

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:	13 th March 2024	
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>					
Integration Committee						
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	<i>Deliver safe, high-quality care.</i>				
Board Assurance Framework Risk 02	X	<i>Make best strategic use of its resources</i>				
Board Assurance Framework Risk 03	X	<i>Deliver the MMUH benefits case</i>				
Board Assurance Framework Risk 04	X	<i>Recruit, retain, train, and develop an engaged and effective workforce</i>				
Board Assurance Framework Risk 05	X	<i>Deliver on its ambitions as an integrated care organisation</i>				
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 13th March 2024

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.

1.2 Population

1.3 We have seen a peak increase in total bed usage in January. The number of patients with no criteria to reside (NCTR) had stayed largely stable until January 2024 where we have seen an average increase in NCTR within acute beds. In January we opened an additional 8 beds at Harvest View to support patients on Pathway 2. We have at times seen delays in discharge for Birmingham residents and are working closely with Birmingham Community Healthcare NHS Foundation Trust to support and expediate discharges.

1.4 Admission avoidance schemes and urgent community response contacts are increasing, further indicated through special cause improvement to reduce emergency admissions and readmissions for patients aged 65 and over.

2023/24 Annual Plan on a Page







Our 14 Objectives for 2023/24



6 High Impact Objectives



2. Performance Overview: Annual Plan Objectives

(+) indicates improvement from last month, (-) indicates worsening from last month.

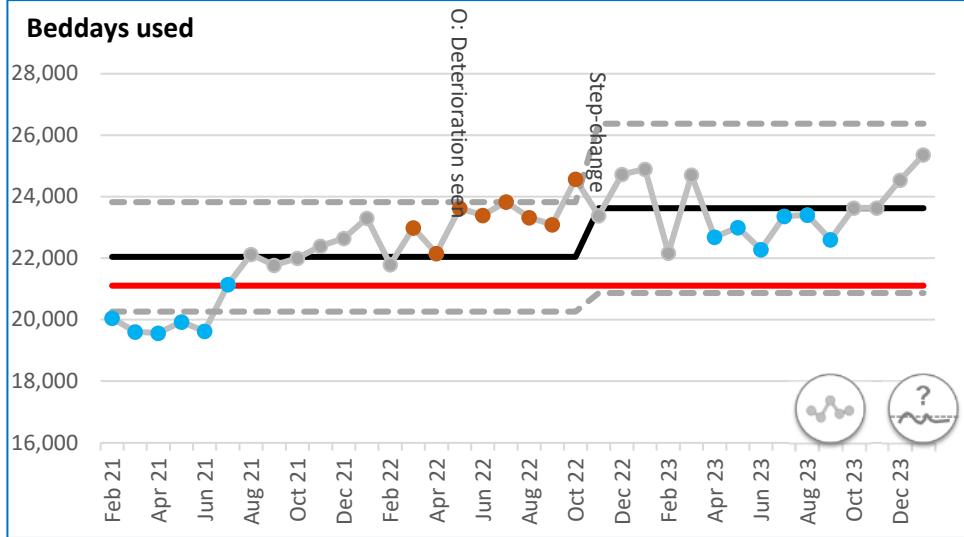
		Assurance		
		Passing the Target / Plan 	Hit & Miss the Target 	Failing the Target / Plan 
Variation	Special Cause Improvement 		Urgent Community Response Contacts (+)	

