

# Health and Wellbeing Board

## BCF Plan 2018-19

### DTOC Update

25<sup>th</sup> September 2018

#### 1.0 Brief Summary of position:

The July BCF guidance set out baselines and a trajectory for each CCG. The baseline was set using Q3 data when B&NES was not including community hospital DTOC data nationally and gave B&NES a target of **13.8** delayed days per 100,00 population per day. This trajectory and target was challenged by B&NES using nationally reported Q4 performance when community hospitals were included. A revised proposed trajectory was submitted to NHSE with a rate of **20.1** delayed days per day.

#### 2.0 Revised target received:

In early September, NHSE issued B&NES with a revised, stretched trajectory of **17.9** delayed days per day and modelling has since taken place to assess whether this is achievable. NHSE changed their methodology slightly between those areas who appealed against their original target, in order to maintain the national aim of no more than 4000 delayed days per day. This means that B&NES has a “stretched” target to meet compared to other areas of 17.9 days. Had our Q4 performance been used originally by NHSE to calculate the trajectory, the target would have been 19.9 delayed days per day.

#### 3.0 Adjustments made to trajectory and implications:

B&NES has assessed that it can meet the new target received by NHSE in March 2019 but not September 2018. This is because a number of schemes modelled for the year will not have started by September 2018. These include:

- The additional 6 discharges per week from Home First
- The pilot Trusted Assessor role between hospitals and care homes – due to start in November 2018.
- Delirium pathway due to be piloted from October 2018

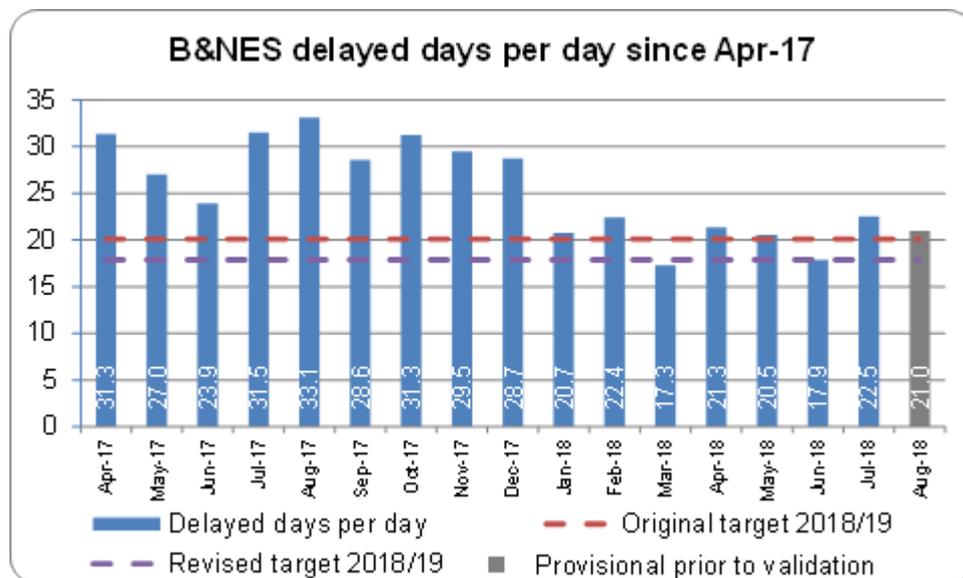
Previous modelling has been adjusted and caps applied to DTOC rates have been lowered slightly to be capped at the lowest levels of DTOCs recorded in 2018-19 so far but with continued flexibility over the winter months. This means that estimated levels of DTOCs will not fall below the best performing months of 2018-19 so far but it does mean that we need to be consistently better. This is challenging but believed to be realistic. This position has been shared with both the RUH and Virgin Care. There is no change for AWP or out of area acute hospitals.

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
RUH	8.4	7.5	6.4	8.1	12.9	7.2	10.3	7.1	10.7	7.5	6.3	6.3
VCSL	10.1	9.6	7.2	8.9	10.0	8.3	8.5	8.8	7.7	7.6	7.2	7.2
AWP	0.4	3.2	3.4	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3
UHB	1.5	0.2	0.4	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6
NBT	0.9	0.1	0.5	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4
	21.3	20.5	17.9	21.2	27.2	19.8	23.1	20.2	22.7	19.4	17.8	17.8
	3.4	2.6	0.0	3.3	9.3	1.9	5.2	2.3	4.8	1.5	-0.1	-0.1
Better than baseline?	Yes											
Achieving adj target?						No						Yes
Achieving unadj target?						Yes						Yes
Better than same month in 2017-18?	Yes	No										

This position will be confirmed with NHSE following discussion at the Health and Wellbeing Board. Implications of this position may mean that the B&NES BCF submission is escalated as the target must be met in September 2018 and March 2019 and by not meeting the expectation in September 2018, the plan may be assessed as not meeting one of the four national conditions. However it is very important that our system signs up to realistic and achievable targets with evidence-based modelling to support them and this should be the main priority.

#### 4.0 September Performance so far:

Current performance sees B&NES at an estimated 19.7 delayed days per day as at 21<sup>st</sup> September 2018 against the target of 17.9 days set. The graph below shows the overall performance for DTOCs across our system since April 2017 and shows sustained improvement since January 2018.



#### 5.0 Recommendation

It is recommended that the Health and Wellbeing Board approve the revised DTOC trajectory but note the risks to assurance which will be addressed with NHSE following Board approval.

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