

WHOLE SYSTEM PERFORMANCE

Joint Report of the Head of Adult Commissioning (Devon County Council) and Director of Strategy (South Devon and Torbay CCG and NEW Devon CCG)

1. Recommendation

1.1 Scrutiny to note content of the Report.

2. Purpose

2.1 To provide an update on activity and performance across the wider health and care system based on performance data as at November 2018 (Month 8), including later data where available. The analysis and performance commentary focus on a range of metrics covering acute and community hospital settings, primary care and social care selected by system leaders to provide Members with a whole system view.

2.2 Unless otherwise stated, the NHS information relates to NHS providers and therefore covers the population they serve wherever they live:

- University Hospitals Plymouth NHS Trust (UHP)
- Royal Devon and Exeter NHS Foundation Trust (RD&E)
- Northern Devon Healthcare NHS Trust (NDHT)
- Torbay and South Devon NHS Foundation Trust (T&SD)
- South West Ambulance NHS Foundation Trust (SWAST)
- Devon Partnership Trust (DPT)
- Livewell Community Interest Company (Livewell)

Social care information relates to Devon County Council (DCC) residents.

CCG stands for Clinical Commissioning Group, a clinically-led statutory NHS body responsible for the planning and commissioning of health care services.

STP stands for Sustainability and Transformation Partnership where local NHS organisations and councils have drawn up proposals to improve health and care in the areas they serve.

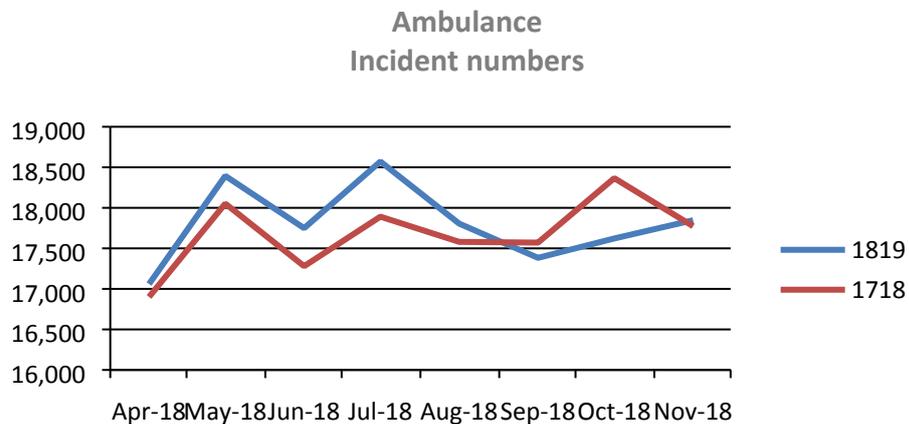
3. Executive Summary

- 3.1 The Devon winter plan has been reviewed by NHS England (NHSE) and initial feedback has been received by the Clinical Commissioning Group (CCG). Key areas within the plan include improving patient flow, maximising capacity across the health and care system and preventing avoidable delays that may reduce the quality of care. Maximising capacity across the whole system is an integral component of the winter plan and has included increasing the take up of influenza vaccinations amongst front line staff and targeted recruitment of health and care workers through the Proud to Care campaign.
- 3.2 At this relatively early stage of winter the activity and performance data does not suggest significant pressure on services. For instance, performance against the key A&E 4-hour waiting times target improved from November to December at a Devon-wide level whilst acute delayed transfers of care remained relatively low in aggregate. Ambulance response times for category 1 conveyances (calls where there's a life-threatening condition such as cardiac arrest) also remained within the seven minute target in November, a considerable improvement from 2017/18. Delayed Transfers of Care are within or close to target in 3 of the 4 acute Trusts in Devon, the exception being the RD&E.
- 3.3 Activity levels at Devon-wide services such as 111 and out of hours primary care activity have increased in the early part of this winter when compared to last winter, although 111 growth is linked to a national publicity campaign that ran in October and November and led to a 15% increase in calls compared to the same period in 2017. More modest increases in 999 incidents were seen (0.4% in November and 0.7% for the year to date). Call answering performance for 111 and hours lost to ambulance handover continued to be issues however.
- 3.4 Despite relatively good NHS performance in November and December, early 2019 data shows a more challenging position with two of the four acute trusts in Devon reporting the highest operational pressure (OPEL) rating for a number of days during January, with increasing levels of demand, physical A&E department capacity and short-term workforce capacity in A&E being factors.
- 3.5 Significant pressures within the system, particularly regarding personal care market capacity have resulted in an increase in the acute and community delayed transfers of care at some Trusts. Whilst proactive work with providers to improve market capacity, quality and sustainability is on-going further hospital pressures are anticipated as the winter period progresses. Numbers of delays impacting people living in the in the Devon County Council area are

