



## HEALTH SOCIAL CARE AND WELL-BEING SCRUTINY COMMITTEE – 21ST JUNE 2016

**SUBJECT: HOSPITAL DISCHARGE TASK AND FINISH GROUP**

**REPORT BY: ACTING DIRECTOR OF CORPORATE SERVICES & SECTION 151  
OFFICER**

---

### 1. PURPOSE OF REPORT

- 1.1 To inform and seek the endorsement of the Health Social Care & Wellbeing Scrutiny Committee of the final recommendations of the Hospital Discharge Task and Finish Group.

### 2. SUMMARY

- 2.1 The Health Social Care & Wellbeing Scrutiny Committee established a Task and Finish group to look Hospital Discharge for residents of the County Borough and make recommendations.
- 2.2 This report outlines the main findings of the review group and makes a number of recommendations for the future of this service.

### 3. LINKS TO STRATEGY

- 3.1 The operation of Scrutiny is a requirement of the Local Government Act 2000.

### 4. THE REPORT

- 4.1 The Hospital Discharge Task and Finish Group were set up to review hospital discharge within the county borough and held a workshop at its first meeting in order to determine the key areas to be reviewed. The areas identified were as follows:

- Communication.
- Discharge planning from admittance to hospital.
- Integrity – the need for a solid package of care to reduce readmission.
- Methodology – look at best practice examples to provide context.
- Single point of contact within hospital – information exchange within hospital.

#### **Membership**

- 4.2 The membership of the task and finish group were as follows:

Councillor L Ackerman (ex-officio)  
Councillor P Cook  
Councillor J Gale

Councillor L Gardiner  
Councillor C Gordon (Chair)  
Councillor J A Pritchard (Vice Chair)  
Mrs M Veater Co-opted Member

## **FINDINGS**

4.3 The review group held a series of five meetings between September 2015 and May 2016, with a suspension of meetings during the winter period to allow the outcome of the winter plan to be reported at the last meeting. The review group examined the following areas of practice:

- Discharge process including what contributes to a well-planned discharge.
- Performance measures - national indicators, inappropriate discharges, volume of work (in context of social services).
- Seasonal planning, to look at preparations for the winter period, across both organisations to prevent admission in the first instance, then reduce length of stay in hospital and number of people classified as a delayed transfer of care on census day.

### **Overview of hospital discharge practice**

4.4 Initially work focused on discharge process and what was integral to achieving a positive experience for people and carers/families. Members were very clear in terms of identifying that good communication was essential at all stages in someone's journey to ensure everyone was informed and contributed to decision making.

4.5 Members were provided with documentation that should underpin discharge planning which should start at point of admission such as "Passing the Baton" (please refer to appendix 1). Particular issues were identified in respect of people moving to long term care from hospital. The review group were informed that the revision, launch and training on the Accommodation Choice Policy should have a positive impact on this, particularly the use of the third sector in terms of training CHAAT (Care Home Ask and Talk) volunteers to assist with the process of decision making and then following people up in their new homes.

### **Performance**

4.6 Members received a presentation which covered background data to hospital discharge, inappropriate discharges and delayed transfer of care. Full details can be found in appendix 2.

4.7 To put the work in context members were advised that for a 6 month period 1st January 2015 to 30th June 2015 there were 6686 discharges involving Caerphilly residents from a variety of hospitals, this excludes day cases, of these 123 requests were for restart of existing care provision, 269 were referred to the joint hospital discharge team for an assessment.

4.8 Information was provided in terms of support people require to be discharged, this included details on vacancies available in long term care across the region. The current vacancies position illustrated capacity in the care sector to meet levels of demand which is essential for seasonal planning purposes.

### **Inappropriate Discharges**

4.9 The review group considered inappropriate discharges in terms of reporting, investigation and the main reasons that a discharge was seen as poor or inappropriate. Members found that the reasons for this included:

- Medication management.
- Providers not informed.
- Person was medically unwell resulting in readmission.
- Paperwork not available in relation to Continuing Health Care.

- 4.10 Members were informed that the hospital discharge team had a reporting mechanism to record instances of inappropriate hospital discharges since January 2015. The review group found there had been 23 reports between January 2015 and October 2015, however it was suspected that there was significant under reporting. Members were reassured that efforts to encourage and raise awareness of the importance of reporting these cases had been undertaken.
- 4.11 The review group were informed that all cases are logged and will identify individual hospital wards. These cases are reported directly back to the Health Board who will investigate, with some cases highlighting a training need for ward staff.

