

Report To: Inverclyde Integration Joint Board **Date:** 18 August 2016

Report By: Brian Moore
Corporate Director (Chief Officer)
Inverclyde Health and Social Care Partnership (HSCP) **Report No:** IJB/46/2016/BC

Contact Officer: Beth Culshaw
Head of Health and Community Care **Contact No:** 01475 715283

Subject: Delayed Discharge Performance

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Integration Joint Board on Inverclyde's performance towards achieving the national target for Delayed Discharge.

2.0 SUMMARY

- 2.1 The Delayed Discharge target reduced from 4 weeks to 2 weeks on 1 April 2015, reflecting the ongoing strategic commitment to Shifting the Balance of Care.

3.0 RECOMMENDATIONS

- 3.1 Members are asked to note the progress towards achieving the target and note the preparation for recording performance for the forthcoming year.

Brian Moore
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 Since April 2015 the target for Delayed Discharge decreased from 4 weeks to 2 weeks. NHS Greater Glasgow and Clyde has also reported on the number of bed days lost due to Delayed Discharges as this provides a more complete picture of the impact of hospital delays. Members will be aware that the HSCP have been working closely with partners to successfully achieve the target.
- 4.2 From July 2016 there have been some changes to how Delayed Discharges will be recorded; the census day has been moved from the 15th of each month to the last Thursday of each month and all patients in an acute hospital bed on that day will be counted as a delay breach if they have exceeded 14 days since they were medically fit for discharge. It is not thought that this change in recording will have a significant impact on performance.
- 4.3 To date, the proposed change in the target from 14 days to 72 hours has not been confirmed.

5.0 PERFORMANCE

- 5.1 We continue to maintain positive performance in relation to the 14 day Delayed Discharge target (Appendix A). We achieved zero delays of more than 2 weeks at the census date for the whole of 2015/16 and have continued to maintain this performance since April this year.
- 5.2 This performance has a context of a continued high level of referrals for social care and community supports following discharge (Appendix B). During June 2016, 157 individuals were referred for social care support of which 40 people required a single shared assessment indicating complex support needs. A total of 8 individuals (at census date) were identified as being delayed following the decision they were medically fit for discharge.
- 5.3 NHS Greater Glasgow and Clyde

Despite an increase in delays and bed days lost during the winter period (in Inverclyde as well as across GG&C) we are achieving the Board target of reducing bed days lost. Across the year (April 15 to March 16), we reached a 76.8% reduction on bed days lost against the 2009/10 baseline. In terms of total beds used by these patients, this has reduced in Inverclyde from 9 (2014/15) to 4 (2015/16).

- 5.4 Greater Glasgow and Clyde monitoring of bed days lost (Older People) provides a consistent picture of improving performance across all HSCP localities. As a whole, Greater Glasgow and Clyde has had a reduction of 54% in bed days lost based on 2012/13 whilst Inverclyde has a similar reduction of 48% over the same period.

The Chart (Appendix C) illustrates Inverclyde's performance against three HSCPs which are closest in terms of population size.

- 5.5 The overall performance indicates positive outcomes for service users who are returning home or moving on to appropriate care settings earlier and spending less time inappropriately in hospital.

6.0 PROPOSALS

- 6.1 Work with colleagues at Inverclyde Royal Hospital continues to demonstrate the

effectiveness of early commencement of assessments regarding future care needs in achieving an appropriate, timely and safe discharge. The result is that the majority of individuals are assessed and discharged home as soon as they are deemed medically fit for discharge, including those requiring a home care package and residential care placement.

- 6.2 There is a continued focus to develop integrated and joint improvements to improve the hospital journey and discharge processes. Areas under discussion include development of comprehensive geriatric assessment and consideration of designating acute beds to allow a greater emphasis on older patients who only require a short hospital stay.

Inverclyde HSCP have also been piloting an intermediate care model to avoid unnecessary hospital admission and to provide rehabilitation within an alternative community environment. There have been 35 referrals to step up beds since January 2016 with 11 admissions to the end of May 2016. We are confident that these individuals would otherwise have been admitted to hospital but instead were cared for in a community setting.

