To: **Renfrewshire Integration Joint Board**

On: **26 March 2021**

Report by: **Interim Chief Officer**

Subject: **Unscheduled Care Performance and Performance Management Framework 2021/22**

Direction Required to Health Board, Council or Both	**Direction to:**	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Summary

1.1. Performance information is presented at all Renfrewshire IJB meetings.

1.2. The purpose of this report is to:

- Update on the progress of the NHS Greater Glasgow and Clyde Draft Unscheduled Care Joint Commissioning Plan (UC JCP), which outlines the ongoing work to finalise the Plan, including the learning from the COVID-19 pandemic. As part of the actions from the UC JCP, we also provide an update on the implementation of the new GGC-wide Discharge to Assess Policy;
- Update on Renfrewshire Health and Social Care Partnership's (HSCP) Ministerial Steering Group (MSG) Unscheduled Care indicators, with a focus on delayed discharge performance;
- Update on the planned review of Renfrewshire HSCP's Performance Management Framework; and
- Update on the Annual Performance Report 2020/21.

2. Recommendations

It is recommended that the IJB note:

1. Progress on the NHS Greater Glasgow and Clyde Draft Unscheduled Care Joint Commissioning Plan and Discharge to Assess Policy;
2. Renfrewshire HSCP's unscheduled care performance;

3. The proposed update/review of the HSCP's Performance Management Framework for 2021/22 and that updates will be brought to future meetings; and

4. An update on the Annual Performance Report 2020/21.

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3. Draft Unscheduled Care Joint Commissioning Plan 2020/25

3.1. In June 2020, NHS Greater Glasgow and Clyde's draft Unscheduled Care Joint Commissioning Plan was submitted to the IJB and was approved at this time.

3.2. The report outlined the work undertaken pre-COVID-19 by all six NHSGGC HSCPs to develop a system-wide Strategic Commissioning Plan in partnership with the NHS Board and Acute Services Division and in line with the IJB's Strategic Plan. The draft Unscheduled Care Commissioning Plan builds on the GGC Unscheduled Care Improvement Programme and is integral to the Board-wide Moving Forward Together programme.

3.3. The draft Unscheduled Care Commissioning Plan (UC JCP) was submitted to all six IJBs for consideration and approval, recognising that further work was required on key aspects. One key aspect of the unscheduled care work was learning from the pandemic, during which there had been a fall in unscheduled care activity.

3.4. The GGC HSCP Delivery Group has oversight for the delivery of the Plan and is leading on the work currently underway to finalise its completion. The HSCP Delivery Group has been tasked with reviewing and refreshing the 24 Actions contained within the original Plan, taking into account the learning from the pandemic. The review work aims to agree local targets for 2021/22 and 2022/23 and to consider the assumptions and spend within a Joint Commissioning Plan Financial Framework.

3.5. The HSCP has its own Local Unscheduled Care Group chaired by the Head of Health and Social Care (Paisley) to progress on the delivery of the commitments within the wider Plan and to develop local supporting, implementation plans. An update on this work programme will be submitted to the IJB meeting in September 2021, along with the finalised NHS GGC Unscheduled Care Joint Commissioning Plan.

4. **Home First Approach and Discharge to Assess Policy**

4.1. As part of the actions adopted within the draft NHS GGC Unscheduled Care Joint Commissioning Plan an NHSGGC-wide Discharge to Assess Policy has been developed to support timely discharge from Hospital. This is an NHSGGC-wide approach to support patient discharge to home or a homely environment, with development work ongoing during 2020/21.

4.2. The policy will work towards patients having their needs assessed and reviewed in their usual place of residence or own home rather than in hospital, as soon as they are medically fit and safe to be discharged. This policy, agreed on 19 February 2021, is being implemented across all NHSGGC Acute Adult Hospitals (including Mental Health and Learning Disabilities) and in all NHSGGC Health and Social Care Partnerships (HSCPs) to ensure consistency across the Board area. To support implementation, a suite of publicity materials has been developed to help inform and engage the wider public.

