Archwilio Cymru
Audit Wales

Urgent and Emergency Care: Flow out of Hospital – Cardiff and Vale Region

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Summary report

About this report

1 Once a patient is considered medically or clinically well enough to leave hospital (referred to as clinically optimised or medically fit) 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 unscheduled care system[1] who need a hospital bed. Poor patient 'flow' creates bottlenecks in the system that contribute to well documented problems such as over-crowded emergency departments and an inability to secure timely handover of patients from ambulance crews.

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

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

5 The Auditor General's work on urgent and emergency care is designed to help discharge his statutory duties. Specifically, this work is designed to satisfy the Auditor General that NHS bodies and local authorities have proper arrangements in place to secure the efficient, effective, and economical use of resources, as required by Sections 17 and 61 of the Public Audit Wales Act 2004. This report sets out the findings from the Auditor General's review of the arrangements to support effective flow out of hospital in the Cardiff and Vale Region (the region). The region encompasses:

- Cardiff and Vale University Health Board (the Health Board)
- City of Cardiff Council; and

[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.

- Vale of Glamorgan Council.

6 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

7 Overall, we found that **whilst the volume of patients experiencing delayed discharge remains a concern, there have been notable improvements in ambulance handover and emergency department waiting time performance in the region. However, patient flow within hospitals is impacting negatively on other pathways of care, and regional partners will need to maintain their joint commitment to secure the improvements which are necessary.**

8 In line with trends across Wales, the numbers of patients whose discharge from hospital in the Cardiff and Vale region have grown significantly in recent years. Between April 2023 and February 2024, each month there were on average 194 clinically optimised patients whose discharge was delayed, with completion of social care assessments and social worker allocation the main causes for delay. While this represents the best position in Wales, except for Powys, it remains a cause for concern. For the period April 2023 to February 2024, the total number of bed days that had been lost to delayed discharges was 50,668 with a full-year cost equivalent of £27.637 million for the Health Board.

9 The Health Board has, in recent months, had significant success in preventing delayed discharges from impacting on patient flow within its urgent and emergency care system, with performance across metrics for waiting times in emergency departments and ambulance handovers consistently either the best in Wales or well above the all-Wales average performance. In January 2024, lost ambulance hours accounted for 834 hours, compared to 2,722 in August 2022. However, data indicates that the commitment to improving waits at either end of the hospital within urgent and emergency services may be impacting on flow within the hospital. Data indicates that access to beds on specialist wards, such as stroke, is inconsistent and that greater numbers of scheduled (planned) care appointments are cancelled due to the lack of available beds within the hospital.

10 Several factors are contributing to delayed discharges. The region has an ageing population with a correlating increase in people who live with complex, long-term conditions including mental health problems. There are also workforce challenges within the social care sector, which is resulting in delays in the allocation of social workers and in completing social care assessments. Our work also identified weaknesses in the practice and documentation of discharge planning and a need to include the Discharge to Recover and Assess (D2RA) model within its policies. However, the region is successfully managing to meet demand for care support, with it able to provide care in line with its commitment to providing domiciliary care

over care home provision. This is something many other regions in Wales are finding challenging.

11 Improving patient flow is a key feature of plans across the partners which align to the Welsh Government's six goals for urgent and emergency care[2]. Partners are working together effectively, both strategically and operationally, to improve patient flow. Financial resources are being applied to improve discharge planning with evidence of evaluation of the impact of projects and initiatives. There is regular monitoring of performance within individual organisations and with partners, but we found scope for further opportunities to examine whole system solutions, embed learning and to focus on the impact of activity within performance and progress reports.

Recommendations

12 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 4** once considered by the relevant committees.

Exhibit 1: recommendations

Recommendations
Addressing key gaps in social care capacity
R1 To help inform discussions around discharge, the local authorities should capture the risks associated with social care capacity on the provision of services at a local and regional level, including the impact on patient flow out of hospital.

[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

Improving compliance with policies and guidance

R2 The Health Board, working with local authorities, should update its discharge policy and associated policies, including the choice of accommodation policy, 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, set out clearly defined roles and responsibilities, and expectations, and reflect the Discharge to Recover then Assess model. The process for updating the policy should include patients and carers.

R3 The Health Board should embed a regular cycle of audit to assess the effectiveness and consistency of the application of the discharge policy and associated training programmes.

Improving the quality of information

R4 The Health Board should improve record keeping by:

- 4.1 ensuring all staff involved in discharge planning fully understand the importance of documenting comprehensive information in patient case-notes to support effective discharge planning; and
- 4.2 establishing a programme of case-note audits focused on the quality of record keeping.

Maximising weekend discharges

R5 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.

Increase clarity of intended outcomes for pathways of care action plan

R6 The region should ensure its action plan for pathways of care is clearer on the intended outcomes from the actions it has identified. It should also undertake regular review to assess whether outcomes are being achieved.

Recommendations

Maximising the use of the Regional Integration Fund

R7 To help inform decision-making and discussions, the Health Board and local authorities should ensure that the Regional Partnership Board has routine access to key performance indicators relevant to effective and timely flow out of hospital, including urgent and emergency care performance within the Health Board and waiting lists for social services and care packages

Detailed report

What is the scale of the challenge?

13 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.

14 We found that **the region generally performs better than the all-Wales position for measures related to unscheduled care and discharge planning, though this focus may be impacting its ability to move patients to the most appropriate setting within the hospital.**

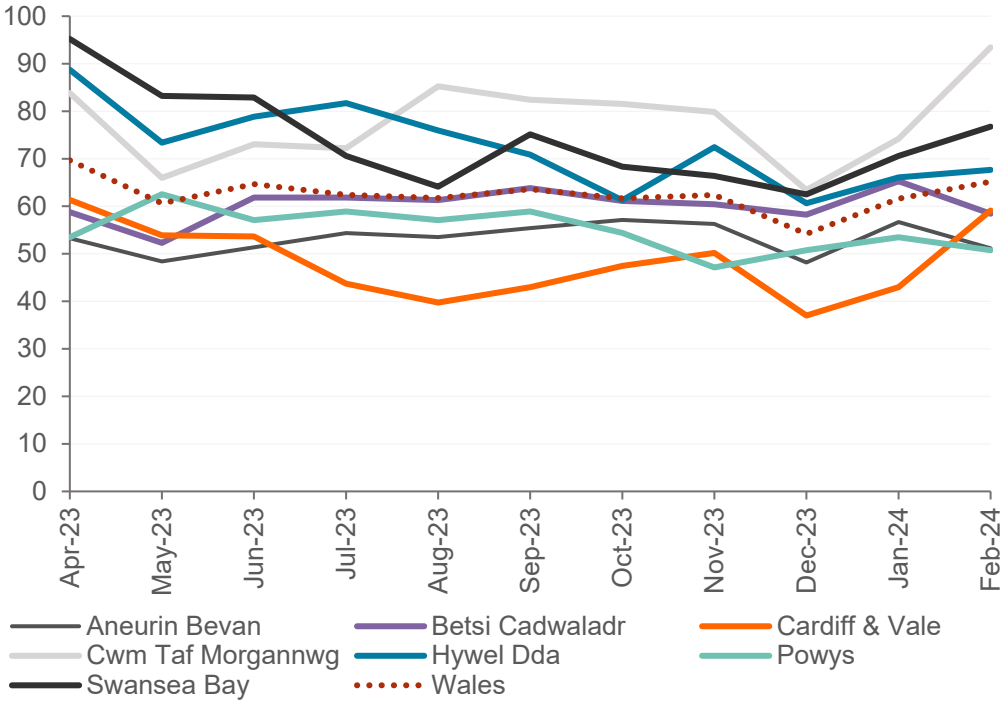
Delayed discharges

15 We found that **the region has comparatively lower rates of delayed discharges, with an improving trend in 2023-24, though those experiencing delays wait longer than the all-Wales average.**

16 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.

17 **Exhibit 2** sets out the number of delayed discharges experienced by the Health Board between April 2023 and February 2024, compared with other NHS bodies across Wales. These relate to patients who are considered clinically optimised but remain in a hospital bed 48 hours after the decision is made that they were well enough to leave hospital. As can be seen in the exhibit, the rate of delayed discharge is well below the all-Wales average and the lowest for six of the 11 months shown.

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



Source: Welsh Government

18 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 on which the patient is declared to be ready to move on to the next stage of their care. This compares with the current method for counting delays which focuses on those who remain in a hospital bed 48 hours after being identified as clinically optimised.

19 Although not a direct comparison, in February 2020, the Health Board reported 30 delayed transfers of care. The position at the end of February 2024 of 238 delayed discharges equates to 13.7% of the Health Board's total bed capacity[3]. Whilst significant, this was the lowest percentage in Wales, with the all-Wales average being 17.9% (ranging between 13.7% and 31.3%).

20 The top five reasons for delayed discharges at the Health Board compared to the all-Wales position are set out in **Exhibit 3**, with the most common reasons being

[3] Based on general and acute bed availability data in July 2023, StatsWales website

awaiting completion of assessment by social care and awaiting social care allocation, both of which are higher than the all-Wales average. A full list of reasons for delays is set out in **Appendix 2**.

Exhibit 3: top 5 reasons for delayed discharges (February 2024)

Reason for delay	Percentage delayed	All-Wales average
Awaiting completion of assessment by social care	31.5	15.7
Awaiting social worker allocation	15.5	8.5
Awaiting completion of arrangements prior to placement	10.9	3.5
Awaiting joint assessment	4.6	9.0
Awaiting completion of clinical assessment (nursing/allied health professional/medical/pharmacy)	4.2	10.3

Source: Welsh Government

21 This data is also broken down to a local authority level, which is demonstrated in **Appendix 2**. Data shows that there are consistent challenges across the region, with awaiting completion of assessment by social care and social worker allocation the highest causes of delay in both local authority areas, accounting for 46% and 51% of all delays in Cardiff and Vale of Glamorgan respectively.

22 Bed days lost due to delayed discharges are a cause of significant financial inefficiency across Wales. For the region, data reported in February 2024 showed that the total number of delayed patients for that month accounted for 5,460 bed days. Based on a typical cost per bed day of £500,[4] this equates to costs in the region of £2.730 million. A total of 50,668 bed days were lost for the period April 2023 – February 2024. This is equivalent to £27.637 million for the year.

