

Urgent and Emergency Care: Flow out of Hospital – West Glamorgan Region

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Summary report

About this report

- 1 Once a patient is considered medically or clinically well enough to leave hospital (also referred to as medically fit or clinically optimised) the timely discharge of that patient to the right setting for their ongoing needs is vital. Timely, effective, and efficient moving of patients out of an acute hospital setting holds important benefits for patient care and experience as well as for the use of NHS resources.
- 2 When the discharge process takes longer than it should there can be significant implications for the patient in terms of their recovery, rehabilitation, and independence. Delayed discharges will also have implications for other patients coming into the urgent and emergency care system¹ who need a hospital bed. Poor patient “flow” creates bottlenecks in the system that contribute to well documented problems such as over-crowded emergency departments and an inability to secure timely handover of patients from ambulance crews.
- 3 The Auditor General had originally included work in his 2021 local audit plans to examine whole system issues affecting urgent and emergency care services, including the discharge of patients from hospital. The COVID-19 pandemic resulted in this work being postponed and brought back on stream in 2023. Our work has sought to examine whether health boards and local authorities have effective arrangements in place to ensure the timely discharge of patients out of hospital. The approach we adopted to deliver our work is set out in **Appendix 1**.
- 4 This work is part of a broader programme of work the Auditor General is currently undertaking in respect of urgent and emergency care services in Wales. We are also examining the arrangements in place to help manage urgent and emergency care demand, and to direct patients to the care setting that is most appropriate to their needs. The findings from that work will be reported separately.
- 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 West Glamorgan region (the region). The region encompasses:
 - Swansea Bay University Health Board (the Health Board);
 - Swansea Council; and
 - Neath Port Talbot 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.

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

Key messages

- 8 Overall, we found that **while partners understand and show a commitment to improving patient flow out of hospital, performance remains extremely challenging. Partners must continue to work collaboratively to mitigate the challenges posed by reduced workforce capacity and increased complexity of demand, continue to develop shared systems to manage information and ensure activities and risk are joined-up and monitored on a whole system basis.**
- 9 The rate of delayed discharges across the West Glamorgan region is one of the highest in Wales. Between April 2023 and September 2024, each month there were on average 232 medically fit patients whose discharge was delayed, with completion of social care and joint assessments the main causes for delay. For the financial year 2023-24, the total number of bed days that had been lost to delayed discharges was 64,975 with a full-year cost equivalent of £32.488 million. The resulting impact on the timeliness of access to urgent and emergency care services is significant with ambulance handovers and waiting times in the main emergency department some of the worst in Wales. Difficulties with delays also means that the ability to meet some patients needs is compromised, with a significant use of temporary placements in the Neath Port Talbot area. While the use of transition beds has released some hospital bed capacity, it has not resolved the underlying causes of delays.
- 10 Several factors are contributing to delayed discharges. The nature of demand is increasing with more people needing support for complex conditions such as dementia. In addition, there are workforce challenges, particularly within the Health Board and in Swansea adult social services, which are impacting on the timeliness of assessments. The discharge planning process has previously been hampered by weaknesses in documentation, an overcautious approach, and differences in expectations. The sharing of information between organisations is also problematic due to different systems used by staff. However, the updated Integrated Discharge Strategy is clear in its aim of streamlining discharge processes with a 'one system' approach. Also, positively the care sector capacity across the region is broadly in line with the all-Wales average with some waits for services generally better, and positive action being taken to make more effective use of domiciliary care capacity. Access to long-term care home accommodation in Neath Port Talbot however is problematic.

- 11 Improving patient flow is a key feature of plans across the partners which align with the Welsh Government's Six Goals for Urgent and Emergency Care Programme² and partners are working together strategically to address the challenges. There is a good grip on the Section 33 agreement and Regional Integration Fund being used to support patient flow initiatives aimed at addressing several of the challenges discussed throughout this report. Operational structures facilitate the respective services and refreshed governance within the Regional Partnership Board projects is facilitating a more holistic view of activity. Whilst there is regular oversight of performance, projects and risks within individual organisations, information on performance and risk also needs to be considered as a whole system to understand the impact of patient flow across the region.
- 12 Taken together, the above demonstrates that despite hard work and good intentions on the part of organisations within the region, there is still much to do to improve discharge planning and processes. But there is a renewed ambition to achieve further improvements across a range of areas which are necessary for patients, their families, and the wider urgent and emergency care system.

Recommendations

- 13 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 the quality of information

- R1 The Health Board should improve record keeping by:
- 1.1 ensuring all staff involved in discharge planning fully understand the importance of documenting comprehensive information in patient case-notes to support effective discharge planning (paragraph 57).
 - 1.2 establishing a programme of case-note audits focused on the quality of record keeping. This includes documenting when a patient is clinically optimised in line with Welsh Government guidance (paragraph 58).

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

Recommendations

Maximising weekend discharges

- R2 The Health Board, in partnership with its local authorities, should ensure it has the necessary arrangements in place to embed and deliver a seven-day working week approach to hospital discharge to minimise unnecessary stays in hospital (paragraph 59)
-

Improving training and guidance

- R3 The Health Board, working with local authorities, should:
- 3.1 Develop jointly agreed guidance to provide clarity to all staff on how the discharge planning process should work across the region. This should be based on the national guidance issued in December 2023 and should set out clearly defined roles and responsibilities, and expectations, including when referrals for ongoing care should be made (paragraph 61).
 - 3.2 The Health Board and local authorities should ensure processes are in place to communicate discharge planning guidance to all relevant health and social services staff, including those working on a temporary basis, supported by an ongoing programme of refresher training and induction training for new staff (paragraph 63)
-

Embedding the Trusted Assessor model

- R4 The Health Board, working with local authorities, should work with providers, particularly those in the private sector to embed the role of Trusted Assessor (paragraph 85)
-

Expanding membership of Six Goals Urgent and Emergency Care Portfolio Board

- R5 The Health Board should expand membership of the Six Goals Urgent and Emergency Care Portfolio Board to include representatives of partners involved in delivery (paragraph 90).
-

Strengthening oversight of risk

- R6 The Health Board should update its Risk Register to include local authority, partner and RPB activity which may impact mitigating actions and risk scores (paragraph 107).
- R7 To help inform decision-making and discussions, the Health Board and local authorities should use the Regional Partnership Board working arrangement

Recommendations

to develop a regional risk register which pulls together the risks associated with delayed discharges (paragraph 108)

Exhibit source: Audit Wales

Detailed report

What is the scale of the challenge?

- 14 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.
- 15 We found that **the rate of delayed discharges across the region is one of the highest in Wales which impacts the timeliness of access to urgent and emergency care services. The ability to meet patients' needs is compromised, and the use of temporary placements, whilst freeing up hospital bed capacity, is failing to resolve the ongoing and underlying causes of delays.**

Delayed discharges

- 16 We found that **significant numbers of patients are not leaving hospital in a timely way once they are considered medically well enough to do so, with completion of social care and joint assessments the main causes for delay.**
- 17 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.
- 18 **Exhibit 2** sets out the number of delayed discharges experienced by the Health Board from April 2023 to September 2024, per 100,000 head of population compared with other Health Boards across Wales. These relate to patients who are considered clinically optimised / medically fit but remain in a hospital bed 48 hours after the decision was made that they were well enough to leave hospital. The Health Board has one of the highest rates of delayed discharges in Wales.

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

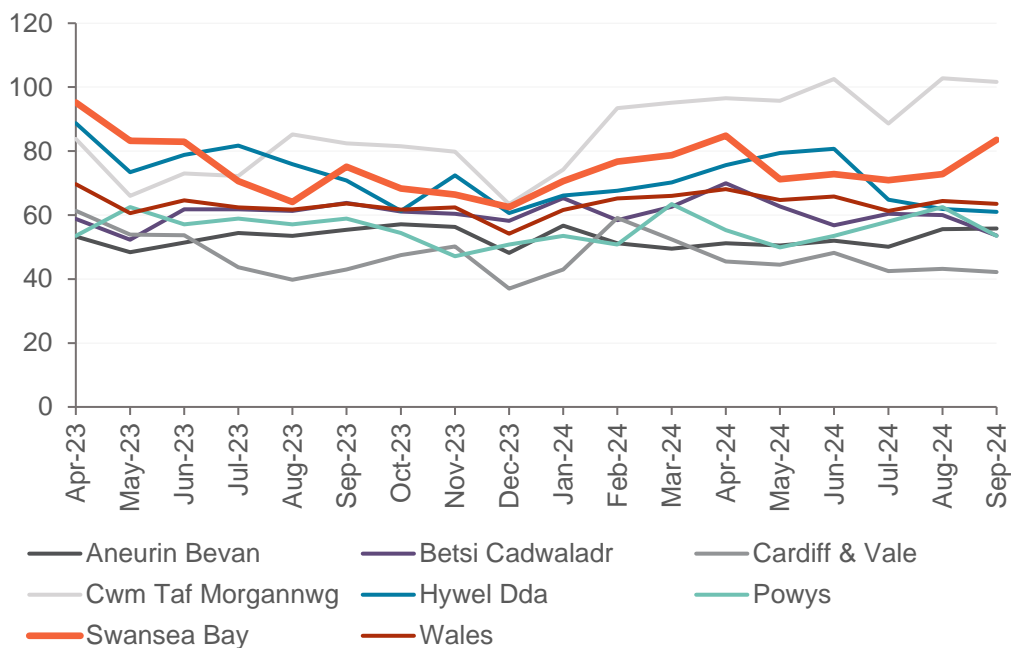


Exhibit source: Welsh Government

- 19 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 onto 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 clinically optimised / medically fit.
- 20 Although not a direct comparison, in February 2020 the Health Board reported 85 delayed transfers of care. The position at the end of September 2024 of 258 delayed discharges equate to 20.6% of the Health Board's total bed capacity³. This is just above the all-Wales average of 17.5% (ranging between 9.8% and 33.0%).
- 21 When broken down by local authority area, the rate of delayed discharges per 100,000 head of population is higher than the all-Wales position in both areas, with

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

the rate in Neath Port Talbot and Swansea the second and fourth highest in Wales respectively.

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

Exhibit 3: top 5 reasons for delayed discharge (September 2024)

Reason for delay	Percentage delayed	All-Wales average
Awaiting completion of assessment by social care	14.7	13.0
Awaiting joint assessment	11.6	8.5
Awaiting start of home care package	7.8	10.7
Awaiting social work allocation	7.0	6.1
Awaiting residential home availability	6.6	4.1

Exhibit source: Welsh Government

- 23 There is some variation in the key causes for delay at a local authority level. Awaiting joint assessment is the top reason for delay in Neath Port Talbot, accounting for 15.2% of delays. Awaiting completion of assessment by social care is the top reason for delay in Swansea, accounting for just over a fifth of delays.
- 24 Based on data reported in September 2024, the total number of patients delayed accounted for 5,168 bed days. Based on a typical cost per bed day⁴, this equates to costs in the region of £2.584 million. The total number of bed days lost due to delayed discharges for the financial year 2023-24 equated to 64,975 and a full year associated cost of £32.488 million.

Impact on patient flow

- 25 We found that **delayed discharges are having a significant impact on patient flow, with aspects of ambulance performance and waits in the emergency department some of the worst in Wales.**
- 26 Delays in discharging patients from hospital have consequences for patient flow and in particular, the ability of patients to access services when they need them. Beds being used by patients who no longer need them means that they are not

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

available for those who do, resulting, for example, in longer waits in emergency departments. This in turn impacts on the ability for ambulance crews to handover patients and respond to 999 calls in the community.

