ACH/17/73
Health and Adult Care Scrutiny
21 November 2017

Performance report using data for the year ending September 2017
Report of the Head of Adult Commissioning and Health (DCC) and Joint Director Strategy (South Devon and Torbay CCG and NEW Devon CCG)

1. Performance commentary reflects the reported position as at September 2017 (Month 6) and focusses on a range of metrics covering acute and community hospital settings, primary care and social care selected by system leaders to give an overview of health and care in Devon. A whole system scorecard has been developed with each indicator explained in more detail within the report.

2. Partners across the wider Devon health and care system are united in a single ambition and shared purpose to create a clinically, socially and financially sustainable health and care system that will improve the health, wellbeing and care of the populations served. As a whole system we need to ensure that people receive the right level of support at the right time, in the right place to help them over a crisis or make progress in managing their disability or illness so they can lead more independent lives. This will be achieved by working together through the Sustainability and Transformation Partnership (STP), which is a five year vision aimed at meeting the increasing health and care needs of people in Devon whilst ensuring that services are affordable and sustainable.

3. Progress is monitored against a national baseline view of STPs published by the Department of Health, which focuses on measures relating to hospital performance (emergency, elective and safety), patient focussed change (general practice, mental health and cancer) and transformation (prevention, leadership and finance). As at July 2017, baseline performance has been ranked against 4 categories (1-4: Outstanding to Needs improvement) with Devon being among the 14 of 44 areas assessed as being in category 3 ‘making progress’.

4. Devon hospital performance is generally better than average with no providers in special measures although Plymouth Hospitals NHS Trust has remained at escalation status 3 or above in recent months due to significant operational pressures in the western system. All four Acute Trusts have seen increases in activity and acuity compared to the same period last year, which has meant that flow across the health and care system has been more difficult resulting in lower performance in Accident and Emergency Departments. The system as a whole remains financially challenged.

5. There is also on-going development by the Department of Health of an Integration Dashboard, which is being used by the Care Quality Commission (CQC) to target inspections. Focus is on three main priority areas: emergency admissions, delayed transfers of care and reablement. As at July 2017, overall Devon ranks 116th out of 150 Authorities nationally and 11th out of 16 near neighbours.

6. The level of non-elective (emergency) admissions to Devon’s hospitals has increased as a result of increasing patient acuity and activity over the last 12 months but Devon still benchmarks significantly better nationally with regard to the rate of emergency admissions (12th/150) and the length of stay (13th/150).

7. Reablement services are remain effective at keeping people from being readmitted to hospital and Devon benchmarks ahead of regional and national averages (51th/150). Although effective, the service reach (116th/150) needs to be extended and work is in-hand with NHS providers to develop a more integrated offer for rehabilitation, reablement and recovery services with improved triage aimed at getting people out of hospital and enabling them to live independently at home.

8. The overall rating is weighted towards Delayed Transfers of Care given the national focus on reducing the number of patients delayed in hospital having been identified medically fit for discharge. Additional resources have been prioritised through the Better Care Fund with a specific focus on reducing delays within the system with a national monitoring process in place. On October 10th 2017 DCC received a letter jointly from the Secretaries of State for Health and Communities and Local Government regarding Delayed Transfers of Care in Devon. The letter informed DCC that unless improvement targets were met DCC may have some of the additional resource withdrawn or its expenditure directed. There are positive signs of improvement within the overall system with the number of bed days delayed in two of the largest contributors (RD&E and NDHT) incrementally reducing. However DPT and T&SD have both seen modest increases in September. In addition to monthly reporting, DCC has now implemented a daily reporting cycle to monitor Delayed Transfers which it is hoped will help identify any issues early.

9. National datasets from the annual statutory returns have recently been published and performance is currently being benchmarked against England, Statistical Neighbours and Regional comparators to determine our standing in the Adult Social Care Outcomes Framework including the annual statutory survey of service users and the biennial statutory survey of carers. Outcomes will be presented to Health and Adult Care Scrutiny in January, in the form of a Local Account.

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Electoral Divisions: ALL

Local Government Act 1972: List of Background Papers
None

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Cabinet Member: Councillor Andrew Leadbetter

Whole System Scorecard - September 2017

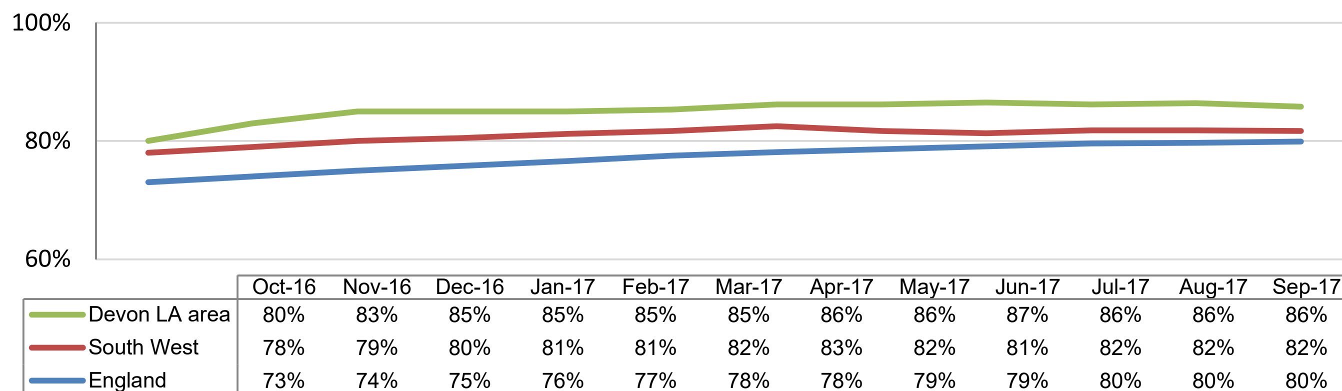
			2016/17 Benchmarking			2017/18 Targets	2017/18 September Performance	Direction of Travel from previous report (July)				
Page	Code	Code Description	Devon Average	Comparator (CIPFA) Average	England (National) Average	2017/18 Target	September 2017 Performance	Direction of Travel from previous report (July)	East*	North*	South*	West*
1	Market Quality	Percentage of commissioned services in Devon graded by CQC as Compliant (assumes outstanding/good): NEW inspection regime	**	**	**	**66.0%**	**86.0%**		**	**	**	**
2	Safeguarding / Quality	Safeguarding concern volumes	**	**	**	**	**1,825**		922	329	539	**
2	Safeguarding / Quality	Making Safeguarding Personal - meeting preferred outcomes	**	**	**	**	**92.0%**		**	**	**	**
3	Assessment/ Review	Timeliness of social care assessment - new clients assessed within 28 days	**	**	**	**80.0%**	**63.1%**		65.6%	64.4%	64.3%	**
3	Assessment/ Review	Annual review - reviewable services	**	**	**	**75.0%**	**59.9%**		62.2%	48.7%	54.2%	**
4	Short-term services	Older people (65+) still at home 91 days after hospital discharge into reablement/rehab services (effectiveness of the service)	**86.8%**	**82.7%**	**82.5%**	**82.5%**	**87.3%**		81.9%	84.4%	94.0%	**
4	Short-term services	Older people (65+) still at home 91 days after hospital discharge into reablement/rehab services (offered the service)	**1.8%**	**2.1%**	**2.7%**	**2.7%**	**2.0%**		**	**	**	**
4	Short-term services	Received a short term service during the year where the sequel to the service was either no ongoing support or support of a lower level	**94.2%**	**81.8%**	**77.8%**	**94.2%**	**95.8%**		97.0%	96.5%	93.7%	**
6	Placement Rates	Long-term support needs of younger adults (18-64) met by admission to residential and nursing care homes, per 100,000 population **(Low is good)**	**11.5**	**11.7**	**12.8**	**11.5**	**14.5**		29	18	12	**
6	Placement Rates	Long-term support needs of older adults (65+) met by admission to residential and nursing care homes, per 100,000 population **(Low is good)**	**547.2**	**555.2**	**610.7**	**514.6**	**505.8**		451	214	277	**
7	111	111 Performance	**	**	**90.0%**	**95.0%**	**81.0%**		**	**	**	**
8	999	999 Performance (NEW Devon)	**	**	**	**75.0%**	**56.0%**		**	**	**	**
9	Urgent Care	Urgent Care 4 Hour Target Performance	**	**	**90.0%**	**95.0%**	**85.0%**		81.0%	90.0%	83.0%	85.0%
10	Admissions	Admissions - Elective	**	**	**	**	**N/A**		6638	1607	2977	4684
10	Admissions	Admissions Non-Elective	**	**	**	**	**N/A**		3375	1829	3084	4380
11	Escalation Status	Escalation Status	**	**	**	**	**N/A**		2.14	1.9	2.57	3.38
12	Delayed Transfers of Care	DTOC (Delayed transfers of care) from hospital per 100,000 population **(Low is good)**	**23.0**	**18.1**	**14.9**	**12.5**	**16.7 (Sep)**		**	**	**	**
12	Delayed Transfers of Care	DTOC attributable to social care or jointly to social care and the NHS **(Low is good)**	**7.3**	**8.0**	**6.3**	**4.2**	**5.61 (Sep)**		**	**	**	**

* For NHS Measures:
West = Plymouth Hospitals
East = RD&E
South = Southern Devon and Torbay
North = Northern Devon