Impact on patient flow

23 We found that **whilst the Health Board's performance compares favourably on most urgent and emergency care performance metrics, there are indicators that onward flow through the hospital is challenging which is impacting admission of stroke patients and resulting in increased cancellation of planned care treatments.**

[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

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

25 **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 to within eight minutes has been consistently better than the all-Wales position but has not reached the national target of 65% since July 2022 (**Exhibit 15**).
- the median amber response time is longer than the national target of 20 minutes, however, it is consistently better than the all-Wales average, except for January 2024 (**Exhibit 16**).
- the percentage of ambulance handovers within 15 minutes is broadly in line with the all-Wales average, but falls well short of the national target of 100% at around 20% (**Exhibit 17**).
- the percentage of ambulance handovers taking over one hour at the Health Board's major emergency department has improved dramatically, reducing from around 50% in August 2022 to 11% in January 2024. This is the best position in Wales by a significant margin, though it remains above the national target of zero (**Exhibit 18**)[5].
- the total number of hours lost following notification to handover over 15 minutes is significantly better than the all-Wales average, steadily reducing from 2,722 in August 2022 to 834 hours in January 2024 (**Exhibit 19**).
- once the patient is in the emergency department, the median time from arrival to triage has reduced and is consistently better than the all-Wales position at 19 minutes in January 2024 (**Exhibit 20**).
- the median time from arrival at an emergency department to assessment by a senior clinical decision maker has been better than the all-Wales average, with one exception in 2022, and has improved from 105 minutes in April 2022 to 59 minutes in January 2024 **(Exhibit 21)**.
- the percentage of patients seen within four hours in a major emergency department has fluctuated since April 2022 between 58% and 75%. Performance is better than the all-Wales average but remains below the national target of 95% **(Exhibit 22)**.

[5] The target for no patient handover to take longer than one hour was introduced as an additional metric by the Welsh Government within the NHS planning framework in 2023-24 as part of work to try and reduce the increasing trend of lost hours.

- the percentage of patients seen within 12 hours in a major emergency department is better than the all-Wales position: as of January 2024, these figures were 92%, just short of the national target of 100% **(Exhibit 23)**.
- the percentage of bed days accrued by people with a length of stay over 21 days was in line with the all-Wales average between April 2022 and April 2023 at between 55% and 65% **(Exhibit 24)**.

26 The Health Board's total bed capacity has fluctuated over recent years, with 1,779 total beds available in 2022-23, with just under half allocated to acute medicine (903). Bed occupancy in the acute medicine beds has been at 89.6%, compared with an optimal level of 85%. The Health Board is one of three health boards that does not have community hospital beds managed by GPs, however, it does have access to Health Board step down community hospital beds as well as Local Authority commissioned step down care home beds.

27 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.

28 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 urgent non-stroke patients. Between April 2022 and April 2023, performance for the Health Board was volatile with the percentage of stroke patients with direct access to a stroke ward within four hours fluctuating between a low of 3.3% and a high of 54%. Since April 2023, performance has improved, with performance ranging between a high of 72.5% in June 2023, and a low of 43.5% in April 2024.

29 During 2022-23, 456 planned care admissions were cancelled due to the lack of an available ward bed in the Health Board. For the period 2023-24 up to and including February 2024, 579 planned care admissions were cancelled. This compares to 413 for the same period in 2022-23. 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.

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

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

31 We found that **the region is effectively supporting people to return home, but faces challenges due to social care capacity issues, inconsistent discharge policy application, and rising demand from an aging population.**

Volume and complexity of demand

32 We found that **rising age demographics and increasing physical and mental health needs are placing increasing demands on regional health and social care services.**

33 In the Cardiff and Vale region, people between the ages of 65 and 84 accounted for 14% of the population as of 2019, but that figure is expected to increase to 16.2% by 2039[6]. As people live for longer, there is a correlating increase in the numbers of people who live with multiple long-term conditions and complex health needs, and who will therefore need to rely on health and care services for support.

34 COVID-19 exacerbated this increase in complex demand. During the pandemic, demand for emergency departments declined rapidly, as people followed national advice only to access urgent and emergency care if truly needed, in order to protect core frontline services. In addition, families provided additional care and support to avoid their loved ones being admitted to hospital or long-term care out of fear of contracting COVID-19.

35 According to data gathered by the region, in 2017-18, 71.6% of older people living in the region rated their wellbeing as 'good' or 'very good' prior to the COVID-19 pandemic. This has since decreased and in 2022 stood at 52.8%. In addition, only 47.7% of older people in Cardiff and 50.2% in the Vale of Glamorgan reported that they live free from a limiting long-term illness. This inevitably means there will be a greater reliance on the region's health and social services than in previous years, including urgent and emergency care services. Those we spoke to during the fieldwork cited a specific increase in mental health demand since the beginning of the pandemic and data shows that within the region the number of older adults living with severe dementia is predicted to double by 2040[7].

Workforce capacity

36 We found that **there have been high levels of vacancies in social care which have had on impact on delays in discharging patients.**

37 Across Wales, the staff involved in discharge planning are increasingly finding their capacity stretched due to factors such as high vacancy rates and unplanned absence rates. Reduced numbers of staff lead either to a reliance on agency staff and/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.

38 Within the region, capacity issues have been greater within social care than in health services. As of March 2024, the Health Board was reporting very few vacancies as a percentage of its total establishment, with nursing and midwifery

[6] Cardiff and Vale Regional Partnership Board Joint Area Plan 2023-28 About – CAVRPB

[7] Cardiff and Vale Market Stability Report, 2022

vacancies at 2.4%, compared to 6.5% at an all-Wales level, and zero vacancies for medical staff. The unplanned absence rate for the Health Board in March 2024 was broadly in line with the all-Wales position at 5.9%, with the absence rate for nursing and midwifery at 6.9%, slightly below the all-Wales position of 7.1%. The medical unplanned absence rate was low at 1.4% compared to the all-Wales average of 2.2% figure. The use of agency staff accounted for 0.91% of the Health Board's total pay bill in March 2024, down from 3.8% in March 2023.

39 According to the most recent publicly published data, as of June 2023, both Cardiff Council and the Vale of Glamorgan Council were reporting high vacancies in adult social services, with the highest rate of vacancies in Cardiff at 39%[8]. In February 2024, the unplanned absence rate in adult social services was above the all-Wales position in Cardiff, but below in the Vale of Glamorgan, as shown in **Exhibit 4**. We have seen more recent data which indicates vacancies have reduced within the Vale of Glamorgan, supported through long-term agreements with agency contracts. Data on agency use has not been reported since June 2023, but up until that point, the use of agency staff in Cardiff Council was well above the all-Wales average at 11% (compared to 2% across Wales). The use of agency staff in the Vale of Glamorgan was at 3%.

Exhibit 4: percentage unplanned absences in adult social services (June 2023)

Local authority	Unplanned absence
Cardiff	7
Vale of Glamorgan	5
All-Wales average	**6.4**

Source: Welsh Government

40 Some of the staff challenges associated with social services correlate with the issues highlighted in **Exhibit 3**, where delays due to awaiting social care assessments or receiving a social worker allocation together accounted for 47% of delayed discharges across the region in February 2024. **Exhibit 5** sets out the extent to which adult social services in the region can meet demand for assessment.

[8] Cardiff 39%, Vale of Glamorgan 21%. No data has been made available since June 2023.

Exhibit 5: number of social care assessments completed and awaiting to be completed per 100,000 head of population (February 2024)

Local authority	Social care assessments completed	Adults waiting for a social care assessment	Percentage of adults waiting that are in hospital
Cardiff	116	60	28.4%
Vale of Glamorgan	153	63	38.2%
All-Wales average	**250**	**125**	**8.7%**

Source: Welsh Government

41 Both the number of completed assessments and the waiting lists for social care assessments are significantly less than the all-Wales average. In fact, data since November 2022 shows that Cardiff regularly had the lowest number of assessments completed per 100,000 head of population in Wales at 80 per month. The number of social care assessments completed in Cardiff for February 2024 was higher than usual. While waiting lists for social care assessments in the region have generally been below the all-Wales average, the waiting lists are almost half the level of monthly activity, which suggests there are potential pressures on capacity to meet demand. In addition, a significant percentage of the adults awaiting a social care assessment are those waiting in a hospital bed, with figures in this region among the highest in Wales.

42 We are aware that the region has been working to respond to its workforce challenges. A Pathways of Care Delays action plan in place for 2024-25 clearly demonstrates efforts to mitigate the delays in progressing assessments. Actions included screening referrals, streamlining the assessment process and additional supervision and accountability to ensure services are timely.

Care sector capacity

43 We found that **the region places a strategic emphasis on its domiciliary care services to support patients when they leave hospital and is currently successfully meeting that higher demand.**

44 Availability of home (domiciliary) care packages and long-term residential care home accommodation are a key cause of discharge delay across Wales. Within the Cardiff and Vale region, there is greater commitment to support people to return home with support than to place them into care homes. **Exhibit 6** sets out the number of adults receiving care sector support and the extent to which there are waits for provision. **Appendix 4** sets out waiting list performance for social are assessments and care packages since November 2022.

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

Local authority	Domiciliary care[9] in receipt (waits)	Reablement[10] in receipt (waits)	Long-term care home accommodation[11] receipt (waits)
Cardiff	807 (0)	44 (6)	317 (7)
Vale of Glamorgan	973 (13)	34 (2)	515 (3)
All-Wales average	**665 (34)**	**46 (9)**	**536 (11)**

Source: Welsh Government

45 The region appears to be managing the demand for supporting people to return home well. The exhibit shows the number of adults in receipt of domiciliary care in the region is significantly higher than the all-Wales average, whilst the numbers waiting for care are low. This correlates with data shown in **Exhibit 3**, that as of February 2024, awaiting start of a new care package accounted for only 4.2% of delayed discharges. The number of adults in receipt of reablement per 100,000 head of population is broadly in line with the all-Wales average and the number of adults in receipt of long-term care home accommodation per 100,000 head of population is mixed, with the Vale of Glamorgan in line with the average all-Wales figure while Cardiff consistently has the lowest figure in Wales. Waiting lists across all three means of ongoing support are lower in the region than at an all-Wales average.

