Item 5.2.2

Report

Whole System Delays – Recent Trends
Edinburgh Integration Joint Board

18 November 2016

Executive Summary

1. Changes to national reporting of delayed discharge, outlined in the May 2016 report to the IJB, were introduced for the July 2016 census and the total of 173 for July is the first produced using the revised method. The total now includes people who were discharged within 3 days of the census, which were formerly excluded from the total. Totals since July 2016 are therefore not directly comparable with earlier figures.

2. Key reasons for delay are shown. Over the last year, people waiting for domiciliary care have accounted for at least 32% of the census total, and the proportion in October was 43%. The number of people waiting for a care home place has increased over the last month, and was 72 at the October census, compared with 50 in September.

3. 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 are overseen by the Patient Flow Programme Board. Details of the work streams are provided in the main report.

4. Targets have been set for the total number of people waiting for discharge, with the objective of achieving 50 by the April 2017 census.

5. In recognition that delayed discharge is symptomatic of pressures and activity in the wider system, work is underway on a phased basis to develop a whole-system overview. Phase 1 provides a city-wide overview across all hospital sites and the scope is A&E through hospital admission, referral for support for discharge and finally, discharge.

Recommendations

6. That the Edinburgh IJB note:

   - Whilst the change in reporting methodology for delayed discharge has resulted in higher numbers, there has been a significant increase in delayed discharge since June this year to the October figure of 201.

- That a comprehensive range of actions is in place to secure a reduction in the number of people delayed. This includes the new Care at Home contract, which aims to improve recruitment and retention of the home care workforce by offering a rate of pay that is competitive with alternative industries such as retail, customer services and the private care market.

- That given the complexity of this issue, a self assessment of the current approach in Edinburgh to tackling delays in transfer of care has been carried out utilising the best practice guidance contained within the Joint Improvement Team "Self Assessment Tool for Partnerships" (updated 2015) and The National Institute for Health and Care Excellence guidelines (Dec 2015) for "Transition between inpatient hospital settings and community or care home settings for adults with social care needs".

Background

7. Recent guidance emphasises the whole system redesign required to ensure smooth transition of care from hospital. In particular this report has referred to Joint Improvement Team "Self Assessment Tool for Partnerships" (updated 2015) and The National Institute for Health and Care Excellence guidelines (Dec 2015) for "Transition between inpatient hospital settings and community or care home settings for adults with social care needs".

8. Taking a whole system approach, a range of relevant work streams to address delayed discharge in Edinburgh were initiated at a workshop session on 8 March 2016, details of which were given in previous reports. The work streams are:

    - Reablement, recovery and rehabilitation
    - Capacity planning
    - Admission avoidance
    - Support planning and brokerage

9. Each work stream is being led jointly by a senior officer from both the Health and Social Care Partnership and the acute hospital sites to ensure senior buy-in and support for the changes required. The Patient Flow Programme Board is overseeing progress.

10. This report presents the target level of delayed discharges which have been set for the monthly censuses between now and April 2017, which has a target of 50.

11. The 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.

12. It also provides an update on work to develop an overview of activity and pressures across the hospital system, which will be reported to the Patient Flow Programme Board, pending work to develop reporting on whole system flow.

13. As noted in previous reports, changes to national delayed discharge reporting took place for the July 2016 census and are designed to ensure that published figures are more complete and comparable across Scotland than at present. These changes have led to an increase in the reporting of the number of people delayed.

Main report

Targets

14. As noted above, targets have been set for each monthly census between October 2016 and April 2017, with the aim of reducing to 50 by the end of this period. These targets are recognised as being challenging.

