

## Hospital Discharge Review SCRUTINY RECOMMENDATIONS      Update November 2017

	Recommendation	Action by	Lead	RAG
1.	<b>A.</b> Communication between professionals needs to continue to improve to enable delivery of a smoother process. In particular; the incompatibility of council and health IT systems needs to be resolved, or at least work so that there is mutual access. (Pt 6 refers)	PHT and ASC	Rachael Roberts	Staff work together as part of an integrated discharge service. Staff now record on bedview, which is accessible by all partner agencies and this has improved communication
2.	<b>B.</b> Relevant professionals should be given 'next of kin' status to allow them to access appropriate information that will smooth the process. (Pt 5.5 refers)	PHT	ASC	Appropriate information sharing protocols in place. Next of kin status, not approved as this is a legal status that cannot be granted to staff.
3.	<b>C.</b> Where appropriate, relevant sheltered housing professionals should attend discharge planning meetings to advise on suitable ways forward for their service users. (Pt 5.5 refers)	PCC Adult Social Care and Housing.	Hospital Discharge Team.	Hospital discharge planning processes have changed significantly in the last year with the introduction of the IDS. The inclusion of housing resource into the IDS has strengthen the links back into housing. Appropriate professionals are routinely invited to contribute to discharge planning for patients.
4.	<b>D.</b> It should be a requirement for care agencies to feed back all any relevant information to the discharge planning team.	Dom Care Agencies / PCC	Dom Care Agencies	This is included in the policy framework.

5.	<b>E.</b> Patients and families continue to be involved in the discharge planning process as early as possible to minimise the potential for disagreement	PHT and Adult Social Care	Rachael Roberts	The Care Act 2014 requires this and we have commissioned an advocacy provider to ensure patients who need support during assessment can access it. Ward staff work with patients and their families at the point of admission to manage patient expectations and ensure planning starts at the earliest opportunity. PHT have refreshed their Choice Protocol, which is due to be launched next month.
6.	<b>F.</b> There needs to be one care plan for each patient being discharged, accessible to everyone involved and with clear reasons why each step is being taken. It should also include named individuals and realistic dates by which actions are expected to be taken. This plan should be available to patients and families and they should be involved, as much as medically appropriate, in the devising of it.	PHT and Adult Social Care	IDS Leads	Bedview provides this for professionals co-ordinating discharge arrangements. This ensure all staff involved in discharge planning can quickly access in one place all the information they need. This supports them in delivering a consistent message to patients and their families. Patients and their families will have access to assessments, but there is not one document currently that contains all relevant information. There is no plan to develop this.
7.	<b>G.</b> The Council explore the possibilities to keep a whole housing market register of people that need adapted property. It is appreciated that this may need to be regularly updated, but may help towards increasing the supply of accommodation.	Head of Corporate Assets, Business and Standards		We are not aware of progress in relation to this action from a housing perspective. However the Disabled Facilities Grant process has been reviewed and improved alongside our provision of Occupational Therapy. This has led to a reduction in our waiting list, for assessments.
8.	<b>H.</b> The improving relationship between PHT and PCC's ASC team should continue.	PHT and ASC	Rachael Roberts	IDS has been developed. Staff across 5 agencies are co-located and this has increased cooperative working. The IDS senior management group work together and there is improved ownership of common issues.

9.	I. Continuing effort should be made to encourage weekend and evening discharges. 60% of discharges occur after 3pm and the QA employing a registrar to oversee discharges at the weekend suggest this will help. Yet those in sheltered housing do not cover these periods. Employing a weekend team, perhaps working alongside the Council's out of hours unit to oversee these discharges.	ASC	Rachael Roberts	7 day working in place on a voluntary basis. Plan is to formalise this and develop 7 day working. PRRT are funded by ASC to facilitate discharges over 7 days. PCC keep care packages open for 7 days for people admitted to hospital. This means that ward staff can restart the care within this timeframe and can facilitate discharges at weekends where needed.
10.	J. Effort should be continued to develop accommodation for people with physical disabilities as part of the council's house building programme and in any affordable part of private housing developments	Head of Corporate Assets, Business and Standards		Within Maritime House a number of flats were commissioned to provide wheelchair access to meet the needs of younger adults with disabilities. This approach will be adopted in all future developments.