

Trust Board Meeting: Wednesday 12 March 2014
TB2014.32

Title	Update on progress with Discharge Improvement Programme
--------------	--

Status	For discussion
History	Trust Management Executive 12 th December 2013 Trust Management Executive 13 th February 2014

Board Lead(s)	Paul Brennan, Director of Clinical Services			
Key purpose	Strategy	Assurance	Policy	Performance

Summary

1	This paper updates the Trust Board on the continued progress to improve the Discharge process and to reduce Delayed Transfers of Care.
Recommendation The Trust Board is asked to: <ul style="list-style-type: none">• Note the progress to date• Discuss the focus for ongoing activity• Discuss the interface with external key stakeholders in relation to the management of Delayed Transfers of Care patients.	

An Update on the Patient Discharge Process

1. Introduction

- 1.1 This paper provides an update to the Trust Board on progress with the programme of activities developed to improve the Trust's performance in relation to discharge management arrangements.
- 1.2 Over the past 12 months, a range of issues were identified regarding Trust performance in relation to discharge management arrangements.
- 1.3 These were identified via a range of governance measures such as analysis of untoward incidents, complaints from individual patients, commissioner feedback, safeguarding alerts and CQC queries.
- 1.4 In addition, the Trust's performance in relation to the management of Delayed Transfers of Care (DTC) was identified as a significant risk to performance indicators and was included on the Trust's corporate risk register to ensure continued Board-level focus on improving and managing these issues.
- 1.5 The interdependent relationship between Delayed Transfers of Care performance and the other indicators of quality performance is recognised and well understood.
- 1.6 As a result, both the Trust Board and Trust Management Executive acknowledged the need to focus on creating solutions that would deliver sustainable improvements in quality but recognised that this would require significant focus both internally and through working with external partners.

2. Discharge Improvement Programme

- 2.1 The overarching programme to drive continuous quality improvement on discharge arrangements incorporates a large number of work-streams of activity, many of which have been reported in detail to the relevant committees over the past 12 months.
- 2.2 Whilst it was recognised that work was needed with other partners in the health and social care sectors, it was agreed that the internal focus of activity would be directed and monitored by a new *Discharge Assurance and Oversight Group*.
- 2.3 This paper provides a further update on the progress to date with these workstreams.

3. Internal Trust Activities

- 3.1 Since the **Discharge Assurance and Oversight Group** was established in May 2013, it has analysed a wide range of root causes that have contributed to the issues identified as underpinning the levels of performance. As the group is comprised of clinical divisional representatives and representatives from Pharmacy, Safeguarding, Assurance and Communications departments as well as colleagues from Oxford Health, it has been able to bring a focused approach to identifying and resolving issues, recognising that some of the work required would necessitate a measured approach to implementation over a longer time period.
- 3.2 The Group identified and reported that a significant amount of work had already been undertaken to improve the discharge process and pathway, but that there was a lack of shared learning from good practice and incidents to evidence a clear continuous quality improvement.

Pharmacy Issues

- 3.3 As reported in previous committees, a large high number of delays seemed to be related to **Pharmacy issues**, and therefore a further deep dive audit took place led by the Pharmacy Clinical Directorate. The results of the pharmacy audit have been circulated to divisional clinical teams. Specific training and support has been offered to junior medical staff.
- 3.4 The information required to audit this process is based in Casenotes and further development is on hold pending implementation of electronic medicines management later this year. The Director of IM&T is investigating alternative options for the interim.
- 3.5 Based on this stream of work and the findings of the recent Peer Reviews across all 5 divisions, it became evident that the management of 'To Take Out' (TTO) medications is a trust-wide issue that impacts on discharge arrangements. A separate paper was presented to the Trust Management Executive on 13th February, which describes the issues identifies and the proposed solutions.
- 3.6 Following the successful approach of Risk Summits for key quality issues, it has been suggested that the topic of TTO medicines should be considered for a future risk summit.

Policy Development

- 3.7 In August 2011, the Trust approved a new Discharge Policy which was implemented across the Trust at that time. It was subsequently amended in August 2012 and re-issued. Based on the work of the Discharge Assurance & Oversight Group, it was proposed that a new policy be developed which amalgamated discharge arrangements into the **Corporate Bed Management Policy**. This was approved at Trust Management Executive in December 2013, subject to some minor amendments which have now been completed. The new policy has been disseminated in accordance with Trust procedures and is available on the Trust intranet site for policies.
- 3.8 A new Inter-hospital Repatriation Policy has been developed and approved and sent to all local trusts to ensure patients are repatriated to their local hospital in a timely way.

