



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, Chief Operating Officer Dinah McLannahan, Chief Finance Officer Kam Dhami, Chief Governance Officer		
MEETING:	Public Trust Board	DATE:	10 th May 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?]*

None

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 <small>[Safeguard Risk Nos]</small>		
Equality Impact Assessment	Is this required?	Y <input type="checkbox"/> N <input type="checkbox"/> If 'Y' date completed
Quality Impact Assessment	Is this required?	Y <input type="checkbox"/> N <input type="checkbox"/> If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board: 10th May 2023

Board Level Metrics for Patients

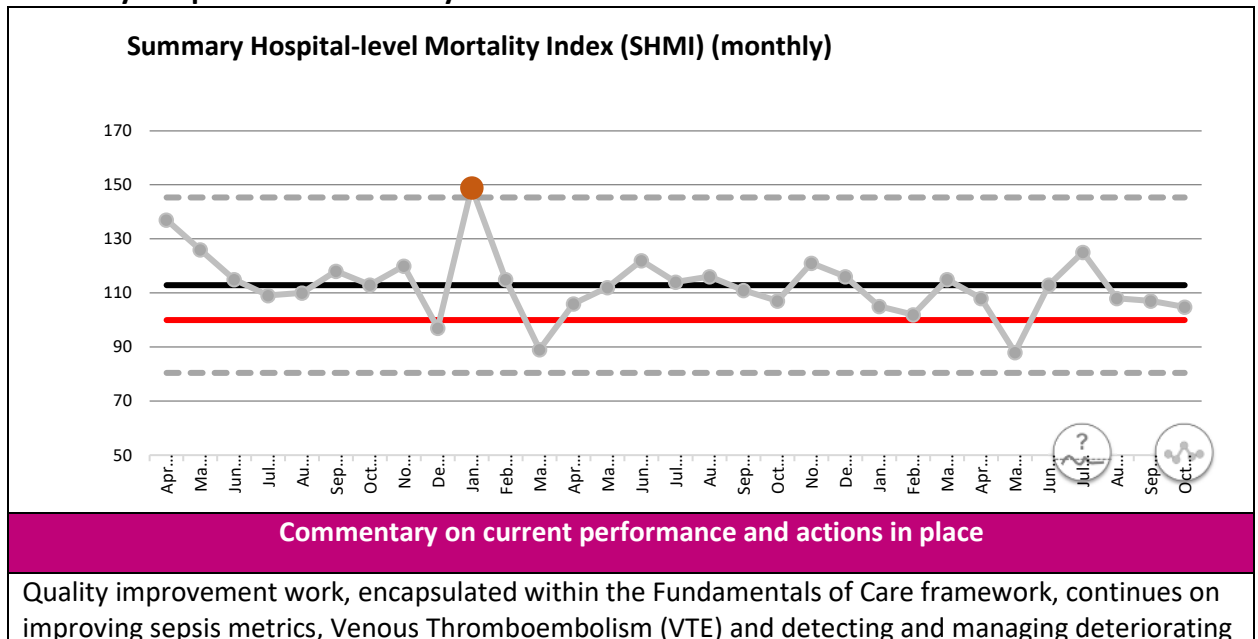
1. Patients

1.1 Target Assurance Matrix

		Assurance			No Target
		Consistently Pass Target	Hit & Miss	Consistently Fail Target	
Variation	Special Cause Improvement		Nurse Band 5 Vacancies.		
	Common Cause Variation		Summary Hospital-level Mortality Index (SHMI) (Monthly). Patient Safety (Moderate harm or above). Complaints per 1000 Whole Time Equivalent. Patient Safety Incidents.	Staff Service Recommender. Emergency Care 4-hour waits.	
	Special Cause Concern			Doctors in Post. Referral To Treatment – Incomplete Pathway (18 weeks). 62 Day (urgent GP referral to treatment) Excluding Rare Cancers.	Percentage of Ambulance Handovers over 30 minutes.

