Adult Services and Wellbeing
Calderdale Metropolitan Borough Council

Standard Operating Procedure (SOP): Hospital Discharge Pathway 1.

Contents

Procedure Version Control

Procedure Name	**Standard Operating Procedure: Hospital Discharge Pathway 1**		
Document Description	This Standard Operating Procedure sets out the Hospital Discharge Pathway 1 aims, objectives, underlying principles together with consistent ways of working.		
Document Owner	Anne Flanagan		
Document Author	Lorraine Andrew	**Date**	August 2024
Status	Live	**Version**	**2.0**
Last Reviewed	**December 2024**	**Next Review Date**	January 2026
Approved by	Anne Flanagan	**Position**	Assistant Director ASW
Signed		**Date Approved**	December 2024

Document Change History		
Version Number	**Date**	**Amendments**
1.0	August 2024	New Document
2.0	December 2024	Updated with the new safeguarding process.

Hospital Discharge Overview

To provide a timely and safe discharge from hospital for those who need social care services to facilitate their discharge

Hospital Discharge Aims

Promote Independence: Support people to live as independently as possible in their own homes or setting of their choice.

Enhance Quality of Life: Improve quality of life by promoting independence.

Ensure Safety and Well-being: Ensure adults with care and support needs have those needs identified and support them to be safely discharged from hospital.

Provide Personalised Care: Deliver care and support that is tailored to the specific needs and preferences of people, focusing on people's strengths and local and community support networks.

Support Carers: Recognise and support the vital role of unpaid carers. Work in partnership with carers in promoting independence.

Hospital Discharge Objectives

Prevention and Early Intervention: Focus on preventative measures and early intervention to reduce the need for more intensive and long-term care. Ensure timely and robust reviews to allow support to be flexibly tailored as they recover and recuperate.

Integration of Services: Promote integration and coordination of health and social care to provide seamless support to people including therapy services.

Assessment and Eligibility: Conduct thorough strength based assessments to determine needs and eligibility.

Care Planning: Develop personalised care plans that outline the support and services required to improve wellbeing, functionality, recuperation, and independence.

Access to Services: Ensure people have timely access to a range of care services tailored to their recovery, including asset-based services, assistive technology, equipment, home care, residential care, day services, and respite care.

Empowerment and Choice: Empower people to make informed choices about their care and support options.

Workforce Development: Invest in the recruitment, training, and retention of a skilled and compassionate social care workforce.

Community Involvement: Encourage community engagement and the development of support networks to enhance the social inclusion.

Quality Assurance: Monitor and evaluate the quality of care to ensure it meets high standards and is continuously improved.

Cost-Effectiveness: Ensure that resources are used efficiently to provide high-quality care while managing public funds responsibly.

Hospital Discharge Area Outcomes

- Safe, effective discharge experience for the people of Calderdale
- A reduction in the number of people who need to use statutory services on a long term basis.
- An increase in the number of people successfully recovering and recuperating after a hospital admission in their own home.

Values and Principles of the Hospital Discharge Service

- The Service aims to provide high quality services, which are economic, efficient and effective.
- To ensure equity of access and equality of opportunity.
- To provide protection under the safeguarding process to those who require a service when and where needed.
- To work effectively in partnership with other services, agencies, and communities.
- To be open, transparent, and accountable.
- To be a learning organisation/service that seeks continuously to improve through innovation and flexibility.

Eligibility Criteria and Contacting the Service

People must be residents of Calderdale.

Identified needs must be able to be met at home. People must be deemed to be safe in between care calls when no staff or family/friends are present.

This service is offered free of charge for up to 7 days until ongong care needs are determined. If reablement is appropriare that service is free for up to 6 weeks.

Service Area Process and Procedures

Initial Contact

The hospital Team will not receive referrals for people leaving hospital on this pathway. All people leaving hospital on this pathway will be provided with a 7-day triaging service by Urgent Response service and their needs will be fully identified and the appropriate care and support will be provided.

Assessment and Eligibility Process

Within the hospital setting, a trusted assessment is completed for discharge into the intermediate bed base.

