Paper ref:	TB (02/22) 006

Sandwell and West Birmingham NHS Trust

Report Title:	Board Level Metrics (Patients 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 February 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								
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 HOSPITALS NHS TRUST

Report to the Public Trust Board: 2nd February 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) The HSMR is continuing to improve. HSMR September 2021 is 89 and 12 month cumulative value is 125 for 2020-2021. However the HSMR for 2021/2022 (Jan2021-Sept 2021) is 108. This confirms the overall improving trend. QI projects to improve mortality indices continue, which include review of case records of deceased patients to check depth of documentation, correction of non-compatible terminology with coding rules, palliative care and R code corrections. "At the elbow" support within the admitting areas for improvement of documentation at source is to be started now that these case reviews have identified and confirmed the main areas where documentation needs to change within the Unity clinical record.	
Summary Hospital-level Mortality Index (SHMI) (monthly) SHMI August 2021 – 116 and a 12 month cumulative value of 116 also. The high SHMI in August 2021 is due the excess in COPD deaths, all of which have now been reviewed within the Learning from Deaths Committee. No obvious trend was identified in the review of these deaths and none of them were felt to be avoidable. 2 of the patients did not have an established diagnosis of COPD (lung cancer and pneumonia). Sepsis remains an outlier and a recent review by microbiology of sepsis management has identified learning points which are being used to inform the sepsis improvement project planned for March, focusing on delivery of all aspects of sepsis 6, not just a focus on antibiotics within an hour.	
C.Difficile (Post 48 hours) Low numbers of cases of C Difficile continue	
E Coli Bacteraemia (Post 48 Hours) Low numbers, but each case has a post infection review to establish if any themes to aid future care	
MRSA– Bacteraemia This metric is under review. There is a discrepancy in data and the narrative from pre-admission clinic that screen 100% of patients that attend pre-operatively and they have queried the compliance. Exclusions are continuing to be reviewed with informatics to ensure the correct data is being collected.	

Doctor – Safe Staffing (FTE)

We currently run at 90% of all posts filled with challenges from additional wards being open, requiring increased locum numbers and sickness and isolation from COVID. No particular areas more affected than others but the Emergency Departments (ED) and Acute Medicine perhaps have higher sickness rate due to unselected presentation and risk of COVID, hence increase level of PPE advised in those environments (FFP3 masks).

Nursing – Safe Staffing

All inpatient and community areas are working in line with the Quality Impact Assessments (QIA) frameworks developed over the 12 months for all Acute, Community Nursing, paediatrics, specialist services and Midwifery teams. Twice daily staffing meetings are undertaken each day to monitor staffing shortfalls against the QIA frameworks and ensure effective deployment of staff. Safer Staffing Red flags, nurse to patient ratios and acuity are also monitored. Daily redeployment is in place where needed to ensure the sites are safe.

There are a number of constraints with the provision of safer staffing (due to the lack of inter-operability with other workforce systems). The nursing workforce team are working with the Trust Informatics team to develop a safer staffing tool which supports daily monitoring of shift fill. It is anticipated that this report will be available for March Trust Board and will be an interim solution whilst tendering is progressed for an e-rostering system that provides Safer Staffing reporting. Both E Roster systems that have an end to end package which is what we require have been demonstrated to groups of staff across the Trust for feedback.

Registered nurse temporary staffing fill for December has been between 80-84%, with 65-70% being picked up as bank shifts. Sickness due to Omicron has had a moderate impact on staffing levels with the majority of ward areas maintaining daytime ratios of between1:7 to 1:9. Night-time staffing has been maintained at 1:8 to 1: 11, however the need to deploy staff from other areas remains high at nights. There has been a derogation in place that there must be 2 qualified nurses as a minimum on each ward area. This has to be escalated through to an Executive director out of hours and to gold command in hours to approve

Areas flagged as hotspots :

Group	Ward/Dept.	Reasons	Actions /risks
PCT	-All wards -District Nursing Services -Medicines Delivery Unit	Expanding Bed base (Leasowes/ icare beds) Covid19/sickness absence Existing vacancies in District Nursing service New services MABs	QIA actions put in place Staff deployment across the gap Taxonomy of service RAG – prioritisation of services
Theatres	City/SGH	Covid19/sickness absence	Impact on access to procedure due to cancellation of lists

The business case for an end to end e-rostering solution to safer staffing continues to be progressed. A workshop was held on the 24th January that offered members of the Clinical Leadership Committee the opportunity to view medical and agenda for change rostering

systems provided by Liaison and Allocate. Feedback from attendees is being gathered and it is envisaged that the tendering process will be commenced in February 2022.

