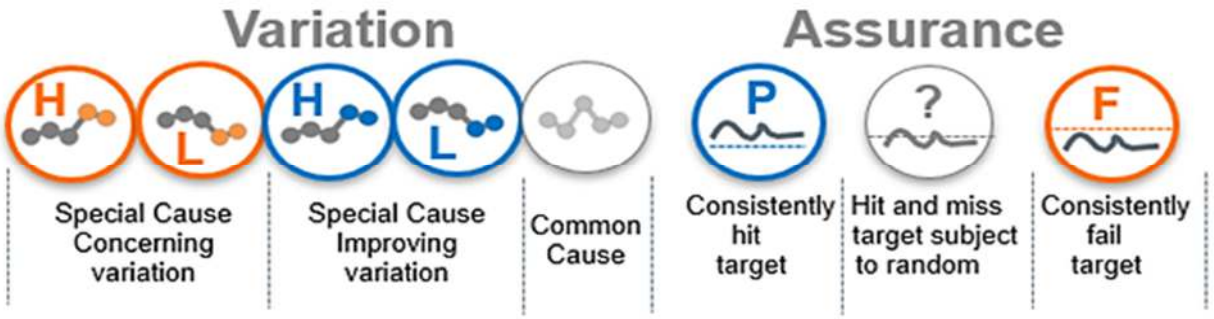
Sandwell and West Birmingham Hospitals NHS Trust

Board Level Metrics & IQPR Exceptions

INTEGRATED PERFORMANCE REPORTING – DECEMBER 2021

Board Level Metrics		Development Update	
Domain	**Finalised**	**In Development**	**No Target Set**
Safe Medical Director Chief Nurse	HSMR , SHMI, C-diff, E-coli, Serious incidents, Patient safety incidents, Patient Safety Severe Incidents, Safe Staffing (doctors), MRSA Screening - Elective, MRSA Screening - Non Elective	**Safe Staffing. (Nurses and HCA)** After discussion with Diane Eltringham (Deputy Chief Nurse) we are now looking at producing an interim solution. Which will record staffing levels against numbers of beds in operation 3 times a day. This will provide a staffing ratio which we can assess.	
Caring Chief Nurse	Friends & Family Test (FFT) Recommended% and Responded% Perfect Ward – Average Score, Perfect Ward – Number of Inspections		Perfect Ward – Average Score, Perfect Ward – Number of Inspections
Responsive Chief Operating Officer	Emergency Care – 4 hour wait, Emergency Care Attendances. Cancer 62 Day. RTT Incomplete Pathway (18 weeks), Urgent Community Response (2 hour)		Urgent Community Response (2 hour)
Effective Chief Operating Officer	Readmissions within 30 Days Rate per 1000 Bed Days, SDEC	PREMS / PROMS Proposal to remove PREMS and PROMS from the Board Level Metrics	
Well-Led Chief People Officer & Director of Governance	Days lost to sickness Absences, Turnover monthly, Risk Mitigation, Pulse Survey	**Pulse Survey.** To be investigated with Communications. No progress made. Meeting required between P&I and Communications (To be arranged).	Risk Mitigations
Use of Resources Chief Finance Officer	Better Practice Performance Compliance		
MMUH Chief Operating Officer	Occupied Bed Days, Emergency Admissions – Medical Over 65, Cardiology Bed Days, Inpatient RTT Incomplete Pathways, Community Contacts, Imaging Investigations, Theatre Productivity (BADS)		Community Contacts Imaging Investigations

Board Level Metrics | Variation / Assurance

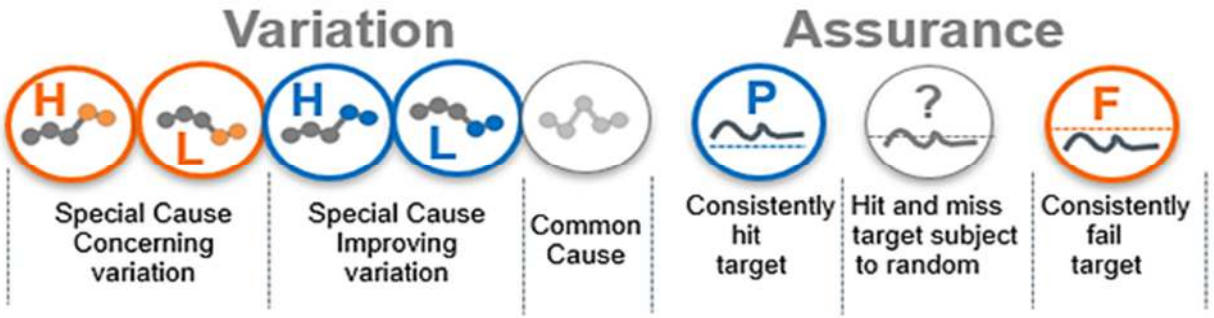


The matrix below shows how each metric is performing:

- If there is special or common cause
- Pass, fail or hit and miss its target
- No target set

		Assurance			
		Pass	**Hit & Miss**	**Fail**	**No target**
Variation	**Special Cause: Improvement**		MRSA bacteraemia, Emergency Readmissions, Days lost to Sickness Absences,	MRSA Screening – Elective,	Urgent Community Response (2 hour), Perfect Score – Number of Inspections
	Common Cause		HSMR, SHMI, E-coli, C-difficile, Serious Incidents, 62 Day Cancer, Turnover (monthly), Patient Safety Severe Incidents,	MRSA Screening – Non Elective, FFT % Recommend, SDEC, Sepsis Treated within 1 Hour, RTT Incomplete Pathways (18 weeks), Doctor – Safe Staffing	Perfect Score – Average Score
	Special Cause : Concern	Emergency Care Attendances	Patient safety incidents,	FFT % Response, Emergency Care 4 hour waits	Risk mitigations

Board Level Metrics MMUH | Variation / Assurance



The matrix below shows how each metric is performing:

- If there is special or common cause
- Pass, fail or hit and miss its target
- No target set

		Assurance			
		Pass	**Hit & Miss**	**Fail**	**No target**
Variation	**Special Cause: Improvement**			Emergency Admissions – Medical Over 65	
	Common Cause			Cardiology Bed Days, SDEC, Theatre Productivity BADS	Community Contacts
	Special Cause : Concern	Occupied Bed Days		Inpatient RTT Incomplete Pathways	Imaging Investigations

IQPR / Board Level Metric Exceptions

Many indicators have started showing recovery during December but with some exceptions.

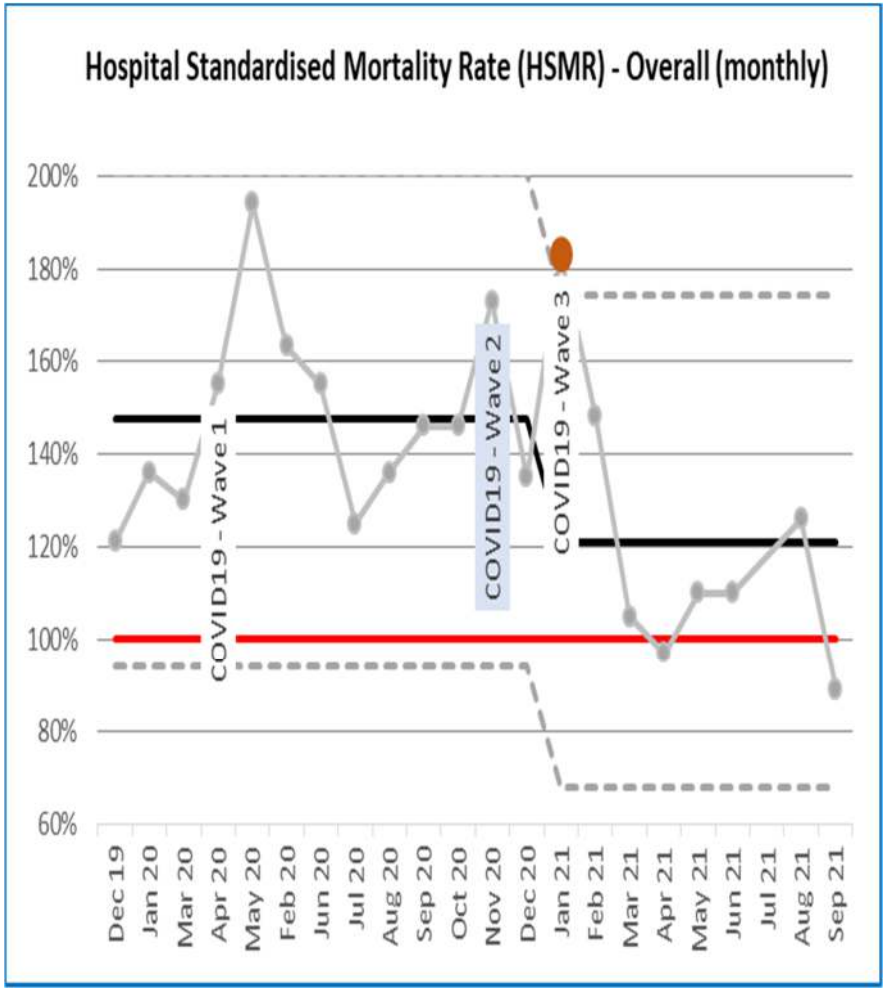
- **DM01 Performance** – our performance percentage is decreasing from 71% in November 21 to 63% in December 21 and predicted to be 59% in January 22.

- **DM01 Performance** – our waiting list is twice our historical normal size (circa 8,000) at 19,665.

- **RTT performance** – although our Trust performance for November 21 is 70.4% which is good benchmarked against other trusts, we have lower performing clinical groups such as Surgery (61.6%). The Clinical Directorates within Surgery are performing as follows - General Surgery 55.8%; Specialist Surgery 53.9% and Ophthalmology 74.8%.

