

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:	11 th January 2023

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)

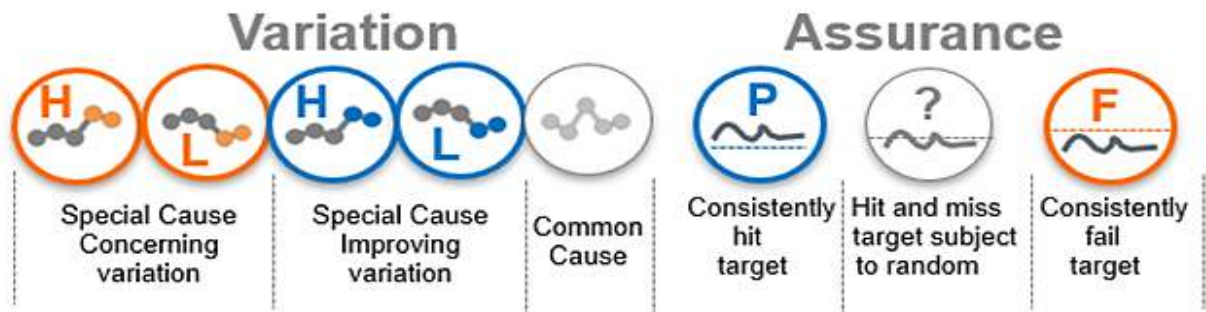
The Public Trust Board is asked to:

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]*

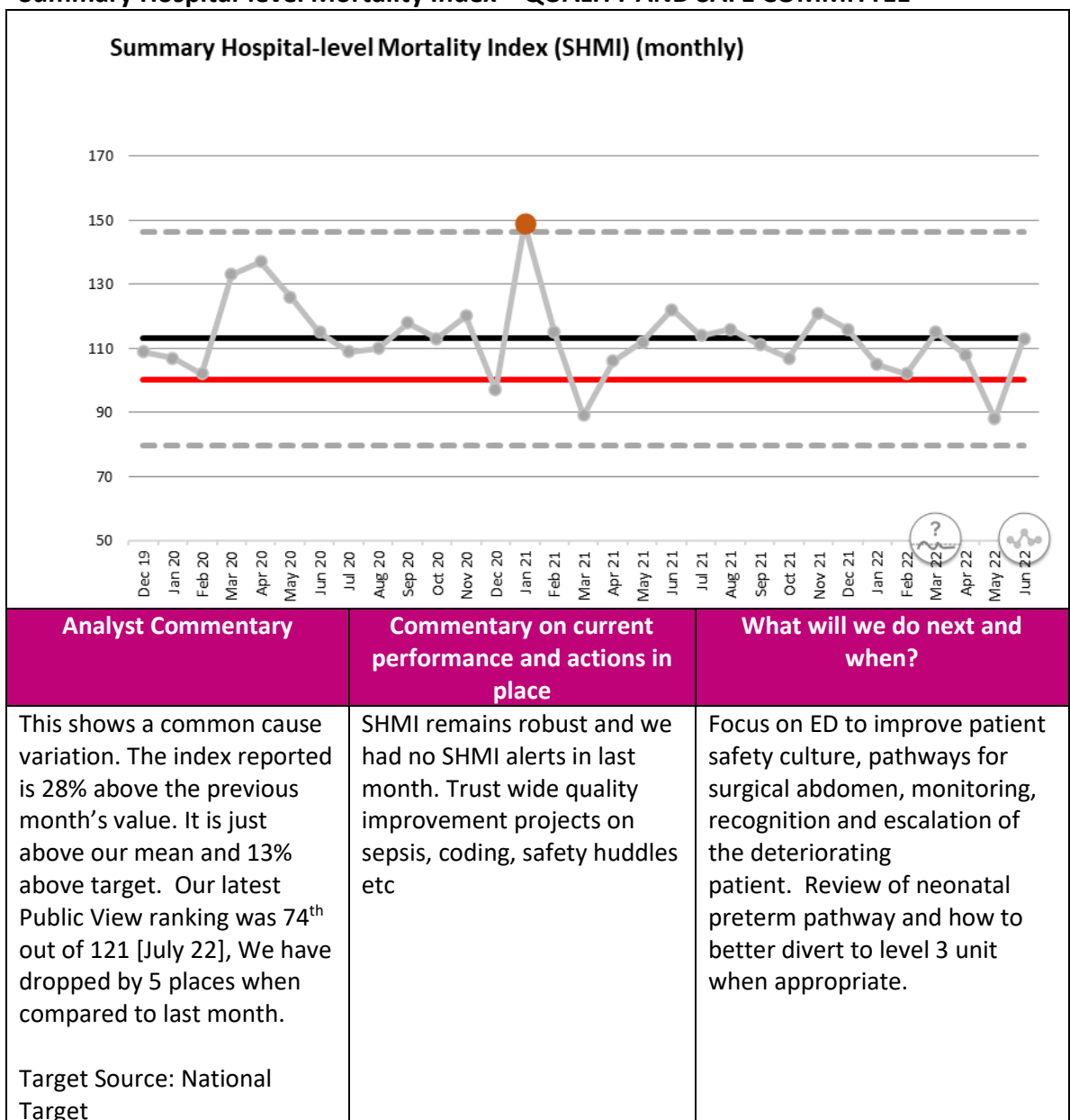
Board Assurance Framework Risk 01	X	Deliver safe, high-quality care.					
Board Assurance Framework Risk 02	X	Make best strategic use of its resources					
Board Assurance Framework Risk 03	X	Deliver the MMUH benefits case					
Board Assurance Framework Risk 04		Recruit, retain, train, and develop an 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

