Paper ref:	Public TB (03/23) 008

REPORT TITLE:	Board Level Metrics for Population		
SPONSORING EXECUTIVE:	Daren Fradgley, Chief Integration Officer		
REPORT AUTHOR:	Daren Fradgley, Chief Integration Officer Rachel Barlow, Chief Development Officer		
MEETING:	Public Trust Board	**DATE:**	8th March 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 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		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 8th March 2023

Board Level Metrics for Population

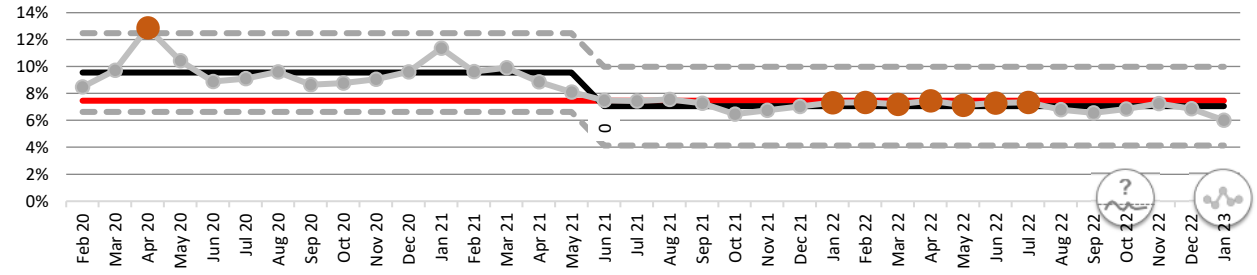
1. Population

1.1 Target Assurance Matrix

		Assurance			
		Consistently Pass Target	**Hit & Miss**	**Consistently Fail Target**	**No Target**
Variation	**Special Cause Improvement**				
	Common Cause Variation		• Emergency Readmissions (within 30 days) - Overall (excluding Deaths and Stillbirths) month. • Cardiology Bed Days. • 2 Hour Community Response	• Older People Bed Days. • Total Admission Avoidance.	• Discharge to access [average length of stay] - Simple Discharge. • Discharge to access [average length of stay] – Complex Discharge
	Special Cause Concern		Occupied Bed Days.		

2. Effective

2.1 Emergency Readmissions (within 30 days) – INTEGRATION COMMITTEE



Analyst Commentary

- A step change in the mean and control limits have been added from May ’21, due the persistent period of lower readmissions thereafter.
- This process is in common cause variation.
- Target Source: Model Hospital

Commentary on current performance and actions in place

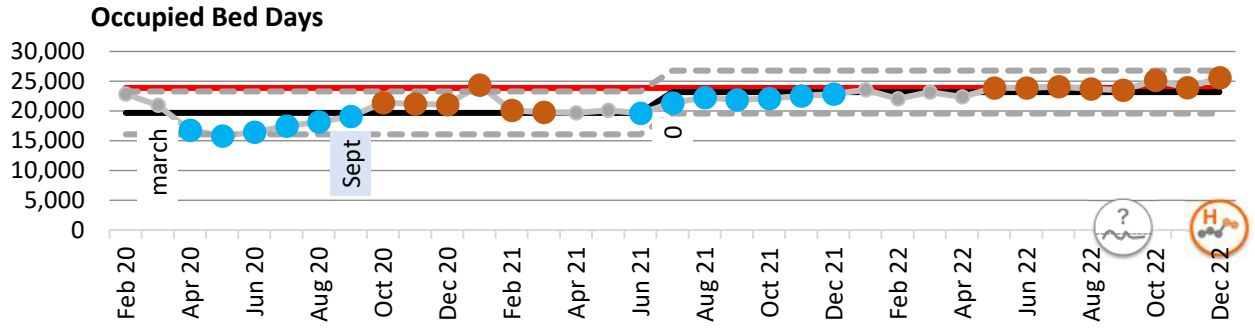
- There has been a reduction in emergency readmissions within 30 days. Recent improvements in this area may be attributed to the reduction in therapy waiting times where previous delays were resulting in 30% readmissions.
- In addition, chronic disease management via the integrated town teams is targeting specific areas of known readmission such as frailty, respiratory disease, and diabetes.

