



SUMMARY REPORT	Meeting Date:	24 November 2016
	Agenda Item:	8.1
	Enclosure Number:	5a

Meeting:	Trust Board		
Title:	Quality Performance Report		
Author:	Dee Radford, Quality and Compliance Lead		
Accountable Directors:	Steve Gregory, Director of Nursing and Operations Dr M Ganesh Medical Director		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/Recommendation from that Committee
	Quality and Safety Committee	17 Nov 2016	As per Chair of Committee report

Purpose of the report				
The purpose of this report is to provide the Trust Board with an overview of our performance for 2016/17 as at the end of October 2016			Consider for Action	✓
			Approval	
			Assurance	✓
			Information	✓
Strategic Priorities this report relates to:				
To deliver high quality care	To support people to live independently at home	To deliver integrated care	To develop sustainable community services	
✓	✓	✓	✓	
Summary of key points in report				
The report is based on the five Care Quality Commission (CQC) domains of caring, responsive, effective, well led and safe. Within each of the domains is a “key messages” section supported by graphical evidence of the data where appropriate. Each domain has a “key measures” section to show an overall view of the domain and the metrics we use to measure our compliance.				

Key Recommendations

The Trust Board is asked to:

- **Discuss** the current performance in relation to key quality indicators as at the end of October 2016
- **Consider** the actions being taken where performance requires improvement
- **Question** the report to ensure appropriate assurance is in place

Is this report relevant to compliance with any key standards? YES OR NO		State specific standard or BAF risk
CQC	Yes	Regulations 9, 10,11,12,13,14,15,16,17,18,20
IG Governance Toolkit	No	
Board Assurance Framework	Yes	991, Clinical Quality and Patient Safety

Impacts and Implications?	YES or NO	If yes, what impact or implication
Patient safety & experience	Yes	The report and actions taken and planned developments will provide a basis for assurance on safety and experience
Financial (revenue & capital)	Yes	Costs of treatment for harms Costs of bank/ agency staff to cover sickness
OD/Workforce	Yes	The planned developments will support collaborative working across the health economy and learning for the staff.
Legal	Yes	Potential impact of claims.



QUALITY PERFORMANCE REPORT NOVEMBER 2016

Introduction

This report covers the Trust's performance for October 2016 and is aligned to the CQC domains of quality – caring, responsive, effective, well led and safe services. This report will provide additional information relating to these quality domains to that which is found in the Integrated Performance Report received by the Resource and Performance Committee which also includes narrative relating to the five additional corporate objectives – designed around the patient, increased range of services, delivered in suitable environments, making the best of technology and financially sustainable.

Contents

Domains of Quality:

Caring	Page 3
Responsive	Page 5
Effective	Page 9
Well Led	Page 10
Safe	Page 12

Commissioning for Quality and Innovation SchemePage 15

Appendices: None

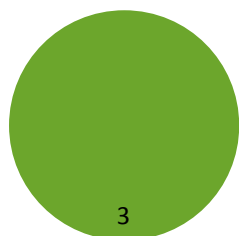
Glossary

CAMHS:	Child and Adolescent Mental Health Services
CNRT:	Community Neurological Rehabilitation Team
DAART:	Diagnostics, Assessment and Access to Rehabilitation and Treatment
DTOC:	Delayed Transfers of Care
ICS:	Integrated Community Services
IDT:	Interdisciplinary Community Teams
MIU:	Minor Injuries Unit
TeMS:	Telford Musculoskeletal Service
RTT:	Referral to Treatment Time

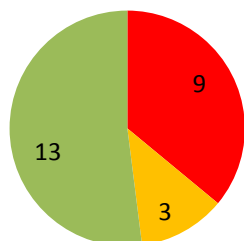
Integrated Quality Dashboard At a Glance

The Integrated Dashboard at a glance incorporates all indicators that are measured and reported within the Integrated Performance Report which are not all reflected in this document except those that are reported as exceptions

