Agenda Item 6

NHS Highland	

Meeting: NHS Highland Board

Meeting date: 24 September 2024

Title: Urgent & Unscheduled Care and Delayed Discharge Mission

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1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive

This report will align to the following NHS Scotland quality ambition(s):
Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well	X	Live Well		Respond Well	X	Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well					

2 Report summary

This report primarily applies to Highland Health and Social Care Partnership area of the NHS Highland Board. It is a briefing in response to The First Minister's National Mission to reduce people in delay in hospital ahead of winter and to articulate our current activity

and progress in relation to Urgent and Unscheduled Care with a particular focus on rapid improvement and a 90 day improvement plan

2.1 Situation

NHS Highland continues to develop its response to Urgent and Unscheduled Care to ensure our communities health and social care needs are met by the right people, in the right place, at the right time, as close to home as possible.

Measures of performance reported nationally on how well NHS Highland is achieving its urgent care response includes our 4-hour Emergency Access performance and our number of delayed hospital discharges.

NHS Highland's performance on these measures is mixed. Whilst our 4-hour performance is reduced on the original 98% target, we are the second highest performing mainland health Board in Scotland. Despite this, we still have an unacceptably high number of people breaching 12 hours in our emergency departments. Our delayed discharges have also been growing to the point that the number of people (per head of population) in delay in hospital in the Highland council area is the highest in Scotland.

Delayed discharges are a national concern and the national Collaborative Response and Assurance Group (CRAG) chaired by the Cabinet Secretary for NHS Recovery, Health and Social Care, on behalf of NHS and Local Authority Chief Executives and is attended by integration authority Chief Officers. The Group meets weekly. A national maximum level of delayed discharges of 34.6 per 100,000 adults is to be achieved by 30 October 2024.

For the Highland Health and Social Care Partnership area to achieve this, a reduction of 65% in delayed discharge numbers is required. This is a challenging target for NHS Highland. An interim aim, as submitted as part of our Urgent and Unscheduled Care funding return to Scottish Government, is an initial reduction of 30% of people affected by standard delays in hospital, by the end of October 2024. Further targets have also been set in relation to length of stay and emergency department performance. These are summarised in **APPENDIX 1**.

A 90-day recovery plan for Urgent and Unscheduled Care is in place with the focus on reducing the number of people in delay. This plan is summarised on one page at **APPENDIX 2**.

2.2 Background

NHS Highland's Urgent and Unscheduled Care Programme has undergone several changes in leadership, structure and Scottish Government direction in recent years. The key areas of focus remain, generally, unchanged. These are:

- Management of urgent care needs in the community
- Development of alternative ways to manage urgent care needs which are unlikely to result in admission to hospital
- Conversion of unscheduled presentations to scheduled appointments/ admissions.

Much of the focus has been at the "front door" of our services. It is now recognised that whilst improvements have been made, we are constrained by our onward discharge processes and capacity.

NHS Highland has identified areas for improvement of its discharge processes and is now setting planned discharge dates for all inpatients. However, these are often breached which indicates issues with timely clinical review. Communication about discharges which will or may require social care has improved with the introduction of multi-disciplinary processes and the development of a Discharge App to replace paper-based systems. However, these processes are still bedding-in and performance monitoring of implementation is in development, along with staff training.

A further constraint is the capacity within our social care sector. From March 2022 to date, there has been significant turbulence within the independent sector care home market related to operating on a smaller scale, and the challenges associated with rural operation including recruiting and retaining staff in these localities, securing and relying on agency use, and the lack of available workforce accommodation which compounds the challenges.

Between March 2022 and September 2024, 6 independent sector care homes have closed. During this period, the partnership also acquired a care home in administration to prevent the closure of this facility and a further loss of bed provision.

In 23/24, 4 in house care homes have also ceased to provide service - three of these have services suspended on a temporary basis due to acute staffing challenges. These services are in small rural and remote communities. This is a significant issue for Highland in terms of sustaining remote and rural communities. Plans are actively in place to recruit to the 3 care homes that have temporary service suspension.

