

To: Renfrewshire Integration Joint Board

On: 31 March 2023

Report by: Head of Health and Social Care

Subject: Unscheduled Care Performance 2022/23

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.
- 1.2 Unscheduled Care Performance so far in the financial year 2022/23 has improved when comparing with the pre-pandemic year in 2019/20. The Health and Social Care Partnership is progressing a number of initiatives to reduce delayed discharges, emergency admissions and A&E attendances. These are detailed in section 11.

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 2022/23 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 Public Health Scotland is revising the publication schedule of MSG indicators. Updates were previously issued on a monthly basis, however as of 2023, updates will be issued on a quarterly basis. As such, this is the most up to date performance data available.
- 3.3 Data for the Emergency Admissions and Unscheduled Hospital Bed Days indicators are provisional and will be subject to revision in future releases. Provisional data has been marked as p in the following charts.

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 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 outwith 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 January to December 2022, compared with the same period in 2021.

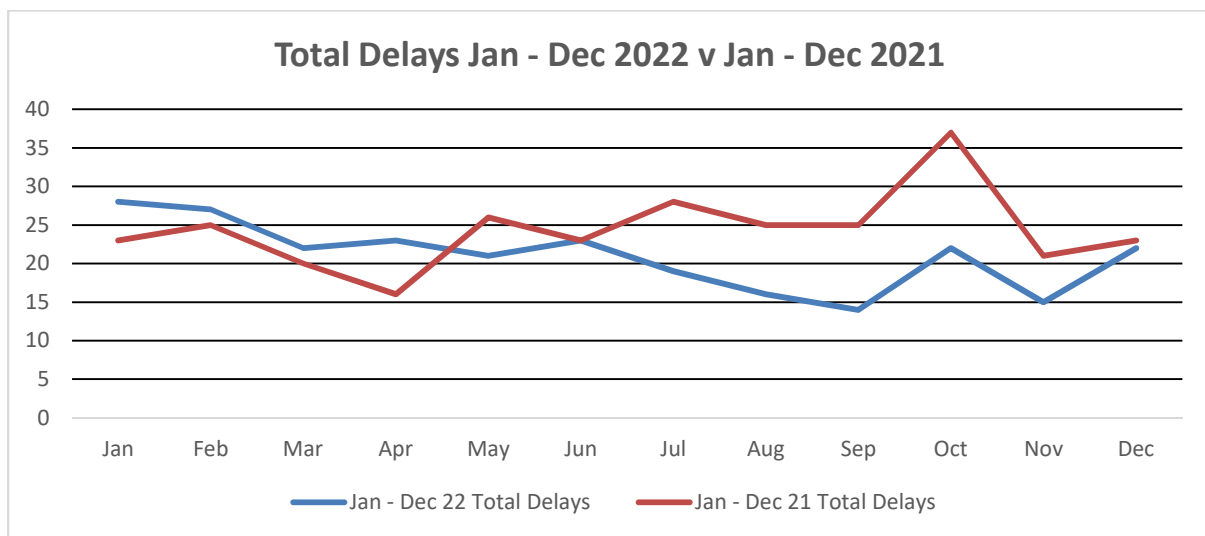
Table 1: Average Standard and Code 9 delays (18+) at census point

Delayed Discharges daily average at monthly census point	Jan 22 - Dec 22			Jan 21 - Dec 21		
	Total Delays 21	Standard Delays 6	Code 9s 15	Total Delays 24	Standard Delays 7	Code 9s 17
Range Jan to Dec	(14–28)	(2–12)	(10–25)	(16–37)	(3–19)	(12–21)

- The average total delays per day for 2022 showed a 12.5% decrease compared to 2021

4.6 Graph one below shows the movement between calendar years 2022 and 2021 for the total number of delays at census point.

