To: **Renfrewshire Integration Joint Board**

On: **25 March 2022**

Report by: **Head of Strategic Planning and Health Improvement**

Subject: **Unscheduled Care Performance 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 The purpose of this report is to update on Renfrewshire Health and Social Care Partnership's (HSCP) Ministerial Strategic Group (MSG) Unscheduled Care indicators. The data presented in this paper is the most up to date confirmed figures for Renfrewshire.

2. Recommendation

It is recommended that the IJB:

- Note Renfrewshire HSCP's unscheduled care performance.

3. MSG Unscheduled Care Indicators

3.1 We continue to monitor progress on our unscheduled care performance measures during 2021/22 as part of our overall performance management process. The main unscheduled care indicators included in this paper are:

- Delayed Discharges at census point (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+)

3.2 The impact of the Omicron variant has caused significant challenges across Health and Social Care. The effect has been a slowing and reversal of much of the progress made in reducing Delayed Discharges in the autumn months.

3.3 Significant work continues to be undertaken in Renfrewshire and across NHSGGC. Our discharge huddles meet three times per week to expedite the discharge process and our collaborative work to reduce the time patients are delayed in hospital continues.

3.4 Renfrewshire HSCP continues to work closely with the other five HSCPs in Greater Glasgow and Clyde, the NHS Board and the Acute Services Division on the Board wide Unscheduled Care Improvement Programme. Members will note that an update on the final Design and Delivery Plan for this programme is the subject of a separate paper to this meeting.

4. Delayed Discharges (18+)

4.1 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.

4.2 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.

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

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

4.4 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.

4.5 Delayed Discharges at Census Point (18+)

Table 1 shows the average number of delayed discharges recorded at census point (the last Thursday of the month) from Jan 2021 to December 2021, compared with the same period in 2020.

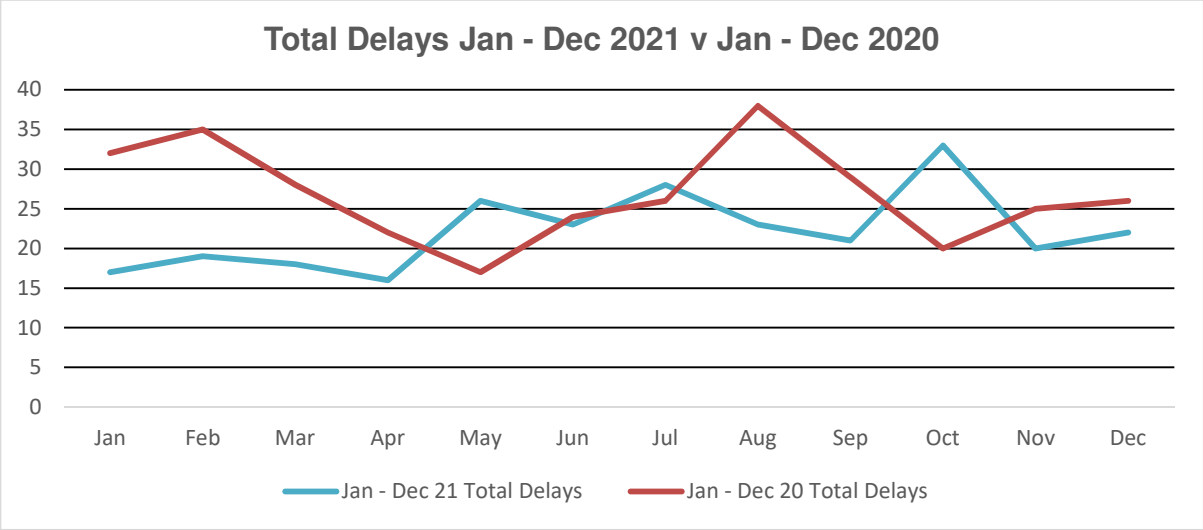
Table 1: Average Standard and Code 9 delays (18+) at census point