### **Delayed Transfer of Care**

- 4.12 Delayed transfer of Care is seen as the main reporting mechanism and is the judgement used by Welsh Government to determine how well a Health Board and Local Authority are performing. Members recognised that this is an arbitrary measure that counts people rather than percentage of the population for each local authority and noted that this issue has been raised with Welsh Government.
- 4.13 The review group were pleased to note that social care delays had improved dramatically from the previous year where Caerphilly County Borough Council were ranked at 22nd in the all Wales league tables, it was noted that CCBC is now ranked 13th which is below the target identified for delays for social care reasons.
- 4.14 The review group sought information on the impact of the Continuing Health Care assessment process upon DTOC and whether the approach adopted in England could be considered. Members were informed that the approach involves discharging to a care home whilst the CHC assessment is carried out, and would require the Health Boards to commission beds in the care sector. This has been tried in Cardiff area but subsequently ceased, there are concerns that vulnerable people could be moved more than once which can have a negative impact on their wellbeing. This is something that is being given further consideration in relation to the Intermediate Care Funding available to the region.
- 4.15 The review group asked if there have been improvements in the CHC process and were informed that new guidance received last year has improved the process but assessments can still take up to 2 months. The CHC team meet weekly to consider applications but there can be delays where the ABUHB funding panel seek clarification and evidence from ward staff to support the CHC application.

### **Communication**

- 4.16 The review group sought information on the involvement of people and carers/advocates in the hospital discharge process. Members were informed that there is new documentation with clear pathways and plans, and people and carers are always involved and provided with feedback. The review group expressed concerns that it can be difficult for some people to fully understand and retain this kind of information and that it would be helpful if there were leaflets available with the generic details set out. The health Board are currently out to consultation on a range of leaflets designed to improve communication, the consultation ends on the 11<sup>th</sup> June and LA will be sending a response. It was acknowledged that a key factor for an inappropriate hospital discharge was poor communication.
- 4.17 The review group discussed the use of key workers to ensure that people and carers have a named point of contact however a key worker cannot always be on duty. Members agreed that there needs to be a universal process for discharge and the Health Board needs ensure that a key worker is allocated with a backup or system to ensure continuity. The Health Board acknowledged this, and advised due to the current reliance on bank and agency staff this is difficult to implement.
- 4.18 The review group questioned why the NHS continued to use fax machines to send information to GP surgeries, and what plans are in place to improve efficiency. Members were informed

that there are plans to pilot a single information system that by Health Board and Social Services in Bridgend, which could make a difference.

### **Winter Plan**

4.19 Integrated winter planning was a key strategic priority for Welsh Government and Aneurin Bevan University Health Board for the winter period. The review group received an overview of the plans submitted to the Minister for winter pressures on a Pan Gwent basis on behalf of the 5 local authorities, ABUHB and Welsh Ambulances Services Trust (WAST). The aim of the plan was to reduce both the amount of people classed as delayed transfer of care and the time they spend in hospital referred to as length of stay.

4.20 The key themes of the plan were as follows:

- Prepare the population
- Work in collaboration to provide quality services
- Plan services to optimise effective service user care and experience
- Make the best use of the resources we have to deliver safe and efficient health and social care

4.21 This included plans for the following areas:

- Public engagement
- Admission avoidance
- Operational readiness
- Patient flow and discharge
- Human resources
- Communication – interagency and staff
- Local Authority actions
- WAST actions

### **Public Engagement**

4.22 The plan outlined a significant public campaign to help people “make the right choices” in terms of who to contact rather than go to Accident & Emergency (A & E), promote healthy life styles and increase up take of the flu vaccination.

### **Admission Avoidance**

4.23 The plan outlined how admissions to hospital can be reduced or avoided by putting in place services and support in the community. Members commented on the plans to target people who attend A & E on a regular basis, with specialist nurses available to triage patients and direct them to more appropriate places. The review group felt that alternative provision would have to be available 24/7 and other agencies would have to reconsider their current practice, for example, GP’s and ambulance staff who will often advise hospital admission when called out.

### **Operational Readiness**

4.24 The plan included modelling of likely demand during the winter period by partner organisations based on the previous year’s data. Members noted that Health considered the previous Christmas period as the most difficult in terms of pressure on services whereas social services found the biggest pressure during the May and August months. There is a need to have reliable data and explore and understand these differences.

### **Patient flow and discharge**

4.25 Where people were admitted to hospital, daily meetings were established to track individuals throughout their stay. In order to ensure they were referred to social services at the right time

and appropriate actions were taken to either pull people out of hospital early or meet their estimated date of discharge.

### **Human resources**

- 4.26 Plans were in place in terms of staffing for the health board who have recognised a problem with recruitment to certain professions. i.e. Nurses, hence arrangements have been reviewed for the increased use of bank staff, use of agencies and recruitment from overseas which has commenced as well as increased numbers of health and social care workers. The health board are also moving to electronic rostering for staff to improve efficiency.
- 4.27 Both agencies actively promoted the flu vaccination for front line staff, to reduce sickness absence and prevent the spread of infectious diseases. This year the local authority issued vouchers to enable staff to receive the flu vaccination at a local chemist. This proved popular in terms of increasing up take and is also more cost effective.

