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| SUBJECT: | Audit Wales Report into Flow out of Hospital (Hospital Discharge) – Gwent Region |
| MEETING: | People Scrutiny |
| DATE: | 17th June 2025 |
| DIVISION/WARDS AFFECTED: | All |

1. PURPOSE:

1.1 To present committee members with the Audit Wales report published in September 2024 concerning Flow out of Hospital in the Gwent Region.

1.2 To consider the Audit Wales report from a Monmouthshire perspective and provide an updated position in terms of performance.

1.3 To provide the opportunity for members to scrutinise services that are in place to reduce and prevent unnecessary delays for Monmouthshire residents waiting to be discharged from hospital.

2. RECOMMENDATIONS:

For members to scrutinise:

- Monmouthshire's response to the Audit Wales report
- Current performance with regards to hospital discharge
- The actions that the service has taken and the services that are in place to reduce and prevent unnecessary delays in hospital discharge.

3. KEY ISSUES:

3.1 In September 2024 Audit Wales published its report into "Urgent and Emergency Care: Flow out of Hospital – Gwent Region" (attached). The audit was undertaken using data from April 2023 – February 2024 together with a comprehensive range of focus groups, interviews and observation of practice. A fully methodology is set out at Appendix 1 of the Audit Wales report.

3.2 The audit was undertaken to,
"Satisfy the Auditor General that NHS bodies and local authorities have proper arrangements in place to secure the efficient, effective, and economical use of resources, as required by Sections 17 and 61 of the Public Audit Wales Act 2004."

3.3 For the majority of people who enter hospital, hospital discharge is a process that runs smoothly with minimal intervention, other than standard procedures around ensuing access to medication, arranging any follow-up procedures or assessments; and ensuring that there is

adequate support at home. However, for some groups of people particularly those who are more frail or have complex social or medical needs including dementia, delays can arise.

3.4 A delayed discharge is when a patient is 'medically optimised' but is not yet able to leave hospital due to a number of potential factors. These include: - hospital based assessments that have not yet been undertaken; decisions about move on arrangements that have not yet concluded; care and support arrangements that are not yet in place. Delays within hospital discharge can have a negative impact on a patient's recovery, rehabilitation and independence (for example, loss of mobility / confidence whilst in hospital; or hospital acquired infection). Delays in hospital can have an impact on the wider community when bottle-necks arise due to a lack of flow through the hospital system.

3.5 The report found that,

"Despite a clear focus on improving patient flow within the region, a significant number of medically fit patients are occupying hospital beds. This continues to have serious knock-on effects on other NHS pathways of care and creates risks for patients' physical and mental well-being" and

"For the twelve months up to and including February 2024 there were an average of 250 medically fit patients in the Health Board's hospitals whose discharge was delayed.... with the total number of bed days that had been lost to delayed discharges over that period was 55,685 which equates to £27.8 million of NHS resource based on an average bed cost of £500."

3.6 For Gwent as a whole, the rate of delayed discharges per 100,000 head of population during the period was found to be generally lower when compared to the all-Wales position. For Monmouthshire specifically, however, the rate was occasionally slightly higher than the all-Wales position. The average total length of stay for patients staying over 21 days in the acute sites was 44 days (compared to 56 days across Wales).

3.7 For Monmouthshire residents the top five social care reasons for delayed discharge were:

- Awaiting joint assessment
- Awaiting nursing/residential home for self-funding residents
- Awaiting completion of assessment by social care
- Awaiting start of new home care package
- Awaiting residential/nursing care home manager to visit and assess

The challenges that the service was experiencing at that time in respect of ensuring domiciliary care was also highlighted.

