

Report to	Partnerships Scrutiny Committee
Date of meeting	3 April 2025
Lead Member / Officer	Cllr Elen Heaton / Nicola Stubbins
Head of Service	Nicola Stubbins, Corporate Director
Report author	Gethin Morgan, Head of Regional Collaboration
Title	Urgent and Emergency Care: Flow out of Hospital – North Wales Region

1. What is the report about?

- 1.1. 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.
- 1.2. The associated report sets out the findings from the Auditor General's review of the arrangements to support effective flow out of hospital in North Wales and presents the combined organisational response of what's been realised against those recommendations.

2. What is the reason for making this report?

- 2.1. This report is to provide an updated account / information to partners with regard to the associated work undertaken since the first publication of the Audit Wales report and combined organisational response in September 2024.

3. What are the Recommendations?

- 3.1. That the Committee confirms that it has read, understood and taken into account the work that is required on a continual basis to meet expectations and improve hospital flow in North Wales.
- 3.2. That the Committee provides observations on the work to date being taken forward through the North Wales Regional Partnership Board.

4. Report details

- 4.1. The key messages as outlined in the report by Audit Wales are as follows –
- 4.2. Overall, it was found that whilst partners understood and showed a commitment to improving patient flow out of hospital, performance remained 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.
- 4.3. The original report found that the extent of discharge delays in North Wales had 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 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.

4.4. 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.

4.5. 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. 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.

4.6. 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.

4.7. 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.

5. How does the decision contribute to the Corporate Plan 2022 to 2027: The Denbighshire We Want?

5.1. Working in partnership across health and social care services will help support a healthier and happier, caring Denbighshire and also ensure a seamless service for individuals that require care and support.

6. What will it cost and how will it affect other services?

6.1. Through the Regional Partnership Boards, Welsh Government is channelling grant funding streams such as -

- Regional Integration Fund (RIF) for Health and Social Care
- Further Faster
- 50-day challenge funding
- Housing with Care Fund
- Integrating and Rebalancing capital funds.

Regional partnership activity across these funding streams are actioned in part to assist the response to this issue, but the most specific funding stream attributed directly during the winter of 2024/25 is that of the 50 day challenge. From this national fund identified mid December 2024, Denbighshire County Council received £373,659 to meet the reablement and Domicillary Care expectations.

6.2. The RPB approves its regional RIF programme with allocations to six national models of care. The 2024/25 programme included approx. 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).

7. What are the main conclusions of the Well-being Impact Assessment?

7.1. An overall Well-being impact assessment has not been completed for the on-going work to support the flow from hospital in North Wales.

8. What consultations have been carried out with Scrutiny and others?

8.1. Members will be aware of the Social Services and Well-Being (Wales) Act 2014 and will have received information about Part 9 of the Act and the development of Regional Partnership Boards. Members also receive an RPB annual report for consideration annually. There has been no formal consultation, other than with members of the Leadership Group operating on behalf of the Regional Partnership Board which includes a wide range of membership and includes Lead Members, citizens and carers.

9. Chief Finance Officer Statement

9.1. There is no direct financial impact to this report.

10. What risks are there and is there anything we can do to reduce them?

10.1. There is a risk that the patients' journey (or lack of) impacts on the wider planned care and community care offering across North Wales. A significant shift of resource to engender a sustainable preventative model across the region could be an option which may reduce/avoid hospital admission into the future and therefore ensure a more seamless, person centred, 'what matters' approach across the health and social care sector.

11. Power to make the decision

11.1. Social Services and Well-Being Act 2014, Part 9

11.2. Scrutiny's powers in relation to this matter are set out in Section 21 of the Local Government Act 2000 and Section 7 of the Council's Constitution