

REPORT TITLE:	Board Level Metrics		
SPONSORING EXECUTIVE:	Dave Baker (Chief Strategy Officer)		
REPORT AUTHOR:	Matthew Maguire (Associate Director Performance/Strategic Insight)		
MEETING:	Public Trust Board	DATE:	8 th June 2022

1. Suggested discussion points <i>[two or three issues you consider the Trust Board should focus on in discussion]</i>
<p>The Board level metrics now has a section for each of the Committees. Key points under each are set out in the supporting document. The main discussion points are:</p> <ul style="list-style-type: none"> • High sickness levels continue, however latest bench marking data (Nov 21) shows an improvement out of the bottom quartile from 186th to 149th out of 214. Operational Management Committee has referenced sickness as a cause of issues (particularly in Surgery) e.g. SitRep late cancellations and 28- day cancellations in theatres. • With the imminent introduction of “Allocate” the Performance Management Committee have agreed to use vacancy levels at Band 5 and HCA level, coupled with oversight from the Chief Nurse as a proxy for safe nurse staffing. • The removal of the board level metric “Friends and Family Test Response Rate” as per NHSE/I guidance.

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>
All Board Committee’s in April 2022

4. Recommendation(s)
The Public Trust Board is asked to:
a. NOTE the performance and changes

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 [Safeguard Risk Nos]						
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 NHS TRUST

Report to the Public Trust Board on 8th June 2022

Board Level Metrics

1. Introduction or background

- 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 Covid Virtual Ward is a new metric under population which measures the number of people who have been admission avoided by monitoring them in their own home. We have included this for now and will look to rationalise the Board Level Metrics at a point after all the Population metrics have been agreed.
- 2.2 Until the new rostering system “Allocate” is in place the Performance Management Committee has agreed that the safe staffing indicator will be replaced with the vacancies for nurse band 5 and vacancies for HCA, we have obtained that data from ESR for the last 3 years and the graphs are now available in the indicators.
- 2.3 Two further new indicators were requested:
- 2.3.1 The total number of West Midland Ambulance Service (WMAS) ambulances taking more than 30 minutes to handover has been added to the Board Level metrics.
- 2.3.2 The total number of West Midland Ambulance Service (WMAS) intelligent conveyances to each hospital site – the data has been requested from WMAS.
- 2.4 We have a met with the respective lead for Community Contacts to agree a target. The Group are now, instead, looking for a metric that demonstrates reduced attendances/admissions (outcomes) for a certain cohort rather than activity.
- 2.5 The Staff Survey graph has been amended to show the baseline measurement from November 2019 (blue) and the current measurement from March 2022 (red), this shows movement over time.

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.
- MRSA - Outstanding

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

3.2 We are considering the use of the Midland Metropolitan University Hospital, Imaging modelling as the imaging examinations target, this will be presented in next month's paper.

3.3 As the Board Level metrics embed, we are seeing increasing numbers emerge without any being removed. The Executive have agreed to carry out a review to rationalise these back down to 24 over the next three months. This will provide time for the population metrics to evolve, for some new ones to be added (e.g. ambulance handovers), for some metrics to be consolidated (e.g. incidents) and for some to be removed. It will also provide an opportunity for us to reconsider them against the Public View Hospital Combined Score Indicators and for us to assess whether we want to stick with infection indicators that are "hospital onset" or "all cases" thus reflecting our oversight of the whole care chain.

4. **Committees**

4.1 Quality and Safety Committee

4.1.1 **Sepsis – treated within 1 hour** – we are using the 95% performance target. We now require the clinicians to follow the process and mark patients as "not sepsis" following a NEWS score indicating the possibility of sepsis to improve the performance – we are seeing steady improvement over several months.

4.1.2 **Safer Staffing – Nursing** - The use of Band 5 vacancies and HCA vacancies as a proxy for safe staffing levels was accepted until the new rostering system is in place next year. These indicators have been built.

4.1.3 **Family and Friends Test (FFT) recommended** – we are using a combined FFT scores for Emergency Department, Inpatient, Outpatient, Maternity and Postnatal care. Of the 4 trusts in the Black Country ICS our performance is the lowest in A&E and Inpatients.

