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Discharge Planning – Betsi Cadwaladr University Health Board

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This document is also available in Welsh.

The team who delivered the work comprised Fflur Jones and Gabrielle Smith.

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Summary report

Background

- 1 Discharge planning is an ongoing process for identifying the services and support a person may need when leaving hospital (or moving between hospitals). The aim is to make sure that the right care is available, in the right place and at the right time. An effective and efficient discharge process is an important factor in good patient flow and key to ensuring good patient care and the efficient and effective use of NHS resources. Patient flow denotes the flow of patients between staff, departments and other organisations along a pathway of care from arrival at hospital to discharge or transfer.
- 2 Hospital beds are under increasing pressure, not least because of the loss of 1,800 beds across Wales over the last six years. Poor discharge planning can increase lengths of stay unnecessarily, which in turn can affect other parts of the hospital leading to longer waiting times in accident and emergency departments or cancellations of planned admissions.
- 3 Every year across Wales, there are approximately 750,000 hospital admissions and discharges. The discharge process is relatively straight forward or simple for 80% of patients leaving hospital. These patients return home with no or simple health or social care needs that do not require complex planning and delivery. For the remaining 20% of patients, discharge planning is more complex because of ongoing health and or social care needs, whether short or long-term.
- 4 For individual patients, many of whom are aged 65 or older, delays in discharge can lead to poorer outcomes through the loss of independence, confidence and mobility, as well as risks of hospital acquired infections, re-admission to hospital or the need for long-term support.
- 5 Despite the multiplicity of guidance to support good discharge planning,^{1 2 3} work undertaken in 2016 by the NHS Wales Delivery Unit (the Delivery Unit) at all Welsh hospitals showed that there are opportunities to improve the discharge planning process, release significant inpatient capacity and improve patients' experiences and outcomes. Specific areas for improvement included:
 - better working with community services;
 - clearer and earlier identification of the complexity of the discharge to enable better facilitation of the discharge process;
 - greater clarity around discharge pathways; and
 - better information and communication with patients and families.

¹ Welsh Health Circular (2005) 035, Hospital Discharge Planning Guidance, 2005

² National Leadership and Innovation Agency for Healthcare, Passing the Baton, 2008

³ National Institute of Clinical Excellence (NICE), Transition between inpatient hospital settings and community or care home settings for adults with social care needs, 2015

- 6 The Delivery Unit assessed the written evidence in case notes against specific requirements set out in 'Passing the Baton'². The findings for Betsi Cadwaladr University Health Board (the Health Board) show that the patient discharge process was largely poor across its district general hospitals (DGHs) when assessed against expected practice. [Appendix 1](#) sets out the findings in more detail.
- 7 Many of the issues highlighted by the Delivery Unit have been common themes for years with limited evidence to suggest that discharge planning processes are seeing any real improvement. Given the growing demand on hospital services and continuing reductions in bed capacity, the Auditor General decided it was timely to review whether governance and accountability arrangements are robust enough to ensure that the necessary improvements are made to discharge planning.
- 8 This review examined whether the Health Board has sound governance and accountability arrangements in relation to discharge planning. [Appendix 2](#) provides details of the audit methodology. The work focused specifically on whether the Health Board has:
- a sound strategic planning framework in place for discharge planning;
 - effective arrangements to monitor and report on discharge planning; and
 - taken appropriate action to manage discharge planning and secure improvements.
- 9 In parallel with this work, the Auditor General has also been undertaking a review of housing adaptation. This review focuses primarily on local authorities and registered social landlords given their respective responsibilities for managing and allocating Disabled Facilities Grants, Physical Adaptation Grants and other funding streams used to finance adaptations. There are clear links with discharge planning given that delays to fitting or funding housing adaptations can lead to delayed discharges. In addition, the Healthcare Inspectorate Wales has been examining the quality of communication and information flows between secondary and primary care in relation to patient discharge. The reports, setting out the findings of these two reviews, are intended to be published in autumn 2017.

Key findings

- 10 Our overall conclusion is: **The Health Board can demonstrate its intention to improve patient flow and discharge planning, but staff confidence and training remains challenging and performance remains poor.** In the paragraphs below we have set out the main reasons for coming to this conclusion.
- 11 **Planning:** The Health Board is taking a number of steps to achieve its vision for improving discharge planning and patient flow but policies, protocols and pathways have some gaps. We reached this conclusion because:
- plans articulate a clear intention to strengthen discharge planning as part of an approach to improve patient flow;

- the discharge policy and protocol covers a broad range of information, however, some areas could be strengthened; and
- the Health Board has recently developed pathways that draw on good practice, but a number of elements that could support discharge planning are absent.

12 **Arrangements for supporting discharge:** Staff training and confidence is inconsistent, discharge planning resources remain limited to weekdays.

We reached this conclusion because:

- the Health Board has dedicated discharge resources but these vary between areas and are only available on weekdays; and
- staff training is historically poor, and staff awareness of, and confidence in, policies, pathways and community services is inconsistent.

13 **Monitoring and reporting:** Arrangements for monitoring, reporting and scrutinising discharge planning are generally effective, but performance remains poor. We reached this conclusion because:

- there are clear lines of accountability for monitoring and improving discharge planning and patient flow with regular scrutiny of performance;
- the Health Board uses a range of information to support timely scrutiny of patient flow but could incorporate data more specific to discharge planning to support improvement; and
- despite some recent improvement in the percentage of patients with long discharge delays, performance for discharge planning remains relatively poor.

Recommendations

As a result of this work, we have made a number of recommendations on discharge planning for Betsi Cadwaladr University Health Board. The Health Board's management response detailing how it intends responding to these recommendations is included in [Appendix 3](#).

Exhibit 1: recommendations

Recommendations	
R1	<p>Training on discharge planning. We found that despite plans to organise multi-agency and multi-disciplinary training on discharge planning policy and protocol, training is not consistently available. The Health Board should:</p> <ol style="list-style-type: none">broaden the availability of discharge planning as part of induction training to include new medical staff;provide refresher training on the discharge policy and protocol for all relevant staff; andprovide training on the Health Board's simple and complex discharge pathways.
R2	<p>Discharge policy compliance. Although the discharge policy and protocol includes the use of clinical audit to monitor compliance, we found that there has been no recent audit undertaken. The Health Board should introduce a regular cycle of audit to ensure compliance with its discharge policy and protocol.</p>
R3	<p>Discharge pathways. The Health Board uses two generic discharge pathways: simple and complex, however there is inconsistency in application across the three hospital sites and some aspects of good practice are not included. To improve its use of pathways, the Health Board should:</p> <ol style="list-style-type: none">ensure consistent application of its discharge pathways across its three hospital sites; andfurther develop its simple and complex discharge pathways by including:<ul style="list-style-type: none">agreed standards for response times;quality and safety information;processes for sharing information; andsignposting for patients with end of life care needs.
R4	<p>Timely discharge. We found that staff are encouraged to discharge patients by 11am (referred to as the 'golden hour programme'), but this may result in patients who are potentially safe to be discharged the previous afternoon or evening having their discharge delayed to the following day in order to meet the 11am target. Information reported to the Finance, Performance Committee on discharges by time of day did not differentiate between appropriate and inappropriate discharges as all discharges between midnight, and 11am are included in a single category. While we found no current evidence that perverse behaviour is occurring, the Health Board should take steps to mitigate this risk, by:</p>

Recommendations

- a) reporting more in-depth data on patients discharged between 12am and 7am, and those that discharged between 7am and 11am; and
- b) introducing additional measures that will allow it to understand whether patient discharges under the 'golden hour programme' are appropriate, or whether patients are being delayed overnight unnecessarily in order to comply with this target.

R5 **Single point of access (SPoA).** When reviewing staff's awareness of community services to support discharge, we found inconsistency. The Health Board must ensure that each of the local SPoA models established during 2016-17 are implemented effectively. The Health Board should:

- a) work with its local authority partners to ensure the consistency and quality of information held on each SPoA;
- b) ensure that staff across each of its hospital sites receive adequate training on the range of services available through the three SPoA models; and
- c) ensure information on the new SPoA models is easily accessible to staff.

R6 **Discharge reporting.** We found that the Board, Executive Team and the Finance and Performance Committee receives regular information relating to delayed transfers of care, but receives limited information specific to discharge planning that would support a better understanding of the reasons behind the Health Board's performance. The Health Board should strengthen its performance reporting by including the following measures within its routine performance report:

- number and % of patients who have an estimated discharge date;
- readmissions within 28 days of discharge from hospital;
- % of discharges before midday;
- % of unplanned discharges at night; and
- % of discharges within 24 hours and 72 hours of being declared 'medically fit'.

Detailed report

The Health Board is taking a number of steps to achieve its vision for improving discharge planning and patient flow but policies, protocols and pathways have some gaps

Plans articulate a clear intention to strengthen discharge planning as part of an approach to improve patient flow

- 14 In October 2016, the Cabinet Secretary for Health, Wellbeing and Sport wrote to all NHS Chairs making clear his expectation that unscheduled care improvement plans would incorporate plans to improve discharge processes. The NHS Wales Planning Framework⁴ also makes clear that organisations should specify how their plans support and improve patient flow. The focus of which should be on reducing admissions for the frail elderly through pro-active assessment and intervention, and discharging patients as early as clinically appropriate without unnecessary waiting.
- 15 Our audit work assessed the extent to which discharge planning is part of a wider strategic approach to improve patient flow. We found that the Health Board has a number of plans and strategies either in place or under development at a district general hospital (DGH) level, at a Health Board level and at a regional level with its local authority partners. These plans and strategies include:
 - the draft Staying Healthier, Living Well strategy;
 - the Annual Operating Plan;
 - the 'five days in a room' regional action plans; and
 - the Seasonal Plan.
- 16 'Living Healthier, Staying Well' is the Health Board's draft clinical strategy for ensuring clinical services are delivered where needed most. A paper presented to the Board in May 2017 indicated emerging themes from the Health Board's engagement events with a wide range of staff, partner organisations and community groups on the strategy. Two of the key themes that emerged from the acute hospital engagement events included primary and community capacity to prevent admission, to support early discharge and the need to improve patient flow. Similar themes on patient flow also emerged from the care closer to home engagement events, and the older persons engagement events.
- 17 At the time of our audit work, the Health Board was working to a one-year Operational Plan (AOP) that set out its priorities for 2016-17. The Health Board's AOP for 2016-17 and 2017-18 both show a clear intention to improve patient flow by reducing admissions at Accident and Emergency (A&E) through alternative care pathways, and improving its ability to discharge patients quickly and effectively.

⁴ Welsh Government, [NHS Planning Framework 2017/20, 2016](#)

The 2016-17 AOP set out a number of commitments related to discharge planning, including:

- transferring patients to home or place of residence safely and as quickly as possible;
- providing ongoing treatment wherever possible as either an outpatient or at home;
- rolling out the introduction of Predicted Date of Discharge (PDD)⁵
- developing more effective and integrated discharge processes, such as establishing board rounds seven days a week;
- recruiting additional Health and Social Care Workers through the primary care fund;
- developing community capacity through intermediate care plans; and
- implementing 21-day length of stay target within community hospitals.

