

# Update on Discharges from University Hospital Southampton – August 2017

## Southampton City Council Health Overview and Scrutiny Panel

### Introduction

Our last update in February 2017 discussed a considerable body of work that had been undertaken internally within the Trust and externally in collaboration with commissioners, community providers and the councils in relation to discharge and centred around the three pathways outlined in *Figure 1*. This work has continued and the pathways are now well bedded.

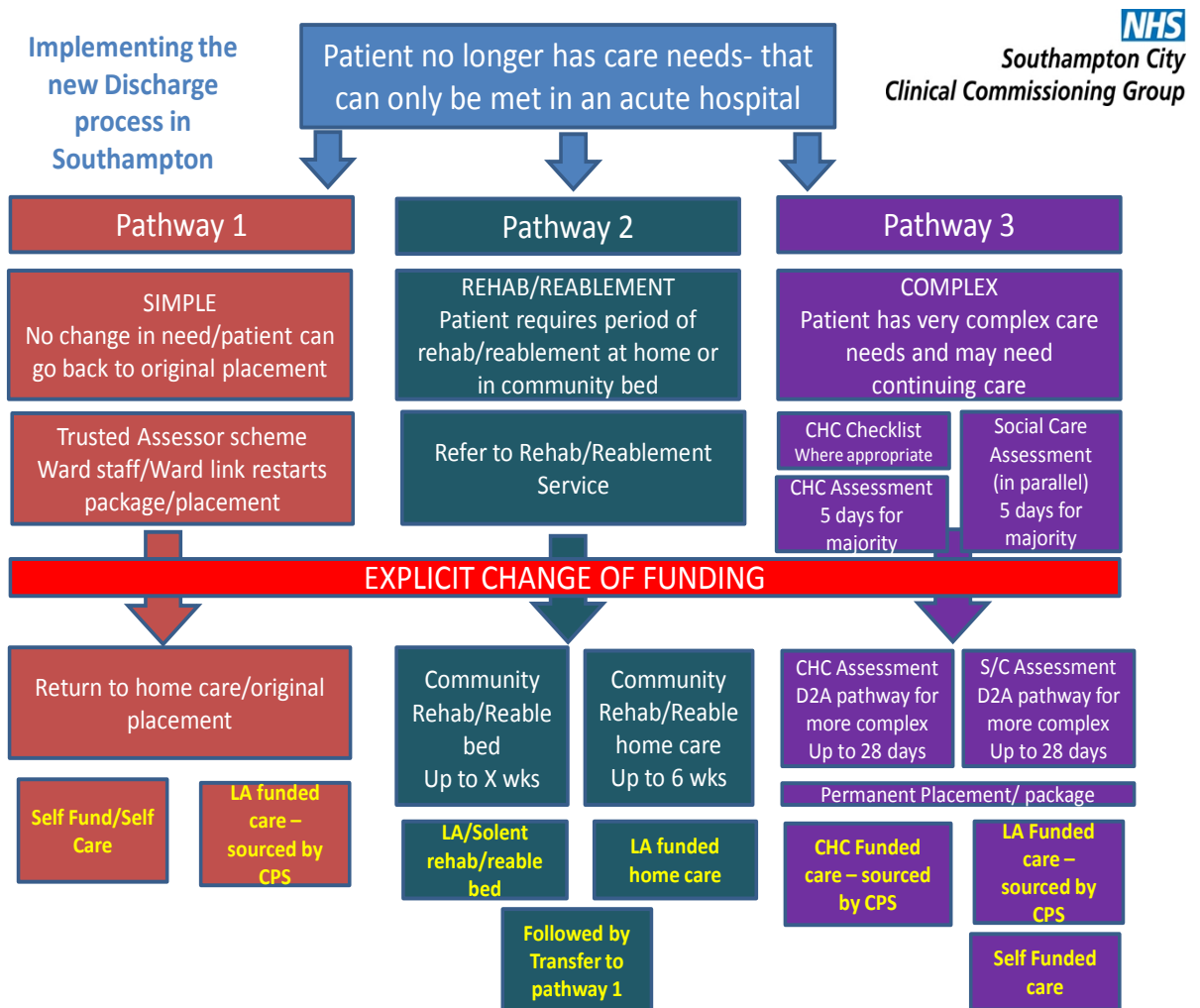


Figure 1: discharge pathways out of hospital

## **Details of work undertaken / ongoing**

- a) Agreed recovery trajectories with Southampton and West Hampshire Clinical Commissioning Groups and the relevant Councils for Delayed Transfer of Care
  - Reduce the system Delayed Transfers of Care rate to 3.5% by March 2018
  - Allocate specific performance targets to each delay reason cited within the Care Act reporting metrics
  
- b) Ongoing development of the UHS discharge team and Integrated Discharge Bureau
  - Development of Discharge Officer team to co-ordinate and case manage the discharge of complex patients in clinical ward areas, competency based
  - UHS Complex Discharge manager recruited and started in post March 2017
  - IT systems and new Social care act compliant system well embedded
  - Ongoing trust wide education
  - 7 day working consultation for UHS IDB staff commencing August 15<sup>th</sup> 2017
  
- c) Development of processes within the Emergency Department and Acute Medical Unit
  - Plan discharge from admission
  - Investment in resource and Frailty service
  - Consultant geriatrician in Emergency Department and Acute Medical Unit between hours of 8-8 will be in place from October
  - Work with Solent Urgent Response Service (URS) and SCC to embed pathways to more effectively pull patients out and better link with RSH
  
- d) Development of systems within the hospital to support flow
  - Electronic Patient Status At a Glance (ward white) boards – launch due Oct/Nov 2017
  - Introduction of effective board round project successful within MOP and medicine wards, to roll out across Trust this Autumn, includes red and green days
  - 'Eat Sleep Move' (Previously 'Stay Active' campaign) remains trust priority for 2017/18. Launched Summer 2017 and is ongoing
  
- e) Development of processes to enable UHS staff to discharge patients down pathway 1 / simple pathway without the involvement of social care