Delayed Discharges daily average at monthly census point	Jan 21 - Dec 21			Jan 20 - Dec 20		
	Total Delays **22**	**Standard Delays** **7**	**Code 9s** **15**	**Total Delays** **27**	**Standard Delays** **12**	**Code 9s** **15**
Range from Jan to Dec	**(16 – 33)**	**(3 – 19)**	**(11–19)**	**(17–38)**	**(4–26)**	**(9-20)**

- The average total delays per day for 2021 showed an 18.5% decrease compared to 2020
- The average standard delays per day for 2021 decreased by 41.7% compared with performance in 2020
- The average Code 9 delays per day for 2021 remained the same as the performance in 2020

4.6 Graph one shows the movement between calendar years 2020 and 2021 for the total number of delays at census point.

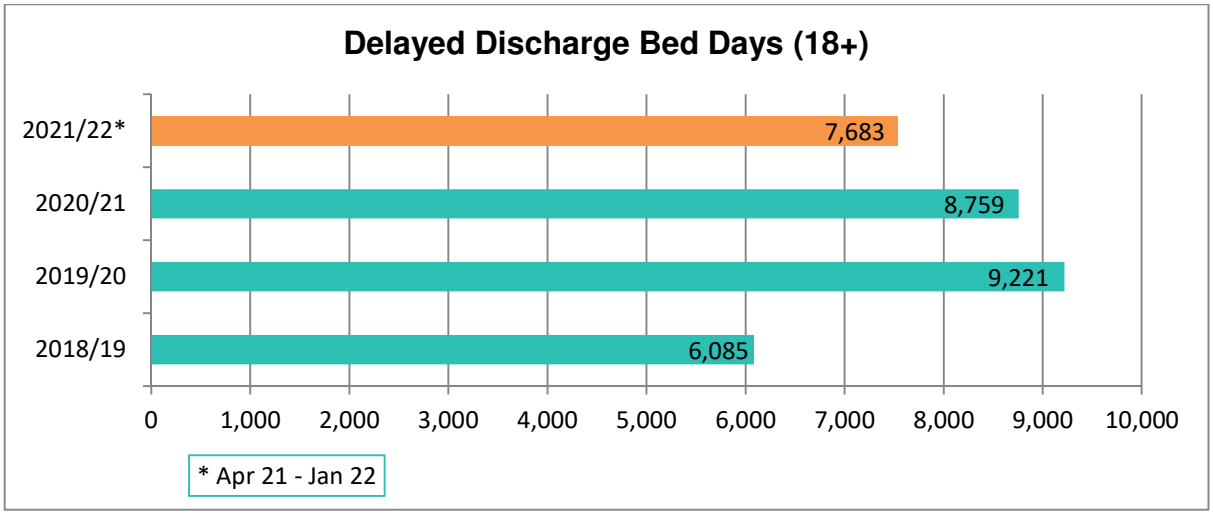
Graph 1: Total Delays at census point Jan - Dec 2021 v Jan - Dec 2020



5. Delayed Discharge Bed Days Lost (18+)

5.1 The number of delayed discharge bed days lost (18+) from April 2021 to January 2022 was 7,683 compared to 7,531 for the same period in the previous year. Graph 2 shows performance from 2018/19.

