Archwilio Cymru
Audit Wales

# Urgent and Emergency Care: Flow out of Hospital – North Wales Region

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# Summary report

## About this report

1 Once a patient is considered medically or clinically well enough to leave hospital (also referred to as medically fit or clinically optimised) the timely discharge of that patient to the right setting for their ongoing needs is vital. Timely, effective, and efficient moving of patients out of an acute hospital setting holds important benefits for patient care and experience as well as for the use of NHS resources.

2 When the discharge process takes longer than it should there can be significant implications for the patient in terms of their recovery, rehabilitation, and independence. Delayed discharges will also have implications for other patients coming into the urgent and emergency care system[1] who need a hospital bed. Poor patient "flow" creates bottlenecks in the system that contribute to well documented problems such as over-crowded emergency departments and an inability to secure timely handover of patients from ambulance crews.

3 The Auditor General had originally included work in his 2021 local audit plans to examine whole system issues affecting urgent and emergency care services, including the discharge of patients from hospital. The COVID-19 pandemic resulted in this work being postponed and brought back on stream in 2023. Our work has sought to examine whether health boards and local authorities have effective arrangements in place to ensure the timely discharge of patients out of hospital. The approach we adopted to deliver our work is set out in **Appendix 1.**

4 This work is part of a broader programme of work the Auditor General is currently undertaking in respect of urgent and emergency care services in Wales. We are also examining the arrangements in place to help manage urgent and emergency care demand, and to direct patients to the care setting that is most appropriate to their needs. The findings from that work will be reported separately in 2024.

5 The Auditor General's work on urgent and emergency care is designed to help discharge his statutory duties. Specifically, this work is designed to satisfy the Auditor General that NHS bodies and local authorities have proper arrangements in place to secure the efficient, effective, and economical use of resources, as required by sections 17 and 61 of the Public Audit Wales Act 2004.

6 This report sets out the findings from the Auditor General's review of the arrangements to support effective flow out of hospital in the North Wales region (the region). The region encompasses:

- Betsi Cadwaladr University Health Board (the Health Board);
- Conwy County Borough Council;

[1] Urgent and emergency care describes any unplanned, urgent, and emergency care provided by health and social care services. The unscheduled care system is complex with numerous organisations involved in providing services and it deals with acutely unwell, vulnerable, and distressed people in need of urgent assistance.

- Denbighshire County Council;
- Flintshire County Council;
- Cyngor Gwynedd;
- Isle of Anglesey Council; and
- Wrexham County Borough Council.

7 In undertaking this work, we have also considered progress made by the Health Board against previous recommendations made in our 2017 report on discharge planning. Our findings from this work are set out in a separate report to the Health Board.

# Key messages

8 Overall, we found that **while partners understand and show a commitment to improving patient flow out of hospital, performance remains extremely challenging with adverse effects for patient experience and care. Partners must continue to work individually and collaboratively to set and implement clear guidance, mitigate the challenges posed by reduced capacity and increased complexity of care, and ensure the impact of activities is continually monitored, challenged, and maximised.**

9 The extent of discharge delays in North Wales has grown significantly in recent years and between April 2023 and February 2024, each month there were on average 334 medically fit patients whose discharge was delayed, with completion of assessments the main cause for delay. For the year to date, up to and including February 2024, the total number of bed days that had been lost to delayed discharges was 71,871 with a full-year cost equivalent of £39.202 million. The consequent impact on patient flow within hospitals and the urgent and emergency care system is significant, with waiting times in emergency departments and ambulance handovers falling well short of national targets. In February 2024, there were over 8,000 lost ambulance hours because of handover delays, and the average wait within the Health Board's emergency departments was around 8.5 hours. Difficulties with discharge are also impacting on the ability of partner organisations to meet some patients needs effectively, especially in the west of the region where a significant proportion of patients are placed in temporary accommodation post hospital discharge.

10 Several factors are contributing to delayed discharges. Many patients, especially elderly people with mental health problems, have complex needs that are not easily met by the services that are available. There are also workforce challenges within the social care sector, particularly in the areas of Conwy, Denbighshire, and Gwynedd. Our work identified numerous weaknesses in the practice and documentation of discharge planning and a need to implement the Discharge to Recover and Assess (D2RA) model as intended. Work is also needed to address an absence of jointly agreed training and guidance on discharge planning for

health and social care staff, and to overcome difficulties in communicating and sharing information across organisational boundaries.

11 Improving patient flow is a key feature of plans across the partners which align to the Welsh Government's six goals for urgent and emergency care[2]. Partners are working together, both strategically and operationally, to improve patient flow, however, pressures on the system are creating an unhelpful blame culture. Financial resources are being applied to improve discharge planning, although financial constraints in partner bodies is leading to the continual roll forward of schemes and ultimately leaves little space for new ideas. Whilst there is regular monitoring of the position within individual organisations, partners lack arrangements to oversee patient flow across the whole health and care system. This limits opportunities to examine whole system solutions, embed learning and to focus on the impact of activity within performance and progress reports.

12 Partners also need to maximise the use of the Regional Integration Fund (RIF), improve oversight and impact of the initiatives that are being undertaken to support timely and effective discharge, and ensure learning from events is embedded into routine practice.

13 Taken together, the above demonstrates that despite hard work and good intentions on the part of organisations within the region, there is still much to do to improve discharge planning and processes. Continued action is needed across a range of areas to secure the improvements which are necessary for patients, their families, and the wider urgent and emergency care system.

# Recommendations

14 Recommendations arising from this audit are detailed in **Exhibit 1**. The combined organisational response by the statutory bodies included in this review to these recommendations will be summarised in **Appendix 4** once considered by the relevant committees.

**Exhibit 1: recommendations**

| Recommendations |
| --- |
| **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 |

[2] Further information on the Welsh Government six goals for urgent and emergency care can be found via https://www.gov.wales/written-statement-six-goals-urgent-and-emergency-care-programme-update

**Recommendations**

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.

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.

**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.

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.

**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 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.

**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.

R8 The Health Board should improve record keeping by:

8.1. ensuring all staff involved in discharge planning fully understand the importance of documenting comprehensive information in patient case-notes to support effective discharge planning.

**Recommendations**

8.2. establishing a programme of case-note audits focused on the quality of record keeping.

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.

**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.

**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.

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.

R13 To help inform decision-making and discussions, the Health Board and local authorities should:

13.1. 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 Health Board and waiting lists for social services and care packages; and

13.2. use the Regional Partnership Board working arrangement to develop a regional risk register which pulls together the risks associated with delayed discharges.

**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

**Recommendations**

impact and how they collectively contribute to addressing the challenges. This will help to provide assurance that resources are being invested to best effect.

**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.

R16 The Health Board should strengthen escalation arrangements for reporting adverse incidents or concerns relating to discharge by:

16.1. addressing any outstanding adverse incidents or concerns, communicating clearly with the relevant local authority; and

16.2. ensuring a consistent approach to reporting adverse incidents and concerns relating to discharge is in place across the Health Board.

Exhibit source: Audit Wales

# Detailed report

## What is the scale of the challenge?

15 This section sets out the scale of the challenge that the region is facing in respect of delayed discharges and the subsequent impact on patient flow and the patient experience.

16 We found that **there are significant numbers of delayed discharges across the region which are reducing patient flow through the hospitals with consequential impact on urgent and emergency care services and the ability to meet patients' needs.**

### Delayed discharges

17 We found that **significant numbers of patients are not leaving hospital in a timely way once they are considered medically well enough to do so, with completion of assessments, social care worker allocations and waits for home care packages the main causes for delay.**

18 Delays discharging patients from hospital has been a longstanding issue for bodies in Wales and other parts of the UK. The available data shows that this issue has become significantly worse in recent years.

19 **Exhibit 2** sets out the number of delayed discharges experienced by the Health Board between April 2023 and February 2024, compared with other Health Boards across Wales. These relate to patients who are considered medically fit but remain in a hospital bed 48 hours after the decision was made that they were well enough to leave hospital. The rate of delayed discharges across the region is broadly in line with the average for Wales.

**Exhibit 2: number of delayed discharges per 100,000 head of population (April 2023 – February 2024)**

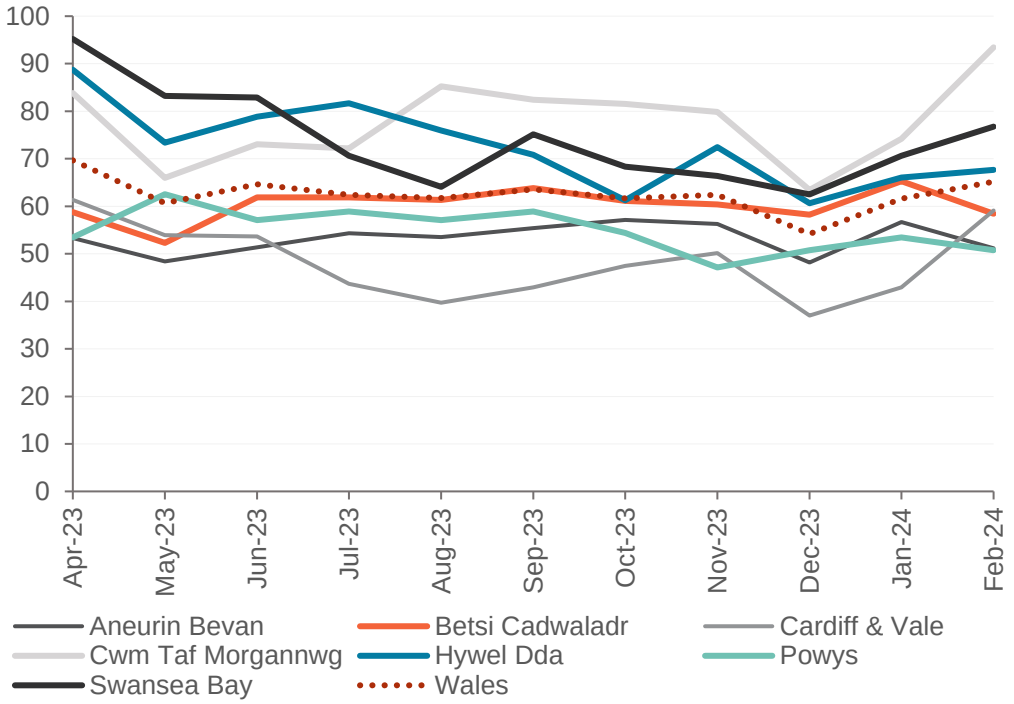



Exhibit source: Welsh Government

20 Since the pandemic, the way in which delayed discharges are measured has changed. No data on delayed discharges was formally reported between the period March 2020 and March 2023. Prior to the pandemic, delayed discharges were reported as 'delayed transfers of care' which were defined as those who continue to occupy a bed after the date in which the patient is declared to be ready to move on to the next stage of their care. This compares with the current method for counting delays which focuses on those who remain in a hospital bed 48 hours after being identified as 'medically fit'.

21 Although not a direct comparison, in February 2020 the Health Board reported 81 delayed transfers of care. The position at the end of February 2024 of 324 delayed discharges equates to 16.1% of the Health Board's total bed capacity[3]. However, this is below the all-Wales average of 17.9% (ranging between 13.7% and 31.3%) and the second lowest in Wales.

[3] Based on general and acute bed availability data in July 2023, StatsWales website (https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Activity/NHS-Beds/nhsbeds-by-organisation-site)

22 The top five reasons for delays at the Health Board compared to the all-Wales position is set out in **Exhibit 3,** with the most common reasons being awaiting a joint assessment (between health and social care) and awaiting a social worker allocation. A full list of reasons for delay in the Health Board are set out in **Appendix 2,** and by local authority.