- 18 The Health Board's end-of-year report on its 2016-17 AOP noted good progress against the commitments listed above. For example, the Health Board secured primary care funding to recruit three Health and Social Care support workers for each of the six local authority areas. The role of Health and Social Care support team is to support patients to live independently by providing appropriate care to patients within their home environment. The Health Board had succeeded in recruiting the majority of support workers by April 2017. The report also noted that the Health Board had been successful in rolling out the introduction of PDD and a system to monitor compliance with PDD. However, it did not detail the compliance rates with PDD at year-end.
- 19 The AOP for 2017-18 outlines a number of aims related to improving the discharge planning process and reducing delayed transfers of care (DToC). The AOP includes a target of reducing community hospital length of stay by 10% through improvements such as implementation of 'discharge passports' and escalation processes to support early discharge. The Health Board has also committed, to achieve a rate of 70% of its patients having a PDD in place by the end of the year.
- 20 In December 2016, the Health Board's three Area Teams led an exercise called 'Five days in a Room', in which its multi-disciplinary teams (MDTs) took part. These MDTs, comprising representatives from acute hospitals, community hospitals, local authorities' social services and the Area Team Area Directors, 'walked' through the patient flow process to get a better understanding of the operational pressures that each partner experiences. Staff we spoke to told us how valuable they found this exercise and how it opened their eyes to things they did not know, such as the scarcity of care workers and the lack of Elderly Mental Illness (EMI) beds. As a result, each area developed a patient flow action plan, which built on the actions

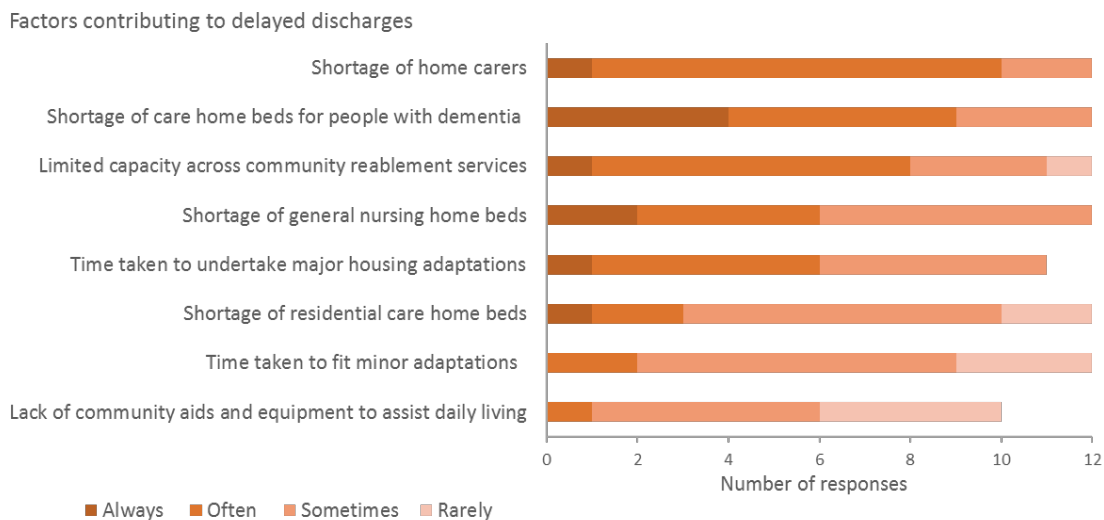
⁵ Predicted date of discharge details the anticipated date a patient will be discharged from hospital. It is also commonly referred to as an Expected, or Estimated Date of Discharge (EDD)

identified by the Delivery Unit's review. Actions for both the Health Board and local authority partners were set out.

- 21 The Health Board's vision for improving patient flow is echoed through a range of different plans that should affect discharge, which includes its Seasonal Plan⁶ for winter 2016-17. The Seasonal Plan was developed in partnership with the Welsh Ambulance Service Trust (WAST), and its six local authority partners. In common with other Health Board plans, the Seasonal Plan also emphasises the need to reduce admissions, implementing the recommendations of the Delivery Unit's review, and measures such as timely implementation of PDD for patients.
- 22 We asked the Health Board to describe any joint priorities around hospital discharge that it had agreed with statutory or third sector partners. The priorities described by the Health Board included:
- the provision of joint step-up/step-down beds;
 - development of the frailty assessment unit 2017-18;
 - a single point of access;
 - joint equipment stores same day delivery;
 - discharge protocol;
 - joint choice protocol;
 - Red Cross Home from Hospital service; and
 - Care and Repair.
- 23 We can see from the Health Board's plans and reports that it is acting on a number of these priorities. For example, according to the Annual Operational Plan report for 2016-17, it has achieved improvements in increasing the provision of additional step up/down beds in place across North Wales, which the Health Board and its local authorities have funded jointly through Integrated Care Fund (ICF) monies. The Health Board is also working with local authorities on developing Single Points of Access (SPoA) and on developing frailty units.
- 24 We asked Welsh NHS organisations what factors contribute to delayed discharges or transfers of care, to ascertain how well their plans seek to address the factors causing most problems. **Exhibit 2** shows that across Wales, a shortage of home carers, a shortage of care home beds for people with dementia, and limited capacity across community reablement services are major factors in causing delays to discharge or transfer of care.

⁶ Also commonly referred to in other Health Boards as the 'winter plan', the Seasonal Plan details what measures the Health Board is taking to address significant increases in demand during winter months.

Exhibit 2: factors contributing to delayed discharges or transfers of care across NHS organisations



Source: Wales Audit Office analysis of information on discharge planning returned by NHS bodies in 2017⁷

25 The Health Board reported that the following issues always or often caused delays to discharge:

- a shortage of care homes beds for people with dementia
- a shortage of home carers
- a shortage of general nursing home beds
- patient expectation and family disputes
- limited capacity of independent providers of domiciliary care
- the time is takes to complete care home assessments
- limited number of intermediate care beds
- transfers to NHS specialist facilities

26 According to Board papers from 2017, the Health Board is putting in place a number of measures to address these challenges. The Health Board’s Annual Operating Plan for 2016-17 sought to ‘continue to develop and understand with partners whole system independent sector home capacity needs and to work with partners to support domiciliary care, residential and nursing home provider training’. According to the AOP report, the Health Board has made progress in

⁷ We received responses from the seven health boards and Velindre NHS Trust. Betsi Cadwaladr and Hywel Dda University Health Boards organise discharge planning services on a locality or geographical basis and therefore we have more than one data return for these two health boards.

working with partners to develop the independent sector market. In its AOP for 2017-18, the Health Board has committed to develop a proposal for future commissioning of care outside of hospital by April 2018, to include clear expectations around workforce planning for the care sector. The Health Board hopes that this will reduce duplication across commissioning organisations.

- 27 Over the years, the Welsh Government has released funding streams that aim to foster greater collaboration between services, the most recent of which is the Intermediate Care Fund (ICF). The ICF was originally introduced in 2014 to support initiatives to prevent unnecessary hospital admission, inappropriate admission to residential care, and delayed discharge from hospital for older people with complex needs. It was rebranded as the Integrated Care Fund (ICF) from 1 April 2017 to better reflect an expanded scope.
- 28 The Health Board has indicated that it is difficult to achieve consensus between all partners about what the ICF should be spent on due to the fact that each local authority and the Health Board have different priorities because they have different needs and are at different stages of progressing their own plans. The Regional Partnership Board, of which the Health Board and its local authority partners are all members, agree and oversee the use of the Integrated Care Fund. This became part of its remit since the Board's first formal meeting in September 2016. The Regional Partnership Board should provide an effective forum and opportunity for partners to come together to recognise shared priorities.
- 29 Staff we spoke to felt that some schemes funded through ICF money have worked better than others have. Staff had good things to say about the use of ICF money to fund a housing officer post within the discharge team in the central area. In addition, a Stroke Early Supported Discharge Team, established in 2014 in the central area (and funded by ICF) has recently won a Betsi Star. However, a number of staff we spoke to felt that the short-term nature of ICF funding and the changing scope in 2016-17 had been counter-productive.
- 30 On 22 December 2015, the Welsh Government released an additional £598,000 to tackle DToC because of social care arrangements/assessments, availability of care homes and choice of care home. Given the tight timescales within which to action and spend the released funds, the Regional Partnership Board directed investment to schemes already targeting DToC, and Care Home and Hospital admission avoidance schemes.
- 31 The Health Board's ICF evaluation report for 2015-16 reports how it recognises the need 'to shift focus from considering "intermediate care" as an isolated funding stream, and is instead working with partners to develop solid and sustainable community based resources.' The Health Board now plans its future development of services to support intermediate care on a county, area and regional level.

The discharge policy and protocol covers a broad range of information, however, some areas could be further strengthened

- 32 The discharge process should be seen as part of the wider care process and not an isolated event at the end of the patient's stay. NHS organisations should have policies and procedures for discharge or transfers of care, developed ideally in collaboration with statutory partners. In addition, NHS organisations should have a choice policy for those patients whose onward care requires them to move to a care home, although in many areas choice may be limited.
- 33 We reviewed the Health Board's discharge policy and protocol using a maturity matrix⁸ that assesses a range of elements within the document. Each element was assigned a score from one (less developed) to three (well developed). **Exhibit 3** shows how the Health Board discharge policy and protocol scored against the maturity matrix.

Exhibit 3: Health Board's performance against discharge policy good practice checklist

The table shows that the Health Board's discharge policy and protocol is generally well developed, scoring a two or three against the majority of the elements assessed.

Elements assessed	Score	Auditor observations on the policy
Multi-agency discharge policy	3	Document developed in partnership between the Health Board and the six local authorities (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham).
Policy reviewed within the last year	2	Approved in January 2015. Due for review in September 2018.
Patient/carer involvement	1	No evidence in the policy that patients or carers were involved in its development.
Communication	3	Document stresses the importance of communication with the individual, family and carers, making clear that patients and carers should be at the heart of decision making.
Information	3	Document makes clear that the patient/family/carer/representative must be given clear and detailed information, both verbally and in writing. This must include information such as a patient information leaflet, written information on the patient's care package,

⁸ Our maturity matrix is based on the Effective Discharge Planning Self-Assessment Audit Tool developed by the National Leadership & Innovation Agency for Healthcare in 2008.

Elements assessed	Score	Auditor observations on the policy
		<p>a copy of the discharge plan and a discharge summary.</p> <p>The discharge policy and protocol broadly covers the entire discharge process including transport arrangements, the use of the discharge lounge and medicines management. It also goes into detail regarding discharge challenges such as what to do with patients that refuse to engage with the choice process.</p>
Vulnerable groups eg patients who are homeless	3	<p>Document has a section specifically relating to homeless adults, noting that the local authority should be notified as soon as possible and vulnerable adults should be referred to the Hospital Social Care Team. It also states that the MDT have a responsibility to consider the appropriateness of discharging a patient to a place of safety.</p>
Early discharge planning for elective admission	2	<p>Document notes that the completion of key elements of the Integrated Assessment at the point of admission should underpin effective discharge planning.</p>
Estimated discharge date set within 24 hours of admission	2	<p>Document states that a predicted date of discharge (PDD) must be included within the discharge care plan, which should commence within 48 hours of admission.</p>
Avoiding readmission	2	<p>Some references to avoiding readmission for physiotherapy, and speech and language therapy patients.</p>
Local agreements and protocols	3	<p>The document sets out the procedures for fast-tracking discharges for patients with end of life care needs.</p>
Assessment	3	<p>Document refers to Integrated Assessment, which is made up of a patient's core data set, a record of the patient's 'what matters conversation' and any specialist assessments (such as social work, nursing, therapist).</p>
Discharge from A&E	3	<p>Document acknowledges that while advanced planning is not possible in such areas as A&E the general principles of the discharge policy should be followed as closely as possible.</p>
Discharge to care home	3	<p>Document notes that, in cases of discharge to a care home the patient's usual GP or new GP must be informed, as they are</p>

Elements assessed	Score	Auditor observations on the policy
		required to undertake a full assessment within two weeks of admission to the care home.
Links to choice of accommodation policy	3	The choice protocol is included within the discharge policy and protocol under Appendix 1 .
Care options	1	Policy does not refer to 'care options'.
Escalation processes	2	There is a specific section within the policy on escalation, which states that Heads of Department are responsible for monitoring any problems. Policy also states that there are four levels of escalation and de-escalation for the Health Board but the process is not detailed within the policy.
Accessible discharge protocols	3	Draft 'passing the baton' pathway document which complements the policy and procedure includes an easy to understand flow chart to support decisions on simple or complex or discharge pathways.

Source: Wales Audit Office review of Betsi Cadwaladr University Health Board's discharge policy

- 34 Our assessment of the Health Board's discharge policy and protocol found that ten of the 17 elements scored level 3, with the remainder scoring level 1 or 2. Since our audit, the Health Board has indicated that it has begun to roll out additional initiatives to strengthen its discharge planning, such as the SAFER bundle and a discharge to assess pathway. It will need to ensure that these initiatives are considered as part of the review of the discharge policy. The Health Board could also do more to strengthen the discharge policy and protocol in some areas, for example, by including the range of care options for a patient's discharge, measures for avoiding readmission for a broader range of patients and providing more detail for escalating concerns.
- 35 The fact that key partners jointly agreed the discharge policy and protocol is positive, particularly as the Health Board has to work in collaboration with six diverse local authorities. The policy includes the Health Board's choice of accommodation protocol, timescales for enacting the discharge policy and protocol, and the roles and responsibilities of services within the process of discharge. The Health Board is currently reviewing the choice of accommodation policy. The discharge policy and protocol broadly covers the entire discharge process including transport arrangements, the use of the discharge lounge and medicines management. It also goes into detail regarding discharge challenges such as what to do with patients that refuse to engage with the choice process.