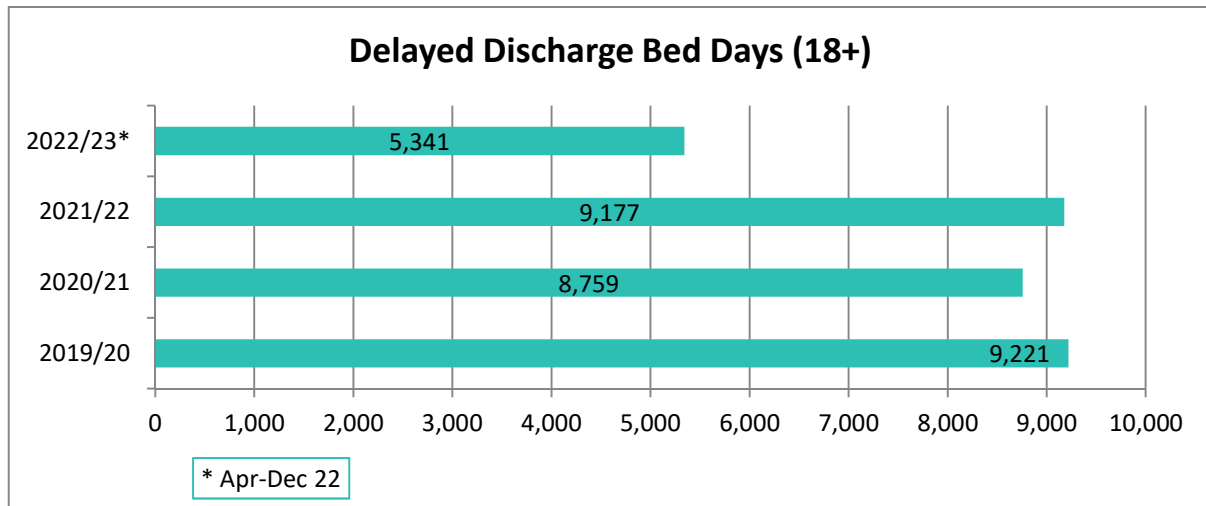
Graph 1: Total Delays at census point Jan - Dec 2022 Vs Jan - Dec 2021



5. Total Delayed Discharge Bed Days Lost (18+)

5.1 The number of delayed discharge bed days lost (18+) from April to December 2022 was 5,341 compared to 6,750 for the same period in 2021. Graph 2 shows performance from 2019/20 to date.

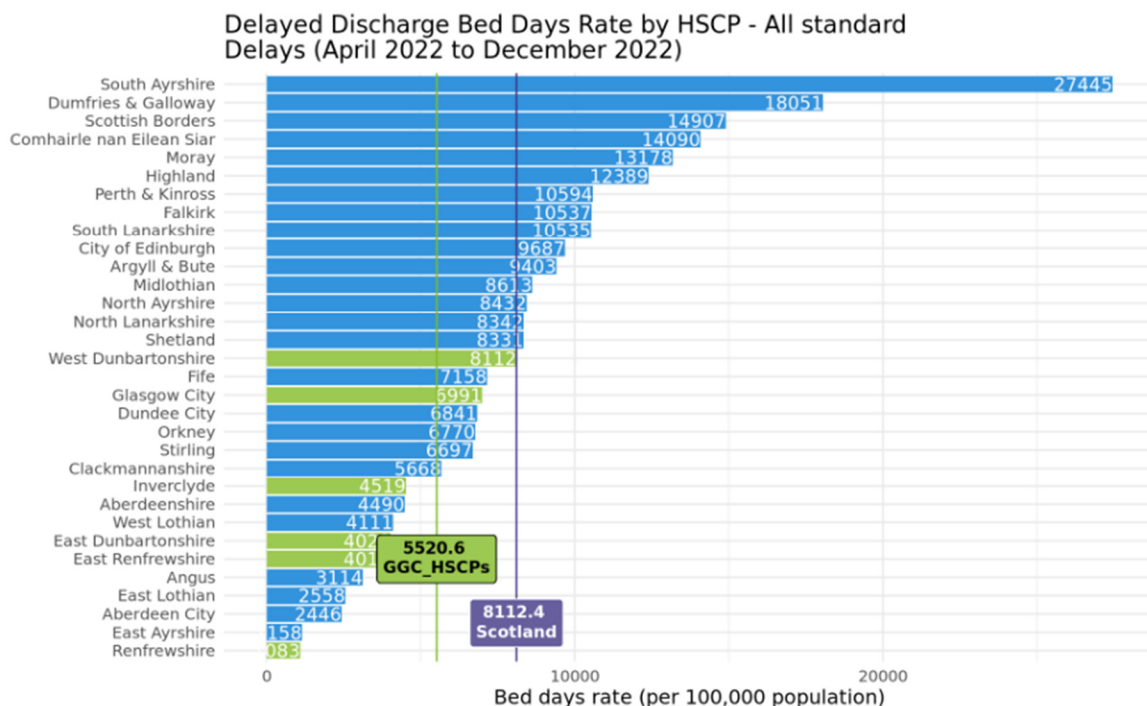
Graph 2: Delayed Discharge Bed Days (18+) 2019/20 - December 2022



