

# Report

## Whole System Delays – Recent Trends

### Edinburgh Integration Joint Board

15 December 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.
  
2. The key points and headline issues are summarised below.
  - The number of people whose discharge from hospital is delayed continues to exceed target levels.
  - The main reasons continue to be waiting for packages of care (48% of the reportable total) followed by care home places (43%).
  - Continued pressures are also evident in the community, with the number of people waiting for an assessment and for a package of care both increasing.
  - The main challenges are the lack of availability of packages of care and of local authority funded care home places at the national contract rate.
  - Actions are being taken to address these issues, including daily hub meetings, close working with partner providers, interim additional capacity over the short term, and market shaping and capacity planning in the longer term.

## Recommendations

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3. The Integration Joint Board is asked to:
  - i. consider the current pressures and delays across the system, including delayed discharge and people waiting for assessment
  - ii. acknowledge the range of actions being taken to address these pressures, including securing additional resources in the short term to resolve the current backlog of assessments and people waiting for discharge
  - iii. welcome the introduction of monthly performance scrutiny meetings in each locality.

## Background

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4. Edinburgh's level of delayed discharge is a long-standing area of concern for the Integration Joint Board. 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.
5. These issues are also reflected in the report of the Care Inspectorate/Health Improvement Scotland's inspection of Edinburgh's services for older people.
6. The Integration Joint Board has asked that performance reports on this subject be brought to each Integration Joint Board meeting.

## Main report

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### Overview of performance: delayed discharge

7. The number of people who are delayed in hospital is reported monthly to the Information Services Division (ISD) of NHS National Services 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.
8. This report provides the following:
  - a. Chart 1 provides an overview of the number of people whose discharge from hospital has been delayed between November 2015 and October

2017 using the data supplied to ISD on a monthly basis. This excludes complex delays.

- b. Table 1 provides an overview of all delays, both complex and non-complex and the proportion of delays in acute beds.
- c. Table 2 provides an explanation of why there was a delay in people being discharged from hospital
- d. Chart 2 shows the number of occupied bed days for people who are delayed
- e. Chart 3 shows the average number of people supported to leave hospital each month and the way in which they were supported
- f. Table 3 shows the average net change in the number of people whose discharge from hospital is delayed for the 10 weeks to 20 November 2017. This is the difference between the number of people *ceasing* to be delayed and people *becoming* delayed each week.

Chart 1: Number of people delayed in hospital November 2015 to October 2017 excluding complex cases – source monthly data reported to ISD

