

Report

Delayed Discharge – Recent Trends Edinburgh Integration Joint Board

15 July 2016

Executive Summary

1. This paper provides an overview of performance in managing hospital discharge, showing the total number of Edinburgh people who were delayed at each monthly census point over the past two years, alongside the target level for 2015-16. Further Scottish Government funding was linked to achieving the target of 50 by May 2016. The target of 50 includes all reasons for delay other than cases excluded because of complexity.
2. Key reasons for delay are also shown. Over the last year, people waiting for domiciliary care have accounted for at least 33% of the census total.
3. Each month NHS Boards and their local authority partners submit details of patients whose discharge has been delayed to NHS Scotland. This information is used to produce a national picture referred to as the census. There is some evidence from the census figures that performance in ensuring timely discharge has improved since the period up to February 2016. From the peak of 157 in September 2015, there has been a 46% reduction to date, to 85 in May 2016.
4. Following the flow workshop on 8 March 2016, a range of work streams to address delayed discharge are underway, targeted at key pressure points across the care system. These work streams will be overseen by the Patient Flow Programme Board.
5. At its May 2016 meeting, IJB members noted the discrepancy between counts of people delayed from different systems and processes. This will be addressed through changes to national reporting which will be introduced from July 2016 (the first national census to use the new process and guidance will be 28 July 2016) and changes to the recording systems.

Recommendations

6. That the Edinburgh IJB:
 - a. Note the progress in reducing the number of people waiting to be discharged and that a comprehensive range of actions is in place to secure further improvement.

- b. Note that changes to the delayed discharge recording and reporting from July 2016 will provide more complete and consistent counts of the number of people delayed.

Background

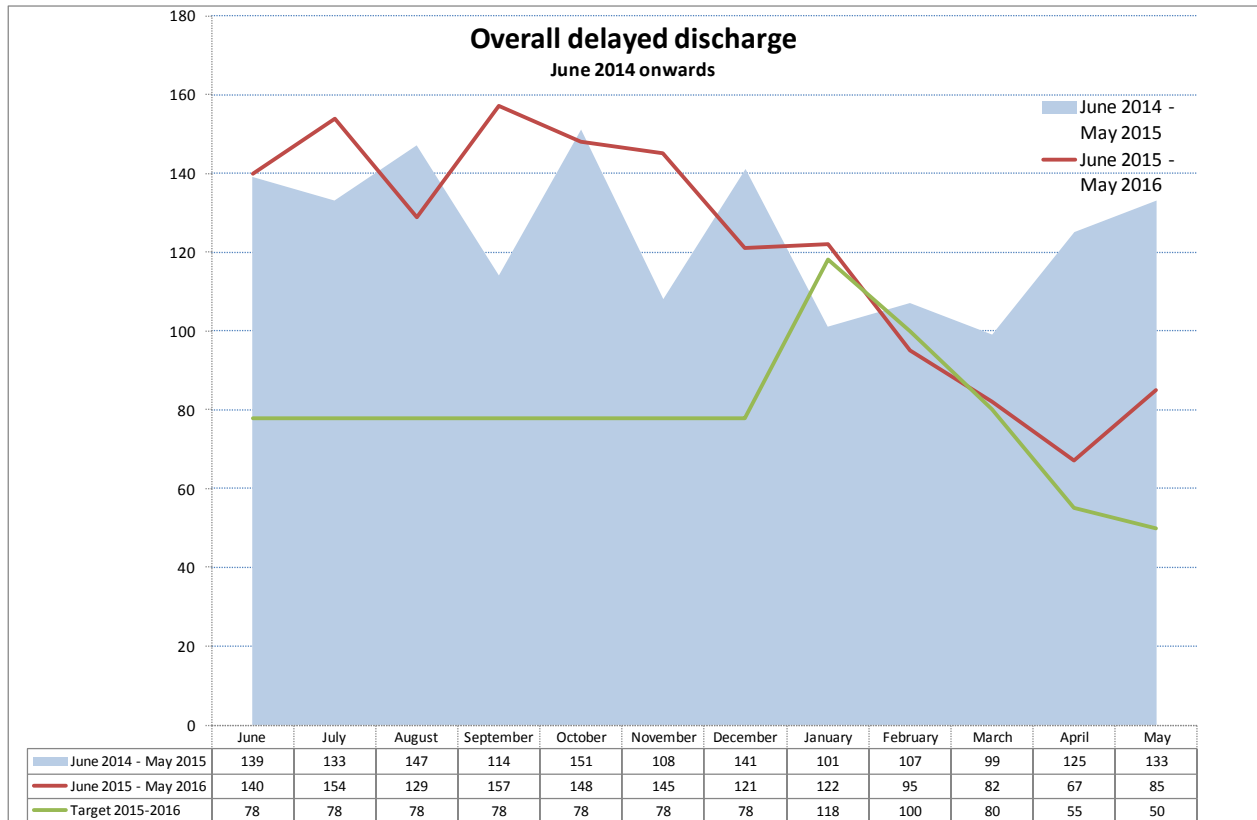
7. As noted in earlier reports to the Edinburgh IJB on delayed discharge, agreement was reached with the Scottish Government to provide £2m non-recurring, non-recoverable funding in 2015/16 towards the cost of reducing the number of people delayed in hospital. This money has been allocated in two separate tranches, and was contingent on improved performance i.e. in reducing the number of people delayed.
8. A range of work streams to address delayed discharge were initiated at a workshop session on 8 March, details of which were given in previous reports. Owners have been identified for each of the key work stream areas. Progress is being overseen by the Patient Flow Programme Board. This supplements existing work streams and management action.
9. This report provides a high level overview of the number of delayed discharges against targets, reasons for delay and trends in the number of people supported by the Edinburgh Health and Social Care Partnership to leave hospital. The majority of figures shown in this report primarily relate to the published national census figures.
10. As noted at the Edinburgh IJB meeting in May 2016, the census-based figures are different from the day to day operational information on the level of delay, sourced either through the Trak or Edison systems, both of which produce higher counts.
11. Changes to national delayed discharge reporting will take place from July 2016 and are designed to ensure that published figures are more complete and comparable across Scotland than at present. The new process will involve local ongoing validation, real-time recording and reporting and provision of data on all individuals delayed during the reporting month. The census data will be extracted from this full monthly set.