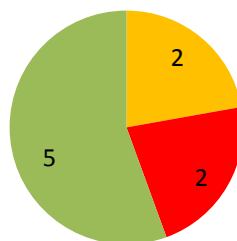
Caring



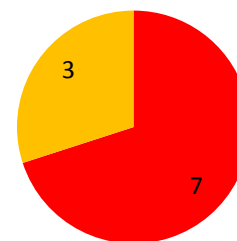
Responsive



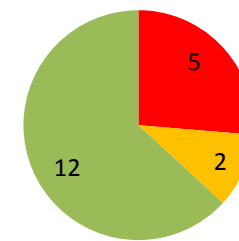
Effective



Well Led



Safe



Caring Key Measures

	Year end 15/16	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Year to date 16/17	Target
Caring															
New birth visits within 14 days	90.74	94.55	92.01	93.92	94.74	90.74	92.29	93.27	92.17	97.59	96.01	92.43			90.00%
Access to Healthcare	100	100	99.65	100	100	100	100	100	100	100	100	100	100	100%	100%
Single Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Year end 15/16	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Year to date 16/17	Target
Friends and Family															
% of patients across trust extremely or likely to recommend – Community Services (UNIFY)	98%	98	97	98	97	98%	89%	97%	92%	95%	98%	96%		95%	None
% of patients across trust extremely or likely to recommend – Mental Health Services (UNIFY)	98%	90	82	91	95	98%	88%	94%	98%	95%	95%	94%		94%	None
Local Inpatient Survey															
% of in patients extremely or likely to recommend the ward they were treated in	97%	100%	85%	98%	97%	95%	85%	96%	100%	93%	93%	97%	100%	95%	None
% of inpatients that report they are treated with dignity & respect	98%	100%	92%	98%	97%	97%	100%	100%	100%	97%	100%	100%	100%	99.6%	None
% of discharged inpatients rate overall experience as excellent or very good	91%	94%	83%	95%	95%	92%	73%	81%	89%	88%	86%	83%	91%	84%	None
% of discharged inpatients who complete the survey	20%	14%	10%	36%	23%	32%	17%	18%	25%	27%	28%	22%	17%	22%	None
Complaints (number)	67	7	6	3	13	9	10	11	19	15	5	15	7	82	None
Complaints responded in timescale	86.56	79	87	100	66	50	83.30	90.90	100	83	94.12	60.00	66.00	82.47	95%
Response within 3 working days (%)	94.38	100	100	100	100	55.5	90.90	100	94.70	100	100	100	100	95.94	None
% Action Plans implemented	100	100	100	100	100	100	100	100	100	100	100	100	100	100%	100%
Upheld by ombudsman	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of claims for compensation	6	1	0	0	1	0	0	0	0	1	0	1	0	2	0

Caring Key Messages

Area	Key Points	Action taken where applicable	Anticipated compliance date following actions
Response to complaints within three working days	New PALS and Complaints Manager in post from 31 October	Recovery plan in place – on track to recover position within timescale	December 2016

Caring What our patients are saying this month (from the FFT and other surveys)

Some of the positive feedback we have received in October:

It's our local friendly hospital which is compact and small. Staff are wonderful, caring and patient. Food is excellent too.

Bridgnorth Community Hospital

I feel extremely grateful to all the staff for my treatment and for their politeness and caring ways towards me, it's very much appreciated, thank you. I would certainly recommend the service to any patient who requires it.

DAART Shrewsbury

I appreciated the friendliness, not just the respect to my privacy. Explaining how to use the equipment and where to put it.

IDT South East

Everything, love how comfortable I'm made to feel and how if I had a problem I could just ask and get the help I needed. She makes me feel like I'm an amazing mum

FNP Shrewsbury

Some of the comments we received in October that shows us where we can improve:

(Comments have been fed back to the areas concerned immediately via Patient Experience system). Trends monitored by Feedback Intelligence Group (FIG):

Restricted hours of x-ray mean having to return or start again at A&E, putting pressure on the local units for problems which could be dealt with minor injuries!

