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Matthew Hopkins, Chief Executive Worcestershire Acute Hospitals Trust

By Email 14.09.2022

Dear Mr Hopkins,

#### Worcestershire Acute Hospitals Trust – Draft Inpatient Discharge Policy

You may be aware that Healthwatch Worcestershire have been working positively and constructively alongside Kathleen Simcock, in her then role as Interim Head of Service, Integrated Intermediate Care, on the revisions to the Worcestershire Acute Trust Inpatient Discharge Policy. We have reviewed and commented on three Drafts of the Inpatient Discharge Policy, and provided detailed feedback and comments, basing these on the findings from our August 2021 Report: "People's Experience of Leaving Worcestershire Hospitals During Covid-19" and the system-wide Action Plan produced in response.

We are very pleased to note that much of our suggested wording has been included in the Policy, and that many of our comments and suggestions have been incorporated. We particularly welcome the inclusion of the points we made in relation to mental health, homelessness, the involvement of carers in the discharge planning process, and the identification of a usual cut off time for hospital discharge of 8 p.m. We also note that our suggestion for a post-implementation audit after three months, and a review one year following the approval date have been incorporated.

We are aware that the final Draft of the Policy is still to be submitted to the System-wide Discharge Requirements Group for review, prior to it being presented to the Trust Management Executive for approval. Before this final review and approval of the Policy takes place there are some outstanding issues that we believe are important to its effective implementation, and as such to patient and carer experience, that we would like to bring to your attention and seek your assurances on.

# Pre-Operative Assessment – inclusion of information relevant to Hospital Discharge planning

We understand that there is work progressing in the Trust to look at the pre-operative assessment process. This provides an opportunity to ensure that the pre-operative assessment and pre-operative Health Questionnaire (medical history) provided to patients before elective admissions will be updated, so that information pertinent to planning for the patients discharge arrangements can be gathered prior to admission, as set out in the Draft





Inpatient Discharge Policy. Can you please provide assurance that the pre-operative assessment process and the Draft Inpatient Discharge Policy requirements will be aligned?

## **Standardised Inpatient Discharge Checklist**

We are aware that there are different Checklists in place across the wards in the Trust relating to Inpatient Discharge, and we have been provided with an example of one of these.

We believe that the Inpatient Discharge Policy should be supported by a standardised Discharge Checklist to be used by all wards across the Trust.

This would set out and record that the requirements of the Policy in respect of Inpatient Discharge had been completed and met. It would provide both a useful reminder to the ward staff to complete all the necessary actions relating to safe and high quality discharge, and assurance to the Trust that the requirements set out in the Discharge Policy are being implemented in practice. It would also enable clear communication with family members/carers about the discharge process, an issue highlighted in our Report. We also note that the System Action Plan, produced in response to our Report stated that: "Consideration to be given to introduction of 'Discharge Checklist' to support entire process.", and that reference to the Discharge Checklist was made to support other potential actions. We accept that some wards will have requirements specific to their circumstances, but we believe that these could be accommodated through an "Other" section included in the standardised Checklist.

Whilst we have been told that it is envisaged that the Trust will move towards greater standardisation of discharge documentation, including a common discharge checklist, particularly as electronic systems develop, we are seeking a firm assurance that a Standardised Inpatient Discharge Checklist will be developed to support the implementation of the Inpatient Discharge Policy, along with a timeframe for its implementation.

#### **Holistic Welfare Check**

Section 3.3. of HM Government July 2021 Hospital Discharge and Community Support: Policy and Operating Model states that:

"All persons leaving hospital should receive a holistic welfare check to determine the level of support, including non-clinical factors like their physical, practical, social, psychological and financial needs"

We have raised incorporating reference to the completion of the holistic welfare check into the Draft Inpatient Discharge Policy and have been told that, as part of planning for discharge, ward teams gather information from the patient, family members and nominated carers and make an assessment about how much support is required and how such needs will be met.

However, we are seeking assurance that the holistic welfare check will be undertaken across all the domains identified in the Government Policy as set out in Section 3.3. above for <u>all</u> patients, including those on Pathway 0, prior to discharge. We would like to see a clear reference to the completion of the holistic welfare check, along with the identification of the staff who are responsible for this, included in the Inpatient Discharge Policy. We would also like to see the completion of the holistic welfare check incorporated into the standardised Inpatient Discharge Checklist to provide assurance that this has taken place.

### Information given to patients on discharge

We are aware that when they leave hospital patients receive a copy of the Medical Discharge Summary. Patients and carers fed back to us that the information included in the Discharge Summary is variable in quantity and quality, and that the document is not especially "patient friendly".

We note that the system Action Plan, produced in response to our Report, states: "Review of discharge communication and documentation will be undertaken as part of the improvement work underway and review of policy documentation. This will include consideration of communication documentation filed in patients notes".

We would like to see written information provided to patients on discharge which is designed with patients and carers in mind.

### Single point of contact on the ward for nominated carers/family members

Our Report highlighted how important it is to nominated carers/family members that they have a consistent, single point of contact that they can speak to about plans for their relative/friend's hospital discharge and about their condition whilst they are an inpatient on the ward. We were really pleased to see in the first draft of the Policy that (Para 5.1.1): "A single point of contact for those involved in discharge arrangements should be established, with regular updates being provided". We are disappointed to see that the current version of the Policy states: "The single point of contact for those involved in discharge arrangements is the ward" as this fails to address the issues carers and patients raised with us. Whilst we have been provided with an explanation of why this is the case, we would ask that this is reconsidered.

## **Electronic Patient Record**

We would also like to understand more about how the electronic patient record will mitigate some of the issues that we have raised in this letter and how hospital discharge information will be made available to patients through the Shared Care Record.

# Involvement of Carers in the Discharge Planning Process

We were really pleased to see this specifically referenced in the Inpatient Discharge Policy, and the responsibility of ward teams in this respect clearly set out. We welcome the reference to the work being developed around Empowering Carers on Hospital Discharge, including the development of the Carers Checklist and Personal Care Plan. We appreciate that the implementation of these documents is still under discussion and that the Onward Care Team will continue to input into the Inpatient Policy Review and formulation. We would like to put on record our support for this work and can see the value that could be added to the hospital discharge process. We look forward to seeing further detail in the first year review of the Impatient Discharge Policy.

We would be grateful for your response to the points raised in this letter by Wednesday 12<sup>th</sup> October. Please note that we intend to publish this letter and the response provided to it on our website.

Yours Sincerely

Jane Stanley, Director, Healthwatch Worcestershire

c.c. Kathleen Simcock, Divisional Director of Operations, Surgery