Financial Assessment

At the point of a determination of ongoing care being needed a discussion about the potential cost of care services and the likelihood of the person having to pay a charge will be initiated. This conversation helps manage expectations and ensures people are aware of any potential financial impact. The assessor is responsible for providing the financial information pack to the person. The pack contains crucial information about potential care costs and can be accessed online via the calculator: Care Charge Calculator. During the assessment signed confirmation from the person acknowledging receipt of the financial information pack will be obtained using the form designed for this purpose.

Care and Support Plan

Care and support plans are devised with the person and their carer or family member and friends as appropriate following assessment.

Care and Support Services

The appropriate services are determined at the point of assessment in collaboration with their carer or family member and friends as appropriate. If there are disputes specifically around level of care and the person does not have capacity or the carer/family/friend does not have lasting power of attorney, then an independent advocate is engaged.

Review of Care and Support Plan

A review of the support plan is conducted within 6 weeks to determine the correct level of care which will be adjusted to the persons need.

Case Note Recording

All case notes are inputted into Calderdale's data system.

Waiting Safe and Well for Assessment Process

Everyone who is referred is within the acute setting and receiving care and support. Where therapy is required, this will continue until discharge to prevent deconditioning.

Information Sharing

During the assessment process the person will be asked for consent to share information. The person will also be asked if there is anyone/service they do not wish their information to be shared with. In general, the information is shared with health, service provider, carer/family/friend. All staff have completed training on GDPR and sharing information.

Risk Assessment and Safety Planning

A full assessment is conducted, and a risk assessment is conducted if necessary.

Basic Roles and Responsibilities

Independent Living Officers: to provided assessments for both onboarding and discharge from service. To carry out managerial duties as defined by the team Manager. To provide risk assessment for reablement assistants. To provide a living well assessment, subsequent support plan and initiate the brokerage of the plan.

Physiotherapist and Occupational Therapist: To identify goals to improve mobility and functioning, providing equipment to ensure environment is suitable.

Reablement Assistant: to provide hands on care as well as support and encouragement for any physiotherapy exercises.

Team Leaders and Team Manager: to provide overall supervision, guidance and support. All human resource issues are dealt with by the respective service. To provided matrix management for living well assessments.

Safeguarding Concerns, Enquiries, Safety Planning, Quality Assurance and Closure

Stage 1: Identification and Reporting of Safeguarding Concerns

***Overview**:* Stage 1 involves the identification and reporting of safeguarding concerns before the Safeguarding Adults Practitioners engage with the person at risk or experiencing abuse or neglect.

Practitioners will be mindful of S42 of the Care Act 2014, identifying where there may be a cause for concern that someone with possible care and support needs, in their area may be at risk of or experiencing harm or neglect and unable to protect themselves. This includes but is not limited to; physical abuse, emotional and psychological abuse, financial abuse, sexual abuse, coercive controlling behavior, and self-neglect.

Practitioners will have a responsibility for accurately identifying concerns, the source, type of harm, impact of harm/potential harm and urgency of the concern. Practitioners should consider and follow the Calderdale Threshold Guidance for Safeguarding Adults at Risk prior to raising a concern.

If practitioners are actively involved with a person whereby concern or information is shared, whether factually supported or not, they will make enquiries to ascertain that the person is safe and well and ascertain what action needs to be taken and what legal framework this may be under. This includes considering if this requires raising as a statutory safeguarding concern. This should be led by the person with Making Safeguarding Personal (MSP) underpinning the approach. Capacity to consent to safeguarding concerns should be considered at the point a potential safeguarding concern is identified, ensuring that the person is supported to engage with and understand what this means. In the event a person is deemed to lack capacity to consent, consideration should be given for involving a relevant representative and/or referring for an advocate. Only in circumstances where there is an immediate risk to the person and/or to the safety of another person should consent not be sought prior to raising a safeguarding concern.

Practitioners will formally report a safeguarding concern by completing the standard Calderdale Safeguarding Raising a Concern form and submitting this electronically to Gateway to Care via email. If any social care practitioner (with access to CIS) identifies the concern they will be responsible for completing respective safeguarding stage one screens on CIS.