4.3. This Policy complements Renfrewshire's commitment to a Home First approach. This approach reflects local aims to support people to remain as independent as possible within their own home or in a homely setting; and ensure that they spend no more time than necessary in a hospital setting.

4.4. Currently the RHSCP support people to be discharged home from hospital as soon as they are fit do so. Discharge is arranged through our Care at Home Service and Locality Teams. It is recognised assessing people in their own home rather in than a clinical setting results in a more accurate assessment of needs and improved outcomes. Support plans for people leaving hospital are reviewed within four days of discharge to ensure people's needs are being met.

Next Steps for Renfrewshire

4.5. In the first instance, communication of the Policy is being shared with Chief Officers, Directors and General Managers (Acute Services), who will circulate to respective Heads of Service for onward cascade to Team Managers and their operational team members across all sites. Each Partnership is being asked to utilise its own communications' networks to ensure the information is shared appropriately in order to increase awareness and optimise delivery.

4.6. To support the roll out of the policy, Renfrewshire HSCP will be supported by our local Communications' Team who will cascade and raise awareness across the Partnership using a variety of media channels,

4.7. There is recognition within the HSCP Unscheduled Care Delivery Group that every HSCP is at a different stage therefore the uniform implementation could prove challenging. Acute and HSCPs across Greater Glasgow and Clyde will initiate its use then monitor and evaluate during a three-month review and learning cycle. Further updates will be brought to future IJB meetings as work progresses.

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5. MSG Unscheduled Care Indicators

5.1. We continue to rigorously monitor progress for delayed discharge during 2020/21 as part of our overall performance management process. The data presented in this paper is the most up to date confirmed figures for Renfrewshire, however performance has been impacted by the COVID-19 pandemic, and as such there are no targets

for 2020/21. The main unscheduled care indicators included in this paper are:

- Average number of delayed discharges (18+)
- Bed days lost to delayed discharge (18+)
- Number of emergency admissions (18+)
- Number of unscheduled hospital bed days; acute specialties (18+)
- A&E attendances (18+)

6. Average Number of Delayed Discharges (18+)

6.1. A delayed discharge is experienced by an inpatient occupying a bed in a hospital who is clinically ready to move on to the next stage of care but is prevented from doing so by one or more reasons for delay in discharge.

6.2. For most patients, following completion of health and social care assessments, the necessary care, support and accommodation arrangements are put in place in the community without any delay and the patient is appropriately discharged from hospital.

6.3. Bed days data are available with the following reasons for delay:

- Health and social care reasons
- Patient and family related reasons
- Code 9 reasons

6.4. Code 9 reasons for delay were introduced in 2006, and are used for delays which are outside the control of the HSCP.

Code 9s are used for the following reasons:

