Paper ref:	TB (05/22) 008

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**	4th May 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.

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	

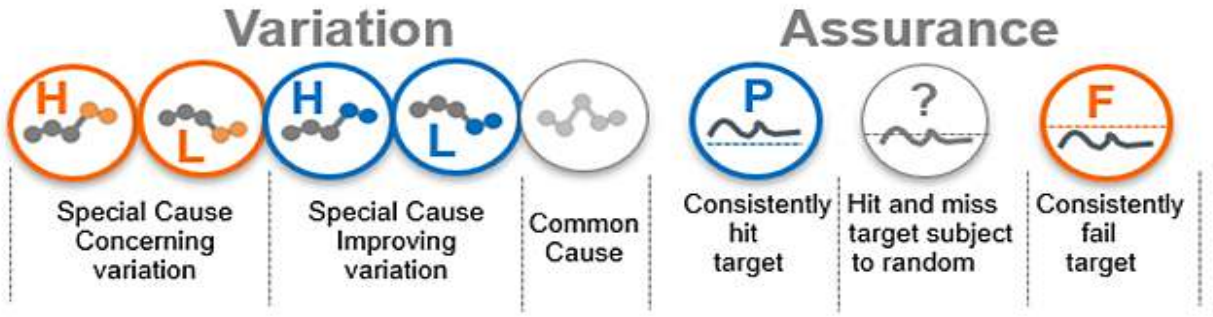
4.	**Recommendation(s)**
The Trust Board is asked to:	
a.	**RECEIVE:** and note the report for assurance
b.	

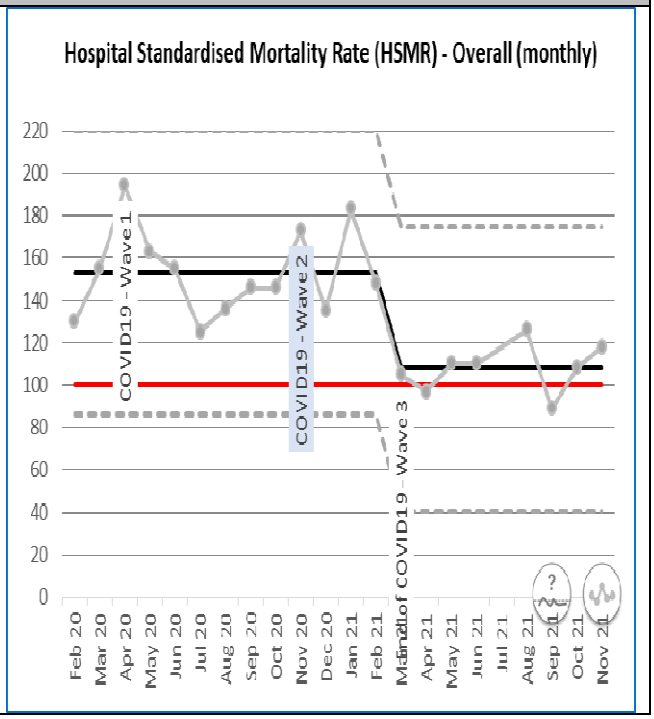
5.	**Impact** *[indicate with an **'X'** which governance initiatives this matter relates to and where shown elaborate]*							
Trust Risk Register								
Board Assurance Framework	X	New BAF risks for this strategic objective are under construction for presentation at April 2022 Trust Board						
Equality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

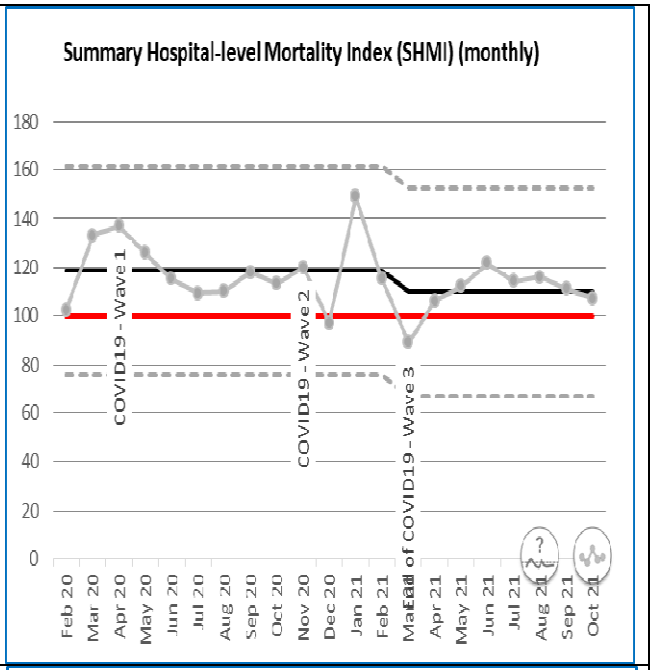
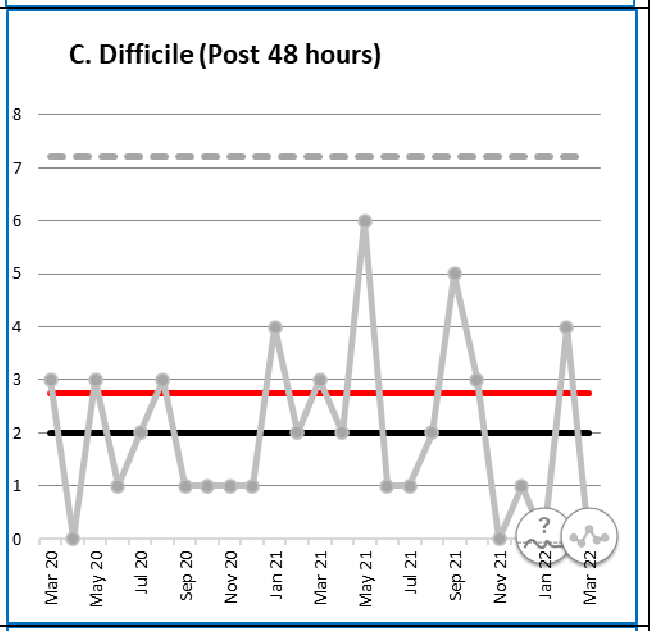
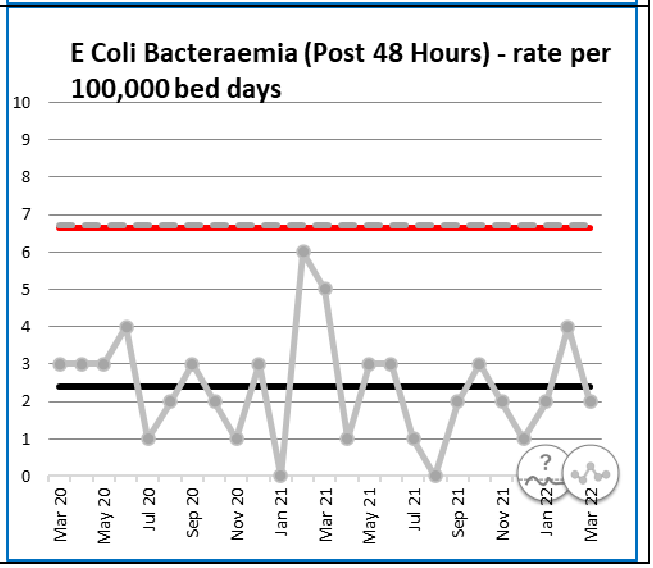
SANDWELL AND WEST BIRMINGHAM NHS TRUST

