ITEM No …10……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21ST JUNE 2023**

REPORT ON: **MANAGEMENT OF DELAYED DISCHARGES**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB31-2023**

1.0 PURPOSE OF REPORT

1.1 To provide an update on the actions taken to continue to reduce delayed discharges, and to outline the progress made against the local targets as detailed in IJB Report DIJB75-2022. Article VIII of the minute of meeting of 26th October 2022 refers.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Notes the ongoing work to reduce delayed discharges particularly in relation to the local and national Discharge Without Delay and Care Closer to Home workstreams, as well as developments which have improved access to social care.

2.2 Notes performance against the Discharge Without Delay national indicators which are now consistently above the target of 98% since March 2023, with previous performance being consistently above 97% (See Appendix 1)

3.0 FINANCIAL IMPLICATIONS

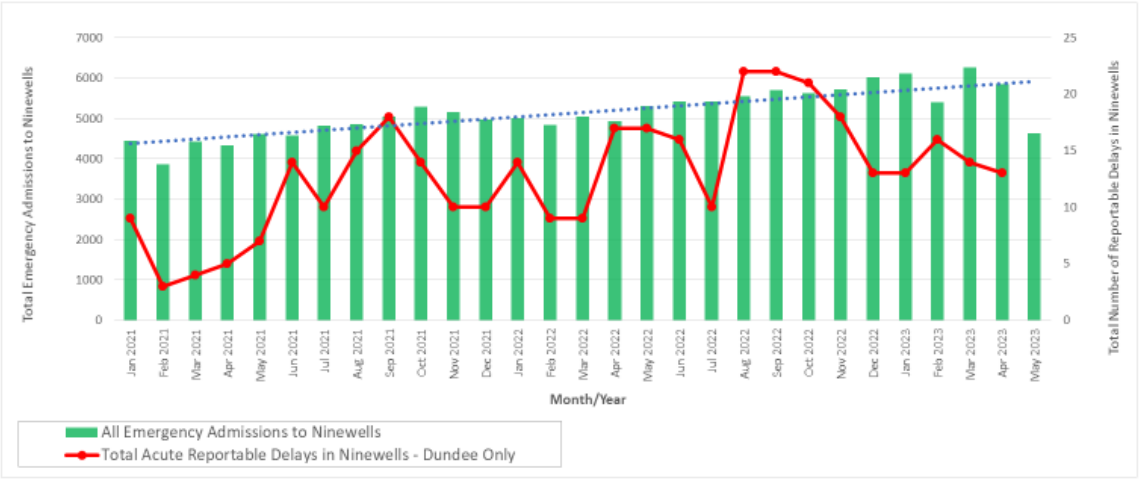
None

4.0 MAIN TEXT

4.1 The strategic focus in Dundee remains on the development of integrated multidisciplinary pathways of care which promote early discharge from hospital and the provision of care, rehabilitation and treatment closer to home wherever possible.

4.2 Performance in relation to delayed discharge has continued to improve since October 2022, despite a sustained increase in unscheduled admissions during that time period. Since a peak of delayed discharge in mid-August 2022 of 18 acute delays, and a total of 55 delays across all sites, performance in relation to the locally agreed RAG matrix has consistently been in amber status since week beginning 10th May 2023 and continues to reduce. Performance reporting beginning 22nd May 2023 is now within the green section of the RAG matrix for both acute and non complex delays (6 and 20 respectively) and in amber for the total delay figure (42).

Graph showing level of reportable delayed discharges for Dundee HSCP in the context of increased admission rates to Ninewells Hospital on a monthly basis

