



Delayed Discharges Update

Board Development Session

4th August 2016

Aim



To provide to the Board:

- Introduction and context of current performance
- Changes to both definition and reporting from 1st July 2016
- 2016 Performance to date
- What has been done to improve performance and achieve the new targets (1st July)
- Review of the Action Plan and what is to happen next

Introduction



- Delays affect people.
- Delays at any point in Patient pathway are bad for the individual and cause friction in the system.
- Delays to discharge are rarely simple to solve, require imagination, determination and often funding too.

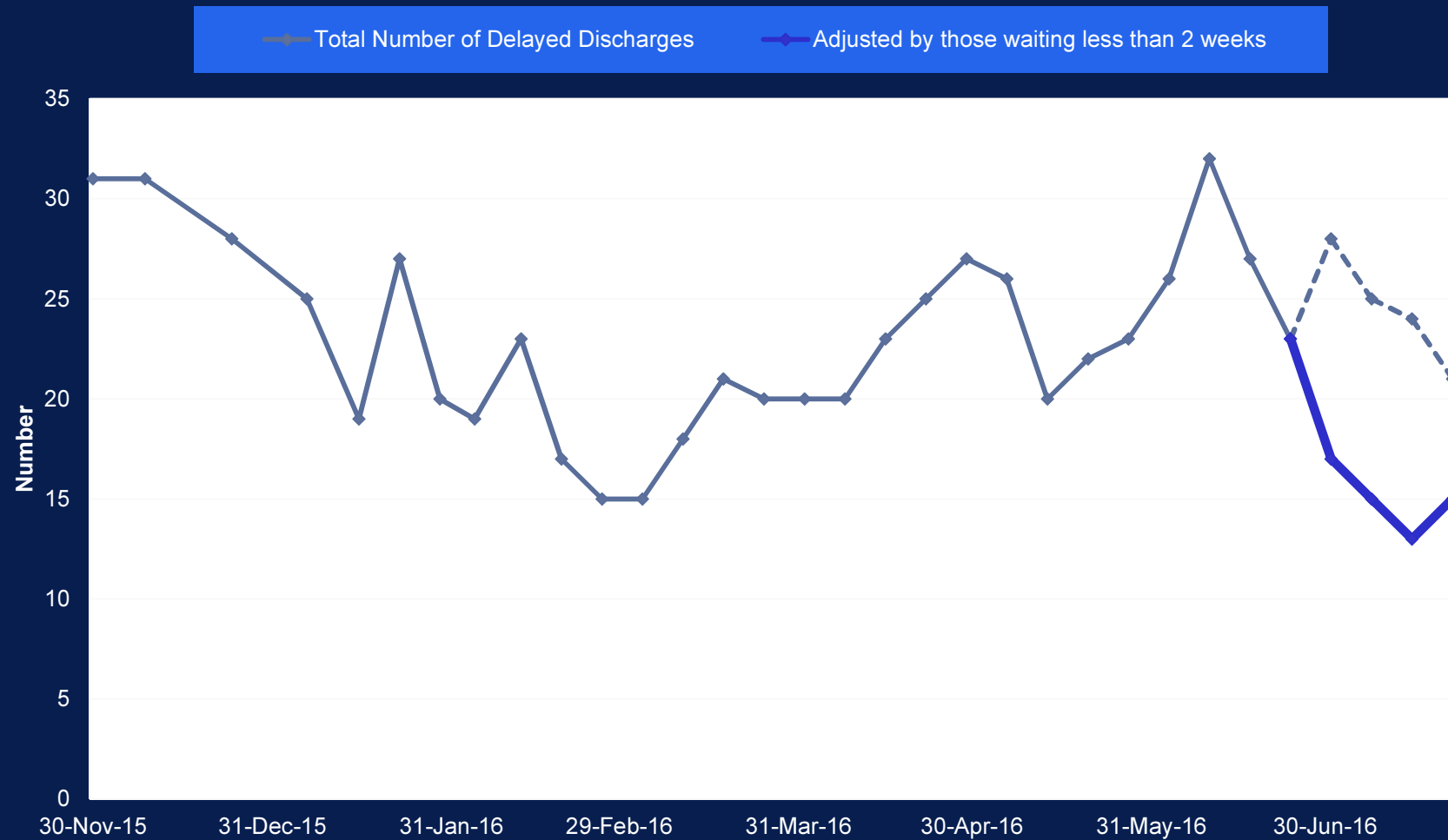
Introduction (2)

- Costs are not just financial.
- It has been an enduring problem.
- Issues and challenges:
 - Reduce admissions
 - Step up/down facilities
 - Knoll medical staffing
 - Surge capacity
 - Flex beds
 - Self Directed Support (SDS)

July Definition Changes

- Why 72 hours?
- Report will not be numbers of DDs but percentage discharged within 72 hrs.
- Metric will become occupied bed days.
- Exclusion of those “for one move only”.
- If unfit for 3 days removed from list and then back on when fit, re-start at 0 days.
- Guardianship and AWIA processes completed the patient will revert to another reason code and delay calculated from new RDD

2016 Performance and effect of excluding those between 72 hrs and 14 days





Action Plan

Already Implemented in 2016

- Reorganisation of membership and purpose of meetings:
 - Joint Operational DD Group – Thursdays
 - Joint Strategic/Escalation Group - Fridays
 - Ongoing daily review at START Hub meeting
- Improved visibility of vacancies in 24hr Care
- Community Hospital weekly Discharge Plans
- JIT facilitated Discharge (Mar) planning session
- Process Mapping session (Aug) 24 participants
- A “Discharge flat” available within Cornmill Court

Short Term (June/July)



Review Rapid Response availability and use

AP and ML Aug

Salt Greens & Waverley and reopening

Waverley
October

Focus on CH MDT meetings

Implement Matching Unit

October

Redesign Discharge Hub meetings

5 PDSA cycles

Host advisory visit from Prof John Bolton

11th August

Revise NHS Discharge Policy and Processes

Review current

Implement 72hr approach

1st July

Visibility of Home Care hours

14th July

Medium Term (September)

Initiatives to reduce admissions: projects, leads and timeframes to be developed	Tim Patterson workstream
Criteria for packages of care and assessments	
Development of Transitional unit at Waverly	October
Communication Plan with Medical, Nursing and AHP staff around revised Discharge Policy and responsibilities	Develop in September
Recycling home care/review small packages	In progress
Continue to review other areas lessons	SG, Lothian and Glasgow

Longer Term ICF Projects

- Community based models of care, in-patient and virtual
- Developing models of care and self care to avoid admission
- Earlier supported Discharges
- Increased uptake of Anticipatory Care Plans

The 72hr Target



NHSB and SBC will work to achieve an initial target of 95% of discharges being achieved within 72hrs by December 2016

Comments and Questions