### **Communication**

- 4.28 The review group were informed that there are multi-agency strategic and operational meetings to exchange information. In addition daily conference calls occur between Local Authorities, Ambulance Services and Health Board. There is open dialogue between agencies to try to resolve issues before they escalate

### **Local Authority actions**

- 4.29 The Local Authority is working to promote wellbeing in the community and awaited guidance from Welsh Government on use of the remaining Intermediate Care Fund in respect of potential of commissioning beds in the private sector by Health to aid discharge. The review group were informed that many vacant beds are residential care beds, whereas the need is for EMI and /or nursing beds.
- 4.30 Members commented that there are too few EMI and nursing beds available. However the capacity of nursing and residential homes is an area that needs to be addressed nationally this is currently being looked at by the national commissioning group and the care homes steering group.
- 4.31 Local authorities agreed to standardise response time for commencing assessments to 48 hours and keeping packages of care packages open for up to 2 weeks to enable them to be restarted where an individual's needs remain the same. This is already the case with CCBC. There is also a role for the voluntary sector in supporting hospital discharge for those people primarily deemed as not eligible for social care intervention.

### **WAST actions**

- 4.32 WAST put specific plans in place, to triage people who fall rather than take them straight to A & E and hoped this will have a positive effect on prevention of unnecessary admissions to acute hospitals. The service introduced a 5 step plan and was achieving better performance by managing its demand. There were also plans for specialist paramedic practitioners, a falls response team and consideration of an alcohol treatment centres.

### **Initial Conclusions**

- 4.33 The task and finish group recognised that hospital discharge is complex, and contributory factors include the number of discharging hospitals and health boards that relate to Caerphilly residents. The impact of other policies and national drivers that specifically relate to the county borough such as the Health Repatriation Policy and reporting mechanism will put different tensions in the system.
- 4.34 There has been a national focus on delayed transfers of care and winter pressures by Welsh

Government. However there is a need to get things right for people and their carers/families, ensuring good communication to enable effective decision making. Partners need to work together across the statutory and third sector to ensure best use of scarce resources in a time of austerity. There is a need to inform and involve the public, manage expectations and plan for increasing demographic pressures to ensure the system is fit for purpose going forward, with the development of preventative services.

- 4.35 However before finalising its conclusions and recommendations the review group felt it was appropriate to allow the winter plan to be put into place and receive feedback on the success or otherwise of the plan.

### **Feedback on Winter Plan**

- 4.36 The review group received a presentation on the outcome of the winter plan and were pleased to meet with representatives from Aneurin Bevan Health Board. The main feedback included the following points:

### **Integrated Working**

- Weekly updates were provided to Welsh Government to give performance data (RAG).
- Seasonal pressures - Royal Gwent Hospital peaked at level 2 (compared to red/black).
- Joint Training on Accommodation Choice Policy was implemented and monitored.
- There is a clear commitment to work jointly.

### **Initiatives**

- The vouchers for flu vaccines were introduced,
- WAST falls pilot was implemented with the aim to reduce hospital admissions.
- Weekly meetings to discuss complex cases along with an escalation process.
- A discharge procedure for Continuing Health Care assessment was implemented.
- A 24/7 nursing provision was introduced.

### **Welsh Government**

- Additional funding for the Intermediate Care Fund was provided during the January to March period.
- Quarterly meetings were held with all partners to discuss hospital care
- DToC regional validation is carried out across Gwent to ensure consistency.
- There are plans to hold a workshop with Welsh government to discuss DToC codes.

### **Local Context**

- Additional beds were opened at Royal Gwent Hospital (RGH).
- A media campaign aimed at both the public and staff using the 'choose well' was carried out.
- The anticipatory care planning pilot in Newport targeted people to prevent hospital admission by anticipating care needs.
- Staff recruitment in the NHS for Hospital Nurses recruited both locally and from Italy.
- More focus on length of stay for those in hospital as opposed to focussing on the number of people delayed in hospital.
- The closure of the Brin Darvan care home where 28 people had to be moved into new homes across Gwent, was carried out successfully.
- Assessment beds criteria was made consistent across the region

- 4.37 The review group were informed that the evaluation of the plan identified key learning points, detailed as follows:

- Importance of whole system partnership working.

- Recognition that there wasn't any significant winter weather and winter illness however the system still remained under significant pressure.
- Focus on length of stay was positive in terms of reduction of overall bed days lost.
- Regional validation of DToC ensured consistency.
- Greater focus on prevention of admission was needed.
- Use of vouchers for flu increased uptake.
- WAST pilot considered successful - 67% remained at home 33% previous year
- Additional capacity in respect of beds was identified and used 28 beds in RGH.
- Health Board recruitment was successful and assisted with capacity.