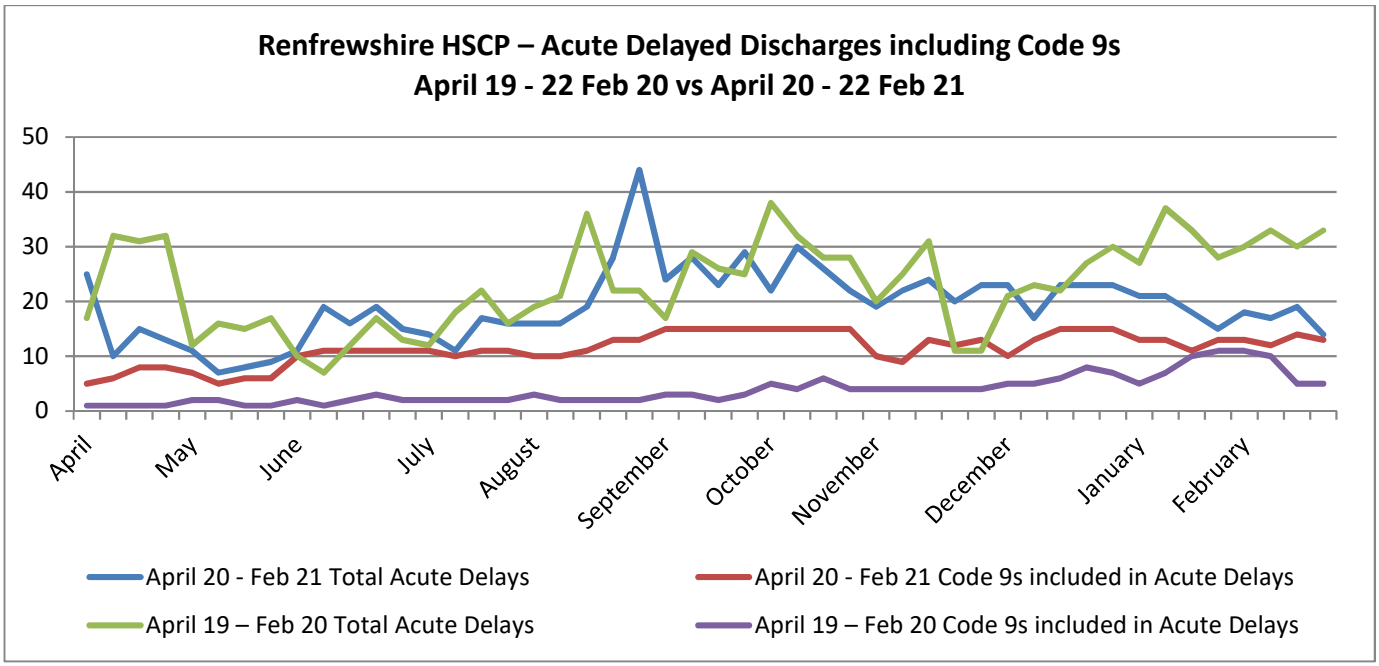
- Adults With Incapacity (AWI) going through a Guardianship process
- The patient is delayed awaiting availability of a place in a specialist facility, where no facilities exist and an interim move would not be appropriate
- Patients for whom an interim move is not possible or reasonable.

6.5. Table 1 shows the average weekly number of delayed discharges from April 2020 to 22 February 2021, compared with the same period in 2019/20. The total daily average per week in 2020/21 shows a 17.4% decrease compared to 2019/20, however the number of Code 9 cases included in the Acute total is three times higher than in 2019/20. Graph 1 shows the progress over the two-year comparison. The reasons behind the increase in these numbers are discussed in more detail at 10.1.

Table 1: Average Numbers of Delayed Discharges (18+)

Data recorded every Monday from the NHSGGC Chief Exec's Report	April 20 - Feb 21		April 19 – Feb 20	
	Average Acute Delays	**Code 9s included in Acute Delays**	**Average Acute Delays**	**Code 9s included in Acute Delays**
Daily average per week	**19**	**12**	**23**	**4**

