Paper ref:	TB Public (07/23) 003

PATIENTS PEOPLE POPULATION

NHS
Sandwell and West Birmingham
NHS Trust

REPORT TITLE:	Population Metrics		
SPONSORING EXECUTIVE:	Daren Fradgely, Managing Director / Deputy Chief Executive Officer		
REPORT AUTHOR:	Matthew Maguire (Associate Director of Performance and Strategic Insight)		
MEETING:	Public Trust Board	**DATE:**	5th July 2023

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

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 Population Strategic Objective.

This adds a further strengthening to the ownership and accountability where improvements are required in the main IQPR Report.

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?]*

4. Recommendation(s)

The Trust Board has asked to:

a. **RECEIVE** and NOTE the report for assurance

b. **DISCUSS** the escalations

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	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	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

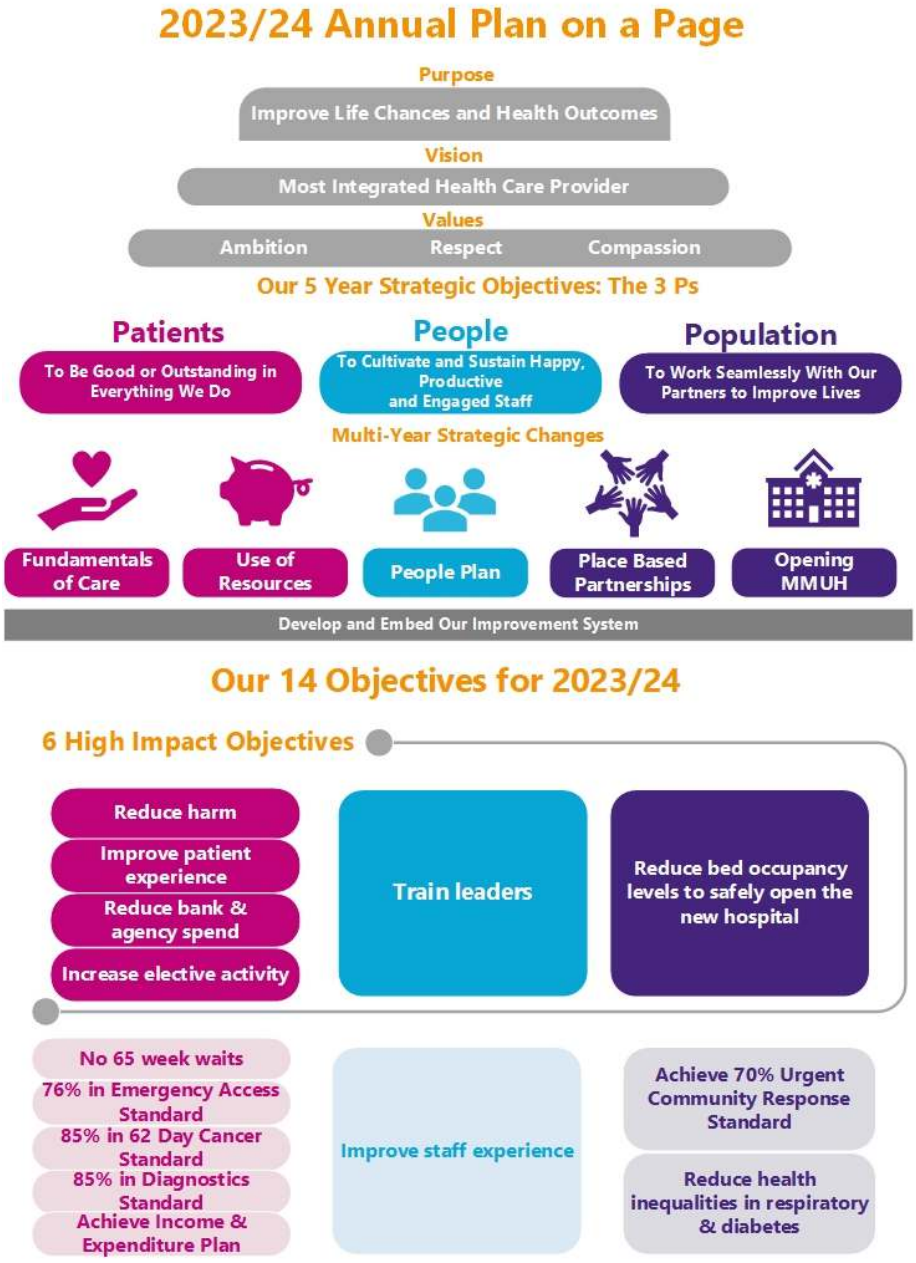
SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 12th July 2023

Population 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.



