Lost in Translation?

Workshop Report

Reviewing the Role of the Discharge Liaison Nurse in Wales
**Document Information**

**Cover Reference:** “Lost in Translation” was the title of the workshop at which the review was undertaken and refers to the primary question of whether the intended benefits of a Discharge Liaison Nurse have been maintained across the variety of approaches used to implement the role within the NHS in Wales.

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**Description:** This document is a summary report of a national workshop held on 25th June 2007, to undertake a workforce modernisation review of the current structure, practice, roles and responsibilities of Discharge Liaison Nurses.

**Consequence:** Knowledge base to inform the development of a framework to provide and improve specialist discharge coordination.

**Target Audience:** Health & Social Care Organisations in Wales

**Intended Circulation:** WAG Policy Leads; NHS Trusts; Local Health Boards; Local Authority Social Services; participants of the workshop and members of the NLIAH Communities of Practice.

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Introduction

The Change Agent Team (CAT) is based within the National Leadership & Innovation Agency for Healthcare (NLIAH) and works with health and social care communities across Wales, to support a whole systems approach to the effective management of transfers of care and ultimately improving the patient journey. One of the primary methodologies used by CAT is the management and development of ‘Communities of Practice’ and this report is a product of the National Discharge Planning Community of Practice.

This report summarises the activities and recommendations from a National Workshop facilitated by CAT to review the role of the Discharge Liaison Nurse (DLN) in Wales. The workshop entitled “Lost in Translation” took place on the 25th June 2007 and was designed for managers and practitioners employed in health and social care. Those who are employed to lead on discharge practises and colleagues who work closely with the day to day processes that get people home.

The key speakers; Dr Jon Glasby, Director of Programmes for Health and Social Care within the University of Birmingham and Mr Mike Cole, Senior Workforce Development Manager within the Workforce Development Unit, illustrated current practice and standards and provided a valuable insight to overcome the recognised barriers and challenges to effective discharge.

The format of the workshop was predicated on many discussions that highlighted how the role of the Discharge Liaison Nurse has changed considerably since its original inception in the early 1990’s. Many DLNs feel that their impact is compromised and that allied staff have become disengaged from the overall discharge process. Subsequently, the workshop offered a practical opportunity to review current practice; explore what works and what doesn’t; and debate what changes are required, using a practical workforce modernisation methodology.

It is evident from the day that Discharge Liaison Nurses are skilled and knowledgeable individuals, with the potential to deliver effective discharge planning, but in Wales, this capacity is not being fully exploited.

Background

In 2006, CAT developed the Effective Discharge Planning Self Assessment Audit Tool (SAAT). The SAAT was completed by all Health Communities in Wales and the overarching results were published in May 2007 in a report entitled ‘Six Steps from DToC to EToC’.

The report provided further evidence to support the emerging CAT view that frontline health and social care staff have become increasingly disengaged from routine discharge processes, to a point where even simple transfers of care are often passed to specialist Discharge Liaison Nurses (DLN).

The publication of the report also coincided with several requests for CAT support to formally review the role of DLNs within NHS Trusts in Wales. Subsequently, it was recognised that role of a DLN is a national issue, with the potential to have significant impact on improving the increasing Delayed Transfers of Care (DToC) reported in the monthly census to the Welsh Assembly Government (WAG).

In liaison with the University of Birmingham, initial research indicated that no such review of the role had been undertaken in the UK and therefore, this process also provided the opportunity for DLN’s in Wales to work together and contribute to the wider development of effective discharge planning practice.
Invitations were extended to every NHS Trust, Local Health Board and Social Services Department in Wales. The event took place in June 2007 and all Trusts were represented at the event, with many sending DLN teams and their managers.

**Event Structure**

The workshop was opened by Lynda Chandler, a member of CAT and a former DLN, who explained the background to the event. It was noted that only a small number of the delegates present had been involved by their organisations in the completion of Effective Discharge Planning SAAT and many were not aware of its existence.

CAT was delighted to be supported in this event by Dr Jon Glasby from the University of Birmingham who is well known for his work on discharge planning and the interface across health and social care. The first session of the morning therefore considered the findings of Dr Glasby’s literature review entitled ‘Show me the way to go home’.

In recognition of the extent of expertise present at the workshop, an appreciative enquiry approach was broadly adopted and delegates worked in mixed groups to explore the following questions:

- What does it feel like to work with the discharge process in 2007? **Identify current issues and experiences.**
- What is the benefit of Discharge Liaison Nurses and what are they good at? **Identify some key skills and successes.**
- What could be the benefits of the discharge liaison to service users, allied professions and organisations? **Identify direct and indirect opportunities.**

In the afternoon, Mike Cole of the NLIAH Workforce Development Unit led a session on the practical application of role redesign methodology and delegates were support in locality based groups to identify enablers and plan the next steps to improving their practice and their impact on the system.

Ongoing support was offered to locality teams should they require it and a provisional follow up date identified for 18th October 2007.

**Findings**

What does it feel like to work with the discharge process in 2007?

- The DLNs present acknowledged that the current ways of working do run the risk of de-skilling ward staff but, described how they are often required to plug the skills gap arising from the deployment of inexperienced, temporary or disengaged staff at ward level.

- Delegates were keen that frontline ward staff, led by the ward manager, should take back responsibility for all but the most complex discharges. However, current experiences indicated that competence and confidence in effective discharge planning practice needs to be built before such a handover can safely take place.
It was recognised that teaching and mentoring should form a core element of the DLN role, but the current focus on ‘hands on’ discharge co-ordination means there is little capacity to do it.

There was consensus that discharge planning training needs to be part of an ongoing in-house rolling programme but that attendance at planned teaching sessions is variable. For example delegates reported that staff on the most acute wards are less likely to participate, but it was unclear as to whether this was due to a lack of enthusiasm, time demands or a combination.

Discharge planning training also needs to be a key element of pre-registration training for nursing, medical and allied health professional students.

Delegates described how keeping abreast of new policies, strategies, and the ‘moving goalposts’ of eligibility criteria can be problematic but also recognised that this expert knowledge is a key area in which they can add value.

There was a perception that there is an increased amount of documentation to be completed in relation to discharge and that this may be detrimental to securing the engagement of frontline staff. Assessment for Continuing NHS Health Care funding was viewed as being particularly complex and onerous.

In addition, frustrations can arise due to the limited choice of discharge destinations both in the community and in care home placements particularly for Elderly Mentally Infirm Patients.

Managing increased patient and carer expectations of discharge support services and funding was identified as a key element of the DLN role, which often involves acting as an advocate, negotiator and conflict resolution manager.

Clear organisational escalation processes were seen as essential, particularly where legal issues are involved, but DLNs reported that they can feel isolated and ‘left to get on with it’ in such cases. It was identified that there was potential to work together to build a knowledge bank or evidence base to address complex cases involving potential legal action.

Delegates confirmed that there is no agreed single definition of what the function of a Discharge Liaison Nurse should be and that consequently there is a wide variation in grading and job descriptions across the country. The variation of the role of the DLN across Wales was identified as being a disadvantage in obtaining clarity and recognition of impact. It was suggested that a national profile would be helpful.

In addition, within the same Trust DLN functions can differ according the directorate in which they work for example; DLNs were identified in acute medicine and surgery, mental health, learning disabilities and children’s services.

Although delegates acknowledged that the DLN role carries its fair share of frustrations, the overwhelming feedback was that they find the role enjoyable and rewarding and that they can see the potential for adapting the current way of working to achieve clearer outcomes.

What is the benefit of having Discharge Liaison Nurses and what are they good at?

The delegates identified the following key components of the DLN role:
Communicator
Facilitator & enabler
Advisor for staff
Advocate for patients and carers
Educator & Motivator
Negotiator & Problem Solver
Sign Posting
Focus of expert knowledge and evidence-based practice
Conflict resolution and crisis management
Bridge Builder (within and between agencies)
Decision Maker
Leader & Influencer
Innovator & service improver

However, there was a clear consensus that the expertise and specialist knowledge that DLNs can bring to the table is often not recognised by employers and many felt underutilised and undervalued by their own organisations, even though they are kept very busy.

What could be the benefits of the discharge liaison to service users, allied professions and organisations?

There was a clear consensus that if DLNs are to be effective agents for change in improving discharge practices, they need to step back from the current focus on routine ‘hands on’ co-ordination.

It was also recognised that the role itself can vary in different NHS Trusts and that the first step in the process may be to develop an aspirational national role profile to articulate, “this is what we believe the job needs to look like in order to produce the results that we need.”

It was suggested that common levers could be used to ‘join up’ actions for the role across Wales, e.g.,
- Use of Estimated Dates of Discharge
- National targets to reduce average length of stay
- Risk/audit/governance frameworks
- Delivery of multi-disciplinary training
- Using Delayed Transfers of care as exception reporting mechanisms

Delegates suggested that this specialist role needs to focus on building confidence and competence at ward level and across the various disciplines. Key functions would therefore include:
- Clinical leadership
- Education & Practice development
- Research and audit
- Local policy and protocol development
- Succession planning and staff development
- Facilitating partnership working across disciplines and agencies
- Influencing intelligent commissioning

It was identified that such a specialist function would have the advantage of being proactive in supporting the implementation of best discharge planning practice, rather than being reactive in the management of Delayed Transfers of Care as is currently the case.
To support such a change delegates stated that a recognised specialist qualification needs to be developed and they recommended that a specific Welsh DLN Forum be established to support the progression of developmental work around the role.

