Paper ref:	TBPublic (01/23) 21

PATIENTS PEOPLE POPULATION

NHS
Sandwell and West Birmingham
NHS Trust

REPORT TITLE:	Board Level Metrics		
SPONSORING EXECUTIVE:	David Baker (Chief Strategy Officer)		
REPORT AUTHOR:	Matthew Maguire (Associate Director of Performance and Strategic Insight)		
MEETING:	Trust Board	**DATE:**	11th January 2023

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

- Emergency Care Trolley Waits >12 hours: There were 109 waits >12 hours in November, an 890% increase on September, and the highest in the previous 17 months.
- Our cancer 62-day Cancer performance has dropped very sharply from the previous 4 months performance and our Public View ranking has dropped over 45 places.
- Our Incomplete RTT performance continues to decline, and we have dropped 22 places in Public View from 54 to 76 (from July 22).
- The Finance metric in Public View has now been updated from Q4 2019/20 to Q2 21/22. This has caused our Hospital Combined Performance Score and ranking to fall (now 110/121). We had previously highlighted this risk to Board and Committees.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective[s] 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 *[at which meeting[s] has this paper/matter been previously discussed?]*

4. Recommendation(s)

The Board is asked to:

a.	**NOTE** the performance
b.	
c.	

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*

Board Assurance Framework Risk 01	X	*Deliver safe, high-quality care.*
Board Assurance Framework Risk 02	X	*Make best strategic use of its resources*
Board Assurance Framework Risk 03	X	*Deliver the MMUH benefits case*
Board Assurance Framework Risk 04	X	*Recruit, retain, train, and develop an engaged and effective workforce*
Board Assurance Framework Risk 05	X	*Deliver on its ambitions as an integrated care organisation*
Corporate Risk Register [Safeguard Risk Nos]		

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

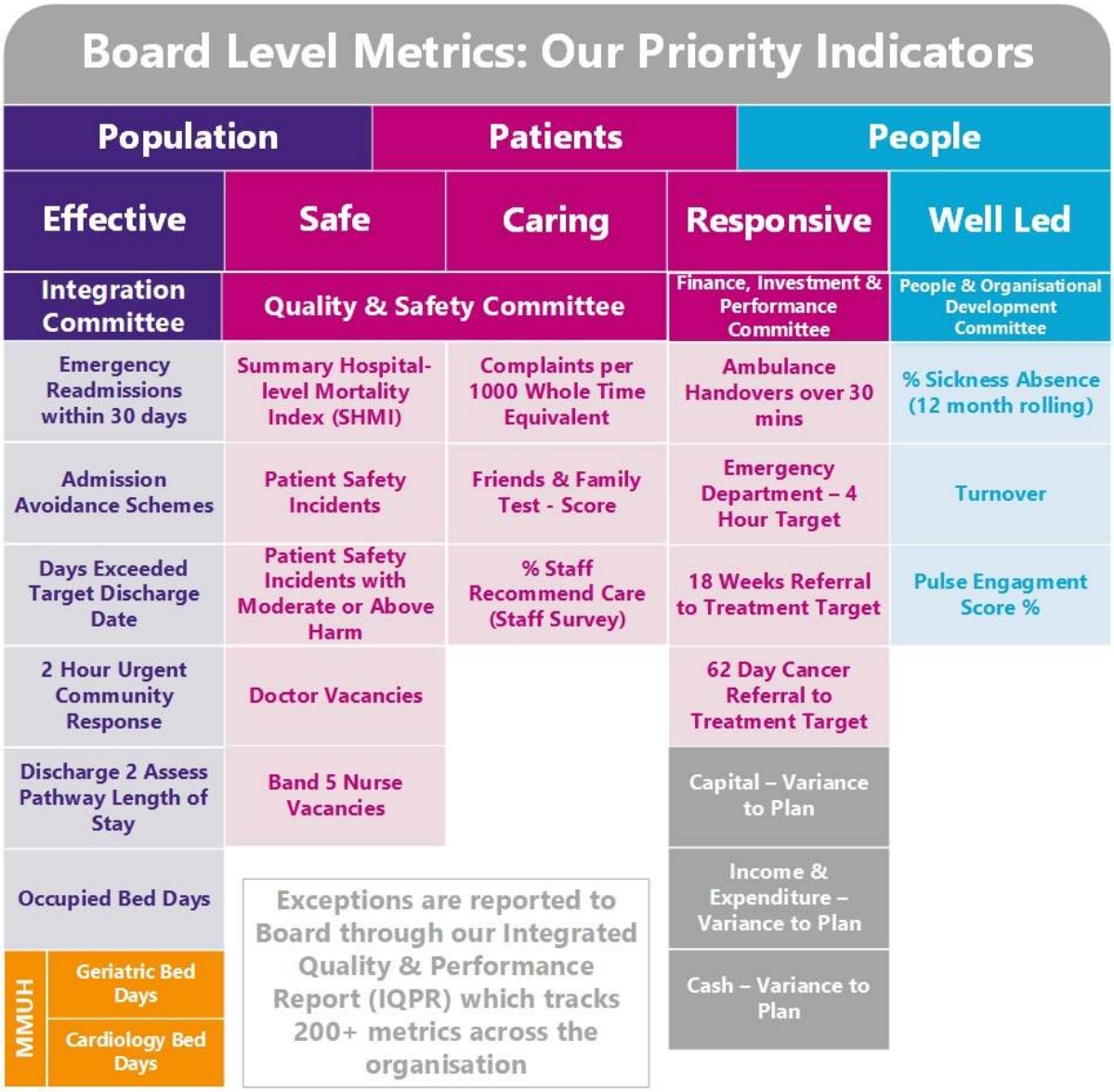
Report to the Public Board on 11th January 2023

Board Metrics Update

1. Background

1.1 'Board Level Metrics' are a rationalised set of priority metrics for the Board to focus on. The metrics are shown below, aligned against our three strategic objectives (Patients, People, Population) and the Care Quality Commission's five domains (Safe, Effective, Responsive, Caring, Well Led). Whilst this is a rationalised set of metrics to generate higher quality discussions and assurance, we also monitor our existing Integrated Quality and Performance Report (IQPR) which tracks over 200 metrics. Any performance exceptions from the IQPR are included in this report.

1.2



Note: The days exceeded target discharge date has been stood down indefinitely whilst we consider the best way to expose key bottlenecks within the hospital flow.

2. This report shows data in Statistical Process Control (SPC) charts using the NHS 'Make Data Count' house style of reporting. Further detail on how to interpret SPC charts including the plain English descriptions of performance icons is shown in annex 1.

3. Performance Overview

3.1 ***Areas of Concern:***

- **C.Difficile (Post 48-hours):** There were 5 cases reported in November, the same as last month and still off our internal trajectory. We have had 29 in the first seven months, with an annual internal target of 33. At our current rate we will have an annual outturn of 50., which is above our National Target of 41 per annum.

- **Emergency Care Trolley Waits >12 hours:** There were 109 waits >12 hours in November, an 890% increase on September, and the highest in the previous 17 months.

- **62 Day (referral to treat from screening):** We reported at 87.2% in November, a 7.7% decrease on the prior month and falls below the target of 90%.

- **Patient Safety (moderate harm and above):** We reported 26 incidents, which is an increase of 3 on the previous month, and this has risen in each of the past 3 months.

3.2 ***Areas of Good Performance:***

- **No. of Sitrep Declared Late Cancellations (Pts. >1 occasion):** We reported 0 cancellations in November, the same as last month and achieved the target for the second time in 14 months.

- **Hip Fractures Best Practice Tariff (Operation <36 hours of admissions):** 86.8% of operations were performed under 36 hours of admission, which is a 12.6% increase on the previous month, and achieved the target for the first time in 3 months.

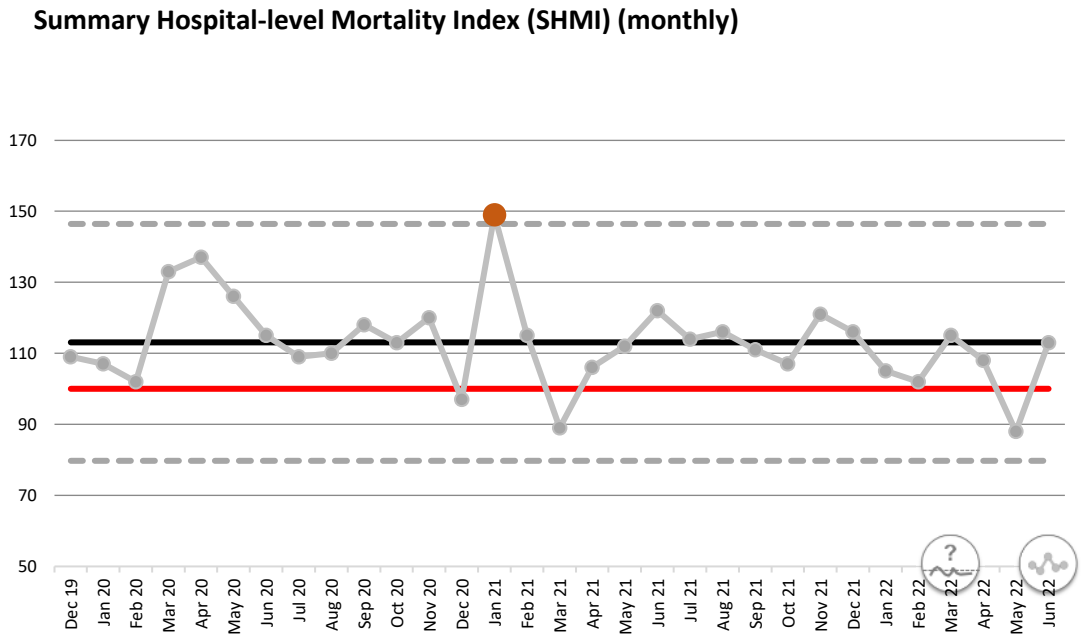
4. Patients

4.1 *Target Assurance Matrix*

		Assurance			
		Consistently Pass Target	**Hit & Miss**	**Consistently Fail Target**	**No Target**
Variation	**Special Cause Improvement**		Patient Safety Incidents. Nurse Band 5 Vacancies.		
	Common Cause Variation		Summary Hospital-level Mortality Index (SHMI) (Monthly). Patient Safety (Moderate harm or above). Complaints per 1000 WTE. Performance Against Capital Plan Excluding MMUH. Performance Against Income & Expenditure Plan. Performance against Cash Plan.	Staff Service Recommender.	
	Special Cause Concern			Doctors in Post. Emergency Care 4-hour waits. RTT – Incomplete Pathway (18 weeks). 62 Day (urgent GP referral to treatment) Excl Rare Cancers.	Percentage of Ambulance Handovers over 30 minutes.