**Exhibit 3: top five reasons for delayed discharge (February 2024)**

| Reason for delay | Percentage delayed | All-Wales average |
|---|---|---|
| Awaiting joint assessment | 15.7 | 9.0 |
| Awaiting social worker allocation | 15.1 | 8.5 |
| Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy) | 13.3 | 10.3 |
| Awaiting start of new home care package | 10.5 | 8.0 |
| Awaiting completion of assessment by social care | 5.6 | 15.7 |

Exhibit source: Welsh Government

23 When broken down by local authority, the rate of delayed discharges per 100,000 head of population is generally higher than the all-Wales position except for Flintshire. Awaiting joint assessment is the highest cause of delay in the west of the region, and in Denbighshire. Awaiting social worker allocation is the highest cause of delay in the east of the region. Awaiting clinical assessments is the highest cause of delay in Conwy, accounting for a quarter of all delays.

24 Based on data reported in February 2024, the total number of patients accounted for 6,524 bed days. Based on a typical cost per bed day[4], this equates to costs in the region of £3.262 million, and a full year effect of £39.202 million.

25 Our hospital patient case note review relating to a sample of medical emergency patients identified that the length of time patients remained in a hospital bed after 48 hours of being declared medically fit varied across the Health Board's main hospital sites, with the average number of days patients remained in a hospital bed the longest at Ysbyty Maelor (**Exhibit 4**).

[4] Based on £500 per bed-day as set out in the NHS Confederation briefing for the statement by the Minister for Finance and Local Government on the 2023-24 financial position

**Exhibit 4: average length of time after 48 hours of being declared medically fit (based on a sample of patients with a length of stay greater than 21 days)**

| Hospital site | Average number of days |
|---|---|
| Ysbyty Glan Clwyd | 16 |
| Ysbyty Gwynedd | 20 |
| Ysbyty Maelor | 43 |

Source: Audit Wales

## Impact on patient flow

26 We found that **delayed discharges are having a significant impact on patient flow with worrying knock-on effects elsewhere in the urgent and emergency care system.**

27 Delays in discharging patients from hospital have consequences for patient flow and in particular, the ability of patients to access services when they need them. Beds being used by patients who no longer need them means that they are not available for those who do, resulting, for example, in longer waits in emergency departments. This in turn impacts on the ability for ambulance crews to handover patients and respond to 999 calls in the community.

28 **Appendix 3** sets out the region's performance across a range of urgent and emergency care performance indicators in comparison to the position across Wales since April 2022. In summary:

- the percentage of ambulance red calls responded within 8 minutes has broadly been in line with the all-Wales position at around 50%, but below the national target of 65% (**Exhibit 20**);
- the median amber response time has been significantly above the target of 20 minutes at around 3.5 hours, falling to around an hour over the summer of 2023, but rising again in recent months (**Exhibit 21**);
- the percentage of ambulance handovers within 15 minutes at the Health Board's major emergency departments is generally below the all-Wales average and some of the lowest in Wales, particularly at Ysbyty Glan Clwyd and Ysbyty Maelor, and significantly below the national target (**Exhibit 22**);
- the percentage of ambulance handovers taking over one hour has broadly been above the all-Wales average fluctuating between 38.5% and 55%, compared to a national target of zero (**Exhibit 23**);
- the total number of hours lost following notification to handover over 15 minutes is well above the all-Wales average, fluctuating between 6,000 and 10,000 hours per month over recent months (**Exhibit 24**);

- once the patient is in the emergency department, the median time from arrival to triage has reduced and is now just below the all-Wales position at 21 minutes (**Exhibit 25**);
- the median time from arrival to being assessed by a senior clinical decision maker has been significantly higher than all other health boards, at around five and a half hours, but since March 2023 has reduced to around two hours which remains above the all-Wales average (**Exhibit 26**);
- the percentage of patients seen within 4 hours in a major emergency department is some of the lowest in Wales. Performance varies across the three hospital sites, with performance better in Ysbyty Maelor (**Exhibit 27**);
- the percentage of patients spending less than 12 hours in an emergency department is also some of the lowest in Wales, with performance worse at Ysbyty Glan Clwyd and Ysbyty Gwynedd (**Exhibit 28**); and
- the proportion of bed days accrued by patients with a length of stay over 21 days has been better than the all-Wales average (**Exhibit 29**).

29 Based on our analysis of Health Board data relating to all emergency medicine patients discharged in October 2022, we found the average total length of stay for patients staying over 21 days in the acute sites was 51 days (compared to 56 days across Wales). This varied across the three acute sites, with the average total length of stay increasing to 64 days at Ysbyty Maelor. The average total length of stay at Ysbyty Glan Clwyd and Ysbyty Gwynedd was 39 and 50 days, respectively.

30 The Health Board's total bed capacity has fluctuated over recent years, with 2,123 total beds available in 2022-23, with just under half allocated to acute medicine (975). Bed occupancy in the acute medicine beds has been at 88.3%, compared with an optimal level of 85%. The Health Board is one of four health boards to have community hospital beds managed by GPs. These beds provide step-down facilities for patients who no longer need acute care. However, the number of these beds available in the Health Board has reduced from 109 in 2019-20 to 88 in 2022-23, and occupancy levels have been running high at 97.2%. Most of these beds are in Denbighshire and Gwynedd.

31 Pressure on available beds because of delayed discharges means that health boards are not always able to ensure that patients are placed on the best wards for their clinical needs. For example, health boards will usually hold vacant beds on stroke units to ensure that stroke patients have fast and direct access, enabling them to access stroke specialists and equipment.

32 Health boards have increasingly experienced difficulties in admitting stroke patients to a stroke ward as problems with patient flow and bed availability mean that these beds have been needed for non-stroke patients. Over the last 12 months, only a quarter of stroke patients admitted to the Health Board have had direct admission to a stroke unit within four hours. Performance, however, is marginally better than the all-Wales position.

33 The impact of poor patient flow is also often felt within scheduled (or planned) care, as patients with their booked procedures are increasingly having their treatments cancelled due to the lack of available beds. During 2022-23, 641 planned care admissions were cancelled due to the lack of an available ward bed in the Health Board, with over half of those during December 2022 and January 2023. For the period, 2023-24 up to and including February 2024, 1,036 planned care admissions were cancelled. This level of cancellation represents poor patient experience and risks the conditions of planned care patients further deteriorating while they wait for their treatment to be rescheduled.

## Meeting patients' needs

34 We found that **delayed discharges are impacting on the ability of organisations to meet some patients needs effectively with a significant proportion of patients in the west of the region being discharged into temporary accommodation.**

35 The pressure to discharge patients and the lack of available care options can lead to patients being discharged to settings that are not always the most appropriate ones for their needs including:

- being discharged home before a proper care package is in place;
- being discharged to a residential care home when they could have gone home with a support package;
- being discharged to a temporary residential care home to await availability of longer-term placement;
- being discharged to a community hospital bed to await availability of a package of care; and
- being discharged to a setting which is far away from family and friends.

36 Patients who are delayed within hospital can become deconditioned, are at higher risk of experiencing an injury from a fall or contracting a hospital acquired infection which can exacerbate their care needs, lengthening their hospital stay and making them more vulnerable to re-admission after they have been discharged.

37 Within the region, the impact of delays on patient experience and outcomes is something we found that both health and social care staff are very aware of and working hard to avoid. However, patient choice and experience are increasingly being compromised to secure a timelier patient discharge, and staff we spoke to often cited the increased need to manage patient and family expectations. With limited options for ongoing care, we found that staff are often left looking at alternative options to enable patients to be discharged. We heard examples of staff adding patients to multiple waiting lists, such as for reablement[5], home care

[5] Reablement describes services for people with poor physical or mental health to help them accommodate their illness by learning or re-learning the skills necessary for daily living.

packages and residential care, to facilitate a timelier discharge regardless of patients' specific needs**.**

38 We also heard of examples where patients were discharged home without support to await a package of care to become available. Partners work to minimise such cases as much as possible, adopting a risk-based approach and exploring various options to bridge gaps in the provision of formal support such as by requesting the patients' families or friends provide short-term support. While some councils, including Conwy, Gwynedd, and Wrexham, have arrangements in place to monitor the wellbeing of patients awaiting a package of care, some do not. We also heard of rare but concerning situations where patients are discharged home to await a package of care without social service teams being notified**.**

39 **Exhibit 5** sets out the extent to which unplanned short-term care home accommodation is used across the region. Since July 2023, the region has had some of the highest number of adults per 100,000 population placed in unplanned short term care home accommodation. This is particularly the case in the west of the region. The proportion of adults in unplanned placements longer than 6 months in Gwynedd is the highest in Wales, with the proportion of adults staying in temporary placements between 3 and 6 months on the Isle of Anglesey the second highest in Wales.

**Exhibit 5: number of adults per 100,000 head of population waiting in a care home with no planned end date, regardless of the reason they are waiting (+3 months) July 2023 – February 2024**

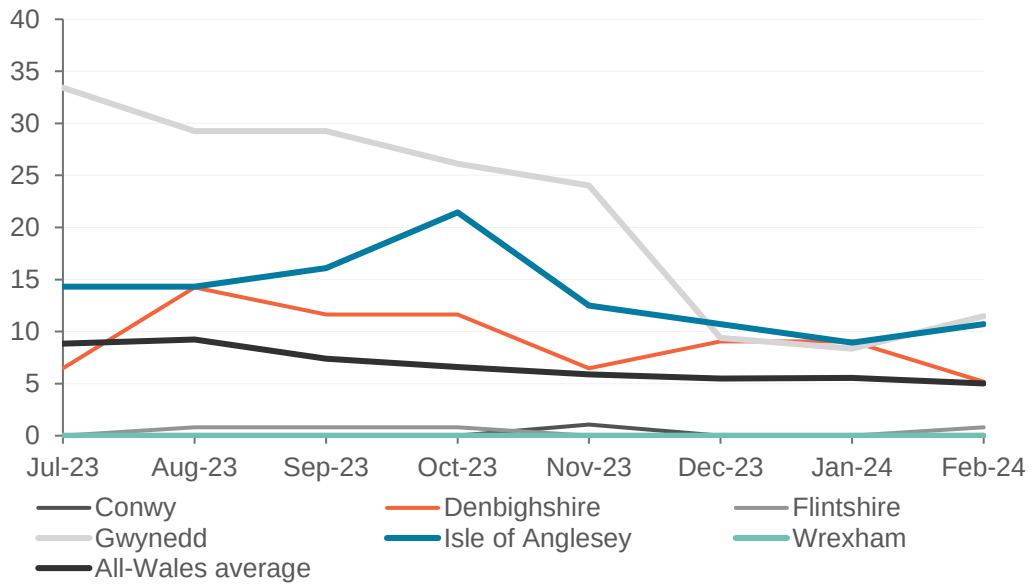



Exhibit source: Welsh Government

* Note – no data submitted for Wrexham for the period.

# What is impacting effective and timely flow of patients out of hospital?

40 This section sets out the issues impacting on effective discharge planning and the timely flow of patients out of hospital across the region.

41 We found that **while complexity of demand is increasing, health and social care capacity has reduced leaving limited options for ongoing care and these challenges are exacerbated by a lack of information sharing and beginning discharge planning too late in a patient's journey.**

## Volume and complexity of demand

42 We found that **there have been increases in the complexity of demand and the number of elderly patients with mental health problems.**

43 In North Wales people over the age of 65 accounted for 20% of the population in 2020, but that figure is expected to increase to 29% by 2040[6]. As people live for longer, there is a correlating increase in the numbers of people who live with multiple long-term conditions and complex health needs and who will therefore need to rely on health and care services for support.

44 Those we spoke to during this review spoke of significant increases they see in demand, particularly in terms of more complex, higher acuity demand. We were often told that patients come in with one problem, but routine tests can quickly uncover several other conditions that need to be treated and managed, which will typically require more complex discharge planning.

45 COVID-19 exacerbated this increase in complex demand. During the pandemic, demand for emergency departments declined rapidly as people followed national advice to protect core frontline services. In addition, families provided additional care and support to avoid their loved ones being admitted to hospital or long-term care out of fear of contracting COVID-19. We were told that as the pandemic eased, demand began presenting through the emergency departments which was much more complex than before as people's conditions had deteriorated at home.

46 Care homes have also seen increasing complexity amongst their patients. Elderly mental health was often raised as a significant pressure, with greater numbers of elderly patients presenting at hospital with mental health conditions which care homes find increasingly difficult or impossible to accommodate post discharge.

