

# Integrated Quality and Performance Report 2019/20 Review 13 May 2019



Agenda Item No:9.1.1

## Trust Board Report

<b>Meeting Date:</b>	13 <sup>th</sup> May 2019
<b>Title:</b>	Integrated Quality and Performance Report 2019/20 review.
<b>Executive Summary:</b>	This report represents the proposals for the revised reporting arrangements for 2019/20. It looks at the Integrated Quality and Performance metrics to ensure that an integrated view of the performance of the Trust can be observed. This process includes an evaluation of the national mandatory and operational guidance, assessment of other reports being presented to the Board and a discussion with relevant Executive Directors about what information should be covered. This report outlines the proposed changes.
<b>Action Requested:</b>	<b>Approve</b>
<b>For the attention of the Board</b>	This report provides an integrated focus on key performance indicators that are monitored through the National contract and those metrics that the organisation measure for operational efficiency and patient safety.
<b>Assure</b>	<ul style="list-style-type: none"> <li>All data reported with thorough validation checks and relevant departments are aware of underperformance.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>None in this report</li> </ul>
<b>Alert</b>	<ul style="list-style-type: none"> <li>None in this report</li> </ul>
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<b>Links to Trust Strategic Objectives</b>	<ol style="list-style-type: none"> <li>Create a culture of compassion, safety and quality</li> <li>To have an effective and well integrated local health and care system that operates efficiently</li> <li>Be in the top 25% of all key performance indicators</li> </ol>
<b>Resource Implications:</b>	None
<b>Report Data Caveats</b>	All data reported with thorough validation checks and relevant departments are aware of underperformance.

<b>CQC Domains</b>	<p><b>Safe:</b> patients, staff and the public are protected from abuse and avoidable harm.</p> <p><b>Effective:</b> care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p><b>Caring:</b> staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p><b>Responsive:</b> services are organised so that they meet people's needs.</p> <p><b>Well-led:</b> the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
<b>Equality and Diversity Impact</b>	None
<b>Risks: BAF/ TRR</b>	Not applicable
<b>Public or Private:</b>	Public Session
<b>Other formal bodies involved:</b>	Trust Management Committee, Finance & Performance Committee and QGAC
<b>References</b>	None
<b>NHS Constitution:</b>	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Equality of treatment and access to services</li> <li><input type="checkbox"/> High standards of excellence and professionalism</li> <li><input type="checkbox"/> Service user preferences</li> <li><input type="checkbox"/> Cross community working</li> <li><input type="checkbox"/> Best Value</li> <li><input type="checkbox"/> Accountability through local influence and scrutiny</li> </ul>

Report Details	
1	<p><b><u>Background</u></b></p> <p>The Board receives an Integrated Quality and Performance Report (IQPR) that provides assurance against a range of quality and performance metrics. This report was developed for 2014/15 and saw the integration of the previous Quality Report and Performance Report.</p> <p>The IQPR is discussed monthly in the public session and is jointly presented by the Chief Nursing Officer and Chief Operating Officer.</p> <p>To support the assurance around the information presented to Board the internal auditors include regular reports within their scheme of work around data integrity and the quality of data presented to the Trust Board.</p>
2	<p><b><u>Review Process</u></b></p> <p>In order to ensure that the information and data that is presented to the Board is robust and provides the relevant assurance, the following are have been reviewed:-</p> <ul style="list-style-type: none"> <li>• NHS Improvement – Accountability Framework for Trust Boards</li> <li>• NHS Operational Planning &amp; Contracting Guidance 2019/20</li> <li>• 2019/20 Contract including additional local thresholds</li> <li>• CQC – Fundamental standards of Quality and Safety</li> <li>• Other relevant national guidance</li> </ul> <p>In addition to these areas, the Trust has also reviewed the 2018/19 IQPR to see whether any metrics could be removed, updated or moved to quarterly reporting.</p>

