

Appendix 2 Better Care Fund 2017/2018 Performance Dashboard

Current Reporting Period: Q4

| Non-Selective Admissions                                | Apr                       | May   | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   | Q3    | Q4    | Jan   | Feb   | Mar   | Q4    | Ytd    |
|---------------------------------------------------------|---------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|
|                                                         | 1,335                     | 1,359 | 1,319 | 1,401 | 1,313 | 1,340 | 1,374 | 1,402 | 1,442 | 1,451 | 1,503 | 4,396 | 1,401 | 1,219 | 1,521 | 16,577 |
|                                                         | 2016/17 Actual            |       |       |       |       |       |       |       |       |       |       |       |       |       |       |        |
|                                                         | 1,292                     | 1,328 | 1,279 | 3,899 | 1,277 | 1,301 | 1,339 | 3,917 | 1,409 | 1,417 | 1,467 | 4,293 | 1,381 | 1,184 | 1,501 | 16,175 |
| Total non-selective admissions in to hospital, all ages | 2017/18 Actual            | 1,418 | 1,612 | 1,496 | 4,526 | 1,496 | 1,526 | 1,475 | 4,497 | 1,576 | 1,608 | 4,781 | 1,380 | 1,542 | 4,576 | 18,380 |
|                                                         | Difference to Target      | 126   | 284   | 217   | 627   | 219   | 225   | 136   | 580   | 188   | 159   | 488   | 273   | 196   | 41    | 510    |
|                                                         | Against Target            | ▲     | ▲     | ▲     | ▲     | ▲     | ▲     | ▲     | ▲     | ▲     | ▲     | ▲     | ▲     | ▲     | ▲     | ▲      |
|                                                         | % Variance Against Target | 9.6%  | 21.4% | 17.0% | 16.1% | 17.1% | 17.3% | 10.2% | 14.8% | 13.3% | 11.2% | 9.6%  | 11.4% | 16.6% | 2.7%  | 12.5%  |

Non-selective admissions have continued above plan in 2017/18. The variance to the plan has increased in Q4, although March saw the lowest level of variance from the plan in the year to date. The variance to the plan is not reflective of a decline in performance though. The CCG has identified that the above-plan activity is due to the nature of service delivery changing to benefit patients through increased ambulatory care activity but that the business rules are not aligned with this change in pathway. Short stays have been recorded as non-selective admissions, which skews the figures. The CCG continues to work with RUH to agree business rules that reflect the nature of activity undertaken.

Further information is included in the non-selective admissions dashboard page.

| Delayed Transfers of Care Days                                    | Apr                        | May | Jun | Jul   | Aug   | Sep | Oct   | Nov   | Dec   | Q3  | Q4  | Jan   | Feb   | Mar | Q4    | Ytd   |
|-------------------------------------------------------------------|----------------------------|-----|-----|-------|-------|-----|-------|-------|-------|-----|-----|-------|-------|-----|-------|-------|
|                                                                   | 608                        | 333 | 521 | 1,462 | 658   | 750 | 792   | 2,200 | 634   | 471 | 574 | 1,679 | 571   | 736 | 1,162 | 2,469 |
|                                                                   | 2016/17 Actual             |     |     |       |       |     |       |       |       |     |     |       |       |     |       |       |
|                                                                   | 2017/18 Actual             | 221 | 189 | 265   | 676   | 453 | 593   | 429   | 1,475 | 273 | 297 | 988   | 349   | 445 | 742   | 1,536 |
| Delayed transfers of care (delayed days) from hospital (aged 16+) | 2017/18 Actual: Acute      | 521 | 412 | 405   | 1,338 | 353 | 401   | 277   | 1,031 | 169 | 221 | 239   | 649   | 221 | 721   | 3,739 |
|                                                                   | 2017/18 Actual: Total      | 940 | 637 | 718   | 2,495 | 977 | 1,026 | 857   | 2,860 | 969 | 884 | 891   | 1,243 | 335 | 265   | 243   |
|                                                                   | Variance to Target (Acute) | 0   | 0   | 0     | 192   | 123 | 127   | 442   | 266   | 133 | 156 | 594   | 56    | 44  | 22    | 122   |
|                                                                   | Against Target             | ▲   | ▲   | ▲     | ▲     | ▲   | ▲     | ▲     | ▲     | ▲   | ▲   | ▲     | ▲     | ▲   | ▲     | ▲     |
| Delayed Care Days                                                 | 2016/17 Actual             | 608 | 333 | 521   | 1,462 | 658 | 750   | 792   | 2,200 | 634 | 471 | 574   | 1,679 | 571 | 736   | 1,162 |
|                                                                   | 2017/18 Actual             | 221 | 189 | 265   | 676   | 453 | 593   | 429   | 1,475 | 273 | 297 | 988   | 349   | 445 | 742   | 1,536 |
|                                                                   | Variance to Target         | 0   | 0   | 0     | 192   | 123 | 127   | 442   | 266   | 133 | 156 | 594   | 56    | 44  | 22    | 122   |
|                                                                   | Against Target             | ▲   | ▲   | ▲     | ▲     | ▲   | ▲     | ▲     | ▲     | ▲   | ▲   | ▲     | ▲     | ▲   | ▲     | ▲     |

Taking the total delayed days (all providers, including Virgin Care) throughout the whole year, performance in Q4 is good as delayed days per day reduced by 33% when compared to Q3. The seven-day Home First service continued to facilitate earlier discharges and the Pathway 3 Assessment beds were used in Q4, which has contributed to improvements. 20 discharges per month have been supported by Care Home Selection in Q4 and the CCG has continued to monitor multiple subsets of DTCO data next year.