- 36 As part of our audit work, we met with a group of ward staff from each acute hospital to talk about a range of issues related to discharge planning. The staff that we met were generally aware of the discharge policy and protocol and the choice protocol. However, we heard examples of staff not following the discharge policy and protocol, with some staff choosing to keep specific patients in hospital without a medical need because they are lonely or do not want to go home. Ward staff also reported dissatisfaction with the choice protocol due to issues such as lack of choice and availability of care home and EMI placements, as well as the amount of time required to manage particular discharges, such as completing paperwork and arranging MDT meetings.
- 37 Annex 1 of the policy sets out the Health Board's choice of accommodation protocol. The choice protocol emphasises the principle that patients should not be discharged from an acute hospital to a permanent place in a care home and that staff should not rush patients into a decision. Transitional arrangements can be agreed that meet patients' needs and prevent delays to their discharge. If the patient is to be discharged to a permanent place in a care home, then the care home should be within a reasonable distance, taking into account the travelling distance for family and support networks.
- 38 The discharge policy and protocol is very comprehensive and covers the entire discharge process, setting out when specific actions should be completed by the different groups of staff as well as what information must be shared with the patients and their families. It details the roles and responsibilities of a wide range of staff involved in the discharge process, including the Multi-Disciplinary Team (MDT), discharge liaison nurses, social workers and third sector services. At the time of our audit, the Health Board had also developed a draft Standard Operating Procedure for Board rounds, which further details the roles and responsibilities of all ward staff involved in MDT meetings for discharging a patient, such as matrons, nursing staff and consultants.

The Health Board has recently developed pathways that draw on good practice, but a number of elements that could support discharge planning are absent

- 39 Hospital discharge planning should be seen as a continuous process that takes place seven days a week. Although not all staff involved in planning a patient's discharge will be available all of the time, communication, planning and coordination should continue. Defined discharge pathways that set out the sequence of steps and timing of interventions by healthcare professionals for defined groups of patients, particularly those with complex needs, can help ensure patients experience a safe and timely discharge.
- 40 As part of our work, we looked at the main discharge pathways in place at the Health Board. We assessed the extent to which the pathways provided clarity of purpose, were applicable everywhere across the organisation, whether pathways

were developed with local authority partners, supported by algorithms, and standardised documentation and measures of quality.

- 41 The Health Board uses two generic discharge pathways: simple and complex, as detailed within the passing the baton document referred to in the Health Board's discharge policy. However, when we asked health bodies about the number of pathways in place, we received varied responses. Staff from both the area and hospital teams provided mixed responses about the number of discharge pathways, and this varied response was reflected in the data returns provided by the Health Board's three hospital sites. For example, Ysbyty Maelor listed three generic pathways: rapid discharge, IV Suite and a Palliative Care Pathway, and did not include a simple and complex pathway. Ysbyty Glan Clwyd noted two generic pathways: simple and complex. Ysbyty Gwynedd listed eight pathways, which included simple and complex, transfer to community hospital and out of area transfers. The number of varied responses to this question indicates a lack of a shared understanding.
- 42 The Health Board's discharge policy and protocol includes a simplicity matrix to help staff determine whether a patient's discharge will be defined as simple or complex. The matrix contains six generic statements about a patient's circumstances and asks the healthcare professional to indicate if the statements are 'True' or 'False'. A higher number of 'True' answers suggests that the discharge process is more likely to be simple and vice versa.
- 43 The Health Board has also very recently developed the pathway diagram as part of ongoing work to improve patient flow. In addition to the generic simple and complex pathways recognised by in place at two of the Health Board acute sites, a number of condition specific pathways, such as the Respiratory Pathways and the Heart Failure Pathway, are in place. However, the number and extent to which condition specific discharge pathways operate across the areas varies.
- 44 We reviewed the two generic pathways against the criteria set out in **Exhibit 4**, this shows that, the Health Board's discharge pathways include some vital information for the discharge process, but does not include a number of the elements we assessed.

Exhibit 4: elements presented within the Health Board's generic discharge pathways

The table shows the Health Board's pathways include some vital steps in the discharge process but does not include a number of elements we assessed.

Elements	Pathway	
	Simple	Complex
Flow diagram/decision tree for identifying appropriate patients	Yes	Yes
Specific discharge destination eg usual place of residence	Yes	No

Elements	Pathway	
	Simple	Complex
Clear purpose	Yes	Yes
Generic or condition specific pathway	Generic	Generic
Transport or transfer logistics clearly acknowledged	Yes	Yes
Applies across all hospital sites	No	No
Applies 24 hours a day, 365 days per year	Yes	Yes
Developed with NHS partners eg neighbouring LHBs, WAST or Velindre	Yes	Yes
Developed with local authority partners and applies equally across partners	Yes	Yes
Supported by generic discharge documentation	Yes	Yes
Supported by generic assessment documentation	Yes	Yes
Referral processes are clear	No	No
Agreed standards for response times for assessing need	No	No
Agreed standards for response times for service delivery	No	No
Agreed standards for quality and safety	No	No
Standards for information sharing with clinical/care staff in the community eg discharge letters	No	No

Exhibit source: Wales Audit Office review of Betsi Cadwaladr University Health Board's discharge pathways

- 45 While the Health Board's pathway documentation details the processes required for simple and complex discharges, it does not include a number of elements listed in the above exhibit. For example, although the pathways are based on good practice, drawing on 'Passing the Baton' (2008), it does not detail any agreed standards for response times, quality and safety or for sharing information. It is also unclear as to whether partners beyond the local authority, such as the Welsh Ambulance Services Trust (WAST) or third sector support agencies were involved in the development of these pathways. Although the Health Board's discharge policy and protocol sets out the procedures for fast-tracking discharges for patients with end of life care needs, the generic discharge pathways do not signpost staff to these procedures. This again is an area for development.
- 46 Staff provided us with a number of different responses when asked if there is a cut off time during the day after which patients will not be discharged because it is too

late. It appears as though various hospitals and even wards interpret the policy differently. Some wards refuse to discharge patients after 7pm and others decide the discharge time on a case-by-case basis, taking into consideration the patient's circumstances once discharged, such as whether a carer or family member is available to care for them. Ward staff are encouraged to discharge patients in the morning and the Health Board is implementing the 'golden hour programme' whereby each ward discharges patients by 11am ensuring patients are home by lunchtime. Some staff that we met were concerned that this might encourage perverse behaviour. For example, if patients can be safely discharged the previous evening a ward might wait to discharge patients the next day to demonstrate success in discharging patients during the 'golden hour' while another patient is waiting to be admitted. Please note that we do not have evidence that indicates that this perverse behaviour is currently taking place.

- 47 The Finance and Performance Committee looked at discharge time of day data in March 2017. This included the 'pre 11am' category. The data showed that, between October 2016 and January 2017, between 8-13% of discharges from each of the Health Board's acute hospitals occurred before 11am. Although the paper does not go into detail, it is possible that 'discharges' in this case refers to discharges from Emergency Department and Medical Assessment units as well as inpatient beds. However, this category covers discharges that occur any time between midnight and 11am. The Health Board should be mindful of the risk that this data is not sufficiently detailed to allow it to interpret whether the figures represent timely discharging (early morning or those that can appropriately leave late at night) or inappropriate late night discharges.
- 48 We found references within Board papers that indicate that ensuring timely discharge is particularly challenging at weekends when fewer discharges take place. The Health Board is working to establish Board rounds seven days a week to facilitate safe and timely discharges, and recognises that it will need to work with key partners, such as local authority social service departments, to achieve increased weekend discharging.
- 49 The conventional approach to discharging patients, particularly the frail elderly, is to complete a series of ward-based assessments to identify the kind of support needed at home. These assessments are completed typically after the patient is declared 'medically' fit for discharge. Once assessments are completed, patients are then discharged when all appropriate support services or other resources are in place, which may take a significant amount of time. This is known as the 'assess to discharge' pathway or model.
- 50 The Welsh Government has been encouraging a 'discharge to assess' pathway or model.^{9 10} This is where patients are discharged home once they are 'medically'

⁹ Welsh Government, *Setting the Direction: Primary & Community Services Strategic Delivery Programme, 2010*

¹⁰ Welsh Government, *Sustainable Social Services, 2011*

fit for discharge and no longer need a hospital bed. On the day of discharge, members of the appropriate community health and social care team will then assess the patients' support needs at home. This enables patients to access the right level of home care and support in real-time, and removes the need for patients to be inappropriately kept in a hospital bed while waiting for assessments and services to be put in place.

- 51 The Delivery Unit found the use of 'discharge to assess' pathways was limited, and recommended that NHS organisations implement them. We found that half (4 out of 8) of NHS organisations had implemented a 'discharge to assess' model, although in some organisations, the model had been implemented only at specific hospital sites.
- 52 While the Health Board has previously introduced the principles of 'discharge to assess', in two of its hospital sites, Ysbyty Glan Clwyd and Ysbyty Gwynedd, it has not been consistently implemented across the Health Board. In its AOP for 2017-18, the Health Board has stated that it is working towards further developing a 'discharge to assess' pathway. All three areas told us that one challenge to implementing a 'discharge to assess' pathway is staff capacity, both internally at the Health Board and with key partners. The Health Board aims to overcome this challenge by rolling out Community Resource Teams (CRTs) throughout its communities to support an increase in assessments in patients' homes. The development of CRTs at the Health Board remained at an early stage at the time of fieldwork.

Staff training and confidence is inconsistent, discharge planning resources remain limited to weekdays

The Health Board has dedicated discharge resources but these vary between areas and are only available on weekdays

The Health Board provides three discharge teams but these are available weekdays only and practice varies across hospitals

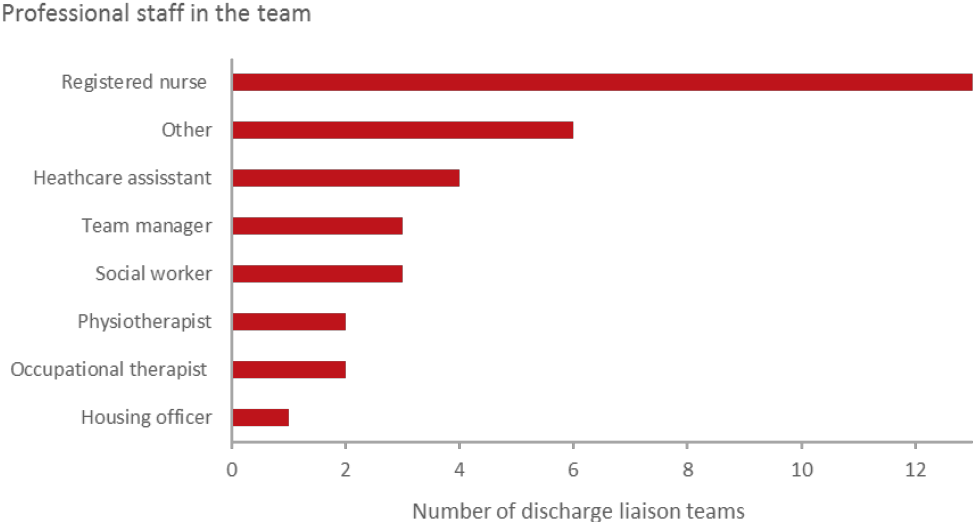
- 53 A discharge liaison team is a specialist team aimed at supporting the safe and seamless discharge or transfer of care of patients moving from hospital to community service provision. These teams can provide valuable support and knowledge to ward staff and offer help to facilitate complex discharges.
- 54 We sought information from every NHS organisation about whether they operate discharge liaison services and the scope of the services. Across Wales, we found that all NHS organisations, with the exception of Velindre NHS Trust, provide one or more discharge liaison teams. All teams operate during weekday office hours only, with the latest finishing time at 5.30pm. Seven out of the 15 teams reported that they manage both simple and complex discharges.
- 55 The Health Board provides a discharge liaison team (discharge team) in each area and these teams operate weekdays only. The Health Board acknowledges that challenges in discharging patients at the weekend causes further pressures on the system, but that services that complex discharges rely upon eg social services, also operate on weekdays only. At weekends, ward staff are expected to expedite discharge plans already in place while ongoing planning for patient discharge should ensure patients can be discharged at the weekend with the appropriate support.
- 56 Historically, the discharge teams have tended to manage both simple and complex discharges. However, managers told us that discharge teams should be responsible for complex discharges only. There is a concern amongst a range of staff (including ward staff and managers) that creating specific posts for discharge teams has reduced ownership or responsibility for the discharge process by ward staff. Those staff we met expressed concerns that many ward staff do not see the discharge process as their responsibility or part of the care continuum, mostly due to a feeling of stretched capacity to meet operational pressures. The Health Board have also noted that operational difficulties due to medical and nursing vacancies is partly responsible for the current division of tasks and accountability.
- 57 The management of the discharge teams moved from the Hospital Management Team structure to the Area Management Team structure in August 2016. The reason for this was to facilitate a 'pull' model into the community as opposed to

'push' from the acute and to reduce the reliance on the team to manage simple discharges with an Area/Step Down Matron responsible for their operational management. Staff held mixed views about this change in structure. Some ward staff told us that the change has increased pressure on formal MDT meetings, which representatives from the discharge teams attend. This means that the discharge team are not always accessible to ward staff, which is perceived to lead to further delays in discharging patients.

