

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:	7 th September 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 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.

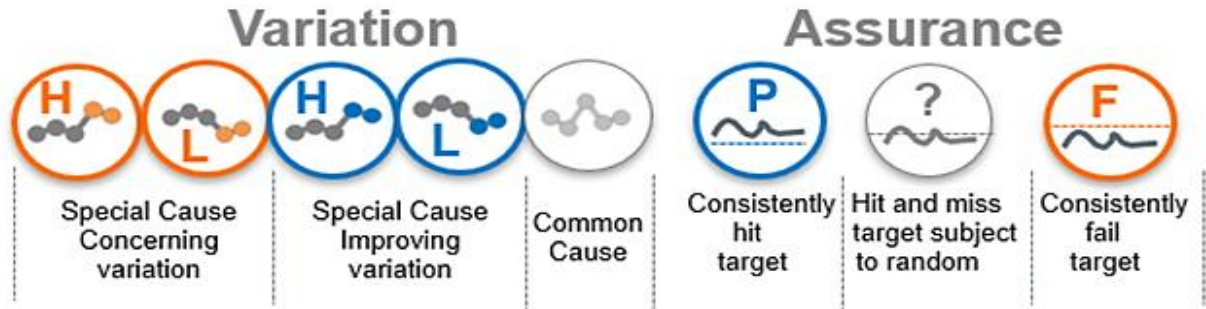
5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*

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 <small>[Safeguard Risk Nos]</small>							
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: 7th September 2022

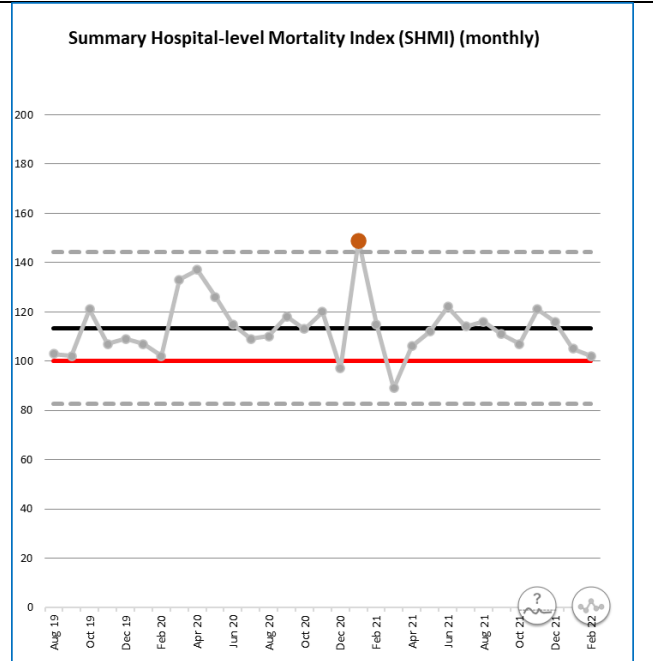
Board Level Metrics for Patients



Trust Strategic Objective	Our patients
Executive Lead(s):	
<p>Complaints per 1000 WTE</p> <p>Complaints are not necessarily raised at the time of concern, but the regulations allow for them to be brought within 12 months. This means variation by month does not indicate when the concerns arose. Variation against staff numbers is a measure NHSE/I use which is replicated in Public View, which shows us as having high complaint numbers, comparatively. The relative rate may be, in part, due to the way we tend to manage concerns raised to us most as formal complaints rather than triaging them to see if they can be local resolution (PALS). This work is in train to change that approach radically.</p>	<p>Complaints per 1000 WTE</p>