2. 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.

3. Performance Overview: Annual Plan Objectives

		Assurance		
		Passing the Target / Plan	**Hit & Miss the Target**	**Failing the Target / Plan**
Variation	**Special Cause Improvement**			65+ 18 weeks referral to treatment
	Common Cause Variation		Patient Safety Incidents – Moderate Harm or Above Emergency Care – 4 hour waits	62 Day (urgent GP referral to treatment) Excl Rare Cancers DM01 6 Week wait target Staff engagement
	Special Cause Concern		Patient Safety Incidents Occupied Bed Days Urgent Community Response	
	Not an SPC Chart	Elective activity	Friends & Family Test	Income & Expenditure Bank & Agency Spend

Committee escalations

3.1 **Integration Committee**

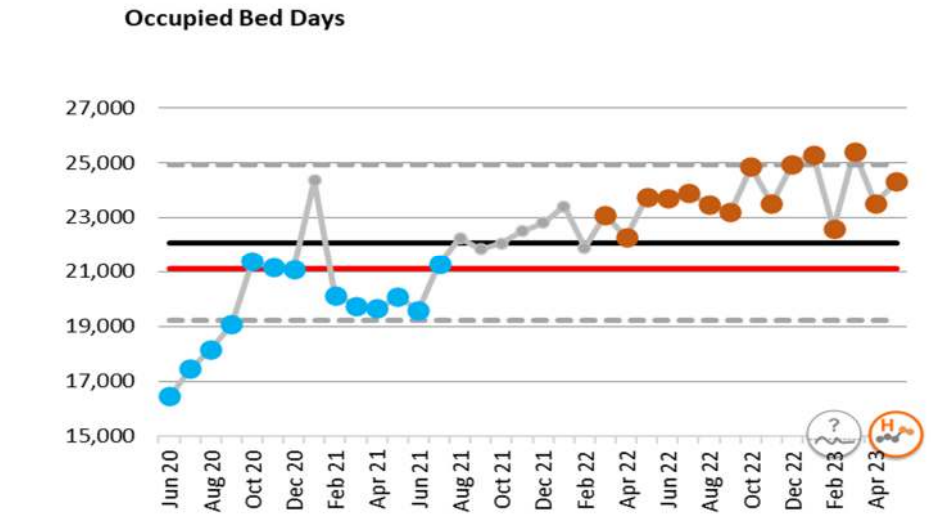
3.1.1 No escalations identified; discussion should focus on the relevant annual plan objectives.

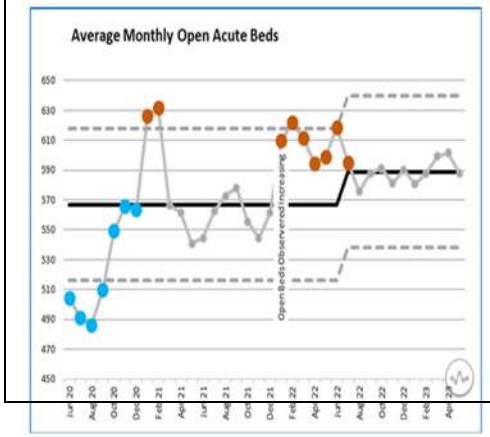
3.2 **Midland Metropolitan University Hospital Opening Committee**

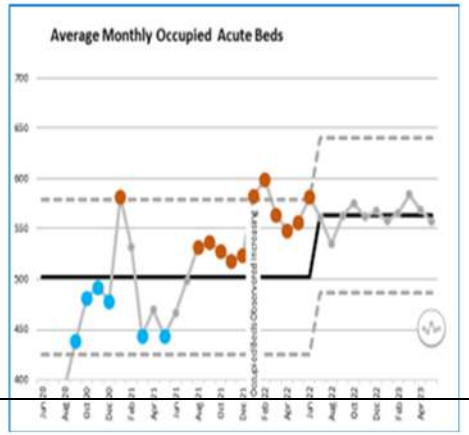
No escalations identified; discussion should focus on the relevant annual plan objectives.

