



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:	8 th November 2023	
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 exception reporting and commentary to the area for which they are the lead within the Population Strategic Objective.</p> <p>This adds a further strengthening to 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>						
OUR PATIENTS		X	OUR PEOPLE		X	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	
3.	Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>						
4.	Recommendation(s)						
The Trust Board has asked to:							
a.	RECEIVE and NOTE the report for assurance						
b.	DISCUSS the escalations						
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	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 <small>[Safeguard Risk Nos]</small>							
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	

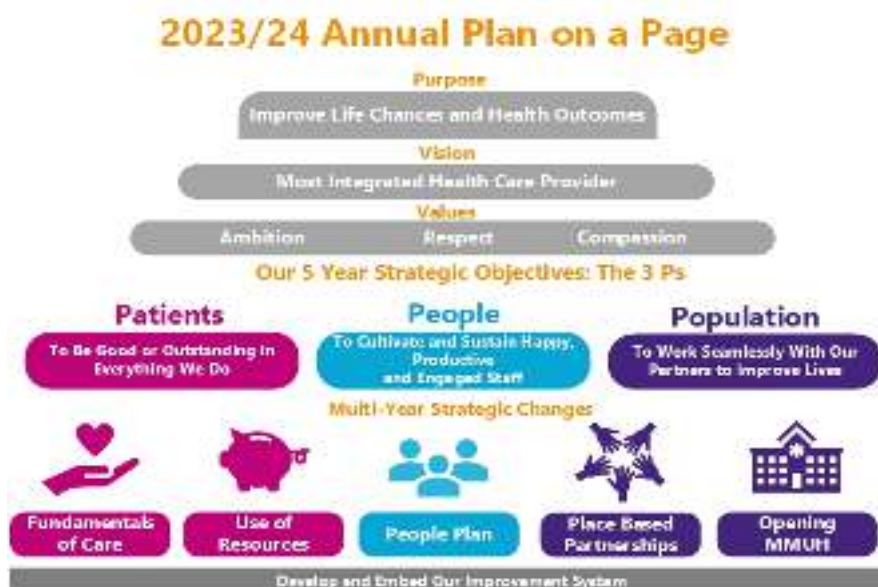
SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 8th November 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.









Our 14 Objectives for 2023/24

6 High Impact Objectives



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 Urgent Community Response – 2 Hour Performance (+)	Poor but getting better
	Common Cause Variation 	Predictably good	Ok Friends & Family Test Emergency Access Standard (EAS) Performance Urgent Community Response Contacts	Predictably poor DM01 62 Day (urgent GP referral to treatment) Excluding Rare Cancers Staff survey
	Special Cause Concern 	Good but getting worse	Ok but getting worse	Poor and getting worse RTT-Incomplete Pathway Pts waiting >65 weeks
	Not an SPC Chart	Good	Ok Patient Safety Incidents: Moderate Harm or Above Patient Safety Incidents Train leaders	Poor Income & Expenditure Bank & Agency Spend Elective Activity Occupancy & Bed Closure Plan
Annual plan objectives delivery to date	0%	47%	53%	

3. Committee escalations

3.1 Midland Metropolitan University Hospital Opening Committee

3.1.1 No escalations identified; discussion should focus on the relevant annual plan objectives.

3.2 **Integration Committee**

3.2.1 No escalations identified; discussion should focus on the relevant annual plan objectives.

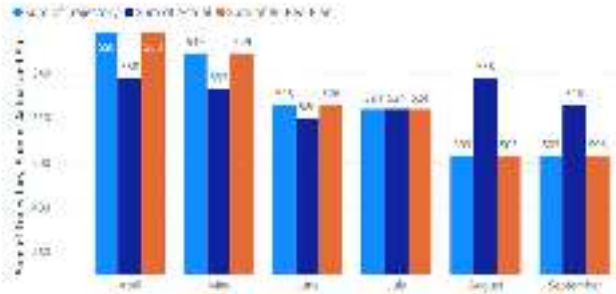
3.2.2 To reduce health inequalities through targeted improvements for patients with type 1 diabetes and for patients with respiratory conditions: The metrics and commentary are under construction and will be available soon.

