



CÙRAM IS SLÀINTE NAN EILEAN SIAR

WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

DELAYED DISCHARGE

Report by Chief Officer, Health and Social Care

PURPOSE OF REPORT

1. To note progress made in reducing the number of people delayed in hospital over two weeks.

COMPETENCE

2. There are no legal, financial or other constraints associated with the report.

SUMMARY

3. Since the establishment of the IJB, we have seen delayed discharges rise and then fall. Following the commissioning of additional bed capacity at Bethesda, there was a short-term reduction in the number of people delayed, but following spikes during the mid-summer and then October (both holiday periods), the number of people delayed increased to previous levels.
4. Prior to those numbers hitting a peak, we started to devise a delayed discharge action plan, and while that was based on established best practice from across Scotland, it was also grounded on a basic hypothesis about our local system: that improvement will not come simply by thinking about our problem in terms of capacity (e.g. not enough home care) but by tackling culture and practice at an operational level. The hypothesis was based on some early analysis undertaken which showed that capacity across social care services is comparable with Scottish averages. A secondary hypothesis suggested that with the median length of stay in care homes being greater than elsewhere, we were referring too early to care homes in respect of levels of dependency.
5. Since then, under the auspices of the action plan, significant work has gone into working with the clinical and care leads at an operational level to change culture and practice. Under the leadership of the Head of Social and Partnership Services, the weekly discharge planning meeting has shifted from supporting the passive exchange of information to problem solving and risk management. The number of code 9 delays has dropped markedly. The subsequent development of an in-depth analysis of the delayed discharge problem by the Head of Information Services supports the basic assumptions that underpinned the initial action plan. While capacity within the system is of course an important factor, our hypothesis remains that more effective multi-disciplinary working and streamlined assessment and care management processes is driving better performance. However, this performance now needs to be supported over a sustained period of time and we need to apply rigour in determining the key elements of success, while also guarding against the spikes we saw in 2016.

RECOMMENDATIONS

6. It is recommended that the IJB notes the general improvement in supporting people's discharge from hospital.

Ron Culley
Chief Officer, CÙRAM IS SLÀINTE





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No. of Patients Delayed Discharge at Census

