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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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1. SUMMARY

The Discharge of medically stable patients is an essential part of care management in the hospital setting. This policy is designed to standardise, wherever possible, and provide a coordinated approach to the management of discharge. The promotion of patient centred care is everyone's business ensuring that, through partnership working, the patient remains at the centre of care provision.

Achieving safe and timely discharge from hospital can be a complex process. This process will begin on admission, or before where admission is planned up to 7 days prior. The pressure to discharge and release beds, together with a trend toward shorter lengths of stay, means there can often be less time for assessment and discharge planning. This policy is designed to help provide a structured process to those involved in arranging discharge; but is mindful of our local differences geographically.

The policy aims to place the patient, their families or carers at the heart of the discharge process, ensuring that the patient is assessed and discharged at the right time and with arrangements in place to meet any continuing health or social care needs. It also aims to ensure that any discharge arrangements are robust and communicated with a clear mechanism to handover clinical care.

Key Principles

Four key principles underpin this policy and should be adhered to by individual member of staff and multi-agency teams (MDT) during the process of discharge planning.

- Discharge will be facilitated by a 'whole systems' approach to assessment and the commissioning and delivery of services. The MDT will work together in an atmosphere of collaboration and co-operation to provide information, medication, equipment or specialist input.
- Patients and their carer(s) will be encouraged to engage and participate in the process of discharge as equal partners. The needs, wishes and rights of both the patients and the carers will be paramount throughout the process.
- Discharge must be timely. Patients will only remain in the Acute Trust inpatient facilities for as long as they require acute/rehabilitation care, i.e. inpatient investigation, treatment or therapy. Equally, patients will not be discharged until they are medically fit and safe to be discharged to a non-acute setting or return home.
- Assessment relating to discharge will commence at the earliest opportunity. Assessment can start up to 7 days prior to admission or on admission to hospital. Discharge planning will be considered at all times during the patients' hospital journey and will remain an ongoing process as long as the patient is an inpatient. If assessments need to continue after discharge, this will be done by the appropriate professional involved in the patients' ongoing care.

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2. PURPOSE

This policy aims to ensure that National Institute of Clinical Excellence (NICE) guidance and Best Practice guidance is applied to the procedures and processes undertaken within the University Hospitals of Morecambe Bay Foundation Trust for discharge. This would identify if best practice is in place throughout the patient journey. This policy is required to ensure that all of those involved are working towards the common goal of safe discharge of patients. Further, it aims to ensure that unplanned re-admissions do not occur as a result of poor discharge planning.

Additionally, this policy will ensure that patients who are not able to return to living at home can, once declared fit for discharge, be moved from hospital to an alternative care setting that is suitable for their care needs.

It is recognised that currently there are some procedural differences between both the RLI and FGH site and it is considered important that the differences are identified and streamlined where possible. This will continue to develop as the Accountable Care Organisation is formed and implemented.

3. SCOPE

All staff involved in the discharge planning process

4. POLICY

4.1 Duties

4.1.1 Duties of the Multi-Disciplinary Team

All members of the Multi-Disciplinary Team have a duty to follow the Trusts' Patient Discharge Charter to ensure that we follow the standards set within practice for the benefit of our patients. (See Appendix 1 Patient Discharge Charter 2016). Whilst all MDT staff need to be fully involved in discharge planning, there are key roles which help to ensure the process is followed in a consistent and co-ordinated way as possible.

4.1.2 Duties of Medical Staff

Initial assessment of patients and likely diagnosis will result in a clear management plan, which will also include an expected date of discharge. This will be documented and communicated appropriately to facilitate timely discharge. On-going review of all patients will be completed and documented. Final assessment of a patient's medical fitness for discharge is the responsibility of the medical team and will be communicated and documented appropriately to the nurse/ward manager. Patients will be offered a copy of their IDS at the point of discharge and informed that a copy will be sent to their GP also. A completed Immediate Discharge Summary (IDS) will be actioned and sent to the GP on the day of discharge. A doctor will be required to support a daily 'one stop' ward round, and a weekly MDT meeting, where appropriate. Medical staff will also support Nurse Led Discharge by setting a Clinical Criteria for discharge, where appropriate.

