Archwilio Cymru
Audit Wales

Urgent and Emergency Care: Flow out of Hospital – Gwent Region

Date issued: September 2024

Document reference: 4775A2025

The Auditor General has a wide range of audit and related functions, including auditing the accounts of Welsh NHS and local government bodies, and reporting to the Senedd on the economy, efficiency and effectiveness with which those organisations have used their resources. The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities each with their own legal functions as described above. Audit Wales is not a legal entity and itself does not have any functions.

© Auditor General for Wales 2025. No liability is accepted by the Auditor General or staff of the Wales Audit Office in relation to any member, director, officer, or other employee in their individual capacity, or to any third party, in respect of this report.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 Code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

Contents

Summary report

About this report 4

Key messages 5

Recommendations 6

Detailed report

What is the scale of the challenge? 9

What is impacting effective and timely flow of patients out of hospital? 15

What action is being taken? 26

What more can be done? 31

Appendices

Appendix 1 – audit methods 35

Appendix 2 – reasons for delayed discharges 37

Appendix 3 – urgent and emergency care performance 41

Appendix 4 – waits for social care assessments and care packages 46

Appendix 5 – combined management response to audit recommendations 48

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" create 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 detailed 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 Gwent Region (the region). The region encompasses:

- Aneurin Bevan University Health Board (the Health Board);
- Blaenau Gwent County Borough Council;

[1] Urgent and emergency care describes any unplanned, urgent, and emergency care provided by health and social care services. The urgent and emergency 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.

- Caerphilly County Borough Council;
- Monmouthshire County Council;
- Newport City Council; and
- Torfaen 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 **despite a clear focus on improving patient flow within the region, a significant number of medically fit patients are occupying hospital beds. This continues to have serious knock-on effects on other NHS pathways of care and creates risks for patients' physical and mental well-being. More timely assessments of patients, a less risk averse approach to discharge planning and more consistent application of discharge policy is needed. Workforce and IT system challenges continue to be key barriers that partners will need to focus on to secure value from the investments they have made and to achieve the improvements they recognise are needed.**

9 For the twelve months up to and including February 2024, each month there were an average of 250 medically fit patients in the Health Board's hospitals whose discharge was delayed. The completion of joint and clinical assessments were the main causes for delayed discharge and the total number of bed days that had been lost to delayed discharges over that period was 55,685 which equates to £27.8 million of NHS resource based on an average bed cost of £500. A full list of the reasons for discharge delays is included in **Appendix 2**.

10 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 3,000 lost ambulance hours because of handover delays, and the average wait within the Health Board's emergency department was 8.5 hours. More detailed analysis of the region's performance across a range of urgent and emergency performance indicators is included in **Appendix 3**.

11 Several factors are contributing to delayed discharges. Complexity and volume of demand are increasing in line with an ageing population, but the Health Board may be exacerbating that complexity by being risk averse to discharge which is contributing to problems elsewhere in the patient pathway. Workforce capacity in both health and social care is a challenge for the region, impacting on joint and clinical assessments, although waits for social care assessments are less problematic than many other parts of Wales, and the care sector capacity across the region is generally meeting demand. There are regular multi-disciplinary meetings in relation to patient discharge, but use of the existing discharge policy is

not embedded, the approach to staff training is inconsistent, and the discharge planning process is not well documented within patient case notes. Staff involved in the discharge process have created operational workarounds for data sharing such as patient flow meetings, but formal data sharing and data quality are variable and digital interfaces between organisations are not compatible.

12 We found that addressing patient flow is central to relevant strategic and operational plans across the Gwent region and in line with Welsh Government requirements. Strategic partnership working is evident building on existing collaborative relationships, but operational partnership working is less well developed. Financial resources are being targeted to support patient flow with positive outcomes, although the ability of the partners to match fund is increasingly challenging and the impact of the funded initiatives could be more transparent. There is clear oversight and scrutiny of actions being taken to improve patient flow, although more could be done to gather patient and service user feedback and oversee compliance with current discharge policies.

13 Whilst there is a clear recognition by regional partners of the problems associated with discharge, a desire to address them with the right focus within strategies and plans, impactful projects and good strategic relationships, the number of delayed discharges across the region have not significantly reduced. 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 management response by the statutory bodies included in this review to these recommendations will be summarised in **Appendix 5** once considered by the relevant committees.

Exhibit 1: recommendations

Recommendations
Improving training and guidance on discharge planning R1 The Health Board and local authorities should embed processes 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. Where possible, this should be done on a joint basis. R2 The Health Board should update its discharge policy to ensure that it reflects the national guidance issued by the Welsh Government in December 2023.

Recommendations

Embedding a seven-day approach to discharge

R3 The Health Board and local authorities should review capacity to embed and deliver seven-day discharge. Despite discharges needing to happen daily, current ways of working do not support this, and a lack of weekend discharge means patients have a prolonged stay in hospital which increases risk of deconditioning and acquiring infection.

Clarify roles and responsibilities in relation to informal over prescribing of care packages

R4 The Health Board should clarify roles and responsibilities regarding care package prescribing to ensure patients are not given unrealistic and unnecessary expectations in relation to care provision. This is particularly the case with older patients who may be seen as frail. This can disempower patients from being independent and may lead to future readmissions.

Review risk appetite in relation to patient discharge

R5 The Health Board should review its cultural appetite and approach to risk in relation to patient discharge. This should ensure risk is assessed across the whole patient pathway, so beds are not unnecessarily occupied.

Embedding the Trusted Assessor model

R6 The Health Board should embed its approach to the Trusted Assessor model and communicate this approach to all partners. Whilst there is recognition this may not help secure care packages or placements more quickly; it will ensure there is capacity to assess patients when required.

Improving oversight of policies and guidance

R7 The Health Board should monitor compliance with its discharge policy to assess the effectiveness and consistency of the application, and whether the intended outcomes are being achieved. This includes adhering to its own policy that an annual programme of learning will be reported to the Patient Quality, Safety and Outcomes Committee.

Improving the quality and sharing of information

R8 The Health Board and local authorities should implement ways in which patient information can be shared more effectively, including opportunities to

Recommendations

provide wider access to organisational systems and ultimately joint IT solutions.

R9 The Health Board should improve record keeping by:

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

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

Patient, service user and staff feedback

R10 The Health Board should ensure it has mechanisms in place to understand the experiences of patients and carers in the discharge process in line with their existing policy and apply learning.

R11 The local authorities should ensure relevant social services teams routinely capture service users and carers' experiences and apply learning.

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 **while the region has comparatively lower rates of delayed discharges, these are impacting on patient flow particularly in the emergency department and consistent patient access to stroke wards. Waiting for a joint assessment is the main cause of delay but there are challenges throughout the health and social care system.**

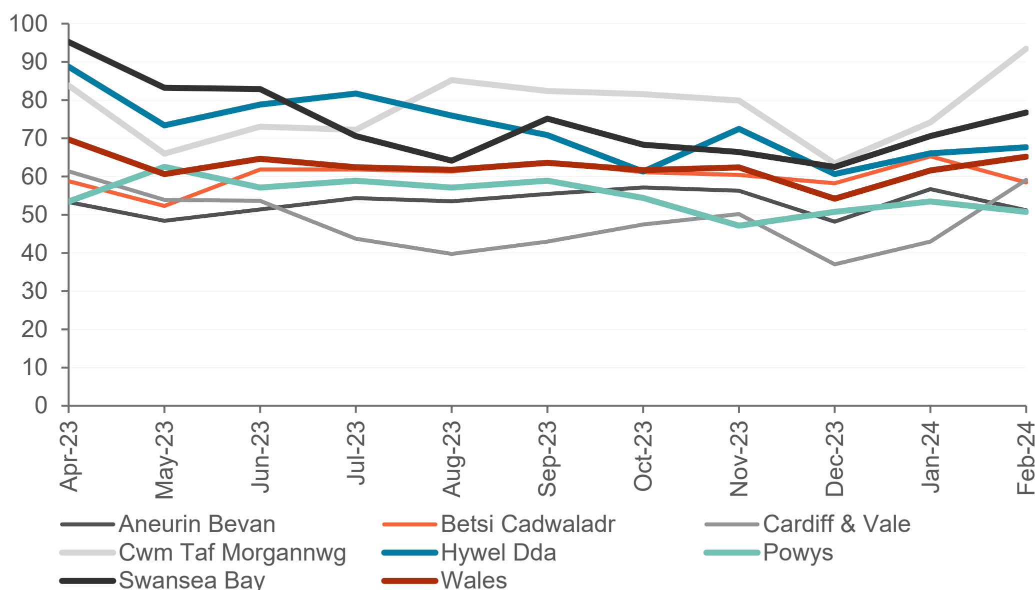
Delayed discharges

17 We found that **the region has comparatively low and stable rates of delayed discharges, though delays in completion of joint assessments continue to present a challenge.**

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. Whilst performance is slightly better than the average for Wales, there is still a large number of delayed discharges impacting bed capacity and patient flow.

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



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 72 delayed transfers of care. The position at the end of February 2024 of 240 delayed discharges equates to 16.4% of the Health Board's total bed capacity[2]. However, this is below the all-Wales average of 17.9% (ranging between 13.7% and 31.3%).

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

[2] 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)

Exhibit 3: top 5 reasons for delayed discharges for the Health Board compared to the all-Wales position (February 2024)

Reason for delay	Percentage delayed	All-Wales average
Awaiting joint assessment	14.2	9.0
Awaiting completion of clinical assessment (nursing/ allied health professional/ medical/ pharmacy)	9.6	10.3
Awaiting reablement care package	6.3	3.0
Awaiting residential care home manager to visit and assess (Standard 3 residential)	6.3	2.5
Awaiting start of new home care package	5.8	8.0

Source: Welsh Government

23 When broken down by local authority, the rate of delayed discharges per 100,000 head of population is generally lower when compared to the all-Wales position. This is except for Monmouthshire where the rate has occasionally been higher than the all-Wales position. Awaiting joint assessment is the highest cause of delay in Monmouthshire and Newport. Awaiting clinical assessments is the highest cause of delay in Blaenau Gwent and Torfaen. Awaiting residential care home manager visit and assessment is the highest cause of delay in Caerphilly.

24 **Exhibit 3** indicates that delayed discharges are a result of challenges throughout the health and social care system and cannot be wholly attributed to one sector. Although waiting for a joint assessment is the highest cause of delay in the region, awaiting completion of a clinical assessment is the second highest with reablement waits and care home delays next. Any action to address delayed discharges in one area will need to consider the impact on other areas causing waits for patients.

25 Based on data reported in February 2024, the total number of delayed patients accounted for 5,211 bed days. Based on a typical cost per bed day[3], this equates to costs in the region of £2.6 million for the month, and a full year effect of just under £30.43 million. Given the financial pressures facing the public sector, this represents a significant amount of NHS resource that is being used sub-optimally and which should be employed in other ways to meet other demand in the system.

