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|------------------------------|---|--------------|----------------------------|
| 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: | 8 th March 2023 |

| |
|---|
| 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 to 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> </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> </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 |
| 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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| 3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i> |
| None |

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

| | | | | | | | |
|---|-------------------|--|--|---|--|-----------------------|--|
| 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: 8th March 2023

Board Level Metrics for Patients

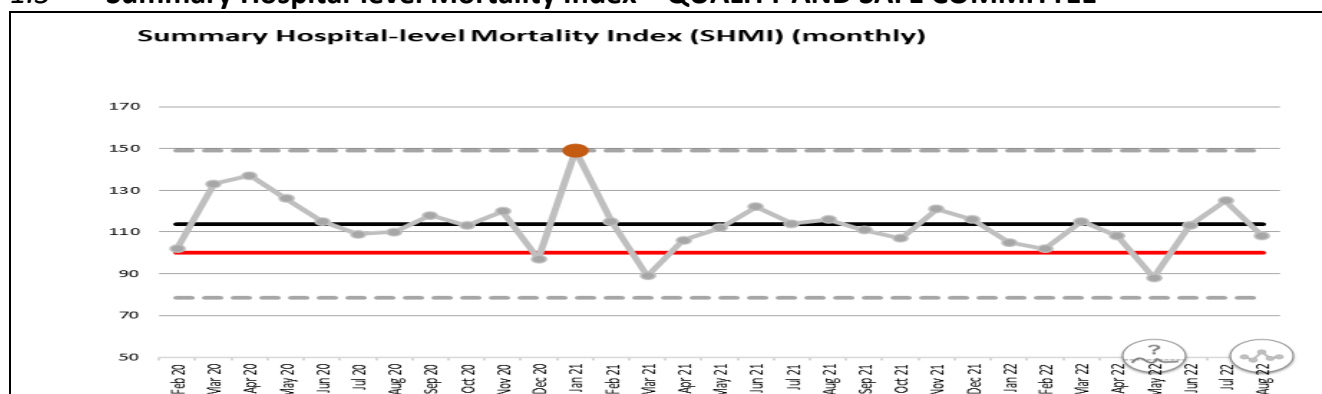
1. Patients

1.1 Target Assurance Matrix

| | | Assurance | | | No Target |
|-----------|---------------------------|--------------------------|--|--|--|
| | | Consistently Pass Target | Hit & Miss | Consistently Fail Target | |
| Variation | Special Cause Improvement | | <ul style="list-style-type: none"> Nurse Band 5 Vacancies. | | |
| | Common Cause Variation | | <ul style="list-style-type: none"> Summary Hospital-level Mortality Index (SHMI) (Monthly). Patient Safety (Moderate harm or above). Complaints per 1000 Whole Time Equivalent. Patient Safety Incidents | <ul style="list-style-type: none"> Staff Service Recommender Emergency Care 4-hour waits. | |
| | Special Cause Concern | | | <ul style="list-style-type: none"> Doctors in Post. Referral To Treatment – Incomplete Pathway (18 weeks). 62 Day (urgent GP referral to treatment) Excluding Rare Cancers. | <ul style="list-style-type: none"> Percentage of Ambulance Handovers over 30 minutes. |

1.2 Safe

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



Analyst Commentary

- This process is in common cause variation.
- Our latest Public View ranking was 73rd out of 121 [August 22].
- Target Source: National Target

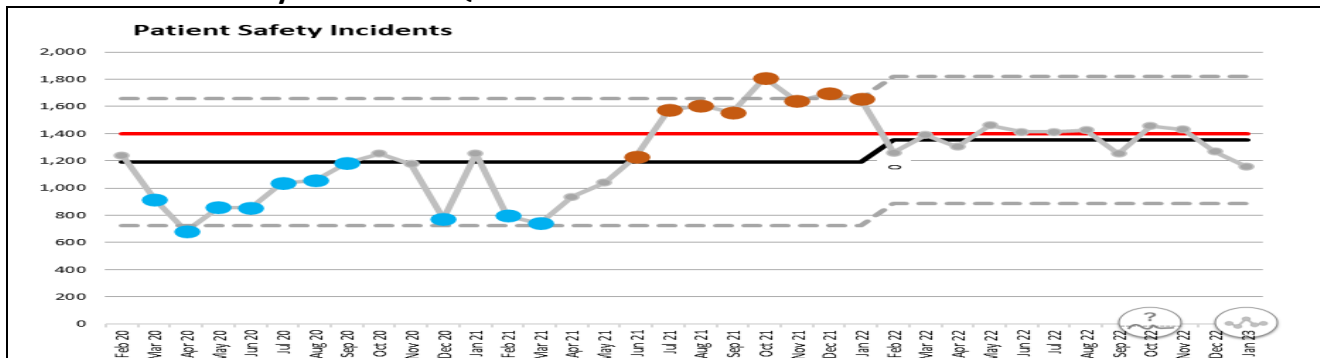
Commentary on current performance and actions in place

- Summary Hospital Mortality Index remains stable with month-on-month variability
- Work to improve coding, pneumonia task force, Sepsis Quality Improvement and safety huddles are ongoing. The continuing focus is on the Emergency Department to improve patient safety culture, pathways for surgical abdomen, monitoring, recognition, and escalation of the deteriorating patient.

What will we do next and when?

