Paper ref:	TB (06/22) 013

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:**	8th June 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 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

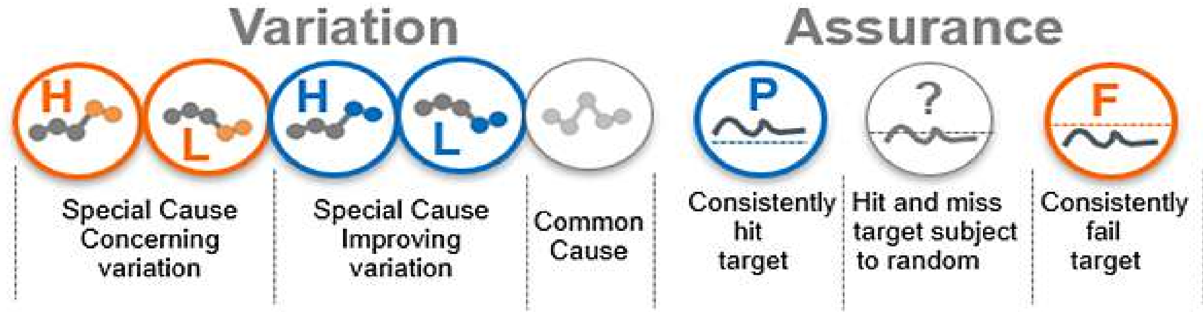
4.	**Recommendation(s)**
The Public Trust Board is asked to:	
a.	**RECEIVE** and note the report for assurance
b.	
c.	

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 [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	

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board: 8th June 2022

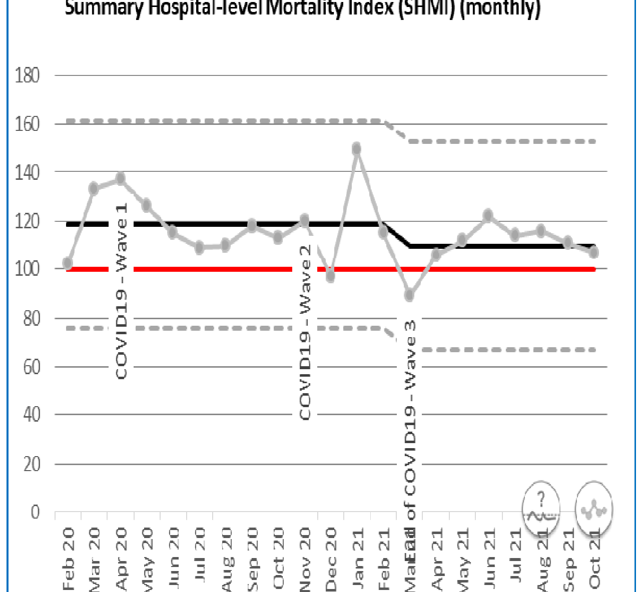
Board Level Metrics for Patients



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 115 to latest data point (Feb 2022) (April 2021 was 138). 96% of all deaths were scrutinised in April 2022 by Medical Examiners of which 9% were referred for further structured judgement review by directorate mortality leads. Project work continues improving depth of coding, management of sepsis	**Hospital Standardised Mortality Rate (HSMR) - Overall (monthly)** 200.00 180.00 160.00 140.00 120.00 100.00 80.00 60.00 40.00 20.00 0.00 Jan 19 Mar 19 May 19 Jul 19 Sep 19 Nov 19 Jan 20 Mar 20 May 20 Jul 20 Sep 20 Nov 20 Jan 21 Mar 21 May 21 Jul 21 Sep 21 Nov 21

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

Further reduction in SHMI (12 month cumulative to January 2022 is now 110). Closely monitored through Learning from Deaths Committee. Reversal in weekend/weekday mortality (weekend now lower – Jan2022). As part of this, a further all in SHMI for sepsis noted. The SHMI for Sepsis for the month of January 2022 is 75 (with 12 month rolling sepsis SHMI of 118.) Quality improvement project on Sepsis is on-going.



