



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
27 JUNE 2017

REPORT ON: DISCHARGE MANAGEMENT PERFORMANCE QUARTERLY UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB23-2017

1.0 PURPOSE OF REPORT

- 1.1 To provide an update to the Health and Social Care Integration Joint Board on Discharge Management performance in Dundee.
- 1.2 Reference is made to the Health and Social Care Integration Joint Board Discharge Management Improvement Plan (DIJB40-2016) approved at the Integration Joint Board on 30 August 2016, Discharge Management Performance Report noted in Appendix 1 and the Discharge Management Plan Update Report (DIJB2-2017).

2.0 RECOMMENDATIONS

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

- 2.1 Notes the current position in relation to discharge management performance (attached as Appendix 1).
- 2.2 Notes the improvement actions planned to respond to areas of pressure identified.
- 2.3 Agrees that future discharge management performance reports are reported through the Performance and Audit Committee.

3.0 FINANCIAL IMPLICATIONS

- 3.1 Dundee City Council has made provision for non-recurring funding of £300,000 in 2017/18 for initiatives developed as a partnership between Dundee Health and Social Care Partnership and Dundee City Council Neighbourhood Services.

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 (ISD 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 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 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 either awaiting housing, awaiting place availability and arrangements to move to a care home or for family/ patients reasons. In the past six months we have demonstrated a sustained reduction in delays due to people awaiting a package of care or funding a placement at a care home. As a result the number of people delayed in both Ninewells Hospital and Royal Victoria Hospital have significantly reduced, allowing the planned retraction of a Ward at Royal Victoria Hospital.

5.2.3 This positive trend has been supported through a range of improvement activity as follows:

- 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.

5.3 Complex Delays Current Situation and Improvement Actions

5.3.1 Through analysis of our performance data noted in Appendix 1, the Home and Hospital Transition Group identified that although positive trends are being demonstrated where the standard maximum delay period applies, a downward trend is becoming apparent in relation to adults who have a complexity of circumstances becoming delayed.

- 5.3.2. The main reasons for delay where a person has a complexity of circumstances are due to awaiting completion of Guardianship processes, awaiting a place in specialist facility, awaiting completion of complex care arrangements and exercising their statutory right of choice.
- 5.3.3 The number of Dundee patients with a learning disability who are currently delayed in hospital is higher than has been the case for several years. There are thought to be a number of factors that have contributed to this, including a higher volume of individuals with highly complex health and social care needs, a strengthening of multi-disciplinary assessment processes and limited capacity within community resources to support individuals with significant forensic needs. We continue to prioritise available resources to minimise the likelihood of people with a learning disability and/or autism being unnecessarily delayed in hospital settings by working collaboratively to develop specialist accommodation and support within the city.
- 5.3.4 Whilst it is acknowledged that the downward 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 an their quality of life and recovery.
- 5.3.5 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.
- 5.3.6 To that end a number of key improvement actions are underway as follows:
- Recruitment to two additional Mental Health Officers so continue to reduce delays due to awaiting guardianship reports,
 - Promotion of Power of Attorney as a means of reducing requirement for Guardianship,
 - Review of reasons for complex days so as to inform future improvement activity and solutions,
 - Development of a range of specialist accommodation through strategic commissioning so as to support adults with a mental disorder/learning disability to be able to leave hospital when they are ready.
- 5.3.7 In addition to this, to support our commitment to enabling people with a complexity of needs to be discharged when they are ready, Dundee City Council has made provision for non-recurring funding of £300,000 in 2017/18 for initiatives developed as a partnership between Dundee Health and Social Care Partnership and Dundee City Council Neighbourhood Services. It is aimed to finalise plans for use of this funding over next two months so as to support implementation of initiatives within this financial year.

6.0 SUMMARY

- 6.1 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.
- 6.2 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.

7.0 POLICY IMPLICATIONS

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

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPER

None.

David W Lynch
Chief Officer

DATE: 2 June 2017

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.

2.2.2 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.

2.2.3 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.

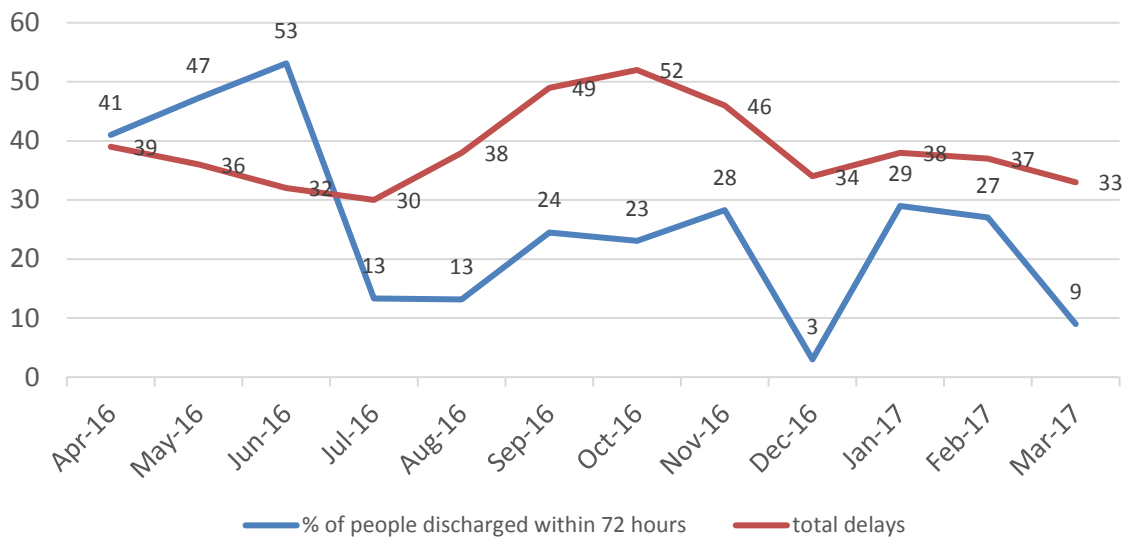
2.2 National Health and Wellbeing Outcome Indicator 22: Performance against percentage of people who are discharged from hospital within 72 hours of being ready.

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 The measure percentage of people who are discharge from hospital within 72 hours is the percentage of people already delayed who are 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.

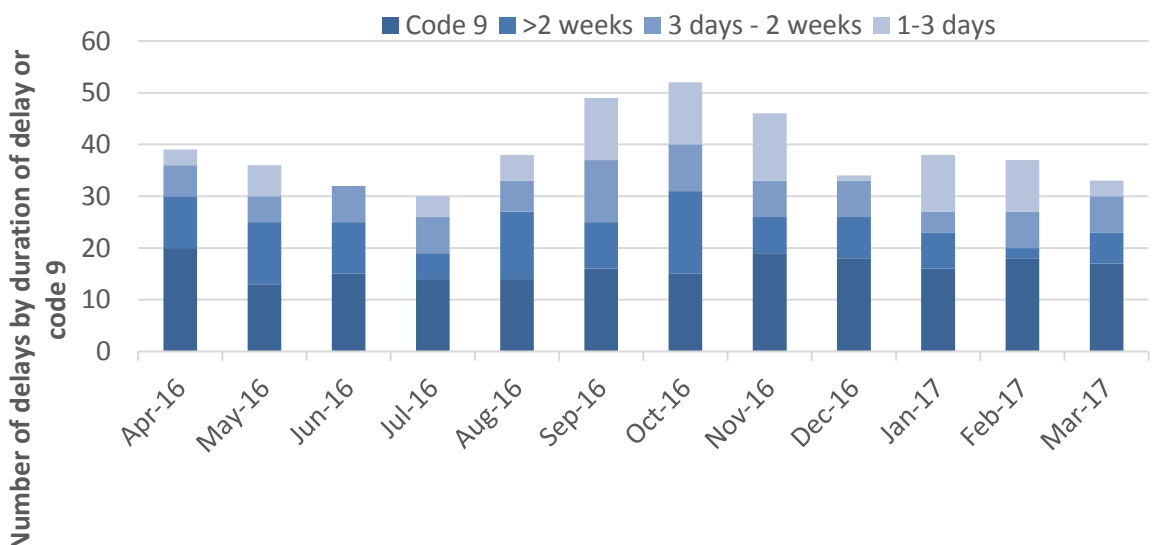
2.2.3 In this context, Graph A demonstrates our performance against the 72 target for people who already delayed. The data identifies that we have reduced number of patients being delayed but for those delayed they waiting longer than 72 hours due to people awaiting availability