In Q4, delayed days due to awaiting care home placements accounted for 41% of total delayed days for B&NES. Delays due to awaiting care home placements are also significant, with 26% of nationally-reported delayed days attributable to this reason. Delayed days due to awaiting social care assessments have continued to reduce per quarter with less than 6% of total delayed days (all providers) being due to this compared to a peak of 18% in Q1. Performance in Q4 remained above the Acute BCF plan target although variance reduced compared to Q3.

The Acute data above includes RUH only measured against the BCF plan for RUH only. As AMP, NET, UHB and, from Q4 2017/18, Virgin Care make national submissions, B&NES performance at national level shows high variance to the trajectory. Commissioners are working with NHS to agree a baseline for 2018/19 planning which will avoid the need to monitor multiple subsets of DTCO data next year.

| Residential Admissions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Metric (as at Mar-18)                                                                                                 |  |  |  |  |  |  |  |  |            | 2017/18       |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|------------|---------------|--------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Baseline                                                                                                              |  |  |  |  |  |  |  |  |            | 652.3         | ▲            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100 000 population |  |  |  |  |  |  |  |  |            | Annual target | 640.8        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       |  |  |  |  |  |  |  |  |            | Ytd actual    | 641          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       |  |  |  |  |  |  |  |  | Variance   | -0.3          |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       |  |  |  |  |  |  |  |  | % variance | -0.1%         | Below Target |
| <p>• A year end, provisional results indicate that permanent admissions to care homes have met the target. While new admissions have risen in Q4, this may be related to improved discharge from hospital when compared to Q3, so in effect it offsets the lower numbers seen in Q3.</p> <p>• By achieving the BCF plan target, BANES has reduced new permanent admissions by 6% compared to 2016/17. This indicates that BCF schemes such as Home First and Falls Responses have been effective at reducing the need for care homes.</p> <p>• See Data Note 2 below.</p> |                                                                                                                       |  |  |  |  |  |  |  |  |            |               |              |

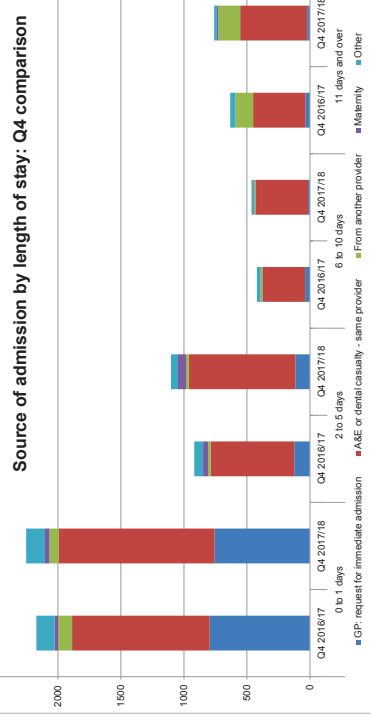
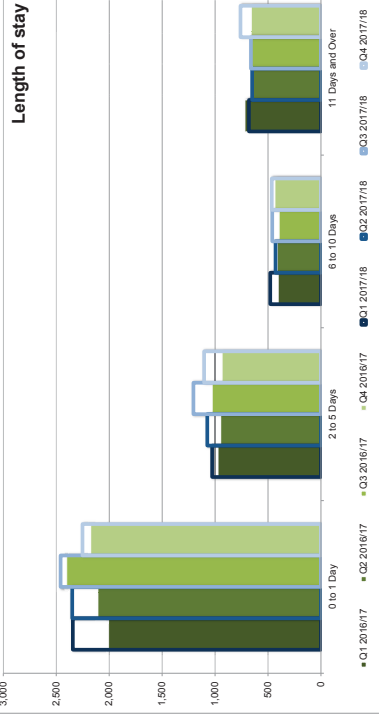
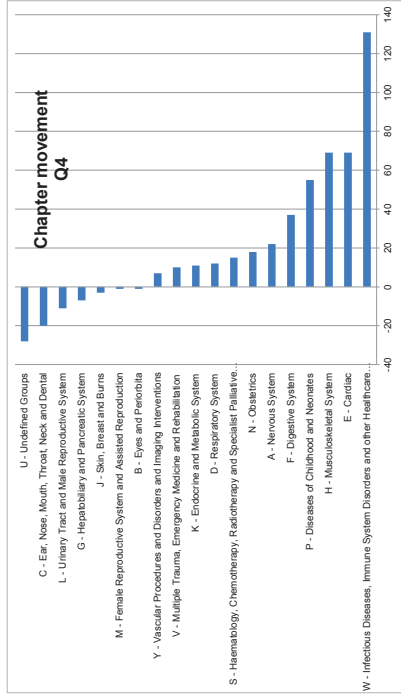
| Residential Admissions | Apr            | May | Jun | Jul   | Aug | Sep | Oct | Nov   | Dec   | Jan | Feb | Mar   |
|------------------------|----------------|-----|-----|-------|-----|-----|-----|-------|-------|-----|-----|-------|
|                        | 602            | 333 | 521 | 1,462 | 658 | 750 | 792 | 2,200 | 634   | 471 | 574 | 1,679 |
|                        | 2016/17 Actual |     |     |       |     |     |     |       |       |     |     |       |
|                        | 2017/18 Actual | 221 | 189 | 265   | 676 | 453 | 593 | 429   | 1,475 | 273 | 297 | 988   |