- A new quality improvement has started where a sepsis nurse proactively monitors live dashboard from wards with poor compliance with Sepsis 6 and supports staff real-time to improve compliance. This will be evaluated in 4 weeks.
- Emergency Department safety summit planned for March 23.

1.4 Patient Safety Incidents – QUALITY AND SAFETY COMMITTEE



Analyst Commentary

- A step change has been added in June '21 to adjust the mean based on a consistent period of higher level of reporting.
- This process is in common cause variation.
- Target Source: Local (no Public View comparator)

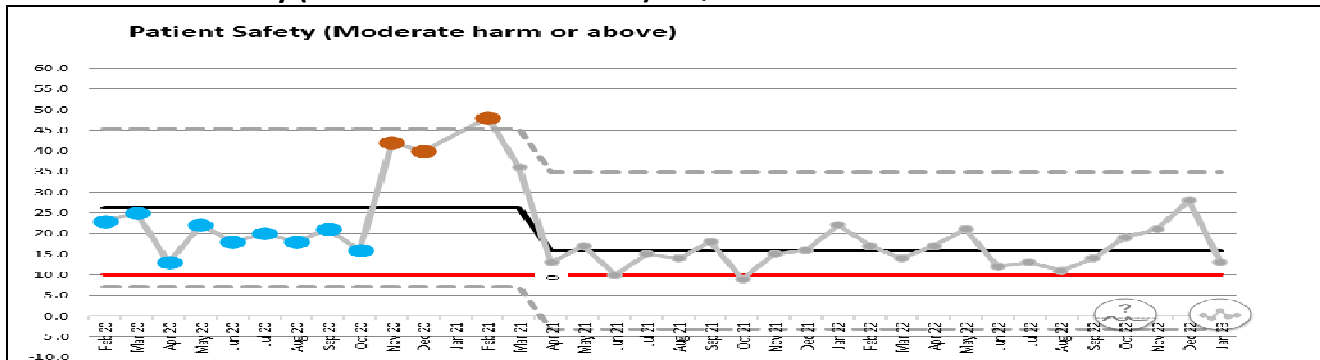
Commentary on current performance and actions in place

- Themes in December were in relation to our capacity status and ability to maintain patients' safety. January has seen an improved capacity situation with less patients waiting over 12 hours to be admitted.

What will we do next and when?

- The Governance and Performance and Insights team are currently undertaking an audit of the last 12 months of incidents reported on Safeguard. This exercise seeks to validate the figures presented to the Trust Board and provide robust assurance that there is a process in place to ensure accurate reporting.
- The Patient Safety team continue to fully engage with the groups to provide support and guidance on all aspects of the incident reporting process.

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



Analyst Commentary

- 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.
- This process is in common cause variation.
- Target Source: Local (no Public View comparator)

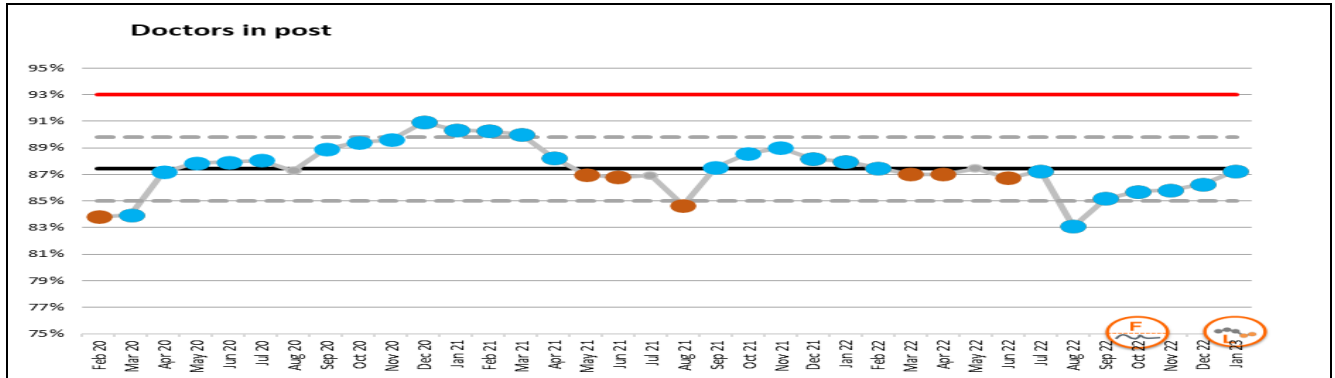
Commentary on current performance and actions in place

- We had 13 patient safety incidents with moderate harm and above in January.
- The Governance and Performance and Insights team are currently undertaking an audit of the last 12 months of incidents reported on Safeguard. This exercise seeks to validate the figures presented to the Trust Board and provide robust assurance that there is a process in place to ensure accurate reporting.
- The backlog of serious incident reviews has improved and is becoming timelier.

What will we do next and when?

- An integrated safety report is being developed and will be reported to executive quality group from April 1st. This will help us to triangulate all safety data moving forward.
- The Patient Safety Incident Response Framework (PSIRF) will enable us to address key themes rather than individual cases and aims to strengthen learning.

