

**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Urgent and Emergency Care Discharge Management Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Ms Ceri Griffiths, Interim Assistant Director of Nursing

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this paper is to provide the Quality, Safety and Experience Committee (QSEC) with an update of the ongoing work around discharge management across urgent and emergency care.

Cefndir / Background

Following two previous internal audits looking at discharge management processes in 2021/2022 and April 2024, the Internal Audit and Assurance team recently undertook a follow up audit on the discharge management processes in place across Hywel Dda University Health Board (H DUHB) in October 2024.

Whilst the audit recognised that positive progress has been made since the previous Internal Audit report (Appendix 1) with two agreed management actions completed, work remains ongoing to address the remaining actions. Testing was also undertaken to seek assurance on the safe, efficient and timely discharge of patients through the accurate and complete documenting of discharge planning within the existing electronic systems (Frontier and Welsh Nursing Care Record (WNCR) and manual patient medical records in line with the *Discharge and Transfer of Care - Adults Policy*.

With an overall finding of **limited** assurance, several areas were identified which required further management attention including:

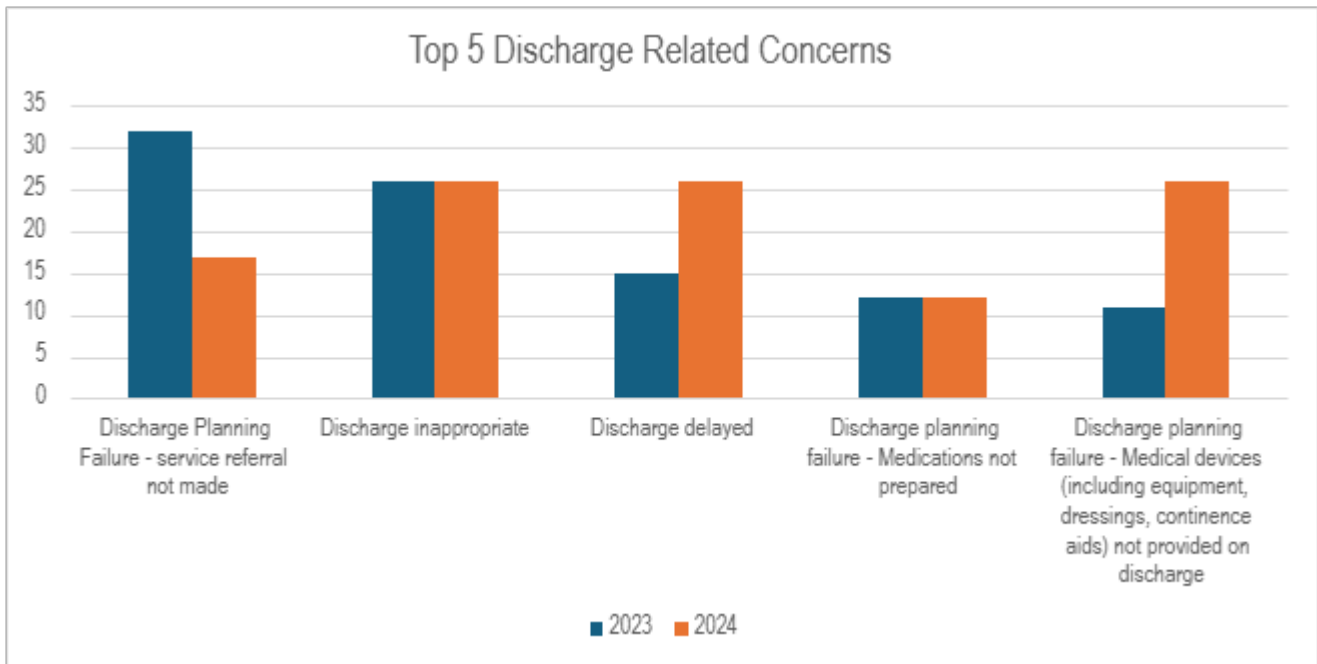
- Instances of incomplete and inaccurate information retained within the Frontier system
- Instances of limited discharge planning documentation within manual and electronic systems
- The adoption of national discharge guidance to replace the extant policy and development of a supporting toolkit is ongoing
- The development of a patient information leaflet following a review of discharge processes across the counties is ongoing

This paper will provide an update against the management actions and assess the impact of the audit against the quality, safety and experience of patients relating to discharge management.

Asesiad / Assessment

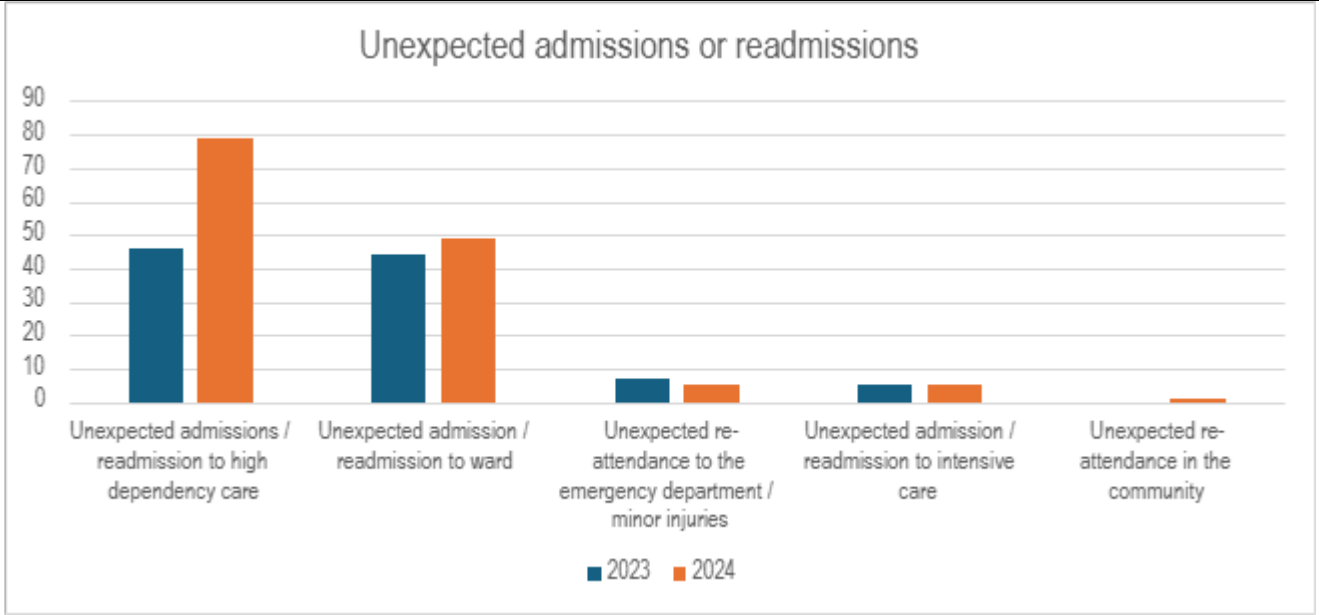
Incidents:

A review was undertaken of concerns relating to discharge management for the period of 01/01/2023 – 31/12/2023 and 01/01/2024 – 31/12/2024.



The top 5 reasons for discharge related incidents for both 2023 and 2024 are shown above. While improvements have been in service referrals for discharge planning, overall discharge planning failures (concerns relating to lack of appropriate equipment, dressings etc provided on discharge) have increased from 11 to 26.

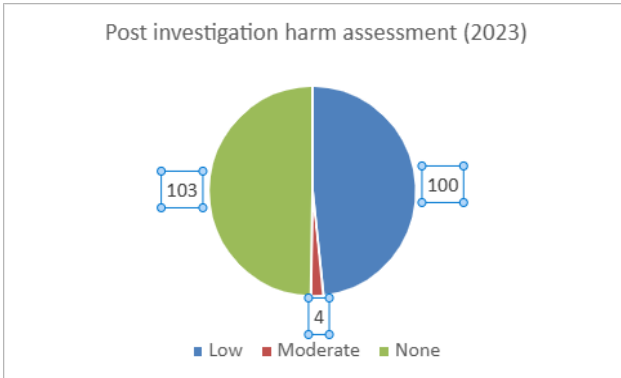
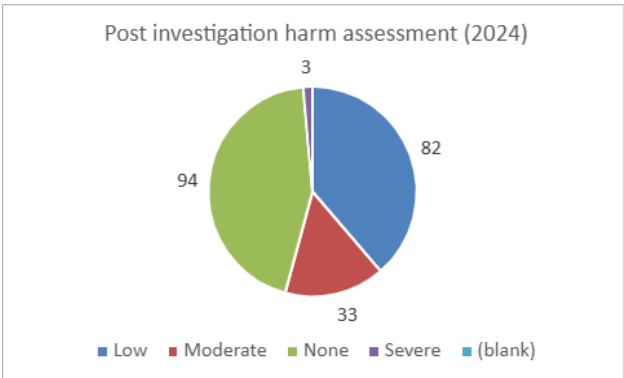
Incidents relating to inappropriate discharges and discharge failure due to medications remain stable, however, overall delays in discharge have increased from 15 in 2023 to 26 in 2024.



Of the total 102 reported unexpected admissions or readmissions in 2023, 69 were related to midwifery areas including special care baby unit, antenatal wards or labour wards, resulting in 33 cases across unscheduled care. In 2024, the numbers of unexpected admissions or readmissions for unscheduled care reduced to 23 (again excluding midwifery related areas which accounted for a total of 116 cases).

Midwifery areas have not been included in previous discharge management internal audits and a further review of the incidents and concerns identified will be required to identify any areas of concern or any discharge related themes.

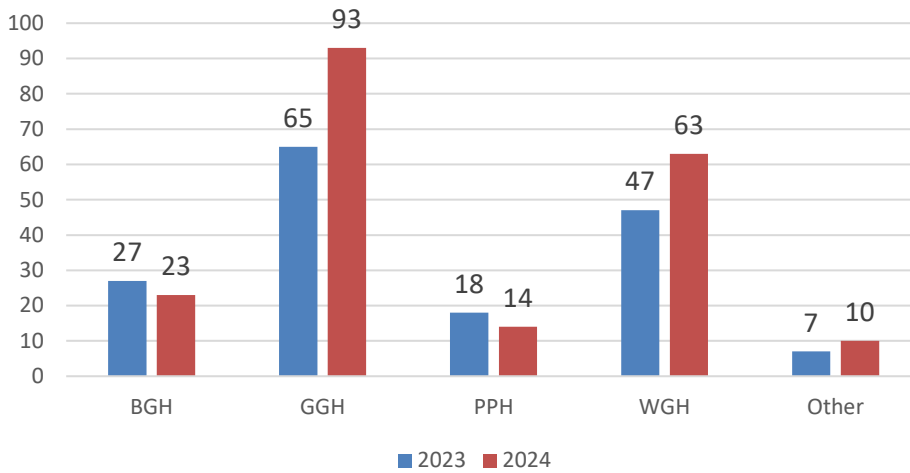
Of the reported incidents in unscheduled care, the majority across both 2023 and 2024 resulted in no or low harm, however, there does appear to have been an increase in both moderate and severe harm in 2024 which will warrant further investigation and ongoing review.



Concerns:

The total number of concerns received relating to discharge was 164 in 2023 and 203 in 2024.

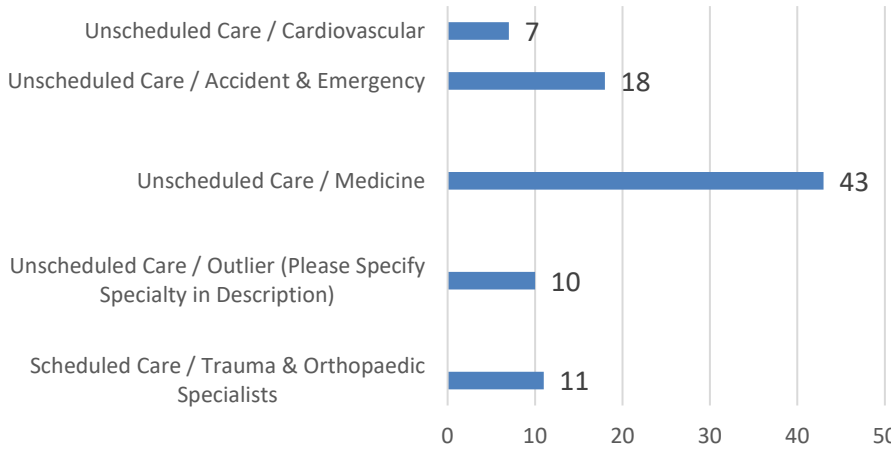
Location of concerns 2023 and 2024



The majority of concerns received in both 2023 and 2024 were from Glangwili Hospital (GGH) and Withybush Hospital (WGH) respectively with a slight decrease noted in Bronglais Hospital (BGH) and Prince Philip Hospital (PPH).

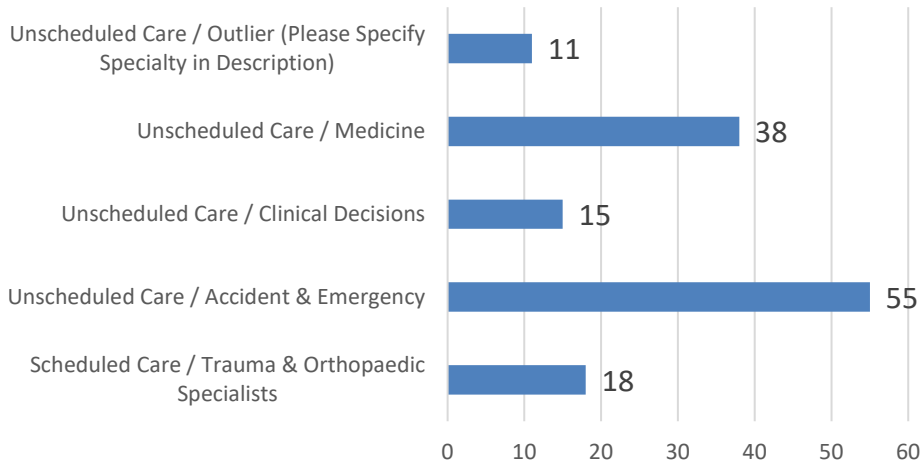
The top 5 locations / specialities for concerns (excluding maternity) are shown below:

Discharge Concerns 2023 - Top 5 Specialities



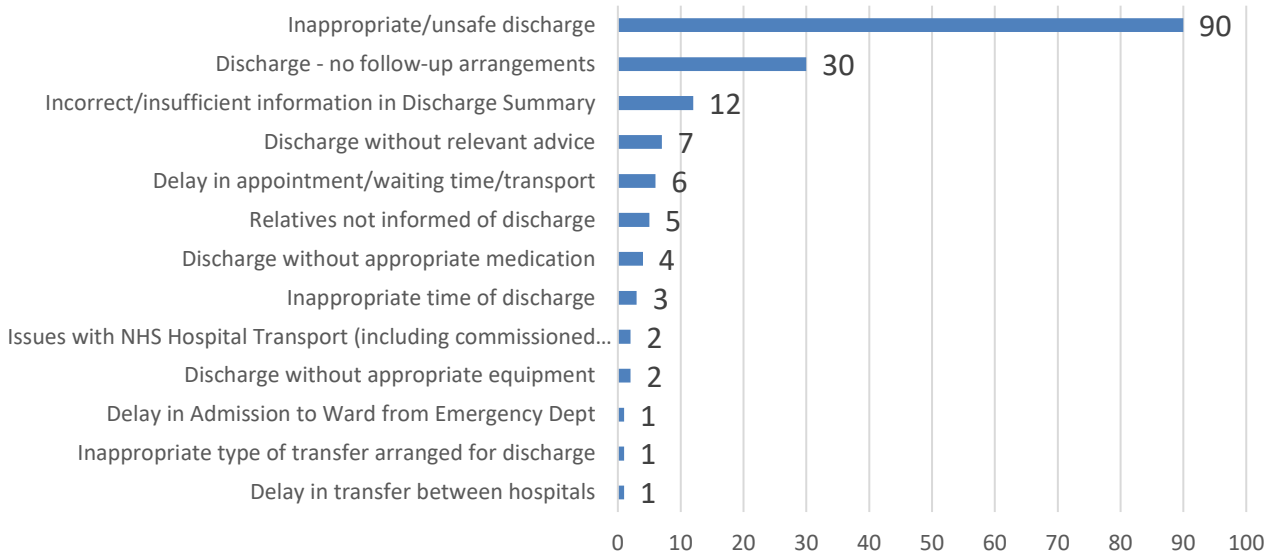
Unscheduled Care / Medicine locations accounted for the majority of concerns in 2023, however, in 2024 the majority of concerns appear to be related to Accident and Emergency settings.