1.2 Safe

1.2.1 Summary Hospital-level Mortality Index

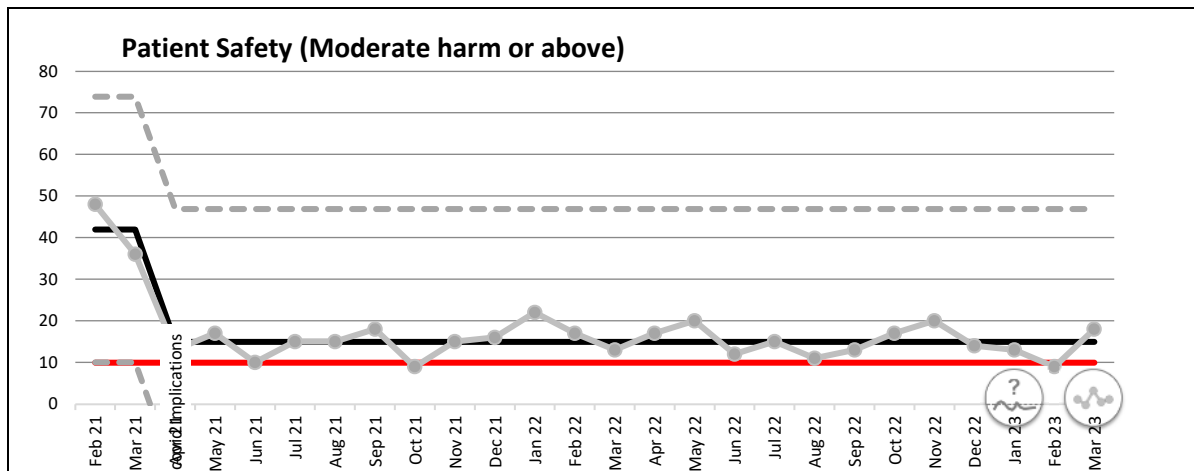


patients. Deteriorating patients (under harm free care) is a targeted, high impact annual plan objective for 23/24.		
Analyst Commentary		
This process is in common cause variation.		
Our latest Public View ranking was 82nd out of 121 [October 22]. Target Source: National Target		
What will we do next and when?		
Action	Owner (Job Title)	Due
Set up Task and finish group on improving detection of the deteriorating patient Track and Trigger function of UNITY. Develop harm free care action plan incorporating deteriorating patient and medicine management actions as the two key priorities	Chizo Agwu Deputy Chief Medical Officer Nicky Taylor, Associate chief nurse	August 2023 May 23

1.2.2 Patient Safety Incidents

Commentary on current performance and actions in place		
Incident reporting is maintaining common cause variation, displaying fluctuation in reporting within the expected ranges. Work is continuing with stakeholders across the organisation to review and update the report form to make it more user friendly, faster to complete and in readiness for the move from nationally reporting to the National Reporting and Learning System (NRLS) to the new Learning from Patient Safety Events (LFPSE) system. Training on what should be reported and how to report an incident will continue to be given to teams where specifically requested, across the organisation as part of the nationally mandated Patient Safety Incident Response Framework (PSIRF) when implemented over the next 12 months.		
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)		
What will we do next and when?		
Action	Owner (Job Title)	Due
Continue with LFPSE and engagement programme.	Deputy Director of Governance	December 2023

1.2.3 Patient Safety (Moderate harm or above)



Commentary on current performance and actions in place

The number of incidents resulting in moderate harm or above continue to display common cause variation within expected limits. Incidents which have been identified as moderate harm or above are reviewed at Group governance meetings and then escalated to the Incident Assessment Meeting on a weekly basis. This meeting is attended by the Chief Medical Officer (CMO), Deputy Chief Nursing Officer (DCNO) and a range of clinical and non-clinical colleagues who have the opportunity to give feedback on the incidents.

