ITEM No …6……..

REPORT TO: **PERFORMANCE AND AUDIT COMMITTEE – 28 NOVEMBER 2017**

REPORT ON: **DISCHARGE MANAGEMENT PERFORMANCE UPDATE (INCLUDING CODE 9 ANALYSIS)**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **PAC39-2017**

1.0 PURPOSE OF REPORT

1.1 To provide an update to the Performance and Audit Committee on Discharge Management performance in Dundee. This report also provides detailed information about the current discharge management position for complex delays (code 9s) and practical actions being undertaken in response to current pressures as requested by the Performance & Audit Committee (Article VII of the minute of the meeting of the Performance and Audit Committee on 12 September 2017 refers).

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

2.1 Notes the content of the report and the current position in relation to discharge management performance as outlined in section 5.2 and Appendix 1 (sections 2.2 and 2.3).

2.2 Notes the current position in relation to complex delays as outlined in section 5.3 and Appendix 1 (section 2.4).

2.3 Notes the improvement actions planned to respond to areas of pressure identified as outlined in section 5.2 and 5.4.

3.0 FINANCIAL IMPLICATIONS

3.1 Improvement actions described within this report are funded within current resource allocated to the Health and Social Care Partnership.

4.0 MAIN TEXT

4.1 Background to Discharge Management

4.1.1 A delayed discharge is a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date (Information Services Division Delayed Discharges Definitions and Data Recording Manual).

4.1.2 The focus on effective discharge management is reflected through the National Health and Wellbeing Outcomes and their indicators. There are two indicators that relate directly to effective discharge management:

- National Indicator 19: Number of days people spend in hospital when they are ready to be discharged;
- National Indicator 22: Percentage of people who are discharged from hospital within 72 hours of being ready.

4.1.3 Within Dundee a Home and Hospital Transitions Group, chaired by the Head of Health and Community Care, oversees performance and improvement actions in relation to Discharge Management. The Group aims to ensure that citizens of Dundee are supported at home, but when people do have to go to hospital they are only there as long as they need to be.

4.1.4 On a weekly basis, an update is provided to the Chief Officer, the Chief Operating Officer and key Home and Hospital Transitions Group members on delay position. This information is used to maintain an ongoing focus on enabling patients to be discharged from hospital when they are ready as well as to inform improvements.

5.0 CURRENT PERFORMANCE

5.1 Discharge Data Types

5.1.1 Discharge delays are defined in two ways: - standard delays and code 9 complex delays.

5.1.2 Standard delays are defined by Information Services Division (ISD) Scotland as delays where the standard maximum delay period applies. This includes Patients delayed due to awaiting assessment, care packages, housing, care home or nursing placements. The standard maximum delay period is now 72 hours.

5.1.3 Code 9 complex delays are used by ISD Scotland to describe delays where the standard maximum delay, therefore 72 hours, is not applicable. This is in recognition that there are some Patients whose discharge will take longer to arrange and would include Patients delayed due to awaiting place availability in a high level needs specialist facility and where an interim option is not appropriate, Patients for whom an interim move is deemed unreasonable or where an adult may lack capacity under adults with incapacity legislation.

5.2 Standard Delays Current Performance and Improvement Actions.

5.2.1 The Discharge Management Performance Report noted in Appendix 1 and our current performance data position highlights a positive trend towards reducing number of people who are delayed where the standard maximum delay period applies.

5.2.2 The main reasons for length of delay where the standard maximum delay period of 72 hours applies is due to people awaiting social care packages and place availability for care homes. Although we have demonstrated a reduction in delays over the past year, there was a period during August to September 2017 where pressures in service availability resulted in an increase in bed days occupied. The weekly monitoring arrangements enabled this pressure to be quickly identified and responses agreed.

5.2.3 This positive trend in relation to reduction in standard continues to be supported through a range of improvement activity as follows:

- Introduction of daily huddle in the Integrated Discharge Hub to agree priorities and a plan to ensure maximum efficiency and focus across the team.
- Introduction of a daily conference call between the Integrated Discharge Hub and the Resource Matching Unit to identify patients who require a care package upon discharge and make arrangements for a care package to be ready for the patient's date of discharge.
- Development of step down options as a means of enabling patients to have a period of intermediate care and rehabilitation in a non-acute setting.
- Allocation of a budget for funding care home placements to the Integrated Discharge Hub and implementation of resources to support assessment for 24 hour care to take place in a more homely setting. This has resulted in timeous decision making and a reduction of delays for this reason.
- Development of an escalation and contingency plan and prioritisation of social care services to ensure that there is an effective response in the event of an increase in hospital admissions and referrals over the winter period.
- Implementation of a test of change where a community Occupational Therapist is located within the Integrated Discharge Hub. The Occupational Therapist provides professional advice and support for Adults who require housing, equipment and adaptations upon discharge.

