NHS Forth Valley- Briefing
Scottish Parliament Health and Sport Committee
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td><strong>NHS Forth Valley - Strategic Context</strong></td>
<td>2</td>
</tr>
<tr>
<td>2.0</td>
<td><strong>Strategic Background:</strong> <em>Links to ‘A Case for Change’, Healthcare Strategy - Shaping the Future and Supporting Strategies</em></td>
<td>3</td>
</tr>
<tr>
<td>3.0</td>
<td><strong>Progress in delivery of the Local Delivery Plan</strong></td>
<td>5</td>
</tr>
</tbody>
</table>

### 3.1
- **Annual Review 2016/17:** *Links to Self Assessment and Annual Review Letter* Page 5

### 3.2
- **LDP 2017/18:** *Link to NHS Forth Valley Annual Plan incorporating LDP* Page 5

### 3.3
- **Approach to Performance:** *Link to Core Performance Report* Page 5

### 3.4
- **Balanced Scorecard Summary** Page 5

### 3.5
- **Timely Care**
  - 3.5.1 *Unscheduled Care* Page 6
  - 3.5.2 *Planned Care* Page 6

### 3.6
- **Safe and Person Centred Care**
  - 3.6.1 *HAI* Page 11
  - 3.6.2 *HSMR* Page 12
  - 3.6.3 *Complaints* Page 12

### 3.7
- **Effective and Efficient care**
  - 3.7.1 *Financial Performance* Page 15

### 4.0
- **Progress and Performance of Integrated Joint Boards** Page 16

#### 4.1
- **Context** Page 16

#### 4.2
- **Key Targets** Page 16
  - 4.2.1 *Delayed Discharges* Page 16
  - 4.2.2 *Unplanned Attendance, Unplanned Admission, Unplanned Beddays* Page 17
1.0 NHS Forth Valley - Strategic Context

1.1 Physicality
Forth Valley is situated in the heart of Scotland in the central belt in between two large health boards with teaching hospitals, Glasgow in the West and Edinburgh in the East, and covers a geographic area from Killin and Tyndrum in the North and Strathblane to the west and Bo’ness in the South, see diagram 1.

1.2 Most of the population lives in large or small towns, with a small minority living in remote rural locations in the North West of the Stirling Council area. Also of note, Forth Valley has three prisons, greatly surpassing what might be expected for its population size. These are: HMP & Young Offenders Institute Cornton Vale; HMP Glenochil; and HM Young Offenders Institute Polmont.

1.3 The number of people in the population forms the basis for planning health services; the more people the more services are likely to be required. The annual increase in total population of Forth Valley is such that by 2030 it will be about 7% greater than it was in 2014. The year on year increase for the total population is estimated at around 0.4% up to 2030. However, for the over 65 year olds the proportionate increase is far greater, namely a 20% increase by 2020 compared to 2014 and a 50% increase by 2030. The % growth will reduce slightly beyond 2035. By 2020 the population of over 65 year olds will be about 62,000, with 7,600 aged 85 years or above. These numbers are in line with the ageing population across Scotland.
2.0 Strategic Background

In Forth Valley there is one acute hospital; Forth Valley Royal Hospital, situated in Larbert; and four Community Hospitals situated at Bo’ness, Clackmannanshire, Falkirk and Stirling, the latter of which is currently being transformed into the Stirling Care Village. The opening of Forth Valley Royal Hospital in 2011 marked the end of several years of planning and development involving a range of professionals and an unprecedented level of public engagement.

These structural changes were designed to ensure the right facilities were in place to support required transformational redesign acknowledging the changing demographic both in terms the population and our workforce.

Our focus now is to work with our health and social care partnerships to fully embed new and integrated models of care across the range of care settings from acute through to the network of four community hospitals and other primary and community care facilities.

In 2014, NHS Forth Valley established a Clinical Services Review (CSR), to plan how we will meet the future healthcare needs in Forth Valley. A “Case for Change” document set the scene and described why our healthcare services needed to undergo transformational change. This work also supported the development of the Strategic Plans of both local health and social care partnerships.

