

Agenda Item

22

Title/Subject: **Unscheduled Care Programme and Delayed Discharge
Performance Monitoring Report**

Meeting: **Integration Joint Board**

Date: **6 September 2019**

Submitted By: **Medical Director**

Action: **For Noting**

1. INTRODUCTION

- 1.1. This monitoring report provides an update on selected Key Performance Indicator (KPI) information to the Board in respect of unscheduled care performance. Three KPIs from the current data set, Delayed Discharge, performance against the 4 hour Emergency Access Standard and 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 in relation to unscheduled care and delayed discharge key performance indicators
- 2.2. note the ongoing improvement work.

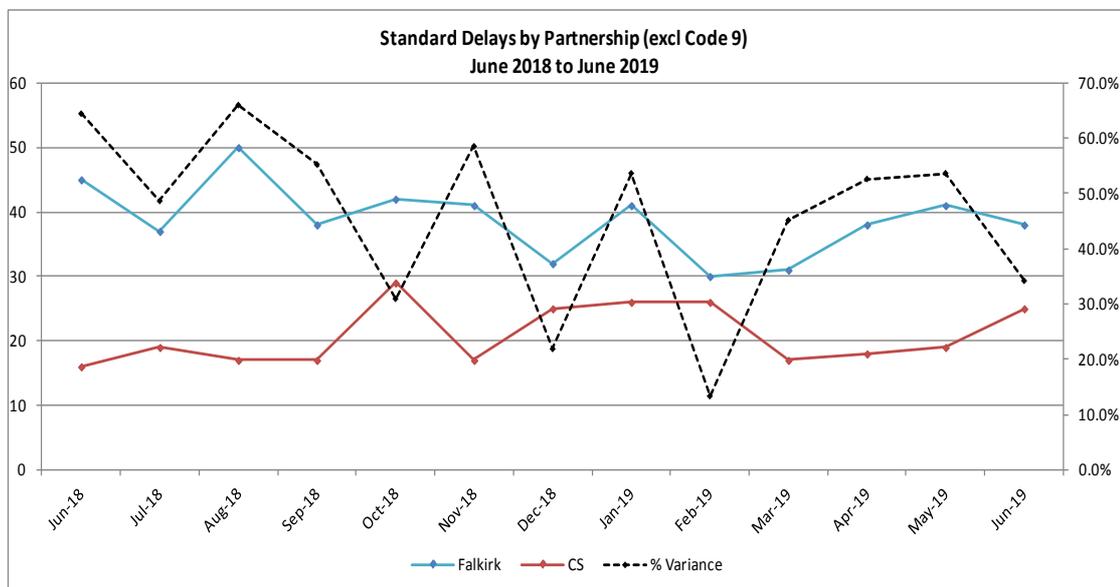
3. BACKGROUND

- 3.1. 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 element.