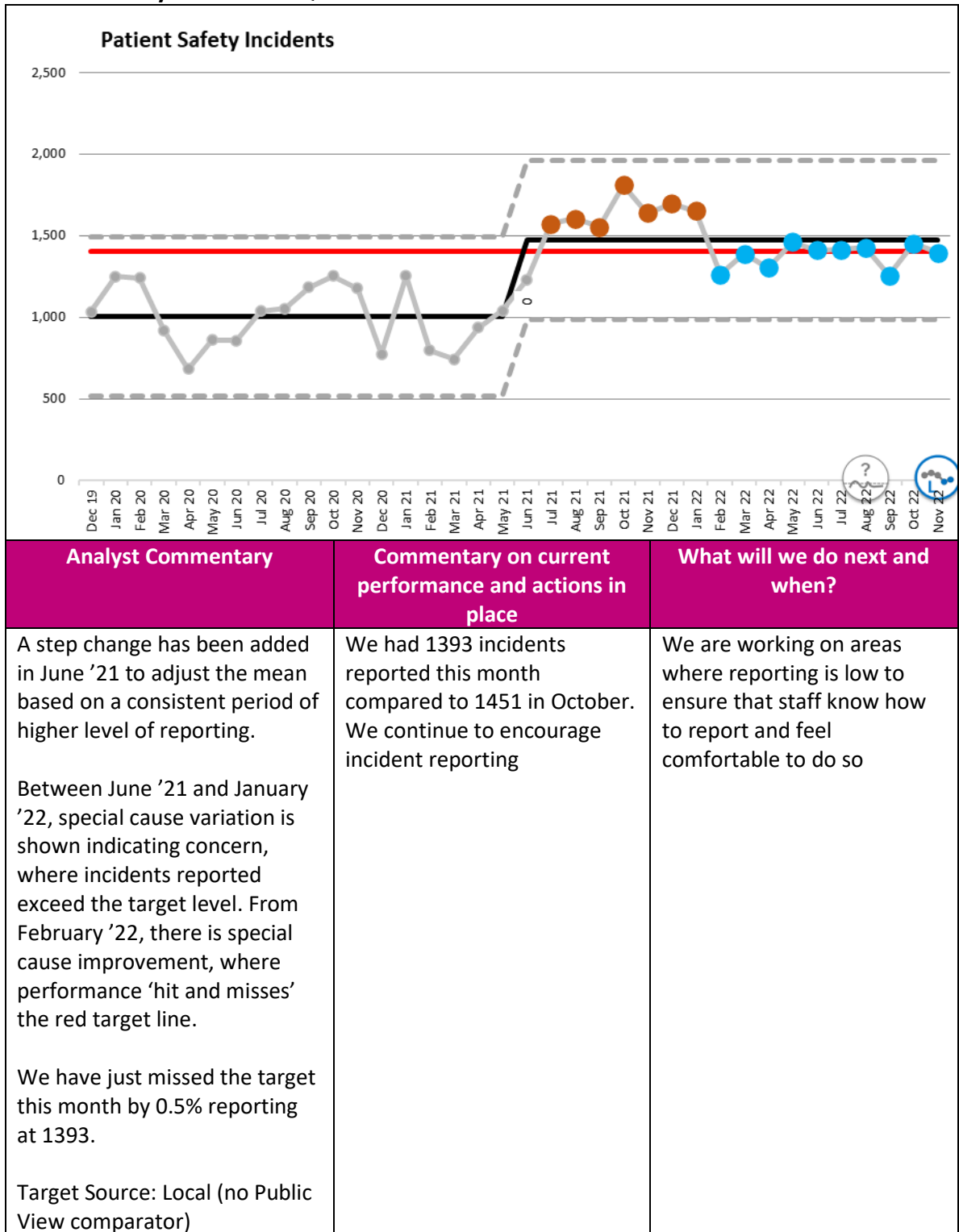


1.1

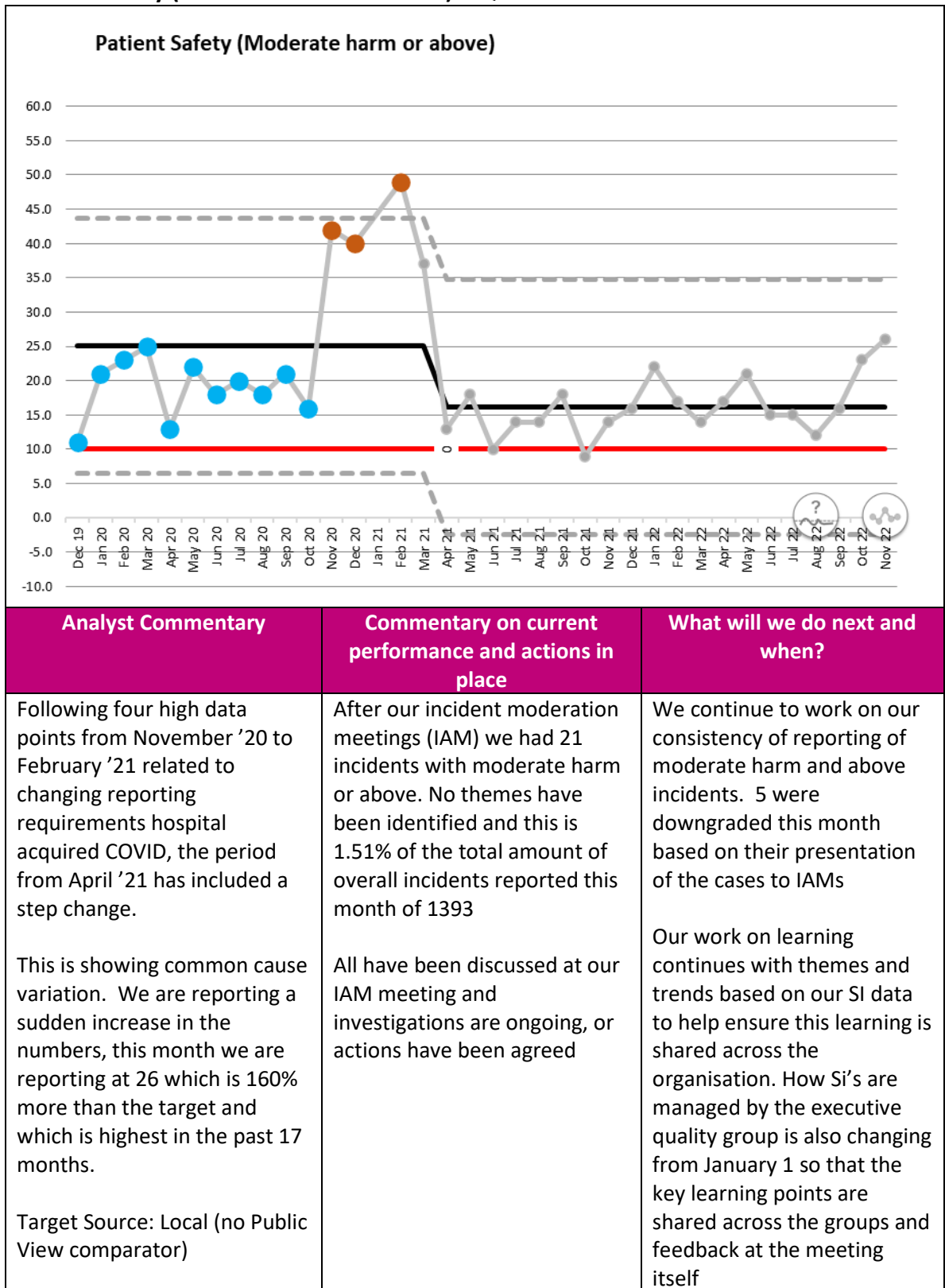
1.1.1 Summary Hospital-level Mortality Index – QUALITY AND SAFE COMMITTEE



