

<b>REPORT TITLE:</b>	Board Level Metrics		
<b>SPONSORING EXECUTIVE:</b>	David Baker (Chief Strategy Officer)		
<b>REPORT AUTHOR:</b>	David Baker (Chief Strategy Officer)		
<b>MEETING:</b>	Public Trust Board	<b>DATE:</b>	07/09/2022

<b>1. Suggested discussion points</b> <i>[two or three issues you consider the Trust Board should focus on in discussion]</i>
<p>This is the first version of the new Board level metrics covering patients, people and population. Key Points of note are:</p> <ul style="list-style-type: none"> <li>• Imaging - Urgent GP Reporting (GP 5) Turnaround Time &lt;=5d: In July we reported the lowest figure at 27.2% compared to last month which was at 43.3% (target 90%). The Imaging Directorate are producing a paper which will go to Committees requesting that GP Direct Access be turned off as a method of referral into the service.</li> <li>• Finance – we are £5.5m adrift of a £17m deficit plan after 4 months.</li> <li>• MMUH Occupancy – we have a significant gap between our planned bed base/occupancy levels in MMUH and our demand.</li> <li>• Never Event – there was a never event in July 2022 this was a wrong administration of a drug (intravenously which should have been administered orally).</li> <li>• SHMI continues to improve further after a prolonged period of focussed work.</li> </ul>

<b>2. Alignment to our Vision</b> <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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<b>3. Previous consideration</b> <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
All of July 2022 committees.

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

<b>5. Impact</b> <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	<input type="checkbox"/>	N	<input type="checkbox"/>	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	If 'Y' date completed	

# SANDWELL AND WEST BIRMINGHAM NHS TRUST

## Report to the Public Trust Board on 7 September 2022

### Board Level Metrics

#### 1. Introduction or background

- 1.1 In July 2022 the Clinical Leadership Executive (CLE) 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 Most of the new metrics have been developed. A couple require work around definition or build. A number of the new ones need 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
- RTT incomplete pathways - Good
- Day lost to Sickness Absence - Requires Improvement
- 62-day cancer - Requires Improvement
- SHMI mortality ratio – Requires Improvement
- Friend and Family Test recommended – Inadequate
- Complaints per 1000 WTE – Inadequate

- 3.2 Our latest ranking in Public View for our overall Hospital Combined Performance Score is 108/121.

#### 4. Key Points of note for Committees

##### 4.1.1 Patient

- 4.1.1.1 Our complaints per 1000 Whole Time Equivalents (WTE) are high. For July 2022 we rank 113/119 trusts.

- 4.1.1.2 Our Summary Hospital Mortality Index (SHMI) improved once again to 102 in February 2022. This moves our rank to 75/121 (March data) and, therefore, out of the bottom quartile.

- 4.1.1.3 Our patient safety incidents of moderate harm or above are below our mean but above our target.
- 4.1.1.4 Our proxy measures for safe staffing show an over recruitment of band 5 nurses set against doctor staffing levels that are below target.
- 4.1.1.5 Our Friends and Family combined scores remain low. All 4 areas benchmark in the bottom quartile ranging from 89/105 (Birth) to 108/117 (Inpatient).
- 4.1.1.6 Our 4-hour Emergency Department performance is just above 70% against a target of 95%. Despite this performance we are ranked 44/106. Our Ambulance handovers exceeding 30 minutes are showing significant statistical variation since June 2021 but seem to have levelled out at around 17%.
- 4.1.1.7 Our Referral to treatment performance within 18 weeks is at 65% against a target of 92%. Despite this performance we are ranked 54/119 in July 2022.
- 4.1.1.8 Our 62-day referral to treatment target for Cancer is 56% against a target of 85%. We have moved out of the bottom quartile, now ranking 77/121.
- 4.1.1.9 Financially we are £5.5m adrift of a £17m deficit plan after 4 months. We are underspending against our capital plan (excluding MMUH) by ~£5.5m. There is a question here about how the graph is represented as underspend is currently seen as positive. We have cash balances that are ~£22m above our plan.

#### **4.1.2 People**

- 4.1.2.1 Our sickness absence rates continue a statistically significant rise and are more than 50% above our target. In March 2022 we rank 61/121.
- 4.1.2.2 Our staff turnover rates are stable but above the monthly target.
- 4.1.2.3 Our pulse survey remains around 18% below our target. We do have new data from July 2022 and looking to add the latest data points.

#### **4.1.3 Population**

- 4.1.3.1 Our 2-hour community response time has dropped to 67% (just below its 70% target) for the first time in 9 months but remains stable. The urgent community response team calculation requires further validation with the team as although the team are contacted not all patients continue along the 2-hour response service, some are redirected to other services and need to be removed from the calculation. The service believes its current

performance would be around 76% when the other services patient are removed from the calculations.

4.1.3.2 The admission avoidance graph is a combination of our efforts to avoid admissions using: covid-19 virtual wards; hospital at home; and frailty intervention. Overall, we are 40 admission below our monthly target for these initiatives. We will also look to include data around epi-centre in future months.

4.1.3.3 Readmissions remains stable and on target.

4.1.3.4 Length of stay in pathways 1-4 are reducing since April 2022. We are working to refine the data around pathway 0 as a number of spells are allocated to “null” rather than a specific pathway. We plan to treat these as pathway 0 in the future.

4.1.3.5 Our occupied bed days are tracking at a level that would breach our MMUH plans. Geriatric and Cardiology beds are the key concern here.

## **5. Recommendations**

5.1 The Board is asked to:

- a. **NOTE** the performance
- b. **SEEK** assurance around key outliers

Dave Baker  
Chief Strategy Officer

30/08/2022

## **Annex 1: Board Level Metrics July 2022**