- Development of a test of change in which telecare and just checking are used to support discharge planning and assessment. It is aimed that this pilot will support increased efficiency and support increased capacity of social care services.
- Ongoing monitoring of discharges and delays reasons and improvement response where negative trends are arising.

5.3 Complex Delays Current Situation

5.3.1 Through analysis of our performance data, the Home and Hospital Transition Group identified a negative trend during period 2016 to 2017 in relation to delays for Adults who have a complexity of circumstances. In September 2017 PAC requested a further detailed analysis of code 9 delays (Article VII of the minute of the meeting of PAC on 12 September 2017 refers); this is contained within the performance information in Appendix 1 (section 2.4).

5.3.2 Key points from the analysis are:

- There is variation in the number of occupied bed days across Local Community Planning Partnerships (LCPPs). The highest number of patients and occupied bed days in Q2 2017/18 was in East End (13 patients and 901 bed days lost) and the lowest was in The Ferry (<5 patients and 50 bed days lost).
- The reason for the majority of complex delays for adults aged 75+ is due to adults with incapacity processes which includes decisions about guardianship, guardianship report preparations and court process.
- The majority of complex delays for adults aged 18 to 74 is due to awaiting a place in a specialist facility and awaiting completion of complex care arrangements. This is subsequently reflected in number of delays across specialities.
- The majority of occupied bed days are for adults aged 18 – 74. This is reflective of the reasons explained above for the delay for this age group in that gaining provision of specialist resources and care arrangements will take longer to arrange.
- The reduction in occupied bed days for adults aged 75+ is likely due to improvements made in relation to adults with incapacity processes and recruitment of additional MHO.

5.4 Complex Delays Improvement Actions

5.4.1 Whilst it is acknowledged that the current trend must be seen in context of increasing complexity of need and increasing number of adults and older adults living with co-morbidities in their own home, it is also recognised that delays for Adults with a complexity of needs can impact on their quality of life and recovery.

5.4.2 Due to this, the Home and Hospital Transition Group has made a commitment to finding sustainable solutions so that people who have a complexity of needs can be discharged when they are ready.

5.4.3 A resolution to reasons for complex delays is supported through a range of improvement activity as follows:

- Introduction of a daily huddle to start from 4th December 2017 as a test of change in mental health settings. The aims of the daily huddle are to achieve smoother transitions of care, ownership of decision making, shared awareness of key information which supports discharge planning and increased patient safety through planned and team based processes,
- Further development of step down options so that there is an increase in available resource by April 2018 to enable patients with a complexity of circumstances to have a period of intermediate care and rehabilitation,
- Establishment of an early intervention multi-disciplinary model and test of change which aims to prevent admission to hospital for adults with a complexity of circumstances who are experiencing distress,
- Planned development of specialist accommodation through the Strategic Housing Investment Plan and Mental Health and Learning Disability Strategic Commissioning Groups to enable adults who have a mental disorder to be able to leave hospital when they are well. These developments will be realised from 2018 onwards.

- Implementation of two additional Mental Health Officers in June 2017. This was following a successful test of change during the period 2016/17 in which an MHO was located at Ninewells Hospital and at the same time a review of guardianship and legal processes was undertaken. This test of change and the review has supported reduction in bed days lost due to Adult with Incapacity reasons,
- Ongoing promotion of Power of Attorney through local and Tayside wide campaign as a means of reducing requirement for Guardianship. Initial data suggests that the campaign is beginning to realise an increase in Power Of Attorney across Dundee and Tayside,
- Continue to build upon the work of the acute liaison service to support people with a learning disability and/or autism who experience an admission to Ninewells Hospital,
- Weekly monitoring of discharges and delays where Adults have a complexity of circumstances so that this informs improvement actions in response to the delays.

5.5 Summary

5.5.1 We have made progress in Dundee in relation to enabling people to be discharged when they are ready but we also recognise that further work is needed to support patients who have a complexity of needs.