Discharge Concerns 2024 - Top 5 Specialties

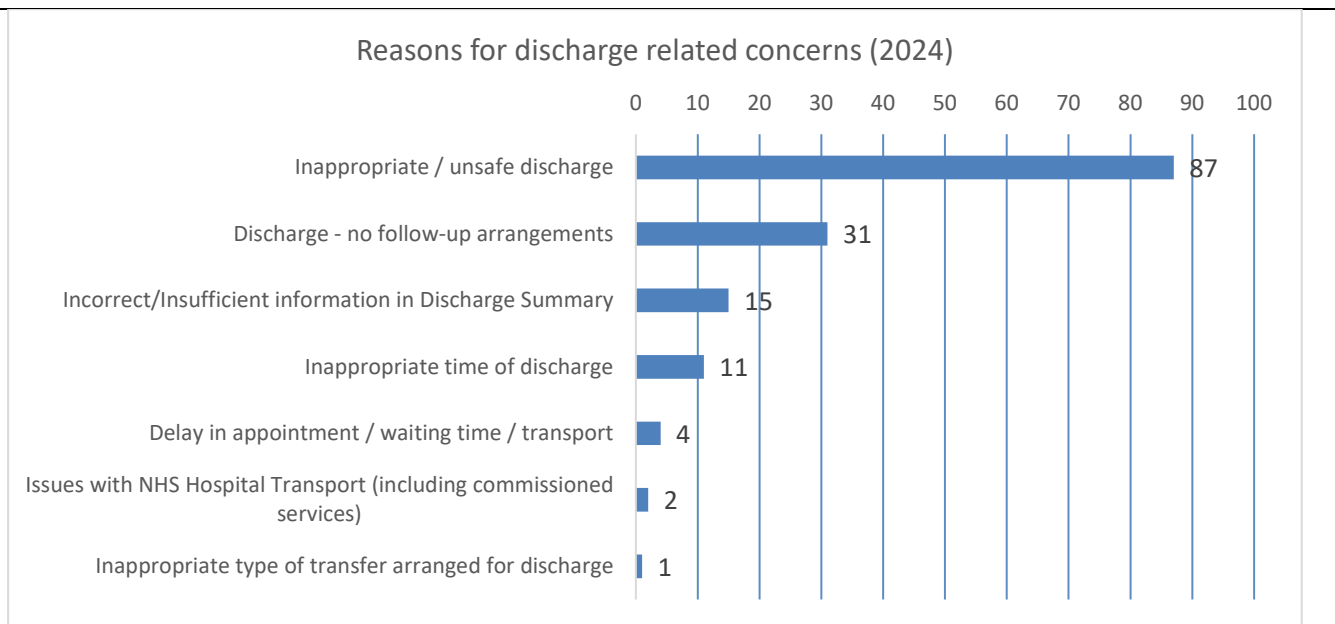


The main reasons for discharge related concerns across both 2023 and 2024 are shown below:

Reasons for Discharge related concerns 2023



Discharges deemed inappropriate or unsafe continue to be the most common reason, however, from scrutiny of these, many are not upheld following investigation and a similar picture is seen with safeguarding concerns relating to unsafe discharge and may highlight a need for improved communication around clinically led criteria for discharge and discharging at risk.



Overall, the themes around discharge related incidents, concerns and safeguarding remain broadly the same. Poor communication – with patients, families or care providers, lack of or incomplete documentation and lack of timely discharge planning or provision of equipment remain the common themes. The introduction of training and awareness raising of discharge processes with the roll out of the toolkit and the patient information booklet will aim to address these themes and will continue to be monitored.

Progress updates:

1. A summary of the current management actions and updates can be found in the attached document: Appendix 2

2. A key recommendation was to ensure the Discharge and Transfer of Care Policy had been updated. A decision was taken by the Discharge Strategy Group to adopt the national Welsh Government (WG) Discharge Guidelines which has been formally ratified through the Control Written Clinical Documentation Group. (Appendix 3)

3. To support the WG Discharge Guidelines, a multi professional discharge toolkit and SharePoint resource page has been developed. This is in the final stages of consultation and plans in place to roll out awareness raising and training in January and February across all acute sites.

Key areas of focus in the toolkit have been to re-establish accountability and responsibility for discharge management with the clinical teams and ward areas, reducing reliance on specialist discharge teams and increasing awareness and understanding of discharge processes with all staff. It is expected that this will improve discharge planning and reduce the number of discharge related incidents and concerns currently reported and this will be monitored through nurse staffing levels reviews, directorate quality and safety meetings, safeguarding delivery groups and Urgent and Emergency Care 6 Goals workstreams.

A link to the draft SharePoint page (staff access only) is attached. [Hospital Discharge Toolkit](#)

4. To support ward staff with initiating early discharge based conversations with patients, families and carers, a Discharge Information Booklet has been developed and is currently in the early stages of being piloted across all acute and community sites. Following the pilot, the booklet will be reviewed and then formally rolled out following evaluation (Appendix 4)
5. The use of Frontier and inconsistent recording of patient information / patient status was highlighted for improvement. Quality Improvement practitioners are undertaking monthly audits on compliance with Frontier and is showing an improving picture in terms of compliance and also quality of data being captured. Ad hoc training to staff and aligning white board data with Frontier is also a key focus.

Argymhelliad / Recommendation

The Quality, Safety and Experience Committee are asked to note this report and take assurance that the management response arising from the Internal Audit findings will lead to improved Discharge Management which is progressing and being monitored for patient outcomes and quality experience.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 6. Person-Centred 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply 6. All Apply 6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services
Amcanion Cynllunio Planning Objectives	

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termiau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofïod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Quality and patient impacts in terms of poor discharge experience will continue as outlined in the report if processes are not improved.
Gweithlu: Workforce:	Not applicable
Risg: Risk:	The impact of poor discharge management processes on patient flow are highlighted throughout the report and
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Adverse impact on reputation of the health board
Gyfrinachedd: Privacy:	Not applicable

**Cydraddoldeb:
Equality:**

Not applicable

Discharge Management

Draft Internal Audit Report

2024/25

Hywel Dda University Health Board



Limited Assurance

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Review Reference

Fieldwork

Executive Sign Off

Audit Committee

Executive Lead

Audit Team

HDU-2425-13

October 2024

November 2024

December 2024

Andrew Carruthers, Chief Operating Officer

James Johns, Head of Internal Audit

Sophie Corbett, Deputy Head of Internal Audit

Executive Summary

Purpose

This review has sought to provide assurance on the controls and processes in place for the safe and efficient discharge of patients, including progress in implementing the actions agreed with management to address the issues identified in the previous audit report (HDUHB-2324-05).

Overview

Whilst positive progress has been made since the previous Internal Audit report with two agreed management actions (one 'High' priority & one 'Medium' priority) fully implemented, work remains ongoing to address remaining actions (two 'High' priority & one 'Medium' priority). Testing was also undertaken to seek assurance on the safe, efficient and timely discharge of patients through the accurate and complete documenting of discharge planning within the various electronic systems (Frontier and WNCR) and manual patient medical records in line with the *Discharge and Transfer of Care - Adults Policy*.

We have concluded **limited** assurance on this area with the following matters requiring management attention:

- Instances of incomplete and inaccurate information retained within the Frontier system [High Priority]
- Instances of limited discharge planning documentation within manual and electronic systems [High Priority]
- The adoption of national discharge guidance to replace the extant policy and development of a supporting toolkit is ongoing [Medium Priority]
- The development of a patient information leaflet following a review of discharge processes across the counties is ongoing [Medium Priority]

Full details of matters arising are detailed within the Findings & Agreed Action Plan. The following opportunity for enhancement has been identified that do not impact the overall opinion and are highlighted for management information:

- Exploring opportunities for the rollout of discharge-focused whiteboards at Bronglais General Hospital

Scope & Assurance Summary

Objectives	Related Findings	Assurance
1 A Health Board-wide discharge process has been developed, which reflects national requirements and good practice guidance	1 & 2	Reasonable
2 The patient discharge process has been consistently implemented across the Health Board and is complied with to ensure that patients are safely and efficiently discharged from hospitals care.	3 & 4	Limited

Management Actions

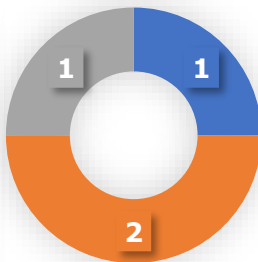


High Priority



Medium Priority

Themes



- Communication & Engagement
- Information, Data Quality & Data Accuracy
- Policies & Procedures

Risk Types

Quality or Safety Issues

Findings & Agreed Action Plan

Objective 1: A Health Board-wide discharge process has been developed, which reflects national requirements and good practice guidance

Reasonable

Overview / Summary of Observations

The previous Internal Audit report identified four matters arising under this objective and have been followed up as part of this audit review.

Positive steps were taken to fully implement the mapping of discharge processes to understand programmes of work and governance arrangements to identify gaps or areas not captured (Matter Arising 3) and the updating of the Policy Goal 5 roll out action plan (Matter Arising 4).

Actions remain ongoing on the review and updating of the *Discharge and Transfer of Care Adults Policy* (Matter Arising 1), and the review of provisions of health and care services across the three counties into a single, consistent model (Matter Arising 2).

At the time of fieldwork, the Discharge Strategy Group was reviewing whether there was value in adopting national discharge guidance to replace the extant *Discharge and Transfer of Care Adults Policy* in addition to the development of a discharge toolkit to support operational staff in discharge processes. A revised deadline date was set for December 2024.

A review of discharge health and care provisions across the three counties has been undertaken and established the streamlining and standardisation of discharge processes whilst recognising some variances per county and local authority. Work is ongoing to develop a single discharge patient information leaflet to reflect the discharge processes in place with a target date set for December 2024.

New recommendations have been raised where appropriate and supersede those raised in the previous audit report.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 Discharge Policy and Toolkit</p> <p>The Discharge Strategy Group felt that there was value in adopting national discharge guidance and developing a discharge toolkit that would be accessible via SharePoint to support operational staff in discharge processes.</p> <p>The existing policy was extended by six-months and a draft of the toolkit was planned for completion in December 2024.</p>	<p>Inconsistent and inappropriate working practices impacting of the safe and timely discharging of patients.</p> <p>Medium Priority</p>	<p>Agreed Action:</p> <p>The adoption of the national discharge guidance is well progressed and currently going through the Written Control Document review and approval process and due for completion in January 2025.</p> <p>The development of the toolkit and SharePoint site is well progressed with a completion date on track for December 2024 with a launch date set for due in January 2025.</p> <p>Expected Evidence of Implementation:</p> <ol style="list-style-type: none"> 1) Formal adoption of the national discharge guidance document with evidence of dissemination to staff 2) Completion of the discharge toolkit including the uploading onto the SharePoint site <p>Officer: Interim Assistant Director of Nursing</p>

	Theme: Policies & Procedures	Control Design	Date: 31 st January 2025
2	Discharge Provisions Across Counties Work is ongoing to develop a single discharge patient information leaflet to reflect the discharge process in place across the organisation following the streamlining and standardisation of the processes across the three counties. The target date for completion is December 2024.		Agreed Action: Work is ongoing in the development of a patient discharge information leaflet and is on course for completion by December 2024.
		Medium Priority	Expected Evidence of Implementation: 1) The dissemination of the patient discharge information leaflet to all ward staff
	Theme: Communication & Engagement	Control Operation	Officer: Interim Assistant Director of Nursing Date: 31 st December 2024

Objective 2: The patient discharge process has been implemented consistently across the Health Board and is complied with to ensure that patients are safely and efficiently discharged from hospital care

Limited

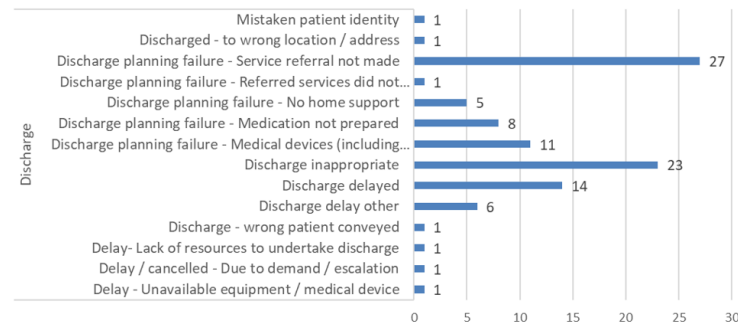
Overview / Summary of Observations

Internal Audit visited 10 wards across the four acute hospital sites over the period 10-16 October 2024 and confirmed that the Optimal Hospital Patient Flow Framework and its key principles were embedded into the patient discharge process through regular board rounds and afternoon huddles that were attended by a variety of staffing groups.

Whilst the whiteboards on the sampled ward captured key discharge elements (e.g. D2RA, expected date of discharge (EDD), pathway, actions, etc.) we noted that a project had commenced to develop discharge-focused whiteboard at BGH.

Since the previous Internal Audit report, a hospital discharge review was undertaken by Llais West Wales and a discharge focused quality and safety presentation was submitted to the Operational Planning, Governance and Performance meeting. Both reports highlighted the key complaint themes, such as discharge planning failures and inappropriate/delayed discharge, received by the Health Board in 2023 – see full table below.

Discharge incidents - Unscheduled Care (2023)



Testing was undertaken to ensure evidence of the safe and timely discharge of patients through the accurate recording of planning through the Frontier and WNCR systems, and medical notes. This testing incorporated the matter arising from the previous Internal Audit report regarding the incomplete recording of key discharge information within the Frontier system (Matter Arising 5).

Concluding our review of sampled patient from the Frontier system for the period 10-16 October 2024 identified instances where information was incorrectly recorded or missing, whilst testing of the WNCR system and patient medical records identified limited discharge planning documentation retained on file.

New recommendations have been raised where appropriate and supersede those raised in the previous audit report.

Key Findings	Risk & Impact	Agreed Management Action
<p>3 Frontier System</p> <p>Of the total 174 patients, 41 had not been assigned a simple/complex discharge status within 24 hours of arrival on the Frontier system.</p> <p>A detailed sample of 50 patients was tested and identified the following:</p> <ul style="list-style-type: none"> • seven instances where the patients had not been allocated a D2RA pathway • 15 instances where the D2RA pathway does not appear to match the patients' current medical situation • four instances were identified where an EDD had not been recorded 	<p>Inaccurate or incomplete information retain impacting on the safe and timely discharge of patients.</p> <p style="text-align: center;">High Priority</p>	<p>Agreed Action:</p> <p>Regular audits to be undertaken by the QIST Team of the Frontier system to identify hot spot wards where issues are identified in completion of the Frontier system records.</p> <p>The QIST Team would link in with any hot spot wards to understand the issue they face and to aid them in their completion of the system through additional training and signposting to the new SharePoint site.</p> <p>Expected Evidence of Implementation:</p> <ol style="list-style-type: none"> 1) Evidence to support the regular auditing of the Frontier system to be undertaken by the QIST Team 2) Engagement with identified hot spot wards including actions to address the identified risks <p>Officer: Improvement and Transformation Lead</p>
<p>Theme: Information, Data Quality & Data Accuracy</p>	<p>Control Operation</p>	<p>Date: 31st March 2025</p>
<p>4 Documentation of Discharge Planning</p> <p>Of the 100 patient records reviewed within WNCR, eight had partially completed discharge elements whilst 19 had not been completed.</p> <p>A sample of 20 patient manual medical notes were tested. A total of four files had been identified where there was limited discharge planning documentation evident of patient clinical file and the WNCR discharge section had been partially or not completed.</p>	<p>Inappropriate discharge planning undertaken impacting on the safe and timely discharge of patients.</p>	<p>Agreed Action:</p> <p>During the launch period of the SharePoint site, ward staff will be educated on the information and compliance requirements in line with national and local requirements.</p> <p>The SharePoint site will be updated to include the need for ward staff to fully complete the discharge element within the WNCR system.</p> <p>Expected Evidence of Implementation:</p>

		<ol style="list-style-type: none"> 1) Evidence of staff education and required compliance with the WNCR system following the development of the SharePoint site 2) A review of WNCR records for to ensure compliance with requirements
Theme: Information, Data Quality & Data Accuracy	<div style="background-color: red; color: white; text-align: center; padding: 2px;">High Priority</div> Control Operation	Officer: Interim Assistant Director of Nursing Date: 31 st March 2025

Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

Disclaimer

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The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Hywel Dda University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.