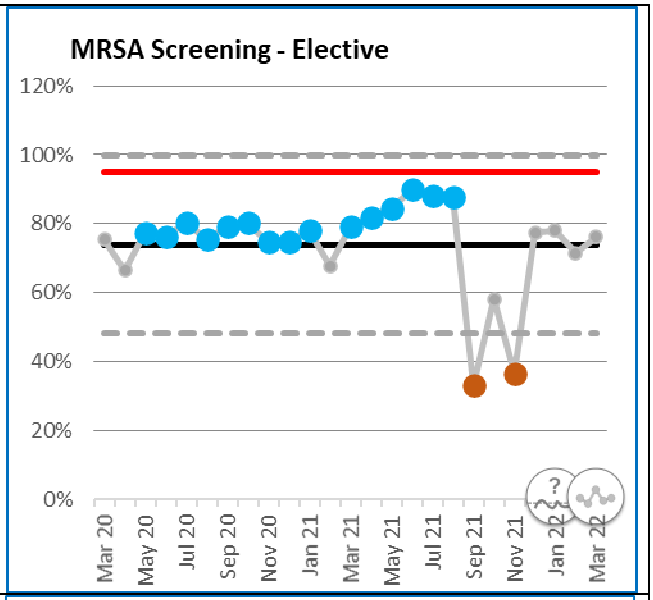
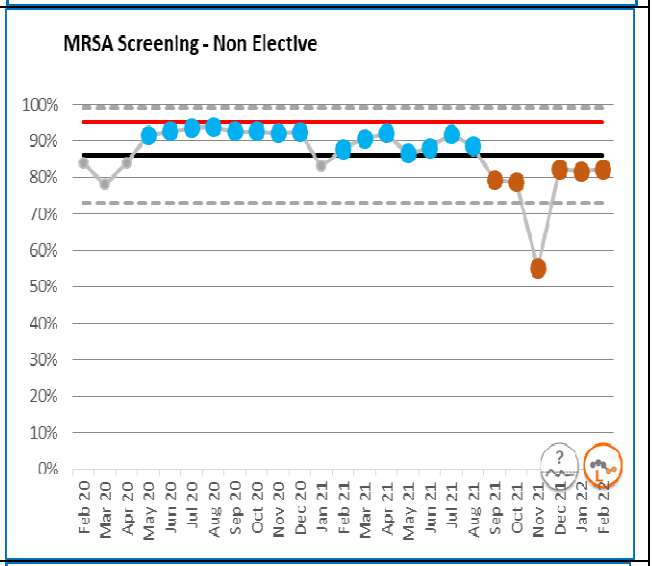
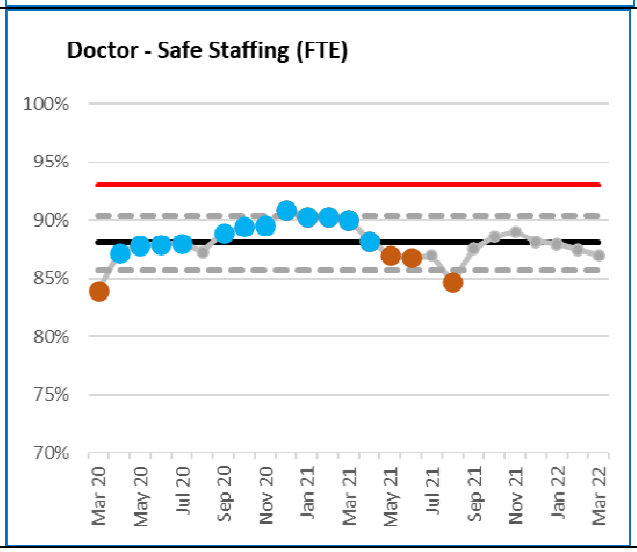
Report to the Public Trust Board: 2nd March 2022

