Paper ref:	TB (11/22) 013

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:**	2nd November 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 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]*

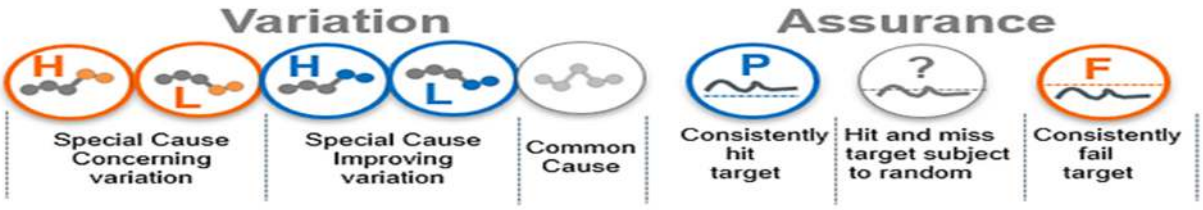
Board Assurance Framework Risk 01		*Deliver safe, high-quality care.*
Board Assurance Framework Risk 02		*Make best strategic use of its resources*
Board Assurance Framework Risk 03		*Deliver the MMUH benefits case*
Board Assurance Framework Risk 04		*Recruit, retain, train, and develop an engaged and effective workforce*
Board Assurance Framework Risk 05	X	*Deliver on its ambitions as an integrated care organisation*
Corporate Risk Register [Safeguard Risk Nos]		

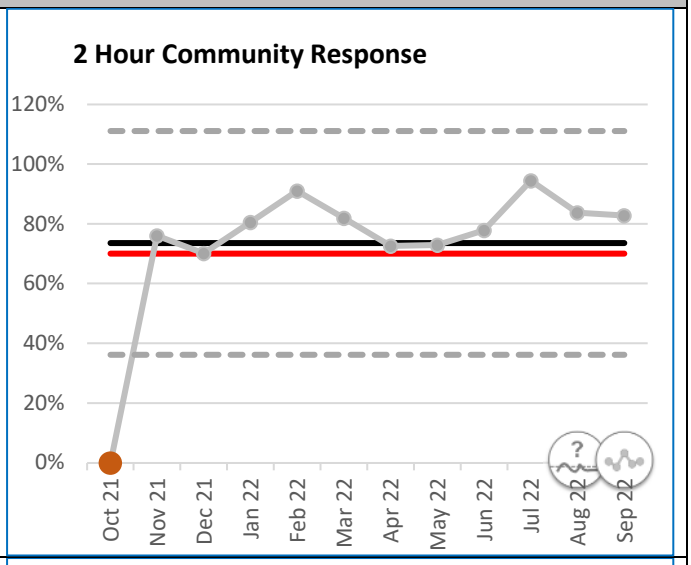
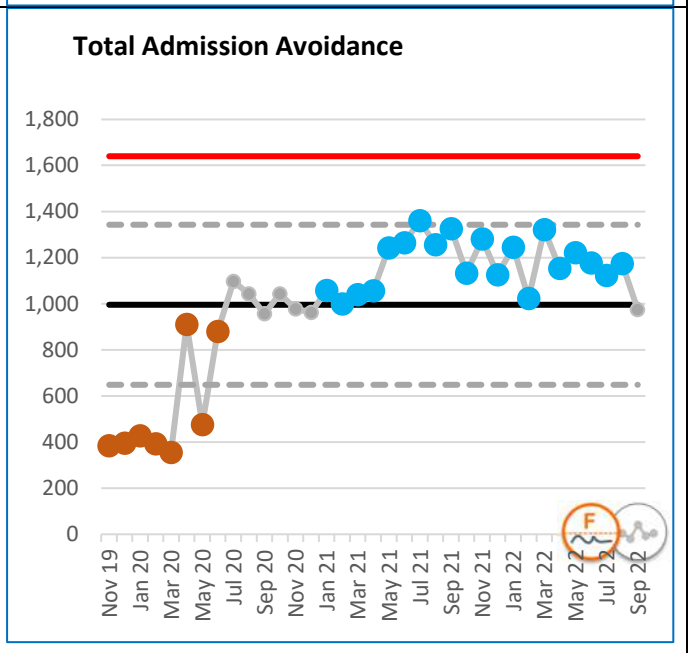
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed		
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed		

