

# Sandwell and West Birmingham Hospitals

NHS Trust

<b>Report Title</b>	Integrated Quality & Performance Report – March 2019 (18-19 Year End)				
<b>Sponsoring Executive</b>	Dave Baker, Director of Partnerships and Innovation				
<b>Report Author</b>	Yasmina Gainer, Head of Performance and Costing				
<b>Meeting</b>	Public Board	<b>Date</b>	2 <sup>nd</sup> May 2019		
<b>1. Suggested discussion points</b> <i>[two or three issues you consider the Trust Board should focus on]</i>					
<ul style="list-style-type: none"> <li>Emergency care improves to 85.86% in month; full year performance at 81.5%</li> <li>Diagnostic waits target (DMO1) delivered 99.28% in March achieving for the 99% standard for the third consecutive month and becoming the ninth persistent red to be resolved in the year; full year at 98%.</li> <li>Cancer standards delivered Q4 and achieve all quarterly standards during the year. A significant Trust achievement against regional and national peers.</li> <li>RTT incomplete performance delivering at 93.01%; only Ophthalmology below the 92% standard (expected resolution in June)</li> <li>Cancellations on the day have reduced in March slightly to 32 and achieving the 0.8% national standard, however not meeting the internal ambition of 20 cancellations per month (plan being developed to achieve this).</li> <li>Readmissions increasing to 8.7% and seeing a second spike for the February reporting period (being investigated at ward level by Group Directors).</li> <li>Pressure Ulcers reducing overall in acute setting, 1xC4 pressure ulcer in Community (2xC4 last month)</li> <li>Admissions to the stroke ward within 4 hours recovering to 85.5% in March vs the 80% target</li> <li>Neutropenic Sepsis delivering at 93% within the 1 hr treatment (2/28 breaches); full year avg at 85%</li> </ul> <p><b>Beyond this we might note:</b></p> <ul style="list-style-type: none"> <li>MSA breaches reduces to 40 in March from 229 in February demonstrating a further reduction</li> <li>78 falls in month, 1x with serious harm, one the best performances regionally</li> <li>LoS&gt;21 days has increased over the last three months. We had 118 patients above 21 days representing usage of 126 'nominal beds'; we therefore missed the NHSI 'beds target' of 100 and the internal 'patient numbers affected' target of 100. Analysis of causes is being produced.</li> </ul>					
<b>2. Alignment to 2020 Vision</b> <i>[indicate with an 'X' which Plan this paper supports]</i>					
Safety Plan	X	Public Health Plan	X	People Plan & Education Plan	X
Quality Plan	X	Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other <i>[specify in the paper]</i>	
<b>3. Previous consideration</b> <i>[where has this paper been previously discussed?]</i>					
OMC					
<b>4. Recommendation(s)</b>					
The Board is asked to:					
a.	Note the year end performance and March in month performance.				
b.	Assure plans are in progress to address under-performance				
c.	Note persistent red items and progress towards delivery and plan for delivery				
<b>5. Impact</b> <i>[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]</i>					
Trust Risk Register					
Board Assurance Framework					
Equality Impact Assessment	Is this required?	Y	N	X	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	N	X	If 'Y' date completed

# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

## Report to the Public Board: May 2019

### Integrated Quality & Performance Report (IQPR) : March 2019

#### 1. Introduction

##### 1.1 Overall Performance

Emergency Care, presenting the most significant Trust issue during the year, is showing significant improvement in March again delivering 85.86% ; on a full year basis the performance is 81.5%. Related emergency care indicators are showing good performance to standards. Intensive focus and recovery plans being progressing and overseen at Board level.

Cancer standards have consistently met each quarter in the year despite some pressure against the 62 day delivery. A significant achievement for the Trust as it remains a strong performance regionally and nationally.

RTT standard delivering during all of 18-19; all, except 1 speciality, are achieving the 92% standard. 52 week breaches remain high priority to be eliminated, the trust continued to see 1-2 breaches each month in the year.

During the year of, a large number of performance indicators have consistently delivered expected standards; the focus remained on some indicators and driving improvement through the persistent red focus. This has achieved recovery of 9 standards to date which sustainably are delivering now. A few areas remained under pressure during 18-19 and focus carries forward into 19-20.

