



## INTEGRATION JOINT BOARD

<b>Report Title</b>	Delayed Discharge Performance and Improvement Programme – Update
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<b>Report Author (Job Title, Organisation)</b>	Kenneth O'Brien, Service Manager – Aberdeen City Health and Social Care Partnership
<b>Report Number</b>	HSCP.17.122
<b>Date of Report</b>	12 <sup>th</sup> January 2018
<b>Date of Meeting</b>	30 <sup>th</sup> January 2018

### 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 in June 2017, and the interim update provided to the Clinical and Care Governance Committee in October 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:



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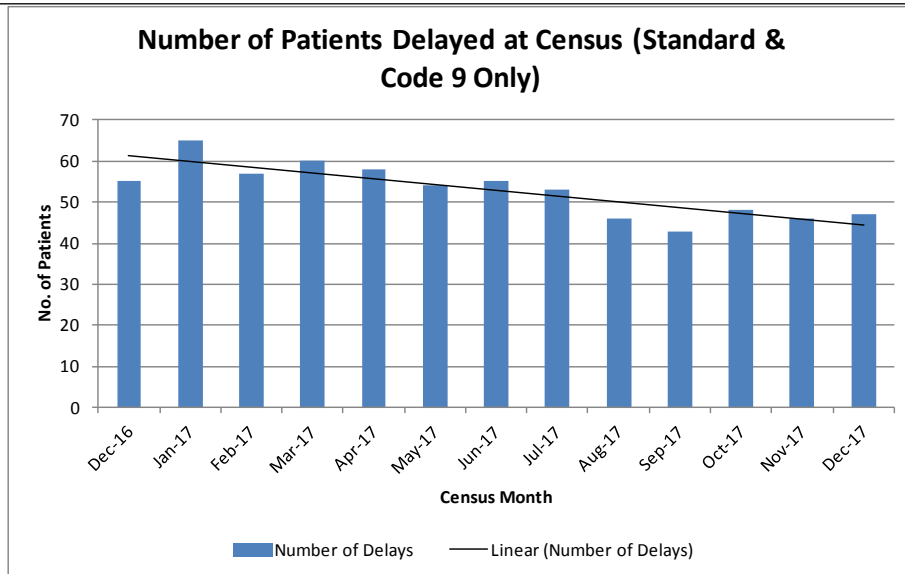
1. “Standard” Delays – which are individuals who are medically fit for discharge and yet remain in a hospital bed.
2. “Code 9” Complex Delays – which are individuals who have particularly complex needs (such as requiring legal intervention in the courts) that would indicate a longer timescale for a safe and appropriate discharge.
3. “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.



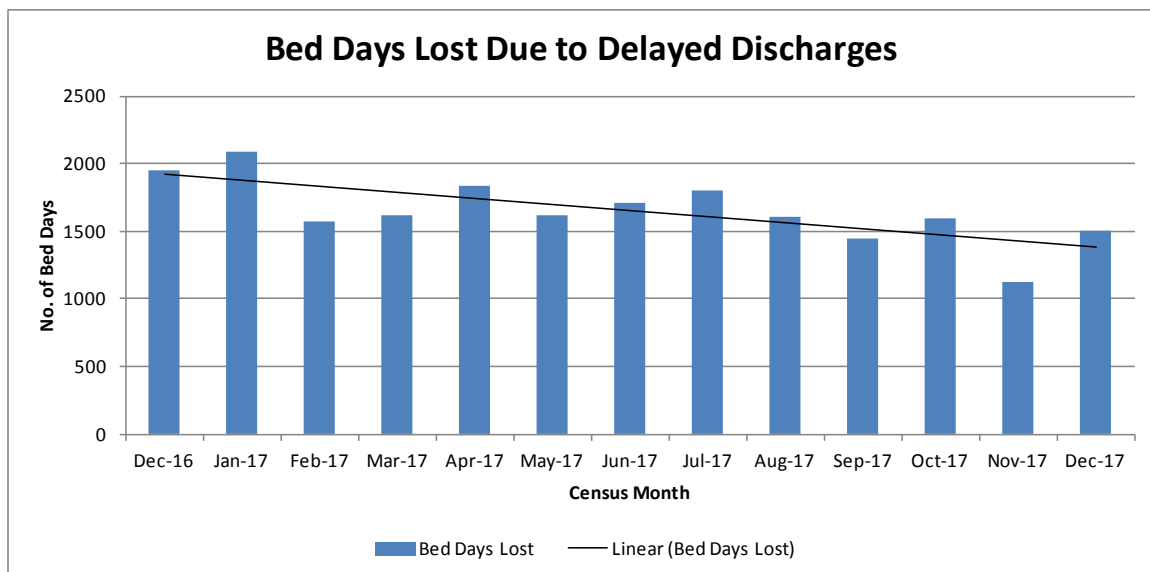
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**[FIGURE 1] – Numbers of Patients/Clients Delayed at Census**