4.1.3 Matron

Responsible for ensuring discharge practice within nursing follows the standards and guidance of this policy. Critically evaluating all discharge audits and processes to ensure they are fit for purpose and in line with new guidance from the Department of Health.

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4.1.4 Ward Manager / Clinical Leader

The ward manager will be responsible for identifying patients that are likely to require support on discharge at the earliest possible point in the patient's journey, usually within 24 hours of the patient's admission to hospital. The ward manager or shift leader jointly with the discharge team is responsible and accountable at all times for the coordinating of this assessment process.

The Ward Manager maintains overall responsibility for ensuring staff have an in depth knowledge of discharge processes relevant to their particular area of responsibility, and share and disseminate their knowledge to their staff group and support ongoing development.

4.1.5 Registered Nurse

The point of contact for patients / parents / carers and professional teams. The nurse will ensure effective handover (both verbal and written) of patients' assessment and ongoing care needs. They will also be responsible (with the discharge coordinator support, where appropriate) for day to day co-ordination of discharge and act as a point of contact and conduit for effective communication for all members of the MDT. The nominated professional will ensure that all requirements to facilitate a safe discharge are in place; this may include dressings, medication and any equipment.

Registered Nurses will have the responsibility for ensuring advice on discharge is provided to patients and, if required, relevant on-ward referrals are made including the booking of future outpatient appointments. The Registered Nurse discharging the patient must be confident that the arrangements made for on-going care are safe and suitable before discharging the patient, and must ensure that all relevant documentation is complete and accurate.

4.1.6 Discharge Coordinators

To work alongside the MDT to facilitate safe and effective discharge of patients from hospital to community through a multi-disciplinary approach. To co-ordinate assessments of patient needs and home circumstances and support the discharge plan. These meet the required standard to pro-actively overcome identified concerns/issues that may delay effective discharge from hospital.

4.1.7 Allied Health Professionals (AHPs)

AHP's have the responsibility for the therapeutic support that the patient requires whilst being an inpatient. This is provided through assessment and rehabilitation or maintenance of their functional ability and mobility needs. The AHP is also responsible for recommending and advising from a therapeutic perspective in relation to the discharge arrangements.

4.1.8 Duties relating to Pharmacy

Pharmacy will supply sufficient medication on discharge in line with Trust policy. Staff can refer to all pharmacy policies and processes via the Trust intranet. Wards also have Advanced Nurse practitioners (ANPs) who can be considered in the TTO process. It is the responsibility of the discharging nurse to discuss and ensure that all patients understand their medications and how to administer them. This will include completion of the discharge checklist and counselling the patient in medication administration where appropriate

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4.1.9 Duties relating to Infection Prevention¹

Patients discharged from hospital who have either been confirmed to have had norovirus or been exposed to norovirus.

Patients who have been affected by norovirus whilst in hospital can be discharged to nursing or residential homes when they have recovered and have been symptom-free for 48 hours.

Patients who have been exposed to norovirus whilst in hospital but who have not developed symptoms may be discharged to nursing or residential homes only on the advice of the local health protection organisation who will liaise with the hospital Infection Prevention and Control Team (IPCT).

In the event that a patient is discharged within the 48 hour period after cessation of symptoms, or if they may be within the incubation period following exposure to a case, efforts should be made to accommodate them, if possible, within a single room with a dedicated toilet and appropriate precautions until significant risk of norovirus has passed.

4.1.10 Executive Chief Nurse, Chief Operating Officer and Directors of Governance

Have corporate responsibility for this policy.

4.1.11 Other Multi-disciplinary Team Members including The Local Authority and Third Sector Organisations

Any member of the multi-disciplinary team can be the responsible person for co-ordinating the discharge of the patient in conjunction with other members of the team. This will be determined by the needs of the patient and the skills of the relevant professional. On occasions, the voluntary sector may have a role to play in the discharge planning process.

The nominated professional will ensure that all processes, investigations and interventions have been undertaken and completed prior to discharge. This will also include ensuring any identified carer is willing and able to continue in the caring role. Individual carers should be offered an individual carers assessment, should that be required.

The nominated professional will ensure that arrangements for discharge are in place 24 hours prior to the estimated discharge date (EDD) or actual discharge date.

4.1.12 Duties of RLI and FGH Complex Case Management Team (See Appendix 2)

Clearly defined roles and responsibilities for the Complex Case Managers will ensure that the role focuses on patients who require support for discharge, ensuring that their discharge is facilitated in a safe, coordinated and timely manner. Clear processes for referral will be identified, as will the process for monitoring the patient journey and any barriers to timely discharge.

4.1.13 Hospital referrals to Local Authorities (also known as Social Services)

In order to comply with The Care Act 2014² (DoH, 2014), it is important that adult referrals to, and communications with, the Local Authority are documented and the agreed procedure is followed. The good practice of identifying potential social care needs as early as possible after admission is assumed to continue. Patients will be screened by the ward staff to determine whether they meet NHS Continuing Care

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Criteria. If they do not meet NHS Continuing Care Criteria, Adult Social Care will be informed and will carry out an assessment. When predicting future care needs, consideration should be given to the potential for further rehabilitation or the impact of any treatments that may affect the outcome for the patient. Referrals to social workers will only be made with the consent of the patient and will be made via the most appropriate referral route.

The discharge date will be agreed by the clinician and the multi-disciplinary team when the patient is clinically ready and safe for discharge from the acute care setting.

Children may need to be referred to Children’s Social Care (previously Children’s Social Services). The Trust’s Safeguarding Team must be informed of all referrals (See the Children’s Safeguarding Policy which describes processes to be followed).

4.1.14 Duties relating to arrangement for transport

Many patients, and parents of children, will make their own arrangements and this is to be encouraged where appropriate. If patients cannot be discharged from hospital using their own transport, patients transport will be considered.

4.1.15 Duties relating to Self-Discharge

There are occasions when patients will be determined to leave hospital, or parents of children will be determined that the children should leave hospital, against medical advice. Every effort must be made by nursing and medical staff to persuade the patient to remain in hospital, or persuade the parent of the child that the child should stay in hospital and continue their treatment. When this fails certain action MUST be taken to protect the patient as much as possible.

The patient will be required to sign the Self Discharge form. This will clearly state that the patients are discharging themselves against medical advice. Should the patient refuse to sign the form this MUST be documented in the medical/nursing records and counter-signed by another member of staff.

The following action MUST be taken by the ward team in all instances where patients are discharging themselves from hospital:

- Contact the patient’s next of kin (if appropriate)
- Inform the relevant Matron in the Division and named Consultant. In the absence of both, inform the Clinical Site Manager (CSM)
- Inform the District Nurse Liaison, if relevant
- Inform a member of Social Services, or Children’s Social Care and a member of the Children’s Safeguarding Team, if relevant
- Inform the patient’s G.P. as a matter of urgency
- Arrange appropriate transport, when necessary
- Inform the police, if applicable (e.g. when violence has occurred).

It is the responsibility of medical and / or nursing staff to document all information relating to the self-discharge in the patient’s medical record.

Patients who leave the ward and fail to return should be considered as absconding and

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therefore the Trust Policy for Absconding Patients should be followed.

Patients who have been on approved leave from the hospital and fail to return at the expected time should be contacted by telephone in the first instance.

4.1.16 Duties relating to Mental Capacity and Deprivation of Liberty

The Mental Capacity Act 2005² gives statutory rights to patients regarding the way that Trust staff arrive at given decisions that affect their welfare and treatment.

When a patient has mental health problems, the specialist mental health services must be involved in the discharge planning process. If there are safeguarding concerns, the Adult or Children's Safeguarding Team, as appropriate, must be involved in the discharge process.

If there are any capacity issues that may affect the discharge of adult patients then staff should refer to the Trust Mental Capacity and Deprivation of Liberty Policy.

4.1.17 Duties relating to Safeguarding Adults

Some patients may have safeguarding issues that impact on discharge. The MDT should refer to the Trust Safeguarding Adult Team if advice or support is required.

4.1.18 Duties relating to Safeguarding Children

Some babies and children may have safeguarding issues that impact on discharge. The MDT should refer to the Trust Safeguarding Children Team if advice or support is required.