[3] 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

Impact on patient flow

26 We found that **delayed discharges are having an impact on patient flow, particularly in relation to the Health Board's emergency department performance.**

27 Delays in discharging patients from hospital have consequences for patient flow and in particular the ability for 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 hand over 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:

- whilst the percentage of ambulance red calls responded within 8 minutes has been consistently better than the all-Wales position it has not reached the national target of 65% since July 2020 (**Exhibit 18**);
- the median amber response time is longer than the national target of 20 minutes but generally in line with the all-Wales average, with performance at 81 minutes in February 2024 (**Exhibit 19**);
- the percentage of ambulance handovers within 15 minutes at the Health Board's major emergency department is broadly in line with the all-Wales average, at around 21% which is significantly below the national target of 100% (**Exhibit 20**);
- the percentage of ambulance handovers taking over one hour is relatively static at around 40%, and below the all-Wales average, compared to a national target of zero[4] **(Exhibit 21)**;
- the total number of hours lost following notification to handover over 15 minutes is below the all-Wales average, fluctuating between 2,700 and 4,500 hours per month (**Exhibit 22**);
- once the patient is in the emergency department, the median time from arrival to triage is generally in line with the all-Wales position at 21 minutes (**Exhibit 23**);
- the median time from arrival to being assessed by a senior clinical decision maker is above the Wales average and since May 2023, is the highest in Wales fluctuating between two and just over three hours **(Exhibit 24)**;
- the percentage of patients seen within four hours in a major emergency department is below the all-Wales average and the second lowest in Wales, compared with the national target of 95% **(Exhibit 25)**;

[4] The target for no patient handover to take longer than one hour was introduced as an additional metric by the Welsh Government within the NHS planning framework in 2023/2024 as part of work to try and reduce the increasing trend of lost hours

- the percentage of patients spending less than 12 hours in a major emergency department is also below the all-Wales position and the second lowest in Wales **(Exhibit 26); and**
- the proportion of bed days accrued by people with a length of stay over 21 days has been better than the all-Wales average **(Exhibit 27)**.

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 44 days (compared to 56 days across Wales). This varied across the three acute sites, with the average total length of stay of 31 days at Grange University Hospital, compared to 47 days at Royal Gwent Hospital. The average total length of stay at Nevill Hall Hospital was 46 days. This demonstrates that the region's approach to discharge is having favourable impacts on a patient's length of stay compared with the all-Wales average for this period.

30 The Health Board's total bed capacity has fluctuated over recent years, with 1,793 total beds available in 2022-23, with just under 40% of these allocated to acute medicine (668). Bed occupancy in the acute medicine beds has been at 89.2%, 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. The number of these beds has remained stable at around 30 since 2010-11, however occupancy levels have been running high at 99%.

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. Between April 2022 and April 2023, performance was volatile with the percentage of stroke patients with direct access to a stroke ward within four hours having fluctuated between a low of 5.9% and a high of 31%.

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 2022-2023, 161 planned care admissions were cancelled due to the lack of an available ward bed in the Health Board, with half of those during June and July 2022, and February 2023. For the period, 2023-24 up to and including February 2024, only 42 planned care admissions were cancelled. Whilst this is below the levels of some other health boards, these cancellations represent poor patient experience and risk the conditions of planned care patients further deteriorating while they wait for their treatment to be rescheduled.

Meeting patients' needs

34 We found that **the region is largely managing to avoid the use of inappropriate short term unplanned care home placements. However, a stronger multidisciplinary approach to discharge planning is needed to reconcile different views on patients' needs and to avoid unnecessary discharge delays.**

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.

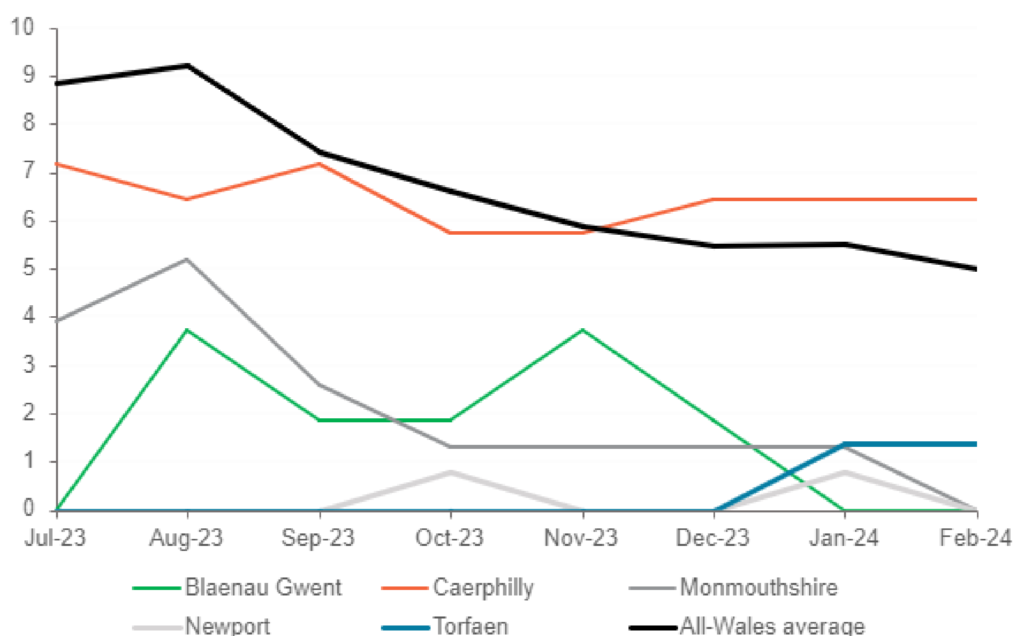
37 Within the region, we found that both health and social care staff are focused on discharging people quickly, but general capacity and practical ways of working do not always support this. We heard how despite the discharge system being expected and needed to work seven days a week, patient discharge rarely happens on a weekend, and this prolongs the patient stay in hospital.

38 Staff from across the region recognise the challenge in acquiring suitable support for patients such as domiciliary care or a care home placement, but this is sometimes frustrated by senior clinicians "over prescribing" a patient's future care needs. We heard how some patients and families are reluctant to return home without the level of care in place senior clinicians have said they need, despite the patient not being assessed as needing that level of care by social workers. We also heard how some patients were not discharged home despite living independently before admission and not feeling the need for any form of care package. This is particularly the case with older patients who may be seen as frail. This can disempower patients from being independent and may lead to future readmissions. As a result, good multidisciplinary discussions on post discharge needs that seek to maintain independence whilst also minimising risks of re-admission are key, particularly for tackling risk aversion in discharge.

39 The use of unplanned short term care home accommodation should be limited so patients can use it as a transition to a more sustainable arrangement rather than a long-term placement. **Exhibit 4** sets out the extent to which unplanned short term care home accommodation is used across the region. Except for Caerphilly, since

July 2023 the region has had some of the lowest numbers of adults per 100,000 population in unplanned short term care home accommodation and well below the all-Wales average. The data indicates that the region is generally not moving patients into short-term accommodation inappropriately, although the situation in Caerphilly does merit some attention.

Exhibit 4: number of adults waiting 3+ months in a care home with no planned end date, per 100,000 head of population (July 2023 – February 2024)



Source: Welsh Government

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 **increasing complexity of patient demand combined with general workforce capacity has limited the region's ability to embed its discharge policy amongst partners and share information through compatible databases.**

Volume and complexity of demand

42 We found that **complexity and volume of demand are increasing in line with an ageing population, but the Health Board may be exacerbating that complexity**

by being risk averse to discharge which is contributing to problems elsewhere in the patient pathway.

43 Across the Gwent region, population increases are predicted for people aged 65 and over in the next 10 years. Around 1 in 4 people will be aged 65 and over, compared to 1 in 5 currently and an increase of 147% of those aged 85 and over is expected by 2036[5]. As people live for longer, there is a correlating increase in the number 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 told us of 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. 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 condition had deteriorated at home. In recognition of the challenges relating to the increased complexity in demand, emergency departments have remained at high levels of escalation since the pandemic.

46 We also heard how some private care homes are reluctant to accept some patients back after a hospital stay if their needs have become more complex and therefore difficult for the care home to safely manage.

47 We were told that the risk aversion within the discharge process referred to in the previous section of this report is contributing to volume and complexity of demand. Keeping (especially older) patients in hospital until they have an arranged package of care can lead to further deconditioning and increase the complexity of need when packages of care become available utilising a bed which may be needed for a more profoundly unwell patient elsewhere in the system.

48 The risk of discharging a patient needs to be considered alongside the wider risk of contributing to complexity and volume of demand more generally.

[5] Demography - what does "Gwent" look like?

Workforce capacity

49 We found that **workforce capacity in both health and social care is a challenge for the region, impacting on joint and clinical assessments, although waits for social care assessments are less problematic that many other parts of Wales.**

50 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 and risks having temporary staff who are not familiar with protocols and processes.

51 As of March 2024, the Health Board was reporting 4.8% vacancies as a percentage of its total establishment, with nursing and midwifery vacancies at 6.9% and medical vacancies at 15.6%. Nursing and midwifery vacancies are broadly in line with the all-Wales average, although medical vacancies are much higher (all-Wales average of 10.3%). The unplanned absence rate was at 7.3% for nursing and midwifery staff, and 8.7% for healthcare assistants and support workers. Again, broadly in line with the all-Wales average. The rate was much lower at 1.2% for medical staff.

52 In June 2023, the Gwent councils were reporting between 4%-15% vacancies in adult social services, with the highest rate of vacancies in Newport and the lowest in Caerphilly[6]. In February 2024, the unplanned absence rate in adult social services ranged between 6%-10%, as shown in **Exhibit 5**.

Exhibit 5: percentage of unplanned absence in adult social services (February 2024)

Local authority	Unplanned absence
Blaenau Gwent	9
Caerphilly	10
Monmouthshire	6
Newport	8
Torfaen	7
All-Wales average	**7.9**

Source: Welsh Government

[6] Caerphilly 4%, Monmouthshire 6%, Blaenau Gwent 8%, Torfaen 13% and Newport 15%. No data has been made available since June 2023.

53 Newport has experienced higher rates of unplanned absence and vacancies compared with the all-Wales position, with the local authority carrying some significantly higher vacancy rates earlier in 2023. The other local authorities have had higher rates of vacancies but lower rates of unplanned absences, or vice versa. The use of agency staff across the five local authorities is generally low (below 2%) with Newport and Torfaen not utilising agency staff.

54 Workforce issues are recognised as a challenge by the Gwent Regional Partnership Board (RPB) and are a core theme action plan priority within the Regional Area Plan. There are initiatives supported by the RPB to help address capacity across the care sector including self-employed micro care initiatives and recruitment campaigns. A regional Workforce Board develops, monitors and coordinates the workforce plan. Actions, owners, milestones and progress measures all appear within the priority with a clear focus on what difference each action will make. The Q4 End of Year Reporting for 2023-24 on the Gwent Workforce Board recognises success such as integrated training for all care partners across the five local authorities and the development of a Restorative Culture Group. This group encourages sharing of best practices across health and social care in Gwent and improving working environments and wellbeing for employees. The Workforce Board also recognises some challenges such as pace of delivery across some of its objectives due to competing pressures and the need to improve communication channels across partners.

55 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 by using agency staff who are less familiar with discharge processes. Similarly, pressure on social worker capacity may affect their ability 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 23.8% of all delays. Delays awaiting social care worker allocations and social care assessments account for a further 7.5% of all delays as of February 2024, although this compares significantly lower than the all-Wales average of 24.2%.

56 **Exhibit 6** sets out the extent to which adult social services across the five 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 6: number of social care assessments completed and awaiting to be completed per 100,000 head of population (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
Blaenau Gwent	158	44	0.0%
Caerphilly	453	148	2.3%
Monmouthshire	277	181	2.1%
Newport	155	84	4.0%
Torfaen	310	84	3.2%
All-Wales average	**250**	**125**	**8.7%**

Source: Welsh Government

57 Waiting lists for social care assessments are higher than the all-Wales average in Caerphilly and Monmouthshire, although the number of social care assessments completed in Caerphilly is the second highest in Wales. This may be due to their social work staff being part of an Integrated Frailty Team within the Health Board and actively seeking out and case managing people to speed up assessment and discharge from the emergency departments.

