Paper ref:	TB Public (01/24) 015

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:**	20th January 2024

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 exception reporting and 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	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives	X

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*

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 *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*

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 [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 10th January 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.

2023/24 Annual Plan on a Page

Purpose

Improve Life Chances and Health Outcomes

Vision

Most Integrated Health Care Provider

Values

Ambition | Respect | Compassion

Our 5 Year Strategic Objectives: The 3 Ps

Patients – To Be Good or Outstanding in Everything We Do

People – To Cultivate and Sustain Happy, Productive and Engaged Staff

Population – To Work Seamlessly With Our Partners to Improve Lives

Multi-Year Strategic Changes

- Fundamentals of Care
- Use of Resources
- People Plan
- Place Based Partnerships
- Opening MMUH

Develop and Embed Our Improvement System

Our 14 Objectives for 2023/24

6 High Impact Objectives

- Reduce harm
- Improve patient experience
- Reduce bank & agency spend
- Increase elective activity
- Train leaders
- Reduce bed occupancy levels to safely open the new hospital

Other objectives:

- No 65 week waits
- 76% in Emergency Access Standard
- 85% in 62 Day Cancer Standard
- 85% in Diagnostics Standard
- Achieve Income & Expenditure Plan
- Improve staff experience
- Achieve 70% Urgent Community Response Standard
- Reduce health inequalities in respiratory & diabetes

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	Good and getting better	Ok but getting better	Poor but getting better
	Common Cause Variation	Predictably good	Ok Friends & Family Test	Predictably poor DM01

			Urgent Community Response Contacts Urgent Community Response – 2 Hour Performance	62 Day (urgent GP referral to treatment) Excluding Rare Cancers Staff survey
	Special Cause Concern	**Good but getting worse**	**Ok but getting worse** Emergency Access Standard (EAS) Performance (-)	**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. Escalations

3.1 ***Bed Days, Occupancy and Length of Stay:*** We are reporting an increased occupancy rate in the past few weeks (Figure 1). In Figure 2 we can see an increase in Average LOS in the past calendar year, because we have added a step-change in December 2022 which increased the mean LOS from 4.53 to 4.72. This metric is failing its target and cannot be expected to reach it under current process. In conjunction with an increased Average LOS, we have seen a decrease in the number of emergency admissions over the past calendar year (Figure 3 and Figure 4). The number of elective admissions is also within common cause variation (Figure 5). However, anecdotally we have seen emergency medical outliers in surgical beds, which may have influenced our elective performance. As a result, these changes have cancelled out any schemes implemented aiming to reduce the number of bed days used (Figure 6).

