

REPORT TITLE:	Board Level Metrics (Patient strategic objective)		
SPONSORING EXECUTIVE:	Richard Beeken, Chief Executive		
REPORT AUTHOR:	Dr David Carruthers, Medical Director Mel Roberts, Chief Nurse Liam Kennedy, Chief Operating Officer Dinah McLannahan, Chief Finance Officer		
MEETING:	Public Trust Board	DATE:	6 th July 2022

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

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.

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		To work seamlessly with our partners to improve lives	

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*

N/a

4. Recommendation(s)

The Public Trust Board is asked to:

a. **RECEIVE** and note the report for assurance

b.

c.

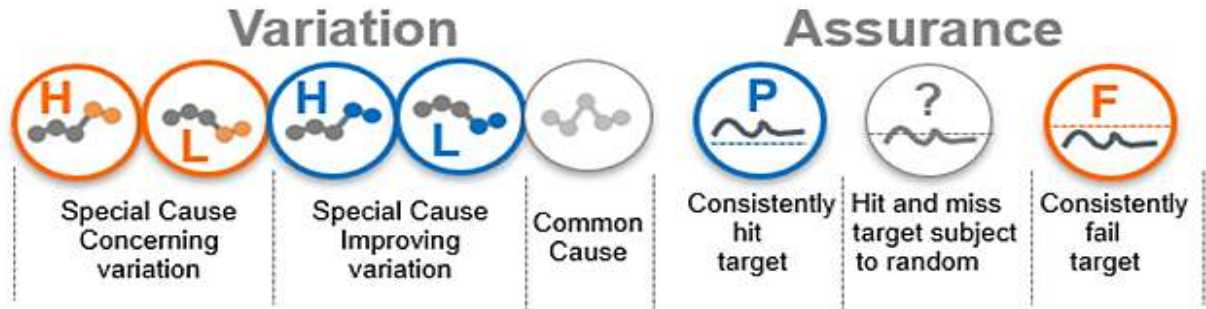
5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*

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		Recruit, retain, train, and develop an engaged and effective workforce					
Board Assurance Framework Risk 05		Deliver on its ambitions as an integrated care organisation					
Corporate Risk Register [Safeguard Risk Nos]							
Equality Impact Assessment	Is this required?	Y		N		If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N		If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board: 6th July 2022

