Paper 10

Ayrshire and Arran NHS Board

Monday 29 January 2018

Unscheduled Care Performance Report

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Recommendation

The Board is asked to:

- note the performance reported for Unscheduled Care pathway indicators;
- note deteriorating performance in respect of Delayed Discharge from hospital; and
- note the significant efforts on a daily basis by our Teams in meeting the ongoing seasonal demand

Summary

Pressures continue to be experienced within the Health and Social Care system as a result of continued increases in demand.

The Unscheduled Care report indicators presented within this paper highlight the impact this has on each part of the Unscheduled Care system.

Glossary of Terms	
CAU	Combined Assessment Unit
ED	Emergency Department
HSCP	Health and Social Care Partnership
UHA	University Hospital Ayr
UHC	University Hospital Crosshouse

1. Situation

In line with most NHS Board areas across Scotland our Health and Social care system has experienced high levels of demand for unscheduled care over the recent holiday period and beyond. All teams have worked tirelessly to mitigate the risk associated with these high levels of activity and to provide the highest quality of care possible. The activity figures with their related performance measures for this period, will be included in the next NHS Board report.

This Unscheduled Care report is presented regularly to the NHS Board, providing a consolidated report on unscheduled care performance, highlighting areas of pressure within the Health and Social care system.

2. Background

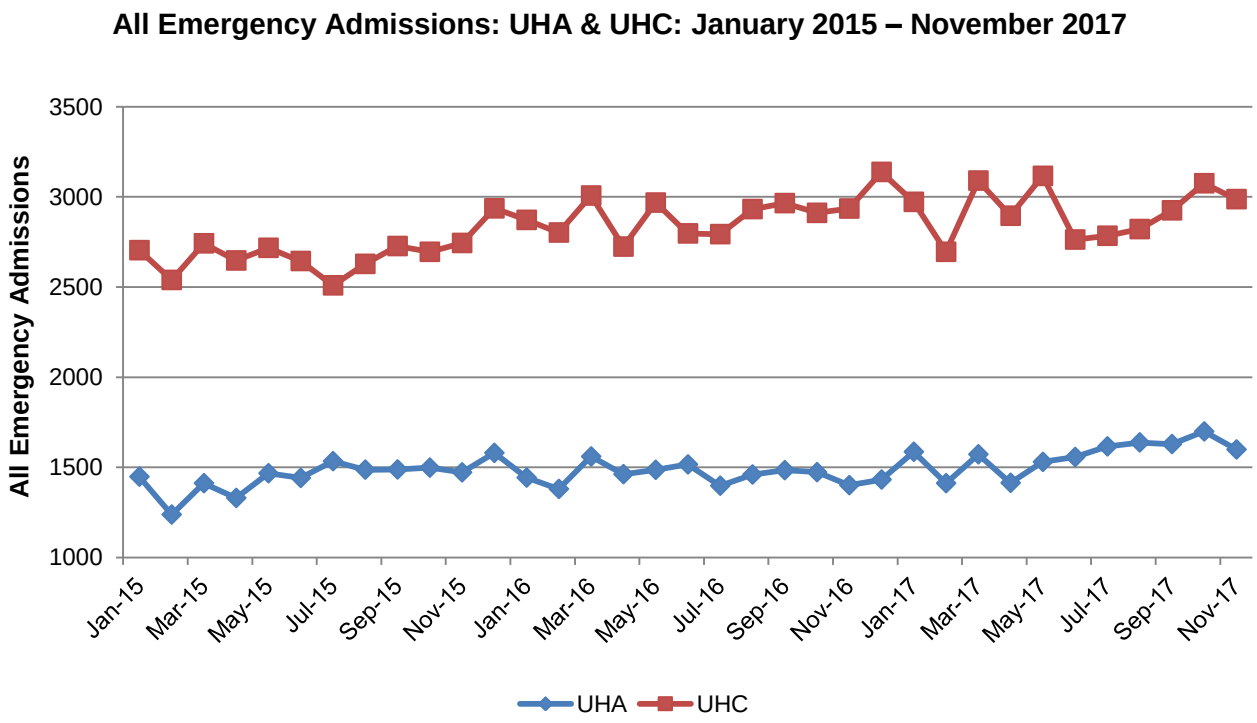
This Unscheduled Care report provides an update on key indicators. Whilst including a key suite of indicators, the Unscheduled Care report also concentrates on activity in three thematic areas:

- reducing emergency admissions by providing accessible community alternatives;
- reducing occupancy and length of stay by improving systems and processes within the Acute Hospital; and
- reducing delays in discharge by providing appropriate community capacity.

3. Assessment

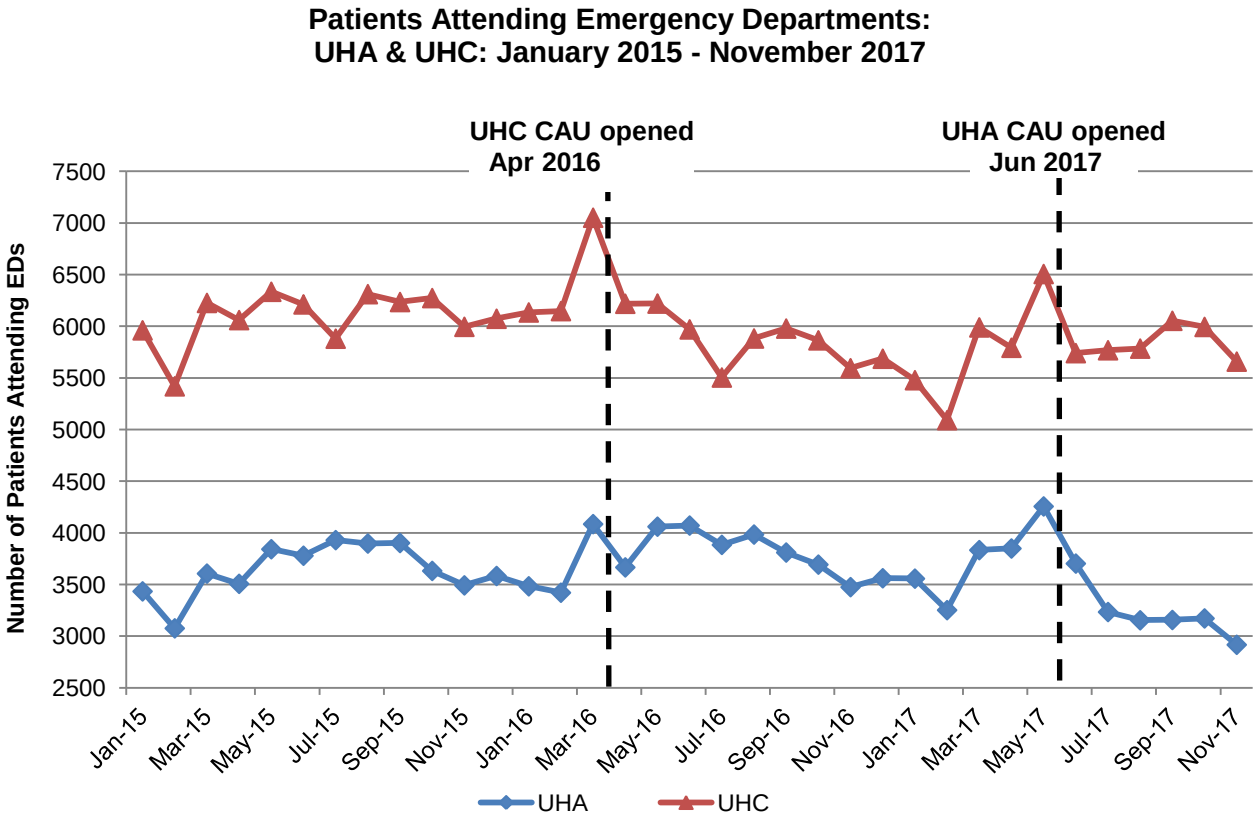
3.1 All Emergency Admissions

The following chart demonstrates that there has been a rise in the total number of patients being admitted as an emergency, to both University Hospital Ayr and University Hospital Crosshouse since January 2015. Whilst there have been some seasonal fluctuations at UHC, there has been a steady month on month increase at both sites from June 2017 to October 2017, with a fall in activity recorded in November 2017.