3	<p><b><u>Proposals for 2019/20 Monthly Report</u></b></p> <p>It is proposed that the Board continues to receive an IQPR that provides a total picture of the performance of the Trust against a suite of indicators. This enables the Board to have a holistic view of performance that enables closer scrutiny of qualitative and operational issues.</p> <p>The report will be re-aligned to match the Trust strategic objectives and will be reported under the following headings:</p> <ol style="list-style-type: none"> <li>1. Create a culture of compassion safety and quality <ol style="list-style-type: none"> <li>a. Executive Summary</li> <li>b. Dashboard</li> <li>c. Mortality</li> <li>d. Exception reporting</li> <li>e. Friends and Family</li> <li>f. Safety Thermometer</li> <li>g. Safer Staffing</li> </ol> </li> <li>2. Be in the top 25% for key performance measures <ol style="list-style-type: none"> <li>a. Executive Summary</li> <li>b. Dashboard</li> <li>c. Exception reporting</li> <li>d. Waiting Times</li> <li>e. Urgent Care</li> <li>f. Cancer Waiting Times</li> <li>g. Theatre Utilisation</li> </ol> </li> <li>3. To have an effective and well integrated health and care system that operates efficiently <ol style="list-style-type: none"> <li>a. Executive Summary</li> <li>b. Dashboard</li> <li>c. Exception reporting</li> </ol> </li> </ol> <p>For a detailed breakdown of the indicators contained within the report, including additions, removals and move to quarterly reporting please refer to Appendix 1.</p>
4	<p><b><u>Proposed Quarterly Report</u></b></p> <p>In addition to the standard monthly report, additional information will also be presented to the Trust Board on a quarterly basis. This will contain additional indicators that are only monitored on a quarterly basis.</p> <p>This will follow the same principles outlined above and will be presented under the same themes.</p>

Appendices	
1	<p><b><u>Appendix 1</u></b></p> <p><b><u>Create a culture of compassion safety and quality</u></b></p> <p><u>Patient Experience (14)</u></p> <p>Cancelled Operations:</p> <ul style="list-style-type: none"> <li>• Monthly number of cancelled operations</li> <li>• As a percentage of elective admissions – monthly</li> <li>• As a percentage of elective admissions – cumulative</li> <li>• Not re-admitted within 28 days</li> <li>• Urgent operations being cancelled for a second time</li> </ul>

Complaints:

- Number of complaints as a percentage of admissions
- Complaints response rate against policy

Friends and Family Test (FFT):

- Response rates (Trust Wide – excluding ED)
- Recommendation rates (Trust Wide – excluding ED)
- Response rates ED
- Recommendation rates ED

Late Observations

Late patient moves (after 10pm) **\*\*REMOVE\*\***

Duty of Candour:

- Element 1
- Element 2

Patient Outcomes (12)

Safety Thermometer – harm free care

Pressure Injuries:

- Number of all pressure injuries
- Number of STEIS reportable
- Number per 1,000 occupied bed days

Patient Falls:

- Number of all falls
- Number of falls with harm
- Number of falls per 1,000 occupied bed days

Mortality:

- Crude mortality rate
- RWT SHMI
- Number of deaths

**\*\*NEW\*\*** Stranded Patients over 21 days

**\*\*NEW\*\*** Re-admission rates within 28 days

Patient Safety (18)

VTE percentage risk assessment

HCAI's:

- Clostridium Difficile
- MRSA Bacteraemia
- E.Coli

Percentage rate of medication error

Serious Incident Reporting:

- Report within 48 hours
- Update on immediate actions within 72 hours
- Share investigation report within 60 days

Never Events

Radiation Incidents:

- Radiotherapy
- Radiology

Care Hours per Patient Day (CHPPD):

- Total Staff
- Registered Nursing
- Healthcare Workers

Sepsis:

- Percentage of patients who met the criteria for sepsis screening (ED)
- Percentage of patients who met the criteria for sepsis screening (acute inpatient departments)
- Percentage of patients who present with suspected sepsis (ED)
- Percentage of patients who present with suspected sepsis (acute inpatient departments)

### Maternity (5)

#### C-Section Rates:

- Elective
- Emergency

#### Midwife to Birth Ratio

#### Friends and Family Test (FFT):

- Response Rates
- Recommendation Rates

### **Be in the top 25% for key performance measures**

### Waiting Times (3)

#### Referral to Treatment (RTT):

- Percentage of incomplete pathways
- Number of patients over 52 weeks

Diagnostic tests – percentage waiting 6 weeks or more

### Urgent Care (9)

#### Emergency Department 4 hour wait:

- New Cross
- Phoenix Walk in Centre
- Cannock Minor Injuries Unit
- Vocare
- Combined

#### Ambulance Handover:

- 30-60 minutes
- >60 minutes

#### Ambulance numbers

#### Emergency admissions via ED

### Cancer Waiting Times (11)

- 2 Week wait
- 2 Week wait – breast symptomatic
- 31 Day to first treatment
- 31 Day - subsequent anti-cancer drug
- 31 Day - subsequent surgery
- 31 Day - subsequent radiotherapy
- 62 Day referral to first treatment
- 62 Day consultant screening
- 62 Day consultant upgrade
- 62 Day by cancer site
- Average cancer waiting times by tumour site

### Stroke (2)

- Patients who spend 90% of their stay on ASU
- High risk patients seen within 24 hours

### Organisational Efficiency (7)

#### **Theatre Utilisation (move to quarterly reporting)**

#### British Association of Day Surgery

#### NHS E-referral – sufficient appointment slots

#### Delayed Transfers of Care (DToC):

- Total DToC
- DToC excluding social care delays

#### Edischarge summary:

- All wards (excluding assessment units)
- Assessment units

**To have an effective and well integrated health and care system that operates efficiently**

**Sexual Health (3)**

Total Number of appointments against block contract (quarterly)

Percentage of appropriate patients offered HIV test (quarterly)

**\*\*NEW\*\*** Number of Chlamydia tests (reporting from quarter 2 onwards)

**\*\*NEW\*\*** **Frailty (3)** (reporting from July 2019 onwards)

- Monitoring of frailty
  - Severe
  - Moderate
  - Mild

**\*\*NEW\*\*** **Dementia (3)**

- Who have a diagnosis of dementia or delirium or to who case finding is applied
- Who, if identified as potentially having dementia or delirium, are appropriately assessed
- Where the outcome was positive or inconclusive, are referred on to specialist services

**Community Nursing (Rapid Intervention Team) (6)**

- Number of referrals received
- Patients accepted and seen (actuals)
  - Number of patients sent to ED or admitted to hospital by RIT's (including accepted patients and patients who have been telephone triaged and an emergency ambulance advised)
- Percentage of patients who are sent to ED/admitted
- Number of referrals from West Midlands Ambulance Service
- \*\*NEW\*\*** Re-admission rate for RIT patients

**0-19 Health Visiting (2)**

- Percentage of infants who receive a face to face New Birth Visit (NBV) within 14 days of birth, by a Health Visitor
- Percentage of children who receive a 6-8 week review

**0-19 School Nursing (2)** – both yearly targets, move to year end reporting only

- Percentage of health assessment are carried out at school entry
- Percentage of health assessment are carried out at year 6

**Primary Care (7)**

Emergency admissions per 1,000 patients **\*\*REMOVE\*\***

Emergency admissions per 1,000 patients – VI vs Non VI practices

- Total appointments – all VI practices **\*\*REMOVE\*\***
- GP appointments – all VI practices **\*\*REMOVE\*\***
- Other appointments – all VI practices **\*\*REMOVE\*\***

**\*\*NEW\*\*** QOF – reported annually

**\*\*NEW\*\*** QOF Plus – reported annually

**\*\*NEW\*\*** Enhanced Service Extended Hours Access – reported quarterly

**\*\*NEW\*\*** Public Health Initiative - % of NHS Health Checks – reported quarterly

**\*\*NEW\*\*** Childhood Immunisations (2 & 5 Year Olds) – reported quarterly

**\*\*NEW\*\*** Childhood Influenza – end year reporting only

N.B. Primary care network becomes operational from 1<sup>st</sup> July 2019; the Trust will need to consider reporting requirements as this evolves.