58 Typically, discharge liaison teams are made up of nursing staff, but to better manage complex discharges ideally teams should be multidisciplinary. Exhibit 5 shows the different professions within discharge liaison teams across Wales. The data show fewer than half the teams are multi-disciplinary with most teams nurse led. Discharge liaison teams range in size from two whole-time equivalent (WTE) staff to 29 WTE staff with bigger teams working across multiple hospital sites. The average number of WTE staff per team was seven.

Exhibit 5: different professional staff deployed across discharge liaison teams at 30 September 2016

The chart shows that across Wales discharge liaison teams are primarily nurse-led with very few multidisciplinary teams.



Source: Wales Audit Office analysis of information collected on discharge liaison teams, 2017¹¹

¹¹ The seven health boards in Wales operate discharge liaison teams. Three health boards – Abertawe Bro Morgannwg, Hywel Dda and Betsi Cadwaladr University Health

- 59 At the Health Board, the discharge teams are neither multi-disciplinary nor multi-agency. The teams are comprised primarily of registered nurses. Recently the Health Board and the local authorities for the central area agreed to use the ICF to fund a housing officer from Conwy County Borough Council to support the discharge team for the central area. The aim is for the housing officer to handle complex cases related to housing issues and to 'educate' staff about what housing services are available.
- 60 The combined cost of 13 of the 15 discharge liaison teams across Wales totalled £2.9 million with individual team costs ranging from £43,000 to £692,000. At the Health Board, the cost of the discharge teams for Ysbyty Maelor, Ysbyty Glan Clwyd and Ysbyty Gwynedd were £43,005, £168,000 and £207,648 respectively between October 2015 and September 2016 compared with the average cost per discharge liaison team of £244,000. We note that the figure provided by Ysbyty Maelor, at £43,005 was particularly low compared to the average cost across Wales.
- 61 Gaps in information on staffing, activity and service costs makes it difficult to establish the relative value for money of the discharge liaison teams between or within NHS organisations. Only four of the fifteen discharge liaison teams across Wales provided the information that we requested. Based on the information provided by these four teams, we compared the number of discharges with the WTE number of staff. The number of discharges managed through the service per WTE staff between 1 October 2015 and 30 September 2016 ranged from 50 discharges to 250; the average was 117 discharges per WTE staff.
- 62 The Health Board has made a number of investments recently to improve patient flow including:
- a commitment to recruiting Health and Social Care workers to improve integrated working between itself and local authorities. In 2016-17, the Health Board secured funding for three Health and Social Care workers to operate within each local authority area.
 - the appointment of a dedicated fulltime Patient Flow Manager who has been in post since 1 February 2017;
 - a newly appointed Discharge District Nurse Liaison at Ysbyty Gwynedd to improve communication between community hospitals and acute sites; and
 - the recent appointment of Discharge Link Nurses for each clinical area, with 85% in post since March 2017.
- 63 Not all three discharge teams could tell us how many discharges they managed or the information appears implausible when compared with other teams. Between 1 October 2015 and 31 September 2016 the team at Ysbyty Glan Clwyd, which has 3.8 WTE staff, managed 960 discharges. Ysbyty Gwynedd could not provide this

Boards – operate separate teams for each hospital site. We received 15 data returns from discharge liaison teams although not all data returns were complete.

data and the data provided by Wrexham Maelor Hospital again appears at odds with that received across Wales.

- 64 In Ysbyty Maelor, the District Nurse Liaison service was reviewed in April 2016 following staff retirement. As a result, the Health Board converted the post to a Band 5 post and introduced an admin and clerical position to support the Registered Nurse. In Ysbyty Glan Clwyd, the discharge team was last reviewed in 2015 and there are plans to redesign the service following the review by the Delivery Unit. In Ysbyty Gwynedd, the service has not been reviewed, although plans are in place to review the process in the future.
- 65 We asked discharge liaison teams to describe how frequently they carried out a range of activities to support discharge planning. [Appendix 4](#) shows the extent to which, from always to never, a range of activities is carried out by discharge liaison teams across Wales. The Health Board's three discharge teams always or often carry out the following:
- support staff to identify vulnerable patients whose discharge could be delayed;
 - ensure individual discharge plans are in place for patients with complex discharge needs; and
 - provide a central point of contact for health and social care practitioners during the discharge planning process.
- 66 There are instances where some areas were outliers within the Health Board. For example, while Ysbyty Glan Clwyd and Ysbyty Gwynedd said that their teams 'always' validate data on delayed transfers of care and update bed managers with information on hospital discharge, and 'sometimes' work with operational managers to develop performance measures on hospital discharge, Ysbyty Maelor stated that their team 'never' undertake these activities.
- 67 When we compared the Health Board's response to the response for discharge teams across Wales, as is shown in [Appendix 4](#), we saw that there are a number of similarities and differences. For example, the three Health Board hospital sites answered similarly to the all-Wales position with regard to mainly 'always' and 'often' responses for supporting staff to identify vulnerable patients who could be delayed. In addition, the three hospital sites provided a similar mixed response of 'sometimes' and 'rarely' for providing training and development for clinical staff to effect timely discharge. However, while discharge teams across Wales mainly answered 'always, 'often' or 'sometimes' to the question of whether their teams signpost patients and their families to advice and support for maintaining independence at home, one Betsi Cadwaladr UHB hospital site noted that their team 'rarely' does this, while the other two areas said that this is 'never' the case.

Although each DGH operates a discharge lounge, there is variation in their availability and productivity

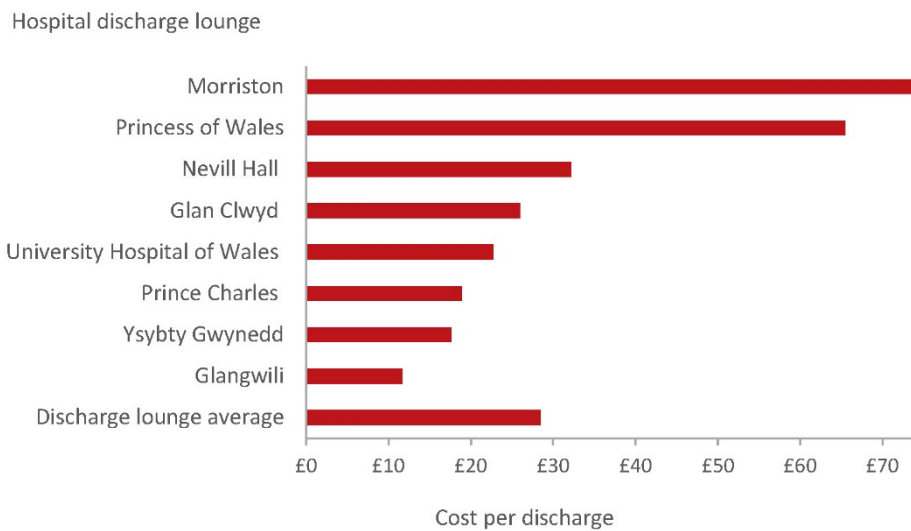
- 68 A discharge lounge can support effective discharge planning and patient flow by releasing beds promptly for other patients being admitted. Discharge lounges provide a suitable environment in which patients can wait to be collected, by either their families or by hospital transport, or medication to be dispensed.
- 69 We asked NHS organisations about their discharge lounge facilities. Across Wales, we found that all health boards, except Powys, operate discharge lounges in their acute hospitals. At the time of our audit work, discharge lounges had capacity to support 192 patients at any one time awaiting discharge; the average capacity per discharge lounge was 11. Across Wales, discharge lounges operate for between 8 and 12 hours on weekdays only and are generally staffed by registered nurses and healthcare support workers. There are also food and toilets facilities available for patients.
- 70 The Health Board operates a discharge lounge at its three DGHs on weekdays only and the capacity and operating hours differ:
- Ysbyty Maelor operates between 9.00am – 5.00pm and can accommodate 15 patients;
 - Ysbyty Glan Clwyd operates between 8.30am – 6.00pm and can accommodate 18 patients; and
 - Ysbyty Gwynedd operates between 8.00am – 7.00pm and can only accommodate nine patients.
- 71 Acute sites use discharge lounges for patients that meet the specific criteria and the spaces are staffed with healthcare and trained nurses. Staff told us that the discharge lounge in some hospitals are better used than others. For example, Ysbyty Gwynedd do not use the discharge lounge as much as they would like because of its size, while the discharge lounge at Ysbyty Glan Clwyd was being redeveloped at the time of fieldwork as part of broader work related to the capital redevelopment programme of the whole hospital site. Again, the fact that discharge lounges do not operate at the weekends could be adding to pressures on bed availability on the wards.
- 72 Between October 2015 and September 2016, 4,147 patients were managed through the discharge lounge at Ysbyty Gwynedd and 4,997 patients were managed through the discharge lounge at Ysbyty Glan Clwyd. Despite its size, the Ysbyty Gwynedd discharge lounge supports on average 16 patients per day compared with 19 patients per day at Ysbyty Glan Clwyd. Ysbyty Maelor were unable to provide the figure for their discharge lounge. Staff we spoke to told us that managers responsible for discharge lounges routinely attend the hospital's bed meetings in order to ensure the most effective use of the facility.
- 73 We also requested information on staffing, costs and activity for discharge lounges. This information was more complete than that for the discharge liaison teams. The number of staff deployed across hospital discharge lounges ranges from less than one WTE to five WTE staff; the average was three WTE staff. The combined cost for 12 of the 14 discharge lounges across Wales totalled £1 million with individual

service costs ranging from £25,000 to £139,000. The average cost per discharge lounge was £86,600.

- 74 At the Health Board, the discharge lounge service cost £113,902 at Ysbyty Maelor, £72,986 at Ysbyty Glan Clwyd and £129,098 at Ysbyty Gwynedd. In terms of cost per discharge, although we did not receive the data in order to calculate the figure for Ysbyty Maelor, the cost per discharge for Ysbyty Glan Clwyd is £26 and for Ysbyty Gwynedd is £18 compared with the discharge lounge average across Wales of £28 (Exhibit 6).

Exhibit 6: comparison of the cost per discharge managed by individual discharge lounges between 1 October 2015 and 30 September 2016

The chart shows the variation in the cost per discharge managed through the discharge lounge ranging from £12 to £74 per discharge.



Source: Wales Audit Office analysis of information collected on hospital discharge lounges, 2017¹²

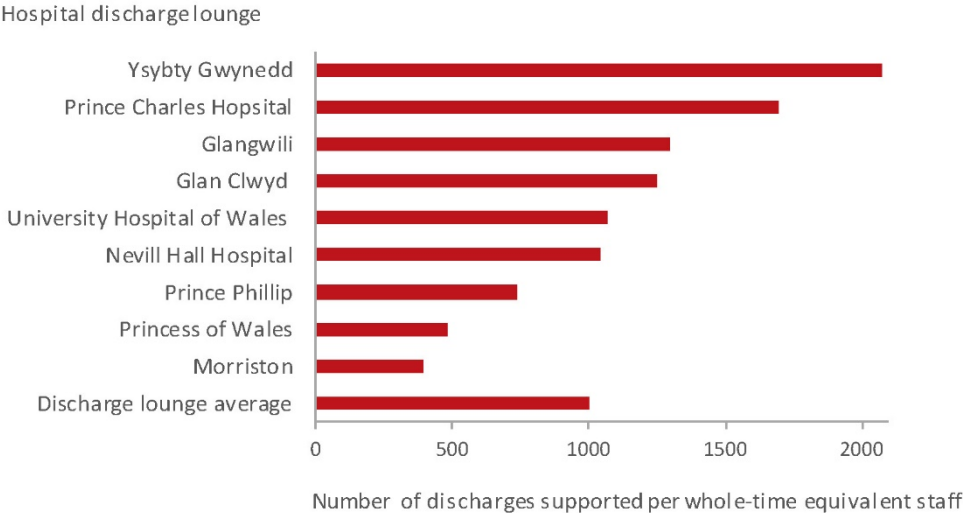
- 75 We also compared the number of discharges supported through the discharge lounge with the WTE number of staff. Based on the information provided by eight of the 14 discharge lounges, the number of discharges per WTE staff varied between 1 October 2015 and 30 September 2016 from just under 400 per WTE staff to just over 2000 per WTE (Exhibit 9). At the Health Board, Ysbyty Glan Clwyd

¹² We received information from 14 discharge lounges but only eight returns provided all relevant information to compare costs per discharge from the discharge lounge.

supported 1,249 discharges per WTE and Ysbyty Gwynedd supported the highest number of discharges per WTE, at 2,074. We did not receive this data from Ysbyty Maelor.

