# Nottinghamshire Transforming Care Partnership Performance Dashboard
## 2017/18

**Month: August 2017**
**RAG Rating (this month):Green**

1. **Summary**

| Inpatient Trajectories | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Bed Type** | **2017/18** | | | | **2018/19** | | | |
| | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** |
| **Non Secure (CCG)** | 29 | 29 | 28 | 26 | 23 | 20 | 17 | 13 |
| **Secure (Specialised Commissioning)** | 43 | 40 | 36 | 31 | 28 | 26 | 24 | 23 |
| **Current Position** | | | | | | | | |
| | **Q1 2017/18** | | | **Q2 2017/18** | | | **Q3 2017/18** | | | **Q4 2017/18** | | |
| | **Apr** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** |
| **Non Secure** | 32 | 32 | 28 | 29 | 30 | | | | | | | |
| **Run Rate** | +3 | +3 | -1 | 0 | +1 | | | | | | | |
| **Secure** | 45 | 42 | 44 | 42 | 41 | | | | | | | |
| **Run Rate** | +2 | -1 | +1 | -1 | -1 | | | | | | | |
| **TCP Run Rate** | +5 | +2 | 0 | -1 | 0 | | | | | | | |

## 2. Performance

| Bed Type | Number of Inpatients (previous month end) | Number of admissions in month | Number of discharges( in month) | Total number of in patients (current) | Total number of patients who have been inpatients for 5 years or more | % of admissions with a CTR or LAEP | % of CTRs carried out within 4 weeks of admission | Beds Closed within month |
|---|---|---|---|---|---|---|---|---|
| **Non Secure (by CCG)** | Bas'law - 2<br>City - 10<br>M&A - 7<br>N&S - 6<br>NNE - 2<br>NW - 1<br>Rush - 0 | Bas'law - 1<br>City - 1<br>M&A - 1<br>N&S - 0<br>NNE - 0<br>NW - 0<br>Rush - 0 | Bas'law - 0<br>City - 0<br>M&A - 0<br>N&S - 0<br>NNE - 1<br>NW - 0<br>Rush - 0 | Bas'law - 3<br>City – 11<br>M&A - 8<br>N&S - 6<br>NNE - 1<br>NW - 1<br>Rush - 0 | Bas'law - 0<br>City - 5<br>M&A - 1<br>N&S - 2<br>NNE - 0<br>NW - 0<br>Rush - 0 | 33%<br><br>(Based on 3 admissions. Bassetlaw conducted a LAEP, City and County were informed of admissions in August, but admissions had already taken place) | 75%<br><br>(based on 4 admissions taking place between 4th July and 3rd August not counting transfers. 3 were within timescale and 1 was not as admission was in April but CCG not notified until August) | 0 |
| **Totals** | 28 | 3 | 1 | 30 | 8 | 33% | 75% | 0 |
| **Secure** | Bas'law - 2<br>City - 23<br>M&A – 10<br>N&S - 3<br>NNE – 3<br>NW - 0<br>Rush - 1 | Bas'law - 0<br>City - 0<br>M&A – 0<br>N&S - 0<br>NNE – 0<br>NW - 0<br>Rush - 0 | Bas'law - 0<br>City - 1<br>M&A – 0<br>N&S - 0<br>NNE – 0<br>NW - 0<br>Rush - 0 | Bas'law - 2<br>City - 22<br>M&A – 10<br>N&S - 3<br>NNE – 3<br>NW - 0<br>Rush - 1 | Bas'law - 2<br>City - 9<br>M&A – 5<br>N&S - 2<br>NNE – 3<br>NW - 0<br>Rush - 0 | N/A | N/A | 0 |
| **Totals** | 42 | 0 | 1 | 41 | 21 | N/A | N/A | 0 |
| **TCP Total** | 70 | 3 | 2 | 71 | 29 | 33% | 75% | 0 |

## 3. Nottinghamshire Performance against the National Priority Areas for TCPs

| Area | Issue | Actions |
|---|---|---|
| **Inpatient numbers - including delays in discharges** | TCP is over trajectory due to 3 admissions and only 2 discharges. All admissions are deemed to have been appropriate / necessary. | A number of planned discharges identified to take place before the end of September 2017 which should return the TCP to trajectory. |
| **Long Stay patients (5 year+)** | Majority of long stay patients are in secure beds with some issues relating to how people are being prepared for discharge. | TCP in contact with a Clinical Reviewer with the DCO team and a number of patients identified for independent review in order that any recommendations and actions can be taken forward. |
| **CTRs** | CTRs are successfully held both pre and post admission with good attendance from all partners but compliance with CTRs when individuals admitted to non LD beds is decreasing. | Work is being undertaken to ensure that people admitted to AMH beds or people who are non LD who have ASD are identified and notified at the appropriate stage. |
| **Children & Young People** | None, very low number of C+YP in inpatient facilities and CAMHS crisis team and urgent respite already in place for this cohort. | Monthly CYP steering group reviews continue. C+YP dynamic risk register in place and assessment of provision for C+YP in residential schools, people going through transition, and people placed in CAMHS tier 4 provision including discharge plans continues |
| **Workforce** | Workforce statistics and strategy being developed. | Workforce development and training is planned throughout 2017/18. |
| **Health Inequalities** | Compliance with GP annual health checks is below requirements | Work is being undertaken to ensure all CCGs meet their targets in relation to GP annual health checks for the LD population. Lead pharmacists are also looking at ways to monitor prescribing in line with national STOMP recommendations. |
| **PHB** | None, as all patients moving into the community are being considered for a PHB and both City and County PHB coordinators are monitoring the uptake of these in line with TCP plan. | |

**4.  Key to Abbreviations**

| Abbreviation | |
|---|---|
| CCG | **Clinical Commissioning Group:** These are clinically-led NHS bodies responsible for the planning and commissioning of health care services for their local area. |
| CTR | **Care and Treatment Review:** These ensure that the care and treatment and differing support needs of the person and their families are met, and that barriers to progress are challenged and overcome. |
| LAEP | **Local Area Emergency Protocol:** Previously known as a Blue Light Meeting. This should be organised when an admission is being sought in an urgent and unplanned way in order to  avoid an unnecessary admission. |
| PHB | **Personal Health Budget:** This is an amount of money to support the identified healthcare and wellbeing needs of an individual, which is planned and agreed between the individual, or their representative, and the local CCG. |
| TCP | **Transforming Care Partnership:** Local partnerships whose aim is to improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition to enable more people to live in the community, with the right support, and close to home. |