Graph 1: Acute Delayed Discharges including Code 9s

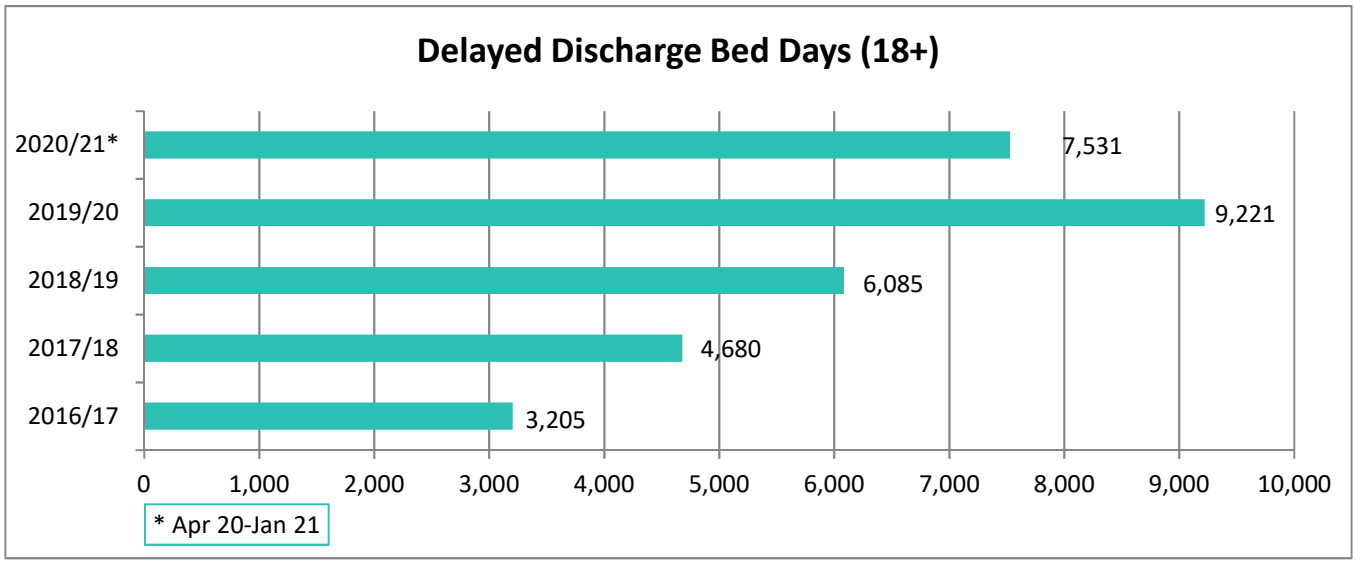


7. Delayed Discharge Bed Days Lost (18+)

7.1. Performance for delayed discharge bed days (18+) from April 2020 to 626April 2019 to January 2021 when it was 7,139. Graph 2 shows progress from 2016/17.

7.1. The number of patients under the Code 9 definition (as defined in paragraph 6.4 above) have more than tripled for the period April 2020 to January 2021 (4,905 bed days) compared to the same period in 2019/20 (1,143 bed days), while standard delays have reduced by 56.2% from 5,996 in 2019/20 to 2,626 in 2020/21.

Graph 2: Delayed Discharge Bed Days (18+) 2016/17- January 2021



8. COVID Impact on Delayed Discharge Performance

8.1. The following three issues have impacted on delayed discharge performance, in relation to both average number of delays and bed days lost, although there has been recent improvement in all areas:

1. Legal Processes

8.2. The legal process involved in Guardianship applications and complex cases as outlined in tables 5.2 and 5.3 significantly slowed during the pandemic due to the pause in court proceedings. However the courts have started to schedule Guardianship hearings again and patients are now able to be discharged with agreed care plans in place. There is also ongoing improvement with Mental Health Officers maintaining good contact with private solicitors to prioritise hospital discharges, and robust and efficient Guardianship application processes are in place. It should also be noted that during the pandemic, Scottish Government made no emergency provision for Adults With Incapacity (AWI).

2. Care Home Availability

8.3. Care Home availability was restricted by COVID-19 outbreaks due to infection control issues which made placements more complex. A reduction in outbreaks now means there is increased placement choice and availability and the COVID-19 vaccination programme should also ensure a reduction in possible future outbreaks. We anticipate a return to stable hospital discharge to care homes in the near future.

3. Care at Home Resources

8.4. Due to COVID-19 infection, the Care at Home service was affected by high rates of staff sickness absence, as well as a number of staff stepped back, in line with Renfrewshire Council guidance in response to the pandemic (pre-COVID-19 absence rates were approximately 15%. Rates increased to 30% during the pandemic and have now