increasing but remain below the 2016-17 baseline. The redirection of short-term services capacity and the temporary use of residential care is being used to improve hospital flow however unfilled packages of care have increased to 190 (27 November 2018) from 85 (28 November 2017). Contingency arrangements are in place to support people in their own homes, in a residential setting or inappropriately in a hospital setting pending permanent care solutions.

4. Urgent and emergency care

4.1 **NHS 111 and 999** are, for many, entry points to the urgent and emergency care system. SWAST ambulance incident numbers have increased marginally in 2018/19 (0.7%), but the majority of this growth was seen during the summer months, with September and October incident levels below the numbers in equivalent months in 2017 and November seeing a small 0.4% increase on November 2017.

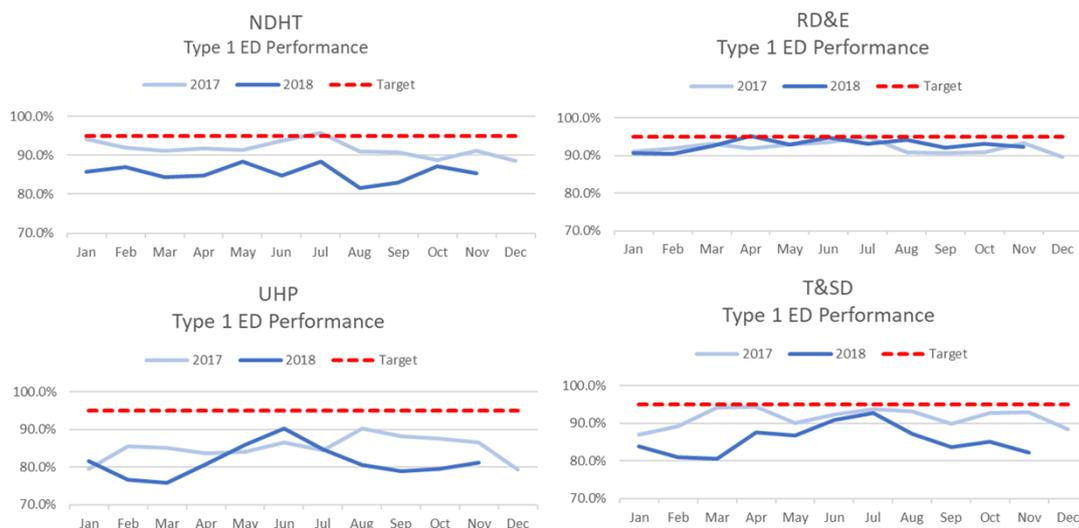


There has been an increase of some 17% in the number of calls received by 111 for the period April to November 2018 compared to the same period in 2017. Calls average between 28-35,000 per month which is an increase on volumes seen over winter 2017, which averaged between 25-32,000 per month. More people with non-emergency conditions are calling 111, with those calling 999 generally doing so for more serious conditions. The Devon 111 service continued to experience difficulties with call answering performance, which is likely to worsen over the winter.



4.2 **A&E attendances** across the four acute providers continue to show a variable picture. Overall attendances (including minor injury units) for the 8 months to November 2018 are up by 19,100 or 6.3% on the same period in 2017. All Trusts except for NDHT have seen an increase in the overall numbers attending A&E. However, Minor Injury Units (MIUs) have seen higher growth this financial year, with an increase of around 10% across Devon. This is consistent with the national position where type 1 (consultant-led 24 hour service) growth is typically relatively low but MIU and walk-in centre growth is much higher. Much of this growth was focused on summer months and has been linked to the period of extended hot weather leading to increased levels of minor injuries.

