

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBER

<b>1</b>	<b>Meeting:</b>	Adult Services and Health Scrutiny Panel
<b>2</b>	<b>Date:</b>	11 <sup>th</sup> November 2010
<b>3</b>	<b>Title:</b>	Hospital Discharge
<b>4</b>	<b>Programme Area:</b>	Neighbourhood and Adult Services

**5. Summary**

The purpose of this report is to provide reassurance and confidence to Cabinet Member with regard to improving the customer experience of the hospital discharge process. This report outlines the progress and the developments which have been made to improve discharge for patients following the review of hospital discharge arrangements. Safe and timely discharge of patients is essential to ensure customer safety and satisfaction; and has improved customer feedback.

**6. Recommendations**

**The contents of this report are noted.**

## 7. Proposals and Details

In order to improve the customer experience of hospital discharge process, a 'whole system' approach has been adopted by Rotherham Health and Social Care Community in accordance with the Government legislation, directives and principles outlined below.

The discharge of patients from Rotherham General Hospital is established upon the current hospital 'Discharge Policy and Procedures' which incorporates policy principles, policy statement, and responsibilities, with the objective to enable the safe and timely discharge of patients. The introduction in January 2004, of the 'National Health Service Community Care Delayed Discharge Act etc 2003' and latterly the Mental Capacity Act 2005, the NHS National Framework for Continuing Health Care have been incorporated into the Discharge Policy and Procedures, and has been instrumental in reducing the number of delayed transfers of care. This policy is under continuous review to incorporate new government legislation and directives.

The Community Care (Delayed Discharges) Act 2003 introduced a system of reimbursement by Social Services to the relevant NHS body, for delays caused solely by failure to provide timely social care assessments and/or social care services. The reimbursement cost is £100 per day for each person whose discharge is delayed.

The purpose of the legislation is to improve services for patients and ensure they have the right care in the right place, at the right time. Central to this, is avoiding situations where patients are put at risk by remaining in an acute hospital bed, when they no longer need acute care.

It is essential for Rotherham Health and Social Care Communities to maintain and build upon effective local partnerships and a whole systems approach to care planning and service development. This should be implemented within the broader policy framework of the NHS Plan and the National Service Frameworks. One outcome of this approach should be to minimise delays in discharge for patients in acute hospital beds.

The major principles of the act are;

- Unnecessary admissions are avoided and effective discharge is facilitated by a 'whole system approach' to assessment processes and the commissioning and delivery of services;
- The need for engagement and active participation of individuals and their carer(s) as equal partners;
- Discharge is seen as a process, and not an isolated event. It has to be planned at the earliest opportunity across the primary, hospital and social care services;

- The process of discharge planning should be coordinated by a named person (the 'care co-ordinator'), with responsibility for coordinating all stages of the 'patient journey';
- Staff should work within a framework of integrated multidisciplinary and multi-agency team working to manage all aspects of the discharge process. The team should consider transfer to the patient's own home before seeking any alternative arrangement;
- Effective use is made of all available services, especially intermediate care services, so that existing hospital capacity is used appropriately and individuals achieve their optimal outcome.

The continued increase in the population of older people in Rotherham has contributed to an increase in hospital admissions; with a significant projected demographic increase of 5020 older people in Rotherham (11.5% 2001-2010; Source: 2001 census Information Dept). There will continue to be an increase in Rotherham's older people population with the potential for increases in hospital admissions and discharges, and subsequent pressure on finite resources to deliver quality health and social care support services to our customers within specific time frames.

There are ongoing initiatives to avoid inappropriate admissions into acute care and developments to provide alternative levels of care pathways and support services. Rotherham's Health and Social Care Communities i.e. Rotherham Foundation Trust, NHS Rotherham, RMBC Adult Services, have established and also re-established different groups to plan and deliver improved services adhering the above principles.

Adult Services continues to be an active member of the Emergency Care Network Group, a multi agency membership whose purpose is to develop integrated and effective Urgent and Emergency Care Services and pathways across the Health and Social Care Community of which the safe and timely discharge of patients is an element of this work.

The Discharge Monitoring Group has been re-established at the request of Adult Services and now has two groups, a strategic and an operational group. The purpose of the strategic group is to bring about a substantial improvement in the discharge process, involving all stakeholder partners, in order to ensure safe and timely hospital discharge for patients, in accordance with government guidance and legislation and is accountable to the Emergency Network Group. One purpose of the operational group is to review process and protocols pertaining to discharge in response to operational practice, learning, and also in response to both customer comments and complaints; and is accountable to the strategic group.

