

**Report To:** Health & Social Care Committee      **Date:** 26 August 2010

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Community Health & Care  
Partnership      **Report No:**  
SW/31/10/YG/AM

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**Subject:** Social Work Services Performance Report

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise Members of progress made by Social Work Services in monitoring its key performance indicators, as set out in the Education and Social Care Directorate Plan for 2009/11.
- 1.2 Social Work Services has identified new priorities for 2010 – 2011 as part of the Corporate restructuring process and Committee will be appraised of these within a separate report.

## **2.0 SUMMARY**

- 2.1 This report seeks to update Members on the performance of Social Work Services and reflects the agreed corporate approach to performance reporting.
- 2.2 The Quarterly Performance Indicators for the reporting period January – March 2010 are included within this report. Additional performance and management information is available to Elected Members as required.
- 2.3 This report reflects the key performance indicators outlined in the Education and Social Care Directorate Plan for 2009/11.
- 2.4 This report provides information on performance indicators for the final quarter period of 2009/10. Updates on significant projects and service priorities are provided in the Community Health and Social Care Partnership Directorate Plan 2010 – 2011 which is subject to a separate report to Committee.
- 2.5 The next performance report to Committee will include Statutory Performance Indicators.
- 2.6 Future reports to Committee will be produced in the standard corporate format and will highlight significant variations in performance and identify improvement action where appropriate.

## **3.0 RECOMMENDATION**

- 3.1 It is recommended that the Committee comment on the performance information contained in this report and note that further reports on the performance of Social Work Services will be presented to future meetings of the Health and Social Care Committee.

3.2 Members are also asked to identify any further performance information that they wish to see included in the report for the next Health and Social Care Committee.

Robert Murphy  
Corporate Director  
Inverclyde Community Health & Care Partnership

## **4.0 BACKGROUND**

- 4.1 To assist in the development of the Council's Strategic Planning and Performance Management Framework, the CMT agreed on 2 November 2006 to introduce a consistent approach to performance reporting to Committee on a directorate basis.
- 4.2 Members should note that quarterly figures may vary from the annual out-turn. This is due to the complexity of the operational processes which are being measured and to the intensity of data cleansing and resource commitment required to ensure absolute accuracy of data. The PI returns to the Scottish Government on an annual basis are the subject of robust internal and/or external audit processes prior to submission and the outturn figures confirmed by the Council's internal audit at this stage.
- 4.3 Each functional area within Social Work Services have external, internal and partnership reporting requirements, consisting of a mixture of statutory performance indicators (SPIs), National Standards, Scottish Government Aggregate Returns, and local service or operational indicators. These indicators provide an important measure of how each functional area's individual performance contributes to meeting its statutory requirements and policy drivers, in terms of direct service delivery to the public, and the Council's overall strategic aims, including major programmes and projects.
- 4.4 This report will not replace committee reports on specific performance issues but is intended to provide an overview of performance across Social Work Services. In particular, members will be advised of performance exceptions and where appropriate, the improvement action that is required. Elected Members will also be appraised in areas of good practice and any developments not included within the Directorate Plan.
- 4.5 This report is not intended to provide a comprehensive analysis of all performance indicators throughout the Service, but to report on selected indicators that will act as a guide to members as to the information that they may wish to interrogate and scrutinise.
- 4.6 Members are invited to request further information as required.

## **5.0 PERFORMANCE INDICATOR MEASURES OF PROGRESS**

- 5.1 Social Work Services has a staffing complement of approximately 1,100 and a gross budget of £65 million. It comprises the following functions and service areas:
  - Criminal Justice
  - Community Care
  - Children and Families
  - Homelessness
  - Business Support
  - Strategic Services
- 5.2 The shared values and goals of these service areas within Social Work are outlined in the Directorate Plan, along with the programmes and projects which we will implement to help the Council achieve the vision and outcomes contained within its Corporate Plan.
- 5.3 The following indicators demonstrate Social Work's performance in relation to key service areas. Members can request additional information as required.