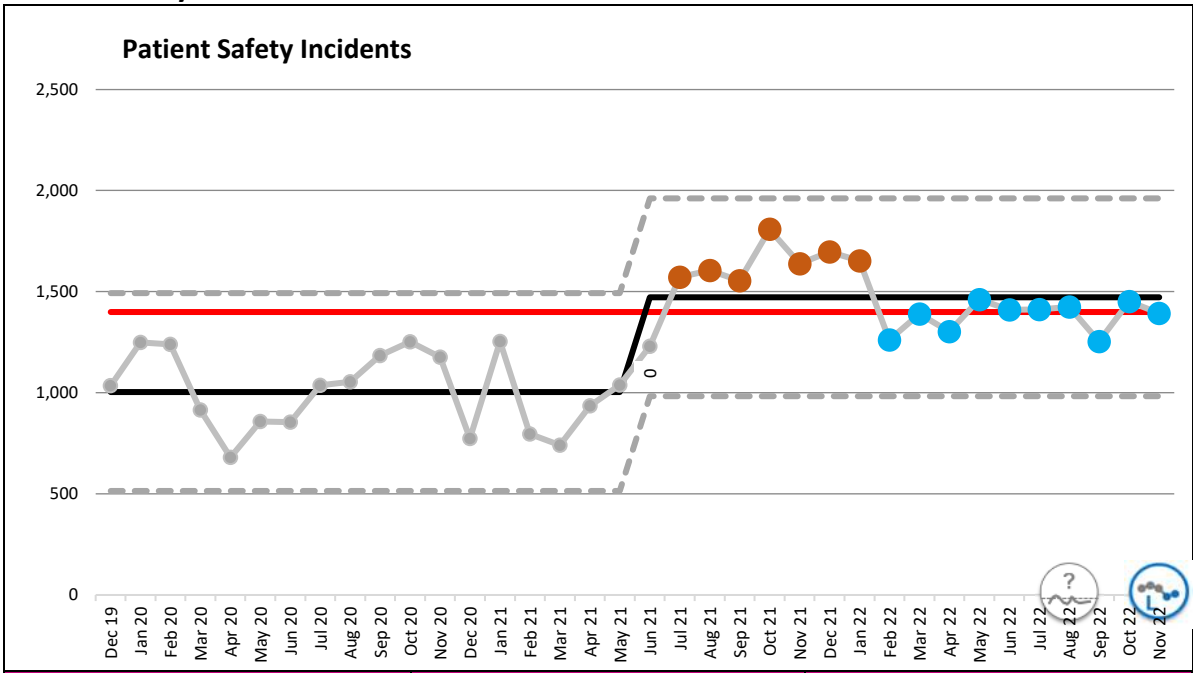
4.2 *Safe*

4.2.1 Summary Hospital-level Mortality Index – QUALITY AND SAFE COMMITTEE



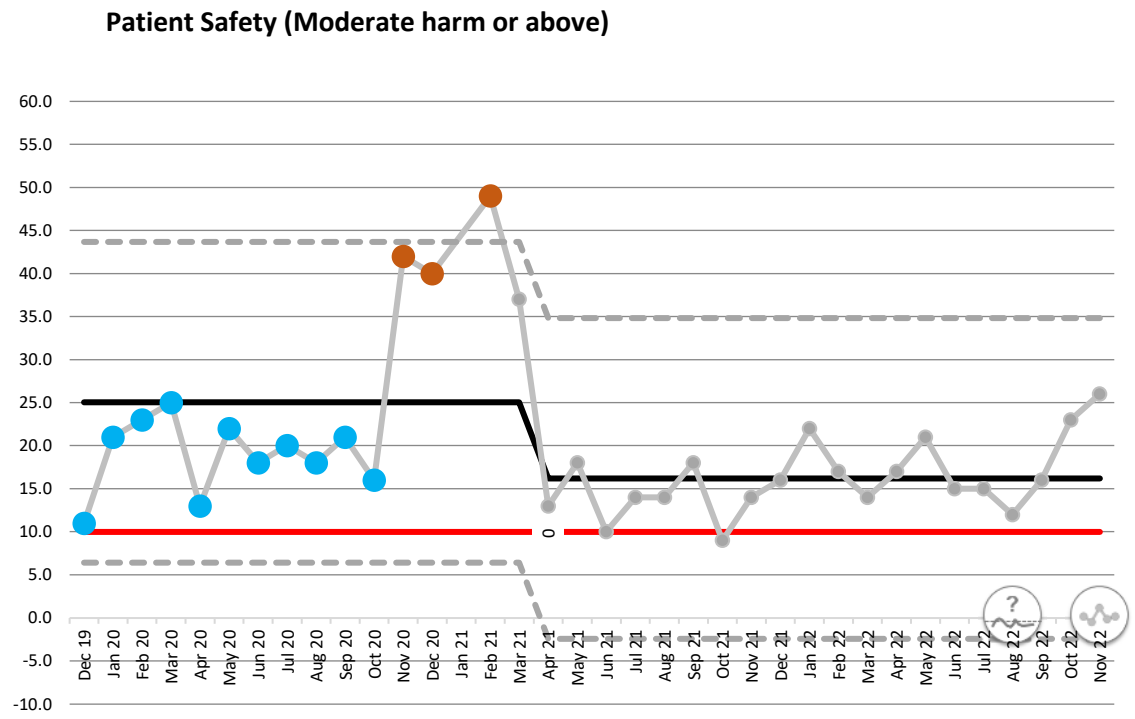
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
This shows a common cause variation. The index reported is 28% above the previous month's value. It is just above our mean and 13% above target. Our latest Public View ranking was 74th out of 121 [July 22], We have dropped by 5 places when compared to last month. Target Source: National Target	SHMI remains robust and we had no SHMI alerts in last month. Trust wide quality improvement projects on sepsis, coding, safety huddles etc	Focus on ED to improve patient safety culture, pathways for surgical abdomen, monitoring, recognition and escalation of the deteriorating patient. Review of neonatal preterm pathway and how to better divert to level 3 unit when appropriate.

4.2.2 Patient Safety Incidents – QUALITY AND SAFETY COMMITTEE



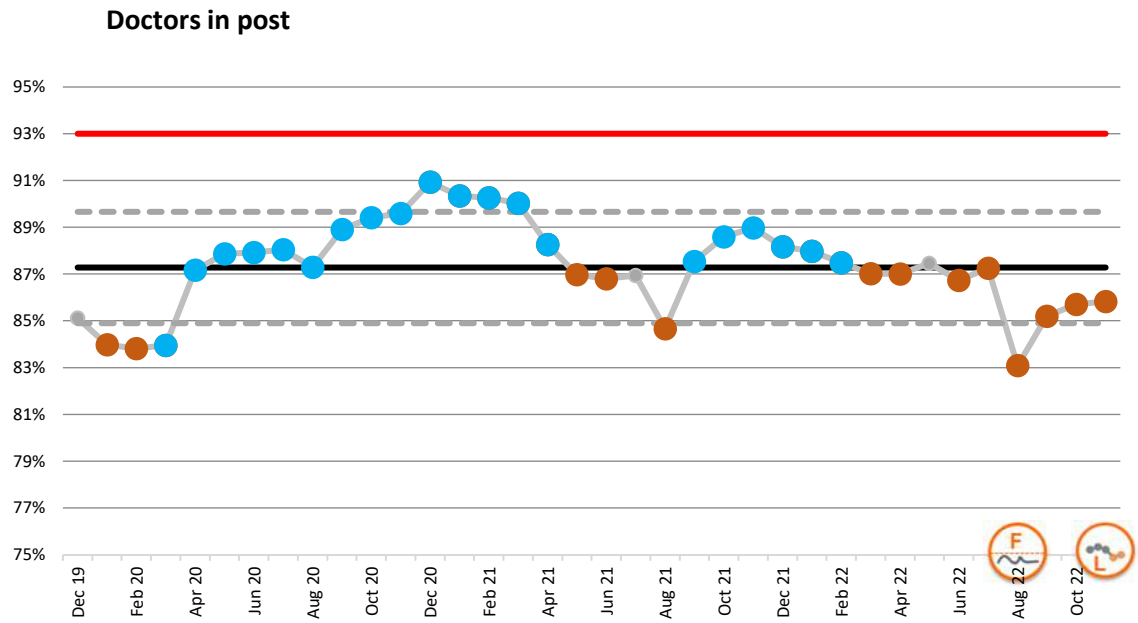
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
A step change has been added in June '21 to adjust the mean based on a consistent period of higher level of reporting. Between June '21 and January '22, special cause variation is shown indicating concern, where incidents reported exceed the target level. From February '22, there is special cause improvement, where performance 'hit and misses' the red target line. We have just missed the target this month by 0.5% reporting at 1393. Target Source: Local (no Public View comparator)	We had 1393 incidents reported this month compared to 1451 in October. We continue to encourage incident reporting	We are working on areas where reporting is low to ensure that staff know how to report and feel comfortable to do so

4.2.3 Patient Safety (Moderate harm or above) – QUALITY AND SAFETY COMMITTEE



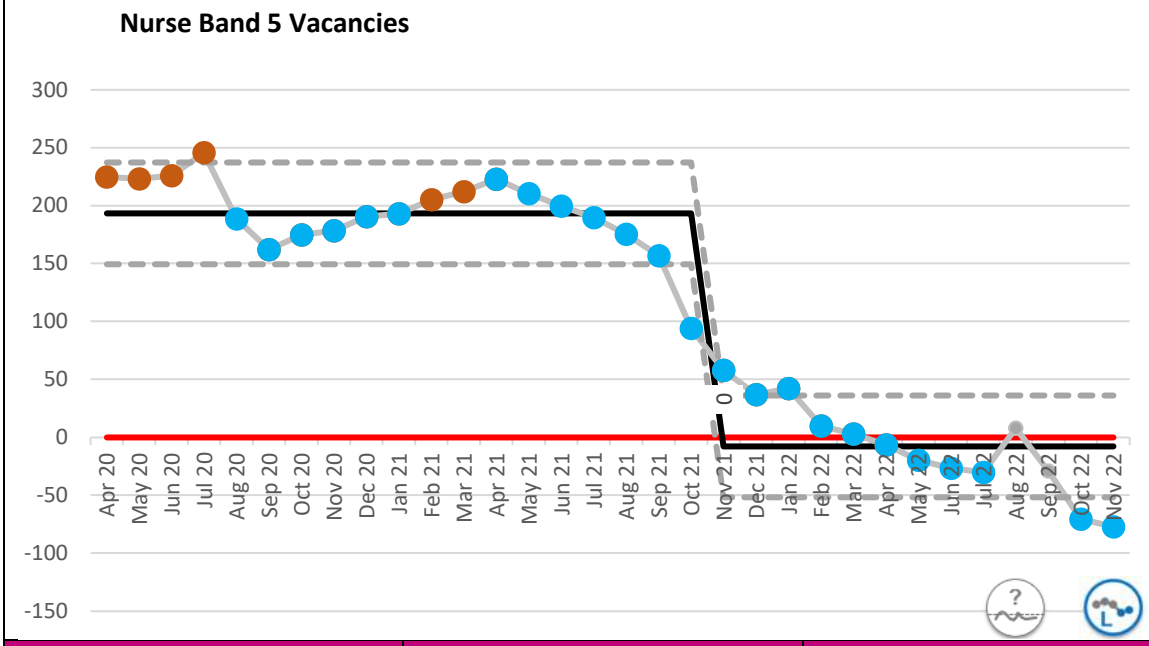
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
Following four high data points from November '20 to February '21 related to changing reporting requirements hospital acquired COVID, the period from April '21 has included a step change. This is showing common cause variation. We are reporting a sudden increase in the numbers, this month we are reporting at 26 which is 160% more than the target and which is highest in the past 17 months. Target Source: Local (no Public View comparator)	After our incident moderation meetings (IAM) we had 21 incidents with moderate harm or above. No themes have been identified and this is 1.51% of the total amount of overall incidents reported this month of 1393 All have been discussed at our IAM meeting and investigations are ongoing, or actions have been agreed	We continue to work on our consistency of reporting of moderate harm and above incidents. 5 were downgraded this month based on their presentation of the cases to IAMs Our work on learning continues with themes and trends based on our SI data to help ensure this learning is shared across the organisation. How Si's are managed by the executive quality group is also changing from January 1 so that the key learning points are shared across the groups and feedback at the meeting itself

4.2.4 Doctors in post – QUALITY AND SAFETY COMMITTEE



Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
This shows special cause concerning variation. We have seen a slight increase from the previous month reporting at 85% which is 9.5% off the target. Target Source: Local (no Public View comparator)	Frequent AAC in September to December, successful recruitment into hard to fill consultant posts e.g. in Acute medicine, ENT, Neurophysiology and Feto-maternal medicine but not all in post yet.	Work continues to clean up the data on ESR. There are GP Specialist Trainees in nearly all specialties and Specialist Trainees in Histopathology that are on ESR as funded positions which will show as vacancies, but they are paid and filled by St Helens and Knowsley (currently that applies to 41 posts on ESR).

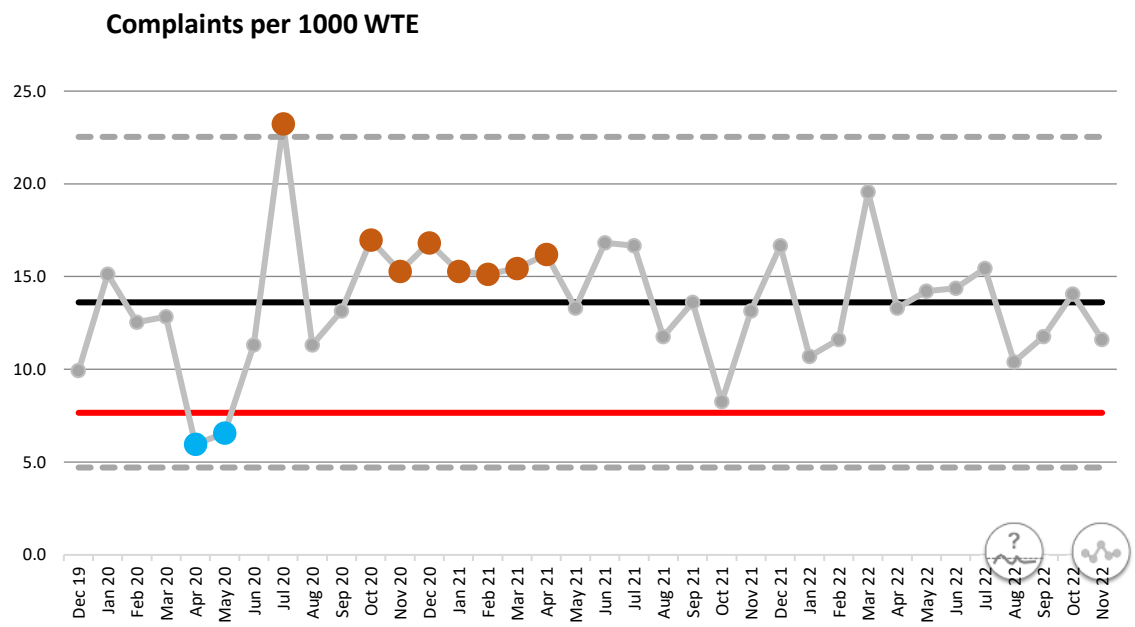
4.2.5 Nurse Band 5 Vacancies – QUALITY AND SAFETY COMMITTEE



Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
This shows special cause improving variation. Although vacancies have improved since April '22, the indicator is still classed as 'hit and miss ' as only 4 data points have passed the target in 12-month period. A step change has also been added in November '21 to reflect the new vacancies levels. This is based on the Electronic Staff Record (ESR), we have no vacancies for nurses in Band 5. Target Source: Local (no Public View comparator)	We are over recruited at Band 5 for Registered Nurses only (including Paeds and Health Visitors) by 50.00 WTE.	As everyone is aware we continue to target our Band 6 workforce where we have just short of 100 vacancies particularly in specialist areas such as Health visiting, emergency department (ED) and school nursing We are out to advert for band 6 roles currently in ED and plans are in place to grow our own band 6 staff in other areas hence the over-recruitment of Band 5 posts.