Oswestry Minor Injuries Unit

They are understaffed and overworked. Cleaners are v good

Whitchurch Community Hospital

Responsive Key Measures


















Responsive	Year end 15/16	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Year to date 16/17	Target
CQC Warning Notices	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Prop of patients not treated within 28 days of last min cancellation	0.25	0	2	0	0	0	0	0	0	0	0	0	0	0	0
Delayed Transfers of Care (DTOC)	10.61	10.78	17.00	12.00	10.00	10.00	8.00	10.00	8.00	21.00	13.00	10.00	20.00	20.00%	3.5%
18/52 RTT for admitted patients	97.04	100	95.51	93.10	95.92	93.98	92.59	97.70	96.30	100	91.59	83.87		83.87%	90%
18/52 RTT for non adm patients	95.64	94.73	93.89	92.30	93.76	91.76	91.31	90.00	92.30	91.03	92.42	93.45		93.45%	95%
18/52 RTT incomplete pathways	93.36	96.55	95.53	92.75	93.36	93.79	92.80	93.97	92.01	90.37	90.62	89.11		85.11%	92%
Diagnostics for audio/ultrasound	100	100	100	100	100	100	100	100	100	100	100	100		100%	99%
Consultant Led Outpatients 6/52	40.66	36.34	29.25	50.20	49.90	49.13	61.86	58.68	48.30	59.52	67.48	66.85		60.21%	50%
Non Cons Led Outpatients 6/52	28.27	38.91	61.37	33.74	26.55	22.38	27.78	40.31	39.92	31.47	27.80	31.28		32.87%	50%
MIU discharged in 4 hours	99.98	100	100	99.88	100	99.95	100	99.95	100	100	100	100	99.95	99.98%	95%
MIU Left without being seen	0	0	0	0	0	0	1	1	1	0	1	1	1	1%	5%
MIU assessed within 15 minutes	100	100	100	100	92.86	100	100	91.67	100	100	100	100	100	98.31%	95%
MIU Time to treatment decision	10	8	9	9	10	11	12	14	12	12	12	11	10	12	60 mins
MIU Unplanned re-attendance	1.81	1.55	1.25	1.81	1.76	1.99	1.60	1.49	1.45	2.26	1.75	1.89	1.57	1.73%	5%
CES Response within 7 days	99.14	99.19	99.03	99.14	99.16	99.10	99.19	99.14	99.10	99.17	99.01	99.06		99.11%	99%
DN response times within 24 hours	98.26	100	98.23	95.28	91.67	100	100	98.51	94.02	93.27	95.87	96.15	88.97	95.23%	100%
DN response times within 48 hours	98.66	98.97	99.19	98.64	96.15	99.44	99.25	100	99.15	90.63	92.74	80.67	86.73	92.84%	100%

Responsive Key Messages

Area	Key Points	Action Taken	Anticipated compliance date
Delayed Transfers of Care	The performance for DTOC worsened in October having previously shown some improvement	A recovery plan is in place but is not delivering against trajectory which aims for 8% by January 2017.	Compliance will be achieved as an outcome of a range of LHE schemes
18/52 RTT for admitted patients	We have not met the 90% target for this indicator in September for the first time this year.	This reduction in performance relates to patients in TeMS that were not seen within 52 weeks of referral. This indicator is expected to return to green in the October 2016 data	December 2016
18/52 for non admitted patients	We remain below the 95% target but have seen an improvement over the last three reported months	A recovery plan is in place and it is expected that this indicator will be met by the end of January 2017	January 2017
18/52 incomplete pathways	We continue not to meet the 92% target with a slightly worse performance in September than August	A recovery plan is in place and it is projected that we will be compliant with this indicator by the end of January 2017	January 2017
District nurse response times – 24 hours	A worsening position seen against this indicator in October compared to previous months.	Teams are still required to enter data within timescales appropriately. We anticipate an improvement in compliance against this indicator in December 2016 data	December 2016
District nurse response times – 48 hours	We recorded an improving position against this indicator in October whilst still remaining non compliant with the 100% target	Teams are still required to enter data within timescales appropriately. We anticipate an improvement in compliance against this indicator in December 2016 data	December 2016

