ACH/17/70
Health and Adult Care Scrutiny
21 September 2017

Performance report using data for the year ending July 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. For 2017-18, performance reporting has been revised to provide Members with a whole system view of performance across the wider Devon health and care system. A whole system scorecard has been developed with each indicator explained in more detail within the report.

2. Performance commentary reflects the reported position as at July 2017 (Month 4) 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

3. Accurate data regarding primary care and community-based NHS care is not currently consistently available and work is in-hand to improve this for future reporting. With the health and care system in wider Devon operating across different geographies, health reporting is at Clinical Commissioning Group and NHS Provider Trust level, social care reporting against the local authority population. The report format and contents will evolve according to Member feedback and in line with local and national developments in the integration of health and care and the measurement of whole system performance.

4. 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.

5. In order to monitor progress, the Department of Health has recently published the national baseline view of STPs, 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). 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’.

6. Devon hospital performance is generally better than average with no providers in special measures although Plymouth Hospitals NHS Trust has frequently been at escalation status 3 or above in recent months. Patient satisfaction is well above average across Devon although with variable access in waiting for services. The system as a whole remains financially challenged.

7. 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. Overall Devon ranks 116th out of 150 Authorities nationally and 11th out of 16 near neighbours.

8. The level of non-elective (emergency) admissions to Devon's hospitals has increased as a result of increasing patient acuity 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).

9. Reablement services are effective at keeping people from being readmitted to hospital and Devon benchmarks ahead of regional and national averages (55th/150). However, Devon's short term services offer is under-developed meaning that although effective, the reach (140th/150) needs to be extended. 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.

10. 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 and we have seen signs of improvement in recent weeks.

11. Statutory returns have been completed and reports on our standing in the Adult Social Care Outcomes Framework including the annual statutory survey of service users and the biennial statutory survey of carers will be presented to Health and Adult Care Scrutiny in November.

Tim Golby
Head of Adult Commissioning and Health (DCC)

Dr Sonja Manton
Joint Director of Strategy (South Devon and Torbay CCG and NEW Devon CCG)

Electoral Divisions: ALL

Local Government Act 1972: List of Background Papers
None

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Cabinet Member: Councillor Andrew Leadbetter

Whole System Scorecard - July 2017

		2015/16 Benchmarking			2017/18 Targets	2017/18 July Performance				
Code	**Code Description**	**Devon Average**	**Comparator (CIPFA) Average**	**England (National) Average**	**2016/17 Target**	**July 2017 Performance**	**East***	**North***	**South***	**West***
Market Quality	Percentage of commissioned services in Devon graded by CQC as Compliant (assumes outstanding/good): NEW inspection regime	**	**	**	**66.0%**	**86.0%**	**	**	**	**
Safeguarding / Quality	Safeguarding concern volumes	**	**	**	**	**1,802**	935	332	497	**
Safeguarding / Quality	Whole service investigation volumes	**	**	**	**	**6**	**	**	**	**
Safeguarding / Quality	Making Safeguarding Personal - meeting preferred outcomes	**	**	**	**	**76.5%**	**	**	**	**
Assessment/ Review	Timeliness of social care assessment - new clients assessed within 28 days	**	**	**	**80.0%**	**62.3%**	62.9%	62.5%	64.4%	**
Assessment/ Review	Annual review - reviewable services	**N/A**	**N/A**	**N/A**	**75.0%**	**58.4%**	56.4%	51.3%	53.1%	**
Short-term services	Older people (65+) still at home 91 days after hospital discharge into reablement/rehab services (effectiveness of the service)	**87.1%**	**83.8%**	**82.7%**	**81.5%**	**87.3%**	87.6%	89.1%	86.8%	**
Short-term services	Older people (65+) still at home 91 days after hospital discharge into reablement/rehab services (offered the service)	**1.3%**	**2.5%**	**2.9%**	**2.9%**	**2.1%**	**	**	**	**
Placement Rates	Long-term support needs of younger adults (18-64) met by admission to residential and nursing care homes, per 100,000 population	**13.2**	**13.2**	**13.3**	**15.1**	**13.4**	26	11	13	**
Placement Rates	Long-term support needs of older adults (65+) met by admission to residential and nursing care homes, per 100,000 population	**500.6**	**557.2**	**628.2**	**514.6**	**515.8**	435	205	296	**
111	111 Performance	**	**	**90.0%**	**95.0%**	**91.0%**	**	**	**	**
999	999 Performance (NEW Devon)	**	**	**	**75.0%**	**59.0%**	**	**	**	**
Urgent Care	Urgent Care 4 Hour Target Performance	**	**	**90.0%**	**95.0%**	**90.0%**	95.0%	95.0%	94.0%	89.0%
Admissions	Admissions - Elective	**	**	**	**	**N/A**	6808	1681	3085	4949
Admissions	Admissions Non-Elective (Northern Devon Healthcare)	**	**	**	**	**N/A**	2947	1690	3175	4516
Escalation Status	Escalation Status	**	**	**	**	**N/A**	1.29	1	1.05	2.95
Delayed Transfers of Care	DTOC (Delayed transfers of care) from hospital per 100,000 population	**	**	**14.1**	**12.5**	**23.98 (Jun)**	**	**	**	**
Delayed Transfers of Care	DTOC attributable to social care or jointly to social care and the NHS	**	**	**6.6**	**4.2**	**8.13 (Jun)**	**	**	**	**

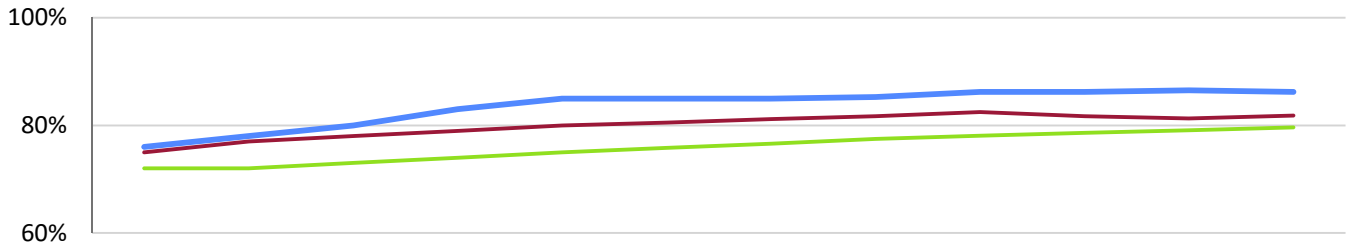
* For NHS Measures:
West = Plymouth Hospitals
East = RD&E
South = Southern Devon and Torbay
North = Northern Devon

