



# CÙRAM IS SLÀINTE NAN EILEAN SIAR

WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

## DELAYED DISCHARGE

21 JUNE 2021

Report by Chief Officer Health and Social Care

### PURPOSE OF REPORT

1. To update the Board on the status of delayed discharge performance and provide an overview of the actions being taken to mitigate the challenges being encountered.

### COMPETENCE

2. There are no legal or human resource issues relating to the recommendation. The financial implications of delayed discharge are calculated on the basis of a daily rate of £286.22 per bed per day. The use of residential beds for temporary occupation will impact on the financial charging process. This impact will vary and will be addressed through the monthly budget monitoring process. Impact assessments will be subject to consideration on the basis of recommendations arising from the associated workstreams established to improve delayed discharge performance.

### SUMMARY

3. Following a period of improvement during 2020, sustaining this improved delayed discharge performance has become increasingly challenging. From January 2021 to the May 2021 the reported figure has fluctuated from <5 to 19, based on an analysis of the daily reports. Appendix 1 provides a summary of the performance based on the census data returns. Delays within Lewis and Harris are generally due to the availability of Care at Home and for Uist the capacity of long term care beds has impacted on the longest length of stay for delayed patients.

### BACKGROUND

4. The Western Isles performance in relation to delayed discharge has been variable in recent years. During the initial lockdown period performance improved with acute bed capacity being supported by the use of the respite beds in the community and care at home packages benefitting from increased input by family carers. The reduction in acute admissions also contributed to improved performance. The remobilisation of services, the impact of lockdown and reduced respite services over the last year are contributory factors to the current rise in delayed discharges.
5. The workforce challenges within the care at home service coupled with an increase in service demand is generally the main reason for delays within Western Isles Hospital (WIH). When possible, a restricted number of residential care beds are used to facilitate discharge to enable the services users to be supported within a care home whilst they await a care at home service. Scheduled respite services are being remobilised on a





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phased approach across all sites. The WIH Hospital Huddles, Daily Discharge Meetings and the weekly Delayed Discharge meeting are the MDT forums established to support proactive discharge planning. The weekly meeting is used to summarise information on resource capacity across the system and ensure potential delayed patients are discussed and appropriate action is agreed.

### ASSESSMENT

6. Daily returns are submitted to Scottish Government in relation to delayed discharges. In recent weeks the bed status as WIH has resulted in additional meetings being scheduled to agree immediate actions to sustain system flow.
7. There are two key workstreams contributing to whole system improvements related to delayed discharge. These are the 6 Essential Actions and the Rehabilitation Short Life Working Group. The agendas for these are complimentary of each other and managed to avoid duplication. The Delayed Discharge Action Plan was mothballed in favour of the 6EA agenda driving activity. Routine meetings are being established for both these forums and progress will be reported through Integrated Corporate Management Team and CMT as appropriate. Key areas being considered are:

**Risk Management** – building on the previous work across Multi Disciplinary Teams to share and reflect on risk appetite and the impact this can have positively and negatively on system flow.

**Realigning Resources** – Optimising the impact of Hospital at Home; START and Urgent Care through reviewing integrated service delivery opportunities. Refocusing services to be community facing to avoid admission and support community based rehabilitation and treatment.

**Good conversation training** – investing in frontline staff to enhance their capacity to consistently engage effectively when addressing challenging situations.

**Rehabilitation services** – mapping current service data; comparing local provision with the national standards; identifying gaps in provision or areas for improvement.

**Workforce Planning** across the whole system focusing on current pressure areas and progressing to wider system reform.

### Quality / Patient Care

8. The impact of unnecessary admissions/length of stay in an acute setting is well documented and drives improvement activity to plan for discharge on admission. Similarly, a temporary admission to a care home to await a care at home service can result in a decline in an individual's ability to self care and maintain their independent skills. Care Plans are utilised to mitigate these matters, but a hospital or care home





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environment is unable to afford an individual the homely environment they are most familiar with or a layout geared specifically to their own abilities and preferences.

### Workforce

9. Workforce challenges are prevalent across the majority of community service teams, with recruitment, retention and sickness absence issues impacting to varying degrees on the capacity of services to sustain the optimal level of provision. In addition to the individual service workforce planning tools, a refreshing of the Integration Joint Board Workforce Plan is due to be undertaken in 21/22. This will include the outcome of the relevant workstreams.

### Risk Assessment/Management

10. Delayed Discharges are monitored within the corporate risk register.

### Communication, involvement, engagement and consultation

11. The membership and remit of the Rehabilitation Short Life Working Group is subject to review by the Integrated Corporate Management Team. The Locality Planning Groups and Patient Panel are forums to be utilised for engagement as appropriate.

### RECOMMENDATION

12. It is recommended that the Board note the content of the Report and the associated actions being undertaken in relation to Delayed Discharge.

APPENDIX A Delayed Discharge Performance Charts

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## APPENDIX A - Delayed Discharge Performance Charts