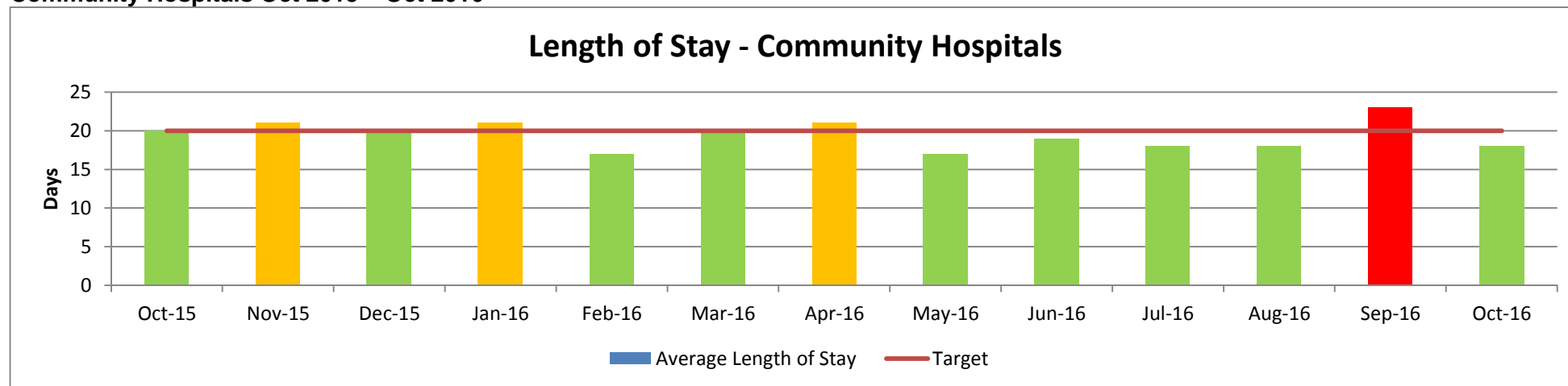
Responsive Urgent Care

Urgent Care October 2016 position High level Overview/ Performance Summary

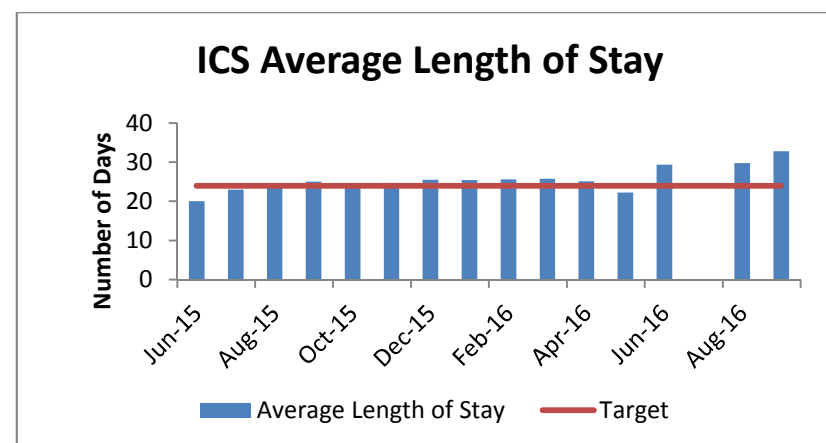
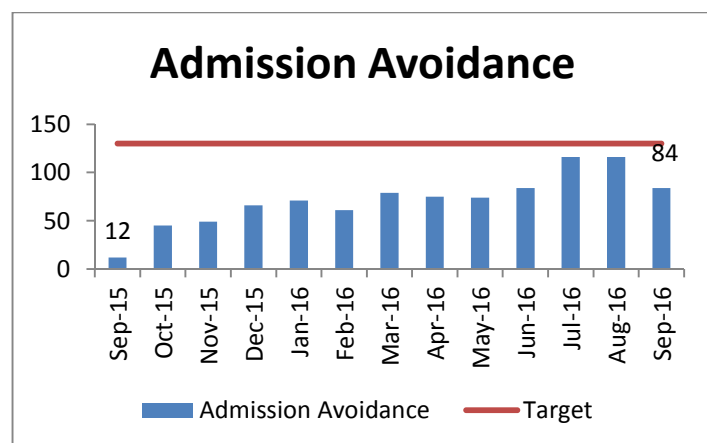
	KPI	Target	Actual	YTD Status	Overall Rating
Economy	A&E 4 Hour Waits (August position)	95%	85.3%		
	KPI	Target	Actual	YTD Status	Overall Rating
MIU	A&E Left Without Being Seen	5%	1.00%		
	A&E Time to Initial Assessment	95% <=15 mins	100.0%		
	A&E Time to Treatment Decision	60 Mins	100%		
	A&E Unplanned Re-Attendance Rate	5%	1.6%		
	Total time in department (Arrival to Discharge)	99.95% <=4 hrs	99.95%		
	KPI	Target	Actual	YTD Status	Overall Rating
Community Hospitals	Length of Stay (overall)	20	18		
	Proportion of delay transfer of care	3.50%	20.00%		
	KPI (September)	Target	Actual	YTD Status	Overall Rating
ICS	Length of Stay (overall) (24 days)	24	32.86		
	Admission Avoidance (overall)	130	84		
	Early Supported Discharge	196	135		
	Readmission (overall)	20%	15.63%		
	Ni125 (81.9%) - May	81.9%	89.2%		

