### The Board is asked to:

<table>
<thead>
<tr>
<th>☑ Approve</th>
<th>☑ Receive</th>
<th>☑ Note</th>
<th>☑ Take Assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>To formally receive and discuss a report and approve its recommendations or a particular course of action</td>
<td>To discuss, in depth, noting the implications for the Board or Trust without formally approving it</td>
<td>For the intelligence of the Board without in-depth discussion required</td>
<td>To assure the Board that effective systems of control are in place</td>
</tr>
</tbody>
</table>

### Link to CQC domain:

- Safe
- Effective
- Caring
- Responsive
- Well-led

### Link to strategic objective(s)

**Select the strategic objective which this paper supports**

- **PATIENT AND FAMILY** Listening to and working with our patients and families to improve healthcare
- **SAFEST AND KINDEST** Our patients and staff will tell us they feel safe and received kind care
- **HEALTHIEST HALF MILLION** Working with our partners to promote 'Healthy Choices' for all our communities
- **LEADERSHIP** Innovative and Inspiration Leadership to deliver our ambitions
- **OUR PEOPLE** Creating a great place to work

### Link to Board Assurance Framework risk(s)

- **Risk 951**: If we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTOC) lists and streamline our internal processes we will not improve our ‘simple’ discharges
- **Risk 1204**: If the Maternity Service does not evidence a robust approach to learning and quality improvement there will be a lack of public confidence and reputational damage
- **Risk 1134**: If there is a lack of system support for winter planning then this would have major impacts on the Trust’s ability to deliver safe, effective and efficient care to Patients.
- **Risk 1185**: If we do not have the Patients in the right place, by removing medical outliers, Patient experience will be affected
| Equality Impact Assessment | • Stage 1 only (no negative impact identified)  
• Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval) |
|-----------------------------|-------------------------------------------------------------------------------------------------|
| Freedom of Information Act (2000) status | • This document is for full publication  
• This document includes FOIA exempt information  
• This whole document is exempt under the FOIA |
| Financial assessment        | N/A                                                                                              |
### Situation

The purpose of this report is to provide the Quality and Safety Committee with assurance relating to our compliance with quality performance measures during February 2019.

### Background

This report covers our performance against contractual and regulatory metrics related to quality and safety during the month of February 2019. The report will provide assurance to the Quality and Safety Assurance Committee where we are compliant with key performance measures and outline areas where further assurance may be required.

### Assessment

**Key points to note:**

Committee is asked to note although not within the reporting period covered by the Quality Governance report the Trust has declared a never event relating to a misplaced NG tube on the 12th March 2019. There will be an update relating to this incident at committee where Mr Lacy-Colson (Clinical Director for Patient Safety and Governance Scheduled Care) will also be in attendance and able to offer further information.

There were no cases of MRSA bacteraemia reported in February but the Trust is below its target level of 0 cases with 5 cases reported year to date. 2 cases of C-Diff were attributed to the Trust in February.

There were 14 > 12 hour ED breaches recorded in January 2019. The Associate Director of Quality Governance and Risk has escalated an issue of harm proformas not being received by the Patient Safety team to the Director of Nursing, Midwifery and Quality and Chief Operating Officer. Checks by the Patient Safety Team form an additional level of assurance that patients who have experienced a > 12 hour ED wait have not suffered avoidable harm.

There has been an increase in device related injuries (which had been almost eliminated) relating to a different type of oxygen masks and tubing being procured. The Lead Tissue Viability Nurse Specialist is completing a thematic review in relation to the above which will be discussed at CGE in April and escalated to Q&S Committee if appropriate.

In January 2019 we reported one serious incident which related maternity. This incident did not strictly meet NRLS/SI criteria but was raised as an SI for openness and transparency on the request of the Director of Nursing, Midwifery and Quality. The incident is covered by Every Baby Counts criteria so will be investigated by the Health Services Investigation Branch (HSIB)

A lower number of patients recommending maternity in the Friends and Family Test in February compared to the previous month (96.5% in February compared to 98.9% in January)

### Recommendation

Quality and Safety Committee are asked too:

- Receive and take assurance from the Quality Governance report
INTRODUCTION

This report covers our performance against contractual and regulatory metrics related to quality and safety during the month of February 2019. The report will provide assurance to the Quality and Safety Committee where we are compliant with key performance measures and that where we have not met our targets that there are recovery plans in place.