5.5.2 We have made a commitment to increasing number of people who have a complexity of needs who are discharged when they are ready and with that a number of improvement actions and investment has been secured to support realisation of this commitment.

6.0 POLICY IMPLICATIONS

6.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

7.0 RISK ASSESSMENT

Risk 1 Description	A prolonged stay in hospital is rarely associated with a good outcome for patients. Being in hospital disconnects people from their family, friends and social network and can result in a sense of isolation, loss of confidence and depression. Older people experience functional decline as early as 72 hours after admission and are more likely to have an episode of delirium or infection. The risk of a poor outcome increases every time a frail patient is moved from ward to ward. Every unnecessary day in hospital increases the risk of an adverse outcome for the individual, drives up the demand for institutional care and reduces the level of investment that is available for community support.
Risk Category	Financial, Governance, Political
Inherent Risk Level	15 – Extreme Risk
Mitigating Actions (including timescales and resources)	- Weekly review of all delays. - Action plan and monitoring at the Home and Hospital Transition Group. - The Power of Attorney campaign is aimed to reduce the requirement for guardianship arrangements under Adults with Incapacity. -
Residual Risk Level	9 – High Risk
Planned Risk Level	9 – High Risk
Approval recommendation	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPER

None.

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Chief Finance Officer

DATE: 20 November 2017

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Appendix 1

1.0 DISCHARGE MANAGEMENT PERFORMANCE REPORT

1.1 Background to Discharge Management

1.1.1 A delayed discharge is a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date. (ISD Delayed Discharges Definitions and Data Recording Manual)

1.1.2 The focus on effective discharge management is reflected through the National Health and Wellbeing Outcomes and their Indicators. There are two indicators that relate directly to effective discharge management:

- National Indicator 19: Number of days people spend in hospital when they are ready to be discharged;
- National Indicator 22: Percentage of people who are discharged from hospital within 72 hours of being ready.

1.1.3 There are a number of other indicators which indirectly relate to discharge management and admission to hospital. These are percentage of people admitted to hospital from home during the year, who are discharged to a care home; percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency; readmission to hospital within 28 days; emergency admission rate and emergency bed day rate.

1.1.4 This performance report considers National Indicators 19 and 22 at August 2016 as this is the most recent published discharge data from ISD Scotland.

2.0 CURRENT PERFORMANCE AGAINST NATIONAL HEALTH AND WELLBEING OUTCOMES AND THEIR INDICATORS

2.1 Discharge Data Types

2.1.1 Information is presented in this report on discharge delays by both standard and code 9 complex delay types. By presenting information on both types of delays this provides a greater understanding about delay reasons and areas of improvement.

2.1.2 Standard delays are defined by ISD Scotland as delays where the standard maximum delay period applies. This includes Patients delayed due to awaiting assessment, housing, care home or nursing placements. The standard maximum delay period is now 72 hours. ISD now categorise this information as health and social care reasons in information provided by ISD about delays.

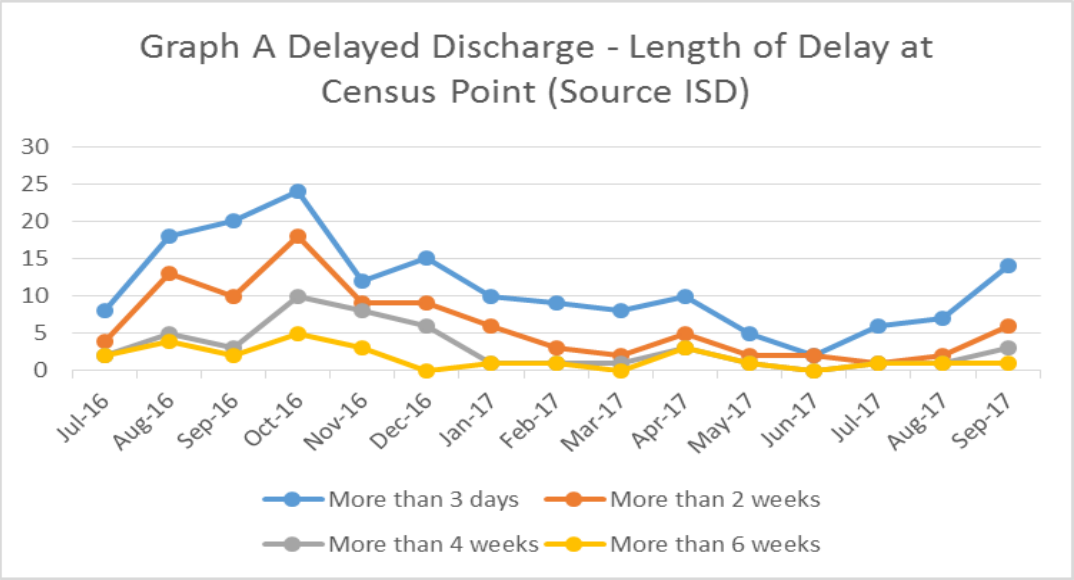
2.1.3 Code 9 Complex delays are used by ISD Scotland to describe delays where the standard maximum delay, therefore 72 hours, is not applicable. This is in recognition that there are some Patients whose discharge will take longer to arrange and would include Patients delayed due to awaiting place availability in a high level needs specialist facility and where an interim option is not appropriate, Patients for whom an interim move is deemed unreasonable or where an adult may lack capacity under adults with incapacity legislation.