46 **Exhibit 7** indicates the extent to which there are unfilled domiciliary hours, and the average number of hours provided per adult.

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

[10] Includes reablement provided by local authorities.

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

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

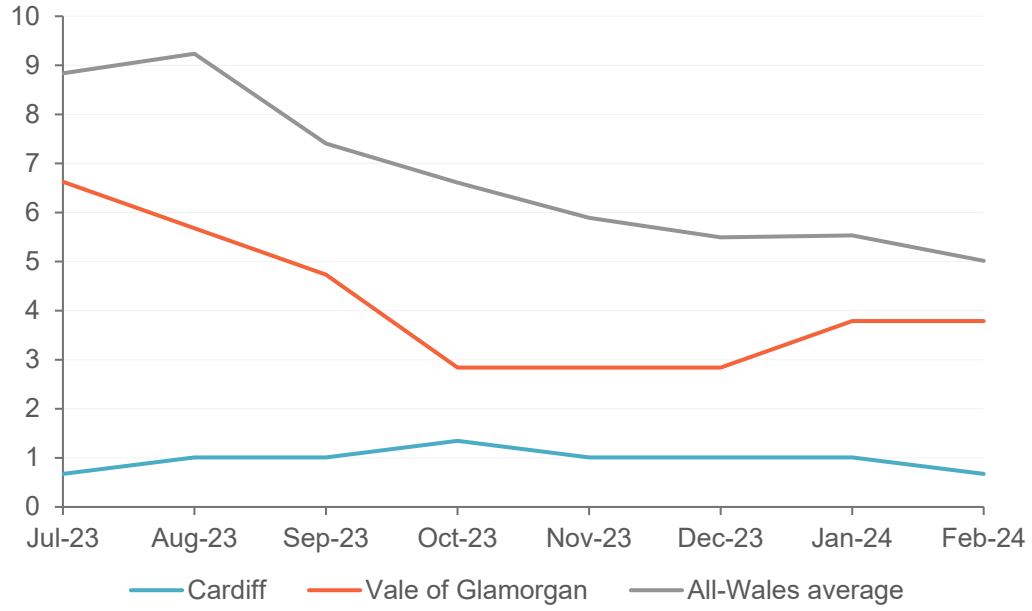
Local authority	Hours waiting to be filled	Average hours per adult
Cardiff	0	16.3
Vale of Glamorgan	160.4	15.7
All-Wales average	**352.6**	**13.2**

Source: Welsh Government

47 The number of domiciliary care hours waiting to be filled per 100,000 head of population in Cardiff has been at zero for ten of the past sixteen months and has been very low in the other six. The number of hours waiting to be filled within the Vale of Glamorgan has decreased significantly from nearly 2,000 in November 2022 to a low of 57 in January 2024 before rising again to 160 in February 2024. Both areas in February 2024 were significantly lower than the all-Wales average. The region also purposefully provides a higher number of domiciliary care support hours on average per person than at an all-Wales level. This again shows that, while the region relies heavily on domiciliary care, it is successfully able to deal with the current levels of demand.

48 **Exhibit 8** sets out the extent to which unplanned short-term care home accommodation is used across the region. Since November 2022, the region has had some of the lowest numbers of adults per 100,000 head of population in unplanned short-term care home accommodation in Wales. This is a result of management of the domiciliary care market in reducing the need for short-term care home placements

Exhibit 8: 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 – February 2024)



Source: Welsh Government

49 Whilst Cardiff is among the Council areas with the largest overall number of care home beds in Wales, as of July 2023, it had the lowest number of people per 100,000 head of population receiving care home provision. This, along with the fact there are generally low or no waiting lists for domiciliary care, means Cardiff Council does not rely on unplanned accommodation for a period of 3+ months in the same way as other regions and therefore fewer people are placed in unplanned temporary accommodation. The Vale of Glamorgan has significantly less care home beds than Cardiff and has a higher number of people placed in unplanned temporary accommodation for three or more months, although this is still consistently better than the all-Wales position per 100,000 head of population.

Discharge process

50 We found that **there is variation in adhering to the Health Board's discharge policy, with evidence of incomplete documentation.**

51 Awaiting joint assessment and completion of a clinical assessment by a health professional accounted for a much smaller proportion of discharge delays according to the data shown in **Exhibit 3**. However, our review found other health specific factors that lead to discharge delays.

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

53 The Health Board has a discharge policy. The discharge policy we reviewed was comprehensive and provided clarity on the various roles and responsibilities of team members to discharge patients. It promoted a co-ordinated multi-disciplinary team approach and highlighted the importance of good communication with the patient and/or their representatives. However, in our 2017 review, we recommended the Health Board ensure its upcoming revision of the policy involved patients and carers. While the policy was revised in 2020, it is not clear to what extent this revision was informed by collaboration with patients and carers. The policy was again due to be revised in 2023, but this has not yet happened.

54 An Internal Audit report in 2020 highlighted issues with adherence to the Health Board's discharge processes. The report found variation in its review of whether staff were adhering to the Health Board's process and highlighted instances where the process had not been applied correctly. Examples included patient discharge information leaflets not distributed, lack of up-to-date Predicted Dates of Discharge and incomplete discharge checklists.

55 The findings of the internal audit report in 2020 were mirrored in our hospital patient case note review. Our case note review analysed a sample of patient notes from October 2022 with a length of stay beyond 21 days. We found variable quality and completeness of discharge documentation between clinicians and wards. Some of the key findings included:

- no evidence of an expected date of discharge within 48 hours of admission in 14 of the 17 cases (82%) reviewed;
- lack of documentation for What Matters Conversations within any of the case notes reviewed, and under half of the case notes (47%) showed the family were involved and kept informed of the patient's care plans.
- evidence of a documented statement that the patient is clinically optimised for discharge in just over half (56%) of case notes; and
- evidence of regular discussion and review of discharge planning during ward rounds in 58% of the case notes.

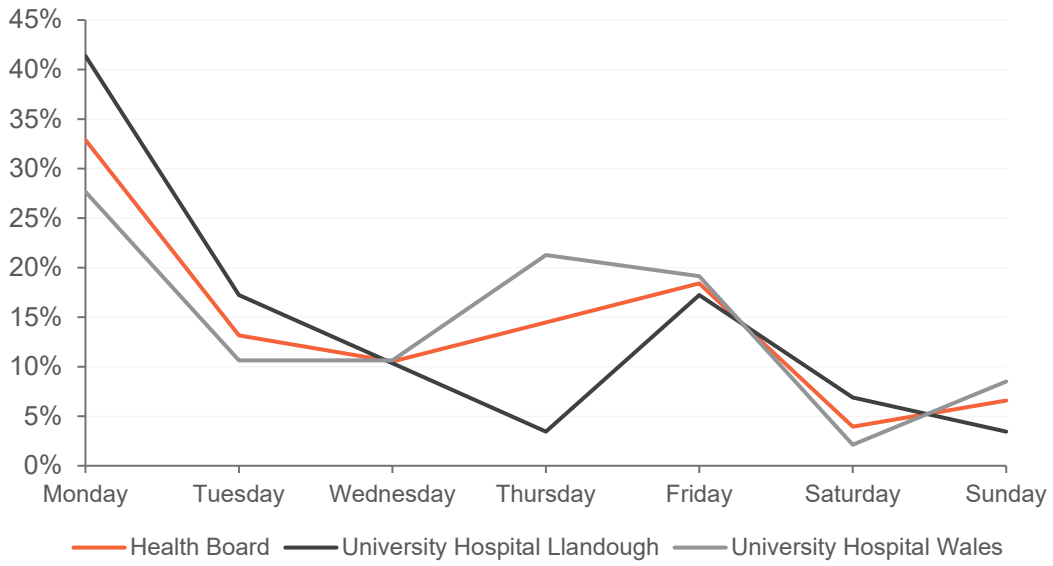
Whilst it is possible that arrangements may have changed since October 2022, the Health Board has not undertaken any recent audits to demonstrate improvements and it is likely that many of these issues remain.

56 In most of the case notes we reviewed, the main cause of delay in discharge was due to a delay in securing a social worker assessment. Many case notes showed that a referral was required for professionals including physiotherapists, occupational therapists, psychologists and dieticians. Positively, where referrals

where needed, we found helpful and complete documentation. However, once discharges were progressing, logistical arrangements were rarely described ie whether the patient required transport or whether their medications had been prepared.

57 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. Our data from October 2022 showed that only 3.9% of discharges occurred on Saturdays (**Exhibit 9**). During the week, discharges peak on a Monday across both sites, with a third of all discharges occurring on this day. This may be reflective of consultants' weekly working patterns at the time the data was captured (noting the Health Board's plans to introduce seven-day consultant working as described in **paragraph 71**). It may also reflect the availability of services to support discharge over the weekend.

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



Source: Audit Wales analysis

58 We were told that there are different discharge processes in place for patients from Cardiff and Vale of Glamorgan, such as the single points of contact services. We heard during our fieldwork that staff within the Health Board are not always aware of differences between social services' processes, which can lead to delay. Staff

[12] Excludes patients who died.

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. Keeping patients in hospital for longer than they clinically need has a negative impact on patient experience and outcome, as well as broader patient flow within the hospital. While many we spoke to recognised the negative impact of delayed discharges on the independence and wellbeing of patients, there is a continued reluctance to take measured risks and to recognise the significant knock-on impact delayed discharges have on patient flow and the wider system.

59 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, with updated national guidance being issued in December 2023. While staff we spoke to during our fieldwork demonstrated an awareness of the model and its principles, we found no references to D2RA within the discharge policy we reviewed.

What action is being taken?

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

Strategic and operational plans

61 We found that **partners demonstrate a clear focus on jointly developed strategic and operational planning to improve patient discharge**

62 We reviewed relevant health board and local authority plans and found that plans in the region reflect a good understanding of the challenges affecting the flow of patients out of hospital. Plans also reflect the commitment of partners to resolve some of the key challenges related to flow such as workforce gaps. Plans, including the 2023 Joint Area Plan are informed by data and demand projections and reflect key Welsh Government planning requirements, including the six goals for urgent and emergency care[13].