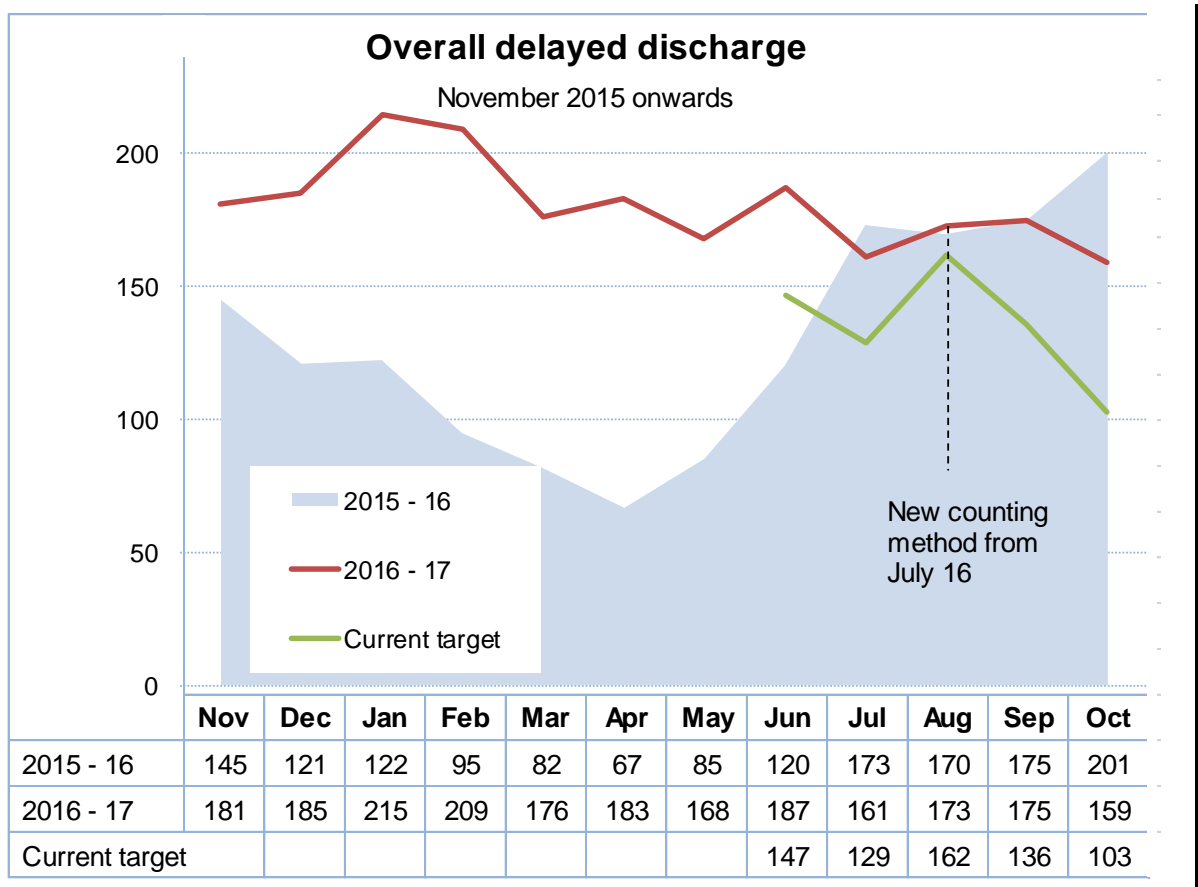


Table1. Overview of delays: reportable (including % in acute) and complex

	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17
Reportable Total	181	185	215	209	176	183	168	187	161	173	175	159
% in acute	80%	74%	73%	79%	80%	83%	79%	79%	86%	86%	88%	77%
Excluded cases (complex)	23	18	12	13	16	32	34	24	25	26	25	19
Of which, Guardianship	16	17	11	12	14	18	19	12	14	13	16	13
Grand Total	204	203	227	222	192	215	202	211	186	199	200	178

Table 2. Reasons for delays (excluding complex)

	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17
Assessment	47	32	37	30	20	30	28	29	13	13	15	9
Care Home	64	68	77	69	51	53	72	74	57	64	61	69
Domiciliary Care	69	81	97	107	101	97	65	81	85	92	94	76
Legal and Financial	0	2	2	0	2	1	1	1	2	0	0	1
Other	1	2	2	3	2	2	2	2	4	4	5	4
Total	181	185	215	209	176	183	168	187	161	173	175	159
% Domiciliary Care	38%	44%	45%	51%	57%	53%	39%	43%	53%	53%	54%	48%

Chart 2 The number of occupied bed days for people aged 18 years and over who were delayed in hospital (June 2016 to September 2017)

