AGENDA ITEM NO: 2

Report To:	**Inverclyde Integration Joint Board**	**Date: 15 May 2018**
Report By:	**Louise Long Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No: IJB/23/2018/AS**
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Subject:	**Hospital Discharge Performance**	

1.0 PURPOSE

1.1 The purpose of this report is to update the Board on the progress the HSCP is making towards achieving the targets relating to Hospital Discharge.

1.2 This report focuses on the key performance indicator of people currently in an Acute hospital bed whilst deemed as medically fit for discharge. Reducing the number and length of time people are delayed in an Acute hospital bed continues to be a key priority for the Scottish Government, NHSGGC and Inverclyde Health and Social Care Partnership.

2.0 SUMMARY

2.1 Inverclyde has a positive record in meeting Delayed Discharge targets and thus ensuring people spend the minimum time in a hospital bed when deemed fit for discharge.

2.2 With a renewed focus on reducing the number of patients who are delayed, Inverclyde HSCP and Acute colleagues have been able to sustain a high level of performance although this has been impacted on by the pressures presented by this winter.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to note the sustained performance against the Hospital Discharge Targets.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 As has been previously reported to the Board, performance against the Delayed Discharge target in Inverclyde has been positive for some time, as has the reducing number of bed days lost. Inverclyde performance is extremely positive and is a leading HSCP when compared to other authorities across NHSGGC and Scotland.

In the financial year 2017/18 so far, Inverclyde, according to Scottish Government statistics, has led other Partnerships across Scotland in terms of individuals recorded as delays (over 72 hours) at census point. We are the best placed Partnership in terms of least number of people delayed.

This performance places Inverclyde consistently ahead of other Partnerships in Scotland and NHSGCC since August 2017 and should also be viewed in the context of Inverclyde's levels of multiple deprivation and prevalence of long term conditions, in particular COPD.

Partnership work with colleagues at Inverclyde Royal Hospital continues to demonstrate the effectiveness of early commencement of assessments regarding future care needs in achieving an appropriate, timely and safe discharge. The result is that the majority of individuals are assessed and discharged home as soon as they are deemed medically fit for discharge, including those requiring a complex home care package or a care home placement. To assist in achieving this we have worked to a Home1st plan utilising a range of interventions and building additional capacity which has been funded from existing budgets, Local Authority pressures monies, Social Fund, Integrated Care Fund and Delayed Discharge monies.

4.1.1 Performance Targets

The Scottish Government is now releasing monthly data on numbers of patients at the census date who are viewed as a delay. This report will reference the national data as well as locally collated information and experience to ensure a local context. Chart 1 references all patients delayed including **less than 72 hours** from Inverclyde at the census data which is the performance recorded by the Scottish Government. There is a clear downward trend in numbers of people who are deemed to be delayed.

