This paper relates to
Agenda Item 9

Title/Subject: **Delayed Discharge**

Meeting: **Transitional Board**

Date: **6th November 2015**

Submitted By: **CHP General Manager**

Action: **For Noting**

1. INTRODUCTION

1.1 The purpose of this paper is to update Transitional Board members on progress with meeting the national target that no-one who is ready for discharge should be delayed by more than 2 weeks. This paper also presents an action plan for discussion.

2. RECOMMENDATION

2.1 The Transitional Board is asked to note current performance and the action plan contained in the report.

3. BACKGROUND

3.1 As of 15th October census date, there were 23 people delayed in their discharge, 19 of whom were delayed for more than 2 weeks. These relate to delays which count towards the national, published delayed discharge target (standard delays).

3.2 Trend analysis from April 2015 shows an improvement in the position from September 2015 with a reduction in the numbers of people waiting over 2 weeks at the census point.

Table 1 (excluding Code 9 & Code 100)

	Apr 15	May 15	Jun15	Jul 15	Aug 15	Sept 15	Oct 15
Total delays at census point	6	19	24	23	25	36	23
Total number of delays over 2 weeks	1	9	11	11	16	25	19

3.3 In addition to the published delays, there are patients whose discharge is complex (code 9) or who have been in hospital for more than a year and whose discharge is part of a longer discharge planning process (code 100). The latter tend to be patients who are in long stay learning disability or mental health inpatient services.

Table 2 shows the total picture of delays in Forth Valley across all categories expressed as occupied bed days.

Table 2 total occupied bed days

	July	August	September	Equivalent Beds (September)
Standard Delays	796	897	1097	36
Complex Delays/ Guardianships (Code 9)	162	207	268	9
Code 100 Delays	217	217	210	7

3.4 **Table 3** shows the **weekly** position for the last four weeks.

Ta**ble 3**

	Total Delays (excl. Code 9 & 100)	Delays Over 2 Weeks	Delays Over 6 Weeks	Longest Wait (days)	Code 9 (incl guardianship)	Code 100	Total Delays
24th Sep	34	23	5	148	10	7	51
1st Oct	32	23	10	155	9	7	48
8th Oct	28	19	10	162	9	7	44
15th Oct	23	19	6	59	9	7	39

3.4 **Table 4** shows availability of care homes across Forth Valley in the past 2 weeks.

Table 4

	7th Oct	12th Oct	14th Oct	19th Oct
Falkirk	2	4	5	8
Stirling	10	9	9	18
Clacks	1	0	0	4

3.5 The availability of care homes in Falkirk to support patients first choice remains very limited. In addition, there has been limited availability of interim places across Forth Valley in the last month. Although improving, the number and length of delays continue to be challenging with **11** patients delayed for more than **4** weeks and **6** delayed for more than 6 weeks.

3.6 The discharge of **7** patients is currently been taken forward under the policy on choice, an improvement on the September position (15).

4. ACTION PLAN

4.1 An action plan has been developed for the Board's consideration and is attached.

4.2 The action plan focusses on medium to longer term actions which will help to support people to live at home safely and where possible avoid admission to hospital.

4.3 It will also support the "home first" ethos whereby on admission all staff should be working towards getting the patient home with appropriate support if required and care homes should not be considered until full assessment has been undertaken.

5. CONCLUSIONS

5.1 Although the position has improved in the last month the delayed discharge position continues to be a significant challenge for the Partnership.

5.2 Ongoing actions are required to continue to improve current performance in the short term together with the implementation of the plans contained in the Action Plan to build sustainability for the medium to long term.

5.3 There are no additional resource implications arising from this report.

5.4 This report identifies the current position in relation to the National Target for Delayed Discharges.

5.5 There are no additional Legal and Risk implications associated with this report.

5.6 No additional consultation has been undertaken for the purpose of this report and no equalities implications have been identified.

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Approved for Submission by: Title and Organisation

Author – Kathy O'Neill
Date: 15/09/15
List of Background Papers

Issue	Action	Responsible Person	Timescale
There are a number of services which are currently being delivered which are having an impact on small numbers of the population but are not having the impact required across the area to reduce ED attendances or acute admission	• Re model and implement where necessary services which meet the needs of the total population in a planned and sustained way. Services will include the Frailty Clinic, Closer to Home, ALFY, OOH 24/7 services. This is not an exhaustive list but a systematic review of current and required services will be undertaken. • Closer to home and ALFY will begin to be rolled out in December. • Recruit Community Physicians to work across Forth Valley to support building Community Resilience • Use the data provided by LIST (Local Intelligence Support Team) to identify the population who are the biggest users of our resources across H&SC and plan services for the future which reduce their needs and support them to live well at home. • New ARBD Team supported by ICF will assist with this for this particular high resource patient group.	Tracey Gillies and Kathy O'Neill Kathy O'Neill Tracey Gillies Tracey McKigen Kathy O'Neill	December 2015 Early 2016 (subject to recruitment of Team)
There are patients in hospital whose pathway is	• Identify the current patient pathways from admission to discharge and	Ian Aitken/Tracey Gillies	

delayed for a variety of reasons and whilst not delayed in their discharge their Length of stay could have been shorter	complete analysis of the pathways to streamline the journey. Work has already started to look at patient points in discharge pathway • Review model of Intermediate Care in Falkirk to support discharge. Review and agree pathway for use of additional short stay assessment beds • Use Estimated Dates of Discharge on admission proactively	Deirdre Cilliers Ian Aitken	December 2015
There are a number of patients whose discharge becomes delayed as they fall within the scope of the adults within capacity act	• Promote power of Attorney through publicity/ GPs/ early interactions with H&SC staff (e.g. ACP plans). Educate the general public that this is a positive step for the future • Identify patients early in the hospital stay who are likely going to fall within the remit of the adults with incapacity Act and take steps to have early conversations with families • Involve MHO staff Early in patient journey • Meet with Sheriff Principals and local Solicitors to try and influence timeline for legal process re. guardianship	Kathy O'Neill/Deirdre Cilliers Ian Aitken Tracey Gillies Kathy O'Neill/Deirdre Cilliers	In discussion/planning stage for roll out during 2016 In planning stage for implementation early 2016
There is a lack of an appropriate number of	• Embed Home First Ethos. On admission the first destination for patients is home	Tracey Gillies	

Care Home beds available in Falkirk	with support as required. Care home should be considered in a non-acute environment once the patient has moved on for assessment • Identify Current Care Home admission rate per head of population in comparison to Scotland. LIST team will provide this. • Step down beds/short stay assessment beds as an alternative to direct admission to care home. Step up beds as an alternative to acute admission. These will be part of a pathway including closer to home/ frailty clinic and other agreed services	Tracey McKigen Deirdre Cilliers	November 2015