Paper ref:	TB (12/21) 005

Sandwell and West Birmingham Hospitals NHS Trust

Report Title:	Board Level Metrics (Patient strategic objective)		
Sponsoring Executive:	Richard Beeken, Chief Executive		
Report Authors:	Dr David Carruthers, Medical Director Mel Roberts, Chief Nurse Liam Kennedy, Chief Operating Officer Dinah McLannahan, Chief Finance Officer		
Meeting:	Trust Board (Public)	**Date**	2nd December 2021

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

Each member of the Executive Team has personally provided their own commentary to the area for which they are the lead within the Patients Strategic Objective.

This adds a further strengthening the ownership and accountability where improvements are required in the main IQPR Report.

The report is of course, a work in progress and will remain so, to ensure that performance, risks and mitigations are easily understood, tracked over time and constantly improved.

This report, when working as we would expect it to, should enable the board to operate at strategic level, confident in the work of the sub-committees in testing assurance and understanding further detail provided by the executive and their teams.

2.	**Alignment to our Vision** *[indicate with an **'X'** which Strategic Objective this paper supports]*					
Our Patients		**Our People**		**Our Population**		
To be good or outstanding in everything that we do	**X**	To cultivate and sustain happy, productive and engaged staff		To work seamlessly with our partners to improve lives		

3.	**Previous consideration** *[where has this paper been previously discussed?]*
N/a	

4.	**Recommendation(s)**
The Trust Board is asked to:	
a.	**RECEIVE:** and note the report for assurance
b.	

5.	**Impact** *[indicate with an **'X'** which governance initiatives this matter relates to and where shown elaborate]*							
Trust Risk Register								
Board Assurance Framework								
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed		
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed		

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board: 2nd December 2021

Board Level Metrics for Patients

CQC Domain	**Safe**
Trust Strategic Objective	**Our patients**
Executive Lead(s): Medical Director & Chief Nurse	
Hospital Standardised Mortality Rate (HSMR) - Overall (monthly) Improvement work to address issues with processes and documentation that mask any mortality issues continue to be addressed. This focuses on work between coding and mortality leads, supported by our new digital fellow. Monthly HSMR (110 june) improved on data from earlier in the year but less COVID related cases currently. Slow reduction in cumulative HSMR as peaks of data from >12 months ago are no longer included.	
Summary Hospital-level Mortality Index (SHMI) (monthly) As for HSMR, similar fall in 12 month and monthly SHMi data are seen as COVID peaks of mortality pass from greater than 12 months ago. SHMi also allows weekend and weekday mortality data to be analysed (day of admission, not of death) and month on month variation occurs with no clear trend but close watch is kept on this. Specific SHMi for sepsis, pneumonia, myocardial infarction, fracture neck of femur and stroke are reviewed at LfD committee and reported in mortality dashboard to Q+S. This allows the action plans in place for outliers (sepsis and pneumonia) to be closely monitored.	
C.Difficile (Post 48 hours) Monitoring continues and work on antimicrobial resistance is ongoing. Antimicrobial awareness was the week of the 17th November and there has been various communication campaigns and pledges to raise awareness if this important area Robust processes are in place with additional work being undertaken to strengthen antimicrobial prescribing and stop dates	
E Coli Bacteraemia (Post 48 Hours) There have been no issues over the last 12 month. Active monitoring continues. There are various projects in place such as urinary tract infections to support the reduction of E-coli Bacteraemia	
MRSA– Bacteraemia This is a rare event within the organisation and we are currently agreeing to more the metric to MRSA screening but differentiating between urgent and planned screening	
Doctor – Safe Staffing (FTE) The report is still in development stage and reflects percentage of all posts filled, though	

understanding the specifics of different staff groups (grades) and locations is important to make this a useful tool to cross reference with any service pressures or services of concern, particularly in relation to safety issues.
Nursing – Safe Staffing This work is still in progress as the information has to be collected from several systems and our current e-roster system isn't an accurate picture of staffing on a daily basis. We are working with the business information team to deliver this differently and the first set of graphs has been produced. The next step is to agree the narrative for these graphs and they should be available from January 2022 for the Board
HCA – Safe Staffing This work is still in progress as the information has to be collected from several systems and our roster system isn't an accurate picture of staffing on a daily basis. We are working with the business information team to deliver this differently and the first set of graphs has been produced. The next step is to agree the narrative for these graphs and they should be available from January 2022 for the Board
Patient Safety Incidents Overall reporting of incidents is rising, perhaps in part reflecting pressures in EQD and reporting of long waits within the department. Serious concerns over quality of care are pulled out for more detailed review.
Patient Safety Severe Incidents Severe incidents are reviewed at the multi-disciplinary harm review meetings, where outcomes from the 72 hour review and presented and further questions raised to see if the event is such that more details is required to make sure the root cause of the issue is understood and changes put in place or learning disseminated.
Serious Incidents (Date Reported to STEIS) SIs are called after review at the moderate harm meeting (above). Delays in completion of the investigation can be multifactorial but identifying the clinical leads to undertake the reviews, despite training being in place, can be a challenge. The reports are reviewed and signed off at the SI sign off meeting, clarifying learning and the actions that are needed. Presentation then occurs to EQC so any learning is shared across groups. ^/12ly summary reports come to Q&S Ctteeand to the Board less frequently.

CQC Domain	**Caring**
Trust Strategic Objective	**Our patients**
Executive Lead(s): Chief Nurse	
FFT Recommended % Recommended A position paper has been shared with Q&S Cttee at October's meeting for assurance and outlining the currently position and the work we need to undertake over the next 6 months	

to improve the position. We have appointed a Head of Patients Involvement and Insights who commences with the Trust in January and will lead this piece of work
FFT Recommended % Responded A position paper has been shared with Q&S Cttee at October's meeting for assurance and outlining the currently position and the work we need to undertake over the next 6 months to improve the position. We have appointed a Head of Patient Involvement and Insight who commences with the Trust in January and will lead this piece of work
Perfect Ward The Trust is working with the company to provide an aggregated dashboard that we can use within the Board metrics. This has now been finalised for all NHS trusts that use Perfect Ward. The trust is meeting with them in December to finalise the process for us. The metrics will be available for February Board

CQC Domain	**Responsive**
Trust Strategic Objective	**Our patients**
Executive Lead(s): Chief Operating Officer	
Emergency Care 4-Hour Waits We have continued to hold our Emergency Department performance despite sustained pressure at the front door evidenced by the increased attendances. We are now tracking Covid attendances with the aim of re-setting the Emergency Department 's into 2 from 4, which will have positive impact on staffing and flow. We have located larger footprints for our SDEC areas and increased staffing to help pull through. The plan is to return to the Emergency Department footprint of 2 Emergency Department's, operationalise new Same day emergency care (SDEC) areas, with recovery trajectory showing incremental improvements with 90% delivery by March 2022	
Attendances (including Malling) We have seen another month of increased attendances into our Emergency Department departments, We are now 21st nationally in terms of attendance to Emergency Department. The increase is mainly in type 3 activity so Urgent treatment centres (UTCs) or primary care activity. Discussions are ongoing with the West Birmingham UTC provider to understand their activity and type of provision to see if this can be enhanced. UTC's at both sites and provision are both sites has now been increased till midnight so will hopefully have the desired impact on footfall through the department. Our single point of access service is now running 7 days as well with the hope the clinical navigation will reduce the unplanned attendances into the Emergency Department .	
RTT – Incomplete Pathway (18 weeks) Recovery from Covid is slow as clinical prioritisation has an impact. We are prioritising P2	

breach patients which can negatively impact on performance; we have almost eliminated our 104 week patients. Several deep dive sessions with the clinical groups and surgery specialities have been established with a series of actions agreed to reduce the backlog position.

Funding from the System is still outstanding where other organisations have been allocated, with the largest waiting list in the system, due to size of population funding support is paramount. The aim to be back compliant by August 2022 is still the focus.

62 Day (urgent GP Referral to Treatment) Excluding Rare Cancers

We are still clearing our backlogs following Covid but our 104 and 62 day backlogs are still reducing, which will be linked to improved performance in months to come. Currently, we are working through backlog this adversely affects our in month performance. All tumour sites are back delivering their 2ww position which is the first step in the journey to deliver 62 day performance. Scrutiny of all tumour site pathways has been conducted and individual reviews of any complex problems or issues preventing recovery.

One of the main risks to delivery is the turnaround times for histology reports with growing demand into the service. Additional resource needs to be provided if the organisation is going to be able to deliver its 62 day pathway. This will support our aim to recover the 62 day position by December 2021

CQC Domain	**Effective**
Trust Strategic Objective	**Our patients**
Executive Lead(s): Chief Operating Officer	

Emergency Readmissions (within 30 Days) – Overall (exc. Deaths and Stillbirths) Month

We have seen an improvement since the reduction in Covid patients from the organisation. Work will continue with 48 hour post dx contact and community wrap around to support this further.
We have continued to work on data analysis of re-admissions, whilst remaining with enhanced D2A service, demonstrating reduction in re-admissions.

The plan is to review top 10 specialities or conditions and understand why we are seeing re-admissions in those areas

SDEC Delivered in correct location

There is a need for greater geographical locations at both sites. As Emergency Department attendances increased more pathways are being implemented by screening navigators and increased clinical cover.

We have scoped a better geographical location for SDEC and worked through logistics and

timeframe for completion. We have scoped Emergency Department front door navigator role for streaming (Agreed target of 95%)The plan is to help empower the navigators to implement pathway changes, with increase clinical cover of the SDEC area and move to new location at both sites.

Improvements should be seen by February 2022 when pathways are being utilised fully.

CQC Domain	**Use of Resources**
Trust Strategic Objective	**Our patients**
Executive Lead(s): Chief Finance Officer	

Performance Against Better Practice Performance Compliance

The month 6 Board Report set out actions required to achieve the target of paying 95% of invoices (not disputed) within 30 days of receipt. The Trust had been very close to the target for some months following significant improvement during the pandemic when the team were working almost exclusively at home and we are now reporting achievement in Month 7. The key action that has pushed the Trust over the target has been to measure performance against invoice received date (in accordance with the guidance) rather than the invoice date itself. All of 2122 data has been reworked using this rule and the Trust has met the target by value in 6 out of 7 months since April 2021. The next step is to increase the local supplier base; Audit & Risk Management Committee already receives reporting on payment compliance for local suppliers. The Trust currently spends 10.26% of its controllable spend in Birmingham and the Black Country.

Performance Against Better Value Quality Care Plan (£000's)

The Trust set an efficiency target of £13.2m for 2122, in line with the MMUH LTFM expectations. This is equivalent to 2.2% (£600m turnover). National efficiency requirement is 1.1% (0.28% in H1 and 1.1% in H2, £6.6m). Current forecast in year is c£8.5m (FYE £10.5m). Underperformance therefore reflected in the SPC chart is against the internal plan. The conclusion is that the Trust is expecting to deliver enough to meet national efficiency targets in 2122. Information has been requested to compare this performance against system partners (system reporting would suggest SWB has out-performed other providers significantly). Through the MMUH affordability workstream base case CIP assumptions have been reset at £10m per annum (1.6%). It isn't clear what national requirements will be in 2223 and onwards (1.1% - but what about improving the underlying position?). Advise sticking with 1.6% as base case assumption.

2021/22 I&E Performance (£M's)

The main objective for 2122 and the medium term future is a cash backed break even position. This was achieved in H1 and the Trust has a plausible route to achieving the same in H2. Key over the coming weeks will be work to understand what the recurrent position needs to be as we begin 2223 – somewhere between budgets and current run rate. Drivers of variance from budgets are; CIP (as above), additional bed capacity open above funded (82 beds at time of writing), Covid costs, enhanced rates of pay for bank and agency, and

elective activity recovery costs (with no associated ERF). A key piece of work will be to understand the ongoing bed stock and associated workforce with rostering and safe staffing alignment (mainly MEC), and an activity plan in Surgical Services that restores pre-pandemic activity levels – these will inform meaningful reset of budgets for 2223 onwards.

Underlying Deficit (£M's)

The Trust's view of the underlying position is at £24m, reported to CLE, FIC and Board. As we now work in a system control total environment and mainly block income, our own underlying position becomes less relevant – as we are not in full control of our income result, as we were under PbR. Work is underway to determine the system's underlying position and collaborative opportunities to improve it – along with organisational share. A recent piece of work has estimated an underlying position for the BCWB system of a £150m deficit. SWB's share of that is estimated to be £28m (allocated based on turnover). Whilst the two methods are not related in any way, they are close enough to be assured that the Trust does not have a major structural financial problem, and the system as a whole has had enough recurrent and non-recurrent resource to achieve a break even position since STPs were established. Work must now focus on collaborative opportunities that improve the underlying position.