The report will be submitted to the Quality and Safety Committee as a standalone document and will then be presented to Trust Board as part of the integrated reports for consideration and triangulation with performance and workforce indicators.

The report will be submitted to our commissioners provide assurance to them that we are fulfilling our contractual requirements as required in the Quality Schedule of our 2018-2019 contract.

This report relates to the Care Quality Commission (CQC) domains of quality – that we provide safe, caring, responsive and effective services that are well led, as well as the goals laid out within our organisational strategy and our vision to provide the safest, kindest care in the NHS.

CONTENTS

Section one:  Our key quality measures – how are we doing?  Page 3
Section two:  Key Quality Messages by exception  Page 5
Section three:  Mortality Report  Page 11
Section four:  Recommendations for the Committee  Page 16
# Section one: Our Key Quality Measures – how are we doing?

<table>
<thead>
<tr>
<th>Measure</th>
<th>Year end 17/18</th>
<th>Mar 18</th>
<th>Apr 18</th>
<th>May 18</th>
<th>June 18</th>
<th>July 18</th>
<th>Aug 18</th>
<th>Sep 18</th>
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<th>Nov 18</th>
<th>Dec 18</th>
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<th>Year to date 18/19</th>
<th>Monthly Target 2018/19</th>
<th>Annual Target 2018/19</th>
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<td>CDI due to lapse in care (CCG panel)</td>
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<td>Apr 18</td>
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<td>Monthly Target 2018/19</td>
<td>Annual Target 2018/19</td>
</tr>
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<td>Catheter Associated UTI (number of patients on prevalence audit)</td>
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<td>WHO Safe Surgery Checklist (%)</td>
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<td>VTE Assessment</td>
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<td>95.2%</td>
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<td>95.9%</td>
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<td>95.6%</td>
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<td>95.8%</td>
<td>95%</td>
<td>95%</td>
<td></td>
<td></td>
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<tr>
<td>ITU discharge delays&gt;12hrs</td>
<td>380</td>
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<td>41</td>
<td>27</td>
<td>35</td>
<td>36</td>
<td>36</td>
<td>46</td>
<td>40</td>
<td>30</td>
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<td>387</td>
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<td>Complaints (No)</td>
<td>600</td>
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<td>54</td>
<td>55</td>
<td>55</td>
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<td>54</td>
<td>58</td>
<td>55</td>
<td>82</td>
<td>40</td>
<td>53</td>
<td>50</td>
<td>616</td>
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<tr>
<td>Friends and Family Response Rate (%)</td>
<td>23.8%</td>
<td>16.1%</td>
<td>19.9%</td>
<td>17.7%</td>
<td>20.4%</td>
<td>20.8%</td>
<td>20.8%</td>
<td>16.5%</td>
<td>14.6%</td>
<td>16.7%</td>
<td>11.4%</td>
<td>11.3%</td>
<td>11.5%</td>
<td>16.5%</td>
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<td>None</td>
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<tr>
<td>Friends and Family Test Score (%)</td>
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<td>96.4%</td>
<td>97.3%</td>
<td>96.6%</td>
<td>96.6%</td>
<td>95.6%</td>
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<td>97.2%</td>
<td>97.6%</td>
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<td>97.1%</td>
<td>97.5%</td>
<td>96.6%</td>
<td>95%</td>
<td>95%</td>
</tr>
</tbody>
</table>
Section Two: Key Messages by exception

Infection Prevention and Control

Clostridium Difficile (C Diff)

There were two incidents of C diff attributed to the Trust in February

![CDI Cases/Lapse in Care chart]

Methicillin-resistant Staphylococcus Aureus (MRSA)

There were no cases of MRSA Bacteremia reported in February. The total cases attributed to SaTH for the financial year to date is 5 cases (this is against a target of 0). 4 of these cases were contaminants.

Learning from in service pressure ulcer incidence

In February 2019 there was one category 3 pressure ulcer classed as avoidable, and a further six classed as unavoidable and two to be confirmed, none met the criteria for reporting as Serious Incidents based on the NRLS and SI Framework guidance's* and are therefore all are being managed as HRCRs.

