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TRAFFORD
COUNCIL

SECOND SUPPLEMENTARY AGENDA PAPERS FOR HEALTH SCRUTINY COMMITTEE

Date: Wednesday, 10 February 2016

Time: 6.30 p.m.

**Place: Committee Room 2 and 3, Trafford Town Hall, Talbot Road, Stretford,
M32 0TH.**

A G E N D A	PART I	Pages
5. DIGNITY IN CARE FOLLOW UP REVIEW		1 - 6

For representatives of UHSM, SRFT and CMFT to answer questions in relation to the Dignity in Care report published by the committee December 2013.

THERESA GRANT
Chief Executive

Membership of the Committee

Councillors J. Lloyd (Chairman), Mrs. P. Young (Vice-Chairman), Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, M. Cawdrey, R. Chilton, J. Harding, A. Mitchell, S. Taylor, L. Walsh, Mrs. V. Ward and J. Coupe (ex-Officio).

Further Information

For help, advice and information about this meeting please contact:

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This agenda was issued on **Tuesday, 2 February 2016** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

Health Scrutiny Committee - Wednesday, 10 February 2016

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Please contact the Democratic Services Officer 48 hours in advance of the meeting if you intend to do this or have any queries.



Report to Trafford Health Overview & Scrutiny Committee February 2016

Discharge from Hospitals

Acknowledgements

Healthwatch Trafford are extremely grateful to the volunteers who responded at short notice to conduct the work and to the hospital staff for accommodating our request at short notice. We recognise that a more thorough piece of work could have been done if there had been more time but we are confident that we have still managed to gather significant information.

Background Information

Healthwatch Trafford (HWT) were asked to attend a meeting with the Chair, Vice Chair and other members of Trafford Health Overview & Scrutiny Committee (HOSC) before Christmas to discuss how HWT might assist them in gathering information around concerns of unsafe discharge from local hospitals.

HOSC members had previously undertaken some work on this subject, had produced reports from visits to hospitals and had spoken to the managers of two care homes and recorded concerns over discharge from UHSM (Wythenshawe Hospital). Members initially requested that we conduct an Enter & View visit at UHSM and potentially Trafford General Hospital (TGH). It was requested that work be conducted before the next meeting in February.

Given our experience of the time it takes to arrange and conduct an E&V we did not feel that there was enough time to do this, coupled with the fact that we knew UHSM was going to undergo a full CQC inspection at the end of January and may not therefore be receptive to an E&V visit in addition. We did however offer to try and conduct a more informal information gathering visit. To that end HWT contacted the CQC inspection team and asked if they had any objection to us visiting the discharge lounge at UHSM ahead of their inspection, which they did not.

Healthwatch Trafford (HWT) contacted both UHSM Wythenshawe Hospital and CMFT Trafford General Hospital and arranged to conduct an information gathering drop in session at each location. These took place on 19th January and 2nd February respectively. In both instances we took advice from the hospital about the best time to visit in order to speak to as many patients as possible. It should be noted that Wythenshawe Hospital has a dedicated discharge lounge, whilst patients from Trafford General Hospital are discharged from the wards.

Data Gathered

Trained volunteers undertook the visits and spoke to both staff and patients. Patient numbers were very low (6 at Wythenshawe Hospital and only 1 at Trafford General) but several issues were identified that may warrant further follow up work. These were as follows:

Wythenshawe Hospital (UHSM)

Processes and Information

- The lounge is located in the hospital with easy access to ambulance services. It is located on the ground floor by the TDC (Treatment and diagnostic centre) reception area.
- Two beds are provided for patients but for most cases only chairs are required.
- It is currently open 8am to 8pm and there are always two staff present.
- There are criteria for whom is suitable to be in the lounge and includes patients discharged from the ward and A and E. It is not used by day case patients.
- Staff estimated that on average between 9-20 patients go through the discharge lounge a day.
- At the time of our visit (1.30pm) there were 2-3 patients present at any one time and we were informed that several had just been discharged before we arrived.
- Information was displayed showing the times of patients arriving in the lounge and their discharge times. The time spent in the lounge varied from 5 mins to 2hours 40 minutes with longer waits for those arriving later in the morning. Staff present informed us that times spent in the discharge lounge had reduced following a new contract with St Johns ambulance for transport set up 2 months ago.

Observations

- Staff from St Johns ambulance were observed arriving and impressed with their friendliness and care.
- Patients appeared to be well looked after and were offered drinks and food regularly. Any support on using the toilet was readily available.

Issues Identified

- Family and carers are not informed that there is a collecting point where they can park when collecting people from the discharge lounge.
- Relatives (2) said that they received a call from the Ward staff stating that the patient was going to be discharged that day and that they would ring back with the time they should attend to collect patient. This didn't happen, the hospital did not follow-up with the promised phone call.
- No communication from staff regarding the information in the sealed envelope that patients receive on discharge, which includes information on the medication that is being prescribed.
- Two people awaiting collection were in their pyjamas despite having outside clothes with them.
- Communication could be better between ward and carers during discharge procedures to reduce minor problems i.e. clothing, parking & pick up timings
- Nursing /care homes not accepting 'returns' after 17:00 hours or weekends
- Creation of care packages causing delays in the community (the lack of top up fees in Trafford contributing)
- Nursing homes conduct reassessments with residents whilst in the hospital and won't have patients back straight away if they feel that their needs have changed and they are unable to cope with these changes.

- Refusal by family members to accept relatives back home without relevant equipment i.e. wheelchair
- Carers unable to collect till after work

Trafford General Hospital (CMFT)

Processes and procedures

- Patients admitted to the ward are mainly transferred from Manchester Royal Infirmary (MRI) but can be admitted from Medical Assessment Unit (MAU) or other wards at TGH, There is a waiting list of patients at MRI waiting transfer to TGH. These are not always Trafford residents.
- Medical staff at TGH will accept admissions from MRI.
- Discharge planning starts from admission.

Processes

- Key Workers are allocated to each patient, who are then involved in patient assessment.
- (Key workers: social worker, occupational therapist, physiotherapist)
- Daily liaison takes place between the hospital and Trafford Clinical Commissioning Group (TCCG), Trafford Metropolitan Borough Council (TMBC) and Community Services.
- Multi-Disciplinary Team (MDT) meetings take place on the ward twice weekly and may include family. Separate family meetings may also take place.

There were no issues identified through patient feedback at Trafford General. Conversations with staff however highlighted some issues that can contribute to delayed discharge:

- Care / Nursing home bed availability: Patients assessed by staff and may not be accepted as suitable.
- Family request for admission to specific residential accommodation. Delay may occur because of family waiting for place to become available. Can be disagreement among family members as to choice which may also delay discharge. Families are expected to make a choice of residential care in a reasonable time scale dependant on complexity of care needs.
- Package of care being put in place by LA.

Example of good practice (Trafford General)

Simulated package of care:

A patient who may wish to return to own home but is unsure of how they may cope or how much care they may need cares for themselves in a controlled environment on the ward. Their ability is then assessed by the Multi-Disciplinary Team (MDT).

Similarly families with relatives who have complex needs are able to care for their relative in the same way allowing them to experience level of care needed after discharge.

Supporting Information

HWT met with Serena Hurst (Matron for Complex Discharge and Outpatient Services at Trafford General) prior to the Trafford General visit, who provided an update on the measures that have been taken at Trafford General recently in order to improve the discharge process. It was clear that progress had been made and that work was still ongoing, some of which involves discussion and negotiation with external agencies such as looking at the assessment paperwork and process agreed with the Local Authority.

Healthwatch England

Healthwatch England produced a report on unsafe discharge in 2015 (Safely Home) and are currently planning follow up actions from that. They are awaiting the Department of Health to outline their intentions (expected this month) but what they do know is that NHS England have used the report to underpin a new winter discharge tool kit for elderly people into care homes etc. It has also influenced some national reports done by NHS Providers etc. They have had lots of positive responses when report was issued from the voluntary sector (St Mungos, Mind, Independent Age etc.). They note that the real challenge with this is assessing impact, as it is probably too soon to tell. The whole point however was to galvanise national leadership, so the DH stuff will be very important.

Healthwatch Trafford Work Programme

HWT is currently looking at its own priority areas for 2016/17 and this is one of the areas that is being considered as a work stream as we feel that there is enough evidence within Trafford to warrant further investigation and follow up work.

Recommendations

1. Healthwatch Trafford would recommend that further follow up work is conducted, primarily with other care homes in Trafford. This would provide a broader evidence base and feel for the scale of the issues identified. This would also inform whether the information gathered at the hospitals is reflected in the experience of care homes and their residents.
2. That the negative issues identified be looked at alongside the discharge policies in order to assess where these issues should have been addressed.
3. That further detail be obtained at the work undertaken at Trafford General to address issues with discharge procedures and to assess whether that has resulted in good practice that can be shared with UHSM and other hospitals discharging patients to Trafford.

Supporting Documents

CMFT Discharge Policy



CMFT Discharge
Policy for Adults 201

UHSM Discharge Policy



UHSM AICU
Admission and Discl

Original Documents Provided by HOSC



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TCPRTUNI004_0788_ Scrutiny - Dignity in
001.pdf



Care.pdf



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Bickham House.doc

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