

<b>Report Title:</b>	Board Level Metrics		
<b>Sponsoring Executive:</b>	Dave Baker, Chief Strategy Officer		
<b>Report Author:</b>	Matthew Maguire, Associate Director Performance/Strategic Insight		
<b>Meeting:</b>	Public Trust Board	<b>Date</b>	4 <sup>th</sup> May 2022

**1. Suggested discussion points** *[two or three issues you consider the Committee should focus on]*

The Board level metrics now has a section for each of the Committees. Key points under each are set out in the supporting document. The main discussion points are:

- The introduction of a Population section in the board level metrics.
- High sickness levels continue, however latest bench marking data (Nov 21) shows an improvement out of the bottom quartile from 186<sup>th</sup> to 149<sup>th</sup> out of 214. Operational Management Committee has referenced sickness as a cause of issues (particularly in Surgery) e.g. SitRep late cancellations and 28- day cancellations in theatres.
- We have had 69 late hospital cancellations against a target of 20.
- With the imminent introduction of a new rostering system (“Allocate”), the nursing team have cancelled the introduction of an interim solution. A nurse staffing level metric will be developed to provide board level assurance.
- The removal of the board level metric “Friends and Family Test Response Rate” as per NHSE/I guidance.
- Patient Recorded Outcome Measures (PROMs) and Patient Recorded Experience Measures (PREMs) will be temporarily suspended from the Board Level Metrics until a systematic way of collection is identified.

**2. Alignment to our Vision** *[indicate with an ‘X’ which Strategic Objective 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	X	To work seamlessly with our partners to improve lives	X

**3. Previous consideration** *[where has this paper been previously discussed?]*

Quality and Safety Committee (April 22)

**4. Recommendation(s)**

The Board is asked to:

- NOTE** the performance and seek assurance on the key areas outlined
- NOTE** the removal of the board level metric “Friends and Family Test Response Rate” and suspension of Patient Recorded Outcome Measures (PROMs) and Patient Recorded Experience Measures (PREMs)

**5. Impact** *[indicate with an ‘X’ which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register					
Board Assurance Framework	X	Various			
Equality Impact Assessment	Is this required?	Y	N	X	If ‘Y’ date completed

Quality Impact Assessment	Is this required?	Y	N	X	If 'Y' date completed	
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## SANDWELL AND WEST BIRMINGHAM NHS TRUST

### Report to the Trust Board 4<sup>th</sup> May 2022

#### Board Level Metrics

#### 1 Introduction

1.1 Board Level Metrics were introduced in August 2021. We continue to develop those metrics that are not complete and refine those that are so that we use the best possible graphs and use the most appropriate targets.

#### 2 Developments

2.1 A new Population section has been created within the board level metrics.

2.2 Urgent Community Response has been moved from Effective into the new Population section.

2.3 Hospital at home is a new metric under population which measures the number of people who have avoided admission by being managed in their own home. We have included this for now and will look to rationalise the Board Level Metrics at a point after all of the Population metrics have been proposed.

2.4 The Deputy Chief Nurse has confirmed that they are moving towards the implementation of the "Allocate" system rather than putting in an interim solution. Implementation will be phased by clinical group with Primary Care, Community and Therapies (PCCT) group first by June 22.

2.5 Patient Recorded Outcome Measures (PROMs) and Patient Recorded Experience Measures (PREMs) will be temporarily suspended from the Board Level Metrics until a systematic way of collection is identified.

#### 3 Board Level Metrics

3.1 Where we have national benchmarking from Public View, we now show which quartile we are in along with a Care Quality Commission style rating.

- E-Coli is Outstanding
- C-Difficile is Good
- MRSA is Good
- Emergency Care 4 hour is Requires Improvement
- RTT incomplete pathways is Requires Improvement
- Day lost to Sickness Absence is Requires Improvement
- Our SHMI mortality ratio is Inadequate
- Friend and Family Test recommended is Inadequate
- 62-day cancer is Inadequate

3.2 We have increased the board level metrics, allowing the Population section to generate new metrics.

3.3 We will be working on the production of new population metrics with the Chief Integration Officer and the Group Director of Primary Care, Community and Therapies.

