APPENDIX 1 PROGRESS UPDATE: Review of Hospital Discharge (Phase 1)

SCRUTINY MONITORING – PROGRESS UPDATE			
Review:	Hospital Discharge (Phase 1) (discharge to care homes during the COVID-19 pandemic)		
Link Officer/s:	Emma Champley / Gavin Swankie		
Action Plan Agreed:	December 2020		

Updates on the progress of actions in relation to agreed recommendations from previous scrutiny reviews are required approximately 12 months after the relevant Select Committee has agreed the Action Plan. Progress updates must be detailed, evidencing what has taken place regarding each recommendation – a grade assessing progress should then be given (see end of document for grading explanation). Any evidence on the impact of the actions undertaken should also be recorded for each recommendation.

Recommendation 2:	North Tees and Hartlepool NHS Foundation Trust provide a prompt response to the communication issues raised by care homes through the survey undertaken as part of this review.		
Responsibility:	Stockton-on-Tees Borough Council North Tees and Hartlepool NHS Foundation Trust		
Date:	15.12.2020		
Agreed Action:	NTHFT to provide response.		
Agreed Success Measure:			
Evidence of Progress (April 2021):	 Progress update provided to Scrutiny committee on 15th December 2020. Action plan developed to support care home communication included the following key areas: Introduction of NHS mail accounts to care homes Integration of care home representatives in weekly MDT forums Development of virtual resource for care providers, working in partnership with SBC Action plan transition into wider communication strategy, identifying a single key link and contact number for people or families to access support Home First pathway implemented expansion of clinical triage operational hours to cover 24/7, the single access contact number and support made available to care homes 24hrs per day. 		
Assessment of Progress (April 2021): (include explanation if required)	2 (On-Track)		

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Evidence of Impact (April 2021):	 Single contact phone number in place to support care home managers. Care Home providers have not reported any recent issues with regard to communication in relation to a care home discharge. 			
Evidence of Progress (July 2021):	 Digital solutions group for care homes has been established, working across the Tees Valley Partnership working with SBC transformational team to implement a 'Hospital Discharge' channel on the 'The Hub' that is accessible to care home managers. Some care homes have started to use NHS mail. By the end of July all should have completed the NHS digital tool kit and be ready to go live. Prior to 31st October care homes for adults with special needs will have access to NHS mail accounts. Ongoing pilot with a small number of care homes exploring improvement work in regards to digital communication 			
	Integration of care home representatives in weekly MDT forums			
	integration of care nome representatives in weekly mor forting			
	 Managers invited to attend the Multidisciplinary forums held across the working week aligned to PCNs. Digital access remains a challenge for some providers. Multidisciplinary forum facilitators being recruited to - who will link in with care home managers and support engagement starting week commencing 26th July 2021. 			
	Single link and contact number for families and carers with regards to discharge			
	 Hospital inpatients provided with a leaflet on discharge with the contact details for patient, families and carers to access support. Wards have been provided with a single contact number to provide to families and carers for the discharge team for support and advice regarding discharges on pathways 1-3. 			
	Clinical Triage			
	24/7 Clinical Triage Service went live on 1st March 2021			
	25% of calls come from care homes overnight direct into clinical triage (May 2021). Calls made at a variety of times during the day and night. Figure increasing since implementation on 1 st March 2021. All care homes communicated with regarding offer. Not all care homes currently using it but ongoing communication between trust and care home in in place to reinforce offer.			
Assessment of Progress (July 2021): (include explanation if required)	 Care home communication is – 2 (On-Track) Single link and contact number for families and carers with regards to discharge – 2 (On-Track) 			

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	 Integration of care home representatives in weekly MDT forums – 2 (On-Track) Clinical Triage – 2 (On-Track) 				
Evidence of Impact (July 2021):	Care Home managers have regular and up to date communication with North Tees & Hartlepool NHSFT regarding updates and support. Provider forums have taken place on 12 th May & 8 th June NTHFT represented at both with presentations and updates given. Future event planned for 16 th July.				
	Clinical Triage - 25% of calls come from care homes overnight direct into clinical triage (May 2021). Calls made at a variety of times during the day/night. Figure increasing since implementation on 1 st March 2021. All care homes communicated with regarding offer available from Clinical Triage.				
	At the Enhanced Health in Care Homes meeting in May 2021 attended by NTHFT, PCN Directors from Stockton, CCG and TEWV commended all Organisations for the progress in this area.				
	We have not received any formal complaints from Stockton care homes about communication since the last update.				
Evidence of Progress (January 2022):	Since the assessment of progress in July 2021 the pandemic has continued to provide additional challenges for us all including the care home sector and acute Trust. In response to this sustained period of pressure some work streams were stood down and will be reconvened. However, provider forums, multi-agency meetings across the system have continued, with meetings held on a daily basis where it has been appropriate. During this time there has been a real focus on protecting the care homes, support offered has included; Infection, prevention and control support and guidance Support with vaccination programme Information sharing about Community Services to support care homes and residents including Community Matron service, Palliative care line (Palcall) overnight Service and clinical triage				
	 Additional communication points with staff from the Integrated Discharge Team at NTHFT Delivery of a designated setting in Stockton to facilitate safe and timely return to care home settings 				
	Care home communication				
	Ongoing attendance at Provider forums with evidence of regular dialogue with Providers Introduction of care home information line to facilitate timely exchange of				
	Introduction of care home information line to facilitate timely exchange of information V3-Homefirst-poste r-STOCKTON-A3.pdf				
	24/7 Clinical triage in place with positive feedback from Care Homes				

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	MDT Facilitators – Enhanced health in Care Homes	
	 MDT Facilitators in Post and work is well underway to engage all care homes in Stockton Enhanced health in care home meetings in place for Stockton on a monthly basis, attended by health and social care organisations including NTHFT 	
Assessment of Progress (January 2022): (include explanation if required)	1 (Fully Achieved)	
Evidence of Impact (January 2022):	Care Home managers have regular and up to date communication with North Tees & Hartlepool NHSFT regarding updates and support. Provider forums have taken place on 16.12.21, 2.11.21, 8.9.21,16.7.21	
	Clinical Triage – in December 2021 26% of calls come from care homes overnight direct into clinical triage. Calls made at a variety of times during the day/night. Figure increasing since implementation on 1 st March 2021. All care homes communicated with regarding offer available from Clinical Triage.	

Assessment of	1	2	3	4
Progress Gradings:	Fully Achieved	On-Track	Slipped	Not Achieved