| Residential Admissions per 100 000 population |     |     |     |     |     |     |     |     |     |     |     |    |
|-----------------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|
| 2017/18 Ytd                                   |     |     |     |     |     |     |     |     |     |     |     |    |
| Apr                                           | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |    |
| 60                                            | 50  | 55  | 45  | 50  | 55  | 45  | 50  | 55  | 45  | 50  | 55  | 50 |
| 60                                            | 60  | 60  | 60  | 60  | 60  | 60  | 60  | 60  | 60  | 60  | 60  | 60 |
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| 60                                            | 60  | 60  |     |     |     |     |     |     |     |     |     |    |

Non-Elective Admissions: Comparison of Quarter 4 2017/18 with 2016/17

Current Reporting Period:

Mar-18



| Total Non-Selective Admissions (actuals) | Year     | Q1    | Q2    | Q3    | Q4    | YTD    |
|------------------------------------------|----------|-------|-------|-------|-------|--------|
|                                          | 2016/17  | 4,013 | 4,027 | 4,396 | 4,141 | 16,577 |
|                                          | 2017/18  | 4,526 | 4,497 | 4,781 | 4,576 | 18,380 |
|                                          | Variance | 513   | 470   | 385   | 435   | 1,803  |

Non-Selective Admissions by Chapter

The five injury types with the highest admissions for Q4 2017/18 are:

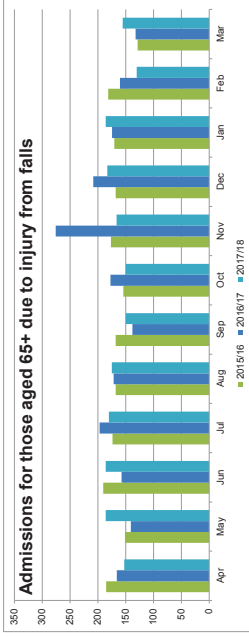
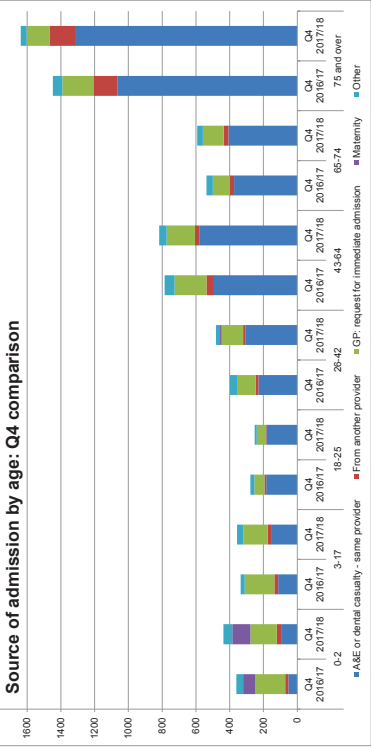
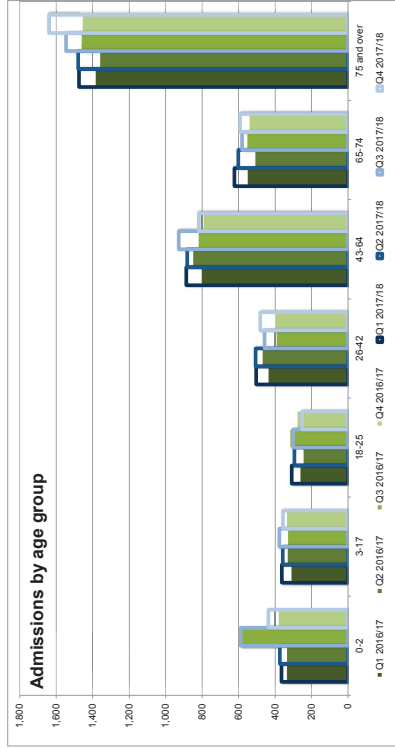
- 746 for Diseases of Childhood and Neonates
- 679 for Respiratory System
- 596 for Infectious Diseases, Immune System Disorders
- 488 for Cardiac
- 454 for Digestive System

For the whole year, these five injury types have the highest admissions, although Digestive System has the third highest admissions in the year to date compared to being fifth highest in Q4.

The main changes in admissions by injury type compared to Q4 2017/18 (excluding un-coded episodes) are:

- Increase of 68 to 488 for Cardiac (+17%)
- Increase of 68 to 488 for Cardiac (+17%)
- Decrease of 20 to 141 for Ear, Nose, Mouth, Throat, Neck and Dental (-12%)

Over the year to date, the biggest increase in admissions are for Infectious Diseases (29%), Digestive System (14.2%) and the biggest decrease (other than un-coded) is for Eyes and Periorbital (22%).



Non-elective admissions resulting from falls (per 100,000, 65+)

This national metric indicates how well the NHS, Social Care and Public Health are working together to tackle issues locally. We are aiming to reduce these admissions compared to last year.

Over Q4, admissions (per 100,000, 65+) increased marginally compared to 2016/17, although performance in Q3 means that over the year admissions are down by 5% when compared to 2016/17. While the Falls Rapid Response Scheme will have helped to reduce admissions due to falls, the reduction in injury codes within the indicator mean that the data is not directly comparable with the outputs from the Falls QIPP Scheme because the injury codes are reported separately in the relevant Falls QIPP schemes.

Length of stay

- The most significant growth in length of stay was seen for spells of 2-5 days, which saw a 17% increase (171 admissions), while stays of 11 days or more increased by 14% (103 days) compared to Q4 2016/17.
- Lengths of stay of 0-1 days and of 11 days or more increased compared to Q4 2017/18 by 4% (79 admissions) and 7% (32 admissions) respectively.
- Over the whole year, spells of 2-5 days saw the most significant growth of 14% (534 admissions), while there was a 12% growth (196 admissions) for stays of 6-10 days.
- There was no change in the main dashboard, the increase in 0-1 day spells is attributable to the ambulatory care coding issue.

Source of admission by length of stay

- 55% (1,237) of those staying less than one day were admitted through A&E, seeing a 13% increase compared to Q4 2016/17. The changing recording of Ambulatory Care is a factor in the increase in 0-1 days stays compared to Q4 2016/17. The change in recording accounted for 34% (750) of spells of 0-1 days, a reduction of 5% from Q4 2016/17.
- Admissions from A&E were the main source for all age groups. Spells of 2-5 days increased by 77% compared to Q4 2016/17 (180 admissions). This continues the significant increases in admissions via A&E seen since the change in ED system in November. For spells of 6-10 days and 11+ days the increases were 22% and 28% respectively.
- The increase in maternity referrals for all lengths of stay, except 0-1 days.
- The increase in maternity referrals for all lengths of stay continues. This is attributed to an increase in paediatric admissions, which are due to the ambulatory care issue referenced above.

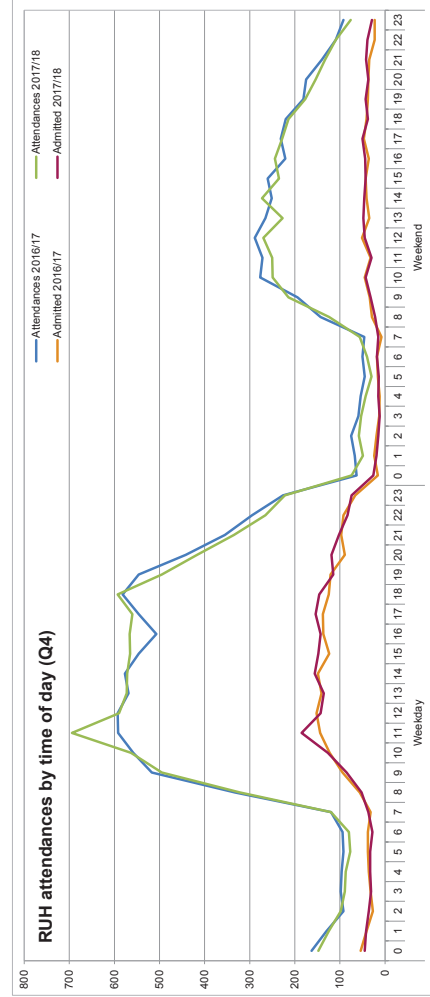
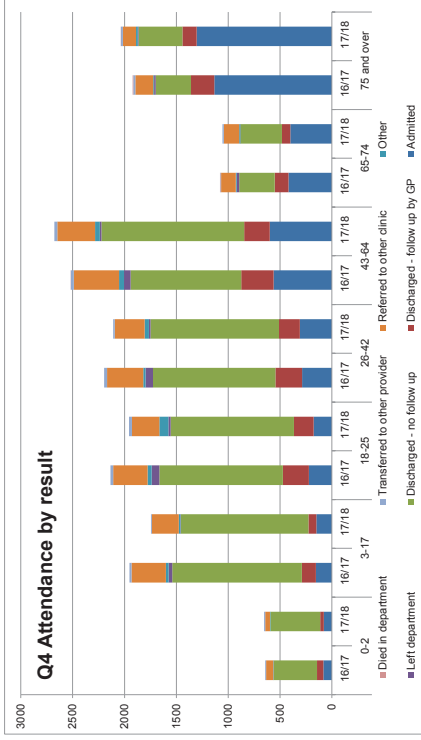
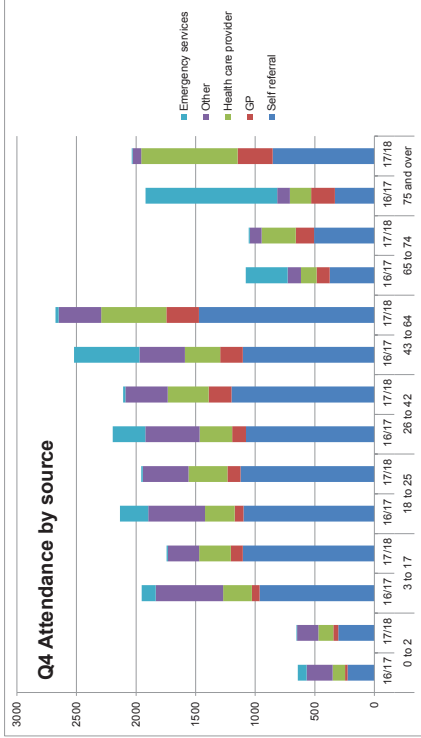
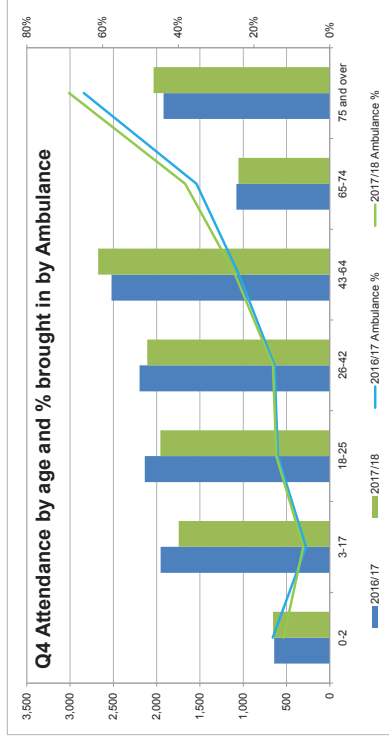
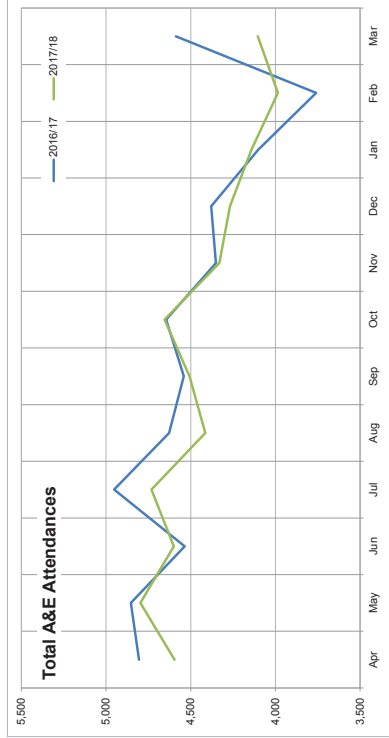
Admissions by age

- Admissions increased for all age groups compared to Q4 2016/17 except for 18-25 year olds, which saw a 9% decrease. The age group with the greatest increase was the 75+ age group, which saw a 19% increase compared to 2016/17 and these increases are attributed to the ambulatory care issue referenced on the main dashboard.
- The 26-42 age group saw the greatest percentage increase at 20% (79 admissions), while the highest volume increase was for the over 75s with 183 additional admissions (13% increase).
- The increases for the age groups 3-17, 43-64 and 65-74 year olds and 75+ were all under 10%.

Source of admission by age

- Compared to Q4 2016/17, from A&E for those aged 0-2, 3-17, 26-42, 43-64, 65-74 and over 75 contributed to increases in total admissions for those age groups.
- Admissions from A&E is the main source of admissions for all age groups except 0-2 year olds (where the most admissions are via a GP request). This reflects the pressures across emergency care over the extended winter period.
- GP requests for immediate admission increased for 26-42 year olds and 65-74 year olds by 19% (19 admissions) and 18% (18 admissions) respectively.
- Admissions where the source was maternity saw a 50% increase (36 admissions) for 0-2 year olds, 48% (48 admissions) for 3-17 year olds, 28% (28 admissions) for 43-64 year olds, 26% (26 admissions) for 65-74 year olds, 19% (19 admissions) for 75+ year olds. The majority of these admissions are for paediatrics and the increase is thought to be attributable to the ambulatory care issue referenced on the main dashboard.