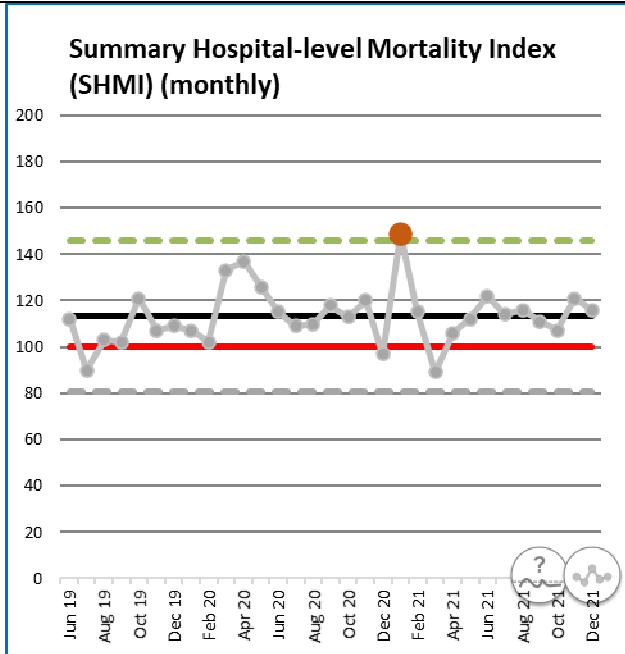
Board Level Metrics for Patients



CQC Domain	Safe																																																																		
Trust Strategic Objective	Our patients																																																																		
Executive Lead(s): Medical Director & Chief Nurse	Statistical Process Control (SPC) Trend Charts																																																																		
<p>Hospital Standardised Mortality Rate (HSMR) - Overall (monthly)</p> <p>12 month cumulative score is stable at 114. Mortality improvement work continues with evidence of an increase in depth of coding and a reduction in R codes (symptoms) being recorded. Palliative care coding has also increased.</p>	<p>Hospital Standardised Mortality Rate (HSMR) - Overall (monthly)</p> <table border="1"> <caption>Approximate HSMR Data from Chart</caption> <thead> <tr> <th>Month</th> <th>HSMR Score</th> </tr> </thead> <tbody> <tr><td>Jul-19</td><td>115</td></tr> <tr><td>Aug-19</td><td>105</td></tr> <tr><td>Sep-19</td><td>125</td></tr> <tr><td>Oct-19</td><td>128</td></tr> <tr><td>Nov-19</td><td>125</td></tr> <tr><td>Dec-19</td><td>120</td></tr> <tr><td>Jan-20</td><td>135</td></tr> <tr><td>Feb-20</td><td>155</td></tr> <tr><td>Mar-20</td><td>195</td></tr> <tr><td>Apr-20</td><td>165</td></tr> <tr><td>May-20</td><td>155</td></tr> <tr><td>Jun-20</td><td>125</td></tr> <tr><td>Jul-20</td><td>135</td></tr> <tr><td>Aug-20</td><td>145</td></tr> <tr><td>Sep-20</td><td>145</td></tr> <tr><td>Oct-20</td><td>175</td></tr> <tr><td>Nov-20</td><td>135</td></tr> <tr><td>Dec-20</td><td>180</td></tr> <tr><td>Jan-21</td><td>145</td></tr> <tr><td>Feb-21</td><td>105</td></tr> <tr><td>Mar-21</td><td>110</td></tr> <tr><td>Apr-21</td><td>115</td></tr> <tr><td>May-21</td><td>125</td></tr> <tr><td>Jun-21</td><td>125</td></tr> <tr><td>Jul-21</td><td>125</td></tr> <tr><td>Aug-21</td><td>105</td></tr> <tr><td>Sep-21</td><td>110</td></tr> <tr><td>Oct-21</td><td>115</td></tr> <tr><td>Nov-21</td><td>120</td></tr> <tr><td>Dec-21</td><td>125</td></tr> <tr><td>Jan-22</td><td>105</td></tr> <tr><td>Feb-22</td><td>105</td></tr> </tbody> </table>	Month	HSMR Score	Jul-19	115	Aug-19	105	Sep-19	125	Oct-19	128	Nov-19	125	Dec-19	120	Jan-20	135	Feb-20	155	Mar-20	195	Apr-20	165	May-20	155	Jun-20	125	Jul-20	135	Aug-20	145	Sep-20	145	Oct-20	175	Nov-20	135	Dec-20	180	Jan-21	145	Feb-21	105	Mar-21	110	Apr-21	115	May-21	125	Jun-21	125	Jul-21	125	Aug-21	105	Sep-21	110	Oct-21	115	Nov-21	120	Dec-21	125	Jan-22	105	Feb-22	105
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Summary Hospital-level Mortality Index (SHMI) (monthly)

Cumulative SHMI is at lowest for a while (108). Data on weekend/weekday admission mortality shows lower weekend SHMI for the last 3 months which is being monitored

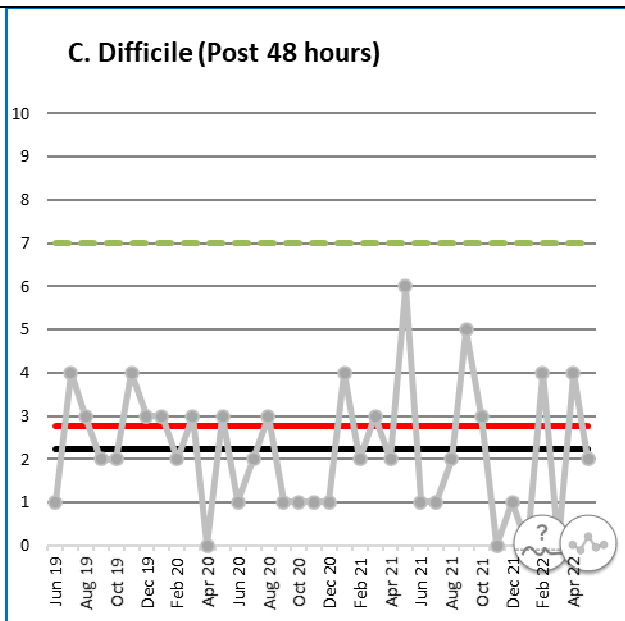


C.Difficile (Post 48 hours)

The trajectory for C.difficile has been sent via the NHS E/I contract at 41, however the ambition for the Trust is to remain at last years trajectory of 31.

All Cases have post infection review and an antibiotic review completed. All themes and trends are monitored, and an action has been developed following the year end review.

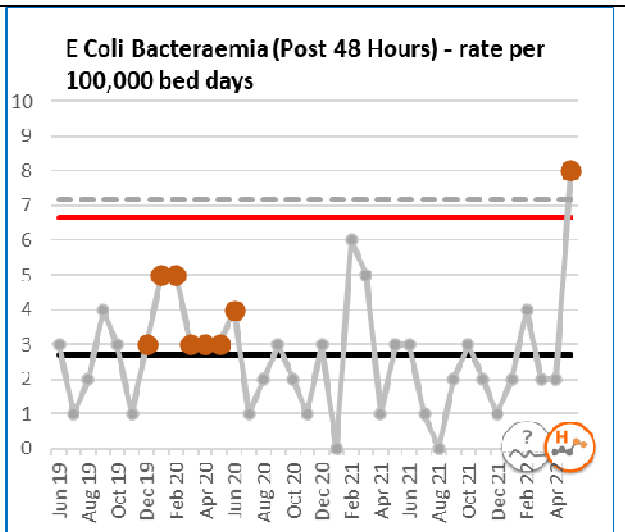
There will need to be an educational program with regards to when to collect a specimen.