The Clinical Services Review sought to identify what changes would better meet the needs of an ageing population, manage increasing demand for health services and help patients to retain their independence, supported by family and friends. We also acknowledged the Scottish Government’s 2020 vision and subsequent National Clinical Strategy in informing how care will be transformed. Eight working groups were established to review the wide range of clinical services and look at ways these could be designed and delivered in the future to meet the needs of local people, keep pace with rising demand and deliver the Scottish Government’s 2020 Vision for healthcare.

The CSR took account of national policies, trends and best practice, as well as looking at innovative ways of working across the UK and beyond. An important part of this work was gathering feedback from frontline staff, patients, and the general public on what they think about existing health services and how they would like to see them developed in the future. Hundreds of patients and staff completed an online survey, attended public meetings or returned a short leaflet questionnaire which was widely distributed across the organisation. All of this feedback was carefully considered to help identify key themes, priorities and recommendations. This work has culminated in our new Healthcare Strategy – Shaping the Future approved by the NHS Board in August 2016. Shaping the Future is entirely consistent with the local partnerships Strategic Plans and indeed the National Clinical Strategy.

The Board’s Healthcare Strategy 2016-2021: Shaping the Future, defines the overall Vision of the organisation focussing on:

- **Prevention** keeps people well whilst early treatment and support stops conditions from getting worse.
- Health and social care services are **Person Centred** recognising that people have differing needs, circumstances and expectations of care.
- Health **Inequalities** are reduced and people are encouraged and supported to take **Personal Responsibility** for managing their own health and health conditions.
- Care is provided **Closer to Home**, and fewer people need to go to hospital.
- **Planning Ahead** and working in **Partnership** with staff, patients, local councils and community organisations, avoids emergency hospital admissions and reduces A & E attendances.
- Unnecessary **Delays** and **Variations** in services are minimised and our **Workforce** is fully supported to deliver high quality, safe and effective care.
Shaping the Future is underpinned by a number of key strategies in Forth Valley, in particular ‘Thriving Forth Valley’, the NHS Forth Valley Health Improvement Strategy 2017-2021, our Person Centred Health and Care Strategy; What matters to you, matters to us’ and our Quality Improvement Strategy – Better Every Day 2016 - 2019.
3. NHS Forth Valley's progress in delivering the Local Delivery Plan

3.1 Annual Review 2016/17
The 2016/17 Annual Review for NHS Forth Valley took place on the 22 September 2017. This was a non ministerial review supported by Scottish Government officials. It was a highly successful day supported by the public and incorporated our Annual Staff Awards ceremony acknowledging staff and volunteers at many levels in the organisation. The Self Assessment, routinely prepared prior to the event, and submitted to the Scottish Government and the Annual Review outcome letter from the Cabinet Secretary, can be accessed using the link below.

NHS Forth Valley Annual Review Self Assessment 2016-17
NHS Forth Valley Annual Review Letter 2016-17

3.2 LDP 2017/18
The LDP for 2017/18 sets the high level context for delivery and was submitted to the Scottish Government as per guidance in March and September 2017. Acknowledging the broader overall agenda within healthcare, the past 3 years have seen the creation of an Annual Plan for NHS Forth Valley highlighting key activities and priorities over and above those within the LDP. The Annual Plan provides an overview of all priority areas for delivery during the year. The plan summarises the national and local contexts building on the LDP and highlights the areas for delivery taking into account the significant range of national requirements and local pressures. This year the format ensured coverage of actions within the Health and Social Care Delivery Plan.

NHS Forth Valley Annual Plan 2017-18 Incorporating Local Delivery Plan 2017-18

3.3 There is a robust approach to scrutiny and assurance across the management and governance structures within the Board. The overall approach to managing performance in Forth Valley underlines the principle that performance management is integral to the delivery of quality improvement and core to sound management, governance & accountability, prioritisation & decision making. The need for transparent and explicit links of performance management and reporting within the organisational structure at all levels is critical. The most up to date Core Performance report from the Performance and Resources (P&R) Committee can be accessed below.