Practitioners retain a responsibility to promoting the welfare and safeguarding children and young people (s11, Children's Act 2004) also. If information comes to the attention of a worker that a child or young person may be experiencing or at risk of harm or neglect, they will share this information with Children's services within a timely manner. This may be by contacting Multi Agency Screening Team (MAST) or sharing information with an allocated children's worker or team.

How to Raise a Safeguarding Concern

During Office Hours

- **General Public and Professionals**: Concerns can be reported by anyone in accordance with the guidance and consideration to The Threshold Guidance for Adults at Risk in Calderdale. Reports can be made via:
    - **Safeguarding Concern Form**: Complete and submit the form to gatewaytocare@calderdale.gov.uk .
    - **Telephone**: Call Gateway to Care at 01422 393000.

- **Safeguarding Adult Team Contact Details:**
    - **Telephone (Duty):** 01422 393375
    - **Email:** safeguarding.adults@calderdale.gov.uk

- **Specific Agencies**:

- **Police, Yorkshire Ambulance Service**: These agencies may use their own forms to notify **safeguarding concerns.** These forms are accepted as valid notifications or referrals.
- **Calderdale & Huddersfield Foundation Trust**: Will submit concerns where the abuse or neglect occurred within a hospital setting to the Hospital Discharge Team. It is likely that the Hospital Discharge Team will give cause to the Hospital to make the safeguarding enquiries, with the Hospital Discharge Team acting as co-ordinators.

Out of Office Hours:

- **Emergency Duty Team (EDT)**: For concerns raised outside standard office hours (5:00 PM to 8:45 AM Monday to Thursday and 4:30 PM to 8:45 AM Friday to Monday), contact the EDT at 01422 288000. The EDT will assess the concern, take necessary immediate actions to address immediate and imminent risks (that cannot safely wait until the next working day), and notify Gateway to Care on the next working day.

Notification, initial screening and processing

Gateway to Care Responsibilities:

- **Electronic Concerns. Inputting into CIS**: Upon receipt, Gateway to Care will promptly check whether or not the person has a CIS record. Gateway to Care will create a record if there isn't one. Gateway to Care will then forward the electronic form on email to the Safeguarding Adults Team mailbox or (for people with a primary support reason around mental health) go direct to the Mental Health Team mailbox (on outlook) and case note the action they have taken.

- **Telephone Concerns**: People who telephone asking to raise a safeguarding concern or if the social care advisor identifies that there is a possible safeguarding concern, they should first discuss this with the Duty Social Worker, Team Leader or Team Manager, before progressing with creating the concern on CIS. Once advice has been sought the Social Care Advisor can progress with creating the concern on CIS, completing the necessary fields and gathering as much information as possible from the person raising the concern. They then assign this on CIS to the Safeguarding Adult Team or the Mental Health Team (if primary support reason is for mental health) and follow this up with an email to the respective mailbox to alert them of the concern on CIS.

- **No Initial Decision Making**: At this stage, no decisions are made regarding the concern other than recording it on the appropriate person's record and assigning to the relevant team. Information gathering is minimal and only to address any critical missing details necessary for record creation.

Hospital Team Responsibilities:

- The Hospital Discharge Team is responsible for receiving any concerns where the abuse or neglect occurred within a Calderdale and Huddersfield Hospital setting. The Hospital Discharge Team is responsible for inputting the concerns on to Safeguarding Adult Stage 1 screens on CIS. The Hospital Discharge Team can give cause to the Hospital Safeguarding Team to undertake the enquiries, however the Hospital Discharge Team retains responsibility for co-ordinating the enquiry and updating CIS as per the processes described below.

Safeguarding Adult Team, Mental Health Team and Hospital Discharge Team Responsibilities:

- **Receipt of the concern**: The Team Manager, Team Leader or Practice Lead will receive the incoming concern on outlook (or CIS if initial concern is taken via the phone).