58 The number of social care assessments completed is below the all-Wales average in Blaenau Gwent and Newport. All five local authorities however appear to prioritise social care assessments for patients in hospital, with a low proportion of those waiting for assessment in hospital.

59 To support the completion of assessments, the partners introduced the Trusted Assessor Model[7] during the pandemic. Health Board staff spoke very positively about the model but there was some confusion over whether the model was still operating. Directors of Social Services also recognised the benefits, although some noted that the model does not help secure care packages or placements any quicker. There was also recognition that standardising forms across all local authorities would help improve the process.

[7] The Trusted Assessor is a specific role, with the associated skills and competence, to undertake a proportionate assessment on behalf of another organisation to support a discharge from hospital to the person's next stage in their care journey.

Care sector capacity

60 We found that **the care sector capacity across the region is generally meeting demand, with more people being supported at home than many other areas in Wales.**

61 Availability of home (domiciliary) care packages and long-term residential care home accommodation can be key causes of discharge delay across Wales. Across the region, very few delays were reported due to awaiting residential care availability, although waiting for home care packages accounted for 5.8% of all delays in February 2024. Waiting for reablement accounted for a further 6.3%. **Exhibit 7** 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 7: number of adults receiving (and waiting for) care packages and placements per 100,000 head of population (February 2024)

Local authority	Domiciliary care[8] in receipt (waits)	Reablement[9] in receipt (waits)	Long-term care home accommodation[10] in receipt (waits)
Blaenau Gwent	663 (5)	41 (9)	408 (2)
Caerphilly	480 (11)	10 (3)	515 (12)
Monmouthshire	789 (37)	41 (20)	412 (-)
Newport	677 (2)	40 (31)	494 (13)
Torfaen	762 (3)	57 (11)	409 (0)
All-Wales average	**665 (34)**	**46 (9)**	**536 (11)**

Source: Welsh Government

62 Three of the local authorities (Monmouthshire, Newport and Torfaen) were providing more people with domiciliary care packages than the all-Wales average, with Blaenau Gwent in-line with the all-Wales average. Except for Monmouthshire, all other local authorities have significantly less people waiting for a domiciliary care package than the all-Wales average. This suggests that overall, the region appears to be coping better than others at providing domiciliary care packages despite the pressure it faces. This is also reflected in **Exhibit 8** which indicates the extent to which there are domiciliary hours unfilled. Except for Monmouthshire, the

[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.

number of hours waiting to be filled are well below the all-Wales average and some of the lowest in Wales.

Exhibit 8: 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
Blaenau Gwent	75	14.6
Caerphilly	86	13.0
Monmouthshire	372	14.7
Newport	13	15.0
Torfaen	14	14.6
All-Wales average	**353**	**13.2**

Source: Welsh Government

63 Except for Caerphilly, the local authorities in the region provide some of the highest average hours of domiciliary care per adult per 100,000 head of population across Wales (**Exhibit 8**). Monmouthshire's high number of people receiving domiciliary care and the high number of hours waiting to be filled may be linked to its increased older population and more complex needs. It may also suggest that proportionally more people in Monmouthshire are being discharged home with a domiciliary care package as a first option or potentially that domiciliary care is being requested at higher levels than patients need.

64 Also except for Caerphilly, the local authorities in the region are broadly in line with the all-Wales average for the provision of reablement services with Torfaen exceeding the average. The Aneurin Bevan Winter Plan 2021-2022 implemented a reablement scheme which recruited five reablement support workers per local authority to help with admission avoidance and quicker discharge. However, waits for reablement services are high in Monmouthshire and Newport. These have fluctuated quite considerably since November 2022, although the number of people waiting for reablement in Monmouthshire has remained consistently above the all-Wales average. Monmouthshire's Integrated Medium-Term Plan 2023-2026 recognises 'Reablement' as one of its themes within the 'Hospital Admission and Discharge' workstream with the aim to decrease unmet need and lower the future need of those following reablement support. The Gwent Regional Partnership Board Annual Report 2022-2023 recognises that more needs to be done to enhance its reablement support and the Aneurin Bevan Winter Resilience Plan 2023-24 still identifies reablement as a significant capacity challenge resulting in delayed discharge.

65 As of February 2024, the Gwent local authorities provided some of the lowest numbers of long-term care accommodation per 100,000 head of population. Blaenau Gwent, Torfaen and Monmouthshire have the second, third and fourth lowest rate in Wales. While both Caerphilly and Newport have just below average rates of long-term care accommodation provision, waits are just above the all-Wales average. There are very few people, if any, waiting in Blaenau Gwent and Torfaen, which suggests that the level of long-term care accommodation in those counties is meeting demand.

Discharge process

66 We found that **there are regular multi-disciplinary meetings in relation to operational discharge, but the existing discharge policy is not embedded, there is inconsistent training, and the discharge planning process is not well documented within case notes.**

67 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.

68 Regular operational meetings to discuss patient discharge such as multi-disciplinary ward rounds and length of stay meetings take place. Those we observed were well attended and provided a useful opportunity to discuss patients and assign actions related to discharge. However, the frequency of these meetings appeared to leave little time to take forward actions.

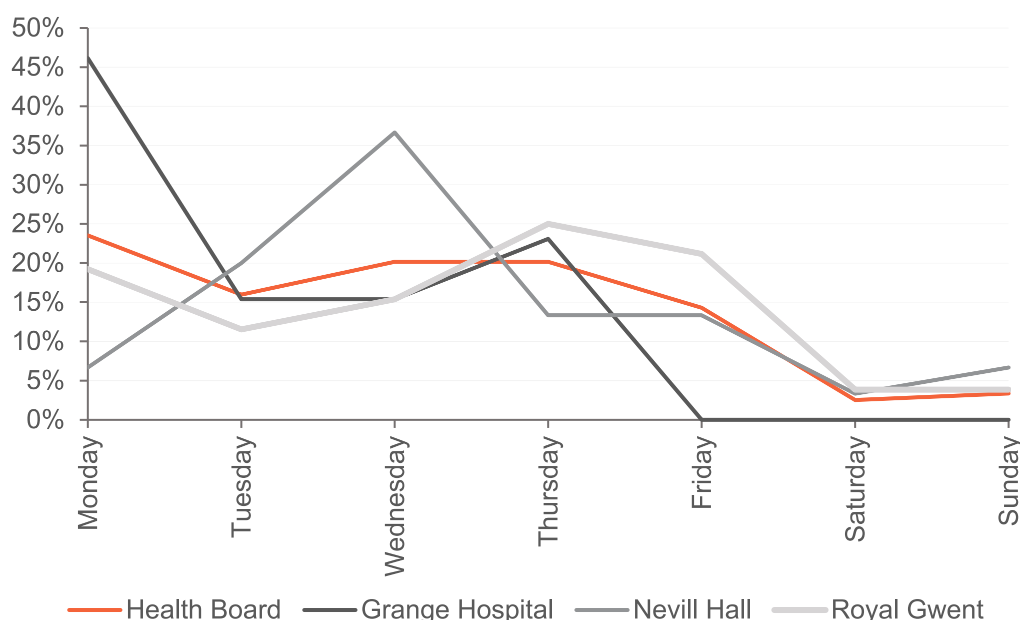
69 The Health Board has an updated discharge policy (October 2023) which is aimed at all clinical staff and those involved in the discharge process. The discharge policy provides links to several useful tools, such as the choice of accommodation policy or the policy for managing patients reluctant to discharge from hospital and includes several useful flowcharts. The discharge policy also usefully appends the D2RA[11] pathways which provide the journey patients should move through for each stage. However, it is not clear how the discharge policy is communicated to operational staff to enable its intended impact and there is limited evidence the implementation of the policy is being monitored and reviewed.

70 The policy encourages seven-day discharge and morning release to free up beds early for the rest of the working day. However, a review of data relating to all patients discharged from the Health Board's acute sites in October 2022, indicated that only 5.9% of patients were discharged at the weekend (**Exhibit 9**). During the week, discharges peak on a Monday, with the greatest proportion of Monday discharges taking place at Grange Hospital. No discharges took place at the

[11] Discharge to Recover then Assess (D2RA) is designed to support people to recover at home before being assessed for any ongoing need, thereby reducing length of stay in hospital.

Grange Hospital on a Friday, or at the weekend. The peak in Monday discharges would suggest that some of these patients could have been discharged earlier. Discharges peak on a Wednesday in Nevill Hall Hospital, and Thursday in Grange Hospital and Royal Gwent Hospital. We were told by staff that this pattern of midweek discharge persists and having the sufficient staff including consultants and senior clinicians available to support weekend discharge remains a challenge.

Exhibit 9: day of discharge of all patients discharged from acute hospital sites in October 2022, as a percentage of total discharges[12]



Source: Audit Wales

71 Our hospital patient case note review found that discharge planning is not considered early enough in the patient journey and is not always well documented with the quality of note taking variable. There was no evidence in our sample that expected dates of discharge were set within 48 hours of admission in line with the policy, and evidence of discharge planning within the notes was limited. Without clear discharge information in patient notes patients may stay in hospital longer than required.

72 Case notes did identify challenges such as a lack of suitable accommodation for patients, and fluctuations in patients' status of 'medically fit', which impacted the ability to discharge. There was evidence of patients' overall wellbeing, including discharge preferences being considered but in general, information recorded within

[12] Excludes patients who died.

the case notes was insufficient to gain assurance that discharge processes are routinely followed as intended.

73 In November 2020, the Health Board developed a guide for patients, families and carers which explains what happens during the discharge planning process and the next steps. This aligns with the Health Board's discharge policy and has been updated and appended to the updated policy for staff to access, but it is unclear how or when patients are made aware of the guide or how it is distributed.

74 To ensure a consistent culture and approach to discharge planning across all sectors, discharge training needs to be consistent. Although we were told discharge planning training takes place as part of staff induction in the Health Board, there were inconsistent views from operational staff about whether relevant refresher training is offered. Training also needs to include social care staff to ensure that there is clarity on roles, responsibilities and expectations. While staff indicated that this would be useful, joint training had not been in place largely due to the number of statutory partners to coordinate. Joint refresher training would help ensure all relevant staff understand current policies and processes and embed the Health Board's approach across disciplines.

75 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.

76 National data submitted to the Welsh Government in early 2023 indicated the Health Board had 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, or step-down beds but were unable to leave hospital due to the lack of availability of such beds in the community. The Welsh Government issued updated national guidance on D2RA in December 2023. The partners will need to ensure that policies and procedures reflect this updated guidance.

Information sharing

77 We found that **staff involved in the discharge process have created operational workarounds for data sharing such as patient flow meetings, but formal data sharing and data quality are variable and digital interfaces between organisations are not compatible**.

78 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.

79 Agency and locum staffing can present a barrier to effective information sharing across organisations. Embedding ward and team procedures and local knowledge

can be hindered by transitional staff who may not know who to contact to progress a discharge or what local support options are available. This is the case for both health board and local authority staff. This can slow communication between them and with partner organisations such as care suppliers and the third sector. As a result, patients' length of stay in hospital is not reduced as quickly as it might have been.

80 There has been some success of data sharing at a local level. Health Board staff share information at various meetings regarding patient flow at operational meetings and on the ward. These meetings vary in form but have similar function and involve teams identifying patients and their stage of care. We observed some meetings and staff seem to be able to access this relevant information in a timely manner and provide verbal updates on patients whose recent changes have not yet been through the system.