P&R Core Performance Report

3.4 Throughout the year progress has been made against a number of LDP standards and our Annual Plan targets, with the majority green or amber on our Balanced Scorecard (BSC). The BSC is structured around the Institute of Medicines 6 Dimensions of Quality and is routinely presented as part of the Core Performance Report to the NHS Board and Performance and Resources Committee. However, a number of challenges have been experienced with regards to achieving and sustaining performance around some key targets, including the Emergency Department 4 hour target, the Treatment Time Guarantee, 62 day cancer, delayed discharges and SABs. Work continues to ensure improvement and sustainability plans are in place moving forward. Performance remains strong across the patient safety agenda with positive performance in respect of our HSMR.

An update on some key performance areas within the LDP is provided below with a link to the most recent Performance and Resources Committee Core Performance Report above.
3.5 Timely Care

3.5.1 Unscheduled care
Meeting the 4 hour Emergency Department Standard remains a key priority for NHS Forth Valley. Achieving the 95% target on a consistent basis continues to be challenging with a degree of volatility in performance. The majority of breaches to the 4 hour target relate to ‘wait for first assessment’ then ‘wait for bed breaches’. Discussion has taken place with the Scottish Government regarding variation in performance and what further support may be required. Work is underway, led by the Medical Director, to look at maximising internal processes in terms of escalation and preventing breaches, focussing on the ‘6 Essential Actions’ established by the Scottish Government, and working in partnership with Integration Authorities looking at the whole system in support of sustainable improvement.

Current Performance
Compliance in November 2017 was 94.9%; MIU 100%, ED 93.6%. 27 patients waited longer than eight hours and 3 patients waited longer than 12 hours. The majority of breaches relate to ‘wait for first assessment’. Of the 337 patients that waited longer than 4 hours in November, 127 were due to a wait for first assessment with 77 due to wait for a bed.

Graph 1: 4 Hr ED Compliance

3.5.2 Planned care
In terms of the elective programme a number of challenges have been experienced throughout 2017/18 with regards to achieving and sustaining performance around some targets, particularly the Treatment Time Guarantee, CAMH and Psychological Therapies and the number of Outpatients waiting over 12 weeks for their first outpatient appointment.

12 week Outpatients

Current Performance
At 30 November 2017, 11 out of 26 specialties were compliant with the 95% standard. The main challenges were within Orthopaedics, Urology, Neurology, Respiratory Dermatology Rheumatology and Gastroenterology with 82% of the long waiters between them. Trajectories showing performance have been agreed and being monitored each week. The recovery plan is effecting a reduction in numbers of patients waiting over 12 weeks. The organisation is on track to deliver the agreed position with the Scottish Government by end March 2018.
**Graph 2: 12 week Stage of Treatment**

**Referral to Treatment (RTT)**

**Current Performance**
In October 2017 NHS Forth Valley treated 82.9% of patients within 18 weeks of referral. The reduction in performance is caused by the admission of long waiters from the waiting list. The national performance for October 2017 was 81.3%.

**Graph 3: Referral to Treatment**

**Treatment Time Guarantee (TTG)**

**Current Performance**
In the quarter ending September 2017, Forth Valley’s TTG compliance was 69%. NHS Scotland compliance for quarter ending September 2017 was 81%. At the end of November 2017 there were 971 patients with an ongoing wait over 12 weeks, this equated to 5.9% of the national share. The main challenges in respect of on-going waits over 12 weeks are in Orthopaedics, General Surgery and ENT. Some of the pressure in these specialties relates to particular gaps in the Consultant workforce including anaesthetics with every effort being made to resolve these. In addition there is a demonstrable rise in trauma seen within orthopaedics. Additional capacity is being provided through to March 2018 to reduce long waits in the specialties noted.
**Psychological Therapies**
Significant investment has been made in respect of Psychological Therapies over the past 2 years with a major plan of service improvement implemented across the service. However the service has seen an increase in referrals and referrals of increasing complexity which has made compliance with the RTT more difficult. In addition the service has experienced some staffing challenges, however recruitment to key posts is improving with maximal staff expected to be in post by March 2018. Work continues in respect of maximising capacity within the service and the options available through differing staffing configuration and reviewing skill mix. The service works closely with the Scottish Government Mental Health Access Improvement Support Team (MHAIST with all redesign activity considered appropriate.