[6] Population projection data sourced from the Older People's Commissioner for Wales https://olderpeople.wales/wp-content/uploads/2023/01/221222-Understanding-Wales-ageing-population-24-November.pdf

## Workforce capacity

47 We found that **there are workforce capacity challenges, particularly within the Health Board and in Gwynedd and Wrexham adult social services, with waits for social care assessments in some councils amongst the highest in Wales.**

48 Increasingly staff involved in discharge planning are finding their capacity stretched due to factors such as high vacancy rates and unplanned absence rates. Reduced numbers of staff leads either to a reliance on agency staff or to fewer permanent staff attempting to manage increasingly complex patients and organise the ongoing care they need for discharge. High usage of agency staff has inevitable impacts on continuity within the workforce.

49 As of January 2024, the Health Board was reporting 9.0% vacancies as a percentage of its total establishment, with nursing and midwifery vacancies at 11.7%, and medical vacancies at 6.2%. Vacancy rates were highest in the centre of the region. The unplanned absence rate was at 6.7% for nursing and midwifery staff, but much lower at 2.2% for medical staff. Bank and agency use accounted for 8.9% of nursing and midwifery posts, with the greatest use of bank and agency also in the centre of the region.

50 In June 2023, the North Wales councils were reporting between 0%-45% vacancies in adult social services, with the highest rate of vacancies in Wrexham and the lowest in Flintshire[7]. In February 2024, the unplanned absence rate in adult social services ranged between 6%-10%, as shown in **Exhibit 6**.

**Exhibit 6: percentage of unplanned absence in adult social services (February 2024)**

| Local authority | Unplanned absence |
|---|---|
| Conwy | 7 |
| Denbighshire | 10 |
| Flintshire | 6 |
| Gwynedd | 10 |
| Isle of Anglesey | 8 |
| Wrexham | 8 |
| **All-Wales average** | **7.9** |

Exhibit source: Welsh Government

[7] Flintshire 0%, Isle of Anglesey 5%, Conwy 6%, Denbighshire 6%, Gwynedd 9%, and Wrexham 45%. No data has been made available since June 2023.

51 Both Gwynedd and Wrexham have experienced higher rates of unplanned absence and vacancies compared with the all-Wales position, with Wrexham council carrying a significant level of vacancies for several months. The use of agency staff across the six authorities is generally low (ranging between 1%-3%), compared with the all-Wales position of 2%. The highest rate was reported in Conwy at 3%. For the previous six months, the agency rate in Gwynedd had been significantly higher, ranging between 11%-21% per month, reflecting the vacancy and unplanned absence rates that the council has been experiencing.

52 Workforce capacity constraints can adversely affect the discharge planning process. For example, pressure on ward nursing numbers means that time for proper discharge planning is constrained which may be exacerbated using agency staff who are less familiar with discharge processes, or social workers may not be able to complete assessments for a patient in a timely way. As highlighted in **Exhibit 3**, delays in joint assessments between health and social care staff and clinical assessments by hospital staff are some of the main reasons for delayed discharges across the region, accounting for 28% of all delays. Delays awaiting social care worker allocation and social care assessments account for a further 20.7% of all delays as of February 2024. **Exhibit 7** sets out the extent to which adult social services across the six local authorities can meet demand for assessment. The number of patients waiting for a social care assessment in hospital account for a small proportion of the total number of people waiting for assessment.

**Exhibit 7: number of social care assessments completed and awaiting to be completed per 100,000 head of population per month (February 2024)**

| Local authority | Social care assessments completed | Adults waiting for a social care assessment | % of those waiting for a social care assessment that are in hospital |
|---|---|---|---|
| Conwy | 252 | 48 | 4.3% |
| Denbighshire | 263 | 178 | 0.7% |
| Flintshire | 195 | 136 | 1.8% |
| Gwynedd | 148 | 153 | 1.3% |
| Isle of Anglesey | 298 | 226 | 3.1% |
| Wrexham | 152 | - | - |
| **All-Wales average** | **250** | **125** | **8.7%** |

Exhibit source: Welsh Government

* Note - no data submitted by Wrexham for adults waiting.

53 Waiting lists for social care assessments are higher than the all-Wales average in Denbighshire, Flintshire, Gwynedd, and Isle of Anglesey, and some of the highest in Wales. The waiting list in Gwynedd is similar or higher than the number of assessments completed suggesting that it is struggling to keep on top of demand for social care assessments.

54 Conversely, although Wrexham has experienced a significant number of vacancies, the number of social care assessments completed during the summer of 2023 were some of the highest in Wales (at around 470 per month), dropping below the all-Wales average to be between 100 and 150 each month. To address staff shortfalls, Wrexham council has made use of micro enterprises to support its provision of social services, and complete social care assessments.

## Care sector capacity

55 We found that **there is stretched capacity across the social care sector, particularly with respect to domiciliary care provision.**

56 Availability of home (domiciliary) care packages and long-term residential care home accommodation can be key causes of discharge delay across Wales. Within the region, during our interviews we repeatedly heard about the impact of shortages of domiciliary care staff across North Wales with delays starting new home care packages accounting for 10.5% of all delays in February 2024. Awaiting residential home availability accounted for a further 8.6% of all delays. **Exhibit 8** sets out the number of adults receiving care sector support and the extent to which there are waits for provision. **Appendix 4** sets out waiting list performance for social care assessments and care packages since November 2022.

**Exhibit 8: number of adults receiving (and waiting for) care packages and placements per 100,000 head of population per month (February 2024)**

| Local authority | Domiciliary care[8] in receipt (waits) | Reablement[9] in receipt (waits) | Long-term care home accommodation[10] in receipt (waits) |
|---|---|---|---|
| Conwy | 896 (39) | 56 (4) | 677 (5) |
| Denbighshire | 534 (66) | 17 (0) | 625 (9) |
| Flintshire | 615 (42) | 34 (18) | 494 (-) |
| Gwynedd | 796 (123) | 73 (-) | 752 (27) |
| Isle of Anglesey | 585 (42) | 18 (7) | 536 (19) |

[8] Includes domiciliary care both provided and commissioned by local authorities.

[9] Includes reablement provided by local authorities.

[10] Includes long-term care home accommodation commissioned by local authorities.

| Local authority | Domiciliary care[8] in receipt (waits) | Reablement[9] in receipt (waits) | Long-term care home accommodation[10] in receipt (waits) |
|---|---|---|---|
| Wrexham | 388 (21) | 28 (21) | 497 (-) |
| **All-Wales average** | **665 (34)** | **46 (9)** | **536 (11)** |

Exhibit source: Welsh Government

57 The exhibit shows difficulties matching demand and capacity for domiciliary care and/or reablement services across most local authorities in North Wales, with the number of people waiting for care above the all-Wales position for some of these services. Conversely, the number of adults in receipt of domiciliary services in the Conwy and Denbighshire council and Cyngor Gwynedd areas, and reablement services in Conwy is higher than the all-Wales average, suggesting the availability of domiciliary care and reablement is greater in these areas than in other parts of Wales. The provision of long-term care home is also greater in the Conwy, Denbighshire, Gwynedd, and Isle of Anglesey council areas.

58 **Exhibit 9** indicates the extent to which there are domiciliary care hours unfilled, and the average number of hours provided per adult.

**Exhibit 9: unfilled domiciliary hours and average hours of domiciliary care provided per adult, per 100,000 head of population (February 2024)**

| Local authority | Domiciliary care hours waiting to be filled | Average hours per adult in receipt of domiciliary care |
|---|---|---|
| Conwy | 525 | 11.2 |
| Denbighshire | 875 | 9.5 |
| Flintshire | 481 | 12.7 |
| Gwynedd | 1001 | 10.9 |
| Isle of Anglesey | 356 | 12.7 |
| Wrexham | 165 | 15.3 |
| **All-Wales average** | **353** | **13.2** |

Exhibit source: Welsh Government

59 The data suggests a very mixed picture across the region with Wrexham reporting a low level of domiciliary care hours waiting to be filled, whilst the number of unfilled domiciliary care hours in Conwy, Denbighshire, Gwynedd, and Isle of Anglesey are amongst the highest in Wales. Interestingly the average number of domiciliary care hours provided per adult in some council areas is less than the all-

Wales average. Whilst this may reflect the care that people need, it could also be indicative of problems with the supply of domiciliary care with councils potentially trying to spread a limited resource thinly to ensure that as many people are being supported with domiciliary care but not necessarily at the level that they need.

## Discharge process

60 We found that **there are weaknesses in the practice and documentation of discharge planning which are exacerbated by an overcautious approach and an absence of jointly agreed training and guidance.**

61 Good discharge planning is reliant on good communication and co-ordination across different professional groups, with consideration of discharge as soon as a patient is presented to services. Good discharge planning is also facilitated by having clearly documented processes which are shared with all staff involved to promote understanding and awareness of the different roles in the discharge process.

62 Our hospital patient case note review suggested that discharge planning is not considered early enough in the patient journey and is not well-documented. We found variable quality and completeness of discharge documentation between clinicians, wards, and sites. Referral information between specialties, as well as 'What Matters to Me'[11] forms were largely incomplete or absent in the notes we reviewed. Physiotherapy and occupational therapy notes were generally comprehensive and thorough, and we saw some notes had been completed by social workers.

63 However, further documentation that we expected to see, for example, Single Point of Access referrals or nursing assessments, were rare. None of the case notes we reviewed had a completed section within the Emergency Department form which gave an indication of a predicted date of discharge. Though we recognise it may not always be possible to provide this indication at such an early stage, it is good practice for discharge to be considered as soon as a patient encounters hospital services, and particularly at the point in which admission is deemed appropriate.

64 Largely, references to discharge planning within case notes occurred only once the patient was deemed medically fit for discharge, and often they simply referred to 'discharge planning' with lack of detail of what was required for ongoing care (if any) or what the patients and their families wishes were. While case notes showed some limited evidence of discussion with patients and families, insufficient use of 'What Matters to Me' conversations are hindering discharge planning as decisions for ongoing care are made without direct knowledge from the patient or their family of their capabilities, limitations, and usual home environment. Fewer than half the

[11] What Matters to me refers to conversations' hospital staff are expected to undertake with patients. The conversations are structured around what the patient can do for themselves and what they will require ongoing support with.

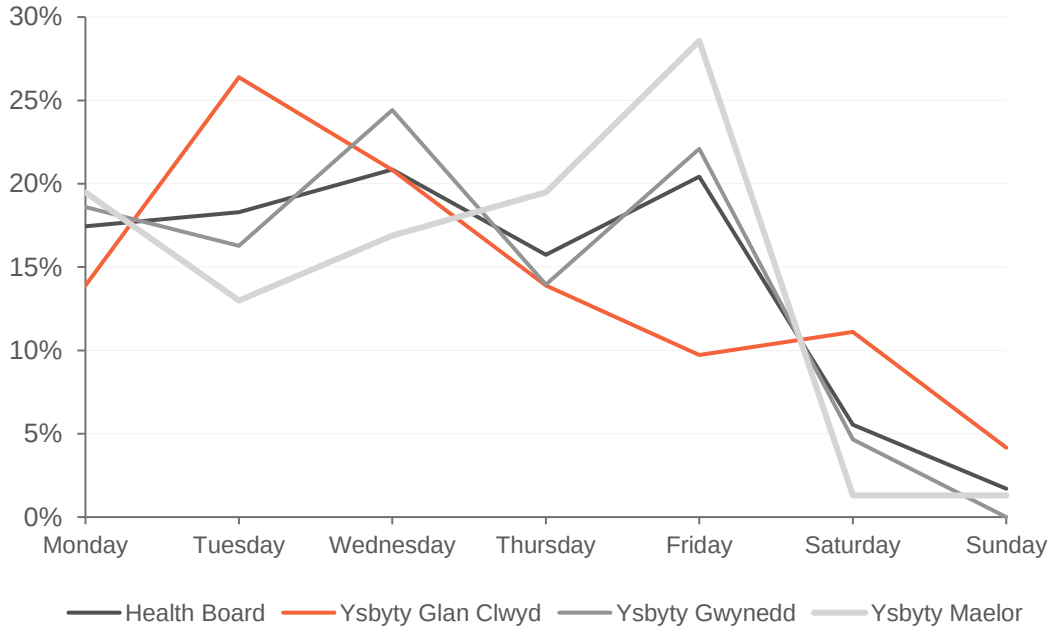
case notes reviewed showed the family was kept informed of the patient's care plan.

65 Delays to discharges were not well described within case notes, often limited to references to 'awaiting packages of care' or 'awaiting best interest meetings'[12] without describing what was causing the delay and when next steps were anticipated to take place. The results of best interest meetings were not formally recorded in the case notes we reviewed. Once discharges were progressing, logistical arrangements were rarely described i.e., whether the patient required transport or whether their medications had been prepared. In some cases, it was unclear where the patient had been discharged to (i.e., lack of care transfer form or notes on form).

66 We also noted that discharging patients from hospital remains an activity which largely takes place on weekdays, with very few (and mostly simple) discharges occurring on weekends due to staff working patterns in both health and social care. A review of data relating to all patients discharged from the Health Board's acute sites in October 2022, indicated that only 7.2% of patients were discharged at the weekend (**Exhibit 10**). This is due to working patterns of staff within social services and within hospital settings, as well as the fact that most providers will not accept admissions over the weekend. During the week, discharges peak on a Friday across all the acute sites, with the greatest proportion of Friday discharges taking place at Ysbyty Maelor. Discharging on a Friday poses risks that necessary support services at home may not available over the weekend period.

[12] A Best Interest Meeting is a multidisciplinary meeting that is arranged for a specific decision around a patient's care / treatment, when a person is deemed to lack the mental capacity to make that decision for themselves.

**Exhibit 10: day of discharge of all patients discharged from acute hospital sites in October 2022, as a percentage of total discharges[13]**




Source: Audit Wales

67 When we spoke to those involved in the discharge process from both a health and social care perspective, we found differences in perception about how the discharge process should work. Of primary concern were differences in opinion on when referrals should occur as part of discharge planning with concerns from social workers that they were either notified too early or too late to facilitate effective and timely flow out of hospital. These different perspectives are causing further delays in patient discharges as well as some tensions in the working relationships between health and social care workers.

68 Ward staff also spoke of a culture of risk aversion, whereby staff, particularly junior doctors, are reluctant to declare a patient medically fit and discharge them because they fear the patient may not cope as well at home. Whilst staff may be acting out of kindness, they may not be acting in a patient's best interest. Keeping patients in hospital for longer than they medically need has a negative impact on patient experience and outcome as well as broader patient flow within the hospital. While many we spoke to recognise the negative impact that delayed discharging has on the independence and wellbeing of patients, there is a continued reluctance to take

[13] Excludes patients who died.

measured risks and to recognise the significant knock-on impact delayed discharges have on patient flow and the wider system.

69 Across North Wales, we found differences in arrangements between hospital sites and between local authorities in relation to discharging patients, including how referrals are made and to whom. High agency and bank staff usage in the Health Board adds to the challenge of maintaining a consistent and clear approach. Although training and guidance could address inconsistencies, during our fieldwork staff reported that they had not received discharge planning training. The Health Board recently introduced Criteria Led Discharge training, but awareness and completion rates vary across sites. A draft discharge standard operating procedure exists, specifying responsibilities and standards, but it appears unfinished, and many Health Board staff were unaware of its existence.

70 In 2018, the Welsh Government introduced the Discharge to Recover then Assess (D2RA) model, which is designed to support people to recover at home before being assessed for any ongoing need, thereby reducing length of stay in hospital. Implementation of the model was accelerated during the pandemic, and the Welsh Government has subsequently supported regions with additional monies to embed D2RA further.

71 National data submitted to Welsh Government in early 2023 indicates the Health Board has difficulty in discharging patients to an appropriate setting for their assessment, as is advocated by D2RA. Data for the Health Board showed it had high proportions of patients waiting to transfer to D2RA pathways. Many of these patients were waiting to be discharged to their own homes, which indicates delays due to factors such as awaiting social care assessments, packages of care or housing adaptations. Other patients are waiting to be discharged to step-down beds but are unable to leave hospital due to the lack of availability of such beds in the community.

72 The Health Board has been awaiting updated national guidance on D2RA before developing its own guidance which should support it to further embed the policy. However, given some of the disparities in understanding between health and social care about how the discharge process should work, jointly agreed guidance and training would help establish and clarify shared expectations to be used in practice by all staff involved in the discharge planning process. The national guidance was issued in December 2023.

## Information sharing

73 We found that **difficulties in communicating and sharing information across organisational boundaries is adding to delays.**

74 Professionals within and across organisations will typically be required to share information about the patient to facilitate appropriate discharge arrangements and ongoing care, especially where the patient has more complex needs. During our fieldwork, we found that while arrangements for sharing information between staff

within hospitals are improving, sharing of information between organisations appears to be a significant barrier.

75 For patients who are likely to require ongoing social care support, the sharing of information from the hospitals to social services is not starting early enough following admission. In most cases, social workers will not become aware of a patient until the point the patient is considered medically well enough to leave hospital. Given the social care capacity constraints described in **Exhibit 6**, and the delays in social care assessments (**Exhibit 7**), it is important that referrals are made as early as possible in the patients' admission to enable effective planning and assessment. Once a referral has been made, ward and social services staff reported difficulty in contacting one another to discuss the patient's case, which can also cause delays. The Health Board has implemented a Home First Hub to help co-ordinate referrals, but this is not yet fully embedded and consistently used.

76 Systems holding patient information have not been connected or viewable to all staff involved in the care of individual patients as various IT systems have not been accessible across organisations. While four of the local authorities have implemented the Welsh Community Care Information System[14], Denbighshire and Flintshire council have not and although the Health Board has committed to using the system and undertaken a small pilot in the community nursing and therapy teams, it has not yet implemented the system across the Health Board. While we saw the positive impact of the STREAM[15] system in place within some hospital wards, this useful patient information was not able to be shared more broadly across the organisation or with key partners, such as social services. Since the time of our review, we have heard that the Home First teams have begun to have direct access to local authority client systems to enable better information sharing.

77 Services run by the voluntary sector along with community-based services are fundamental to supporting discharge for many patients. It is therefore best practice to involve these services in the discharge planning process. Understanding of the landscape of services outside of hospital however was patchy, meaning opportunities to discharge earlier with support from services beyond social care were missed. We found that access to information on community and voluntary services was often variable and there was an absence of training to provide information to relevant staff**.**

## What action is being taken?

[14] The Welsh Community Care Information System (WCCIS) is a single system and a shared electronic record for use across a wide range of adult and children's services. The idea being that all 22 local authorities and seven health boards should implement it, with the initial intended implementation date of the end of 2018.

[15] STREAM is a clinical discharge planning tool that supports patient flow in an acute setting.

78 This section considers the actions being taken by the statutory organisations, including through the RPB to improve the flow of patients out of hospital.

## Strategic and operational plans

79 We found that **improving patient flow is a key feature of plans across the partners which align to the Welsh Government's six goals for urgent and emergency care.**

80 We reviewed relevant health board and local authority plans in relation to discharge planning and unscheduled and social care more generally. We found that plans in the region reflect a good understanding of the challenges affecting the flow of patients out of hospital. Plans also reflect the commitment of partners to resolve some of the key challenges related to flow such as workforce gaps and limited care home availability. Plans are informed by data and demand projections, particularly from the North Wales Population Needs Assessment, developed by the RPB. Importantly, plans reflect key Welsh Government planning requirements, such as the six goals for urgent and emergency care, as well as the Welsh Government 1,000 bed challenge[16].

81 Introduced in 2021, the six goals for urgent and emergency care programme contains two goals that are linked to improving discharge: 'goal five - optimal hospital care and discharge practice from the point of admission', and 'goal six: home first approach and reduce risk of readmission'. The Health Board's existing urgent and emergency care programme was reframed in 2022 to align to the six goals programme. The Health Board's plan contains a variety of schemes aligned to the six goals. For example, a commitment to maximising use of the discharge lounge, including developing a seven-day discharge lounge. The Health Board is also prioritising implementation of the STREAM system across each ward to consistently capture actions in patient care to facilitate discharge, as well as implementing the Optimal Flow Framework, including embedding SAFER[17] patient flow principles across the Health Board.

82 The North Wales regional plan 2023-28 sets out high level principles, outcomes, and priorities for regional working across health and social care in North Wales, based on the Population Needs Assessment. While the plan does not discuss issues in relation to flow out of hospital directly, among its key priorities are working together to support people at home, as well as addressing the impact of wider social care workforce recruitment and retention on unpaid carers. It identifies that partners are committed to address these challenges through the RPB structure.

[16] In July 2022 the Health and Social Care Minister set a challenge for Health Boards and Local Authorities to establish an additional 1,000 bed spaces or their equivalents to support timely discharge https://www.gov.wales/written-statement-six-goals-urgent-and-emergency-care-programme-update

[17] Further information on the SAFER model can be found via https://www.adss.cymru/en/blog/view/patient-flow/fileAttachment

83 In our fieldwork, we examined the Health Board's winter plan for 2022-23, aligning with its urgent and emergency care and urgent and emergency care programme. However, some plan components aimed at enhancing routine practices rather than addressing surge demand. Examples include internal professional standards and a standard operating procedure for medically fit patients. The plan was approved by partners through the RPB in December 2022, potentially limiting its impact on managing demand for the winter. Local authorities' winter plans mirrored the Health Board's activities, emphasising capacity increase and providing alternatives for patients ready to leave the hospital. All plans acknowledged the need to boost staff capacity to handle demand.

84 Challenges in terms of recruitment and retention were recognised by partners as having a direct impact on service provision, particularly in relation to availability of domiciliary care and care home placements. The North Wales Social Care and Community Health Workforce Strategy 2018-21 aimed to develop a joined-up approach to the workforce challenges and opportunities. At the time of our fieldwork, the RPB's Workforce Board was working to refresh the strategy. Workforce challenges were referenced in most plans, strategies and reports we reviewed and was the focus of much activity including projects funded by the Regional Integration Fund (RIF) (such as Step into Work[18]) and activity commissioned by several groups and boards across the region.

## Partnership working

85 We found that **partners are working together, both strategically and operationally, to improve patient flow, however pressures on the system create an unhelpful blame culture between the different parties involved in discharge planning.**

86 The structure and governance of the North Wales RPB is complicated due to the high number of groups locally and sub-regionally. However, feedback from members suggests that it has been successful in facilitating joint working on specific workstreams and partnership working more generally. More recently changes to membership following turnover of senior leadership, particularly within the Health Board, has presented a challenge in clarifying accountabilities and building relationships.

87 Minutes from the RPB, and the Leadership Group which reports to the RPB, reflect regular discussions around urgent and emergency care pressures and discharge planning, including regular updates surrounding the 1,000-bed challenge during late 2022. The Welsh Government requirement was for North Wales to supply 243

[18] Step into Work is a collaborative project between Health and Social Care to provide training and placements for individuals that are interested in pursuing a career in care with the aim that they can secure employment and become part of the care workforce. https://www.northwalescollaborative.wales/step-into-work/

of the 1,000-beds by October 2022. In November 2022, the region reported that it had identified 203 beds. These beds remain in place for 2023-24.

88 We found evidence that partners are investing their time heavily in facilitating timely flow, particularly within hospitals. Our observations of the discharge process at the Health Board's acute hospitals showed significant attention and resource being deployed to manage flow across the site. We observed a multitude of operational meetings including site manager meetings and ward rounds which take place several times a day and include a wide range of professionals. There are also various meetings between the Health Board and local authorities either daily or several times a week to escalate and manage delayed discharges in each of the areas.

89 Operationally, relationships between health and social care staff appeared to vary. Due to the high volume of complex discharges which require input from various professionals, health and social care staff are in very regular contact, and many told us they had positive working relationships. However, it was clear from our fieldwork that as problems with discharge delays have become more acute, there is increased tension in working relationships. Staff spoke of the pressure they face to get patients out of hospital, and how that can lead to a blame culture between health and social care wherein another professional or their organisation is seen as the cause of the delay. This blame culture, in turn creates a defensiveness which can have a negative impact on how staff interact with each other during the discharge process.

## Use of funding

90 We found that **financial resources are being applied to improve discharge planning, however, there are some challenges with RIF funded schemes and an overall need to report more clearly on whether the funded initiatives have had the desired impact.**

91 The region makes use of the Health and Social Care Regional Integration Fund (RIF) to support schemes aimed to improve discharge planning. The RIF is a Welsh Government 5-year fund to deliver a programme of change from April 2022 to March 2027. The aim of the fund is to establish and mainstream at least six new national models of integrated care to provide a seamless and effective service for the people of Wales. Two contain a clear link to improving flow out of hospital for patients, namely: Home from Hospital Services; and Accommodation Based Solutions. There is a clear expectation within the RIF guidance that partners 'match fund' projects up to 50% by the end of year 5, with Welsh Government funding for each project tapering each year to allow for successful projects to become business as usual.

92 For 2022-23, the region received £32.5 million of RIF funding in total, some of which was ringfenced at a national level to support specific services including dementia. The RPB approved its regional 2022-23 RIF programme with allocations to each of the six models of care. The 2022-23 programme included 40 regional

schemes aligned to the six models of care. Five schemes related to Home from Hospital Services which received over £5.6 million in investment (including £261,650 match funded money) and four schemes related to Accommodation Based Solutions with over £1 million in investment (including £40,739 match-funded money). A small number of projects also continued previous Right-sizing Communities[19] work aimed at rebalancing care provision to meet demand. According to the RIF end of year report for 2022-23, partners contributed £13 million in total to schemes by way of match funding.

93 Although approved by the RPB, we found some limitations to the schemes that used RIF funding in 2022-23. For example, some schemes could be considered core services rather than new innovative projects, such as step-up beds, community resource teams and single point of access teams. We also found examples of schemes funded in 2022-23 which had previously been funded by the predecessor Integrated Care Fund in 2017-18. The continuous roll forward of schemes limits the potential to introduce new, innovative schemes to better manage demand. Those we spoke to explained that the requirement to match fund projects can create a reluctance to commit to new projects that will require match-funding in future years. In the context of the ongoing financial difficulties facing the partners in the region, they are finding it increasingly difficult to commit to future spending via new RIF projects.

94 The region submits financial information on how it is managing the RIF to Welsh Government each quarter and reports the latest position to its RPB meetings. At quarter three of 2022-23, the region was reporting slippage of £4.4 million. During our fieldwork we heard that it often takes longer to establish a project once it has been approved, including time to recruit, which can cause delays. We also heard that partners do not have an agreed process for utilising slippage, which is not covered by the national guidance. Some seek slippage to support community capacity in general, while others wish for slippage to be reallocated to existing successful projects for them to be expanded. Lack of an agreed process can be a cause of tension within the region and the risk that monies are not being used for their intended purposes.

95 The RIF Annual Report presents performance data for schemes, including the positive impact from two Home from Hospital schemes on 215 individuals[20]. Although the region has collected over 70 case studies highlighting the positive impact of funded schemes on individuals, these are not included in public reports submitted to the RPB or partner bodies. Incorporating these case studies would enhance transparency. Additionally, collaborative efforts between the Health Board

[19] Right-sizing communities refers to work to ensure that services are in line with true demand. It aims to ensure people are assessed in the most appropriate settings, that assessments are timely and are outcome focussed to maximise individual outcomes and patient flow.

[20] One scheme positively supported 146 individuals, and one scheme positively supported 69 individuals.

and local authorities outside the RPB structure focus on joint solutions for capacity, such as NHS-funded care homes and an integrated workforce. However, progress and impact of these initiatives are minimally reported within partner bodies.

## Scrutiny and assurance

96 We found that **while there is regular monitoring within individual organisations, partners lack arrangements to oversee patient flow across the whole health and care system, embed learning and papers lack focus on the impact of activity.**

97 We reviewed the level of information that partners' committees, Board and Cabinet receive in relation to flow out of hospital and found a mixed picture. The Health Board monitors several indicators relating to urgent and emergency care and patient flow via the Board and, more specifically, the Performance, Finance, and Information Governance Committee, including:

- % of emergency ambulance responses to calls categorised as 'red' arriving within (up to and including) eight minutes;
- median time from a patient's arrival at an emergency department to triage by a clinician;
- % of patients who spend less than four hours in emergency units from arrival until admission, transfer, or discharge;
- number of patients who spent 12 hours or more in emergency units from arrival to admission, transfer, or discharge; and
- number of ambulance handovers over one hour.

98 Commentary within performance reports to the Committee provides additional information, such as numbers of medically fit patients remaining in a hospital bed. However, reports rarely discuss the differences between hospital sites. Reports do describe the actions that are in place across pathways to try and improve patient flow. The Committee also receives updates on Urgent and Emergency Care which include actions under the six goals programme. The Health Board's Partnerships, People and Population Health Committee routinely received updates relating to the work of the Regional Partnership Board during 2022. However, following the resignation of all the Health Board's previous Independent Members in February 2023, the committee was suspended, meaning that regular reporting of RPB activities to the Health Board was not received from March 2023. A new Planning, Population Health and Partnerships Committee has since been established and met for the first time in January.

99 Papers received by committees and Cabinets within the six local authorities contain many references to challenges related to social care aspects of patient flow. Performance reports contain indicators including the numbers of adults either accessing services or waiting to access services. More generally, papers often reference challenges in relation to lack of domiciliary care and care home provision. We found some instances of discussion within local authority papers of

the broader impact that lack of provision within social care and care homes has on patient flow. For example, Wrexham County Council's July and September 2023 meetings included updates on the challenges faced by Ysbyty Maelor Emergency Department and the activity underway to mitigate those challenges, including joint work between the Council and the Health Board.

100 Generally, however, partners' focus is on metrics and activity within their remit, rather than on the broader whole system picture. In addition, while we found evidence within some local authorities that they operationally monitor expenditure in relation to the RIF, we found little evidence of reporting of RIF schemes and their impact within the Board, Cabinet or committees of local authorities or the Health Board.

101 The RPB receives regular updates on RIF progress and periodic papers on key priority areas but does not receive regular operational performance reports. Consideration of performance reports would be valuable in understanding the impact of RIF activities on addressing long-standing performance challenges.

102 While partners generally have mechanisms to record key risks relating to delayed discharges, these again were very separate. Risks in relation to poor patient flow are documented within the Health Board with four tier one risks noted on the Corporate Risk Register, which includes a risk relating to the fragility of the independent sector, where activity taken with partners through the RPB is listed. There are also two strategic risks on the Health Board's Board Assurance Framework relating to the impact of poor flow on quality of care, safety, and patient experience. Challenges relating to aspects such as the fragility of the care home market and difficulty recruiting domiciliary care are documented on most local authority corporate risk registers. There is currently no mechanism for partners to agree and monitor shared risks in relation to delayed discharges. This is a weakness as it drives partners to focus on mitigating their own risks without consideration of how mitigation could impact on partners.

103 In line with the six goals for urgent and emergency care programme, the Health Board has established the Urgent and Emergency Care Board, chaired by the Executive Director of Operations[21]. This Board oversees the planning and delivery of the six goals programme, aiming to ensure collaborative planning and ownership among system-wide stakeholders. It replaces the previous six goals programme group which was in place prior to our fieldwork. Despite several requests to the Health Board, we were unable to observe the Board nor receive any relating documentation and as such, we were not able to review its effectiveness.

104 Various mechanisms exist within and between partners for monitoring and escalating issues related to discharge planning, but their effectiveness varies. Social services, in particular, use 'Adverse Discharge' forms to highlight poorly managed discharges. However, at Ysbyty Glan Clwyd, there was a lack of response to these forms, raising concerns about the accountability for discharge

[21] Previously the Executive Director of Clinical Services

planning at a corporate level for this hospital. The Health Board did not respond to our requests to clarify the arrangements for processing these complaints or the accountability for discharge planning at a corporate level for this hospital**.**

105 The region took part in several Multi Agency Discharge Events (MADE) in 2022, which aimed to improve patient flow by providing protected time for partners to jointly recognise and agree to address challenges collaboratively. Those we spoke to as part of our fieldwork indicated that MADE discussions provide valuable opportunities for partners to work together and focus their resources on ensuring effective discharges take place. However, we found that areas for improvement that are identified through these events are not consistently actioned, with service pressures seemingly causing partners to continue with existing behaviours and practices. This was demonstrated through reports from the November 2022 MADE which reiterated several key issues that had been raised in September 2022 but not actioned, such as needing to use a multi-agency discharge approach and to continually monitor performance.

## What more can be done?

106 Whilst there is a clear recognition by regional partners of the problems associated with discharge, a desire to sort them out, the right focus within strategies and plans, and the use of funding targeted schemes, none of these have driven any significant or sustainable improvement in the overall position. Our work has found that there are several further actions that could be taken which would help improve timely and effective flow out of hospital across the region and reduce some of the challenges currently being experienced by the health and social care system. These actions are explored in the following exhibit and align with the recommendations that are set out earlier in the report.

**Exhibit 11: further actions for partners to help tackle the challenges for patient flow out of hospital**

| | |
|---|---|
| **Improving training and guidance** | Having access to **jointly agreed guidance** which clearly sets out roles and responsibilities, and expectations around when and how staff should share information, including referrals, is vital to ensuring consistency between wards, hospitals, professions, and organisations.<br><br>Offering a **comprehensive training programme** for everyone involved in patient flow, including bank and agency staff as well as new starters, also ensures guidance is embedded. |

| | |
|---|---|
| **Improving compliance with policies and guidance** | Having a **regular cycle of audit** to assess the effectiveness and consistency of the application of discharge policies and guidance, including the application of D2RA.<br><br>**Minimising multiple referrals** and ensuring only those people who need the service are on waiting lists for reablement, home care packages and residential care, minimises inefficiencies resulting from inappropriate referrals and provides better outcomes for patients. |
| **Ensuring patient safety while awaiting care packages** | Having **clear communication processes** in place to notify social services staff when patients are discharged to minimise the risks that patients are discharged without services in the community being notified.<br><br>Maintaining **regular communication with patients** awaiting packages of care once discharged home ensures that patients are safe whilst waiting and provides better outcomes. |
| **Improving the quality and sharing of information** | Having an improved **understanding of the range of community services** that could support effective and timely discharge and how these can be accessed, enables staff to make more informed decisions when planning for discharge.<br><br>Having **clear and comprehensive information** within patient case-notes which sets out the actions being taken to support discharge, enables a clearer understanding of what is happening with a patient and supports effective discharge planning by all professionals involved in the care of patients whilst in hospital.<br><br>Having **joined-up systems** that are accessible by all staff (regardless of organisation) involved in the care of individual patients enables effective and efficient methods of communication between organisations and supports effective flow out of hospital. |
| **Addressing key gaps in capacity** | Looking at joint solutions across sectors to **address key gaps** such as domiciliary care and reablement services would enable timelier discharge of patients' home. |

| | |
|---|---|
| **Maximising the use of the Regional Integration Fund** | The additional regional money provides opportunities to develop **innovative and transformational schemes** that can support effective and timely discharge. These opportunities are lost when the fund is used to support core services which should be mainstreamed.<br><br>Having clear processes in place to **manage slippage RIF money** enables streamlined decision-making which is supported by all partners.<br><br>Regularly considering **operational performance and capturing risks** at a regional level, enables more effective decision making across partners when considering how best to use the regional funding. |
| **Improving oversight and impact** | Ensuring that all initiatives being undertaken to support timely and effective flow out of hospital (both within and outside the Regional Partnership Board) and their associated impacts are **collated and reported openly**, minimises the risk of duplication and provides transparency. |
| **Embedding learning from actions taken to address delayed discharges** | **Building in time after learning events** such as the MADE to embed learning into day-to-day practice minimises the risk of repeatedly facing the same challenges and improves patient experience and outcomes.<br><br>**Adverse incidents or concerns** provide an opportunity to learn from when things go wrong with respect to discharge planning. Having clear processes to ensure consistent reporting of adverse incidents and concerns, along with timely responses enables lessons to be learnt. |

