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CYNGOR SIR
YNYS MÔN
ISLE OF ANGLESEY
COUNTY COUNCIL

Mr Dylan J. Williams
Prif Weithredwr – Chief Executive
CYNGOR SIR YNYS MÔN
ISLE OF ANGLESEY COUNTY COUNCIL
Swyddfeydd y Cyngor - Council Offices
LLANGFNI
Ynys Môn - Anglesey
LL77 7TW

Ffôn / tel (01248) 752500
Ffacs / fax (01248) 750839

RHYBUDD O GYFARFOD	NOTICE OF MEETING
CYFARFOD ARBENNIG O'R PWYLLGOR SGRIWTINI PARTNERIAETH AC ADFYWIO	SPECIAL MEETING OF THE PARTNERSHIP AND REGENERATION SCRUTINY COMMITTEE
DYDD MERCHER, 13 TACHWEDD, 2024 am 2.00 o'r gloch yp	WEDNESDAY, 13 NOVEMBER, 2024 at 2.00 pm
CYFARFOD HYBRID – YN YSTAFELL BWYLLGOR , SWYDDFEYDD Y CYNGOR, LLANGFNI AC YN RHITHIOL DRWY ZOOM	HYBRID MEETING – IN COMMITTEE ROOM, COUNCIL OFFICES, LLANGFNI AND VIRTUALLY THROUGH ZOOM
Swyddog Pwyllgor	Mrs. Mairwen Hughes 01248 752518 Committee Officer

AELODAU / MEMBERS

Cynghorwyr / Councillors:-

Y Grwp Annibynnol/ The Independent Group

Gwilym O Jones (Is-gadeirydd/Vice-Chair)

Plaid Cymru / The Party of Wales

Non Dafydd, Euryrn Morris, John Ifan Jones, Dylan Rees (**Cadeirydd/Chair**), Margaret M Roberts, Ken Taylor, Sonia Williams

Annibynnwyr Môn/Anglesey Independents

Paul Ellis, Jeff Evans, Derek Owen

Llafur Cymru/Welsh Labour

Pip O'Neill

Aelodau Ychwanegol/Additional Members (gyda hawl pleidleisio ar faterion addysg/with voting rights in respect of educational matters) Mrs Wenda Owen (Yr Eglwys yng Nghymru/The Church in Wales), Gillian Thompson (Rhiant Llywodraethwr – Sector Ysgolion Cynradd/Parent Governor – Primary Schools Sector), Sedd Wag/Vacant Seat-(Rhiant Llywodraethwyr – Sector Ysgolion Uwchradd ac ADY/Parent Governor – Secondary Schools Sector and ALN) Mr John Tierney (Yr Eglwys Babyddol Rufeinig/The Roman Catholic Church)

Aelod Cyfetholedig/Co-opted Member (Dim Hawl Pleidleisio/No Voting Rights)

Mr. Dafydd Gruffydd (Rheolwr Gyfarwyddwr/Managing Director - Menter Môn)

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A G E N D A

1 APOLOGIES

2 DECLARATION OF INTEREST

To receive any declaration of interest by any Member or Officer in respect of any item of business.

3 MINUTES (Pages 1 - 10)

To submit, for confirmation, the minutes of the previous meeting held on 15 October, 2024.

4 AUDIT WALES : URGENT AND EMERGENCY CARE : FLOW OUT OF HOSPITAL - NORTH WALES REGION (Pages 11 - 82)

To submit a report by Audit Wales.

5 BETSI CADWALADR UNIVERSITY HEALTH BOARD (Pages 83 - 114)

To submit a report by the Betsi Cadwaladr University Health Board.

PARTNERSHIP AND REGENERATION SCRUTINY COMMITTEE

Minutes of the hybrid meeting held on 15 October 2024

PRESENT:

Councillor Dylan Rees (Chair)
Councillor Gwilym O Jones (Vice-Chair)

Councillors Non Dafydd, Jeff M Evans, John Ifan Jones,
Eurn Morris, Pip O'Neill, Derek Owen, Margaret Murley Roberts,
Ken Taylor and Sonia Williams

Mrs Gillian Thompson – Parent Governor (Primary Schools
Sector);

Mr John Tierney -The Roman Catholic Church

Portfolio Members

Councillor Gary Pritchard – Leader of the Council & Portfolio
Member for Economic Development;

Councillor Dafydd Roberts – Portfolio Member for Education and
the Welsh Language)

IN ATTENDANCE:

Chief Executive,
Director of Education, Skills and Young People (for item 5 only),
Head of Regulation and Economic Development (for item 4 only),
Head of Democracy,
Scrutiny Manager (AD),
Scrutiny Officer (EA),
Committee Officer (MEH),
Webcasting Officer (FT).

APOLOGIES:

Deputy Chief Executive

ALSO PRESENT:

Portfolio Members

Councillor Neville Evans – Portfolio Member for Leisure, Tourism
and Maritime;

Councillor Carwyn Jones – Portfolio Member for Corporate
Business and Customer Experience;

Councillor Alun Roberts – Portfolio Member for Adults' Services &
Community Safety;

Councillor Nicola Roberts – Portfolio Member for Planning, Public
Protection & Climate Change;

Councillor Dafydd Rhys Thomas – Portfolio Member for Highways,
Property & Waste;

Councillor Robin Williams – Deputy Leader and Portfolio Member
for Finance & Housing.

Mr Dafydd Gruffydd – Managing Director , Menter Môn (for item 4 only).

Mrs Gwenno Jones, Mrs Sharon Vaughan, Mr Rhys Williams – GwE representatives (for item 5 only).

The Chair announced that the order of business would be varied with item 5 – GwE Annual Report for the Isle of Anglesey : 2023/2024 being moved to the last item on the agenda to allow, if discussion progressed, requiring the meeting to be undertaken in private session.

1 APOLOGIES

As noted above.

2 DECLARATION OF INTEREST

None received.

3 MINUTES

The minutes of the previous meeting held on 12 September, 2024 were confirmed as correct.

Arising thereon

The Chair referred to the ‘actions’ required following the last meeting and noted that Members of the Committee have received, as requested, reports as regards to ‘Overview of work undertaken by Anglesey County Council to raise awareness regarding the Cost of Living, together with a ‘follow-up’ report by MônCF following questions at the meeting held on 12 September, 2024. He noted that the report on ‘Bus Routes in Rural Areas’ is still awaited.

4 STRATEGIC PARTNERSHIP - MENTER MÔN

The Chair welcomed Mr Dafydd Gruffydd, Managing Director – Menter Môn to the meeting to present an overview of the services provided by Menter Môn.

The Chair sympathised with the staff of Menter Môn who have lost a valued member of staff recently.

Mr Dafydd Gruffydd, Managing Director – Menter Môn said that Menter Môn was established by the County Council in 1995, and a decision was undertaken to establish the company as a ‘not for profit’ company in 1996 to deliver the EU LEADER programme, which sought to develop solutions to challenges faced in rural areas. Projects in the early years included the Ynys Môn Red Squirrel project, the restoration of Swtan Cottage, the establishment of Gwyl Cefni and the development of the coastal path and Lôn Las Cefni. The company has developed over the years, delivering regional and national projects, but the range and

emphasis of work on Ynys Môn has remained constant. Schemes such as Menai Rivers, which protect the Water Vole, the work of the Menter Iaith, maintaining Aberlleiniog Castle, supporting Anglesey Youth Theatre and organising Gwyl Cefni. The company now employs 85 staff, who work on projects and contracts ranging from business support, renewable energy, to environmental conservation and SMART technology. He further said that most of the work carried out regionally and nationally are through contracts, with any surplus retained within the company to support its various projects as noted within the report. One of the largest project is Morlais, which aims to add value to the tide and bring benefits to Ynys Môn by creating jobs, supporting supply chains and generating income for community project. Mr Gruffydd further said that Brexit posed a significant threat to Menter Môn as the EU was the main source of funding for most of the company's projects. As a result of this uncertainty the company expanded its portfolio, with exploring new areas and developing income generating activities. Menter Môn has revisited the aims of the company and consider the main areas to unlock the potential of people and resources to secure the future of communities. The aims are to support and nurture people; strengthen the economy; enhance the environment and celebrate our culture. However, the uncertainty is ongoing especially within community activities. The SPF funding continues possibly until March 2025 and ARFOR funding also until March 2025 with a possible extension; these schemes employ 25 staff.

Mr Gruffydd referred to Menter Môn's commitments on Anglesey and how they align with the Council's Plan 2023-2028. These align with strategic objectives set out within the Council's Plan, and particularly the Welsh language, the economy and climate change as set out within the report. He further referred that Menter Môn consistently engages with a range of groups and communities across the Island. Menter Môn does not receive core funding and therefore all activities, including engagement, must relate to a contract or grant scheme. Nevertheless, Menter Môn is keen to build a stable relationship with communities and improve communication. He proposed that information will be circulated to all elected members by November 2024 i.e. information will include the company's vision, an overview of current projects, contact details of senior staff and an outline of future plans. Secondly, a meeting will be arranged with elected members of electoral wards over a period of 12 months. This will be an opportunity to outline an overview of the company's work, highlight relevant plans in their areas, and discuss the opportunities and concerns.

The following were points of discussion by the Committee:-

- How can improved collaboration with the County Council and other local bodies maximise local benefits. The Managing Director - Menter Môn responded that discussions have been undertaken recently with the Council to put a structure in place to improve collaboration and regular meetings will be undertaken between Senior Officers of Menter Môn and the Council. Comments were made that whilst it is accepted that collaboration between Senior Officers of Menter Môn and Executive Members are undertaken, engagement needs to be undertaken with other elected members to inform them of community benefits. The Chief Executive agreed that collaboration needs to be improved, and yearly engagement framework will be arranged within electoral wards to inform the

elected member as to the opportunities is taking place within these wards. He noted that this collaboration process will ensure that elected members can inform their local communities and Town/Community Councils.

- As highlighted within the report that Menter Môn was established by the Council to deliver projects on the Island. What assurances are there that Menter Môn's focus is on work and delivery on the Island and what else can be achieved in terms of engagement if resources were available. Mr Dafydd Gruffydd responded that the report highlights the work undertaken by Menter Môn. He said that it is anticipated that the Morlais project will generate income to reduce the dependency on grant funding and short-term grants. However, if Menter Môn had a similar source of funding, as was available at the beginning of the establishment of the company, more community projects could be achieved. Further questions were raised whether both the UK Government and Welsh Government will afford funding that was similar to the previous EU funding. Mr Gruffydd responded that due to uncertainties with resources available it is impossible to gauge as to the funding that will be available. However, he considered that the UK Government might afford similar funding as the SPF and Levelling Up grants or there will be an extension to the current programme delivery of the current projects.
- Questions were asked as to what extent is there enough collaboration with the Town and Community Councils and local alliances. Mr Gruffydd responded that engagement with different group is undertaken across the Island but if more funding was available more engagement and collaboration could entail. With the yearly engagement process with local members, it is hoped that it will help for information and feedback to the Town and Community Councils as to the activities and opportunities within the communities. Further questions were raised as to whether the work undertaken by Menter Môn overlaps the work of Medrwn Môn. Mr Gruffydd responded that there is a good working relationship between Menter Môn and Medrwn Môn. He said that Anglesey is fortunate that they have a range of alliances that support the communities of the Island.
- Reference was made to the proposed large solar parks in the North of the Island. Questions were raised as to how Menter Môn can respect the opinions of those for and against the proposals whilst having an interest in development. Mr Gruffydd responded that Menter Môn does not have a business interest in development and will not benefit from this proposed development in the North of the Island. He said that Menter Môn role is to facilitate the process and to ensure that the local communities benefit from such developments. Comments were made that whilst Menter Môn would not benefit financially from the proposed solar parks, questions were raised whether Community Group would be more beneficial to ensure that the local community benefit from the developments. Mr Gruffydd said that Menter Môn has established 'Ynni Cymunedol Môn' forum which is administered by Menter Môn. 'Ynni Cymunedol Môn' will have its own 'terms of reference' and has representatives from the County Council. He noted that local committees will be established within the communities that will be affected by the proposals and it will be these bodies that will decide how to distribute the funding created from these proposed solar parks for the benefit of the local communities. Further questions were raised as to how Menter Môn will be able to fund the work required to administer such a large project. Mr Gruffydd responded that Menter Môn has its own energy projects, and it is anticipated that the Morlais

programme will generate income in the next three years to enable to fund 'Ynni Cymunedol Môn'.