Exhibit 7: number of discharges per whole-time equivalent (WTE) staff supported through hospital discharge lounges between 1 October 2015 and 30 September 2016

The chart shows the number of discharges per whole-time equivalent staff varies across hospital discharge lounges, from just under 400 per WTE staff to just over 2000 per WTE staff.



Source: Wales Audit Office analysis of information collected on hospital discharge lounges, 2017

Staff training is historically poor, and staff awareness of, and confidence in, policies, pathways and community services is inconsistent

76 Generally, responsibility for assessment and discharge planning rests with the ward team. Ward staff should be engaged in the discharge planning process and see it as part of the care continuum with ward staff and operational managers held to account for effective discharge planning. This should be supported by clear awareness of policies and pathways, access to appropriate levels of training, and a good awareness of the range of services available to support discharge.

The Health Board is taking steps to address poor access to, and compliance with, training for discharge planning

- 77 Front line staff should receive regular training appropriate to their role in the discharge process. This training should be part of both induction programmes, and regular specific updates, particularly where related policies rely on assessment and care planning. Ideally, training is provided on a multi-agency and or multi-professional basis to ensure discharge planning is everyone’s business.
- 78 **Exhibit 8** shows that across Wales, only half of NHS organisations include discharge planning in nurse induction programmes and offer regular refresher training. At the Health Board, ward staff told us that training on discharge planning was not consistent. While information submitted by the Health Board states that it provide training as part of induction for new starters, with the exception of medical staff. However, ward staff across one of the Health Board hospital sites did not agree, and stated that there has not been training in this area for a number of years. Two of the Health Board hospital sites told us that refresher training is available to all staff, again with the exception of medical staff.

Exhibit 8: availability of training on discharge planning for nursing staff

The table shows which NHS organisations provide training for discharge planning as part of nurse induction programmes and whether regular refresher training is provided for nursing staff.

NHS organisation	Training on discharge planning included in nurse induction programmes for new starters	Refresher training on discharge planning provided regularly for nursing staff ¹
Abertawe Bro Morgannwg	Yes	No
Aneurin Bevan	No	No
Betsi Cadwaladr		
• Wrexham Maelor	Yes	Yes
• Glan Clwyd	Yes	No
• Ysbyty Gwynedd	Yes	Yes
Cardiff and Vale	No	Yes
Cwm Taf	No	Yes
Hywel Dda (county teams)		
• Pembrokeshire	Yes	No
• Ceredigion	No	No
• Carmarthenshire	No	No
Powys	No	No
Velindre	Yes	Yes

NHS organisation	Training on discharge planning included in nurse induction programmes for new starters	Refresher training on discharge planning provided regularly for nursing staff ¹
¹ Refresher training is provided at least annually or biennially for nursing staff		

Source: Wales Audit Office analysis of information on discharge planning returned by NHS bodies in 2017 (See Footnote 9)

- 79 The discharge policy and protocol notes that the Health Board will organise multi-agency and multi-disciplinary training on the policy. Although some noted that staff recruited from overseas have received training on discharge planning arrangements, the majority of ward staff we spoke to could not recall any discharge planning training specific to the policy since their appointment to the Health Board. This presents a missed opportunity by the Health Board.
- 80 Two hospital sites told us that the Health Board has provided some training on discharge planning, including the 'What Matters Conversation'¹³, but that it was not mandated for all ward staff. A number of ward staff told us that where the 'What Matters Conversation' is used, it is used either simply as a method to refer patients to social services or only at admission and then not updated again.
- 81 The Health Board does not currently measure compliance with the discharge policy or choice protocol and acknowledged that there is no evidence that staff implement them consistently. The Health Board's Audit Department are currently in the process of setting up an Audit on the Discharge Policy, which will detail who is responsible for completing these audits and how frequent they will be. Audits on the Health Board's discharge policy will be vital to ensure that the Health Board can understand whether staff are implementing the improvements it is trying to make consistently across each of its areas. These audits will need to be sufficiently regular to ensure that staff across the Health Board embed improvements as part of normal practice.
- 82 The Health Board does measure compliance for the 'What Matters Conversation' and recognise that this has been poor. In May 2017, 51% of all patients on Ysbyty Maelor wards had a recorded 'What Matters Conversation'. In Ysbyty Gwynedd, the corresponding figure was 55% and in Ysbyty Glan Clwyd the corresponding figure was 66.4%.
- 83 The Health Board acknowledges that they have not implemented the 'What Matters Conversation' and 'Passing the Baton' consistently or with enough training and

¹³ The 'What Matters Conversation' is a conversation that takes place between ward staff and a patient which aims to understand what matters most in terms of a patient's well-being. It is recorded on paper by ward staff. Good practice states the conversation should take place at the point of admission and updated throughout a patient's stay. It can be used to refer a patient to another service such as social services.

emphasis. The Health Board plans to increase compliance for the 'What Matters Conversation' through specific mandated training during 2017. At the time of fieldwork, the North Wales Social Care and Wellbeing Services Improvement Collaborative developed a draft aide memoire on the 'What Matters Conversation', to support this training.

The Health Board is taking steps to increase its understanding of, and response to, a number of internal and external barriers to timely discharge, but some staff lack confidence to conduct difficult conversations with patient with regard to discharge

- 84 In its review, the Delivery Unit found a culture of risk aversion across Wales with staff speaking openly of a 'cwych' culture¹⁴ and insufficient time dedicated to managing the discharge process. During our fieldwork, ward staff told us that they continue to struggle to find the time to manage the discharge process and some feel the process itself is uncomfortable to discuss with patients. It is likely that some patients could be discharged sooner if more staff were confident and recognise the risks of patients staying in hospital longer than necessary.
- 85 The Executive Team at the Health Board highlighted staff culture and confidence as their biggest challenges. The Health Board is eager to raise awareness amongst staff about what people can do at home, to encourage them to be less risk-averse and to take the time to understand what matters to patients. However, staff remain worried about making the wrong decision and the management of the Health Board recognise that this may be because they need further support and training. Also, staff told us that pressures at the front door often means they feel they have to focus on getting patients through the door more quickly, as opposed to improving the quality of the discharge process.
- 86 As part of our fieldwork, we met with the North Wales Community Health Council (NWCHC), which covers the Health Board area. Representatives from the NWCHC raised a number of concerns about the way the Health Board's ward staff implement discharge planning. The NWCHC has received a number of complaints and concerns over the last three years related to the discharge process, including inappropriate discharges, discharges to inappropriate locations and lack of information to the patient and/or their family about the discharge process.
- 87 The Delivery Unit found limited evidence in patient records that patients' expectations of discharge were discussed with them. Staff at Ysbyty Maelor have recently reviewed the Health Board's patient information leaflet. The previous information leaflet was long, yet staff told us that it did not contain all the necessary information for patients. The NWCHC were not aware of the existence of a patient information leaflet on discharge planning.

The Delivery Unit described a cwych culture ('cwych' is the Welsh word for hug) whereby some staff were reluctant to discharge patients to their own home because they thought patients might be at risk. Whilst staff may be acting out of kindness, they may not be acting in patients' best interest.

- 88 The recent review of the patient information leaflet has led to the development of two separate, short leaflets that we reviewed during fieldwork. The first details the patient's PDD and outlining what a discharge process entails. The second captures information on staff the patient will have interacted with while in hospital as well as further care arrangement such as follow-up appointments, whether the patient needs to contact their GP and detailing complaints information. These leaflets are currently being trialled in Ysbyty Maelor only, and, pending the results of the pilot, may be in use across the Health Board area. The Health Board also has plans to develop the use of 'My Health Online' further, which will enable patients to have access to discharge information and advice.
- 89 Following the Delivery Unit review, the Health Board held a number of workshops across its three areas in order to educate staff of its findings. Following these workshops, the Health Board set up a discharge programme group, which oversees the two project plans for each area: one for the acute hospital and another for the area. The group meets every two months and feeds into the Strategic Transformation Group to monitor progress. The 'five days in a room' exercise built on this review and generated additional actions for the Health Board's Delivery Unit action plan. The Health Board can already demonstrate some actions following these reviews, including:
- a drive to increase the consistency of Board rounds and meetings to scrutinise DToC across the Health Board;
 - plans to mandate 'What Matters Conversation' training to staff;
 - Ysbyty Gwynedd brought matrons in to take part regularly in Board rounds with the aim of increasing their sense of ownership over delayed patients; and
 - Ysbyty Glan Clwyd has worked on its escalation processes, and management now receive emails from consultants highlighting specific patients that may be more complex.
- 90 The Health Board had only recently implemented these actions at the time of our fieldwork and it is too soon to comment on their impact. However, evidence suggests that the Health Board has some way to go to embed these changes. An audit of Board rounds in Ysbyty Glan Clwyd during January 2017 showed that there was very little compliance or consistency in the conducting of board rounds on its wards. The audit looked at things such as whether the aim of the board round¹⁵ was clear, whether the round was attended by all relevant disciplines and whether a PDD was recorded for every patient. Seven of the hospital's 18 wards scored an overall red on the RAG rating against the audit assessment criteria, a further seven scored amber, with only four wards receiving a green score. Notably, 17 out of the 18 wards scored red against the measure 'DToC rationale is clear' while ten wards scored red against the measure 'PDD is recorded for every

¹⁵ Board round is a review of patients on a ward by ward staff, and can include a range of staff such as consultants, therapies staff and discharge co-ordinators

patient.’ This shows that the hospital has some way to go to improve compliance with its discharge processes and procedures.

The Health Board is working to develop models to provide information about community services, but staff understanding is limited

91 Having a good understanding of the range and capacity of community health and social care services is an important part of ensuring timely discharge. Health bodies should hold up-to-date information about the availability of community services that can help patients once they have been discharged. These services can be available through NHS organisations, local authorities and third sector organisations. We asked health bodies the types of information they collated on community services. **Exhibit 9** shows that few organisations compile information about community services provided by other NHS organisations and housing options. In addition, relatively few collate information about waiting times for needs assessment and waiting times before services commence.

Exhibit 9: number of health bodies who reported collating a range of information on community services

	Range of services	Availability of services	Eligibility criteria	Referral process	Waiting time for needs assessment	Waiting time for services to commence
Health Board’s/Trust’s own community services	8	8	9	9	4	4
Community services provided by other NHS bodies	3	3	3	3	2	2
Social care services	9	9	9	10	6	3
Third sector	10	8	10	8	3	2
Housing options	4	2	4	6	2	2
Independent sector eg care home beds	7	6	9	9	2	2

Source: Wales Audit Office analysis of information on discharge planning returned by NHS bodies in 2017 (See Footnote 9)

92 At the Health Board, the responses submitted show a very inconsistent situation. The three hospital sites submitted different answers for type of information collated by the Health Board about community services, how frequently information is collated and where information is stored.