81 Systems holding patient information have not been connected or viewable to all staff involved in the care and discharge planning of individual patients. Various IT systems that hold this information are not universally accessible across the different organisations involved. While four of the local authorities have implemented the Welsh Community Care Information System[13], Monmouthshire council has not and although the Health Board has committed to using the system in mental health, it has not implemented the system across the Health Board.

82 Within the Health Board, there are differences in information access across hospital sites. Staff at Ysbyty Ystrad Fawr have access to the local authority data which allows them to see which care packages are being assessed and coordinated and keep up to date with progress. It is not clear why this is not standard across all hospital sites as it is seen as a positive tool by staff for driving effective discharge and communicating with patients and families.

83 Although we did identify some good examples of sharing information across organisational boundaries, we were made aware that the data may not always be accurate. For example, care home bed spaces may not reflect beds out of commission due to refurbishment or beds which cannot be staffed. This can cause frustration for staff regarding data integrity and can hinder discharge planning in the short and medium term preventing effective data analysis.

84 Introduced in 2021, the Six Goals Programme[14] was discussed at a recent board meeting and the Health Board recognised that there are quality issues with the data relating to patient discharge. Data reliability issues were identified in respect of the number of medically fit patients and in coding the reasons for discharge

[13] 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. A new national programme 'Connecting Care' was established in May 2024 to replace WCCIS from January 2026.

[14] 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

delays. The Health Board recognise there is work to be done in this area but in the interim, there must be recognition internally that data is flawed.

85 Ultimately, whilst there is a significant amount of data held by both the Health Board and local authorities within the Gwent region, data sharing and access to the relevant IT systems are variable. Regular meetings are used to validate existing assumptions, but data cannot always be relied upon or interrogated sufficiently to contribute to discharge planning in a consistent way.

86 In line with other health boards, staff are not always fully aware of the range of services within the community, and this is made more difficult by cross-borough service provision. However, we had feedback that where social care staff are an integral part of the discharge planning within hospital settings, access to this information was improved.

87 The lack of integrated digital systems with reliable data for patient information also means staff spend time calling settings such as care homes to verify if the beds listed as available really are. In June 2023 the Health Board invested £37,000 in a new digital 'Discharge to Recover then Assess (D2RA)' system. The system called CWS2 will hold data including a patient's clinically optimised status and their reason for delay. This is intended to help with discharge planning and reporting including the provision of real time ward level information. Unfortunately, technical challenges mean the implementation of this system and subsequent reporting have now been delayed.

What action is being taken?

88 This section considers the actions being taken by the statutory organisations, including through the Regional Partnership Board to improve the flow of patients out of hospital.

Strategic and operational plans

89 We found that **addressing patient flow is central to relevant strategic and operational plans across the Gwent region and in line with Welsh Government requirements.**

90 We reviewed relevant Health Board and local authority plans in relation to discharge planning, and urgent and emergency care 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. For example, the Integrated Winter Resilience Plans for 2022-23 and 2023-24 were collaboratively developed through the Regional Partnership Board. Keeping people well at home and early facilitated discharge were key aspects of the plans recognising the limitation of both bed capacity and workforce in the hospitals. The plans set out the challenges the Health Board faced and some of the activity which was planned to address these challenges.

91 The Winter Resilience Plan 2022-23 reflected key Welsh Government planning requirements, such as those in the Six Goals for Urgent and Emergency Care Programme, as well as the Welsh Government 1,000 bed challenge[15]. The plan was strategic but had some operational aspects. This included a high-level action plan outlining specific schemes, the impact required and the lead organisation. Schemes included reintroduction of the trusted assessor model and increased pharmacy support to the Grange Emergency Department.

92 The Winter Resilience Plan 2023-24 developed three core principles of Focus, Processing Power and Capacity to target the areas of specific challenge which remain largely the same as the previous year such as pressures within social care, urgent care and planned care recovery. Many of the actions within the core principles aim to have impact on patient flow such as an Elderly Frailty Unit in Royal Gwent Hospital to reduce unnecessary admissions. Another action was therapy focussed assessments at the Emergency Department in Grange University Hospital in the hope to assess patients and discharge home the same day, which has shown some early signs of success.

93 The Health Board's Integrated Medium-Term Plan (IMTP) 2022-2025 has a specific priority for older adults. This has been a developing area for the Health Board with transformation taking place each year. The Health Board intends to create a single pathway for older people in collaboration with social care and the third sector. This should streamline how patients and providers access services and places prevention at the core. Specific frailty units at acute hospitals for short stay assessment and diagnostics will be introduced where patients who would not benefit from traditional models of medical care can be admitted. If successful, this should reduce length of stay, reduce risk and align with the Six Goals Programme ambition for right care, right place, first time. However, the recent performance reporting to the Health Board's Board meeting shows that the length of stay measure has remained unchanged and that there has been little or no improvement in discharge and flow indicators such as increases in discharges before midday.

94 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 from the point of admission', and 'goal six: home first approach and reduce risk of readmission'. The Health Board has a specific six goals plan which is separate to its IMTP and is a one-year delivery plan. A section of 'key achievements' against each goal provides a useful narrative of activities underway although this could be more detailed. Goal 5 – optimal hospital care and discharge from the point of admission and Goal 6 – home first approach and reduce risk of readmission have

[15] 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. The continuation of the additional bed spaces was included in the Welsh Government 'Building capacity through community care further, faster' statement of intent launched in June 2023.

been combined into 'Return and Stay Well at Home'. This includes five separate workstreams including 'Trusted Assessor Model' and an 'Integrated Discharge Hub'. The Delivery Plan includes anticipated impact and measures and quarterly deliverables. However, the plan would benefit from more defined targets to monitor progress.

95 The joint integrated service partnership board (ISPB) plans for 2023-26 set out high-level priorities for each of the local authority areas. Although they do not all discuss issues in relation to flow out of hospital directly, they do reflect the need to keep older people well and a whole system approach to supporting people after hospitalisation. The ISPBs also recognise the need to work together to support people at home and address the impact of workforce challenges. The Blaenau Gwent ISPB goes further and specifically refers to the need to deliver the ambitions of the six goals, and positively also, the need to provide system leadership across partners to ensure that population needs are met. All the ISPBs support the delivery of the Regional Area Plan.

Partnership working

96 We found that **strategic partnership working is evident across the region building on existing collaborative relationships, but operational partnership working is less well developed.**

97 Strategically partnership working is well developed and continues to build on existing positive partnerships throughout the Gwent region. Joint ownership for finding solutions to challenges is embedded within the RPB and its associated sub-groups and forums, and collective responsibility and collaboration appear to be central to project development and the way in which the RPB governance has been developed.

98 There is diverse representation from a range of statutory and voluntary organisations at the RPB. This partnership work is echoed throughout various projects supported by the RPB, including the development of the Winter Plan. Urgent and emergency care pressures and discharge planning feature as regular discussions at the RPB and the Regional Leadership Group which reports to the RPB. Previous updates have included progress with the 1,000-bed challenge during late 2022. The Welsh Government requirement was for Gwent to supply 122 of the 1,000 beds by October 2022. In November 2022, the region reported that it had identified 132 beds. These beds remained in place for 2023-24.

Use of funding

99 We found that **financial resources are being targeted to support patient flow with positive outcomes, although the ability of the partners to match fund is increasingly challenging and the impact of the funded initiatives could be more transparent.**

100 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.

101 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. However, due to the financial pressures that the NHS is currently facing, this expectation has been relaxed.

102 More broadly, RIF monies have been used to support the wider health and social care community. Monies have been used to increase fuel allowances for social care staff to aid recruitment and retention and develop micro-carers in response to the national shortage of care workers. According to the RIF Strategic Outline Plan, partners were expected to contribute a total of £7.3 million in total to all RIF funded schemes by way of match funding. Those we spoke to highlighted that the requirement to match fund projects can create a reluctance to commit to new projects that require match funding in future years.

103 The RPB collects and reports data to the Welsh Government on the various RIF projects which take place on a regional basis. This is also shared with partners quarterly. Members are confident that projects are robustly monitored. However, it is not always clear to them what the data is being used for from an operational perspective and the impact this monitoring is having. However, the RIF Annual Report 2022-23 presents performance data for schemes, including the positive impact from the Improving System Flow programme on 8,824 individuals. The RPB Annual Report 2023-24 details there are now 18 projects under the Improving System Flow programme. This programme is collaboratively delivered with the Health Board, local authorities and the third sector with over 60,000 people having been supported to return home, recover, rehabilitate and regain independence in 2023-24.

104 The Gwent RPB developed a quarter 4 update 'Story for Change' as an annual reflection of the projects delivered under the RIF for the 2023-24 financial year. The full year allocation of the Improving System Flow programme was £5.395 million with all the money spent in year. A Project called 'Newport including OT' has had success in Royal Gwent Hospital by developing collaborative working between occupational therapists and the discharge team. This is to ensure pre-discharge assessments and planning ensure support is in place for the patient to return home, limiting readmission and encouraging recovery.

105 Similarly, the Monmouthshire County Council Hospital Discharge Co-ordination project has yielded success reducing hospital stays for patients and enhancing patient flow through coordinating more effectively between healthcare settings and community care providers. Case studies are provided as part of the 'Story for

Change' report, but these could be made more widely available on the RPB website.

106 Changes to the discharge lounge model have also been undertaken using RIF capital expenditure at the Royal Gwent Hospital using learning from a site in Somerset which operates a 'pull' model to pull patients who are ready to be discharged from the acute ward setting. The implementation and expansion of the updated discharge lounge is being monitored throughout 2024-25 under the Six Goals Programme to assess impact. This includes closer involvement of WAST services and pharmacy services to improve discharge. Going forward, space at the Grange University Hospital is also being scoped for potential discharge lounge expansion.

107 A 'Ready to Go' unit has also been established at the Royal Gwent Hospital which mirrors the support patients would receive in their home environment. This is for therapy optimised patients and has limited nurse involvement without regular medical intervention. Whilst this is not a project which the Health Board sees as sustainable in the long term, it is one which is seen as necessary given current bed capacity pressures. Again, the model is designed to pull people from acute sites whilst they wait for packages of care and encourage independence. However, a September 2024 update to Board regarding Discharge Improvement noted highest delay numbers in Royal Gwent Hospital with a review of discharge hubs, discharge lounges and the Ready to Go unit due to understand the delays in more detail.

108 According to the six goals programme update to the Health Board's Board meeting in May 2024, since October 2023, the average number of discharges per month from the Royal Gwent Hospital has been higher (535) than the average number of discharges between May 2021 and September 2023 (479). Whilst it may not be possible to attribute this improvement solely to the changes in the updated discharge lounge and the 'Ready to Go' ward, it is likely this initiative has contributed to improved patient flow and certainly patient independence.

Scrutiny and assurance

109 We found that **there is clear oversight and scrutiny of actions being taken to improve patient flow, although more could be done to gather patient and service user feedback, oversee compliance with current discharge policies and increase oversight of RPB activity by local authorities.**

110 The Health Board receives regular performance and activity reports which focus on delivery against key national targets included in the performance dashboard, via the Board and more specifically the Finance and Performance Committee. It also receives a quarterly Outcomes and Performance Report which includes some updates on progress against the six goals including milestones and actions for the next quarter.

111 The Health Board has operational structures in place to deliver and monitor the six goals programme through a Six Goals Programme Board. This is underpinned by three overarching workstreams which each have an allocated Senior Responsible Officer, Programme Manager and Executive Lead. This encourages ownership at

senior levels. The Six Goals Programme Board reports into the Health Board Executive Committee and the RPB.

112 A standalone Six Goals Programme update was presented at the May 2024 meeting of the Board. This included key updates, priorities and data. There was some evidence of scrutiny and challenge at the meeting, but this could be strengthened to be more discharge specific considering the current challenges the Health Board faces on the impact of patient flow. Reports on the six goals are routinely presented to the Quality and Patient Safety Committee.

113 The RPB oversees and monitors delivery of RIF funded projects against the regional plan through its performance management office and partnership structure such as the Gwent Adult Strategic Partnership. The RPB also enables identification and sharing of learning and good practice across partners and both Health Board and local authority staff we spoke to were broadly positive of its role. The RPB's Annual Report includes a mix of accessible narrative and data on projects including how it has engaged with citizens to include their views.

114 The Gwent Regional Partnership Board Annual Report 2023-24 provides useful narratives and case studies of the work undertaken in the previous year with some impactful service user feedback statistics included. Hospital discharge is recognised as a core theme for 2024-25 with work focusing particularly on the impact and support for carers.

115 There is oversight at public Health Board meetings of the challenges with patient flow. A May 2024 update to Board outlined in its Finance Performance Report noted that the estimated cost for the year for blocked beds for all reasons was approximately £15.5 million. Finance and Performance Committee received an update report in September 2024

116 As mentioned earlier in this report, we have seen no evidence to suggest an audit is undertaken against the discharge policy and learning from it reported annually to the Quality and Patient Safety Committee, as set out in the policy. There is also limited evidence of organisations monitoring and scrutinising patient, service user and staff feedback. Although the discharge policy refers to an annual survey of users and carers to understand their discharge experiences, we saw no evidence of this happening. Social services directors referred to seeking feedback from clients and their families through conversations rather than surveys but acknowledged more could be done to routinely capture service user experience and feedback.

117 The oversight of the Regional Partnership Board activity at local authority level is variable. There is evidence that progress and performance are reported to scrutiny committees, but this is infrequent and usually annual which provides only sporadic, monitoring of activity.

What more can be done?

118 Whilst there is a clear recognition by regional partners of the problems associated with discharge, a desire to address them with the right focus within strategies and

plans, impactful projects and good strategic relationships, the number of delayed discharges across the region have not significantly reduced.

119 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 10: further actions for partners to help tackle the challenges for patient flow out of hospital

Improving training and guidance on discharge planning	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. Offering a **comprehensive training programme** for relevant staff involved in patient flow, including bank and agency staff as well as new starters, also ensures guidance is embedded.
Embed a 7- day approach to discharge	The ability to move away from a Monday to Friday approach and **embed a 7-day approach to discharge** across all disciplines including consultants and senior clinicians will have a positive impact on patient flow. Even focusing weekend discharges on those which are not complex will help avoid prolonged stays and reduce discharge pressure at the beginning of the working week.
Roles and responsibilities in relation to informal over prescribing of care packages	Ensuring all staff understand their roles and responsibilities regarding **informal prescribing of care packages** can prevent over prescribing and unnecessary expectations in relation to future care provision. **Empowering patients** to have only the level of care the relevant professional prescribes encourages future independence and may lead to reduced readmissions.
Risk appetite in relation to patient discharge	Having a **consistent and management led risk appetite to patient discharge** will encourage timelier discharge of patients.

	Balancing the risk of discharge against the risk of deconditioning and loss of independence and/or care packages for patients needs to be a key consideration.
Embed approach to the Trusted Assessor Model	**Embedding the Trusted Assessor model** and communicating this approach to all partners will increase capacity in the assessment phase. Whilst there is recognition this may not help secure care packages or placements more quickly; it will ensure there is capacity to accurately assess patients when required.
Improving oversight of policies and guidance	Ensuring monitoring and **compliance of the Health Board's discharge policy** will help assess the effectiveness and consistency of its application and if any changes to the policy need to be made. This will also ensure the Health Board is **complying with its own commitment of undertaking** an annual review of the policy and reporting that to its Patient Quality, Safety, and Outcomes Committee.
Improving the quality and sharing of information	Documenting and **sharing patient information more effectively** can enable smoother patient discharge and encourage better relationships. 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. 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.
Establish mechanisms to gather feedback and apply learning	Establishing **mechanisms where patient, staff and service user feedback can be monitored and analysed** will help develop the patient journey.

By understanding the experience of people who have been part of a discharge process, the Health Board and the local authorities can develop more patient focused approaches.

Appendix 1

Audit methods

Exhibit 11 sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from these methods.

Exhibit 11: audit methods

Element of audit methods	Description
Documents	We reviewed a range of documents, including: • Board, Cabinet, and committee papers • Updates on the Six Goals Programme and urgent and emergency care to committees • Operational and strategic plans relating to urgent and emergency care • RPB papers, including case studies • Standard Operating Procedure for discharge planning • Corporate risk registers and performance reports • Operational documents, such as proformas and checklists, escalation processes, staff handbooks and leaflets and guidance
Interviews	We interviewed the following: • Lead for Regional Partnership Board • Head of Patient Discharge • Executive Director of Operations • General Manager Family amd Therapies • General Manager Urgent Care • Assistant Head of Patient Discharge • General Manager for Medicine • Deputy Head of Operations • Divisional Operations Manager • Director of Primary and Community Care and Mental Health • Chief Officer of Aneurin Bevan Community Health Council (now Llais) • Directors of Social Services for Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen • Heads of Adult Social Services for Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen

Element of audit methods	Description
Observations	We observed the following meeting(s): • Cross site flow meeting via Teams • Flow Meeting (Gwanwyn MDT) • Flow Meeting (Education Centre Ysbyty Ystrad Fawr) • Six Goals Urgent Care Meeting • System Leadership and Response Meeting We also observed the following individual(s): • Discharge Coordinator at Neville Hall Hospital
Data analysis	We analysed the following national data: • Monthly social services dataset submitted to the Welsh Government • Monthly delayed discharges dataset submitted to the NHS Executive • StatsWales data • Ambulance service indicators 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 the following: • Social workers (Blaenau Gwent and Caerphilly) • Social workers (Monmouthshire, Newport and Torfaen) • Discharge coordinators
Case Note Review	We reviewed a sample of 29 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 compared to the all-Wales position.

Exhibit 12: reasons for delayed discharges as a percentage of all delays (February 2024)

Reason for delay	Percentage delayed	All-Wales average
Awaiting joint assessment	14.2	9.0
Awaiting completion of clinical assessment (nursing/ allied health professional/ medical/ pharmacy)	9.6	10.3
Awaiting reablement care package	6.3	3.0
Awaiting residential care home manager to visit and assess (standard 3 residential)	6.3	2.5
Awaiting start of new home care package	5.8	8.0
Awaiting completion of assessment by social care	5.4	15.7
Awaiting completion of arrangements prior to placement	4.6	3.5
Awaiting nursing/residential home self-funding	4.6	1.3
Awaiting community resource capacity	3.8	1.2
Awaiting transfer to intermediate care bedded facility	3.8	4.0
Awaiting health completion of assessment/provision for equipment	3.3	1.4
Awaiting nursing care home manager to visit and assess (standard 3 residential)	2.9	2.1
Awaiting extra care/supported living availability	2.5	0.9
Awaiting continuing healthcare (CHC) assessment	2.1	1.7
Awaiting social worker allocation	2.1	8.5
Mental capacity	2.1	2.1
Awaiting nursing home availability	1.7	2.6
Awaiting social care completion of assessment/provision for equipment	1.7	0.5
No suitable abode	1.7	2.3
Awaiting elderly mentally ill (EMI) residential availability	1.3	2.3
Awaiting funding decision (funded nursing care (FNC)/ continuing healthcare (CHC))	1.3	1.5

Reason for delay	Percentage delayed	All-Wales average
Awaiting specialist bed availability	1.3	1.1
Court of protection delays	1.3	0.6
Homeless	1.3	0.9
Intervention by patient’s legal representation	1.3	0.2
Patient/family refusing to move to next stage of care/discharge	1.3	1.6
Safeguarding issues impacting discharge arrangements	1.3	0.5

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 13: top five reasons for delayed discharges as a percentage of all delays (February 2024) – Blaenau Gwent

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy)	24.1	9.6	10.3
Awaiting joint assessment	13.8	14.2	9.0
Awaiting reablement care package	6.9	6.3	3.0
Awaiting community resource capacity	6.9	3.8	1.2
Mental capacity	6.9	2.1	2.1

Source: Welsh Government

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

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting residential care home manager to visit and assess (standard 3 residential)	11.8	6.3	2.5
Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy)	10.3	9.6	10.3
Awaiting joint assessment	10.3	14.2	9.0
Awaiting community resource capacity	8.8	3.8	1.2
Awaiting completion of assessment by social care	5.9	5.4	15.7

Source: Welsh Government

Exhibit 15: top five reasons for delayed discharges as a percentage of all delays (February 2024) – Monmouthshire

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting joint assessment	17.0	14.2	9.0
Awaiting nursing/residential home self-funding	17.0	4.6	1.3
Awaiting completion of assessment by social care	6.4	5.4	15.7
Awaiting start of new home care package	6.4	5.8	8.0
Awaiting nursing care home manager to visit and assess (standard 3 residential)	6.4	2.9	2.1

Source: Welsh Government

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

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting joint assessment	19.1	14.2	9.0
Awaiting transfer to intermediate care bedded facility	17.0	3.8	4.0
Awaiting reablement care package	10.6	6.3	3.0
Awaiting completion of arrangements prior to placement	8.5	4.6	3.5
Awaiting completion of assessment by social care	8.5	5.4	15.7

Source: Welsh Government

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

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy)	15.3	9.6	10.3
Awaiting joint assessment	13.0	14.2	9.0
Awaiting completion of arrangements prior to placement	10.9	4.6	3.5
Awaiting residential care home manager to visit and assess (standard 3 residential)	8.7	6.3	2.5
Awaiting start of new home care package	6.5	5.8	8.0

