

Report

Whole System Delays – Recent Trends

Edinburgh Integration Joint Board

17 November 2017



Executive Summary

1. The purpose of this report is to update the Integration Joint Board on:
 - the current performance in respect of people delayed in hospital
 - trends across the wider system
 - identified pressures and challenges
 - improvement activities.

Recommendations

2. The Integration Joint Board (IJB) is asked to note:
 - i. current performance in respect of people delayed in hospital
 - ii. the delays and pressures in the community
 - iii. the actions being taken to address the identified challenges; and
 - iv. the significant ongoing challenge of bringing about improvement.

Background

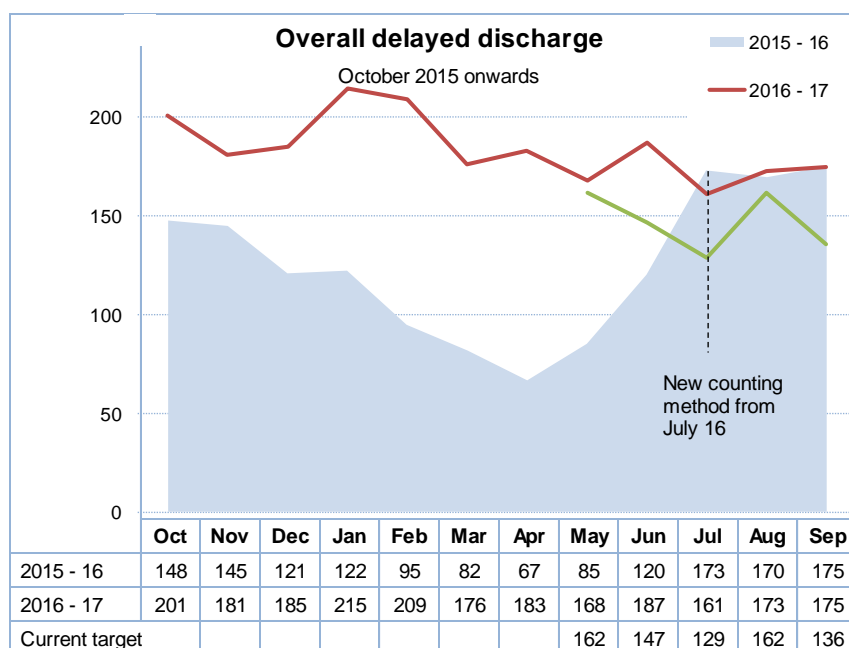
3. Edinburgh regularly has the highest number of delayed discharges of any Integration Authority in Scotland. Reducing both the number of people whose discharge from hospital is delayed and the length of those delays has been an ongoing problem and an area of concern for the Integration Joint Board. However, pressures are also evident across the wider system, with large numbers of people waiting for assessments and for domiciliary care, the majority of whom are currently at home, rather than in hospital.
4. These issues are also reflected in the report of the Care Inspectorate/Health Improvement Scotland's inspection of Edinburgh's services for older people.
5. The IJB has asked that performance reports on this subject be brought to each IJB meeting.

Main report

Overview of performance: delayed discharge

6. The number of people who are delayed in hospital is reported monthly to the Information Services Division (ISD) of NHS Scotland. The figure reported to ISD excludes complex delays, where the Partnership is unable, for reasons beyond its control, to secure a patient's safe, timely and appropriate discharge from hospital. Examples include a person waiting for a place in a specialist residential facility where no places are available; or where a person cannot leave hospital until a Guardianship Order has been granted by the courts.
7. The Edinburgh Health and Social Care Partnership revised performance targets in respect of the number of people whose discharge from hospital is delayed in April 2017. The intention in setting these targets was that the number of delays would be reduced to no more than 50 non-complex cases and 10 complex cases by December 2017. Trajectories to reach this target have been set on both a city-wide and locality basis. Table 1 in the appendix shows these trajectories.
8. Chart 1 below shows the number of people whose discharge from hospital was delayed over the last two years, using the monthly data reported to ISD. The shaded area shows performance from October 2015 to September 2016 (the latest date for which data are available). The red line shows performance for the current year. The green line shows the target trajectory.

Chart 1: Number of people delayed in hospital Oct 2015 to Sep 2017 excluding complex cases



9. The number of people whose discharge is delayed has shown a reduction on the levels between October 2016 and February 2017, but this has not been sufficient to meet the phased targets.
10. Table 1 provides an overview of all delays, both complex and non-complex and the proportion of delays in acute beds, which is currently 88%. The number of complex delays where people are waiting for Guardianship Orders to be granted is shown separately, as additional resources have been put in place to focus on this group of people, which has resulted in a reduction in the number of delays.