3.2 Attendances – Emergency Departments only

As expected, the opening of the Combined Assessment Units at UHA and UHC has had an impact in rebalancing how unscheduled care demand flows through the system, with a subsequent expected reduction in patients attending the EDs at both sites. This is shown in the chart below.



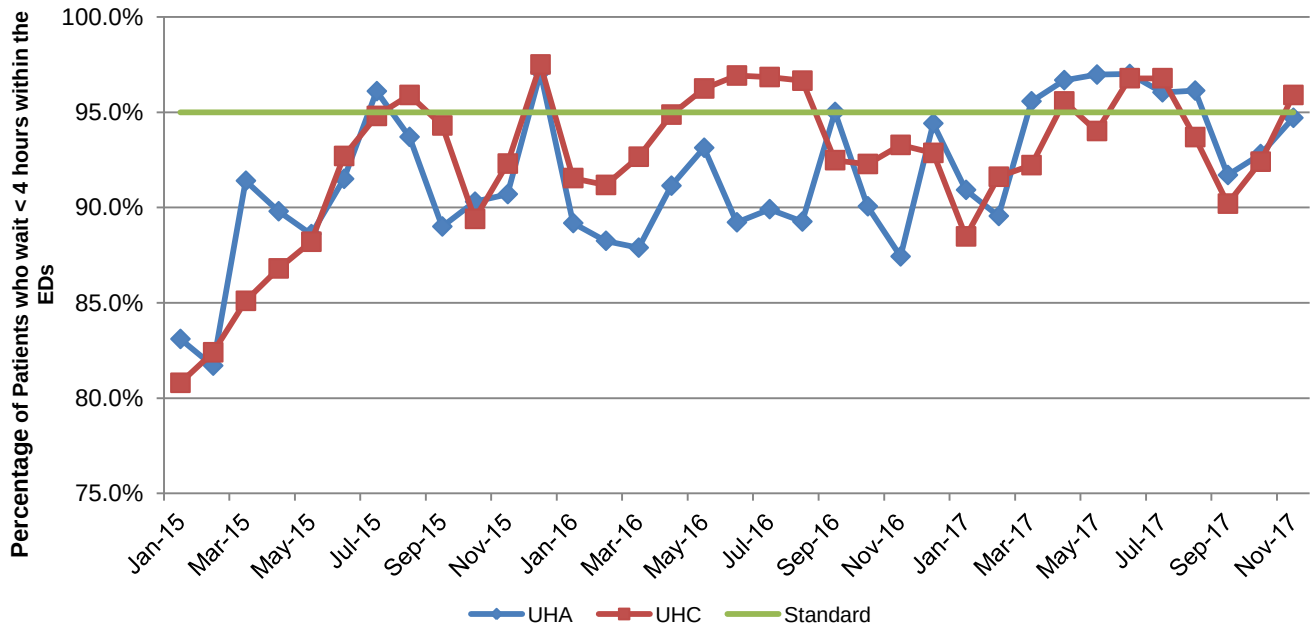
It is however clear from the chart above that after an initial period of reduction in the numbers of patients attending the ED at UHC, the monthly numbers of patients attending have increased. Whilst there has been a drop in attendances in November 2017, this mirrors the same drop in November 2015 and 2016.

