PATIENTS PEOPLE POPULATION

AMBITION RESPECT COMPASSION

Sandwell and West Birmingham
NHS Trust

REPORT TITLE:	Population Metrics	
SPONSORING EXECUTIVE:	Daren Fradgley, Managing Director / Deputy Chief Executive Officer	
REPORT AUTHOR:	Matthew Maguire (Associate Director of Performance and Strategic Insight)	
MEETING:	Public Trust Board	**DATE:** 13th September 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]*

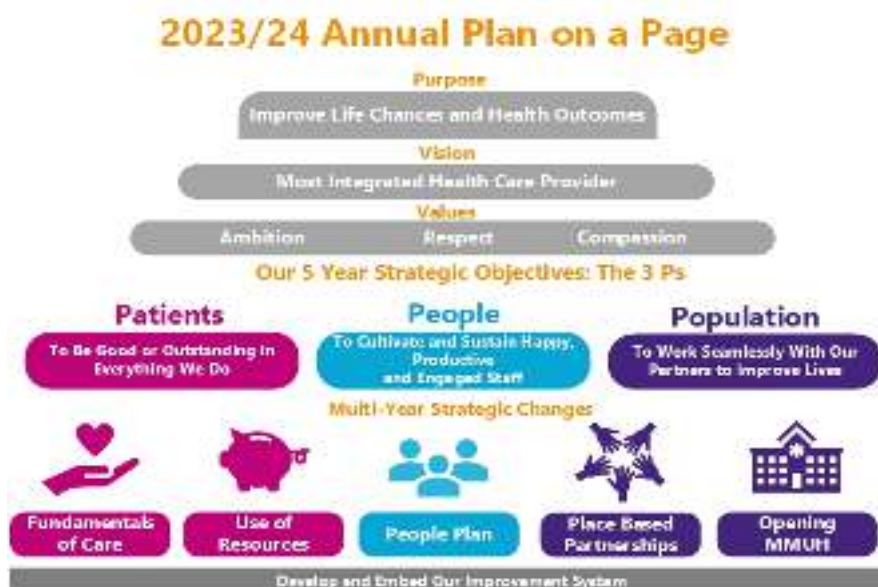| Board Assurance Framework Risk 01	X	*Deliver safe, high-quality care.*				
Board Assurance Framework Risk 02	X	*Make best strategic use of its resources*				
Board Assurance Framework Risk 03	X	*Deliver the MMUH benefits case*				
Board Assurance Framework Risk 04	X	*Recruit, retain, train, and develop 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 13th September 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. 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.

2. Performance Overview: Annual Plan Objectives

		Assurance		
		Passing the Target / Plan	**Hit & Miss the Target**	**Failing the Target / Plan**
Variation	**Special Cause Improvement**	**Good and getting better**	**Ok but getting better** Friends & Family Test	**Poor but getting better**
	Common Cause Variation	**Predictably good**	**Ok** Patient Safety Incidents – Moderate Harm or Above Patient Safety Incidents Emergency Access Standard (EAS) Performance 2 Hour Urgent Community Response	**Predictably poor** 62 Day (urgent GP referral to treatment) Excluding Rare Cancers DM01 RTT-Incomplete Pathway Pts waiting >65 weeks Staff survey Urgent Community Response Contacts
	Special Cause Concern	**Good but getting worse**	**Ok but getting worse**	**Poor and getting worse**
	Not an SPC Chart	**Good** Elective Activity	**Ok** Bed closure plan Train leaders	**Poor** Income & Expenditure Bank & Agency Spend
	Annual plan objectives delivery to date	**6.6%**	**46.6%**	**46.6%**

2.1.1 **Annual plan metrics where the target is outside the control limits.** This indicates that the target is unlikely to be reached without a significant change to existing process. These targets are:

2.1.2 DM01 Diagnostics 6 weeks target

2.1.3 RTT – Incomplete Pathway (18-Weeks) Patients Waiting > 65 Weeks.

2.1.4 62 Day (urgent GP referral to treatment) Excl Rare Cancers.

