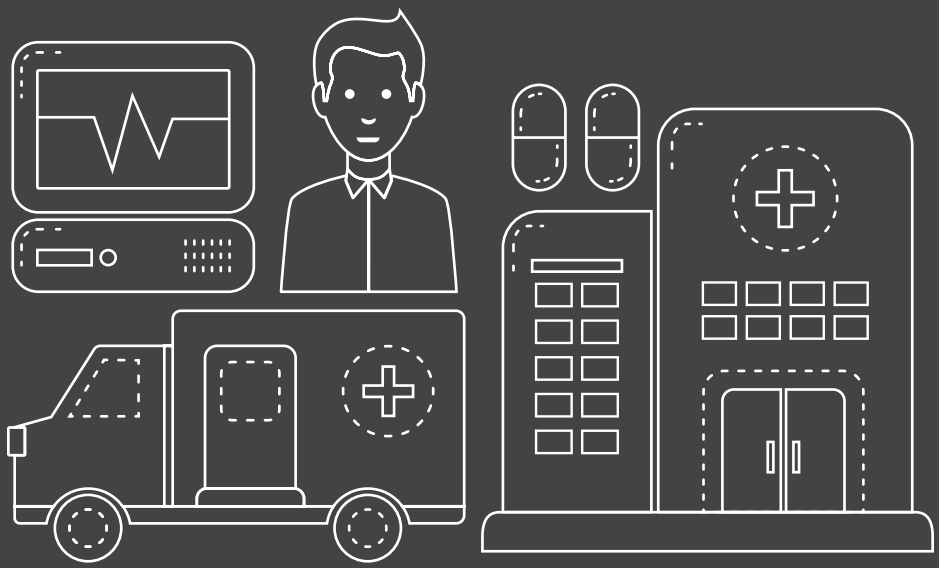
WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

# What's the hold up?

# Discharging patients in Wales

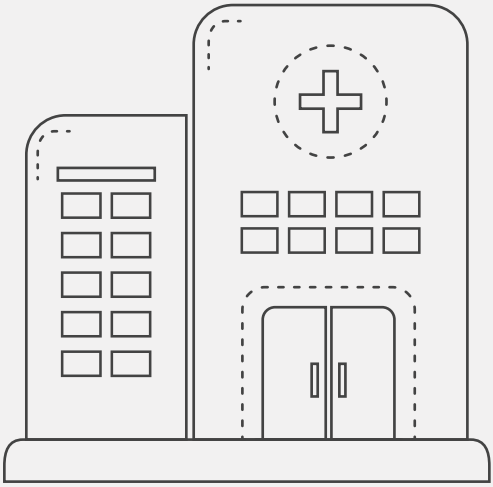


# Background

One of the biggest challenges facing NHS bodies in Wales is the problem known as delayed transfer of care. This is when a patient does not need to be in that hospital any longer, but something is preventing them from moving on. When patients are not discharged from hospital promptly, the whole healthcare system 'backs up' as hospital capacity fills up and it gets harder to admit people who need hospital treatment. Clearly it is not good for the patient either – making it harder for them to regain their independence.

The Auditor General and others have focused on this challenge in a range of work with local NHS bodies and community organisations. The Auditor General's audit work was done during 2017, with further work on the Integrated Care Fund (ICF) carried out during 2018. This document complements our formal audit reports and highlights important issues that board members should be sighted of when seeking assurance that patients are discharged from hospital in safe and timely ways.

The findings from our discharge planning audits at health boards and Velindre NHS Trust are available on the Wales Audit Office website.

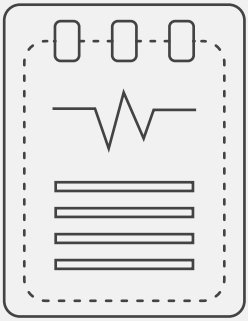


# How NHS bodies and their partners are doing

Planning to discharge people from hospital is a theme in many delivery plans and strategies, not least winter plans. The sheer number of synergies and alignments needed for this planning creates problems of overcomplexity.

