

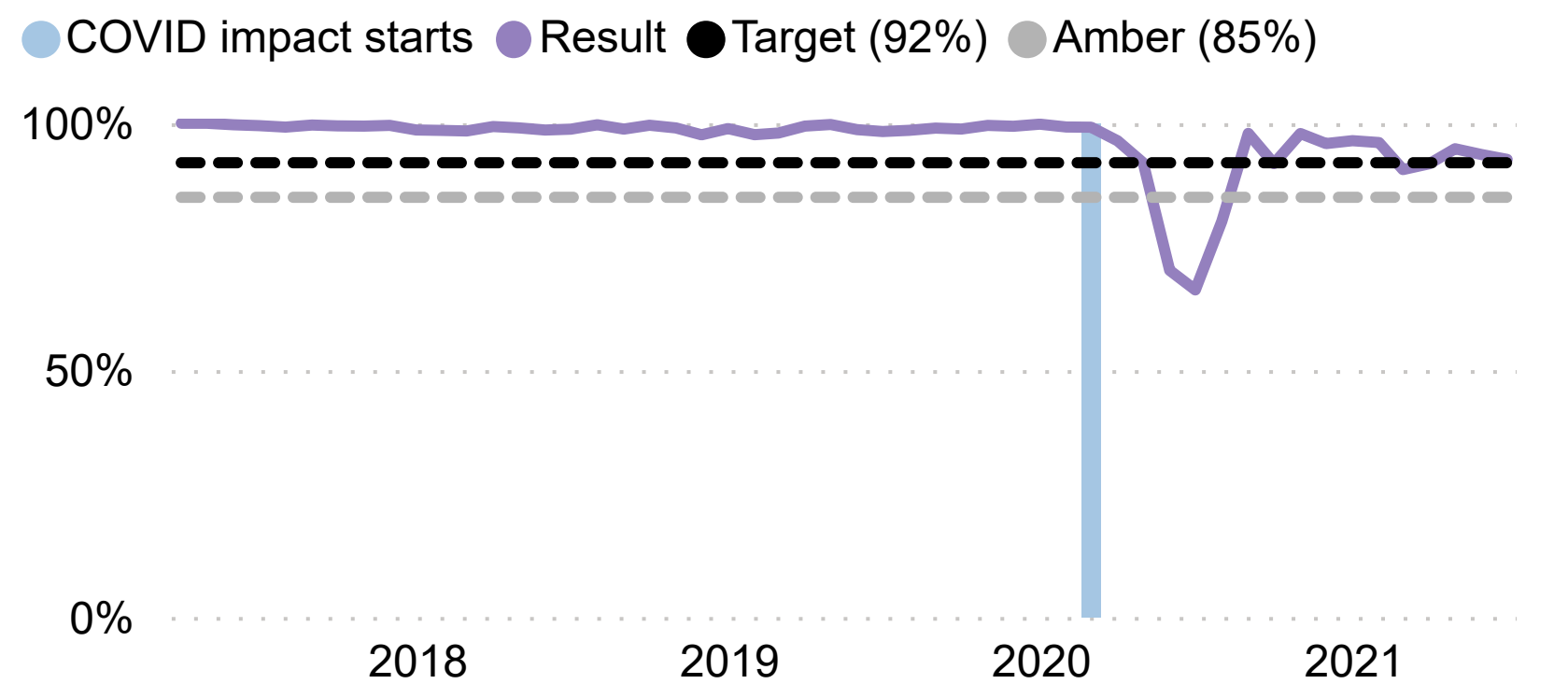
# B&NES Community Services: Virgin Care performance summary

This report summarises performance over the term of the contract to date (since April 2017) for services which have experienced challenges, including those brought about or exacerbated by COVID. Many of these services contribute to CCG and Council performance against national metrics and they perform a key role in maintaining flow through the health and social care system. The charts below include performance against targets for selected measures from the more detailed pages that follow. Further information on the factors that have contributed to performance are detailed in the subsequent pages.

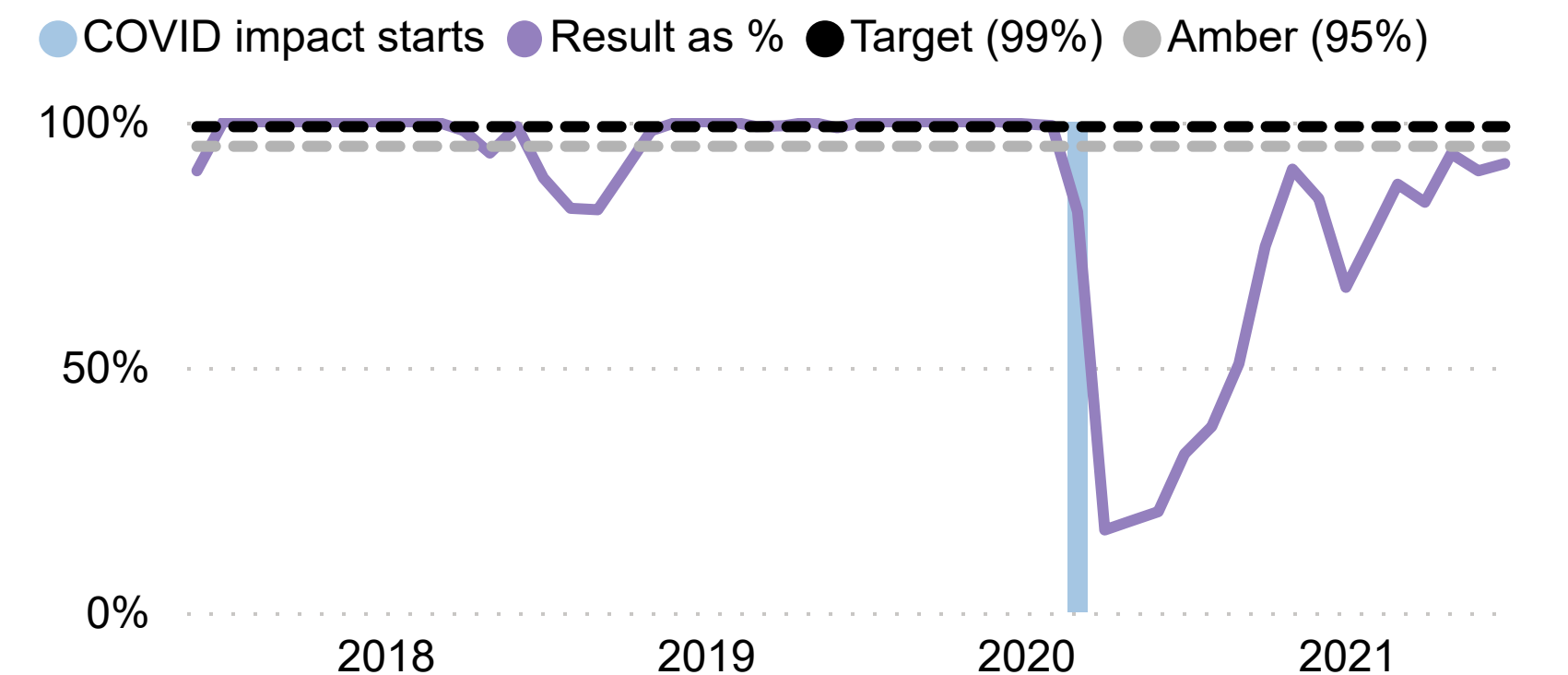
## Planned Care - NHS Constitution (Referral to Treatment (RTT) and Diagnostics)

## Social Care

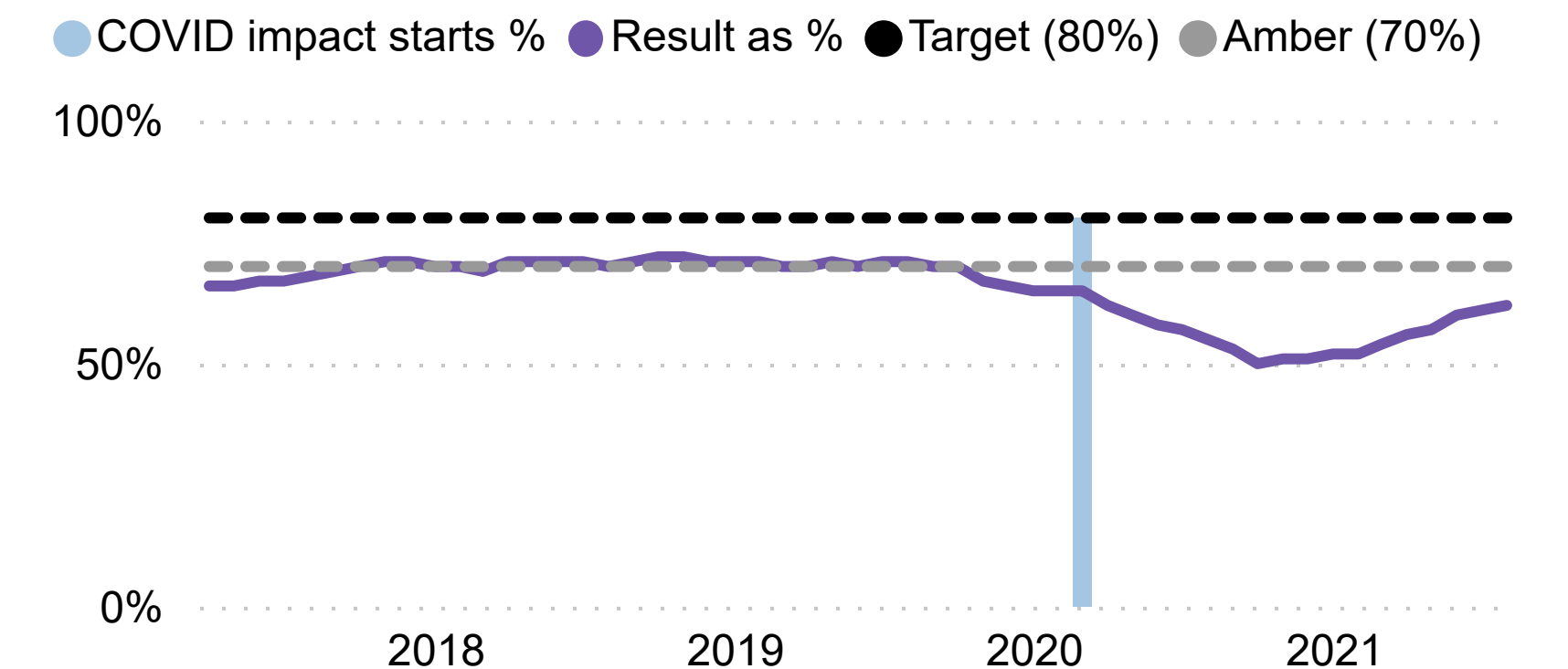
### RTT: % waiting < 18 weeks (Apr-17 - Jul-21)



