Report

Whole System Delays – Recent Trends

Edinburgh Integration Joint Board

26 January 2018

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 (50% of the reportable total) followed by care home places (30%).

    - Continued pressures are also evident in the community, with the number of people waiting for a package of care 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.

3. 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

4. The Integration Joint Board is asked to note:

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i. the ongoing pressures and delays across the system, including delayed discharge and people waiting for a package of care

ii. 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. the introduction of monthly performance scrutiny meetings in each locality.

Background

5. Edinburgh's level of delayed discharge is a long-standing area of concern for the Integration Joint Board and the Partnership. 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.

6. These issues are also reflected in the report of the Care Inspectorate/Health Improvement Scotland's inspection of Edinburgh's services for older people.

7. The Integration Joint Board has asked that performance reports on this subject be brought to each Integration Joint Board meeting.

Main report

Overview of performance: delayed discharge

8. 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.

9. This report provides:

a) Chart 1: an overview of the number of people whose discharge from hospital has been delayed between January 2016 and December 2017, using the data supplied to ISD monthly; this excludes complex delays

b) Table 1: an overview of all delays, both complex and non-complex and the proportion of delays in acute beds

c) Table 2: the reasons for discharge from hospital being delayed

d) Table 3: the number of occupied bed days for people who are delayed

e) Chart 3: the average number of people supported to leave hospital each month and the way in which they were supported

f) Table 4: the average net change in the number of people whose discharge from hospital is delayed for the 10 weeks to 25 December 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 January 2016 to December 2017 excluding complex cases – source monthly data reported to ISD
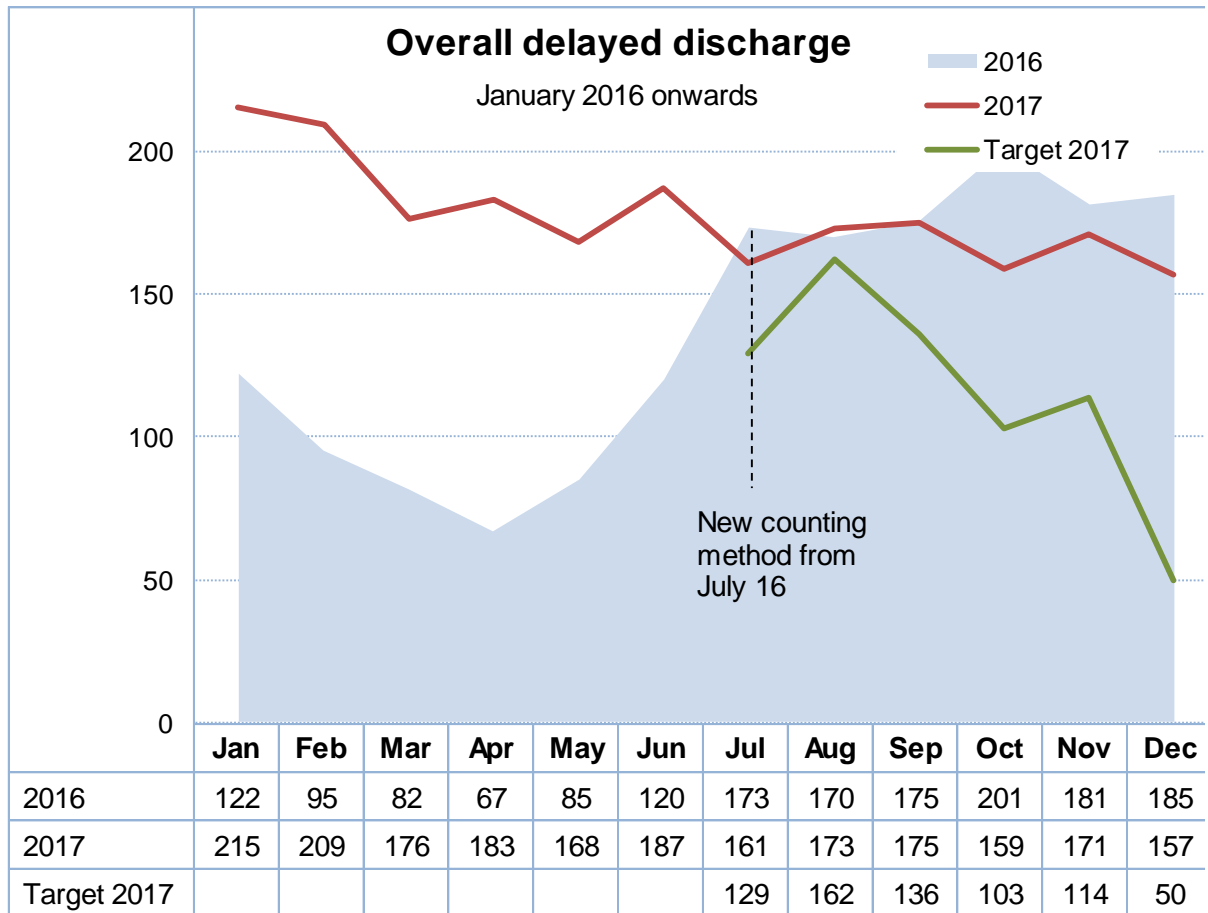
Overall delayed discharge
January 2016 onwards

Legend: 2016, 2017, Target 2017

New counting method from July 16

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2016	122	95	82	67	85	120	173	170	175	201	181	185
2017	215	209	176	183	168	187	161	173	175	159	171	157
Target 2017							129	162	136	103	114	50

Table 1. Overview of delays: reportable, proportion in acute, complex and total

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17
Reportable Total	215	209	176	183	168	187	161	173	175	159	171	157
% in acute	73%	79%	80%	83%	79%	79%	86%	86%	88%	77%	78%	78%
Excluded cases (complex)	12	13	16	32	34	24	25	26	25	19	17	15
Of which, Guardianship	11	12	14	18	19	12	14	13	16	13	11	10
Grand Total	227	222	192	215	202	211	186	199	200	178	188	172

Table 2. Reasons for delay

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17
Assessment	37	30	20	30	28	29	13	13	15	9	21	27
Care Home	77	69	51	53	72	74	57	64	61	69	76	47
Domiciliary Care	97	107	101	97	65	81	85	92	94	76	71	79
Legal and Financial	2	0	2	1	1	1	2	0	0	1	1	1
Other	2	3	2	2	2	2	4	4	5	4	2	3
Total	215	209	176	183	168	187	161	173	175	159	171	157
% Domiciliary Care	45%	51%	57%	53%	39%	43%	53%	53%	54%	48%	42%	50%

Table 3 The number of occupied bed days for people aged 18 years and over who were delayed in hospital (April to October 2017 – latest available published data)

		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Bed days occupied	All delays	6,149	6,153	6,105	5,897	5,963	5,970	5,591
	Average number of beds per day[5]	205	198	204	190	192	199	180
Type of delay	All delays excluding code 9	5,179	5,098	5,262	5,159	5,156	5,182	5,015
	Health and social care reasons	5,108	5,056	5,197	5,065	5,026	5,037	4,852
	Patient and family related reasons	71	42	65	94	130	145	163
	Code 9	970	1,055	843	738	807	788	576