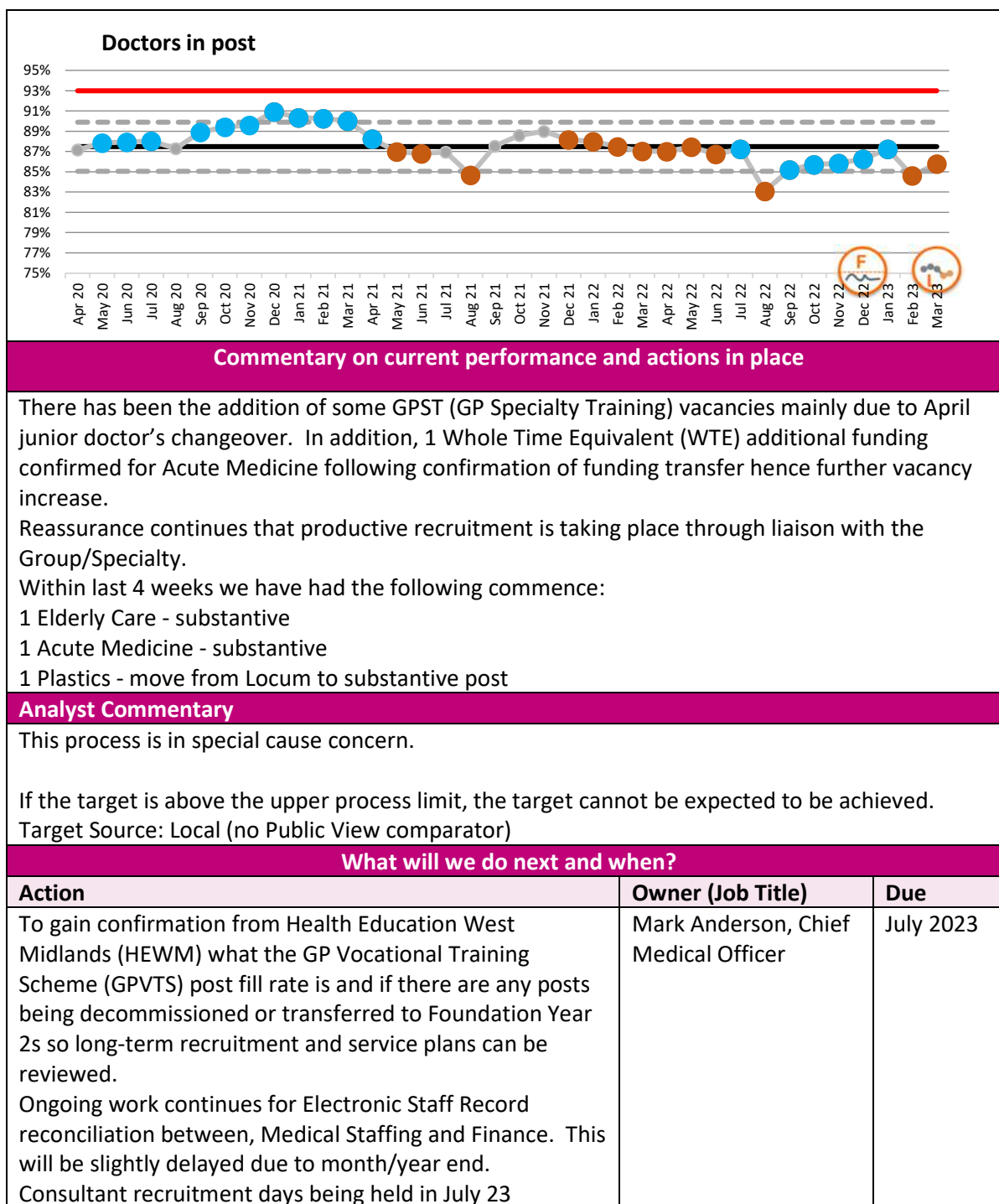
Analyst Commentary

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)

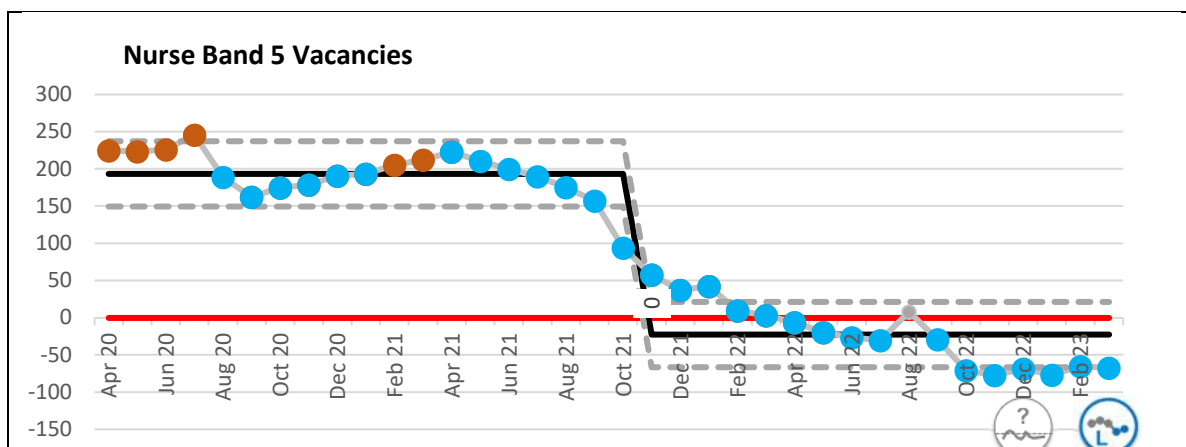
What will we do next and when?

Action	Owner (Job Title)	Due
WeLearn programme to continue to identify and address issues.	Deputy Director of Governance	Ongoing
Fundamentals of Care framework to roll out (harm free care priority objective in 23/24 plan)	Chief Nursing Officer	Ongoing
Patient Safety Incident Response Framework to develop incident reporting training programme	Deputy Director of Governance	Ongoing

1.2.4 Doctors in post



1.2.5 Nurse Band 5 Vacancies



Commentary on current performance and actions in place

Funded full time equivalent posts (FTE) Band 5 Nurses – 967.07 Whole time equivalent (WTE). Actual in post – 1034.04 WTE. Whilst acknowledging we had an additional 66.97 WTE Band 5 nursing staff across the organisation we also need to acknowledge the trust currently has an additional 74 medical beds and 16 Primary Care Community Therapies (PCCT) beds. We remain with very small numbers of band 5 vacancies in areas such as Emergency department where we have started to recruit to meet the royal college of emergency medicine staffing and for Midland Metropolitan University Hospital. All our international colleagues are now in post from this year’s agreed number. We have bid for 40 International colleague posts this year which we have just had funding agreed for. This figure was identified from expected turnover and from what we know we will recruit from the guaranteed job scheme for newly qualified nurses.