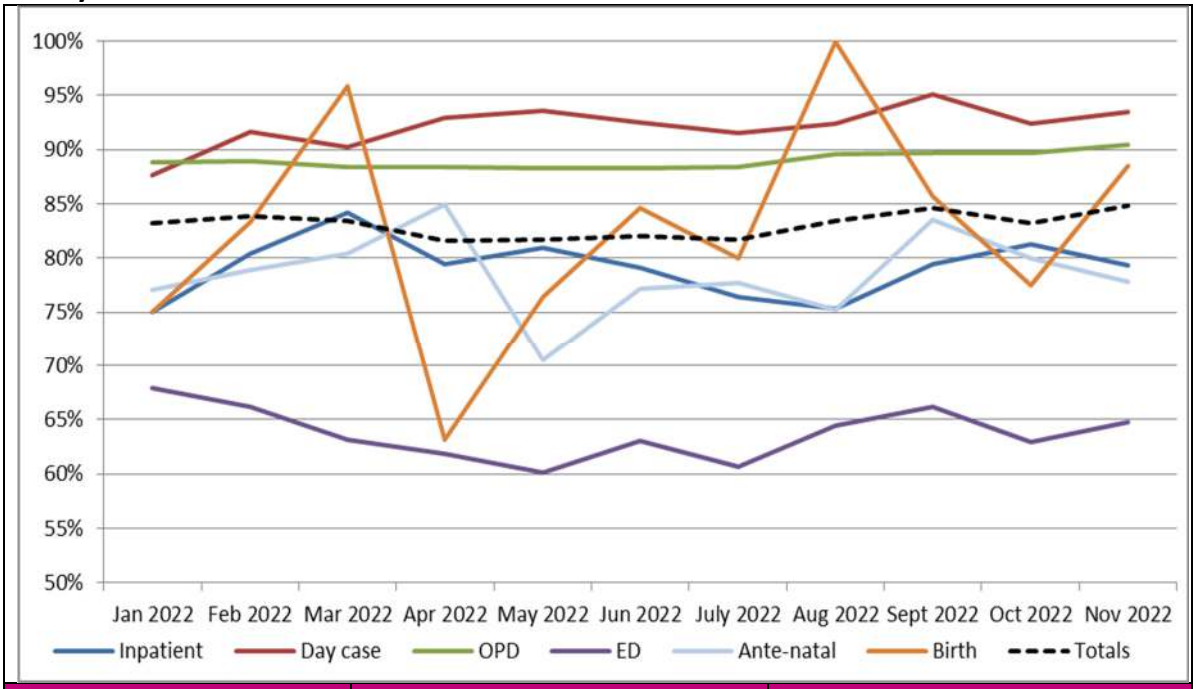
4.3 *Caring*

4.3.1 Complaints per 1000 Whole Time Equivalent – QUALITY AND SAFETY COMMITTEE



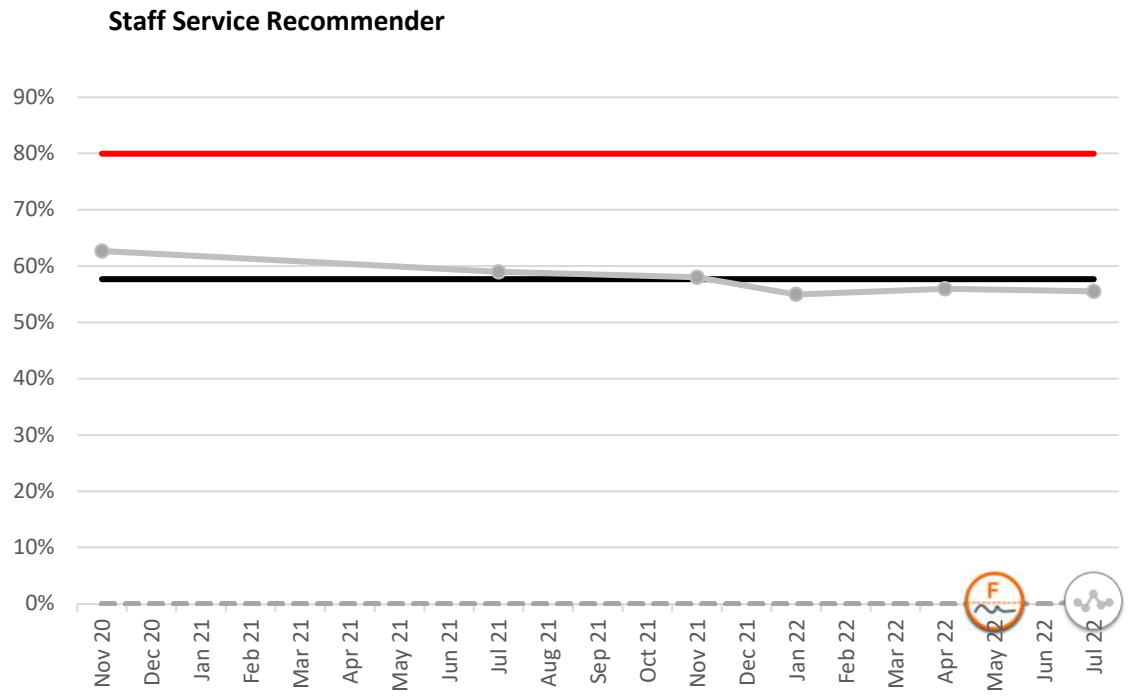
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
This shows common cause variation. Our complaints per 1000 WTE are currently recording at 11.6 which is 51.4% above our target. Our latest Public View ranking was 113 out of 119 [Q4 21/22] The median from Public View would be 6.48 which is lower than the current target. Target Source: Public View	Sickness absence within the complaints team continues. It is anticipated the team will be back to full capacity mid-January. Current measures in place to manage the workload include: senior management team support, triaging cases at the point of logging (to ensure the most appropriate process for the complainant is followed) and proactive communication with complainants.	Additional administrative support is being sought to provide additional capacity. The Trust redeployment/amended duty lists have been reviewed and options explored. A review of the PALS and complaints process will be undertaken in the New Year to ensure effectiveness. Escalation of delayed responses from the groups will be strengthened to ensure deadlines are achieved. Themed reporting will be strengthened to understand the main reasons to contact SWB complaints team.

4.3.2 **Family and Friends Test – QUALITY AND SAFETY COMMITTEE**



Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
Friends and Family scores overall are stable between 80 and 85% (dotted line). Variation per point of delivery is significant with ED being a high-volume area with poor scores. Birth scores are volatile due to their low numbers. Median targets: Emergency Department = 75% Birth = 93% Antenatal = 86% Outpatients Department = 94% Inpatient (combines Inpatient and Day Case) = 94.72% Target Source: Local (Public View)	Patient experience insight incorporation and embedding into Intermediate Care (discharge) work plan. Several further meetings across different local services to agree ways of lived experiences feeding into Mental Health Assurance Group workstreams. Two training sessions delivered to band 6 nurses and one to student nurses/midwives (c80 attendees in total) PREMs are set up to measure patient experience aligned with Fundamentals of Care standards (41 local areas); a process is established to deliver publicity materials locally; the initial orders are starting to be delivered to local areas. Healthwatch fieldwork of BMEC patient experience review is currently underway.	Review of ITU information for relatives and development of visitor charter – December 2022 – February 2023 Patient experience focus groups/community patient experiences to be established across the localities during 2023 (January onwards and ongoing) Investigation into experiences of patients brought to SWB EDs from out of area via Intelligent Conveyancing – January 2022 – February 2023. Patient Experience Manager in post from January 2023 to support the patient experience agenda. Incorporation of interpreting services into Corporate Nursing and completion of interpreting review with service improvement recommendations – January 2023.

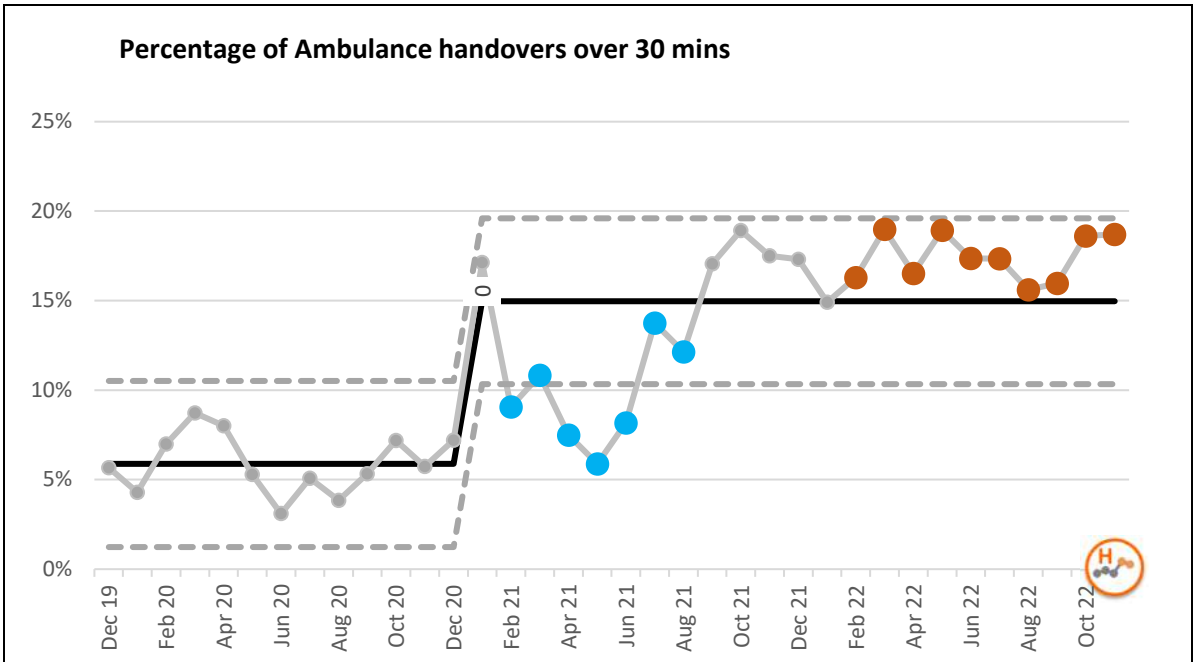
3.3.3 STAFF RECOMMENDER – QUALITY AND SAFETY COMMITTEE



Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
This shows common cause with consistent failing target. We are currently reporting at 55% which is 25% away from our target. We have never hit the target in past 18 months. We are 96th out of 120 on Public View [Q3 21/22]. The median target from Public View is 66.91% Target Source : Public View	Launch of the people plan will help to track improvement against this area.	Executive lead to comment on planned interventions with dates. Review of initial staff survey 2022 report is currently underway to help identify areas for improvement and support.

