



INTEGRATION JOINT BOARD

Report Title	Delayed Discharge Performance and Improvement Programme - Update
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Report Author (Job Title, Organisation)	Kenneth O'Brien, Service Manager – Aberdeen City Health and Social Care Partnership
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Date of Report	15 May 2017
Date of Meeting	6 June 2017

1: Purpose of the Report

This report is presented to the Integration Joint Board (IJB) for the purposes of provision of information, supporting scrutiny of the Partnership's performance, and to facilitate further discussion.

This paper follows on from the previous update provided to the Integration Joint Board at its meeting of 31st January 2017.

Two key areas are discussed:

- Current delayed discharge performance information in regards to the Aberdeen City Partnership;
- AND
- The current status of the Aberdeen City Delayed Discharge Action Plan – with information on progress and recent developments.

2: Summary of Key Information

Current Performance Information

For the purposes of clarity, the IJB should be aware that the Delayed Discharge figures classify patients/clients into THREE types of delay:

- "Standard" Delays – which are individuals who are medically fit for



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discharge and yet remain in a hospital bed.

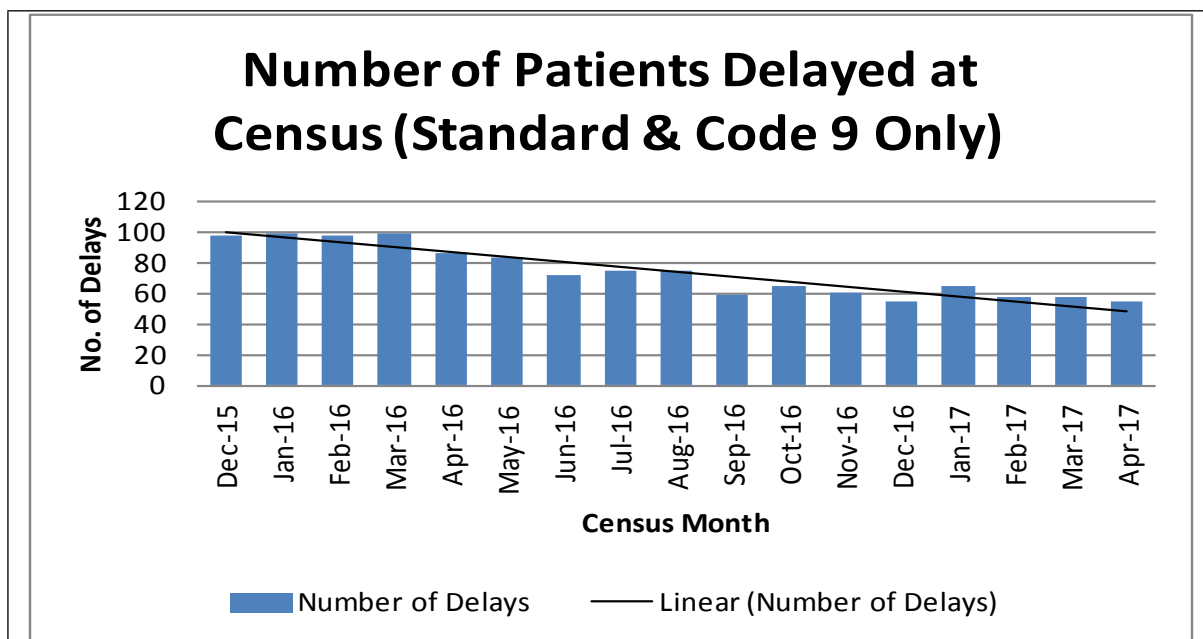
- “Code 9” Complex Delays – which are individuals who have particularly complex needs (such as requiring legal intervention in the courts) that would indicate a longer timescale for a safe and appropriate discharge.
- “Code 100” Commissioning/Reprovisioning Delays – which are individuals who have exceptional complex needs relating to previously being long-term hospital inpatients or other such prolonged circumstances. It is recognised by the Government that the normal timescales for discharge would be unable to be adhered to for such patients/clients.

“Code 100” delays are reported to the Government however are not included in nationally published data.

The IJB may also wish to note that the Scottish Government changed the criteria, definitions and data recording requirements for Delayed Discharges starting from the July 2016 census point onwards. This has had a particular impact on the counting of the number of clients/patients delayed at each census point as individuals who were not previously counted are now included in the definition of a ‘delayed discharge’. Where ‘trend’ information is presented in this report that incorporates ‘pre’ and ‘post’ July 2016 figures, the post July 2016 figures have been adjusted to allow for trend comparison. This does not affect the count of “bed days lost” due to delayed discharges, as this data was not significantly affected by the changes in counting methodology. As more delayed discharge data accrues under the new data definitions, this adjustment will be phased out of general delayed discharge reporting.