Analyst Commentary

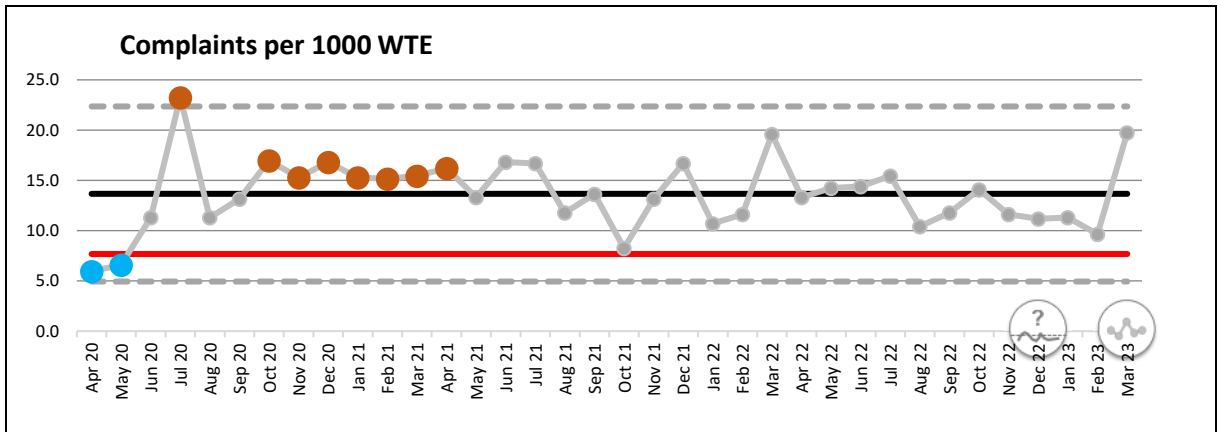
A step change has been added in November '21 to reflect the new vacancies levels. This process is in special cause improvement. This is based on the Electronic Staff Record (ESR), we have no vacancies for nurses in Band 5. Target Source: Local (no Public View comparator)

What will we do next and when?

Action	Owner (Job Title)	Due
Develop talent management programme Band 5 to Band 6 Continue to recruit to specialist Emergency Department posts. Continue to develop the retention package	Chief Nursing Officer	Ongoing
	Medicine & Emergency Care	Ongoing
	Chief People Officer	Ongoing

1.3 Caring

1.3.1 Complaints per 1000 Whole Time Equivalent



Commentary on current performance and actions in place

The number of complaints per 1000 Whole Time Equivalent remains within our control limits. However, it is noted that there has been a recent increase in the number we received in March 2023. The increased number of complaints is due to the new Anima, GP system. A paper was presented to Executive quality Committee (EQG) in April for assurance with an action plan. A user group has been set up to work through key issues. There were also 150 compliments about the new Anima System this month. This will continue to be monitored for assurance through EQG. This is also similar to the equivalent period last year and it is anticipated that this will fall next month. Communication with patients remain the highest category of complaint reasons and the Fundamentals of Care work on communication will drive one of our 23/24 high impact objectives around improving patient opinion of the Trust via FFT.

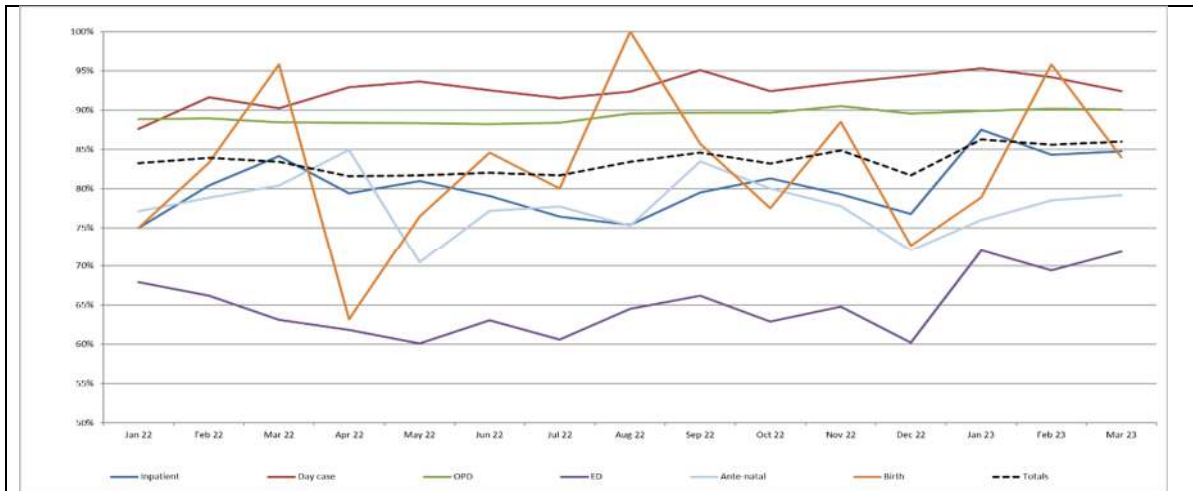
Analyst Commentary

This process is in common cause variation.
 Our latest Public View ranking was 113 out of 119 [Quarter 4 21/22]
 Target Source: Public View

What will we do next and when?

Action	Owner (Job Title)	Due
Patient Experience Team continue to engage with service users and develop plans to improve communication/develop communication plans.	Patient Insight and Involvement Lead	December 2023

1.3.2 Family and Friends Test



Commentary on current performance and actions in place

Emergency Department has sustained an improvement in Family and Friends Test (FFT) performance over recent months; this has been an area of leadership team focus. The Patient Partner Food and Nutrition Panel will discuss (25.04.23) food and hydration provision in EDs and future plans for MMUH with ED leads and catering teams.

