

Our Ref: MH/KS

28th October 2022

**Worcestershire Royal Hospital  
Charles Hastings Way  
Worcestershire Acute Hospitals NHS Trust  
WR5 1DD**

Ms Jane Stanley  
Director  
Healthwatch Worcestershire  
Civic Centre  
Queen Elizabeth Drive  
Pershore  
WR10 1 PT

Dear Jane

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

Thank you for your letter of 14<sup>th</sup> September 2022 regarding the above. I apologise for the delay in responding. I am pleased that positive and constructive work has been undertaken regarding revision and updating of the Trust's Inpatient Discharge Policy. As you indicate, this work has reflected the findings of Healthwatch's August 2021 Report 'People's Experience of Leaving Worcestershire Hospitals During Covid-19' and the resulting System-wide Action Plan.

The draft Policy was presented to the System's Discharge Requirements Implementation Group on Friday 14<sup>th</sup> October. I understand it was well received and a deadline for any additional comments was set. I understand from Kathleen Simcock that some minor amendments have been suggested. These are in the process of being incorporated prior to the policy document being presented to the Trust Management Executive for approval and implementation.

I know that the work which has been undertaken reflects, as far as possible, the latest discharge guidance. Your input to this has been extremely helpful. I also understand from your letter that you have a number of outstanding points that you wish to be put on record and have asked to be considered further. I have responded to these in turn and would like to assure you that these will be kept under active review as we continue to make progress with this important aspect of service delivery.

#### **1. Pre-operative Assessment**

An important opportunity to review and revise Pre-operative Assessment and in particular, the Pre-operative Health Questionnaire is due to commence in the next 4-6 weeks. This will take the form of detailed process mapping as part of a piece of service improvement work planned for this area. Revisions to process and documentation will be updated in line with the revised Inpatient Discharge Policy requirements.

#### **2. Standardised Discharge Checklist**

It has not, to date, been possible to have a standard discharge checklist for all wards in the Trust. Most wards have developed their own checklist which meet the needs of their patient population. We envisage that in due course, this could be digitally generated with direct interface with the Electronic Discharge Summary and 'To Take Out' (TTO) medication information. I am not able to put a precise timescale on this

currently. One of the major preliminary building blocks is the implementation of an Electronic Patient Record which will be rolled-out over the next few months, together with the supporting infrastructure to support use.

### **3. Holistic Welfare Checks**

Unfortunately, this is not practically possible for all patients occupying an acute bed. The Onward Care Team are always involved in facilitating the discharge of patients that require support. This is achieved via the generation of a 'Safe to Transfer' electronic form which I understand has been shared with you. Significant work each day is undertaken with families and nominated carers together with our partners in the Health and Care Trust, the Local Authority and our transport provider to ensure that each discharge is safe, effective and timely.

### **4. Provision of Information on Discharge**

Written information is provided to patients and family members/nominated carers on discharge together with a discharge summary that is sent to the patient's GP. In addition, telephone contact by way of handover briefing is also made between the ward and staff at the discharge destination for those being discharged on a supported pathway.

### **5. Single Point of Contact**

I understand that this has been the subject of much discussion and review. I appreciate that Healthwatch have requested a named individual but unfortunately, this is not practical given the shift/rota arrangements on the wards. Handover arrangements for ward staff between each shift ensure that, as far as possible, the latest available information is conveyed to colleagues looking after a particular patient. Therefore, the ward on which the patient is being cared for is the most appropriate single point of contact.

### **6. Involvement of Carers in the Discharge Process**

I am able to provide assurance that informing and involving nominated carers will continue to be practiced, with further learning and development incorporated into the Policy as implementation is audited and revised.

I would wish to assure you that these points will be kept under active review. As part of our 4ward Improvement System, we have recently launched a Patient Flow Value Stream which will examine in detail all aspects of patient flow throughout the hospital. This programme is designed specifically to equip our staff with improved skills. We acknowledge that comprehensive and early planning for discharge is a fundamental component of effective patient flow. Ensuring completion of discharge information and medication required on discharge has been prioritised for a Rapid Process Improvement Workshop taking place at the beginning of December.

I hope the above is helpful but if you have any further queries, then please do not hesitate to get in touch.

Yours sincerely



Matthew Hopkins  
**Chief Executive**