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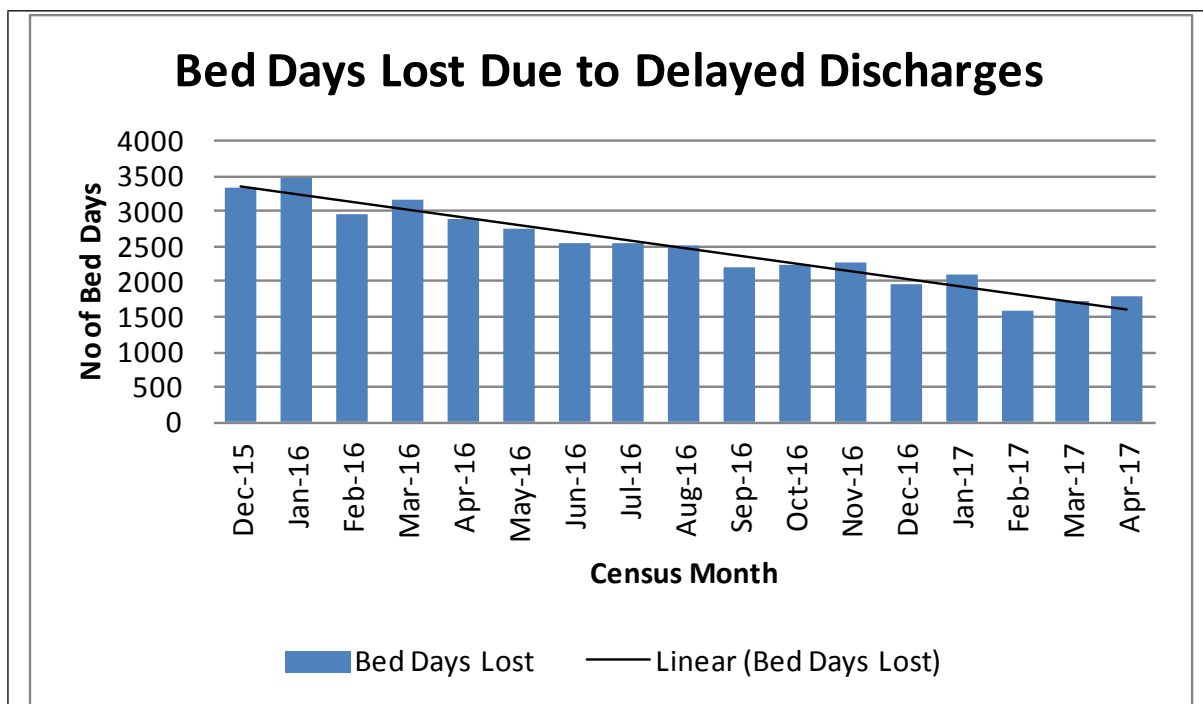
[FIGURE 1] – Numbers of Patients/Clients Delayed at Census

Figure 1 shows the overall count of those patients/clients classified as a ‘delayed discharge’ as at the monthly census point, (reflecting the fact that the Government captures Delayed Discharge performance on a monthly basis). This includes both “standard” delays and “code 9 delays”.

As can be seen, performance has continued to improve on this measure, however at a slower rate than previously.



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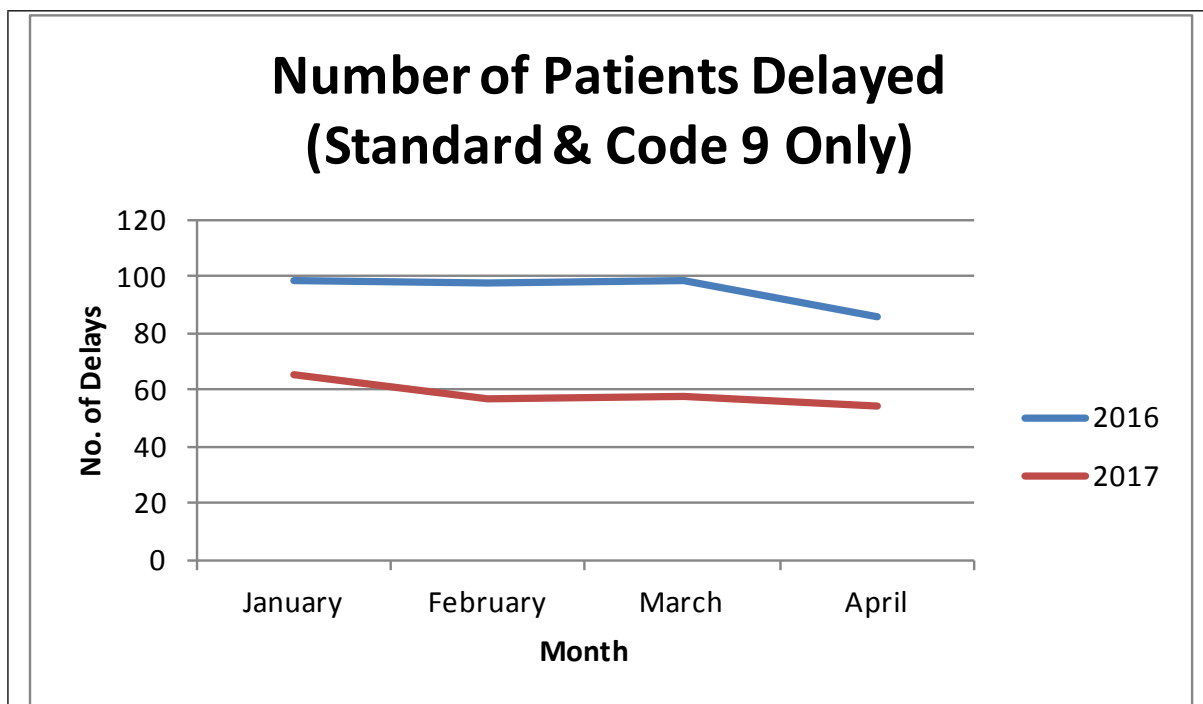


[FIGURE 2] – Bed Days Lost Due to Delayed Discharges

Figure 2 shows the number of bed days occupied by patients/clients classified as a delayed discharge, also presented at monthly intervals. This too has continued to fall, but at a slower rate of decrease than has recently been seen.



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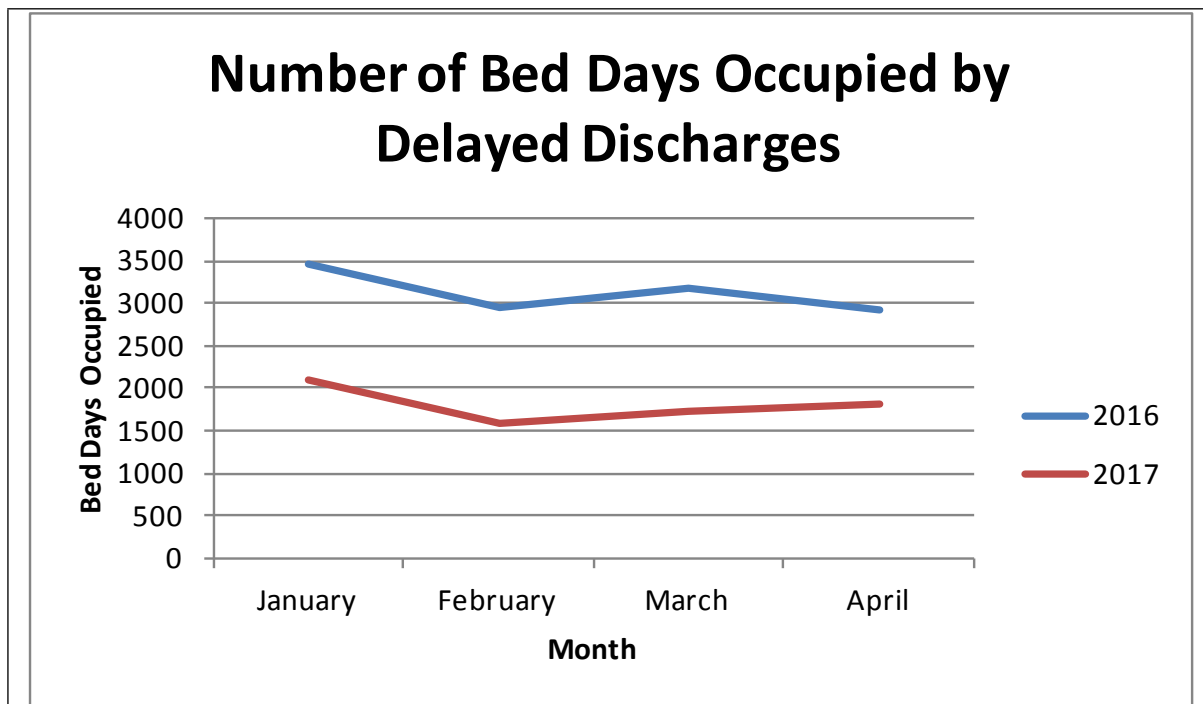


[FIGURE 3] – Number of Patients/Clients Delayed – January-April 2016/17 Comparison

Figure 3 compares the most recent reporting period to the IJB (January-April 2017), with the same period in the previous year. The volume of delayed discharge individuals has decreased 38% comparing Jan-April 2016 vs Jan-April 2017.



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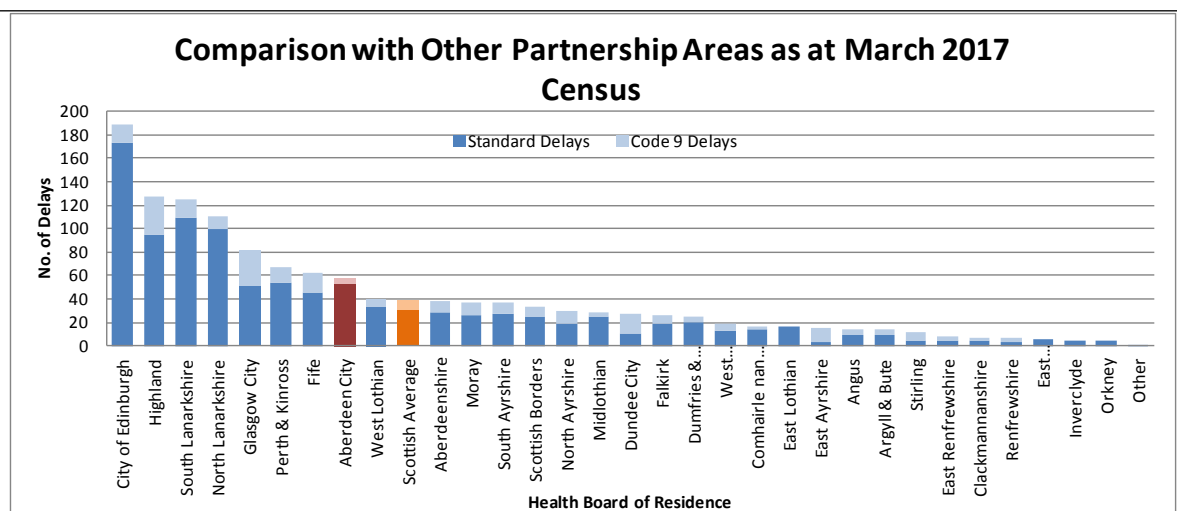


[FIGURE 4] – Number of Bed Days Occupied by Delayed Discharges – January-April 2016/17 Comparison

Figure 4 also compares the most recent reporting period to the IJB (January-April 2017), with the same period in the previous year. The overall volume of bed days 'lost' to delayed discharges has decreased 42% comparing Jan-April 2016 vs Jan-April 2017.

