

REPORT TITLE:	People Metrics					
SPONSORING EXECUTIVE:	James Fleet, Interim Chief People Officer					
REPORT AUTHOR:	Matthew Maguire (Associate Director of Performance and Strategic Insight)					
MEETING:	Public Trust Board			DATE:	13 th March 2024	
1.	Suggested discussion points <i>[two or three issues you consider the Trust Board should focus on in discussion]</i>					
<p>Each member of the Executive Team has personally provided their own exception reporting and commentary to the area for which they are the lead within the People Strategic Objective.</p> <p>This adds a further strengthening to the ownership and accountability where improvements are required in the main Board Level Metrics/ IQPR Report.</p>						
2.	Alignment to our Vision <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>					
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 <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>					
People Committee						
4.	Recommendation(s)					
The Trust Board has asked to:						
a.	RECEIVE and NOTE the report for assurance					
b.	DISCUSS the escalations					
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 <small>[Safeguard Risk Nos]</small>						
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 NHS TRUST

Report to the Public Trust Board on 13th March 2024

People Metrics

1. Background

1.1 'Board Level Metrics' are a rationalised set of priority metrics for the Board to focus on. The metrics are shown below, aligned against our three strategic objectives (Patients, People, Population) and our 2023/24 annual plan. Whilst this is a rationalised set of metrics to generate higher quality discussions and assurance, we also monitor our existing Integrated Quality and Performance Report (IQPR) which tracks over 200 metrics. Any performance exceptions from the IQPR are included in this report. This report shows data in Statistical Process Control (SPC) charts using the NHS 'Make Data Count' house style of reporting. Further detail on how to interpret SPC charts including the plain English descriptions of performance icons is shown in annex 1.

1.2 People

1.3 The initial results for the 2023 annual staff survey have been provided by Picker, but are under embargo until 10th March, when the staff survey results are published nationally. These indicate an improvement from the previous year, and the 23rd highest improvement in survey results from the previous year compared to peers.

1.4 The Q4 NHS Quarterly PULSE survey ran during January 2024, with a 40% response rate. This is the highest response rate we have achieved. A programme of work to fully analyse the staff survey feedback data, develop high impact improvement actions and to mobilise these has already started, with a Trust wide launch event for the Care Group Staff planned for March which is being supported by Michael West and the Affina OD team, with strong alignment to the ARC Compassionate Leadership programme and ARC Team effectiveness Programme.

2023/24 Annual Plan on a Page







Our 14 Objectives for 2023/24



6 High Impact Objectives



2. Performance Overview: Annual Plan Objectives

(+) indicates improvement from last month, (-) indicates worsening from last month.

		Assurance		
		Passing the Target / Plan 	Hit & Miss the Target 	Failing the Target / Plan 
Variation	Special Cause Improvement 		Urgent Community Response Contacts (+)	

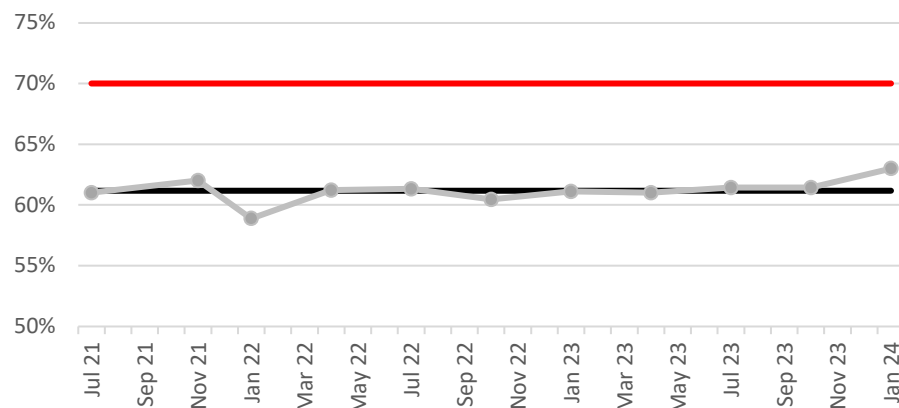
<p>Common Cause Variation</p> 		<p>Friends & Family Test</p> <p>Urgent Community Response – 2 Hour Performance</p>	<p>62 Day (urgent GP referral to treatment) Excluding Rare Cancers</p> <p>Staff survey</p> <p>RTT-Incomplete Pathway Pts waiting >65 weeks</p>
<p>Special Cause Concern</p> 		<p>Emergency Access Standard (EAS) Performance</p>	<p>DM01 (-)</p>
<p>Not an SPC Chart</p>		<p>Patient Safety Incidents</p> <p>Train leaders</p> <p>Elective Activity</p>	<p>Income & Expenditure</p> <p>Bank & Agency Spend</p> <p>Occupancy & Bed Closure Plan</p> <p>Patient Safety Incidents: Moderate Harm or Above</p>
<p>Annual plan objectives delivery to date</p>	<p>0%</p>	<p>47%</p>	<p>53%</p>