2.2   The Executive have agreed that the volume of **patient safety incidents and patient safety incidents with moderate harm and above** will not carry a target. This will affect the visualisation of pass, fail or hit and miss target assurance icons.

2.3   We have discussed **targets for committee metrics that do not have them set**, with the executive leads for Finance, Investment and Performance Committee, Quality and Safety Committee and the Integration Committee, we still have the executive lead for People and Organisational Development Committee to discuss targets with this will be completed by the middle of September 2023.

Committee escalations

2.4   **Midland Metropolitan University Hospital Opening Committee**
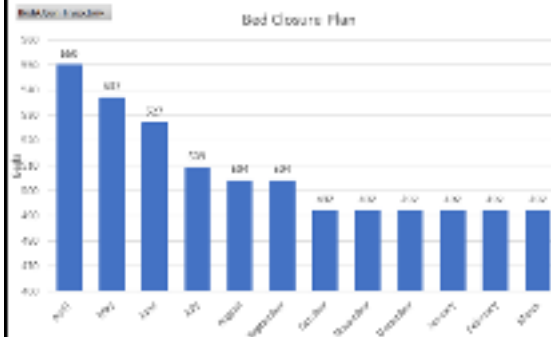
2.4.1   No escalations identified; discussion should focus on the relevant annual plan objectives.

2.5   **Integration Committee**

2.5.1   To reduce health inequalities through targeted improvements for patients with type 1 diabetes and for patients with respiratory conditions: The metrics and commentary are under construction and will be available soon.
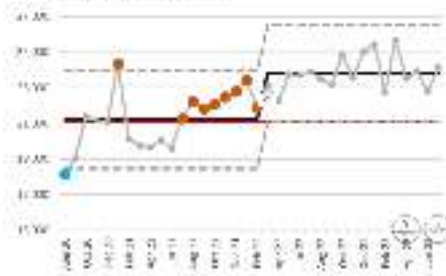
To reduce the acute care occupied beds by 86 in line with our plans to fit into the new Midland Metropolitan University Hospital (MMUH) - Top 6 objective

Bed Closures Plan

Total Bed Days used (occupancy)

Bed Occupancy % - Select Acute Beds Only

Analyst Commentary – Total Bed Days used (occupancy):
A step change has been added in March 2022 after observation of 6 months increased reporting. This process is in common cause variation.

Analyst Commentary – Bed Occupancy % - Select Acute Beds Only:
A step change has been added in January 2022 after observation of 6 months increased occupancy. This process is in common cause variation. Note: Beds taken from daily sitrep report and only include flexible acute beds.

Executive Commentary:
At the time of writing (14/08), we have closed a total of 50 beds which is on track against our delivery plan. This was temporarily affected by the recent internal critical incident which saw high demand and the requirement for additional capacity. However, the rightsizing schemes and support with attendance, admission, and length of stay reduction, enabled the additional beds to be closed. In addition, we are now seeing a reduction in total occupied bed days. The transformation and operational schemes associated with attendance, admission and length of stay reduction are progressing with particular success for the Frailty Virtual Ward and Intervention Team. The re-design of the cardiology pathway and introduction of the cardiology virtual ward is leading to a reduction in cardiology bed occupancy. We are currently focussing on medical SDEC to ensure the correct pathways are utilised to support admission avoidance.

We have implemented a robust governance structure which enables clear interventions and oversight to drive improvement. This is providing assurance and the ability to detect areas of focus and improvement. We continue to work in partnership with colleagues in Birmingham Community Healthcare Foundation Trust to ensure equitable delivery with Sandwell.

| 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 – delayed due to uncertainty regarding SDF allocation
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 - completed

Population

To maintain that over 70% of patients are seen within the 2-hour urgent community response target, whilst increasing all urgent community response contacts per month from 1200 to 1500 per month.