NHS bodies told us 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. Healthcare professionals need to work with others to find and plan solutions that meet peoples' needs on discharge and ensure the best recovery possible.

There have been many initiatives to improve discharge arrangements, such as the SAFER patient flow bundle, 'red2green',[1] 'end PJ paralysis'[2] and last 1000 days[3]. The Welsh Government has also created funding to foster greater collaboration between health, social care, housing and the third sector. For example, the ICF gives relatively short-term funding to initiatives to make sure only people who really need to be in hospital are there. During 2019, the Auditor General intends to publish a report on how this fund is being used by public bodies across Wales.



1 'red2green' is a visual system to identify wasted time in a patient's journey; patients on the red list no longer benefit from being in an acute hospital bed while those on the green list are still benefitting from their admission.

2 'End PJ Paralysis aims to get patients up and about and out of their pyjamas as soon as they are able to improve recovery and prevent complications.

3 The last 1000 days is a concept that reinforces the value of patients' time as the most important currency in healthcare and to create a sense of urgency to act.


## Questions for board members on working with partners

- Does the Board receive information about the effectiveness of partnership working to support discharge planning arrangements and improve patient outcomes?
- Is the organisation evaluating what difference ICF funded initiatives have made in facilitating safe and timely discharge?
- Has the organisation mainstreamed successful ICF funded initiatives that support discharge planning?
- Is the organisation evaluating the impact of initiatives, such as the SAFER patient flow bundle, red2green, end PJ paralysis or last 1000 days, on patient flow and patient outcomes?

Encouragingly, we found relatively clear lines of accountability, and regular scrutiny of discharge planning performance. A range of information is generally available to support timely scrutiny and board members feel well informed. It is clear then, that leaders of Welsh NHS bodies generally understand the importance of effective discharge arrangements.

However, delayed transfers of care are the only national measure of discharge. They are regularly monitored, reported and scrutinised by health and local government bodies. Hospital IT systems can capture a range of data to support monitoring and reporting but, fewer than half of Welsh NHS bodies recorded whether a discharge was simple or complex while only a third recorded the date a patient was declared medically fit for discharge.


## Questions for board members on information relating to discharge

- Is the organisation's patient information system supporting the accurate recording of data for monitoring and reporting on operational performance related to discharge planning?
- Is the organisation developing and implementing operational performance metrics and outcome measures to monitor the effectiveness of discharge planning arrangements, for example:
  - the number of patients discharged before midday;
  - the number of patients whose expected date of discharge is recorded;
  - the date patients are medically fit for discharge;
  - whether the discharge is simple or complex;
  - the number of readmissions avoided because of good discharge planning;
  - the number of patients who do not need longer term support;
  - the number of permanent placements in residential care settings avoided?
- Is the organisation regularly collating and reporting on patients' experience of being discharged from hospital?
- Is discharge planning performance, other than delayed transfers of care, regularly reported to the Board or its committees?

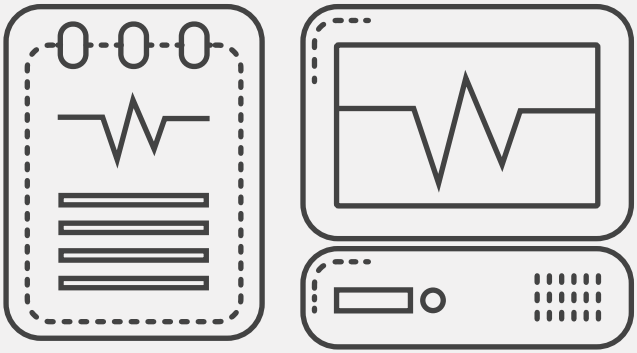
# Steps towards improvement

Defined discharge pathways set out steps that healthcare professionals should take when discharging different types of patients. They can be very helpful. Most Welsh NHS bodies had set out some of these pathways, but they varied widely in approach and were not used consistently.