E Coli Bacteraemia (Post 48 Hours)

There has been a spike in Ecoli for all cases.

However, the post 48-hour numbers are total of 2 for April. There has been an increase of 4 cases per site for May (8 in total). There are no hotspot areas and there are no themes identified following the post infection reviews.

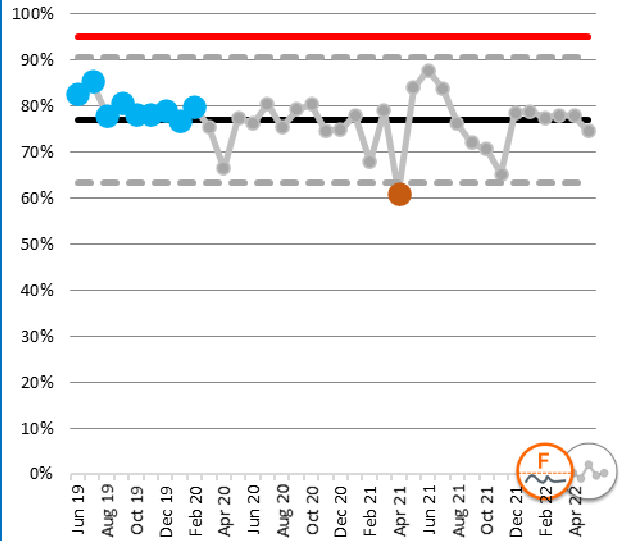


MRSA– Elective

There remains a discrepancy in the reporting of MRSA screening. There has been a lot of work completed to look at the exclusion/inclusion criteria for this metric. Informatics have been supportive, and the IPC team have worked with informatics to review the data sources.

There are still reports of clinical areas carrying out their own reviews and retrieving different percentage compliance, the request is for ‘fresh eyes’ to review this as the view is the compliance is currently higher than reported however the data is not reflective of this.

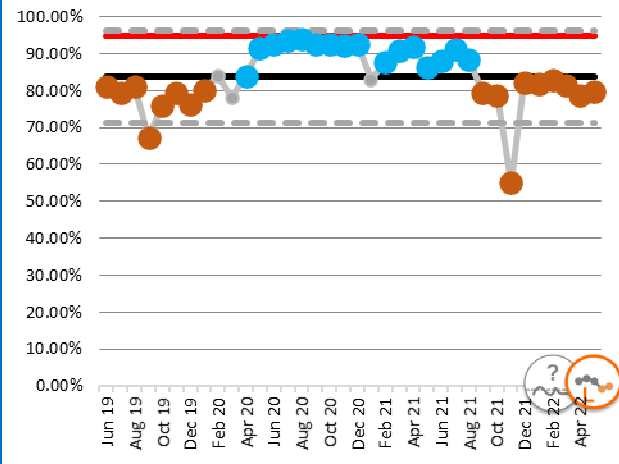
MRSA Screening - Elective



MRSA– Non Elective

The issue is the same as stated above.

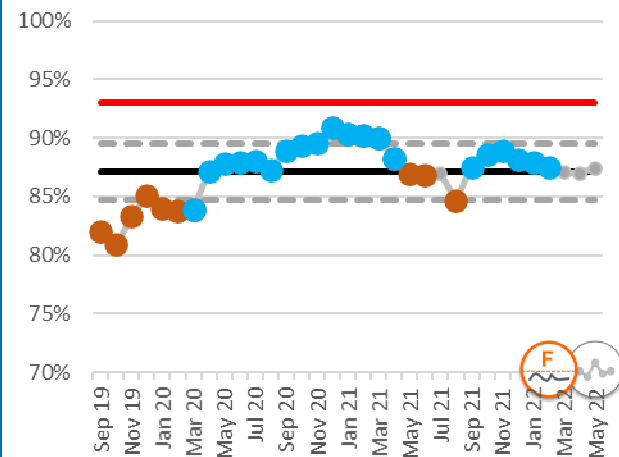
MRSA Screening - Non Elective



Doctor – Safe Staffing (FTE)

Awaiting eAllocate before able to obtain accurate information on day to day filling of shifts given the nature if current recording but stable position of overall substantive post vacancies