C.Difficile (Post 48 hours)

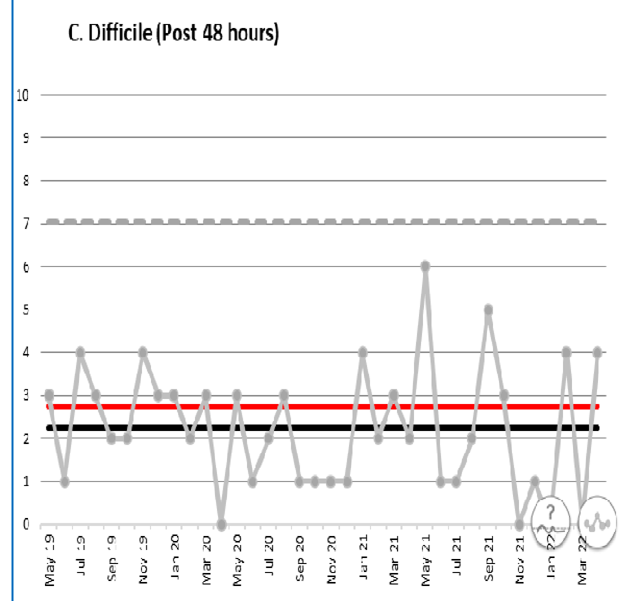
March data: year end trajectory of 33 reached.

A themed review has been completed and although there was not an isolated theme identified there are improvements that can be made listed below:

- Prompt specimen taking required
- Inappropriate antibiotics prescribed
- Stool charts not completed

There is an action plan in place to address the above.

NEW: trajectory for 22/23 set at 41 cases, however as a Trust I recommend we retain the previous target of 33



E Coli Bacteraemia (Post 48 Hours)

Trajectory: 80

Total Numbers: 23-year end

Themed review completed and highlighted there were no trends in cases.

There is a requirement to report against the following alert organisms also:

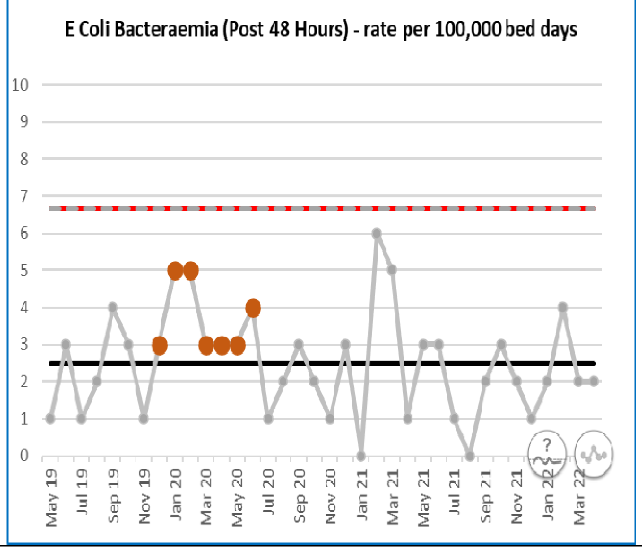
NEW: Ecoli trajectory for 22/23 51

Pseudomonas - 9

Klebsiella- 19

Pseudomonas aeruginosa **YTD 0**

Klebsiella **YTD 0**

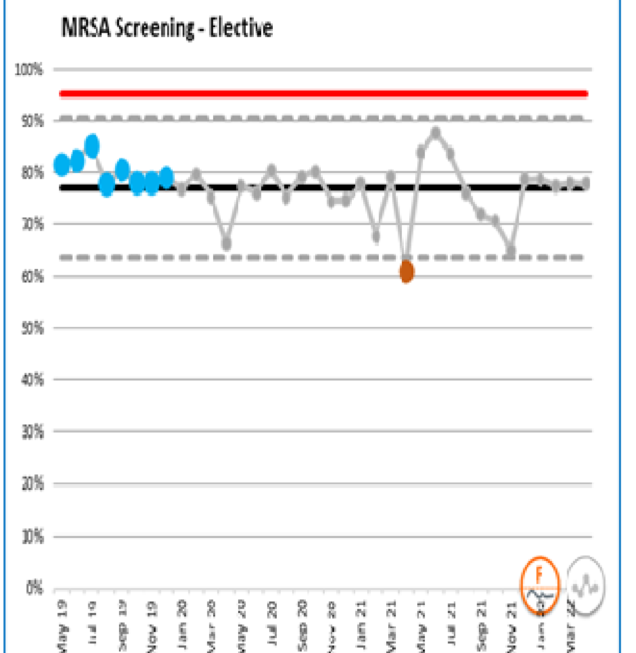


MRSA– Elective

The review of the data is now complete

As you can see we have been screening at just over 80% of patients that are required to be screened and this puts us in the top quartile nationally.