The Welsh Government is encouraging a new model where going home is the default pathway given most patients benefit from assessment in their normal place of residence with the ability to cope in familiar surroundings. The 'home first: discharge to recover and assess' pathway means patients are discharged home once they are medically fit and no longer need a hospital bed. Patients' immediate support needs will have been assessed prior to discharge and the necessary arrangements put in place. Ongoing assessment of patients' support needs can be safely continued at home by members of the appropriate community health and social care team. The approach means patients are not kept in a hospital bed longer than is necessary. We found that just four out of eight NHS bodies were using this model at all or some hospitals. The challenge is enabling community services to respond as soon as patients are discharged and making the discharge to recover and assess approach standard practice.


## Questions for board members on pathways to support better discharge

- Is the organisation implementing the discharge to recover and assess pathway?
- Is the organisation identifying and addressing the barriers to implementing the discharge to recover and assess pathway?
- Is the organisation and its partners assessing the capacity of community-based services to underpin discharge to recover and assess pathways?
- Is the organisation evaluating the impact and outcomes of discharge pathways, including the discharge to recover and assess approach?



Across Wales, all NHS health boards operated one or more discharge liaison teams. These teams represent a significant investment of funding and have the potential to help things improve. But, we found that the teams tended to be available weekdays only, with a range of alternative arrangements for outside office hours. Most teams were nurse led rather than being truly multi-disciplinary. We also found that discharge lounges were often under-used. Discharge lounges can provide a suitable environment in which patients can wait to be collected, by either their family or hospital transport, or while medication is dispensed.


## Questions for board members on discharge liaison teams and discharge lounges

- Is the organisation regularly reviewing the availability and capacity of the discharge liaison team(s) to provide support seven days a week?
- Is the composition of the discharge liaison team changing to ensure a multidisciplinary approach to discharge planning?
- Is the organisation actively promoting the use of the discharge lounge(s) to support patient flow and release beds promptly for patients waiting admission?
- Is the organisation monitoring and reporting on the efficiency and effectiveness of the discharge lounge(s)?

# Important challenges

It is important that staff understand clearly how patients are discharged. We reviewed discharge policies and protocols and found that most NHS bodies set out their approach quite well.

Across Wales, ward staff are generally confident about what needs to be done to support safe and timely discharge, but staff cited several challenges that sometimes make it difficult. These challenges include: underestimating the time needed to effectively plan patient discharge; failing to start the discharge process on admission; discharge assessments undertaken only when the patient is declared fit for discharge; and reliance on temporary staff who may be unfamiliar with discharge processes and the availability of community services.


**Questions for board members on improving discharge planning**

- Is the organisation taking steps to encourage a culture where 'discharge planning is everyone's business' and a key part of the patient care continuum?
- Does the discharge planning process start on admission?
- Does the organisation know what the key barriers are to safe and timely discharge and is it addressing them?
- Is simple guidance available for bank and agency nursing staff to enable them to contribute effectively to discharge planning arrangements?

Ward staff also speak of a culture of risk aversion, whereby staff are reluctant to discharge patients because they might be at risk for fear they would not cope at home. Whilst staff may be acting out of kindness, they may not be acting in a patient's best interest. Training and information are important tools in improving staff understanding of discharge arrangements and the range and capacity of community health and social care services available to support people in their own homes. There were a lot of materials and resources available, but they were usually locally-produced and not well promoted. We found that access to information on community services was often patchy and training was not done well or not sufficiently frequent. We also found that the discharge liaison teams played only a limited role in helping to train other staff.


### Questions for board members on training and awareness raising

- Is information on the range and availability of community health and social care services readily available to ward staff when planning a discharge?
- Are staff involved in, or responsible for, discharge planning supported by regular training?
- Does the discharge liaison team play a role in training staff on discharge planning?