Market Quality

Description

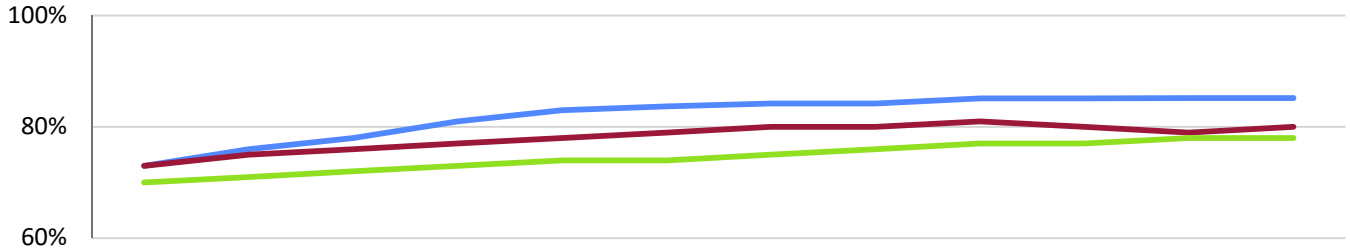
Market quality is assessed by the percentage of social care providers rated as either 'Outstanding' or 'Good' by the Care Quality Commission. Data shown is for active organisations only, not those inactive or de-registered.

Overall Outstanding or Good rating



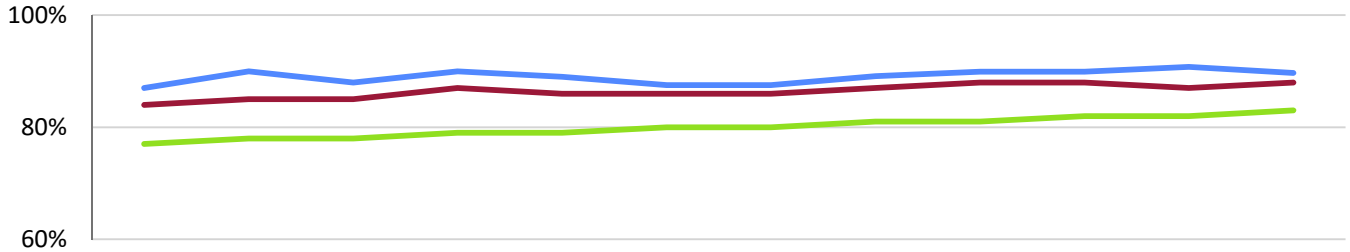
	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Devon LA area	76%	78%	80%	83%	85%	85%	85%	85%	86%	86%	87%	86%
South West	75%	77%	78%	79%	80%	81%	81%	82%	83%	82%	81%	82%
England	72%	72%	73%	74%	75%	76%	77%	78%	78%	79%	79%	80%

Residential Outstanding or Good rating



	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Devon LA area	73%	76%	78%	81%	83%	83.7%	84.2%	84.2%	85.1%	85.1%	85.2%	85.2%
South West	73%	75%	76%	77%	78%	79%	80%	80%	81%	80%	79%	80%
England	70%	71%	72%	73%	74%	74%	75%	76%	77%	77%	78%	78%

Community Based Outstanding or Good rating



	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Devon LA area	87%	90%	88%	90%	89%	87.5%	87.5%	89.1%	89.9%	89.9%	90.8%	89.7%
South West	84%	85%	85%	87%	86%	86%	86%	87%	88%	88%	87%	88%
England	77%	78%	78%	79%	79%	80%	80%	81%	81%	82%	82%	83%

Commentary

85.3% of Devon providers are rated Good or Outstanding by CQC compared with 81.7% regionally and 77.5% nationally.
89.1% of community based providers and 84.2% 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

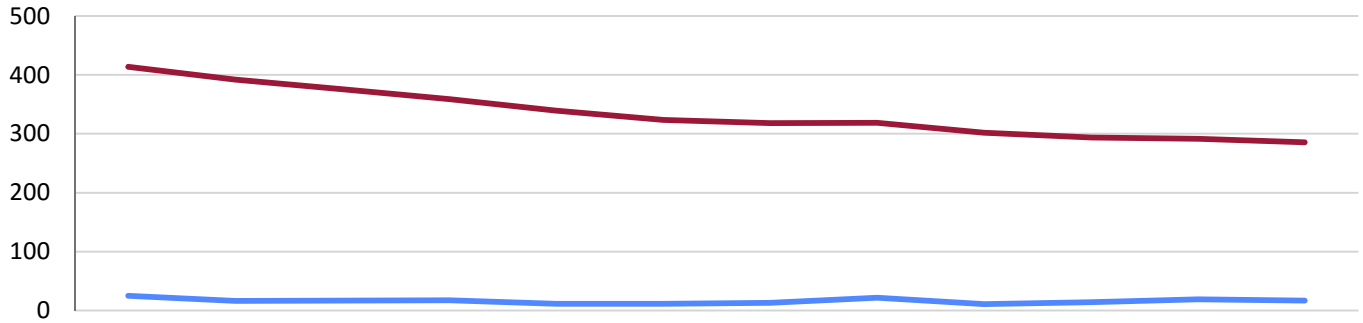
- A sign of suspected abuse or neglect that is reported to the council or identified by the council

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:

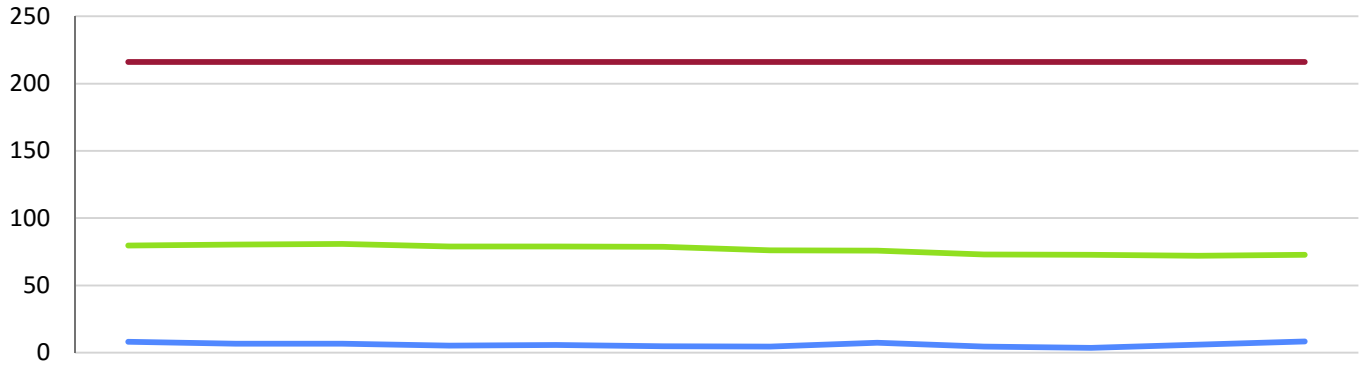
(a) The adult has needs for care AND support (whether or not the authority is meeting any of those needs)
AND (b) The adult is experiencing, or is at risk of, abuse or neglect
AND (c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Safeguarding Concern rate per 100k population.



	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Monthly	24.9	16.2	16.7	17.3	11.4	11.4	13	21.6	10.6	14.1	18.7	16.8
Rolling 12 months	413.6	392.1	375.7	358.8	339.4	323.4	318.3	318.5	302.1	293.9	291.4	285.8

Section 42 Safeguarding Enquiry rate per 100k population.



	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Monthly	8.1	6.7	6.7	5.2	5.6	4.8	4.4	7.3	4.6	3.6	5.9	8.4
Comparator 2015/16	216	216	216	216	216	216	216	216	216	216	216	216
Rolling 12 months	79.5	80.4	80.7	78.8	78.8	78.7	76.1	75.8	73	72.8	72	72.8

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. We have also witnessed a declining trend in Whole Service Reviews due to our more proactive approach to quality assurance and improvement.

Action

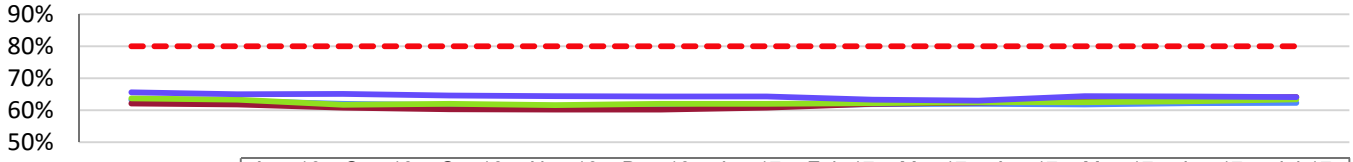
Following the Care Act, the number of Concerns raised increased, but management action has led to a declining trend, with an increasing proportion going onto become Enquiries as is appropriate, with triage also ensuring alternative responses such as through Care Management.

Assessment/Review

Description

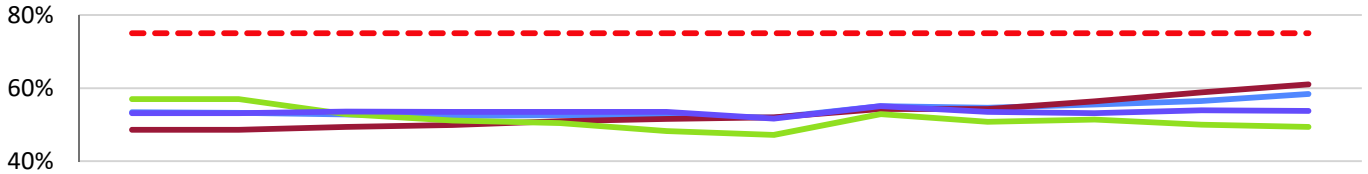
NI132 Timeliness of social care assessment (For new clients (aged 18+), the percentage from where the time from first contact to completion of assessment is less than or equal to four weeks.
L37 Annual social care review – reviewable services (The number of clients receiving reviewable services at the 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)



	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Devon	63.2%	62.9%	62.1%	61.7%	61.4%	61.2%	61.3%	61.9%	62.0%	61.9%	62.2%	62.3%
East	62.1%	61.8%	60.9%	60.3%	60.2%	60.2%	60.8%	62.0%	62.4%	62.9%	63.7%	64.1%
North	63.8%	63.3%	61.7%	62.0%	61.6%	62.1%	62.1%	62.2%	62.5%	62.5%	62.8%	63.4%
South	65.6%	65.0%	65.2%	64.6%	64.4%	64.3%	64.3%	63.4%	63.0%	64.4%	64.3%	64.1%
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



	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Devon	53.4%	53.2%	52.7%	52.4%	52.6%	52.5%	51.9%	55.1%	54.6%	55.5%	56.4%	58.4%
East	48.6%	48.6%	49.4%	49.9%	51.0%	51.5%	51.9%	54.3%	54.2%	56.4%	58.8%	61.0%
North	57.0%	57.0%	52.8%	51.1%	50.4%	48.2%	47.2%	52.9%	50.8%	51.3%	50.0%	49.4%
South	53.1%	53.1%	53.5%	53.5%	53.5%	53.5%	51.6%	55.1%	53.4%	53.1%	53.9%	53.7%
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.

Action

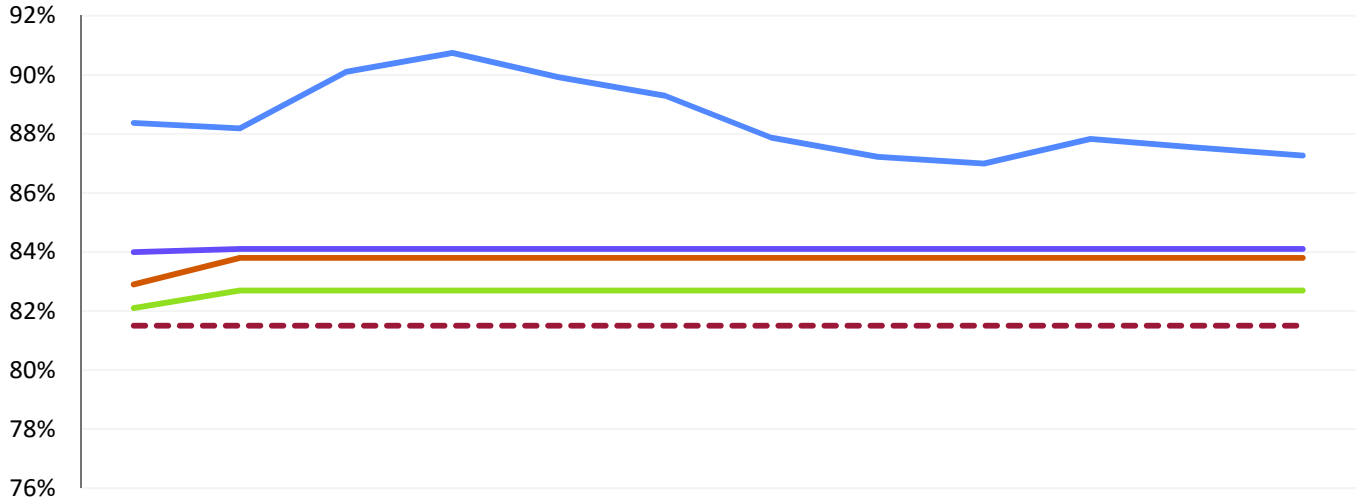
NI132 Changes to our operating model have been piloted in North Devon. We are now preparing to roll out the new approach countywide. Though reduced in scale, waiting lists are managed to ensure those with most pressing needs are prioritised for assessment and service provision.
L37 We have recently bought in additional review capacity focussed on those with the potential to achieve greater levels of independence and 64 reviews have been completed by this team (in July and August) and will feed into performance numbers over the coming months.