Documentation

- 3.9 The Group have reviewed and standardised generic discharge documentation and developed a 'discharge safety' checklist for all patient discharges Trust-wide. The new documentation has been approved and will be incorporated into the new Corporate Bed Management Policy. Rollout of the new documentation started across the Trust from 4th February 2014, supported by a rollout plan which is being agreed with discharge leads and a monthly audit programme to ensure the new documentation is embedded into practice.
- 3.10 In addition to the new improved paper documentation, work has started in relation to electronic documentation to look at how the discharge documentation can work within Cerner Millennium by developing an 'M' page. Further work is being done so that Section 2 and Section 5 documentation can be pulled through from Casenotes into Cerner Millennium, to avoid staff having to use two separate electronic systems.

Real Time Bed State

- 3.11 Over the last six months, there has been a programme for ward staff in updating the bed state using Cerner Millennium. The Trust is now in a position to start having a real time bed state corporately rather than having to manually contact each ward several times per day. Implementation will commence from 1st April 2014.

Communications

- 3.12 Working with the Communications Team, the Group reviewed the *Patient Discharge Information 'Plan Well'* campaign and launched the '*Keep Well, Choose Well, Plan Well*' winter campaign in November 2013. There are a total of 24 banners up and around the four hospital sites including all main entrances, patient waiting areas and in lift lobbies. The focus is on 'planning well' for discharge, and the information has been developed to support patients and their families in getting home sooner, planning their estimated discharge date as soon as possible, planning their on-going needs, providing information about medicines, transport and useful numbers to contact. These leaflets have been produced and circulated around the Trust. *Plan Well for discharge* and *Keep Well to prevent coming into hospital* leaflets are available on wards and in ED.

Patient and Carer involvement

- 3.13 As described in section 1.3, patients and carers had identified and raised concerns previously about the adequacy of the discharge processes.
- 3.14 The Discharge Assurance and Oversight Group used this feedback to inform its activities and involved patients and carers in developing the improvements to the process. This included input into designing new patient leaflets for discharge. Patient Groups involved:
- Carers Oxfordshire have
 - Learning Disability Services
 - Age UK
 - Alzheimer's Society.
- 3.15 The Director of Clinical Services and Deputy Director of Clinical Services have attended the Carers Oxfordshire meeting and had very constructive feedback on the improvements in the discharge processes.
- 3.16 **The Transfer Lounge** is now managed with the Supported Hospital Discharge Service (see section 3.23 for explanation of SHDS) to streamline the provision of this service. A review of existing service arrangements is currently underway focusing in particular on its role to proactively take patients from the wards and to significantly improve utilisation at the week-ends. Newly recruited Patient Flow Assistants are also being based from the Transfer Lounge to facilitate the movement of patients from ED, EAU and the wards.
- 3.17 **Training/Education** to increase the staff's knowledge and understanding of discharge process, the Trust's discharge liaison nurse has been lecturing on effective discharge planning on the Ward Leadership programme. This is attended by 54 Band 7 ward sisters. She is also teaching on the FY1 training programme and runs discharge planning teaching sessions for nursing and therapy staff throughout the

year to update on changes in practice and provide training on our referral system (CaseNotes).