4.1.19 Duties relating to Documentation

All relevant documentation relating to the discharge arrangements should be provided to the patient and/or parent and/or carer /relative and it must be documented in the patient's healthcare record as having been given and understood.

All members of the MDT are responsible for documenting their input into the discharge process. Due to the constant development of the care record system, this should be completed in the most relevant part of the nursing/clinical record.

4.2 Simple Discharge Planning for Adults, including A&E Discharges for Elderly Patients

Patients with simple discharge needs account for approximately 80% of all discharges. The action needed in the planning for these cases does not usually require the involvement of a full multi-disciplinary team or require the involvement of another agency.

Patients with simple discharge needs could be defined as:

- Being discharged to their own home or usual place of residency.
- Having simple on-going care needs that do not require complex planning or delivery.

In addition, they are:

- Identified on assessment as having a predicted length of stay
- No longer require acute care
- Can be discharged from Accident & Emergency departments or ward areas, or from Medical and Surgical Assessment Units, or other in-patient wards.

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In relation to the discharge of elderly or vulnerable attendees from the Accident & Emergency departments the following is undertaken:

- Regarding the discharge of elderly or vulnerable attendees from the Accident and Emergency Department, each patient is assessed on an individual basis by the professionals who have managed their care.
- Any elderly patient that might be discharged home should have a risk assessment by the attending nurse as to how the patient is going to cope on discharge.
- Capacity to make decisions specific to discharge and how the patient will manage at home must be determined and the outcome of this fully documented.
- In addition, when elderly patients are discharged from the Accident and Emergency Department, staff must ensure that they have transport to get home and that they can gain entry into their home when they get there.
- Where patient transport is arranged, staff must ensure that assistance is available to assist the patient in accessing their home safely.
- With the patient's permission or in their best interest, their next of kin would be informed, or alternatively relatives, carers and neighbours, of their discharge.
- Documentation for all of the above should be recorded in the Lorenzo paperlite Emergency Department checklist.

4.3 Complex Discharge Planning for Adult Patients

Patients who are in hospital with complex needs will require referral for assessment by a range of members of the multi-disciplinary team, or the involvement of another agency or care provider.

Patients who have complex discharge needs could be defined as those:

Who would be discharged home requiring care package, support services or residential/nursing care home

And

Who have complex on-going health and social care needs which require detailed assessment, planning and delivery by the multi-disciplinary team and multi-agency working

And

Who may have a length of stay which is more difficult to predict (DOH).

Following admission of a person to an acute hospital ward, multi-disciplinary assessment and discharge planning will commence.

Where a patient has a known community matron/manager/co-ordinator/navigator, they should be contacted as soon as possible to ensure that they are fully involved with, and where appropriate, be involved in the discharge planning process. Particular care needs to be taken where the patient has mental health problems and in such cases the specialist mental health services must be involved in the discharge planning process.

If the complex discharge is deemed to have an element of risk then the team should

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consider whether an appropriate risk assessment should be completed. If so, then it should be clearly documented in the patient's notes.

4.3.1 Duties on the Day of Discharge

On the day of discharge, the registered nurse caring for the patient, in conjunction with the discharge coordinator if relevant, will clearly identify what is required for the patient to leave hospital safely. The requirements for discharge will be checked against the Adult Discharge Checklist (See Appendix 3).

4.3.2 Neonatal and Children's Services Discharges and Transfers

See the Discharge Policy for Children and Neonates.

4.4 Discharge Audit

The trust has an electronic discharge audit which can be found at the following link:

<http://ehospital/apps/alf/form.aspx?applicationoid=2&tformoid=152>

Discharge audits will take place monthly and will be led by the discharge team managers and overseen by the trusts Discharge lead for any themes, shared learning. This learning will be disseminated at ward level through the divisional governance team's newsletter.