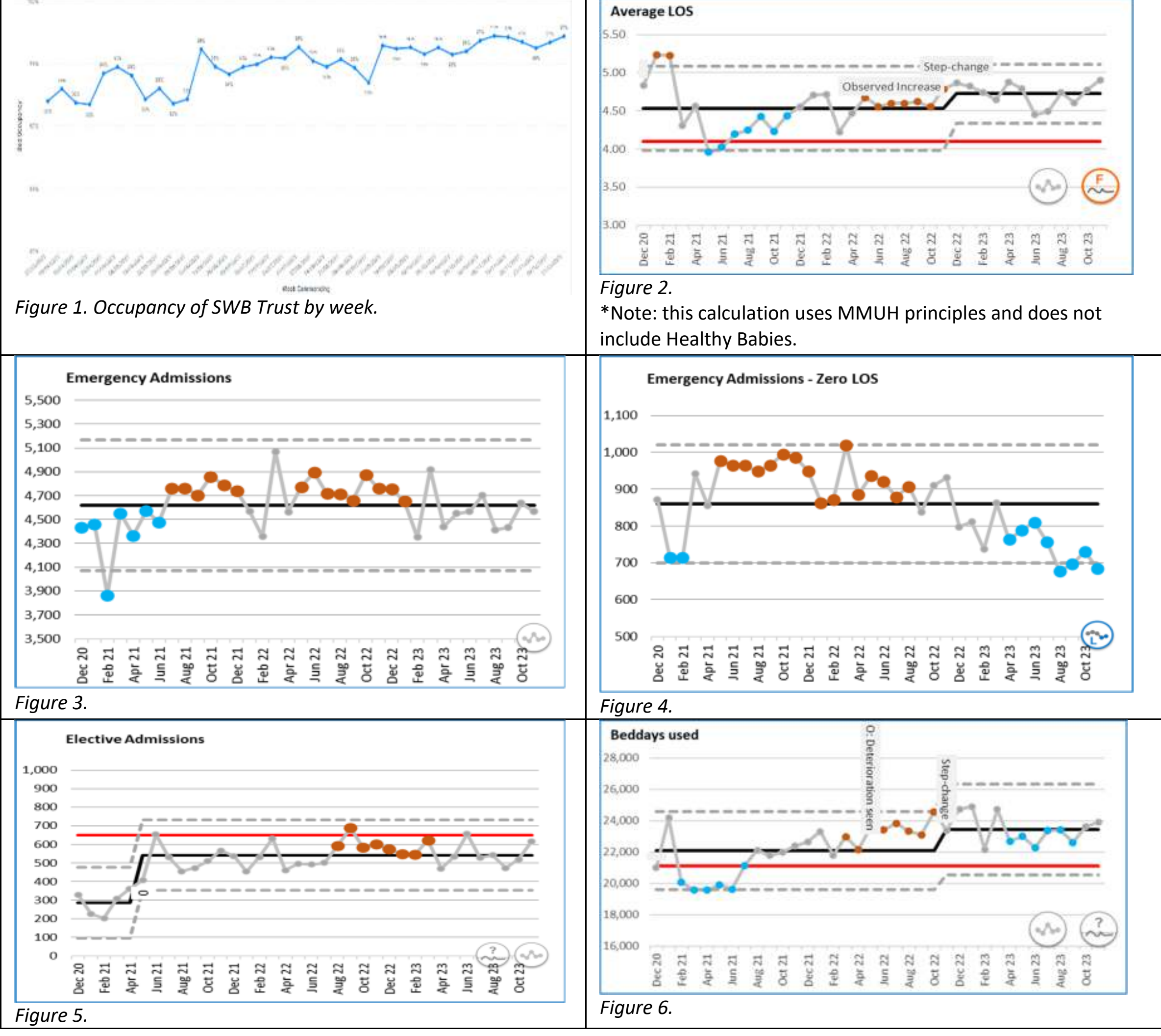


Figure 1. Occupancy of SWB Trust by week.

Figure 2.
*Note: this calculation uses MMUH principles and does not include Healthy Babies.

Figure 3.

Figure 4.

Figure 5.

Figure 6.

3.2 ***65-Week waiters Referral to Treatment:*** Currently we have an issue with our performance of 65-week waiters for Referral to Treatment (RTT). The ICB has two key measures that they are now managing the organisation by and so we have included the operational graphs for these metrics. The first graph shows the total cohort of patients that <u>could</u> become 65-week waiters and shows our reduction of this cohort

completely by stopping the RTT clock (Figure 7). The second graph shows the same cohort but removes the patient once the first outpatient appointment has been given (Figure 8).