1.1.2 Patient Safety Incidents – QUALITY AND SAFETY COMMITTEE

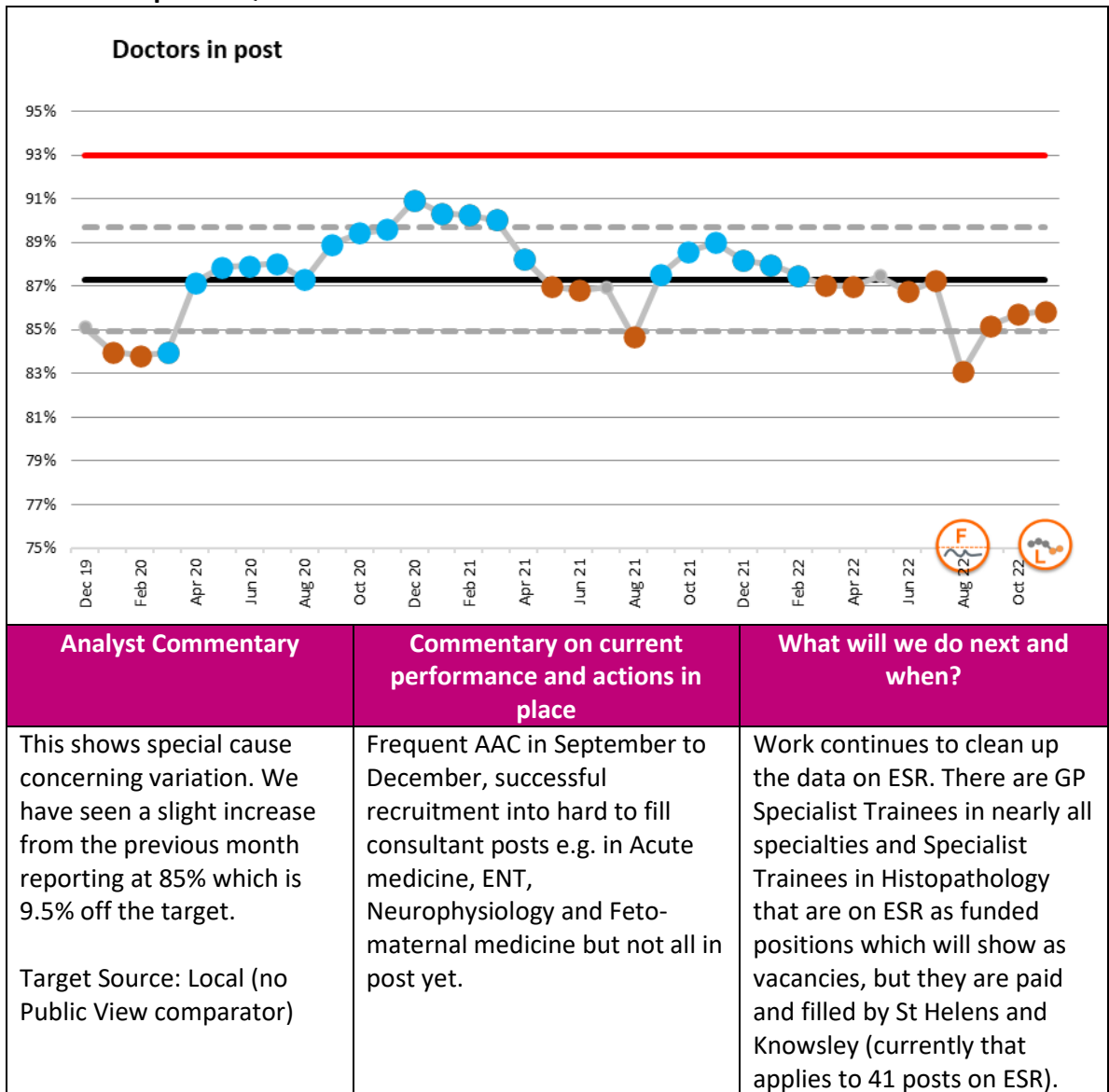


1.1.3 Patient Safety (Moderate harm or above) – QUALITY AND SAFETY COMMITTEE

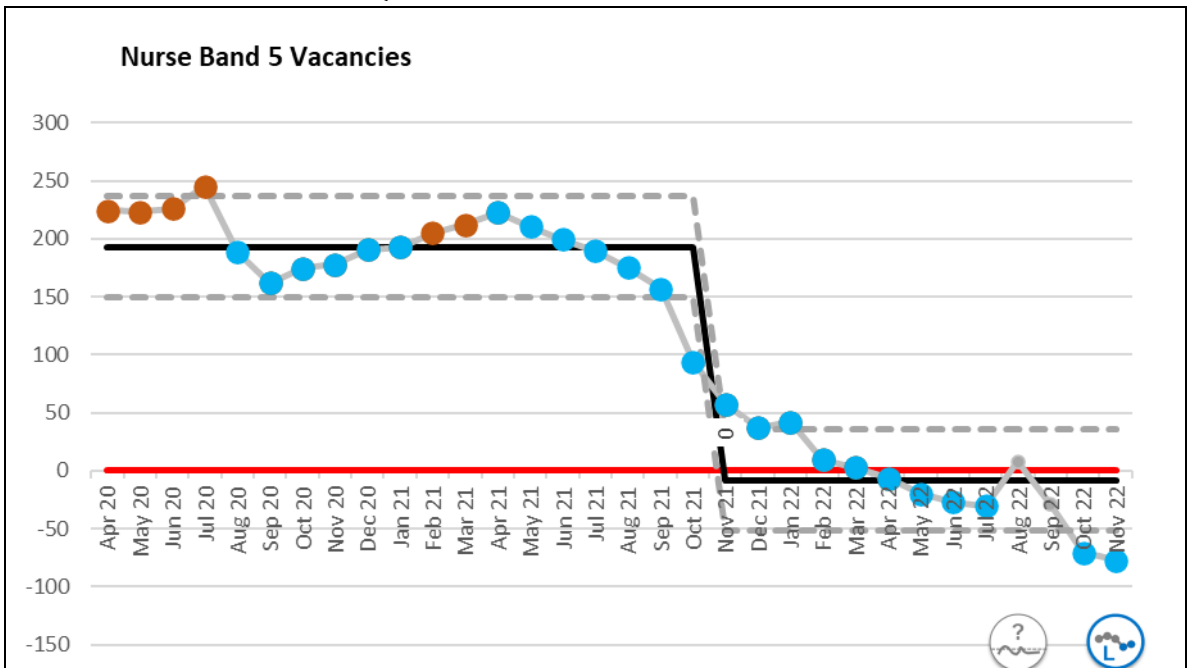


Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
<p>Following four high data points from November '20 to February '21 related to changing reporting requirements hospital acquired COVID, the period from April '21 has included a step change.</p> <p>This is showing common cause variation. We are reporting a sudden increase in the numbers, this month we are reporting at 26 which is 160% more than the target and which is highest in the past 17 months.</p> <p>Target Source: Local (no Public View comparator)</p>	<p>After our incident moderation meetings (IAM) we had 21 incidents with moderate harm or above. No themes have been identified and this is 1.51% of the total amount of overall incidents reported this month of 1393</p> <p>All have been discussed at our IAM meeting and investigations are ongoing, or actions have been agreed</p>	<p>We continue to work on our consistency of reporting of moderate harm and above incidents. 5 were downgraded this month based on their presentation of the cases to IAMs</p> <p>Our work on learning continues with themes and trends based on our SI data to help ensure this learning is shared across the organisation. How Si's are managed by the executive quality group is also changing from January 1 so that the key learning points are shared across the groups and feedback at the meeting itself</p>