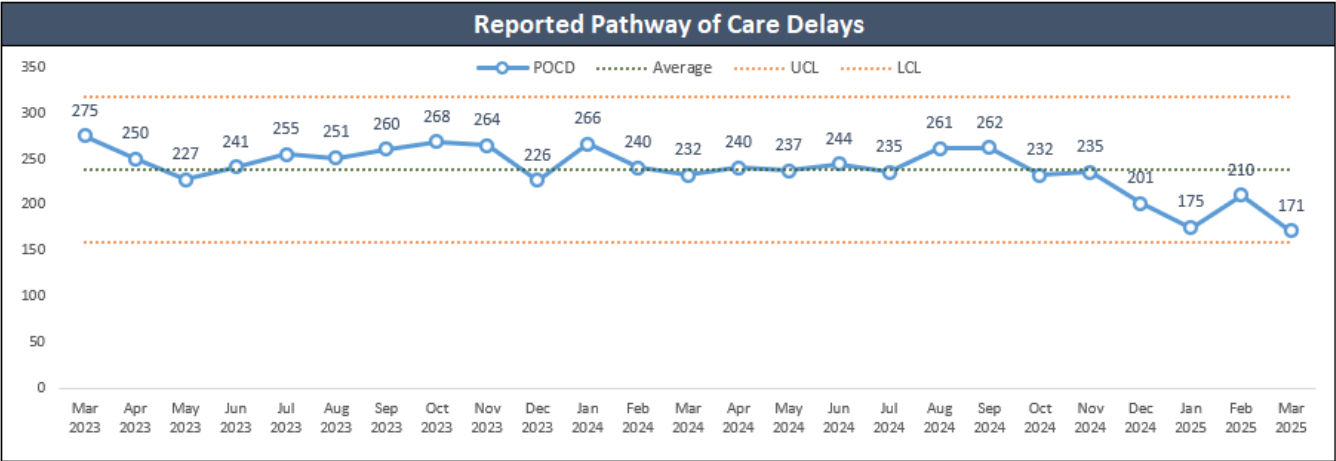
3.8 Eleven recommendations were made which are set out in detail at point 14, exhibit 1 of the Audit Wales report. In headline terms the recommendations are:

- Improving training and guidance on discharge planning
- Embedding a seven-day approach to discharge
- Clarify roles and responsibilities in relation to informal over prescribing of care packages
- Review risk appetite in relation to patient discharge
- Embedding the Trusted Assessor model
- Improving oversight of policies and guidance
- Improving the quality and sharing of information
- Patient, service user and staff feedback

3.9 A combined Local Authority / Health response to the recommendations is set out at Appendix 5 of the Audit Wales report.






3.10 It is fair to say that hospital discharge remains a key national priority. In November 2024, the Welsh Government issued a '50-day challenge' with accompanying practice guidance for Regional Partnership Boards with the intention to drive improvement specifically over the winter period. At a regional level various strategic and operational structures are in place to support joint working including the Gwent Adult Strategic Partnership and the Integrated Discharge Board. Equally, at a locality level, Monmouthshire's integrated arrangements between primary health and social care support day to day practice and operational decision making aimed at reducing delays for individual residents.

3.11 There is an intense amount of scrutiny of performance in this area exercised at a national, regional and local level with, during certain periods, weekly reporting up to the First Minister. Overall, this has shown an improved picture over the year 2024/25 for the Gwent region (including Monmouthshire) in both numbers of delayed discharge and length of stays.



Source: End of Challenge Report to the Care Action Committee, Gwent Region

3.12 The table below highlights the improvement seen as at March 2025 in terms of reported delays and days delayed with reported improvement across Health, Social Care and joint delays:

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|  Reported Delays 171 |  Days Delayed 6,195 |  Health Delays 32 |  Social Delays 64 |  Joint Delays 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><td>Last Month</td><td>Last Year</td></tr><tr><td>Feb 2025</td><td>Mar 2024</td></tr><tr><td>210</td><td>232</td></tr><tr><td>↓</td><td>↓</td></tr><tr><td>-18.6%</td><td>-26.3%</td></tr></table> | Last Month | Last Year | Feb 2025 | Mar 2024 | 210 | 232 | ↓ | ↓ | -18.6% | -26.3% | <table><tr><td>Last Month</td><td>Last Year</td></tr><tr><td>Feb 2025</td><td>Mar 2024</td></tr><tr><td>6912</td><td>8937</td></tr><tr><td>↓</td><td>↓</td></tr><tr><td>-10.4%</td><td>-30.7%</td></tr></table> | Last Month | Last Year | Feb 2025 | Mar 2024 | 6912 | 8937 | ↓ | ↓ | -10.4% | -30.7% | <table><tr><td>Last Month</td><td>Last Year</td></tr><tr><td>Feb 2025</td><td>Mar 2024</td></tr><tr><td>49</td><td>71</td></tr><tr><td>↓</td><td>↓</td></tr><tr><td>-34.7%</td><td>-54.9%</td></tr></table> | Last Month | Last Year | Feb 2025 | Mar 2024 | 49 | 71 | ↓ | ↓ | -34.7% | -54.9% | <table><tr><td>Last Month</td><td>Last Year</td></tr><tr><td>Feb 2025</td><td>Mar 2024</td></tr><tr><td>81</td><td>71</td></tr><tr><td>↓</td><td>↓</td></tr><tr><td>-21.0%</td><td>-9.9%</td></tr></table> | Last Month | Last Year | Feb 2025 | Mar 2024 | 81 | 71 | ↓ | ↓ | -21.0% | -9.9% | <table><tr><td>Last Month</td><td>Last Year</td></tr><tr><td>Feb 2025</td><td>Mar 2024</td></tr><tr><td>80</td><td>90</td></tr><tr><td>↓</td><td>↓</td></tr><tr><td>-6.3%</td><td>-16.7%</td></tr></table> | Last Month | Last Year | Feb 2025 | Mar 2024 | 80 | 90 | ↓ | ↓ | -6.3% | -16.7% |
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Source: End of Challenge Report to the Care Action Committee, Gwent Region

