Paper ref:	TB (03/22) 005

NHS
Sandwell and West Birmingham
NHS Trust

Report Title:	Board Level Metrics (Patient strategic objective)		
Sponsoring Executive:	Richard Beeken, Chief Executive		
Report Authors:	Dr David Carruthers, Medical Director Mel Roberts, Chief Nurse Liam Kennedy, Chief Operating Officer Dinah McLannahan, Chief Finance Officer		
Meeting:	Trust Board (Public)	**Date**	2nd March 2022

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

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

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

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

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

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

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

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

5.	**Impact** *[indicate with an **'X'** which governance initiatives this matter relates to and where shown elaborate]*							
Trust Risk Register								
Board Assurance Framework	X	New BAF risks for this strategic objective are under construction for presentation at April 2022 Trust Board						
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: 2nd March 2022

Board Level Metrics for Patients

CQC Domain	**Safe**
Trust Strategic Objective	**Our patients**
Executive Lead(s): Medical Director & Chief Nurse	
Hospital Standardised Mortality Rate (HSMR) - Overall (monthly) HSMR and SHMI continue to show overall improvement. Latest data available is for October 2021. The 12 month rolling HSMR remains high at 125 but shows a continuous improving trend, with levels >130 prior to august 21. The monthly HSMR for October was 107, so no longer an outlier when compared with peers	
Summary Hospital-level Mortality Index (SHMI) (monthly) SHMI for September 2021 was 106 and a 12 month cumulative value of 113.6, both showing an improving trend. Leasowes hospital continues to have a high SHMI and HSMR and Quality Improvement is ongoing, with a focus on the Clerking Template change to reflect co-morbidities. Work ongoing to improve coding issues. We expect the improvement to be reflected in the next 3-6 months. A difference in weekend v weekday admission deaths is being reviewed as widening trend has appeared.	
C.Difficile (Post 48 hours) No exceptions to report this month	
E Coli Bacteraemia (Post 48 Hours) No exceptions to report this month	
MRSA– Bacteraemia No updates to previous month	
Doctor – Safe Staffing (FTE) This continues to be monitored with an approach on how to move staff when wards understaffed in short term being considered.	
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C.Difficile (Post 48 hours)

No exceptions to report this month

Nursing – Safe Staffing

Data taken from February 2022 ESR (update 10/02/22) shows Registered Nursing vacancies (Band 5, 6, 7) at 110.57wte.The overall vacancy gap is 5% however this data includes a number of wards and services that currently are closed.

The table below shows the vacancy position for each of the clinical group position excluding closed ward areas:

Table 1: Registered Nurse vacancy position by group (February 2022)

Group	RN Vacancy	Comments	Hotspots	Plan
Corporate	-5.03	small wte gaps	None	NA
Radiology	-2.19	New recruits from IR programme identified to fill gap	None	Monitoring
MEC	+45.47	*50wte band 5 substantive staff recruited and deployed to support winter pressure across the group.	None	Monitor Group will require a plan for staff deployment when future workforce plans agreed
PCT	-20.52	Allocated 8wte from Feb 22 cohort of new starters.	District Nursing Services and Henderson Ward	Group are currently reviewing bed plan. IR programme leads working with partners to secure nurses from overseas with community experience
Surgical Services	-3.78	This data includes theatre	Additional staff have been allocated to	

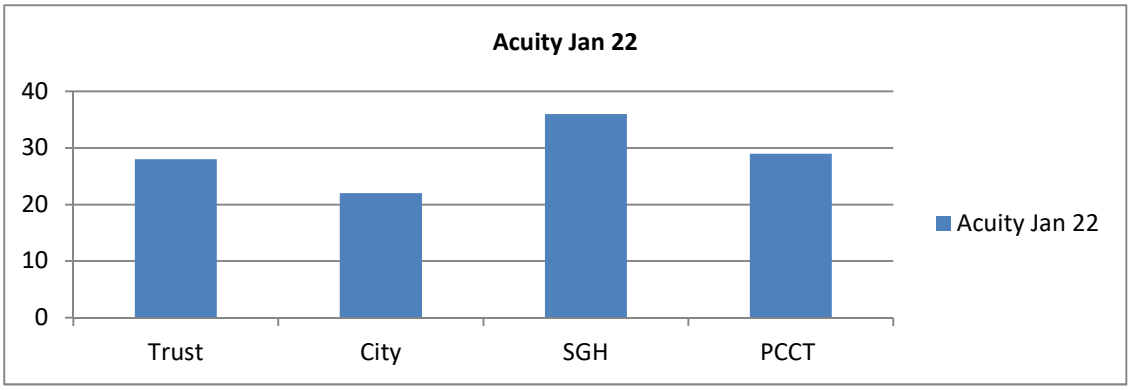
		workforce Registered Nursing ,ODP (band 5 and 6) and band 4 TAPs	theatres from IR co-horts for March 22 onwards to support surgical recovery plans	
Women's and Children	-50.09		-33.66 are band 6 vacancies 27.48 vacancies gap is in Health Visiting 14.64 Band 5 vacancies mainly across CECU and gynae. ward	

By April 2022 the Trust over the last 12 months will have recruited over 330wte Band 5 Registered Nurses. MEC currently are over-established by 50wte band 5 RNs. These staff have been deployed to support unfunded wards (D27,D30, N1) , unfunded beds on the Sandwell site –P5, OPAU and L4 and L5 who have previously had a workforce plan based on seasonal pressures , ED departments (specifically at Sandwell) and winter NIV demand.