1.6 Doctors in post – QUALITY AND SAFETY COMMITTEE



Analyst Commentary

- This process is in special cause concern.
- If the target is above the upper process limit, the target cannot be expected to be achieved.
- Target Source: Local (no Public View comparator)

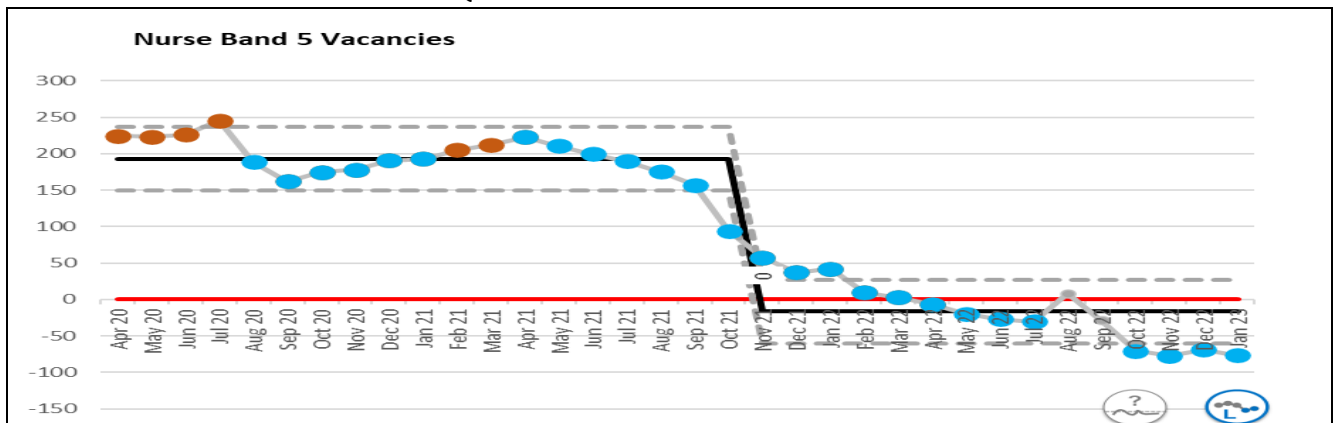
Commentary on current performance and actions in place

- The Doctors in Post metric has shown gradual monthly improvement for the last six months.

What will we do next and when?

- Work continues to validate the data on Electronic Staff Record (ESR) and remove any duplicate or 'ghost' vacancies. Our medical staffing team are working with the deanery on updating this.
- In addition, there is a forward plan of recruitment and appointment advisory committee (AAC) panels in place for the next month including consultant posts in emergency medicine, elderly care, and respiratory medicine.

1.7 Nurse Band 5 Vacancies – QUALITY AND SAFETY COMMITTEE



Analyst Commentary

- A step change has also been added in November '21 to reflect the new vacancies levels.
- This process is in special cause improvement.
- This is based on the Electronic Staff Record (ESR), we have no vacancies for nurses in Band 5.
- Target Source: Local (no Public View comparator)

Commentary on current performance and actions in place

- We have successfully achieved our international recruitment target for 22/23, bringing 120 Band 5's into the Trust and have a further 57 of our 3rd year students wishing to take up a position through our guaranteed job scheme.
- Whilst this puts us in a favourable position with our Band 5 registered nurse (RN) vacancies, we still have considerable vacancies at Band 4 (Nurse Associates) and Band 6, and in part, the additional Band 5's is supporting these vacant posts.
- Our turnover rate remains at around 10% meaning we will lose approx. 100 Band 5's and 70 Band 6's over the next

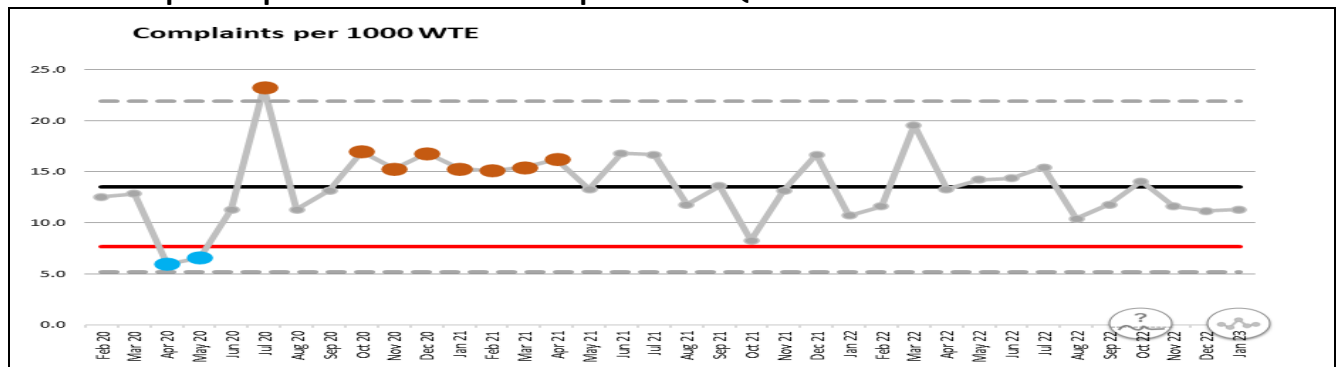
year.

What will we do next and when?

- Nursing and Midwifery Clinical Education Team (NMCET) to work with Human Resource/Recruitment and the Groups to look at developing guaranteed jobs at Band 6 following successful completion of competency framework +/- academic requirements. (3-6 months)
- Nursing and Midwifery Clinical Education Team to work with Groups to attract and support more Trainee Nurse Associates to fill Band 4 posts. (3 months)
- Bid submitted to National Health Service England for 40 more Internationally educated nurses for 23/24 to cover turnover, prepare for next winter and the opening of Midland Metropolitan University Hospital. Nurses must arrive before 30/11/23. (Bid already submitted – awaiting outcome). Also linked with Newman University who are currently undergoing Nursing & Midwifery Accreditation
- Continue to support local recruitment with the guaranteed job scheme for our students (ongoing).

