Sandwell and West Birmingham Hospitals NHS

NHS Trust

Report Title	CQC Insight report: Response to outliers		
Sponsoring Executive	Kam Dhami, Director of Governance		
Report Author	Allison Binns, Deputy Director of Governance		
Meeting	Trust Board (public)	Date	6th February 2020

1. Suggested discussion points *[two or three issues you consider the Board should focus on]*

CQC Insight reports are now available to the Trust on a monthly basis. The data provides an opportunity for services to address areas which are showing as worse than the national average, but equally identifies those areas where services provide better than average care or indicators.

The data provided, and in particular the date of that data, provides an opportunity as part of the Provider Information Report (PIR), which is requested prior to a CQC inspection, to submit more recent information to support the improvement progress that has been made.

Many of the changes being made to improve the services provided are planned or have been in train for a while. Matching these changes to metrics will help to identify any further improvements needed to help achieve the 'Good' rating for the Trust.

It is worth noting that some of the indicators relate to information which is only available every few years, but is still the information CQC inspectors rely on for their visits.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan		Public Health Plan		People Plan & Education Plan	
Quality Plan		Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other *[specify in the paper]*	X

3. Previous consideration *[where has this paper been previously discussed?]*

January Executive Quality Committee and Quality and Safety Committee

4. Recommendation(s)

The Trust Board is asked to:

a.	**NOTE** the types of information contained within the Insight reports
b.	**DISCUSS** the changes happening to address the metrics
c.	**NOTE** the monthly oversight of exception reporting at EQC

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		n/a					
Board Assurance Framework		n/a					
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 Trust Board: 6th February 2020

CQC Insight Reports

1.   Introduction

1.1   The Care Quality Commission (CQC) uses data publically available as well as that from specific sites to provide intelligence on the Trust to aid their focus during inspections.

1.2   Insight reports are produced monthly and are available on Connect for anyone to review (https://connect2.swbh.nhs.uk/governance/insight-reports/). Previous data from the Insight reports was shared with the Board at a development session in December 2019 and at last month's meeting. The process for requiring Clinical Groups to report on action taken/planned to address indicators where the Trust is shown as being 'worse than' the national average was shared with the Quality and Safety Committee.

1.3   This paper provides an outline of the content of the Insight report and Clinical Group responses to current outliers.

2.   Insight Reports

2.1   Within the Insight reports, data is provided on a Trust-wide basis as well as by core service. Core services are not always obvious in relation to our Clinical Groups. Examples of this are:

- Interventional radiology comes under Surgical services
- Speech and Language Therapy, Dermatology, Diabetes etc. come under Medical Care
- Neonatology comes under Children and Young People
- BMEC ED comes under Urgent and Emergency Care

2.2   A full list of where specialties map to core services has now been provided within the latest version of CQC's Provider Information Report (PIR). These will be shared with Groups.

2.3   Groups are therefore being advised to review all of the sections within the Insight reports as some data points may be relevant to more than one service.

2.4   The Insight reports have three sections detailing: Facts, Figures and Ratings; Trust and Core Service Analysis and Featured Data Sources.

2.4.1   Facts, Figures and Ratings

a.   The information provides an overview of the Trust wide data and then information by core service. This is data available on such things as the number of ED

attendances, elective admissions, the caesarean section rate, age of admissions under 17 and numbers of outpatient attendances.

b. The ratings for each service, for each domain are also provided.

2.4.2   Trust and Core service analysis

a. This section of the report provides an overview of the Trust and, helpfully, highlights the indicators which show a better or worse position and those that have changed from the previous 12 months.

b. **Hospital Standardised Mortality Ratio** (HSMR) shows a much worse position when compared nationally. Trust data shows that this is mainly at Sandwell Hospital and in two diagnoses; pneumonia and septicaemia.

A Task & Finish group has been set up to look at what needs to be done to reduce deaths from pneumonia and work continues to improve the identification and treatment of patients with sepsis to reduce deaths from septicaemia.

c. The areas which identify a worse position than 12 months ago are: **Never Events**; overdue safety alerts; delays in incident reporting and quality of care.

Audits are currently assessing if the changes made following the Never Events have seen a sustained improvement in safety. The changes included marking of any skin sites, assessment of the vagina prior to final count for retained swabs and counting of trocars as the norm (along with other equipment). Indications are that these changes in practices are being carried out consistently.

d. **Safety alerts** are now an integral part of the agenda for Risk Management Committee, ensuring actions to address the alerts are taken sooner and by the most suitable person(s).

The Board will recall the work undertaken over the past year to reduce the number of incidents in web holding. Once an incident has been managed it is merged into the live part of the system and then can be uploaded to the National Reporting and Learning System (NRLS). We remain a high reporter of incidents but slow at sending to the NRLS.

e. **Quality of care** covers a broad list of indicators which are covered within the Insight report under each core service. Section 3 of this report covers what the Clinical Groups are doing to improve some of those indicators which are not favourable. **Appendix A** provides an overview of the metrics which have changed month on month/since the previous 12 months.

2.4.3   Featured Data Sources

a. This section of the Insight report replicates information about the Trust with no benchmarking data. This includes:

- Incidents: provides data from the NRLS (12 months)
- Safety Thermometer: data for 12 months
- Number of outlier alerts at a point in time
- Mortality data
- ED waiting times (12 months)
- Patient surveys
- Staff survey
- Workforce Race Equality Standard (WRES)

b. This section also covers some of the National Audits that the Trust participates in, identifying the metrics and, in most cases, two years' worth of results. The results from some audits have benchmarked the Trusts results against others.

3. Group response to outliers

3.1   This section of the report provides some of the changes that have been or are in the process of happening, most through the Trusts knowledge of these issues and a few in direct response to the data provided within the Insight report.

3.2   **Primary Care, Community & Therapies**

3.2.1   There is no specific data for Community services and the Group recognises that throughout the report, metrics within the core services relate to them. The following table provides some of the measures that have been taken by PCC&T to address these metrics.

Metric/Data Source	Response
Incident reporting	Monitored at directorate level and track incidents so that they are managed within 14 days.
Safety Thermometer	Changed the handover process as this was identified as a time of high patient falls and initiated group therapy to minimise time in single rooms.
Mortality	Appointed a mortality lead and provided training to GPs and nurses to ensure coding is correct, as this has been an issue for EoL care.
FFT	Focussed work to improve data has been implemented
Staff surveys	January 2020 – the launch of a communication and engagement plan

3.2.2   The Group is working through the other metrics to see how they may be able to impact them. An example is "Emergency readmission: fluid and electrolyte disorders". For the community wards this may be about ensuring that patients remain hydrated prior to going home.

3.3   **Surgical Services**

3.3.1 Surgical Services have not been inspected since 2014 and Insight report states that the intelligence on the core service is declining. Examples of some of the work in progress to address this decline are provided below.

Metric/Data Source	Response
Risk-adjusted visual acuity loss	The National Ophthalmology Database is skewed towards routine cataract surgery so practiced changed to better reflect cases that fall under exclusion criteria.
Risk adjusted 30 day mortality rate: Hip fractures	Currently exploring the expansion of the Gerontology provision from 5 days Looking at ways to support enhanced medical rounding on T&O
Patients recommending the Trust: inpatients	Launched virtual clinics to improve access Bathrooms have been upgraded on Lyndon 2 From May 2020 providing enhanced recovery facilities on Priory 2
Crude overall length of stay	Reviewing current pathways to look at access to MFFD beds and community services earlier.

3.3.2 The Group is working to address all of the metrics which are less than the national average, taking into consideration where services from other groups may also impact on results within this core service. An example is Interventional Radiology which is seen as part of the surgical core service.

3.3.3 Critical Care is a core service on its own and is inspected independently of surgical services.

3.4 **Women & Child Health**

3.4.1 There are three main core services for the Group, these being Maternity, Gynaecology and Children and Young People (CYP). Elements of the metrics in Children and Young People cross into other Groups such as Medicine and Urgent Care for ED and Surgery for BMEC.

3.4.2 Maternity was not part of the 2018 inspection and since Gynaecology became a core service, it has not been inspected. Previously it was part of the surgical core service. CYP were part of the last inspection. Changes the Group are making are detailed below, with further work in progress.

Metric/Data Source	Response
Maternity outlier alert: puerperal sepsis	● The data relates to 2016 and has been challenged and that challenge accepted.
Perinatal Mortality is improving	● This is, in part, due to the Maternity/Neonatal safety collaborative work around reduced fetal movements
Neonatal Occupancy deteriorated	● Project looking at providing increased transitional care cots and working with NCOTS (community outreach service)

3.5 **Medicine & Emergency Care**

3.5.1 Two core services feed into the Group: Medical care and Urgent & Emergency. There are some services provided by PCC&T for which data will be included within Medical care such as, Dermatology, Diabetes, Speech & Language Therapy. Services which are provided by surgery also fall within the Medical care core service and examples of these are Audiology and inpatient orthotics.

3.5.2 The examples of changes being made, identified below, are the ones Medicine and Emergency care have initiated.

Metric/Data Source	Response
Patients spending less than 4 hours in ED	• ED Improvement Plan. • Increase in senior decision makers in SMART and RAM. • Looking for further ways to improve the utilisation of ambulatory and GP services
Stroke	• Remodelling of the nursing leadership and introduction of new roles to help meet targets. • Working with Circle to work collaboratively on the rehab pathways and improve LOS
Mortality outlier for UTI	• Work in place to eliminate the diagnosis by dipstick of urine in the over 65 age group
Patients spending less than 4 hours in major ED	• Initial investigations initiated in SMART and RAM to enable quicker decision making

4. Conclusion

4.1 Receipt of the CQC Insight reports is relatively recent and the request to respond to the metrics within it new to the Groups. The Insight reports are now readily available and a composite of those metrics which have changed within the last 12 months is shared at the Executive Quality Committee on a monthly basis (**Appendix A**).

4.2 Groups and Corporate Directorates will then provide information on the changes they have made to improve where metrics show a declining or worse than average position, but equally share what they have done for metrics which show an improving position.

4.3 To assist Groups and Directorates, mapping of Trust services to the CQC core services will be shared and in future reports will be by core service.

5. Recommendations

The Trust Board is asked to:

- **NOTE** the types of information contained within the Insight reports
- **DISCUSS** the changes happening to address the metrics

- **APPROVE** the monthly oversight of exception reporting at EQC

Allison Binns
Deputy Director of Governance

28th January 2020

Appendix 1: CQC Insight Report: Composite of metric changes over 12 months.