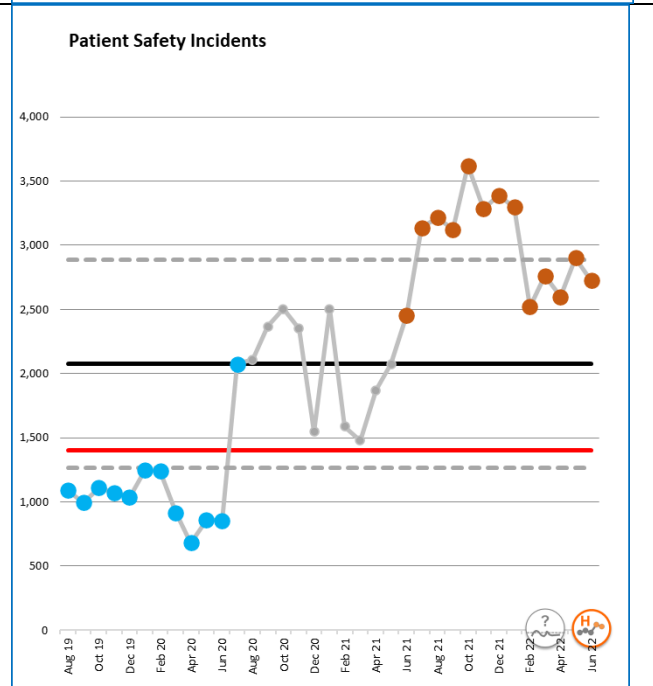
Summary Hospital-level Mortality Index (SHMI) (monthly)

Summary Hospital-level Mortality Index (SHMI) (monthly)
 Progressive fall in 12 month cumulative score (April 2021-March 2022) to 103.9 This is monitored through Learning From Deaths committee.
 Project work progresses with several quality Improvement projects including improving pathways for Sepsis, UTI, pneumonia, depth of coding, safety huddles and reviewing/auditing conditions where there are more observed deaths than expected



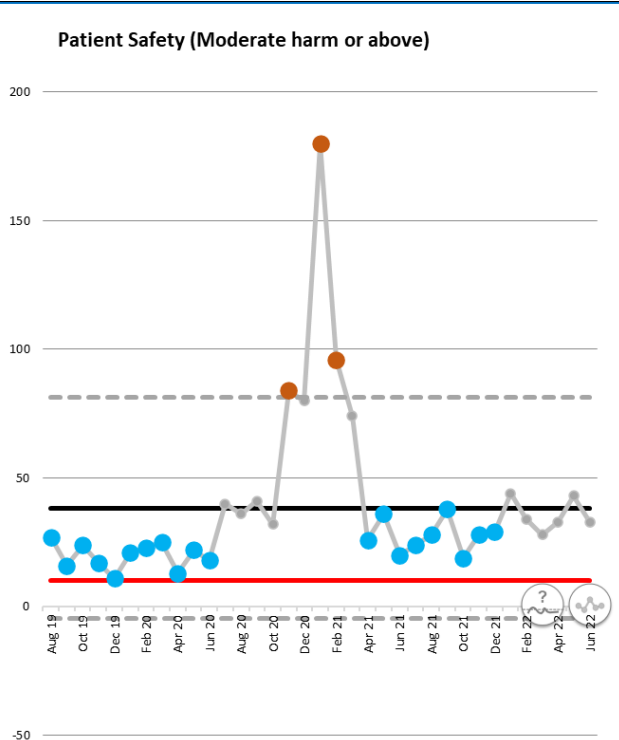
Patient Safety Incidents

It is not unexpected that during Covid waves the number of incidents was reduced, due to the lower number of in-patients during these peaks, with the exception of the introduction of reporting hospital acquired Covid.
 In recent months reporting has been, in some cases, 50% higher than pre-covid figures.
 Most of the increase in incident reports relates to 'admission' and is likely related to the pressures being faced by our EDs not being able to offload from ambulances or waits within the department.
 Otherwise, patient safety incidents remain relatively stable.



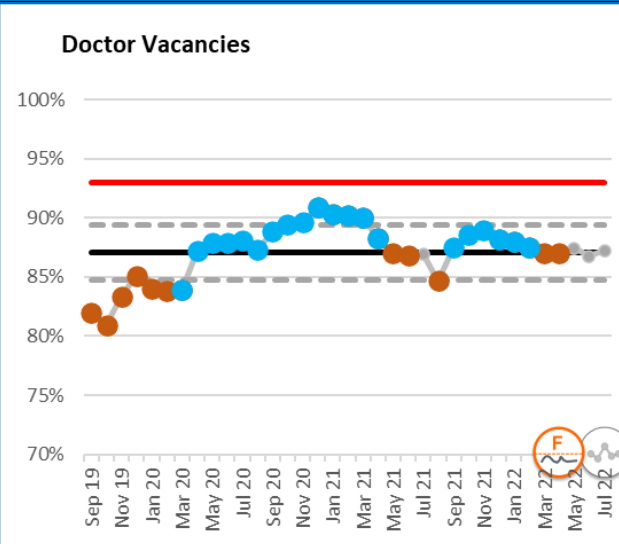
Patient Safety (Moderate harm or above)