**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, the previously identified downward trend has continued over the last six months, with a further 18.5% drop in overall numbers delayed since the May 2017 census (the last data reported to the IJB).

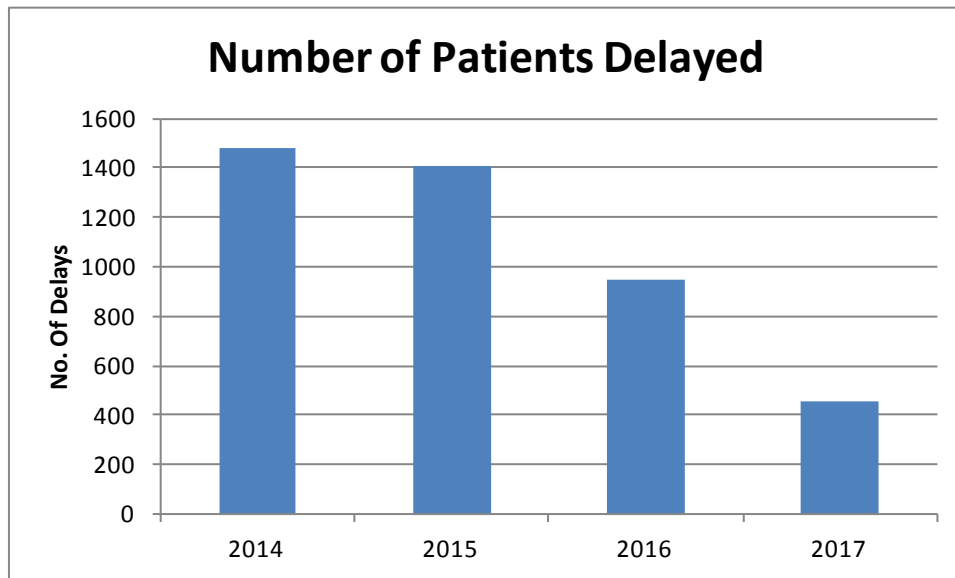


**[FIGURE 2] – Bed Days Lost Due to Delayed Discharges**



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**Figure 2** shows the number of bed days occupied by patients/clients classified as a delayed discharge, also presented at monthly intervals. This also shows the continued trend downwards in the period since progress was last reported to the IJB, (with an additional 7% decrease in bed days lost).

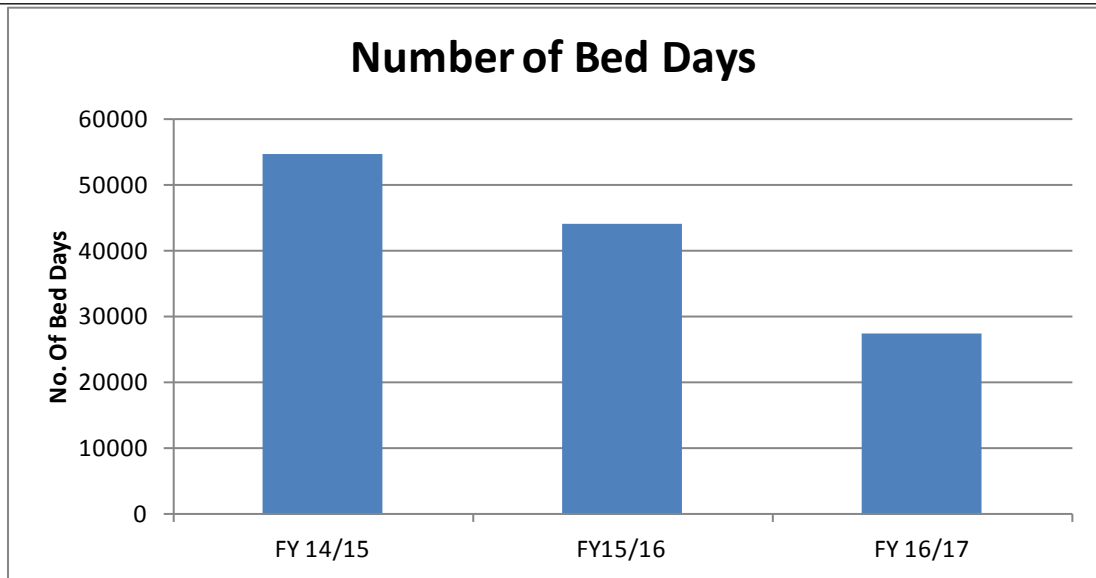


**[FIGURE 3] – Number of Patients/Clients Delayed – Annual Trend**

**Figure 3** shows progress, year on year, in reducing the number of individuals classified as delayed discharges at point of census. The overall volume of delayed discharged individuals has decreased 69% between 2014 and 2017. Between 2016 and 2017, the drop in numbers was 52%.

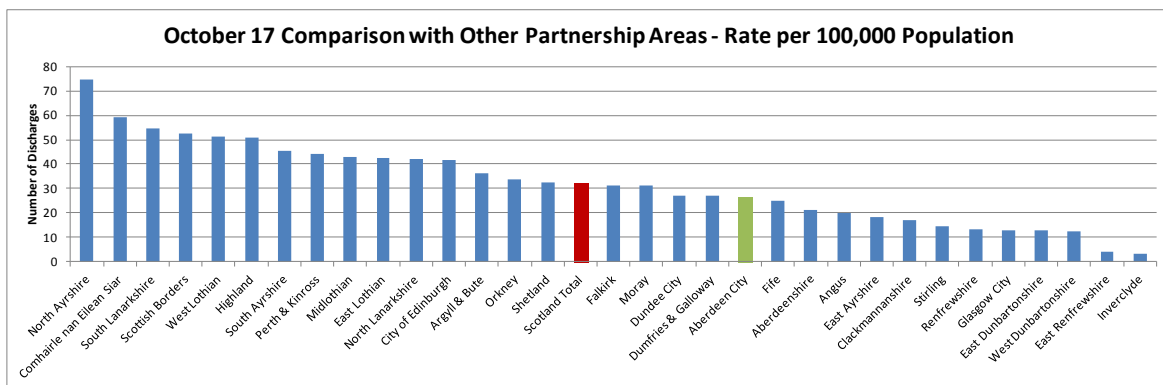


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**[FIGURE 4] – Number of Bed Days Occupied by Delayed Discharges – Annual Financial Year Trend**

**Figure 4** shows progress, year on year, in reducing the number of bed days occupied by delayed discharges. The overall volume of bed days ‘lost’ to delayed discharges has decreased 49% between 2014/15 and 2016/2017. At the next report to the IJB, full bed day performance will be refreshed to include the latest available data.



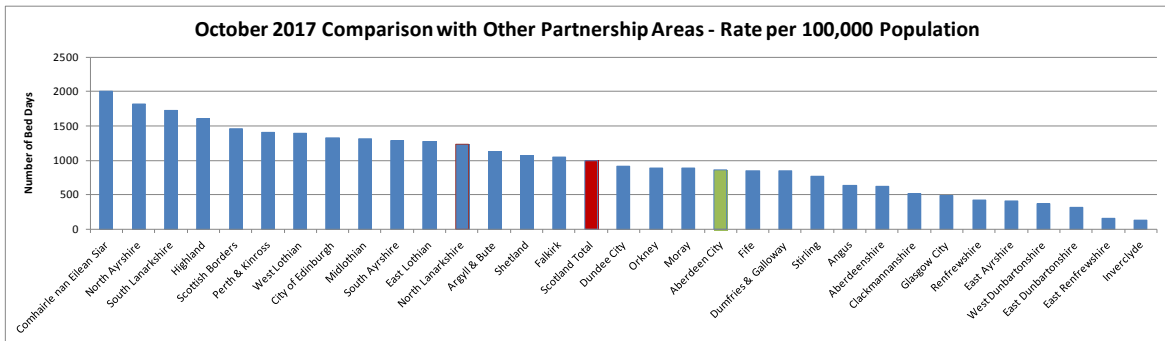
**[FIGURE 5 – Comparison with Other Partnership Areas – Rate per 100,000 Population]**

**Figure 5** shows Aberdeen City’s position against other Partnership areas when the most recently published cross-partnership census figures (October 2017) are adjusted to reflect population figures. The total of delayed discharges at census in



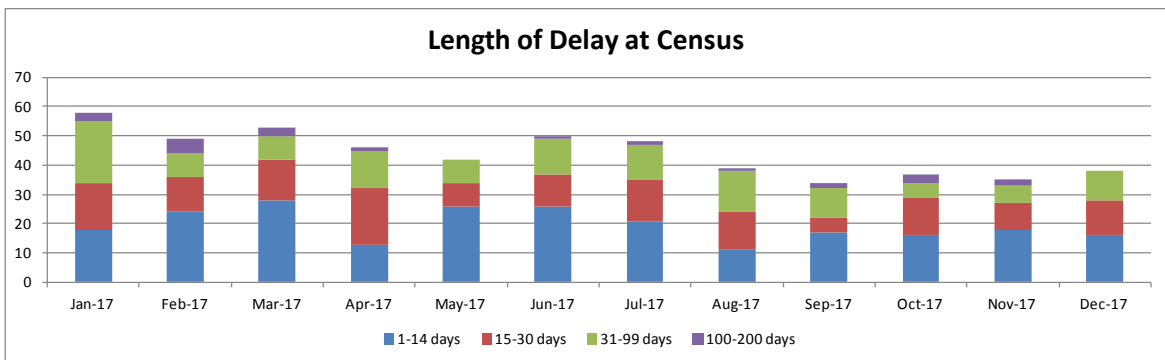
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Aberdeen City in October 2017 equated to a rate of 26.1 delayed discharges per 100,000 population. This was below the Scotland wide rate of 32.1 per 100,000 population and 19 Partnerships recorded a higher rate than Aberdeen City. Aberdeen City now ranks well below the Scottish average for discharge census numbers, having previously been performing well above the Scottish average for an extended period.



**[FIGURE 6 – Comparison with Other Partnership Areas (Bed Days) – Rate per 100,000 Population ]**

**Figure 6** shows Aberdeen City’s position against other Partnership areas when the most recently published cross-partnership bed day figures (October 2017) are adjusted to reflect population figures. The total of delayed discharges in Aberdeen City in October 2017 equated to a rate of 861.7 bed days per 100,000 population. This was below the Scotland wide rate of 991.7 per 100,000 population and 18 Partnerships recorded a higher rate of bed days lost than Aberdeen City. Aberdeen City now ranks well below the Scottish average for bed days lost, having previously been well above the Scottish average for an extended period.