- The team continue to contact all people discharged from hospital within 48 hours to explore additional support that may be required through community and voluntary services

What will we do next and when?

- It has been identified that patients transferred to the complex nursing floor at Harvest View (integrated care centre) are experiencing high readmissions. In response, we will consider all people transferred for the frailty virtual ward for additional monitoring

2.2 Occupied Bed Days – INTEGRATION COMMITTEE



Analyst Commentary

- A step change in the mean and control limits have been added from July '21, due the persistent period of higher occupied bed days.
- This process is in special cause variation.
- Target Source: Beds built in Midland Metropolitan University Hospital and based on the anticipated occupancy rates.

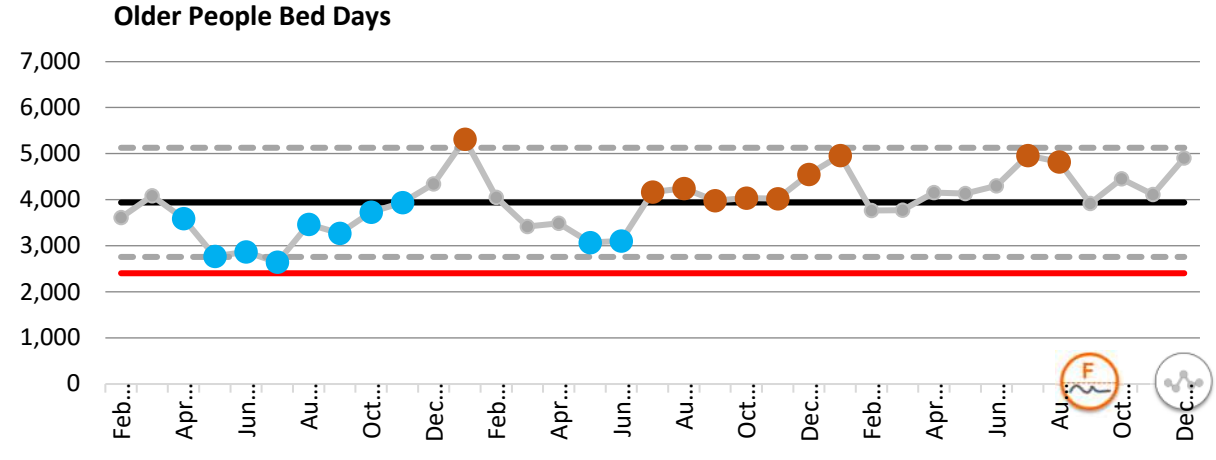
Commentary on current performance and actions in place

- Total occupied bed days continue to be higher than target. It has been identified that admissions and length of stay for Sandwell patients has not increased as previously anticipated. However, admissions for Birmingham patients are increasing long with total length of stay.
- We are currently working with colleagues in Birmingham to ensure that the on-going community integrator work is aligned to the objective to reduce total bed days

What will we do next and when?

- We are utilising allocated discharge funding to expedite the opening of the additional beds at Harvest View intermediate care centre. This will provide additional capacity to support discharge.
- Further engagement with acute clinical teams alongside daily in-reach by community teams is planned to increase utilisation of virtual wards up to a total 75 beds by 1/4/23

2.3 Older People Bed Days – INTEGRATION COMMITTEE



Analyst Commentary

- This process is in common cause variation.
- Metric operational definition: all medical patients aged 65 or over who have not been allocated to a specific specialism.
- Target Source: 96 Beds build in Midland Metropolitan University Hospital based on occupancy rates.