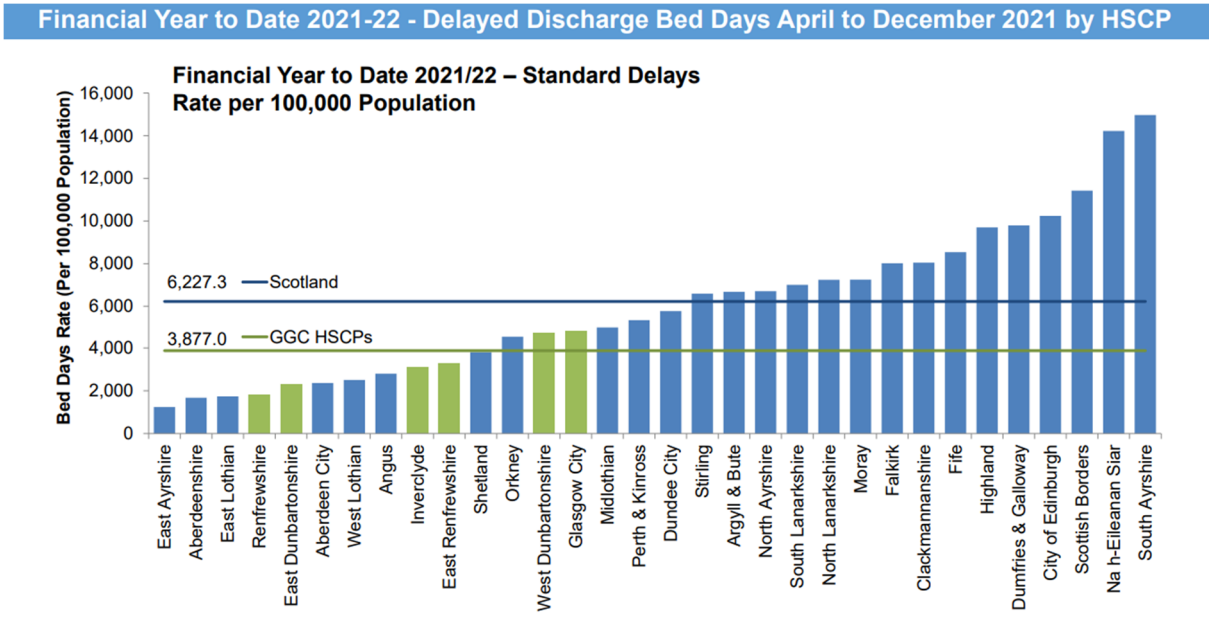
Graph 2: Delayed Discharge Bed Days (18+) 2018/19 - January 2022



5.2 Bed Days Lost excluding Code 9s

Within a national context, Renfrewshire's delayed discharge performance is strong with regard to bed days lost due to standard delays. For the period April to December 2021, Renfrewshire was ranked fourth out of the thirty two Local Authority areas with 2,656 bed days lost. This equates to a rate of 1,825 per 100,000 population. The range varies from a rate of 1,237.6 at position one, to 14,969.1 at position 32. The national average was 6,227.3 and the Greater Glasgow and Clyde average was 3,877.

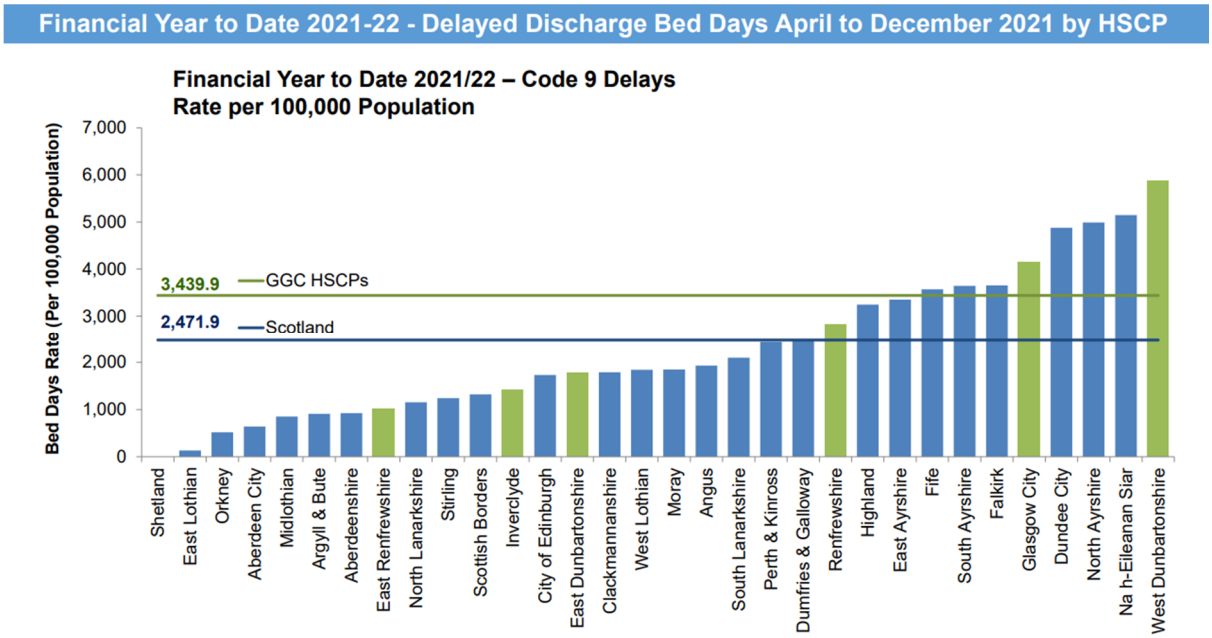
Graph 3: Delayed Discharge Bed Days April 2021 to December 2021 by HSCP



