

FINAL REPORT DISCHARGE FROM HOSPITAL

Executive Summary

This paper provides the Health and Well-Being Overview and Scrutiny Committee with the final progress report in regard to Discharge from Hospital.

The last report was presented to the Health and Well-Being Overview and Scrutiny Committee on 10 November 2009 at which time the meeting resolved that:

- (1) The Committee notes progress in improving the experience of patients and carers following admission to hospital and subsequent discharge*
- (2) That this Committee requests that the specific recommendations from the Committee's Discharge Review be aligned with the actions in the report as detailed in the Chair's circulated paper (provided to the Chair following the last meeting)*
- (3) That a further progress report, to include feedback from patients and carers on this issue be brought to the Committee before the end of the municipal year*

1 Background

- 1.1 Reports to the Health and Well-Being Overview and Scrutiny Committee over the last year have identified a range of actions taken across the acute hospital, primary and community care, social care and housing services to improve the length of time patients stay in hospital and the quality of their discharge. The actions taken have responded to a number of recommendations outlined in reports in 2008/09 including the Wirral Hospital Discharge Review Report Commissioned by the Older Peoples Parliament (Mott McDonald 2008) which focussed on patient experience.
- 1.2 This report focuses on the outstanding actions from the plans as detailed below along with information which supports progress made and future whole system plans.

2 Actions

- 2.1 The action plan agreed with the Overview and Scrutiny Committee has now been completed with only two actions still to be finalised. These are:
 - 2.1.1 By April 2010 the revised Patient Information Leaflets will be finalised. These are sent to every patient for a planned admission and given to every urgent care patient on admission. These include all the required additions relating to discharge. In addition standard ward information sheets have been developed for the Model Wards and will be rolled out to all in patient areas during 2010.
 - 2.1.2 A Task and Finish Group is finalising the work on Discharge Summaries and ensuring appropriate and timely information is sent to GPs and patients. This is in line with the national standards. This will be further enhanced with the final

implementation of Cerner (performance management system) for inpatients within the next two years.

2.2 Additional Actions to Note

- 2.2.1 Clinical Pathways are in place for the identified clinical conditions and compliance and documentation are audited through the annual Ward Audit, record audits and quality performance management.
- 2.2.2 Key Performance Indicators (KPIs) are performance managed on a weekly basis in relation to the reasons and numbers of discharge delays of medically fit patients, length of stay, elective and non elective activity and inappropriate patient moves.
- 2.2.3 Patient Flow Practitioner roles have been reviewed and split between supporting urgent care patient flow and supporting clinical staff with complex patient discharge.
- 2.2.4 Interim (step down) bed provision has been agreed between the PCT and DASS with new access arrangements to ensure effective timely discharge of patients. This enables more patients to make long term decisions about the support they require outside of an acute hospital setting.
- 2.2.5 The three discharge related teams (WUTH, DASS and PCT) are being co-located in the hospital in a previous ward area. The Business Case has been approved and the work about to start. This will also provide office space for the newly appointed Homelessness link worker, Advocacy support and DASS Emergency Response Team. It will also serve as a link for Assistive Technology and the HART team.
- 2.2.6 Multi agency Locality Action Plans are being drawn up to ensure that the three Wirral localities have sustainable community services delivered in an assessed and personalised manner which will prevent avoidable admissions to hospital from the place of residence and ensure that people are appropriately managed through agreed care pathways and returned to their place of residence with appropriate support.

2.3 Performance

- 2.3.1 The Trust received 26 formal complaint issues relating to the category 'Transfer & Discharge' for the period October – February 2009/10 compared to 31 during the same period the previous year.
- 2.3.2 The Patient Advice & Liaison Service recorded a total number of 40 issues relating to the category 'Transfer & Discharge' during the period October - February 2009/10 compared to 51 during the same period the previous year.
- 2.3.3 The Trust had 127 incidents reported relating to the category 'Transfer & Discharge' during the period October – February 2009/10. This figure has remained static when compared to same period in 2008/09 with 123 incidents being reported.
- 2.3.4 In addition, all complaints, incidents and Patient Advice & Liaison Service reports were individually examined and acted upon where appropriate.

2.4 Chief Executive Officers Report from WUTH, DASS and PCT

In order to ensure that concentration remains firmly on prevention of admission, throughput and discharge a report was recently commissioned (Jan2010) by the Chief Executives of NHS Wirral and Wirral University Teaching Hospital and the Director of Social Services. Senior managers from each organisation formed a 'Discharge Turnaround Team' charged to deliver a whole system report with recommendations to ensure that prevention of admission, throughput, shorter lengths of stay and timely, safe and appropriate discharges are considered in a multi-agency approach.

This report has been received and approved and the actions identified will be implemented over the next six months.

3. Financial Implications

There is the potential to release funding into the Health & Social Care Economy by achieving a reduction in Lengths of Stay.

4. Staffing Implications

There are no staffing implications arising from this report.

5. Equal Opportunities Implications/Health Impact Assessment

There are no equal opportunity implications arising from this report.

6. Community Safety Implications

There are no community safety implications arising from this report.

7. Local Agenda 21 Implications

There are no local agenda 21 implications arising from this report.

8. Planning Implications

There are no planning implications arising from this report.

9. Anti Poverty Implications

There are no anti poverty implications arising from this report.

10. Social Inclusion Implications

There are no social inclusion implications arising from this report.

11. Local Member Support Implications

There are no local member support implications arising from this report.

12. Health Implications

Timely Discharges and shorter lengths of stay help reduce the probability of contracting hospital acquired infections.

13. Background Papers

None.

14 Recommendations

That :

- (1) Committee is asked to note the continued progress being made in improving the experience of patients and their carers following admission to hospital and subsequent discharge.
- (2) The committee notes the remit of the work undertaken by the 'Discharge Turnaround Team' and agree to receive a progress report from them in September 2010.

JOHN WEBB

Director of Adult Social Services

Heather Rimmer
Interim Head of Integrated Commissioning
PCT/DASS

Pat Higgins
Assistant Director of Strategy & Planning
Wirral University Teaching Hospital NHS FT

5 March 2010

Appendix 1

‘Discharge Turnaround Team Remit

A team of three senior managers appointed by the Chief Executives of NHS Wirral and Wirral University Teaching Hospital Foundation Trust and the Director of Wirral Social Services undertook a short piece of work to

- a) Identify the factors which contribute to the unsatisfactory patient / person experience and the delays in patients receiving appropriate care.
- b) Make recommendations which facilitate the achievement of the shared objective ‘that all patients/people who require unplanned care should receive that care in a timely fashion in the right place, provided by staff with the right level of skills and expertise. Wherever, possible the aim should be to support rehabilitation and recovery and maintain the patient/person at home or in their normal place of residence. Hospital and residential/nursing care should be reserved for those who cannot be treated at home/at their GP surgery/as an outpatient and who require these specialist services’
- c) Consider the cultural/organisational issues which may contribute to the sub-optimal operation of the current system and make recommendations for improvement.
- d) Suggest a range of Key Performance Indicators/ Performance Dashboard which will facilitate strong local performance management and early identification and rectification of operational problems

The team have identified recommendations under the following headings

- a) Processes
- b) People /Cultural; Issues
- c) Discharge Planning/Prevention of admission
- d) NHS Wirral Provider Services
- e) Wirral University Teaching Hospital Trust
- f) Department of Adult Social Services
- g) Joint Organisational Issues
- h) Documentation
- i) Commissioning
- j) Leadership
- k) Key Performance Indicators

These recommendations are being shared with each organisation and a remedial action plan will be developed and agreed