Archwilio Cymru
Audit Wales

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

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Summary report

About this report

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

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

3 Our work has looked to examine whether health boards and local authorities have effective arrangements in place to ensure the timely discharge of patients out of hospital. We set out the approach we adopted to deliver our work in **Appendix 1.**

4 This work is part of a broader programme of work the Auditor General has been undertaking in respect of urgent and emergency care services in Wales. We have also examined 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. We have reported the findings from that work separately.

5 The Auditor General's work on urgent and emergency care aims to help discharge his statutory duty to be satisfied that NHS bodies and local authorities have proper arrangements in place to secure the efficient, effective, and economical use of resources.

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 Wales region (the region). The region encompasses:

- Hywel Dda University Health Board (the Health Board);
- Carmarthenshire County Council;
- Ceredigion County Council; and
- Pembrokeshire County Council.

7 In undertaking this work, we have also considered progress made by the Health Board against previous recommendations made in our 2017 report on discharge

[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.

planning. Our findings from this work are set out in a separate report to the Health Board.

Key findings

8 Overall, we found that despite **patient flow being a key aspect of plans across partners, high numbers of delayed discharges continue to negatively affect urgent and emergency care services, including ambulance handovers and emergency department waiting times. Increased complexity of demand, capacity constraints, and weaknesses in the discharge planning process are all key barriers to more effective patient flow. Partners understand the need to drive improvements, but more action is needed to secure the sustainable improvements required.**

9 In line with trends across Wales, the number of patients experiencing a delayed discharge from hospital in the West Wales region has grown significantly in recent years. Between April 2023 and April 2025, 221 clinically optimised patients on average each month experienced delayed discharges, with the rate of delayed discharges one of the highest in Wales. While the completion of social care assessments has previously been the main cause for delayed discharges, access to domiciliary care and completion of nursing assessments are now the top causes. The total number of bed days lost due to delayed discharges for the financial year 2024-25 equated to 55,482 and a full year associated cost of £27.7 million.

10 Delayed discharges are having a consequential impact on ambulance handovers and waiting times for emergency departments, with performance falling significantly below national targets. However, the Health Board however has been able to minimise the impact of delayed discharges on planned care.

11 Several factors are contributing to delayed discharges. The nature of demand is increasing, including the number of people needing support for complex conditions such as dementia. Workforce challenges are a significant risk which are affecting the timely completion of both nursing and social care assessments, with waits for social care assessment in Pembrokeshire the highest in Wales until recently. Care sector capacity is also affecting delays. Whilst care home provision is greater in West Wales than most other parts of Wales, there is a shortage in domiciliary care, particularly in Ceredigion and reablement care in Carmarthenshire. At the time of our work, the Health Board lacked a standard discharge policy and inconsistent discharge training has led to weaknesses in the documentation and application of the discharge process. Difficulties communicating and sharing relevant information across organisational and site boundaries are also compounding delays.

12 Addressing patient flow is a key feature of plans across all regional partners, with clear links to the Welsh Government's Six Goals for Urgent and Emergency Care but translating the West Wales Area Plan into operational delivery is underdeveloped. Partners are working together to improve patient flow, although short term funding risks third sector involvement and system pressures can create

an unhelpful blame culture. The Health Board's previous operational structure has affected accountability and improvement in patient flow, but there are now clear structures in place although the Integrated Strategic Group to oversee urgent and emergency care has not yet met.

13 Partners are using financial resources to support discharge planning through the Regional Partnership Board (RPB); however, it is unclear how successful projects funded by additional monies will be mainstreamed into base budgets and become sustainable going forward. There is mixed corporate oversight and scrutiny of activities to improve patient flow, with much greater oversight in the Health Board than in local authorities and scope to make better use of outcomes to show impact.

14 Whilst partners understand the need to drive improvements and have shown good intentions and some action to date, the number of patients experiencing discharges across the region has not significantly reduced. Continued action is needed across a range of areas to secure the sustainable improvements which are necessary for patients, their families, and the wider urgent and emergency care system.

Recommendations

15 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
Managing demand R1 To ensure that only those with a service need are on the relevant waiting lists, the Health Board should ensure its staff only place patients on a waiting list that is relevant to their specific post discharge care needs, rather than placing them on multiple different waiting lists as a means of simple securing earlier discharge (paragraph 38).
Planning for current and future demand R2 To inform strategic and operational decision making at a regional level, the Health Board and local authorities should develop a usable data set which captures information on the volume and complexity of whole system demand across the region (paragraph 45).

Recommendations

Addressing key gaps in capacity

R3 To enable timelier discharge of patients to their own home, the Health Board and local authorities need to work together to develop joint solutions to address key gaps in service capacity, in particular, domiciliary care and reablement services (paragraph 62).

R4 To ensure effective use of limited resources, Ceredigion County Council should ensure the higher-than-average hours provided per adult in receipt of domiciliary care are appropriate to their needs (paragraph 65)

Developing and embedding policies

R5 To embed a consistent approach to discharge planning, the Health Board and local authorities should ensure processes are in place to communicate the new discharge planning guidance to all relevant health and social services staff, including those working on a temporary basis. Roll out of the guidance should be supported by an ongoing programme of refresher training and induction training for new staff (paragraph 69).

R6 To provide clarity to all staff on how the referral process for social care should work across the region, the Health Board, working with local authorities, should ensure that the new discharge planning guidance clearly sets out the point in the discharge planning process referrals for social care should be made (paragraph 73).

Improving quality of record keeping

R7 To improve the quality of information contained in patient case notes, the Health Board should ensure all staff involved in discharge planning fully understand the importance of documenting comprehensive information in patient case-notes, and in addition implement a programme of case-note audits focused on the quality of record keeping (paragraph 70).

Enhancing multi-disciplinary ward rounds

R8 To encourage collaborative solutions to discharge planning and data sharing, the Health Board and local authorities should ensure relevant professionals from key partners, who can share information and enable efficient discharge, attend relevant multi-disciplinary ward rounds at all acute hospital sites, as is the case in Glangwili Hospital. This may include physiotherapists, social workers, occupational therapists, care and repair or other relevant professionals (paragraph 79).

Recommendations

Improving the quality of social care referrals

R9 To enable social workers to effectively triage patients at the point of referral, the Health Board, working with local authorities, should improve the completeness of referrals from ward staff to social care (paragraph 80)

Improving the sharing of information

R10 To ensure effective sharing of information, the Health Board and local authorities should implement ways in which information can be shared between organisations, including opportunities to provide multi-agency access to existing access to organisational systems and ultimately joint IT solutions (paragraph 81).

R11 To ensure consistency across acute hospital sites, the Health Board should apply a standard approach to recording patient discharge information on hospital wards using digital solutions (paragraph 82).

R12 To ensure that opportunities to secure earlier discharge with support from services beyond social care are not missed, the Health Board and local authorities should ensure that all relevant staff across each organisation has routine access to up-to-date information on services available in the community that support hospital discharge (paragraph 83).

Developing the West Wales Area Plan 2023-28 implementation plans

R13 To strengthen delivery of medium-term planning objectives, the Health Board and local authorities should ensure the implementation plans which underpin the West Wales Area Plan 2023-28 are fully developed and up to date (paragraph 89)

Improving scrutiny

R14 To enable impact to be demonstrated, the Health Board should ensure that its updates on delivery against the Six Goals Programme contain anticipated outcomes (paragraph 110).

R15 To strengthen scrutiny and oversight, the local authorities should ensure that regular updates on RPB activities related to patient flow are received by the most appropriate committee (paragraph 111).

Detailed Report

What is the scale of the challenge?

16 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.

17 We found that **the region has some of the highest rates of delayed discharges in Wales. These are affecting patient flow through the emergency department and the release of ambulances. Waiting for new community care packages and nursing assessments are now the top causes of discharge delay across the region.**

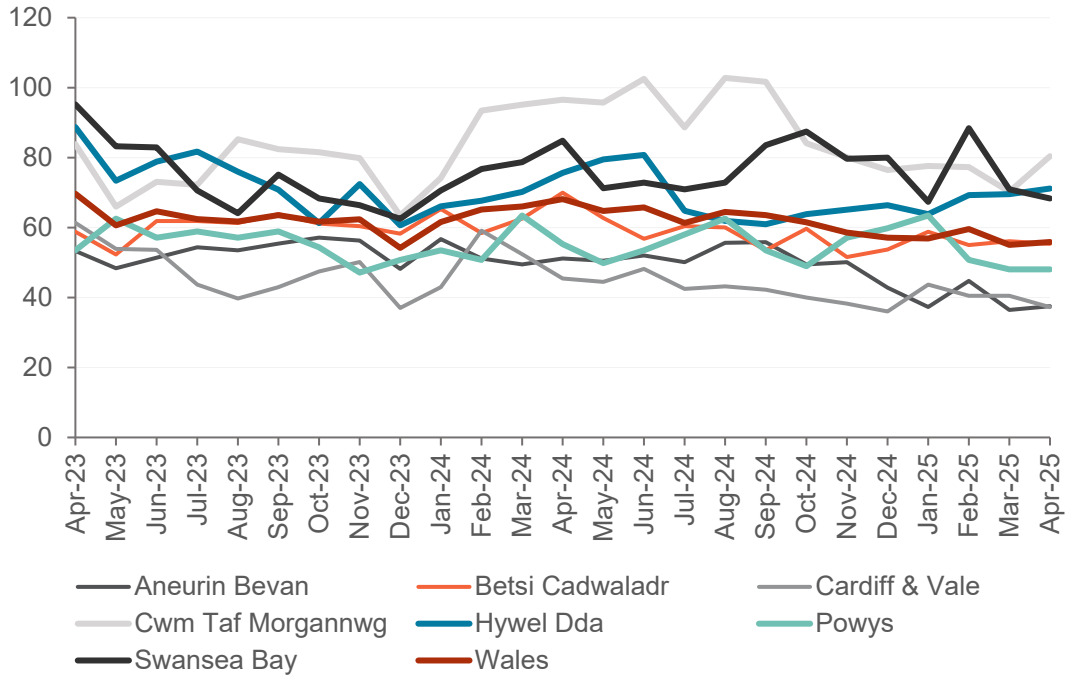
Delayed discharges

18 We found that **significant numbers of patients are not leaving hospital in a prompt way once they are well enough to do so, with waits for new community care packages and completion of nursing assessments top causes for delay.**

19 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.

20 **Exhibit 2** sets out the rate of delayed discharges experienced by the Health Board between April 2023 and April 2025, compared with other health boards across Wales. These relate to patients considered ‘clinically optimised’ but who remain in a hospital bed 48 hours after clinical teams have decided that they are well enough to leave hospital. Up until June 2024, the rate of delayed discharges had been one of the highest in Wales, but rates decreased to the all-Wales average until September 2024. Rates have since increased and are now the second highest in Wales.

Exhibit 2: number of delayed discharges per 100,000 head of population (April 2023 – April 2025)



Source: Welsh Government

21 Since the pandemic, the way NHS bodies count delayed discharges has changed. Welsh Government did not formally report delayed discharges between March 2020 and March 2023. Prior to the pandemic, delayed discharges were reported as 'delayed transfers of care'. These were patients who continued to occupy a bed after the date clinical teams declared them ready to move on to the next stage of their care. This compares with the current method for counting delays which focuses on patients who stay in a hospital bed 48 hours after clinical teams identify them as 'clinically optimised'.

22 Although not a direct comparison, in February 2020 the Health Board reported 65 delayed transfers of care. The position at the end of April 2025 of 223 delayed discharges equate to 22.0% of the Health Board's total bed capacity[2]. This is the second highest in Wales compared with an all-Wales average of 15.4% (ranging between 8.6% and 29.6%).

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

23 The reasons for delays are categorised. The top five reasons for delayed discharges are set out in **Exhibit 3**, with the most common reasons being awaiting the start of new community care packages and completion of nursing assessments. Up until January 2025, the main reason for delay was awaiting completion of social care assessments. A full list of reasons for delay in the Health Board are set out in **Appendix 2,** and by local authority.

Exhibit 3: top five reasons for delayed discharges for the Health Board compared to the all-Wales position (April 2025)

Reason for delay	Percentage delayed	All-Wales average
Awaiting start of new community care package funded by social care	15.8	9.8
Awaiting completion of nursing assessment	10.4	7.1
Awaiting continuing healthcare (CHC) assessment	8.6	3.1
Awaiting completion of social care assessment	8.1	11.6
Awaiting completion of allied health professional assessment	6.8	4.7

Source: Welsh Government

24 When broken down by local authority, the rate of delayed discharges per 100,000 head of population is above the all-Wales average in Carmarthenshire and Pembrokeshire. Ceredigion is just below the all-Wales average. The rates in Pembrokeshire and Carmarthenshire are the second and fourth highest in Wales at 76.4 and 70.2 respectively (compared to the all-Wales average of 54.6). Awaiting completion of nursing assessment is the highest cause of delay in Ceredigion and Pembrokeshire, while awaiting the start of a new community care package funded by social care is the highest cause of delay in Carmarthenshire.

25 Based on data reported in April 2025, the total number of patients delayed accounted for 4,511 bed days. Based on a typical cost per bed day[3], this equates to costs in the region of £2.256 million for the month. The total number of bed days lost due to delayed discharges for the financial year 2024-25 equated to 55,482 and a full year associated cost of £27.741 million. Given the financial pressures facing the public sector, this is a significant amount of NHS resource that is being used sub-optimally and which should be employed in other ways to meet other demand in the system.

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

Impact on patient flow

26 We found that **delayed discharges are having a wider impact on patient flow with knock-on effects on ambulance handovers and waiting** times **in emergency departments, although planned care is largely being protected.**

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

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

- the percentage of ambulance red calls responded within eight minutes has gradually improved and over recent months has been above the all-Wales average at around 50%, although it continues to fall short of the national target of 65% (**Exhibit 15**);
- the median response time for amber calls is broadly in line with the all-Wales average, although response times continue to fall short of the national target of 20 minutes (**Exhibit 16**);
- the percentage of ambulance handovers within 15 minutes at the Health Board's major emergency departments has generally been below the all-Wales average except for Withybush Hospital. Performance remains significantly below the national target (**Exhibit 17**);
- the percentage of ambulance handovers over one hour has generally been above the all-Wales average, fluctuating between 35% and 64%, compared to a national target of zero[4], (**Exhibit 18**);
- the total number of hours lost following notification to handover over 15 minutes is broadly in line with the all-Wales average, dipping to 2,200 hours in August 2024 (**Exhibit 19**);
- once the patient is in the emergency department, the median time from arrival to triage has been longer than the all-Wales average, fluctuating between 23 and 33 minutes (**Exhibit 20**);
- the median time from arrival to assessment by a senior clinical decision maker peaked to just over an hour and a half in June 2024 and has since been fluctuating between an hour and an hour a half. Performance had been much better than the all-Wales average until recent months (**Exhibit 21**);

[4] Welsh Government introduced the target for no patient handover to take longer than one hour as an additional metric 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 spending less than four hours in a major emergency department is in line with the all-Wales average. Performance varies across the three hospital sites, with performance better in Bronglais Hospital, and worse in Glangwili Hospital (**Exhibit 22**);
- the percentage of patients spending less than 12 hours in an emergency department is also broadly in line with the all-Wales average, with performance better in Bronglais Hospital, and worse in Withybush Hospital (**Exhibit 23**);
- the proportion of bed days accrued by patients with a length of stay over 21 days is improving and is now slightly below the all-Wales average (**Exhibit 24**). Our review of a sample of the Health Board's emergency medical admissions highlighted that the average length of stay was higher in the Carmarthenshire acute sites (61 days at Glangwili Hospital, and 81 days at Prince Philip Hospital), compared to Bronglais and Withybush Hospitals at 45 days and 44 days respectively.

29 The Health Board's total bed capacity has fluctuated over recent years, with 1,175 beds available in 2023-24. Almost two thirds of the Health Board's beds are allocated to acute medicine (708). The number of beds allocated to acute medicine has increased from 577 beds in 2012-13. Bed occupancy in the acute medicine beds has been at 87%, compared with an optimal level of 85%. This increases to 91% in Glangwili and 94% in Withybush Hospital.

30 The Health Board is one of four health boards to have community hospital beds. These beds provide step-down facilities for patients who no longer need acute care. The number of beds available in the Health Board has remained relatively static between 2016-17 and 2022-23 at around 90 beds. However, occupancy levels have varied considerable between hospital sites, ranging between 23% in Amman Valley Hospital and 99% in South Pembrokeshire Hospital in 2022-23. The number of beds in South Pembrokeshire Hospital temporarily increased during 2023-24 following the impact of the discovery of Reinforced Autoclave Aerated Concrete (RAAC) at Withybush Hospital[5]. In September 2024, the Health Board announced that the beds in Tregaron Hospital would be closing, reducing the total number of community beds to 78.

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

[5] In August 2023, RAAC was discovered in Withybush Hospital which resulted in the temporary closure of six wards, and the reconfiguration of South Pembrokeshire Hospital to support the provision of services. All the affected wards in Withybush Hospital were reopened by March 2024.

with patient flow and bed availability mean that non-stroke patients have needed these beds. Although the Health Board's performance is one of the best in Wales, typically only half of stroke patients have direct admission to a stroke unit within the target of four hours.

32 Poor patient flow can also affect scheduled (or planned) care, as patients with booked procedures are increasingly having their admissions cancelled due to the lack of available beds. This is poor patient experience and risks the conditions of planned care patients further deteriorating while they wait for their treatment to be rebooked.

33 The number of cancellations in the Health Board due to the lack of available beds however is one of the lowest in Wales. The number has also improved over the last three years. During 2024-25, there were 91 patients cancelled, compared to 150 patients in 2022-23[6]. Cancellations during the December and January months has also improved, reducing from 110 in December 2022 and January 2023, to 20 patients cancelled during December 2024 and January 2025.

Meeting patients' needs

34 We found that **delayed discharges present risks to patients physical and mental well-being.**

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

- 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; and
- to a setting which is far away from family and friends.

36 Patients who are delayed within hospital can become deconditioned, are at higher risk of experiencing an injury from a fall or contracting an infection which can exacerbate their care needs, lengthening their hospital stay and making them more vulnerable to readmission after discharge.

37 Within the region, the impact of delays on patient experience is something staff are acutely aware of. We saw the risks involved in patients staying longer than needed in hospital, such as deconditioning, reduced independence and loss of packages of care at the forefront of discussions. However, ward staff also spoke of a culture of risk aversion, whereby staff, particularly junior doctors, are reluctant to declare a

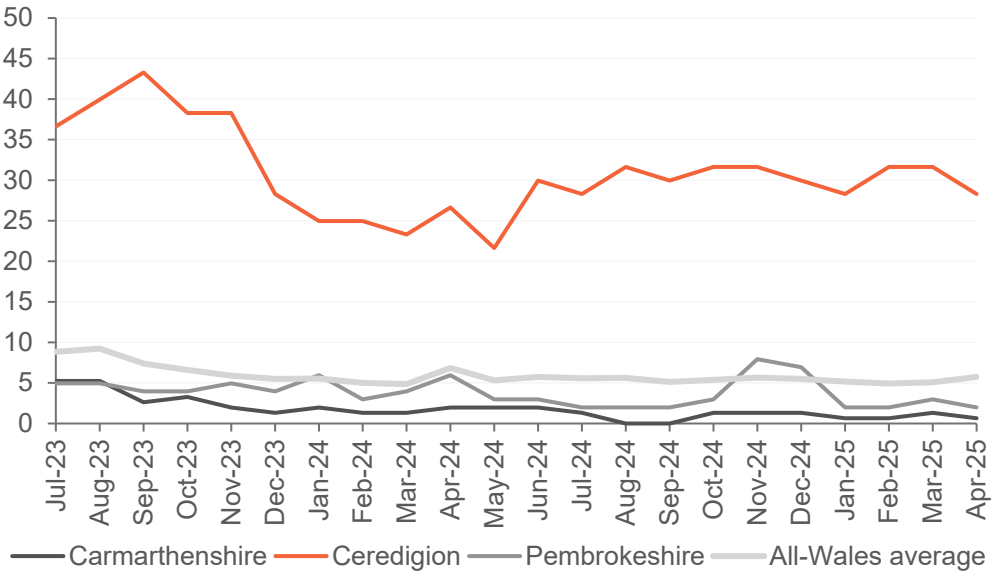
[6] The number of cancellations in 2023-24 due to the lack of available beds was impacted by the discovery of RAAC in Withybush Hospital in August 2023.

patient clinically optimised and discharge them because they fear the patient may not cope as well at home. 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.

38 We heard how managing patient and family expectations can also be difficult. Staff explained that since the pandemic, many families have returned to work and cannot provide the level of support they were providing to help meet patient need. We also heard of families leaving patients in hospital because they are going on holiday. As a result, difficult conversations were taking place with families around expectations of care. During intense periods we also heard of staff inappropriately discharging patients without completely considering their views. We heard that blanket referrals to multiple providers and disciplines were also taking place to try and find the quickest discharge pathway for a patient, even if that patient did not need the service (**Recommendation 1**). This is not a productive use of time and resources.

39 The region has been reporting significant variation in the use of unplanned short term care home accommodation. **Exhibit 4** sets out the extent to which adults were reported as being placed in unplanned short term care home accommodation for more than three months while waiting for a long-term placement. Since July 2023, the region has had some of the highest number of adults per 100,000 head of population placed in unplanned short term care home accommodation for longer than three months. This is particularly the case in Ceredigion which has the second highest number in Wales. However, this has since been reported as a data quality issue, and since June 2025, the number of adults per 100,000 head of population has significantly reduced to less than two per 100,000 head of population. This is now in line with Carmarthenshire and Pembrokeshire, which have been comparatively low when compared with the all-Wales average.

Exhibit 4: number of adults per 100,000 head of population waiting in temporary short term care home accommodation for more than three months with no planned end date (July 2023 – April 2025)



Source: Welsh Government

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

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

41 We found that **increasing complexity of demand and capacity challenges** in **the care sector are affecting patient flow. A lack of a standard discharge policy, and weaknesses in the recording, communicating, and sharing of information are also leading to further delays.**

Volume and complexity of demand

42 We found that **the nature of demand is increasing with more people needing support for complex conditions such as dementia, however the Health Board recognises the need to better analyse and understand demand data to support planning and decision making.**

43 By 2043, current Welsh Government population projections predict an increase in the total population of West Wales to 396,000, with a predicted rise in those aged over 65 to 124,587 or 31.5% of the total population[7]. As people live for longer, there is a correlating increase in the number of people who live with multiple long-term conditions and complex health needs, and who will therefore need to rely on health and care services for support. There is also a correlating increase in the number of people living with dementia.

44 The 2022-27 Population Needs Assessment for West Wales also notes that Pembrokeshire has an older population than Carmarthenshire and Ceredigion, with an increase of people aged 85 and over, projected to be 33% by 2030. This compares to 25% for Carmarthenshire and 26% for Ceredigion.

45 Partners need to consider volume and complexity of demand needs for both the short and long-term. We heard how some care homes have adjusted the threshold for adults with complex care. This means that getting a patient with complex care into a sustainable placement is more difficult and takes longer as places are fewer. The Health Board and local authorities have access to significant amounts of data relating to demand. The Health Board accesses data which provides information on the current demand, but this is not yet at the granular level to understand what is driving that demand. There is also a manual complex discharge list compiled by discharge liaison teams allowing them to see complex discharges by hospital site. There is scope to bring all this data together into a useful data set to capture whole system demand across the region to underpin strategic and operational decision making (**Recommendation 2**).

46 The Health Board is keen to do more work on demand prediction in urgent and emergency care in the same way it does for planned care. Following on from the work done on rightsizing community resources which focused on resources needed to ease discharge out of hospital, the Health Board would like to ensure that the internal resources such as ward sizes and discharge units are aligned to the discharge pathways. To try and address this, the Health Board has started modelling via data analytics to try and set up the level of detail it needs to undertake demand predictions. If successful, this should help develop plans and allocate resources which address predicted population challenges. The challenge will be the capacity to develop and embed changes whilst the scale of demand on the system is so high.

Workforce capacity

47 We found that **workforce capacity challenges across all organisations are affecting the timeliness of discharge planning, particularly in Pembrokeshire adult social services, with waits for social care assessments the highest in Wales until recent months.**

[7] Executive summary - West Wales Care Partnership (wwcp-data.org.uk)

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

49 Recruitment and retention are a corporate risk for the Health Board to delivering high quality services. As of December 2024, the Health Board was reporting 7.4% vacancies as a percentage of its total establishment, with medical and dental vacancies at 19.1% and nursing and midwifery vacancies for registered and support staff at 5.2% and 10.7%, respectively. All vacancy rates were above the all-Wales average.