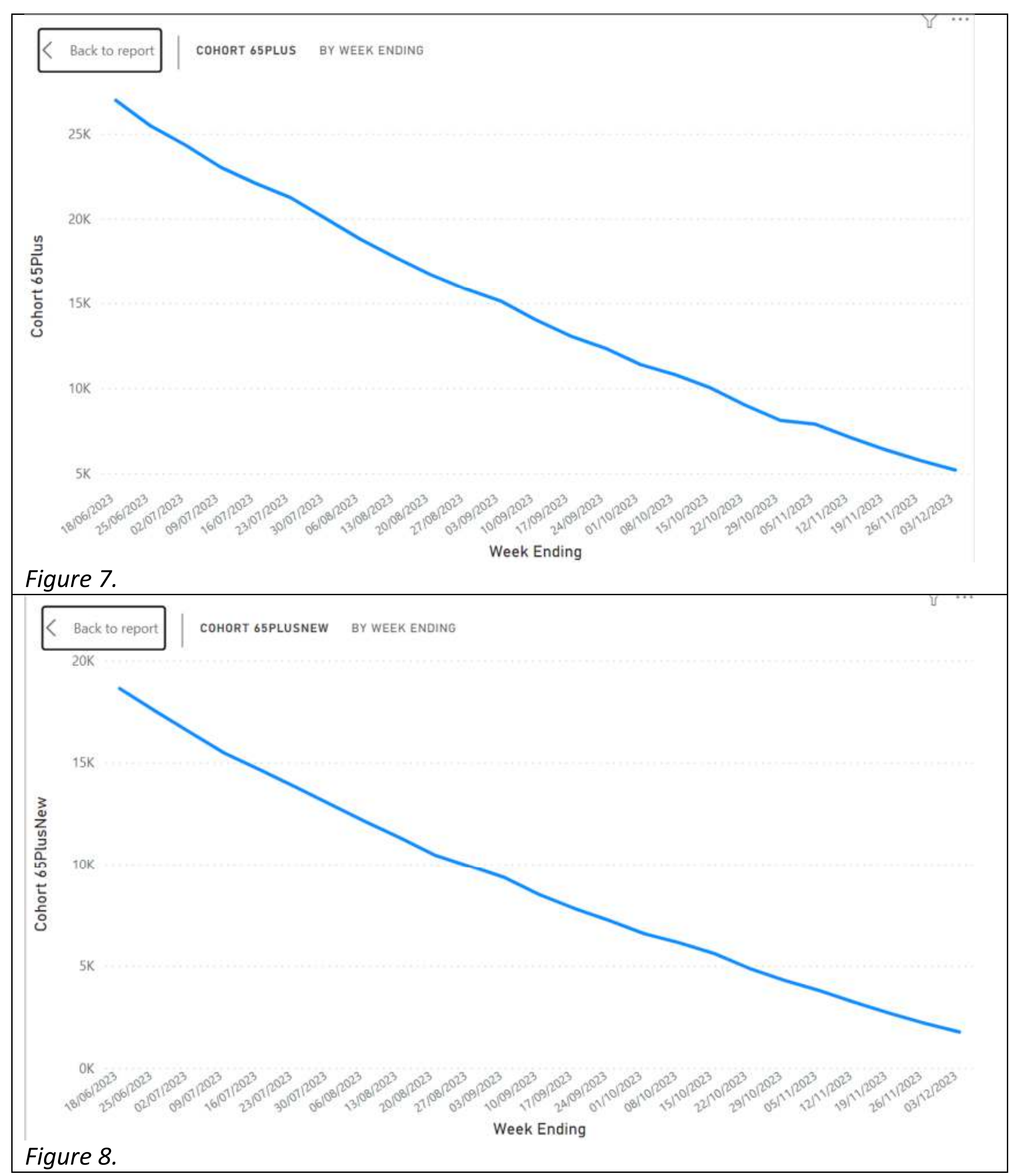
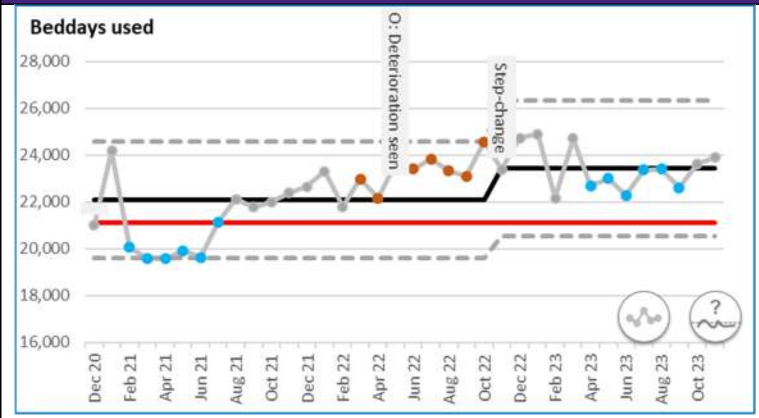


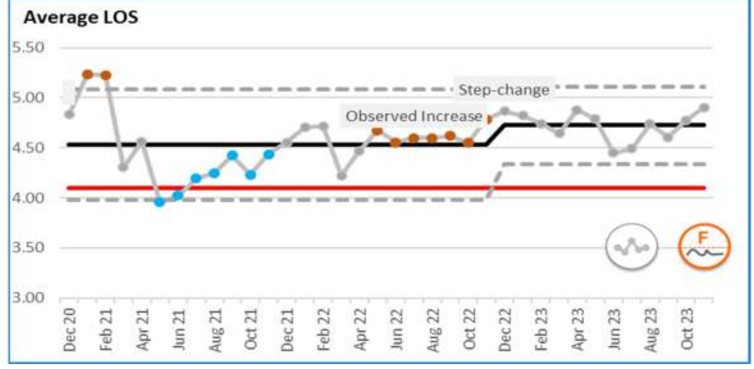
Figure 7.

Figure 8.