Population

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 Closure Plan

Reduction Plan of Bed State for Healthy Beds 89 Beds



Equivalent Beds @ Planned Occupancy Rates



Analyst Commentary – Total Bed Days used (occupancy):

A step change has been added in November 2022 after observation of 6 months increased reporting. This process is in special cause improvement variation.

Analyst Commentary – Bed Occupancy % - Select Acute Beds Only:

A step change has been added in February 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:

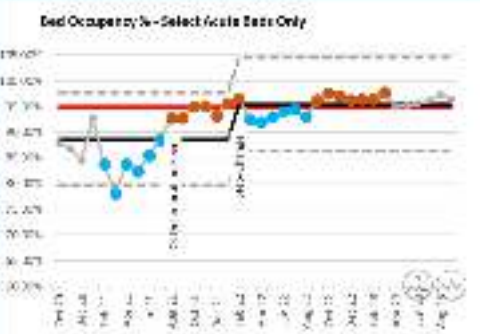
Our rightsizing schemes are overperforming with a significant reduction in bed day usage for patient cohorts included in the schemes. In particular, frailty is achieving significant admission avoidance and length of stay reduction.

We successfully closed 50 beds as per our bed closure plan. However, through August and September we have seen an increased bed occupancy to 95-97%. In addition, there is significant demand through our emergency departments which has necessitated temporary reopening of acute beds and a frequent utilisation of frailty SDEC as a bedded area. This has minimised the admission avoidance potential for frailty SDEC, adversely effecting patient flow.

Overall, we have seen a peak increase in total bed usage in August and September. Diagnostic work has highlighted contributing factors in addition to those described above such as increased total length of stay which is not linked to complex pathways. Mitigation is being planned and overseen by the Urgent Care Steering Group and MMUH Programme Group.

It should be noted that through winter we are anticipating an increase in acute bed usage with a peak deficit of 42 beds. This is being mitigated through the winter plan and will include opening additional capacity. This is an expected risk as the MMUH rightsizing schemes continue to develop.

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. SDF income is now agreed but the delay hindered the ability for timely recruitment.

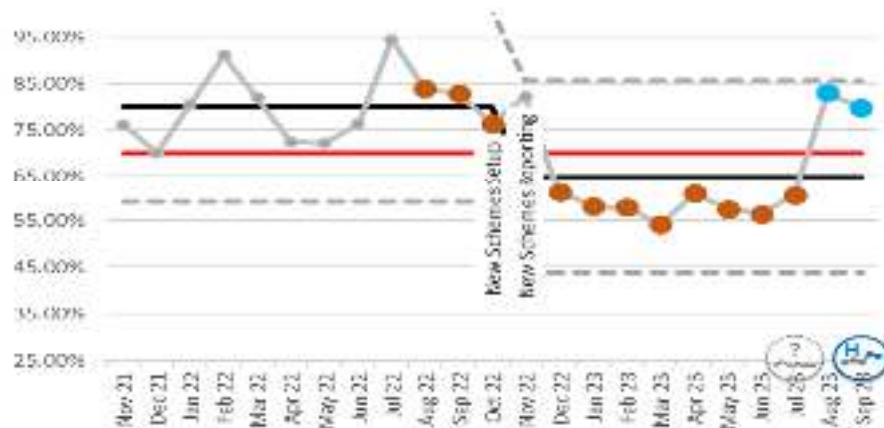


Commence Urgent Care steering group to include internal and external stakeholders to provide programme assurance	Deputy Chief Operating Officer / Deputy Chief Integration Officer	June 2023 - completed
Identify the causes of the increased bed usage through diagnostic work to confirm root cause and operational focus points	Deputy Chief Operating Officer / Deputy Chief Integration Officer	23/10/23

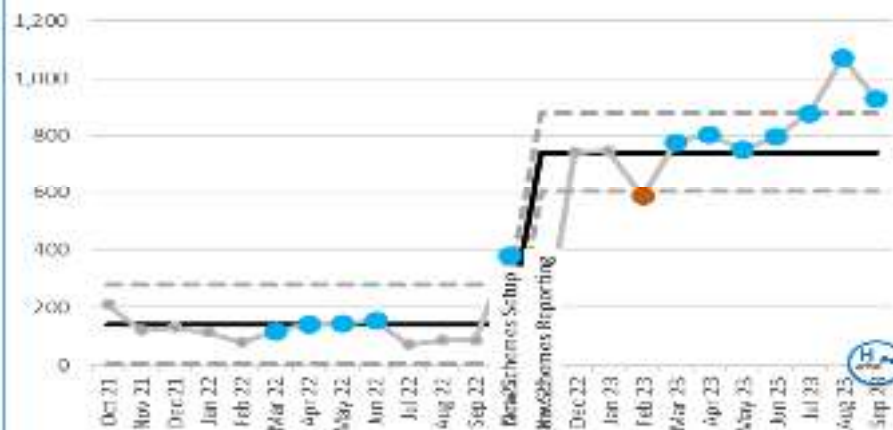
Population

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 (2 hour)



Analyst Commentary – Urgent Community Response – 2 hour performance:

A step change has been introduced in November 2022 after the introduction of new schemes and their respective reporting. This process is in special cause improvement. Target Source: National. Validation of the last 3 months response times has been performed by the department and the performance has improved.

Analyst Commentary – Urgent Community Response – No. Of Contacts (2 hour):

Increase in reporting November 2022 due to implementation of new UCR services. A step change has been introduced in November 2022. This process is in special cause improvement.

Analyst Commentary – Urgent Community Response – No. Of Contacts (All UCR Schemes):

Increase in reporting November 2022 due to implementation of new UCR services. A step change has been introduced in November 2022 due to these changes. This process is in common cause variation.

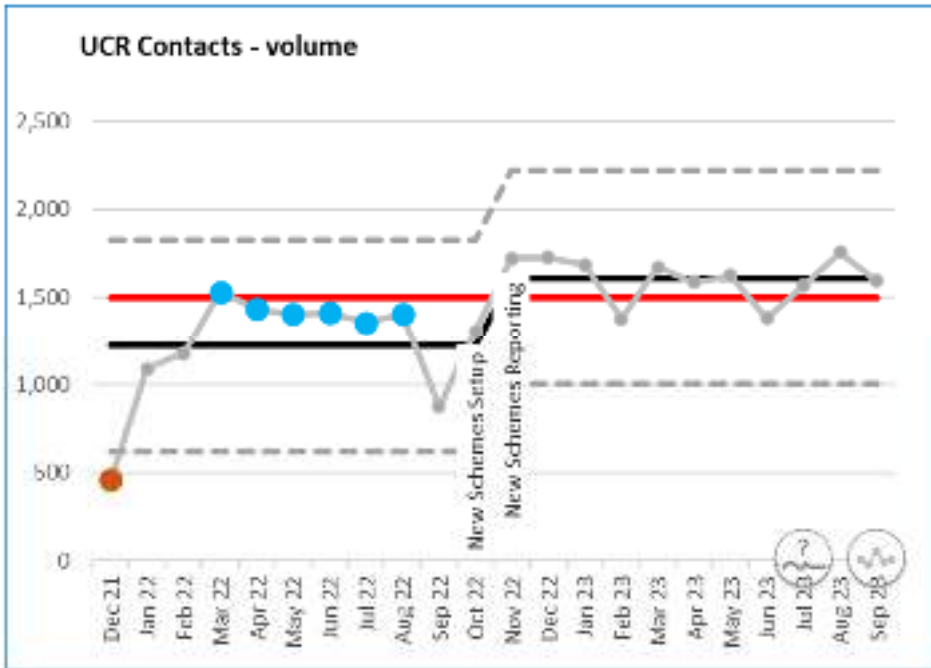
Executive Commentary:

The increase in the total volume of Urgent Community Response calls has increased to the target volume. This has been influenced by the change in reporting which now enables us to report all urgent activity that fits the national criteria. The data now includes district nursing, palliative care and out of hours activity which all has a 2-hour response target.

The newly included services, including district nursing are now meeting the national target due to post data validation. In order to further improve performance, we are utilising our town teams to ensure travel time to review urgent patients is reduced. The out of hours team, however, does not have a large enough staffing resource to sub-divide to town teams and so we are analysing the volume and time of calls to explore alternative options, including working with neighbouring Places.

The data included is for Sandwell patients only. We are now receiving similar data from Birmingham Community Healthcare NHS Foundation Trust for Ladywood and Perry Barr residents. This is showing potential for both increased performance and activity.

Action	By who	By when
Complete recruitment to enable the service to be extend operating hours	Group Director of Operations - PCCT	September 2023 – We were unable to recruit sufficient staff to extend the UCR operating hours due to the reduction SDF income
Complete pathway alignment with West Midland Ambulance Service to increase calls to community admission avoidance	Deputy Chief Integration Officer	September 2023 – phase 1 completed



Develop the Care Navigation Centre to with other local Places to develop a 'call before you convey' process with West Midlands Ambulance Service (WMAS)

Deputy Chief Integration Officer

January 2024

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	30 th September 2023 [Complete]
Utilising the data, identify appropriate PCNs to commence targeted support from the specialist diabetes and respiratory teams	Deputy Chief Integration Officer	14 th October 2023

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Occupied Bed Days	Sep 23	23474	21110			22340	19649	25031
Older People Bed Days	Aug 23	3906	2628			4097	2968	5226
Emergency Admissions - Medical Over 65	Sep 23	1058	820			1170	979	1361
SDEC - Delivered in the Correct Location	Sep 23	58.8%	95.0%			57.4%	51.1%	63.6%
Community Contacts	Sep 23	87679				76914	63526	90303
Inpatient RTT Incomplete Pathways	Aug 23	8066	4300			7863	7194	8531
Cardiology Bed Days	Aug 23	1393	778			1623	1191	2056
Imaging - Scanned within performance targets (A&e 30)	Sep 23	78.4%	95.0%			81.1%	78.8%	83.4%
Theatre InSession Utilisation	Sep 23	71.5%	85.0%			69.8%	64.2%	75.4%

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Pathway 0 - Simple Discharge [AvLOS]	Sep 23	4.9	4.1			5.2	4.3	6.1
Pathway 1 - Home with Support AvLOS, post NCTR	Sep 23	3.9	2.0			4.4	2.3	6.6
Pathway 2 - Community Bed with support AvLOS, post NCTR	Sep 23	8.3	5.0			9.5	5.0	14.1
Pathway 3 - Continuing Care AvLOS, post NCTR	Sep 23	7.4	7.0			9.1	0.1	18.0
Pathway 4 - End of life AvLOS, post NCTR	Sep 23	4.4	2.0			5.3	2.7	7.9
Emergency Readmissions (within 30 days) - Overall (excl)	Sep 23	6.9%	7.0%			7.6%	6.4%	8.8%
Beddays used	Sep 23	22858	21110			23409	21081	25736
Primary Care Appointments	Sep 23	170				150	97	221
Of those people who died in hospital % with a supporti	Sep 23	33.9%	79.0%			19.7%	11.5%	27.9%
Virtual Ward Bed Days	Sep 23	3				4	2	6
Admission Avoidance Schemes	Sep 23	1857				1496	1108	1885
Emergency Admissions aged 65 or over	Sep 23	1019				1168	980	1357
Frailty Intervention Team (FIT) Activity	Sep 23	45				55	-16	127
End of Life training	Sep 23	77.6%	95.0%			66.1%	57.9%	74.3%
Virtual Wards Patients	Sep 23	225				142	51	234
Urgent Community Response - 2 hour performance	Sep 23	62.7%	70.0%			61.2%	40.4%	82.1%
Average LOS	Sep 23	4.4	4.1			4.5	4.0	5.1

4. Recommendations

4.1 The Trust Board is asked to:

- a. **DISCUSS** performance against annual plan objectives
- b. **DISCUSS** the escalations

Matthew Maguire, Associate Director – Strategic Performance & Insight
November 2023