Appendix 2

Combined organisational response to audit recommendations

Recommendation	Organisational response	Completion date	Responsible officer
Improving training and guidance R1 The Health Board, working with local authorities, should develop jointly agreed guidance to provide clarity to all staff on how the discharge planning process should work across the region. This should be based on the national guidance issued in December 2023 and should set out clearly defined roles and responsibilities, and expectations, including when referrals for ongoing care should be made.	**Sub-regional:** The national guidance document will be utilised to create a summary of the key considerations. This summary will provide a reference to the full document on-line and refer to additional support and guidance available for specific circumstances such as when Best Interest Decisions are required which has been a focus of recent activity. The guidance will focus on the imperative for effective MDT and multi-agency working and incorporate references to support avoidance of adverse discharges. Central Denbighshire Conwy and Flintshire County Council and BCUHB will work together to develop a guidance adhering to the national guidance, in line with optimal patient Flow. Considering any existing guidance that may already be in place across BCUHB to support consistency across the Health Board with pathway of care delay reporting. Ynys Môn Council, Cyngor Gwynedd, and BCUHB West will further develop such a guidance adhering to the national guidance, having considered existing guidance that may	July 2024	Community Services Transformation Mgr, East IHC.

Recommendation	Organisational response	Completion date	Responsible officer
	already be in place in other parts of north Wales. Building upon existing arrangements the Local Authorities and Health Board will share all new guidance on transfer of care from hospitals to home. This will be an integral part of the development in response to R1 above. The Hospital Discharge Policy has now been finalized and is currently being taken through the HBs Governance Process. There has been engagement with LA operational staff, at RLG and NWASH. The Hospital Discharge Policy includes guidance on Reluctant Discharge, Choice and flow charts for easy reference		
R2 The Health Board and local authorities should ensure processes are in place to communicate discharge planning guidance to all relevant health and social services staff, including those working on a temporary basis, supported by an ongoing programme of refresher training and induction training for new staff.	**Sub-regional:** The East area guidance document referred to in relation to R1 will be: • Distributed to all social workers who support discharge planning in Wrexham and Flintshire • Incorporated into return to work discussions, supervision and other management approaches to ensure that team members are informed by the most up to date guidance. • Guidance will be referenced in induction information and staff bulletins and similar. • Home First leads will provide a constant reminder to all key staff members within East Area hospitals who support and lead on discharge planning.	From August / Sept 2024	Senior Manager for Adults FCC, Heads of Service for Older People WCBC, Associate Directors, Community Services BCUHB East

Recommendation	Organisational response	Completion date	Responsible officer
	• Opportunities explored to include guidance within training programme for all staff including wider teams such as Safeguarding and Commissioning. Building upon existing arrangements and those noted previously, the Local Authorities (East, Central & West) and Health Board will share all new guidance on transfer of care from hospitals to home. This will be an integral part of the development in response to R1 above. The Hospital Discharge Policy has now been finalized and is currently being taken through the HBs Governance Process. There has been engagement with LA operational staff, at RLG and NWASH. The Hospital Discharge Policy includes guidance on Reluctant Discharge, Choice and flow charts for easy reference. E.discharge forms are currently being developed. Two Optimal Patient Flow Co-ordinators have been appointed and are currently reviewing training and awarenss information to support wider / refreshed learning.		
Improving compliance with policies and guidance R3 The Health Board should embed a regular cycle of audit to assess the effectiveness and consistency of the application of discharge policies and guidance, including the application of D2RA.	**Health Board:** Draft revised BCUHB Hospital Discharge policy has been developed to replace the Covid discharge requirements. The revised draft policy will be presented through the Health Board's governance process for approval, this will include a consultation period on the BCUHB website and sign off by relevant Health Board committee. Other supporting documentation including Choice & Reluctant Discharge Guidance and Criteria Led discharge is also being reviewed as part of this review of discharge documentation.	September 2024	Acting Assistant Director – Care Homes Support & CHC Commissioning

