



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 27 NOVEMBER 2018

REPORT ON: DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX DELAYS

REPORT BY: CHIEF OFFICER

REPORT NO: PAC59-2018

1.0 PURPOSE OF REPORT

1.1 To provide an update to the Performance and Audit Committee on Discharge Management performance in Dundee in relation to complex delays.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

2.1 Notes the current position in relation to complex delays for the 75+ age group as outlined in section 5.2 Table 1, and the 18-74 age group as outlined in section 5.3 Table 3.

2.2 Notes the improvement actions planned to respond to areas of pressure for the 18-74 age group as outlined in section 6.

2.3 Notes the improvements as defined in Section 7.

3.0 FINANCIAL IMPLICATIONS

3.1 Improvement actions described within this report are funded within current resource allocated to the Health and Social Care Partnership.

4.0 MAIN TEXT

4.1 Background to Discharge Management

4.1.1 A delayed discharge is a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date (Information Services Division Delayed Discharges Definitions and Data Recording Manual).

4.1.2 The focus on effective discharge management is reflected through the National Health and Wellbeing Outcomes and their indicators. There are two indicators that relate directly to effective discharge management:

- National Indicator 19: Number of days people spend in hospital when they are ready to be discharged;
- National Indicator 22: Percentage of people who are discharged from hospital within 72 hours of being ready.

4.1.3 Within Dundee a Home and Hospital Transitions Group, chaired by the Head of Health and Community Care, oversees performance and improvement actions in relation to Discharge Management. The Group aims to ensure that citizens of Dundee are supported at home, but when people do have to go to hospital they are only there as long as they need to be.

4.1.4 On a weekly basis, an update is provided to the Chief Officer, the Chief Operating Officer and key Home and Hospital Transitions Group members on delay position. This information is used to maintain an ongoing focus on enabling patients to be discharged from hospital when they are ready as well as to inform improvements.

5.0 CURRENT PERFORMANCE IN RELATION TO COMPLEX DELAYS

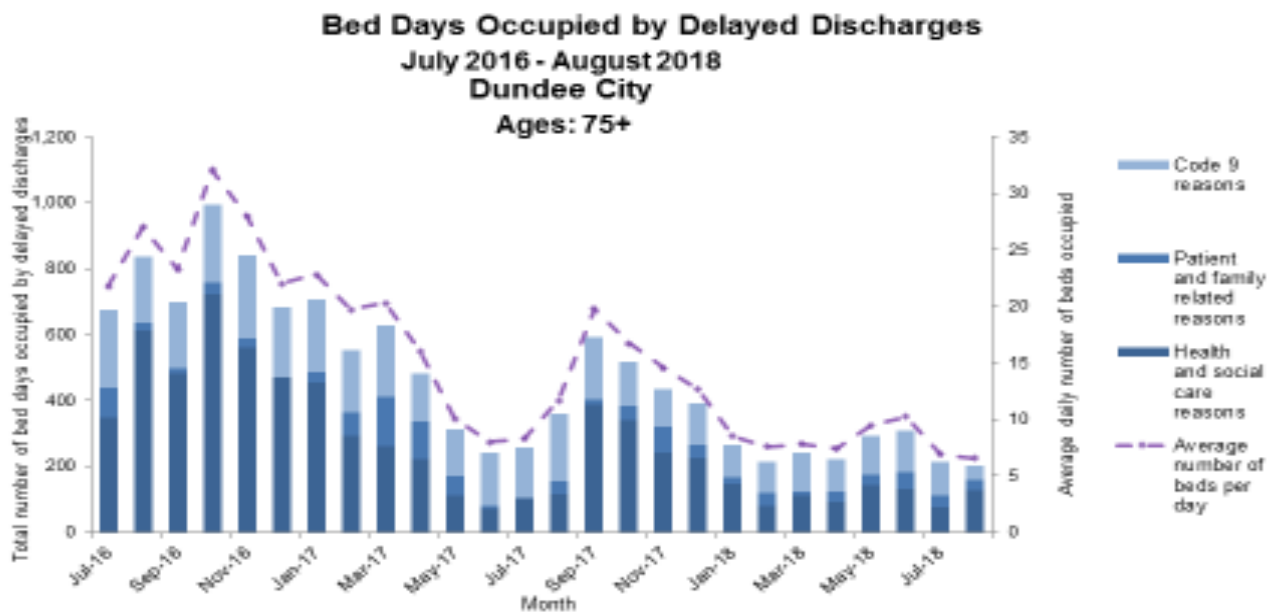
5.1 Complex Delays Current Situation

5.2 Complex delays can be split into 2 main age groupings, and specific approaches to improvement have been adopted for each.

The position in relation to the 75+ group is detailed in Table 1 below:

Table 1 - All Bed days Lost to Delayed Discharges in Dundee:

All Bed Days Lost to Delayed Discharges in Dundee



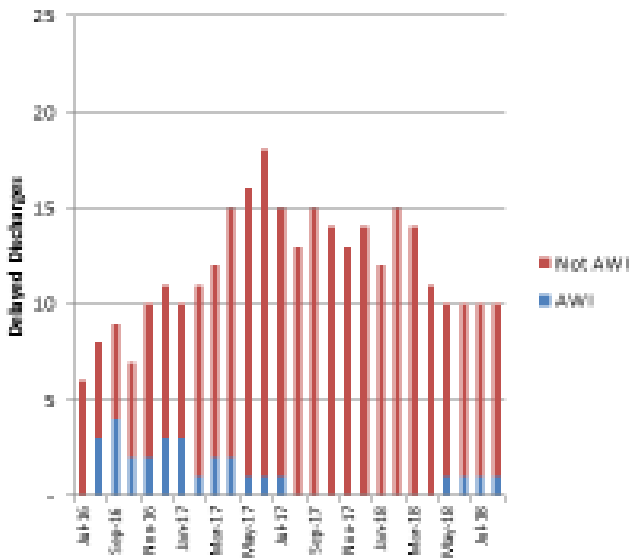
This highlights the improvement in performance which has taken place in relation to code 9 complex delays for the 75+ group. In part, this can be attributed to the ‘Discharge to Assess’ model which promotes discharge prior to major assessment decisions being made. The aim of this is to reduce the numbers of patients moving to care home from hospital, and therefore reduces the demand for guardianship applications under the Adults with Incapacity legislation.

In addition, there has been investment in an additional Mental Health Officer post established within the Integrated Discharge Hub specifically focussed on increasing clinicians’ awareness of and confidence in the legislation, as well as driving the Adults with Incapacity process when necessary to reduce the bed days lost for each individual. Table 2 highlights improved performance in relation to adults aged 75+ who are delayed as a result of Adults with Incapacity actions.

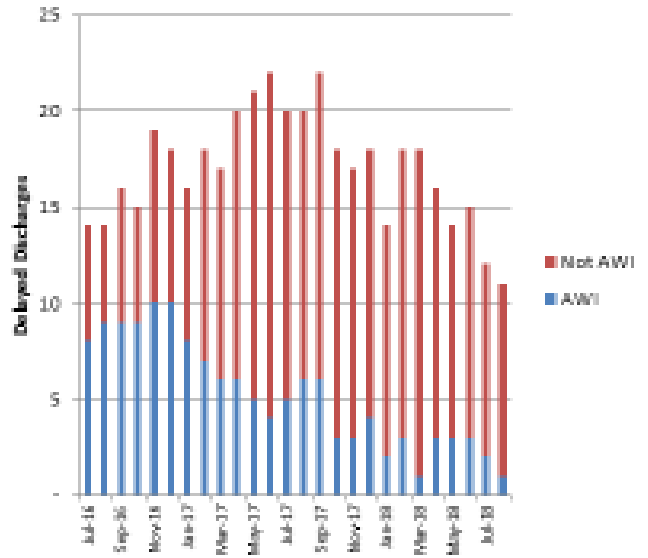
Table 2 - Number of Complex Delayed Discharges Split by Reason for Delay:

Number of Complex Delayed Discharges Split by Reason for Delay

Number of Complex Delayed Discharges for People Aged 18-74 in Dundee



Number of Complex Delayed Discharges for People Aged 18+ in Dundee



5.3 Table 3 below outlines the position for the 18-74 age group. This demonstrates that while there has been a slight improvement in complex delays for the 18-74 age group, there is still significant work to be done. A further breakdown of the information outlines in Table 4 that the improvements have tended to be within general psychiatry. See table below:

Table 3 - All Bed Days Lost to Delayed Discharges in Dundee:

All Bed Days Lost to Delayed Discharges in Dundee

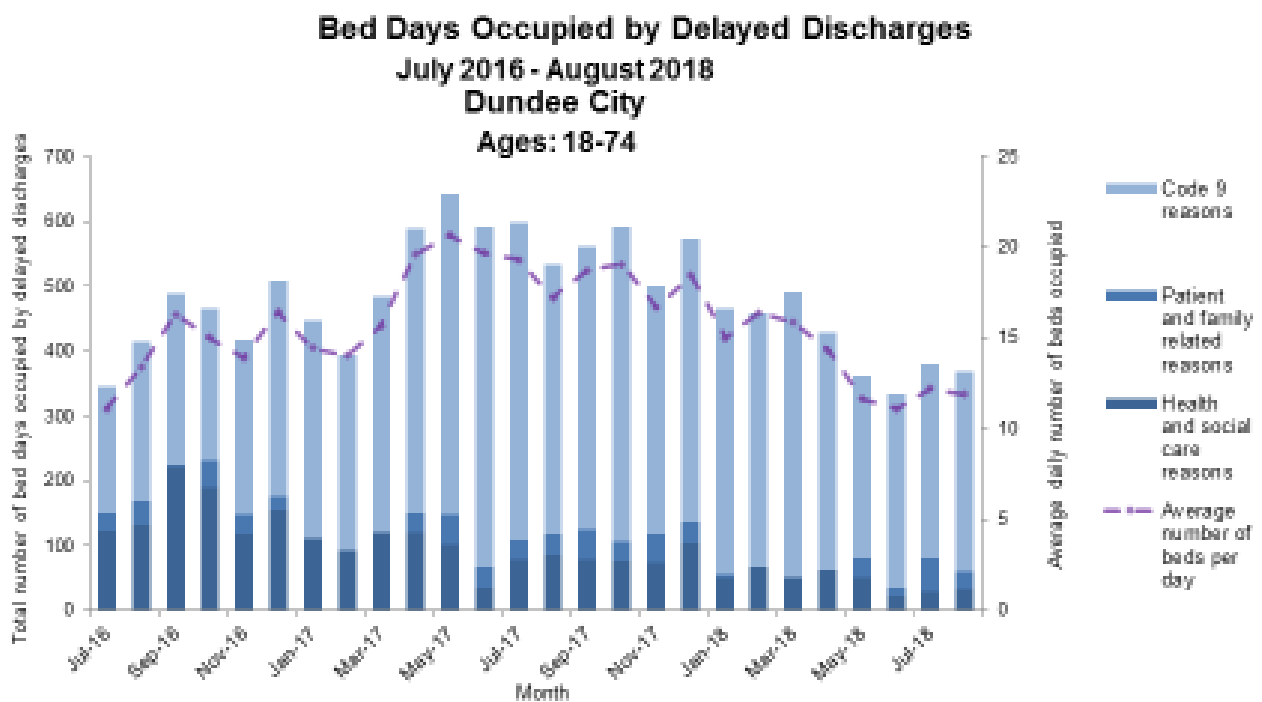
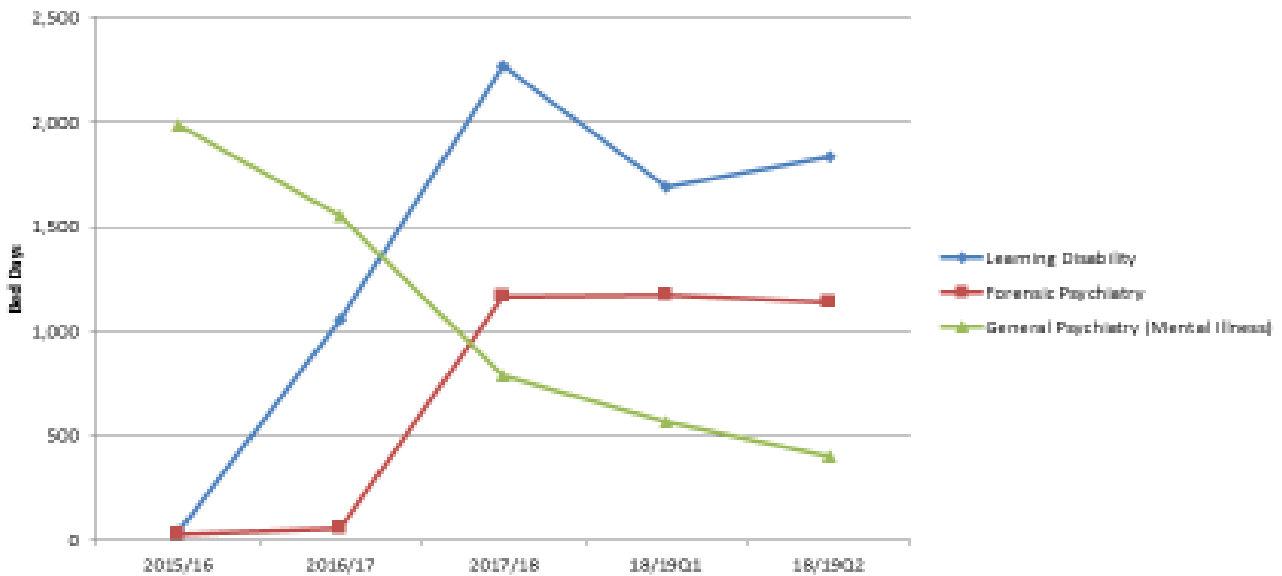


