INTEGRATION JOINT BOARD

Date of Meeting	26th March 2019
Report Title	Readmissions after 28 Days
Report Number	HSCP.18.150
Lead Officer	Sandra Ross, Chief Officer
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Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A. Readmissions Report

1. Purpose of the Report

1.1. The purpose of this report is to provide an update on an analysis of readmissions data that took place in response to performance against this indicator being highlighted in the 2017/18 Annual Report.

2. Recommendations

2.1. It is recommended that the IJB:

a) Notes the finding of the analysis exercise.

b) Instructs the Chief Officer to investigate how the ACHSCP performance compares to the Grampian wide performance by referring the data to the Unscheduled Care Group.

c) Refers the report to the Clinical and Care Governance Group proposing that they could potentially use some of the data – particularly that in relation to Respiratory Medicine, Cardiology and

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Infectious Diseases – as baseline indicators to measure the success of the Acute Care @ Home project.

3. Summary of Key Information

3.1. There are 23 national indicators that we report against. One of these is national indicator 14 "Readmissions to hospital within 28 days (per 1,000 population).

3.2. The IJB approved the Annual Report for 2017/18 at its August 2018 meeting. In this, it was reported that readmissions to hospital within 28 days had increased from 94 (per 1,000 population) the previous year to 103. The figures for Scotland, for the same period, were reported as having fallen from 100 (per 1,000 population) to 97. So, not only had the Aberdeen position worsened but it was going against the national trend.

3.3. The IJB requested that the reasons for this be investigated and a report brought back.

3.4. Appendix A is an analysis of the data on readmissions for the calendar year January to December 2018. The report shows analysis of readmissions data by Specialty, Hospital, Main Diagnosis and GP Practice. The data has been aligned to Aberdeen City HSCP based on patient postcode, except for data by GP practice which has been aligned based on patients current registered GP practice.

3.5. The following are the key findings of the analysis: -

- The readmission rate was 11.1%
- 28% of readmissions were for the same reason as the original admission.
- 87% of the readmissions were to ARI and, of these, 92% had originally been discharged from ARI.
- The top 3 areas where patients were readmitted were General Medicine, General Surgery (excluding Vascular) and Geriatric Medicine. These accounted for 48% of all readmissions.
- Excluding those areas where the total readmissions were less than 10, Paediatrics, Palliative and Clinical Oncology, the areas with the highest readmission rates where the readmission code was the same as the original admission code are: -
    - Haematology (54%)

- Oral and Maxillofacial Surgery (47%)
- General Surgery (excluding Vascular) (39%)
- Neurosurgery (38%)
- Ear, Nose and Throat (36%)
- Neurology (36%)

- Other than for Marywell, where the high readmissions rate is thought to be due to that practice's focus on homelessness, readmissions rates per GP practice were around the overall average.

3.6. It is suggested that the data does not indicate any particular areas of concern. It is proposed that the report be passed to the Unscheduled Care Group to allow for a comparison with the Grampian wide performance, and to the Clinical and Care Governance Group proposing that they could potentially use some of the data – particularly that in relation to Respiratory Medicine, Cardiology and Infectious Diseases – as baseline indicators to measure the success of the Acute Care @ Home project.

4. Implications for IJB

4.1. Equalities – this report has no negative implications for people with protected characteristics.

4.2. Fairer Scotland Duty – this report has no implication in relation to the Fairer Scotland duty.

4.3. Financial – this report has no direct implication on finance.

4.4. Workforce – there are no implications for the workforce arising from this report.

4.5. Legal – there are no legal implications arising from this report.

4.6. Other – none.

5. Links to ACHSCP Strategic Plan

5.1. This report is providing analysis on performance against one of the national indicators which demonstrates progress or otherwise on the strategic priorities and national health and wellbeing outcomes as outlined in the strategic plan identifying areas for improvement activity.

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6. Management of Risk

6.1. Identified risks(s)

If we do not analyse areas that are underperforming we will not fulfil our ambition to be a high performing partnership.

6.2. Link to risks on strategic or operational risk register:

This report links to Strategic Risk 5.: -

There is a risk that the IJB, and the services that it directs and has operational oversight, of fail to meet performance standards or outcomes as set by regulatory bodies

6.3. How might the content of this report impact or mitigate these risks:

By analysing areas that are underperforming the IJB can determine appropriate action, if required, to address this and drive performance standards up to an acceptable level.

Approvals	
	Sandra Ross (Chief Officer)
	Alex Stephen (Chief Finance Officer)