

REPORT TITLE:	People Metrics						
SPONSORING EXECUTIVE:	Frieza Mahmood, Chief People Officer						
REPORT AUTHOR:	Matthew Maguire (Associate Director of Performance and Strategic Insight)						
MEETING:	Public Trust Board				DATE:	12 th July 2023	
1. Suggested discussion points	<i>[two or three issues you consider the Trust Board should focus on in discussion]</i>						
<p>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 People Strategic Objective.</p> <p>This adds a further strengthening to the ownership and accountability where improvements are required in the main IQPR Report.</p>							
2. Alignment to our Vision	<i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>						
OUR PATIENTS	<input checked="" type="checkbox"/>	OUR PEOPLE	<input checked="" type="checkbox"/>	OUR POPULATION	<input checked="" type="checkbox"/>		
To be good or outstanding in everything that we do		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>						
4. Recommendation(s)							
The Trust Board is asked to:							
a.	DISCUSS performance against annual plan objectives						
b.	DISCUSS the escalations						
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	<input checked="" type="checkbox"/>	Deliver safe, high-quality care.					
Board Assurance Framework Risk 02	<input checked="" type="checkbox"/>	Make best strategic use of its resources					
Board Assurance Framework Risk 03	<input checked="" type="checkbox"/>	Deliver the MMUH benefits case					
Board Assurance Framework Risk 04	<input checked="" type="checkbox"/>	Recruit, retain, train, and develop an engaged and effective workforce					
Board Assurance Framework Risk 05	<input checked="" type="checkbox"/>	Deliver on its ambitions as an integrated care organisation					
Corporate Risk Register [Safeguard Risk Nos]							
Equality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM NHS TRUST

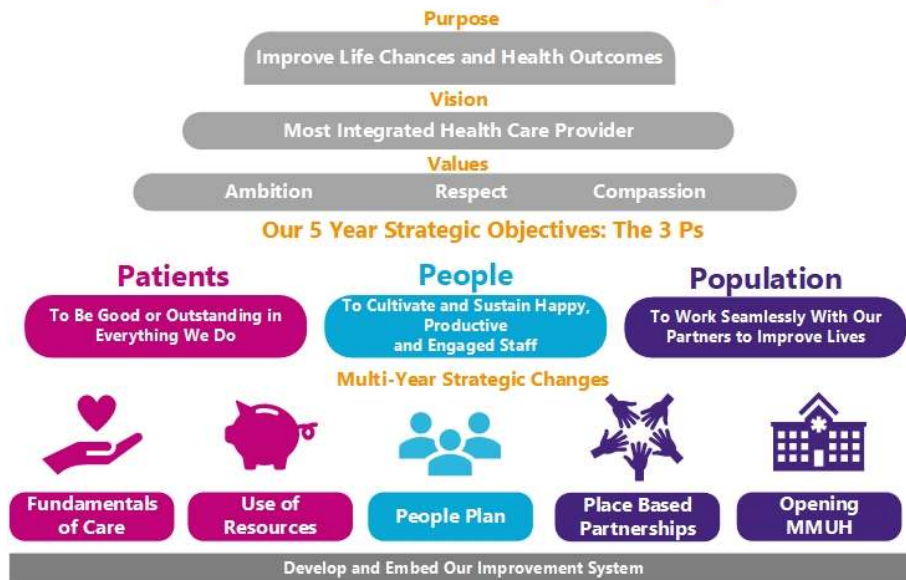
Report to the Public Trust Board on 12th July 2023

People Metrics

1. Background

1.1 'Board Level Metrics' are a rationalised set of priority metrics for the Board to focus on. The metrics are shown below, aligned against our three strategic objectives (Patients, People, Population) and our 2023/24 annual plan. Whilst this is a rationalised set of metrics to generate higher quality discussions and assurance, we also monitor our existing Integrated Quality and Performance Report (IQPR) which tracks over 200 metrics. Any performance exceptions from the IQPR are included in this report.

2023/24 Annual Plan on a Page



Our 14 Objectives for 2023/24

6 High Impact Objectives



2. This report shows data in Statistical Process Control (SPC) charts using the NHS 'Make Data Count' house style of reporting. Further detail on how to interpret SPC charts including the plain English descriptions of performance icons is shown in annex 1.
3. **Performance Overview: Annual Plan Objectives**

		Assurance		
		Passing the Target / Plan	Hit & Miss the Target	Failing the Target / Plan
Variation	Special Cause Improvement			65+ 18 weeks referral to treatment
	Common Cause Variation		Patient Safety Incidents – Moderate Harm or Above Emergency Care – 4 hour waits	62 Day (urgent GP referral to treatment) Excl Rare Cancers DM01 6 Week wait target Staff engagement
	Special Cause Concern		Patient Safety Incidents Occupied Bed Days Urgent Community Response	
	Not an SPC Chart	Elective activity	Friends & Family Test	Income & Expenditure Bank & Agency Spend

