



HOSPITAL DISCHARGE TASK AND FINISH GROUP

MINUTES OF THE MEETING HELD AT PENALLTA HOUSE ON 18TH NOVEMBER 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), C. Hill (Team Manager, Hospital Discharge) and C Forbes-Thompson (Scrutiny Manager).

1. APOLOGIES

Apologies for absence were received from Councillor L. Gardiner and 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 2nd November 2015 were endorsed and signed as a true record.

4. HOSPITAL DISCHARGE TASK AND FINISH GROUP DRAFT REPORT

Officers summarised the main findings to date of the task and finish group, where at the first meeting Members identified their key issues of concern with the highest priority given to communication and discharge planning. Members felt that there appear to be different communication systems across ABUHB.

The task and finish group discussed hospital discharge practice and performance during the period January to June 2015 for patients over 18 years old with a physical health issue (including dementia). Members were informed of the discharge process at hospital for patients without support, and the process that is followed depending on the likelihood of their condition improving. The task and finish group received data on the number of referrals to social services some of which require services to be re-started or new assessments to support hospital discharge. A breakdown of the number of assessments that require support was provided from those that require no support to the percentages that require nursing or residential care.

Members agreed that the process from admission to discharge is very important and the need for a named key worker is critical, but this is not always consistently done. Officers suggested that Members may want to suggest some ideas to improve communication. Members agreed that there needs to be a universal process for discharge and Health Board needs to be challenged to ensure that a key worker is allocated.

The review group queried why the NHS continued to use fax machines to send information to GP surgeries, officers stated that it was perceived to be better for data protection. Members stated that the ABUHB should be asked what plans are in place to improve efficiency. Officers explained that the new single information system that is to be piloted by Health and Social Services in Bridgend, which could make a difference.

Members discussed the information that is provided to carers and patients upon discharge, and felt that there is often too much information from different organisations which can be confusing. It was felt that information could be provided in a booklet, as leaflets in GP surgeries or a directory that is available when required. Officers stated that Health information is very condition specific, as opposed to generic. Neville Hall Hospital is a good example of information packs. The Assistant Divisional Nurse is currently looking at good examples and is considering consulting with patient forums. Members suggested they come to a future meeting of the task and finish group.

Officers explained how a failed discharge is identified and defined, and stated that the joint hospital discharge team have been recording the numbers of failures reported since January 2015.

The Delayed Transfer of Care process was outlined with a 'Census Day' on the 3rd Wednesday of the month to count the number of people who are deemed medically fit and awaiting discharge. The data is jointly validated with Aneurin Bevan University Health Board and it was noted that CCBC has improved its ranking across Wales moving from 22nd to 13th. Members commented that the reporting of actual numbers is not a fair methodology, and agreed that a percentage based on population size would be fairer. Officers stated that the information is not comparing like with like, and consideration should be given to what is being measured for example How long is a person delayed? – Which can be for just 1 day. All of these points have been raised with Welsh Government.

The discharge planning process and the continuing health care process was discussed. Members commented on the practicality of commissioning beds in care homes whilst CHC is being assessed. The task and finish group agreed on the importance of involving patients and carers in discharge arrangements and means to improve communication. Officers stated that discharge planning should start pre-admission for elective procedures.

Members discussed the arrangements for managing hospital admissions and discharges during the winter period in the Gwent area. The task and finish group were informed that the 5 Gwent Local Authorities, Aneurin Bevan University Health Board and Wales Ambulances Services NHS Trust have agreed their arrangements for the winter period and have presented this to the Welsh Government Minister. Members were informed that the pressure in the Health Service is generally felt during the winter period, however within Social Services the pressure is at its peak during May and August. Officers commented that the information from

the winter period this year may help to inform partners what the actual problems are and perhaps understand these differences.

The task and finish group discussed the methods used by NHS to track patients whilst in hospital, data from interactive whiteboards is used. Officers stated that there is a problem in the NHS with tracking patients that move across the system and hospitals.

Officers informed the review group that some hospitals are currently experiencing seasonal winter pressures with some already at level 4.

The pressure of Accident and Emergency Departments was raised and Officers stated that Health Boards report that too many people attend A & E that should go elsewhere. There needs to be a distinction between social care and medical emergencies. Members queried how many access the out of hours GP service and commented that often people will be cautious particularly when it can be difficult to get GP appointments. Officers commented that practice needs to change with patients turned away and re-directed before they enter the system at the hospital. There is a culture that is risk averse.

Members stated that although people know about the Gwent Frailty service for example they cannot make referrals directly. Officers commented that Gwent Frailty is already used to its full extent and it may be difficult for people to understand when they need to make referral, referrals can be redirected internally if that is deemed the most appropriate service.

It was suggested that Health consider other ways of delivering services, for example allowing GP's to book appointments for x rays directly thereby avoiding having to see a GP first.

The task and finish group considered its initial findings with communication as the overriding issue, suggestions for improvement included the following:

- There should be a contact point for the public;
- Patients should be offered a feedback mechanism following discharge;
- An information booklet outlining what basic standards of care patients can expect should be produced;
- An analysis of the winter pressure plan should be undertaken to identify effectiveness;
- Consideration should be given to improving joint planning arrangements.

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 18 May 2016 they were signed by the Chair.

CHAIRMAN