CHART 1

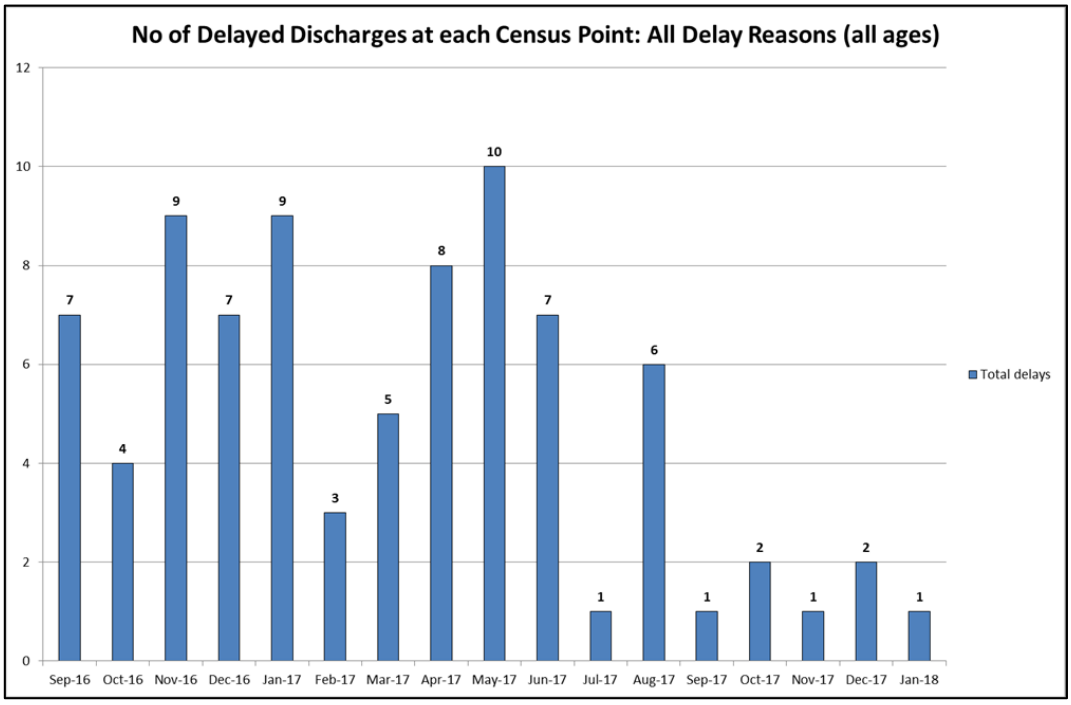


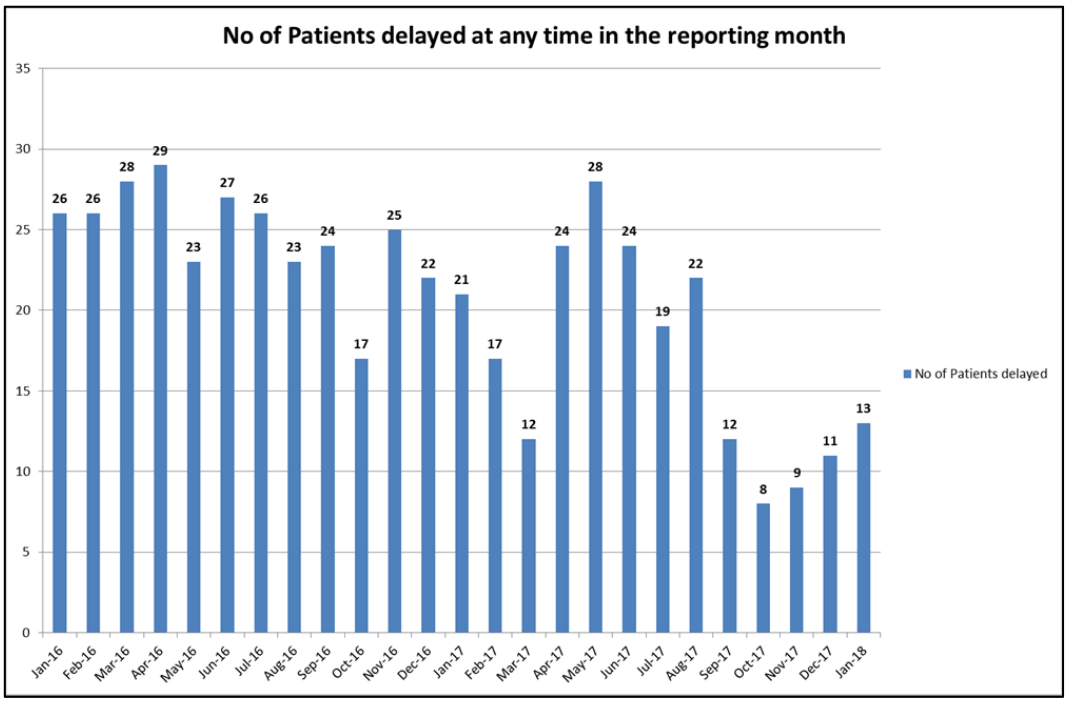
Chart 2 is local data which gives the number of Patients Delayed in any given calendar

month from 1 January 2016. This demonstrates the wide variance in recorded delays which is dependent on factors such as number of admissions, level of complexity patients and carers exercising choice and how quickly patients move through the hospital pathway.

This local data will allow for reporting on the actual number of individuals delayed each month rather than just at census point and gives a truer picture of the positive performance in reducing the number of individuals who are subject to a delay.

This chart also demonstrates how this has been maintained over the first two months of the winter period. Comparing the number of individuals delayed during January of each year we see a consistent move down from 26 to 21 to 13.

CHART 2



4.1.2 **Delayed Discharges: NHS GGC new arrangements from 1st May 2017**

The census return now records a delay as a patient who is in hospital on the last Thursday of each month when considered to be fit to leave hospital.