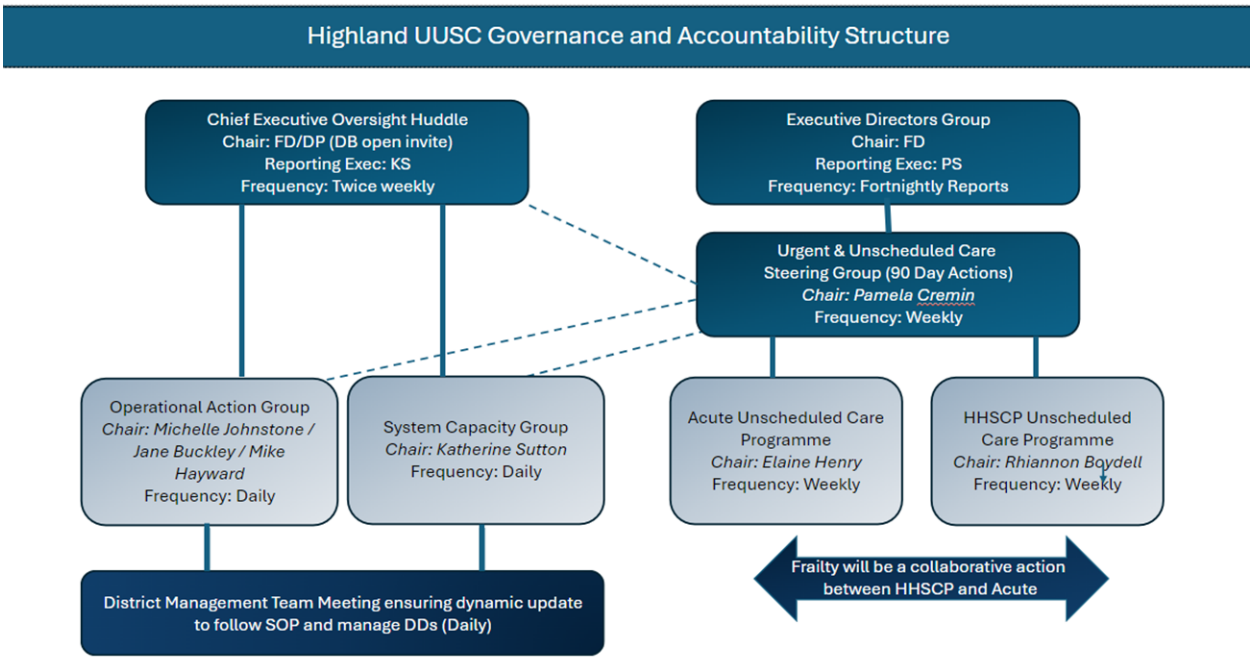
In total NHS Highland has lost 218 care home placements, which is having is having a direct impact on the wider health and social care system, and in particular the ability to discharge patients timely from hospital care.

In addition to a reduction in Care Home capacity, there are also fewer available Care at Home hours available to be allocated to individuals. At the end of April 2022 we were able to provide 14,497 hours of care each week between in house and external providers. However this has reduced to 13,134 by September 2024.

2.3 Assessment

Whilst there are capacity constraints within our system to respond to urgent and unscheduled care, and reduce people who experience delay in discharge from hospital, progress is being made

A refreshed governance structure for North Highland with direct accountability to the Chief Executive has been established. There is an operational focus on delayed discharges and system capacity through the Daily Operational Group and System Capacity Group as outlined in the image below.