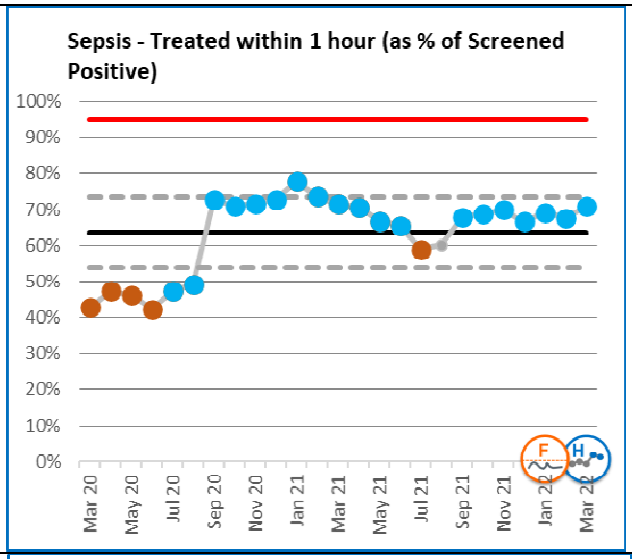
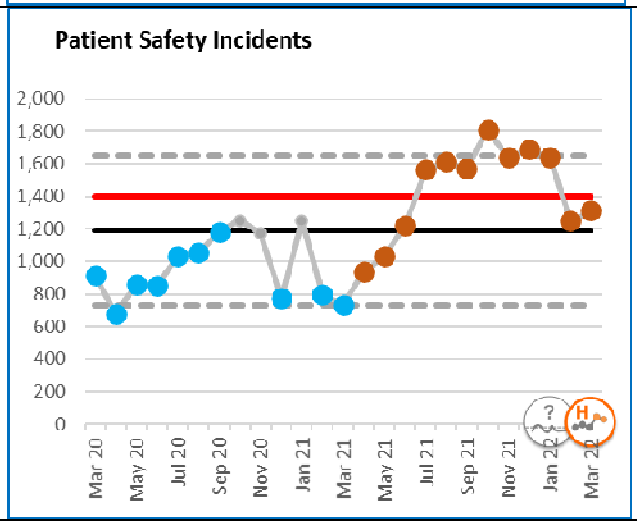
Board Level Metrics for Patients

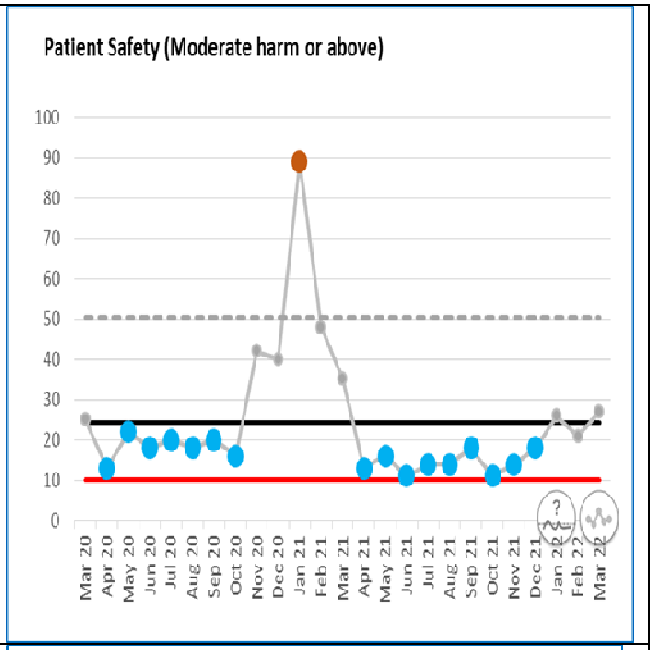
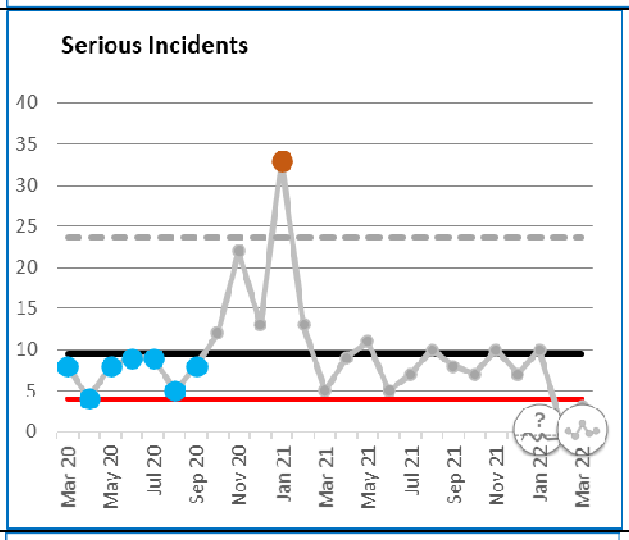
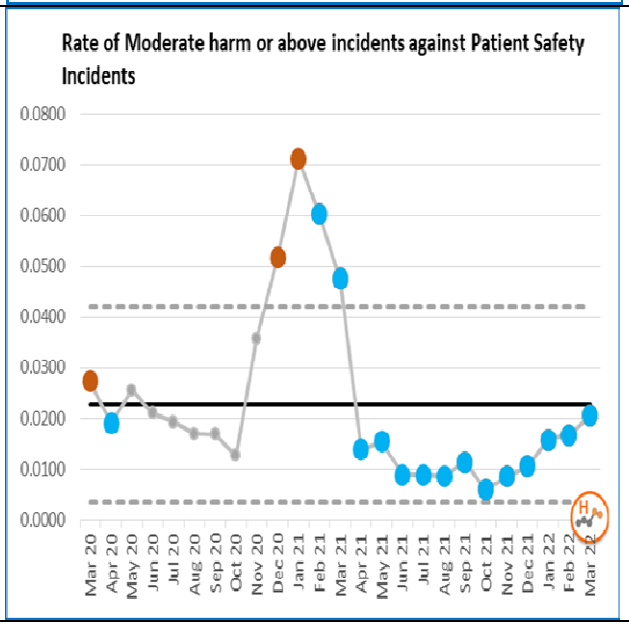