63 The Health Board's delivery plan for the six goals for urgent and emergency care 2024-25 sets out existing and new initiatives to support delivery of the six goals programme. Our review found it to be a comprehensive and well-set out plan. The

[13] Introduced in 2021, the national six goals for urgent and emergency care programme contains two goals that are directly 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'.

Health Board has consolidated the Welsh Government six goals for urgent and emergency care into four workstreams, the fourth of which is optimising hospital flow and discharge. The action plan identifies ambitions to improve discharge arrangements through measures such as seven-day working for consultants, a reshaped frailty pathway and expansion of community services to enable a pull of patients from secondary care.

64 Partners in the region have also developed a joint action plan for Pathways of Care Delays. This action plan clearly sets out individual actions, responsible officers, timescales and progress updates. The version we reviewed, of January 2024, showed good progress across most actions, with particular success in terms of arrangements for regular engagement between partners to review and discuss challenges and improvements. However, we did note that a significant number of actions largely related to the establishment of meetings, with less focus on the impact and outcomes of such engagement work.

65 The region recognises that a key shared challenge is recruiting qualified community-based staff to support hospital discharge, including carers and occupational therapists. In 2022, the region undertook a Strengths, Challenges, Opportunities, Threats (SCOT) analysis to inform its advertising campaign, titled 'Join our Caring Community' which is designed to utilise several methods to attract applicants to roles as they appear. Cardiff Council are also working to address the shortages within domiciliary care services by launching their own Cardiff Cares Academy to train people, as well as creating a 'Grow Your Own' programme which is a pathway to becoming a qualified carer.

66 The Health Board's winter plan for 2022-23 was developed with partners across the region. The plan was informed by an internal demand and capacity exercise conducted by the Health Board to compare the available bed base against best, worst and pre-COVID average scenarios. The plan predicted a potential bed gap during peak pressures of 152 beds. Partners then sought to mitigate this gap via initiatives described within a supporting joint action plan between the Health Board and the two local authorities. The actions include further employment of social workers, overseas recruitment and sponsorship, and increasing bed capacity and step-down facilities, including the Lakeside facility[14]. RPB papers from 2023 and 2024 show that these projects were successful in mitigating the challenges of winter pressures, with the success of initiatives in 2022 laying a good foundation for further success in winter 2023.

[14] https://cavuhb.nhs.wales/files/board-and-committees/quality-safety-and-patient-experience-committee-2021-22/241c-appendix-3-final-lakeside-wing-uhw-announced-scrutiny-visit-report1/

Partnership working

67 We found that **there is clear evidence of partnership working both strategically and operationally within the region, which is leading to positive change.**

68 At a strategic level, there is evidence of regular engagement and partnership working between the Health Board and the two local authorities. The Health Board Chief Executive Officer and the Directors of Social Services attend monthly Strategic Leadership Group (SLG) meetings and bi-monthly Regional Partnership Board meetings. Our observations of meetings reflected constructive discussions taking place at these forums, with clear evidence of collaboration on items and good discussion including constructive challenge.

69 Operationally, staff we spoke to said they had witnessed a culture shift during 2022 between health and social care staff where they now saw each other as working towards a common goal. This has led to a much-reduced tendency to revert to a blame culture where another professional is deemed the cause of a delay.

70 Partners invest their time heavily in facilitating timely flow and we observed a range of operational meetings including ward rounds, site manager meetings and DTOC meetings which include a wide range of professionals. There are also regular meetings between the Health Board and the local authorities to escalate and manage delayed discharges.

71 The Trusted Assessor Model was first established as part of the COVID-19 hospital discharge service requirements set out by the Welsh Government in 2020. Trusted Assessor refers to someone acting on behalf of and with the permission of multiple organisations carrying out an assessment of health and/or social care needs in a variety of health or social care settings. The model has the potential to support a more efficient and timely service response. Due to slow progress in implementing the model across Wales, in February 2023, the Welsh Government set a requirement for regions to review and implement a Trusted Assessor Action Plan. The region reports good progress against its action plan, with increasing numbers of occupational therapist posts supporting trusted assessment.

72 A key action within the Health Board's six goals plan for 2024-25 included the pursuit of seven-day working for consultants. Several of those we spoke to discussed the challenges in facilitating weekend discharges during our fieldwork, as discussed in **paragraph 58**. While its positive to note that the Health Board is taking action to address this, it is likely that improvements will be limited unless seven-day working is pursued with other professionals and undertaken in collaboration with partners. For example, if care homes or domiciliary care are unable to accommodate patient discharge over weekends the initiative may fail to achieve the full potential impact.

Operational structures

73 We found that **operational structures across the region and within the Health Board are providing a positive focus on patient flow.**

74 The Health Board's four workstreams for the six goals for urgent and emergency care are managed by groups which meet monthly to monitor the delivery of plans. Effective senior ownership of each workstream is secured via allocated clinical and operational leads. The workstreams report into the Cardiff and Vale Six Goals Delivery Board, which is chaired by the Health Board's Chief Operating Officer, which in turn reports into the Health Board's Senior Leadership Board. These arrangements demonstrate good senior ownership of the six goals agenda to drive change.

75 At a regional level, the activity mostly associated with improving flow out of hospital is overseen by the @Home Delivery Programme Board within the Regional Partnership Board structure. The @Home Delivery Programme contains a good mix of health and social care colleagues. Our meeting observation found evidence of effective collaboration and positive engagement between members.

76 The Programme Board leads the strategic development and oversight of regional programmes and their supporting projects. The Programme Board reports to the RPB's Strategic Leadership Group (SLG), which in turn reports to the RPB. We found that membership of both the SLG and RPB included an appropriate split of representatives and seniority from partners, showing a clear focus and intent of partners to engage with and support improvements to long-standing challenges, including those relating to flow out of hospital. This was demonstrated in the partnership working to respond to the Welsh Government 1,000 bed challenge[15]. The Welsh Government requirement was for the region to establish 163 of the 1,000 beds or equivalent services by the end of March 2023. Welsh Government reports show that the region identified 112 beds or equivalent services. This largely mirrors the picture across Wales, which saw many regions make progress but ultimately fail to achieve their notional target due to factors such as staff shortages.

Information sharing

77 We found that **the Health Board is further strengthening its processes for collating and analysing information, including revising discharge forms and developing digital solutions to support effective discharge**

78 Professionals within and across organisations will typically be required to share information about the patient to facilitate appropriate discharge arrangements and ongoing care, especially where the patient has more complex needs. During our

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

fieldwork, we found that arrangements for collecting information generally work well, with a good range of data available to staff.

79 However, challenges occur because of the patient data needed to support effective discharge being held in several IT systems. In addition, we heard that capacity constraints mean staff find it difficult to keep electronic systems up to date which can mean patients ready for discharge are not identified as early as possible. Recognising these challenges, the Health Board is rolling out a system called STAMP[16] across its wards. STAMP is a digital system for monitoring and tracking patients to enable health staff to understand a patient's status in real-time. It automates the pulling of information from various sources to free up the time of staff. The Health Board had also commissioned work from data analysis agency, Lightfoot, which was providing helpful insights into existing data.

80 During our fieldwork, staff also told us that poor referral paperwork means social services receive unhelpful or inaccurate information about a patient's needs. The Health Board had recognised weaknesses in the documentation and was planning to develop a new referral form to provide better quality information regarding patients' needs.

Use of funding

81 We found that **the region demonstrates strategic planning in its use of RIF and takes care to evaluate performance and measure outcomes for patients.**

82 The region makes use of the Health and Social Care Regional Integration Fund (RIF) to support schemes aimed at improving discharge planning. The RIF is a Welsh Government five-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.

83 There is a clear expectation within the RIF guidance that partners 'match fund' projects up to 50% by the end of year 5, with the Welsh Government funding for each project tapering each year to allow for successful projects to become business as usual. However, due to the financial pressures that the NHS is currently facing, this expectation has been relaxed.

84 The region received £19.2 million of RIF funding in 2022-23 and £19.4 million in 2023-24. About two-fifths of the allocation is dedicated to its @Home Programme which sits under the Ageing Well priority of the RPB and supports the delivery of the national Home from Hospital Services model. The @Home Programme brings together six projects to enable older people to access the support they need, when and where they need it. In 2023-24, these included community support in hospital

[16] STAMP: System for Tracking and Managing Patients

to support patient discharge and establishment of an MDT cluster approach including social discharge follow-up. There is regular oversight of the @Home Programme through update reports which set out how patients are accessing the services provided.

85 The region submits financial information on how it is managing the RIF to the Welsh Government each quarter. For 2023-24, the RPB identified a forecast overcommitment of the RIF of circa £1.8 million at the beginning of the financial year. This was due to agreed expenditure to sustain the additional capacity brought in as part of the 1,000-bed challenge to create additional step-down capacity during winter 2022-23. However, a quarterly finance report from September 2023 shows that several projects were underspending due to vacancies or delayed recruitment. During our fieldwork we heard that it often takes longer to establish a project once it has been approved, including time to recruit, which can cause delays. The report also shows that partners in the region had committed £11.7 million match-funding, with £2.6 million for schemes within the Home from Hospital model.

86 The RPB's Annual Reports in 2022-23 and 2023-24 provide data and case studies on how the @Home Programme has benefited patients, including by providing access to intermediate care services to over 6,000 patients and achieving 70% of referrals to its 'Hospital to Home' project triaged within one day. The region also developed a case study report in 2022-23 which demonstrated the real impact of projects on the patients that received the funded services.

Scrutiny and assurance

87 We found that **there is reasonable scrutiny of issues relating to discharge planning within each partner organisation.**

88 We reviewed the level of information that partners' committees, Board and Cabinet receive in relation to flow out of hospital. The Health Board receives regular performance and risk reports which provide an insight into improvements related to patient flow via the Board and its committees. The Health Board demonstrates a focus on monitoring performance relating to urgent and emergency care services, and specifically patient flow through those services. The Board and the Finance Committee regularly monitor metrics including the following:

- median emergency response time to amber calls;
- median time from arrival at an emergency department to assessment by a senior clinical decision maker (minutes)
- number of ambulance patient handovers over one hour;
- patients waiting over 24 hours in the Emergency Department;
- attendances at Same Day Emergency Care units;
- length of stay for patients in acute beds; and
- pathways of care delays.