2.2 National Health and Wellbeing Outcome Indicator 22: Performance against percentage of people who are discharged from hospital within 72 hours of being ready.

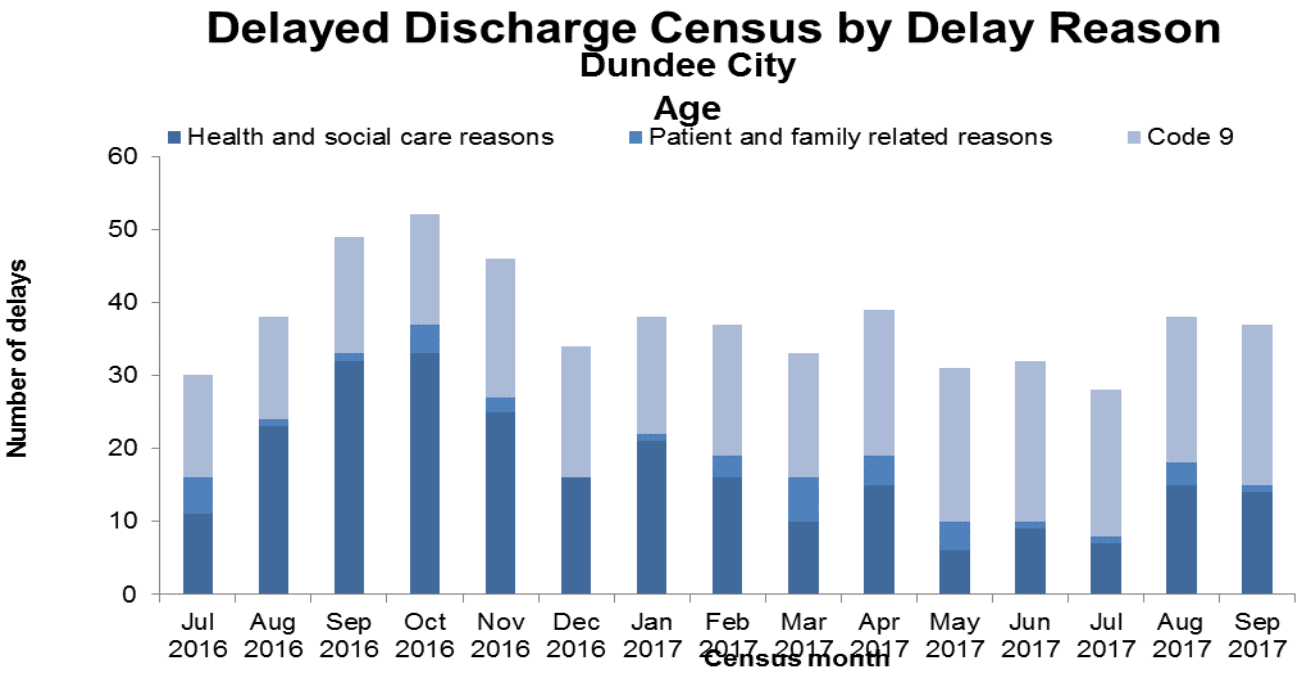
2.2.1 Previously approaches to reducing delays have been to focus on a target – first 6 weeks, then 4 and then 2, but the Delayed Discharge Task Force agreed that in future, focussing on increasing the % who can be discharged as soon as possible while allowing for the fact that there will be individual reasons that this is not appropriate will result in greater improvement. (Scottish Government, Core Suite of Indicators)

2.2.2 This indicator measures percentage of people who are discharge from hospital within 72 hours who are already delayed who are then discharged within 72 hours. For clarity, this measure does not calculate the percentage of people who were discharged within 72 hours from being an inpatient in hospital. It calculates patients who are already delayed and who have a wait over 72 hours of being discharged.

2.2.3 In this context, Graph A demonstrates our performance against the 72 target for people who already delayed. The data identifies that we have reduced number of patients being delayed but for those delayed the majority of people are not waiting longer than 3 days before discharge.



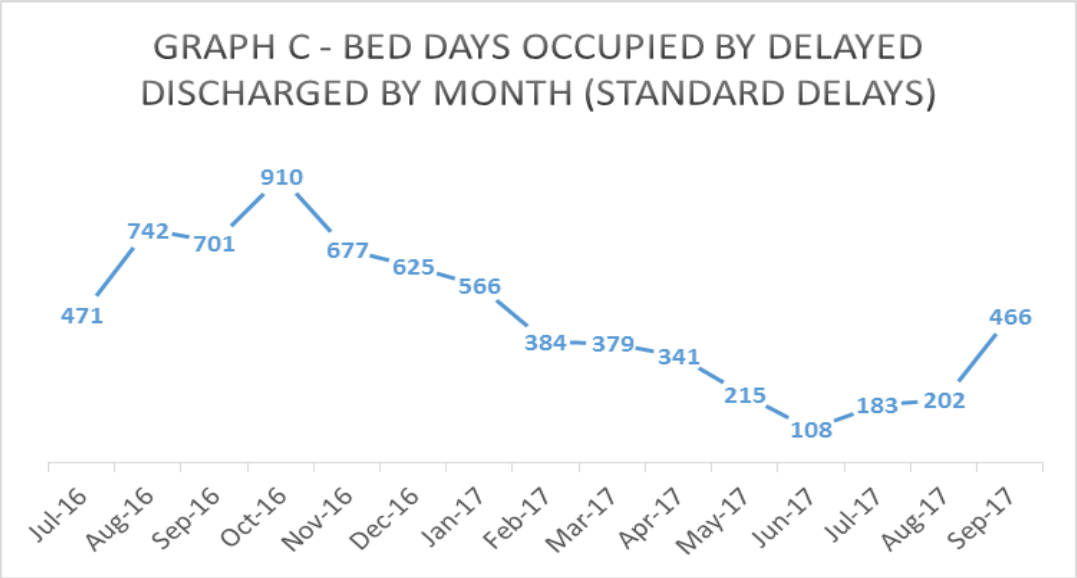
2.2.4 Length of delay for Dundee patients is provided in more detail in Graph B below for the period July 2016 – September 2017. This indicates that the majority of delays experienced are now Code 9 delays which relate to Adults who have a complexity of circumstances.



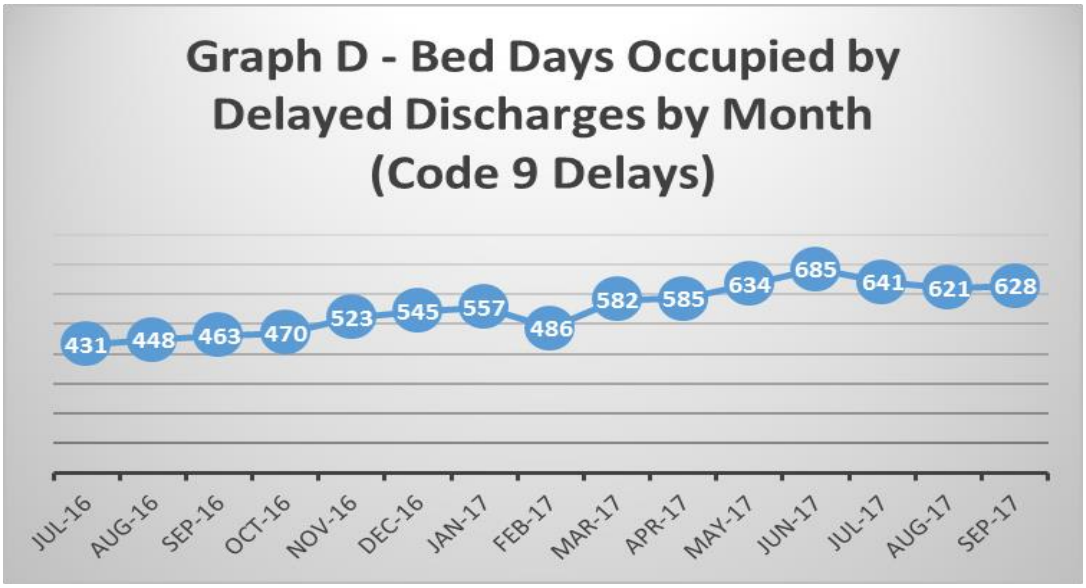
2.3 National Health and Wellbeing Outcome Indicator 19: Performance Against Number Of Days People Spend In Hospital When They Are Ready To Be Discharged.

2.3.1 This indicator counts the number of bed days occupied for all Patients (aged 18 years and over) who have met the criteria for a delayed discharge for each month.

2.3.2 Graph C provides information about number of days people spend in hospital when they are ready to be discharged where the standard maximum delay period of 72 hours applies. This indicator highlights an increase in number of bed days occupied during August and September 2017.

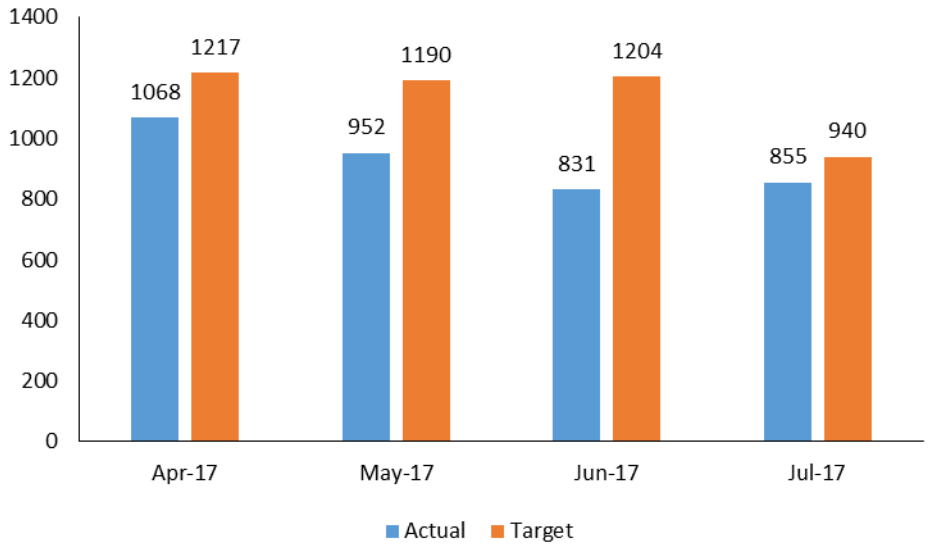


2.3.4 Graph D below provides information about number of days people spend in hospital when they are ready to be discharged where Patients have a complexity of personal circumstances. The data indicates a deterioration in relation to our performance during period 2016/17 where Patients are ready to be discharged and who have a complexity of circumstances.



2.3.5 The Measuring Performance Under Integration objectives measures bed days lost to all delays (standard and complex). The number of bed days lost has decreased over the financial year and exceeded the target in every month.

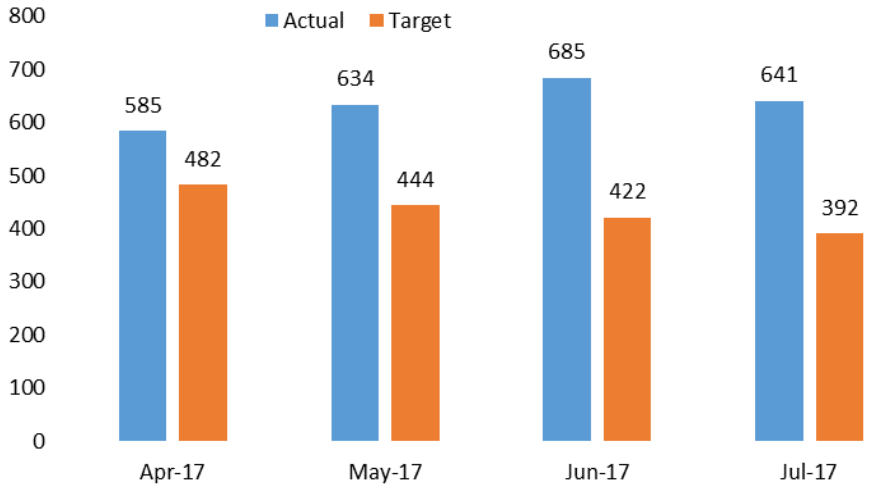
Performance against Measuring Performance Under Integration - Bed Days Lost (All Reasons) 18+



2.4 Complex Delays Information

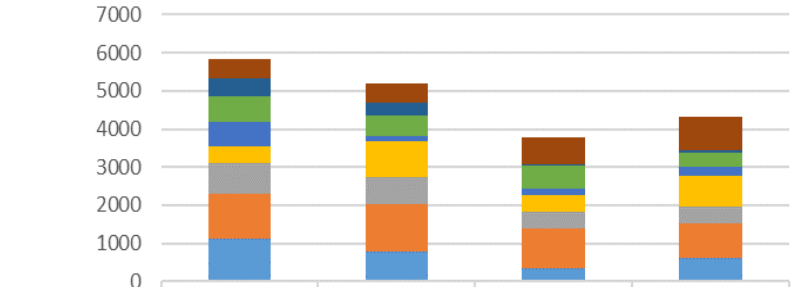
2.4.1 The number of bed days lost due to complex reasons for people aged 18+ increased each month between April and June 2017, however decreased slightly in July. The target set in the Measuring Performance Under Integration submission was not met in any month.

Graph E - Performance against Measuring Performance Under Integration - Bed Days Lost (Code 9) 18+



2.4.2 Graph F provides information about number of days people spend in hospital when they are ready to be discharged by LCCP area and financial year. This highlights that there has been an overall decrease in delays due to complex reasons from period 2015/16 to 17/18 and highlights that there is variation across the LCCP areas. The highest number of occupied bed days are currently across East End and West End of Dundee with lowest across the Ferry and North East of the City.

Graph F – Number of bed days occupied by LCPP and financial year, all ages



	2015/16	2016/17	17/18Q1	17/18Q2
West End	529	500	728	870
The Ferry	440	365	7	50
Strathmartine	675	507	618	376
North East	638	164	188	254
Maryfield	438	933	409	801
Lochee	809	708	438	442
East End	1204	1246	1040	901
Coldside	1112	780	364	614

Source: Edison (excludes codes 100, 42T, ESDS and ICF)

2.4.3 The number of patients delayed in hospital for complex reasons cannot be provided by LCPP due to Data Protection requirements. The number of patients delayed in hospital due to complex delays has decreased since 2015/16, however the rolling Q2 2017/18 number of patients is 4% higher than the rolling Q1 2017/18 number of patients. There is variation in the number of patients delayed across LCPPs. The highest number of patients delayed in Q2 17/18 (rolling) lived in East End (13 patients). Lochee (9) and Maryfield (9) and lowest number lived in The Ferry and North East (<5 in each LCPP).

