

REPORT TITLE:	Board Level Metrics		
SPONSORING EXECUTIVE:	David Baker, Chief Strategy Officer		
REPORT AUTHOR:	Matthew Maguire , Associate Director of Performance and Strategic Insight		
MEETING:	Public Trust Board	DATE:	2 nd November 2022

1. Suggested discussion points <i>[two or three issues you consider the Board should focus on in discussion]</i>
<p>The Trust Board is asked to discuss:</p> <ul style="list-style-type: none"> • MMUH Occupancy – we have a gap between our planned bed base with occupancy rates in MMUH and our current usage of beds. • Our current RTT performance has been steadily decreasing. We are now ranked 60th out of 120 and so in the last ranking position in the 2nd quartile.

2. Alignment to our Vision <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>												
<table border="1"> <thead> <tr> <th>OUR PATIENTS</th> <th></th> <th>OUR PEOPLE</th> <th></th> <th>OUR POPULATION</th> <th></th> </tr> </thead> <tbody> <tr> <td>To be good or outstanding in everything that we do</td> <td>X</td> <td>To cultivate and sustain happy, productive and engaged staff</td> <td>X</td> <td>To work seamlessly with our partners to improve lives</td> <td>X</td> </tr> </tbody> </table>	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
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3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>

4. Recommendation(s)
The Public Trust Board is asked to:
a. NOTE the performance
b. SEEK assurance around key outliers

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	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	X	Recruit, retain, train, and develop an engaged and effective workforce				
Board Assurance Framework Risk 05	X	Deliver on its ambitions as an integrated care organisation				
Corporate Risk Register <small>[Safeguard Risk Nos]</small>						
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

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 2nd November 2022

Board Level Metrics

1. Introduction or background

- 1.1 In July 2022 the Clinical Leadership Executive (now Trust Management Committee - TMC) agreed a new set of Board Level metrics. This version refines the Board level patient metrics to create space for the agreed Population metrics.

2. Developments

- 2.1 All the new metrics have been developed. Several of the new metrics require targets agreeing.
- 2.1.1 Percentage of ambulance handovers over 30 mins
- 2.1.2 Days Exceeded Target Discharge Date
- 2.1.3 Average Length of stay for Pathways 0,1,2,3 & 4

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 (CQC) style rating based on quartile (top quartile = outstanding etc.). In doing so we benchmark against other acute and combined trusts.

- Emergency Care 4 hour – Good [Sep22]
- RTT incomplete pathways – Good [Aug22]
- 62-day cancer - Good [Aug22]
- SHMI mortality ratio – Requires Improvement [May22]
- Friend and Family Test recommended – Inadequate [Jun22]
- Complaints per 1000 WTE – Inadequate [Q4 21/22]
- Days lost to Sickness Absence – Inadequate [May 22]

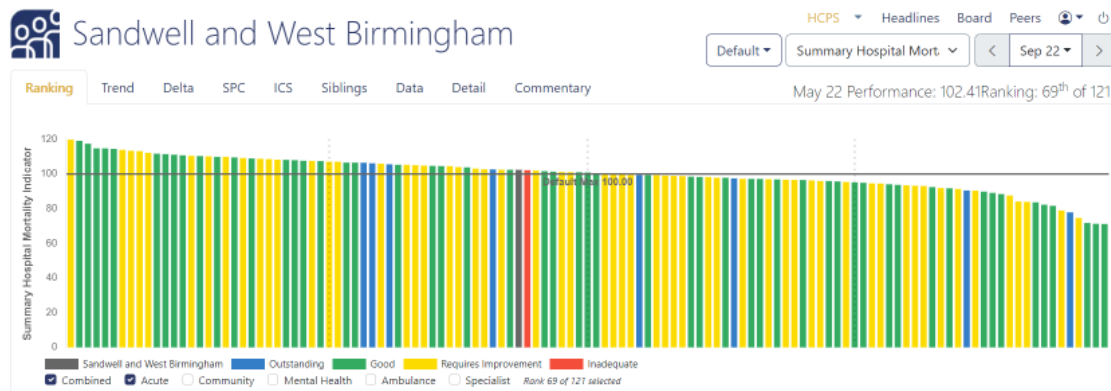
- 3.2 Our October ranking in Public View for our overall Hospital Combined Performance Score (rolling 12 months) has improved again. We have improved one place compared to last month placing at 98/121 Trusts. However, many of the metrics are lagged including finance, therefore our current position may be different.

