Paper ref:	TB (10/22) 019

PATIENTS PEOPLE POPULATION

AMBITION RESPECT COMPASSION

NHS Sandwell and West Birmingham NHS Trust

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:**	5th October 2022

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

The Board is asked to note:

- MMUH Occupancy – we have a significant gap between our planned bed base/occupancy levels in MMUH and our demand.
- Finance – we are £8.7m adrift of a £17m deficit plan after 5 months.
- MRSA bacteraemia (Post 48 hours), we have reported the first case in over 18 months.
- C. Difficile (Post 48 hours), we have reported 7 cases, the highest number in a single month for over 18 months.
- RTT backlog (those waiting over 18 weeks) has increased by 2005 to 23695.
- For the first time since April 2021 we are ranked inside the top 100 for the public view hospital combined performance score.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective[s] 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 *[at which meeting[s] has this paper/matter been previously discussed?]*

All Trust Committees

4. Recommendation(s)

The Public Trust Board is asked to:

a. **NOTE** the performance

b. **SEEK** assurance around key outliers

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*

Board Assurance Framework Risk 01		*Deliver safe, high-quality care.*					
Board Assurance Framework Risk 02		*Make best strategic use of its resources*					
Board Assurance Framework Risk 03		*Deliver the MMUH benefits case*					
Board Assurance Framework Risk 04		*Recruit, retain, train, and develop an engaged and effective workforce*					
Board Assurance Framework Risk 05		*Deliver on its ambitions as an integrated care organisation*					
Equality Impact Assessment	Is this required?	Y		N		If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N		If 'Y' date completed	

Report to the Public Trust Board on 5th October 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. A few of the new metrics require targets agreeing.

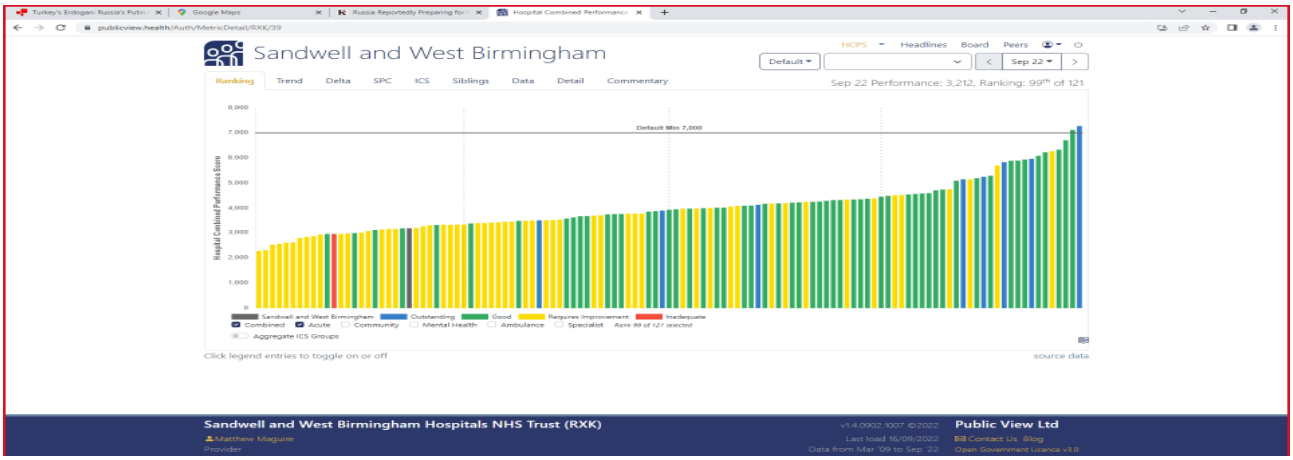
3. Board Level Metrics

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. In doing so we benchmark against other acute and combined trusts.

- Emergency Care 4 hour – Good [Aug22]
- RTT incomplete pathways – Good [Jul22]
- 62-day cancer - Requires Improvement [Jul22]
- SHMI mortality ratio – Requires Improvement [Apr22]
- Friend and Family Test recommended – Inadequate [Jun22]
- Complaints per 1000 WTE – Inadequate [Q4 21/22]
- Day lost to Sickness Absence – Inadequate [Apr22]

3.2 Our latest ranking in Public View for our overall Hospital Combined Performance Score (rolling 12 months) is 99/121. This is the first time we have been in the top 100 since April 2021.

3.3 We now have 4 trusts ranked "Good" below us.



4. Key Points of note for Committees

4.1 **Patient**

4.1.1 Our complaints per 1000 Whole Time Equivalents (WTE) are high. For Q4 21/22 (March 22) we rank 113/119 trusts. In August 22, it is worthy of note that our number of complaints is half what it was in March 22. If we can maintain this our ranking will improve.

4.1.2 Our Summary Hospital Mortality Index (SHMI) ranking improved once again from 75 in March 2022 to 73/122 in April 22. We now have over 20 trusts rated as Good below us.

4.1.3 Our patient safety incidents of moderate harm or above are below our mean but above our target.

4.1.4 Our proxy measures for safe staffing show an over recruitment of band 5 nurses set against doctor staffing levels that are below target.

4.1.5 Our Friends and Family combined scores remain low (June22). All 4 areas visible in public view benchmark in the bottom quartile ranging from 89/105 (Birth) to 108/117 (Inpatient).

4.1.6 Our 4-hour Emergency Department performance is just above 73% against a target of 95%. Despite this, our ranked performance has improved again and we are now ranked 30/107. Our Ambulance handovers exceeding 30 minutes are showing significant statistical variation between 15-20%.

4.1.7 Our Referral to treatment performance within 18 weeks is at 63% against a target of 92%. Despite this performance we are ranked 54/119 in July 2022.

4.1.8 Our 62-day referral to treatment target for Cancer is 60.7% against a target of 85%. We have improved our position from 77th to 70/121 in the last month.

4.1.9 Financially we are £8.7m adrift of a £17m deficit plan after 5 months. We are underspending against our capital plan (excluding MMUH) by ~£6.5m. There is a question here about how the graph is represented as underspend is currently seen as positive. We have cash balances that are ~£32m above our plan.

4.2 **People**

4.2.1 Our sickness absence rates continue a statistically significant rise and are more than 50% above our target. In April 2022 we rank 93/121.

4.2.2 Our staff turnover rates are stable but above the monthly target.

4.2.3 Our pulse survey has improved over the last two quarters but remains around 18% below our target.

4.3 **Population**

4.3.1 Our 2-hour community response time has dropped to 73% (just above its 70% target), the revalidation of the position meant that July 2022 saw 94% performance but based on a lower number of people requesting Urgent community response.

4.3.2 The admission avoidance graph is a combination of our efforts to avoid admissions using: covid-19 virtual wards; hospital at home; and frailty intervention and now including the other admission avoidance performed by the community teams. In the last year our admission avoidance has dropped from a peak of nearly 800 in July 2021 to 500 in July 2022.

4.3.3 Readmissions remains stable and on target.

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.

4.3.5 Length of stay in pathways 1-4 are stable with very little variability, since we started recording using the new system VIDS in April 2022. We have no built the graph for Pathway 0 as well albeit that the data points are currently too few to draw any firm conclusions.

4.3.6 Our occupied bed days are tracking at a level that would breach our MMUH plans. Geriatric and Cardiology beds are the key concern here. Geriatric bed day usage is showing another spike in July 2022 and Cardiology is seeing a downward trend in usage it may be that if this is dramatically altered when spells are eventually discharged, we may have to report two months in arrears to capture the true position by specialty.

5. Recommendations

5.1 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

22 September 2022

Annex 1: Board Level Metrics August 2022