

Integrated Quality & Performance Report review 2018/19

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Agenda Item No: 10.1

Trust Board Report

Meeting Date:	30 th April 2018.
Title:	Integrated Quality & Performance Report review 2018/19
Report of:	This report represents the proposals for the revised reporting arrangements for 2018/19. 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.
Action Requested:	Receive and note: Additions/removals of metrics Approve: The proposed metrics
For the attention of the Board	This report provides an update of key performance indicators for 2018/19.
Assure	<ul style="list-style-type: none"> All data reported with thorough validation checks that cover national and contractual obligations.
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Links to Trust Strategic Objectives	<ol style="list-style-type: none"> 1. Create a culture of compassion, safety and quality 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 6. Be in the top 25% of all key performance indicators
Resource Implications:	None
CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Responsive: services are organised so that they meet people's needs.</p> <p>Well-led: 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>
Equality and Diversity Impact	None
Risks: BAF/ TRR	Not applicable
Public or Private:	Public Session
Other formal bodies involved:	Trust Management Committee
NHS Constitution:	<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"> Equality of treatment and access to services High standards of excellence and professionalism Service user preferences Cross community working Best Value Accountability through local influence and scrutiny

Report Details	
1	<p><u>Background</u></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 an 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><u>Review Process</u></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 areas have been reviewed:-</p> <ul style="list-style-type: none"> • NHS Improvement – Accountability Framework for Trust Boards • NHS Planning Guidance 2018/19 • Second year of 2 year contract 2017/2019 • CQC – Essential Standards of Quality and Safety • Other National Guidance <p>In addition to these areas, the Trust has also reviewed the 2017/18 IQPR to see whether any metrics could be removed, updated or moved to quarterly reporting.</p>
3	<p><u>Proposals for 2018/19 Monthly Report</u></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 maintain its existing structure and be reported under the following headings:</p> <ol style="list-style-type: none"> 1. Executive Summary 2. Quality <ol style="list-style-type: none"> a. Patient Experience b. Patient Outcomes c. Patient Safety d. Maternity 3. National & Contractual Standards <ol style="list-style-type: none"> a. Waiting Times b. Urgent Care c. Cancer d. Stroke e. Organisational Efficiency f. Workforce <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><u>Proposed Quarterly Report</u></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>
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Appendices

1	<p><u>Appendix 1</u></p> <p><u>Quality</u></p> <p><u>Patient Experience (16)</u></p> <p>Cancelled Operations:</p> <ul style="list-style-type: none"> • Monthly • As a percentage of elective admissions – monthly • As a percentage of elective admissions – cumulative • Not re-admitted within 28 days • Urgent operations being cancelled for the second time <p>Complaints:</p> <ul style="list-style-type: none"> • Number of complaints received • Number of complaints as a percentage of admissions <p>PAL's activity</p> <p>Mixed sex accommodation breaches **move to quarterly reporting**</p> <p>VitalPac late observations</p> <p>Friends and family test:</p> <ul style="list-style-type: none"> • Response rate • Recommendation rate <p>Late moves:</p> <ul style="list-style-type: none"> • Between 8pm-10pm **REMOVE** • After 10pm <p>Duty of candour:</p> <ul style="list-style-type: none"> • Element 1 • Element 2 <p><u>Patient Outcomes (6)</u></p> <p>Harm Free Care:</p> <ul style="list-style-type: none"> • Pressure injuries • Falls causing serious harm • C-UTI • VTE • Safety Thermometer <p>Cardiac arrests and outcomes</p> <p><u>Patient Safety (17)</u></p> <p>VTE:</p> <ul style="list-style-type: none"> • Assessment percentage • Numbers **REMOVE** <p>Falls:</p> <ul style="list-style-type: none"> • Total number of falls • Falls with serious harm • Percentage per occupied bed days <p>HCAI's:</p> <ul style="list-style-type: none"> • Clostridium difficile
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- MRSA bacteraemia
- E Coli
- MSSA
- CPE

Medication incidents

Serious incident reporting:

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

****NEW** Avoidable Deaths – Quarterly Reporting**

Radiation incidents:

- Radiotherapy
- Radiology

Safeguarding adults

Safeguarding children

Maternity (10)

- Unexpected admission of full term babies to neo natal unit (level 3 care)
- Elective C-section rate
- Emergency C-section rate
- Maternal deaths
- Midwife to birth ratio
- Bookings at 12+6 weeks
- Babies being cooled (born here)
- Breast feeding initiated
- Early neonatal death (born here)
- Number of mothers delivered

****NEW** Mortality**

National and Contractual Standards

Waiting Times (3)

- RTT – percentage of patients on an incomplete pathway
- RTT – over 52 week waiters
- Diagnostic tests

Urgent Care (9)

Emergency department 4 hour wait

- New Cross
- Walk in Centre
- Cannock MIU
- Vocare
- Combined

Ambulance handover

- 30-60 minutes
- >60 minutes

Total ambulance numbers

Emergency admissions via ED

Cancer (11)

- 2 week wait
- 2 week wait breast symptomatic
- 31 day diagnosis to first treatment – all cancers
- 31 day – subsequent surgery
- 31 day – subsequent anti-cancer drug
- 31 day – subsequent radiotherapy

- 62 day referral to first treatment
- 62 day consultant screening
- 62 day consultant upgrade
- 62 day by cancer site

****NEW** Average waits by tumour site**

Stroke (2)

- Patients who spend 90% of their stay on ASU ****move to quarterly reporting****
- High risk patients seen within 24 hours ****move to quarterly reporting****

Organisational Efficiency (6)

Theatre utilisation

NHS e-referral – sufficient appointment slots

Delayed transfers of care (DToC):

- Total DToC
- DToC excluding social care delays

Edischarge summary – correspondence within 24 hours of discharge:

- All wards (excluding assessment units) ****move to quarterly reporting****
- Assessment units ****move to quarterly reporting****

Workforce (13)

Staff turnover

Sickness absence:

- Monthly
- 12 month rolling period

Average days lost over last 12 months

Annual appraisal rates

Mandatory training compliance rates:

- Mandatory specific
- Generic

Primary care directorate:

- Whole time equivalent
- Leavers and starters
- Annual appraisal rates

SIP vs NHSi plan

Safer staffing:

- Day and night fill rates for nurses/midwives and care staff
- Planned vs actual – staff hours by ward

Primary Care Activity

Monthly:

GP Activity:

Appointments (GP and Other) against the national standard

DNA Rates

ED Attendances per 1,000 patients

Emergency admissions per 1,000 patients

Quarterly:

Emergency Readmissions per 1,000 patients

Average Length of Stay

GP Referrals per 1,000 PATIENTS

QoF latest snapshot against year-end Target