



**PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Review of Discharge to Assess Pilot for Individuals with Nursing Needs
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Julia McCarthy, Head of Long Term Care

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This paper outlines the outcomes following a pilot that commenced on 1 August 2024 for individuals with nursing needs requiring a long-term care (LTC) placement. The ongoing options for funding Discharge to Assess beds are also explored.

Cefndir / Background

In July 2024, a review of the Discharge to Assess Pathway (D2A) was undertaken which identified that Hywel Dda University Health Board (HDdUHB) were fully funding individuals in a nursing home for a prolonged period of time, despite the agreement to fund for 2 weeks to undertake a Continuing Healthcare (CHC) Assessment.

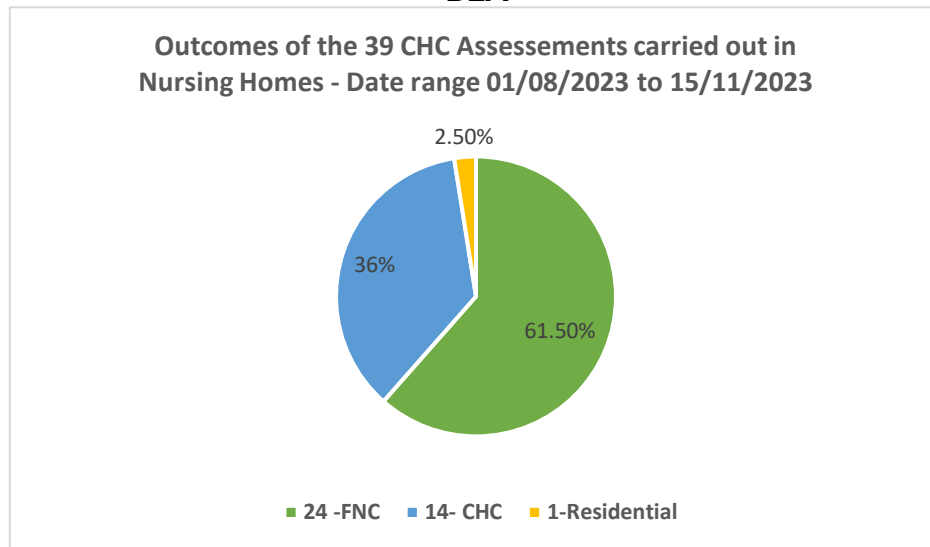
However, the average number of weeks from hospital discharge to CHC Assessment was 13 weeks in Pembrokeshire, 5 weeks in Carmarthenshire and 8 weeks in Ceredigion. The delays in undertaking the Assessment were predominantly due to social worker allocation and availability, in order to complete the CHC Assessment. The data also indicated approximately only 30% of patients discharged under the D2A Pathway were actually eligible for CHC despite the fact that the Health Board continued to fully fund all of the individuals from the point of discharge and up until the outcome of the assessment was known.

Given the prolonged delays and the significant financial implications for the Health Board, a 4-month pilot commenced on 1 August 2024 during which time CHC Assessments were undertaken in hospital prior to discharge, for individuals with nursing needs as opposed to the situation described above where individuals were discharged and placed within a Nursing Home prior to any assessment for CHC.

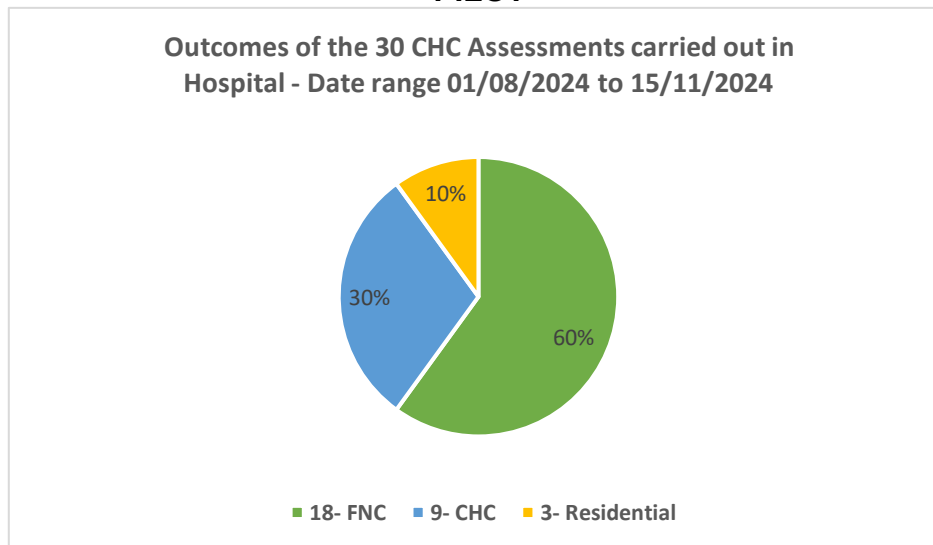
Asesiad / Assessment

The data below compares the referrals and outcomes for the same time period in 2023 when D2A was operational, and again in 2024 during the Pilot:

D2A



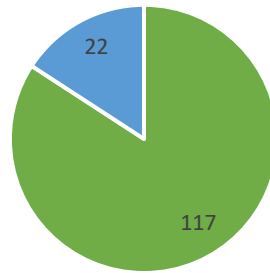
PILOT



The data shows that during 2023, 39 CHC Assessments were undertaken in a nursing home and the outcomes were 24 funded nursing care (FNC) (61.5%), 14 CHC (36%) and 1 Residential (2.5%). Whilst in 2024, 30 CHC Assessments were undertaken in hospital during the pilot and the outcomes were 18 FNC (60%), 9 CHC (30%) and 3 Residential (10%).

The data therefore suggests that the outcomes of the CHC assessments were not affected when undertaken in the hospital environment. However, out of the 30 individuals assessed during the pilot, only 8 individuals have been discharged to a nursing home, as many remain in hospital awaiting their Home of Choice.

Average number of Days



- Average number of days from Hospital discharge to CHC Assessment in a Nursing Home under D2A 2023
- Average number of days from referral to LTC to CHC Assessment in Hospital on DST process 2024

When considering the number of days waiting for the assessment to take place the above data shows that the average number of days from hospital discharge to CHC Assessment in a nursing home (D2A) in 2023, was 117 days, where delays occurred due to social worker availability to participate in the assessment process.

This can be compared to the average number of days from referral to Long Term Care to CHC Assessment in hospital (pilot) in 2024 was 22 days which would suggest that there is a more timely focus on the assessment of individual patients as they remain a priority for ward staff and Social Care teams than there appears to be for individuals waiting for prolonged periods of time for assessment once they are moved out of the Acute setting. This should indeed support an improvement in the time from assessment to placement, but for the reasons listed below, and in particular, Home of Choice, the discharge is, in a number of cases delayed.

Despite the improvement in assessment timelines, and the confirmation of the fact that the change in process itself during the pilot stage has had no material impact upon the outcome of the assessment, recent feedback from the acute sites regarding the pilot has suggested:

- There is an increase in the delayed transfers of care (prior to referring to LTC and awaiting Care Home of Choice)
- Increased work for ward staff in completing a nursing assessment
- Ward nurses lack confidence and competence to complete a nursing assessment
- Junior workforce who are unfamiliar with completing detailed assessments
- Lack of awareness of the new process at ward level

However, as the pilot has shown, changing the point of assessment in the discharge process is not in itself the reason for delay, but other factors such as Home of choice and family issues do appear to be leading to a delay and need to be addressed.

A local benchmarking exercise was recently undertaken across Wales, and HDdUHB was the only Health Board fully funding D2A beds. It is also acknowledged that the National Framework for CHC recommends that CHC Assessments are not undertaken in a hospital setting. Welsh Government's (WG) 50 Day Integrated Care Winter Challenge document also states that '*Assessments should take place in a person's home or in another suitable community setting; not in an acute hospital bed*'. The document further advises that '*Local Authorities and Health Boards are responsible for commissioning the block purchase of*

suitable step-down care home beds, to enable the DST/CHC assessment to take place in the community, for use where it is not appropriate for the person to be discharged to their own home. Agreeing the funding for these step-down placements/home service provision prior to the assessment process, this should be jointly funded or pooled budgets 50/50'

Given the current financial climate, a revised agreement is required that is financially sustainable to all organisations and ensures that the patient remains central to our decision making.

The ongoing funding of the D2A Assessment beds for individuals with nursing needs requiring long term placement from 1 December 2024 needs to be agreed. The following options should be considered:

Options	Positive	Negative
1. Revert back to D2A pathway	<ul style="list-style-type: none"> • Consistent with National Framework • Single point of contact for patients and families 	<ul style="list-style-type: none"> • Health Board funding excessively over 2 weeks • Delays in Assessment • Only approx. 30% of individuals eligible for full funding from the NHS • No additional funding given. LTC initiated this pathway due to Covid pressures • Not working collaboratively with the LA • The Local Authority did not lead/participate in discussions regarding potential Third Party contributions prior to moving into the nursing home, as this was perceived as a 'Health Led Process'
2. DST completion in hospital setting	<ul style="list-style-type: none"> • Full MDT Assessment completed in a timely manner and discharge pathway is clear • Collaborative working • DST completed within reasonable timescales 	<ul style="list-style-type: none"> • In some instances, the Local Authority will not allocate a Social Worker until patient is medically optimised • Delays in nursing assessments completed by ward staff • Not in line with National Framework or 50 Day Winter Challenge • Impact upon patient flow as individuals await their home of choice
3. 50/50 Funding from Health and Local Authority from hospital until CHC Assessment in	<ul style="list-style-type: none"> • Working collaboratively with the Local Authority which aligns with the National Framework for CHC & 50 Day Winter Challenge 	<ul style="list-style-type: none"> • Disproportionate financial contribution from the Health Board given approx. 30% are eligible for CHC funding • Delays in social worker allocation may delay the Assessment process

<p>a nursing home</p>	<ul style="list-style-type: none"> • Shared data of placements • Roles and responsibilities are clear • Court of protection proceedings will be managed by the appropriate service 		
<p>4. Proportionate Assessment of Need (PAN) undertaken on ward by nurse & social worker (PAN includes the domains of the DST, Consent, MCA, Family Professional views).</p> <ul style="list-style-type: none"> • The PAN is completed and signed by the nurse and social worker • If agreed that the patient doesn't trigger for a DST, the patient is discharged under FNC* with a review/DST at 3 months • If there are triggers for CHC, the patient is discharged with CHC funding* with a review/DST at 3 months • If the triggers are not sufficient to evidence a primary health need, the package of care is split 50/50* until such time as a 	<ul style="list-style-type: none"> • Working collaboratively with the Local Authority which aligns with the National Framework & 50 Day Winter Challenge • Respective organisations allocate appropriate funding based on need • Shared data of placements • Roles and responsibilities are clear • Court of protection proceedings will be managed by the appropriate service • Any Top Up Fee met via usual process • Currently operational in Swansea Bay & Powys HB 		

full DST can be carried out.		
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*Following Quality Assurance & Approval from the Long Term Care Team

Examples of Proportionate Assessment of Needs currently used in Powys Teaching Health Board (PTHB) and Swansea Bay University Health Board (SBUHB) can be found at:

Appendix 1: PTHB Proportionate Assessment of Needs document.

Appendix 2: SBUHB Funded Nursing Care Application

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to **NOTE** the review of the Discharge to Assess pilot.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.16 Scrutinise the performance reports (including those related to external providers) prepared for submission to the Board, ensure exception reports are provided where performance is off track, and undertake deep dives into areas of performance as directed by the Board to seek assurance that appropriate action is being taken when performance against set targets deteriorates, and to support and promote continuous improvement in service delivery.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable

Amcanion Cynllunio Planning Objectives	7 Primary and community strategic plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report.
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cyllid a Pherfformiad Parties / Committees consulted prior to Finance and Performance Committee:	None

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There is a risk of additional expenditure on the CHC budget if we revert back to the D2A.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Not Applicable

Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

Proportionate Assessment of Needs Document.

Name:		DOB:	
NHS Number:		Current Location:	
Home Address:		Telephone Number:	

Please note: This assessment must be completed by a Registered Nurse and Social Worker. This assessment can be used as an application for Funded Nursing Care. If the assessment identifies triggers that may indicate the individual has a Primary Health Care Need, this information can be used as the nursing assessment for the multidisciplinary team meeting to contribute to the completion of the Welsh Government Decision Support Tool Document.

Please do not submit this application without supporting documents or SW agreement.

Welsh Government CHC public information leaflets have been provided to:

Patient

NoK

Statement by Care Co-ordinator	
I confirm I have discussed, explained the reason for this assessment and submission process and provided the client / client's representative with the patient information leaflet for NHS Funded Nursing/Continuing Health Care.	
Name:	Job Title:
Signature:	Date:

Statement by Client:	
I confirm that the reason for the assessment and submission has been explained to me. I have received the patient information leaflet for NHS Funding for Care. I am in agreement that the submission should be made to the Health Board for consideration. I understand that I will be informed in writing of the outcome by the Health Board.	
Signature of client:	Date:

To be completed by the Care Co-ordinator where the client does not have the capacity to consent to the assessment process:	
This assessment has been made in consultation with the client's next of kin / advocate / enduring power of attorney (please delete as appropriate). MCA & BI Documents to be submitted with application.	
Signature of Care Co-ordinator:	Date:

Statement of next of kin/enduring power of attorney: (Please complete as appropriate)	
I confirm that the reason for the assessment and submission has been explained to me. I have received the patient information leaflet for NHS Funding for Care. I am in agreement that the submission should be made to the Health Board for consideration. I understand that I will be informed in writing of the final agreement /outcome by the Health board.	
Signature of NOK/POA:	Date:

<p>Section 1: Breathing</p> <p>Please note: An individual may have an underlying condition such as COPD, however, it is the needs arising from such a condition should be recorded.</p> <p><i>Describe breathing patterns, difficulties and how these are managed.</i></p> <p><i>Equipment currently in use such as a nebulizer, inhalers or oxygen therapy.</i></p> <p><i>Tracheotomy, suction.</i></p> <p><i>Can they manage these needs themselves or with the support from family or carers.</i></p> <p><i>Are they unable to breathe independently and require invasive ventilation?</i></p>	
<p>Section 2: Nutrition- Food and Drink</p> <p><i>Include:</i></p> <p><i>Diet</i></p> <p><i>Fluids</i></p> <p><i>Appetite</i></p> <p><i>Weight History</i></p> <p><i>Risk of aspiration and choking</i></p> <p><i>SALT assessments, recommendations.</i></p> <p><i>Describe level and frequency of current supervision and how any identified risks are being managed.</i></p> <p><i>Mouth Care</i></p>	
<p>Section 3: Continence</p> <p><i>Identify current continence issues and describe daily routine.</i></p> <p><i>Include the use of products, level and frequency of assistance required.</i></p> <p><i>Repeated urinary tract infections and management of constipation.</i></p> <p><i>Nature and frequency of nursing interventions currently being undertaken, Describe the level of skill required to meet any identified needs and note which service is currently meeting these needs.</i></p>	
<p>Section 4: Skin</p> <p><i>Describe skin integrity</i></p> <p><i>Provide most recent wound assessment</i></p>	

<p>documentation Waterlow Score Specialist equipment currently in place. PUPIS referrals/assessment TVN intervention Does the patient require positioning, turning, frequency of intervention. Any relevant skin conditions, skin integrity, include body map if appropriate.</p>	
<p>Section 5: Mobility</p> <p>Please note; the use of the word high in a falls risk assessment tool does not necessarily equate to a high level in this domain</p> <p><i>Describe the actual needs of the individual; include supporting evidence and risk assessments.</i></p>	
<p>Section 6: Communication</p> <p><i>Describe difficulties relating to the individual’s ability to communicate their needs. Is care staff able to anticipate their needs How are current needs being managed, what level of intervention is required and how successful has this been. Do they use any aids to assist with communication.</i></p>	
<p>Section 7: Psychological and Emotional Needs</p> <p><i>Does the patient have a known mental health diagnosis? Describe any known psychological and emotional needs that have an impact on their health and wellbeing. How do these needs impact on their daily activities? What support is currently in place? Level of skill required to meet identified needs.</i></p>	

<p>Section 8: Cognition</p> <p><i>Describe cognition issues, how long they have been present and any contributing factors. How they currently being managed and is this successful. Is this support required on a long or short term basis? Describe the frequency, impact and duration of these issues. Does the patient have mental capacity? Is there Power of Attorney in place? Is there a DoLs in place?</i></p>	
<p>Section 9: Behaviour</p> <p><i>Challenging Behaviour, Predictable Patterns Describe the frequency and impact of this behaviour. Level of skill required and how this is currently being supported.</i></p>	
<p>Section 10: Drug Therapies and Medication</p> <p><i>Please list medication, frequency and route Does the individual require supervision, prompting or assistance Does the individual comply with taking medication Describe pain management</i></p> <p><i>Detail any daily issues with medication. Requires medication to be administered by a Registered Nurse, carer or care worker trained for the task because there are identified risks. Requires medication to be monitored on a daily basis by a Registered Nurse. Describe any issues related to non compliance or non concordance.</i></p>	
<p>Section 11: Altered State of Consciousness</p> <p><i>Describe any episodes of ASC, nature and frequency How are these episodes currently managed, do they require intervention from a Registered Nurse or care worker.</i></p>	

Section 12: Other significant care needs to be taken into consideration	
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When submitting this document please include the following (if applicable)

EVIDENCE	Tick if included
Updated Care Plans	
Mental Health Assessment	
MHA Status/S117 Status	
Behaviour Charts	
Other Professionals Assessments	
Do Not Attempt Cardiopulmonary Resuscitation Order	
DoLS in place/ applied for/ Date	
Advocacy Service	
Medication charts	
72 hour assessments	
Purpose T/Waterlow	
Nutritional Assessment / MUST	
Manual Handling	
Falls risk assessment	
Bed Rail Assessment	
NEWS SCORE:	
6 Steps	

Recommendation: Please tick.

The individual has healthcare needs and may be eligible for Continuing NHS Healthcare and requires further MDT assessment.	
The individual's needs are not primarily for health however, there are some identified nursing needs and is eligible for NHS Funded Nursing Care when in a care home registered for nursing. <i>(Review in 3 months, no requirement for DST unless indicated at time or requested by patient/family member).</i>	
The individual has nursing needs which may be managed in a community setting or Residential Home with core services.	
The individual has no nursing needs	
New Care Home Placement. <i>Please identify if General, EMI or Specialist Nursing Care is required.</i>	

Local Authority funding		Self funding	
3 rd party top up fees discussed with Patient/Relative Yes <input type="checkbox"/> No <input type="checkbox"/>			

Please note below any views of the individual or other professionals not captured or recorded above.

Name of Nurse Undertaking Assessment:		Signature:	
		Date:	
Name of Social Worker agreeing with the outcome of the assessment:		Signature:	
		Date:	

This section to be completed by Complex Care Team

Quality assured & agreed by:	
Date:	

Funded Nursing Care (FNC) Application

Patient Name:	NHS
Date of Birth:	Tel:
Home Address:	
Telephone No:	Current Location:
Proposed Address:	

Please note: This assessment must be completed by a Registered Nurse and Social Worker. This assessment can be used as an application for Funded Nursing Care. If the assessment identifies triggers that may indicate the individual has a Primary Health Need, this information can be used as the nursing assessment for the multidisciplinary team meeting to contribute to the completion of the Welsh Government Decision Support Tool Document.

Statement by Nurse Assessor / Care Co-ordinator

I confirm I have discussed, explained the reason for this assessment and submission process and provided the client / client's representative with the patient information leaflet for NHS Funded Nursing/Continuing Health Care.

Signature: Print Name:

Job title: Date:

Statement by Client:

I confirm that the reason for the assessment and submission has been explained to me. I have received the patient information leaflet for NHS Funding for Care. I am in agreement that the submission should be made to the Local Health Board for consideration. I understand that I will be informed in writing of the outcome by the Local Health Board.

Signature of Client: Date:.....

To be completed by the Nurse Assessor/Care Co-ordinator where the client does not have the capacity to consent:

This assessment has been made in consultation with the client's next of kin / advocate / enduring power of attorney (please delete as appropriate).

Signature: Date:

Statement of next of kin/enduring power of attorney:

(Please complete as appropriate)

I confirm that the reason for the assessment and submission has been explained to me. I have received the patient information leaflet for NHS Funding for Care. I am in agreement that the submission should be made to the Local Health Board for consideration. I understand that I will be informed in writing of the final agreement /outcome by the Local Health board.

Signature: Date:

Relationship:

Contact Details:

APPLICATION FOR FUNDED NURSING CARE

Please note the following information is an aid to determine those individuals who may be eligible for Funded Nursing Care and can be utilised to identify the need for further in depth multi disciplinary assessment if required.

District Nurse:Base: Contact No

Ward Manager/Staff Nurse/ Nurse Assessor: Contact No:

Social Worker: Contact No:

GP/other professionals involved:

Next of Kin Details: Name:Relationship:
Address: Tel No: ...
.....

Pen Picture:

Section 1: Breathing

Please note: An individual may have an underlying condition such as COPD,



<p>however, it is the needs arising from such a condition should be recorded. Describe breathing patterns, difficulties and how these are managed. Equipment currently in use such as a nebulizer, inhalers or oxygen therapy. Tracheotomy, suction. Can they manage these needs themselves or with the support from family or carers. Are they unable to breathe independently and require invasive ventilation?</p>	
<p>Section 2: Nutrition- Food and Drink</p> <p>Include: Diet Fluids Appetite Weight Risk of aspiration and choking SALT assessments, recommendations. Describe level and frequency of current supervision and how any identified risks are being managed. Mouth Care</p>	
<p>Section 3: Continence</p> <p>Identify current continence issues and describe daily routine. Include the use of products, level and frequency of assistance required. Repeated urinary tract infections and management of constipation. Nature and frequency of nursing interventions currently being undertaken, Describe the level of skill required to meet any identified needs and note which service is currently meeting these needs.</p>	
<p>Section 4: Skin</p> <p>Describe skin integrity Provide most recent wound assessment documentation Waterlow Score Specialist equipment currently in place. PUPIS referrals/assessment TVN intervention Does the patient require positioning, turning,</p>	



<p>frequency of intervention. Any relevant skin conditions, skin integrity, include body map if appropriate.</p>	
<p>Section 5: Mobility</p> <p>Describe the actual needs of the individual; include supporting evidence and risk assessments.</p> <p>Please note; the use of the word high in a falls risk assessment tool does not necessarily equate to a high level in this domain</p>	
<p>Section 6: Communication</p> <p>Describe difficulties relating to the individual's ability to communicate their needs. Is care staff able to anticipate their needs How are current needs being managed, what level of intervention is required and how successful has this been. Do they use any aids to assist with communication. Has the patient been deemed as having capacity?</p>	
<p>Section 7: Psychological and Emotional Needs</p> <p>Does the patient have a known mental health diagnosis? Describe any known psychological and emotional needs that have an impact on their health and wellbeing. How do these needs impact on their daily activities? What support is currently in place? Level of skill required to meet identified needs.</p>	
<p>Section 8: Cognition</p> <p>Describe cognition issues, how long they have been present and any contributing</p>	



<p>factors. How they currently being managed and is this successful. Is this support required on a long or short term basis? Describe the frequency, impact and duration of these issues. Is there Power of Attorney in place? Is there a DoLs in place?</p>	
<p>Section 9: Behaviour</p> <p>Challenging Behaviour, Predictable Patterns Describe the frequency and impact of this behaviour. Level of skill required and how this is currently being supported.</p>	
<p>Section 10: Drug Therapies and Medication</p> <p>Please list medication, frequency and route Does the individual require supervision, prompting or assistance Does the individual comply with taking medication Describe pain management</p> <p>Detail any daily issues with medication. Requires medication to be administered by a Registered Nurse, carer or care worker trained for the task because there are identified risks. Requires medication to be monitored on a daily basis by a Registered Nurse. Describe any issues related to non compliance or non concordance.</p>	
<p>Section 11: Altered State of Consciousness</p> <p>Describe any episodes of ASC, nature and frequency How are these episodes currently managed, do they require intervention from a Registered Nurse or care worker.</p>	
<p>Section 12: Other significant care needs</p>	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

to be taken into consideration	
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When submitting this document for Funded Nursing Care, please include the most recent care plans, risk assessments and Medication (MAR) Charts.
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Rationale for Nursing Decision:

Please note below any views of the individual on the completion of the assessment that have not been recorded above.

This is a Funded Nursing Care submission document **Not a DST**

Please tick below as appropriate:

The individual has no nursing needs	
The individual has nursing needs which may be managed in a community setting or Residential Home	
The individual has healthcare needs which, through accessing other care options, include intermediate care (e.g. rehabilitation/ Reablement schemes) will minimise the risk to independence	
The individual has complex healthcare needs and may be eligible for Continuing NHS Healthcare and requires further MDT assessment Referred to: On (date):	
The individual has nursing needs and is eligible for NHS Funded Nursing Care	
The individual remains eligible for Continuing NHS Healthcare	
New placement (Care Home) please identify if EMI or General Nursing Care is required	

Referred for Multi Disciplinary Assessment YES NO

Welsh Government CHC public information leaflets have been provided to:

Patient NoK

Name of Nurse Undertaking Assessment..... Signature.....Date.....

Name of Social Worker Signature.....Date.....

This section to be completed by Long-term Care Team Only

Quality Assured byDate

FNC Eligibility agreed by