

## **1.0 Executive Summary**

- 1.1 This report outlines the findings and recommendations following the Adult Social Care and Health Select Committee's scrutiny review of Hospital Discharge (Phase 1).
- 1.2 On the 30<sup>th</sup> January 2020, the Director-General of the World Health Organisation (WHO) declared the novel coronavirus (which would become known as 'COVID-19') outbreak a public health emergency of international concern (PHEIC), WHO's highest level of alarm. According to WHO, at that time, there were 98 cases and no deaths in 18 countries outside China. Four countries had evidence (eight cases) of human-to-human transmission outside China (Germany, Japan, USA and Vietnam).
- 1.3 In the UK, the month of March 2020 saw a considerable upturn in the numbers of people being confirmed as COVID-19 positive (culminating in the decision to announce significant restrictions in social contact via a national lockdown on the 23<sup>rd</sup> March 2020). Of particular concern was the sharply increasing demands on the National Health Service (NHS), with large numbers of infected individuals requiring emergency treatment in hospital. This was comparable with several other European countries, specifically Italy, who were experiencing extreme pressures on their health systems during this time.
- 1.4 On the 19<sup>th</sup> March 2020, the UK Government and NHS published a *COVID-19 Hospital Discharge Service Requirements* document (note: this has since been withdrawn as it is out of date) which stated that unless required to be in hospitals, patients must not remain in an NHS bed. Acute and community hospitals were told to discharge all patients as soon as they were clinically safe to do so, and that transfer from the ward should happen within one hour of that decision being made to a designated discharge area, with discharge from hospital happening as soon after that as possible, normally within two hours.
- 1.5 After the initial COVID-19 surge had seemingly peaked around mid-April 2020, many media commentators turned their attention to the impact of the pandemic on the care sector. With 38% of care homes experiencing an outbreak and the number of COVID-19 deaths in care homes only gradually reducing (ONS data, 12<sup>th</sup> May 2020), NHS Trusts were accused of causing excess mortality in care homes by 'systematically' discharging known or suspected COVID-19 patients into the care sector, a suggestion which Trust leaders strongly refuted. A key concern around the discharge of patients from hospital to care homes was the decision not to require a test to be conducted prior to discharge until new guidance was issued on the 15<sup>th</sup> April 2020. Responding in July 2020 to the Health and Social Care Committee, Sir Simon Stevens, Chief Executive of NHS England, stated there was a necessity to ensure hospitals could deal with the sharp increase of incoming COVID-19 cases.
- 1.6 The first phase of this review aimed to briefly examine the impact of the 2020 COVID-19 pandemic on hospital discharge to care homes, an issue which has gained national attention following the UK Government's response to a surge of hospital admissions in March 2020. This element of the review would focus on the national guidance, the process around hospital discharge

to care homes, and any potential learning ahead of an anticipated second COVID-19 surge.

- 1.7 During the Committee's evidence-gathering, some local providers expressed their unease at being pressured into accepting patients without knowing if they were infected, as well as the at-times unclear nature of discharge arrangements.
- 1.8 The Committee was reassured that strong partnership-working between local health and social care providers was evident throughout the information received during the first phase of this review. These already established relationships, further enhanced via the onset of regular multi-agency meetings from March 2020, have never been more critical, and will continue to be relied upon for the remainder of 2020 and beyond.
- 1.9 Support provided to care homes by North Tees and Hartlepool NHS Foundation Trust (NTHFT) was commended, in particular the work of the Infection Prevention and Control team (whose guidance and training was frequently heralded by care homes as part of this review) and the Community Matrons. As seen within the care homes survey responses, some concerns were raised around communication during the initial pandemic stage, and the Committee invite NTHFT to reflect on the issues raised so that future discharge-related information is exchanged in a timely and accurate manner.
- 1.10 Whilst the Committee was pleased to hear of the help given to the wider health and care system by South Tees Hospitals NHS Foundation Trust (STHFT), in particular the work of their Community Matrons, the importance of the internal measures (testing all patients upon admission from early-April 2020, PPE provision / safe use guidance for staff, estate configuration, etc.) put in place to keep hospital patients and staff as safe as possible was also recognised. Minimising the transmission of infection within hospitals is crucial and reduces the risk of patients having to be discharged with COVID-19.
- 1.11 An invaluable asset in managing safe discharge from hospital, Stockton-on-Tees Borough Council's Rosedale Centre proved to be a crucial alternative option when patients could not be accommodated within other care homes. Ensuring that robust plans are in place to step-up the service again should the need arise will be vital in the local management of hospitalised COVID-19 cases, particularly since it is incumbent upon the Local Authority to make alternative arrangements if a care home cannot take a discharged hospital patient.
- 1.12 The Committee was grateful for the input of local care homes to this review and were very keen to hear their experiences since the emergence of COVID-19. The notion previously expressed within the sector that care homes were an afterthought in the early phase of the pandemic was echoed by some respondents, along with a number of communication challenges between themselves and the hospital service. More encouragingly, examples of positive (and improving) engagement with the wider health and care sector were provided, and it was reassuring that no local PPE issues were reported, an area which has often been highlighted in the national media.
- 1.13 The subject of testing was raised by all contributors to this review, and the Committee fully support the aspiration and commitment of both local NHS Trusts to enhance their testing capacity. The UK Government has expressed

a desire to further ramp-up the country's testing capabilities, and the potential of local Trusts to expand their offer needs to be heard and acted upon (with the required resources provided) for the benefit of hospital patients, care home residents and their respective staff. Ensuring test results are made available to relevant parties as quickly as possible is also a critical element in fostering safe working environments, reducing the risk of infection to others and getting staff back to work.

- 1.14 The challenges faced by both hospitals and care homes in March and April 2020 have been extreme, and it can be difficult for organisations to be mindful of the pressure on others when they themselves are under great strain – continuing regular and effective engagement by all key partners as part of a system-wide approach should therefore be a high priority moving forward. Reassuringly, local services in both the health and social care sectors have indicated that they feel better-prepared ahead of a second COVID-19 surge following experiences from the first phase, though controlling numbers requiring hospital admission and, in turn, discharge to care homes remains critical. The Committee are mindful though that the actions of national Government, and the compliance of the general population to any local restrictions put in place, are outside the control of local health and social care providers, who are ultimately left to manage what remains an unpredictable and fast-changing public health emergency.

### **Recommendations**

The Committee recommend that:

- 1) There is continued regular engagement between local NHS Trusts, SBC and care providers regarding escalation-planning and how this will be managed, with arrangements to be agreed by all stakeholders.**
- 2) North Tees and Hartlepool NHS Foundation Trust provide a prompt response to the communication issues raised by care homes through the survey undertaken as part of this review.**
- 3) The recently issued 'designated settings' guidance (for discharge of positive COVID-19 cases from hospital to CQC-approved care home accommodation) be fully implemented.**
- 4) Planning for the use of the Council's Rosedale Centre (a recently CQC-approved 'designated setting') for a second surge takes into account the possibility of higher demand than what was required from March 2020.**
- 5) Local leaders support the desired expansion and funding of local Trust testing capabilities, and that any increase in capacity be prioritised for both Trust and care home staff and patients / residents.**
- 6) Regular testing of care home staff and residents is supported, with a continued push for a quicker turnaround in the notification of test results.**
- 7) The latest guidance from the UK Government, in conjunction with recognised best practice, is fully understood and acted upon by key partners, and is considered during the regular dialogue that takes place between health and social care services.**