Table1. Overview of delays: reportable (including % in acute) and complex

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17
Reportable Total	201	181	185	215	209	176	183	168	187	161	173	175
% in acute	86%	80%	74%	73%	79%	80%	83%	79%	79%	86%	86%	88%
Excluded cases (complex)	27	23	18	12	13	16	32	34	24	25	26	25
Of which, Guardianship	22	16	17	11	12	14	18	19	12	14	13	16
Grand Total	228	204	203	227	222	192	215	202	211	186	199	200

11. The main reasons for reportable delays are summarised in Table 2. Lack of packages of care continues to account for the largest number of individuals waiting (54%), followed by people waiting for care homes. This pattern is consistent across the four localities.

Table 2. Reportable delays by reason

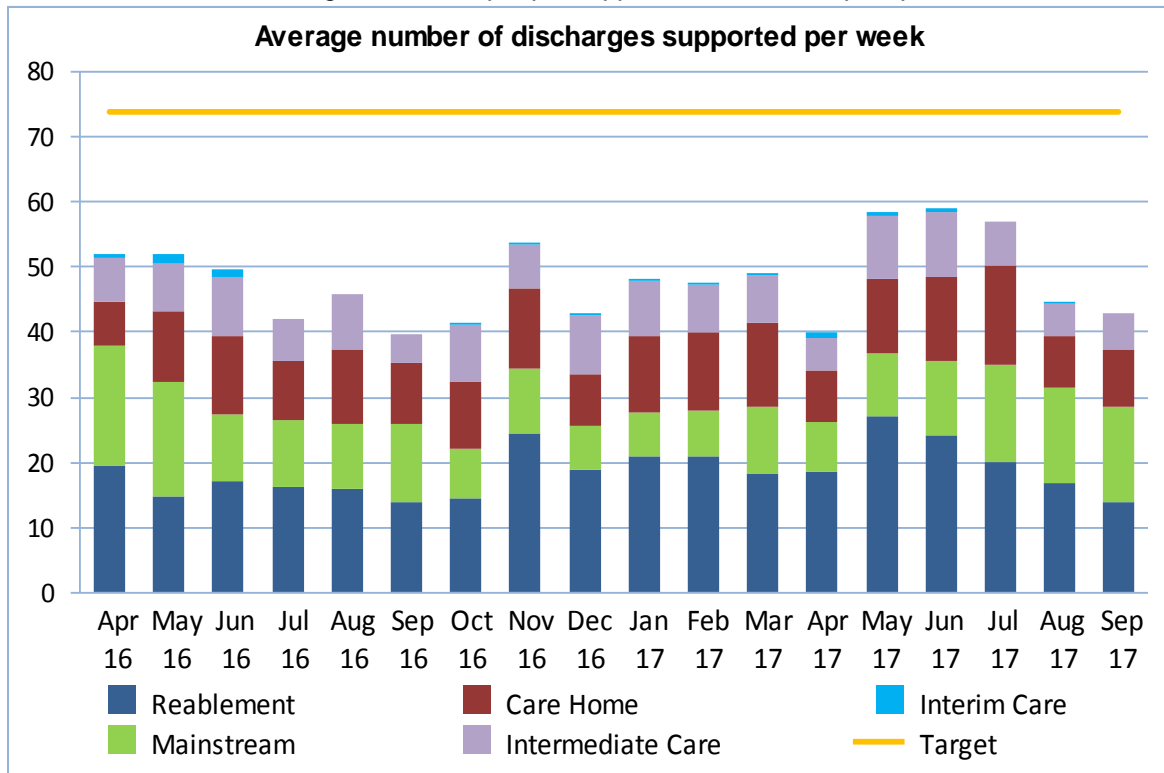
	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17
Assessment	42	47	32	37	30	20	30	28	29	13	13	15
Care Home	72	64	68	77	69	51	53	72	74	57	64	61
Domiciliary Care	86	69	81	97	107	101	97	65	81	85	92	94
Legal and Financial	0	0	2	2	0	2	1	1	1	2	0	0
Other	1	1	2	2	3	2	2	2	2	4	4	5
Total	201	181	185	215	209	176	183	168	187	161	173	175
% Domiciliary Care	43%	38%	44%	45%	51%	57%	53%	39%	43%	53%	53%	54%

12. The average number of people supported to leave hospital each week is shown in Table 3 below, and Chart 3 shows how people were supported. The average weekly target of 74 was set to achieve the intended targets for the reduction in delays by December 2017. However, the level of support required is not being achieved.