  - Trusted professional contract with HCC in place, SCC to follow shortly
  - Training complete on HCC systems, training on SCC IT systems will be required once contract in place
  - UHS Trusted professionals working through competencies and shadowing HCC staff
  - Process will be same for SCC once agreement in place
  - Data collection and impact assessment underway
  
- f) Successful roll out of Supported pathway in conjunction with Solent NHS trust
  - Discharge to assess scheme increased capacity to 22 patients per week
  - Reconfiguration of Royal South Hants to support better flow into non-acute step down beds – demonstrable improvement in RSH flow

- Further investment from Southampton City Clinical Commissioning Group in year 2017/18 and national recognition from NHS England - Cited in annual NHS-E report as best practice D2A scheme nationally.

### **Continuing healthcare (CHC) processes**

A combination of increased admissions, increased complexity and unexpected staff shortages has resulted in deterioration in performance. In the immediate term UHS has used internal staff to increase capacity and are actively recruiting. However, with the large restructure within WHCCG CHC teams there is a high risk that the current and future staff vacancies within UHS will remain unfilled. In the longer term the health system plans to perform a higher number of CHC assessments in the community: either prior to admission or on a discharge to assess basis. This is increasingly mandated by NHS-England. Determining a model and funding this continues to provide challenge to the system.

### **Time to wait for domiciliary care**

This remains the major issue for the national and local system. Delay in sourcing packages of care has increased, currently due to summer school holidays but anticipated also in the coming winter months. This impacts patients leaving the General Hospital and also those in the RSH and the effectiveness of the supported discharge to assess pathway. This is the major priority for the Southampton Health and Social care system and as such the organisations are working collaboratively to source dom care solutions. The situation is considerably better in the City than in Hampshire – to try and alleviate the situation UHS are working with HCC to recruit HCA's to provide dom care in hard to source areas in Hampshire, secondment and permanent recruitment is currently underway. Following a pilot, use of Care Home Select is underway to help source home care to support under pressure brokerage systems.

