

Appendix 1 – Table

MSG Improvement Objectives – summary of objectives for Adults & Older People

Perth & Kinross H&SCP	Unplanned admissions	Unplanned bed days	Delayed discharge bed days (All Non Complex and Complex)
Baseline	<p>Baseline year 2015/16 there was a total of 14,866 unplanned admissions.</p> <p><u>2016/17 Change</u> In 2016/17 there was a total of 15,122 unplanned admissions. A 1.8% increase compared to the baseline year. However see objective below which takes into account projected annual population growth.</p>	<p>Baseline year 2015/16 unplanned bed days was 116,661.</p> <p><u>2016/17 Change</u> in 2016/17 there were a total of 111,319 unplanned bed days. A reduction of 4.6% compared to the baseline year.</p>	<p>2015/16 there was a total of 19,871 bed days lost to delays.</p> <p><u>2016/17 Change</u> There was a total of 19,176 bed days lost to delays. A reduction of 3.5% from 2015/16.</p> <p>The Partnership will use 2016/17 as the baseline year for future monitoring as the strategies for improvement will not be fully in place until 2018/19.</p>
Objective	The number of unplanned admissions will be maintained at 2015/16 levels (14,886) to 2018/19, which takes account of the projected annual population increases.	By March 2019 to reduce the number of unplanned bed days by 10% from 2015/16 figures (Target 104,994).	By March 2019 To reduce the Delayed Discharge bed days by 10% using 2016/17 as the baseline year (Target 17,258).
How will it be achieved	<p><i>The transformation redesigns that will support the Partnership to meet this objective:</i></p> <ul style="list-style-type: none"> - Assess to Admit – March 2018 - ECS – being reviewed in line with Integrated Care Teams 	<p><i>The transformation redesigns that will support this measure are:</i></p> <ul style="list-style-type: none"> -Discharge Hub - Redesign of Community Hospitals -Reshaping Care at Home including Discharge to assess (under design) 	<p><i>The transformation redesigns that are currently being implemented to support the Partnership to reduce the total number of delayed discharge bed days are:</i></p> <p>Reshaping Care at Home including Discharge to assess – will be completed in</p>

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	<ul style="list-style-type: none"> -Front of House – April 2018 -Integrated Care Teams – Sept 2018 - Improvement programme working collaboratively with GP Practices and Clusters –Sept 2018 Enhancement of Care Home Liaison Service – April 2018 -Re-admission rate review - TBC 	-Inpatient Pathways eg redesign of medical	<p>phases during the year with Initial phase being implemented by March 2018</p> <ul style="list-style-type: none"> - Enhancement of Discharge Hub -Exploring Intermediate Care Beds (TBC) <p>See progress for more detailed information.</p>
Progress (updated by ISD)	<p>Based on the April 17 to October 2017 number of unplanned admissions (8,652) it is forecasted that by March 2018, our unplanned admissions will be 15,100.</p> <p>This is broadly in line with maintaining the number of unplanned admissions whilst taking account of the projected annual population growth.</p>	<p>April to Sept 17 update: 49,538 unplanned bed days</p> <p>Forecast to March 18: 102,237 unplanned bed days – a reduction of 12% from 2015/16 baseline.</p> <p>The Partnership intention is to maintain or improve the reduction in unplanned bed days to March 2019. The Partnership will regularly monitor and review during this period.</p>	<p>April to Nov 17 update: 11,861 delayed discharge bed days</p> <p>Forecast to March 18: 18,672 – a reduction of 2.6% reduction from 2016/17 baseline.</p> <p>The Partnership are forecasting to March 2018 a 46% reduction in the number of bed days lost due to complex delays (Code 9), using 2016/17 as the baseline year. This was supported by investing in an additional Mental Health Officer, and improving the funding and guardianship processes.</p> <p>However the Partnership are forecasting to March 18, an increase in bed days lost to delays due to non complex reasons (again using 2016/17 as the baseline year). This is at least partially due to a delay in being able to fully implement the Reshaping Care at Home Programme and the recruitment and retention challenges being experienced for external care at home providers (as</p>

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			highlighted in Notes below).
Notes	<p>The Partnership have based their forecast to March 2018 by using the data available for this financial year, adding November 2016 to March 2017 data and applying a similar reduction / increase for this financial year's available data. This may not take consideration of the potential impact of the extreme Winter period pressures the Partnership has experienced this year.</p>	<p>The Partnership have based their forecast to March 2018 by using the data available for this financial year, adding October 2016 to March 2017 data and applying a similar reduction / increase for this financial year's available data. This may not take consideration of the potential impact of the extreme Winter period pressures the Partnership has experienced this year.</p> <p>For 2018/19 the Partnership will also need to consider any potential impact of the major redesign taking place in Acute services (Reshaping Surgical Services, Orthopaedics) and Inpatient Mental Health Services. Overall performance is also heavily reliant on planned requirement for Care at Home capacity being delivered successfully by external providers and in and in particular on care providers being able to recruit and retain sufficient staff.</p>	<p>The Partnership have based their forecast to March 2018 by using the data available for this financial year, adding December 2016 to March 2017 data and applying a similar reduction / increase for this financial year's available data. This may not take consideration of the potential impact of the extreme Winter period pressures the Partnership has experienced this year.</p> <p>For 2018/19 the Partnership will also need to consider any potential impact of the major redesign taking place in Acute services (Reshaping Surgical Services, Orthopaedics) and Inpatient Mental Health Services. Overall performance is also heavily reliant on planned requirement for Care at Home capacity being delivered successfully by external providers and in and in particular on care providers being able to recruit and retain sufficient staff.</p>