Reporting of hospital acquired Covid cases has slightly skewed the number of moderate and above cases being seen, relative to pre-pandemic. It is clear to see that there are more incidents being reported as moderate and above compared to pre-pandemic. These are reviewed at the weekly harm review meeting to ascertain whether they require local or corporate review as a serious incident. Tracking the implementation of any change and learning from these incidents is done through Executive Quality Committee and the process behind this is under review.



Doctor Vacancies

The position for recording of and the actual number of vacancies for established medical staffing posts remains stable. Work progresses with the eAllocate rota system which allow day by day vacancies to be presented accurately.



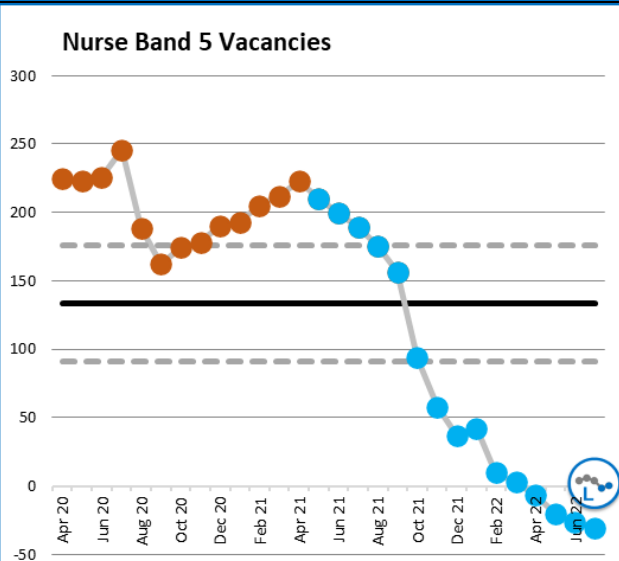
Nurse Band 5 Vacancies

Since April 2022

- 60wte RN have been recruited from overseas
- 75 local graduates will commence working with the Trust in Sept 22
- A further 30 wte IR Registered Nurses have been offered positions and will arrive autumn and winter 22/23.
- The Trust should anticipate that a further 3

The 3 areas with the highest Band 5 vacancies against funded establishment are:

- Critical Care – 14.75wte
- AMU A City -14.90wte
- Gynae Cancer D21 – 7.06wte



Critical Care and AMU have recruited to all Band 5 vacancies. ED have a co-hort of 23 wte new starters in September 22. D21 have recruited to 4.0wte.

The Nursing and Midwifery Team are currently reviewing and redesigning a 12-month preceptorship programme based on the new national preceptorship framework, which will support the transition from student to registrant practitioner.

All recruited IR nurses (excluding August Cohort) have successfully attained NMC registration.

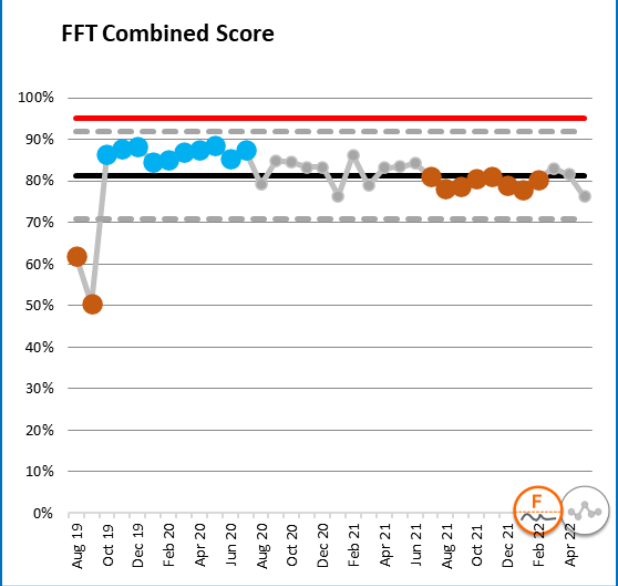
In October 2022 the N&M team will be confirm the number of students graduating in January 2023 who have confirmed that they wish to take up the offer of employment with the Trust as part of the Guaranteed Job Scheme.