1.8 Caring

1.9 Complaints per 1000 Whole Time Equivalent – QUALITY AND SAFETY COMMITTEE



Analyst Commentary

- This process is in common cause variation.
- Our latest Public View ranking was 178 out of 119 [Q4 21/22]
- Target Source: Public View

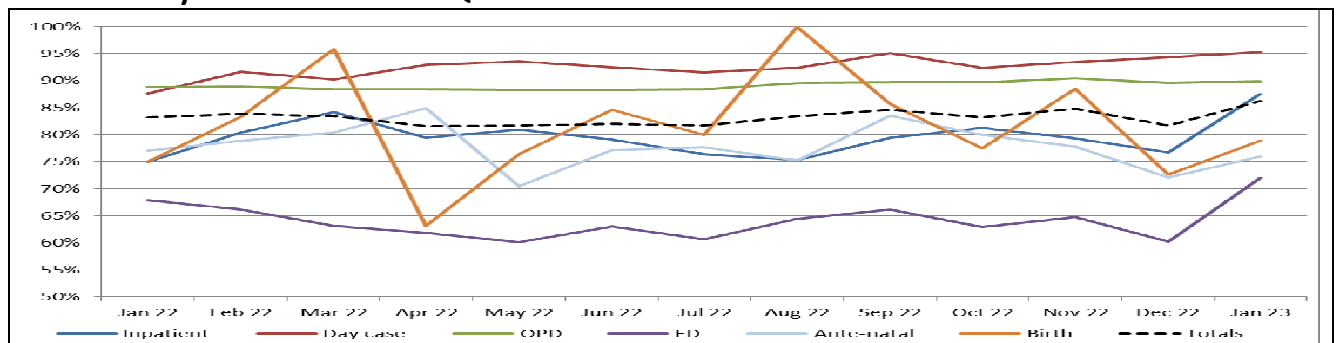
Commentary on current performance and actions in place

- There have been several team discussions and a clear plan is in place to manage complaints in a more efficient manner.
- Complaints continue to be communicated to the Groups in the appropriate governance meetings via the monthly scorecard. This is to ensure that complaints remain a focus for Group plans and improvements.

What will we do next and when?

- The team are engaging with the Patient Experience team to ensure learning is shared from the valuable feedback that is received via this route.
- Work to implement the Parliamentary and Health Service Ombudsman (PHSO) standards for complaint handling is underway, this should improve patient experience and the workload of all teams across the organisation who deal with complaints.
- Plans are being discussed to relaunch the Purple Point phones across the organisation.

1.10 Family and Friends Test – QUALITY AND SAFETY COMMITTEE



Analyst Commentary

- Friends and Family scores overall saw a slight increase and moved just above 85% (dotted line). Variation per point

of delivery is significant with Emergency Department being a high-volume area with poor scores. Birth scores are volatile due to their low numbers.

| Area | Target | Actual |
|----------------------|--------|--------|
| Emergency Department | 75% | 72% |
| Birth | 93% | 77% |
| Antenatal | 86% | 76% |
| Outpatient | 94% | 90% |
| Inpatient | 95% | 87% |

- Target Source: Local (Public View)

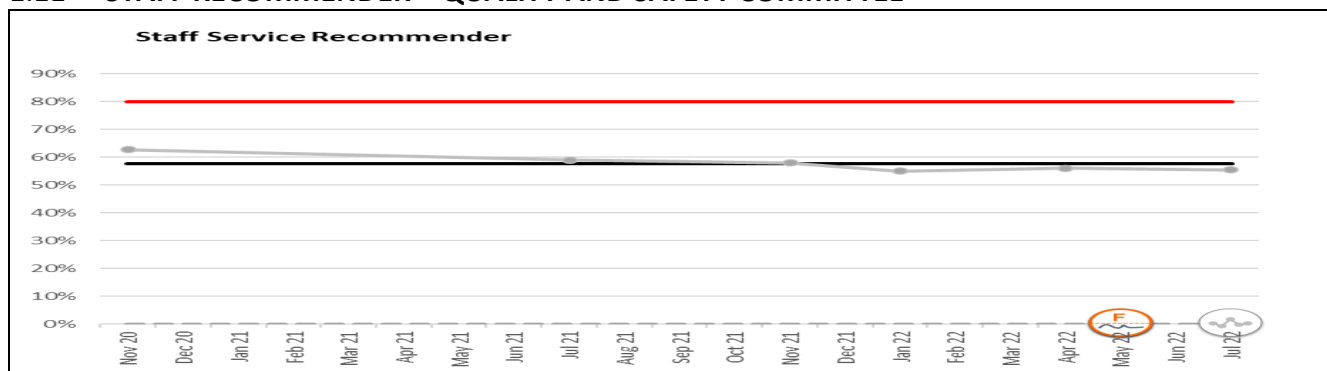
Commentary on current performance and actions in place

- Patient Experience Group – are leading on the Trust Fundamentals of Care priority - Communication there is an action plan in place.
- Interpreting services action plan in place and being managed by the same group.
- Bereavement services working group to optimise information available to relatives about processes and pathways following death of a loved-one.
- Broad engagement across Sandwell and West Birmingham to support patient voice incorporation into Mental Health Assurance Group.
- Assessment of possibilities to improve experiences in outpatient settings, including directions and SMS reminders' development.
- Patient Reported Experience Measures established to measure patient experience aligned with Fundamentals of Care standards (48 local areas); process established to deliver publicity materials locally to drive participation.

