

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

PEOPLE SCRUTINY JUNE 2025

Purpose for Scrutiny

- ▶ Discuss our on-going response to some of the findings in the report and how we are seeking to improve outcomes for residents
- ▶ Share recent performance year end March 2025
- ▶ Describe developments over the year since the publication of the Audit Wales report

Context of AW Report

- ▶ Addresses hospital discharge arrangements in Gwent 2023/2024
- ▶ Key issues
 - Significant number of med fit patients occupying beds (250 pm/£27m)
 - Risk to patients and to other pathways of care
- ▶ Findings
 - Demand – complexity and volume
 - Practice – risk averse
 - Workforce capacity
 - Patient flow
 - Policy and guidance

Recommendations and 24/25 Initiatives

- ▶ Mainly Health actions
- ▶ Joint recommendations:
 - Discharge planning guidance and training – update to reflect WG national priorities 2023
 - 7 day discharge arrangements
 - Improve information exchange and communication
 - Capture service users experience and apply learning
 - Monmouthshire specific – domiciliary care – higher number of assessments
- ▶ 24/25 Initiative & strategic oversight
 - Local, Regional & National – escalation status – winter planning
 - 50 Day Challenge – Care Action Committee – ministerial oversight
 - Integrated Hospital Discharge Board – 6 goals
 - Regional Partnership Board (RPB)
 - Integrated Services Partnership Board (ISPB)

MONMOUTHSHIRE PERFORMANCE

▶ Delayed Pathways of Care (DPoC)

- Average 53 per month over 2 years currently 51 (May 25)
- Gwent combined average 250

▶ Length of Stay (LOS)

- Average 2255 per month over 2 years currently 1179 (May 25)
- Gwent combined average 8500

▶ Top 5 delay reasons

- Joint assessment
- Social care assessment
- Waiting for care home vacancy
- Waiting for care home to assess
- Waiting for domiciliary care capacity

▶ Context

- ▶ 1400 discharges in 24/25 - Total number of assessments 1929 (23/24) 2340 (24/25)

Common Operational Discharge Delay Factors

- ▶ Change in medical status (optimised/fit)
- ▶ Waiting for care home/domiciliary care provider – assessment required/vacancy in preferred home/or if delayed lose bed
- ▶ No rehab beds or therapy capacity in the hospital to facilitate safe discharge
- ▶ Hospital transfer (24% Monmouthshire patients)
- ▶ Family engagement
- ▶ Late planning and referral
- ▶ Specialist provision or Continuing Health Care (CHC)

Monmouthshire practice to support hospital discharge – tackling the issues on the ground

- ▶ Social Workers and OTs based in the hospitals / wards
- ▶ Integrated structure
- ▶ Prioritisation and allocation
- ▶ Communication and escalation
- ▶ Process – Multi-disciplinary
- ▶ Re-designed management structure to focus on community hospitals and LOS

Challenges / Risks

- ▶ Data validation approach has its limitations, quality of data
- ▶ Medical vs social understanding of people – culture - different approaches to risk (within acute setting) - Consultant led decision making
- ▶ De conditioning and enablement in acute settings
- ▶ Bed management/Bed capacity
- ▶ Health raising expectations about Social Care
- ▶ Complex nature of some sw assessments, ensuring family and individual feel they are making informed choices about future – early planning
- ▶ Capacity assessments
- ▶ Financial risk to the Local Authority
- ▶ High Volume – but each person is an individual and has their own pathway
- ▶ Duplication of effort and development of myriad of services / roles – layers and complexity
- ▶ Risk of outbreaks

Looking to future

- ▶ National, regional and local workstreams
- ▶ Advocate for relational and outcome focussed measurements rather than purely data driven
- ▶ Focus on admission prevention
- ▶ Expansion of frailty community response – utilisation of further, faster funding – development of 7 day service
- ▶ Reablement pathway – reducing SW waiting lists – domiciliary care capacity
- ▶ Anticipatory care planning, joint training and consistent guidance
- ▶ Review of RIF funded hospital services (e,g Home First)
- ▶ Local priority through ISPB and commitment to integrated approach