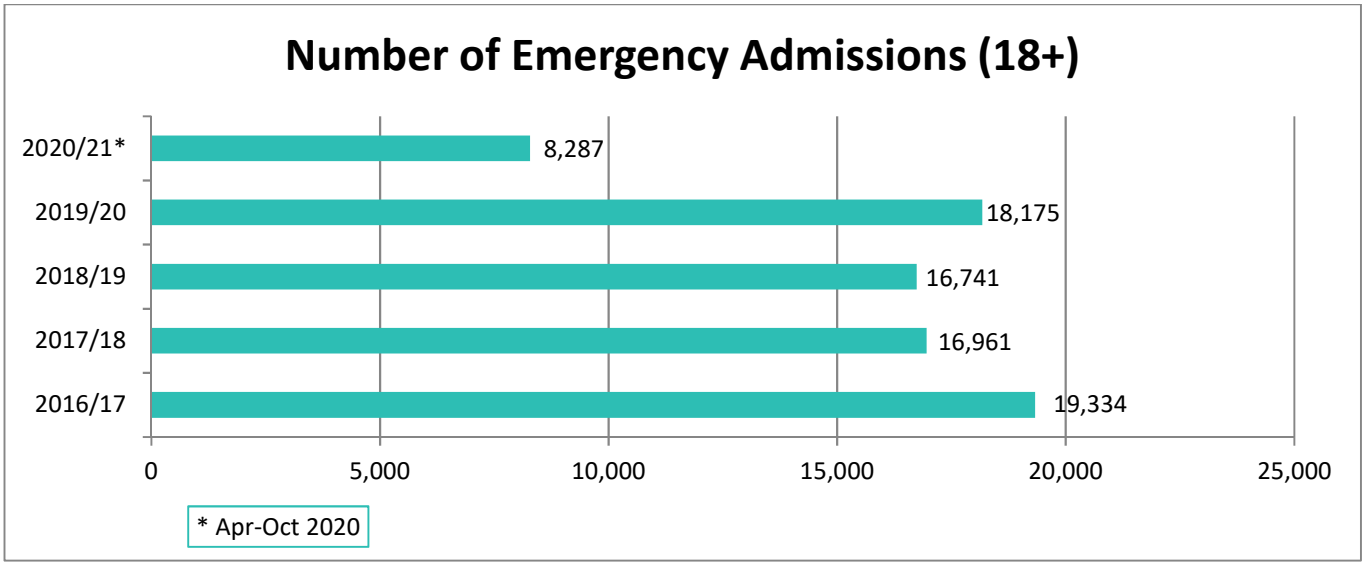
reduced to 16.5% at March 2021). These factors impacted on capacity planning, in turn affecting care package availability for discharge. With staff absence rates stabilising, there is capacity to meet service provision demand and there have been no Care at Home delays from hospital for over six weeks. The Care at Home Service is meeting all hospital discharge requests at this time, supporting those in greatest need as defined by the eligibility criteria.

9. Overall Delayed Discharge Performance

9.1. It should be noted that in the national context, Renfrewshire's delayed discharge performance remains strong, in eighth position of the 32 local authorities (up from ninth place in December 2020), with 663 bed days lost during the month of January 2021. This equates to a rate of 456.6 per 100,000 population. The range varies from a rate of 159.1 at position one, to 1,942.6 at position 32. The Scottish average is 793.2. Compared to all six NHSGGC Health and Social Care Parternships, Renfrewshire's performance is second only to East Renfrewshire, at a rate of 411.1.

10. Number of Emergency Admissions (18+)

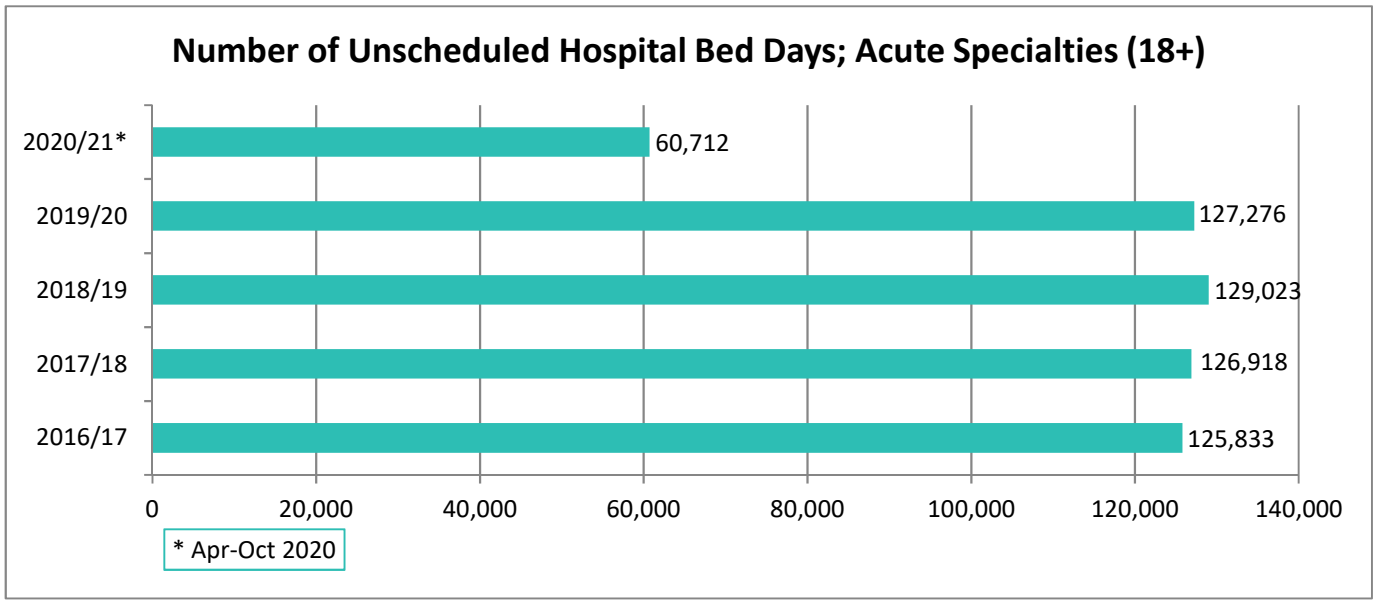
Graph 3: Number of Emergency Admissions (18+)