Urgent Community Response - 2 hour performance
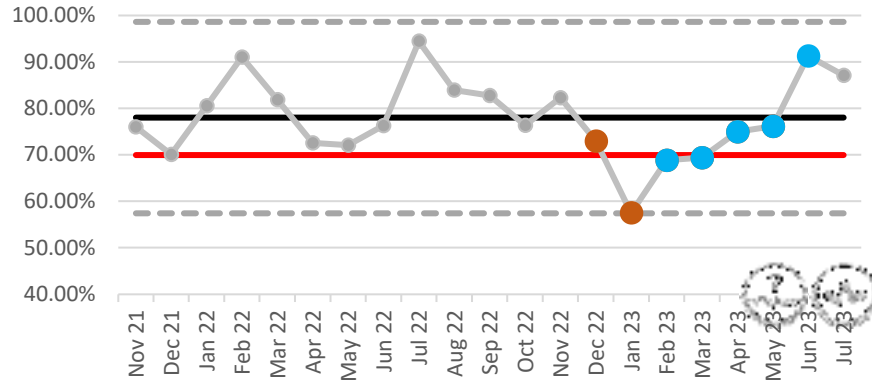
Urgent Community Response - No. Of Contacts
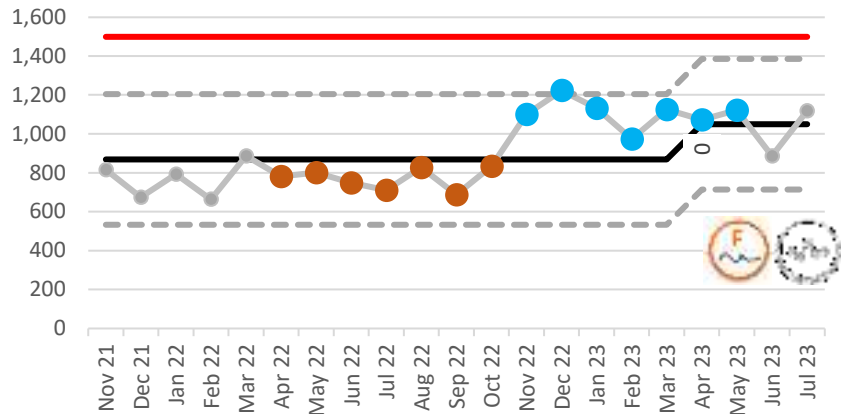
Analyst Commentary – Urgent Community Response:
This process is in common cause variation. Target Source: National

Analyst Commentary – Urgent Community – No. Of Contacts:
Increase in reporting November 2022 due to implementation of new UCR services. A step change has been introduced in April 2023 after 6 observable months of increased numbers being reported.
This process is in common cause variation. If the target is above the upper process limit, the target cannot be expected to be achieved.

Executive Commentary:
Our Urgent Community Response performance against the 2-hour target has been met for the 4th month. However, we are not yet consistently achieving the total numbers of patients targeted. Achieving higher numbers is required to further impact and disrupt acute urgent and emergency care demand. Planned recruitment to extend the operating hours for the service has been delayed due to the reduction in System Development Funding. We have now received confirmation of a reduced SDF income which prevents further recruitment and risks the falls response team provision. In order to continue to support expansion we are exploring alternative funding options through the partnership, for example Better Care Fund (BCF). 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 (BCHCFT) to evaluate the urgent community activity within West Birmingham (Ladywood and Perry Barr). The data received from BCHCFT is indicating lower contacts for UCR in the west (Ladywood and Perry Barr), compared to other areas in Birmingham. There is also a lower percentage of people seen within the 2-hour target. We are working with the team and BSOL colleagues to ensure community provision in the area is equitable. BCHCFT have identified a project manager to work specifically on support in Ladywood and Perry Barr, to reduce inequalities and support MMUH pathways.

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

To reduce health inequalities through targeted improvements for patients with type 1 diabetes and for patients with respiratory conditions.