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

- the percentage of ambulance red calls responded within eight minutes is generally in line with the all-Wales position but below the national target of 65% (**Exhibit 13**);
- the median amber response time in September was one hour 39 minutes, against a target of 20 minutes with the region routinely the worst performing in Wales (**Exhibit 14**);
- the percentage of ambulance handovers within 15 minutes at the Health Board's major emergency departments has been between a high of 31% and a low of 14% since April 2022, against a national target of 100% (**Exhibit 15**);
- the percentage of ambulance handovers taking over one hour is significantly worse than the all-Wales average and the highest in Wales, ranging between 80% and 95% since January 2024, compared to a national target of zero (**Exhibit 16**);
- the total number of hours lost following notification to handover over 15 minutes is around the all-Wales average ranging between 2,600 and 4,000 per month since July 2023 although the number of hours lost is reducing (**Exhibit 17**);
- once the patient is in the emergency department, the median time from arrival to triage is slightly worse than the all-Wales position ranging between 24 and 28 minutes (**Exhibit 18**);
- the median time from arrival to being assessed by a senior clinical decision maker is significantly better than all other health boards, at around 29 minutes compared to the all-Wales position of 1.5 hours (**Exhibit 19**);
- the percentage of patients spending less than four hours in an emergency department has been better than the all-Wales average since June 2023 of around 63%, but well below the national target of 95% (**Exhibit 20**);
- the percentage of patients spending less than 12 hours in an emergency department is now broadly in line with all-Wales average at around 83% but remains one of the worst levels in Wales (**Exhibit 21**); and
- the proportion of bed days accrued by patients with a length of stay over 21 days has been better than the all-Wales average (**Exhibit 22**). Our review of a sample of the Health Board's emergency medical admissions highlighted that the average length of stay for patients staying over 21 days ranged between 53 days at Morriston Hospital, to 106 days at Neath Port Talbot hospital. The average total length of stay at Singleton Hospital was 61 days.

- 28 The Health Board's total bed capacity has remained broadly similar over recent years, with 1,553 total beds available in 2022-23, and a slight reduction to 1,463 in 2023-24. Just under half of total beds are allocated to acute medicine (646). Bed occupancy in the acute medicine beds has been high at 91.4%, compared with an optimal level of 85%. The Health Board is one of three health boards to have limited community hospital bed capacity to provide step-down facilities for patients who no longer need acute care. As at March 2024, Gorseinon Hospital had 40 beds with occupancy levels running extremely high at 99.5%.
- 29 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.
- 30 Health boards have increasingly experienced difficulties in admitting stroke patients to a stroke ward as problems with patient flow and bed availability mean that these beds have been needed for non-stroke patients. Over the twelve-month period to April 2023, the Health Board had been the worst performer for the percentage of stroke patients admitted directly to a stroke unit within four hours across Wales. As of September 2024, the trend for this indicator has remained variable with performance of 20% or below for five months of 2024. The Health Board is managing a specific project within its six goals programme to improve its delivery of stroke services and information reported to the Performance and Finance Committee in October 2024 showed resulting improvement in some stroke measures.
- 31 The impact of poor patient flow is also often felt within scheduled (or planned) care, as patients with their booked procedures are increasingly having their treatments cancelled due to the lack of available beds. During 2022-23, 400 planned care admissions were cancelled due to the lack of an available ward bed in the Health Board, with just under a third of those in May 2022 and January 2023. For 2023-24, 192 planned care admissions were cancelled. This compares positively to the previous year, although a similar number of patients were cancelled in January 2024 compared with the same period in 2023. While overall performance has improved, this level of cancellation represents poor patient experience and risks the conditions of planned care patients further deteriorating while they wait for their treatment to be rescheduled.

Meeting patients' needs

- 32 We found that **delayed discharges are impacting on the ability of organisations to meet some patients needs effectively with patients being placed in temporary accommodation, particularly in Neath Port Talbot.**
- 33 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;
 - to a residential care home when they could have gone home with a support package;
 - to a temporary residential care home to await availability of longer-term placement;
 - to a community hospital bed to await availability of a package of care; or
 - to a setting which is far away from family and friends.
- 34 Patients who are delayed within hospital become deconditioned, are at higher risk of experiencing an injury from a fall or contracting an infection which can exacerbate their care needs. Deconditioning can also lengthen their hospital stay and make them more vulnerable to re-admission after they have been discharged.
- 35 Within the region, the impact of delays on patient experience and outcomes is something we found that both health and social care staff are acutely aware of. One of the measures developed to mitigate this impact has involved the Health Board establishing transitional beds as part of the 1,000-bed challenge⁵. For this project, the Health Board commissioned care home beds to enable patients who were declared clinically optimised to be moved out of hospital for a period of up to six weeks whilst they wait ongoing care arrangements. However, the project has faced significant challenges, including causing tensions between partners, despite being approved by the RPB, the local authorities did not support this arrangement. The Health Board paid higher commissioning rates than its local authority partners which created volatility within the care home bed market. This project cost over £2.6 million and practically, the ongoing and underlying causes of discharge delays in the region has also meant that patients tended to stay beyond the initial six-week period whilst they await packages of care to become available. Arguably this did not address the patient need. As a result, since July 2023, Neath Port Talbot council has had some of the highest number of adults per 100,000 population placed in unplanned short term care home accommodation for three or more months, with no end date (**Exhibit 4**). At the time of our review, Neath Port Talbot Council did not own any residential care homes, so contracts existed with external

⁵ 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>

providers reducing the influence the authority has over residential placements. The position in September 2024 was the third highest in Wales. Rates in Swansea are comparatively low.

Exhibit 4: number of adults per 100,000 head of population in unplanned short term care home accommodation for three or more months, with no end date (July 2023 – September 2024)

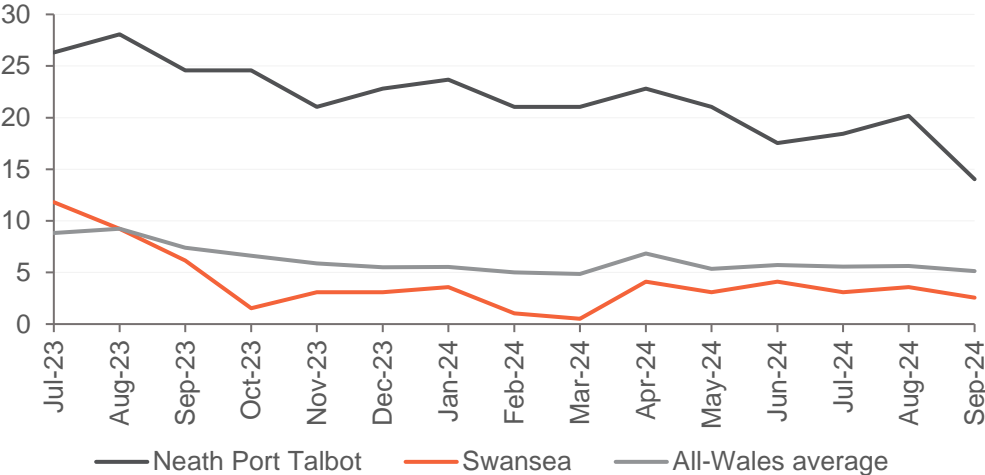


Exhibit source: Welsh Government

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

- 36 This section sets out the issues impacting on effective discharge planning and the timely flow of patients out of hospital across the region.
- 37 We found that **while health and care capacity overall is available, an increase in the complexity of demand, workforce challenges, and a lack of understanding and information sharing, are impacting on the effectiveness of the discharge process.**

Volume and complexity of demand

- 38 We found that **there have been increases in the complexity of demand and the number of elderly patients with mental health problems.**
- 39 Within the West Glamorgan area, predictions are that the number of people over the age of 65 will increase by 20% (from 79,212 in 2020 to 96,264) by 2040.⁶ As

⁶ [West-Glamorgan-PNA-2022-27-Introductory-Chapter-1.pdf](#)

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 social care services for support. Predictions from the RPB are that, by 2030 28% of people over the age of 65 in the region will struggle with daily activities relating to personal care and mobility around the home that are basic to daily living (including eating, bathing and dressing).

- 40 Complex demand was exacerbated by the COVID-19 pandemic as those who had followed national guidance to avoid using frontline services wherever possible found their health had deteriorated at home. Further issues in managing increasing complexity of care, including carer burn out, lack of specialist skills and general capacity to support older people to stay at home are also significant contributors to patients requiring greater support from urgent and emergency services.
- 41 Care homes have also seen increasing complexity amongst their patients. Mental health in older people was often raised by those we interviewed as a significant pressure, with greater numbers of patients presenting at hospital with increased mental health conditions which care homes find increasingly difficult to accommodate. The West Glamorgan RPB has predicted that there will be a 26% increase in the number of people living with dementia between 2020 and 2030 (from 5,607 to 7,090)⁷, many of whom are likely to require specialist dementia care so projects in the region will need to accommodate for this future demand.

Workforce capacity

- 42 We found that **there are workforce challenges, particularly within the Health Board and in Swansea adult social services, which are impacting on the timeliness of assessments.**
- 43 Increasingly staff involved in discharge planning are finding their capacity stretched due to factors such as high unplanned absence rates and vacancies. 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.
- 44 As of June 2024, the Health Board's overall vacancy rate of 4.8% was slightly better than the all-Wales average (of 5.5%). Its rate of medical vacancies was significantly better than the all-Wales average (6.7% compared to an average of 10.4%) and it had the lowest rate of vacancies within nursing and midwifery in Wales (1.8% compared to an average of 6.3%). However, it had a high rate of vacancies within nursing and midwifery support staff (8.3% compared to an average of 5.1%, and unplanned absence for both nursing and midwifery registered and support staff, (8.5% and 11.4% respectively compared to 7.3% and 8.6%), leading to higher reliance on agency staff. As of June 2024, bank and

⁷ [West-Glamorgan-Market-Stability-Report-Final-Version.pdf](#)

agency use for nursing and midwifery posts accounted for 7.8% of nursing and midwifery pay expenditure, with the greatest use of bank and agency in Morriston hospital. The rate of unplanned absence for medical staff (1.9%) was better than the all-Wales average.

- 45 Within the latest published data, in June 2023, Neath Port Talbot Council was reporting 6% vacancies in adult social services, compared to 11% reported by Swansea Council in April 2023⁸. Whilst there is no published data since June 2023, our review indicates that there were several vacancies within both Neath Port Talbot and Swansea social services during June 2024. Swansea Council has experienced higher rates of unplanned absence and vacancies compared with the all-Wales position, with unplanned absence running between 10% and 13% between August 2023 and June 2024. Neath Port Talbot Council has consistently been below the all-Wales average for unplanned absence and vacancies (8% as of June 2024). Interviews indicated that there are challenges with staff moving between local authorities for better pay and conditions.
- 46 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 policies and practices. Workforce capacity constraints can also mean that social workers may not be able to complete assessments for a patient in a timely way. As highlighted in **Exhibit 3**, delays in completion of assessment by social care was one of the main reasons for delayed discharges across the region, accounting for 14.7% of all delays. Joint assessments between health and social care staff account for a further 11.6%. **Exhibit 5** sets out the extent to which adult social services across the two local authorities can meet demand for assessment.

Exhibit 5: number of social care assessments completed and awaiting to be completed per 100,000 head of population (September 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
Neath Port Talbot	108	70	8.6%
Swansea	123	173	9.3%
All-Wales average	227	128	7.3%

⁸ No data has been reported since June 2023, with the latest data reported for Swansea council relating to April 2023.

Exhibit source: Welsh Government

47 The numbers of completed social care assessments are significantly lower than the all-Wales average in both local authorities. The waiting list for social care assessment in Neath Port Talbot is below the all-Wales average, but the waiting list in Swansea is significantly above the all-Wales average and much higher than the number of assessments completed. This would suggest that the local authority is struggling to meet demand. Waiting lists for social care assessment have generally been higher than the all-Wales average in Swansea for the last two years, with waiting lists peaking in March 2024. It is likely that this position is reflective of the social worker staffing constraints being experienced by Swansea Council. Within Neath Port Talbot waiting lists for social care assessment increased to the all-Wales average during winter 2023 and in April 2024 but have dropped in recent months.

Care sector capacity

- 48 We found that **the region’s waiting lists for care packages are in-line with the all-Wales average and are improving in relation to domiciliary care, however capacity for long-term care home accommodation in Neath Port Talbot is stretched.**
- 49 Availability of home (domiciliary) care packages and long-term residential care home accommodation are a key cause of discharge delay across Wales. Within the West Glamorgan region, waiting lists for a new home care package are improving, however waits for residential home availability present a bigger challenge. **Exhibit 6** sets out the number of adults receiving care sector support and the extent to which there are waits for provision as of September 2024. **Appendix 4** sets out waiting list performance for care packages since November 2022.

Exhibit 6: number of adults receiving (and waiting for) care packages and placements per 100,000 head of population (September 2024)

Local authority	Domiciliary care in receipt (waits)	Reablement in receipt (waits)	Long-term care home accommodation receipt (waits)
Neath Port Talbot	711 (23)	53 (2)	461 (16)
Swansea	680 (26)	41 (9)	522 (7)
All-Wales average	696 (29)	55 (7)	552 (8)

Exhibit source: Welsh Government

- 50 The exhibit shows that the numbers of adults in receipt of and waiting for care packages per 100,000 head of population within Neath Port Talbot and Swansea are broadly in line with the all-Wales average. The main difference relates to waits for long-term care home accommodation within Neath Port Talbot, which was twice the number of waits at an all-Wales level in September 2024.
- 51 Charts included within **Appendix 4** show an improving picture of performance within the region over the 22-month period with a reduction in the waiting times for domiciliary care, particularly within Swansea Council where waits came to be in line with the all-Wales average and waits for reablement care have consistently been better (i.e. below) the all-Wales average. However, there has been significant differences in the waits for long-term care home accommodation between the two councils, with Neath Port Talbot experiencing higher and more volatile numbers of waits since November 2022.
- 52 **Exhibit 7** indicates the extent to which there are domiciliary hours unfilled, and the average number of hours provided per adult.

Exhibit 7: unfilled domiciliary care hours and average hours of domiciliary care provided per adult, per 100,000 head of population (September 2024)

Local authority	Domiciliary care hours waiting to be filled	Average hours per adult in receipt of domiciliary care
Neath Port Talbot	No data	14.0
Swansea	197	12.3
All-Wales average	273	12.6

Exhibit source: Welsh Government

- 53 There is no data submitted from January to September 2024 for Neath Port Talbot regarding the domiciliary hours waiting to be filled, as a result it is unclear what the demand for domiciliary care hours is for this period. The authority consistently provides higher levels of domiciliary care per adult on average than the all-Wales figure, which could be due to the lack of residential care home places meaning a more extensive package of care is provided at home. Since the challenges of the pandemic, Neath Port Talbot Council has an increasingly collaborative and person-centred approach to providing domiciliary care. The local authority asked the care providers to discuss and agree the arrangements for providing care to service users with them and their families and to identify where packages could be adjusted to better meet their needs, such as by adjusting the time-of-day calls are made. The authority states that this work resulted in one area within the local authority being able to release 18 packages of care in six weeks with feedback suggesting that service users and their families appreciated being involved in the discussions. Swansea Council are also undertaking a similar approach and the

Annual Report of Statutory Director of Social Services 2023-24 outlined outcomes focused commissioning pilots within domiciliary care provision. These will allow clients to have input into their care provision, adapt to changing needs resulting in provision being at the correct level for the client and a more person-centred package.

- 54 Swansea has been able to significantly reduce the domiciliary hours waiting to be filled from over 1,000 hours in January 2023 to 197 hours in September 2024. This may be due to the increasing success of reablement activity which according to the Annual Report of Statutory Director of Social Services 2023-24 saw 80.3% of residential reablement packages, and 60% of community reablement packages resulting in a mitigated or reduced need for care. The average number of hours provided per adult is broadly in line with the all-Wales average and has remained largely static over the last 14 months.

Discharge process

- 55 We found that **there are weaknesses in the practice and documentation of discharge planning, including an overcautious approach and few patients discharged on weekends. Despite the implementation and early success of the Integrated Discharge Strategy and the Integrated Discharge Hub, there is no single Health Board wide discharge policy and as a result, no formal discharge training for staff.**
- 56 Good discharge planning is reliant on good communication and co-ordination, 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.
- 57 Our hospital patient case note review suggested that discharge planning is not recorded in a standard way (**Recommendation 1.1**). We found variable quality and completeness of discharge documentation between clinicians, wards, and sites. Despite forms having specific sections for discharge planning, these were not completed consistently, and we saw little evidence of 'What Matters to Me'⁹ conversations being recorded in patient notes. Some elements of patient case notes were stronger including comprehensive notes to update family members and well-written and clear notes by Occupational Therapist and Discharge Liaison Nurses.
- 58 Case notes indicated that there were various ways of noting that a person was fit for discharge, but these were ambiguous e.g. 'discharge planning' or 'continue discharge planning'. Delays to discharges were also not well described within case notes, often limited to references such as 'awaiting packages of care' or 'awaiting

⁹ What Matters to me refers to conversations' hospital staff are expected to undertake with patients. The conversations are structured around what the patient can do for themselves and what they will require ongoing support with.

best interest meetings¹⁰ without describing what was causing the delay and when next steps were anticipated to take place. The results of best interest meetings were not formally recorded in the case notes we reviewed. Once discharges were progressing, logistical arrangements were rarely described i.e., whether the patient required transport or whether their medications had been prepared. In some cases, it was unclear where the patient had been discharged to (i.e., lack of care transfer form or notes on form) (**Recommendation 1.2**).

- 59 We also noted that discharging patients from hospital remains an activity which largely takes place on weekdays, with very few (and mostly simple) discharges occurring on weekends due to staff working patterns in both health and social care. A review of a sample of emergency medical patients discharged from the Health Board's acute hospital sites indicated that just 3.3% of patients were discharged at the weekend. During the week, discharges peaked on a Monday across all sites, suggesting that had services been available over the weekend, some patients could have been discharged earlier (**Recommendation 2**).
- 60 Staff also spoke of a culture of risk aversion, whereby staff are reluctant to discharge patients because they fear the patient may not cope as well at home. Whilst staff may be acting out of kindness, they may not be acting in a patient's best interest. While many we spoke to recognise the negative impact of delayed discharges on the independence and wellbeing of patients, there is a continued reluctance to take measured risks. The Health Board acknowledges the culture of risk aversion, particularly with junior doctors, when it comes to discharge and is seeking to increase nurse-led discharge management.
- 61 The SAFER (Seen, Aim, Flow, Early Discharge, Recovery) guidance from Welsh Government was rolled out across the Health Board and whilst there are significant examples of good practice, the policy is not embedded at an operational level. Likewise, 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. Revised Hospital Discharge Guidance was issued by Welsh Government in December 2023, updated in October 2024. The Health Board will need to ensure current and developing processes are aligned with this guidance and resources are available and accessible to support the discharge planning process (**Recommendation 3.1**).
- 62 The Health Board's Integrated Discharge Strategy (IDS), approved in May 2024, was developed collaboratively with both local authorities and the third sector and included four programmes, one of which was the launch of the Integrated

¹⁰ A Best Interest Meeting is a multidisciplinary meeting that is arranged for a specific decision around a patient's care / treatment, when a person is deemed to lack the mental capacity to make that decision for themselves.

Discharge Hub (IDH). The IDH is a developing initiative designed as a 'single point of access for all ward referrals' which require primary and community services. The programme aims to coordinate a smooth patient journey from hospital into the community aligned with D2RA principles. This has shown early signs of success (discussed further in paragraph 71) but there is no guidance to ensure core and temporary staff are aware of the process.

- 63 Despite a range of discharge linked initiatives across sites, there is no single Health Board wide policy. This does not create a standard framework for staff to work within, nor does it enable a consistent approach to patient discharge. As a result, no Health Board wide training is in place to communicate and promote a single discharge policy to staff and patients which sets out clear roles and responsibilities and includes refresher training and induction training for new starters. **(Recommendation 3.2)**

Information sharing

- 64 We found that **the sharing of information between organisations is difficult due to the operation of multiple systems with no joint access, and understanding of the landscape of community services is patchy.**
- 65 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.
- 66 For patients who are likely to require ongoing social care support, the sharing of information from the hospitals to social care services is not starting early enough following admission. Currently, there does not seem to be a consistent agreement on when referral to social services should take place. Given the social care capacity constraints described in **Exhibit 4**, and the delays in social care assessment (**Exhibit 5**), particularly with respect to Swansea Council, it is important that referrals are made at the most appropriate time in the patient's admission to enable effective planning and assessment.
- 67 There are also frustrations from social workers that some health staff are giving patients unrealistic expectations about the level of care provision they can expect when they return home. This can further delay the discharge process as patients and families think the health professionals have made a recommendation which must be met with care provision. This may not always be the case once the patient has been assessed by a social worker. Once a referral has been made, we heard that ward and social services staff reported difficulty in contacting one another to discuss the patient's case, which can also cause delays.
- 68 Separate to the quality of patient discharge notes, there are issues around where information is recorded. The Health Board has developed SIGNAL¹¹ software to

¹¹ SIGNAL is digital system which supports patient journeys from hospital admission through to discharge. It provides a real-time picture of a ward's capacity and needs,

record patient information. Whilst the SIGNAL software was originally intended as an 'electronic whiteboard' providing information about each inpatient. However, the desired key performance indicators could not be accommodated within the original version. The Health Board admits there is inconsistent staff access to SIGNAL and the information within it can therefore be unreliable. As a result, it is unclear whether it is fulfilling its purpose. To mitigate this, the Health Board holds 'daily safety huddle' meetings to analyse and discuss information. Furthermore, social workers do not have access to the SIGNAL system and alternatively record information on their own systems. Whilst Swansea Council had implemented the Welsh Community Care Information System¹², the Health Board and Neath Port Talbot had not. As a result, there is currently no single information system to effectively enable relevant staff to understand and report a patient's status and next steps.

- 69 We heard how despite these data and information challenges the region has made moves to address the issue of different information systems. Both Swansea Council and Neath Port Talbot Council have procured the same data system (MOSAIC) which is going live at the end of January 2025. There are also discussions in place to see if the Health Board can also move toward procuring MOSAIC which will make West Glamorgan the first Regional Partnership Board region in Wales to be on the same system.
- 70 Services run by the voluntary sector along with community-based services are fundamental to supporting discharge for many patients and it is best practice to involve these services in the discharge planning process. However, we found that the understanding of the landscape of services outside of hospital in the region is patchy, meaning opportunities to discharge earlier with support from services beyond social care are missed. There is a consistently changing picture in the community around capacity and projects. As a result, staff stated that they must continually contact multiple community providers to gain an up-to-date understanding of their capacity and availability. The Health Board informs us it is developing a directory of services, and whilst this is positive it will be crucial that this is maintained in partnership with key organisations including councils and third-sector organisations to ensure accurate and up-to-date information.
- 71 In July 2024, the Health Board set up the IDH to improve discharges from hospitals into community services. The IDH is led by the Primary and Community Service Group in collaboration with other key staff such as Urgent and Emergency Care leads which demonstrates integration across services. The aim of the IDH is to

including key information such as bed status, clinical information, outstanding tasks and discharge plans.

¹² 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.

create one point of contact for all referrals into primary and community services to improve patient flow and create consistency of service delivery. Although the IDH is relatively new, performance data shows there has already been some early success such as a reduction in the time between an individual being declared clinically optimised and being referred onto an appropriate service, reducing from 2.2 days in the first week of the IDH to 0.7 days at the end of October 2024. The IDH has now been rolled out to the other sites (Neath Port Talbot Hospital and Singleton Hospital).

What action is being taken?

