Bath & North East Somerset Council

NHS Bath and North East Somerset Clinical Commissioning Group

Current Reporting Period: Mar 17

Non-Elective Admissions

Metric (as at Mar-16)	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	Ytd
2015/16 Actual	1,350	1,354	1,420	4,124	1,398	1,277	1,395	4,070	1,424	1,395	1,507	4,326	1,365	1,379	1,552	4,296	16,810
2016/17 Target	1,363	1,373	1,437	4,173	1,406	1,273	1,406	4,085	1,423	1,386	1,502	4,311	1,333	1,306	1,446	4,085	16,654
2016/17 Actual	1,356	1,385	1,345	4,086	1,340	1,367	1,396	4,103	1,467	1,477	1,528	4,472	1,423	1,227	1,545	4,195	16,856
Difference to Target	-7	12	-92	-87	-66	94	-10	18	44	91	26	161	90	-79	99	110	202
Against Target	▼	▲	▼	▼	▼	▲	▼	▲	▲	▲	▲	▲	▲	▼	▲	▲	▲
% Variance Against Target	-0.5%	0.9%	-6.4%	-2.1%	-4.7%	7.4%	-0.7%	0.4%	3.1%	6.6%	1.7%	3.7%	6.8%	-6.0%	6.8%	2.7%	1.2%

Total non-elective admissions in to hospital (specific acute), all-ages

Commentary
- Total non-elective admissions activity for March were 6.8% above the plan target (99 admissions).
- Q4 admissions were 2.7% above plan as the effect of winter pressure being felt in January and, despite February seeing below-plan performance, March's admissions served to effectively cancel this out.
- Year end performance was 1.2% above the plan target, with February's improved performance helping to mitigate the impact of winter pressures across the system which had resulted in increased non-elective admissions through to January.

See data note 1 below.

Non-Elective Admissions 2016/17

Delayed Transfers of Care Days

Metric (as at Mar-16)	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	Ytd
2015/16 Actual: Total	486	302	329	1,117	471	545	512	1,528	494	461	363	1,318	352	578	747	1,677	5,640
2015/16 Actual: Acute	255	199	148	602	175	221	198	594	174	154	123	451	112	353	312	777	2,424
2016/17 Acute Target	339	339	339	1,017	319	319	319	956	271	271	271	812	326	326	326	979	3,764
2016/17 Actual: Acute	221	189	265	675	453	593	429	1,475	273	297	398	968	349	445	742	1,536	4,654
2016/17 Actual: Total Hospital	608	333	521	1,462	658	750	792	2,200	634	471	574	1,679	571	736	1,162	2,469	7,810
Variance to Target Acute	-118	-150	-74	-342	134	274	110	519	2	26	127	156	23	119	416	557	890
Against Target	▼	▼	▼	▼	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲
% Variance Against Target	-34.8%	-44.2%	-21.8%	-33.6%	42.2%	86.1%	34.6%	54.3%	0.9%	9.7%	47.0%	19.2%	6.9%	36.4%	127.4%	56.9%	23.6%

Delayed transfers of care (delayed days) from hospital (aged 18+)

Commentary
- DToC days at the RUH have been under-reported for approx.3 years which means the planning for 2016/17 is not comparable to the actuals now being reported.
- Weekly escalation calls were introduced in Q2 to focus on patients delayed within community, acute and mental health beds to help to contribute to a drop in delays. Improvements in delayed days were reported through Q3 and into January. However, the actual performance will have been worse than recorded above due to the reporting issues referenced above. Data for February and March uses the new reporting method, but January is based on the incorrect method, so Q4 performance shown above does not full reflect actual performance.
- The CCG and Council are working on the DTOC trajectory for 2017/18 to take account of the actual delayed days at RUH. NHSE are aware of the data issues and understand that a baseline for 2016/17 needs to be developed based on actual performance in order to support a meaningful trajectory. The BCF return for Q4 included the DTOC position as stated here, as revised data was not available at the time of publication. Again, NHSE is aware of the situation.
- In 2016/17, the DTOC action plan has increased visibility of reporting for DTOCs and reduced flexibility around the definition of a DTOC (in line with national guidance). This has led to an increase in reported DTOCs in 2016/17, so increases in DTOC days are not wholly indicative of a deterioration in performance. The latest issue with DTOC reporting at RUH will lead to further increases in delayed days but will allow for a more accurate calculation of our DTOC baseline position from which to measure our 2017/18 performance once enough data in the new format is available.
See Data Note 2 below.

Delayed Transfers of Care (2016/17)

Residential Admissions

Metric (as at Mar-17)	Baseline 13/14	Full year target	Ytd Target	Ytd Actual	Target
2015/16	914	768	768	714	▼
2016/17	-	696	696	681	Below Target
YTD Variance to target				15	
% YTD Variance to target				-2%	

Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population

* Aim: Ytd Actual to be **LOWER** than Ytd Target

Residential Admissions per 100,000 population 2016/17 Ytd

Reablement 2016/17 Ytd

Residential Admissions ytd to March:
- Provisionally, there have been 681 permanent admissions per 100,000 population ytd against the plan of 696. This is 243 admissions ytd compared to the plan of 249 admissions.
- Performance has improved by 11% compared to 15/16

The data for March is an estimate based upon the average of M1-M11 performance, as agreed as part of the Sirona year-end reporting process.
The full year data is being validated prior to the SALT submission in light of the system changes for Social Care and the resulting complexity in reporting.

Reablement

Metric (as at Mar-17)	Baseline 13/14	Target	Ytd Actual	On Target?
2015/16	86.3%	87.8%	86.5%	▼
2016/17	-	87.7%	87.3%	Below Target
YTD Variance to target			-0.4%	
YTD Change from 2015/16			0.8%	

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

* Aim: Ytd Actual to be **HIGHER** than Ytd Target

Reablement ytd March (including estimate for March):
- Only the Q4 data counts for the national ASCOF metric used by the BCF but we monitor the measure all year. The Q4 performance showed an improvement on previous quarters and provisionally is 91.3%, which will be a significant improvement on the 15/16 (86.6%) value.
- Of the 999 discharges into reablement in the full year, 870 were still at home after 91 days (87.3%). This is below the 87.7% target for the year though Q4 was significantly above target.
- The reablement service has been reviewed during the year and the Home First service commenced at the end of Q3 to support reduced DTOCs.
- Sirona report that they cleansed Q4 data at year-end to remove any patients having needs met by the reablement team who were not actually receiving reablement therapies (e.g. end of
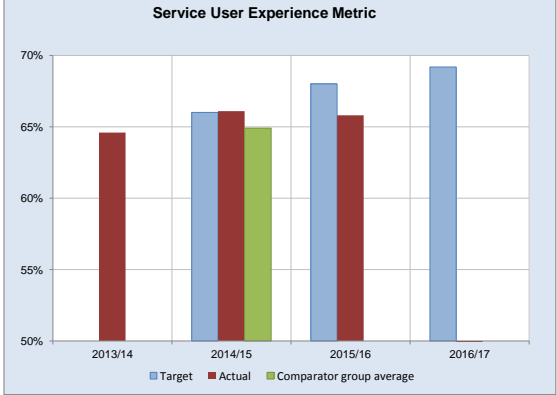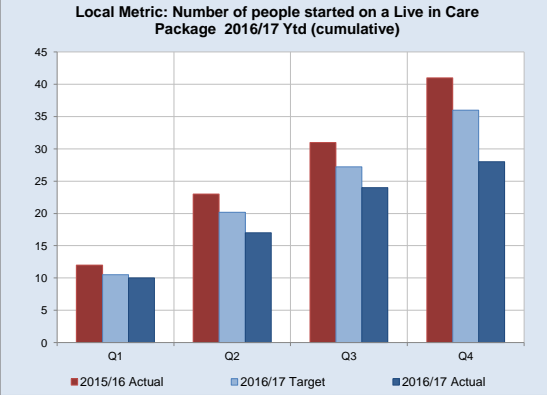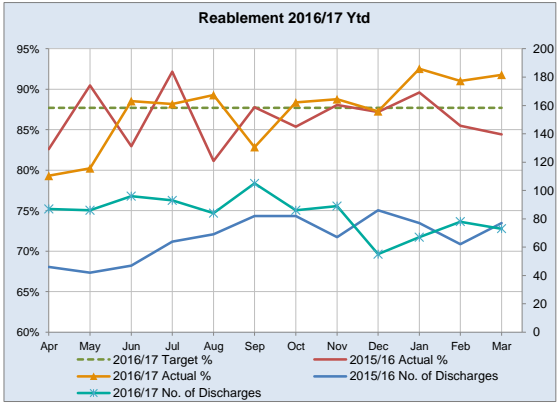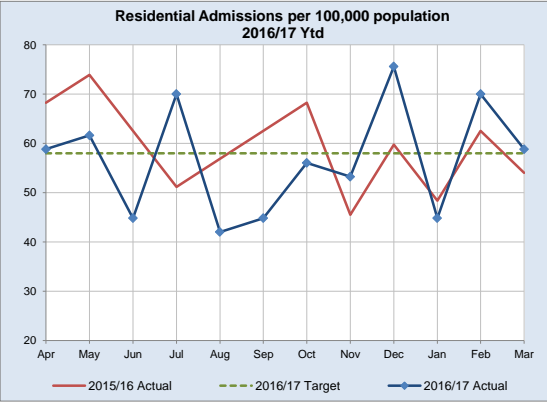
Local Metric

Metric (as at Q4-16/17)	2015/16 baseline	Planned	Ytd Target	Ytd Actual	On Target?
2015/16	41	-	-	41	▼
2016/17	-	36	36	28	Below Target
YTD Variance to target				-8	
% YTD Variance to target				-22%	

Service users started on a Live in Care Package

* Aim: Ytd Actual to be **HIGHER** than Ytd Target

Local Metric: Number of people started on a Live in Care Package 2016/17 Ytd (cumulative)

Local Metric Q4 - Live in Care Packages:
- It is very important that, as the proportion of residential placements goes down, the number of Live in Care Packages does not rise instead.
- Approximately 41 people started on a Live in Care Package in 2015/16 with the support of the reablement and assistive technology schemes, the aim is to reduce this number in 2016/17 by 5 to 36.
- There have been 28 commencements in 2016/17 against a target of 36, so performance demonstrates that the number of Live in Care Packages has been managed throughout the year. In Q4, the number of packages started was 56% below the quarterly target, which is the best quarterly performance in the year.

Service User Experience Metric

Metric (as at 2014/15)	2014/15 baseline	Planned	Ytd Actual	On Target?
2015/16	66.1%	68.0%	65.8%	TBC
2016/17	-	69.2%	TBC	
% YTD Variance to target			-	
% Annual Change in Experience Metric			-	

How many users of care and support services said they were extremely or very satisfied with their care and support (ASCOF 3A). For respondents over 65.

* Aim: Ytd Actual to be **HIGHER** than Ytd Target

Service User Experience Metric

Service User experience - 2015/16
Please note: this indicator is only updated on an annual basis and was reported in June 2016.
- The 2015/16 (65.8%) results showed a small reduction on 2014/15 (66.1%).
- There is a tough target of 69.2% set for 2016/17 (set before we had the 2015/16 results) that will need to be supported by the ongoing work on the social care pathway and its processes and systems (e.g. Liquid Logic implementation) and the joint deliverable to review and improve the carers over 65's pathway.

Data note 1	Data change for 2016/17 reporting - In 2015/16 the non-elective admissions (NEA) plan assumed emergency admissions related to maternity would be included in maternity, but following the change of the maternity contract to the RUH a proportion have consistently been reported through non-elective codes. In 2015/16 the actuals were adjusted to be in line with the plan. For 2016/17, the targets have been set to include these spells and the actuals will therefore include the maternity spells, for comparison purposes the 2015/16 figures have also been restated to include these numbers.
Data note 2	From November 2015, the nationally reported figure for DTOCs is the Actual Acute. The 2016/17 target is therefore based on this figure. Total Hospital = acute hospital + community hospital. As part of the BCF DTOC action plan we are setting up whole system reporting including patients delayed in: acute hospital, community hospital and in the community. The data for delays in the community e.g. patients sat with a District nurse waiting to start a domiciliary care package is currently being transferred into the same format as the hospital data. From February 2017 the RUH revised their DTOC reporting to align with national standards, which has led to an increase in delayed days. Further, delayed days attributable to both NHS and Social Care reasons had been omitted from this report until February 2017; the dashboard has been retrospectively updated to included accurate data.