- Questions were raised as to the challenges of keeping the organisation sustainable due to uncertainty around public funding and short-term grants due to Brexit. Mr Gruffydd responded that Menter Môn is continuing applying for grants from different funding avenue to ensure that community projects are continuing.
- Questions were raised as to the benefit the Island will have from the Morlais and other energy projects. Mr Gruffydd responded that the role of Menter Môn is to ensure that there is local benefit from the energy projects. It is anticipated that a substantial income will be generated from the Morlais project in the next 10 to 15 years. Thereafter, a decision will be needed locally as to how to distribute the income for the benefit of the community.

The Leader of the Council said that it is evident that there is a close link between the Authority and Menter Môn. Menter Môn is strongly embedded in the Island with successful projects within the communities. Due to the current financial climate the collaboration between the Council and Menter Môn is more important than ever to enable projects to be undertaken in communities across the Island.

The Committee thanked Mr Dafydd Gruffydd from Menter Môn for the presentation.

ACTION : There were no additional actions.

5 GWE ANNUAL REPORT FOR THE ISLE OF ANGLESEY : 2023/2024

Submitted – a report by the Director of Education, Skills and Young People for consideration by the Committee.

The Chair welcomed Mrs. Gwenno Jones, Mrs Sharon Vaughan and Mr Rhys Williams from GwE to the meeting.

The Portfolio Member for Education and the Welsh Language said that this is the GwE's Annual Report for the Isle of Anglesey : 2023/2024. He said that the Local Authority works in a close and effective partnership with GwE. GwE is the regional education consortium for North Wales and works in partnership with Anglesey's Learning Service in terms of improving schools, sharing good practice, knowledge and skills, increasing local strengths and building capacity. The reports highlight the main strengths of schools in Anglesey and priorities that need to be further developed. He noted that there has been good work undertaken within the schools regarding the Curriculum for Wales. He further said that a review of the 'middle tier' roles and responsibilities of the education system in Wales was undertaken between July 2023 and December 2023. The review looked upon the role of the regional consortia, local authorities and the National Academy for Educational Leadership, with the aim of clearly identifying their roles and responsibilities and funding streams. It has been noted that there will be a move away from existing arrangements for regional support to a partnership between local authorities which will allow for more local approaches. In light of this, GwE will come to an end as a service from 1 April, 2025. He noted that joint working between local authorities is

undertaken to ensure that the transitional arrangements are in place to ensure that schools receive suitable support during this period.

The Director of Education, Skills and Young People reported that there has been close collaboration between the Education Authority and GwE. The Annual Report before this Committee refers to the work undertaken in 2023/2024.

In considering the report, the Committee discussed the following main matters:-

- In light of the new Evaluation, Improvement and Accountability Framework, what are the best approaches to education scrutiny. The Director of Education, Skills and Young People responded that this is a partnership in terms of the Framework and a Senior Officer from the Education Authority has been facilitating and chairing the regional partnership. He noted that the new Evaluation, Improvement and Accountability Framework is not currently statutory, however, good work has started within the Authority's schools. As part of the Framework's guidance the scrutiny process can hold to account the Portfolio Member for Education as regards to the standard of education and the services to support schools within the authority. He further said a Work Programme has been established to gauge the work undertaken within schools and Estyn reports are viewed to ensure that their recommendations are carried out. He considered that there are a several avenues that the scrutiny process can be undertaken and Governors in school are also part of the process.
- Questions were raised as to whether the Portfolio Member was confident that the transitional arrangements are in place to ensure that schools receive suitable support when GwE as an entity comes to an end. The Portfolio Member for Education, Skills and Young People responded that Officer's will be employed by the Authority to ensure that schools receive suitable support. The Chair suggested that a Member's Briefing Session be arranged to inform and update the Elected Members on the process for the transitional arrangement following GwE as an entity comes to an end. The Chief Executive agreed that a Member's Briefing Session can be arranged, and he noted that reports will be submitted to the Executive in due course and the scrutiny arrangements will also be followed.
- Questions were raised as to what the main challenges Anglesey schools and the Learning Service face in are moving forward. The Director of Education, Skills and Young People responded that the work undertaken in the Authority's school is commendable. He referred specifically to challenges within the Additional Learning Needs and especially with regard behavioural and inclusion issues. He further said that over the years a lot of children who are starting school without communication and social skills and with special needs. Class numbers are rising, and resources are strained which can put added pressure on individual schools. Exclusion from schools is rising as is seen nationally together with attendance issues and especially since the pandemic. He said that changes within the educational systems is challenging with the new Curriculum in Wales with schools having to adapt to the requirements within this curriculum. The retention and recruitment of staff is a challenge across Wales, but Anglesey is fortunate at present with several staff applying for posts as Headteachers. The representatives from

the GwE reiterated the comments by the Director of Education, Skills and Young People and noted that pressures will also be on secondary schools with the new GCSE's grading system in Wales. This new system is designated to differentiate between students of different abilities and reflect the new curriculum. The new system is expected to be introduced in Wales from 2025. It was also noted that Secondary Schools have expressed challenges as regards to Welsh language vocabulary in pupils. Comments were made that there is a system in place to address the literacy and vocabulary issues within the schools and it hoped that this will be progressed to address this issue and that each child when leaving education has the required Welsh and English vocabulary standards.

- Reference was made to the increase in Mental Health problems in children and young people across Wales which influences their education. Questions were raised as to how this Council response strategically to the Mental Health problems. The Director of Education, Skills and Young People responded that there are inconsistencies in schools as regards to the Trauma Informed practices. He noted that Trauma Informed practices is a priority within the Learning Service and to help and support schools to increase consistencies in each school across the Island. Further comments were made that Headteachers and Teachers do have concerns and worries as regards young children with Mental Health issues. Questions were raised as to the support afforded by the Local Education Authority to Headteachers and Teachers in having address Mental Health issues in children. The Director of Education, Skills and Young People responded that there are continued discussions with Headteachers and Teachers with regards to welfare issues of children within schools. He noted that Well-being training sessions are afforded to Teachers and support staff. He further said that the collaboration with other schools is important for Headteachers and facilitating the collaboration is important to have discussions and to work together to share experiences.
- Questions were raised as to what extent has GwE's work had an impact on standards in the schools on Anglesey. The representatives from GwE expressed that it is the teaching staff that have the effect on the standards of schools and GwE's role is to support and assist the teaching staff to raise standards. Reference that GwE has been able to support schools following Estyn reports which has identified the need for intervention within specific areas.
- Reference was made within the report that several teachers in Anglesey have followed the National Leadership Programmes developing leadership capacity across the Authority at every level with twenty teachers having reached the standard to receive NPQH qualification. Questions were raised whether these teachers will progress to become Headteachers in the future. The representative from GwE responded that there are some who achieve the NPQH qualification that shows a willingness to progress to apply for head teaching roles. It was noted that the Local Authority is well placed with several young teachers appointed to senior roles.
- Reference was made within the report that GwE has been continuing to support every cluster to develop their bridging arrangements. With parents deciding to take their children to schools outside the catchment area questions were raised whether the bridging arrangements can be sustained.

The representatives from GwE responded that previously the bridging arrangements referred to the transition of pupils from primary to secondary schools allowing pupils to visit secondary schools. The bridging arrangements within its wider context means the continuation of schooling as part of the curriculum and that learning experiences blends from the primary into the secondary provision and build on the progress children have achieved.

- Reference was made that sixth form pupils from the 5 secondary schools on the Island are having to travel from one school to another or the local college when they have chosen a subject to study at higher level. Questions were raised as to how this can be continuing to be sustainable. The Director of Education, Skills and Young People responded that the Local Education Authority has recent published its Strategic Outline Programme which refers that discussions will be undertaken within the next 3 years as regards to the post +16 educational provision. Initial discussion has already been undertaken with the secondary schools and data has been collected as to how sustainable the current provision is at present. The priority is that the education provision is the most effective for post +16 pupils and there are instances that specific subject may be taught with only one or two pupils having chosen that subject. He noted that consultation will be undertaken when it is appropriate.

As the GwE provision will come to an end in April 2025 the Chair and Members of the Committee wished the representatives of GwE best wishes for the future.

It was RESOLVED to accept the GwE Annual Report for the Isle of Anglesey : 2023/2024.

ACTION : That a Member's Briefing Session be arranged to inform and update the Elected Members on the process for the transitional arrangement following GwE as an entity comes to an end.

6 EDUCATION SCRUTINY PANEL : PROGRESS REPORT

The Chair of the Education Scrutiny Panel, Councillor Gwilym O Jones said that this is the fourth progress report of the Panel which covers the period February – October, 2024. He noted that the Panel met on five occasions during this period and considered the following matters :-

- Schools Improvement Guidance : Framework for Evaluation, Improvement and Accountability (Welsh Government);
- The Welsh Language;
- Measure the Impact of Leadership;
- Estyn Inspections – Welsh Government update;
- Digital Environment in Schools;
- GwE Anglesey Annual Report : 2023/2024;
- Schools Placed in Category, Estyn Follow-Up or Receiving Additional Support
- Scrutiny Panel work programme for the period April – October, 2024.

Councillor Euryyn Morris said that he appreciated that the Education Scrutiny Panel report is submitted to this Committee and noted that the Social Services Scrutiny Panel nor the Finance Scrutiny Panel reports on the work undertaken. He considered that it was important that both these Scrutiny Panels reports on their work so that other elected members, who are not on these Panels, are aware of the progress made.

The Chair said that the Finance Scrutiny Panel reports to the Corporate Scrutiny Committee. He noted that he would raise the issue in the Chairs and Vice-Chairs Forum at its next meeting.

It was RESOLVED to note the progress made during the last period in terms of the work of the Education Scrutiny Panel.

ACTION : As noted above.

7 COMMITTEE FORWARD WORK PROGRAMME FOR 2024/2025

The report of the Scrutiny Manager setting out the Partnership and Regeneration Scrutiny Committee's indicative Forward Work Programme for 2024/2025 was presented for consideration.

It was RESOLVED:-

- **To agree the current version of the forward work programme for 2024/2025;**
- **To note the progress thus far in implementing the forward work programme.**

**COUNCILLOR DYLAN REES
CHAIR**

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ISLE OF ANGLESEY COUNTY COUNCIL Scrutiny Report Template	
Committee:	Partnership and Regeneration Scrutiny Committee
Date:	13/11/2024
Subject:	Audit Wales Report Urgent and Emergency Care: Flow out of Hospital – North Wales Region
Purpose of Report:	Scrutinise the Audit Wales Report and the recommendations derived from the report in relation to adult social care.
Scrutiny Chair:	Councillor Dylan Rees
Portfolio Holder(s):	Councillor Alun Roberts
Head of Service:	Fôn Roberts Arwel Wyn Owen
Report Author: Tel: Email:	Arwel Wyn Owen 01248 752744 ArwelOwen3@ynysmon.llyw.cymru
Local Members:	Relevant to all elected members

25

1 - Recommendation/s
<p>The Committee is requested to:</p> <p>R1. Scrutinise the Audit Wales Report and the recommendations resulting from the report in relation to the National Health Service and Adult Social Care.</p>

2 – Link to Council Plan / Other Corporate Priorities
<p>The Council's Plan 2023-2028 confirms a commitment to social care and well-being.</p> <p>Working together with the Health Service as a key partner is core to providing a</p>

good service to Anglesey residents and core to meeting the Council's objective to 'provide the right support at the right time'.

The Audit Wales report provides recommendations to improve the experience of residents of the North Wales Region in relation to social care and the relationship between Adult Social Care and the Health Service.

3 – Guiding Principles for Scrutiny Members

To assist Members when scrutinising the topic:-

3.1 Impact the matter has on individuals and communities **[focus on customer/citizen]**

3.2 A look at the efficiency & effectiveness of any proposed change – both financially and in terms of quality **[focus on value]**

3.3 A look at any risks **[focus on risk]**

3.4 Scrutiny taking a performance monitoring or quality assurance role **[focus on performance & quality]**

3.5 Looking at plans and proposals from a perspective of:

- Long term
- Prevention
- Integration
- Collaboration
- Involvement

[focus on wellbeing]

3.6 The potential impacts the decision would have on:

- protected groups under the Equality Act 2010
- those experiencing socio-economic disadvantage in their lives (when making strategic decisions)
- opportunities for people to use the Welsh language and treating the Welsh language no less favourably than the English language

[focus on equality and the Welsh language]

4 - Key Scrutiny Questions

- 1) What monitoring processes exists within Audit Wales to ensure the recommendations set are being met?
- 2) In terms of delayed hospital discharges, how does the North Wales Region compare to other Regions on a National level?

- 3) With 10 out of 16 recommendations from Audit Wales requiring joint efforts between the Local Health Board and the Local Authority, how will Audit Wales monitor and document the effectiveness of this collaborative working?
- 4) To what extent can Audit Wales identify and share examples of good working practices which demonstrate effective working between other Health Boards and Local Authorities, which may assist in achieving the recommendations set within the report to address key gaps in Service capacity?