Short-term services

Description

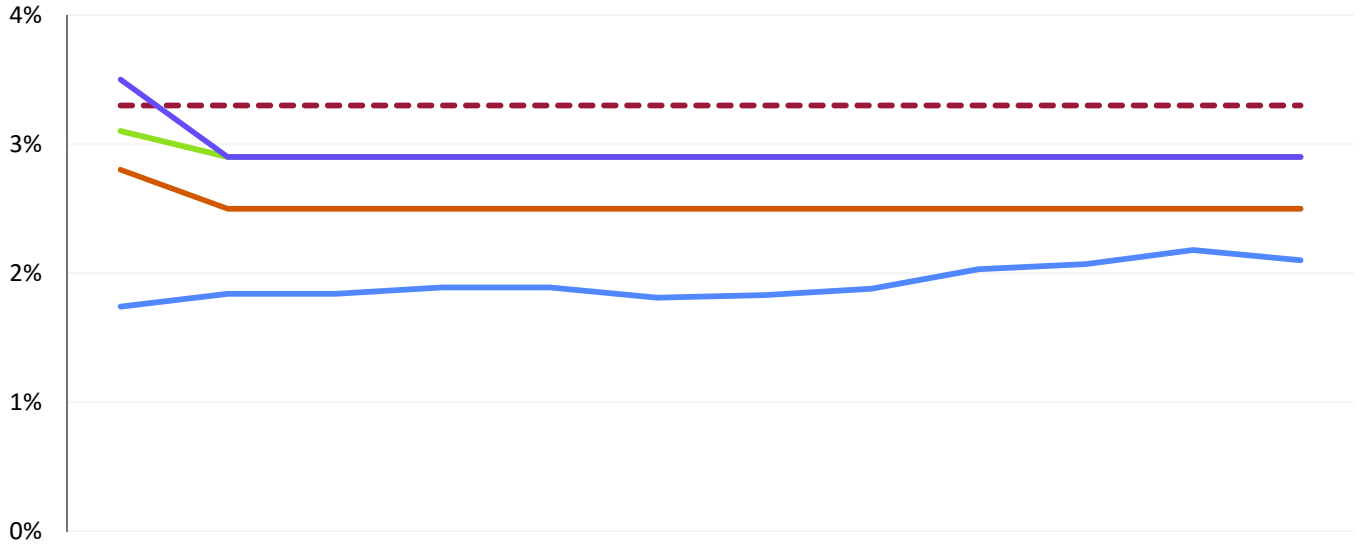
2B Older people (65+) still at home 91 days after hospital discharge into reablement/rehab services (2B1 effectiveness of the service and 2B2 offered the service). Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence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

Effectiveness - Proportion 65+ still at home 91 days after hospital discharge into reablement



	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Devon	88.4%	88.2%	90.1%	90.7%	89.9%	89.3%	87.9%	87.2%	87.0%	87.8%	87.5%	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	82.1%	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%
Southwest Avg	84.0%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%
Comparator Avg	82.9%	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%

Coverage - Proportion 65+ offered reablement services upon discharge from hospital



	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Devon	1.7%	1.8%	1.8%	1.9%	1.9%	1.8%	1.8%	1.9%	2.0%	2.1%	2.2%	2.1%
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	3.1%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%
Southwest Avg	3.5%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%
Comparator Avg	2.8%	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.

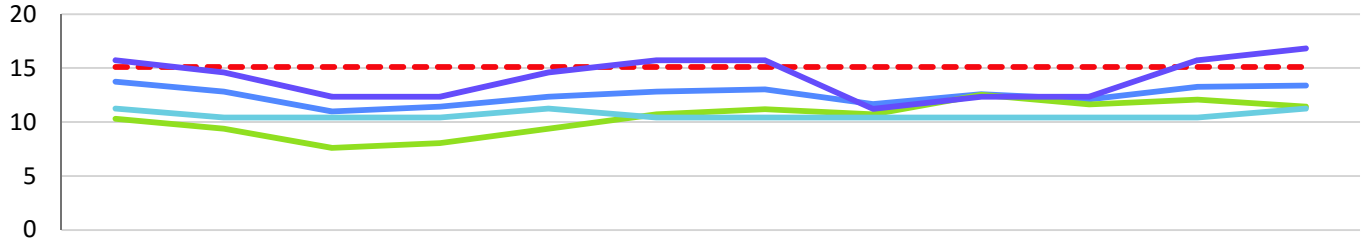
Coverage - We are reviewing our Short-Term Service (STS) offer across health and care to better integrate social care reablement with rapid response and NHS rehabilitation services to work better as a system to avoid unnecessary hospital admissions and prevent delayed transfers of care by improved discharge 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.

Placement Rates

Description

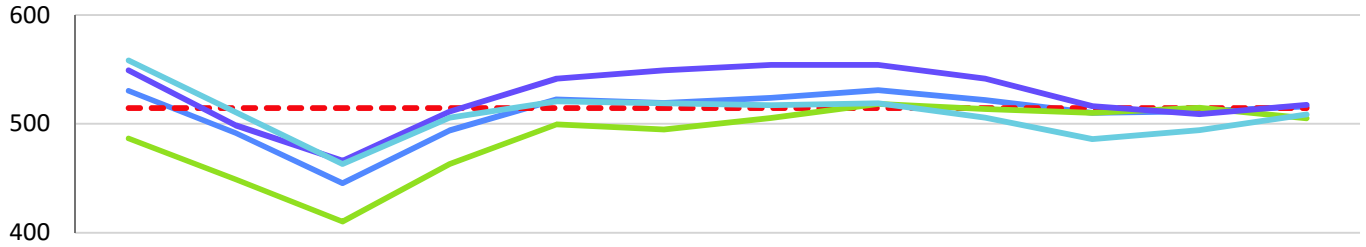
2A Long-term support needs of younger adults aged 18-64 (part 1) or older adults 65+ (part 2) met by local authority funded admission to residential and nursing care homes, per 100,000 population. (Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. 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)

2A1 18-64 admissions to long term care per 100k population.



	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Devon	13.7	12.8	11.0	11.4	12.4	12.8	13.0	11.7	12.6	12.1	13.3	13.4
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	10.3	9.4	7.6	8.1	9.4	10.7	11.2	10.7	12.5	11.6	12.1	11.4
North	15.7	14.6	12.4	12.4	14.6	15.7	15.7	11.2	12.4	12.4	15.7	16.8
South	11.2	10.4	10.4	10.4	11.2	10.4	10.4	10.4	10.4	10.4	10.4	11.3

2A2 65+ admissions to long term care per 100k population.



	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Devon	530	492	445	494	522	519	524	531	522	510	512	516
Target	515	515	515	515	515	515	515	515	515	515	515	515
East	487	449	410	463	499	495	505	518	513	510	515	505
North	549	499	466	511	542	549	554	554	542	516	509	517
South	558	511	463	506	521	519	517	519	506	486	494	508

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.

