Appendix 2

BACKGROUND DATA TO HOSPITAL DISCHARGES

PART 2 – FAILED DISCHARGES

PART 3 – DELAYED TRANSFER OF CARE



Background Data

The Caerphilly picture for hospital discharges:

- Which NHS hospitals do Caerphilly residents get discharged from?
- How many people are discharged from ABUHB hospitals?
- What responses do hospital discharge requests require?
- What support did people need on discharge?



Time frame and sources of data

Times frame:

6 month period – 1st January 2015 – 30th June 2015

Sources:

Aneurin Bevan University Health Board CCBC Social Services Frailty portal

Patient type:

18+ resident of Caerphilly physical health admission reason not mental health



Which NHS hospitals do Caerphilly residents get discharged from?

- Royal Gwent Hospital
- YYF
- St Wooles
- Neville Hall Hospital
- Prince Charles Hospital
- Royal Glamorgan Hospital
- Llandough
- Rookwood
- Velindra
- UHW
- Princess of Wales
- Morriston



How many people are discharged from ABUHB hospitals?

- Elective 1214
- Emergency 4400
- Obstetrics 1027
- Transferred to hospitals outside Gwent 245

Total – 6886*

*Please note that this does not include day cases, patients assessed out from assessment units or patients discharged from mental health units



What responses do hospital discharge requests require?

- Request for restart of same care provision:
 - 104 requests for 81 people
 - 19 people had care restarted 2 or more times.
- Hospital discharge where circumstances meant assessment required to support discharge:
 - 269 assessments

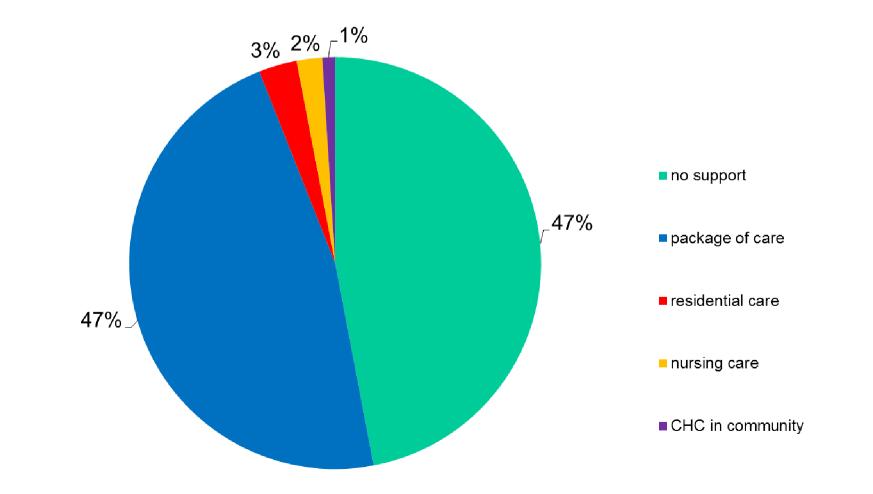
That means out of a potential 5614 discharges, only 373 were referred to social services for support with discharge from hospital.



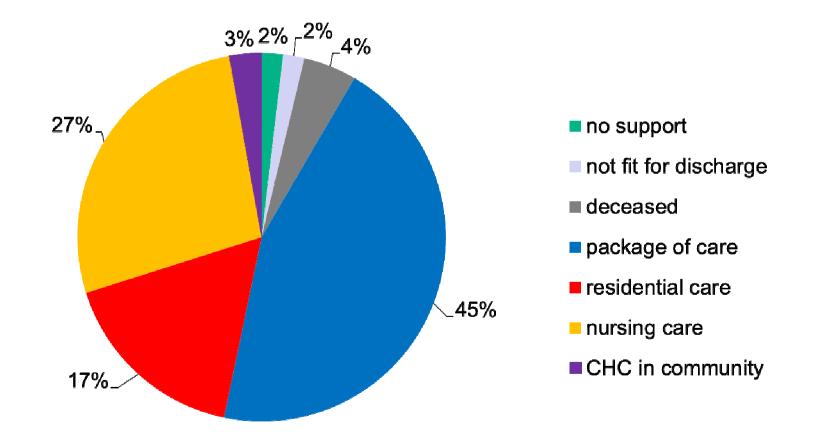
Assessments Completed in the period 01/01/2015 to 30/06/2015