Inspection Co	Inspection Title	Recommendation	Reference Number	Action	Person Responsible	Progress Status	Comments/Updates	Evidence
Internal Audit/2024/397	Internal Audit- Discharge Management Internal Audit Report 2024/25 (Limited)	R1. Discharge Policy and Toolkit The Discharge Strategy Group felt that there was value in adopting national discharge guidance and developing a discharge toolkit that would be accessible via SharePoint to support operational staff in discharge processes. The existing policy was extended by six-months and a draft of the toolkit was planned for completion in December 2024.	Internal Audit/2024/397/MD1/1	The adoption of the national discharge guidance is well progressed and currently going through the Written Control Document review and approval process and due for completion in January 2025. The development of the toolkit and SharePoint site is well progressed with a completion date on track for December 2024 with a launch date set for due in January 2025.	Ms Ceri Griffiths	Fully complete (Awaiting approval)	The WG National Hospital Guidance was taken via CWCDG on 12th December and formally ratified, added to Clinical Documents on 16/12/24 and copy uploaded. Sharepoint page completed and awaiting final comments before launch in January 2025.	20241217081355_1298wgdischargeguidelinesv1.pdf
Internal Audit/2024/249	Internal Audit - Transforming Urgent and Emergency Care – Discharge Management Final Internal Audit Report	R1. The Discharge and Transfer of Care Adults Policy should be promptly reviewed and updated in line with national guidance.	Internal Audit/2024/249/MD1/1	The Discharge Strategy Group will review and update The Discharge and Transfer of Care Adults Policy in line with recent WG National Discharge Guidance, incorporating links to the Reluctant Discharge Policy and Care Home of Choice policy.	Ms Ceri Griffiths	Fully complete (Approved)	The policy is currently being reviewed by the newly established Discharge Strategy Group and aiming to have a draft policy / framework ready by September 2024 which will supersede this policy Revised timescale - Sep-24 13/9/24 - Discharge working group have agreed to adopt the national WG Hospital Discharge Guidance as the overall Discharge policy to go alongside the developing Discharge Toolkit. CG has contacted the control written documentation group to clarify how this policy can be ratified and included on SharePoint - CDCWG are next meeting 12/9/24 and update to follow after that. 24/10/24 - WG Hospital Discharge Guidance out for global consultation (ending 30/10/24). To be taken back through CWDCG once all comments / amendments made. 11/12/2024- After discussion with Internal Audit, this report has now been closed and	20240930120901_hospitaldischargeguidancedecember20231.pdf
Internal Audit/2024/397	Internal Audit- Discharge Management Internal Audit Report 2024/25 (Limited)	R2. Discharge Provisions Across Counties Work is ongoing to develop a single discharge patient information leaflet to reflect the discharge process in place across the organisation following the streamlining and standardisation of the processes across the three counties. The target date for completion is December 2024.	Internal Audit/2024/397/MD2/1	Work is ongoing in the development of a patient discharge information leaflet and is on course for completion by December 2024.	Ms Ceri Griffiths	Fully complete (Awaiting approval)	Discharge Information Booklet developed and to be printed and piloted for 3 months commencing January 2024. Attached is the version agreed for piloting.	20241216131557_dischargepatientinformationbookletv11.pdf

Internal Audit/2024/249	Internal Audit - Transforming Urgent and Emergency Care – Discharge Management Final Internal Audit Report	R2. A review of discharge health and care service provisions across the three counties should be undertaken and aligned into a single, consistent model.	Internal Audit/2024/249/MD2/1	A review of the current discharge processes in line with the principles of optimal hospital flow will be undertaken by the TUEC Programme, QIST and the Discharge Strategy Group to identify areas of variation and to establish a single consistent model for discharge processes, recognising that each county and local authority will have some natural variation.	Ms Ceri Griffiths	Fully complete (Approved)	<p>A review of TUEC has been undertaken by the TUEC (6 Goals) project team and QIST team. QIST team have reviewed all ward areas, there is a slide to demonstrate this and are working with individual wards/sites to further improve. Ward Blueprint with the consistent model is available with supporting documentation and resources e.g. video clips, protocols etc. This will be referenced in the discharge policy / framework.</p> <p>Revised timescale - Sep-24</p> <p>13/09/24 -QIST team asked to share slide to upload.</p> <p>13/11/24 - Mapping template and ward based audit tools uploaded and action completed.</p>	20240930114810_exampleofauditoptimalhospitalflowimplemetationstatuswardspecificcopy.xlsx, 20240930121610_v3mappingofdischargegovernanceandreportingstructure.pptx
Internal Audit/2024/249	Internal Audit - Transforming Urgent and Emergency Care – Discharge Management Final Internal Audit Report	R2. A review of discharge health and care service provisions across the three counties should be undertaken and aligned into a single, consistent model.	Internal Audit/2024/249/MD2/2	<p>Review all existing discharge patient information and develop a single Discharge Patient Information Leaflet to be implemented across all acute and community sites.</p> <p>Revised timescale - Dec-24</p>	Ms Ceri Griffiths	Fully complete (Approved)	<p>All current patient information is being collected. Plan to invite representation / set up a small T&F group to work with Llais to develop standardised patient and carer information. Aim to have a draft version by Sept 2024. Additional support has been identified to support specifically with development of patient information. On advice of the Interim Assistant Director of Nursing, completion date revised to December 2024.</p> <p>24/10/24 - Draft discharge information leaflet developed and shared with Discharge Strategy Group - awaiting comments back by 30/10/24.</p> <p>13/11/24 - Draft patient and carer discharge information leaflet has been completed with comments back. Plan: Leaflet to be sent for welsh translation; Aim to pilot in December on WGH site; Seek additional feedback from Llais, patient experience team and from pilot. Further Faster slippage funding agreed to pilot the patient information booklets, based on the estimated costs of 20,000 booklets. Final draft version to be</p>	

Internal Audit/2024/249	Internal Audit - Transforming Urgent and Emergency Care – Discharge Management Final Internal Audit Report	R3. A review following the planned mapping exercise by the Discharge Strategy Group should be undertaken across identified workstreams and programmes to ensure clear governance and reporting arrangements are established.	Internal Audit/2024/249/MD3/1	Develop a flowchart of the agreed national discharge processes and pathways in line with the Discharge Requirements document and align with local variations from local authorities and third sector partners.	Ms Ceri Griffiths	Fully complete (Approved)	<p>The discharge toolkit will aim to bring together all the various local and national policies into one place. There are national D2RA pathways that are on the Optimal Flow SharePoint Point which we will be bringing into the toolkit.</p> <p>There are flowcharts associated with each discharge pathway with actions assigned to each area/service – these will be reviewed as part of the toolkit development.</p>	20240930121311_v3mappingofdischargegovernanceandreportingstructure.pptx
Internal Audit/2024/249	Internal Audit - Transforming Urgent and Emergency Care – Discharge Management Final Internal Audit Report	R3. A review following the planned mapping exercise by the Discharge Strategy Group should be undertaken across identified workstreams and programmes to ensure clear governance and reporting arrangements are established.	Internal Audit/2024/249/MD3/2	Develop clear 'action' cards for all staff involved with discharge processes to ensure clarity of roles and responsibilities	Ms Ceri Griffiths	Fully complete (Approved)	<p>18/06/2024 - To be discussed through the Discharge Strategy Group - on the agenda for 20th June 2024. Need to include an implementation and audit plan to monitor if the action cards are being utilised as the current checklist is not being used.</p> <p>24/06/2024 - The development of action cards was reviewed by the working group and not supported. The plan will now be to clarify roles and responsibilities against pathways and roles. This will now be considered in line with the development of the toolkit and not be developed separately.</p> <p>30/09/2024 - Draft Toolkit being developed on SharePoint and will include specific roles and responsibilities, removing the need for individual or separate action cards to be developed. Links to the SharePoint page will be shared once toolkit is ready for dissemination.</p> <p>13/11/24 - SharePoint page has been developed and shared with D/C Strategy Group for comments - once the page is</p>	20241113150717_dischagerolesandresponsibilitiesforsharepointpage.jpg