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

Population

Midland Metropolitan University Hospital Opening Committee Indicators

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

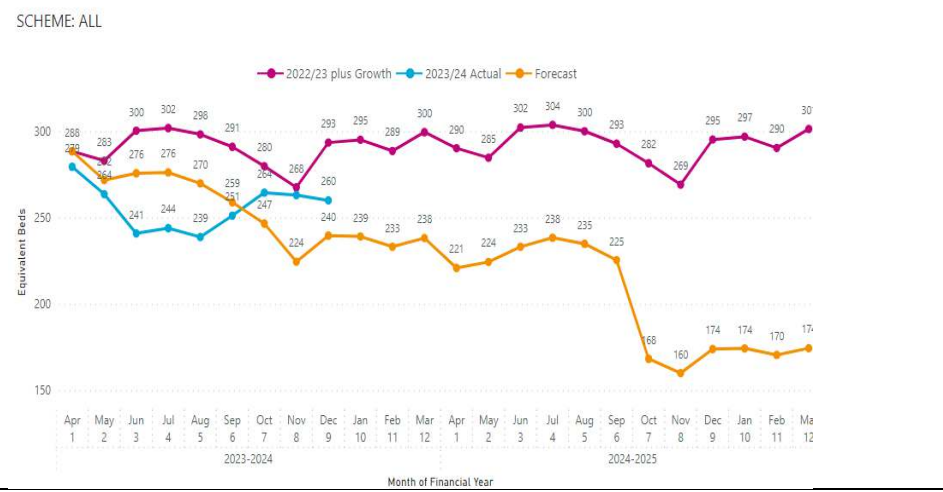
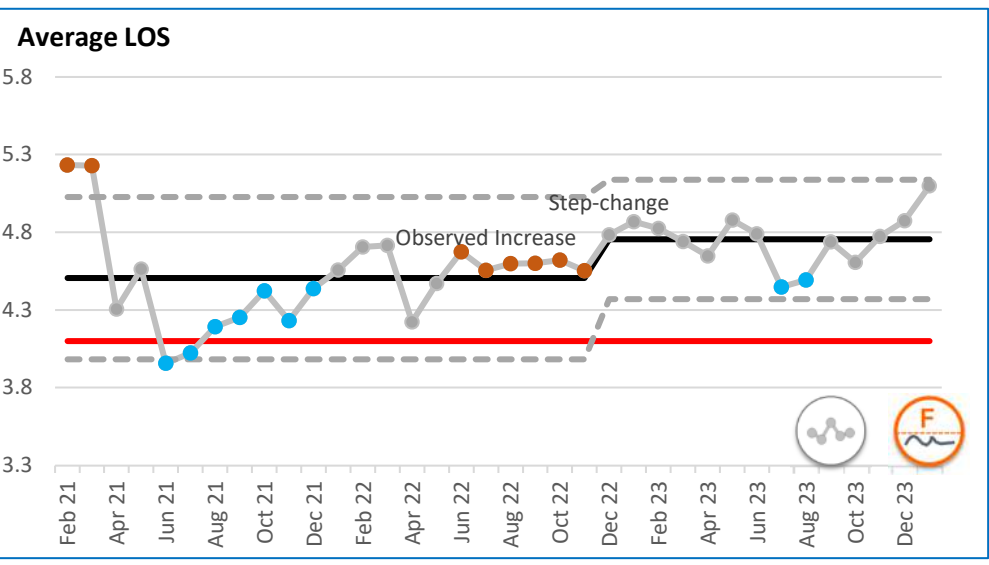
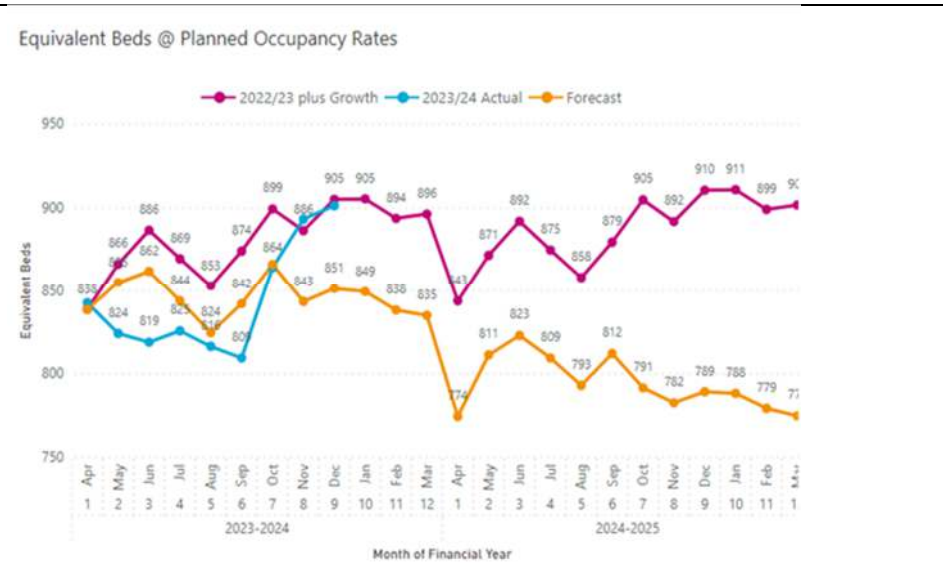
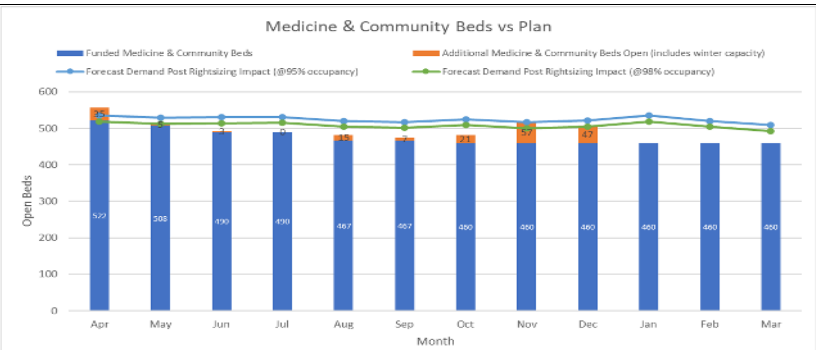



