

## Borders NHS Board



### DELAYED DISCHARGES

#### **Aim**

This paper aims to provide the Board with an oversight of performance for patients in relation to delayed discharges.

#### **Background**

Patients should not have to wait unnecessarily for the most appropriate care to be provided after treatment in hospital. Waiting unnecessarily in hospital is a poor outcome for the individual, is an ineffective use of resources and potentially denies an NHS bed for someone else who might need it.

A delayed discharge is experienced by a hospital inpatient who is clinically ready to move on to a more appropriate care setting but is prevented from doing so for various reasons, for example, awaiting place availability in a residential or nursing care facility or indeed awaiting care at home to be provided.

#### **National Targets Associated with Delayed Discharges**

In October 2011, two new targets were announced by the Scottish Government. These stated that by April 2013, no patient should wait more than 4 weeks from when they are clinically ready for discharge and thereafter by April 2015 no patient should wait more than 2 weeks for their discharge to take place.

#### **Performance Overview**

Over the last three years, considerable effort by Scottish Borders Council and NHS Borders has elicited a positive impact on the total number of delayed discharges for patients in NHS Borders. The total number of delayed discharge cases has reduced from 747 in 2010/11, of which 189 were delayed over the current national target of 4 weeks, to 638 at the end of March 2013, of which 94 were delayed over 4 weeks. The percentage of associated occupied bed days has also reduced from 11.9% in April 2010 to 6% to the end of March 2013.

This is demonstrated in **Table 1** and **Table 2**, in appendix 1, alongside the 2013/14 year to date performance.

It remains the case that whilst there is an improving position, a number of NHS Borders beds have been and remain unavailable for their most appropriate use, therefore work must continue in order to create a positive impact and downward trend to eradicate these unnecessary delays for patients.

## Current Position

The 2013/14 year has started on a positive note and progress has continued. At the end of July 2013 the total number of delayed discharge cases recorded was 181 for the year to date, of which 24 were delayed over 4 weeks. The associated occupied beds days recorded, for that same period, was 2174. This represents, on a comparative basis with the full year to March 2013, a 5.2% loss in occupied bed days, hence a continued downward trend.

We are now firmly on our journey towards a maximum delay of 2 weeks and the overarching aim of zero tolerance to delays. While this will inevitably be challenging, there is partnership commitment and strength of senior coalition to achieve this.

In recent weeks we have seen issues ebbing and flowing within the operational area and to provide a flavour of these issues the following is what we, as a partnership and at a senior level, are committed to tackle:

- The importance of continued transparency in relation to budget pressures between partners so that the impact of decisions can be predicted, managed and where necessary escalated appropriately.
- Communication of any such issues is clearly understood widely across the partnership and by service users.
- Capacity Planning relating to use of available care home places, including nursing, residential, intermediate care, assessment as well as hospital inpatient beds to ensure timeous and safe transitions of care take place and that patients are cared for in the most appropriate care setting most of the time.
- Joint Workforce Planning relating to appropriate NHS Borders and Scottish Borders Council Social Care and Health staff, including the provision of Home Care Services, in order to ensure appropriately skilled staff are in place to manage ongoing service demands across the partnership.
- Current challenges in Mental Health services suggest a need for more focus and support in response to the generally more complex cases that present in these services. Commonly issues relate to non-availability of appropriate and often specialist residential facilities for younger and older age groups
- MDT and wider staff training in order to ensure teams have a robust working knowledge of best practice discharge planning processes and management of delayed discharges.
- Further improve real time data collection and reporting from TRAK and EDISON. Developing standardized weekly and monthly reports detailing for example the number of cases by reasons, duration, location and age band in order to better support operational management.

## Operational Response to these Issues

There is a general feeling that community based Social Care Services are suffering under the strain of improved discharge planning, however work is required to establish what this means.

Similarly, there is a feeling that people are being discharged home earlier and larger packages of care are being requested to support the person in their own environment. The Short Term Assessment and Rehabilitation Team (START) are carrying out rapid assessments and receiving referrals at a greater rate and as a consequence do not have the time to undertake a full review of the person once they have returned home. Therefore a person may remain with a package of care for longer than is actually required. This, along with an increased client dependency, has led to a shortage of care at home across the whole of the Borders. In order to manage this problem Scottish Borders Council have invested in a reviewing team who undertake the reviews and have initiated an intensive rehabilitation and re-ablement approach. The demand for care at home exceeds that of capacity and this has led to delays in hospital discharge.

New initiatives are being tested. The Change Fund supported the development of a Rapid Reaction Team which was initially set up and implemented in the Peebles area to address the capacity issue. The team has now been moved to the Berwickshire area as this is where there is currently the least capacity. This model of care at home has proved to be unsuitable for the Berwickshire area due to it's geography as a lot of time is spent on travel rather than direct care provision. However it is meeting some of the demand for the time being.

Other areas which have caused delays in the system are lack of specialist services. There are two areas of service that Borders are struggling to provide:

- Twenty four hours enhance dementia care
- Twenty four hour care for people with Alcohol Related Brain Disease

People who require either of these services can remain in hospital for longer periods and their discharge becomes delayed because the specialist services cannot be commissioned within the timescales.

Previously two care homes in the Borders provided care and support to people who required this level of support, however recently these facilities have struggled to provide adequately skilled, trained and motivated staff and as a consequence one of the homes no longer provides to this level. The second facility currently has a moratorium on admissions.

Work is underway to commission this as a new service, but the procurement process is unlikely to be completed within the next 3 months.

For patients with Alcohol Related Brain Disease, a full needs assessment has been undertaken and it is evident that further development is required if services in the Borders are to meet the needs of the local population. The needs assessment and implementation plan currently sits with the Drug and Alcohol Partnership.

## Summary

There has been good progress made in relation to understanding and jointly managing delayed discharges by NHS Borders and Scottish Borders Council. It is important that this continues and there is clear partnership commitment to do so, and to realign and rebalance working practices in response to changes across the system.

The number of delayed discharge cases and the number of associated occupied bed days have both reduced over the last three years to March 2013, and this trend has continued to the end of July 2013. However, early indication of August 2013 performance suggests that there has been an increase in the number of delayed discharge cases therefore it is imperative joint working continues to address the issues, now ripe for resolution given the overarching aim to have zero tolerance to delays for patients.

## Recommendation

The Board is asked to **note** the Delayed Discharges report.

<b>Policy/Strategy Implications</b>	Delivery of the HEAT standard requires that no patient will wait more than 28 days to be discharged into a more appropriate care setting once treatment is complete from April 2013; followed by a 14 day maximum wait from April 2015.
<b>Consultation</b>	N/A
<b>Consultation with Professional Committees</b>	The Delayed Discharge report is developed in conjunction with the Delayed Discharge Operational Group.
<b>Risk Assessment</b>	Risks associated with the delivery of the Delayed Discharge standard are outlined within the Local Delivery Plan. Performance against the target is reported in the monthly Clinical Executive Performance Scorecard and given a RAG status based on whether the trajectory has been achieved
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	An impact assessment is made for the standard as part of the Local Delivery Plan.
<b>Resource/Staffing Implications</b>	There is no resource implications associated with this report.

## Approved by

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
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## APPENDIX 1

**Table 1**  
**Total Delayed Discharge Cases in Borders, April 2010 to March 2013**

<b>Month</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>
Apr	30	63	66	46
May	14	69	66	54
Jun	20	68	46	39
Jul	51	58	60	42
Aug	51	72	51	
Sep	70	58	53	
Oct	90	46	68	
Nov	102	53	49	
Dec	81	59	40	
Jan	73	54	45	
Feb	86	54	46	
Mar	79	50	48	
<b>Grand Total</b>	<b>747</b>	<b>704</b>	<b>638</b>	<b>181</b>

**Table 2**  
**Total Associated Occupied Bed Days in Borders, April 2010 to March 2013**

<b>Month</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>
Apr	2244	1103	741	523
May	1792	1175	874	586
Jun	2154	1180	657	547
Jul	908	1266	751	518
Aug	947	1327	690	
Sep	1135	898	616	
Oct	1685	911	774	
Nov	1334	720	543	
Dec	1545	575	533	
Jan	1290	638	624	
Feb	1228	739	522	
Mar	1317	523	641	
<b>Grand Total</b>	<b>17579</b>	<b>11055</b>	<b>7966</b>	<b>2174</b>
<b>% of Associated Occupied Bed Days</b>	<b>11.9%</b>	<b>8.0%</b>	<b>6.0%</b>	<b>5.2%</b>