

Dudley Urgent Care Performance Overview

June 2017

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Contents

3 Summary – Urgent Care Dashboard

A&E

- 4 A&E 4 Hour Waits
- 5 A&E Attendances Profiled by Day of Week (All Types)
- 6 ED & UCC Attendances Profiled by Time
- 7 ED Attendances Profiled by Outcome

Emergency Admissions

- 8 Emergency Admissions via ED
- 9 Emergency Admissions Profiled by Ambulatory Care Sensitive Condition (ACS)
- 10 Admissions & Discharges profiled by Day of Week

Urgent Care Centre (UCC)

- 11 Urgent Care Centre (UCC) Streaming & Attendance
- 12 Urgent Care Centre (UCC) Patient Flow

West Midlands Ambulance Service (WMAS)

- 13 West Midlands Ambulance Service (WMAS) Ambulance Conveyances
- 14 West Midlands Ambulance Service (WMAS) Ambulance Handovers

Delayed Transfers of Care (DTC)

- 15 Delayed Transfers of Care: % of Occupied Beds
- 16 Delayed Transfers of Care : Actual Bed Days
- 17 Delayed Transfers of Care: Responsibility & Reason
- 18 Delayed Transfers of Care: Social Care delays by Local Authority
- 19 Step-Down Delays

Glossary

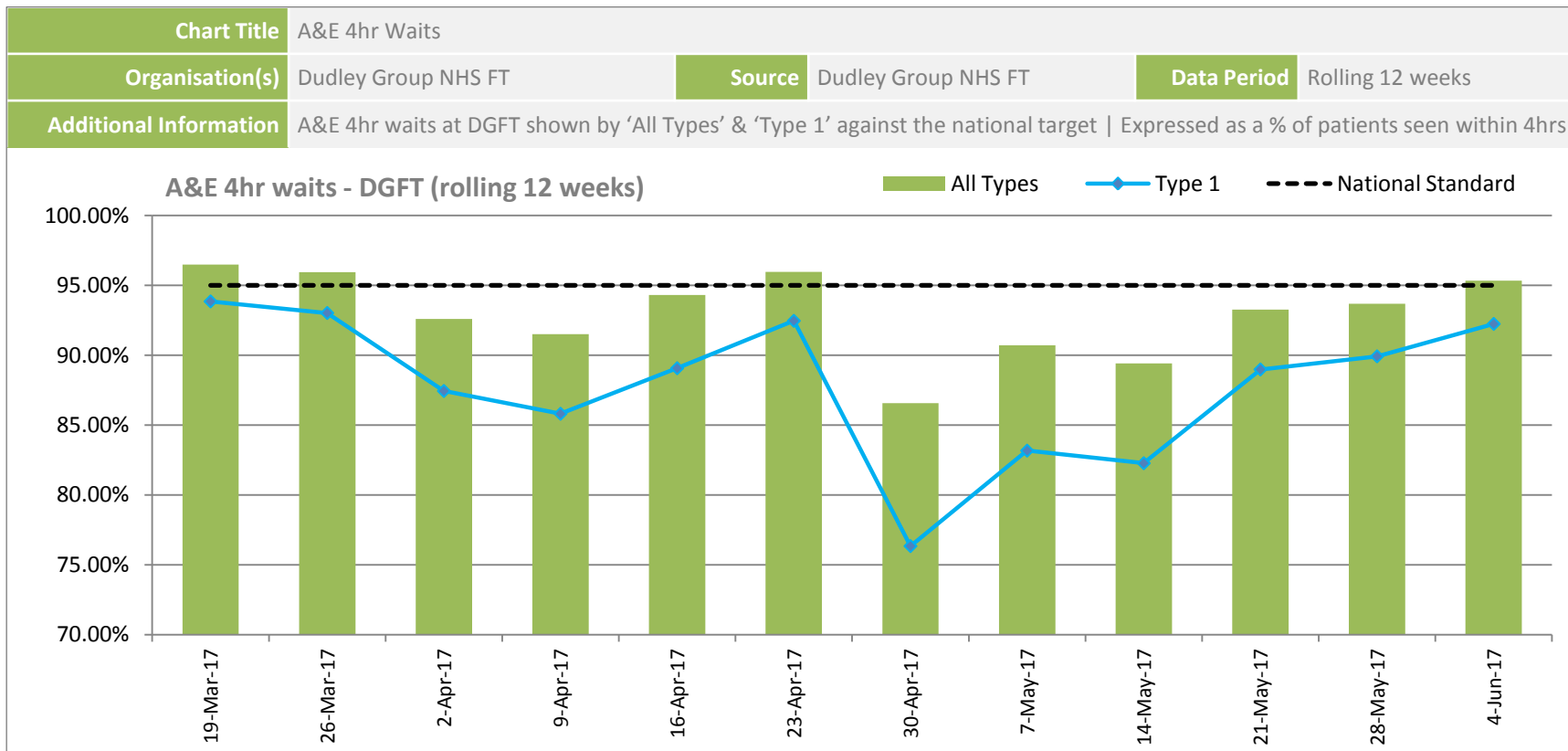
ED	Emergency Department – DGFT ‘Type 1’	DGFT	Dudley Group NHS FT
UCC	Urgent Care Centre – Malling Health but reported by DGFT as ‘Type 3’ in UNIFY returns	DTC	Delayed Transfer of Care
A&E	Accident & Emergency – used by NHSE to define reporting for ‘All Types’ i.e. includes ED ‘Type 1’ and UCC ‘Type 3’	NHSE	NHS England
ACS	Ambulatory Care Sensitive	SUS	Secondary Uses Services
CSU	Commissioning Support Unit	WMAS	West Midlands Ambulance Service

3. Summary – Urgent Care Dashboard

Item	Indicator	Target	2016/17	2017/18		
			YTD	Apr	May	Q1
1	Dudley Group NHS Foundation Trust - A&E 4 Hour Waits (Type 1 & 3)	95%	94.2%	91.7%	92.1%	91.9%
	No. Patients treated over 4 hours (Type 1 only)		10507	1295	1207	2502
	Total No. of Patients Treated (Type 1 only)		102692	8597	9008	17605
	Average activity per week (Type 1 only)					
	Percentage of Patients Treated in 4 hours (Type 1)	95%	89.8%	84.9%	86.6%	85.8%
	No. Patients treated over 4 hours (Type 3 only)		0	0	2	2
	Total No. of Patients Treated (Type 3 only)		77303	6991	6204	13195
	Percentage of Patients Treated in 4 hours (Type 3)	95%	100%	100%	99.97%	100%
	Sandwell & West Birmingham (Type 1, 2 & 3)	95%	87.2%	84.9%		84.9%
	The Royal Wolverhampton (Type 1 & 3)	95%	90.4%	92.5%		92.5%
	University Hospital Birmingham (Type 1)	95%	81.8%	82.7%		82.7%
	Walsall (Type 1 & 3)	95%	84.1%	85.8%		85.8%
2	Trolley Waits in A & E > 12 hours	0	4	0		0
3	WMAS Data - Ambulance: Handover between 45:01 & 60:00mins (Type 1 Activity)			62		62
4	WMAS Data - Ambulance: Handover > 60mins WMAS (Type 1 Activity)		284	33	37	70
3a	DGFT Data - Ambulance: Handover between 45:01 & 60mins (Type 1 Activity)			65	24	89
4a	DGFT Data - Ambulance: Handover > 60mins (Type 1 Activity)		213	30		30
5	Ambulance New Category 1 (Response within 8 min)	75.0%	72.3%	75.6%		75.6%
6	Emergency Admission - Dudley CCG					
	Actual		42031	3424		3424
	Plan		40946	3498		3498
	Variance		1085	-74	0	-74
	% Variance		2.6%	-2.1%	#DIV/0!	-2.1%

Fields highlighted in AMBER – data not available at the time report was published