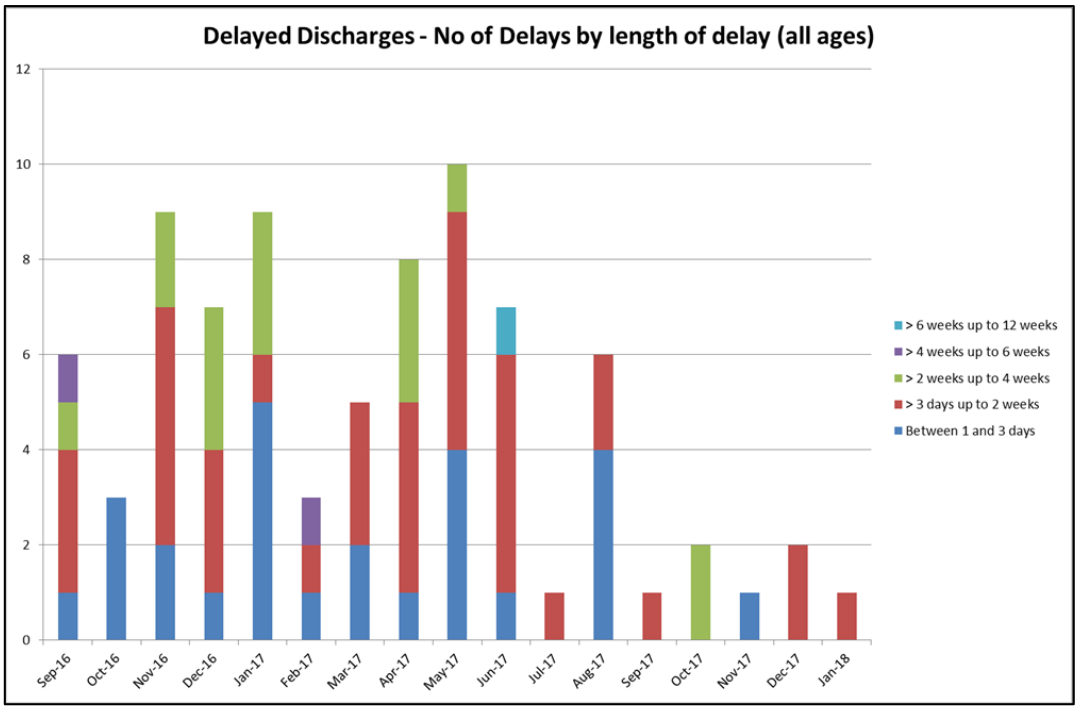
From the beginning of May 2017, NHS GGC put in place a target which will establish that all patients are moved from frontline Acute beds to other facilities once they are viewed as medically fit. This identifies patients who do not have a timely discharge plan in place. The approach has been developed in discussion with NHS GGC Divisional Management Team and with Chief Officers. The ambitious target is that no patient will be in an Acute hospital bed when fit for discharge.

4.1.3 **Bed Days**

Another important factor is the number of days individuals are waiting for discharge - this is the bed days lost figures.

Chart 3 records the total number of individuals delayed at census point and the number of days they were delayed. Generally people at census point in Inverclyde are delayed over 3 days and less than two weeks. This is due to reasons identified in terms of complexity and identification of the appropriate resource in terms of care home placement. No delays at census are due to the inability to provide a home based support package.

CHART 3



These figures cover all Patients who are delayed including under and over 65 and those with a mental health or wellbeing diagnosis. Inverclyde HSCP applies the Mental Welfare Commission guidance in terms of applying AWI legislation and we have no delays associated with 13za placements.

This sustained reduction in the number of individuals delayed and the length of time they wait for discharge has resulted in a corresponding reduction in Bed Days Lost. Chart 4 presents the statistics for all people over 65 since April 2017 and demonstrates a marked reduction in line with the target of reducing bed days lost by 10% based on the 2015/16 figure (baseline of -2,754).

