

<b>REPORT TITLE:</b>	People Metrics						
<b>SPONSORING EXECUTIVE:</b>	James Fleet, Interim Chief People Officer						
<b>REPORT AUTHOR:</b>	Matthew Maguire (Associate Director of Performance and Strategic Insight)						
<b>MEETING:</b>	Public Trust Board				<b>DATE:</b>	10 <sup>th</sup> January 2024	
<b>1.</b>	<b>Suggested discussion points</b> <i>[two or three issues you consider the Trust Board should focus on in discussion]</i>						
<p>Each member of the Executive Team has personally provided their own exception reporting and commentary to the area for which they are the lead within the Population Strategic Objective.</p> <p>This adds a further strengthening to the ownership and accountability where improvements are required in the main Board Level Metrics/ IQPR Report.</p>							
<b>2.</b>	<b>Alignment to our Vision</b> <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>						
<b>OUR PATIENTS</b>		<b>X</b>	<b>OUR PEOPLE</b>		<b>X</b>	<b>OUR POPULATION</b>	
To be good or outstanding in everything that we do			To cultivate and sustain happy, productive and engaged staff			To work seamlessly with our partners to improve lives	
<b>3.</b>	<b>Previous consideration</b> <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>						
People Committee							
<b>4.</b>	<b>Recommendation(s)</b>						
The Trust Board has asked to:							
<b>a.</b>	<b>RECEIVE</b> and NOTE the report for assurance						
<b>b.</b>	<b>DISCUSS</b> the escalations						
<b>5.</b>	<b>Impact</b> <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>						
Board Assurance Framework Risk 01		<b>X</b>	Deliver safe, high-quality care.				
Board Assurance Framework Risk 02		<b>X</b>	Make best strategic use of its resources				
Board Assurance Framework Risk 03		<b>X</b>	Deliver the MMUH benefits case				
Board Assurance Framework Risk 04		<b>X</b>	Recruit, retain, train, and develop an engaged and effective workforce				
Board Assurance Framework Risk 05		<b>X</b>	Deliver on its ambitions as an integrated care organisation				
Corporate Risk Register <small>[Safeguard Risk Nos]</small>							
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 Trust Board on 10<sup>th</sup> January 2024**

### **People Metrics**

#### **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 our 2023/24 annual plan. 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. 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.

## 2023/24 Annual Plan on a Page








## Our 14 Objectives for 2023/24


### 6 High Impact Objectives



## 2. Performance Overview: Annual Plan Objectives

(+) indicates improvement from last month, (-) indicates worsening from last month.

		Assurance		
		Passing the Target / Plan 	Hit & Miss the Target 	Failing the Target / Plan 
Variation	Special Cause Improvement 	Good and getting better	Ok but getting better	Poor but getting better
	Common Cause Variation 	Predictably good	Ok Friends & Family Test	Predictably poor DM01

		Urgent Community Response Contacts  Urgent Community Response – 2 Hour Performance	62 Day (urgent GP referral to treatment) Excluding Rare Cancers  Staff survey
Special Cause Concern 	Good but getting worse	Ok but getting worse  Emergency Access Standard (EAS) Performance (-)	Poor and getting worse  RTT-Incomplete Pathway Pts waiting >65 weeks
Not an SPC Chart	Good	Ok  Patient Safety Incidents: Moderate Harm or Above  Patient Safety Incidents  Train leaders	Poor  Income & Expenditure  Bank & Agency Spend  Elective Activity  Occupancy & Bed Closure Plan
Annual plan objectives delivery to date	0%	47%	53%

### 3. Escalations

- 3.1 ***Bed Days, Occupancy and Length of Stay:*** We are reporting an increased occupancy rate in the past few weeks (Figure 1). In Figure 2 we can see an increase in Average LOS in the past calendar year, because we have added a step-change in December 2022 which increased the mean LOS from 4.53 to 4.72. This metric is failing its target and cannot be expected to reach it under current process. In conjunction with an increased Average LOS, we have seen a decrease in the number of emergency admissions over the past calendar year (Figure 3 and Figure 4). The number of elective admissions is also within common cause variation (Figure 5). However, anecdotally we have seen emergency medical outliers in surgical beds, which may have influenced our elective performance. As a result, these changes have cancelled out any schemes implemented aiming to reduce the number of bed days used (Figure 6).