From April the term avoidable and unavoidable will no longer be reported, the classification will be the category and whether they are being reported as Serious Incidents (matching the definition below) or suitable to be managed internally as HRCRs.

High Risk Case Review (HRCR) Pressure Ulcers February 2019

<table>
<thead>
<tr>
<th>Category 3 – Toe</th>
<th>W17</th>
<th>No obvious lapses in care, small wound, deterioration from a DTI. TVN confirms suitable for HRCR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 3 - Sacrum</td>
<td>ITU RSH</td>
<td>No obvious lapses in care, small wound, deterioration from moisture damage. TVN confirms suitable for HRCR</td>
</tr>
<tr>
<td>Category 3 - ears (device)</td>
<td>W6</td>
<td>No obvious lapses in care, small wound, oxygen device related injury (part of thematic review). TVN confirms suitable for HRCR</td>
</tr>
<tr>
<td>Category 3 - ears (device)</td>
<td>W6/CCU</td>
<td>No obvious lapses in care, small wound, oxygen device related injury (part of thematic review). TVN confirms suitable for HRCR</td>
</tr>
<tr>
<td>Category 3 - natal cleft</td>
<td>ITU RSH</td>
<td>No obvious lapses in care, small wound, deterioration from moisture damage. TVN confirms suitable for HRCR</td>
</tr>
<tr>
<td>Category 3 -</td>
<td>W7</td>
<td>Some lapses in care identified, small wound identified from skin to</td>
</tr>
</tbody>
</table>
index finger (missing device) | skin pressure relating to patient’s habitus. Device to prevent skin to skin contact not always used.
---|---
Category 3 - Sacrum | 25CR | No obvious lapses in care, small wound in natal cleft. TVN confirms suitable for HRCR
Category 3 - Sacrum | W6 | Preliminary review has not determined any specific lapses in care, small wound. TVN confirms suitable for HRCR
Category 3 - Sacrum | W26 S | Preliminary review has not determined any specific lapses in care, small wound. TVN confirms suitable for HRCR

There has been an increase in device related injuries (which had been almost eliminated) relating to a different type of oxygen masks and tubing being procured. The Lead Tissue Viability Nurse Specialist is completing a thematic review in relation to the above and will present at CGE once completed.

No category 2 pressure ulcers have so far been determined to be avoidable for February 2019.

The numbers of Trust acquire category 2 pressure ulcers that we are reporting are shown in the table below. This indicates that overall the total number of category two pressure ulcers reported has decreased since during April 2018- January 2019 (0.59 per 1000 bed days) when compared to the same reporting period in 2017/18 (0.79 per 1000 bed days). Of the total number of category 2 pressure ulcers reported, there is also a decreasing trend in the number reported as avoidable. As above, going forward, only the number of category 2 pressure ulcers will be reported, there will be no distinction identified in relation to whether they were classified as unavoidable or avoidable.

For information – the new 1000 bed days information has not been available in time to produce updated information for February therefore data validated to January 2019

### Trust acquired grade two pressure ulcers per 1000 bed days

![Trust acquired grade 2 PU/1000 bed days](image)

#### Patient Falls

In February 2019 there were no falls reported which required reporting as Serious Incidents and one fall which resulted in a fracture which was determined to be suitable to manage as a HRCR:

<table>
<thead>
<tr>
<th>Fall injury</th>
<th>Rationale for not reporting as an SI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fractured distal humerus</td>
<td>Classed as moderate harm, due to the outcome of the fracture. There was a delay in reporting this incident to the patient safety/health and safety and the falls team which will be considered as part of the investigation. There were lapses in documentation which need to be addressed and is likely to be reported under RIDDOR guidance.</td>
</tr>
</tbody>
</table>
The chart below shows that we remain below the national benchmark for falls per 1000 bed days to January 2019. The Trust remains below the national benchmark and over the past 12 months the average number of falls per 1000 bed days has been 4.65.

**Falls per 1000 bed days**

![Falls per 1000 bed days chart]

**Falls resulting in moderate harm or above**

From February 2017 to January 2019 the Trust, with one exception, has sustained a lower than the national benchmark number of falls resulting in moderate harm or above for our patients. There was an unusual number of falls resulting in moderate harm and above during June 2018 which took the Trust over the national benchmark for the first time since December 2016.

Over the past 12 months the average number of moderate harms or above measured per 1000 bed days is sustained at 0.09/1000 bed days which is just under half that of the national benchmark.

![Falls resulting in moderate harm or above per 1000 bed days chart]

**Complaints & PALS**

50 complaints were received in February 2019, in line with expected figures; these were split evenly between both hospitals. The main subjects were clinical treatment, communication and staff attitude. There were 154 PALS contacts in February, mainly relating to appointments and communication.

**Friends and Family Test**

The overall percentage of patients who would recommend the ward they were treated on to friends and family, if they needed similar care and treatment, was 97.5% which was an improvement compared to
last month. Individually Inpatient, A&E and Outpatients all saw an increase in the percentage of patients who would recommend compared to January. Maternity however, saw a lower proportion of patients recommending compared to last month.

The overall response rate this month was 11.5% which is an increase compared to January. Maternity Birth was the only individual area to see a decline compared to last month.

The IPR data for February 2019 is as follows:

The FFT response rate for IPR = 11.5%
The FFT percentage promoters for IPR = 97.5%

<table>
<thead>
<tr>
<th>Percentage Promoters</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>98.5%</td>
</tr>
<tr>
<td>A&amp;E</td>
<td>96.5%</td>
</tr>
<tr>
<td>Maternity overall</td>
<td>96.5%</td>
</tr>
<tr>
<td>Outpatients</td>
<td>96.9%</td>
</tr>
</tbody>
</table>

Learning from Incidents

Serious Incidents

February SI’s
In February 2019 we reported one serious incident. As shown in chart below overall reporting numbers are slightly lower in 2018/19 when compared to the same reporting period for 2017/18
Serious incident reporting 2018/19 compared to 2017/18

The categories of incident are shown in table one below:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity Obstetric affecting Baby</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
</tr>
</tbody>
</table>

**Maternity Obstetric affecting Baby**

There was a short delay in recognising that the CTG was monitoring the maternal heart rate as opposed to the fetal heart rate. When the correct steps were taken for alternate monitoring it was noted that the changes to the fetal heart rate required expedited delivery, which was done.

At delivery the baby was noted to be pale and floppy with no ‘suck’ reflex. The baby met the criteria for active cooling and was transferred to UHNM where the baby made a good recovery and is likely to have a positive outcome.

The outcome for the baby has met the HSIB ‘every baby counts’ criteria to investigate the incident. While this has been classified as a moderate harm event within SaTH, there has been a request to escalate this and report as a Serious Incident for the purpose of transparency.

A ‘clock stop’ has been agreed by the commissioners as HSIB will run the investigation and are not obligated by SI framework timescales. As per guidance, SaTH will not investigate alongside HSIB, but local learning has been noted following the Rapid Review meeting, which will be implemented.

> 12 Hour ED breaches/harm reviews

There were 14 > 12 hour trolley breaches recorded in February. There are ongoing issues around completed harm pro formas being available to the patient safety team (as a final assurance check relating to harm and ensuring no breaches requiring an SI are missed) have been escalated to the Director of Nursing, Midwifery and Quality and Chief Operating Officer.

**Waiting for cancer treatment for more than 104 days**

4 patients waited for more than 104 days for cancer treatment in December 2018 (latest available validated data as of February 2019) as outlined below:
The table below outlines the pathway and reason why these patients breached:

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Number of days to treatment</th>
<th>Reason for breach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal</td>
<td>187</td>
<td>Complex diagnostic pathway with multiple MDT discussions required.</td>
</tr>
<tr>
<td>Colorectal</td>
<td>119</td>
<td>Complex diagnostic pathway with referral to both UHNM and Clatterbridge.</td>
</tr>
<tr>
<td>Urology</td>
<td>115 days</td>
<td>Treatment delayed for medical reasons. Patient referred to cardiology and surgery undertaken once reviewed by cardiology/anaesthetics.</td>
</tr>
<tr>
<td>Urology</td>
<td>149</td>
<td>Delay for diagnostics/patient choice.</td>
</tr>
</tbody>
</table>

**Delayed Discharges from ITU and Mixed Sex Accommodation Breaches**

There has been an improvement noted in January and February in discharges of patients to ward beds from ITU before a 12 hour breach time. The number of patients waiting more than 12 hours was 24 for February.

Of all the discharges there were 19 patients who experienced mixed sex breach accommodation breaches. 9 patients at PRH all waiting for a medical bed and 10 patients at RSH (4 waiting a for surgical bed and 6 waiting for a medical bed).
Safeguarding Adults

Adult safeguarding referrals

There were no formal safeguarding referrals raised against the Trust in February. There were 12 low level safeguarding referrals closed by the local authority which are subject to local investigation. None have so far been raised as formal safeguarding referrals.

Section Three: Mortality Review

We have seen an improvement in our performance regarding mortality over the last four years, and this has been maintained over the last year. This is demonstrated consistently over the four mortality parameters that we use and we now are consistently lower than our peer comparators\(^1\). The following is an update of progress in this area, based on the most up to date information available.

1. Mortality Rate

This indicator provides a basic view of mortality: the number of deaths divided by the total spells.

SaTH Mortality Rate (October 2017 – October 2018)
SaTH 0.79% v Peer 1.12%
SaTH Mortality Rate (January 2014 – October 2018)

Figure 1 – Short term view

Mortality Rate

SaTH Mortality Rate (January 2014 – October 2018)

Mortality Rate

Figure 2 – Long term view
2. RAMI – Risk Adjusted Mortality Index *

RAMI (October 2017 – October 2018)
SaTH 74.01 v Peer 82.78

Risk adjusted mortality index 2017

RAMI – SaTH v Trust Peer (January 2014 – October 2018)

Risk adjusted mortality index 2017

* This mortality ratio is described as the number of observed deaths divided by the number of predicted deaths. RAMI was developed by CHKS (Caspe Healthcare Knowledge System). It includes palliative care but excludes certain specialties, such as Mental Handicap, Mental Illness, Child & Adolescent Psychiatry, Forensic Psychiatry, Psychotherapy, Old Age Psychiatry.
3. HSMR – Hospital Standardised Mortality Ratio **

HSMR (October 2017 – October 2018)
SaTH 84.83 v Peer 90.92

** The HSMR is the ratio of the observed number of in-hospital deaths at the end of a continuous inpatient spell to the expected number of in-hospital deaths (multiplied by 100) for 56 diagnosis groups. These groups contribute to over 80% of in-hospital deaths in England.

NB A value greater than 100 means that the patient group being studied has a higher mortality level than NHS average performance.
4. SHMI – Summary Hospital-level Mortality Indicator (In-hospital) ***

In-Hospital SHMI (October 2017 – October 2018)
SaTH 48.43 v Peer 58.72

*** The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die, on the basis of average England figures, given the characteristics of the patients treated there. SHMI gives a complete picture of measuring hospital mortality by including deaths up to 30 days after discharge from hospital and is counted once against the discharging hospital. This does not exclude palliative care but does exclude day cases. It is based on 259 clinical classification system diagnostic groups.

SHMI-type indicators cannot be used to quantify hospital care quality directly due to the limitations of datasets in SUS and HES.
Appendix 1 – Peer Group

The Peer group used for this report comprises of the following Trusts:

- Gloucestershire Hospitals NHS Trust
- Sandwell and West Birmingham NHS Trust
- York Teaching Hospitals NHS Foundation Trust
- Royal Cornwall Hospitals NHS Trust
- Royal Devon and Exeter NHS Foundation Trust
- The Royal Wolverhampton Hospital NHS Trust
- The Dudley Group NHS Foundation Trust
- Doncaster and Bassetlaw Hospitals NHS Foundation Trust
- Maidstone and Tunbridge Wells NHS Trust
- East and North Hertfordshire NHS Trust
- Worcestershire Acute Hospitals NHS Trust
- Western Sussex Hospitals NHS Foundation Trust

Section Four: Recommendations for the Committee

The Quality and Safety Committee is asked to:

- Discuss the current performance in relation to key quality indicators as at the end of February 2019
- Consider the actions being taken where performance requires improvement
- Question the report to ensure appropriate assurance is in place