People

People Committee Indicators

To improve staff experience from 60% to 70% (combined engagement score)

Combined Staff Engagement Score & Quarterly Pulse



Analyst Commentary:

SPC Chart The engagement score is a quarterly measure tracking 9 consistent questions through the pulse / staff survey. It is measured 4 times per year, 3 via quarterly pulse and 1 via annual staff survey.

The SPC chart is in common cause variation and there are not enough data points to calculate control limits.

We are 94th out of 120 on Public View [Quarter 3 22/23]. The median target from Public View is 66.91%.

Target Source: Local

Radar Diagram The baseline (November 2019) is taken as a pre-COVID position.

Executive Commentary:

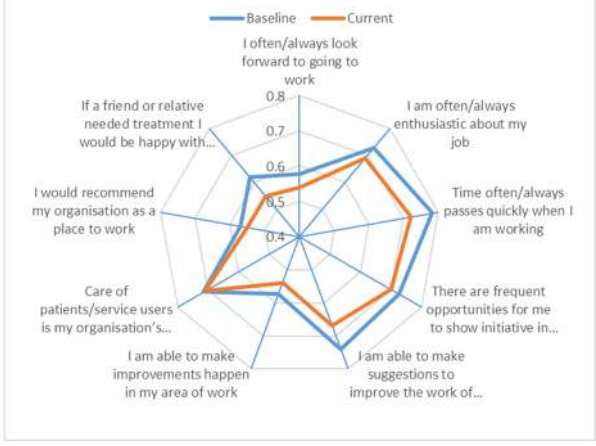
The national NHS Annual Staff Survey ran between 2nd October and 30th November 2023. All staff employed on 1st September 2023 were invited to complete the online survey. 29% of staff completed the 23/24 annual staff survey. This was the Trust's lowest response rate.

The Q4 NHS Quarterly PULSE survey ran between 2nd and 30th January 2024. 40% of staff completed the 23/24 Q4 PULSE survey, the highest response rate that SWB has achieved to date and is likely the cause for the improved engagement score seen in Jan 24. Improving the response rate for the annual staff survey and the quarterly Pulse surveys has been established as one of the Trust's 6 in-year priority objectives in the Strategic Planning Framework (SPF).

The survey results have now been released, under embargo until 7th March. Rapid analysis of the results has been completed and a formal paper is being presented to the March Trust Board, summarising the survey results and setting out the programme for delivering improvements in staff engagement and satisfaction, through targeted OD interventions, launching Group People Engagement Teams as well as Executive deep-dives in the areas with the poorest performance.

In summary, whilst there have been some improvements in the Trust's performance in both of these surveys, compared to previous survey results, the most recent staff survey results place the Trust below the national comparator group for all of the People Promises and Themes. These results highlight that the experience of many staff within the Trust falls short of the ambitions set out within the SWB People Plan.