Doctor Vacancies



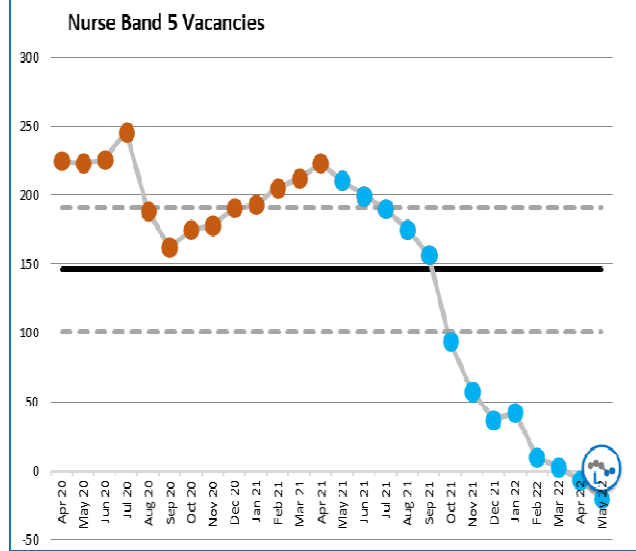
Nursing – Safe Staffing

Trust currently has -4.57wte Registered Nursing (RN) vacancies (data source: ESR data – June 2022. The above data excludes wards D25med, D43, D47 and CSU).

The data excludes Nursing Associates (NA) figures – the Trust employers 52.67wte qualified NAs and Trainee NAs who will qualify over the next 12 months.

The Trust has a further 74 locally graduated Registered Nurses who will commence in September 2022 and a further 70 RN recruited from overseas commencing employment with the Trust over the summer and autumn 2022.

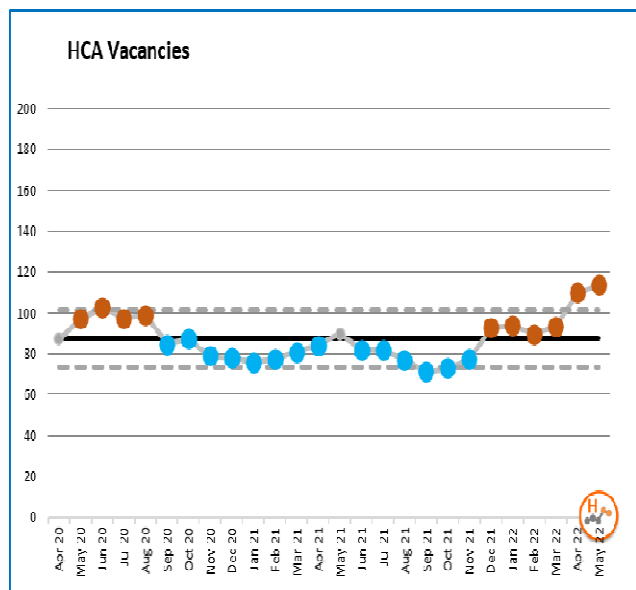
Hotspots continue to Women’s and Children. The Women’s Surgical Unit has currently 7.86wte band 5 vacancies and Health Visiting vacancies 28.52wte at band 6)



HCA – Safe Staffing

The figures do not take into account closed departments or Training Nursing Associates (funded through band 3 establishments line)

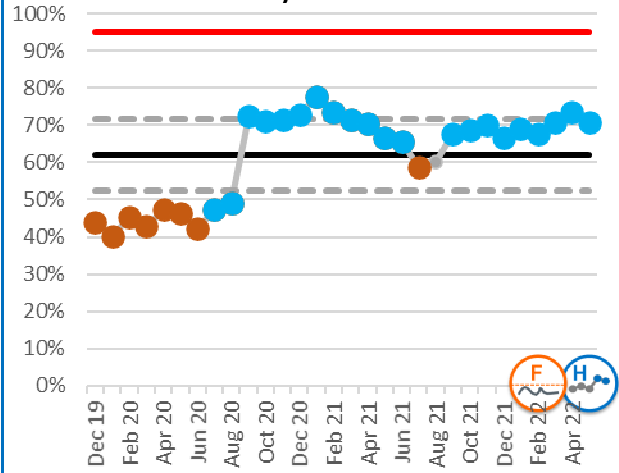
Review of the ESR June data shows the Trust has -5.30wte (band 2 and 3s). This figure excludes the 47wte Trainee NAs who currently provide 0.6 per wte to clinical practice (a further 28.2 wte). When factoring the 28.2 of Trainee NA clinical time the Trust is over-established by 22.9 wte .



Sepsis – Treated within 1 hour (as % of Screened Positive)

Sepsis improvement work to be reported to EQC next month to reinforce learning from recent events. SHMi for sepsis shows stable position at 119 (12 month figure), no longer an outlier and an improved position from 137 in August 2021

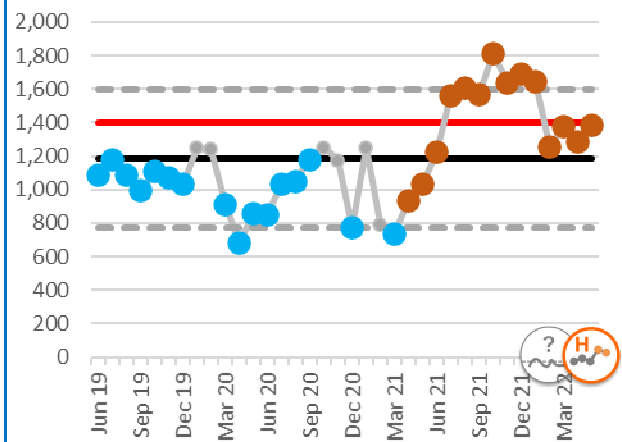
Sepsis - Treated within 1 hour (as % of Screened Positive)



Patient Safety Incidents

Stable position for safety incidents, monitored through Executive Quality Committee.