Analyst Commentary – Total Bed Days used (occupancy):
A step change has been added in November 2022 after observation of 6 months increased reporting. This process is in common cause variation.

Executive Commentary: Since the start of winter, we have seen significant pressures through our Emergency Departments (ED) with prolonged waits and demand for acute beds. The increase demand has led to an increase demand for medical beds and has necessitated the opening of additional beds beyond that forecast in the winter plan. The number of patients with NCTR has stayed largely stable until January 2024 where we have seen an average increase in acute beds. We have supported flow from acute beds with the addition of 24 beds open at Rowley Regis (this was part of the winter plan). In January, we opened an additional 8 beds at Harvest View to support patients on Pathway 2. We have at times seen delays in discharge for Birmingham residents and are working closely with Birmingham Community Healthcare NHS Foundation Trust to support and expediate discharges. Our rightsizing schemes continue to perform, with a 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. However, a delay in recruitment has prevented increasing the operational hours of the frailty intervention team and so further expansion has not been realised. Overall, we have seen a peak increase in total bed usage. 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 to be delivered by the additional right-sizing schemes and length of stay reduction actions in the bed-fit assurance paper and reset of UEC governance.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Funded Medicine & Community Beds Open	522	508	490	490	467	467	460	460	460	460	460	460
Funded Bed Closures (vs April 23 Baseline)	0	-14	-32	-32	-55	-55	-62	-62	-62	-62	-62	-62
Unfunded Medicine & Community Bed Closures (vs April 23 Baseline)	35	5	3	3	15	7	31	33	47			
Forecast (including through Medical & Community Beds)	0	-4	-19	-15	-40	-41	-42	-43	-42	-38	-37	-32
Average Input and Bed Occupancy (vs April 23 Baseline)	-10	-55	-57	-57	-45	-28	-29	-8	21			