Staff Survey
(this includes National and Pulse result)



7823 Invited to complete the survey	7822 Eligible at the end of survey	29% Completed the survey (2301)	46% Average response rate for similar organisations	38% Your previous response rate
55% q25c. Would recommend organisation as place to work	Comparison to 2022**		Comparison with average**	
55% q25d. If friend/relative needed treatment would be happy with standard of care provided by organisation	<ul style="list-style-type: none"> Significantly better Significantly worse No significant difference 		<ul style="list-style-type: none"> Significantly better Significantly worse No significant difference 	
70% q25a. Care of patients/service users is organisation's top priority	<small>**Rank order survey results are presented in separate reports for those organisations who took part **Chart shows the number of questions that are better, worse, or show no significant difference</small>			

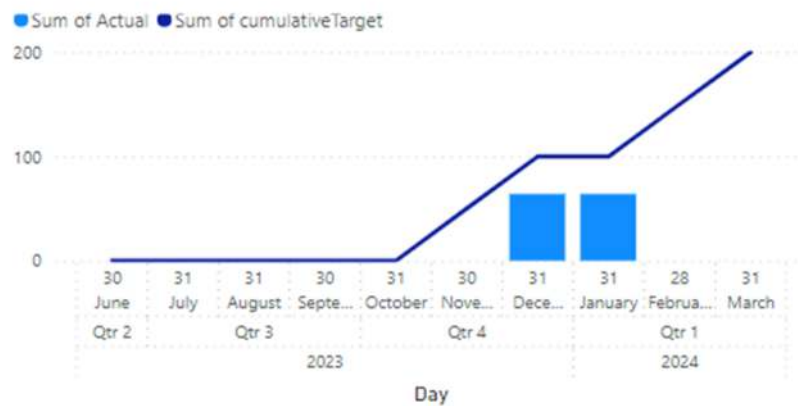
An event to launch the staff survey improvement actions, with a cross-section of staff from across the Trust is planned for 18th March 2024, supported by Affina OD team and Prof Michael West. This approach aligns strongly with the ARC Compassionate Leadership programme and ARC Team effectiveness Programme.

Action	By who	By when
Clinical Group to attend POD to present updates on Staff Survey actions	Chief People Officer	April 2024
Annual Framework for improving Trust's response rates and engagement scores	Chief People Officer	November 2024 - complete
Roll out of improvement approach to People Engagement to support development of responses to the survey at Group level.	Chief People Officer	March 2024

People

To develop 200 leaders in compassionate and inclusive leadership, restorative people management, and in safety and service innovation - **Top 6 objective**

Cumulative Trajectory For Senior Leaders



Analyst Commentary:

The chart shows the planned training figures for senior leaders by their planned course completion dates. People trained will show on the bar chart as a run rate against the bar chart. This data shows those leaders that have completed Day 2 of their Compassionate and Inclusive Leadership course (indicating completion of the training).

Executive Commentary:

The Trust annual plan requires us to train 200 leaders in module 1 of the ARC Leadership Training (Compassionate and Inclusive Leadership) by the end of March 2024. 300 leaders have confirmed their attendance on the cohorts scheduled to take place between September to March 24. Out of which 75 leaders and managers are from the eight MMUH High Priority Transformation areas.

171 have attended the introductory session and 111 staff have completed day 1 training. 63 have completed Day 2 training. Current operational capacity is impacting on attendance and therefore additional cohorts have been rolled out to enable people to attend. 386 staff have attended the Compassionate Caregiver Team Member Training with an additional 155 delegates booked to attend session. Over 60 senior leaders including the Executive and Board Members attended the board development session on Compassionate and Inclusive Leadership led by Prof Michael West in December.

A forward plan for the delivery of the next phase of Module 1 (including prioritisation of MMUH high priority teams) and the roll out of module 2 and 3 has been developed following input from Groups and is being taken through the February Committee cycle.

