

ANNEX 3

BCF National Metrics - Quarterly Performance to end of Q4 2019/20

Indicator	Description	Previous Years outturn				2019/20						2020/21						Polarity	
		2015/16	2016/17	2017/18	2018/19	Actuals				Total Plan	Outturn	Total plan	Actuals				Q4 YTD Actual		Q4 YTD plan
						Quarter 1	Quarter 2	Quarter 3	Quarter 4				Quarter 1	Quarter 2	Quarter 3	Quarter 4			
CCG_NEL	Reduction in non-elective admissions (General & Acute)	20,819	22,639	23,135	24,628	6,105	6,048	6,683	6,419	25,035	25,254	N/A	4,347	5,313	5,382	5,084	20,126	n/a	Stable

Performance Summary:

From YTHFT December 2020 Board Report - 79.3% of ED patients were admitted, transferred or discharged within four hours during February 2021. This compares with 81.7% in February 2020. Root cause analysis of Emergency Care Standard (ECS) breaches continues at both sites, themes include delays in ED assessment and admission. During February both York and Scarborough sites have had front line staff absences due to COVID-19 Track and Trace and self-isolation requirements. York Hospital Locality ECS Performance was 82.2%. The estate has been reconfigured throughout the third wave to support the COVID-19 Surge Plan, with two COVID-19 positive wards plus one admitting ward in operation as at the 10th of March.

Non-Elective admissions have been affected by the third national lockdown; down 32% in February 2021 on the same period last year (-1,623 admissions). York Hospital saw a reduction of 902 admissions (-28%) with Scarborough seeing a reduction of 721 (-41%) compared to February 2020.

BCF1	Delayed Transfers of Care: Raw number of bed days	8,463	10535 (115/152)	8494 (108/152)	10,969 (143/151)	3,164	2,258	1,943	1,590 (to end of Feb)	7,559		N/A	No data	No data	No data	No data	No data	No data	N/A
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Performance Summary - NHS England have not required organisations involved in the counting of Delayed Transfers of Care to submit data during the Covid-19 pandemic period, and has done so since March 2020. It is unlikely that DToC counting in its previous form will resume.

ASCOF2B(1)	Percentage of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	76%	79% (111/152)	93%(15/152)	83% (86/152)	No data	No data	No data	81%	84%	81%	84%	No data	No data	No data	85%	85% (provisional)	84% (provisional)	Increasing
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Performance Summary - the SALT return for 2020-21 showed that 28 of the 33 people who were eligible to be recorded as having reablement/rehabilitation were at home 91 days after they left hospital. It is higher than the percentage for 2019-20.

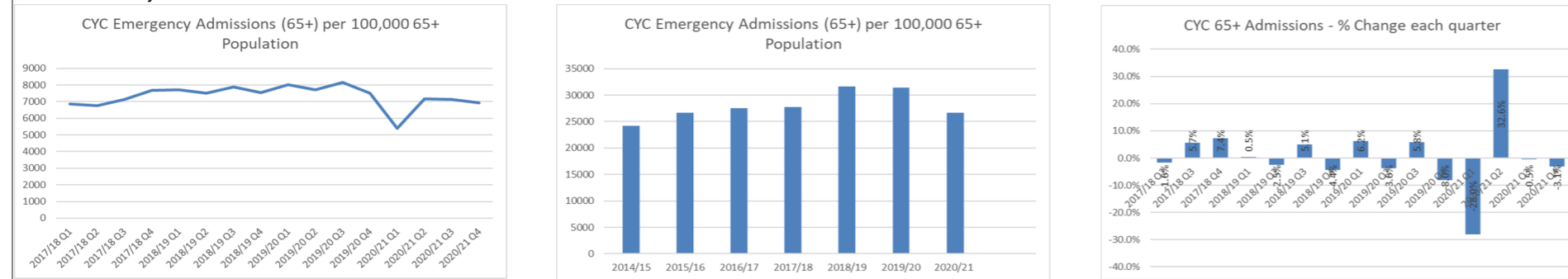
ASCOF2A(2) & BCF2	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (older people) (YTD Cumulative) (New definition for 2015/16)	683	648 (87/152)	656 (100/152)	672 (107/152)	181	165	107	83	605	536	136	72	120	141	125	459	136	Decreasing
BCF2	Number of permanent admissions to residential & nursing care homes for older people (65+)	260	248 (87/152)	246 (100/152)	252 (107/152)	68	62	40	31	227	201	51	27	45	53	47	172	51	Decreasing

Performance Summary - the decrease in admissions during 2020-21 is a reflection of CYC's "Home First" policy, where the needs of those that are discharged from hospital are assessed and, where appropriate, giving packages of care that are aimed to increase independence by placing them at home. Although the numbers exceed the planned numbers, the plan was for financial balance to be achieved during 2020-21, which was accepted as an incredibly difficult target.

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CCG_NEL	Reduction in non-elective admissions (General & Acute)	20,819	22,639	23,135	24,628	6,105	6,048	6,683	6,419	25,035	25,254	N/A	4,347	5,313	5,382	5,084	20,126	n/a	Stable
CQC Interface	Emergency Admissions (65+) per 100,000 65+ population	25,413	26,712 (89/152)	27,512	27,765	8,043	7,802	8,257	7,572	31,674	N/A	N/A	5,412	7,174	7,137	6,917	26,639	0	Stable

Performance Summary:



Impact of BCF Schemes

York Integrated Care Team- YICT have continued to work towards integration of the place-based resource for the City of York area – so continuing to do good things with more people. During this time we have continued to work closely with other partner schemes linking together by supporting RATS to avoid hospital admissions daily. During Covid we have worked alongside hospice at home, Community Nursing and CRT to ensure provision of care in the community during a difficult period.

Specialist Community Nursing -

Urgent Care Practitioners - see PDF's in Eval Pack.

RATS - Extended Hours - Percentage of patients discharged home or to rehab/respice bed vs admission remains constant and similar to last year despite the Covid challenges.

75% all patients assessed by RATS service are not admitted – supported to return home/placed in IPU/bed based facility outside of acute hospital setting.

In summary this quarter has been challenging and the RATS team have worked hard to provide a consistent service that supports the staff in the ED and the many complex service users who require their help. The 'Home First' and 'what matters most' philosophies remain strong within the team and they have shown great ingenuity and resilience during this difficult time. They have worked hard to understand and utilise new care/referral pathways, communicating with a wide variety of community services and liaising with many voluntary and statutory services in order to achieve the best outcomes for each individual service user.

Street Triage -

Hospice at Home - Responding to pandemic pressures and increase in caseload demand - Noted 30% increase in service activity levels on previous year
 Geography – 30% increase in activity levels noted in North Ryedale on previous year.
 Increasing demand via SPOC and contingency planning

Handyperson Service -

Blueberry Academy

- 20 households supported
- Average of 1 visit per household
- 1 on the waiting list

Community Bees

- 28 residents supported
- 6 residents happy to pay for service afterwards
- 15 volunteers
- Total number supporting this project - 14

Alcohol Prevention - No activity has been undertaken, due to the COVID19 outbreak. Public Health staff and focus has been moved away from business as usual work and focussed on the outbreak response. Planned courses have had to be cancelled due the inability to deliver face to face training and healthcare staff being unavailable to attend training sessions.

YMG - Vaccination Outreach -

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						Quarter 1	Quarter 2	Quarter 3	Quarter 4				Quarter 1	Quarter 2	Quarter 3	Quarter 4		
BCF1	Delayed Transfers of Care: Raw number of bed days	8,463	10535 (115/152)	8443 (108/152)	10969 (143/151)	3,164	2,258	1,954	1,590 (to end of Feb)	7,559	8,966 (to end of Feb)	7,559	Not Collected	Not Collected	Not Collected	Not Collected	N/A	N/A
CQC Interface	Percentage of discharges (following emergency admissions) which occur at the weekend	17.4%	17.6%	17.8%	19.0%	18.3%	18.1%	18.5%	18.8%	N/A	N/A	N/A	21.5%	19.6%	24.1%	19.5%	20.9%	Improving
CQC Interface	90th percentile of length of stay for emergency admissions (65+)	22 days	21 days (75/152)	21 days	16 Days	14 Days	13 Days	12 Days	14 Days	N/A	N/A	N/A	13 Days	11 Days	13 Days	13 Days	13 Days	Improving

Performance Summary - NHS England have not required organisations involved in the counting of Delayed Transfers of Care to submit data during the Covid-19 pandemic period, and has done so since March 2020. It is highly unlikely that DToC counting in its previous form will ever resume. The percentage of discharges at the weekend was higher in each 2020-21 quarter than in the corresponding quarter of 2019-20. With the exception of Q3, the 90th-percentile length of stay for emergency admissions of older people was shorter in each 2020-21 quarter than in 2019-20, continuing the downward trend of recent years.

Impact of BCF Schemes**Seven Day Working -****Step Down/up Beds -**

Fulford Nursing Home Beds - This quarter saw admissions return with success. The home and the crt team have managed to find a way to complete covid safe rehab by using testing, isolation and working in rooms. 63% of patients returned home. An average stay of 19 days due to one larger stay of 39 days. 37% returned to hospital with other significant medical need that was not picked up on the original assessment but was managed well.

Changing Lives - A Bed Ahead - Referral numbers for accommodation on discharge from hospital increased significantly in Q4, returning to virtually pre-pandemic levels. Average length of stay on a discharge bed was however reduced due to improvements in inter-agency working, with all but one individual (who abandoned the provision) who was accommodated moved on successfully to an appropriate longer-term accommodation option within target timescale.

Age UK Home from Hospital -

We've continued to provide support to older people on discharge, including transport and ongoing support. The pandemic has required great flexibility and seen increased anxiety among the older people we work with about seeking timely medical support. We've noticed a significant drop in patients discharged from A+E (probably reflecting lower numbers of patients in (A+E) but plenty from the rest of hospital. Most patients discharged and home within 2 hours. We are now planning resourcing for increases in patients as regular care returns to normal through the summer months.