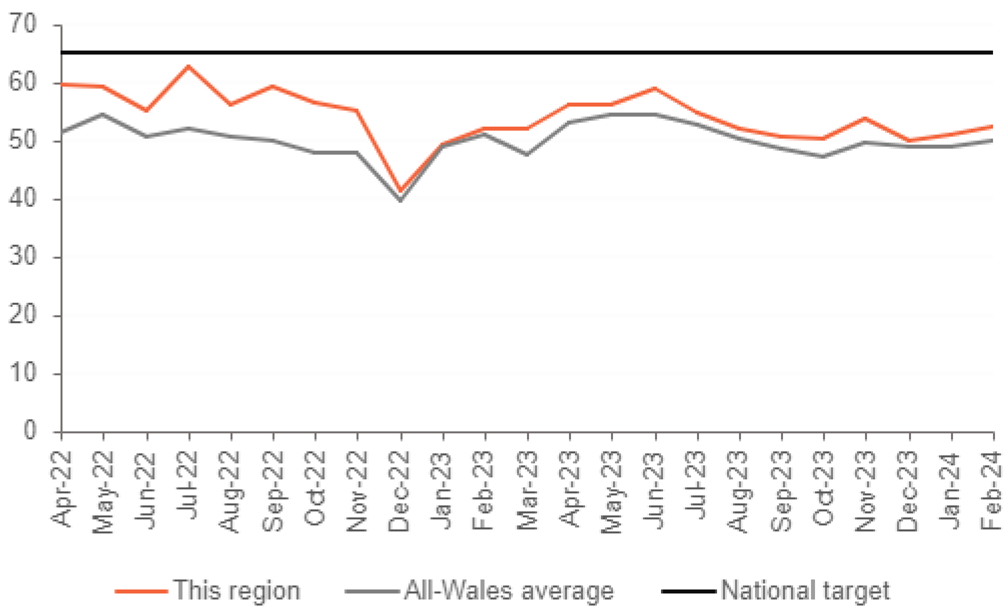
Source: Welsh Government

Appendix 3

Urgent and emergency care performance

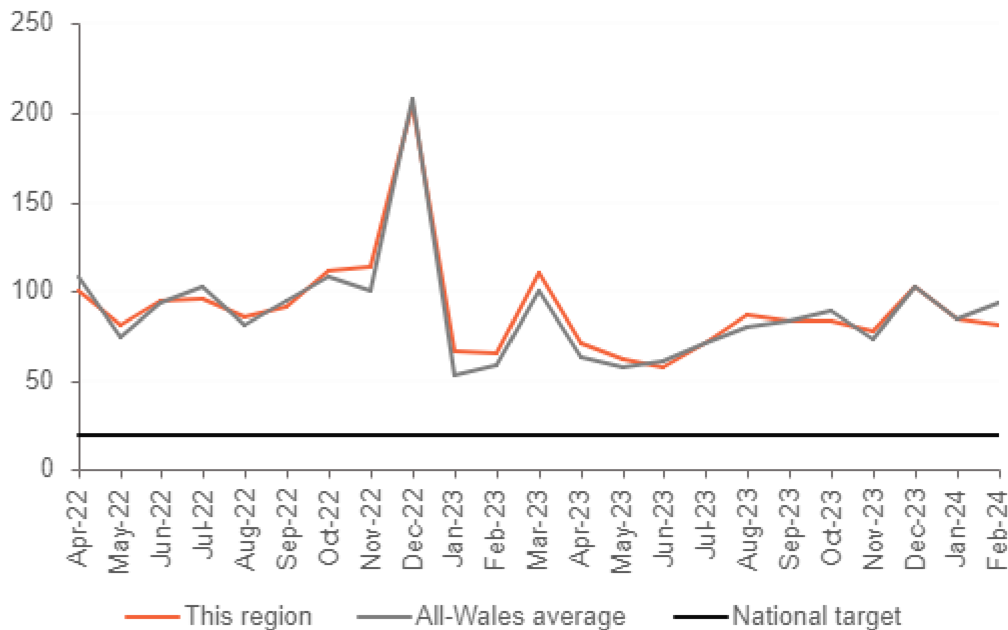
The following exhibits set out the region's performance across a range of urgent and emergency care performance indicators in comparison to the position across Wales since April 2022.

Exhibit 18: percentage of emergency responses to red calls arriving within (up to and including) 8 minutes – national target of 65%



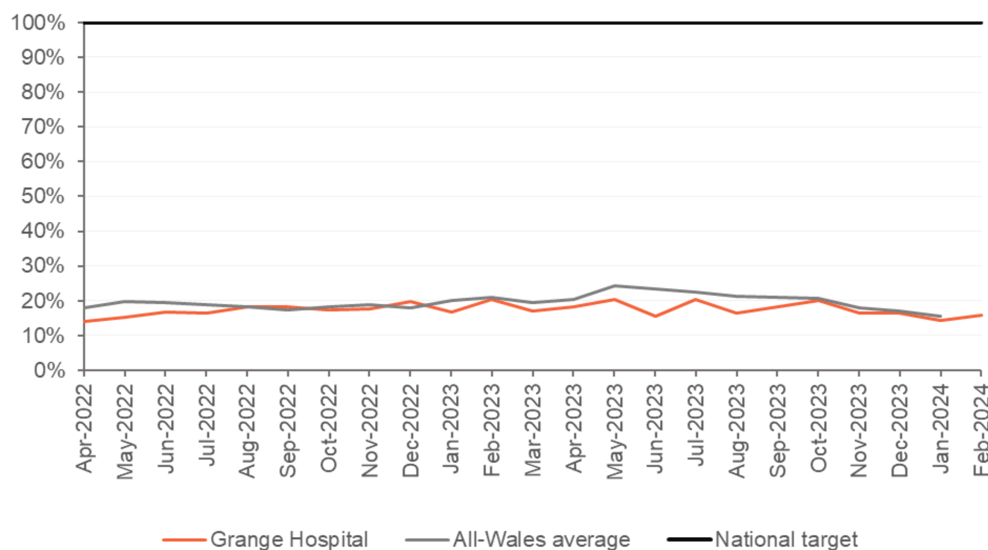
Source: StatsWales

Exhibit 19: median response time for amber calls (minutes) – 50th percentile – national target of 20 minutes



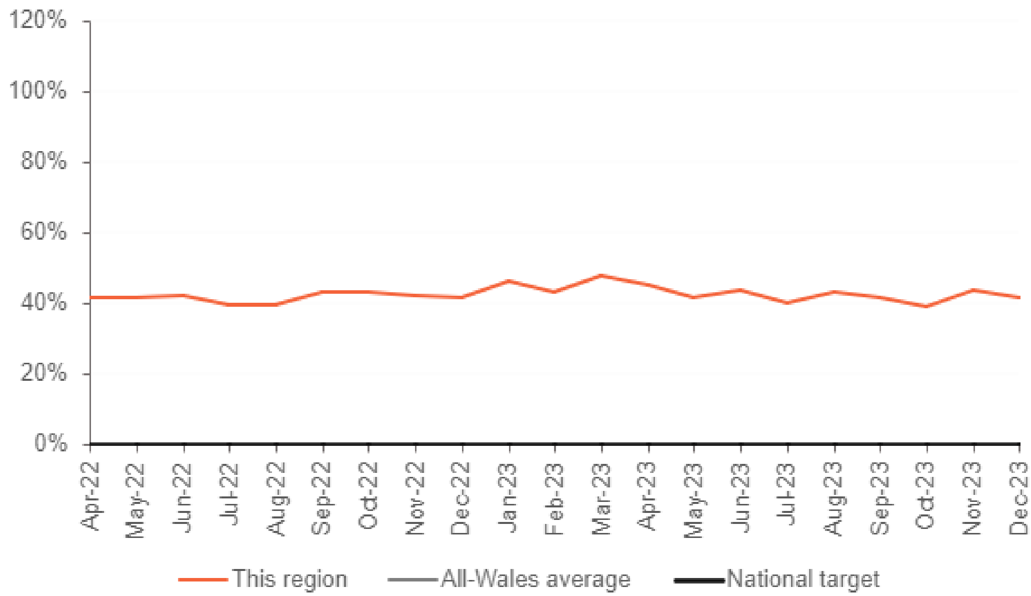
Source: Ambulance Services Indicators

Exhibit 20: percentage of ambulance handovers within 15 minutes at a major emergency department – national target of 100%



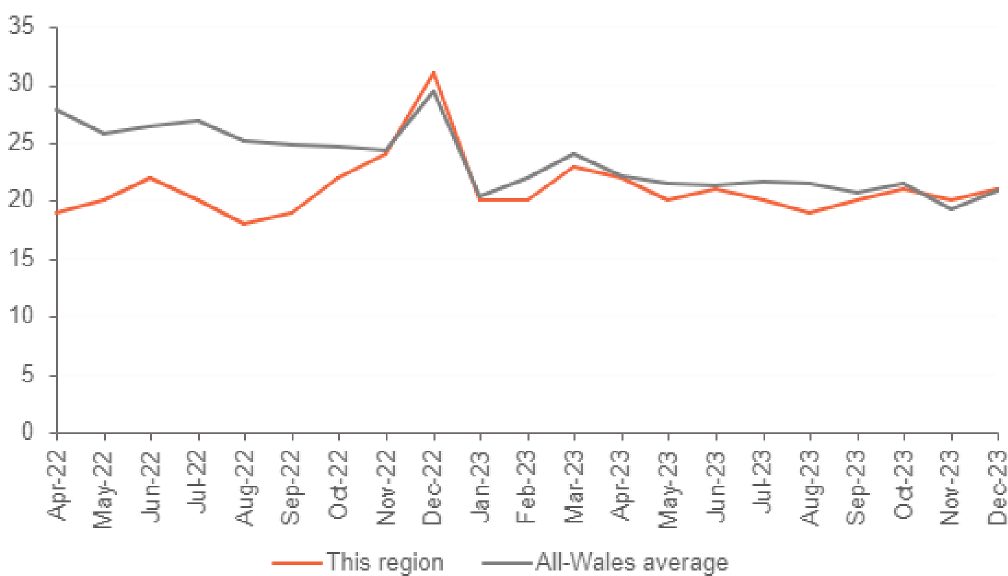
Source: Welsh Ambulance Services NHS Trust

Exhibit 21: percentage of ambulance handovers over 1 hour – national target of zero



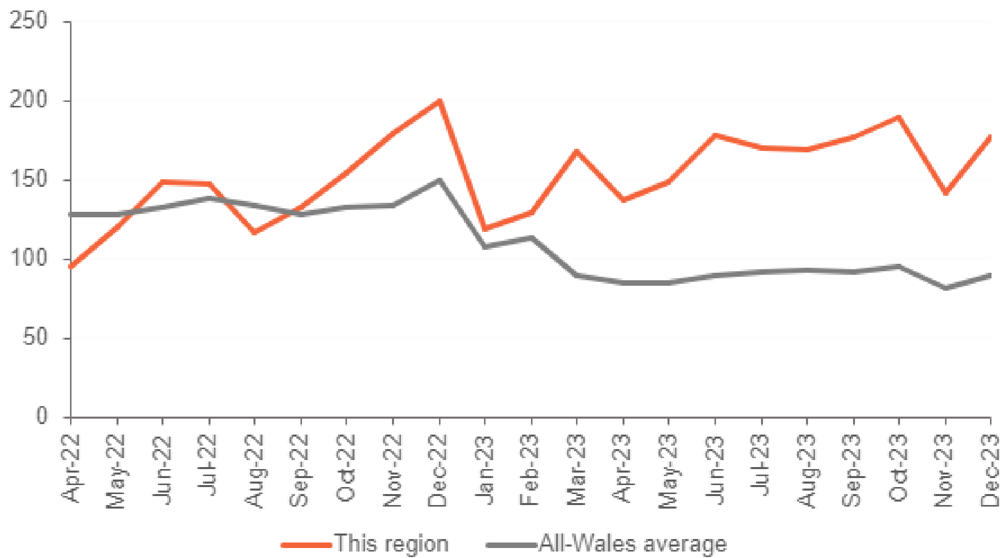
Source: Ambulance Services Indicators

Exhibit 22: median time (minutes) from arrival at an emergency department to triage by a clinician) – national target of 12-month reduction



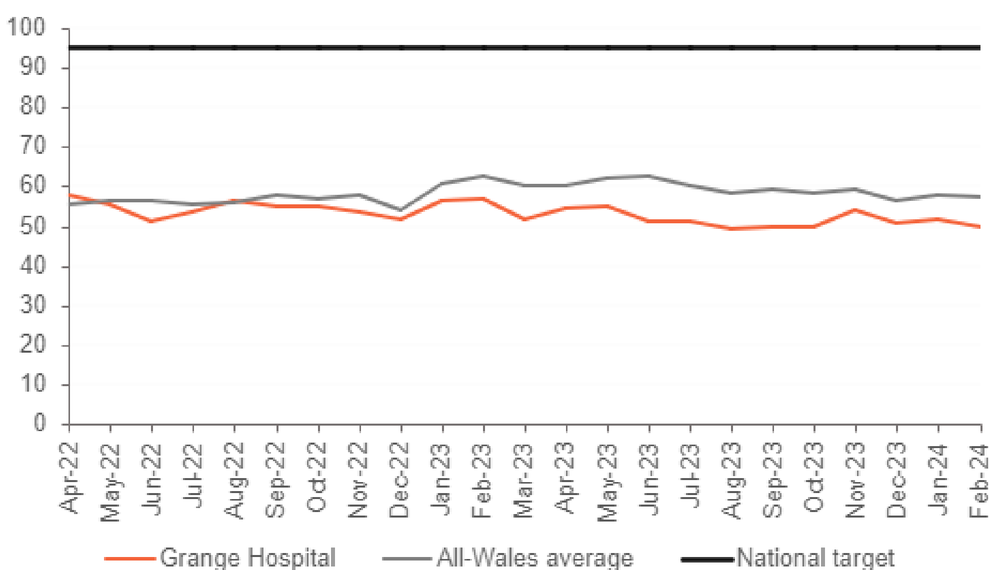
Source: Health Board performance reports

Exhibit 23: median time (minutes) from arrival at an emergency department to assessment by senior clinical decision maker – national target of 12-month reduction



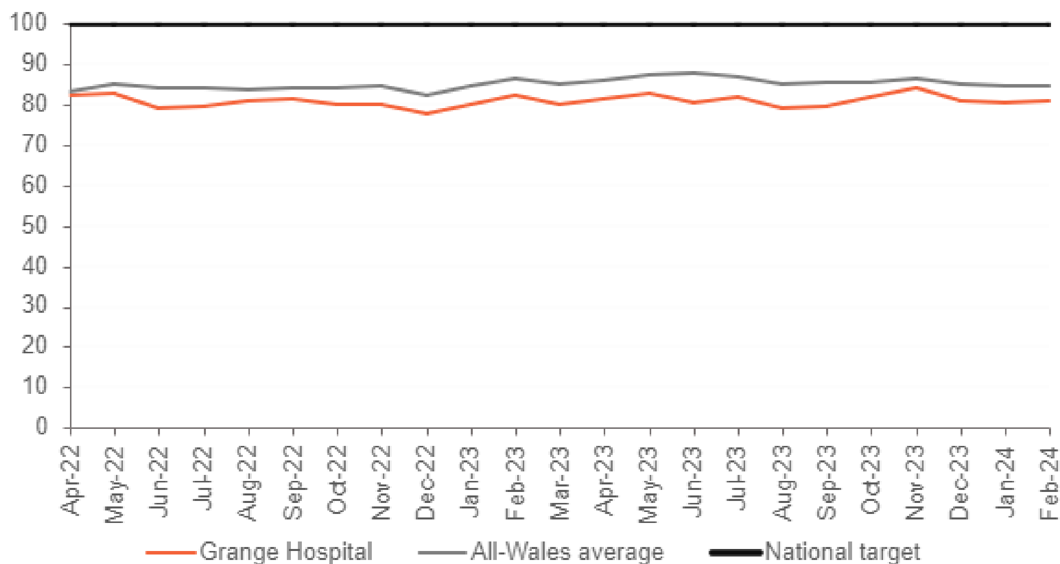
Source: Health Board performance reports

Exhibit 24: percentage of patients spending less than four hours in a major emergency department – national target of 95%



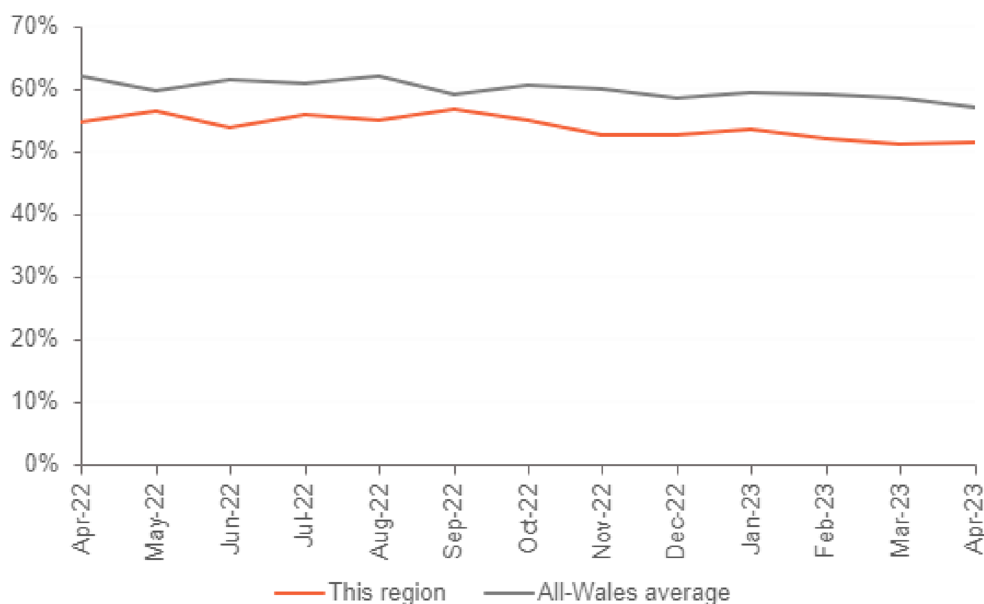
Source: StatsWales

Exhibit 25: percentage of patients spending less than 12 hours in a major emergency department – national target of 100%



Source: StatsWales

Exhibit 26: percentage of total emergency bed days accrued by people with a length of stay over 21 days – national target of 12-month reduction



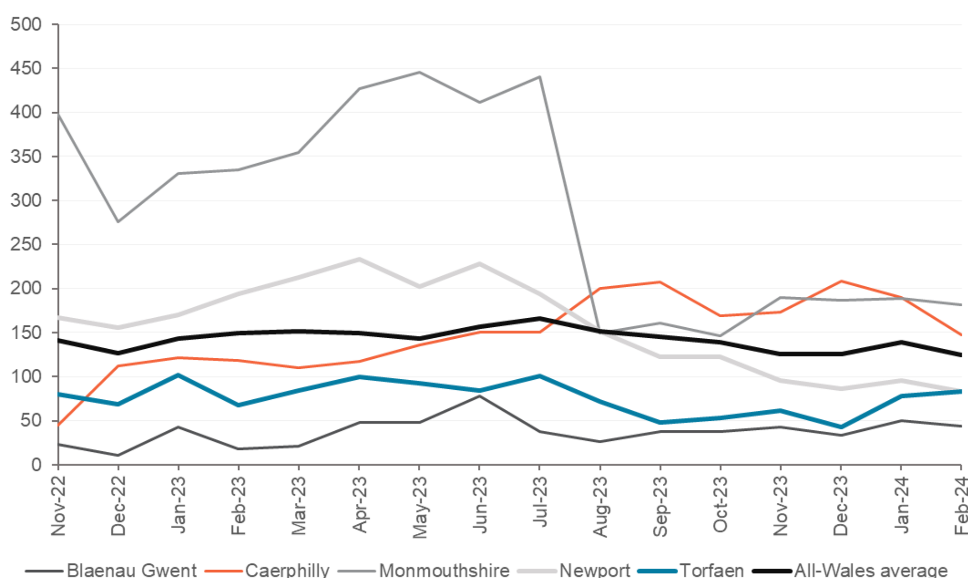
Source: Health Board performance reports

Appendix 4

Waits for social care assessments and care packages

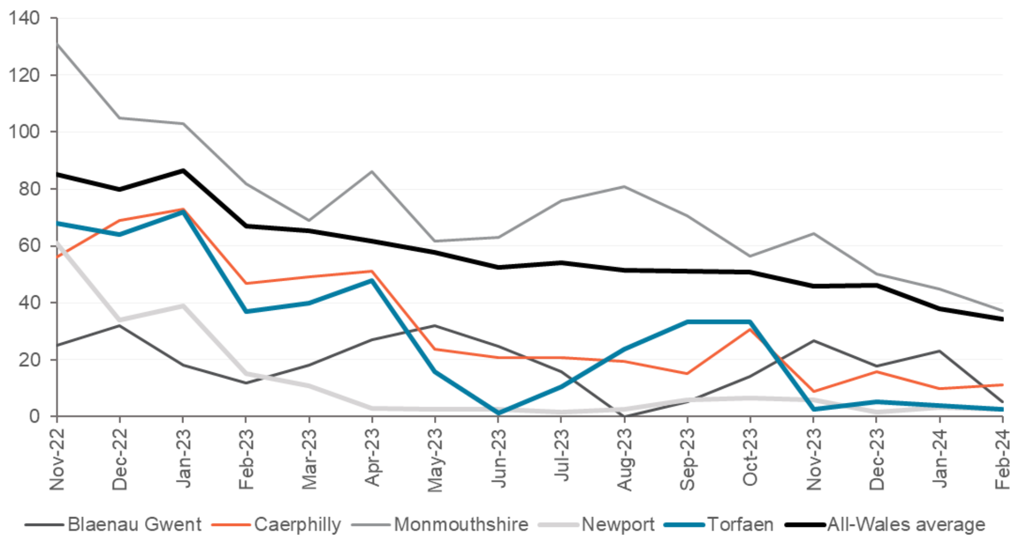
The following exhibits set out the region's waits performance for social care assessment and receipt of a range of care packages in comparison to the position across Wales since November 2022.

Exhibit 27: number of adults waiting for a social care assessment (per 100,000 head of population)



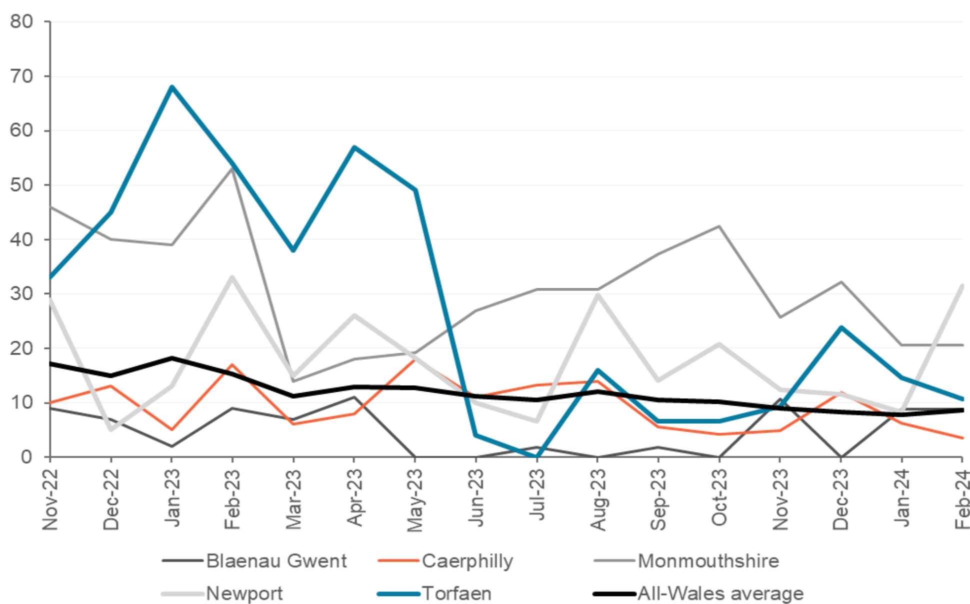
Source: Welsh Government

Exhibit 28: number of adults waiting for domiciliary care (per 100,000 head of population)



