Paper ref:	TB (05/22) 005

Sandwell and West Birmingham NHS Trust

Report Title:	Board Level Metrics for Population		
Sponsoring Executive:	Daren Fradgley, Chief Integration Officer Rachel Barlow, Director of System Transformation		
Report Authors:	Daren Fradgley, Chief Integration Officer Tammy Davies, Group Director PCCT		
Meeting:	Trust Board (Public)	**Date**	4th May 2022

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

Each member of the Executive Team has personally provided their own commentary to the area for which they are the lead within the Population Strategic Objective.

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

The report is of course, a work in progress and will remain so, to ensure that performance, risks and mitigations are easily understood, tracked over time and constantly improved.

This report, when working as we would expect it to, should enable the board to operate at strategic level, confident in the work of the sub-committees in testing assurance and understanding further detail provided by the executive and their teams.

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		To cultivate and sustain happy, productive and engaged staff		To work seamlessly with our partners to improve lives	**X**

3.	**Previous consideration** *[where has this paper been previously discussed?]*

N/a

4.	**Recommendation(s)**

The Trust Board is asked to:

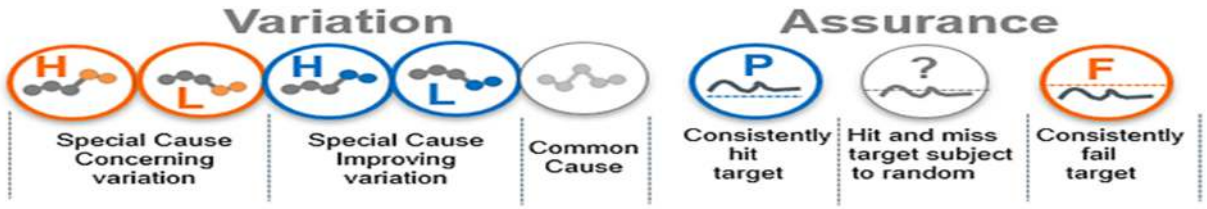
a.	**RECEIVE:** and note the report for assurance

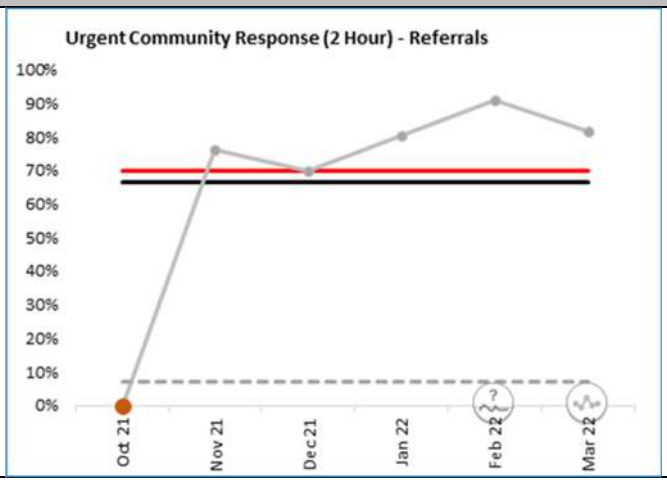
5.	**Impact** *[indicate with an **'X'** which governance initiatives this matter relates to and where shown elaborate]*							
Trust Risk Register								
Board Assurance Framework	X	New BAF risks for this strategic objective are under construction for presentation at April 2022 Trust Board						
Equality 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: 4th May 2022

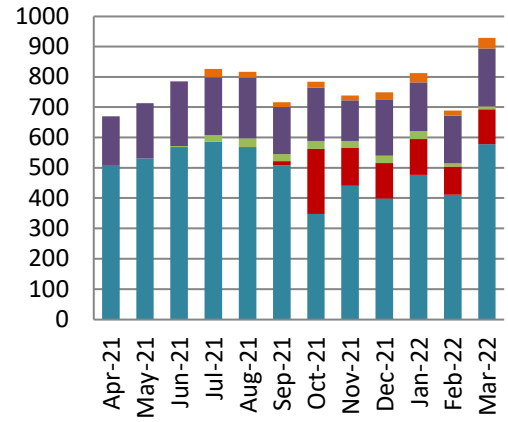
Board Level Metrics for Population



CQC Domain	**N/a**
Trust Strategic Objective	**Our Population**
Executive Lead(s): Daren Fradgley, Chief Integration Officer Rachel Barlow, Director of System Transformation	
Urgent Community Response 2 hour (UCR2) The Trust is achieving good performance against this new urgent care standard (75%) for community services. The volume as per the next table remains low but presents the greatest opportunity for increasing the activity by diverting patients away from 999 and Emergency Department (ED) by introducing the Care Navigation Service noted in the Place update	

Avoided Admissions by early intervention

Activity in this area continues to grow with UCR2 clearly seen. The plan is to coordinate this planned growth through Care Navigation in future months and begin to target urgent care activity diverting this away from 999 and ED. This work also links with virtual wards. In future months this metric will be developed into SPC format and type analysis will be shared through the Integration Committee

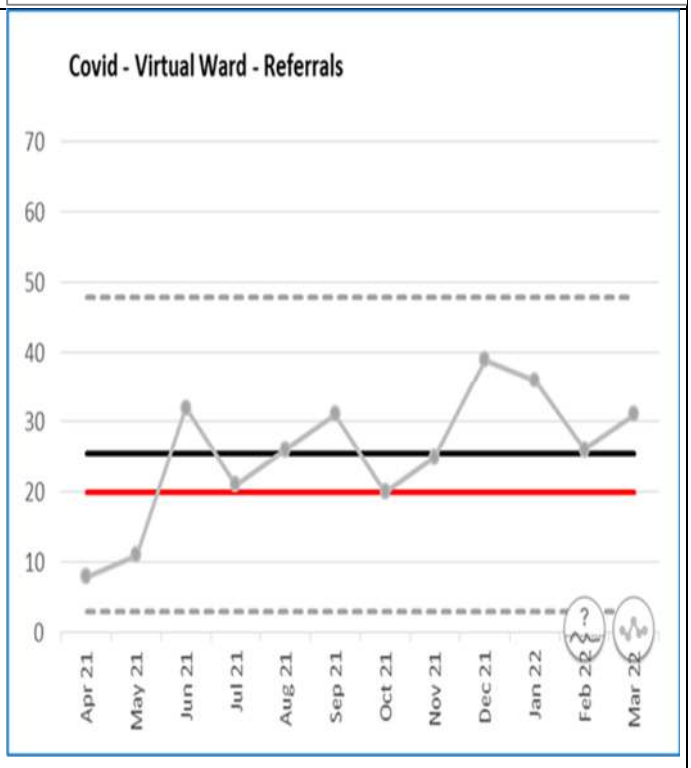


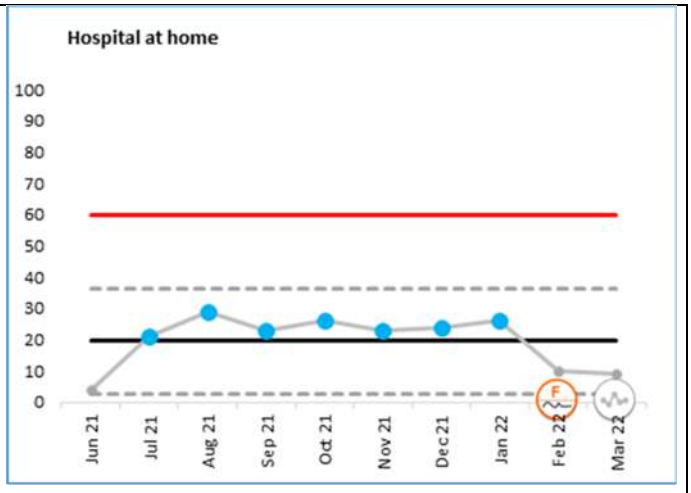
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Covid VW			1	27	18	16	19	15	23	30	17	34
Palliative Care Urgent Response	161	183	213	192	201	155	177	135	186	161	158	192
Epicentre H@H			4	21	29	23	26	23	24	26	10	9
UCR						142	214	124	118	118	93	115
Admission Avoidance	509	530	668	586	668	508	348	441	398	477	411	578

Virtual Ward Activity

The next two charts start to map the activity that comes under the new virtual ward standard which is funded through the planning round.
Whilst the numbers on both charts are low in comparison to avoided admissions, the opportunity for growth and not using Acute Beds for an extended length of stay is significant. In addition the ability to remote monitor these patients through the Care Navigation function with new technology is a major step forward. Based on the planning calculation, the Trust is expected to have 164 virtual beds in use by April 2023 and active planning is underway with the following services.

- Acute hospital at home (Epicentre)
- Respiratory
- Frailty
- Paediatrics
- Palliative care
- Covid





Operational Metrics

As the various Place Based Partnership work streams mature and become operational, additional metrics will be presented to the relevant board committees for assurance regarding progress of delivery. These are noted below and already debated at the integration committee.

The metrics are intended to provide insight across all domains where progress can be achieved in a relatively short timeframe in comparison to the population health outcome measures where alteration in values is unlikely to be detectable for several months / years. These outcome measures are included in the Place Based Partnership update.

They are intended to align with the Trust strategy incorporating the CQC domains. The table below demonstrates that when all work stream data is available there will be adequate coverage across the CQC domains to demonstrate assurance. These will be reviewed monthly at committees as the work stream data comes online. They will also be adapted if gaps are found once the reporting has been live for a period of 12 months.

	Safe	Caring	Effective	Responsive	Well led
Resilient communities	Reduction in serious case reviews (safeguarding)		Attendances at the Health & Wellbeing Hubs Increased utilisation of 3rd sector / community support groups	Community pharmacy activity by attendance Social prescriber contacts	
Town teams	Number of unplanned hospital and GP attendances for people on MDT caseloads Number of SIs for each team	Percentage of patients on town team caseloads with personalised care plans	Reduction in ambulance conveyances by care homes	Number of patients reviewed in complex & specialist MDTs	Staff engagement scores and staff retention by team Community safe staffing against national target
Intermediate care	Average time for 1st assessment and therapy for people on pathway 1	% patients achieving preferred place of death % of patients with an advance care plan	% of patients discharged from an acute hospital bed within 24 hours of being deemed suitable Reduction in over 65 bed days	% of people fitting the UCR2 criteria reviewed within 2 hours	
Care navigation			Number of patients per virtual ward (VW) & percentage hospital admissions per VW	Number of contacts to CNC by category and outcome disposition	% of patient accessing services by ethnic origin, disability (accessibility)
Primary care	Immunisation rates		% of people with serious mental illness undertaking annual health assessments	Number of appointments offered each week per 1k population	Recruitment and retention rates in general practice