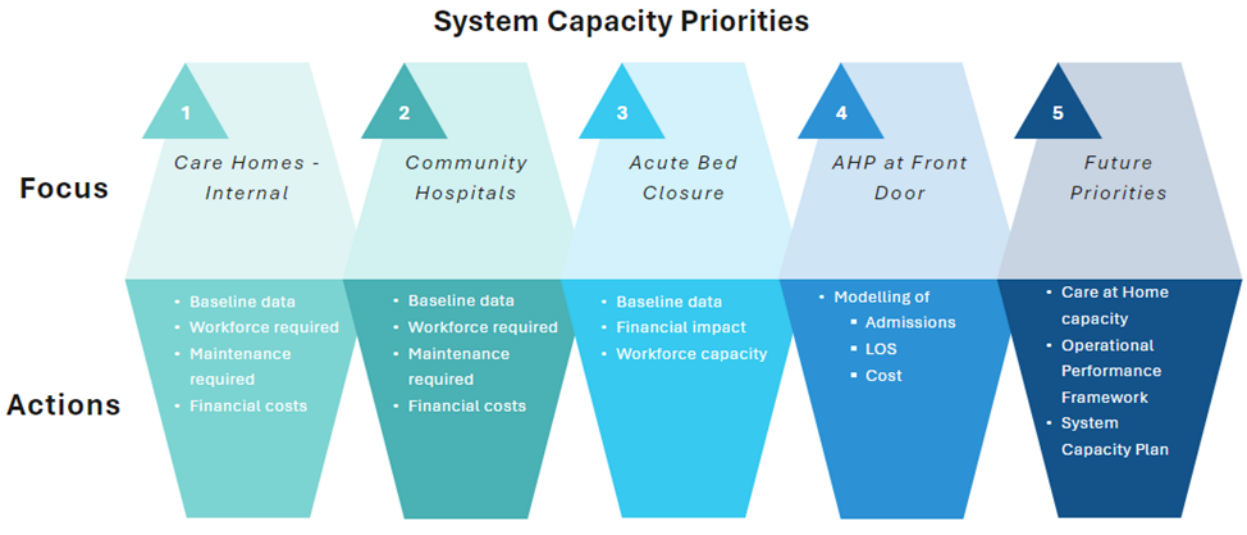


Daily Operational Group

The Daily Operational Group was established in late August and is chaired by Operational managers from Acute and the HSCP. Districts attend weekly and present their delayed discharge position. The group provides a point of escalation for decision making and ensures best practice for discharge planning and that processes are followed at a district level.

System Capacity Group

The purpose of the system capacity group is to identify and action opportunities to optimise system capacity and ensure a shared understanding of capacity across our whole system at any time. The priorities of the group are shown in the image below.



The group is developing and using capacity information across the independent and in-house sectors for Care Homes and Care at Homes and Community Hospitals to understand whole system capacity. In Care Homes, the group has identified potential for an additional 22 In House Care Home beds, and also efficiency, equity and quality benefits by centralising the care home bed allocation process. In Care at Home, the group has identified that changes to the way we commission Care at Home and improvements made to the CM2000 scheduling and Care at Home management tool, could produce efficiency, equity and quality benefits.

90 Day Action Plan

In addition to the operational groups, the Urgent and Unscheduled Care Steering Group and associated delivery groups are progressing the 90-day plan included in Appendix 2. Regular reporting from this group is received by the Executive Directors Group.

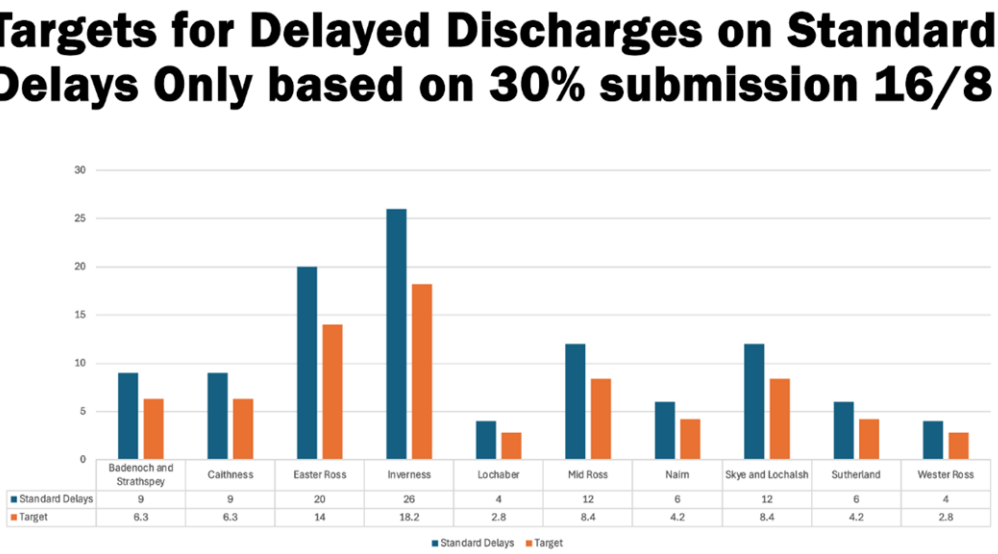
Our 90 Day plan and its future iterations will form our actions to respond to winter pressures. The focus will continue to be on the areas already identified:

- Respond – respond quickly to support our population across out system who are vulnerable or in crisis

- Rapid – Facilitate rapid discharge and support to embed the “home is best” approach
- Reduce – Reduce occupancy and avoidable admissions and identify at risk population by working collaboratively
- Redirect – Redirect inappropriate attendance to suitable services to emergencies are seen quickly

Impact on Delayed Hospital Discharges

Whilst our target of a 30% reduction in delayed discharges is an overall target, the image below highlights our position against a proportionate reduction across all districts as of week ending 6th September.



