



DRAFT

SUBJECT: HOSPITAL DISCHARGE TASK AND FINISH GROUP

REPORT BY:

1. PURPOSE OF REPORT

- 1.1 To provide members of the Health Social Care and Well-Being Scrutiny Committee with information of the work undertaken by a task and finish group looking at hospital discharge

2. SUMMARY

- 2.1 The task and finish group had a series of meetings to look at the following areas of practice:
- Discharge process including what contributes to a well-planned discharge.
 - Performance measures including national indicators, failed discharges, and volume of work in context of social services activity.
 - 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.

3. LINKS TO STRATEGY

- 3.1 The operation of Scrutiny is a requirement of the Local Government Act 2000.
- 3.2 The Welsh Assembly Government is very clear that Local Authorities and Health Boards must work together to reduced delayed transfers of care and length of stay in hospitals for people.

4. THE REPORT

- 4.1 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.
- 4.2 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 revision, launch and training on the Choice Policy should have a positive impact on this, particularly the use of the third sector in terms of training CHAT volunteers to assist with the process of decision making and then following people up in their new homes.
- 4.3 Members received a presentation which covered background data to hospital discharge, failed discharges and delayed transfer of care. Full details can be found in appendix 2.

- 4.4 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.
- 4.5 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. Current vacancies position illustrate capacity in the care sector to meet levels of demand which is essential for seasonal planning purposes.
- 4.6 Failed discharges were discussed in terms of reporting, investigation and main reasons that a discharge was seen as poor or failed include medication management, providers not informed, medically unwell resulting in readmission, paperwork not available in relation to Continuing Health Care.
- 4.7 Delayed transfer of Care is seen as the main reporting mechanism and is the judgement used by Welsh Government to determine how well a Local Authority and associated Health Board are performing. This has been the subject of previous reports to the scrutiny committee hence will not be gone into in great detail here. Members recognised that this is an arbitrary measure that counts people rather than percentage of the population. However it was pleasing to note that the reasons for social care delays had improved dramatically from last year where we were 22nd in all Wales league tables, to now being 13th and below the target identified for delays.
- 4.8 Seasonal planning was discussed at some length as this is a key strategic priority for Welsh Government and Aneurin Bevan University Health Board. Plans have been submitted to the minister for winter pressures, and reducing both the amount of peoples classed as delayed transfer of care and the time they spend in hospital referred to as length of stay. Full details can be found in appendix 3
- 4.9 Plans are produced on a pan Gwent basis with a view to ensuring consistency for all health board users. Focus is on prevention of admission, this is the development of community services to ensure people are not admitted to hospital inappropriately, these include development of anticipatory care planning , use of step up/step down assessment beds development of frailty services such as screening by advanced nurse practitioners and use of emergency care at home scheme plus development of 24/7 nursing.
- 4.10 Where people are admitted to hospital daily meetings have been established to track individuals throughout their stay to ensure they are referred to social service at the right time and appropriate actions are taken to either pull people out of hospital early or meet their estimated date of discharge.
- 4.11 There will be a significant public campaign to help people “make the right choices” in terms of who to contact rather than go to A+ E , promote healthy life styles and increase up take of the flu vaccination.
- 4.12 Plans are in place in terms of staffing for the health board who have recognised a problem with recruitment to certain professions. i.e. Nurses and therapists, hence arrangements have been reviewed for the increase use of bank staff, use of agencies and recruitment from over seas 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.
- 4.13 Both agencies have 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 is issuing vouchers to enable staff to get the jab done in a local chemist which is proving popular in terms of increasing up take and is more cost effective.

- 4.14 WAST have specific plans in place, to triage people who fall rather than take them straight to A+E and it is hoped this will have a positive effect on prevention of unnecessary admissions to acute hospitals.
- 4.15 Local authorities have 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 individuals needs remain the same.
- 4.16 The task and finish group recognised that hospital discharge is complex 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 are specifically relate to the borough such as the repatriation Policy and reporting mechanism which puts different tensions in the system. The current highly politically focus on delayed transfers of care and winter pressures. The need to get things right for people and their carers/families, ensuring good communication to enable decision making. The need to work together across the statutory and third sector to ensure best use of scarce resources in a time of austerity where we need to influence public expectation and plan for increasing demographic pressures to ensure the system is fit for purpose going forward, with the development on preventative services.

5. EQUALITIES IMPLICATIONS

- 5.1 An equalities impact assessment is not required as report is for information only

6. FINANCIAL IMPLICATIONS

- 6.1 There are no specific financial implications associated with the task and finish groups work, however it is noted that winter pressures can have a significant impact on the budget.

7. PERSONNEL IMPLICATIONS

- 7.1 There are no specific HR implications associated with this report.

8. CONSULTATIONS

- 8.1 All comments are included within this report

9. RECOMMENDATIONS

- 9.1

10. REASONS FOR THE RECOMMENDATIONS

- 10.1

Author:
Consultees:

Background Papers:
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Appendices:

Appendix 1 Passing the Baton

Appendix 2 Presentation on Hospital data

Appendix 3 Presentation on Seasonal Planning