CHART 4

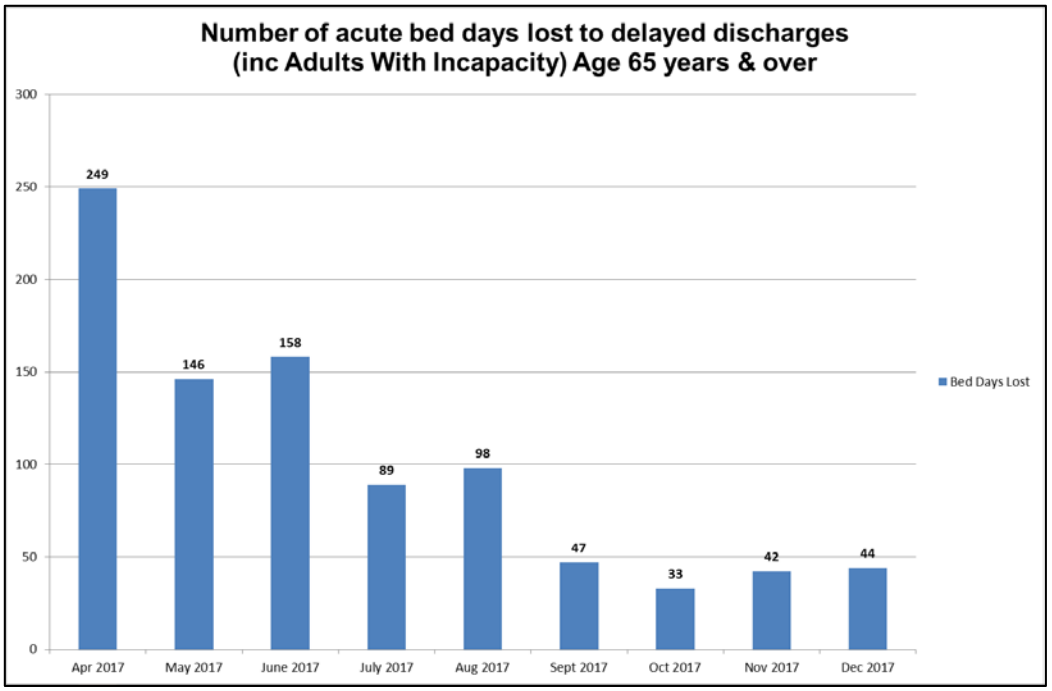
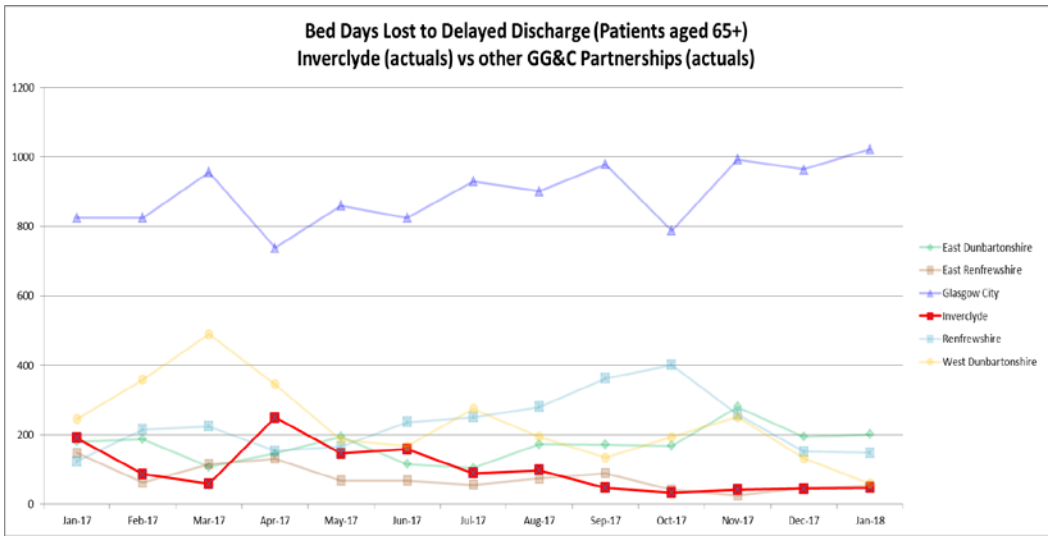


Chart 5 demonstrates this performance as a comparator to other Partnerships and the Greater Glasgow and Clyde figures. We are equal and at times perform better than all

Partnerships including East Renfrewshire and East Dunbartonshire which do not have the high level of deprivation present in Inverclyde.

CHART 5

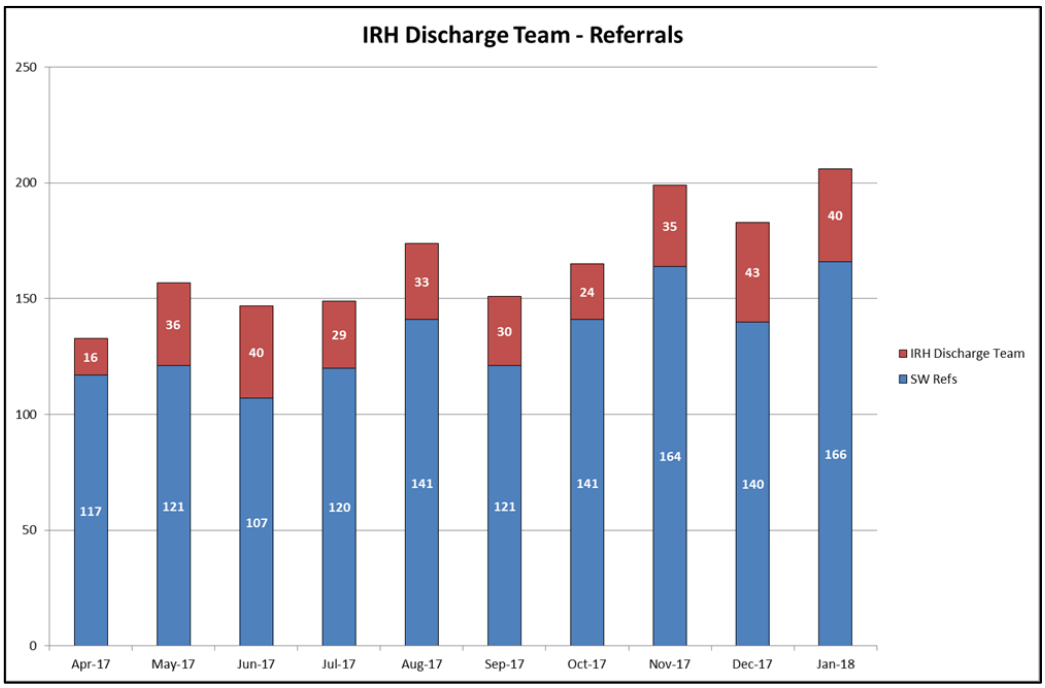


4.1.4 **Demand and Activity**

This performance has a context of a continued high level of referrals for social care and community supports following discharge.

Chart 6 demonstrates the referrals from Acute to Health & Community Care.

CHART 6



During January 2018, 206 individuals were referred for social care support of which 40 people required a single shared assessment indicating complex support needs. A total of 13 individuals were identified as being delayed following the decision they were medically fit for discharge. This equates to 6.3% of all discharges.

A review of delays as a percentage of referrals was identified for the financial year 2017/2018 and indicated 90% of service users requiring social care support were discharged when medically fit and not required to be recorded as a delay.

4.1.5 **Winter Plan 2017/28**

It is acknowledged that this winter has provided exceptional challenges to the Health and Social Care system. As well as the adverse weather that we experienced in March, there was a high level of respiratory illness across the general population and high rates of acuity amongst the frailer members of our community.

There was a great deal of pressure on Inverclyde Royal Hospital in terms of presentations and length of stay due to patients being unwell and not fit for discharge. This led to subsequent pressures on the community services when discharge became appropriate. Chart 4 indicates an increase in number of referrals for community services between November and February. The Inverclyde Winter Plan does cover the movement of staff when required to cover discharges and this was required for Assessment and Care Management where members of the Home 1st team covered discharge arrangements.

The second largest contributor to the pressure on the service was staff absence which was peaking at around 20% across community services. This was mitigated in part by the number of frail service users in hospital and use of the step-up model for people who were unable to stay at home but did not require hospital admission.

The Scottish Government has requested a review of local arrangements and Inverclyde HSCP will contribute to this, reviewing the Home 1st plan to ensure seasonal pressures are responded to.

4.1.6 **Adverse weather**

A period of severe weather impacted on Scotland from 27 February until the end of the first week in March. The severity of the weather led to the MET Office issuing a RED weather warning for the first time. The severe weather placed great demands on the HSCP. Delivering services across our communities was a significant challenge given the sheer amount of snow that settled across Inverclyde. Travelling on public transport was disrupted while many of our side roads and estates became unpassable for non 4x4 vehicles. Our staff struggled to get from home to work due to the travel disruption. Despite these conditions the stories started to emerge of members of the community getting involved in helping staff get to hospital and social care workplaces. Our care at home and district nurses battled through the snow to undertake home visits to the most vulnerable service users and patients. Roads staff from the Council worked closely with our senior managers to prioritise clearing GP surgeries including car parks. Care home sites and children's homes were also prioritised. Roads staff also picked up staff in 4x4 vehicles and dropped them at hospital and care homes. The sheer determination and commitment of staff across the HSCP was exceptional. In any adverse conditions there are lessons to learn and the HSCP has undertaken a de-brief internally within the HSCP and in a wider de-brief with Council and NHS Board de-brief sessions. The senior management team will ensure the lessons learned are updated in our service continuity plans moving forward.

