

DECISION-MAKER:	PANEL B
SUBJECT:	PATIENT SAFETY IN ACUTE CARE INQUIRY – THE ROLE ADULT SOCIAL CARE AND HEALTH (ASCH) DIRECTORATE
DATE OF DECISION:	11 NOVEMBER 2010
REPORT OF:	HEAD OF PERSONALISATION AND SAFEGUARDING, AND THE HEAD OF CARE PROVISION, ASCH

STATEMENT OF CONFIDENTIALITY

None

SUMMARY

This paper describes the work of the Adult Social Care and Health (ASCH) Directorate in improving patient safety.

RECOMMENDATIONS:

- (i) To receive the information from the City’s Adult Social Care and Health in relation to patient safety and use the information provided as evidence in the inquiry.

REASONS FOR REPORT RECOMMENDATIONS

1. To enable the Panel to compile a file of evidence in order to formulate findings and recommendations at the end of the inquiry process.

CONSULTATION

2. None.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None.

BACKGROUND

4. There are two main areas of oversight of patient safety involving staff from ASCH services; direct work to manage safeguarding concerns regarding vulnerable adults and working to ensure safe discharge from hospital.

WORKING WITH HEALTH PROVIDERS TO MANAGE SAFEGUARDING CONCERNS

5. All health providers in the area are signed up to the multi agency safeguarding adults protocol. In addition a process has recently been agreed for addressing safeguarding concerns within NHS provision. The process is based on the practice tools used by ASCH Directorate to determine the level of intervention required to manage safeguarding investigations and subsequent actions (appendix 1).

6. Consultant Nurses have lead roles for Safeguarding in Southampton University Hospitals Trust (SUHT), Hampshire Partnership Foundation Trust and Solent Healthcare. ASCH Directorate is leading a process to improve the multi-disciplinary approach promoting an increasingly collaborative relationship, working to keep patients safe. Most recently this has included the implementation of a tool for root cause analysis and an investigative visit to an NHS site. Strategy meetings and case conferences are developing further openness and commitment to work jointly to put people's interests at the centre of working practice and to ensure organisational learning to prevent future events.
7. There are also plans in place to carry out proactive work. Plans are in place for the safeguarding leads at the NHS sites to work in the community and gain experience of safeguarding within provider services and for members of ASCH safeguarding team to visit an NHS site.

Working with partners to ensure safe Hospital Discharge

8. The Hospital Discharge Team, (HDT) works within the Discharge Bureau in SUHT. The Team is composed of Council and Solent Healthcare employees and managed by a Council employed Manager, whose role is funded jointly with NHS Southampton City (NHSSC). The team focus on timely discharge for people with social care and health needs
9. Where a patient is discharged by SUHT without appropriate preparation for discharge, a "poor discharge notification" will be sent to the HDT. An incident form will be completed and sent to NHSSC Customer Service which notifies SUHT and then monitors progress/response to the poor discharge notification. All complaints, (including poor discharge) are then monitored via a weekly board. A response is sent to the HDT and to the original complainant. The information is managed within the HDT on a database. The objective is for the organisation to learn from the event and to improve service to people in similar positions.
10. In addition the Council works with NHS partners to provide a 'Rapid Response team' to meet immediate community nursing and care needs to provide short term support to people leaving hospital where their ongoing care needs are not clear or plans are not yet in place to meet these needs. This ensures good liaison with the hospital discharge team and a means of meeting urgent care needs on discharge or to prevent hospital admission. The Rapid Response team works closely with the 're-ablement' personal care team to maximise people's safe care after discharge from hospital.

FINANCIAL/RESOURCE IMPLICATIONS

11. Responses to safeguarding and poor discharge planning are managed within established resources by the appropriate operational team. Practice development in this area is managed by the Safeguarding in Provider Services Team.

Property

12. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

13. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007. The response to safeguarding concerns meets the performance standards required by the Care Quality Commission and the Association of Directors of Social Services National Framework for Good Practice (November 2005).

Other Legal Implications:

14. None.

POLICY FRAMEWORK IMPLICATIONS

15. To fail to respond to safeguarding concerns would increase risk to vulnerable adults and fail to meet national guidance on the role of the Local Authority in this area of work.

SUPPORTING DOCUMENTATION

Appendices

1.	Appendix 1 – Framework for addressing safeguarding concerns within NHS provision.
----	---

Documents In Members' Rooms

1.	N/A
----	-----

Background Documents

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
------------------------------	--

1.	None	
----	------	--

Background documents available for inspection at: N/A

KEY DECISION? N/A

WARDS/COMMUNITIES AFFECTED:	N/A
-----------------------------	-----