4. Key points of note for the Board

4.1 Patient

- 4.1.1 Our **complaints per 1000 Whole Time Equivalents (WTE)** are high. For Q4 21/22 (March 22) we ranked 113 out of 119 trusts. Our last six months performance has seen more consistent performance and we are performing about the arithmetic mean of 14 per 1000 WTE. [Q&S].

4.1.2 According to our most recent **Summary Hospital Mortality Index (SHMI)** ranking (May 22), we have advanced two positions and are currently placed 69th out of 122, ahead of ~25 trusts who are CQC rated as “good” and 4 Trusts who are CQC rated as outstanding. We will look to re-align this graph next month to remove the astronomical data point during the Covid-19 pandemic which will hopefully show more stable performance picture. [Q&S].



4.1.3 Our **patient safety incidents** continue to ‘hit and miss’ the target. [Q&S].

4.1.4 Our **patient safety incidents of moderate harm or above** shows common cause variation with higher levels of harm than the target set. We will look to re-align this graph next month to remove the astronomical data point during the Covid-19 pandemic which will hopefully show more stable performance picture. [Q&S].

4.1.5 Our proxy measures for safe staffing show an over recruitment of **band 5 nurses** set against **doctor staffing** levels that are below target. [POD, Q&S].

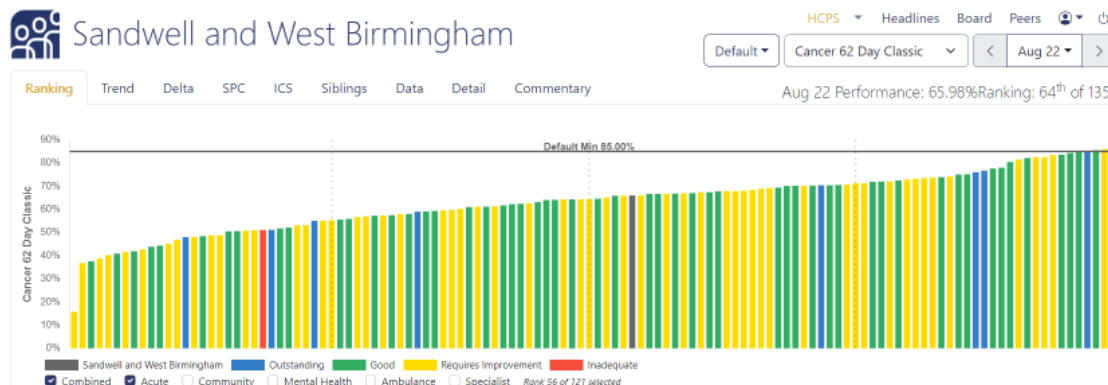
4.1.6 Our **Friends and Family combined** scores remain low (July 22). All 4 areas visible in public view benchmark in the bottom quartile ranging from 80/101 (Birth) to 109/114 (Inpatient). [Q&S].

4.1.7 We have fluctuation of between 15-20% non-compliance for our **ambulance handovers exceeding 30 minutes**, with our mean value being 10.99%. This chart will adjusted next month to reflect the two different systems in action pre and post August 2021 by adjusting the mean [FIPC].

4.1.8 Our **4-hour Emergency Department** performance we have maintained our score of 73% against a target of 95% and we have improved our ranking by 3 places to being ranked 27 out of 107 Trusts, for the month of September 2022. [FIPC].

4.1.9 Our **Referral to Treatment (RTT)** performance within 18 weeks is at 62% against a target of 92%. Our overall performance has already been decreasing, and this is the first time in over 2 years that our benchmarked ranking has been as low (60 out of 120) in August 2022. Our benchmarking puts us in the last position of the “good” quartile. [FIPC].