- 6.3 We will continue to develop our performance monitoring with an emphasis on the hospital discharge pathway and in particular the outcomes for service users, their families and carers.

7.0 IMPLICATIONS

Finance

- 7.1 There are no specific financial implications from this report. All activity will be contained within existing budgets.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

- 7.2 None.

Human Resources

- 7.3 There are no Human Resource implications at this time.

Equalities

7.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

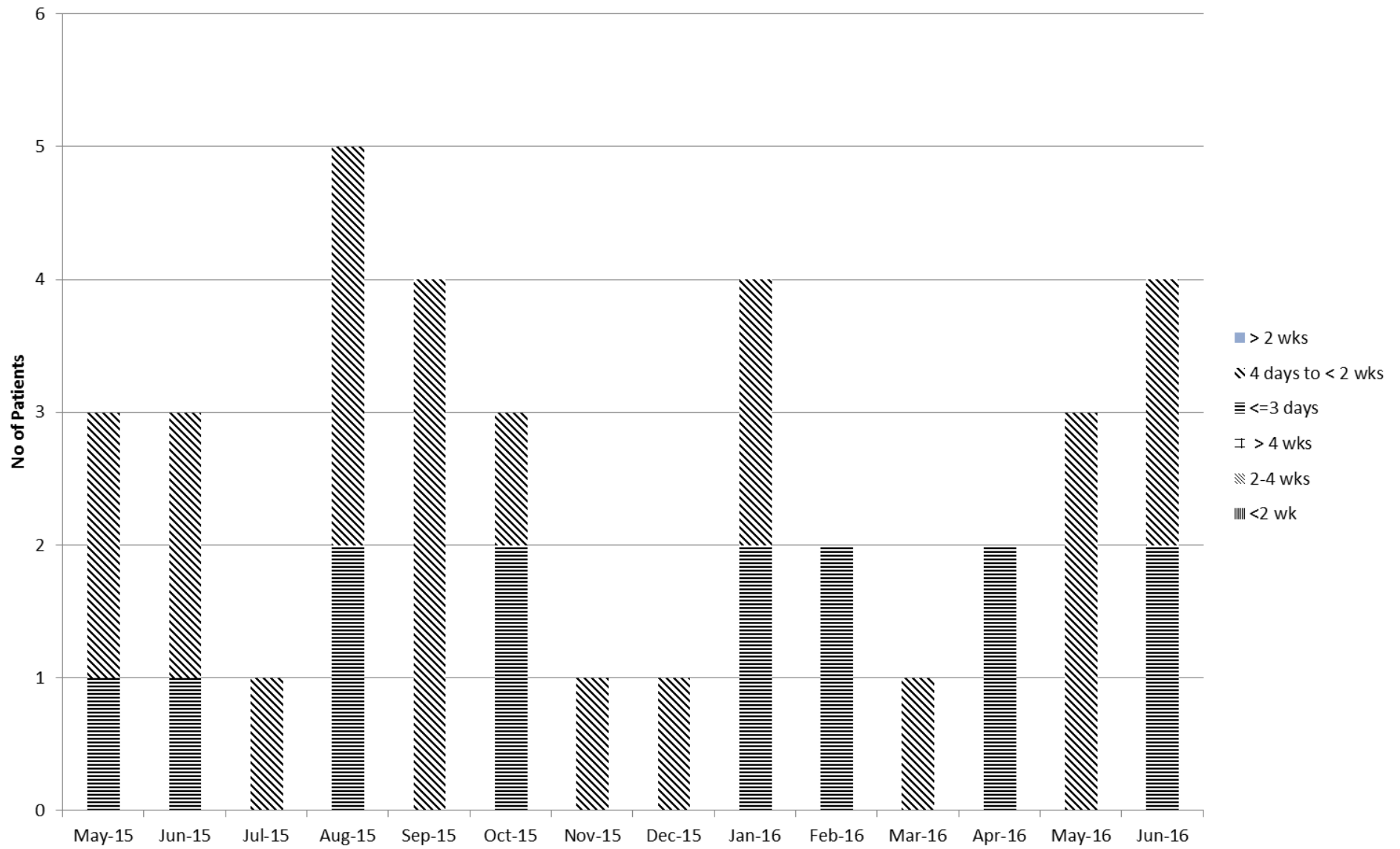
8.0 CONSULTATION

8.1 None.

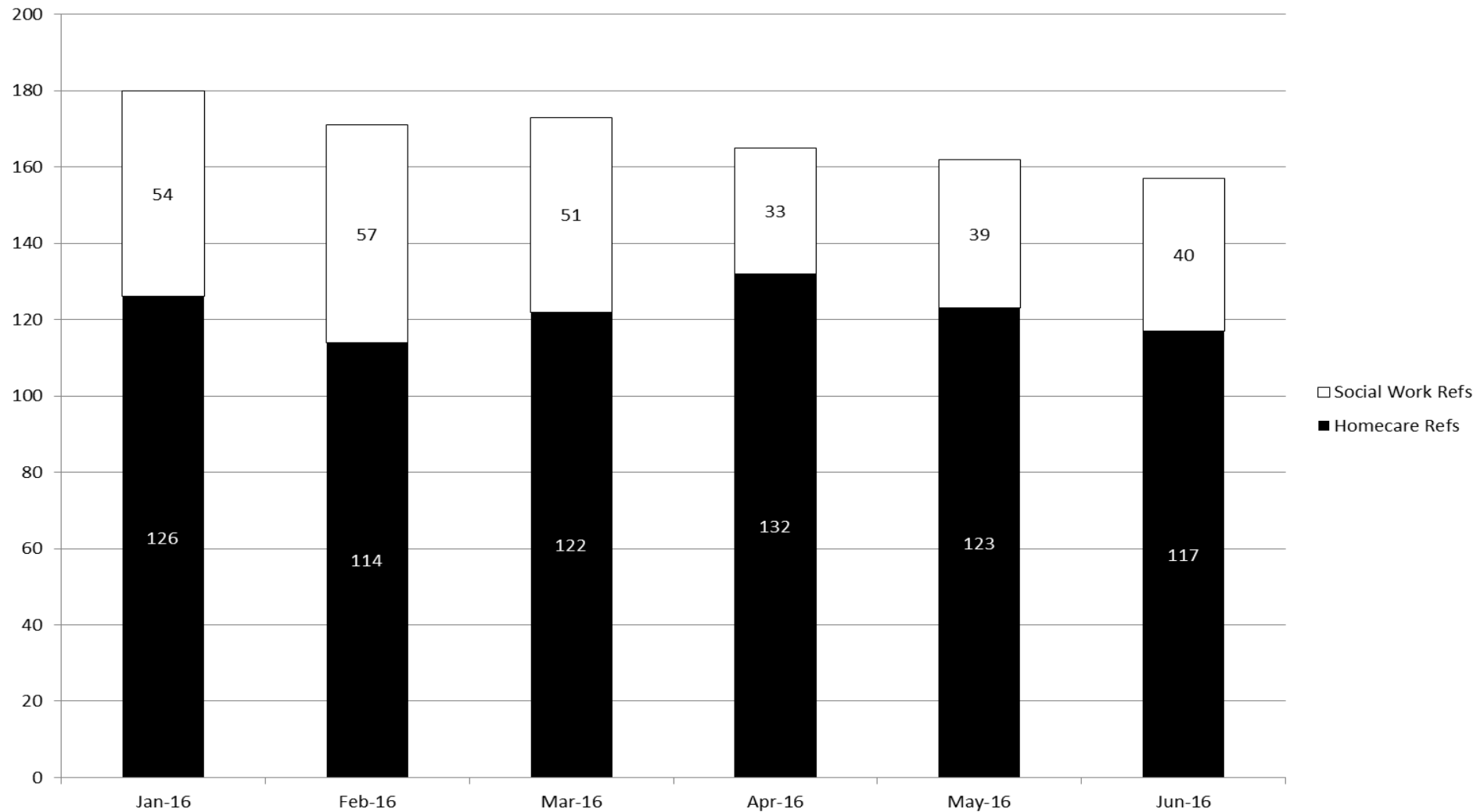
9.0 BACKGROUND PAPERS

9.1 None.

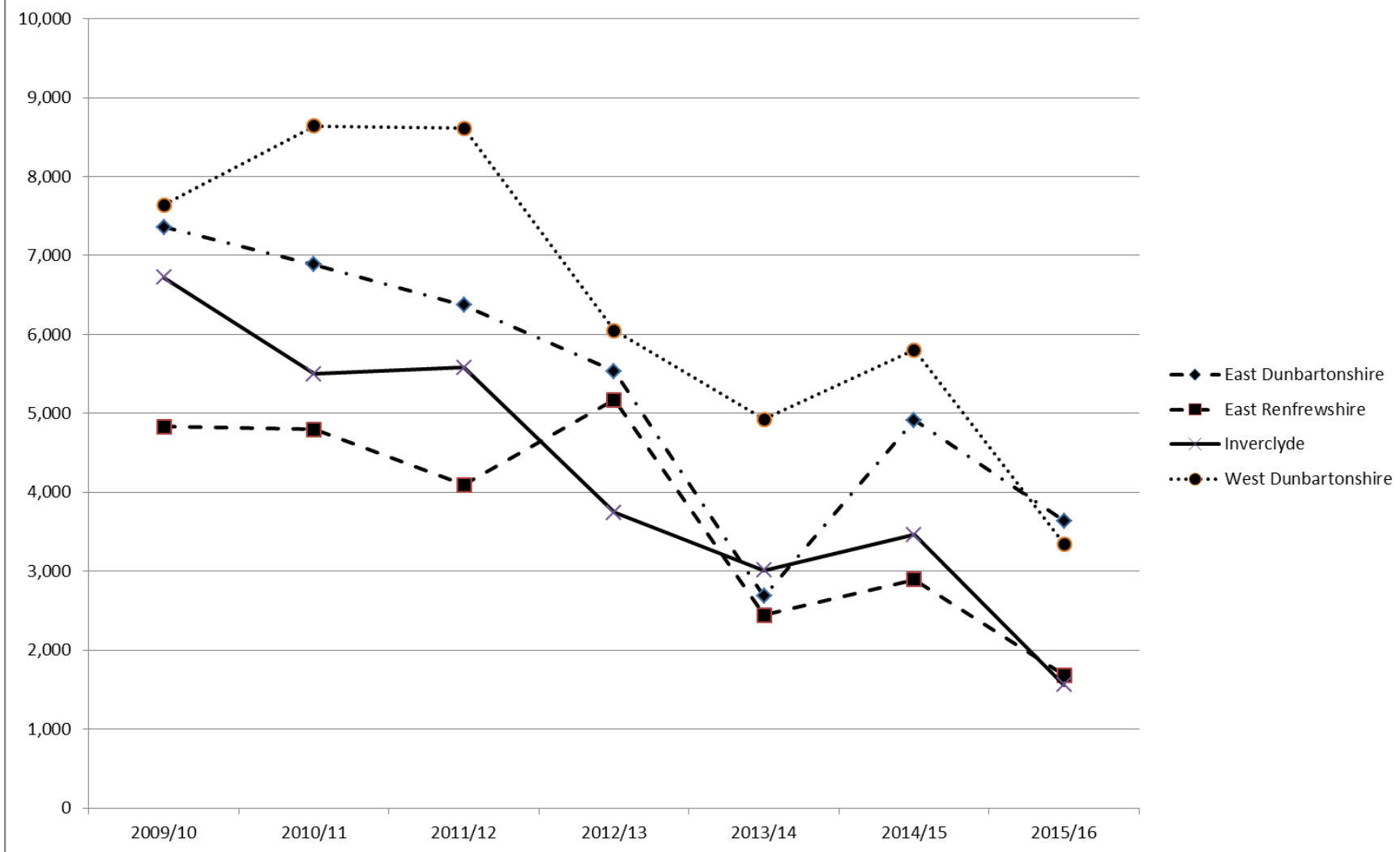
Delayed Discharges at Census by length of delay