3.4 We will rationalise the board level metrics back to 24 metrics over the next three months.

## 4 Committees

### 4.1 Quality and Safety Committee

- **Sepsis – treated within 1 hour** – we are using the 95% performance target. We now require the clinicians to mark patients as “not sepsis” following a NEWS score indicating the possibility of sepsis to improve the performance.
- **Safer Staffing – Nursing** - The Deputy Chief Nurse has confirmed that they are moving towards the implementation of the “Allocate” system rather than putting in an interim solution. They are planning to implement by clinical group with Primary Care, Community and Therapies (PCCT) group first by June 22.
- **Friends and Family recommended** – Jamie Emery, Head of Patient Experience, has written to the Executive Quality Committee (EQC) to advise the combined score should only consist of 5 of the FFT scores Emergency Department, Inpatient, Outpatient, Maternity and Postnatal.
- **Friends and Family Test Response rate** – As per NHSE/I guidance (2019, p. 34), it is recommended that FFT response rate is removed from board level metrics. NHSE/I suggests Boards should prioritise acting upon feedback received and using Making Data Count approach, rather than a focus on a response target.
- **Emergency Readmissions** – we have seen an improvement in our performance since April 2021.
- **Same Day Emergency Care** – we need to see an improvement in the provision of activity in the correct location and away from the Emergency Department (ED) so that we fit in to the Midland Metropolitan University Hospital (MMUH). We have seen an improvement during February 2022 where we have the latest available information.
- **MRSA Screening** – Infection control have increased the number of exclusions and so performance has improved.

### 4.2 Finance, Investment & Performance Committee

- **Cancer performance** (February 22) – we passed 2 week wait and breast symptomatic; we failed cancer 31 day and 62 day targets. Operational Management Committee (OMC) has discussed a series of issues to resolve including: patient choice, Covid-19, histology issues, imaging.
- **SitRep late cancellations** - The last time we hit the target was May 21. We have 69 late cancellations against a target of 20 per month. This will impact our organisational reputation and patient experience.
- **28 Day Breaches** – Year to date we have had 59 x 28-day breaches (where we cancel a patient and then do not get them back into surgery within this national guarantee) with 6 x 28 day breaches in the month of March.
- **Referral to Treatment (RTT)** – Although we have seen a reduction in the number of patients waiting over 104 weeks, the total number of people waiting for treatment is growing and now stands at 56,482. Our backlog of patients waiting longer than 18 weeks has grown from 10,067 in October 2020 to 19,588 in February 2022.
- **Underlying Deficit** – we understand that the Trust is looking to declare a £30million underlying deficit which includes the use of all reserves to improve this figure. This will create a different financial environment to work within.

### 4.3 People and Organisational Development Committee

- **Sickness Absence** – This remains above the 4.5% target (6.1%) and is impacting our ability to deliver services, particularly in Surgery. Nevertheless, our last reported benchmarking position in November '21 sees us climb out of the bottom quartile.
- **Nurse Turnover** – The target is 10.7% and we have been reporting over 11% for 10 consecutive months; March '22 at 12%.

#### 4.4 Integration Committee

- We now have a section in the board level metrics for Population.
- **Urgent Community Response** - has been moved from the 'Effective' section into the Population section
- **Hospital at Home** - is a new metric in the Population section of the board level metrics. It measures the number of patients who we are managed at home rather than admitting them into hospital (admission avoidance).

## 5 Recommendations

### 5.1 The Trust Board are asked to:

- **NOTE** the performance and seek assurance on the key areas outlined
- **NOTE** the removal of the board level metric "Friends and Family Test Response Rate", Patient Recorded Outcome Measures (PROMs) and Patient Recorded Experience Measures (PREMs) Agree any actions arising

Matthew Maguire – Associate Director of Performance and Strategic Insight  
27/04/2021

### **References**

NHS England (2019) 'Using the Friends and Family Test (FFT) to improve patient experience guidance' <https://www.england.nhs.uk/publication/nhs-england-and-nhs-improvement-guidance-using-the-friends-and-family-test-to-improve-patient-experience/>