The above table shows the high level overview for the urgent care measures. The monthly economy Accident and Emergency attendances four hour waits is derived from the latest information made available by NHS England. Operational services have access to both the Trusts urgent care dashboard and the Staffordshire and Shropshire Escalation Management System which help inform the daily escalation and management process. Further detail relating to ICS and Community Hospital urgent care data is shown below.

Community Hospitals Oct 2015 – Oct 2016



Integrated Community Services (ICS) Sep 2015 – Sept 2016



Effective Key Measures

	Year End 15/16	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Year to date 16/17	Target
Data Entry within 21 days	96.54	96.47	95.79	95.68	95.27	95.89	96.41	97.95	97.82	99.31	94.63	98.15	98.24	97.49	100%
Data Timeliness							78.89	81.94	81.71	80.00	78.29	79.66	76.95	79.68	100%
Ethnic Coding Data	96.06	95.66	95.81	95.83	96.07	96.51	96.34	96.62	96.66	96.34	96.54	96.15	96.32	96.43	85%
Unallocated data	0.48	0.61	0.64	0.70	0.58	0.36	0.37	0.45	0.49	0.56	0.49	0.62	0.57	0.51	0.50%
Use of NHS number	98.36	98.29	98.66	98.70	98.70	98.63	98.34	99.91	98.57	98.61	98.07	98.33	98.39	98.62	95%
Bed Utilisation (overall)	93.18	94.85	95.51	96.54	94.99	95.48	95.91	91.12	91.92	93.71	94.95	95.60	93.95	93.87	91%
Unexpected deaths	5	0	0	0	1	1	1	3	0	0	0	0	0	4	0
Did Not Attend (DNA) rates	3.40	3.24	3.22	3.30	3.14	3.08	3.28	3.14	3.33	3.24	3.50	3.28		3.29	10%
Length of Stay (overall)	19	21	20	21	17	20	21	17	19	18	18	23	18	19	20

Effective Key Messages

Area	Key Points	Action Taken	Anticipated compliance date
Data Entry within 21 days	Slight improvement seen in October	Continue to monitor and require action to be taken where required	November 2016
Data Timeliness	Slight worsening of position in relation to this indicator	Recovery plan requires all teams to ensure contacts are completed	November 2016
Unallocated Data	Improvement in position during October	Recovery plan in place	November 2016

