

**DERBYSHIRE COUNTY COUNCIL
IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH**

21 September 2015

Report of the Director of Legal Services

Review of Acute Hospital Discharge Process – Progress Report

1. Purpose of the Report

To inform Members of the progress of the review of Acute Hospital Discharges.

2 Information

The Committee, at its meeting on 20 July 2015, established a working group to conduct a review on the discharge process from Acute Hospitals, principally the Derby Royal and Chesterfield Royal Hospitals.

Evidence had been provided by Healthwatch Derbyshire following their “Enter and View” visits to Care Homes which had showed some positive patient experiences. However, there had been sufficient negative feedback to warrant further investigation to assess areas for potential improvement.

The review working group first met with Helen Hart of Healthwatch Derbyshire to discuss their findings in more detail and to assess potential areas for investigation when meeting with other stakeholders.

A further meeting was held on 19 August with Lee Doyle (Derby Royal Hospital General Manager, Integrated Care and Discharge).

- Two and a half years ago, the Derby Royal Hospital (DRH) had identified that there were a number of issues causing delays to the discharge process. Lee Doyle had been appointed to implement transformation to improve the patient experience.
- Many problems arose around the discharge of a patient when they had to go from the Hospital to a new care setting (residential or nursing home) as a result of their additional needs following their acute illness/injury.
- Working with SD CCG, the Hospital has since created a “Pull Team” comprising nurses and adult care professionals and introduced a “white board” electronic system to facilitate a more efficient discharge process. The system was demonstrated to the working group and it showed how the system used a “traffic light” method of alerting all key staff to the discharge date of a patient and the needs they had to have addressed

before that date arrived. The system was linked to Derby City Council services for the necessary referrals and work was in progress to enable DCC to use it too, although the larger geographical area of the county, with its 4 locality teams, required additional work to achieve full efficiency. Andrew Milroy was the lead from DCC on this work.

- DRH was working with Chesterfield Royal (CRH) and DCC to try and improve the working relationships with Care Home settings and they were currently trying to get 2 or 3 homes to work with them on this. If Derby City Council, Derbyshire County Council, the CCGS and the Acute Hospitals worked together they could improve the process for getting patients into the most appropriate care setting for their needs – thereby releasing acute beds more swiftly. It was noted that the review working group would be meeting with the Chief Nurse at Chesterfield Royal in due course.
- SD CCG have bought a small number of care home beds to use as a “step-down” facility which will help release acute ward beds but ensure the patient receives additional care before going back to their own home or a new full time care home placement.
- Additionally, it was proposed that there would be an increase of “virtual ward” beds based in Community Hospitals to provide a further “step-down” facility.
- Derbyshire County Council is the most helpful Authority in supporting those people who are self-funding under the new regulations introduced by the Care Act and provide useful advice to people who have to buy in their own care. The hospitals also help with this as they can advise the patients and their carers about the level of care they will need once they are discharged from acute care, and sign post them to the appropriate care settings they should consider. It is in the interests of the acute hospitals to assist patients to move home or into residential care settings as soon as they are discharged and offer as much advice as possible.
- Reference was made to incidents where the families of some dependant patients wilfully blocked the system to keep their relative in the acute hospital ward to delay placing the patient in a care home setting, whether for cost issues or, as in the case of one example, while adaptations were being made at the patient’s home. This was an abuse of the system and an inefficient use of acute hospital resources.
- There were also additional delays with patients from across the county borders and there was a need to improve the working relationship with the Adult Care teams in Leicestershire and Staffordshire County Councils.
- The DRH had implemented a system where the families of vulnerable patients were notified by letter (one for each week that their relative remained in acute care after their discharge date) that they should make arrangements for alternative care or – after a period of 4 weeks, the

hospital staff would find alternative accommodation on behalf of patient with the expense being passed on to the family.

- Access to Dementia care beds was a particular issue as there is a shortage of facilities and dementia care nurses with a limited number of providers of this type of care.
- Once a patient has been discharged to a care home setting, DRH works with the CCG and the appropriate local authority to try and return the patient to their own home. This does depend on their needs, especially in respect of night care.
- In respect of seasonal pressures, the DRH has created a “Ready to Go” programme. This currently operated across 16 wards with another 8 due to be included. This programme facilitates an efficient communication stream for each patient and ensures that, as the patient is signed off for discharge from acute care (by an appropriate clinician) they are informed that they are “ready to go” and all relevant parties to their discharge process – such as pharmacy, transport and follow on care – contribute to the process at the same time so that there are no blockages in the process. This is a relatively new scheme and the DRH was currently raising awareness amongst clinicians and senior nursing staff to ensure that all the needs of the patient are addressed in time for the discharge date.

How can Care Home settings help with the process?

- The DRH often has to wait until it is convenient for a Care Home to accept a patient (particularly this has to be when a home manager is available). As this is not a 24/7 option, delays are often caused. It was noted that, to offer an incentive to Care Home providers, Chesterfield Royal Hospital (CRH) offered £100 payment to accept a patient at the time/date the hospital wished to discharge them.
- The acute hospitals would like information from Care Home providers to ascertain how the discharge process can be improved upon and would welcome suggestions to facilitate a more efficient process.

Transport

- It was noted that the onus was being placed on patients to request transport home – instead of this being offered as a default option.
- The contract for hospital to home transport was currently out to tender with the new contract being awarded from April 2016.

“One Stop Shop” Hub

Before leaving the hospital, the working group called in the Hub office near the main hospital reception. Here, patients and their carers and visitors to the hospital had access to information on a broad range of services including

Welfare Rights, Adult Social Care, Fire Service and voluntary groups including Age Concern and a “home from hospital” volunteer support service. This facility provided advice and support on many issues which were pertinent to patients leaving the hospital and helped to enhance the patient experience of the discharge process.

Future Evidence Gathering

Meetings were being arranged with officers of Adult Care and the Chesterfield Royal Hospital, the first of which was scheduled for 28 September.

3. Considerations

In preparing this report the relevance of the following factors has been considered: financial, human relations, legal and human rights, prevention of crime and disorder, equality and diversity, environmental, health, property and transport considerations.

4. Officer's Recommendations

The Committee is requested to note the progress of the review of the Acute Hospital Discharge process

John McElvaney
Director of Legal Services