5. ATTACHMENTS	
Number	Title
1	Patient Discharge Charter
2	Roles and Responsibilities
3	Adult Discharge Checklist
4	Equality & Diversity Impact Assessment Tool

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6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
Corp/Pol/034	Deprivation of Liberty Safeguards (DoLS) http://uhmb/cs/tpdl/Documents/CORP-POL-034.docx
Corp/Pol/033	Mental Capacity Act http://uhmb/cs/tpdl/Documents/CORP-POL-033.docx
Obs/Gynae/Pol/003	Discharge Policy for Children's and Neonatal Units. http://uhmb/cs/tpdl/Documents/OBS-GYNAE-POL-003.docx
Corp/Pol/126	Infection Prevention Precautions (a combined policy of standard and enhanced precautions) http://uhmb/cs/tpdl/Documents/CORP-POL-126.docx
G50	Escalation and De-Escalation Policy and Action Plan http://uhmb/cs/tpdl/Documents/G50.doc
Corp/Pol/047	Maternity – Escalation Policy http://uhmb/cs/tpdl/Documents/CORP-POL-047.docx
G33	Trauma Team UHMB Protocol http://uhmb/cs/tpdl/Documents/G33.docx
Obs/Gynae/Pol/004	Operational Policy for Children http://uhmb/cs/tpdl/Documents/OBS-GYNAE-POL-004.docx

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
No.	References
1	Guidelines for the Management of Norovirus Outbreaks in Acute and Community Health and Social Care Settings (2012). Available at: http://www.his.org.uk/files/9113/7398/0999/Guidelines_for_the_management_of_norovirus_outbreaks_in_acute_and_community_health_and_social_care_settings.pdf (accessed 23.6.17)
2	Great Britain (2014) Care Act 2014. Available at: http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted (accessed 23.6.17)
3	Great Britain (2005) Mental Capacity Act 2005. [Online] Available at: http://www.legislation.gov.uk/ukpga/2005/9/contents (accessed 23.6.17)
Bibliography	
DoH (2012) National framework for NHS continuing healthcare and NHS funded nursing care. Available from: https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care (accessed 23.6.17)	
NICE Guideline (2015) (NG27) Transition between impatient hospital settings and community or care home settings for adults with social care needs. [Online] Available at: https://www.nice.org.uk/guidance/ng27 (accessed 23.6.17)	
Patient Choice Directive Policy and Guidance	
Local Single Assessment Process UHMB Training Policy	
Patient Transport Policy	
Major Trauma Pathway for Children	
Maternity Guideline 25	
Maternity Guideline 26	
Cumbria Discharge Policy	

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8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition
Assessment	A process whereby the needs of an individual are identified and their impact on daily living and quality of life evaluated
Care Management	A process whereby an individual needs are assessed and evaluated, eligibility for services is determined, care plans devised and implemented and needs are monitored and re-assessed
Care Manager	A practitioner who, as part of their role, undertakes care/case management
Care Package	A combination of services designed to meet a persons assessed needs
Care Pathway	An agreed and explicit route an individual takes through health and social care services
Carer	A person usually relative or friend who provides care
Children's Services	Services provided for children who are cared for on a children's ward
Community Matron	A case co-ordinator who actively manages and joins up care by offering, amongst others, continuity of care, coordination and a personalised care plan for vulnerable people most at risk
GMNETS	Greater Manchester Neonatal Transport Service

Multi-agency	Services or activities which involved staff drawn from a range of organisations, such as statutory agencies (health, social services, education etc.) and voluntary groups.
Multi-disciplinary	When professionals from different disciplines work together
Multi-disciplinary assessment	An assessment of an individual's needs that has actively involved professionals from different disciplines in collecting and evaluating this information
Neonatal Services	Services provided for babies born within the Trust and those being repatriated from other neonatal units
NWTS	North West and North Wales Transfer Service for Children
Rehabilitation	A programme of therapy and re-enablement designed to restore independence and reduce disability
Timely Discharge	Timely discharge is when the patient is discharged home or transferred to an appropriate level of care as soon as they are clinically stable and fit for discharge

9. CONSULTATION WITH STAFF AND PATIENTS		
Enter the names and job titles of staff and stakeholders that have contributed to the document		
Name	Job Title	Date Consulted
Helen Thompson	Acute and Emergency Care FGH Matron	
Rysz Detko	Patient Services Manager	
Melanie Woolfall	ACN Medicine	
Lancashire & Cumbria County Councils		
Dianne Smith	Dementia Matron	