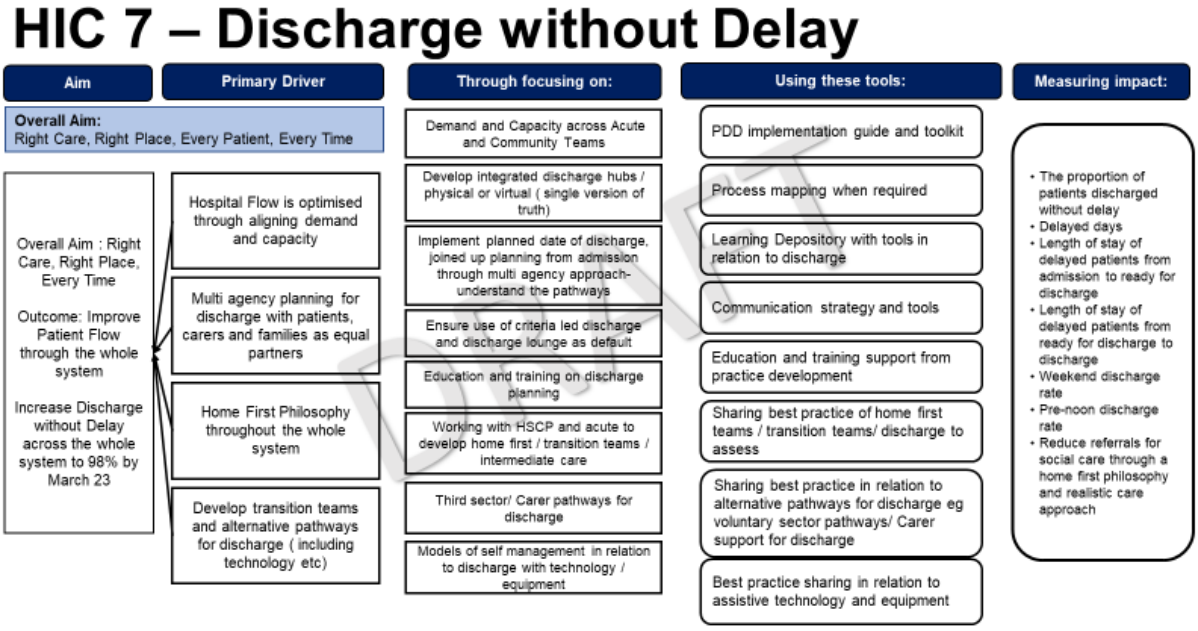


Source: Qlikview – Filters: All emergency admissions to Ninewells. Includes patients of all ages from all Local Authorities between Jan 2021-April 2023 coded as an emergency admission to hospital. Delay figure taken from monthly census point (last Thursday of the month) for each month – only includes complex and non-complex reportable delays with Dundee City as the Responsible Local Authority. Health delays and code 100's are not included as these are not reportable to SG.

4.3 This demonstrates a specific improvement in relation to the management of non complex delays the reason for which had predominantly been the ongoing increased demand for social care. Specific improvement actions have been taken to address this as follows:

4.4 The Scottish Government Urgent and Unscheduled Care National Collaborative relaunched the Programme in July 2022, identifying 8 High Impact Change areas and asking each Health Board area to identify their priorities in progressing the work.

4.5 NHS Tayside and the 3 Health and Social Care Partnerships identified Discharge Without Delay (DWD) as a key area of high impact change.



Consequently, a highly skilled member of staff from the Dundee Discharge Team has been seconded for a year to lead on the roll out of the Planned Date of Discharge (PDD) Policy. This has involved a range of actions across Tayside, ranging from supporting the installation of electronic whiteboard in all wards, through to developing (in conjunction with the Health and Business Intelligence Unit), PDD dashboards with ward level data accessible for all ward staff. This enabled each individual multidisciplinary team to identify key actions to improve discharge planning processes relevant to them.

The impact of this work has been significant particularly in terms of the engagement of staff in the discharge planning process (See Appendix 1).

4.6 Within the social care service, a test of change has been undertaken which enhances the review process for existing social care service users. By locating an enablement support worker within the Resource Matching Unit, who works closely with the wider social care team, capacity has been released which is then available for re-use for new service users.

4.7 Of the 237 reviews undertaken so far as part of this test, a total of 2,298.5 social care hours have been released back into the system. This has improved access to social care for hospital discharge and has contributed to the reduction in delays.

4.8 A further test has been ongoing to explore Fair Working Principles within the social care sector as detailed in DIJB30-2023 – Fairer Working Conditions – Home Care (Update). Again this has supported better communication and engagement across and between commissioned providers, leading to greater efficiency. As well as creating additional capacity, this approach to social care provision has also contributed to prevention of admission in that the additional reassurance and support provided due to greater flexibility within the service has enabled existing service users to receive additional care at appropriate times.

Prevention of Admission Model

There were 21 case studies submitted as part of the test of change. 18 of the case studies identified that the extra visits provided on an adhoc basis by the provider supported a prevention of admission into hospital model of care delivery.