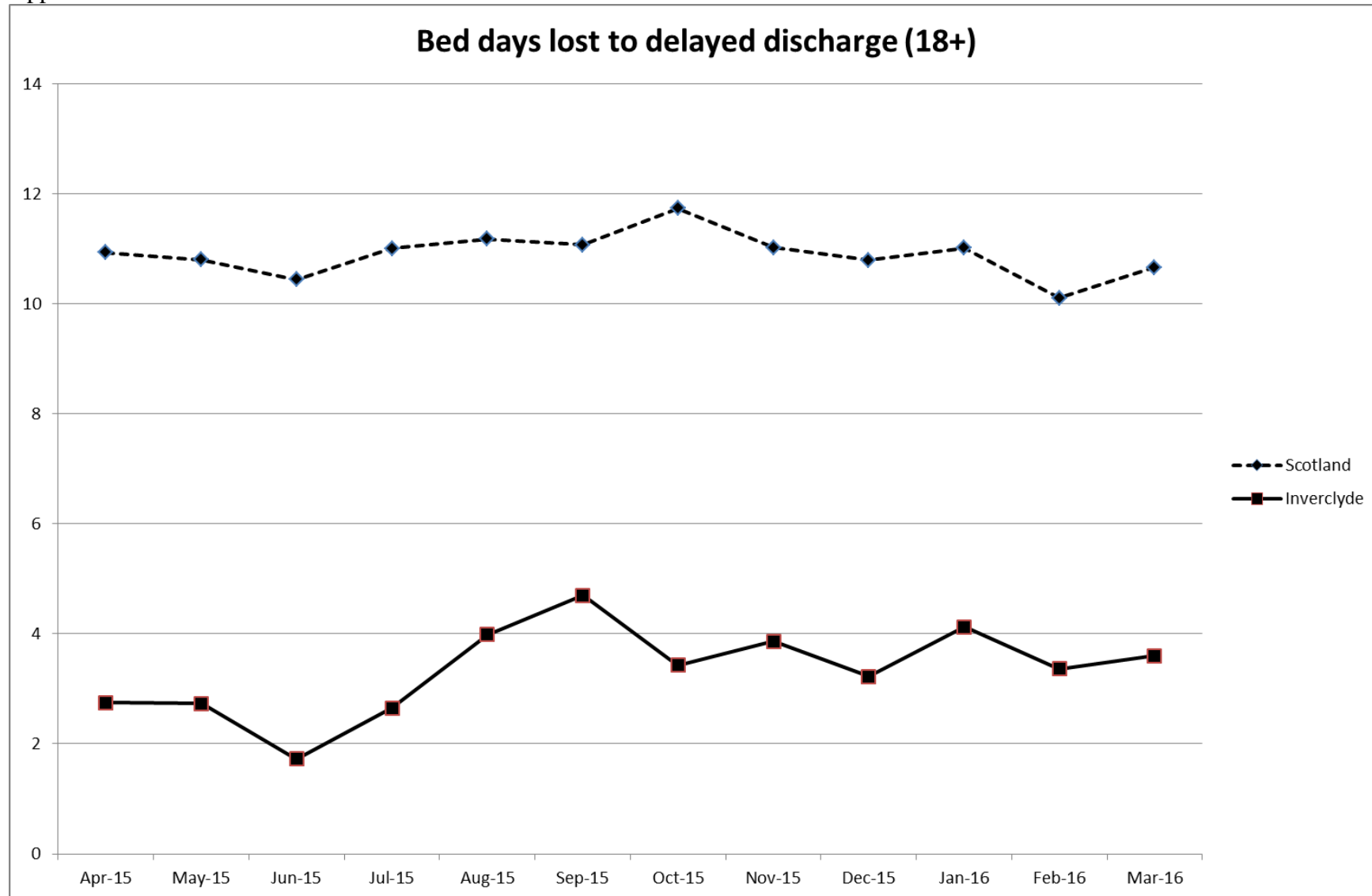
IRH Discharge Team - Referrals



Bed Days Lost to Delayed Discharge (65+) by year



Appendix D



The above chart shows Bed Days lost to Delayed Discharge per 1000 population of those who are 18 years and over. Population data used is the National Records of Scotland Mid-Year Estimate for 2015. This allows for effective comparison between two different population sizes.