4.3 **A&E performance** across all acute Trusts continues to be below the 4-hour wait standard of 95% and slightly under the national level. The England position for comparison was 87.6% in November with the Sustainability and Transformation Partnership (STP) performing at 85.9%

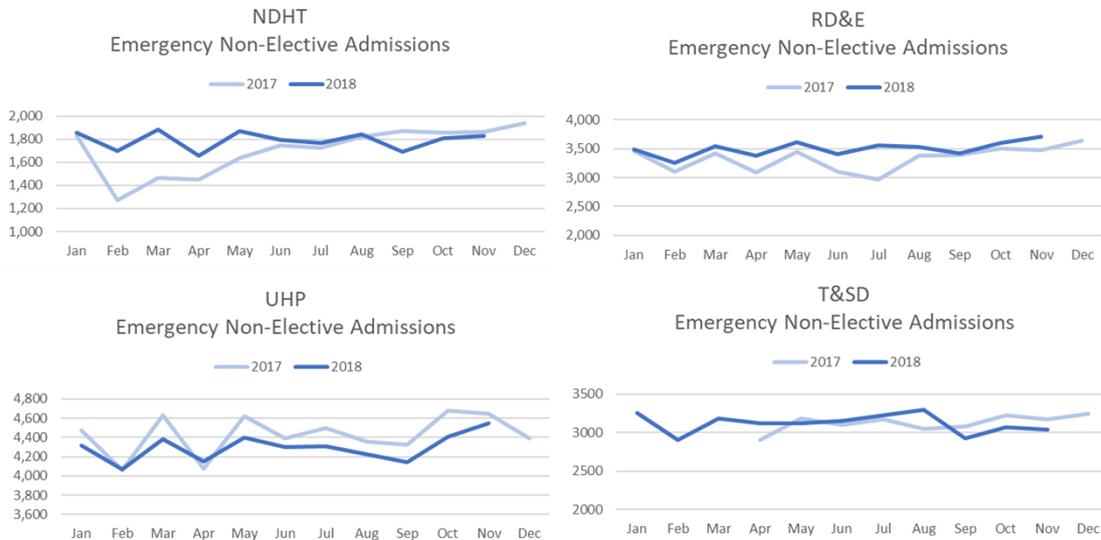


4.4 All acute providers continue to undertake actions to address long waits for patients within their emergency departments. A system wide metrics dashboard for understanding the quality of care is in development and using key national documents such as NHSI patient safety tracker. This will give overall visibility of the Devon wide emergency department quality and performance.

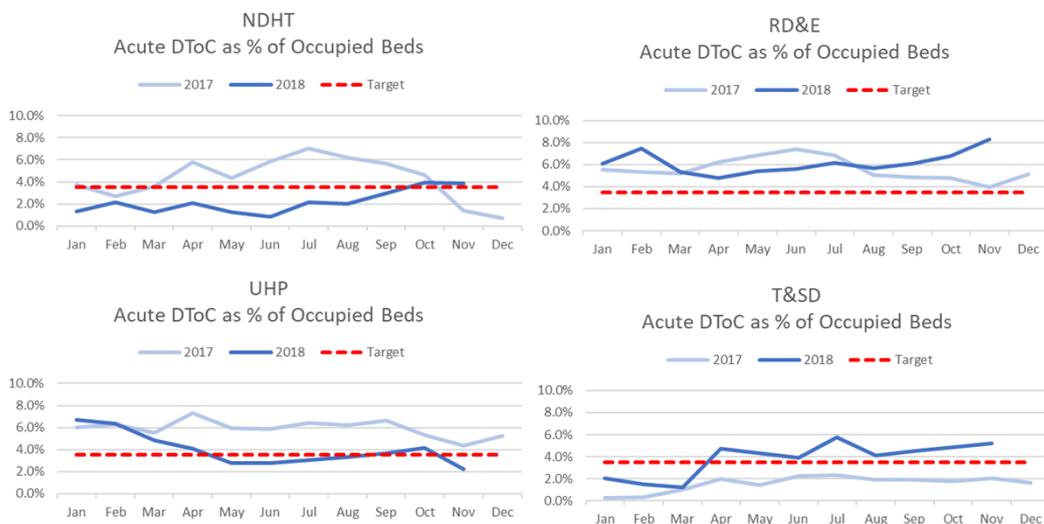
5. Hospital settings and the interface with adult social care

5.1 The total number of **emergency admissions** to the four acute hospitals in Devon between April and November 2018 was 3,500 patients or 4% greater than between April and November 2017. The position varies by location, with some common themes:

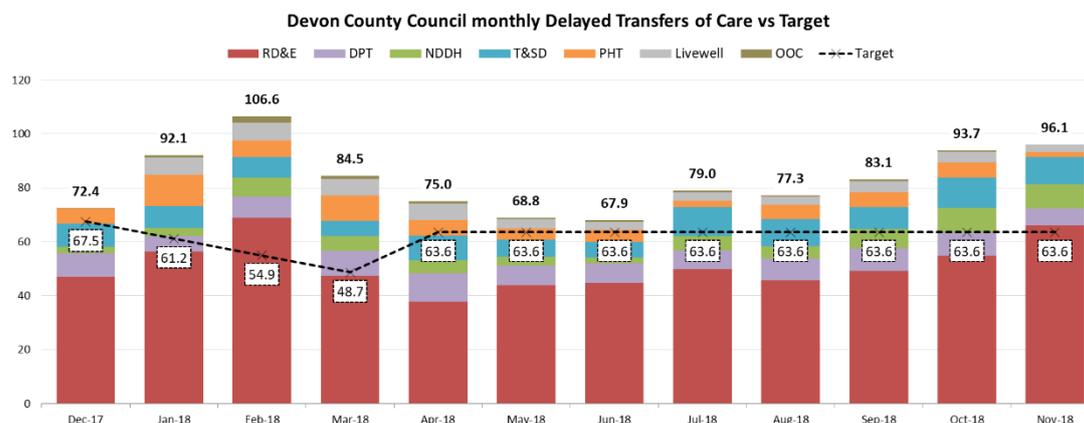
- The most significant increase was in Plymouth where gaps in primary care remain a challenge
- There has been an increased acuity of patients attending A&E across the system, particularly those arriving by ambulance
- Weather to date this winter has been relatively mild, but all trusts experienced an increase in the bad weather of March 2018
- So far this winter there have been no significant outbreaks of influenza or norovirus



5.2 Delayed transfers of care (DToC) as measured by the number of delayed bed days as a proportion of all occupied bed days in acute hospitals has been showing an increasing trend at RD&E and NDHT although NDHT remains below the national target of 3.5% of acute delays. Progress made in reducing the rate in Plymouth last year has been maintained whilst T&SD continues to show relatively low levels of delays. The charts below show the combined acute and community position.



5.3 **Delayed transfers of care** relating to Devon residents reduced over the course of 2017, dropping below the target set by NHS England in November, before rising again in the second half of the winter. The position continues to deteriorate with the onset of winter and is being exacerbated by personal care market capacity issues. Whilst proactive work continues with providers to sustain the necessary capacity of supply there are likely to be on-going whole system pressures as winter progresses.



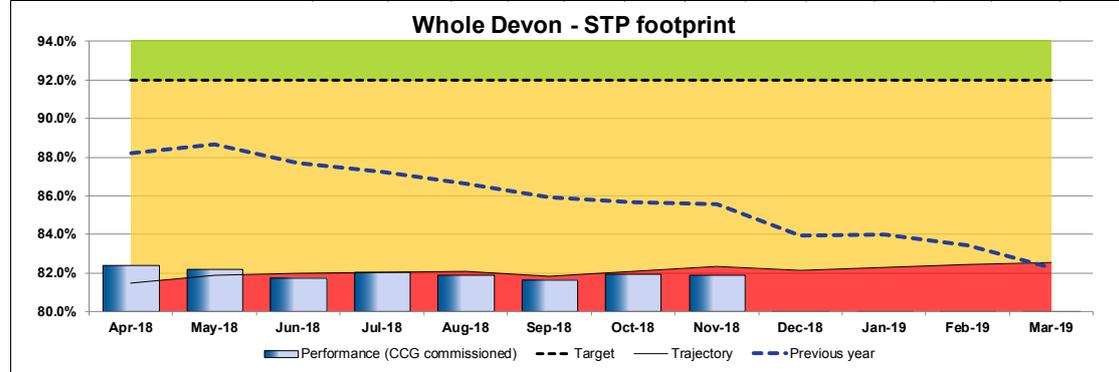
5.4 **Proud to Care Devon** has developed gradually since 2015-16 and now involves the County Council and health partners working with service providers to recruit and retain workers within the care and health sector. Proud to Care Devon has over 200 Proud to Care Ambassadors locally promoting careers in health and social care at schools, colleges, universities, apprenticeship events and job centres; and has received regional and national recognition. Research has been undertaken into turnover amongst care workers and providers have also taken advantage of 'Values-based Recruitment' and 'Improving Retention' workshops across Devon to improve their staff retention. Pressure still remains within the sector, as is evidenced by scarcity of supply in certain areas of the county.