Patient Reported Experience Measure Surveys (PREMs) continue to be implemented across SWB; Rowley Regis wards have been proactive in data collection and findings were presented to staff. Improvements in rest and sleep and communication, notable around discharge planning and arrangements were highlighted and actions developed. This approach will be developed across Birmingham Midland Eye Centre in the coming weeks and months.

Patient experience study day for Nursing Associates (13.06.23), incorporating SWB-wide expertise and external partners. The plan from this is to develop a day-long session to offer to all Trust staff.

Specific work plans related to communication, consisting of local directorate and Trust-wide projects and rhythm of the day communications, plus the interpreting review work plan.

The first local Group Patient Experience Group (maternity and Neo-natal) took place (30.03.23)

The Fundamentals of Care work on communication will drive one of our 23/24 high impact objectives around improving patient opinion of the Trust via FFT.

Analyst Commentary

Friends and Family scores overall saw a slight decrease increase remaining just above 85% (dotted line). Variation per point of delivery is significant with Emergency Department being a high-volume area with lower scores. Birth scores are volatile due to their low response numbers.

Area	Target	Actual
Emergency Department	75%	71.8%
Birth	93%	84%
Antenatal	86%	79.2%
Outpatient	94%	90%
Inpatient (with day case incorporated)	95%	87.8%

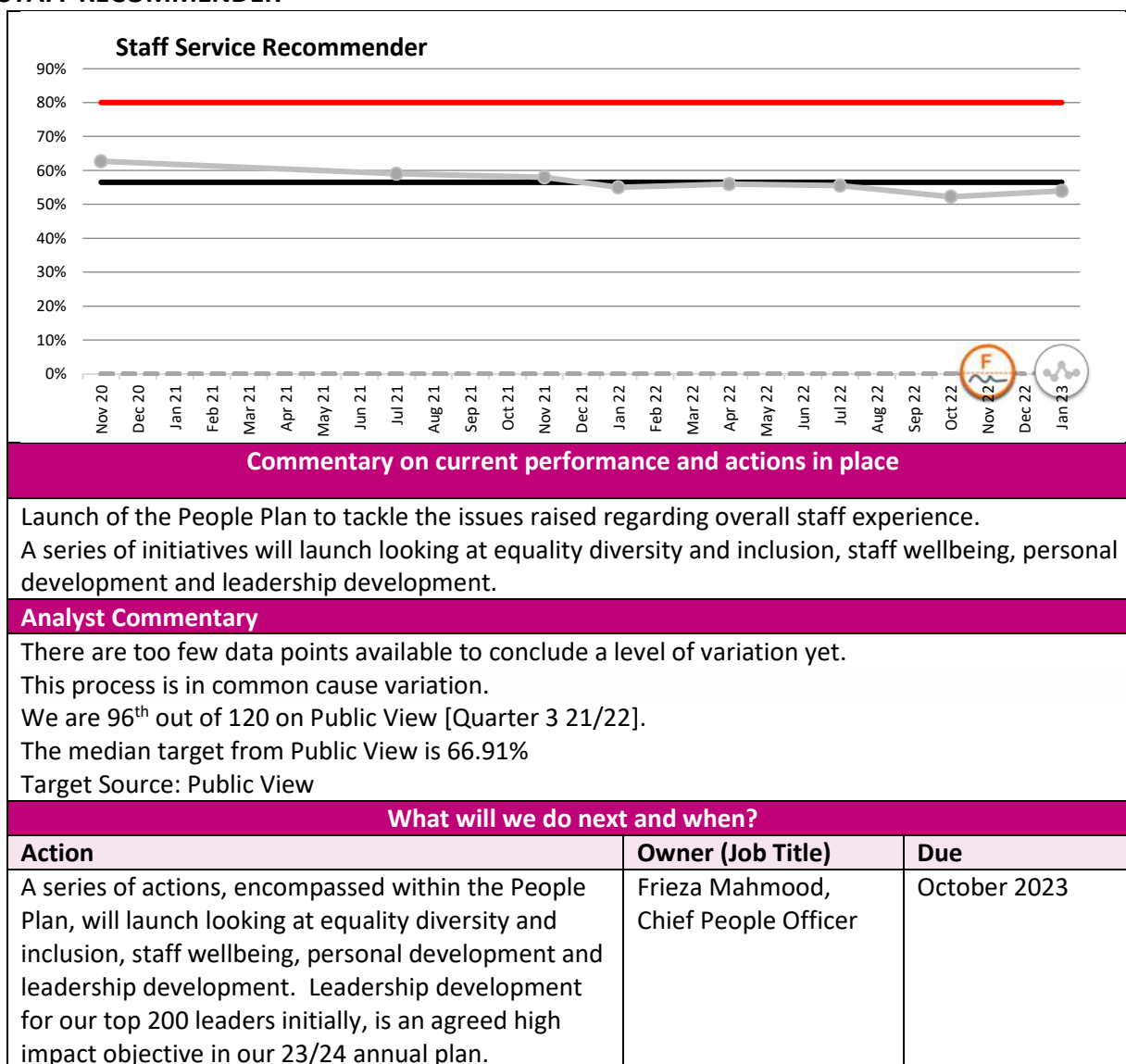
Target Source: Local (Public View)

What will we do next and when?