Source: ISD Scotland

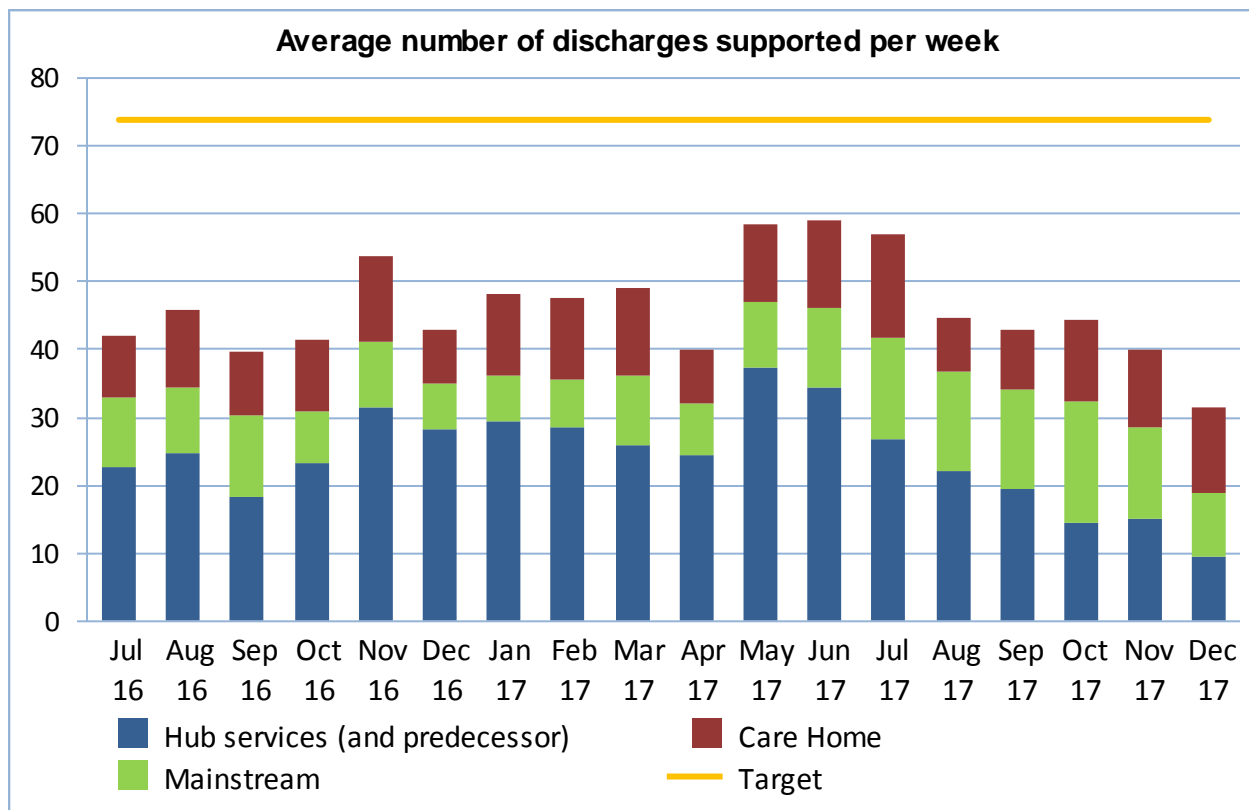Chart 3. Number of people supported to leave hospital each month by support type

Average number of discharges supported per week

Legend:
- Hub services (and predecessor) (blue)
- Mainstream (green)
- Care Home (dark red)
- Target (yellow line)

Table 4: Summary of delayed discharge flow (average over the 10 weeks to 25 December)

	Total
Average new delays per week	39
Average delays ended per week	41

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 has remained fairly stable in recent months and continues to exceed the target level   • The number of complex cases delayed in hospital has reduced slightly, 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 increased; the assessment process had started for the majority (21) of those individuals

- The number of people waiting in hospital for domiciliary care to be provided remains *comparatively* low at 79

- The number of bed days occupied by people while they are delayed reduced in October (the latest available data)

- The average number of people becoming delayed each week is 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

The main ongoing challenges associated with addressing the number and length of delayed discharges are:

- Two of the seven care at home partner providers have been suspended from taking on new support packages on the grounds of Care Inspectorate gradings; a further provider has stated that they are not able to take any new support packages at present

- The low level of uptake by providers of packages of care for people moving on from reablement leading to reablement having reduced capacity for new clients

- Recruitment and retention of care staff – the local contracted providers have reported high turnover rates of staff in the region of 30 – 50%

- The suspension of admissions to some care homes on the grounds of Care Inspectorate gradings

- A reluctance by care homes to take interim placements and high administration charges by some care home associated with admissions

- Infection preventing admissions to certain care homes

- 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)

- An ongoing lack of specialist dementia beds.

Actions being taken

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

- Many of the actions listed below have been described in earlier reports and are ongoing.

- Management of delayed discharge at locality level is proving to be an effective way of managers understanding the pressures and challenges as they arise at individual level

- Weekly delayed discharge scrutiny meetings continue to be held with locality and hospital managers, and key support staff. These meetings continue to provide the opportunity to focus on operational and strategic issues which create delay. Examples include:

- Detailed scrutiny of a sample of cases of individuals who are waiting for a care home place

- Identification of the potential to improve processes and practice which could reduce the length of the delay at the point a resource is identified by injecting pace and increasing buy-in from staff across the system

Other activity across the localities includes:

- Weekly delayed discharge meetings in the localities to monitor and progress-chase

- Daily locality MATTs (Multi Agency Triage Team) to maximise hospital discharge matches

- Ongoing close working with partner providers of care at home to problem solve and strengthen relationships; steps include embedding of service matching staff in localities

- Monthly senior level meetings with partner providers to focus on performance, recruitment and retention strategies.

Overview of performance: Delays in the community

10. 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.