What will we do next and when?

- Development of Sandwell and West Birmingham commitments to patient experience, setting expectations with patients, relatives and carers.
- Investigation of Emergency Department patients' experiences brought to Sandwell and West Birmingham via Intelligent Conveyancing – February – March 2023.
- Recruitment to patient experience manager and analyst to support progress against the patient experience agenda February – March 2023.
- Inclusion of locally collected (via Patient Reported Experience Measures program) Family and Friend Test data into national submission - February onwards.
- Finalisation and reporting of Healthwatch Birmingham Midlands Eye Centre patient experience review – February – March 2023.
- Development of patient participation framework; recruitment of patient partner panels' network to represent Trust Groups and work streams – January – June 2023.
- Review of Intensive Treatment Unit information for relatives and development of visitor charter – January - March 2023.
- Development of the Carer Partnership approach.

1.11 STAFF RECOMMENDER – QUALITY AND SAFETY COMMITTEE



Analyst Commentary

- There are too few data points available to conclude a level of variation yet.
- We are 96th out of 120 on Public View [Quarter 3 21/22].
- The median target from Public View is 66.91%

Commentary on current performance and actions in place

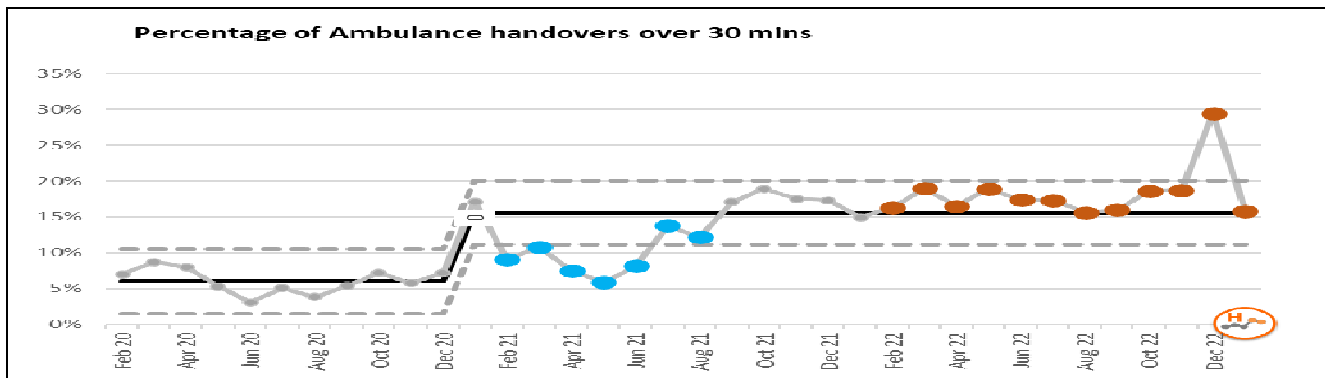
- The launch of the people plan will help to track improvement against this area.

What will we do next and when?

- Review of initial staff survey 2022 report is currently underway to help identify areas for improvement and support

2. Responsive

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



Analyst Commentary

- This process is in special cause concern.
- Target Source: None, to be agreed.

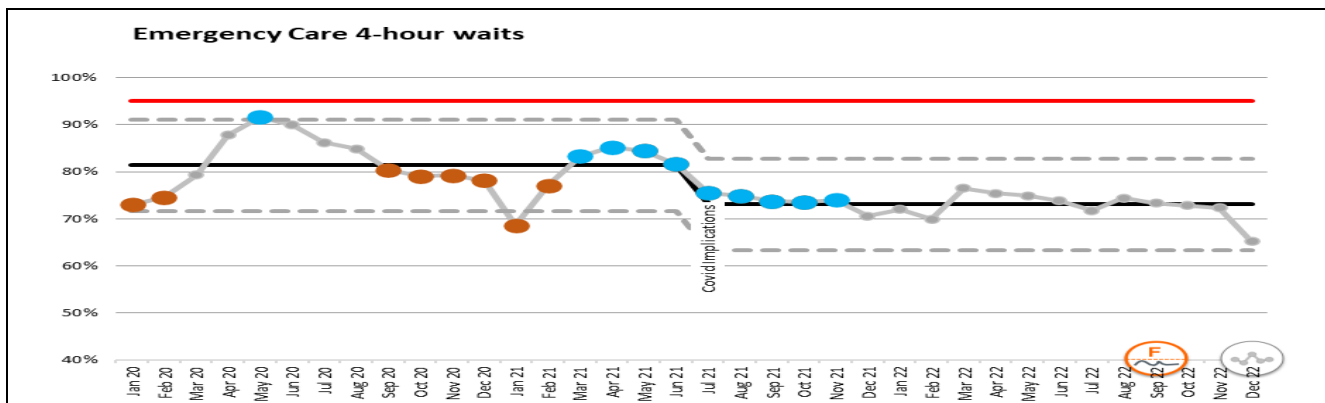
Commentary on current performance and actions in place

- Ambulance handovers significantly deteriorated in December due to extreme pressure faced by emergency services across system. Flow was significantly affected by increased Length of Stay and inability to get patients home in a timely fashion. Sandwell and West Birmingham continues to prioritise ambulance handovers and is demonstrated by our relative performance in the system. Expected performance will return to 85% average in January.
- No additional actions to be taken due to December performance.

What will we do next and when?

- Review underway to see how Sandwell (ca. 70-75% average) performance can be brought in line with City (ca. 85-90% average) Hospital.
- Awaiting further information to see how guidance on ambulance handovers will be affected by Urgent and emergency care recovery plan.

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



Analyst Commentary

- A step change has been added from July '21 to adjust the mean based on a persistent period of lower percentage reporting following COVID.
- This process is in common cause variation.
- If the target is above the upper process limit, the target cannot be expected to be achieved.
- We are 34th out of 107 Trusts in the most recent Public View rankings [December 22].
- NHS Operating guidance sets Emergency Department 4-hour target as 76% as a minimum target.
- Target Source: National.

Commentary on current performance and actions in place

- Performance decline seen in line with ambulance handovers again due to extreme pressure seen in December.

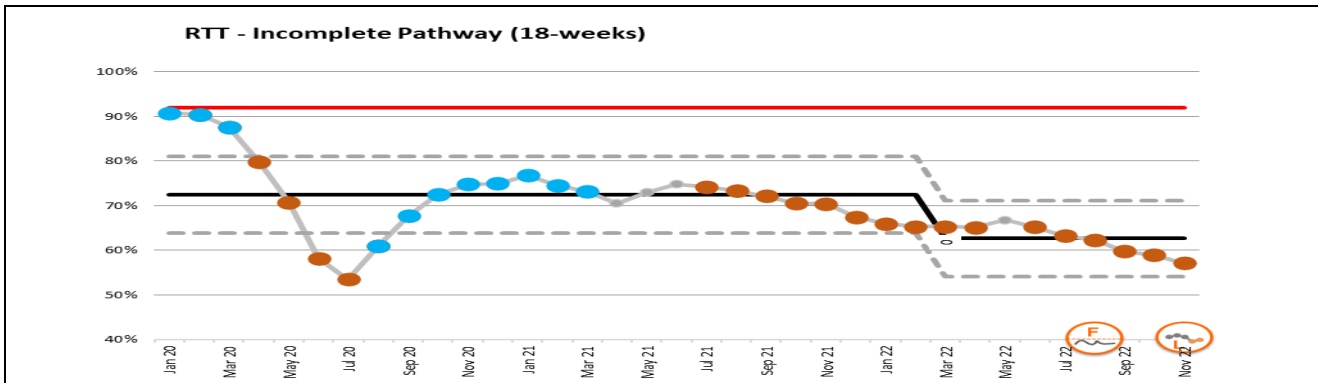
January we are expected to return to current baseline performance (ca. 70-75% in January).

- No additional actions beyond recovery work already being done in the Emergency Department to be implemented due to December performance.
- Work underway to bring Emergency Department performance in line with system colleagues.

What will we do next and when?

- Review underway to fully understand impact of winter and how future plans can mitigate against this – submission to March Trust Board.
- Recovery plan will be developed in line with urgent and emergency care recovery plan to routinely achieve over 76% - must achieve by March 24.

2.3 Referral To Treatment – Incomplete Pathway (18-weeks) - FINANCE, INVESTMENT AND PERFORMANCE COMMITTEE



Analyst Commentary

- A step change has been added in March 22 as performance started to drop.
- This process is in special cause concern.
- If the target is above the upper process limit, the target cannot be expected to be achieved.
- We are 84th out of 119 Trusts in the latest Public View rankings [November 22]. In July 22 we were ranked 54th out of 119.
- Target Source: National

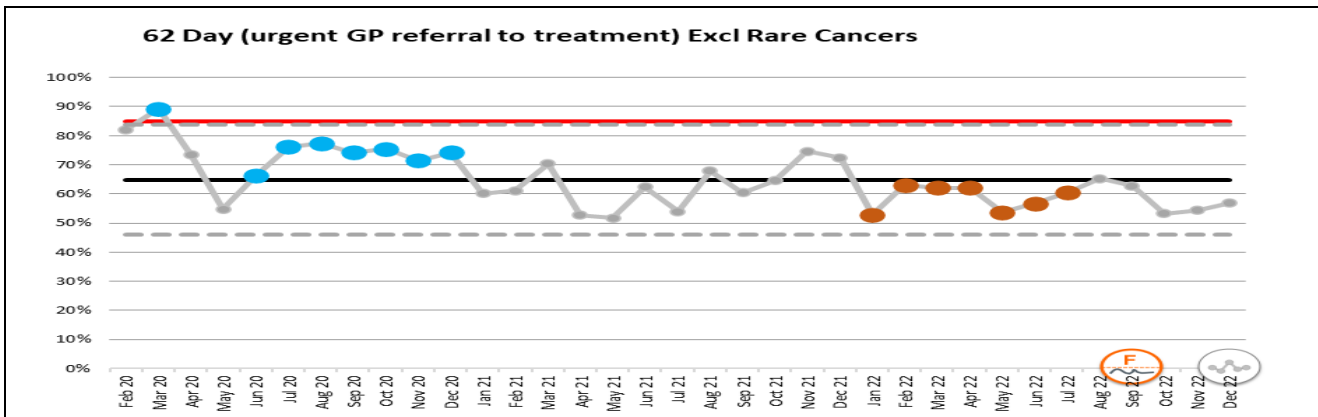
Commentary on current performance and actions in place

- Trust current focus is on reduction of long waiting patients and is currently on track to deliver 78+ weeks standard by 31st March 2023.
- Outsourcing and mutual aid support via System are in place to support high risk speciality.
- Expansion of inhouse capacity through Waiting List Initiative, productivity, and efficiency.

What will we do next and when?

- The new NHS planning Guidance expects trusts to have no patients waiting over 65 weeks by March 2024.
- This will be our new focus where trajectories are drawn by specialities with possible opportunities and mitigating potential risks.
- Production plan for next financial year is being finalised with productivity and efficiency metrics being a key part of delivering the new standard.

2.4 62 Day (urgent GP referral to treatment) excluding Rare Cancers - FINANCE, INVESTMENT AND PERFORMANCE COMMITTEE



Analyst Commentary

- This process is in common cause.
- If the target is above the upper process limit, the target cannot be expected to be achieved.
- Public View shows us ranked 54th out of 121 in September 22 but, is now showing us ranked 89th out of 121 in November 22.
- Target Source: National

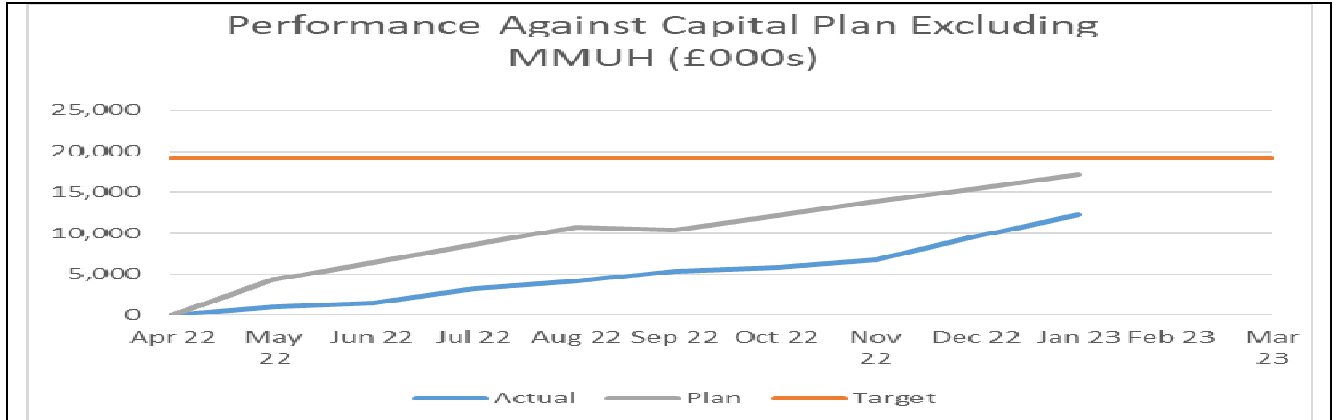
Commentary on current performance and actions in place

- Ongoing work on reducing the backlog across Urology & Ear, Nose, Throat
- Bids to the Integrated Care Board (ICB) have been successful for waiting list initiative and nasoendoscopies and biopsy lists for urology and are being worked up.
- Focus is on the reduction of the 62-day backlog, target of 68 waiting over 62 days by March 2023.
- Currently the delivery of this across the ICB is monitored weekly as SWB is behind trajectory mainly as a result of delays in Black Country Pathology Service (BCPS). The recovery trajectory for histopathology is currently 3 months to return to 7-day turnaround so we intend to arrange a review meeting with the BCPS team to explore opportunities for improvement.

What will we do next and when?

- Black Country Pathology Service has been discussed at ICB board and an improvement plan has been devised for 2023
- Groups will redo recovery trajectory for this measure amid a reset.
- The new NHS Planning Guidance expects trusts to: Continue to reduce the number of patients waiting over 62 days.
- Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days.
- Extend the Cancer Hotline from Sandwell place to Walsall place by March 2023. To have full coverage of the ICB December 2023 and then review.
- Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028.

2.5 Performance Against Capital Plan excluding MMUH – FINANCE, INVESTMENT AND PERFORMANCE COMMITTEE



Analyst Commentary

- We are reporting a Year to Date (YTD) spend of £12.3m spend against a Year to Date plan of £17.1m. This presents a potential risk of delivering the remaining spend in Quarter 4.