FFT Combined Score %positive responses - experience overall

During July, 5,891 participated. Across all modalities 81.7% rated their overall experience positively, a 0.3% decrease on June (82%).

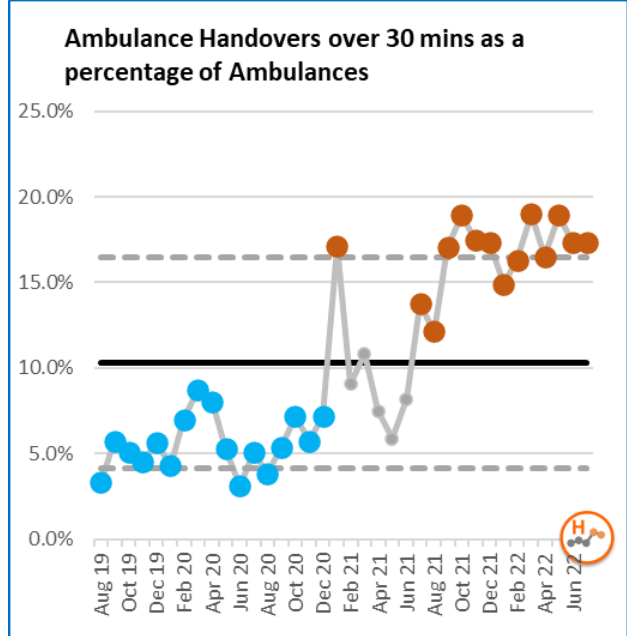
Patient Reported Experience Measures (inclusive of FFT) are being developed across the Trust. Volunteers are being recruited to boost participation in addition to QR codes as a means of accessing participation.

Further to initial Ophthalmology (Birmingham and Midland Eye Centre - BMEC) complaints, PALS and FFT comments analysis, Healthwatch have commenced a BMEC patient experience qualitative research project, involving patient and complainant interviews, staff focus groups, in-service observation and desktop analysis.



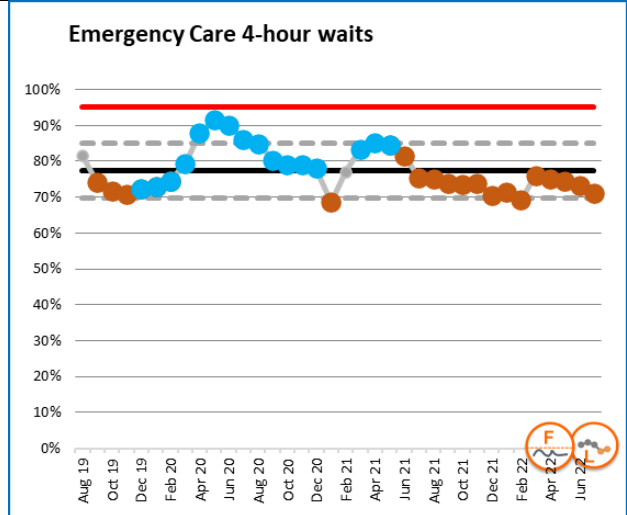
Ambulance Handovers over 30 mins as a percentage of Ambulances

We continue to see a variance in performance between our 2 sites with City performing marginally better than Sandwell. We have continued to see high numbers of intelligent conveyance from UHB hospitals and to a lesser extent Russells Hall. We have revised our staffing skill mix in ED to improve staff ratios in the ambulance hand over and triage areas. As one of the main contributory factors to timely handover is majors cubicle availability we have plans to extend our cubicles at City and an improved estate solution at Sandwell that will see more patients moved into SDEC. Both these elements form part of the winter plan.