10.1 The graph above shows 8,287 emergency admissions from April to October 2020, a 23.3% decrease on the same period in 2019 (10,804).

11. Number of unscheduled hospital bed days; acute specialties (18+)

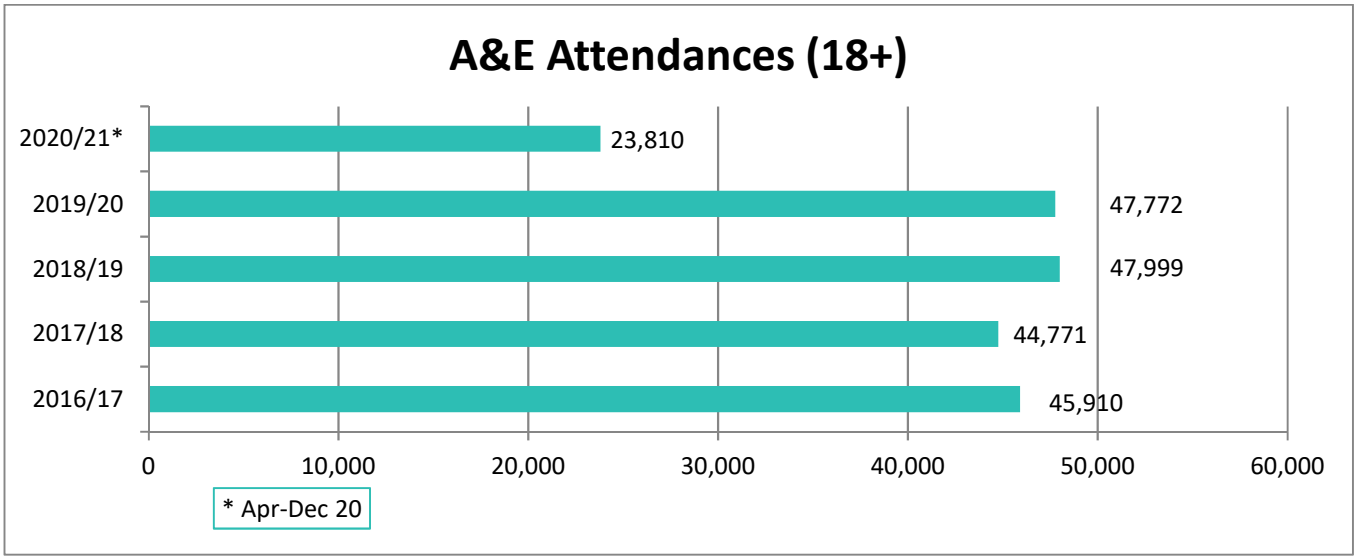
Graph 4: Unscheduled Hospital Bed Days; Acute Specialties (18+)



11.1 April to October 2020's performance is 60,712 unscheduled hospital bed days, a 17.7% decrease on the same period in 2019 (73,763).