3.3 Waiting Times at Emergency Departments

Waiting time compliance at Board level for the four-hour ED target of 95% had been consistently met between April and July 2017. Following a reduction in performance in August 2017 at both UHA and UHC, UHA was back up to 94.7% in November 2017 and UHC was 95.9%.

Waiting times in the EDs since January 2015 are shown in the chart below.

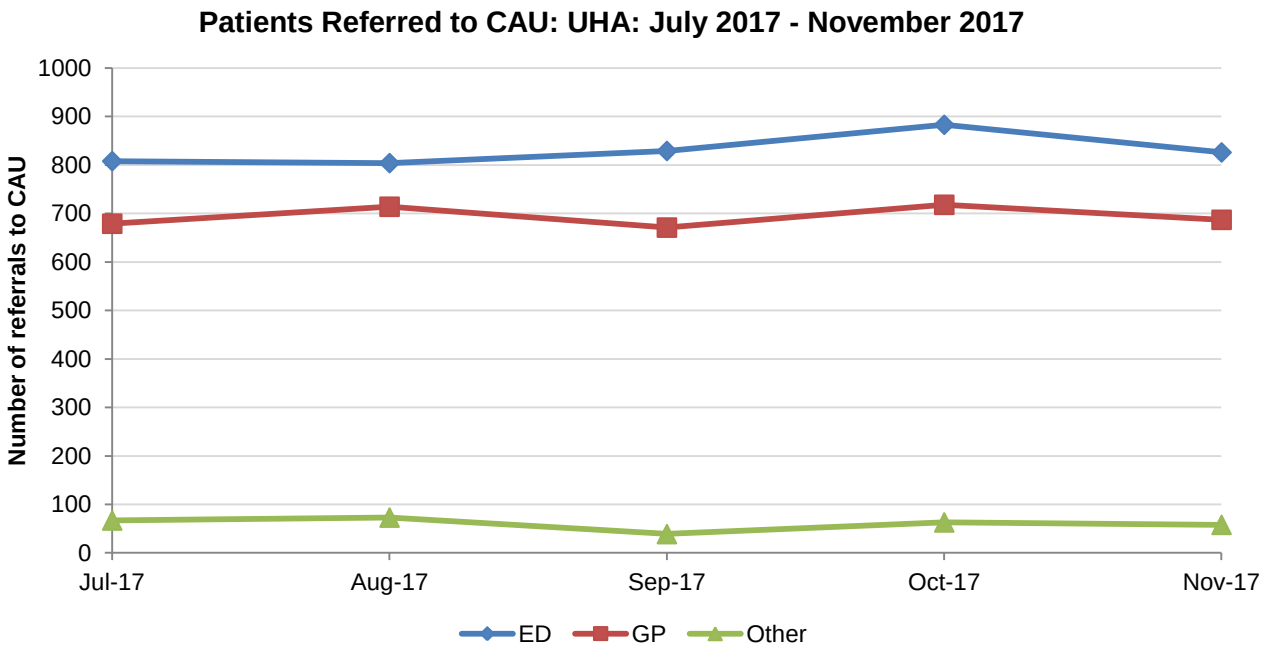
Percentage Compliance with the Maximum 4 hour Waiting Times Target: UHA & UHC: January 2015 - November2017

