



Thursday 24 August 2017 at 2.00pm

## Addressing Delayed Discharge

Item number: 5.3

### Executive summary

*The Midlothian Partnership has consistently been a good performer in addressing delayed discharge and ensuring that patients are discharged in a timely manner to an appropriate setting. Over the previous 6 months, this performance has deteriorated as a result of a number of factors that are set out in more detail within the paper. The report also sets out a range of actions that are either now in place or being implemented to address this performance and ensure safe discharge for patients.*

#### **Board members are asked to:**

1. *Note the current delayed discharge performance in Midlothian*
  2. *Discuss and support the detailed actions in place to address and reduce the number of patients who are delayed in hospital*
  3. *Agree to receive a further report to provide assurance that performance has improved*
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## Addressing Delayed Discharge

### 1. Purpose

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- 1.1 The purpose of this report is to highlight the current challenges within Midlothian in addressing delayed discharge and to set out the actions that are being taken to ensure patients are discharged at the earliest opportunity in their care pathway.

### 2. Recommendations

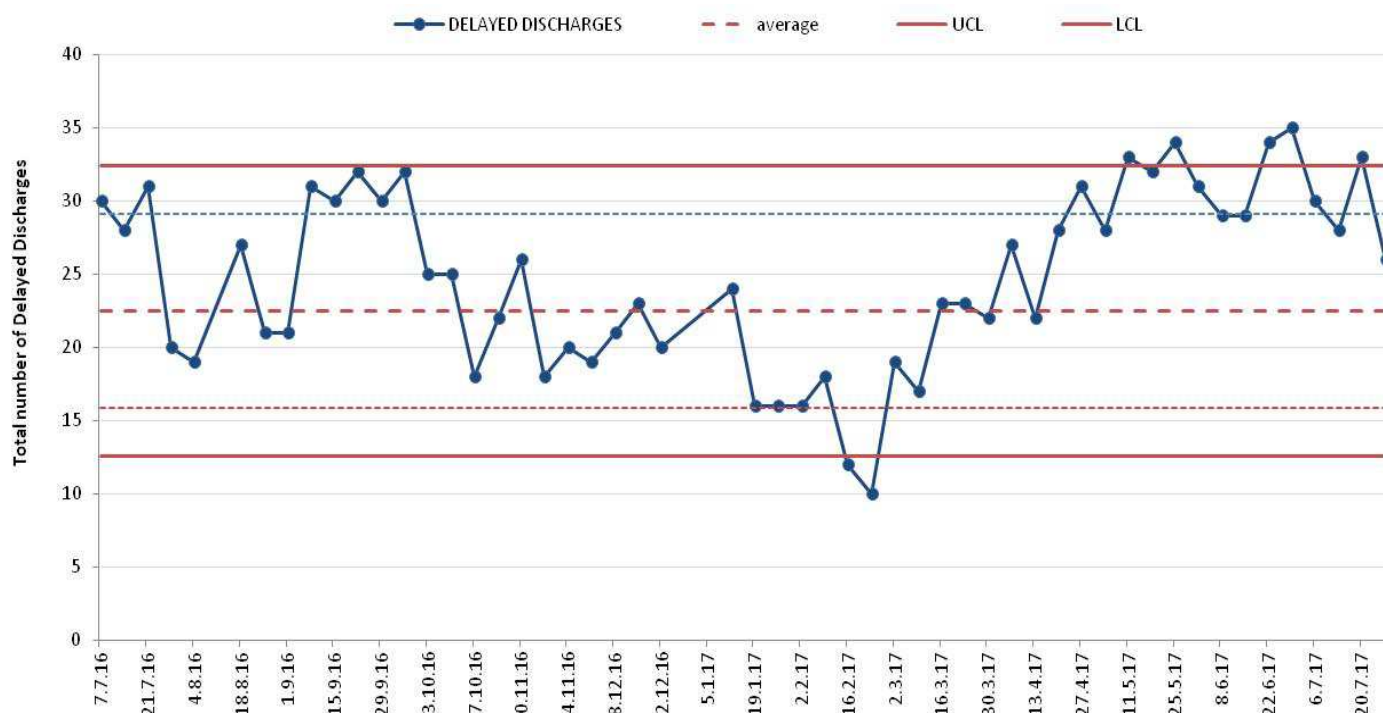
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- 2.1 Note the current delayed discharge performance in Midlothian
- 2.2 Discuss and support the detailed actions in place to address and reduce the number of patients who are delayed in hospital
- 2.3 Agree to receive a further report to provide assurance that performance has improved