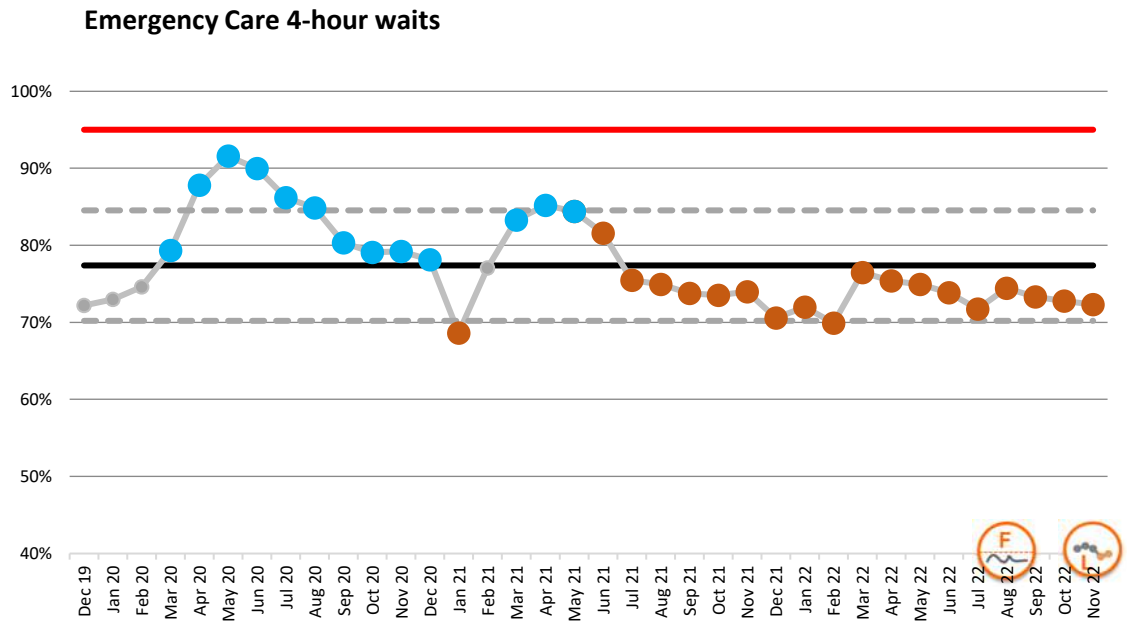
4.4 *Responsive*

4.4.1 Percentage of Ambulance handovers over 30 mins - FINANCE, INVESTMENT AND PERFORMANCE COMMITTEE



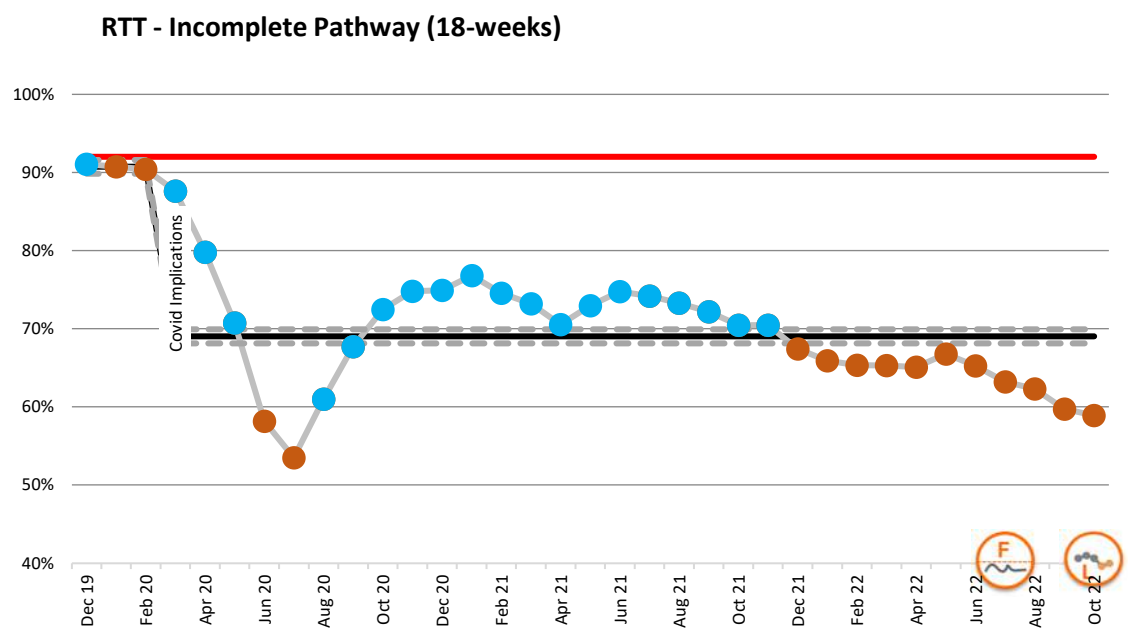
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
This shows a special cause concern. This month we are reporting at 18.6% which is 24% above of our mean value. For September 2022, the Trust was the second best performing in the West Midlands in terms of ambulance offloads within 30 minutes. Source WMAS data provided. Target Source: None, to be agreed.	There is a discernible difference in handover performance between the two sites. At City Hospital the % handover *within* 30 mins was 89.48% for October, (10.52% over 30 mins). This was the highest performance across the Black Country ICB. The lowest performance was seen at New Cross; 62.06%. Sandwell was equal to the performance of Russell's Hall at 68.31% *within* 30 mins (31.69% over 30 mins). As a system, the average percentage handover within 30 minutes for October was 73.8% (26.2% over 30 mins)	Factors that influence handover performance have been identified by the EC directorate. Whilst outflow from the department is a key factor in emergency medicine performance, workforce resource and skill mix also plays a part. The senior nursing team from City have been rotating across the two departments since May to provide expertise and leadership. There has been a decline in the number of ambulances waiting 60 minutes to offload since this intervention. A further deep dive into ambulance handover differences is planned for the New Year.

4.4.2 Emergency Care 4-hour waits - FINANCE, INVESTMENT AND PERFORMANCE COMMITTEE



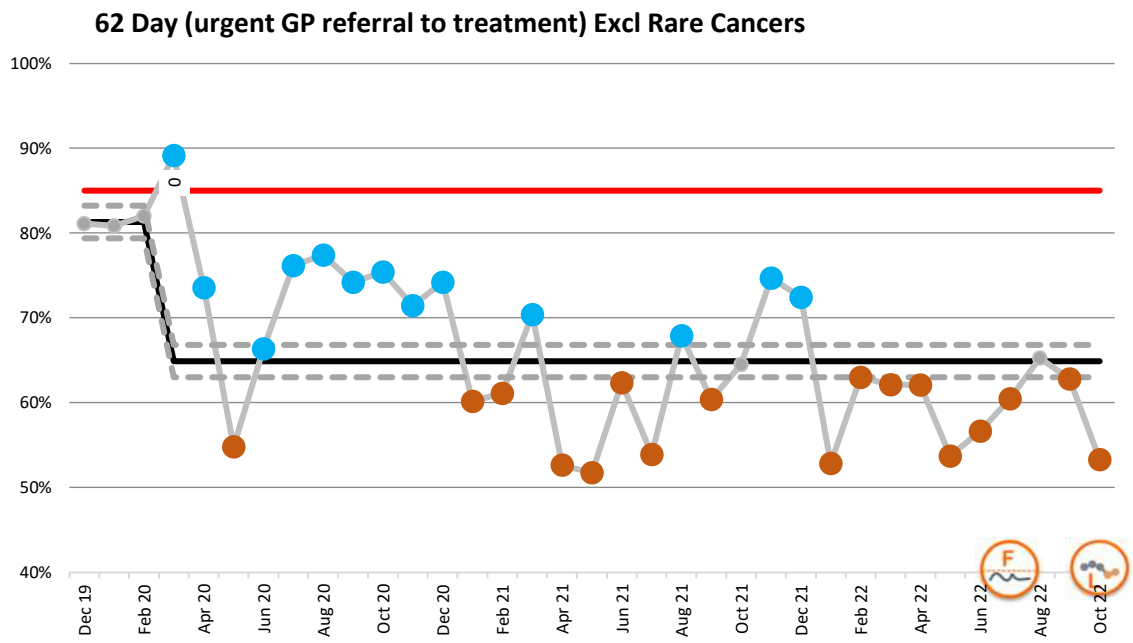
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
This shows special cause concern. We are 22.7% below the target this month, reporting at 72.3%. We are 27th out of 107 Trusts in the most recent Public View rankings [Nov 22]. Target Source: National	As with ambulance handovers, there is a difference in performance across the two EDs, driven by a number of factors e.g., patient population, consolidation of specialties to one site, access to social care. 4-hour performance at both sites has decreased since October; 77.8% at City 68.1% at Sandwell.	Opportunities for admission avoidance and improved outflow are the key areas the MEC group remain focussed on improving. Increased streaming to SDEC areas continues with a steady growth in activity month on month. This will be further improved with the modular build for Sandwell that is planned to open in Q4. The opening of discharge lounges on both sites is increasing the number of patients discharged before lunch, with an average of 18 patients per site passing through the lounges on a daily basis.

4.4.3 RTT – Incomplete Pathway (18-weeks) - FINANCE, INVESTMENT AND PERFORMANCE COMMITTEE



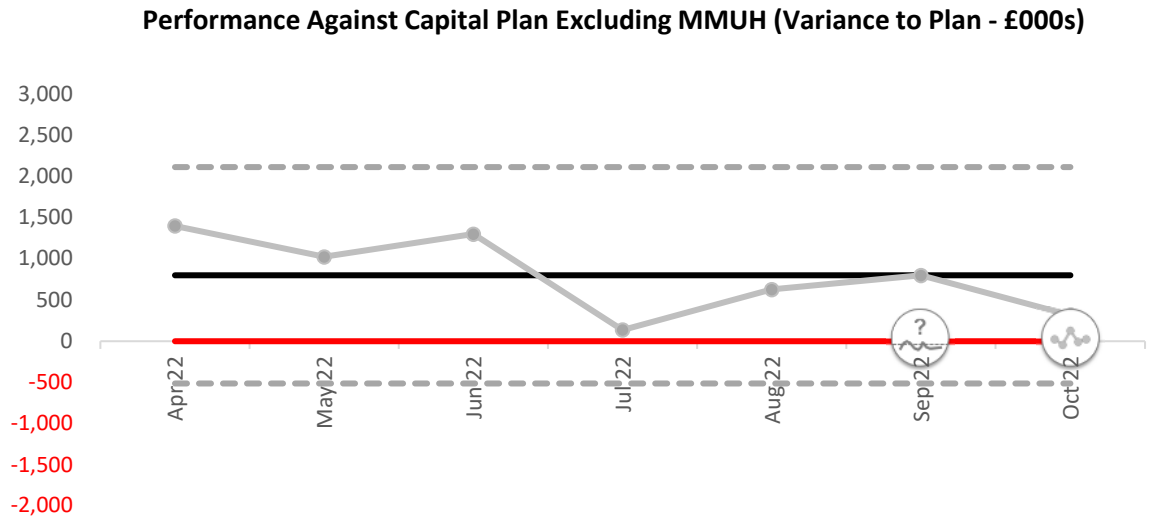
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
This is a special cause concern. We are reporting at 58.9% which is the lowest in the previous two years and 34.6% below the target. We are 76th out of 119 Trusts in the latest Public View rankings [Oct 22]. In July 22 we were ranked 54th out of 119. Target Source: National	Non-compliance due to. • High priority patients booked over benign cases and focus on to clear 104+ wks. & 78+ wks. patients • Number of long waiting patients treated over number of patients breach 18 weeks standard • Patient cancellations / availability • Specialities with backlog have workforce gaps resulting in uncovered lists and skill mix to treat complex cases • RTT standard training has been rolled out to all admin and clinical staff • There are number of transformation projects been rolled out to improve, patient. DNA, remote consultations, clinical triage, and effective use of Patient Access policy.	As part of 78+ weeks. plan and RTT recovery. • Waiting list validation • Effective PTL management • Clinical group to engage proactively and manage patient treatment • PIFU (Patient Initiated Follow-up) to be rolled out beginning of January 2023 where patients manage their appointments

4.4.4 62 Day (urgent GP referral to treatment) excl Rare Cancers - FINANCE, INVESTMENT AND PERFORMANCE COMMITTEE



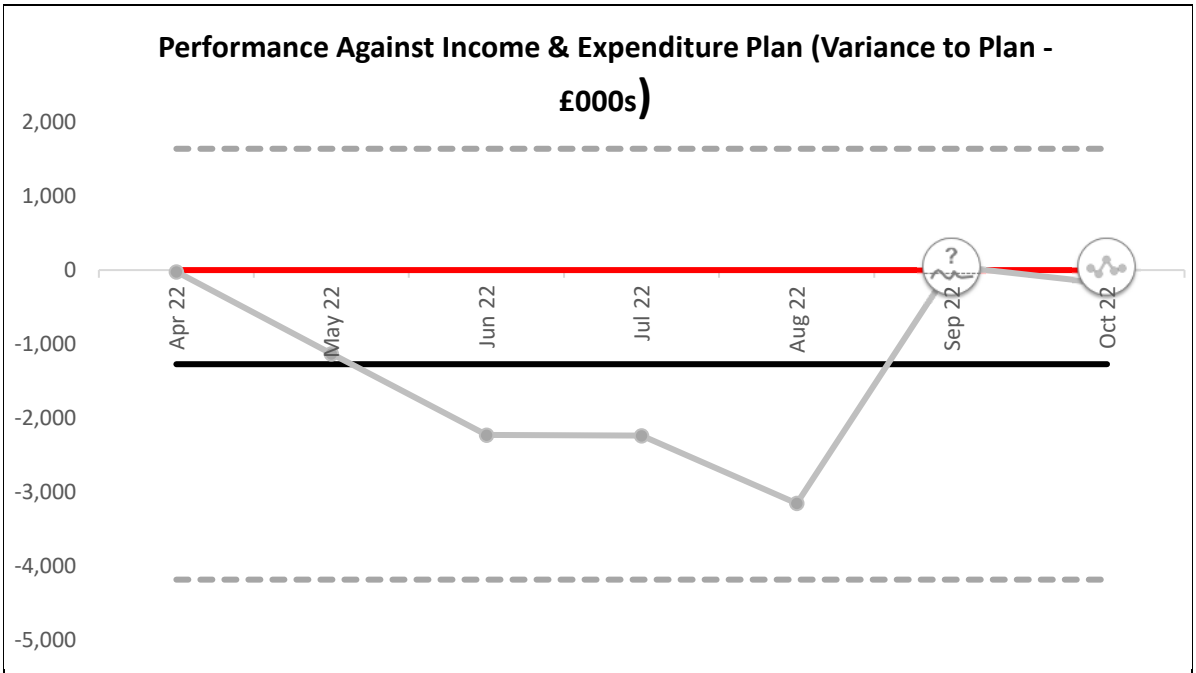
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
This is a special cause concern. We are reporting at 53.2% which is 37% below the target. We are reporting at a significantly lower level to the previous year. SWB was ranked 54th out of 121 in September 22 but, is now ranked 91st out of 121 in October 22. (May 22 was the last time we were ranked this low). A step change has been added from March '20 to adjust the mean based on a persistent period of lower percentage reporting following COVID. Target Source: National	Trust performance dropped to 53.2% with only Upper GI and Dermatology achieving target. Trust performance has dropped for the last two months, and the trend seems set to continue through November. As part of the 2022/23 planning the Trust has had to submit revised trajectories for restoring the backlogs to pre Covid levels by March 2023. These were originally drawn up to reflect difficulties with histology reporting but have been revised with the proviso that histology turnarounds return to pre-pandemic time.	Groups resubmitted recovery trajectories and action plans will be closely monitored by cancer board to bring performance back to acceptable levels. Progress on plans will need to be escalated if dropping below trajectory for actions to be taken. Implementing a weekly call with the MDT Lead & Cancer Services to go through patients and to make decisions is recommended.

