



Integration Joint Board

29<sup>th</sup> May 2019

This Report relates to  
Item 11 on the Agenda

# ***Delayed Discharge Performance***

***(Paper presented by Gail Robertson)***

***For Discussion and Noting***

<b>Approved for Submission by</b>	Julie White, Chief Officer
<b>Author</b>	Gail Robertson, Patient Flow and Discharge Manager, NHS
<b>List of Background Papers</b>	None
<b>Appendices</b>	<b>Appendix 1</b> – Delayed Discharge Performance Report – March 2019

<b>Direction Required to Council, Health Board or Both</b>	<b>Direction to:</b>	
	1. No Direction Required	X
	2. Dumfries and Galloway Council	
	3. NHS Dumfries and Galloway	
	4. Dumfries and Galloway Council and NHS Dumfries and Galloway	

## SECTION 1: REPORT CONTENT

**Title/Subject:** Delayed Discharge Performance Report March 2019

**Meeting:** Integration Joint Board

**Date:** 29<sup>th</sup> May 2019

**Submitted By:** Gail Robertson, Patient Flow and Discharge Manager

**Action:** For Discussion and Noting

### 1. Introduction

- 1.1 This Paper and it's Appendix provide information on Dumfries and Galloway Health and Social Care Delayed Discharge Performance Report March 2019

### 2. Recommendations

#### 2.1 The Integration Joint Board is asked to:

- **Note and discuss the performance of the Dumfries and Galloway, Health and Social Care – Delayed Discharges**

### 3. Background

- 3.1 A delayed discharge occurs when a patient, clinically ready for discharge, cannot leave hospital because the other necessary care, support or accommodation for them is not readily accessible and/or funding is not available.
- 3.2 Partnerships have previously worked towards discharging patients from hospital within a maximum time period of 6 weeks, reducing to 4 weeks then 2 weeks in April 2015. Two weeks is not ambitious enough for the majority of people who should be able to return to the community within 72 hours of being ready for discharge. From April 2016 there is a new national indicator to measure the proportion of patients experiencing a discharge delay of up to 72 hours.
- 3.3 Standard delays  
All standard codes based on delayed discharge definitions as of 01 July 2016 (e.g. wait for care/residential home, wait for home care).
- 3.4 Complex Delays  
Complex delays also known as Code 9 delays are for the limited number of circumstances where a delay in discharge is typically out of the control of the NHS or Local Authority. These would include patients delayed due to awaiting place availability in a high level needs specialist facility where no facilities exist and where

an interim option is not appropriate; patients for whom an interim move is deemed unreasonable or where an adult may lack capacity under adults with incapacity legislation. It is the latter, Guardianship, that accounts for most of the complex delays in Dumfries & Galloway.

### 3.5 Hospital Move Delay

These are healthcare related delays and typically these refer to a wait in DGRI for a cottage hospital bed or occasionally a wait for a specialist hospital bed outside of the region and were captured under Code 42/42X respectively in the old delayed discharge definitions. These are ***no longer reported in official delayed discharge data to ISD*** since the change in definitions but are still captured locally to monitor patient flow between DGRI and cottage hospitals.

## 4. **Main Body of the Report**

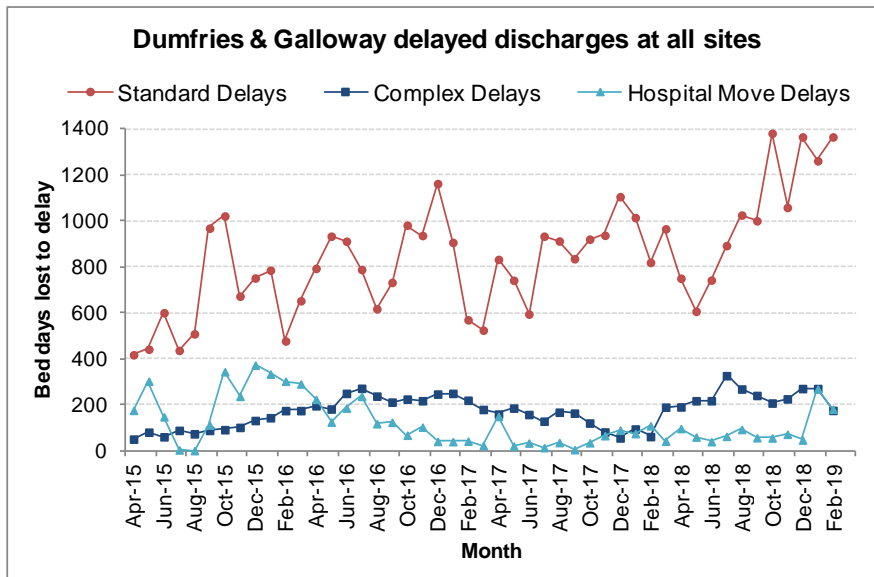
4.1 The following is the performance from March 2018 up to the end of February 2019. A detailed report is attached please see Appendix 1:

### 4.1.1 **Bed days lost to delayed discharges** (see table 1 below)

System wide, the following trends in bed days lost to delayed discharges were noted:

- Standard delays – higher for the last 12 months (Mar-18 to Feb-19) at 12,410 bed days lost than the 12 month period prior to this (10,166 bed days lost). This is equivalent to an average of 34 bed days per day lost system wide to standard delays between Mar-18 and Feb-19.
- Complex delays – higher for the last 12 months (Mar-18 to Feb-19) at 2,794 bed days lost than the 12 month period prior to this (1,549 bed days lost). This is equivalent to an average of 8 bed days per day lost system wide to complex delays between Mar-18 and Feb-19.
- Hospital move delays – bed days lost at DGRI while waiting for a cottage hospital bed have generally maintained the lower levels achieved during 2016 at typically less than 100 bed days lost per month. There was however an upwards spike in cottage hospital wait delays in the last two months, 268 bed days lost during Jan-19 and 180 bed days lost in Feb-19.

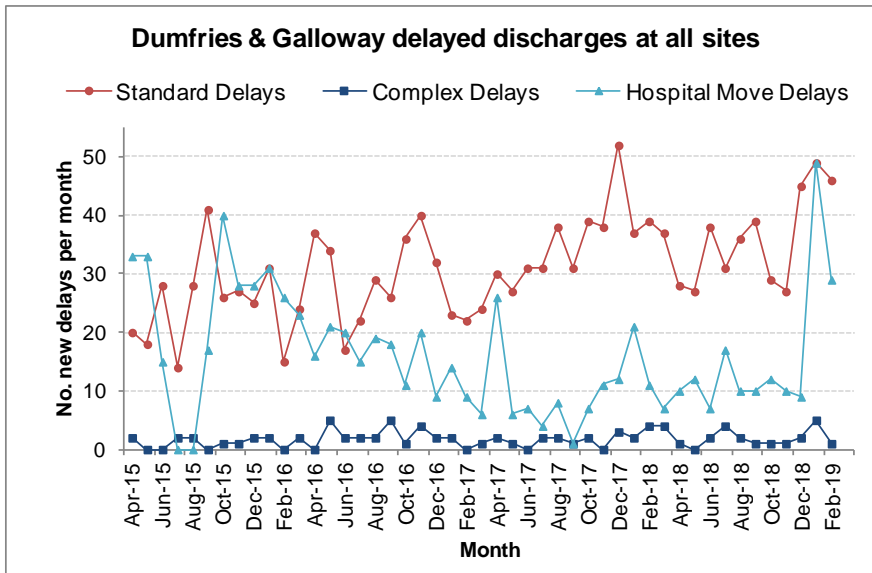
Table 1



**4.1.2 Number of delayed discharges (see table 2 below)**

Overall the number of new Standard delays identified each month had been increasing from just over 20 delayed discharges at Feb-17 to a peak of 52 delays in Dec-17 and, another winter peak between Dec-18 and Feb-19 of between 45 to 49 delays per month. The number of new Standard delays has been increasing at cottage/community hospitals as these delays at DGRI have declined. The increase in the number of hospital move delays was also evident from Jan-19.

Table 2



**4.1.3 Actual delay length**

For removals from the delayed discharge list during the 12 months Mar-18 to Feb-19 the actual delay length for standard delays was 1-3 days in 10% of

delayed patients, 37% of delays were >3 days – 2 weeks, 22% were >2 weeks – 4 weeks, 12% were >4 weeks – 6 weeks and 18% were >6 weeks.