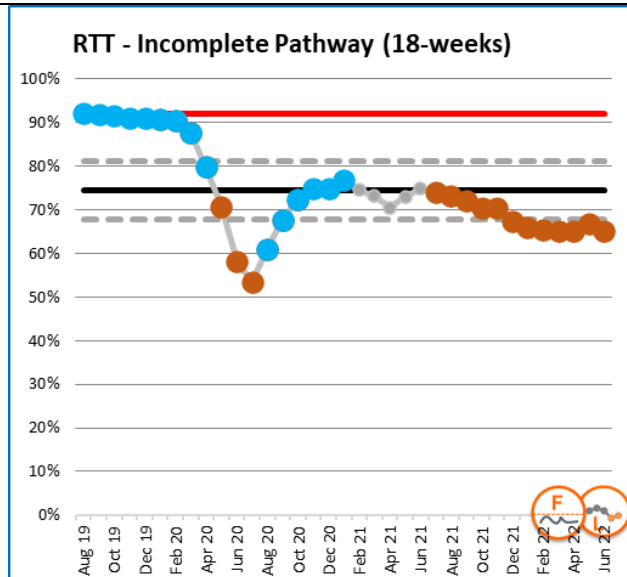
Emergency Care 4-hour waits

The main breach reason of our patients is lack of a space on our assessment units and in turn their inability to transfer patients to a speciality bed in a timely manner particularly in medicine. We are aiming to open a discharge lounge at the Sandwell site as overall we have sufficient discharge it is the timing of the discharges that contributes to ED becoming congested. Discharge timeliness coupled with an improved escalation process which has been implemented will have a positive effect on our 4 hour performance.



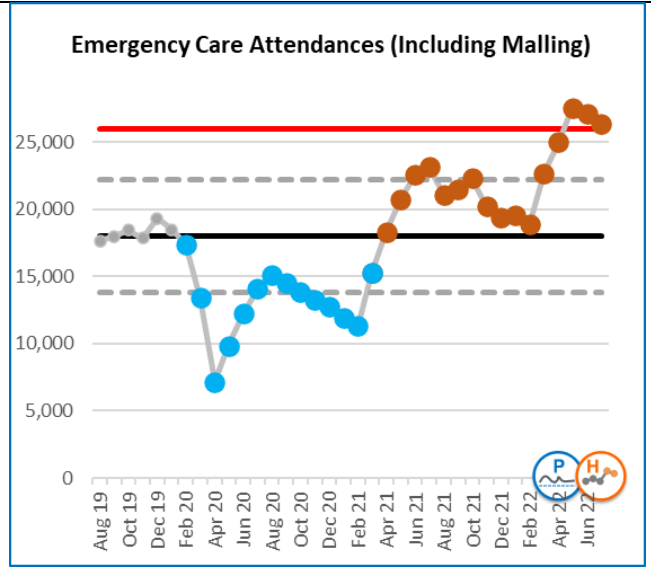
RTT - Incomplete Pathway (18-weeks)

Despite a slight deterioration in the last months performance we are still in the top 50% of trusts nationally. Our priority is the treatment of long wait patients and the plan is to reduce the wait time down to week 85 during September and then week 78 by December, this is in line with national expectations and we are on track to achieve this.



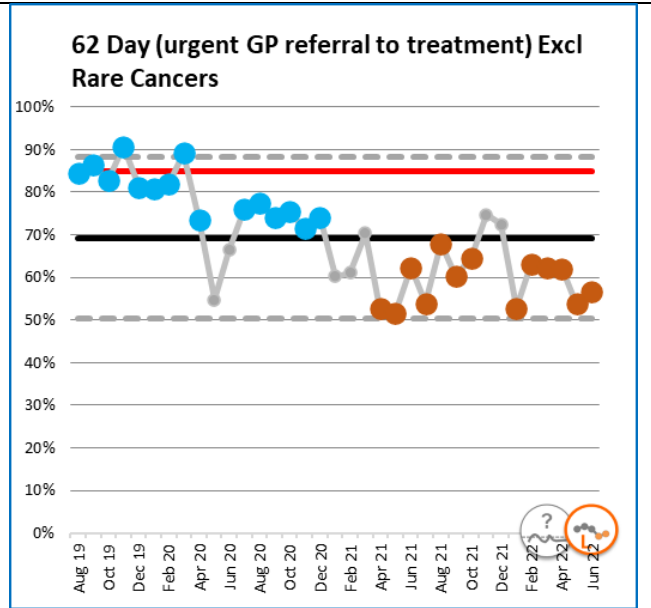
Emergency Care Attendances (Including Malling)

The last few month we have been at the higher end of the SPC chart range. This is impacting on our congestion in ED and flow out of ED. We will see incrementally over the next few months more investment and recruitment to our community services and in particular the expansion of our care navigation services whose aim is to reduce unnecessary attendance and admissions. For those patients that do arrive at ED the actions outlined in the 4 hours waits section above will also aid patient flow.