4. DELAYED DISCHARGE PERFORMANCE

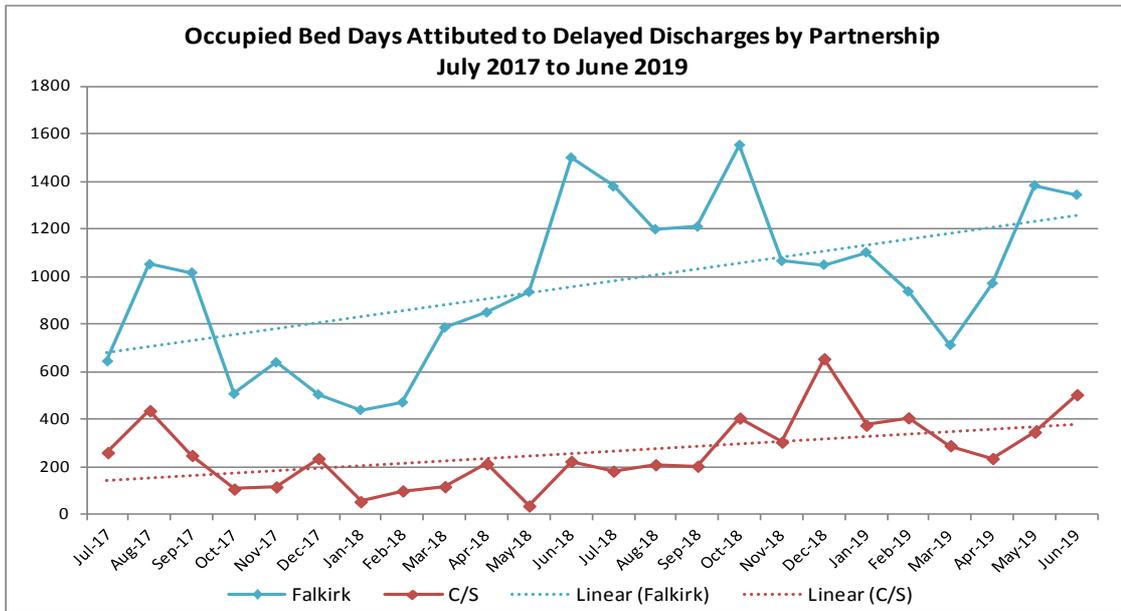
- 4.1. Chart 1 highlights the Falkirk HSCP performance for delays throughout the period June 2018 to June 2019. Figures from the June 2019 census highlight 38 standard delays relating to Falkirk residents; including eleven code 9 and guardianship patients the total number of delays is noted as 49. In addition there were 3 Code 100 delays relating to patients who are undergoing a change in care setting and are not classified as delayed discharges.
- 4.2. The reason for delay in respect of the 38 standard delays is noted as: 25 awaiting discharge to care home, 9 allocated with assessment ongoing, 2 awaiting discharge home with packages of care, 1 waiting for housing and 1 awaiting housing adaptations.

Chart 1: Standard Delays by Partnership



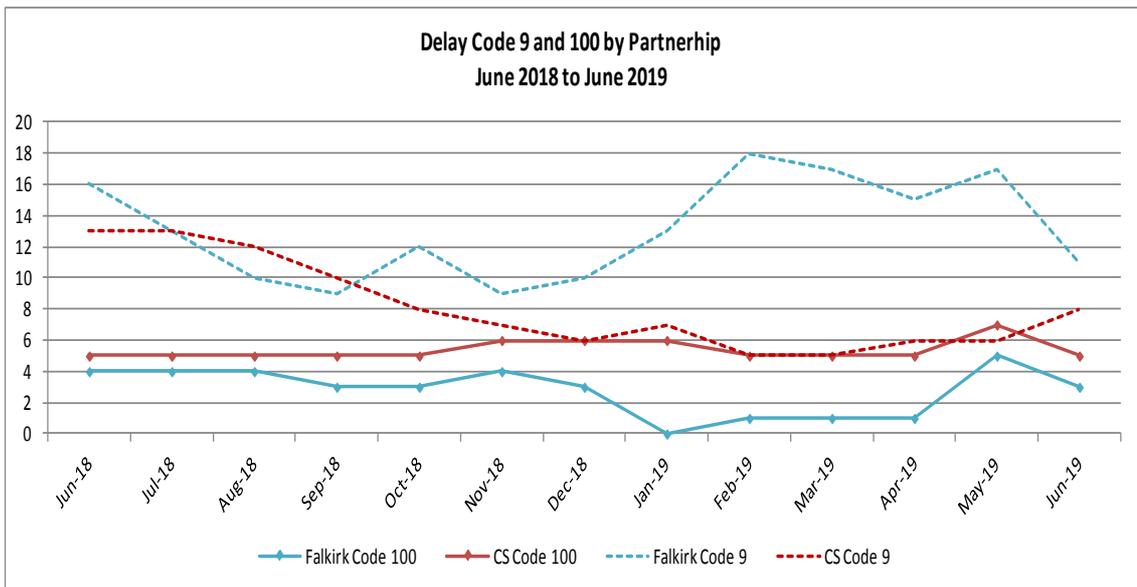
- 4.3. Chart 2 below details the occupied bed days attributed to delayed discharges. The number has increased from a low in March 2019 of 713 to 1344 at the census in June 2019. In the period July 2018 to June 2019 the average monthly bed days occupied by delayed discharges at the census is noted as 1159 compared with 779 July 2017 to June 2018. This is an increasing or worsening trend of 45%, July to June 2017/18 compared with 2018/19.
- 4.4. Of note is the volatility in relation to the number of bed days occupied by people delayed in their discharge with month on month variability. A marked reduction is noted to March 2019 from a high in October 2018 however this has started to increase April to June 2019. The position will be kept under review.

Chart 2: Occupied Bed Days Attributed to Delayed Discharge by Partnership



4.5 Of the 11 code 9 patients, 9 were noted to be going through the guardianship process at the June census.

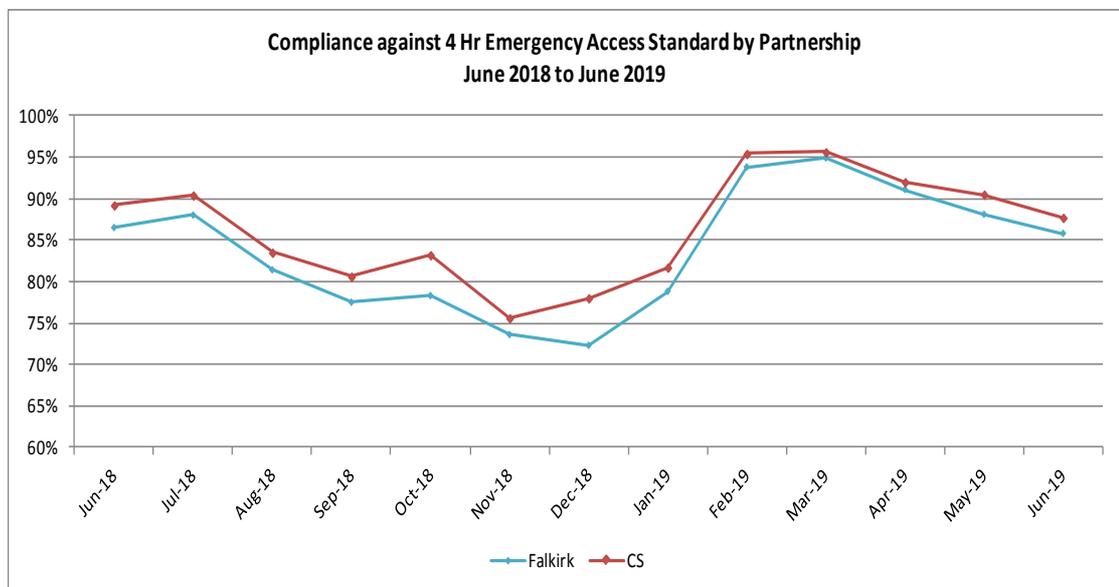
Chart 3: Code 9 and Code 100 by Partnership



5. 4 HOUR EMERGENCY ACCESS STANDARD

- 5.1 The target measure is the percentage of patients waiting less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment. The national target is 95%. NHS Forth Valley statistics are detailed in Chart 4 by partnership. NHS Forth Valley is currently receiving tailored support from Scottish Government regarding this performance.
- 5.2 The 4 hour Emergency Access Standard percentage is a system indicator and a reflection on the efficiency of the whole system from front door to discharge, highlighting issues in relation to the system's ability to discharge patients from wards as well as the functioning of the Emergency Department.
- 5.3 The difference between Falkirk and the Clackmannanshire & Stirling Partnership is as a result of the Minor Injuries Unit in Stirling.

Chart 4: 4 Hour Emergency Access Standard by Partnership

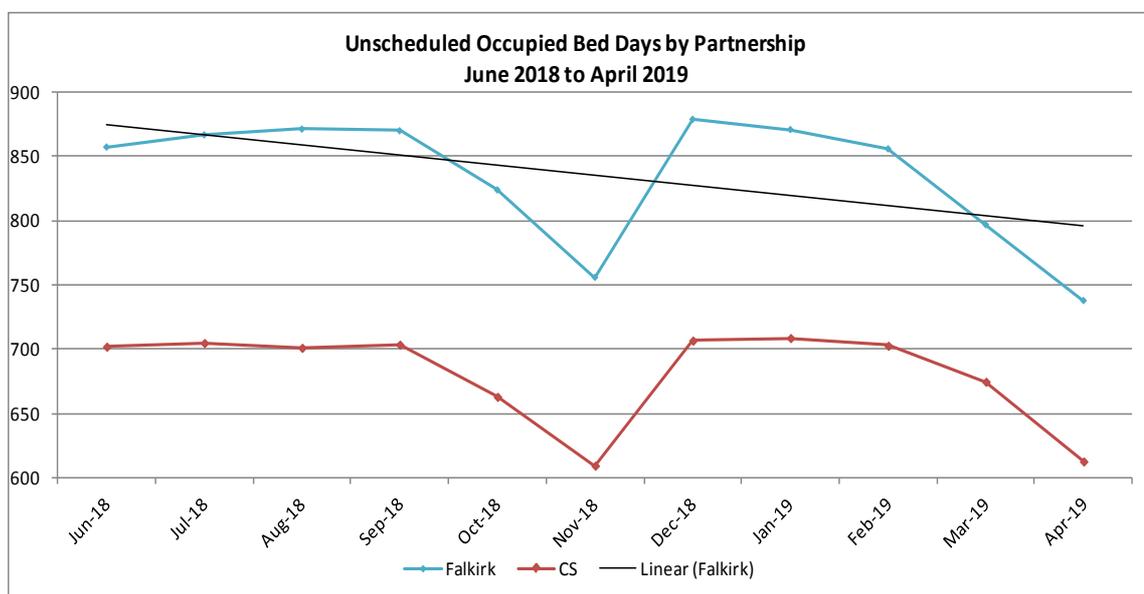


6. UNSCHEDULED OCCUPIED BED DAYS

- 6.1. 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. The number of patients multiplied by the days in hospital = OBD. The performance for Falkirk is represented in Chart 5 below.
- 6.2. The rate per 1,000 of unscheduled occupied bed days in relation to Falkirk in April is 738 with a downward trend noted. This compares with 613 for the Clackmannanshire & Stirling Partnership.

- 6.3. Data relating to occupied bed days pertaining to unscheduled care are based upon SMR01 data. Presently data are available up to April 2019, however are not complete and should be handled with caution.
- 6.4. Community services to maintain people at home and early discharge from hospital reduce OBDs. Research highlights that the less time a patient spends in an acute hospital bed the better it is in terms of their rehabilitation and maintenance of functional independence. Reducing OBDs improves patient flow through the hospital and reduces bed occupancy which should optimally be 85%.

Chart 5: Unscheduled Occupied Bed Days by Partnership



7. IMPROVEMENT WORK FOR UNSCHEDULED CARE AND DELAYED DISCHARGE

- 7.1. The report at agenda item 12 provides more detailed information on plans to develop a Falkirk Unscheduled Care Plan to include a Home first approach.
- 7.2. The Performance Monitoring report at agenda item 18 provides an update on improvement actions being taken forward. These include:
- Input from the discharge team means patients are reviewed within 72 hours including early identification of patients who are ready for discharge either home or from hospital to Short Term Assessment (STA)/Community Hospital or in appropriate cases to care homes.
 - Review of patients with a length of stay over 7 days with regular monitoring, analysis and improvement with escalation to help prevent extended delays

- Multi Disciplinary Team (MDT) meetings to identify discharge pathways and goals along with on-going review of patients who are identified for moves to community hospital to explore all options ensuring only those who require community hospitals are moved there
- Increased monitoring and scrutiny of delayed discharge performance via the weekly delayed discharge dashboard
- Dynamic Daily Discharge implemented in all wards and measuring impact on Length of Stay and time of discharge. This links to the Priority Patient initiative.

8. CONCLUSIONS

- 8.1. This report is designed to highlight key KPIs that are a subset of indicators for unscheduled care performance, linking to the improvement work ongoing for each indicator.
- 8.2. This will provide the IJB an overview of the work ongoing and overseen by the Unscheduled Care Programme Board.
- 8.3. This focused unscheduled care report will be presented to the Falkirk IJB at regular intervals to provide an update in respect of progress in these key areas as this remains an area of priority.

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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Date: 03 September 2019