Table 3. People supported to leave hospital

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
	16	16	16	17	17	17	17	17	17	17	17	17
People supported to be discharged 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	328	328
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	74	74

Chart 3. The average number of people supported to leave hospital per week



13. Table 4 below shows the average net change in the number of people whose discharge from hospital is delayed for the 10 weeks to 9 October 2017. This is the difference between the number of people *ceasing* to be delayed and people *becoming* delayed each week, and as the table shows, there tends to be slightly more new delays than the number being resolved.

Table 4: Summary of delayed discharge flow (averages over the 10 weeks to 9 October)

	North West	North East	South West	South East	Total
Average new delays per week	14	7	9	11	41
Average delays ended per week	14	6	9	10	40

Note that people may leave the list temporarily if they become unwell and not fit for discharge.

Overview of performance: Delays in the community

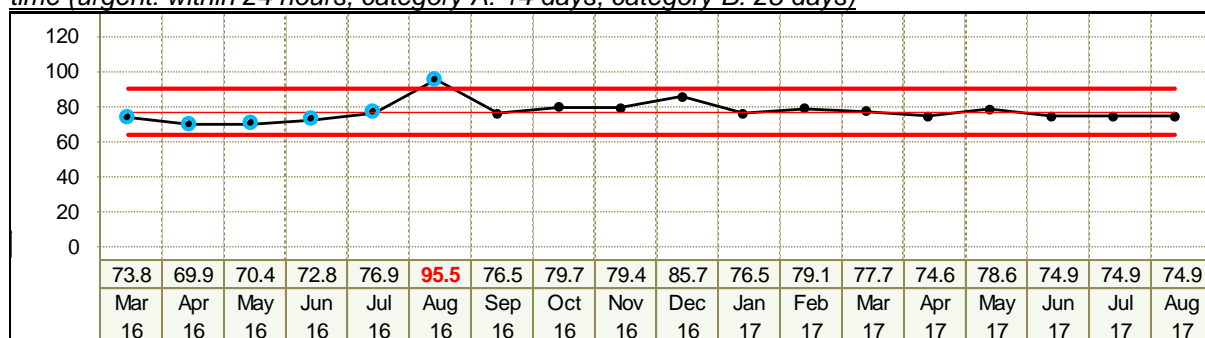
14. The number of people waiting for assessments and the number of people waiting for support at home are key indicators of pressures across the system. As table 5 shows, the number of people waiting showed a marked increase in August 2017 (the latest data available) to 1,836, of whom, 1,044 had no assessment activity within the last 12 months, whose needs have not yet been established. This is in contrast to the 792 people, whose who have already been assessed, but require further assessment activity.

Table 5. Number of people waiting for an assessment

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17
Waiting but with HSC activity in the year	685	639	679	666	687	667	645	672	663	690	792
Waiting without any HSC activity in the year	908	828	897	831	829	813	847	856	889	882	1,044
Total waiting for Assessment (all teams)	1,593	1,467	1,576	1,497	1,516	1,480	1,492	1,528	1,552	1,572	1,836

15. Chart 4 shows the proportion of people waiting, outside the standard timescales, which are detailed in Appendix 2. The proportion is stable, at around 75%.

Chart 4b. The percentage of people waiting for an assessment beyond the standard response time (urgent: within 24 hours; category A: 14 days; category B: 28 days)



16. The number of people waiting for domiciliary care shows a steady increase over the past six months, particularly for older people in the community.

Table 5. Number of people waiting for domiciliary care: older people by location and adults under 65

Time Series of People Waiting	Older People				People aged under 65	
	a) Receiving Reablement, awaiting Mainstream service	b) In the community, including people with Intermediate Care	c) In hospital	Total	Total	Total
10/04/2017	71	252	86	409	187	596
08/05/2017	78	253	35	366	191	557
12/06/2017	111	294	70	475	191	666
10/07/2017	113	318	68	499	191	690
14/08/2017	133	346	84	563	192	755
11/09/2017	134	363	73	570	203	773
09/10/2017	131	404	75	610	202	812

17. Similarly, as Table 6 below shows, the number of support hours outstanding has also increased.

Table 6. Number of domiciliary care hours required: older people by location and adults under 65

Time Series of Hours Waiting	Older People				People aged under 65	
	a) Receiving Reablement, awaiting Mainstream service	b) In the community, including people with Intermediate Care	c) In hospital	Total	Total	Total
10/04/2017	655	1,888	1,227	3,770	1,321	5,091
08/05/2017	638	2,018	654	3,310	1,486	4,796
10/07/2017	904	2,365	1,186	4,455	1,464	5,919
14/08/2017	1,109	2,555	1,368	5,032	1,477	6,509
11/09/2017	1,195	2,600	1,121	4,916	1,576	6,492
09/10/2017	1,167	3,004	1,149	5,320	1,608	6,928

Key pressures and challenges

18. The main ongoing challenges associated with addressing the number and length of delayed discharges are:
- the lack of availability of packages of care, exacerbated by an increase in vacancies and sickness levels in the in-house service – this is reflected both in the number of people waiting in hospital (75) and in the number waiting to move on from the reablement service (131 at 09/10/2017)
 - recruitment and retention of care staff – the local contracted providers have reported high turnover rates of staff in the region of 30 – 50%
 - the lack of availability of local authority funded care home places at the national contract rate (self-funders form around half of the total care home residents supported by the Partnership)
 - a lack of specialist dementia beds.