Action	Owner (Job Title)	Due
Personalisation of care project Tools to support communication with vulnerable people	Patient Insight and Involvement Lead	April – September 2023

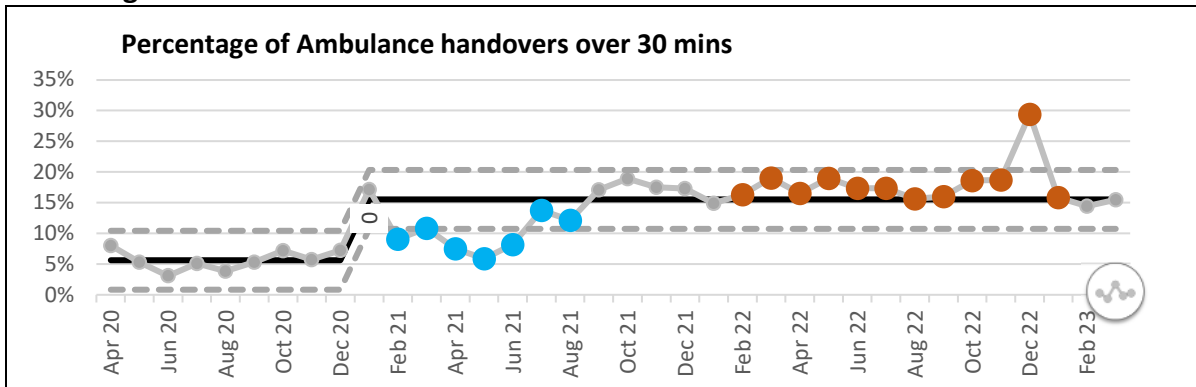
Virtual interpreting and quality standards implementation	Patient Insight and Involvement Lead	April – September 2023
Framework for patient and carer participation	Patient Insight and Involvement Lead	April – September 2023
Implementation of guidelines, measures and on-site support for carers.	Head of Community Engagement	April – September 2023
Bereavement/end of life information development.	Head of Community Engagement / Bereavement Lead Nurse	April – September 2023
Bereavement community engagement discussion.		February – September 2023

4.3.3 STAFF RECOMMENDER



1.4 **Responsive**

1.4.1 **Percentage of Ambulance handovers over 30 mins**



Commentary on current performance and actions in place

Ambulance handover performance continues to be consistent with maintenance of performance being supported by our winter plan interventions and into the New Year by a reduction in intelligent conveyances.

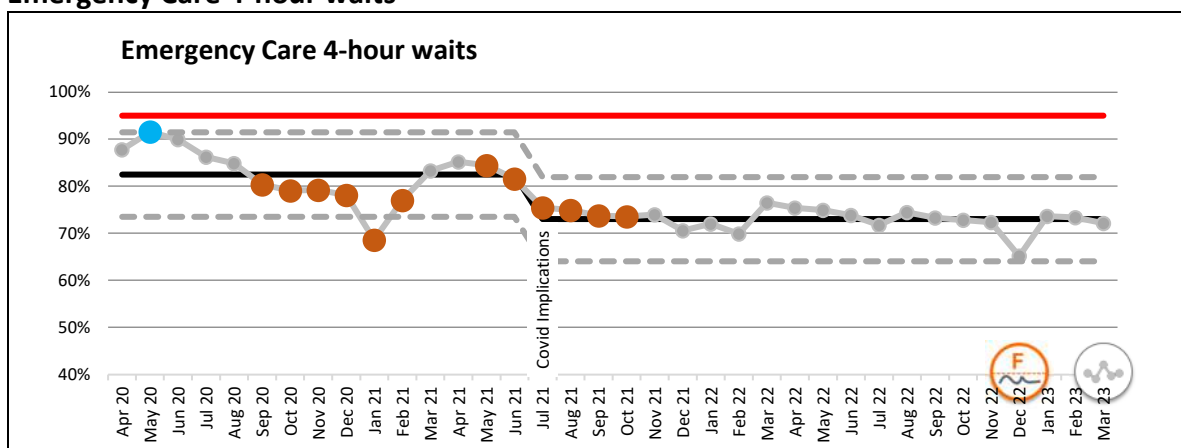
Analyst Commentary

This process is in common cause variation.
Target Source: None, to be agreed.

What will we do next and when?