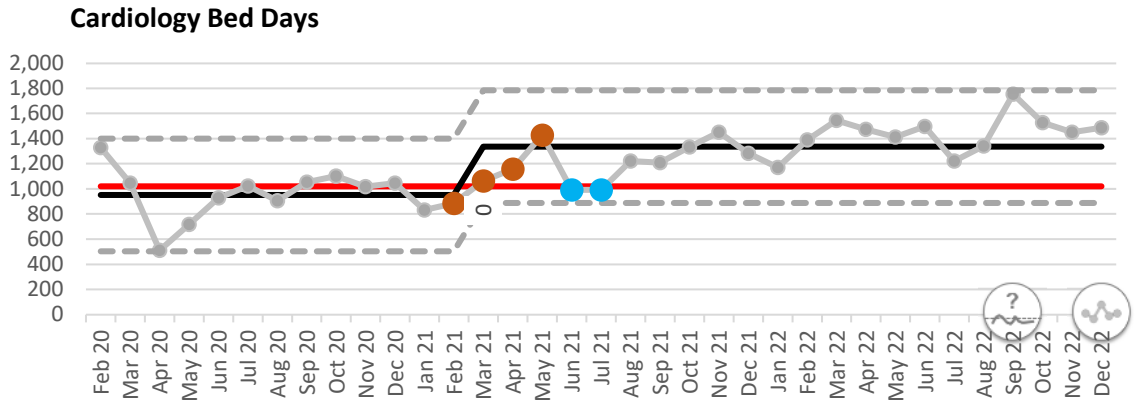
Commentary on current performance and actions in place

- Older adult bed days continue to be higher than target. In January we commenced our community falls response team to prevent people falling at home requiring Emergency Department (ED) attendance and admission.
- Our frailty virtual ward is now open to 9 beds with a fluctuating occupancy
- The enhanced care homes team operating in Sandwell are supported the 40 care homes with the highest prevalence of admissions. For those homes supported there have been only 6 admissions in the last 2 months

What will we do next and when?

- Proactive engagement and community in-reach to increase utilisation of the virtual wards.
- Utilisation of Better Care fund (BCF) funding to increase the enhanced care homes offer to all care homes in Sandwell.
- Working with Birmingham Community Health Care Foundation Trust to ensure West Birmingham residents have access to virtual wards

2.4 Cardiology Bed Days – INTEGRATION COMMITTEE



Analyst Commentary

- A step change in the mean and control limits have been added from March ’21, due the persistent period of higher occupied bed days.
- This process is in common cause variation.
- Target Source: 32 Beds build in Midland Metropolitan University Hospital based on occupancy rates.

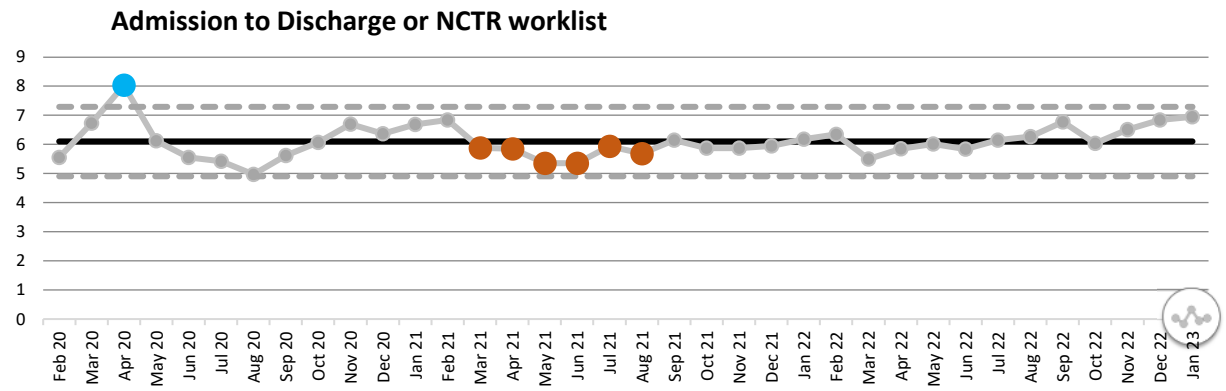
Commentary on current performance and actions in place

- The Hospital at home virtual ward is providing a service to support people with heart failure who would otherwise be in an acute hospital bed by delivering Intravenous (IV) diuretics in the community. We are also providing Intravenous(IV) antibiotics to people with endocarditis to facilitate early discharge. The numbers of people with a cardiac diagnosis admitted to the Hospital at Home virtual ward remains low.

What will we do next and when?