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





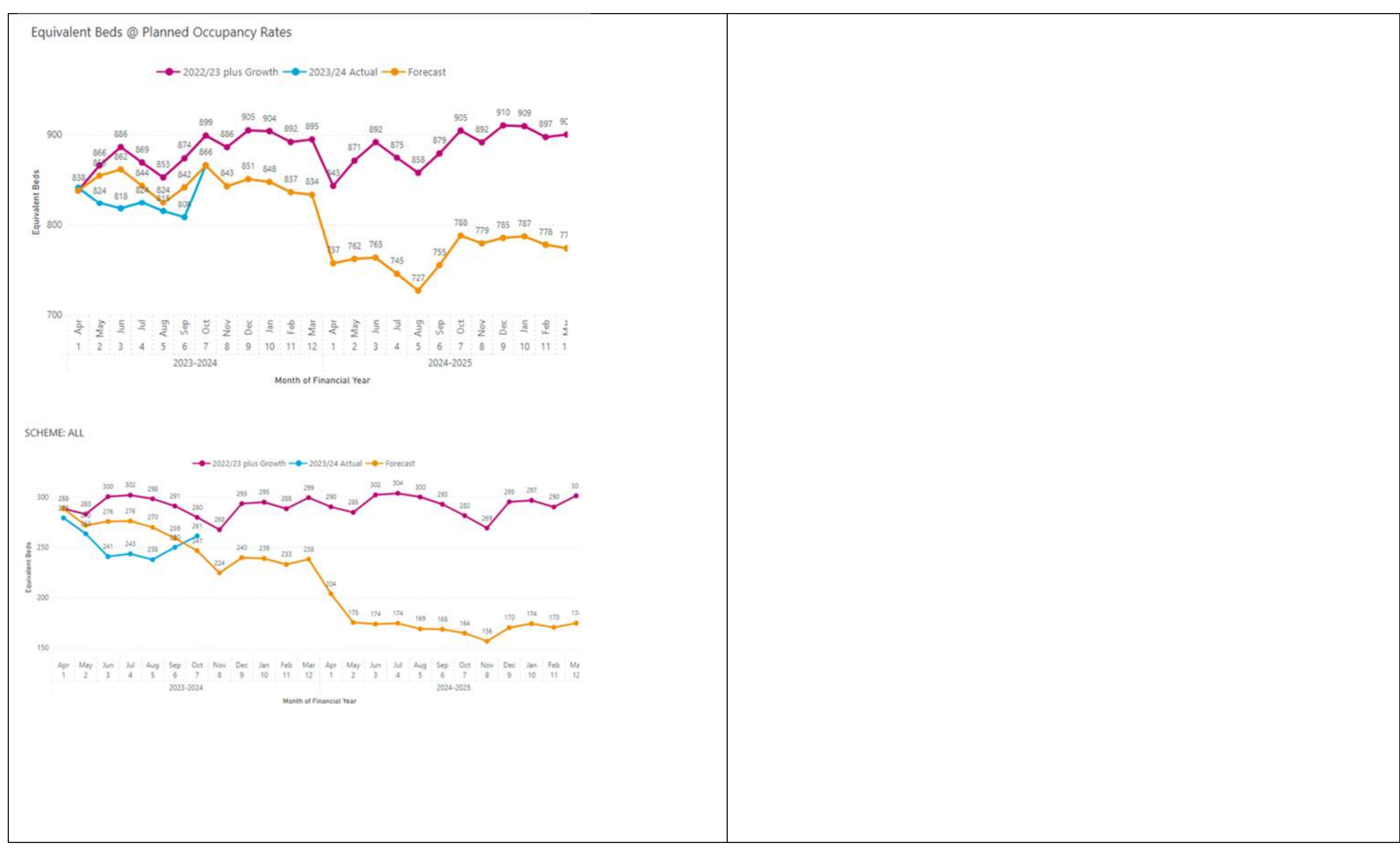
Analyst Commentary – Total Bed Days used (occupancy):

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:

As at 14/12/2023 we have not yet received commentary, however the graphs have been updated. We have left in the action plan from last month.

