

DELAYED DISCHARGES – POSITION AT 15 MARCH 2006

NHS Lanarkshire has 89 delayed discharges at 15 March 2006. This is against a delayed discharge target of 66 to be achieved by 15 April 2006. The reduction in number of delayed discharges from the previous month reflects, in part, the reclassification of 15 continuing care beds at Ravenscourt Nursing Home in Wishaw as intermediate beds. There are currently 48 continuing care beds at Ravenscourt as part of a contractual bed arrangement between NHS Lanarkshire and Ravenscourt Nursing Home. The reclassification will bring the 15 intermediate beds at Ravenscourt into line with the designation of similar beds across Lanarkshire and reinforces the concept of a continuum of care for older people, providing a flexible resource at the interface between hospital and community care. This adjustment will be reported to the Scottish Executive and will feature in monthly reporting. Those beds will not however be included in the count of delayed discharges.

The most significant factor in terms of number of delayed discharges remains patients waiting local authority funding to nursing home accommodation. The current number is 32. There is no indication that additional funding will be allocated by the Lanarkshire Partnership in 2006/07 to fund an increased number of nursing home places and therefore reduce the number of delayed discharges. Whilst every effort will be taken to manage a further reduction in the number of delayed discharges, it is unlikely that its impact will be sufficient to deliver the delayed discharge target of 66 by 15 April 2006.

The Scottish Executive has recently circulated to NHS Boards and Local Authorities details of revised delayed discharge targets for patients waiting discharge in 2006/07 together with changes in the way that information is captured and reported. Details of the new arrangements that will take effect from 1 May 2006 are attached.

The targets extend over a two-year period with progress on delivery to be evidenced on an annual basis. The targets are:

- For 2006/07 to reduce all delays over six weeks by 50%.
- For 2006/07 to free up 50% of all beds occupied by delayed discharge patients in short-term beds (a definition of short-stay beds is provided in the attached correspondence).
- For 2007/08 to reduce to zero patients delayed over six weeks.
- For 2007/08 to reduce to zero those delayed in short stay beds.

The implications for the Partnership of targets set for 2006/07 will be determined by the delayed discharge outturn at 15 April 2006. The focus of the new arrangements is to reduce further the number of delayed discharges. There are aspects of the information provided that requires further information and clarification and this will be sought from the Scottish Executive. Principle amongst those will be the extent to which the targets support the redesign of all services and provide improved outcomes for older people. Clarity will also be sought on the content, format and frequency of information capture and reporting.

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Dear Colleague

PATIENTS READY FOR DISCHARGE – FUTURE TARGET SETTING

I am writing to advise you that Ministers have decided to set revised targets for patients awaiting discharge and to highlight some important changes to the way we will collect and present related data from 1 May 2006.

Background

Partnerships have been telling us for some time that 20% year on year reductions are not sustainable beyond April 2006. The Ministerially-commissioned Tripartite Working Group and a recent Audit Scotland report on delayed discharges both recommended changes to the way we set targets.

Consideration

We have given careful consideration to ensuring that the revised targets are fair and challenging and we have consulted widely with practitioners. We trailed a number of proposals with a group of experts representing local authorities and the NHS. We also discussed the potential for implementing new targets with partnerships at a national event on 22 November 2005.

Targets

In partnership with health and social work colleagues we have proposed to Ministers a revised set of targets, and these have now been agreed. The targets as follows:

- 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.

On delays over 6 weeks, the starting position for each partnership will be set against performance in relation to the April 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.

The starting position in relation to those delayed in short-stay beds will be based on the results of the April census.

Conditions

We have also agreed that several important conditions should be applied to the new targets which will clarify and refine our data collection to improve the analysis and presentation of our statistics. The conditions, which have been endorsed by the National Advisory Group on Delayed Discharge Information, follow:

- **Short-stay Specialties** – This new term will be introduced from 1 May. We need to avoid variations in local interpretation of what is regarded as a short-stay bed or an acute facility for the purposes of measuring delayed discharges. This issue has been discussed at some length with partnerships and we have agreed that the 35 NHS specialities listed at Annex A appropriately reflects these facilities which should be deemed short-stay for the sole purpose of the quarterly ISD delayed discharge census. It was further agreed that a reasonable timescale was required to facilitate a patient's discharge from this setting. No more than 3 working days was considered a reasonable period.
- **Readiness for Discharge** – It is apparent that in some instances medical staff are making a unilateral decision that a patient is considered clinically ready to move to the next stage of care and that the patient's discharge/transfer of care is being delayed. In accordance with the good practice advice contained in the discharge protocols, partnerships should arrange for a formal multi-disciplinary process to be put in place to ensure that no patient is identified as being delayed without multi-disciplinary agreement. It is acknowledged that in many cases such arrangements are already in place e.g. through the mechanism of a weekly multi-disciplinary meeting. If a patient has a discharge date and the discharge from hospital is no more than 3 working days after the census then the patient should not be counted as a delayed discharge.
- **Complex Needs** – The current "exemption" code will in future be termed "complex needs" which more accurately reflects the groups of clients to be captured by the census. Furthermore, from 1 May 2006, Directors of Social Work, Chief Executives in the NHSScotland or their nominated representatives may, in limited circumstances, exempt certain patients from the main census results. This arrangement will only apply to partnerships that are unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge from hospital. Any patients falling into this category should be categorised under the new coding.

Adults with incapacity and patients awaiting place or bed availability where no appropriate facilities exist will continue to be recorded separately in the census results. The new coding will apply to these clients.

Local Deliver Plans

NHS Boards are preparing Local Delivery Plans (LDPs) for submission to the Health Department by 28 February. The LDPs will set out planned performance trajectories in respect of key performance measures, including numbers of delayed discharges, in each Board area over time. Boards should ensure that the performance trajectory in respect of delayed discharges in their LDPs is updated to reflect the revised targets.

Local Improvement Targets

The new targets should also be reflected in the Local Improvement Targets that you should submit as part of the annual Joint Performance Information and Assessment Framework (JPIAF) in May. The requirements for this year's JPIAF evaluation are set out in circular CCD5/05 which issued on 16 December 2005.

Please do not hesitate to get in touch should you wish to discuss any of the details contained in this letter.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Shaun Eales', with a long horizontal flourish underneath.

SHAUN EALES

Short-stay Specialties

Specialty	Average occupied beds
Dermatology	83.8
Endocrinology & Diabetes	1.8
Endocrinology	1.1
Diabetes	0.8
Genito-Urinary Medicine	0.4
Homeopathy	9.9
Medical Paediatrics	405.7
Palliative Medicine	100.7
Rheumatology	51.0
Cardiac Surgery	98.6
Thoracic Surgery	59.6
Ear, Nose & Throat (ENT)	146.5
Ophthalmology	54.7
Paediatric Surgery	62.9
Oral Surgery	39.9
Gynaecology	226.1
Clinical Radiology	0.9
Clinical Oncology	185.1
Plastic Surgery	108.2
Cardiothoracic Surgery	22.3
Infectious Diseases	106.8
Haematology	195.3
Neurosurgery	140.3
Renal Medicine* (Nephrology)	163.3
Urology	304.8
Neurology	77.2
Medical Oncology	72.2
Cardiology	296.7
General Surgery (excl Vascular)	773.7
Vascular Surgery	137.8
Gastroenterology	90.2
Respiratory Medicine	290.9
General Surgery	935.0
Trauma & Orthopaedic Surgery	1255.8
General Medicine	3331.1
Total beds	9030.8