- **Never Events –** we have had three never events in December 21 and 1 in November 21.
  - Medication route (oral/intravenously)
  - Wrong site of surgery
  - Nasogastric tube
  - Medication route (inhalation/intravenously)

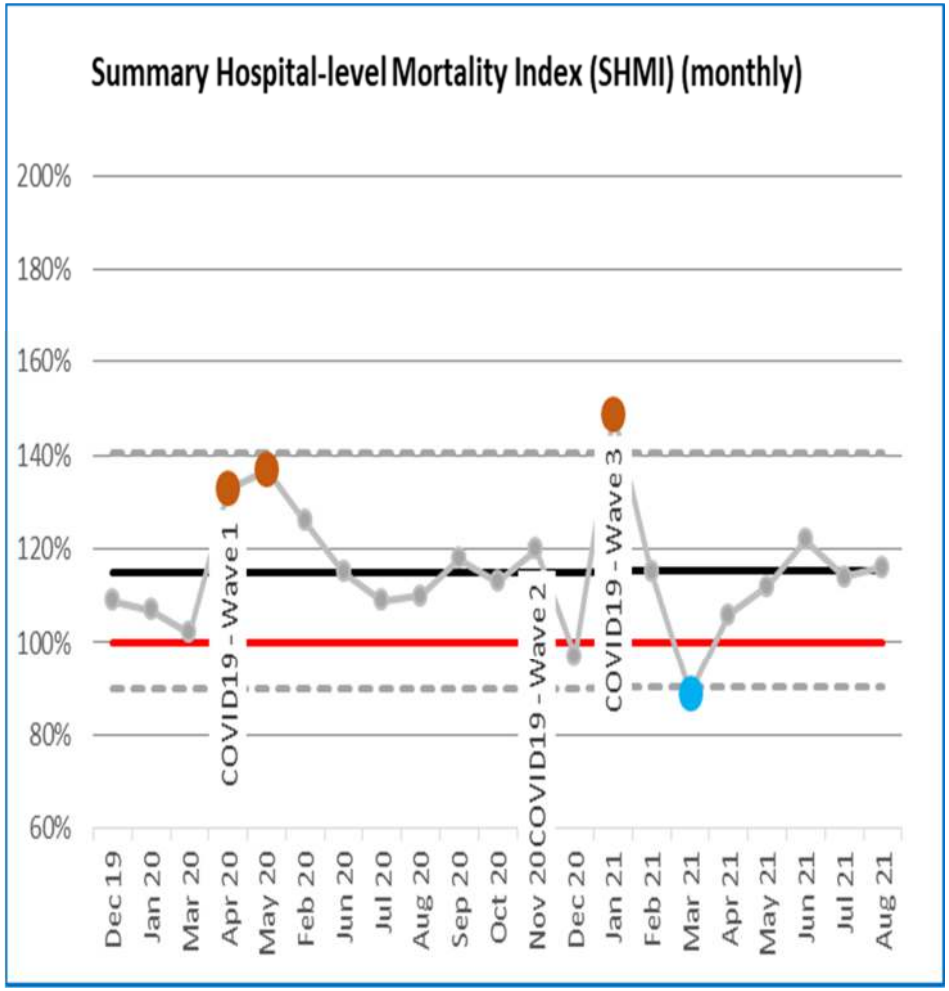
Safe



Commentary

SWB consistently falls below the HSMR national mean. Prior to COVID HSMR was elevated above national standard, and has increased demonstrably as shown by special cause variation aligned to COVID peaks. September 21 has seen the first score below the Target in over 18 months. With the lead in Clinical Effectiveness having left the trust

Fundamentals of Care

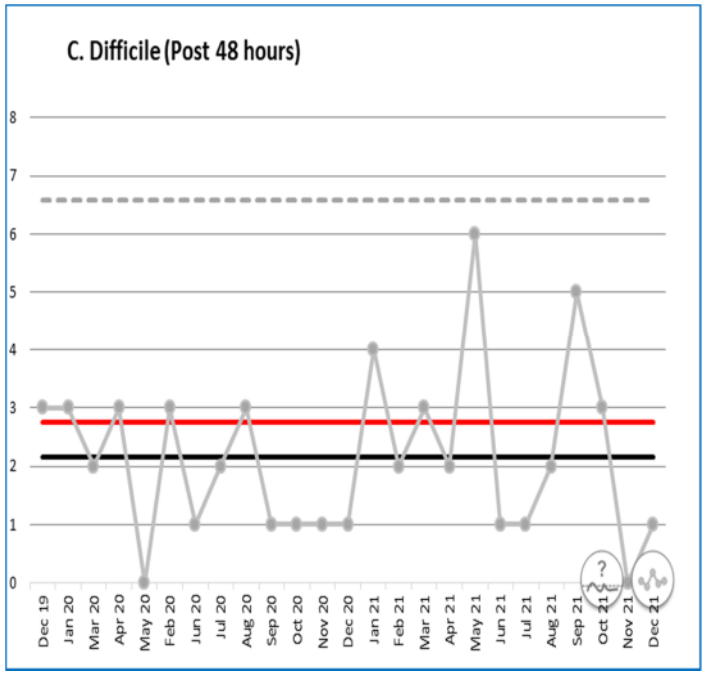


Commentary

SWB fails the SHMI national mean most of the time. Common cause variation is seen throughout the period indicating a predictable process. We were ranked 108th out of 122 Trusts as of August '21 using 12 month cumulative performance from Public View.

Quartile 4 – **Inadequate**

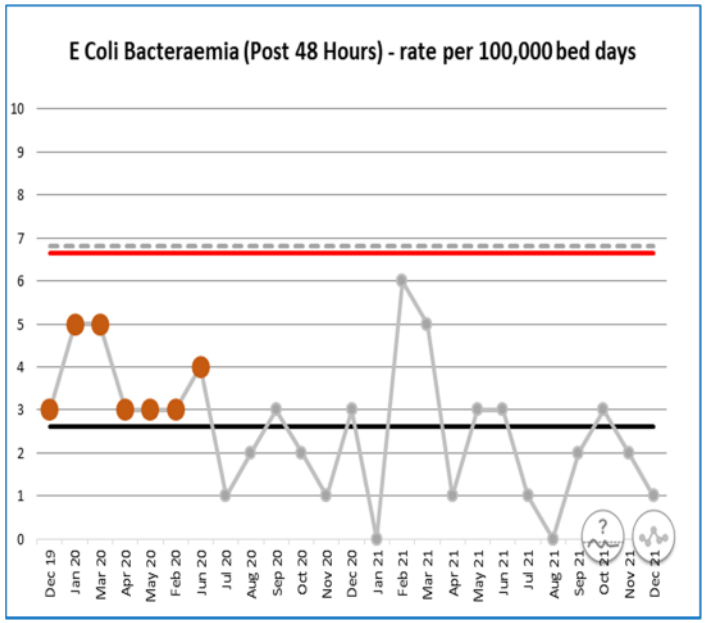
Safe



Commentary

Common cause variation is broadly observed, excluding May 21. This is a largely a predictable process.
SWB was ranked 62nd out of 139 Trusts in October 21.

Quartile 2: ***Good***

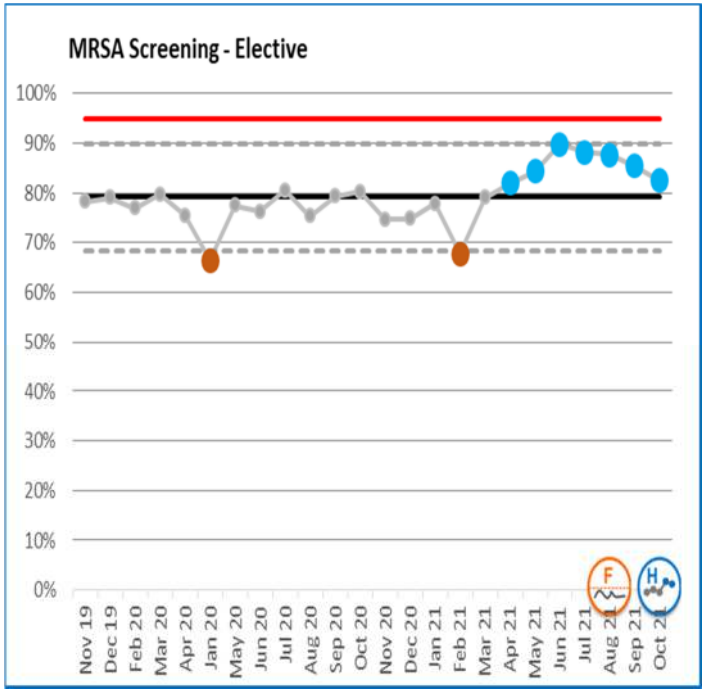


Commentary

Special cause variation of concern can be seen in the first half of 2020. Performance has been otherwise stable. *SWB is ranked 18th out of 139 Trusts in October 21.*

Quartile 1:
Outstanding

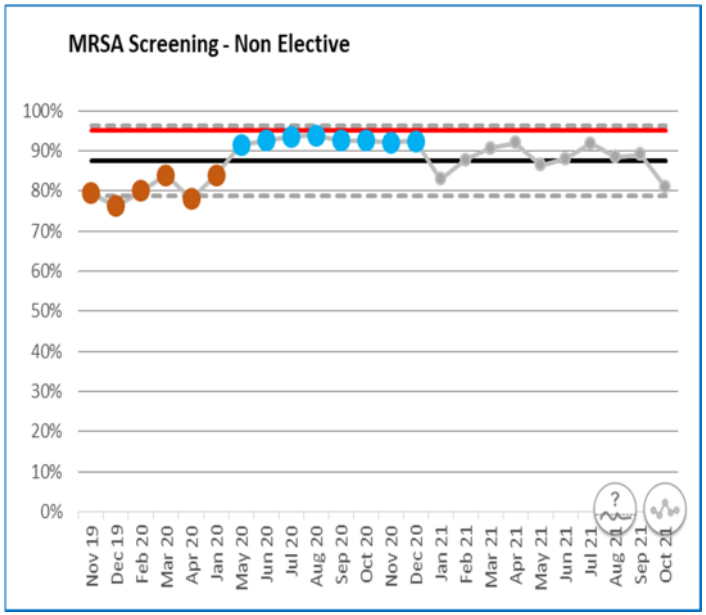
Fundamentals of Care



Commentary

We are in special cause improving. However we are moving away from the Target, but above the mean.