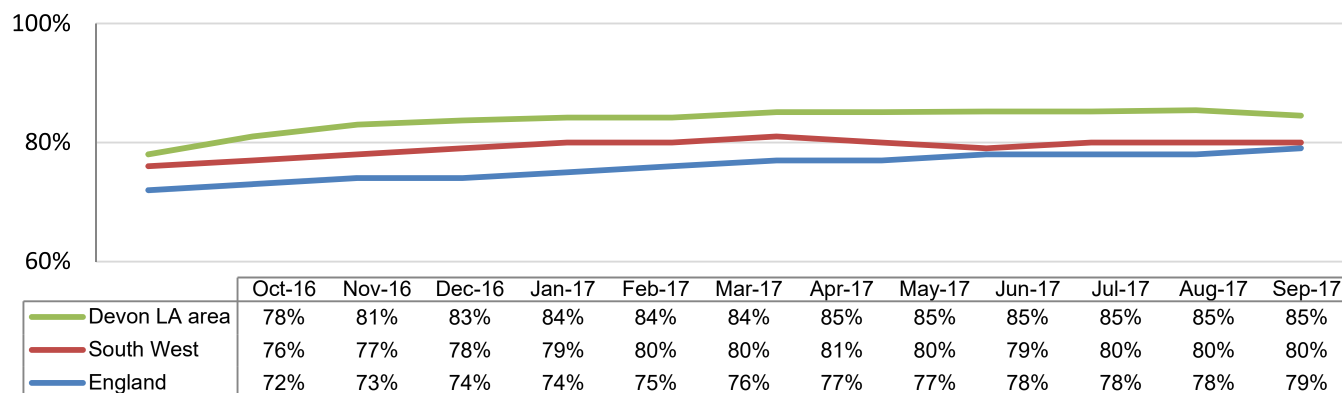
Market Quality

Description

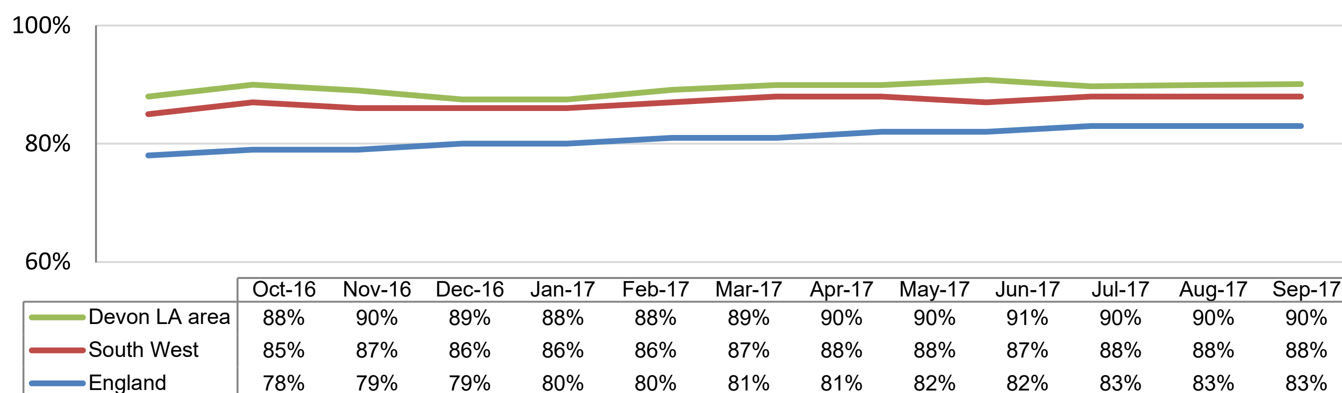
Market quality is assessed by the percentage of social care providers rated as either 'Outstanding' or 'Good' by the Care Quality Commission. Data shown is for active organisations only, not those inactive or de-registered.



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Devon LA area	80%	83%	85%	85%	85%	85%	86%	86%	87%	86%	86%	86%
South West	78%	79%	80%	81%	81%	82%	83%	82%	81%	82%	82%	82%
England	73%	74%	75%	76%	77%	78%	78%	79%	79%	80%	80%	80%



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Devon LA area	78%	81%	83%	84%	84%	84%	85%	85%	85%	85%	85%	85%
South West	76%	77%	78%	79%	80%	80%	81%	80%	79%	80%	80%	80%
England	72%	73%	74%	74%	75%	76%	77%	77%	78%	78%	78%	79%



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Devon LA area	88%	90%	89%	88%	88%	89%	90%	90%	91%	90%	90%	90%
South West	85%	87%	86%	86%	86%	87%	88%	88%	87%	88%	88%	88%
England	78%	79%	79%	80%	80%	81%	81%	82%	82%	83%	83%	83%

Commentary

86% of Devon providers are rated Good or Outstanding by CQC compared with 82% regionally and 80% nationally. 90% of community based providers and 85% of residential providers are rated Good or Outstanding with the gap between these steadily closing.

Action

The successful approach of the Quality Assurance and Improvement Team has been extended to personal care, working with the Lead Providers under the Living Well at Home contract. The approach is intelligence-led, increasingly coordinated across the health and care system in wider Devon, and results in both positive interventions and sanctions balancing the imperatives of quality improvement and ensuring sufficiency and choice

Safeguarding / Quality

Description

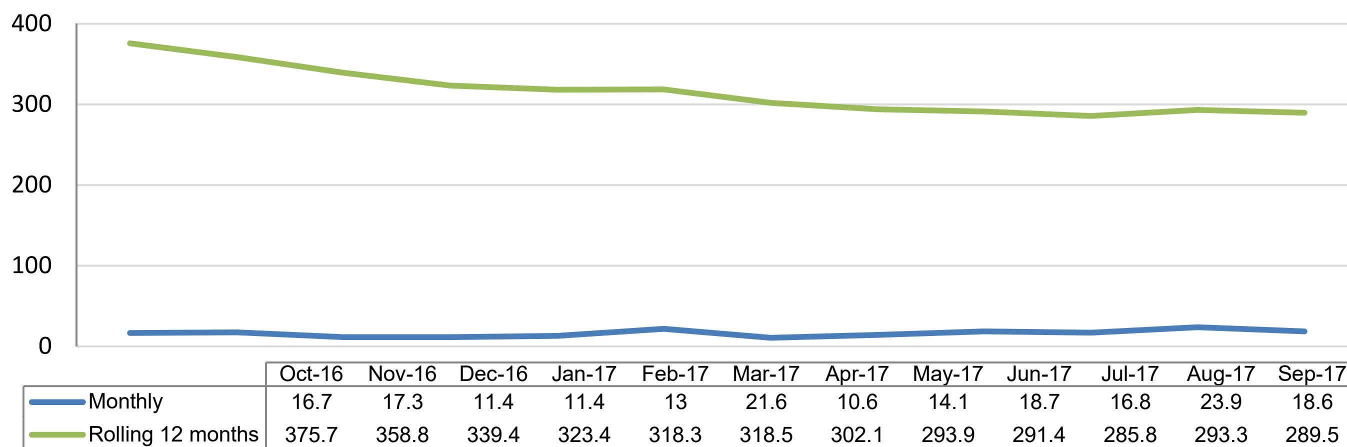
Safeguarding Concerns

- A sign of suspected abuse or neglect that is reported to the council or identified by the council

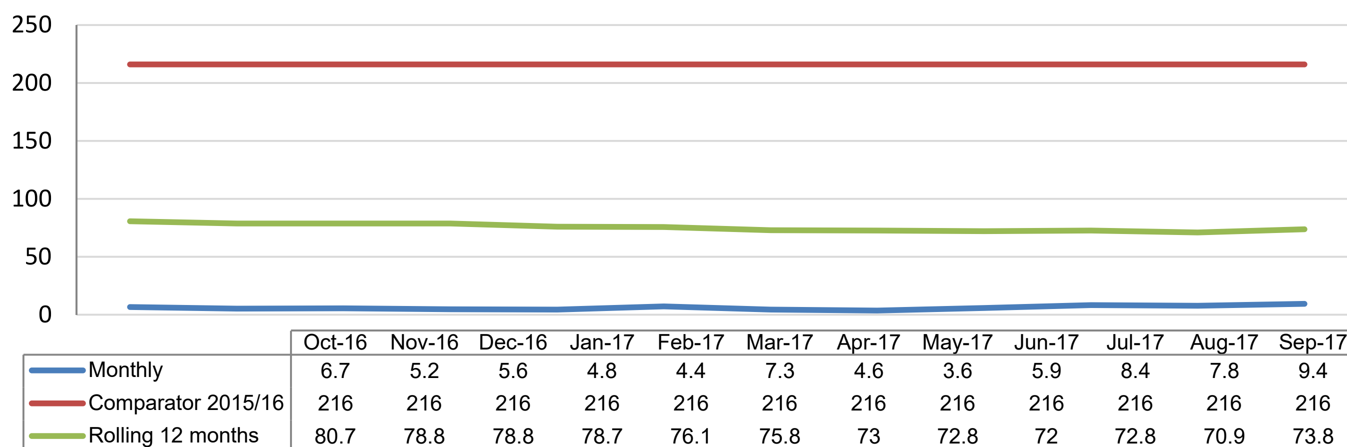
Section 42 Safeguarding Enquiries

- The action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult to a more formal multi-agency plan or course of action. Those enquiries where an adult meets ALL of the Section 42 criteria. The criteria are:

(a) The adult has needs for care AND support (whether or not the authority is meeting any of those needs)
AND (b) The adult is experiencing, or is at risk of, abuse or neglect
AND (c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Monthly	16.7	17.3	11.4	11.4	13	21.6	10.6	14.1	18.7	16.8	23.9	18.6
Rolling 12 months	375.7	358.8	339.4	323.4	318.3	318.5	302.1	293.9	291.4	285.8	293.3	289.5



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Monthly	6.7	5.2	5.6	4.8	4.4	7.3	4.6	3.6	5.9	8.4	7.8	9.4
Comparator 2015/16	216	216	216	216	216	216	216	216	216	216	216	216
Rolling 12 months	80.7	78.8	78.8	78.7	76.1	75.8	73	72.8	72	72.8	70.9	73.8

Commentary

As a result of the Care Act, safeguarding terminology changed from alerts/referrals/ investigation to concerns/enquiries. The number of concerns increased following Care Act implementation but is stabilising following management action. Alternative options for addressing the presenting issue (including care management) are considered before making the threshold decision; this may explain the apparently low percentage of concerns moving to enquiries.

