



**REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 29 JANUARY 2025**

**REPORT ON: UNSCHEDULED CARE**

**REPORT BY: CHIEF FINANCE OFFICER**

**REPORT NO: PAC5-2025**

## **1.0 PURPOSE OF REPORT**

- 1.1 To provide an update to the Performance and Audit Committee on Unscheduled Care Services and Discharge Management performance in Dundee.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the current position in relation to complex and standard delays as outlined in sections 5-8.
- 2.2 Note the improvement actions planned to respond to areas of pressure as outlined in section 9.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None.

## **4.0 MAIN TEXT**

### **4.1 Background to Discharge Management**

- 4.1.1 A delayed discharge refers to 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 (Public Health Scotland 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 associated 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; and,
  - National Indicator 22: Percentage of people who are discharged from hospital within 72 hours of being ready.
- 4.1.3 Within Dundee key staff work collaboratively with the Tayside Urgent and Unscheduled Care Board in order to deliver on the strategic plan as set out by the National Urgent and Unscheduled Care Collaborative. The focus of this work is to deliver care closer to home for citizens of Dundee and to minimize hospital inpatient stays wherever appropriate.
- 4.1.4 The Tayside Urgent and Unscheduled Care Board is chaired jointly by the Associate Locality Manager for Acute and Urgent Care in Dundee Health and Social Care Partnership and the Associate Director for Medicine in NHS Tayside. Membership of the Board is made up of senior staff from key clinical areas. The Dundee position is represented by the Associate Locality

Manager for Acute and Urgent Care. Liaison between the local Board and the national team is undertaken by a Programme Manager within the NHS Tayside Improvement Team alongside the Programme Leadership Team.

4.1.5 This year, the programme of work is split across 4 key workstreams:

1. Optimising Access - Aimed at creating clear and seamless communication and referral pathways between community urgent services in order to create alternatives to hospital admission where appropriate.
2. Performance 95 - Improving the flow through the Emergency Department in order to ensure the 4-hour national target is achieved.
3. Community Urgent Care - Linked closely to the Optimising Access workstream, this focuses on improving and expanding the role of Urgent Care services in the community setting. In Dundee this specifically relates to improvement work ongoing within the Dundee Enhanced Care at Home Team (DECAHT).
4. Optimising Flow - A continuation of the Discharge Without Delay work undertaken last year, focussing on supporting every ward area in Tayside to achieve upper quartile length of stay in relation to the national benchmarking data.

4.1.6 These workstreams are closely linked to the aims contained within the NHS Tayside Annual Delivery Plan. As part of the collaborative working relating to this, each Health and Social Care Partnership in Tayside has agreed to work towards specific targets: achieving and maintaining GREEN RAG (red / amber / green) status for delayed discharges against the locally set targets; and contributing to a 5% reduction in admissions.

4.1.7 Various reporting mechanisms are in place as well as datasets which supports the ongoing understanding of performance against the agreed targets.

This includes:

