Paper ref: TB (09/22) 018





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:	7 th September 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 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			
Т	o be good or outstanding in		To cultivate and sustain happy,		To work seamlessly with our	X		
everything that we do			productive and engaged staff		partners to improve lives			

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:

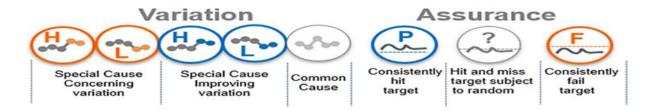
a. RECEIVE and note the report for assurance

5.	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		Χ	Deliver on its ambitions as an integrated care organisation						
Со	Corporate Risk Register [Safeguard Risk Nos]								
Eq	Equality Impact Assessment		this required?	Υ		N	Χ	If 'Y' date completed	
Quality Impact Assessment		Is t	this required?	Υ		N	Х	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 7th September 2022

Board Level Metrics for Population/MMUH



Trust Strategic Objective

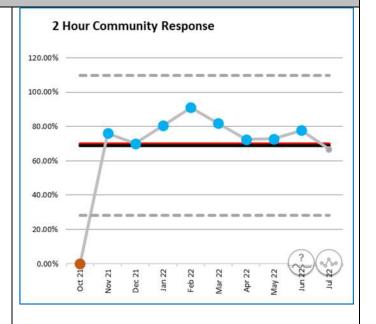
Our Population

Executive Lead(s): Daren Fradgley, Chief Integration Officer Rachel Barlow, Chief Development Officer

2 Hour Community Response

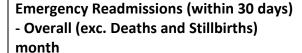
The national target of reviewing 70% of people meeting Urgent Community Response criteria within 2 hours dropped this month to 67%. However, it is noted that a cohort of patients have been included that did not meet criteria and therefore, post validation data improves to 76%. There remain further opportunities in this area to increase the total numbers of people seen as will as further improve the response time. This is being addressed through working with West Midlands Ambulance Service (WMAS) to directly remove suitable patients from paramedic waiting lists into Urgent Community Care. In addition, the extended Care Navigation Centre will expedite the use of community pathways.

Additional recruitment is underway with a trajectory to on-board 5 additional Advanced Clinical Practitioners by 1st
November 2022, this will increased capacity to achieve the 2 hour target
85% of patients seen within the Urgent Community Response service remain at home with 10.5% requiring acute hospital admission



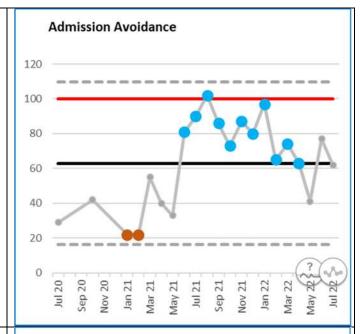
Admission Avoidance

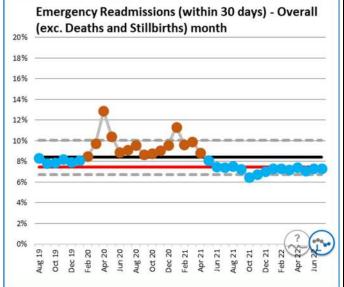
The amount of activity delivered in this area is showing 40 below the target. However, the data remains under development with a number of services currently not being included which will be addressed this month to provide more accurate data. This includes the District Nursing admission avoidance service and Epicentre (hospital at home). The main area of operational focus is in two key areas, increasing the volume of UCR2 as noted above and bringing the Care Navigation Centre online to start to address the increased urgent care activity.



The overall emergency readmission rate within 30 days data is consistent with some improvement. Work is being undertaken to look at specific conditions that our inconsistent with local and national benchmarking.

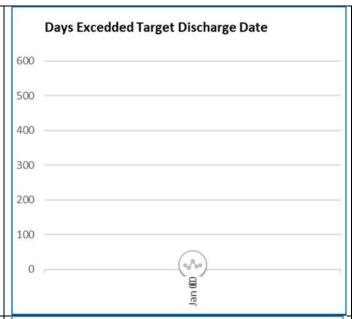
The large numbers of patients receiving home based rehabilitation (Pathway 1) is an area of focus with a caseload exceeding funded capacity and delays to treatment. As a result there is a 20% hospital readmission rate. Funding via the Better care Fund (BCF) has been agreed with a phased increase in capacity over 6 months. Associated recruitment is underway to address readmission rates for this cohort