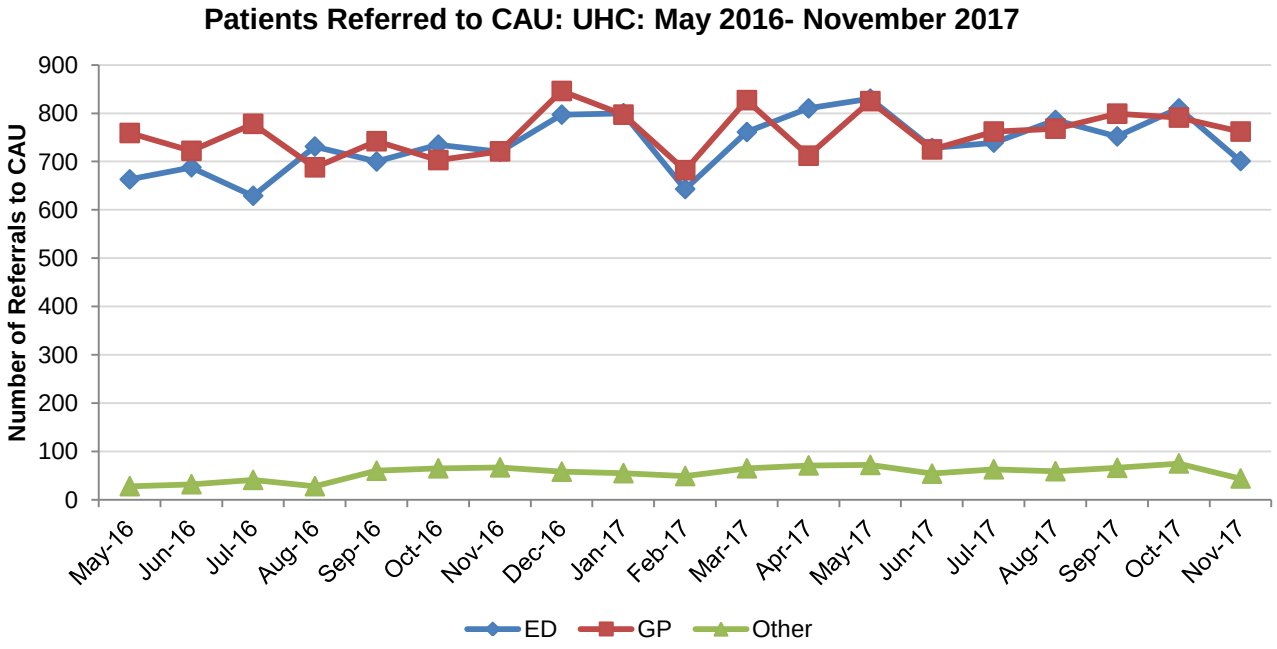


3.4 Combined Assessment Units

The Combined Assessment Units are the focal point for managing initial assessment and treatment of patients presenting on an unscheduled care basis. A target of 50% of patients discharged from the CAUs was set as their measurement of success.

At University Hospital Ayr since opening in June 2017 through to December 2017 the CAU has discharged 57% of patients. At University Hospital Crosshouse, since it opened in April 2016 to December, it has discharged 51% of patients from the CAU. Patients not discharged from the CAU are transferred to a specialty ward in the main hospital for specialty treatment.





The numbers of patients attending and being admitted to our Acute hospitals result in the system operating well above 90% capacity throughout the year. This continues to be a challenge, particularly during times of increased seasonal demand for unscheduled care.