5.5 Across Devon, the proportion of people being **referred to treatment** within 18 weeks has remained relatively static at 82% which is a continuing flat trend since March 2018. Performance is variable across the acute trusts ranging from 79.3% (NDHT) to 83.6% (RD&E). The number of incomplete pathways (waiting times for patients waiting to start treatment at the end of the reporting period) in Devon has increased by around 3,000 or 4% during the year, primarily at RD&E, whilst the numbers of very long waits (over 52 weeks) increased in quarters one and two but is reducing in quarter three. However, cancellations of operations at UHP and NDHT in early January and issues such as T&SD theatre capacity (two theatres have been closed at the hospital since November due to issues with the air management system) will prevent progress being made in making further reductions in quarter four. Long waits are primarily in orthopaedics and cardiology with a smaller number in general surgery and neurology.

5.6 Performance against national **cancer waiting times** standards was mixed in November. At provider level NDHT and T&SD continued to perform comparatively well across the range of measures (with the exception of two week waits from urgent referral to first being seen), but RD&E and UHP both underperformed against four targets including the 62-day referral to treatment and 31 day wait for surgery targets. Cancellations of operations due to winter pressures are rare for cancer which is treated as a priority above routine surgery.

RTT 18 week performance and incomplete waiting list

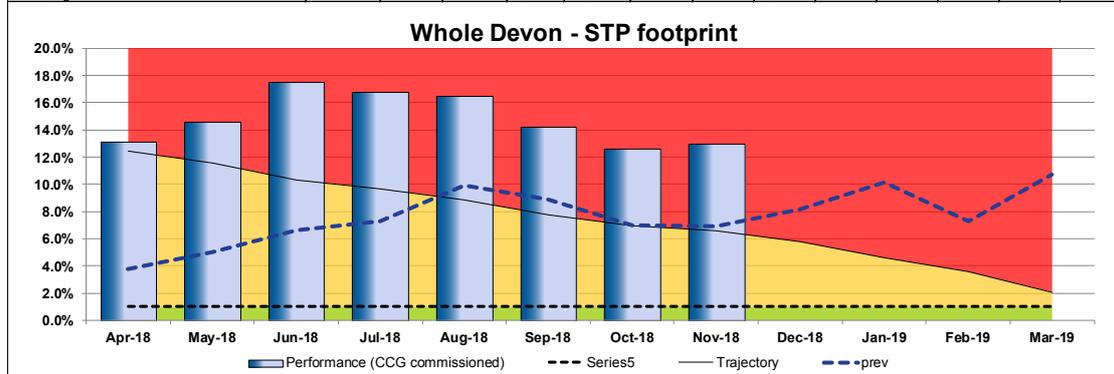
STP footprint	National target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Performance (CCG commissioned)	>92%	82.4%	82.2%	81.7%	82.0%	81.9%	81.7%	81.9%	81.9%				
Trajectory		81.5%	81.9%	82.0%	82.0%	82.1%	81.8%	82.1%	82.3%	82.1%	82.3%	82.4%	82.5%
NHS England		87.5%	88.1%	87.8%	87.8%	87.2%	86.7%	87.1%					
RTT total waiting list	78,364	80,395	81,178	81,526	82,273	82,971	81,428	82,049	81,429				
Trajectory		77,749	78,454	78,845	78,578	79,363	78,528	78,603	77,324	76,200	75,616	75,353	74,733