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 2022, Renfrewshire was ranked first of the 32 Local Authority areas, with 1,585 bed days lost. This equates to a rate of 1,083.3 per 100,000 population. The range varies from a rate of 1,083.3 at position one, to 27,445.5 at position 32. The national average was 8,112.4 and the Greater Glasgow and Clyde average was 5,520.6.

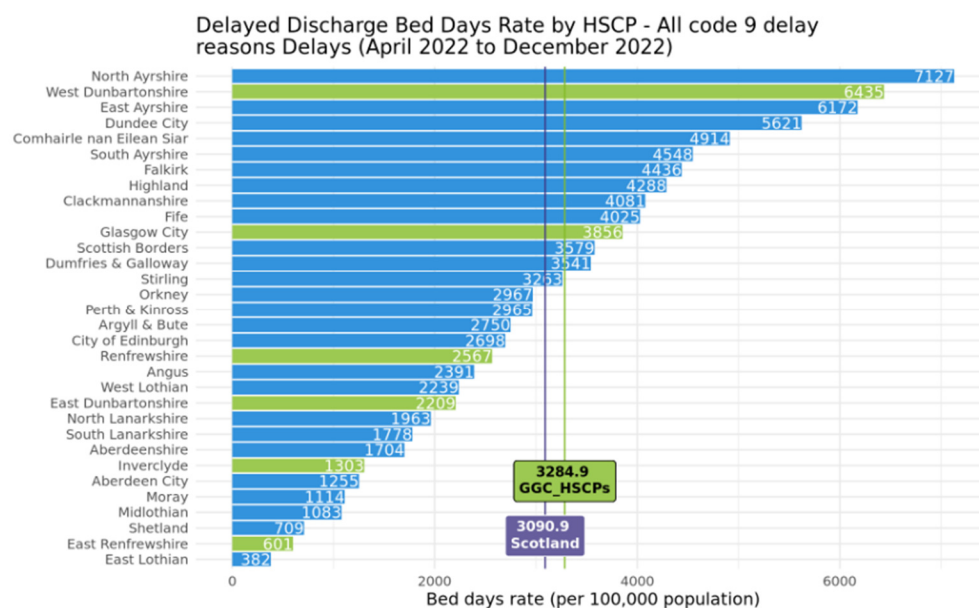
Graph 3: Delayed Discharge Bed Days April to December 2022 by HSCP



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 2022, Renfrewshire was ranked fourteenth of the 32 Local Authority areas, with 3,756 bed days lost. This equates to a rate of 2,567 per 100,000 population. The range varies from a rate of 382.2 at position one, to 7,127.8 at position 32. The Scottish average was 3,090.9 and the Greater Glasgow and Clyde average was 3,284.9.

Graph 4: Code 9 Delayed Discharge Bed Days April to December 2022 by HSCP



5.4 Adults with Incapacity (AWIs)

Demand for AWI reports has remained steady. Report requests and referrals for Chief Social Work Officer AWI applications also continue at a high rate (including non-delay cases). By the end of the current reporting year in March 23, demand for AWI reports is likely to show an increase of more than 20% compared with 2021/22.

6. Care at Home

- 6.1 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 December 2022. The Care at Home Service has continued to meet all hospital discharge requests at this time, supporting those in greatest need as defined by the eligibility criteria. However, this has in turn impacted on individuals awaiting care in the community, with a steady increase in the number of service users awaiting full service provision.

- 6.2 External framework providers continue to have limited capacity due to difficulties in recruiting and maintaining staff. Several providers have highlighted issues with capacity, especially in the Erskine/Bishopton area. This has resulted in a number of long term care cases being held by the Reablement Team due to lack of available capacity, reducing the capacity to provide a full Reablement Service.

