

Paper ref: TB (10/22) 010

PATIENTS
PEOPLE
POPULATION



NHS
Sandwell and West Birmingham
NHS Trust

REPORT TITLE:	Board Level Metrics (Patient strategic objective)		
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:	5 th October 2022

1. Suggested discussion points <i>[two or three issues you consider the Trust Board should focus on in discussion]</i>
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 <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>												
<table border="1"> <thead> <tr> <th>OUR PATIENTS</th> <th></th> <th>OUR PEOPLE</th> <th></th> <th>OUR POPULATION</th> <th></th> </tr> </thead> <tbody> <tr> <td>To be good or outstanding in everything that we do</td> <td>X</td> <td>To cultivate and sustain happy, productive and engaged staff</td> <td></td> <td>To work seamlessly with our partners to improve lives</td> <td></td> </tr> </tbody> </table>	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	
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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 <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
N/a

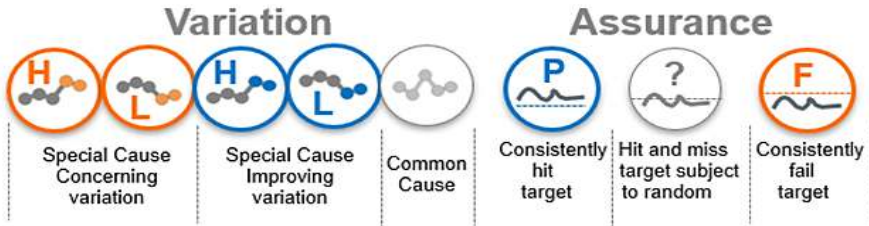
4. Recommendation(s)
The Public Trust Board is asked to:
a. RECEIVE and note the report for assurance
b.
c.

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>					
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: 5th October 2022

Board Level Metrics for Patients

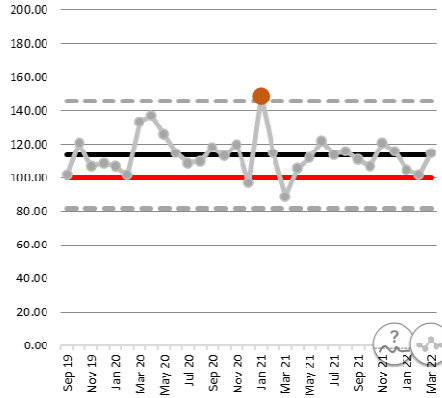


Trust Strategic Objective	Our patients
<p>Complaints per 1000 WTE</p> <p>There is no standard definition for what a complaint should include, and it is likely that SWB enters a number of enquiries and concerns into the 'formal complaint' stream which is why our numbers appear inflated, comparatively. To address this, we are going to triage cases prior to logging and place each into the correct stream to provide a proportionate, investigation and response time. This will mean that where cases can be answered by the service as local resolution, they will be logged as such reducing the number of complaint cases reported to NHS Digital. Good progress is being made with regard to the complaints backlog and we will have cleared that backlog by the end of the calendar year.</p>	<p>Complaints per 1000 WTE</p>

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

SHMI remains at 104 and our ranking has improved to 73rd out of 121 Trusts. This is closely monitored by Learning from Deaths Committee. Audit of deaths due to acute myocardial infarction showed that spike in SMHI for this condition can be accounted for by increase in Out Of Hospital Cardiac Arrests (OOH CA)(It is recognised that patients have a significantly higher mortality rate if OOH CA or cardiogenic shock)

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

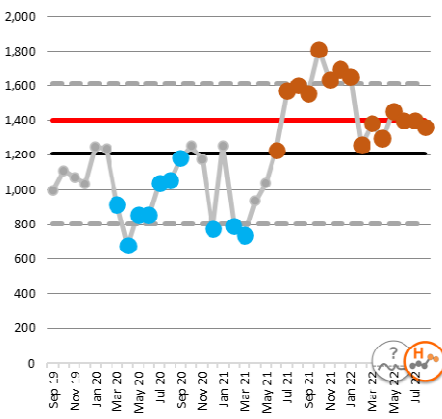


Patient Safety Incidents

Reporting of patient safety incidents remains stable. Recent anecdotal data from staff indicates that there is under reporting. Staff have reported previously that the reporting form is long, so shorter dedicated forms are being implemented to improve reporting.

This may then show a further rise in reported incidents in the future.

Patient Safety Incidents

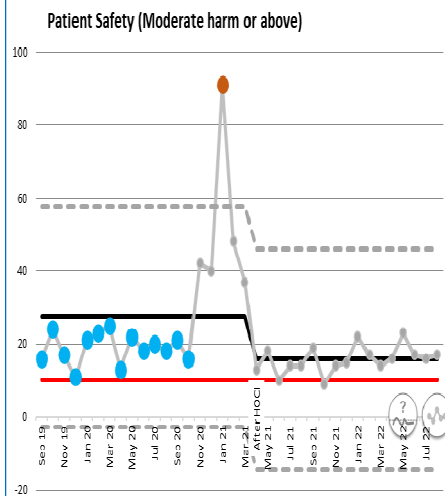


Patient Safety (Moderate harm or above)

The weekly Incident Assessment Meeting (IAM) reviews incidents which have been designated with a harm level of moderate or above to ascertain whether they require local or corporate investigation.

More rigor is being applied to ensure that the criterion for harm is met so that 'real' harm is measured.

A process is being documented to outline what should happen to those cases for local investigation and how these are monitored for completion.

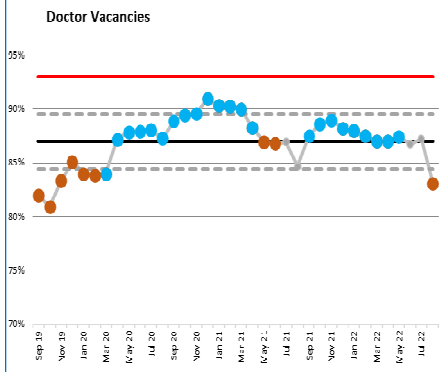


Doctor Vacancies

The position is improved over 12 months.

September 2021 – 103.2 vacancies
September 2022 – 95.25 vacancies

We have had changes in Health Education West Midlands (HEWM) numbers; work is ongoing to ensure the funding is aligned to the correct position and the discontinued HEWM numbers to be removed from ESR. This is not a decrease in training doctors but just a change to the unique HEWM number they are allocated to.



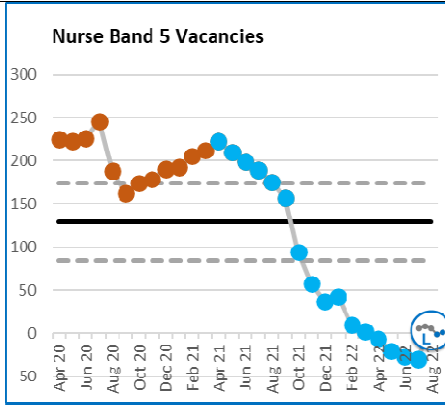
Nurse Band 5 Vacancies

The Trust continues to recruit Band 5s locally and from overseas.

75wte Newly Qualified Registered Nurse's joined the organisation from Birmingham City and Wolverhampton University recently.

We have a further 48wte Band 5 nurses recruited via the national international nurse recruitment scheme and 52 nurses graduating in Jan 2023 have signed up to the guaranteed job scheme.

We have very few band 5 vacancies in the organisation



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

During August, 6,605 patients participated. The graph right shows FFT scores by month and care modality (birth/orange line is based on low participation and open to high variance). Across all modalities 83.5% rated experience overall positively, a 1.8% improvement on July.

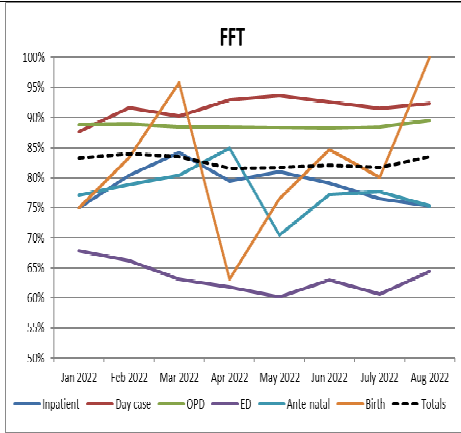
Training providers and content are being scoped to introduce a trial of 'customer care' training to support staff in behavioural aspects of Fundamentals of Care.