4.1.7 **Summary**

The content of this report is for noting, and to ensure that Board members are informed about performance in relation to hospital discharge and how this was sustained over the winter period. Certainly for the November, December and January period delays and bed days lost had a minimal effect upon the pressures felt by the Acute sector in Inverclyde.

Inverclyde performance is positive in comparison to other authorities across NHSGGC and across Scotland. Work with colleagues at Inverclyde Royal Hospital continues to demonstrate the effectiveness of early commencement of assessments regarding future care needs in achieving an appropriate, timely and safe discharge. The result is that the majority of individuals are assessed and discharged home as soon as they are

deemed medically fit for discharge, including those requiring a home care package and residential care placement.

Along with colleagues in Acute sector we will also revise the Home 1ST 2017/18 action plan to engage in the Unscheduled Care Planning to ensure services relating to discharge are refocused on the key performance targets as well as ensuring the best outcomes for service users and carers.

5.0 IMPLICATIONS

FINANCE

5.1 **Financial Implications**:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

LEGAL

5.2 There are no legal implications in respect of this report.

HUMAN RESOURCES

5.3 There are no human resources implications in respect of this report at this time.

EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.1 **How does this report address our Equality Outcomes?**

a) **People, including individuals from the protected characteristic groups, can access HSCP services.**

Hospital Discharge process is inclusive in regard to people with protected

characteristics, and also has elements within it to ensure HSCP takeS an equalities-sensitive approach to practise.

b) **Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.**

Not applicable.

c) **People with protected characteristics feel safe within their communities.**

Not applicable.

d) **People with protected characteristics feel included in the planning and developing of services.**

HSCP includes an equalities-sensitive approach to including all groups in the planning and development of services.

e) **HSCP staff understands the needs of people with different protected characteristics and promote diversity in the work that they do.**

Hospital Discharge processes and guidance is inclusive of people with protected characteristics, Assessment and Care Management guidance has elements within it to ensure that services and practitioners take an equalities-sensitive approach to practise.

f) **Opportunities to support Learning Disability service users experiencing gender based violence are maximised.**

Hospital discharge and processes and guidance applies to adults with learning Disability and applies to the work of the Community Learning Disability Team.

g) **Positive attitudes towards the resettled refugee community in Inverclyde are promoted.**

Hospital discharge processes and guidance applies to all adults including those from the refugee community in Inverclyde.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance issues within this report.

5.6 **NATIONAL WELLBEING OUTCOMES**
How does this report support delivery of the National Wellbeing Outcomes?

a) **People are able to look after and improve their own health and wellbeing and live in good health for longer.**

Hospital discharge process is committed to ensuring high-quality services that support individuals to maximise their wellbeing and independence.

b) **People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.**

Hospital discharge process will ensure high-quality services that support individuals and maximise independence.

c) **People who use health and social care services have positive experiences of those services, and have their dignity respected.**

Hospital Discharge is an essential element to ensuring high-quality services that support individuals and maximise independence. These principles are important in ensuring that dignity and self-determination are respected and promoted.

d) **Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.**

Hospital discharge is an essential element to ensuring high-quality services that support individuals and maximise independence. These principles are important in ensuring that dignity and self-determination are respected and promoted.

e) **Health and social care services contribute to reducing health inequalities.**

Hospital discharge process supports the outcome of reducing health inequalities.

f) **People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.**

The Carers Act imposes a duty on the HSCP and partners to promote the health and wellbeing of informal carers and in particular around planning of hospital discharge for the cared-for person.

g) **People using health and social care services are safe from harm.**

The HSCP has at its priority to safeguard service users.

h) **People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.**

Staff are part of a programme of ongoing training and awareness around assessment and care management process.

6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with relevant senior officers in the HSCP and partners in the Acute Hospital Sector.

7.0 LIST OF BACKGROUND PAPERS

7.1 None.