Assessment Type	Count of Assessments	
AS - OT Contact / Overview	556	
AS- Specialist OT	491	
AS- Specialist Reablement Assessment	287	
AS-Hospital Discharge Assessment	269	
UAP Assessment	347	
AS Specialist SW Continuing Care Assessment	144	
AS- Specialist Moving & Handling Assessment	82	
UAP Contact Assessment	64	
AS - Specialist Visual Impairment Assessment	38	
Total Number Of Assessments	2278	

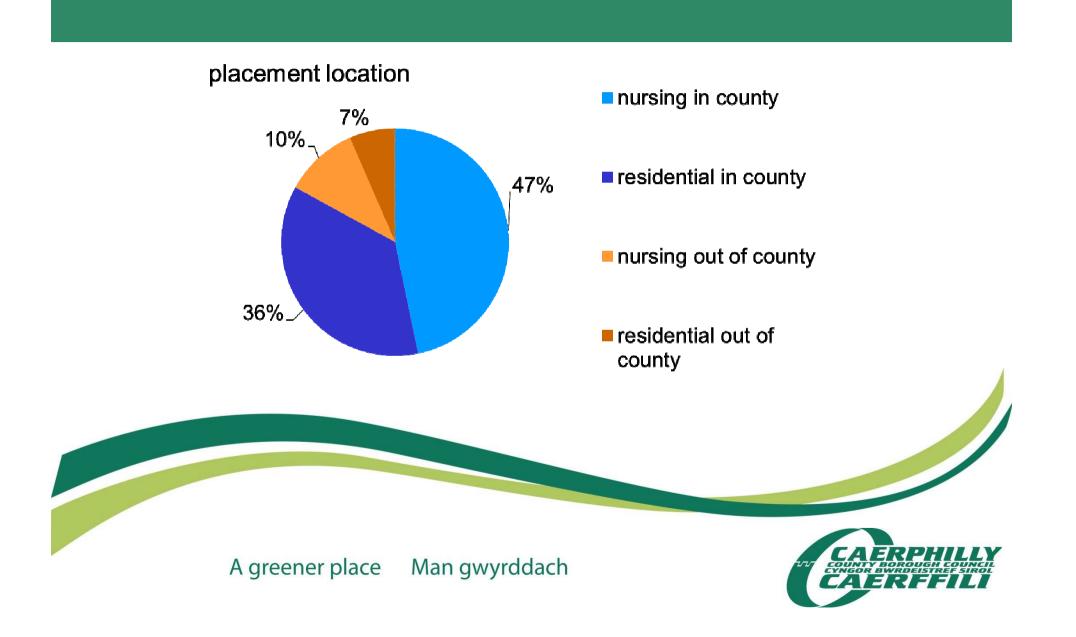
• What support did people need prior to admission?



• What support did people need on discharge?



Placements



VACANCIES AS OF 18TH SEPTEMBER 2015 BOROUGH RESIDENTIAL NURSING EMI RES EMI TOTAL PER NURSING BOROUGH CAERPHILLY TORFAEN NEWPORT **BLAENAU GWENT** MONMOUTHSHIRE TOTALS BY TYPE OF PLACEMENT



A greener place Man gwyrddach



Failed discharge notifications

There are 23 failed discharges to date this year. Approx. 50% are related to discharge without adequate care support.

RGH		РСН		NHH		UHW		YYF	
A & E	2	Ward 12	2	3/3	1	A1	1	MAU	3
C6E	1	Ward 11	2					OAKDALE	2
B6	1	Ward 9	1					UNK	1
Eyes	1	CDU	1						
D3E	1	MAU	1						



Other reasons for failed discharge notifications

- Dignity
- Discharge instructions omitted
- Medically unwell
- Equipment missing
- CHC paperwork not available
- Palliative care support not in place
- Reablement team not informed



Under reporting of issues linked to discharge

It is recognised that there is under reporting on issues.

What are we doing?



Delayed Transfer of Care (DToC)

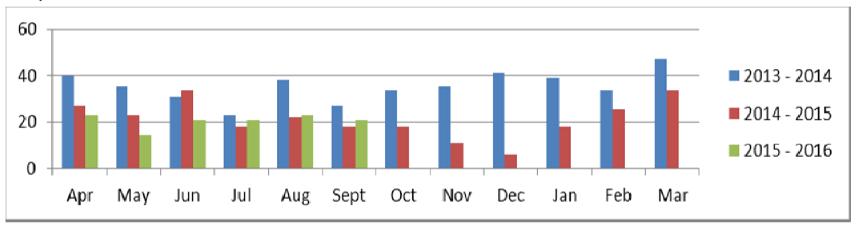
What is delayed transfer of care and how is it measured?