#### **4.1.4 Reasons for delayed discharges**

The main reasons for a delayed discharge are a wait for a place in a residential care home bed and wait for care at home services to become available. Bed days lost to delayed discharges were however a little less for residential care home waits (3,943 Mar-18 to Feb-19 v 4,935 Mar-17 to Feb-18) but considerably higher for care at home waits with these increasing from 3,664 in Mar-17 to Feb-18 to 6,011 Mar-18 to Feb-19.

## **4.2 Addressing the Challenges**

### **Care at Home**

Localities are working with their local care at home providers to ensure the most effective and efficient use of resources. They are considering and, where appropriate, swapping packages so to increase their capacity and meet demand.

“Discharge, Flow and Me” events have been organised in each locality throughout June. This is being led by Scottish Care and the Patient Flow and Discharge Manager. The main objective is for all partners including providers to understand each other’s challenges and their role and responsibilities within the patient’s journey.

“Flowopoly” events have also be arranged, one in the East and one in the West. These have been specifically arranged at the request of the providers so that they have a better understanding of capacity and flow particularly with DGRI.

### **Flow Meetings**

Happen weekly in all localities and are chaired by a senior member of the team. Each delay is discussed and the team explore creative solutions to enable patients to be discharged. They utilise the resources within the localities e.g. community nursing doubling up with a care provider. Each case is reviewed ensuring that all SDS options are being revisited, sometimes requiring difficult conversations to be had with patients.

### **Commissioning**

Introduction of the CM2000 system is allowing commissioning to scrutinise the delivery and efficiency of services and identify opportunities to improve capacity.

Providers are identifying and highlighting to social work, service users who require reviews that potentially may reduce the level of support.

Providers are reporting challenges in recruiting new staff to their teams and are trying to be proactive in promoting vacancies.

Rapid Response/ Transition Team/ STARS

The Rapid Response/Transition service within Nithsdale locality is facilitate discharge from hospital and avoidance of admission. The transition team are currently supporting patients on discharge who do or do not have a start date for a long term care package.

The Short Term Assessment and Reablement service (STARS) supports timely discharge from hospital and avoidance of admission. Work is currently being undertaken to explore pathways and further opportunities within this service.

STARS are currently testing the use of the Frailty and IoRN tools to improve conversations between professionals and patients. This process helps to empower individuals to achieve outcome focussed practice and provide opportunities for rehabilitation and reablement. Training is being provided to all disciplines to facilitate seamless pathways from hospital to community that promote independence and reduce delays.

The team are proactively testing a group of technology products, Advanced Risk Modelling for Early Detection (ARMED), to detect sleep, hydration, exercise patterns that align to the principles of life curve. This enables early intervention, self management and anticipatory avoidance of deterioration which may lead to admission.

STARS have been experiencing recruitment challenges particularly west of the region and recruiting AHP's. To address this challenge a development (annexe U) OT post has been successfully recruited to, Band 5 developing into a Band 6. This post holder will in reach in to the Galloway Community Hospital and Cottage Hospital to facilitate early discharge. This is a flexible post which will respond to both the community and acute services.

### **Mental Health**

Reporting is more accurate within our Mental Health facility so we have seen an increase in the numbers being reported as delayed. There are a number of placement challenges within this facility - either the patients are waiting for Elderly Mentally Infirm (EMI) provision or specialist placement, these beds only become available on a one in one out basis.

The Mental Health Directorate has established a Delayed Transfer of Care, short life working group to address the increasing numbers of delays within Midpark. Only one meeting has been held identifying several initial actions; Choice Guidance needs to be more robustly applied, anticipatory care planning, involve commissioning to explore provision for younger adults requiring supported accommodation and the promotion of Power of Attorney. The HSCP is also involved in the National Power of Attorney campaign and plans to run a local campaign on social media at the same time as the national.

### **Housing**

A patient delayed due to housing e.g. can no longer return to their own home due to stroke or amputation remains a lengthy delay. In some cases it is possible for the patient to adopt up or downstairs living but not all cases. The partnership has

recently introduced a Housing Options and Homeless Service protocol for patients discharging from hospital. This ensures early identification and referral to appropriate services for patients with housing needs.

### **Care Home Placement**

There are still a number of patients delayed waiting on Care Home placement. The Choice Guidance is implemented across the region but practitioners do come up against challenges from families regarding interim placement, particularly if they are privately funding. The partnership is planning workshops to reiterate this process which includes escalation to the Medical Director, as there has been a number of new staff within the teams across the localities. Re-launching of information for patients, families and Carers on moving into a Care Home and the Choice Guidance.

The partnership is currently testing the use of five transition beds within one of the local Care Homes to provide an interim solution until vacancies arise. This will be evaluated within the next three months.

### **Strategic Planning**

At a more strategic level the Healthy Ageing Programme Board has established five sub groups:

- Care at Home
- Care Home
- Particular Needs Housing
- Day Services and Day Care
- Intermediate Clinical Care

Each group will work to develop a vision and strategic direction for all of the above.

Unscheduled Care Programme, the following are some of the initiatives that will have an impact on patient flow and delays in the discharge process:

- Daily Dynamic Discharge in all hospitals
- Earlier in the day discharges
- Discharge Lounge
- Transfer Team
- Frailty Team at the front door
- Integrated Respiratory Team

## **SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS**

### **5. Resource Implications**

5.1 No resource implications identified.

### **6. Impact on Integration Joint Board Outcomes, Priorities and Policy**

6.1 Delayed Discharges impact of the following national outcomes

- People, including those with long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
- People who use health and social care services have positive experiences of those services, and have their dignity respected
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- Health and social care services contribute to reducing health inequalities
- Resources are used effectively and efficiently in the provision of health and social care services
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
- People who provide unpaid care are supported to look after their own health and well-being, including to reduce any negative impact of their caring role on their own health and well-being
- People using health and Social Care Services are safe from harm

### **7. Legal & Risk Implications**

7.1 There are no legal risk implications

### **8. Consultation**

8.1 No Consultation required, performance report

### **9. Equality and Human Rights Impact Assessment**

9.1 Not applicable

### **10. Glossary**

EMI	Elderly Mentally Infirm
STARS	Short Term Assessment Reablement Service



## Delayed Discharges – Dumfries & Galloway

### Notes:

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Complex delays	Complex delays also known as Code 9 delays are for the limited number of circumstances where a delay in discharge is typically out of the control of the NHS or Local Authority. These would include patients delayed due to awaiting place availability in a high level needs' specialist facility where no facilities exist and where an interim option is not appropriate, patients for whom an interim move is deemed unreasonable or where an adult may lack capacity under adults with incapacity legislation. It is the latter, Guardianship, that accounts for most of the complex delays in Dumfries & Galloway.
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### Data Source for all tables and charts:

Local Dumfries & Galloway delayed discharge database, extract date 05/03/2019.

Delay reasons matched to new delayed discharge definitions.

Data correct at time snapshot taken in each month although data updates to records may occur after this date and may therefore differ slightly from data reported for national returns or in other reports.

Compiled by Jenny Bruce, Senior Health Intelligence Analyst, March 2019.

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<sup>1</sup> Delayed Discharge National Data Requirements Version 1.0. NHS NSS Scotland 2016.

## Key Points

### Bed days lost to delayed discharges (see Figure 1, Table 3)

System wide the following trends in bed days lost to delayed discharges were noted:

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### Number of delayed discharges (see Figure 3)

Overall the number of new Standard delays identified each month had been increasing from just over 20 delayed discharges at Feb-17 to a peak of 52 delays in Dec-17 and another winter peak between Dec-18 and Feb-19 of between 45 to 49 delays per month. The number of new Standard delays has been increasing at cottage/community hospitals as these delays at DGRI have declined. The increase in the number of hospital move delays was also evident from Jan-19.

### Reasons for delayed discharges (see Table 1, Table 3)

The main reasons for a delayed discharge are a wait for a place in a residential care home bed and wait for care at home services to become available. Bed days lost to delayed discharges were however a little less for care home waits (3,943 Mar-18 to Feb-19 vs 4,935 Mar-17 to Feb-18) but considerably higher for care at home waits these were increasing from 3,664 in Mar-17 to Feb-18 to 6,011 Mar-18 to Feb-19.

### Actual delay length (see Table 2)

For removals from the delayed discharge list during the 12 months Mar-18 to Feb-19 the actual delay length for standard delays was 1-3 days in 10% of delayed patients, 37% of delays were >3 days – 2 weeks, 22% were >2 weeks – 4 weeks, 12% were >4 weeks – 6 weeks and 18% were >6 weeks.