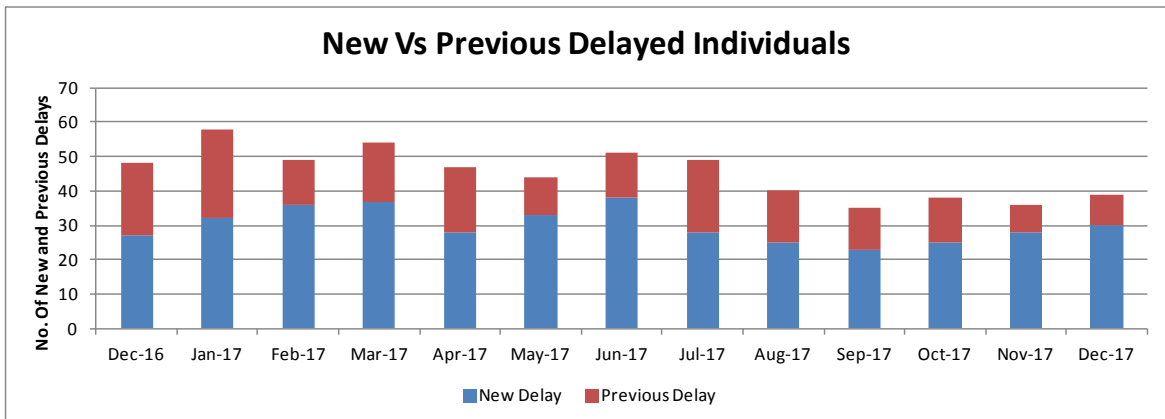


**[FIGURE 7] – Length of Delay at Census**



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**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 contraction of the number of individuals facing long delays (which is also reflected in the more general reduction in bed days lost).



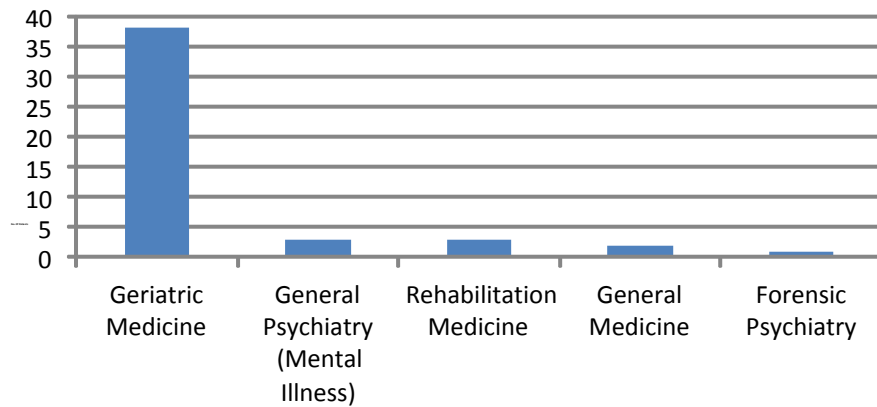
**[FIGURE 8] – Proportion of “New vs Previous” Delayed Individuals at Census**

**Figure 8** shows (over the past 12 months) 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 ‘previous’ delays to ‘new’ delays evidences the speed at which discharges are being facilitated following an individual being deemed ‘ready for discharge’.



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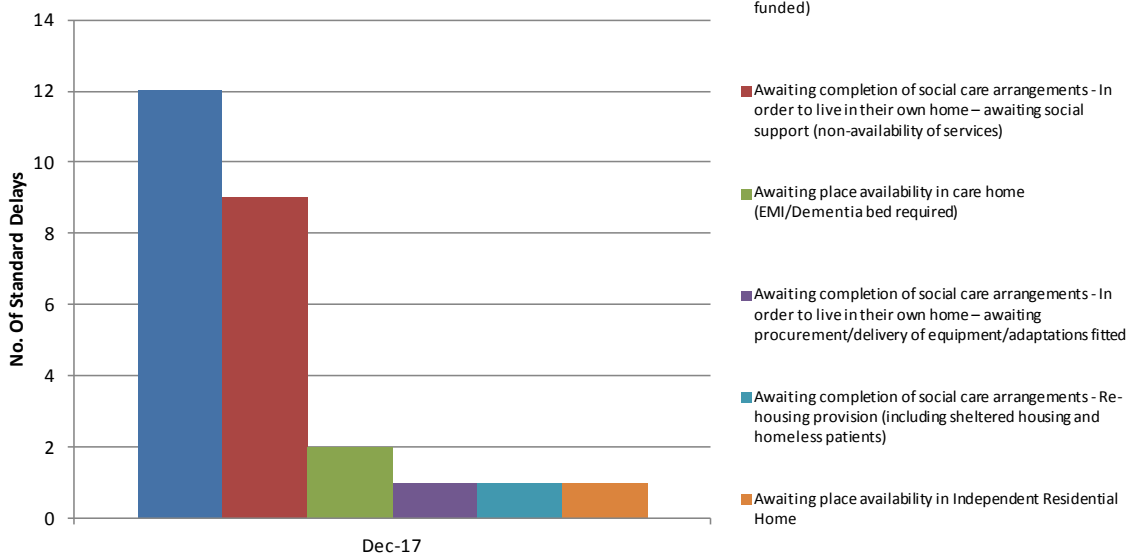
### Location of Delays by Specialty-Dec 17



**[FIGURE 9] Location of Delays by Specialty**

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

### Reasons for Standard Delay

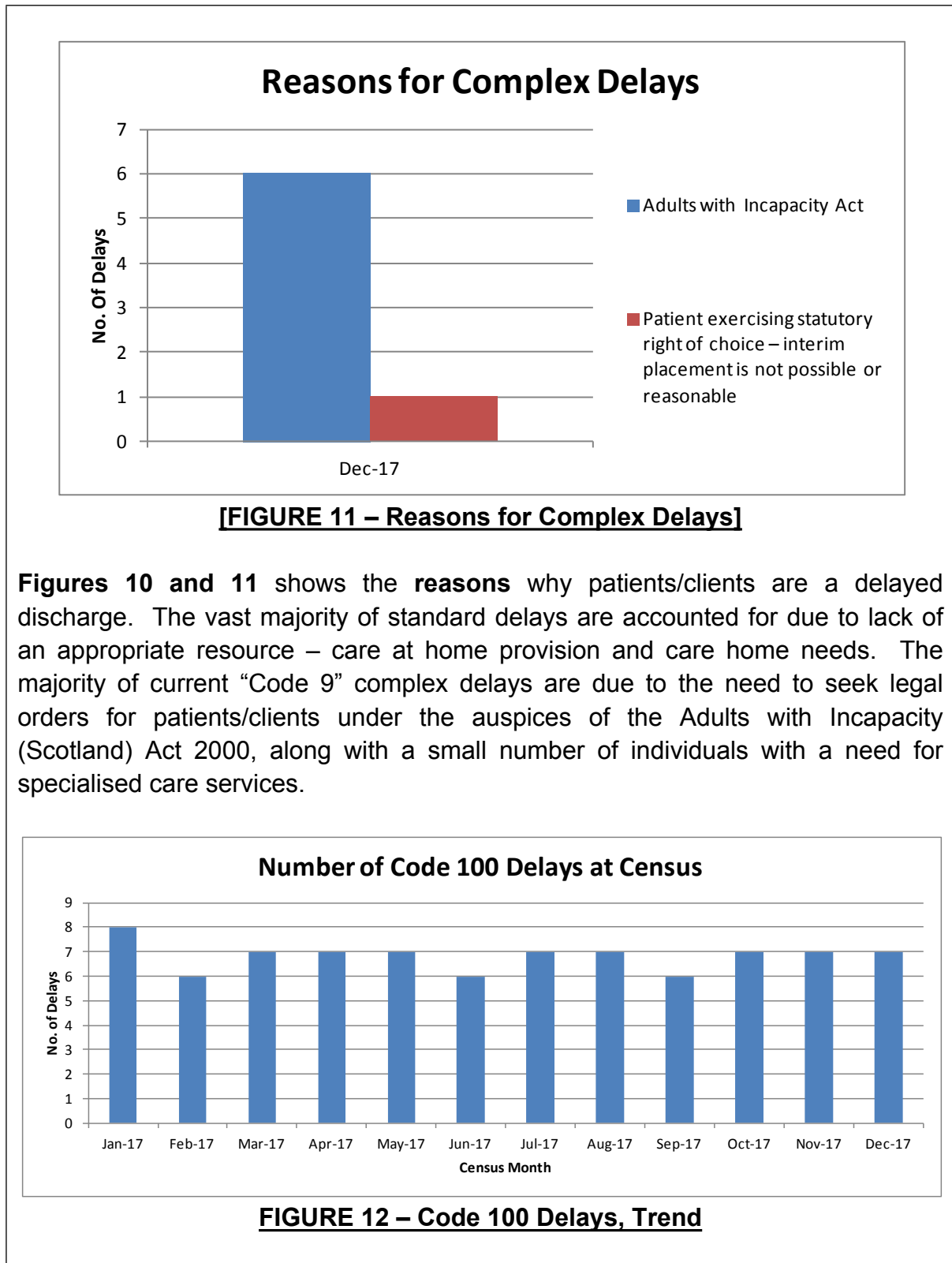


**[FIGURE 10 – Reasons for Standard Delay]**



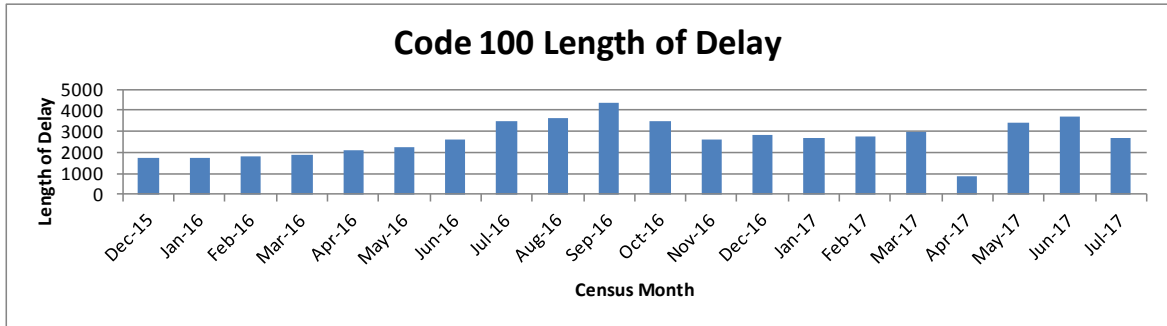


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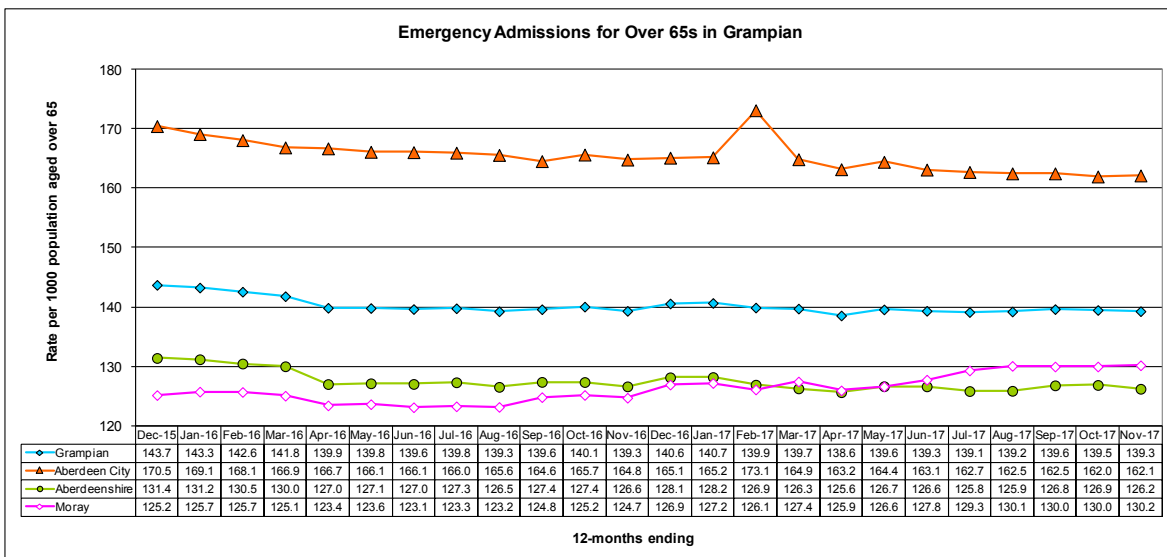