- 93 Two of the three hospital sites, Ysbyty Maelor and Ysbyty Gwynedd, provided scores on the information collated by the Health Board. Both of these sites provided positive scores that the Health Board collates information including the range of services, the eligibility criteria for services, and the referral process. There were some areas where information was not collated, such as the estimated waiting time for services to commence and estimated waiting time for assessment of needs. Ysbyty Glan Clwyd did not provide this information.
- 94 All three hospital sites provided responses of 'don't know' when asked how frequently information on community based services that are not provided by the Health Board is collated. Ysbyty Glan Clwyd noted that each organisation is responsible for keeping their information on services up-to-date and that Dewis Cymru collates information across organisations (ie local authorities and the Health Board). However, the other two sites provided different information. Ysbyty Maelor said that the area team is responsible for collating information in partnership with Social Services. Ysbyty Gwynedd noted that each organisation has a role to play in collating their own information and they have developed a Discharge Directory sheet that covers services in their area. These mixed responses indicate that the Health Board may not be making the best use of resources.
- 95 We asked ward staff about their knowledge of the range of community services to support patients on discharge. Most staff we spoke to did not regularly use a directory of community services and felt that the directories that are available, such as Dewis Cymru and local authority Single Point Of Access (SPoAs) are not as useful as they could be nor up-to-date.
- 96 The NWCHC also described concerns and queries about the level of knowledge and understanding that the Health Board has had of the work of local authority social services and the third sector. This is made more difficult in north Wales by the fact that the six local authority areas often work differently. Staff from the area team are responsible for collating and maintaining information about local authority and third sector services. The Health Board have noted that operational difficulties due to medical and nursing vacancies is partly responsible for the current division of tasks and accountability.
- 97 The Health Board's Annual Report for 2016-17 noted that the Health Board, in partnership with each local authority established local SPoA models during 2016-17. The Health Board's Community Services Transformation Group, linked to ICF work, will continue to develop the local SPoA models during 2017-18.

Arrangements for monitoring, reporting and scrutinising discharge planning are generally effective, but performance remains poor

There are clear lines of accountability for monitoring and improving discharge planning and patient flow with regular scrutiny of performance

- 98 If arrangements are to be effective, there needs to be clear lines of accountability, and regular scrutiny of discharge planning performance. This is important to ensure there is a sustained focus to improve discharge processes and to maintain patient flow through hospitals.
- 99 At the Health Board, operational responsibilities for discharge planning are set out in the discharge policy and protocol. As previously noted, operational responsibility for the discharge liaison team lies with the Area/Step-Down Matron for each of the Health Board areas. However, discharge planning is the responsibility of all ward staff; therefore, there are escalation mechanisms that all ward staff can access.
- 100 The Health Board use a number of mechanisms to monitor and review patient discharges. Firstly, there are three bed meetings a day at each of the Health Board's acute hospitals. Members of the discharge liaison teams attending the first of these, ie the earliest in the day. Secondly, there are progress meetings every Monday and Thursday that can include social services and WAST that reviews the progress of patients and attempts to resolve any blockages in the system. Finally, specific Multi-Disciplinary Team meetings review particular complex cases that include representatives from social services and therapies, where appropriate.
- 101 Staff we spoke to were clear about the lines of accountability concerning discharge planning. Ward staff escalate any particular blockages or issues according to the most relevant structure. For example, issues to do with nursing are escalated to the Head or Assistant Director and Nursing for each site, similarly for Therapies, and so on. When necessary, concerns are escalated up to the Area Directors and then to the Chief Operating Officer. The Chief Operating Officer as the Executive Officer is responsible for bringing up necessary issues to the Board when needed.
- 102 Each week the Chief Executive receives a summary report on the Health Board's progress on reducing the number and impact of DToC patients. The Performance Directorate collate and distribute this list.
- 103 The Health Board has the following internal forums where discharge planning is discussed:
- the Health Board's Strategic Transformation Group led by one of the Health Board's Area Directors: which looks at programme priorities including discharge planning;

- each area has its own unscheduled care group: local authority social workers are invited to attend that group although their attendance is not consistent; and
 - unscheduled care transformation group: this group looks at admission avoidance and alternative pathways.
- 104 The Board and its committees also receive regular information relating to discharge planning, including the Finance and Performance Committee. Each of the Finance and Performance Committee's monthly meetings between January and June 2017 included information on discharge planning. Discharge planning was also regularly cited as a cause of poor performance during exception reports on the Health Board's performance for Delayed Transfers of Care.
- 105 The Board also received information relating to discharge planning regularly during meetings between January and June 2017. With the exception of special meetings, aspects relating to discharge planning were present in each meeting, including regular exception reporting of DToCs as part of the monthly Integrated Performance Report. Discharge planning was also present in more in-depth reports on patient flow and Health Board plans such as its Living Healthier, Staying Well strategy and the Seasonal Plan.
- 106 As part of our 2016 structured assessment work, we asked board members across the seven health boards and Velindre NHS Trust the extent to which they agreed with a number of statements about patient flow and discharge planning. The BCU board member survey found that seven out of 16 of the board members (43%) who responded agreed or strongly agreed that the Board and its committees regularly scrutinises the effectiveness of discharge planning. This compares to 56% across Wales.
- 107 Good discharge planning relies on partner organisations working together, as well as internal challenge and joint scrutiny arrangements being in place. The Health Board demonstrated its willingness to engage and work with partner organisation in December 2016 when partners came together to undertake the 'five days in a room' walk-through of the patient flow journey.
- 108 In addition, the Health Board works with the local authorities and other partners through a number of forums including:
- integrated services boards
 - community/children/primary care transformation boards
 - Public Service Board
 - Regional Partnership Board
 - unscheduled care group
 - unscheduled care summits
- 109 Such forums have helped the Health Board and its stakeholders build joint action plans and seasonal plans. The Health Board and Gwynedd Council have also co-located their teams to enable better working eg discharge teams with social workers. Staff from the Health Board attended unscheduled care summits during

early summer 2017 in each region where they agreed actions to work together to improve patient flow.

110 The Chief Operating Officer along with the Vice-Chairman represent the Health Board on the North Wales Regional Partnership Board. The Board was established in April 2016 as a shadow Board and became fully operational in September 2016. The Board’s Annual Report for 2016-17 states that one of its key aims is to ‘help people use their skills and confidence to live independently, backed up by high-quality community-based services and facilities’. However, the Regional Partnership Board’s Annual Report shows how the Board’s primary focus for its first year has been in establishing itself and its governance structures.

The Health Board uses a range of information to support timely scrutiny of patient flow, but could incorporate data that is more specific to discharge planning to support improvement

- 111 Having the right information on discharge planning performance is crucial for both monitoring and reporting. Delayed transfers of care is the only national measure, common to both NHS organisations and local authorities, and as such is regularly monitored, reported and scrutinised. There are no other national measures related to discharge planning, and information about the quality and effectiveness of discharge planning is not readily available.
- 112 However, to understand delays in discharging patients from hospital, good practice dictates that NHS organisations should have a suite of performance measures, including information about patients’ experience and outcomes from the discharge process. These can be a mixture of hard and soft measures.
- 113 As part of our review, we looked at the type of performance information reported to operational groups and the Board or its sub-committees which help inform discharge planning performance and how well patients are flowing through the hospital system. **Exhibit 10** sets out the performance indicators and updates reported to the Board at Betsi Cadwaladr.

Exhibit 10: range of performance information reported to the Board during 2016-17

The table shows the information on performance related to discharge planning and patient flow presented to the Board at Betsi Cadwaladr University Health Board.

Discharge planning	Patient flow
<ul style="list-style-type: none"> • Number of DToCs • Delayed transfer of care delivery per 10,000 LHB population – mental health (all ages) 	<ul style="list-style-type: none"> • Cancelled operations • 95% waiting 4 hours or less in all major and minor emergency care facilities from arrival until admission, transfer or discharge

Discharge planning	Patient flow
<ul style="list-style-type: none"> • Delayed transfer of care delivery per 10,000 LHB population – non mental health (aged 75+) • Bed days lost for all patients still in hospital beyond date declared medically fit for discharge • HB Patient experience survey data 	<ul style="list-style-type: none"> • Reduce 1 hour ambulance handover (target is zero waiting >1 hour) • Number of patients spending 12 hours or more in A&E (target is zero) • % patients waiting less than 26 weeks for treatment (target 95%) • Number of patients waiting more than 36 weeks for treatment (target is zero)

Source: Wales Audit Office review of papers presented to the Board at Betsi Cadwaladr Health Board January to June 2017

- 114 The Health Board use an Integrated Quality and Performance Report (IQPR) to regularly report and scrutinise performance. The IQPR articulates DToC performance that is included in the 147 national targets and local indicators the Health Board uses. There is an exception report when performance is not where the Health Board hopes it to be and this goes to the Finance and Performance Committee, the Executive Management Group and the Board on a monthly basis. DToC performance is also on the agenda during monthly accountability meetings, which are part of the performance management framework in place for the Health Board while it is in Special Measures¹⁶.
- 115 The work that the Health Board has been doing to improve its performance with regard to delayed transfers of care includes the capture and coding of information on what is causing delays to patients. The Board noted this proposal in February 2017 and shows that the project team has developed over 100 codes to indicate why a patient is being delayed. This is useful because it gives the hospital real numbers to work with and allows them to identify and act on a blockage more quickly than before. The list is generated every Thursday and wards go through the list each Monday to identify trends, escalate issues and action any improvements within their power.
- 116 In addition, we asked Board members their views on the information they receive on discharge planning. In response to our board member survey:
- 10 out of 16 board members (63%) agreed or strongly agreed that they received sufficient information to understand the factors affecting patient flow, compared to an all-Wales average of 75%; and
 - 10 out of 16 board members (63%) agreed or strongly agreed that they understood the reasons for delays in discharging patients from hospitals within my organisation, compared to an all-Wales average of 82%.

¹⁶ 'Special Measures' refers to the level of scrutiny placed on the Health Board by the Welsh Government. There are four levels of escalation, with Special Measures representing the highest level. The Health Board was placed in Special Measures during 2015.

- 117 Further information that would prove helpful to understand discharge planning performance in particular but not currently reported to the Board in Betsi Cadwaladr Health Board includes:
- number and percentage of patients who have an estimated discharge date
 - readmissions within 28 days of discharge from hospital
 - percentage of discharges before midday
 - percentage of unplanned discharge at night
 - percentage of discharges within 24 hours and 72 hours of being declared 'medically fit'
- 118 The Health Board intends for each patient to receive an Estimated Medically Fit for Discharge Date (EMFD) in addition to PDD. The Health Board's end-of-year report on the AOP for 2016-17 noted that it had been successful in rolling out the introduction of PDD and a system to monitor compliance, but did not provide any detail on this performance. However, the Board round audit conducted by Ysbyty Glan Clwyd in January 2017 showed that these rates were not well embedded. Currently, the Finance and Performance Committee nor Board scrutinises the rate of patients that have these targets set. In addition, the Health Board's discharge policy and protocol includes outcome, organisation and patient measures to indicate whether the policy and protocol is in use, and states that they will be monitored annually, but does not detail by whom or where this will be reported.
- 119 We asked NHS organisations what information could be captured on their patient administration systems. **Exhibit 11** shows that most organisation's patient administration systems have the ability to capture a range of data to aid discharge planning. However, less than half can record whether the discharge is simple or complex.

Exhibit 11: data fields on NHS organisations' patient administration systems related to the discharge process

The table shows that most NHS organisations' patient administration systems can record a small range of data related to the discharge process to support operational monitoring. However, less than half of the systems can capture whether the discharge is simple or complex.

Data fields on patient administration systems related to the discharge process	Number of NHS organisations responding positively
Expected date of discharge	12
Date of discharge from hospital	12
Time of discharge from hospital	12
Discharge destination eg home, residential, care home, etc	12
Date the patient was declared medically fit for discharge	8
Whether the discharge is simple or complex	5

Source: Wales Audit Office analysis of information on discharge planning returned by NHS bodies in 2017 (See Footnote 9)

- 120 The Health Board told us that its patient administration systems can collate all of the information detailed above, with the exception of Ysbyty Glan Clwyd who noted that its system does not collate information on whether the discharge is simple or complex. Staff at Ysbyty Glan Clwyd also told us that there are issues in terms of using the Aura Flow¹⁷ system, as it does not wholly communicate with the Patient Administration System and while staff can transfer data from the Patient Administration System to Aura, they cannot transfer data from Aura to the Health Board's system. The Health Board are working to improve this link between the systems and hope that the ability to feed discharge information directly from Aura Flow to the WPAS system will significantly improve real-time data collection of patient admission status into the Health Board's PAS system.
- 121 According to the Health Board's Annual Operational Plan for 2017-18, work is ongoing, supported by the Welsh Government, to consolidate all of the Health Board's Patient Administration Systems. This should address the inconsistencies in information collated by each hospital area. The consolidation project is planned for completion during 2017-18.

¹⁷ Aura Flow is a patient flow and bed management solution that replaces the Ward whiteboards with large touchscreens.

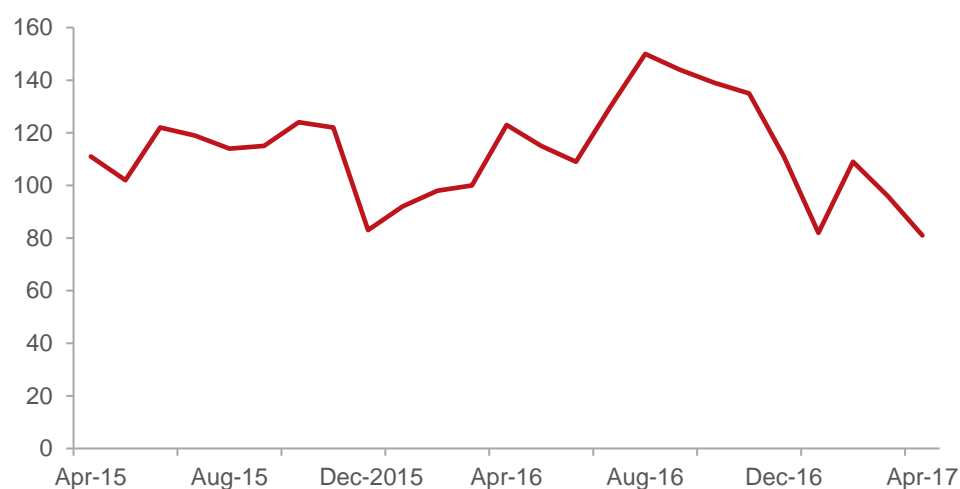
Despite some recent improvement in the percentage of patients with long discharge delays, performance for discharge planning remains poor

- 122 The Delivery Unit undertook its review of discharge planning at the Health Board in December 2016. Since then the Health Board has taken steps to address both internal and external challenges to the discharge planning process. As previously mentioned, the Health Board is attempting to drive up consistency in staff undertaking the 'What Matters Conversation' and ensuring that a PDD is provided for all patients. The Health Board have also worked with partners, through the 'five days in a room' exercise, to establish a joint understanding of the challenges throughout the patient flow journey and developing a shared plan to address these challenges.
- 123 The performance trends shown in [Exhibit 12](#) and [Exhibit 13](#) show that the number of DToCs (excluding those in mental health facilities) at the Health Board has increased over the last two years. While the Health Board saw a spike in the number of DToCs in mid-2016, the number of DToCs has reduced during 2016-17.
- 124 In August 2016, the Health Board moved the discharge teams to sit under the area management structure. A number of papers presented to the Board during 2017 suggest that moving discharge teams to sit under the area structure has had a positive impact. The number and proportion of those delayed 13 or more weeks reduced between 2015-16 and 2016-17.

Exhibit 12: trend in delayed transfers of care (excluding mental health facilities) between April 2015 and April 2017

The chart shows that delayed transfers of care at the Health Board have generally improved since April 2015 despite a spike in numbers during summer months.

Number of delayed transfers of care (excluding mental health facilities)



Source: Wales Audit Office analysis of the [NHS Wales delayed transfers of care database](#), May 2017

Exhibit 13: change in number of delayed transfers of care (excluding mental health facilities) by length of delay between 2015-16 and 2016-17

The table shows that although the number of delayed transfers of care increased, the proportion delayed by 13 or more weeks has reduced.

Length of delay	Percentage (%) of delayed transfers of care (DToC)	
	2015-16	2016-17
0-3 weeks	59	65
4-6 weeks	21	20
7-12 weeks	13	12
13-26 weeks	5	3
26+ weeks	2	0
Total DToCs	1,302	1,443

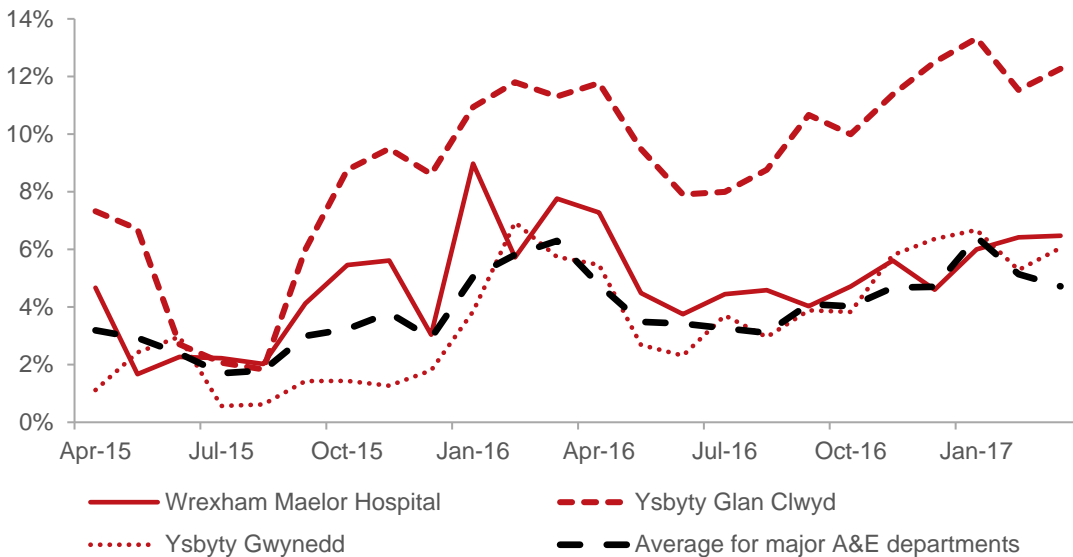
Source: Source: Wales Audit Office analysis of the [NHS Wales delayed transfers of care database](#), May 2017

125 During the same period, **Exhibit 14** indicates that the proportion of patients waiting over 12 hours in accident and emergency has increased across the Health Board’s hospital sites. Ysbyty Glan Clwyd saw the biggest deterioration in its performance, from 8% (April 2015) to 12% (March 2017), and consistently had a higher proportion of patients waiting 12 hours or more in A&E than the Wales average. The other two acute hospital sites at the Health Board, Ysbyty Gwynedd and Wrexham Maelor, have generally performed similarly to the all-Wales average.

Exhibit 14: proportion of Health Board patients waiting more than 12 hours in accident and emergency compared to all Wales average between April 2015 and March 2017

The chart shows that the proportion of patients waiting more than 12 hours in accident and emergency in Wrexham Maelor Hospital and Ysbyty Gwynedd is generally similar to the Wales average, with performance for Ysbyty Glan Clwyd consistently poorer than the Wales average.

Proportion of patients waiting 12 or more hours in A&E



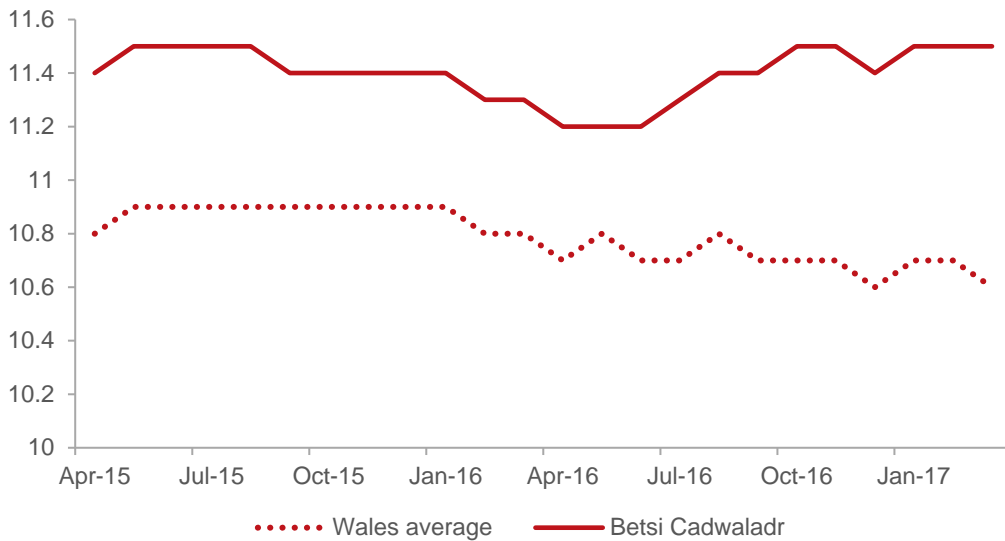
Source: Wales Audit Office analysis of the [Time Spent in NHS Wales Accident and Emergency Departments: Monthly Management Information](#), NHS Wales Informatics Services, March 2017

126 NHS bodies are expected to reduce lengths of stay for emergency medical admissions. Performance is measured on a rolling 12-month basis (the performance reported for any single month therefore representing the average over the previous 12 months rather than the in-month performance). Exhibit 15 shows that the average length of stay for emergency admissions at the Health Board improved slightly in early 2016 but has since returned to its previous rate of 11.5 days. The Health Board's rolling average length of stay remains consistently higher than the Wales average which is itself reducing.

Exhibit 15: trend in the 12 month rolling average length of stay (days) for emergency admissions for combined medical wards between April 2015 and March 2017

The chart shows that the average length of stay at the Health Board has been consistently higher than the Wales average between April 2015 and March 2017.

Rolling 12 month average length of stay (days) for emergency admissions for combined medicine



Please note that the Y-axis does not start at zero.

Source: Wales Audit Office analysis of NHS Wales efficiency data provided by the NHS Wales Informatics Service, March 2017

Appendix 1

NHS Wales Delivery Unit's quantitative findings from discharge planning audits at the Health Board's acute hospitals

Exhibit 16: the RAG status¹⁸ of the Delivery Unit's assessment of written evidence in case notes against specific requirements set out in Passing the Baton¹⁹

The table shows that performance in relation to the patient discharge process was largely poor when assessed against expected practice.

Discharge process	Expected practice	Wrexham Maelor Hospital	Ysbyty Glan Clwyd	Ysbyty Gwynedd
Stage 1 All discharges, within 24 hours of admission	Simple/complex discharge is identified on, or shortly after, admission to hospital.	Red	Red	Red
	A conversation will be had with the patient to establish how they were managing before admission, so that any discharge requirements can be identified, and planned for, from the admission date.	Yellow	Yellow	Red
	A conversation will be had with the patient's main carer (where appropriate) to establish any discharge requirements early in the hospital admission.	Yellow	Yellow	Yellow
	Long-term conditions will be identified on admission, and the patient's perception of their current status established.	Yellow	Yellow	Yellow
	Existing care co-ordination and support in the community is identified.	Green	Yellow	Red
	Patients and their families are provided with written information on what they should expect from the discharge process, and what is expected from them.	Red	Red	Red

¹⁸ The RAG (red, amber, green) traffic light system provides a simple colour-coding system to visualise where performance is less than optimal.

¹⁹ National Leadership and Innovation Agency for Healthcare, Passing the Baton, 2008.

Discharge process	Expected practice	Wrexham Maelor Hospital	Ysbyty Glan Clwyd	Ysbyty Gwynedd
Stage 2 Complex discharges	Early conversations take place with existing service provision to identify and pro-actively address any developing issues.			
	Existing care co-ordinator is identified.			
	In complex discharges, the patient and carer is given the contact details of the named professional who will act as their care co-ordinator.			
	In complex discharges, and MDT case conference is arranged to consider assessments and agree a discharge plan with the patient/carer.			
Stage 3 All discharges	An estimated date of discharge (PDD) is set.			
	The PDD takes account of both acute and rehabilitation phases, where applicable.			
Stage 4 All discharges	The PDD is clearly communicated to the patient and their family/carers.			
	The PDD can be flexed according to an individual's response to treatment, in order to provide a realistic date for discharge.	Evidence this occurred but PDD recorded in only 13%, 23% and 32% of case notes respectively		
	Discharge plans are reviewed daily and there is evidence of actions completed.			
	Potential constraints are identified and actioned/escalated.			
	The patient and their family/carers are regularly updated on progress with the discharge plan.			

Discharge process	Expected practice	Wrexham Maelor Hospital	Ysbyty Glan Clwyd	Ysbyty Gwynedd
Complex discharges	Alternative community pathways are considered to facilitate early discharge and optimise independence.	Yellow	Red	Yellow
	The 'discharge/transfer' to assess model is considered in all complex discharges.	Red	Red	Red
	Timely MDT assessment is collated by the care co-ordinator.	Red	Yellow	Red
	A tailored discharge plan is co-produced with the patient/carer, reflecting their strengths and what is most important to them.	Red	Red	Red
	Third sector provision is considered where appropriate.	Yellow	Yellow	Red
	Where required (eg to discuss onward placement or to determine CHC eligibility) MDT meetings are arranged in a timely manner.	Red	Green	Yellow
	If a care home placement is required, the patient and carer are provided with 'Clear information on the category of home they should be looking for'.	Red	Red	Red
	Information on care homes in the area.	Red	Red	Red
	Information on the Choice Policy.	Red	Red	Red
	Information on where they can access help in looking for a suitable home if they require it (eg third sector).	Red	Red	Red
Stage 5 All discharges	A checklist is completed to ensure that the practicalities of discharge are addressed.	Yellow	Yellow	Yellow

Source: NHS Wales Delivery Unit, Discharge Audit at Betsi Cadwaladr University Health Board, October 2015

Appendix 2

Audit methodology

Our review of discharge planning took place across Wales between February and June 2017. Details of our audit approach are set out below.