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10. DISTRIBUTION PLAN	
Dissemination lead:	Pauline Turner
Previous document already being used?	Yes
If yes, in what format and where?	Currently available on Sharepoint
Proposed action to retrieve out-of-date copies of the document:	Previous version to be removed and this version to be archived once signed off at Policy Group.
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Weekly News – New documents uploaded to the Document Library

11. TRAINING		
Is training required to be given due to the introduction of this policy? *Yes / No * Please delete as required		
Action by	Action required	Implementation Date

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12. AMENDMENT HISTORY				
Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
2	Aug 2007		Whole document review	Aug 2008
3	Aug 2009		Whole document review	Aug 2010
4	Nov 2010		Document review	Nov 2011
5	Nov 2011		Document review	Nov 2012
6	Nov 2012		Document review	Nov 2014
7	Feb 2013		Document review and addition of information for children's services	Feb 2015
8	April 2016		Whole Policy Reviewed and updated	May 2017 due to continuous developments relating to discharge.
8.1	Sept 2016	Section 4.1.2	Sentence added about information given patients	May 2017
8.2	15/03/2017	Page 1	Review Date extended to 01/07/2017	01/07/2017
9	April 2017	Page 7 Page 8 Page 10 Page 16 (Appendix 2) Page 17 (Appendix 2) Page 20	Section 4.1.14 Sentence added paragraph deleted Section 4.2 3 rd Paragraph, 3 rd set of bullet points. 3 rd and 7 th bullet points added working amended in 6 th bullet point Section 4.4 has been added The Discharge Case etc. paragraph deleted and wording amended. Names amended New EIA form added	01/05/2020
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The Patient Discharge Charter

“The Patient Discharge Charter will ensure that all our patients are discharged safely and effectively. It is part of the continuous work we are doing to ensure that our patients have the best possible experience whilst in our care”.

The Charter sets out the standards of service and care that patients can expect to receive when being discharged from our hospitals. The standards within the Charter are:

- We will ensure that you and, with your permission, your family/carers are informed and involved in the planning of your care
- We will not discharge you from inpatient care between 23:00 hours and 06:00 hours, unless otherwise agreed with you
- We will liaise with you, to arrange your transport
- We will liaise with you to ensure that you and your family/carer arrange access to your residence e.g. front door keys, residence alarm code
- We will expect you or your family/carer to provide adequate clothing for your discharge
- We will keep you and your family/carers up to date with your expected date of discharge
- We will provide you or your family/ carer with information concerning rest, diet, medication, and follow-up appointments
- We will not discharge you without your medication, unless otherwise agreed with you
- We will provide you or your family/ carer with a contact telephone number in case of medical difficulties
- We will ensure that we send discharge information to your GP within 24 hours of you leaving hospital
- We will work with our health and social care partners to ensure that planned discharge/transfer requirements are supported and equipment needs are met

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Appendix 2:

Roles and Responsibilities RLI and FGH Discharge Case Management Team

Purpose: The Discharge Case Manager will work as part of an integrated team and in Partnership with patients and their carers to ensure safe and timely discharge for all patients who require support on discharge.

Document Owner: Discharge Lead

Affected Departments:

All adult in-patient wards
All acute assessment units
All therapy Departments
Emergency
Department Pharmacy
High Care areas (CCU, HDU, ICU)

Scope: The scope is to provide a framework for the Discharge Case Manager role across all the hospitals within MBHT, namely FGH and RLI.

Clearly defined roles and responsibilities for the Discharge Case Managers will ensure that the role focuses on patients who require support for discharge, ensuring that their discharge is facilitated in a safe, coordinated and timely manner. Clear processes for referral will be identified, as will the process for monitoring the patient journey and any barriers to timely discharge. All of these elements will be managed through clear lines of reporting and accountability.

Furthermore, the explicit clarification of roles will ensure that, whilst ownership and responsibility for patient discharge remain with the ward manager and the multidisciplinary team, support and facilitation is given to patients with discharge planning needs.

Key Links:

Ward Managers
Senior Ward Staff
Allied Health Professionals (AHPs)
Specialist Nurses
Community Care Staff
Local Authority- Adult Social Care and Reablement services.
Medical Staff
Assistant Chief Nurses and Divisional Managers
Pharmacies
Third Sector Organisations.