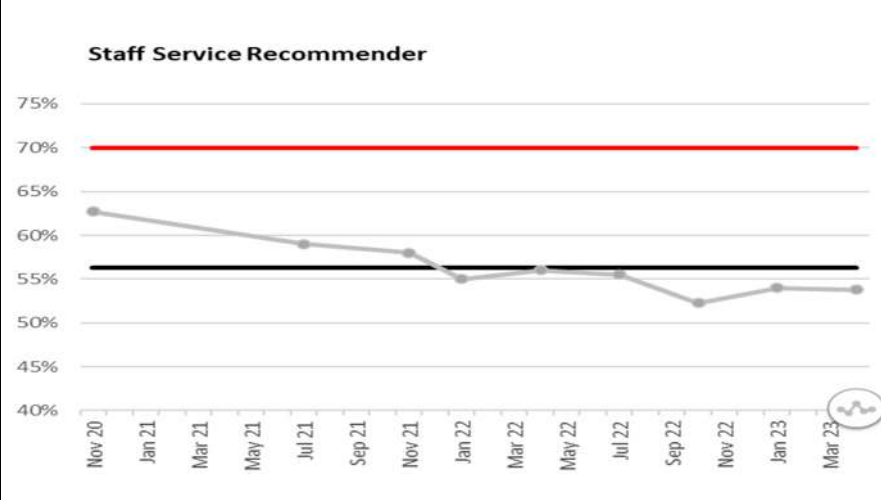
Committee escalations

3.1 People and Organisational Development Group

3.1.1 No escalations identified; discussion should focus on the relevant annual plan objectives.

People

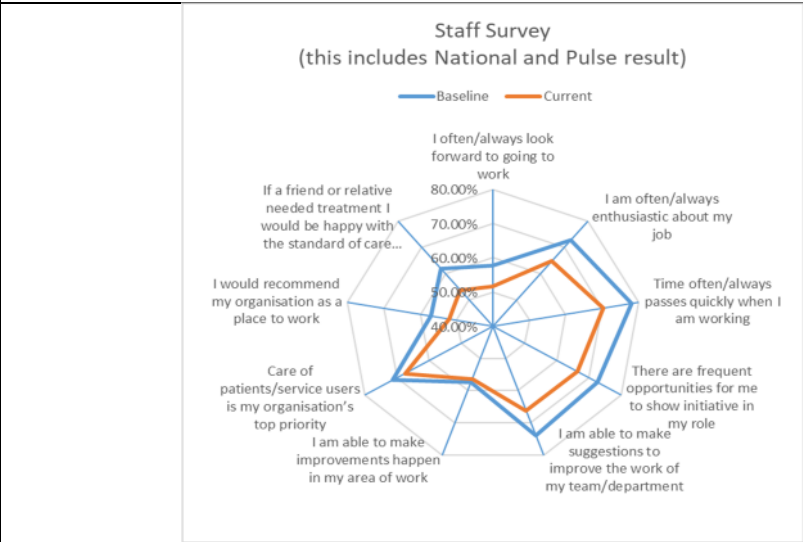
To improve staff experience from 60% to 70% (combined engagement score)
To develop 200 leaders in compassionate and inclusive leadership, restorative people management, and in safety and service innovation - Top 6 objective



Analyst Commentary:
 This is in common cause variation. We are 94th out of 120 on Public View [Quarter 3 22/23]. The median target from Public View is 66.91%
 Target Source: Local

Executive Commentary:
 Clinical and corporate groups and encouraged leads to share and discuss staff survey reports with their managers and encourage them to discuss the feedback with their teams. Teams are asked to review and adjust their action plans accordingly and share these with the triumvirate leads.

The People Plan is now launched and will tackle the issues raised regarding overall staff experience. This will include a series of initiatives looking at equality diversity and inclusion, staff wellbeing, personal development and leadership development.

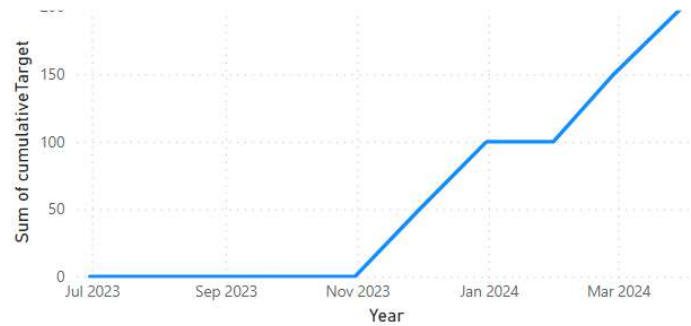


Action	By who	By when
Launch leadership training programme for the top 200 leaders	Chief People Officer	May 2023 – completed
Senior leaders training commences		September 2023
Review of PDR process	Chief People Officer	April 2023 – completed
Launch People Plan campaign	Chief People Officer	Sept 2023