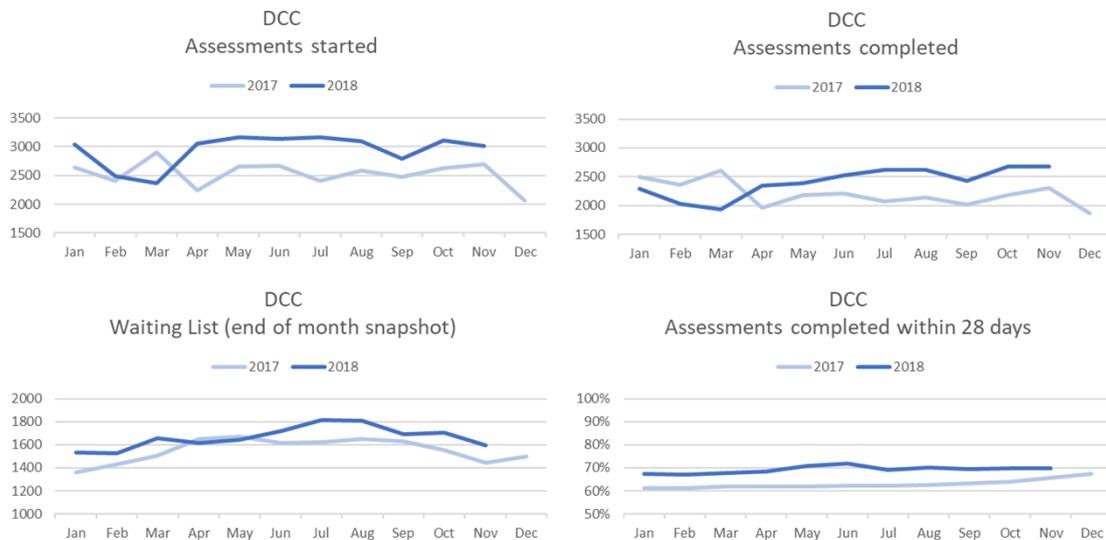
5.7 Performance against the **diagnostics within 6 weeks** declined significantly over winter 2017 and remains over target trajectory at 13.0% although there has been an improvement of 4.5% at STP level in recent months and further improvement is expected in quarter four. A review of serious incidents relating to diagnostic and treatment delays across providers has been completed and reported to the CCG's Quality Committee in Common (meeting at the same time as another CCG). Key themes include inconsistency of follow ups at Multi-Disciplinary Team meetings and subsequent outcomes that would ensure patients repeat diagnostic or referral onwards were completed in a timely way. The CCG continues to work with providers as part of on-going quality assurance

Diagnostics 6 week performance

STP footprint	National target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Performance (CCG commissioned)	>1%	13.2%	14.6%	17.6%	16.8%	16.5%	14.2%	12.7%	13.0%				
Trajectory		12.5%	11.6%	10.4%	9.7%	8.9%	7.8%	7.0%	6.6%	5.8%	4.6%	3.6%	2.1%
NHS England		2.5%	2.7%	2.9%	2.8%	3.1%	2.7%	2.3%					

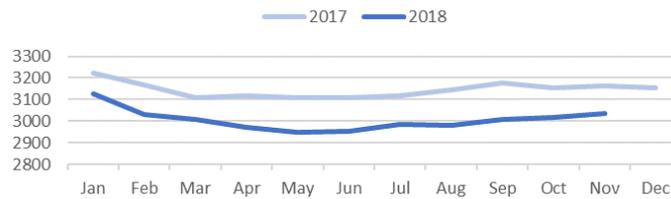


5.8 **Adult social care assessments** that have been started and completed declined marginally over the summer but are now returning close to historical levels. Waiting lists are marginally lower and timeliness slightly worse than earlier in the year. Assessments are prioritised according to acuity of need and circumstances of the person involved, and those relating to people in hospital fit for discharge are given high priority.



5.9 The severity of the winter and higher prevalence of related infectious diseases such as influenza results in increased mortality of the frail elderly, in particular those living in **residential care**. Overall numbers of residents reduced significantly during winter 2017, but have once more started to increase although remaining below historical levels.

DCC
Long Term Residential and Nursing Placements
(end of month snapshot)

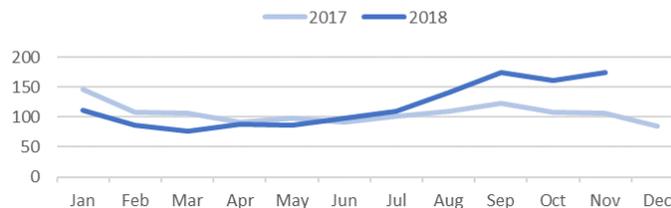


5.10 The number of clients receiving **personal care** and the number of hours of personal care being arranged by Devon County Council has been reducing over the last 24 months due to more emphasis being put on reablement services, technology enabled care and other approaches that promote people’s ability to live independently. The winter challenge is not one of increased volume but increased change with more people ending packages, starting packages and having changes to packages than at other times of the year.



5.11 The number of **unallocated packages of care** due to access or capacity problems in the market has increased significantly when compared to November 2017 from 85 to 190 people. In all cases, contingency arrangements have been made, which can include the redirection of short terms services e.g. Rapid Response and Reablement, ensure that where people are at home waiting for more permanent arrangements they are kept safe.

DCC
Unallocated Packages of Care
(end of month snapshot)



6 Winter Pressures

6.1 During winter 2017, it was identified that communication across partners could be further improved; as could joint capacity and demand planning with

earlier and better coordination of winter plans across agencies helping with system flow.

- 6.2 Most providers noted that organisational arrangements worked well, including on-call systems and specific bed/winter management teams were established across Devon. Control meetings were held 7 days a week, with good engagement from a range of sectors and providers.
- 6.3 The 2018-19 winter plan has been reviewed by NHSE with initial feedback received by the CCG. Key areas within the plan include improving patient flow, maximising capacity across the health and care system and preventing avoidable delays that may reduce the quality of care.
- 6.4 Seven-day services have been highlighted locally, and elsewhere, as having a significant impact on avoiding prolonged periods of escalation and surge following weekends/bank holidays. Seven-day services, particularly in the community, were identified as one of the key reasons for success in the Cornwall “GOLD” command system reset.
- 6.5 Increases in demand are noted across the system, as described in more detail in the activity/performance sections of this report. High attendances at hospital and admissions, alongside lower discharges and staffing shortages, combined to make for a difficult situation on many days. Consideration of how to manage fluctuations in demand and determine which services may be able to be stood down so that staff can be deployed elsewhere to meet surge demand need to be put into place. Maximising the uptake of influenza vaccinations amongst frontline staff is also an integral component of the winter plan to optimise capacity.
- 6.6 The nursing home sector continues to challenge with de-registration an issue, and workforce challenges for nursing staff a key factor. The Proud to Care campaign has gained national prominence in its efforts to promote careers in health and care and Devon County Council is working on a capital programme to attract investment in new nursing homes where capacity is, or is projected to be, needed. In Devon, it is estimated that 40% of registered nurses in nursing homes are non-British, half of these are EU nationals which could present issues related to Brexit. There are also questions on whether the “promoting independence” message is universally understood and working fully although it is acknowledged this involves a long-term cultural shift.
- 6.7 Workforce challenges persist with most providers struggling to ensure sufficient numbers of staff were available to meet predicted or actual demand.

Agencies continue to be used to fill shifts in many cases, a costly method of ensuring availability. Shift fill in the 111 service (call advisors and clinicians) is likely to become an issue over winter, whilst some A&E units and the Devon out of hours service have also found staffing challenging. Ongoing capacity gaps in general practice, particularly in Western Devon but also in South Devon, remain an issue.

- 6.8 Acute providers face a range of issues of concern including the need to tackle Emergency Department physical and workforce capacity constraints, manage the level of medical outliers and delayed transfers, address long lengths of stay and minimise cancellation of elective surgery. Pressure on Emergency Departments impacts on the ambulance service resulting in a rise in the number of hours lost to hospital handover.

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LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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BACKGROUND PAPER DATE FILE REFERENCE

Nil