##### 1.2 Noting other under-performance in March

- Cancellations have increased steadily over the last 4 months and are at 32 in March, which is lower than in previous month and achieves the national 0.8% standard (late, on the day cancellations/elective admissions). The internal target of 20 late cancellations per month has been missed.
- 21+ LOS patient beds have increased in March and an equivalent of 126 beds has been calculated. This is above the NHSI 100 nominal beds target for this patient cohort. 118 patients have been affected. Many of the patient discharge delays are affected by social care issues.
- Community setting reported similar levels of PUs as before at 34x in March. We see 1xC4 in March (2x last month) and these are still subject to final TTRs being completed which may change the grading downwards.
- Neutropenic sepsis reporting at 93% with 2x breaches of the total 28 patients in the month of March. However, delivering significant improvement to prior years, with an avg 85% during 2018-19.
- Sickness rate, whilst improving significantly month on month, from 5.3% to 4.9% in March is still above the 3% target. The cumulative rate is at 4.75%.

### **1.3 Achievements to note in March**

- Diagnostics sustaining recovery to standard of 99% in March
- Reduction in MSA breaches from 1123 Jan, 229 Feb to 40 in March.
- Many workforce indicators are achieving standard or are improving significantly, pressure remains with sickness rates, but we have seen the sickness rate in March reduce to 4.9% from 5.3% in February and 5.73% in January.

## 2. IQPR Persistent Reds

- Persistent reds continue to drive the right focus and have seen 9 persistent reds recover and sustain performance during 2018-19
- March PMC focussed on refreshing plans and deliverables for some 'difficult' to move on improvements. Revised targets are captured in the table below, endorsed by OMC

Status	<u>24</u>	Indicator <i>Note: Some are grouped (two or more indicators)</i>	Standard Expected	Delivery Expected
Resolved so far	9	• WHO Safer Surgery	100%	
		• Early Booking Assessment;	85%	
		• Patient Safety Thermometer (to 95%);	95%	
		• Cancellations (20pm)	20	
		• Cancellations as %age of elective admissions	0.80%	
		• PDR (to 95%) at 98.4%	95%	
		• Medical Appraisal (to upper quartile)	90%	
		• Unplanned A&E re-attendances;	5%	
		• Diagnostic Imaging	99%	
Working towards target improvement plans	3	• Mortality Reviews within 42 day are progressing speedily with the introduction of the new medical examiner process	90%	Dec-19
		• Mandatory Training (at 90% in March)	95%	Apr-19
		• Treatment Functions below 92% RTT	92%	Jun-19
	11	• Sickness Absence Rate / Sickness Absence long term cases <140	3%	Mar-20
		• Nursing Turnover (Qualified Only)	10.70%	TBC
		• Patients Waiting >52 weeks	0	Oct-19
		• In-Session Theatre Utilisation	85%	TBC
		• Open Referrals (clear all as per agreed approach)	All	May-19
		• Neck of Femur - 85% to surgery within 36 hours	85%	TBC
		• Patient Bed Moves	0	TBC
		• Falls - establishing a more robust way of measuring falls performance;	Upper qtrl rate	TBC
		• FFT Score & Responses, a revision of targets	TBC	TBC
		• Neutropenic Sepsis	100%	Jul-19
		• Return to work interviews	95%	TBC
NEW PR	1	• Stroked Ward Admissions (Within 4 hrs) – recovered in March to target	80%	Mar-19

### **3. Key IQPR Summary for March 2018-19 (Month 12)**

#### **3.1 Infection Control**

- Generally a good performance continued during the year.
- 1x CDiff case in March, performing exceptionally well against this standard and completing the year with 14 cases against the full year target of 29.
- No MRSA post 48hr unavoidable infection cases were reported in March, with only 1x confirmed case in the year.
- March MRSA screening target, at Trust level for elective patients, has achieved the current 80% target delivering at 86.2% for the full year. The Infection Control lead has confirmed a review of eligible patients to be screened and advice will follow on the appropriate threshold (revision from the current 80%). Non-elective patient screening has delivered at 85% against the 80% target full year against at Trust level. Not all Groups deliver the target and this has been subject of an ongoing review with Infection Control.
- MSSA Bacteraemia (rate per 100,000 bed days) at March meets the targets and delivers a rate of 6.7 on a full year basis compared to target of 9.42.

#### **3.2 Harm Free Care**

- Achievement of 100% target against the WHO Safer Surgery continued into March.
- Safety Thermometer at 99% in March against the 95% target, reporting 'new harm' only caused by SWB; the full year's performance completed at 98%.
- VTE assessments after up and down performance in year have delivered 96.08% in March; however, impacted by lack of delivery in earlier month, the performance full year is at 94.8% just below the 95% standard.
- In March the trust reports 57 Pressure Ulcers Acquired in Hospital, which are reported as per the 'new count basis' following national guidelines, taking full effect on 1<sup>st</sup> April 2019.
- Acute hospital setting reported in March 23x PUs resulting in 1.1 rate per 1,000 occupied bed days) which is a significant reduction from last month's rate was of 1.6. 18x were rated as grade C2, 4x as C3 and 1x was a device related PU);
- Community setting reported similar levels of PUs as before at 34x In March. We see 1xC4 (2x last month) all are still subject to final TTRs being completed hence subject to possible change.
- Full year PU number have to be read with care, as they are reported based on different counting methodologies hence will distort the annual position count (new count from Dec18).
- Pressure Ulcers presenting 'on admission' to SWBH count was 96.
- In March we reported again a small reduction in the absolute number of falls, we reported 78 with 1x falls with serious harm. Serious falls are routinely being investigated. Full year the Trust reports 1,032 falls of which 22x were falls with serious harm.
- 6x Serious incidents were reported in March, 61x were reported over the full year.

#### **3.3 Patient Experience: Friends & Family, Complaints and Mixed Sex Accommodation**

- MSA breaches incurred in March are signed off at 40. In-year the Trust implemented a couple of policy changes, with final trust policy being published in March. Therefore the breaches across the year will be mixed and not a true annual reflection against one single reporting policy.
- Friends & Family Test for March shows a reduction in response rates for inpatients where this was higher in previous months; at 20% compared to 23% last month. This could be just a one off event. The inpatient scores still showing a high 'likely recommend' of 92%. However, the trust is significantly behind on Maternity response rates and this is a focus of immediate improvement now. Improvements are expected, as we release a revised data set from which to capture responses, for both, Outpatients and Maternity.
- The No. of Active Complaints in the System (formal and link) is at 151 in March. The rate of formal complaints received per 1,000 bed days is 2.1; 98% have been acknowledged within the 3 days turnaround time from receipt; and 7% of complaint responses have exceeded their target response time.
- The Trust received 867 formal complaints on a full year basis.

### 3.4 Referral to Treatment (RTT) and Diagnostics

- RTT at 93.01% in March against the 92% standard with 1x 52 week breach confirmed.
- Only one speciality is below the 92% standard, Ophthalmology and plans are in place to recover this by Jun19.
- The waiting list is at 34,906 patients (34,221 in Feb, 34,909 in January )
- Total backlog, over 18 weeks, is at 2,439 in March February (2,424 last month).
- Acute Diagnostics (DM01) reporting at 99.28% in March sustaining the recovered standard of 99% for a third month running. On a full year basis the Trust delivered c98% of tests within the 6 weeks DM01 guidance. The main issue experienced in prior months clearly pulling the performance down. Early indications for April are showing pressure against Cardiac CTs ability to report, which has been impacted by leave.

### 3.5 Cancer

- Cancer performance in 2018-19 has met every quarterly reporting standard. This is a significant achievement for the Trust and as such stands out positively regionally and nationally.
- 2 Week Waits and 2 WW (Breast Symptoms) have been delivering at 97% throughout the year against the 93% target
- 31 Day standards have delivered at 98% on average across all of the 31 indicators
- Neutropenic sepsis in March reports delivery at 93% with 26/28 patients treated within the hour. 2x patients breached in A&E by 13 and 21 minutes. The average compliance for 2018/19 was 85% (342/403 total annual patients have been treated within the hour, with 61x patients breaching over the year); annual performance varying between 72%- 93%.

### 3.6 Emergency Care (EC) and Patient Flow

- EC performance for March reported at 85.86% (82.26% last month), with 2,629 (3006 last month) breaches against 18,592 (16,949 attendances last month) showing significant improvement in March despite an increased level of attendances.

- Full year performance at 81.5% resulting from 39,692 breaches against 214,752 attendances.
- Emergency Care Timeliness - Time to Initial Assessment (95th centile) is routinely met within 15 minutes target, on average during the year at 13.8 minutes.
- Emergency Care Patient Impact - Unplanned Re-attendance Rate has reduced to 4.69% in March; full year average performance at 4.8% keeping below the 5% target.
- DTOCs are holding up to previous levels and the trust reports 2.0% on a full year basis against the 3.5% target.
- WMAS handovers delays between 30-60 minutes are down in March compared to last month, at 88 (160 last month) with 6 patients breaching the >60 minutes handover target; giving us a 0.13% (0.15% full year) performance against all ambulance conveyances, the national target being 0.02%. The levels of total ambulance conveyances have been high in March, at 4,655, and has been high during the year and hence performance above 0.02% national target, which seems somewhat an unrealistic target based on the number of conveyances. The Trust has been commended by WMAS on its good handover performance.
- Patient bed moves for non-clinical reasons, between 10pm-6am in March is at 63 against an aspiration of zero. This is being reviewed further in advance of a recovery trajectory being developed.
- 21+ long stay patients have been subject to robust monitoring against the NHSI agreed trajectory to achieve 25% 'nominal bed' reductions by the end of December 2018. The Trust has been achieved this with 98 nominal beds being occupied.
- January 2019 onwards a new NHSI target of 100 beds per month has been agreed for this patient cohort counting the 'equivalent beds occupied'.
- The number of bed-days has increased in January and February and is at 126 in March compared to the new NBHSI target of 100. Summary table below showing the trust position as at March.

	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019
NHSI Target Beds	135.70	135.70	135.70	135.70	135.70	135.70	127.20	118.80	110.30	100.00	100.00	100.00	100.00
Estimated 21+ Day Beds	158	145	132	137	111	129	114	126	119	98	113	126	126
Long Stay(21+ Day) Rate	22.4 %	21.8 %	21.0 %	21.1 %	18.8 %	20.9 %	19.0 %	20.3 %	18.2 %	16.3 %	17.1 %	19.4 %	20.2 %

- The actual number of patients with a LOS of 21+ is 118 for March (excl paed and maternity) against the internal trust aspiration to have 100 patients at this LOS at any point in time (this is not to be confused with the NHSI target of '100 beds').

### 3.7 Obstetrics

- C-Sections in March at 26.2% against target of 25%; year to date at 26.2% just above the target and well within the tolerance especially when compared to regional performance which is around 28%.
- Adjusted Perinatal Mortality Rate (per 1000 babies) full year reporting at 5.79 against the target rate of 8.
- Admissions to Neonatal Critical Care (Level 3) complete the year at 1.39% against a target of 10%.
- Stillbirth rate per 1,000 babies is at 4.64; zero neonatal death rate reported in March and 1.45 rate per 1,000 on a full year basis.

- Breastfeeding initiation continued to deliver routinely during the year and completes the year at 76.8% against the 74% target.

### 3.8 Stroke & Cardiology

- At this stage in the month the IQPR reports the WD5 position (not post-validated WD20 position).
- The performance in March follows similar, good trends across most indicators.
- Thrombolysis within the hour is often affected by clinical reasons, which are RCAed routinely and managed; in March there were no breaches. All patients eligible for thrombolysis have been treated within the target hour.
- Admissions to Stroke Ward within 4 hours remain has improved in March to 85.5% against the 80% target; however, the full year will be below the target due to previous months and currently reported at 67.3%. The indicator is now a persistent red which means the focus will be on sustaining the recovery over the next three months.
- Patients receiving CT Scans within 24 hrs of presentation delivered in month of March at 98.2% meeting the 95% monthly standard consistently. The full year delivery is at 97.9%.
- Patients receiving CT Scans within 1hr of presentation is at 85.5% in March against the target of 50%; consistently meeting performance and completing the year with 72.8%.
- TIA (High Risk) Treatment <24 Hours from receipt of referral is 94.7% in March vs target of 70%; on a full year basis at 95.5%.
- TIA (Low Risk) Treatment <7 days from receipt of referral is at 100% in March vs target of 75%. Full year achieving 96.2%.
- Primary Angioplasty Door to balloon time (<90 minutes) was 95.2% in March against the target of 80%. Primary Angioplasty Call to balloon time (<150 minutes) at 85.7% in March vs 80% target. Both are consistently delivering and complete the year at 96.3% and 95% respectively.
- Rapid Access Chest Pain - seen within 14 days consistently delivering at 100% all year.

### 3.9 Mortality

- Mortality indicators are in line with confidence limits against most of the mortality indicators, other than HSMR which is currently reported (Nov18 – latest data) at 124 for SWBH and still outside statistical confidence limits. There is ongoing Trust scrutiny and oversight of mortality statistics at the Executive Quality Committee. Revised HES data is expected in April, following the re-submission of data in January, following which we would expect to see a reduction in our mortality figure HSMR.
- Divergence between weekday and weekend rates still persists especially on the Sandwell site weekend mortality; the weekend RAMI rate reports at 106 for the latest period, which is December 2018, and hence not moving significantly in the right direction although somewhat reduced from previous weekend rates reported.
- Weekday rate is at 98 and within statistical confidence limits.
- 137 deaths were reported in March; the crude in-hospital mortality rate of 1.6 increasing in relation to hospital spells.
- Deaths in Low Risk Diagnosis Groups (RAMI) – in-month have decreased to 85 (December).
- Mortality reviews in the Trust are steadily improving with the introduction of medical examiner process and are at 78% for January (42 days behind current period). Full year at



58%, expecting more improvement on this indicator over time. Mortality reviews are discussed and overseen by the Learning from Deaths Committee, where a holistic review process is being embedded.

- Readmission rates for February reported at 8.7% seeing another spike in performance this year. Peer group at 8.4%.

### 3.10 Cancellations and Theatre Utilisation

- We observe an improvement of the cancellation rates in March following increased levels in the last three months.
- In March we reported cancellations on the day of 32 against the internal trust target of 20 late cancellations on the day against elective admissions. However, this level has still achieved the national target of 0.8% of cancellations against elective admissions. On a full year basis, we cancelled late on the day 369 patients on the day, which results in 0.9% against the 0.8% target.
- 1x28 Day breach was reported in Gynae caused by an admin error. There were no urgent cancellations in the month. Full year wise we had 3x 28 day breaches and zero urgent cancellations.
- Theatre in-session utilisation is significantly below target of 85%, at 76.2% in March and 74.7% on a full year basis. In order to support the 'production plan' the trust will be focussing to monitor case throughput rather than utilisation on its own.
- Overall session utilisation (outside routine session timings) for February is at 83%;
- 'Procedural Unit – In-Session and Overall Utilisation'. Performance for the procedural units in March (in-session) was 72.5% overall, but pain management exceeding 90%.

### 3.11 Workforce

- A good finish to the year with many indicators completing the year achieving performance or significantly improving. Sickness rates remain hard to improve.
- Mandatory Training at 90% at the end of March, reducing from February, which was at 91.8%. The target remains 95% and much effort is invested in this area; new indicators have been added to the IQPR to break down this performance, but Training & Development are still to validate this as a new developed indicator.
- Health & Safety related training for the first time in a number of months reached the 95% target and reporting at 95.7% at March year end.
- PDR completion as at March year end is at 98.7% against the 95% target. Following the in-year introduction of Aspiring to Excellence PDR process, this has now successfully embedded the process. Measured only quarterly in the last year, going to annual measurement in 19/20.
- Medical appraisals are at 94.2% against the target of 90%, showing a significant improvement to prior months.
- March sickness rate in month at 4.9% (Feb 5.3% Jan 5.73%); reducing significantly month on month, but still much higher than last year same period which was 4.17%
- Cumulative sickness rate at 4.75% vs the 3% trust target.
- March Return to work interviews reported at 86.4% against the target of 95%; full year performance at 84%.
- On boarding of new starters in March achieved 86.9%.

- Flu vaccination closes the vaccination period at 83.7% for the year (vaccination count of all front-line staff).
- Qualified nursing vacancy rate is at 10.6% in March (12.4% in February) and for the first months delivering the target rate of 11%.
- Qualified nursing turnover rate remained static at an average 12.8% rate during the year, at 12.1% in March against the target of 10.7%.

### 3.12 Data Completeness

- Open Referrals without Future Activity/ Waiting List Requiring Validation have increased to ~193,000 in February. A recovery process was agreed at PMC, and is being implemented in April and May 2019 making good progress in April as confirmed by Deputy COO.
- All our mandatory national data capture metrics are performing well to targets except of 'Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS' which is at 97.3% compared to the target of 99%. The Head of Information is reviewing short-falls.
- Our IQPR data quality kitemark review is progressing field-work towards completion by the end of April 2019; Executive sign off meetings have been in progress during April.

### 3.13 Performance Notices (PNs) & Information Breaches Notices (IBNs)

The CCG has issued PNs for the following performance areas, but to date there are no follow up meetings held with the commissioner:

- A&E : 4 hour breaches – a follow up meeting is yet to be arranged.
- Diagnostics – delivery of DM01: This is now delivering for the third months and likely to drop off as a PN.
- Maternity indicator 9 CO Level >4ppm Referred For Smoking Cessation; working with the deputy director of midwifery who has identified nursing training to secure the delivery of this indicator by end of Jan19. At Feb19, this indicator has not improved as expected; the Director of Midwifery is aware and dealing with the matter.

## 4. Recommendations

4.1 The Board is asked to:

- a. Note the March and year-end position and recognise positive delivery during 2018-19.
- b. Assure itself of plans being in place to address under-performance where this persists.
- c. Note and challenge progress and plans against the persistent reds.

Yasmina Gainer  
Head of Performance & Costing  
April 2019