

Report Title:	Board Level Metrics		
Sponsoring Executive:	Dave Baker (Director of Partnerships and Innovation)		
Report Author:	Matthew Maguire (AD Performance and Strategic Insight)		
Meeting:	Trust Board (Public)	Date	4 th November 2021

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

The Board Level metrics provide part of the internal assurance framework for the “patient” strategic objective whilst also covering key metrics within the “people” strategic objective.

Trust Board are asked to:

1. Note progress against the Board Level metrics;
2. Seek assurance that the right work is underway to achieve those metrics which require priority action;
3. Agree/Amend the plan to incorporate inequality measures in line with H2 planning.
4. Note developmental progress against those metrics that are under construction.

2. Alignment to our Vision *[indicate with an ‘X’ which Strategic Objective this paper supports]*

Our Patients	X	Our People	X	Our Population
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 *[where has this paper been previously discussed?]*

OMC, PMC, CLE

4. Recommendation(s)

The Trust Board is asked to:

a. Note Progress and Exceptions

b.

c.

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

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

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board: 3rd November 2021

Board Level Metrics

1. Introduction or background

1.1 The Board Level Metrics were introduced in August and so are now in their third month. We continue to build those that are not complete and refine those that are so that we use the best possible graph and use the most appropriate targets.

2. Developments and Proposed Developments

2.1 It is proposed by the Head of Innovation/Head of Clinical Effectiveness that, within the Effectiveness domain, PREMS is replaced by two metrics, the committees rejected this suggestion and PREMS / PROMS were asked to be re-evaluated.

The first proposed metric is Sepsis treatment within 1 hour. In calculating this, it is proposed that the calculation is adjusted to be the **percentage of people requiring Sepsis treatment that are treated within 1 hour**.

At present the IQPR shows 4 process metrics. These are: 1) % of those admitted that the percentage that are screened; 2) % of those screened that require treatment; 3) % of those requiring treatment that are treated; 4) % of those that require treatment that are treated within 1 hour. Whilst these process metrics are useful in showing where issues exist they dilute what is proposed as the key outcome/lag measure.

If this metric is accepted by the Committee it will show a lower performance than the current Sepsis treated within 1-hour metric as this dilution will be removed, after discussion this was agreed.

The second proposed metric is that deceased patients with a preferred place of death are recorded. This will demonstrate that we are having the conversations and recording the outcomes of a main part of the conversation around a good death, this has not been agreed at present.

2.2 SDEC has now been built and is visible in this month's report, with a target.

2.3 Safer Staffing (nursing) has been built and is ready for review by the Chief Nurse before addition to the report.

3. Targets

3.1 Executive leads for each metric without a target have been sent a recommended target (as follows). The committees were asked for use of the following as targets:

3.2 The national median of 7.46% for 30-day Emergency Readmission rate was obtained from Model Hospital; this has been agreed.

3.3 The IQPR used 4% for sickness absence so the recommend target for days lost due to absence is a calculation of 7500 staff multiplied by 30 days, divided by 100 multiplied by 4 which is 9000 days;

3.4 The control target for ED Attendances is based on our contract plus the increase in the Sandwell Urgent Treatment Centre (UTC) divided by 12 which then calculate to a monthly figure of 21,500, this was agreed.

3.5 The national median of 0.98% for Staff Turnover rate was obtained from Model Hospital, this was agreed.

3.6 To create the target for SDEC, we looked at those patients that already attend our ambulatory outpatient clinics and assumed that these patients are in the correct location. These patients will form part of the denominator and numerator. We then looked at the national SDEC opportunity audits (55 pathways) and used an 85% take up. This means that we added 100% to the denominator but 85% to the numerator. We looked at the output percentage and took it to the nearest whole number, which was 95%, this was agreed.

3.7 ECOLI Target of 3 is based on looking at www.gov.uk E.Coli bacteraemia monthly data for the NHS and calculating the Median for the NHS over a 12 month period. However after discussion with the AD of Infection Control the trust Target was agreed to be set at 7.

4 Inequalities

4.1 The H2 Operational guidance sets out that all Board Level Metrics also show variation by ethnicity and by deprivation levels. We have the data to do this and are liaising with the ICS about the options. Our current plan is to add two pages to the Board level metrics, one for Ethnicity and one for Social Deprivation.

4.2 The two pages will show a simple table that shows Ethnicity/Social Deprivation proportions for our population as a baseline. It will then show the proportions of the population against each category for each Board Level Metric as shown below.

Metric	Index of Multiple Deprivation (IMD)											NSP
	1	2	3	4	5	6	7	8	9	10		
Population	30.00%	30.00%	15.00%	5.00%	5.00%	5.00%	5.00%	2.00%	2.00%	0.50%	0.50%	
Over 65 Medical Admission	32.59%	31.34%	11.06%	8.53%	6.93%	5.86%	1.96%	0.74%	0.34%	0.20%	0.45%	

Metric	Ethnicity															Not stated	Not Known	
	White			Mixed				Asian				Black			Other Ethnic Groups			
	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		
Population	30.00%	5.00%	5.00%	5.00%	2.00%	2.00%	2.00%	5.00%	5.00%	5.00%	1.00%	10.00%	10.00%	1.00%	1.00%	5.00%	5.00%	
Over 65 Medical Admission	53.08%	1.88%	8.03%	0.22%	0.04%	0.08%	0.16%	11.14%	5.20%	1.66%	0.74%	8.31%	0.47%	0.85%	0.27%	0.72%	1.77%	5.39%

5 Recommendations

- 5.1 The Trust Board is asked to:
 - a. Note progress against the Board Level metrics;

- b. Seek assurance that the right work is underway to achieve those metrics which require priority action;
- c. Agree/Amend the plan to incorporate inequality measures in line with H2 planning
- d. Note developmental progress against those metrics that are under construction.

Matthew Maguire

Associate Director of Performance and Insight

29/10/2021