- **Initial Screening:** Decide whether the concern falls within the scope of safeguarding: The Team Manager, Team Leader or Practice Lead will review the information contained within the concern and decide whether or not it falls within the scope of safeguarding. The main question to ask at this stage is whether or not abuse or neglect is occurring that may require safeguarding enquiries. The three-stage test is not applied at this point.

  If the concern is around a ‘request for support’ (for people who do not have any ongoing care and support in place) or a ‘review of support’ (for people who do have ongoing care and support in place), then this can be forwarded to the relevant team i.e. Gateway for people who do not have care and support in place or community teams for those who do. If the person subject to the concern has an allocated worker, then they need to be notified. Similarly, complaints (quality or practice issues relating to care providers) can be forwarded to community teams to consider and liaise and resolve and if required copy in ICCQT.

- If the Manager, Team Leader or Practice Lead decides that the initial concern **does** fall within safeguarding then the Safeguarding Adult Team or Mental

Health Team need to input the concern on to CIS as a stage one and associate any documents. They then allocate it to a Safeguarding Practitioner within their respective team.

- If the Manager, Team Leader or Practice Lead decides that the initial concern **is not** safeguarding they need to associate records to file and document actions taken on a case note.

Stage 2: Screening and Risk Assessment

Objective: To evaluate the reported safeguarding concern, apply the 'three stage statutory test', assess the level of risk to determine whether a safeguarding enquiry is required and to create an initial safeguarding plan.

Detailed Breakdown

- **Process**:
  - **Gather Information**: The allocated social worker or service co-ordinator within the Safeguarding Adult Team, Mental Health Team or the Hospital Discharge Team collects all relevant information about the reported safeguarding concern, including details about the person at risk, the nature of the abuse or neglect, and any immediate actions already taken.
  - **Consultation**: The allocated social worker or service co-ordinator will engage with the relevant parties, such as the person at risk, their family or carers, and professionals involved, to gather a comprehensive but proportionate view of the situation. This should be done proportionately, and this may mean gathering information by phone or by visiting the adult at risk. When consulting with the person at risk, the allocated worker must always follow the principles of Making Safeguarding Personal.
  - **Relevant Guidance**:
    - **Care and Support Statutory Guidance (Chapter 14)**: Describes the process for initial screening and assessment, including the need to consider the urgency and severity of the concern and whether it meets the criteria for a safeguarding enquiry.

Safeguarding Concerns and Risk Assessment*:*

- **Purpose of Risk Assessment**: The allocated social worker or service co-ordinator will evaluate the immediate and potential risks to the person, including the likelihood of harm and the impact on their safety and well-being.
- **Process**:
    - **Assessing Risk Factors**: Identify and assess risk factors such as the type and severity of abuse, the person's vulnerability, and the context in which the abuse occurred.
    - **Immediate Safety Measures**: Determine if any immediate actions are required to ensure the safety of the person, such as arranging temporary accommodation, providing support, or restricting contact with the alleged perpetrator. Consider and give cause to other agencies to make their own enquiries and take action to reduce or mitigate risks.
    - **Relevant Guidance**:
        - **Care Act 2014 (Section 42)**: Requires that a risk assessment be conducted to determine whether a safeguarding enquiry is necessary, based on whether the adult is at risk of harm and unable to protect themselves.
        - **Mental Capacity Act 2005**: If the person lacks capacity, the assessment should consider how decisions are made in their best interests, and ensure their rights are respected.

Decision Making

- **Criteria for Enquiry**:

    - **Section 42 of the Care Act 2014**:

The three stage test: An adult aged 18 and over:

(a) has needs for care and support (whether or not the authority is meeting any of those needs),

(b) is experiencing, or is at risk of, abuse or neglect, and

(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

    - An enquiry is necessary if there is reasonable cause to suspect that an adult with care and support needs is experiencing or is at risk of abuse or neglect and cannot protect themselves from the risk of harm because of their care and support needs.
    - A person may refuse further enquiries at this stage, and this decision should be respected, as long as the person has capacity to decide and there is no reason to override this decision.