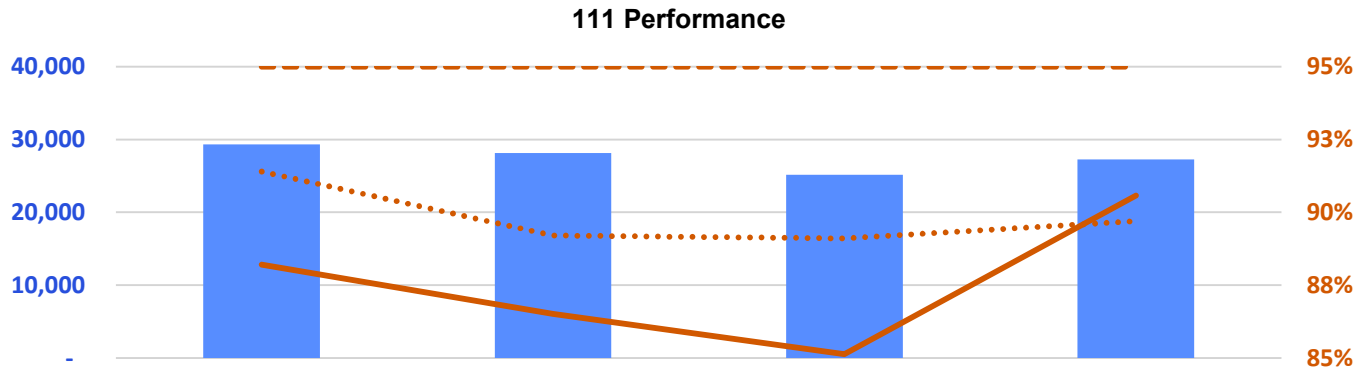
Action

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.

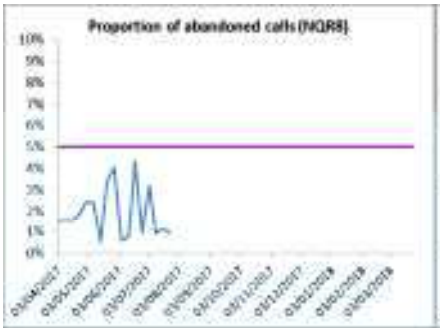
111 Performance

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
Number of Calls	29,333	28,163	25,157	27,269
Answered in 60 Seconds	88%	87%	85%	91%
England Answered in 60 seconds	91%	89%	89%	90%
Target	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.

The overall trajectory during 2017/8 is for a reduction in the use of 111 services. This is in part due to there being fewer bank holidays after May, but also a reduction in the level of people needing to use the service outside of the winter period. Overall, the service continues to meet key National Quality Requirements (NQRs) and the national target for the proportion of calls ending with a clinical advisor.

There has been an increase in the proportion of patients being referred to A&E. Due to the necessity to refer patients based on what they are advising the clinician or call handler over the telephone without seeing the patient, it is expected that some referrals will be made when the patient could have been treated elsewhere. This latest increase is being monitored with the providers to ensure that the referrals remain appropriate and that it is simply the mix of patients using the service that has led to the increase in onward referral.

Action

The CCGs are working with Devon Doctors to expand the role of the Clinical Advisory Service (CAS) within the 111 service. This will help improve the system wide admissions avoidance work by helping care homes to provide a greater level of care to patients with clinical support from colleagues in the CAS.

999 Performance

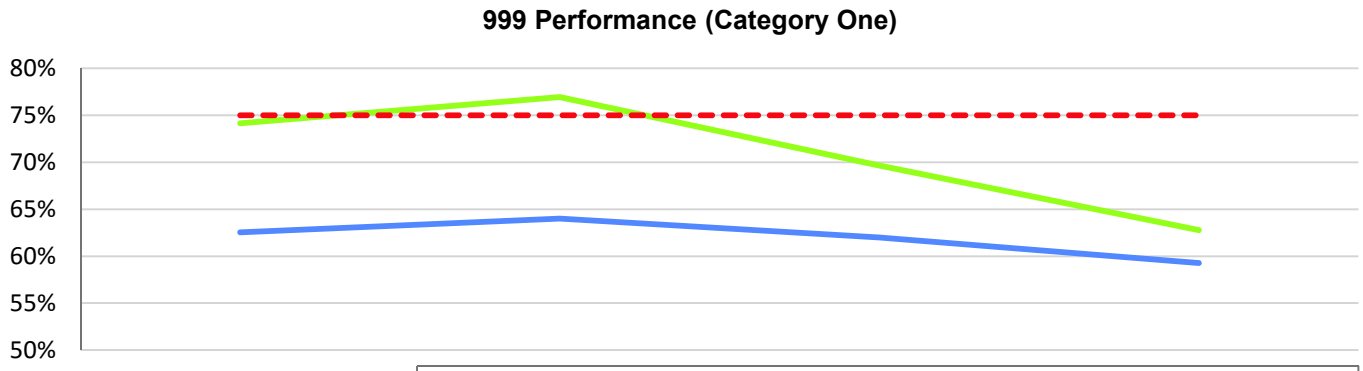
Description

Category One calls are the most urgent category of ambulance call outs and should be responded to within 8 minutes 75% of the time

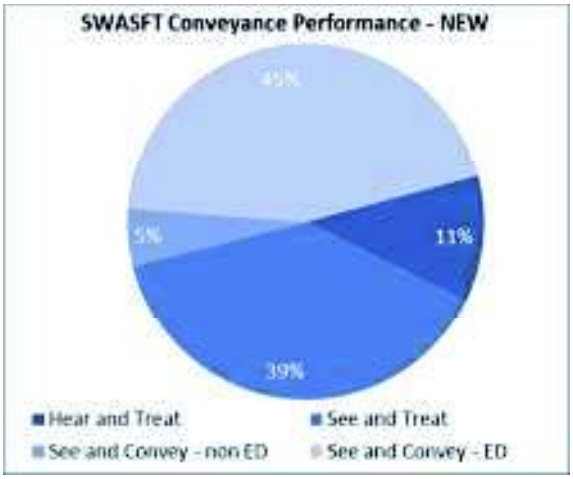
Hear and Treat – these are calls to 999 that are resolved without dispatching a paramedic – this can be advice to attend alternative health services or self-help advice

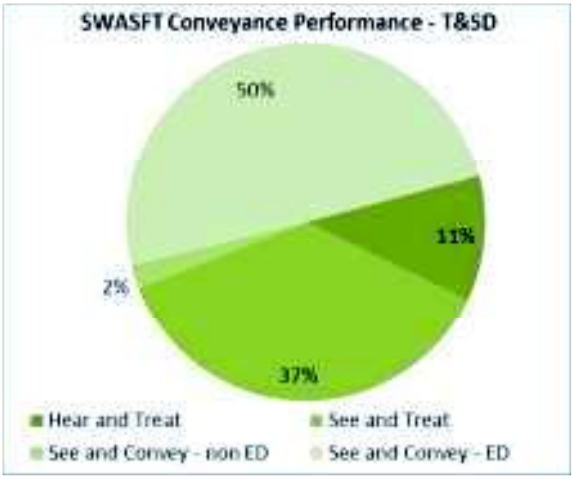
See and Treat – these are patients who are treated by the paramedic without need to take them to hospital

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)



	Apr-17	May-17	Jun-17	Jul-17
NEW Devon	63%	64%	62%	59%
Torbay and Southern Devon	74%	77%	70%	63%
Target	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.