7. HSCP Care Homes

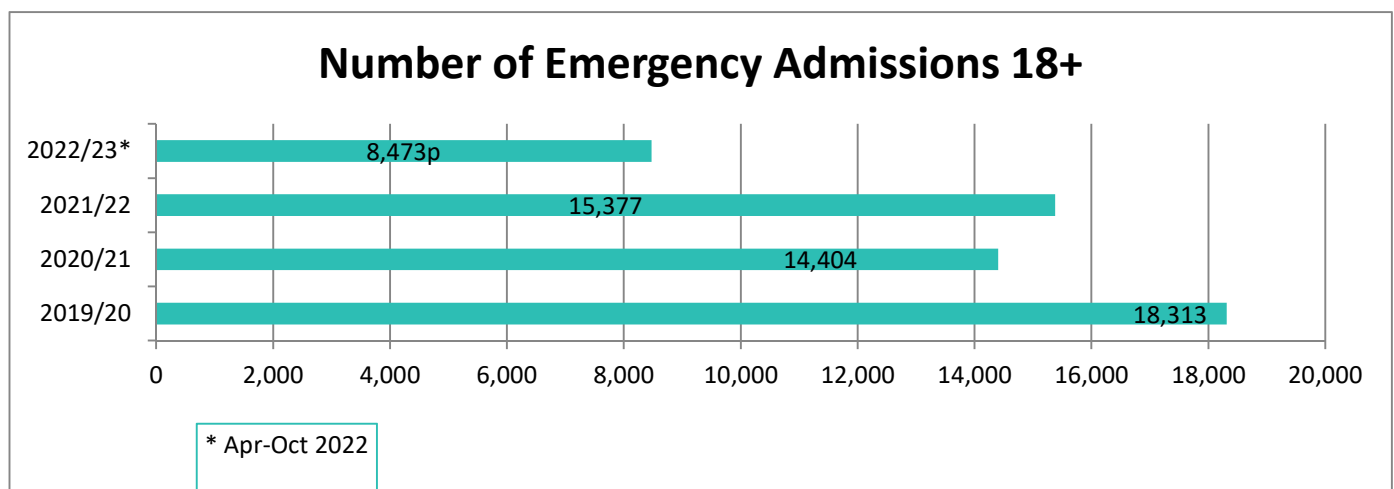
- 7.1 The HSCP care homes continue to provide 24-hour residential care and support to 132 residents, with full occupation of all available beds. When a bed becomes available, the care home teams prepare the rooms for the next resident to occupy within a few days, helping to facilitate efficient discharges from hospital. The care homes also support interim placements as required, which has assisted in reducing delayed discharge.

8. Number of Emergency Admissions (18+)

- 8.1 Graph 5 shows 8,473 emergency admissions from April to October 2022. This was a 11.5% decrease on the same period in 2021 (9,576).

- 8.2 The numbers for April to October 2022 evidence a 2% increase on the previous lowest figure of 8,311 reported for the same period in 2020, when performance was impacted on by the pandemic.

