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|------------------------------|---|--------------|-------------------------------|
| REPORT TITLE: | Board Level Metrics for Patients | | |
| SPONSORING EXECUTIVE: | Richard Beeken, Chief Executive | | |
| REPORT AUTHOR: | Dr Mark Anderson, Medical Director Mel Roberts, Chief Nurse Jo Newens, Acting Chief Operating Officer Dinah McLannahan, Chief Finance Officer Kam Dhami, Chief Governance Officer | | |
| MEETING: | Public Trust Board | DATE: | 2 nd November 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 exception reporting and commentary to the area for which they are the lead within the Patients Strategic Objective.

This adds a further strengthening to 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)

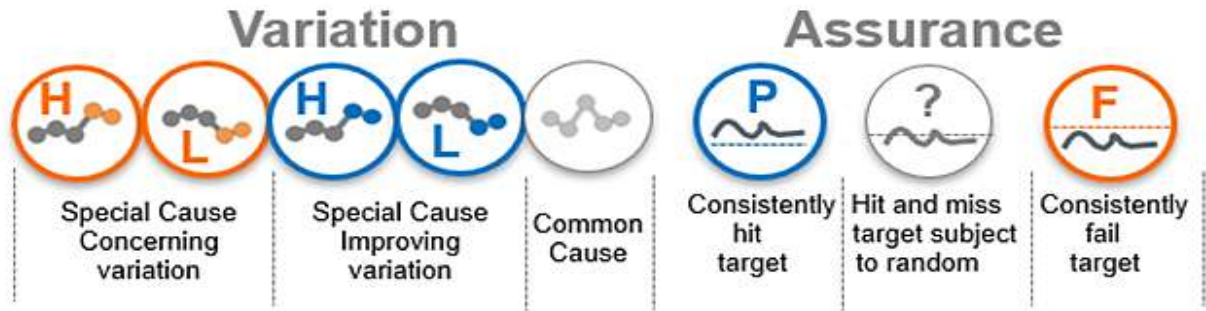
The Public Trust Board is asked to:

a. RECEIVE and note the report for assurance

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 | |

Board Level Metrics for Patients



| Trust Strategic Objective | Our patients | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------|-------------------------|--------|------|--------|------|--------|------|--------|-----|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|-----|--------|------|--------|------|--------|------|--------|------|--------|------|
| <p>Complaints per 1000 WTE</p> <p>Work is continuing to establish a patient focussed triage system to support service users/complainants to seek a resolution to their concerns in the most appropriate and timely manner. The complaints backlog has significantly reduced and is in line with trajectory to have been resolved by the end of the calendar year.</p> | <table border="1"> <caption>Complaints per 1000 WTE Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Complaints per 1000 WTE</th> </tr> </thead> <tbody> <tr><td>Oct 19</td><td>18.5</td></tr> <tr><td>Dec 19</td><td>12.5</td></tr> <tr><td>Feb 20</td><td>15.0</td></tr> <tr><td>Apr 20</td><td>6.0</td></tr> <tr><td>Jun 20</td><td>23.0</td></tr> <tr><td>Aug 20</td><td>17.0</td></tr> <tr><td>Oct 20</td><td>15.5</td></tr> <tr><td>Dec 20</td><td>15.0</td></tr> <tr><td>Feb 21</td><td>15.0</td></tr> <tr><td>Apr 21</td><td>16.0</td></tr> <tr><td>Jun 21</td><td>17.0</td></tr> <tr><td>Aug 21</td><td>12.0</td></tr> <tr><td>Oct 21</td><td>8.0</td></tr> <tr><td>Dec 21</td><td>16.5</td></tr> <tr><td>Feb 22</td><td>19.5</td></tr> <tr><td>Apr 22</td><td>14.0</td></tr> <tr><td>Jun 22</td><td>15.5</td></tr> <tr><td>Aug 22</td><td>12.0</td></tr> </tbody> </table> | Month | Complaints per 1000 WTE | Oct 19 | 18.5 | Dec 19 | 12.5 | Feb 20 | 15.0 | Apr 20 | 6.0 | Jun 20 | 23.0 | Aug 20 | 17.0 | Oct 20 | 15.5 | Dec 20 | 15.0 | Feb 21 | 15.0 | Apr 21 | 16.0 | Jun 21 | 17.0 | Aug 21 | 12.0 | Oct 21 | 8.0 | Dec 21 | 16.5 | Feb 22 | 19.5 | Apr 22 | 14.0 | Jun 22 | 15.5 | Aug 22 | 12.0 |
| Month | Complaints per 1000 WTE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct 19 | 18.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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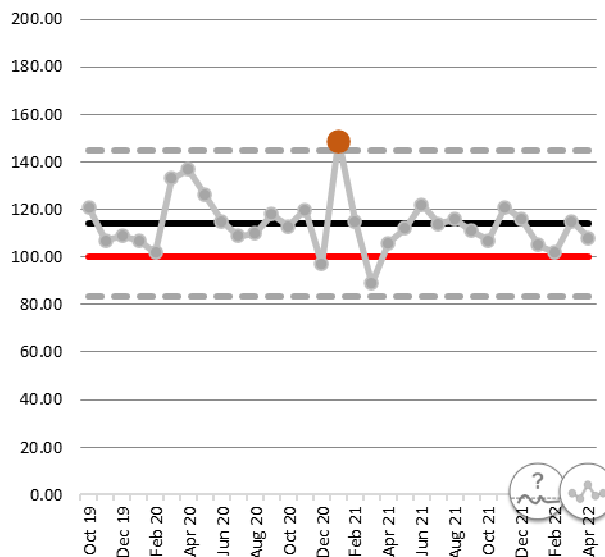
Summary Hospital-level Mortality Index (SHMI) (monthly)