How are Caerphilly doing with DToC?

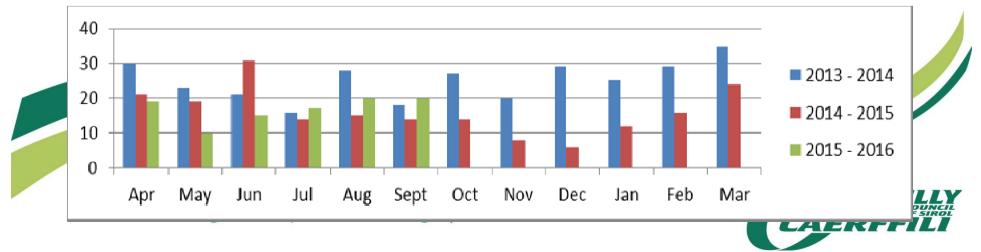


Contrast table for the past 3 years

Improvement and maintenance of lower DToC for the LA



ABuHB shows improvement, however sustainability of reduction year on year is not evident



Current health position

- Most recent data suggests that ABuHB are reporting DToC figures under the national Welsh LHB average.
- The joint validation process is currently undergoing redesign to improve engagement.
- Senior health managers are currently being tasked with improving internal monitoring and reporting systems for ABuHB hospitals
- Health Senior managers are challenging the agreed national coding system.

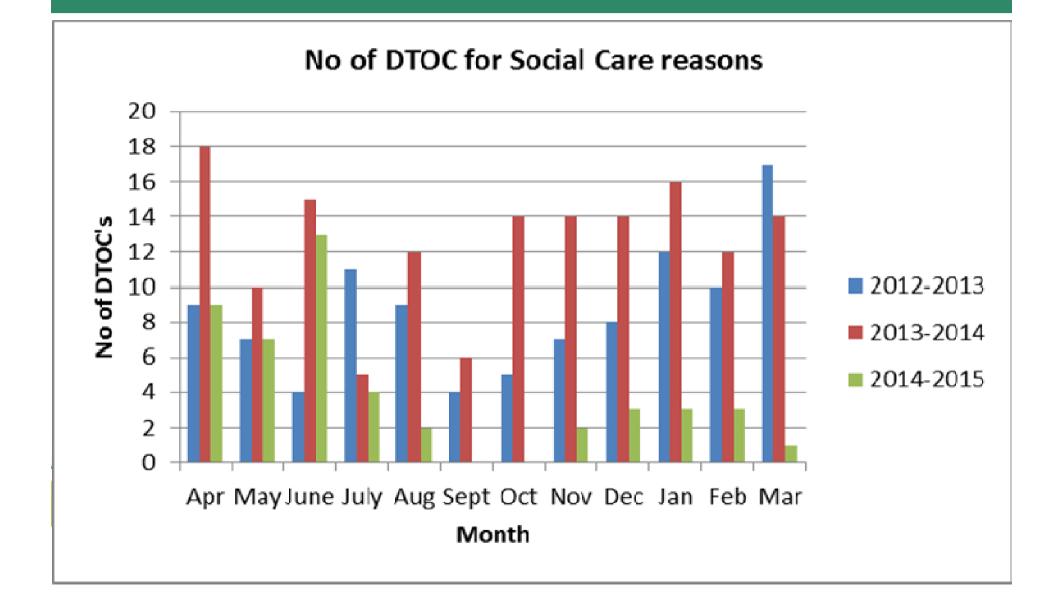


National picture

- Between 450 -500 DToCs per month (Approx. 1% of available beds nationally).
- Close scrutiny by health minister and deputy health minister on a monthly basis.
- Commissioned all Wales piece of work to identify DToC monitoring systems "fitness of purpose"
- Collective perception that transparency of monitoring is not uniform across LHBs/Las
- Are we measuring the right things and is there a better way to achieve appropriate LOS in hospitals
- Accommodation choice policy doesn't consider delays attributable to care home top up fees.



Caerphilly DToC social service reasons



Key themes for Caerphilly DToC

- CHC process delays
- Homes of choice
- Care package availability



Questions?