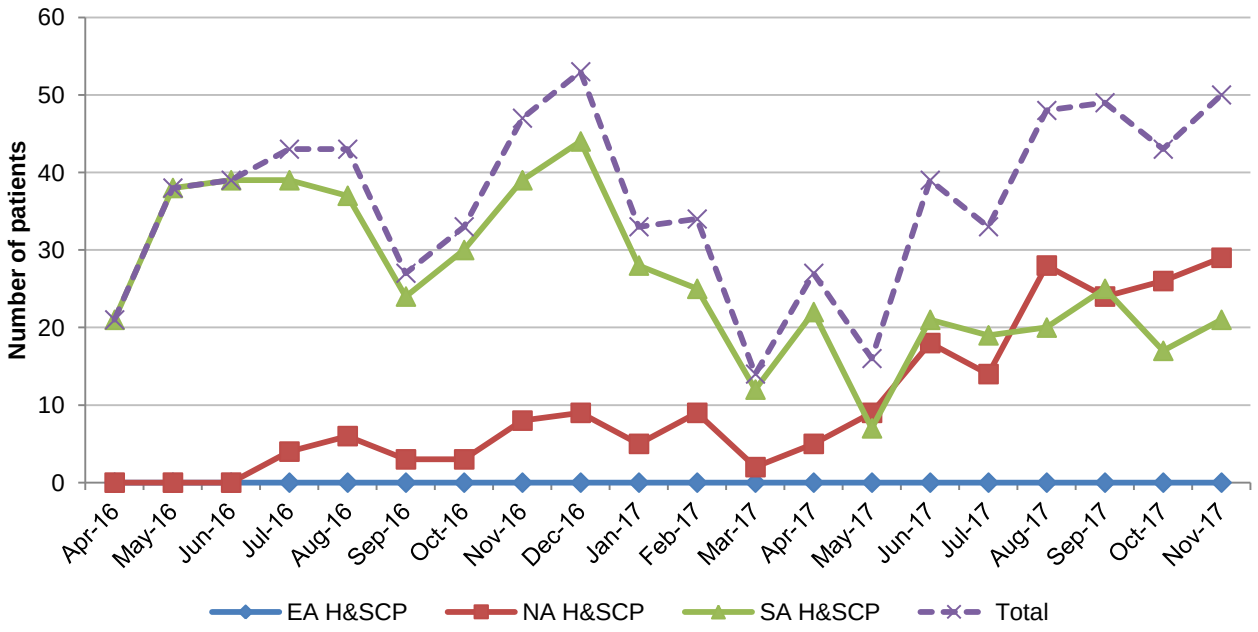
3.5 Delayed Discharges

Monthly census data is collected for people who remain in hospital after being assessed as clinically fit for discharge from hospital (Delayed Discharge).

At Health and Social Care Partnership level the number of people remaining in a hospital bed for more than two weeks from when they were assessed as fit to be discharged has remained at zero for East Ayrshire residents. During November 2017, there were 29 patients delayed from North Ayrshire and 21 patients who were recorded as having had their discharge delayed beyond the two week period within South Ayrshire.

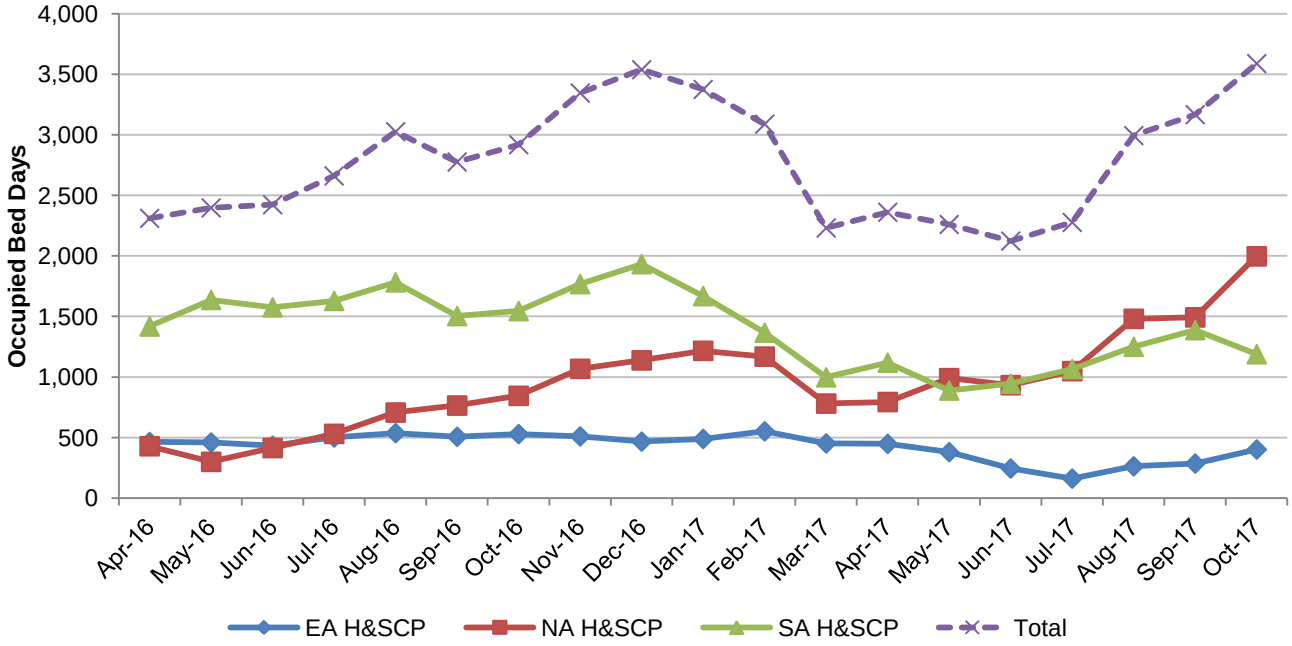
The following chart presents the number of people delayed 14 days or over on the census date each month since April 2016, across Ayrshire and Arran, and for each HSCP. Patients who are delayed in hospital due to requirements of the Adults with Incapacity Act (2000) (AWI) are not included within this chart. The numbers of patients included in the chart could transfer from hospital if the appropriate community based support was in place.