People

To develop 200 leaders in compassionate and inclusive leadership, restorative people management, and in safety and service innovation - Top 6 objective

Cumulative Trajectory For Senior Leaders



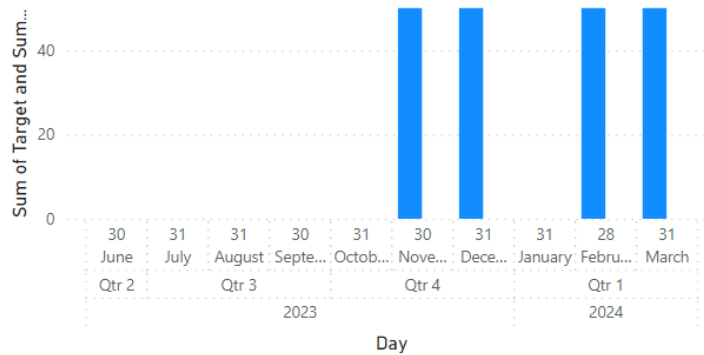
Analyst Commentary:

The charts show the planned training figures for senior leaders by their planned course completion dates. People trained will show on the bar chart as a run rate against the bar chart.

Executive Commentary:

The compassionate community module of the ARC leadership framework was launched in May. The first cohort of team members finish in June 2023. Senior leader training commences from September with the first cohort completing in November.

Senior Leaders Trained Each Month Against Plan



Action	By who	By when
Launch leadership training programme for the top 200 leaders	Chief People Officer	May 2023 – completed
Senior leaders training commences	Chief People Officer	September 2023

People: Summary Table

People & Organisational Development Committee

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Turnover %	Apr 23	13	0			13	12	14
Sickness R12m %	Apr 23	6	6			6	6	6
Vacancies %	Apr 23	10	0			9	8	11
Mandatory Training %	Apr 23	74				74	65	84
Time To Hire (Days)	Apr 23	78	0			83	53	113
ER Open Casework - Count	Apr 23	37	0			36	22	49
ER Casework - Avg Days over Target Date	Apr 23	128	0			124	73	175
Engie - SLA % of Calls Rectified	Mar 23	73	0			81	72	91
Employee Relations: BAME as % of total	Apr 23	35	0			36	25	48
Employee Relations: Disability as % of total	Apr 23	6	0			6	3	9
Senior Leaders: Female	Apr 23	69	74			68	68	69
Senior Leaders: BAME	Apr 23	36	40			35	35	36
Senior Leaders: Disability	Apr 23	4	5			3	3	3
Senior Leaders: LGBT	Apr 23	3	4			2	2	2

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Female - AFC	May 23	63.0%				61.3%	60.8%	61.8%
Female - Consultants	May 23	6.0%				6.7%	6.5%	6.8%
Female - Directors & Chief Executive	May 23	40.0%				39.0%	37.0%	41.0%
BAME - AFC	May 23	24.2%				21.4%	20.8%	22.0%
BAME - Consultants	May 23	12.7%				13.8%	13.5%	14.1%
BAME - Directors & Chief Executive	May 23	13.3%				12.3%	11.6%	13.0%
Disability - AFC	May 23	3.5%				2.6%	2.4%	2.8%
Disability - Consultants	May 23	0.3%				0.2%	0.2%	0.2%
Disability - Directors & Chief Executive	May 23	0.0%				0.0%	0.0%	0.0%
LGBT - AFC	May 23	2.6%				2.2%	2.0%	2.3%
LGBT - Consultants	May 23	0.2%				0.1%	0.1%	0.1%
LGBT - Directors & Chief Executive	May 23	0.0%				0.0%	0.0%	0.0%

4. Recommendations

4.1 The Trust Board is asked to:









- a. **DISCUSS** performance against annual plan objectives
- b. **DISCUSS** the escalations

Name: Matthew Maguire, Associate Director – Strategic Performance & Insight

Date:

Annex 1: How to Interpret SPC Charts

How to Interpret Statistical Process Control Charts

Variation			Assurance		
	 	 			
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

A Statistical Process Control (SPC) chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data which are unlikely to have occurred due to chance and require investigation.

Special Cause Variation is statistically significant patterns in data which may require investigation, including:

- Trend: 6 or more consecutive points trending upwards or downwards
- Shift: 7 or more consecutive points above or below the mean
- Outside control limits: One or more data points are beyond the upper or lower control limits

Orange indicates a decline in performance; Blue indicates an improvement in performance.

The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes a number of videos explaining the approach and a series of case studies – these can be accessed via the following link - <https://improvement.nhs.uk/resources/making-data-count>