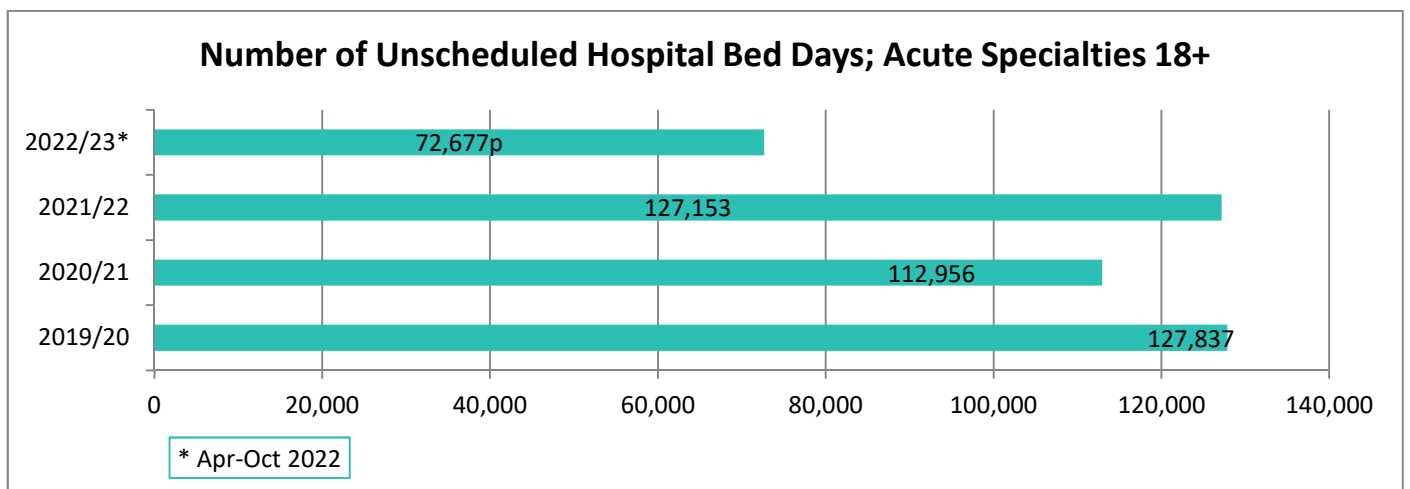
Graph 5: Number of Emergency Admissions (18+)



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

- 9.1 The number of unscheduled hospital bed days (acute) for the period April to October 2022 was 72,677 - a 2.6% decrease on the same period in 2021 (74,603).
- 9.2 Similar to the performance for emergency admissions, the number of unscheduled hospital bed days (acute) for the period April to October 2020 decreased from the previous year due to the pandemic. While the rates increased in 2021 as evidenced above, performance is on course to register a slight improvement for the current financial year.

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

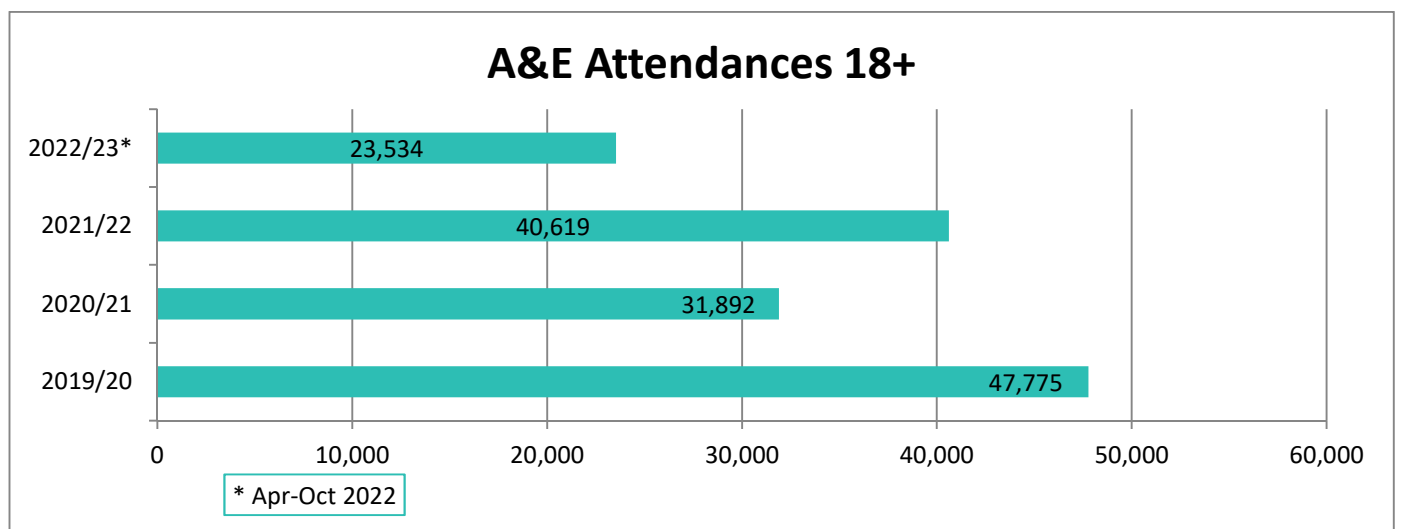


10. A&E Attendances (18+)

10.1 The number of A&E attendances (18+) for the period April to October 2022 was 23,534, an 8.1% decrease on the same period in 2021 (25,614).

