

REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 25 JULY 2019

SUBJECT: DELAYED DISCHARGES

BY: CHIEF OFFICER

1. REASON FOR REPORT

1.1. To inform the Audit, Performance and Risk Committee of Moray performance in regards to Delayed Discharges and actions being undertaken to address the performance within this area.

2. RECOMMENDATION

- 2.1 It is recommended that the Committee:
 - i) note the performance of of Health and Social Care Moray (HSCM) in regards to Delayed Discharge; and
 - ii) consider and note the actions that have been outlined, with a report on the outcome of the workshop on 23 July 2019 to be brought to a future meeting.

3. BACKGROUND

3.1. The purpose of this report is to provide further analysis on the current Delayed Discharge performance as requested by this committee on 28 March 2019 (para 5 of the draft minute refers).

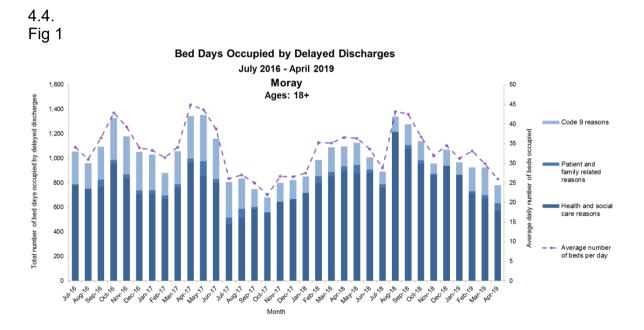
4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. HSCM are committed to reducing the time patients spend delayed in hospital who do not require to be in hospital whilst also increasing the acessibility of systems delivering safe, legal and person-centred discharge. There is unnecessary risk to health and wellbeing for people delayed when medically fit for discharge and also serious questions in regards people's liberty. Reducing delays also brings benefits such as; more efficient use of hospital and community-based resources; reducing costs and increasing service capacity.

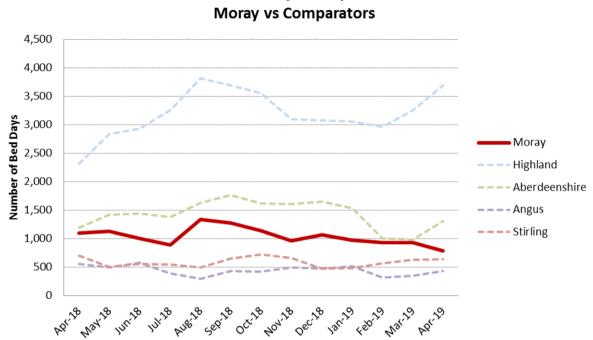




- 4.2. A delayed discharge is a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date. (Extensive documentation on the Delayed Discharge definition and methodology behind the process, coding and data capture can be found at: https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/Guidelines/docs/Delayed-discharge-Data-Definitions-Recording-Manual-FINAL.pdf)
- 4.3. The number of Bed Days Occupied by Delayed Discharge has varied over the past 3 years with a categorisation of being related to "Health and Social Care reasons" representing the majority. However, despite the Scotland wide difficulty in recruiting carers (<u>Shortage Occupations List 2018</u> Para 47) impact on the delayed discharge figure, this coding is the default value when data is entered in TrakCare (the IT system that captures all the data within the NHS hospital settings) and often will not represent the reality in Moray. Whilst the latest figure is one of the lowest since July 2016, the volatility of the measure requires constant monitoring and action (Fig 1):



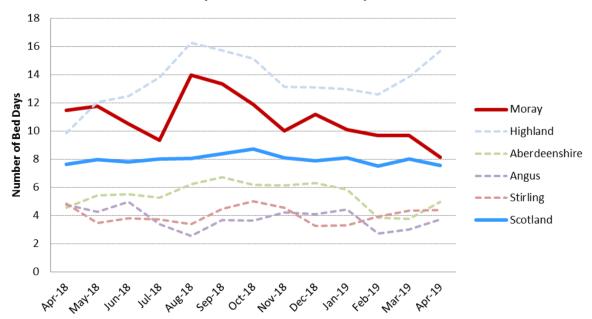
4.5. Moray has had a decreasing trend in the number of Bed Days occupied by Delayed Discharges since August 2018. While the raw figures (Fig 2) might show the current position to be in line with our comparators and neighbours (The Scotland figure is not comparable here as it is over 40,000 a month) the standardised number of Bed Days Occupied by Delayed Discharges a month per 1,000 population is a better measure for comparison showing Moray (Fig 3) as high and initially a target of meeting the Scottish Average should be considered: Fig 2



Number of Bed Days Occupied a Month

Fig 3

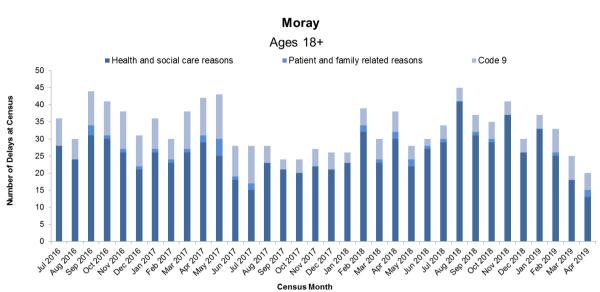
Number of Bed Days Occupied a Month Per 1,000 Population Moray vs Scotland and Comparators



4.6. In order for Moray to bring the above figure down to the consistent Scottish average of 8 days per 1,000 population in a month the total number of Bed

days occupied by Delayed Discharges a month would need to be under 732 for this measure.