However we will be undertaking a deep dive to see why this is the case and set a number of actions to improve the current position

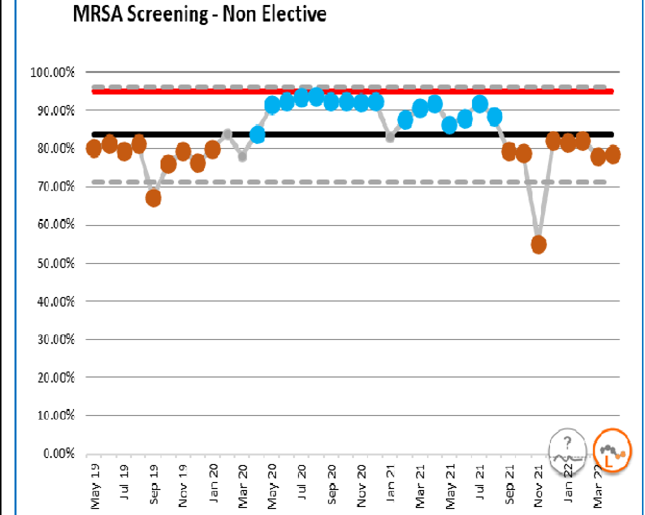


MRSA– Non Elective

Remains under review.

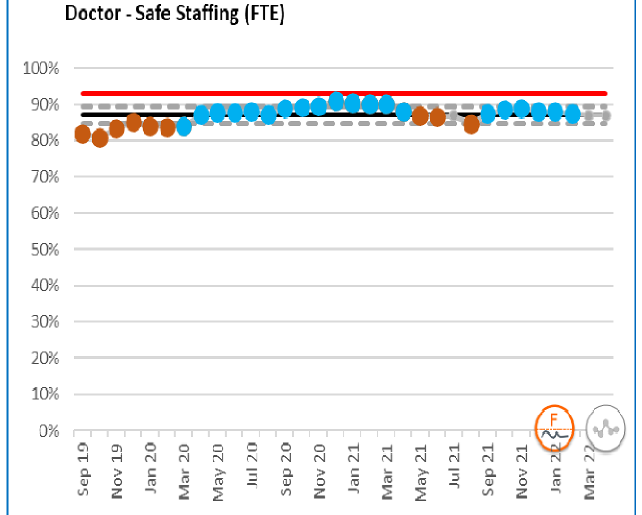
Update requested via informatics team; data review has taken place awaiting report validation.

Groups have also reported that they are validating their own data and auditing locally to confirm compliance with the standard, and this also demonstrates a discrepancy in reporting and the ward level compliance.



Doctor – Safe Staffing (FTE)

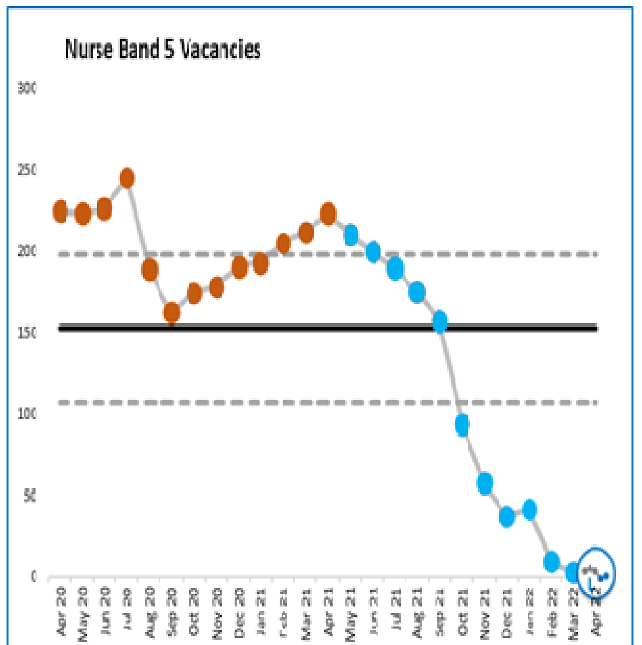
Staffing levels of long term post fill remains stable. Until eRostering established it is difficult to present the data of short-term vacancies, but other avenues are being pursued to see if this can be provided from an alternate source.



