



Sandwell and West Birmingham

NHS Trust

Report Title:	Board level metrics and IQPR exceptions		
Sponsoring Executive:	Dave Baker (Director of Partnerships and Innovation)		
Report Author:	Matthew Maguire (Associate Director Performance/Strategic Insight)		
Meeting:	Trust Board (Public)	Date	2 nd March 2022

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

The Board is asked to note/acknowledge:

- 1) Our short-term absence – Despite covid-19 sickness reducing our overall sickness rates continue to grow, driven by short term sickness absence.
- 2) A format change to the overview of the Board level metrics so that the key points are set out under each of the Non-Executive led committee headings and linked to their corresponding Board Level Metrics.

For noting: 1 never event in January 22– air/oxygen inlet port, this has already been discussed at board and at Q&S; continued decrease in performance in diagnostics (DM01) between November 21 (71%) to January 22 (65%), this was discussed at Operational Management Committee and Quality & Safety Committee.

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 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 *[where has this paper been previously discussed?]*

OMC, CLE, Q&S

4. Recommendation(s)

The Trust Board are asked to:

- a. **NOTE** the increase around short-term sickness absence
- b. **NOTE** the performance
- c. **ACKNOWLEDGE** the intent to amend the overview report to align with the Non-Executive led committees and their corresponding Board Level Metrics

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

Trust Risk Register	X	Numerous				
Board Assurance Framework	X	SBAF 11: Labour Supply and SBAF 14: Amenable Mortality				
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 HOSPITALS NHS TRUST

Report to the Board: 2nd March 2022

Board level metrics and IQPR exceptions

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 The process/system for collecting nurse staffing levels at each ward, three times a day has been agreed and developed. A meeting is being arranged by the Diane Eltringham (Deputy Chief Nurse) to agree how this will be launched.
- 2.2 Perfect Ward data is now available and in the board level metrics with targets. The growth in volume of inspections is significant and now above target with the average score getting close to its target.
- 2.3 The Inequality Metrics are now benchmarked to our local population. We have identified any variance over 10% in red and any variance under 10% in yellow. We continue to work on this and will need to broaden the variation range to pick out a fewer number of outliers.
- 2.4 The Director of Partnerships and Innovation has an action to discuss the removal of Patient Reported Outcome Metrics (PROMS) from the Board Level Metrics at Performance Management Committee (PMC) In April.
- 2.5 A meeting has been held between Performance and Insight (P&I) and Communications to discuss how we include Pulse/National Survey data into the board level metrics to show progress over time. We are expecting now to show a time series graph next month with radar graph showing performance.
- 2.6 We have written to the following people for targets for their indicators:
- Community Contacts from Mike Carr
 - Imaging Investigations from Martin Chadderton (Improvement)

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 style rating.

- E-Coli is Outstanding
- C-Difficile is Good
- MRSA is Good
- 62 day cancer is Good
- Emergency Care 4 hour is Good
- RTT incomplete pathways is Requires Improvement
- Our SHMI mortality ratio is Inadequate
- Friend and Family Test is Inadequate
- Day lost to Sickness Absence is Inadequate

4 Inequalities

- 4.1 We have increased the number of our Board Level Indicators showing index of multiple deprivation (IMD) and ethnicity.
- 4.2 We have now included the proportions of the Sandwell and West Birmingham population that relate to:
- Ethnicity;
 - Multiple Deprivation– although these are based on the quintiles and calculated into deciles for our use which may cause some distortion and therefore may be worth regrouping. We are looking into this further.

5. Recommendations

- 5.1 The Board are asked to:
- **NOTE** the increase around short-term sickness absence
 - **NOTE** the performance and seek assurance on the key areas outlined
 - **ACKNOWLEDGE** the intent to amend the overview report to align with the Non-Executive led committees and their corresponding Board Level Metrics

Matthew Maguire
Associate Director of Performance and Strategic Insight

23rd February 2022