Action	Owner (Job Title)	Due
Maintain performance below 16% average.	Rachel Clarke (Deputy Group Director of Operations)	January-July 2023
Continue focus on improving flow from ED to provide cubicle space with Same Day Emergency Care (SDEC) activity increase.	Rachel Clarke (Deputy Group Director of Operations)	Ongoing

1.4.2 Emergency Care 4-hour waits



Commentary on current performance and actions in place

Emergency care waits continue to remain within common cause variation, with waits in March showing only a slight deterioration similar to those seen in other local organisations. Plans continue to be developed and implemented to support a return to consistently achieving 76% for type 1&2 Emergency Department (ED) attendances by Spring 2024. The extended winter service for Urgent Treatment Centre (UTC) hours has ceased as the Integrated Care Board (ICB) have withdrawn funding, this will result in more patients having to be seen by an ED doctor. The modular Same-Day Emergency Care (SDEC) unit at SGH opened at the start of April and will provide an increase in physical capacity and increase medical activity throughput.

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 29th out of 107 Trusts in the most recent Public View rankings [February 2023].

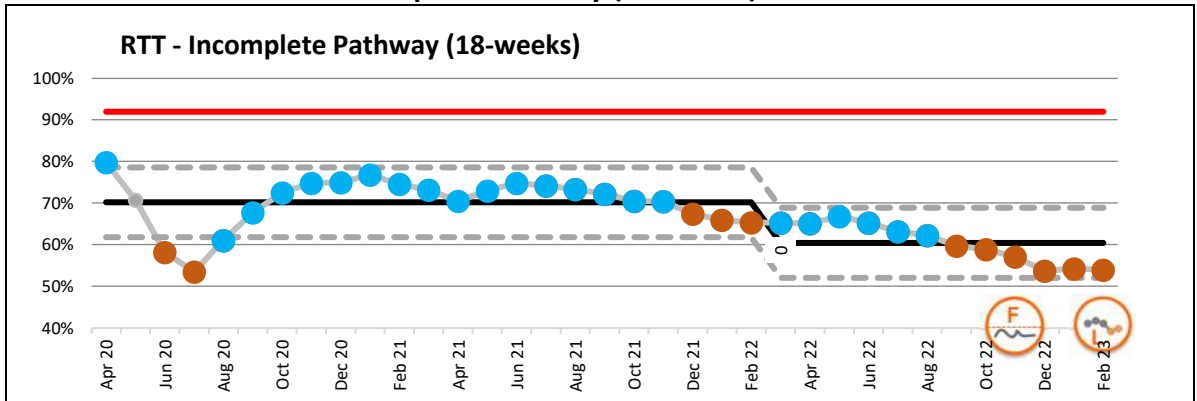
NHS Operating guidance sets Emergency Department 4-hour target as 76% as a minimum target.

Target Source: National

What will we do next and when?

Action	Owner (Job Title)	Due
Improve diversion of patients away from ED to community and SDEC services through implementation of trust streaming model and Integrated front-door	Andrew Wilkinson (ADO)/Rachel Clarke (Deputy GDOp)	September 2023
FirstNet roll-out for all SDEC areas	Andrew Wilkinson (Assistant Director of Operations)	April-September 2023
At pace implement Frailty front door, virtual ward and assessment unit to reduce overall bed base in readiness for MMU	Delivery Director MMUH., COO	March 24
Implement MMUH rhythm of the day to improve time of day / number of discharges to impact on bed occupancy	Delivery Director MMUH., COO	March 24

1.4.3 Referral To Treatment – Incomplete Pathway (18-weeks)



Commentary on current performance and actions in place

The trusts longest waits are those patients who are waiting for a procedure and a high demand in cancer; this is having a negative impact on our general outpatient waits meaning our 18-week RTT position has been negatively impacted.

The trust continues to achieve all national mandates such as 78+ week and 65+ week trajectories whilst focussing on our cancer performance and balancing reducing our outpatient general cohort at the same time.

With most of our services now live with RAS (Referral assessment service) this has also had a big impact on our referral intake as patients are assessed and given advice/guidance through Electronic Referral System (ERS) and don't actually hit our Patient Administration System (PAS) meaning we have less patients waiting at the lower waiting time of our waiting list.

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 90th out of 121 Trusts in the latest Public View rankings [January 23]. In July 22 we were ranked 54th out of 119.