Whilst we cannot evidence the potential duration of these hospital admissions or, indeed, how long the individual would have waited in hospital for the appropriate level of service to facilitate a safe discharge home, we can propose an average cost saving using the assumptions below:

Time spent in hospital	Number of service users	Cost per day	Total Potential Savings
2 days	18	£287	£10,332
7 Days	18	£287	£36,162
14 Days	18	£287	£72,324
21 days	18	£287	£108,486

Average cost of hospital bed day = £287

The next slide has a more detailed overview of average length of stays

Dundee Health & Social Care Partnership

5.0 POLICY IMPLICATIONS

This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

As this report is for update purposes only, no risks were identified.

7.0 CONSULTATIONS

The Chief (Finance) Officer and the Clerk were consulted in the preparation of this report.

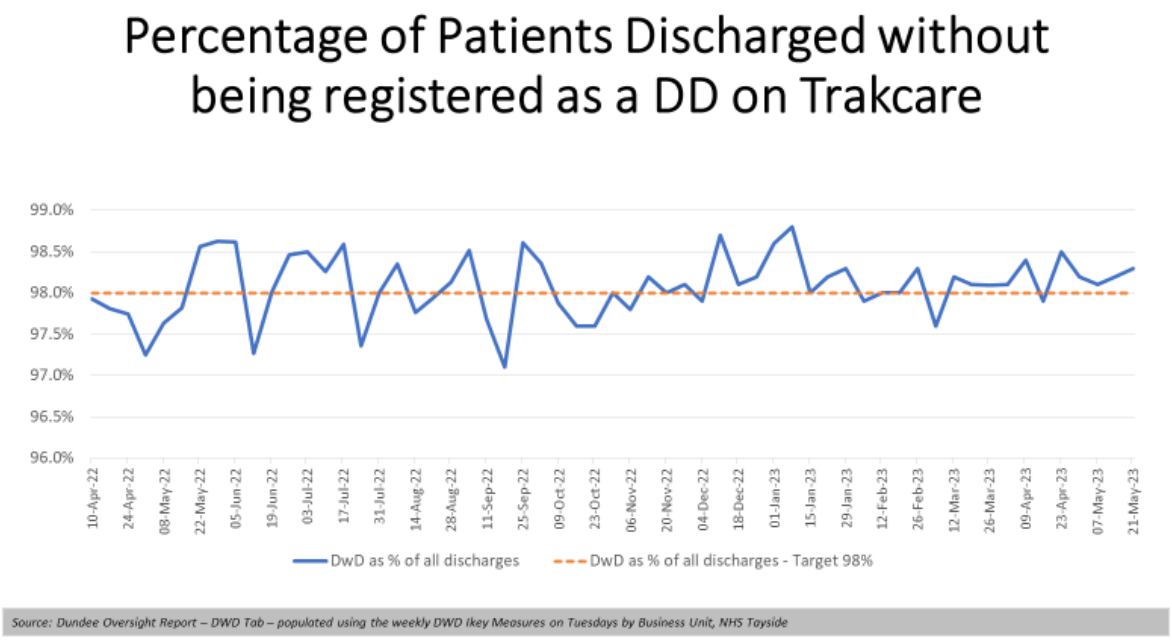
8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

Appendix 1



DATE: 25th May 2023

A SPOTLIGHT SESSION:

