

APRIL 2019

Infection Control	Harm Free Care	Obstetrics	Mortality & Readmissions	Stroke Care & Cardiology																																																																																
<p>CDiff - compliant</p> <ul style="list-style-type: none"> The Cdif objective for S&WB Trust for 2019-20 has increased from 29 to 41 full year. However, the case definitions for attribution has changed too, and therefore the Trust is expected to see an increase in the number of Trust apportioned / reportable cases. 2x C. Diff case reported during the month of April vs 4 in-month target. 	<p>Safety thermometer - compliant</p> <ul style="list-style-type: none"> The Trust continuous, since June 2018, to report Patient Safety Thermometer based on only 'new harm' , as at April 2019 we report at 99.1% <p>Falls</p> <ul style="list-style-type: none"> x95 falls reported in April with x4 falls resulting in serious harm; x33 falls within community, x62 in acute settings. Falls remain subject to ongoing CNO scrutiny and routine tracking of the Safety Plan on falls reduction; falls monitoring is an integral part of 'ward dashboards'. 	<p>C-section rate - compliant</p> <ul style="list-style-type: none"> The overall Caesarean Section rate for April is 24.0% better than the 25% target ; Elective rates are at 8.6% (historical long term avg trend of 8.8% so trending well against this) and Non-elective rates are 15.3% in April month against a long term average trend of ~17.3% so again comparing well against this pattern. Performance considered at Q&S & Board and to be kept in view. 	<p>Mortality - alerts against Trust HSMR & Weekend rates at Sandwell</p> <ul style="list-style-type: none"> The Trust overall RAMI for most recent 12-mth cumulative period is 98 (available data is as at Jan19) RAMI for weekday and weekend each at 96 and 103 respectively, still an outlier against weekend mortality rates, but improving significantly to previous periods. SHMI measure which includes deaths 30-days after hospital discharge is at 108 for the month of Nov18 (latest available data). HSMR Mortality indicator an outlier at 118, which is still outside statistical confidence limits, but showing reduction. Trust Board continues to monitor routinely. 	<p>Patient Stay on Stroke Ward - not compliant</p> <ul style="list-style-type: none"> April reporting 88.5% of patients spent >90% of their time on a stroke ward, just below the 90% operational threshold in the month; 																																																																																
<p>MRSA - compliant</p> <ul style="list-style-type: none"> Nil MRSA Bacteraemia were reported in April Annual target 19/20 set at zero. 	<p>Pressure Ulcers</p> <ul style="list-style-type: none"> x73 total PUs have been reported in April. Of which 37 PUs reportable in acute setting resulting in a PU per 1000 bed days rate of 1.7 x36 cases reported within the district nursing caseload. CNO monitors as part of Safety Plan and ward nursing dashboards x198 PUs were reported 'on admission' to SWB having been generated elsewhere, this is a significantly higher figures since we started reporting this a few months ago. 	<ul style="list-style-type: none"> Adjusted perinatal mortality rate (per 1,000 births) for April is at 0.0 vs. threshold level of 8; The indicator represents an in-month position and which, together with the small numbers involved provides for sometimes large variations. <p>The level of births in April is at 431; lower to births seen in the same period of last year (at 501)</p>	<ul style="list-style-type: none"> Deaths in Low Risk Diagnosis Groups (RAMI) - month of Jan19 (latest available data) is at 108. This indicator measures in-month expected versus actual deaths so subject to larger month on month variations. Crude in-month mortality rate for March month is 1.3% decreasing to previous months; the rolling crude year to date mortality rate has also decreased to 1.3 There were x121 deaths in our hospitals in the month of March, less than last year, same period, which was at 143 	<p>Admission to Acute Stroke Ward - not compliant</p> <ul style="list-style-type: none"> April admittance to an acute stroke unit within 4 hours