Nursing – Safe Staffing

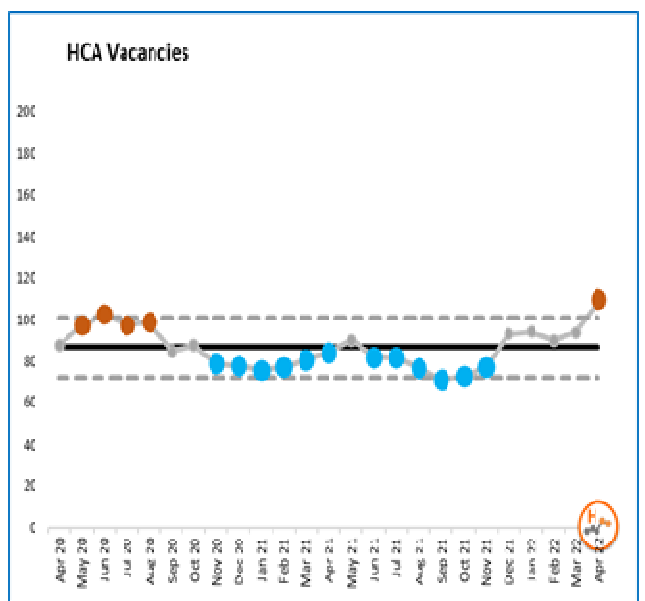
These are new graphs to show improvement in recruitment whilst we implement allocate

Band 5 staffing as you can see has improved hugely over the last 12 months due to our internationally educated colleagues who have joined us and an increase in the number of newly qualified nurses choosing to join the organisation.
The hotspots currently are at both Band 5/6 level are within more specialised services such as Endoscopy, district nursing, health visiting, school nursing, critical care and theatres. Plans are in place for these areas Retention of these staff is key moving forward
We have seen an increase in our bank fill rate to 75% and a decrease in agency usage to 10%. A deep dive is being undertaken into the bank spend per clinical group against our current vacancies and sickness



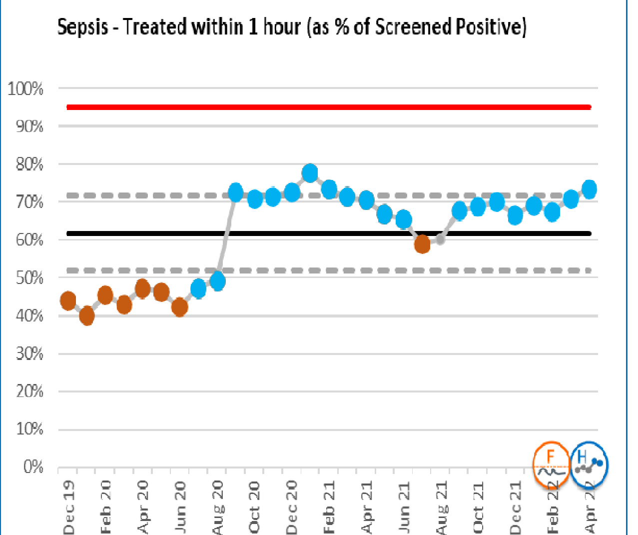
HCA – Safe Staffing

There are currently 42 HCA vacancies across the groups as opposed to what the graph tells shows you is over 100. This is due to where certain trainee roles sit within the budgets, and we are working closely with HR and finance to solve some of these issues so the information shows our true vacancy numbers. We have just recruited 30 Health care support workers who will be joining us imminently and have a further recruitment plan in place to fill the vacancies that remain



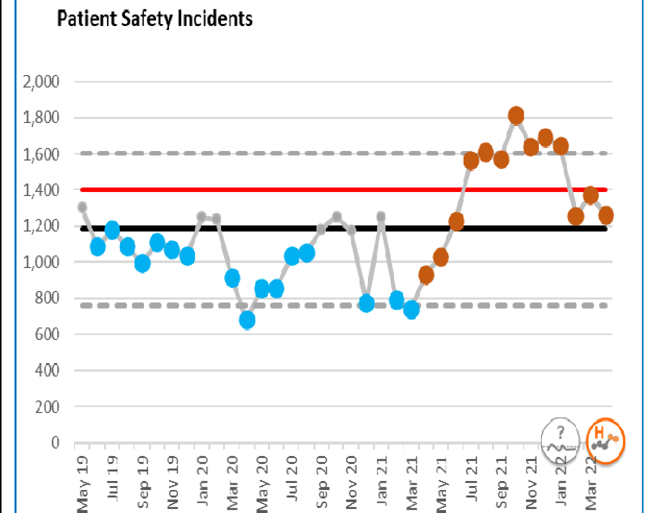
Sepsis – Treated within 1 hour (as % of Screened Positive)