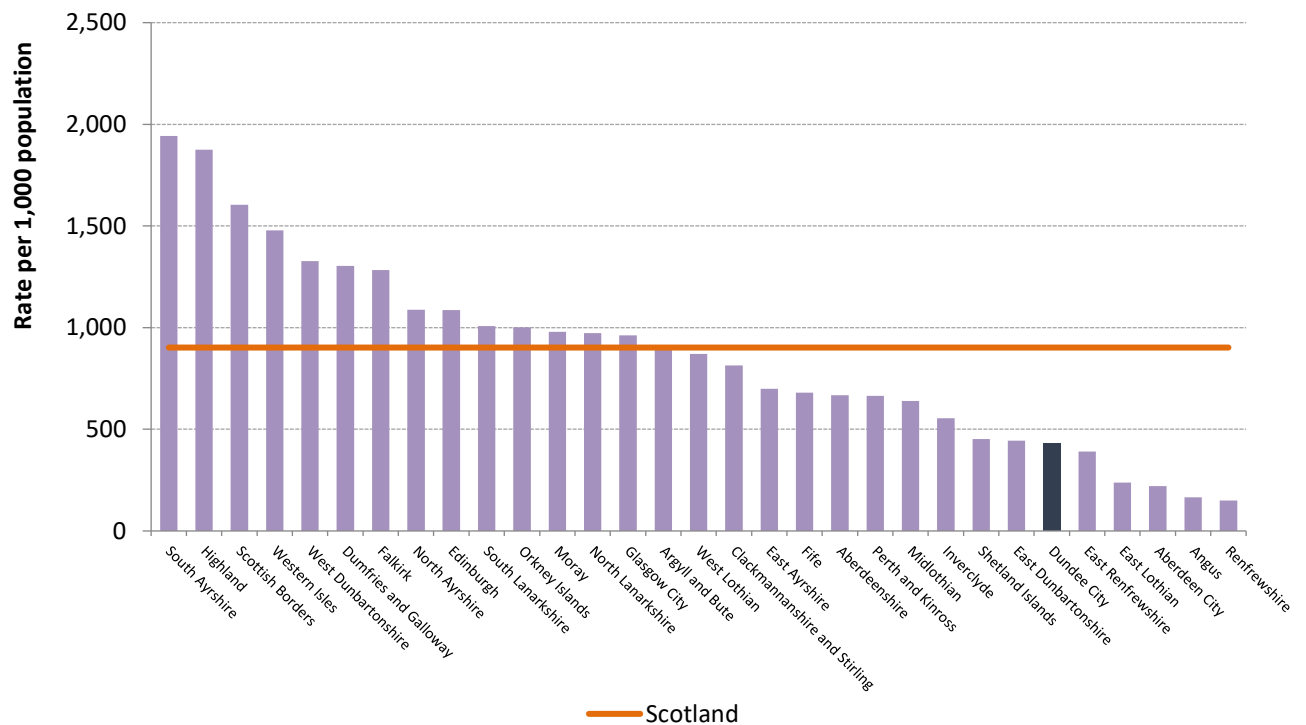
- Daily management and reporting of 'RAG' status across all sites;
- Weekly Dundee Oversight Report detailing performance across Partnership services including delayed discharge;
- Weekly Tayside level 'Discharge Without Delay' key measurement;
- DECAHT performance report; and,
- Community hospital length of stay data pack monthly.

In addition, on a weekly basis a snapshot report of the delayed discharge position in Dundee is provided to the Dundee Health and Social Care Partnership Chief Officer, the NHS Tayside Chief Operating Officer and other key senior staff across Dundee Health and Social Care Partnership and NHS Tayside. 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 TOWARDS NATIONAL INDICATORS**

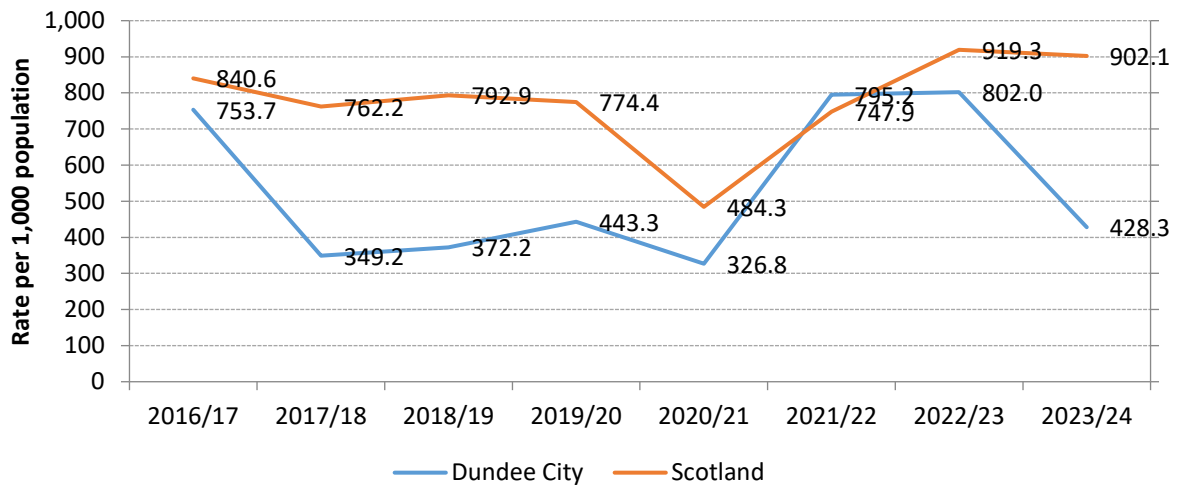
5.1 The National Indicator is 'Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population' and the chart below presents the 2023 annual performance for every HSCP.

