



HOSPITAL DISCHARGE TASK AND FINISH GROUP

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

PRESENT:

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

Councillors:

L. Ackerman, P. Cook, J. Gale and L. Gardiner

Co-opted Members:

Mrs M. Veater

Together with:

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

1. APOLOGIES¹

Apologies for absence were received from Co-opted Member Mrs B Bolt.

2. DECLARATIONS OF INTEREST

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

3. MINUTES

The minutes of the meeting held on 14th October 2015 were endorsed and signed as a true record.¹

4. SEASONAL PLANNING PRESENTATION

Officers explained that the presentation outlined the plan in respect of managing hospital admissions and discharges during the winter period for the Gwent area. The presentation was prepared for the Deputy Minister and was submitted on a Pan Gwent basis on behalf of the five Gwent Local Authorities, Aneurin Bevan University Health Board and Welsh Ambulances Services NHS Trust.

The plan outlines arrangements to prepare the public, collaborative work and plan to optimise

care for service users and ensure that resources are used effectively.

Public Engagement

An outline of the public engagement plans for the winter was explained. There will be engagement of existing arrangements through promotion of 'Be Winter Wise', which reminds people to prepare for the coming months, via public events and flyers. The 'Choose Well' promotion will also ask people to consider the most appropriate destination when seeking medical advice or assistance.

Officers highlighted last year's Dr Olivia guide to A & E video which asks people 'Is really an emergency?' the video, through using children, people attending at A & E with ailments such as toothache or sprained ankles and advises to ring NHS direct. Studies have indicated that 70% of visits to A & E could be dealt with elsewhere. Members queried if this figure was accurate, officers stated in their experience 1 in 2 people at A & E could go elsewhere.

Members felt that this was an indicator that people may be dissatisfied with GP service and/or lack of 24 hour assistance. Officers commented that there is a need to have out of hours services to give alternatives to attending A & E.

Officers highlighted the other public engagement plans to use local media and social media, give messages to the public and staff throughout the winter, with local authorities promoting wellbeing and use of the Community Connectors project.

Admission Avoidance

Officers outlined plans to prevent admissions to hospital during the winter period. This includes a pilot scheme by one Surgery in Newport that will consider patients who are at risk of deteriorating and ensure that a pathway is put in place outlining where they should go/what they should do, known as anticipatory care planning.

Alternative plans will be drawn up for people who attend A & E on a regular basis, usually because they suffer from chronic conditions. The aim is for specialist nurses to triage the patients and direct them to more appropriate places. Members stated that there need to be advice available for families 24/7. Often GP's and ambulance staff will advise hospital admission when called out. Officers stated that the protocol for falls, for example, is to take to hospital, this needs to be revised. The '7 questions' approach is being developed in order to determine if that is the most appropriate response. The key is to ensure that the entire approach throughout the year is changed, need to ask – do they need to be here? – What services do they need? – What is available?

Officers informed the review group that a new 24/7 district nurses community service has been agreed recruitment has commenced, although at present it is unclear what role they will have in preventing admissions to hospital.

The falls response team will be working to help people stay at home and arrange any onward referrals. There will also be patient management at the A & E 'front door' to avoid admission, and arranging appointments at a later date.

Members asked if there are instances where families placing/leaving people in hospital during the 2 week Christmas period as they are seen to be in a safer environment than being home alone. Or care homes placing their residents where they have staffing difficulties during the Christmas period or they anticipate the resident may be unwell. Officers stated that there may be some truth but conversely there are some families who may take their family members home from hospital during the Christmas period but once the holiday is over will contact social services for assistance because they cannot cope and/or they have to return to work. It is important that all discharges are properly managed Anticipatory Care Planning is desirable, so there is a plan in place and arrangements are in hand before Christmas, however it should be accepted that some people need to be in hospital over the Christmas period. It is important to

avoid situations where people are sent home before Christmas and then return to hospital afterwards.

Members commented that preparing the population is important, such as having a winter stock of food, thinking about what you will do differently when there are icy conditions – risk assessment and take responsibility for personal wellbeing.

Operational Readiness

Officers stated that the presentation to the Deputy Minister outlined the operational readiness of the partner organisations. There has been modelling of likely demand which has been based on previous year's data. This will enable capacity planning for beds during the winter period. Officers had noted that Health considered Christmas last year to be the worst in terms of pressure on services, however that wasn't necessarily evident to social services. In fact the biggest pressure on social services was during the May and August months, which indicates a disconnection between the organisations of when the busiest times are. Officers felt that there is a need to have reliable data to understand what the actual situation is.

Health will carry out capacity planning for use of beds during winter months and will make extra beds available before Christmas to ensure they are there if needed. They also look at staff rostering, reducing elective surgery and plan day cases for January. They will create additional capacity and ring fence beds for stroke patients and community hospitals. In addition plans are in place in order to manage any outbreaks of infectious diseases and the out of hours service are considering salaried GP's and overnight nursing service.

Patient Flow & Discharges

Officers informed the review group that a review of patient flow processes has been carried out. There are daily meetings to plan discharges and tracking of data of patients with complex needs and daily discharge targets including measuring the length of hospital stays.

There are plans to support discharge through daily ward rounds, weekend discharge teams, investment in ward based pharmacy, dedicated ambulances and targeted occupational therapy. Members commented that perhaps a standard checklist should be adopted when discharging patients which could be given to patients, so they know what they should expect. Officers commented that this should be covered under 'passing the baton' and patients should all receive basic personal care and by defining every element in a list, there is a risk that this will be an excuse if something is left off the checklist.

Members were informed that 'Step up Step Down' services will be used across the region and daily multi agency communication.

Members commented that hospitals seem reluctant to engage with the voluntary sector, officers stated that volunteers are used at hospitals CHAT volunteers are recruited from retired NHS staff.

Human Resources

Officers stated that E rostering will be used to support efficient staffing during the winter period by health. Local Authorities have data on the numbers of vacancies in the long term care sector that indicate there is sufficient capacity to meet winter demand. Long term care vacancies are circulated across the region and there are unprecedented numbers of vacancies. However there are concerns regarding number of EMI nursing beds, there were no beds in this category available last week.

Health Boards are recruiting staff, including staff from overseas – Italy. They are increasing the numbers of health and wellbeing staff and examining the type of duties they carry out.

They are promoting the 'bank' and additional hours system, where staff can work additional shifts. They are using agency staff, managing their sickness absence procedures and ensuring that staff wellbeing services are in place and promoted, such as encouraging take up if the flu vaccine. Members asked why there aren't enough people trained in this country, officers commented that previously there was a joint work force planning strategy and recruitment issues tend to relate to certain areas of work for newly qualified nurses. Members commented that often newly qualified nurses and doctors will move abroad for better working conditions, but conversely there are probably qualified medical staff arriving here from abroad from place such as Syria.

Members asked how the problem of lack of trained staff can be overcome. Officers advised this was raised at the meeting with the Deputy Minister and the need for this to be looked at nationally.

Communication

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. The promotion of the flu vaccine is a key issue for all partners and there is open dialogue between agencies to try to resolve issues before they escalate.

Officers commented that a key problem is the separate IT systems in the health sector. GP's are independent and will have their own systems.

Local Authority Actions

Officers stated that the Local Authority is working to promote wellbeing in the community. We are awaiting 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. There is a need to put this in context of category of care beds that are vacant many are residential care beds, whereas the need is for EMI and /or nursing beds.

Members commented that there are too few EMI and nursing beds available, officers stated that this is a national issue and the private sector is slow to react, the trend is towards providing more care at home hence residential placements are dropping. Officers stated that they will review the admissions criteria to access assessment beds during times of escalation of additional need. 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.

The capacity of nursing and residential homes is an area that needs to be addressed nationally this is currently being looked at by the nationally commissioning group and the care homes steering group.

Local authorities agreed to standardise response times for assessments to start within 48 hours and retain packages of care for 2 weeks following admittance to hospital.

Members suggested that the provision of home care at times convenient to service users was difficult to achieve, with calls very early morning or late morning being offered.

A Member stated that a food box service has been introduced at some hospitals in England for people being discharged to an empty house. Officers stated that they were not aware of this service, but felt that it is better to provide a service from an organisation such as Crossroads, who will ensure the heating is on and there is food available etc. The importance of using voluntary organisations were emphasised such as Red Cross transport who will take people home and ensure they are settled.

Members asked what other voluntary organisations were used, officers stated that Age Concern are used for shopping where service users don't qualify for services and don't have support from family or friends.

The Local Authority has also been promoting take up of the flu vaccine amongst staff, we now use vouchers so that staff can use them at certain pharmacies, which has resulted in an increase in take up. Officers stated that it was important to remember that care staff will also need to take holidays during the Christmas period, as the annual leave year ends at 31 December.

Wales Ambulance Service Trust Actions

Officers outlined the actions for the ambulance service in respect of helping hospital discharge. The service is adhering to a 5 step plan and is now achieving better performance by managing its demand. The presentation outlined plans for specialist paramedic practitioners, a falls response team and is considering alcohol treatment centres.

The Chair thanked Officers and Members for their contribution and confirmed that the next meeting of the task and finish group is planned for the 18th November 2015.

The meeting closed at 18:25

Approved as a correct record and subject to any amendments or corrections agreed and recorded in the minutes of the meeting held on 18th November 2015 they were signed by the Chair.

CHAIRMAN