Well Led Key Measures

	Year End 15/16	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Year to date 16/17	Target
Well Led – Supporting our staff															
Appraisal rates - Trust	84.30	72.00	78.00	82.00	90.00	84.30	83.37	82.30	80.63	76.69	78.26	79.30	80.00	80.00	90%
Employee Numbers (FTE)	1265	1274	1268	1269	1262	1265	1249	1249	1249	1247	1257	1240	1254	1254	1273
Information Governance Requirements	86.54	85.63	86.29	87.34	87.49	86.54	84.45	87.27	89.08	88.04	88.29	86.78	88.80	88.80	95%
Leavers <1 year in service (FTE)	1.04	1.70	0.58	1.02	0.30	2.35	0.90	4.00	0.60	0.47	1.38	3.80	1.11	1.75	1.33%
Leavers All (FTE)	12.57	1.11	1.16	0.54	0.30	2.69	1.15	1.41	0.49	1.05	1.07	1.20	0.52	6.89	4.00%
Mandatory core requirements	87.49	82.37	84.39	85.78	88.12	87.49	86.40	87.35	88.16	89.63	89.52	90.03	89.20	89.20	95%
Sickness Absence – total workforce	4.55	3.98	4.43	4.26	4.85	4.50	4.51	4.20	3.86	4.25	4.20	4.40	5.28	4.39	4.15%
Sickness Absence – long term						2.65	2.87	2.70	2.51	2.76	2.89	2.89	2.79	2.77	2.75%
Sickness Absence – short term						1.86	1.64	1.50	1.48	1.66	1.26	1.51	2.49	1.65	1.40%
Total shifts exceeding NHSI capped rate							320	287	287	193	284	264	213	1848	0
Total shifts non framework agreement							36	15	22	8	12	16	1	110	0

Well Led Key Messages

Area	Key Points	Action Taken	Anticipated compliance date
Appraisal Rates	Hotspots identified and targeted actions put in place.	Recovery plan in place and being reviewed	
Information Governance	Slight overall improvement seen. Community Services and Children and Families Divisions seen improvement, Community Hospitals maintained previous performance	Continued push to ensure compliance against all areas. Desktop reminder in place	March 2017
Mandatory Core Requirements	Remained static in October compared to September. An improvement has been seen in Community Services	We continue to take action to ensure that staff are enabled to complete their mandatory training requirements	

Area	Key Points	Action Taken	Anticipated compliance date
Sickness Absence – all	Hotspots identified in Health Visiting and CAMHS due to higher than normal level of long term sickness (Health Visiting)	Targeted personal resilience for stress sessions starting in December initially for identified areas of concern. Health and Wellbeing days arranged for November and December	
Sickness Absence – long term	Hotspot in Heath Visiting team	Proactive management by Human Resources managers with support of Occupational Health	
Sickness Absence – short term	Increase in October noted.	Recovery plan in place and being reviewed	
Total shifts exceeding NHSI capped rate	Fifty one less shifts in October than in September. Most shifts in Community Hospitals and OPD division (104 nursing shifts). Medical shifts in Children and Families totalled 67.	All shifts are approved via Agency approval Standing Operating Procedure (SOP).	
Total shifts non framework agreement	Only one off framework HCA shift at Bridgnorth Hospital to maintain safe staffing levels	SOP for agency usage outlining the process for approval for non framework agencies is followed	

Quality and Safety Delivery Group

The Quality and Safety Delivery Group met on 09 November 2016 and was chaired by the Deputy Director of Operations. The group received, discussed and challenged the following papers:

- Incident Review Group update
- Medicines Management Update including Patient Group Directions for approval
- Clinical Policies update – relating to outstanding policies and guidelines
- Getting to Good and Beyond Dashboard
- Getting to Good and Beyond Project Plan

The Group noted several policies that had been approved at sub groups.