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Registered Nursing:
For January 2022 ESR reports 29.5wte Band 5 vacancies (that is 3.03%). This figure is based on substantive funding and only partially reflects the unfunded bed base open to support emergency flow.

Clinical Groups substantive Band 5 RN vacancy position (based on Jan 22 ESR figures) is shown in the table below:

Group	Band 5 Vacancy WTE	Comments
MEC	+23.17	Additional staff have been deployed to support winter bed plan
PCCT	-38.08 (figure excludes D43/D47)	District Nursing remains a hotspot with 17.47wte vacancies Re-opening of Henderson Ward means a further deficit -9.85
Surgical Services	+0.80	Theatres: - 5.17 (combined band 5 and 6 vacancies) this includes -4.94wte Band 6 ODP vacancies at City Theatres
W&C (figures exclude midwifery services)	-9.83	No identified hotspot , CECU position shows improvement now showing -3.40 vacancies

This figure excluded the 17wte IR registered nurses that will join the Trust in Jan22. The Nursing Workforce team are currently working with partner agencies to bring forward overseas recruitment planned for 2022/23

HCA – Safe Staffing

The table below shows the current HCSW vacancy position (based on Jan 22 ESR figures)

Group	Band 2 & 3 HCSW vacancy (wte)	Comments
MEC	+12.29	Additional staff have been deployed to support winter bed plan
PCT	-15.05	14.32 vacancies on Henderson ward

Surgical Services	+5.21	
W&C(figures exclude midwifery services)	-5.69	

An HCSW recruitment drive is being developed and it is anticipated that a campaign will be ready to launch in February 2022.

The recruitment campaign for Spring 22 will focus on bank as well as substantive employment. Temporary staffing data shows requests for additional HCA cover are in regard to focused care, vacancies, COVID resource and sickness. Only 80% of shifts are filled, however this is highly likely due to the short notice requests which are higher than RN requests (99% of shifts are picked up through bank). We also have a mobile flexible team in place of health care support workers on both sites which enables us to fill gaps at short notice

Patient Safety Severe Incidents

All moderate harm incident reports are reviewed at the interdisciplinary review meeting with escalation to serious incident (SI) where considered level of harm suggests greater scrutiny to identify wider learning for the organisation. Duty of Candour is followed. Where local investigation and management appropriate, guidance is given and requirement for any follow-up clarified. The relationship between total number of patient safety incidents and the of subsequent number of severe incidents is being closely monitored to see if there is assurance over a positive reporting culture while not seeing a rise in SI events. The category of safety incident being reported and type of SI needs to be considered when looking at this relationship.

Serious Incidents (Date Reported to STEIS)

5 recent Never Events are under review and are due for discussion at Quality & Safety committee in January. Approach to conduct of SI reviews and composition of the team also under review to improve compliance with timeline for completion of reviews.

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. The post holder will lead the work to improve this area, including developing and embedding the appropriate supportive framework. An outline action plan has been shared with the Chief Nurse and will be part of a paper that will be presented at Quality & Safety in March

Tendable (Perfect Ward)

The company has recently rebranded from Perfect Ward to Tendable, and the Trust has seen the new branding applied to the smart inspection app, audit and dashboard data.

In January 2022 the company launched a new dashboard to support ward to board reporting. The dashboards will provide data by clinical group, inspection type, area level dashboard, and actions dashboard. The executive dashboard will be used to populate the board level metrics whilst the clinical group and area level dashboards will support using the data at group and local level. From February the data from Tendable will be included within the Board Level Metrics as the exec level dashboard provides the required information without the Trust needing access to the raw data. This will be presented to Quality & Safety Committee as an overall quarterly report with trends, concerns and actions. Moving forward it will be presented part of the progress reports for fundamentals of care for assurance

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

Emergency Care 4-Hour Waits

We saw a decrease in the December performance, linked mainly to poor flow through the hospital, itself linked to a significant increase in Covid outbreaks resulting in beds blocked for admission and a significant reduction in Care home and Social care provision.

We have again improved in January to date and remain in the upper quartile as to the effect of Covid nationally. It is worth noting that we had a higher occupancy of Covid than most areas but still maintained our EAS performance compared with the other Birmingham Trusts and we are still in the median range of EAS performance when compared against our peers nationally. When comparing our performance to other Black Country trusts however we perform less well.