**Chart 1 Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population 2023**



- 5.2 Dundee performs well against the National Indicator and is 6<sup>th</sup> best in Scotland with a rate of 428 per 1,000 population compared with the Scotland rate of 902 per 1,000 population.
- 5.3 Longitudinally, Dundee performance has fluctuated but for every year except 2021/22 performance has been better than Scotland.
- 5.4 Dundee's performance broken down by LCPPs and complex and non-complex delays is monitored quarterly and included in the PAC Quarterly Performance Reports.
- 5.5 In addition to the National Indicator, HSCPs are monitored against an Indicator agreed by the Ministerial Strategic Group and this monitors the rate of bed days lost per 1,000 of the 18+ population. This data is also monitored quarterly and included in the PAC Quarterly Performance Report.

**Chart 2 Delayed Discharge Bed Days Lost per 1,000 18+ population**



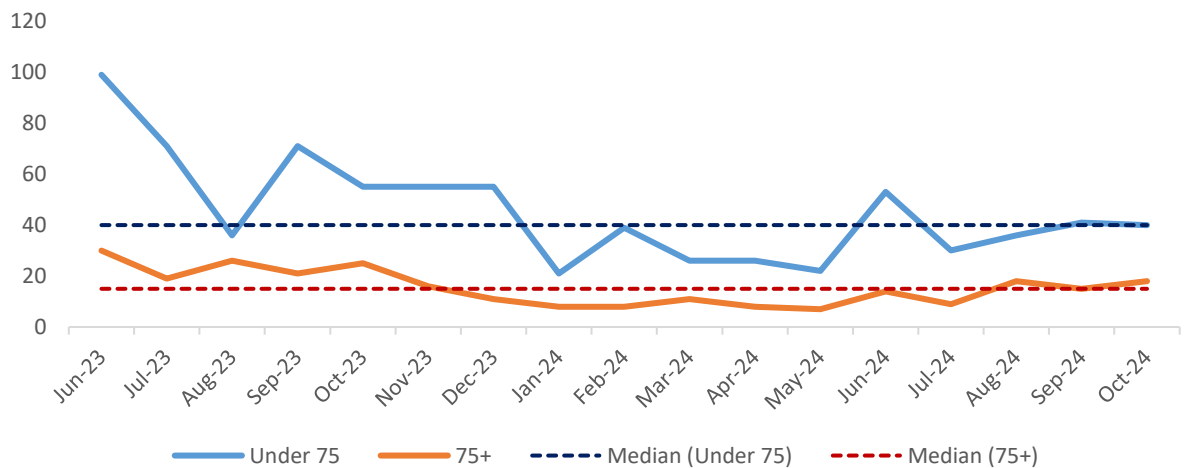
Source: PHS Scotland

- 5.6 Comparing 2023/24 performance with the 2019/20 baseline shows an improved performance in Dundee whereas a poorer performance for Scotland as a whole.

## 6.0 Average Duration of Delay

- 6.1 As part of the further development of monitoring and reporting data, current analysis is focusing on the average duration of delay based on type, age group and location.