### **Time to wait for rehabilitation beds**

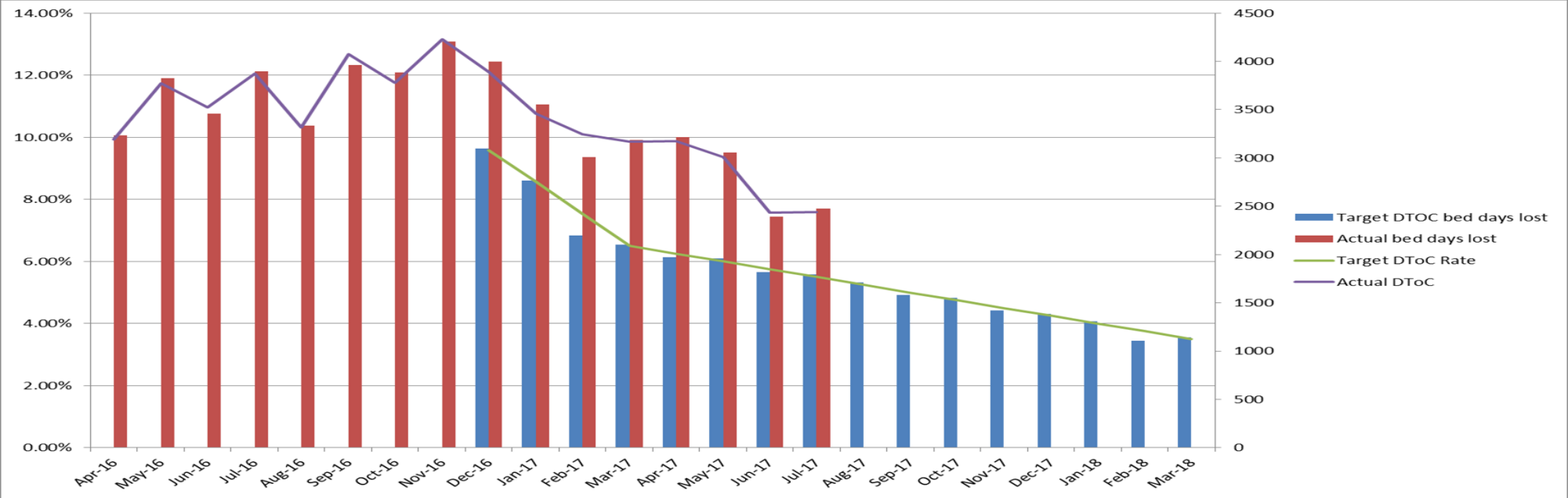
Flow into rehabilitation beds at the Royal South Hants has improved considerably and associated waits are usually no more than a few days, this is mostly due to a well embedded 'pull' model from RSH staff based within the IDB, as well as initiatives detailed above.

### **Conclusion**

Good progress has been made in many areas towards improving safe and timely discharge from hospital. The joint work we have put in is well embedded and continues to show its results in terms of the increasing numbers of discharges and operational position at the hospital relative to the regional and national picture. Whilst there has been an improvement in the performance since the last report, maintaining a steadily improving picture remains a challenge for the system and heading into the winter months will require additional focus.

The Panel should be aware that there are still significant risks and challenges as we move forward. Major pressures are a consequence of increased admission rates, increased frailty within the population and ongoing recruitment issues within the domiciliary care market.