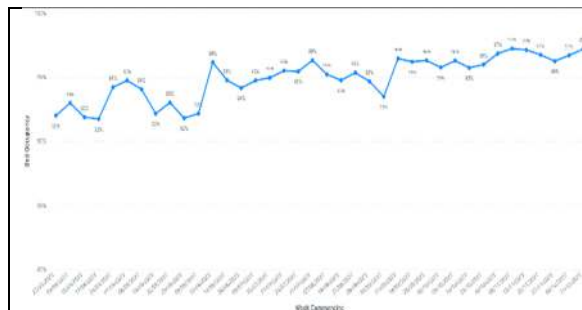


Figure 1. Occupancy of SWB Trust by week.

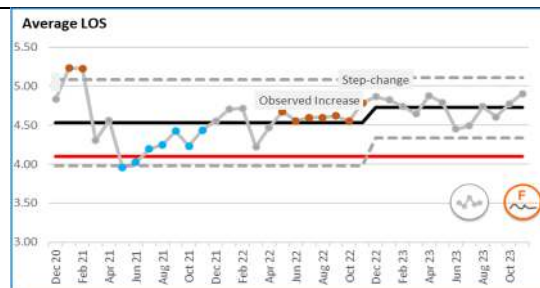


Figure 2.

\*Note: this calculation uses MMUH principles and does not include Healthy Babies.

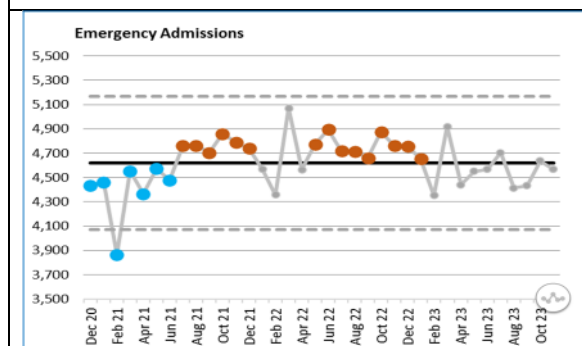


Figure 3.

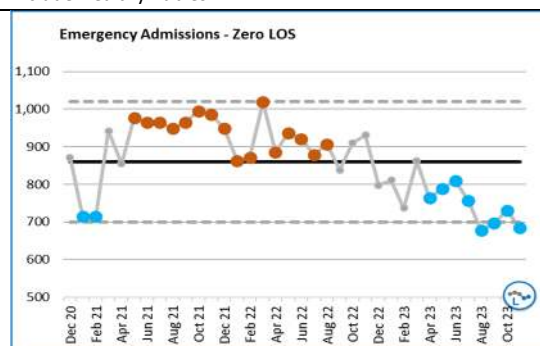


Figure 4.

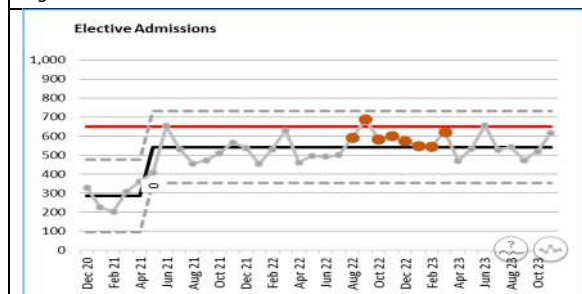


Figure 5.