A focus group with Trust Bank interpreters took place to understand how service could be improved for patients as part of the wider interpreting experience project.

Onsite outpatient experience observation was conducted. An initial discussion has taken place about potential improvements.

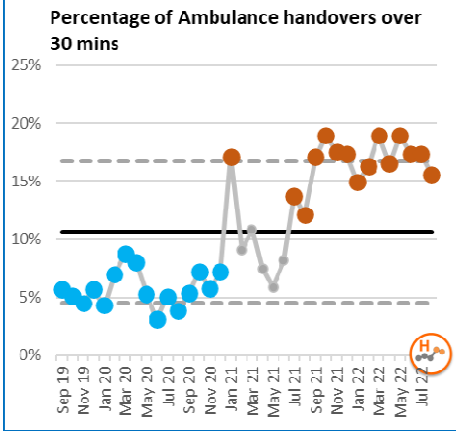
A wayfinding group has been established (Sheldon block, City hospital) to consider and improve the patient arrival and wayfinding experience.

There are currently 16 areas with established online PREMs tools to measure various patient experience standards aligned with Fundamentals of Care.



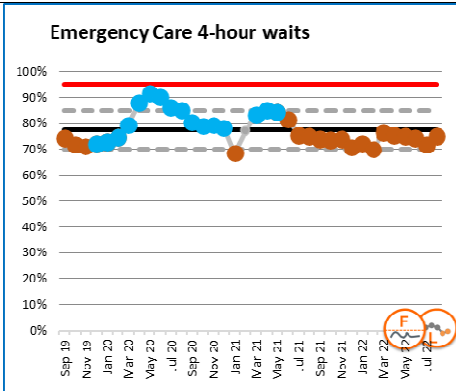
Ambulance Handovers over 30 mins as a percentage of Ambulances

City continues to perform marginally better than Sandwell, with the Trust performance still being positive compared to our peers. High numbers of intelligent conveyance from University Hospitals Birmingham (UHBFT) have continued to occur alongside some activity from Dudley. The main pressure for ambulance handovers is space to offload into cubicles and to improve this we have focussed on increasing outflow with the City Same day emergency care (SDEC) location being changed to provide to a larger space. At Sandwell we have introduced a Frailty SDEC service.



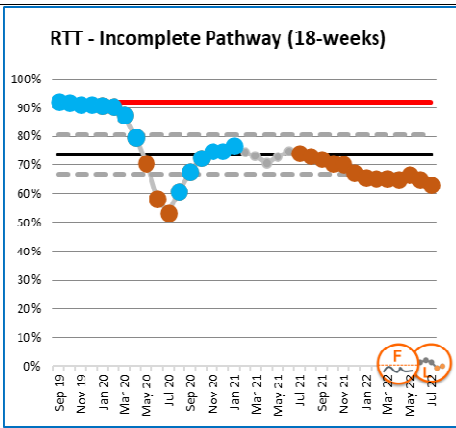
Emergency Care 4-hour waits

As with ambulance offload pressures the main reason for our patients waiting in Emergency Department (ED) is outflow pressure to our assessment units and flow to speciality beds and to the community. We opened the Sandwell General discharge lounge in September which is already having a positive impact on timely discharge and creating space for new admissions. We are also continuing to improve our SDEC offers in line with system expectations, to stream patients away from ED and offer the opportunity to prioritise seeing those who need treatment in the department or admission.



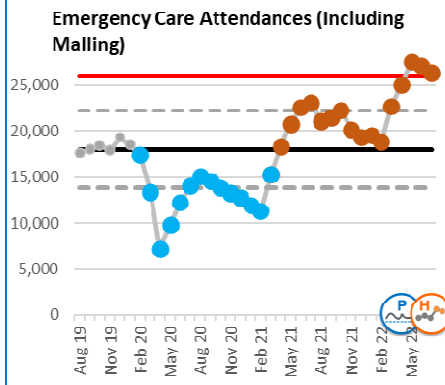
RTT - Incomplete Pathway (18-weeks)

Clinic utilisation and triage of referrals continues to be a focus with demand and capacity reviews being undertaken to enable specialities to produce longer term sustainability plans. Our priority remains the treatment of long wait patients with 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. Orthopaedics, Urology and Ophthalmology remain the biggest pinch points for both the systems and the Trust.



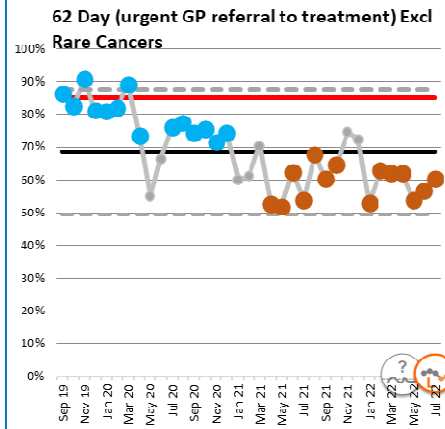
Emergency Care Attendances (Including Malling)

Attendances remain high with an associated impact on our performance metrics for ED. To improve our management of ED demand extended opening times commenced 1st August with the Sandwell Urgent Treatment Centre (UTC) and we launched the start of bookable appointments for UTC from ED. This enables patients to go home and return the next day with the assurance that they will be seen.



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

The chart demonstrates another slight improvement for our 62 day performance. The overall patient journey continues to be reviewed with a focus on efficiency gains in our processes and timely access to diagnostics.

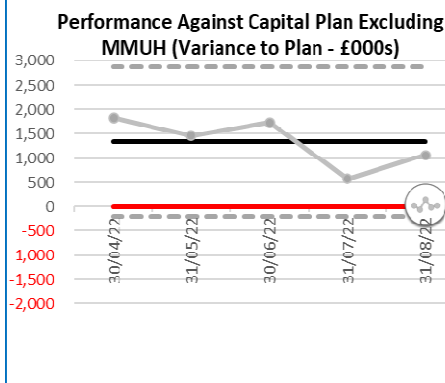


Performance Against Capital Plan Excluding MMUH (Variance to Plan - £000s)

Excluding the MMUH capital programme the Trust has a £10.8m plan year to date with an actual spend of £4.1m - £6.7m underspend.

This is despite the Trust over committing against available funding by £5m.

The Capital Management Group will receive a reforecast of the plan on the 26 September to ensure the plan will be delivered. This reforecast will include any revised priorities that have arisen in year, for example SDEC expansion for winter. 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 August, the Trust reported a £8.75m adverse variance to the Trust plan – a £14.29m deficit against a £5.54m deficit plan.

The key drivers for the year-to-date variance are:

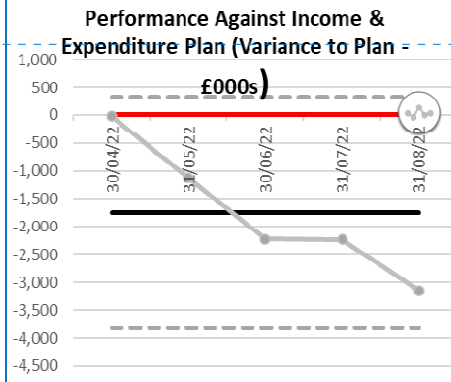
- No receipt of the planned income linked to the insourcing and outsourcing - £1.9m
- Energy costs, predominately the April Scottish Power charge - £1.3m
- Excess capacity – circa 62 beds (average) above the plan of £4.5m (ward/ED nursing and ED/acute medics)
- Drugs, including high-cost drugs, with 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 5 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 August is £65m, £32m above the plan level.

The cash balance is a consequence of 3 main factors; the Income and Expenditure adverse position; changes in Working balances – which include a reduction in Receivables balances and an increase in Payables/accruals balances



Commented [BR(AWBHT1): No mention of our emerging financial recovery plan - this needs highlighting as otherwise this is just commentary on a declining position.