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Recommendation	Organisational response	Completion date	Responsible officer
	As part of the discharge policy an audit cycle will be agreed and implemented. This work has been paused and will be looked at by the national 6 goals team which includes representatives of North Wales	December 2024	
R4 The Health Board should establish controls to prevent staff adding patients to multiple waiting lists, such as for reablement, home care packages and residential care to facilitate a speedy discharge, regardless of need. This will ensure that only those who need the services are on the relevant waiting lists.	**Health Board:** As part of the D2RA Audit plan Management establish formal overarching policy or Standard Operating Procedure to support the operational management and controls to prevent patients on multiple waiting lists. This work has not progressed as planned but will be part of the Optimal Flow Facilitators work Programme for the next 6 months.	December 2024	Acting Assistant Director – Care Homes Support & CHC Commissioning
Ensuring patient safety while awaiting care packages R5 The Health Board should ensure processes are in place to notify social services before patients are discharged home, where those patients require ongoing support in their own home, and where such	**Health Board:** Review of process and ensure this is included in the Discharge SOP The process is set out in the new Hospital Discharge Policy and will be referenced in the easy read flow charts in development	December 2024	Acting Assistant Director – Care Homes Support & CHC Commissioning

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Recommendation	Organisational response	Completion date	Responsible officer
support is not in place at the time of discharge.			
R6 The Health Board and local authorities should ensure mechanisms are in place to regularly monitor patients who are discharged home without arranged ongoing social care and to escalate issues to the appropriate service where necessary.	**Sub-regional:** Where appropriate and capacity allows, Home First support patients with an assessed need for a package of care who are awaiting the start of an arranged POC as a bridging the gap Where family/friends provide short term support or where patients self-discharge, telephone numbers are provided to report escalated needs. All people with assessed needs will have a point of contact once home and will be supported as soon as capacity is available. If individuals are transferred home from hospital without an assessment and required care package in place, the Local Authorities will monitor those situations. Completing adverse discharge form where required to support Learning across the services and improved patient journey cross ref R16 Poor discharges will be picked up as part of the Discharge Improvement Groups which have now been established across North Wales Region. It is well established in the west, and the learning has already been shared	On-going June 2024 On-going	Head of Nursing, Community. Senior Manager for Adults Heads of Service for Older People

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Recommendation	Organisational response	Completion date	Responsible officer
Improving the quality and sharing of information R7 The Health Board and local authorities should ensure that all relevant staff across each organisation has consistent access to up-to-date information on services available in the community that support hospital discharge. This will ensure that opportunities to discharge earlier with support from services beyond social care are not missed.	**Sub-regional:** Dewis as the central point of information will continue to be promoted across all organisations. Guidance developed in response to R1 will refer to the fact that there are a broad range of community-based support on discharge and where to find information – direct to Dewis Councils operating sub-regionally operating together with the Health Board share such information on a regular basis via integrated working within the SPOA's of the Community Resource Teams, clinically optimised and length of stay and will continue to do so. There has been a programme of raising awareness for HB staff to ensure patients and families are signposted to Dewis	On-going July 2024 On-going	BCU Associate Directors Community Services and LA Heads of Service for Older People.
R8 The Health Board should improve record keeping by: a. ensuring all staff involved in discharge planning fully understand the importance of documenting comprehensive information in patient case-notes to support effective discharge planning.	**Health Board:** As noted in R3, a draft revised BCUHB Hospital Discharge policy has been developed to replace the Covid discharge requirements. The revised draft policy will be presented through the Health Board's governance process for approval, this will include a consultation period on the BCUHB website and sign off by relevant Health Board committee.	September 2024	Acting Assistant Director – Care Homes Support & CHC Commissioning

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Recommendation	Organisational response	Completion date	Responsible officer
b. establishing a programme of case-note audits focused on the quality of record keeping.	Other supporting documentation including Choice & Reluctant Discharge Guidance and Criteria Led discharge is also being reviewed as part of this review of discharge documentation As part of the discharge policy an audit cycle will be agreed and implemented The Hospital Discharge Policy has now been finalized and is currently being taken through the HBs Governance Process. There has been engagement with LA operational staff, at RLG and NWASH. The Hospital Discharge Policy includes guidance on Reluctant Discharge, Choice and flow charts for easy reference	December 2024	
R9 The Health Board and local authorities should implement ways in which information can be shared more effectively, including opportunities to provide wider access to organisational systems and ultimately joint IT solutions.	**Sub-regional:** Cyngor Sir Ynys Môn, Cyngor Gwynedd and the Health Board already have an information sharing pilot in place awaiting evaluation. Conwy, Denbighshire & Flintshire local authorities and the Health Board have a WASPI in place since the implementation of the SPOAs Further work required to improve information sharing on presentation in ED due to organisational systems not available to all. An integrated information sharing systems.is required to support this	October 2024 October 2024	Heads of Services for Older People Director of Allied Health Professionals