50 The unplanned absence rate was 8.5% for nursing and midwifery staff, and 11.6% for healthcare assistants and support workers. The unplanned absence rate was much lower at 3.1% for medical staff. Unplanned absence rates for registered nursing staff were below the all-Wales average, but above for healthcare assistants and support workers, and medical staff. Spend on nurse agency in December 2024 was running at 4.6% of the total nursing pay bill, which was in line with the all-Wales average. Since August 2024, the rate of nurse agency usage has substantially reduced, down to 1.9% of the total nursing pay bill by March 2025.

51 Recruitment and retention also feature on the corporate risk registers for all three local authorities. Carmarthenshire and Pembrokeshire have more detailed risks related to the social care workforce which reference the impact of delayed discharges on the health sector.

52 In June 2023[8], the West Wales local authorities were reporting between 5%-7% vacancies in adult social services, with the lowest rate in Pembrokeshire, and the other local authorities reporting 7%. Carmarthenshire and Pembrokeshire have experienced peaks in vacancies since January 2023, rising to 11% and 10% respectively and then reducing. Vacancy rates in Ceredigion had largely stayed static.

53 All three local authorities expressed difficulties in recruiting to social care posts, particularly home care workers, a position made worse by the pandemic and Brexit. There have been some financial incentives such as increasing wages but competing sectors such as retail, can offer similar or increased wages. There are also various local projects which aim to grow the workforce in social care either by offering apprenticeships or recruiting from overseas, such as the Care Academi however these initiatives take time, and none deal with the immediate and complex pressures of recruitment and retention. The Health Board has also been developing its own apprenticeship schemes to increase the workforce.

[8] There has been no data reported since June 2023.

54 In April 2025, the unplanned absence rate in adult social services[9] ranged between 4%-8%, as shown in **Exhibit 5.** The rate in Ceredigion has been above the all-Wales average since October 2023. The rate in Carmarthenshire and Pembrokeshire has been consistently below the all-Wales average, except for December 2024 when the rate in Pembrokeshire peaked to 11%.

Exhibit 5: percentage of unplanned absence in adult social services (April 2025)

Local authority	Unplanned absence
Carmarthenshire	5
Ceredigion	8
Pembrokeshire	4
All-Wales average	**7.1**

Source: Welsh Government

55 Workforce capacity constraints inevitably affect the discharge planning process. For example, pressure on ward nursing numbers means that time for proper discharge planning is constrained, worsened by using agency staff who are less familiar with discharge processes. Social workers also may not be able to complete timely assessments for a patient. As highlighted in **Exhibit 3**, delays completing nursing assessments is one of the main reasons for delayed discharges across the region, accounting for 10.4% of all delays in April 2025. Delays in social care assessments account for 8.1% of all delays. Delays awaiting social care worker allocation account for a further 1.8% of all delays. **Exhibit 6** sets out the extent to which adult social services across the three local authorities can meet demand for assessments.

Exhibit 6: number of social care assessments completed and awaiting completion per 100,000 head of population (April 2025)

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
Carmarthenshire	415	62	8.5
Ceredigion	569	218	1.5
Pembrokeshire	182	280	2.8

[9] Refers to adult social services in general.

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
All-Wales average	**238**	**117**	**6.1**

Source: Welsh Government

56 Despite workforce challenges, the rate of social care assessments completed in Carmarthenshire and Ceredigion local authorities are some of the highest in Wales. Waits for these two local authorities have been below the all-Wales average, although waits in Ceredigion have been increasing since August 2024 and are now one of the highest in Wales. The rate of social care assessments completed in Pembrokeshire is below the all-Wales average. Waits for social care assessment in Pembrokeshire have consistently been the highest in Wales, and much higher than the number of assessments completed, suggesting that the service has struggled to keep on of top of demand. Waits in Pembrokeshire have however been gradually reducing and in recent months, performance has been just above the all-Wales average.

57 Overall, very few of those waiting for a social care assessment are occupying a hospital bed suggesting that those in hospital are being prioritised. There is a greater proportion of adults waiting who are in hospital in Carmarthenshire compared to the all-Wales average, although the proportion has significantly improved from 41% in October 2024.

Care sector capacity

58 We found that **care sector capacity varies across** the **region with a high level of long-term care home provision, but a shortage in domiciliary care, particularly in Ceredigion and reablement care in Carmarthenshire.**

59 Availability of home (domiciliary) care packages and long-term residential care home accommodation can be key causes of discharge delay across Wales. Within the region, we heard about capacity issues in the domiciliary care sector which were affecting patient flow. We also heard that care homes have become more cautious accepting patients as they have the same workforce challenges as the local authorities and the Health Board. In April 2025, delays due to awaiting home care or reablement packages, or residential care home availability accounted for 23.9% of all delays.

60 **Exhibit 7** sets out the number of adults receiving care sector support and the extent to which there are waits for provision. **Appendix 4** sets out waiting list performance for social care assessments and care packages since November 2022.

Exhibit 7: number of adults receiving (and waiting for) care packages and placements per 100,000 head of population (April 2025)

Local authority	Domiciliary care[10] in receipt (waits)	Reablement[11] in receipt (waits)	Long-term care home accommodation[12] receipt (waits)
Carmarthenshire	724 (12)	47 (15)	701 (5)
Ceredigion	501 (86)	71 (7)	674 (7)
Pembrokeshire	678 (41)	37 (6)	760 (3)
All-Wales average	**695 (22)**	**63 (8)**	**555 (9)**

Source: Welsh Government

61 The exhibit shows that the provision of long-term care home accommodation is greater in West Wales when compared with the all-Wales picture, with the rate of provision the highest in Wales after Gwynedd. Waits for availability of long-term care home accommodation across the region is below the all-Wales average.

62 The number of people in receipt of domiciliary care across the region is around the all-Wales average for Carmarthenshire and Pembrokeshire, with waits well below the all-Wales average in Carmarthenshire. However, the provision of domiciliary care in Ceredigion is the second lowest in Wales, and with the second highest waits suggests that there is insufficient capacity. A low rate of provision and higher than average waits also show that there is insufficient capacity for reablement in Carmarthenshire to meet demand (**Recommendation 3**).

63 **Exhibit 8** shows the extent to which there are domiciliary hours unfilled, and the average number of hours provided per adult.

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

[11] Includes reablement provided by local authorities.

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

Exhibit 8: unfilled domiciliary hours and average hours of domiciliary care provided per adult, per 100,000 head of population (April 2025)

Local authority	Domiciliary care hours waiting to be filled	Average hours per adult in receipt of domiciliary care
Carmarthenshire	210	12.1
Ceredigion	1,024	13.7
Pembrokeshire	345	11.4
All-Wales average	**230**	**13.1**

Source: Welsh Government

64 The exhibit shows a mixed picture across the region. Carmarthenshire reported a lower level of unfilled domiciliary care hours, whilst the number of unfilled domiciliary care hours in Ceredigion was the second highest in Wales. The position across the region however is more positive than it has been, with the level of unfilled hours reducing significantly from the position in February 2023 when the rate of unfilled hours in Carmarthenshire and Pembrokeshire was 1,061 and 739 hours, respectively. Support from the local authorities to help private providers with training costs has helped increase domiciliary care capacity. While the rate of unfilled hours in Ceredigion had improved from the position in February 2023 (from 1,665 to 590 in March 2024), the rate has gradually been increasing to a peak in January 2025 of 1,163.

65 The average number of domiciliary care hours provided per adult in Carmarthenshire and Pembrokeshire is less than the all-Wales average. Whilst this may reflect the care that people need, it could also be indicative of problems with the supply of domiciliary care. Pembrokeshire may potentially be trying to spread a limited resource thinly to ensure that it is supporting as many people as possible with domiciliary care but not necessarily at the level that they need. The higher number of hours in Ceredigion may reflect a higher level of complex needs but may also reflect over prescribing of domiciliary care. Given the high level of unfilled hours, the low level of provision and high waits, the local authority needs to be assured that the level of domiciliary care it provides per adult is appropriate to need (**Recommendation 4**).

Discharge process

66 We found that **there are weaknesses in the application and documentation of the discharge planning process, worsened by inconsistent training and a lack of a standardised discharge policy.**

67 Good discharge planning is reliant on good communication and co-ordination across different professional groups, with consideration of discharge as soon as a

patient presents to services. Good discharge planning is also helped by having clearly documented processes which are shared with all staff involved to promote understanding and awareness of the different roles in the discharge process.

68 At the time of our review, there was no standard discharge policy embedded across the Health Board. Some sites were using the previously issued Welsh Government discharge policy and others were developing a standardised policy. As a result, awareness and compliance of discharge policy processes were variable, which we found reflected in the patient case notes. The Health Board has since addressed this following a limited assurance Internal Audit review of discharge planning, with new Health Board wide discharge guidance developed and approved in April 2025.

69 There is no consistent approach to training and in particular joint training. Staff recognised that there are training requirements for everyone involved in discharge to better understand the process, and roles and responsibilities at each stage **(Recommendation 5)**. For example, we heard how some patients are over promised packages of care by clinical staff which they may not get or need. This affects patient and family expectations which can delay patient discharge.

70 The case notes we reviewed generally had no expected date of discharge set within 48 hours of the patient's admission to hospital. Discharge was often not noted for some days after the patient's admission and even then, this was vague 'continue planning'. This gives no indication to other staff members of what they should do to speed up the process. We also found little reference as to whether patients' families were kept up to date with discharge plans, no 'What Matters' conversations were noted as having taken place and legibility of notes was variable **(Recommendation 7)**.

71 We also noted that discharging patients from hospital is still an activity which largely takes place on weekdays, with very few (and mostly simple) discharges occurring on weekends. Our review of a sample of the Health Board's emergency medical admissions showed that only 11% of patients were discharged at the weekend, most of which were on a Sunday. This is due to working patterns in both health and social care, as well as the fact that most providers will not accept admissions over the weekend. The percentage of discharges at weekends however was the highest in Wales.

72 When broken down by site, there were very few weekend discharges at Bronglais and Prince Philip Hospitals, and only Withybush Hospital discharged patients on a Saturday. During the week, discharges peak on a Monday at Bronglais, Glangwili and Withybush Hospitals, which would suggest that had services or staff been available, some of these patients could have been discharged over the weekend. Discharges also peaked on a Tuesday at Bronglais and Prince Philip Hospitals. There were no discharges on a Wednesday at Glangwili Hospital.

73 We also found differences of opinion across health and social care staff about when to make a referral to support discharge, and differences in arrangements between hospital sites and local authorities **(Recommendation 6)**. Some social

care staff are keeping separate lists, one for patients who are ready to receive care and one for those who they are repeatedly triaging because ward staff have made the referral to social services too early. Complexities of legal requirements, mental capacity assessments and accommodating patient wishes all contribute to differences of opinion about when is the appropriate time to refer patients in the discharge planning process.

74 Given some of the challenges with social worker assessment, the region has been slow to fully embed the Trusted Assessor Model. It is unclear why this has not been a priority to free up social worker capacity and enable patient flow. A task and finish group has now been established to agree a way forward and undertake a baseline assessment across each local authority area.

75 In 2018, the Welsh Government introduced the Discharge to Recover then Assess (D2RA) model, which aims to support people to recover at home before assessment for any ongoing need, thereby reducing length of stay in hospital. Welsh Government accelerated the implementation of the model during the pandemic and has since given additional monies to regions to embed D2RA further.

76 National data sent to Welsh Government has shown the Health Board has had difficulty in discharging patients to a suitable setting for their assessment, as is advocated by D2RA. High proportions of patients were waiting to transfer to D2RA pathways. Many of these patients were waiting discharge to their own homes, or existing care home placements. The Health Board continues to try and implement D2RA as an area of focus for managing complexity. However, there is tension with the capacity of the local authorities to be able to assess given current demand.

Information sharing

77 We found that **problems with the recording, communicating,** and **sharing of information across organisational boundaries is adding to delays.**

78 Professionals within and across organisations will typically need to share information about the patient to aid discharge arrangements and ongoing care, especially where the patient has more complex needs.

79 While multidisciplinary meetings take place, the acute hospital sites could do more to learn from good practice across the Health Board. There are positive examples of multidisciplinary information sharing across the region. Glangwili Hospital undertakes multidisciplinary ward rounds which include key partners to share information and enable discharge. These include physiotherapists, social workers, care and repair, occupational therapists, and members from the Delta Wellbeing team[13]. This encourages collaborative solutions and data sharing to help with

[13] Delta Wellbeing is a 24/7 information, advice and assistance service for individuals and organisations that promotes and maintains wellbeing and independence in the home.

discharge. Multidisciplinary ward rounds at other sites are largely attended by health professionals only **(Recommendation 8).**

80 Relationships between health and social care are not consistent across the region and the quality of referrals from health into social care varies. Referrals are often seen by health staff as a tick box exercise and are frequently incomplete or lack any detail, requiring social workers to seek further clarification before being able to make a triage decision (**Recommendation 9).**

81 Systems holding patient information are not connected or viewable by all staff involved in the care of individual patients. Digital recording systems are much more integrated in Carmarthenshire than Pembrokeshire. While Ceredigion has implemented the Welsh Community Care Information System[14], the others have not and although the Health Board adopted the system, it only adopted it in a handful of services (**Recommendation 10**). We heard that staff rely very much on personal contact with individuals to get the information they need to support the discharge process, but this can take time.