### Locality trends in bed days lost to delayed discharges (see Figure 4, Table 3)

In the last two years bed days lost to Standard delays have varied typically between 200-380 bed days per month for Annandale & Eskdale residents with care at home accounting for just less than two thirds (58%) of this in the last year.

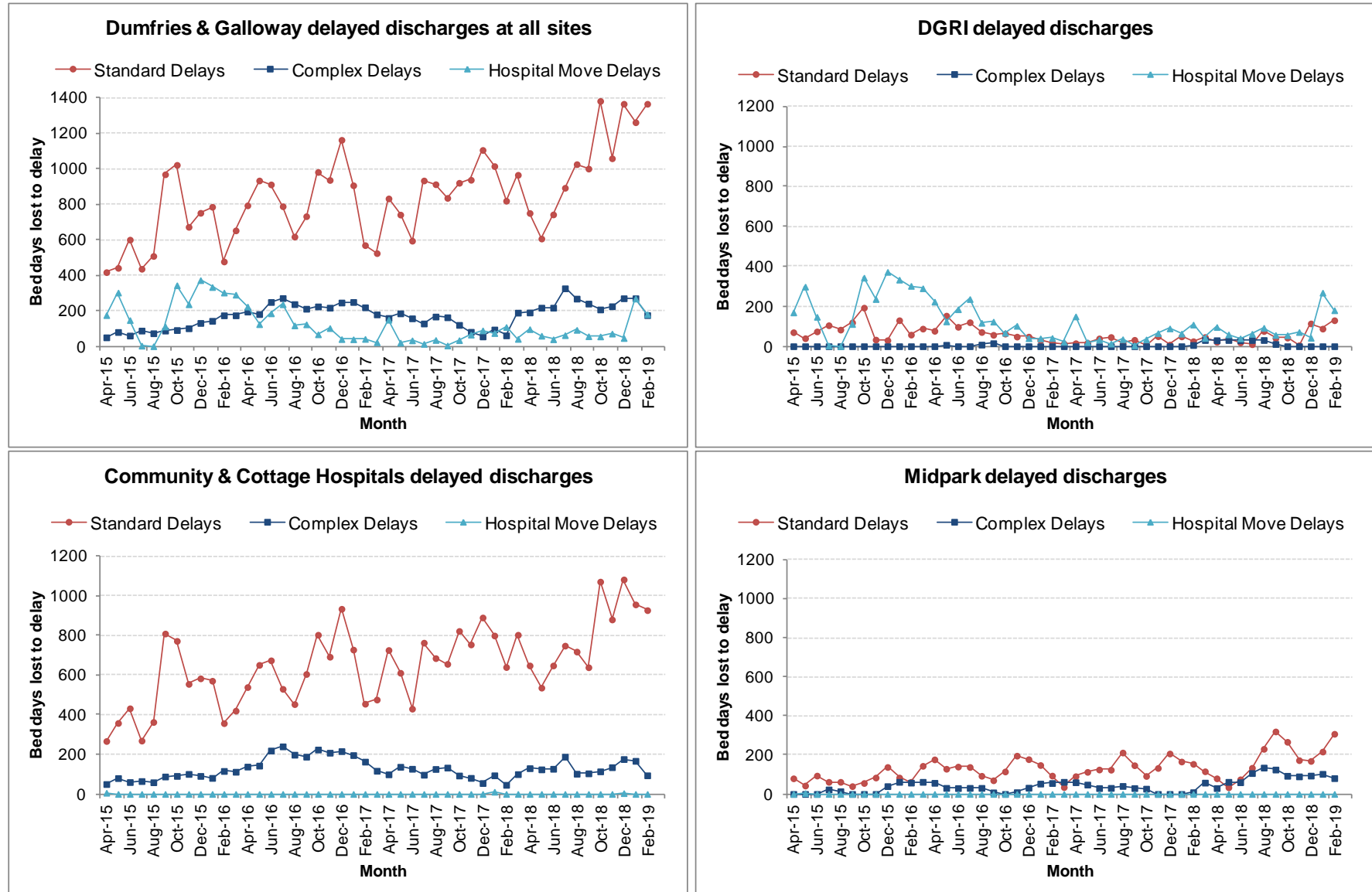
Bed days lost to Standard waits for Nithsdale residents increased throughout the autumn of 2017 to a peak of 540 bed days lost per month in Dec-17 and remained high until Mar-18. Since then bed days lost fell back during spring but have been increasing

again in recent months and was over 600 bed days lost per month between Dec-18 and Feb-19. From Mar-18 onwards there has been an increase in bed days lost due to complex days for Nithsdale residents.

Bed days lost to standard delays in Stewartry residents were typically remained between 50 to 100 bed days per month since Feb-17 although have been a little higher since Sep-18.

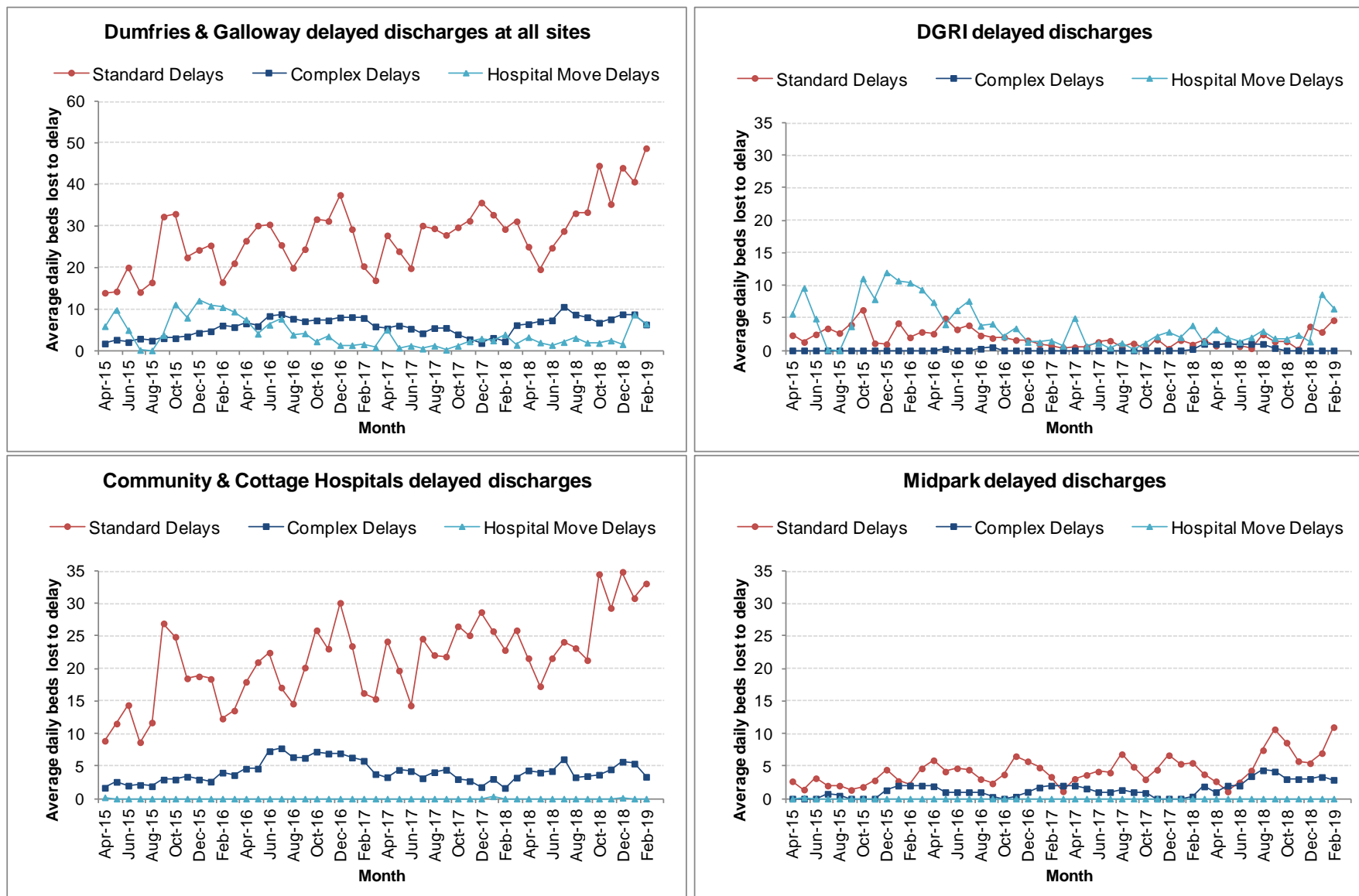
In Wigtownshire standard delays have increased from around 100 bed days lost per month in the spring of 2018 to a peak of 363 bed days in Oct-18. The main driver for the increase in Standard delays is due to waits for care home beds.