- **Documenting Decisions**: Record the decision-making process, including the rationale for whether to proceed with a safeguarding enquiry and if required refer the concern elsewhere. This should include any risk assessment findings and safety measures implemented. All the necessary screens within the safeguarding module on CIS should be completed.

- **Relevant Guidance**:
  - **Care and Support Statutory Guidance (Chapter 14)**: Outlines the decision-making process for determining whether to conduct a safeguarding enquiry and emphasizes the importance of documenting all decisions and actions taken.

Best Practices

- **Timeliness**: Conduct screening and risk assessments promptly to address concerns and mitigate risks effectively.
- **Collaborative Approach**: Work with other professionals, agencies, and the individual at risk to gather comprehensive information and assess risks accurately.
- **Transparency and Documentation**: Ensure that all decisions and risk assessments are well-documented and that the rationale behind decisions is clearly explained. This helps maintain transparency and accountability.

Stage 2 outcomes

If the three-stage test is not met, or the person has capacity to decide and refuses consent to proceed with further enquiries (and there is no reason to override this decision), the Safeguarding Adult Team, Mental Health Team or Hospital Discharge Team Safeguarding Practitioner will outcome the stage 2 as a non-section 42 and carry out any other actions required and close it down at this stage.

If the three-stage test is met the Safeguarding Adult Team, Mental Health Team or Hospital Discharge Team Practitioner will complete the stage 2 initial enquiries and if no further enquiries are required they will complete the stage 4 closure process. If further enquiries are needed, following stage 2, the Safeguarding Adult Team, Mental Health Team or Hospital Discharge Team Safeguarding Practitioner will outcome the stage to as progress to stage 3.

Stage 3: Safeguarding Enquiry, Safety Planning and Review

The stage 3 element of the safeguarding enquiry will be assigned to locality teams (either Older People & Physical Disability Teams, Palliative Care Team or Learning Disability & Neurodivergent Team) to complete (or is retained within the Mental Health Team or Hospital Discharge Team). The Safeguarding Adult Team retains

responsibility for any concerns that are raised naming the alleged perpetrator of abuse as a Calderdale MBC Employee.

It maybe that the Safeguarding Adult Team, Mental Health Team, Hospital Discharge Team or Community team gives cause to other agencies (for example the police, Acute and Community NHS Services), to undertake the enquiry. In these cases the Safeguarding Adult Team, Hospital Discharge Team, Mental Health Team or Community Team will co-ordinate and clearly document who is responsible for carrying out the enquiry including the timescales to complete.

Handover Process:

The Safeguarding Adult Team Manager, Team Leader or Practice Lead should review the safeguarding concern and ensure that all necessary action has been undertaken according to this Standard Operating Procedure.

The Safeguarding Adult Team Manager, Team Leader or Practice Lead contacts the Locality Team Manager, Team Leader or Practice Lead explaining that they have a stage 3 prepared for handover. The locality team manager should identify a practitioner within their team to take the work. A meeting should then occur between the two parties. If required and beneficial, the allocated worker within the Safeguarding Adult Team can join the meeting along with the allocated worker within the locality team.

Undertaking a Safeguarding Enquiry

Safeguarding Practitioners (allocated workers) will formulate a safeguarding enquiry plan with the safeguarding coordinator (Team Manager, Team Leader, Practice Lead or equivalent), outlining plans and actions immediately required and timescales for completing these. Safeguarding screens will be updated regularly to ensure this captures live action, as opposed to retrospective entry. The enquiry officer must:

- *prioritise the adult's wishes, feelings, and well-being. It should focus on supporting the individual to achieve the outcomes they want, while promoting their rights to make decisions and exercise control.*

- *Ensure the person at risk is fully informed and involved throughout the enquiry process. They should be consulted about their views and desires, unless doing so would increase the risk of harm.*

The safeguarding enquiry officer will collect and evaluate relevant information from multiple sources, including the person at risk, carers, family members, and professionals involved in their care. This should include gathering evidence of abuse or neglect.

Safety Planning

Objective: To develop a safeguarding plan that addresses identified risks, outlines actions to protect and support the person at risk, and ensures their safety and well-being.