1.1.4 Doctors in post – QUALITY AND SAFETY COMMITTEE



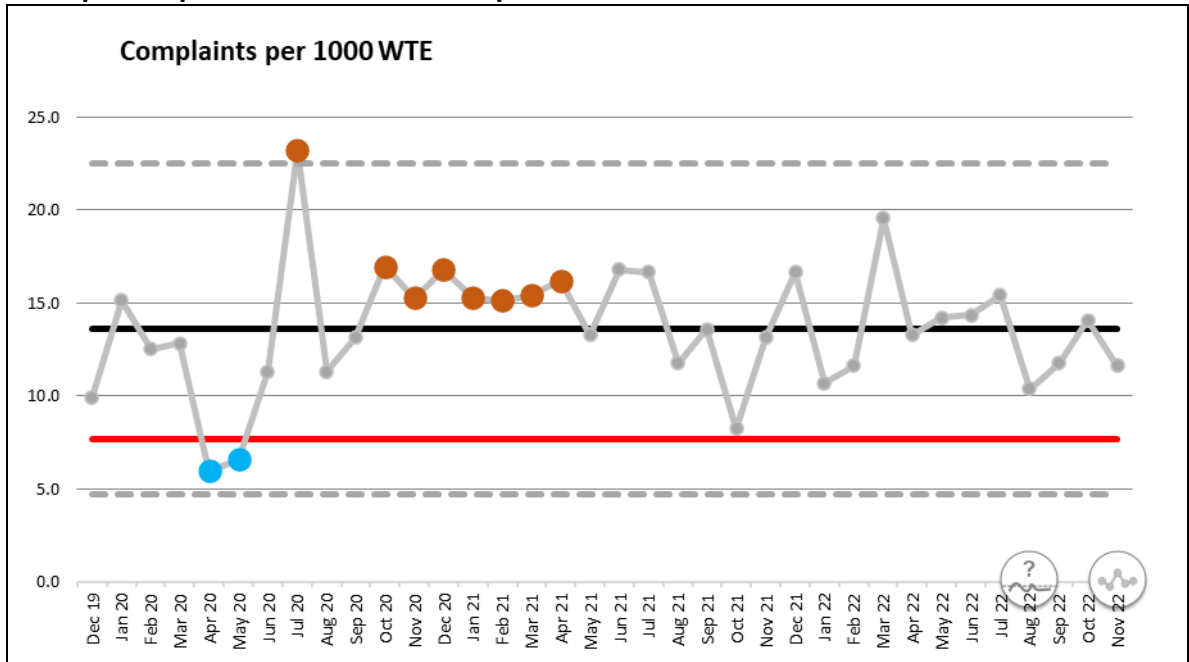
1.1.5 Nurse Band 5 Vacancies – QUALITY AND SAFETY COMMITTEE



Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
<p>This shows special cause improving variation. Although vacancies have improved since April '22, the indicator is still classed as 'hit and miss' as only 4 data points have passed the target in 12-month period. A step change has also been added in November '21 to reflect the new vacancies levels.</p> <p>This is based on the Electronic Staff Record (ESR), we have no vacancies for nurses in Band 5.</p> <p>Target Source: Local (no Public View comparator)</p>	<p>We are over recruited at Band 5 for Registered Nurses only (including Paeds and Health Visitors) by 50.00 WTE.</p>	<p>As everyone is aware we continue to target our Band 6 workforce where we have just short of 100 vacancies particularly in specialist areas such as Health visiting, emergency department (ED) and school nursing</p> <p>We are out to advert for band 6 roles currently in ED and plans are in place to grow our own band 6 staff in other areas hence the over-recruitment of Band 5 posts.</p>


1.2 **Caring**

1.2.1 **Complaints per 1000 Whole Time Equivalent – QUALITY AND SAFETY COMMITTEE**



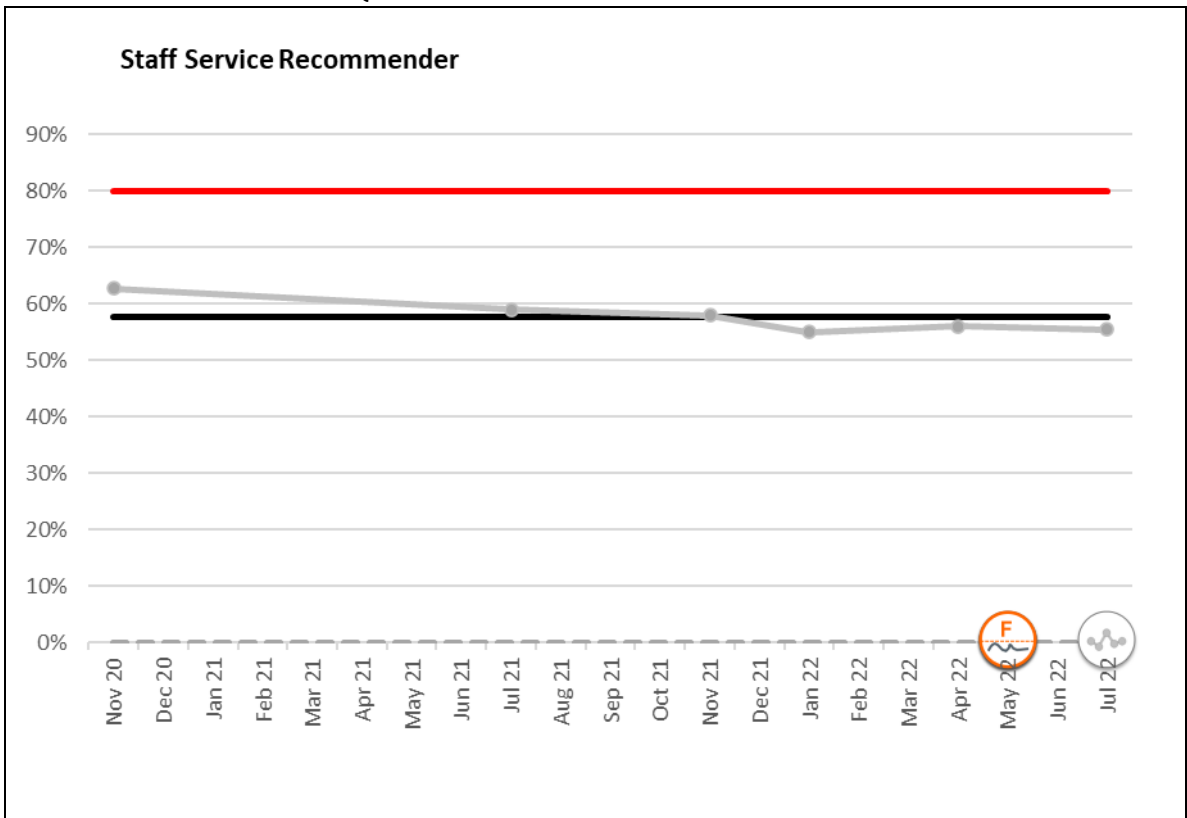
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
<p>This shows common cause variation. Our complaints per 1000 WTE are currently recording at 11.6 which is 51.4% above our target. Our latest Public View ranking was 113 out of 119 [Q4 21/22]</p> <p>The median from Public View would be 6.48 which is lower than the current target.</p> <p>Target Source: Public View</p>	<p>Sickness absence within the complaints team continues. It is anticipated the team will be back to full capacity mid-January. Current measures in place to manage the workload include:</p> <ul style="list-style-type: none"> senior management team support, triaging cases at the point of logging (to ensure the most appropriate process for the complainant is followed) and proactive communication with complainants. 	<p>Additional administrative support is being sought to provide additional capacity. The Trust redeployment/amended duty lists have been reviewed and options explored.</p> <p>A review of the PALS and complaints process will be undertaken in the New Year to ensure effectiveness.</p> <p>Escalation of delayed responses from the groups will be strengthened to ensure deadlines are achieved.</p> <p>Themed reporting will be strengthened to understand the main reasons to contact SWB complaints team.</p>