### Diagnostics: % waiting < 6 weeks (Jun-17 - Jul-21)



### Annual reviews: proportion of people with an up-to-date review (Apr-17 - Aug-21)

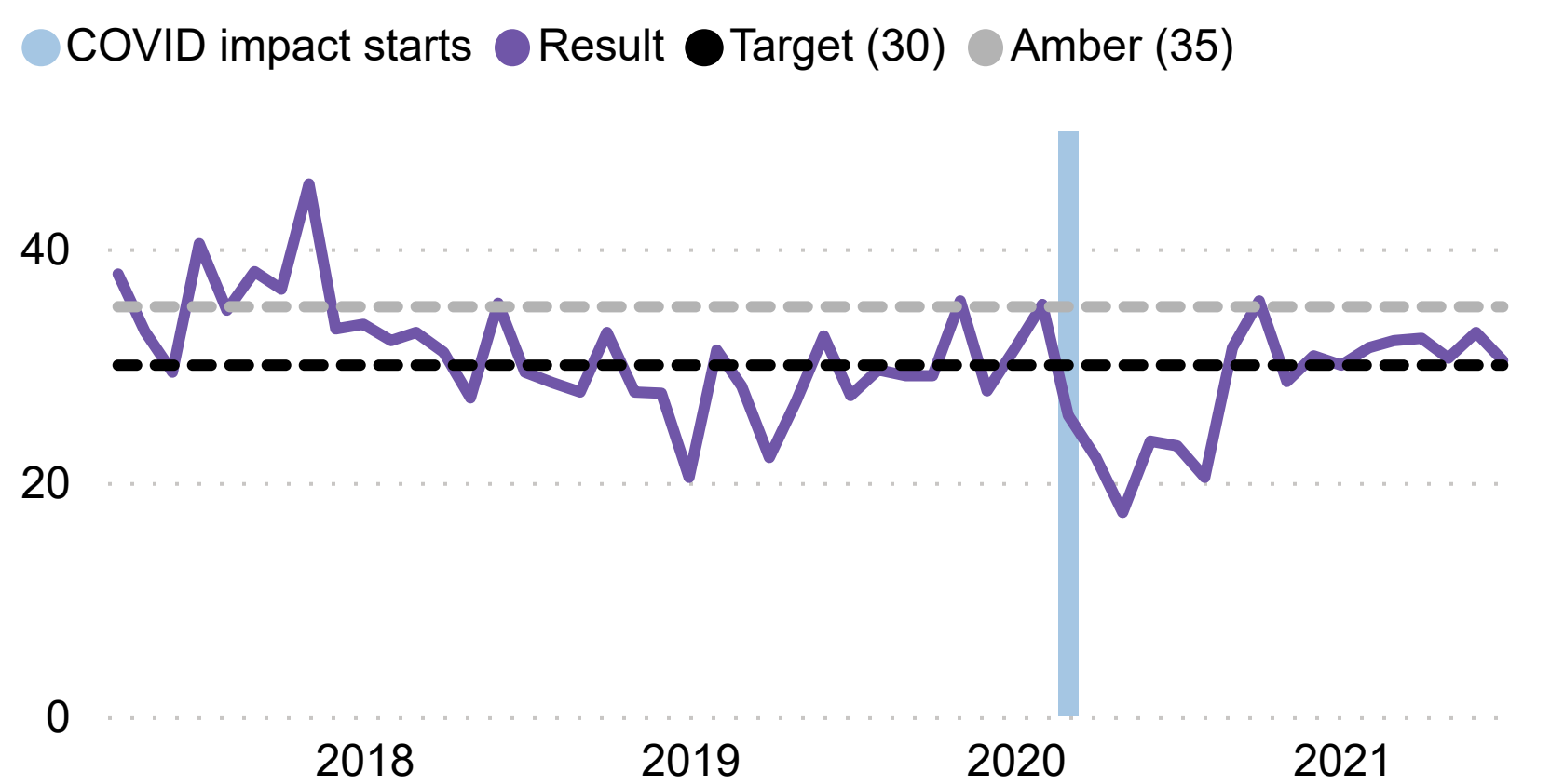


## Community Hospitals

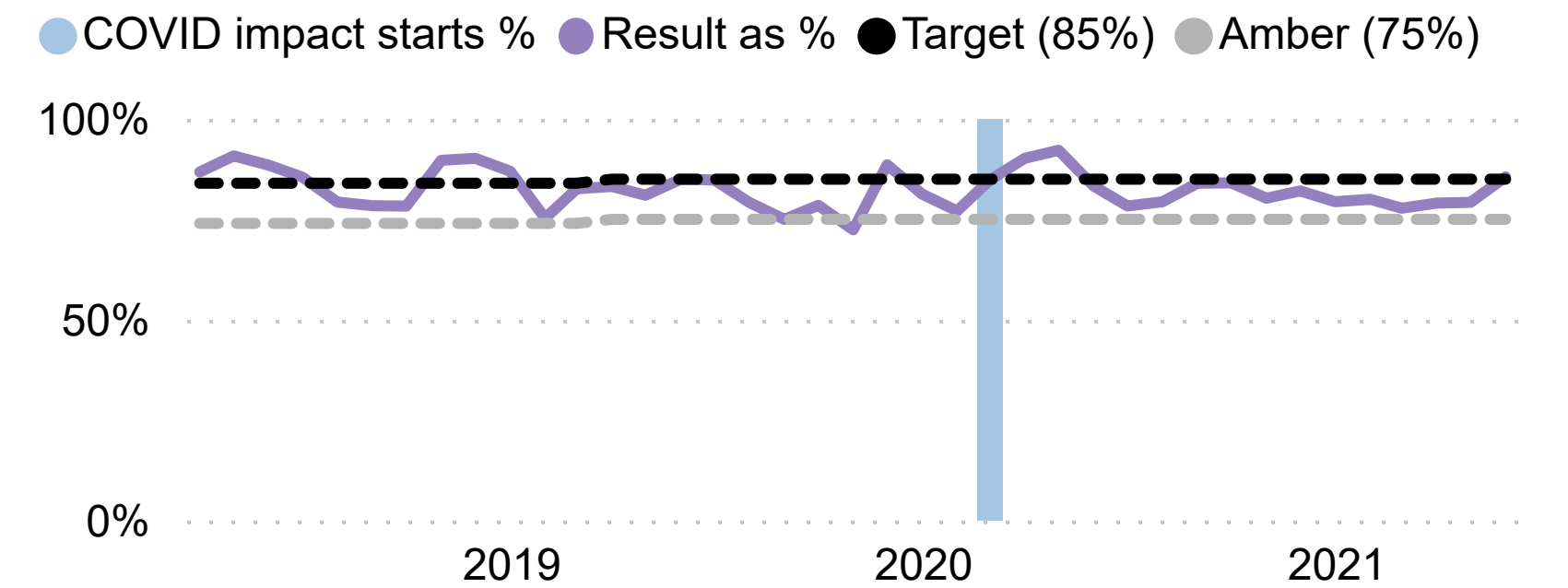
## Reablement

## Continuing Healthcare

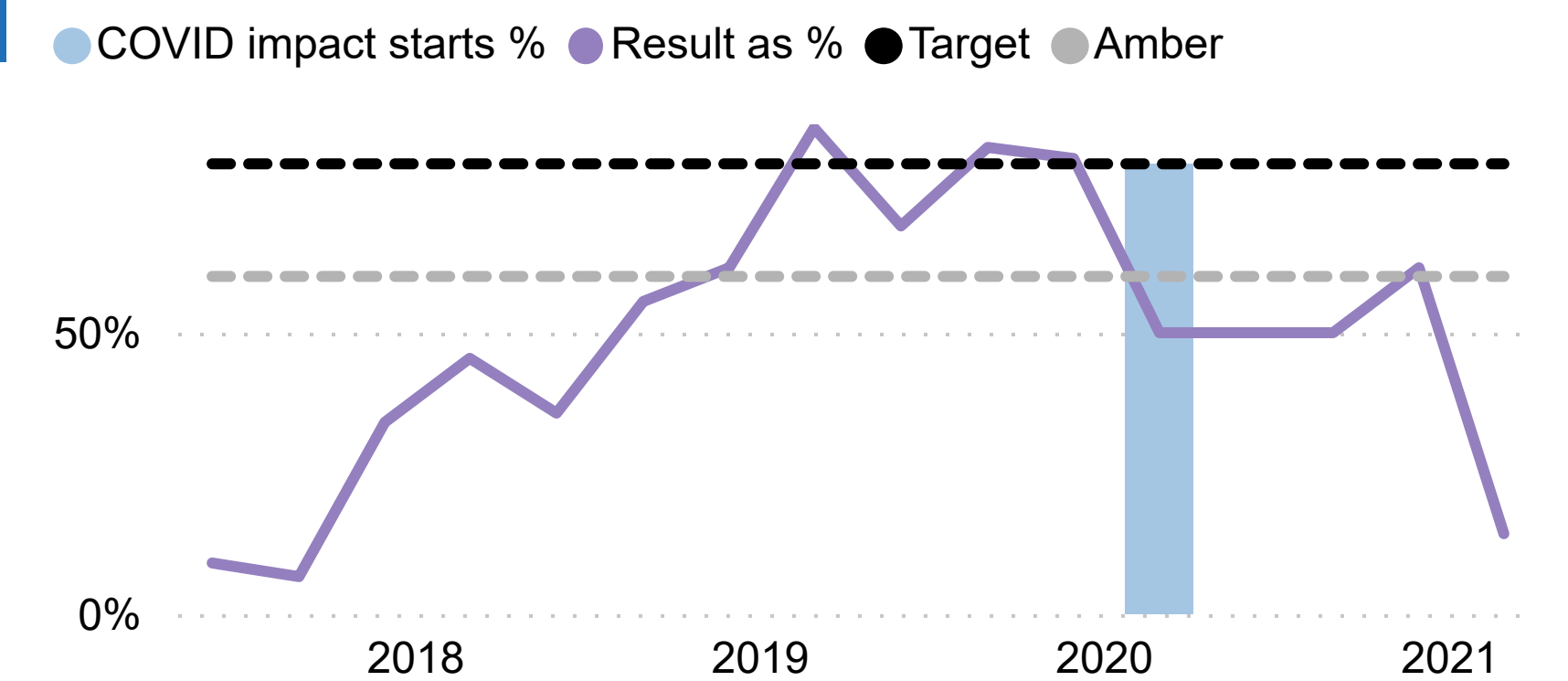
### Length of Stay (days) (Apr-17 - Jul-21)



### Reablement: % of people (65+) at home 91 days after discharge into service (ASCOF 2B(1)) (Apr-18 - Jun-21)



### Decision Support Tool: % undertaken within 28 days of referral (Jun-17 - Mar-21)

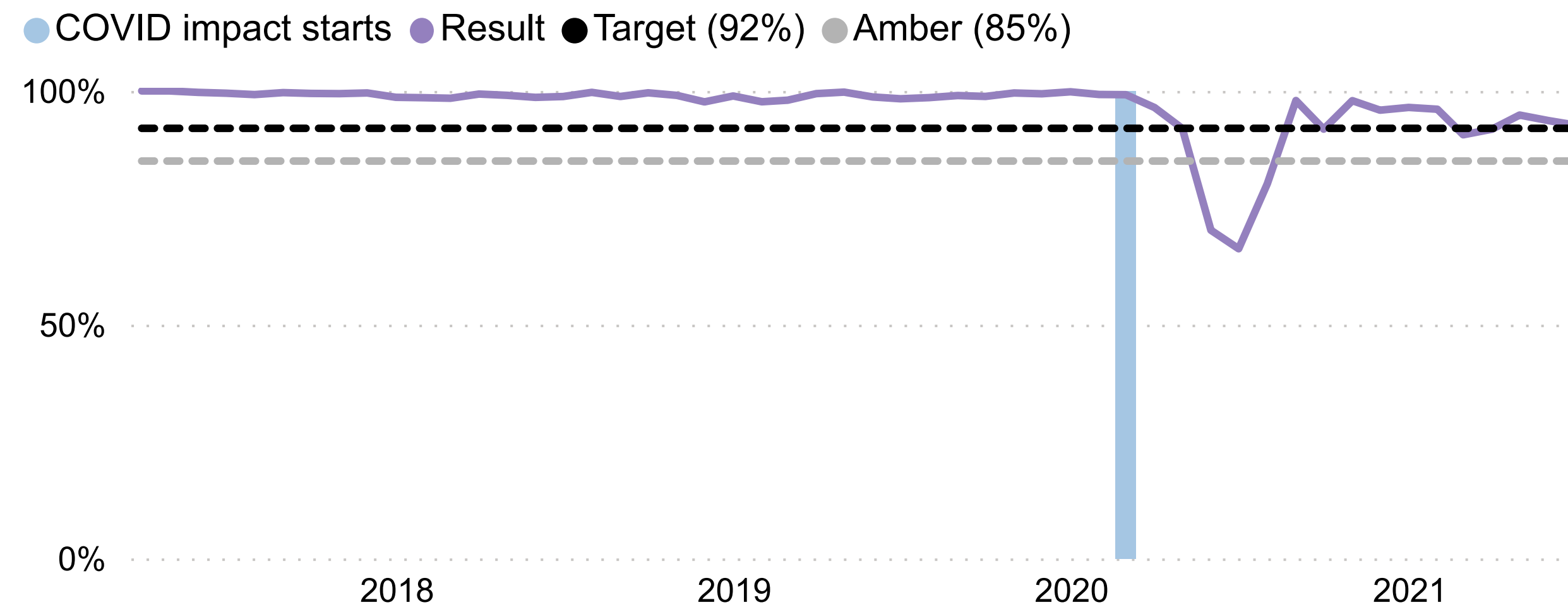


# NHS Constitution: Referral to Treatment (RTT) performance

Source: NHS Digital, <https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/>, via SCW CSU.

Waiting times performance for Virgin Care consultant-led services which count towards the NHS Constitution standards for referral to treatment.

## RTT: % waiting < 18 weeks (Apr-17 - Jul-21)



The NHS Standard Referral to Treatment (RTT) target is for 92% of the incomplete waiting list to have waited less than 18 weeks. (It should be noted that due to the ongoing pressure in the health system national performance in June 2021 is below the standard at 69% and in B&NES, Swindon and Wiltshire the standard is only being met by some community and independent sector providers.)