4.4.5 **Performance Against Capital Plan exc. MMUH – FINANCE, INVESTMENT AND PERFORMANCE COMMITTEE**



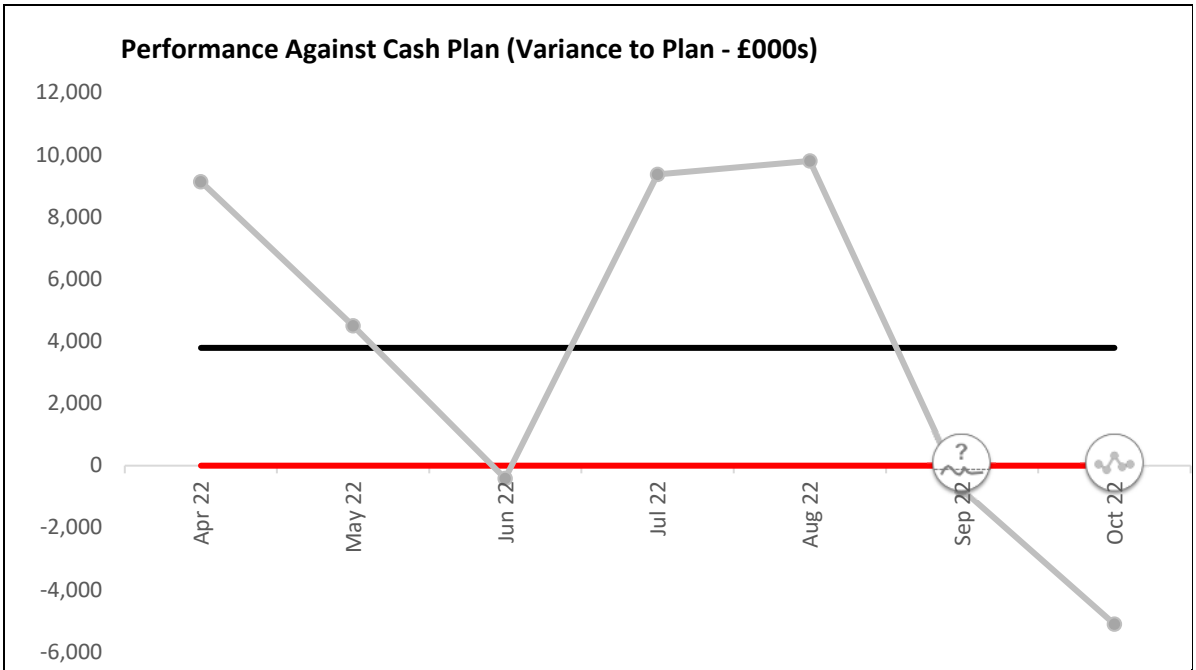
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
As of the eight months, we are currently £7.3m behind the capital plan. Target Source: Local (no Public View comparator)	We continue to track performance against the capital plan monthly through the Trust's Capital Management Group, including a regular review of forecast spend, and including new schemes as they come online during the year.	Despite the underspend year to date, forecast still expects a £4.5m (planned) overspend against the budget allocated by the system. Visible risks of slippage may reduce this overspend to a spend close to budget, ensuring full commitment of the 2223 capital resource limit available to the Trust. Important to note that as in previous years, large amounts of PDC are becoming available which the Trust will make all efforts to spend as planned – but may drive an underspend that we will have to manage through in to 23/24. Draft 5-year capital programme to be reviewed at CMG 19.12.22

4.4.6 **Performance Against Income & Expenditure Plan - FINANCE, INVESTMENT AND PERFORMANCE COMMITTEE**



Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
After 8 months we are £6.7m adverse to our £17.1m deficit plan. Target Source: Local (no Public View comparator)	Development of recovery plan in Months 4-6, tracking monthly. Formal request for support to the ICS to reach breakeven position as per system submission, completed September. Extensive work with the ICS to confirm best case position (confirmed as £17.1m deficit). Work has commenced on a productivity recovery plan to improve and recover the underlying position of the Trust, as achieving £17.1m involves considerable non-recurrent measures.	Monthly monitoring will continue, further work since the Month 7 reporting cycle with the system and the year end position has moved the £17.1m planned deficit to most likely, with a best case of £13m deficit. £16.6m residual gap to break even for the system, trust share of that a further £3m improvement to deficit of £10m, which would then be backed with revenue cash to a break-even position. Therefore, current range of year end position break even to £7m deficit.

4.4.7 **Performance Against Cash Plan - FINANCE, INVESTMENT AND PERFORMANCE COMMITTEE**



Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
Cash in hand at 30th November is £55.78m. Target Source: Local (no Public View comparator)	Continuous daily monitoring of cash balances, rolling 12 months forecast updated monthly. Cashflow forecast updated for the £17.1m deficit position including non-recurrent non-cash improvement measures. Expected year-end balance £29m.	Continue to track performance against plan and forecast. Update the 5-year capital programme and expected cash implications as part of planning for 23/24.

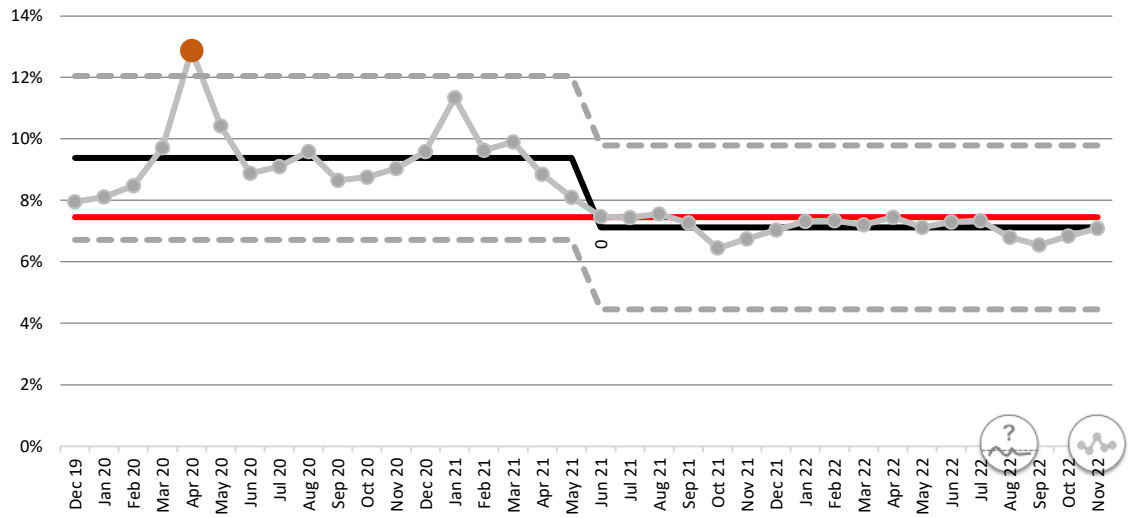
5. Population

5.1 *Target Assurance Matrix*

		Assurance			
		Consistently Pass Target	**Hit & Miss**	**Consistently Fail Target**	**No Target**
Variation	**Special Cause Improvement**				
	Common Cause Variation		Cardiology Bed Days. Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month.	Total Admission Avoidance.	Discharge to access Pathway 0 [Average length of stay] - Simple Discharge. Discharge to access Pathway 1-4 [Average length of stay]
	Special Cause Concern		Occupied Bed Days.	Older People Bed Days	

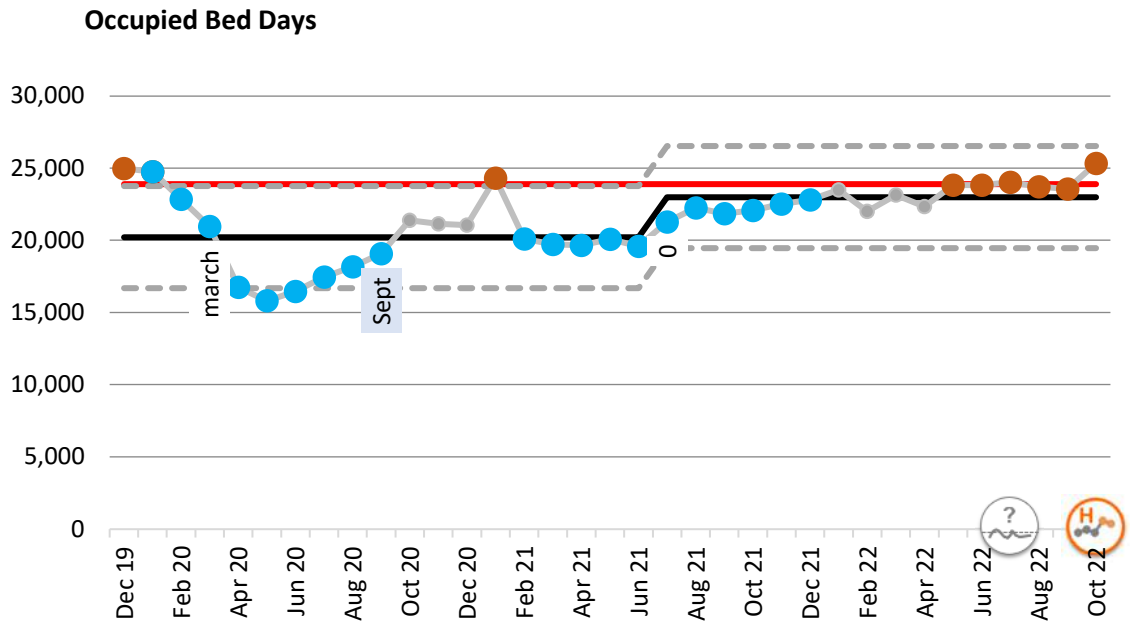
5.2 Effective

5.2.1 Emergency Readmissions (within 30 days) – INTEGRATION COMMITTEE



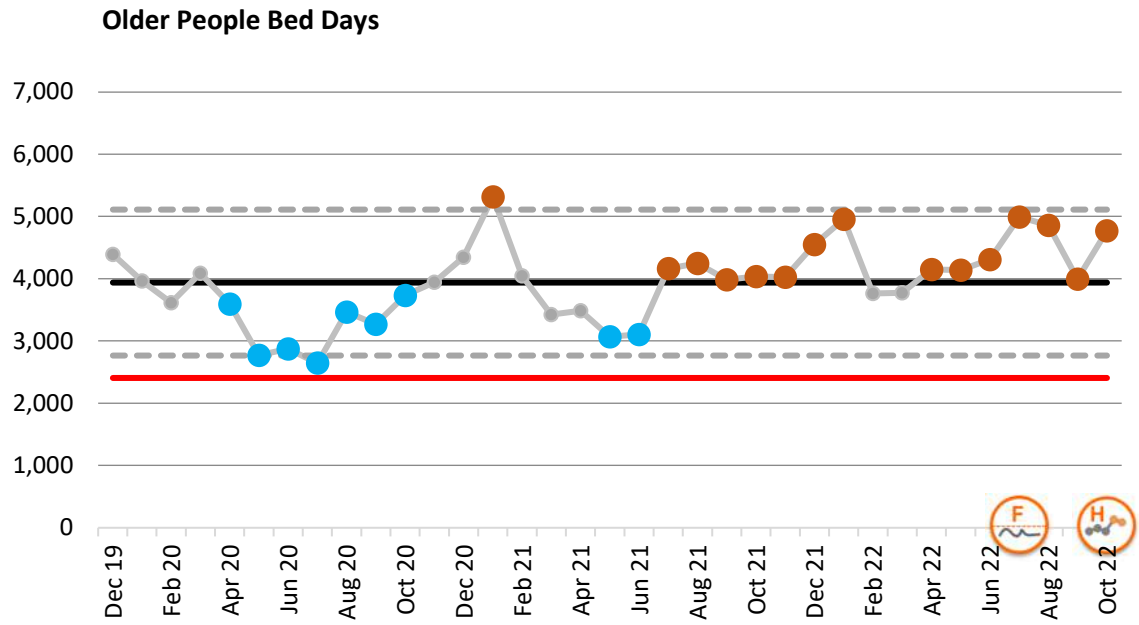
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
A step change in the mean and control limits have been added from May '21, due the persistent period of lower readmissions thereafter. This means that we have a new average level of performance, from 9.3% to 7.5%. Although the process is 'in control' as indicated by common cause variation, we are reporting at 7% which is just below our mean and 6% our Target Target Source: Model Hospital	There are 2 main areas of focus to support performance in this area; chronic disease management through Town teams and increased capacity through Pathway 1 (Home Based Intermediate Care) to increase therapy frequency. The readmission rates for people discharged on Pathway 1 are reducing in line with the overall improvement against national target of 'time to therapy' and frequency of therapy intervention. The team continue to contact all people discharged from hospital within 48 hours to explore additional support that may be required through community and voluntary services	We will undertake a review of specific conditions where readmission rates are higher than national and regional benchmarking. In areas where we are showing as an outlier, we will analyse the discharge pathways to look for any potential improvement strategies. In addition, the town teams are developing the local population 'at risk' registers to include people who are frequently admitted. They will enable additional proactive interventions such as post discharge calls