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Recommendation	Organisational response	Completion date	Responsible officer
	Central Area will consider how this can be incorporated into the scope of the new Connecting Care procurement process Seek options for Home First to be able to access Council WCCIS system in the East. Revisit schedule of multi-agency meetings to verify that those contact points achieve a shared position re updates on discharge planning as part of the ongoing Home First Review in the East Consider how the use of STREAM is consistently updated with potential for local authority access Actively seek ways to increase local authority access for systems held within BCUHB. It is hoped that in April the POCDs data reported nationally will be made available to all LA via a shared platform.		
Addressing key gaps in capacity R10 The Health Board and local authorities need to work together to develop joint solutions to address key gaps in service capacity, in particular, domiciliary care and reablement services which would enable timelier discharge of patients to their own home.	**Sub-regional:** Utilise Further Faster Funding and action planning In Central, D2RA team at the front door working as Trusted Assessors to address the gaps in assessment capacity working together with local authorities to support reablement provision ongoing work to support more timely discharge required for POC with agreed Trusted assessment pathways	On-going	Leadership Group

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Recommendation	Organisational response	Completion date	Responsible officer
	Central Area Integrated Services Board considers the development of joint solutions to address key gaps in service capacity e.g the Denbigh Health and Social Care Programme. The Health Board have developed the Tuag Adref service in the West to provide for a reablement service and domiciliary care is now jointly commissioned by Local Authorities and the Health Board. Further Faster funding and most recently 50-day Challenge funding has enabled increased capacity within re-ablement teams. This has been achieved through recruitment to additional re-ablement worker posts. Redeployment of social care staff to hospital care coordinator roles to support discharge processes has also enabled timelier discharges of patients. Increased capacity within the CRTs and domiciliary care teams has been achieved through recruitment of agency social work staff, agency OT staff and additional domiciliary care brokerage hours Additional domiciliary care capacity has been secured in rural areas. Lack of capacity in rural areas has been adversely affecting hospital discharge. 50 day challenge funding has enabled payment of an enhanced fee for staff travel to support up take of packages of care in these areas. Local Authorities are also developing alternative models for domiciliary care with increased use of micro-providers Further investment from WG has also been attributed to BCU Health Board in order to realise the		

	interventions surrounding the 0.5% high risk cohort and the community transition and assessment beds. The achievements related to this investment is being tracked and outputs recorded as part of the 50-day funding initiative. An end of term report is to be drafted outlining success or otherwise of such investments post 31.3.25 for reporting purposes at forthcoming RPB & WG meeting.		
Maximising the use of the Regional Integration Fund R11 The Health Board and local authorities, through the Regional Partnership Board (RPB), should demonstrate how it is working to increasingly mainstream long-standing schemes funded through RIF which are considered core services.	**Regional Partnership Board:** RPB and partners continue to make progress to mainstream long standing schemes funded through RIF. In 2023/24 there was £16.9m of investment in mainstreamed schemes. Following further developments in 2024/25 there is £26.9m* of investment into mainstreamed schemes. *Partner funding investment into the CRTs was reviewed in November 2024. This has resulted in an increase in the partner funding figure from that acknowledged in 23/24.	On-going	Regional Head of Collaboration

