

Report

Whole System Delays – Recent Trends

Edinburgh Integration Joint Board

14 July 2017

Executive Summary

1. The purpose of this report is to update the Integration Joint Board on:
 - the current performance in respect of delayed discharge;
 - actions being taken to reduce the number and length of delays; and
 - actions being taken to improve the monitoring and management of performance

Recommendations

2. The Integration Joint Board is asked to note:
 - the performance in respect of delayed discharge; and
 - the actions being taken to maintain that improvement

Background

3. Performance in respect of the number of people whose discharge from hospital is delayed and the length of those delays has been an ongoing challenge. Edinburgh has regularly had the highest number of delayed discharges of any Integration Authority in Scotland.
4. A programme of work has been put in place overseen by the Flow Programme Board. The board has agreed three new workstreams to focus on both delays from hospital and those within the community. Those are:
 - to review and operations through the Care at Home contract;
 - to optimise the flow of patients; and
 - to better utilise technology enabled care
5. Recognising the importance and urgency of the need to reduce the number and length of delayed discharges the Integration Joint Board has asked to receive regular updates on performance.

Main report

6. The current target in respect of the number of people whose discharge from hospital is delayed is that this should be no more than 50 for non-complex cases by December 2017. Table 1 below shows the trajectory that has been agreed to reach this target.

2017	May	June	July	Aug	Sep	Oct	Nov	Dec
Non-complex	163	147	131	115	98	82	66	50
Complex	27	24	22	20	17	15	12	10

Table 1 Phased targets for the number of people whose discharge from hospital is delayed

7. Chart 1 below shows the number of people whose discharge from hospital was delayed over the last two years using the monthly census data. **Note that the figures for June 2017 are provisional at this stage pending verification of the census data.** The shaded area shows performance for July 2015 to June 2016 and the red line shows levels for the current year. The target trajectory is shown by the green line.