Internal Audit/2024/249	Internal Audit - Transforming Urgent and Emergency Care – Discharge Management Final Internal Audit Report	R3. A review following the planned mapping exercise by the Discharge Strategy Group should be undertaken across identified workstreams and programmes to ensure clear governance and reporting arrangements are established.	Internal Audit/2024/249/MD3/3	Undertake a review of the current discharge liaison services across the acute and community hospital sites to mitigate variation and establish core principles for service delivery	Ms Ceri Griffiths	Fully complete (Approved)	An initial review was undertaken but it was acknowledged that the requirement for this review had since changed. The function, roles and responsibilities of the Discharge liaison service will now form part of the discharge strategy work. This was the outstanding recommendation from the 1st discharge audit and has not been undertaken so not complete but can be taken forward as an action for the discharge strategy group. review has been completed, with outcomes incorporated in to the Discharge Strategy Work and monitored by the Discharge Strategy Group. The aim is to have the strategy / toolkit ready by September with an emphasis on discharges being ward led with support from specialist services such as discharge liaison services rather than trying to map out roles / service requirements based on patients. 30/09/2024 - A summary of the DLN Service review has been drafted and uploaded as evidence of work against this recommendation.	20240930121801_dlnauditandrisksbartem plateapril2024final.docx
Internal Audit/2024/249	Internal Audit - Transforming Urgent and Emergency Care – Discharge Management Final Internal Audit Report	R4. The Policy Goal 5 Roll Out Action Plan should be updated with commencement and target dates adjusted where delays have occurred in order to provide an accuracy position of the implementation status.	Internal Audit/2024/249/MD4/1	Review and update the Policy Goal 5 action plan and share with the Discharge Strategy Group and Managing Complexity and Conversion Group as part of the TUEC reporting structure.	Ms Ceri Griffiths	Fully complete (Approved)	Completed by QIST and the 6 Goals Workstream has now been revised and will cover off this action. The 6 goals programme is being restructured and relaunched and PG5 work will form part of the inpatient workstream with dedicated workstream and project leads. Each workstream will develop their own workstream plan to deliver the program milestones which form part of the 2024/5 6 Goals Plan.	20240913094344_inpatientresponsesafehospitalcareworkstream3workplan.xlsx
Internal Audit/2024/397	Internal Audit- Discharge Management Internal Audit Report 2024/25 (Limited)	R4. Documentation of Discharge Planning Of the 100 patient records reviewed within WNCR, eight had partially completed discharge elements whilst 19 had not been completed. A sample of 20 patient manual medical notes were tested. A total of four files had been identified where there was limited discharge planning documentation evident of patient clinical file and the WNCR discharge section had been partially or not completed.	Internal Audit/2024/397/MD4/1	During the launch period of the SharePoint site, ward staff will be educated on the information and compliance requirements in line with national and local requirements. The SharePoint site will be updated to include the need for ward staff to fully complete the discharge element within the WNCR system.	Ms Ceri Griffiths	In progress		

Internal Audit/2024/249	Internal Audit - Transforming Urgent and Emergency Care – Discharge Management Final Internal Audit Report	R4. The Policy Goal 5 Roll Out Action Plan should be updated with commencement and target dates adjusted where delays have occurred in order to provide an accuracy position of the implementation status.	Internal Audit/2024/249/MD4/2	Optimal Flow Framework Lead to be agreed, Local Operational Leads to be agreed and the Optimal Flow Task & Finish Group be re-established	Ms Ceri Griffiths	Fully complete (Approved)	Programme leads have now been identified for the 4 new workstreams and which now supersede the optimal flow workstream so this action is complete.	
Internal Audit/2024/249	Internal Audit - Transforming Urgent and Emergency Care – Discharge Management Final Internal Audit Report	R4. The Policy Goal 5 Roll Out Action Plan should be updated with commencement and target dates adjusted where delays have occurred in order to provide an accuracy position of the implementation status.	Internal Audit/2024/249/MD4/3	Local robust roll out plans to be developed & implemented by Operational teams, supported by the QIST Practitioners, to ensure consistent application of the Optimal Flow Framework across all acute and community wards.	Ms Ceri Griffiths	Fully complete (Approved)	Policy Goal 5 Rollout - This is complete In terms of roll out it is now rolled out to all acute and community sites where appropriate	
Internal Audit/2024/249	Internal Audit - Transforming Urgent and Emergency Care – Discharge Management Final Internal Audit Report	R5. Ward staff should ensure the Frontier system is promptly and accurately updated to reflect the patients' status as maintained on the whiteboards.	Internal Audit/2024/249/MD5/1	Operational Management Teams to meet with QIST Practitioners to agree local communication / engagement plans ensuring all ward staff are aware of the importance of ensuring that the Frontier system is updated in a timely manner to ensure accuracy of data being collected.	Ms Ceri Griffiths	Fully complete (Approved)	Work is ongoing with operational management triumvirates to ensure that all ward areas are fully engaged with the Frontier platform and the opportunities this provides to improve patient flow and therefore overall performance. A request has been put in to the data quality team to undertake an audit on the data integrity. This needs operational and clinical ownership and communication. Revised Frontier Audit has shown an increasing compliance with ensuring timeliness and accuracy of data being entered onto Frontier demonstrating increased awareness and engagement with Frontier. MP asked to provide copy of recent audit to be uploaded as evidence. Revised timescale - Sep-24	
Internal Audit/2024/249	Internal Audit - Transforming Urgent and Emergency Care – Discharge Management Final Internal Audit Report	R5. Ward staff should ensure the Frontier system is promptly and accurately updated to reflect the patients' status as maintained on the whiteboards.	Internal Audit/2024/249/MD5/2	A review of potential WIFI connectivity issues limiting access to Frontier in some clinical areas to be completed and shared with the Managing Complexity Group and escalated as required.	Ms Ceri Griffiths	Fully complete (Approved)	Completed by QIST team and shared with IT / Digital	20240913094558_frontierimplementationitandadministrativeenablers.pptx

Internal Audit/2024/249	Internal Audit - Transforming Urgent and Emergency Care – Discharge Management Final Internal Audit Report	R6. An audit of the Frontier system should be undertaken to establish whether the data is complete and accurately reflects patients status on the ward. Where issues are identified, consideration should be given to establishing the circumstances and implementing actions to address any issues, such as additional training.	Internal Audit/2024/249/MD6/1	Regular (bi-monthly) spot audits to be implemented by Senior Nurse Managers in clinical areas using Frontier to review compliance and accuracy with capturing data including EDD, D2RA Pathway and R2G.	Ms Ceri Griffiths	Fully complete (Approved)	<p>Board round audit template developed by QIST can be adapted for use by the senior nurse managers. Can be included as part of ongoing Goal 5 implementation and monitoring/ assurance of Optimal Hospital Flow workstream.</p> <p>Regular audits are being undertaken and latest audit Aug/Sept has demonstrated improvements in compliance and accuracy of data being collected. MP to share results of recent audit to be uploaded as evidence.</p> <p>CG to check if audit template has been adapted for use by SNMs or whether this will be audited regularly through the 6Goals workstreams.</p> <p>30/09/2024 - QIST teams are working closely with ward areas for ongoing audit of compliance with optimal hospital flow including Frontier. This is in place across all 7 sites (acute and community) and is updated at a minimum monthly. Given the close oversight from this audit, another SNM audit is currently not felt to be required. An example of the audit tool has</p>	20240930114528_exampleofauditoptimalhospitalflowimplemetationstatuswardspecificcopy.xlsx
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Inspection code	Inspection title	Inspection origin	Recommendation description	Reference numbers
		Internal Audit		

Action description	Sites	Services	Service filtering	Responsible person	Date raised from
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Ceri Griffiths

Date raised to Action ratings Progress statuses Priority types Approval boards Risks Barriers

View my actions only

Yes



Hospital Discharge Guidelines (adoption of WG guidelines Sept 2024)

Policy information

Policy number: 1298

Classification: Clinical./corporate

Supersedes: 370 Discharge and transfer of care policy

Local Safety Standard for Invasive Polycys (LOCSSIP) reference: n/a

National Safety Standards for Invasive Polycys (NatSSIPs) standards: n/a

Version number: 01

Date of Equality Impact Assessment: 11.11.2024

Approval information

Approved by: Clinical Written Control Documentation Group

Date of approval: 19.12.2024

Date made active 19.12.2024

Review date: 12.12.2027

Summary of document:

This document sets out WG guidance on Hospital Discharge standards for health, social care, third and independent sector partners in Wales. All partners are expected to adhere to, and deliver, these standards to support safe, timely and efficient discharge of patients either to their own homes or on to the next stages of care

Scope:

This WG guidance applies to all HDUHB staff involved in the care and discharge of adults from acute and community inpatients settings

To be read in conjunction with:

[141 – Independent Medical Capacity Service Policy](#) (opens in a new tab)

[163 – Deprivation of Liberty Standards](#) (opens in a new tab)

[195 – Clinical record keeping Policy](#) (opens in a new tab)

[868 – All Wales Safeguarding Procedures](#) (opens in a new tab)

[309 – Continuing NHS Healthcare \(CHC\) Operational Policy to support the National Framework for implementation of CHC](#) (opens in a new tab)

[548 – Care Home of Choice Policy](#) (opens in a new tab)

NG27: Transition between inpatient hospital settings and community or care home settings for adults with social care needs

[Overview](#) | [Transition between inpatient hospital settings and community or care home settings for adults with social care needs](#) | [Guidance](#) | [NICE](#)

NG53: Transition between inpatient mental health settings and community or care home settings

[Overview](#) | [Transition between inpatient mental health settings and community or care home settings](#) | [Guidance](#) | [NICE](#)

CG136: Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services

[Recommendations](#) | [Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services](#) | [Guidance](#) | [NICE](#)

NG94: Emergency and acute medical care in over 16s: service delivery and organisation

[Overview](#) | [Emergency and acute medical care in over 16s: service delivery and organisation](#) | [Guidance](#) | [NICE](#)

QS136: Transition between inpatient hospital settings and community or care home settings for adults with social care needs

[Overview](#) | [Transition between inpatient hospital settings and community or care home settings for adults with social care needs](#) | [Quality standards](#) | [NICE](#)

QS159: Transition between inpatient mental health settings and community or care home settings

[Overview](#) | [Transition between inpatient mental health settings and community or care home settings](#) | [Quality standards](#) | [NICE](#)

Patient information:

Owning group:

Senior Nurse Management team 12.12.2024

Executive Director job title:

Interim Executive Director of Nursing, Quality and Patient Experience

Reviews and updates:

01 – new adopted document

1.1 – updated with minimal changes 19.12.2024

Keywords

Hospital discharge

Glossary of terms

Keypoints:

This document sets out guidance on Hospital Discharge standards for health, social care, third and independent sector partners in Wales.

AIM

This national guidance has been developed to support staff with ensuring patient discharges are safe, timely and appropriate, in line with national policies and guidance documents. This guidance outlines the responsibilities and requirements of all staff working with and involved with discharge planning of adult patients from acute and hospital inpatient settings

OBJECTIVES

The aim of this document will be achieved by the following objectives:

1. To enable a consistent approach across HDUHB to the delivery of the the Welsh Government Hospital Discharge Guidance (September 2024)
2. Development of a HDUHB Discharge Toolkit SharePoint page to bring together all discharge related resources to support staff to meet the objectives of the Hospital Discharge Guidance
3. Provision of training, guidance and support to all healthcare professionals involved in Hospital discharge planning and delivery
4. To outline the governance and escalation processes for delayed packages of care and discharges from acute settings

SCOPE

This guidance applies to all HDUHB staff involved in the care and discharge of adults from acute and community inpatients settings

WELSH GOVERNMENT HOSPITAL DISCHARGE GUIDELINE:

[Welsh Government Hospital Discharge Guidance dated September 2024](#) (opens in a new tab)

ROLES AND RESPONSIBILITIES – HEALTH BOARD**Chief Executive**

The Chief Executive Officer and Board hold ultimate responsibility for assurance, safety and improvement within the Health Board and have a duty for setting Health Board priorities and requirements.

Executive Director of Nursing & Midwifery and Patient Experience

The Executive Director of Nursing, Midwifery & Patient Experience will take the lead responsibility on behalf of the HDUHB for the strategic direction and development of the Hospital Discharge Guidance. She/he will also work with education and training providers to influence the development of appropriate training programmes to ensure professionals are competent and safe to practice.

Chief Operating Officer / Deputy Chief Operating Officer/ Service Directors of Clinical Care Groups will be responsible for:

the localised implementation of the Hospital discharge Guidance by working with consultant colleagues, nursing teams and therapy leads to influence practice and improve processes to maximise bed capacity and reduce avoidable delays.

The Heads of Nursing, Adult Mental Health Services, Heads of Therapies and Clinical Support Services will work in partnership with the Service Delivery and Senior Nurse Managers to ensure that the said policy is operationalised.

Hospital Site Teams

- Ensuring that the principles of optimal hospital and patient flow are embedded into clinical areas / wards and sites.
- Providing support to clinical areas and teams where significant or ongoing challenges are impacting on patient flow.

The /System Service Group General Managers have overall responsibility for the monitoring of performance associated with the discharge and transfer of patients, how it impacts upon reducing average length of stay (ALOS), delayed transfers of care (DTC), bed capacity and patient flow.

They will also be responsible for the full implementation of Estimated Date of Discharge (EDD), and for creating an environment in which multi-agency and partnership working flourishes to assist the process and patient experience.

Discharge Liaison Nurses

The Discharge Liaison Nurse (DLN) role is designed to support both patients and ward staff in the application of discharging patients with complex health and social care needs. The DLNs are responsible for providing effective communication between all members of the multidisciplinary team and associate departments and are responsible for supporting clinical areas with identifying complex discharge issues and delays in the entire diagnostic, treatment and care process whilst being proactive in generating solutions which meet both the patients, family members/carers needs in order to facilitate a safe discharge from hospital.

Medical Consultant /General Practitioner

Overall legal responsibility for a patient's medical care remains with the named consultant during admission, inpatient stay and discharge.

- Overall accountability and responsibility for determining whether patients are clinically optimised for discharge utilising criteria led discharge guidance
- Setting Estimated Dates of Discharge
- Participate / Lead on daily board rounds
- Give due consideration to any Best Interest Decisions
- Set clear goals of the discharge criteria for the MDT to follow

Ward Staff

Ward staff have overall responsibility for discharge planning with support from Discharge Liaison and other specialist teams as required for complex discharges.

- Responsible for embedding the principles of optimal hospital and patient flow into ward processes
- Establishing and ensuring daily board rounds and afternoon huddles are held daily with appropriate representation
- Attending daily board rounds and afternoon huddles
- Awareness and familiarisation of discharge toolkit and related discharge policies
- Ensuring patients, families and carers are kept informed of all discharge planning and are provided with / signposted to appropriate resources and information
- Responsible for ensuring staff knowledge and understanding of discharge processes
- Provision of or release of staff to attend discharge planning training
- Ward performance with early discharges and increasing weekend discharges
- Ensuring quality and safety of discharge planning
- Ensuring patients and families are involved with discharge planning

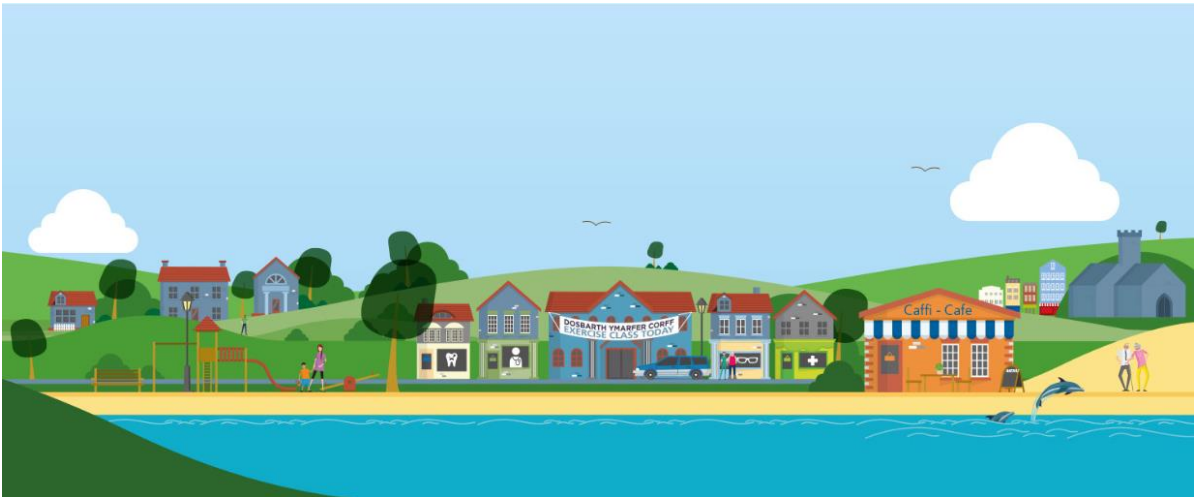


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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Your Discharge from Hospital

Information booklet for patients,
relatives and unpaid carers.



Patient name (printed):	
Ward:	
Expected date of discharge:	
Issued by:	
Date issued to patient:	



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Why am I in hospital?

You are here because you need treatment that can only be provided in hospital. Most people are admitted to hospital through the emergency department or as a planned surgery. Initially you may be cared for in an assessment ward, before moving to a different area of the hospital. This is to make sure you receive the most appropriate care for your needs.

What might I expect when in hospital?

Early conversations

There will be a lot of different people involved in your care, including doctors, nurses and therapists and they will discuss your treatment plans and care needs with you. We know returning home as soon as you are able too can promote healing, comfort and a quicker return to daily routines. Shortly after you arrive in hospital, we will begin discussing and planning your discharge. We will involve your carers, family and/or friends in conversations if you would like them to be included.

'Expected date of discharge' (EDD)

Soon after you arrive in hospital we will discuss and agree with you an 'expected date of discharge' (expected date you will leave hospital) which will be reviewed every day during your stay.

What matters to you

During your stay, we want to understand what truly matters to you. We will have a 'What Matters to Me' conversation with you, your family and unpaid carers. These discussions give you a chance to share what is most important to you, whether that's personal routines, family connections, goals for recovery, or comfort measures. By understanding what matters to you, our team can tailor your care to support you in the best way possible and ensure your experience aligns closely with our values and priorities. Has your family/unpaid carer had the support from the Carer Officer to support you in the discharge process?



What if I need extra support?

Most people return home from hospital without needing any additional support. If extra support is needed to get you home, or to an alternative care setting, this will be discussed with you as part of your discharge planning. It might involve additional assessments either in the hospital, an alternative care setting or at home to identify what level of support you need.

Please provide the name and number of the person you have chosen as your representative in the box below. A representative is a relative/unpaid carer or friend who can be contacted to discuss plans relating to your discharge from hospital:

Contact name:	
Contact number:	

Your family/unpaid carer may also need some extra support to help you when you have been discharged. This might include some practical help but also might include emotional support for them in their own right. They can be referred to the Carers Officer assigned to the hospital or to the county's carers information services.



How can I stay active in hospital?

Staying active, even while you are in hospital can help you feel better, sleep better, and get you back to doing the things you love to do. Our team can show you easy and safe ways to move around. Keep moving to feel better and leave hospital sooner.



Dress for Success!

Changing out of your PJs and into your regular clothes can boost your mood and help you feel more like yourself



Move your Body, Boost Your Recovery!

Gentle activities like walking, stretching, or even just sitting up can help you stay strong, improve circulation, and prevent problems like weakness, stiffness and even infections.



When can I leave hospital?

It is important that you are in the right place at the right time for the best recovery possible, and the team caring for you have agreed that you no longer need hospital care, and it is safe for you to either return home or to another care setting.

Once your clinical team agree that acute medical care is no longer needed, we will work together for your discharge, to support you in returning home or to another care setting . It is important that you leave hospital in a timely, well-planned way.

If you require additional support such as care, therapy or equipment in order to leave hospital, we will arrange this with you. Please let a member of staff know as soon as you arrive if there are any issues that may affect your discharge so that we can plan well in advance. If you are homeless, or do not have safe secure housing to return to, please let us know, so that we can help you find a safe place to stay when you are able to be discharged.

What happens if I am leaving hospital?

The team caring for you will discuss transport and other arrangements with you (and your unpaid carers, family and/or friends if you wish).

The team will also discuss when you should be assessed for the provision of any long-term care and support. You may be required to contribute towards the cost of your care and support if you need it.



How am I leaving hospital?

- Staff will try to assist you by giving you information about transfer options
- Arriving by ambulance does not mean you will need patient transport to get home
- Access to patient transport is based on medical need and we follow government eligibility guidance

- Can a family/ friend/unpaid carer take you home?
- Can you catch the bus?
- Are you able to get a taxi?

- Patient transport booked on the day may take up to three hours to arrive
- If you have transport booked with the hospital, but later make other arrangements to get home, please let staff know
- Remember to take all of your belongings with you



What if I need medication to take home?

Your team will write a discharge prescription which will be dispensed by the pharmacy department. You will be given a discharge summary, which is a letter that contains details of your ongoing medication. A copy of this letter will also be sent electronically to your GP.

If you need help with your medication on discharge or have any questions about your medicines the pharmacy team are available on the ward. When you go home we advise you book a medicines review with your local community pharmacy – these can take place over the phone as well as in person. If you require information in a different language or another format please let us know

What if I need more care and support?

You may need some additional care to help you in your recovery, or practical support such as help with shopping which the team can help advise you with.

If you need more care and support now than when you came into hospital, the team caring for you will discuss options for how you receive that care and support following discharge. The team will also discuss when you should be assessed for the provision of any long-term care and support. You may be required to contribute towards the cost of your care and support if you need it.





What if I cannot return to my own home?

Most patients can return to their own home when leaving the hospital. This will always be the first option considered in planning for your discharge. If you cannot return home immediately and your future care or treatment needs are unclear, you will be transferred to a suitable temporary place of care for assessment of your longer-term needs. We will discuss the available options with you and your family/unpaid carer and aim to move you within 24 hours.

If your preferred choice is not immediately available, you will not be able to remain in the acute hospital. You will be transferred to an appropriate place of care until your home of choice becomes available. Community assessment placements are available in your area and may be in a nursing or residential home.

You will continue to receive the necessary treatment, care or assessment to help you return home or to find an appropriate alternative care setting such as a long term residential or nursing home. This will give you and your family/unpaid carer the time to make important decisions whilst you are looked after in an appropriate environment.

Staying in hospital once you are well enough to leave can impact on your health.

- You are more likely to acquire a hospital acquired infection.
- Older people are more likely to become confused in hospital. This confusion can have a lot of side effects, including making dementia worse.
- Unfamiliar surroundings and confusion make it more likely that patients will fall whilst they are in hospital. We do all we can to prevent this from happening but there are 250,000 inpatient falls every year in the UK. Falling can cause injuries that mean patients will spend even longer in hospital. Many of these patients would not have fallen if they had been in familiar surroundings.





What happens on the day of my discharge?

- You may be provided with a supply of medication if you do not have sufficient medication at home or they have been changed. Please request further supplies from your GP surgery before you run out of medication. You will be given a discharge summary, which is a letter that contains details of your-ongoing medication. A copy of this letter will also be sent to your GP.
- If you require any additional care or any follow up appointments after you go home, the ward staff will provide you with all the information you need to contact the services
- You may be transferred to the Discharge Lounge (if available) which is a comfortable environment where you can be cared for while you are waiting to leave hospital. Refreshments are available, including hot and cold beverages, and a selection of sandwiches and snacks. There is a television and a selection of books and magazines. If you need to take medication while you are there, staff can administer this, along with oxygen and insulin. The team can also provide information and advice on any medication you are taking home with you.



What should I consider in preparation for discharge?

- Have you made arrangements for transport and someone to collect you from the hospital to take you home or to an alternative care setting?
- Have you reminded the person collecting you from hospital to bring your outdoor clothes and shoes?
- Have you got a door key to get into your house?
- Do you have a fit note or medical certificate if you require one?
- Do you have your take home medication? Have you been given enough information about any changes or new medication you are being given to take with you?
- Are you and your family/unpaid carer clear about what will happen next with your care? E.g. Follow up appointment or District nurse visit.
- Do you know who to contact if you have any concerns once you have been discharged?
- Do you have the equipment you need at home (Walking Aid, Shower Chair, etc.)
- Does your family/unpaid carer need any support in their own right?



What happens after I have left hospital?

If you have any concerns or questions about your health following discharge you can:

- Visit NHS 111 online: 111.nhs.uk or call 111 if you urgently need medical help or advice but it is not a life-threatening situation.
- Visit NHS 111 online or call 111 if you are not sure which NHS service you need.
- Speak to your GP practice
- Only attend the A&E Department or ring 999 if it is an emergency / life threatening
- Access support information for unpaid carers from the Carers Support West Wales website

Who can I contact after I have left hospital?

After you have left hospital, if you need to speak to someone, please contact: