Sandwell and West Birmingham Hospitals **NHS**



| Report Title | Integrated Quality & Performance Report April 2020 | | | | |
|----------------------|---|------|--------------|--|--|
| Sponsoring Executive | Dave Baker, Director of Partnerships and Innovation | | | | |
| Report Author | Yasmina Gainer, Head of Performance and Costing | | | | |
| Meeting | Trust Board (Public) | Date | 04 June 2020 | | |

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

In April we observed the impact of the COVID-19 on a full month basis. With regards to responsiveness, our performance change follows what is happening on the national scale i.e. A&E attendances decline but 4 hour performance improves, RTT backlog rising, diagnostic (DMO1) performance dropping and patient numbers generally falling away. Our response to this is our recovery plan. Beyond this:

- We have achieved the Cancer 62-day standard for all four quarters in 2019/2020.
- The treatment of positively diagnosed Sepsis within 1 hour stays below or at 60% for the fifth consecutive month. Work is underway to understand why this is happening.
- There were seven 52 week breaches, all impacted by the cancellation of elective operations due to Covid 19.
- Administration errors around intended management are causing the initial performance of VTE assessment to under report. After validation we achieved 94.9% against the 95% standard. Further administration errors are believed to be the cause of readmissions spiking to 9.7%. Work is under way to resolve both these issues.
- CLE provided assurance that low performance in Stroke and Cardiology around thrombolysis in 60 minutes and angioplasty door/call to balloon times were a combination of low volumes and clinical consideration and thus that processes were working well.

| 2. Alignment to 2020 Vision [indicate with an 'X' which Plan this paper supports] | | | | | | | |
|---|---|--------------------|---|------------------------------|---|--|--|
| Safety Plan | х | Public Health Plan | х | People Plan & Education Plan | X | | |
| Quality Plan | х | Research and | | Estates Plan | | | |
| | | Development | | | | | |
| Financial Plan | Х | Digital Plan | | Other [specify in the paper] | | | |

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

WD5 Distribution to Groups, OMC, CLE, Q&S

4. Recommendation(s)

The Clinical Leadership Executive is asked to:

- **Recognise** the Cancer performance success
- Note the further work required on Sepsis and the administration around VTE and Readmissions

| 5. Impact [indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate] | | | | | | | | |
|--|----|--|---|--|---|---|-----------------------|--|
| Trust Risk Register | Х | Numerous | | | | | | |
| Board Assurance Framework | х | SBAF 11: Labour Supply and SBAF 14: Amenable Mortality | | | | | | |
| Equality Impact Assessment | Is | this required? | Υ | | N | Х | If 'Y' date completed | |
| Quality Impact Assessment | Is | this required? | Υ | | Ν | Х | If 'Y' date completed | |