

# **WEST DUNBARTONSHIRE COUNCIL**

## **Report by the Director of Social Work Services and Director of West Dunbartonshire Community Health Partnership**

**Health Improvement and Social Justice Partnership: 21 February 2007**

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**Subject: Delayed Discharge Position**

### **1. Purpose**

- 1.1** This report advises the Committee of performance improvements in the key target of reducing the number of West Dunbartonshire residents whose hospital discharge has been delayed at the point of the 15 January 2007 census.
- 1.2** It also advises of the actions taken to sustain the current downward trend in line with national policy and locally agreed improvement targets.

### **2. Background**

- 2.1** Delayed hospital discharge has been recognised by West Dunbartonshire Council and the Health Improvement and Social Justice Partnership as an issue that has negative consequences for patients and for local hospital systems. The Scottish Executive Health Department issued a directive on 23 February 2006 which set out future target setting for local partnerships and short-stay specialties (formerly described as “acute”). This directive instructs that the key targets will be
    - for 2006-07, to reduce all delays over 6 weeks by 50%;
    - for 2006-07, to free up 50% of all beds occupied by delayed patients in short-stay beds;
    - for 2007-08, to reduce to zero patients delayed over 6 weeks; and
    - for 2007-08, to reduce to zero those delayed in short-stay beds.
  - 2.2** On delays over 6 weeks, the starting position for each partnership will be set against performance in relation to the April 2006 target. This means that those who surpass the target will have fewer reductions to make in 2006-07. Partnerships who miss the April target will have to make up lost ground.
- ### **3. Progress**
- 3.1** In August 2006 the Health Improvement and Social Justice Partnership agreed revised action plans to reduce the numbers of delayed discharges,

particularly in respect of the key target areas of delays exceeding 6 weeks, and delays (of any duration) occurring in short-stay beds. The implementation of these plans has resulted in a significant reduction in the numbers in both of these key target areas.

**Table 1: Number of people whose hospital discharge has been delayed by 6 weeks or more.**

|                                 | <b>April 2006<br/>Actual</b> | <b>September<br/>2006<br/>Actual</b> | <b>January<br/>2007<br/>Actual</b> | <b>April 2007<br/>Target</b> |
|---------------------------------|------------------------------|--------------------------------------|------------------------------------|------------------------------|
| <b>Delay of 6 weeks or more</b> |                              |                                      |                                    |                              |
| Clydebank                       | 5                            | 5                                    | 4                                  | 3                            |
| Dumbarton/<br>Alexandria        | 26                           | 10                                   | 8                                  | 13                           |
| <b>TOTAL</b>                    | <b>31</b>                    | <b>15</b>                            | <b>12</b>                          | <b>16</b>                    |

- 3.2** Table 1 shows that the number of people delayed for 6 weeks or more has reduced further between September 2006 and January 2007. The individuals involved benefit from being supported to more appropriate models of care, and this is happening faster than before. Hospital services are under less pressure for hospital beds, meaning that planned admissions are less likely to have to be cancelled due to bed availability. This in turn has benefits for local people awaiting planned admissions or procedures.
- 3.3** On this index we are well in advance of our target position, and are optimistic that, even allowing for any slight slippage due to winter pressures, we should be able to sustain our course for the April 2007 requirement.

**Table 2: Number of people whose hospital discharge has been delayed whilst occupying a short-stay specialty (acute) bed.**

|                               | <b>April 2006<br/>Actual</b> | <b>September<br/>2006<br/>Actual</b> | <b>January<br/>2007<br/>Actual</b> | <b>April 2007<br/>Target</b> |
|-------------------------------|------------------------------|--------------------------------------|------------------------------------|------------------------------|
| <b>Short-stay Specialties</b> |                              |                                      |                                    |                              |
| Clydebank                     | 0                            | 3                                    | 2                                  | 0                            |
| Dumbarton/<br>Alexandria      | 18                           | 4                                    | 1                                  | 9                            |
| <b>TOTAL</b>                  | <b>18</b>                    | <b>7</b>                             | <b>3</b>                           | <b>9</b>                     |

- 3.4** Table 2 shows a further reduction in the number of people whose hospital discharge has been delayed whilst occupying a short-stay specialty (acute) bed. This is a key target area because the particular hospital beds involved are amongst the busiest in the system, and delays in short-stay specialties can very quickly compromise the hospital's ability to deliver emergency or urgent care.

- 3.5** On this index we are also well in advance of our target position, and are optimistic that, even allowing for any slight slippage due to winter pressures, we should be able to sustain our course for the April 2007 requirement

**Table 3: Total number of people who have been classified as ready for discharge but remain in hospital.**

|   | <b>April 2006<br/>Actual</b> | <b>September<br/>2006<br/>Actual</b> | <b>January<br/>2007<br/>Actual</b> | <b>April 2007<br/>Target</b> |
|---|------------------------------|--------------------------------------|------------------------------------|------------------------------|
| <b>Overall Number of Delayed Discharges</b> |                              |                                      |                                    |                              |
| Clydebank                                   | 5                            | 10                                   | 9                                  | 3                            |
| Dumbarton/<br>Alexandria                    | 28                           | 23                                   | 18                                 | 17                           |
| <b>TOTAL</b>                                | <b>33</b>                    | <b>33</b>                            | <b>27</b>                          | <b>20</b>                    |

- 3.6** Although the overall number of delayed discharges still stands at 27, the improvements in the key target areas (tables 1 and 2) show that length of delay is becoming shorter. This represents a considerably improved outcome for the patient, and an overall improvement in the management of hospital discharge.
- 3.7** We are continuing to monitor our joint performance closely, and are optimistic that we will achieve all of our April 2007 targets. At 15 January 2007 we had exceeded both of the key targets, placing us in a favourable position to sustain our performance over the winter period.

#### **4. Personnel Issues**

- 4.1** The delayed discharge targets set by the Scottish Executive are challenging. However there appear to be no direct issues in terms of staffing levels.

#### **5. Financial Implications**

- 5.1** The targets demand that we retain a clear focus on managing existing budgets, which may be put under additional pressure if we continue to have such a strong reliance on care home places.

#### **6 Risk Analysis**

- 6.1** Failure to meet our targets will place additional pressures on NHS hospitals and could potentially undermine partnership working and our management of the balance of care services. It is therefore imperative that performance information is produced in an accurate and timely manner, and that performance management continues in its current robust fashion to enable us to achieve the short and medium term targets.

## **7. Conclusions**

- 7.1** Timely implementation of the revised action plans has resulted in a notable improvement in performance. Both the Community Health Partnership and the Department of Social Work Services will continue to work together to sustain current performance levels.

## **8. Recommendations**

- 8.1** Members are asked to consider the report, and to make comment to the Director of Social Work Services and the Director of West Dunbartonshire Community Health Partnership.

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**Background Papers:** Scottish Executive Health Department letter of 23 February 2006.

**Wards Affected:** All council Wards.