Following on from the Sepsis improvement week, task and finished groups now working on improvement plans on blood cultures, pathway, for continuation of antibiotic as patients move from one area to another and the sepsis screening tool in the electronic patient record. A Trust Sepsis Lead nurse is now on secondment to help support groups in embedding learning



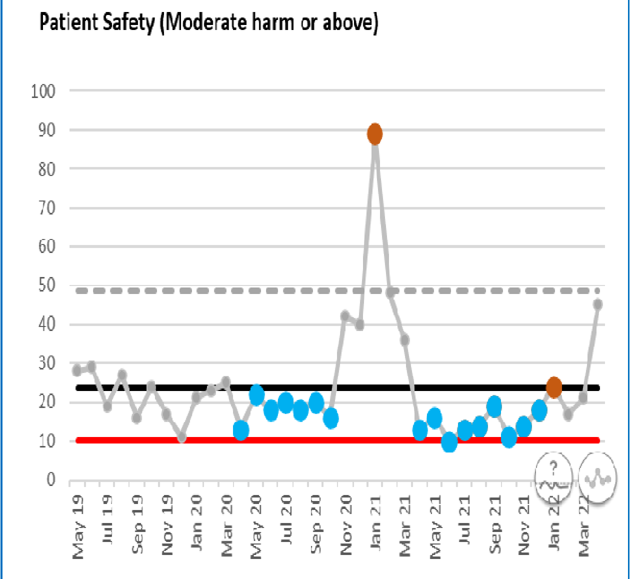
Patient Safety Incidents

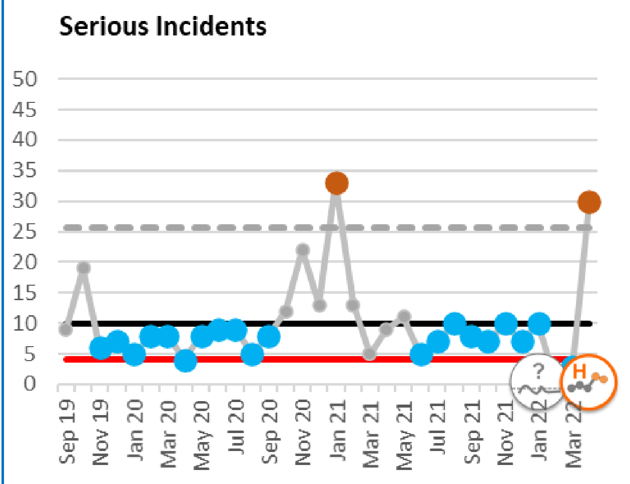
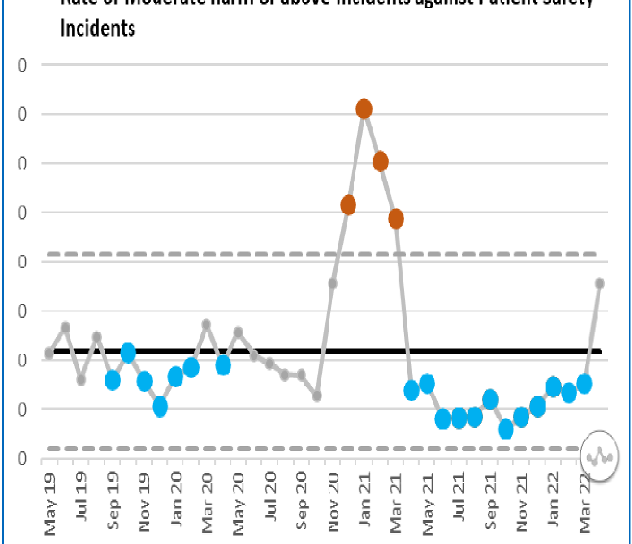
The Trust remains a good reporter of incidents. The period of elevated numbers is likely to be due to reporting of patients returning positive Covid results and increased delays in patients being seen in the Emergency Departments and/or being held on ambulances.