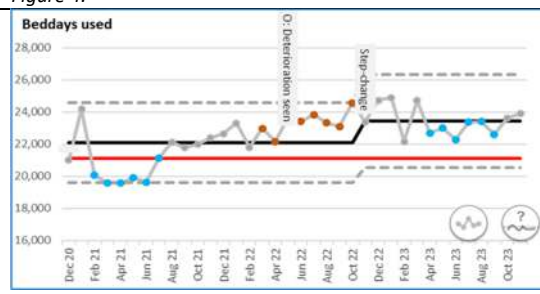
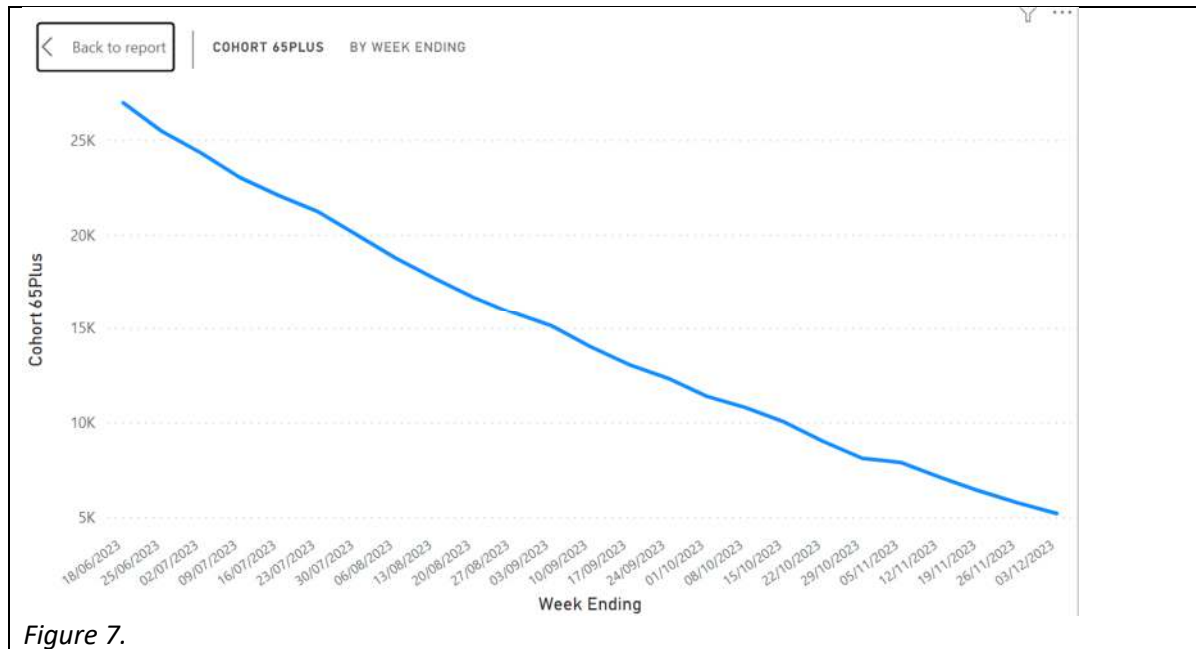
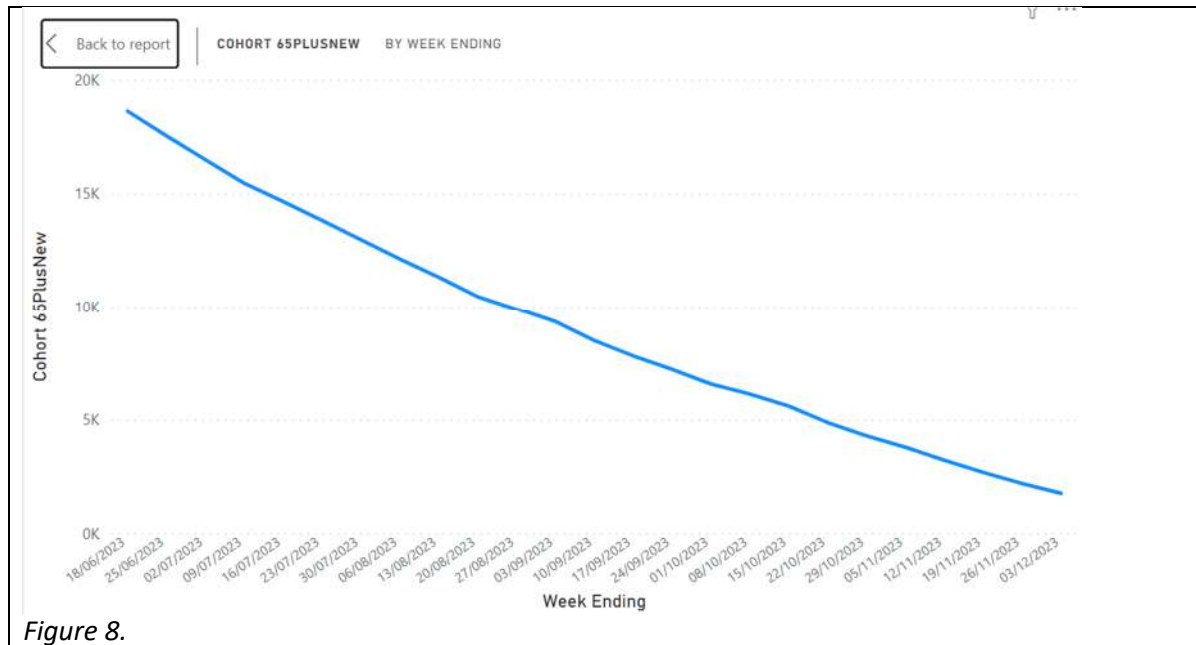