**Current Performance**
The 18 week RTT position in November 2017 was 54.5% against a 90% standard. 5 of the 10 subspecialties continue to meet the 18 week RTT, with work ongoing in the other 5. There is a continued focus on improvement work to ensure maximum efficiency and efficacy in terms of service delivery.

**Graph 4: Psychological Therapies RTT**

**Child and Adolescent Mental Health Services**
Similarly there has been significant investment in the CAMH Service in recent years. Performance improved markedly during 16/17, however has been difficult to sustain after June 2017. The service has seen a rise in new referrals; up by 8% during the year. This coupled with ongoing staff vacancies and maternity leave has had an impact on capacity.

Service delivery models have been revised with changes implemented and further service redesign is ongoing. There has been an increase in presentation of young people suffering from severe psychiatric disorders requiring either to be admitted to an in-patient facility or in order to avoid admission, require intensive home based treatment involving several members of the team. In support of reducing referrals, where appropriate, links have been re-established with wider primary care and universal services to provide support through early advice. The service also works closely with MHAIST with best practice being shared.

Staff have worked closely with parents as improvements have been made to service provision. A successful parent engagement was held at the end of May 2017 with a new Parent Liaison Group recently established.

**Current Performance**
The 18 week RTT position for November 2017 is 46.4% against a 90% target. As noted a number of staffing issues have impacted on performance with vacancies, long term absences and training of new
staff highlighted as the key challenges, along with an increase in referrals. Weekly meetings to review waiting times and to monitor adherence to the Access Policy continue in conjunction with service redesign and improvement work.

**Graph 5: CAMHS RTT Compliance**

![CAMHS RTT Compliance](image)

**Cancer**

Similar to other Boards in Scotland, Forth Valley is experiencing challenge in the delivery of the 62 day cancer target across some cancer pathways. Some of this relates to local capacity issues whilst other issues relate to those parts of the pathway that are delivered on a regional basis. Forth Valley works closely with regional partners to manage each part of the process. All breaches are reviewed on a case by case basis to ensure that issues are addressed and learning is appropriately disseminated. There are a number of actions undertaken at each stage in the pathway to maximise capacity with additional clinics, additional diagnostic sessions and theatre sessions when possible.

**Current Performance**

The monthly position for October 2017, 81.6% of Forth Valley patients started treatment within 62 days of urgent referral with suspicion of cancer with 100% of patients starting treatment within 31 days from decision to treat to first cancer treatment. The Scotland position in respect of the 62 day target was 85.5% with 93.9% of patients starting treatment within 31 days. The quarter July to September 2017 indicates that Forth Valley’s performance for the 62 day target was 84.4% against a Scottish position of 87.2% with 31 days reported at 95% against a Scottish position of 94.5%.

**Graph 6: 62 Day Cancer Standard**

![62 Day Cancer Standard](image)
Graph 7: 31 day Cancer Standard
3.6 Safe and Person Centred Care

3.6.1 HAI
Infection Control is a key priority for the Board with the Healthcare Associated Infection Reporting Template (HAIRT) presented at every Board meeting. Detail is included in the Core Performance report to Performance and Resources Committee with dedicated time spent on the topic at the Clinical Governance Committee. To give the Infection Prevention Control Team assurance of compliance to Infection Control policies and procedures in all clinical areas, the IPCT performs various audits and compliance checks every month. These checks include ward cleanliness, adherence to standard infection control precautions and practices. All acute and community hospital wards are visited by the team at least on a weekly basis, mental health wards are visited on a monthly or biweekly basis. Observations and issues identified from these visits are recorded and closely monitored by the team; results are fed back on a monthly basis to all relevant stakeholders.