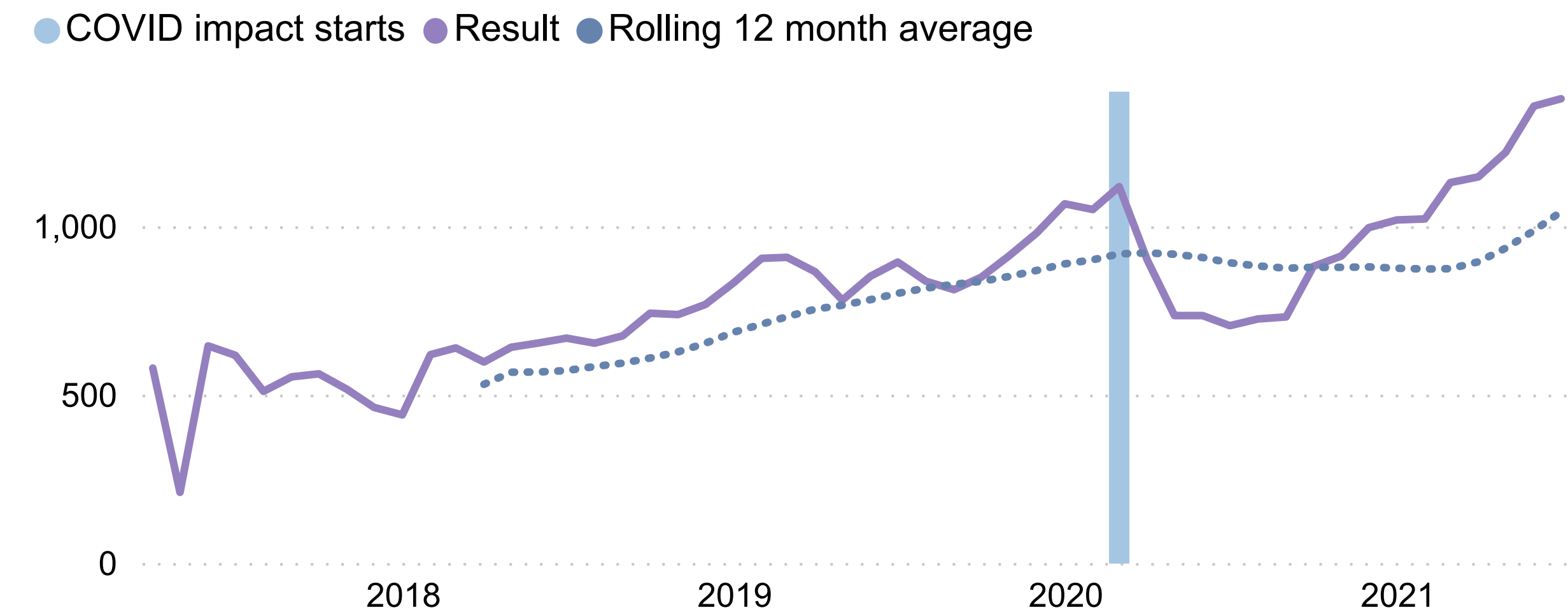
For B&NES Community Services, RTT is reported nationally for the Consultant led services, including services that directly interface into a consultant led service in an Acute Hospital: Community Paediatrics, Falls and Balance Service, Orthopaedic Interface Service.

The 92% < 18 week target has been met overall across the life of contract (51 months for which national data has been published: April 2017 to June 2021) barring a few exceptions, mostly related to COVID. The rate for July 2021 is 92.68%

The exceptions by service are as follows:

- Orthopaedic Interface Service – May to August 2020, October 2020 – During the first lock down the service used virtual appointments where possible, but longer waiters did increase. In August, a focus on treating patients from the backlog drove the recovery.
- Falls and Balance Service – Nov 2018 (91%), Mar 2019 (88%), April to July 2020 – During the first lock down, face to face appointments were very limited.

## RTT: Incomplete pathways (Apr-17 - Jul-21)



- Community Paediatrics - March to July 2021, July 81.6%, Activity has dipped in months affected by the January 2021 lock down. While activity has been increasing back towards normal levels, > 18 week waiters increased to 87 in July, the highest level to date.

The overall RTT incomplete waiting list decreased significantly during the first lock down. With the reduction in face to face services in the first lock down the services triaged and contacted patients on the waiting list and removed any duplicates or patients that no longer required treatment. There was also a reduction in referrals in the first lock down. The waiting list has increased again in 2021 (to 1,379 in July) with referrals returning to pre-COVID levels and appointments limited with continuing COVID restrictions.

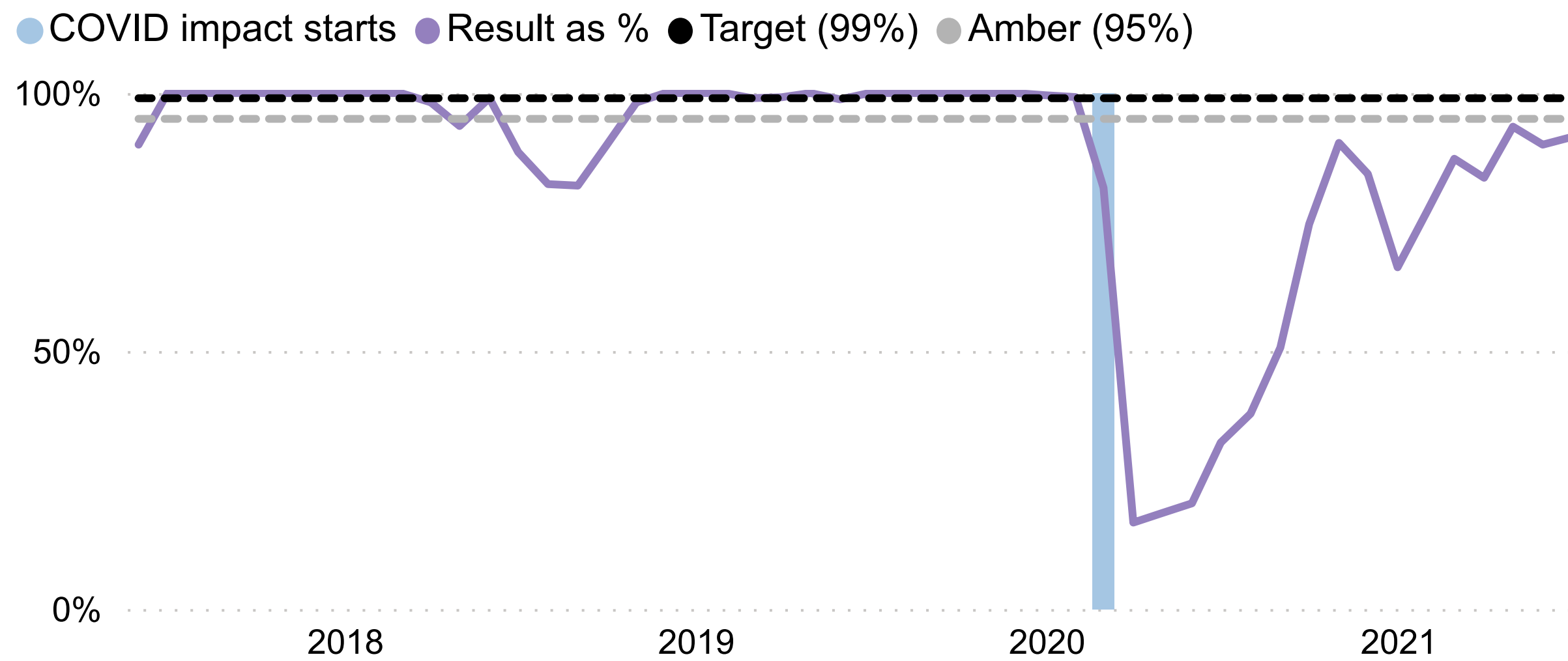
July 2021 performance is taken from the provisional national data source.

# NHS Constitution: Diagnostics performance

**Source:** NHS Digital, <https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/>, via SCWCSU.

Waiting times performance for Virgin Care services which perform diagnostic tests which count towards the NHS Constitution standards for waiting times.

## Diagnostics: % waiting < 6 weeks (Jun-17 - Jul-21)

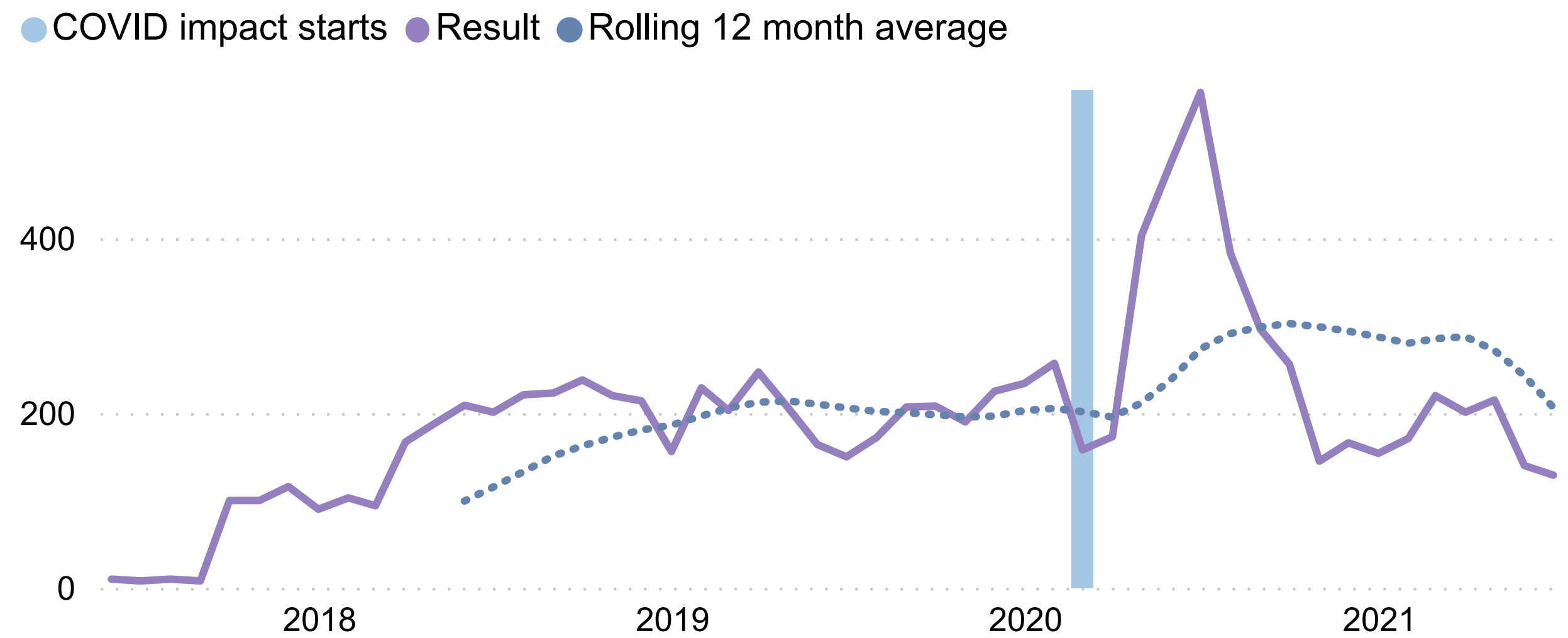


The NHS Standard for Diagnostic Waiting Times is for 99% of the waiting list, at the end of each month, to have waited less than 6 weeks. (It should be noted that due to the ongoing pressure in the health system the national performance in June 2021 is 77% and in B&NES, Swindon and Wiltshire only a couple of independent sector providers have met the target in the last year.) For B&NES Community Services diagnostic tests are reported nationally for Audiology Assessments (Audiology Service) and Echocardiography (Heart Failure Specialist Nursing team)

The 99% Diagnostics waiting time target has not been met by BANES Community Services over the last year in line with other local providers. July 2021 performance was 91.5%, the month end waiting list was 129, a small reduction on 140 in June 2021, with 11 people waiting for more than 6 weeks, for Audiology Assessments.

Audiology Assessments are undertaken in a face to face and close contact environment and activity has been significantly impacted during the Covid period. The diagnostics target has not been met since February 2020. Prior to this the target was narrowly missed for 4 months in 2018/19 due to high numbers of referrals and a lack of maternity cover. Performance was recovered by putting on weekend clinics.

## Diagnostics: Total waiting (Jun-17 - Jul-21)



Echocardiography performance was impacted by COVID and missed the target from June to Sept 2020 as Echos in the community were not available and patients were redirected when possible. Prior to this there was a 6 month period of missing the target June to November 2018. There was an unexpected increase in referrals which was managed by redirecting patients and bringing in additional resource in Autumn 2018.

July 2021 performance is taken from the provisional national data source.

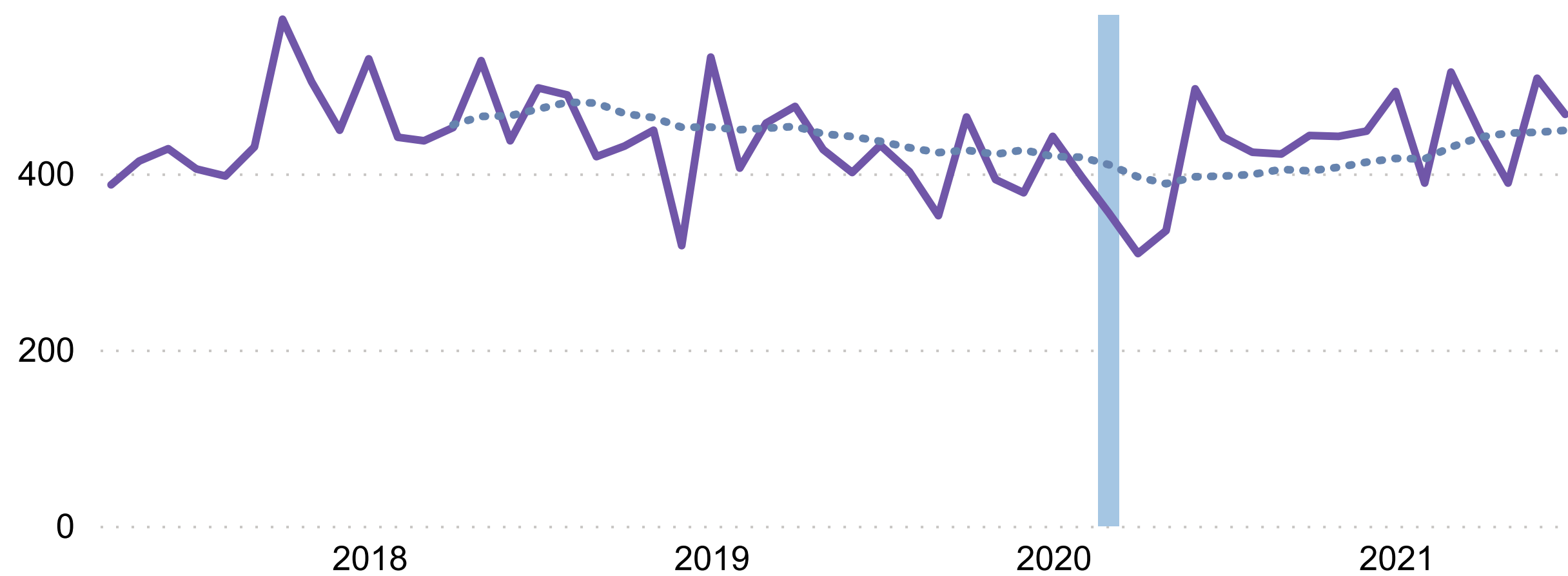
# Adult Social Care performance

Source: Virgin Care scorecards, July 2021

Demand and activity for statutory Adult Social Care services.

