

Report for:	Trafford Health Scrutiny Committee
Paper prepared by:	Jane Grimshaw, Head of Nursing
Date of paper:	October 2016
Subject:	Dignity In Care

1.0 Introduction

Following the Trafford Health Scrutiny Review of Dignity in Hospital Care, November 2013, Trafford Hospital, a division within Central Manchester University Hospitals NHS Foundation Trust continues to be committed to enhancing the patient experience and providing a safe and timely discharge from hospital.

The Trust has been invited to provide further feedback following the update report submitted in January 2016. This report provides feedback about recommendations made by the Health Scrutiny Committee on 15th March 2016 and a report to Health Scrutiny Committee by Healthwatch Trafford in February 2016.

2.0 Health Scrutiny Committee recommendations

1. The NHS Trust discharge procedures continue to be reviewed on an annual basis and refreshed when required.

The Trust updated the Discharge Policy for Adult Patients in March 2015 with a three yearly review date in line with standard Trust practice. As previously shared the policy provides clear guidance for staff to support the planning and timely discharge of patients. Letters within the policy are amended specific to the patient circumstances identifying timescales for care/residential home choices for families. The Discharge Team reports that most families engage fully in the discharge planning process, and that most delays are unfortunately due to lack of available residential / nursing home places.

At the time the report was written 10 patients were identified as delayed transfers of care at Trafford Hospital with daily reviews and plans to actively pursue a discharge package. This can rise significantly during holiday period due to delays in packages of care. The Discharge Team are currently liaising with social care to ensure plans are in place to manage the Christmas break.

2. The Trafford Council Adult Social Care, CMFT and UHSM work with Healthwatch Trafford in meeting the recommendations set out within their report.

Trafford Healthwatch visited Trafford Hospital on 2nd February 2016 undertaking a Discharge from Hospital review, commissioned by Trafford Overview and Scrutiny Committee. Trafford Healthwatch visited Ward 2, Complex Discharge Ward and spoke to one patient. There were no issues identified through patient feedback.

A number of issues were fed back to the team by staff on the unit relating to care/nursing home bed availability, family requests for specific residential placements and delayed packages of care.

3. That CMFT and UHSM discharge team managers meet on a quarterly basis in order to share best practice.

Developing a working relationship and referral pathways with the Trafford Care Co-ordination Centre and developing the newly appointed Discharge Team has been the priority over recent months. A meeting has taken place on 6th October 2016 where CMFT and UHSM discharge teams have had the opportunity to share best practice.

Going forwards, UHSM and CMFT are currently working together within the Single Hospital Service programme with the objective of bringing the two services together into one organisation, and it is anticipated that this will happen in 2017. The creation of one organisation managing hospital services in Trafford, South Manchester and Central Manchester will facilitate the development of unified teams across a wide range of service areas, and this will support the establishment of standardised discharge management arrangements.

4. That CMFT look into broadening the scope of their Patient Passport for Learning Disabilities with support from UHSM.

Over the last year Trafford Hospital has admitted less than 10 non elective patients with learning disabilities. Each patient on admission has a reasonable adjustment care plan which is completed by the ward staff. A referral is made to the Community Learning Disability team, and in conjunction with the team a traffic light document is completed to assist with the patient's individualised care plan if they had not brought one in to hospital with them. There have not been any complaints or incidents reported in the last year relating to the discharge of learning disability patients, and the traffic light document is well used within the Trust.

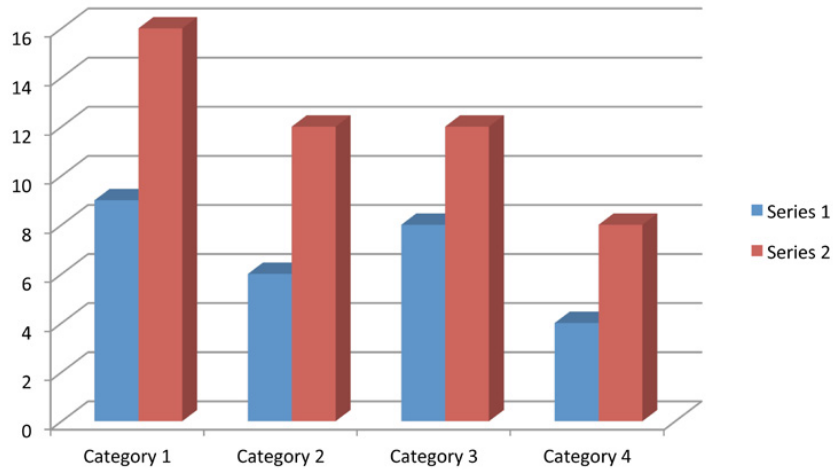
In light of the Single Hospital Service project and the formation of a new organisation between CMFT and UHSM all policies and practice are planned to be reviewed as part of the process which will provide an opportunity to reassess and standardise both Trusts' documentation.

3.0 Conclusion

Since the last Dignity in Care Trafford Health Scrutiny Committee presentation, the results of the CQC inspection of Trafford General Hospital have been published, and these show a Good rating overall, including a Good rating for Medical Care (including older people's care) which most directly relates to the issues around the management of discharge processes. Trafford Hospital continues to develop and refine the services to promote safe and timely patient discharges. The details below identified some of the recent developments:

- The Discharge Facilitator has met with all Care / Residential Home Managers and has developed an excellent working relationship, receiving positive feedback.
- Review of capacity assessment arrangements for discharge undertaken by Trafford Social Care resulting in Trust healthcare professionals being able to undertake capacity assessments, reducing unnecessary delays.
- Review and streamlining of discharge paperwork to eliminate duplication and reduce delays.
- Co-location of the Discharge Team and Social Care resulting in greater integration and improved working relationships.
- Focus on developing referral pathways with the Trafford Care Co-ordination Centre and third party organisations.

In respect of demand, the information given in the chart below illustrates the increasing number of discharges per week comparing November 2015 (series 1) and September 2016 (series 2).



Series 1: Complex Hospital discharges (patients with on-going health and social care needs in community)
 Average amount of patient discharges over a week November 2015

Series 2: Complex hospital discharge (patients with on-going health and social care needs in community)
 Average amount of patient discharges over a week September 2016

Category 1: Medical Assessment Unit.

Category 2: Ward 6 (Fragility fracture plus general rehabilitation).

Category 3: Ward 1 (Stroke rehabilitation).

Category 4: Ward 4 (Respiratory medicine)