- 3.18 The training and presentation has been revised to take into account the launch of the Discharge procedures and to develop skills and expertise on discharge processes on each ward every shift. In Medicine and Geratology at JR and Horton the aim is for all staff to have participated in training by the end of January. In addition, developing a rolling programme of sessions to tackle areas ward staff feel they lack confidence and competencies.
- 3.19 Additional **Transport** has been provided by South Central Ambulance Services since October as part of the Winter funding monies that have been allocated to Oxfordshire, including two additional crews during the week and two additional crews at the weekend. The crews support patients being discharged from the Emergency Department and Early Assessment Unit and ward areas as well as inter hospital transfers.
- 3.20 **Sharing learning** is an important aspect of continuous quality improvement. A significant proportion of patients who have had delays to their discharge are managed and looked after within the Medicine, Rehabilitation and Cardiac Division (MRC). Therefore a considerable amount of their good work and learning is being transferred to the other divisions as best practice.
- 3.21 **The Discharge Pathways Team (DPT)** is a multi-professional, multi-agency team comprising of experienced clinicians with whole system knowledge of discharge pathways. It functions to optimise the interface between acute and post-acute Health and Social Care, facilitating moves closer to home in accordance with the Oxfordshire Discharge Policy. The Team reviews every patient who has had a contact assessment/section 2. The team includes a representative from the OUH discharge team or therapist, a nurse or therapist from Single Point of Access (SPA, OH) and a social worker (OCC). This service is 7 days a week JR, 5 days Horton, once weekly at the NOC, once weekly at the Churchill. Some divisions within the OUH have dedicated discharge coordinators to a further 6 WTE to work across 13 wards within Acute Medicine, Trauma and Surgery wards at the JR Hospital and the Horton. So far, 3 out of 6 posts, have been appointed and a band 5 on secondment with a view to developing to band 6. Recruitment is on-going to make up the shortfall.
- 3.22 **The Supported Hospital Discharge Service (SHDS)** has been operating since the beginning of December 2011. The service has funding for 40 WTE support staff and currently provides care for 60 patients. The service provides support to patients that are medically fit and no longer need support within the hospital environment, but would benefit from being supported whilst either long term care or rehabilitation services are sourced.
- 3.23 During the patient's time in the service they remain patients of the Trust and their carers and assessors have access to a Consultant Gerontologist to discuss any concerns. SHDS works closely with social workers and third parties to ensure that patients are on the correct discharge pathway and to ensure that bed delays are kept to a minimum. There has been a recent review of the resource to support the discharge process for patients. This has led to an expansion of the Supported Hospital Discharge Service (for ED, EAU, Level 4 and DDU) to both avoid admission and promote early safe and effective discharge.

- 3.24 There has been additional funding from Winter Monies for recruitment to support enhanced input from SHDS and Therapies to ED, EAU, Level 4 and DDU to avoid admission and to promote early, safe and effective discharge. A provision has also been made for transport to facilitate discharge (dedicated car).
- 3.25 The Trust is part of the '**Discharge Pathways Steering Group**' monthly chaired by Oxford Health (OH) where representatives from OUH, OH and Oxford County Council (OCC) meet to discuss any issues with patient pathways, referrals etc. and share best practice.
- 3.26 On 9th December Oxford Health, Oxford County Council and the OUH agreed to work more closely together to provide a more integrated approach to supported discharge across the county.
- 3.27 Since this time ORS, SHDS and one of the social care provider agencies, DANA have been operating in a more integrated fashion. This involves accepting referrals from the range of sources open to them collectively, e.g. SHDS will take a referral for supported discharge from a Community Hospital to promote the flow of patients across the whole system.

4. Delayed Transfers of Care

- 4.1 Delayed Transfers of Care patients remain a major cause of concern for the Trust, with the in-month level in January at 11.57% against a target of 3.5% which represents an increase of 0.77% since October. However, this translates into a system-wide year to date average of 142 patient delays. The week ending 23rd February there has been a slight decrease to 93 Oxon delays reported within the OUH, with a further 13 out of county acute delays.
- 4.2 The number of discharges reduces significantly from Friday through to Monday especially in relation to access to community beds or home care packages, resulting in a major impact on patient flow. Daily 'whole system' teleconference calls remain in place seven days a week. In addition, the OUH Duty Manager role has changed so that they are on site at the John Radcliffe out of hours up until 23.00hrs to ensure senior decision making and support to clinical and non-clinical teams to maintain patient flow.

5. Urgent Care Summit

- 5.1 The Oxfordshire Clinical Commissioning Group (CCG) has set up a weekly **Urgent Care Summit** with attendance from OUH-General Manager (MRC Division), Lead Discharge Liaison Nurse and Matron for Medicine plus representatives from Oxford Health and Oxford County Council. The group chaired by the CCG's Interim CEO reports into the 'whole system' Urgent Care Working Group. The focus of the Urgent Care Summit is to improve the flow and quantum of daily discharges with the aim of achieving 60 discharges each day from the key non-elective specialties at both the JR and Horton.

6. Conclusions

- 6.1 The Trust Discharge Assurance and Oversight Group has made demonstrable progress in implementing improvements across the discharge arrangements, internally, whilst the Urgent Care Weekly Summit meeting continues to focus on external discharge improvement.
- 6.2 There is still a significant amount of work to be completed to achieve a fully sustained system but the continued focus internally and externally has ensured that discharge remains a key area of improvement activity.

7. Recommendations:

The Trust Board is asked to:

- Note the progress to date
- Discuss the focus for ongoing activity
- Discuss the interface with external key stakeholders in relation to the management of Delayed Transfers of Care patients.

Paul Brennan
Director of Clinical Services

Report prepared by:

Sara Randall
Deputy Director of Clinical Services

Kathleen Simcock
Divisional General Manager MRC

March 2014