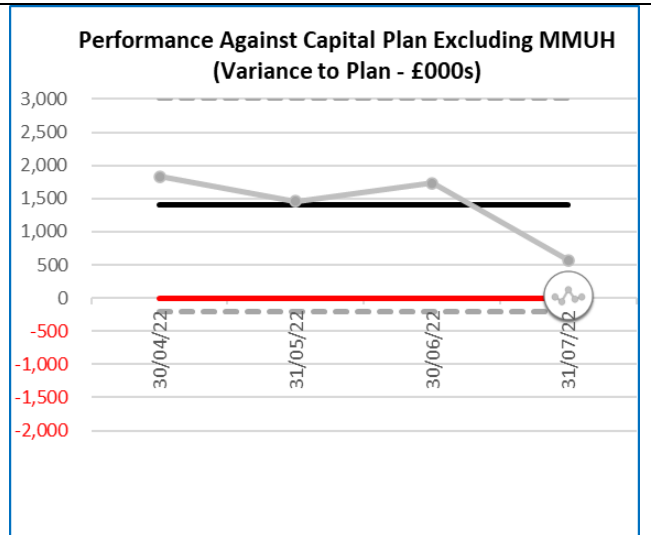
62 Day (urgent GP referral to treatment) Excl Rare Cancers

The SPC demonstrates a slight improvement on our 62 day performance. We will continue to develop improved processes and diagnostic access to patients to further improve.



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

Excluding the MMUH capital programme the Trust has a £8.59 plan year to date with an actual spend of £3.19 - £5.4m underspend. This is despite the Trust over committing against available funding by £5m. The Capital Management Group has requested a reforecast of the plan for the remaining months of the year to ensure the overall plan will be delivered. This reforecast will include any revised priorities that have arisen in year. Despite the current underperformance the Executives are assured the plan will be delivered



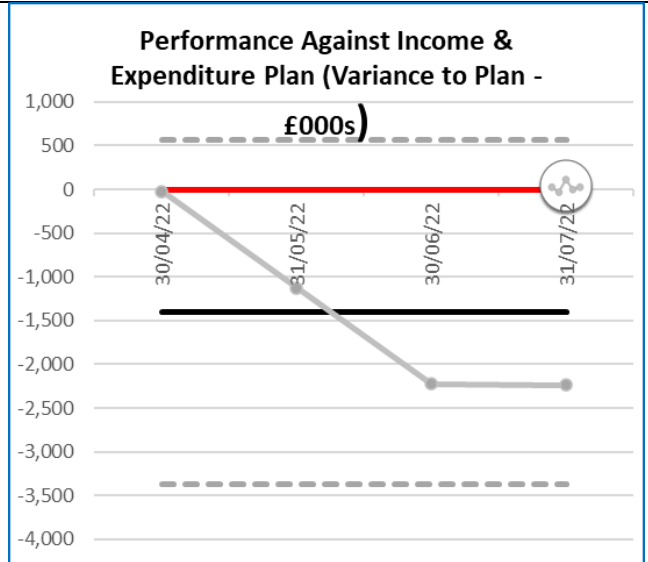
Performance Against Income & Expenditure Plan (Variance to Plan - £000s)

At the end of July, the Trust reported a £5.584m adverse variance to the Trust plan – a £10,316k deficit against a £4,732k deficit plan.

The key drivers for the year to date variance are:

- No receipt of the planned income linked to the insourcing and outsourcing - £1.5m
- Energy costs, predominately the April Scottish Power charge - £1.3m
- Excess capacity – circa 62 beds (average) above the plan of £3.4m (ward/ED nursing and ED/acute medics)
- Drugs, including high cost drugs, with some being “pass through” – constrained by the block agreement
- Vacancies in PCCT offsetting some of the overspends

The Board is asked to refer to the month 4 finance report including the year end forecast for further details.



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

The cash balance at the end of July is £55m, £22.6m above the plan level.

The cash balance is a consequence of 3 main factors; the Income and Expenditure adverse position; the capital programme underspend and the receipt of £18.2m funding for MMUH with costs yet to be incurred.