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Recommendation	Organisational response	Completion date	Responsible officer
R12 The Health Board and local authorities, through the Regional Partnership Board, should agree a process for utilising any future RIF slippage monies, ensuring that appropriate value and benefit is obtained from such spending.	**Regional Partnership Board:** The importance of appropriate use of slippage has been acknowledged and in response the *'Change Notification'* process was developed. The process is being audited and will be reviewed by the RPB's Leadership Group. Following an internal review of the change notification process, it was found that it works well as it outlines - • the rationale for change to funding use • how much funding is being flexed and between which services and • the governance around the slippage decision making As a result, it will be continued for the forthcoming two years i.e. up until end of the RIF programme	On-going. Process to be reviewed Autumn 2024	Regional Head of Collaboration
R13 To help inform decision-making and discussions, the Health Board and local authorities should: a. ensure that the Regional Partnership Board has routine access to key performance indicators relevant to effective and timely flow out of hospital, including urgent and emergency care performance within the	**Regional Partnership Board:** Quarterly data re: flow out of hospital to be presented to the RPB's Leadership Group (inclusive of IHC Directors) This action has been superseded by Welsh Government's 50-day challenge which has been implemented across the nation from 11.11.24 onwards. Related DPOC data and updated 50-day report is presented to RPB's Leadership Group (inclusive of IHC Directors) on a monthly basis & RPB when it meets every other month. Co-chairmanship options of the Urgent & Emergency	On-going quarterly	Regional Head of Collaboration / Assistant Director – Care Homes Support & CHC Commissioning

	Care Programme Board are being explored		

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Recommendation	Organisational response	Completion date	Responsible officer
Health Board and waiting lists for social services and care packages; and b. use the Regional Partnership Board working arrangement to develop a regional risk register which pulls together the risks associated with delayed discharges.	Risk register related to delayed discharges to be completed and presented to RPB twice annually a. Regularly discussed at operational meetings, there is a need to escalate risks to the attention of the RPB as part of the on-going dialogue re: DPOC's	October / April annually	Regional Head of Collaboration
Improving oversight and impact R14 The Health Board and local authorities should ensure that information setting out progress with significant activities and initiatives being undertaken to support effective and timely discharge is routinely available at a corporate and partnership level. This should include activities and initiatives undertaken individually and jointly, both within and outside of the RPB structure, their impact and how they collectively	**Sub-regional:** The Pan Cluster Planning Group will become the leadership group to oversee partnership activity in this regard in the East. In addition to circulation of Key Performance Indicators outside of meetings (e.g Pathway of Care Delays Census Information), a standing item will be added to each agenda to consider current position, trends and responses required. Regular reporting mechanisms and performance and progress monitoring across the Local Authorities and Health Boards to continue with added focus in the West & Central.	From September 2024 onwards	PCPG Chair

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contribute to addressing the challenges. This will help to provide assurance that resources are being invested to best effect.	This information is also considered at strategic integrated planning meetings. Work is ongoing to improve data analysis and reporting in order to provide further assurance across Local Authority governance. Eg. It is hoped that in April the POCDs data reported nationally will be made available to all LA via a shared platform. Further work is required nationally on the collection and sharing of data relating to Enhanced Community Care. Partners joined a self-assessment discussion on 27th February – awaiting feedback from the national team		
Embedding learning from actions taken to address delayed discharges R15 The Health Board and local authorities should ensure that mechanisms are in place to implement learning from actions taken to address delayed discharges, such as the Multi Agency Discharge Events (MADE), and to maintain regular oversight to ensure the learning is being implemented.	**Regional Partnership Board:** Aligned to R13. and the associated work, regular learning events and sharing of good practice to be considered regularly. 50-day challenge report is presented to Leadership Group (inclusive of HB & LA reps) for sharing of good practice and identification of improvement practices to be achieved consistently across the region.	Quarterly – on-going	Head of Regional Collaboration / Assistant Director – Care Homes Support & CHC Commissioning

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Recommendation	Organisational response	Completion date	Responsible officer
R16 The Health Board should strengthen escalation arrangements for reporting adverse incidents or concerns relating to discharge by: a. addressing any outstanding adverse incidents or concerns, communicating clearly with the relevant local authority; and b. ensuring a consistent approach to reporting adverse incidents and concerns relating to discharge is in place across the Health Board.	**Health Board:** Each IHC to establish an Adverse Discharge Group with clear ToRs Hold Discharge webinars with Care Homes across each IHC to improve communication and build trust between Health and Providers This is well established in the west and has been implemented in central and east. They are now known as Discharge improvement groups. Terms of reference agreed. Care home / provider awareness sessions on going	October 2024	Acting Assistant Director – Care Homes Support & CHC Commissioning