WARD 4 RVH

DISCHARGE WITHOUT DELAY PROGRAMME

May 2023

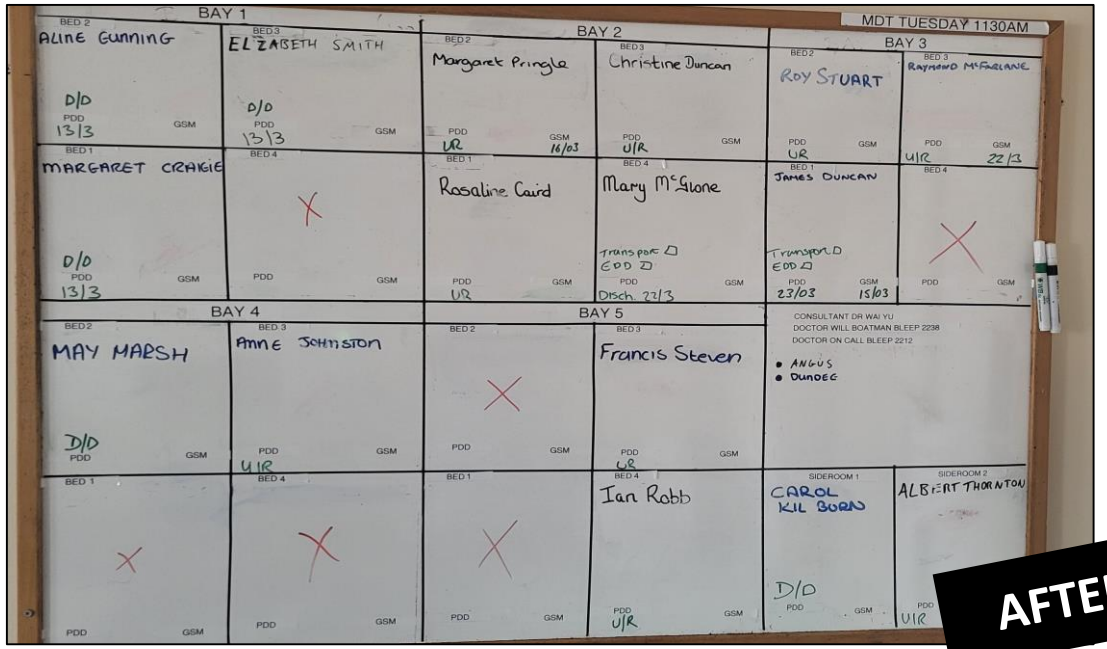
WARD 4 – CHANGE TIMELINE

OBSERVATIONS & OPPORTUNITIES

YOU SAID	WE DID
HIGHER RATE OF AM DISCHARGES IS REQUIRED FOR CAPACITY AND FLOW	*VISIBLE WAITING LISTS – MOVE FROM "PUSH TO PULL"*
	DEVELOPMENT OF TRANSPORT FLOWCHART IN CONJUNCTION WITH SAS AND TRANSPORT HUB
	DAILY HUDDLE DISCUSSING PDDs
	USE OF DAILY DISCHARGE TARGET POSTER
IMPROVED LINKS WITH ADT	
PDD'S NOT VISIBLE ON WARD	*WHITEBOARD AMENDED ON WARD TO ENSURE PDD'S ARE VISIBLE FOR ALL PATIENTS, AS WELL AS OTHER KEY INFORMATION THAT IS CRUCIAL FOR EFFECTIVE DISCHARGE PLANNING*
IMPROVE COMMUNICATION BETWEEN NWH/RVH	*EMAIL SYSTEM DESIGNED TO INCLUDE INFORMATION ON DISCHARGES AND PLANNED TRANSFERS – PROACTIVE PLANNING*
	SCN IN WARD 5 NWH TO VISIT RVH, TO MIRROR SUCCESS FROM ORTHO PATHWAY WHERE AN AWARENESS OF PRESSURES ON EACH SITE WAS HELPFUL AND IMPROVED FLOW
TRAKCARE NOT BEING UPDATED ON A LIVE BASIS	*CREATION OF A PDD POSTER AS A MEANS OF PRESENTING WARD-LEVEL DATA, INCREASING STAFF AWARENESS OF THE ROLE TRAK PLAYS IN MEASURING THE USE OF PDD SO THAT STAFF CAN TAKE OWNERSHIP*
	INSTALLATION OF ELECTRONIC WHITEBOARD – DATE TBC

WHITEBOARD CHANGES

BEFORE



AFTER

PDD POSTERS

INTRODUCED ON WARD 4 RVH [INSERT DATE]