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

Strategic and operational plans

- 73 We found that **improving patient flow is a key feature of plans across the partners which align with the national health strategy and six goals for urgent and emergency care programme.**
- 74 We reviewed relevant health board and local authority plans in relation to discharge planning, urgent and emergency care, and social care more generally. Overall, we found that plans in the region reflect a good understanding of the challenges affecting the flow of patients out of hospital and recognise partner's individual contribution to health and social care. Plans are informed by data and demand projections, particularly from the Population Needs Assessment, developed by the RPB. At a strategic level, all partners show a commitment to facilitating efficient and effective discharge for their patients.
- 75 Joint initiatives to improve patient flow out of hospital are mainly delivered through the West Glamorgan RPB. The RPB comprises of the Health Board, local authorities, and third sector and citizen representatives. A Section 33 Pooled Fund Agreement was put in place in 2015-16 to deliver joint, integrated care services to meet the needs of health and social care. The arrangements have been updated over time to reflect the local and national changes which have taken place both legislatively and geographically, along with the changes to the Health Board footprint in 2019.¹³
- 76 The RPB Area Plan 2023-27 identifies 'Older Adults' as one of its key regional themes, to be delivered by its Communities and Older People Programme. The Area Plan clearly identifies key links with national strategies and programmes, including 'A Healthier Wales' and the Six Goals for Urgent and Emergency Care Programme. The accompanying Action Plan 2023-27 sets out several

¹³ From 1st April 2019, responsibility of the provision of care for patients living in the Bridgend County Borough Council area moved from the Health Board to Cwm Taf Morgannwg University Health Board.

commitments for improving discharge processes and timeliness through the Communities and Older People Programme. The commitments reflect several of the challenges to discharge planning discussed in this report, including implementing the national D2RA model and reducing unnecessary support from domiciliary care and care home accommodation. The Plan also seeks to ensure consistent co-production of care packages with individuals, carers, and families. The Action Plan is monitored by the RPB on a quarterly basis, though we note the plan does not contain milestones or targets.

- 77 The Health Board's Annual Plan 2024-25 recognises the impact of patient flow on urgent and emergency care provision and includes 'Goals' and 'Methods' to improve integrated discharge. The methods include optimising the Health Board led Integrated Discharge Hub (referenced in paragraph 71), evaluating the Regional Partnership Board led Home First project, the ongoing provision of reablement at Bonymaen House and additional provision of additional Elderly Mentally Infirm (EMI) beds. However, neither the Goals nor the Methods have any numerical targets set against them and progress is not reported in the Integrated Performance Report to Board.
- 78 The Health Board has undertaken a significant service redesign creating three centres of excellence in Morriston, Singleton and Neath Port Talbot Hospitals. Morriston Hospital, as the centre of excellence for urgent and emergency care, has an increased focus on admission avoidance to help prevent patients being admitted to hospital beds in the first place. In addition, as part of its Integrated Discharge Strategy the Health Board has developed a high-level Integrated Discharge Action Plan, although we note there is scope to strengthen this plan by articulating clear timescales against each of the Goals and Outcomes contained within it. Swansea Council's Corporate Plan 2023-28 has a step within its Wellbeing Objectives for 'transforming Care and Support to Vulnerable Adults' and this includes remodelling access to an integrated health and social care service, providing better day care and respite, and focusing on reablement but has no detail how this will be achieved. Progress updates are reported quarterly to Cabinet which contain more detail. Neath Port Talbot Council's Corporate Plan 2024-27 includes an Adult Social Care Programme with a dedicated political and professional lead and a range of performance measures but like Swansea Council's Corporate Plan, there are no targets.
- 79 The Health Board and regional partners have developed an action plan for the 50-Day Integrated Care Winter Challenge set by Welsh Government to support delivery of their Winter Plan 2024-25 and this was reported to the Health Board's Quality and Safety Committee in November 2024. The region has identified ten high impact actions to be delivered within existing resources which will increase system resilience. These are mostly business as usual actions including a proactive emphasis on reablement across pathways and a Home First approach to all clinically optimised patients. However, the two actions which will have the biggest impact (seven-day working and increased capacity for domiciliary and bridging care) are not sustainable without extra resources.

80 There are also several projects funded by the Regional Integration Fund (RIF) aimed at helping patients and carers of people with dementia. These include a project to provide eight additional beds for EMI patients with complex dementia in a residential setting. Patients have returned home rather than to a care home after accessing this facility.

Partnership working

81 We found that **partners are now working together strategically to improve patient flow, however pressures on the system create an unhelpful blame culture and the role of Trusted Assessor has not embedded across the whole system.**

82 Partners are aligned strategically on improving patient flow and the main mechanism for delivering aligned priorities is through the RPB. This integration is in part mandated by the nature of the funding but also a renewed ambition for partnership working reflected in updated governance structures within the RPB and development of the Integrated Discharge Hub.

83 During our review we heard examples of previous initiatives which were not aligned and inadvertently caused new challenges. As mentioned in paragraph 35, during October 2021 the Health Board established its 'transitional bed' scheme. The transitional bed scheme aimed to free up capacity in acute beds by commissioning 100 beds from local care homes. However, to facilitate the scheme, reablement workers had to travel to several different care homes across the locality to undertake their reablement activity which is not an efficient use of time. Whilst the scheme released some capacity within hospitals, the underlying causes for delay were not addressed, therefore once the transitional beds were filled delays began once again. Examples such as this highlight the importance of collaboration and partnership working when planning projects and expose some of the differences in the pressures of partners.

84 Partners recognise some activity within the RPB has been fractured and complex, making decision making and communication more difficult. It is positive to see that the RPB updated its governance structures in June 2023 to address these challenges. Governance arrangements are now in place for Local Joint Partnership Boards (LJPB) in both the Neath Port Talbot and Swansea localities which report to the Regional Joint Partnership Board (RJPB). The LJPBs are responsible for monthly meetings to oversee the delivery of services, financial tracking, and oversight of progress against the Performance Framework for the Intermediate Care Services Section 33. Quarterly reports are provided to the RJPB. This arrangement allows a tailored approach for each locality and also requires quarterly reporting presentations from each of the LJPB Chairs into the RPB, ensuring regional oversight for partners. (Note: the RJPBs have been stood down at the time of our review but the governance structure remains the same.)

85 There is a clear separation between the care delivered by health and community services delivered by social services. We often heard that it is at the 'handover of

care' point where tensions arise and where there is the least visible joined up initiatives. Positively, partners in the region worked to develop and expand the Trusted Assessor delivery model so more staff such as Occupational Therapists and Physiotherapists can assess and transfer patients on (DR2A Pathway 3) to step-up or step-down beds. However, despite increased numbers of trained Trusted Assessors, there are difficulties getting some private sector care homes to accept the assessment and referral and insist on undertaking the assessment themselves which can cause delays. The RPB is currently working with the private sector to address this issue and make the most of its current trained Trusted Assessor resource whilst ensuring confidence in the assessment process (**Recommendation 4**).

- 86 Changes in senior leadership across organisations have brought fresh ideas in relation to patient flow. But the impact of this also means that continuity of delivery can be interrupted with new perspectives and can frustrate embedding medium- and long-term ambitions. However, turnover has stabilised in the last year and partnerships appear to have strengthened which is demonstrated in discussions to potentially pool budgets for mental health and learning disability projects going forward and commission services jointly.

Operational structures

- 87 We found that **operational structures facilitate the respective services but there is a need to ensure the Six Goals for Urgent and Emergency Care Portfolio Board has the right membership to enable a holistic view of activity.**
- 88 Working to ensure safe and efficient flow out of hospital for patients was clearly a key priority for the staff we spoke to, regardless of which partner organisation they represented. However, our review found that there has been a range of different initiatives across sites and partners in recent years, which can pose a challenge to embedding new and cohesive discharge processes and moving away from a risk-averse culture.
- 89 The RPB governance structure was refreshed in June 2023 with the RPB now underpinned by three Steering and Advisory Boards and a range of supporting programmes including the Local Joint Partnership Boards for both Neath Port Talbot and Swansea. The new governance structure provides clearer accountability and oversight for work within the RPB. There are clear roles with senior officers from the statutory organisations acting as leads for each of the three boards.
- 90 Introduced in 2021, the Six Goals for Urgent and Emergency Care Programme contains two goals that are linked to improving discharge: 'goal five - optimal hospital care and discharge practice from the point of admission', and 'goal six: home first approach and reduce risk of readmission'. In line with the programme, the Health Board has established a Six Goals for Urgent and Emergency Care Portfolio Board. The national goal five and goal six are aligned to the Health Board's Programme 3: Acute Hospital Flow and Discharge and Programme 4:

Integrated Discharge. Each programme has a range of projects to deliver the respective goal. However, despite much of the discussion within meetings overlapping across the work of regional partners, the membership of the Six Goals Urgent and Emergency Care Portfolio Board is exclusively health staff. Lack of representation from social services and other partners creates a risk of limiting the Board's ability to oversee and scrutinise broader activity, performance and risks relating to patient flow (**Recommendation 5**).

- 91 However, the RPB Steering and Advisory Board 1 (Communities and Older Peoples Programme) has a much broader cross sector membership which is aligned to challenges regarding patient flow and allows better representation and input from relevant services across the region. However, none of the Health Board staff from the Steering Advisory Board 1 (Communities and Older Peoples Programme) sit on the Six Goals for Urgent and Emergency Care Programme Board in the Health Board. This is a missed opportunity to ensure representation from the relevant community-based projects, which include discharge and patients leaving hospital, attend the Six Goals Urgent and Emergency Care Programme Board.
- 92 Examples of cross sector membership at an operational level include weekly Operational Assurance Management Meetings were put in place in the summer of 2023 to review performance information of the Home First Service for the previous week and put in place plans for the coming week. This operationally focused groups have a useful mixed memberships from the Health Board, local authorities and voluntary services to provide cross sector oversight and assurance. Furthermore, Community Services Daily Huddle Meetings review planned discharges for the day and any escalation issues or pressure points are noted and reported to the Weekly Operational Assurance Management Meetings. Membership covers the Health Board and local authorities and includes District Nursing, Long Term Care Commissioning Officers, and Home First Officers. Both operational meetings have clear responsibilities, and we heard how this has improved communication across services and sectors.

Use of funding

- 93 We found that **there is a good grip on the Section 33 agreement and Regional Integration Fund, but more could be done to ensure greater awareness of initiatives to maximise value for money.**
- 94 The region uses the Section 33 Agreement to establish and manage pooled funds to deliver older people services in line with section 33 of the National Health Service (Wales) Act 2006¹⁴ best value and high-quality services. This pooled fund was reviewed at the end of 2022 to refresh the financial schedules and review the governance.

¹⁴ [National Health Service \(Wales\) Act 2006 \(legislation.gov.uk\)](https://legislation.gov.uk)

- 95 The region makes use of the Health and Social Care Regional Integration Fund (RIF) to support schemes aimed to improve discharge planning. The RIF is a Welsh Government 5-year fund to deliver a programme of change from April 2022 to March 2027. The aim of the fund is to establish and mainstream at least six new national models of integrated care to provide a seamless and effective service for the people of Wales. Two contain a clear link to improving flow out of hospital for patients, namely: Home from Hospital Services; and Accommodation Based Solutions. There is a clear expectation within the RIF guidance that partners 'match fund' projects up to 50% by the end of year five, with Welsh Government funding for each project tapering each year to allow for successful projects to become business as usual.
- 96 The West Glamorgan region received £13.5 million in 2022-23 and £14.2 million in 2023-24 through the RIF. The use of funding and financial performance is reported quarterly to the Regional Joint Partnership Boards and is available on the RPB website. Every year there is a review of all current projects and intelligence such as the Population Needs Assessment and Market Stability Report along with local information informs future schemes. For example, challenges exist getting some patients back to their homes which are cluttered and may pose a risk, so RIF funding of £25,000 was allocated to Swansea Council for voluntary services in 2023-24 to help people with this process. This demonstrates an adaptable use of funding to address local challenges preventing patient discharge. However, even though some are historical projects originally funded through the Integrated Care Fund, there is currently no core funding available from partners to allow even successful schemes to be integrated as business as usual.
- 97 The RPB Annual Report for 2023-24 outlines some of the successes of projects delivered through the Communities and Older People Programme. Revenue funding of £10.72 million was allocated in the year for four themes under the programme, three of which support Home First and the fourth focused on prevention and early intervention, including activities and advice for older people in the community. The renewed focus on prevention going forward aims to reduce admissions and readmissions and then focus on the most suitable discharge pathway for the patient. Whilst some key outcomes are available in the RPB Annual Report 2023-24, it would be useful to link the admissions avoided within the year (4,804) to the cost and bed days saved to show the impact of the activity.
- 98 Positively, two joint operational posts have been created (one in each local authority) to develop partnership and regional working between health and social care to develop integrated services. RIF money was used for this but there is an intention to absorb this into the Section 33 agreement. This demonstrates a longer-term investment for integrated service provision.
- 99 To support its community reablement capacity, in 2023-24 the RPB allocated £604,832 of RIF monies through the Regional Partnership Board (Swansea locality) for additional step-down provision in the community at Bonymaen House for patients over 65. Patients are supported by a multi-disciplinary team of physiotherapists, occupational therapists and nurses to support reablement and

requires no social worker intervention as referrals are made via Trusted Assessors. The project is funded as part of the Section 33 Agreement and feedback suggests positive results with patients leaving the reablement facility with little or no care needs as outlined in paragraph 54.

Scrutiny and assurance

- 100 We found that **whilst there is regular monitoring within individual organisations, partners lack arrangements to oversee patient flow across the whole health and care system.**
- 101 We reviewed the level of information that partners' committees, Board and Cabinet receive in relation to flow out of hospital and found that whilst information is regularly reported to a variety of audiences, it is not aligned across partners to provide a broad and full overview.
- 102 The Health Board receives a variety of updates on discharges out of hospital and patient flow through its routine performance reports to Board and committee including the number of clinically optimised patients at each Health Board site and the number of elective procedures cancelled due to lack of beds. The Quality and Safety Committee has also received updates on the progress of the Integrated Discharge Strategy since its launch in May 2024 as well as relevant performance information on quality associated with discharge out of hospital. The updates include key performance indicator data on the Integrated Discharge Hub outlining the impact the project is having.
- 103 Operationally, we reviewed quarterly clinically optimised patient reports which were monitored by the Management Board. The reports were comprehensive, covering the current position regarding clinically optimised patients by hospital site as well as a timeline of relevant projects and events which could impact discharge from hospital, such as the SAFER rollout and decommissioning of step-down beds. However, this report stopped in March 2024.
- 104 The Local Joint Partnership Board members receive monthly updates from the relevant Principal Officer/Pooled Fund Manager on finances and it is expected that the relevant partners who attend the meetings will communicate messages back to their respective organisations.
- 105 Both local authorities' scrutiny committees have received updates on the progress of the various aspects of the work of the RPB during the year. Representatives from the RPB have attended the scrutiny committees annually to update members on the RPB governance structures, projects, finance and minutes evidence queries from committee members requesting information and providing challenge. Swansea Council is kept updated on the performance of Adult Services via periodic performance reports at scrutiny committees which includes the number of adults waiting for social care assessments, residential reablement admissions and discharges, and how many reablement 'starters' are currently in hospital. Neath Port Talbot Council Social Services, Housing and Community Safety Scrutiny Committee received a report in January 2024 highlighting the processes in place to

support hospital admission and safe discharge and the resulting challenges faced by social services staff.

- 106 The RPB and its Boards meet regularly to review activity, including action logs and project progress reports. The RPB also produces an annual report outlining activity and progress of projects throughout the year, and financial information regarding RIF funding allocated to schemes is available on the RPB website. However, there is currently no mechanism for partners to agree and monitor shared risks in relation to delayed discharges. While partners generally have mechanisms to record key risks relating to delayed discharges, these again were very separate.
- 107 The Health Board's corporate risk register contains two key risks related to urgent and emergency care. One of these relate to 'access to unscheduled care services' and is reported to the Performance and Finance Committee, the other is the 'inability to transfer clinically optimised patients from acute hospital beds' and includes the potential harm from deconditioning and the subsequent impact on their ability to regain independence. Oversight for this risk is delegated to the Quality and Safety Committee where it was last reviewed in September 2024. Whilst there are a range of mitigating actions listed for this risk, we note that there is no mention of relevant RPB or local authority activity, and the risk remains high-scoring and static since at least October 2023 (**Recommendation 6**). Given the significance of this risk and its inter-relationship to other key risks, we are concerned that the Board has not had oversight of this risk since March 2024. We are aware that at the time of our review, the Health Board is reflecting on its risk arrangements with a view to updating its reporting of risks to Board.
- 108 There is no specific risk on patient flow and discharge within the local authority corporate risk registers, although Swansea Council does include it as part of a wider risk regarding safeguarding and does mention collaborative work with the Health Board. This is not unexpected because the impact of poor patient flow disproportionately falls on the Health Board. However, the impact of patient flow is regional, ongoing, and substantial which warrants better visibility. The absence of a mechanism to record and monitor shared risks across the region is a weakness as it drives partners to focus on mitigating their own risks without consideration of any consequent impact on partners (**Recommendation 7**).
- 109 The Weekly Operational Assurance Management Meetings and the Community Daily Huddle Meetings provide useful cross sector oversight and assurance.

What more can be done?

110 Whilst there is a clear recognition by regional partners of the problems associated with discharge, a desire to address these challenges, the right focus within strategies and plans, and the use of funding targeted schemes, none of these have driven any sustainable improvement in the overall position. Our work has found that there are several further actions which would further 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 8: further actions for partners to help tackle the challenges for patient flow out of hospital

<p>Improving the quality of information</p>	<p>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.</p> <p>In addition, having a regular cycle of audit to assess the effectiveness and consistency of record-keeping.</p>
<p>Maximising weekend discharges</p>	<p>Developing seven-day services supports the discharge of patients over the weekend, reducing unnecessary stays in hospital.</p>
<p>Improving compliance with policies and guidance</p>	<p>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.</p> <p>Offering a comprehensive training programme for everyone involved in patient flow, including bank and agency staff as well as new starters, also ensures guidance is embedded.</p>
<p>Embedding the Trusted Assessor Model</p>	<p>Embedding the Trusted Assessor model and communicating this approach to all partners increases capacity in the assessment phase.</p>

Expanding membership of the Six Goals Portfolio Board	Expanding membership of the Six Goals Urgent and Emergency Care Portfolio Board to include partners involved in delivery enables a more joined up approach to managing patient flow out of hospital.
Strengthening oversight of risk and mitigating actions	Having a more comprehensive Health Board risk register which include actions being taken across the wider partners helps mitigate the risk and provides additional assurance. Regularly capturing risks at a regional level enables more effective decision making across partners when considering how best to use the regional funding.

Appendix 1

Audit methods

Exhibit 9 sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from these methods.

Exhibit 9: audit methods

Element of audit methods	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none">• 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, leaflets, and guidance• Meeting of Six Goals Urgent and Emergency Care Board
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none">• Urgent and Emergency Care Programme Manager• Chief Operating Officer• Home First Lead• Service Group Medical Director for Primary Care, Community Services and Therapies• Service Group Director for Morriston Hospital• RPB Regional Lead Officer• Regional Officer of Llais Cymru• Directors of Social Services for Swansea and Neath Port Talbot• Heads of Adult Social Services for Swansea and Neath Port Talbot
Observations	<p>We observed the following meeting(s):</p>

Element of audit methods	Description
	<ul style="list-style-type: none"> • Meetings of the Six Goals for Urgent and Emergency Care Portfolio Board • West Glamorgan Home First Board (Nov 2022) • Regional Partnership Board meetings <p>We also observed the following individual(s):</p> <ul style="list-style-type: none"> • Discharge Coordinator Observation in Swansea and Neath Port Talbot
Data analysis	<p>We analysed the following national data:</p> <ul style="list-style-type: none"> • Monthly social services dataset submitted to the Welsh Government • Monthly delayed discharges dataset submitted to the NHS Executive • StatsWales data • Ambulance service indicators <p>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)</p>
Focus groups	<p>We undertook focus groups with the following:</p> <ul style="list-style-type: none"> • Swansea Council Social Workers • Neath Port Talbot Council Social Workers
Case note review	<p>We reviewed a sample of 22 case notes relating to emergency medicine patients discharged in October 2022 with a length of stay greater than 21 days (excluding those who died).</p>

Appendix 2

Reasons for delayed discharges

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

Exhibit 10: reasons for delayed discharges as a percentage of all delays (September 2024)

Reason for delay	Percentage delayed	All-Wales average
Awaiting completion of assessment by social care	14.7	13.0
Awaiting joint assessment	11.6	8.5
Awaiting start of a new home care package	7.8	10.7
Awaiting social worker allocation	7.0	6.1
Awaiting residential home availability	6.6	4.1
Awaiting reablement care package	5.4	3.6
Awaiting completion of nursing assessment	5.0	6.1
Awaiting funding decision (Funded Nursing Care (FNC) / Continuing Health Care (CHC))	3.9	1.4
Awaiting specialist bed availability	3.9	1.3
Awaiting transfer to intermediate care bedded facility	3.5	2.2
Awaiting completion of arrangements prior to placement	2.7	3.3
Mental capacity	2.7	2.6
Patient / family choice related issues	1.9	1.4
Awaiting completion of allied health professional assessment	1.6	2.9
Awaiting CHC assessment	1.6	2.5
Awaiting Elderly Mental Illness (EMI) nursing availability	1.6	2.0
Awaiting nursing home availability	1.6	3.2
Awaiting residential care home manager to visit and assess (standard 3 residential)	1.6	1.6
No suitable abode	1.6	2.4
Patient / family refusing to move to next stage of care / discharge	1.6	2.6
Awaiting completion of adaptations (DFGs)	1.2	0.4
Awaiting completion of medical assessment	1.2	0.3
Awaiting joint funding decision	1.2	0.3
Awaiting mental health bed	1.2	0.5
Awaiting nursing care home manager to visit and assess (standard 3 residential)	1.2	2.3

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 11: top five reasons for delayed discharges (September 2024) – Neath Port Talbot

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting joint assessment	15.2	11.6	8.5
Awaiting start of a new home care package	11.4	7.8	10.7
Awaiting completion of assessment by social care	6.7	14.7	13.0
Awaiting transfer to intermediate care bedded facility	6.7	3.5	2.2
Mental capacity	5.7	2.7	2.6
Awaiting residential home availability	5.7	6.6	4.1
Awaiting completion of nursing assessment	5.7	5.0	6.1

Source: Welsh Government

Exhibit 12: top five reasons for delayed discharges (September 2024) – Swansea

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting completion of assessment by social care	21.9	14.7	13.0
Awaiting social worker allocation	9.6	7.0	6.1
Awaiting joint assessment	8.9	11.6	8.5
Awaiting reablement care package	6.8	5.4	3.6
Awaiting start of new home care package	6.2	7.8	10.7

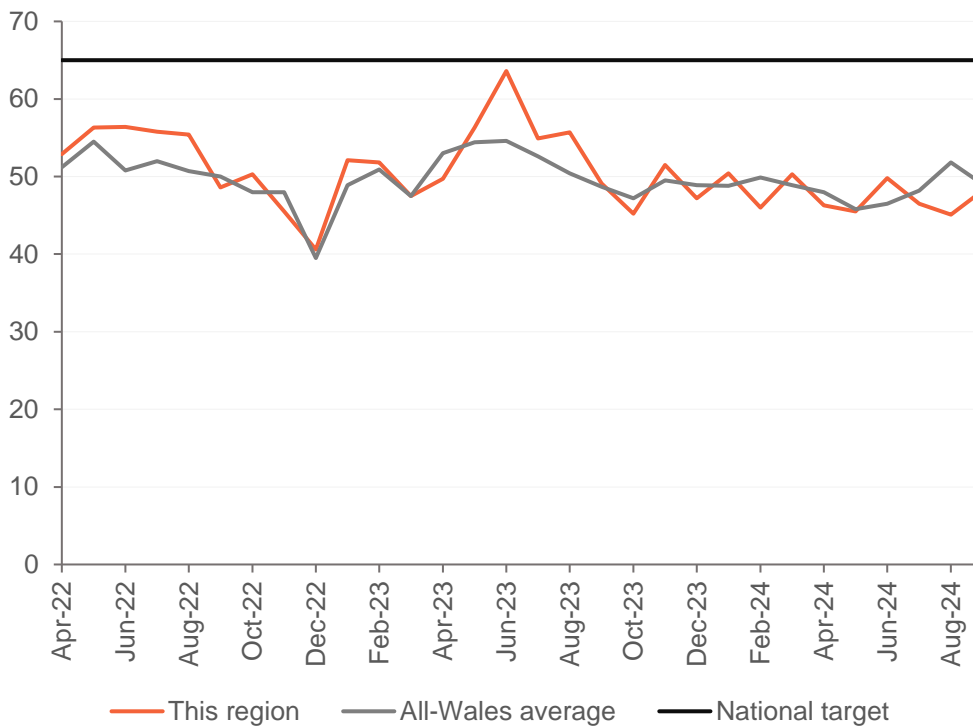
Source: Welsh Government

Appendix 3

Urgent and emergency care performance

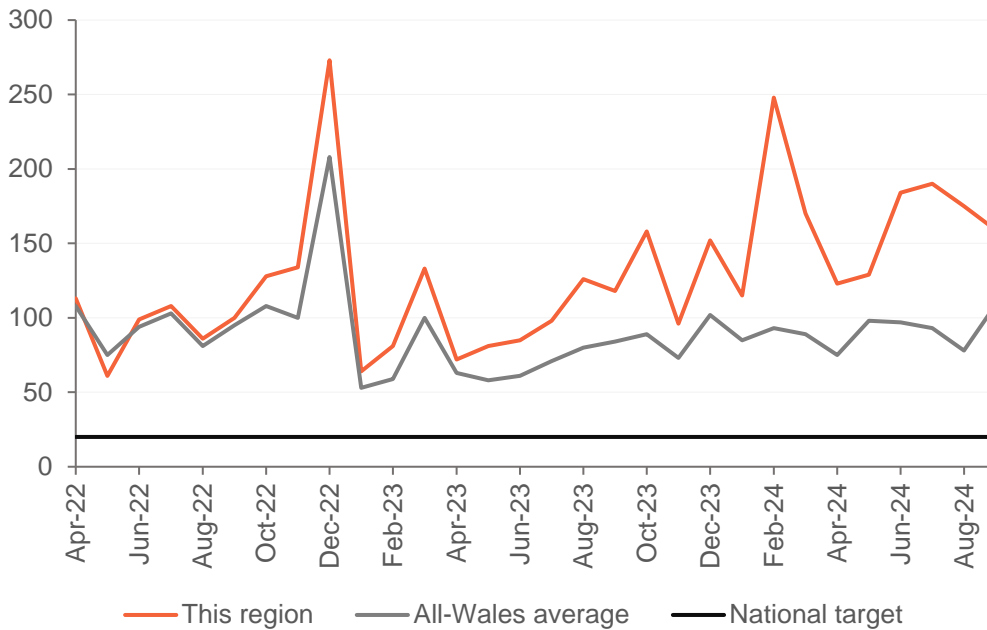
The following exhibits set out the region's performance across a range of urgent and emergency care performance indicators in comparison to the position across Wales since April 2022.

Exhibit 13: percentage of emergency responses to red calls arriving within (up to and including) eight minutes – national target of 65%



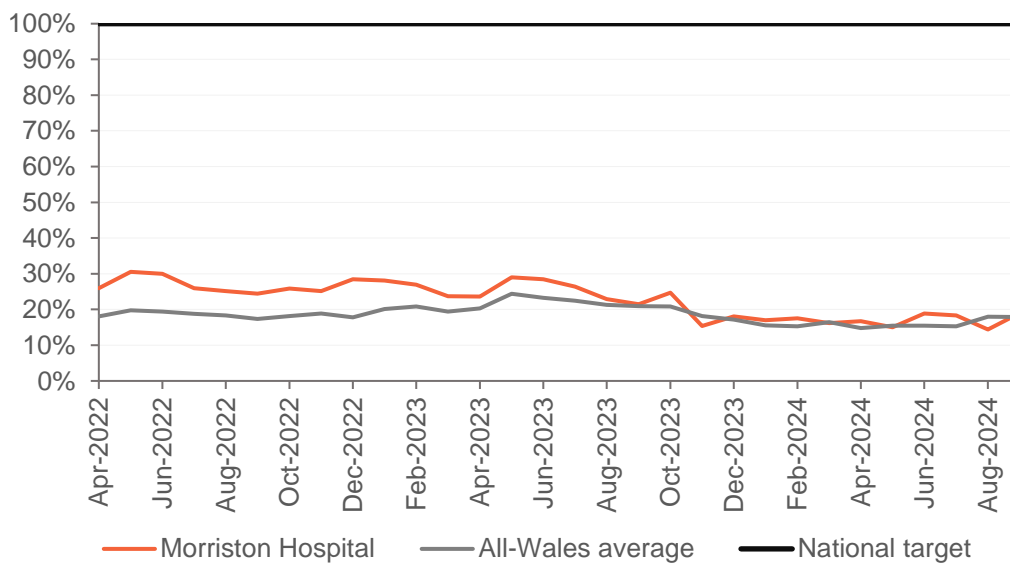
Source: Ambulance Services Indicators

Exhibit 14: median response time for amber calls (minutes) – 50th percentile – national target of 20 minutes



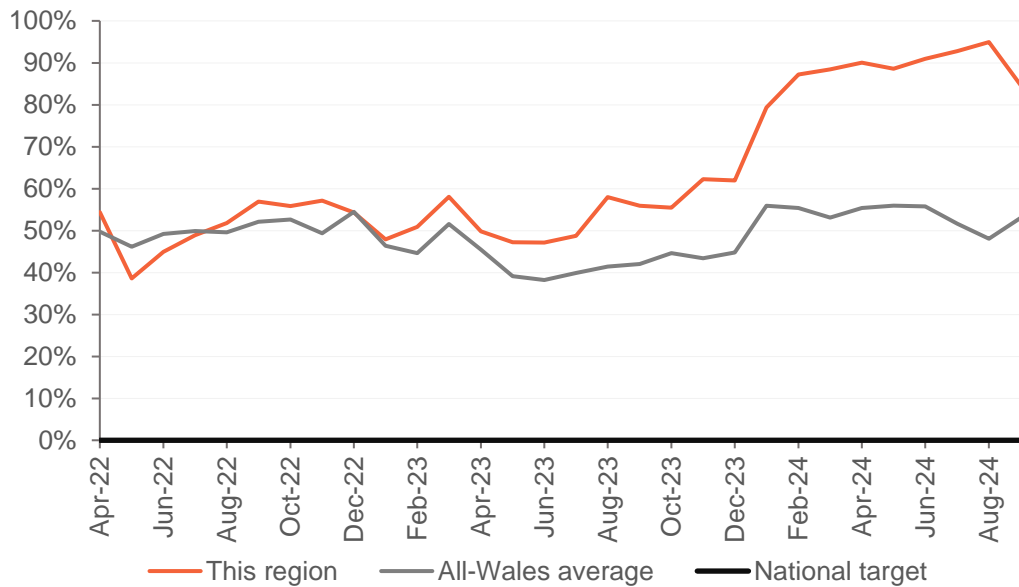
Source: Ambulance Services Indicators

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



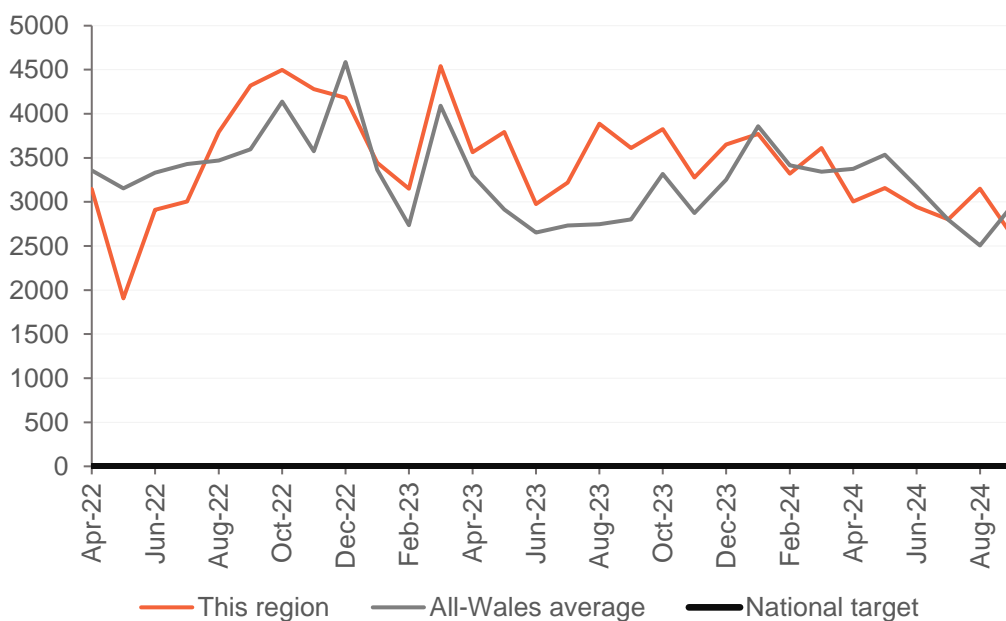
Source: Welsh Ambulance Services NHS Trust

Exhibit 16: percentage of ambulance handovers over one hour – national target of zero



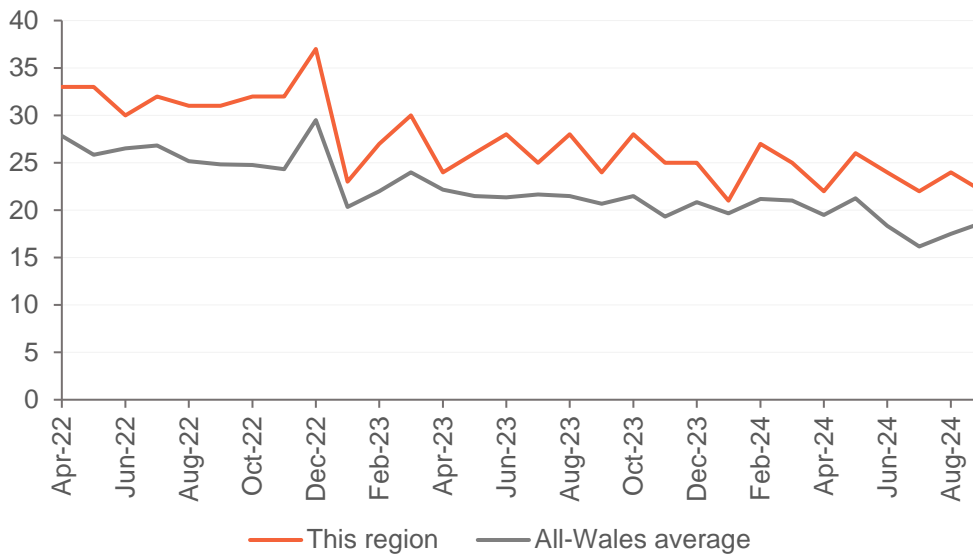
Source: Ambulance Services Indicators

Exhibit 17: total number of hours lost following notification to handover over 15 minutes



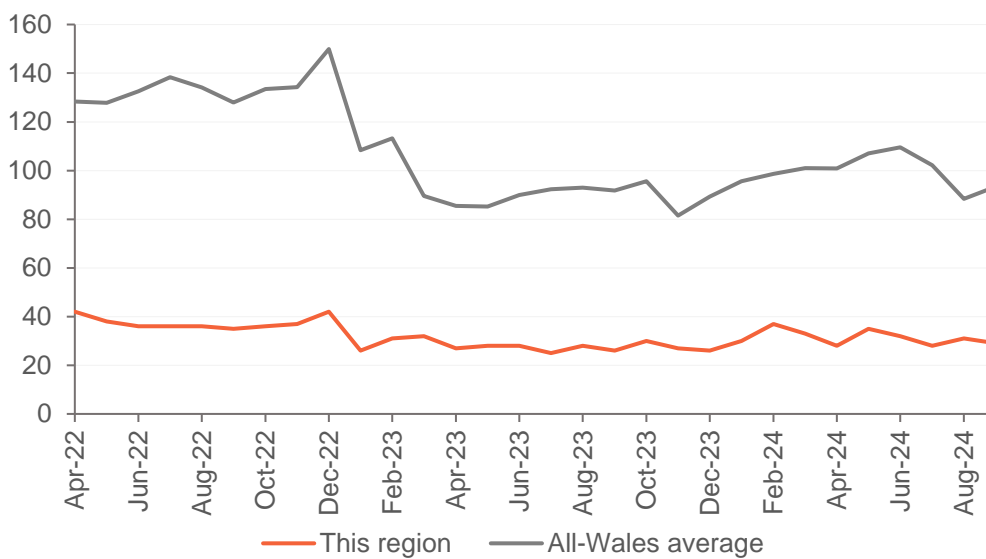
Source: Ambulance Services Indicators

Exhibit 18: median time (minutes) from arrival at an emergency department to triage by a clinician) – national target of 12-month reduction



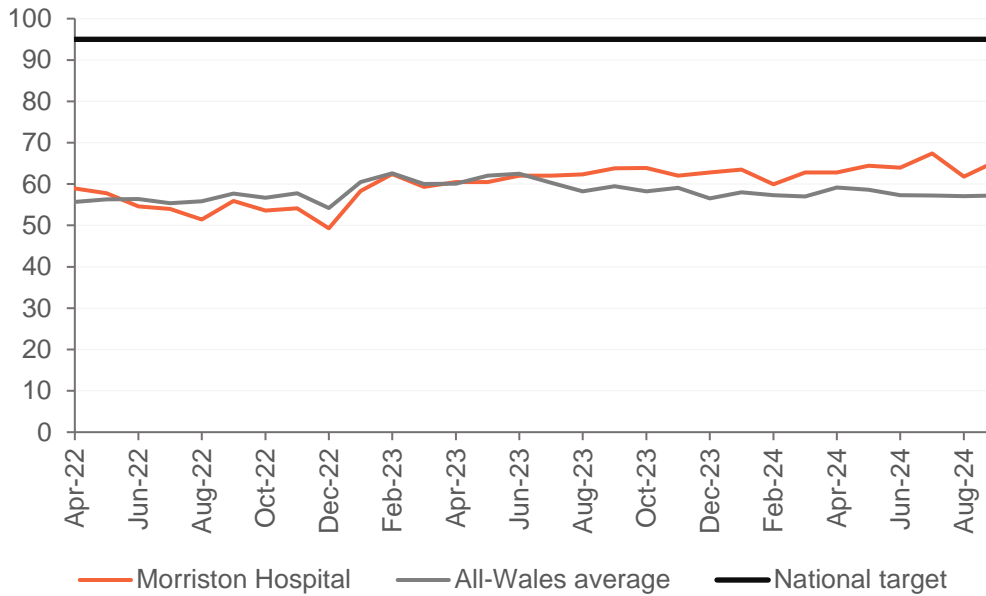
Source: StatsWales

Exhibit 19: Median time (minutes) from arrival at an emergency department to assessment by senior clinical decision maker – national target of 12-month reduction



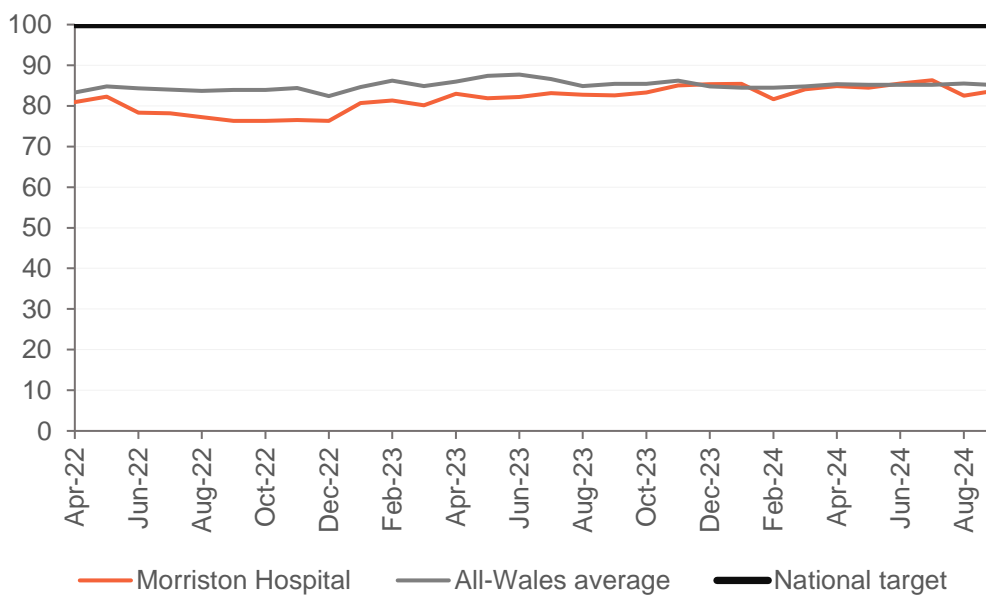
Source: StatsWales

Exhibit 20: Percentage of patients spending less than four hours in a major emergency department – national target of 95%



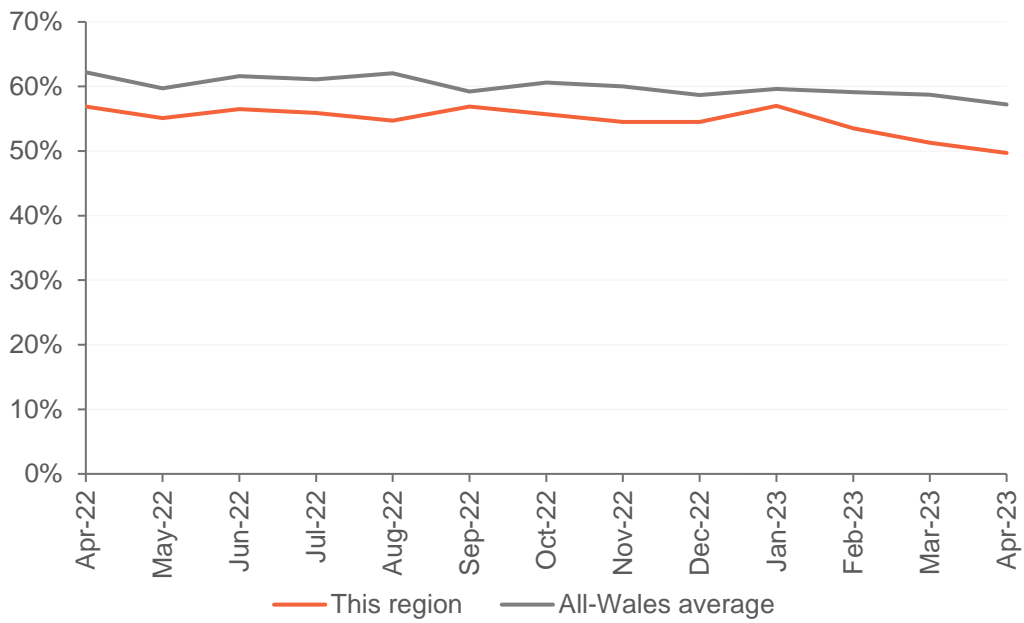
Source: StatsWales

Exhibit 21: Percentage of patients spending less than 12 hours in a major emergency department – national target of 100%



Source: StatsWales

Exhibit 22: Percentage of total emergency bed days accrued by people with a length of stay over 21 days – national target of 12-month reduction



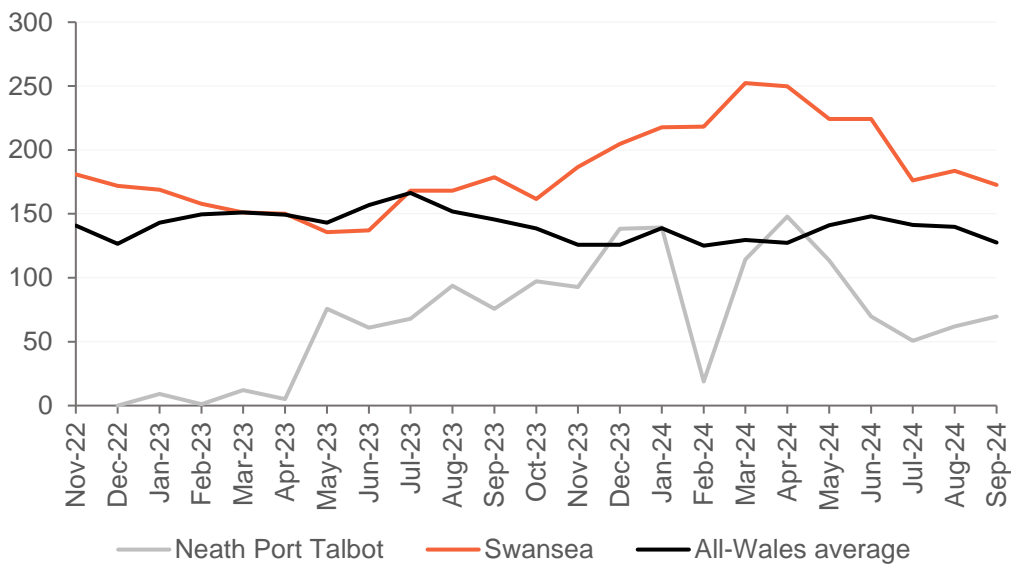
Source: StatsWales

Appendix 4

Waits for social care assessments and care packages

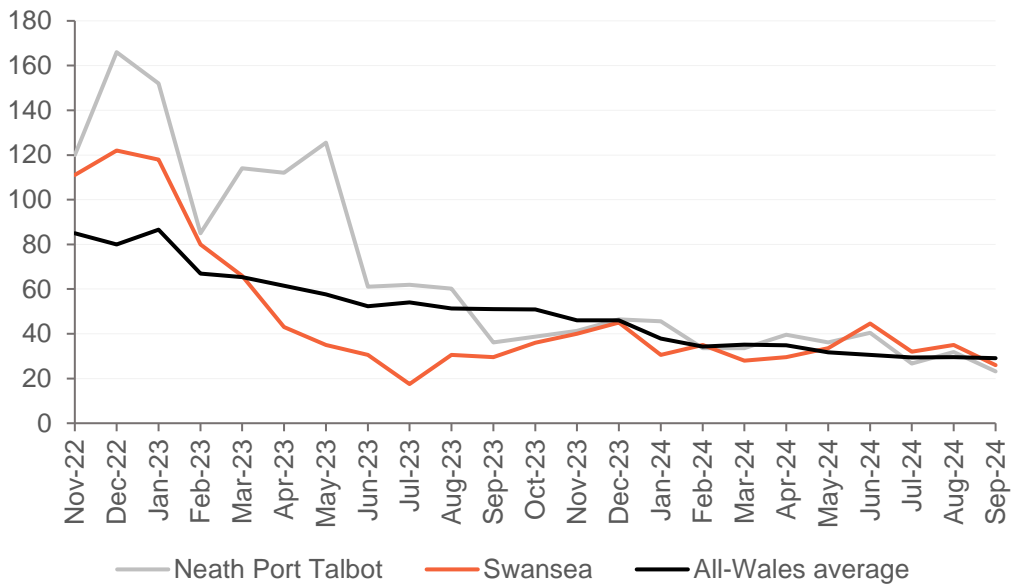
The following exhibits set out the region's waits performance for social care assessment and receipt of a range of care packages in comparison to the position across Wales since November 2022.