4.7. The improved performance in the above measure is mirrored in the number of people Delayed at Census Date and the latest figure in April 2019 was the lowest in the last 3 years with only 20 recorded (Fig 4):



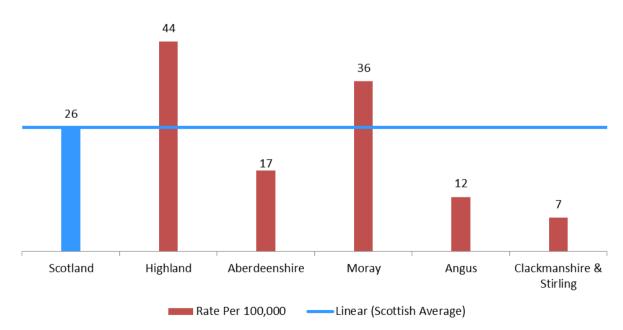
Delayed Discharge Census by Delay Reason

4.8. As Delayed Discharge raw figures can vary greatly from one month to the next the following shows the yearly average of the monthly census figures for Moray, Scotland and its comparators (Fig 5):

Fig 5

Fig 4

2018/19 Average Monthly Delayed Discharges at Census Date



4.9. In order to be able to compare figures across different populations a rate per 100,000 population of the 2018/19 monthly average is derived which has Moray averaging 36 delayed discharges a month per 100,000 population. In order to bring this number down to under the Scottish average of 26 **Moray would need**

to set a target of 25 Delayed Discharges at the Monthly census. This level has been met in March (25) and April (20) 2019 which demonstrates the impact the work that has been done already is having.

- 4.10. HSCM are looking to take forward improvement initiatives and have looked at other boards who have been working with Healthcare Improvement Scotland. Leadership and culture also clearly can enable progress to focus on reducing the overall time people spend in hospital.
- 4.11. Following a recent operational performance meeting it was agreed a whole system approach is required to take these improvements further within the local Moray Alliance process. It is understood that several improvement initiatives are required and there is not one single improvement area.
- 4.12. Through discussions at Performance Management Group, a facilitated process mapping session was undertaken by a small group of practitioners from across the partnership. They agreed that there should be further detailed work underpinned by a strong, collaborative, open and enabling leadership within a whole system approach and identified key improvement areas for further development as being :
 - Continued focus on recruiting home care staff
 - Early referral, home first and adults with capacity
 - Focused work on first 36 hours of admission
 - Discharge to assessment process
 - Intermediate care
 - Hospital from home
- 4.13. This will form the basis of a whole system workshop scheduled for 23 July 2019 that will have representatives from all services involved to identify the issues and potential solutions for Moray. A prioritised action plan will be collated from the outcomes of this session.

5. <u>SUMMARY OF IMPLICATIONS</u>

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

Performance management reporting is a legislative requirement under section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014.

In addition to publishing an Annual Performance Report, the Moray Integration Scheme requires that the MIJB will "monitor the performance of the delivery of integrated services using the Strategic Plan on an ongoing basis" (para 5.2.2 of the Moray Integration Scheme refers).

(b) Policy and Legal

None directly associated with this report.

(c) Financial implications

None directly associated with this report.

(d) Risk Implications and Mitigation

The report highlights the historical performance Moray has in regards to Delayed Discharges and the actions being undertaken to address this.

(e) Staffing Implications

None directly associated with this report.

(f) Property

None directly associated with this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not required for the Performance Framework because its purpose is to underpin the strategic direction for the service and there will be no differential impact, as a result of the report, on people with protected characteristics.

(h) Consultations

Consultation on this report has taken place with the following staff who are in agreement with the content in relation to their area of responsibility:-

- Head of Service,
- Chief Financial Officer,
- Caroline Howie, Committee Services Officer
- Corporate Manager

6. <u>CONCLUSION</u>

- 6.1 This report recommends that the Audit, Performance and Risk Committee note and comment on the update on delayed discharge performance of HSCM and the actions that are underway and planned in addressing poor performance.
- 6.2 The current level of delayed discharge is higher than HSCM would be comfortable accepting and there is a very clear focus and prioritisation from all services involved to reduce these figures.

Author of Report: Bruce Woodward Background Papers: Available on request Ref: