PATIENTS
PEOPLE
POPULATION

AMBITION   RESPECT   COMPASSION

NHS
Sandwell and West Birmingham
NHS Trust

REPORT TITLE:	Board Level Metrics for Population/MMUH		
SPONSORING EXECUTIVE:	Daren Fradgley, Chief Integration Officer		
REPORT AUTHOR:	Daren Fradgley, Chief Integration Officer		
	Rachel Barlow, Chief Development Officer		
MEETING:	Public Trust Board	DATE:	5th October 2022

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 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.

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

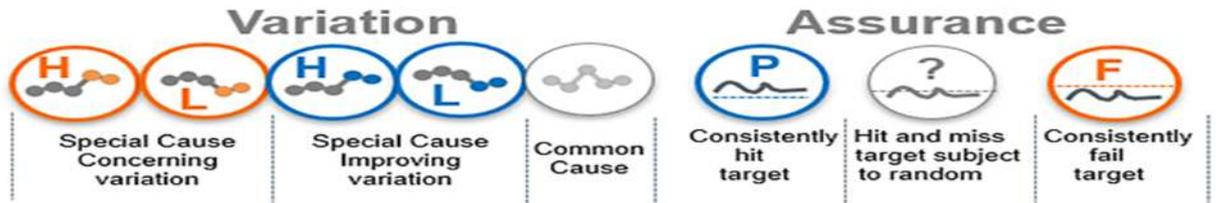| 3.	Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*
The metrics and associated data have been considered in the Integration Committee	

4.	Recommendation(s)
The Public 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 in the paper]*					
Board Assurance Framework Risk 01		*Deliver safe, high-quality care.*				
Board Assurance Framework Risk 02		*Make best strategic use of its resources*				
Board Assurance Framework Risk 03		*Deliver the MMUH benefits case*				
Board Assurance Framework Risk 04		*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 5th October 2022
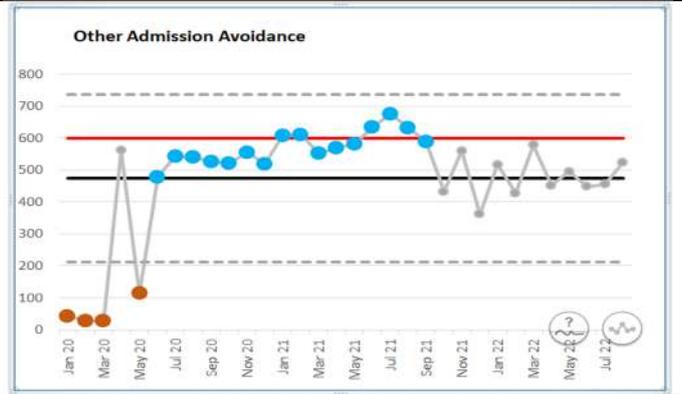
Board Level Metrics for Population/MMUH

Trust Strategic Objective	Our Population
Executive Lead(s): Daren Fradgley, Chief Integration Officer Rachel Barlow, Chief Development Officer	

2 Hour Community Response

The national target of reviewing 70% of people meeting Urgent Community Response criteria within 2 hours is being met and has increased to 73%.

There remain further opportunities in this area to increase the total numbers of people seen to improve outcomes and reduce acute hospital attendance. This is being addressed through working with West Midlands Ambulance Service (WMAS) to directly remove suitable patients from paramedic waiting lists into Urgent Community Care.

Progress has been made in this area with > 20% of total referrals coming from WMAS In addition, the extended Care Navigation Centre will further expedite the use of community pathways.

Additional recruitment is underway with a trajectory to on-board 5 additional Advanced Clinical Practitioners by 1st November 2022, this will increase capacity to achieve the 2 hour target

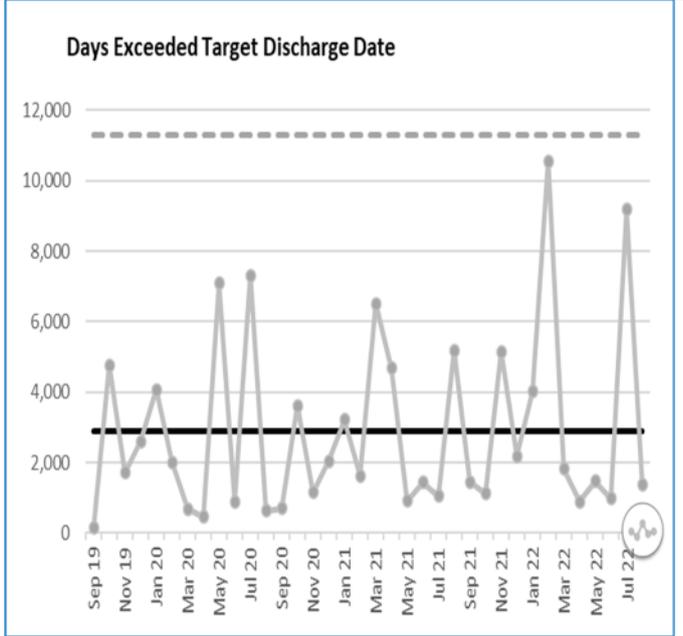|	
81% of patients seen within the Urgent Community Response service remain at home with 13% requiring acute hospital admission	
Admission Avoidance The total number of people being seen within Urgent Community Services is increasing and there is a drive (through recruitment) to see appropriate people within 2 hours or on the same day depending on need	
Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month The overall emergency readmission rate within 30 days data is improving. Work is being undertaken to look at specific conditions that our inconsistent with local and national benchmarking. The large numbers of patients receiving home based rehabilitation (Pathway 1) remains an area of focus with a caseload exceeding funded capacity and delays to treatment. As a result there is a 20% hospital readmission rate. Funding via the Better care Fund (BCF) has been agreed with a phased increase in capacity over 6 months. Associated recruitment is underway to address readmission rates for this cohort	
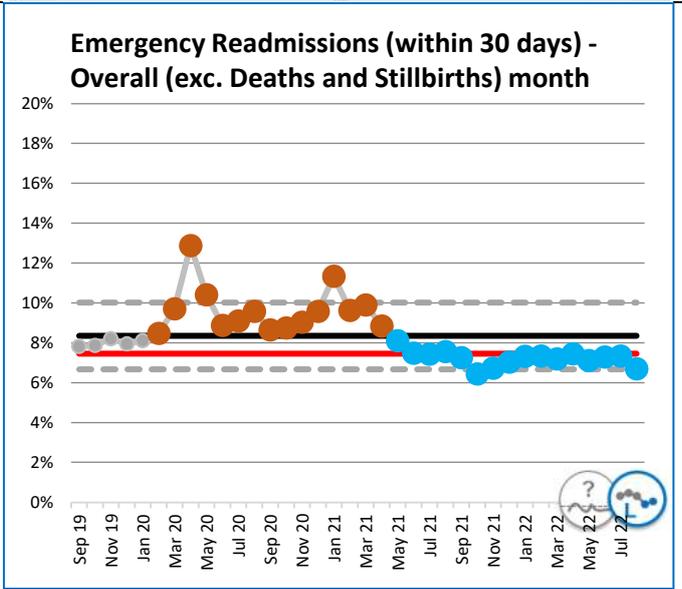
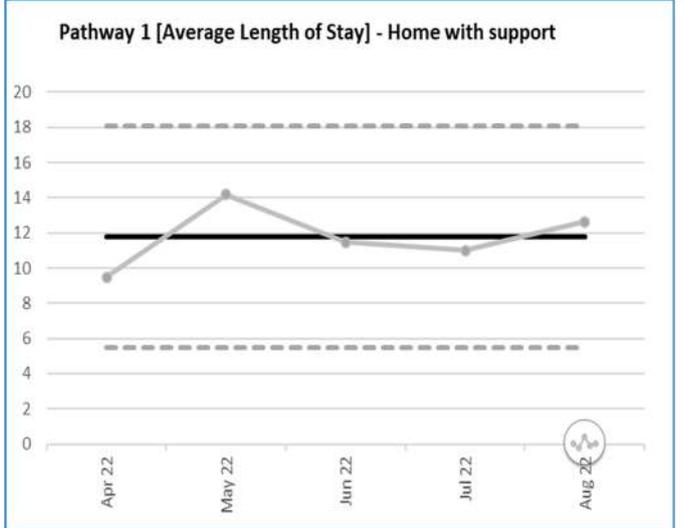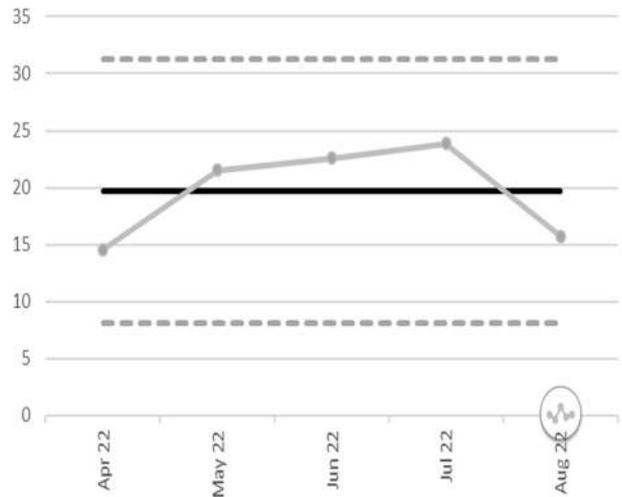|	
Days Exceeded Target Discharge Date There is large variability in this area per month with an average of 3k days. The recorded target discharge date, however, is subjective based on clinician judgement and can be inaccurate on initial documentation. Further work is required to improve accuracy. However, the overall trends are indicative of the requirement to reduce length of stay for people without criteria to reside. The additional capacity for pathway 1 due through the next 3 months and the opening of Harvest View in November to increase pathway 2 capacity is forecast to improve the data	