Exhibit 23: number of adults waiting for a social care assessment (per 100,000 head of population)



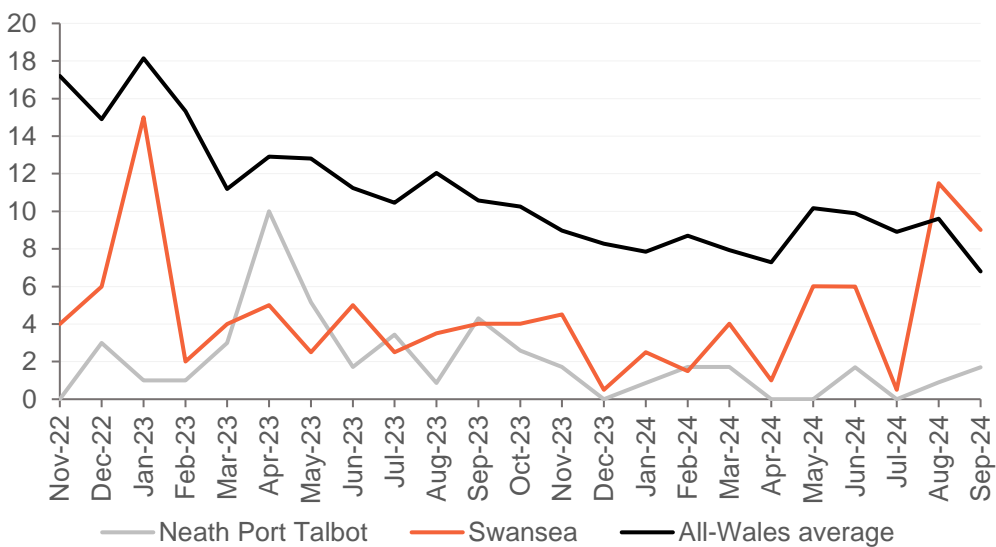
Source: Welsh Government

Exhibit 24: number of adults waiting for domiciliary care (per 100,000 head of population)



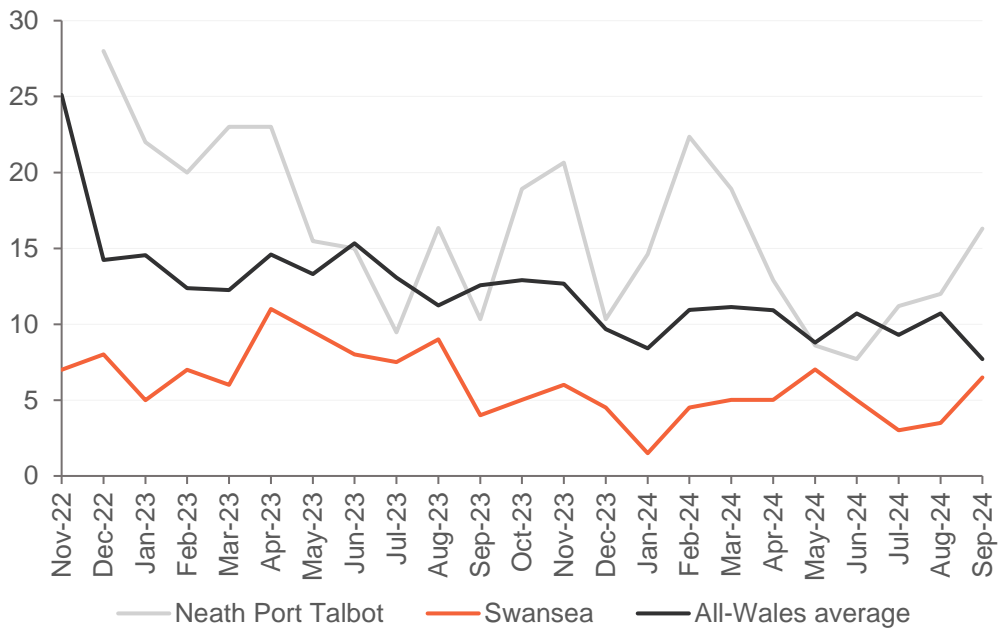
Source: Welsh Government

Exhibit 25: number of adults waiting for reablement (per 100,000 head of population)



Source: Welsh Government

Exhibit 26: number of adults waiting for long-term care home accommodation (per 100,000 head of population)



Source: Welsh Government

Combined management response to audit recommendations

Exhibit 27: combined management response

Ref	Recommendation	Organisational response	Completion date	Responsible officer
R1	<p>Improving the quality of information</p> <p>The Health Board should improve record keeping by:</p> <p>1.1 ensuring all staff involved in discharge planning fully understand the importance of documenting comprehensive information in patient case notes to support effective discharge planning (paragraph 57).</p> <p>1.2 establishing a programme of case-note audits focused on the quality of record keeping. This includes documenting when a patient is</p>	<p>It is recognised that real time accurate patient data is key in any decision-making regarding patient flow out of hospital. As such within 25/ 26 it is planned that there is a push on the Discharge to Recover then Assess (D2RA) ethos with a focus on assessments taking place away from hospital.</p> <p>As part of this push, it is planned that additional activity take place at ward level with Board Rounds capturing all required data at source. This to include</p>	March 26	Chair of Communities and Older People's Board including 6 Goals

Ref	Recommendation	Organisational response	Completion date	Responsible officer
	<p>clinically optimised in line with Welsh Government guidance (paragraph 58).</p>	<p>general patient status (SAFER Board Rounds; Red2Green) whilst also recording D2RA pathways (indicative within one day and on discharge), COP status and reason for delay (Pathways of Care Delays)</p> <p>To carry out this activity it is planned that a small team of improvement experts are mobilised to audit each Board Round/ Ward. This to include compliance to the recording of said information above and re-share key principles regarding SAFER, Red2Green (and the recording of said information in patient case notes/ on patient flow system).</p>		
R2	<p>Maximising weekend discharges</p> <p>The Health Board, in partnership with its local authorities, should ensure it has the necessary arrangements in place to embed and deliver a seven-day working week approach to hospital discharge to minimise unnecessary stays in hospital (paragraph 59)</p>	<p>A range of services to support flow currently operate across a 7-day working week, where resources and contractual arrangements permit. For example: ACT, District nursing, Domiciliary Care, Community Reablement Teams, Pharmacy, Joint Community Equipment Store and Senior Leadership.</p> <p>Work is ongoing across West Glamorgan to review the patterns of behaviour, and it has been noted that</p>	March 26	<p>Chair of Communities and Older People's Board including 6 Goals</p>

Ref	Recommendation	Organisational response	Completion date	Responsible officer
		<p>we have issues with Pathways of Care Delays whereby patients are discharged on a Friday and become a pathway of care delay by Sunday.</p> <p>West Glamorgan will be reviewing this pattern and as part of the review into Intermediate Care Services being undertaken in the governance of the Regional Partnership Board – 7-day working is part of that agenda, and we are also working with providers.</p> <p>To maximise weekend discharges, West Glamorgan will:</p> <ul style="list-style-type: none"> • Ensure that discharge planning starts early in the patient's hospital stay and involves a multidisciplinary team, including doctors, nurses, social workers, and care coordinators as per the D2RA Process. This will include the development of the IDH to provide the single point of access for staff on wards to ensure that the MDT actions are timely. • Foster seamless communication between hospital staff, patients, families, and community care providers to ensure everyone is informed and prepared for the discharge process. One action will be to re-develop the leaflet for any patient being admitted as an unscheduled care admission 		

Ref	Recommendation	Organisational response	Completion date	Responsible officer
		<p>which will allow them to see when and how they will be discharged from hospital.</p> <p>We will continue develop “SIGNAL” to streamline discharge planning, such as electronic discharge summaries and real-time updates to community care providers. For example, we will better use the Discharge Led Criteria fields in SIGNAL to allow discharges “out of hours”</p>		
R3	<p>Improving training and guidance</p> <p>The Health Board, working with local authorities, should:</p> <p>3.1 Develop jointly agreed guidance to provide clarity to all staff on how the discharge planning process should work across the region. This should be based on the national guidance issued in December 2023 and should set out clearly defined roles and responsibilities, and expectations, including when referrals for ongoing care should be made (paragraph 61).</p> <p>3.2 The Health Board and local authorities should ensure processes are in place to communicate discharge planning guidance to all relevant health</p>	<p>West Glamorgan continues to work in partnership with the Local Authorities and the Health Board and has:</p> <ul style="list-style-type: none"> • Launched the Pathway of Care Delay Action Plan 2025 • Issued new standard operating procedures for MCA Assessment • Issued new guidance for social work referrals 	March 26	Chair of Communities and Older People’s Board including 6 Goals

Ref	Recommendation	Organisational response	Completion date	Responsible officer
	<p>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 (paragraph 63)</p>	<ul style="list-style-type: none"> • Issued updated reluctant discharge guidance and templates • Updated Home First Standard Operating Procedures in 20204 for six-month review • Launched internal escalation framework and Internal standards for discharge Planning Jan 2025. • Standard Operating Procedures will be communicated to all relevant health and social services staff, including those working on a temporary basis. <p>This will be supported by an ongoing programme of refresher training and induction training for new staff – which may be online.</p>		
R4	<p>Embedding the Trusted Assessor model</p> <p>The Health Board, working with local authorities, should work with providers, particularly those in the private sector to embed the role of Trusted Assessor (paragraph 85)</p>	<p>Developing an enhanced Trusted Assessor Model is a priority action within the 2025 POCD Action Plan.</p> <p>We have:</p>	March 26	<p>Chair of Communities and Older People’s Board including 6 Goals</p>

Ref	Recommendation	Organisational response	Completion date	Responsible officer
		<p>Established a multi-Agency Task and Finish Group to map current process and propose future model.</p> <p>Completed review and engagement in February 2025 across all D2RA Pathways</p> <p>Held final workshop to agree model in March 2025</p> <p>Will be submitted to UEC Board in April and will form a core plank of the new D2RA programme</p>		
R5	<p>Expanding membership of Six Goals Urgent and Emergency Care Portfolio Board</p> <p>The Health Board should expand membership of the Six Goals Urgent and Emergency Care Portfolio Board to include representatives of partners involved in delivery (paragraph 90).</p>	<p>West Glamorgan is committed to review the governance arrangements for 6 Goals Programme and Operational activity relating to D2RA, Intermediate Care and Prevention and Early Intervention.</p> <p>The ambition is that we have 1 governance arrangement that feeds up to the Regional Partnership as this is the space where all partners are represented.</p>	May 26	Regional Partnership Board – Executive Directors

Ref	Recommendation	Organisational response	Completion date	Responsible officer
R6	<p>Strengthening oversight of risk</p> <p>The Health Board should update its Risk Register to include local authority, partner and RPB activity which may impact mitigating actions and risk scores (paragraph 107).</p>	<p>Within the Health Board, Urgent and Emergency care (UEC) risks are managed/ monitored via the UEC Board (and are supplemented by operational risks from the Morriston Hospital site where the Emergency Department is located). This overall UEC Board risk register currently notes the increased risks of 'that number of discharges from our acute hospitals is lower than required to ensure patient flow through our system' and additional risk 'that we fail to significantly reduce the number of clinically optimised patients in hospital beds'.</p> <p>There are currently plans to review the overall regional Governance of how UEC flow out of hospital activity is driven across the region, inclusive of all partners. As such it is anticipated that management of regional risks will follow any amendments to the current governance structure.</p>	March 26	Chair of Communities and Older People's Board including 6 Goals
R7	<p>To help inform decision-making and discussions, the Health Board and local authorities should use the Regional Partnership Board working arrangement to develop a regional risk register which pulls together the risks associated with delayed discharges (paragraph 108)</p>			

Source: Audit Wales



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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.