- There is a large differential between the service in Sandwell compared to Ladywood and Perry Barr. This month we will strengthen the pathways in lady wood and Perry Barr through our work with Birmingham Community Heath Care colleagues. We have planned for the Birmingham Community Heath Care (BCHC) team to increase provision for those people being discharged on Intravenous furosemide and Intravenous antibiotics

2.5 Discharge to Access (average length of stay) Simple Discharge – INTEGRATION COMMITTEE



Analyst Commentary

- This process is in common cause variation.
- Metric operational definition: average length of stay in days from admission into hospital until either patient has a date of no criteria to reside (NCTR) and is added to a discharge hub worklist or discharge.
- Target Source: No Target

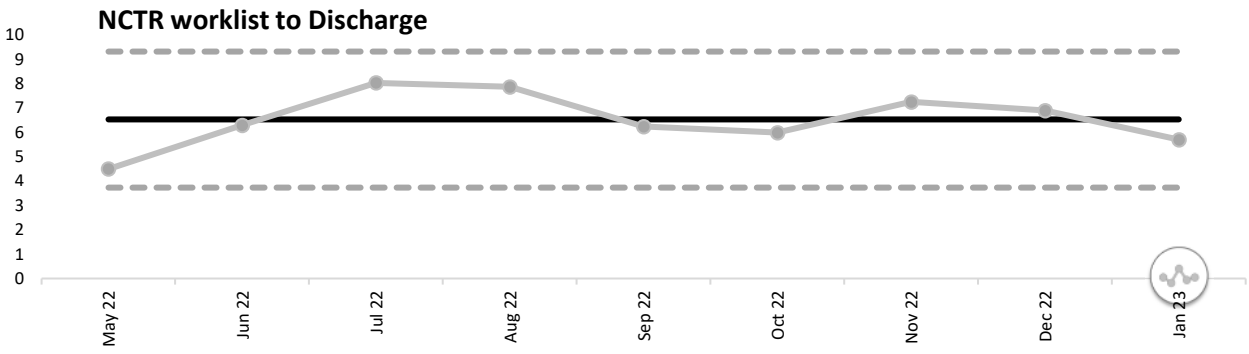
Commentary on current performance and actions in place

- The identification and coding of people in this category requires further interrogation as there are examples of people that are classed as 'no criteria to reside' but are not medically optimised. This will be addressed through on-going engagement with clinical teams
- We have continued to work with voluntary sector organisations including the British Red Cross to support with transport requirements

What will we do next and when?

- We are planning further work in partnership with the capacity teams and each clinical area multi- disciplinary team (MDT) to support and challenge discharge practices. This will be undertaken as part of 7-, 14- and 21-day length of stay reviews. Early ordering of medication and transport will be a key aspect in addition to utilisation of the discharge lounge

2.6 Discharge to Access (average length of stay) Complex Discharge – INTEGRATION COMMITTEE



Analyst Commentary

- We do not have enough data points for any specific analysis to be concluded.
- Metric operational definition: average length of stay in days from a patient being give a no criteria to reside (NCTR) date and the added to discharge hub worklist until discharge.
- Target Source: No Target

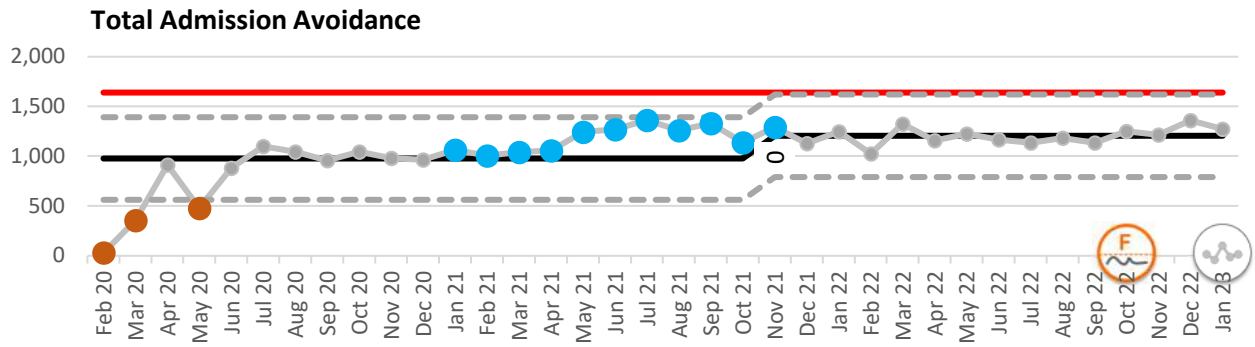
Commentary on current performance and actions in place

- The average length of stay for people with complex discharge needs (pathway 1-4) has reduced. The Integrated Discharge Hub have continued to coordinate all complex discharges. We have added additional capacity within Pathway through with 180 virtual beds open. We are also fully utilising discharge funding to create additional social care capacity.
- Harvest View is providing 48 pathway 2 beds and we have continued to operate 92 Trust community beds to support winter demand

What will we do next and when?

