AGENDA ITEM

12

Agenda Item: 12

Falkirk
Health and Social Care
Partnership

Title/Subject:	**Unscheduled Care Programme and Delayed Discharge**
Meeting:	**Integration Joint Board**
Date:	**5 April 2019**
Submitted By:	**Medical Director, Head of Social Work Adult Services, General Manager, Community Services**
Action:	**For Decision**

1. INTRODUCTION

1.1 This monitoring report provides an update on selected Key Performance Indicator (KPI) information to the Board on unscheduled care performance. Three KPIs from the current data set (Delayed Discharge, performance against the 4 hour Emergency Access Standard (EAS) & Unscheduled Occupied Bed Days) are included in run chart format. The report is intended to support the Board's oversight of the challenges and aid scrutiny by focusing on these three KPIs.

1.2 The report additionally provides the Board with updated information on performance and practice development in relation to continuous improvement on delayed discharge.

2. RECOMMENDATION

The IJB is asked to:

2.1. note the current position of the KPIs and the improvement work ongoing

2.2. note specifically the IJB Development session on Unscheduled Care and Delayed Discharge which was held on 1 March 2019

2.3. endorse further development of a local discharge to assess model as a point of departure for transformational change in the response to delayed discharge.

3. BACKGROUND

3.1. NHS Forth Valley continues to receive tailored support from the Scottish Government concerning its unscheduled care performance. This report updates the IJB on three KPIs, chosen from the six reported by IJBs to the Ministerial Strategic Group (MSG). The KPIs are also areas of activity included in the Unscheduled Care 6 Essential Actions programme. The work of the Unscheduled Care Programme Board has highlighted the interconnections between all parts of the unscheduled care pathway and its performance. The present report seeks to focus reporting for the IJB.

4. DELAYED DISCHARGE PERFORMANCE

4.1. Chart 1 below summarises the Falkirk HSCP performance for all delays over a 7 month period from July 2018 to January 2019. This is an extract from the Delayed Discharges Monthly Census Report that is widely circulated to colleagues in health and social care services. At the census point 31 January 2019 there was a recorded 54 for all delays pertaining to Falkirk residents resulting in 1,102 bed days. Chart 1 shows 41 standard delays excluding code 9 and code 100 delays.

4.2. Chart 2 below summarises the occupied bed days which remain at a high level.

4.3. Significant numbers of patients going through the guardianship process constitute one factor in occupied bed day levels. Of 51 patients delayed in their discharge at the most recent weekly published census point to time of writing, (21 March 2019), 16 were the subject of guardianship applications. A further 13 patients were awaiting a care home while 6 people were in the process of having a package of care arranged to enable their return home. A further 13 patients were awaiting their assessment to be completed by their assessor.