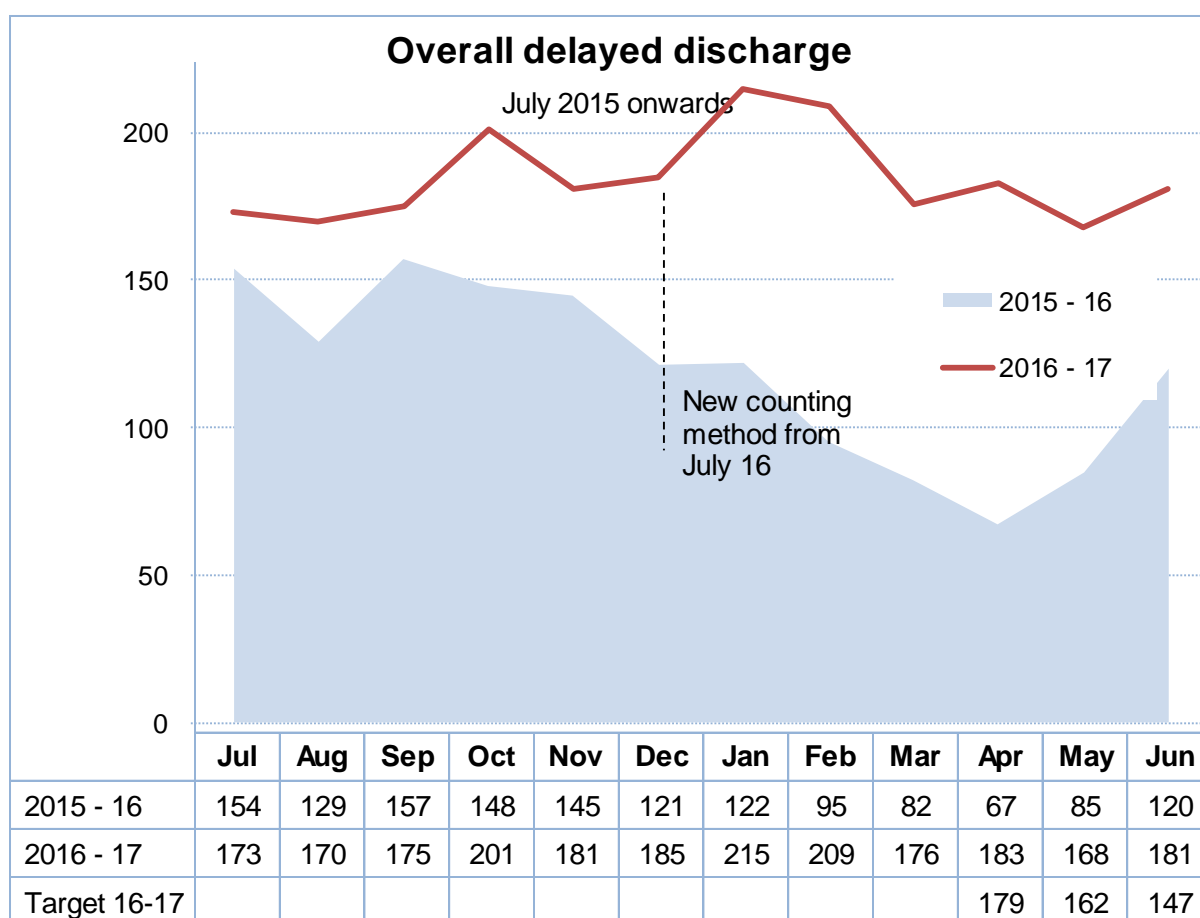


Chart 1: Number of people delayed in hospital July 2016 to June 2017 excluding complex cases (June 2017 figures are provisional).

8. Table 2 below shows the number of complex delays (Code 9) that are excluded from the census reporting.

	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
Total	173	170	175	201	181	185	215	209	176	183	168	181
Excluded cases	25	23	24	27	23	18	12	13	16	32	34	24
Of which, Guardianship	23	20	20	22	16	17	11	12	14	18	19	12
Grand Total	198	193	199	228	204	203	227	222	192	215	202	205

Table 2: Excluded cases (Code 9) *(June 2017 figures are provisional)*

9. As illustrated in Chart 1 there has been a reduction in the number of people whose discharge has been delayed over the last four months from the high figure of 215 in January. The recent activity although an improvement, is now above the trajectory to meet the target of 50 for December.
10. Detailed performance reports are now available on a locality basis which has allowed performance targets to be set for each locality in respect of delayed discharges. A 'star chamber' meets weekly where Locality and Hub Managers are held to account for performance and any issues having a negative impact on timely discharge can be escalated immediately.
11. The Flow Programme Board has recently reviewed the content of the programme and identified three specific areas for attention:
- Maximising capacity through the care at home contract. The Board wish to review this area due to the care at home contracts being new and were given a "bedding in" period, but to date have not delivered the capacity required or expected.
 - Optimising flow through the hospital system and discharge from hospital
 - Technology enabled care as a means of increasing capacity to support people to live independently in the community, avoiding the need for admission to hospital and facilitating timely discharge
12. Lack of capacity in care at home to support discharge from hospital continues to be a significant problem which is why the Flow Board has decided to take an interest in this area. A meeting with all providers was held to ascertain how the Partnership can support retention and recruitment of care staff. From that meeting the Council HR department has agreed to advertise in MyJobScotland on behalf of all contractors. Training for contracted staff will be offered to SVQ level and further local advertising will be supported through all Partnership outlets such as GP Surgeries and Pharmacies.

Further work will be undertaken to examine whether there is availability of housing within each locality for care workers.

Technology enabled care has the potential to provide innovative ways of supporting people to remain at home which may reduce some of the pressure on the care at home service. The focus on the work to optimise flow will build on the improvements seen through the operationalisation of the MATTs and the introduction of the 'star chamber' approach to managing performance.

Key risks

13. Whilst the recent reduction in the number of people whose discharge is delayed from hospital is very welcome. The current trajectory is off target and there is a risk that the December target will not be met. Close scrutiny through the weekly Delayed Discharge Star Chamber will seek to rectify the slippage against the planned trajectory through increased management support through the daily Multi Agency Triage Team meetings and the weekly Star Chambers.

Financial implications

14. There are no financial implications arising directly from this report.

Involving people

15. As the locality Hubs and Clusters become operational there will be further engagement with local communities to further develop the model.

Impact on plans of other parties

16. The ability of the Edinburgh Health and Social Care Partnership to significantly reduce the number of people currently delayed in hospital and the length of those delays impacts on NHS Lothian and the other three Integration Boards within Lothian. These partners are kept informed of progress by the Chief Officer of the Edinburgh Integration Joint Board through the IJB Chief Officers Acute Interface Group.

Background reading/references

None

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