Chart A - % of People Already Delayed who Are Discharged Within 72 Hours Of Being Ready (All Delay Reasons) And Total Delays



2.2.4 Length of delay for Dundee patients is provided in more detail in Graph B below for the period April 2016 – April 2017.

Chart B - Dundee Delayed Discharge, Length of Delay at Census

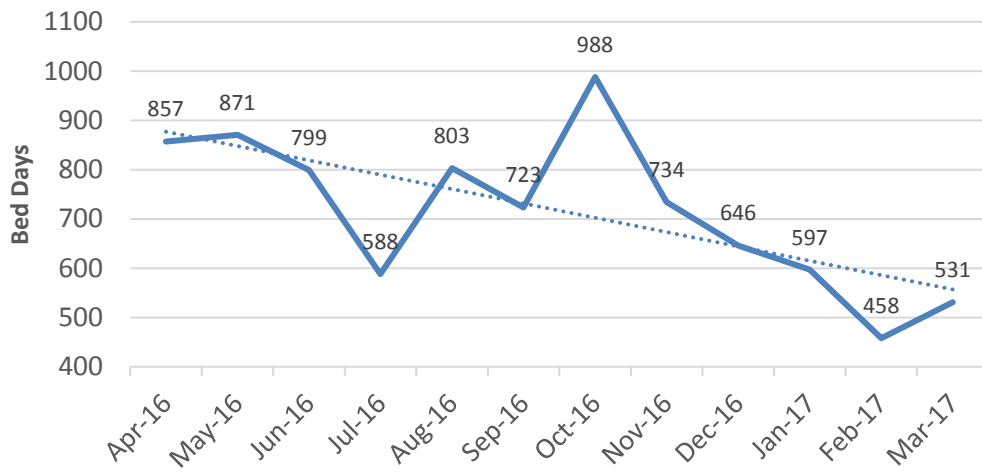


2.3 National Health and Wellbeing Outcome Indicator 19: Performance Against Number Of Days People Spend In Hospital When They Are Ready To Be Discharged.

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.

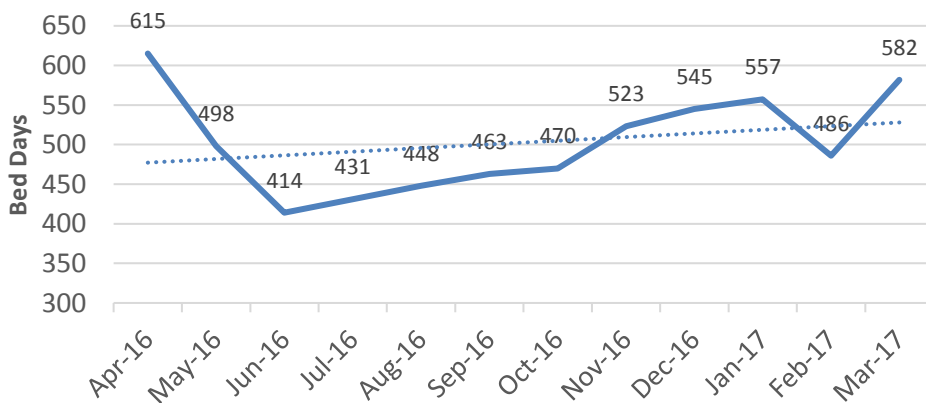
2.3.2 Graph C provides information about number of days people spend in hospital when they are ready to be discharged where the standard maximum delay period of 72 hours applies.

Graph C - Number Of Occupied Bed Days From Standard Delayed Discharges



2.3.3 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.

Graph D - Number Of Occupied Bed Days From Code 9 Delayed Discharges



Graph D indicates a deterioration in relation to our performance where Patients are ready to be discharged and who have a complexity of circumstances.

