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|------------------------------|--|--------------|---------------------------|
| REPORT TITLE: | Board Level Metrics for Population | | |
| SPONSORING EXECUTIVE: | Daren Fradgley, Chief Integration Officer | | |
| REPORT AUTHOR: | Daren Fradgley, Chief Integration Officer Tammy Davies, Group Director PCCT | | |
| MEETING: | Public Trust Board | DATE: | 8 th June 2022 |

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| 1. Suggested discussion points <i>[two or three issues you consider the Trust Board should focus on in discussion]</i> |
| <p>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.</p> <p>This adds a further strengthening the ownership and accountability where improvements are required in the main IQPR Report.</p> |

| 2. Alignment to our Vision <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i> | | | | | | | | |
|---|--|---|----------------|--|--|--|---|---|
| <table border="1"> <thead> <tr> <th>OUR PATIENTS</th> <th>OUR PEOPLE</th> <th>OUR POPULATION</th> <th></th> </tr> </thead> <tbody> <tr> <td>To be good or outstanding in everything that we do</td> <td>To cultivate and sustain happy, productive and engaged staff</td> <td>To work seamlessly with our partners to improve lives</td> <td>X</td> </tr> </tbody> </table> | 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 |
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| 3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i> |
| The metrics and associated data have been considered in the Integration Committee |

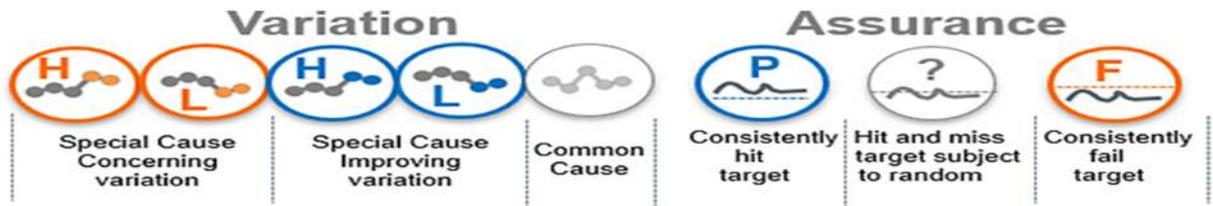
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| 4. Recommendation(s) |
| The Public Trust Board is asked to: |
| a. RECEIVE: and note the report for assurance |
| b. |
| c. |

| | | | | | |
|---|-------------------|--|---|---|-----------------------|
| 5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i> | | | | | |
| 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 June 2022

Board Level Metrics for Population



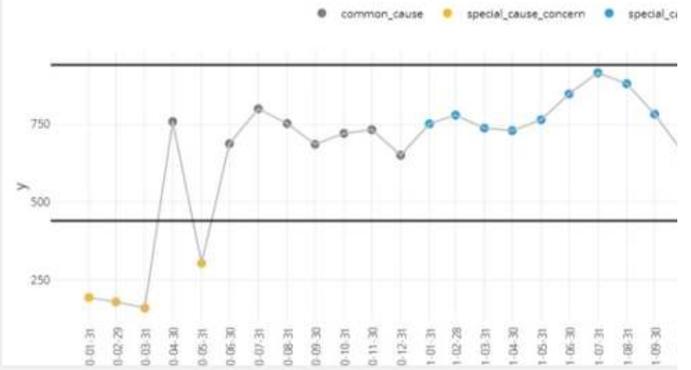
| CQC Domain | N/a | | | | | | | | | | | | | | | | |
|--|--|-------|------------|--------|----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|
| Trust Strategic Objective | Our Population | | | | | | | | | | | | | | | | |
| Executive Lead(s): Daren Fradgley, Chief Integration Officer Rachel Barlow, Director of System Transformation | | | | | | | | | | | | | | | | | |
| <p>Urgent Community Response 2 hour (UCR2)</p> <p>As a new measure the volumes within this group of patients remains lower than planned. The measure shows variation as a result but as the care navigation function comes online then more patients and re aligned capacity will come online in this area. Last month there were 115 patients in this area, this has increased to 145.</p> | <p>2 Hour Community Response</p> <table border="1"> <caption>2 Hour Community Response Data</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Oct 21</td> <td>0%</td> </tr> <tr> <td>Nov 21</td> <td>75%</td> </tr> <tr> <td>Dec 21</td> <td>70%</td> </tr> <tr> <td>Jan 22</td> <td>80%</td> </tr> <tr> <td>Feb 22</td> <td>90%</td> </tr> <tr> <td>Mar 22</td> <td>80%</td> </tr> <tr> <td>Apr 22</td> <td>65%</td> </tr> </tbody> </table> | Month | Percentage | Oct 21 | 0% | Nov 21 | 75% | Dec 21 | 70% | Jan 22 | 80% | Feb 22 | 90% | Mar 22 | 80% | Apr 22 | 65% |
| Month | Percentage | | | | | | | | | | | | | | | | |
| Oct 21 | 0% | | | | | | | | | | | | | | | | |
| Nov 21 | 75% | | | | | | | | | | | | | | | | |
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| Apr 22 | 65% | | | | | | | | | | | | | | | | |

Avoided Admissions by early intervention

Avoided admissions are showing normal variation this month. Over the next few months as the Care Navigation services come online this data will start to trend upward.

Metric 4: Combined Admission Avoidance

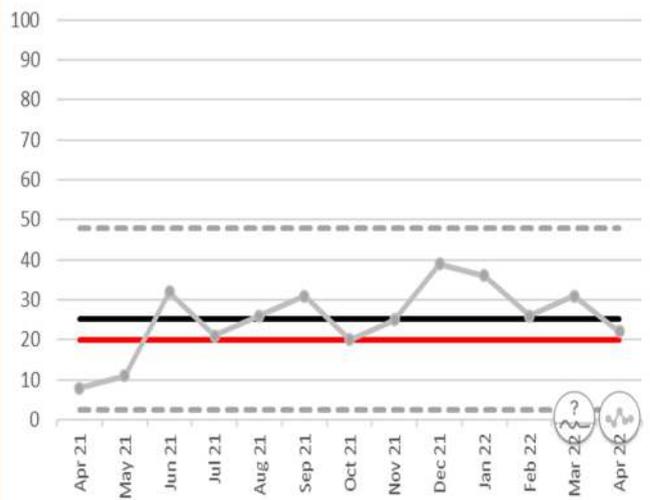
Referrals to UCR, Epicentre, Covid VW, Palliative Care Urgent Response Team, Admission Avoidance teams (Instead.Admission Avoidance)



Covid – Virtual Ward Referrals

Activity within is still being planned within this area as the new standards are now online. The Trust is planning to have 164 virtual wards beds worth of activity within the community setting by April 2022

Covid - Virtual Ward - Referrals



Hospital at Home

This is current a sub measure of the new virtual ward standards. In the coming month the activity within this area will be merged with that of the virtual ward measures as the activity and performance is aligned under the care navigation centre. The current activity shows expected variation mid-year.

Hospital at Home