# Appendix 1

## Audit methods

**Exhibit 12** sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from these methods.

**Exhibit 12: audit methods**

| Element of audit methods | Description |
|---|---|
| Documents | We reviewed a range of documents, including:<br>• Board, Cabinet, and committee papers<br>• Updates on the six goals programme and urgent and emergency care to committees<br>• Operational and strategic plans relating to urgent and emergency care<br>• RPB papers, including case studies<br>• Standard Operating Procedure for discharge planning<br>• Corporate risk registers<br>• MADE reports |
| Interviews | We interviewed the following:<br>• Hospital Directors, East and Central<br>• Interim Director of Regional Delivery<br>• Programme Director for Urgent and emergency care<br>• Clinical Lead for Urgent and emergency care<br>• Deputy Executive Medical Director<br>• Business Planning and Improvement Manager<br>• Health Board lead for Ysbyty Glan Clwyd improvement work.<br>• Health Board lead on care homes<br>• Operational Leads for Emergency Department, Ysbyty Gwynedd, Ysbyty Glan Clwyd and Ysbyty Maelor<br>• Directors of Social Services for Isle of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, and Wrexham<br>• Heads of Social Services for Isle of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, and Wrexham<br>• Lead for Regional Partnership Board<br>• Chief Officer North Wales Community Health Council |

| Element of audit methods | Description |
| --- | --- |
| Observations | We observed the following meeting(s):<br>• North Wales Regional Partnership Board<br>• North Wales Leadership Group<br>• Health Board Performance, Finance, and Information Governance Committee<br>We also observed the following individual(s):<br>• Head of Nursing and Site Manager, Ysbyty Gwynedd<br>• Progress Chaser and Home Hub Officer, Ysbyty Maelor<br>• Site Manager and Home First Officer, Ysbyty Glan Clwyd |
| Data analysis | We analysed the following national data:<br>• Monthly social services dataset submitted to the Welsh Government<br>• Monthly delayed discharges dataset submitted to the NHS Executive<br>• StatsWales data<br>• Ambulance service indicators<br>We also analysed data provided by the Health Board relating to all emergency medicine patients discharged in October 2022 with a length of stay greater than 21 days (excluding those who died) |
| Focus groups | We undertook focus groups with social workers from each of the local authority areas, except for Isle of Anglesey. |
| Case note review | We reviewed a sample of 32 case notes relating to emergency medicine patients discharged in October 2022 with a length of stay greater than 21 days (excluding those who died). |

# Appendix 2

## Reasons for delayed discharges

The following exhibit sets out the reasons for delayed discharges in the Health Board compared to the all-Wales position.

**Exhibit 13: reasons for delayed discharges as a percentage of all delays (February 2024)**

| Reason for delay | Percentage delayed | All-Wales average |
|---|---|---|
| Awaiting joint assessment | 15.7 | 9.0 |
| Awaiting social worker allocation | 15.1 | 8.5 |
| Awaiting completion of clinical assessment (nursing /allied health professionals / medical / pharmacy) | 13.3 | 10.3 |
| Awaiting start of new home care package | 10.5 | 8.0 |
| Awaiting completion of assessment by social care | 5.6 | 15.7 |
| Awaiting nursing home availability | 4.6 | 2.6 |
| Awaiting residential care home manager to visit and assess (Standard 3 residential) | 4.6 | 2.5 |
| Awaiting Elderly Mental Illness (EMI) residential availability | 4.3 | 2.3 |
| Awaiting residential home availability | 4.3 | 2.8 |
| Awaiting reablement care package | 3.1 | 3.0 |
| Awaiting health completion of assessment/provision for equipment | 2.8 | 1.4 |
| Awaiting EMI nursing availability | 1.9 | 2.0 |
| Awaiting funding decision (funded nursing care (FNC) / continuing health care (CHC)) | 1.5 | 1.5 |
| Awaiting completion of arrangements prior to placement | 0.9 | 3.5 |
| Awaiting funding decision | 0.9 | 0.8 |
| Awaiting nursing care home manager to visit and assess (Standard 3 residential) | 0.9 | 2.1 |
| Awaiting specialist bed availability | 0.9 | 1.1 |
| No suitable abode | 0.9 | 2.3 |
| Patient / family refusing to move to next stage of care/ discharge | 0.9 | 1.6 |

Source: Welsh Government

Note: where the reasons for delay relate to two or less patients, these have been excluded to minimise any risk of identifying individual patients.

## Top five reasons for delayed discharges by local authority

The following exhibits set out the top five reasons for delayed discharges for each of the local authorities compared to the Health Board wide and all-Wales position.

**Exhibit 14: top five reasons for delayed discharges as a percentage of all delays (February 2024) – Conwy**

| Reason for delay | Percentage delayed | Health Board average | All-Wales average |
|---|---|---|---|
| Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy) | 25.5 | 13.3 | 10.3 |
| Awaiting health completion of assessment/ provision for equipment | 12.8 | 2.8 | 1.4 |
| Awaiting residential care home manager to visit and assess (Standard 3 residential) | 12.8 | 4.6 | 2.5 |
| Awaiting joint assessment | 8.5 | 15.7 | 9.0 |
| Awaiting start of a new home care package | 6.4 | 10.5 | 8.0 |

Source: Welsh Government

**Exhibit 15: top five[22] reasons for delayed discharges as a percentage of all delays (February 2024) – Denbighshire**

| Reason for delay | Percentage delayed | Health Board average | All-Wales average |
|---|---|---|---|
| Awaiting joint assessment | 18.8 | 15.7 | 9.0 |
| Awaiting residential care home manager to visit and assess (Standard 3 residential) | 15.6 | 4.6 | 2.5 |
| Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy) | 12.5 | 13.3 | 10.3 |

Source: Welsh Government

[22] All other reasons related to two or less patients

**Exhibit 16: top five reasons for delayed discharges as a percentage of all delays (February 2024) – Flintshire**

| Reason for delay | Percentage delayed | Health Board average | All-Wales average |
|---|---|---|---|
| Awaiting social worker allocation | 20.4 | 15.1 | 8.5 |
| Awaiting joint assessment | 18.5 | 15.7 | 9.0 |
| Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy) | 16.7 | 13.3 | 10.3 |
| Awaiting start of new home care package | 11.1 | 10.5 | 8.0 |
| Awaiting completion of assessment by social care | 5.5 | 5.6 | 15.7 |

Source: Welsh Government

**Exhibit 17: top five reasons for delayed discharges as a percentage of all delays (February 2024) – Gwynedd**

| Reason for delay | Percentage delayed | Health Board average | All-Wales average |
|---|---|---|---|
| Awaiting joint assessment | 15.7 | 15.7 | 9.0 |
| Awaiting start of new home care package | 15.7 | 10.5 | 8.0 |
| Awaiting nursing home availability | 13.7 | 4.6 | 2.6 |
| Awaiting social worker allocation | 9.8 | 15.1 | 8.5 |
| Awaiting EMI residential availability | 7.8 | 4.3 | 2.3 |

Source: Welsh Government

**Exhibit 18: top five reasons for delayed discharges as a percentage of all delays (February 2024) – Isle of Anglesey**

| Reason for delay | Percentage delayed | Health Board average | All-Wales average |
|---|---|---|---|
| Awaiting joint assessment | 22.7 | 15.7 | 9.0 |
| Awaiting social worker allocation | 18.2 | 15.1 | 8.5 |
| Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy) | 11.4 | 13.3 | 10.3 |
| Awaiting completion of assessment by social care | 9.1 | 5.6 | 15.7 |
| Awaiting start of new home care package | 9.1 | 10.5 | 8.0 |

Source: Welsh Government

**Exhibit 19: top five reasons for delayed discharges as a percentage of all delays (February 2024) – Wrexham**

| Reason for delay | Percentage delayed | Health Board average | All-Wales average |
|---|---|---|---|
| Awaiting social worker allocation | 21.6 | 15.1 | 8.5 |
| Awaiting joint assessment | 13.4 | 15.7 | 9.0 |
| Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy) | 11.3 | 13.3 | 10.3 |
| Awaiting start of new home care package | 11.3 | 10.5 | 8.0 |
| Awaiting completion of assessment by social care | 6.2 | 5.6 | 15.7 |

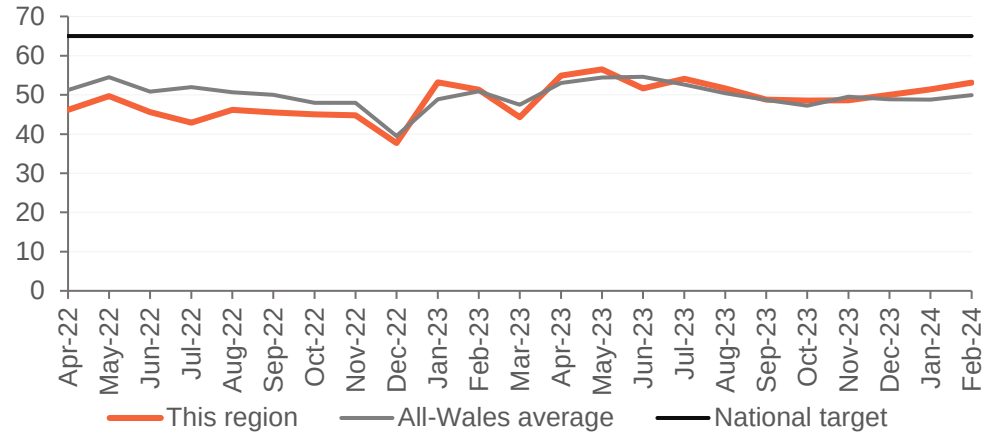
Source: Welsh Government

# Appendix 3

## Urgent and emergency care performance

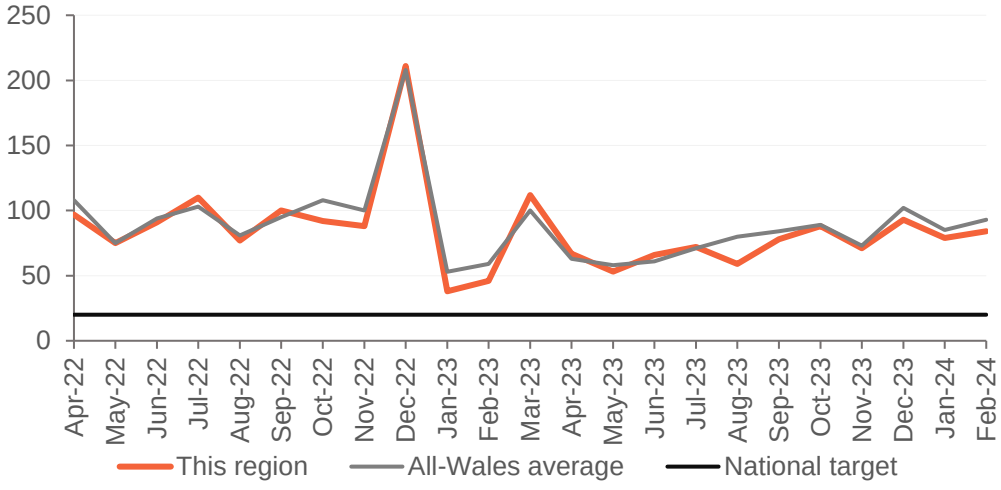
The following exhibits set out the region's performance across a range of urgent and emergency care performance indicators in comparison to the position across Wales since April 2022.

**Exhibit 20: percentage of emergency responses to red calls arriving within (up to and including) 8 minutes – national target of 65%**



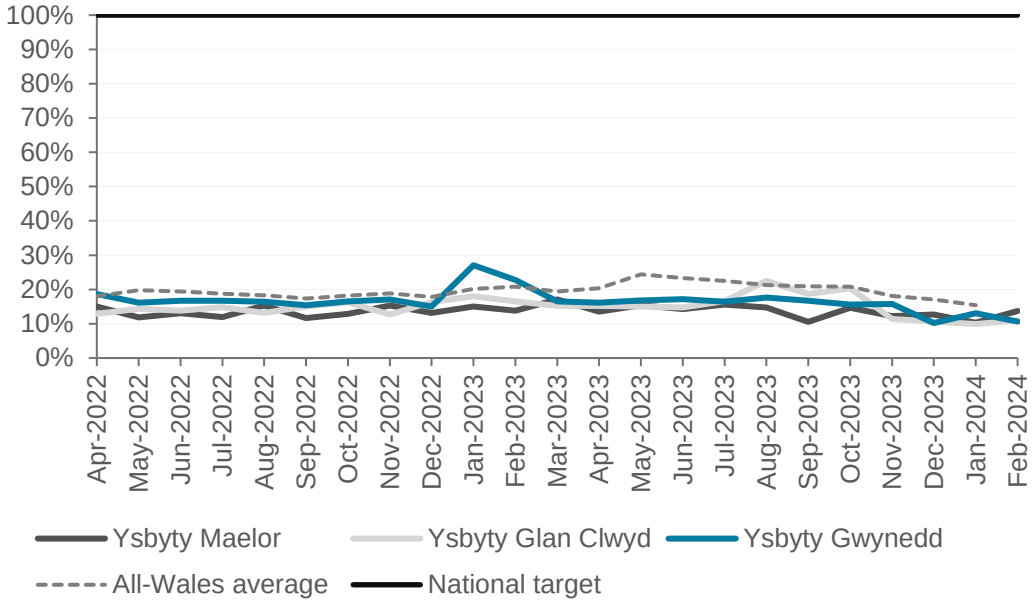

Source: Ambulance Services Indicators

**Exhibit 21: median response time for amber calls (minutes) – 50th percentile – national target of 20 minutes**



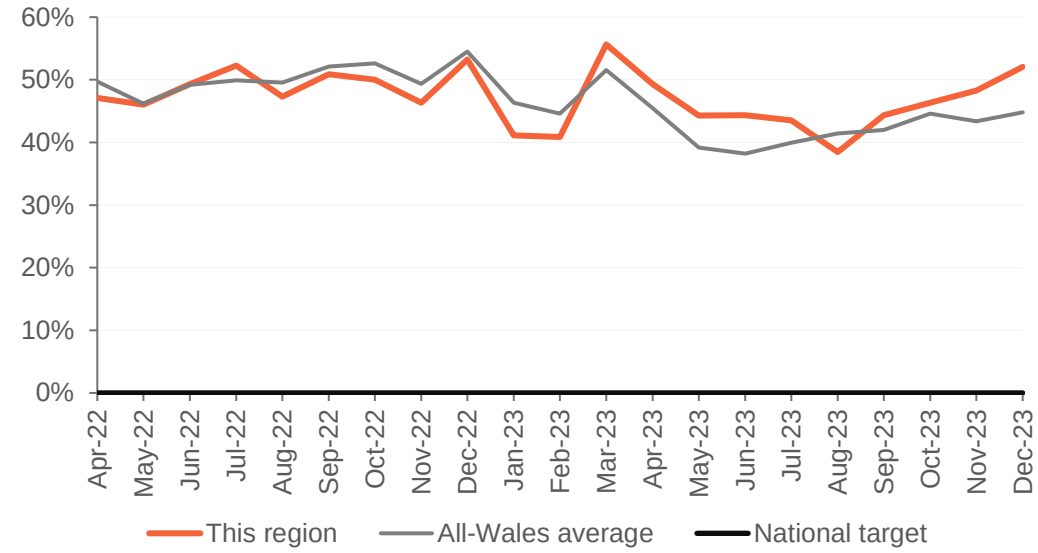

Source: Ambulance Services Indicators

**Exhibit 22: percentage of ambulance handovers within 15 minutes at a major emergency department – national target of 100%**



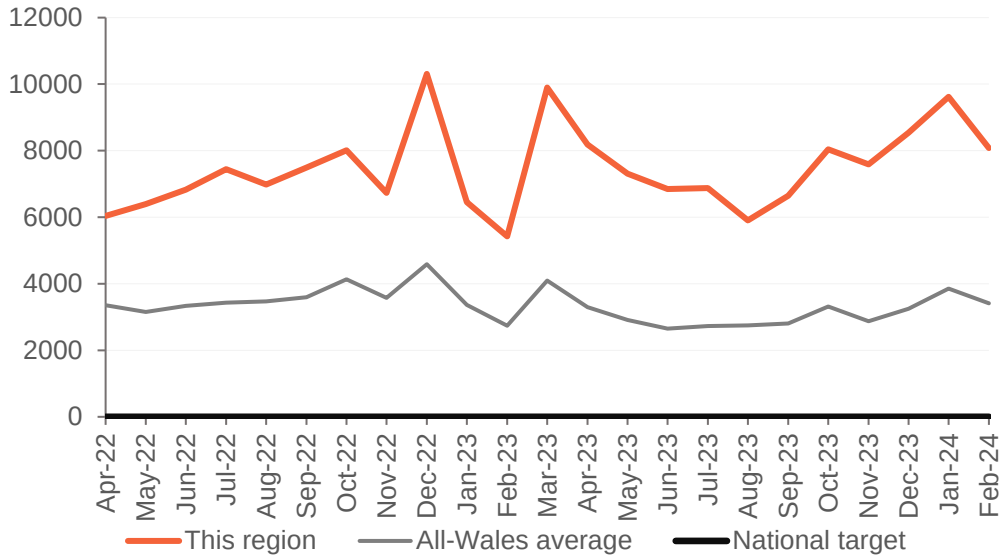

Source: Welsh Ambulance Services NHS Trust

**Exhibit 23: percentage of ambulance handovers over 1 hour – national target of zero**



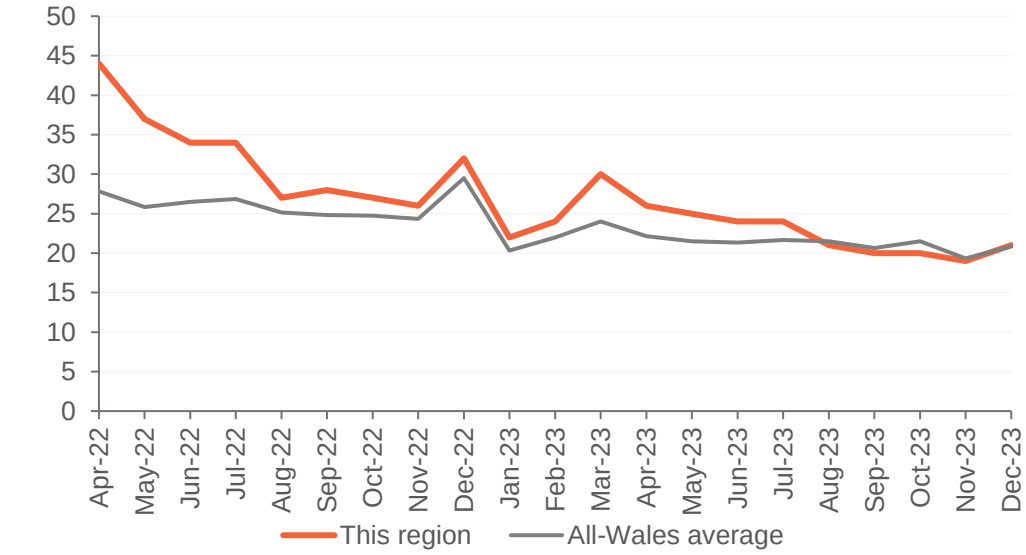

Source: Ambulance Services Indicators

**Exhibit 24: total number of hours lost following notification to handover over 15 minutes**



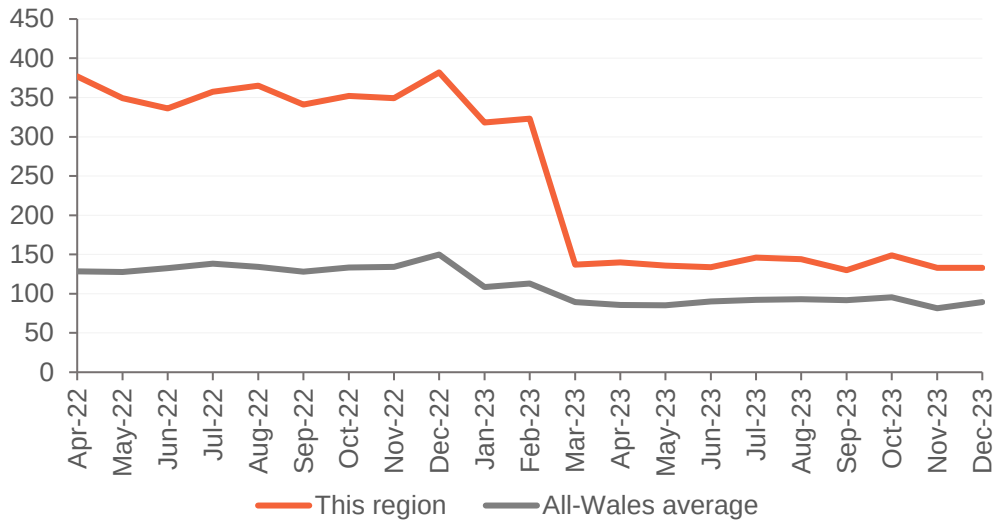

Source: Ambulance Services Indicators

**Exhibit 25: median time (minutes) from arrival at an emergency department to triage by a clinician) – national target of 12-month reduction**



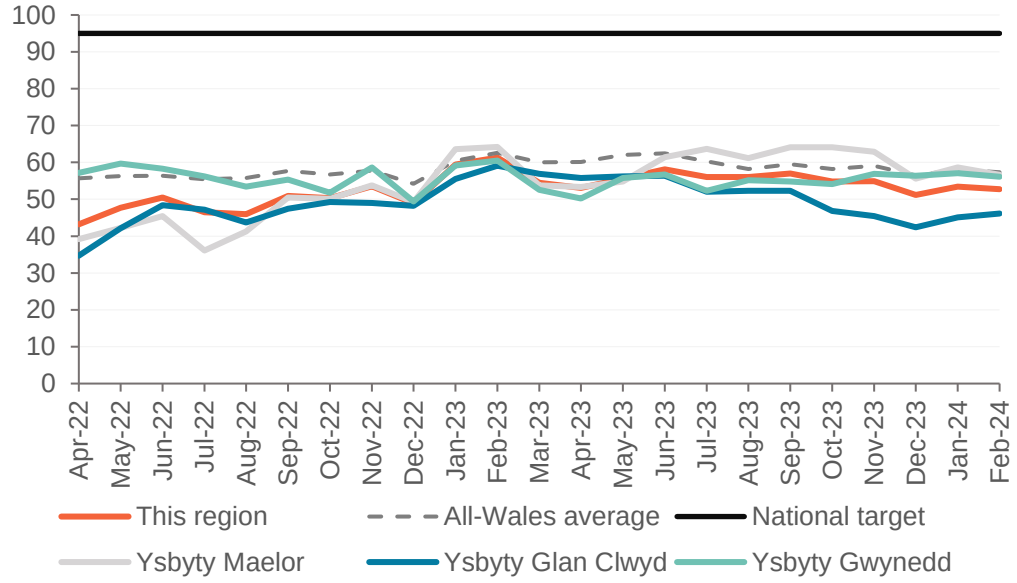

Source: StatsWales

**Exhibit 26: Median time (minutes) from arrival at an emergency department to assessment by senior clinical decision maker – national target of 12-month reduction**



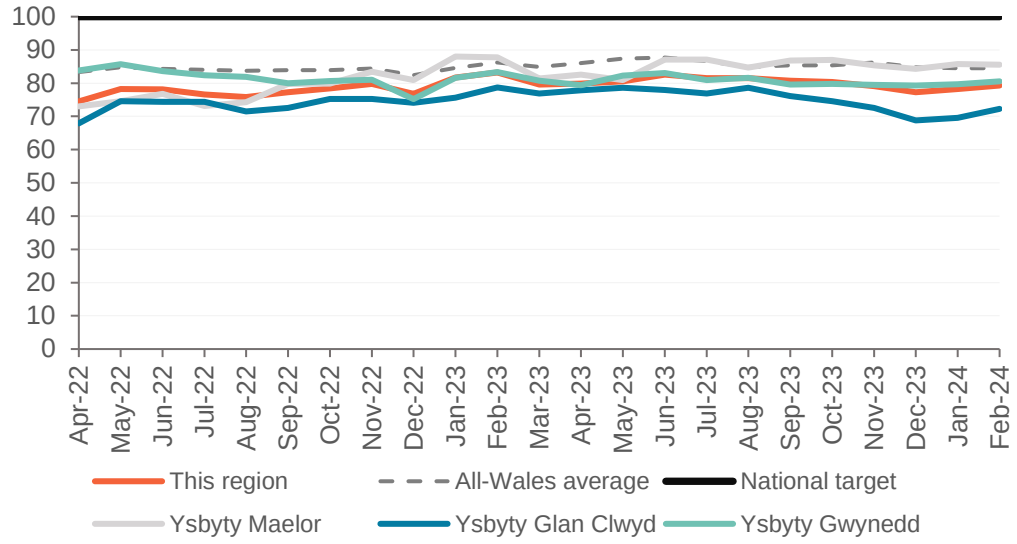

Source: StatsWales

**Exhibit 27: Percentage of patients spending less than four hours in a major emergency department – national target of 95%**



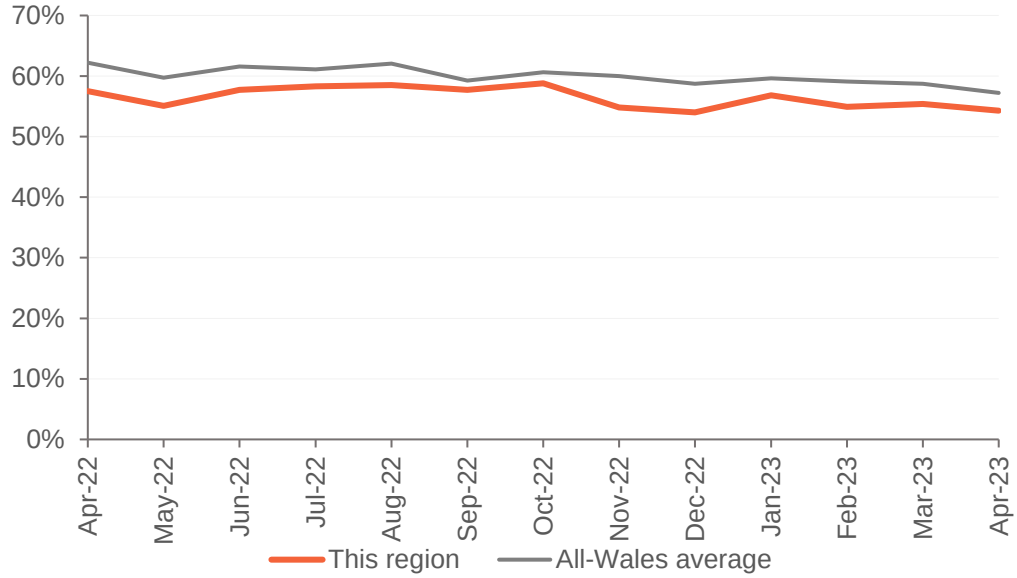

Source: StatsWales

**Exhibit 28: Percentage of patients spending less than 12 hours in a major emergency department – national target of 100%**




Source: StatsWales

**Exhibit 29: Percentage of total emergency bed days accrued by people with a length of stay over 21 days – national target of 12-month reduction**



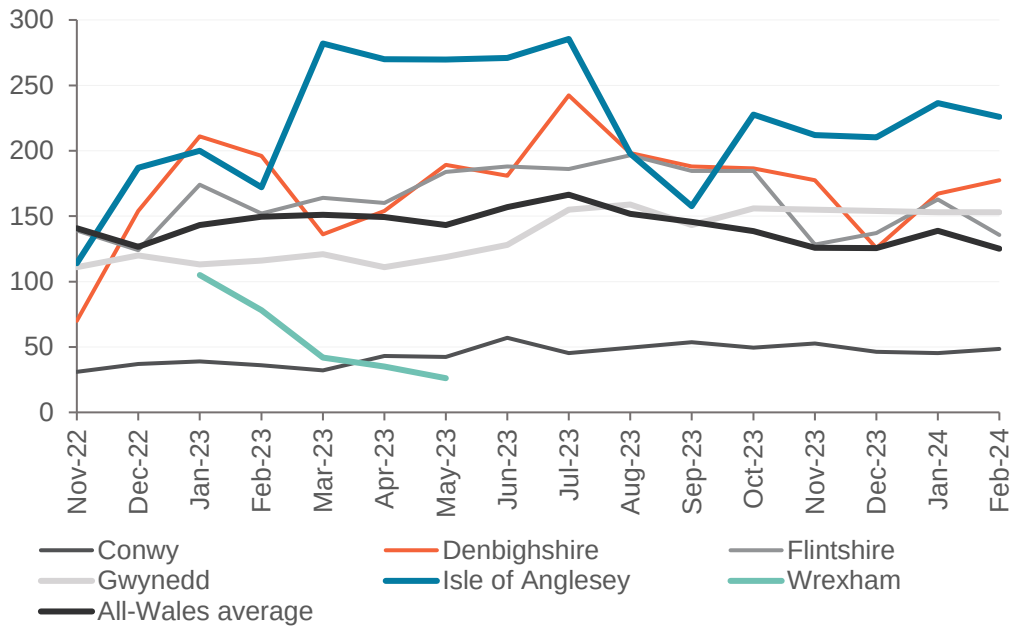

Source: StatsWales

# Appendix 5

## Waits for social care assessments and care packages

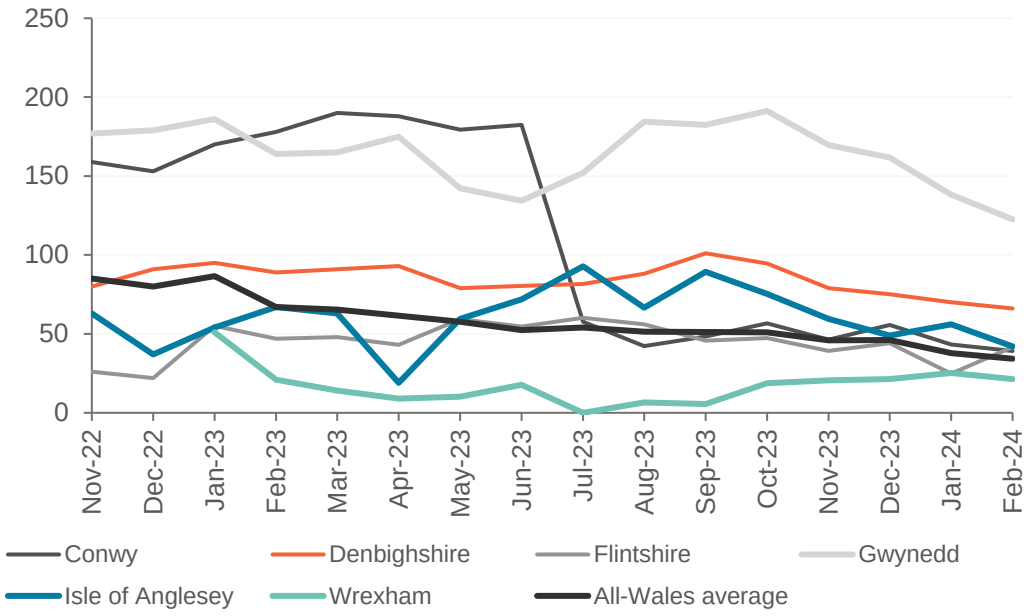
The following exhibits set out the region's waits performance for social care assessment and receipt of a range of care packages in comparison to the position across Wales since November 2022.

**Exhibit 30: number of adults waiting for a social care assessment (per 100,000 head of population)**



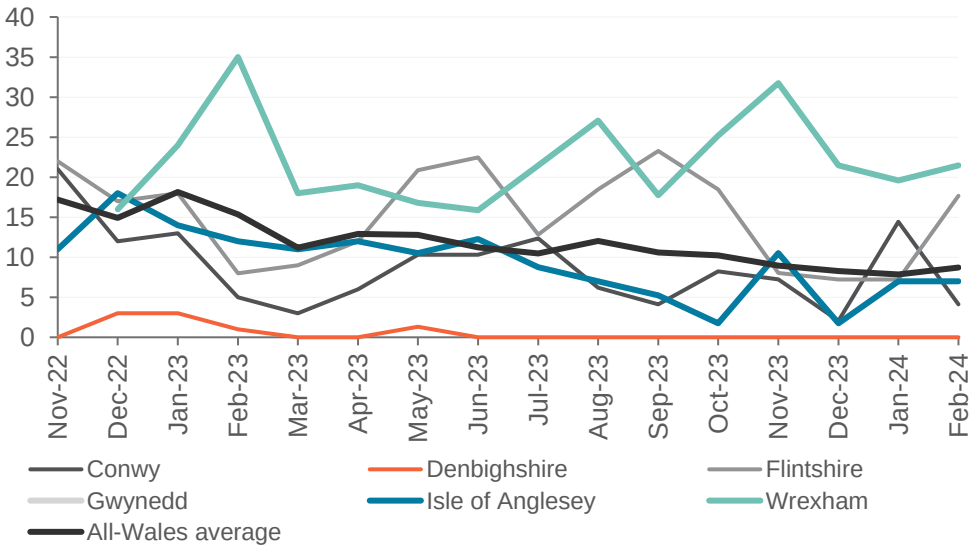

Source: Welsh Government

**Exhibit 31: number of adults waiting for domiciliary care (per 100,000 head of population)**



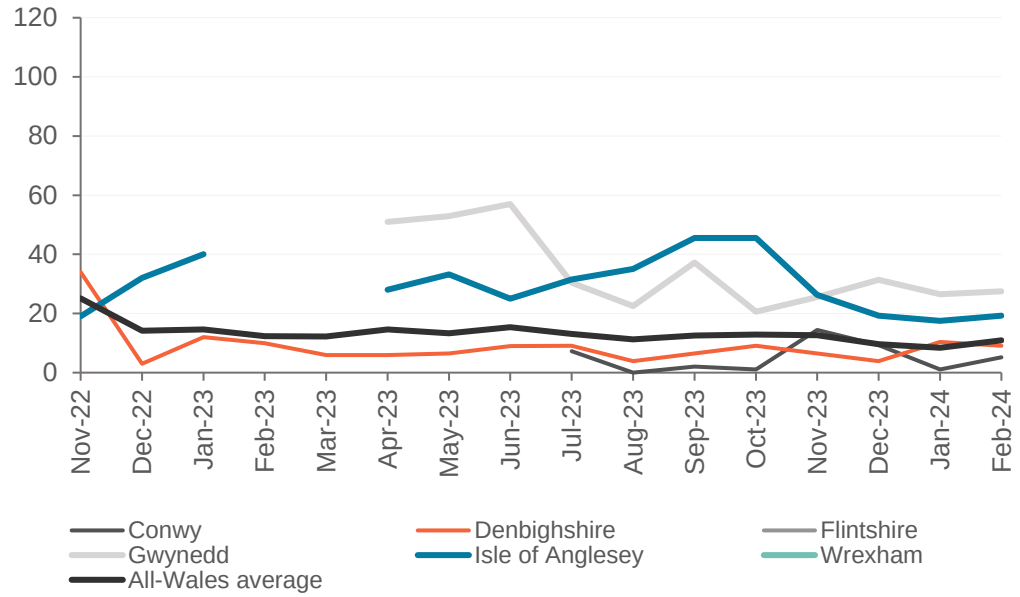

Source: Welsh Government

**Exhibit 32: number of adults waiting for reablement (per 100,000 head of population)**




Source: Welsh Government

**Exhibit 33: number of adults waiting for long-term care home accommodation (per 100,000 head of population)**




Source: Welsh Government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