**Figure 1 Monthly Bed Days lost to delayed discharges – Dumfries & Galloway**



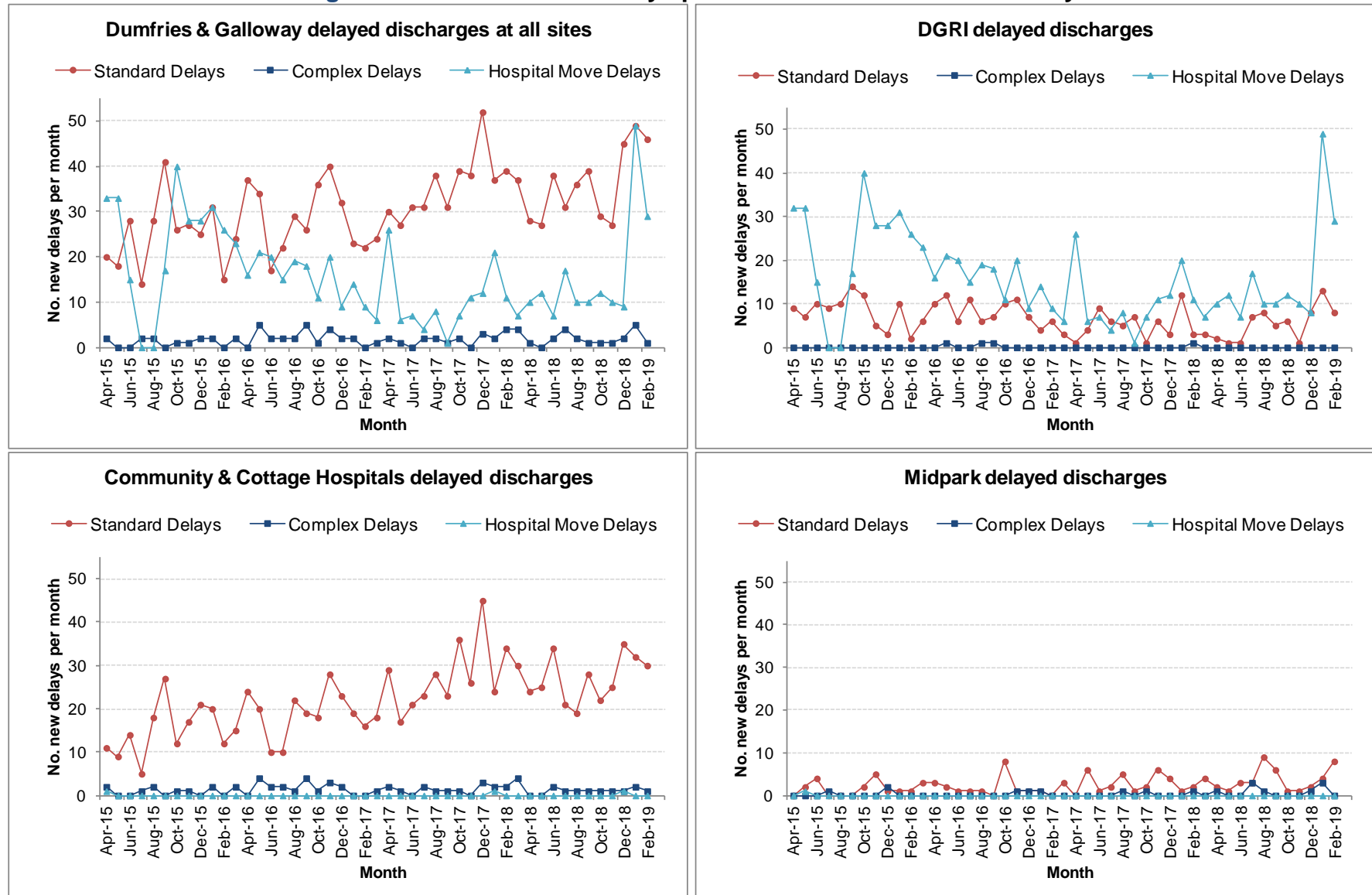
Source: Dumfries & Galloway Delayed Discharge database

**Figure 2 Average Daily Beds lost per month to delayed discharges – Dumfries & Galloway**



Source: Dumfries & Galloway Delayed Discharge database

**Figure 3 Number of New Delays per month – Dumfries & Galloway**



Source: Dumfries & Galloway Delayed Discharge database

**Table 1** Number of delays by detailed delay reason – last 12 months (Mar-18 to Feb-19) and comparison with previous 12 months

		Month became a delay												(Mar 18Feb 19)	(Mar 18Feb 19)	
		Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19			
<b>Health and social care reasons</b>																
<b>Assessment</b>	awaiting commencement of post-hospital social care assessment	1	0	0	0	0	0	0	0	1	3	0	2	7	10	
	awaiting completion of post-hospital social care assessment	2	3	0	2	4	1	2	1	7	4	4	5	35	9	
<b>Awaiting place availability</b>	in Independent Residential Home	7	8	12	13	6	6	8	9	7	8	2	6	92	116	
	in Nursing Home	0	0	0	0	0	1	1	0	0	1	1	0	4	5	
	in Specialist Residential Facility for younger age groups (<65)	0	1	0	0	0	0	0	0	0	0	0	1	2	2	
	in Specialist Residential Facility for older age groups	0	0	0	1	0	2	0	0	0	1	2	1	7	3	
	in care home (EMI/Dementia bed required)	1	0	1	0	0	0	1	0	1	1	1	2	8	20	
<b>Awaiting completion of care arrangements</b>	for care home placement	1	0	1	0	0	1	2	0	0	1	0	0	6	2	
	in order to live in their own home – awaiting social care support (non-availability of services)	23	11	10	20	14	17	22	17	10	24	32	21	221	215	
	in order to live in their own home – awaiting procurement/delivery of equipment/adaptations fitted	1	4	2	0	3	3	1	0	0	0	1	1	16	8	
	re-housing provision (including sheltered housing and homeless patients)	0	0	1	1	4	4	0	2	0	2	1	4	19	11	
<b>Patient and family related reasons</b>																
<b>Legal/Financial</b>	legal issues (including intervention by patient's lawyer) – e.g. informed consent and/or adult protection issues	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
	Financial and personal assets problem	0	0	0	0	0	0	1	0	0	0	2	0	3	1	
<b>Disagreements</b>	internal family dispute issues (including dispute between patient and carer)	0	0	0	0	0	0	0	0	0	0	1	0	1	1	

	disagreement between patient/carer/family and health and social care	0	1	0	0	0	1	1	0	0	0	0	1	4	4
<b>Other</b>	Patient does not qualify for care	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	family/relatives arranging care	0	0	0	1	0	0	0	0	0	0	1	1	3	3
	other patient/carer/family related reason	1	0	0	0	0	0	0	0	0	1	0	1	1	4
<b>Complex</b>															
	Awaiting place availability in Specialist Facility for high level younger age groups (<65) where the Facility is not currently available and no interim option is appropriate	0	0	0	1	0	0	0	0	0	0	0	0	1	0
	awaiting completion of complex care arrangements - in order to live in their own home	0	0	0	1	0	0	0	0	0	0	0	0	1	1
	care Home/facility closed	2	0	0	0	0	0	0	0	0	0	0	0	2	1
	ward closed – patient well but cannot be discharged due to closure	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	patients delayed due to the Adults with Incapacity Act	2	1	0	0	4	2	1	1	1	2	5	1	20	17
<b>Hospital Wait delays</b>															
	awaiting bed in another hospital	7	10	12	7	17	10	10	12	10	8	49	29	181	120

