



DELAYED DISCHARGES

Aim

This paper aims to provide the Strategy and Performance Committee with an update on the performance for patients in relation to delayed discharges.

Background

Patients should not have to wait unnecessarily for the most appropriate care to be provided after treatment in hospital. Waiting unnecessarily in hospital is a poor outcome for the individual, it means they are not able to access the care and support they need to be able to progress independently if they need to go home. It is not a good use of resources.

A delayed discharge is experienced by a hospital inpatient who is clinically ready to move on to a more appropriate care setting but is prevented from doing so for various reasons, for example, awaiting assessment or awaiting residential or nursing care placement or care at home.

National Targets Associated with Delayed Discharges

From April 2013, the target came into being that no patient should wait more than 4 weeks from when they are clinically ready for discharge. Then from April 2015 it was determined that no patient should wait more than 2 weeks for their discharge to take place.

In December 2014 integration authorities were asked to describe improvement against the following indicator:

“The proportion of adults discharged within 72 hours of their ready for discharge date”

The Discharge Task Force envisaged that there would be a lead-in time of between 6 and 12 months, therefore it was recommended that we use the proposed 2 week standard from April 2015 until the new measure can be rolled out.

In addition it is recommended that integration authorities, measure their performance on bed days lost to delayed discharge to be introduced at the same time as the 72 hour indicator, after which the two week standard would become obsolete. For some time NHS Borders Health Board has recognised the occupied bed days (bed days lost to delayed discharge) indicator as a relevant measure. As we enter this new performance year we will use the two week standard alongside the 72 hour target in line with guidance, and set improvement trajectories for the reduction in the percentage of bed days spent in hospital after admission and not just the proportion of days recorded as a delay.

Performance Overview

Considerable effort by Scottish Borders Council and NHS Borders has elicited a positive impact on the total number of delayed discharges for patients in NHS Borders. The total number of delayed discharge cases has reduced from 747 in 2010/11, of which 189 were delayed over the national target of 4 weeks, to 600 in 2013/14, of which 15 were delayed over 4 weeks. The percentage of associated occupied bed days has also reduced from 11.9% in April 2010 to 6.0% to the end of March 2014.

In October 2015 we predicted that delayed occupied bed days would account for 5.0% of our total occupied bed days. The actual percentage of occupied bed days due to delayed discharges at the end of March 2016 was 5.5% (see **Appendix 1**). Although the improvement in performance is positive, we need to ensure improvement trajectories are maintained.

Complex Cases

Complex cases are often referred to as code 9 patients for reporting purposes. This was introduced for very limited circumstances where Partnerships could explain why the discharge of their patients could not be achieved within the national targets. This will continue in the context of the new target regime.

The table below highlights the total occupied bed days and number of cases for such patients within NHS Borders from April 2010 to March 2016.

For the individual inpatients areas related performance has varied over the last four years with improvement maintained in Borders General Hospital (BGH) and Mental Health (MH) however a significant deterioration in performance in the Community Hospitals where complex cases occupied bed days has increased from November to March.

Complex Delayed OBDs						
Month	Total					
	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Apr	1691	167	131	97	116	241
May	1565	383	118	42	217	172
Jun	1962	320	172	114	226	51
Jul	124	200	183	124	267	244
Aug	158	230	217	188	129	208
Sep	90	239	173	245	173	142
Oct	73	288	206	174	199	168
Nov	137	243	115	131	131	315
Dec	185	65	121	259	210	392
Jan	176	99	168	234	236	322
Feb	127	129	76	260	171	194
Mar	173	212	51	238	120	227
Grand Total	6461	2575	1731	2106	2195	2676
Percentage Complex Delayed Days of Total	4.4%	1.9%	1.3%	1.6%	1.7%	2.1%

Current Position

Throughout 2015/16 the ongoing partnership working between NHS Borders and Scottish Borders Council has endeavoured to maintain the overall improvement seen since 2011. However, achieving the 2 week target is proving to be challenging and on occasion there have been breaches of the previous 4 and 6 week target. See table below.

Type of Delay	Duration of Delay	2015 Apr	2015 May	2015 Jun	2015 Jul	2015 Aug	2015 Sep	2015 Oct	2015 Nov	2015 Dec	2016 Jan	2016 Feb	2016 Mar
All Delays (Standard and Code 9)	Total Delays	11	6	14	19	18	12	22	19	20	15	14	18
Standard Delays	Total Standard Delays	4	1	9	14	11	9	18	13	7	7	9	12
	Total Standard Delays (excluding delays between 1 and 3 days)	4	1	9	9	5	9	14	13	4	6	8	10
	Between one and three days	-	-	-	5	6	-	4	-	3	1	1	2
	>three days and up to 2 weeks	4	1	8	5	4	5	8	10	2	-	3	6
	2 to 4 weeks	-	-	1	3	1	4	3	2	1	4	2	1
	4 to 6 weeks	-	-	-	-	-	-	3	-	1	-	2	3
	More than 6 weeks	-	-	-	1	-	-	-	1	-	2	1	-
	More than 4 weeks	-	-	-	1	-	-	3	1	1	2	3	3
More than 2 weeks	-	-	1	4	1	4	6	3	2	6	5	4	

The following tables illustrate the performance between April 2010 and March 2016 for each of our inpatient areas.

The total performance overview is shown in full in **Appendix 1**.

Year	BGH					
	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Total Cases	109	158	111	105	135	92
Delayed OBDs	1384	2007	1204	1113	1464	833
Total OBDs	80377	76601	76085	78177	82195	79041
Percentage Delayed Days	1.7%	2.6%	1.6%	1.4%	1.8%	1.1%
Year	CH					
	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Total Cases	481	410	410	391	464	444
Delayed OBDs	8947	6508	5024	4840	5132	4795
Total OBDs	39309	35521	32233	29856	30186	29475
Percentage Delayed Days	22.8%	18.3%	15.6%	16.2%	17.0%	16.3%
Year	MH					
	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Total Cases	157	136	117	104	143	99
Delayed OBDs	7248	2540	1738	1800	2680	1438
Total OBDs	28091	26081	23116	20855	20521	20348
Percentage Delayed Days	25.8%	9.7%	7.5%	8.6%	13.1%	7.1%

Areas of concern

The key reasons for delay experienced by patients are currently being influenced by challenges relating to the following issues:

1. Care at home – we continue to be challenged in sourcing care at home across the Borders.
2. Choices of care home placements and availability thereof, and
3. A number of complex cases with a significant length of stay
4. Boarded patients in the BGH

Operational Response

Ongoing focus is being placed upon supporting the discharge of delayed patients awaiting their next stage of care across the system. This is within the context of work taking place to create adequate patient flow to ensure the achievement of the 4 hour ED Standard; quality of care and ensuring people are in the right care setting; and the avoidance of disruption to planned surgical admissions.

There are weekly delayed discharge meetings with senior managers and senior colleagues from Scottish Borders Council and SB Cares including Head of Delivery Support, Chief Officer of Health and Social Care, Director of Nursing, Midwifery and Acute Services and General Managers for P&CS and Unscheduled Care, amongst others have been meeting regularly since January to add impetus to the improvement required. The purpose of this meeting is to take cross service actions, escalated from daily and weekly monitoring, and implement the overall action plan taking short, medium and long term actions to help NHS Borders achieve the 72 hour standard.

Appendix 2 lists actions taken and those planned and monitored by this oversight group to ensure daily oversight to solve individual issues but also recognising we need to take steps to achieve more sustainable improvement.

Summary

Progress continues to be made in relation to understanding and jointly managing delayed discharges by NHS Borders and Scottish Borders Council. There is clear partnership commitment to continue to do this, and to realign and rebalance working practices in response to changes across the system.

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, but we recognise the most recent trends are not accurate. However, the operational response to the areas of concern outlined above are intended to deliver a sustained improvement.

We are also working on the new trajectories for performance and will be adjusting our reporting format accordingly.

Recommendation

The Strategy and Performance Committee is asked to **note** the report.

Rationale for submission to Strategy & Performance Committee	
Policy/Strategy Implications	Delivery of the LDP Standard 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.
Consultation	N/A
Consultation with Professional Committees	The Delayed Discharge Report is developed in conjunction with the Delayed Discharges Operational Group
Risk Assessment	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.
Compliance with Board Policy requirements on Equality and Diversity	An impact assessment is made for the standard as part of the Local Delivery Plan.
Resource/Staffing Implications	There are a number of resource implications associated with this report which are considered in individual service plans.

Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Officer, Health and Social Care Integration		

Author(s)

Name	Designation	Name	Designation
Alasdair Pattinson	General Manager, Primary and Community Services, NHS Borders.	Jane Douglas	Group Manager for Adult Social Care and Health SBC

Appendix 1

Delayed Cases						
Month	Total					
	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Apr	30	63	66	46	55	51
May	14	69	66	54	70	43
Jun	20	68	46	39	66	41
Jul	51	58	60	42	74	64
Aug	51	72	51	60	63	51
Sep	70	58	53	62	53	54
Oct	90	46	68	50	73	53
Nov	102	53	49	53	54	67
Dec	81	59	40	45	71	64
Jan	73	54	45	59	62	58
Feb	86	54	46	42	56	46
Mar	79	50	48	48	45	43
Grand Total	747	704	638	600	742	635
Delayed OBDs						
Month	Total					
	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Apr	2244	1103	741	523	840	513
May	1792	1175	874	586	1173	456
Jun	2154	1180	657	547	865	301
Jul	908	1266	751	518	1000	482
Aug	947	1327	690	704	715	520
Sep	1135	898	616	704	661	545
Oct	1685	911	774	479	898	646
Nov	1334	720	543	824	604	758
Dec	1545	575	533	742	717	891
Jan	1290	638	624	885	794	783
Feb	1228	739	522	584	593	561
Mar	1317	523	641	657	416	610
Grand Total	17579	11055	7966	7753	9276	7066
Total OBDs						
Month	Total					
	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Apr	12512	11279	11466	10558	11231	10776
May	12626	12553	11315	9876	11433	11136
Jun	12343	11730	10362	9460	11014	10620
Jul	12172	11824	11176	10534	10690	10241
Aug	12214	11900	11197	10972	10907	10546
Sep	11845	11193	11044	11038	10991	10594
Oct	12590	11427	10976	11470	11190	11170
Nov	11738	10718	10504	11042	10318	10902
Dec	12449	11264	10722	11114	11085	10671
Jan	13009	11613	11187	11532	11785	11227
Feb	11820	11102	10388	10473	10710	9805
Mar	12459	11600	40735	10819	11548	11176
Grand Total	147777	138203	131434	128888	132902	128864
Percentage Delayed Days of Total	11.9%	8.0%	6.1%	6.0%	7.0%	5.5%

Appendix 2

<u>Initiatives implemented 2016</u>	<u>Responsible person/s</u>	<u>Status</u>
Reviewed membership of weekly Joint Operational DD Group - Thursdays	Alasdair Pattinson	Complete
Weekly Joint Strategic and Escalation Group	Susan Manion	Ongoing
Daily case review at BGH START Discharge Hub meeting	Elizabeth Duffel	Ongoing
Improved visibility of residential accommodation availability	Barbara Elder	Complete
Community Hospital weekly Discharge Profiling	Warwick Shaw/Alasdair Pattinson	Complete
Joint Delayed Discharge Focus Group twice weekly Monday and Thursday	Warwick Shaw, Susan Manion, Alasdair Pattinson	Ongoing
Joint Improvement Team facilitated Discharge Planning session	Connected Care	Complete
<u>Short Term</u>	<u>During May 2016</u>	
Update on refurbishments of Salt Greens and Waverley and timeline to reopening of beds.	SBCares	Complete
Senior Management attendance and support to Community Hospital MDT meetings	Alasdair Pattinson, Warwick Shaw, Beverly Meins	Ongoing
Home Care coordination - implement Matching Unit	Susan Manion/Gwyneth Johnstone	In progress
Redesign BGH START Hub	Connected Care	In progress
Host advisory visit from John Bolton (Glasgow)	Elaine Torrance	Being arranged for August
Revise NHS Discharge Policy and Processes based on output from JIT visit	Connected Care/Warwick Shaw	Ongoing
Implement 72hr reporting approach in line with revised national requirements	Alasdair Pattinson/Susan Manion	Commence July 2016
<u>Medium Term</u>	<u>By September 2016</u>	
Initiatives to reduce emergency admissions and demand on acute care – review High Resource Individuals	Tim Patterson/Susan Manion/Simon Watkin	In progress
Criteria around packages of home care and assessments	Susan Manion/Elaine Torrance	Ongoing
Developments of a 'Discharge to Assess' unit to support a shift in assessment approaches.	Susan Manion/SBCares	Ongoing
Communication Plan with Medical, Nursing and AHP staff around revised Discharge Policy and	Warwick Shaw/Philip Lunts	Ongoing

responsibilities		
<u>Long Term</u>	<u>2017</u>	
Introduce new Community based models of care	Susan Manion	Pending
Introduce models of care and self care to reduce emergency admissions	Alasdair Pattinson/Annabel Howell	Pending
Increased uptake of Anticipatory Care Plans	Alasdair Pattinson/Annabel Howell	Pending