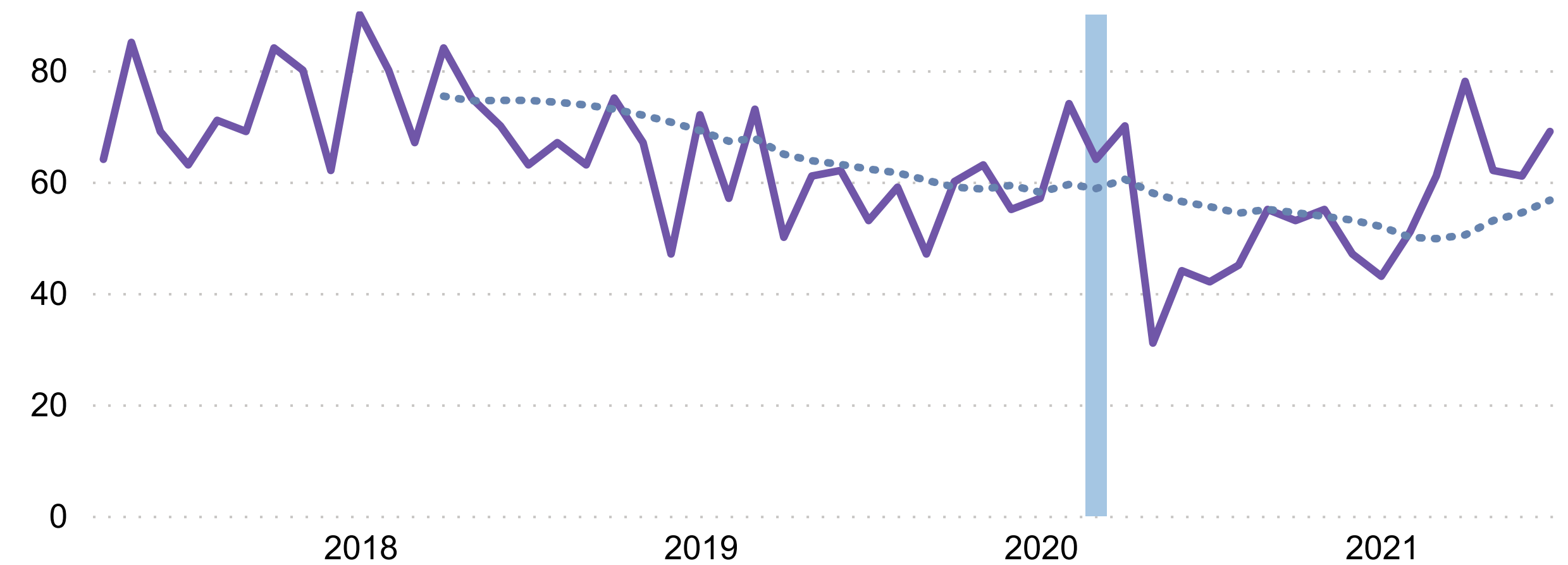
## Referrals (Apr-17 - Jul-21)

● COVID impact starts ● Result ● Rolling 12 month average



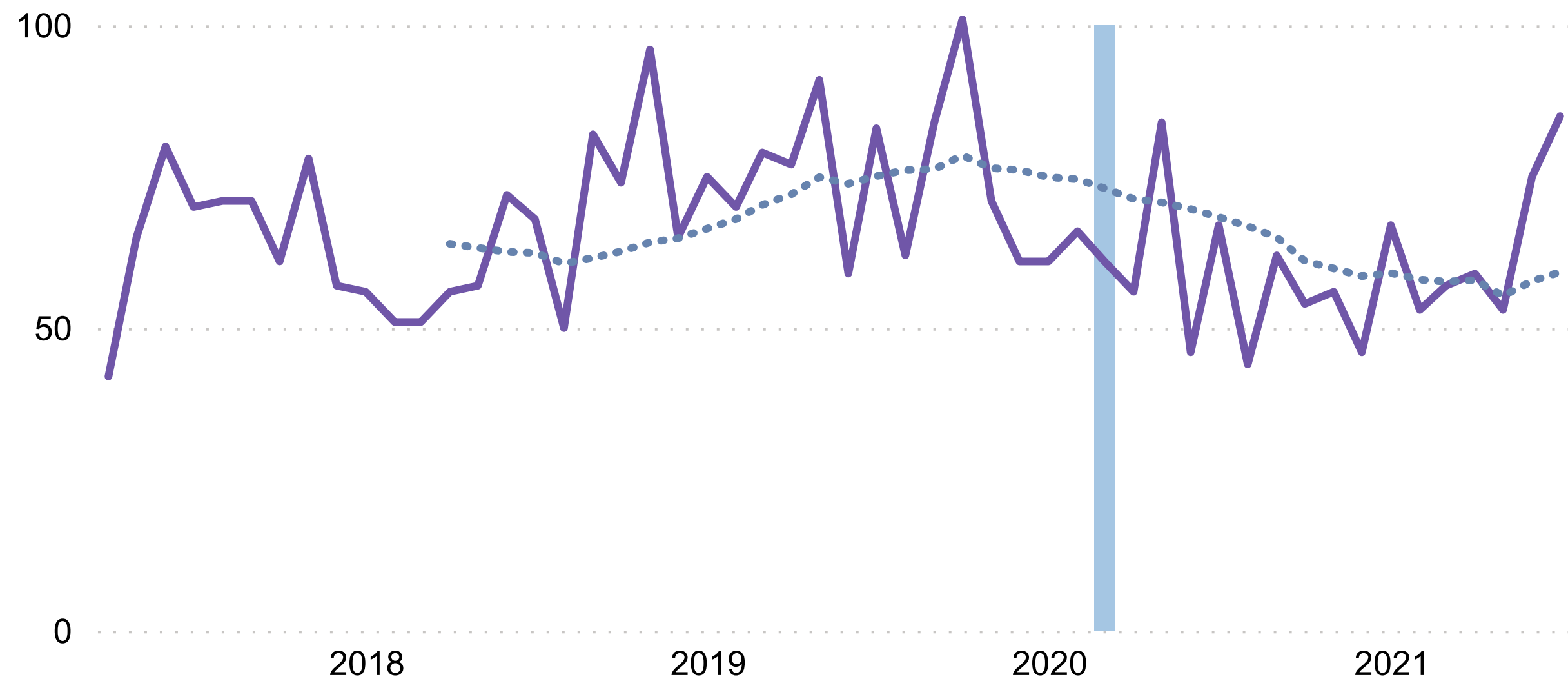
## Assessments completed (Apr-17 - Jul-21)

● COVID impact starts ● Result ● Rolling 12 month average



## Reviews completed (Apr-17 - Jul-21)

● COVID impact starts ● Result ● Rolling 12 month average



Adult Social Care services provided by Virgin Care include providing advice and guidance, carrying out needs assessments and reviews to plan the support required by adults with needs, as well as supporting carers. As at July 2021, 1,349 people receiving council-funded services were supported by Virgin Care social work teams.

Referrals remained reasonably consistent pre-COVID, albeit with a slight downward trend. Since an initial reduction at the start of the pandemic, pre-COVID levels have since resumed. Many referrals are supported with advice/guidance or signposting to an appropriate service.

The number of assessments completed per month has been variable but there was a generally reducing trend seen prior to the pandemic. The move to a strengths-based model of social care may be a factor in this change, as practice has changed over the contract term. During the early months of the pandemic, visits to people were dependent on social distancing being possible and on the willingness of the individual being assessed (or their carer) to receive a visitor, so this limited productivity for both assessments and reviews.

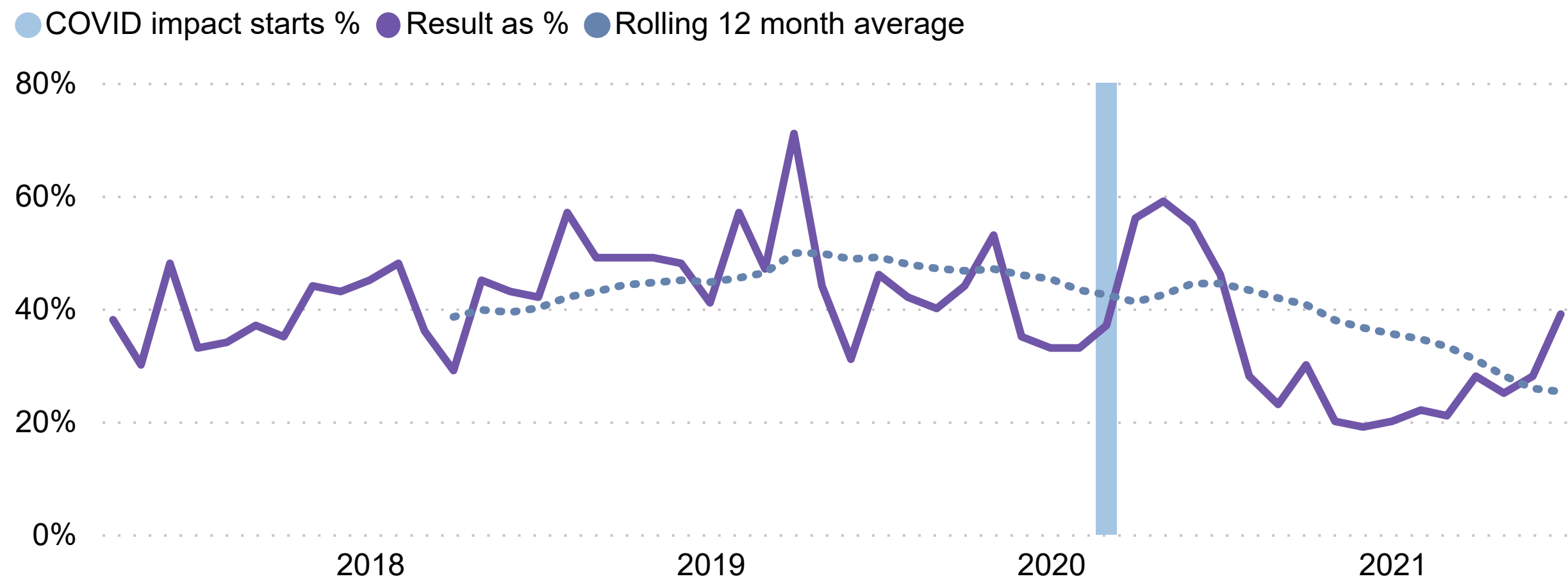
Reviews completed were on an upward trend through to Autumn 2019 but reduced over the winter prior to COVID taking effect. In 2020/21, there has been an increasing proportion of scheduled reviews carried out, which indicates that people are being seen before they reach a point of crisis where they need an unplanned review.

# Adult Social Care performance

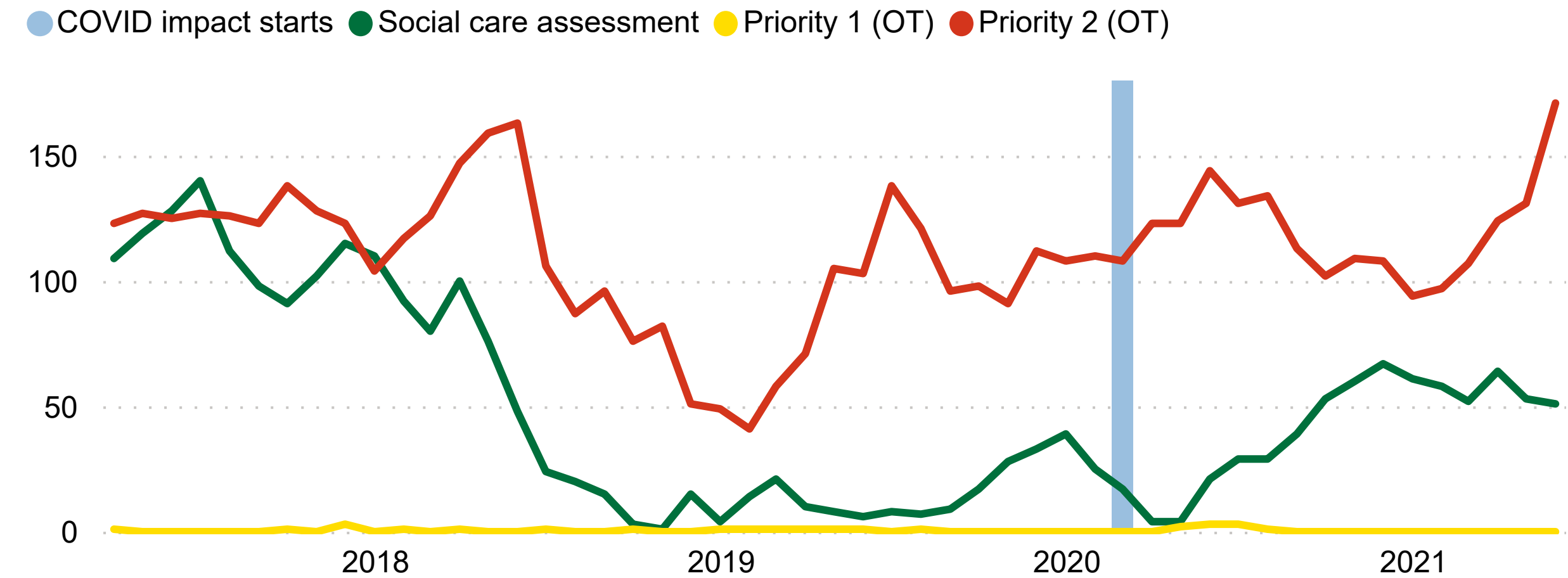
Source: Virgin Care scorecards (except for reviews, taken directly from LAS), July 2021

Performance for statutory Adult Social Care services, including timeliness of assessments, waiting lists for assessments and timeliness of reviews.

