Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar rhyddhau cleifion o ysbytai ac effaith hynny ar y llif cleifion drwy ysbytai

This response was submitted to the Health and Social Care Committee consultation on Hospital discharge and its impact on patient flow through hospitals

HD 20
Ymateb gan: | Response from: Coleg Nyrsio Brenhinol Cymru | Royal College of Nursing Wales

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Royal College of Nursing Wales response to the Health, and Social Care inquiry into the Hospital Discharge its impact on patient flow through hospitals

The Royal College of Nursing Wales is grateful for the opportunity to respond to this consultation. The Royal College of Nursing Wales has confirmed our availability to provide oral evidence to the Health and Social Care Committee on the 27 January 2022.

The Royal College of Nursing Wales previously gave evidence on hospital discharge to the 5th Senedd's Health, Social Care and Sports Committee[1]. Since the evidence was given to the 5th Senedd Committee the hospital discharge process has not improved.

Summary

- There is not enough capacity or resources in the community or care homes to receive patients from hospital. This is a significant challenge to the health and social care sector and a pivotal reason why there are delays in transfer.
- There is a lack of consistent communication across professions and between health, social care and third sector organisation which adds to delays in hospital discharge.
- Hospital discharge became evermore so complex during the COVID-19 pandemic and care home are still struggling.
- Discharge liaison nurses are pivotal to ensure a smooth and effective discharge for an individual with complex needs.
- Clinical leadership plays an important part to ensure effective discharge occurs.

Recommendations

1. The Welsh Government should extend Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to community nursing.
2. Health Education and Improvement Wales (HEIW) must develop a post-registration commissioning strategy with a focus on district nurses and community children nurses.

[1] Royal College of Nursing, 2020, Hospital Discharge inquiry evidence. HDP03 - Royal College of Nursing.pdf (senedd.wales)

3. NHS Wales should evaluate the 'Red Bag' scheme and assess how to improve communication across primary, secondary, community and social care.
4. The Welsh Government and NHS Wales must support and actively promote the role of the discharge liaison nurse.

Overview

NHS performance statistics in Wales show in February 2020 there were 448 delayed transfers of care (DTOC) with the majority of patients waiting on community care (202) or the availability/selection of care homes (97).[2] 67% of patients experiencing a delayed transfer of care were aged 75 or older. At the beginning of the pandemic reporting on DTOC was suspended, this has not resumed.

The acute hospital environment is not beneficial for people to remain in longer than clinically necessary. There is an increased risk of infection and a growth of mental dependency. Physical abilities decline rapidly which can result in an increased likelihood of falls and further injury and potential readmission to hospital.

The "Get Up, Get Dressed, Get Moving" campaign acknowledged that patients aged over 80 who remain in bed lose up to 10% of their muscle mass in just 10 days. The Campaign noted that up to 50% of patients can become incontinent within 24 hours of admission and fewer than 50% of patients recover to preadmission levels within 1 year[3].

The most significant factor causing delays in discharge is the lack of capacity in the community and care homes; there are not enough district nurses and care home nurses.

From hospital to home

Hospital to home refers to the care and support offered to patients that leave hospital for ongoing assessment and recovery with an aim of limiting unnecessary time in hospital settings.[4] From the hospital's front door to receiving care in the community, nurses are essential for delivering holistic care and ensuring a smooth patient journey. Hospital discharge is a multi-profession responsibility, but discharge liaison nurses are pivotal to ensuring a smooth transition for patients with complex needs.

Discharge liaison nurses

[2] Stats Wales, 2020, Delays in Transfer of Care, https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Performance/Delayed-Transfers-of-Care/delayreason-by-localauthority

[3] Get up, get dressed, get moving, 2018, Cardiff and the Vale, http://www.cardiffandvaleuhb.wales.nhs.uk/get-up-get-dressed-get-moving

[4] Welsh Government, 2021, Delivering Home First, Delivering Home First (gov.wales)

The Royal College of Nursing recommends supporting the role of the specialist discharge liaison nurse. This is a specialist nursing role that is pivotal to ensuring that the discharge of patients *with complex needs* is effective and efficient.

Discharge liaison nurses:

- ensure patients with complex care can leave hospital as soon as it is appropriate
- provide expert advice and advocacy for the patient, relatives, carers and friends.
- ensures the patient has a safe and appropriate plan of care for when they leave hospital.
- provides a coordinating role and liaises between the patient, family members, inpatient staff, community nurses, GPs and social workers to ensure that all appropriate people are able to contribute to the ongoing plan of care.
- ensure a hospital bed is made available in a timely and planned way for the next person who needs it and avoids delays in Accident and Emergency.
- ensures the ward sister or charge nurse does not waste valuable time struggling to discharge a complex patient.
- ensures frontline nursing teams have the additional knowledge and skills necessary to plan ongoing care for patients with complex needs.

RECOMMEDATION: The Welsh Government and NHS Wales must support and actively promote the role of the specialist discharge liaison nurse.

