Discharge Processes
Final Report

October 2021

Hywel Dda University Health Board

NWSSP Audit and Assurance

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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Acknowledgement

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

1. Introduction

1.1 The review of Discharge Processes was completed in line with the Hywel Dda University Health Board Internal Audit Plan for 2021/22. The relevant lead Executive Director for this review is the Director of Operations.

1.2 Many patients discharged from hospital will have ongoing care needs that must be met in the community. Discharge planning is an interdisciplinary approach to the continuity of patient care and the process by which hospital teams consider the support required by the patient, refers the patient to appropriate services, and then consults with these services to manage the patient's discharge from or transfer of care. Poor discharge planning can lead to poor patient outcomes and delayed transfers of care can result in patients remaining in hospital longer than necessary.

1.3 The potential risks considered in this review were as follows:

- inconsistent and inefficient patient discharge processes across the three counties;
- government guidance not adhered to in relation to managing patient discharge and hospital flow during the COVID-19 emergency period; and
- lack of regular monitoring and assurance reporting to the Health Board.

1.4 Given the current COVID-19 restrictions and social-distancing requirements it was not appropriate for us to undertake site visits. Our review has therefore focussed on assessing the adequacy and consistency of processes in place across the Health Board through an enquiry-based approach with limited compliance testing against policies and procedures. Further details of our approach can be found at Appendix B.

2. Executive Summary

2.1 Our review has highlighted the challenges faced by each of the counties in implementing the Discharge to Recover then Assess pathways during a time of extraordinary pressure.

2.2 Formal reporting arrangements relating to Delayed Transfers of Care (DTOC) continue to be suspended by Welsh Government (WG), which has resulted in limited scrutiny by the Health Board of discharge planning performance and associated issues.

2.3 Whilst we recognise that there are major external factors outside of the Health Board's control contributing to delayed transfers of care, such as a shortage of domiciliary carers and limited capacity across community reablement services, our review identified that many of the challenges are in fact, longstanding. The additional constraints resulting from the COVID-19 pandemic have compounded difficulties faced for several years and this is reflected in the areas for learning we have identified. The key findings identified in the table below set out the areas that

management need to review and address, to enhance and strengthen the discharge process in the future.

Key findings from our review:

- Whilst WG's COVID-19 *Hospital Discharge Service Requirements (Wales)* (referred to hereon as *'WG Requirements'*) are deemed temporary until the end of the COVID-19 emergency period, the Health Board's *Discharge and Transfer of Care Policy* does not reflect the current requirements and continues to be live on the Health Board's Clinical Written Control Documentation intranet page.
- The provision of health and care services differs across the three counties with a formal integrated structure and approach in Carmarthenshire, an integrated approach in Pembrokeshire and a non-integrated approach in Ceredigion. There is opportunity for the Health Board to review the differing arrangements to identify and share best practice from each county, with potential for achieving a single, consistent model.
- Regular training on discharge planning is not provided to key staff which may contribute to the lack of a 'whole system' approach due to poor understanding of their roles, responsibilities and interdependencies within the wider discharge process.
- The Expected Date of Discharge (EDD) should be used to inform the discharge planning process. However, the purpose and value are misunderstood, resulting in inconsistent use and non-compliance with *WG Requirements*.
- Only one acute site is compliant with the requirement for two daily board rounds (as per *WG Requirements*).
- The centralised patient discharge monitoring tool used to monitor complex patients' status and to inform discharge planning, has not been adopted by Bronglais General Hospital.
- Lessons learned reviews are not undertaken to identify and address failure points, or areas of good practice.
- Suspension of formal DTOC reporting to Welsh Government has resulted in the Health Board no longer monitoring delays internally and not being apprised of performance related issues.

2.4 The detailed findings of the review are set out within section 3 below.

3. Detailed Findings

Objective 1: appropriate arrangements are in place to ensure patient discharge processes are efficient and consistent across the three counties.

