

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD – 30 AUGUST 2017

DELAYED DISCHARGE

1 Recommendation

The IJB is recommended to:

1.1 Endorse the current approach adopted by the Aberdeenshire Health and Social Care Partnership in managing delays in discharge from hospital

1.2 Agree to receive twice yearly updates at Integration Joint Board meetings with additional exception reports as required.

2 Risk

- 2.1 IJB Risk 1: Sufficiency of Resources – There is a risk the resources available to the Integrated Joint Board (IJB) are not sufficient to maintain delayed discharge performance.
- 2.2 IJB Risk 2: Health and Social Care Policy – There is a risk that failing to maintain positive performance the IJB will not be aligned to national policy and will not deliver against its strategic priorities.

3 Background

- 3.1 The Integration Joint Board (IJB) has received regular reports and participated in several development sessions on delayed discharge. The Transitional Leadership Group endorsed the Delayed Discharge Action Plan (May 2015) which sets out the mechanism for the reduction of the number of people who are delayed in hospital. The Action Plan committed the additional funding provided by the Government.
- 3.2 Longer stays in hospital are associated with increased risk of infection, low mood and reduced motivation, which can affect a person's health after they have been discharged and can also increase the likelihood of re-admission. This is especially pertinent with older people who experience a greater decline in independence the longer they remain in an acute hospital environment.

4 The Current Number of People Delayed

- 4.1 Chart 1 and Table 1 indicate the current number of people who remain in hospital whilst being medically fit for discharge. As you will note there is a decreasing trend however in May the number of people delayed increased to 45 from 37 in April 2017. Due to the complexity of the health and social care system short term

variations are to be expected albeit any delay in discharge experienced by a person is regrettable.

Chart 1 - Monthly number of delayed discharges as at monthly census point

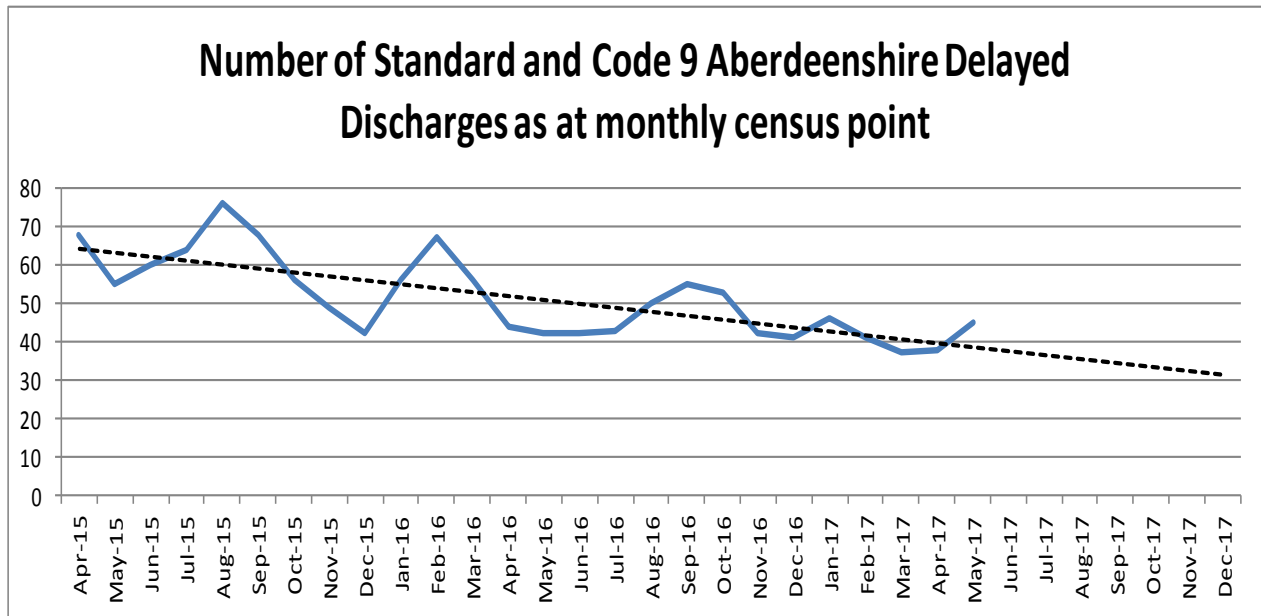


Table 1 - Number of Delayed Discharges as at monthly census point by length of delay