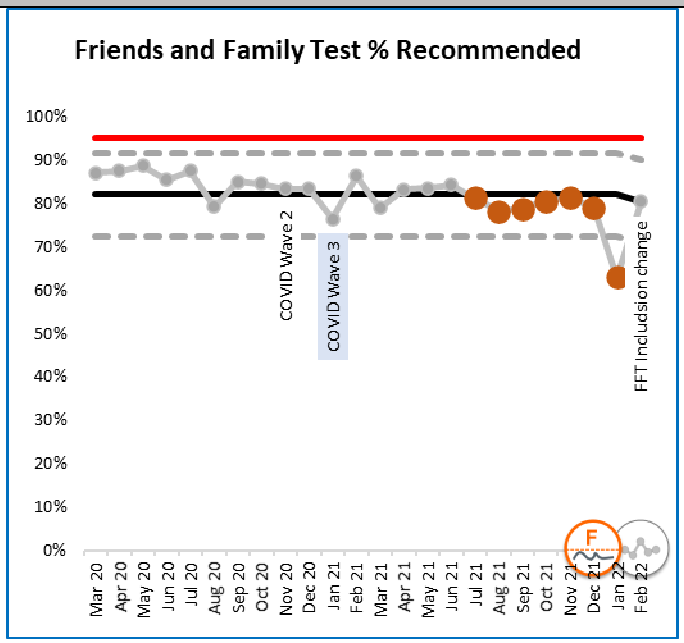
CQC Domain	**Safe**
Trust Strategic Objective	**Our patients**
Executive Lead(s): Medical Director & Chief Nurse	Statistical Process Control (SPC) Trend Charts
Hospital Standardised Mortality Rate (HSMR) - Overall (monthly) HSMR monitored closely through Learning from Deaths committee. Progressive fall in 12 month cumulative score to 118 to latest data point (Jan 2022) (April 2021 was 138). Project work progresses with depth of coding (increased for urgent admissions).	

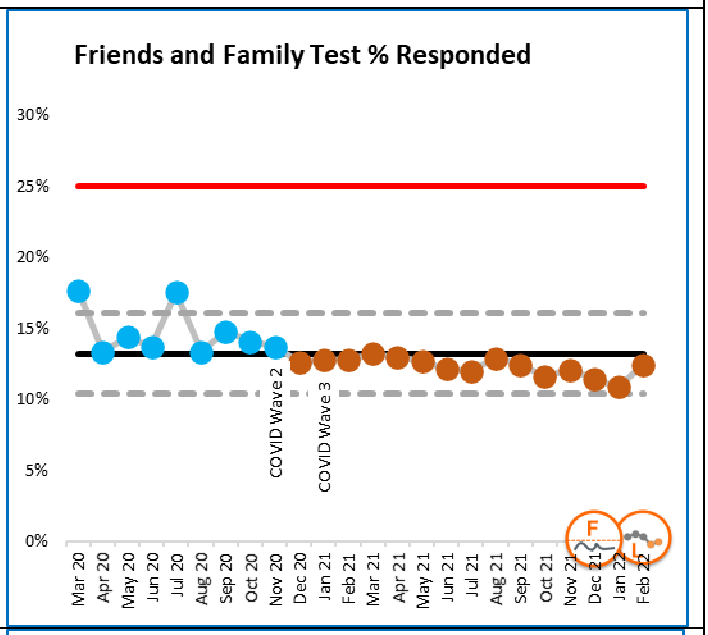
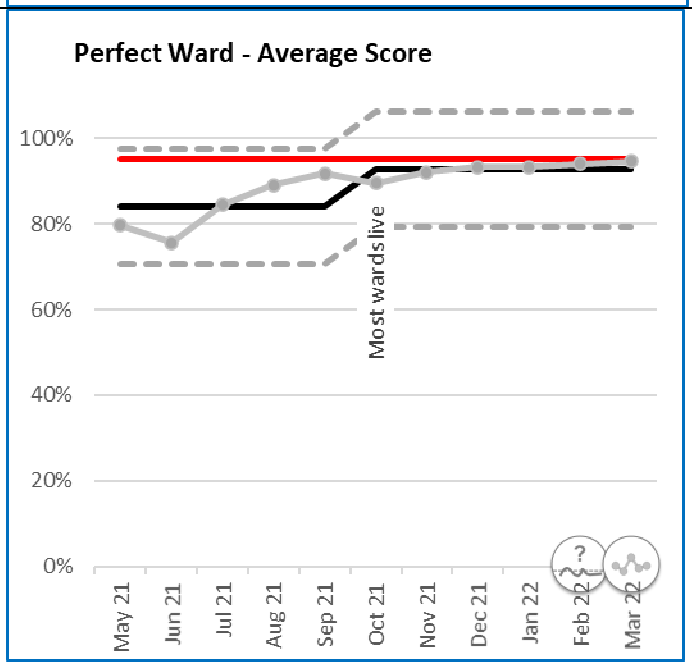
Summary Hospital-level Mortality Index (SHMI) (monthly) Fall in SHMI (12 month cumulative = 113 to December 2021). Closely monitored through Learning from Deaths Committee. Reversal in weekend/weekday mortality (weekend now lower – December 2021). As part of this, a fall in SHMI for sepsis noted (124 from 145 at peak in march 2021 – cumulative score). Changes from sepsis improvement week to be a month long focus to embed identified learning points.	
C.Difficile (Post 48 hours) The end of year total cases are 25 post 48 hours and 7 that are 4 weeks post healthcare interaction, our total is 33. Antibiotic prescribing continues to be the main reason for cases, and the majority of cases are in line with formulary.	
E Coli Bacteraemia (Post 48 Hours) End of year 23 against 80 trajectory There has been a consistent low number of EColi bacteraemia for the year, we have are below trajectory.	

