Reference:	FOI.11367.23
Subject:	Discharge procedures
Date of Request:	26 March 2023

Your request and our response

I would like the answers for EACH question PRE-pandemic AND POST-pandemic.
In short, if the procedure has remained the SAME both before AND after the start of the pandemic, please say so.

If there have been CHANGES or DIFFERENCES introduced in the standard operating procedure after the start of the pandemic, kindly indicate this, and state WHAT the changes are.

1) What is the standard procedure you follow when discharging in-patients from hospital?

   Hywel Dda University Health Board (UHB) operates in accordance with the Hospital Discharge Service Policy and Operating Model. More information on this can be accessed via the following hyperlink:
   Hospital discharge service guidance - GOV.UK (www.gov.uk)

2) Who decides when it is time for the patient to be discharged?

   For the majority of patients, the Medical team will determine when a patient is medically fit for discharge. In some instances, there can be a Multi-Disciplinary team approach.

3) Is the decision to discharge taken purely by the medical team in charge of the patient's care, or is it influenced by the managers, depending on bed availability?

   Only Medical staff are able to determine a patient's suitability for discharge.

4) Is there a discharge team who coordinates discharges from hospital?

   Each acute hospital site has Discharge Specialist Nurses and discharges are also supported by hospital based social workers. Glangwili General Hospital (GGH) and Prince Philip Hospital (PPH) receive support from Delta Wellbeing officers, whilst Withybush General Hospital (WGH) is supported by Pembrokeshire Intermediate Voluntary Organisations Team (PIVOT); with the Transfer of Care, Advice Liaison Service (TOCALS) supporting the front of house operation.

5) Is this discharge team the SAME for EVERY ward in the hospital, and for every speciality, or is there a SEPARATE discharge team for each ward and/or speciality?

   The discharge team support the entire acute site.

6) What qualifications do the members of the discharge team hold? For example, are they former nurses, technical staff, managers, what?

   The discharge nurse is a fully qualified Registered Nurse (RN), while social workers must hold nationally recognised qualifications. The TOCALS is made up of suitably qualified therapists, including physiotherapists and Occupational Therapists (OT).

7) Who were the members of your discharge teams for Orthopaedic surgery, Geriatrics, and Internal Medicine, for the years 2018, 2019, 2020, and 2021?

   The UHB did not have specific discharge representatives for the named specialisms during the specified timeframe.

8) Whose responsibility is it to apprise the patient, and/or their next of kin, of the decision to discharge? Is it the responsibility of the discharge team, the medical team, or both?

   Nursing staff, the medical team or the discharge nurse take responsibility for appraising the patient and/or their next of kin of the decision to discharge.

9) Who are the current members of your various Discharge teams?

   Please see response to questions 4 and 5.

10) If the patient is a minor, or they are an elderly patient with advanced dementia who does not have the mental capacity to comprehend discharge decisions, does the discharge team, or the medical team, or both, hold discussions with the next of kin or family members, regarding the decision to discharge?

    Yes, a best interest meeting is held to progress and agree discharge actions, where the Next of Kin can represent the patient.

11) If such discussions are held with the next of kin, who are they by? The discharge team, the medical team, or both?

    Discussions will be held by both the medical and discharge teams.

12) Are there any circumstances under which the standard operating procedure that governs hospital discharges is bypassed, and not followed? If so, what are those circumstances?

    No, there are no circumstances whereby the discharge procedure can be bypassed.

13) Are there any circumstances under which the next of kin of the patient are not informed about the decision to discharge, and a discharge goes ahead without their knowledge?
    If so, what are those circumstances?

    Provided adequate consent has been received, the hospital staff are able to notify the patient's Next of Kin of their discharge; where patients are self-caring, most will inform a relative themselves. If a patient has not given consent to the disclosure of information, then a relative or Next of Kin would not be advised of the discharge.

14) Are there any circumstances under which a discharge to the community goes ahead without the consent of either the patient, or their next of kin (in the case of patients with advanced dementia)? If so, what are those circumstances?

    Should a patient lack capacity and the Next of Kin does not have the appropriate legal Power of Attorney, then a patient could potentially be moved to a community bed such as within a care home setting in their best interest via an application to the Court of Protection.

15) What are the guidelines and structures issued by the General Medical Council, the regulatory body for doctors, with respect to hospital discharges and how they are conducted for patients who have capacity, and for patients who are either minors or lack capacity (e.g. elderly patient with advanced dementia)?

The UHB has applied an exemption under Section 21 of the Freedom of Information Act 2000 (FoIA), as the information is accessible by another means.

The General Medical Council's (GMC) Good Medical Practice guide is within the public domain and accessible via the following hyperlink: Good medical practice-english (gmc-uk.org)

16) Is there a similar code that has to be followed by the non-medical members of the team, such as managers?

Nursing staff are required to work in accordance with The Code issued by the Nurse and Midwifery Council accessible via the following hyperlink: The Code (nmc.org.uk).

Additionally, all UHB employees are required to operate in accordance with UHB Policies and Procedures.

17) Does the General Medical Council stipulate that doctors have to be actively involved in holding discharge discussions with either patients or their next of kin, prior to discharge?

Please see response to question 15 for the requirements of the GMC.

18) Do all NHS hospitals in the 4 countries that comprise the United Kingdom (England, Wales, Scotland, and Northern Ireland) follow the exact same discharge process, or does it vary from Hospital Trust to Hospital Trust and/or Country to Country (for e.g. does Wales follow different guidelines from England)?

The Hospital Discharge Service Policy and Operating Model issued by Welsh Government was published by HM Government in 2020 and is applicable to both Wales and England.