Further improvement in NHS Digital 12-month cumulative SHMI (June 2021-May 2022) to 102.4. SWBH ranking 69th out of 121 Trusts.

Medical Examiners now scrutinising community deaths from 11 GP practises with plans to roll out to all GP practices in Sandwell Place.

Quality improvement work to improve coding, sepsis deaths, end of life care continue.

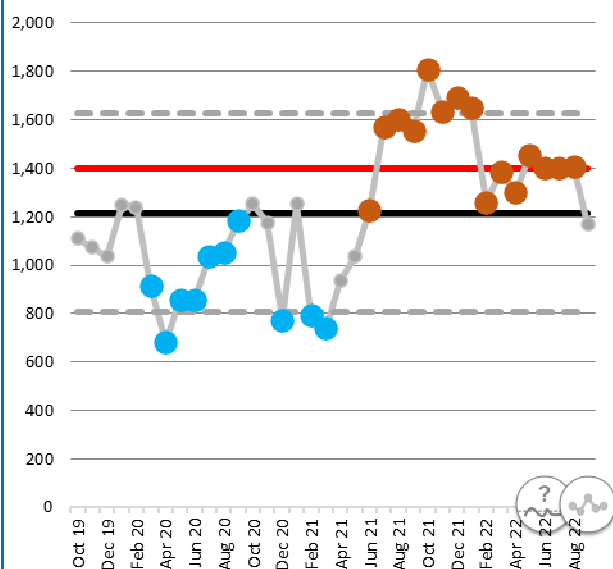
Summary Hospital-level Mortality Index (SHMI) (monthly)