5.3 Bed Days Lost, Code 9s

Performance on bed days lost due to Code 9 delays has been more challenging in Renfrewshire. For the period April to December 2021, Renfrewshire was ranked twenty second out of the thirty two Local Authority areas with 4,094 bed days lost for the period April to December 2021. This equates to a rate of 2,813.1 per 100,000 population. The range varies from a zero rate at position one, to 5,873.9 at position 32. The Scottish average was 2,471.9 and the Greater Glasgow and Clyde average was 3,439.9

Graph 4: Code 9 Delayed Discharge Bed Days April 2021 to December 2021 by HSCP



6. Issues that Impact on Delayed Discharge Performance

6.1 Despite the difficulties posed throughout the pandemic, the HSCP has maintained a pro-active approach to reducing delayed discharges with a home first approach considered in all cases. We are discharging patients 7 days a week and using interim care beds when needed.

6.2 The following are the key issues that have impacted on delayed discharge performance, in relation to both average number of delays and bed days lost.

6.2.1 Care at Home Capacity

The Care at Home Service has continued to be affected by high rates of staff sickness absence which, combined with staffing vacancies, has resulted in the service operating with the equivalent of 30% of staff unavailable as at 28/01/2022. These factors impacted on capacity planning, in turn affecting care package availability for discharge. The Care at Home Service is currently meeting all hospital discharge

requests at this time, supporting those in greatest need as defined by the eligibility criteria.

The Care at Home Service works closely with external providers to gain additional capacity. External framework providers are now accepting new referrals as well as restarts and the recent set up of a new 'off-framework' provider has given capacity in some areas with further growth potential.

We continue to focus and drive forward Care at Home recruitment. The recruitment process to fill vacant posts is on-going and rolling adverts continue for care at home workers with interviews scheduled.

6.2.2 Care Home Availability

Care Home availability has continued to fluctuate with COVID-19 outbreaks resulting in infection control issues restricting available placements and reducing placement option choices for patients and their families. This situation changes on a daily basis and is continuously monitored.

6.2.3 Adults with Incapacity (AWIs)

While timescales for AWI/Guardianships are not within our control, we have a pro-active approach with families and solicitors on a case-by-case basis. Cases are regularly reviewed and solicitors are contacted frequently to ensure cases are progressed as swiftly as possible.

6.2.4 Specialist Facilities

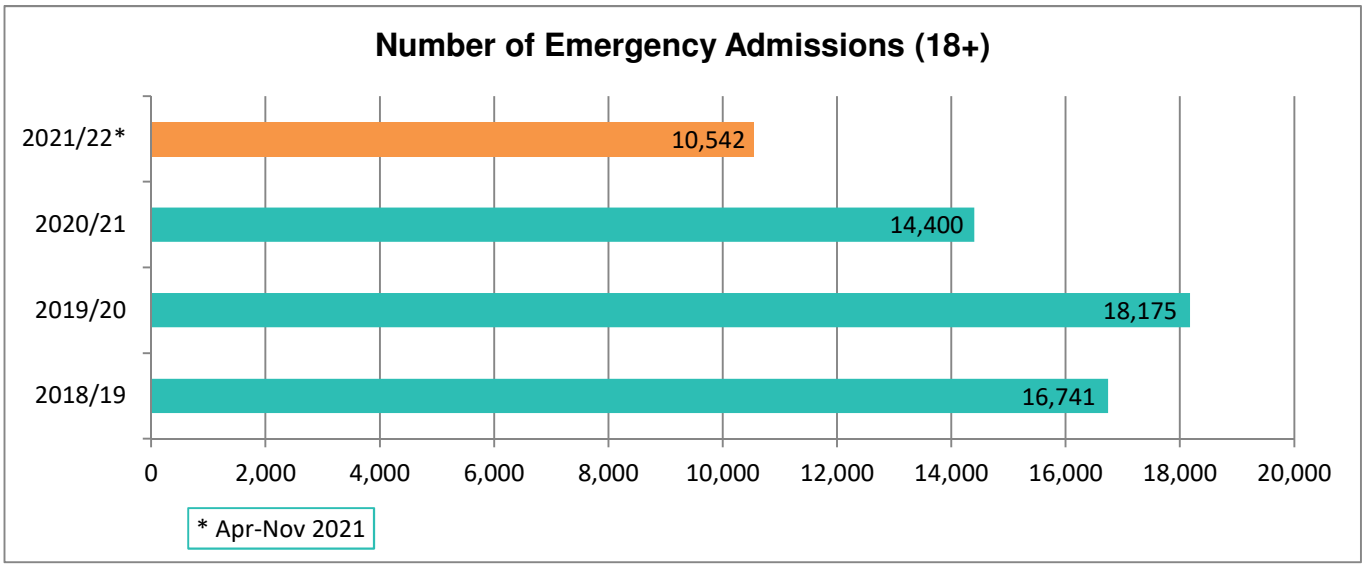
A number of patients recorded as Code 9 delays have very specific care needs requiring highly specialised individual care. There is a limited number of service providers at both local and national level which, at current available capacity, is insufficient to meet the present demand for care packages.

7. Number of Emergency Admissions (18+)

7.1 Graph 5 shows 10,542 emergency admissions from April to November 2021. This was an 11% increase on the same period in 2020 (9,499).

The number of emergency admissions in April to November 2020 decreased from the previous year due to the pandemic. While the rates have increased in 2021, this performance still reflects a 13.7% decrease in the pre-pandemic numbers reported for April – November 2019 (12,217).

Graph 5: Number of Emergency Admissions (18+)

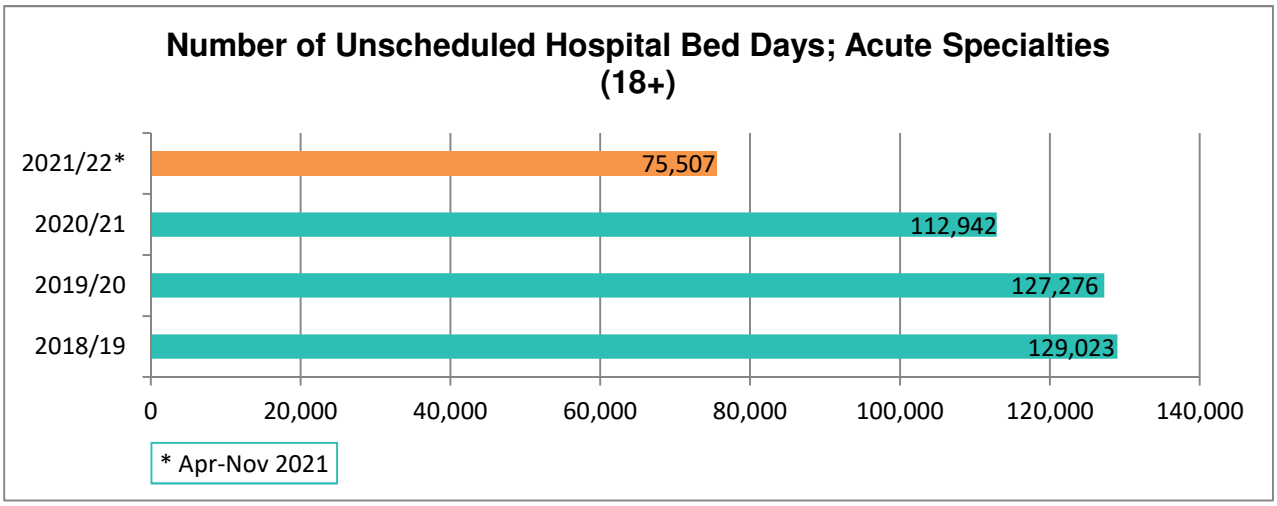


8. Number of Unscheduled Hospital Bed Days; Acute Specialties (18+)

8.1 The number of unscheduled hospital bed days (acute) for the period April to November 2021 was 75,507. This was a 5.1% increase on the same period in 2020 (71,845).

Similar to the performance for emergency admissions, the number of unscheduled hospital bed days (acute) for the period April to November 2020 decreased from the previous year due to the pandemic. While the rates have increased in 2021, this performance still reflects a 10.2% decrease in the pre-pandemic numbers reported for April – November 2019 (84,043).

Graph 6: Unscheduled Hospital Bed Days; Acute Specialties (18+)

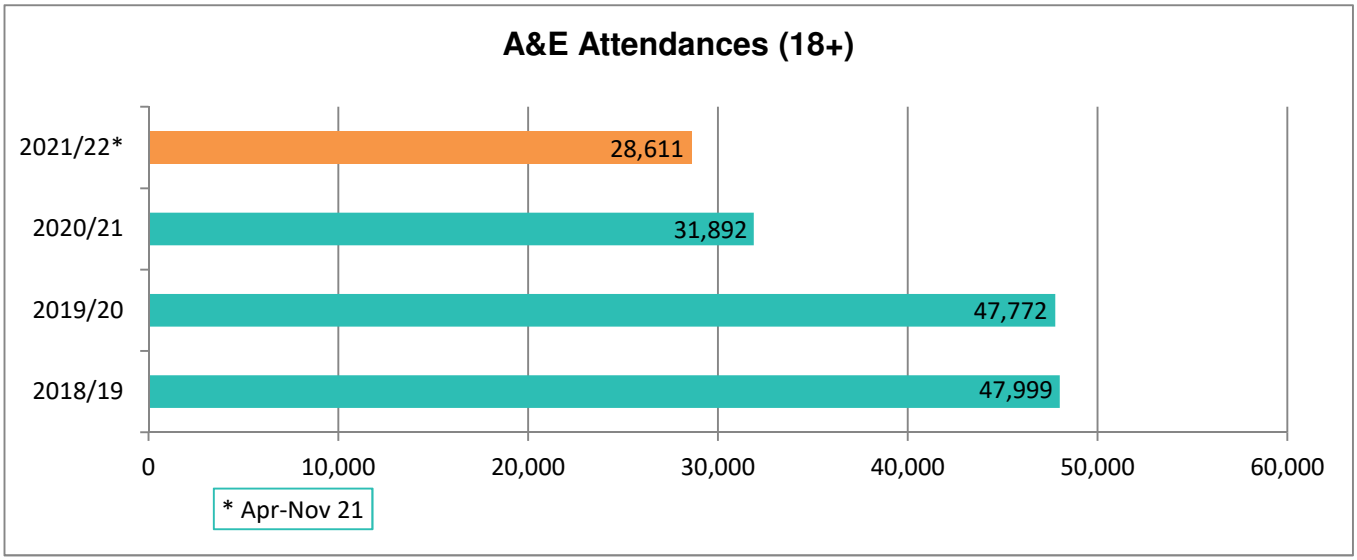


9. A&E Attendances (18+)

9.1 The number of A&E attendances (18+) for the period April to November 2021 was 28,611. This was a 35.3% increase on the same period in 2020 (21,151).

The number of A&E attendances (18+) for the period April to November 2020 decreased from the previous year due to the pandemic. While the rates have increased in 2021, this performance still reflects a 12.7% decrease in the pre-pandemic numbers reported for April to November 2019 (32,781).

Graph 7: A&E Attendances (18+)



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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