The UHB does not have details of the respective guidance within Scotland and Northern Ireland.

19) Has there ever been an instance of a patient getting discharged from hospital without discussions first being held with either the patient, or the next of kin (if the patient has advanced dementia), and if so why did this occur?

There will have been cases of patients being discharged in accordance with the procedure, as detailed in response to question 14.

20) Have there been significant changes in discharge procedures after the start of the pandemic? If so, what are the changes? Have these changes, if any, been reversed now, or are they ongoing? If ongoing, how long will they continue?

The UHB implemented changes to the discharge process to care homes. The Discharge 2 Recover and Assess process is followed, whereby patients undergo a full Decision Support Tool assessment conducted two weeks post discharge. Patients with no previous home care needs undergo a home first team screening referral.

21) WHEN, WHY and by WHOM was the decision to prevent patients' relatives from visiting them on the wards taken, at the start of the pandemic?

The decision to restrict visiting was issued as a directive by Welsh Government (WG) in accordance with Public Health guidance. End of life visiting or patient required support was considered on an individual patient basis following discussion with the ward manager, and arranged by appointment only.

22) Was this decision taken by the top managers at the hospital, or was this a directive issued by the Department of Health and Social Care? If the latter, was it simply "guidance" or a rule that had to be strictly enforced?

As advised in response to question 21, the decision to restrict visiting was issued as a directive by WG in accordance with Public Health guidance.

23) Was this decision implemented nationwide, or was it down to individual hospitals to decide for or against imposing it on their patients?

The directive was a national directive issued by WG.

24) Is the above rule (about no visitors) ongoing or can patients' relatives now visit their loved ones on the wards?

The directive has since been rescinded. Patient visiting is now permitted via a booking system, with intermittent restrictions taken on occasion where there is evidence based risk of infection identified.

25) During the time that no visitors were permitted, were the loved ones and next of kin of patients who were being discharged allowed to see them either just BEFORE or DURING discharge, if aforementioned patients were not being discharged to their own homes (e.g. they were returning to a Nursing Home)?

Next of Kin and relatives were able to arrange visiting via the ward manager dependent on individual circumstances. Alternatively, video calls were facilitated via the ward based Family Liaison Officers (FLO).

26) If yes, did the hospital or discharge team notify patients' next of kin of the impending discharge, with at least 24 hours notice or more, to give the relatives time to get to the hospital and see their loved ones prior to them being sent back to their Nursing home (given that no visitors were allowed into Nursing homes once the pandemic started)?

Relatives should have been notified of discharge provided appropriate consent was obtained, to ensure suitable arrangements could be made.

27) If no, why were relatives not given the chance to see their loved ones at least briefly prior to discharge, given that they would then NOT be in a position to visit them in their Nursing Homes for a period of several months at least?

Not applicable

28) During the time that no visitors were allowed into wards, did ward staff ensure that relatives and next of kin were kept informed of every aspect of their loved ones' care and progress? If so, how did they do this?

Yes, relatives were able to make contact with the ward for appropriate updates. Additionally, video calls with patients were facilitated via ward based FLOs.

29) During the time that no visitors were allowed into wards, did ward staff ensure that relatives were still able to communicate with their loved ones via telephone? Was an attempt made to permit bed-bound patients, in particular those elderly patients who did not have mobile phones of their own, to talk to or "Facetime" their family, using the mobile phones of ward staff?

Please see response to question 28.

30) If yes, was a directive to this effect issued for ALL the wards in the hospital?

Yes, this was a hospital wide policy.

31) If no, why was it not considered important that patients' relatives be allowed to communicate with their loved ones who were essentially isolated on the wards during the start of the pandemic?

Not applicable.

32) If a patient disagrees with the decision to discharge them, and refuses to be discharged, what is the procedure followed by the hospital, assuming the patient is compos mentis and able to understand the implications of their actions?

Further conversations are held with the patient to identify their concerns regarding the discharge, whilst explaining the disadvantages of extended stays in hospital, including deconditioning and the risks of hospital acquired infections. Should the situation remain unresolved, the matter is escalated via the hospital management structure.

33) If the next of kin of a severely demented elderly patient objects to their loved one being discharged, what is the procedure followed by the hospital? In the above instance is the hospital permitted to go ahead and discharge the patient without consulting with the wife and children of the patient (the next of kin)? In the above instance, does the hospital notify the relatives that they will be discharging their loved one regardless, and also notify them in advance (with at least 24 hours notice) of the date and time of discharge?

A best interest meeting would be held, where the patient’s family or Next of Kin will have an opportunity to discuss their concerns and have support from staff to resolve these.

34) For Qs 32 and 33, has the standard procedure changed intra-pandemic and/or post-pandemic, from what it was PRE-pandemic? Or has it remained essentially the same?

Pre-pandemic there was a choice policy where families had the opportunity to choose a care home for relatives and were only required to choose three (3) homes. At the onset of the pandemic, this policy was replaced with a new process, where the Nursing Needs Assessment is sent to all care homes with vacancies to identify those who could meet the person’s needs. The responses are then shared with the family.

35) If a patient's relative were to call and ask to speak to a member of the medical team in charge of their loved one's care, are doctors obliged to take their call and explain the nature of the treatment being given? Can a doctor decline to discuss a patient over the phone and insist that only face to face consultations will be entertained (e.g. when the patient's wife is elderly and cannot drive and lives too far away to go to the hospital)? What is the guidance issued by the General Medical Council with respect to doctors' duties in this regard?

The UHB does not hold any recorded information to detail an occasion where a doctor could decline to speak with a relative provided adequate consent has been obtained for patients with capacity.