89 Performance reports clearly demonstrate how performance compares to targets, including ministerial priorities or the Health Board's annual plan commitments, using data and analysis to identify trends. The Finance Committee also periodically provides a focus on areas relevant to patient flow, such as in November 2023 when it received a report on length of stay, and in September 2023 when it received an overview of the financial performance of the RIF and the funded initiatives for 2023-24. The Health Board also takes steps to ensure the Board are informed of progress relating to the six goals for urgent and emergency care programme, including a comprehensive presentation at its Board Development session in February 2024. There is a clear focus on impact within reports using data and trends compared to clearly defined targets.

90 In addition, the Board and the Quality, Safety and Experience Committee monitors the corporate risk associated with patient flow. The second corporate risk listed on the Health Board's register relates to patient harm due to overcrowding in the 'Emergency and Acute Medicine footprint' resulting in 'the inability to provide and maintain key quality standards'. Current actions have reduced the risk score from the maximum of 25 down to 20, but it is yet to reach the target risk score of 15.

91 Both local authorities also demonstrate a focus on issues which relate to patient flow. For example, the Cardiff Adult Social Services Scrutiny Committee regularly scrutinises performance reports. Minutes from meetings evidence scrutiny with a strong focus on the social care workforce, considering capacity, recruitment, the Trusted Assessor Model and levels of sickness absence and vacancies. The committee receives a quarterly performance report which includes a range of metrics such as the number of people in residential care aged 65 or over per 100,000 population, average number of days between referral and start of package in domiciliary care, longest time between referral and start of package in domiciliary care (in days) and the average number of people waiting for domiciliary care at month-end. The performance report also includes a broader section on hospital discharge, tracking packages of care delays and the reasons for delays as well as the percentage of clinically optimised people assigned to a D2RA pathway within 72 hours of triage.

92 The Vale of Glamorgan Council's Healthy Living and Social Care Scrutiny Committee also monitors key metrics such as the number of adults waiting for domiciliary care and waiting for a social care needs assessment. The Council's Annual Delivery Plan sets out to reduce waiting list for domiciliary care packages including discharges, which they reduced to zero at the end of year for 2023-24. In addition, each January, the Council receives an update on the work of the RPB including use of the RIF, winter planning and the broader RPB work programme. However, there are no risks on either of the local authorities' risk registers relating to adult social services or hospital flow.

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

What more can be done?

94 There is a clear recognition by regional partners of the problems associated with discharge and a desire to sort them out aided by strategies and operational plans, and the use of funding targeted schemes. Collectively, this approach appears to be driving sustainable improvement in the overall position. Our work has found that there are several further actions that could be taken 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 10: further actions for partners to help tackle the challenges for patient flow out of hospital

Improving compliance with policies and guidance	A more consistent application of intended discharge processes will be assisted by staff having access to up-to-date **jointly agreed guidance** which clearly sets out roles and responsibilities, and expectations around when and how staff should share information. In addition, having a **regular cycle of audit** would allow partners to assess the effectiveness and consistency of the application of discharge policies and guidance.
Improving the quality of information	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.
Maximising weekend discharges	Developing **seven-day services** supports the discharge of patients over the weekend, reducing unnecessary stays in hospital.
Maximising the use of the Regional Integration Fund	Regularly considering **operational performance** 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 11 sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from these methods.

Exhibit 11: audit methods

Element of audit methods	Description
Documents	We reviewed a range of documents, including: • Board, Cabinet, and committee papers • Updates on the six goals programme and urgent and emergency care to committees • Operational and strategic plans relating to urgent and emergency care • RPB papers, including case studies • Discharge procedure • Corporate risk registers
Interviews	We interviewed the following: • Director of Adults' Housing and Communities, Cardiff; • Senior Nurse Integrated Discharge; CVUHB • Director of Social Services, Vale of Glamorgan; • Head of Adult Services and Vale Alliance; • Director of Social Services Adults, Cardiff; • Operational Manager Adults' Community Services, Cardiff and Operational Manager Independent Living Services, Cardiff; • Managing Director Acute Services; CVUHB • Head of Operations Patient Flow and Site Services; CVUHB • Head of Integrated Care; CVUHB • Service Improvement Programme Manager; CVUHB • Chief Operating Officer; CVUHB • RPB Lead; • Director of Operations; CVUHB • Deputy Director of Nursing; CVUHB • Executive Lead of Strategic Planning; CVUHB • Community Health Council Chief Officer; and • Programme Manager for Six Goals. CVUHB

Element of audit methods	Description
Observations	We observed the following meeting(s): • Bed meeting, University Hospital of Wales • Strategic Leadership Group • @Home Programme Board • Regional Integrated Management Team We also observed the following individual: • Discharge Coordinator
Data analysis	We analysed the following national data: • monthly social services dataset submitted to the Welsh Government; • monthly delayed discharges dataset submitted to the NHS Executive; • StatsWales data; and • ambulance service indicators. We also analysed data provided by the Health Board relating to all emergency medicine patients discharged in October 2022 with a length of stay greater than 21 days (excluding those who died).
Focus groups	We undertook focus groups with social workers from each of the local authority areas.
Case note review	We reviewed a sample of 20 case notes relating to emergency medicine patients discharged in October 2022 with a length of stay greater than 21 days (excluding those who died).

Appendix 2

Reasons for delayed discharges

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

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

Reason for delay	Percentage delayed	All-Wales average
Awaiting completion of assessment by social care	31.5	15.7
Awaiting social worker allocation	15.5	8.5
Awaiting completion of arrangements prior to placement	10.9	3.5
Awaiting joint assessment	4.6	9.0
Awaiting completion of clinical assessment (nursing /allied health professionals /medical/pharmacy)	4.2	10.3
Awaiting start of new home care package	4.2	8.0
Patient/family refusing to move to next stage of care/discharge	3.4	1.6
Awaiting transfer to intermediate care bedded facility	2.9	4.0
Court of protection delays	2.9	0.6
No suitable abode	2.1	2.3
Awaiting extra care/supported living availability	1.7	0.9
Awaiting nursing care home manager to visit and assess (Standard 3 residential)	1.7	2.1
Awaiting restart of previous home care package	1.7	0.5
Homeless	1.7	0.9
Awaiting continuing healthcare (CHC) assessment	1.3	1.7
Mental capacity	1.3	2.1
Patient/family choice related issues	1.3	0.9

Source: Welsh Government

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

Top five reasons for delayed discharges by local authority

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

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

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting completion of assessment by social care	30.9	31.5	15.7
Awaiting social worker allocation	15.4	15.5	8.5
Awaiting completion of arrangements prior to placement	9.9	10.9	3.5
Awaiting completion of clinical assessment (nursing /allied health professionals /medical /pharmacy)	4.9	4.2	10.3
Awaiting start of a new home care package	4.3	4.2	8.0

Source: Welsh Government

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

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting completion of assessment by social care	35.1	31.5	15.7
Awaiting social worker allocation	16.2	15.5	8.5
Awaiting completion of arrangements prior to placement	12.2	10.9	3.5
Awaiting joint assessment	6.8	4.6	9.0
Awaiting start of a new home care package	5.4	4.2	8.0

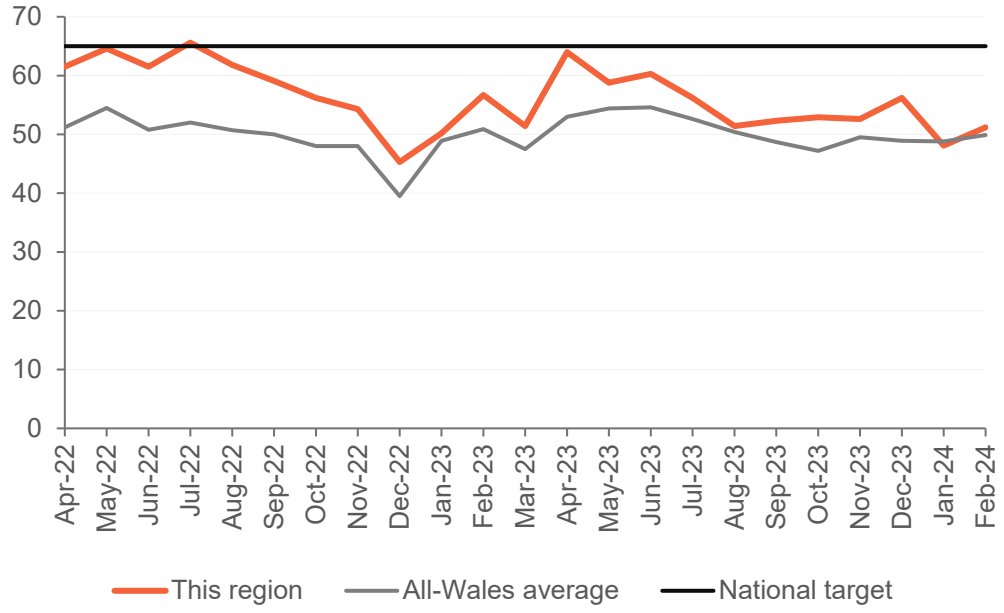
Source: Welsh Government

Appendix 3

Urgent and emergency care performance

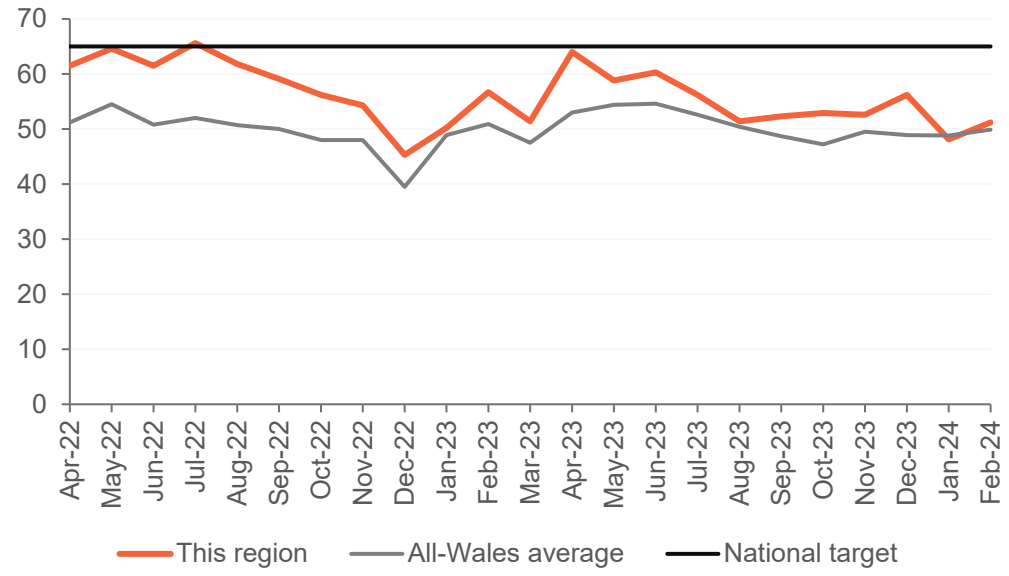
The following exhibits set out the region's performance across a range of urgent and emergency care performance indicators in comparison to the position across Wales since April 2022.