Patient Safety Incidents

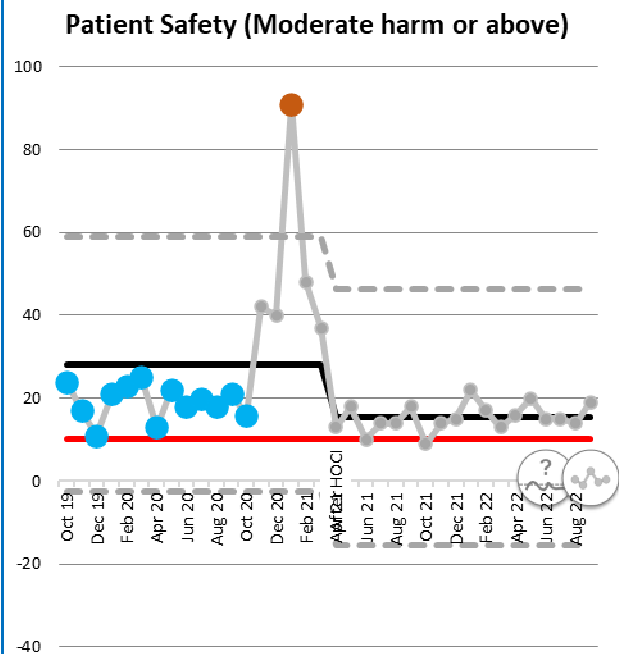
The number of patient safety incidents reported continues to remain relatively stable, with the number of those determined to be a serious incident remaining low. The Patient Safety Team work closely with the **w**learn team to ensure that any themes are identified, and improvement work implemented where areas have been identified that may require strengthening.

Patient Safety Incidents



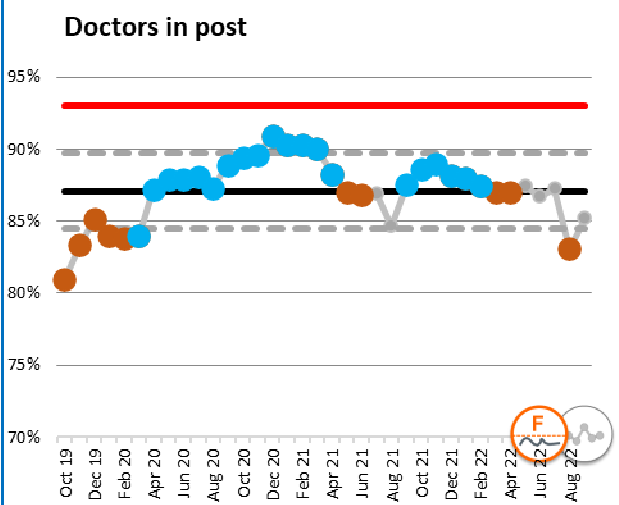
Patient Safety (Moderate harm or above)

Guidance for staff attending the Incident Assessment Meeting (IAM) has been created to ensure efficient communication and decision making within the meeting. Further work to support frontline colleagues' initial incident assessments is required so that staff feel confident to assign the appropriate level of harm at the point of reporting.



Doctor in Post

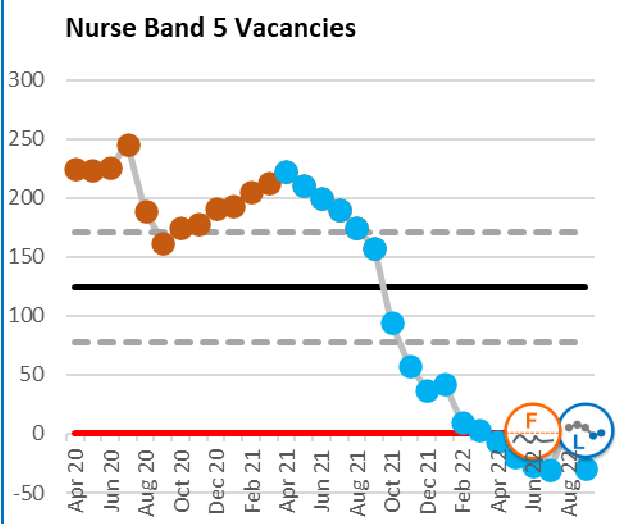
Relatively stable. Our vacancy position is slightly better than last year.



Nurse Band 5 Vacancies

We continue to have very few Band 5 vacancies and the ones we have are in very specialist areas such as gynaecology etc. We have 2 further cohorts of International Recruited nurses joining us in Nov and Dec: approx. 32 and 55 Newly Qualified nurses who have signed up to the guaranteed job programme in Jan 22 which equates to 87 band 5 nurses joining the organisation before April 2022.