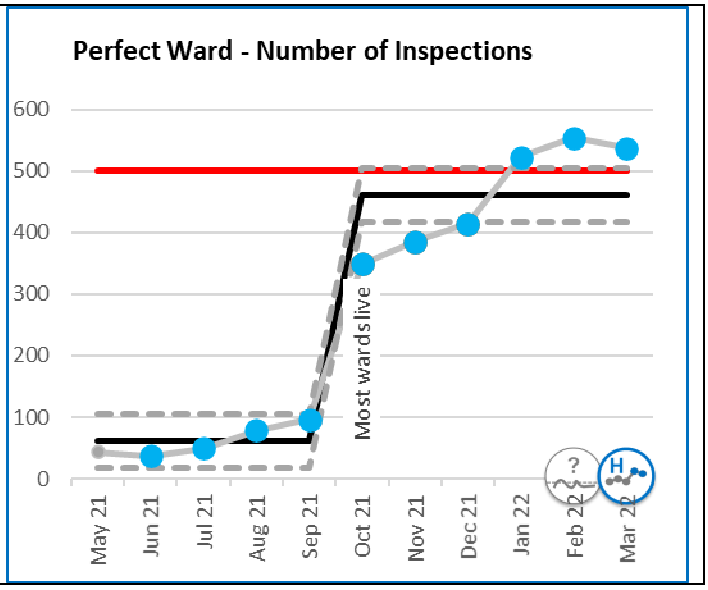
MRSA– Elective Work is being carried to align the data sets, pending update from informatics team. Data sets have been reviewed and exclusion lists updated pending new report to cross reference data sets.	
MRSA– Non Elective As above the two metrics are linked to the same data sets.	
Doctor – Safe Staffing (FTE) Under review to establish the mechanism for day to day staffing pressures versus established post fill as shown in this SPC chart . Mechanism and timeline to provide this under review.	
Nursing – Safe Staffing	With the imminent introduction of a new rostering system (“Allocate”) which will be a phased approach across the organisation commencing in May 2022 and completing in

	October 2022– the nursing team will be working interim metrics such as recruitment metrics with the Performance and Insight team to provide board level assurance in relation to safe staffing. The first piece of work we are undertaking with Allocate is to clean the current roster system's to ensure we transfer the correct systems and processes to the new system. Allocate will be able to at a glance see if we are providing safe staffing across the organisation which will give board level assurance moving forward. We have also just registered to take part in the community nursing safe staffing tool
HCA – Safe Staffing	**AS ABOVE**
Sepsis – Treated within 1 hour (as % of Screened Positive) Sepsis improvement week focused on ED to look at pathways for identification of sepsis and introduction of sepsis 6. Issues around blood cultures, pathway for continuation of antibiotic as patients move from one area to another and use of electronic patient record were identified.	
Patient Safety Incidents Number of incidents reported has dropped a little but still reflects good practice from staff to report incidents	

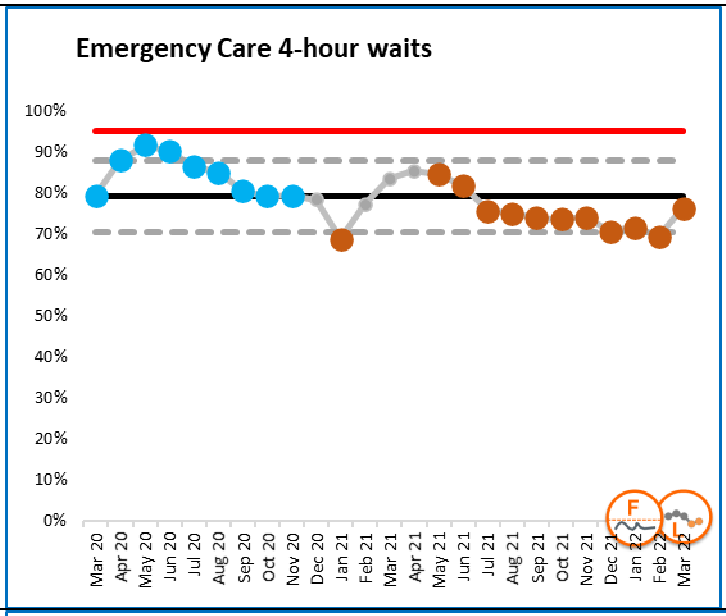
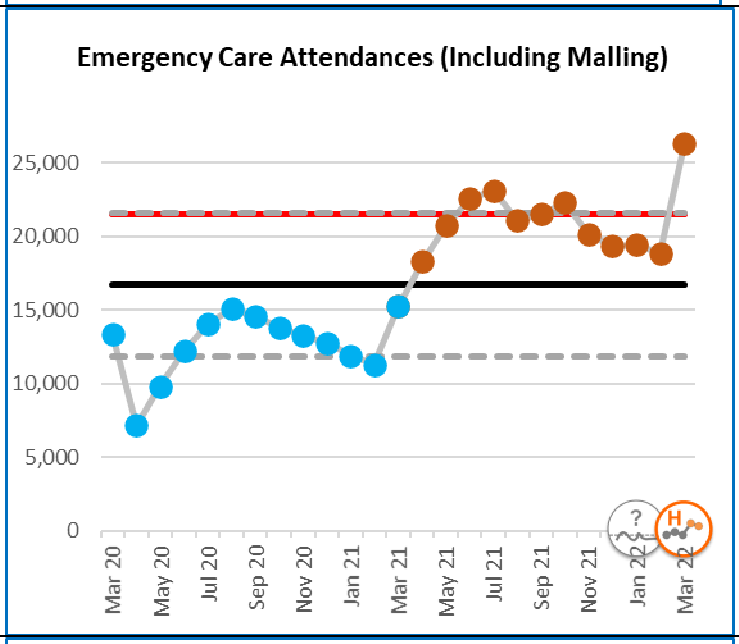
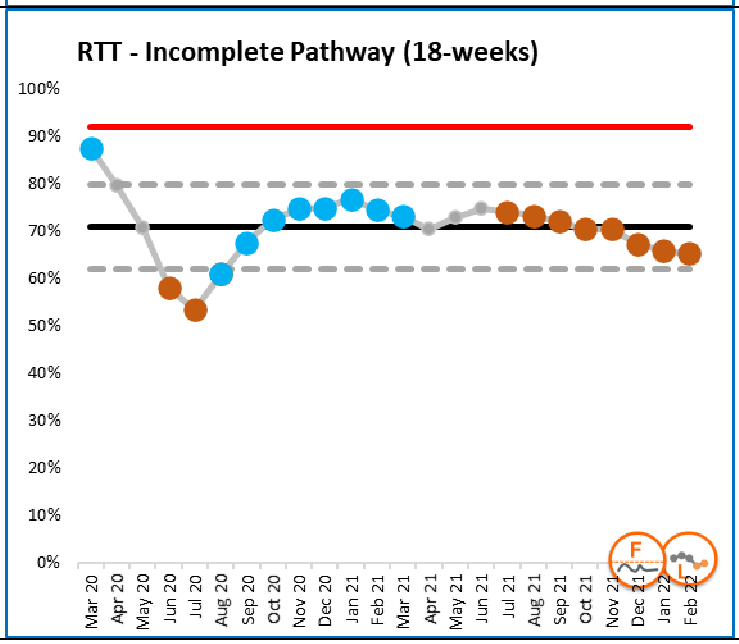
Patient Safety Severe Incidents Ratio remains up a little with a positive reporting culture overall. Rates of moderate harm incidents are stable this month in the presence of a fall in overall incidents logged, so rate shown here is up a little . Further review of the categories of overall incidents logged will be undertaken if this trend continues to understand if there is a change in reporting culture or type of incident.	
Serious Incidents Low number of SIs declared having been reviewed at the moderate harm meeting	
Patient Safety Severe Incident Rate against Patient Safety Incidents Ratio remains up a little with a positive reporting culture over all. Rates of moderate harm incidents stable this month in presence of a fall in overall incidents logged, so rate shown here is up a little.	

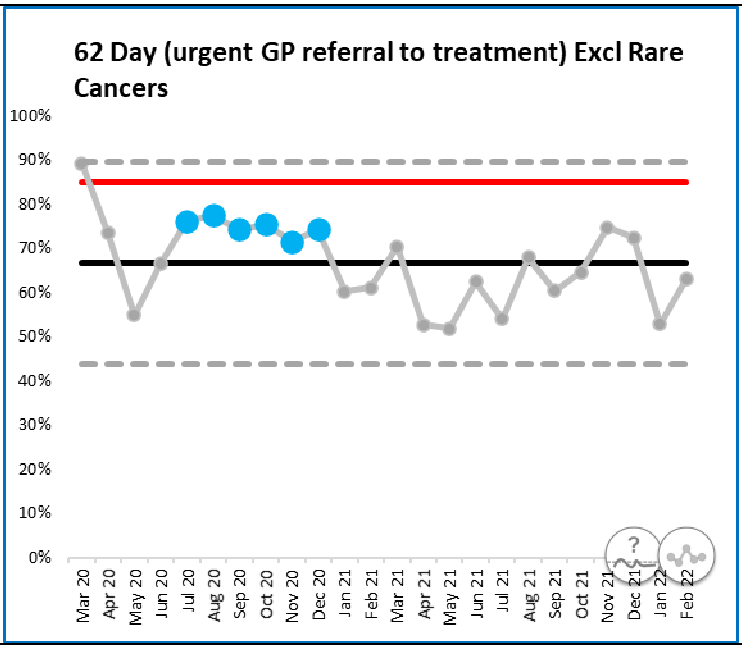
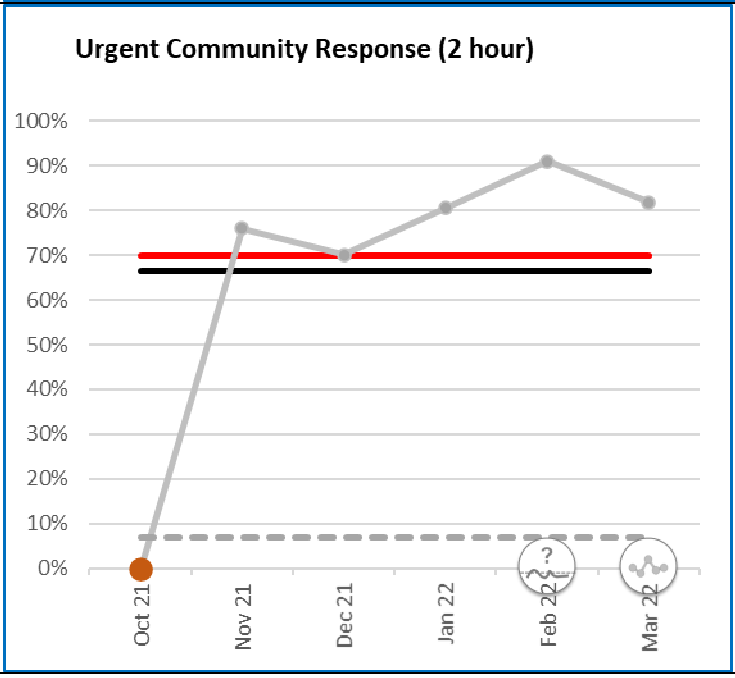
CQC Domain	Caring
Trust Strategic Objective	**Our patients**
Executive Lead(s): Chief Nurse	Statistical Process Control (SPC) Trend Charts
FFT Recommended % Recommended Following changes to national guidance and question wording, the FFT asks patients to rate their overall experience of service using an updated response scale ranging from very poor to very good. Patients are asked to provide qualitative feedback, why they chose a particular rating and anything we could have done better for them (NHS England, 2020). Analysis of FFT data, regional and nationally, has been completed, alongside benchmarking against national patient experience tools. This information has been presented at April EQC and a working action plan has been devised to address the identified gaps.	

FFT Recommended % Responded See above update for FFT Recommended % Recommended.	
Perfect Ward Currently 57 areas across the organisation are completing the audits monthly, 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. An additional 15 areas have been identified by the clinical groups to be included within Tendable and the bespoke question sets are being developed if any of the current question sets are not suitable. A peer review process is being developed to support validation of audit process and results. We are working with the company to explore the new pricing packages which include a service accreditation module which will support the Fundamentals of Care Approach which will be launched summer 2022.	

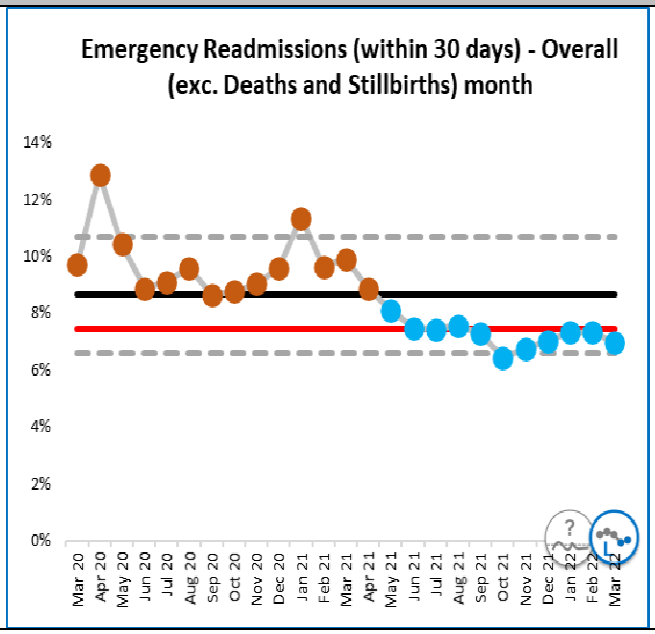
Perfect Ward – Number of Inspections Most areas have 9 audit types that are completed monthly, with some areas having 8 audit types. Nutrition and Hydration audit type is not applicable to several areas, i.e., OPD, CPAU, GP practices. The clinical groups monitor compliance (results and number of inspections) through their governance structures.	

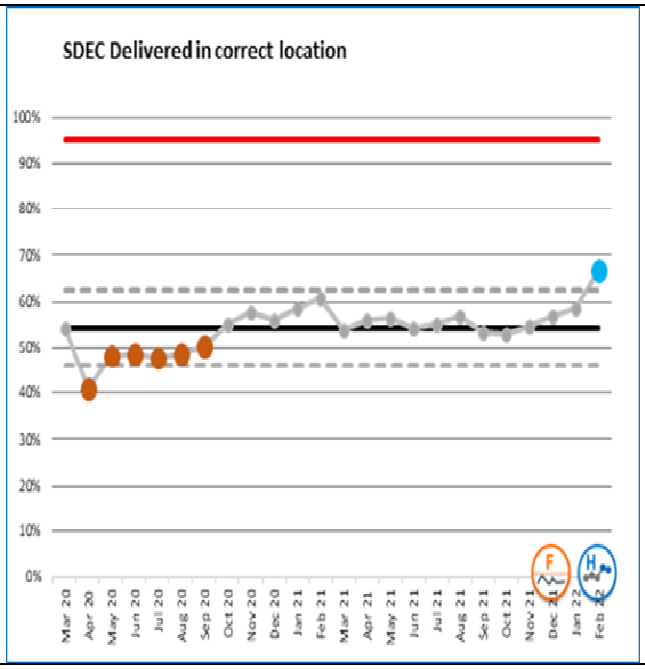
CQC Domain	**Responsive**
Trust Strategic Objective	**Our patients**
Executive Lead(s): Chief Operating Officer	Statistical Process Control (SPC) Trend Charts

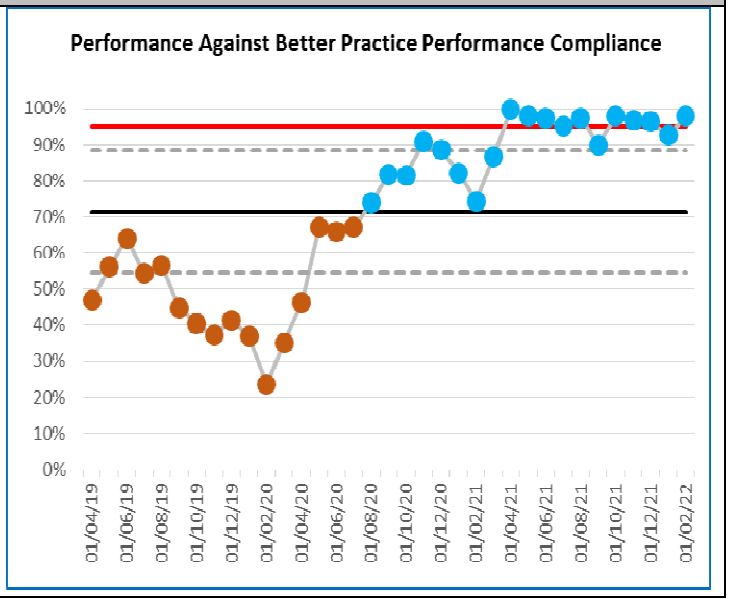
Emergency Care 4-hour waits As updated at last Board we have seen a shift in ED performance to 76.1%. This is due partly to the UTC data collected within our figures as well as the improvements in flow by re-establishing our bed base and the improvements (see below) in our SDEC utilisation. This places us in the top quartile nationally and we aiming to improve this to above 80% by June as our improvement plan continues to pick up pace.	
Emergency Care Attendances (Including Malling) The Shift in attendances is linked to the inclusion of UTC activity within our numbers. This is coupled with a higher than average increase in ED attendances. This is the opposite of the regional trend which is flat. We continue to assist UHB and this arrangement is being formalised. We will assess the impact this will have and the Board will see re-profiled mean and upper and lower limits SPC for next time as we re-calibrate our new position.	
RTT - Incomplete Pathway (18-weeks) We have seen another month of reduction in our overall RTT position although we have seen improvements in our P2 position, 104+ and 90+ position. In April we will see the first month of a steady state position, with a small increase in May before we start to see the improvements profiled as suggested in June.	