Monthly number of patients who have had their discharges from hospital delayed for over 2 weeks: H&SCP April 2016 - November 2017



Data on occupied bed days arising from patients being delayed beyond their discharge date by 14 days or more, also indicate a worsening picture of performance. Whilst seasonal in nature, the largest increase in occupied bed days was for North Ayrshire residents.

Monthly occupied bed days utilised by patients who have had their discharges from hospital delayed for over 2 weeks: H&SCP April 2016 - October 2017(including AWI/other legal reasons)



The increase in the number of people delayed and bed days used as at October 2017 is likely to continue to be reflected throughout November. A decrease is projected from December, as additional capacity is expected to be provided in North Ayrshire during December and from January in South Ayrshire.

Services have projected a mid to late January increase in demand for HSCP services following recovery of patients within the acute hospitals after a surge in December 2017 and January 2018 of patient admissions.

4. Recommendations

The NHS Board is asked to:

- note the performance reported for Unscheduled Care pathway indicators;
- note deteriorating performance in respect of Delayed Discharge from Hospital; and
- note the substantive efforts on a daily basis by our Teams in meeting the ongoing seasonal winter demand

Monitoring Form

Policy/Strategy Implications	The Unscheduled Care Performance Report fits with the Local Delivery Plan, the Six Essential Actions to Improve Unscheduled Care and the Strategic Plans of the Health and Social Care Partnerships.
Workforce Implications	There are no workforce implications arising directly from the Unscheduled Care Performance Report. Business Intelligence and analytical capacity is required to produce data and Performance Intelligence input is required in the interpretation of that data.
Financial Implications	There are no financial implications arising directly from the Unscheduled Care Performance Report.
Consultation (including Professional Committees)	Consultation has been between Directors and Senior Officers. Further specification and development of the proposed measures and report will be required.
Risk Assessment	The report relates to performance and has no direct risks associated with it, however, it relates to a significant area of business and may assist in risk identification, management and reduction.
Best Value - **Vision and leadership** - **Effective partnerships** - **Governance and accountability** - **Use of resources** - **Performance management**	Unscheduled Care is a major driver of demand. The report contributes to whole system understanding and action in relation to a significant area of service. The Unscheduled Care Performance Report links directly to the performance management dimension. It also relates to whole system partnership working.
Compliance with Corporate Objectives	The Unscheduled Care Performance Report fits with the corporate objectives of caring, safe and respectful as well as quality ambitions and the effective use of resources.
Single Outcome Agreement (SOA)	The Unscheduled Care Performance Report aligns with Health and Wellbeing themes within Community Plans and Single Outcome Agreements.
Impact Assessment This is a performance report on operational delivery and contains no new equality implications	