10.2 The number of A&E attendances (18+) for the period April to October 2021 increased compared with 2020/21, due to the impact of the pandemic. While rates increased in 2021/22, they did not return to the same level recorded in 2019/2020. To date, numbers for 2022/23 are currently 19.4% lower than the equivalent period in 2019 (29,204).

Graph 7: A&E Attendances (18+)



11. HSCP Unscheduled Care Initiatives

- 11.1 The Partnership is currently progressing a number of initiatives to reduce delayed discharges, emergency admissions and A&E attendances. It is expected that the following areas of work will have a positive impact on our unscheduled care performance throughout 2023.
- 11.2 The Home First Response Service, hosted by Renfrewshire and Glasgow City HSCPs conducted the first of a series of phased launches on 1 November 2022. This service delivers a multidisciplinary team at the Emergency Department front door of the Royal Alexandra and Queen Elizabeth University hospitals, reviewing frail patients with a view to avoiding admissions through community care provision. Recruitment is ongoing to recruit five Advanced Practice Frailty Practitioners in Renfrewshire – two in Community and three at the Royal Alexandra Hospital. Two practitioners are already in post with the third due to start at the end of February. It is expected the final two practitioners will be in post by June 2023. Recruitment continues for Allied Health Professionals. The initial phase of the service has proved promising, with several patients urgently referred to Community Rehabilitation as opposed to being unnecessarily admitted. Full data will be gathered once the service is deemed fully operational.
- 11.3 An Anticipatory Care Plan (ACP) Group has been established in Renfrewshire and an action plan has been developed. Promotion continues through delivery of staff training sessions, an increase in the number of ACP champions, and a communication and engagement plan. The NHSGGC Anticipatory Care Group is working to standardise ACP recording across the Health Board area.
- 11.4 A Community Falls Pathway and a Nursing/Care Home Falls Pathway were rolled out during 2022. The Nursing/Care Home Falls Pathway began a phased roll-out in Renfrewshire in October 2022, following a successful test of change in nursing care homes across NHSGGC. The pathway provides an enhanced service using early video assessment/contact via the Flow Navigation Centre, resulting in the development of an action/treatment plan to help avoid an unscheduled attendance at the Emergency Department. The NHSGGC Community Falls Pathway was launched in September 2022. This links the Scottish Ambulance Service (SAS) crews with professional advice, through the Flow Navigation Centre, to reduce conveyance for those fallers where it was deemed clinically appropriate to direct to scheduled care. Early indications show an improvement in the rate of referral to Community Rehabilitation by SAS.
- 11.5 The Renfrewshire Community Respiratory Team began a test of change in late 2022 around the management of COPD (Chronic Obstructive Pulmonary Disease) patients, with a phased roll out planned in 2023. The aim is to prevent hospital admission of patients having an exacerbation of COPD, by maintaining the patient in their home. Early findings indicate hospital admissions have been avoided as a result of this intervention. However the project remains in its early stages and 2023/24 will see the test of change adopted by all GP surgeries.

- 11.6 The Interim/Intermediate Care Bed test of change initiative launched in February 2023, providing six Interim Care beds and six Intermediate Care beds within two care homes in Renfrewshire. Interim beds will cater for individuals awaiting a Care at Home package or a care home placement. In addition, the Intermediate beds will cater for individuals who are well enough to be discharged from hospital but who are unable to go home due to a short term requirement for intensive rehabilitation that can only be provided by a bed-based service. Supported by an evaluation framework, a key measure will be the number of patients returning home or to an alternative destination within the community.

Implications of the Report

1. **Financial** – None
 2. **HR & Organisational Development** – None
 3. **Strategic Plan and Community Planning** – None
 4. **Wider Strategic Alignment** – None
 5. **Legal** – Meets the obligations under clause 4.4 of the Integration Scheme.
 6. **Property/Assets** – None
 7. **Information Technology** – None
 8. **Equality & Human Rights** – No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
 9. **Fairer Scotland Duty** – None
 10. **Health & Safety** – None
 11. **Procurement** – None
 12. **Risk** – None
 13. **Privacy Impact** – None
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List of Background Papers – None.

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