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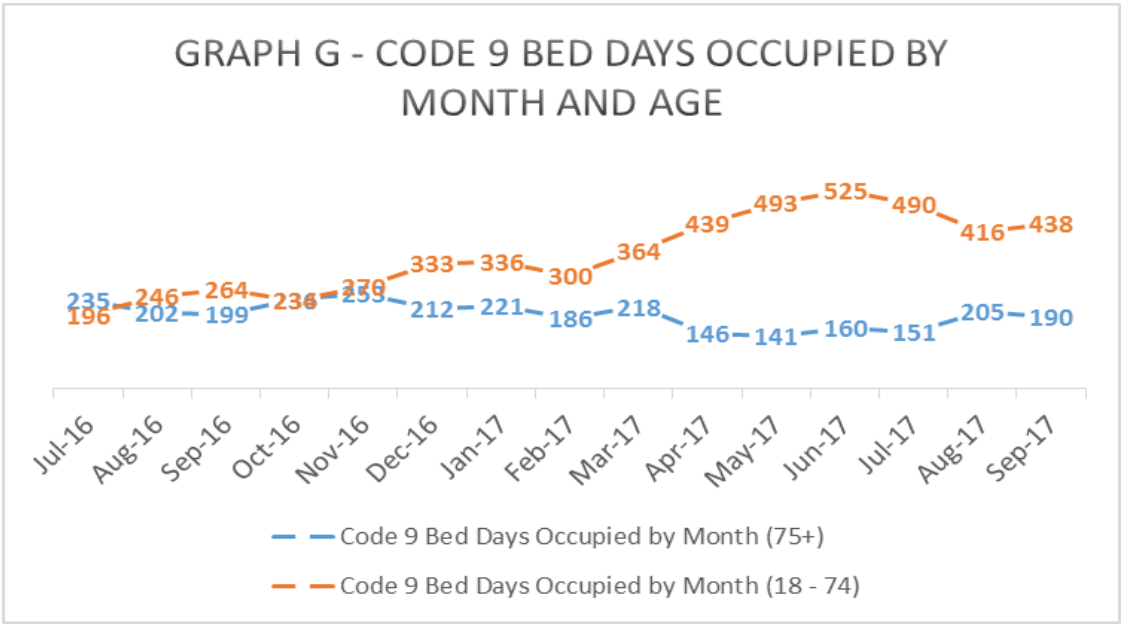
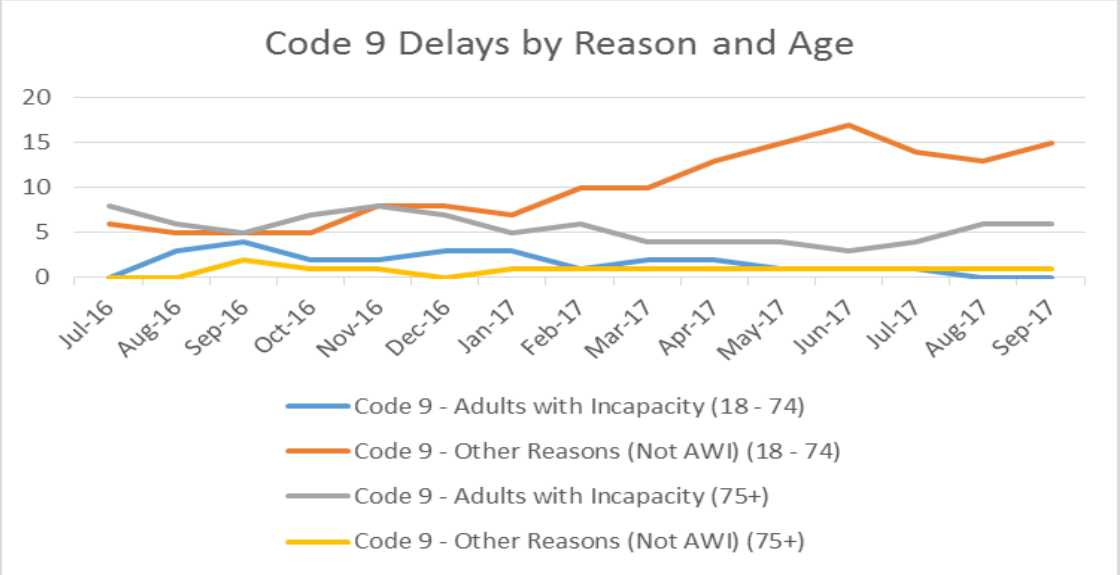
2.4.4 Graph G highlights bed days occupied by month and age. This graph demonstrates that a positive trend relating to complex delays where people are aged over 75 but an increase in complex delays for adults aged 18 – 74 since July 2016. This data, however, indicates that further work is required across all age groups to support a reduction in complex delays.

Graph G – Code 9 Bed Days Occupied by Month and Age



2.4.5 Graph H highlights comparison of Code 9 delays by Reason and Age. This is split between delays due to adults with incapacity processes and delays due to people awaiting a specialist facility and awaiting completion of complex care arrangements. The Graph evidences that the main reason for delay in adults aged 75+ is due to adults with incapacity processes and the main reason for delay in adults aged between 18–74 is due to awaiting specialist facility or complex care arrangements.



2.4.6 In Q1 and Q2 2017/18 the specialities where people were delayed due to complex reasons were geriatric medicine, psychiatry of old age, forensic psychiatry, gastroenterology, general psychiatry, learning disability and rehabilitative medicine. A breakdown of the number of people delayed in each setting cannot be provided due to data protection requirements. The highest number of people were delayed in geriatric medicine and psychiatry of old age specialities in Q1 and Q2 2017/18.

Graph I – Bed days occupied due to complex reasons by quarter (discharges that quarter)