Main report

Total number of people delayed

12. The total number of Edinburgh residents who were delayed in hospital over the past two years **as at the monthly official census** is illustrated in the graph below. The shaded area shows performance for 2014-15 and the red line shows levels for the current year (2015-16). Target levels are shown by the green line.
13. The target of 50 for May 2016 was missed by 35 (85 waiting). Despite this, there has been an overall reduction of 46% from the peak of 157 in September 2015.

14. The increase in the number of people delayed related to waiting for care home placements and packages of care at home. Pressures on care home places arose from an outbreak of norovirus in Gylemuir in April 2016, resulting in a temporary cease in admission and discharge activity. The effects were apparent in both April and May, with the number of people resident for over 6 weeks doubling. This limited the availability of places for people moving on from hospital. Reasons for the increase in people waiting for domiciliary care are not as clear. It is possible that the award of the new care at home contract has had an impact on existing providers, and this is being investigated further.



Reasons for delay, 2015-16

15. The broad reasons for delay at the census points in 2015-16 are shown in the table below. The most common reason across this period has been waiting for domiciliary care, which peaked in October 2015 at 82, and was 40 in May 2016. Note that there have been no individuals recorded as being delayed for health care reasons at census points over the last year.

Table 1

2015-16	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May
Ongoing assessment	24	20	13	21	23	27	26	30	26	27	23	14
Care Home	32	39	34	41	30	36	26	26	16	14	15	26
Domiciliary Care	67	80	70	80	82	67	64	59	49	36	22	40
Legal and Financial	3	0	0	0	0	1	0	0	0	0	2	0
Other	14	15	12	15	13	14	5	7	4	5	2	5

Total	140	154	129	157	148	145	121	122	95	82	67	85
% Domiciliary Care	48%	52%	54%	51%	55%	46%	53%	48%	52%	44%	33%	47%

16. The table below highlights the number and percentage of the total delays that are attributable to acute sites.

Table 2

2015-16	June	July	August	September	October	November	December	January	February	March	April	May
Delays in acute sites	114	132	111	129	115	117	106	117	81	75	64	55
Total	140	154	129	157	148	145	121	122	95	82	67	85
% in acute	81%	86%	86%	82%	78%	81%	88%	96%	85%	91%	96%	65%

17. Table 3 includes the number of cases excluded from the census. These are people where the reason for delay is categorised by an X code. Of the X-codes, those which relate to Guardianship (e.g. 30 of the 33 in May 2016) are shown separately. A list of all codes used to categorise reasons for delay, including X codes from July 2016 is included at Appendix 2.

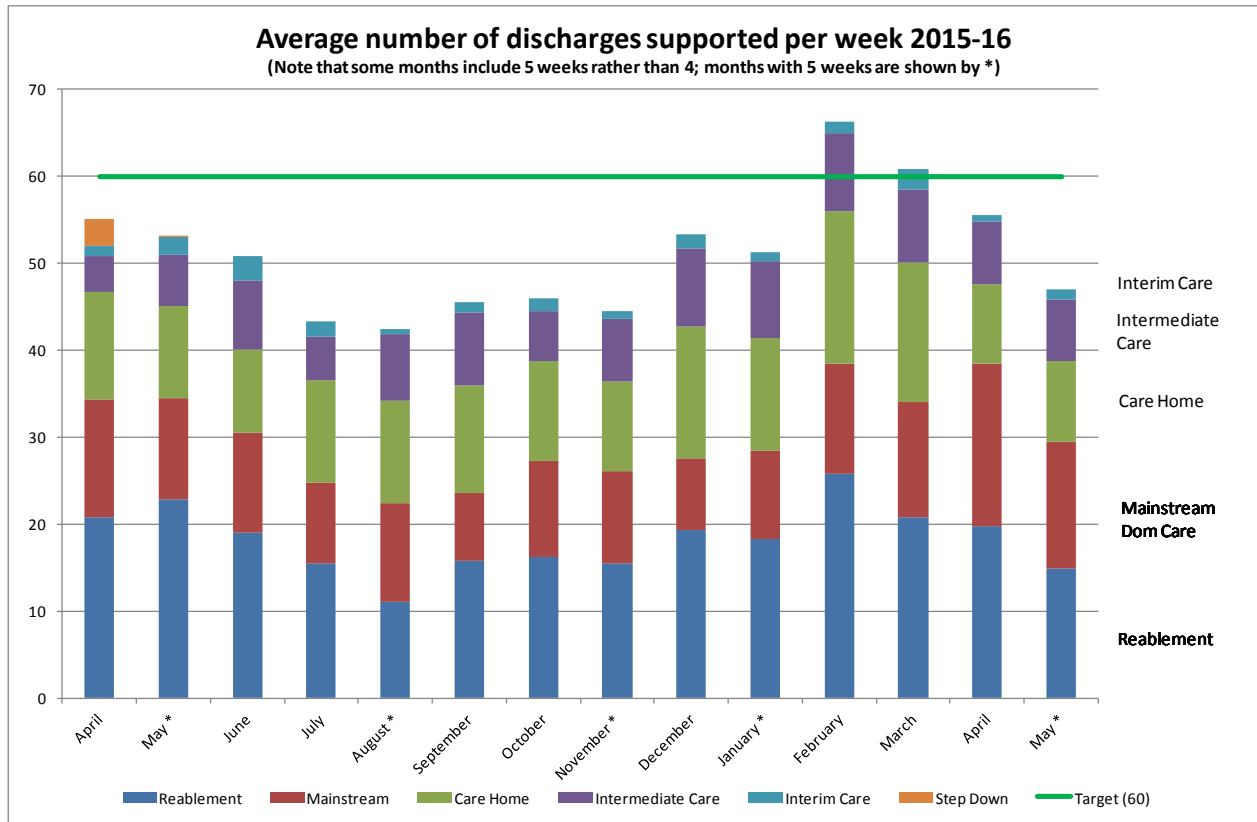
Table 3

2015-16	June	July	August	September	October	November	December	January	February	March	April	May
Total	140	154	129	157	148	145	121	122	95	82	67	85
Excluded cases	44	22	21	22	23	28	27	35	29	33	30	33
<i>Of which, Guardianship</i>	21	21	19	18	19	23	24	23	21	28	25	30
Grand total	184	176	150	179	171	173	148	157	124	115	97	118

People supported to leave hospital

18. The main investments which have been made using the Scottish Government funding to support a reduction in the number of people delayed in hospital relate to additional capacity for Gylemuir and deployment of clinical support workers. The target for the total number of people supported each week is 60 (see Appendix 1). This excludes packages of care which are restarted by ward staff when they leave hospital (an estimated total of 14 per week).

19. The graph below shows the average number of discharges per week supported by Health and Social Care, for each month during 2015-16. It shows a *general* overall increase between February and April 2016, but a subsequent decrease. Figures for provision also exclude the number of packages of care that are estimated to re-start each week, as described above.



Other work streams to address delayed discharge

20. The three key work streams which are underway and are being overseen by the Patient Flow Programme Board are as follows:

- a. addressing social care delays within the hospital pathway
- b. admission avoidance
- c. rehabilitation and recovery

21. In addition, the roll out of the Multi Agency Triage Teams (MATTs) is continuing, which the objectives of identifying people who can be supported to leave hospital early and to prevent hospital admission.

Key risks

22. The main risk is that the additional non-recurring Scottish Government funding has been used to underpin support services and that the reductions in delayed discharge levels will not be sustainable unless alternative approaches or funding sources are identified.

Financial implications

23. As noted above, the Scottish Government funding is temporary and is being used to underpin support services. Alternative funding sources or approaches to providing care will need to be considered.

Involving people

24. As we move towards the locality model and develop the locality hubs, there will be engagement with local communities and other partners to inform the further development of the model.

Impact on plans of other parties

25. This report outlines progress of the Edinburgh Health and Social Care Partnership in addressing the pressures within acute services as developed at an event involving key stakeholders from across the system.

Background reading/references

Memorandum of Understanding Reducing Delayed Discharges in Edinburgh

Report author

Rob McCulloch-Graham

Chief Officer, Edinburgh Health and Social Care Partnership

Contact: Eleanor Cunningham, Research and Information Manager,

E-mail: eleanor.cunningham@edinburgh.gov.uk | Tel: 0131 553 8220

Links to priorities in strategic plan

Priority 4	Providing the right care in the right place at the right time
Priority 6	Managing our resources effectively

Appendix 1

Target number of packages of support per week for people leaving hospital

Domiciliary care (excluding informal re-starts)	40
Care Homes	10
Intermediate Care and Interim Care	10
Total	60

Appendix 2 Delayed discharge codes (from July 2016)

Health and Social Care Reasons		
Assessment	11A	Awaiting commencement of post-hospital social care assessment (including transfer to another area team). Social care includes home care and social work OT
	11B	Awaiting completion of post-hospital social care assessment (including transfer to another area team). Social care includes home care and social work OT
Funding	23C	Non-availability of statutory funding to purchase Care Home Place
	23D	Non-availability of statutory funding to purchase any Other Care Package
Place Availability	24A	Awaiting place availability in Local Authority Residential Home
	24B	Awaiting place availability in Independent Residential Home
	24C	Awaiting place availability in Nursing Home
	24D	Awaiting place availability in Specialist Residential Facility for younger age groups (<65)
	24DX*	Awaiting place availability in Specialist Facility for high level younger age groups (<65) where the Facility is not currently available and no interim option is appropriate
	24E	Awaiting place availability in Specialist Residential Facility for older age groups (65+)
	24EX*	Awaiting place availability in Specialist Facility for high level older age groups (65+) where the Facility is not currently available and an interim option is not appropriate
	24F	Awaiting place availability in care home (EMI/Dementia bed required)
	26X*	Care Home/facility closed
Care Arrangements	27A	Awaiting place availability in an Intermediate Care facility
	46X*	Ward closed – patient well but cannot be discharged due to closure
	25A	Awaiting completion of arrangements for Care Home placement
	25D	Awaiting completion of arrangements - in order to live in their own home – awaiting social support (non-availability of services)
	25E	Awaiting completion of arrangements - in order to live in their own home – awaiting procurement/delivery of equipment/adaptations fitted
Transport	25F	Awaiting completion of arrangements - Re-housing provision (including sheltered housing and homeless patients)
	25X	Awaiting completion of complex care arrangements - in order to live in their own home
44	Awaiting availability of transport	

Patient/Carer/Family-related reasons		
Legal/Financial	51	Legal issues (including intervention by patient's lawyer) - e.g. informed consent and/or adult protection issues
	51X*	Adults with Incapacity Act
	52	Financial and personal assets problem - e.g. confirming financial assessment
Disagreements	61	Internal family dispute issues (including dispute between patient and carer)
	67	Disagreement between patient/carer/family and health and social care
Other	71	Patient exercising statutory right of choice
	71X*	Patient exercising statutory right of choice – interim placement is not possible or reasonable
	72	Patient does not qualify for care
	73	Family/relatives arranging care
	74	Other patient/carer/family-related reason
Other reasons		
Complex Needs	9	Code 9 should be used with the following secondary codes: 24DX, 24EX, 25X, 26X, 46X, 51X, 71X. All code 9 delays should have a secondary reason code.
Code 100	100	Reprovisioning/Recommissioning