**Monthly Trajectory**



**Improvement against trajectory, UHS, Southampton and Hampshire**

Weekly Trajectory	06-Apr-17	13-Apr-17	20-Apr-17	27-Apr-17	04-May-17	11-May-17	18-May-17	25-May-17	01-Jun-17	08-Jun-17	15-Jun-17	22-Jun-17	29-Jun-17
<b>UHS</b>													
Total - Target	63	62	62	62	62	60	60	60	60	57	57	57	57
Total - Actual	103	105	126	124	103	112	110	95	82	88	85	89	92
Variance	40	43	64	62	41	52	50	35	22	31	28	32	35
Target DToC Rate	6.25%	6.25%	6.25%	6.25%	6.00%	6.00%	6.00%	6.00%	5.75%	5.75%	5.75%	5.75%	5.75%
Actual DToC Rate	9.88%	10.07%	12.08%	11.89%	9.88%	10.74%	10.55%	9.11%	7.86%	8.44%	8.15%	8.53%	8.82%
<b>Southampton</b>													
Total - Target (30%)	19	19	19	19	19	18	18	18	18	17	17	17	17
Total - Actual	32	35	35	35	27	32	31	33	27	35	31	26	28
Variance	13	16	16	16	8	14	13	15	9	18	14	9	11
Health & Social Target (46%)	9	9	9	9	9	8	8	8	8	8	8	8	8
Health - Actual	12	16	22	19	15	15	16	16	16	13	17	9	14
Social - Actual	13	9	9	11	7	13	10	12	10	21	14	15	12
Both Target (7%)	1	1	1	1	1	1	1	1	1	1	1	1	1
Both - Actual	7	10	4	5	5	4	5	5	1	1	0	2	2
<b>Hampshire</b>													
Total - Target (70%)	44	43	43	43	43	42	42	42	42	40	40	40	40
Total - Actual	71	70	91	89	76	80	79	62	55	53	54	63	64
Variance	27	27	48	46	33	38	37	20	13	13	14	23	24
Health & Social Target (46%)	20	20	20	20	20	19	19	19	19	18	18	18	18
Health - Actual	37	27	48	37	22	33	36	28	31	37	29	29	33
Social - Actual	33	40	40	49	49	39	38	30	22	15	24	33	31
Both Target (7%)	3	3	3	3	3	3	3	3	3	3	3	3	3
Both - Actual	1	3	3	3	5	8	5	4	2	1	1	1	0

Weekly Trajectory	06-Jul-17	13-Jul-17	20-Jul-17	27-Jul-17	03-Aug-17	10-Aug-17	17-Aug-17	24-Aug-17	31-Aug-17	07-Sep-17	14-Sep-17	21-Sep-17	28-Sep-17
UHS													
Total - Target	57	54	54	54	54	52	52	52	52	52	49	49	49
Total - Actual	78	80	78	83	90	92	0	0	0	0	0	0	0
Variance	21	26	24	29	36	40	-52	-52	-52	-52	-49	-49	-49
Target DToC Rate	5.50%	5.50%	5.50%	5.50%	5.25%	5.25%	5.25%	5.25%	5.25%	5.00%	5.00%	5.00%	5.00%
Actual DToC Rate	7.48%	7.67%	7.48%	7.96%	8.63%	8.82%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Southampton													
Total - Target (50%)	29	27	27	27	27	26	26	26	26	26	25	25	25
Total - Actual	28	20	21	17	25	31	0	0	0	0	0	0	0
Variance	-1	-7	-6	-10	-2	5	-26	-26	-26	-26	-25	-25	-25
Health & Social Target (46%)	13	12	12	12	12	12	12	12	12	12	11	11	11
Health - Actual	10	11	11	8	12	19	0	0					
Social - Actual	16	8	8	6	11	7	0	0					
Both Target (7%)	2	2	2	2	2	2	2	2	2	2	2	2	2
Both - Actual	2	1	2	3	2	5	0	0					
Hampshire													
Total - Target (50%)	29	27	27	27	27	26	26	26	26	26	25	25	25
Total - Actual	50	60	57	66	65	61	0	0	0	0	0	0	0
Variance	22	33	30	39	38	35	-26	-26	-26	-26	-25	-25	-25
Health & Social Target (46%)	13	12	12	12	12	12	12	12	12	12	11	11	11
Health - Actual	22	25	25	27	29	26	0	0					
Social - Actual	27	33	31	37	35	34	0	0					
Both Target (7%)	2	2	2	2	2	2	2	2	2	2	2	2	2
Both - Actual	1	2	1	2	1	1	0	0					