Table 4 - Bed Days Lost Complex to Complex Delayed Discharges (Code 9) by Specialty:

Bed Days Lost Complex Delayed Discharges (Code 9) by Specialty

Bed Days Lost to 18-74 Complex Delayed Discharges seen by Dundee Services split by Top 3 Specialties



6.0 IMPROVEMENT MEASURES IDENTIFIED FOR COMPLEX DELAYS IN 18-74 GROUP

6.1 There are a number of targeted improvement actions underway aimed at finding sustainable solutions which support people aged 18 - 74 who have a complexity of needs to be discharged when they are ready.

Key improvement measures are:

- Continued joint working with Neighbourhood Services to ensure the needs of this group are reflected within the Strategic Housing Investment Programme;
- Commissioning plans incorporate the housing support and care needs of this group;
- Representatives from the Integrated Discharge Hub will attend discharge planning sessions to promote established processes/guidance from the acute hospital. This will support the establishment of the Planned Date of Discharge model by end March 2019;
- Existing links with Children's Services are strengthened to ensure accurate projected planning of services and accommodation. Earlier intervention by adult Learning Disability services to ensure expertise in planning and managing support are utilised effectively and efficiently;
- Development of appropriate 'step down' or interim accommodation and support as part of the discharge pathway;

- Development of 'distress support' services which will deliver 24/7 mental health support in a community setting. Target for completion of these improvements is end 2019;
- Existing psychiatric liaison service at NHS Tayside Emergency Department will be expanded by end 2018;
- Plans are in development for a review of crisis support service.

7.0 SUMMARY

- 7.1 We have made progress in Dundee in relation to enabling people to be discharged when they are ready but we also recognise that further work is needed to support patients who have a complexity of needs.
- 7.2 We have made a commitment to increasing the number of people who have a complexity of needs who are discharged when they are ready and with that a number of improvement actions and investment has been secured to support realisation of this commitment. The strategic commissioning plan sets out an aim to develop sufficient community accommodation and support services to ensure that no patients are delayed in hospital in the future.
- 7.3 Whilst we sit currently second bottom of our family group for the national Delayed Discharge indicator, this reflects an unusual period for our Learning Disability population where there has been an usually high level of complex needs at a time when capacity in the specialist care home sector has been limited. This was not a predictable position.
- 7.4 Work has been ongoing in conjunction with Architectural Services to develop a specialist model of accommodation and support for people with complex needs. Negotiation with the Scottish Government is ongoing in relation to the suitability of this as a model.
- 7.5 Whilst all individuals who are currently delayed for complex reasons have a discharge plan, there are 5 patients for whom the Strategic Housing Investment Plan will deliver on accommodation by end February 2019. This will significantly reduce our beds days lost position.

8.0 POLICY IMPLICATIONS

- 8.1 This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

9.0 RISK ASSESSMENT

Risk 1 Description	Every unnecessary day in hospital increases the risk of an adverse outcome for the individual, drives up the demand for institutional care and reduces the level of investment that is available for community support.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Weekly review of all delays. - Action plan and monitoring at the Home and Hospital Transition Group. - Range of improvement actions underway to reduce risk of delays.
Residual Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Planned Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Approval recommendation	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

10.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

11.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 29 October 2018

Lynne Morman
Integrated Manager