Exhibit 15: percentage of emergency responses to red calls arriving within (up to and including) eight minutes – national target of 65%



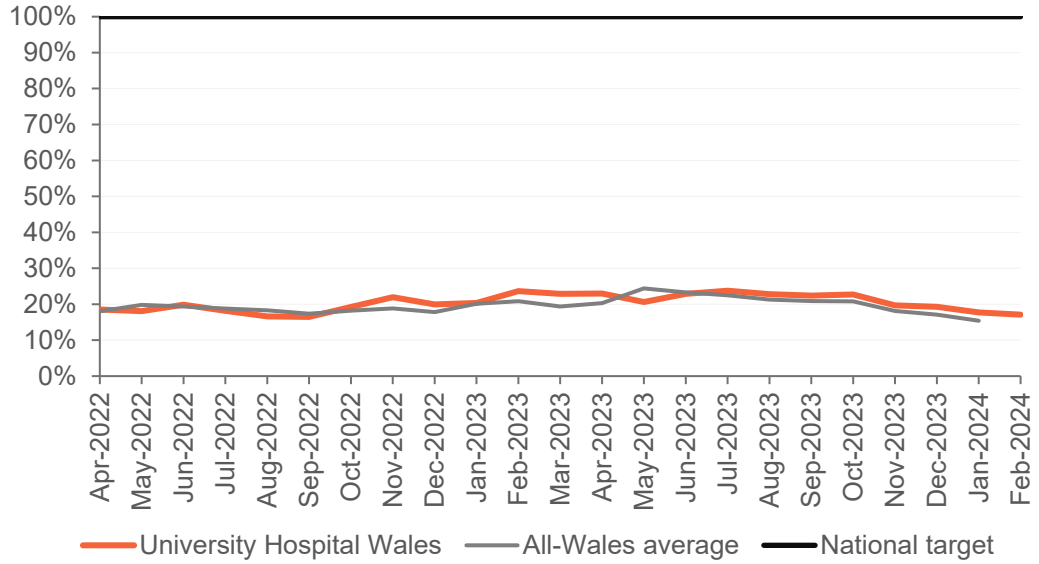
Source: StatsWales

Exhibit 16: median response time for amber calls (minutes) – 50th percentile – national target of 20 minutes



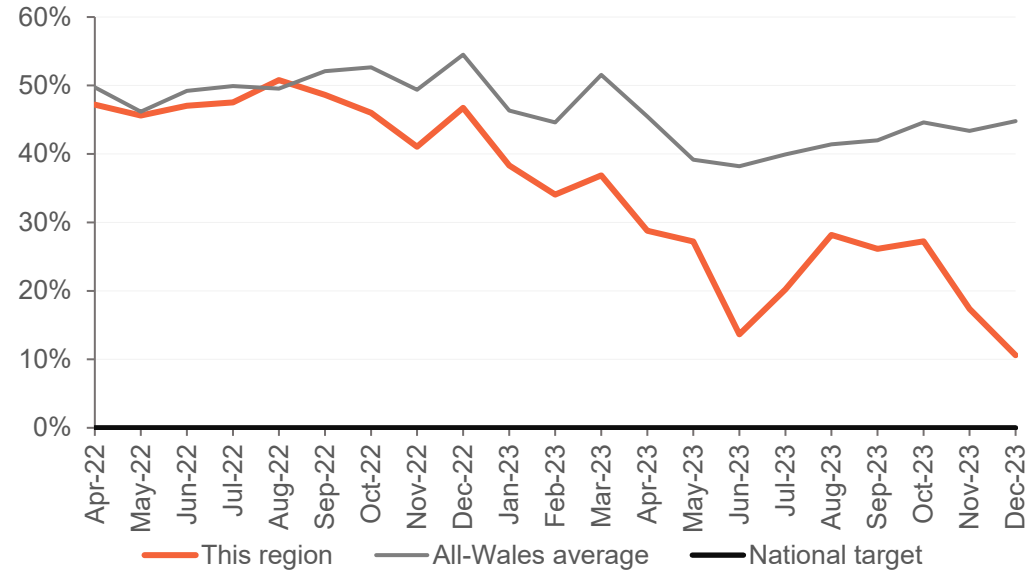
Source: Ambulance Services Indicators

Exhibit 17: percentage of ambulance handovers within 15 minutes at a major emergency department – national target of 100%



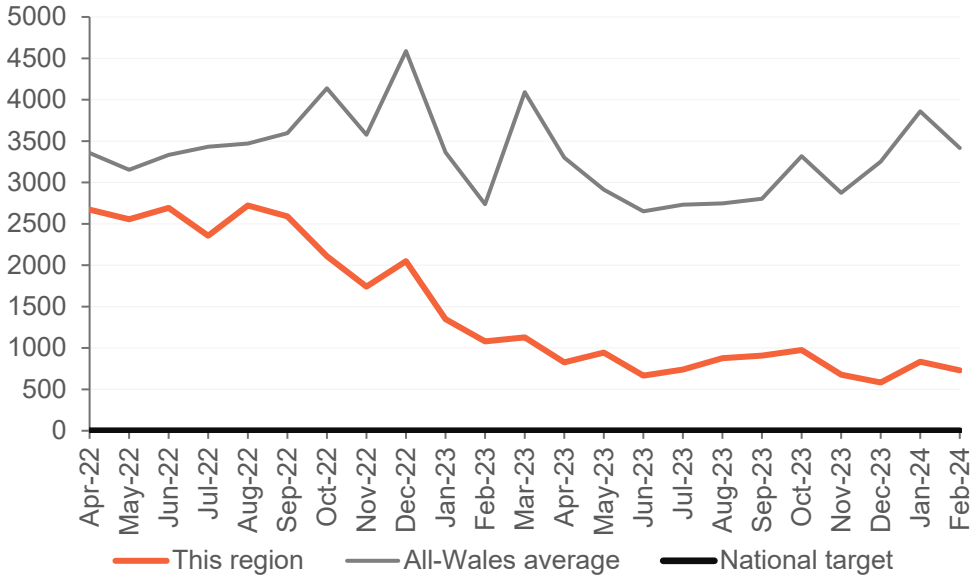
Source: Ambulance Services Indicators

Exhibit 18: percentage of ambulance handovers over one hour – national target of zero



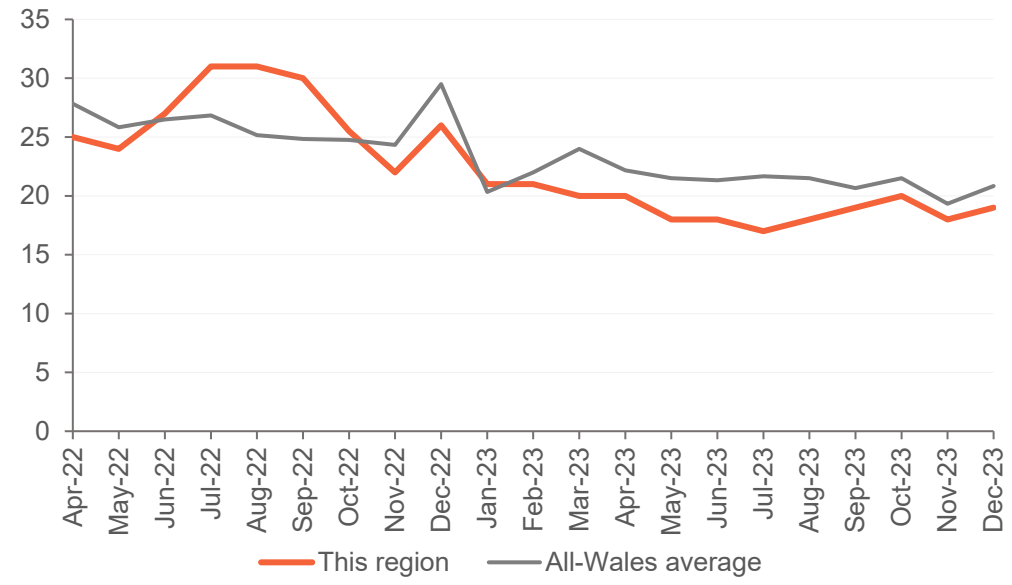
Source: Ambulance Services Indicators

Exhibit 19: total number of hours lost following notification to handover over 15 minutes