## 5.4

<b>Table 1</b>	
Service:	ASW 5 : Respite
Indicator:	<b>Number of Respite Bed nights for Adults</b>
Type of Indicator:	Local Performance Indicator, Statutory Performance Indicator (SPI)
Relevance:	Respite or short break services are considered essential as part of the drive to support carers and maintain people in their own homes.
Current Performance Level:	1533 bed nights Jan–Mar 09/10 5673 bed nights Out-turn 08/09
Target Performance Level:	Currently being developed,
Frequency of Monitoring:	Quarterly (internal), Planned Quarterly (Scottish Executive), Annual (Audit Scotland)
Analysis of Performance and Service Commentary:	Higher rate of performance of 19.2% when compared to same period 08/09. Increase in performance is due to the impact of concordat monies.
Trend:	Increase in Performance
External validation:	Scottish Government

<b>Table 2</b>	
Service:	ASW 4: Home Care
Indicator:	<b>Number of Homecare hours per 1000 population aged 65</b>
Type of Indicator:	Local Improvement Target – Joint Performance Information and Assessment Framework Statutory Performance Indicator (SPI)
Relevance:	Home care is one of the most important services available to the Council to support people with community care needs to remain at home.
Current Performance Level:	818.8 Jan-Mar 09/10 713.0 Out-turn 08/09
Target Performance Level:	Currently being developed
Frequency of Monitoring:	Quarterly (internal), Annual (Joint Improvement service) Annual(Audit Scotland)
Analysis of Performance and Service Commentary:	Service has shown a marked increase in performance in this reporting period when compared to the out-turn figure in 08/09. This involves a marginal increase in the numbers of older people receiving a service and an 8.7% increase in the proportion of homecare hours delivered to older people in this quarter.
Trend:	Increase in Performance
External validation:	Audit Scotland

<b>Table 3</b>	
Service:	Discharge from Hospital
Indicator:	<b>Number of people delayed in hospital for more than six weeks</b>
Type of Indicator:	Local Improvement Target -Joint Performance Information and Assessment Framework (National Outcome Framework)
Relevance:	Reduction in the number of people delayed in hospital beyond the period when they are considered clinically fit for discharge is a priority for the Scottish Government.
Current Performance Level:	0 people delayed as at (15/03/2010) 0 people delayed as at (15/04/2009) Out-turn
Target Performance Level:	0
Frequency of Monitoring:	Monthly (internal, Health Board and Information Services Division NHS)
Analysis of Performance & Service Commentary	We have achieved our target for 0 delayed discharges in this reporting quarter. Partnership working is enabling us to achieve our target and to actively manage undesirable increases in the number of local people delayed in hospital unnecessarily.
Trend	Stable Performance
External validation	Monitored by Information Services Division (NHS)

<b>Table 4</b>	
Service:	Homelessness
Indicator:	<b>Average number of weeks taken to discharge our duty for the cases closed within the reporting period that are priority need.</b>
Type of Indicator:	Formerly Statutory Performance Indicator
Relevance:	This indicator demonstrates efforts made to speed up processes for those that present as homeless. This indicator has changed in order to more accurately reflect the performance of the service.
Current Performance Level:	<b>20.7</b> weeks Jan-Mar 09/10 <b>23.09</b> weeks Out-turn 08/09
Target Performance Level:	None (preferred reduced length of time – to be developed locally)
Frequency of Monitoring:	Monthly (internal)
Analysis of Performance & Service Commentary	Performance has improved in the final quarter of 2009/10 when compared to the out-turn figure at March 08/09. This shows a two week reduction in the time taken to discharge duty.  One of the contributing factors to the recent performance improvement has been the quality of housing offers made by Registered Social Landlords.
Trend	Increase in Performance
External validation	Scottish Government

<b>Table 5</b>	
Service:	EC 4: Children's Services
Indicator:	<b>Time taken to submit Social Background Reports to the Children's Panel.</b>
Type of Indicator:	Key performance indicator – National Standard 3, Statutory Performance Indicator (SPI)
Relevance:	The national standard is that 75% of Social Background Reports are submitted within 20 days of receiving request. This indicator demonstrates efforts made to speed up processes.
Current Performance Level:	47% Jan-Mar 09/10 59.0% Out-turn 08/09
Target Performance Level:	75%
Frequency of Monitoring:	Quarterly (internal)
Analysis of Performance & Service Commentary	Performance has decreased to 47% in Jan-Mar 2010 compared with the annual outturn figure of 59% in 2008/09. Performance of this indicator will continue to be monitored.
Trend	Decrease in Performance.
External validation	SCRA