Figure 6.

### 3.2 65-Week waiters Referral to Treatment:

Currently we have an issue with our performance of 65-week waiters for Referral to Treatment (RTT). The ICB has two key measures that they are now managing the organisation by and so we have included the operational graphs for these metrics. The first graph shows the total cohort of patients that could become 65-week waiters and shows our reduction of this cohort completely by stopping the RTT clock (Figure 7). The second graph shows the same cohort but removes the patient once the first outpatient appointment has been given (Figure 8).



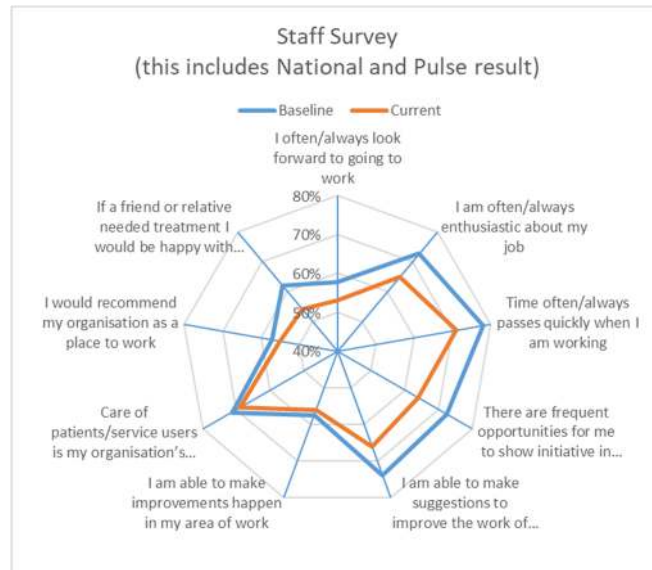
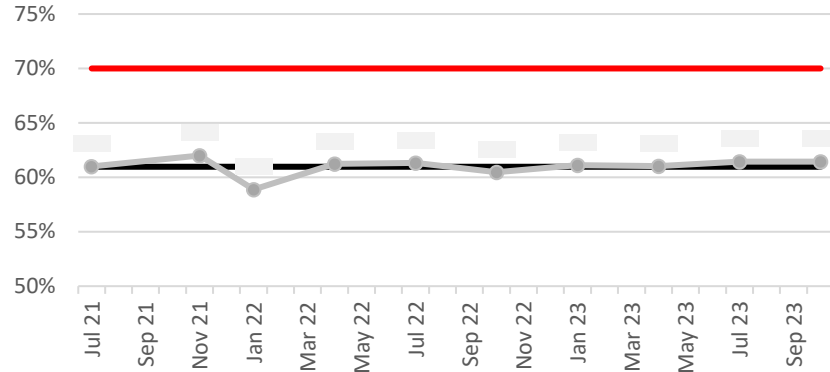




## People

### To improve staff experience from 60% to 70% (combined engagement score)

#### Engagement Score - Combined Staff Survey and Quarterly Pulse



#### Analyst Commentary:

**SPC Chart** The engagement score is a quarterly measure tracking 9 consistent questions through the pulse / staff survey. It is measured 4 times per year, 3 via quarterly pulse and 1 via annual staff survey.

