Paper ref:	TB (04/22) 025

Sandwell and West Birmingham NHS Trust

Report Title:	Board Level Metrics		
Sponsoring Executive:	Dave Baker (Director of Partnerships and Innovation)		
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Meeting:	Public Trust Board	**Date**	6th April 2022

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

The Board level metrics now has a section for each of the committees. Key points under each are set out in the supporting document.

The main issues for February across all Committees were:

- Although 62-day cancer is in common cause variation Cancer performance in January (reports one month behind) seemed to drop in a number of areas including: 2-week wait, breast symptomatic, 31 day and 62 day. Diagnostic Pathology (Histology) was the main constraint.
- Significantly high sickness absence has now been stated as impacting activity, particularly in theatres. The Surgical Services team have confirmed that are getting strong support from the Chief Nurse, Chief Operating Officer and Chief People Officer to work through this.

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	X	To work seamlessly with our partners to improve lives	X

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

Quality and Safety Committee and Finance Investment and Performance Committee

4. Recommendation(s)

The Committee is asked to:

a.	**NOTE** the performance and agreed actions
b.	**AGREE** any further actions arising

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 NHS TRUST

Report to the Public Board 6 April 2022
February 2022 Reporting

Board Level Metrics

1. Introduction

1.1. The Board Level Metrics were introduced in August 2021. We continue to develop those metrics that are not complete and refine those that are so that we use the best possible graphs and use the most appropriate targets.

2. Developments

2.1. The process/system for collecting nurse staffing levels at each ward, three times a day has been agreed and developed. The Deputy Chief Nurse has confirmed that data collection will commence in April 22 allowing us to begin reporting in May.

2.2. The Director of Partnerships and Innovation has an action to discuss the removal of PROMS from the Board Level Metrics following Executive discussion.

2.3. A provisional set of graphs have been included in this Board level metrics showing the Pulse/National Survey data. There are only a few data points in the last 25 months for the SPC chart but the radar graph shows where improvement needs to be concentrated around staff engagement.

2.4. We have written to the following people for targets for their indicators:

2.4.1. Community Contacts from the Primary Care Communities and Therapies leadership team;

2.4.2. Imaging Investigations from the Improvement Team.

3. Board Level Metrics

3.1. Where we have national benchmarking from Public View, we now show which quartile we are in along with a Care Quality Commission style rating.

3.1.1. E-Coli is Outstanding

3.1.2. C-Difficile is Good

3.1.3. MRSA is Good

3.1.4. 62-day cancer is Good

3.1.5. Emergency Care 4 hour is Good

3.1.6. RTT incomplete pathways is Requires Improvement

3.1.7. Our SHMI mortality ratio is Inadequate

3.1.8. Friend and Family Test is Inadequate

3.1.9. Day lost to Sickness Absence is Inadequate

4. **Committees**

4.1. Quality and Safety Committee

4.1.1. **Falls with Severe harm** (February 22) – is an unwitnessed fall in Sandwell A&E causing a C5 fracture and subdural haematoma. This is under investigation.

4.1.2. **Sepsis – treated within 1 hour –** we had a performance target of 80%, however was a moderated target because our clinicians are not using the clinical system (Unity) correctly. When a patient's presentation (NEWS Score) indicates sepsis the clinician can override this alert by stating that the patients does not have sepsis but they are not doing this which is reducing the performance. Post discussions at the Clinical Leadership Executive (CL) we have now increased the target to 95% which will add further emphasis to addressing this issue.

4.1.3. **Family and Friends recommended** – we are working with the Patient Involvement and Insight Lead to qualify the recommended percentages. There are 8 different Family and Friends (FFT) Tests in the IQPR. These are not all statistically relevant as they are such low numbers and will be artificially reducing the combined score but not the ranking. The Patient Involvement and Insight lead will be writing the Executive Quality Committee (EQC) to advise that the combined score should only consist of 4 of the FFT scores Emergency Department, Inpatient, Outpatient and Maternity.

4.1.4. **Family and Friends Response rate** – the latest guidance suggests removing this from the board. Page 34 of the "Using the Friends and Family Test (FFT) to improve patient experience guidance v2.pdf" which covers reporting to Boards, it states – *"We advocate using Making Data Count to determine what numerical reporting is required; whilst teams will want to ensure a reasonable volume of feedback is being gathered, there is no need to reach a particular response rate. Try to focus reporting on what feedback has been collected and what has been done with it, rather than response rates and "scores"*.

4.1.5. **Emergency Readmissions –** we have seen an improvement in our performance since April 2021.

4.1.6. **Same Day Emergency Care –** we need to see an improvement in the provision of activity in the correct location and away from the Emergency Department (ED) so that we deliver the Midland Metropolitan University Hospital (MMUH) care model.

4.2. Finance, Investment & Performance Committee

4.2.1. **Cancer performance** (January 22) **–** In January 2022 we failed 2-week wait, breast symptomatic, 31 day and 62 day. Operational Management Committee (OMC) discussed a series of issues to resolve including: patient choice, Covid-19, histology issues, imaging and supporting breast services across the ICS system.

4.2.2. **SitRep late cancellations -** The last time we hit the target was May 21. Our year to date number is 495; we have already had double the annual target of 240. This was reported as due to theatre vacancies and sickness.

4.2.3. **28 Day Breaches** – We have 53 year to date 28-day breaches (where we cancel a patient and then do not get them back into surgery within this national guarantee). It was discussed at Operational Management Committee (OMC) that this was due to the 7-week Covid-19 rule and not allowing Lateral Flow Tests for standby patients and requiring them to have PCR tests. The Trust has now started to implement lateral flow tests for surgical patients.

4.2.4. **Diagnostic Monthly Waiting Times (DM01) Performance** – The DMO1 target states that less than 1% of patients should wait 6 weeks or more for a diagnostic test. We currently report the proportion that have waited less than 6 weeks. In this context there has been a decrease in performance for diagnostics from November 21 when it was 71% to January 22 where it is at 65% with 2002 patients waiting over 6 weeks. This is due to MRI and Non-Obstetric Ultrasound availability.

4.3. People and Organisational Development Committee

4.3.1. **Sickness Absence** – This remains above 6% (6.3%) and is impacting our ability to deliver services particularly in Surgery.

4.3.2. **Nurse Turnover** – The target is 10.7% and we have been reporting over 11% for 9 consecutive months.

4.4. Integration Committee

4.4.1. Whilst no current metrics exist for the Integration Committee, they may wish to look at the Inequalities metrics provided on Pages 20-21 of the power point document. Post discussion at CLE, Paediatric beds has now been added as an indicator.

5. Inequalities

5.1. We have increased the percentages used for each inequality so that they highlight an appropriate number that are outside of the norm.

6. Recommendations

6.1. The Board are asked to:

a) **NOTE** the performance and agreed actions
b) **AGREE** any further actions arising

Matthew Maguire – Associate Director of Performance and Strategic Insight
28/03/2021