Action

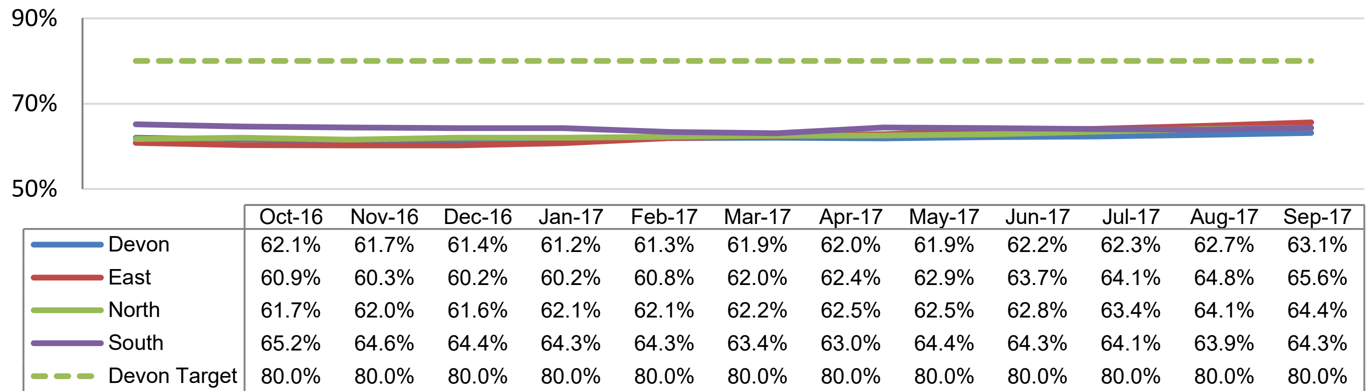
Following the Care Act, the number of Concerns raised increased, but management action has led to a declining trend, with an increasing proportion going onto become Enquiries as is appropriate, with triage also ensuring alternative responses such as through Care Management.

Assessment/Review

Description

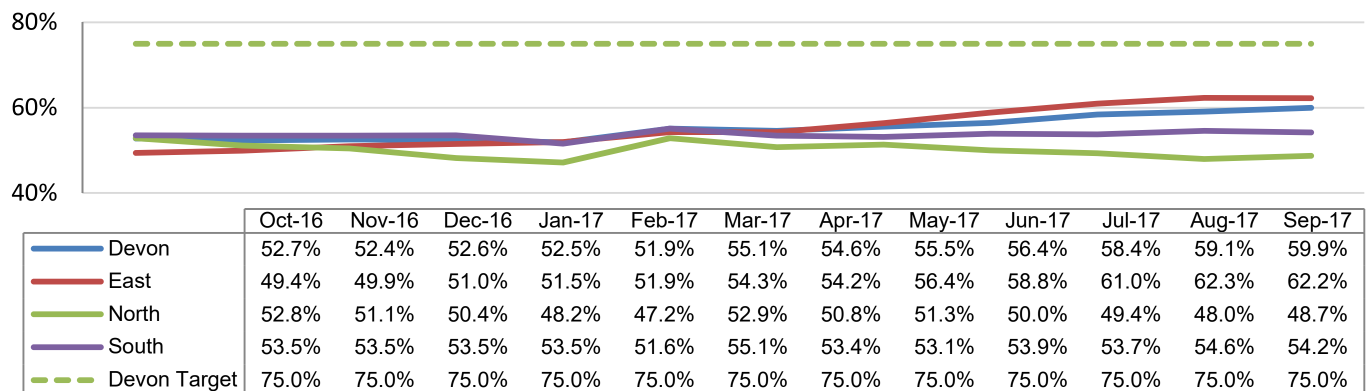
NI132 Timeliness of social care assessment (For new clients (aged 18+), the percentage from where the time from first contact to completion of assessment is less than or equal to four weeks.
L37 Annual social care review – reviewable services (The number of clients receiving reviewable services at the end of the period and who received reviewable services for over 365 days in the period. Numerator - Clients in the denominator who received a review in the 12 month period.

NI132 Assessments completed within 28 days (new clients)



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Devon	62.1%	61.7%	61.4%	61.2%	61.3%	61.9%	62.0%	61.9%	62.2%	62.3%	62.7%	63.1%
East	60.9%	60.3%	60.2%	60.2%	60.8%	62.0%	62.4%	62.9%	63.7%	64.1%	64.8%	65.6%
North	61.7%	62.0%	61.6%	62.1%	62.1%	62.2%	62.5%	62.5%	62.8%	63.4%	64.1%	64.4%
South	65.2%	64.6%	64.4%	64.3%	64.3%	63.4%	63.0%	64.4%	64.3%	64.1%	63.9%	64.3%
Devon Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%

L37 Annual review - reviewable services only



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Devon	52.7%	52.4%	52.6%	52.5%	51.9%	55.1%	54.6%	55.5%	56.4%	58.4%	59.1%	59.9%
East	49.4%	49.9%	51.0%	51.5%	51.9%	54.3%	54.2%	56.4%	58.8%	61.0%	62.3%	62.2%
North	52.8%	51.1%	50.4%	48.2%	47.2%	52.9%	50.8%	51.3%	50.0%	49.4%	48.0%	48.7%
South	53.5%	53.5%	53.5%	53.5%	51.6%	55.1%	53.4%	53.1%	53.9%	53.7%	54.6%	54.2%
Devon Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%

Commentary

NI132 The timeliness of assessments has been consistently below the target of 80% in Devon over the year. However, we have been successful in reducing waiting lists to their lowest level in the year, mainly through changes made in Care Direct Plus. The proportion of clients for whom all aspects of their care package were in place within 28 days consistently runs above 90%.
L37 The proportion of people receiving a review within 12 months of their last assessment or review has been consistently below 60% over the year, well below the target of 75%. Productivity is broadly consistent between localities but there are variations between teams and individuals. Local managers receive monthly reports to facilitate their team and line management. There has been improvement since February 2017 from 52% to 60%.

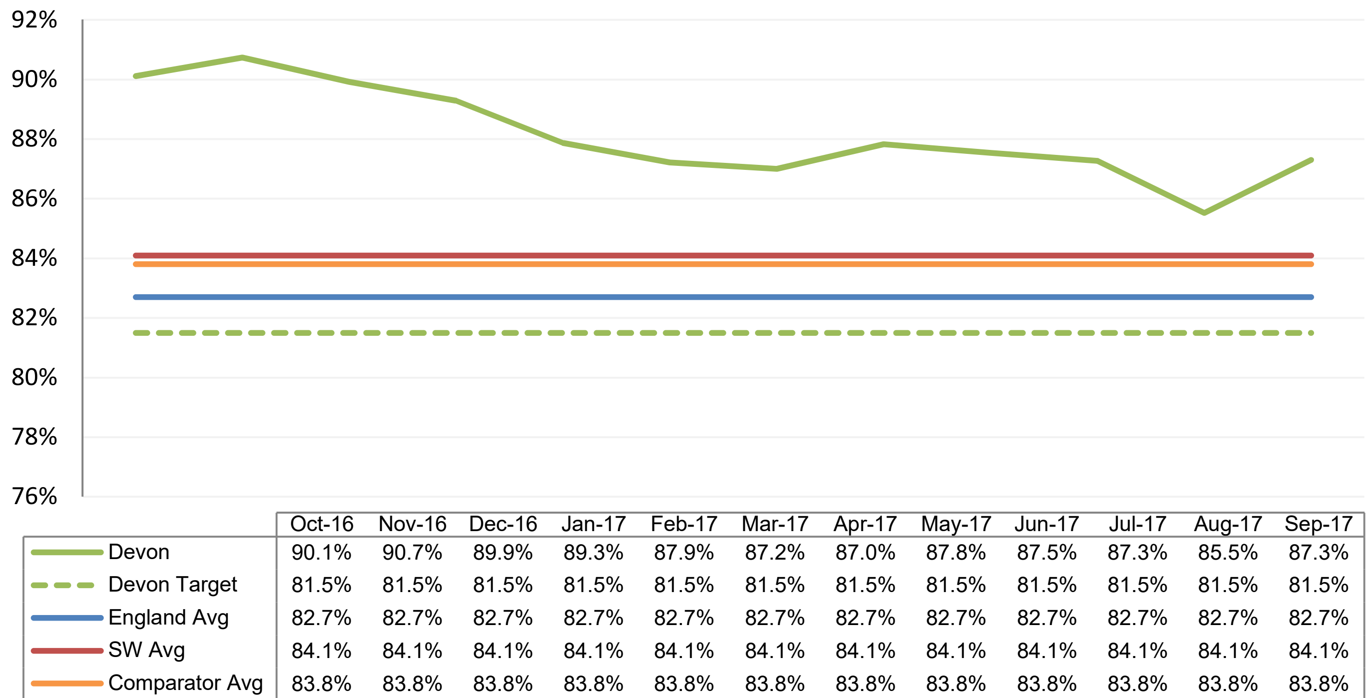
Action

NI132 Changes to our operating model have been piloted in North Devon. We are now preparing to roll out the new approach countywide. Though reduced in scale, waiting lists are managed to ensure those with most pressing needs are prioritised for assessment and service provision.
L37 We have recently bought in additional review capacity focussed on those with the potential to achieve greater levels of independence and 100 reviews were completed by this team (in July, August and September) and will feed into performance numbers over the coming months.

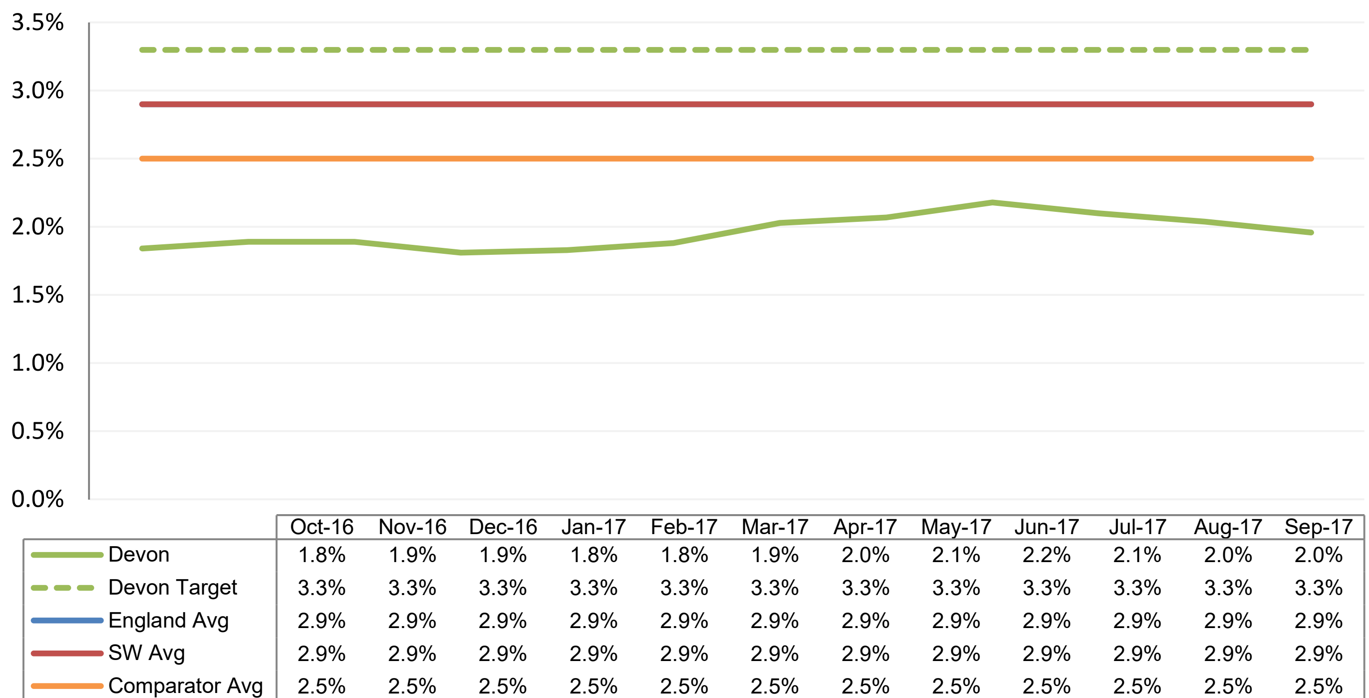
Short-term services

Description

ASCOF 2B Older people (65+) still at home 91 days after hospital discharge into reablement/rehabilitation services (2B1 effectiveness of the service and 2B2 offered the service). Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services. Remaining living at home 91 days following discharge is the key outcome for many people using reablement services.



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Devon	90.1%	90.7%	89.9%	89.3%	87.9%	87.2%	87.0%	87.8%	87.5%	87.3%	85.5%	87.3%
Devon Target	81.5%	81.5%	81.5%	81.5%	81.5%	81.5%	81.5%	81.5%	81.5%	81.5%	81.5%	81.5%
England Avg	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%
SW Avg	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%
Comparator Avg	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Devon	1.8%	1.9%	1.9%	1.8%	1.8%	1.9%	2.0%	2.1%	2.2%	2.1%	2.0%	2.0%
Devon Target	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%
England Avg	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%
SW Avg	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%
Comparator Avg	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%

Commentary

Effectiveness -We are more effective at keeping those we support with reablement services from being readmitted to hospital than the regional and national averages. We are also more effective at promoting the independence of those we support with reablement services after discharge (measured by the proportion who do not need ongoing services) than comparators.

Coverage - Our performance is on a slight upward trend but remains below comparators and target. Our current short-term service pathway means that we do not count e.g. rapid response service users in our return. We are also deploying reablement (and rapid response) capacity to ensure that those with personal care needs are met, some of whom won't be leaving hospital.

Action

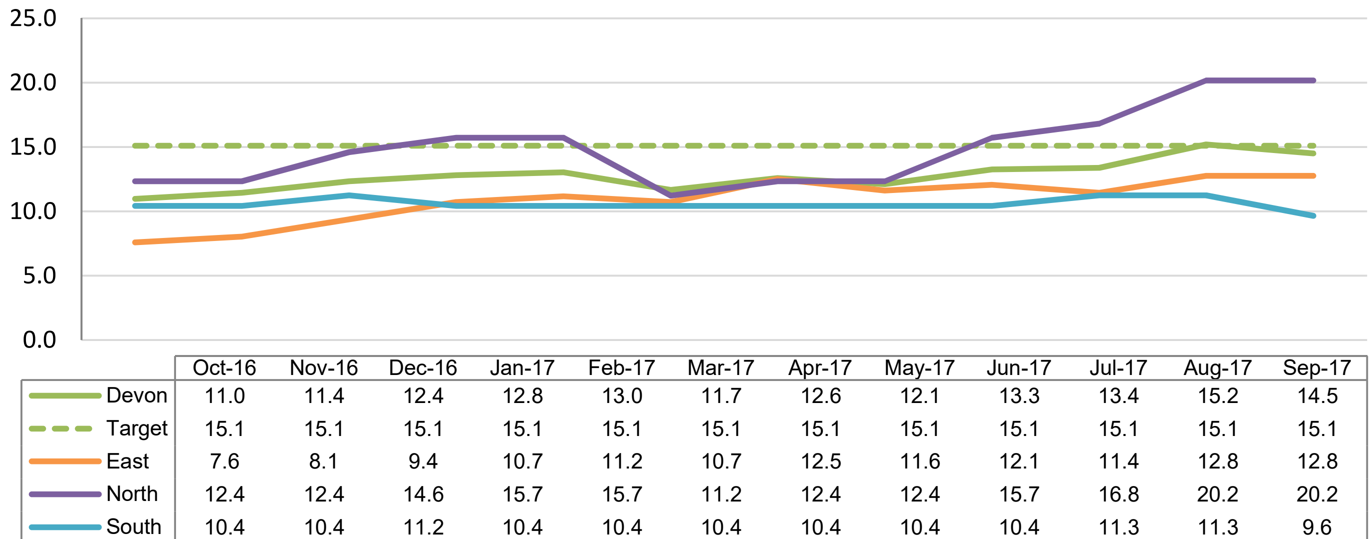
Effectiveness - We currently screen in rather than screen out, with some people with more complex needs including those with dementia not being offered a reablement service even though with the right support they might benefit most. Our future arrangements will seek to support those with most potential to recover independence, not just those who need temporary support while they make a natural recovery.

Coverage - We are reviewing our Short-Term Service (STS) offer across health and care to better integrate social care reablement with rapid response and NHS rehabilitation services to work better as a system to avoid unnecessary hospital admissions and prevent delayed transfers of care by improved discharge to assess arrangements. This should allow us to include STS not currently captured in the data as we believe we are currently under-reporting reach and over-reporting effectiveness. This should be in place from December 2017.