Table 1 - Delayed discharge targets: October 2016 to April 2017

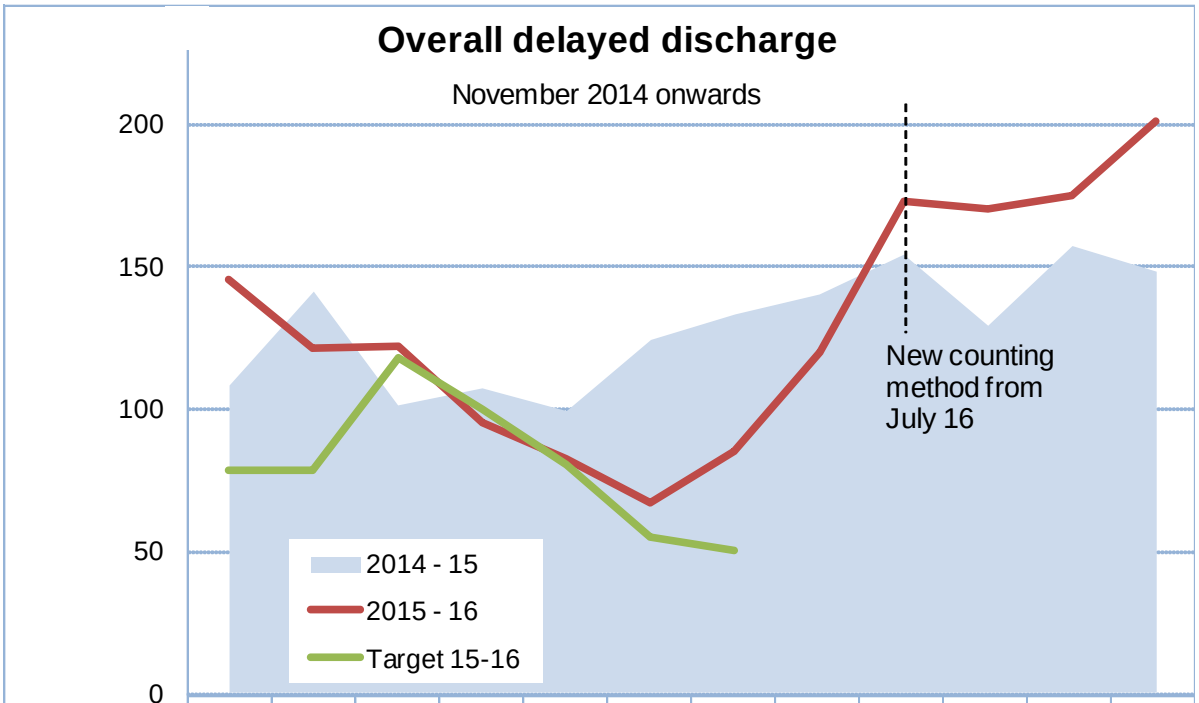
October 2016	170
November 2016	160
December 2016	140
January 2017	100
February 2017	75
March 2017	60
April 2017	50

Total number of people delayed

15. 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 October 2014 to September 2015 and the red line shows levels for the current year. Target levels are shown by the green line. Targets for the period following May 2016 will be determined as part of the work underway to assess capacity, demand and pressures across the whole system.

16. The total number of people delayed at the September census was 175. This cannot be directly compared with earlier figures, as noted above. Whilst there is an impact of the reporting on the figures there is a significant increase in numbers from June which is not attributable to the change in methodology.

Chart 1 - Overall delayed discharge



	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
2014 - 15	108	141	101	107	99	124	133	140	154	129	157	148
2015 - 16	145	121	122	95	82	67	85	120	173	170	175	201
Target 15-16	78	78	118	100	80	55	50					170

Reasons for delay 2015-16

17. The main reasons for delay at the census points over the last 12 months are shown in the table below. The most common reason across this period has been waiting for domiciliary care, which peaked in August 2016 at 87, and was 81 in September 2016.

Table 2

2015 - 16	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Assessment	27	26	30	26	27	23	14	20	34	24	43	42
Care Home	36	26	26	16	14	15	26	35	58	59	50	72
Domiciliary Care	67	64	59	49	36	22	40	59	78	76	81	86
Legal and Financial	1	0	0	0	0	2	0	0	0	0	0	0
Other	14	5	7	4	5	5	5	6	3	11	1	1
Total	145	121	122	95	82	67	85	120	173	170	175	201
% Domiciliary Care	46%	53%	48%	52%	44%	33%	47%	49%	45%	45%	46%	43%

18. Note that the figures from July 2016 onwards are not directly comparable with the earlier figures (as discussed above).

19. Increases in the number of people delayed over the year were apparent across most reasons for delay - i.e. ongoing assessment, waiting for care home placements and for packages of care at home. The number of people waiting for a care home place has increased markedly over the month from 50 to 72. Difficulties in recruiting staff within care homes has a bearing - within the Council's own care homes, there are currently five vacant places which cannot be filled because of the lack of staff.

20. It remains of concern that there are a substantial number of people waiting to move from hospital to a care home place (36% of current delays) which means that individuals are being expected to decide on moving to permanent care home places whilst in an acute hospital setting. Capacity is being developed on an interim basis in a non-acute setting at Liberton for those unable to return home. A reablement approach will be taken in this new facility to maximise residents' level of independence.

21. The increase in people waiting for domiciliary care since April will have been caused by a range of pressures in Care at Home, including the fact that agencies have been reluctant to take on service users; lack of capacity (largely due to issues with recruitment and retention), difficulties in securing services for complex packages of care; increased demand for services and increased frailty of service users. The new Care at Home contracts aim to address these issues. The implementation of the new contracts is expected to bring a reduction in delays during autumn 2016.

22. The number and proportion of delays in acute sites is shown below:

Table 3 – Delays in acute sites

2015 - 16	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Delays in acute sites	115	106	117	80	74	64	82	112	148	146	143	173
Total	145	121	122	95	82	67	85	120	173	170	175	201
% in acute	79%	88%	96%	84%	90%	96%	96%	93%	86%	86%	82%	86%

23. The numbers of people excluded from the total (X codes and people who are unwell) are given below. Of the X-codes, those which relate to Guardianship (e.g. 22 of the 27in October 2016) are shown separately.

24. The *grand total* row shows the number of people delayed, including those who are excluded from the national count.

Table 4 – Number of people excluded from total

2015 - 16	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Total	145	121	122	95	82	67	85	120	173	170	175	201
Excluded cases	27	27	35	29	33	30	33	27	25	23	24	27
Of which, Guardianship	23	24	23	21	28	25	30	24	23	20	20	22
Grand Total	172	148	157	124	115	97	118	147	198	193	199	228

People supported to leave hospital

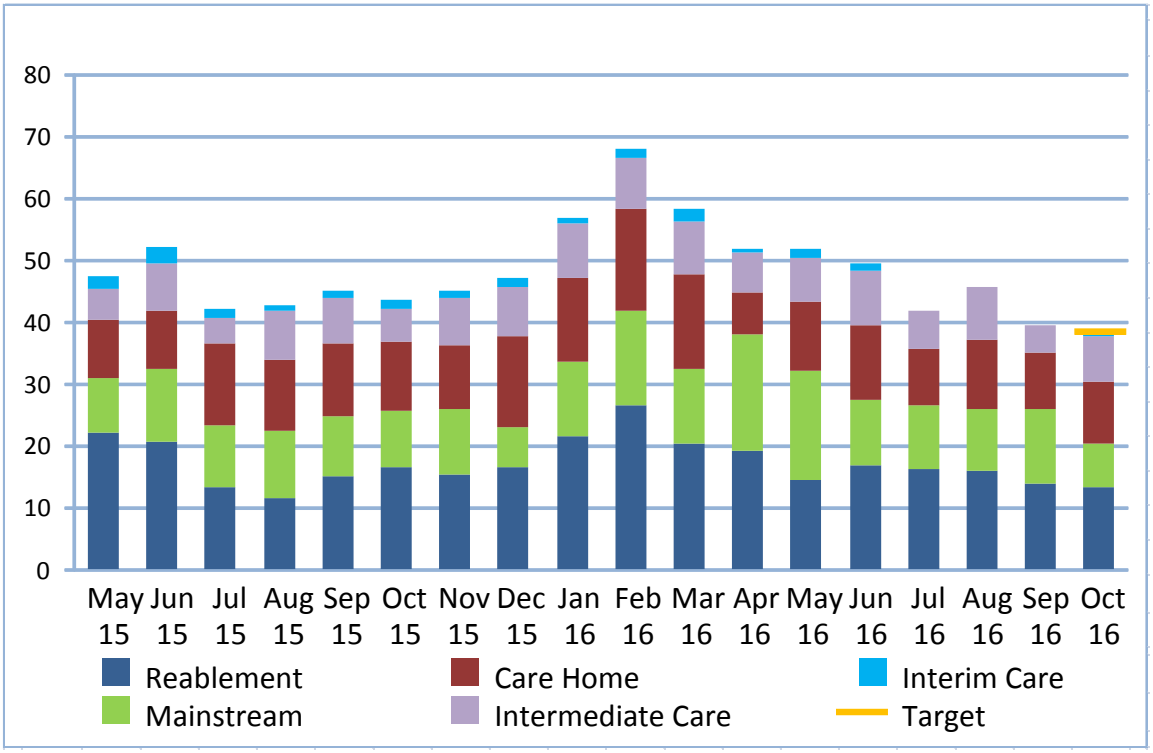
25. Targets for the total number of people supported each week have been revised with the objective of achieving the same volume as in April 2016. These are detailed in Appendix 1.

26. 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 an increased number during February and March 2016. Figures for provision also exclude the number of packages of care that are estimated to re-start each week, as described above.

27. Targets for the number of people supported were reset in October 2016, taking into account anticipated growth in capacity, primarily through the new care at home contract. In setting targets, account has been taken of changes in care home provision through the closure of Porthaven and Parkview, and the opening of Royston, scheduled for January 2017. This will bring a net reduction of 28 places. Royston has 15 places to support people with challenging behaviour.