**Table 2 Actual length of delay – removals in last 12 months (Mar-18 to Feb-19)**

**Month of removal from delayed discharge list**

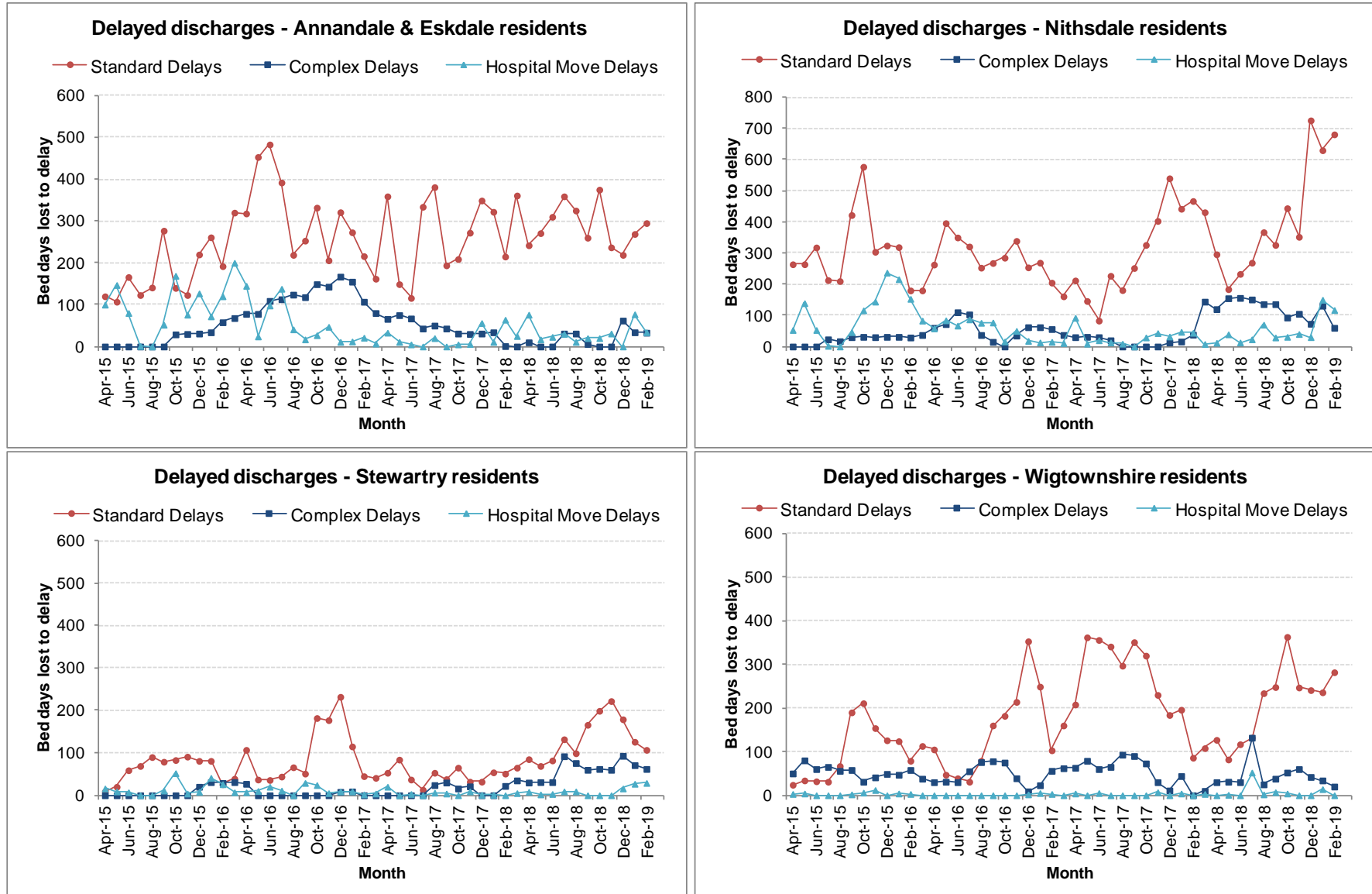
Delay type on removal	Duration of delay	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	(Mar18 Feb19)	Total (%)
<b>Standard (all)</b>	Between 1-3 days	2	2	4	5	2	6	2	5	3	5	2	5	43	10%
	> 3 days - 2 weeks	25	11	11	13	12	20	10	10	8	13	17	12	162	37%
	> 2 weeks - 4 weeks	8	8	7	2	11	7	4	15	3	10	8	14	97	22%
	> 4 weeks - 6 weeks	9	4	3	2	5	4	2	6	4	4	8	2	53	12%
	> 6 weeks	7	8	2	5	2	5	7	6	11	6	11	8	78	18%
	<b>Total</b>	<b>51</b>	<b>33</b>	<b>27</b>	<b>27</b>	<b>32</b>	<b>42</b>	<b>25</b>	<b>42</b>	<b>29</b>	<b>38</b>	<b>46</b>	<b>41</b>	<b>433</b>	<b>100%</b>
<b>Standard (care)</b>	<i>Between 1-3 days</i>	0	0	2	1	0	0	0	1	0	0	0	0	4	3%



<b>home waits only)</b>	> 3 days - 2 weeks	7	5	3	5	3	5	2	4	3	3	4	2	46	35%
	> 2 weeks - 4 weeks	2	4	2	2	4	4	2	7	0	3	3	2	35	27%
	> 4 weeks - 6 weeks	3	0	2	0	2	1	0	2	2	1	3	0	16	12%
	> 6 weeks	4	3	0	2	1	1	2	1	5	4	4	2	29	22%
	<b>Total</b>	<b>16</b>	<b>12</b>	<b>9</b>	<b>10</b>	<b>10</b>	<b>11</b>	<b>6</b>	<b>15</b>	<b>10</b>	<b>11</b>	<b>14</b>	<b>6</b>	<b>130</b>	<b>100%</b>
<b>Standard (home care waits only)</b>	Between 1-3 days	2	1	1	4	2	5	2	4	3	2	1	2	29	13%
	> 3 days - 2 weeks	14	4	6	6	8	14	4	5	3	9	9	8	90	39%
	> 2 weeks - 4 weeks	5	2	3	0	3	0	2	6	3	6	5	10	45	20%
	> 4 weeks - 6 weeks	4	3	0	1	3	3	0	4	1	3	4	2	28	12%
	> 6 weeks	3	5	2	3	1	3	3	3	3	2	6	2	36	16%
<b>Total</b>	<b>28</b>	<b>15</b>	<b>12</b>	<b>14</b>	<b>17</b>	<b>25</b>	<b>11</b>	<b>22</b>	<b>13</b>	<b>22</b>	<b>25</b>	<b>24</b>	<b>228</b>	<b>100%</b>	
<b>Complex</b>	Between 1-3 days	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
	> 3 days - 2 weeks	2	0	0	1	0	0	0	0	0	0	1	0	4	14%
	> 2 weeks - 4 weeks	0	1	0	0	0	1	0	0	1	0	1	2	6	21%
	> 4 weeks - 6 weeks	1	0	0	0	0	0	3	0	0	0	0	0	4	14%
	> 6 weeks	0	0	0	0	1	3	2	0	1	3	0	4	14	50%
<b>Total</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>5</b>	<b>0</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>6</b>	<b>28</b>	<b>100%</b>	
<b>Hospital Wait Delay</b>	Between 1-3 days	0	1	1	0	0	1	0	0	0	3	1	3	10	13%
	> 3 days - 2 weeks	4	2	2	2	1	1	4	1	2	1	4	2	26	35%
	> 2 weeks - 4 weeks	1	2	2	0	4	3	0	2	0	1	0	2	17	23%
	> 4 weeks - 6 weeks	2	1	1	1	0	0	2	0	1	0	1	0	9	12%
	> 6 weeks	0	0	0	0	0	1	2	2	3	0	1	4	13	17%
<b>Total</b>	<b>7</b>	<b>6</b>	<b>6</b>	<b>3</b>	<b>5</b>	<b>6</b>	<b>8</b>	<b>5</b>	<b>6</b>	<b>5</b>	<b>7</b>	<b>11</b>	<b>75</b>	<b>100%</b>	

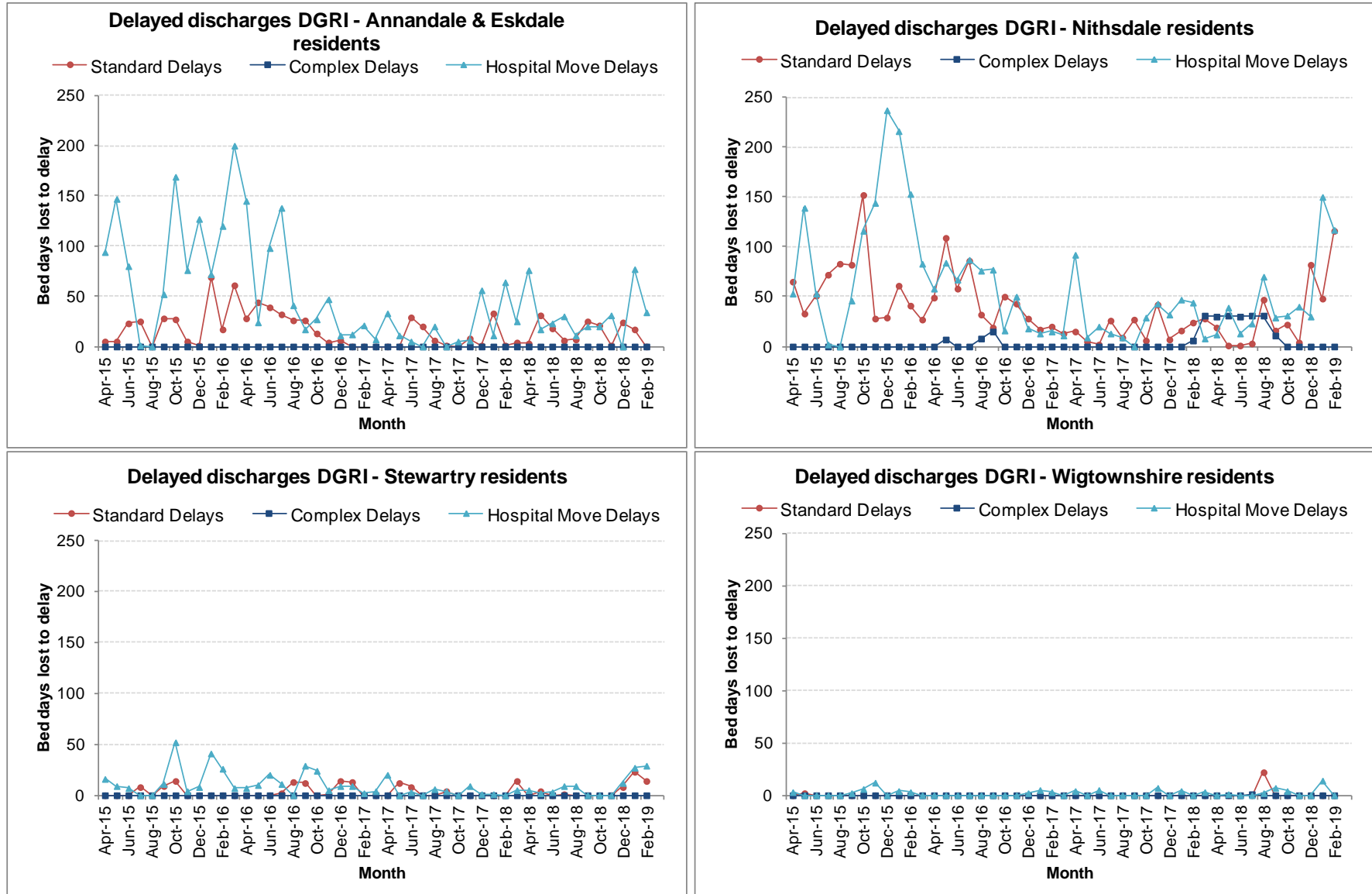
Source: Dumfries & Galloway Delayed Discharge database

**Figure 4 Monthly Bed Days lost to delayed discharges by locality of patient's residence - Dumfries & Galloway**



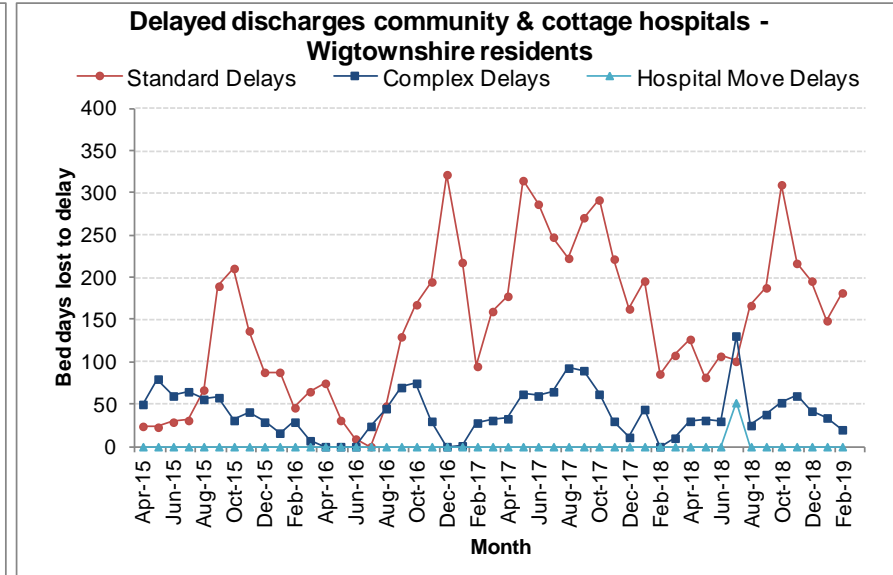
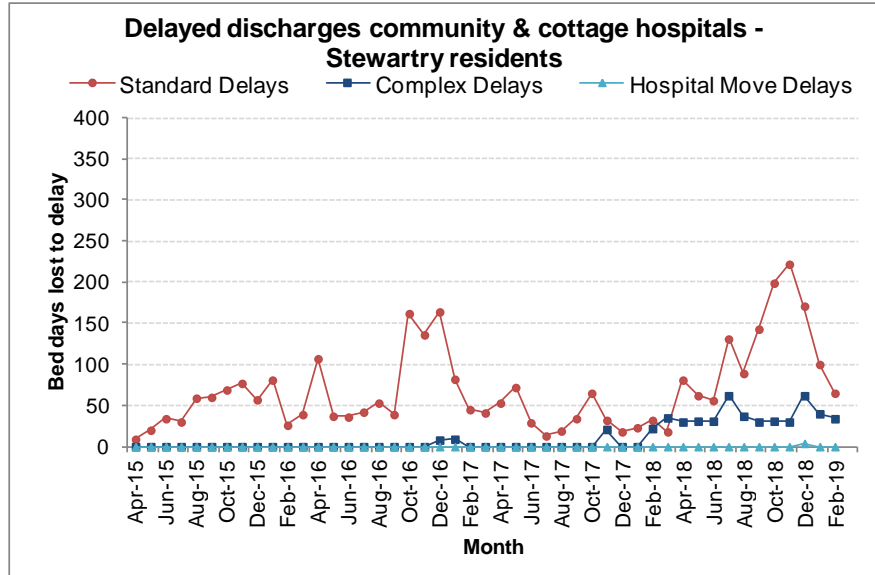
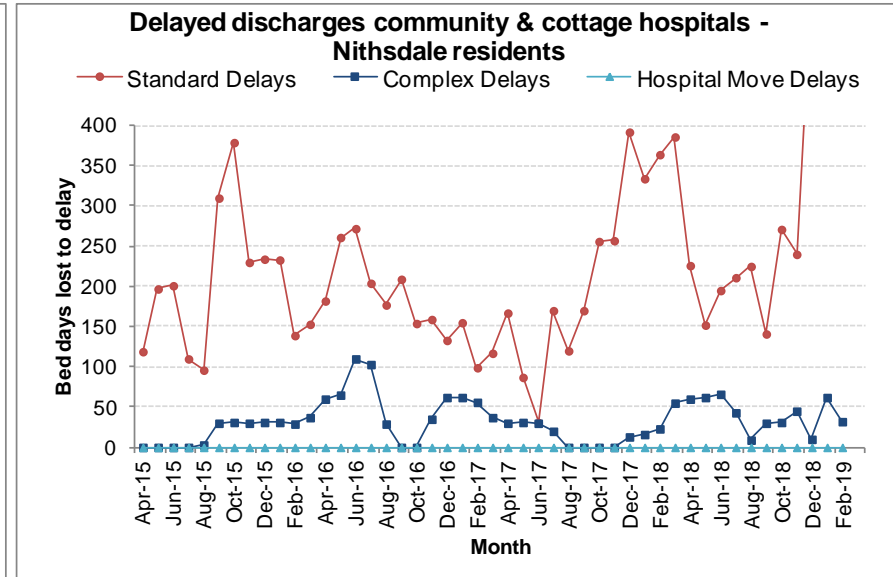
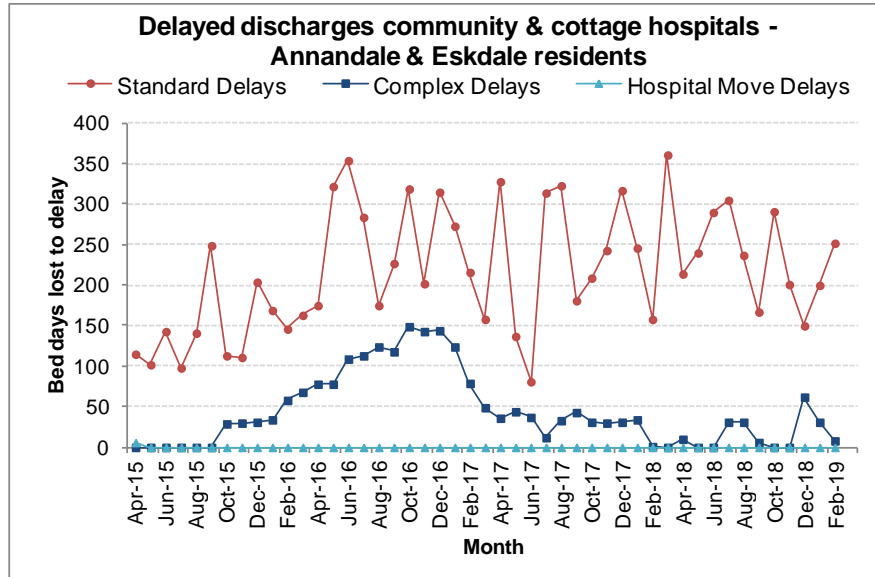
Source: Dumfries & Galloway Delayed Discharge database