Current Performance

Clostridium difficile Infections (CDI)
The target is to reduce the rate of Clostridium difficile infections in patients aged 15 and over to 0.25 cases or less per 1000 total occupied bed days. In November 2017 the rate of Clostridium Difficile Infections was 0.1 per 1000 total occupied bed days with the 12 month rolling average is 0.2 per 1000 total occupied bed days against a standard of 0.25. There were 2 CDIs in November 2017; both were healthcare attributed and are within control limits. Robust surveillance for all cases, including healthcare and community acquired, and accurate and rapid patient review and feedback to clinicians and GPs ensures the continued reduction of CDI across NHS Forth Valley. No CDI has been linked to cross infection (person to person spread) in the last 8 years.

Staphylococcus aureus Bacteraemia (SABs)
The SABs target remains challenging for the Board to achieve although significant improvements have been made over recent years with the average monthly percentage decrease 34% from January 2014 to November 2017.

Graph 8: SABs per 1000 Acute Occupied Beddays

Healthcare and community infections are the most challenging to reduce. Community acquired are patients that have had no healthcare intervention in the last three months, conversely healthcare acquired, are patients that have received any form of healthcare intervention such as attending their GP, dentist, outpatient clinic or hospital admission in the last three months; however, the infection is not necessarily associated with these previous healthcare intervention. All these infections are fully
investigated and reviewed to the same standards as all hospital infections. SABs continues to be fully investigated to identify the cause of the infection with a full root cause analysis performed with ward staff on all hospital and healthcare attributed SABs. This supports the identification of any issues that are, or may, potentially be related to the SAB acquisition.

The in month SABs rate per 1000 acute occupied bed days for November is 0.3 cases, with the provisional 12 month rolling average 0.36 cases per 1000 acute occupied bed days. The total number of SABs in November 2017 was 6; 5 healthcare acquired and 1 community acquired. There were no hospital acquired SABs in November.

3.6.2 HSMR
The Board has an established programme of actions to reduce HSMR as part of the Strategic Quality Improvement Framework. This includes key areas of work in relation to the reliable identification and response to sick patients, reliable care for patients with sepsis and actions to reduce health care associated infections. HSMR is a measurement tool where mortality data are adjusted to take account of some of the factors known to affect the underlying risk of death. Forth Valley maintains a positive position

The provisional HSMR for the quarter ending June 2017 for NHS Forth Valley is 0.89. This is a reduction from the baseline for NHS Forth Valley of 14.6%, with a reduction in the Scottish HSMR of 9.7%. Data for the quarter ending September 2017 is due for publication in February 2018.

Graph 9: HSMR

3.6.3 Complaints
There is an ongoing focus on complaints within the organisation in order to respond timeously and support patients and their families and also look at ways of reducing complaints ensuring learning from patient experience. As noted earlier, NHS Forth Valley have a disproportionate amount of prisons compared to other Boards, an area generally associated with higher numbers of complaints. Routine monitoring considers data including and excluding the prison population. Performance in respect of complaints and complaints reduction is examined at many levels within the organisation by the Corporate Management Team and through Directorate Reviews with a detailed Complaints Performance Report a standing item on the Clinical Governance Committee agenda.

Current Performance
The local target in respect of the 20-day response rate is 80%. The 20 day response rate to the end of October 2017 was 79.5% for complaints excluding prisons and 100% for prison complaints. The overall position for Forth Valley was 88.2% in October with the position for the financial year to date 84.2%. The national position in respect of complaint response rates for 2016/17 was published in
October. It highlights that 72% of complaints in respect of Acute and Community Care were responded to within 20 days.

Actions continue in terms of working to improve the response times aiming to achieve and then maintain the 80% target for this financial year.

**Graph 10: Complaints % Response within 20 days**

In terms of reducing complaints a total of 127 complaints were received in October 2017; 54 prisons; 73 excluding prisons complaints. Comparing the year to October 2016 with October 2017, there is 35% overall increase in the number of complaints. This rise in complaints is being actively investigated and may be associated with the new recording of complaints data subsequent to the implementation of the new Complaints Handling Procedures.

Clinical Treatment and Waiting Time/ Date of Appointment are the top issues raised in complaints. Targeted work to support a reduction in complaints continues across all areas.

**Graph 11: Complaints Reduction**

The new Complaints Handling Procedure commenced on the 1st April 2017 and encourages frontline staff to locally resolve complaints, along with the implementation of the Duty of Candour. In addition, there is a teaching programme in place in respect of complaints which includes Early Resolution and
the Power of Apology. There are 2 opportunities to resolve complaints with the aim of providing a quick, simple and streamlined process for resolving complaints early and locally.

- Stage 1 – early resolution with complaints resolved within 5 working days
- Stage 2 - investigation with complaints resolved within 20 working days

In respect of Stage 1 and Stage 2 complaints and responses it should be noted that 61 stage 1 complaints were received in October 2017 with a 100% response rate in 5 working days. In respect of Stage 2 complaints, 66 were received with a 77.3% response rate within the 20 working day target.
3.7 Effective and Efficient Care

3.7.1 Financial Performance

Background
NHS Forth Valley has an annual baseline budget of £497m. The Board has worked within annual Resource Limits and cash requirements set by the Scottish Government Health and Social Care Directorate (SGHSCD) in previous years and forecasts financial balance for both revenue and capital in 2017/18. The largest components of spend are workforce, drugs (community prescribing and hospital drugs), annual PFI commitments and cross boundary flow payments to other Boards for residents treated out with Forth Valley.

2017/18 budgets have been agreed with both Integration Authorities in the Forth Valley area, at £276m, representing 55% of the Board’s budget, inclusive of baseline social care funding (share of £350m) and Set Aside services where funding remains with the NHS Board.

Financial Risks
There are a number of budgetary pressure areas across services however the most significant areas of financial risk relate to medical workforce and drugs / medicines.

Financial challenges in medical workforce are primarily due to premium costs incurred for temporary agency staff required to maintain services for patients to cover key medical staffing vacancies or during episodes of staff absence. There are difficulties in recruiting for some particular specialist roles due to lack of available staff.

National short supply issues for drugs prescribed through primary care have caused price volatility and a sustained increase in cost per item prescribed during 2017/18. Drugs costs in secondary care have also increased partly as a result of new medicines introduced often with additional cost requirements.

Efficiency Savings
Over the previous three years NHS Forth Valley has delivered recurring efficiency savings equating to approximately 5% of baseline budget (excluding fixed costs).

The Board’s focus is on delivering recurring savings through a range of local and national cost efficiency plans including minimising waste, prescribing efficiencies, controls on workforce, and service redesign. Balancing delivery of financial requirements with achievement of non financial performance targets is increasingly challenging in the current economic climate.

Recurring savings plans for 2017/18 total £24m. This is expected to be delivered in-year albeit a number of schemes are at risk of not meeting required targets by year end and the unachieved balance, currently estimated at £6m, will require to be met with non recurrent sources, increasing requirements for future years.

Financial Planning
Financial Plans for 2018/19 are being refreshed following the Scottish Government’s Draft Budget announced on 14th December 2017, together with associated saving plans. The current level of savings required to deliver break even in 2018/19 remains at around 5% and savings schemes are being considered together with assessment of risk.

The NHS Forth Valley Healthcare Strategy 2016-21 ‘Shaping the Future’ sets out the strategic plans for local healthcare services over the next five years. Transformational plans for this strategy together with the development of longer term strategic regional planning require to change the profile of spend to ensure service and financial sustainability over the longer term.
4.0 Progress and Performance of Integrated Joint Boards

4.1 Context
In Forth Valley, there are two partnerships; a partnership between NHS Forth Valley and Falkirk Council and a multi-authority partnership between NHS Forth Valley, Stirling Council and Clackmananshire Council. Both Integration Joint Boards approved their respective Strategic Plans in March 2016. The Strategic Plans set out how services will be delivered across the partnerships over the next three years. The plans were developed by using feedback from a number of meetings and events with service users, unpaid carers, community groups, members of the public and staff. The plans can be accessed by using the links below.

An IJB Performance Management Framework for each partnership was created as per the Integration Scheme. Both IJBs now receive routine performance reports which are linked to the Local Outcomes of the Strategic Plans. Examples of these can be accessed by using the links below.

In addition, each partnership is legislatively required to publish an Annual Report. The Annual Performance Reports for 2016/17 for both Forth Valley partnerships can be accessed using the links below.

Falkirk Integrated Strategic Plan 2016-2019
Falkirk Health and Social Care Partnership Annual Performance Report 2016 – 2017
Falkirk Health and Social Care Partnership Performance Report December 2017

Clackmananshire and Stirling Health and Social Care Partnership Strategic Plan 2016 - 2019
Clackmananshire and Stirling Health and Social Care Partnership Annual Performance Report 2016 – 2017
Clackmananshire and Stirling Health and Social Care Partnership Performance Report December 2017

4.2 Key Targets
Delayed Discharges have remained a major area of focus for the NHS Board and the Integration Joint Boards for some time. In addition in January 2017, the Ministerial Strategic Group for Health and Community Care (MSG) intimated a requirement to set local objectives for a range of indicators most of which are now routinely monitored through performance reports. Indicators and current position are noted below:

- Unplanned admissions
- Occupied bed days for unscheduled care
- A&E performance
- Delayed Discharges
- End of Life care
- Balance of spend across institutional and community services

4.2.1 Delayed Discharges
Progress was seen in early 2017 with a Scottish Government target put in place in November 2016 to make a 50% reduction in total delays, including Code 9 delays and Guardianship patients by the end of March. The total number of Delayed Discharges reduced from 92 in November 2016 to 54 at the March 2017 census. The position remains volatile however with numbers climbing to over 82 (including Guardianships and Code 9 Delays) at the August 2017 census.

Performance has improved with the November 2017 census at 23 patients delayed in their discharge for more than 14 days against the zero standard. The local authority breakdown was Clackmannanshire 2 delays, Falkirk 18 delays and Stirling zero delays. There were 3 delays for Local Authorities outwith Forth Valley. The inclusion of those waiting less than 2 weeks brings the standard
delays to 44. Twenty-two Code 9 exemptions which include issues in respect of Guardianship, brings the total delays for the November census to 66 in total; 63 for Forth Valley.

**Graph 12: Delayed Discharges - Total Delayed Discharges including code 9 and Guardianship Financial Year to date by Local authority Area with % contribution to delays for each LA**

The total bed days lost to delayed discharge at the November census have increased by 167 to 927 from 760 at the October census with the number for Forth Valley 758. The Local authority breakdown for November is Clackmannanshire 84, Falkirk 640 and Stirling 34. There are 169 bed days occupied for local authorities’ out with Forth Valley.

**Graph 13: Number of Bed Days attributed to Delayed Discharges by Local Authority Area as well as % contribution to bed days by each LA**

It is recognised across the Partnerships that significant effort is required to make and sustain improvements in respect of achieving the 2 week target. The majority of delays are within the Falkirk partnership with detailed work continuing to address the particular challenges around care homes. The Stirling position also has a degree of variability although numbers are smaller. Focussed work has been undertaken to proactively manage Guardianship timescales. There has been close monitoring of the policy on choice to ensure interim care home arrangements are being offered where first choice of
care home is not available. Daily and weekly meetings are in place to ensure focus is maintained on discharge, particularly packages of care in support of the winter plan.

4.2.2 Unplanned attendance, admission and beddays
The average monthly ED attendance rate in Forth Valley has increased from 1758 in 2016/17 to 1859 in 2017/18 to date (5.8% increase). This is being seen across both partnerships. Despite this, the pattern of unplanned admission has shown an overall decline since April 2015, however there is a rising trend in beddays as illustrated in the graphs below. This is multi-factorial in nature and is partly associated with greater complexity, long term conditions and to a lesser extent delayed discharges.

Graph 14: ED Attendances Rate per 100,000

Graph 15: Unplanned Admissions per 100,000
Graph 16: Unplanned Occupied Beddays per 1000