Population

To reduce the acute care occupied beds by 86 in line with our plans to fit into the new Midland Metropolitan Hospital - Top 6 objective







Analyst Commentary:

This process is in special cause concerning variation.

Target Source: Beds opening in Midland Metropolitan University Hospital and based on the anticipated occupancy rates.

Executive Commentary:

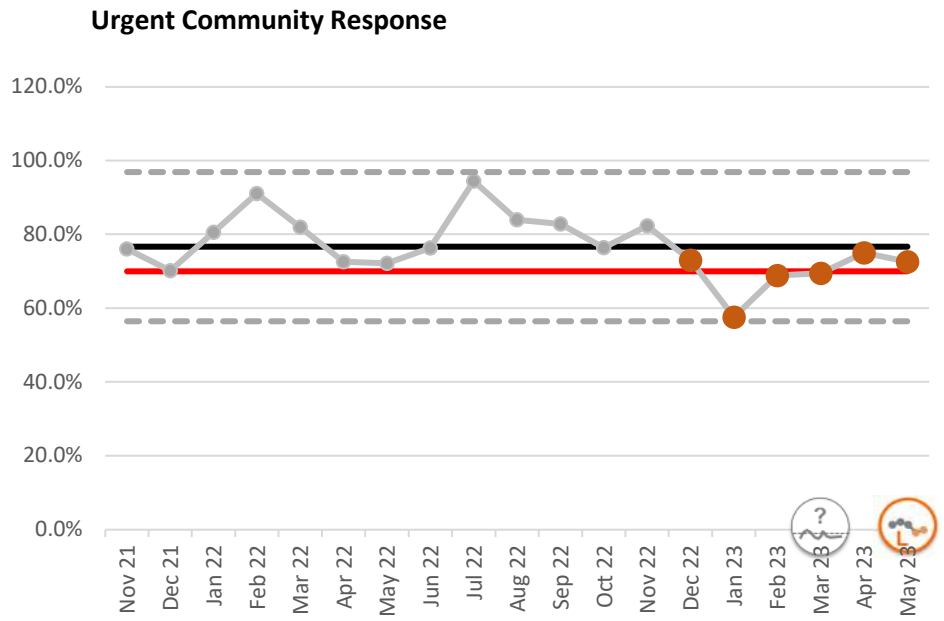
Total occupied acute beds continue to track above the required target. The core organisation and programme company are working together to drive improvements in this area with the objective to reduce total acute beds ahead of winter 2023 and in preparation for MMUH opening. The main transformation schemes in progress to achieve the required bed reduction are focused on attendance, admission and length of stay reduction. There are now performance groups in place to drive and monitor progress through each of the transformation schemes.

To date we have closed 32 beds. However, the impact on occupied bed days is yet to be seen in the corresponding charts due to the timing of the bed closures which occurred after the beginning of May. It should also be noted that the total days in the month will add variance to the data, I.e., May will have more bed days compared to April.

Action	*By who*	*By when*
Close a total of 62 unfunded/ additional acute beds – with an additional 24 to be identified from appropriate base wards	Deputy Chief Operating Officer	October 2023
Increase total number of frailty Virtual Ward Beds to 30 with an 85% occupancy	Deputy Chief Integration Officer	June 2023
Commence Urgent Care steering group to include internal and external stakeholders to provide programme assurance	Deputy Chief Operating Officer / Deputy Chief Integration Officer	June 2023

Population

To maintain that over 70% of patients are seen within the 2-hour urgent community response target, whilst increasing contacts per month from 1200 to 1500 per month.
To reduce health inequalities through targeted improvements for patients with type 1 diabetes and for patients with respiratory conditions.



Analyst Commentary:

This process is in special cause concern variation. Target Source: National

Executive Commentary:

We have achieved the national and Trust standard of 70% of people fitting the criteria for Urgent Community Response (UCR) seen within 2 hours this month. This has resulted from a restructure of staff supporting community admission avoidance to ensure greater responsiveness. However, the planned recruitment to expand the service, including extending hours of operation is at risk due to the uncertainty around funding. This could potentially hinder our ability to deliver a service capable of disrupting and reducing acute care demand.