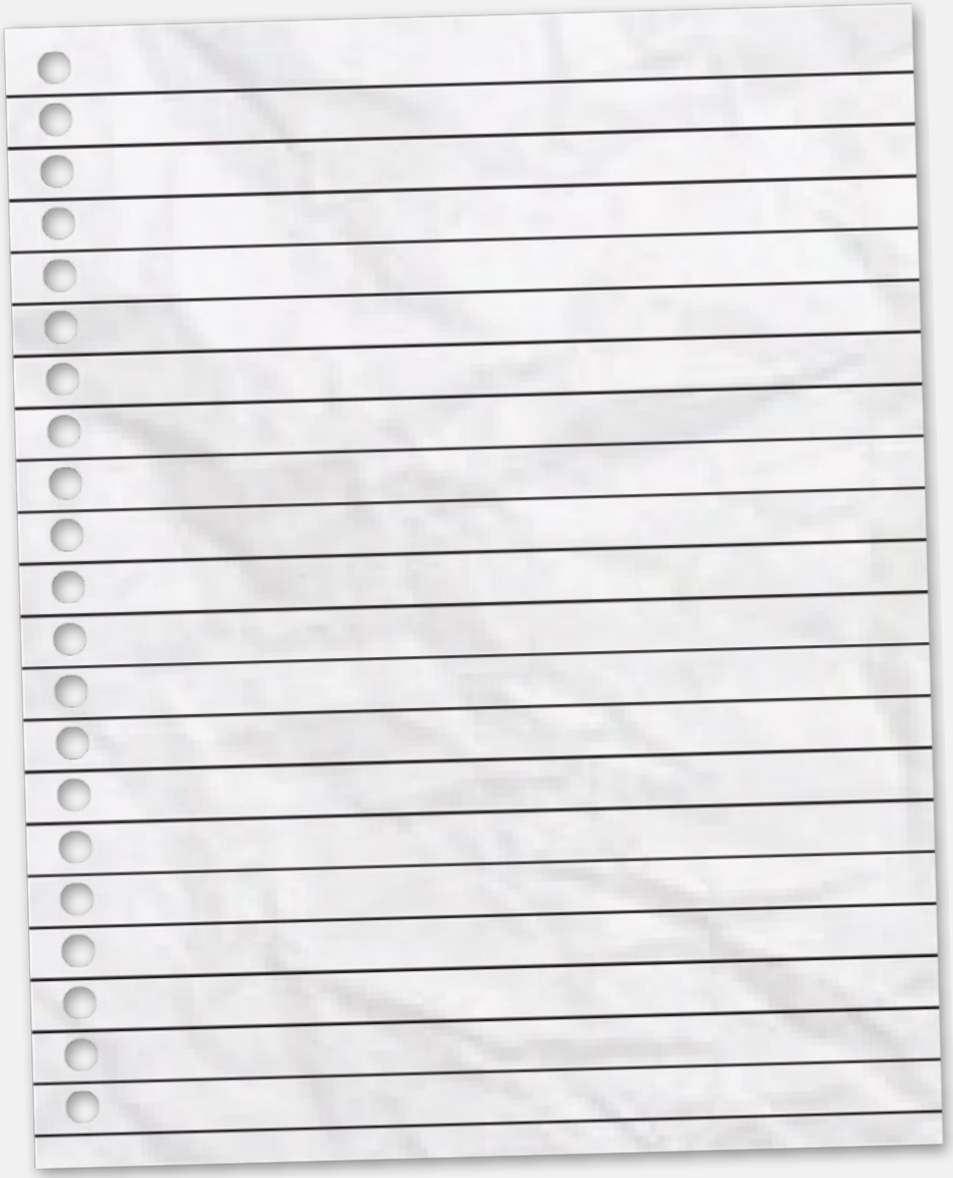
Patients and their families or carers need to understand the discharge process and the support that they can get when they leave hospital if recovery is to be maximised and readmission or long-term residential placement avoided. Across Wales as a whole, we found that the information given to patients and their families or carers was limited.


## Questions for board members on patient engagement

- Is the organisation preparing general written information for patients and families on what they should expect from the discharge process and what is expected of them?
- Do staff talk with patients about 'what matters to them'[4] to ensure that discharge is safe, timely and effective?

4 'What matters to you' is a campaign to encourage and support more meaningful conversations between people who provide health and social care and the people, families and carers who receive health and social care.

# Notes



Wales Audit Office

24 Cathedral Road

Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales