

**Sandwell & West Birmingham
NHS FT**

DATA REVIEW REPORT



February 2022



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INTRODUCTION

Public Data Review

Sandwell and West Birmingham Hospitals NHS Trust is a provider of both acute hospital and community services for the people of West Birmingham and across six towns in Sandwell, serving a population of around half a million people.

The trust also includes the Birmingham and Midland Eye Centre (BMEC) a supra-regional eye hospital, as well as the Pan Birmingham Gynae-Cancer Centre, a Sickle Cell and Thalassaemia centre, and the regional base for the National Poisons information service, all based at the City site.

In February 2022, Sandwell and West Birmingham Hospitals commissioned Public View to review all data available in the public domain and highlight areas of concern, significant achievement or potentially erroneous information.

The trust additionally requested a detailed time series analysis of the Public View Hospital Combined Performance Score (HCPS) to correlate with key events and their potential influence on the trust's overall performance and delivery.

Data Review Deliverables and Process

- Expert review of all (circa 800) indicators and underlying data sets held in Public View.
- Report detailing indicators that are outside of national norms, have questionable data quality or indicate further review should be considered. The report will also highlight areas of best practice.
- Time series analysis of the Hospital Combined Performance Score
- Presentation of findings and opportunity for question and answer for further detailed understanding.

The data review was completed on Friday 18th February 2022. All information presented is correct to public records as at this date.

PRIORITY INDICATORS

There are 837 KPIs and 169 datasets in total.



While they are all important and interrelated, some are more relevant to your organisation than others. This report aims to highlight the specific KPIs that are a priority, warrant special recognition, or are an area of concern and do not align with your strategies and goals.



1 UPDATED IN LAST YEAR

During COVID-19 many data set returns and resulting indicators were paused. Some of these have now resumed but others are still suspended including DTOC, Harm Free Care, Incidents and Finance



2 OPERATING FRAMEWORK KPIS

In December 2021, NHS England and Improvement published a new Operating Framework for the NHS for use in the 2022/23 financial year. Priority has been given to indicators within the framework.



3 PATIENT & STAFF EXPERIENCE FOCUS

There are many process indicators published in the NHS and several of these are covered in this report. However, priority for attention has been given to indicators that suggest an impact on patients or staff.

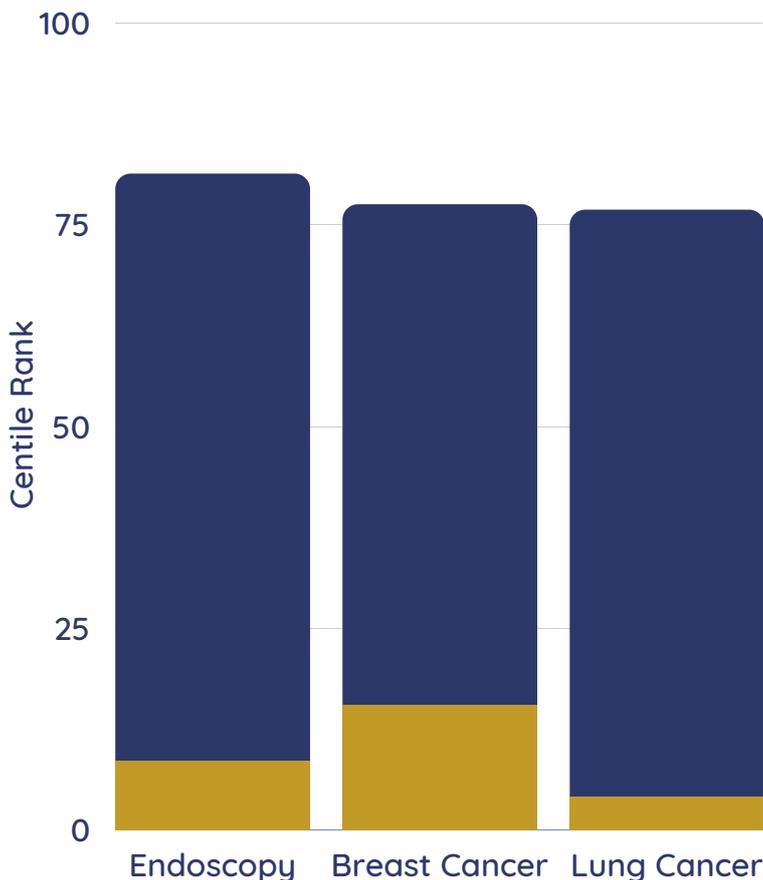
EXEMPLARY AREAS

SWBH has many areas of excellent performance. 20.9% of indicators are in the top quartile of all providers

Key Indicator	Comment
Hospital Infections	<ul style="list-style-type: none">Across all six of the main reportable hospital infections, C.difficile (145), E.coli (47), Klebsiella spp (147), MRSA bacteraemia (48), MSSA bacteraemia (49) and P.aeruginosa (151) total infections are below national average. However hospital onset infection rate is significantly higher than national average. and may warrant some attention.
Cancer Faster Diagnosis Standard (403)	<ul style="list-style-type: none">Overall Cancer FDS is better than national standard with a ranking of 31st best performing acute trust.All high volume pathways are meeting the standard with the exception of lower GI (413) and Urology (420).
A&E Average Waiting Times	<ul style="list-style-type: none">Whilst A&E 4 Hour performance is inline with national average, the average time to initial assessment (52) and total time in A&E (54) is in the national best quartile.
Breast Feeding Initiation Rates (50)	<ul style="list-style-type: none">Sandwell and West Birmingham have consistently reported top quartile breast feeding initiation rates. This is particularly note worthy when compared to ICS peers where Walsall, Wolverhampton and UHB all report lowest quartile rates.

Sandwell and West Birmingham Hospitals NHS Foundation Trust is a good performer in several areas of the NHS operating framework. In addition to the indicators referenced above, Public View would like to draw attention to the good performance shown across many of the Stroke Audit indicators including 3rd highest percentage of patients scanned within 1 hour ([215](#)), and best quartile for specialist assessments within 24 hours ([222](#)), and 100% of patients receiving a joint health and social care plan on discharge ([230](#)).

Areas of Significant Improvement



Whilst not yet areas of top achievement the following KPIs have been amongst the most improved in the country. For some there is still a long way to go. But they are on the right path.

Chart left shows centile ranking comparing most recent data (blue) to previous (yellow).

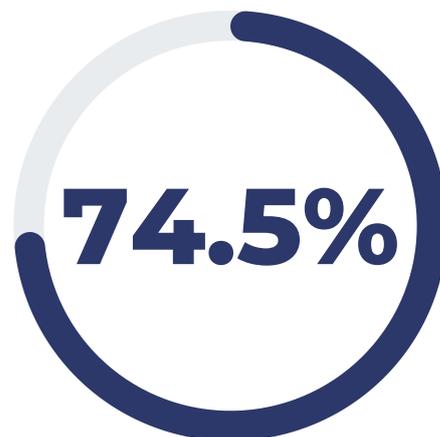
- Endoscopy Tests
 - Colonoscopy ([95](#))
 - Flexi sigmoidoscopy ([96](#))
- Cancer 2WW Breast ([99](#))
- Lung Cancer Mortality ([204](#))

0.9 : 1

Second lowest new to follow up OP ratio ([232](#)) - Recommend Review

5th most improved trust for A&E 4 Hour Standard ([14](#))

Sandwell and West Birmingham reported a 5.35% improvement in January 2022 compared to 2021. Improving ranking from 118th to 65th of 133 providers. Whilst 12 month rolling performance has declined since last year the centile ranking has improved from 20th to 42nd.



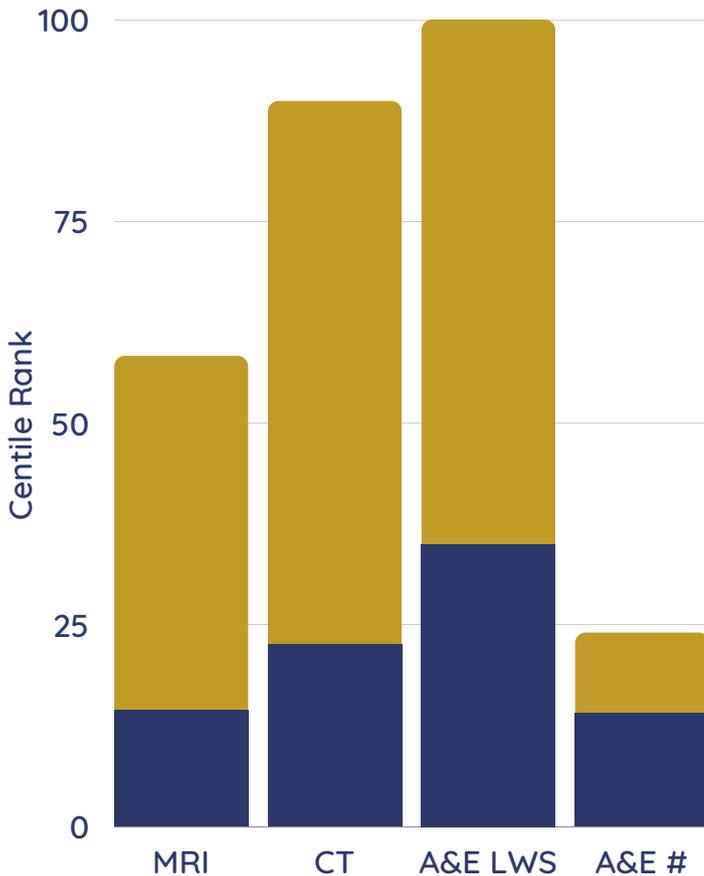
AREAS FOR CONCERN

Maternity, Diagnostics and Complaints are key areas for attention

Key Indicator	Comment
Maternity C-Section Rates (38) Booking at 10 weeks (71) Friends and Family Test (736)	<ul style="list-style-type: none">For many years NHS organisations were encouraged to have lower C-section rates, however over the past couple of years NHS England and CQC have been viewing very low rates as a potential concern and not something to be encouraged. The 3 month rolling average emergency C-section rate for SWBH is 12.5%, 8th lowest in England.The percentage of women seen within 10 weeks for their antenatal booking appointment has been consistently in the bottom quartile since April 2020 (71).Maternity FFT has consistently reported low numbers of returns which have worse than national average scores (736).
Summary Hospital Mortality Indicator (23)	<ul style="list-style-type: none">Whilst SHMI has fallen from a high point of 116 in February 2021, the latest performance to September 2021 continues to show bottom quartile performance with SWBH ranked 106th of 122 organisations.Diagnosis with particularly high SHMI scores include Acute myocardial infarction (205), Pneumonia (195) and Septicaemia (196)
Complaints Rate (1)	<ul style="list-style-type: none">The Trust overall complaints rate is reported at 39.3 per 1,000 WTE. This is the 9th highest rate for acute trusts. The highest complaints rates compared to peers is in outpatient services (158)

Since the beginning of the pandemic in February 2020, there has been a continual decline the the percentage of patient records not having an ethnicity code recorded. The emergency department has a particularly low completion rate of 48.4% (430), 2nd lowest rate in the country. Other areas of concern include e-referral slot issues rate (18) and support staff sickness absence rates (298 & 299).

Areas in Decline



Whilst not areas of concern the following KPIs have been amongst the most deteriorated in the country. For some they are still good performance areas, but they do have a concerning trend that may warrant review or action.

Chart left shows centile ranking comparing most recent data (blue), to 12 months previous (yellow).

- Diagnostic Imaging (84 and 85)
- A&E Left without being seen (33)
- A&E Attendances (569)
 - Fastest growth in the ICS in 2021, 5th fastest growth in the country

Areas of non reporting

Sandwell and West Birmingham Hospitals NHS FT have never reported performance against the Care Hours per Patient Day metric. There has also be low level and inconsistent submissions for the Friends and Family surveys. Data Quality Maturity Index is also below national standards, particularly in the A&E data set which is at 75%.



HOSPITAL COMBINED PERFORMANCE SCORE

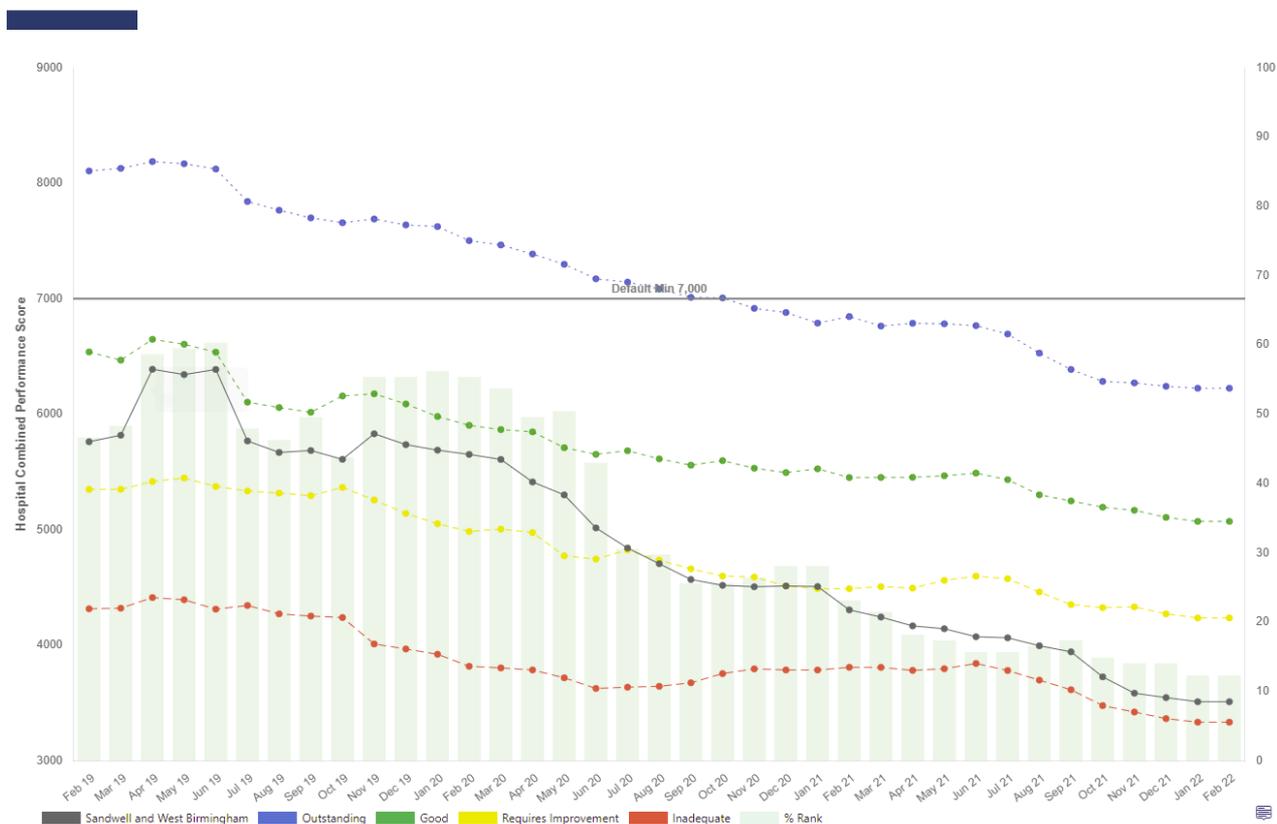


Chart showing the average Public View Hospital Combined Performance Score for each CQC rating

Public View combines data from operations, quality, workforce and leadership indicators with the highest correlation to CQC rating to produce a combined performance score (39).

The combined performance score has a 0.64 correlation to CQC rating. Whilst informative it should not replace other more qualitative methods used by an organisation for quality assurance.

Sandwell and West Birmingham NHS FT Public View hospital combined performance score has declined significantly since November 2019 where performance was on 55th centile and near to the average score for CQC good rated organisations.

The national average decline during this period was 1,068 points. The decline for SWBH 2,320, the fourth largest decline.

This larger than average reduction in HCPS has seen the centile ranking decline from a peak of 55th centile to 12th giving a rank of 108th of 123 acute trusts.

Data Review

HCPS BY COMPONENT

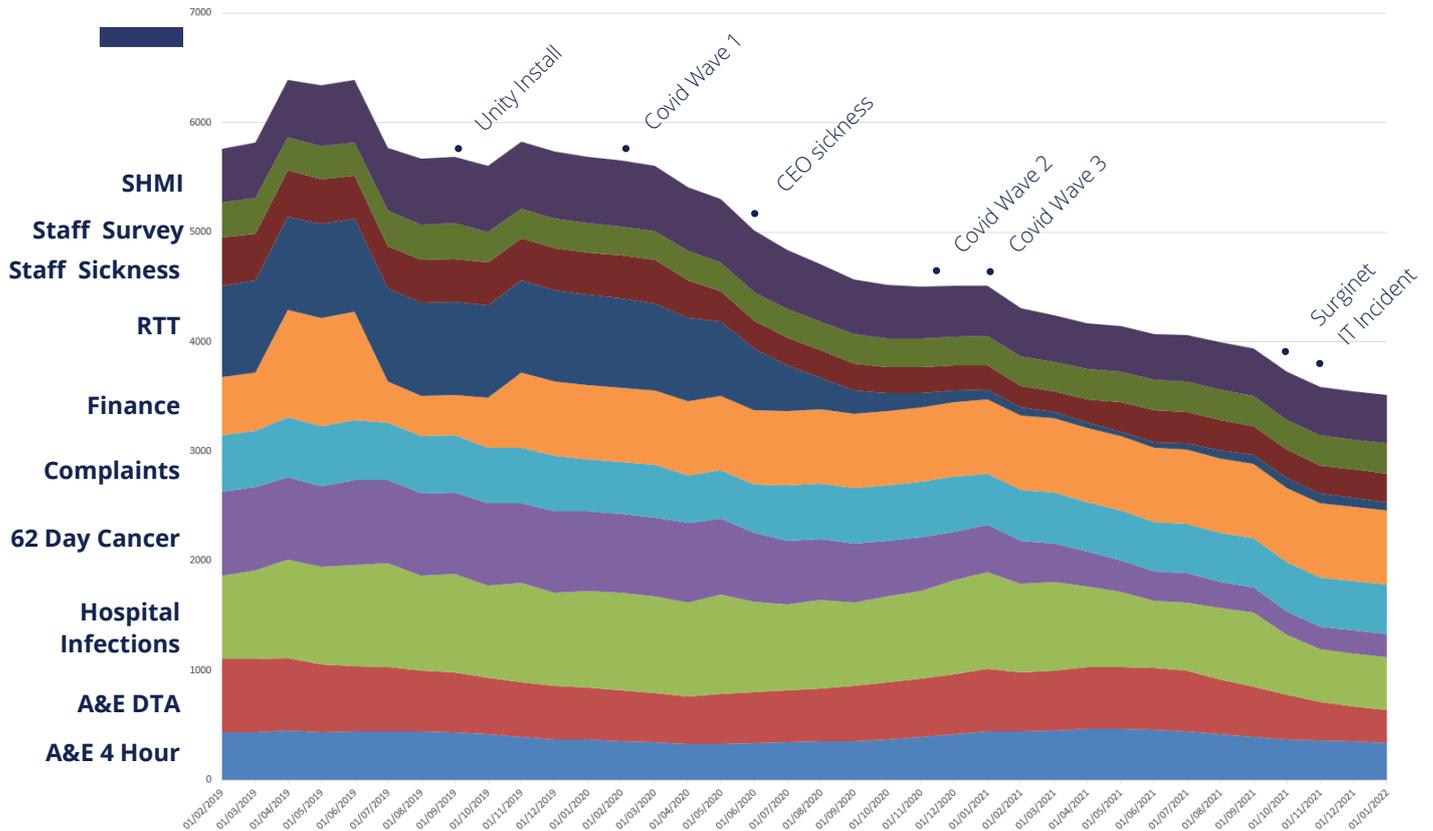


Chart showing the changes in Public View Hospital Combined Performance Score by Component since November 2019

The largest points reduction, 765, stems from declines in RTT performance. Pre pandemic SWBH were one of the best performing trusts in the country on elective waiting times but today are slightly worse than national average. Other areas of significant decline over this time period have been Cancer 62 Day Classic performance and Hospital Acquired Infections, most significantly from an increase in hospital onset c.difficile.

Whilst not significantly declining, one metric contributing to the overall decline in centile ranking has been the increase proportion of complaints. During and since the pandemic many organisations saw a reduction of 25% in relative complaints rate. However at SWBH complaints rate increased by 25%, the majority of this increase was for outpatient services.

The pandemic clearly had an effect on the performance at Sandwell and West Birmingham NHS FT, however the decline in HCPS has been relatively smooth with no single date point identifiable as being a statistically significant trigger for change.

NOTE: Before November 2019 the finance component of the Hospital Combined Performance score showed larger movements. This is due to YTD values being used as opposed to 12 month rolling before this date. Additionally no new finance data has been published by NHS England since December 2019, as such the score is unchanged since.

HOW HCPS WORKS

Indicator	01/11/2019	01/01/2022	Change
A&E - 4 Hour Standard	392	334	-59
A&E - DTA to Admission >4 Hours	501	302	-199
Hospital Acquired Infections	904	482	-422
Cancer 62 Day Classic	729	212	-517
Complaints Rate	509	450	-59
Financial YTD Surplus/Deficit	679	679	0
RTT Incomplete 18 Week Standard	844	79	-766
Sickness Absence Rate	384	261	-123
Staff Recommend Care	273	275	1
Summary Hospital Mortality Indicator	614	438	-177

Table showing change in HCPS component scores from November 2019 to January 2022

The Hospital Combined Performance Score is made up of 10 key indicators with a good correlation to CQC ratings from across the operations, quality, safety, finance, and workforce dimensions. In all cases Public View uses the 12-month rolling performance for each indicator to reflect the long term performance.

The performance values (P) for each indicator are put through a formula which is based on the calculation used in the Decathlon.

- Points = $(A(B - P)C)$ for indicators where a smaller number is better e.g. Sickness rates
- Points = $(A(P - B)C)$ for indicators where a larger number is better e.g. A&E 4 hour standard

For the decathlon this provides an equal weighting to the shot put as the 100m sprint, or Public View, mortality to A&E waiting times.

The A, B & C values vary between component to enable a strong performance in A&E 4 Hour Standard to give similar points to strong performance in Sickness rates etc.

The adjustment values were set on a standard deviation curve for each metric with the 12-month rolling national average in 2017 being the benchmark for 700. A score of 1,000+ in a component is set to be exemplary. The formula has not been adjusted so that real change can be viewed as well as relative.

NEXT STEPS

Where do you go from here?

Data review reports are not just about looking back, but also looking forward. This Data Review Report should form the start of a continuous work in progress - a way for the organisation to track its impact and improvements over time. This section outlines a strategy for continuing the good work done so far.

1

VALIDATE OBSERVATIONS

This review has looked exclusively at public data. It is important to ensure the findings are in line with local information including expert observation.

2

IDENTIFY EXEMPLAR PEERS

For target areas of improvement it can be helpful to identify successful peers to contact and share lessons with. This can be done using the ranking and delta charts.

3

DESIGN IMPROVEMENT

Setting a target and 'pushing' for results rarely delivers lasting improvement. Listen to staff and patient experiences and look for process redesign opportunities.

4

CELEBRATE BEST PRACTICE

Whilst this report does raise some areas for concern it also highlights many areas of best practice. Share these insights to build momentum for success.

ACKNOWLEDGEMENTS

This report has been prepared by Thomas Ridgeway, Founder and Director at Public View.

Thomas worked in the NHS for 10 years in a variety of senior operational roles in A&E, medicine, surgery, family health and corporate.

Thomas created Public View in 2018 and continues to support the NHS in areas of board governance, capacity and demand modelling and waiting time improvement.

We thank you for your continued support and are very grateful for all feedback provided.

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