A successful funding bid to recruit a further 120 international nurses, alongside local recruitment will provide further assurance in regard to the workforce challenges and transformation and acute medicine pathway changes.

Daily assurance meetings are in placed to monitor the staffing position on a shift by shift basis against the Safer Staffing Quality Assurance Frame Work and the safer staffing tool shows that in January 2022 patient acuity was in line with previous months:

Graph 1 : January 2022 Patient Acuity Data by Site:



Band 4 (Nursing Associate and Nurse Practitioners)
The data above does not include Band 4 Nursing position**,** in February 2022 the Trust employed 48.1wte Nursing Associates and Nurse Practitioners a further 53.60wte staff are

deployed across the clinical groups In Trainee Associate Nursing roles.

Temporary Staffing:
Registered Nursing temporary staffing fill remains stable, in January 2022 67% of shifts were filled by bank staff, 10% by agency and 20% unfilled. The Trust is part of an ICS Resourcing work-stream working with NHSEi focusing on a collaborative bank approach across Black Country NHS health organisations.

HCA – Safe Staffing

The HCA trust staffing position is complicated by the 2019 changes that uplifted a significant proportion of HCA staff to a Band 3. The staffing position for each clinical group for Band 2 and 3 HCA is shown below:

Group	Band	Funded WTE	Actual	Position
MEC	3	170.02	208.62	
	2	98.39	56.51	
Total		268.41	264.51	**-3.9**
PCT	3	97.54	84.95	
	2	12.86	10.75	
Total		110.4	95.7	-**14.7**
SSC	3	130.56	94.34	
	2	8.28	57.	
Total		138.84	151.71	**+12.91**
W&C	3	45.45	35.27	
	2	0	3.13	
Total		45.45	38.33	-**7.12**
		452.7	**454.55**	**+1.85**

The information highlights that currently the unfunded capacity in MEC is predominately being supported by HCA bank workers.

A HCA recruitment campaign has now been implemented to support recruitment of substantive staff and bank workers.

CQC Domain	**Caring**
Trust Strategic Objective	**Our patients**
Executive Lead(s): Chief Nurse	
FFT Recommended % Recommended	

The new Patient Involvement and Insight Lead commenced in post January 2022. Initial analysis and benchmarking work has commenced.

Analysis of Trust performance across the most recent CQC national patient experience surveys (Inpatient, Maternity, Children and Young People and Urgent and Emergency Care) is being conducted. This includes benchmark comparisons across each modality of care nationally and regionally.

Ratings compared regionally and nationally across all FFT activity (Inpatient/Day Case, Urgent and Emergency Care, Maternity, Outpatients) is under analysis, alongside Trust FFT qualitative data.

The outcome of this analysis, alongside benchmarking against the NICE Patient Experience Guidance and NHSI Patient Experience Improvement Framework, will be presented April 2022.

FFT Recommended % Responded
See above update for *FFT Recommended % Recommended*.

Perfect Ward
As of February the data from Tendable has been included within the Board Level Metrics as the executive level dashboard provides the required information without the Trust needing access to the raw data.

Currently 57 areas across the organisation are completing the audits on a monthly basis, with a total of 540 registered users across the Trust. A small number of areas have yet to commence the audit process; however, work is ongoing to finalise question sets by the end of February 2022.

We are working with the company to explore their ward accreditation programmes and how this could further support the Fundamentals of Care improvement programme.

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

Emergency Care 4-Hour Waits
Performance improved slightly in January and we remain in the second quartile nationally for EAS performance. Our difficulties remain in utilising Same day emergency care (SDEC) to support Emergency Department (ED) footfall and timely discharges to ensure that we have ample flow through the hospital. This is compounded by increasing ambulance conveyancing from the Birmingham and Solihull region due to their pressures. Our increased SDEC staffing modelling will take effect from February which should increase footfall through the unit and support ED performance.

Attendances (including Malling) Our attendance figures remain high, we remain 20th nationally of all ED attendee's and this excludes the Urgent Treatment Centre data from West Birmingham which will be included from April. It is difficult to manage these numbers through ED departments with historic estate. The streaming to SDEC will help support the reduction in ED attendances.
RTT – Incomplete Pathway (18 weeks) We are focusing on clearing our 104 week waits, which we will have cleared by the 15th March, our P2 breached patients including cancer patients and further reduction of our 90+ week patients which have reduced by over 50% in the last 2 months. However, this has led to a small reduction in our referral to treatment (RTT) performance, but we anticipate from June 2022, we will start to see a noticeable improvement in RTT and a return to the outstanding delivery we saw pre Covid.
62 Day (urgent GP Referral to Treatment) Excluding Rare Cancers We have returned to the upper quartile nationally for our Cancer 62 day standard, despite significant delays in pathology results for several of our tumour sites. January will see a small reduction, caused by patient choice over the festive period, but we will return to delivery in February and looking to recover back to above national standard by the end of Q1 22/23