4. A&E 4 Hour Waits



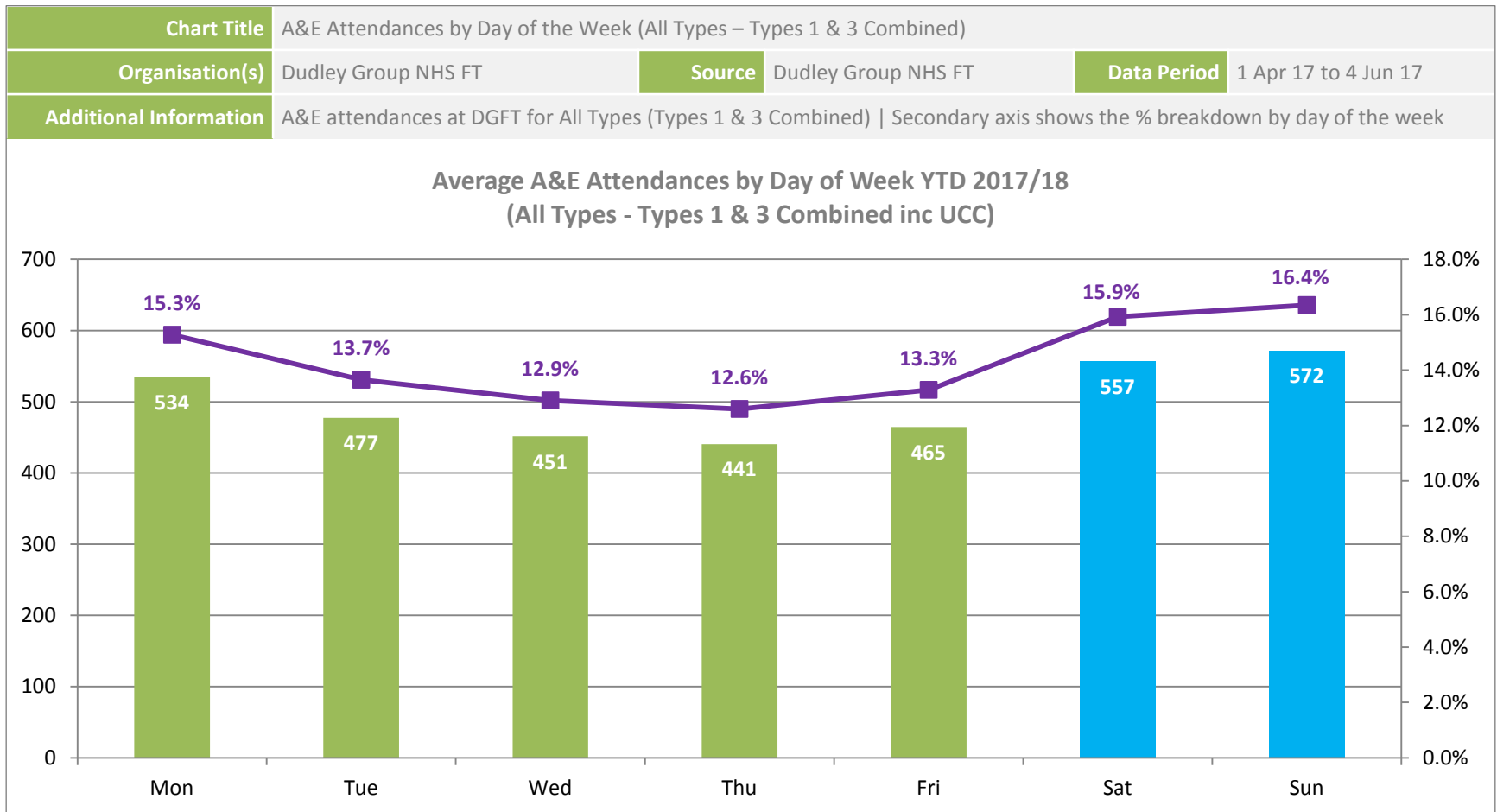
Provisional data for May shows that All Types failed to achieve the national 95% standard, with performance of 92.05%. A revised recovery trajectory, (developed as part of the existing Remedial Action Plan), has been submitted to NHS England as follows;

A&E Weekly Recovery Trajectory (All Types)							
Week Ending	21 May-17	28 May-17	4 Jun-17	11 Jun-17	18 Jun-17	25 Jun-17	2 Jul-17
% 4 hr standard	89.5%	89.9%	90.3%	91.1%	91.9%	93.45%	95.00%

Early indication from the first week in June is that recovery is on track to achieve the 95% standard, with performance of 95.7%. This means that an average of at least 94.7% is required for the duration of the month. However, it is statistically impossible for Q1 to be achieved, which is currently forecast at 92.3%

2017/18 YTD performance for All Types is currently 92.26%.

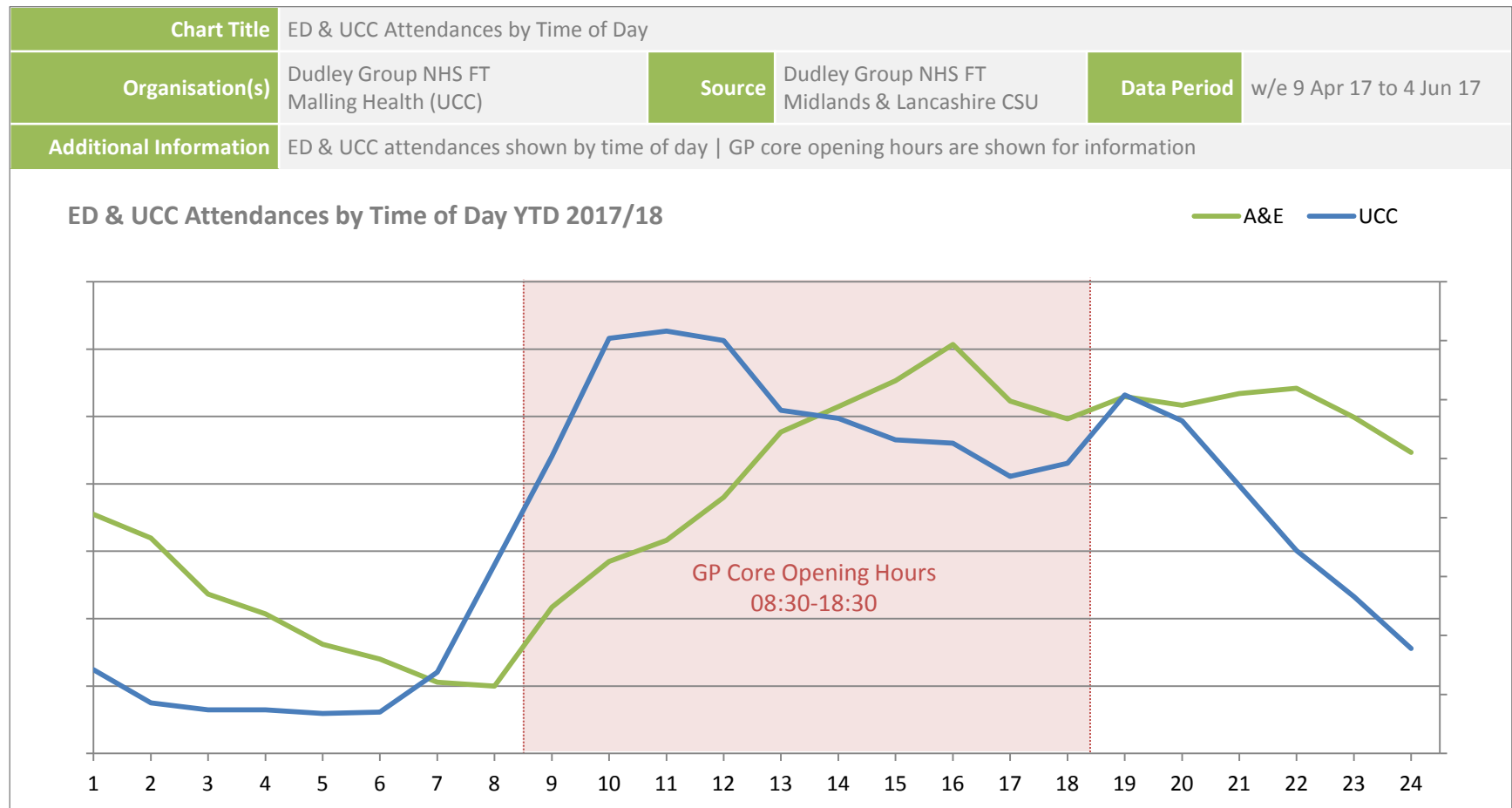
5. A&E Attendances Profiled by Day of Week (All Types – Types 1 & 3 Combined)



The above chart plots the profile of A&E attendances for 'All Types' by day of week (Types 1 & 3 Combined including the Urgent Care Centre). The trend demonstrates that attendances increase into the weekend, peaking on Sunday and then reducing again throughout the week. This is a typical trend, as we would expect to see activity increase over the weekend.

It is noted that the increase in A&E attendances at weekends is due to a rise in Type 3 activity (UCC), which increases by up to 60% on a Saturday/Sunday compared to the average weekday. Whilst Type 1 activity (ED) tends to remain consistent in numbers across the 7 day period.

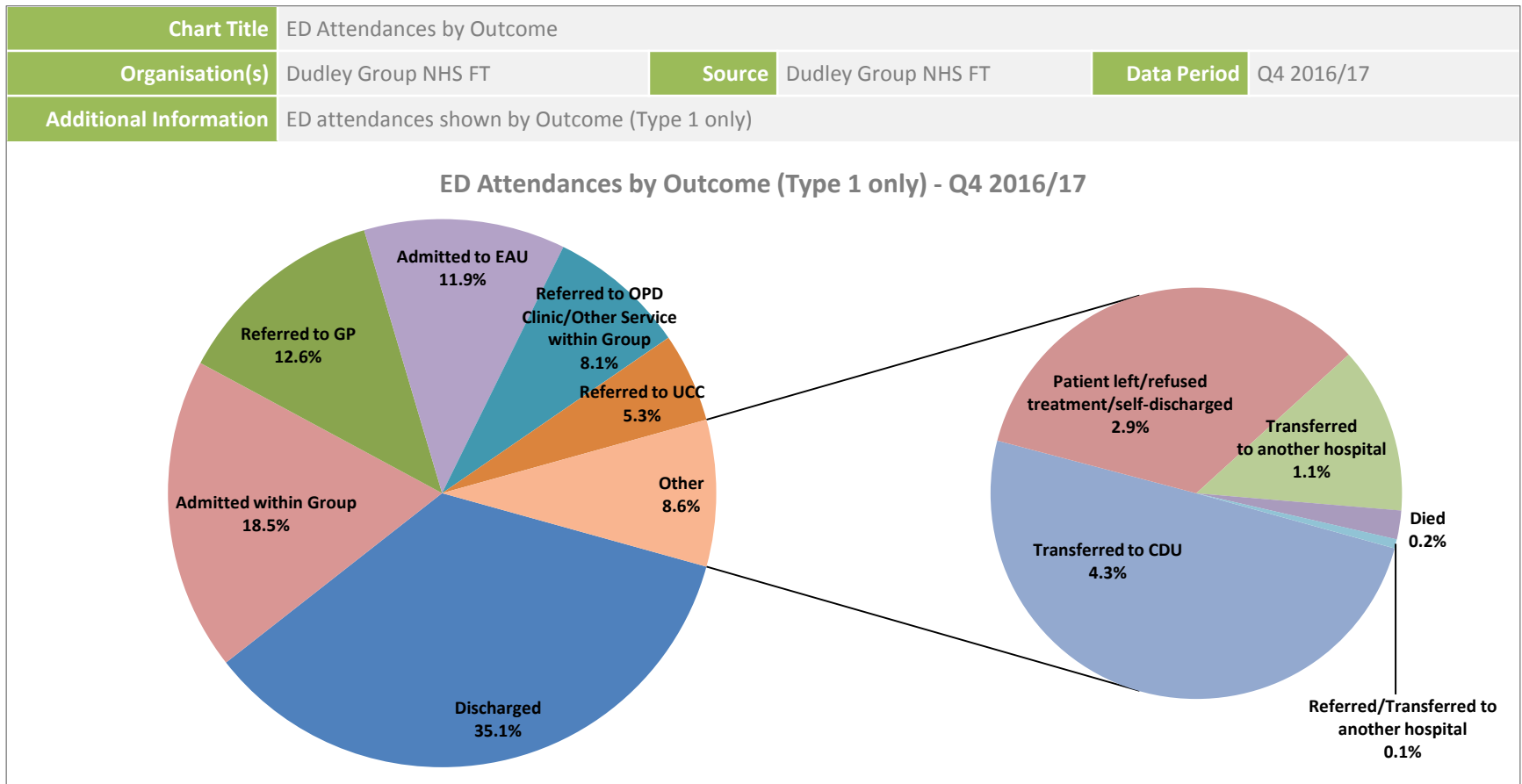
6. ED & UCC Attendances Profiled by Time



The above chart plots the frequency of the time of attendances throughout the day for both ED and the Urgent Care Centre (UCC). As we would expect, there are similarities in the distributions with attendances increasing throughout the day and remaining at a peak throughout the evening, before reducing again into the early hours of the morning.

The main difference between the distributions are that attendances peak earlier in the day at the UCC, and begin to drop off earlier in the evening, when compared to ED.

7. ED Attendances Profiled by Outcome



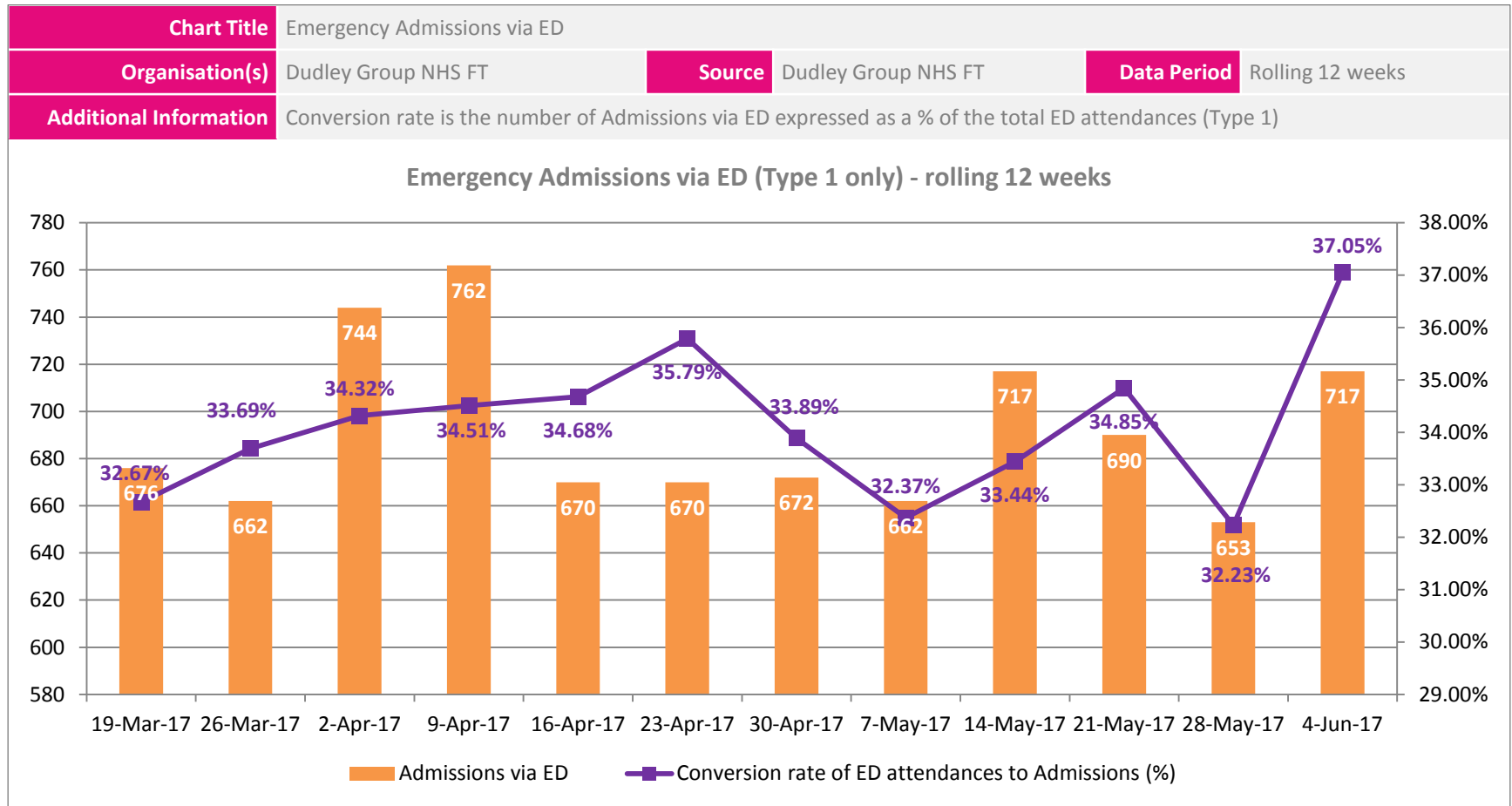
Please note that Q1 2017/18 data will be available in July's Urgent Care Report

The above pie charts show the proportion of ED attendances (Type 1 only) by outcome in Q4 2016/17.