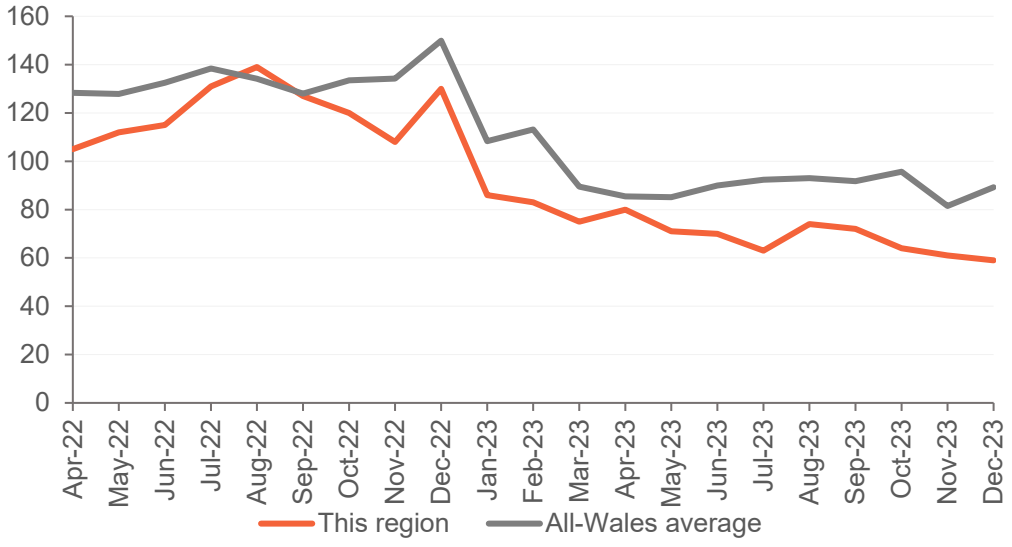
Source: Ambulance Services Indicators

Exhibit 20: median time (minutes) from arrival at an emergency department to triage by a clinician) – national target of 12-month reduction



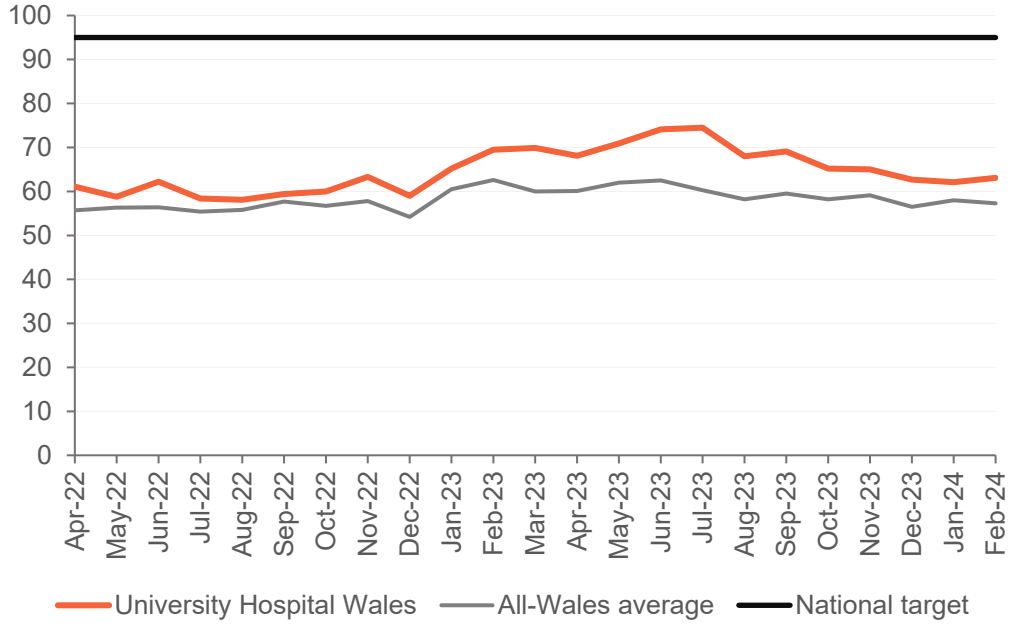
Source: Health Board performance reports

Exhibit 21: median time (minutes) from arrival at an emergency department to assessment by senior clinical decision maker – national target of 12-month reduction



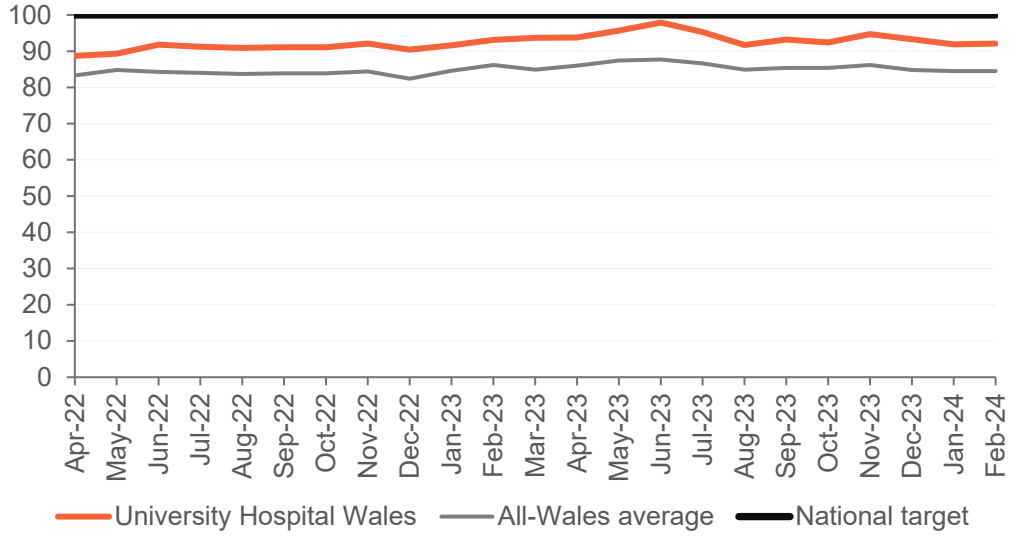
Source: Health Board performance reports

Exhibit 22: percentage of patients spending less than four hours in a major emergency department – national target of 95%



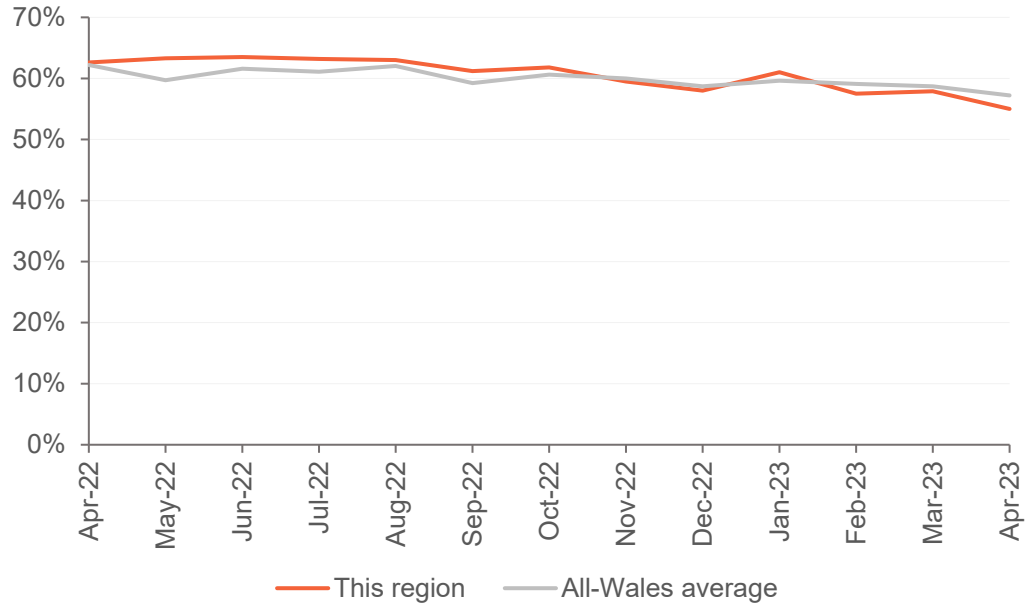
Source: StatsWales

Exhibit 23: percentage of patients spending less than 12 hours in a major emergency department – national target of 100%



Source: StatsWales

Exhibit 24: percentage of total emergency bed days accrued by people with a length of stay over 21 days – national target of 12-month reduction



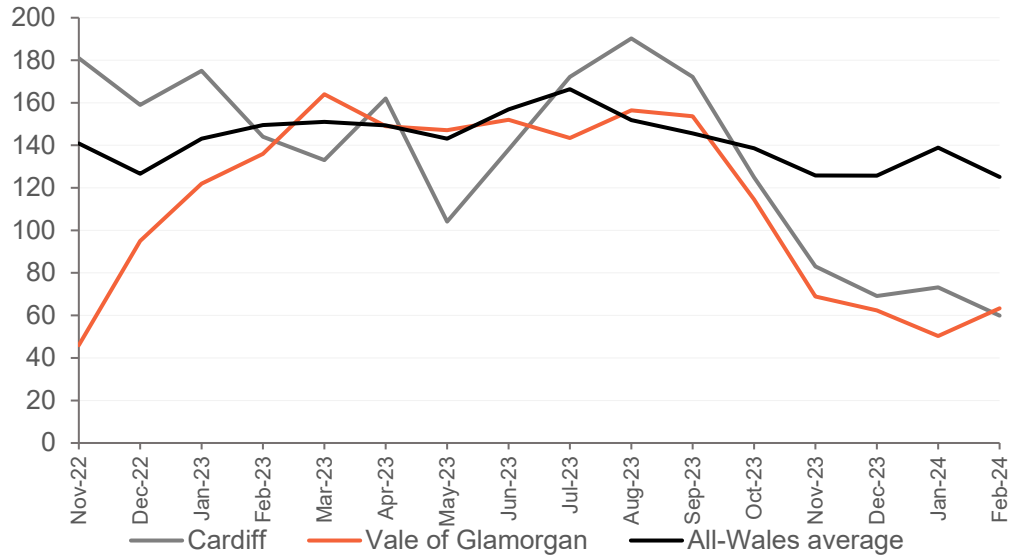
Source: Health Board performance reports

