

MAY 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. 1x C. Diff case reported during the month of May vs 3.4 in-month target. Year to date cases at 3 vs target of 7 so the trust is continuing to perform very well 	<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 May 2019 we report performance at 96.3% <p>Falls</p> <ul style="list-style-type: none"> x89 falls reported in May with x3 falls resulting in serious harm (death or severe harm); x21 falls within community (reducing significantly from last months), x68 in acute settings. Falls per 1000 bed days rate in May was at 4.2 (we will be confirming targets against this rate soon) 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 May in month is 26.6% , year to date at 25.3% just above the 25% target; Elective rates are at 9.5% (historical long term avg trend of 8.8% so trending reasonably well against this) and Non-elective rates are 15.9% in May month against a long term average trend of ~17.3% so again comparing well against this pattern on a year to date basis. Performance considered at Q&S & Board and to be kept in view. 	<p>Mortality - alerts against Trust HSMR</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 Feb19) RAMI for weekday and weekend each at 97 and 100 respectively, showing weekend rate for the first time in a long period within the confidence limit. SHMI measure which includes deaths 30-days after hospital discharge is at 105 for the month of Dec18 (latest available data), reducing this month to previous trends. HSMR Mortality indicator an outlier at 116, which is still outside statistical confidence limits, but showing reduction again to last month. Trust Board continues to monitor routinely. 	<p>Patient Stay on Stroke Ward - not compliant</p> <ul style="list-style-type: none"> May reporting 87.9% of patients spent >90% of their time on a stroke ward, just below the 90% operational threshold in the month; improvement plans are in place to recover the standard.
<p>MRSA - non compliant</p> <ul style="list-style-type: none"> 1x MRSA Bacteraemia was reported in May (confirmation still awaited) Annual target 19/20 set at zero. 	<p>Pressure Ulcers</p> <ul style="list-style-type: none"> x45 (x73 last month) total PUs have been reported in May showing considerable reduction month on month especially in community setting. Of which 29 PUs reportable in acute setting resulting in a PU per 1000 bed days rate of 1.4 x16 cases reported within the district nursing caseload, a significant reduction to last month. CNO monitors as part of Safety Plan and ward nursing dashboards x130 PUs were reported 'on admission' to SWB having been acquired outside of our hospital. 	<ul style="list-style-type: none"> Adjusted perinatal mortality rate (per 1,000 births) for May is at 8.33 vs. threshold level of 8 slightly above; 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 May is at 480; just lower compared to the same period of last year (487)</p>	<ul style="list-style-type: none"> Deaths in Low Risk Diagnosis Groups (RAMI) - month of Feb19 (latest available data) is at 88. This indicator measures in-month expected versus actual deaths so subject to larger month on month variations, but sits in the right area of the control limits. Crude in-month mortality rate for Apr19 month is 1.4%; the rolling crude year to date mortality rate has decreased to 1.3 following long term trend There were x134 deaths in our hospitals in the month of April, more than last year, same period, which was at 120 	<p>Admission to Acute Stroke Ward - not compliant</p> <ul style="list-style-type: none"> May admittance to an acute stroke unit within 4 hours is at 67.3% vs national standard of 80%; improvement plan is in place
<p>MRSA Screening - non compliant</p> <ul style="list-style-type: none"> Non-elective patients screening at 80.2% against 85% target Elective patients screening at 81.6% against a new target of 85% Both indicators are expected to deliver 85% compliance going forward into 19/20 for eligible patients. 	<p>WHO Safer Surgery (Audit - brief and debrief - % lists where complete) - not validated fully at this stage</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. <p>1x Never Event was reported in May, wrong site surgery.</p> <ul style="list-style-type: none"> No reported medication errors causing serious harm in May 	<ul style="list-style-type: none"> Still birth rate (per 1000 babies) at 6.25 in May Neonatal death rate (per 1000 babies) at 2.08 in May 	<p>Mortality Reviews within 42 Days - not compliant</p> <ul style="list-style-type: none"> Mortality review rate in March19 at 79% and whilst below trust target of 90% it has shown improvement since the introduction of medical examiners in the review process; Revised Learning from Deaths arrangements are being implemented, which will provide for routine 100% deaths review, coupled with implementation of a Medical Examiner screening process this will streamline the 1st and 2st stage mortality reviews. 	<p>Angioplasty - compliant</p> <ul style="list-style-type: none"> May Primary Angioplasty Door to balloon time (<90 minutes) was at 85.7% vs target of 80% . Primary Angioplasty Call to balloon time (<150 minutes) at 85.7% against a target of 80%. Both indicators consistently meet performance targets.
<p>MSSA - compliant</p> <ul style="list-style-type: none"> MSSA Bacteraemia (expressed per 100,000 bed days) showing a rate of 8.2 year to date compared to target of 8. 	<p>YTE Assessments - compliant</p> <ul style="list-style-type: none"> Compliance at 96% in May at Trust level with Medicine group below standard of 95% reporting at 94.2% . 325 eligible assessments were nor carried out in May. 	<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>Emergency Readmissions (In-hospital within 30 days)</p> <ul style="list-style-type: none"> Reported at 7.5 % for April in-month, 7.9% cumulatively; improving against the dip in February and to March. We can split down the total readmissions; where discharge and readmission, are within the same speciality and this is at 3.5%; discharge and readmission in different specialities is at the 4.4% Looking at the rolling 12 mths rate this has slightly reduced to 7.9%, but higher than Trust ambition 	<p>RACP - compliant</p> <ul style="list-style-type: none"> RACP performance for May continuous at 100% exceeding the 98% target consistently
<p>Cancer Care</p>	<p>Patient Experience - MSA & Complaints</p>	<p>Patient Experience - Cancelled Operations</p>	<p>Emergency Care</p>	<p>Referral To Treatment</p>
<p>Cancer standards - compliant</p> <ul style="list-style-type: none"> Reporting always one month in arrears hence IQPR latest reported period is April 2019. In April all cancer standards have been met including 62 days at 58.8% vs 85% target, and the 2 weeks (Breast Symptomatic) which failed in March and in April recovered to 97.4% vs the 93% target. Un-validated position for May is that all standards again will have been met 	<p>MSA - not compliant</p> <ul style="list-style-type: none"> The standard is zero breaches in any given month In May we are reporting 11 validated breaches and whilst breaching the standard it is showing a reducing trajectory. 	<p>Cancelled Ops - non compliant</p> <ul style="list-style-type: none"> 38 sitrep declared late (on day) cancellations were reported in May; still significantly higher than local target of 20 per month. 13 cancellations (34%) were avoidable and 25 were unavoidable Cancellations, as a proportion of elective admissions, this represents c1.0% in May against the national 0.8% target; 	<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 May was at 82.67% against agreed NHSI trajectory of 86.12% for the month. 3,213 breaches were incurred in May, lower than last month, against total patient attendances of 18,541 (which were slightly lower than last month 18,908) improving the overall performance achieved Emergency Care Patient Impact - Unplanned Reattendance Rate (%) is still increased in May at 5.21% against the 5% target and recent good performance. 	<p>RTT - compliant</p> <ul style="list-style-type: none"> Trust level delivery at 92.63% for May compliant with the 92% incomplete standard , with 3x specialities failing to individually meet the 92% standard Patient waiting list increased to 36,762 patients with a backlog (>18weeks waiting time) of 2,710
<p>Patient Waiting times</p> <ul style="list-style-type: none"> x9.5 patients waited longer than the 62 days at the end of April 3.0 patients waited more than 104 days at the end of April The longest individual patient waiting time for treatment, as at the end of April, was 241 days 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. In April the Trust has introduced shadow monitoring of the new 28 Day Cancer standard (faster 28 day diagnosis); cancer services confirming that there is much more work to be done to ensure the recording of 'patient told' information is in place. The new standard takes effect in April 2020. 	<p>Friends & Family - not compliant</p> <ul style="list-style-type: none"> IP response rates expected around 25% but in May and April we have fallen behind this receiving only 16% and 20% respectively. 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>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>WMAAS Handovers</p> <ul style="list-style-type: none"> WMAAS fineable 30 - 60 minutes delayed handovers at 119 in May. only x6 cases were > 60 minutes delayed handovers in May; the Trust performs generally very well on delayed handovers <p>Handovers >60mins (against all conveyances) calculates at 0.09% (6 cases) against total WMAAS conveyances of 4,670 against an expected 0.02% target.</p>	<p>52 Week Breaches</p> <ul style="list-style-type: none"> 5x breaches were reported on the incomplete pathway (3x Ophthalmology, 1x Cardiology, 1x Plastics and 1x Rheumatology)
<p>Neutropenic sepsis - not compliant, but high performance In May</p> <ul style="list-style-type: none"> The Trust operates a 100% standard against this indicator. Only clinically driven breaches are tolerated. In May, 34/36 patients (94.4%) of patients have been treated within the hour, 2 patients (5.6%) 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>Complaints</p> <ul style="list-style-type: none"> The number of complaints received for the month of May is 92 with 4.1 formal complaints per 1000 bed days, showing an increase overall. 17% in-month responses have been responded beyond agreed target time; 	<p>Theatre Utilisation - reporting being revised</p>	<p>Trolley Waits > 12 hours - compliant</p> <ul style="list-style-type: none"> There were no Trolley Waits > 12 hours was reported in May 	<p>Acute diagnostic waits - not compliant</p> <ul style="list-style-type: none"> DMO1 performance at 97.4% as at May. Recovery projected for July.
<p>Inter-Provider Transfers - not compliant</p> <ul style="list-style-type: none"> 48% of tertiary referrals were met within 38 days requirement in April. 	<p>Workforce</p>	<p>Local Quality Requirements 19/20</p>	<p>Fractured NOF - non compliant</p> <ul style="list-style-type: none"> Fractured Neck of Femur Best Practice Tariff (surgery within 36 hours) is low at 77% compared to the 85% target The performance is variable month on month, often driven by patients conditions are preventing surgical interventions in this 36hr timeframe. 	<p>Indicator Performance : Persistent Red Focus</p>
<p>Data Completeness</p> <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 & Medical Appraisals - 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 Mar19 reporting at 98.7% vs the 95% target Medical Appraisals are reporting at 96.6% 	<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 May we continue to see some under- performance against a few indicators: <ul style="list-style-type: none"> Morning discharges at 17% vs target of 35%; Community falls and pressure ulcer assessments are both below 95% for a period of time reporting at 93%. 	<p>Bed moves after 10pm and before 6am - not compliant:</p> <ul style="list-style-type: none"> There were 698 reported bed moves in May in the period from 10pm-6am. Improvement plans are being set. 	<p>Two tabs have been inserted into the IQPR monitoring performance against improvement trajectory; this is for both, the persistent red items, and the exceptions in the month</p>
<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 c69,000 as at May 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 and auto-closures; 	<p>Sickness Rate - not compliant</p> <ul style="list-style-type: none"> In-month sickness rate in month for May is at 4.61% and a cumulative rate of 4.82% against target of 3%. 	<p>New, additional 19/20 Local Quality Requirements have just been proposed by the Host CCG, these are being reviewed internally before acceptance is agreed.</p>	<p>Mandatory Training - not compliant</p> <ul style="list-style-type: none"> Mandatory Training at the end of May remaining improved but below the 95% target at 92.1% Health & Safety related training dropping below standard of 95% and reports in May at 94% 	