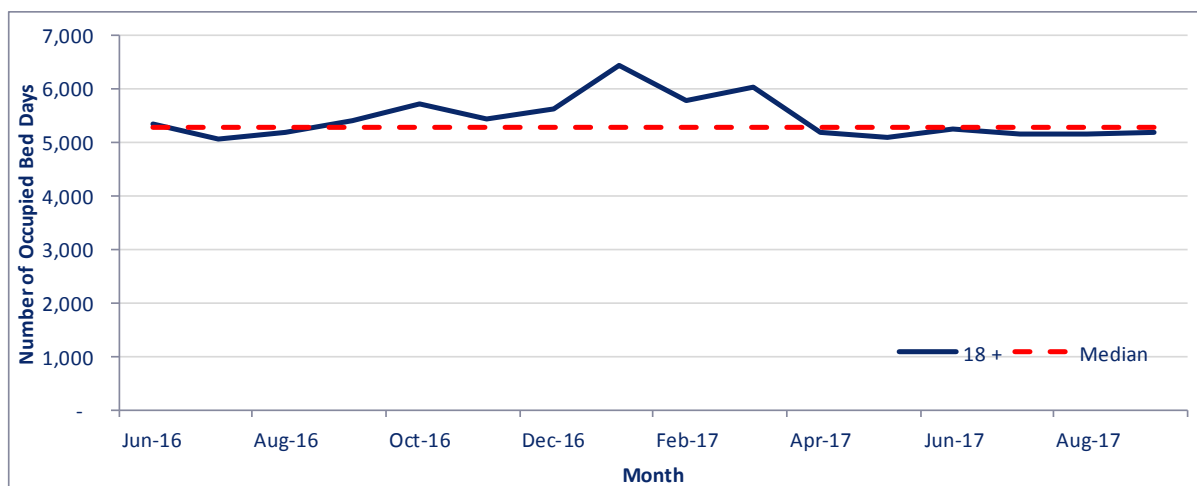
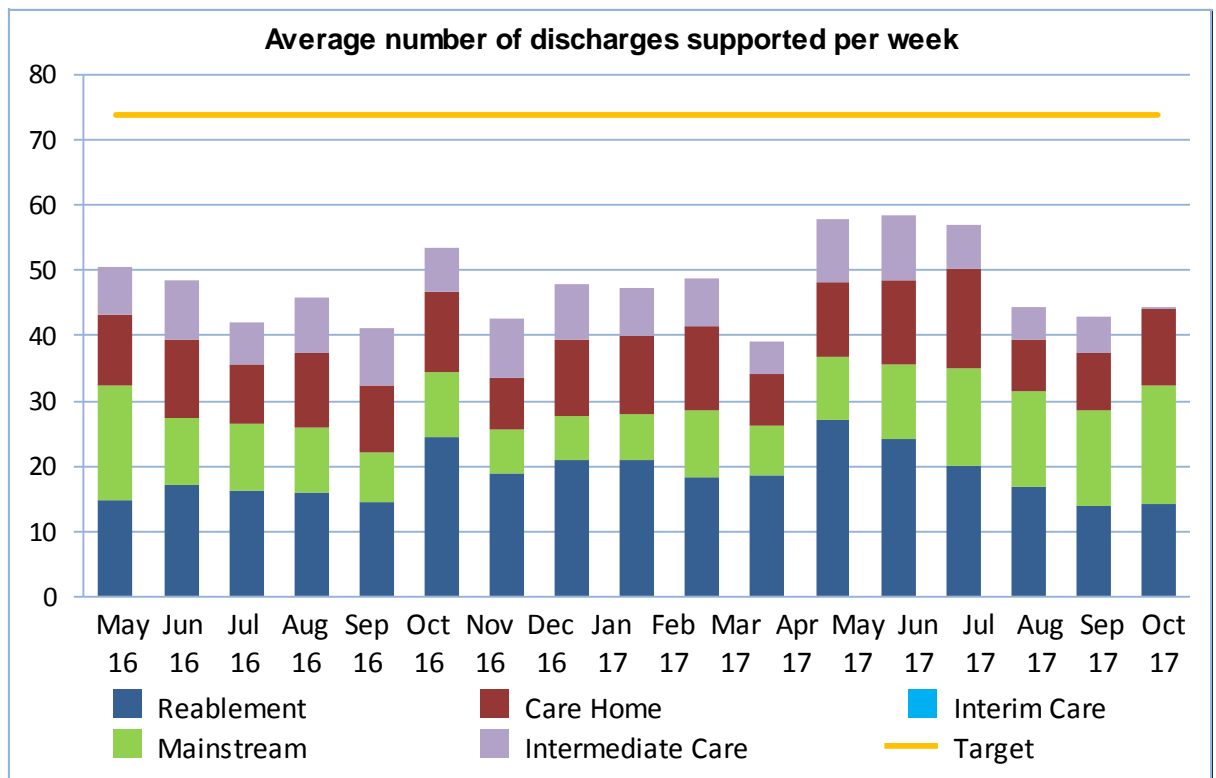


Table 3: Summary of delayed discharge flow (average over the 10 weeks to 20 November)

	<b>Total</b>
Average new delays per week	36
Average delays ended per week	39

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



**Changes in performance**

*What has changed in the period and why?*

- The total number of people whose discharge from hospital is delayed reduced between September and October, but remains above target levels
- The number of complex cases delayed in hospital has reduced, as has the number of those who are waiting for Guardianship

- The number of people whose discharge from hospital is delayed because they are waiting for an assessment has fallen by 80% over the last year
- The number of people waiting in hospital for domiciliary care to be provided has remained at around 50% for the last three months
- The number of bed days occupied by people while they are delayed is stable
- The average number of people becoming delayed each week is now slightly lower than the number ceasing to be delayed, but the similarity of the two illustrates why overall levels are remaining stable – highlighting the need for action to address the backlog
- The number of people supported to leave hospital remains below the target level of 74, which was estimated to be the level required to achieve the target of 50 by December 2017
- Note that intermediate care is now an integral part of Hub services. Monitoring arrangements have not been finalised, and at present, this information is not available. The total shown in the chart is therefore incomplete.

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
- 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.

#### **Actions being taken**

*What action are we taking in response to what the data are telling us?*

- Weekly “star chamber” meetings continue to be held with locality managers. These meetings have helped reduce the number of people who are waiting for an assessment. They also continue to identify practice, culture and service capacity-related issues, for example:

- the need to ensure that all relevant staff are aware of the target timescale of 72 hours for assessment
- the need to apply “realistic care” principles in considering the level of support required by an individual.
- Other activity across the localities includes:
  - weekly delayed discharge meetings in the localities to monitor and progress-chase
  - daily report to hub managers and the acute sites’ discharge hubs re: Gylemuir
  - daily hub meetings 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 level meetings with partner providers to focus on performance, recruitment and retention strategies

**Overview of performance: Delays in the community**

9. 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.