11. Data provided:

- Table 5 shows the number of people waiting for an assessment

- Chart 4 shows the proportion of people waiting longer than the standard timescales

- Table 6 shows the number of people waiting for domiciliary care and the number of support hours required but not available

Table 5. Number of people waiting for an assessment

	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17
With HSC activity in the year	679	666	687	667	645	672	663	690	792	811	793	746
Without HSC activity in the year	897	831	829	813	847	856	889	882	1,044	1,167	1,171	1,045
Total waiting for Assessment	1,576	1,497	1,516	1,480	1,492	1,528	1,552	1,572	1,836	1,978	1,964	1,791

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)

THE PERCENTAGE OF ASSESSMENTS OUTWITH STANDARD TIMES

For sector practice teams on Swift waiting on the last day of the month which are outwith standard priority timescales
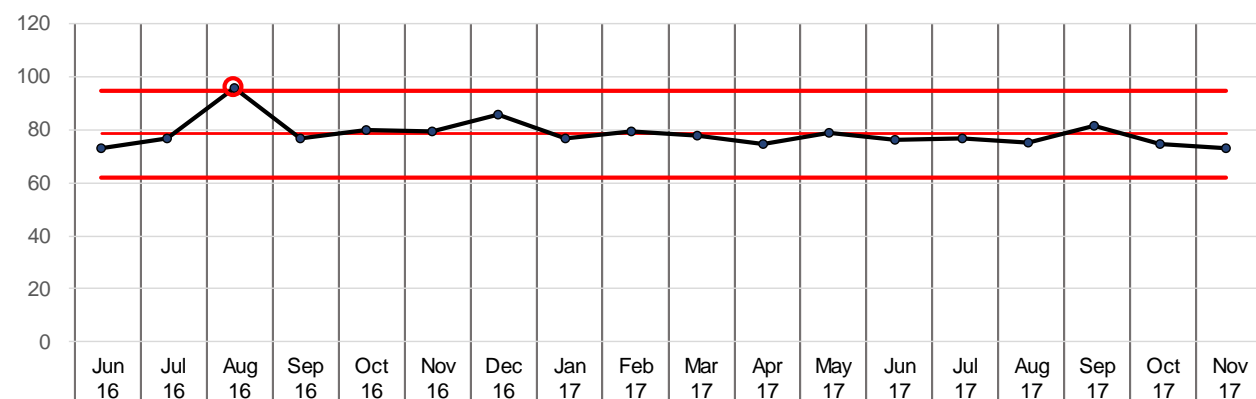

Table 6. Number of people waiting for domiciliary care by location and the number of hours of support required

	Total number of people waiting					Number of hours required
	Com-munity	In Hospital	**Total Waiting**	Reable-Intermed	**Grand Total**	**Grand Total**
27/12/17	717	77	**794**	187	**981**	**8,576**
27/11/17	630	68	**698**	171	**869**	**7,082**
30/10/17	599	83	**682**	167	**849**	**7,175**
25/09/17	552	91	**643**	176	**819**	**6,898**
28/08/17	519	88	**607**	173	**780**	**6,635**
31/07/17	471	66	**537**	164	**701**	**5,966**
26/06/17	442	70	**512**	139	**651**	**5,495**
29/05/17	414	50	**464**	154	**618**	**5,534**

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Changes in performance
What has changed in the period and why?   • The assessment waiting list has increased slightly from 1,964 at the end of October 2017 to 1,791 at the end of November. Of those waiting, 1,045 (58%) have not been assessed in the past year, and so are of more concern   • The proportion of people waiting out with the target times for assessment has reduced to just under 73%. All assessments categorised as needing an urgent assessment were assessed within the target time of 24 hours.   • The number of people waiting for domiciliary care shows a steady increase over the past seven months; the number of hours required had been increasing until the most recent period shown above, when there was a slight reduction
Actions being taken
What action are we taking in response to what the data is telling us?   • Additional staff are being recruited in the short term to address the backlog in assessments and reviews   • Additional care home capacity is being sought through securing places in the short term to reduce the backlog of people waiting   • Capacity planning is ongoing to determine resource requirements   • The care at home contract will be reviewed during the early part of 2018.

Addressing performance at locality level

12. Monthly performance scrutiny meetings are being introduced in each locality, to facilitate senior management scrutiny of key performance, finance and quality issues.

Key risks

13. 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

14. 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

15. Directions 1 (locality working), 3 (key processes), 5 (older people) and 18 (engagement with key stakeholders) are of 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

16. None.

Sustainability implications

17. None.

Involving people

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

19. 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

20. 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

21. None.

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Appendices

None.