28. Tables 5 and 6 in Appendix 1 show targets and performance against these for the number of people supported each week to leave hospital.

Chart 2 - Average number of discharges supported per week



Other work streams to address delayed discharge

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

- Addressing delays within the hospital pathway – this work is progressing actions to bring forward the point at which people are identified in the discharge pathway and by the application of improved multiagency working with a greater focus on expediting action required to support discharge as well as clearer lines of accountability across the multidisciplinary team.

- Admission avoidance – this work is seeking to maximise the benefits associated with the effective use of Anticipatory Care Planning, to improve use of the Key Information Summary to support continuity and effective communication, and to promote greater effectiveness and use of the Falls pathway.

- Rehabilitation and recovery – a more focussed approach to the use of Reablement services to ensure maximum benefit is afforded to the individuals who can achieve most benefit from targeted goal setting and reabling approaches. This differs from the previous approach which was targeted at all discharges from hospital.

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

Whole system flow

31. As noted above, work is underway to develop a whole system overview, to enable a better understanding of activity and pressures within the system and to provide a way of identifying areas within the system which are of concern.

32. The approach being developed jointly by colleagues from the Council's Strategy and Insight Service, NHS Lothian's Analytical Services Division and ISD's LIST team is to apply statistical process control (SPC) principles to weekly data. The technique allows an assessment to be made on whether an area of performance is delivering predictably and if that is so, the extent to which performance is satisfactory. It can also help identify where to look in situations where trends are unpredictable.

33. As a test of proof of concept, the technique was used to take a city-wide overview from A&E through hospital admission, referral for support for discharge and finally, discharge. It suggested that:

    - Most of the patterns that were being observed were predictable (e.g., packages of care provision);
    - Others appeared to have undergone a change (e.g., referrals to hospital social work); and
    - Some were unstable (e.g., numbers waiting for care homes).

34. The questions one would ask in each of these instances differ, respectively these would be:
    - Whether the predictable performance on, for example, care provision is satisfactory. If not, how could this process **as a whole** be improved;
    - Whether something happened around the time that point the change has been identified. What data or intelligence is needed which could help understand this movement; and
    - What has caused this process to become unstable **at this point** in time.

35. It will be recommended at the Patient Flow Programme Board on 11 November that this work is developed further with one of the locality managers, leading to the introduction of the statistical process control in the operational report and potentially with performance headlines set in a more accessible format. A possible format for this is shown below:

Key risks

36. 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.

37. That vacancies in the care workforce cannot be filled, limiting available capacity.

Financial implications

38. 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

39. 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

40. 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

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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

People supported to be discharged from hospital: actual against target

Table 5 - Discharges per week and month

	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Discharges in calendar month	193	209	236	272	258	223	230	213	186	203	170	168
Monthly Target	317	328	328	307	328	317	328	317	328	328	171	208
Average discharges per week	45	47.2	57	68	58.3	52	51.9	49.7	42	45.8	39.7	37.9
Av Weekly Target	74	74	74	74	74	74	74	74	74	74	40	47

Table 6 - Targets for the number of people supported to leave hospital per week by type of support

	Care at home	Reablement	Mainstream	Intermediate Care	Care homes	Total
02/10/2016	9	12	2	5	10	38
09/10/2016	10	13	2	6	10	41
16/10/2016	11	14	2	7	10	44
23/10/2016	12	15	2	8	10	47
30/10/2016	14	16	2	8	10	50
06/11/2016	16	18	3	9	10	56
13/11/2016	18	20	3	10	10	61
20/11/2016	19	22	4	11	10	66
27/11/2016	20	25	4	12	10	71

Appendix 2

Delayed discharge codes (from July 2016)

Health and Social Care Reasons		
Assessment	11A	Awaiting commencement of post-hospital HSC assessment (including transfer to another area team). HSC includes home care and social work OT
	11B	Awaiting completion of post-hospital HSC 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 in Specialist Residential Facility for younger age groups (<65)
	24DX*	Awaiting place in Specialist Facility for high level younger age groups (<65) which is not currently available and no interim option is appropriate
	24E	Awaiting place in Specialist Residential Facility for older age groups (65+)
	24EX*	Awaiting place in Specialist Facility for high level older age groups (65+) which 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
	27A	Awaiting place availability in an Intermediate Care facility
	46X*	Ward closed – patient well but cannot be discharged due to closure
Care Arrangements	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
	25F	Awaiting completion of arrangements - Re-housing provision (including sheltered housing and homeless patients)
	25X	Awaiting completion of complex care arrangements to live in their own home
Parent / 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