Urgent & Unscheduled Care Trajectories

Measure	Aim	*Baseline - March 24*	Split Baselines	MONTHLY TARGETS AUG	SEP	OCT	AUGUST RESULTS Aug-24	Split Results (Aug-2024)
A&E attendances completed within 4 hours: Percentage (%) of 'unplanned' attends at Emergency Departments that are admitted, discharged or transferred within 4 hours.	**Maximise**	*75.7%*	**75.7% NHSH**	**76.9%**	**78.2%**	**79.5%**	**75.3%**	**75.3% NHSH**
			73.0% HHSCP					72.2% HHSCP
			93.1% A&B					95.5% A&B
Total A&E attendances lasting more than 12 hours: Total of 'unplanned' ED attends that are admitted, discharged or transferred more than 12 hours after arrival in ED.	**Minimise**	*106*	**106 NHSH**	**104**	**102**	**101**	**179**	**179 NHSH**
			105 HHSCP					178 HHSCP
			1 A&B					1 A&B
Reduce the average number of patients in Acute and Community Hospital beds with a LOS >14 days #	**Minimise**	*349*	**349 NHSH**	**343**	**337**	**332**	**329**	**329 NHSH**
			309 HHSCP					276 HHSCP
			15 A&B					12 A&B
Reduce the average number of non-delayed patients in Acute and Community Hospital beds with a LOS >14 days #	**Minimise**	*182*	**182 NHSH**	**179**	**176**	**173**	**167**	**167 NHSH**
			158 HHSCP					129 HHSCP
			9 A&B					6 A&B
Reduce the average number of patients in Acute and Community Hospital beds affected by standard delays #	**Minimise**	*167*	**167 NHSH**	**164**	**161**	**159**	**162**	**162 NHSH**
			151 HHSCP					147 HHSCP
			6 A&B					6 A&B
Reduce the average LOS in the Emergency Department for patients that get admitted to hospital after arriving between the hours of 5pm and 5am (overnight)	**Minimise**	*409*	**409 NHSH**	**403**	**396**	**389**	**405**	**405 NHSH**
			431 HHSCP					449 HHSCP
			220 A&B					168 A&B
Reduce the average LOS in the Emergency Department for patients that get admitted to hospital after arriving between the hours of 5am and 5pm (day time)	**Minimise**	*390*	**390 NHSH**	**383**	**377**	**370**	**362**	**362 NHSH**
			417 HHSCP					393 HHSCP
			223 A&B					195 A&B

Baseline is Mar-2024 apart from # which is Mon 03-Jun-2024

The table above shows the August position against the measures which have been submitted to Scottish Government as part of the Urgent and Unscheduled Care funding submission for 24-25. Additional measures include the Emergency Department 4 hours performance and number of breaches over 12 hours. These measures are based on the improvement areas identified by the Centre for Sustainable Delivery (CfSD) for NHS Highland. Baselines are set as March 2024, except the delayed discharge figures which are based on patient totals on Monday 3 June 2024.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited	X	None	

Comment on the level of assurance

Limited Assurance is proposed due to the significant impact of people in delay across our system and the limited capacity with which to create flow – underpinned by significant workforce challenges. The Board is mid way through a

90 Day Improvement Plan and it is anticipated that the level of assurance can improve as we near completion of the program of work.

3 Impact Analysis

3.1 Quality/ Patient Care

Performance measures are indicators of quality and patient care and therefore, engagement to deliver the plan and improve our position is required. However, there are wider systemic issues across the health and care services nationally that make this challenging. This includes available resources, especially workforce.

There is increased risk of experiencing adverse harm if remaining in hospital longer than is required. This is why tackling delayed hospital discharges is a priority.

3.2 Workforce

Continued pressure on staff resulting in issues with engagement and progress. The impact of recruitment and retention of staff across the health and care sector also results in unsustainable services with both Care Home and Care at Home capacity reducing considerably in the last two years.

3.3 Financial

NHS Highland is awarded Urgent and Unscheduled Care funding each year. In 24/25, the funding of £2.117m to support our delivery and outcomes against the trajectories in **APPENDIX 1**.

3.4 Risk Assessment/Management

Risks are being identified by senior responsible officers and managed by the Urgent and Unscheduled Care Steering Group. Operational risks are identified and managed through local risk processes.

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

Older people are disproportionate users of urgent and unscheduled care health and wider social care services, so failures of these services have a disproportionate impact on this group.

3.7 Other impacts

N/A

3.8 Communication, involvement, engagement and consultation

Communications priorities have been identified as part of the 90 Day plan. Development of these plans is being led by the Communications team.

3.9 Route to the Meeting

Update presented at Executive Directors Group.

4 Recommendations

Paper for awareness only.

List of appendices

Appendix 1 – UUC Trajectories

Appendix 2 – UUC 90 Day Plan

APPENDIX 1

UUC Trajectories

The trajectories connected to the funding award are:

- Reduce the number of patients in Acute & Community hospital beds with a LOS >14 day by 5% by end October

- Reduce the number of non-delayed patients in Acute & Community hospital beds with a LOS >14 days by 5% by end October

- Reduce the number of patients in acute and community hospital beds affected by standard delays by 30% by end October

- Reduce the average LOS in the Emergency Department for patients that get admitted to hospital after arriving between the hours of 5pm to 5am (Overnight) by 5% by end October

- Reduce the average LOS in the Emergency Department for patients that get admitted to hospital after arriving between the hours of 5am to 5pm (Day Time) by 5% by end October

Additional trajectories required by Scottish Government are:

- Improve the percentage of attendances within 4-hours by 5% by end October
- Number of attendances lasting more than 12-hours by 5% by end October

APPENDIX 2

UUC 90 Day Plan

21/08/24 – 90 Day Plan on a Page - Urgent & Unscheduled Care (August – October 2024)								
AMBITION – IN PARTNERSHIP								
Create value by working collaboratively to transform the way we deliver health and care								
STRATEGIC OUTCOMES								
Care Well Work together with health and social care partners by delivering care and support that puts our population, families and carers experience at its heart				**Respond Well** Ensure that our services are responsive to our populations needs by adopting a "home is best" approach				
PLANNING FOR SUCCESS - STRATEGIC TARGETS								
Reduce standard DDs by 30% by end October 2024	Increase A&E attendances complete within 4 hours by 5% by end October 2024	Reduce A&E attendances lasting more than 12 hours by 5% by end October 2024	Reduce the time spent in A&E for people admitted to hospital - day time and overnight by 5% by end October 2024	Reduce LOS for delayed and non-delayed people by 5% by end October 2024	Increase the amount of people discharged on their PDD date	Reduce Social Care waiting lists and C@H unmet needs hours	Decrease numbers of times OPEL status is at levels 4/5	Reduce inappropriate occupancy for our population

Area	What do we want to do?	What priority 1 actions will we take?	How will we know we have achieved?
Respond	Respond quickly to support our population across our system who are vulnerable or in crisis	•Implement sector agreed proposals to stabilise provision and increase C@H capacity •Ensure consistent application of standard work for AWI •Develop community urgent response to crisis from ED •Maximise capacity of In reach social work team to Raigmore •Care Home Capacity and resilience	1.Reduced delayed discharges 2.Equitable access to hours of care at home 3.Increased flow of assessment 4.Reduction in <1 day admissions
Rapid	Facilitate rapid discharge and support to embed the "home is best" approach	•Implement PDD improvement and compliance plan •Review length of stay for all non delayed discharges. Targeted conditions •Whole system OPEL •Community hospital specification and agreed pathways •TEC solutions to enable social care assessment at home •Pre-noon discharge plan	1.PDD compliant discharges 2.Reduction in length of stay to peers 3.Increased flow through community hospitals 4.Reduced black status
Reduce	Reduce occupancy and avoidable admissions and identify at risk population by working collaboratively	•Hospital at Home Framework •Implement frailty standards and pathway •Root cause analysis of ED performance •Review all MIU pathways •Review higher volume medical admission pathways	1.Hospital at Home Framework 2.Reduced admissions in >65 years 3.Increased ED performance 4.Increased hospital at home activity
Redirect	Redirect inappropriate attendance to suitable services so emergencies are seen quickly	•Scope opportunity to develop our Community Urgent Care Response •Choice guidance utilisation monitoring •Research current impact and causes of inappropriate attendances at A&E and develop a campaign to reduce them. •Pilot a campaign to increase use of Pharmacy First	1.FNC utilisation 2.Call before you convey 3.Choice guidance applications