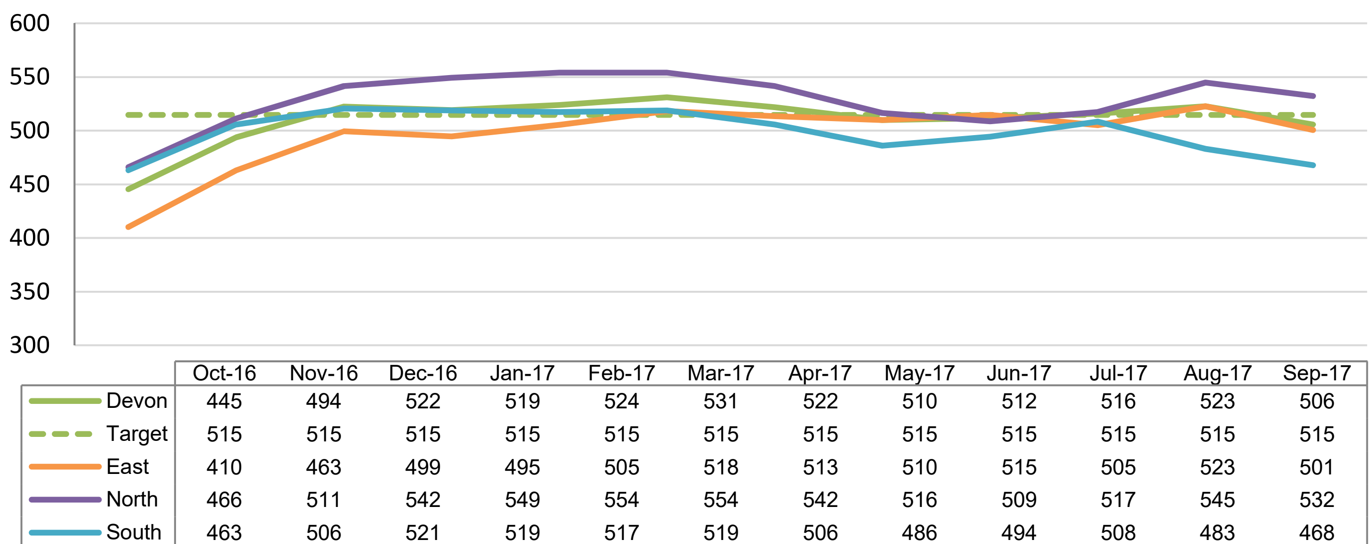
Placement Rates

Description

ASCOF 2A Long-term support needs of younger adults aged 18-64 (part 1) or older adults 65+ (part 2) met by local authority funded admission to residential and nursing care homes, per 100,000 population. (Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. However, it is acknowledged that for some individuals that admission to residential or nursing care homes can represent an improvement in their situation. Good performance is low.



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Devon	11.0	11.4	12.4	12.8	13.0	11.7	12.6	12.1	13.3	13.4	15.2	14.5
Target	15.1	15.1	15.1	15.1	15.1	15.1	15.1	15.1	15.1	15.1	15.1	15.1
East	7.6	8.1	9.4	10.7	11.2	10.7	12.5	11.6	12.1	11.4	12.8	12.8
North	12.4	12.4	14.6	15.7	15.7	11.2	12.4	12.4	15.7	16.8	20.2	20.2
South	10.4	10.4	11.2	10.4	10.4	10.4	10.4	10.4	10.4	11.3	11.3	9.6



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Devon	445	494	522	519	524	531	522	510	512	516	523	506
Target	515	515	515	515	515	515	515	515	515	515	515	515
East	410	463	499	495	505	518	513	510	515	505	523	501
North	466	511	542	549	554	554	542	516	509	517	545	532
South	463	506	521	519	517	519	506	486	494	508	483	468

Commentary

In Devon we have successfully reduced the proportion of older and younger adults relative to population being accommodated in residential or nursing care homes from above to below the regional and national averages by better supporting people in their own homes and also perform below our target level.

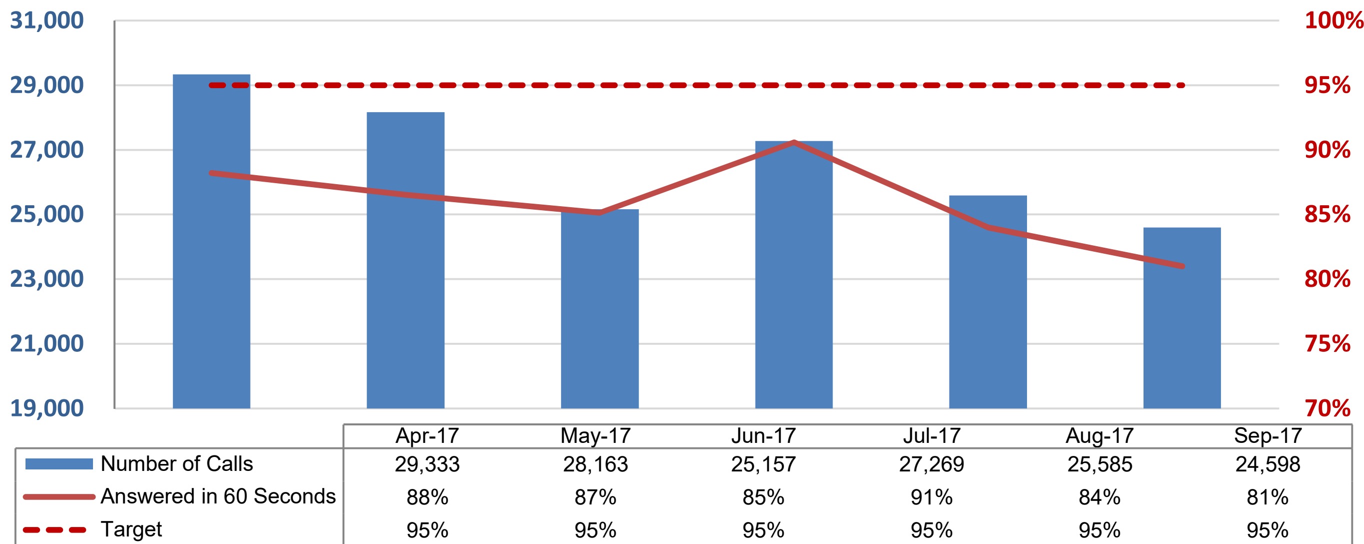
Action

We are now focussed on developing our community based offer for those groups where we benchmark above comparators: younger adults with mental health needs, or where length of stay is longer than average e.g. older people with dementia.

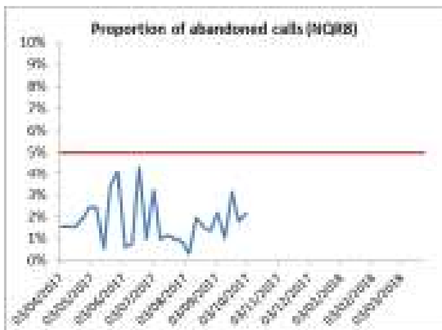
111 Performance

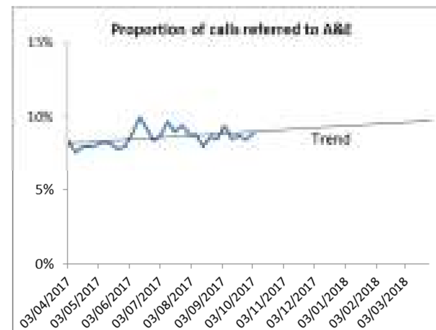
Description

Number of calls answered in 60 seconds: Is the number of calls made to the 111 service that are answered by the call handler within 60 seconds of the call being connected
Number of abandoned calls: Is the number of calls that are abandoned by the member of public before they are answered
Proportion of calls ending with a clinical advisor: Is the number of calls where the final member of staff spoken to is clinical. The aim is to increase this percentage to improve the quality of patient outcomes and not rely on patient pathways
Proportion of calls referred to A&E: Is the proportion of calls that are referred by the 111 service to the local A&E department. This is tracked because it is easy to refer people to A&E rather than provide the “correct” advice.



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Number of Calls	29,333	28,163	25,157	27,269	25,585	24,598
Answered in 60 Seconds	88%	87%	85%	91%	84%	81%
Target	95%	95%	95%	95%	95%	95%





Commentary

The number of calls taken by 111 within a given month is significantly affected by the number of non-working days within that month. This is because peak days for the service are Saturday, Sunday and Bank Holidays when GP practices are closed.

During August and September the level of 111 activity has reduced compared to the earlier part of the year. This is in line with previous years and reflects the seasonality of service use. The service continues to meet all of the NQR requirements.

The proportion of calls referred to A&E has continued to increase. Part of this increase is due to the overall level of calls reducing. A reduction in call volume is normally linked to an increase in acuity as people are more likely to use 111 if their need is greater.

Action

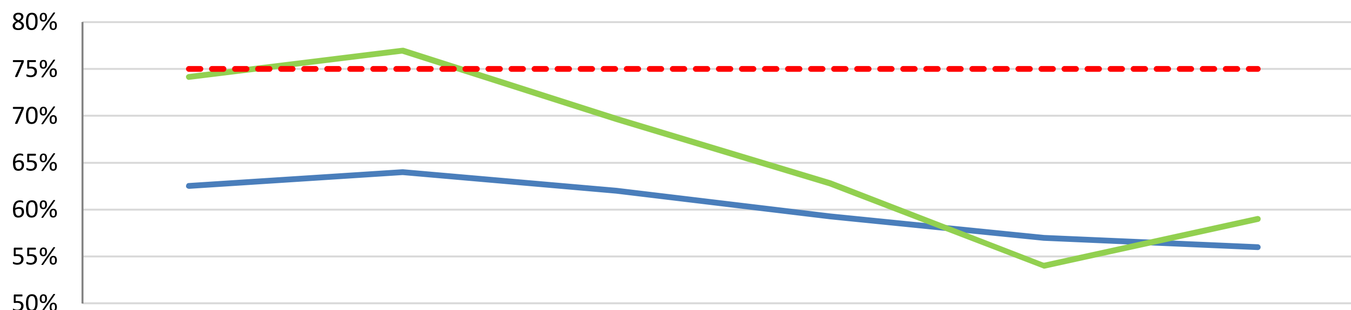
The CCG, RD&E and Devon Doctors are undertaking a review of calls that have been referred to the Emergency Department to determine if alternative services could have prevented the attendance.

999 Performance

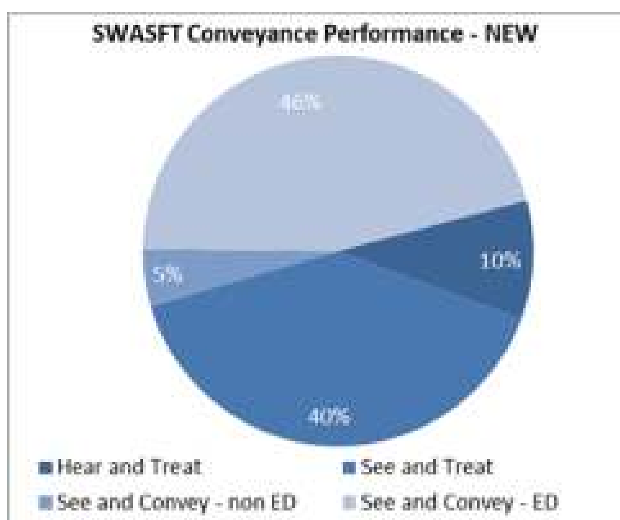
Description

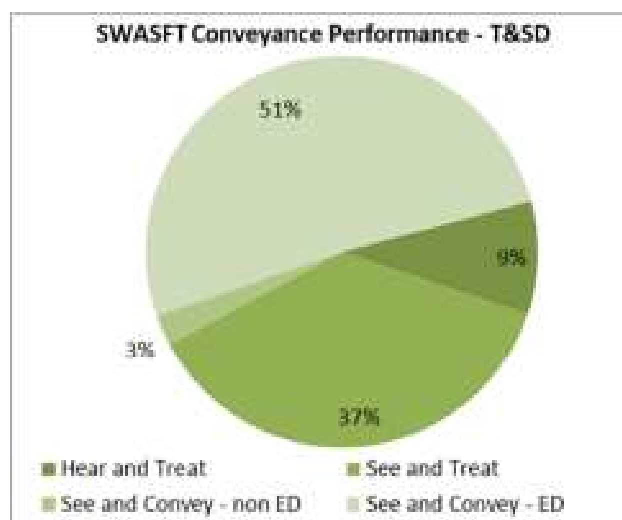
Category One calls are the most urgent category of ambulance call outs and should be responded to within 8 minutes 75% of the time
Hear and Treat – these are calls to 999 that are resolved without dispatching a paramedic – this can be advice to attend alternative health services or self-help advice
See and Treat – these are patients who are treated by the paramedic without need to take them to hospital
See and Convey – these are patients who are assessed as needing hospital care by the paramedic. Patients are then either taken to the Emergency Department (ED) or another hospital department (Non-ED)

999 Performance (Category One)



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
NEW Devon	63%	64%	62%	59%	57%	56%
Torbay and Southern Devon	74%	77%	70%	63%	54%	59%
Target	75%	75%	75%	75%	75%	75%





Commentary

The South Western Ambulance Trust (SWASFT) has a target to meet the most serious of incidents (type 1) within 8 minutes 75% of the time. Delivery of this target is made more challenging by the rurality of parts of Devon. The target does not distinguish between urban and rural areas. This difference in rurality explains why performance in Torbay and Southern Devon is better than in NEW Devon, with the Torbay area having a greater proportion of urban geography.

There has been an increase in the volume of 999 activity during 2017. This has resulted in reduced performance levels across Devon.

Action

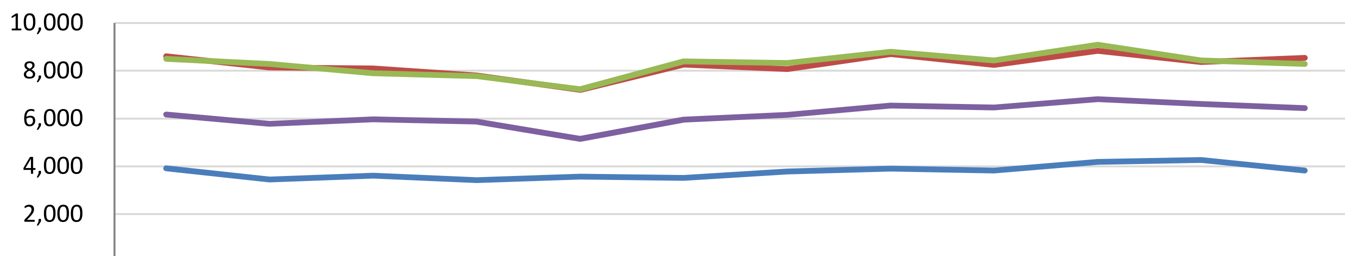
The CCG continues to work with SWASFT to reduce the number of calls that are taken to hospital by maximising the use of Hear and Treat and See and Treat. It should be noted that SWASFT have one of the best non-conveyance levels in the country but more can be done to reduce the conveyance level. SWASFT have a detailed improvement plan to address their performance and the CCG are working with them to ensure that this is implemented across Devon.

Urgent Care 4 Hour Target Performance

Description

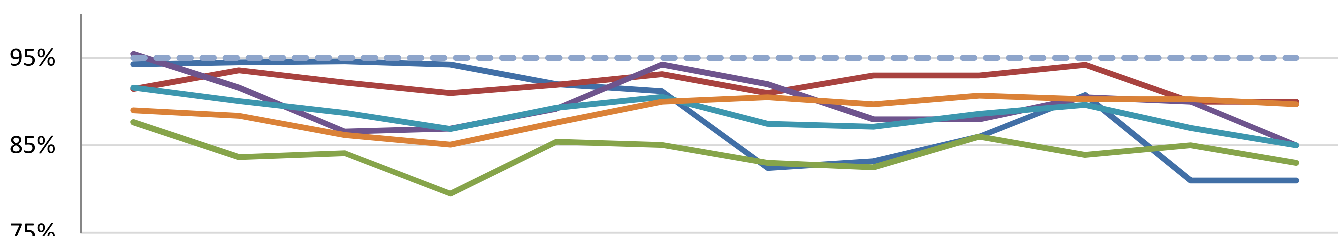
Type 1 performance – this is the total number of patients that are treated and discharged or have a decision to admit within 4 hours at an Emergency Department
All Type performance – this is the total number of patients that are treated and discharged or have a decision to admit within 4 hours at an Emergency Department, Minor Injuries Unit, Walk in Centre, or Minor Injuries Service.

Urgent care 4 hour attendances (Type 1)



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Northern Devon	3,915	3,451	3,612	3,428	3,568	3,521	3,790	3,902	3,821	4,184	4,268	3,821
Royal Devon and Exeter	8,603	8,135	8,094	7,805	7,200	8,260	8,068	8,701	8,240	8,837	8,371	8,537
Plymouth Hospitals	8,504	8,280	7,893	7,773	7,226	8,389	8,327	8,797	8,439	9,092	8,436	8,286
Southern Devon and Torbay	6,175	5,782	5,969	5,874	5,155	5,953	6,162	6,550	6,466	6,817	6,616	6,434

Urgent Care - Type 1 Performance



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Northern	94%	94%	95%	94%	92%	91%	82%	83%	86%	91%	81%	81%
Eastern	91%	94%	92%	91%	92%	93%	91%	93%	93%	94%	90%	90%
Western	88%	84%	84%	79%	85%	85%	83%	82%	86%	84%	85%	83%
Southern	95%	92%	87%	87%	89%	94%	92%	88%	88%	91%	90%	85%
STP Overall	92%	90%	89%	87%	89%	91%	87%	87%	89%	90%	87%	85%
England	89%	88%	86%	85%	88%	90%	91%	90%	91%	90%	90%	90%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Commentary

The information above shows performance against the four hour A&E target in each of the 4 acute hospitals within Devon. The target performance level is 95%, although each of the Trusts has their own trajectory to hit this target by the end of March 2018. In addition to performance in acute hospitals, where a provider also delivers minor injuries services in a community setting they are able to count this activity within the overall performance metric.

The latest (September) overall position for the four systems is:
Northern = 91% Eastern = 93% Western = 88% Southern = 90%

There has been a reduction in performance against the A&E target during August and September. All four Trusts have seen an increase in activity compared to the same period last year, and also an increase in acuity. This increase in volume and acuity has meant that flow across the health and social care system has been more difficult resulting in lower performance within A&E departments.

Action

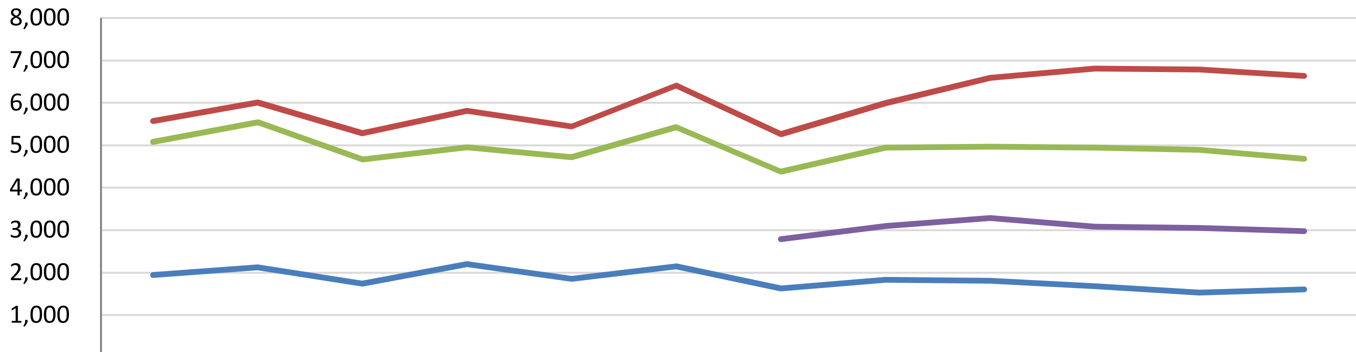
A&E performance is a measure of how the whole system is operating due to its reliance on flow throughout the hospital to admit patients which is then reliant on the effectiveness of community services to receive patients from the acute hospital. Each of the four health and social care systems has a detailed plan in place to address acute and community pressures which will lead to an overall increase in performance. Each A&E team also has a specific action plan to ensure that processes are improved and monitored within the Department.

Admissions – Elective and Non-elective

Description

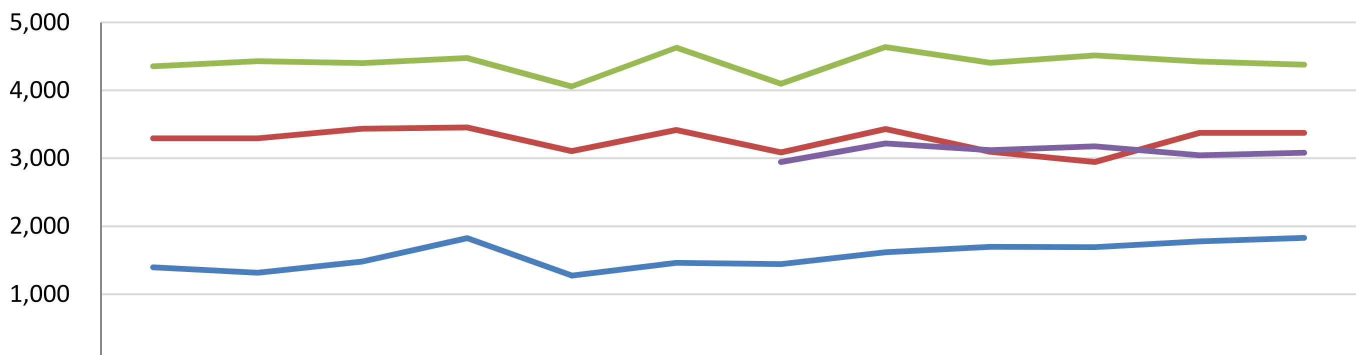
Elective Admissions – this is the number of patients who are attending hospital for a planned episode of care (ie a known operation)
Non-Elective Admissions – this is the number of patients who attend hospital in an unplanned manner. This is usually via the Emergency Department or Medical Assessment Unit (MAU)

Elective admissions



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
NDHT	1,942	2,129	1,738	2,203	1,857	2,147	1,632	1,834	1,811	1,681	1,533	1,607
RD&E	5,575	6,006	5,284	5,811	5,444	6,411	5,259	5,995	6,588	6,808	6,787	6,638
PHT	5,085	5,543	4,666	4,954	4,720	5,429	4,383	4,944	4,967	4,949	4,892	4,684
SD&T							2,788	3,100	3,288	3,085	3,050	2,977

Emergency non elective admissions



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
NDHT	1,395	1,313	1,478	1,825	1,274	1,461	1,444	1,618	1,696	1,690	1,778	1,829
RD&E	3,295	3,294	3,436	3,454	3,106	3,418	3,085	3,432	3,097	2,947	3,374	3,375
PHT	4,355	4,431	4,400	4,475	4,056	4,626	4,093	4,639	4,405	4,516	4,423	4,380
SD&T							2,945	3,217	3,119	3,175	3,046	3,084

Commentary

Elective admissions have remained consistent during August and September. This is to be expected due to the planned nature of elective care being provided.

The average daily level of non-elective admissions has increased during August and September. This is reflective of the increased level of activity and acuity that the system has experienced during these months. Overall the proportion of attendances being admitted has remained consistent with a slight increase during the latter part of September.

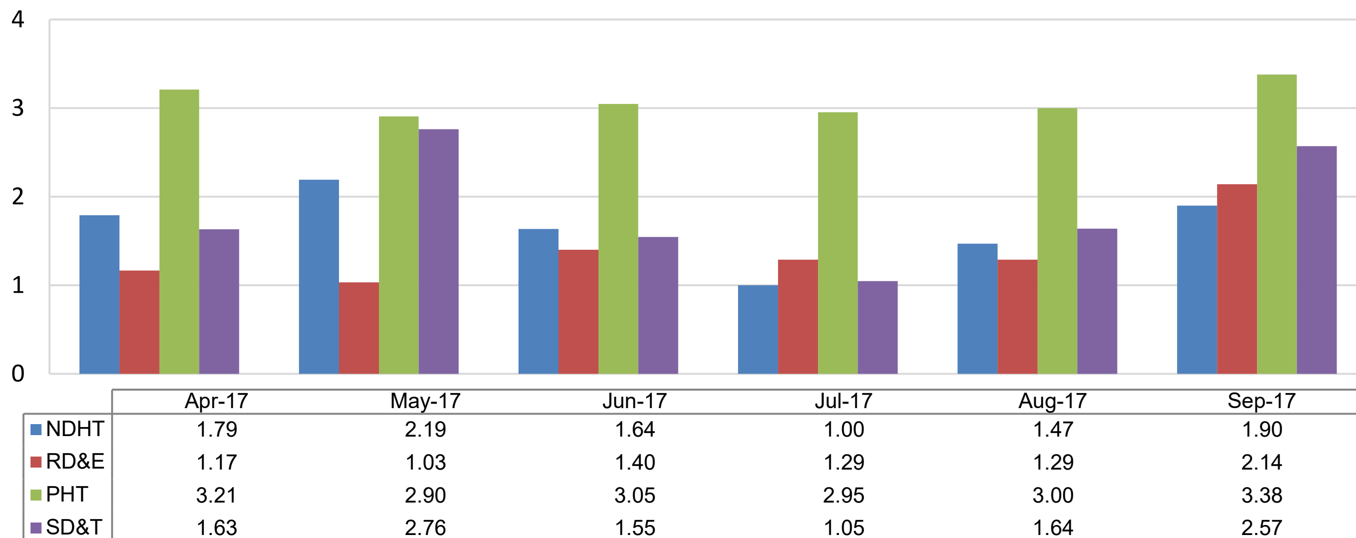
Action

Management of non-elective admissions is covered within the A&E Delivery Plan referenced above and includes actions to avoid admission to hospital and enable patients to better manage their conditions in the community, preferably in their own home. The STP has robust referral management processes to ensure that patients receive only the care that they require.

Escalation Status – Average OPEL Score

Description

The Operational Performance and Escalation Level (OPEL) is set by each provider on a daily basis between 1 (no escalation) and 4 (full escalation).



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
NDHT	1.79	2.19	1.64	1.00	1.47	1.90
RD&E	1.17	1.03	1.40	1.29	1.29	2.14
PHT	3.21	2.90	3.05	2.95	3.00	3.38
SD&T	1.63	2.76	1.55	1.05	1.64	2.57

Commentary

The level of pressure within the healthcare system is measured using OPEL: Operational Performance and Escalation Level. This grades organisations from Level 1 (not escalated) to Level 4 (fully escalated) according to a set of criteria. These include the level of occupancy and operational performance. The table and chart above show the average daily OPEL score for each of the four acute Trusts within Devon.

The average OPEL has increased for all providers during August and September. This has been caused by pressure on hospital beds and increased volumes of patients within hospitals. Flow has been made difficult by the acuity of patients and pressure on community services to take patients. Derriford Hospital continues to be escalated to OPEL3 or above every day due to significant operational pressures in the Western Devon system. September saw all Trusts escalated to OPEL2 or above for more than 50% of the month.

Action

The overall management of escalation is driven by the delivery of the wider system plan.

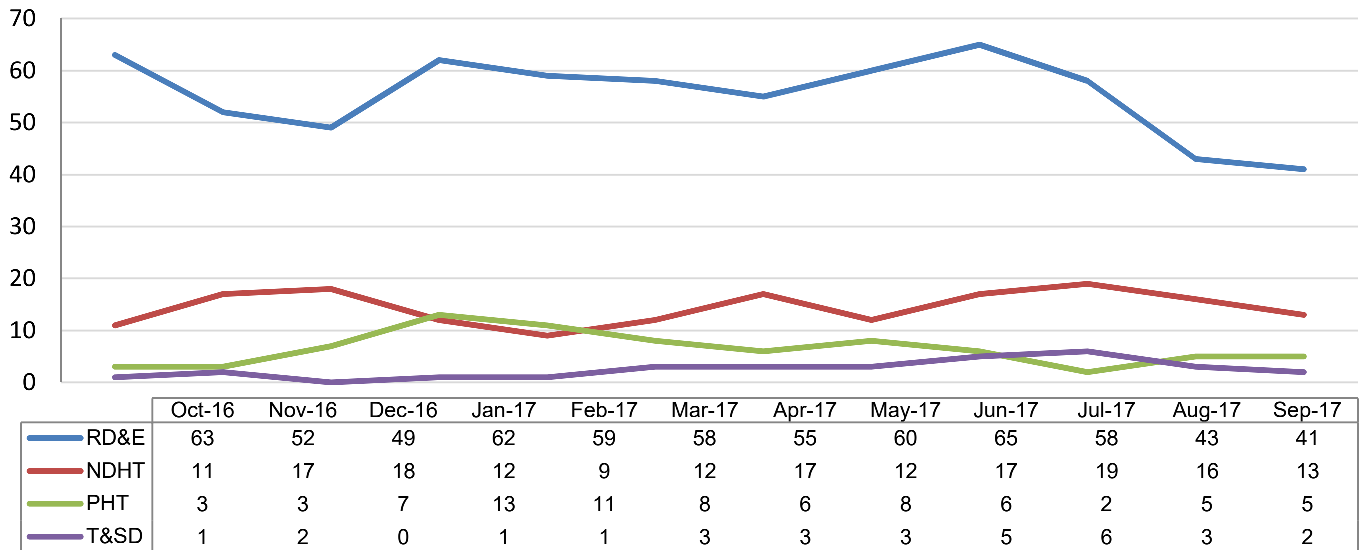
The CCG has agreed a consistent set of escalation metrics across the four acute providers which will be used to manage escalation processes this year and ensure that the declarations made are consistent.

Delayed Transfers of Care

Description

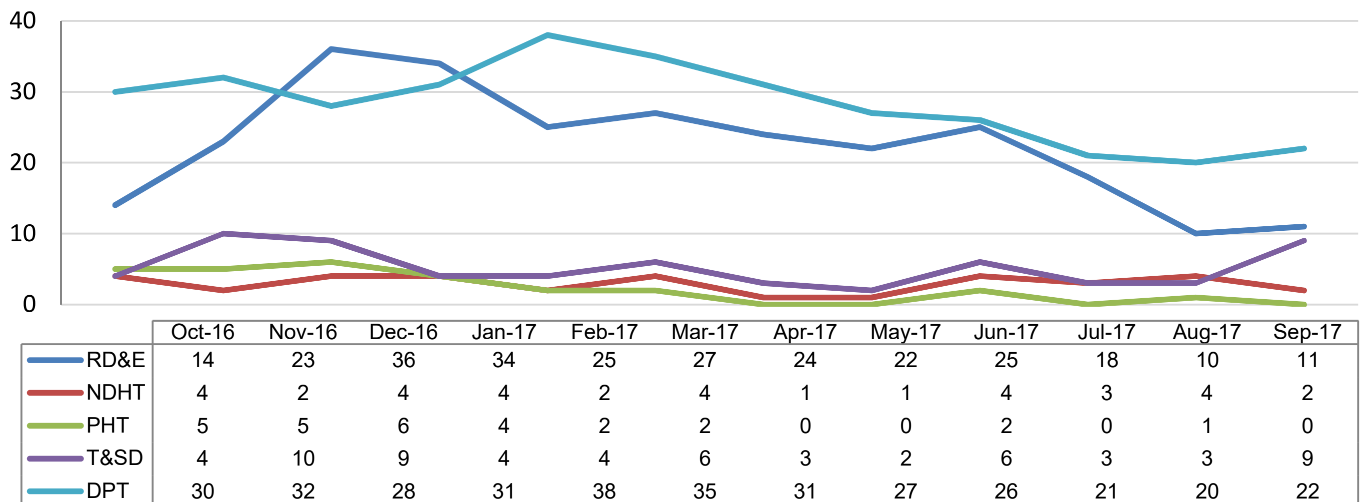
A delayed transfer of care occurs when a patient is medically fit for discharge from acute or non-acute care and is still occupying a bed.
This indicates the ability of the whole system to ensure appropriate transfer from hospital for all adults. Minimising delayed transfers of care and enabling people to live independently at home is one of the key objectives of the health and care system with national monitoring.

Average daily number of bed days lost to delayed transfers by acute provider

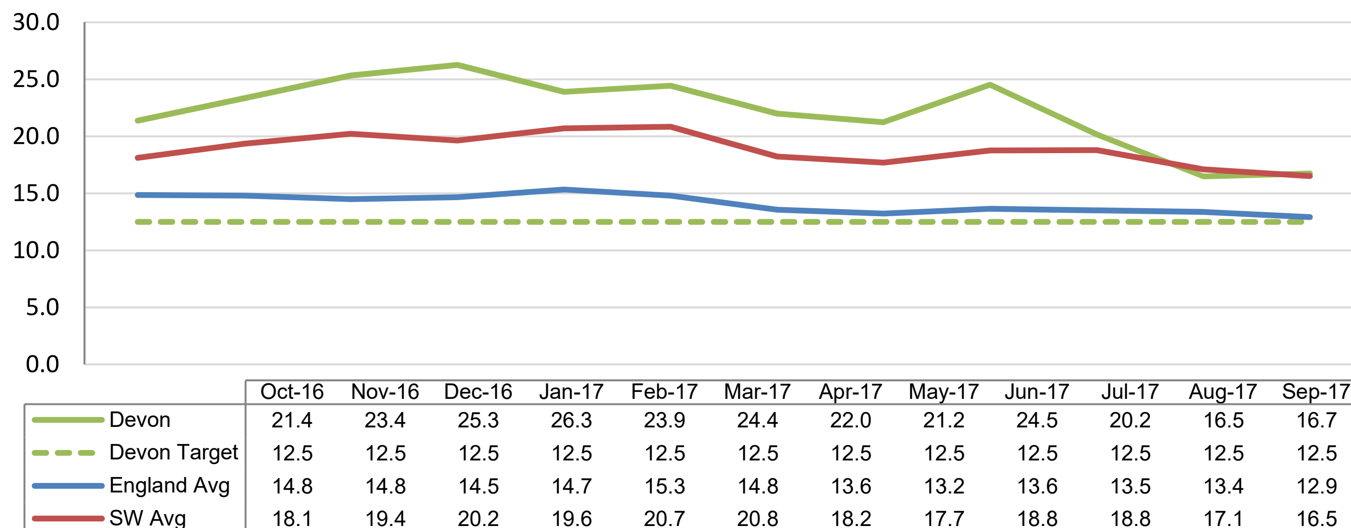


	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
RD&E	63	52	49	62	59	58	55	60	65	58	43	41
NDHT	11	17	18	12	9	12	17	12	17	19	16	13
PHT	3	3	7	13	11	8	6	8	6	2	5	5
T&SD	1	2	0	1	1	3	3	3	5	6	3	2

Average daily number of bed days lost to delayed transfers by non-acute provider



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
RD&E	14	23	36	34	25	27	24	22	25	18	10	11
NDHT	4	2	4	4	2	4	1	1	4	3	4	2
PHT	5	5	6	4	2	2	0	0	2	0	1	0
T&SD	4	10	9	4	4	6	3	2	6	3	3	9
DPT	30	32	28	31	38	35	31	27	26	21	20	22



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Devon	21.4	23.4	25.3	26.3	23.9	24.4	22.0	21.2	24.5	20.2	16.5	16.7
Devon Target	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5
England Avg	14.8	14.8	14.5	14.7	15.3	14.8	13.6	13.2	13.6	13.5	13.4	12.9
SW Avg	18.1	19.4	20.2	19.6	20.7	20.8	18.2	17.7	18.8	18.8	17.1	16.5

Commentary

The top 3 reasons for delay: Awaiting further non-acute NHS care (24%), Completion of assessment (22%), Care package in own home (17%)

In September 2017, 69% delays are attributable to NHS, 26% to Social Care and 5% to Both. Nationally, the split is 57%, 36% and 7%

Devon County Council ranks 125 out of 151 for the monthly rate of all delays. DCC rank 102 when only considering delays attributable to Social Care.

In the 12 months to September 2017 RD&E accounted for 70% of acute delays (55% of all delays. DPT accounted for 46% of non-acute delays (20% of all delays).

Provisional data from the RD&E for October shows acute delays continuing to improve from 41 in September to 39 in October. Non-acute delays are also improving from 11 in September to 7 in October.

Action

We have agreed a system wide action plan to reduce DTOC, developed with providers and commissioners from both health and social care, including mental health. This includes the following underlying principles:
1. Embed a cultural approach to delayed transfers which addresses two key issues:
   o. home should be the discharge location of choice, and
   o. that there should be a zero tolerance to delay.
2. Ensure that the best practice High Impact Changes are achieved in each community.

We have gathered learning from elsewhere, including visiting areas with good DTOC performance, as well as taking the learning from a DTOC peer review in the Eastern locality. The peer review team came from NHSE, NHSI and the LGA and observations included:

• Since the integration of community and acute services the system wide level of DTOC has fallen
• Early stages of integration are promising
• Robust plans for the future about doing the right thing by people which will also drive out improvements in performance
• System commitment to not compromising the long term outcome by rushing to make short term changes

We have also conducted self-assessments against the High Impact Changes in each locality, and will use this to help measure the success of our BCF DTOC plans.

Projects to help reduce DTOC include:
- Development of an enhanced community response
- Increased capacity within social care reablement
- Development of a Trusted Assessor model
- Review and improve the CHC assessment pathway in the community
- Care Home education
- Increased market sufficiency