

**LANARKSHIRE NHS BOARD  
INTEGRATED CORPORATE PERFORMANCE REPORT – NARRATIVE REPORT**

<b>Subject:</b>  <b>Delayed Discharges</b>	<b>Executive Lead:</b>  <b>Ross McGuffie Val de Souza</b>
<b>Governance Committee:</b>  <b>South Integrated Joint Board North Joint Integrated board</b>	<b>Author:</b>  <b>Craig Cunningham, Head of Commissioning &amp; Performance, South</b>
<b>Period covered:</b>  <b>To 31 December 2018</b>	<b>Date:</b>

**CONTEXT / BACKGROUND:**

There is a substantial programme of work underway to address delayed discharges across NHSL and the respective North and South Health & Social Care Partnership areas. Reports are being submitted to CMT on a weekly basis. Performance in the last 3 months has been challenging across North and South Lanarkshire. This is against a background of:

- increased complexity of referrals increasing as detail of 'Hospital Based Complex Care' is pursued;
- continued above national average demand placed on both Partnerships;
- both Partnerships out – performing others in relation to numbers of referrals received and rate of discharges.

**HIGHLIGHTS & EXCEPTIONS AGAINST KEY ACTIONS FOR THIS PERIOD:**

**South Lanarkshire H&SCP:**

Trajectories

Whilst still challenging and a recognition that there are still improvements which can be made, the attached Appendix shows the scale of improvement in bed days associated with Delayed Discharges over the last three years and a continued year on year improvement in performance in the current year.

A comparison of April to December 2018/19 against the previous year shows an 18% reduction in delayed discharge bed days for SL H&SCP.

Delayed Discharge bed day targets were based on improvements across a range of areas.

Performance

ISD published data shows that the period of sustained decrease in non-code 9 delayed discharge bed days against the previous year, has continued with a decrease of 139 bed days December 2018 against December 2017. The table below provides details of monthly reductions.

DD Non code 9	2016	2017	Negative = fewer than 2016	DD Non code 9	2017	2018	Negative = fewer than 2017
April	3,655	3,392	-263	April	3,392	2,269	-1,123
May	3,650	3,635	-15	May	3,635	2,550	-1,085
June	3,602	3,065	-537	June	3,065	3,213	148
July	3,156	3,268	112	July	3,268	2,770	-498
Aug	2,930	3,246	316	August	3,246	2,650	-596
Sept	3,134	3,213	79	Sept	3,213	2,933	-280
Oct	3,635	3,972	337	October	3,972	3,093	-879
Nov	3,091	3,625	534	Nov	3,625	2,598	-1,027
Dec	3,284	2,910	-374	Dec	2,910	2,771	-139
Jan	3,186	2,184	-1,002	Jan			
Feb	3,519	2,293	-1,226	Feb			
March	3,497	1,977	-1,520	March			
<b>Total</b>	<b>40,339</b>	<b>36,780</b>	<b>-3,559</b>		<b>30,326</b>	<b>24,847</b>	<b>-5,479</b>

	Target	Performance	RAG Status
July 2018	1884	2770	
Aug 2018	1688	2650	
Sept 2018	2570	2933	
Oct 2018	3178	3093	
Nov 2018	2900	2598	
Dec 2018	2328	2771	

Source: ISD Non Code 9.

There are significant pieces of work being undertaken in the following areas.

- a) An ongoing review of home care with a view to
  - i. maximise recruitment targeted to key development areas, e.g. peripatetic team and rapid response
  - ii. re-model rapid access/assessment
  - iii. maximising joint working across home care, OT and ICST
- b) Revising model of intermediate care with a view to
  - i. revise management arrangements
  - ii. maximise staff recruitment to new skill posts – including work with staff side colleagues
  - iii. training existing staff in new techniques
  - iv. increase overall number of beds available
- c) Redesigning the CCA pathway
  - i. reducing the number of days to support process
  - ii. reviewing staff roles and targets
  - iii. securing locality focus and associated performance targets

Further areas of improvement are described below.

**North Lanarkshire H&SCP:**

Trajectories

Trajectories against the 'big 6' performance metrics from the Health and Social Care Delivery Plan have been agreed, including unscheduled bed days and delayed discharges. The aim is to reduce unscheduled bed days by 10% by March 2019 and

reduce delayed discharge bed days by 27% from 2710 bed days to 2000 over the same time period.

Through the Unscheduled Care/Delayed Discharge Improvement Board, a whole-system driver diagram and associated action plan has been created for North Lanarkshire.

### Performance

In December 2018 NL H&SCP did not achieve anticipated number of bed days by 642, 2709 bed days against a target trajectory of 2067.