Community care

Recovery from hospital-based treatment often requires clinical and social support. This package of care requires planning and of course the actual capacity to deliver it. In addition, some of our most vulnerable older people are supported 365 days of the year by community nursing teams, delivering complex care and treatment packages at home. If this package of care is interrupted by a hospital admission, there is a delay in restarting this process. In addition without adequate support the risk of readmission becomes higher due to falls, poor nutrition and infection.

For the last decade in Wales, health boards have reconfigured acute hospital services, reduced bed numbers, encouraged shorter patient stays, and enabled more complex treatments and care to be delivered at home. In A Healthier Wales (2018), the Welsh Government outlined its long-term vision: to shift health care provision from resource-intensive hospitals to community-based services. This combined with the ageing population, and increased comorbidity of illnesses, means community nursing services have been under high pressure.

Community nursing teams deliver care closer to home, promote independence and provide a holistic philosophy to care. Rather than focusing on a task-based approach

(e.g. changing a dressing), community nursing care is about a range of activities that assess and respond to the whole spectrum of needs of people being cared for in their homes and communities. This fits perfectly with the aspirations of A Healthier Wales.

Community nursing teams are led by district nurses. District nurses are the experienced pinnacle of a community nursing team, providing clinical supervision and leadership to the registered nurses and health care support workers.

However, despite increasing the number of patients and complexity of care provided in the community the number of district nurses has actually declined over the last decade. **10 years ago there were 749 FTE District Nurses working in the community. Today, there are only 635**. Today's data also needs to be taken with a pinch of salt as since 2016 health boards have miscoded nurses working in the community as district nurses, this has possibly inflated the number.

There is currently no strategy for post-registration nursing commissioning, including district nursing. As a result, the current commissioning figures for post-registration nursing education are not sufficient and will not facilitate the unique skills and knowledge needed to care for the population. This is having a devasting impact on hospital discharge.

Extend Section 25B of the Nurse Staffing Levels (Wales) Act 2016.

The Welsh Government should extend Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to include community nursing services. Section 25B places a legal duty on health boards and trusts to calculate and maintain the level of nursing based on a specified methodology. The expansion of Section 25B to community nursing would support the discharge of patients in a timely manner into the community. It would further allow the patient to receive care in a more desirable environment and reduce hospital readmission.

RECOMMENDATION: The Welsh Government should extend Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to community nursing. This would support the discharge of patients to the community in a timely manner

Child Community Care

Traditionally children's nurses were relatively few in number and hospital based. These days' children with complex health needs can receive far more care at home. This means many more children's nurses are needed in the community. Wound care & management, ventilation, BP monitoring, IV medication/line management, enteral feeding support and palliative care are some of the services children's nurses provide, along with vital education for other healthcare professionals and for carers and school

staff. Learning disability nurses are also in very short supply and are needed to support children and young people with challenging needs.

Most children nowadays with complex needs receive care in the community as do those recovering from treatment or operations. Despite this, there are few nurses in the community to specifically care for children with complex conditions.

The Royal College of Nursing Wales is pleased to see a rise in pre-registration children's nursing places for 2021/2022 but urges the Welsh Government to further invest in community children nurses to ensure care is available for children in the community.

The number of community children nurses failed to increase in 2020/2021 and, rather, decreased, falling from 48.7 to 43 (FTE). The Royal College of Nursing Wales is aware that there is a significant shortfall in the number of community children nurses needed to meet demand. Using the RCN's recommendation for a minimum of 20 FTE community children nurses per average-sized district with a child population of 50,000, Together for Short Lives estimated that Wales needs an additional 240 community children nurses.

RECOMMENDATION: HEIW must develop a post-registration commissioning strategy with a focus on district nurses and community children nurses.

Care homes

There are only 1,438 registered nurses working for commissioned care providers in Wales[5]

Effective rehabilitation and recovery takes time and extra care and assistance. This may be clinical e.g. wound dressing, pain management and monitoring infection. It may be assistance with daily living such as hygiene, toileting, and meal preparation. The mantra of 'people should be cared for at home' must be balanced with an understanding of whether the home environment is suitable. A home environment may be unsuitable because physical limitations that cannot be altered e.g. stairs, or there may be family arrangements that also require rearrangement e.g. if the recovering person is usually a full-time carer.

Following hospital treatment, it may be necessary for an individual to be placed into a care home as they are no longer able to live independently or their family can no longer provide the level of care the individual needs, this maybe a temporary or permanent placement in a care home.

The financial burden on the elderly patient and their families may delay the transition from the hospital setting into a care home facility of choice and suitability. Furthermore,

[5] SCW_workforce_profile_2019_Commissioned-Services_final_EngV2.pdf (socialcare.wales)

identifying a bed in a care home is a lengthy process and is often followed by a complex funding process.

- The time it takes have equipment provided e.g. temporary mobility aids
- The time it takes to make necessary adjustments and structural change e.g. a ramp
- The assessment for and availability of care packages to support home living e.g. nursing care
- The time taken to identify arrange and fund a suitable placement in a care home, where specific needs can be met.

In addition individuals with learning disabilities or a mental health diagnosis often experience a delay in discharge due to the lack of care providers available to provide the level of specialist care that the patient requires.

The discharge of a patient into a care home is an extremely complex process.

- The care home must assess the individual's needs, ensure the home can meet the needs of the individual through physical and staffing resources
- Discuss the choice with the person, family members and health professionals.
- Discharge needs to occur on an appropriate day for the care home
- If an individual needs to be transported to the home in an ambulance, that needs to be arranged , along with equipment.
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Communication between primary, secondary, community and social care

A significant barrier that contributes to delays in hospital discharge is a lack of consistent communication and joint working between health, social care and third sector bodies. Communication needs to be consistent and free-flowing throughout secondary, primary and social care.

Initiatives have been introduced to improve communication and hospital discharge across Wales. As part of the Integrated Care Fund, the Welsh Government implemented a "red bag" scheme across West Glamorgan in 2019-2020. It sort to meet the National Institute for Health and Care Excellence (NICE) Guidelines and helps care home residents admitted to hospital be discharged quicker. The bag contains key paperwork, medication, and personal items. This is handed to ambulance crews by care home staff when a patient need to be admitted to hospital. The bag travels with the patient from the care home to the hospital and back to the care home.

However, the scheme was only very recently introduced in West Glamorgan, and the COVID-19 pandemic disrupted any progress that could have been made.

RECOMMEDATION: NHS Wales should evaluate the 'Red Bag' scheme and assess how to improve communication across primary, secondary, community and social care.

The experiences of patients, families, carers and staff of discharge processes.

The importance of patient's experience has been recognised within the nursing profession and local health boards. *'Patient stories'* are often collected by nurses and used to illustrate an experience and reflect upon. The patient's story is shared with a group of nursing professionals with the aim to improve practices. Health board similarly gather patient stories and reflect upon them at their Board meeting, this is also done to improve practise.

The examples below are drawn from our members experience and illustrate some of the common concerns that we have explained elsewhere in the paper.

Example A – inappropriate early discharge

A patient who had been admitted to hospital for surgery was due to be discharged on a Saturday. She was instead discharged late on Friday and a surgical drain had been removed even though it was still draining. The wound leaked overnight, and the bedding had to be changed 3 times. By Monday she was sent back to hospital by her GP. Following her experience, she developed abdominal collection, wound infection and sepsis. The patient expressed that she waited hours for another bed to be available and was admitted for a further three weeks.

Example B – a delayed discharge

A patient who has undergone knee surgery was judged medically fit to be discharged on Wednesday. A physiotherapist was needed to assess mobility. The physiotherapist was able to see the patient on Friday. Some mobility aids were required for the home. Only an occupational therapist could issue these. The occupational therapist was able to see the patient on Monday and issue this equipment. An ambulance was booked to take the patient home on the Tuesday at 12noon. The patient was asked to leave the bed and sit in the discharge lounge at 9am so the bed could be free for another patient. A suitable wheelchair was found only at 11am. However, at this point there was no chair free in the discharge lounge so the patient remained in the bed. When the ambulance transfer team arrived at 12noon the patient's medication was not ready. The pharmacy advised the patient stay an extra night as the medication would be ready the next day. The ambulance transfer would need to be re-booked and the next available slot was Thursday. Thus, the total number of days delayed in hospital since the patient was ready for discharge was 7 days.

Example C- A mental health nurse discharge experience

Two individual patients, one had a learning disability and the other a mental health diagnosis, were awaiting a discharge from an assessment and treatment unit (AATU). Care providers had been agreed and went through the transition process and at times commenced their own care staff to begin shadow shifts with these individuals. The care providers then decided they could not meet the needs for these individuals The mental health nurse expressed that they find it extremely hard to deal with the failure to discharge as it leaves the most vulnerable patients back to square one in an AATU despite being ready for discharge and these instances have an impact on the patient's mental state which can cause a relapse.

About the Royal College of Nursing (RCN)

The RCN is the world's largest professional organisation and trade union of nurses, representing around 435,000 nurses, midwives, health visitors, healthcare support workers and nursing students, including over 27,000 members in Wales. RCN members work in both the independent sector and the NHS. Around two-thirds of our members are based in the community. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland.

The RCN represents nurses and nursing, promotes excellence in nursing practice and shapes health and social care policy.

Related RCN Wales publications

- [1] Royal College of Nursing, 2020, Hospital Discharge inquiry evidence. HDP03 - Royal College of Nursing.pdf (senedd.wales)

- Royal College of Nursing Wales, 2021, *Paper 1: Community Nursing Teams The Role of the District Nurse and the Community Children Nurse*. https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/countries-and-regions/wales/2021/community-nursing-2021-english.pdf?la=en&hash=EC640EE9C2CAD03099C5933404613C68

- Royal College of Nursing Wales, 2021, *Nursing in Care homes*, https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/countries-and-regions/wales/2021/care-home-report.pdf?la=en&hash=C10E0200C2037FC64DDF34A3017ED78B