Monthly Census Point	Standard Delays			Code 9 (Complex) Delays			Total		
	14 Days & Under	Over 14 Days	Total	14 Days & Under	Over 14 Days	Total	14 Days & Under	Over 14 Days	Total Delays
Apr-15	25	26	51	3	14	17	28	40	68
May-15	20	19	39	0	16	16	20	35	55
Jun-15	25	16	41	0	19	19	25	35	60
Jul-15	17	34	51	0	13	13	17	47	64
Aug-15	24	37	61	1	14	15	25	51	76
Sep-15	16	41	57	0	11	11	16	52	68
Oct-15	17	26	43	0	13	13	17	39	56
Nov-15	18	23	41	0	8	8	18	31	49
Dec-15	14	20	34	2	6	8	16	26	42
Jan-16	20	27	47	1	8	9	21	35	56
Feb-16	17	33	50	3	14	17	20	47	67
Mar-16	19	27	46	1	9	10	20	36	56
Apr-16	13	21	34	1	9	10	14	30	44
May-16	18	17	35	2	5	7	20	22	42
Jun-16	14	22	36	1	5	6	15	27	42
Jul-16	16	17	33	1	9	10	17	26	43
Aug-16	18	20	38	1	11	12	19	31	50
Sep-16	16	27	43	2	10	12	18	37	55
Oct-16	16	29	45	0	8	8	16	37	53
Nov-16	9	26	35	0	7	7	9	33	42
Dec-16	12	22	34	1	6	7	13	28	41
Jan-17	21	19	40	0	6	6	21	25	46
Feb-17	17	17	34	2	5	7	19	22	41
Mar-17	11	17	28	1	8	9	12	25	37
Apr-17	13	17	30	2	6	8	15	23	38
May-17	16	20	36	3	6	9	19	26	45

5 Bed Days Lost to Delays in Discharge

- 5.1 Generally people do not want to be in hospital any longer than they need and have a wish to return home or move to a more homely environment as soon as possible. A long delay can often lead to a person falling ill again, or losing vital life skills, independence or mobility. It could ultimately result in the person requiring additional assistance when they are discharged due to a deterioration in their health and subsequent increased dependence.
- 5.2 Bed days lost to delays in discharge (Chart 2 & Table 2) is a clear indicator of the impact delays in discharge has across the hospital system. Every day a person remains in a hospital bed beyond being medically fit for discharge is counted and a running total maintained across the period of a year. Table 2 shows there was a 30% reduction in bed days lost to delays in discharge in 2016 compared to 2015. Whilst the actual number of people delayed in hospital reduced these figures suggest the length of time these individuals are delayed is also reducing. This trend has continued into 2017 with over 3000 less bed days lost to delayed discharge compared to the same period in 2016.

Chart 2. Number of Bed Days Lost to Delays in Discharge (Aberdeenshire H&SCP)

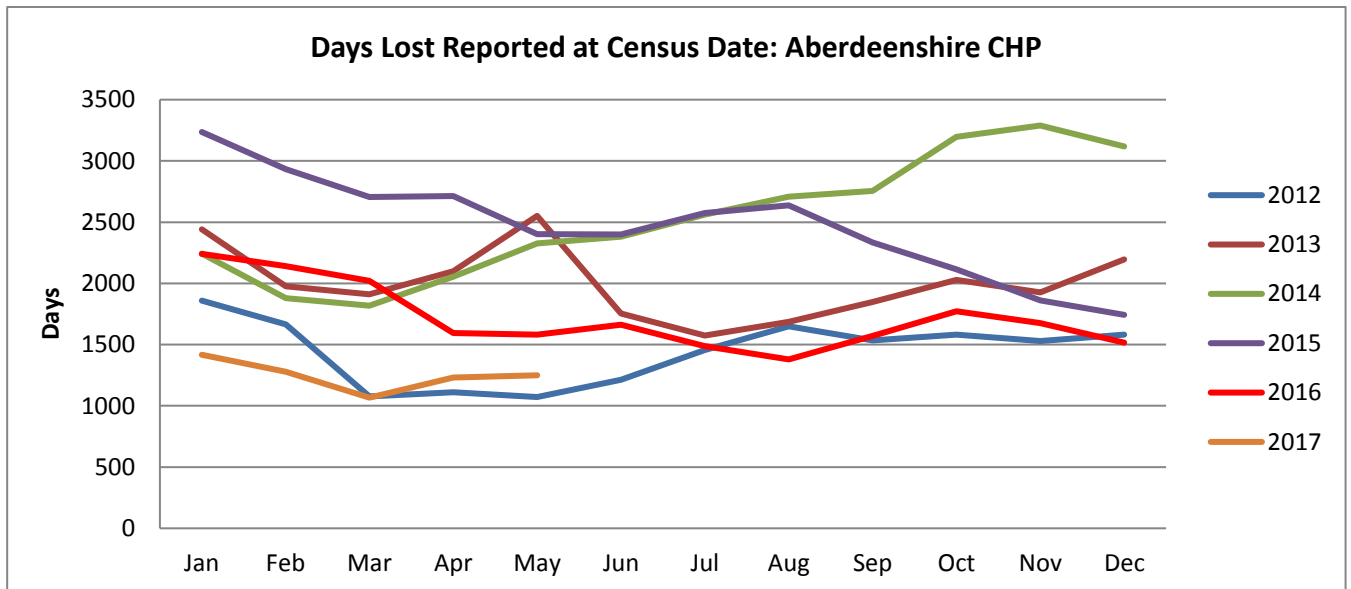
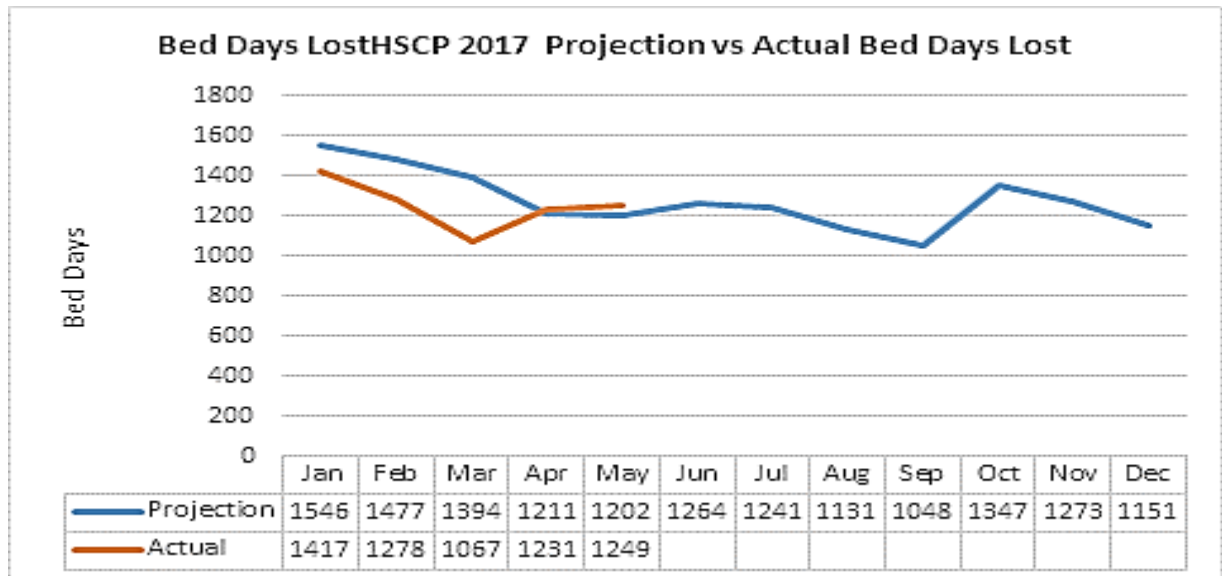


Table 2 – Total Bed Days Lost to Delays in Discharge

	2012	2013	2014	2015	2016	2017
January	1859	2440	2243	3236	2241	1417
February	1665	1976	1879	2933	2141	1278
March	1077	1912	1818	2706	2020	1067
April	1110	2100	2055	2712	1594	1231
May	1072	2551	2326	2403	1581	1249
June	1214	1753	2380	2399	1663	
July	1455	1574	2562	2574	1486	
August	1650	1685	2709	2637	1379	
September	1535	1848	2754	2334	1571	
October	1581	2029	3197	2114	1773	
November	1530	1926	3289	1861	1675	
December	1581	2196	3117	1743	1515	
Total Days	17329	26003	30329	29652	20639	

5.3 Work has been undertaken to project the number of bed days lost to delayed discharge on the basis of historical seasonal information and performance over previous years. Chart 3 shows encouraging performance over the initial 3 months of 2017 however it should be noted in April and May the number of bed days lost to delayed discharge increased in line with the number of people delayed in hospital.

Chart 3. Projection versus Actual Bed Days Lost to Delays in Discharge (Aberdeenshire H&SCP)



6 Grampian-wide Discharge Policy

6.1 A Grampian-wide Discharge Policy is being developed between the acute sector and the three Health & Social Care Partnerships with input from the Third Sector. Initial consultation took place during May and June of this year. Comments and suggestions for amendments are currently being collated and will be further discussed in August by the development group. It is intended the policy will be brought to a future IJB meeting for approval.

7 Conclusion

- 7.1 From winter 2014 onwards there is broadly a downward trend (Chart 1) in delayed discharges although month to month variations are to be expected. Performance is monitored closely to ensure delays in discharge are wherever possible minimised.
- 7.2 It is recognised that at both an individual and wider system level delayed discharge is a significant concern. Teams work closely with each individual and their family/support network to find solutions to help reduce the impact any delay has on a person's health and wellbeing.
- 7.3 It is recommended the Integration Joint Board receive twice yearly updates with additional exception reports as required.

8 Equalities, Staffing and Financial Implications

- 8.1 An equality impact assessment is not required because there are no impacts on the protected characteristics arising as a result of this report.
- 8.2 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officer within Business Services of the Council have been consulted in the preparation of this report and any comments have been incorporated within the report.

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