Over one third of patients were discharged following treatment (up 3% from Q3), with almost a further third admitted within Group or to EAU (down 1.5% from Q3).

This is consistent with the conversion rates on the following slide, which show the total number of ED attendances that result in an admission (expressed as a percentage of the total attendances).

8. Emergency Admissions via ED



The above chart plots the weekly number of admissions via ED (Type 1 only) and the conversion rate i.e. the total number of ED attendances that result in an admission, expressed as a percentage.

Although the numbers fluctuate on a weekly basis, the conversion rate remains consistently between 32% and 38%. This is higher than the national average for Acute Trusts which is currently 28%, however we are aware there are coding nuances specific to DGFT admissions which are currently being addressed. On average, approximately 72% of patients at DGFT who breach the 4 hour standard are subsequently admitted – down 2% since last month’s report.

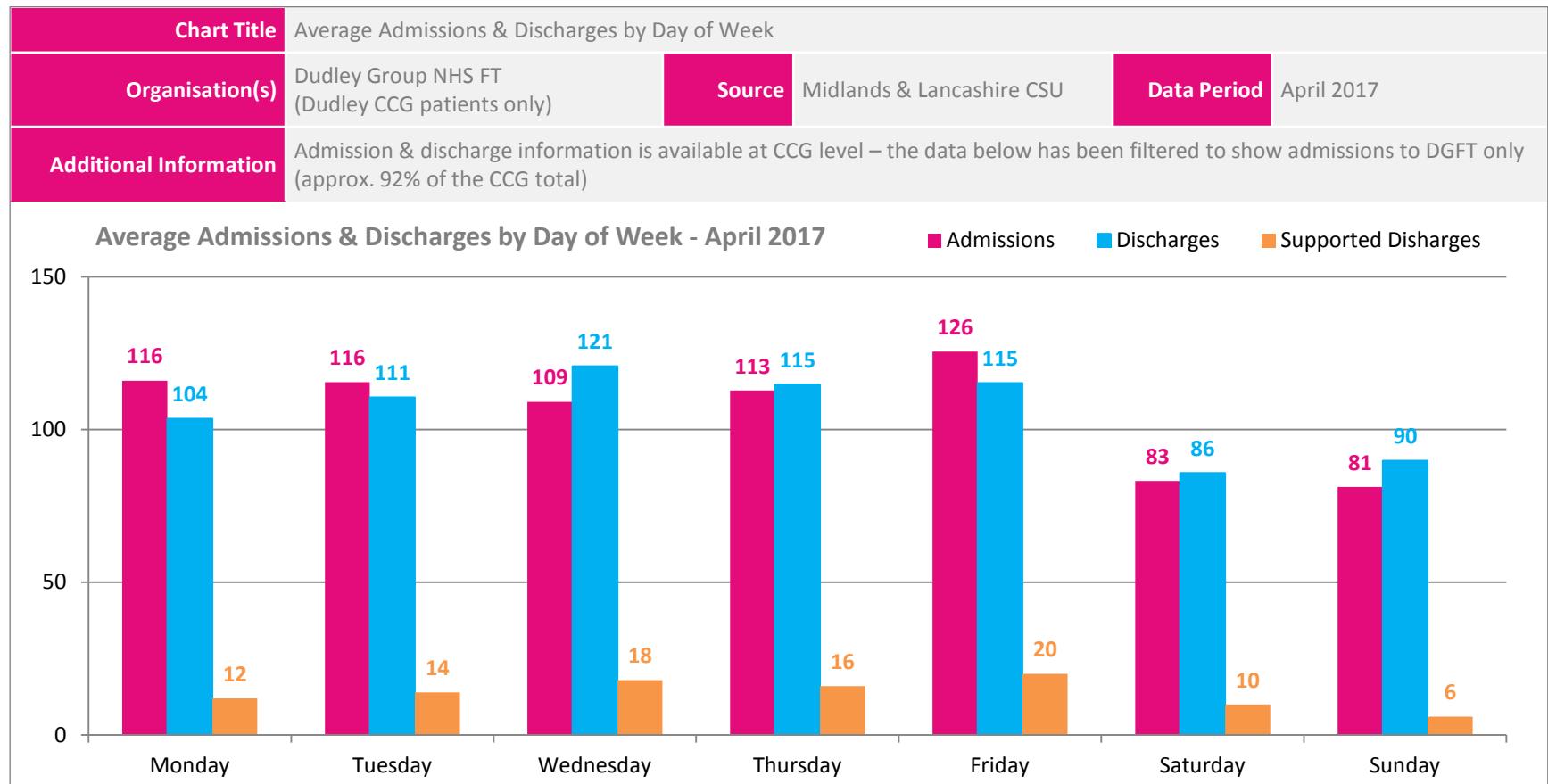
9. Emergency Admissions Profiled by Ambulatory Care Sensitive Condition (ACS)



The above chart shows the number of ACS admissions for Dudley CCG patients at DGFT by condition in April, along with the average length of stay (LoS).

Pyelonephritis and Kidney or Urinary Tract Infection recorded the highest number of admissions (117) and one of the highest average LoS (4.08). *Influenza and Pneumonia* recorded the highest average LoS (7.17) with one of the highest number of admissions (72)

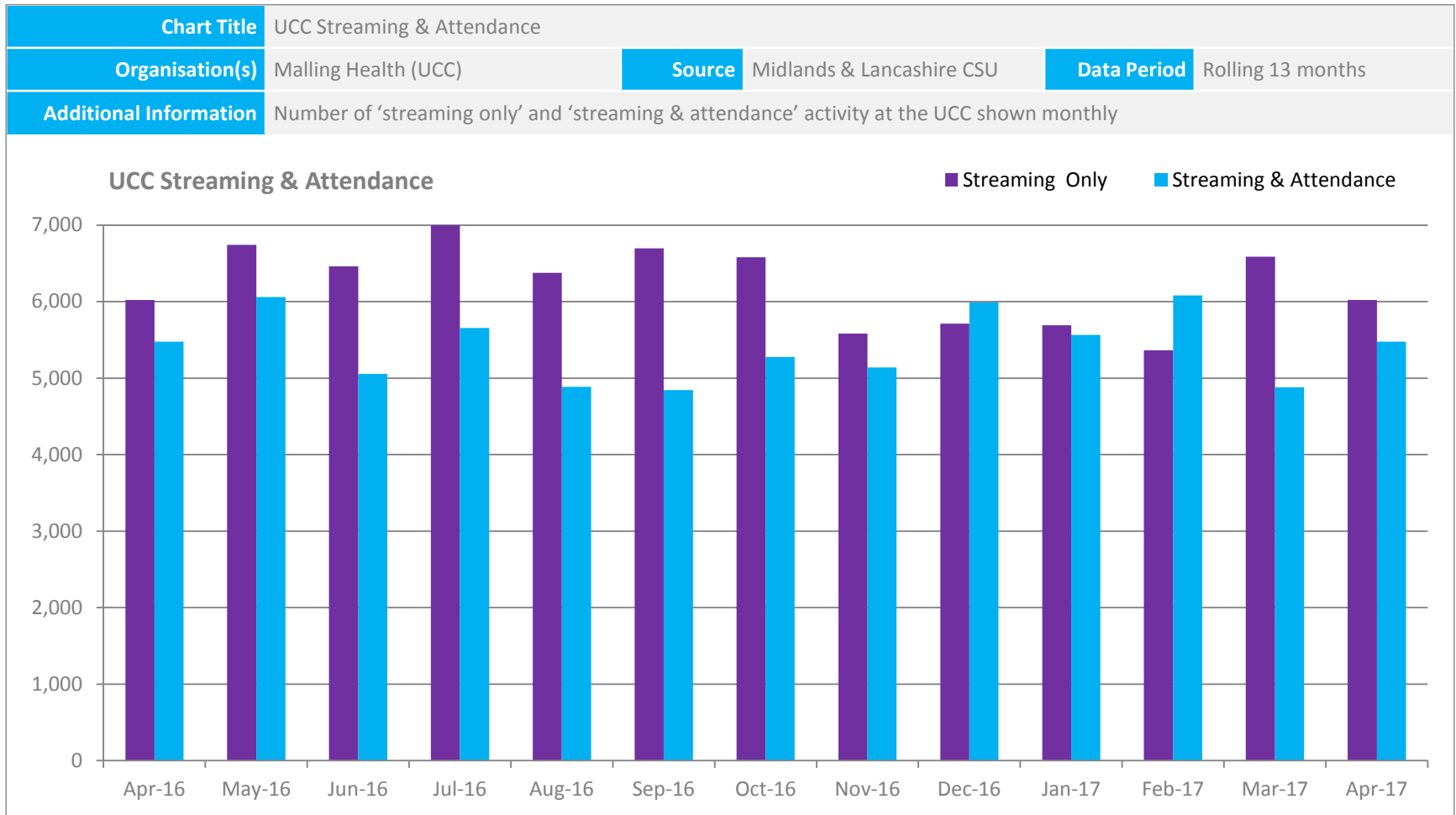
10. Admissions & Discharges profiled by Day of Week