In addition to the 2-hour response, we are targeting increasing overall admission avoidance contacts within the community to ensure local people have access to appropriate community urgent care within 2 hours, 4 hours 12 hours.

The current data is only showing the performance within Sandwell and so we are working closely with colleagues from Birmingham Community Healthcare Foundation Trust to evaluate the urgent community activity within West Birmingham (Ladywood and Perry Barr).

Action	*By who*	*By when*
Complete recruitment to enable the service to be extend operating hours	Deputy Chief Integration Officer	September 2023
Complete pathway alignment with West Midland Ambulance Service to increase calls to community admission avoidance	Deputy Chief Integration Officer	September 2023

Population: Summary Table	Remaining Board Metrics

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Emergency Readmissions (within 30 days) - Overall (e	Apr 23	6.8%	7.5%			7.1%	5.1%	9.0%
Pathway 0 [Average length of stay] - Simple Discharge	Apr 23	1				3	-5	10
Older People Bed Days	Apr 23	4465	2409			4028	2848	5208
Pathways 1-4 [Average length of stay] - Complex Disc	Apr 23	6				6	4	8
Cardiology Bed Days	Apr 23	1436	779			1522	1022	2022
Total Admission Avoidance	Apr 23	4132	1040			2994	2073	3916

Population: Summary Table	Midland Metropolitan University Hospital Opening Committee

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Occupied Bed Days	May 23	24301	21110			22061	19205	24917
Older People Bed Days	Apr 23	4465	2628			4028	2848	5208
Emergency Admissions - Medical Over 65	May 23	1162	820			1167	972	1362
SDEC - Delivered in the Correct Location	May 23	51.2%	95.0%			56.5%	50.6%	62.5%
Community Contacts	May 23	86770				74985	61057	88913
Inpatient RTT Incompelete Pathways	Apr 23	7772	4300			7821	7225	8416
Cardiology Bed Days	Apr 23	1436	778			1644	1225	2063
Imaging - Scanned within performance targets (A&e 30	May 23	81.5%	95.0%			81.5%	79.3%	83.6%
Theatre InSession Utilisation	May 23	72.0%	85.0%			69.2%	63.2%	75.3%

Population: Summary Table	Integration Committee							
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
2 Hour Community Response	May 23	72.6%	70.0%			76.6%	56.4%	96.9%
Admission Avoidance Schemes	Apr 23	4282	0			2465	1313	3618
Days Exceeded Target Discharge Date	May 23	1198				3367	-6482	13216
Pathway 0 [Average length of stay] - Simple Discharge	May 23	0				2	-5	10
Pathway 1 [Average length of stay] - Home with Supp	May 23	4				5	3	7
Pathway 2 [Average length of stay] - Community Bed	May 23	6				10	4	16
Pathway 3 [Average length of stay] - Continuing Care	May 23	5				10	1	20
Pathway 4 [Average length of stay] - End of life	May 23	5				6	3	8
Emergency Readmissions (within 30 days) - Overall (e	Apr 23	6.8%				7.8%	6.5%	9.1%
Total Bed Days used (occupancy)	Apr 23	23523.0				22015.7	19111.2	24920.1
Emergency Admissions aged 65 or over	May 23	1162				1167	972	1362
Primary Care Appointments for YHP per 1000 populat	May 23	169				247	173	320
Frailty Intervention Team (FIT) Activity	May 23	27	100			60	-7	128
Frailty Intervention Team (FIT) Admission Avoidance	May 23	58	40			31	-6	68
Of those people who died in hospital % with a suppor	May 23	63.4%				50.1%	38.4%	61.9%
Virtual Wards Length of Stay	May 23	4.1				3.9	2.9	5.0
Virtual Wards Patients	May 23	174.0				114.8	10.3	219.3

4. Recommendations

4.1 The Trust Board is asked to:

a. **DISCUSS** performance against annual plan objectives
b. **DISCUSS** the escalations

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

Annex 1: How to Interpret SPC Charts

Annex 1

How to Interpret Statistical Process Control Charts

Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

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 are number of videos explaining the approach and a series of case studies – these can be accessed via the following link - https://improvement.nhs.uk/resources/making-data-count