

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 40

Ymateb gan: | Response from: Arolygiaeth Gofal Iechyd Cymru |
Healthcare Inspectorate Wales



Healthcare Inspectorate Wales (HIW) - response to inquiry on Hospital discharge and its impact on patient flow through hospitals.

Head of Strategy, Policy and Engagement

Response submitted on behalf of Healthcare Inspectorate Wales (HIW)

We confirm that this response can be published and no information needs to be treated as confidential.

- The scale of the current situation with delayed transfers of care from hospital.

HIW is aware, through recent work, that delayed transfers of care from hospital are having a negative impact on patient flow. As a result of a lack of available beds to admit patients into, there are difficulties for ambulance crews offloading patients at Emergency Departments (EDs). EDs are struggling to find space and capacity to treat patients whilst they wait for inpatient beds to become available.

HIW has recently published a report into an unannounced inspection visit we completed at [Prince Charles Hospital ED](#) in September 2021. The report highlights the severe pressures we found the department to be working under. We noted *“extreme overcrowding with patients sharing equipment such as drip stands and blankets. These practices significantly increase the risk of cross-infection”*. This report contains many other concerning examples of issues caused by overcrowding.

- The impact of delays in hospital discharge, both on the individual and the patient flow through hospitals and service pressures.

HIW has noted through inspection work undertaken in the current inspection year (2021-2022) that there can be insufficient discharges to match the rate of front door admissions. Where this is the case, it can lead to overcrowded EDs, and to patients being cared for on the back of ambulances for extended lengths of time. HIW reported on the impact of lengthy ambulance waits on patients and on the availability of ambulance crews for community responses. Our [review](#) found evidence of regular lengthy waits before ambulance crews are able to transfer their patients, and many instances where patients are taken off the ambulances for diagnostic tests (e.g. scans) only to be returned to wait in the ambulance once the procedure is complete. This can have a profoundly negative impact on the availability of emergency crews in the community which is caused by long waits to handover their patients. Further findings from our review relating to this matter can be found on our [website](#).

- The variations in hospital discharge practices throughout Wales and cross-border, and how they are meeting the care and support needs of individuals.

HIW is not in a position to comment on this question at this point in time. We are gathering evidence in this area as part of our [National Review of Patient Flow](#).

- The main pressure points and barriers to discharging hospital patients with care and support needs, including social care services capacity.

Through our close working relationship with CIW, we are aware of the challenges within social care and the negative impact of the pandemic on social care and the social care workforce. We are aware from our own inspection and assurance work that availability of community care packages is often cited by health services as a reason for delayed discharge from acute hospital beds.

- The support, help and advice that is in place for family and unpaid carers during the process.

HIW is not in a position to provide detailed comment on this, however, the impact of visiting restrictions to hospital wards will have changed the way in which family and unpaid carers can receive support, help and advice during the discharge planning process. Patient liaison teams have been introduced in many health boards in order to help bridge the gap between patients and their relatives / friends / carers but these have been introduced as temporary resources and are not consistent across all wards, and all health board areas.

- What has worked in Wales, and other parts of the UK, in supporting hospital discharge and improved patient flow, and identifying the common features.

HIW has commenced a [National Review of Patient Flow](#) and will have further evidence to share in this respect later in 2022. We have, however, explored patient flow as part of our [review of patient handover](#), and found that a new patient flow co-ordinator role had been introduced in some areas. The aim of this role was “*to assist in achieving a timely handover and to maintain effective communication between ambulance crew, ED staff and patients*”. Our review found that where these roles had been introduced, “*they have helped to ease some of problems associated with the handover process and have been beneficial to patient experience as a consequence*”.

- What is needed to enable people to return home at the right time, with the right care and support in place, including access to reablement services and consideration of housing needs.

HIW is not in a position to comment on this until we have gathered evidence as part of our [National Review of Patient Flow](#).