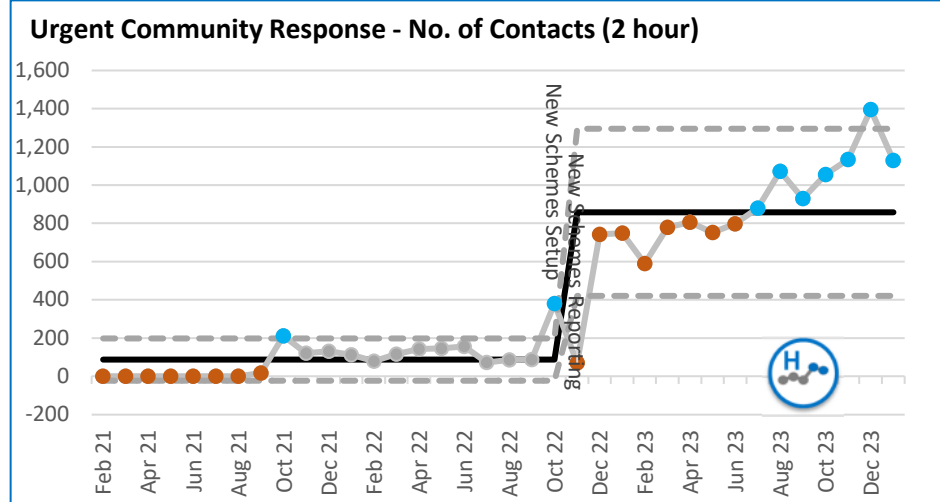
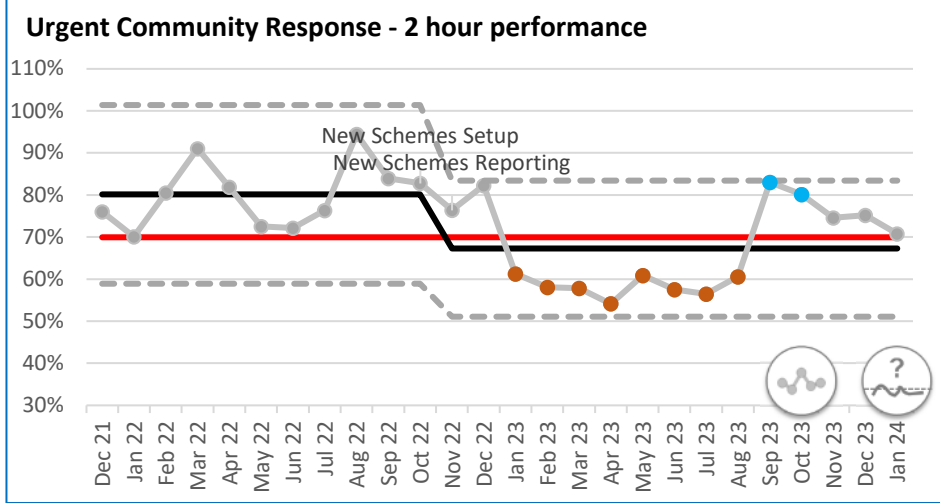
Action	By who	By when
Reduce the number of people with NCTR from back to baseline numbers	Deputy Chief Integration Officer	March 2024
Quantify the opportunity of bed day savings for additional 'plan B schemes'	Deputy Chief Operating Officer	March 2024
Commence West Birmingham locality hub	Deputy Chief Integration Officer	February 2024



KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Occupied Bed Days	Jan 24	25370	21110			23541	21978	25104
Older People Bed Days	Dec 23	4691	2628			4125	3068	5183
Emergency Admissions - Medical Over 65	Jan 24	1118	820			1175	1082	1269
SDEC - Delivered in the Correct Location	Jan 24	67.7%	95.0%			59.6%	54.0%	65.3%
Community Contacts	Jan 24	92298				89372	79270	99475
Inpatient RTT Incomplete Pathways	Dec 23	8347	4300			7896	7313	8479
Cardiology Bed Days	Dec 23	1684	778			1808	1286	2330
Imaging - Scanned within performance targets (A&e 30	Jan 24	78.8%	95.0%			79.6%	77.1%	82.1%
Theatre InSession Utilisation	Jan 24	70.3%	85.0%			71.4%	62.5%	80.2%

Integration Committee Indicators

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.



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 common cause variation. Target Source: National.

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:

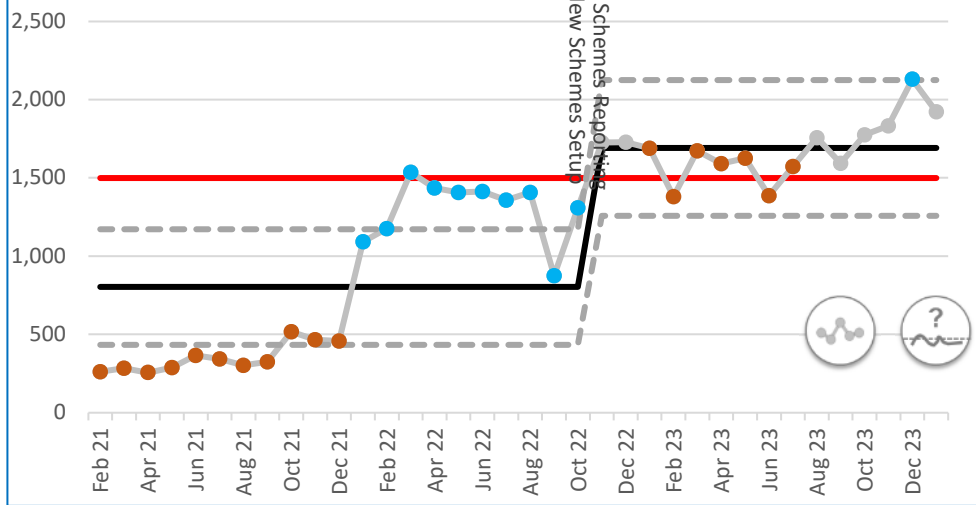
We continue to exceed the target volume of UCR calls. This has increased due to the realignment of community staff to focus on urgent pathways. The data now includes district nursing, palliative care and out of hours activity which all has a 2-hour response target.