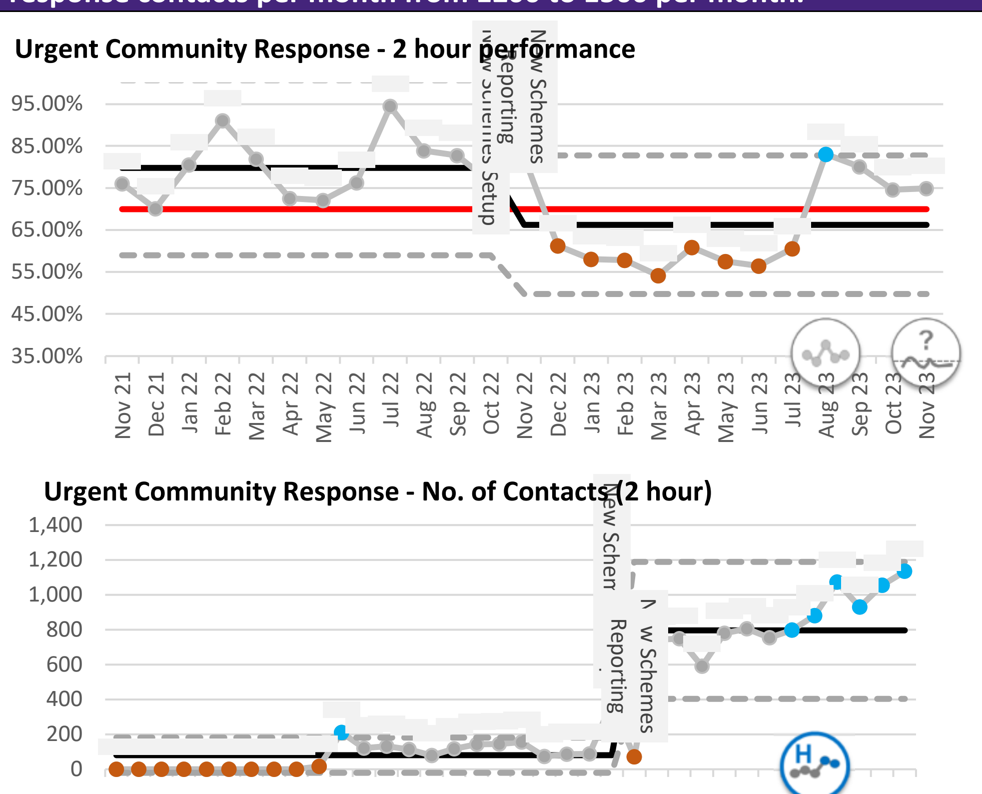
Action	*By who*	*By when*
Close a total of 62 unfunded/ additional acute beds – with an additional 24 to be identified from appropriate base wards	Deputy Chief Operating Officer	October 2023
Increase total number of frailty Virtual Ward Beds to 30 with an 85% occupancy	Deputy Chief Integration Officer	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	December 2023 - underway



Equivalent Beds @ Planned Occupancy Rates
2022/23 plus Growth
2023/24 Actual
Forecast
Equivalent Beds
900
800
700
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2023-2024
2024-2025
Month of Financial Year
SCHEME: ALL
2022/23 plus Growth
2023/24 Actual
Forecast
Equivalent Beds
300
250
200
150
2023-2024
2024-2025
Month of Financial Year

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.



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.

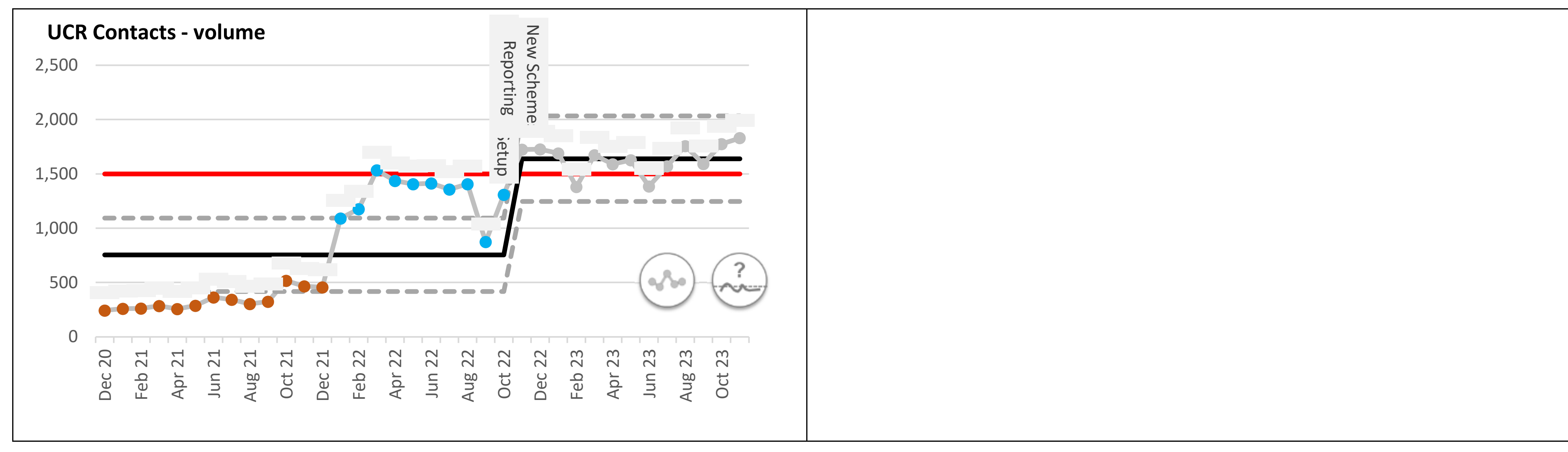
Analyst Commentary – Urgent Community Response – No. Of Contacts (2 hour):
Increase in reporting November 2022 due to implementation of new UCR services. A step change has been introduced in November 2022. This process is in special cause improvement.

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:
November performance sees increase in UCR contacts overall and overall the 70% target has been achieved. All services providing 2hr UCR are now reporting and all services have achieved the national target of 70% compliance

Considerable work continues within care homes to default to call UCR prior contact to WMAS. Implementation of WMAS Clinical Conversation within the Black Country UCR teams before you conveying to access alternative community pathways

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
Complete pathway alignment with West Midland Ambulance Service to increase calls to community admission avoidance	Deputy Chief Integration Officer	September 2023 – phase 1 completed
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	January 2024


UCR Contacts - volume
2,500
2,000
1,500
1,000
500
0
Dec 20
Feb 21
Apr 21
Jun 21
Aug 21
Oct 21
Dec 21
Feb 22
Apr 22
Jun 22
Aug 22
Oct 22
Dec 22
Feb 23
Apr 23
Jun 23
Aug 23
Oct 23
New Scheme
Reporting

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Occupied Bed Days	Nov 23	23972	21110			23422	20693	26151
Older People Bed Days	Oct 23	4163	2628			4122	2787	5457
Emergency Admissions - Medical Over 65	Nov 23	1056	820			1179	1003	1355
SDEC - Delivered in the Correct Location	Nov 23	63.6%	95.0%			59.2%	53.4%	64.9%
Community Contacts	Nov 23	86846				89380	79896	98864
Inpatient RTT Incompelete Pathways	Oct 23	7950	4300			7847	7206	8489
Cardiology Bed Days	Oct 23	1548	778			1641	1108	2174
Imaging - Scanned within performance targets (A&e 30	Nov 23	77.7%	95.0%			79.7%	77.0%	82.4%
Theatre InSession Utilisation	Nov 23	70.8%	85.0%			71.5%	62.4%	80.6%

Population: Summary Table	Integration Committee

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Pathway 0 - Simple Discharge [AvLOS]	Nov 23	2.4	4.1			2.5	2.0	3.0
Pathway 1 - Home with Support AvLOS. post NCTR	Nov 23	4.1	2.0			4.4	2.4	6.5
Pathway 2 - Community Bed with support AvLOS. post NCTR	Nov 23	10.9	5.0			9.8	4.9	14.6
Pathway 3 - Continuing Care AvLOS. post NCTR	Nov 23	5.8	7.0			9.0	-0.2	18.1
Pathway 4 - End of life AvLOS. post NCTR	Nov 23	5.0	2.0			5.3	2.5	8.2
Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	Nov 23	6.4%	7.0%			7.0%	6.2%	7.9%
Beddays used	Nov 23	23850	21110			23441	20562	26319
Primary Care Appointments	Nov 23	9617	-			8910	6713	11108
Of those people who died in hospital % with a supportive care plan	Nov 23	35.8%	79.0%			31.0%	21.8%	40.3%
Virtual Wards - average length of stay	Nov 23	3.7	-			4.4	2.1	6.6
Admission Avoidance Schemes	Nov 23	2005	-			1791	1463	2119
Emergency Admissions aged 65 or over	Nov 23	1056	-			1165	988	1342
Frailty Intervention Team (FIT) Activity	Nov 23	31	-			56	-13	124
End of Life training	Nov 23	79.5%	95.0%			68.1%	61.0%	75.2%
Virtual Wards Patients	Nov 23	318	-			180	9	351
Urgent Community Response - 2 hour performance	Nov 23	75.2%	70.0%			66.3%	49.7%	82.9%
Average LOS	Nov 23	4.9	4.1			4.7	4.3	5.1

4. Recommendations

4.1 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: 15th December 2023

Annex 1: How to Interpret SPC Charts

Annex 1

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 are 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