The above chart profiles the average number of admissions, discharges and supported discharges by day of the week in April for Dudley CCG patients at DGFT. An average (rather than total) is used as there are usually more occurrences of some days than others, for example in April; there were 4 occurrences of Monday–Friday and 5 occurrences of Saturday & Sunday.

On average, the number of discharges peaks mid-week and drops markedly on Saturday/Sunday, increasing again throughout the week. This is due to the level of activity, which typically reduces at weekends. However it is noted that, although discharges drop markedly on Saturday/Sunday, they are usually the same or higher than the number of admissions. This trend is the opposite of A&E attendances shown previously, which increase over the weekend. This may be due to the acuity of patients attending on weekends, and a reduction in the number of direct admissions from GP's.

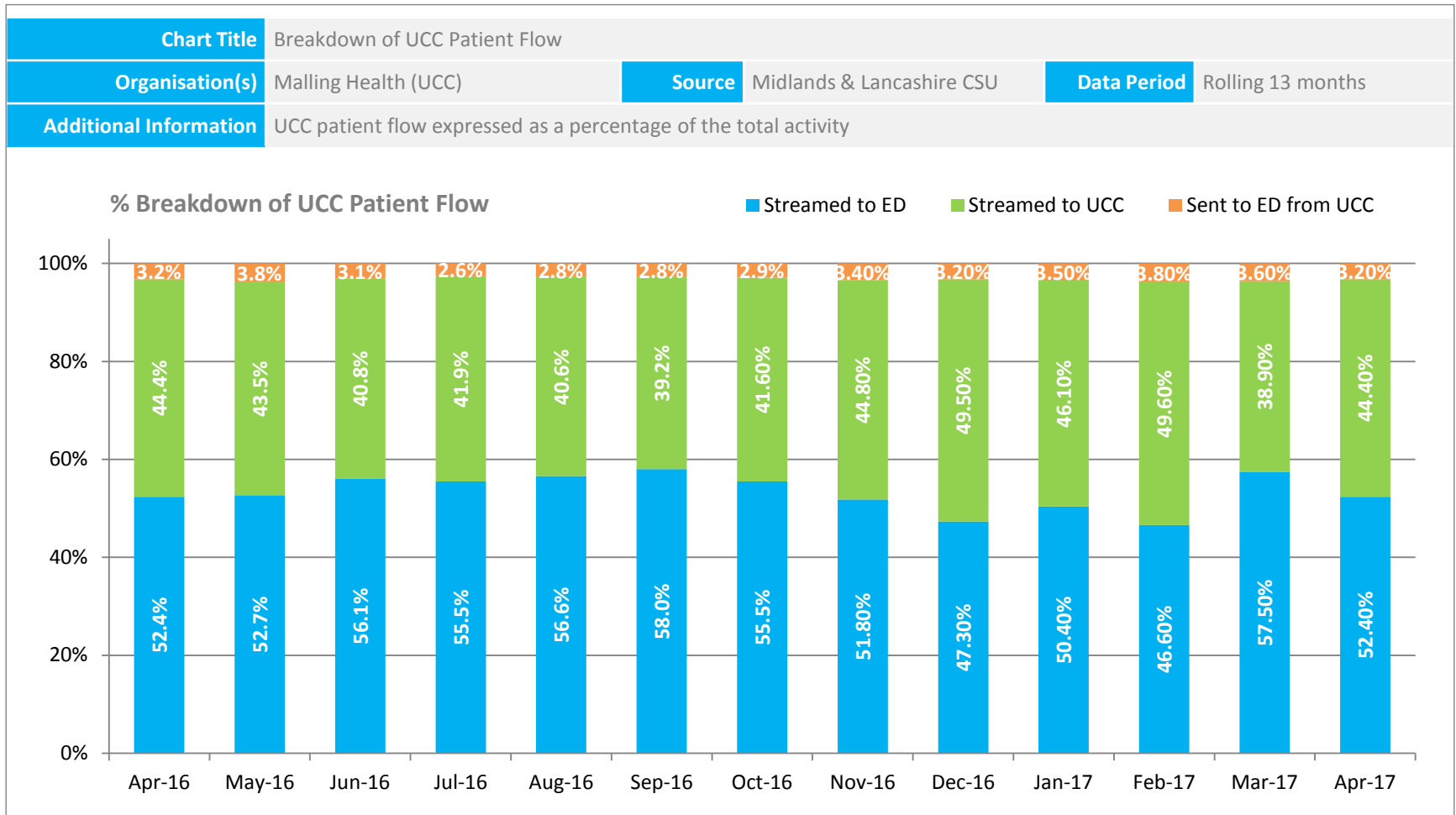
11. Urgent Care Centre (UCC) Streaming & Attendance



The above chart shows a monthly profile of activity for the UCC over a rolling 13 month period.

It is noted that in April, there were higher streaming only numbers compared to streaming & attendance, which is consistent with the overall trend for 2016/17 (with the exception of 2 months that bucked the trend; December 16 and February 17).

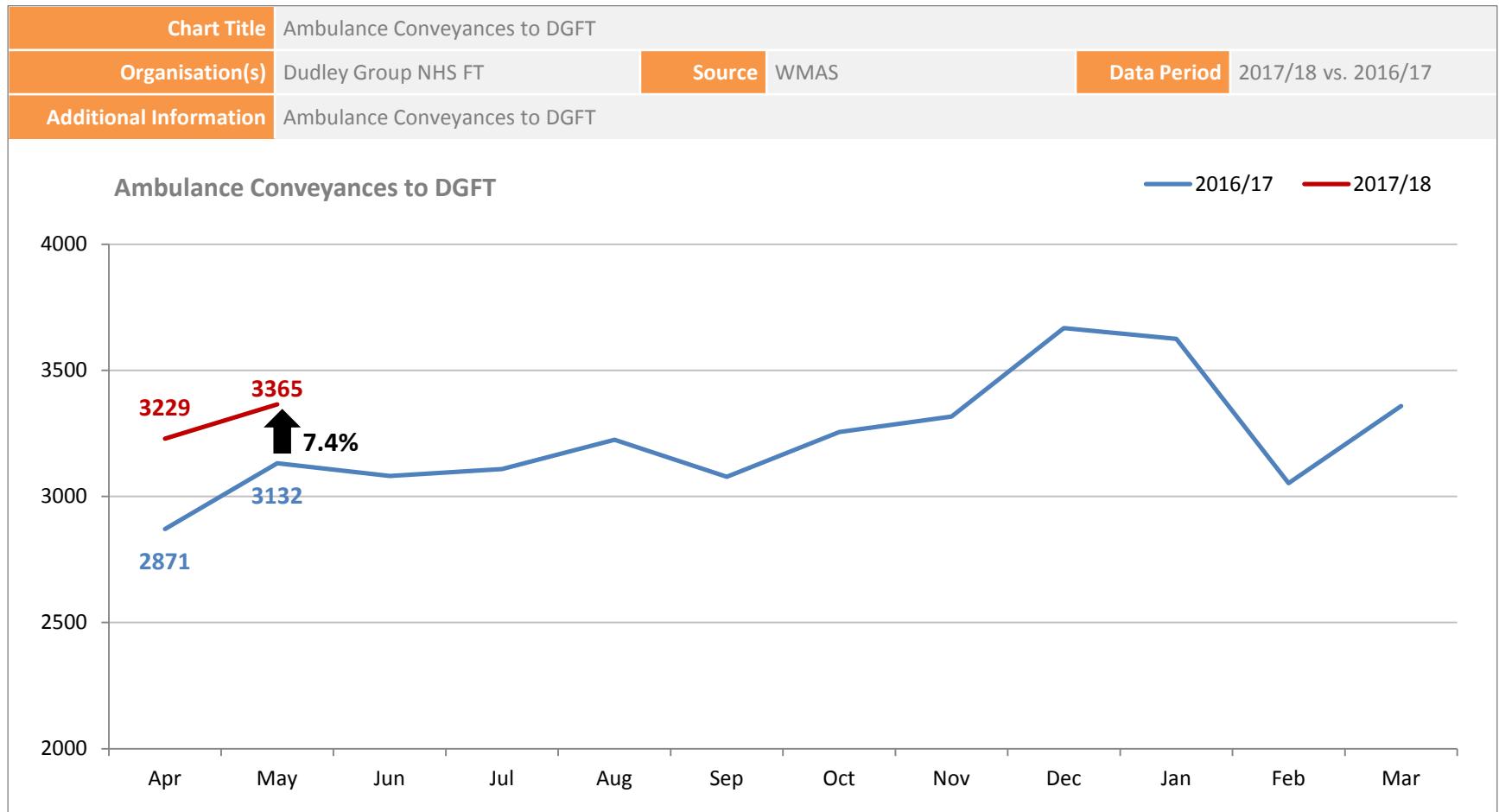
12. Urgent Care Centre (UCC) Patient Flow



The above chart shows a monthly profile of the patient flow through the UCC over the past 13 months. The percentage of patients sent to ED from UCC is consistently low (and under the 5% threshold), which suggests a high level of accuracy during the streaming process.

As noted in the previous slide, there were more patients streamed to ED than UCC in April.

13. West Midlands Ambulance Service (WMAS) Ambulance Conveyances

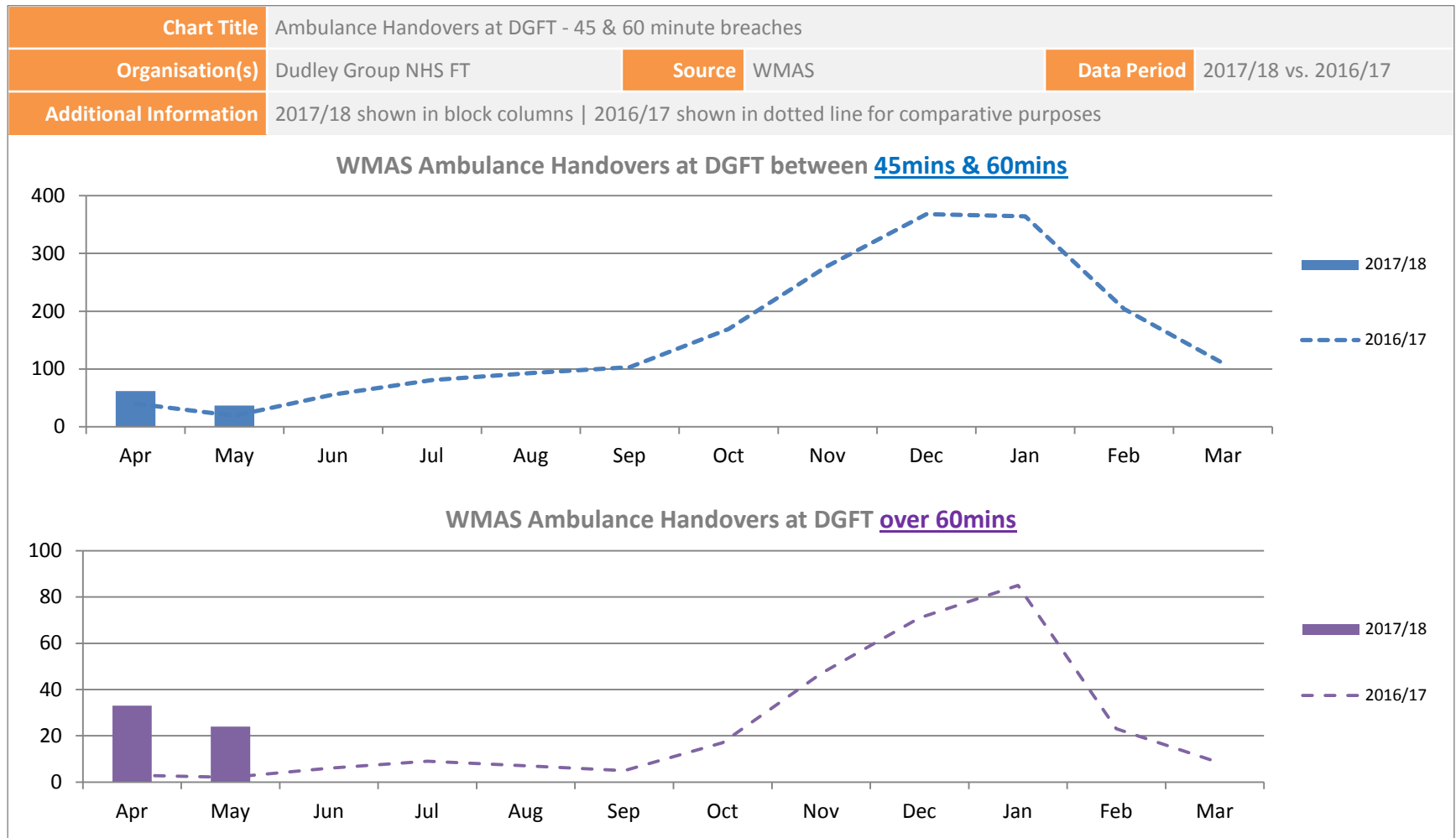


The above chart shows the number of ambulance conveyances to DGFT in 2017/18 compared to 2016/17.

In May, conveyances at DGFT increased when compared to April, with an increase of 7.4% when compared to the same period last year.

In terms of contracted activity; this is measured at CCG level only for assigned incident volumes, for which the latest confirmed position is April 2017 – Dudley CCG was 2.3% below plan in April, with 3951 assigned incidents against a plan of 4042.

14. West Midlands Ambulance Service (WMAS) Ambulance Handovers



There has been a change in WMAS reporting of ambulance handovers in 2017/18, with 45 minute breaches replacing reporting of 30 minute breach's, in order to align with the introduction of fines for lost crew time; £82.06 for each 45 minute breach and £246.18 for each 60 minute breach (the sum of £82.06 for 45 mins plus £164.12 for 60 mins).

Although 45 and 60 minute handover breaches reduced between April and May, they were both higher than those recorded during the same period in 2016. This is consistent with the overall increase in conveyances in May, as shown on the previous slide.

15. Delayed Transfers of Care (DTOC) – % of Occupied Beds

Chart Title	DTOCs by % of Occupied Beds		
Organisation(s)	Dudley Group NHS FT Local NHS Providers	Source	NHS England
Additional Information	NHS England calculate DTOC performance as a percentage of occupied beds (estimated based on the average bed occupancy reported by providers in the previous quarter). The required standard is <3.5%.		

The Dudley Group NHS Foundation Trust	2016/17						2017/18
	Q3			Q4			Q1
	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
Days delayed per month (UNIFY)	1340	1460	1322	1350	1746	1644	1430
Avg Occupied Beds per day (KH03 - Quarterly)	685	685	685	695	695	695	695
Delays as a % of Occupied Beds	6.3%	7.1%	6.2%	6.27%	8.97%	7.63%	6.9%

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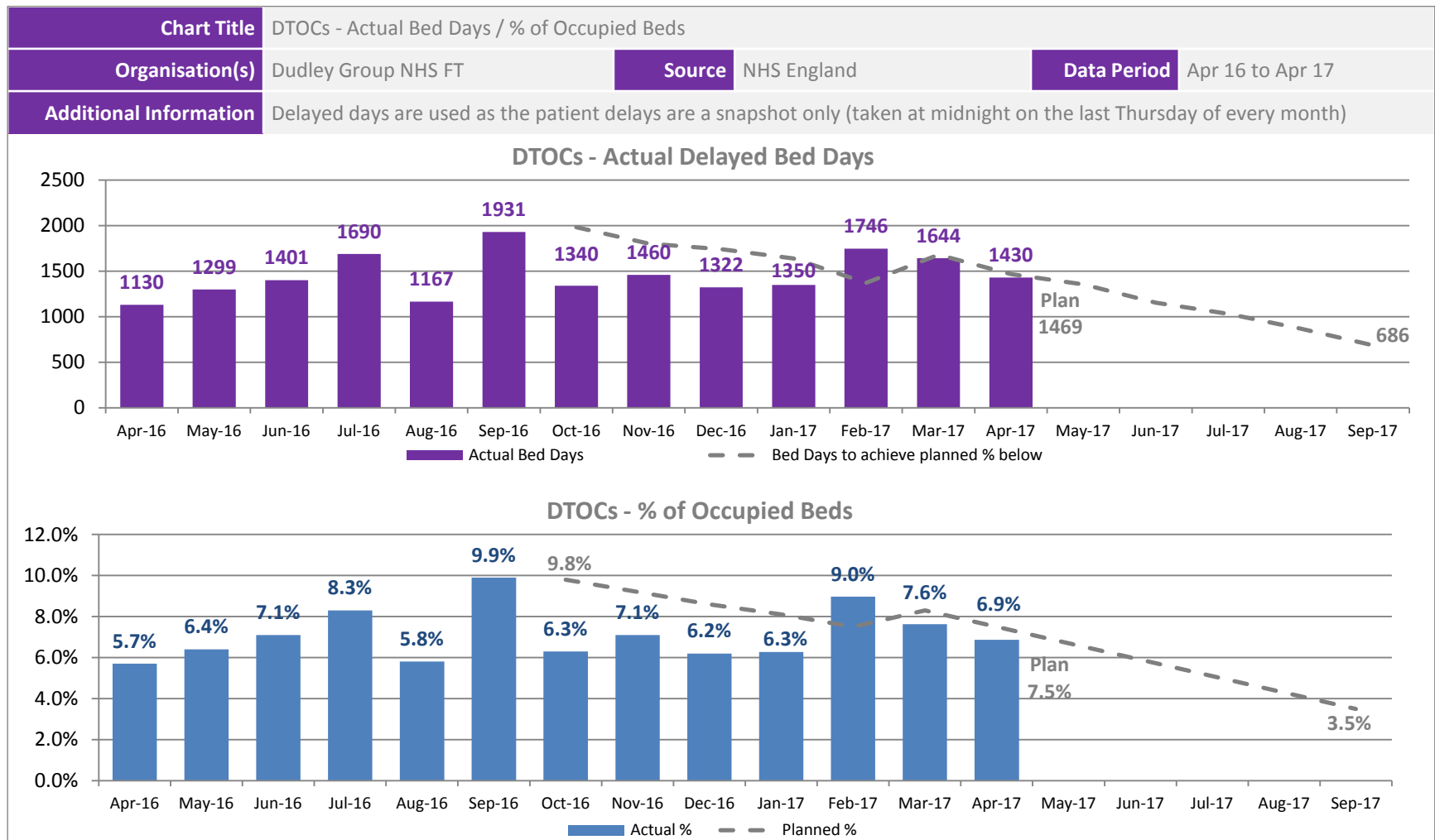
	Q3			Q4			Q1
	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
The Royal Wolverhampton NHS Trust	5.2%	5.5%	5.1%	5.02%	5.27%	4.86%	5.0%
Sandwell and West Birmingham Hospitals NHS Trust	2.4%	2.5%	3.2%	2.96%	2.66%	2.74%	2.6%
Walsall Healthcare NHS Trust	3.1%	3.2%	2.7%	1.97%	2.53%	3.44%	3.4%
University Hospitals Birmingham NHS FT	7.2%	7.4%	8.1%	7.97%	8.47%	6.58%	5.6%
Worcestershire Acute Hospitals NHS Trust	4.5%	5.7%	4.8%	3.04%	4.19%	5.11%	3.1%

There is a revised recovery trajectory which aims to meet the 3.5% required standard by September 2017, although this is acknowledged as exceptionally challenging due to the nature of the system wide issues. The DTOC improvement plan, overseen by the A&E Delivery Board, has been refreshed to include the trajectory as follows;

DTOC Monthly Recovery Trajectory						
Month	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Trajectory	7.5%	6.7%	5.9%	5.1%	4.3%	3.5%

The following slide shows the actual delayed bed days and performance against the current recovery trajectory.

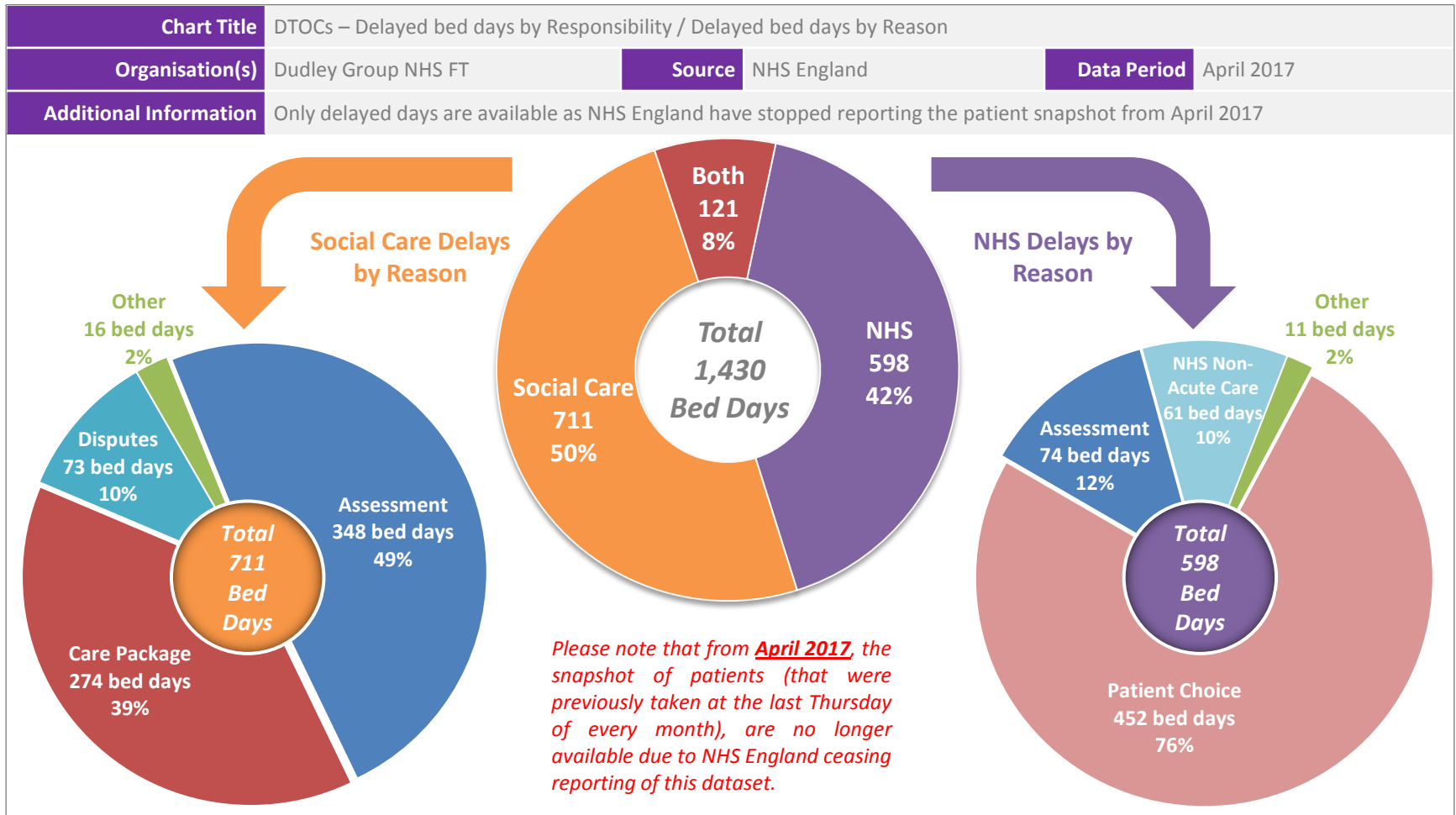
16. Delayed Transfers of Care (DTOC) – Actual Bed Days