Process:

- **Person-Centred Approach:** Develop the safeguarding plan in collaboration with the person at risk, ensuring their views, wishes, and desired outcomes are central to the planning process, in line with the principles of MSP. This approach emphasises the person's empowerment, choice, and control, and respects their rights and preferences.
- **Involvement of Relevant Parties:** With the person's consent, involve relevant parties such as family members, carers, and other professionals in the planning process. This collaborative approach supports a holistic understanding of the person's needs and ensures that all necessary resources are considered.
- **Action Planning and Risk Management:** Clearly outline the actions required to manage identified risks, specifying roles, responsibilities, and timeframes. The plan should be proportionate and prioritise the least restrictive options while empowering the person, as emphasised in the Care Act 2014 statutory guidance (Chapter 14 on safeguarding).
- **Compliance with Statutory and Best Practice Guidance:** Ensure compliance with the Care Act 2014, including Sections 42 (enquiry by local authority) and 44 (safeguarding adult reviews), which mandate enquiries and reviews where necessary. Refer to ADASS guidance on safeguarding roles and responsibilities and the LGA's 'Making Safeguarding Personal Toolkit' for practical strategies to personalise safeguarding efforts and uphold high standards of care.

Documentation:

- Record the safeguarding plan in the Client Information System (CIS), including details of the person's consent, roles of involved parties, and agreed actions. Documentation should include clear objectives, timelines, and criteria for success.
- Maintain an accurate record of all communications, meetings, and decisions related to the safeguarding plan, ensuring a complete and transparent audit trail.

Review of the Safeguarding Plan (if required):

Objective:
To evaluate the effectiveness of the safeguarding plan and make necessary adjustments to ensure ongoing protection and support.

Process:

- **Scheduled Reviews:** Conduct reviews at appropriate intervals based on the level of risk and complexity of the situation. Reviews should be flexible, allowing for adjustments if significant changes occur in the person's circumstances or if new risks are identified.
- **Inclusive Review Process:** Involve the person at risk, their support network, and relevant professionals in the review process. This ensures that progress against the safeguarding plan is assessed collaboratively and that adjustments are made in response to the person's feedback and evolving needs.
- **Adjustments and Continuous Improvement:** Modify the safeguarding plan as needed based on review findings, ensuring it remains relevant and effective in addressing the person's needs and preferences. Communicate any changes clearly to all involved parties to maintain alignment and understanding.

Documentation:

- Record review outcomes in CIS, including any changes to the safeguarding plan, reasons for adjustments, and feedback from the person. Documentation should reflect ongoing risk assessments, actions taken, and the effectiveness of the plan in meeting the person's desired outcomes.

Stage 4: Closure of the Safeguarding Enquiry

Closure Process:

Objective:

- To formally close the safeguarding enquiry when identified risks have been appropriately managed and the person's safety and well-being are assured.
- This can occur following Stage 2 or Stage 3. If this element of the procedure is initiated at stage 2 then the Safeguarding Adult Team or Mental Health Team will complete this step. If the person has a stage 3 enquiry, then it is managed within the locality team.

Process:

- **Confirming Outcomes:** Confirm with the person at risk, their support network, and involved professionals that the safeguarding goals have been met and that no further actions are required. The decision to close should be based on the person's sense of safety and their feedback on the safeguarding process.
- **Ensuring Ongoing Support:** Ensure the person feels safe, supported, and informed about how to access help if new concerns arise in the future, in keeping with the MSP principle of ensuring people feel listened to and respected throughout the safeguarding process.

- **Documenting Closure:** Document the decision to close the enquiry in CIS, including the rationale for closure, the person's views, and any final actions agreed upon. Provide a comprehensive summary of the safeguarding process, actions taken, and outcomes achieved.
- **Management Oversight: The team manager or team leader will review all safeguarding enquiries and closures prior to ending the safeguarding enquiry episode.**

Documentation:

- Complete the safeguarding closure form in CIS, ensuring it captures all relevant information, including the person's feedback on their experience of the safeguarding process. Archive all related documents and correspondence in the person's case file, ensuring a thorough record of the safeguarding enquiry.
- Provide the person with a summary of the safeguarding actions taken and confirm how they can access support or re-engage with safeguarding services if necessary.

Continuous Learning and Improvement:

Objective:
To capture learning from safeguarding enquiries to improve future practice and ensure adherence to statutory and best practice standards.

Process:

- **Reflective Practice and Learning:** Use insights from safeguarding enquiries to drive continuous improvement in practice. Engage in reflective practice sessions and internal audits and incorporate learning into procedural updates and team development.
- **Guidance Adherence:** Regularly review procedures against the latest guidance from ADASS (e.g., 'Safeguarding Adults: Roles and Responsibilities') and the LGA, incorporating new recommendations and evidence-based practices. Emphasise the six principles of safeguarding (empowerment, prevention, proportionality, protection, partnership, and accountability) throughout, ensuring the focus remains on outcomes that are meaningful to the person at risk.
- **Updating Procedures:** Update safeguarding procedures based on feedback, audit findings, and evolving guidance to ensure they remain relevant, effective, and centred on the well-being of people at risk.

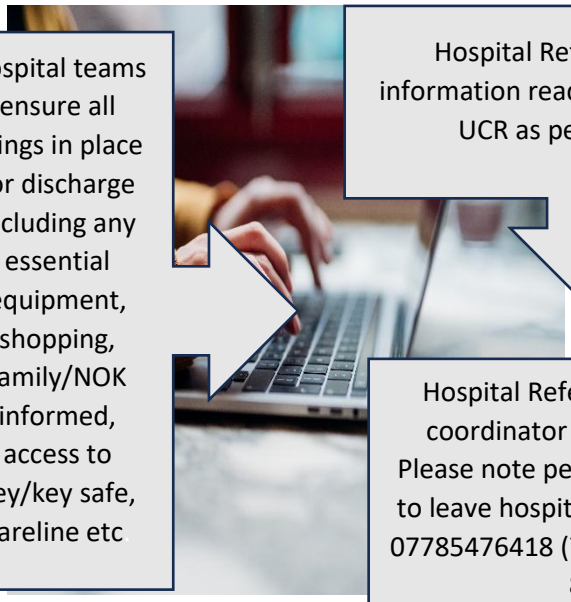
Mental Health Capcity Act Assessments

See Decision Making, Consent and Mental Capacity (opens as a PDF)

Process Map:

Needs identified in hospital that the person has a care need that can be managed in their own home, safe between calls and medically optimised for discharge.

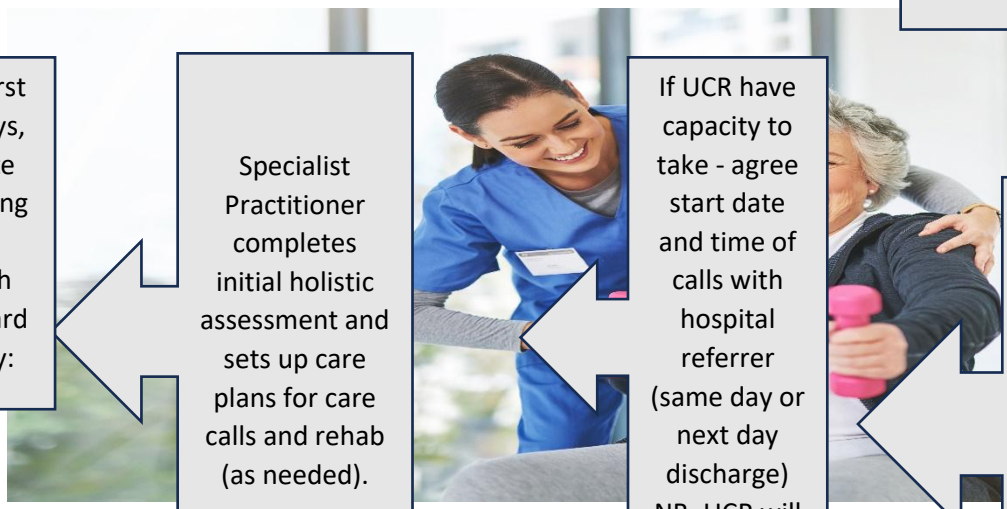
Hospital teams ensure all things in place for discharge including any essential equipment, shopping, family/NOK informed, access to key/key safe, careline etc.