Chart 1

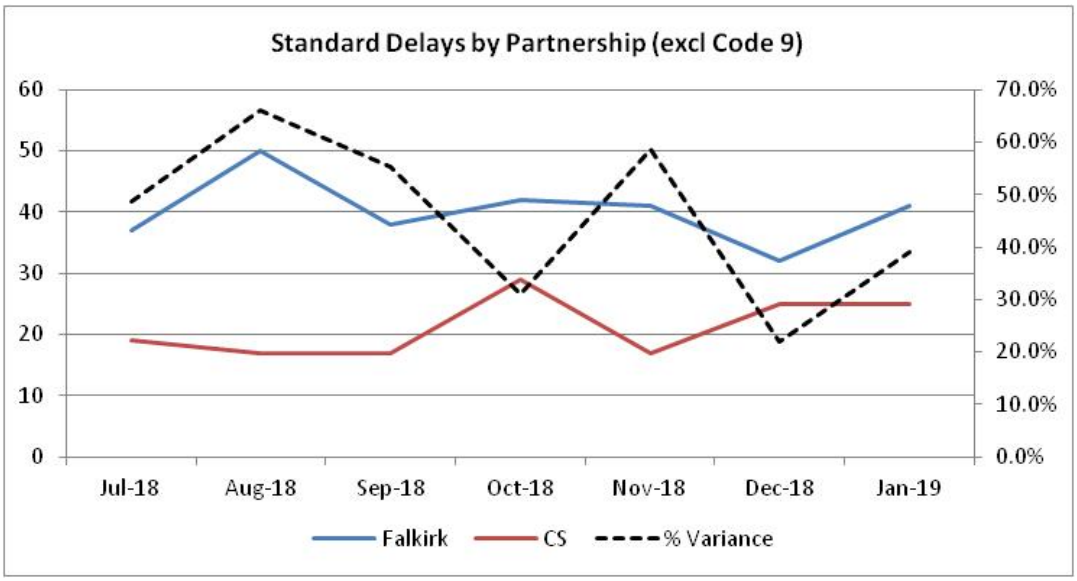
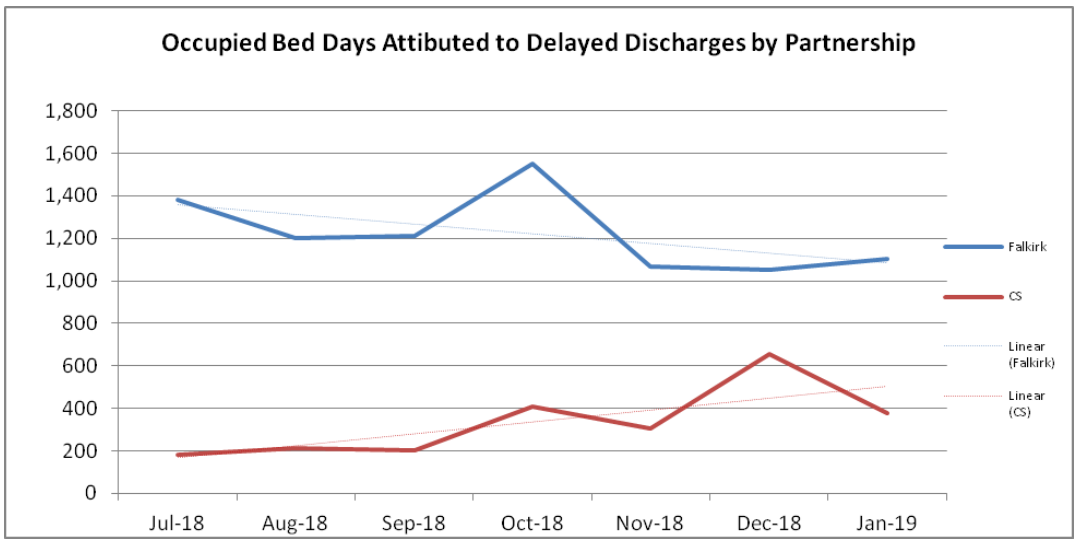


Chart 2



5. DELAYED DISCHARGE IMPROVEMENT ACTIONS

5.1. As previously reported, winter planning monies have been released through the Unscheduled Care Programme Board to assist with work on delayed discharge. The in house home care service used this short term funding to recruit staff through agencies. This provided additional capacity which was deployed flexibly in response to demand. The resource at any one time supported 8 patients to be discharged home from hospital. It should be noted the home care service and providers continued to support many more patients in their discharge home with packages of care as either restarts or new packages. The winter planning monies enabled improved performance with delays associated with waiting for a package of care.

5.2. Additionally, using other monies made available to NHSFV during the festive holiday period, Social Work Adult Services recruited an additional two Social Worker posts to support temporary capacity with the assessment process for patients delayed in their discharge. Social Work Adult Services has since identified ongoing funding to extend one post on a temporary basis.

5.3. Social Work Adult services also recruited additional staff for Summerford Intermediate Care Home to continue to receive placements over the winter period.

5.4. An Unscheduled Care and Delayed Discharge development session took place with the Board on 1 March 2019. The agenda included key note presentations from Professor John Bolton, Oxford Brookes University and Brian Slater, Head of Partnership Support, Scottish Government. They presented learning from improvement activity from across Scotland and the UK. Local developments in unscheduled care were presented by Andrea Fyfe, Interim Site Director and Chris Bernthal, Unscheduled Care Programme Lead. Local level improvement work specific to Delayed Discharge was presented by Gina Anderson, Service Manager and Deirdre Gallie, Discharge Team Manager.

5.5. The development session considered transformational change approaches that have been demonstrated to be effective in other parts of the UK. The key learning from elsewhere is that when clinically ready for discharge, wherever possible, people should be supported to return to their home for assessment. Success elsewhere has been achieved through implementing a discharge to assess model where going home is the default pathway, making available alternative pathways in another community setting for people who cannot go straight home. In Falkirk this will involve building capacity across several fronts. There will be a need to extend current work on discharge home to assess, further develop our reablement approach and develop capacity to discharge to assessment beds outwith hospital settings.

5.6. In response to the development session discussion, the Board is requested to endorse further development of a local discharge to assess model as a

point of departure for transformational change in the response to delayed discharge.

5.7. The Board will continue to receive regular reports on delayed discharge as this remains an area of priority.

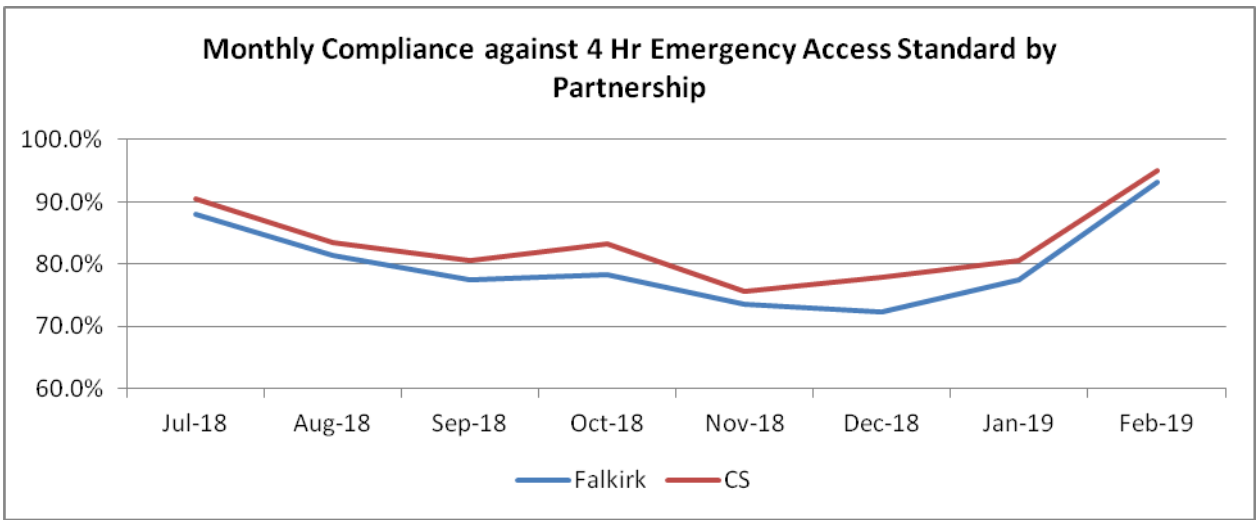
6. 4 HOUR EMERGENCY ACCESS STANDARD (EAS)

6.1. **Performance**
This percentage represents the number of patients who have completed their episode of care in 4 hours, with definitive outcomes being discharge or admission. The national target is 95%. NHS Forth Valley statistics are set out below in Chart 3. NHS Forth Valley is currently receiving tailored support from Scottish Government regarding this performance.

6.2. The 4 hour EAS percentage is a system indicator and as much a reflection on the efficiency of the ability to discharge patients from wards as it is to the functioning of the Emergency Department.

6.3. The difference between Falkirk and the other partnership is due to the access to a Minor Injuries Unit in Stirling.

Chart 3



6.4. **Improvement Work**
The appointment of an Interim Site Director from early January has helped transform the 4hr EAS.

6.5. As part of tailored support, the North of England Commissioning Support team are working with NHS Forth Valley colleagues to establish a transitional programme building on “Getting Forthright”, adopting a recognised Programme Management Office approach to change.

6.6. The creation of an Unscheduled Care Operational Group has positively impacted on the performance.

6.7. The arrangements for the Unscheduled Care Programme Board has been reviewed with expectations around impact and delivery explicit.

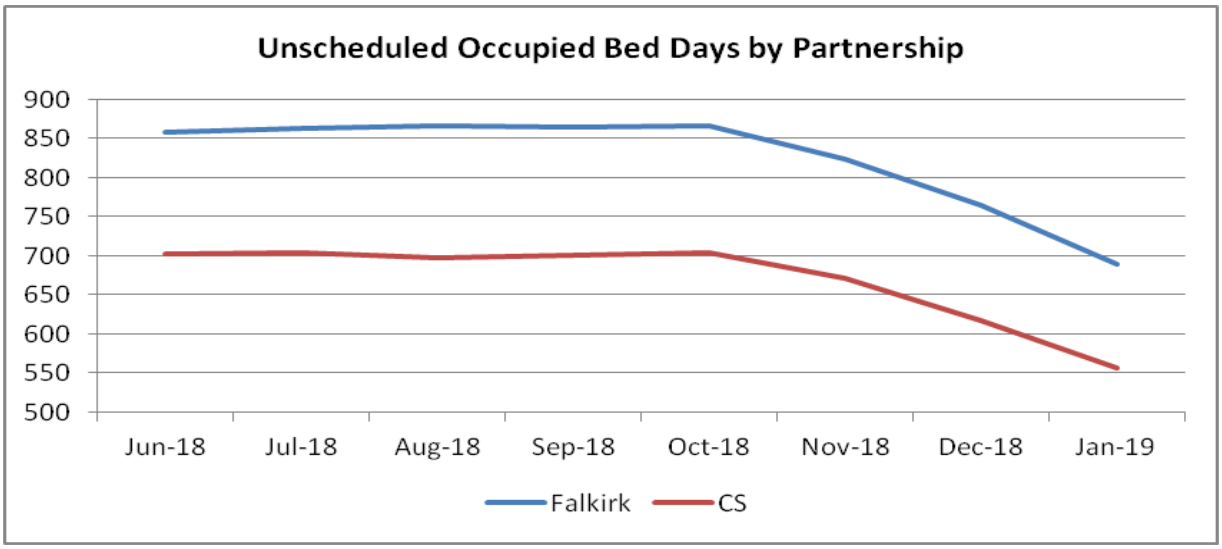
7. UNSCHEDULED OCCUPIED BED DAYS

7.1. Unscheduled occupied bed days (OBDs) are counted when an individual is admitted as an emergency from the community. Each day adds to the OBD total. Number of patients x days in hospital = OBD. The performance for Falkirk is represented in Chart 4 below.

7.2. Community services to maintain people at home and early discharge from hospital reduce OBDs.Less time in an acute hospital is best for patient rehabilitation and maintenance of functional independence.

7.3. Reducing OBDs improves “flow” and reduces hospital occupancy which should optimally be 85%.

Chart 4



8. IMPROVEMENT WORK SUPPORTING REDUCTION IN ADMISSIONS AND PROMPT DISCHARGE

8.1. Closer to Home Team, the team see patients at the point of crisis and assess whether admission is required or whether the patient could be managed in the community. This is a small team but has a vital role.

8.2. British Red Cross test of change has been put in place to support discharges from the hospital where risks are identified for discharges out of hours. The first test took place in January 2019.

8.3. Dynamic Daily Discharge (DDD) implemented in all wards and measuring impact on Length of Stay (LoS) and time of discharge. This links to the Priority Patient initiative.

9. CONCLUSIONS

9.1. This report is designed to highlight 3 KPIs that are a subset of indicators for unscheduled care performance, linking to the improvement work ongoing for each indicator.

9.2. Visibility of these is to assure the IJB of the work ongoing, overseen by the Unscheduled Care Programme Board.

9.3. The intention is to regularly bring this focused unscheduled care report to the Falkirk IJB, showing progress in these areas.

Resource Implications
There are no costed management resource implications arising from this report although many of the workstreams and service developments are within the IJB scope.

Impact on IJB outcomes and priorities
The development of the whole system and the discharge to assess model is essential to deliver the strategic plan outcomes and shift the balance of care.

Legal & Risk Implications
No implications.

Consultation
The report has been developed as a summary of ongoing work on whole system approaches and takes account of previous presentations and reports.

Equalities Assessment
There is no requirement to complete an equalities assessment for this report.

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Approved for submission by: Patricia Cassidy, Chief Officer

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Date: 26 March 2019