Procedures / Process: All patients who are deemed to require support on discharge should be referred to the Discharge Case Management Team.

Discharges are defined as:

Simple - Where there is minimal disturbance to the patients' activity of daily living which does not prevent or hamper their return to their usual place of residence. The ward staff who are

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responsible for the discharge of patients in this group, and will ensure adequate provision of information to the patient and/or relatives.

Complex - When the patients' level of need may have changed from before their admission or they may require the instigation or restart of a package of care and/or may require the involvement of primary care, mental health services and/or social services.

Examples of the types of patients who should be considered complex are stated below:

- All patient with a learning disability where it is unclear if their needs are being fully met and/or if their needs have changed since admission
- Elderly and/or frail patients with insufficient family support who live alone
- Patients with a diagnosis of dementia (or other cognitive impairment) where it is unclear if their needs are being fully met and/or if their needs have changed since admission
- Patients with housing issues
- Patients who screen positive for further consideration of eligibility for Continuing Health care (CHC).
- All patients where safe guarding concerns have been raised which will affect discharge planning for the individual.
- Patients who have restrictive practices / DOLs in place which will have an impact in relation to their discharge planning.
- Patients whose mental capacity is in doubt which will consequently affect discharge planning.
- Mentally ill patients where it is unclear if their needs are being fully met and/or if their needs have changed since admission which will consequently affect their discharge planning.
- Terminally ill patients with complex discharge requirements
- Prisoners with complex discharge requirements.
- Patients from nursing homes or rest homes.
- Complex equipment cases

The Discharge Case Management Team Standards:

Discharges will be monitored and delays identified and actioned on a daily basis; electronic reports will be generated and sent to agreed recipients detailing the delays associated with complex discharges, and the action taken to minimise delays.

The Discharge Database and Strata (for Local Authority, District Nursing and Palliative care referrals) will track all patients discharge journey and generate real time management information.

The caseload for the Discharge Case Management Team will be monitored. This will enable the Discharge Lead to flex the team between departments and hospital sites in response to demand, in order to effectively support the management of patient flow.

The Discharge Case Management Team will ensure that any/all patients classed as a Delayed Transfer of Care (DToc) are recorded within the database and highlighted to the patient flow meetings.

The Discharge Case Management Team will communicate with relatives and families at the earliest possible point and liaise with internal and external parties to facilitate discharge planning.

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Documentation:

The Discharge Case Management Team will ensure accurate and robust documentation within the patients notes detailing communications with all staff groups, patients' relatives, or responsible representatives who are involved in the patients discharge. They will ensure discharge plans are clear and action plans are in place for any delays identified.

Contacts for the Discharge Case Management Team

Discharge Lead

Pauline Turner- Pauline.Turner@mbht.nhs.uk

Case Managers:

RLI Team- Debra Allen Debra.Allen@mbht.nhs.uk

RLI Team - Alison Mulligan Alison.Mulligan@mbht.nhs.uk

RLI Team - Jan Tynan Jan.Tynan@mbht.nhs.uk

RLI Team - Anna McBride Anna.Mcbride@mbht.nhs.uk

Clinical Leader RLI Team - Jacqui Boyle Jacquelyn.Boyle@mbht.nhs.uk

Discharge Manager

FGH Team- Tracey Ashton Tracy.Ashton@mbht.nhs.uk

Clinical Leader

FGH Team- Karen Smith Karen.Smith2@mbht.nhs.uk

FGH Team- Jodie Smith Jodie.Smith@mbht.nhs.uk

Admin Staff:

RLI Team - Christine Price Christine.Price@mbht.nhs.uk

RLI Team - Debra Smith Debra.Smith@mbht.nhs.uk

RLI Team - Louise Ireland Louise.Ireland@mbht.nhs.uk

RLI Team- Dawn Fox Dawn.Fox@mbht.nhs.uk

Gweneth Ryan - Gweneth.Ryan@mbht.nhs.uk

FGH Team - Julie Thexton Julie.Thexton@mbht.nhs.uk

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Appendix 3: Adult Discharge Checklist

Estimated Date of Discharge-Identified on Admission

Patient and Family Informed Yes No

Confirm Date of Discharge

Requirements for Discharge

Social Support on discharge confirmed Yes No

Plan.....