Appendix 4

Waits for social care assessments and care packages

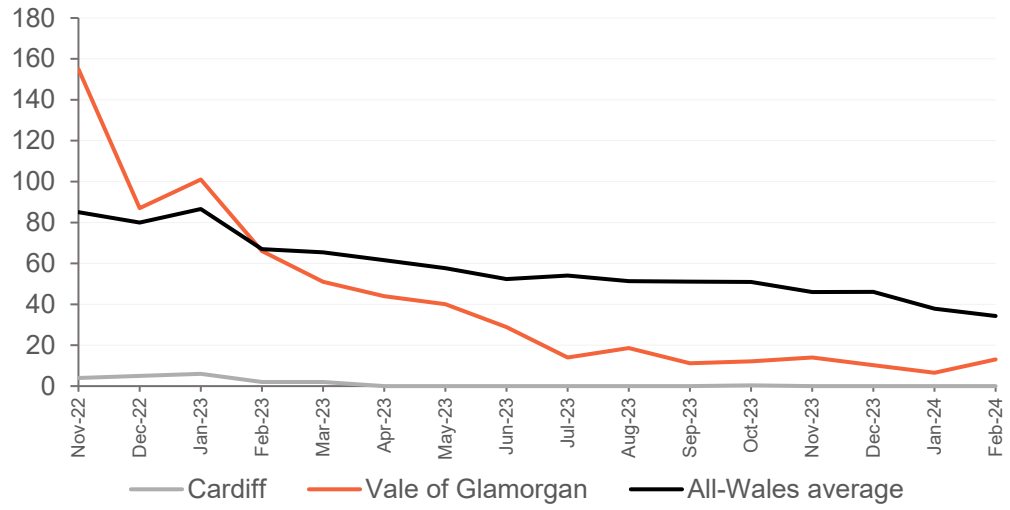
The following exhibits set out the region's waiting performance for social care assessment and receipt of a range of care packages in comparison to the position across Wales since November 2022.

Exhibit 25: number of adults waiting for a social care assessment (per 100,000 head of population)



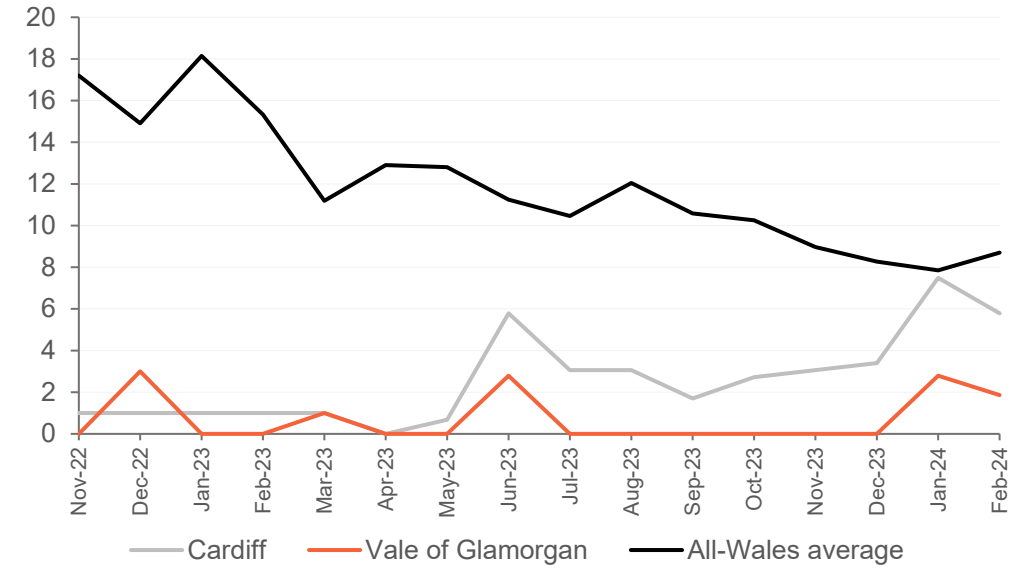
Source: Welsh Government

Exhibit 26: number of adults waiting for domiciliary care (per 100,000 head of population)



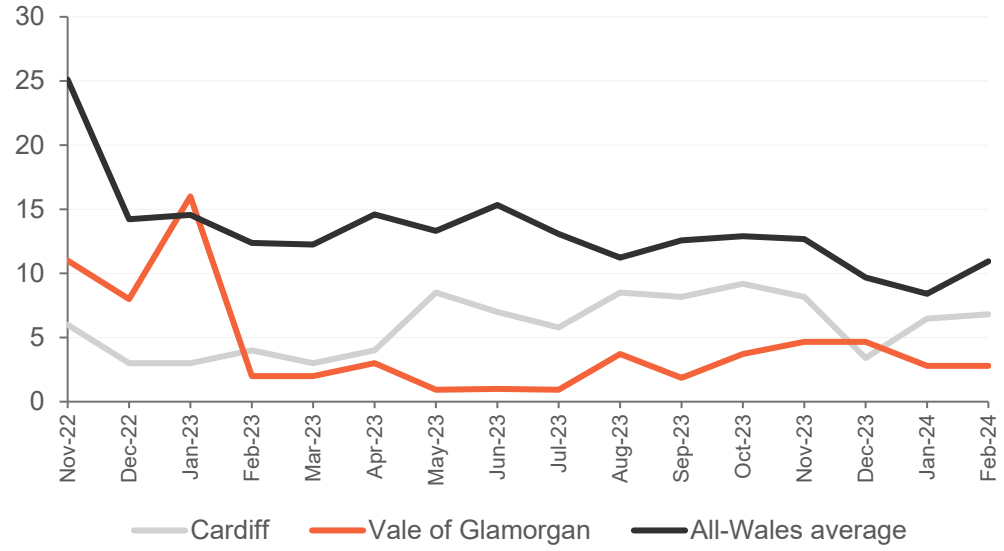
Source: Welsh Government

Exhibit 27: number of adults waiting for reablement (per 100,000 head of population)



Source: Welsh Government

Exhibit 28: number of adults waiting for long-term care home accommodation (per 100,000 head of population)



Source: Welsh Government

Appendix 5

Combined management response to audit recommendations

Exhibit 29: combined management response

Ref	Recommendation	Organisational response	Completion date	Responsible officer
R1	To help inform discussions around discharge, the local authorities should capture the risks associated with social care capacity on the provision of services at a local and regional level, including the impact on patient flow out of hospital.	i. Capacity is monitored and reported to the Welsh Government on a monthly basis via two routes: • Social care checkpoint data which has a RAG rating • PoCD regional meetings which relate directly to hospital flow Issues can then be escalated through local or regional governance. ii. Local Authorities have existing internal risk monitoring and management arrangements. iii. The RPB undertakes a five-yearly Market Stability Report to inform care commissioners of social care market sufficiency and stability. A Regional Commissioning Board is in place to	Already in place	Local Authority Heads of Adult Services

Ref	Recommendation	Organisational response	Completion date	Responsible officer
		monitor capacity and address identified issues.		
R2	The Health Board, working with local authorities, should update its discharge policy and associated policies, including the choice of accommodation policy, 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, set out clearly defined roles and responsibilities, and expectations, and reflect the Discharge to Recover then Assess model. The process for updating the policy should include patients and carers.	i. The Health Board is developing a new discharge policy to include the key elements from the most recent national discharge guidance in September 2024. The policy is being developed with input from local authorities. ii. The policy will be reviewed by the partnership governance arrangements through the Strategic Leadership Group. iii. Advice and support will be sought from Llais on involvement of patients and carers.	April 2025	Head of Integrated Discharge
R3	The Health Board should embed a regular cycle of audit to assess the effectiveness and consistency of the application of	The Health Board will complete a baseline using the ward-based audit tool, Tendable, prior to adoption of	June 2025	Head of Integrated Discharge

Ref	Recommendation	Organisational response	Completion date	Responsible officer
	the discharge policy and associated training programmes.	the new policy and then review monthly to assess impact.		
R4	The Health Board should improve record keeping by: 4.1 ensuring all staff involved in discharge planning fully understand the importance of documenting comprehensive information in-patient case-notes to support effective discharge planning. 4.2 establishing a programme of case-note audits focused on the quality of record keeping.	i. This is being incorporated into the rolling programme of education for ward teams. In addition, there is a pilot underway in which a discharge booklet is being trialled on the winter ward in UHL to support clear documentation of discharge processes in patient case notes. ii. The Health Board will assess the best tools and process for auditing record keeping and, if appropriate, roll this out with ongoing training and audit cycles.	June 2025	Head of Integrated Discharge
R5	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.	Consultant seven-day working in the acute footprint is now in place to support weekend discharge. In addition, there is a seven-day working group set up to embed the improvements and look to develop this further as part of the ministerial initiative 50-day winter challenge.	Already in place	Chief Operating Officer

Ref	Recommendation	Organisational response	Completion date	Responsible officer
R6	The region should ensure its action plan for pathways of care is clearer on the intended outcomes from the actions it has identified. It should also undertake regular review to assess whether outcomes are being achieved.	i. A detailed POCD action plan is in place. ii. POCD action plan is reviewed monthly through a local partnership forum and is reviewed quarterly by the Welsh Government in line with the Care Action Committee Cabinet Secretary priorities. iii. The Care Action Committee reviews the impact and outcomes achieved by the plan on a monthly basis as one if its three national priorities. iv. The national Six Goals for Urgent and Emergency Care team undertakes a detailed review of POCD data with the local team and supports identification of priorities for action locally. We will continue with these governance arrangements and monitor the impact on an ongoing basis.	Already in place.	Head of Integrated Discharge

Ref	Recommendation	Organisational response	Completion date	Responsible officer
		v. The impact of the action plan and associated data are regularly reviewed through partnership governance arrangements.		
R7	To help inform decision-making and discussions, the Health Board and local authorities should ensure that the Regional Partnership Board has routine access to key performance indicators relevant to effective and timely flow out of hospital, including urgent and emergency care performance within the Health Board and waiting lists for social services and care packages.	i. POCD data is currently regularly shared with the RPB Strategic Leadership Group through both specific programme reporting and CAC priority briefings. ii. The RPB team will review the key performance indicators already collected and ensure they are shared in the appropriate forums.	April 2025	Director of Health and Social Care Integration

Exhibit source: Cardiff and Vale Regional Partnership Board partners.

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