



HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 19 JUNE 2017

REPORT OF UNIVERSITY HOSPITALS NHS TRUST

STAFF TRAINING RELATING TO DISCHARGE

Introduction

1. This paper provides a further update to the report presented to the Leicestershire Health and Wellbeing Board in March 2017 in response to 'The Lived Experience of Hospital Discharge Report' and serves to outline plans in relation to staff training relating to Hospital Discharge.

Background

2. Healthwatch Leicestershire undertook a qualitative and quantitative survey with patients, staff and carers about their experiences of hospital discharge between September and December 2016 as part of their programme of work to highlight the views of health and social care service users about their experience that local services offer. 'The Lived Experience of Hospital Discharge Report' highlighted five key recommendations for improvement. The University Hospitals of Leicester (UHL) NHS Trust welcomed the report as it provided a timely and helpful insight into the discharge processes within its hospitals.

3. This paper focuses on recommendation 3 from the report; Training:

'There should be an improved schedule and a consistent approach to staff training relating to discharge. This training should have an element of multi-disciplinary and multi-agency focus'.

Current Situation

4. There is currently no system wide training for hospital discharge across Leicester, Leicestershire and Rutland (LLR). A multidisciplinary discharge training project group has been meeting since August 2016 and has made the following recommendations:
 - Support the principle of 'essential to role' training in this area of patient care
 - Support the implementation of a training programme and ensure staff are released.
 - Demonstrate role modelling behaviours from leaders (Band 7/6 Staff) through attending the first run of training.

- Support additional resources required from communication teams to generate 'key messages' on a regular basis to refresh knowledge.
5. These recommendations were presented to the UHL Emergency Quality Care Steering Group in April 2017, where the recommendations were agreed in principle.
 6. The frail older people's accredited training module includes a day on discharge training and the preceptorship programme has a two hour session on safe effective discharge although it is recognised that small numbers attend. Other unplanned training occurs on an individual or ward based level.
 7. Leicestershire Partnership NHS Trust has an e-learning package and information specific for new starters already in development.
 8. The UHL Hospital Discharge Policy and 'Good Practice in Discharge Planning' Guidelines are available to staff via the hospital intranet.
 9. New ways of working have been explored with the introduction of ward-based discharge co-ordinators (Trainee Assistant Practitioners: discharge) to some ward areas with plans to further develop this role.
 10. Primary care co-ordinators work with teams within the hospital to in-reach and identify patients who are likely to require support on discharge.

New ways of working

11. We are already working hard with our health and social care partners to improve our urgent and emergency pathways through a number of high impact actions that aim to improve the patient pathway through improved working and integration. Progress against these actions is monitored by the Leicester, Leicestershire and Rutland Accident and Emergency Delivery Board.
12. We are working with the NHS Emergency Care Improvement Partnership (ECIP) to review our models of care and identify further opportunities for development. We have started our programme of rolling out the 'SAFER' patient flow bundle and the 'Red and Green days' approach which aim to reduce both the internal and external delays in a patient's journey.
13. In July 2017 we are planning to launch an Integrated Discharge Team (IDT) that will operate at the 'front door' (Emergency Department and assessment units) and the 'back door' inpatient wards (specialist medicine, orthopaedic and oncology). The IDT will be comprised of health and social care staff. Each of the wards will have a 'discharge specialist' from the IDT available daily at the morning board rounds to coach and support timely and effective discharge, focussing on the principles of right person, right place, first time.

14. Within the IDT there will be an identified lead for co-ordinating and delivering on training who will plan with our health and social care partners a training programme that is essential to role and meets the recommendations set out from the original discharge training project group. The aim being that all staff involved in discharge will have a competency-based passport which will endorse their knowledge and skills on the discharge pathways

Conclusion

15. We recognise that we have a significant amount of work to undertake to achieve a fully sustained and transformed urgent and emergency care system but the continued focus internally and externally with our health and social care partners will ensure that discharge and in particular training of our staff in discharge practices remains a key area of improvement.

Recommendation

16. The Health Overview and Scrutiny Committee are invited to receive this report and note:

- The actions the Trust and our partners are undertaking to improve the discharge pathway for our patients.
- The Trust's plans to introduce an Integrated Discharge Team on 1st July 2017 with a specific lead for staff training on discharge.

Background Papers

Healthwatch Report – the Lived Experiences of Hospital Discharge –
<http://ow.ly/GEhz30cqT5J>

Response from UHL submitted to the Health and Wellbeing Board on 16 March 2017 -
<http://ow.ly/MsXU30cqSZs>

Officer to contact

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