<b>Table 6</b>	
Service:	EC 5: Children's Services
Indicator:	<b>% Children made subject to a supervision order that were seen by a supervising officer within 15 working days</b>
Type of Indicator:	Key performance indicator – National Standard 3, Statutory Performance Indicator (SPI)
Relevance:	This indicator measures how well councils meet the national target time for allocating a social worker and arranging for a visit to the child/family as the first step in the programme of work with the child.
Current Performance Level:	72% Jan-Mar 09/10 95.6% Out-turn 08/09
Target Performance Level:	95% - local target
Frequency of Monitoring:	Annual SG Quarterly (internal)
Analysis of Performance & Service Commentary	Performance in Jan-Mar 2010 at 72% is lower than the outturn figure in 08/09 and below the desired target of 95%. Performance of this indicator will continue to be monitored
Trend	Decrease in Performance
External validation	SCRA

<b>Table 7</b>	
Service:	Children's Services Balance of Care
Indicator:	<b>Community Placements as percentage of total placements for Looked after and accommodated children.</b>
Type of Indicator:	Scottish Government Aggregate Return
Relevance:	This indicator demonstrates efforts made to maintain children within their own home or within a more homely environment. It demonstrates the Number of Children looked after in community placements as a percentage of all children looked after and accommodated: A Community placement may include the child's own home on supervision, with friends or family, or with Foster parents.

Current Performance Level:	88% Jan-Mar 09/10 88.5% Out-turn 08/09
Target Performance Level:	To be determined
Frequency of Monitoring:	Annual SG CLAS ; Quarterly (internal)
Analysis of Performance & Service Commentary	The percentage of community placements compared to residential placements for Looked After and Accommodated Children remains stable at 31 March 2010 at 88%.
Trend	Stable Performance
External validation	Scottish Government

<b>Table 8</b>	
Service:	Child Protection
Indicator:	<b>Children on the Child Protection Register and Child Protection Referrals</b>
Type of Indicator:	Not Applicable (monitoring activity)
Relevance:	Although there is no specific target set for Child Protection the information presented provides some measure of output and allows managers to closely monitor child protection activity
Current Performance Level:	Number On Register (snapshot) 35 at 31 March 2010 42 at 31 Mar 2009 Out-turn 08/09  Number Child Protection Referrals (during reporting period) 50 Jan-Mar 2010 325 Out-turn 08/09  % Referrals resulting in case conference 40 % Jan-Mar 2010 44.3 % Out-turn 08/09
Target Performance Level:	Not Applicable
Frequency of Monitoring:	Annual and Quarterly
Analysis of Performance & Service Commentary	Number of children on the register at 31 March 2010 is lower than the out-turn figure 08/09. A snapshot of children on the register at the end of each quarter can fluctuate and can be dependent upon the number of children within each family registered and deregistered at any given point.
Trend	Not Applicable
External validation	Scottish Government Annual Return

<b>Table 9</b>	
Service:	ASW 6: Criminal Justice
Indicator:	<b>Percentage of Social Enquiry Reports submitted to court by due date.</b>
Type of Indicator:	National Standard Statutory Performance Indicator
Relevance:	Provides a measure of the volume and efficiency of the service in getting relevant information into court timeously.
Current Performance Level:	100% Jan-Mar 09/10 100% Out-turn 08/09
Target Performance Level:	95% (local target)
Frequency of Monitoring:	Annual and Quarterly
Analysis of Performance &	Consistent high performance which exceeded the

Service Commentary:	target level of 95% in this quarter Jan-Mar 2010. Performance will continue to be monitored.
Trend:	Stable Performance
External validation:	Scottish Government Justice Department