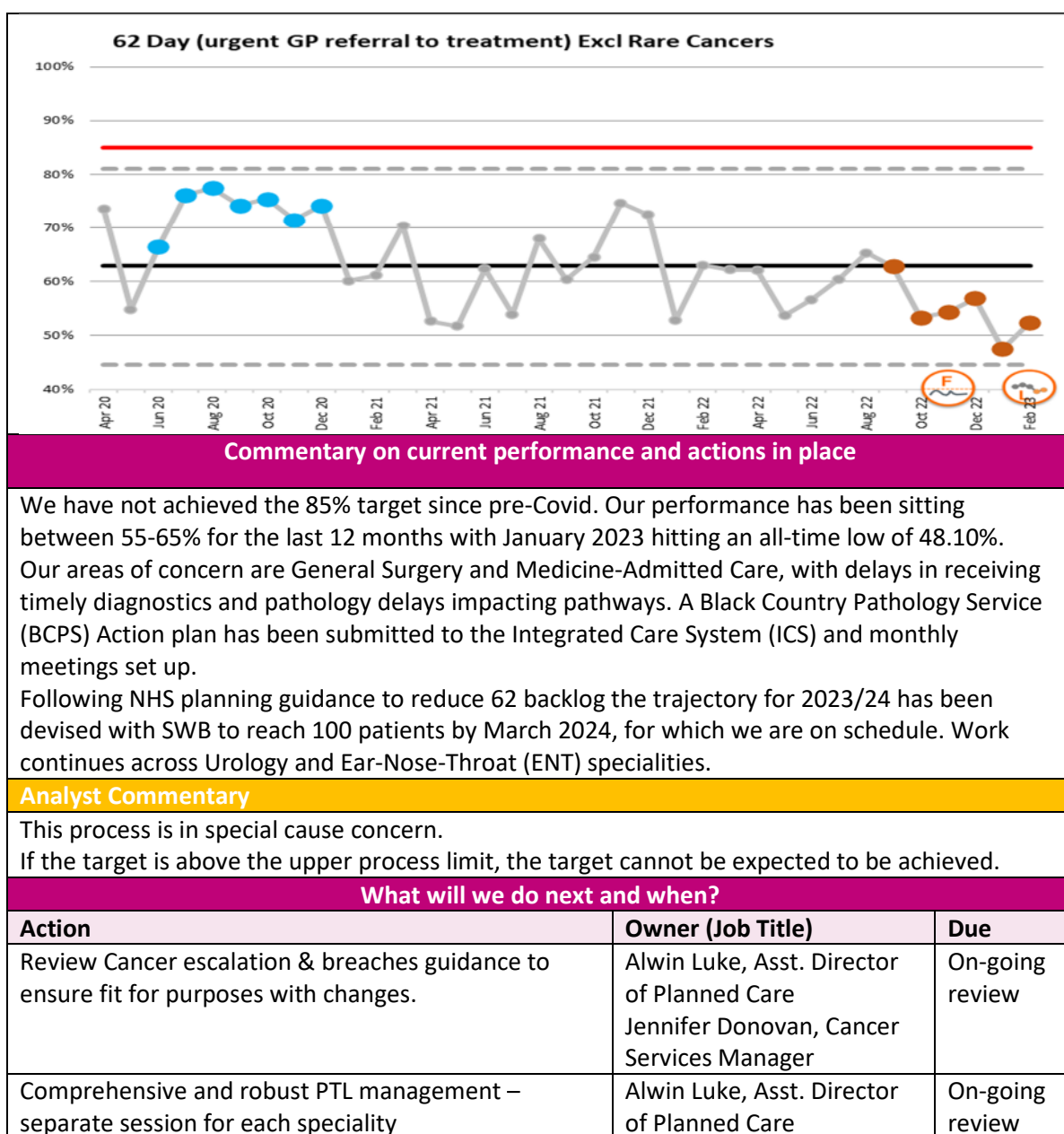
Target Source: National

What will we do next and when?

Action	Owner (Job Title)	Due
Embed RTT pathway management good practice into business as usual.	Alwin Luke, Asst. Director of Planned Care Mark Whitehouse, Head of Patient Access	Commenced and ongoing
Train & assess knowledge of 18-week pathway management in all relevant staff groups.	Alwin Luke, Asst. Director of Planned Care Mark Whitehouse, Head of Patient Access	Commenced and ongoing
Review and re-launch of Trust Access Policy.	Alwin Luke, Asst. Director of Planned Care Mark Whitehouse, Head of Patient Access	Emphasis at weekly PMO
Inclusion of month to date and month end performance projection as part of weekly PMO meeting.	Alwin Luke, Asst. Director of Planned Care Sameer F Mohammed, Corporate Business Partner	Emphasis at weekly PMO

Demand and Capacity modelling	All Clinical Groups	On-going review
Development of specialty level recovery and trajectory plans. In particular ENT which will necessitate mutual aid and system support	All Clinical Groups	On-going review
Streamlining of referral processes and introduction of one stop clinics.	All Clinical Groups	On-going review
Identification & implementation of schemes to release follow up capacity, e.g. Supported Discharge, virtual clinics.	All Clinical Groups	On-going review
Maximise use of Outpatient capacity and Theatre utilisation through implementing the 23/24 production plan.	All Clinical Groups	On-going review

1.4.1 62 Day (urgent GP referral to treatment) excluding Rare Cancers



	Jennifer Donovan, Cancer Services Manager	
Ensure all waiting lists, appointments and diagnostic requests have a 2WW priority.	Jennifer Donovan, Cancer Services Manager All Clinical Groups – GDOPs	On-going review
Black Country Pathology Service (BCPS) turnaround time – diagnostic tests.	Black Country Pathology Service	Needs review
Imaging turnaround time – diagnostic tests.	Darren Smith, Group Director of Ops. Imaging	Needs review

2. Recommendation(s)

2.1 The Public Trust Board is asked to:

a) RECEIVE and NOTE the report for assurance

Dr Mark Anderson, Medical Director

Mel Roberts, Chief Nurse

Jo Newens, Chief Operating Officer

Dinah McLannahan, Chief Finance Officer

Kam Dhami, Chief Governance Officer

May 2023