1.2.2 Family and Friends Test – QUALITY AND SAFETY COMMITTEE



Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
<p>Friends and Family scores overall are stable between 80 and 85% (dotted line). Variation per point of delivery is significant with ED being a high-volume area with poor scores. Birth scores are volatile due to their low numbers.</p> <p>Median targets: Emergency Department = 75% Birth = 93% Antenatal = 86% Outpatients Department = 94% Inpatient (combines Inpatient and Day Case) = 94.72%</p> <p>Target Source: Local (Public View)</p>	<p>Patient experience insight incorporation and embedding into Intermediate Care (discharge) work plan.</p> <p>Several further meetings across different local services to agree ways of lived experiences feeding into Mental Health Assurance Group workstreams.</p> <p>Two training sessions delivered to band 6 nurses and one to student nurses/midwives (c80 attendees in total)</p> <p>PREMs are set up to measure patient experience aligned with Fundamentals of Care standards (41 local areas); a process is established to deliver publicity materials locally; the initial orders are starting to be delivered to local areas.</p> <p>Healthwatch fieldwork of BMEC patient experience review is currently underway.</p>	<p>Review of ITU information for relatives and development of visitor charter – December 2022 – February 2023</p> <p>Patient experience focus groups/community patient experiences to be established across the localities during 2023 (January onwards and ongoing)</p> <p>Investigation into experiences of patients brought to SWB EDs from out of area via Intelligent Conveyancing – January 2022 – February 2023.</p> <p>Patient Experience Manager in post from January 2023 to support the patient experience agenda.</p> <p>Incorporation of interpreting services into Corporate Nursing and completion of interpreting review with service improvement recommendations – January 2023.</p>

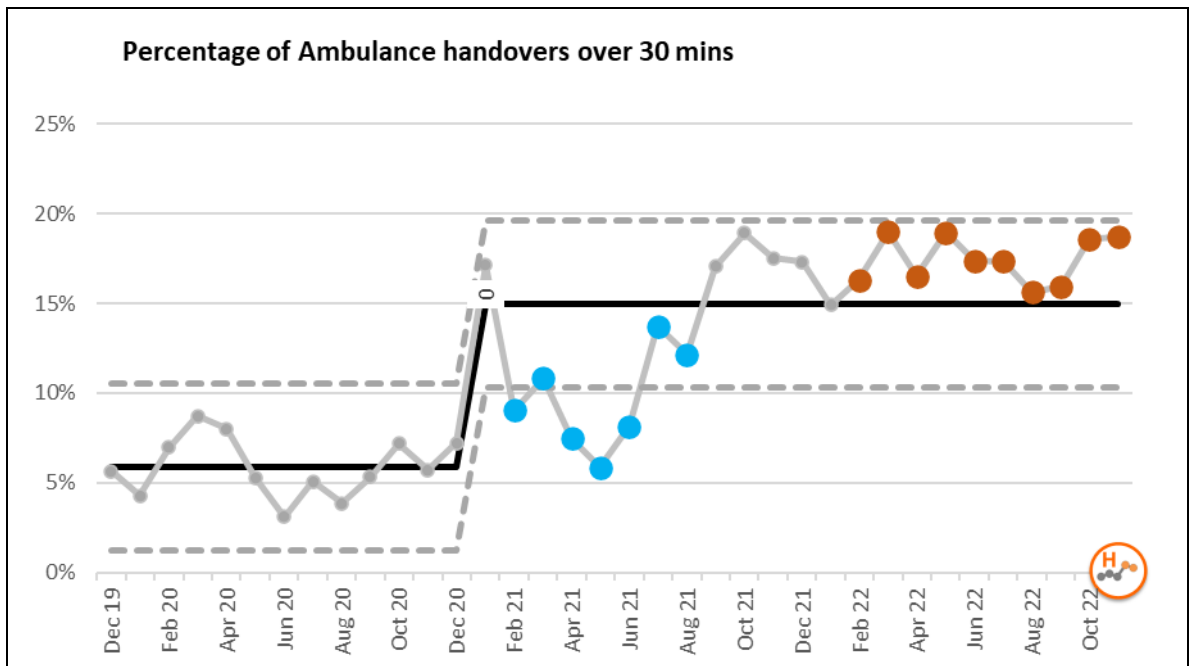
3.3.3 STAFF RECOMMENDER – QUALITY AND SAFETY COMMITTEE



Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
<p>This shows common cause with consistent failing target. We are currently reporting at 55% which is 25% away from our target. We have never hit the target in past 18 months. We are 96th out of 120 on Public View [Q3 21/22].</p> <p>The median target from Public View is 66.91%</p> <p>Target Source : Public View</p>	<p>Launch of the people plan will help to track improvement against this area.</p>	<p>Executive lead to comment on planned interventions with dates.</p> <p>Review of initial staff survey 2022 report is currently underway to help identify areas for improvement and support.</p>

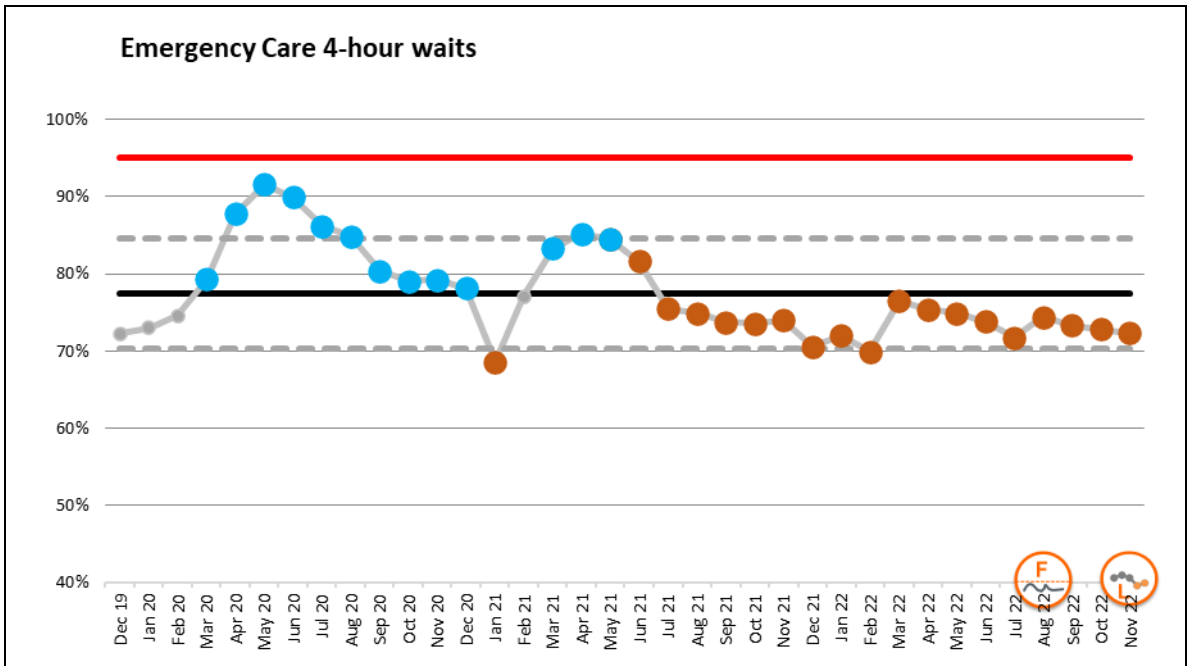
1.3 **Responsive**

1.3.1 **Percentage of Ambulance handovers over 30 mins - FINANCE, INVESTMENT AND PERFORMANCE COMMITTEE**