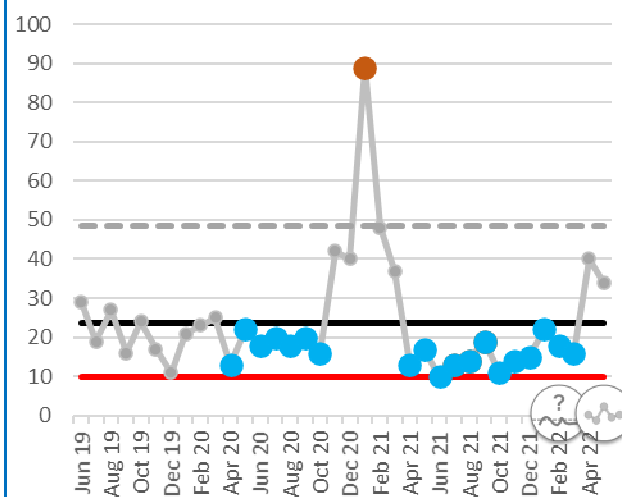
Patient Safety Incidents



Patient Safety Severe Incidents

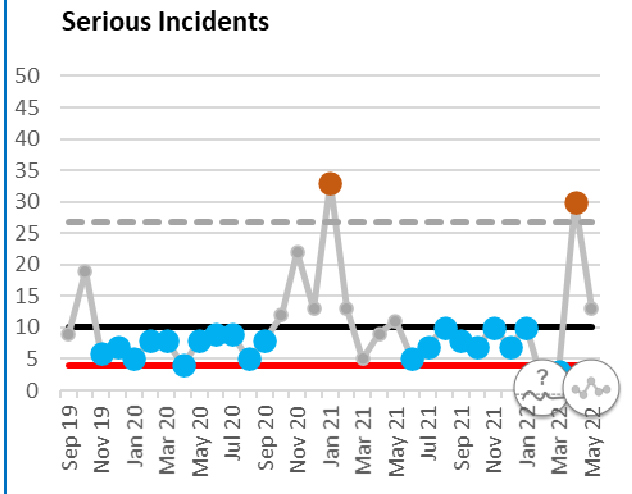
Review of those with moderate harm continues through the weekly review meeting, supporting local actions or Serious Incident investigation where indicated

Patient Safety (Moderate harm or above)



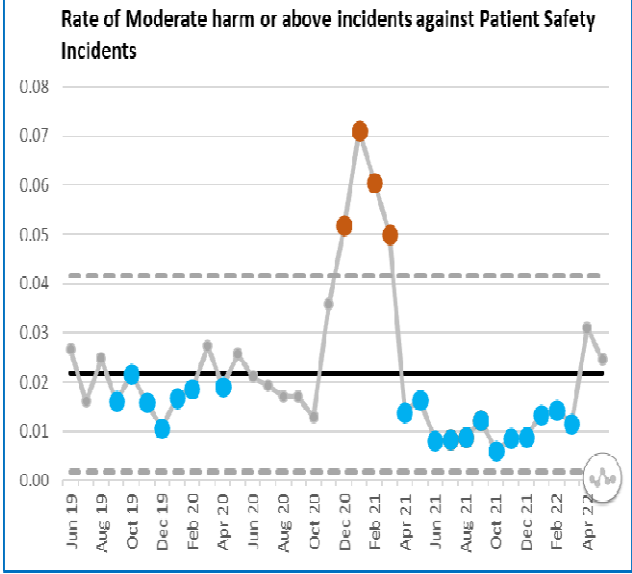
Serious Incidents

Recent peak related to reporting of Hospital Acquired Covid cases. Reports reviewed at SI sign off meeting and summary of last 6 months cases presented to Q+S this month



Patient Safety Severe Incident Rate against Patient Safety Incidents

Spike in ratio reflective of reporting of Covid case increase.



