Paper ref: TB (02/22) 016



Report Title:	Board Level Metrics				
<b>Sponsoring Executive:</b>	Dave Baker, Director of Partnerships and Innovation				
Report Author:	Matthew Maguire, Associate Director Performance/Strategic Insight				
Meeting:	Trust Board (Public)	Date 2 <sup>nd</sup> February 2022			

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

The Board is asked to note:

- The pressures on our Imaging Team: The decreasing trend in performance for diagnostics from 71% in November 21 to 63% in December and a projected performance of 59% in January. This accompanies an increase in diagnostics waiters over 6 weeks from 6327 in November 21 to 7142 in December 21 with a projection of 8050 in January 22. Historically our DM01 waiting list was circa ~8000; the January 22 projected position will be 19,665.
- We had 3 never events in December 21 (these, plus two others were raised at Board by the Medical Director last month and discussed at Quality and Safety Committee on 26<sup>th</sup> February 2022).
- We had our 2<sup>nd</sup> consecutive month with a medication error.

**For noting**: Although we have now signed off a process at Operational Management Committee and started reporting Mixed Sex Accommodation, the National Mixed Sex Accommodation Breaches return has been suspended due to Covid-19. Internally we report 16 signed off breaches causing 106 occurrences.

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		Х	To cultivate and sustain happy,	X	To work seamlessly with our				
	everything that we do		productive and engaged staff		partners to improve lives				

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

OMC, CLE, Q&S

# 4. Recommendation(s) The Board is asked to: a. NOTE the performance and seek assurance on the key areas outlined b. NOTE the addition of the Perfect ward data c. NOTE the additions of the MMUH Board Level Metrics and the evolving Inequalities data

5.	<b>Impact</b> [indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]								
Τrι	Trust Risk Register Numerous								
Во	ard Assurance Framework		SBAF 11: Labour Supply and SBAF 14: Amenable Mortality						
Eq	uality Impact Assessment	ls	this required?	Υ		N	Χ	If 'Y' date completed	
Quality Impact Assessment		ls	this required?	Υ		N	Χ	If 'Y' date completed	

## SANDWELL AND WEST BIRMINGHAM NHS TRUST

# Report to the Public Board 2 February 2022

#### **Board Level Metrics**

#### 1 Introduction

1.1 The 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 Changes required to provide accurate and regular Nurse and Healthcare Assistant staffing levels through our existing systems will require a fairly significant effort on the part of an, already stretched nursing workforce, in advance of a new rostering system. Instead, the Performance and Insight have commenced the build of a new system that will collect the staffing levels of each ward three times a day (early, late and night) and the number of beds open to provide a bed ratio per ward. We anticipate its completion in February 2022 meaning that we can collect and report some data (may not be a full month of February) at April Board. We anticipate using this system until the new rostering system is in place.
- 2.2 We have now added the Perfect Ward data.
- 2.3 For the first time we have added a set of Board Level metrics for MMUH which were agreed by the MMUH Programme Board as key metrics to demonstrate readiness to move into the new hospital.
- 2.4 We have included Inequality Metrics although we cannot yet benchmark to our population make up, we have requested this information from the CCG/ICS.
- 2.5 We are likely to remove Patient Reported Outcome Measures (PROMs) PROMs from the Board Level metrics. This will be discussed further at Performance Management Committee. The metric is limited to a very few specific pathways and would require a supporting infrastructure and partner similar to Perfect Ward in order to implement.
- 2.6 PULSE data no progress has been made in linking this data to our national survey data to allow us to show data over time. This requires a follow up meeting between the Performance and Insight team and the Communications team.

#### 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 CQC style rating.
- 3.2 Hospital Standardised Mortality Ratio (**HSMR**) monthly has shown a substantial movement downwards, although it is still common cause variation and "hit and miss" for its target.

3.3 62 day Cancer performance has moved out of Special Cause Concern into Common Cause and seen an improvement in performance.

# 4 Midland Metropolitan University Hospital (MMUH) Metrics

- 4.1 We have started now to include the first cut of the MMUH top level metrics.
- 4.2 Emergency Admissions Medical over 65 shows a requirement to move more patients into Same day emergency care (**SDEC**) and stop admitting these.
- 4.3 Inpatient Referral to Treatment (RTT) Incomplete Pathways shows movement toward our normal waiting list size but with a way to go.
- 4.4 Community contacts will increase as we move patients' treatment / management closer to home.
- 4.5 Theatre Productivity (British Association of Day Surgery BADS) should see fewer patients operated on overnight with a shift towards Day case.

# 5 Inequalities

- 5.1 We have started to generate some of our Board Level Indicators at Index of Multiple Deprivation (IMD) and ethnicity.
- 5.2 We currently have not produced all of the Board Level indicators at this level but it shows our intent to provide these if the data allows.
- 5.3 We are trying to obtain our local patient demographic percentages so that we can show for reference and then indicate where we are statistically different. As of 27/1/2022 we have: received the ethnicity data we required and so can include this next month; received some data on deprivation which will help to show further insight next month.

### 6 Decisions

- 6.1 The Board is asked to:
  - Note the performance and seek assurance on the key areas outlined
  - Note the addition of the Perfect Ward data
  - Note the additions of the MMUH Board Level Metrics and the evolving Inequalities data

Matthew Maguire
Associate Director of Performance and Strategic Insight

26/01/2021