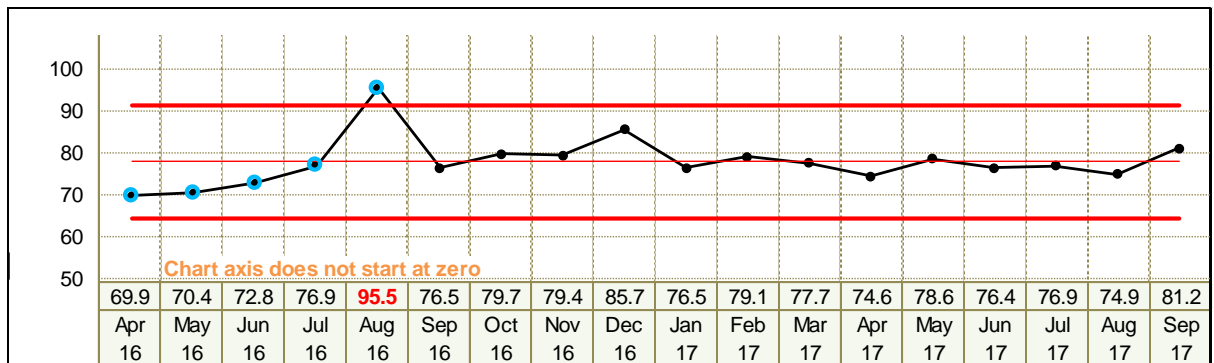
10. Data provided:

- Table 4 shows, the number of people waiting for an assessment
- Chart 4 shows the proportion of people waiting
- Table 5 shows the number of people waiting for domiciliary care and the number of support hours required but not available

**Table 4. Number of people waiting for an assessment**

		Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17
Individuals waiting for assessment	With HSC activity in the year	639	679	666	687	667	645	672	663	690	792	811
	Without HSC activity in the year	828	897	831	829	813	847	856	889	882	1,044	1,167
	<b>Total waiting for Assessment</b>	<b>1,467</b>	<b>1,576</b>	<b>1,497</b>	<b>1,516</b>	<b>1,480</b>	<b>1,492</b>	<b>1,528</b>	<b>1,552</b>	<b>1,572</b>	<b>1,836</b>	<b>1,978</b>

**Chart 4. 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)**



**Table 5. Number of people waiting for domiciliary care by location and the number of hours of support required**

	Total number of people waiting				Number of hours required	
	Com- munity	In Hospital	Total Waiting	Reable- Intermed	Grand Total	
06/11/17	595	74	669	172	841	7,033
09/10/17	554	87	641	171	812	6,928
11/09/17	521	81	602	171	773	6,492
14/08/17	488	92	580	175	755	6,509
10/07/17	455	78	533	157	690	5,919
12/06/17	439	79	518	148	666	5,812
08/05/17	397	48	445	111	556	4,782
10/04/17	389	102	491	105	596	5,091

Changes in performance
<p><i>What has changed in the period and why?</i></p> <ul style="list-style-type: none"> <li>The assessment waiting list has increased for the sixth month in a row to 1,978 at the end of September 2017. Of those waiting, 1,167 (59%) have not been assessed in the past year, and so are of more concern</li> <li>The proportion of people waiting out with the target times for assessment has increased to just over 80%. All assessments categorised as needing an urgent assessment were assessed within the target time of 24 hours.</li> </ul>



<ul style="list-style-type: none"> <li>• The number of people waiting for domiciliary care shows a steady increase over the past seven months, as has the number of hours required</li> </ul>
<p><b>Actions being taken</b></p> <p><i>What action are we taking in response to what the data is telling us?</i></p> <ul style="list-style-type: none"> <li>• Additional staff will be recruited in the short term to address the backlog in assessments and reviews</li> <li>• Additional care home capacity is being sought through securing places over the short term, again to reduce the backlog of people waiting</li> <li>• Capacity planning is underway to determine resource requirements</li> <li>• The care at home contract is under review.</li> </ul>

### Addressing performance at locality level

11. Monthly performance scrutiny meetings will be introduced in each locality, where the Interim Chief Officer and other senior colleagues will attend a meeting to monitor key performance, finance and quality issues.

### Key risks

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12. 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

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13. 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.

### Implications for Directions

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14. Directions 1 (locality working), 3 (key processes), 5 (older people) and 18 (engagement with key stakeholders) are of particular relevance to whole system delays. Any new Direction arising from the Health and Social Care Improvement Programme, another agenda item for this meeting, will be relevant here too.

## Equalities implications

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15. None.

## Sustainability implications

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16. None.

## Involving people

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17. As the Locality Hubs and Clusters become operational, there will be further engagement with local communities to develop the model further.
18. 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

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19. 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 Interim Chief Officer through the Integration Joint Board Chief Officers Acute Interface Group.

## Background reading/references

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20. None.

## Report author

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## Appendices

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None.