<b>Table 10</b>	
Service:	ASW 7: Criminal Justice
Indicator:	<b>Percentage of Probationers seen by Social Work Services within one week of sentence.</b>
Type of Indicator:	National Standard Statutory Performance Indicator (SPI)
Relevance:	This indicator is a national standard and demonstrates efforts to speed up processes.
Current Performance Level:	94% Jan-Mar 09/10 97.0% Out-turn 08/09
Target Performance Level:	95%
Frequency of Monitoring:	Quarterly (internal)
Analysis of Performance & Service Commentary	Performance is slightly short of the annual outturn figure in this quarter Jan-Mar 2010 at 94% and just below the required target. Individuals, who were not seen within the target timescale, were for orders issued in Courts out with this local Authority. Quarterly monitoring will continue.
Trend	Decrease in Performance
External validation	Scottish Government Justice Department

<b>Table 11</b>	
Service:	ASW 8: Criminal Justice
Indicator:	<b>Average hours per week to complete Community Service Orders</b>
Type of Indicator:	National Standard, Statutory Performance Indicator (SPI)
Relevance:	This indicator is a national standard and demonstrates efforts by the Service to maximise the amount of time spent each week by the offender conducting their sentence. (e.g. the fewer hours completed in a week will increase the length of the period to complete the sentence, therefore we wish to see an increase in the average hours per week for this indicator).
Current Performance Level:	3.9 hrs Jan-Mar 09/10 3.6hrs Out-turn 08/09
Target Performance Level:	4 hrs
Frequency of Monitoring:	Quarterly (internal)
Analysis of Performance & Service Commentary	Performance for this indicator shows an increase to 3.9hrs in Jan-Mar 2010 compared to 3.6hrs in the 08/09 annual outturn figures.
Trend	Increase in performance
External validation	Scottish Government Justice Department



<b>Table 12</b>	
Service:	Contracts and Complaints
Indicator:	<b>Percentage of complaints acknowledged within 5 days of receipt.</b>
Type of Indicator:	National Standard Statutory Performance Indicator (SPI)
Relevance:	This indicator demonstrates the responsiveness of the Service to reported complaints
Current Performance Level:	82% Jan – Mar 09/10  82.8% Out-turn 08/09
Target Performance Level:	100%
Frequency of Monitoring:	Quarterly (internal) Annual Report to Committee
Analysis of Performance & Service Commentary	There have been eleven complaints received within the reporting period nine of which were responded to within the target timeframe and the other a few days after. The indicator is based on all complaints received relating to each service area for local authority community care; children services and criminal justice.
Trend	Increase in Performance
External validation	No

<b>Table 13</b>	
Service:	Financial Inclusion
Indicator:	<b>Number of Clients who engaged with the service</b>
Type of Indicator:	Fairer Scotland Fund (FSF) Core Output Indicator
Relevance:	This indicator demonstrates the volume of users in the community that engage with the Service on a quarterly basis. The service provided and measured in the primary indicators involves work in advocacy; social exclusion and deprivation; and actions to acquire and improve skills. Work embedding social justice and equality is also delivered as part of this service.
Current Performance Level:	301 Jan-Mar 2010 4828 Out-turn (Cal Year Dec 2008 – Dec 2009)
Target Performance Level:	1401 clients
Frequency of Monitoring:	Quarterly (internal) Annual Report to Committee
Analysis of Performance & Service Commentary	301 people engaged with the service between Jan-March 2010. This falls below the desired quarterly target of 1401. There is a marked reduction in the total number of service users for this period. This is due to the following factors: 1. January is historically a less demanding time for money advice. 2. The closure of Nicolson Street Office and the transfer of staff to Port Glasgow office in mid March 2010. Whilst setting up the service no appointments for money advice could be made. 3. The financial education post became vacant on 3rd March 2010 with a wind down of the service in mid February 2010. 4. Child Trust Fund Development worker went on long term sick leave in early January 2010.  Quarterly monitoring will continue.
Trend	Not Applicable
External validation	Scottish Government Fairer Scotland Fund (FSF)

## 6.0 DIRECTORATE PLAN 2009/11 - PROGRESS

- 6.1 As part of the new corporate management structure agreed in November 2009 Social Work Services is now part of the Community Health and Care Partnership. It is anticipated that when the management structures are in place within the new directorate a full Directorate Plan will be developed. Consequently, the directorate plan 2010 – 2011 rounds off the original three year Education and Social Care Directorate Plan providing information on performance and progress on key objectives for 2009/10 and interim priorities for 2010/11. This is subject to a separate report to Committee.

## 7.0 FUTURE REPORTING

- 7.1 Members are asked to identify any further performance information to be reported to the next Health and Social Care Committee, or request additional information on the indicators above.

- 7.2 Future reports to Committee will be produced in the standard corporate format and will highlight significant variations in performance, identify improvement action where appropriate and update on progress on key priorities.

## **8.0 COMPLIANCE**

- 8.1 In accordance with Best Value, the Council has a duty to demonstrate its progress in embedding the principles of risk management, corporate governance, equalities and sustainability. These principles are integral to Social Work Services in the delivery, management and planning of its services.
- 8.2 Social Work Services continue to embed performance management information as integral to day to day delivery of social work services and the process of continuous improvement.
- 8.3 As part of the Corporate Risk Management agenda training on Risk Management is ongoing for social work managers.
- 8.4 Equality and Diversity – Social work continue to drive equalities and diversity agenda and the use of the Equality Impact Assessment tool for the Council.
- 8.5 Inspection and Regulation – SWIA have undertaken their Initial Scrutiny Level Assessment and we await their findings.
- 8.6 Citizen and User Voice – We have developed a Draft User/Carer Involvement Strategy which will define our methods and systems for future engagement purposes.

## **9.0 PLANNED FUTURE IMPROVEMENT**

- 9.1 Social Work Services will embed a strong performance culture across the service in accordance with Corporate guidance, within partnership arrangements and in terms of messages from external regulatory agencies.
- 9.2 Full details of the service's planned future improvements are included in the Community Health and Care Directorate Plan 2010 – 2011.

## Inverclyde Community Health and Care Partnership

### Inverclyde Discharge Action Plan (June 2010)

#### 1.0 Context

The discharge action plan aims to support the following key objectives to:

1. Improving the patients/service user's journey to ensure safe and appropriate outcomes:
2. Prevent inappropriate hospital admissions
3. Minimise numbers delayed less than 6 weeks from clinically fit for discharge:
4. Maintain delayed discharges over 6 weeks to zero

The discharge action plan provides a focus on actions across the following themes:

- Principles & Culture
- Care Pathways
- Re-ablement
- Communication
- Funding/Budget Management
- Performance Management

#### 2.0 Principles and Culture

##### 2.1 Culture

The discharge action plan will be implemented within a culture which promotes a focus on:

- **Outcomes**
- **Prevention and Re-ablement**
- **Partnership**

To achieving the best outcome for patients and service users.

## 2.2 Principles

The Discharge Action plan operates within the following principles:

- providing services as close to home as possible;
- supporting more people at home via an improved range of community based services as an alternative to institutional care, where appropriate;
- making best use of existing resources;
- continue to build on partnership working;
- avoiding inappropriate admissions to hospital, enabling supported discharge through step down and effective rehabilitation services;
- ensuring people receive an improved quality of care and faster access to a wider range of services;
- effectively involving and supporting service users and carers;
- providing NHS continuing care with ready access to specialist clinical input when required.

## 3 Care Pathways

Care pathways optimize outcomes for patients and service users. Care pathways outlined within the hospital discharge protocol govern the achievement of best outcomes for patients and service users. The hospital discharge process works in tandem with care pathways designed to meet particular needs (e.g. Dementia Care Pathway) implemented across NHS and Social Care services. The hospital discharge action plan supports care pathways across prevention of hospital admission and supporting hospital discharge.

## 4. Re-ablement Model

The overall aim of re-ablement is to support people who are in hospital following illness or accident, or who are having difficulty managing at home, by working with them to restore their physical and mental capabilities to the optimum capacity. Re-ablement

provides a focus on prevention, rehabilitation and re-ablement. Hospital discharge processes play a key role in supporting a re-ablement model of care which supported effective discharge and prevention of admission to hospital. .

**5 Funding Pressures/Budget Management**

**6. Communication**

Hospital discharge processes and supporting people to live at home involve a wide range of services, agencies and service users and their carers. Effective communication is vital if hospital discharge processes are to be effective. Services involved often go through periods of change through new and redesigned services and the natural changes that occur through staff turnover. Communication around hospital discharge and associated processes needs to be an ongoing process to take account of the environment in which staff is striving to achieve the best outcome for service users. The discharge plan identifies communication gaps to be addressed.

**7 Performance Management**

Performance management provides a framework that identifies opportunities for performance improvement through the use of performance measures such as standards and indicators. Hospital discharge performance is governed by National Targets which are monitored through EDISON. In addition, the hospital discharge action plan sets out a performance management focus on local processes as a means of identifying service gaps and pressures which may impact on the hospital discharge process.

## Action Plan

Key Action	Detailed Action	Time-scale	Evidence of Progress
<b>1.0 Principles and Culture</b>			
1.1 Encourage ownership of whole discharge process and outcomes by hospital and community staff alike.	<ul style="list-style-type: none"> <li>Ongoing local joint discharge planning and education provided across health and social care disciplines and locations.</li> </ul>	Annual Audit/ Review	<ul style="list-style-type: none"> <li>Inclusion of Discharge Planning within induction process for health and social care assessment staff.</li> </ul>
1.2 Promote a culture which embraces the transfer of care with a focus on supporting people in the community - within a re-habilitation and re-ablement model.	<ul style="list-style-type: none"> <li>Rehabilitation and re-ablement focus, across staff and service patients/ users.</li> <li>Communication strategy to support the re-ablement focus across services, disciplines and locations across NHS (primary and acute) and social work services.</li> </ul>	Nov 2010	<ul style="list-style-type: none"> <li>Home Care Review completed (re-ablement focus)</li> <li>Re-design of frail elderly services (Balance of Care)</li> <li>Communication strategy</li> </ul>
<b>2. Care Pathways</b>			
2.1 Ensure effective access to appropriate teams which will support the prevention of inappropriate admission.	<ul style="list-style-type: none"> <li>Implement single point of access for services to support the prevention of admission.</li> <li>Implementation of frail elderly design.</li> </ul>		<ul style="list-style-type: none"> <li>Implementation of frail elderly design.</li> <li>Monitoring of single point of access.</li> </ul>
2.2 Prevention of inappropriate admission from A & E.	<ul style="list-style-type: none"> <li>Ensure effective access to appropriate teams which will support the prevention of</li> </ul>		<ul style="list-style-type: none"> <li>Monitoring single point of access</li> </ul>

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Key Action	Detailed Action	Time-scale	Evidence of Progress
	<p>inappropriate admission from A &amp; E.</p> <ul style="list-style-type: none"> <li>▪ Ensure A &amp; E out of hours services have appropriate response to prevention of admission,</li> <li>▪ Develop ongoing communication and information for A &amp; E staff, accommodating the staff groups and changes in staff associated with A &amp; E.</li> <li>▪ Pilot geriatric consultant/team placement in A&amp;E to redirect elderly patient's home rather than to hospital admission (possibly gerontology nurse or RATS).</li> </ul>		<ul style="list-style-type: none"> <li>▪ Establish the pilot Geriatric consultant/team placement in A&amp;E.</li> <li>▪ Monitor impact of Pilot on admissions.</li> </ul>
<p>2.3 Promote Fast Track Assessment Referrals</p>	<ul style="list-style-type: none"> <li>▪ Widen the range of fast track assessment referral sources across Acute and Primary Care.</li> <li>▪ Including a focus on prevention of admission from A &amp; E and Care home Sector</li> </ul>		<ul style="list-style-type: none"> <li>▪ Increase in fast track assessment referrals</li> <li>▪ Broader range of GP and GP practice making use of Fast Track Assessment Service</li> <li>▪ Increase in Fast Tract Assessment Service Referrals from A &amp; E.</li> <li>▪ Increase use of Fast Track assessment service for those patients living in care homes.</li> </ul>
<p>2.4 Reduce emergency admission from community to care homes.</p>	<ul style="list-style-type: none"> <li>▪ Redirect emergency placements to care homes from community via hospital for geriatric or psycho geriatric consultant led assessment or fast track assessment via frail elderly day hospital</li> </ul>		<ul style="list-style-type: none"> <li>▪ Reduction in emergency care home admissions from the community</li> </ul>