Adult Services Customer Quality Team produces quarterly Excellence Performance Reports which are obtained and produced by a variety of methods including customers' involvement. With regard to the Hospital Social Work Team and the safe and timely patient discharge of patients, the report evidences a high level of customer satisfaction with an improvement of service

deliver of social care ranging in the lower 90% satisfaction from the previous quarter, to higher 90% range of satisfaction for the first quarter of 2010. (See appendix 1 for figures).

There is partnership working between Health and Social Care complaints departments both regionally and locally operating through their comments and complaints procedures, pertaining to hospital discharge. Comments or recommendations resulting from a complaint are fed into the Operational Discharge Monitoring Group to inform practice and amendments to procedure, through learning from customer experiences.

Other recent developments has been the permanent appointment by Adult Services of a part time Health and Social Care Coordinator for BME patients, who provides information and advice on their admission into hospital if required. This customer group previously identified from the initial pilot were receiving a less equitable service, or no service at all due to lack of awareness by not being informed. This has also had the benefit of raising the issue and profile across all organisations.

There is a specific and proactive focus by Adult Services through their Health and Social Care Information Facilitators, to providing information to carers or family member who are likely to require community care services on discharge from hospital, advice of available health and social care services, prior to the allocation of a social worker: whilst also outlining the patient's journey. This may be beneficial to them individually as a carer, or to the cared for person.

The continuous successful recruitment to vacant posts has increased the number of new social workers and enabled some increased degree of flexibility to patients and their carers for appointments, where carers who previously may have experienced difficulty in being available to participate in assessments, during core hours due to other commitments, are now able to do so outside core hours.

There are two part time stroke coordinators employed by Adult Services who operate on the stroke ward and provide additional advice and support to patients who may decline or not be eligible for social worker involvement, in preparation for their discharge from hospital.

A relatively new development in order to provide consistency in the application of NHS Continuing Health Care Framework whilst also enhancing the patient's opportunity to be successfully assessed against the eligibility criteria is the creating of dedicated team from Adult Services and Rotherham Foundation Trust to undertake this function.

## **8. Finance**

No additional resources currently required.

## 9. Risks and Uncertainties

There are a variety of risks that can impact upon the patient's timely discharge which will potentially cause delay. These include:

Insufficient staff availability due to variety of factor; e.g. Pandemic episode; emergency planning / major incident episode. All organisations have their own Business Continuity Plans to deal with short periods of difficulty. There is ongoing work across the Health and Social Care Community to develop a robust surge plan for all longer term eventualities and mitigate the effects of Pandemic type episodes.

There is the short term impact of absence through sickness which can reduce the staffing capacity to undertake timely assessments. In addition there are some difficulties in successfully recruiting to all social work vacancies due to the dearth of available social workers nationally. The Council's Grow Your Own Scheme will provide a limited mitigation of this risk.

Unpredictability to calculate specific costs incurred for reimbursement of patients whose discharge is delayed solely due to the responsibility of Adult Services. There is a budget allocation to accommodate a degree of costs incurred, should contingency actions to avoid reimbursement and the discharge patients within government time frames not be achieved.

Other possible delays can be due to equipment being unavailable or other healthcare professionals' responsibilities needing to be completed; or a combination of the above.

A further risk is the sufficiency of capacity or limited development of resources with regard to alternative levels of care facilities, resulting in inappropriate hospital admissions, subsequently placing increased and inappropriate demand on acute care and discharge.

## 10. Policy and Performance Agenda Implications

Timely transfers of care impact positively on numerous Key Performance indicators:

- NI 132; NI 133; N1 136; NAS 1: D 40

Ultimately it will provide improved outcomes for customers in the areas identified below against CQC Outcomes Framework:

- Improved health and wellbeing
- Improved quality of life
- Exercise choice and control

## 11. Background Papers and Consultation

National Health Service Community Care and Delayed Discharge Act etc 2003.

Hospital Discharge Policy.

National Framework for NHS Continuing health care.