Action

When a call is made to the 999 service there are a number of treatment options available to the service. The CCGs are working with SWASFT to maximise the number of patients who are treated using either the Hear and Treat or See and Treat models. This reduces the number of patients conveyed to hospital. SWASFT are the leading ambulance force in the country for non-conveyance of patients.

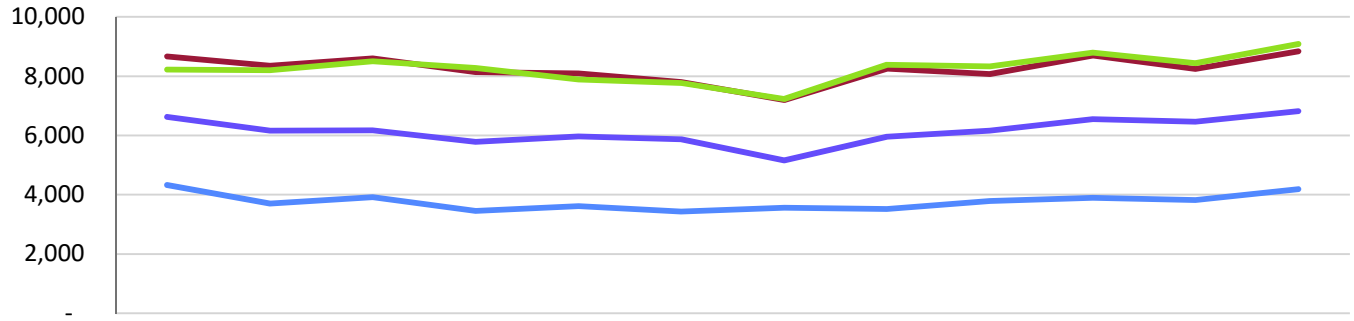
Urgent Care 4 Hour Target Performance

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

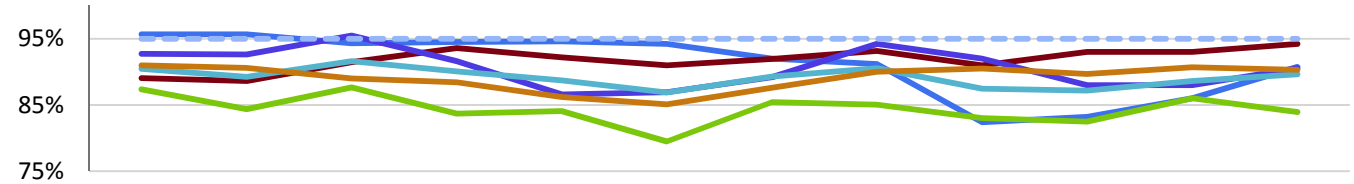
All Type performance – this is the total number of patients that are treated and discharged or have a decision to admit within 4 hours at an Emergency Department, Minor Injuries Unit, Walk in Centre, or Minor Injuries Service.

Urgent care 4 hour attendances (Type 1)



	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Northern Devon	4,331	3,705	3,915	3,451	3,612	3,428	3,568	3,521	3,790	3,902	3,821	4,184
Royal Devon and Exeter	8,665	8,356	8,603	8,135	8,094	7,805	7,200	8,260	8,068	8,701	8,240	8,837
Plymouth Hospitals	8,222	8,197	8,504	8,280	7,893	7,773	7,226	8,389	8,327	8,797	8,439	9,092
Southern Devon and Torbay	6,627	6,164	6,175	5,782	5,969	5,874	5,155	5,953	6,162	6,550	6,466	6,817

Urgent Care - Type 1 Performance



	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Northern	96%	96%	94%	94%	95%	94%	92%	91%	82%	83%	86%	91%
Eastern	89%	89%	91%	94%	92%	91%	92%	93%	91%	93%	93%	94%
Western	87%	84%	88%	84%	84%	79%	85%	85%	83%	82%	86%	84%
Southern	93%	93%	95%	92%	87%	87%	89%	94%	92%	88%	88%	91%
STP Overall	90%	89%	92%	90%	89%	87%	89%	91%	87%	87%	89%	90%
England	91%	91%	89%	88%	86%	85%	88%	90%	91%	90%	91%	90%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Commentary

The information above shows performance against the four hour target 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 overall position for the four systems is:

Northern = 95% Eastern = 95% Western = 89% Southern = 94%

Performance for July has generally improved compared to earlier in 2017/18 despite increasing numbers of attendances. This is because the acuity of patients attending A&E in the summer months tends to be much lower than in the winter when patients attend with more complex multi-factorial illness

Action

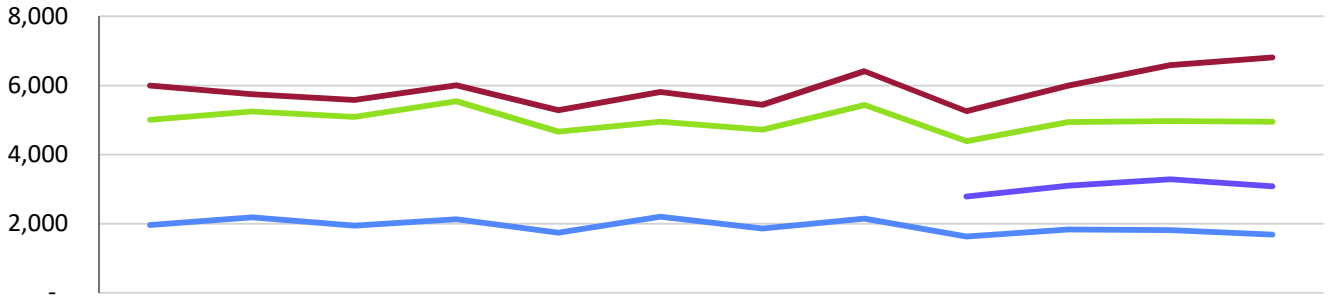
A&E performance is a measure of how the whole system is operating due to its reliance on flow throughout the hospital to admit patients which is then reliant on the effectiveness of community services to receive patients from the acute hospital. As such, it is not possible to create a plan focussed on A&E performance without changing the rest of the system at the same time. Each of the four systems has a detailed action plan in place which is overseen by the locality A&E Delivery Boards. This group is then overseen by the STP Wide A&E Delivery Board.

Admissions – Elective and Non-elective

Description

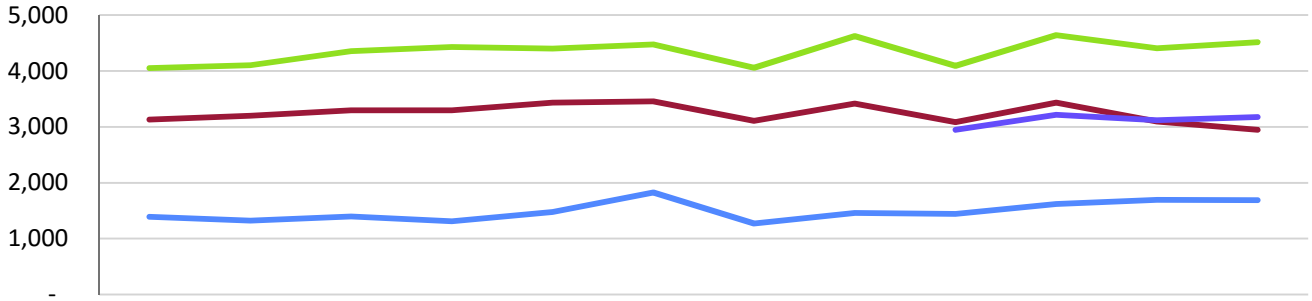
Elective Admissions – this is the number of patients who are attending hospital for a planned episode of care (ie a known operation)
Non-Elective Admissions – this is the number of patients who attend hospital in an unplanned manner. This is usually via the Emergency Department or Medical Assessment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

Elective admissions



	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Northern Devon	1,960	2,182	1,942	2,129	1,738	2,203	1,857	2,147	1,632	1,834	1,811	1,681
Royal Devon and Exeter	5,993	5,748	5,575	6,006	5,284	5,811	5,444	6,411	5,259	5,995	6,588	6,808
Plymouth Hospitals	5,009	5,244	5,085	5,543	4,666	4,954	4,720	5,429	4,383	4,944	4,967	4,949
Southern Devon and Torbay									2,788	3,100	3,288	3,085

Emergency non elective admissions



	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Northern Devon	1,393	1,322	1,395	1,313	1,478	1,825	1,274	1,461	1,444	1,618	1,696	1,690
Royal Devon and Exeter	3,129	3,200	3,295	3,294	3,436	3,454	3,106	3,418	3,085	3,432	3,097	2,947
Plymouth Hospitals	4,050	4,101	4,355	4,431	4,400	4,475	4,056	4,626	4,093	4,639	4,405	4,516
Southern Devon and Torbay									2,945	3,217	3,119	3,175

Commentary

Overall the level of non-elective (urgent) admissions has increased over the last 12 months. This is mainly due to growth in admissions in both Northern Devon Healthcare and Plymouth Hospitals Trust which have both seen an increase in acuity during the 12 month period. Admissions within the RD&E have remained static over the period with a similar fluctuation pattern as Plymouth and Northern Devon caused by seasonal variation.

Exeter has seen a significant growth in the level of Elective (Planned) admissions compared to the other Trusts who have remained consistent over the 12 month period. Work is being undertaken to understand whether there is a specific cause of this growth or if it is an in year fluctuation.

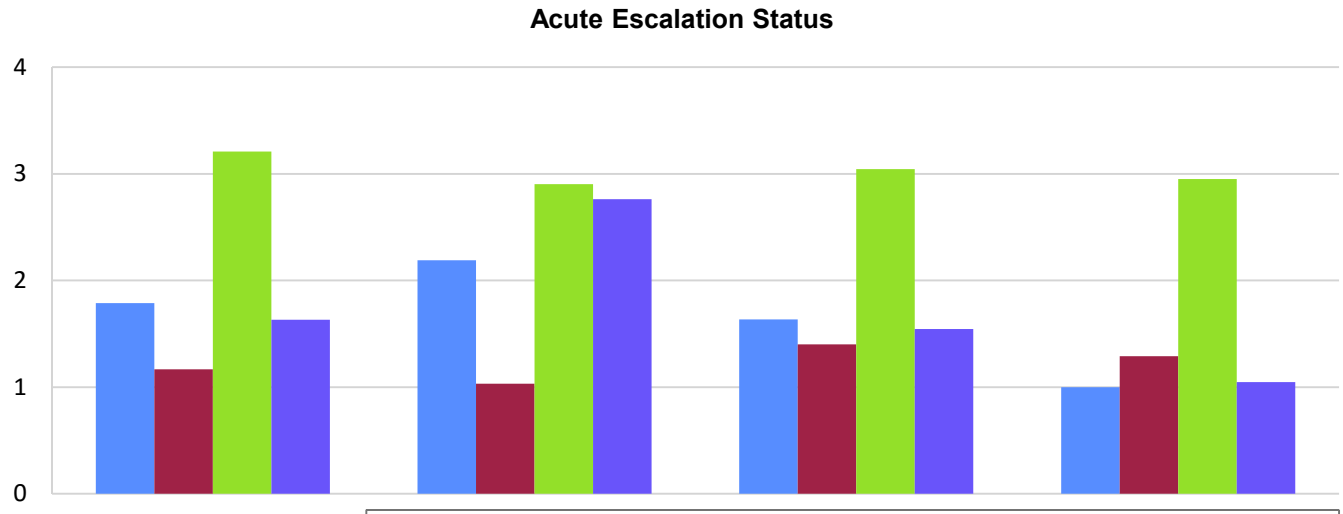
Action

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
Northern Devon	1.79	2.19	1.64	1.00
Royal Devon and Exeter	1.17	1.03	1.40	1.29
Plymouth Hospitals	3.21	2.90	3.05	2.95
Southern Devon and Torbay	1.63	2.76	1.55	1.05

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. A score of 1.5 or less means that the Trust has spent at least half the month in a non-escalated state, whereas a score over 2.5 suggests a high degree of escalation during the month.

With the exception of Plymouth, all three Trusts are currently experiencing periods without needing to escalate. Plymouth remains under consistent escalation due to the volume of patients requiring urgent care and the knock on effect that this has on the Trust's ability to deliver routine healthcare for patients.

Action

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

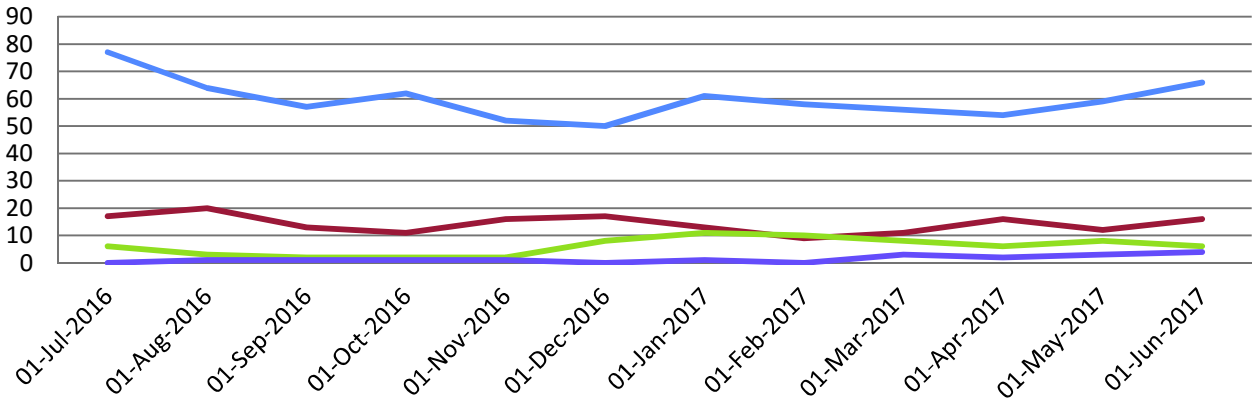
In addition to this, the CCGs are working with each of the providers to create consistent escalation metrics and associated actions. This will enable escalation processes to be managed more effectively but will also ensure that there is a a consistent view of escalation provided across the STP footprint which is not skewed by an individual organisations approach to risk.

Delayed Transfers of Care

Description

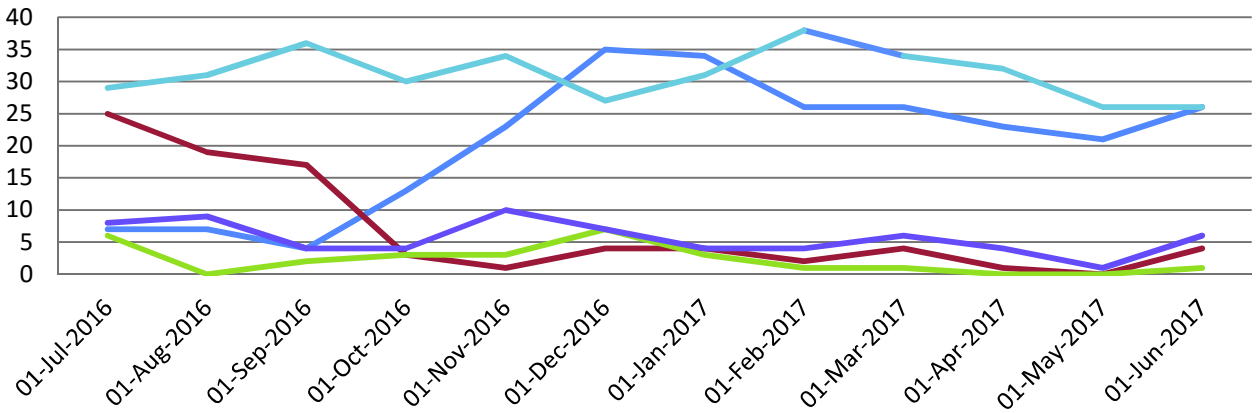
A delayed transfer of care occurs when a patient is medically fit for discharge from acute or non-acute care and is still occupying a bed.
This indicates the ability of the whole system to ensure appropriate transfer from hospital for all adults. Minimising delayed transfers of care and enabling people 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



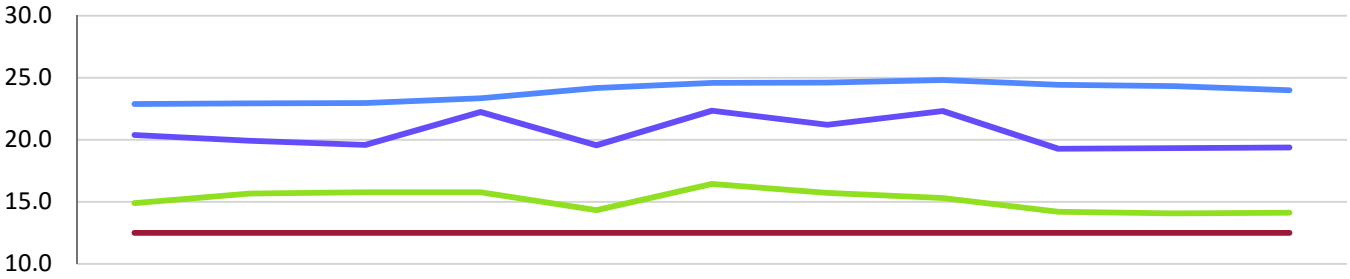
	01-Jul-2016	01-Aug-2016	01-Sep-2016	01-Oct-2016	01-Nov-2016	01-Dec-2016	01-Jan-2017	01-Feb-2017	01-Mar-2017	01-Apr-2017	01-May-2017	01-Jun-2017
RDE	77	64	57	62	52	50	61	58	56	54	59	66
NDHT	17	20	13	11	16	17	13	9	11	16	12	16
PHT	6	3	2	2	2	8	11	10	8	6	8	6
Tor	0	1	1	1	1	0	1	0	3	2	3	4

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



	01-Jul-2016	01-Aug-2016	01-Sep-2016	01-Oct-2016	01-Nov-2016	01-Dec-2016	01-Jan-2017	01-Feb-2017	01-Mar-2017	01-Apr-2017	01-May-2017	01-Jun-2017
RDE	7	7	4	13	23	35	34	26	26	23	21	26
NDHT	25	19	17	3	1	4	4	2	4	1	0	4
PHT	6	0	2	3	3	7	3	1	1	0	0	1
Tor	8	9	4	4	10	7	4	4	6	4	1	6
DPT	29	31	36	30	34	27	31	38	34	32	26	26

Monthly rate of bed day delays per 100k of population



	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Devon	22.9	22.9	23.0	23.4	24.2	24.6	24.6	24.8	24.4	24.3	24.0
Devon Target	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5
England Avg	14.9	15.7	15.8	15.8	14.3	16.4	15.7	15.3	14.2	14.1	14.1
SW Avg	20.4	19.9	19.6	22.2	19.5	22.3	21.2	22.3	19.3	19.3	19.4

Commentary

The top 3 reasons for delay: Awaiting further NHS care (26%), Completion of assessment (23%), Care package in own home (16%)

In June 2017, 61% delays are attributable to NHS, 32% to Social Care and 6% to Both. Nationally, the split is 55%, 38% and 7%

Devon County Council ranks 141 out of 150 for the monthly rate of all delays. DCC rank 119 when only considering delays attributable to Social Care.

In the 12 months to June 2017 RD&E accounted for 72% of acute delays. DPT accounted for 45% of non-acute delays.

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