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**FIGURE 13 – Code 100 Delays, Length of Delay**

Figures 12 and 13 shows the number of individuals who have been classed as a 'Code 100' Delayed Discharge over the past 12 months, 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 small 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



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discharge arrangements. Whilst it is still 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 show its impact. This would be the beginning of an indication that ‘demand’ for hospital beds is being curtailed alongside speedier ‘throughput’ within the system itself.

### Indicative Costs/Savings

When attempting to calculate the indicative costs/savings achieved through the reduction in delayed discharge bed days, NHSG Management Accounting introduced a new “lowest bed day cost” in November 2017 as part of their work portfolio for “Shifting the Balance of Care”. This generated a bed day figure of **£279 per day per bed**. This figure was applied to the 38% reduction in bed days lost to delayed discharges from 2015/2016 to 2016/2017. This would indicate an indicative saving of **£4,628,889** comparing the two financial years. Including bed day reductions from 2014/15 in the overall calculation, the indicative savings rise to **£7,591,590**.

	2014/15	2015/2016	2016/2017	+ / - (cumulative, 2014-17)
<b>Indicative Cost of Bed Days Lost to Delayed Discharge</b>	£15,223,077	£12,260,376	£7,631,487	- £7,591,590

### 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 June 2017.
- Aberdeen City has seen a 52% reduction in numbers of people delayed at census, comparing full calendar years 2016 and 2017.
- Aberdeen City has seen a 38% reduction in ‘bed days lost’ due to delayed



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discharges, comparing financial years 2015/16 and 2016/17. The reduction in bed days lost has continued later into 2017, but at a notably slower rate.

- There has been 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 renewal and 'go live' of the next phase of interim beds to support discharge following the IJB's approval of an additional 24 months funding.
- The 'go live' of the National Power of Attorney awareness campaign to which the Aberdeen City Health and Social Care Partnership has contributed.
- The transition work currently being undertaken to move from the ageing EDISON delayed discharge recording infrastructure to a fully integrated system within the TrakCare system.
- The co-location of Flow Coordination, Care Management and Liaison Nursing at Woodend Hospital to support further integration and joint working



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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. 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)

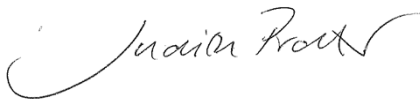

#### How might the content of this report impact or mitigate the known risks:

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



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5:	Recommendations
<p>It is recommended that the Integration Joint Board:</p> <ol style="list-style-type: none"><li>1. Note the Partnership's current performance in relation to delayed discharges;</li><li>2. Note the current status and progress in relation to the Aberdeen City delayed discharge action plan;</li><li>3. Instruct the Chief Officer to provide a further update on delayed discharge performance and actions taken to further improve performance in six months.</li></ol>	

6:	Signatures	
	Judith Proctor (Chief Officer)	
	Alex Stephen (Chief Finance Officer)	