Bridgend County Borough Council
Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr
www.bridgend.gov.uk

Job Description

DIRECTORATE: Social Services & Wellbeing

DEPARTMENT: Adult Social Care / Integrated Community Services - Community Resource / Early Intervention & Prevention Hub & Hospital Social Work Team / Hospital Social Work Team

POST: Social Care Discharge Coordinator

GRADE OF POST: GR08

RESPONSIBLE TO: Team Manager – Hospital Social Work Team

JOB PURPOSE:

Be instrumental in the early identification, then tracking of the discharge pathways of patients, ensuring smooth timely transition home, co-ordinating and navigating the patient across pathways to ensure timely discharge on the correct discharge pathway for patients deemed clinically optimised.

Provide an expert and skilled community focused approach to inform discharge planning and assessment, embracing the principles of Discharge to Recover and Assess Model and providing a person-centred approach to care.

Be responsible for providing a high standard of patient focused service, utilising "What matters" conversations in a positive risk management approach, that will support the agreement of the most appropriate discharge pathway and services including home and bed based reablement services, urgent community response (UCR) services including admission avoidance /Virtual Wards and community teams.

Prioritise daily workload, maintain accurate information/ codes on e Whiteboards and support patient flow, working with all key partners, whilst using their expert knowledge of community services to create seamless pathway of care from hospital to community and home.

PRINCIPAL RESPONSIBILITIES AND ACTIVITIES:

- Attend Ward Board rounds and access eWhiteboard information for early identification, monitoring and tracking of patients identified as potentially suitable for Pathways 1 and 2.
- Screen Supported Discharge Notifications to ensure patients are ready for assessment.
- Monitor patients on their discharge planning towards their identified pathway and proactively find resolutions to improve the speed of discharge by working directly with clinicians and managers, ensuring resolution or escalating serious issues to management as appropriate.
- Ensure timely and accurate record of discharge planning is maintained on eWhiteboards and Client Record database.

- Develop effective and efficient working relationships with a wide range of clinical, social care (Tiers 1, 2 and 3 and Support @Home), third sector staff, and Trusted Assessors.
- Providing support for day-to-day queries from Support at Home and Tier 1 and 2 teams.
- Utilise strengths based, “What matters” conversations in a positive risk management approach, to support the agreement of the most appropriate discharge pathway and services, including home and bed based reablement services. This will also include admission avoidance situations using urgent community response (Hospital to Home) services Virtual Wards and community teams.
- Prioritise workload throughout working day to ensure discharge to recover and assess timelines are met.

GENERAL DUTIES

Health and Safety
To fulfil the general and specific roles and responsibilities detailed in the Health and Safety Policy

Equal Opportunities
To ensure that all activities are operated in accordance with Equal Opportunities legislation and best practice.

Safeguarding
Protecting children, young people or adults at risk is a core responsibility of all employees. Any concerns should be reported to the Adult Safeguarding Team or Children’s IAA Service within MASH.

Review and Right to Vary
This Job Description is as currently applies and will be reviewed regularly. You may be required to undertake other tasks that can be reasonably assigned to you, including development activities, which are within your capability and grade.

CRIMINAL RECORDS CHECK (WHERE APPLICABLE)
This post requires a criminal records check through the Disclosure & Barring Service (DBS)

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Person Specification

Social Care Discharge Coordinator

The following attributes represent the range of skills, abilities and experiences etc. relevant to this position. Applicants are expected to meet the attributes that have been identified as essential

Attributes	Requirements	Essential	Method of Evaluation/ Testing
Qualifications, Education & Training	• A good standard of education to QCF (NVQ) Level 4 or an ability to demonstrate competence through experience.	Yes	Production of original Qualification Certificates and application form.
Knowledge & Experience	• Experience of working in community support services to support safe discharge from hospital. • Experience in collaborating with various healthcare professionals (doctors, nurses, therapists, social workers). • Understanding of hospital discharge procedures, including relevant policies, legal frameworks, and documentation. • Familiarity with administrative processes and systems.	Yes Yes Yes Yes	Interview, application form and selection process.
Skills & Personal Qualities	• Ability to form constructive working relationships with colleagues. • Effective verbal and written communication skills for interacting with patients, families, and other professionals • Ability to work well under pressure and manage deadlines • Ability to demonstrate good organisational skills. • Good IT skills.	Yes Yes Yes Yes Yes	Interview, application form, and selection process.

Attributes	Requirements	Essential	Method of Evaluation/ Testing
	• Good problem-solving skills, with a willingness to put forward new ideas. • Ability to identify and address potential barriers to discharge. • Ability to think clearly. • Ability to work flexibly and proactively. • Ability to work unsupervised and as part of a team using initiative • The ability to communicate through the medium of Welsh.	Yes	