**Figure 5 Monthly Bed Days lost to delayed discharges at DGRI by locality of patient’s residence - Dumfries & Galloway**



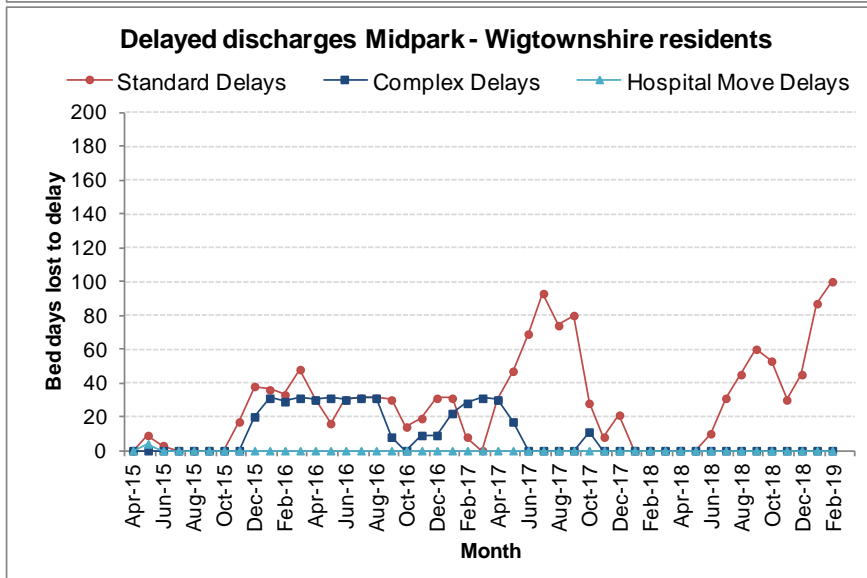
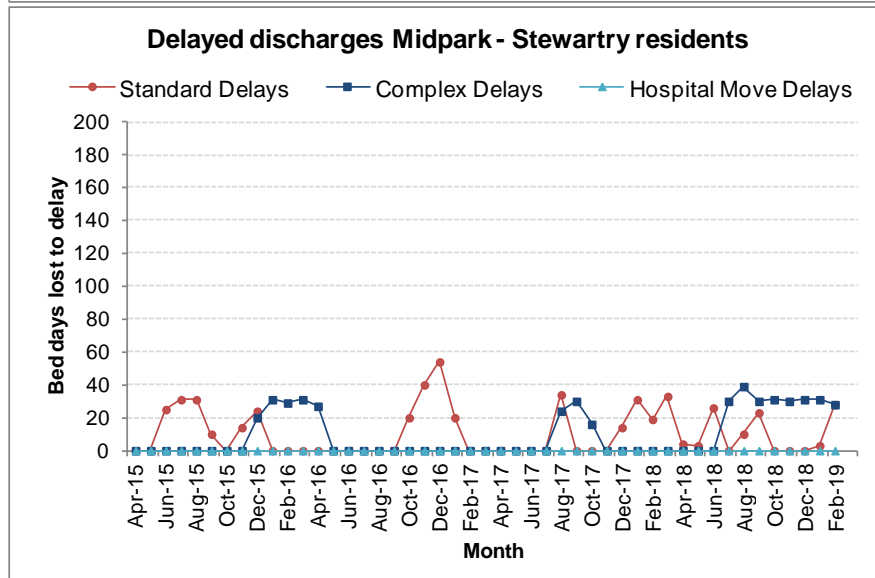
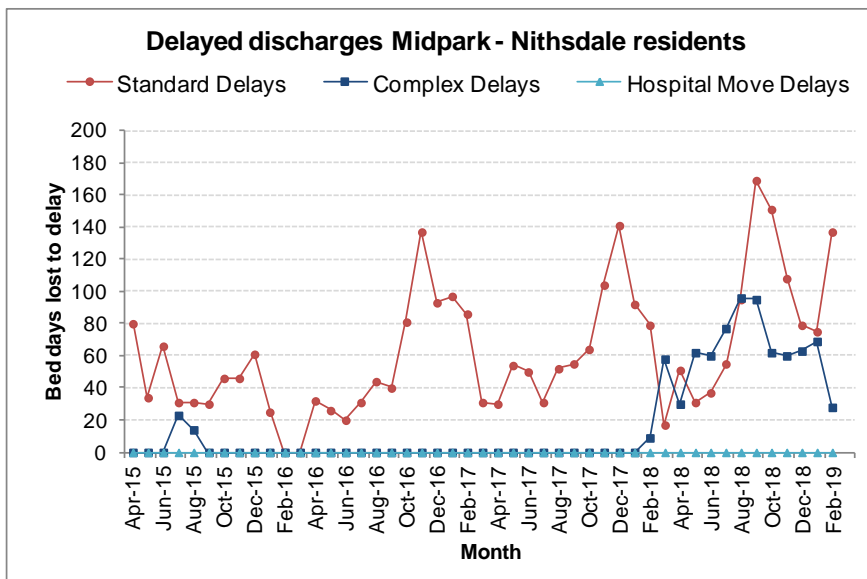
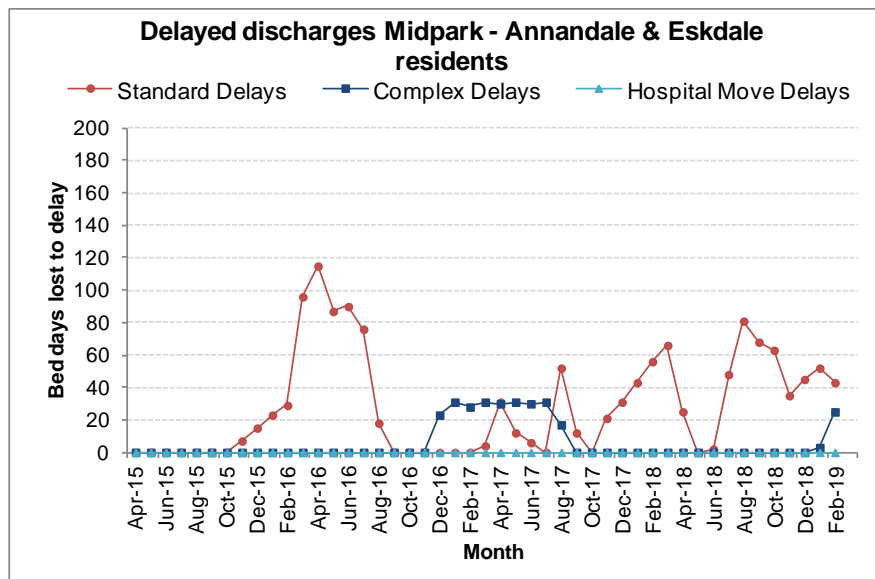
Source: Dumfries & Galloway Delayed Discharge database