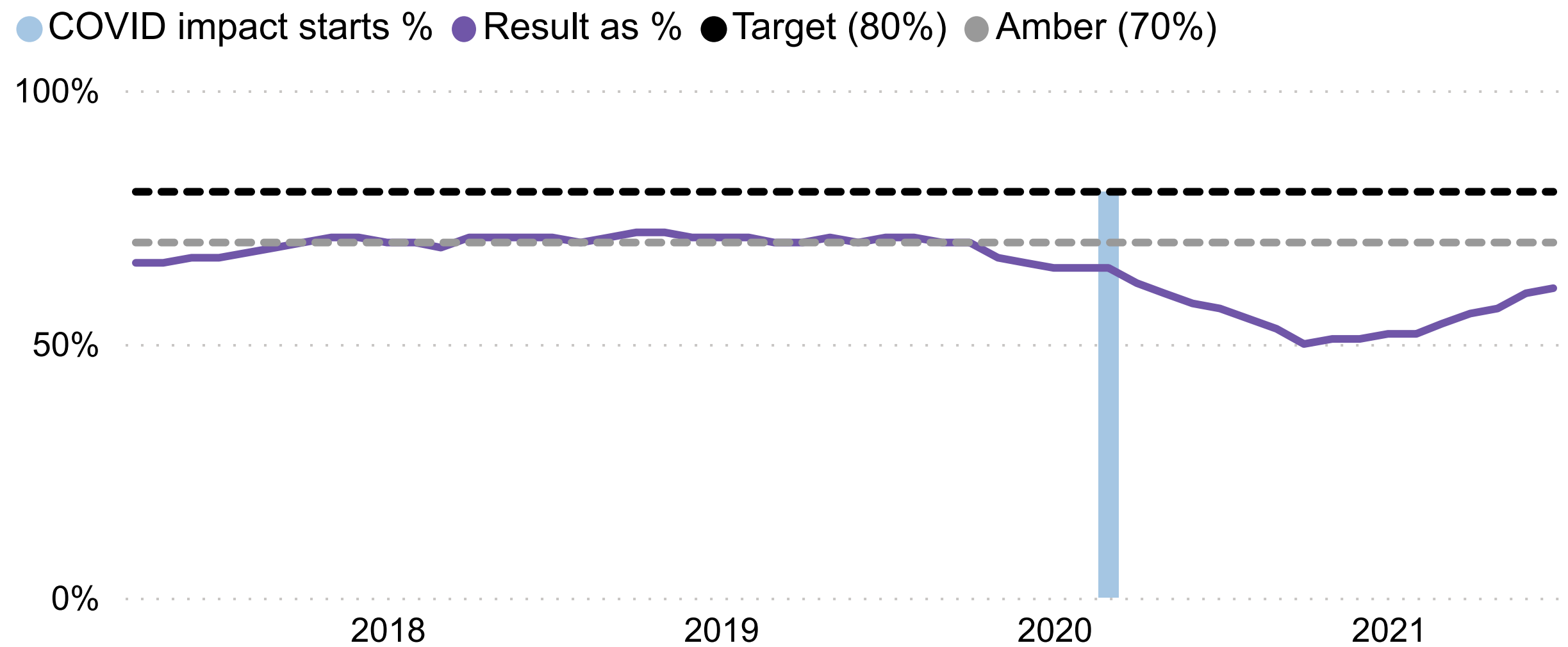
## % of social care assessments carried out within 28 days (non-LD) (Apr-17 - Jul-21)



## Total number of people waiting for social care and OT assessment (Apr-17 - Jun-21)



## Annual reviews: proportion of people with an up-to-date review (Apr-17 - Jul-21)



Delivering assessments within 28 days of referral has continued to be challenging across the lifetime of the contract. The teams delivered an overall improvement in the second year of the contract but this has been on a downward trend since with workforce pressures a key issue (see workforce section). From March 2020, the pandemic played a role in this reduction with delays due to individual choice.

The waiting list for social care assessments was high at contract commencement but reduced significantly by autumn 2019. An increase over the following months was addressed with actions including a new workforce model and the waiting list was reducing when COVID restrictions commenced. After peaking in December 2020, the list has slowly been reducing since then. Occupational Therapist waiting lists for the lower priority group are high, but this is similar to other local authorities.

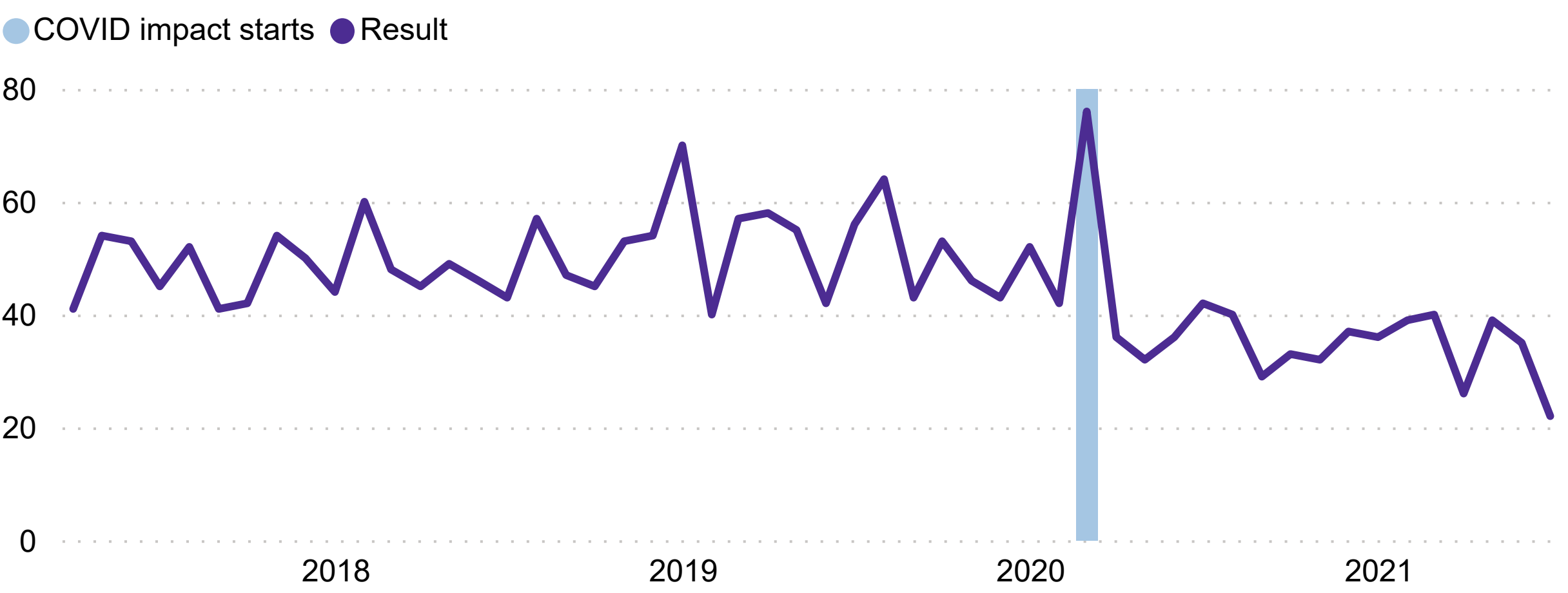
The methodology for the rate of service users with up-to-date reviews has changed over the life of the contract; what's shown in the chart is not reflective of what was being monitored up until the autumn of 2020, when the revised methodology was introduced. The rate has increased to 62% since its low point of 50% in October 2020. People overdue a review have been triaged to ensure that those with the highest need are seen first and that others remain safe with their current services.

# Community Hospitals performance & activity

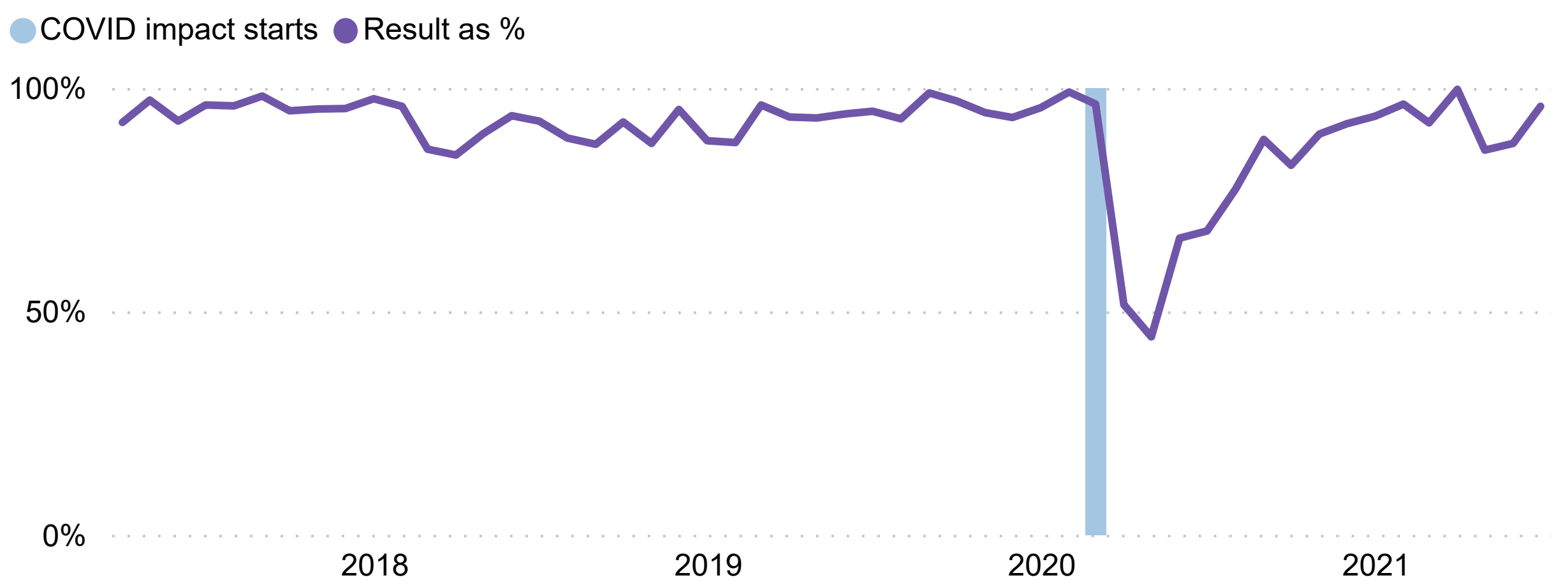
Source: Virgin Care scorecards, July 2021

Activity and performance information for the Community Hospitals operated by Virgin Care in B&NES, including average length of stay and occupied bed rate.