82 There are also inconsistencies in how ward staff are recording patient discharge information across the acute hospital sites, with some sites using the Frontier system and others using whiteboards. Not all sites are keen to switch to digital modes of record keeping. This affects the efficient and effective sharing of information both internally and across organisational boundaries **(Recommendation 11).**

83 Services run by the voluntary sector along with community-based services are fundamental to supporting discharge for many patients. It is therefore best practice to involve these services in the discharge planning process. Understanding of the landscape of services outside of hospital however was patchy, meaning opportunities to discharge earlier with support from services beyond social care were missed. We found that access to information on community and voluntary services was often variable and there was an absence of training to provide information to relevant staff **(Recommendation 12).**

What action is being taken?

84 This section considers the actions the statutory organisations are taking, including through the Regional Partnership Board, to improve the flow of patients out of hospital.

[14] The Welsh Community Care Information System (WCCIS) is a single system and a shared electronic record for use across a wide range of adult and children's services. The idea being that all 22 local authorities and seven health boards should implement it, with the initial intended implementation date of the end of 2018. A new national programme 'Connecting Care' was established in May 2024 to replace WCCIS from January 2026.

85 We found that patient **flow is a key feature across all regional partners and there are clear links to national goals in strategic plans, but the operational delivery of plans needs further work. Local projects are having a positive impact, but these need mainstreaming to ensure sustainable service delivery, and oversight needs to be strengthened to show whole system impact.**

Strategic and operational plans

86 We found that **addressing** patient **flow is a key feature of plans across the partners in line with the Welsh Government's ambitions but translating the West Wales Area Plan into operational delivery needs further work.**

87 We reviewed relevant health board and local authority plans in relation to discharge planning, and urgent and emergency care more generally. We found that plans in the region generally reflect a good understanding of the challenges affecting patient flow.

88 The Health Board's Annual Plan 2024-25 had a specific aim to transform urgent and emergency care and improve patient flow, aligned with the Welsh Government's Six Goals Programme for Urgent and Emergency Care (the Six Goals Programme), including rolling out integrated care pathways, fully utilising the Frontier digital platform and strengthening community capacity. Bespoke aims were also set out for each of the counties, including opening the frailty assessment unity in Pembrokeshire, and implementing early supported discharge for stroke patients in Carmarthenshire. These aims are set out in more detail in county operational plans. The corporate strategies for each of the local authorities all reference the need to support timely discharge home from hospital to ensure that those that need hospital care can access it, and to support people to remain independent and in their own homes.

89 The West Wales Area Plan 2023-28 sets out the ambition to develop and implement the 'Home First' approach to deliver an integrated health and care system for older people. Implementation of the strategic West Wales Area Plan 2023-28 through operational delivery plans however is unclear and out of date. The West Wales Area Plan 2023-2028 is the strategic plan developed with the Health Board and all three local authorities as intended as an integrated approach for delivering on the challenges from the Population Needs Assessment. There are strategic priorities within the delivery plan and references for each strategic priorities to national outcomes. This is underpinned by a delivery plan which includes objectives linked to timeframes (short, medium, and long) and delivery groups. There are some links to various implementation plans but some of these are 'under development' or out of date which makes it difficult to see how or when these objectives are to be delivered (**Recommendation 13**).

90 The Six Goals Programme has two goals linked to improving discharge: 'goal five – optimal hospital care and discharge from the point of admission', and 'goal six - home first approach and reduce risk of readmission'. The Health Board has a

specific Six Goals Portfolio Plan (the Plan) which is separate to its annual plan and is a one-year delivery plan. The Six Goals Portfolio Plan 2025-26 usefully sets out key achievements against each of the goals managed through four workstreams, two of which focus on goals five and six – Safe Hospital Care (Inpatient Response) and Hospital @ Home (Domiciliary Response). The Plan also sets out the expected impact, measures, and quarterly deliverables, as well as performance targets to check progress. Initiatives such as the implementation of SAFER principles[15] and clinical criteria for discharge are just some of the areas of focus within the Plan but arguably, these are fundamental principles of good discharge planning and should already be fully embedded.

91 The robustness of all these plans is tested by the recognition that recruitment, especially relating to follow on from hospital services, is incredibly difficult. The RPB's Transforming Urgent and Emergency Care Delivery Group recognise this as a risk. The group also recognises the need for senior operational leadership to drive implementation of plans.

Partnership working

92 We found that **partners are working together to improve patient flow, although short term funding creates risks for third sector involvement and system pressures can create an unhelpful blame culture**.

93 At a strategic level, there is evidence of regular engagement and partnership working between the Health Board and the three local authorities. As well as attending the RPB, the Directors of Social Services and several of the Health Board Directors, along with third sector representatives attend regular meetings of the Integrated Executive Group (IEG). The IEG advises the RPB on priorities for integration, monitors progress of the regional programmes, deploys regional funding and tackles operational challenges.

94 Our observation of meetings reflected constructive discussions taking place, with clear evidence of collaboration on items and good discussion including constructive challenge. Those attending can influence change and drive action, although we noted that there is no executive representation for secondary care services. The Health Board's Transforming Urgent and Emergency Care Lead attends the IEG who can influence the delivery of the Six Goals Programme but at the time of our work was not able to enforce change at an operational level. The three County Directors also did not attend despite a significant part of their role relating to delivery of community services in the local authority areas. The Health Board has since implemented a new operational structure, and the new Clinical Care Group Service Director for Community & Integrated Medicine now attends the IEG. The Service Director is now also the Health Board's Transforming Urgent and Emergency Care Lead.

[15] Seen, Aim, Flow, Early Discharge and Recovery

95 Third sector providers are key partners in the work of the RPB, but longer-term funding arrangements for third sector activity are needed to embed partnership working and improve patient flow. The Regional Integration Fund (RIF) funds much of the activity delivered by the third sector in relation to patient flow but there are no plans to mainstream activities. Not embedding third sector activity risks a potential loss of services affecting patient flow further and a loss of future integration between partners.

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

Operational structures

97 We found that **while changes to the** Health **Board's operational structure have helped clarify accountabilities and support improvement, although the Integrated Strategic Group had yet to meet at the time of our audit**.

98 The RPB has developed Integrated Programme Boards which are specific to the priorities of the RPB developed from the Population Needs Assessment. One of which is the 'Transforming Urgent and Emergency Care Delivery Group' which oversees projects which have clear links to the Six Goals Programme. The Transforming Urgent and Emergency Care Delivery Group links to the Health Board's Urgent and Emergency Care Delivery Programme as part of its Integrated Quality, Financial Performance and Delivery (IQFPD) Group structure which also oversees the Health Board's Six Goals Programme.

99 The Health Board has updated the governance structure supporting the Six Goals Programme during 2024-25 to include an Integrated Strategic Group and an Integrated Operational Group which brings together health and social care. The Integrated Operational Group has been in place for some time, but the Integrated Strategic Group had not been set up by the end of the financial year.

100 The operational structure for urgent and emergency care in the Health Board has been complex, making it difficult to see clear lines of responsibility, and accountability locally and across the services. Each county area within the Health Board was driving activity relating to patient flow in different ways and with different success levels. The Health Board has since addressed this, with a new operational structure launched in April 2025. The new structure includes a Clinical Care Group for Community and Integrated Medicine, which brings together the former county

and acute hospital directorate structures responsible for urgent and emergency care.

Use of funding

101 We found that **partners are using financial resources to support discharge** planning**, however, it is unclear how funding for successful projects will be mainstreamed into base budgets to support sustainable change going forward.**

102 The region makes use of the RIF to support schemes aimed at improving discharge planning. The RIF is a Welsh Government five-year fund from April 2022 to March 2027. The aim of the fund is to set up and mainstream at least six new national models of integrated care to provide a seamless and effective service for the people of Wales. Two have a clear link to improving flow out of hospital for patients, namely: Home from Hospital Services; and Accommodation Based Solutions.

103 There is a clear expectation within the RIF guidance that partners 'match fund' projects up to 50% by the end of year five, 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 public sector is currently facing, Welsh Government have relaxed the match funding expectation.

104 The region received £15.7 million of RIF monies in 2022-23 and £15.8 million in 2023-24 to deliver the six national models. The RPB allocated about 40% of the funding (£6 million) in 2023-24 to the Home from Hospital model, with a further 7% of the funding (£1 million) allocated to projects to support the delivery of the Accommodation Based Solutions model, including step-down care. A further 10% (£1.6 million) of RIF funding was allocated to the 'Complex Care Closer to Home' model which predominately supports implementation of D2RA.

105 Projects are based on local needs assessments, including the Population Needs Assessment and Market Stability Report. Oversight of the funding is through the Funding Transformation Steering Group. The group consists of change and transformation leaders across the bodies including funding officers, with progress reported into the Integrated Executive Group.

106 Current projects include PIVOT (Pembrokeshire Integrated Voluntary Organisations Scheme) which coordinates projects delivered by partners such as Red Cross, and Care and Repair who work closely with the discharge teams to aid early discharge. The CWTCH project in Ceredigion also run by Red Cross with help from Care and Repair aims to prevent unnecessary admission to hospital and aid early discharge from hospital. The latest West Wales Regional Partnership Board Annual Report for 2023-24 recognises this project as 'a critical component of demand management from the perspective of the hospital and social care teams.'

107 Partners will need to adopt and embed the relevant programmes currently supported by RIF funding by 2027. Whilst the RPB recognises this, it is not clear

what arrangements are in place to integrate effective projects into business as usual. A continuation of the use of project funding for existing projects beyond March 2027 limits the ability to make use of the funding to introduce other new, innovative schemes to better manage demand.

Scrutiny and assurance

108 We found that **there is mixed** oversight **and scrutiny of activities to improve patient flow, with much greater oversight in the Health Board and scope to make better use of outcomes to show impact.**

109 We reviewed the level of information that partners' committees, Board and Cabinet receive in relation to flow out of hospital and found a mixed picture. Delivery against key national urgent and emergency care targets is presented at each Board meeting in the Health Board through the Integrated Performance Assurance Report (IPAR). Board members also discuss the IPAR in more detail at the committee responsible for performance[16], supported by periodic deep-dive presentations on delivery of the Six Goals Programme. The information provided sets out patient delays at a Health Board and local authority level which enables the committee to understand regional variances. There is evidence that the committee members scrutinise the data and ask for updates. Action plans are in place to try and tackle areas of biggest delay. Whilst it is useful to understand the areas of delay, the Health Board have actions such as 'set up formal arrangements between senior NHS and LA officers'. This level of basic integration is surprising as this should already be in place. We found limited reference to patient flow in papers presented to committees and Cabinets in the three local authorities.

110 The Health Board's Urgent and Emergency Care Delivery Programme provides detailed update reports on progress against the Welsh Government's Six Goals Programme to the Integrated Quality, Finance and Performance Delivery (IQFPD) meetings monthly. The IQFPD meetings were set up in 2024 in response to the Health Board's escalation status. The meetings report to the Executive Team. Updates provide a Red/Amber/Green status against each activity within the goal workstreams accompanied by an overview, current delivery status, risks and mitigations, and next steps. More detailed reports for each local authority area are also presented setting out specific challenges and risks for each area and what is being done to address them. Whilst these reports provide useful commentary on progress, the activities within the updates include cultural shifts and changing clinical appetites to risk relating to discharge. Scrutinising this provides useful context to the issues but there are no measurable outcomes to show the impact (**Recommendation 14**).

[16] Prior to 1st April 2025, oversight and scrutiny of performance was through the Strategic Development and Operational Delivery Committee. From 1st April 2025, oversight and scrutiny of performance moved to a new Finance and Performance Committee.

111 The RPB hosted a workshop at the end of 2022 to reflect on its role and achievements over the previous year and consider its priorities. One of the reflections was the need to identify and avoid duplication and focus on an outcomes framework. The RPB also reflected that it had lots of projects but needed more of a 'programme approach'. This resonates with what we saw during the review and whilst there is scrutiny and assurance at project level, significant challenges are still across the whole system, and better grip is needed to assure actions being taken are helping improve patient flow. While there is oversight of RPB activity within the Health Board, oversight at local authority level is variable especially within scrutiny committees (**Recommendation 15**).

What more can be done?

112 Whilst there is a clear recognition by regional partners of the problems associated with discharge, a desire to address them with the right focus within strategies and plans, impactful projects and good strategic relationships, the number of delayed discharges across the region have not significantly reduced.

113 Our work has found that there are several further actions that partners could take which would help improve timely and effective flow out of hospital across the region and reduce some of the challenges facing the health and social care system. These actions are set out in the following exhibit and align with the recommendations that are set out earlier in the report.

Exhibit 9: further actions for partners to help tackle the challenges for patient flow out of hospital

Managing demand to provide better outcomes for patients	**Minimising multiple referrals** and ensuring only those people who need the service are on waiting lists for reablement, home care packages and residential care, would minimise inefficiencies resulting from inappropriate referrals and provide better outcomes for patients.
Planning for current and future demand	**Bringing together data** which captures whole system demand across the region would support more effective strategic and operational decision making.
Addressing key gaps in capacity	Looking at **joint solutions across sectors** to address key gaps such as domiciliary care and reablement services would enable timelier discharge of patients' home. Ensuring domiciliary provision is **appropriate to need** would enable more effective use of limited resources.

Improving training and guidance	Offering **clear communication and training** for everyone involved in patient flow, including bank and agency staff as well as new starters, would ensure guidance is embedded. Making sure **guidance is comprehensive** would ensure everyone involved in the discharge process understands what is expected of them.
Improving the quality and sharing of information	Having an improved **understanding of the range of community services** that could support effective and timely discharge and how these can be accessed, would enable staff to make more informed decisions when planning for discharge. Having **clear and comprehensive information** within patient case-notes which sets out the actions being taken to support discharge, would enable a clearer understanding of what is happening with a patient by all professionals involved in the care of patients whilst in hospital. Having **standardised and joined-up systems** that are accessible by all staff (regardless of organisation) involved in the care of individual patients would enable effective and efficient methods of communication between organisations and supports effective flow out of hospital. Having **good quality referrals** would enable more effective triage and timelier assessment for those who need social care.
Improving joint working	Greater **involvement by multidisciplinary professions** in ward rounds would support collaborative solutions, sharing of information and more effective discharge planning.
Improving oversight and impact	Having **comprehensive and up-to-date implementation plans** would enable partners to understand how the West Wales Area Plan is being delivered. **Focusing on outcomes** would enable those providing oversight and scrutiny to understand whether actions are making a difference.

Ensuring **oversight of RPB activities** in local authorities would support a greater understanding of the contribution of those activities to core services and the wider contribution to patient flow.

Appendix 1

Audit methods

Exhibit 10 sets out the methods we used to deliver this work. We have limited our evidence to the information drawn from these methods.

Exhibit 10: audit methods

Element of audit methods	Description
Documents	We reviewed a range of documents, including: • Board and committee papers; • operational and strategic plans relating to urgent and emergency care; • updates on the Six Goals Programme and urgent and emergency care to committees; and • discharge procedures and guidance.
Interviews	We interviewed the following: • Chief Operating Officer; • Deputy Director of Nursing; • Director of Primary Care, Community and Long-Term Care; • Programme Manager for Six Goals; • County Directors for Pembrokeshire, Ceredigion, and Carmarthenshire; • General Managers for Bronglais, Glangwili, and Withybush Hospitals; • Director of Social Services and Housing, and Head of Adult Services - Pembrokeshire County Council; • Director of Community Services, and Head of Integrated Services – Carmarthenshire County Council; • Director of Social Services, and Head of Adult Services – Ceredigion County Council; and • West Wales Regional Partnership Board Programme Manager.
Observations and Visits	We observed meetings of the following forums: • West Wales Regional Partnership Board; and • West Wales Integrated Executive Group.

Element of audit methods	Description
	We also observed Discharge Liaison Nurses at Glangwili and Withybush Hospitals.
Data analysis	We analysed the following national data: • Monthly social services dataset sent to the Welsh Government • Monthly delayed discharges dataset sent to the NHS Executive • StatsWales data • Ambulance service indicators We also analysed the following local data: • Relevant data provided by the Health Board and local authorities; and • Data provided by the Health Board relating to all emergency medicine patients discharged in October 2022 with a length of stay greater than 21 days (excluding those who died).
Focus groups	We undertook focus groups with the following: • third sector representatives; and • social workers at Carmarthenshire County Council, Pembrokeshire County Council and Ceredigion County Council
Case note review	We reviewed a sample of 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

Reasons for delayed discharges in the Health Board

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

Exhibit 11: reasons for delay as a percentage of all delays (April 2025)

Reason for delay	Percentage delayed	All-Wales average
Awaiting start of new community care package funded by social care	15.8	9.8
Awaiting completion of nursing assessment	10.4	7.1
Awaiting continuing healthcare (CHC) assessment	8.6	3.1
Awaiting completion of social care assessment	8.1	11.6
Awaiting completion of allied healthcare professional assessment	6.8	4.7
Awaiting reablement community care package	5.9	4.6
Awaiting completion of best interest decision	3.6	3.1
Mental capacity	3.6	0.7
Patient/family disputing and/or delaying moving to any stage of care/next stage of discharge	3.2	2.4
Awaiting nursing home availability	2.7	3.1
Identifying residential home	2.7	1.7
No suitable abode – requires housing	2.7	1.5
Awaiting residential home availability	2.3	2.9
Mental capacity delays	2.3	0.6
Awaiting completion of self-funding arrangements to placement	1.8	2.1
Awaiting social worker allocation	1.8	4.1
Court of protection delays – post application	1.8	1.3
Awaiting assessment/discharge arrangements to existing care home	1.4	0.4
Awaiting dementia nursing availability	1.4	1.1
Awaiting funding decision - funded nursing care (FNC)/CHC	1.4	2.2

Source: Welsh Government

Note: where the reasons for delay relate to two or less patients, we have excluded these 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 12: top five reasons for delayed discharges as a percentage of all delays (April 2025) – Carmarthenshire

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting start of new community care package funded by social care	23.4	15.8	9.8
Awaiting reablement community care package	10.3	5.9	4.6
Awaiting CHC assessment	9.3	8.6	3.1
Awaiting completion of social care assessment	7.5	8.1	11.6
Awaiting completion of allied health professional assessment	5.6	6.8	4.7

Source: Welsh Government

Exhibit 13: top five[17] reasons for delayed discharges as a percentage of all delays (April 2025) – Ceredigion

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting completion of nursing assessment	15.6	10.4	7.1
Awaiting CHC assessment	9.4	8.6	3.1
Awaiting start of new community care package funded by social care	9.4	15.8	9.8

Source: Welsh Government

[17] All other reasons related to two or less patients.

Exhibit 14: top five reasons for delayed discharges as a percentage of all delays (April 2025) – Pembrokeshire

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting completion of nursing assessment	16.9	10.4	7.1
Awaiting completion of allied health professional assessment	11.7	6.8	4.7
Awaiting completion of social care assessment	10.4	8.1	11.6
Awaiting start of new community care package funded by social care	9.1	15.8	9.8
Mental capacity	9.1	3.6	0.7

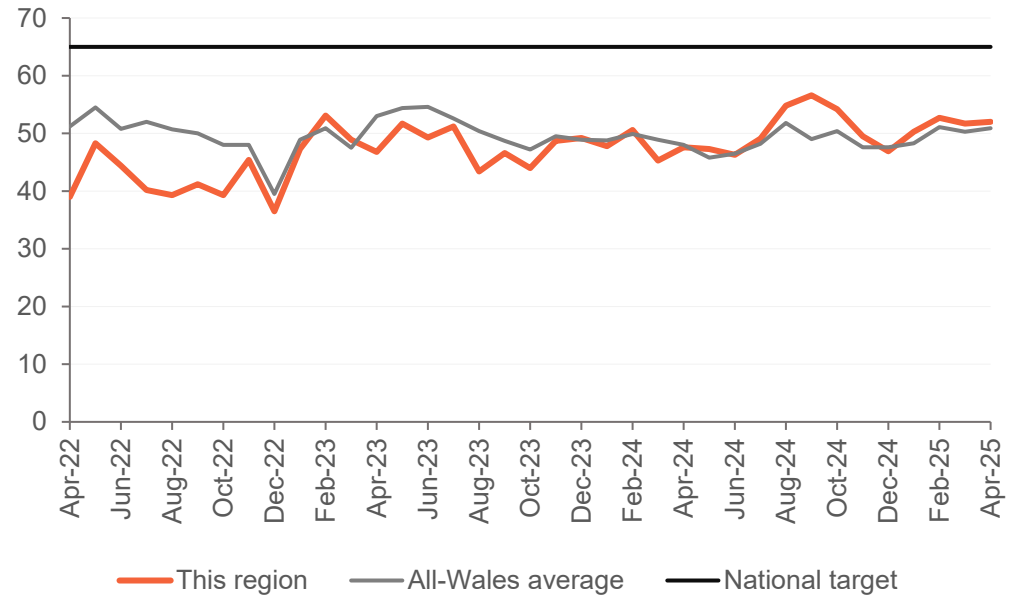
Source: Welsh Government

Appendix 3

Urgent and emergency care performance

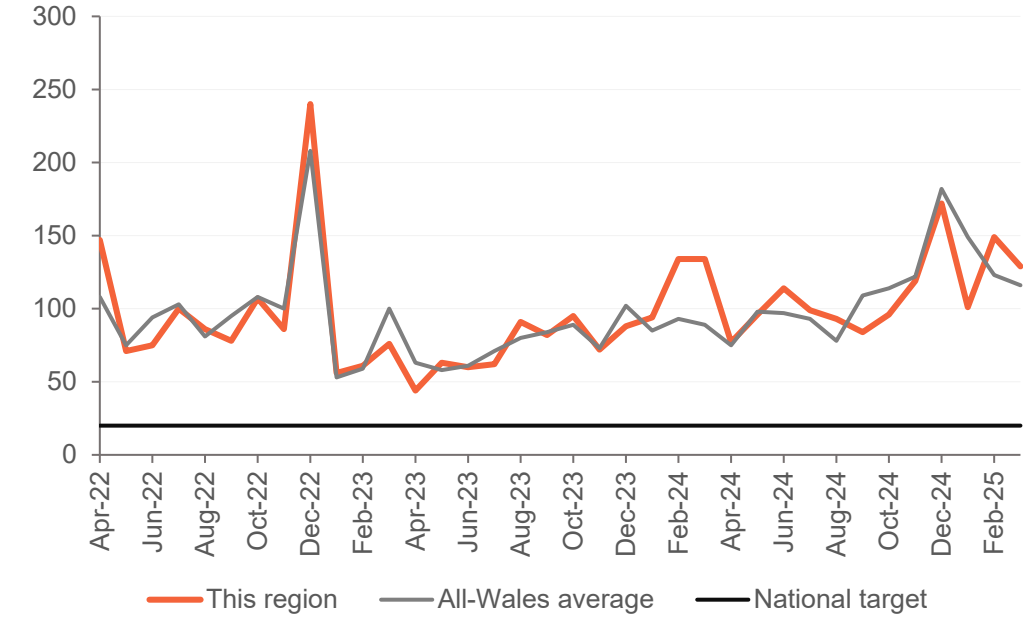
The following exhibits set out the region's performance across a range of urgent and emergency care performance indicators in comparison to the position across Wales since April 2022.

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



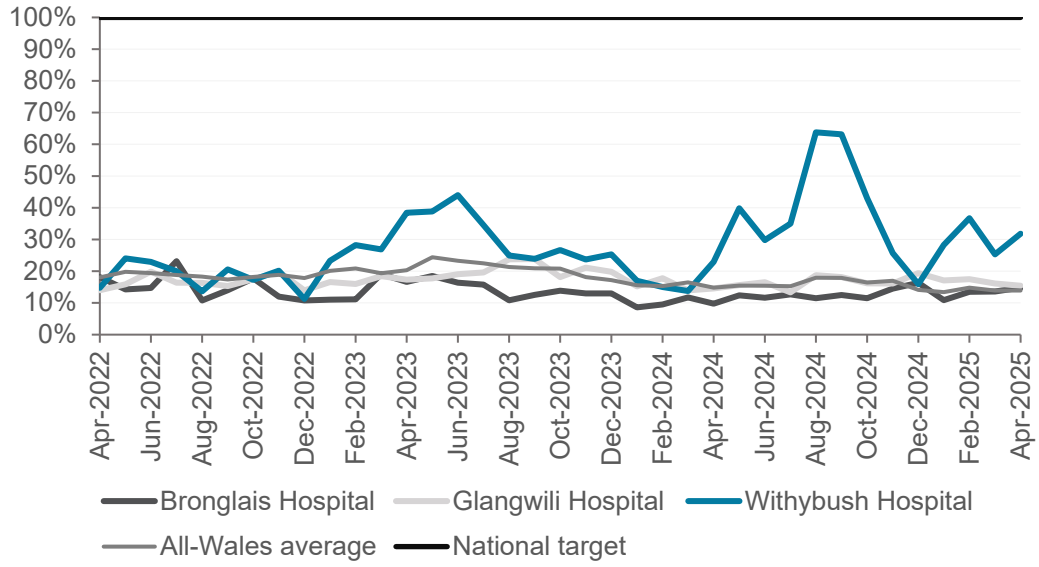
Source: StatsWales

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



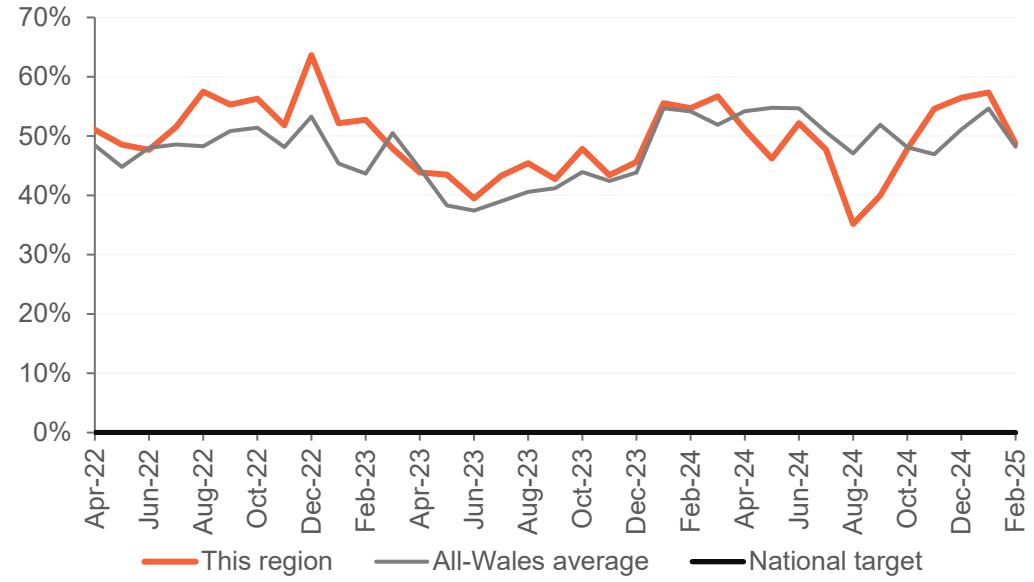
Source: Ambulance Services Indicators

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



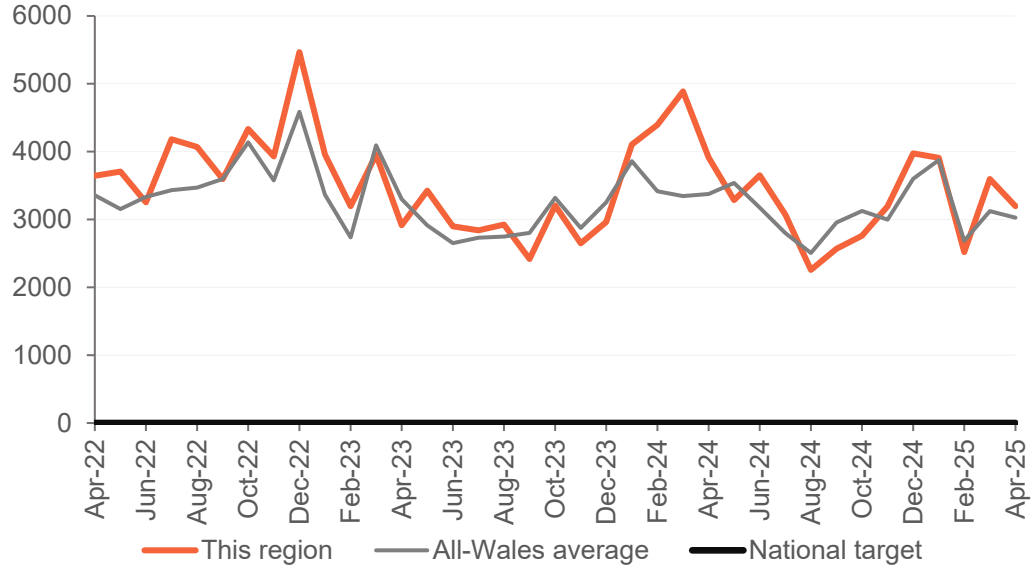
Source: Welsh Ambulance Services NHS Trust

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



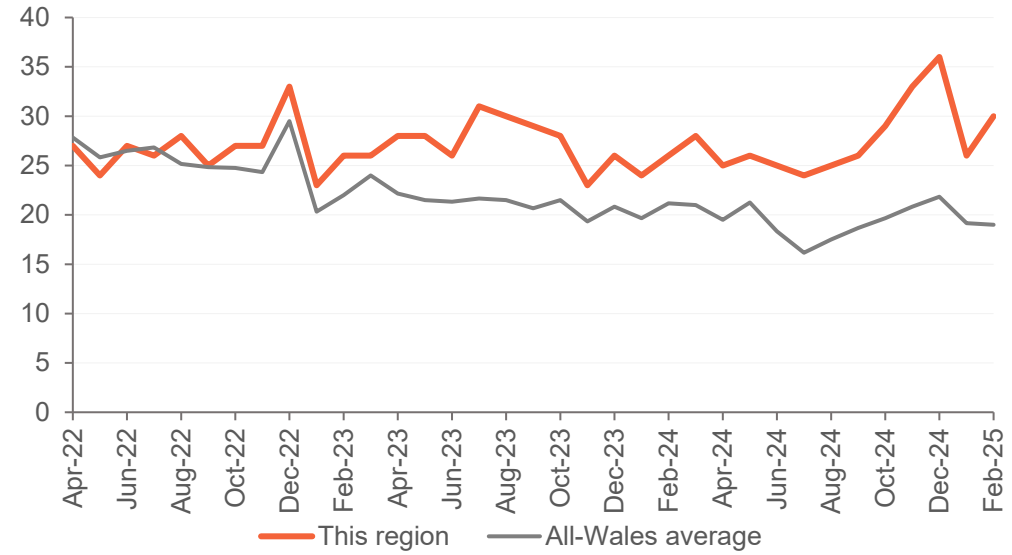
Source: Ambulance Services Indicators

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



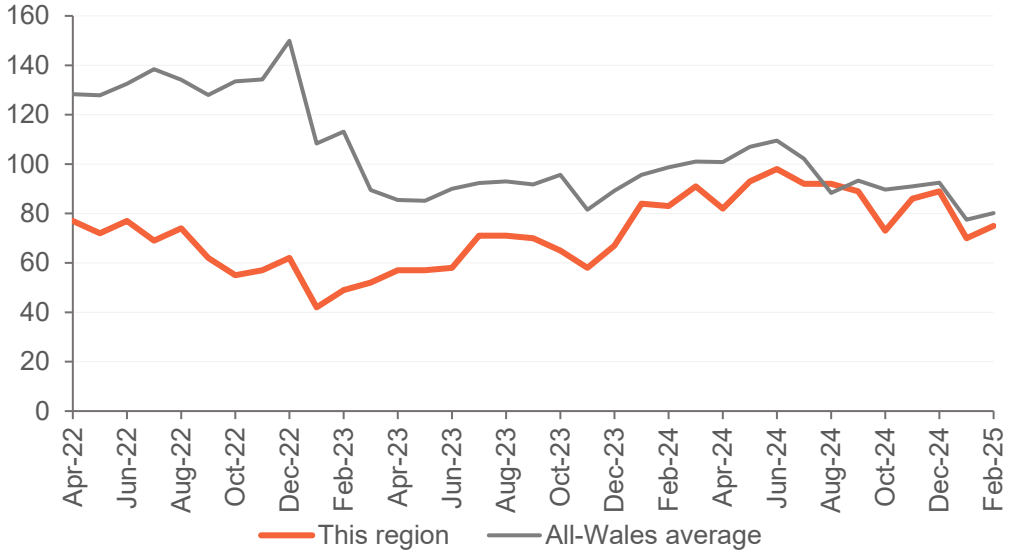
Source: Ambulance Service Indicators

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



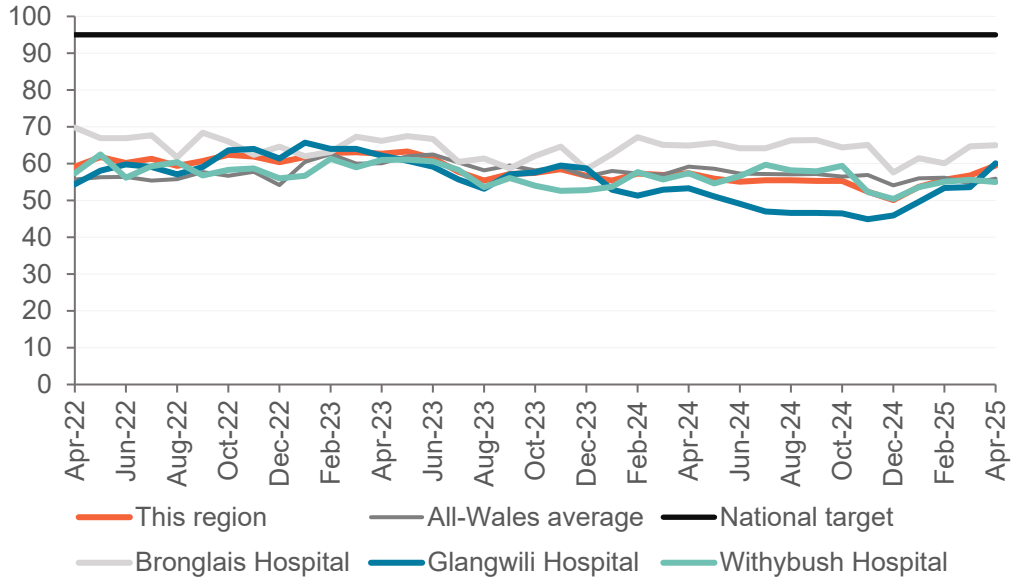
Source: Health Board performance reports

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



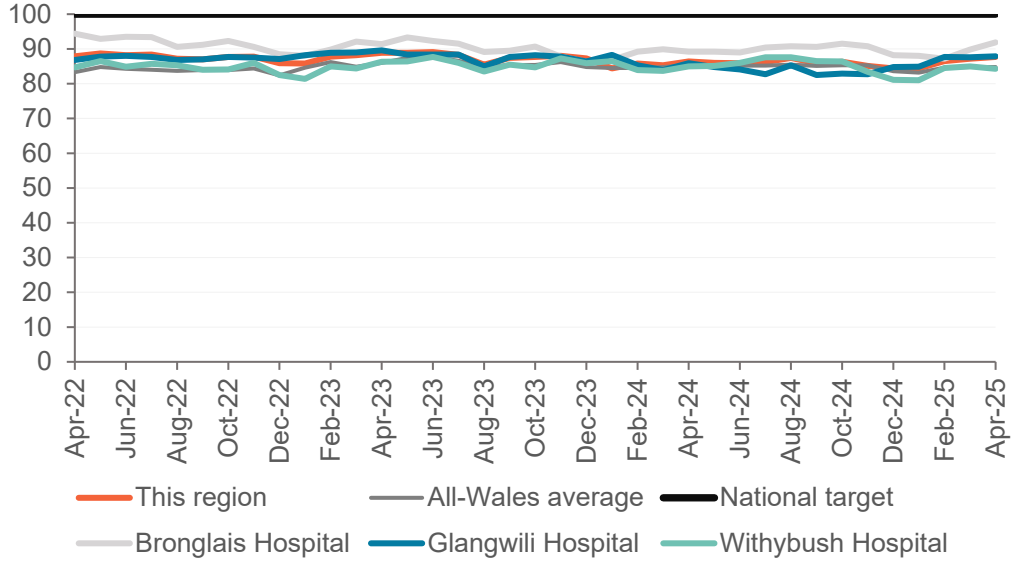
Source: Health Board performance reports

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



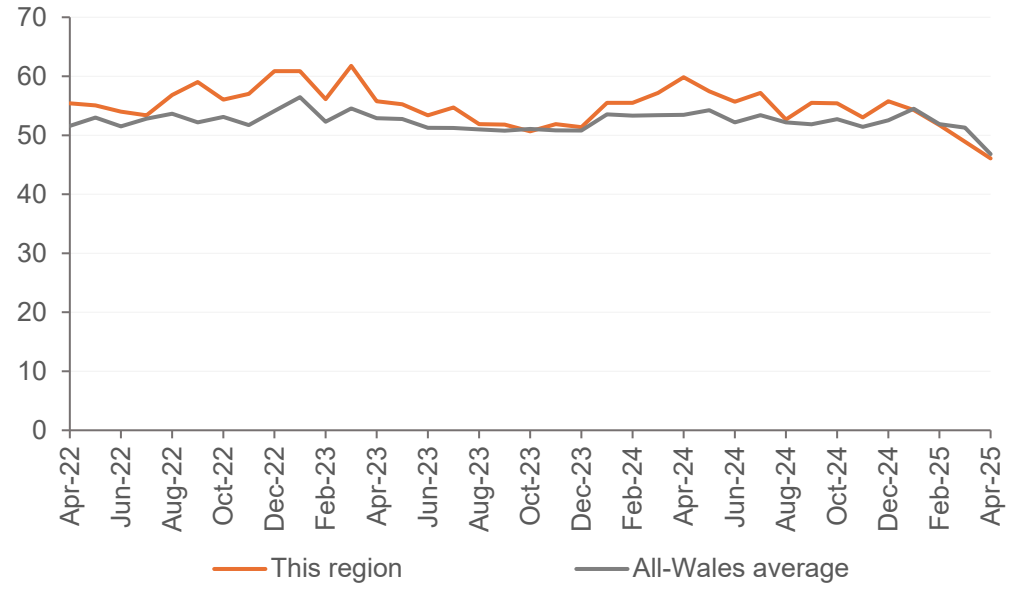
Source: StatsWales

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



Source: StatsWales

Exhibit 24: emergency admissions with length of stay over 21 days per 100 inpatient beds – national target of 12-month reduction



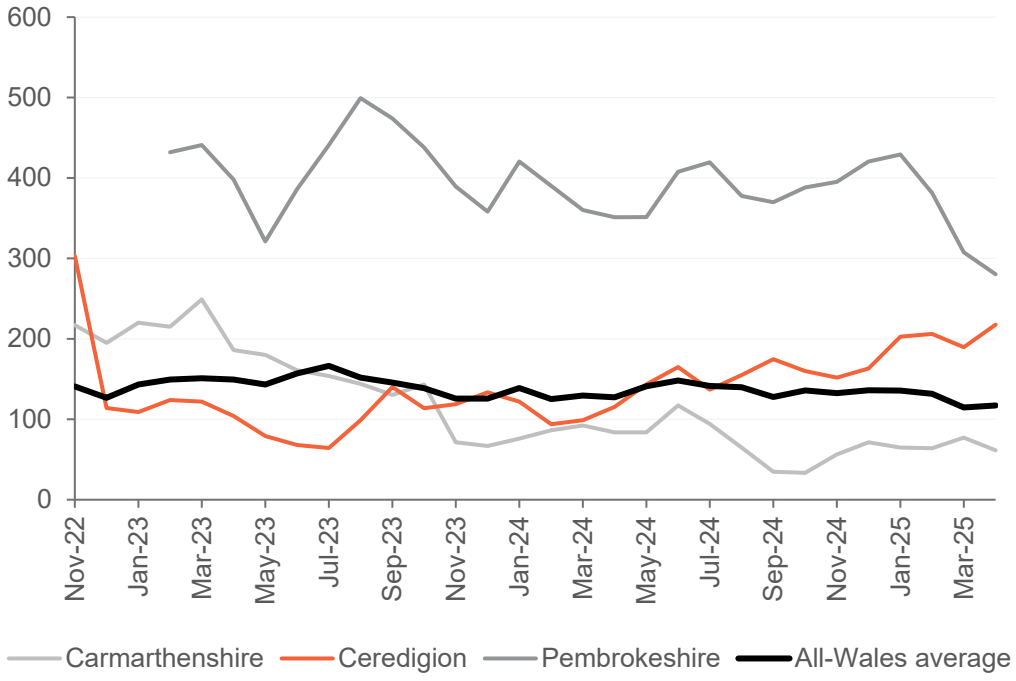
Source: DHCW

Appendix 4

Waits for social care assessments and care packages

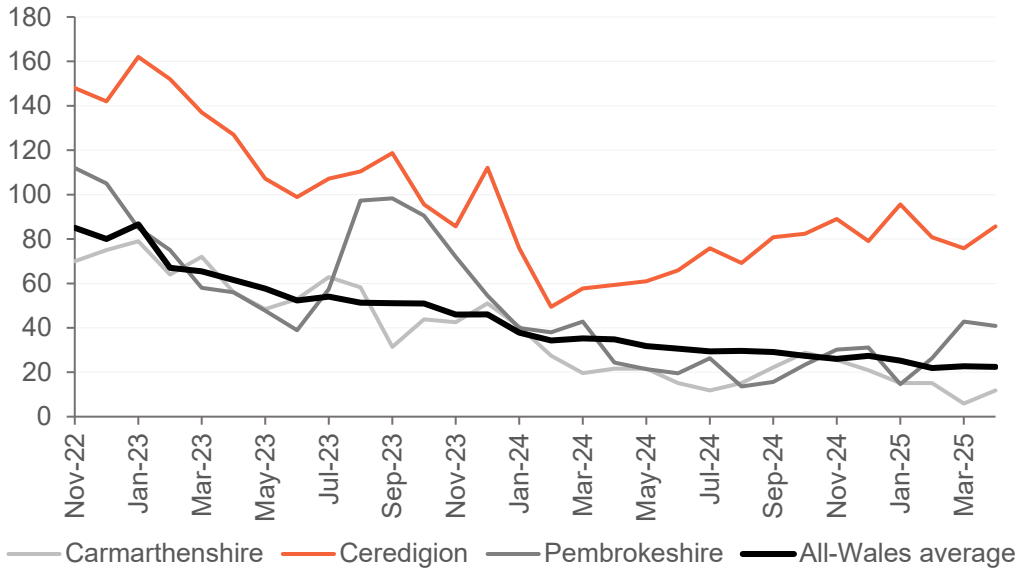
The following exhibits set out the region's waits performance for social care assessment and receipt of a range of care packages in comparison to the position across Wales since November 2022.

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



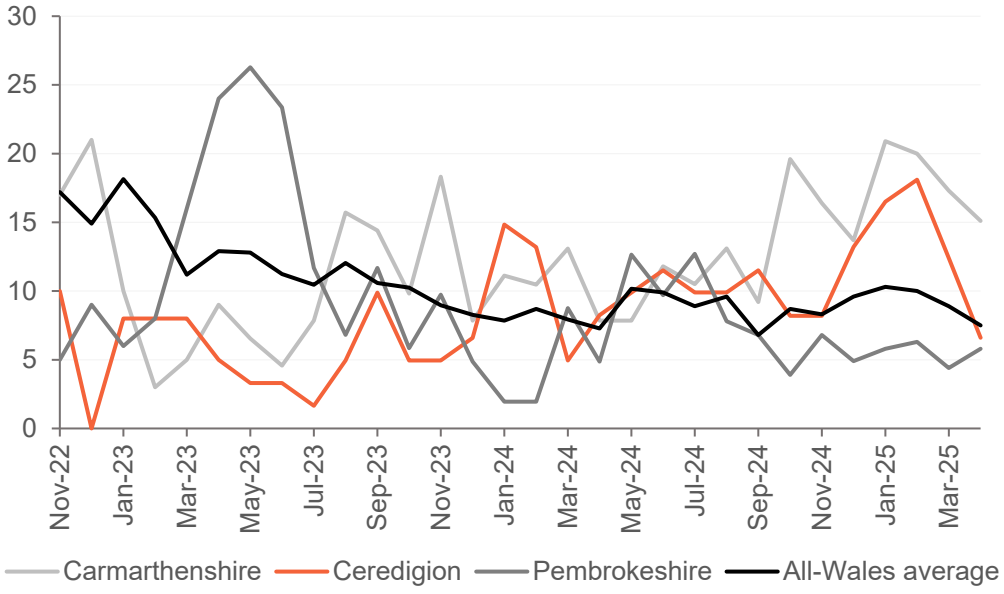
Source: Welsh Government

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



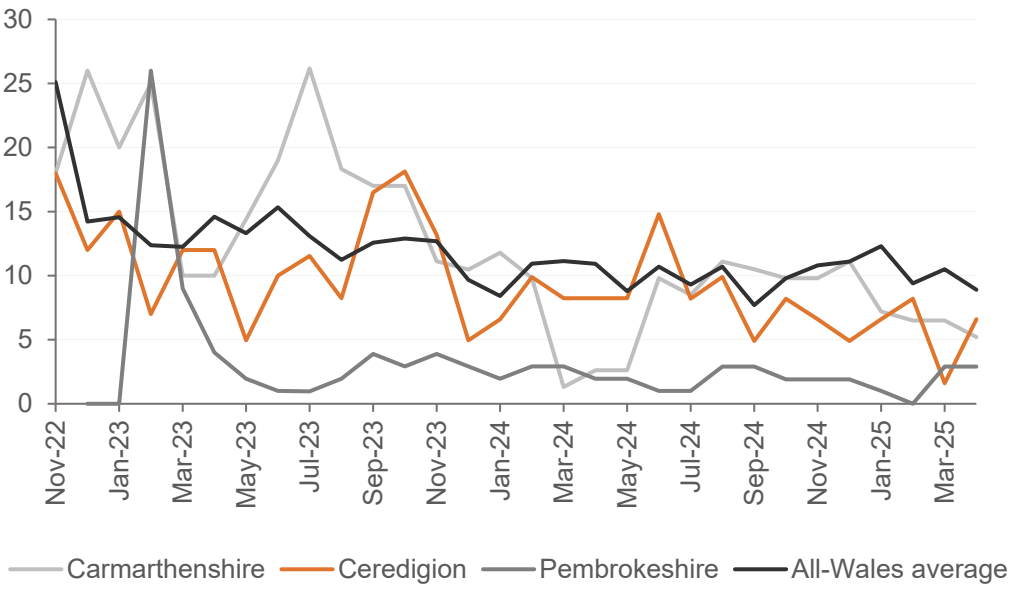
Source: Welsh Government

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

Recommendation	Management response	Completion date	Responsible officer
Managing demand R1 To ensure that only those with a service need are on the relevant waiting lists, the Health Board should ensure its staff only place patients on a waiting list that is relevant to their specific post discharge care needs, rather than placing them on multiple different waiting lists as a means of simple	Regularly discussed at Pathway of Care Delays (POCD) groups to monitor and identify any issues. Health Board and Carmarthenshire/Pembrokeshire local authorities are rolling out the collaborative communication programme which has been identified as good practice. It supports person centred, multidisciplinary working, solution finding and positive risk. It has had a positive impact on individuals, process, and knowledge and understanding between professions, therefore	Ongoing- to review March 2026 Strength based communication has been rolled out - March 2026 is planned completion.	General Manager/Health Board Improvement and Transformation Lead Local Authority Heads of Service/ Health Board Improvement and Transformation Lead

Recommendation	Management response	Completion date	Responsible officer
securing earlier discharge (paragraph 38).	minimising the 'scattergun' approach to referrals. The training, and the development of mentors, is being rolled out across the region.		
	D2RA allocation – development of specific pathways across the HB, e.g. Rehabilitation pathway	Ongoing - to be reviewed monthly	General Manager/Health Board Improvement and Transformation Lead
	Home First hubs are established within each county and ensure that referrals are screened and directed appropriately to the right post-discharge care.	Ongoing – Home first is part-funded through RIF and is evaluated 6 monthly	General Manager/Heads of Service/ RPB lead
Planning for current and future demand			
R2 To inform strategic and operational decision making at a regional level, the Health Board and local authorities should develop a usable data set which captures information on the volume and complexity of whole system demand	The POCD meetings and UEC utilise data and 'deep dive' where there are changes or increases in specific categories to identify issues/ solutions.	Ongoing - as above will be reviewed March 2026	General Manager/Heads of Service/Health Board Improvement and Transformation Lead
	The RPB is also developing, with partners, a data portal that will enable us to capture and utilise data on capacity and demand that the Health Board and all three local authorities can use.	March 2026	RPB manager/ RPB performance lead

Recommendation	Management response	Completion date	Responsible officer
across the region (paragraph 45).	There is currently no integrated dataset encompassing both Health and Social Care. Significant restraints arising from information governance limits data sharing and integration. Addressing these challenges requires a coordinated National approach as highlighted during the National POCD Workshop. RPB is linking with WLGA on their new Digital programme one of the 'pillars' is around data systems.	Ongoing - to be reviewed January 2026	RPB leads
Addressing key gaps in capacity R3 To enable timelier discharge of patients to their own home, the Health Board and local authorities need to work together to develop joint solutions to address key gaps in service capacity, in particular, domiciliary care and reablement services (paragraph 62).	Collaborative communication is being rolled out across local authorities and the Health Board. POCD grants being utilised in each locality to increase capacity in domiciliary care, social work and Occupational therapy assessment and reablement. E.g. in Ceredigion incentive schemes for uptake in Dom care, and Technology approaches to supporting early discharge, Carmarthenshire are piloting new approaches such as long-term complex assessment beds and AI in addition to increasing capacity for	As above - March 2026 POCD grants have recently been allocated and so no confirmed completion date. Recruitment has begun to support the initiatives. Review January 2026	Heads of Service/Health Board Improvement and Transformation Lead Heads of Service Heads of Service/Health Board Improvement and Transformation Lead/Safe Hospital Care Leads

Recommendation	Management response	Completion date	Responsible officer
	assessment. The Health Board will consider a business case in January for seven day working to be rolled out and sustained. System wide prevention of deconditioning priorities and initiatives.		
R4 To ensure effective use of limited resources, Ceredigion County Council should ensure the higher-than-average hours provided per adult in receipt of domiciliary care are appropriate to their needs (paragraph 65)	POCD grant - increase assessment and reablement. Focus on a therapeutic approach across enablement and domiciliary care ensuring that packages are right sized in a timely manner. Wider programme of work being undertaken to review all care packages and care and support plans to ensure that packages are proportionate to level of need. There is a wider focus in Ceredigion, and across the region on prevention, early help, technology and proportionate care packages which means we are seeing the more complex coming through for domiciliary care requiring a significant higher number of hours to meet assessed needs.	Ongoing - as above review January 2026	Heads of Service

Recommendation	Management response	Completion date	Responsible officer
Developing and embedding policies R5 To embed a consistent approach to discharge planning, the Health Board and local authorities should ensure processes are in place to communicate the new discharge planning guidance to all relevant health and social services staff, including those working on a temporary basis. Roll out of the guidance should be supported by an ongoing programme of refresher training and induction training for new staff (paragraph 69).	Collaborative communication is being rolled out across the region.	March 26	Heads of Service/Health Board Improvement and Transformation Lead
	POCD grants being utilised in each locality to increase capacity in domiciliary care, social work and occupational therapy assessment and reablement. Also, in Ceredigion incentive schemes for uptake in domiciliary care, and technology approaches to supporting early discharge.	As above - review January 2026	Heads of Service
	In West Wales, we have integrated posts between health and social care. From a health perspective we have processes in place to support standardised discharge planning with agreed communication processes for each local authority. The live online discharge toolkit which contains key resource and guidance to support discharge planning is available to health and integrated staff via the internal SharePoint platform. However, access for social care remains limited due to platform restrictions.	Ongoing - review March 2026	Heads of Service/Health Board Improvement and Transformation Lead

Recommendation	Management response	Completion date	Responsible officer
	To further support understanding and implementation of discharge planning training videos are being developed. The videos will provide practical guidance and reinforce best practices. `	Ongoing - review March 2026	General Manager/Health Board Improvement and Transformation Lead
R6 To provide clarity to all staff on how the referral process for social care should work across the region, the Health Board, working with local authorities, should ensure that the new discharge planning guidance clearly sets out the point in the discharge planning process referrals for social care should be made (paragraph 73).	Ceredigion – New hospital based social workers will support the embedding of the discharge planning guidance in collaboration with Health Board colleagues. Early conversations and opportunities to consider prevention and early help opportunities will reduce formal referrals into social care. Carmarthen and Pembrokeshire have social work hospital teams, and all local authorities have a single point of access for hospital social work referrals. As a region, we are involved in the All-Wales single referral process which will be for all local authorities and the Health Board	Ongoing - will review recruitment and impact January 2026	Heads of Service

Recommendation	Management response	Completion date	Responsible officer
Improving quality of record keeping R7 To improve the quality of information contained in patient case notes, the Health Board should ensure all staff involved in discharge planning fully understand the importance of documenting comprehensive information in patient case-notes, and in addition implement a programme of case-note audits focused on the quality of record keeping (paragraph 70).	The Health Board 195, Clinical Record Keeping Policy (2023) is in place to provide clear professional and organisational standards for effective record keeping that all clinical staff must adhere to. With the aim that these standards will enable live, accurate, current and comprehensive information about the care provided to our patients. Our SharePoint page now holds a toolkit specifically appropriate to hospital discharge planning. An element of this is our organisation-wide discharge policy which was launched in 2025. This provides a platform on which performance will be monitored and audited. Discharge planning training is now also available via an e-learning package and also articulates the importance of accurate documentation. The ambition is that this will lead to a much more consistent approach across all professions.	Ongoing - regular auditing and review	Director of Nursing, Quality and Patient Experience/General Manager

Recommendation	Management response	Completion date	Responsible officer
	Performance reporting has changed significantly in line with new national models and programmes. The Health Board has implemented a digital platform to help better manage the discharge process and ensure audit and compliance of documentation.		
Enhancing multi-disciplinary ward rounds R8 To encourage collaborative solutions to discharge planning and data sharing, the Health Board and local authorities should ensure relevant professionals from key partners, who can share information and enable efficient discharge, attend relevant multi-disciplinary ward rounds at all acute hospital sites, as is the case in Glangwili Hospital. This may include physiotherapists, social	These meetings are already in situ across the HB footprint, and the roll out of collaborative communication is supporting a culture of info sharing and positive shared risk. Optimal flow - refers to board rounds not ward rounds. There is multidisciplinary team (MDT) representation at board rounds, but this is limited due to workforce challenges which is a constraint to attendance. Ad hoc board round audits are undertaken. To strengthen collaborative communication and joint working across MDTs, the Health Board, in partnership with local authorities, has launched an integrated training programme designed to bring	Ongoing Ongoing - review April 2026 after rollout of training. Ongoing - review April 2026	Heads of Service/ General Manager Heads of Service/ General Manager Health Board Improvement and Transformation Lead

Recommendation	Management response	Completion date	Responsible officer
workers, occupational therapists, care and repair or other relevant professionals (paragraph 79).	together professionals from both health and social care. This programme aims to build shared understanding of discharge planning processes, promote consistent practices, and enhance coordination between services.		
	Escalation process in place across the region for complex discharge planning, including multi-professional MDT's.	Ongoing - review March 2026	Heads of Service/ General Manager
	All local authorities have escalation meetings. E.g. Ceredigion has regular meetings with key officers from health and social care weekly (or more often if required) to manage escalation and routine planning to support early discharge and ensuring appropriate care is available at point of discharge.	Ongoing - review April 2026 to encompass impact of POCD plan	Heads of Service
Improving the quality of social care referrals R9 To enable social workers to effectively triage patients at the point of referral, the Health Board, working with local authorities, should	The POCD grant, awarded to all local authorities, will increase assessment capacity which includes additional social workers and other assessors, including AHP and the trusted assessor programme.	Ongoing - recruitment likely to be completed and additional resource in place by Q4 2025/26	Heads of Service

Recommendation	Management response	Completion date	Responsible officer
improve the completeness of referrals from ward staff to social care (paragraph 80)	Collaborative communication - supports knowledge and information sharing between health and social care. Identifying what a 'good' referral is and working with colleagues to identify this - this is part to the trusted assessor and competencies.	Ongoing - review March 2026 As above	Heads of Service/Health Board Improvement and Transformation Lead Heads of Service/ General Manager
Improving the sharing of information R10 To ensure effective sharing of information, the Health Board and local authorities should implement ways in which information can be shared between organisations, including opportunities to provide multi-agency access to existing access to organisational systems and ultimately joint IT solutions (paragraph 81).	Joint IT solutions, interoperability and sharing of info is a national issue and is one of the 'pillars' of the WLGA digital transformation. The RPB leads have been meeting with the Digital lead to identify how the RPB can support and facilitate this work. Interoperability between national systems e.g. WNCR, WCP, eclipse. There is currently no integrated IT solution for Health and Social Care. Significant restraints arising from information governance limits data sharing and integration. Addressing these challenges requires a coordinated National	Ongoing - review March 2026 Ongoing - issue to be raised in appropriate forums such as bi-monthly ICCS regional meetings and quarterly	WLGA/RPB lead RPB lead

Recommendation	Management response	Completion date	Responsible officer
	approach as highlighted during the National POCD Workshop. The Health Board has entered into a 10-year Digital Partnership with CGI who will support digital transformation across a number of key areas within the Health Board and will include working with local authority partners.	RPB chair/ minister meetings	
R11 To ensure consistency across acute hospital sites, the Health Board should apply a standard approach to recording patient discharge information on hospital wards using digital solutions (paragraph 82).	The Health Board currently utilises Frontier as its digital system for capturing patient data. This platform records the Optimal Hospital Flow indicators that support effective discharge planning, including clinical optimisation status, Red2Green actions, and Discharge to Recover to Assess (D2RA) pathway allocation. Next month, the Health Board is moving over to a new patient digital capture system. There is health and social care representation at Length of Stay discharge planning meetings to share and record patient discharge information.	Ongoing - reviewed monthly as part of POCD governance E-form rollout – November 2025 Reviewed as part of monthly POCD meeting	Health Board Director of Digital Services Health Board Director of Digital Services General Manager /Heads of Service/RPB lead

Recommendation	Management response	Completion date	Responsible officer
R12 To ensure that opportunities to secure earlier discharge with support from services beyond social care are not missed, the Health Board and local authorities should ensure that all relevant staff across each organisation has routine access to up-to-date information on services available in the community that support hospital discharge (paragraph 83).	Ceredigion – New hospital based social workers will support the embedding of the discharge planning guidance in collaboration with HB colleagues. Early conversations and opportunities to consider prevention and early help opportunities will reduce formal referrals into social care. Integrated community networks are pulling individuals who know their community. Information, Advice and Assistance (IAA) officers on the wards in Carmarthenshire (Blue army) support lower level need to understand what is available in the community and work as part of the ward-based teams and front doors. Pembrokeshire - care assessors – looking to develop them linked to every ward through POCD grant.	Ongoing - to be part of POCD grant review as above	Heads of Service

Recommendation	Management response	Completion date	Responsible officer
Developing the West Wales Area Plan 2023-28 implementation plans R13 To strengthen delivery of medium-term planning objectives, the Health Board and local authorities should ensure the implementation plans which underpin the West Wales Area Plan 2023-28 are fully developed and up to date (paragraph 89)	A monthly Integrated Pathways of Care Delay (POCD) Delivery Group is held with active attendance from both health and social care. A standing item on the agenda is the Regional POCD Action Plan which encompasses the local authorities POCD Transformation Grant initiatives. The group reviews the progress and status of the action plan, and an update is submitted to the national team on a quarterly basis for monitoring and reporting purposes.	Completed	Heads of Service/Health Board Improvement and Transformation Lead
Improving scrutiny R14 To enable impact to be demonstrated, the Health Board should ensure that its updates on delivery against the Six Goals Programme contain anticipated outcomes (paragraph 110).	The UEC Six Goals Programme now reports on detailed metrics at both the IQFPD and IQPD meetings monthly. These are centred on the Targeted intervention metrics of Ambulance Handover, ED waiting times, ED assessment times and Pathway of Care Delays. Additionally, information is provided around discharges before mid-day and Length of stay metrics. All information	Ongoing - this is reported and reviewed monthly	Six Goals Lead

Recommendation	Management response	Completion date	Responsible officer
	is presented with an explanation of the current status and corrective actions relating to the individual metric.		
R15 To strengthen scrutiny and oversight, the local authorities should ensure that regular updates on RPB activities related to patient flow are received by the most appropriate committee (paragraph 111).	There is a robust governance in situ, including the POCD delivery groups, the UEC/6 goals, and the newly established delivery and leadership groups in response to the winter planning self-assessment. It is acknowledged that more regular scrutiny and oversight by the local authorities is required on RPB activities (including patient flow) and 6-monthly updates to each local authority Scrutiny Committee has been offered - dates need to be agreed.	December 2025	RPB lead

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