We do however have 106WTE Band 6 vacancies but again the majority of these are within the emergency department, theatres, critical care, health visiting and school nursing – We are developing programmes to upskill our band 5 nurses to band 6 nurses to reduce this gap and resolve the skill mix issues we are experiencing.



Friends and Family Test (FFT) Combined Score %positive responses - experience overall

During September, 6,397 patients participated. The graph right shows FFT scores by month and care modality (birth/orange line is based on low participation and prone to variance). Across all modalities 84.6% rated experience overall positively, a 1.1% improvement in August.

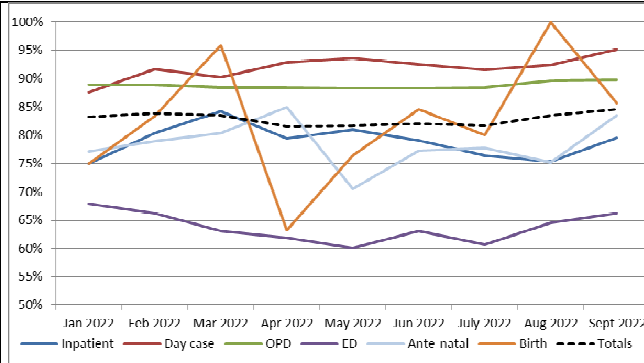
The launch meeting for Patient Experience Group (reporting to EQC) is scheduled.

In addition to a ‘customer care’ training trial provided by an external provider; a Trust delivered half-day in patient experience training is being developed.

The interpreting community focus group (x10 / 137 people) report was provided to the Trust by the Sandwell Consortium. Themes have been identified for improvement.

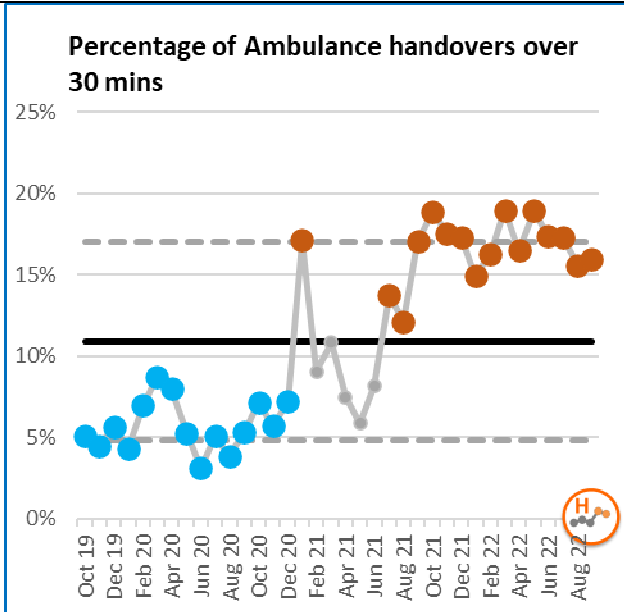
A visit to the leading Trust nationwide for patient experience of food and nutrition took place. Improvements identified will be managed through the Oral Nutrition and Hydration Steering Group.

There are currently 23 areas with established online PREMs tools to measure various patient experience standards aligned with Fundamentals of Care.