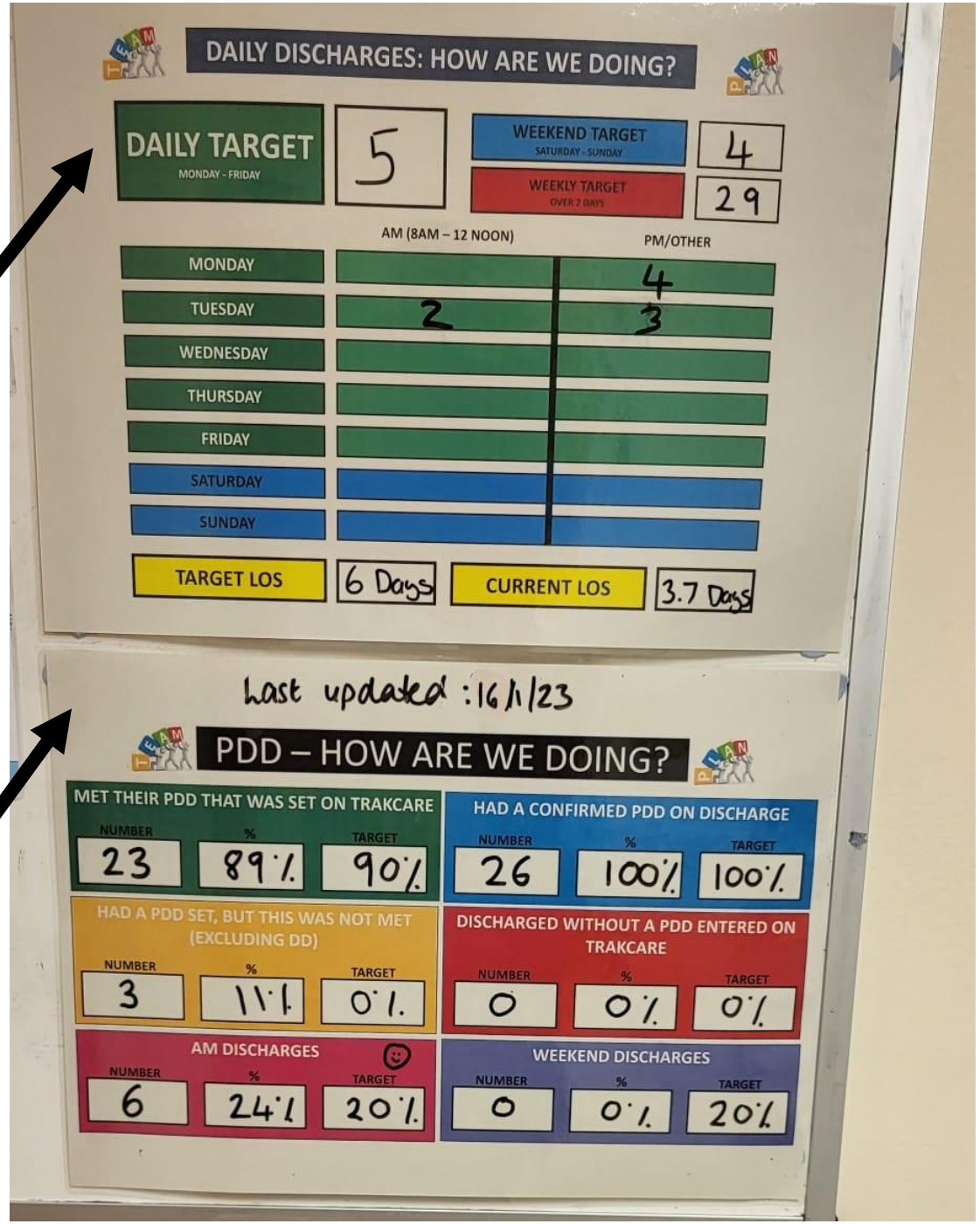
IT IS POPULATED BY WARD STAFF, WITH THE TARGETS SET AND AGREED BY THE CLINICAL CARE GROUPS.

STAFF SHOULD KNOW THEIR TARGETS AND ENSURE THEY ARE UPDATING THE POSTER WHEN DISCHARGES ARE CONFIRMED.

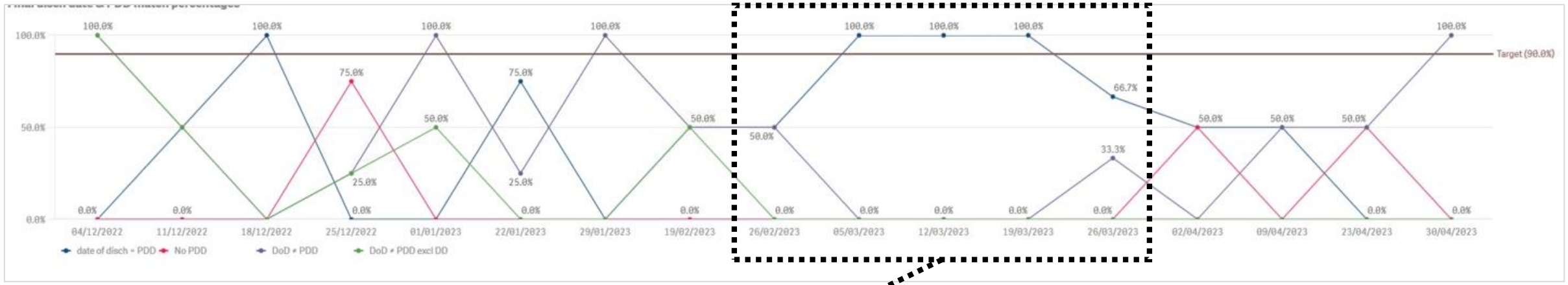
INTRODUCED ON WARD 4 RVH [INSERT DATE]

POPULATED USING DATA FROM THE PDD DASHBOARD THAT WAS DEVLEOPED BY THE BUSINESS UNIT

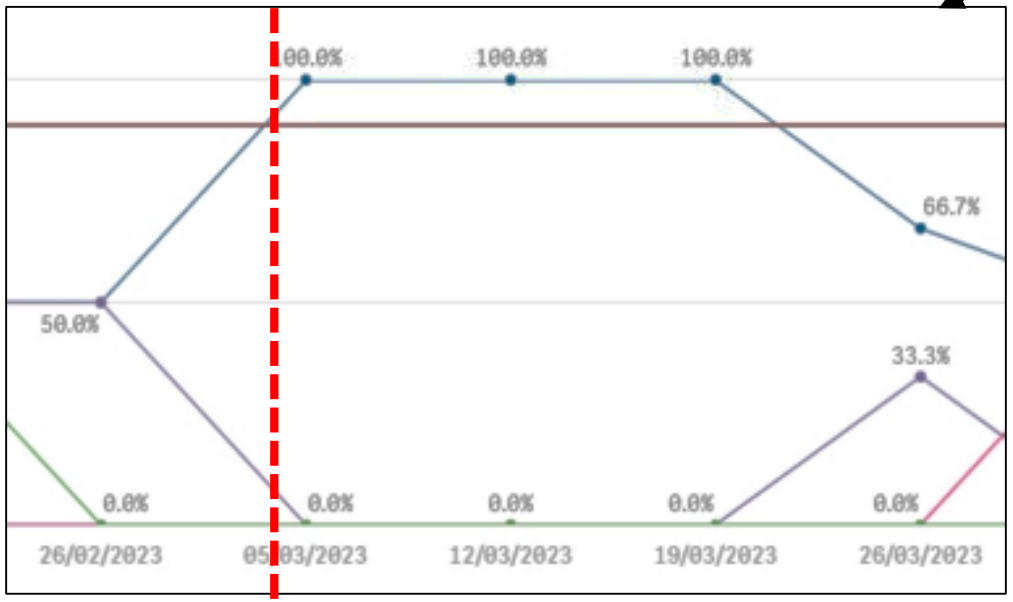
GIVES WARD OWNERSHIP OF THEIR OWN DATA IN LINE WITH THE SG DWD TARGETS



WARD 4 RVH - DATA



PDD roll out commences



If we zoom into the period highlighted above (26/02/23 – 26/03/23), we can see a marked improvement compared to previous trends. This is also the same time period during which the whiteboard changes took place, the Trak Training was provided, the huddle was reviewed and the PDD posters were introduced.

- **100% of PDD's were met**
- **0% were discharged without a PDD**

NEXT STEPS:

- **Sustainability is the KEY TO ONGOING SUCCESS!**
- Empower PDD Promoter to continue with improvement work once PDD Operational Lead moves on to another area
- Encourage nursing staff to take ownership of daily huddles and MDT's
- Work with the Discharge Team to ensure there is a consistent presence to support effective discharge planning and support the ward staff to continue to use PDD and Trak.
- Use data to inform ongoing improvement work and test of change ideas to ensure targets are met/exceeded.
- Electronic White Boards to be installed over next few weeks – likely by the end of May. This will support with the visibility of PDD and updating Trakcare on a live basis.
- Continue education for senior staff and PDD Promoters in Ward 4 around navigating and extracting data from PDD Dashboard – guide has been circulated and dates for sessions to be circulated.
- Ward 4 to share learning with Ward 5 RVH – opportunities for learning - action plan shared
- Use of "Bed Request" function on TRAK as a TOC
- Improved links with the Angus Discharge Team – meeting arranged 11th <May
- Work with the Discharge Team to ensure there is a consistent presence to support effective discharge planning and encourage the ward staff to continue to use PDD and Trak.