Source: Welsh Government

Exhibit 29: number of adults waiting for reablement (per 100,000 head of population)



Source: Welsh Government

Appendix 5

Combined management response to audit recommendations

Exhibit 30: combined management response

Recommendation	Management response		Completion date	Responsible officer
Improving training and guidance on discharge planning				
R1 The Health Board and local authorities should embed processes 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. Where possible, this should be done on a joint basis.	Current hospital discharge models are being reviewed and once finalised will be communicated clearly to all hospital and community staff. The current system is over complex and must be simplified for the benefit of people Significant investment across the region on Balancing Rights and Responsibilities (BRR) training, focussing on front door pathways to support staff to take proportionate rights and risk-based decisions that put the person at the heart of		March 2025	**Executive Director of Nursing/** **Local Authority Heads of Service/** **Head of Patient Discharge**

Recommendation	Management response		Completion date	Responsible officer
	decision making and whether an admission is necessary and appropriate. This is multi-professional and multi-agency training across the five Local Authorities and Health Board. All staff operating in the hospital discharge space will have access to the range of policies and procedures as part of their induction and ongoing CPD			
R2 The Health Board should update its discharge policy to ensure that it reflects the national guidance issued by the Welsh Government in December 2023.	Update discharge policies including – complex and reluctant discharges and choice policy to reflect the national guidance		February 2025	**Executive Director of Nursing/** **Local Authority Heads of Service/** **Head of Patient Discharge**
Embedding a 7-day approach to discharge R3 The Health Board and local authorities should review capacity to embed and deliver 7-day discharge. Despite discharges needing to happen daily, current ways of working do not support this, and a lack	The Local Authorities and Health Board have discharge support in place to via Home First and Hospital to Home 7 days per week. Care packages can be reinstated and restarted on weekends, continue to embed a 7-day approach to discharge across the		March 2025	**Executive Director of Nursing/** **Local Authority Heads of Service**

Recommendation	Management response		Completion date	Responsible officer
of weekend discharge means patients have a prolonged stay in hospital which increases risk of deconditioning and acquiring infection.	system. Temporary care can also be commissioned.			
	Continue to embed 7-day discharge planning via the Home First and Hospital to Home, there is often reluctance to support discharges at weekends (risk averse) even where the Local Authorities'/Health Boards' assessments indicate the person can be safely discharged home. Trusted Assessor model via Home First, workforce is a challenge		March 2025	**Executive Director of Nursing/ Local Authority Heads of Service**
	Progression of nurse led discharge as part of the optimal hospital ward model at RGH across three wards		March 2025	
	Community Resource Team – medical staff to work 7-day end of January		January 2025	
	Senior Nurse for Discharge appointed at RGH, in post from 6 January, Senior Nurse for Discharge Community Hospitals out to advert, focus on embedding the delivery of 7-day discharge		January 2025	

Recommendation	Management response		Completion date	Responsible officer
Clarify roles and responsibilities in relation to informal over prescribing of care packages R4 The Health Board should clarify roles and responsibilities regarding care package prescribing to ensure patients are not given unrealistic and unnecessary expectations in relation to care provision. This is particularly the case with older patients who may be seen as frail. This can disempower patients from being independent and may lead to future readmissions.	Review of roles and responsibilities regarding care package prescribing through the optimal ward model at RGH across three wards to include education/training and review of board rounds. Develop roll out plan for the optimal ward framework across all Hospital sites.		March 2025	**Executive Director for Nursing**
Review risk appetite in relation to patient discharge R5 The Health Board should review its cultural appetite and approach to risk in relation to patient discharge. This should ensure risk is assessed across the whole patient pathway, so beds are not unnecessarily occupied.	Updated discharge policies will be shared and form part of the education and communication framework to help prioritise the discharge agenda across the MDT, supported by the Strategic lead for discharge and the senior nurse. The risk in relation to non-compliance with the discharge		March 2025	**Executive Director for Nursing**

Recommendation	Management response		Completion date	Responsible officer
	framework is evaluated and discussed at divisional and corporate level via local meetings and integrated boards and will feed into the discharge work streams			
Embedding the Trusted Assessor model R6 The Health Board should embed its approach to the Trusted Assessor model and communicate this approach to all partners. Whilst there is recognition this may not help secure care packages or placements more quickly; it will ensure there is capacity to assess patients when required.	The Local Authorities and Health Board have undertaken a review of opportunities to embed a Trusted Assessor model against national best practice and local datasets for Pathway of Care Delays linked to assessment codes. Three areas of recommendation have been presented to Integrated Discharge Board to progress. **Integrated front door** • Embedding of quality conversations that promote positive risk management through the Balancing Rights and Responsibilities training plan prepared with first cohort targeting the Integrated Front Door team, 2 cohorts arranged for February 2025 for up to 60 spaces. **Wider system opportunities**		Ongoing	**Executive Director for Nursing**

Recommendation	Management response		Completion date	Responsible officer
	Review undertaken of assessment code delays from POCD datasets, top areas identified. • Embedding of DST model in the community not hospital to reduce 'joint assessment' delays, December figures reduced dramatically following focus on this. • Work with care homes to implement model of 'trusted assessor' for patient discharge when there is a vacancy, rather than waiting for a visit. Project streams to be established to implement the work identified: • Integrated front door, bringing trusted assessor model. • Facilitating early discharge, moving DST to community not as inpatient. • Care Homes accepting nursing assessment and not requiring to visit to review a patient.			
Improving oversight of policies and guidance				

Recommendation	Management response		Completion date	Responsible officer
R7 The Health Board should monitor compliance with its discharge policy to assess the effectiveness and consistency of the application, and whether the intended outcomes are being achieved. This includes adhering to its own policy that an annual programme of learning will be reported to the Patient Quality, Safety and Outcomes Committee.	Data collected via POCD, CWS2 length of stay and discharge work streams will form the cornerstone of improving guidance, shaping the educational programme and focusing resources to improve and evaluate outcomes. Further development of CWS2 to replace the Complex List. Formal dashboard in development and reported to the Integrated Discharge Board. Learning and feedback to be presented at local forums and integrated boards and the patient Quality outcomes committee.		Next 12 months	**Director of Digital** **Executive Director of Nursing**
Improving the quality and sharing of information				
R8 The Health Board and local authorities should implement ways in which patient information can be shared more effectively, including opportunities to provide wider access to organisational	Local Authorities in the process of replacing the existing IT client record (WCCIS) over the next 18 months. There is potential with a new system for it to link with the Health Board system over time. There are processes in place to share information to support		Next 18 Months	**Director of Digital/Executive Director Nursing/Local Authority Heads of Service**

Recommendation	Management response		Completion date	Responsible officer
systems and ultimately joint IT solutions.	discharge planning, but this does not amount to a joint IT solution. Health Board progressing with scoping an IT solution to merge the Complex List with CWS2, with sharing of data across Local Authorities to support meaningful, real-time data analysis.		Priority for 2025/2026	
R9 The Health Board should improve record keeping by: 9.1. ensuring all staff involved in discharge planning fully understand the importance of documenting comprehensive information in patient case-notes to support effective discharge planning. 9.2. establishing a programme of case-note audits focused on the quality of record keeping.	Monthly Audits: Ward staff conduct monthly audits of nursing documentation to assess the standard and detail of information recorded in patient records. This includes Admission documents, Risk Assessments, Care Records, and Discharge documents. Ward Accreditation Programme: The completion and detail of information recorded on these documents are included in the Ward Accreditation programme, which ensures that staff are aware of the importance of comprehensive documentation. Electronic WNCR Programme: Discharge Planning documentation is available on the electronic WNCR programme, which		Monthly Audits	**Deputy Director of Nursing** **Assistant Director for Quality and Patient Safety** **Head of Health Records/Referral and Booking**

Recommendation	Management response		Completion date	Responsible officer
	facilitates better access and understanding of the importance of documenting comprehensive information.			
	Audit Results: Recent audits have shown room for improvement in documenting estimated discharge dates (EDD) and discharge planning. For example, the documentation of discharge planning in medical and nursing notes/PSAG was 76.6% in October, 82.7% in November, and 77.3% in December.		January 2024	**Deputy Head of Health Records – DHR**
	Medical Records Review: A review conducted in March 2024 found that only 19% of Discharge Planning documents were completed, indicating a need for more rigorous audits and follow-up actions.		Ongoing	**Medical Director / Clinical Audit Team – Corporate**
	Case note audits are part of the internal audit plan for the Health Board. Medical records audit the notes, as do the Corporate QPS audit team to look at standards of record keeping .			

Recommendation	Management response		Completion date	Responsible officer
	Case-Note Audit Programme: The Health Board has a structured programme aimed at assessing and improving the quality of record keeping. This programme focuses on compliance with established standards, enhancing patient safety, and ensuring adherence to relevant policies and guidelines. This audit has been undertaken and will be presented at Clinical Standards and Effectiveness Group. **Medical records Audit Programme:** The Health Board carries out regular case-note audits. Compliance checks include audit criteria of: black ink, dates, legible, signed and times. The current compliance for outpatients for this audit is 68% and in-patients' documents is 95%. By focusing on these areas, the Health Board can ensure that staff understand the importance of comprehensive documentation and establish a robust audit programme to maintain high-quality record keeping.		Ongoing monthly audits	**Medical Director / Clinical Audit Team – Corporate**

Recommendation	Management response		Completion date	Responsible officer
	The results from the audit findings are scheduled to be fed back at the Clinical Standards and Effective Group. Audit results will be used to develop targeted action plans and address specific deficiencies. Recommendations from the Group will be presented at the Learning and Improvement Forum. Learning from the current practices and audit results will enhance the Health Board's record-keeping processes. Regular audits are scheduled for 2025/26 and will help identify gaps in record keeping and provide opportunities for continuous improvement. Immediate feedback and actions for improvement will be fed back to service leads. This supports learning from the current practices and, the Health Board can improve the quality of record keeping, ensuring better patient care and compliance with standards.		April 2025	

Recommendation	Management response		Completion date	Responsible officer
Patient, service user and staff feedback				
R10 The Health Board should ensure it has mechanisms in place to understand the experiences of patients and carers in the discharge process in line with their existing policy and apply learning.	Patient experience feedback is captured within the Health Board on the CIVICA Experience Platform. This system is across all inpatient wards and a number of other areas e.g., ED, MIU, SDEC, AMU, etc. All feedback captured is viewed by the ward and wider Directorate and Division, so any comments around discharge could be viewed (from open questions in surveys), however, there is no specific question regarding 'Discharge'. In addition, all comments collected are analysed by the system and put into themes to understand trends. One theme is dedicated to 'Patient Pathway' with a sub theme around 'Discharge', this allows for specific analysis of experience on this subject and understanding of where the feedback has been recorded if any patient or relative has referenced anything specifically about discharge.		Ongoing	**Executive Director for Nursing**
R11 The local authorities should ensure relevant social services teams routinely capture service	Local Authorities regularly seek feedback from service users both		Ongoing	**LA Heads of Service**

Recommendation	Management response		Completion date	Responsible officer
users' and carers' experiences and apply learning.	formally and informally. This can be more challenging in relation to hospital discharge but is an area for improvement. There is the annual census questionnaire and a range of internal feedback mechanisms/ questionnaires including complaints and compliments. Annual report re complaints and compliments.			

Audit Wales

1 Capital Quarter,

Tyndall Street

Cardiff CF10 4BZ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.