Attendances (including Malling)

December saw another month of decreasing attendances, although December is traditionally a month of fewer attendances linked to the festive period.

RTT – Incomplete Pathway (18 weeks)

RTT – Incomplete Pathway (18 weeks)

We saw for the 6 month in a row an improvement in our Referral to Treatment (RTT)position despite the challenges of Covid. We will continue to recover our surgical waiting list position andother Groups are now back delivering against their RTT standards. Interventions are planned for February and March should see a significant improvement in the backlog position. With T&O resuming joints and ophthalmology using insourcing this will have a positive impact on our surgical backlogs.

Also during February and March we should also see a positive position for both our outpatient and inpatient waiting lists as we insource and outsource activity through tender & direct award processes. In addition Modality who are an existing company we are working with are also delivering extra capacity going forward on top of what they have previously provided.

62 Day (urgent GP Referral to Treatment) Excluding Rare Cancers

December was a difficult month with patient choice and the continual delay in histopathology results impacting our ability to treat patients in a timely manner. Our position in January is not likely to improve on Decembers position due to the number of patients choosing not to attend for treatment over the Christmas period and hence their breach date will fall in January.

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

Overall readmissions continue to remain below the national average and on a continual downward trend. No escalation of concern

Same day emergency care (SDEC) Delivered in correct location

Although one of the winter schemes, we have struggled to address the staffing deficits in either of our SDEC facilities to show a sustainable improvement in the % delivered. We have identified the low risk chest pathway as the largest missing component equating for nearly 25% of the missing 40%. A review is underway as to how this cohort can be re-directed to SDEC as there are clinical practice changes to be agreed between ED, Acute Medicine and Cardiology. We have approached other organisations to share best practice in relation to the low risk chest pathway and we are also aiming to introduce point of care testing for some conditions by the end of February.

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 began to report achievement from Month 7. 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. All of 2122 data has been reworked using this rule and the Trust has met the target by value in 8 out of 9 months since April 2021.
Further actions continue to be implemented to improve the position further:

- Increasing the number of BACS processing runs each week
- Working with the Pharmacy team on AI invoice processing to improve performance
- Planned Trust wide communications to encourage timely receipting and dispute resolution
- 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

The next step is to increase the local supplier base; Audit & Risk Management Committee already receives reporting on payment compliance for local suppliers. The Trust is planning to develop a procurement framework for local suppliers in the coming months.

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

The Trust set an efficiency target of £13.2m for 2122, in line with the **Midland Metropolitan University Hospital** (MMUH) Long Term Financial Model expectations. This is equivalent to 2.2% (£600m turnover). National efficiency requirement 2122 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 reflected in the Statistical Process Control 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 approximately 1.1% of core efficiency in 2223, but there are significant reductions in Covid funding and a convergence adjustment to target resource allocation applied to systems. Total efficiency is therefore c5% in 2223 and growth offsets resulting in a circa flat cash position. Advise sticking with 1.6% as base case assumption for Cost Improvement Programme (CIP). The drat BVQC programme has been presented to the Clinical Leadership Executive and the Finance,Investment & Performance Committee in January. There is currently £6.4m across 39 schemes identified for 2223, with further opportunities showing a range of £10m to £17m available.

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 was achieved in H1 and the Trust is expected to achieve the same, if not more, in H2. M9 (to 31 Dec) was a small surplus position in month (£35k), maintaining the cumulative position of a £144k favourable variance. The Trust is planning to achieve a small surplus at year-end position of £365k. This does include £8.9m from the Integrated Care System (ICS) risk reserve (for the increased energy costs (as planned) and elective recovery funding – stretch offered after plan set).
Key over the coming weeks will be work to understand what the recurrent position needs to be as we begin 2223 – somewhere between budgets and current run rate. Drivers of variance from budgets are; Covid costs and unfunded capacity (£19m), energy price increases (£8m), under-delivery on 2122 budgeted CIP and vacancy factors (£9m), impact of bank rates (£5m), agreed recurrent developments and cost pressures (£4m), recovery and restoration (£10m).

Underlying Deficit (£M's)

The Trust's view of the underlying position is at £24m, reported to Clinical Leadership Executive, Finance, Investment & Performance Committee 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 Payment by Results (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 **system working** was established. Work must now focus on collaborative opportunities that improve the underlying position, and our own action to reduce the run rate and eliminate some of the cost pressures listed above.