.....
Date Commencing Time

Pharmacy

TTOs on Ward and Checked Yes No

Registered Nurse completed Medication Counselling Yes No

Medication Checklist filed in notes Yes No

7 Day Supply of Dietary Supplements Required Yes No N/A

Diabetes Information

If the patient is an insulin diabetic ensure:

Patient given their insulin passport Yes No N/A

Patient given an insulin information leaflet; 'the Sage use of Insulin and You

'Yes No N/A

Ensure relevant information has been explained and documented Yes No N/A

Relevant information may consist of: storage, warfarin, steroids, inhaler, antibiotics

Transport

Method of Transport Confirmed for Discharge Yes No N/A

Method of Transport

Access to Property Confirmed Yes No N/A Note: Ambulance Assessment may be required prior to date of discharge

Had the transport taken the required equipment Yes No

On-ward Referrals

Community Service Referral Yes No N/A

Reason for Referral

Anti-coagulant Referral Required Yes No Warfarin Book Completed Yes No

Clexane/Sharps Bin Yes No

Equipment

Home Oxygen Required Yes No N/A Ordered and in Place Yes No

Cannula Removed Yes No N/A

Telemetry Removed Yes No N/A

NHS Continence Products Ordered Yes No N/A

Mobile/Safety

Mobility Optimum for discharge Yes No N/A

Mobility Aids to be taken on discharge Yes No N/A

Mobile with wheelchair Yes No N/A

Amputee rehabilitation referral Yes No N/A

Wound Care

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Referral made to Practice Yes No N/A
 Referral made to District Nurse Yes No N/A
 Dressings given to patient on discharge Yes No N/A
 Sutures to be Removed Yes No N/A Removal Date

Compression Yes No N/A 3 layer 4 layer Contraindicated

Clinical Assessment

Clinical Observation within normal limits for patients Yes No N/A
 Pain Control satisfactory for patient Yes No N/A
 No Complaints of Nausea Yes No N/A
 No issues with elimination Yes No N/A

Information of Send

DNAR CPR Form (if applicable) Yes No
 GSF Code applicable and alert registered on Lorenzo Yes No N/A
 Discharge Summary Yes No
 Patient Valuables Yes No

Details

OPA Required Yes No N/A Booked Yes No
 Information provided to patient Yes No

General Ward Duties After Discharge


Patient Discharged off Lorenzo Yes No
 Patient Taken out of the Nominal Role Yes No
 Discharge Summary on the front of the notes for coding Yes No

Any other information

NMC Number

Signature..... Date..... Time.....
 (Use Stamp Here)

Appendix 4: Equality Impact Assessment Form

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Equality Impact Assessment Form

Department/Function	Discharge Policy			
Lead Assessor	Pauline Turner			
What is being assessed?	Discharge Policy			
Date of assessment	11.4.17			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input checked="" type="checkbox"/>	Staff Side Colleagues	<input checked="" type="checkbox"/>
	Service Users	<input checked="" type="checkbox"/>	Staff Inclusion Network/s	<input checked="" type="checkbox"/>
	Personal Fair Diverse Champions	<input checked="" type="checkbox"/>	Other (Inc. external orgs)	<input checked="" type="checkbox"/>
	Please give details:			

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
Race (All ethnic groups)	Neutral	<ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal?
Disability (Including physical and mental impairments)	Neutral	
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief	Neutral	
Sexual orientation	Neutral	
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Neutral	
Other (e.g. caring, human rights)	Neutral	

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2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	
--	--

3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised. <ul style="list-style-type: none"> ➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups ➤ This should be reviewed annually.

Action Plan Summary

Action	Lead	Timescale

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.

For advice in respect of answering the above questions, and / or if you have identified a potential discriminatory impact of this procedural document, please contact the relevant person (see below), together with any suggestions as to the action required to avoid/reduce this impact.

For Service related procedural documents: Lynne Wyre, Deputy Chief Nurse & Lead for Service Inclusion and Diversity

For Workforce related procedural documents: Karmini McCann, Workforce Business Partner & Lead for Workforce Inclusion and Diversity.

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