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**Appendix 1**  
**Key Lines of Enquiry (DRAFT SS Evidence)**

**What development and actions are being undertaken to improve the safe and timely discharge of patients from hospital. Are services consistent and of a high standard.**

<b>Delivering Excellent Service</b>	<b>Evidence</b>	<b>Gap/action</b>	<b>Contact/reference</b>
<p>Safe and timely Patient Discharge / Transfer of care from Acute Hospital environment.</p> <p>High level of customer satisfaction with access to council services from all parts of the community</p>	<p>Customer Services Excellence Performance Report;</p> <ul style="list-style-type: none"> <li>• Overall satisfaction with the service received? - Increase from 93% to 98%.</li> <li>• How happy are you that we did what you said we would do when we first contacted you? – Increase from previous quarter 90% to 97%.</li> <li>• How happy are you with the time taken between your first contact &amp; receiving a service? – Increase from 87% to 89%.</li> <li>• Did you find it easy or difficult to understand the information we gave you? Increase from 95% to 97%.</li> <li>• How happy are you that staff explained what would happen next? - Increase from 93% to 97%.</li> <li>• How happy are you that you were treated fairly? – Increase from 95% to 98%.</li> <li>• How happy were you that staff were polite, friendly and sympathetic to your needs? Increase form 97% to 98%</li> </ul>	<p>Continuous endeavour for improvement across all the identified areas.</p> <p>Focus area for improvement as this is a relatively low performance figure compared to the others</p>	<p>Jasmine Speight</p>

# Inspection of Customer Access to Services

Delivering Excellent Service	Evidence	Gap/action	Contact/reference
Neighbourhoods and Adult services actively monitors the quality of experience of people who access the service including those of target groups or communities of interest	Learning from Customers work streams, - Mystery Shopping; Home Truths, Customer Satisfaction Testing; Customer 1st Stats, ( Telephone calls, letters, waiting times) Learning from customer workshops (quarterly workshops held with a cross section), Carers Forum feedback, customer complaints,		
Customers can contact the council easily in person via the internet, e-mail or by telephone for example using a single number to acquire contact with Hospital Social Team	<p>Adult Services reception within hospital available for customers to make relevant enquiries; with interviewing officers available if required.</p> <p>Part time BME Health &amp; social care coordinator available to hospital patients &amp; their carers</p>		<p>H Cavanah/ Rachel Crehan/Carole Darwin</p> <p>S Khan</p>
Hospital social work team are easily accessible to all hospital customers, they are family friendly, welcoming, and have facilities for private interviews.	<p>DDA compliancy</p> <p>Private interview facilities available</p> <p>Signs are reasonable</p>		
The Hospital social work team offer out-of-hours service to customers / carers if required. The range of services provided reflects the needs and aspirations of local people and partners.	Assessing Officers are available to people visiting Out of Hours; after 5pm to 8pm.	<p>(partial service availability)</p> <p>Ongoing area of work</p>	M Joynes
Staff are well trained in customer care, equalities and diversity and demonstrate a high level of customer focus.	<p>ff circulation of Calendar of Religious Festivals and Special Days 2010/11</p> <p>Part time BME Health &amp; social care coordinator available to hospital patients &amp; their carers.</p>		S Khan



# Inspection of Customer Access to Services

Delivering Excellent Service	Evidence	Gap/action	Contact/reference
<p>The Council uses feedback from comments and complaints in a systematic way to improve the accessibility and quality of the service.</p>	<p>Recognition of positive comments of staff &amp; service delivery via managers meeting monthly awards.</p> <p>Joint working with health partners through complaints; e.g. hospital complaints dept, PALS, VAN regional complaint meetings - learning from complaints &amp; feeding into discharge monitoring group to inform &amp; improve service.</p>		<p>Stuart Purcell - NAS Ann Dale - NHSR Brigid Reid - RFT</p>
<p>A wide range of quality information which is easy to read and available in a range of languages and formats is available.</p>	<p>Some material available in ethnic minority languages, e.g. complaints.</p> <p>Interpretation and translation service available in SS.</p> <p>Talking Newspapers and Brailing service available through sensory disability teams.</p> <p>DVD for Deaf people "Speak Up" - video information for adults with learning disability. Learning Disability Directory that is available in community languages.</p>		<p>Sharon Hirshman/ T White</p>
<p>Service standards are clearly explained and understood both staff and all customers and partners.</p>	<p>Service Standard leaflet provided by staff to customers / carers</p>	<p>Requires refresh / updating</p>	
<p>Rehabilitation Services available on discharge to patients assessed as eligible</p>	<p>Intermediate Care beds and Community rehabilitation services.</p>		