Patient Safety Severe Incidents

The peak shown in March 22 relates to an increase in patients with hospital acquired Covid positive results.

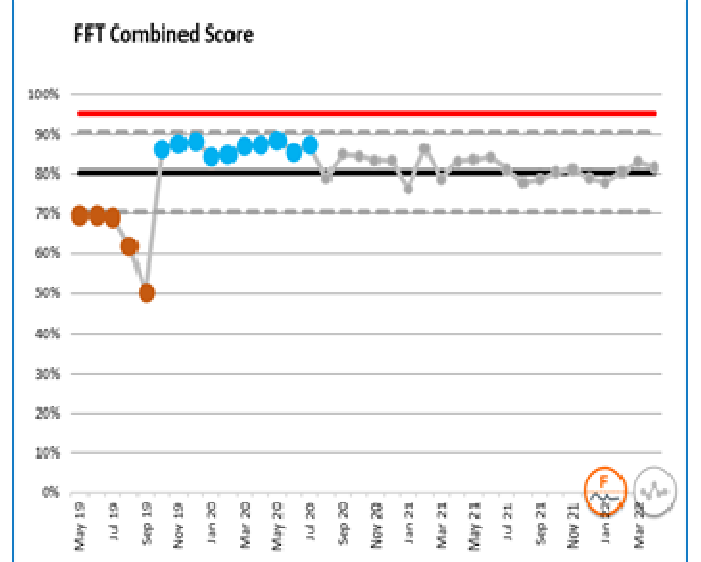


Serious Incidents The number of Serious Incidents have increased in month due to all of the hospital Acquired Infection SI's for COVID 19 being sent at the same time rather than when they happened. A process has now been implemented that these will be completed following each outbreak meeting.	
Patient Safety Severe Incident Rate against Patient Safety Incidents The level of patient safety incidents which are graded as moderate or more harm remains in line with the national median, as shown throw the National Reporting and Learning System (NRLS)	

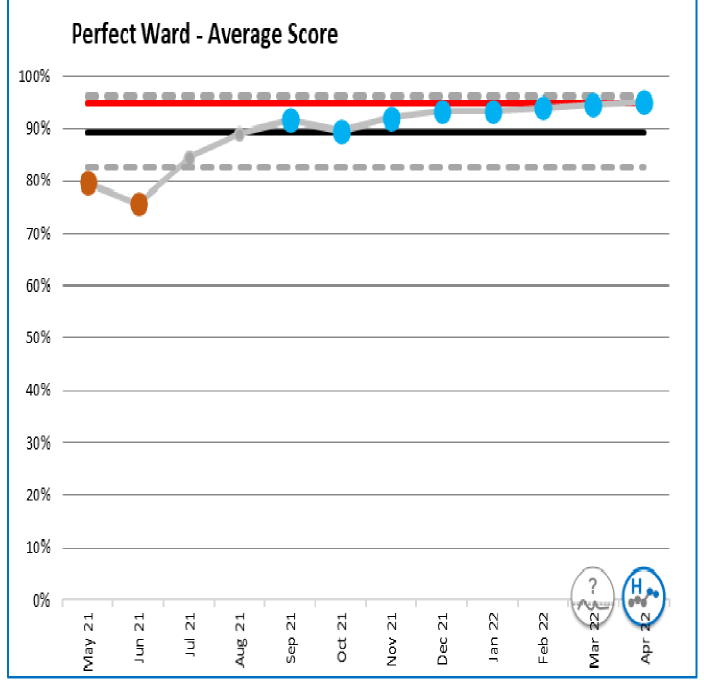
CQC Domain	Caring
Trust Strategic Objective	**Our patients**
Executive Lead(s): Chief Nurse	Statistical Process Control (SPC) Trend Charts