Hospital Referrer gathers information ready for handover to UCR as per template.

Hospital Referrer phones UCR coordinator to make referral. Please note person must be ready to leave hospital that day to refer. 07785476418 (7 days a week 8am - 8pm)

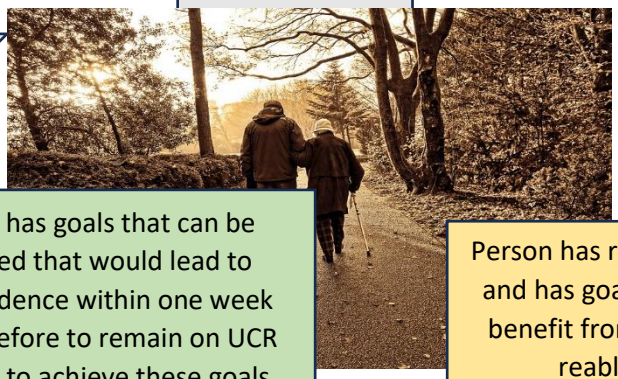
Handover Form completed by UCR coordinator during phone call with referrer and uploaded to SystmOne and EPR. Admin in UCR will type up handover form and upload to SystmOne and EPR



If UCR have capacity to take - agree start date and time of calls with hospital referrer (same day or next day discharge) NB. UCR will not hold a waiting list

Specialist Practitioner completes initial holistic assessment and sets up care plans for care calls and rehab (as needed).

Within first three days, complete goal setting and establish the onward pathway:



Person has goals that can be achieved that would lead to independence within one week and therefore to remain on UCR caseload to achieve these goals.

Person has rehab potential and has goals that would benefit from a period of reablement.

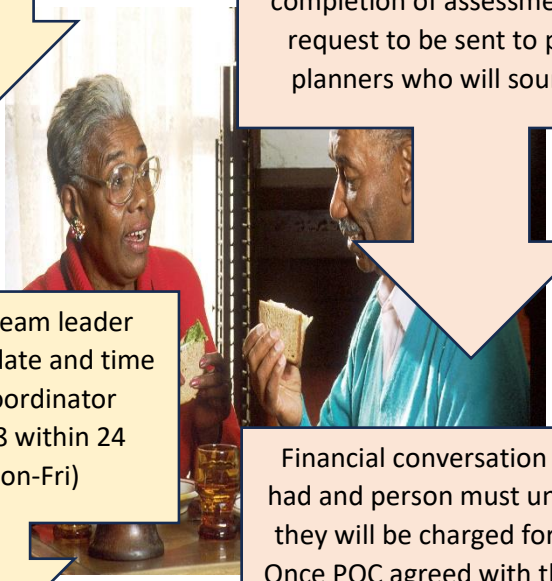
Person does not have rehab potential and needs long term support at home.

Standard Operating Procedure: Hospital Discharge Pathway 1

Person has goals that can be achieved that would lead to independence within one week and therefore to remain on UCR caseload to achieve these goals.

UCR to complete "UCR Home from Hospital Reablement handover" task on SystmOne requesting notification of start date and time.

Person is referred to ILO who will complete assessment for POC. The person referring to ILO needs to create an ILO referral on SystemOne. ILO must create referral on CIS(Mosaic) and assessment, support plan. On completion of assessment service request to be sent to provision planners who will source POC.



On completion of goals, to be discharged from the UCR service.

Reablement team leader confirms start date and time With UCR coordinator 07785476418 within 24 hours (Mon-Fri)

Financial conversation must be had and person must understand they will be charged for services Once POC agreed with the person start date confirmed

Person is discharge from the UCR service and care commences with reablement service in line with agreed start date and time.

On commencement of POC, person is discharged from the UCR service.