It was recognised that there are existing forums that DLNs can access including; UK RCN Network, All Wales Bed Management Forum, Communities of Practice as just a few and caution would need to be exercised to ensure that any new forum complements existing networks.

What did delegates gain from the day?

- Evaluations completed by the delegates indicated that the overwhelming benefit of the day was the opportunity to network, share experiences, explore ideas, compare practice and above all “to realise that I’m not alone”.

- There was a general enthusiasm and desire to work together to clarify and develop the role of the DLN, to demonstrate the real impact and raise its profile.

- Whilst the day as a whole was positively received, there was a more mixed response to the action planning session at the end of the day. Whilst some teams embraced the opportunity and developed detailed plans and milestones, others felt that they did not have sufficient influence within their organisation for this to be a meaningful use of their time. It is acknowledged that it may have been useful to have an open discussion forum following this exercise to provide ideas and support to those who felt less empowered.

Where do we go from here?

- Delegates indicated in their feedback that they would like ongoing support from NLIAH and learning events to include a National DLN Forum for Wales and further joint workshops on subjects such as discharge planning best practice; continuing care; legal and statutory issues effecting discharge.

Conclusions

It is evident from the day that Discharge Liaison Nurses are skilled and knowledgeable individuals with the potential to deliver effective discharge planning, but in Wales, this capacity is not being fully exploited.

In many Trusts the role has evolved into that of a ‘hands on’ case manager. However, evidence provided in the SAAT and through the workshop, suggests that this has had the effect of compartmentalising expertise and allowing frontline ward staff to become disengaged from the discharge process in all but the most simple cases.

In order to utilise DLN expertise more effectively the role should focus far less on case management all except for the most complex scenarios. Alternately DLNs should be utilised as a specialist resource for training, coaching and mentoring, signposting to external resources and as a knowledge base to influence policy and commissioning. They need to be supported within their own organisations through clear escalation processes, particularly where real or potential legal challenge is involved.
A co-ordinated approach to knowledge management has the potential to further support DLNs for example by existing forums working together to create a bank of case studies and facilitating workshops to share good practice and joint problem solving.

DLNs themselves need to take a more pro-active role within their organisations to promote their skills and expertise and to shape their job so that patients and NHS Wales achieve maximum impact from their efforts.

Recommendations for future action are summarised below:

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<th>Recommendation</th>
<th>Costs</th>
<th>Benefits</th>
<th>Risks</th>
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<td>1. NLIAH Change Agent Team &amp; Workforce Development Unit to canvass CEO opinion and sponsorship to establish a Task &amp; Finish Group to develop a national role profile.</td>
<td>Expertise to be provided by NLIAH Staff time to participate over three afternoon workshops Potential impact on AfC bandings</td>
<td>Clear national role profile against which to benchmark performance and outcomes Maximises DLN expertise and re-engage ward nurses with discharge process Ultimately measurable impacts on reduced DToC &amp; ALOS</td>
<td>Some DLNs may not currently have the competencies identified for the more specialist role</td>
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<td>2. Establish a national DLN forum to build case study bank, share good practice and joint problem solving.</td>
<td>Will be facilitated by NLIAH, RCN, WAG or some combination thereof Time for staff to be released to attend workshops undertake projects 1 session every 2 months</td>
<td>Consistent updating and knowledge sharing across Wales and an accessible resource for case studies eg web based Peer support &amp; development of reflective practice Less duplication of effort and reinvention of the wheel across Trusts in Wales</td>
<td>Duplication of work undertaken by existing forums Risk of knowledge being held in specialist group if not disseminated appropriately Health-focused forum would need to feed into similar social care groups</td>
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<td>3. Publish this report to stimulate debate across the UK NHS</td>
<td>Incorporated into CAT programme</td>
<td>NHS Wales seen to be proactively addressing key issues impacting on effective discharge. Potential to join forces with other UK countries to measure improvements and benchmark</td>
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<td>4. To expand the role review to other specialist posts where there is a primary role to facilitate, coordinate and manage effective patient journeys.</td>
<td>Proposal to incorporate within CAT and NLIAH SLA with WAG for 2008</td>
<td>To provide greater consistency of approach within and across organisations, increase synergy between currently separated functions and further improve the patient’s journey through care.</td>
<td>Small potential resistance from staff less familiar with work of the Communities of Practice</td>
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