CQC Domain	**Effective**
Trust Strategic Objective	**Our patients**
Executive Lead(s): Chief Operating Officer	
Emergency Readmissions (within 30 Days) – Overall (exc. Deaths and Stillbirths) Month We can see a significant statistical improvement of re-admissions, below the national standards and below our Pre-Covid position on emergency re-admission. The 48 hour follow up of all discharges is ensuring that we tackle any potential issues early in the pathway	
SDEC Delivered in correct location The workforce for SDEC has been implemented for the City site, as of the middle of February. We are aiming to implement a similar staffing model at Sandwell at the beginning of March. We have seen a small improvement month on month in SDEC, but the staffing models will hopefully start to provide a greater improvement. The process and usage has recently been supported by the national emergency care intensive support team and feedback will be provided at the beginning of March.	

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

Performance Against Better Practice Performance Compliance

The month 6 Board Report set out actions required to achieve the target of paying 95% of invoices (not disputed) within 30 days of receipt. The Trust had been very close to the target for some months following significant improvement during the pandemic when the team were working almost exclusively at home and we are now reporting achievement from Month 7 onwards. The key action that has pushed the Trust over the target has been to measure performance against invoice received date (in accordance with the guidance) rather than the invoice date itself. Further actions continue to be implemented to improve the position further:

- Increasing the number of BACS processing runs each week (Q4 of 21/22)
- Planned trust wide communications to encourage timely receipting and dispute resolution (February 2022)
- Implementing a Supplier Portal enabling suppliers to upload invoices directly and allow them to see and assist in progress on invoice approval and payment
- Working with Oracle to identify Invoice hold information in specific circumstances which allows us to exclude the invoice from our performance measure.

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

The Trust set an efficiency target of £13.2m for 2122, in line with the MMUH LTFM expectations. This is equivalent to 2.2% (£600m turnover). National efficiency requirement is 1.1% (0.28% in H1 and 0.82% in H2, £6.6m). Current forecast in year is c£8.3m (FYE £9m). Underperformance therefore reflected in the SPC chart is against the internal plan. The conclusion is that the Trust is expecting to deliver enough to meet national efficiency targets in 2122. Through the MMUH affordability workstream base case CIP assumptions have been reset at £10m per annum (1.6%). National requirements will be approx. 1.1% in 2223 and onwards (1.1% - but what about improving the underlying position?). Advise sticking with 1.6% as base case assumption. The updated BVQC programme has been presented to the Clinical Leadership Executive and the Finance, Investment & Performance Committee in February. Quality improvement and enhanced clinical & patient outcomes will be the key driver of next year's programme with financial efficiencies an output of this work. For 2223, we have £3.6m of schemes ready for QIA and EIA. Trajectory to increase that to £7.5m by 4th March. Current range of identified opportunity for 2223 £10.9m-£15.9m. Progress needed on the large cross cutting transformational schemes – sickness absence, bank rates, ward establishments, nurse recruitment and clinical productivity.

2021/22 I&E Performance (£M's)

The main objective for 2122 and the medium term future is a cash backed break even position. This maintains cash balances sufficient to fund a 5 year capital programme without borrowing. Breakeven was achieved in H1 and the Trust has a route to achieving the same in H2. M10 (to 31 Jan) was a surplus position in month, 0.85m, maintaining the cumulative position of a £1.015m favourable variance. The Trust is planning to achieve a surplus at year-end of £5.129m. This does include funding from the Integrated Care System (ICS) risk reserve as planned for the increased energy costs, and also includes elective recovery funding that had not been assumed, plus a further £2.2m to reflect the overall ICS surplus position.

Key over the coming weeks will be continued focus on the recurrent position as we begin 2223 – somewhere between budgets and current run rate. Drivers of variance from budgets are; CIP (as above – to be reset a much as possible), additional bed capacity open above

funded (82 beds at time of writing), Covid costs, enhanced rates of pay for bank and agency, and elective activity recovery costs (with no associated ERF). Planning meetings have been held with all clinical groups during February to inform this process.

Underlying Deficit (£M's)

The Trust's view of the underlying position is at £24m, reported to CLE, FIC and Board. As we now work in a system control total environment and mainly block income, our own underlying position becomes less relevant – as we are not in full control of our income result, as we were under PbR. Work is underway to determine the system's underlying position and collaborative opportunities to improve it – along with organisational share. A recent piece of work has estimated an underlying position for the BCWB system of a £150m deficit. SWB's share of that is estimated to be £28m (allocated based on turnover). Whilst the two methods are not related in any way, they are close enough to be assured that the Trust does not have a major structural financial problem, and the system as a whole has had enough recurrent and non-recurrent resource to achieve a break even position since STPs were established. Work must now focus on collaborative opportunities that improve the underlying position. The underlying position of the ICS and individual organisations will be updated as part of the 22/23 planning process.