Hospital Admission and Discharge Management Plan

Red	**Action at risk of not being completed**
Amber	**Action may be at risk if issues not addressed**
Green	**Action on schedule or completed**

	Ambition	Action	Timescale	Progress Update	RAG Status
Leadership	To ensure an effective discharge pathway, with a focus on no-one remaining in hospital longer than they need to be, is understood to be a priority of the health and social care partnership	Executive Lead for Effective Discharge Pathway identified to lead management of system and report on performance	Achieved		Green
		Establish an Effective Discharge Group (EDG) bringing together representatives of Angus Health and Social Care Partnership, Third and Independent Sectors directly or indirectly involved in the hospital discharge process to oversee and monitor progress in relation to an effective discharge pathway.	Monthly meetings Completed	Remit of Effective Discharge Group extended to include admissions. Role and remit of Hospital Admission and Discharge Management Group (HADMG) agreed. HADMG to focus on: • Preventing unnecessary admission to hospital • Ensuring an effective discharge pathway • Reduction in avoidable readmissions • Complex discharges • Palliative care and end of life	Green

Reviewed October 2018

	Ambition	Action	Timescale	Progress Update	RAG Status
Communication	To ensure that we are engaging effectively with patients, carers and their families to support a person centred, safe and effective discharge process	Strengthen public information about effective discharge pathway	March 2018	'Discharge from Angus Hospital' leaflet has been developed to help patients, family and carers understand the discharge pathway. Delay with circulation due to additional information required re carers and ACP.	Amber
			Updated Oct 2018	Leaflet sent to Patient Information Co-ordinator for readability assessment. Once approved leaflet will be circulated to all Angus wards.	
			February 2018	North East Locality Public meeting in February 2017 and 'Continuing the conversation' public meetings in October and December 2017 provided a forum to discuss effective discharge planning.	Green
			October 2018	Next series of continuing the conversation events will take place between 15 – 23 October, which will provide the opportunity to discuss the hospital discharge pathway.	Amber
		Build awareness for unpaid carers in discharge process in response to the Carers (Scotland) Act 2016, which places a responsibility on Angus HSCP, working in partnership with NHS Tayside to ensure that, before a cared-for person is discharged from hospital, it involves any carer of that person in the discharge.	June 2018	Carers questionnaire developed to be completed in all wards twice a year. Initial results from Ward 2 and Stroke Rehabilitation Unit reveal that 100% of carers felt consulted and involved in their cared-for person's discharge. Will be updated twice per year.	Amber

		Raise awareness of importance of having a Power of Attorney (POA) to reduce number of bed days lost due to Guardianship.	Next campaign to be confirmed	Working with Glasgow HSCP, Angus leads the Tayside Power of Attorney Campaign. Since the first TV campaign in 2014 there has been a 99% increase in the number of Angus adults applying to the Office of the Public Guardian for Power of Attorney. Glasgow HSCP are leading on a proposed tender for a new national POA campaign which will be supported by 29 of the 31 Scottish local authorities. Concern that this is taking time and might delay a Christmas 2018 campaign which will impact on established momentum and number of new POA registrations. Campaign on hold at present. Chief Officers have been advised that this has gone to tender in Glasgow. Angus Chief Officer is following this up. AHSCP website to be updated to include: • information on travel to appointments during severe weather and prospective cancellation of clinics • Opening hours for community pharmacies	Amber

	Ambition	Action	Timescale	Progress Update	RAG Status
Performance Information and Analysis	We use robust and reliable data to inform our performance in relation to delayed discharge.	Understand reason for all Angus patients delayed in hospital and agree appropriate actions	Discussed at each meeting	Suite of measures agreed and reviewed, daily, weekly and monthly as appropriate to enable greater understanding at locality level. New Delayed Discharge Snapshot template submitted to Tayside Group weekly.	Green
			Updated Sept 2018	Work currently underway to understand: • Why cases are not being closed • Reason for unusual level of referral to care management from NW Locality during January 2018 This has been completed. Cases are closed when service user dies or no longer needs services. Time issues for workers to complete tasks to close cases. Team Managers to monitor. Not a useful measure. Does not impact on delayed discharges. Reason for unusual level of referrals was identified as a recording issue. Referral being received in North West locality recorded inaccurately	Green
			Updated September 2018	Impact of Enablement & Response Team: Approximately 25% of people have reduced level of need after enablement.	Amber
		Monitor number of Angus patients delayed in Ninewells Hospital (NWH)	March 2018	Daily update from Angus Discharge Team of Angus patients delayed in NWH. Reasons for delay and actions being taken to expedite discharge are recorded.	Green