3.13 Within Monmouthshire our progress is evidenced as follows:

- The number of monthly delayed discharges in Monmouthshire are tracked and between March 2023 and March 2025 the average is 53 with the highest being 63 (August 2024) and the lowest being 40 (March 2025).
- The number of monthly days delayed in Monmouthshire are tracked and between March 2023 and March 2025 the average number of days delayed was 2356. The highest number of days was 3392 (December 2024) and the lowest was 1179 (March 2025)
- The current number of delayed discharges at 21st May 2025 is 51 just below the average of 53. The number of bed days delayed is 1436, considerably below the average of 2356 when measured against the number of total delays. This highlights the trend of improvement in reducing the length of delays.
- It is important to note that fluctuations occur as a result of demand and capacity within both acute and community settings but the improvements in communication and responsivity are focused on delivering better outcomes for Monmouthshire residents.

3.14 It is imperative that hospital discharge remains as a priority area for Monmouthshire. This is required to ensure that services are orientated to supporting people to leave hospital in a timely manner, with the right care and support in place to achieve good personal outcomes and maximise wellbeing. At the same time, the service is working jointly with others to address some of the underlying systemic challenges including access to early, preventative support and treating people safely at home (admission avoidance) where this might support better outcomes.

4. EQUALITY AND FUTURE GENERATIONS EVALUATION (INCLUDES SOCIAL JUSTICE, SAFEGUARDING AND CORPORATE PARENTING):

4.1 The impact of delays in discharge and longer than necessary stays in hospital disproportionately affect older people and those with complex needs or disabilities. Staying in hospital longer than necessary can have a negative effect on people including reduced strength and mobility, loss of confidence and result in further deterioration to people's underlying needs / conditions. It can be an anxious and stressful time for individuals and their families / carers as major decisions are being taken about the patient's future living and care arrangements.

4.2 The steps that are being taken to reduce delays will support better outcomes for some of our most vulnerable residents.

5. OPTIONS APPRAISAL

Not applicable

6. EVALUATION CRITERIA

6.1 Intensive oversight and scrutiny of performance is in place including monthly dashboards to monitor delayed pathways; length of stay; reasons for delays; numbers of assessments undertaken and specific service outcomes. Oversight is provided through national and regional structures including the Regional Partnership Board and through into Welsh Government.

7. REASONS:

7.1 Hospital flow is an area of national interest and concern that members should have the opportunity to scrutinise at a local level.

7.2 There is an established mechanism for Audit Wales reports to be brought to the attention of Governance and Audit committee. However; as the findings and outcomes of the report directly concern Monmouthshire residents it was felt that a more detailed scrutiny exercise should be undertaken by People Scrutiny Committee.

8. RESOURCE IMPLICATIONS:

8.1 There are no specific resource implications. There are considerable resources within adults services that are turned towards supporting hospital discharge; however these are not disaggregated from the overall budget for the service. There are some specific government grants which support this area of work (including through the Regional Integrated Fund). Utilisation of grant monies, and adherence to the terms and conditions of the grant, are reported directly to Welsh Government.

9. CONSULTEES:

Social Care Directorate Management Group

10. BACKGROUND PAPERS:

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

Date issued: September 2024

Document reference: 4775A2025



4775A2025_Gwent_Reg
ion_Urgent_Emerger

11. AUTHOR:

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