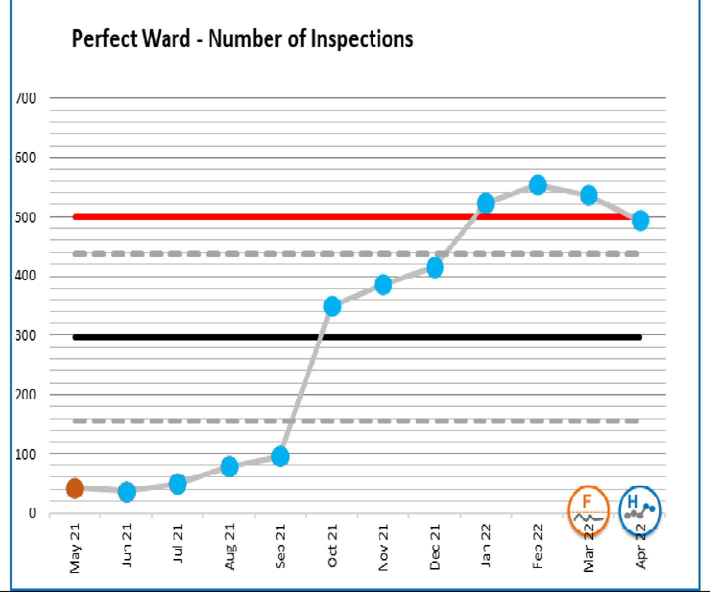
FFT Recommended % Recommended

Of 5,313 participants across all modalities during April, 81.6% gave a positive experience rating, a 1.8% decrease on March.
Findings from the most recent CQC children and young people's (CYP) survey were shared with CYP board.
Detailed patient experience analysis of nutrition and hydration was conducted. An action group will work to address evident issues. Analysis of BMEC data is underway.
Work in line the patient experience plan is in progress with trial areas for Patient Reported Experience Measures across acute and community care. Standards for measurement have been developed for areas in line with methods of data collection.

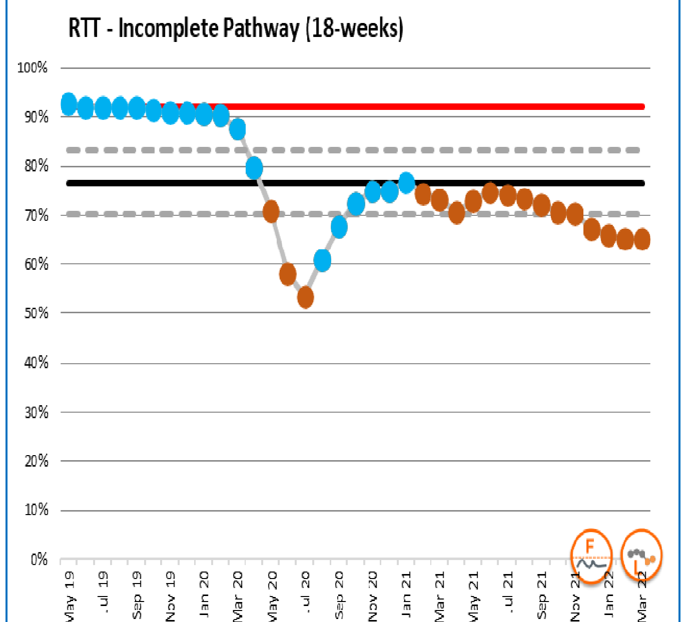
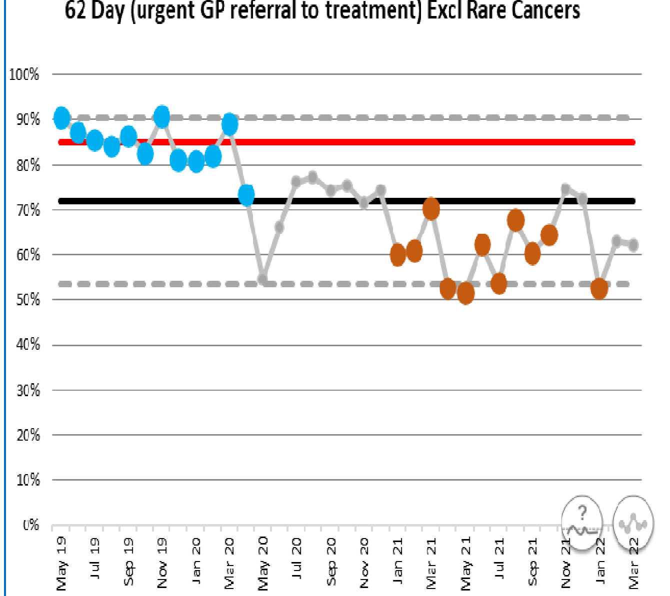