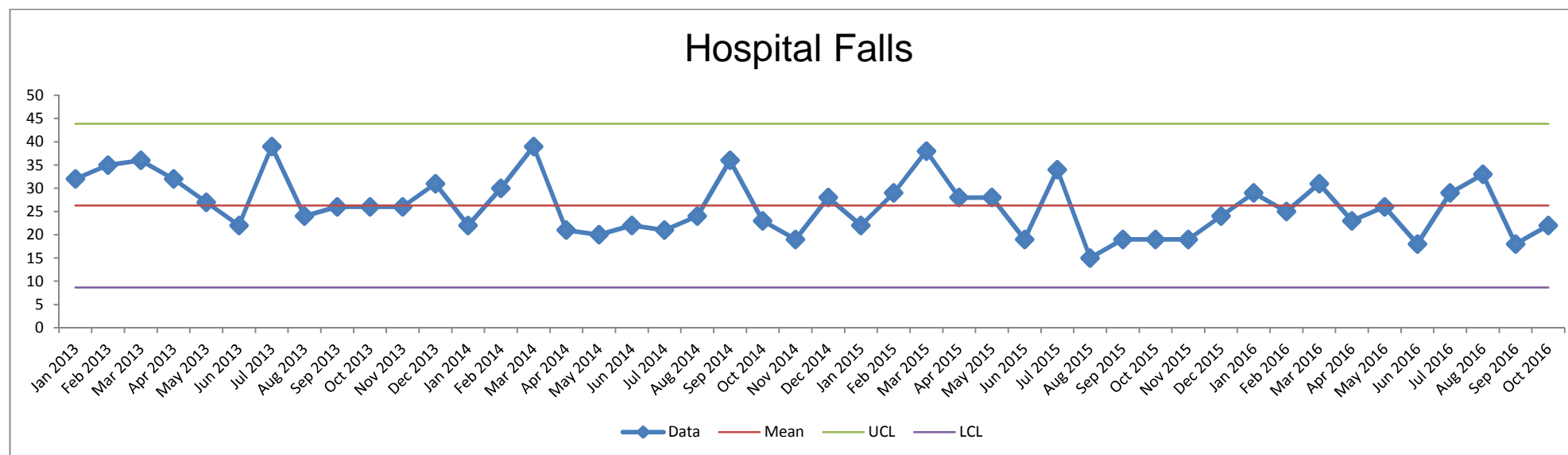
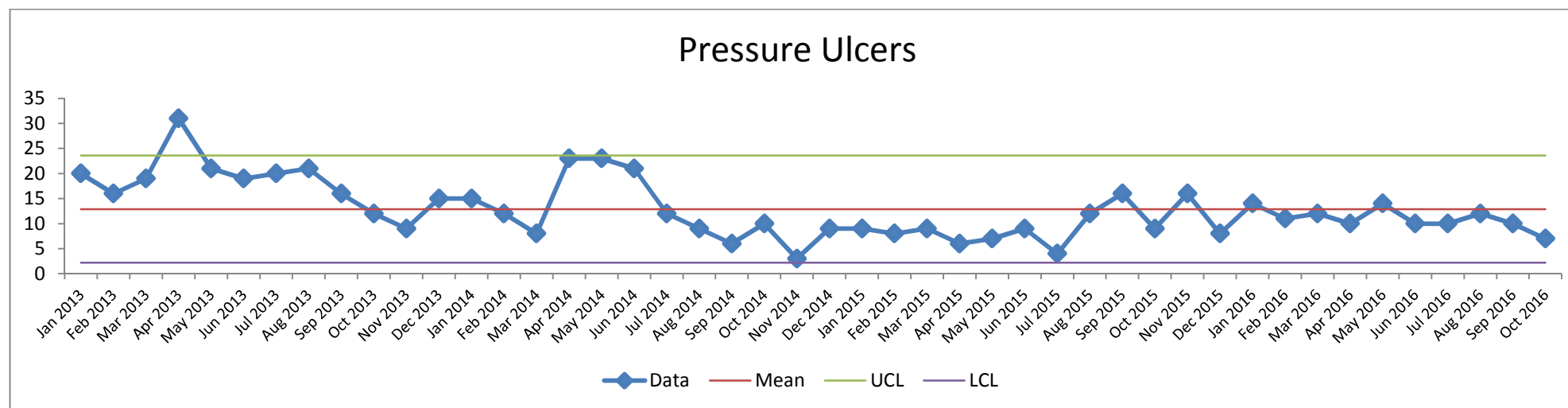
Safe Key Measures