Days Exceeded Target Discharge Date

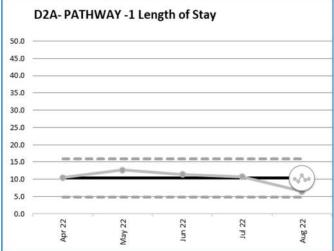
Data Is being Collected for the TDD date



D2A- PATHWAY -1 Length of Stay

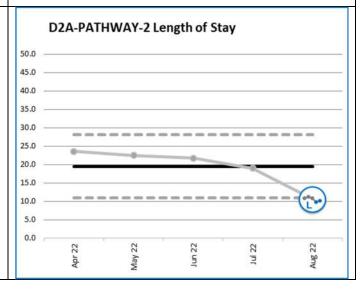
Despite the large volumes of patients requiring home based rehabilitation (Pathway 1), total length of stay following being deemed to have 'No Criteria To Reside' (NCTR) is improving. Recruitment to increase funded capacity is underway which will further improve length of stay alongside time to intervention and readmissions rates.

Sandwell Adult Social Care have renegotiated the care contract which will commence from 1st September putting additional social care capacity into the system



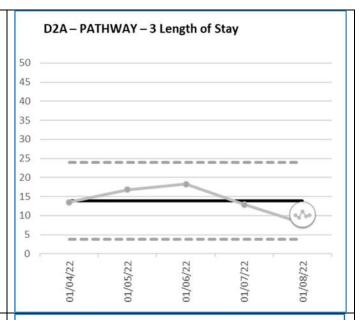
D2A-PATHWAY-2 Length of Stay

Length of stay for people requiring temporary 24 hour care (community bed) and rehabilitation is also improving. The opening of the Harvest View health and Social Care facility in November will provide 80 beds for Sandwell increasing capacity and further reducing length of stay for Pathway 2. We also continue to work closely with Birmingham to achieve improved access for Birmingham residents



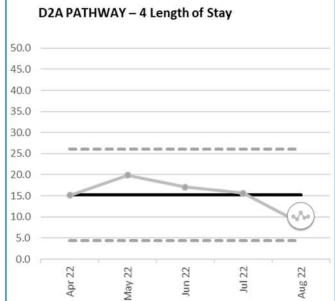
D2A - PATHWAY - 3 Length of Stay

Patients requiring new long term care home placement (Pathway 3) has improved through July. 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 carer arrangements



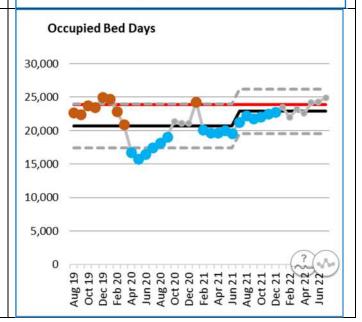
D2A PATHWAY – 4 Length of Stay

Patients requiring discharge for care end of life care (Pathway 4) are also seeing a reduced length of stay. The Discharge Enablement Team (DET) funding has been extended to support care at home for a short period to expedite discharge. A bid the BCF is being prepared to increase the Palliative Care therapy teams to support discharges over weekends



Occupied Bed Days

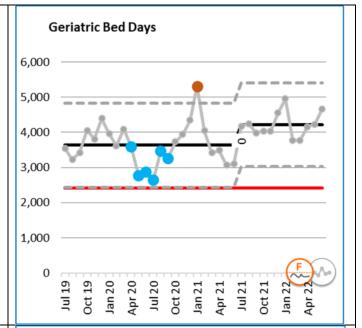
Total beds days have increased. The phased implementation of the Virtual Wards from September 2022 will provide community capacity to directly impact total occupied bed days. In addition a 'pull model' implemented by the Town Teams to support discharge and the commencement of the Integrated Front Door Team to avoid admissions will both impact total occupied bed days



Geriatric Bed Days

Geriatric beds days remain a key area of focus with inconsistent results. The Frailty Intervention Teams (FIT) are 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 provide additional capacity with 20 beds delivered from November 2022 and a further 10 from February 2023



Cardiology Bed Days

Cardiology bed days have also shown inconsistent improvement. The key areas of focus to improve, includes the expansion of the community IV Furosemide pathway for people with Heart Failure and community IV antibiotics for people with endocarditis. Both of these conditions contribute significantly to cardiology bed days due to the prolonged length of stay currently