Current Reporting Period: Mar 18



| RUH A&E Attendance by arrive time and % admitted |         |            |         |            |
|--------------------------------------------------|---------|------------|---------|------------|
| Weekday                                          | 2016/17 |            | 2017/18 |            |
|                                                  | Number  | % Admitted | Number  | % Admitted |
| Day                                              | 5,338   | 24%        | 5,500   | 24%        |
| COH                                              | 3,331   | 27%        | 3,151   | 29%        |
| Weekend                                          | 2,403   | 16%        | 2,314   | 17%        |
| COH                                              | 1,376   | 23%        | 1,266   | 29%        |
| Total                                            | 12,448  | 23%        | 12,231  | 25%        |

**RUH A&E Attendances by arrival time and % admitted**

Weekday day time A&E attendances at the RUH were 3.0% lower than in Q4 2016/17, with attendances peaking at 11:00 and 18:00. Out-of-hours weekday attendances reduced by 5.4%. There are some anomalies in the data which appear to relate to the change in RUH ED system in November. Weekend day time attendances decreased by 3.7% with the peak at 14:00, while weekend out-of-hours attendances decreased by 8.0%.

The proportion of patients admitted increased compared to Q4 2016/17 during all periods, with the greatest percentage increase in the proportion of attendees admitted seen at weekend out of hours (6%).

**Data Note 1**

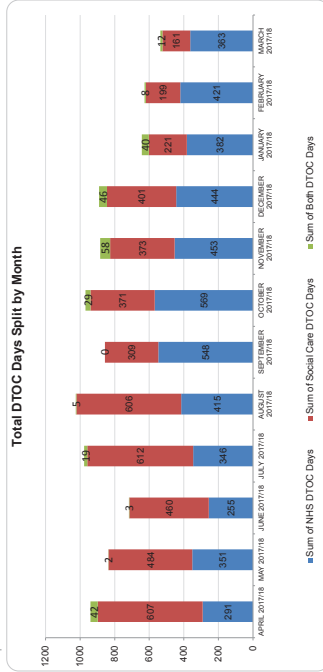
A substantial reduction in "null" coding of attendance result occurred during 2016/17 but this subsequently increased. Some of the changes in attendances by source is attributable to the fluctuations in "null" coding.



## Delayed Transfers of Care (DToc) by reporting provider 2017/18

ALL BANES PATIENTS

Graph 1.



Graph 2.

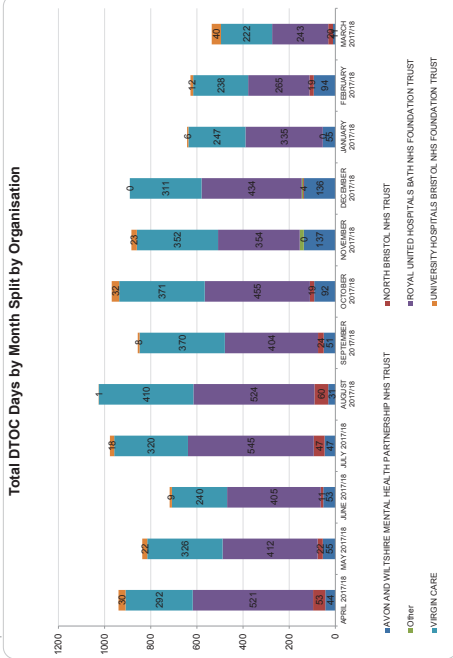


Table 1.

| DToc Reason                      | NHS DToc Days by Reason |     |     |     |     |     |     |     |     |     |     |     | 17/18 YTD Total | % of Total |
|----------------------------------|-------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------------|------------|
|                                  | APR                     | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |                 |            |
| A - COMPLETION ASSESSMENT        | 0                       | 7   | 0   | 13  | 41  | 30  | 14  | 6   | 31  | 3   | 6   | 0   | 144             | 4%         |
| B - PUBLIC FUNDING               | 0                       | 0   | 0   | 0   | 0   | 0   | 18  | 11  | 6   | 0   | 0   | 0   | 35              | 1%         |
| C - FURTHER NON RESIDENTIAL      | 117                     | 159 | 118 | 201 | 122 | 218 | 134 | 95  | 82  | 92  | 23  | 113 | 1,080           | 27%        |
| D - RESIDENTIAL HOME             | 36                      | 13  | 8   | 15  | 48  | 42  | 23  | 55  | 33  | 15  | 18  | 65  | 314             | 8%         |
| E - CARE PACKAGE IN HOME         | 37                      | 69  | 74  | 91  | 36  | 143 | 171 | 94  | 53  | 97  | 91  | 46  | 822             | 21%        |
| F - COMMUNITY EQUIP ADAPT CHOICE | 22                      | 36  | 21  | 14  | 142 | 71  | 144 | 133 | 120 | 92  | 152 | 104 | 972             | 25%        |
| G - PATIENT FAMILY CHOICE        | 0                       | 0   | 0   | 0   | 0   | 0   | 14  | 0   | 0   | 0   | 18  | 7   | 39              | 1%         |
| H - DISPUTES                     | 42                      | 45  | 27  | 12  | 6   | 23  | 32  | 29  | 74  | 25  | 47  | 13  | 261             | 7%         |
| I - HOUSING                      | 0                       | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 38  | 0   | 0   | 38              | 1%         |
| O - OTHER                        | 37                      | 22  | 6   | 0   | 20  | 21  | 19  | 30  | 45  | 20  | 66  | 15  | 236             | 6%         |
| Total                            | 291                     | 351 | 255 | 346 | 415 | 548 | 569 | 453 | 444 | 382 | 421 | 353 | 3,941           | 100%       |

### Comments:

The total number of DToc days reduced in March by 15% to 536. The change in the attribution of delays first seen in September, where a reduced level of social care attributable delays was reported, has continued and in March delays attributed to social care were 30% of the total delayed days. The delayed days attributable to NHS are 68% of the total with 2% attributed jointly to each organisation.

RUH's delayed days decreased by 8% compared to February and were 10% above the planned level of 221. There was an increase from 21 to 89 delayed days due to awaiting further non-acute health care in March, which accounted for 37% of delayed days at RUH in month. However, delays due to awaiting nursing home placement, residential home placement, or a package of care at home all fell. Collectively, these four reasons account for 81% of all delayed days for BANES patients at RUH in 2017/18. Delayed days due to awaiting a social care assessment have continued to fall and in March there were only 7 delayed days for this reason (2.9%) compared to a peak of 80 in May 2017 (20.6%).

Delayed days in Virgin Care settings for BANES patients fell by 7% and were below the planned level of 228. Delays attributable to awaiting a package of care at home more than halved to 54, while there were no patient choice delayed days compared to 21 in February. However, there were increases in delayed days due to awaiting social care assessments (19, up from 3 in February), awaiting a nursing home placement (48, an increase of 25 compared to February), and awaiting residential home placement (increased by 24 to 94). Virgin Care commenced reporting nationally in January and performance through to March has seen improvement.

March's delayed days in AWP were at the lowest level in 2017/18 at 11. There were no delayed days due to awaiting nursing home placements in the whole of Q4 whereas 25% of the delayed days in the year to date up to the end of Q3 were due to this reason. Despite this, the sourcing of suitable placements for complex patients remains challenging with demand from multiple HWBs for any suitable bed that becomes available.

Planning and monitoring DToc's in 2017/18 has been complicated by under-reporting in 2016/17 and because Virgin Care did not report nationally until Q4 this year. However, performance in March was better than our local BCF plan (which includes all providers shown in the charts above) with 536 delayed days against a target of 605. Given the challenges to health and social care over the winter, this represents a success as BCF schemes that took effect later in the financial year have been effective in reducing delayed days.



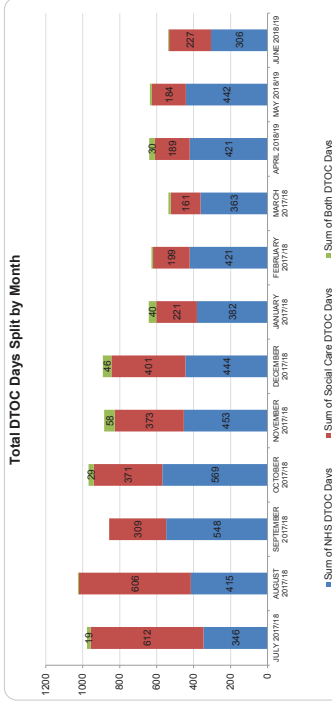




## Delayed Transfers of Care (DTocC) by reporting provider 2018/19

ALL BANES PATIENTS

Graph 1.



Graph 2.

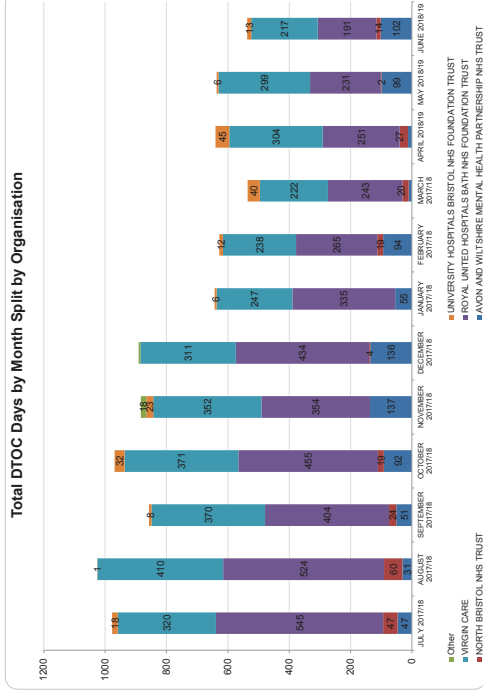


Table 1.

