

## Cabinet's Response to Scrutiny Review of Hospital Discharges

Recommendation	Cabinet Decision (Accepted/ Rejected/ Deferred)	Cabinet Response /Update (in red) <i>(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)</i>	Officer Responsible	Action by (Date)
1. That ways should be considered as to how to involve community services more effectively with complex cases and their discharge arrangements.	Accepted	<p>A Business Process Review is underway. It is looking at how Community Services can be better engaged with admission &amp; discharge processes.</p> <p><b>Update: Business Process Review was completed and the findings rolled into Community Transformation Programme.</b></p> <p><b>Report will be presented to Urgent Care Management Committee.</b></p>	Michaela Cox	<b>Completed</b>
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.	Accepted	<p>Factual information in relation to complaints, concerns raised relating to discharges needs to be checked and validated by managers prior to feeding back to Members to ensure accuracy.</p> <p><b>Update: No further concerns received specific to complaints in relation to discharge from hospital</b></p> <p>The Scrutiny Report contains information which should reassure Elected Members.</p> <p>To consider Healthwatch taking this issue up. A formal request to Healthwatch to undertake a review and keep a watching brief on issues.</p>	<p>Michaela Cox Maxine Dennis</p> <p>Complete</p>	<p>Ongoing</p> <p>Complete</p>
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.	Accepted	<p>A leaflet and information on website to be developed. Learning from customer's forum to review.</p> <p>Review the scope to improve communications with staff, consultants and patients regarding discharge processes.</p> <p><b>Update: The hospital has done a lot of work on managing how it plans and co-ordinates discharge through the SAFER care bundle. This includes talking to patients about their predicted date of discharge and having written communication with patients and relatives</b></p>	<p>Maxine Dennis</p> <p>Maxine Dennis</p>	<b>Revisited date of 30.11.14, due to changes outline on the plan.</b>

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.	Accepted	<p>Progress report to be provided on Care Co-ordination Centre in 6-12 months.</p> <p><b>Update:</b> A briefing report on the Care Co-ordination Centre supported discharge service will be discussed at the meeting.</p>	Maxine Dennis	Completed
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.	Accepted	<p>Progress report to be provided on the Operational Discharges Group in 6-12 months.</p> <p><b>Update:</b> There is now a forum whereby hospital and social service colleagues meet three times a week to review delayed discharges and operational issues. Continuing Health Care colleagues join this forum once a week. This multi-agency forum is currently developing some joint work on a Discharge to Assess model which will support earlier discharge, whilst ensuring a robust assessment process</p>	Maxine Dennis	Completed
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 Selection Commission.	Accepted	<p>Outcomes of business process re-engineering will be presented to the Health Select Commission in a report by January 2014.</p> <p><b>Update:</b> Superseded by work on Community Transformation Project.</p>	Michaela Cox	Completed
7.	The policy on speeding up delayed discharges due to patient choice should be looked at as part of the business re-engineering process.	Accepted	<p>The policy on delayed discharges due to patient choice will be reviewed and completed.</p> <p><b>Update:</b> This has been reviewed as part of the Discharge to Assess model – the assessment timeframe (no more than 28 days) and the process will drive the patient choice to take place within this timeframe</p>	Maxine Dennis	Revised due to changes outlined on plan
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.	Accepted	<p>Current 7 day operation is considered to be adequate under the present operation, however if procedures change we may need to review this. Requirements in future grant conditions will result in a service review.</p>	Michaela Cox	Complete