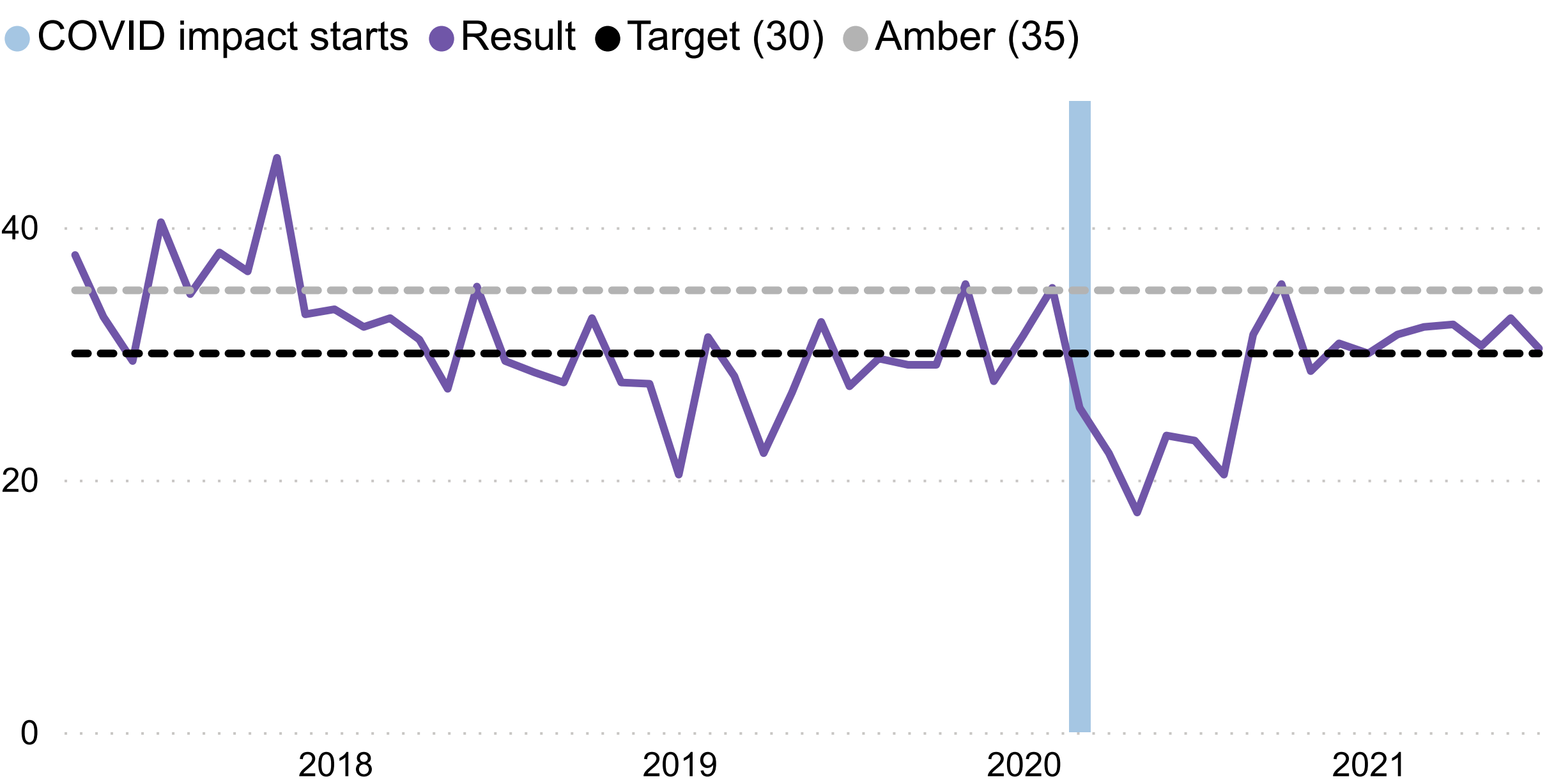
## Admissions (Apr-17 - Jul-21)



## % Occupied beds (Apr-17 - Jul-21)



## Length of Stay (days) (Apr-17 - Jul-21)



Virgin Care operates community hospitals in Bath (St Martin's Hospital) and Paulton, providing inpatient services for non-acute patients. The ongoing challenge in community hospitals is managing the flow of patients by supporting patients to be ready for discharge and this is monitored by the length of stay measure.

Admissions before the pandemic remained within a relatively stable range, but the clearance of acute hospitals in March 2020 to preserve capacity for COVID patients is likely to have impacted on admissions in that month. Since then, the reduced bed base (from 52 to 40) has meant that the level of admissions is not comparable to the pre-COVID levels. The rate of bed occupancy remained high, particularly in winters, until the pandemic response began but is returning to full occupancy in recent months.

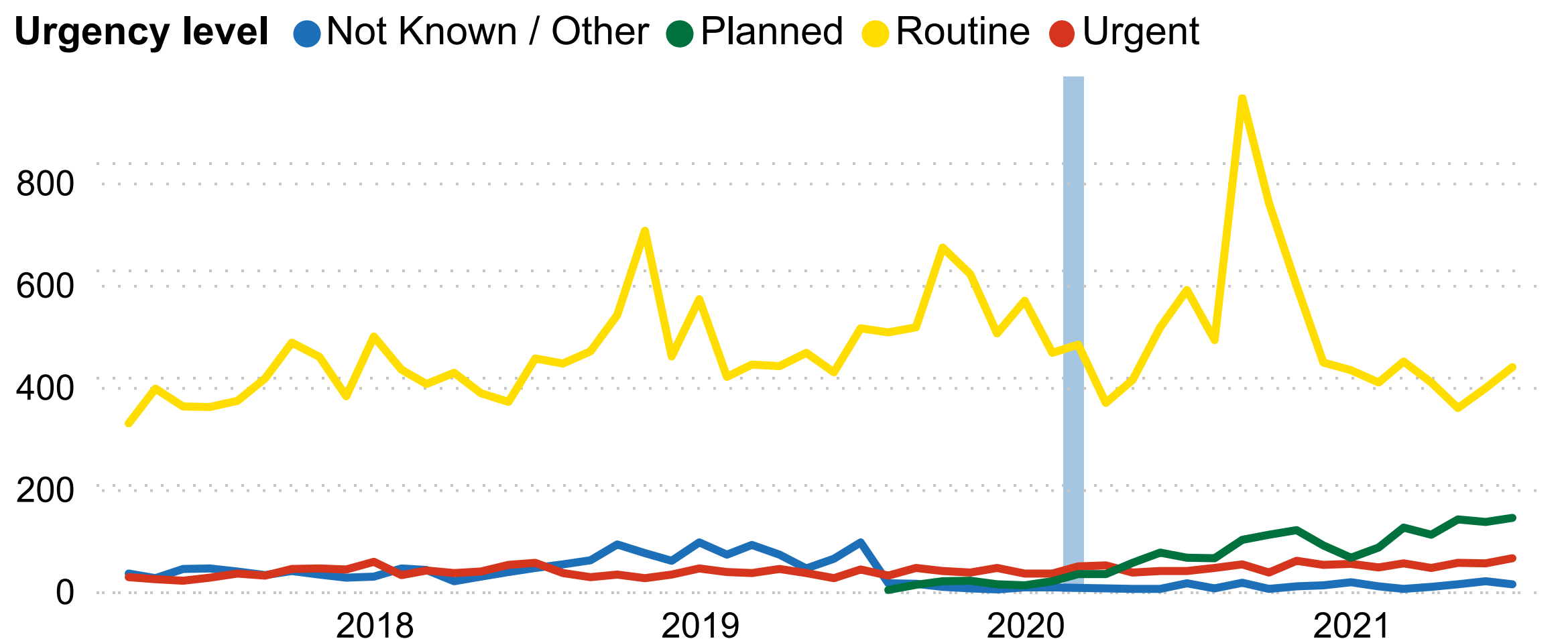
Actions to reduce the Length of stay were put in place in 2018 and delivered a reducing trend, towards meeting the agreed target, until winter 2019/20, but increased thereafter. From March 2020, the arrangements in place to protect acute capacity affected the length of stay. Since December 2020 the rate has remained in the acceptable range when not meeting the target. At the start of spring 2021, nurse staffing capacity reduced significantly such that for a 12-week period the Sulis ward was closed and operated from the Council's Charlton House Care Home. Since mid-June 2021 Virgin Care secured agency and recruited new staff to re-open Sulis Ward and increase capacity (available beds increased to 47).

# District Nursing activity & performance

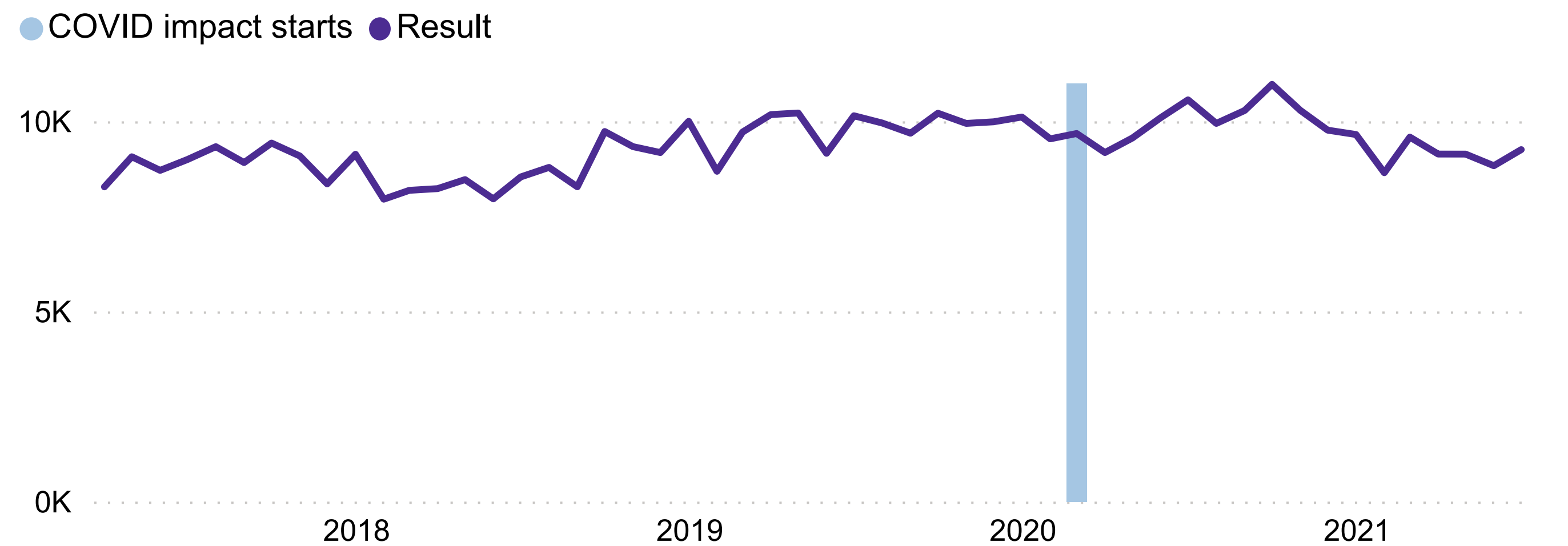
Source: Virgin Care scorecards, July 2021

Total contacts and referrals by urgency for the District Nursing service.

## Referrals by urgency (Apr-17 - Jul-21)



## Contacts: (Apr-17 - Jul-21)



District Nurses (DN) provide nursing care to housebound adults, enabling them to maintain independence. Over two-thirds of referrals come from Primary Care, and the service provides a critical role in supporting people first seen by a GP. Changes to the DN model, to align around geographies rather than GP practices, generated concerns in Primary Care around reduced face-to-face contact. Collaborative working recently has sought to address these concerns, as noted in the main report. The resilience of the nursing establishment has been a concern which has been mitigated through developing retention and education for student placements.

The service has undergone transformation with electronic solutions introduced to support mobile working, with a focus on freeing up more time for direct care.

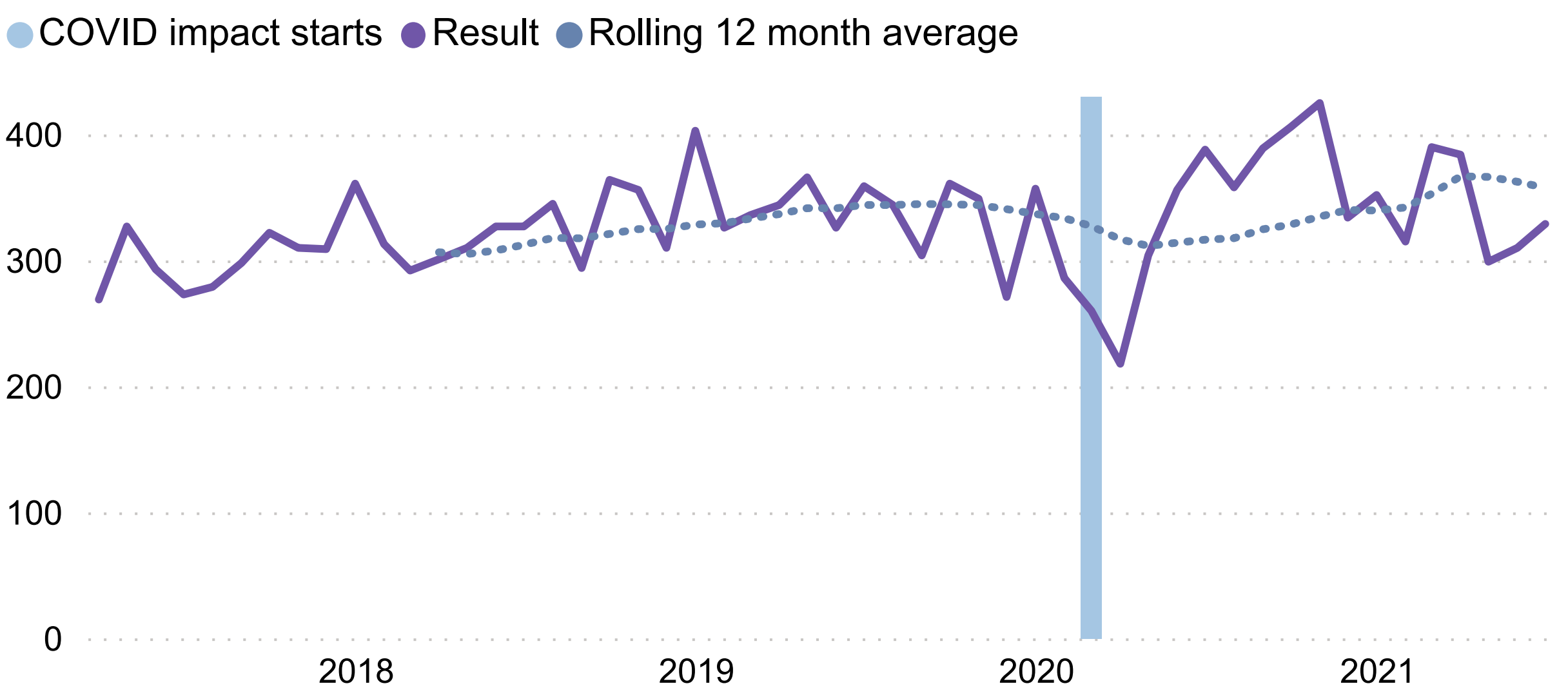
Referrals into the service have been increasing across the life of the contract with autumn peaks for Flu immunisation showing on the chart. There have also been significant increases in referrals for assessments and blood tests, a mix of increasing demand and transformation of the service. These referral types tend to be single tasks compared to traditional District Nursing patient support. In 2019/20 the urgency level options changed and the planned (therapies only) and urgent referral pathways (usually admission avoidance) were clarified and are now recorded separately. Contacts increased in 2018/19 (FY 2019) and have continued at a similar level since.