D2A- PATHWAY -1 Length of Stay There has been an increase in length of stay for people requiring short term care / rehabilitation at home post discharge. This is largely due to the significant increase in referrals with demand exceeding capacity. Recruitment is underway following a staggered increase in funding from the Better Care Fund to right size community services. In addition equipment provision over 7 days rather than 5 has now been funded to reduce delays.	
D2A-PATHWAY-2 Length of Stay Length of stay for people requiring temporary 24 hour care (community bed) and rehabilitation is also improving. The opening of the Harvest View health and Social Care facility in November will provide additional capacity and further reduce length of stay for Pathway 2. We also continue to work closely with Birmingham to achieve improved access for Birmingham residents	
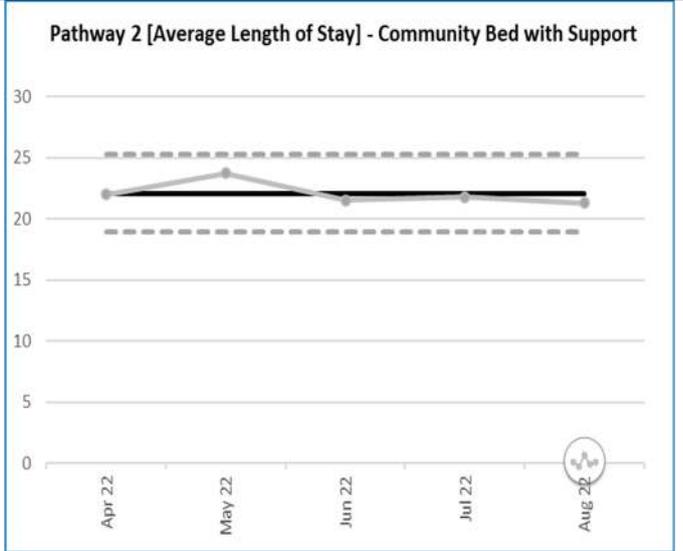
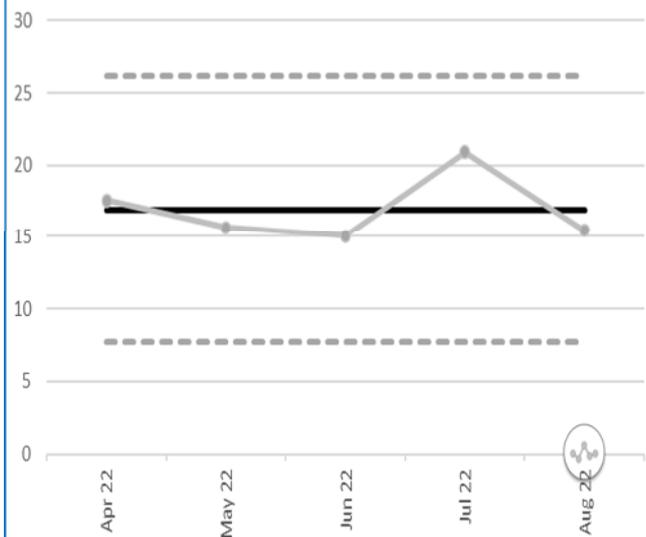| **D2A – PATHWAY – 3 Length of Stay** Patients requiring new long term care home placement (Pathway 3) has improved through August. Further work is required with the wider multi-disciplinary teams across acute wards to ensure discharge planning and the pre-emption of needs is commenced early to minimise delays in sourcing carer arrangements	 Pathway 3 [Average Length of Stay] - Continuing Care
D2A PATHWAY – 4 Length of Stay Patients requiring discharge for care at the end of life care (Pathway 4) are also seeing a reduced length of stay. The Discharge Enablement Team (DET) funding has been extended to support care at home for a short period to expedite discharge.	 Pathway 4 [Average Length of Stay] - End of life
Occupied Bed Days Total beds days have increased. The phased implementation of the Virtual Wards from September 2022 will provide community capacity to directly impact total occupied bed days. In addition a 'pull model' implemented by the Town Teams to support discharge and the commencement of the Integrated Front Door Team to avoid admissions will both impact total occupied bed days	 **Occupied Bed Days**
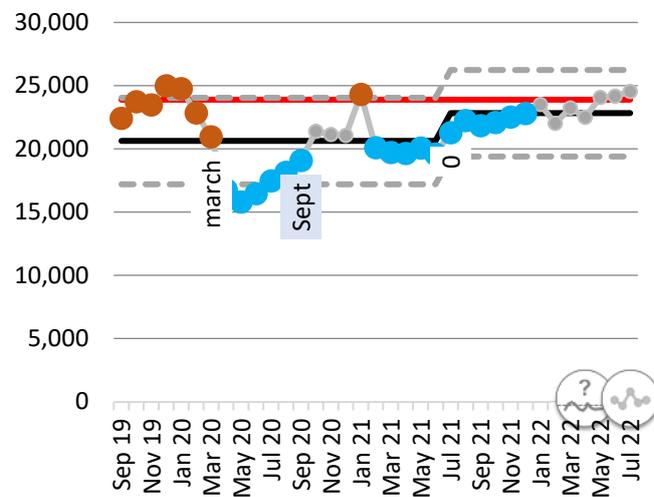
Geriatric Bed Days

