

Clinical Commissioning Group



BCF 1- Non Elective Admissions

Actual 7794 Actual 7788 Actual 5283 Actual 0 20865 Q3 data for Oct/Nov onl Plan: 8148 Plan: 7897 Plan: 8349 Plan: 7868 32,367	Apr- Jun 2	016	Jul- Sep 2	016	Oct- Dec 2	016	Jan- Mar 2	017	TOTAL	
Plan: 8148 Plan: 7897 Plan: 8349 Plan: 7868 32,367	Actual	7794	Actual	7788	Actual	5283	Actual	0	20865	Q3 data for Oct/Nov onl
	Plan:	8148	Plan:	7897	Plan:	8349	Plan:	7868	32,367	

Q3 overall position available from 12 February 2017

BCF 2- Residential & Nursing Care Home Admissions

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17 Target	52	104	156	208	260	312	364	416	468	520	572	623.7
16/17 Actual	56.7	117.5	179.7	232.3	276.9	352.6	574.1	574.1	452.5	0.0	0.0	0.0

BCF 3- Reablement:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17 Target	84.1	84.1	84.1	84.1	84.1	84.1	84.1	84.1	84.1	84.1	84.1	84.1
16/17 Actual	78.91	74.81	81.51									

Data for Reablement is currently unavailable. The system for monitoring and reporting this data is being finalised. Year end position is likely to meet target of 84.1

BCF 4- Delayed Transfers of Care

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17 Target	387	387	389	388	388	390	470	470	471	382	382	382
16/17 Actual	401	305	343	388	631	497	391	488	0	0	0	0

Q3 data published on 9 February 2017

BCF 5- Patient/ Service User experience metric

Patient experience of hospital discharge- source CQC inpatient survey. Patients are asked to score their experience out of 10.

2015	2016	2016
score	target	score
6.8	6.9	7.1

BCF 6- Local Metric

No of people admitted (unplanned) to Redwoods with a diagnosis of dementia as a proportion of those with a dementia diagnosis This metric is reported annually. The target is to reduce unplanned admissions by a further 0.2% on 15/16

15/16	16/17
Baseline	Plan
	1.2%
1.4%	0.0%
44	0
3 130	0

Overall Summary:

Performance on NEA in quarter 2 is better than plan for quarter 2 and is rated green. Data for all of Q3 is not yet available as such October and November are reported on.

Performance on residential/ care home admissions saw an improvement in December but remains under regular review to ensure we continue to provide the most appropriate care to meet people's needs

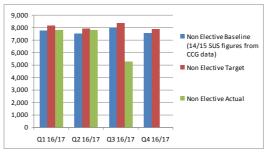
Reablement data up to end September will be available from early February.

Data on DTOC is available for November. Performance is worse than target but is an improved picture to August and September.

Performance of the patient experience and local metrics are reported annually. The 2015 score for patient experience has just been released and shows an improvement on 2014

		Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
Non Elective Baseline (14/15 SUS figures from CCG of	lata)	7,766	7,513	8,004	7,566
Non Elective Target		8,148	7,897	8,349	7,868
Non Elective Actual		7794	7788	5283	

Q3 data for Oct/ Nov only



Full Q3 posiiton available on 12 February 2017

8,148

7,794

354

cumulative targe

cumulative actua

variance

Apr - Jun 16 Jul - Sep 16 Oct - Dec 16 Jan - Mar 17

24,394

20,865

32,262

20865

16,045

15,582

463

Defin	ıti	on	:-

Everyone Counts: Planning for Patients 2014/15 - 2018/19: Technical Definitions for Clinical Commissioning Groups and Area Teams

E.C.4: Non-elective FFCEs (First Finished Consultant Episode)

DEFINITIONS Detailed Descriptor:

Total number of non-elective FFCEs in general & acute (G&A) specialties in a month. Lines Within Indicator (Units):

Number of G&A non-elective FFCEs in the period. Data Definition:

Non-Elective FFCEs data are derived from the Monthly Activity Return, which is collected from the NHS. It is collected from providers (both NHS and IS) who provide the data broken down by Commissioner.

Number of first finished consultant episodes (FFCEs) for the G&A specialties (see below) relating to hospital provider spells for which:

□ patient classification = ordinary admission;

 $\hfill \Box$ admission method = emergency admission, maternity admission, other admission (codes

21-83);

Exclude "well babies". These are defined as having admission method = other

and neonatal level of care = normal care.

General & Acute specialties;

□ include: 100-192, 300-460, 502, 800-831, 900 and 901

□ exclude: 501, 700-715.

Monthly Activity Return guidance is available here: http://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/monthly-hospital-activity/

MONITORING Monitoring Frequency:

Monthly Monitoring Data Source:

Monthly Activity Returns

ACCOUNTABILITY What success looks like, Direction, Milestones:

There should be a reduction in the growth of the number of non-elective FFCEs. Timeframe/Baseline:

Ongoin

Everyone Counts: Planning for Patients 2014/15 - 2018/19: Technical Definitions for Clinical

Commissioning Groups and Area Teams

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Rationale:

Where clinically appropriate, it is better for patients to be treated or continue their treatment at home or in their community rather than in hospital.

The local NHS should be looking to treat patients in the most clinically appropriate way.

PLANNING REQUIREMENTS Are plans required and if so, at what frequency?

 ${\it CCG-Yes, monthly for 2014/15 and 2015/16 and annual from 2016/17 to 2018/19 via ProvCom template.}$

Area Team – Yes, monthly for 2014/15 and 2015/16 and annual from 2016/17 to 2018/19, via ProvCom template.

Please note: Data entered regarding Area Team activity should be based on the activity that is commissioned by an Area Team irrespective of the location of the provider .

For those Area Teams with responsibility for Specilaised Commissioning, this will include activity in line with the contractual arrangements i.e all activity based on a provider footprint not a registration basis. FURTHER INFORMATION

This information will be used to reconcile with data collected in the finance planning template.

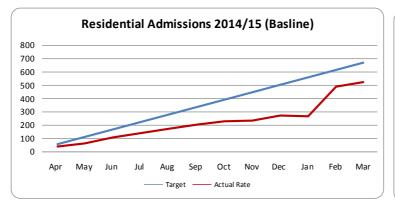
Residential admissions

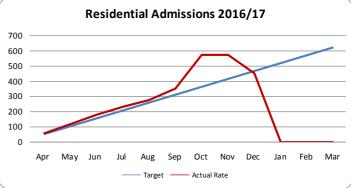
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population

	14/15 Baseline	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	16/17
Target	749.2	56	112	168	224	280	336	392	448	504	560	616	672	623.7
Actual Rate	548.8	39.2	63.5	108.1	140.5	172.9	204.0	229.6	235.0	272.9	267.5	490.3	525.5	611.9
Number	389	29	47	80	104	128	151	170	174	202	198	363	389	453
Population	70885	74,029	74,029	74,029	74,029	74,029	74,029	74,029	74,029	74,029	74,029	74,029	74,029	74,029

	16/17	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	16/17
Target	672	52	104	156	208	260	312	364	416	468	520	572	623.7	
Actual Rate		56.7	117.5	179.7	232.3	276.9	352.6	574.1	574.1	452.5	0.0	0.0	0.0	0.0
Number		42	87	133	172	205	261	425	425	335	0	0	0	0
Population	74029	74029	74029	74029	74029	74029	74029	74029	74029	74029	74029	74029	74029	74029

Note: BCF figures and Shropshire Council annual rate figures vary due to use of different population figures





Reablement

Proportion of older people (65 and over who were still at home 91 days after discharge from hospital into reableme

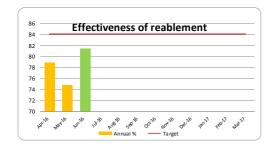
		2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
	Target		80.6	80.6	80.6	80.6	80.6	80.6	80.6	80.6	80.6	80.6	80.6	80.6	81.9	81.9	81.9	81.9	81.9	81.9	81.9	81.9	81.9	81.9	81.9	81.9
over)	Annual %	77.4	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	72.4	78.5	79.7	79.5	79.7	80.3	79.5	82.5	83.6	83.1	84.5	84.5	83.8	83.5	83.4	84.0	84.5	#DIV/0!
er	Number	120							76	164	243	346	444	552	116	221	336	444	563	673	771	855	948	1068	1184	
ment	Denominator	155							105	209	305	435	557	687	146	268	402	534	666	796	920	1024	1137	1272	1402	
								•		•	•		,	•	•	•	•	•		•	79.03226	80.76923	82.30088	80.64516		

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	2016/17
Target	84.1	84.1	84.1	84.1	84.1	84.1	84.1	84.1	84.1	84.1	84.1	84.1	
Annual %	78.9	74.8	81.5	#DIV/0!	84.1								
Number	116	98	119										132
Denominator	147	131	146										157

84 93 275 104 113 341 98

124

ASCOF Oct - Dec = 80.6%



Delayed transfers of care

Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+).

14/15 Baseline	Q1	Q2	Q3	Q4
Target	919.6	697.1	433	682.2
Actual	735.8	931.9	1121.7	1041.7
Number	1842	2333	2808	2624
Denominator	250337	250337	250337	251983

Q3 position available from 9 February 2017

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Target	387	387	389	388	388	390	470	470	471	382	382	382
Actual	400.6	305.1	342.6	388.4	631.1	497.3	391.1	488.2	0.0	0.0	0.0	0.0
Number	1015	773	868	984	1599	1260	991	1237	0	0	0	0
Denominator	253356	253356	253356	253356	253356	253356	253356	253356	253356	254742	254742	254742

	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
Target	1163.2	1165.9	1411.1	1146.3
Actual	1048.3	1516.8	879.4	0.0
Number	2656	3843	2228	0
Denominator	253356	253356	253356	254742

Patient / Service User Experience Metric

Numerator

2015 score	2016 target	2016 score
6.8	6.9	7.1
10	10	10

CQC impatient survey "leaving hospital" Denominator measures shown an improvement against the 15/16 position. Patients are asked to score their experience out of 10

Local Metric

Local people admitted (unplanned) to Redwoods Hospital with a diagnosis of dementia as a proportion of those with a

Target Metric Value Numerator Denominator

15/16 baseline 16/17

•	•				
1.4%	1.2%				
1.4%	0.0%				
44	. 0				
3,139	0				