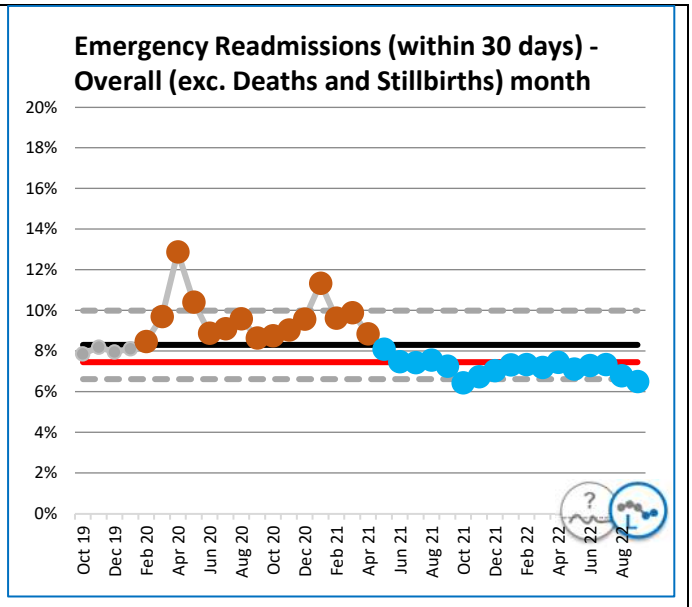
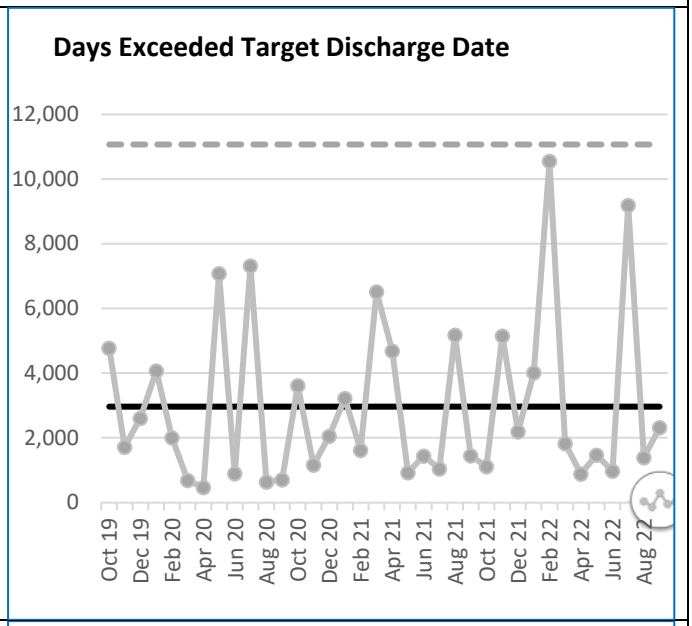
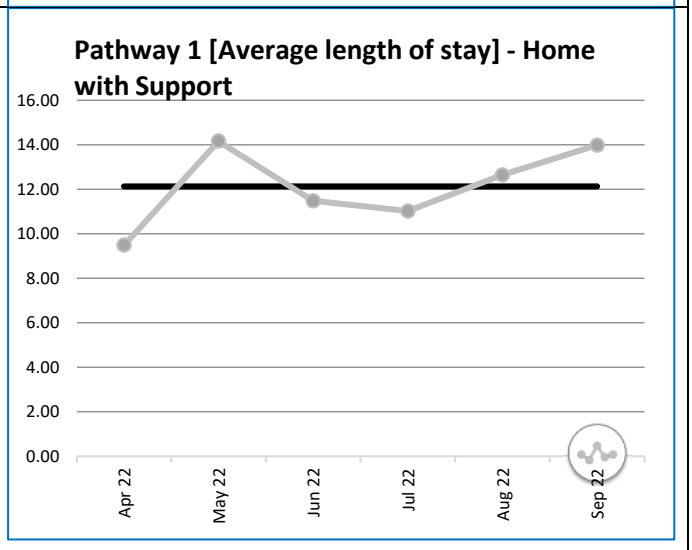
SANDWELL AND WEST BIRMINGHAM NHS TRUST

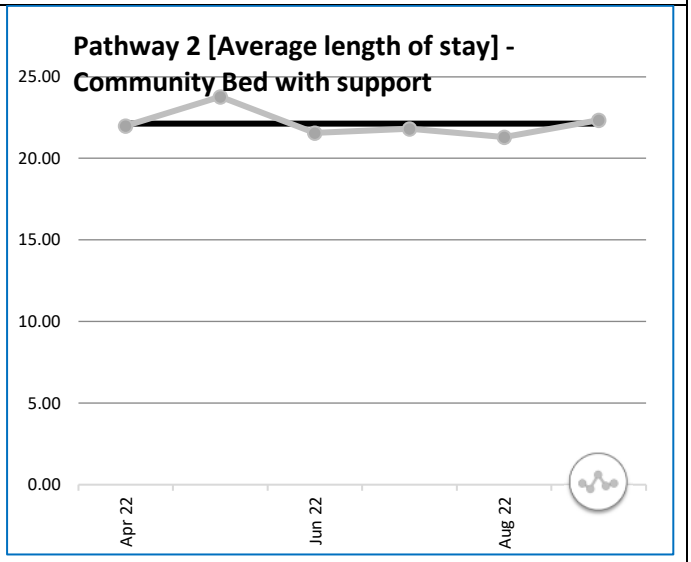
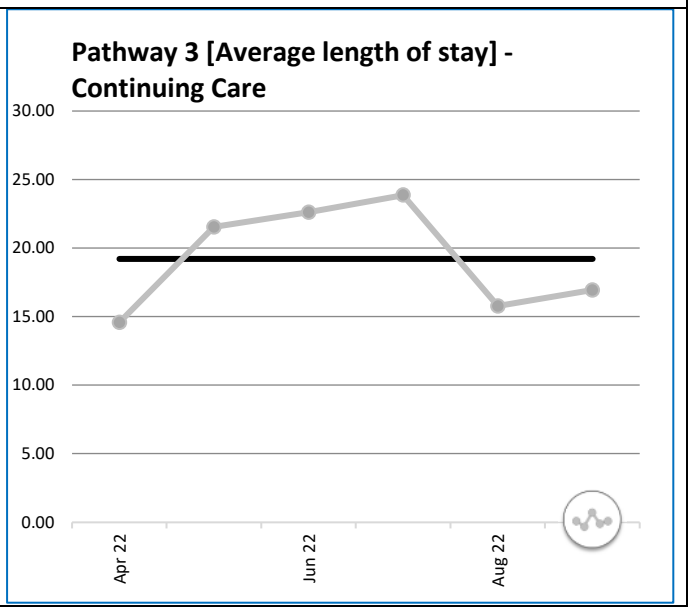
Report to the Public Trust Board on 2nd November 2022

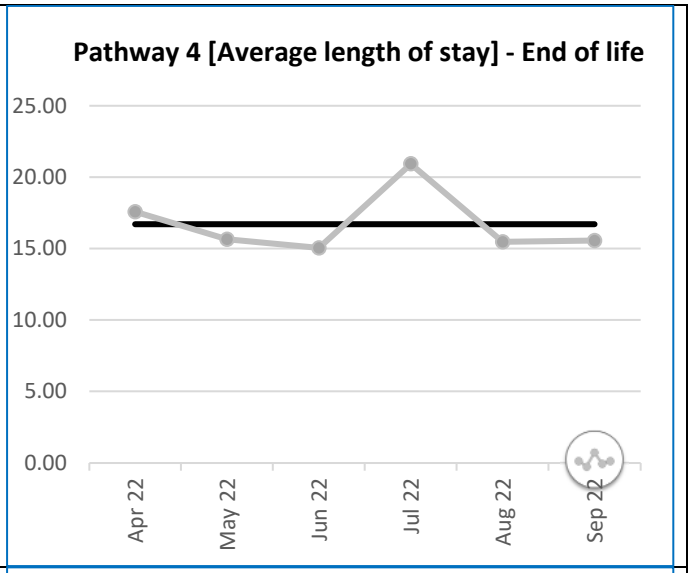
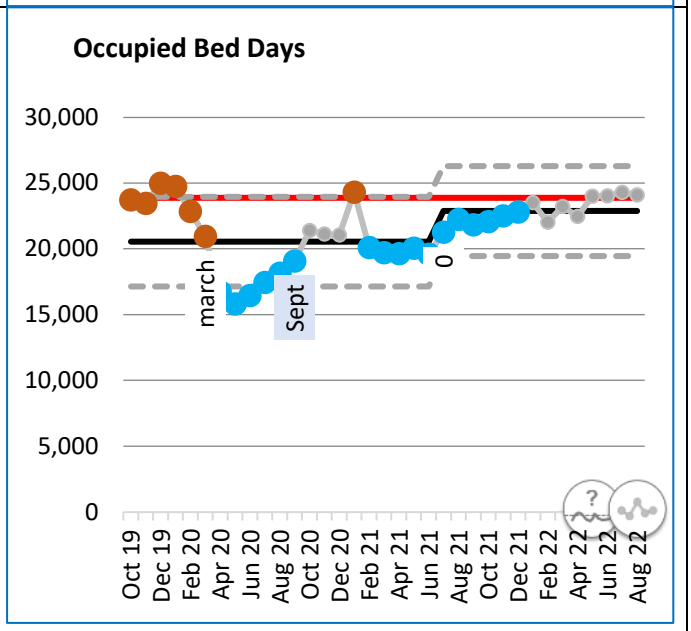
Board Level Metrics for Population/MMUH

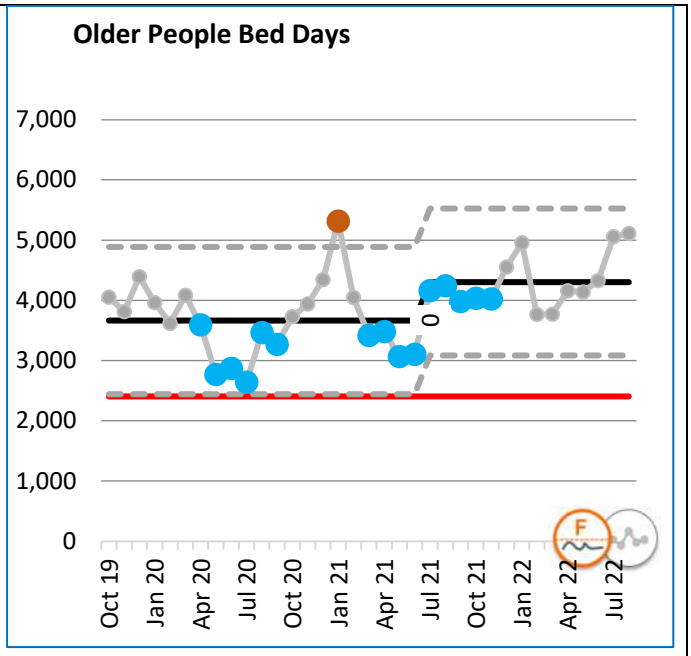


Trust Strategic Objective	Our Population
Executive Lead(s): Daren Fradgley, Chief Integration Officer Rachel Barlow, Chief Development Officer	
2 Hour Community Response The national target of reviewing 70% of people meeting Urgent Community Response criteria within 2 hours is being met and has increased to 83%. The total number of patients fitting the UCR2 criteria has also increase in September (198) 81% of those patients seen remaining within their own homes, 5% stepped up into a community bed and 10% requiring acute hospital admission	
Admission Avoidance The total number of people reviewed within the community Admission Avoidance (AA) services reduced in September. However, UCR2 numbers increased. Work is underway to add additional capacity into the community AA services with new clinical staff commencing through November. There remains further opportunity here to increase total numbers, improving outcomes and reducing acute hospital attendance. This is being addressed through work with West Midlands Ambulance Service (WMAS) to directly remove suitable patients from paramedic waiting lists into Urgent Community Care.	

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. However, time to therapy in this area has improved and readmissions in this cohort has reduced to 8%. Funding via the Better care Fund (BCF) has been agreed with a phased increase in capacity over 6 months.	
Days Exceeded Target Discharge Date There is large variability in this area. 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 home based intermediate care. 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. 70% of total recruitment to support increased P1 provision has occurred with further people commencing in post over the next 8 weeks. Social care provision	

remains a risk to delivery and a review of the local aggregate provider in Sandwell underway. Significant work is taking place with other areas to understand the complexities of out of areas discharges	
D2A-PATHWAY-2 Length of Stay Length of stay for people requiring temporary 24-hour care (community bed) and rehabilitation has deteriorated. 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. We have received winter resilience funding to support the opening of additional community beds to support discharge delays	
D2A – PATHWAY – 3 Length of Stay Length of stay for patients requiring new long-term care home placement (Pathway 3) has increased. 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 care home placements. There remain significant delays for people with learning disabilities requiring placement and this is an area of focus working with local learning disability care providers	

D2A PATHWAY – 4 Length of Stay Length of stay for patients requiring discharge for care at the end-of-life care (Pathway 4) has remained constant The Discharge Enablement Team (DET) funding has been extended to support care at home for a short period to expedite discharge. The palliative care QI project is supporting ward areas to identify and appropriately plan care for people at the end of life to ensure proactive management	
Occupied Bed Days Total beds days have plateaued. The implementation of the Virtual Wards from has provided community capacity to directly impact total occupied bed days. However, recruitment is on-going to further increase capacity in this area 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. There are considerable risks associated with total bed days particularly with demands on social care provision and recruitment to community teams	

Older People Bed Days Older people beds days remain a key area of focus with inconsistent results. The frailty strategy for Sandwell has now been launched pulling together the entire pathway, inclusive of population health management, attendance and admission avoidance and discharge support. We are also working closely with other providers in Birmingham to ensure there is a sustainable frailty model in Ladywood and Perry Barr. The Frailty Intervention Teams (FIT) is now operational in both EDs 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 continue to increase capacity More proactive work with complex MDTs for care homes and for people at home with high frailty scores has commenced We are also working with the voluntary sector to reduce functional decline for those with low – moderate frailty scores	
Cardiology Bed Days Cardiology bed days have increased. 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 conditions contribute significantly to cardiology bed days due to the prolonged length of stay currently. However, it is imperative that we operationalise the community in-reach model to support referral numbers and engage with acute teams to increase awareness of appropriate community pathways