Analyst Commentary

To reduce health inequalities through targeted improvements for patients with type 1 diabetes and for patients with respiratory conditions: The metrics and commentary are under construction and will be available soon.

Executive Commentary:

We are currently scoping the baseline data for hospital admissions for each town and Primary Care Network (PCN) for diabetes and respiratory disease. When this data is available, we will target the areas with highest admission rates and undertake a stratification of the population in this area. This will enable us to identify those people who are attending hospital at higher rates and ensure appropriate care and interventions. We will set targets for a reduction in admissions and attendances from these identified areas before replicated the model across all town / PCNs.

Action	By who	By when
Collect and analyse data from each PCN in Sandwell and Ladywood and Perry Barr to identify rates of admissions from diabetes and respiratory disease	Associate Director of Performance and Strategic insight	30th September 2023
Utilising the data, identify appropriate PCNs to commence targeted support from the specialist diabetes and respiratory teams	Deputy Chief Integration Officer	14th October 2023

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Occupied Bed Days	Jul 23	24146	21110			22342	19494	25190
Older People Bed Days	Jun 23	3989	2628			4094	2984	5203
Emergency Admissions - Medical Over 65	Jul 23	1099	820			1172	981	1362
SDEC - Delivered in the Correct Location	Jul 23	58.5%	95.0%			57.1%	50.7%	63.5%
Community Contacts	Jul 23	87812				76181	62491	89872
Inpatient RTT Incompelete Pathways	Jun 23	7718	4300			7804	7175	8433
Cardiology Bed Days	Jun 23	1259	778			1635	1208	2063
Imaging - Scanned within performance targets (A&e 30	Jul 23	79.4%	95.0%			81.2%	79.0%	83.5%
Theatre InSession Utilisation	Jul 23	71.4%	85.0%			69.6%	63.6%	75.7%

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Pathway 0 - Simple Discharge [AvLOS]	Jul 23	4.9		⟳		5.6	4.7	6.5
Pathway 1 - Home with Support AvLOS. post NCTR	Jul 23	3.2		⟳		4.6	2.5	6.7
Pathway 2 - Community Bed with support AvLOS. pos	Jul 23	7.6		⟳		9.7	4.8	14.5
Pathway 3 - Continuing Care AvLOS. post NCTR	Jul 23	7.4		⟳		9.6	0.5	18.7
Pathway 4 - End of life AvLOS. post NCTR	Jul 23	3.1		⟳		5.4	2.7	8.2
Emergency Readmissions (within 30 days) - Overall (e	Jul 23	6.7%		⟳		7.7%	6.4%	8.9%
Total Bed Days used (occupancy)	Jul 23	24055	21110	⟳	?	22429	19521	25337
Primary Care Appointments	Jul 23	164		⟳		238	169	306
Of those people who died in hospital % with a support	Jul 23	72.2%		⟳		61.3%	48.1%	74.5%
Virtual Wards Length of Stay	Jul 23	4.3		⟳		4.1	2.7	5.5
Admission Avoidance Schemes	Jul 23	674		⟳		2488	856	4119
Emergency Admissions aged 65 or over	Jul 23	1099		⟳		1172	981	1362
Frailty Intervention Team (FIT) Activity	Jul 23	24	100	⟳	?	52	-18	121
Percentage of staff trained in End of Life	Jul 23	76.3%		⟳		63.6%	53.2%	74.0%
Virtual Wards Patients	Jul 23	209		⟳		128	25	232
Urgent Community Response - No. of Contacts (2 hou	Jul 23	698		⟳		719	570	868
Urgent Community Response - 2 hour performance	Jul 23	88.6%	70.0%	⟳	?	78.1%	57.7%	98.5%
Length of stay (acute) for Virtual Ward Patients	Jul 23	4.4		⟳		3.7	2.2	5.2
Average LOS	Jul 23	4.4		⟳		4.3	3.8	4.8

3. Recommendations

3.1   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
September 2023