<i>Action</i>	<i>By who</i>	<i>By when</i>
Launch leadership training programme for the first 200 leaders	Director of People and OD	May 2023 –launched
200 leaders to complete module 1 of the ARC programme	Director of People and OD	March 2024
Board and senior leader session on module 1 scheduled to take place on 13 th December	Director of People and OD	December 2023 -complete
Modules 2 and 3 design and roll out to be agreed	Director of People and OD	April 2024

People: Summary Table

People Committee

MetricName	Date	Target	Measure	Variation	Assurance	Change since prev month
ER Casework - Avg Days over target date	2024-01	50.00	144.00			
ER Open Casework - Count	2024-01	20.00	38.00			
PDR	2024-01	90.00	82.67			
Senior Leaders Directors & Chief Exec (BAME)	2024-01	20.00	18.18			
Senior Leaders Directors & Chief Exec (Disability)	2024-01	1.00	0.00			
Senior Leaders Directors & Chief Exec (Female)	2024-01	50.00	54.55			
Senior Leaders Directors & Chief Exec (LGBT)	2024-01	1.00	0.00			
Senior Leaders -AFC (BAME)	2024-01	30.00	30.89			
Senior Leaders -AFC (Disability)	2024-01	4.00	4.55			
Senior Leaders -AFC (Female)	2024-01	79.00	79.17			
Senior Leaders -AFC (LGBT)	2024-01	3.50	3.19			
Senior Leaders -Consultants (BAME)	2024-01	68.00	68.37			
Senior Leaders -Consultants (Disability)	2024-01	2.00	1.36			
Senior Leaders -Consultants (Female)	2024-01	31.00	32.31			
Senior Leaders -Consultants (LGBT)	2024-01	2.00	1.02			
Senior Leaders: BAME	2024-01	40.00	38.15			
Senior Leaders: Disability	2024-01	5.00	3.96			
Senior Leaders: Female	2024-01	74.00	70.03			
Senior Leaders: LGBT	2024-01	4.00	2.75			
Sickness-In Month	2024-01	5.50	5.95			
Subject Compliance	2024-01	95.00	95.07			
Time to Hire (Days)	2024-01	67.00	82.00			
Turnover	2024-01	13.00	12.63			
Vacancies	2024-01	9.00	13.71			

Senior Leaders Calculation: Senior Leaders (AFC Band 7+, Medical Consultants, Very Senior Management) of each individual indicator e.g. Female divided by the full cohort of Senior Leaders.

Note: Metrics provided by ESR team.

3. Recommendations







- 3.1 The Public Trust Board is asked to:
- a. **NOTE** performance against annual plan objectives.
 - b. **NOTE** relevant escalations.

Name: Matthew Maguire, Associate Director – Strategic Performance & Insight

Date: 15th December 2023

Annex 1: How to Interpret SPC Charts

How to Interpret Statistical Process Control Charts

		Assurance		
		Passing the Target / Plan 	Hit & Miss the Target 	Failing the Target / Plan 
Variation	Special Cause Improvement 	Good and getting better We consistently pass the target, and performance is improving	Ok but getting better We hit the target sometimes and performance is improving	Poor but getting better We consistently fail the target, but performance is improving
	Common Cause Variation 	Predictably good We consistently pass the target and performance stays within a reliable range	Ok We hit the target sometimes but performance stays within a reliable range	Predictably poor We consistently fail the target and performance stays within a reliable range
	Special Cause Concern 	Good but getting worse We consistently pass the target but performance is worsening	Ok but getting worse We hit the target sometimes but performance is worsening	Poor and getting worse We consistently fail the target and performance is worsening
	Not an SPC Chart	Good We don't track this using an SPC chart, but it is hitting the target or plan	Ok We don't track this using an SPC chart, but it is occasionally passing the target or plan – but not consistently	Poor We don't track this using an SPC chart, but it is consistently failing the target or plan

A Statistical Process Control (SPC) chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data which are unlikely to have occurred due to chance and require investigation.

Special Cause Variation is statistically significant patterns in data which may require investigation, including:

- Trend: 6 or more consecutive points trending upwards or downwards
- Shift: 7 or more consecutive points above or below the mean
- Outside control limits: One or more data points are beyond the upper or lower control limits

Orange indicates a decline in performance; Blue indicates an improvement in performance.

The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes a number of videos explaining the approach and a series of case studies – these can be accessed via the following link - improvement.nhs.uk/resources/making-data-count