			Paused for summer period. Reviewed Sept 2018	Daily conference call between Angus and NWH to expedite discharge of Angus patients delayed in NWH. Not an issue at present. Will review at each meeting.	Green
			Updated Sept 2018 Updated Oct 2018	Daily monitoring of patients delayed in Angus Hospitals, reasons for delay. Patients delayed in Angus hospitals are reviewed daily by the ward team and reviewed at the Resource Allocation Meetings (RAM) Daily bed status submitted providing overview of occupied beds	Green **Green**
			October 2018	Weekly submission of data reviewed from all Angus wards, for all discharges, to gain understanding of number of people discharged within 72hrs of Planned Date of Discharge (PDD) compared to number of delays.	Green

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Front door	To ensure that unnecessary admission to hospital is avoided	Enhanced Community Support (ECS) to be embedded across Angus	October 2018	ECS for older people embedded across South Angus localities. Early implementation in North East Locality and now extending to North West locality. Sharing & Learning Development event held on Thursday 20 September with options for further development to be prepared.	Amber

		Enablement and Response Team (ERT) introduced across Angus	November 2017	Enablement Response Teams (ERTs) operational from 27.11.2017. This has the opportunity to improve inefficiencies with 50% capacity in South East and South West still utilised on long-term care cases. Potential capacity of ERT to deliver on enablement and response has stalled due to ERT focusing on supported discharge. Initial review of service completed 28.02.2018 and action plan developed to maximise capacity and flexibility. Report will be presented to Hospital Admission & Discharge Management Group at 14 November meeting, on next steps.	Green
		Embed the ethos of 'decide to admit' rather than 'admit to decide'	September 2017	MFE Day of Care Audit carried out on 07.11.2017. This revealed that 49/74 people admitted to an Angus hospital had the potential for community intervention earlier in their journey which could have avoided need for hospital admission.	Green
			June 2018	Psychiatry of Old Age (POA) Day of Care Audit completed June 2018. This evidenced that majority of people required hospital admission.	Green
	Flu vaccinations	Liaise with Public Health to source vaccines. Support increase in number for flu vaccination clinics to capture critical mass of staff, with a target of above 50%	September 2018	Additional clinics planned. Additional vaccinations available. Campaign advertised widely and on social media, increased by 2 weeks. Flu Bee app launched by NHS Tayside to increase uptake.	Amber

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Admission/Readmission	All patients, where appropriate, are given a planned date of discharge (PDD) within 48 hours of admission	Ensure all patients, where appropriate, are given a PDD which is agreed with clinical staff and social work.	June 2018 Updated Sept 2018 Achieved Completed	PDD is applied routinely to all patients, where appropriate. As a minimum standard in Angus hospitals, PDD is reviewed/updated twice weekly at discharge board rounds and multidisciplinary team meetings. Frequently updated as services become available.	Green Green
			August 2018 Updated Sept 2018	All Angus wards to be visited to refresh PDD process. Isla and Clova wards visited on 3 August. PDD process working well. Plan to visit SRU and Ward 2 on 7 September.	Green
	We will understand the reason for readmission and make plans to address any inappropriate readmission to hospital within 28 days.	Test of change in Stracathro Hospital. All discharges from Ward 2 Stracathro who are readmitted within 28 days to any hospital are reviewed.	August 2018	An evaluation report of all readmission since November 2017 is being compiled. Awaiting feedback from Advance Nurse Practitioner, North East Locality.	Amber

	Ambition	Action	Timescale	Progress Update	RAG Status
Assessment	Minimise delays to the Guardianship process.	Appoint Mental Health Team Manager with specific remit to reduce length of time someone waits for Guardianship.	Complete		Green
		Raise awareness of Guardianship process	June 2018 Updated Sept 2018	All community staff (social work and nursing) to receive Adults with Incapacity (AWI) training. To date 50 staff have received training. Update – Training now delivered to 100 Social Work & Nursing staff and further dates planned. Training will be delivered to all community team managers within next 2 months.	Amber

		Improve Guardianship process so that all cases are identified and processed without delay in line with legal requirements	June 2018 Updated Sept 2018	Every case identified since June 2017 has been allocated within 48 hours and the MHO reports completed within the legally required 21 days with the exception of one. In this case the private solicitor has yet to request medical reports, therefore there is no further action the MHO Service can take at this time. All other DD/Guardianship cases are either with the solicitors or the Courts meaning we have completed our work on these cases. Currently 3 Angus patients delayed awaiting Guardianship. Training session provided to group on 13 June 2018. Update 6/9/18 – 2 cases, both allocated within 2 days of receipt and both reports complete. Review of Adults With Incapacity (AWI) internal processes almost complete.	Amber
	Assessment of need is carried out when a person has had an opportunity to regain a level of independence.	Improve timely assessments of people admitted to Ninewells	November 2018 Updated September 2018	Test of change to appoint part-time Home Care Assessor to work alongside the Angus Discharge Team in NWH. Home Care Assessor worked in Ninewells for 5 months. Over that time she found that she was unable to deal with many of the questions being asked which were predominantly about care home placements, adults with incapacity queries or adult protection. She did not have sufficient knowledge of these areas as they are outwith her HCA role. The part-time nature of the post also meant there was a lack of continuity and the split post was difficult to manage. Agreed that the grade of post requires a Care Manager.	Green