North – Non Code 9 bed days			
	Target	Actual	RAG Status
July 2018	2179	2520	Red
Aug 2018	2156	2199	Yellow
Sept 2018	2134	2736	Red
Oct 2018	2112	2830	Red
Nov 2018	2089	2833	Red
Dec 2018	2067	2709	Red
Source: Delayed Discharges, ISD.			

In March 2018, North Lanarkshire Integration Joint Board (IJB) approved the Strategic Commissioning Plan, which set out the key intentions for delivery in 2018/19. An overarching intention was the implementation of the Integrated Service Review Board report, which covers a number of pertinent elements to supporting improved delayed discharge performance:

The commissioning intentions described are aimed at creating an integrated community infrastructure that is much better placed to follow a patient's journey through hospital and support a proactive discharge to allow further assessment and rehabilitation/reablement to take place in the person's own home.

H&SCNL has also developed a Delayed Discharges Action Plan in conjunction with members of the Unscheduled Care/Delayed Discharge Board to secure improvement and where appropriate change existing pathways and practice.

The North IJB has approved three major areas of development for implementation in 2018/19 which will have a significant impact on Delayed Discharge:

1. Roll out of Integrated Long Term Conditions and Frailty teams in each Locality – the rehabilitation component of the model has been piloted in Motherwell Locality since September, with significant impact on waiting times and reablement. The wider approach will be rolled out across North Lanarkshire in 18/19;
2. New model of Home Support – supports the creation of additional reablement capacity and reactive home support capacity to support the discharge to assess approach. The implementation plan was presented to the June IJB meeting and all Localities are already in the process of developing the new teams, with impact evident in the weekly delayed discharge figures;
3. Review of Intermediate Care – approved at the June IJB meeting, the new model will create a more proactive approach in off-site facilities, with the aim of supporting more people back home through enhanced rehabilitation and reablement (via in-reach from the community teams noted in points 1 and 2 above), reducing length of stay and creating additional step-down capacity.

### **FURTHER ACTION PLANNED IN LIGHT OF ABOVE:**

#### **South H&SCP**

Ongoing actions which are continuing to be taken to improve performance include:

- Daily conference calls with locality teams with Hairmyres and Wishaw Hospital Management Teams and Discharge Facilitators to review cases and lists which has contributed to a reduction in both homecare and CCA delays
- Continued use of British Red Cross to convey 40 patients a week home
- Weekly meetings at Hairmyres to review all delays over 14 days.
- Continued working on consistent pathway for all CCA patients, including information to relatives throughout inpatient stay, including closer collaborative working
- Increased ownership/familiarisation of process by all Senior Charge Nurses
- Addressing the number of patients not clinically ready for discharge at time of care package being available (typically within 48 hours)
- Increasing the number of am referrals
- Improved referrals over weekends and Wednesdays
- Maximising the use of an Estimated Date of Discharge. (This includes a 'step by step' approach being used to ensure technology is working to support embedding use of EDD and dynamic board rounds)
- Implementation of – and adherence to - the Choices Protocol with regards to care home placement.
- Improved use of intermediate care approaches and beds across a number of settings
- Improved awareness of new recording systems and associated coding (following transfer of process from Edison to Trakcare)

### North H&SCP

Ongoing actions which are continuing to be taken to improve performance include:

- Additional MHO sessions recruited in SW to support improved management of AWI cases;
- Changes to Home Support processes and ongoing recruitment to the additional Locality Reablement teams, resulting in a significant improvement in performance from January 2018 onwards;
- Weekly partnership conference calls with Hospital and Locality teams to coordinate complex discharges;
- Roll out of new AWI guidance notes to streamline the guardianship application process, including escalation procedures around each step;
- Roll out of integrated rehab teams and creation of integrated Long Term Conditions and Frailty teams across North Lanarkshire, supporting a move to a model of Discharge to Assess/Same Day Assessment;
- Ongoing implementation of agreed actions around complex assessment, care home choice protocol and AWI.

### RISK MANAGEMENT:

Currently on a Risk Register Yes  If Yes, Risk Register ID: 1379

Level 1 Corporate  Level 2 Operating Division  Level 3 Operating Division

Require Escalation to higher level Yes  No

### GOVERNANCE AND MANAGEMENT ASSURANCE:

South H&SCP Integrated Joint Board  
North H&SCP Joint Integrated Board

### STATEMENT OF ASSURANCE on PERFORMANCE MANAGEMENT:

It is hereby confirmed that all performance results arising in this period have been reported to each Joint Board, and that each has an appropriate remedial action plan in place that is reported to, and will be open to further scrutiny by the Boards.

R McGuffie, Chief Officer, North H&SCP  
V de Souza, Chief Officer, South H&SCP

<b>FURTHER DETAILS:</b>	
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Appendix A