is at 50.8% vs national standard of 80%; <p>Scans - compliant</p> <ul style="list-style-type: none"> Pts receiving CT Scan within 24 hrs of presentation delivery in month of April are at 98.4% meeting the 95% standard Pts receiving CT Scan within 1hr of presentation is at 68.9% in April against the 50% target; both indicator consistently meet performance. <p>Thrombolysis - non compliant</p> <p>Compliance at 66.7% in the month of April vs 85% target; typically these breaches are related to clinical reasons making thrombolysis within the hour difficult to achieve. We await the root cause analysis</p>																																																																																
<p>MRSA Screening - non compliant</p> <ul style="list-style-type: none"> Non-elective patients screening at 75.1% against 85% target Elective patients screening at 80.5% against a new target of 85% <p>Both indicators are expected to deliver 85% compliance going forward into 19/20 for eligible patients.</p>	<p>WHO Safer Surgery (Audit - brief and debrief - % lists where complete) - non compliant</p> <ul style="list-style-type: none"> In April the performance is at 99% below 100% compliance target due to Cardiology breach. A TTR has been requested. <ul style="list-style-type: none"> No never event was reported in April No medication error causing serious harm in April 	<ul style="list-style-type: none"> Still birth rate (per 1000 babies) at 0.0 in April Neonatal death rate (per 1000 babies) at 0.0 in April <p>Admissions to Neonatal Critical Care - compliant</p> <ul style="list-style-type: none"> 0.9% admissions to the NCC have been carried out in April against the 10% target 	<p>Mortality Reviews within 42 Days - not compliant</p> <ul style="list-style-type: none"> Mortality review rate in February at 81% and whilst below trust target of 90% it has continued to improve since the introduction of medical examiners in the review process; Revised Learning from Deaths arrangements are being implemented, which will provide for routine 100% review, coupled with implementation of a Medical Examiner screening process this will streamline the 1st and 2st stage mortality reviews. <p>Emergency Readmissions (in-hospital within 30 days)</p> <ul style="list-style-type: none"> Reported at 7.8 % for March in-month; improving against the dip in February. We can split down the total readmissions down; where discharge and readmission, are within the same speciality is at 3.5%; discharge and readmission in different specialities is at the 4.3% Looking at the rolling 12 mths rate which has increased to 8.0 % The equivalent, latest available peer group rate is at 8.4% (source: CHKS). 	<p>Angioplasty - compliant</p> <ul style="list-style-type: none"> April Primary Angioplasty Door to balloon time (<90 minutes) was at 95.2% vs target of 80% . Primary Angioplasty Call to balloon time (<150 minutes) at 95.5% against a target of 80%. Both indicators consistently meet performance targets. <p>RACP - compliant</p> <p>RACP performance for April continuous at 100% exceeding the 98% target consistently</p>																																																																																
<p>MSSA - not compliant</p> <ul style="list-style-type: none"> MSSA Bacteraemia (expressed per 100,000 bed days) showing a rate of 11 in month compared to target of 8. 	<p>VTE Assessments - compliant</p> <ul style="list-style-type: none"> Compliance at 95.1% in April. 391 eligible assessments were nor carried out in April. 	<p>Breastfeeding - compliant</p> <ul style="list-style-type: none"> April month count is at 77.9% over-achieving the 74% target. 		<p>TIA Treatments -non compliant</p> <ul style="list-style-type: none"> TIA (High Risk) Treatment <24 Hours from receipt of referral delivery as at April at 100% against the target of 70%. TIA (Low Risk) Treatment <7 days from receipt of referral delivery at April is 73.9 % against a target of 75%. Both indicators are consistently delivering over the required standard and this under-performance is unusual. 																																																																																