**Chart 3 Average Duration of Delay by Age Group in Days**

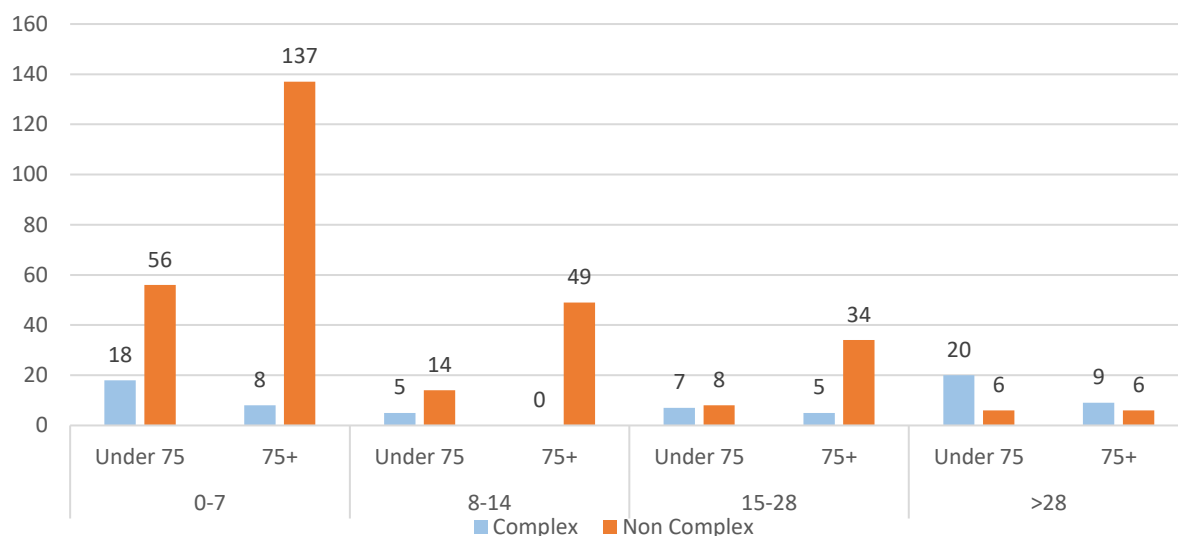


Source: Health and Business Intelligence Unit NHS Tayside

- 6.2 Chart 3 illustrates the average length of delay per month. Using the data available between January 2024 and October 2024, the median length of delay for people under 75 is 40 days, reducing from 52 days in the last quarter. This reflects the complexity often associated in the younger adult inpatient population, particularly within General Adult Psychiatry and Learning Disability. Of note there also is an increase in younger adults in the acute hospital who have more complex needs and therefore longer delay.
- 6.3 The median length of delay for people over 75 is 15 days, reducing by 1 day in the last quarter, reflecting the improvement work which has taken place to maximise capacity within social care services which largely supports discharge of older adults within the acute hospital.

6.4 Chart 4 illustrates that the majority of delays greater than 28 days are within the complex delay category, whereas non-complex delays tend to be shorter.

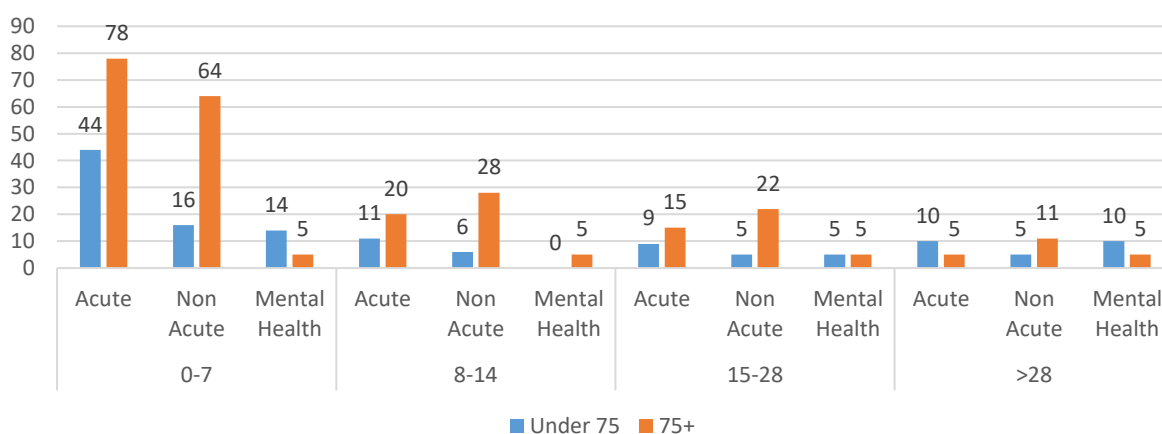
**Chart 4 Average Duration of Delay by Type and Age Group January 2024 – November 2024**



Source: Health And Business Intelligence Unit NHS Tayside

Note: the 8-14 day delays for under 75 complex delays has been rounded up to 5 to comply with GDPR.

**6.5 Chart 5 Average Duration of Delay by Age and Location**

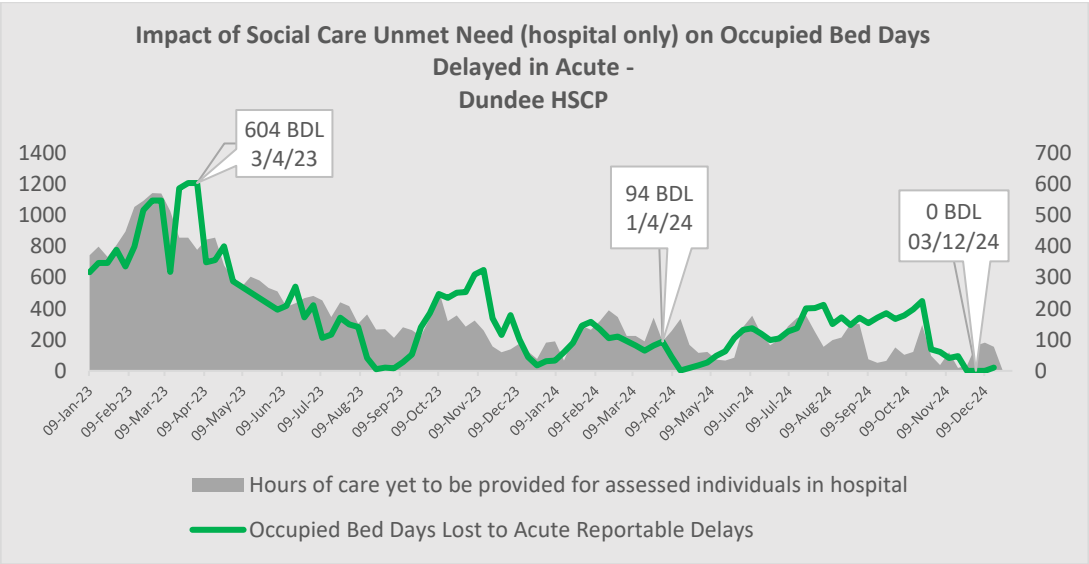


Source: Health and Business Intelligence Unit NHS Tayside

Note: Where a value is recorded as 5, this includes all values of 5 and less as values less than 5 have been rounded up to 5 to comply with GDPR.

7.0 As a result of the ongoing improvement work within DHSCP Care at Home services, the bed days lost to delay has gradually reduced over the year. In April 2023, 604 acute bed days were lost due to reportable delays, compared to 94 in April 2024. This performance has continued to improve with zero bed days lost in the acute hospital in early December 2024.

**Chart 6 Impact of Social Care Unmet Need on Bed Days Lost Delayed in Acute Hospital - Dundee HSCP**

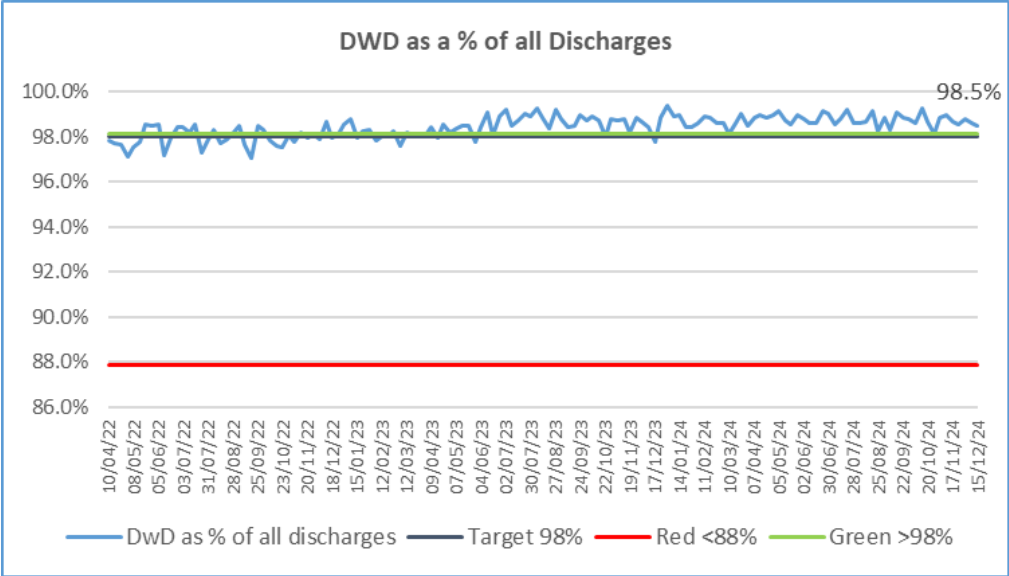


7.1 An increase in unmet need resulted in an increase in bed days lost in June, showing the impact social care unmet need has on delays within the hospital system.

8.0 Discharge Without Delay

8.1 The majority of discharges across the whole system take place without delay. Chart 7 illustrates that Tayside has consistently performed at or above the 98% national performance target.

**Chart 7 Discharge Without Delay (DWD) as a % of all Discharges (Tayside)**



## **9.0 Key Outcome Focussed Actions**

9.1 Partnership services are continuing to focus on the following areas to support further improvement:

- Continue to implement agreed actions identified within the Strategic Commissioning Plan.
- Continue to develop Community Urgent Care service as part of the Urgent and Unscheduled Care (UUC) Board Optimising Access workstream aimed at reducing hospital presentations by 5%.
- Continue to maintain and sustain GREEN RAG status for delayed discharge performance towards the suite of improvement measures across urgent and unscheduled care.
- Now that the Medicine for the Elderly Medical Team is aligned to GP clusters and Dundee Enhanced Care at Home Team (DECAHT), there is a suite of improvement measures targeted at reducing harm caused by polypharmacy and creating 'virtual wards' to support primary care.
- Targeted work to reinvigorate GP cluster meetings as a means of returning to 'early intervention and prevention' approach.
- Royal Victoria Hospital improvement plan in place and target of upper quartile length of stay set in all Medicine for the Elderly wards.
- Allied Health Professional Consultant appointed to lead the developing Stroke and Neuro Rehabilitation Unit (SNRU).
- Target Operating Model for SNRU further developed and at testing stage.
- Plan to undertake whole system stroke/neuro work across the acute and step-down bed base in 2025
- Senior Nurse UUC leads clinically on Optimising Flow workstream targeted at achieving upper quartile length of stay in all ward areas in Tayside.
- Evaluation of flow coordinator role has been successful and new Integrated Discharge Hub management structure being tested.
- AME West now open, affording all frail patients the opportunity for a comprehensive geriatric assessment supported by the Acute Frailty Team.
- Commissioned social care service (D2A) working with multidisciplinary team in Frailty Unit with aim of supporting early discharge and achieving zero delays in this area.
- Reinvigoration of Discharge to Assess model across the wider hospital as a means of minimising care home admissions and maximising social care efficiency/outcomes for people.
- Redesign of AHP services across whole system patient pathways

## **10.0 POLICY IMPLICATIONS**

10.1 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.

## 11.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	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.
<b>Risk Category</b>	Financial, Governance, Political
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
<b>Mitigating Actions</b> (including timescales and resources)	<ul style="list-style-type: none"><li>- daily review of all delays.</li><li>- Range of improvement actions underway to reduce risk of delays.</li></ul>
<b>Residual Risk Level</b>	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
<b>Planned Risk Level</b>	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
<b>Approval recommendation</b>	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

## 12.0 CONSULTATIONS

12.1 The Chief Officer, Head of Health and Community Care and the Clerk were consulted in the preparation of this report.

## 13.0 BACKGROUND PAPERS

13.1 None.

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DATE: 17 December 2024

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