5.2.2 Occupied Bed Days – INTEGRATION COMMITTEE



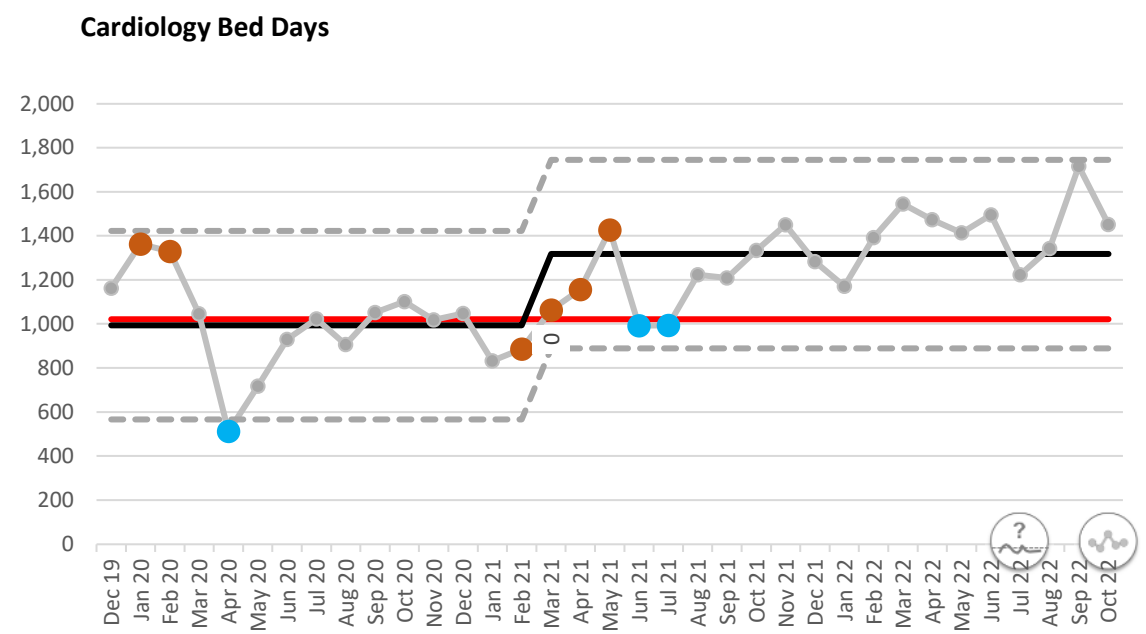
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
A step change in the mean and control limits have been added from July '21, due the persistent period of higher occupied bed days. This means that we have a new average level of performance, from 20,700~ bed days to 23,892~. This indicator shows special cause concerning variation. We have observed the slight increase in the number from previous month. This shows a GAP of between 25 and 28 beds dependant on aggregated occupancy rates, this hides variability within each bed type. Target Source: Beds build in Midland Metropolitan University Hospital based on occupancy rates	The virtual wards for frailty, respiratory, palliative care, hospital at home (Epicentre) and paediatrics are now operational albeit recruitment difficulties have led to less capacity that forecasted. On average the combined wards are now seeing 30 patients at home who would other be in an acute bed, reducing length of stay. Discharging people with 'no criteria to reside' remains a key focus and although there are improving total numbers, we are seeing a deteriorating total length of stay position on the remaining complex patients. This is mainly driven by social care capacity across pathway 1 and 2, the market capacity that we added is holding up well. In addition, there are a small number of people with extremely complex needs requiring national placements who have long stays.	Harvest View opened in December providing increased capacity for people requiring pathway 2 support (bed based intermediate care). Total capacity will increase over the next 8 weeks up to the total of 80 beds. In addition, Sandwell Place are temporarily commissioning additional spot purchase Extra Assessment Beds (EAB) as required. Virtual wards will continue to increase total capacity and alongside this we are working with acute clinicians to increase utilisation of available beds. We have received significant system investment to support discharge over winter (and beyond). This will enable us to invest in additional services to support length of stay reduction. We are focussing specifically on the voluntary sector.

5.2.3 Older People Bed Days – INTEGRATION COMMITTEE



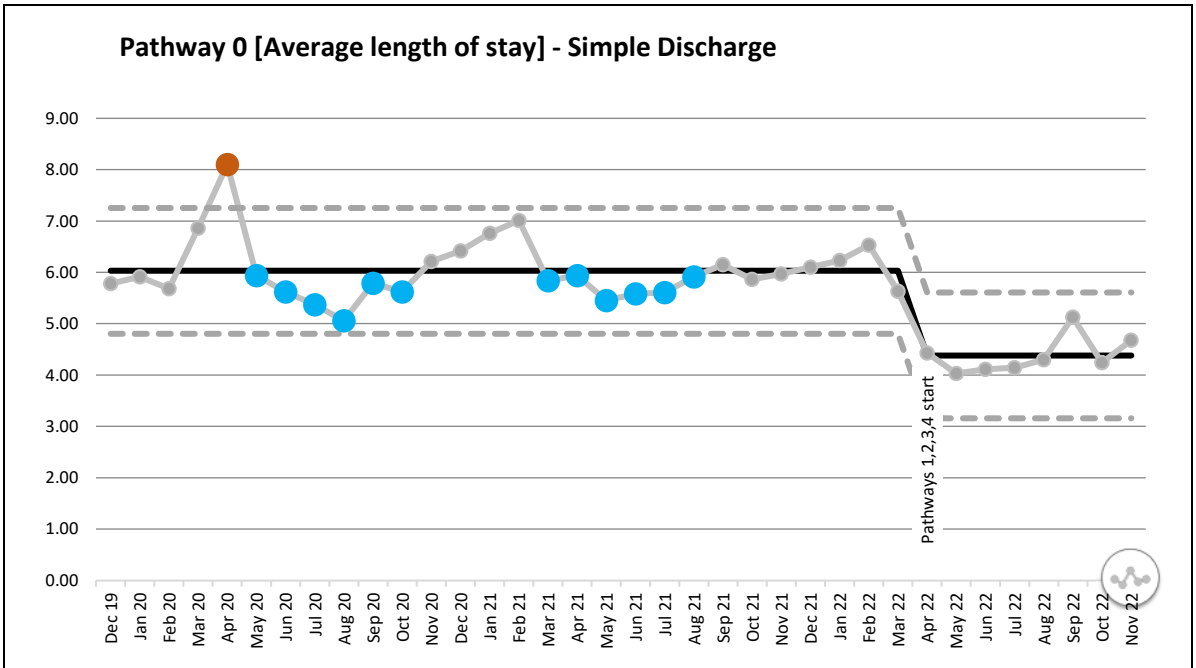
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
This shows special cause concern, with a GAP of around 74 beds dependant on occupancy rates. Target Source: 96 Beds build in Midland Metropolitan University Hospital based on occupancy rates	Older adult bed days continue to be higher than target. Actions to support reduction include the frailty virtual ward which is now being utilised and reducing length of stay. The Frailty Intervention Teams (FIT) are supporting ED attendances to reduce admissions and Frailty SDEC is now operational to ensure rapid assessment and discharge	We are targeting older adult bed days through the following interventions: **Attendance reduction** – In December we commenced WMAS triage calls to pull people from the ambulance waiting list into community services. We have developed a community falls service to respond to people who have fallen at home and would otherwise attend ED. This will expand from January. We are expanding Urgent Community Response to cover 8am to 10pm (currently 8am – 8pm) We are further extending the role of the care homes team supporting by remote monitoring **Admission reduction –** We are recruiting to the Integrated front Door service to work with FIT and support people attending ED into community pathways. **Length of stay reduction –** The expansion of Harvest View will reduce length of stay for people requiring intermediate care

5.2.4 Cardiology Bed Days – INTEGRATION COMMITTEE



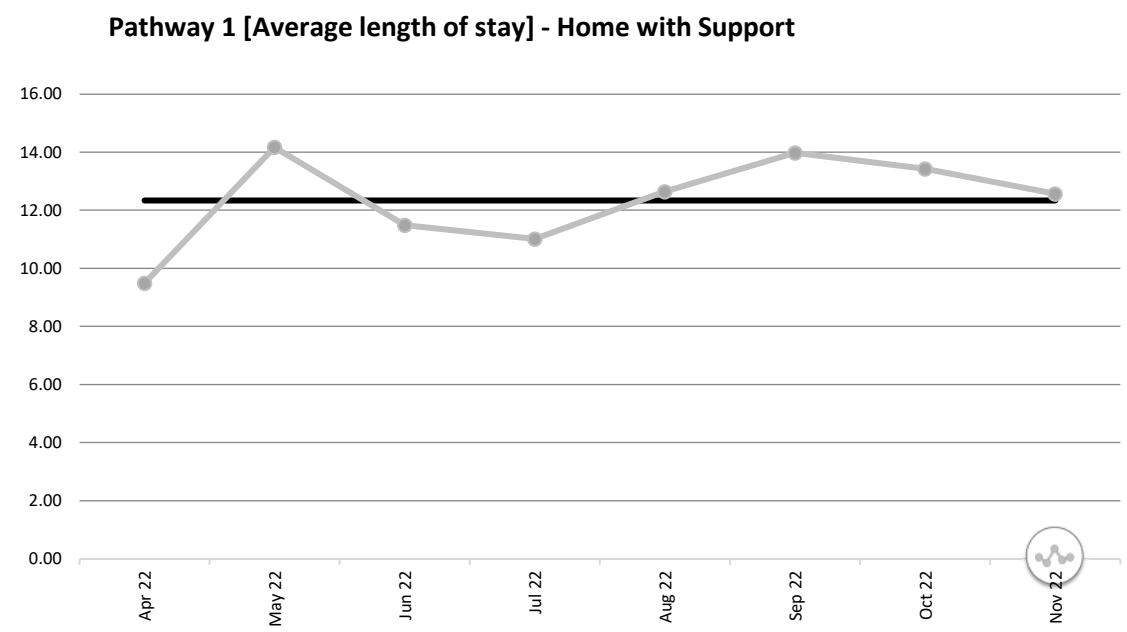
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
A step change in the mean and control limits have been added from March '21, due the persistent period of higher occupied bed days. This means that we have a new average level of performance, from 1,000~ bed days to 1,317~ bed days. Although the process is 'in control' as indicated by common cause variation, this establishes that a poorer position is the 'new norm'. This shows a gap of 25 beds. We report a month behind as activity is allocated using discharge HRGs. Target Source: 32 Beds build in Midland Metropolitan University Hospital based on occupancy rates.	The Hospital at home virtual ward is providing a service to support people with heart failure who would otherwise be in an acute hospital bed by delivering Intravenous (IV) diuretics in the community. We are also providing IV antibiotics to people with endocarditis to facilitate early discharge.	We will increase the support for people with heart failure in the community by launching the heart failure virtual ward. This will enable more complex people to be discharged from hospital or avoid admission.

5.2.5 **Discharge to Access Pathway 0 (Average length of stay) – Simple Discharge – INTEGRATION COMMITTEE**



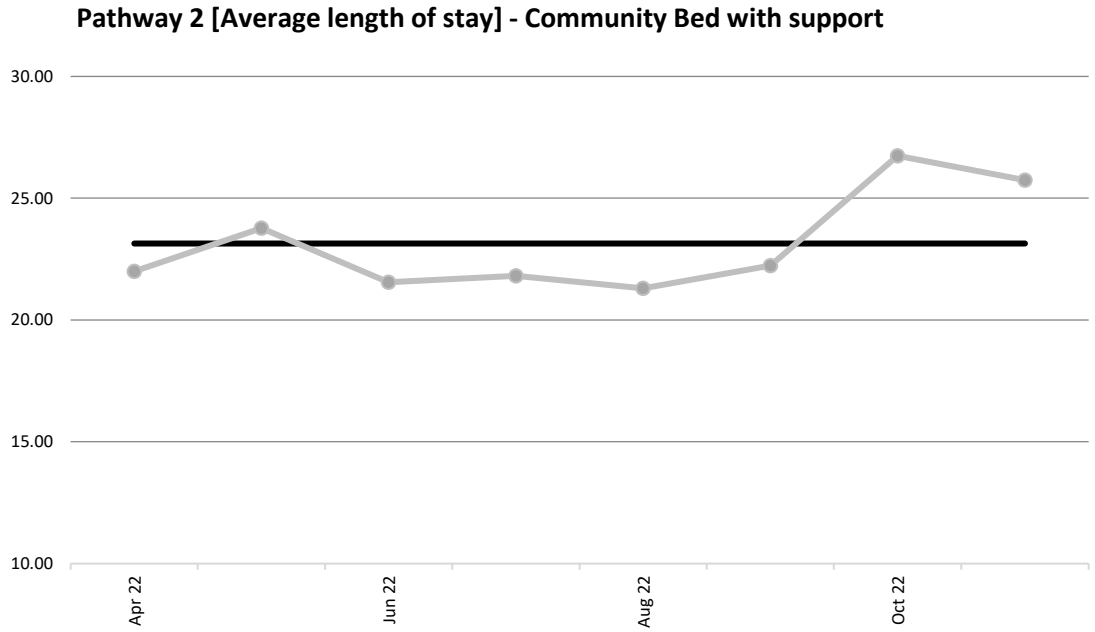
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
A step change has been added to adjust the mean from April '22 which factors in pathways 1,2,3,4 being taken out of the reporting figures. This brings down the average level of performance. The graph is showing common cause variation. Target Source: No Target	Education and engagement with ward staff to identify discharges earlier in the day to avoid delays is underway.	We have commissioned the British Red Cross to support people being discharged on pathway 0 by providing transport and a 'settling in' service to ensure people can go home without delay. This is part of the additional winter discharge money recently made available.

5.2.6 Pathways 1 – INTEGRATION COMMITTEE



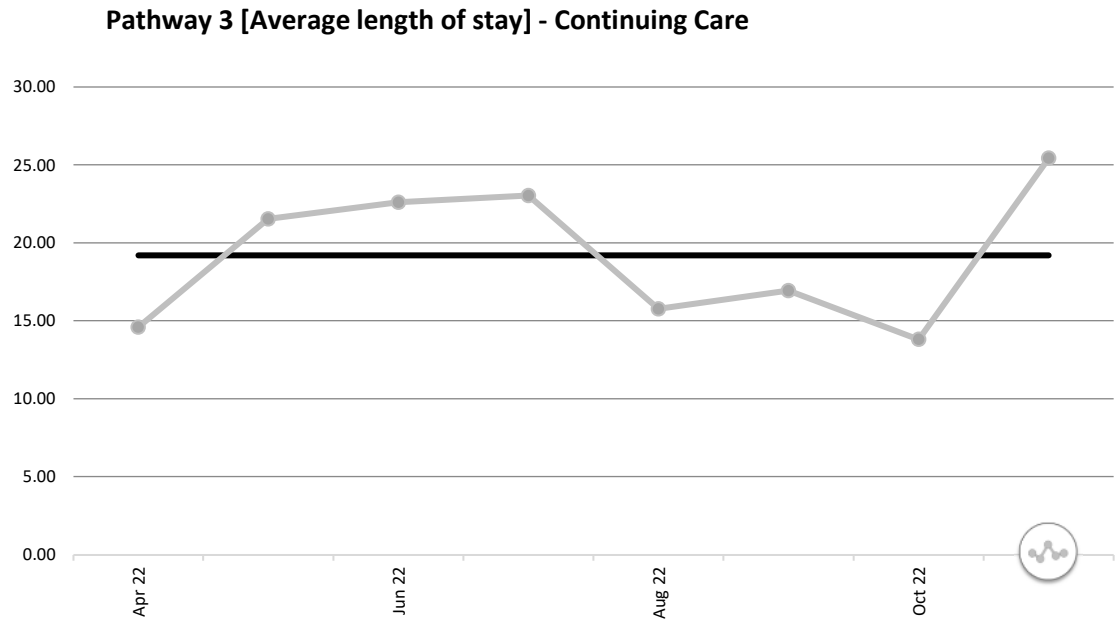
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
We do not have enough data points for any specific analysis to be concluded. The graph is currently showing common cause variation. Target Source: No Target	Pathway 1 has increasing demand with on average 180 people on this pathway in the community. We continue to recruit to both therapy, nursing, and social care posts to reduce delays. The integrated Discharge Hub (IDH) are proactively managing discharges through this pathway. Regardless of which the Average LOS is falling in this area albeit the complex cases are challenging at this time of year.	Further recruitment to increase capacity. We are utilising the discharge funds to commission voluntary services to support this pathway We are also utilising community beds (including Rowley and Harvest View) for people if there is a significant delay in domiciliary support. We have extended the availability of community equipment and assessment services to 7 days to prevent weekend delays.

5.2.7 **Pathways 2 – INTEGRATION COMMITTEE**



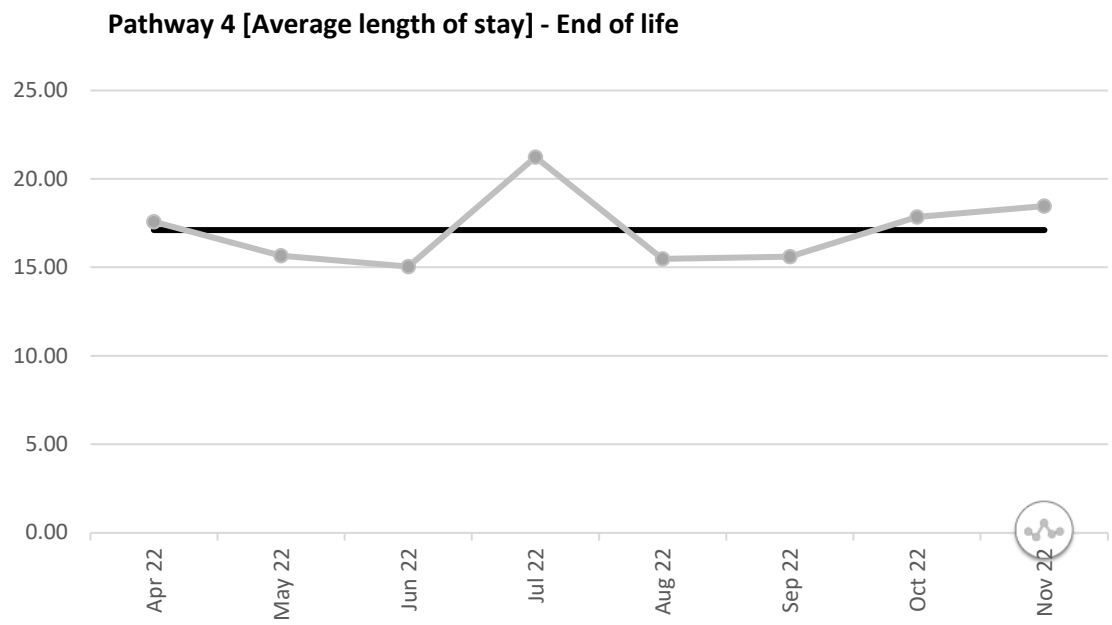
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
We do not have enough data points for any specific analysis to be concluded. Target Source: No Target	We have now received additional funding for brokerage to prevent delays waiting for care homes. The integrated Discharge Hub (IDH) are proactively managing discharges through this pathway	Harvest View opened in December with 32 beds available. This will increase to 80 beds over the next 6 weeks. In addition, we are funding spot purchase Extra Assessment Beds (EAB) to maintain capacity during the transition of Harvest View. We have utilised the winter surge funding to maintain bed numbers at Rowley Hospital and will open an additional 24 beds to support delays if required

5.2.8 Pathways 3 – INTEGRATION COMMITTEE



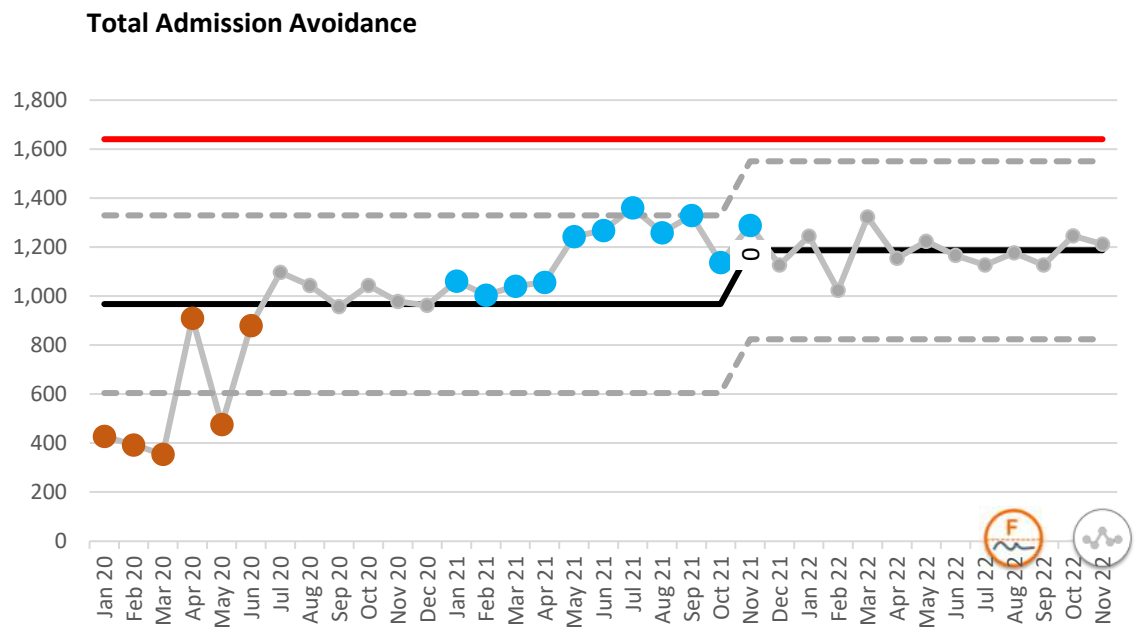
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
We do not have enough data points for any specific analysis to be concluded. The graph is currently showing common cause variation. We are reporting an 84.1% increase on the previous months average LOS, now at 25.43. Target Source: No Target	Length of stay for pathway 3 has increased. However, this is largely driven by low numbers with significantly long length of stay waiting national placements for complex LD support. At the time of writing, this related to 3 patients.	We are working with the care home sector to ensure adequate capacity and access to beds out of hours

5.2.9 **Pathways 4 – INTEGRATION COMMITTEE**



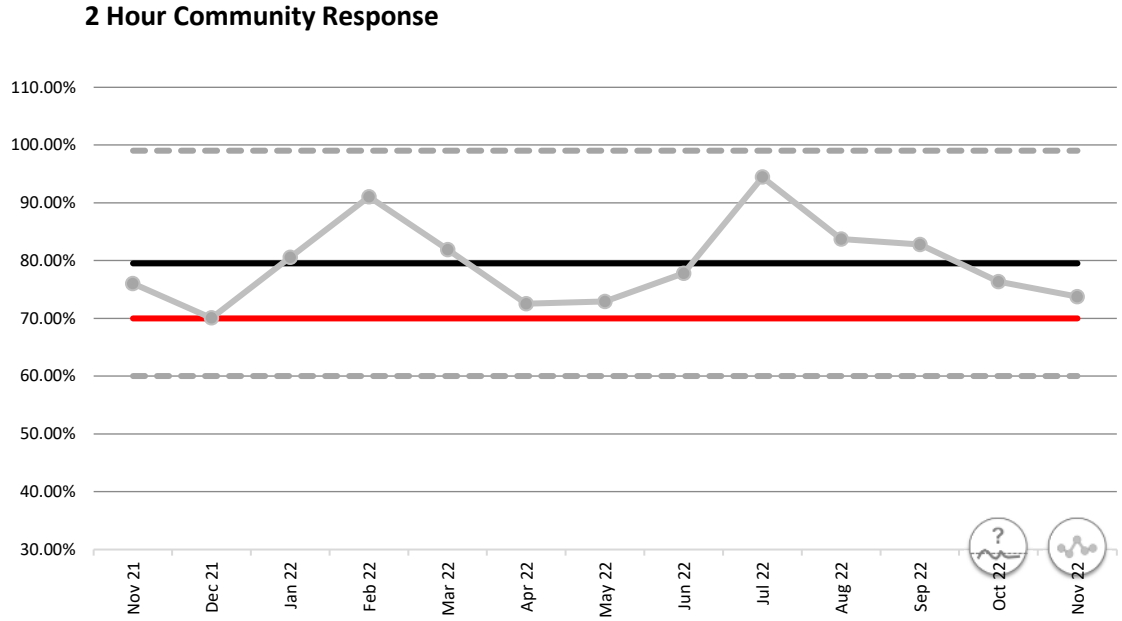
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
We do not have enough data points for any specific analysis to be concluded. The graph is currently showing common cause variation. The average LOS increased by 3.4% on the previous month, now reporting at 18.46. Target Source: No Target	We have extended the Discharge Enablement Team capacity to provide short term care for people awaiting home care at the end of life. The palliative care team are supporting the IDH in early identification and planning for people on pathway 4. Capacity in this area is starting to come under some pressure and will be off set with additional support from virtual wards planned	We are working with the voluntary sector to provide additional home support

5.2.10 Total Admission Avoidance – INTEGRATION COMMITTEE



Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
This indicator indicates common cause but failing to achieve the target. A step change in the mean and control limits have been added from November '21, due the persistent period increased admission avoidance. This means that we have a new average level of performance, from 960~ avoided admissions to 1,180~. Although the process is 'in control' as indicated by common cause variation, we are still failing the target (red line) of 1,640. This chart includes schemes: Frailty Intervention Team (FIT), Covid, Hospital at Home, Palliative Care, District Nursing, and Other Admission avoidance schemes. Target Source: No Target	Total admission avoidance has been largely static in numbers. Further recruitment to the Advance Clinical Practitioner team and the wider community response team is supporting increased capacity. The Care Navigation Centre has now combined with Single Point of Access this will further support the transfer from acute services to community pathways.	There are additional ACPs due to start over the next 2 months supporting additional capacity. We are developing an enhanced triage model with WMAS to further pull people waiting for an ambulance into community pathways. Given the importance in this area of growth, we are adding this to the breakthrough objectives list.

5.2.11 **2 Hour Community Response – INTEGRATION COMMITTEE**



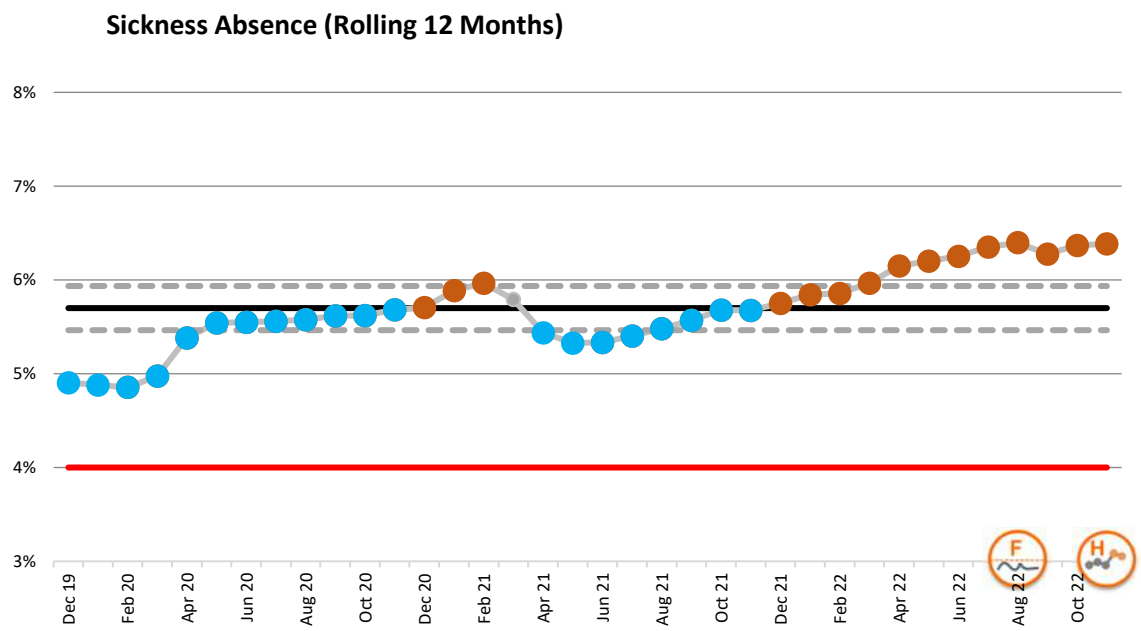
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
This shows common cause variation. We are reporting at 73.8% which is a decrease of 3.4% on the previous month and is now just above the target level of 70%. Target Source: National	Although there is a slight reduction in performance, we continue to meet the national target of seeing at least 70% of people meeting criteria within 2 hours	The increased capacity in the team and the on-going work with care navigation is aimed at increasing numbers seen in addition to responsiveness. We are developing an enhanced triage model with WMAS to increase numbers

6. People – PEOPLE AND ORGANISATION DEVELOPMENTAL COMMITTEE

6.1 *Target Assurance Matrix*

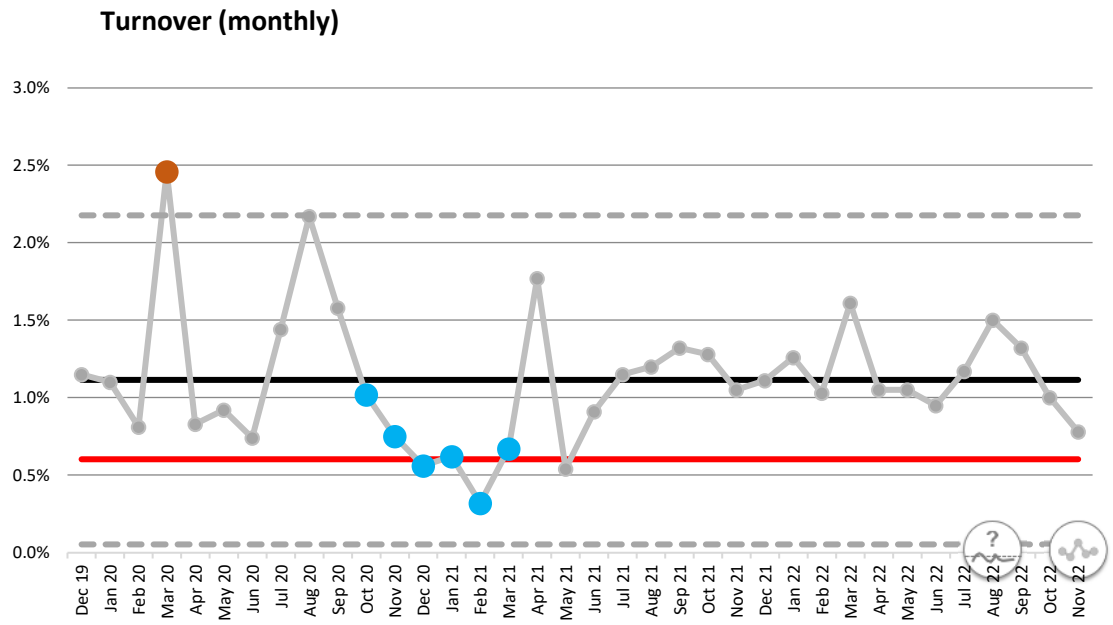
		Assurance			
		Consistently Pass Target	**Hit & Miss**	**Consistently Fail Target**	**No Target**
Variation	**Special Cause Improvement**				
	Common Cause Variation		Staff Survey. Turnover Monthly.		
	Special Cause Concern			Sickness Absence (Rolling 12 Months).	

6.1.1 **Sickness Absence (Rolling 12 Months) – PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITEE**



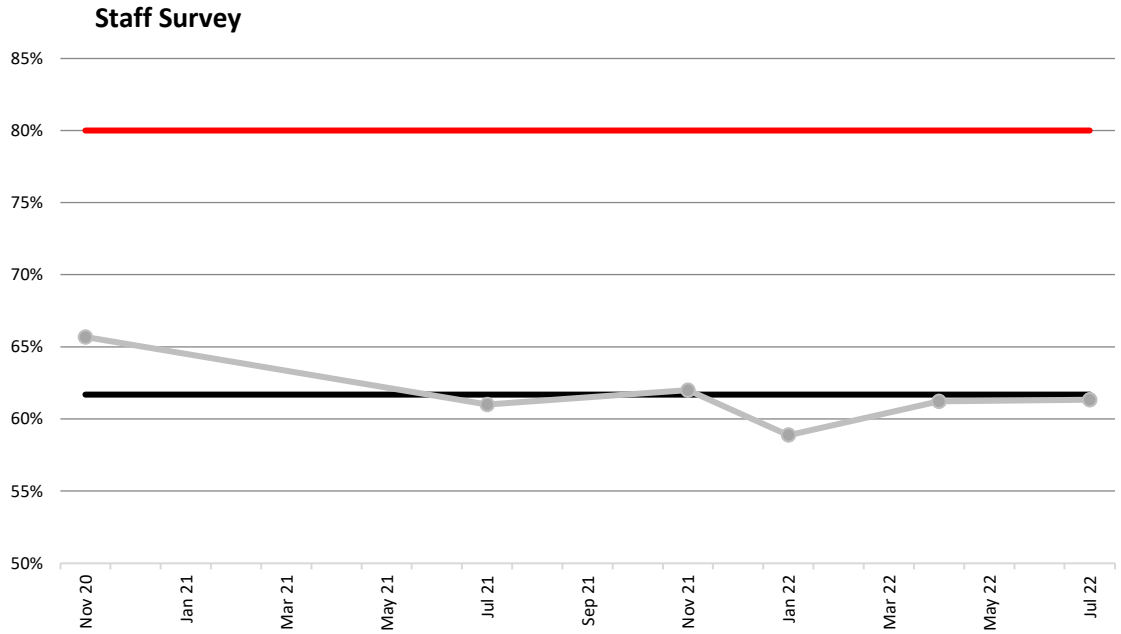
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
This shows special cause concern. This metric is a rolling 12-month average, which flattens out seasonality and hides month to month variation. We are reporting at 6.3% for the current month. In the latest Public View, we are 101 out of 121 Trusts [July 22]. Target Source: Public view	The three highest absence issues are: Stress/Anxiety (20%); Cold/Cough/Flu (17%); Other Musculo-Skeletal (10%). The Trust has seen a decrease in the percentage of long-term sickness absence for the last two months, but an increase in short-term persistent absence Cough/cold/Flu and Chest and Respiratory problems are the main reasons for the increase in short term sickness absence and will continue to impact our absence levels over the winter period. The Trust is actively promoting the Covid and Seasonal Flu vaccination. Group Sickness Reduction are currently in place and actively being followed up with support from the HR team.	We are exploring the possibility of rolling out a recovery-based approach to improving sickness absence. This will include a focus on 3 directorates currently impacted by high sickness absence levels and will involve a diagnostic assessment and deep dive into the key causes for sickness absence. The outcome of this exercise will inform the development of a targeted multidisciplinary plan for improving sickness within the service. In addition, an independent review is being undertaken into our current psychological wellbeing offering for staff. This is to enhance our offering and ensure we have a comprehensive well integrated evidence-based psychological and therapies model for staff to access across the Trust. We aim to complete this review by Q1 of 23/24.

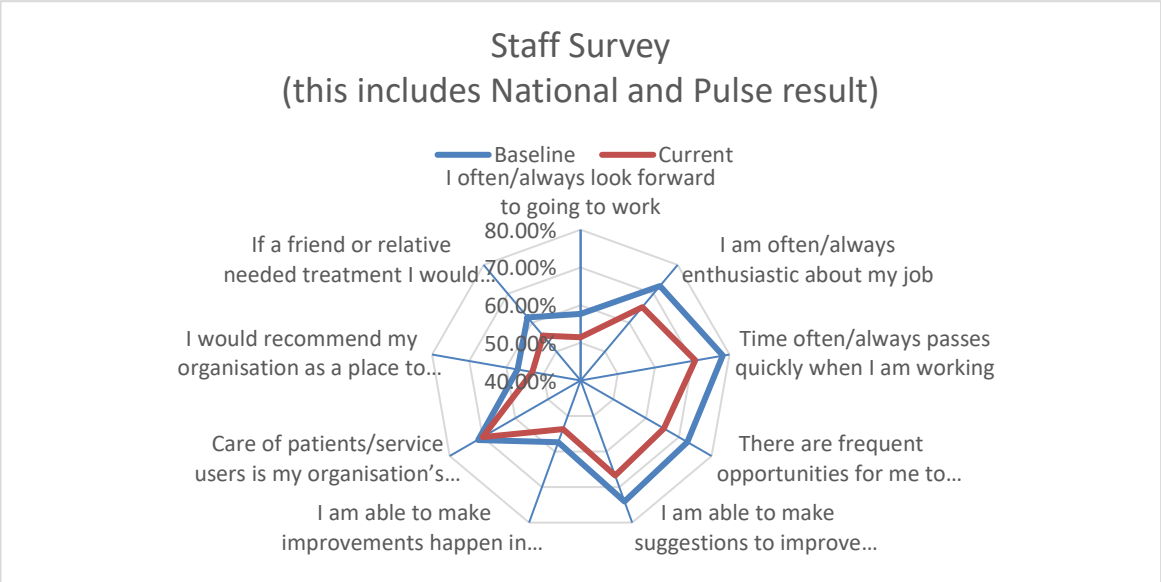
Turnover (monthly) – PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE



Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
This is common cause variation. We are reporting at 0.78% which is just below the average of 1.1%. We have seen 22% of drop from the last month. Note: target showing is the annual target divided by 12. Target Source: Model Hospital	Turnover has seen an upward trajectory since the start of the pandemic (although showing a small reduction in the last few months), and this is true across the system. **Actions** The Board will be aware of the Trust Retention plan that is currently in place. The plan has a focus on improving the experience of staff across the employee lifecycle and includes support to new starters through improvements being made to the induction & onboarding process; we are focusing on ways to improve work-life balance through the Flex for the Future Action Plan which is being implemented ; plus encouraging more people to access flexible retirement options through changes to our retirement policy (building on the work we've done to improve access to pensions and retirement information & support). In addition, a Retention Quality Improvement pilot is mid-way through, with Health Visiting and Pharmacy taking part as our pilot areas. The evaluation of the pilot will be undertaken in the new year. We have recently launched a new Reward & Recognition guide to showcase the benefits and recognition schemes on offer in the Trust in response to pulse survey feedback	In addition to actively progressing the Trust Retention plan there is also a renewed focus at ICS level on the areas of retention we can collaborate on across the system, which is expected to incorporate the outputs from the recently completed NHSE Nursing & Midwifery retention self-assessment tool.

6.1.2 Staff Survey – PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE





Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
3 main areas requiring attention: 1. Look forward to going to work. 2. Can make Improvement in my area. 3. Recommend my organisation as a place to work. Target 80% Nb. Baseline is first survey results. Target Source: Local (no Public View comparator)	Launch of the people plan will help to track improvement against the three areas requiring attention in the staff and pulse surveys.	Review of initial staff survey 2022 report is currently underway to help identify areas for improvement and support.

7. Recommendations

7.1 The Board is asked to:

a. **NOTE** the performance.

Name: Matthew Maguire
Date: 13/12/2022

Annex 1: How to Interpret SPC Charts

Annex 1

How to Interpret Statistical Process Control Charts

Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

A Statistical Process Control (SPC) chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation **(common cause)** in performance and unusual patterns **(special cause)** in data which are unlikely to have occurred due to chance and require investigation.

Special Cause Variation is statistically significant patterns in data which may require investigation, including:

• Trend: 6 or more consecutive points trending upwards or downwards

• Shift: 7 or more consecutive points above or below the mean

• Outside control limits: One or more data points are beyond the upper or lower control limits

Orange indicates a decline in performance; **Blue indicates an improvement in performance**.

The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes are number of videos explaining the approach and a series of case studies – these can be accessed via the following link - https://improvement.nhs.uk/resources/making-data-count