Perfect Ward
Tendable (Perfect Ward)
There remain 57 areas across the organisation that are completing the various inspection type audits on a monthly basis.
The Trust will transition over to a new 'Partnership Package' with the company from 1 June 2022. This will support unlimited areas and QR codes resulting in improved flexibility. The GDONs are reviewing where multiple areas are currently captured under one QR code, i.e., endoscopy units across all sites monitored under one QR code.
The 'Partnership Package' also includes the service accreditation module which will support the Fundamentals of Care Approach.
A draft peer review process has been developed and is being agreed via the Senior Nurse Forum. Once implemented this will support validation of audit results. It is anticipated that the peer



review process will commence during quarter 2.	
Perfect Ward – Number of Inspections The increase in number of inspections seen from September 2021 reflects the implementation of Tendable across the organisation. The number of inspections will increase as additional areas start using the smart inspection app and as combined areas are allocated their own QR code. This increase is expected to be demonstrated from July / August 2022 onwards.	

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 The EAS performance remains stable despite an increase in the volume of attendances and the IC from WMAS. The focus on improving the position over the next few months will be on ensuring timely discharges and continuous improvement in the SDEC utilisation	Emergency Care 4-hour waits
Emergency Care Attendances (Including Malling) March and April saw significant increase in attendances to our emergency departments as we continue to see movement across from neighbouring systems, we are just completing an overall demand and capacity analysis to understand the true impact of this movement on the front door and down streams	Emergency Care Attendances (Including Malling)

RTT - Incomplete Pathway (18-weeks) **We have started to see an improvement in our RTT position, this will continue through May and June as we have now re-aligned job planning to theatre sessions and opened the ward area at city for surgical admissions**	
62 Day (urgent GP referral to treatment) Excl Rare Cancers Our cancer position remains variable still, with Urology and colorectal being the specialities with most of the backlog. Pathology turnaround time is still also contributing factor. Trajectories have been set for both tumour site groups with an improvement expected in July.	

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 Re-admissions still remain below the national average.	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month
SDEC Delivered in correct location We continue to see small improvements in the SDEC utilisation, the working group has been established which is focusing on 3 elements to continue to improve it further: increased senior cover, plans for larger estate footprint and the continued development of a process driven, pull philosophy	SDEC Delivered in correct location

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 (BPPC) BPPC performance has been consistently above the 95% for value of invoice for 13 consecutive months. This has been achieved by • Increasing the number of BACS processing runs each week • Trust wide communications encouraging timely receipting and dispute resolution • Revised method of calculation based on Invoice Receipt Date (replacing Invoice Date) to measure payment performance	Performance Against Better Practice Performance Compliance 100%, 90%, 80%, 70%, 60%, 50%, 40%, 30%, 20%, 10%, 0% 01/04/19, 01/06/19, 01/08/19, 01/10/19, 01/12/19, 01/02/20, 01/04/20, 01/06/20, 01/08/20, 01/10/20, 01/12/20, 01/02/21, 01/04/21, 01/06/21, 01/08/21, 01/10/21, 01/12/21, 01/02/22, 01/04/22
Performance Against Better Value Quality Care Plan (£000's) The Trust has an internal BVQC target of £10m for 22/23, with a further £7.5m required non recurrently. These values are included within the internal deficit plan of £31m deficit and will be reported from M2 (May) onwards. Current assessment indicates £9.2m of in year savings with a FYE of £11.4m.	**TO BE REPORTED FROM MONTH 2**
2022/23 I&E Performance (£M's) The Board approved a financial plan for 2022/23 reflecting a £31m deficit. Following further discussions with the Integrated Care System (ICS) the system plan for the Trust is a £12.2m deficit, the differences being £7.432m of income expected from the ICS as part of the overall system allocation redistribution, and an £11.314m stretch – currently identified as additional income in the plan submission. Month 1 financial performance is a £20k adverse position to the internal plan	2022/23 I&E Performance (£Ms) Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec, Jan, Feb, Mar 0.000 22-23 Monthly Plan 22-23 Monthly Actual 22-23 Cumulative Plan

Underlying Deficit (£M's) The Trust has reported a £24m underlying deficit to the Trust Board and the Integrated Care System, which is an improvement from the £30m deficit previously reported Work ongoing at system level to determine underlying system deficit position as part of the final 2022/23 plan submission on the 20 June 2022. Following finalisation of the 2022/23 plan we will refresh the underlying position of the Trust taking account of factors including the income settlement, recurrent nature of efficiencies and the full year effect of any costs.