Quality - Patient Safety	Year End 15/16	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Year to date 16/17	Target
Infection Control															
Clostridium Difficile incidence	5	1	1	0	1	0	0	0	0	0	0	0	0	0	2
MRSA Bacteraemia rate	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
% of admissions screened for MRSA	97	99.2	97.80	100	100	97	95.2	99.3	100	100	96.2	92.7	95.8	97.10	97%
Medication incidents															
Incidents affecting patients directly	108	3	5	5	5	5	6	14	8	2	8	5	4	47	NA
Pressure ulcer incidence reported															
In service grade 2		5	4	8	6	7	9	3	6	3	5	8	5	39	0
In service grade 3		3	0	1	0	2	2	3	0	2	1	1	0	7	0
In service grade 4		0	0	1	1	0	0	0	0	0	1	1	0	2	0
VTE % Risk assessment on admission	94.07	94.31	95.8	95.8	94.85	98.28	96.75	98.50	96.95	93.33	98.47	95.04	98.57	96.80	95
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Serious Incidents (all)	29	4	0	6	1	4	1	2	0	2	3	3	1	1	
Falls															
Falls resulting in serious injury	10	1	0	5	0	1	0	1	0	1	1	1	1	5	0
All falls in Community Hospitals	289	19	24	28	25	31	23	26	18	29	33	18	22	169	
NHS Safety Thermometer															
Harm Free Care – Trust overall %	95.36	95.69	96.06	94.81	94.96	96.72	93.47	97.07	93.25	92.51	92.67	94.94	93.22	93.88	95%
No new harms – Trust %	98.49	98.56	98.22	98.27	98.77	99.43	97.59	98.53	97.82	97.10	97.37	99.05	98.08	97.93	
CAS Alerts open beyond due dates	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0

Safe Key Messages

Area	Key Points	Action Taken	Anticipated compliance date
MRSA Screening of inpatients	We remain below target for this indicator for the second month	Ward Managers required to ensure that all patients being admitted to their areas are screened	December 2016
NHS Safety Thermometer	We remain below target for this indicator – the national target is 95% although the highest numbers of harms continue to be those that developed outside of our services	We monitor the results of the NHS Safety Thermometer every month to identify any hotspots and take immediate action if seen	As much not in our control this is not possible to predict
Pressure Ulcers	In October we reported no serious incident pressure ulcers but did report five grade two.	One of these occurred in Ludlow Community Hospital and from the December Incident Review Group all grade two that occur in our hospitals will be required to be investigated and reported upon.	
Patient Falls in Community Hospitals	There was a reduced number of patient falls during October compared to the previous month. One of these was reported as a serious incident as the patient fractured their arm.	A serious incident review is being undertaken at present.	

Safe Pressure ulcers and Falls



CQUINS Key Messages

National CQUIN Indicator	Value	Key Messages	Actions/Update
Introduction of Staff Health and Wellbeing Initiatives	£132,153	Quarter one submission complete	Additional supporting data for this CQUIN has been submitted to commissioners including our Health and Wellbeing Strategy Next required submission for this CQUIN – end of Qtr 4
Healthy food for NHS staff, visitors and patients	£132,153	Quarter one submission complete	Next submission for this CQUIN – end of Qtr 4
Improving the uptake of flu vaccinations for frontline clinical staff	£132,153	This element will not be measured until the end of Qtr 3 2016-2017. The target for this element (75% of frontline staff) is extremely challenging and may prove a risk of non-compliance with the CQUIN	Staff have been given options and opportunities to have the flu vaccination including staff away days and set clinics at various locations across the Trust.
Local CQUIN Indicator	Value	Key Messages	Actions/Update
End of Life Care – Adult Services	£462,536	Data to be submitted at the end of Qtr 2	Data submitted as required in Qtr 2 within timescales
Improving hospital discharge	£462,536	Evidence that has been required as part of the development of this CQUIN which has been prolonged has been submitted as requested by Commissioners	Data submitted as required in Qtr 2 within timescales
TeMS	TBC	CQUINS being considered as part of the 16/17 contract	Further discussion with commissioners in relation to CQUIN continues.
HMP Stoke Heath HENCH project	£47,385	Qtr 1 data submitted as required	Data submitted as required in Qtr 2 within timescales