MRSA all cases Quartile 3: ***Requires Improvement***

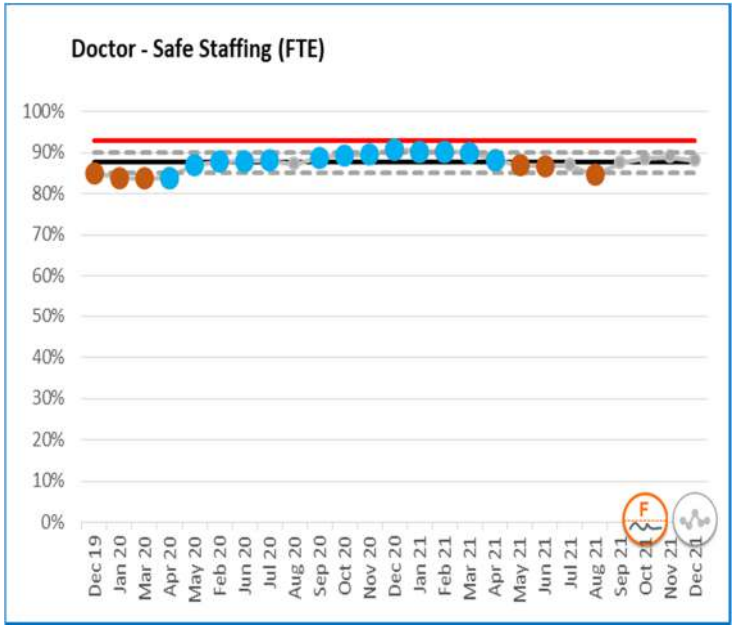


Commentary

We are in common cause variation. However we have now moved below the mean.

MRSA all cases Quartile 3: ***Requires Improvement***

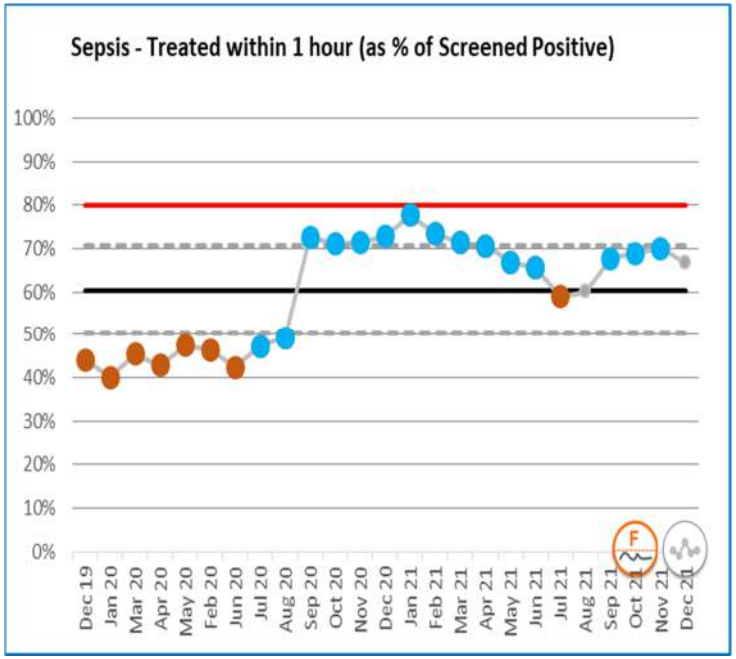
Safe



Commentary

This shows common cause variation.

New Target of 93% agreed with Dr. David Carruthers.



Commentary

This shows special cause improvement variation.

Fundamentals of Care

Nursing – Safe Staffing

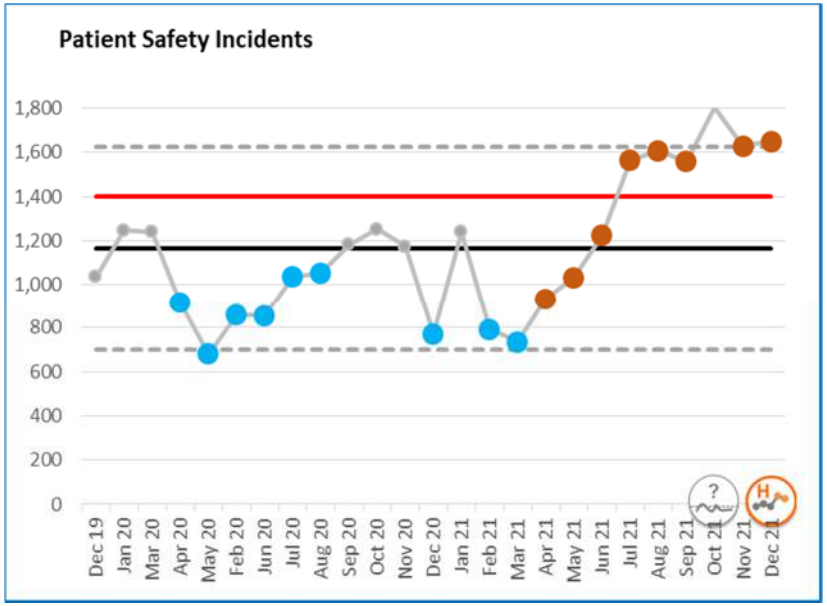
Commentary

HCA – Safe Staffing

Commentary

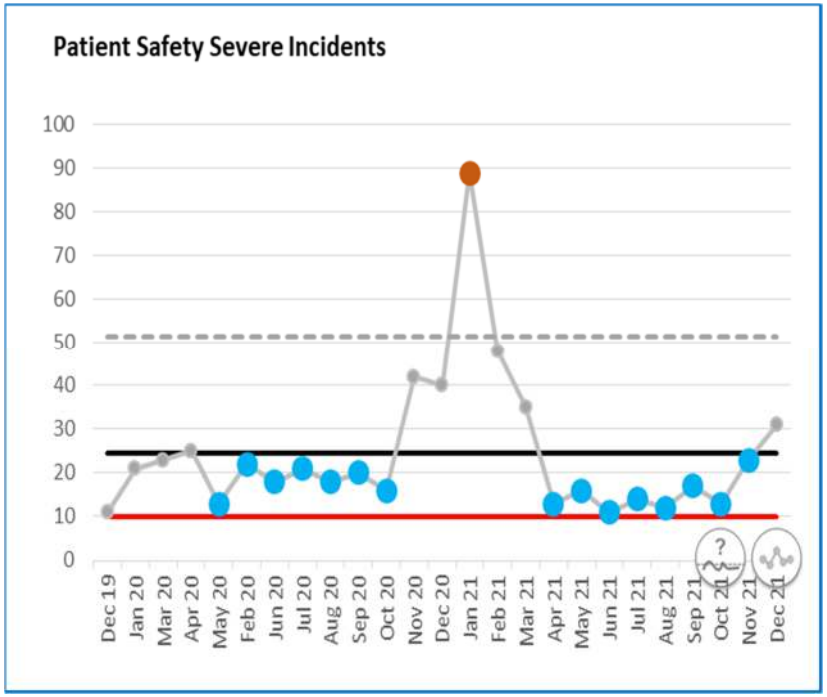
Safe

Executive Lead: Fundamentals of Care



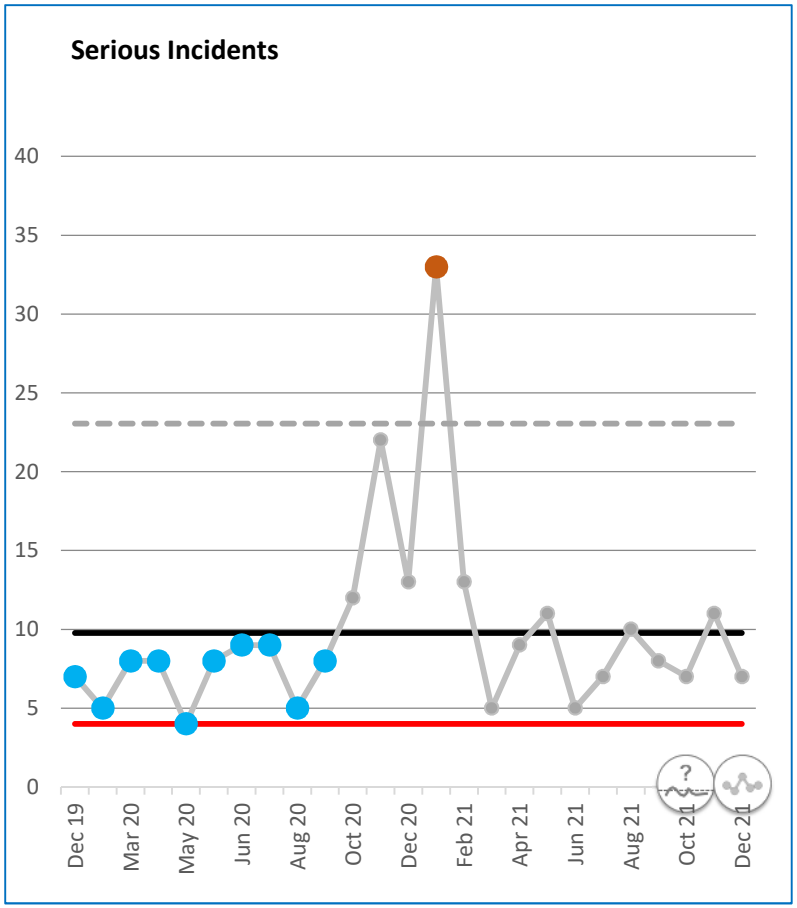
Commentary

The chart is now showing special cause for concern.



Commentary

A peak can be observed during Winter 2020-21 with an astronomical data point in Jan '21. This peak lifts the mean and obscures what appears to be common cause variation prior and following this period.

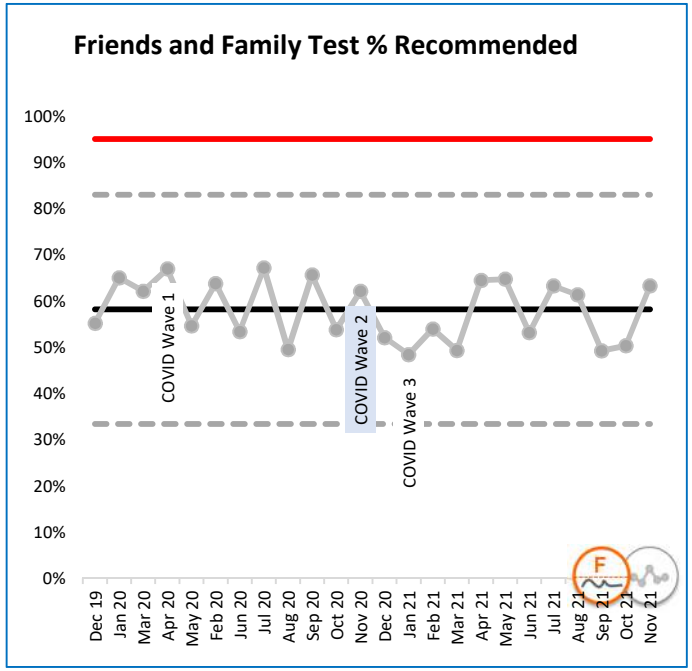


Commentary

The chart now shows Serious Incidents by incident date. A peak can be observed during Winter 2020-21 with an astronomical data point in Jan '21. This peak lifts the mean and still shows common cause variation following this period.

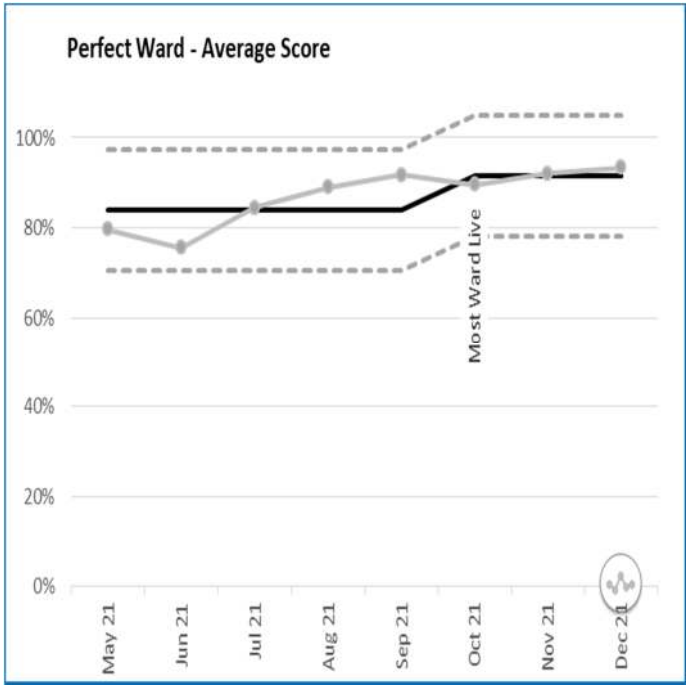
Caring

Executive Lead: Fundamentals of Care



Commentary

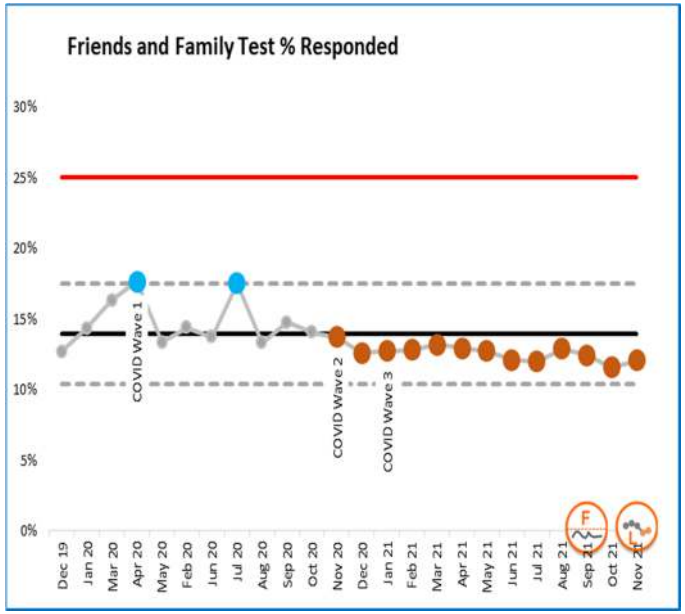
SWB is consistently failing the 95% friends and family test score. Common cause variation can be seen throughout indicating a predictable performance. *SWB are ranked for November 21, 128th out of 133 Inpatient score, 107th out of 121 for A&E, 126th out of 133 for Outpatients.* *Quartile 4:* ***Inadequate***



Commentary

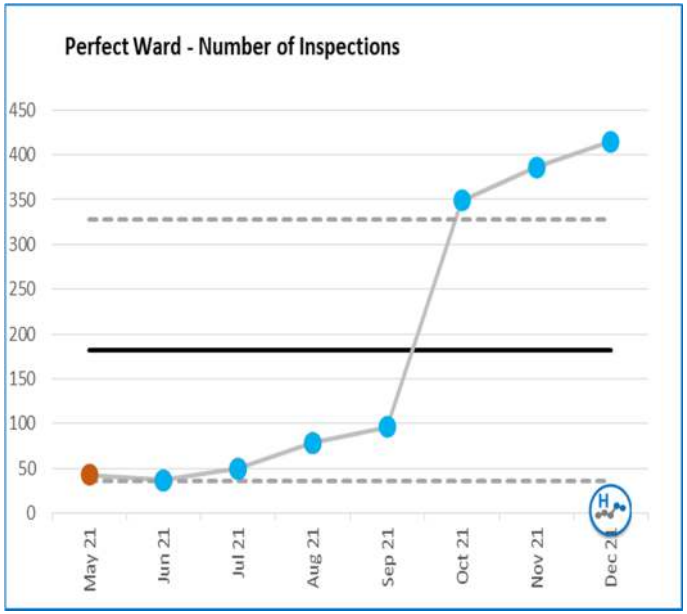
This is a new indicator. It does not have sufficient data points to give an accurate reading at present and so shows common cause variation.

We need a Target for this indicator.



Commentary

Special cause variation (improvement) can be seen in March and Jul '20. However, since September '20 special cause variation indicating a decline in performance can be seen.



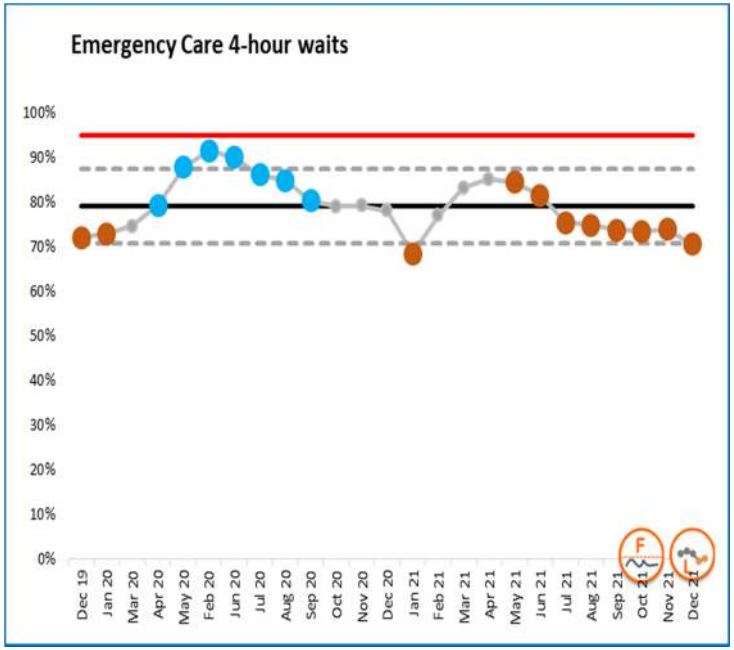
Commentary

This is a new indicator. It does not have sufficient data points to give an accurate reading at present and so shows special cause improvement as more inspections are being completed as more wards go live.

We need a Target for this indicator.

Responsive

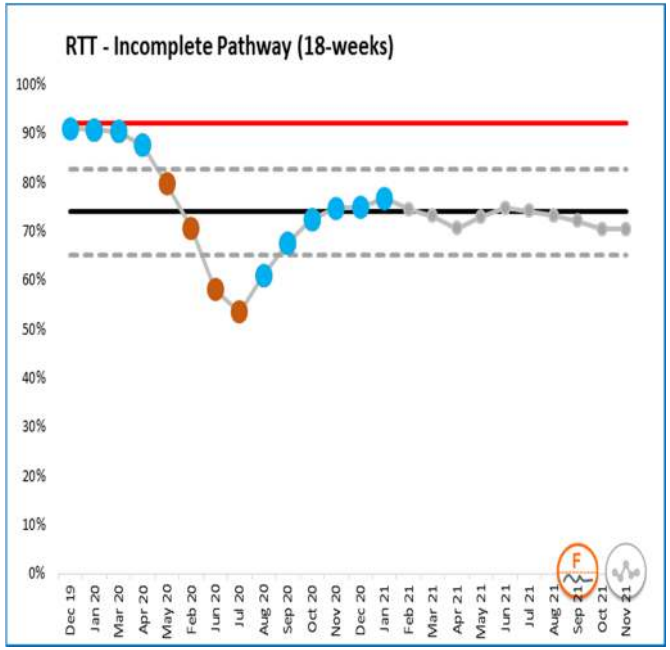
Executive Lead: Fundamentals of Care



Commentary

The special cause variation observed from Dec '19 to May '20 shows an upward trend, followed by a downward trend. This correlates with seasonal variation and attendance figures. *SWB was ranked 80th out of 133 in Dec 21.*

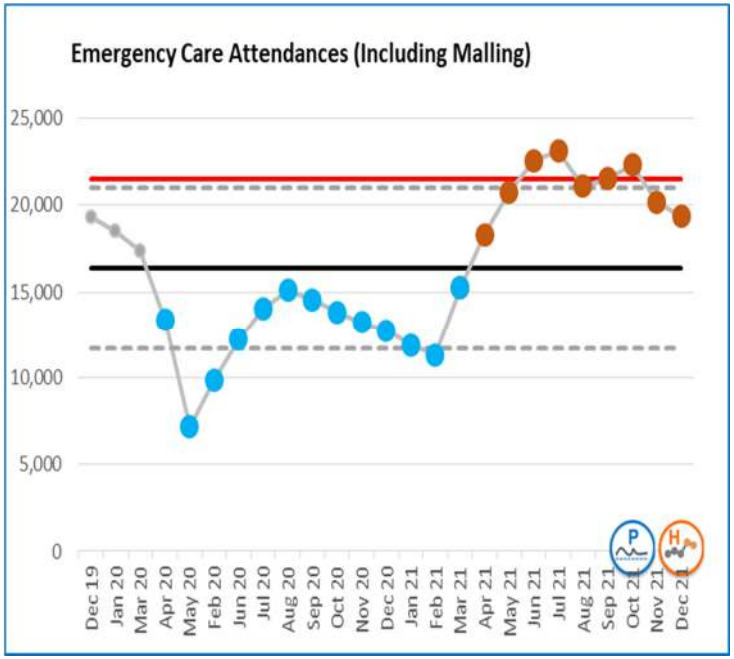
Quartile 3:
Requires Improvement



Commentary

Special cause variation (6 points above mean) can be seen from March to September '20. However, the astronomical data point in Jun '21 pulls down the mean in an otherwise stable process. *SWB was ranked 83rd out of 172 Trusts in November 21*
.

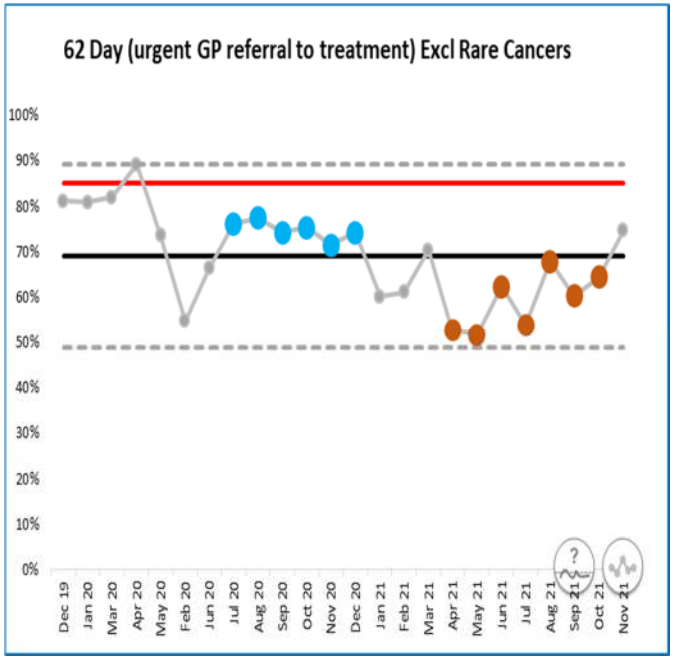
Quartile 2:
Good



Commentary

SWB took on Sandwell UCC in Apr 21 and so new levels of activity are around 21,000 pcm. Looking at SWB we are 127th out of 147 trusts in terms of volume of A&E attendances in December 21.

Quartile 1:
Outstanding



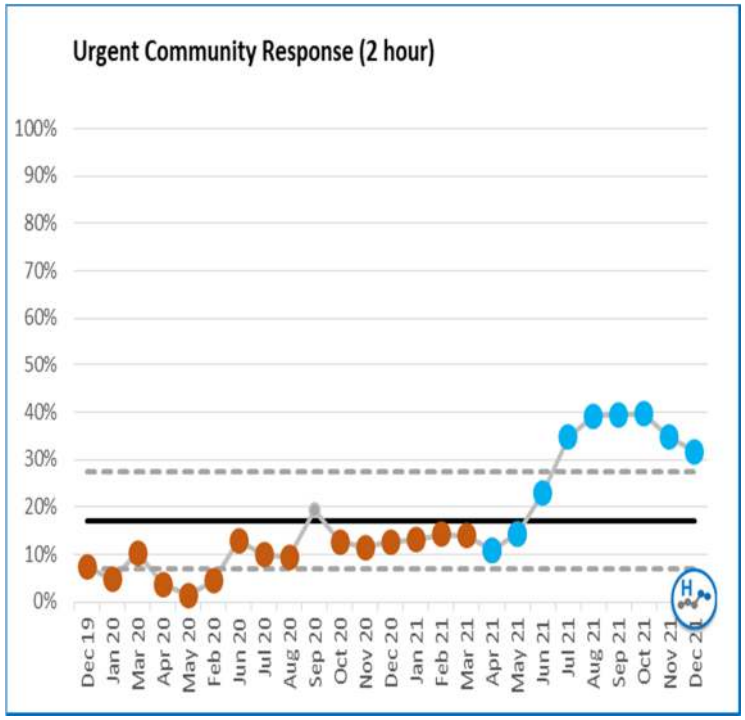
Commentary

Common cause variation is now being seen. *SWB was ranked 50th out of 137 in October 21.*

Quartile 2:
Good

Responsive

Executive Lead: Fundamentals of Care

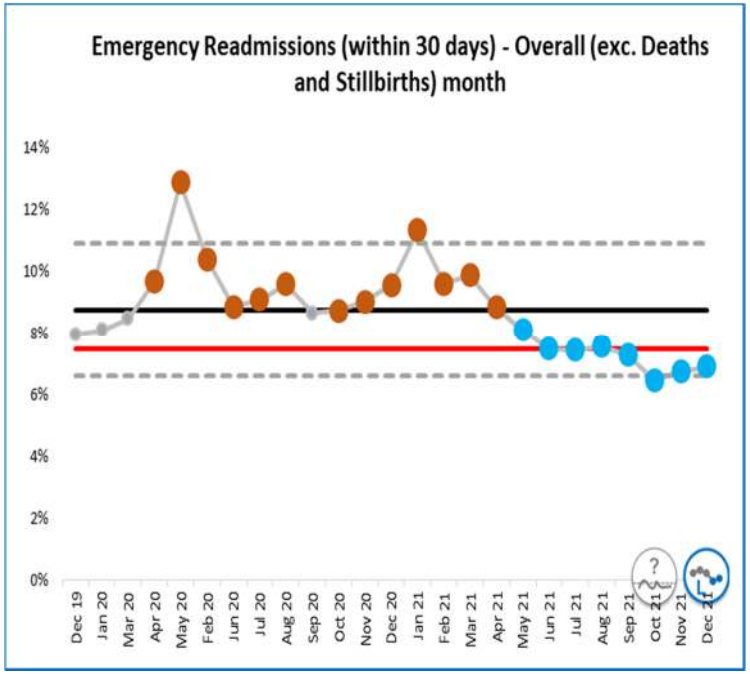


Commentary

This is a new national indicator, it is due to nationally start reporting in April 2022. The graph currently show special cause improvement but this is from a very low baseline.

Effective

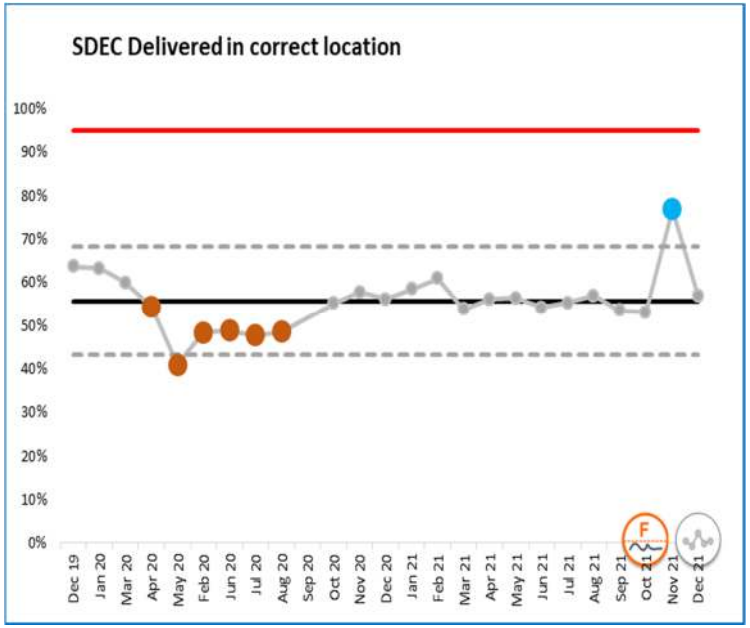
Executive Lead: Fundamentals of Care



Commentary

The graph show now shows special cause improvement.

This was affected by COVID 19 and astronomical data points around April 20 and Dec 20 have increased the mean.



Commentary

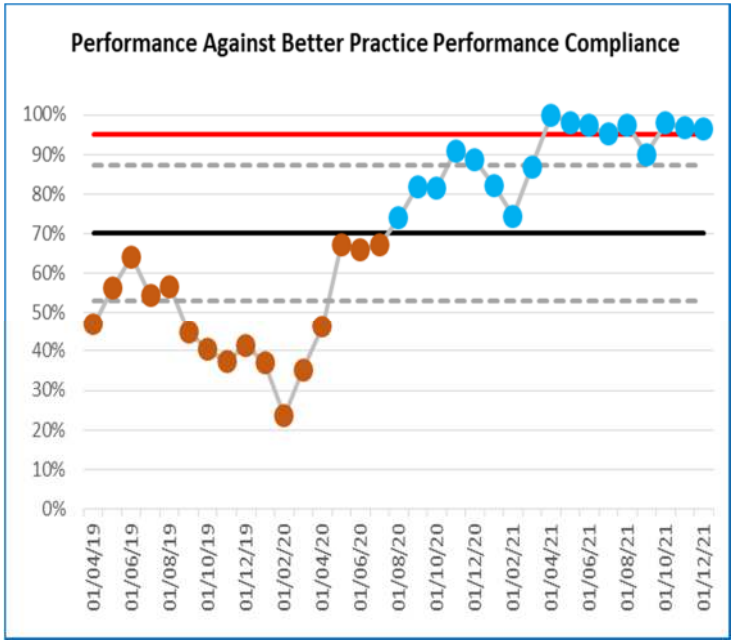
This measures counts patients in ambulatory units (numerator) over the total count of patients eligible for SDEC based on the 55 national pathways within opening hours. This shows common cause variation – which requires a step change to improve.

PROMS

Commentary

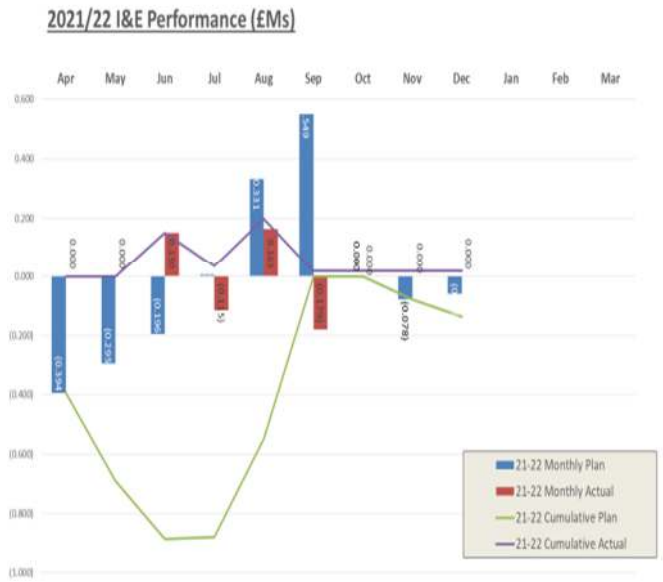
Use of Resources

Executive Lead: Chief Finance Officer



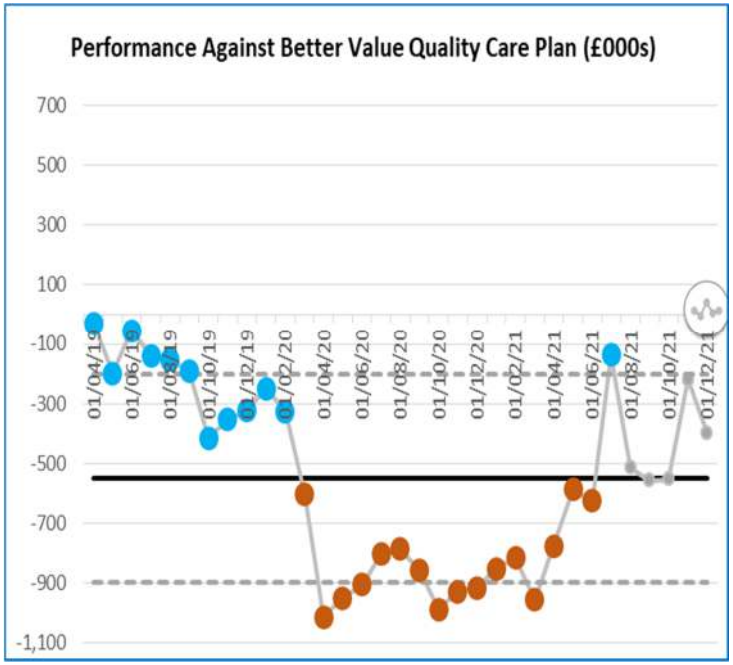
Commentary

Special cause concern following be special cause improvement can be observed during the period. The organisation has consistently failed this target, however performance is improving and is now just below the target between 90% and 94%.



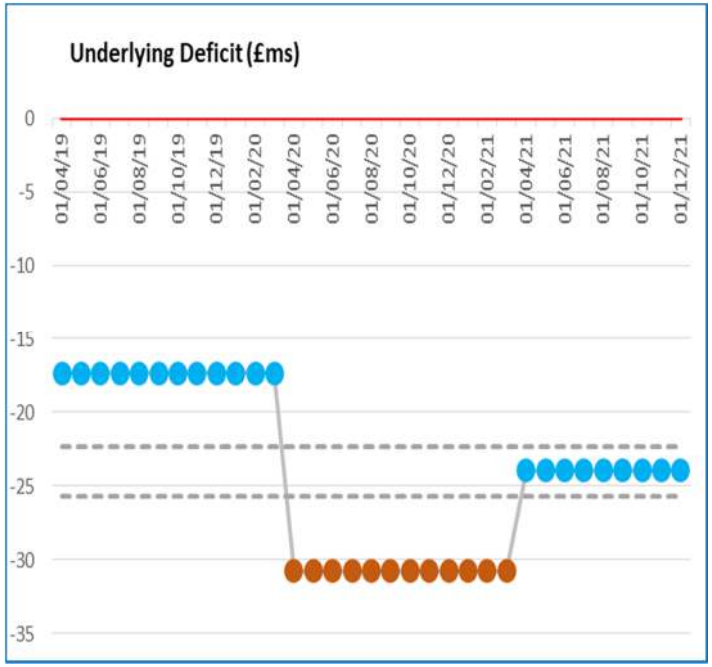
Commentary

Finance noted that SPC was not an appropriate format to monitor this measure, but have provided an alternative chart showing in month and cumulative performance



Commentary

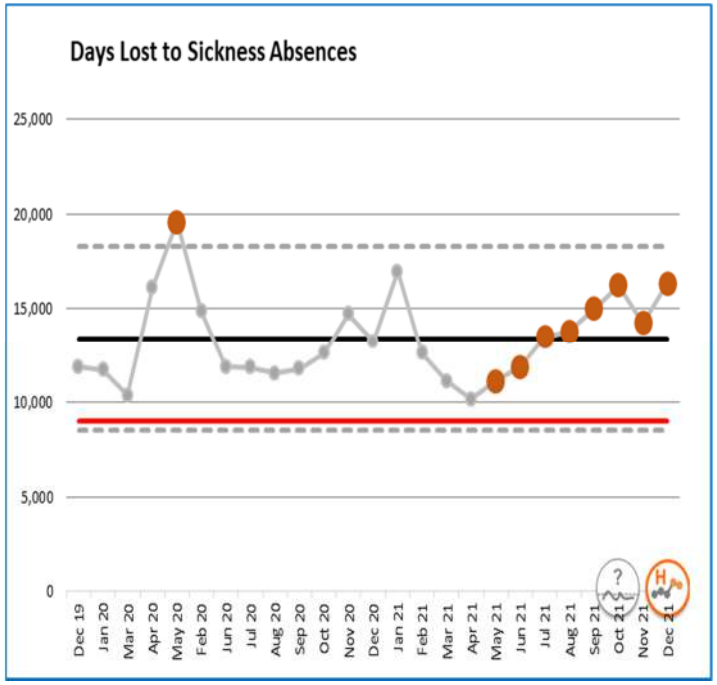
Finance noted that SPC was not an appropriate format to monitor this measure, but have provided an example to illustrate.



Commentary

Finance noted that SPC was not an appropriate format to monitor this measure as it is reported annually, but have provided an example to illustrate.

People and Well-Led



Commentary

Post COVID special cause concern.
On average days lost has increased by 1250 days per month since COVID.
The sickness absence rate was 156th out of 215 Trusts in July 21..

Quartile 3: Requires Improvement

Q2 21/22 People Pulse Staff Engagement Score

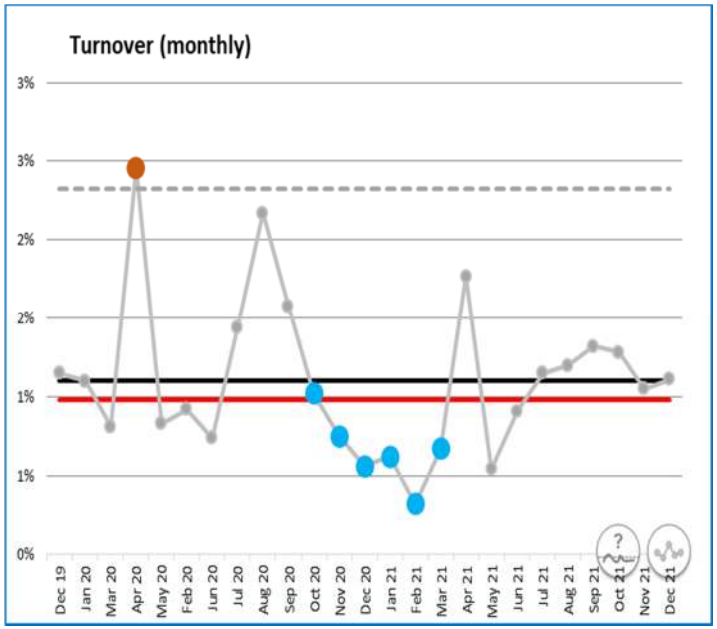
Sub-scale	Score out of 10
Motivation	6.52
Ability to Contribute to Improvements	6.31
Recommendation of the Organisation	6.51
Overall	**6.45**

	Highest	Lowest
Directorate	People & OD 7.43	Maternity & Perinatal 5.26
Staff Group	Healthcare Scientists 7.27	Estates & Ancillary 5.84

Commentary

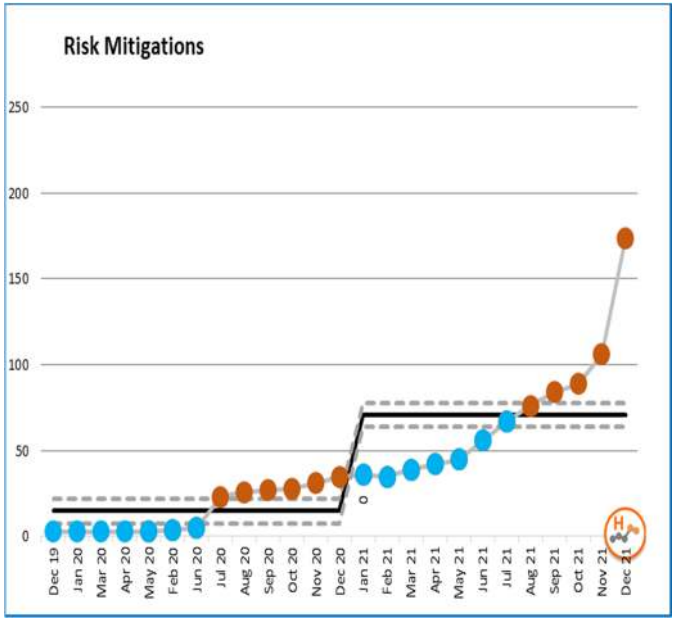
Overall Staff Engagement is measured as an average across three subscales, consisting of 3 questions each.

1,549 responses were received.



Commentary

Special cause improvement signalling improvement can be seen from October '20 to March '21. Since April 21 we have common cause variation.

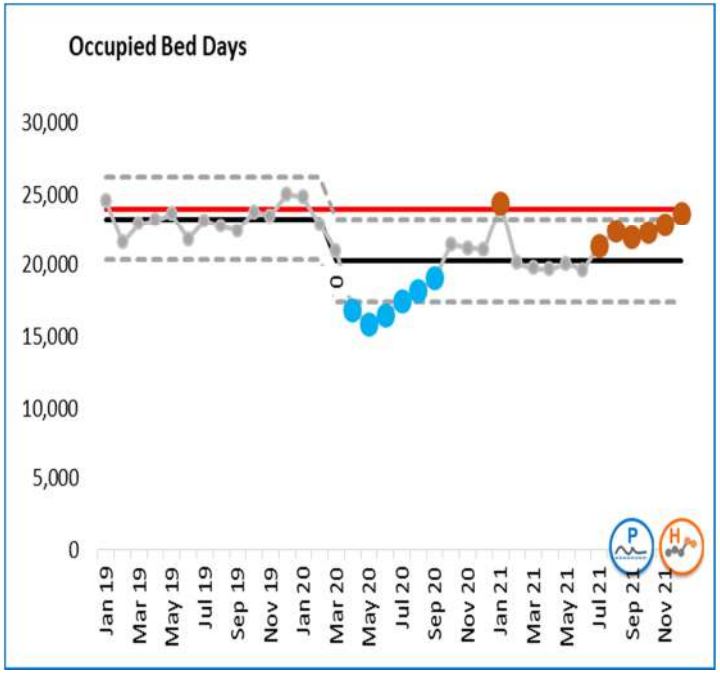


Commentary

This is showing special cause concern. The quantity of overdue risks has reduced following validation by the Governance team.

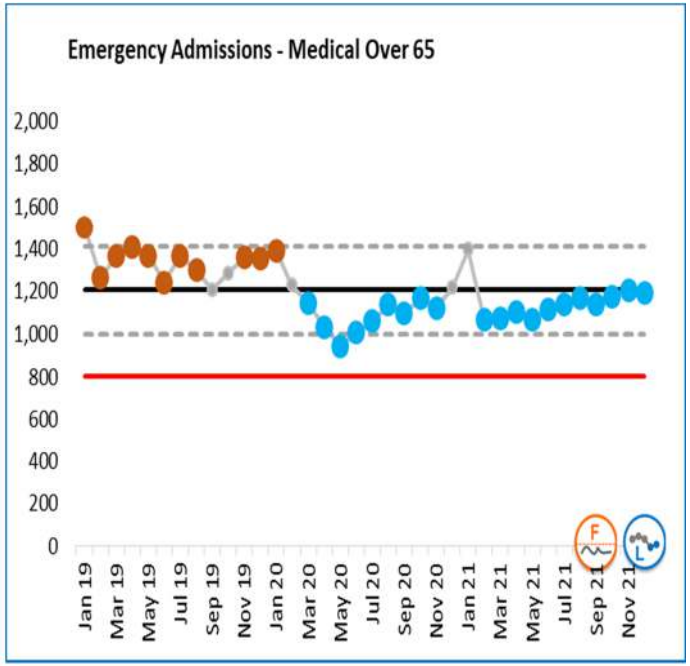
We need a target

MMUH - 1



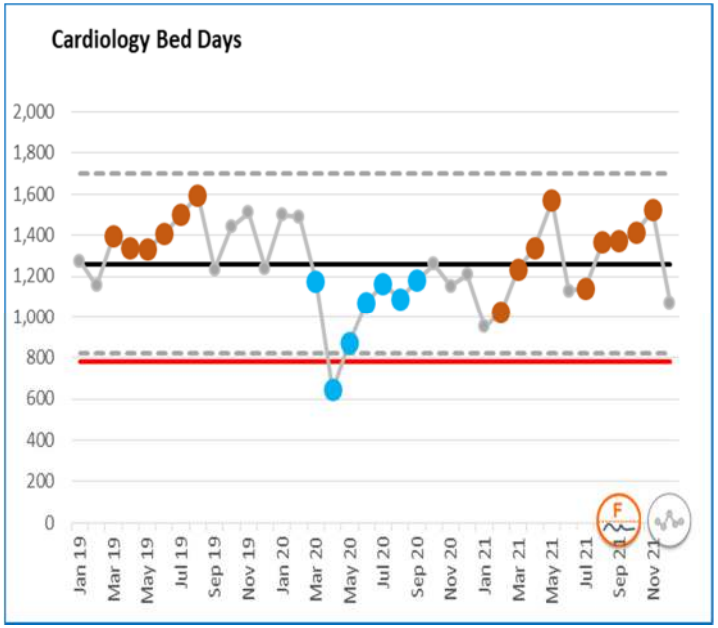
Commentary

The Target is based on the beds available at the occupancy rates in MMUH. Special cause for concern currently. Activity is showing actual. Note we have to include demographic growth and increased activity levels which would worsen this position.



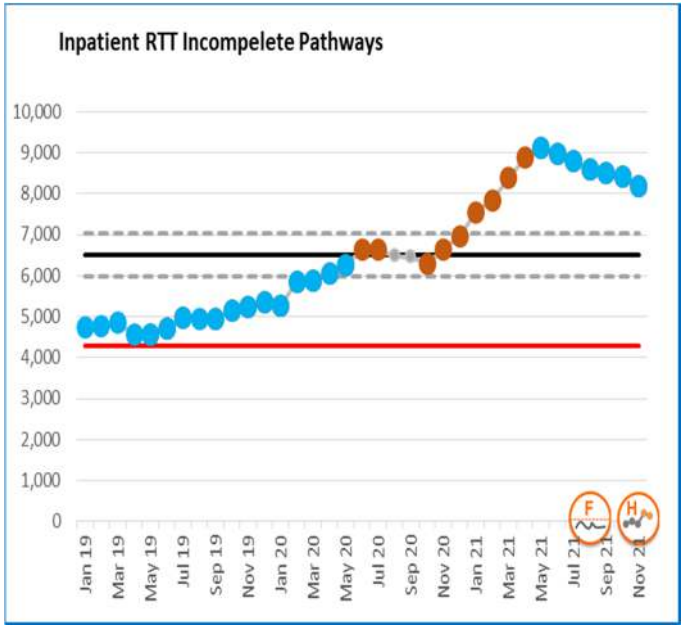
Commentary

The process is showing special cause improvement but is moving away from the Target. When we take into consideration demographics and increase emergency admissions this will worsen the position.



Commentary

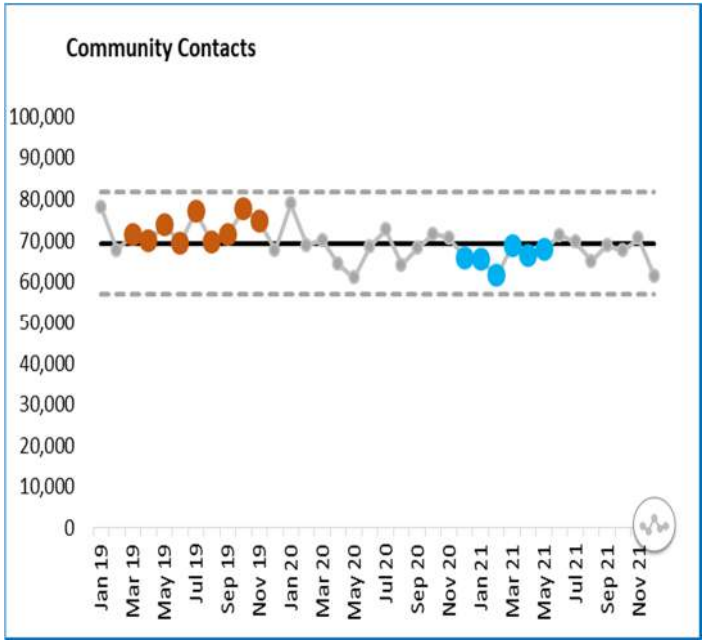
The Target is based on the beds available at the occupancy rates in MMUH. Activity is showing actual. Note we need to include demographic growth and increased activity levels which would worsen this position.



Commentary

This shows we are reducing our Inpatient backlog. However this may inflate the use of beds, which will mask our plan to reduce bed usage.

MMUH - 2

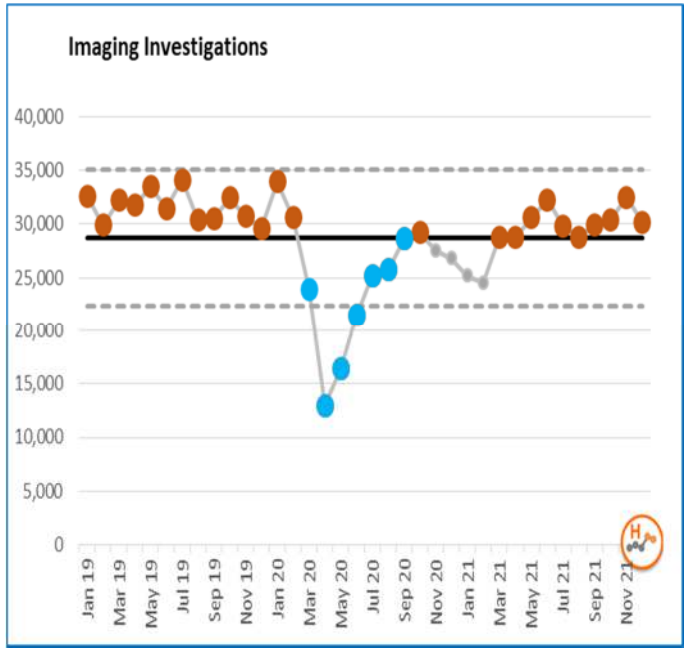


Commentary

This is showing common cause variation.

As we treat more patients closer to home we will see this indicator increase.

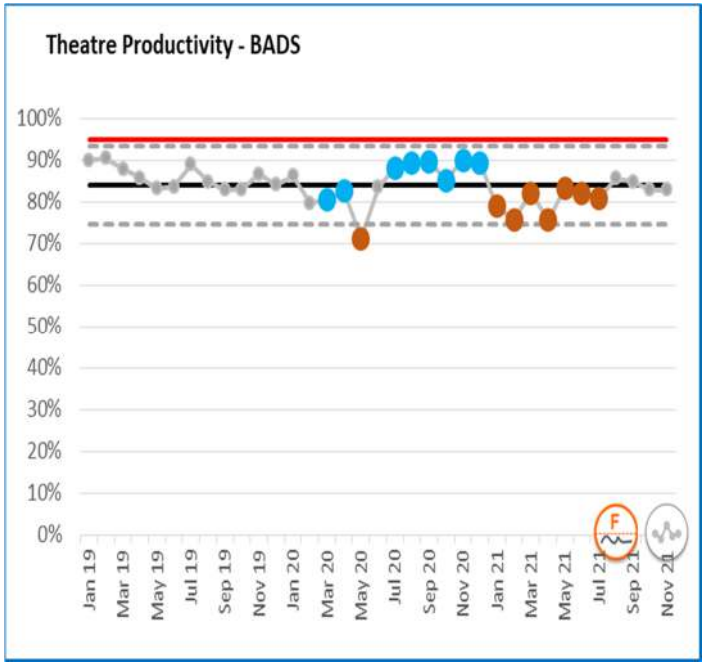
We need a target for this.



Commentary

This is showing special cause concern.

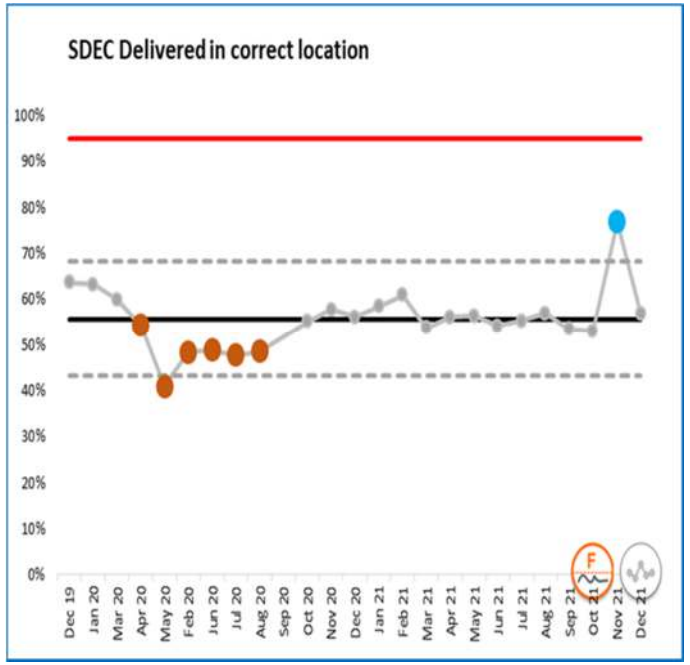
We need a target for this.



Commentary

This is showing common cause variation.

As we move more procedures to become fully day case this will move towards the Target. We will then reduce the pressure on Elective Beds.



Commentary

This measures counts patients in ambulatory units (numerator) over the total count of patients eligible for SDEC based on the 55 national pathways within opening hours.

Inequalites

Index of Multiple Deprivation

Trust-Trust Level	Index of Multiple Deprivation (IMD)										
Metric	1	2	3	4	5	6	7	8	9	10	NSP
Population	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Community Contact	23.08%	39.65%	12.91%	6.82%	6.65%	7.07%	1.83%	0.76%	0.45%	0.17%	0.62%
Day Case Admissions	29.47%	25.65%	11.16%	9.53%	7.91%	5.56%	3.31%	2.31%	2.32%	1.86%	0.92%
ED Type 1	37.12%	27.53%	11.19%	8.04%	5.43%	4.45%	2.16%	0.92%	0.69%	0.61%	1.86%
ED Type 1 - Ambulance Arrivals	38.46%	27.07%	10.31%	7.57%	5.25%	4.37%	2.02%	1.07%	0.74%	0.66%	2.48%
ED Type 3 (UTC)	18.33%	21.16%	7.42%	4.75%	3.57%	2.94%	1.48%	0.57%	0.34%	0.15%	39.29%
Elective Admissions	31.55%	25.61%	11.25%	8.98%	7.42%	5.66%	3.24%	1.95%	1.84%	1.91%	0.59%
Emergency Admissions	37.34%	28.28%	10.93%	8.39%	5.57%	4.33%	2.14%	0.88%	0.52%	0.50%	1.13%
Emergency Admissions - Medical Over 65	33.34%	29.95%	11.18%	8.51%	6.73%	5.69%	2.22%	0.97%	0.43%	0.55%	0.43%
Emergency Admissions - Zero LOS	37.91%	27.73%	11.09%	8.26%	5.41%	4.17%	2.44%	1.05%	0.62%	0.39%	0.93%
Emergency Admissions NOT SWB	41.35%	17.31%	11.49%	10.99%	5.28%	3.96%	2.98%	1.60%	1.34%	1.53%	2.17%
Occupied Bed Days	34.96%	28.89%	11.21%	8.98%	5.80%	5.00%	2.25%	0.84%	0.57%	0.67%	0.81%

Commentary

Index of Multiple Deprivation (IMD) places people into deciles based on characteristics including education/income/housing/environment etc.. 1 is the lowest and 10 the highest.
We need our local population percentages so that we can show variation (using colour from the local population)
We have more indicators, we are currently reviewing these so that we can provide data at this level.
NSP – means we do not know which IMD group to allocate to as we don't know the patients postcode (the ED Type 3 – UTC excess is due to a data collection issue with our third party company).

Inequalities | Ethnicity

Trust-Trust Level	Ethnicity																	
	White			Mixed				Asian				Black			Other Ethnic Groups			
Metric	British	Irish	Other	White and Black Caribbean	White and Black African	White and Asian	Any other mixed background	Asian British - Indian	Asian British - Pakistani	Asian British - Bangladeshi	Asian British - Any other Asian background	Black British - Caribbean	Black British - African	Black British - Any other Black background	Chinese	Any other ethnic group	Not stated	Not Known
Population	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Community Contact	52.30%	0.51%	6.00%	1.51%	0.30%	0.54%	7.10%	9.43%	3.77%	1.53%	0.90%	4.03%	1.58%	1.47%	0.12%	2.52%	3.42%	2.96%
Day Case Admissions	44.19%	0.94%	6.15%	0.68%	0.29%	0.32%	0.68%	11.97%	7.34%	2.41%	2.32%	7.36%	2.23%	1.79%	0.37%	2.45%	1.10%	7.41%
ED Type 1	30.13%	0.54%	5.93%	1.48%	0.38%	0.43%	1.22%	11.92%	8.02%	3.10%	2.31%	6.14%	3.43%	1.50%	0.37%	3.77%	1.14%	18.19%
ED Type 1 - Ambulance Arrivals	36.56%	0.82%	5.77%	1.04%	0.31%	0.33%	1.15%	9.83%	6.37%	2.28%	1.58%	6.20%	2.52%	1.25%	0.23%	2.67%	1.15%	19.92%
ED Type 3 (UTC)	2.36%	0.01%	0.03%	0.07%	0.02%	0.03%	0.04%	0.11%	0.25%	0.10%	0.50%	0.14%	0.10%	0.03%	0.02%	0.14%	95.83%	0.22%
Elective Admissions	41.16%	1.02%	6.68%	1.44%	0.35%	0.16%	0.82%	12.26%	8.00%	2.62%	2.11%	7.18%	3.71%	1.48%	0.47%	1.91%	1.17%	7.46%
Emergency Admissions	33.69%	0.67%	6.24%	1.50%	0.44%	0.36%	1.02%	12.98%	8.50%	3.78%	2.32%	6.54%	4.40%	1.54%	0.39%	3.88%	0.67%	11.07%
Emergency Admissions - Medical Over 65	51.55%	1.43%	7.50%	0.24%	0.12%	0.14%	0.36%	11.68%	4.89%	1.52%	0.80%	8.76%	0.58%	1.13%	0.24%	0.85%	0.73%	7.48%
Emergency Admissions - Zero LOS	28.93%	0.35%	5.93%	1.84%	0.35%	0.43%	1.01%	13.15%	9.68%	4.50%	3.06%	5.29%	4.79%	1.34%	0.39%	4.23%	0.68%	14.04%
Emergency Admissions NOT SWB	25.98%	0.98%	3.44%	1.51%	0.57%	0.43%	0.84%	4.90%	11.70%	3.34%	2.29%	5.45%	4.77%	1.17%	0.33%	4.01%	1.17%	27.12%

Commentary

We need our local population percentage breakdown, so that we can show variation (using colour from the local population)
We have more indicators, we are currently reviewing these so that we can provide data at this level.
Not Known – means we do not know the patients ethnicity
Not Stated – means the patient has declined to state their ethnicity (the ED type 3 – UTC large percentage is due to a coding issue from our third party company)

Board Level Metrics: How to Interpret SPC Charts

An 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. They can also **provide assurance on whether a target or plan will reliably be met or whether the process is incapable of meeting the target** without a change.

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 are 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

	Variation Icons The icon which represents the last data point on an SPC chart is displayed.						Assurance Icons If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.		
ICON									
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass
PLAIN ENGLISH	Nothing to see here!	Something's going on!	Your aim is low numbers but you have some high numbers.	Your aim is high numbers but you have some low numbers	Your aim is high numbers and you have some.	Your aim is low numbers and you have some.	The system will randomly meet and not meet the target/expectation due to common cause variation.	The system will consistently fail to meet the target/expectation.	The system will consistently achieve the target/expectation.
ACTION REQUIRED	Consider if the level/range of variation is acceptable.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Consider whether this is acceptable and if not, you will need to change something in the system or process.	Change something in the system or process if you want to meet the target.	Understand whether this is by design (!) and consider whether the target is still appropriate, should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.