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
Monitoring demand and capacity trends across the service to inform need to extend operating hours given SDF envelope reduction.	Group Director of Operations – PCCT	On-going
Undertake PDSA cycle as part of the Black Country with other local Places to develop a 'call before you convey' process with West Midlands Ambulance Service (WMAS)	Deputy Chief Integration Officer	February 2024

UCR Contacts - volume



KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Pathway 0 - Simple Discharge [AvLOS]	Jan 24	2.8	4.1			2.5	2.0	3.0
Pathway 1 - Home with Support AvLOS. post NCTR	Jan 24	3.7	2.0			4.4	2.4	6.4
Pathway 2 - Community Bed with support AvLOS. post NCTR	Jan 24	7.0	5.0			9.6	4.5	14.7
Pathway 3 - Continuing Care AvLOS. post NCTR	Jan 24	15.0	7.0			9.3	-0.8	19.4
Pathway 4 - End of life AvLOS. post NCTR	Jan 24	2.6	2.0			5.2	2.1	8.2
Emergency Readmissions (within 30 days) - Overall (excluding 65+)	Jan 24	7.1%	7.0%			7.1%	6.2%	8.0%
Beddays used	Jan 24	24565	21110			23577	20746	26408
Primary Care Appointments	Jan 24	8248	17750			8720	5968	11472
Of those people who died in hospital % with a supportive care plan	Jan 24	36.6%	80.0%			30.7%	21.7%	39.6%
Admission Avoidance Schemes	Jan 24	2306	1500			1803	1393	2213
Emergency Admissions aged 65 or over	Jan 24	1163	1011			1164	992	1336
Frailty Intervention Team (FIT) Activity	Jan 24	50	-			57	-8	123
End of Life training	Dec 23	79.5%	95.0%			68.1%	61.0%	75.2%
Virtual Wards Patients	Jan 24	349	382			191	26	356
Urgent Community Response - 2 hour performance	Jan 24	72.4%	70.0%			67.4%	51.5%	83.2%
Average LOS	Jan 24	5.1	4.1			4.8	4.4	5.1

3. Recommendations







- 3.1 The Public Trust Board is asked to:
- a. **NOTE** performance against annual plan objectives.
 - b. **NOTE** relevant escalations.

Name: Matthew Maguire, Associate Director – Strategic Performance & Insight

Date: March 2024

Annex 1: How to Interpret SPC Charts

How to Interpret Statistical Process Control Charts

		Assurance		
		Passing the Target / Plan 	Hit & Miss the Target 	Failing the Target / Plan 
Variation	Special Cause Improvement 	Good and getting better We consistently pass the target, and performance is improving	Ok but getting better We hit the target sometimes and performance is improving	Poor but getting better We consistently fail the target, but performance is improving
	Common Cause Variation 	Predictably good We consistently pass the target and performance stays within a reliable range	Ok We hit the target sometimes but performance stays within a reliable range	Predictably poor We consistently fail the target and performance stays within a reliable range
	Special Cause Concern 	Good but getting worse We consistently pass the target but performance is worsening	Ok but getting worse We hit the target sometimes but performance is worsening	Poor and getting worse We consistently fail the target and performance is worsening
	Not an SPC Chart	Good We don't track this using an SPC chart, but it is hitting the target or plan	Ok We don't track this using an SPC chart, but it is occasionally passing the target or plan – but not consistently	Poor We don't track this using an SPC chart, but it is consistently failing the target or plan

A Statistical Process Control (SPC) chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data which are unlikely to have occurred due to chance and require investigation.

Special Cause Variation is statistically significant patterns in data which may require investigation, including:

- Trend: 6 or more consecutive points trending upwards or downwards
- Shift: 7 or more consecutive points above or below the mean
- Outside control limits: One or more data points are beyond the upper or lower control limits

Orange indicates a decline in performance; Blue indicates an improvement in performance.

The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes a number of videos explaining the approach and a series of case studies – these can be accessed via the following link - improvement.nhs.uk/resources/making-data-count