CQC Domain	Caring																																						
Trust Strategic Objective	Our patients																																						
Executive Lead(s): Chief Nurse	Statistical Process Control (SPC) Trend Charts																																						
<p>FFT %positive responses - experience overall</p> <p>During May, 6,484 participated; across all modalities 81.7% rated their overall experience positively, a 0.1% increase on April.</p> <p>A Community based discussion regarding fundamentals of care took place and themes were distilled.</p> <p>An initial meeting of the Patient Nutrition and Hydration Group was held. A plan to embed this group into the steering group is in progress.</p> <p>Agreement was reached with the Sandwell Consortium to coordinate interpreting feedback from diverse groups across the region. Feedback and suggestions from local populations will follow.</p> <p>Analysis of BMEC patient experience data was completed.</p> <p>Promotional material to prompt PREMs participation was devised; to be finalised. Development of PREM standards for measurement continue, relevant to type of care provided.</p>	<p>FFT Combined Score</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Score (%)</th> </tr> </thead> <tbody> <tr><td>Jun 19</td><td>68</td></tr> <tr><td>Aug 19</td><td>62</td></tr> <tr><td>Oct 19</td><td>50</td></tr> <tr><td>Dec 19</td><td>85</td></tr> <tr><td>Feb 20</td><td>83</td></tr> <tr><td>Apr 20</td><td>85</td></tr> <tr><td>Jun 20</td><td>84</td></tr> <tr><td>Aug 20</td><td>82</td></tr> <tr><td>Oct 20</td><td>83</td></tr> <tr><td>Dec 20</td><td>81</td></tr> <tr><td>Feb 21</td><td>84</td></tr> <tr><td>Apr 21</td><td>82</td></tr> <tr><td>Jun 21</td><td>83</td></tr> <tr><td>Aug 21</td><td>80</td></tr> <tr><td>Oct 21</td><td>81</td></tr> <tr><td>Dec 21</td><td>79</td></tr> <tr><td>Feb 22</td><td>80</td></tr> <tr><td>Apr 22</td><td>81</td></tr> </tbody> </table>	Month	Score (%)	Jun 19	68	Aug 19	62	Oct 19	50	Dec 19	85	Feb 20	83	Apr 20	85	Jun 20	84	Aug 20	82	Oct 20	83	Dec 20	81	Feb 21	84	Apr 21	82	Jun 21	83	Aug 21	80	Oct 21	81	Dec 21	79	Feb 22	80	Apr 22	81
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Perfect Ward (Tendable)

The Trust level combined score for May 2022 was 93.9%. for the same month each clinical group achieved the following score:

- Imaging 99.6%
- WCH 95.9%
- PCCT 93.8%
- Surgical Services 93.7%
- MEC 92.7%

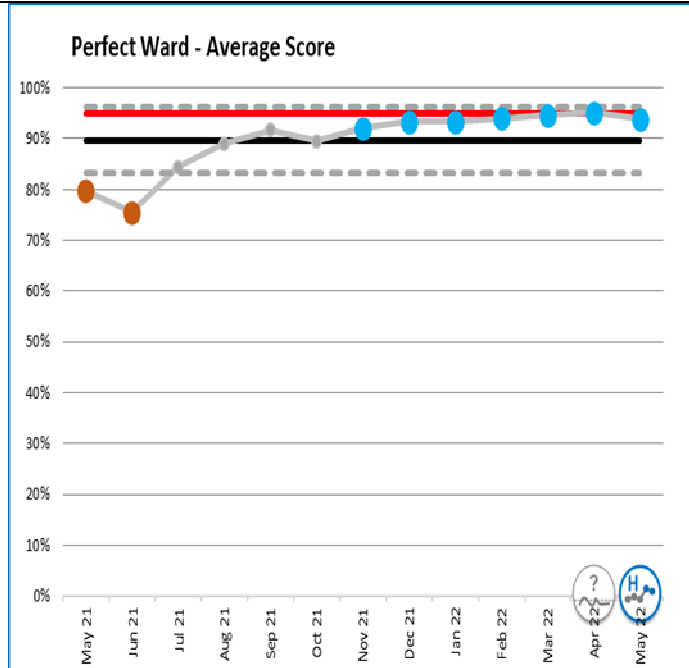
These scores are prior to starting a peer review audit process. The GDONs have developed a peer review process, initially commencing within group prior to peer review cross group.

For May the top 2 highest scoring inspection types were:

- 15 steps 96.7%
- Patient Experience 95.9%

The 2 lowest scoring inspection types in May 2022 were:

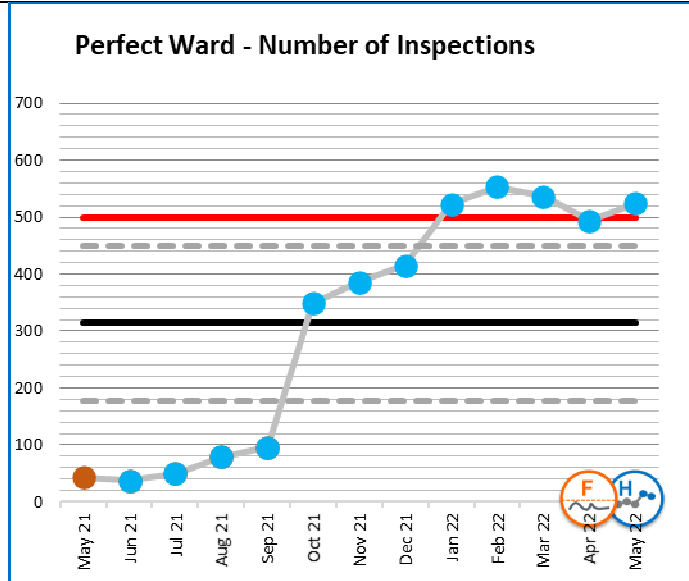
- Safeguarding 92.3%
- Nutrition & Hydration 87.9%



Perfect Ward (Tendable) – Number of Inspections

Since January 2022 the number of inspections completed has been static with a slight dip in April 2022.