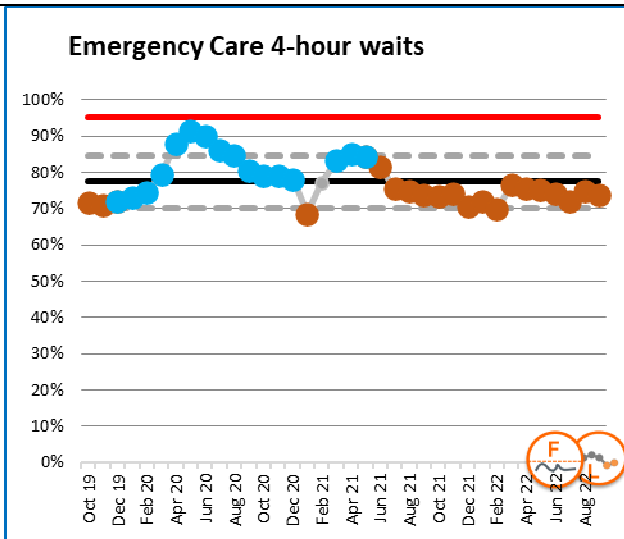
Ambulance Handovers over 30 mins as a percentage of Ambulances

Our overall handovers within 30 minutes have shown little change since last month. Nationally the North Bristol model supporting flow out of congested EDs is being promoted. This focus is on patients with a decision to admit and moving them out of ED in a timelier way. We have commenced a task and finish group to implement the recommendations from north Bristol. Our slight improvement at Sandwell is in part due to the opening of a discharge lounge on this site at the beginning of September which frees up medical beds earlier in the day mid-October we opened a discharge lounge and City, so we are expecting to see a similar impact at City.



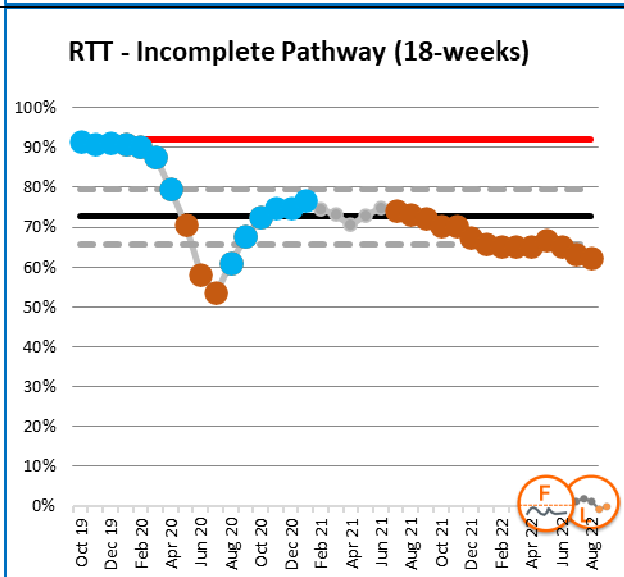
Emergency Care 4-hour waits

Our performance for September 73.69 % is largely in line with the previous month with a .08% deterioration in August. Our City hospital ED improved however both Sandwell and our Birmingham and Midland Eye Centre performance deteriorated. Waits for patients who are admitted and discharged from ED are contributing to this performance.



RTT - Incomplete Pathway (18-weeks)

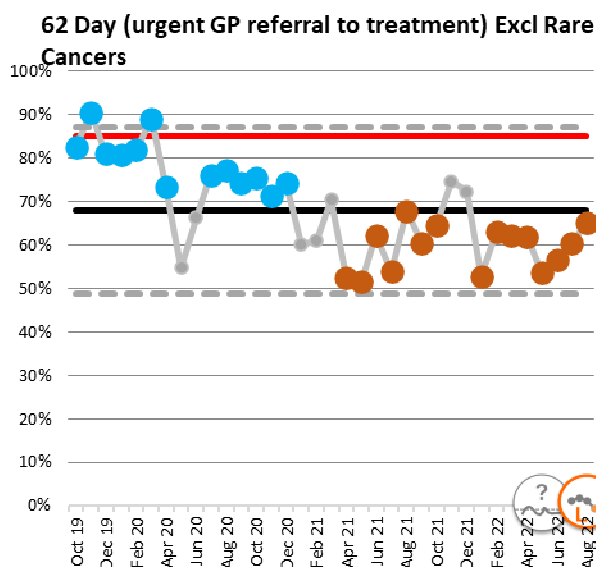
Whilst our referral to treatment time has deteriorated, in the month of September our overall activity level increased compared to the previous months. We delivered 102% of planned activity. The variance in performance is due to the majority of our patients have already breached the 18-week target. However, our overall productivity is improving. We have a detailed efficiency and improvement plan in place to focus our efforts further.



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

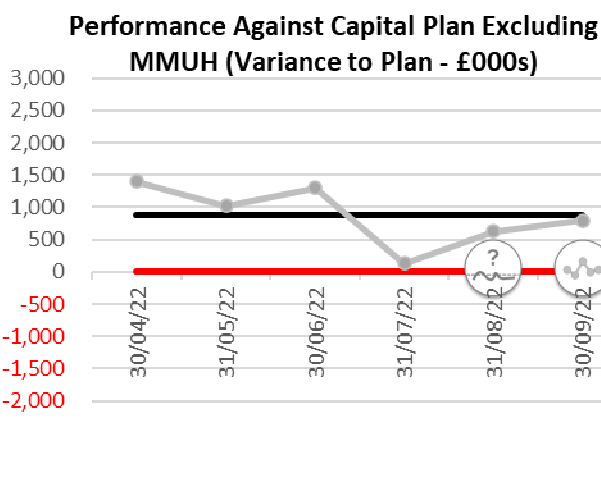
Our month-on-month improvement around the delivery of this target has continued in August. For note this is a nationally reported metric and is always reported a month in arrears to allow for clinical and operational validation.

Further improvement on this target will be partly addressed in our theatre improvement plans and service capacity and demand work that are underway.



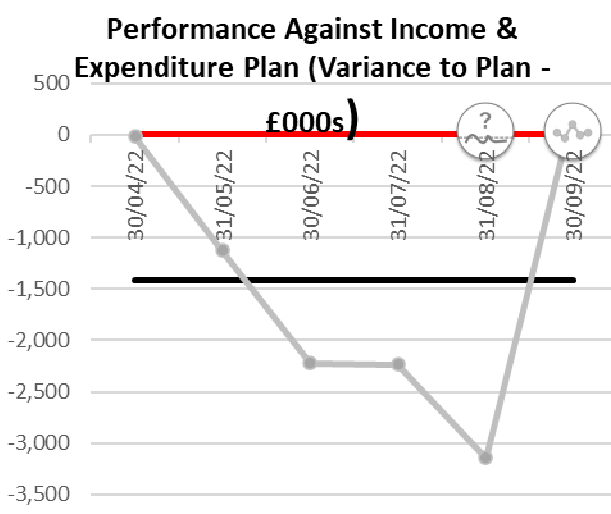
Performance Against Capital Plan Excluding MMUH (Variance to Plan - £000s)

The Trust planned to spend £5.2m more than the CRL at the start of the year, to ensure that the budget is not wasted, as underspends do not roll over. A detailed review of all schemes has been undertaken and the revised forecast indicates that we can expect a circa £1m over-commitment. This is deemed manageable with likely further slippage and future funding opportunities. In addition, there is circa £2.8m of budget required for the Modular medical SDEC. It is assumed that budget will be identified for this through a) system headroom b) regional headroom c) reprioritisation of schemes internally.



Performance Against Income & Expenditure Plan (Variance to Plan - £000s)

This graph shows the monthly variance from plan which cumulatively adds up to c£8.7m adverse variance to a £17.1m internal deficit plan. Month 6 saw an improvement driven mainly by provision for 2223 pay award against costs. Looking forward, the forecast has also improved by c£4.5m, and there is a financial recovery plan in place with a plausible route to £17.1m deficit for 2223. Whilst this is positive overall, the route is not as planned with more non-recurrent measures than had been assumed, which deteriorates the Trust's underlying position and increases risk for future years.



Performance Against Cash Plan (Variance to Plan - £000s)

Cash is holding up well, despite the deficit position. The balance at the end of September was £66.5m. The year-end position is expected to be c£37m, and accounts for a £17m deficit position, and fully committed capital programme.

Performance Against Cash Plan (Variance to Plan - £000s)