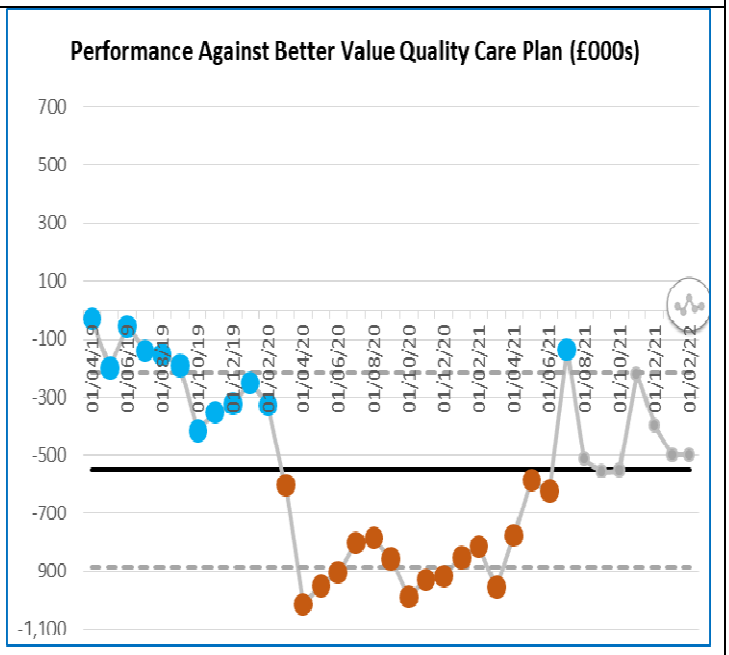
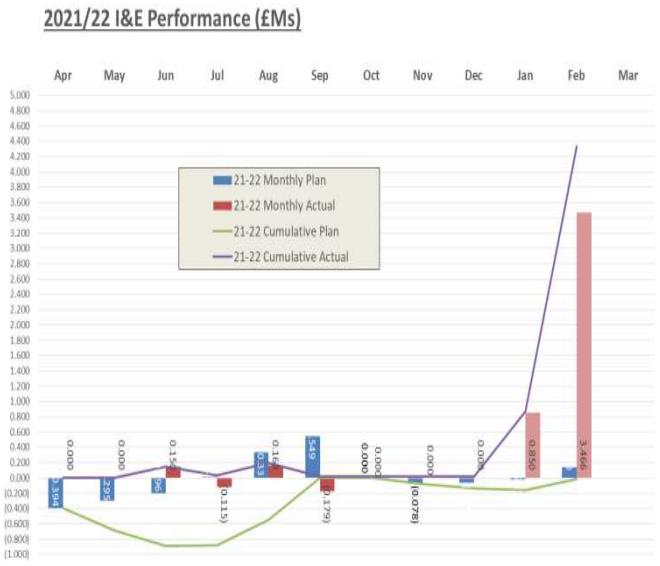
62 Day (urgent GP referral to treatment) Excl Rare Cancers Our Cancer position remains volatile and although Feb and March will bring about small improvements we are not close to being back to our pre Covid performance, Colorectal and Urology are the main two contributors to the performance decline and specific recovery trajectories have been implemented and monitored in these two tumour sites.	
Urgent Community Response (2 hour) Our 2 hour community response standard remains above the national target, we will aim to increase this further following the consolidation of our single clinical navigation centre, planned over the next 2 months.	

CQC Domain	**Effective**
Trust Strategic Objective	**Our patients**

Executive Lead(s): Chief Operating Officer	Statistical Process Control (SPC) Trend Charts
Emergency Readmissions (within 30 Days) – Overall (exc. Deaths and Stillbirths) Month Our 30 day re-admission continues to deliver better than national average performance. There are no concerns in relation to this.	

SDEC Delivered in correct location As forecast, you see the improvement in SDEC utilisation with an increase in overall numbers of patients seen in the areas, but most importantly an increase in the % of correct patients seen in that location. The Graph shows the first small increase as we aligned locum consultant cover into our 2 SDEC area's, this continues in March and April. Our next step change will be seen in May with the re-location of the unit and agreement of the low risk chest pathway.	

CQC Domain	**Use of Resources**
Trust Strategic Objective	**Our patients**
Executive Lead(s): Chief Finance Officer	Statistical Process Control (SPC) Trend Charts
Performance Against Better Practice Performance Compliance The Trust has implemented a number of key actions in 2021/22 to deliver the 95% target for both value and volume and these continue to deliver as shown in the SPC chart on a consistent basis. There has been a positive trend for all of 21/22. Further actions to consolidate this performance include • Increasing the number of BACS processing runs each week • 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	
Performance Against Better Value Quality Care Plan (£000's) The SPC chart for BVQC shows the monthly performance against the SWB stretching, £13.2m CIP plan for 2021/22. This target is more than double the nationally driven target reflecting the cost pressures / developments the Trust supported during the planning process and alignment to the MMUH Long Term Financial Model . Despite the Trust reporting circa £8m for 21/22 we have been consistently below the monthly target, reflecting the stretching nature of the target	
2021/22 I&E Performance (£M's) The I&E position is not suitable for a SPC chart, a revised option is presented. • The blue bars are the monthly plan with the green line being the cumulative plan • The orange bar is the actual performance with the purple line being the cumulative position • The key points to note are: • The Trust has consistently delivered against the monthly plan with the gap between the	

21/22 plan and 21/22 actuals consistently being favourable
• The Trust has secured £8.9m from the ICS risk reserve to support H2 ERF and the increased energy costs
• M12 (to March) was a surplus, £0.9m in month, maintaining the cumulative position of a £5.2m favourable variance
• The Trust year end surplus of £5.2m is driven by:
  ○ Additional income received from the ICS, and
  ○ Performance against funded expenditure streams such as TIF funding, Winter Plans and Elective recovery	

Underlying Deficit (£M's) This metric is a subjective and strategic measurement not updated any more frequently than annually due to complex work required and impact of strategic external factors. As such the trend for 21/22 is flat. That said, • The Trust has reported a £24m underlying deficit to CLE, FIC, Trust Board and the ICS. It is reflected in budgets and the Trust maintained a route to breakeven. • Work ongoing at system level to determine underlying system deficit position, of which SWBH would have a share (basis to be determined) – expected to be completed by end 2021/22 financial year • It is recommended as part of the 22/23 planning process the underlying position is reviewed and formally reported through CLE, to FIPC and the Board