Cancer Care	Patient Experience - MSA & Complaints	Patient Experience - Cancelled Operations	Emergency Care	Referral To Treatment																																																																																
<p>Cancer standards - compliant full year</p> <ul style="list-style-type: none"> Reporting always one month in arrears hence IQPR latest reported period is March 2019. The Trust has delivered all cancer targets including the 62 day standard during 2018-19. One of few trust to achieve this. Unusually, in March we failed to deliver the 2 weeks (Breast Symptomatic), delivery was at 89.5% against the 93% target, however full year the indicator achieved 96.5% <p>Patient Waiting times</p> <ul style="list-style-type: none"> x11.5 patients waited longer than the 62 days at the end of March (118 patients full year) 7.0 patients waited more than 104 days at the end of March which again is unusual scenario caused by a number of pressures in Jan and Feb so building up to a higher patient number waiting in March (lack of HDU beds amongst other factors) The longest individual patient waiting time for treatment as at the end of March was 209days The Board, during the year, has asked to discuss themes from 104 day cancer wait breaches, which going forward will be subject to an RCA briefing to the Chief Executive in each case. <p>Neutropenic sepsis - not compliant</p> <ul style="list-style-type: none"> The breaches in month are being RCAed daily, generally we show most breaches being only minutes above the required 1hr, however a few of the breaches have been significantly higher than 1hr. In April , 35/42 patients (83.3%) of patients have been treated within the hour, 7 patients (16.7%) of patients failed to receive treatment within prescribed period (within 1hr. Performance reporting continuous to monitor daily, weekly and monthly tabled at the OMC; all breaches are routinely reviewed in dedicated, quarterly meetings. <p>Inter-Provider Transfers - not compliant</p> <ul style="list-style-type: none"> 67% of tertiary referrals were met within 38 days requirement in April. 	<p>MSA - not reported at this stage</p> <ul style="list-style-type: none"> We are reporting 22 for the month of April <p>Friends & Family - not compliant</p> <ul style="list-style-type: none"> IP response rates expected around 25% but in April we have had only 16% back, therefore showing a worsening response rate compared to the last couple of month; the 'likely to recommend' rate has also dropped to 89% against target of 95% Outpatient / maternity response and score rates are scheduled for improvement. <p>Complaints</p> <ul style="list-style-type: none"> The number of complaints received for the month of April is 72 with 2.0 formal complaints per 1000 bed days, showing an improvement to last month and to last year same period which was at 2.5. 100% have been acknowledged within target timeframes (3 days) 20% in-month responses have been responded beyond agreed target time; 	<p>Cancelled Ops - non compliant</p> <ul style="list-style-type: none"> 44 sitrep declared late (on day) cancellations were reported in April significantly higher than in previous months, against the local target of 20 per month. Cancellations, as a proportion of elective admissions, this represents c1.1% in April against the national 0.8% target; <p>28 Day & Urgent Breaches - compliant</p> <ul style="list-style-type: none"> There were no breaches of the 28 days guarantee There were no urgent cancellations <p>Theatre Utilisation - not compliant</p> <ul style="list-style-type: none"> Theatre in-session utilisation is below target of 85%; 72.2% in April (in-session represents formal theatre session start and finish times) Overall session utilisation (outside formal theatre session timings) for April is at 81.5% and whilst these are sessions outside the standard start and finish time, this is showing improvement in April For clarity, both indicators here in the IQPR represent 'elective theatre' utilisation, as emergencies been excluded from the count. Procedural units have been split out from 'theatre utilisation' counts above, as per instructions of the Theatre Board; in April we observe performance of around 61% (in-session) to 69% (outside formal sessions). 	<p>EC 4hr standard - not compliant to agreed NHSI trajectory</p> <ul style="list-style-type: none"> The Trust's performance against the 4-hour EC wait target in April was at 78.28% against agreed NHSI trajectory of 85.2% for the month. 4,106 breaches were incurred in April, higher than last month which was c2,629, against total patient attendances of 18,908 (which were slightly higher than last month 18,592) Emergency Care Patient Impact - Unplanned Reattendance Rate (%) has increased in April to 5.44% against the 5% target and recent good performance. <p>WMAS Handovers</p> <ul style="list-style-type: none"> WMAS fineable 30 - 60 minutes delayed handovers at 166 in April. only x5 cases were > 60 minutes delayed handovers in April; the Trust performs generally very well on delayed handovers Handovers >60mins (against all conveyances) calculates at 0.10% (5 cases) against total WMAS conveyances of 4,814 against an expected 0.02% target. The total conveyances are the third-highest in the last 18mths, therefore the delayed handovers have been managed very well overall against this backdrop. <p>Trolley Waits > 12 hours - non compliant</p> <ul style="list-style-type: none"> 1x Trolley Wait > 12 hours was reported in April <p>Fractured NOF - non compliant</p> <ul style="list-style-type: none"> Fractured Neck of Femur Best Practice Tariff (surgery within 36 hours) is at a low 64% compared to the 85% target (lowest in last 12 months) The performance is variable month on month, often driven by patients conditions are preventing surgical interventions in this 36hr timeframe. <p>Bed moves after 10pm not compliant:</p> <ul style="list-style-type: none"> There were 65 reported bed moves in April in the period from 10pm-6am (excl moves for clinical reasons). The Trust objective is to have zero bed moves outside of clinical reasons. 	<p>RTT - Incomplete pathway - compliant</p> <ul style="list-style-type: none"> The Trust delivered overall at 93.17% against the 92% RTT incomplete pathway standard; improvement of performance against last month but mainly due to waiting list rising The patient waiting list at April was at 35859 (34,888 last month) rising by c1000 patients; The patient backlog (patients waiting above 18 + weeks) is at 2,450 ; only a few patients higher than last month, but due to waiting list increase this has generated a better RTT performance in the month (waiting list being the denominator). <p>52 Week Breaches</p> <ul style="list-style-type: none"> 1x 52 week break has been reported in Ophthalmology <p>Acute diagnostic waits - not compliant</p> <ul style="list-style-type: none"> Diagnostic (DMO1) performance for April has failed to deliver the 99% target; we report performance at 98.24% with CT scans being the main driver for the breached tests. 																																																																																
Data Completeness	Workforce	Local Quality Requirements 19/20	Indicator Performance : Persistent Red Focus																																																																																	
<ul style="list-style-type: none"> The Trust's internal assessment of the completion of valid NHS Number Field within inpatient data sets compliant in mnth with 99.1% meeting the operational threshold of 99% ; OP and A&E datasets deliver to target. ED required to improve patient registration performance as this has a direct effect on emergency admissions. Patients who have come through Malling Health will be validated via the Data Quality Department. Ethnicity coding is performing for Inpatients at 91% against 90% target, but under-delivering for Outpatients. This is attributed to the capture of data in the Kiosks and revision to capture fields is being considered. 	<p>PDR - compliant</p> <ul style="list-style-type: none"> New organisational process is to measure PDR delivery annually with PDR cycle completing at the end of June each year. Quarterly reporting for Dec18 reporting at 98.7% vs the 95% target <p>Sickness Rate - not compliant</p> <ul style="list-style-type: none"> In-month sickness rate in April is at 4.74% and a cumulative rate of 4.78% against target of 3%. The 3% target is mainly applied to ward sickness rates 	<p>Local Quality Requirements (LQRs) 2019/20 are monitored by CCG and the Trust is fineable for any breaches in accordance to contract.</p> <ul style="list-style-type: none"> LQRs re reported via the SQPR (Service Quality Performance Report; exceptions are summarised in the IQPR on the relevant tab (page 15). As at April we continue to see some under- performance against a few indicators: morning discharges at 17% vs target of 35%; falls and pressure ulcer assessments both below 95% for a period of time. CO monitoring has improved significantly this month reporting at 97% vs the 90% target. 	<table border="1"> <thead> <tr> <th>Exec Lead</th> <th>Indicator</th> <th>Standard Expected</th> <th>Delivery of Plan</th> <th>Recovery Expected</th> </tr> </thead> <tbody> <tr> <td>Dr DC</td> <td>Mortality Reviews within 42days</td> <td>90%</td> <td>Jun-19</td> <td>Dec-19</td> </tr> <tr> <td>RG</td> <td>Mandatory Training (at 90% in March)</td> <td>95%</td> <td>TBC</td> <td>Apr-19</td> </tr> <tr> <td></td> <td>Sickness Absence Rate (wards only to 3%, hold the rest)</td> <td>3%</td> <td>TBC</td> <td>Mar-20</td> </tr> <tr> <td></td> <td>Sickness Absence long term cases</td> <td><140</td> <td>TBC</td> <td>Apr-20</td> </tr> <tr> <td></td> <td>Nursing Turnover (Qualified Only)</td> <td>10.70%</td> <td>TBC</td> <td>TBC</td> </tr> <tr> <td>RB</td> <td>Treatment Functions below 92% RTT</td> <td>92%</td> <td>✓</td> <td>Jun-19</td> </tr> <tr> <td></td> <td>Patients Waiting >52 weeks</td> <td>0</td> <td>✓</td> <td>Apr-19</td> </tr> <tr> <td></td> <td>Theatre Utilisation (driven by throughput required in ProdPlan)</td> <td>TBC</td> <td>TBC</td> <td>TBC</td> </tr> <tr> <td></td> <td>Open Referrals (clear referrals as per agreed plan as at Mar19 PMC)</td> <td>All</td> <td>✓</td> <td>May-19</td> </tr> <tr> <td></td> <td>Neck of Femur - to surgery within 36 hours</td> <td>85%</td> <td>PMC May19</td> <td>TBC</td> </tr> <tr> <td></td> <td>Patient Bed Moves</td> <td>0</td> <td>PMC May19</td> <td>TBC</td> </tr> <tr> <td></td> <td>Stroke Ward Admissions (Within 4 hrs)</td> <td>80%</td> <td>✓</td> <td>Mar-19</td> </tr> <tr> <td></td> <td>Neutropenic Sepsis</td> <td>100%</td> <td>✓</td> <td>Jul-19</td> </tr> <tr> <td>PG</td> <td>Falls - per 1000, occupied bed days</td> <td>Peer Upper qtrl</td> <td>TBC</td> <td>TBC</td> </tr> <tr> <td></td> <td>FFT Score & Responses, a revision of targets</td> <td>TBC</td> <td>TBC</td> <td>TBC</td> </tr> </tbody> </table>	Exec Lead	Indicator	Standard Expected	Delivery of Plan	Recovery Expected	Dr DC	Mortality Reviews within 42days	90%	Jun-19	Dec-19	RG	Mandatory Training (at 90% in March)	95%	TBC	Apr-19		Sickness Absence Rate (wards only to 3%, hold the rest)	3%	TBC	Mar-20		Sickness Absence long term cases	<140	TBC	Apr-20		Nursing Turnover (Qualified Only)	10.70%	TBC	TBC	RB	Treatment Functions below 92% RTT	92%	✓	Jun-19		Patients Waiting >52 weeks	0	✓	Apr-19		Theatre Utilisation (driven by throughput required in ProdPlan)	TBC	TBC	TBC		Open Referrals (clear referrals as per agreed plan as at Mar19 PMC)	All	✓	May-19		Neck of Femur - to surgery within 36 hours	85%	PMC May19	TBC		Patient Bed Moves	0	PMC May19	TBC		Stroke Ward Admissions (Within 4 hrs)	80%	✓	Mar-19		Neutropenic Sepsis	100%	✓	Jul-19	PG	Falls - per 1000, occupied bed days	Peer Upper qtrl	TBC	TBC		FFT Score & Responses, a revision of targets	TBC	TBC	TBC	
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<p>Open Referrals</p> <ul style="list-style-type: none"> Open Referrals, referring to patients in the system without a future waiting list activity, stand at c158,000 as at April showing a decrease since last month being the result of a focussed effort to validate and remove open referrals from the system using a combination of actions driven by clinical groups; as at today the open referrals were showing c97,000 records. <p>Mandatory Training - not compliant</p> <ul style="list-style-type: none"> Mandatory Training at the end of April remaining improved but below the 95% target at 91.3% Health & Safety related training however is delivering at 95.6% in April 																																																																																				