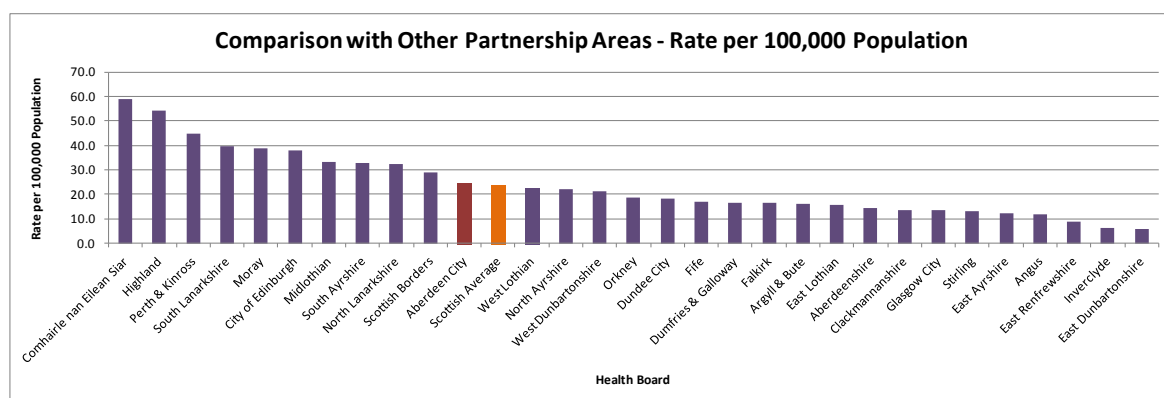


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[FIGURE 5 – Comparison with Other Partnership Areas]

Figure 5 shows Aberdeen City's number of delayed discharges in the context of other partnership areas. The most current cross-partnership data comes from the nationally published census information gathered for March 2017. When progress was last reported to the IJB, Aberdeen City had the seventh highest number of delayed discharges across Scotland (having been the fifth highest partnership area in July 2016). The position as of the most current data available is that Aberdeen City now ranks eighth in regards to overall volumes of delayed discharges.



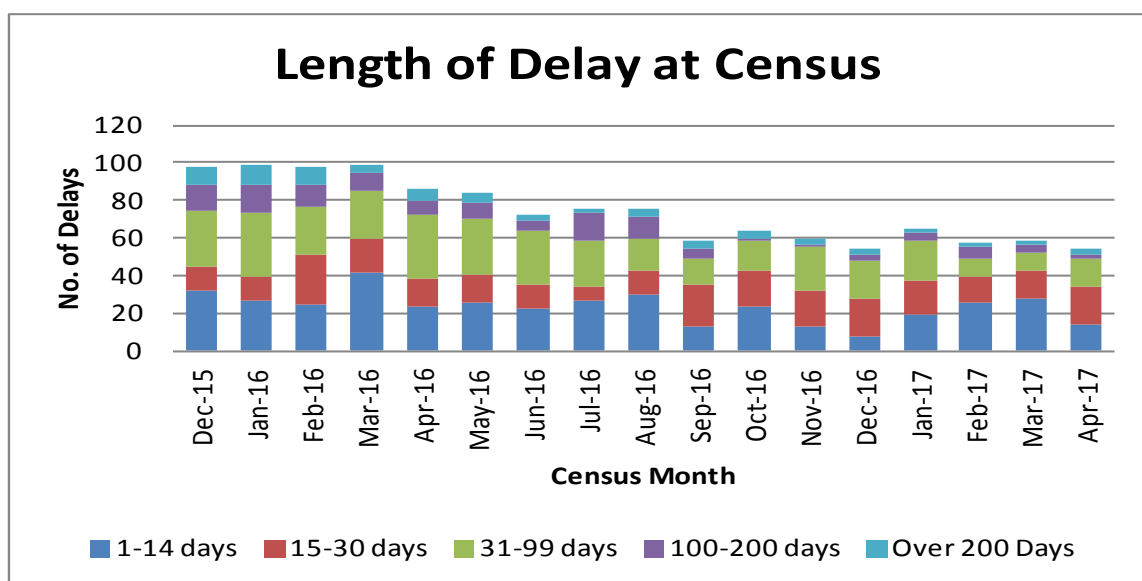
[FIGURE 6 – Comparison with Other Partnership Areas – Rate per 100,000 Population]

Figure 6 shows Aberdeen City's position against other Partnership areas when the



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March 2017 census figures are adjusted to reflect population figures. The total of 57 delayed discharges in Aberdeen City in March 2017 equated to a rate of 24.7 delayed discharges per 100,000 population. This was above the Scotland wide rate of 23.9 per 100,000 population and 10 Partnerships recorded a higher rate than Aberdeen City. Aberdeen City continues to rank just above the Scottish average, having previously been performing significantly above the Scottish average for an extended period.

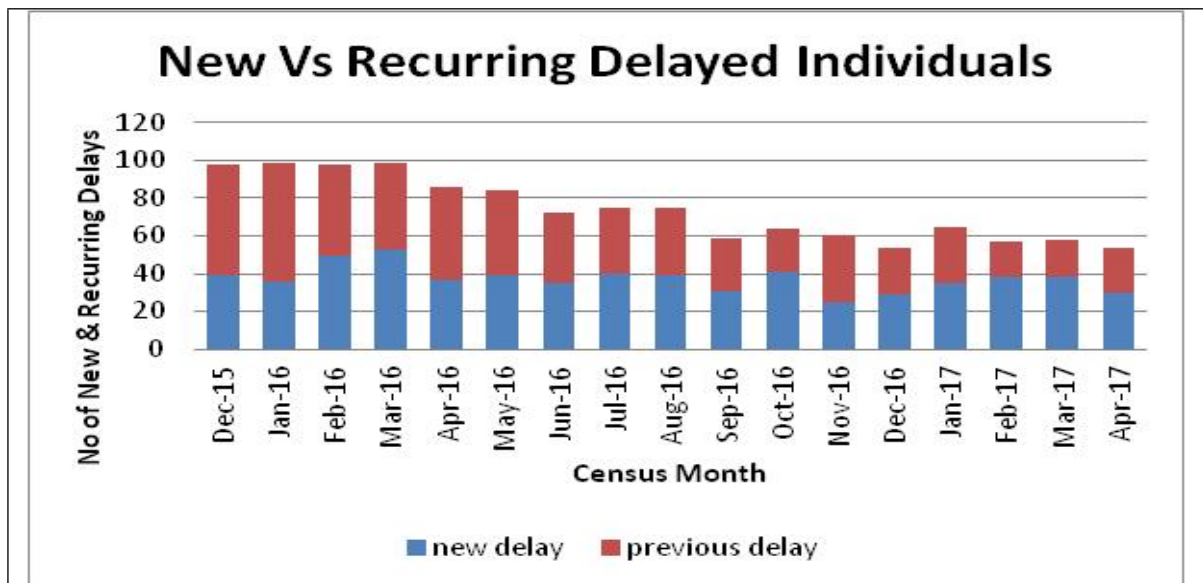


[FIGURE 7] – Length of Delay at Census

Figure 7 provides information on the **length of delay** for delayed discharge patients/clients at monthly census points. The longer delay periods (100-200 days and 200+ delays) tend to only be complex cases. What is notable is the continued progress in reducing longer lengths of delay which, even a year ago, were standard.

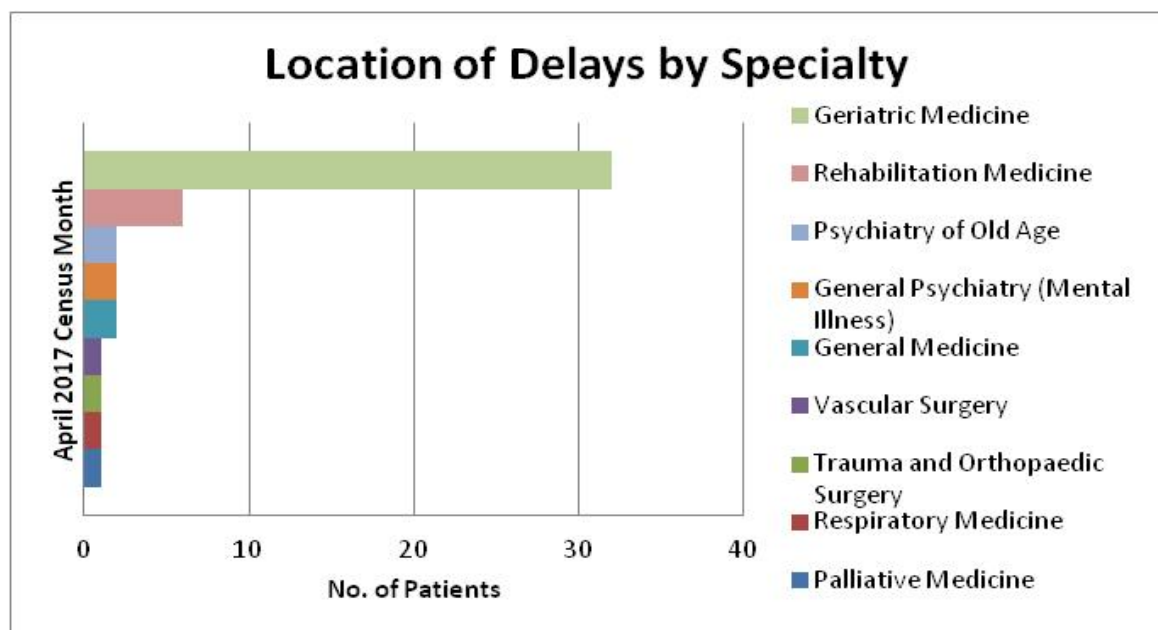


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[FIGURE 8] – Proportion of “New vs Recurring” Delayed Individuals at Census

Figure 8 shows (over the past 12 month period) the proportion of individuals at each census who were ‘new’ delays that month vs those who had been ‘carried forward’ from the previous census period. The shift from ‘recurring’ delays to ‘new’ delays’ has improved further over the Jan-April 2017 period.

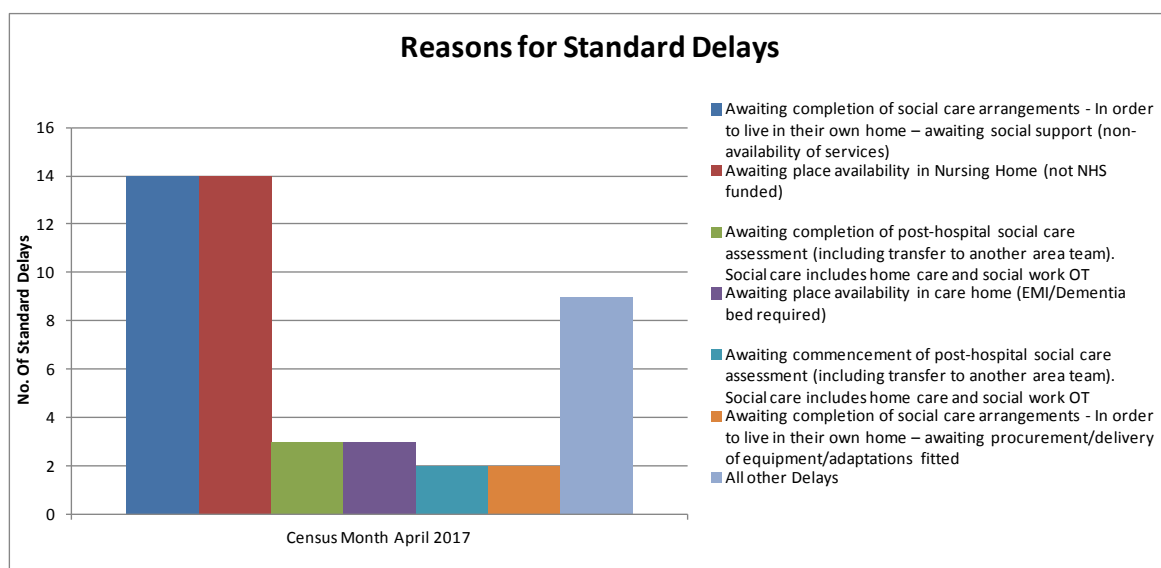


[FIGURE 9] Location of Delays by Specialty

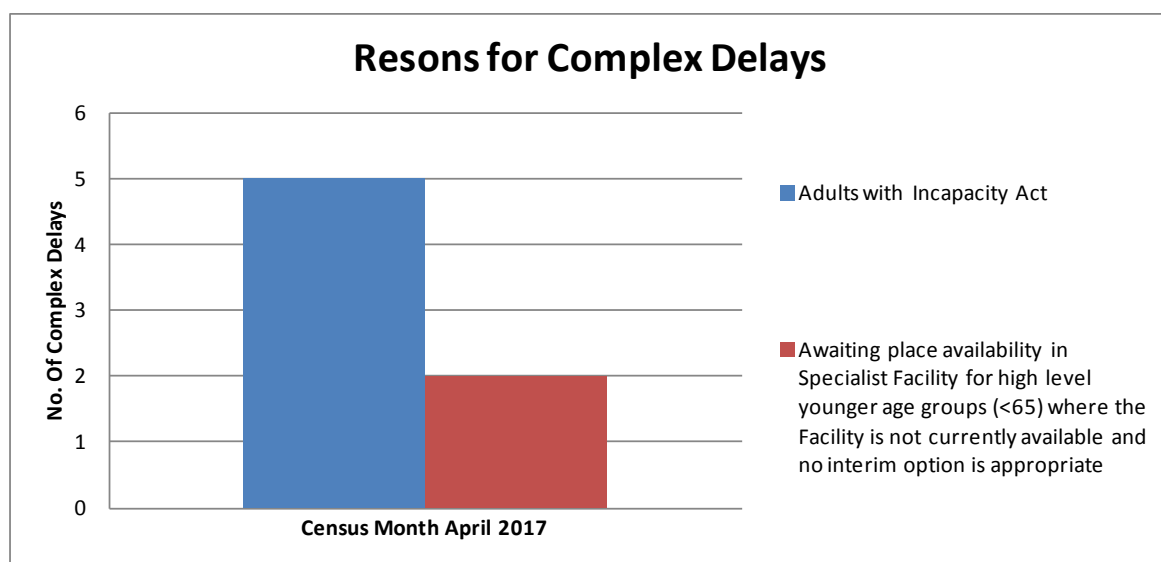


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Figure 9 breaks down **where** within hospital specialisms delays are occurring. This is the latest information available based on the April 2017 census information. Geriatric Medicine remains, by far, the largest speciality for delayed discharge patients, followed by Rehabilitation Medicine.



[FIGURE 10 – Reasons for Standard Delay]



[FIGURE 11 – Reasons for Complex Delays]

Figures 10 and 11 shows the **reasons** why patients/clients are a delayed



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discharge. The vast majority of standard delays are accounted for due to care at home provision and care home bed accessibility. The majority of current “Code 9” complex delays are due to the need to seek legal orders for patients/clients under the auspices of the Adults with Incapacity (Scotland) Act 2000, along with a small number of individuals with a need for specialised care services.

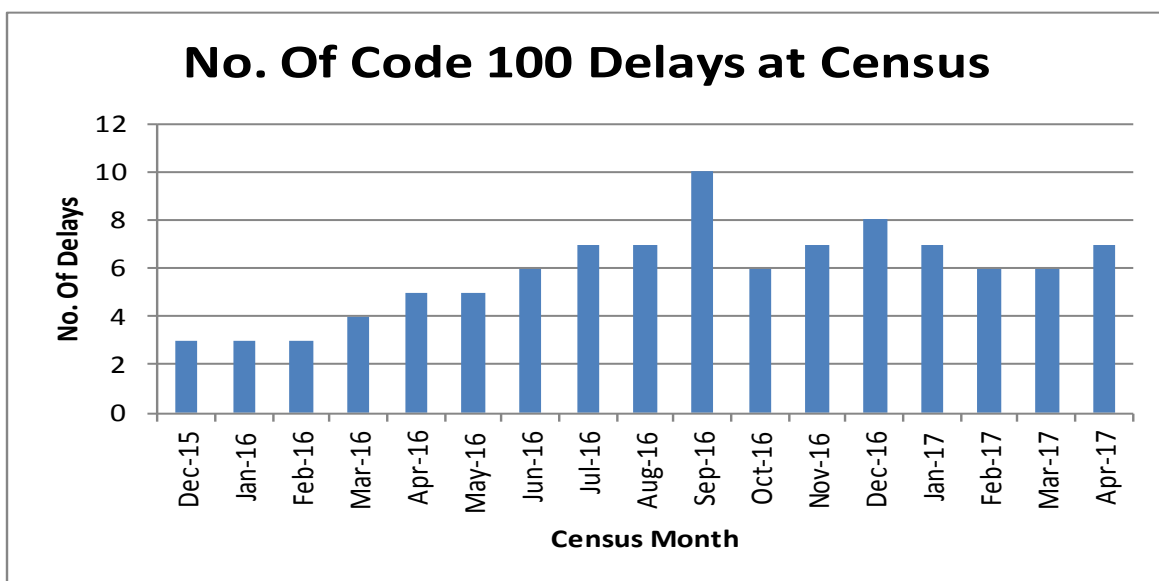


FIGURE 12 – Code 100 Delays, Trend

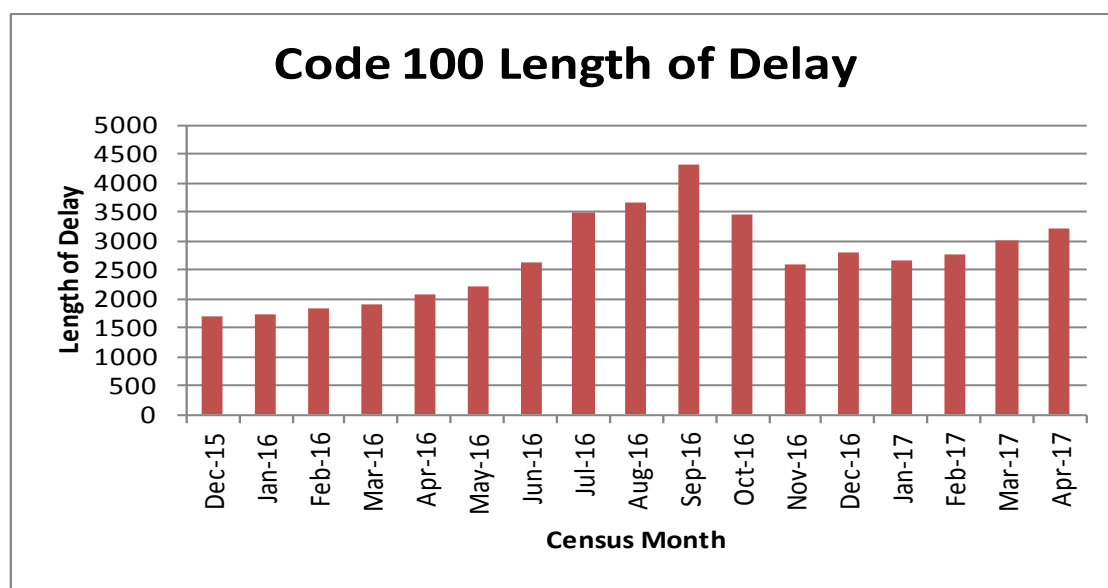


FIGURE 13 – Code 100 Delays, Length of Delay



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Figures 12 and 13 shows the number of individuals who have been classed as a 'Code 100' Delayed Discharge over the past 12 month period, and the accumulated bed days attributed to these complex cases. It should be noted, that whilst the overall volume of individuals who are classified as Code 100 remains small overall, the lengths of delay recorded are very significant – reflecting the ongoing difficulties in commissioning bespoke support services for these complex client groups.

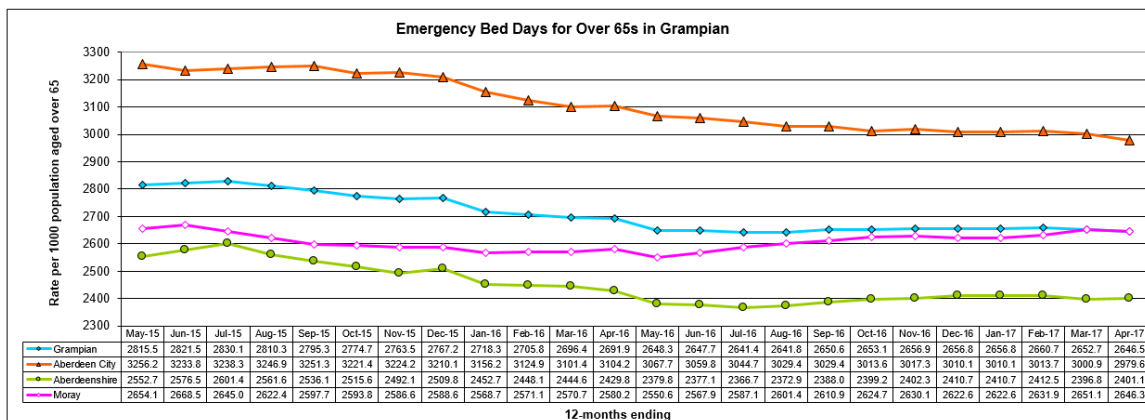


FIGURE 14 – Emergency Bed Days, Aberdeen City, Recent Trend

Figure 14 evidences a trend of declining emergency bed days for the over 65's within Aberdeen City over the past 12 months, thereby reducing the 'flow/demand' into hospital of patients who will then subsequently require discharge arrangements. Whilst it remains early to draw overall conclusions, the work of the Partnership in regards to its development of community focused and preventative interventions may be beginning to entrench.

Summary of Key Data

- There has been a continued downward trend in both numbers delayed and bed days 'lost' due to delayed discharges since the last report to the IJB in January 2017, albeit at a slower rate of reduction.
- Aberdeen City has seen a 38% reduction in numbers of people delayed, comparing January-April 2016 and 2017.



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- Aberdeen City has seen a 42% reduction in 'bed days lost' due to delayed discharges, comparing January-April 2016 and 2017.
- There has continued to be a reduction in the proportion of individuals who are delayed for a longer period in hospital. Throughput and flow continues to improve.
- Code 100 delays, whilst relatively small in regards to volume, remain significant in regards to their combined 'lengths of delay'.

Aberdeen City Delayed Discharge Action Plan

As has been previously reported to the IJB, an Aberdeen City Delayed Discharge Group has been operating since 2015, bringing together primary care, secondary care and social work/social care staff to monitor performance and implement improvements in delayed discharge performance.

To that end, the Aberdeen City Delayed Discharge Group has a regularly updated action plan which documents current initiatives and future plans. This action plan is provided in Appendix 1 for the IJB's review.

Key aspects of the action plan that the IJB may wish to note:

- The approval and signing of a 'letter of agreement' with ACVO to 'match fund' their Power of Attorney project.
- The positive evaluation of the additional social work capacity embedded in the ARI and Woodend hospital sites, and the decision to continue this integrated working beyond the two year pilot.
- The completion of the draft Grampian wide "Choice Policy" – which is currently being consulted on across Grampian. Once through the consultation process, it is intended that this document will standardise care home, interim and intermediate discharge 'flow' out of hospital sites across Grampian.



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3: Equalities, Financial, Workforce and Other Implications

The issue of Delayed Discharge disproportionately impacts upon older adults and adults with chronic illness and/or long term disabilities. Whilst 'age' and 'disability' are protected equality characteristics, it is not anticipated that there will be anything other than a positive impact for both groups via the continued improvement in the timeliness of discharges.

The implementation of the 'action plan' (see Appendix One), involves expenditure from the dedicated delayed discharge funding stream. The overall use of this fund was included as part of the Chief Officer's paper on 'Strategic Commissioning and Transformation', presented at the IJB meeting of 26th April 2016. There are no new financial implications not already addressed within the financial 'envelope' set out in that earlier paper. Specific projects within the action plan that require funding authorisation will have appropriate permissions sought from the relevant authorities depending on the level of expenditure incurred.

There are no direct workforce implications relating to this report.

4: Management of Risk

Identified risk(s):

From the Partnership's Strategic Risk Register

"There is a risk that the IJB and the services that it directs and has operational oversight of fail to meet performance standards or outcomes as set by regulatory bodies and that, as a result, harm or risk of harm to people occurs."

Link to risk number on strategic or operational risk register:

Risk #7 (strategic)

How might the content of this report impact or mitigate the known risks:

One of the most high profile performance standards the Partnership is held to account for is that of the numbers of people delayed in hospital unnecessarily. Significant volumes of delays will always have tangible consequences for patient flow and care – particularly in times of peak demand. The delayed discharge



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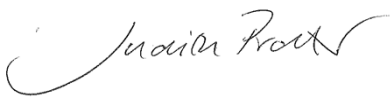

action plan will help to address the overall volume of delays within the hospital estate – thereby mitigating some of this risk.

5: Recommendations

It is recommended that the Integration Joint Board:

1. Note the Partnership's current performance in relation to delayed discharges;
2. Note the current status and progress in relation to the Aberdeen City delayed discharge action plan;
3. Consider the frequency and detail they require of future Delayed Discharge reporting, given the progress to date.

6: Signatures

	Judith Proctor (Chief Officer)
	Alex Stephen (Chief Finance Officer)