

## DELAYED DISCHARGES

### Aim

- 1.1 This paper aims to provide the Health and Social Care Integrated Joint Board with an update on the performance for patients in relation to delayed discharges to the end of March 2016. The report provided is that provided to the NHS Borders Board Strategy and Performance Committee in April 2016 (Attachment A).
- 1.2 In the light of the Integrated Joint Board overall responsibility for the monitoring of Delayed Discharges as a key indicator, this paper will outline the key changes to how delays will be measured from July 2015 and outline the work being done to ensure oversight of both health and social care data and performance, recognising the whole system responsibility.

### Background

- 2.1 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.**
- 2.2 Partnerships have previously worked towards discharging patients from hospital within a maximum time period of 6 weeks, reducing to 4 weeks then 2 weeks in April 2015.
- 2.3 However the national expert group considered a focus on maximum delay to only drive activity towards reducing the lengthiest delays, at the expense of facilitating the discharge of those closer to being able to go home.
- 2.4 Two weeks was therefore felt not to be ambitious enough for the majority of people who should be able to return to the community within 72 hours of being ready for discharge.
- 2.5 It is very clear that being delayed in hospital can be harmful and debilitating – and in the case of older people, can often prevent a return to living independently at home.
- 2.6 Reliably achieving timely discharge from hospital is an important indicator of quality and is a marker for person-centred, effective, integrated and harm free care. Older people may experience functional decline as early as 72 hours after being clinically ready for discharge and the risk increases with each day delayed in hospital. This increases the risk of harm and of a poor outcome for the individual and further increases the demand for institutional care or more intensive support at home.
- 2.7 Information is also provided of the forthcoming changes to the nationally required data definitions and reporting requirements which are effective from the 1st July 2016. The relevant documents are included in the paper (Attachments B and C).

### Summary

- 3.1 Delayed Discharges continue to be a priority focus for NHS Borders Board. The Board has been regularly updated on progress. Across health and social care

progress continues to be made in relation to understanding and jointly managing delayed discharges by NHS Borders and Scottish Borders Council and there is a clear partnership commitment to continue to do this.

- 3.2 There is a commitment to realign and rebalance working practices in response to changes across the system, taking forward the service redesign required to make an impact on the whole pathway of care, supporting more people at home, reducing unnecessary admissions and ensuring people return home or to an appropriate home like environment as soon as their acute episode is complete.
- 3.2 The number of delayed discharge cases and the number of associated occupied bed days have both reduced over the last four years to March 2016. The operational response to the areas of concern outlined in the NHS Borders Board Strategy and Performance Committee report intended to deliver a sustained improvement during 2016/17.
- 3.3 The Partnership performance in relation to the 72 hour indicator will be provided in future reports.

### Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the report.

<b>Policy/Strategy Implications</b>	Delivery of the HEAT Target requires that no patient will wait more than 14 days to be discharged into a more appropriate care setting once treatment is complete from April 2015: followed by a 72 hour maximum from April 2016.
<b>Consultation</b>	N/A
<b>Risk Assessment</b>	The Delayed Discharge Report is developed in conjunction with the Delayed Discharges Operational Group
<b>Compliance with requirements on Equality and Diversity</b>	Risks associated with the delivery of Delayed Discharge Standard are outlined within the Local Delivery Plan. Performance against the target is reported in the monthly Clinical Executive Performance Scorecard and given a rag status based on whether the trajectory has been achieved.
<b>Resource/Staffing Implications</b>	There are a number of resource implications associated with this report which are considered in individual service plans

### Approved by

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
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