4.1.10 This month, we have performed at 66%, against our goal of 85% for the **62-day referral to treatment target for cancer**, benchmarking shows us at 56th out of 121. This has moved us into the 2nd quartile. However, this should be taken with caution as an isolated improvement position relative to others whilst our individual performance appears relatively consistent in the last year and below the target. [FIPC]



4.1.11 Financially we are £8.5m adrift of a £17m deficit plan after 6 months. We are underspending against our capital plan (excluding MMUH) by ~£6.5m (The capital spend programme has been re-phased after discussion at Finance, Investment and Performance Committee). We have cash balances that are ~£31.6 m above our plan. [FIPC]

4.2 People

4.2.1 **Sickness absence.** Sickness has been increasing since February 2021. Nationally, we have dropped 6 positions from our April 2022 rating and are currently positioned 99 out of 121 Trusts in May 2022 (latest benchmark position available) [POD].

4.2.2 Our **staff turnover rates** are stable but above the monthly target. [POD].

4.2.3 Our **staff survey** shows an engagement score of 61% from the pulse survey in July against an 80% target. The national staff survey is currently in circulation for completion [POD].

4.3 Population

4.3.1 Our **community response time within two hours** for September is 83%, exceeding the aim of 70%. We noticed 94% performance in July 2022, but this was due to fewer persons asking for an urgent community response. [IC].

4.3.2 The **admission avoidance** graph combines our efforts utilising the following solutions to prevent admissions: covid-19 virtual wards; hospital at home; and frailty intervention, other admission avoidance scheme, district nursing and palliative care out of hours. We have observed around 17% decrease in September from previous month and around 26% decrease to September 2021, reporting at 975. [IC].

4.3.3 **Emergency Readmissions:** Our performance continues to improve and has now been below the target for two months. This control limits and mean will be adjusted next month to reflect the step change in performance [IC].

- 4.3.4 **Days Exceeded Target Discharge Date** (the latest TDD recorded) have now been included, the calculation is from the last Target Discharge Date set for the patient until the last day of a patient's admission within the bed base (not including community beds). This shows large variability. The mean for this of ~3000 would equate to 100 beds per month. [IC].
- 4.3.5 **Discharge to Assess. Pathway 0** shows a statistically significant improvement during the period October '21 to date (August '22), this is due to Pathways 1,2,3 and 4 not being recorded on the system before that date and so all patients are reported as Pathway 0. There are too few data points to draw statistical significance against performance of pathways 1, 2, 3 and 4. . [IC].
- 4.3.6 **Occupied bed days overall, older people, and cardiology.** These metrics are key drivers of MMUH fit. Bed days are consistently above the target for Cardiology (+200 average bed days or 21 beds) and Older People (+900 average bed days or 87 beds). Occupied bed days overall has been increasing after a significant reduction on the onset of COVID-19 and is now at pre COVID-19 levels.

5. Integrated Quality and Performance Reporting Exceptions

- 5.1 **MRSA Screening - Non-Elective:** The results from the prior month showed a considerable drop to report at 58.3%. This is the lowest in the past 10 months; the previous 12 months average performance was 77.5%. [Q&S].
- 5.2 **Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions):** We saw a decrease in performance of 21.2% from previous month, reporting at 71.4 % and we failed to achieve the target of 85% this month. [Q&S].
- 5.3 **62 Day Cancer (referral to treatment from hospital specialist):** In August we failed to meet the target (of 90%) and saw a decline of 12% from the previous month reporting at 78.3%. [Q&S].
- 5.4 **Number of Sitrep Declared Late Cancellations - Total:** This has grown by double over the previous five months, registering at 60 for the current month, greatly above our target of 20. [FPIC].

6. Recommendations

- 6.1 The Public Trust Board is asked to:
- a. Note the performance
 - b. Seek assurance around key outliers

Matthew Maguire
Associate Director of Performance and Strategic Insight

18 October 2022

Annex 1: Board Level Metrics August 2022