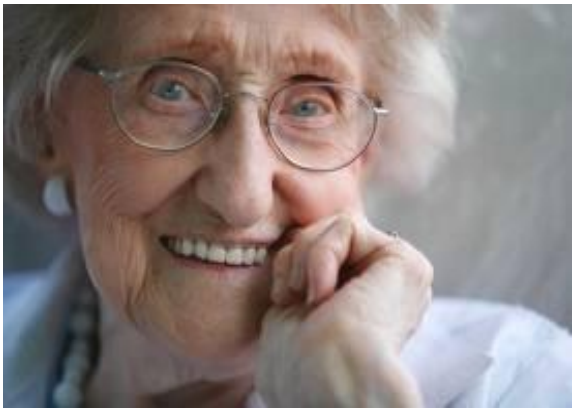
healthwatch
Stockton-on-Tees



Arrangements for Discharge from University Hospital of North Tees with a Care Package

Follow-up Visit Report

December 2016

Rationale of follow-up visit

Following the work completed by Healthwatch Stockton in 2014 'Arrangements for Discharge' from the University Hospital of North Tees, further work was carried out investigating care package arrangements following patient discharge in February 2016.

A follow up visit was arranged and conducted on 5th December 2016 by Healthwatch Stockton-on-Tees and welcomed by the Trust. The purpose of the follow up visit was to assess what actions had been made following Healthwatch's recommendations to improve patient experience during discharge.

The recommendations Healthwatch made included;

- A review of the procedure for supply and distribution of medication for discharge.
- Seamless discharge processes seven days per week, with particular reference made to patients not being discharged late in the day on a Friday.
- Improved communication between the discharge liaison team, ward staff and community services.
- Discharge coordinators given the opportunity to review their role and processes.
- Family and carers kept fully informed of the pathway of care.
- Evaluation of procedures for transfer to eliminate inappropriate incidents.

Healthwatch met with the Senior Clinical Professional, Stockton Borough Councils Reablement Manager and a Clinical Care Coordinator at University Hospital of North Tees to gather information on the developments that have been implemented and the Trusts planned changes to the discharge processes.

For reference please follow the links and see Executive Summaries:

http://www.healthwatchstocktononontees.co.uk/sites/default/files/final_report_discharge_from_hospital_0.pdf

http://www.healthwatchstocktononontees.co.uk/sites/default/files/uploads/CPreportFINALwithTrustResponse.pdf

Senior Clinical Professional, Reablement Manager and Clinical Coordinators Feedback

The following feedback was given during Healthwatch's meeting with the Senior Clinical Professional, Reablement Manager and Clinical Care Coordinator (community integrated assessment team) who work with their teams to facilitate discharge of a patient.

Medication and letters

A detailed scrutiny of each issue relating to medication is discussed with the team. The teams are aware that there are still issues which need to be addressed and lessons to be learnt moving forward. The most important thing regarding medication at the point of discharge is safety. The teams are aware that the issues impacting on discharge regarding medication and letters are causing blockages in the system creating barriers to timely discharge.

A process is activated to support the discharge of patients using Trust transport and staff to deliver medication and letters over the winter period when the emergency level in the hospital reaches Neep level 4 or more (Please see the appendix for information regarding hospital Neep levels)
There are issues of governance and capacity around utilising this resource more frequently although it is hoped that in the future a plan will be implemented to address how patients can leave hospital safely without waiting for their medication and letters.
It is hoped that a Pharmacy Technician who is to be recruited and based in the discharge lounge, will support the ideas around how this can be achieved successfully.

The Trust informed Healthwatch that implementation of some of the changes to discharge processes over the previous few months have seen a reduction in Neep levels which is a positive step forward.

Inappropriate incidents

The hospital teams are aware of certain issues having a negative impact on safe and appropriate discharge, such as late night discharges and patients being inappropriately dressed during transfer to Rosedale Intermediate Care facility. Rosedale Centre accept approximately 50 admissions per month seeing an increase over recent years of patients with more significant health and social care needs which provides a challenge to staff. The staffing at Rosedale was set up initially to support residential care needs for service users. There is a review planned of the services delivered at Rosedale.
The increase in patients discharged from hospital to Rosedale Centre with bariatric needs has highlighted that a review is essential in ensuring the needs of these patients and those with considerable health and social care needs are met. The Reablement and Therapy team leads have recently been allocated space within the Discharge Liaison Teams department at the hospital and are working together to facilitate safe and timely discharge for patients to Rosedale Centre or back to their own homes.

Communication

The Trusts integrated work with Stockton Borough Council to implement the 'Assessment and Rehabilitation Team' (ART) has seen developments with the team now co-located between two sites, the University of North Tees Hospital with the Discharge Liaison Team and Tithebarn House. This was implemented on 1st August 2016.

The ART team will consider all hospital ward referrals first for reablement, the reablement service supports patients in their own home. They will liaise with social workers to ensure an appropriate discharge pathway is identified or until the patient is located at Rosedale Centre, if that is the most suitable place for them to rehabilitate.

There is a focus on the computer systems within these integrated teams to ensure that facilities at the hospital are best placed to maximise resources and ultimately improve communication between the teams. Desk space has been allocated for Local Authority employees and early indications are showing benefits, with leads encouraging the community teams to utilise these facilities within the hospital leading to more collaborative thinking and approaches to discharge.

With this integrated working care services can be quickly notified after staff have visited a ward and assessed patients, before the staff leave the hospital grounds. The team leads told Healthwatch this has improved communication when facilitating discharge.

The integrated team leads also felt tackling the challenges with discharge issues as they emerge, with open dialogue and transparency, will support patient's timely discharge with appropriate support. They also plan to continually evaluate how they are working together to constantly improve discharge processes.

The implementation of the ART co-located at the hospital has had positive impacts with more people on reablement than ever before, being seen on the same day as assessment. The team prioritise the patients where reablement is the best option to ensure they are discharged appropriately and timely. Changes for frail, elderly patients can often happen quickly and frequently with discharge plans not made too far in advance. The teams can then work effectively to put services in place quickly.

SystmOne was launched in October 2016 in to A&E at University Hospital of North Tees. The system is primarily used by most GP's across the Stockton locality. Having SystmOne in the hospital enables teams to locate data on a patient which could facilitate a more timely discharge due to relevant patient history being available. Currently the systems used in the hospital and GP practices are not compatible therefore the sharing of information electronically is not possible. SystmOne is also available to the teams in a mobile capacity, a computer on wheels (CoW). Background information can be vital in assessing the current and

future intervention needs for a patient and may avoid unnecessary admittance to a ward from A&E.
Healthwatch were informed of the recruitment of a Nurse Practitioner to assist in discharge which will also benefit the teams.
The Multi-Disciplinary Team (MDS) and Community Integrated Assessment Team (CIAT) plan to map their individual services to identify and eliminate duplication. They have also agreed plans to shadow each other which will further improve communication and give a greater understanding of each other's roles.

Seamless discharge seven days a week

The Discharge Liaison Team can support with a 6 day working week if demand and evidence suggests this is needed. The team informed Healthwatch that Rosedale admits patients 7 days per week, although the ART team work Monday to Friday. It's felt that in order for the teams to be totally coordinated, all teams would need to be working across 7 days. Wards do have the facility and resources to facilitate weekend support for a patient who could go home, although community services only work week days.

Assessment for discharge also takes place on Fridays to see who can be discharged over the weekend.

The team recognise that staffing pressures exist in most areas of the hospital and community teams, this creates challenges for all. Increased open dialogue is being established with the integration of the teams and it was shown to Healthwatch that there's a keenness to share thoughts and processes, and to re-evaluate how they are working together to constantly improve discharge processes.

Therapy Team leads are also now based on the same floor as the DLT and ART teams and both would like therapy teams to focus on the patient from a discharge planning perspective ie: could the patient manage at home? And what support would they need?

Information guides for patients, family and carers

Reablement services have designed and are now distributing brochures to patients, family and carers to inform them of the services provided. The brochures include what the reablement service does and how a patient's needs are assessed. Information about Rosedale Centre includes an overview of the centre's facilities and rehabilitation and assessment processes. The brochures help to ensure the patient, family and carers are fully informed on the pathway of care.

Conclusion

Healthwatch are pleased to see that the recommendations have been acknowledged and changes are being implemented to help improve patient discharge processes at University Hospital of North Tees.

Healthwatch also feel that the implementation of the Trust's wider discharge action plan, which aims to improve the discharge process and is now being actioned will have positive future benefits to both patients and staff.

Acknowledgements

Healthwatch Stockton-on-Tees would like to thank the University Hospital of North Tees Discharge Liaison Teams Senior Clinical Professional, Reablement Manager and Clinical Care Coordinator for their support and feedback.

Appendix

The NEEP is based on six levels of escalation ranging from 1 normal working (white alert) to 6 potential service failure (black alert). All of the alerts have agreed triggers and actions whereby staff review individual systems and escalate command and control accordingly within their respective organisation.

Reference: http://www.auditnorth.co.uk/news/internal-audit-and-assurance-1/why-neep-113/#.WEgfQ3l4j5p

Trigger	Level
• The overall pressure across the North East patch is manageable • Cold Weather Plan for England Alert Level 1: Winter Preparedness	**NEEP 1** **Normal** (white)
•Evidence of increased pressure within health and social care •Increased activity levels challenging services and NHS organisations •Increased primary care activity – local intelligence •Deteriorating weather and / or traffic conditions •Three district general trusts or one tertiary centre reporting NEEP 2 •Cold Weather Plan for England Alert Level 3: Response to severe winter weather	**NEEP 2** **Concern** (green)
•Evidence of significantly increased pressure. Increased non elective activity is placing real pressure on organisations •Actions taken at NEEP level 2 have not reduced pressure on organisations •Three district general trusts or one tertiary centre reporting NEEP 3 •Deterioration in weather conditions, or severe weather forecast (e.g. Flash floods, snow, ice, heat wave) that threatens to cause widespread disruption •Critical Care level 2 if less than 2 critical care beds available within region and with patients awaiting admission into critical care	**NEEP 3** **Pressure** (amber)
•Evidence of significantly increased non elective activity which is placing severe pressure on the majority of NHS organisations •Actions taken at NEEP level 3 have not reduced pressure on organisations •Three district general trusts or one tertiary centre reporting NEEP 4 •Extended period of severe weather causing widespread disruption to the NHS, with no imminent improvement anticipated •Declared major incident affecting 2 or more organisations •Cold Weather Plan for England Alert Level 4 Emergency Response.	**NEEP 4** **Severe Pressure** (red) **Declare North East Major Incident**
•Extreme increases in non elective activity within the north is having a critical impact on NHS services across the region •Actions taken at NEEP level 4 have not reduced pressure on organisations •Eight NHS organisations in the North reporting NEEP level 5 •North East PICU and/or Adult Critical Care level 4 triggered •Ambulance services declaration of REAP level 5 •Level 4 (red)North East NHS Fuel Shortage Framework – Severe Fuel Emergency •Level 4 – (Red) National Cold Weather Plan	**NEEP 5** **Critical** (purple) North Region declare Major Incident
•The impact of very significantly increased non elective activity on the NHS in the north east is placing severe pressure on organisations. •Actions taken at NEEP level 5 have not reduced pressure on organisations •Eight NHS organisations in the North reporting NEEP level 6 •North East PICU and/or Adult Critical Care level 6	**NEEP 6** **Potential Service Failure** (black) National Service Failure