

## EXECUTIVE REPORT: CARE ACT URGENT MEASURES FRAMEWORK

### APPENDIX B: REVIEW DATA

#### Urgent Measures Review

The availability of placements to support hospital discharge varies according to a number of significant factors:

- Number of beds available to support Pathway 3 (discharge to residential and nursing beds)
- Number of homecare hours available to support Pathway 1 (discharge to homecare). This varies according to the location of the person and the timing and length of the request. The provider then looks for specific capacity which meets that person's needs
- The suitability of the available provision to meet the person's assessed needs. People with complex needs will take longer to place because of the difficulty in finding a suitable placement
- Availability of social work assessors to assess and move people from the D2A placements to ensure flow around the system – and availability of placements to move people to.

In order to monitor the capacity within the market we monitor the following on a daily basis :

- No and type of waits for people ready for discharge from hospital by Pathway type and length of wait (Right to Reside list produced by MFT)
- No of D2A beds available to support Pathway 3 discharges – this includes those beds available following a risk assessment where the home is still experiencing Omicron ( Urgent Care Control Room)
- Covid outbreaks (produced by our Infection Prevention and Control team)
- No of placements made into homecare – this includes people living in the community who are also waiting for homecare (internal report)
- Staffing capacity in social work (internal report)

On a weekly basis, we review the commissioned capacity against actuals and predicted need and determine any actions we need to take. We also review staffing capacity in care homes.

On an on-going basis we monitor the quality and performance of all providers and this may impact on capacity where we have to suspend provision if there are any dips in quality.

On an on-going basis we work with homecare providers, who review their capacity on a daily basis and agree the implementation of a traffic light system which enables them to target limited resources, ensuring that those in most in need are prioritised that day.

The following slides summarised the position when a whole -system review was undertaken. This review focused on homecare as this is where the lack of capacity is most marked. The review indicates that things are improving, but we are not yet at a position where we can confidently ensure that we have sufficient capacity in either the social care staffing or the homecare market.

We have not lost any homecare or care home providers through the pandemic. However a number of homecare providers are handing care packages back as they can no longer guarantee that they

can source staff in order to provide the care. We have been able to identify alternative provision so there has been no break in the provision of care. However this has further reduced the capacity available.

The current gaps are being addressed through a number of mechanisms including consideration of appointment of external care agencies to support our staffing gap, continued support to homecare for recruitment and retention initiatives, increasing on in-house provision.

**Review position as at 17<sup>th</sup> February 2022**

## D2A Capacity measured by wait times.

- **17th January**

- 40 people awaiting discharge, 31 (P1 resi/nursing) and 9 (P3 homecare)
- Longest wait (before offer being made) being 84 days
- Shortest being 1 day.

- **11th February**

- 17 people awaiting discharge 12 (P1 resi/nursing) and 5 (P3 homecare)
- Longest wait (before offer being made) being 42 days
- Shortest being 1 day.

## Homecare Capacity

- Number of requests to use traffic light system –  
3 providers
- Number of packages handed back and re-let –  
One provider handed back 11 packages with immediate effect and were picked up by another provider.  
A second provider handed back 6 packages with 30 days' notice and they were re-let

# ASC Staffing Data



- Levels of unplanned leave are coming down
- Capacity of staff to deal with duties is coming up
- More annual leave is booked due to approaching year end