COVID-19 Hospital Discharge Service Requirements

3.1 On 6th April 2020, the Welsh Government (WG) published the *COVID-19 Hospital Discharge Service Requirements (Wales)* (*'WG Requirements'*), that the Health Board, the three local authorities (Carmarthenshire, Pembrokeshire, and Ceredigion), the third sector and other independent parties were required to adhere to. WG also published an accompanying flowchart which provides a summary of the key requirements, which has been included as Appendix B for information. The Board was informed of the changes during its public meeting on 16th April 2020.

3.2 The Health Board's *Discharge Transfer of Care Policy* is available to staff on the Clinical Written Control Documentation intranet page. Whilst we recognise that the *WG Requirements* are deemed temporary until the end of the COVID-19 emergency period, they are not available to staff via the intranet and the extant policy does not reflect these requirements, or indeed current processes.

3.3 Our review of the *WG Requirements* highlighted that many of the core elements relating to patient discharge from hospital remain unchanged from previously published national guidance[1].

We noted the following key differences:

- implementation of the Discharge to Recover Then Assess (D2RA) model
- patient COVID-19 testing on discharge
- suspension of patient choice protocols, including preferred care homes
- introduction of patient discharge choice leaflets
- introduction of a second afternoon board round at ward level
- patients to be discharged with up to 28 days' medication
- suspension of formal Delayed Transfers of Care (DToC) reporting

3.4 The West Wales Care Partnership (WWCP)[2] developed a guidance document outlining the local implementation of the *WG Requirements* and the overarching framework of principles and standards that were required to be implemented across the three counties. The Integrated Executive Group (IEG) approved the guidance on 18th May 2020.

[1] Welsh Government (2019) NHS Planning Framework 2020/23; Welsh Government (2018) SAFER – Patient Flow Guidance; National Leadership and Innovation Agency for Healthcare (2008) Passing the Baton – A Practical Guide to Effective Discharge Planning; Welsh Health Circular (2005) Hospital Discharge and Planning Guidance

[2] The WWCP oversees the transformation and integration of health, social care and wellbeing services in West Wales. It brings together the three local authorities, Health Board and third / independent sectors. The Regional Partnership Board (RPB) and Integrated Executive Group (IEG) were established to meet the requirements of the Social Services and Wellbeing (Wales) Act 2014 and oversee the work of the WWCP. West Wales Care Partnership (wwcp.org.uk)

Disparity in Discharge Processes

3.5 Whilst we noted some similarities of core discharge processes between counties, we identified the following key operational differences:

Carmarthenshire

- Formal agreement under Section 33 of the NHS (Wales) Act 2006, between the Health Board and Local Authority for the provision of health and social care services. The integrated structure includes the joint role of Head of Integrated Services overseeing both sectors.
- Delta Wellbeing[3] is the single point of contact to approach when coordinating discharge of patients requiring further support and recovery.

Pembrokeshire

- No formal integrated structure, but integrated 'hub' approach.
- Integrated discharge team with established reporting arrangements to the Local Authority and Health Board.
- Intermediate Care Manager as single point of contact for coordinating patient discharge.

Ceredigion

- No formal integrated structure or approach.
- Clinically driven structure with the onus on senior nursing staff to oversee patient discharge planning. Discharge teams are not used.
- 'Porth Gofal' partnership between Health Board, Local Authority and third sector organisations to provide a referral pathway for Health and Social Care services.

3.6 In April 2019, a centralised reporting tool was rolled out to acute and community hospitals. The SharePoint Complex Discharge Caseload system is used to record and monitor complex patient discharges. The system provides a live view of patients awaiting discharge. Whilst we are aware that the system has been adopted in Carmarthenshire and Pembrokeshire, we were informed that the system has not been adopted in Bronglais General Hospital in Ceredigion.

3.7 Wales is currently experiencing a sharp rise in COVID-19 cases. Due to the current fragility of social care services and patient congestion within acute settings across all three counties, we recognise that performance is distorted and not an accurate reflection of the effectiveness of discharge processes in place. Consequently, it would not be appropriate for us to comment on the adequacy or effectiveness of arrangements in place within each county.

[3] Local Authority Trading Company owned by Carmarthenshire County Council, providing a range of services to help people retain and improve independence (Who we are – Delta Wellbeing)

Expected Discharge Date (EDD)

3.8 WG's *SAFER Patient Flow Guidance* issued in February 2018 states that all patients should have an EDD based on the clinical and functional criteria for discharge and should be set with the assumption of ideal recovery and no avoidable delays. This is reinforced within the WG *COVID-19 Discharge Flow Chart* (Appendix B) which requires an EDD and clear Clinical Plan within 24 hours of the patient being admitted in hospital.

3.9 We undertook sample testing of inpatients within all acute sites as of 14th September 2021 with an admission date of 11th September 2021. Out of the 53 patients admitted, only 17 had an EDD recorded in the Welsh Patient Administration System (WPAS).

3.10 We were unable to establish a clear definition of the EDD within the Health Board's *Discharge Transfer of Care Policy,* or guidance on how it should be determined. Our enquiries with key contacts (see Appendix C) highlighted that non-compliance in determining an EDD may be due a lack of understanding of its definition, intended use and value. Other factors cited include:

- perceived lack of whole system approach to achieving the EDD, resulting in patients remaining within acute sites for significantly longer than the EDD (where determined), thus benefits are not realised.
- for complex discharges, medics are unable to reasonably predict the timescales for the patient becoming fit for discharge so are hesitant to stipulate an EDD.
- the EDD is perceived as rarely achievable due to delays in the next stage of care and often patients move from medically optimised to medically unfit during this time, resulting in frequent amendments to the original EDD.
- the EDD is perceived as a performance monitoring tool rather than a discharge planning aid.

3.11 Section 3.1 of the *WG Requirements* further stipulate that twice daily board rounds should be undertaken at ward level. Whilst we recognise that it is strived for, we were advised that a second board round does not always happen within all acute sites due to the availability of clinicians and in some cases community and social services representatives where applicable.

Roles and Responsibilities

3.12 *WG Requirements* stipulate the responsibilities and required actions from each of the identified roles within the D2RA process, including Health Boards, Local Authorities and Adult Social Care services, Local Health and Social Care Partners, Voluntary Sector and Care Providers. Our review highlighted that although representatives from the aforementioned services are involved in various stages of the patient discharge process, there is a lack of a whole system approach to discharge planning.

3.13 A common theme arising from our enquires was that the discharge planning process often starts too late and only once the patient is medically optimised. Key information (such as existing care or support arrangements, or lack of) to inform patient requirements at the point of discharge is not sought early enough in the

patient journey, resulting in discharge delays whilst appropriate care packages are put in place.

3.14 *WG Requirements* stipulate that Community Health Services have overall responsibility for ensuring the effective delivery of the D2RA pathways. Whilst it is expected that there is a 7-day working arrangement in place for community health and social care teams, we were advised that care homes across the counties have varying working arrangements. For example, we were told that most will only accept residents on certain days and times, which unnecessarily prolongs patient stay in an acute setting.

3.15 Most people we spoke with felt that whilst COVID-19 has had a significant impact on timely patient discharge, many of the challenges to effective discharge planning existed prior to the pandemic. Inconsistent use of the EDD, a long-established requirement, is one example of this. If individuals within the discharge process are not clear on the key components to effective discharge and how their role contributes to achieving this, the overall process will be hindered.

3.16 The Health Board's *Discharge and Transfer of Care Policy* indicates that all frontline staff should have access to appropriate training however, we were advised that regular training around discharge planning is not provided and its inclusion in induction programmes is inconsistent.

3.17 Furthermore, due to the shortfalls in nursing staff across the region, there is a reliance on agency staff to cover ward vacancies. We were advised that agency staff are not familiar with discharge processes and the ensuing lack of continuity in a patient's care also contributes to ineffective discharge.

3.18 Despite a general recognition that existing discharge processes are not operating as effectively as they could, lessons learned reviews are not regularly undertaken within acute sites to identify and address failure points, or areas of good practice. Retrospective reviews of delayed or complex discharges, and discharges where quick readmission has occurred could provide valuable insight to enhance and standardise existing processes.

3.19 Examples of planned/ongoing action to inform and enhance the discharge process were cited:

- Carmarthenshire County have prepared a *Flow Improvement Plan* (Silver Tactical Group, June 2021) detailing data analysis undertaken from the SharePoint Complex Discharge Caseload system with suggested reportable improvement metrics.
- Pembrokeshire county has developed a survey for frontline staff to gauge their understanding and knowledge of the discharge process. The results will be used to highlight potential areas of improvement in the process and to develop relevant training.
- A regional 'lessons learned' workshop is being arranged for each county which will include consideration as to what has / not worked well in the respective discharge processes.

Objective 2: robust governance arrangements are in place to monitor and report on patient discharges.

3.20 Formal Delayed Transfers of Care (DTOC) reporting was suspended by Welsh Government at the start of the COVID-19 pandemic and instead brief updates are to be submitted to its Delivery Unit on a weekly basis. The data provided is not used for performance management purposes.

3.21 At the time of this review, formal DTOC reporting had not been reinstated by WG. We requested a selection of the weekly updates from each of the counties and we were provided with submissions from Carmarthenshire and Pembrokeshire. We can confirm that the WG reporting template was used and weekly submissions were evident for the timeframe requested. Our review of the data submitted on 4th August 2021 identified the following reportable patient numbers:

	Carmarthen-shire	Pembroke-shire
Number of patients waiting for transfer to D2RA pathways or transfer between pathways:		
Discharge with voluntary sector support (Pathway 0)	0	0
Discharge on Pathway 2 (to own home)	26	6
Discharge on Pathway 3 (step-down bed)	0	7
Discharge on Pathway 3a (step-down/up, COVID +ve)	0	0
Discharge on Pathway 4 (existing care home placement)	0	0
Number of Service Users Waiting for Transfer out of D2RA Pathways, waiting for:		
Packages of care	13	11
Permanent care home placement	16	0
Equipment or adaptions	0	0

3.23 We understand as part of previous DTOC reporting arrangements, census day patient numbers were agreed between with Health Board and local authorities and submitted to WG by each county with supporting performance narrative.

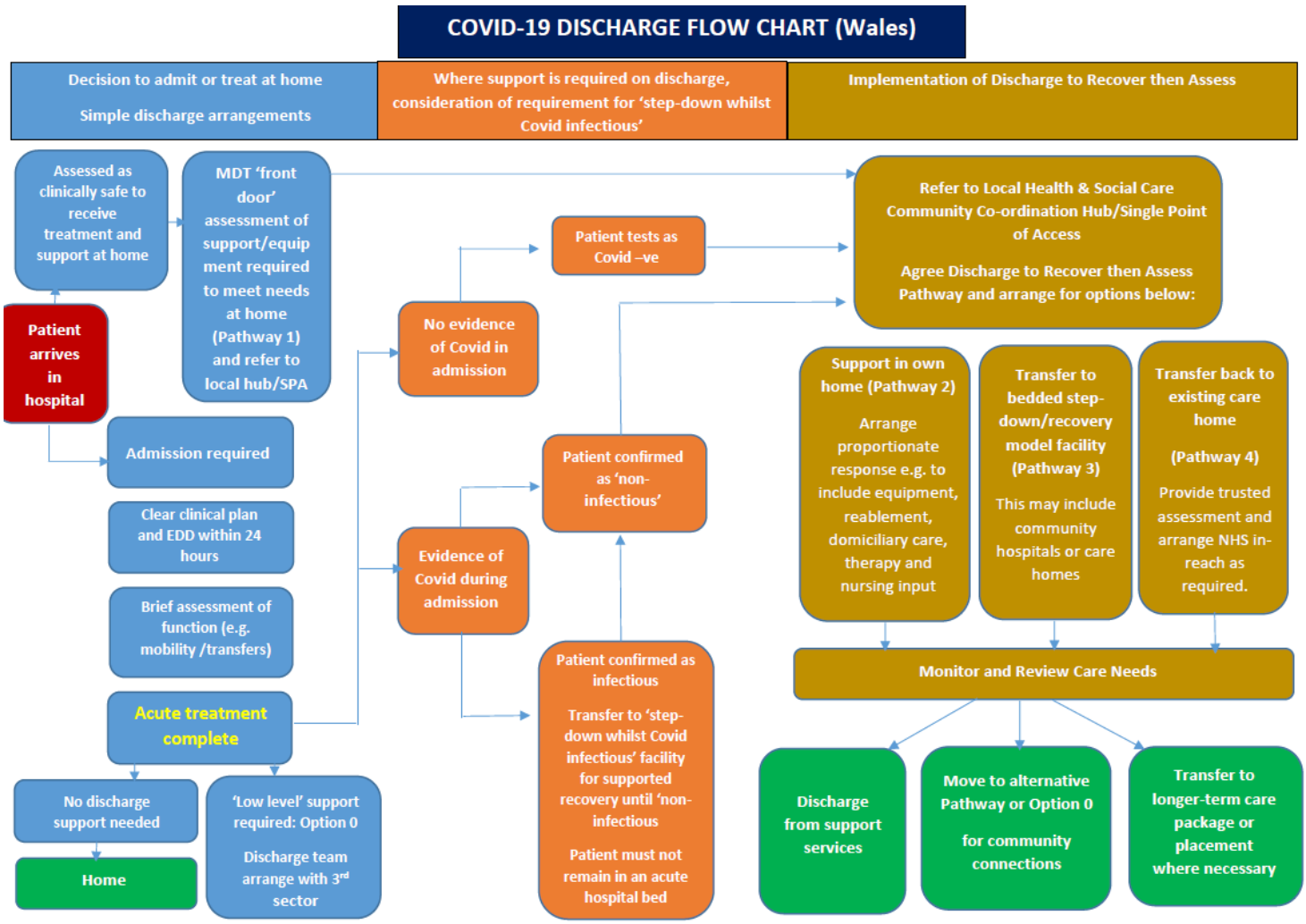
3.24 We noted these arrangements allowed for the regular scrutiny of performance related to patient discharge planning and patient flow, including DTOC, within Integrated Performance Assurance Reports (IPAR) presented to the Health Board. IPARs provided information on the following:

- reasons and challenges affecting patient flow across acute sites and reasons for DTOCs;
- performance trends and reasons for variance; and
- actions being taken to improve discharge planning and patient flow including timescales.

3.25 Whilst IPARs continue to be regularly presented to the relevant statutory committee (The Strategic Development & Operational Delivery Committee as of 1st August 2021) and to the Board, they no longer include non-mental health DTOC due to reporting being suspended by WG.

3.26 We have identified that this presents a risk to the Health Board due to the lack of scrutiny of discharge planning performance and related issues.

Appendix A: COVID-19 Discharge Flow Chart (Wales)[4]



[4] (COVID-19 Hospital Discharge Service Requirements, COVID-19 Discharge Flow Chart, 2020)

Appendix B: What we did

The Executive Director of this review identified key staff involved in patient discharge arrangements within the Health Board. We met separately with the below key contacts via Microsoft Teams to discuss arrangements in place within their areas:

- Director of Operations
- Director of Secondary Care
- Unscheduled Care Lead
- Head of Long-Term Care

Carmarthenshire

- Hospital General Managers (Prince Philip Hospital and Glangwili General Hospital)
- County Director
- Head of Integrated Services
- Performance & Service Improvement Manager
- Senior Nurse Manager

Pembrokeshire

- Hospital General Manager (Withybush General Hospital)
- General Manager Community & Primary Care
- Intermediate Care Manager
- SDM Patient Flow
- Senior Sister

Ceredigion

- County Director
- General Manager Community & Primary Care

Whilst we requested meetings with the below key contacts, we were unable to meet with them due to availability or a response was not received:

- Assistant Director of Nursing
- Hospital General Manager (Bronglais General Hospital)
- County Director (Pembrokeshire)
- Head of Community Services (Carmarthenshire)
- Head of Community Nursing (Pembrokeshire and Ceredigion)
- Hospital Heads of Nursing (all Counties)
- Head of Adults for Ceredigion
- Head of Adults for Pembrokeshire

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