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<b>Key Action</b>	<b>Detailed Action</b>	<b>Time-scale</b>	<b>Evidence of Progress</b>
<b>3.0 Re-ablement</b>			
3.1 Establish a re-ablement model across hospital discharge assessment processes.	<ul style="list-style-type: none"> <li>▪ Ensure hospital discharge assessment processes have re-ablement focus.</li> <li>▪ Establish services across health social work and housing which support people to return home after hospital admission in all but exceptional cases.</li> </ul>		<ul style="list-style-type: none"> <li>▪ Home Care Review</li> <li>▪ Frail Elderly Redesign Implementation</li> <li>▪ Reduce the number of patients admitted from hospital to long term care</li> <li>▪ Sheltered housing allocation process supporting hospital discharge and preventing admission to care home</li> </ul>
3.2 Enable community nurses to have formal input to hospital assessment to advise on independent and supported living at home options	<ul style="list-style-type: none"> <li>▪ Ensure community staff contributes to multi disciplinary discharge planning.</li> <li>▪ Education for ward staff to engage the spectrum of community support available.</li> <li>▪ Care co-ordination/care management</li> </ul>		<ul style="list-style-type: none"> <li>▪ Reduction in complaints</li> <li>▪ Positive feedback.</li> <li>▪ Monitor Datix</li> </ul>
<b>4. Communication</b>			
<p>4.1 Establish a communication strategy which will support hospital discharge and prevention of admission.</p> <p>4.2 Provide comprehensive communication about delayed discharge processes, and performance and practice across</p>	<ul style="list-style-type: none"> <li>▪ Develop a comprehensive communication strategy about delayed discharge processes and prevention of admission services, and performance and practice across agencies staff groups and the community.</li> <li>▪ Ongoing shared learning and awareness of purpose, roles, responsibilities, pathways and skills of all key players in hospital and</li> </ul>		<ul style="list-style-type: none"> <li>▪ Develop a communication strategy</li> <li>▪ Provision of information re hospital discharge and prevention of admission to patients, service users and carers.</li> <li>▪ Provision of information across staff groups</li> </ul>

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Key Action	Detailed Action	Time-scale	Evidence of Progress
agencies staff groups and the community.	community. <ul style="list-style-type: none"> <li>▪ Make information on community alternatives readily available in hospital to relatives.</li> <li>▪ Channel relevant information to other key fora such as GP Forum and Primary and Secondary Care Clinicians Forum.</li> </ul>		
4.3 Support shared learning as a way of improving communication and understanding of roles across disciplines and agencies.	<ul style="list-style-type: none"> <li>▪ Explore scope for shadowing and nursing placement rotation between hospital and community staff to increase awareness of progress and new developments.</li> </ul>		<ul style="list-style-type: none"> <li>▪ Scope for work shadowing identified.</li> </ul>
<b>5. Funding Pressures/Budget Management</b>			
5.1 Budget Management	<ul style="list-style-type: none"> <li>▪ Identify key budget pressures</li> <li>▪ Prioritisation of expenditure</li> </ul>		<ul style="list-style-type: none"> <li>▪ Ongoing budget management linking to mainstream budgets</li> </ul>
<b>6. Performance Management</b>			
2.1 Establish discharge core Data set.	<ul style="list-style-type: none"> <li>▪ Confirm hospital discharge Core Data Set.</li> </ul>		<ul style="list-style-type: none"> <li>▪ Core Data set established</li> </ul>
2.2 Provide Performance Management reports.	<ul style="list-style-type: none"> <li>▪ Report on Delayed discharge Performance Management in line with Delayed Discharge National Targets.</li> <li>▪ Provide management reports which provide a focus on the analysis of data across range of critical local discharge processes.</li> <li>▪ Need clarity about what is delayed discharge and what is service redesign?</li> </ul>		<ul style="list-style-type: none"> <li>▪ Reports presented to Delayed Discharge reporting routes</li> <li>▪ Provide Management reports on Census Outcome in line with national targets as reported within EDISON.</li> </ul>

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<b>Key Action</b>	<b>Detailed Action</b>	<b>Time-scale</b>	<b>Evidence of Progress</b>
2.3 Establish reporting routes for Delayed discharge information.	<ul style="list-style-type: none"> <li>▪ Establish where hospital discharge performance management information is reported through the emerging CHCP arrangements.</li> </ul>		<ul style="list-style-type: none"> <li>▪ Reporting process to be confirmed on establishment of CHCP.</li> </ul>

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