

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1. Meeting:	Cabinet
2. Date:	7th November 2013
3. Title:	Scrutiny Review of Hospital Discharges
4. Directorate:	Resources

5. Summary

This report sets out the findings and recommendations of the scrutiny review of hospital discharges in Rotherham. The review report is attached as Appendix 1 for consideration by Cabinet.

6. Recommendations

That Cabinet:

- **Receive the report and submit their response to the review to OSMB within 2 months.**
- **Agree to forward the report to the Health and Well Being Board**

7. Proposals and Details

This review was requested by the Health Select Commission. The issue was part of the work programme for the Health Select Commission in 2012/13 and as such an initial report was received by the Commission at its meeting in April 2013. This was written and presented by Maxine Dennis, Rotherham NHS Foundation Trust. Members felt that the agenda was potentially very wide and therefore that a focused spotlight review was required.

The key focus of Elected Members' attention was their perception, based on anecdotal evidence, that there was a problem with out of hours discharges (late at night or weekend) and patients being discharged without adequate support arrangements in place. The review therefore looked at to what extent this perception was based on the true picture.

There were four main aims of the review which were to consider:

- Definition of a good discharge from hospital and therefore how is a failed discharge identified
- Reasons for failed discharges
- Discharge arrangements for those with care plans and those without
- Patient experiences

It would also aim to support the achievement of the following Council priorities from the Corporate Plan:

- Ensuring care and protection are available for those people who need it most
- Helping to create safe and healthy communities

The review conducted was a spotlight review and formulated eight recommendations as follows:

1. That ways should be considered as to how to involve community services more effectively with complex cases and their discharge arrangements.
2. The perception of problems relating to discharge is not supported by factual information therefore, feeding this back to Elected Members should be a priority. Methods to achieve this should be explored. Any individual issues raised with an Elected Member need to be fed in by the most appropriate route. Recommendation 2 also applies to staff and should be built into training programmes
3. Communications are key within the discharge process and scope to improve this should be explored. Literature in plain language and making the process understandable for vulnerable patients should be considered.
4. The Care Co-ordination Centre and its discharge support service are supported by members and they request that a progress report on this is brought to the Health Select Commission in 6-12 months.
5. Members welcomed the re-activation of the Operational Discharges Group and requested a progress report on their work in 6-12 months. This should also go

to the Health Select Commission.

6. Members endorse the implementation of the business process re-engineering as a result of this review and request that the outcomes are monitored by the Health Select Commission
7. The policy on speeding up delayed discharges due to patient choice should be looked at as part of the business re-engineering process.
8. Cabinet should consider whether social care services should be provided at a greater level out of hours to move towards a 7 day week service, however, members noted the potential resource implication of this

8. Finance

In general the recommendations being forwarded can be implemented without any additional resources being required.

9. Risks and Uncertainties

The review group found that there is a mismatch between perceptions about discharges and the reality of the situation. The issue of addressing these misconceptions about the agenda is key to the recommendations.

10. Contact

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