Exhibit 17: audit methodology

The table shows the range of activities undertaken as part of the audit process.

Method	Detail
Data Collection Form – Discharge Planning (Health Board level information)	<p>We sought corporate-level information about the extent of shared priorities for discharge and transfers of care; the services or teams available to support timely discharge; the landscape of community-based services; training to support discharge planning; performance management related to discharge planning; and the extent to which information about housing adaptation services is shared with NHS organisations. The information returned has supported both the discharge planning audit and the Auditor General's study on housing adaptations.</p> <p>The Health Board submitted the completed data collection forms with one for the East, Central and West Areas.</p>
Data Collection Form – Discharge Lounge	<p>We asked NHS organisations that operated a discharge lounge services to tell us about each discharge lounge. We sought information about operational hours, the staffing profile, numbers of patients accommodated and the environment for patients.</p> <p>The Health Board submitted three forms, one for each DGH.</p>
Data Collection Form – Discharge Liaison Team	<p>We asked NHS organisations to tell us about the discharge liaison team where these existed. We sought information about operational hours, the staffing profile, team/service costs and types of activities.</p> <p>Where multiple discharge liaison teams operate, one form was completed for each main acute hospital provided teams operated independently of each other. If the discharge liaison team service operated as a single integrated service, one form was completed.</p> <p>The Health Board submitted three forms, one for each team covering the East, Central and West Areas.</p>

Method	Detail
Document request	<p>We reviewed documents from the Health Board which covered strategies and plans for managing patient flow and unscheduled care, policies related to discharge and transfer of care and home of choice, discharge pathways, action plans to improve discharge planning processes and patient flow, and performance reports, including those related to patient experience or information on complaints and incidents related to discharge processes. We also relied on information set out in the reports prepared for the Welsh Government by each health board or regional partnership summarising how the Intermediate Care Fund was used and its impact in 2015-16.</p>
Interviews	<p>We interviewed a number of staff including:</p> <ul style="list-style-type: none"> • Social Service Representative on the Board; • Community Health Council representatives; • Discharge Co-ordinator; • Discharge Support Lead; • Chief Operating Officer; • Three Patient Flow Matrons (West, Central and East); • Three Area Directors (West, Central and East); • Three Assistant Area Directors Community Services (West, Central and East); • Three Hospital Directors (Ysbyty Maelor, Ysbyty Glan Clwyd and Ysbyty Gwynedd); • Ward staff including Matrons (acute and community), Sisters and Managers; • Secondary Care Discharge Lead Nurse; • Respiratory Consultant; • Head of Scheduled Care/Head of Nursing Surgery; • Area Step Down Team Manager; • Step Down Matron; • Interim Lead Nurse, Community Nursing Services; • Housing officer from the central discharge team; • Head of Nursing Medicine; • Three Assistant Director of Nursing (West, Central and East); and • Heads of OT Services.
Use of existing data	<p>We used existing sources of information wherever possible such as the Delivery Unit's work on discharge planning from 2016, data from the StatsWales website for numbers of delayed transfers of care, hospital beds, staff, and admissions, patients spending 12 hours or more in accident and emergency departments and lengths of stay.</p>

Appendix 3

The Health Board's management response to the recommendations

The Health Board's management response will be inserted once the response template has been completed. The appendix will form part of the final report to be published on the Wales Audit Office website once the report has been considered by the Audit and Corporate Governance Committee.

Exhibit 18: management response

The table sets out the report's recommendations and the actions that the Health Board's intends to take to address them.

Ref	Recommendations	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R1	<p>Training on discharge planning. We found that despite plans to organise multi-agency and multi-disciplinary training on discharge planning policy and protocol, training is not consistently available. The Health Board should:</p> <ul style="list-style-type: none"> • broaden the availability of discharge planning as part of induction training to include new medical staff; • provide refresher training on the discharge policy and protocol for all relevant staff; and 	Consistent application of the discharge policy and protocol from ward staff, wherever they are in the Health Board.	Yes	Yes	<ul style="list-style-type: none"> • Self-assessment/Benchmarking on all aspects of Discharge Planning and Protocols across the three Areas and three Secondary Care Hospitals. • Self-assessment/Benchmarking on all aspects of training of staff for Discharge. • Self-assessment/Benchmarking on simple and complex Discharge Pathways. • Develop and implement a standard BCUHB wide Discharge Process, and Protocol to include training and pathways. 	July 2018	Stephen Jones Ffion Johnstone

Ref	Recommendations	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
	<ul style="list-style-type: none"> provide training on the Health Board's simple and complex discharge pathways. 						
R2	<p>Discharge policy compliance. Although the discharge policy and protocol includes the use of clinical audit to monitor compliance, we found that there has been no recent audit undertaken. The Health Board should introduce a regular cycle of audit to ensure compliance with its discharge policy and protocol.</p>	Assurance to a relevant body within the Health Board that actions taken to improve discharge planning and compliance with the discharge policy are being implemented and embedded.	Yes	Yes	<ul style="list-style-type: none"> Self-assessment/Benchmarking on staff awareness of all Discharge Resources that are available. Self-assessment/Benchmarking of current Accountability Framework on Discharge compliance, etc. Develop and implement a BCUHB wide Discharge Accountability Framework, which includes data and information gathering and key intelligent performance indicators plus a reporting system to the appropriate Transformation Group. 	June 2018	Stephen Jones Ffion Johnstone
R3	<p>Discharge pathways. The Health Board uses two generic discharge pathways: simple and complex, however there is inconsistency in application across the three hospital sites and some aspects of good practice are not included. To</p>	Accessible and easily understood pathways that cover all necessary information and that staff feel confident in applying when discharging patients.	Yes	Yes	<ul style="list-style-type: none"> Self-assessment/Benchmarking on approaches across all sites on simple and complex Discharges. Develop and implement a standard BCUHB plan for Simple Discharge and Complex Discharge. 	June 2018	Stephen Jones Ffion Johnstone

Ref	Recommendations	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
	<p>improve its use of pathways, the Health Board should:</p> <ul style="list-style-type: none"> ensure consistent application of its discharge pathways across its three hospital sites; and further develop its simple and complex discharge pathways by including: <ul style="list-style-type: none"> agreed standards for response times; quality and safety information; processes for sharing information; and signposting for patients with end of life care needs. 				<ul style="list-style-type: none"> Develop and implement a Training plan for new and existing staff and refresher training. Develop and implement a standard BCUHB wide process for agreed standards for response times; quality and safety information; processes for sharing information and signposting for patients with end of life care needs. 		
R4	<p>Timely discharge. We found that staff are encouraged to discharge patients by 11am (referred to as the 'golden hour programme'), but this may result in patients who are potentially safe to be discharged the previous afternoon or evening having their discharge delayed to the following day in order to meet the 11am target. Information reported to the Finance, Performance Committee on</p>	<p>Assurance to a relevant body within the Health Board, including the Finance and Resources Committee that discharges in accordance with the golden hour programme are appropriate and are</p>	Yes	Yes	<ul style="list-style-type: none"> Self-assessment/Benchmarking on Timely Discharge. Develop and implement Discharges in accordance with the 'golden hour programme', with key performance management of activity. Develop and implement processes to feedback on performance during 12am – 7am and 7am – 11am discharges. 	May 2018	<p>Stephen Jones</p> <p>Ffion Johnstone</p>

Ref	Recommendations	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
	<p>discharges by time of day did not differentiate between appropriate and inappropriate discharges as all discharges between midnight, and 11am are included in a single category. To mitigate this risk, the Health Board should:</p> <ul style="list-style-type: none"> • report more in-depth data on patients discharged between 12am and 7am, and those that discharged between 7am and 11am; and • introduce additional measures that will allow it to understand whether patient discharges under the 'golden hour programme' are appropriate, or whether patients are being delayed overnight unnecessarily in order to comply with this target. 	in the interest of the patient.					

Ref	Recommendations	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R5	<p>Single point of access (SPoA). When reviewing staff's awareness of community services to support discharge, we found inconsistency. The Health Board must ensure that each of the local SPoA models established during 2016-17 are implemented effectively. The Health Board should:</p> <ul style="list-style-type: none"> • work with its local authority partners to ensure the consistency and quality of information held on each Single Point of Access (SPoA); • ensure that staff across each of its hospital sites receive adequate training on the range of services available through the three SPoA models; and • ensure information on the new SPoA models is easily accessible to staff. 	Staff that have access to, and confidence in the use of varied community services to support discharge planning.			<ul style="list-style-type: none"> • Self-assessment/Benchmarking on the Community Services that are available to support Discharge Planning. • Develop and implement consistency and quality of information held on each SPoA. • Develop and implement a consistent approach to ensure that staff are trained and have access to information on appropriate SPoA models. 	August 2018	Stephen Jones Ffion Johnstone

Ref	Recommendations	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R6	<p>Discharge reporting. We found that the Board, Executive Team and the Finance and Performance Committee receives regular information relating to delayed transfers of care, but receives limited information specific to discharge planning that would support a better understanding of the reasons behind the Health Board's performance. The Health Board should strengthen its performance reporting by including the following measures within its routine performance report:</p> <ul style="list-style-type: none"> • number and percentage of patients who have an estimated discharge date; • readmissions within 28 days of discharge from hospital; • percentage of discharges before midday; • percentage of unplanned discharges at night; and • percentage of discharges within 24 hours and 72 hours of being declared 'medically fit'. 	<p>A Board that is well sighted of the performance of the Health Board with regard to discharge planning, is aware of the experience that patients have during the discharge planning process and is sighted of any negative effect on patient outcome as a result of discharge planning.</p>			<ul style="list-style-type: none"> • Self-assessment/Benchmarking on performance on, estimated discharge date, readmissions and timely discharging. • Develop and implement key performance measurement on percentage who have a discharge date; percentage readmission; percentage discharged before 12am; percentage unplanned night discharges; percentage discharged within 24 hours of being declared medically fit; number of medically fit patients and number of patients with LOS over 21 days. 	July 2018	<p>Stephen Jones</p> <p>Ffion Johnstone</p>

Appendix 4

Activities undertaken by discharge liaison teams

As part of this review, we asked health boards to what extent, from always to never, their discharge liaison teams undertake a range of discharge planning activities. **Exhibit 19** shows the reported frequency with which the 15 discharge liaison teams across Wales undertake the activities listed.

Exhibit 19: the frequency with which discharge liaison teams across Wales reported undertaking a range of activities

The table shows the reported frequency with which the 15 discharge liaison teams across Wales undertake a range of activities.

Discharge planning activities	Reported frequency with which discharge liaison teams undertake the following activities				
	Always	Often	Sometimes	Rarely	Never
Participate in ward rounds or multi-disciplinary meetings	33%	40%	20%	7%	0%
Support staff to identify vulnerable patients who could be delayed	53%	40%	7%	0%	0%
Ensure individual discharge plans are in place for patients with complex needs	60%	27%	13%	0%	0%
Liaise with other public bodies to facilitate hospital discharge and avoid readmission	60%	27%	7%	7%	0%
Provide a central point of contact for health and social care practitioners	67%	33%	0%	0%	0%
Work with operational managers to develop performance measures on hospital discharge	27%	20%	40%	7%	7%

Discharge planning activities	Reported frequency with which discharge liaison teams undertake the following activities				
	Always	Often	Sometimes	Rarely	Never
Validate data on delayed transfers of care	87%	7%	0%	0%	7%
Provide training and development for clinical staff to effect timely discharge	33%	13%	40%	13%	0%
Update bed managers with information on hospital discharges	67%	20%	0%	7%	7%
Provide housing options advice and support to patients and their families	27%	27%	20%	7%	20%
Signpost patients and their families to advice and support for maintaining independence at home	33%	27%	27%	7%	7%

Source: Wales Audit Office analysis of information on discharge planning returned by NHS bodies in 2017 (See Footnote 9)

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