Improvement actions

19. Weekly “star chamber” meetings continue to be held with locality managers. These meetings have helped reduce the time that people are delayed in hospital and identified a number of practice, culture and service capacity-related issues. Two examples of this are:
 - inconsistent application of the moving on policy for self-funders who are waiting for a care home place
 - delays relating to house cleaning, stemming from contract issues

Other activity across the localities includes:

 - weekly delayed discharge meetings in the localities to monitor and progress-chase
 - weekly teleconference to progress Gylemuir patients – progress tracked/actioned
 - daily screening meeting of Homecare and Reablement managers to maximise hospital discharge matches
 - daily contact with partner providers to facilitate commissioned packages of care
 - weekly face to face meetings with partner providers to expedite hospital discharges/unblock Reablement operation
 - monthly senior meetings with partner providers to focus on performance, recruitment and retention strategies
20. The locality Multi-Agency Triage Teams (MATT) and Hubs are now operational. The MATTs review all delays, pending discharges of people from hospital to their locality who are not delayed, and admissions to hospital in the previous 24 hours. They identify individuals who could be supported to go home sooner from hospital with the right community support. Hub Managers now also join the hospitals’ conference calls, where all activity is discussed each morning.
21. A review of the hospital OT assessment process (accounting for 70% of requests for packages of care) is underway.
22. An early support discharge process is currently being tested in the SW Edinburgh Hub.
23. The interim leadership team is reviewing the above at pace to focus on key priorities and provide a clearer view of objectives for the rest of the year and beyond. What is clear is that a concise strategic plan for older people is essential and this needs to include a robust demand and capacity plan for the short-, medium- and longer term.

Key risks

24. Current levels and patterns of support to enable people to leave hospital are not sufficient to bring about the reduction required in the level of delay. There are major challenges in terms of the capacity of the care system and of affordability.

Financial implications

25. There is a high level of unmet need in hospital and in the community, which has significant cost implications not reflected in current financial forecasts and savings programmes.

Involving people

26. As the Locality Hubs and Clusters become operational, there will be further engagement with local communities to develop the model further.
27. The content of public information leaflets and that of guidance for staff are being revised to ensure consistency between services available and timescales for accessing these, and the requirement to prioritise service delivery to maintain expenditure within budget.

Impact on plans of other parties

28. The ability of the Edinburgh Health and Social Care Partnership to reduce significantly the number of people delayed in hospital and the length of those delays impacts on NHS Lothian. Partners are kept informed of progress by the Chief Officer through the IJB Chief Officers Acute Interface Group.

Implications for directions

None.

Background reading/references

None.

Report author

Michelle Miller
Interim Chief Officer, Edinburgh Health and Social Care Partnership

Contact: Eleanor Cunningham

E-mail: Eleanor.cunningham@edinburgh.gov.uk | Tel: 0131 553 8322

Appendices

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

Appendix 2 Standard timescales for starting an assessment of need

Appendix 1

Phased targets for the number of people whose discharge from hospital is delayed: non-complex (reportable) and complex

	28 Aug	25 Sep	30 Oct	27 Nov	25 Dec
1. Non-complex					
City Target	162	136	103	76	50
NE Target	30	25	20	15	11
NW Target	41	34	25	18	11
SE Target	46	39	30	22	15
SW Target	45	38	28	21	13
2. Complex					
City Target	20	17	15	12	10

Appendix 2

Standard timescales for starting an assessment of need

Category	Definition	Standard timescale – to be completed within	Median waiting time during July 2017
U (Urgent)	Where there is an actual or immediate threat to the safety of an individual and/ or those around them	24 hours	0.5 days
A	Where there are risk factors including: <ul style="list-style-type: none">• a sudden or significant change in circumstances• a significant difficulty in managing essential personal care tasks• extreme stress upon carers	14 days	49 days
B	Where there is a chronic condition or circumstance resulting in: <ul style="list-style-type: none">• some degree of risk in undertaking personal care tasks• carers needing support• a planned change in living/support arrangements being required	28 days	82 days