12. A&E Attendances (18+)

Graph 5: A&E Attendances (18+)



12.1 April to December 2020 performance above shows 23,810 attendances, a 36.2% decrease on the same period in 2019 (37,291). Admissions to A&E departments have reduced due to the pandemic. This is consistent with how the NHS has adapted, directing people with less severe conditions to other NHS services and keeping them out of hospital where possible.

13. COVID Impact on other Unscheduled Care Indicators

13.1 The unprecedented challenges from both the first and second wave of the COVID-19 pandemic continue to influence all Unscheduled Care performance across NHSGGC, particularly Emergency Admissions and Unscheduled Hospital Bed days where data remains provisional.

13.2 The reduction in emergency admissions, unscheduled hospital bed days and A&E attendances mirrors a national trend as a result of the pandemic, with Public Health Scotland citing three possible reasons:

- Changes in behaviour: individuals being reluctant to use health services or delaying treatment because they do not want to burden the NHS or are anxious about the risk of infection.

- A pausing of preventative and non-urgent care such as some screening services and planned surgery.

- Other indirect effects of interventions to control COVID-19, such as changes to employment and income, changes in access to education, social isolation, family violence and abuse, changes in the accessibility and use of food, alcohol, drugs and gambling, or changes in physical activity and transport pattern.

13.3 Understanding which factors are responsible for changes in health and social care use during the pandemic is difficult and a number of national research projects are underway to help understand this in more detail. However the overall impact of the pandemic on unscheduled care indicators remains unpredictable and it is important to note that comparators for 2020/21 cannot be drawn from previous years' data.

13.4 In the meantime, we continue to work with hospitals to avoid unnecessary admissions and are focusing on keeping people supported at home wherever possible. We are working with the third and independent sector, GPs and others to further reduce admissions from care homes; ensure appropriate use of GP Out of Hours services; and two new alcohol outreach nurses took up post at the Royal Alexandra Hospital in January 2021 who will target individuals who do not currently engage with community services to help improve their life outcomes while reducing attendances at the Emergency Department. This will further enhance the work of the two Navigator posts that started at the Royal Alexandra Hospital in November 2019.

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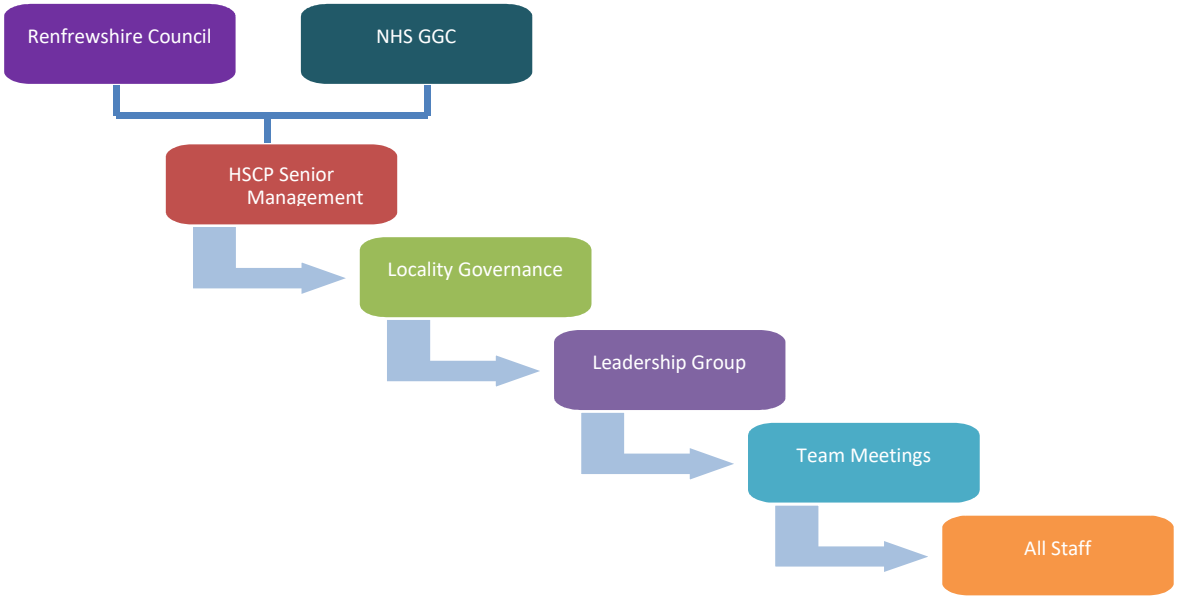
14. Performance Framework Review 2021/22