| NHS DTOTC Days by Reason  |     |     |     |     |     |     |     |     |     |     |     |                 |
|---------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------------|
| DTOTC Reason              | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | 18/19 YTD Total |
| A - COMPLETION ASSESSMENT | 13  | 41  | 30  | 14  | 6   | 31  | 3   | 6   | 0   | 27  | 0   | 22              |
| B - PUBLIC FUNDING        | 0   | 0   | 0   | 18  | 11  | 6   | 0   | 0   | 0   | 7   | 1   | 0               |
| C - FURTHER NON ACUTE NHS | 201 | 122 | 218 | 134 | 95  | 82  | 92  | 23  | 113 | 25  | 27  | 77              |
| DI - RESIDENTIAL HOME     | 15  | 48  | 42  | 23  | 55  | 33  | 15  | 18  | 85  | 11  | 46  | 42              |
| DII - NURSING HOME        | 91  | 36  | 143 | 171 | 94  | 53  | 97  | 91  | 46  | 95  | 71  | 21              |
| E - CARE PACKAGE IN ADAPT | 14  | 142 | 71  | 144 | 133 | 120 | 92  | 152 | 104 | 93  | 99  | 41              |
| F - COMMUNITY EQUIP       | 0   | 0   | 0   | 14  | 0   | 0   | 0   | 18  | 7   | 0   | 0   | 0               |
| G - PATIENT FAMILY CHOICE | 12  | 6   | 23  | 32  | 29  | 74  | 25  | 47  | 13  | 85  | 153 | 6               |
| H - DISPUTES              | 0   | 0   | 0   | 0   | 0   | 0   | 38  | 0   | 0   | 0   | 0   | 0               |
| I - HOUSING               | 0   | 20  | 21  | 19  | 30  | 45  | 20  | 66  | 15  | 78  | 45  | 97              |
| O - OTHER                 | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0               |
| Total                     | 346 | 415 | 548 | 569 | 453 | 444 | 382 | 421 | 363 | 421 | 442 | 306             |

Table 2.

| Social Care DTOTC Days by Reason |     |     |     |     |     |     |     |     |     |     |     |                 |
|----------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------------|
| DTOTC Reason                     | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | 18/19 YTD Total |
| A - COMPLETION ASSESSMENT        | 113 | 74  | 61  | 20  | 36  | 21  | 14  | 12  | 35  | 24  | 7   | 39              |
| B - PUBLIC FUNDING               | 103 | 61  | 21  | 7   | 37  | 25  | 4   | 0   | 1   | 0   | 0   | 0               |
| C - FURTHER NON ACUTE NHS        | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0               |
| DI - RESIDENTIAL HOME            | 103 | 101 | 57  | 112 | 128 | 156 | 108 | 110 | 38  | 42  | 90  | 72              |
| DII - NURSING HOME               | 103 | 148 | 88  | 147 | 51  | 48  | 46  | 24  | 67  | 65  | 26  | 54              |
| E - CARE PACKAGE IN ADAPT        | 149 | 222 | 82  | 85  | 120 | 120 | 42  | 53  | 19  | 51  | 54  | 93              |
| F - COMMUNITY EQUIP              | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0               |
| G - PATIENT FAMILY CHOICE        | 41  | 0   | 0   | 0   | 1   | 31  | 7   | 0   | 0   | 0   | 7   | 7               |
| H - DISPUTES                     | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0               |
| I - HOUSING                      | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0               |
| O - OTHER                        | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0               |
| Total                            | 612 | 606 | 309 | 371 | 373 | 401 | 221 | 199 | 161 | 189 | 184 | 227             |

### Comments:

The total number of DTOTC days reduced in June by 15.7% to 537. Of these delays, 57% were attributable to NHS, continuing the change seen in 2017/18 where social care delays reduced to the extent that they were no longer the predominant attributable organisation. 42% of delays were due to social care, with 1% the joint responsibility of NHS and social care.

RUH's delayed days decreased by 28% compared to May. There were reduced delays due to awaiting residential home placements and home care packages - which are two of the top reasons for delays in B&NES - compared to May, by 71% (24 days) and 19% (14 days) respectively. Delayed days for people awaiting nursing home placements increased slightly by 4 days (12%). Patient choice delays fell by 49 to 6 days, although this was partly offset by an increase in delays due to Housing.

Delayed days in Virgin Care fell by 27% (82 days) compared to May, to 217 delayed days in total. This was driven by the reduction of Patient Choice delays from 98 in May to 0 in June, as patients with long delays were discharged in May. Delayed days due to awaiting nursing home placements and care home packages reduced in June also, although there was an increase in delayed days for people awaiting residential care placements of 21% (13 days).

June's delayed days in AWP saw a further increase on May's level to 102 delayed days. The main reasons for delays were awaiting further non-acute NHS care (30 days), awaiting residential home placement (30) and awaiting a home care package (29). The sourcing of suitable care home placements for complex patients remains challenging with demand from multiple HWBs for any suitable bed that becomes available.