Geriatric beds days remain a key area of focus with inconsistent results. The Frailty Intervention Teams (FIT) is now operational in both Emergency Departments (ED) targeting elderly patients in ED to support admission avoidance. The Frailty Assessment Unit will further enable quality care to be provided to this patient group with an aim to treat in the community. The frailty virtual ward will provide additional capacity with 20 beds delivered from November 2022 and a further 10 from February 2023

More proactive work with complex MDTs for cars homes and for people at home with high frailty scores is commencing in October via the Town Teams Place work stream. We are also working with the voluntary sector to reduce functional decline for those with low – moderate frailty scores

Geriatric Bed Days
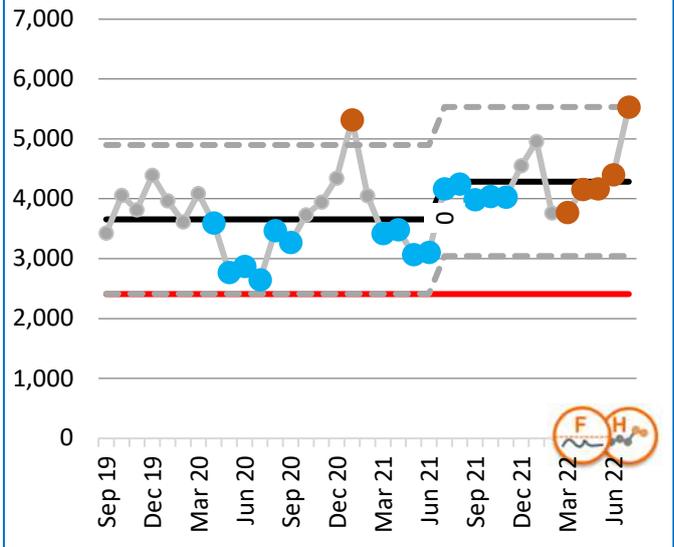
Cardiology Bed Days

Cardiology bed days have reduced. Community IV Furosemide pathway for people with Heart Failure and community IV antibiotics for people with endocarditis are now operational and will increase in capacity. Both of these conditions contribute significantly to cardiology bed days due to the prolonged length of stay currently

Cardiology Bed Days