			October 2018 Update September 2018	Test of Change to appoint Hospital Care Manager (HCM) for 2 days per week to work alongside Angus Discharge Team in NWH and provide liaison for complex discharges proposed. The timing of this was originally from March 2018. It was decided to postpone the test of change until over the winter period where there would be greater need for direct SW input and the post would have a greater impact. It was agreed this test of change post should be full-time rather than part-time. Option of this being supported from Dundee Discharge Team under discussion.	Amber
	Minimise delays to care home assessment procedures				
			October 2018	Test of change to develop care home hospital transfer letter. Content of hospital transfer letter for Care Homes agreed. Test commenced in Ward 2, SRU, Isla & Clova for a 3 months period Commenced 18/9/2018.	Amber
			September 2018	Review number and quality of ACPs for care home residents in South East Locality commenced.	Amber

	Ambition	Action	Timescale	Progress Update	RAG Status
Discharge	People who are ready for discharge are discharged safely.	Ninewells Hospital Discharge Team to oversee early discharge planning of Angus patients in Ninewells (NW) Hospital leading to improved information gathering	Ongoing Updated Sept 2018	Daily status updates provided of all Angus patients delayed in NW. Angus Discharge Co-ordinators continuing to provide a daily update (Mon-Fri) of Angus patients delayed in Ninewells and RVH	Amber
			July 2018	Daily teleconferences between NW and Angus teams to expedite any delays. Approach to be reviewed as very labour intensive. Numbers minimal, e-mail dialogue commenced.	Green
		Ensure there are no delays with accessing equipment	Achieved	Dundee and Angus Joint Equipment Store established in November 2016. From 01.01.18 – 25.2.18, 1575 people received equipment, 79% of which was delivered within 1 – 3 days (average 1.59 days). Additional equipment available.	Green
		Hospital Care Managers (HCM) oversee discharge of patients in Angus Hospitals	December 2018	Review of HCM role undertaken in October 2016 concluded that the role is valued by colleagues, patients and carers. The role makes a strong contribution to the effectiveness of the hospital discharge process in Angus. Situation to be reviewed as part of new Angus Care Model.	Amber
		Discharges from Ninewells are given the highest priority – aiming for 0 Angus delays in NWH.	October 2018	Significant additional resource was allocated to the matching process between cases and private providers/ERT. Rural/remote areas continue to be challenging. Situation reviewed regularly.	Green

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			August 2018	Agree escalation pathway for any delay in NWH including agreement re subsidising respite provision to enable 'step-down' to residential care.	Green
			Achieved	Enhanced payment offered to providers to allow for additional update in remote and rural areas. .	Amber
			Achieved	Positive response to ERT staff being invited to work additional hours.	Green
		Discharges from Royal Victoria Hospital	Ongoing	Reason for any delays in Royal Victoria reviewed regularly	Amber
		Test of change for backup ERT rota to ensure senior member of staff available on Friday afternoon.	June 2018	Discussions underway	Amber
	Improve quality of discharge from Ninewells Hospital to an Angus Care Home	To record any issues relating to discharge for 3 months.	November 2018	Recording forms circulated to all Care Providers. Meeting to be set up with NHS Tayside Nursing Director and Scottish Care Integration Lead to review.	Amber

	Ambition	Action	Timescale	Progress Update	RAG Status
Service Redesign	As per the Angus Strategic Plan our aim is to ensure all Angus patients are discharged within 72 hours of being assessed as ready for discharge.	Review and develop a plan to introduce 7 day working for Physiotherapists and Occupational Therapists (OTs)	November 2018	Since 6 Jan 2018, 4 hours of inpatient rehabilitation has been provided at Arbroath Infirmary, usually by a Physiotherapist and generic support worker. Discussions are ongoing to support 7 day AHP support across Angus with aim to have cover in place for 2018/19 winter period. Bid submitted to Unscheduled Care Board July 2018, awaiting outcome.	Amber
	Community capacity is developed by looking at innovative ways to support more care at home packages	Deliver greater availability within care at home services through Help to Live at Home Programme.	April 2018	Fair cost of care/new contracts in place from April 2018. There will be 3 x SDS 'Option 3' providers per locality, plus specialist providers. This will create better opportunities for partnership working and prioritisation of care at home packages. Alternative provider organisations/choices will remain available to accommodate SDS options.	Amber
		Enablement and Response Team commenced in November 2017 merging community alarm, prevention of admission and early supported discharge services.	November 2017	In addition to all long-term care delivery through independent providers, the ERTs will provide preventative enablement, and respond to short-term care needs including facilitating hospital discharge and providing community alarm response.	Green
		Develop clear priorities for allocation of cases in ERT and independent providers	March 2018	Discussions underway	Amber