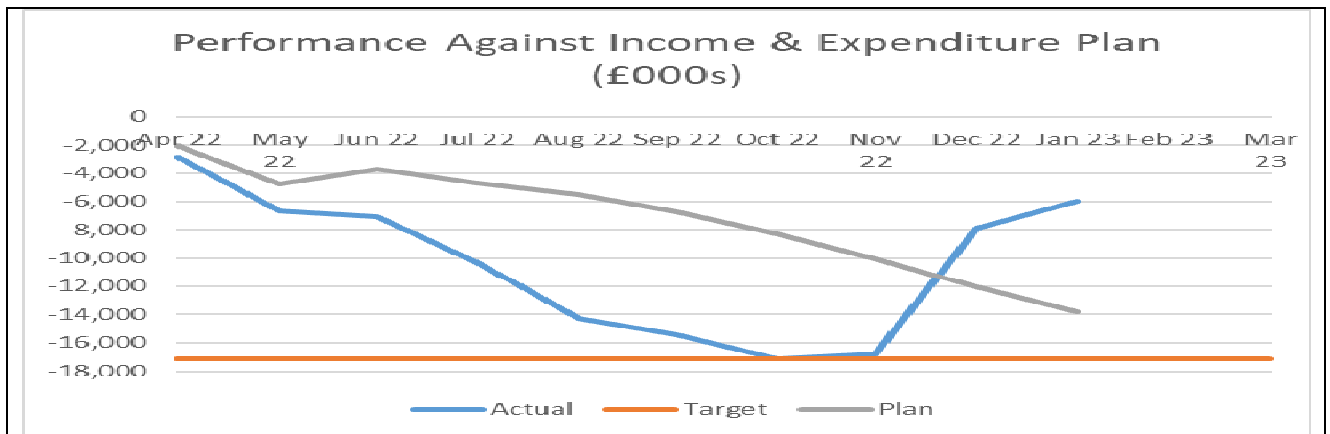
Commentary on current performance and actions in place

- A full review of the expected forecast outturn position of £25m is completed each month and assurance provided from workstream leads. The Trust has increased the forecast outturn to allow for the payments for Same Day Emergency Care (SDEC) and Surgical Robot to be completed in 22/23.

What will we do next and when?

- Continue to review Forecast out turn (FOT) on a monthly basis to 28/02/23
- Review Forecast out turn (FOT) on a weekly basis from 01/03/23 – 31/03/23

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



Analyst Commentary

- Trust reported Year to Date (YTD) Deficit of £5.995m against an internal plan of £13.835m, a significantly favourable variance to the Trusts internal plan of £7.84m.

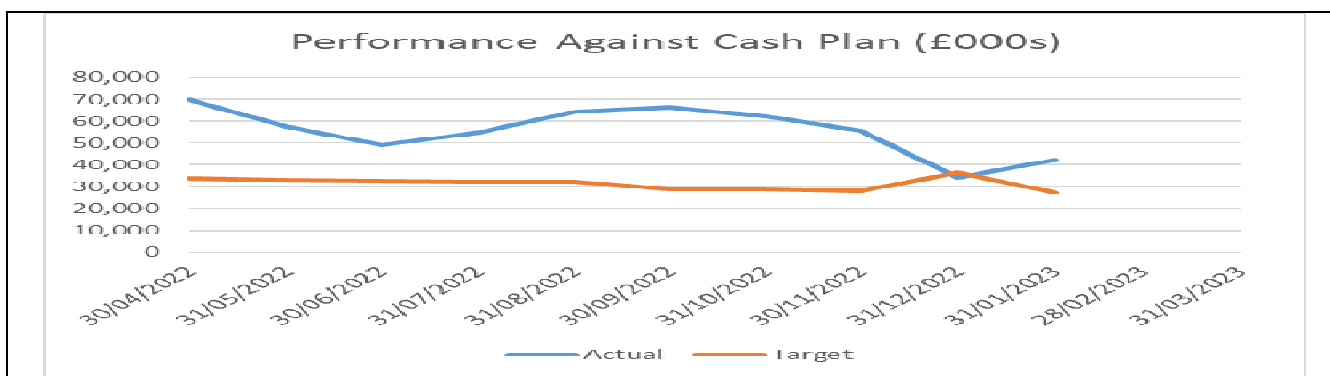
Commentary on current performance and actions in place

- The Trust has a significant favourable variance to both the Internal financial plan and the forecast prepared at Month 6. This is largely driven by reflection of the Integrated Care Board (ICB) risk share (£10.1m, £8.42m year to date) and other income received, Winter Beds (£1.125m, £0.75m year to date) Birmingham and Solihull income for Mental Health Transport. The position has also been supported by lack of recruitment into forecasted posts. This has been offset by pressures on bank rates (now largely continuing until the end of the financial year), and recognition within the position of failure to deliver the Maternity Incentive element of Clinical Negligence Scheme for Trusts (CNST) £0.73m. Grip and control remain important, and actions will centre on reinforcing these. Clarity around the Integrated Care Board risk reserve is also required as recently one partner has stated that they are unable to commit to meeting their element of the plan which underpins the risk reserve. Whilst delivery of this year is vital, attention needs to move on to delivering the financial challenges for 2023/2024.

What will we do next and when?

- Confirmation of the £10.1m ICB risk reserve: CFO (Chief Finance Officer) (28 Feb 2023)
- Agreement on the schemes to deliver the financial plan, infrastructure, and support to deliver (14 February 2023)
- Meetings with Groups and Executives in diary.
- Productivity Metric: Initial proposal to Chief Financial Officer (17/2/2022 on internal version)

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



Analyst Commentary

- At the current reported level of £42.1 million cash in our bank, the linear projection indicates that we will end the year with £45 million, which is £9 million more than our revised objective of £31.6 million.

Commentary on current performance and actions in place

- Balance at the end of December was low, due to delayed reimbursement for Midland Metropolitan University Hospital (MMUH) (£22m). Expectation of increased Capital spend in the final quarter will change the linear profile.

What will we do next and when?

- Monitor on a weekly basis through to 31/03/2023 to ensure target is achieved, or any potential variation is understood and agreed.