4.1.4 **Emergency Readmissions** – we have seen an improvement in our performance since April 2021.

4.1.5 **Same Day Emergency Care** – we need to see an improvement in the provision of activity in the correct location and away from the Emergency Department (ED) so that we fit in to the Midland Metropolitan University Hospital (MMUH). We have seen an improvement in this metric during February to April 2022.

4.1.6 **MRSA Screening** – Infection control has increased the number of exclusions and so performance has slightly improved.

- 4.1.7 **Summary Hospital-Level Mortality Index (monthly)** – we are seeing common cause variation.
- 4.1.8 **Hospital Standardised Mortality Rate (HSMR)** – since the last wave of Covid19 we have seen a reduction in our HSMR below the mean but still higher than expected.
- 4.1.9 **Serious Incidents** – we have seen an astronomical data point where we have three times the number of serious incidents to the average (mean), this is due to several historical incidents around hospital acquired covid infection being recorded in month. We are working with the relevant teams to have these moved to the relevant incident date which will flatten the spike.
- 4.1.10 **Patient Safety (Moderate harm or above)** - we have twice as many incidents as normally reported, again this is due to several historical incidents around hospital acquired covid infection being recorded in month. We are working with the relevant teams to have these moved to the relevant incident date which will flatten the spike.
- 4.1.11 **DM01** – we have found that we are missing circa 6000 imaging waiting list records, this equates to ~600 will over 6 weeks and ~5500 under 6 weeks. Our partner Modality stated that this was due to insufficient administration support. We are working through this with them.
- 4.2 Finance, Investment & Performance Committee
 - 4.2.1 **Cancer performance** (March 22) – we met the performance target for 2 week waits and breast symptomatic; we failed cancer 31-day and 62-day targets. Operational Management Committee (OMC) has discussed a series of issues to resolve including patient choice, Covid-19, histology reporting issues, imaging (access to scans).
 - 4.2.2 **SitRep late cancellations** – Last month we reported 69 late cancellations, we have reduced this by more than half and are now at 30 against a target of 20 per month.
 - 4.2.3 **28 Day Breaches** – We have 9 x 28-day breaches in April 2022 (where we cancel a patient and then do not get them back into surgery within this national guarantee) with 6 x 28-day breaches in the month of March 2022.
 - 4.2.4 **RTT** – Although we have seen the number of patients waiting over 104 weeks reduce, the total number of people waiting for treatment is approximately 56,193. Our backlog (which is over 18 weeks) has grown from 9,734 in November 2020 to 19,512 in March 2022.
 - 4.2.5 **Underlying Deficit** – the trust declared a £31million underlying deficit which includes the use of all reserves to improve this figure. With income support from the ICS this may be reduced to ~£12m.
 - 4.2.6 **Emergency Care indicators** – these now include activity from Virgin Healthcare activity from its Summerfield location (West Birmingham). The desired indicator should now be

adjusted accordingly.

4.3 People and Organisational Development Committee

4.3.1 **Sickness Absence** – This remains above 4.5% target (6.7%) and is impacting our ability to deliver services particularly in Surgery. Nevertheless, our last reported benchmarking position in November 21 saw us climb out of the bottom quartile using Public View.

4.3.2 **Nurse Turnover** – The target is 10.7% and we have been reporting over 11% for 11 consecutive months, April 2022 at 13.1%.

4.4 Integration Committee

4.4.1 **Covid – Virtual Ward** - is a new metric in the population section of the board level metrics, it measures the number of patients who we monitor at home rather than admitting them into hospital (admission avoidance).

4.4.2 **Hospital at Home** – these are patient we are positively managing in their own homes avoiding a hospital admission.

4.4.3 **Urgent Community Response** – we need to increase the number of patients who access this service to reduce emergency admissions.

5. Recommendations

5.1 The Public Trust Board asked to:

a. **NOTE** the performance and the changes

Matthew Maguire
Associate Director of Performance and Strategic Insight

27/05/20202

Annex 1: Board Level Metrics