14.1. The ability to manage the performance of the HSCP is critical to its success. It enables members of the IJB, officers and other key stakeholders to assess whether we have achieving what we set out to do to meet our vision for Renfrewshire. We seek to promote a culture of continuous improvement to deliver better outcomes for individuals and communities and whilst performance management is well established within the HSCP, it is proposed that a comprehensive whole-system review is undertaken.

14.2. Although the review will be led by the Planning and Performance Team this will be a collaborative process across the HSCP (all services, Senior Management Team etc.) and with both parent organisations.



Existing Performance Framework

14.3. Our current Performance Management Framework in Renfrewshire HSCP is aligned to the nine National Health and Wellbeing Outcomes and helps to inform operational decision-making. It includes our statutory performance requirements; reporting on Key Performance Indicators (national, NHSGGC Board and local); producing our Annual Performance Report; Organisational Performance Reviews which take place bi-annually with the Chief Executives of our parent organisations, NHSGGC and Renfrewshire Council; reporting performance at all IJB meetings; and regular performance reviews on progress with our Strategic Plan priorities.

Performance Indicators' Review

14.4. Robust performance management and reporting allows us to meet statutory and regulatory requirements; identify areas of best practice; increase efficiency of care delivery and reduce costs; drive service improvement; improve patient-centred and service user care and deliver improved outcomes. By ensuring accountability, transparency and openness our Performance Management Framework informs decision- making in planning service areas and provides the structure to understand, scrutinise and improve service delivery. We will review the performance indicators in our Scorecard and refine reports to provide a targeted approach with regular updates. In addition, we will consider other performance requirements, particularly in relation to the Renfrewshire Council Plan, Renfrewshire Community Plan and the Local Government Benchmarking Framework.

14.5. The review process will ensure we have meaningful indicators and any targets set against the indicators are realistic and achievable. We also want to ensure the audience has the context to understand our

performance. Some areas are complex and a number of different factors can influence performance e.g. staff recruitment challenges can have a negative impact on service waiting times.

Proposed Performance Indicators for 2021/22

14.6. The 2020/21 year end Performance Scorecard will be presented to the IJB at the meeting on 25.06.21. We will include in this report an update on proposed indicators for 2021/22. Of the current 67 indicators that we currently report on, 31 (46%) are for information only. While we will still monitor the performance of these indicators, we would propose to reduce the number included in the 2021/22 Scorecard. In addition, performance against a number of the indicators has reached, and in some cases, exceeded target for a reasonable time. Working with the Heads of Service, we will also review these indicators and targets.

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15. Annual Performance Report 2020/21

15.1 Renfrewshire HSCP's Annual Performance Report 2019/20 was published in October 2020. It provided an overview of the strong partnership working within Health and Social Work Services, and with our partners in Community Planning, Housing, and the Third Sector.

15.2 Work has now begun on the 2020/21 report which will follow a similar format, balancing qualitative information against statistical data and highlighting the importance of patients', service users' and carers' feedback in the development and improvement of our services. It will also give an update on our response to the COVID-19 pandemic. We aim to publish the 2020/21 report by 31 July 2021.

Implications of the Report

1. **Financial –** None
2. **HR & Organisational Development –** None
3. **Community Planning –** None
4. **Legal –** Meets the obligations under clause 4.4 of the Integration Scheme.
5. **Property/Assets –** None
6. **Information Technology –** None
7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Health & Safety –** None
9. **Procurement –** None
10. **Risk –** None
11. **Privacy Impact –** None

List of Background Papers – None.

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