### 3. Background and main report

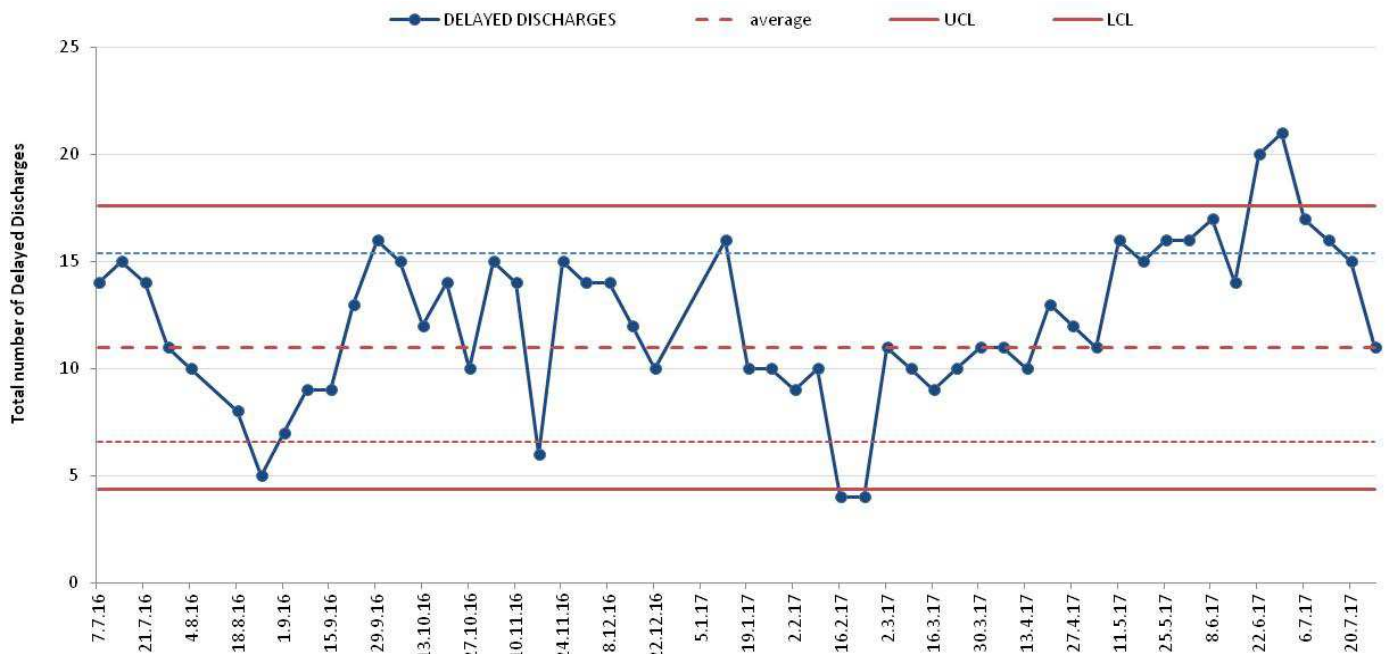
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- 3.1 Reducing and eliminating the number of patients whose discharge is delayed has been, and continues to be, a key priority within Midlothian and for Scottish Government. The impact on patients of an extended stay in hospital is well documented, with significant loss of mobility, confidence and function common outcomes as well as increased risk of hospital acquired infection. Therefore it remains imperative that patients are discharged once medically ready.
- 3.2 The number of patients delayed is also representative of how well the overall health and social care system is operating, demonstrating effective or ineffective patient flow. This can have a corresponding impact on the capacity for elective and non-elective activity, with beds being unavailable across the hospital sites, which can result in delayed admissions and cancelled operations.
- 3.3 Whilst previously delivering against the delayed discharge standard of no patients being delayed over 2 weeks, over the previous 6 months, performance within Midlothian has deteriorated due to a number of reasons. The table below sets this out in more detail, though it also highlights that contrary to winter pressures experienced within the hospital setting, it is the summer months that create pressures within social care.