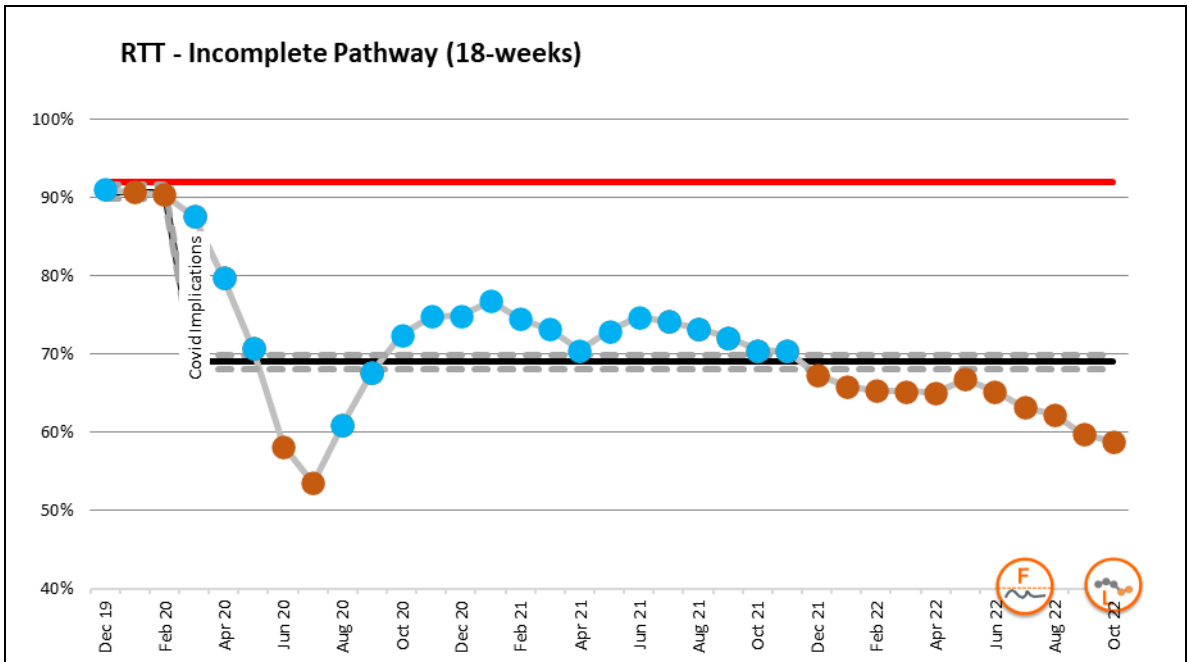
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
<p>This shows a special cause concern.</p> <p>This month we are reporting at 18.6% which is 24% above of our mean value.</p> <p>For September 2022, the Trust was the second best performing in the West Midlands in terms of ambulance offloads within 30 minutes. Source WMAS data provided.</p> <p>Target Source: None, to be agreed.</p>	<p>There is a discernible difference in handover performance between the two sites.</p> <p>At City Hospital the % handover <i>within</i> 30 mins was 89.48% for October, (10.52% over 30 mins). This was the highest performance across the Black Country ICB. The lowest performance was seen at New Cross; 62.06%. Sandwell was equal to the performance of Russell’s Hall at 68.31% <i>within</i> 30 mins (31.69% over 30 mins). As a system, the average percentage handover within 30 minutes for October was 73.8% (26.2% over 30 mins)</p>	<p>Factors that influence handover performance have been identified by the EC directorate. Whilst outflow from the department is a key factor in emergency medicine performance, workforce resource and skill mix also plays a part.</p> <p>The senior nursing team from City have been rotating across the two departments since May to provide expertise and leadership. There has been a decline in the number of ambulances waiting 60 minutes to offload since this intervention.</p> <p>A further deep dive into ambulance handover differences is planned for the New Year.</p>

1.3.2 Emergency Care 4-hour waits - FINANCE, INVESTMENT AND PERFORMANCE COMMITTEE



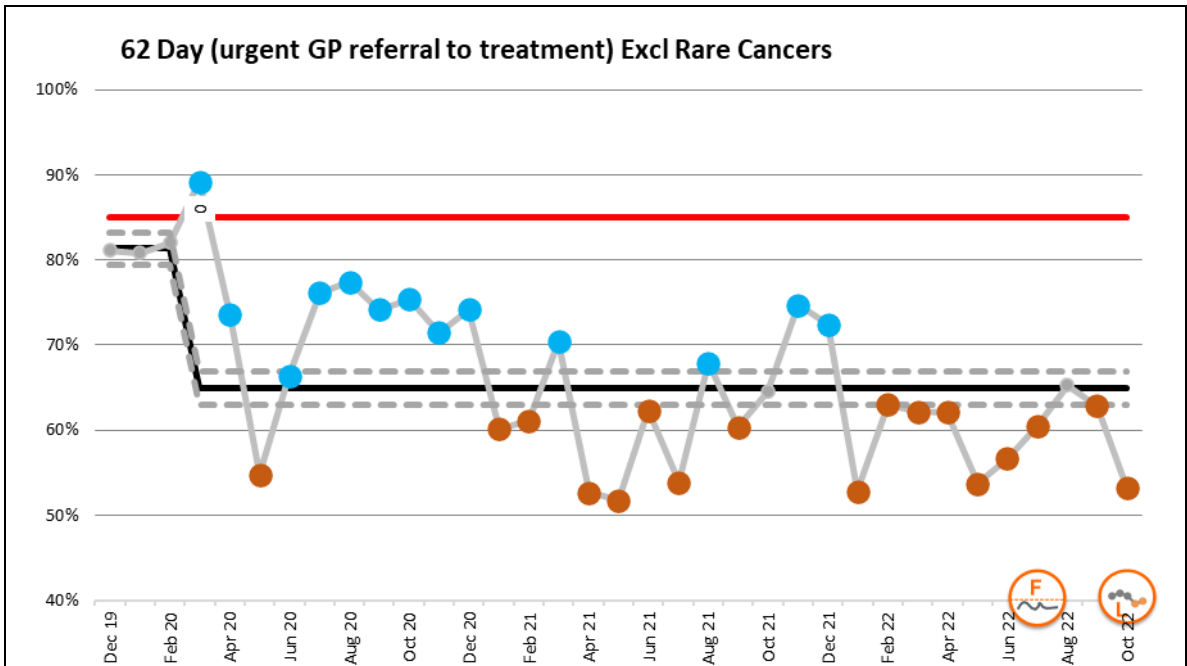
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
<p>This shows special cause concern. We are 22.7% below the target this month, reporting at 72.3%. We are 27th out of 107 Trusts in the most recent Public View rankings [Nov 22].</p> <p>Target Source: National</p>	<p>As with ambulance handovers, there is a difference in performance across the two EDs, driven by a number of factors e.g., patient population, consolidation of specialties to one site, access to social care. 4-hour performance at both sites has decreased since October; 77.8% at City 68.1% at Sandwell.</p>	<p>Opportunities for admission avoidance and improved outflow are the key areas the MEC group remain focussed on improving.</p> <p>Increased streaming to SDEC areas continues with a steady growth in activity month on month. This will be further improved with the modular build for Sandwell that is planned to open in Q4.</p> <p>The opening of discharge lounges on both sites is increasing the number of patients discharged before lunch, with an average of 18 patients per site passing through the lounges on a daily basis.</p>

1.3.3 RTT – Incomplete Pathway (18-weeks) - FINANCE, INVESTMENT AND PERFORMANCE COMMITTEE



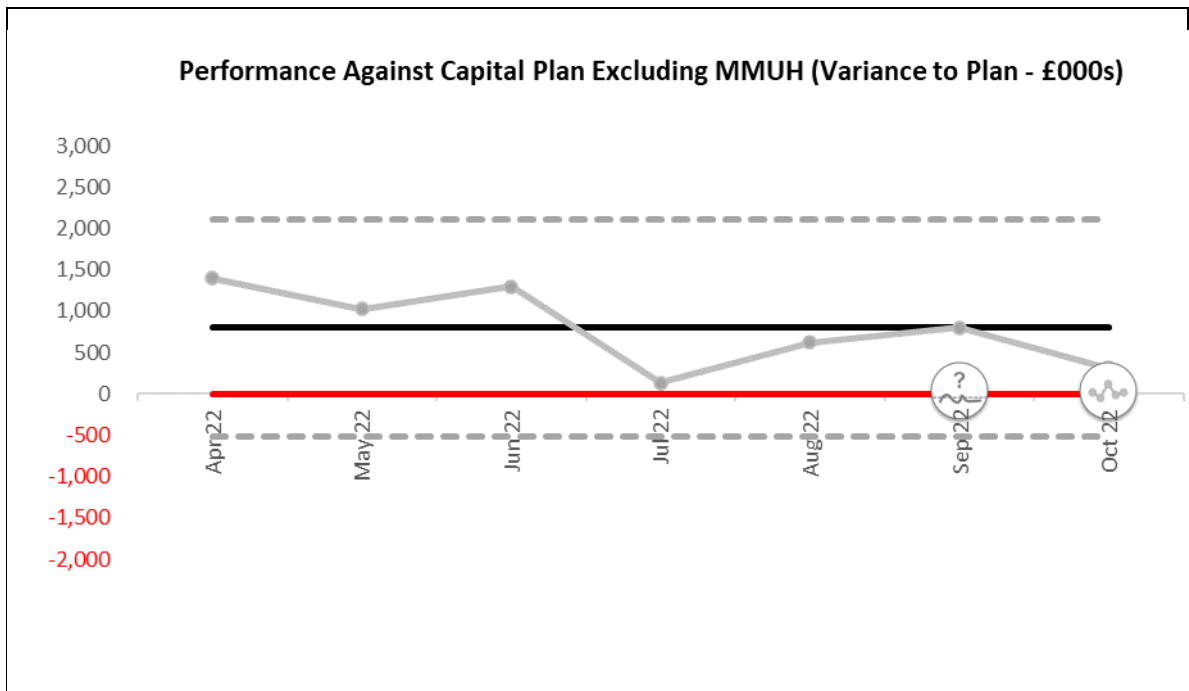
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
<p>This is a special cause concern. We are reporting at 58.9% which is the lowest in the previous two years and 34.6% below the target. We are 76th out of 119 Trusts in the latest Public View rankings [Oct 22]. In July 22 we were ranked 54th out of 119.</p> <p>Target Source: National</p>	<p>Non-compliance due to.</p> <ul style="list-style-type: none"> • High priority patients booked over benign cases and focus on to clear 104+ wks. & 78+ wks. patients • Number of long waiting patients treated over number of patients breach 18 weeks standard • Patient cancellations / availability • Specialities with backlog have workforce gaps resulting in uncovered lists and skill mix to treat complex cases • RTT standard training has been rolled out to all admin and clinical staff • There are number of transformation projects been rolled out to improve, patient. DNA, remote consultations, clinical triage, and effective use of Patient Access policy. 	<p>As part of 78+ weeks. plan and RTT recovery.</p> <ul style="list-style-type: none"> • Waiting list validation • Effective PTL management • Clinical group to engage proactively and manage patient treatment • PIFU (Patient Initiated Follow-up) to be rolled out beginning of January 2023 where patients manage their appointments

1.3.4 62 Day (urgent GP referral to treatment) excl Rare Cancers - FINANCE, INVESTMENT AND PERFORMANCE COMMITTEE



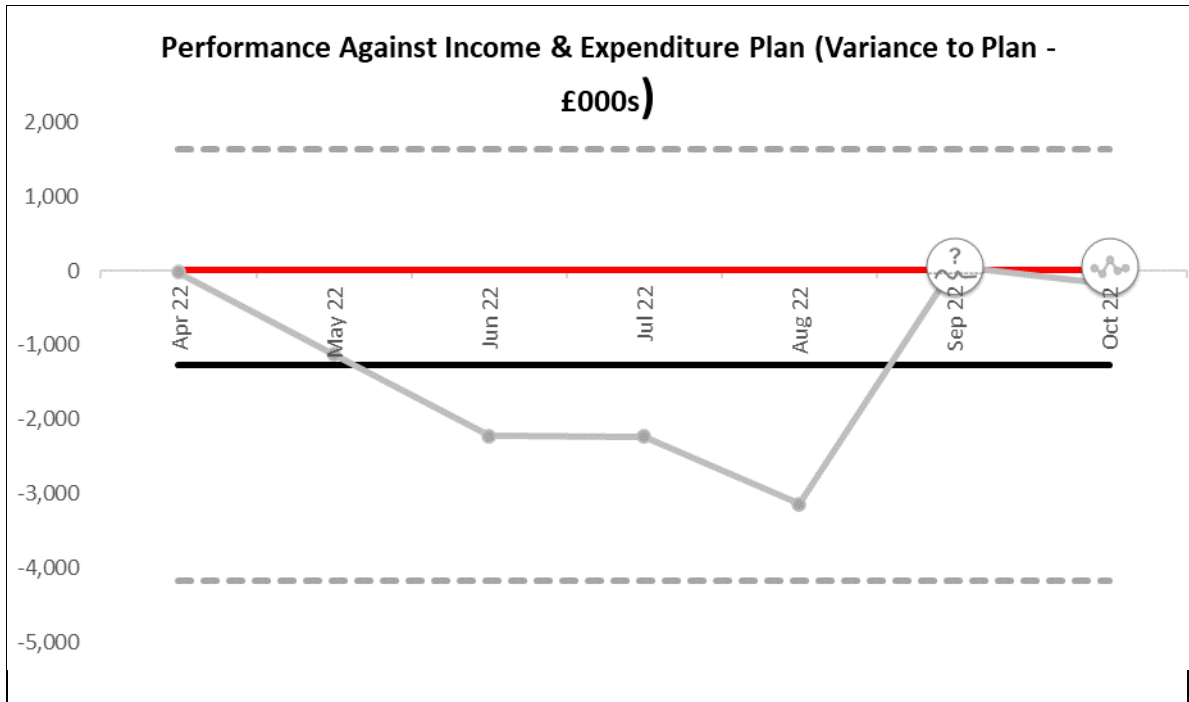
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
<p>This is a special cause concern. We are reporting at 53.2% which is 37% below the target. We are reporting at a significantly lower level to the previous year. SWB was ranked 54th out of 121 in September 22 but, is now ranked 91st out of 121 in October 22. (May 22 was the last time we were ranked this low).</p> <p>A step change has been added from March '20 to adjust the mean based on a persistent period of lower percentage reporting following COVID.</p> <p>Target Source: National</p>	<p>Trust performance dropped to 53.2% with only Upper GI and Dermatology achieving target. Trust performance has dropped for the last two months, and the trend seems set to continue through November.</p> <p>As part of the 2022/23 planning the Trust has had to submit revised trajectories for restoring the backlogs to pre Covid levels by March 2023. These were originally drawn up to reflect difficulties with histology reporting but have been revised with the proviso that histology turnarounds return to pre-pandemic time.</p>	<p>Groups resubmitted recovery trajectories and action plans will be closely monitored by cancer board to bring performance back to acceptable levels.</p> <p>Progress on plans will need to be escalated if dropping below trajectory for actions to be taken. Implementing a weekly call with the MDT Lead & Cancer Services to go through patients and to make decisions is recommended.</p>

1.3.5 Performance Against Capital Plan exc. MMUH – FINANCE, INVESTMENT AND PERFORMANCE COMMITTEE



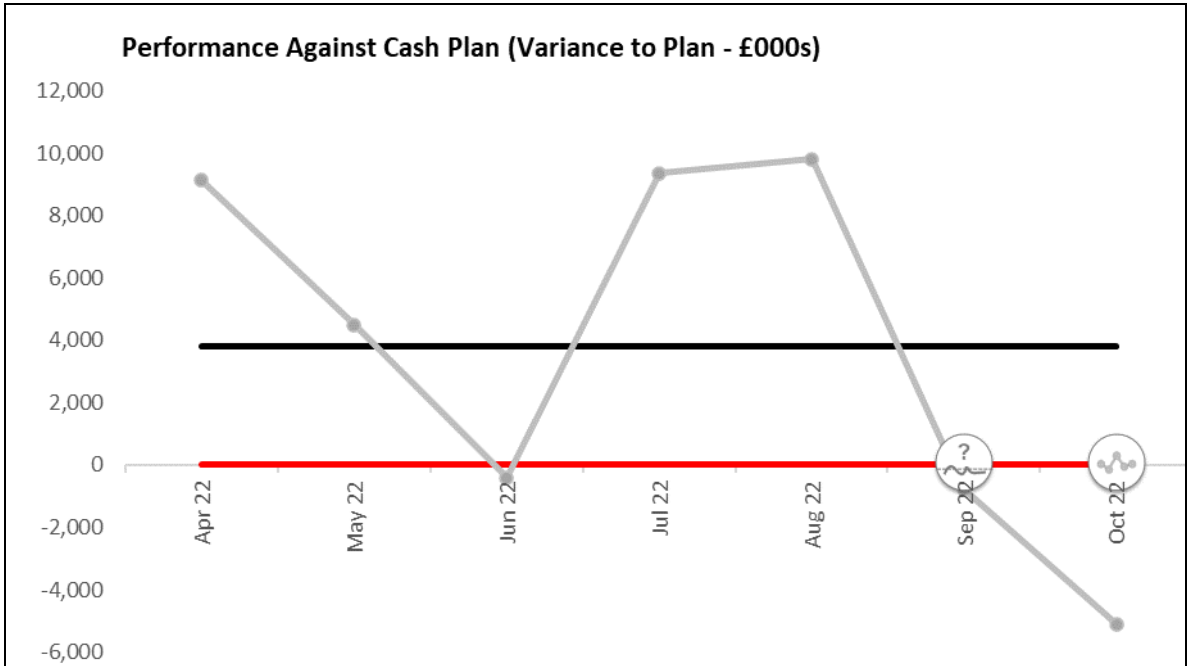
Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
<p>As of the eight months, we are currently £7.3m behind the capital plan.</p> <p>Target Source: Local (no Public View comparator)</p>	<p>We continue to track performance against the capital plan monthly through the Trust’s Capital Management Group, including a regular review of forecast spend, and including new schemes as they come online during the year.</p>	<p>Despite the underspend year to date, forecast still expects a £4.5m (planned) overspend against the budget allocated by the system. Visible risks of slippage may reduce this overspend to a spend close to budget, ensuring full commitment of the 2223 capital resource limit available to the Trust.</p> <p>Important to note that as in previous years, large amounts of PDC are becoming available which the Trust will make all efforts to spend as planned – but may drive an underspend that we will have to manage through in to 23/24. Draft 5-year capital programme to be reviewed at CMG 19.12.22</p>

1.3.6 Performance Against Income & Expenditure Plan - FINANCE, INVESTMENT AND PERFORMANCE COMMITTEE



Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
<p>After 8 months we are £6.7m adverse to our £17.1m deficit plan.</p> <p>Target Source: Local (no Public View comparator)</p>	<p>Development of recovery plan in Months 4-6, tracking monthly. Formal request for support to the ICS to reach breakeven position as per system submission, completed September.</p> <p>Extensive work with the ICS to confirm best case position (confirmed as £17.1m deficit). Work has commenced on a productivity recovery plan to improve and recover the underlying position of the Trust, as achieving £17.1m involves considerable non-recurrent measures.</p>	<p>Monthly monitoring will continue, further work since the Month 7 reporting cycle with the system and the year end position has moved the £17.1m planned deficit to most likely, with a best case of £13m deficit. £16.6m residual gap to break even for the system, trust share of that a further £3m improvement to deficit of £10m, which would then be backed with revenue cash to a break-even position. Therefore, current range of year end position break even to £7m deficit.</p>

1.3.7 Performance Against Cash Plan - FINANCE, INVESTMENT AND PERFORMANCE COMMITTEE



Analyst Commentary	Commentary on current performance and actions in place	What will we do next and when?
<p>Cash in hand at 30th November is £55.78m.</p> <p>Target Source: Local (no Public View comparator)</p>	<p>Continuous daily monitoring of cash balances, rolling 12 months forecast updated monthly.</p> <p>Cashflow forecast updated for the £17.1m deficit position including non-recurrent non-cash improvement measures.</p> <p>Expected year-end balance £29m.</p>	<p>Continue to track performance against plan and forecast.</p> <p>Update the 5-year capital programme and expected cash implications as part of planning for 23/24.</p>