In June 2022 the Trust transferred over to a new Partnership Package with the company. This provides us with unlimited number of inspection types and areas (QR Codes). Currently the Chief Nurse Office is working with the GDONs to identify additional areas that need to commence the audit process, and sperate multiple areas under one QR code, so each area has their own QR code; i.e., theatres are audited under one QR code currently. This will change so that theatres SGH, Windmill theatres, BMEC theatres and BTC theatres will each have individual QR codes. This process is being completed across all clinical groups.

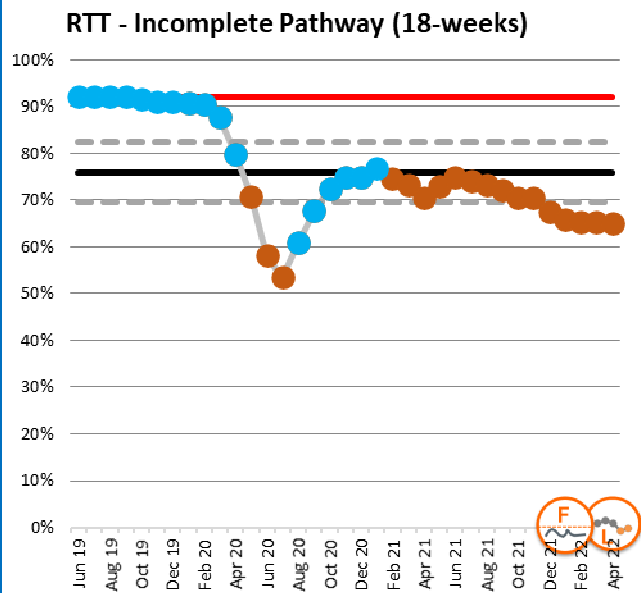


Once this work has been completed the total number of inspections each month will increase and the threshold will need to be changed accordingly.

CQC Domain	Responsive
Trust Strategic Objective	Our patients
Executive Lead(s): Chief Operating Officer	Statistical Process Control (SPC) Trend Charts
<p>Emergency Care 4-hour waits</p> <p>The standard remains fairly stable even though we have seen a significant increase in attendances. We have asked the CCG to re-instate the additional funding for opening hours for the Urgent Treatment Centre and Out of Hours GP which will support an improvement. We also need to continue to improve our SDEC Process to see continually improvement. (32nd of 107)</p>	
<p>Emergency Care Attendances (Including Mailing)</p> <p>Previous months trends continue as we see even more increase in attendances to our emergency departments as we continue to see movement across from neighbouring systems. We have completed our initial Demand and capacity modelling showing significant trend movement across. Once complete discussions will be set up across system to discuss the solutions. (111th highest out of 121)</p>	

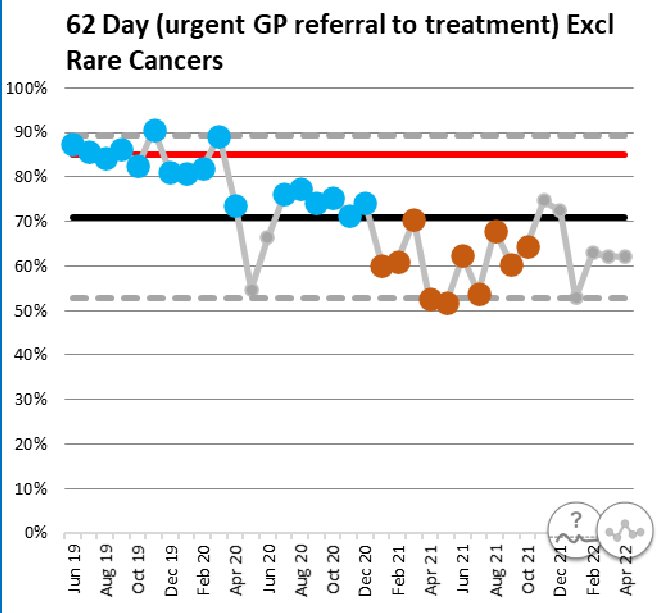
RTT - Incomplete Pathway (18-weeks)

The RTT position remains stable with improvements seen in May and June which will be reflected in next month's SPC. (51st of 120)



62 Day (urgent GP referral to treatment) Excl Rare Cancers

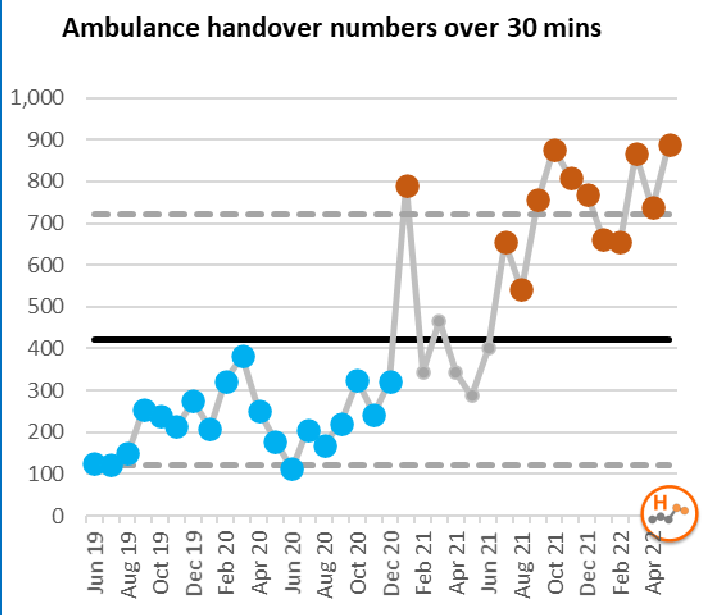
Our cancer position remains stable, whilst poor. Urology and colorectal being the specialities with most of the backlog. Pathology turnaround time is still also contributing factor. Trajectories have been set for both tumour site groups with an improvement still expected in July with additional Locum support and outsourcing being reviewed. (45 out of 121)



Ambulance handover numbers over 30 mins

This new Metric demonstrates the pressure on the system since early 2021. We have seen a significant increase in the number of ambulances received and hence and increase in those over 30 minutes.

We remain relatively strong performers across the region. Improvement work is focused on flow at Sandwell to free cubicle space and increase in the turnaround of ambulances. We don't expect to see an improvement



whilst we continue to see an increase in the number of IC.

CQC Domain	Effective		
Trust Strategic Objective	Our patients		
Executive Lead(s): Chief Operating Officer		Statistical Process Control (SPC) Trend Charts	
<p>Emergency Readmissions (within 30 Days) – Overall (exc. Deaths and Stillbirths) Month</p> <p>Re-admissions still remain below the national average. No cause for concern.</p>	<p>Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month</p>		
<p>SDEC Delivered in correct location</p> <p>We continue to see small improvements in the SDEC utilisation, the working group has been established which is focusing on 3 elements to continue to improve it further: increased senior cover, plans for larger estate footprint and the continued development of a process driven, pull philosophy. A full triumvirate leadership team will be in place by the middle of July with the objective of improving the position to 90% before winter takes effect in November.</p>	<p>SDEC Delivered in correct location</p>		

CQC Domain	Use of Resources
Trust Strategic Objective	Our patients
Executive Lead(s): Chief Finance Officer	Statistical Process Control (SPC) Trend Charts
<p>Performance Against Better Practice Performance Compliance (BPPC) BPPC performance has been consistently above the 95% for value of invoice for 14 consecutive months. This has been achieved by</p> <ul style="list-style-type: none"> Increasing the number of BACS processing runs each week Trust wide communications encouraging timely receipting and dispute resolution <p>Revised method of calculation based on Invoice Receipt Date (replacing Invoice Date) to measure payment performance</p>	<p>Performance Against: Better Practice Performance Compliance</p>
<p>Performance Against Better Value Quality Care Plan (£000's) The Trust has an internal BVQC target of £10m for 22/23, with a further £7.5m required non recurrently. These values are included within the internal deficit plan of £31m deficit and will be reported from M3 (June) onwards.</p>	<p>Performance Against Better Value Quality Care Plan (£000's) – To be report from month June 2022.</p>
<p>2022/23 I&E Performance (£M's) The Board approved a financial plan for 2022/23 reflecting a £31m deficit. Following further discussions with the Integrated Care System (ICS) the system plan for the Trust is breakeven. The differences being £13.8m of income expected from the ICS as part of the overall system allocation redistribution (£10.1m) and excess inflation funding (£3.7m), and an £17.2m stretch – currently identified as additional income in the plan submission. Month 2 financial performance is a £1,127k adverse position to the internal plan mainly as a consequence of increased energy charges. The finance report provides further details</p>	<p>2022/23 I&E Performance (£Ms)</p>

Underlying Deficit (£M's)

The Trust has reported a £24m underlying deficit to the Trust Board and the Integrated Care System, which is an improvement from the £30m deficit previously reported. Work is ongoing at system level to determine underlying system deficit position as part of the final 2022/23 plan submission on the 20 June 2022. Following finalisation of the 2022/23 plan we will refresh the underlying position of the Trust taking account of factors including the income settlement, recurrent nature of efficiencies and the full year effect of any costs including the acute care model. This refresh will be reported to the Finance, Investment & Performance Committee.

