



HOSPITAL DISCHARGE TASK AND FINISH GROUP

MINUTES OF THE MEETING HELD AT PENALLTA HOUSE ON 2ND SEPTEMBER 2015 AT 5PM

PRESENT:

Councillor C. Gordon – Chair
Councillor J. A. Pritchard - Vice-Chair

Councillors:

L. Ackerman, P. Cook and J. Gale

Co-opted Members:

Mrs M. Veater

Together with:

J. Williams (Assistant Director, Adult Services), B. Griffiths (Service Manager, Adult Services), C. Hill (Team Manager, Hospital Discharge) and C Forbes-Thompson (Scrutiny Research Officer).

1. ELECTION OF CHAIR AND VICE CHAIR

Nominations were sought in respect of the position of Chair of the Task and Finish group. It was moved and seconded that Councillor C Gordon be appointed as Chair of the Hospital Discharge Task and Finish Group and by a show of hands this was unanimously agreed.

RESOLVED that Councillor C Gordon be appointed Chair of the Hospital Discharge Task and finish group.

Nominations were sought in respect of the position of Vice Chair of the Task and Finish Group. It was moved and seconded that Councillor J. A. Pritchard be appointed as Vice Chair of the Hospital Discharge Task and Finish group and by a show of hands this was unanimously agreed.

RESOLVED that Councillor J. A. Pritchard be appointed Vice Chair of the Hospital Discharge Task and finish group.

2. APOLOGIES

Apologies for absence were received from Councillor L Gardiner and Mrs B Bolt.

3. DECLARATIONS OF INTEREST

There were no declarations of interest made or during the course of the meeting.

4. WORKSHOP

The aim of the workshop was to determine the terms of reference for the task and finish group. It was explained that the topic of hospital discharge is quite broad and by exploring with the group the key issues of concern it was hoped that a consensus on the terms of reference could be reached.

The task and finish group were split into three groups and asked to consider the following questions:

- How would you recognise a 'good' hospital discharge?
- What would be considered a 'poor' hospital discharge?

The main issues identified by the groups were as follows:

- Communication – includes patients, families and professionals, important to give reassurance.
- Co-ordination – a key worker at the hospital to ensure consistency.
- Collaboration – service provision, notified to all agencies, unified assessment.
- Consideration – person centred (the correct assessment at right level).
- Creativity – flexibility on care provision, although understand budget constraints.
- Integrity – need a solid package of care – reduce re-admittance.
- Methodology – look at best practice examples to provide context.
- Availability of resources – nursing home places available.
- Discharge to care homes – family/carers provided with help through the process and ongoing support.
- Discharge planning from admittance to hospital.
- Consistency of care – to help identify where there may be discharge issues.
- Medication not put in place prior to discharge.
- Identifying patients with confusion – quality of care.
- Inappropriate discharge – family/ social services not informed.
- Single point of contact within hospital – information exchange within hospital.

The individual group members were asked to prioritise their top three issues for consideration by the task and finish group.

The two issues with highest priority were as follows:

- Communication.
- Discharge planning from admittance to hospital.

In addition the following issues were identified as a priority:

- Integrity – need a solid package of care – reduce re-admittance.
- Methodology – look at best practice examples to provide context
- Single point of contact within hospital – information exchange within hospital.

Members discussed the outcome of this exercise and agreed that the theme of the task and finish group would be communication and hospital discharge. This thematic approach would allow some of the other issues to be included, by examining the communication aspects of the issues identified.

Methodology

The task and finish group agreed to complete the review over four meetings, and officers agreed to bring forward a project plan to the next meeting.

4. DATE OF NEXT MEETING

Members noted the date of the next meeting to be held on 14th October 2015.

The meeting closed at 18:21

Approved as a correct record and subject to any amendments or corrections agreed and recorded in the minutes of the meeting held on 14th October 2015 they were signed by the Chair.

CHAIRMAN