The top chart above shows the DTOCs calculated in actual delayed bed days at DGFT on a monthly basis. There was a reduction to 1,430 delayed bed days in April, which achieved the planned threshold of 1,469 by a margin of 39 bed days.

The planned rate (shown as a dotted grey line) represents the threshold for the number of actual bed days in order to achieve the monthly recovery trajectory submitted to NHS England, which aims to reduce the % of occupied bed days to 3.5% by September 2017 (shown in the bottom graph). This also achieved the planned threshold in April, with performance of 6.9% against a plan of 7.5%.

17. Delayed Transfers of Care (DTOC) - Responsibility & Reason



The top central chart shows the overall split by responsibility of delayed bed days at DGFT in April, for which 50% were attributable to Social Care, 42% to NHS, with the remaining 8% sharing responsibility.

The bottom left chart shows the Social Care delays split by reason, with 49% due to assessment delays and 39% awaiting a care package. The bottom right chart shows the NHS delays split by reason, with 76% due to patient choice and 12% due to assessment delays.

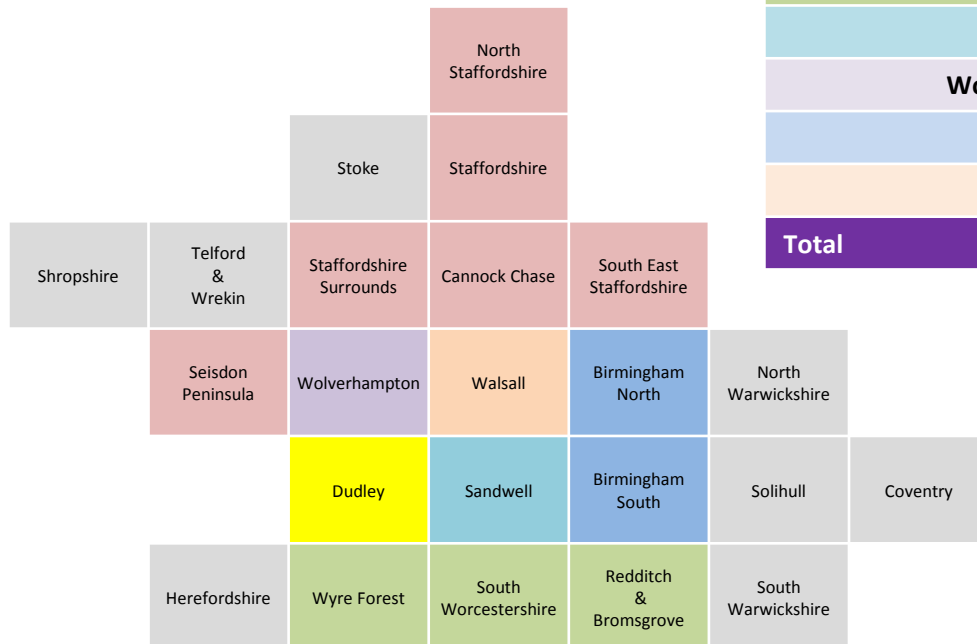
We are pleased to report that we are now able to provide a breakdown of the Social Care delays by Local Authority borough, and this is shown on the following slide..

18. Delayed Transfers of Care (DTOC) – Social Care delays by Local Authority

Chart Title	Social Care delays at DGFT by Local Authority		
Organisation(s)	Dudley Group NHS FT	Source	NHS England
Additional Information	Only delayed days are available as NHS England have stopped reporting the patient snapshot from April 2017		
Data Period	April 2017		

This slide shows the percentage of the 711 Social Care delays in April, broken down by Local Authority.

Please note the map below is for illustrative purposes only and is not to scale.



Social Care Delays at DGFT – April 2017			
Local Authority	Delayed Bed Days	% of Social Care Delays	% of All delays
Dudley	369	52%	26%
Staffordshire	96	14%	7%
Worcestershire	95	13%	7%
Sandwell	56	8%	4%
Wolverhampton	50	7%	3%
Birmingham	30	4%	2%
Walsall	15	2%	1%
Total	711	100%	50%

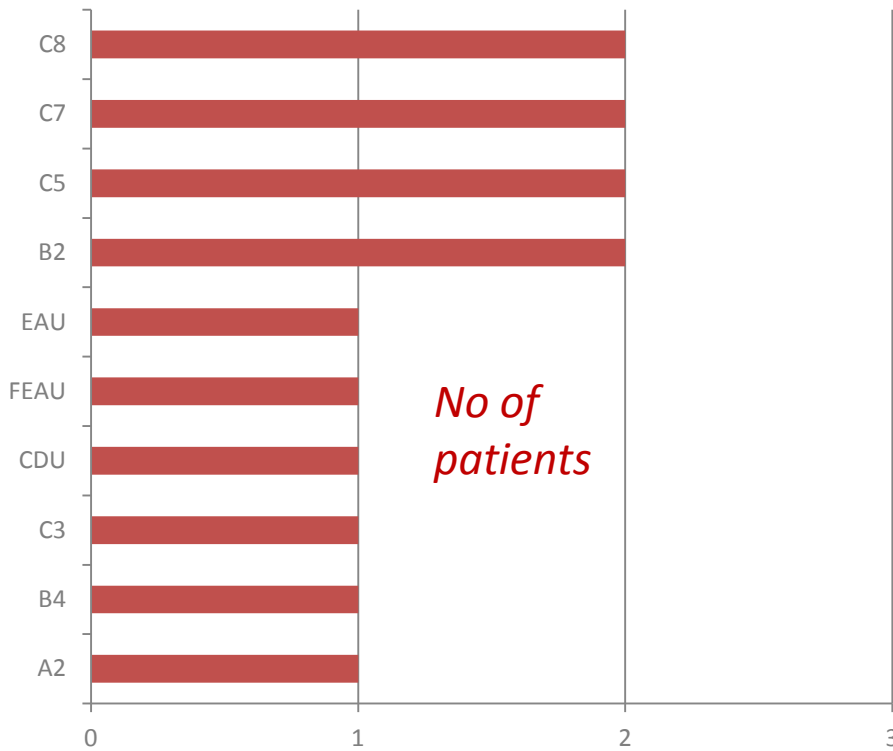
52% of Social Care delays were attributable to Dudley, with 48% out of borough delays.

Of the out of borough delays; Staffordshire and Worcestershire accounted for over half, with responsibility for 14% and 13% of the Social Care delays respectively.

19. Step-Down Delays

Chart Title	Step-Down Delays – Number of Step-Down delays by ward (no of patients) / Reason for Step-Down delays (no of patients)		
Organisation(s)	Dudley Group NHS FT	Source	Dudley CCG (Intermediate Care Team)
Additional Information	These figures have been provided by the Intermediate Care Team to summarise the Step-Down delays		
		Data Period	May 2017

**Number of Step-Down Patient's Delayed by Ward
May 2017**



**Reason for Step-Down delays
May 2017**