The SPC chart is in common cause variation and there are not enough data points to calculate control limits.

We are 94<sup>th</sup> out of 120 on Public View [Quarter 3 22/23]. The median target from Public View is 66.91%.

Target Source: Local

**Radar Diagram** The baseline (November 2019) is taken as a pre-COVID position.

#### Executive Commentary:

- The annual staff survey and pulse surveys are mandated for all NHS providers. These surveys currently provide the best way of measuring staff experience against the NHS People Promises, which align strongly with SWB's People Plan.
- Staff engagement and satisfaction is one of the priority people metrics for the Strategic Planning Framework (SPF) in development for 2024/25.
- Based on the feedback from the Q2 pulse survey, a range of 'high impact actions' have been developed by each of the Clinical Groups to deliver improvements to the working lives of staff locally.
- From January 2024 ownership for progress in delivering these improvement plans will sit with the Clinical Group leadership teams who will be required to attend POD Committee regularly to provide updates on the delivery and impact of these plans.
- Annual framework for improving the Trust's response rates, engagement score and staff satisfaction rates more broadly has been supported by the Trusts Management Committee and the POD Committee in November.
- The 2023/24 Staff Survey closed on 24<sup>th</sup> November, and we had a response rate of 29 %. The results will be published in Jan/Feb 2024 (under embargo). Improving the response rate and staff engagement requires greater ownership by local line managers (clinical/non-clinical/corporate). Steps to strengthen line management ownership for staff engagement/staff surveys going forwards will include staff survey response rates being captured within line manager PDR's and a local SWB line manager compact.
- The next Pulse Survey will take place during January 2024. An 'all managers' briefing is being convened on 4<sup>th</sup> January (led by R Beeken and J Fleet) to re-enforce the essential role of line managers in promoting the staff survey and pulse surveys, increasing response rates and delivering demonstrable improvements based on the feedback. Other measures such as roving ipads supported by volunteers to increase response rates will also be mobilised during January.

Action	By who	By when
Clinical Group to attend POD to present updates on Staff Survey actions	Chief People Officer	January 2024
Annual Framework for improving Trust's response rates and engagement scores	Chief People Officer	November 2024

## People

To develop 200 leaders in compassionate and inclusive leadership, restorative people management, and in safety and service innovation - **Top 6 objective**

**Cumulative Trajectory For Senior Leaders**



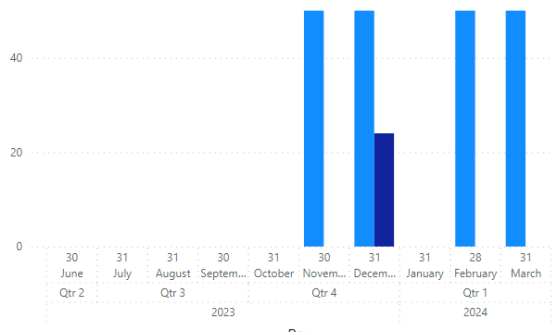
### Analyst Commentary:

The charts show the planned training figures for senior leaders by their planned course completion dates. People trained will show on the bar chart as a run rate against the bar chart. This data shows those leaders that have completed Day 2 of their Compassionate and Inclusive Leadership course (indicating completion of the training). Data correct as at 08/12/2023.

### Executive Commentary:

- The Trust annual plan requires us to train 200 leaders in module 1 of the ARC Leadership Training (Compassionate and Inclusive Leadership) by the end of March 2024.
- 300 leaders have confirmed their attendance on the cohorts scheduled to take place between September to March 24. 171 have attended the introductory session and 95 staff have completed day 1 training. 22 have completed Day 2 training. Current operational capacity is impacting on attendance and is being closely monitored to consider if additional sessions need to be scheduled to ensure we meet our target of training 200 leaders.
- 277 staff have attended the Compassionate Caregiver Team Member Training with an additional 48 delegates booked to attend session.
- A board session on Compassionate and Inclusive Leadership led by Prof Michael West is scheduled to take place on 13<sup>th</sup> December.

**Senior Leaders Trained Each Month Against Plan**



### Action

### By who

### By when

Launch leadership training programme for the first 200 leaders

Director of People and OD

May 2023 –launched

200 leaders to complete module 1 of the ARC programme

Director of People and OD

March 2024

Board and senior leader session on module 1 scheduled to take place on 13<sup>th</sup> December

Director of People and OD

December 2023












Module 2 and 3 design and roll out to be agreed

Director of People and OD

April 2024

# People: Summary Table (indicators & data provided by ESR team)

# People Committee

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Turnover %	Nov 23	12.8%	13.0%			13.1%	12.2%	14.0%
Sickness R12m %	Nov 23	6.0%	5.5%			5.8%	5.5%	6.0%
Vacancies %	Nov 23	13.3%	9.0%			9.9%	8.3%	11.4%
Time To Hire (Days)	Nov 23	81	67			83	56	111
ER Open Casework - Count	Nov 23	47	20			36	22	49
ER Casework - Avg Days over Target Date	Nov 23	132	50			125	78	172
Engie - SLA % of Calls Rectified	Dec 22	79.0%	0.0%			81.5%	73.6%	89.4%
Employee Relations: BAME as % of total	Nov 23	31.3%				36.7%	27.9%	45.4%
Employee Relations: Disability as % of total	Nov 23	8.6%				6.2%	3.5%	8.9%
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Senior Leaders: Female	Nov 23	70.2%	74.0%			68.5%	68.0%	69.0%
Senior Leaders: BAME	Nov 23	37.6%	40.0%			35.6%	35.1%	36.1%
Senior Leaders: Disability	Nov 23	4.0%	5.0%			3.0%	2.8%	3.2%
Senior Leaders: LGBT	Nov 23	2.7%	4.0%			2.3%	2.2%	2.5%

**Senior Leaders Calculation:** Senior Leaders (AFC Band 7+, Medical Consultants, Very Senior Management) of each individual indicator e.g. Female divided by the full cohort of Senior Leaders.

**Note:** The “100 Club” – reporting the percentage of staff who are 100% compliant with their mandatory training, has been removed and will be replaced with the Subject Compliance Figures for mandatory training, which are being collated. As of November 2023, this is 94.66%.

#### **4. Recommendations**







- 4.1 The Public Trust Board is asked to:
- a. **NOTE** performance against annual plan objectives.
  - b. **NOTE** relevant escalations.

Name: Matthew Maguire, Associate Director – Strategic Performance & Insight

Date: 15<sup>th</sup> December 2023

#### **Annex 1: How to Interpret SPC Charts**

## How to Interpret Statistical Process Control Charts

		Assurance		
		Passing the Target / Plan 	Hit & Miss the Target 	Failing the Target / Plan 
Variation	Special Cause Improvement 	<b>Good and getting better</b> We consistently pass the target, and performance is improving	<b>Ok but getting better</b> We hit the target sometimes and performance is improving	<b>Poor but getting better</b> We consistently fail the target, but performance is improving
	Common Cause Variation 	<b>Predictably good</b> We consistently pass the target and performance stays within a reliable range	<b>Ok</b> We hit the target sometimes but performance stays within a reliable range	<b>Predictably poor</b> We consistently fail the target and performance stays within a reliable range
	Special Cause Concern 	<b>Good but getting worse</b> We consistently pass the target but performance is worsening	<b>Ok but getting worse</b> We hit the target sometimes but performance is worsening	<b>Poor and getting worse</b> We consistently fail the target and performance is worsening
	Not an SPC Chart	<b>Good</b> We don't track this using an SPC chart, but it is hitting the target or plan	<b>Ok</b> We don't track this using an SPC chart, but it is occasionally passing the target or plan – but not consistently	<b>Poor</b> We don't track this using an SPC chart, but it is consistently failing the target or plan

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 a number of videos explaining the approach and a series of case studies – these can be accessed via the following link - [improvement.nhs.uk/resources/making-data-count](https://improvement.nhs.uk/resources/making-data-count)