- 4.38 Members sought reassurance that people were not being left at home with injuries such as fractures, which are difficult to detect. The review group were informed that if WAST staff were in any doubt they would take the person to hospital. The Health Board also assured the review group that they had received additional funding which has enabled them to engage additional 15 FTE nursing staff who provide 24/7 cover to provide care for falls patients as part of their remit.
- 4.39 Members sought additional information on the recruitment of nurses from overseas. The Health Board informed the review group that overseas recruitment is part of the approach, alongside re-skilling existing workforce and encouraging young people to take up nursing.
- 4.40 Members asked ABUHB how they would measure improvements in hospital discharges, and were informed that monthly indicators show that concerns are decreasing, the average length of stay is reducing and readmissions are decreasing. Compliments are increasing and there are tangible examples of improvements.

### **Communication**

- 4.41 The review group explored what improvements there had been with communication for both patients and carers during this period. The Hospital Discharge Team Manager stated that he felt that communication had improved, there is a collaborative and collective effort to improve in this area, although there can still be cases where communication can break down. Staff within the team report that things have improved and data around complaints and the number of inappropriate discharges appear to back up this perception.
- 4.42 Aneurin Bevan Health Board representatives outlined their actions during the previous 6 months. Patients being discharged were asked to complete a questionnaire, and communication was identified as a key issue. This had resulted in the development of new leaflets to be issued to patients and carers (appendix 3). In addition previous information had been re-issued, such as the 'who's who' which gives an explanation of hospital staff uniforms. Members commented that this was an improvement, particularly the leaflet on 'Choice of Accommodation' which better explains the choices available to those who need to consider the transition to a care home setting. Members were reassured that these leaflets serve as a back up to a conversation with the patient and carer and are not a replacement.
- 4.43 The Hospital Discharge Team Manager informed the review group that the Older Peoples Commissioner for Wales has also produced a useful booklet to help people choose a care home and his team will offer to assist relatives with the process. Members were also informed that CSSIW are piloting a rating system, although they have no plans to introduce this yet. In addition Health have set up a Good Care Guide on the same lines as Trip Advisor where residents and families can give reviews on the care homes. It was noted however that homes do not have to participate.

### **CONCLUSIONS**

- 4.44 The review group recognised that plans had been put in place to cover the winter period alongside other pilot schemes to deal with communication issues within hospitals and with partner organisations, patients and carers.

- 4.45 Members welcomed the outcome and learning from the winter plan and also the production of the information leaflets which will be available to both patients and families.
- 4.46 The review group concluded that further examination of the differences between the pressures on Health during the Christmas period and social services where the pressure is during the May and August months. There is a need to have reliable data and explore and understand these differences.

## **5. EQUALITIES IMPLICATIONS**

- 5.1 An Eqla screening has been completed in accordance with the Councils' Equalities Consultation and Monitoring Guidance and no potential for unlawful discrimination and/or low level or minor negative impact have been identified, therefore a full Eqla has not been carried out.

## **6. FINANCIAL IMPLICATIONS**

- 6.1 There are no financial implications in this report.

## **7. PERSONNEL IMPLICATIONS**

- 7.1 There are no personnel implications in this report.

## **8. CONSULTATIONS**

- 8.1 There are no consultation responses that have not been contained in this report.

## **9. RECOMMENDATIONS**

- 9.1 The review group recommend to Health Social Care & Wellbeing Scrutiny Committee the following:
- 9.2 That Aneurin Bevan University Health Board, Caerphilly County Borough Council and Wales Ambulance Services Trust recognise the fundamental importance of good communication between patients, relative's carers and staff.
- 9.3 That Scrutiny committee endorse the production of the information leaflets attached as appendix 3. These should be available in other formats.
- 9.4 That Health and Social Services continue to work together to improve joint planning arrangements in respect of hospital discharge.
- 9.5 That a follow up report is brought to Scrutiny committee within 6 months, this will include an update on the numbers of inappropriate discharges (as set out in 4.10 and 4.11).

## **10. REASONS FOR THE RECOMMENDATIONS**

- 10.1 To ensure Health and Social Services continue to work together and provide the committee with information to scrutinise.

## **11. STATUTORY POWER**

## 11.1 Section 21 of the Local Government Act 2000.

Author: Catherine Forbes-Thompson Interim Head of Democratic Services  
Consultees: Dave Street Corporate Director of Social Services  
Jo Williams Assistant Director Adult Services  
Becky Griffiths Service Manager Adult Services  
Chris Hill Team Manager Hospital Discharge Team  
Richard Desir Aneurin Bevan University Health Board  
Annie Lewis Aneurin Bevan University Health Board

### Appendices:

Appendix 1 - Passing the Baton – Chapters 2, 3 & 4

Appendix 2 - Presentation hospital discharges, failed discharges & DTOC

Appendix 3 - ABUHB Leaflets