- Additional recruitment is underway to support the Pathway 1 capacity and to enable the 3rd floor of Harvest View to open (total of 80 beds)
- We are working with the care home sector to ensure adequate capacity and access to beds out of hours.
- We are also working with colleagues in the local Mental Health provider Trusts to explore the use of discharge funding to support resilience for people with Learning Difficulties (LD) and Mental Health diagnoses

2.7 Total Admission Avoidance – INTEGRATION COMMITTEE



Analyst Commentary

- A step change was added in October 21 as we included more services.
- This process is in common cause variation.
- This chart includes schemes: Frailty Intervention Team (FIT), Covid, Hospital at Home, Palliative Care, District Nursing, and Other Admission avoidance schemes.
- Target Source: Local

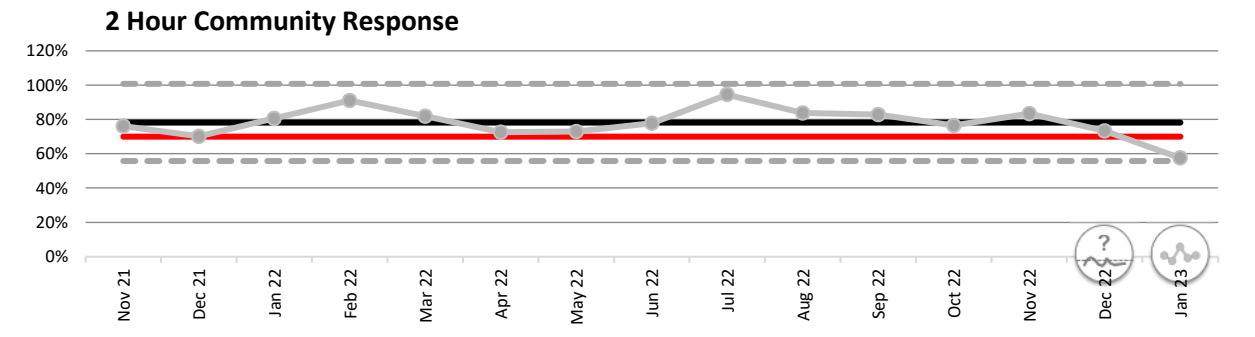
Commentary on current performance and actions in place

- Total Admission Avoidance continues to be off target. This is largely driven by recruitment being behind schedule. Further recruitment to the Advance Clinical Practitioner team and the wider community response team is supporting increased capacity. The Care Navigation Centre has now combined with Single Point of Access this will further support the transfer from acute services to community pathways.

What will we do next and when?

- We are reviewing all community caseloads to ensure staffing resource is adequately manged to maximise admission avoidance activity.
- As we continue to recruit to the Integrated Front Door team, we are planning to commence an enhanced triage streaming model in emergency department delivered by our Single Point of Access team to divert people in emergency department to community admission avoidance services

2.8 2 Hour Community Response – INTEGRATION COMMITTEE



Analyst Commentary
• This process is in common cause variation. • Target Source: National
Commentary on current performance and actions in place
• There has been a reduction in the percentage of people fitting the Urgent Community Response (UCR) criteria seen within 2 hours. The total numbers seen are increasing but staff recruitment challenges have limited the responsiveness of the service. We are undertaking demand and capacity modelling across all community teams to ensure sufficient resource planning
What will we do next and when?
• Recruitment is on-going alongside a review of Advanced Clinical Practitioner posts across the Group to ensure the is further resilience through rotations and shared working • The Care Navigation Centre will continue to work with West Midlands Ambulance Service to ensure we are receiving appropriate calls through this pathway