*Table 1: Total number of patients delayed ready for discharge*

- 3.4 A key driver for these pressures has been significant challenges within the Care at Home sector, particularly within the west of Midlothian. This is a result of the withdrawal of a previous provider and the interim arrangements not delivering as effectively as planned. A decision has now been taken for the remaining care support workers to be transferred in to Midlothian Council and for the Service to be run by the Council as well.
- 3.5 There has also been an issue with the standards of quality and care being delivered by an external provider which resulted in poor grades by the Care Inspectorate and the decision by Midlothian to place the provider under Large Scale Investigation. At this point, no new referrals for packages of care were sent to the service.
- 3.6 Following extensive remedial actions, including the secondment of a registered manager from Midlothian Council, there have been significant improvements in the service and a follow-up inspection by the Care Inspectorate resulted in higher grades for quality and care being awarded. The service provider is no longer under large scale investigation.
- 3.7 There is currently an overall review of Care at Home now underway that will develop a new model of care to ensure services are fit for purpose now and in the future. A detailed briefing and engagement process with IJB members will be undertaken at the October IJB meeting.



**Table 2: Number of patients delayed waiting for a package of care**

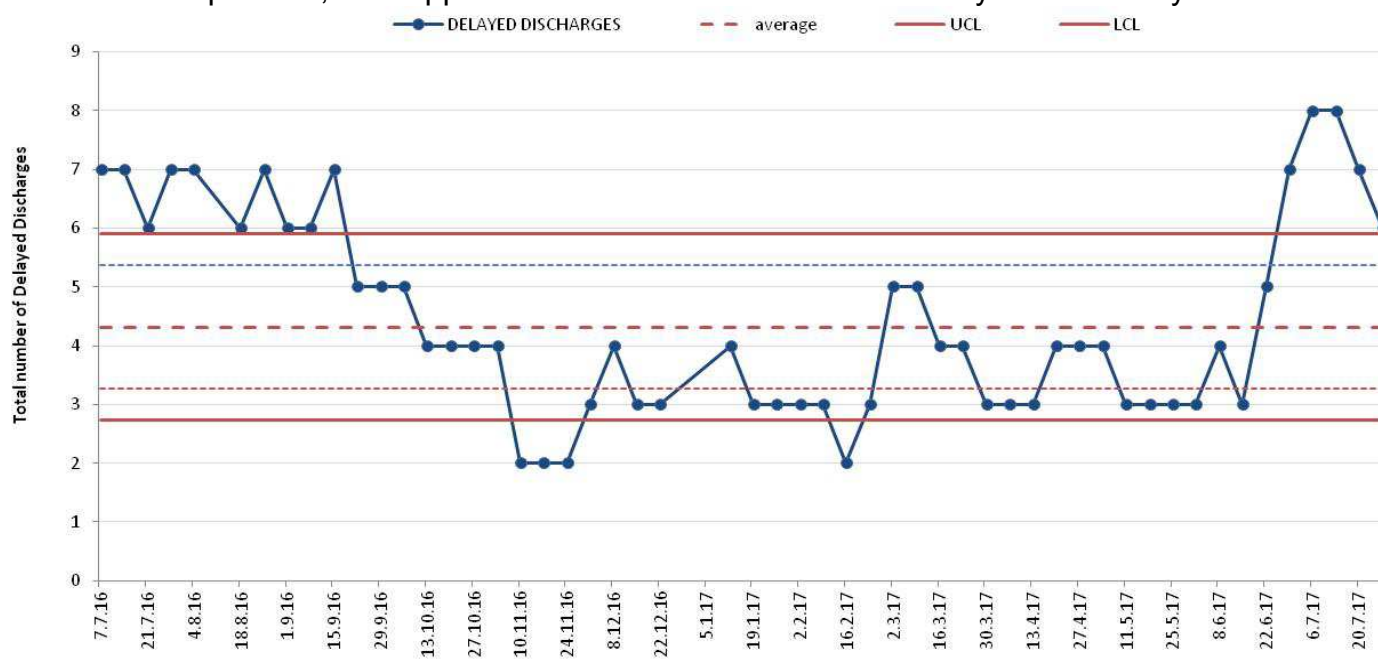
- 3.8 Alongside the increasing delays waiting for a package of care, there has also been a rise in patients who are coded as complex under the delayed discharge definition rules. The definition of complex can reflect that the patient requires guardianship as an adult with incapacity or if an interim move to another setting would not be in the best interests of the patient. There is close working with the In-reach team to ensure early identification and support for families who are progressing through the guardianship process and where possible patients are moved to Midlothian Community Hospital rather than remain in an acute setting.
- 3.9 Whilst the number of patients is generally low, due to the nature of the process, it can result in an extended wait within hospital.

*Table 3: Number of patients delayed who are coded as complex*

3.10 The range of actions that have been implemented as well as further actions that are planned is set out below to address the current performance:

- Implementation of 4 week pilot to divert all possible nursing home admissions to the Flow Centre and then to MERRIT to prevent admission to hospital
- Increased use of Midlothian Community Hospital to support patient moves to downstream beds and relieving some of the pressures on acute sites
- Weekly review of in-house service provision to increase capacity within Reablement through more effective use of the Complex Care service
- Additional management support being provided to external Care at Home provider to address concerns over service delivery
- Overall review of care at home services now nearing completion – this will create blueprint for future planning and delivery of services
- Tender published and shortlisted on Procurement website for new Framework Agreement in Midlothian to deliver care at home – delivered from 1 October
- Identification of senior manager to lead on discharge co-ordination across Midlothian and to ensure better flow between sites
- Transfer of staff from external service to Midlothian Council terms and conditions to create additional capacity within existing hours
- Support from acute Clinical Nurse Manager to implement new post-acute rehab pathway in Edenview Ward, MCH
- Establishment of post-acute rehabilitation ward within MCH and withdrawal from Liberton site to support improved patient pathway within Midlothian
- Removal of respite facility within MCH to create additional capacity (will now be provided within Newbyres Care Home
- Opening of Complex Care facility (Teviot Court) will support discharge for a patient with an extended length of stay
- Planned discharge of 2 long-stay patients from 'health house' Primrose Lodge to community setting by end of September.

3.11 These actions and the regular review of package of care availability, Highbank & MCH occupancy levels, care home vacancies and case management of patients, will support a reduction in the number of delays. The weekly bed



meeting provides oversight of these actions to ensure implementation.

- 3.12 Given the overall position in relation to delayed discharge and to provide assurance to the IJB, a further update report will be presented to the October and December IJB Board meetings.

## **4. Policy Implications**

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- 4.1 The establishment of the Integrated Joint Boards was to implement and accelerate change to shift the balance of care from institutional to community settings. A key performance metric for the IJB is to reduce the delayed discharge occupied bed days by 30% by September 2017.

## **5. Equalities Implications**

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- 5.1 The majority of delays are older people therefore there is a need to ensure timely discharge to support independent living and to prevent loss of function.

## **6. Resource Implications**

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- 6.1 There is both a financial and broader clinical costs associated with delayed discharge. The occupied bed results in waste within the hospital environment, preventing the bed being used by another patient, which may include elective activity. Furthermore, there are evidenced clinical impacts on patients who have an extended stay in hospital as a result of being delayed. This includes potential reduction in overall function, ongoing exposure to hospital acquired infection and loss of confidence when returning home.
- 6.2 There has been investment to increase community capacity through Scottish Government Delayed Discharge Funding and whilst this has had a positive impact to provide additional capacity within Highbank, the ongoing pressures in care at home is limiting this being fully realised.

## **7 Risks**

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- 7.1 There is a risk that patients will have their discharge delayed because there is insufficient community supports to enable timely discharge leading to deterioration in their health, beds being blocked and elective operations potentially being cancelled.
- 7.2 The actions as set out above will address these risks however there is a need to ensure effective monitoring to provide assurance around implementation and impact.

## **8 Involving People**

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- 8.1 The wider issue of shifting the balance of care from institutional to home or homely settings has been discussed widely within the Midlothian Older People's Assembly and Hot Topics, with overwhelming support for this approach.

- 8.2 In taking forward the Care at Home review, there is planned consultation and engagement with service users, carers and families to explore future models as well as exploring opportunities for how families can be better supported to provide care.

## 9 Background Papers

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None

<b>AUTHOR'S NAME</b>	Allister Short
<b>DESIGNATION</b>	Head of Primary Care & Older People's Services
<b>CONTACT INFO</b>	<a href="mailto:allister.short@nhslothian.scot.nhs.uk">allister.short@nhslothian.scot.nhs.uk</a>
<b>DATE</b>	19 July 2017

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