# Reablement: demand & time in service

Source: Virgin Care scorecards, July 2021

Trends in reablement demand (referrals) and average time in service.

## Total referrals (Apr-17 - Jul-21)



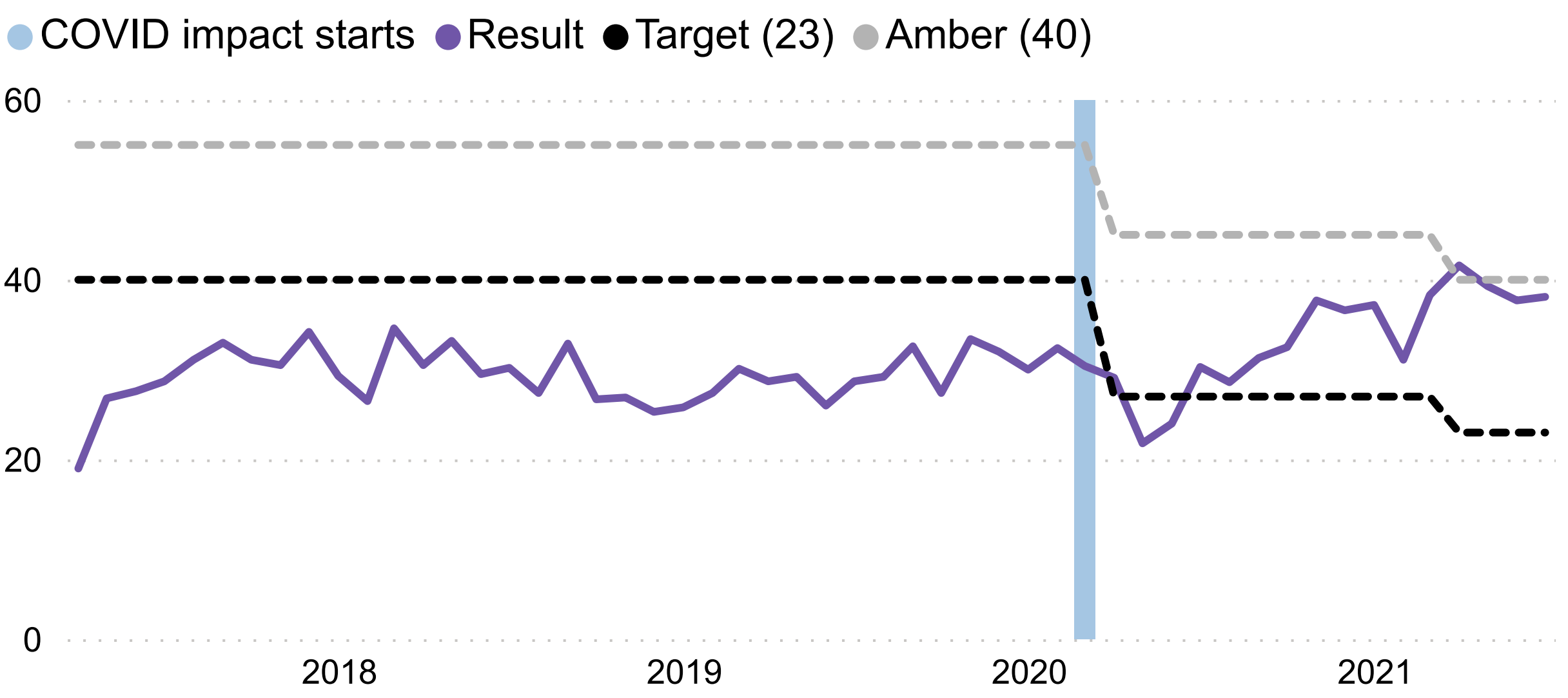
The reablement service provides short term therapy and support by working with adults in their own home or care home to prevent hospital admission, to facilitate early hospital discharge and to provide rehabilitation and support in order to help people maintain/regain their independence.

Demand for reablement has generally remained high during the contract term to date, as the service performs a critical role in maintaining people's independence and in maximising capacity within the health and social care system.

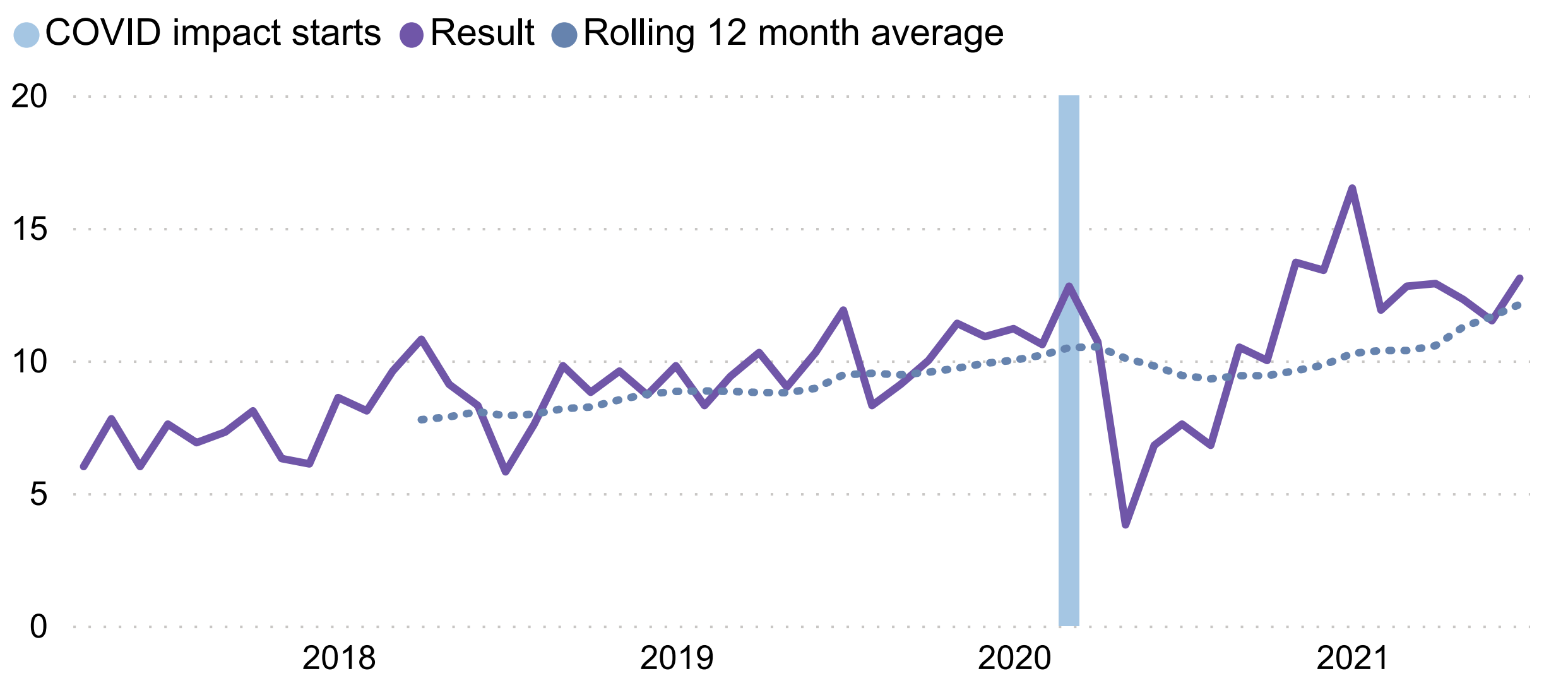
Average time spent in the service has seen a marked increase since the summer of 2020 (from 30 to a peak of 40 in April 2021; currently 38 for July 2021), which impacts on capacity to take new people into the service and impacts on hospital discharge efficiency. Average contacts per referral have increased at the same time (from 10.7 for the 12 months to June 2020 to 12.5 for the year to July 2021), particularly for the Home First pathway, which may indicate a greater level of complexity in the needs of people using services.

The time people wait to receive their first visit after a referral also increased between August 2020 and January 2021. Despite reducing since then, it remains above pre-COVID levels.

## Average time 1st to last visit (days) (Apr-17 - Jul-21)



## Average time referral to 1st visit (days) (Apr-17 - Jul-21)



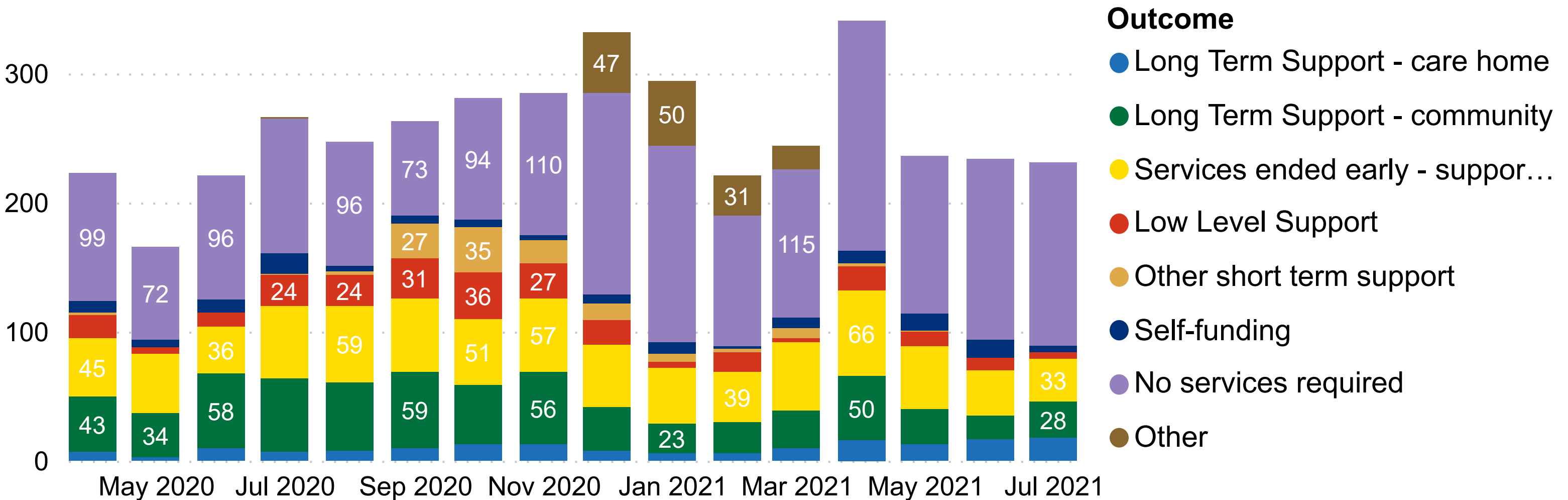


# Reablement outcomes

Source: Virgin Care scorecards, July 2021

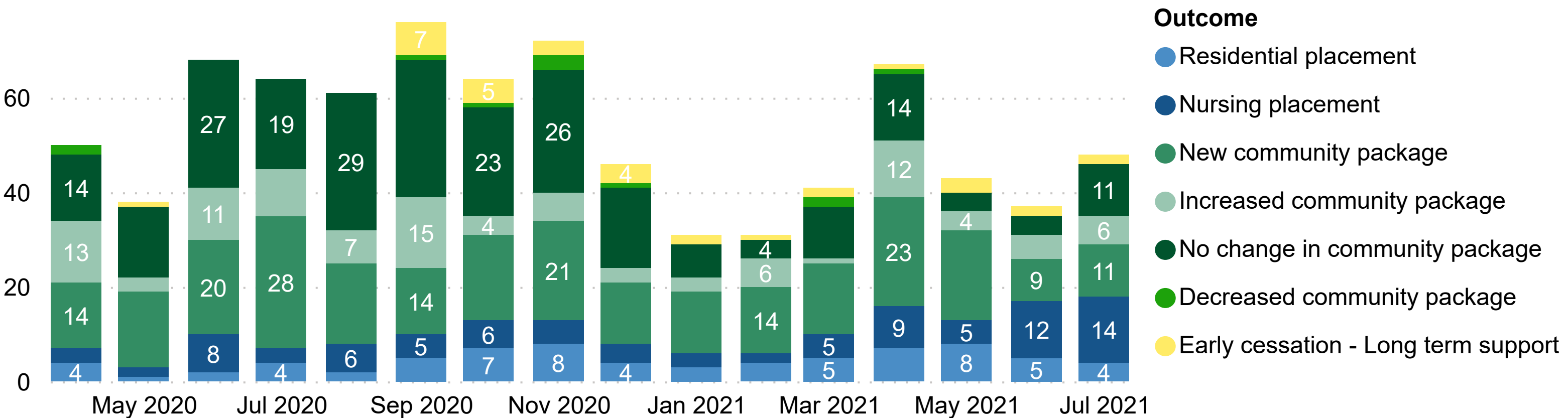
Outcomes at the end of reablement and performance for the national measure of outcomes 91 days after hospital discharge.

## Outcomes at the end of reablement (Apr-20 - Jul-21)

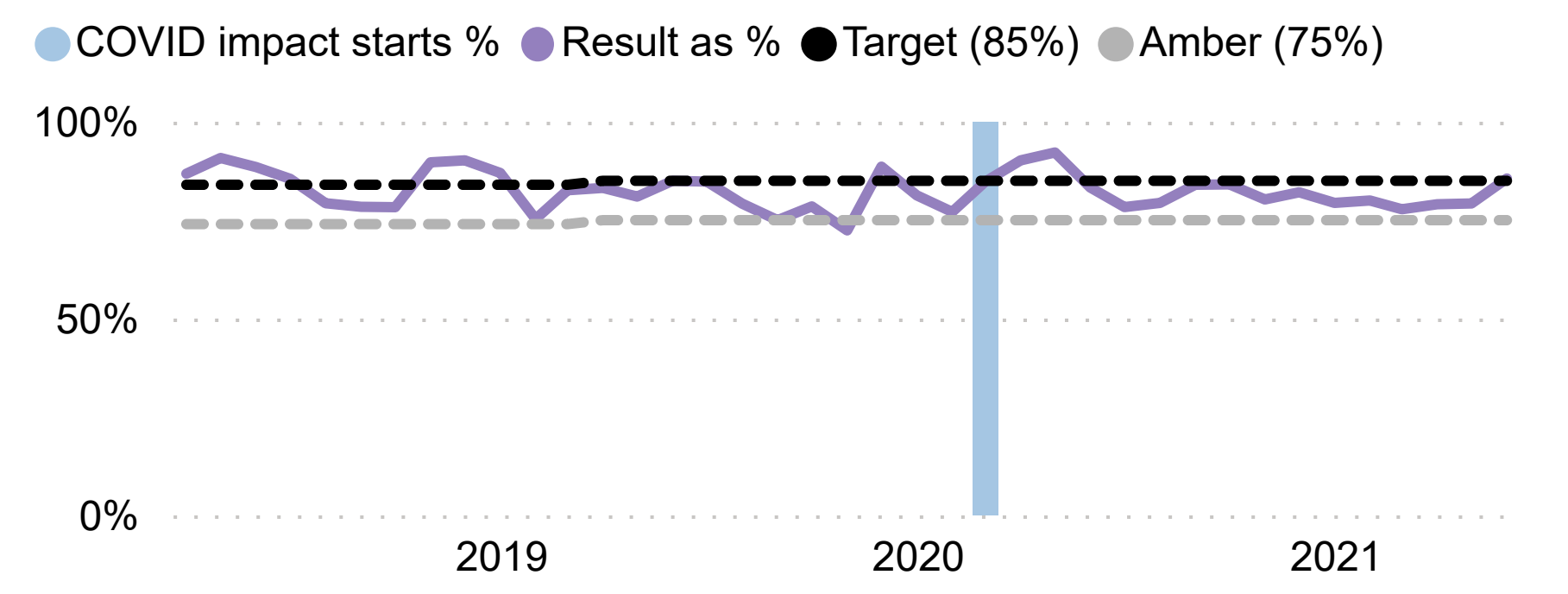


The chart below provides further detail about people included in the blue and green sections of the chart above, plus those people from the yellow section who use council-funded services when reablement ends early. The blue sections in the chart below correspond to the blue section in the chart above, the green below to the green above and so on.

## Outcomes for people requiring council-funded services after reablement (Apr-20 - Jul-21)



## Reablement: % of people (65+) at home 91 days after discharge into service (ASCOF 2B(1)) (Apr-18 - Jun-21)



One of the aims of the reablement service is to help maintain people's independence and, where appropriate, keep them living in the community. Outcomes on discharge are reported by Virgin Care but are recorded outside of the main adult social care system, which presents some challenges with tracking what happens to people who fund their own care, for example.

Of the reported outcomes, under 20% of people require a council-funded service at the end of reablement (with approximately one-fifth of this group in care home placements), which is comparable to regional, peer-group and national averages. Almost half of this group already had a funded service before reablement. Over 40% of people require no services at the end of reablement, but this group may include people who fund their own care.

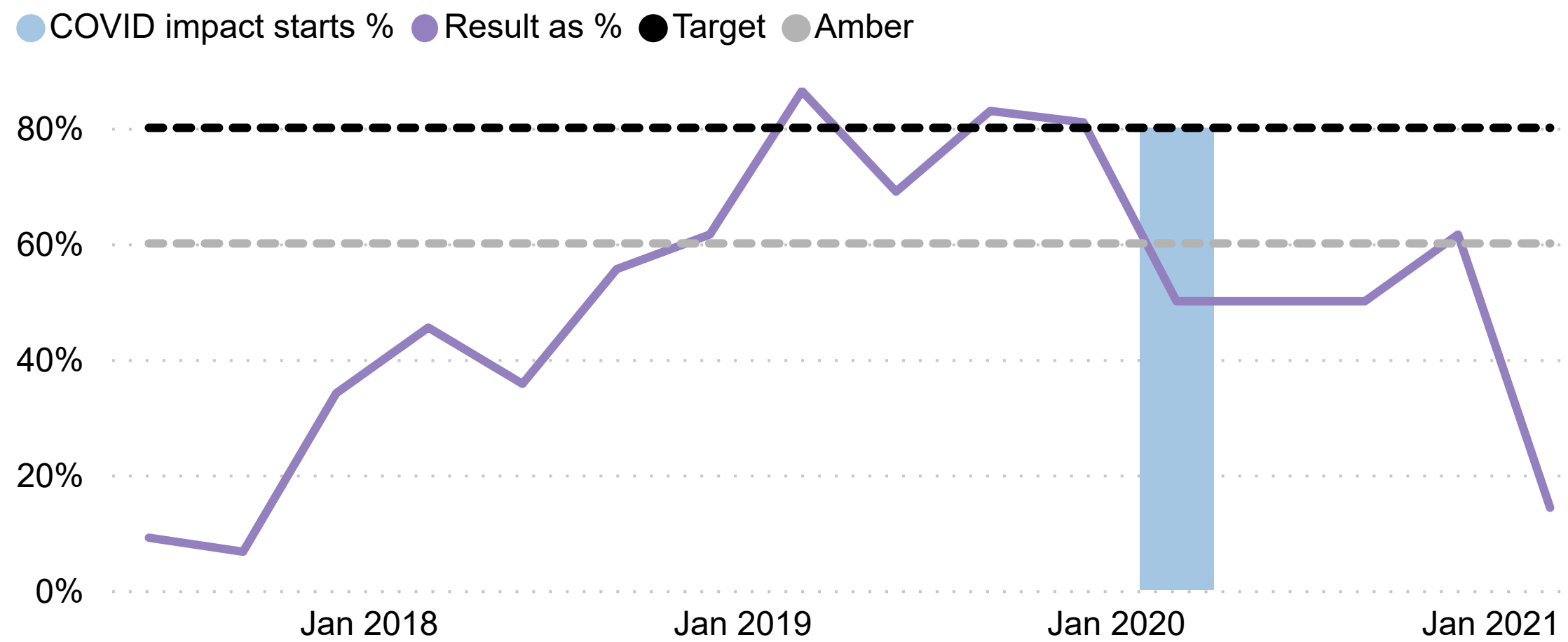
Performance against the national Adult Social Care Outcomes Framework (ASCOF) measure has remained within the acceptable range throughout the contract to date, as the vast majority of older adults are at home 91 days after discharge into reablement. B&NES' performance is broadly in line with statistical near neighbours and national and regional rates.

# Continuing Healthcare (CHC) performance

Source: Virgin Care scorecards, July 2021

Performance against national measures of Continuing Healthcare (CHC) services

## Decision Support Tool: % undertaken within 28 days of referral (Jun-17 - Mar-21)



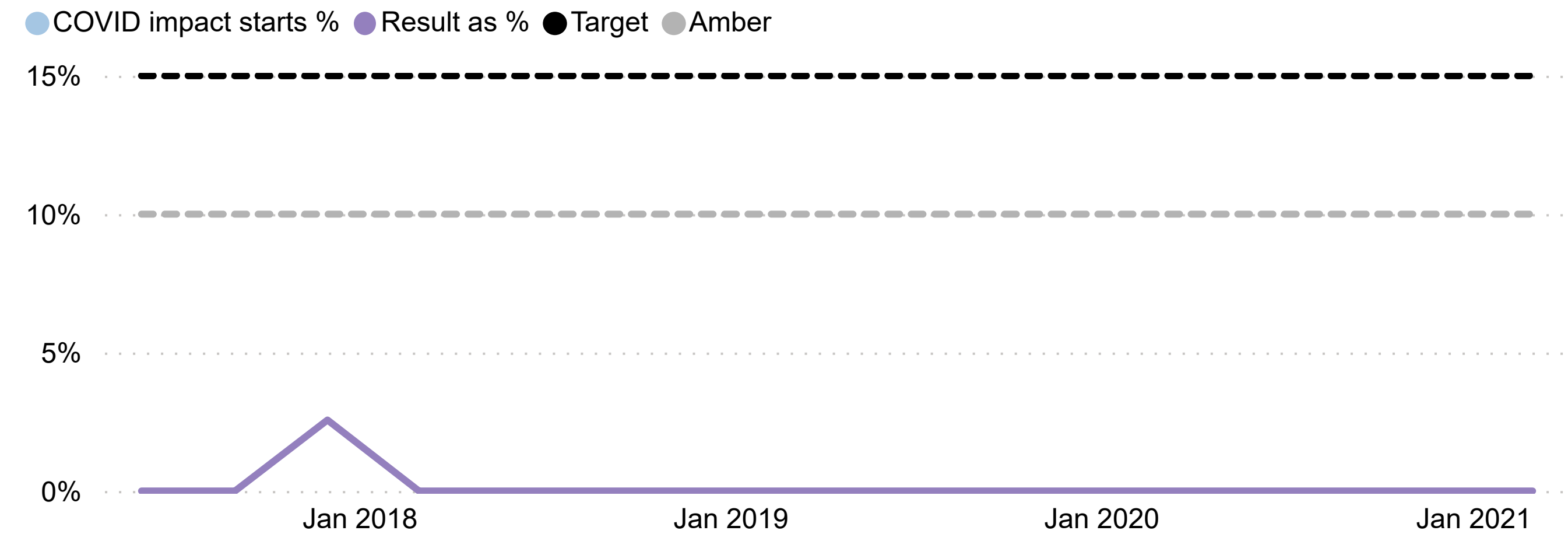
CCG's have a statutory duty to assess individuals for NHS Continuing Healthcare funding (CHC). CHC is a package of ongoing care arranged and funded solely by the NHS specifically for individuals who are found to have a "Primary Health Need". Such care is provided to an individual aged 18 or over to meet health and associated social care needs that have arisen as a result of disability, accident or illness.

CHC is free to patients, unlike support provided by Local Authorities, which may involve the individual making a financial contribution depending on income and savings. CHC can be provided in any setting (apart from acute hospitals) including a person's own home or in a care home. CHC funding is not for life and reviews are carried out after three months and then annually. In B&NES, the service is delegated to Virgin Care.

Earlier in the contract period to date, there were two measures that contributed to the CCG Quality Premium score, which are reported in the charts above.

The National Framework for CHC and NHS Funded Nursing Care (FNC) 2018 states that 80% of assessments (or Decision Support Tools (DST)) for CHC should have a recommendation on eligibility within 28 days of notification. This measure continues to be monitored closely by NHSEI.

## Decision Support Tool: % undertaken in acute setting (Jun-17 - Mar-21)



Virgin Care have only met this target for 9 months of the total contract. Virgin Care have reported that factors impacting on meeting the 28 day KPI set by NHSEI are: staffing issues at different periods during the contract (including where recruitment issues have affected the sector at large and not just specific to B&NES); complexity of cases requiring more than 28 days to reach a conclusion; data quality issues related to datasets held outside of the main system for recording CHC; and, post-COVID, the impact of work related to discharge to assess arrangements.

The other measure reflects the national best practice guidance that DSTs should not take place in acute hospitals and instead should be undertaken in the community setting, without the pressure to discharge the patient. Performance has been consistently in the best quartile nationally throughout the contract. However, this measure is not an area of focus locally and CCGs are no longer being monitored against the target at national level.