**Figure 6 Monthly Bed Days lost to delayed discharges at community & cottage hospitals by locality of patient's residence - Dumfries & Galloway**



Source: Dumfries & Galloway Delayed Discharge database

**Figure 7 Monthly Bed Days lost to delayed discharges at Midpark by locality of patient's residence - Dumfries & Galloway**



Source: Dumfries & Galloway Delayed Discharge database

**Table 3 Monthly Bed Days lost to delayed discharges by locality of patient's residence and delay reason Mar-18 to Feb-19 and comparison with previous 12 months - Dumfries & Galloway**

Locality of patients residence	Delay reason	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Total (Mar18 Feb19)	Total (Mar18 Feb19)
<b>Annandale &amp; Eskdale</b>	Standard delays	<b>386</b>	<b>242</b>	<b>271</b>	<b>310</b>	<b>359</b>	<b>325</b>	<b>260</b>	<b>375</b>	<b>237</b>	<b>219</b>	<b>269</b>	<b>295</b>	<b>3548</b>	<b>3062</b>
	<i>Residential/Nursing/Care Home Home Care</i>	65	33	51	59	65	93	29	131	97	37	21	28	709	910
	<i>Other</i>	233	144	158	199	205	116	124	174	75	168	206	239	204	188
		63	65	62	52	89	116	107	70	65	14	42	28	1	8
	Complex (e.g. Guardianship)	<b>0</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>31</b>	<b>31</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>62</b>	<b>34</b>	<b>33</b>	<b>207</b>	<b>551</b>
Wait for Cottage Hospital Bed	<b>25</b>	<b>76</b>	<b>17</b>	<b>23</b>	<b>30</b>	<b>11</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>31</b>	<b>0</b>	<b>77</b>	<b>34</b>	<b>364</b>	<b>218</b>
<b>Nithsdale</b>	Standard delays	<b>583</b>	<b>296</b>	<b>184</b>	<b>233</b>	<b>269</b>	<b>367</b>	<b>326</b>	<b>444</b>	<b>352</b>	<b>726</b>	<b>630</b>	<b>681</b>	<b>5091</b>	<b>3440</b>
	<i>Residential/Nursing/Care Home Home Care</i>	140	69	101	113	117	38	85	168	192	220	137	148	152	179
	<i>Other</i>	257	201	68	120	104	170	66	121	64	377	383	438	8	2
		34	26	15	0	48	159	175	155	96	129	110	95	236	117
	Complex (e.g. Guardianship)	<b>144</b>	<b>120</b>	<b>155</b>	<b>156</b>	<b>151</b>	<b>136</b>	<b>136</b>	<b>93</b>	<b>105</b>	<b>73</b>	<b>131</b>	<b>60</b>	<b>1460</b>	<b>215</b>
Wait for Cottage Hospital Bed	<b>8</b>	<b>12</b>	<b>39</b>	<b>13</b>	<b>23</b>	<b>70</b>	<b>29</b>	<b>31</b>	<b>40</b>	<b>30</b>	<b>150</b>	<b>117</b>	<b>562</b>	<b>349</b>	
<b>Stewartry</b>	Standard delays	<b>105</b>	<b>85</b>	<b>69</b>	<b>82</b>	<b>132</b>	<b>99</b>	<b>166</b>	<b>199</b>	<b>222</b>	<b>179</b>	<b>126</b>	<b>107</b>	<b>1571</b>	<b>553</b>
	<i>Residential/Nursing/Care Home Home Care</i>	0	25	0	0	0	0	0	16	45	19	4	0	109	112
	<i>Other</i>	38	33	57	51	67	57	126	181	170	116	99	49	104	278
	27	27	12	31	65	42	40	2	7	44	23	58	378	163	

	Complex (e.g. Guardianship)	35	30	31	31	92	76	60	62	60	93	71	62	703	113
	Wait for Cottage Hospital Bed	5	8	2	3	9	9	0	0	0	16	27	29	108	48
<b>Wigtownshire</b>	Standard delays	121	127	82	117	132	234	248	363	247	241	236	282	243	309
	<i>Residential/Nursing/Care</i>													159	212
	<i>Home</i>	64	97	69	82	98	170	203	231	155	158	132	138	7	1
	<i>Home Care</i>	44	30	13	25	34	38	38	111	62	52	34	76	557	320
	<i>Other</i>	0	0	0	10	0	26	7	21	30	31	70	68	263	650
	Complex (e.g. Guardianship)	10	30	31	30	52	25	38	52	60	42	34	20	424	670
	Wait for Cottage Hospital Bed	3	0	1	0	0	2	7	4	0	0	14	0	31	20
<b>Total</b>	Standard delays	965	750	606	742	892	1025	1000	1381	1058	1365	1261	1365	12410	10166
	<i>Residential/Nursing/Care</i>													394	493
	<i>Home</i>	269	224	221	254	280	301	317	546	489	434	294	314	3	5
	<i>Home Care</i>	572	408	296	395	410	381	354	587	371	713	722	802	601	366
	<i>Other</i>	124	118	89	93	202	343	329	248	198	218	245	249	1	4
	Complex (e.g. Guardianship)	189	190	217	217	326	268	240	207	225	270	270	175	279	154
	Wait for Cottage Hospital Bed	41	96	59	39	62	92	56	55	71	46	268	180	106	646

Source: Dumfries &amp; Galloway Delayed Discharge database

**Table 4** Number of delays by locality of patients residence and delay reason on removal – last 12 months (Mar-18 to Feb-18)

Locality	Settlement <sup>2</sup>	Postcode district	Standard Delays			Complex delays	Cottage Hospital Waits	Total
			Care home	Home care	Other			
Annandale & Eskdale	Annan		7	13	4	0	21	45
	Eaglesfield		0	1	0	0	0	1
	Eastriggs		0	5	1	2	2	10
	Ecclefechan		0	2	0	0	3	5
	Gretna		4	3	1	0	1	9
	Langholm		4	1	3	1	3	12
	Lochmaben		1	8	2	0	7	18
	Lockerbie		2	13	5	0	8	28
	Moffat		1	9	3	0	6	19
	<i>Rural</i>	DG10	0	0	0	0	4	4
		DG11	1	8	2	0	8	19
		DG12	0	3	0	1	5	9
	DG14	1	1	0	0	2	4	
	DG16	2	0	0	0	0	2	
<b>Annandale &amp; Eskdale Total</b>			<b>23</b>	<b>67</b>	<b>21</b>	<b>4</b>	<b>70</b>	<b>185</b>
Nithsdale	Cargenbridge		0	1	0	0	0	1
	Dumfries		33	57	22	9	47	168
	Kirkconnel		0	2	1	0	5	8
	Locharbriggs		5	11	4	1	6	27
	Moniaive		1	0	0	0	1	2
	Sanquhar		3	7	1	1	3	15
	Thornhill		7	6	0	0	6	19
	<i>Rural</i>	DG1	8	5	5	0	7	25
	DG2	4	7	4	0	3	18	

<sup>2</sup> Settlements of population size 500 or more



		DG3	2	5	1	1	2	11
		DG4	0	1	0	0	2	3
		DG11	0	3	0	0	1	4
<b>Nithsdale Total</b>			<b>63</b>	<b>105</b>	<b>38</b>	<b>12</b>	<b>83</b>	<b>301</b>
<b>Stewartry</b>	Castle Douglas		1	9	3	1	4	18
	Dalbeattie		2	0	8	1	3	14
	Gatehouse of Fleet		1	3	1	1	1	7
	Kirkcudbright		0	9	4	2	4	19
	<i>Rural</i>	DG2	1	2	0	0	0	3
		DG6	0	4	1	2	3	10
		DG7	0	15	3	0	5	23
<b>Stewartry Total</b>			<b>5</b>	<b>42</b>	<b>20</b>	<b>7</b>	<b>20</b>	<b>94</b>
<b>Wigtownshire</b>	Creetown		2	0	0	0	1	3
	Glenluce		1	0	0	1	0	2
	Newton Stewart		4	3	0	0	2	9
	Portpatrick		1	2	0	0	0	3
	Stranraer		9	2	7	3	2	23
	Wigtown		1	0	0	1	0	2
	<i>Rural</i>	DG8	12	5	0	0	2	19
		DG9	6	7	0	1	2	16
<b>Wigtownshire Total</b>			<b>36</b>	<b>19</b>	<b>7</b>	<b>6</b>	<b>9</b>	<b>77</b>

Source: Dumfries & Galloway Delayed Discharge database