5 – Background / Context

Once a patient is considered medically or clinically well enough to leave hospital (also referred to as medically fit or clinically optimised) the timely discharge of that patient to the right setting for their ongoing needs is vital. Timely, effective, and efficient moving of patients out of an acute hospital setting holds important benefits for patient care and experience as well as for the use of National Health Service resources and is a priority for the Local Health Board and the Local Authority.

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 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.

Audit Wales will also examine the arrangements to help manage demand for urgent and emergency care, and to refer patients to the care setting that is most appropriate to their needs. They will report separately on the findings of that work in 2024.

Summary of Report Recommendations:

1. Improving training and guidance.
2. Improving compliance with policies and guidance.
3. Ensuring patient safety while awaiting care packages.
4. Improving the quality and sharing of information.
5. Addressing key gaps in capacity.
6. Maximising the use of the Regional Integration Fund.
7. Improve oversight and impact.
8. Embedding learning from actions taken to address delayed discharges.

Further details on the background to the Report and the basis for its recommendations are contained in the report, Appendix 1.

6 – Equality Impact Assessment [including impacts on the Welsh Language]

6.1 Potential impacts on protected groups under the Equality Act 2010

Not applicable

6.2 Potential impacts on those experiencing socio-economic disadvantage in their lives (strategic decisions)

Not applicable

6.3 Potential impacts on opportunities for people to use the Welsh language and treating the Welsh language no less favourably than the English language

Not applicable

7 – Financial Implications

None identified at this point.

8 – Appendices:

Appendix 1 – Audit Wales Report, Urgent and Emergency Care: Flow out of Hospital – North Wales Region

9 - Background papers (please contact the author of the Report for any further information):

None

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

Date issued: February 2024

Document reference: 4081A2024

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

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Summary report

About this report

- 1 Once a patient is considered medically or clinically well enough to leave hospital (also referred to as medically fit or clinically optimised) the timely discharge of that patient to the right setting for their ongoing needs is vital. Timely, effective, and efficient moving of patients out of an acute hospital setting holds important benefits for patient care and experience as well as for the use of NHS resources.
- 2 When the discharge process takes longer than it should there can be significant implications for the patient in terms of their recovery, rehabilitation, and independence. Delayed discharges will also have implications for other patients coming into the urgent and emergency care system¹ who need a hospital bed. Poor patient “flow” creates bottlenecks in the system that contribute to well documented problems such as over-crowded emergency departments and an inability to secure timely handover of patients from ambulance crews.
- 3 The Auditor General had originally included work in his 2021 local audit plans to examine whole system issues affecting urgent and emergency care services, including the discharge of patients from hospital. The COVID-19 pandemic resulted in this work being postponed and brought back on stream in 2023. Our work has sought to examine whether health boards and local authorities have effective arrangements in place to ensure the timely discharge of patients out of hospital. The approach we adopted to deliver our work is set out in **Appendix 1**.
- 4 This work is part of a broader programme of work the Auditor General is currently undertaking in respect of urgent and emergency care services in Wales. We are also examining the arrangements in place to help manage urgent and emergency care demand, and to direct patients to the care setting that is most appropriate to their needs. The findings from that work will be reported separately in 2024.
- 5 The Auditor General’s work on urgent and emergency care is designed to help discharge his statutory duties. Specifically, this work is designed to satisfy the Auditor General that NHS bodies and local authorities have proper arrangements in place to secure the efficient, effective, and economical use of resources, as required by sections 17 and 61 of the Public Audit Wales Act 2004.
- 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 North Wales region (the region). The region encompasses:
 - Betsi Cadwaladr University Health Board (the Health Board);
 - Conwy County Borough Council;

¹ Urgent and emergency care describes any unplanned, urgent, and emergency care provided by health and social care services. The unscheduled 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.

- Denbighshire County Council;
 - Flintshire County Council;
 - Cyngor Gwynedd;
 - Isle of Anglesey Council; and
 - Wrexham County Borough 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 planning](#). Our findings from this work are set out in a separate report to the Health Board.

Key messages

- 8 Overall, we found that **while partners understand and show a commitment to improving patient flow out of hospital, performance remains extremely challenging with adverse effects for patient experience and care. Partners must continue to work individually and collaboratively to set and implement clear guidance, mitigate the challenges posed by reduced capacity and increased complexity of care, and ensure the impact of activities is continually monitored, challenged, and maximised.**
- 9 The extent of discharge delays in North Wales has grown significantly in recent years and between April 2023 and February 2024, each month there were on average 334 medically fit patients whose discharge was delayed, with completion of assessments the main cause for delay. For the year to date, up to and including February 2024, the total number of bed days that had been lost to delayed discharges was 71,871 with a full-year cost equivalent of £39.202 million. The consequent impact on patient flow within hospitals and the urgent and emergency care system is significant, with waiting times in emergency departments and ambulance handovers falling well short of national targets. In February 2024, there were over 8,000 lost ambulance hours because of handover delays, and the average wait within the Health Board's emergency departments was around 8.5 hours. Difficulties with discharge are also impacting on the ability of partner organisations to meet some patients needs effectively, especially in the west of the region where a significant proportion of patients are placed in temporary accommodation post hospital discharge.
- 10 Several factors are contributing to delayed discharges. Many patients, especially elderly people with mental health problems, have complex needs that are not easily met by the services that are available. There are also workforce challenges within the social care sector, particularly in the areas of Conwy, Denbighshire, and Gwynedd. Our work identified numerous weaknesses in the practice and documentation of discharge planning and a need to implement the Discharge to Recover and Assess (D2RA) model as intended. Work is also needed to address an absence of jointly agreed training and guidance on discharge planning for

health and social care staff, and to overcome difficulties in communicating and sharing information across organisational boundaries.

- 11 Improving patient flow is a key feature of plans across the partners which align to the Welsh Government's six goals for urgent and emergency care². Partners are working together, both strategically and operationally, to improve patient flow, however, pressures on the system are creating an unhelpful blame culture. Financial resources are being applied to improve discharge planning, although financial constraints in partner bodies is leading to the continual roll forward of schemes and ultimately leaves little space for new ideas. Whilst there is regular monitoring of the position within individual organisations, partners lack arrangements to oversee patient flow across the whole health and care system. This limits opportunities to examine whole system solutions, embed learning and to focus on the impact of activity within performance and progress reports.
- 12 Partners also need to maximise the use of the Regional Integration Fund (RIF), improve oversight and impact of the initiatives that are being undertaken to support timely and effective discharge, and ensure learning from events is embedded into routine practice.
- 13 Taken together, the above demonstrates that despite hard work and good intentions on the part of organisations within the region, there is still much to do to improve discharge planning and processes. Continued action is needed across a range of areas to secure the improvements which are necessary for patients, their families, and the wider urgent and emergency care system.

Recommendations

- 14 Recommendations arising from this audit are detailed in **Exhibit 1**. The combined organisational response by the statutory bodies included in this review to these recommendations will be summarised in **Appendix 4** once considered by the relevant committees.

Exhibit 1: recommendations

Recommendations	
Improving training and guidance	
R1	The Health Board, working with local authorities, should develop jointly agreed guidance to provide clarity to all staff on how the discharge planning

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

Recommendations

process should work across the region. This should be based on the national guidance issued in December 2023 and should set out clearly defined roles and responsibilities, and expectations, including when referrals for ongoing care should be made.

- R2 The Health Board and local authorities should ensure processes are in place to communicate discharge planning guidance to all relevant health and social services staff, including those working on a temporary basis, supported by an ongoing programme of refresher training and induction training for new staff.
-

Improving compliance with policies and guidance

- R3 The Health Board should embed a regular cycle of audit to assess the effectiveness and consistency of the application of discharge policies and guidance, including the application of D2RA.
- R4 The Health Board should establish controls to prevent staff adding patients to multiple waiting lists, such as for reablement, home care packages and residential care to facilitate a speedy discharge, regardless of need. This will ensure that only those who need the services are on the relevant waiting lists.
-

Ensuring patient safety while awaiting care packages

- R5 The Health Board should ensure processes are in place to notify social services before patients are discharged home, where those patients require ongoing support in their own home, and where such support is not in place at the time of discharge.
- R6 The Health Board and local authorities should ensure mechanisms are in place to regularly monitor patients who are discharged home without arranged ongoing social care and to escalate issues to the appropriate service where necessary.
-

Improving the quality and sharing of information

- R7 The Health Board and local authorities should ensure that all relevant staff across each organisation has consistent access to up-to-date information on services available in the community that support hospital discharge. This will ensure that opportunities to discharge earlier with support from services beyond social care are not missed.
- R8 The Health Board should improve record keeping by:
- 8.1. ensuring all staff involved in discharge planning fully understand the importance of documenting comprehensive information in patient case-notes to support effective discharge planning.

Recommendations

8.2. establishing a programme of case-note audits focused on the quality of record keeping.

- R9 The Health Board and local authorities should implement ways in which information can be shared more effectively, including opportunities to provide wider access to organisational systems and ultimately joint IT solutions.
-

Addressing key gaps in capacity

- R10 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 which would enable timelier discharge of patients to their own home.
-

Maximising the use of the Regional Integration Fund

- R11 The Health Board and local authorities, through the Regional Partnership Board (RPB), should demonstrate how it is working to increasingly mainstream long-standing schemes funded through RIF which are considered core services.
- R12 The Health Board and local authorities, through the Regional Partnership Board, should agree a process for utilising any future RIF slippage monies, ensuring that appropriate value and benefit is obtained from such spending.
- R13 To help inform decision-making and discussions, the Health Board and local authorities should:
- 13.1. ensure that the Regional Partnership Board has routine access to key performance indicators relevant to effective and timely flow out of hospital, including urgent and emergency care performance within the Health Board and waiting lists for social services and care packages; and
 - 13.2. use the Regional Partnership Board working arrangement to develop a regional risk register which pulls together the risks associated with delayed discharges.
-

Improving oversight and impact

- R14 The Health Board and local authorities should ensure that information setting out progress with significant activities and initiatives being undertaken to support effective and timely discharge is routinely available at a corporate and partnership level. This should include activities and initiatives undertaken individually and jointly, both within and outside of the RPB structure, their

Recommendations

impact and how they collectively contribute to addressing the challenges. This will help to provide assurance that resources are being invested to best effect.

Embedding learning from actions taken to address delayed discharges

- R15 The Health Board and local authorities should ensure that mechanisms are in place to implement learning from actions taken to address delayed discharges, such as the Multi Agency Discharge Events (MADE), and to maintain regular oversight to ensure the learning is being implemented.
- R16 The Health Board should strengthen escalation arrangements for reporting adverse incidents or concerns relating to discharge by:
- 16.1. addressing any outstanding adverse incidents or concerns, communicating clearly with the relevant local authority; and
 - 16.2. ensuring a consistent approach to reporting adverse incidents and concerns relating to discharge is in place across the Health Board.

Exhibit source: Audit Wales

Detailed report

What is the scale of the challenge?

- 15 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.
- 16 We found that **there are significant numbers of delayed discharges across the region which are reducing patient flow through the hospitals with consequential impact on urgent and emergency care services and the ability to meet patients' needs.**

Delayed discharges

- 17 We found that **significant numbers of patients are not leaving hospital in a timely way once they are considered medically well enough to do so, with completion of assessments, social care worker allocations and waits for home care packages the main causes for delay.**
- 18 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.
- 19 **Exhibit 2** sets out the number of delayed discharges experienced by the Health Board between April 2023 and February 2024, compared with other Health Boards across Wales. These relate to patients who are considered medically fit but remain in a hospital bed 48 hours after the decision was made that they were well enough to leave hospital. The rate of delayed discharges across the region is broadly in line with the average for Wales.

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

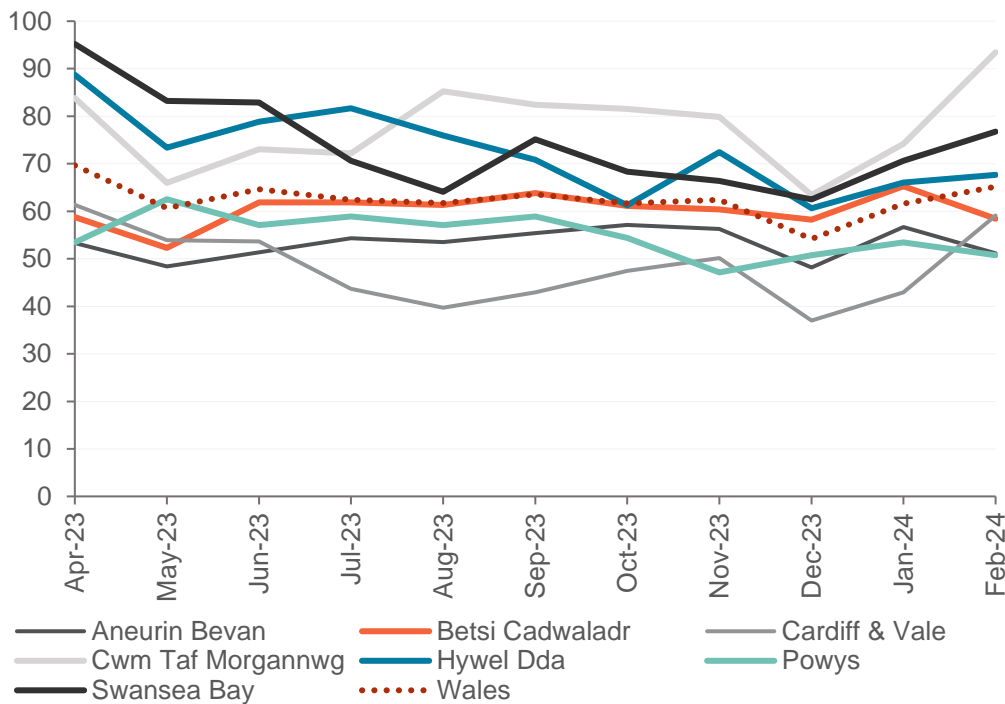


Exhibit source: Welsh Government

- 20 Since the pandemic, the way in which delayed discharges are measured has changed. No data on delayed discharges was formally reported between the period March 2020 and March 2023. Prior to the pandemic, delayed discharges were reported as 'delayed transfers of care' which were defined as those who continue to occupy a bed after the date in which the patient is declared to be ready to move on to the next stage of their care. This compares with the current method for counting delays which focuses on those who remain in a hospital bed 48 hours after being identified as 'medically fit'.
- 21 Although not a direct comparison, in February 2020 the Health Board reported 81 delayed transfers of care. The position at the end of February 2024 of 324 delayed discharges equates to 16.1% of the Health Board's total bed capacity³. However, this is below the all-Wales average of 17.9% (ranging between 13.7% and 31.3%) and the second lowest in Wales.

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

- 22 The top five reasons for delays at the Health Board compared to the all-Wales position is set out in **Exhibit 3**, with the most common reasons being awaiting a joint assessment (between health and social care) and awaiting a social worker allocation. 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 discharge (February 2024)

Reason for delay	Percentage delayed	All-Wales average
Awaiting joint assessment	15.7	9.0
Awaiting social worker allocation	15.1	8.5
Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy)	13.3	10.3
Awaiting start of new home care package	10.5	8.0
Awaiting completion of assessment by social care	5.6	15.7

Exhibit source: Welsh Government

- 23 When broken down by local authority, the rate of delayed discharges per 100,000 head of population is generally higher than the all-Wales position except for Flintshire. Awaiting joint assessment is the highest cause of delay in the west of the region, and in Denbighshire. Awaiting social worker allocation is the highest cause of delay in the east of the region. Awaiting clinical assessments is the highest cause of delay in Conwy, accounting for a quarter of all delays.
- 24 Based on data reported in February 2024, the total number of patients accounted for 6,524 bed days. Based on a typical cost per bed day⁴, this equates to costs in the region of £3.262 million, and a full year effect of £39.202 million.
- 25 Our hospital patient case note review relating to a sample of medical emergency patients identified that the length of time patients remained in a hospital bed after 48 hours of being declared medically fit varied across the Health Board’s main hospital sites, with the average number of days patients remained in a hospital bed the longest at Ysbyty Maelor (**Exhibit 4**).

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

**Exhibit 4: average length of time after 48 hours of being declared medically fit
(based on a sample of patients with a length of stay greater than 21 days)**

Hospital site	Average number of days
Ysbyty Glan Clwyd	16
Ysbyty Gwynedd	20
Ysbyty Maelor	43

Source: Audit Wales

Impact on patient flow

- 26 We found that **delayed discharges are having a significant impact on patient flow with worrying knock-on effects elsewhere in the urgent and emergency care system.**
- 27 Delays in discharging patients from hospital have consequences for patient flow and in particular, the ability of patients to access services when they need them. Beds being used by patients who no longer need them means that they are not 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 8 minutes has broadly been in line with the all-Wales position at around 50%, but below the national target of 65% (**Exhibit 20**);
 - the median amber response time has been significantly above the target of 20 minutes at around 3.5 hours, falling to around an hour over the summer of 2023, but rising again in recent months (**Exhibit 21**);
 - the percentage of ambulance handovers within 15 minutes at the Health Board's major emergency departments is generally below the all-Wales average and some of the lowest in Wales, particularly at Ysbyty Glan Clwyd and Ysbyty Maelor, and significantly below the national target (**Exhibit 22**);
 - the percentage of ambulance handovers taking over one hour has broadly been above the all-Wales average fluctuating between 38.5% and 55%, compared to a national target of zero (**Exhibit 23**);
 - the total number of hours lost following notification to handover over 15 minutes is well above the all-Wales average, fluctuating between 6,000 and 10,000 hours per month over recent months (**Exhibit 24**);

- once the patient is in the emergency department, the median time from arrival to triage has reduced and is now just below the all-Wales position at 21 minutes (**Exhibit 25**);
- the median time from arrival to being assessed by a senior clinical decision maker has been significantly higher than all other health boards, at around five and a half hours, but since March 2023 has reduced to around two hours which remains above the all-Wales average (**Exhibit 26**);
- the percentage of patients seen within 4 hours in a major emergency department is some of the lowest in Wales. Performance varies across the three hospital sites, with performance better in Ysbyty Maelor (**Exhibit 27**);
- the percentage of patients spending less than 12 hours in an emergency department is also some of the lowest in Wales, with performance worse at Ysbyty Glan Clwyd and Ysbyty Gwynedd (**Exhibit 28**); and
- the proportion of bed days accrued by patients with a length of stay over 21 days has been better than the all-Wales average (**Exhibit 29**).

- 29 Based on our analysis of Health Board data relating to all emergency medicine patients discharged in October 2022, we found the average total length of stay for patients staying over 21 days in the acute sites was 51 days (compared to 56 days across Wales). This varied across the three acute sites, with the average total length of stay increasing to 64 days at Ysbyty Maelor. The average total length of stay at Ysbyty Glan Clwyd and Ysbyty Gwynedd was 39 and 50 days, respectively.
- 30 The Health Board's total bed capacity has fluctuated over recent years, with 2,123 total beds available in 2022-23, with just under half allocated to acute medicine (975). Bed occupancy in the acute medicine beds has been at 88.3%, compared with an optimal level of 85%. The Health Board is one of four health boards to have community hospital beds managed by GPs. These beds provide step-down facilities for patients who no longer need acute care. However, the number of these beds available in the Health Board has reduced from 109 in 2019-20 to 88 in 2022-23, and occupancy levels have been running high at 97.2%. Most of these beds are in Denbighshire and Gwynedd.
- 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.
- 32 Health boards have increasingly experienced difficulties in admitting stroke patients to a stroke ward as problems with patient flow and bed availability mean that these beds have been needed for non-stroke patients. Over the last 12 months, only a quarter of stroke patients admitted to the Health Board have had direct admission to a stroke unit within four hours. Performance, however, is marginally better than the all-Wales position.

- 33 The impact of poor patient flow is also often felt within scheduled (or planned) care, as patients with their booked procedures are increasingly having their treatments cancelled due to the lack of available beds. During 2022-23, 641 planned care admissions were cancelled due to the lack of an available ward bed in the Health Board, with over half of those during December 2022 and January 2023. For the period, 2023-24 up to and including February 2024, 1,036 planned care admissions were cancelled. This level of cancellation represents poor patient experience and risks the conditions of planned care patients further deteriorating while they wait for their treatment to be rescheduled.

Meeting patients' needs

- 34 We found that **delayed discharges are impacting on the ability of organisations to meet some patients needs effectively with a significant proportion of patients in the west of the region being discharged into temporary accommodation.**
- 35 The pressure to discharge patients and the lack of available care options can lead to patients being discharged to settings that are not always the most appropriate ones for their needs including:
- being discharged home before a proper care package is in place;
 - being discharged to a residential care home when they could have gone home with a support package;
 - being discharged to a temporary residential care home to await availability of longer-term placement;
 - being discharged to a community hospital bed to await availability of a package of care; and
 - being discharged 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 a hospital acquired infection which can exacerbate their care needs, lengthening their hospital stay and making them more vulnerable to re-admission after they have been discharged.
- 37 Within the region, the impact of delays on patient experience and outcomes is something we found that both health and social care staff are very aware of and working hard to avoid. However, patient choice and experience are increasingly being compromised to secure a timelier patient discharge, and staff we spoke to often cited the increased need to manage patient and family expectations. With limited options for ongoing care, we found that staff are often left looking at alternative options to enable patients to be discharged. We heard examples of staff adding patients to multiple waiting lists, such as for reablement⁵, home care

⁵ Reablement describes services for people with poor physical or mental health to help them accommodate their illness by learning or re-learning the skills necessary for daily living.

packages and residential care, to facilitate a timelier discharge regardless of patients' specific needs.

38 We also heard of examples where patients were discharged home without support to await a package of care to become available. Partners work to minimise such cases as much as possible, adopting a risk-based approach and exploring various options to bridge gaps in the provision of formal support such as by requesting the patients' families or friends provide short-term support. While some councils, including Conwy, Gwynedd, and Wrexham, have arrangements in place to monitor the wellbeing of patients awaiting a package of care, some do not. We also heard of rare but concerning situations where patients are discharged home to await a package of care without social service teams being notified.

39 **Exhibit 5** sets out the extent to which unplanned short-term care home accommodation is used across the region. Since July 2023, the region has had some of the highest number of adults per 100,000 population placed in unplanned short term care home accommodation. This is particularly the case in the west of the region. The proportion of adults in unplanned placements longer than 6 months in Gwynedd is the highest in Wales, with the proportion of adults staying in temporary placements between 3 and 6 months on the Isle of Anglesey the second highest in Wales.

Exhibit 5: number of adults per 100,000 head of population waiting in a care home with no planned end date, regardless of the reason they are waiting (+3 months) July 2023 – February 2024

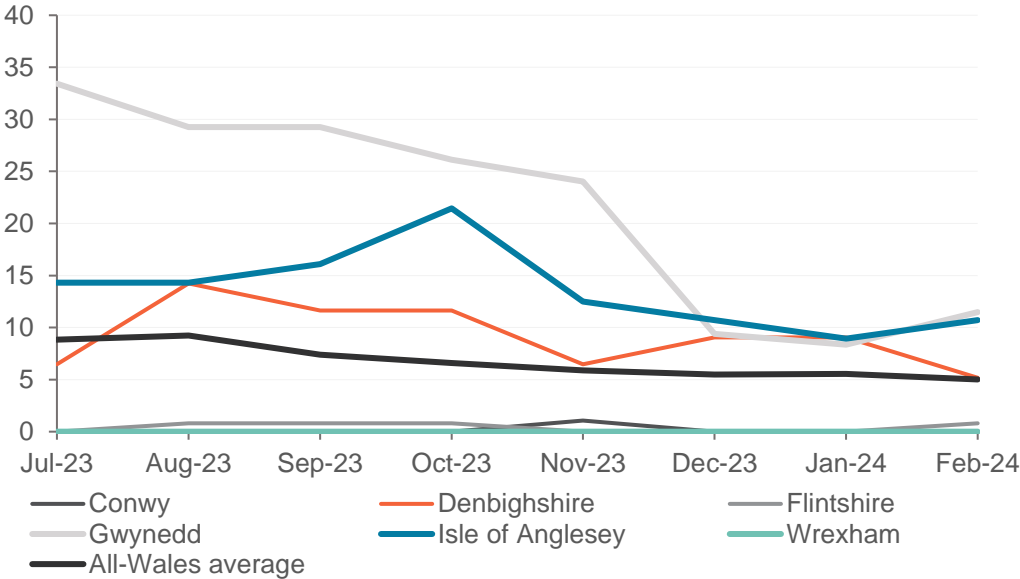


Exhibit source: Welsh Government

* Note – no data submitted for Wrexham for the period.

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

- 40 This section sets out the issues impacting on effective discharge planning and the timely flow of patients out of hospital across the region.
- 41 We found that **while complexity of demand is increasing, health and social care capacity has reduced leaving limited options for ongoing care and these challenges are exacerbated by a lack of information sharing and beginning discharge planning too late in a patient's journey.**

Volume and complexity of demand

- 42 We found that **there have been increases in the complexity of demand and the number of elderly patients with mental health problems.**
- 43 In North Wales people over the age of 65 accounted for 20% of the population in 2020, but that figure is expected to increase to 29% by 2040⁶. As people live for longer, there is a correlating increase in the numbers of people who live with multiple long-term conditions and complex health needs and who will therefore need to rely on health and care services for support.
- 44 Those we spoke to during this review spoke of significant increases they see in demand, particularly in terms of more complex, higher acuity demand. We were often told that patients come in with one problem, but routine tests can quickly uncover several other conditions that need to be treated and managed, which will typically require more complex discharge planning.
- 45 COVID-19 exacerbated this increase in complex demand. During the pandemic, demand for emergency departments declined rapidly as people followed national advice to protect core frontline services. In addition, families provided additional care and support to avoid their loved ones being admitted to hospital or long-term care out of fear of contracting COVID-19. We were told that as the pandemic eased, demand began presenting through the emergency departments which was much more complex than before as people's conditions had deteriorated at home.
- 46 Care homes have also seen increasing complexity amongst their patients. Elderly mental health was often raised as a significant pressure, with greater numbers of elderly patients presenting at hospital with mental health conditions which care homes find increasingly difficult or impossible to accommodate post discharge.

⁶ Population projection data sourced from the Older People's Commissioner for Wales <https://olderpeople.wales/wp-content/uploads/2023/01/221222-Understanding-Wales-ageing-population-24-November.pdf>

Workforce capacity

- 47 We found that **there are workforce capacity challenges, particularly within the Health Board and in Gwynedd and Wrexham adult social services, with waits for social care assessments in some councils amongst the highest in Wales.**
- 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 numbers of staff leads either to a reliance on agency staff or to fewer permanent staff attempting to manage increasingly complex patients and organise the ongoing care they need for discharge. High usage of agency staff has inevitable impacts on continuity within the workforce.
- 49 As of January 2024, the Health Board was reporting 9.0% vacancies as a percentage of its total establishment, with nursing and midwifery vacancies at 11.7%, and medical vacancies at 6.2%. Vacancy rates were highest in the centre of the region. The unplanned absence rate was at 6.7% for nursing and midwifery staff, but much lower at 2.2% for medical staff. Bank and agency use accounted for 8.9% of nursing and midwifery posts, with the greatest use of bank and agency also in the centre of the region.
- 50 In June 2023, the North Wales councils were reporting between 0%-45% vacancies in adult social services, with the highest rate of vacancies in Wrexham and the lowest in Flintshire⁷. In February 2024, the unplanned absence rate in adult social services ranged between 6%-10%, as shown in **Exhibit 6**.

Exhibit 6: percentage of unplanned absence in adult social services (February 2024)

Local authority	Unplanned absence
Conwy	7
Denbighshire	10
Flintshire	6
Gwynedd	10
Isle of Anglesey	8
Wrexham	8
All-Wales average	7.9

Exhibit source: Welsh Government

⁷ Flintshire 0%, Isle of Anglesey 5%, Conwy 6%, Denbighshire 6%, Gwynedd 9%, and Wrexham 45%. No data has been made available since June 2023.

- 51 Both Gwynedd and Wrexham have experienced higher rates of unplanned absence and vacancies compared with the all-Wales position, with Wrexham council carrying a significant level of vacancies for several months. The use of agency staff across the six authorities is generally low (ranging between 1%-3%), compared with the all-Wales position of 2%. The highest rate was reported in Conwy at 3%. For the previous six months, the agency rate in Gwynedd had been significantly higher, ranging between 11%-21% per month, reflecting the vacancy and unplanned absence rates that the council has been experiencing.
- 52 Workforce capacity constraints can adversely affect the discharge planning process. For example, pressure on ward nursing numbers means that time for proper discharge planning is constrained which may be exacerbated using agency staff who are less familiar with discharge processes, or social workers may not be able to complete assessments for a patient in a timely way. As highlighted in **Exhibit 3**, delays in joint assessments between health and social care staff and clinical assessments by hospital staff are some of the main reasons for delayed discharges across the region, accounting for 28% of all delays. Delays awaiting social care worker allocation and social care assessments account for a further 20.7% of all delays as of February 2024. **Exhibit 7** sets out the extent to which adult social services across the six local authorities can meet demand for assessment. The number of patients waiting for a social care assessment in hospital account for a small proportion of the total number of people waiting for assessment.

Exhibit 7: number of social care assessments completed and awaiting to be completed per 100,000 head of population per month (February 2024)

Local authority	Social care assessments completed	Adults waiting for a social care assessment	% of those waiting for a social care assessment that are in hospital
Conwy	252	48	4.3%
Denbighshire	263	178	0.7%
Flintshire	195	136	1.8%
Gwynedd	148	153	1.3%
Isle of Anglesey	298	226	3.1%
Wrexham	152	-	-
All-Wales average	250	125	8.7%

Exhibit source: Welsh Government

* Note - no data submitted by Wrexham for adults waiting.

- 53 Waiting lists for social care assessments are higher than the all-Wales average in Denbighshire, Flintshire, Gwynedd, and Isle of Anglesey, and some of the highest in Wales. The waiting list in Gwynedd is similar or higher than the number of assessments completed suggesting that it is struggling to keep on top of demand for social care assessments.
- 54 Conversely, although Wrexham has experienced a significant number of vacancies, the number of social care assessments completed during the summer of 2023 were some of the highest in Wales (at around 470 per month), dropping below the all-Wales average to be between 100 and 150 each month. To address staff shortfalls, Wrexham council has made use of micro enterprises to support its provision of social services, and complete social care assessments.

Care sector capacity

- 55 We found that **there is stretched capacity across the social care sector, particularly with respect to domiciliary care provision.**
- 56 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, during our interviews we repeatedly heard about the impact of shortages of domiciliary care staff across North Wales with delays starting new home care packages accounting for 10.5% of all delays in February 2024. Awaiting residential home availability accounted for a further 8.6% of all delays. **Exhibit 8** 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 8: number of adults receiving (and waiting for) care packages and placements per 100,000 head of population per month (February 2024)

Local authority	Domiciliary care ⁸ in receipt (waits)	Reablement ⁹ in receipt (waits)	Long-term care home accommodation ¹⁰ in receipt (waits)
Conwy	896 (39)	56 (4)	677 (5)
Denbighshire	534 (66)	17 (0)	625 (9)
Flintshire	615 (42)	34 (18)	494 (-)
Gwynedd	796 (123)	73 (-)	752 (27)
Isle of Anglesey	585 (42)	18 (7)	536 (19)

⁸ Includes domiciliary care both provided and commissioned by local authorities.

⁹ Includes reablement provided by local authorities.

¹⁰ Includes long-term care home accommodation commissioned by local authorities.

Local authority	Domiciliary care ⁸ in receipt (waits)	Reablement ⁹ in receipt (waits)	Long-term care home accommodation ¹⁰ in receipt (waits)
Wrexham	388 (21)	28 (21)	497 (-)
All-Wales average	665 (34)	46 (9)	536 (11)

Exhibit source: Welsh Government

- 57 The exhibit shows difficulties matching demand and capacity for domiciliary care and/or reablement services across most local authorities in North Wales, with the number of people waiting for care above the all-Wales position for some of these services. Conversely, the number of adults in receipt of domiciliary services in the Conwy and Denbighshire council and Cyngor Gwynedd areas, and reablement services in Conwy is higher than the all-Wales average, suggesting the availability of domiciliary care and reablement is greater in these areas than in other parts of Wales. The provision of long-term care home is also greater in the Conwy, Denbighshire, Gwynedd, and Isle of Anglesey council areas.
- 58 **Exhibit 9** indicates the extent to which there are domiciliary care hours unfilled, and the average number of hours provided per adult.

Exhibit 9: unfilled domiciliary hours and average hours of domiciliary care provided per adult, per 100,000 head of population (February 2024)

Local authority	Domiciliary care hours waiting to be filled	Average hours per adult in receipt of domiciliary care
Conwy	525	11.2
Denbighshire	875	9.5
Flintshire	481	12.7
Gwynedd	1001	10.9
Isle of Anglesey	356	12.7
Wrexham	165	15.3
All-Wales average	353	13.2

Exhibit source: Welsh Government

- 59 The data suggests a very mixed picture across the region with Wrexham reporting a low level of domiciliary care hours waiting to be filled, whilst the number of unfilled domiciliary care hours in Conwy, Denbighshire, Gwynedd, and Isle of Anglesey are amongst the highest in Wales. Interestingly the average number of domiciliary care hours provided per adult in some council areas 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 with councils potentially trying to spread a limited resource thinly to ensure that as many people are being supported with domiciliary care but not necessarily at the level that they need.

Discharge process

- 60 We found that **there are weaknesses in the practice and documentation of discharge planning which are exacerbated by an overcautious approach and an absence of jointly agreed training and guidance.**
- 61 Good discharge planning is reliant on good communication and co-ordination across different professional groups, with consideration of discharge as soon as a patient is presented to services. Good discharge planning is also facilitated by having clearly documented processes which are shared with all staff involved to promote understanding and awareness of the different roles in the discharge process.
- 62 Our hospital patient case note review suggested that discharge planning is not considered early enough in the patient journey and is not well-documented. We found variable quality and completeness of discharge documentation between clinicians, wards, and sites. Referral information between specialties, as well as 'What Matters to Me'¹¹ forms were largely incomplete or absent in the notes we reviewed. Physiotherapy and occupational therapy notes were generally comprehensive and thorough, and we saw some notes had been completed by social workers.
- 63 However, further documentation that we expected to see, for example, Single Point of Access referrals or nursing assessments, were rare. None of the case notes we reviewed had a completed section within the Emergency Department form which gave an indication of a predicted date of discharge. Though we recognise it may not always be possible to provide this indication at such an early stage, it is good practice for discharge to be considered as soon as a patient encounters hospital services, and particularly at the point in which admission is deemed appropriate.
- 64 Largely, references to discharge planning within case notes occurred only once the patient was deemed medically fit for discharge, and often they simply referred to 'discharge planning' with lack of detail of what was required for ongoing care (if any) or what the patients and their families wishes were. While case notes showed some limited evidence of discussion with patients and families, insufficient use of 'What Matters to Me' conversations are hindering discharge planning as decisions for ongoing care are made without direct knowledge from the patient or their family of their capabilities, limitations, and usual home environment. Fewer than half the

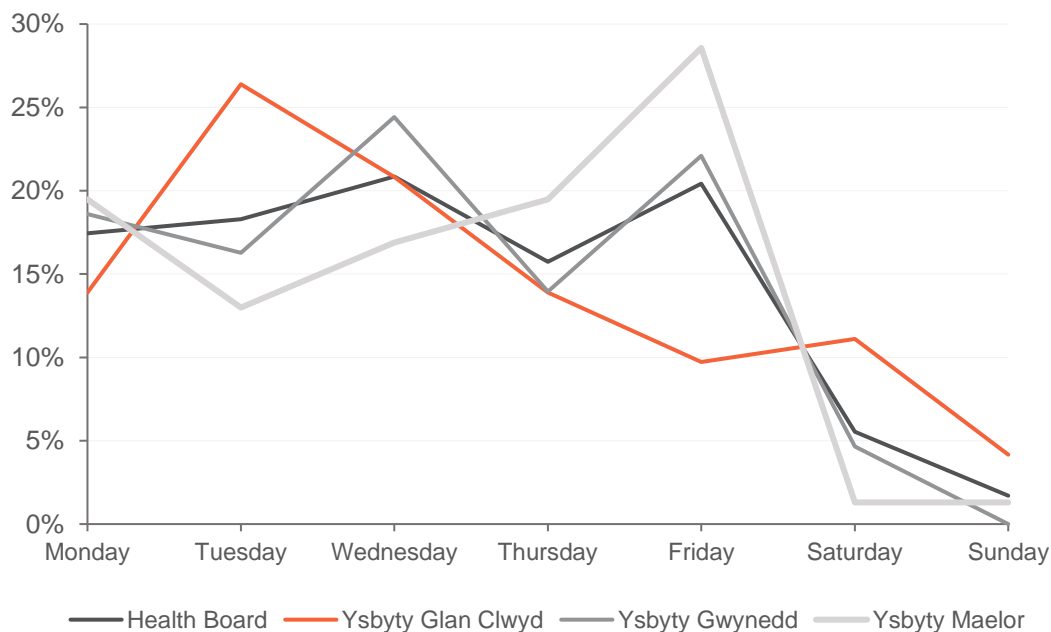
¹¹ What Matters to me refers to conversations' hospital staff are expected to undertake with patients. The conversations are structured around what the patient can do for themselves and what they will require ongoing support with.

case notes reviewed showed the family was kept informed of the patient's care plan.

- 65 Delays to discharges were not well described within case notes, often limited to references to 'awaiting packages of care' or 'awaiting best interest meetings'¹² without describing what was causing the delay and when next steps were anticipated to take place. The results of best interest meetings were not formally recorded in the case notes we reviewed. Once discharges were progressing, logistical arrangements were rarely described i.e., whether the patient required transport or whether their medications had been prepared. In some cases, it was unclear where the patient had been discharged to (i.e., lack of care transfer form or notes on form).
- 66 We also noted that discharging patients from hospital remains an activity which largely takes place on weekdays, with very few (and mostly simple) discharges occurring on weekends due to staff working patterns in both health and social care. A review of data relating to all patients discharged from the Health Board's acute sites in October 2022, indicated that only 7.2% of patients were discharged at the weekend (**Exhibit 10**). This is due to working patterns of staff within social services and within hospital settings, as well as the fact that most providers will not accept admissions over the weekend. During the week, discharges peak on a Friday across all the acute sites, with the greatest proportion of Friday discharges taking place at Ysbyty Maelor. Discharging on a Friday poses risks that necessary support services at home may not available over the weekend period.

¹² A Best Interest Meeting is a multidisciplinary meeting that is arranged for a specific decision around a patient's care / treatment, when a person is deemed to lack the mental capacity to make that decision for themselves.

Exhibit 10: day of discharge of all patients discharged from acute hospital sites in October 2022, as a percentage of total discharges¹³



Source: Audit Wales

- 67 When we spoke to those involved in the discharge process from both a health and social care perspective, we found differences in perception about how the discharge process should work. Of primary concern were differences in opinion on when referrals should occur as part of discharge planning with concerns from social workers that they were either notified too early or too late to facilitate effective and timely flow out of hospital. These different perspectives are causing further delays in patient discharges as well as some tensions in the working relationships between health and social care workers.
- 68 Ward staff also spoke of a culture of risk aversion, whereby staff, particularly junior doctors, are reluctant to declare a patient medically fit and discharge them because they fear the patient may not cope as well at home. Whilst staff may be acting out of kindness, they may not be acting in a patient’s best interest. Keeping patients in hospital for longer than they medically need has a negative impact on patient experience and outcome as well as broader patient flow within the hospital. While many we spoke to recognise the negative impact that delayed discharging has on the independence and wellbeing of patients, there is a continued reluctance to take

¹³ Excludes patients who died.

measured risks and to recognise the significant knock-on impact delayed discharges have on patient flow and the wider system.

- 69 Across North Wales, we found differences in arrangements between hospital sites and between local authorities in relation to discharging patients, including how referrals are made and to whom. High agency and bank staff usage in the Health Board adds to the challenge of maintaining a consistent and clear approach. Although training and guidance could address inconsistencies, during our fieldwork staff reported that they had not received discharge planning training. The Health Board recently introduced Criteria Led Discharge training, but awareness and completion rates vary across sites. A draft discharge standard operating procedure exists, specifying responsibilities and standards, but it appears unfinished, and many Health Board staff were unaware of its existence.
- 70 In 2018, the Welsh Government introduced the Discharge to Recover then Assess (D2RA) model, which is designed to support people to recover at home before being assessed for any ongoing need, thereby reducing length of stay in hospital. Implementation of the model was accelerated during the pandemic, and the Welsh Government has subsequently supported regions with additional monies to embed D2RA further.
- 71 National data submitted to Welsh Government in early 2023 indicates the Health Board has difficulty in discharging patients to an appropriate setting for their assessment, as is advocated by D2RA. Data for the Health Board showed it had high proportions of patients waiting to transfer to D2RA pathways. Many of these patients were waiting to be discharged to their own homes, which indicates delays due to factors such as awaiting social care assessments, packages of care or housing adaptations. Other patients are waiting to be discharged to step-down beds but are unable to leave hospital due to the lack of availability of such beds in the community.
- 72 The Health Board has been awaiting updated national guidance on D2RA before developing its own guidance which should support it to further embed the policy. However, given some of the disparities in understanding between health and social care about how the discharge process should work, jointly agreed guidance and training would help establish and clarify shared expectations to be used in practice by all staff involved in the discharge planning process. The national guidance was issued in December 2023.

Information sharing

- 73 We found that **difficulties in communicating and sharing information across organisational boundaries is adding to delays.**
- 74 Professionals within and across organisations will typically be required to share information about the patient to facilitate appropriate discharge arrangements and ongoing care, especially where the patient has more complex needs. During our fieldwork, we found that while arrangements for sharing information between staff

within hospitals are improving, sharing of information between organisations appears to be a significant barrier.

- 75 For patients who are likely to require ongoing social care support, the sharing of information from the hospitals to social services is not starting early enough following admission. In most cases, social workers will not become aware of a patient until the point the patient is considered medically well enough to leave hospital. Given the social care capacity constraints described in **Exhibit 6**, and the delays in social care assessments (**Exhibit 7**), it is important that referrals are made as early as possible in the patients' admission to enable effective planning and assessment. Once a referral has been made, ward and social services staff reported difficulty in contacting one another to discuss the patient's case, which can also cause delays. The Health Board has implemented a Home First Hub to help co-ordinate referrals, but this is not yet fully embedded and consistently used.
- 76 Systems holding patient information have not been connected or viewable to all staff involved in the care of individual patients as various IT systems have not been accessible across organisations. While four of the local authorities have implemented the Welsh Community Care Information System¹⁴, Denbighshire and Flintshire council have not and although the Health Board has committed to using the system and undertaken a small pilot in the community nursing and therapy teams, it has not yet implemented the system across the Health Board. While we saw the positive impact of the STREAM¹⁵ system in place within some hospital wards, this useful patient information was not able to be shared more broadly across the organisation or with key partners, such as social services. Since the time of our review, we have heard that the Home First teams have begun to have direct access to local authority client systems to enable better information sharing.
- 77 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.

What action is being taken?

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.

¹⁵ STREAM is a clinical discharge planning tool that supports patient flow in an acute setting.

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

Strategic and operational plans

79 We found that **improving patient flow is a key feature of plans across the partners which align to the Welsh Government's six goals for urgent and emergency care.**

80 We reviewed relevant health board and local authority plans in relation to discharge planning and unscheduled and social care more generally. We found that plans in the region reflect a good understanding of the challenges affecting the flow of patients out of hospital. Plans also reflect the commitment of partners to resolve some of the key challenges related to flow such as workforce gaps and limited care home availability. Plans are informed by data and demand projections, particularly from the North Wales Population Needs Assessment, developed by the RPB. Importantly, plans reflect key Welsh Government planning requirements, such as the six goals for urgent and emergency care, as well as the Welsh Government 1,000 bed challenge¹⁶.

81 Introduced in 2021, the six goals for urgent and emergency care programme contains two goals that are linked to improving discharge: 'goal five - optimal hospital care and discharge practice from the point of admission', and 'goal six: home first approach and reduce risk of readmission'. The Health Board's existing urgent and emergency care programme was reframed in 2022 to align to the six goals programme. The Health Board's plan contains a variety of schemes aligned to the six goals. For example, a commitment to maximising use of the discharge lounge, including developing a seven-day discharge lounge. The Health Board is also prioritising implementation of the STREAM system across each ward to consistently capture actions in patient care to facilitate discharge, as well as implementing the Optimal Flow Framework, including embedding SAFER¹⁷ patient flow principles across the Health Board.

82 The North Wales regional plan 2023-28 sets out high level principles, outcomes, and priorities for regional working across health and social care in North Wales, based on the Population Needs Assessment. While the plan does not discuss issues in relation to flow out of hospital directly, among its key priorities are working together to support people at home, as well as addressing the impact of wider social care workforce recruitment and retention on unpaid carers. It identifies that partners are committed to address these challenges through the RPB structure.

¹⁶ In July 2022 the Health and Social Care Minister set a challenge for Health Boards and Local Authorities to establish an additional 1,000 bed spaces or their equivalents to support timely discharge <https://www.gov.wales/written-statement-six-goals-urgent-and-emergency-care-programme-update>

¹⁷ Further information on the SAFER model can be found via <https://www.adss.cymru/en/blog/view/patient-flow/fileAttachment>

- 83 In our fieldwork, we examined the Health Board's winter plan for 2022-23, aligning with its urgent and emergency care and urgent and emergency care programme. However, some plan components aimed at enhancing routine practices rather than addressing surge demand. Examples include internal professional standards and a standard operating procedure for medically fit patients. The plan was approved by partners through the RPB in December 2022, potentially limiting its impact on managing demand for the winter. Local authorities' winter plans mirrored the Health Board's activities, emphasising capacity increase and providing alternatives for patients ready to leave the hospital. All plans acknowledged the need to boost staff capacity to handle demand.
- 84 Challenges in terms of recruitment and retention were recognised by partners as having a direct impact on service provision, particularly in relation to availability of domiciliary care and care home placements. The North Wales Social Care and Community Health Workforce Strategy 2018-21 aimed to develop a joined-up approach to the workforce challenges and opportunities. At the time of our fieldwork, the RPB's Workforce Board was working to refresh the strategy. Workforce challenges were referenced in most plans, strategies and reports we reviewed and was the focus of much activity including projects funded by the Regional Integration Fund (RIF) (such as Step into Work¹⁸) and activity commissioned by several groups and boards across the region.

Partnership working

- 85 We found that **partners are working together, both strategically and operationally, to improve patient flow, however pressures on the system create an unhelpful blame culture between the different parties involved in discharge planning.**
- 86 The structure and governance of the North Wales RPB is complicated due to the high number of groups locally and sub-regionally. However, feedback from members suggests that it has been successful in facilitating joint working on specific workstreams and partnership working more generally. More recently changes to membership following turnover of senior leadership, particularly within the Health Board, has presented a challenge in clarifying accountabilities and building relationships.
- 87 Minutes from the RPB, and the Leadership Group which reports to the RPB, reflect regular discussions around urgent and emergency care pressures and discharge planning, including regular updates surrounding the 1,000-bed challenge during late 2022. The Welsh Government requirement was for North Wales to supply 243

¹⁸ Step into Work is a collaborative project between Health and Social Care to provide training and placements for individuals that are interested in pursuing a career in care with the aim that they can secure employment and become part of the care workforce. <https://www.northwalescollaborative.wales/step-into-work/>

of the 1,000-beds by October 2022. In November 2022, the region reported that it had identified 203 beds. These beds remain in place for 2023-24.

- 88 We found evidence that partners are investing their time heavily in facilitating timely flow, particularly within hospitals. Our observations of the discharge process at the Health Board's acute hospitals showed significant attention and resource being deployed to manage flow across the site. We observed a multitude of operational meetings including site manager meetings and ward rounds which take place several times a day and include a wide range of professionals. There are also various meetings between the Health Board and local authorities either daily or several times a week to escalate and manage delayed discharges in each of the areas.
- 89 Operationally, relationships between health and social care staff appeared to vary. Due to the high volume of complex discharges which require input from various professionals, health and social care staff are in very regular contact, and many told us they had positive working relationships. However, it was clear from our fieldwork that as problems with discharge delays have 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 wherein 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.

Use of funding

- 90 We found that **financial resources are being applied to improve discharge planning, however, there are some challenges with RIF funded schemes and an overall need to report more clearly on whether the funded initiatives have had the desired impact.**
- 91 The region makes use of the Health and Social Care Regional Integration Fund (RIF) to support schemes aimed to improve discharge planning. The RIF is a Welsh Government 5-year fund to deliver a programme of change from April 2022 to March 2027. The aim of the fund is to establish and mainstream at least six new national models of integrated care to provide a seamless and effective service for the people of Wales. Two contain a clear link to improving flow out of hospital for patients, namely: Home from Hospital Services; and Accommodation Based Solutions. There is a clear expectation within the RIF guidance that partners 'match fund' projects up to 50% by the end of year 5, with Welsh Government funding for each project tapering each year to allow for successful projects to become business as usual.
- 92 For 2022-23, the region received £32.5 million of RIF funding in total, some of which was ringfenced at a national level to support specific services including dementia. The RPB approved its regional 2022-23 RIF programme with allocations to each of the six models of care. The 2022-23 programme included 40 regional

schemes aligned to the six models of care. Five schemes related to Home from Hospital Services which received over £5.6 million in investment (including £261,650 match funded money) and four schemes related to Accommodation Based Solutions with over £1 million in investment (including £40,739 match-funded money). A small number of projects also continued previous Right-sizing Communities¹⁹ work aimed at rebalancing care provision to meet demand. According to the RIF end of year report for 2022-23, partners contributed £13 million in total to schemes by way of match funding.

- 93 Although approved by the RPB, we found some limitations to the schemes that used RIF funding in 2022-23. For example, some schemes could be considered core services rather than new innovative projects, such as step-up beds, community resource teams and single point of access teams. We also found examples of schemes funded in 2022-23 which had previously been funded by the predecessor Integrated Care Fund in 2017-18. The continuous roll forward of schemes limits the potential to introduce new, innovative schemes to better manage demand. Those we spoke to explained that the requirement to match fund projects can create a reluctance to commit to new projects that will require match-funding in future years. In the context of the ongoing financial difficulties facing the partners in the region, they are finding it increasingly difficult to commit to future spending via new RIF projects.
- 94 The region submits financial information on how it is managing the RIF to Welsh Government each quarter and reports the latest position to its RPB meetings. At quarter three of 2022-23, the region was reporting slippage of £4.4 million. During our fieldwork we heard that it often takes longer to establish a project once it has been approved, including time to recruit, which can cause delays. We also heard that partners do not have an agreed process for utilising slippage, which is not covered by the national guidance. Some seek slippage to support community capacity in general, while others wish for slippage to be reallocated to existing successful projects for them to be expanded. Lack of an agreed process can be a cause of tension within the region and the risk that monies are not being used for their intended purposes.
- 95 The RIF Annual Report presents performance data for schemes, including the positive impact from two Home from Hospital schemes on 215 individuals²⁰. Although the region has collected over 70 case studies highlighting the positive impact of funded schemes on individuals, these are not included in public reports submitted to the RPB or partner bodies. Incorporating these case studies would enhance transparency. Additionally, collaborative efforts between the Health Board

¹⁹ Right-sizing communities refers to work to ensure that services are in line with true demand. It aims to ensure people are assessed in the most appropriate settings, that assessments are timely and are outcome focussed to maximise individual outcomes and patient flow.

²⁰ One scheme positively supported 146 individuals, and one scheme positively supported 69 individuals.

and local authorities outside the RPB structure focus on joint solutions for capacity, such as NHS-funded care homes and an integrated workforce. However, progress and impact of these initiatives are minimally reported within partner bodies.

Scrutiny and assurance

- 96 We found that **while there is regular monitoring within individual organisations, partners lack arrangements to oversee patient flow across the whole health and care system, embed learning and papers lack focus on the impact of activity.**
- 97 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. The Health Board monitors several indicators relating to urgent and emergency care and patient flow via the Board and, more specifically, the Performance, Finance, and Information Governance Committee, including:
- % of emergency ambulance responses to calls categorised as 'red' arriving within (up to and including) eight minutes;
 - median time from a patient's arrival at an emergency department to triage by a clinician;
 - % of patients who spend less than four hours in emergency units from arrival until admission, transfer, or discharge;
 - number of patients who spent 12 hours or more in emergency units from arrival to admission, transfer, or discharge; and
 - number of ambulance handovers over one hour.
- 98 Commentary within performance reports to the Committee provides additional information, such as numbers of medically fit patients remaining in a hospital bed. However, reports rarely discuss the differences between hospital sites. Reports do describe the actions that are in place across pathways to try and improve patient flow. The Committee also receives updates on Urgent and Emergency Care which include actions under the six goals programme. The Health Board's Partnerships, People and Population Health Committee routinely received updates relating to the work of the Regional Partnership Board during 2022. However, following the resignation of all the Health Board's previous Independent Members in February 2023, the committee was suspended, meaning that regular reporting of RPB activities to the Health Board was not received from March 2023. A new Planning, Population Health and Partnerships Committee has since been established and met for the first time in January.
- 99 Papers received by committees and Cabinets within the six local authorities contain many references to challenges related to social care aspects of patient flow. Performance reports contain indicators including the numbers of adults either accessing services or waiting to access services. More generally, papers often reference challenges in relation to lack of domiciliary care and care home provision. We found some instances of discussion within local authority papers of

the broader impact that lack of provision within social care and care homes has on patient flow. For example, Wrexham County Council's July and September 2023 meetings included updates on the challenges faced by Ysbyty Maelor Emergency Department and the activity underway to mitigate those challenges, including joint work between the Council and the Health Board.

- 100 Generally, however, partners' focus is on metrics and activity within their remit, rather than on the broader whole system picture. In addition, while we found evidence within some local authorities that they operationally monitor expenditure in relation to the RIF, we found little evidence of reporting of RIF schemes and their impact within the Board, Cabinet or committees of local authorities or the Health Board.
- 101 The RPB receives regular updates on RIF progress and periodic papers on key priority areas but does not receive regular operational performance reports. Consideration of performance reports would be valuable in understanding the impact of RIF activities on addressing long-standing performance challenges.
- 102 While partners generally have mechanisms to record key risks relating to delayed discharges, these again were very separate. Risks in relation to poor patient flow are documented within the Health Board with four tier one risks noted on the Corporate Risk Register, which includes a risk relating to the fragility of the independent sector, where activity taken with partners through the RPB is listed. There are also two strategic risks on the Health Board's Board Assurance Framework relating to the impact of poor flow on quality of care, safety, and patient experience. Challenges relating to aspects such as the fragility of the care home market and difficulty recruiting domiciliary care are documented on most local authority corporate risk registers. There is currently no mechanism for partners to agree and monitor shared risks in relation to delayed discharges. This is a weakness as it drives partners to focus on mitigating their own risks without consideration of how mitigation could impact on partners.
- 103 In line with the six goals for urgent and emergency care programme, the Health Board has established the Urgent and Emergency Care Board, chaired by the Executive Director of Operations²¹. This Board oversees the planning and delivery of the six goals programme, aiming to ensure collaborative planning and ownership among system-wide stakeholders. It replaces the previous six goals programme group which was in place prior to our fieldwork. Despite several requests to the Health Board, we were unable to observe the Board nor receive any relating documentation and as such, we were not able to review its effectiveness.
- 104 Various mechanisms exist within and between partners for monitoring and escalating issues related to discharge planning, but their effectiveness varies. Social services, in particular, use 'Adverse Discharge' forms to highlight poorly managed discharges. However, at Ysbyty Glan Clwyd, there was a lack of response to these forms, raising concerns about the accountability for discharge

²¹ Previously the Executive Director of Clinical Services

planning at a corporate level for this hospital. The Health Board did not respond to our requests to clarify the arrangements for processing these complaints or the accountability for discharge planning at a corporate level for this hospital.

105 The region took part in several Multi Agency Discharge Events (MADE) in 2022, which aimed to improve patient flow by providing protected time for partners to jointly recognise and agree to address challenges collaboratively. Those we spoke to as part of our fieldwork indicated that MADE discussions provide valuable opportunities for partners to work together and focus their resources on ensuring effective discharges take place. However, we found that areas for improvement that are identified through these events are not consistently actioned, with service pressures seemingly causing partners to continue with existing behaviours and practices. This was demonstrated through reports from the November 2022 MADE which reiterated several key issues that had been raised in September 2022 but not actioned, such as needing to use a multi-agency discharge approach and to continually monitor performance.

What more can be done?

106 Whilst there is a clear recognition by regional partners of the problems associated with discharge, a desire to sort them out, the right focus within strategies and plans, and the use of funding targeted schemes, none of these have driven any significant or sustainable improvement in the overall position. Our work has found that there are several further actions that could be taken which would help improve timely and effective flow out of hospital across the region and reduce some of the challenges currently being experienced by the health and social care system. These actions are explored in the following exhibit and align with the recommendations that are set out earlier in the report.

Exhibit 11: further actions for partners to help tackle the challenges for patient flow out of hospital

Improving training and guidance	Having access to jointly agreed guidance which clearly sets out roles and responsibilities, and expectations around when and how staff should share information, including referrals, is vital to ensuring consistency between wards, hospitals, professions, and organisations.
	Offering a comprehensive training programme for everyone involved in patient flow, including bank and agency staff as well as new starters, also ensures guidance is embedded.

Improving compliance with policies and guidance

Having a **regular cycle of audit** to assess the effectiveness and consistency of the application of discharge policies and guidance, including the application of D2RA.

Minimising multiple referrals and ensuring only those people who need the service are on waiting lists for reablement, home care packages and residential care, minimises inefficiencies resulting from inappropriate referrals and provides better outcomes for patients.

Ensuring patient safety while awaiting care packages

Having **clear communication processes** in place to notify social services staff when patients are discharged to minimise the risks that patients are discharged without services in the community being notified.

Maintaining **regular communication with patients** awaiting packages of care once discharged home ensures that patients are safe whilst waiting and provides better outcomes.

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, enables 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, enables a clearer understanding of what is happening with a patient and supports effective discharge planning by all professionals involved in the care of patients whilst in hospital.

Having **joined-up systems** that are accessible by all staff (regardless of organisation) involved in the care of individual patients enables effective and efficient methods of communication between organisations and supports effective flow out of hospital.

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.

Maximising the use of the Regional Integration Fund

The additional regional money provides opportunities to develop **innovative and transformational schemes** that can support effective and timely discharge. These opportunities are lost when the fund is used to support core services which should be mainstreamed.

Having clear processes in place to **manage slippage RIF money** enables streamlined decision-making which is supported by all partners.

Regularly considering **operational performance and capturing risks** at a regional level, enables more effective decision making across partners when considering how best to use the regional funding.

Improving oversight and impact

Ensuring that all initiatives being undertaken to support timely and effective flow out of hospital (both within and outside the Regional Partnership Board) and their associated impacts are **collated and reported openly**, minimises the risk of duplication and provides transparency.

Embedding learning from actions taken to address delayed discharges

Building in time after learning events such as the MADE to embed learning into day-to-day practice minimises the risk of repeatedly facing the same challenges and improves patient experience and outcomes.

Adverse incidents or concerns provide an opportunity to learn from when things go wrong with respect to discharge planning. Having clear processes to ensure consistent reporting of adverse incidents and concerns, along with timely responses enables lessons to be learnt.

Appendix 1

Audit methods

Exhibit 12 sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from these methods.

Exhibit 12: audit methods

Element of audit methods	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none">• Board, Cabinet, and committee papers• Updates on the six goals programme and urgent and emergency care to committees• Operational and strategic plans relating to urgent and emergency care• RPB papers, including case studies• Standard Operating Procedure for discharge planning• Corporate risk registers• MADE reports
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none">• Hospital Directors, East and Central• Interim Director of Regional Delivery• Programme Director for Urgent and emergency care• Clinical Lead for Urgent and emergency care• Deputy Executive Medical Director• Business Planning and Improvement Manager• Health Board lead for Ysbyty Glan Clwyd improvement work.• Health Board lead on care homes• Operational Leads for Emergency Department, Ysbyty Gwynedd, Ysbyty Glan Clwyd and Ysbyty Maelor• Directors of Social Services for Isle of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, and Wrexham• Heads of Social Services for Isle of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, and Wrexham• Lead for Regional Partnership Board• Chief Officer North Wales Community Health Council

Element of audit methods	Description
Observations	<p>We observed the following meeting(s):</p> <ul style="list-style-type: none"> • North Wales Regional Partnership Board • North Wales Leadership Group • Health Board Performance, Finance, and Information Governance Committee <p>We also observed the following individual(s):</p> <ul style="list-style-type: none"> • Head of Nursing and Site Manager, Ysbyty Gwynedd • Progress Chaser and Home Hub Officer, Ysbyty Maelor • Site Manager and Home First Officer, Ysbyty Glan Clwyd
Data analysis	<p>We analysed the following national data:</p> <ul style="list-style-type: none"> • Monthly social services dataset submitted to the Welsh Government • Monthly delayed discharges dataset submitted to the NHS Executive • StatsWales data • Ambulance service indicators <p>We also analysed data provided by the Health Board relating to all emergency medicine patients discharged in October 2022 with a length of stay greater than 21 days (excluding those who died)</p>
Focus groups	<p>We undertook focus groups with social workers from each of the local authority areas, except for Isle of Anglesey.</p>
Case note review	<p>We reviewed a sample of 32 case notes relating to emergency medicine patients discharged in October 2022 with a length of stay greater than 21 days (excluding those who died).</p>

Appendix 2

Reasons for delayed discharges

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

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

Reason for delay	Percentage delayed	All-Wales average
Awaiting joint assessment	15.7	9.0
Awaiting social worker allocation	15.1	8.5
Awaiting completion of clinical assessment (nursing /allied health professionals / medical / pharmacy)	13.3	10.3
Awaiting start of new home care package	10.5	8.0
Awaiting completion of assessment by social care	5.6	15.7
Awaiting nursing home availability	4.6	2.6
Awaiting residential care home manager to visit and assess (Standard 3 residential)	4.6	2.5
Awaiting Elderly Mental Illness (EMI) residential availability	4.3	2.3
Awaiting residential home availability	4.3	2.8
Awaiting reablement care package	3.1	3.0
Awaiting health completion of assessment/provision for equipment	2.8	1.4
Awaiting EMI nursing availability	1.9	2.0
Awaiting funding decision (funded nursing care (FNC) / continuing health care (CHC))	1.5	1.5
Awaiting completion of arrangements prior to placement	0.9	3.5
Awaiting funding decision	0.9	0.8
Awaiting nursing care home manager to visit and assess (Standard 3 residential)	0.9	2.1
Awaiting specialist bed availability	0.9	1.1
No suitable abode	0.9	2.3
Patient / family refusing to move to next stage of care/ discharge	0.9	1.6

Source: Welsh Government

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

Top five reasons for delayed discharges by local authority

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

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

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy)	25.5	13.3	10.3
Awaiting health completion of assessment/ provision for equipment	12.8	2.8	1.4
Awaiting residential care home manager to visit and assess (Standard 3 residential)	12.8	4.6	2.5
Awaiting joint assessment	8.5	15.7	9.0
Awaiting start of a new home care package	6.4	10.5	8.0

Source: Welsh Government

Exhibit 15: top five²² reasons for delayed discharges as a percentage of all delays (February 2024) – Denbighshire

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting joint assessment	18.8	15.7	9.0
Awaiting residential care home manager to visit and assess (Standard 3 residential)	15.6	4.6	2.5
Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy)	12.5	13.3	10.3

Source: Welsh Government

²² All other reasons related to two or less patients

**Exhibit 16: top five reasons for delayed discharges as a percentage of all delays
(February 2024) – Flintshire**

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting social worker allocation	20.4	15.1	8.5
Awaiting joint assessment	18.5	15.7	9.0
Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy)	16.7	13.3	10.3
Awaiting start of new home care package	11.1	10.5	8.0
Awaiting completion of assessment by social care	5.5	5.6	15.7

Source: Welsh Government

**Exhibit 17: top five reasons for delayed discharges as a percentage of all delays
(February 2024) – Gwynedd**

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting joint assessment	15.7	15.7	9.0
Awaiting start of new home care package	15.7	10.5	8.0
Awaiting nursing home availability	13.7	4.6	2.6
Awaiting social worker allocation	9.8	15.1	8.5
Awaiting EMI residential availability	7.8	4.3	2.3

Source: Welsh Government

**Exhibit 18: top five reasons for delayed discharges as a percentage of all delays
(February 2024) – Isle of Anglesey**

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting joint assessment	22.7	15.7	9.0
Awaiting social worker allocation	18.2	15.1	8.5
Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy)	11.4	13.3	10.3
Awaiting completion of assessment by social care	9.1	5.6	15.7
Awaiting start of new home care package	9.1	10.5	8.0

Source: Welsh Government

**Exhibit 19: top five reasons for delayed discharges as a percentage of all delays
(February 2024) – Wrexham**

Reason for delay	Percentage delayed	Health Board average	All-Wales average
Awaiting social worker allocation	21.6	15.1	8.5
Awaiting joint assessment	13.4	15.7	9.0
Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy)	11.3	13.3	10.3
Awaiting start of new home care package	11.3	10.5	8.0
Awaiting completion of assessment by social care	6.2	5.6	15.7

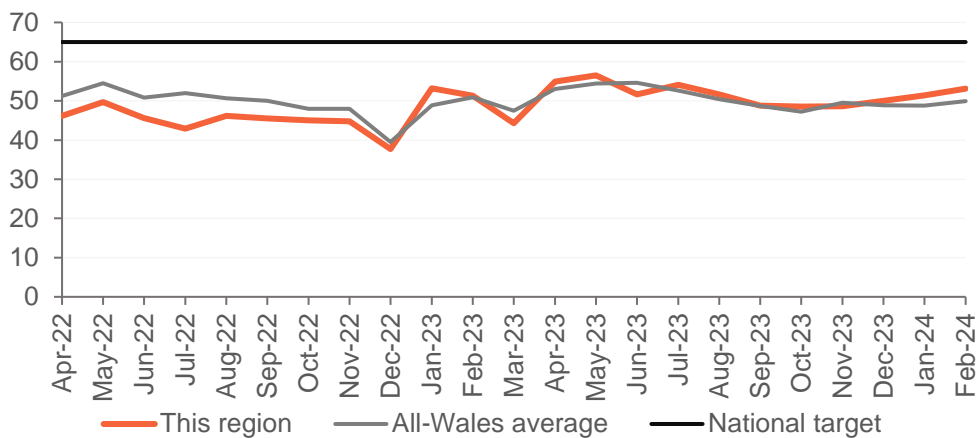
Source: Welsh Government

Appendix 3

Urgent and emergency care performance

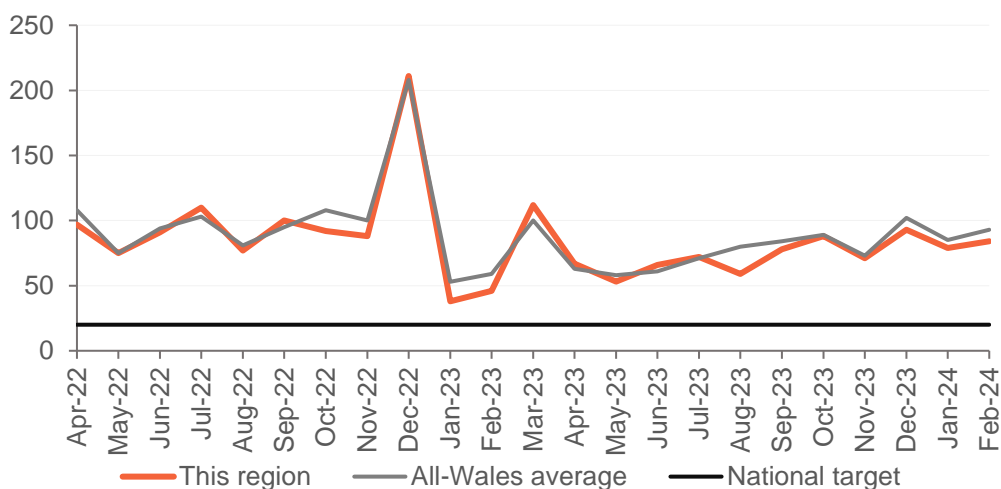
The following exhibits set out the region's performance across a range of urgent and emergency care performance indicators in comparison to the position across Wales since April 2022.

Exhibit 20: percentage of emergency responses to red calls arriving within (up to and including) 8 minutes – national target of 65%



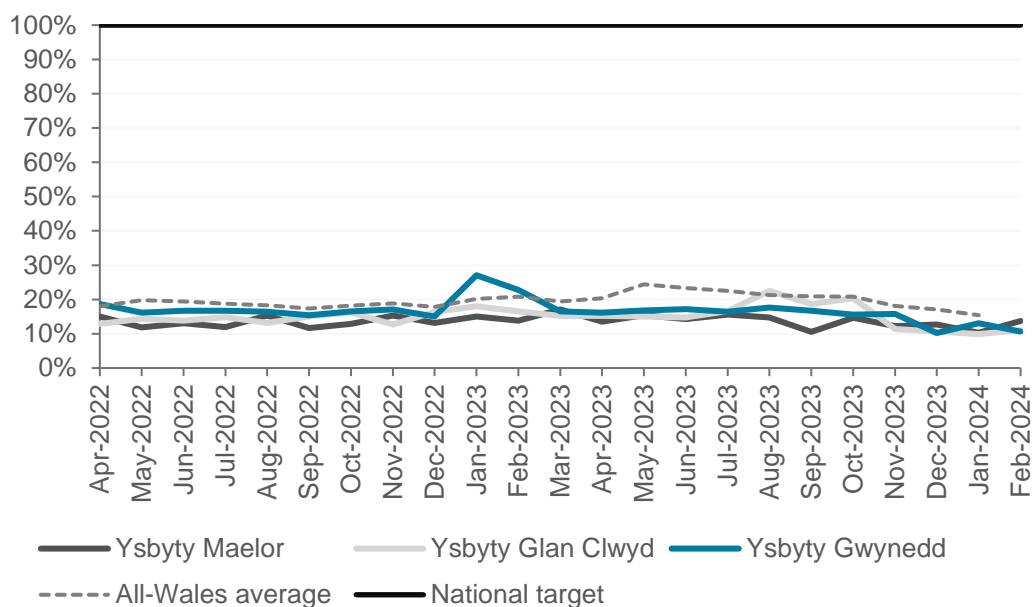
Source: Ambulance Services Indicators

Exhibit 21: median response time for amber calls (minutes) – 50th percentile – national target of 20 minutes



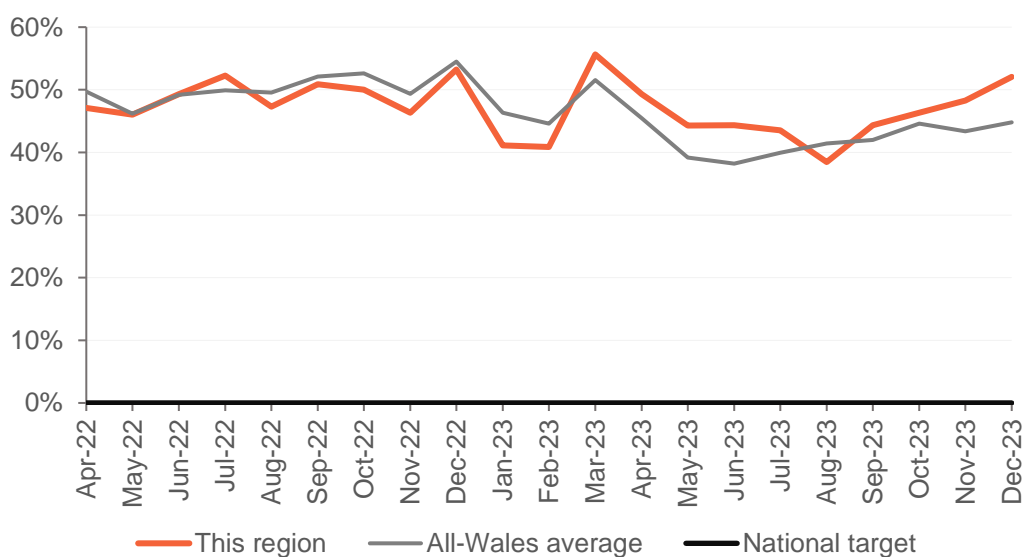
Source: Ambulance Services Indicators

Exhibit 22: percentage of ambulance handovers within 15 minutes at a major emergency department – national target of 100%



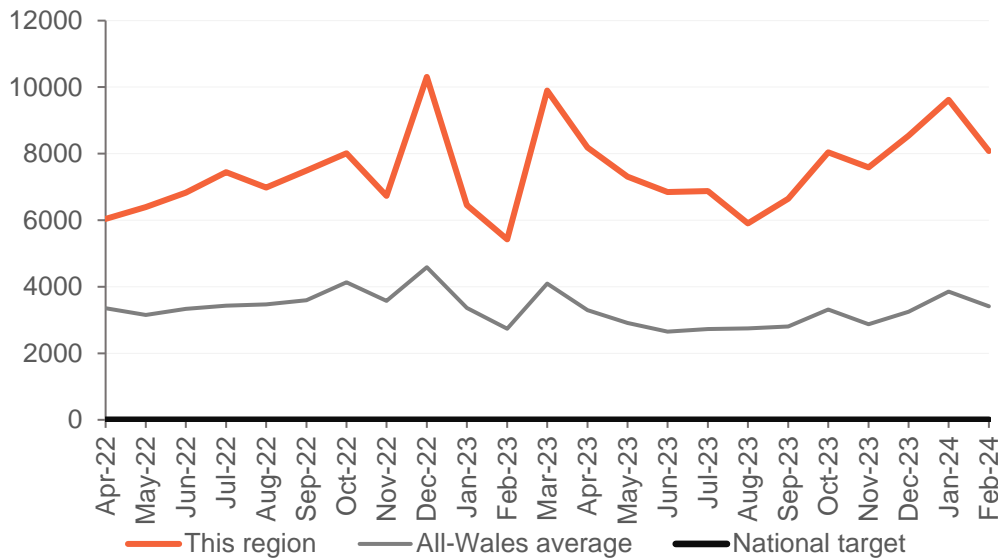
Source: Welsh Ambulance Services NHS Trust

Exhibit 23: percentage of ambulance handovers over 1 hour – national target of zero



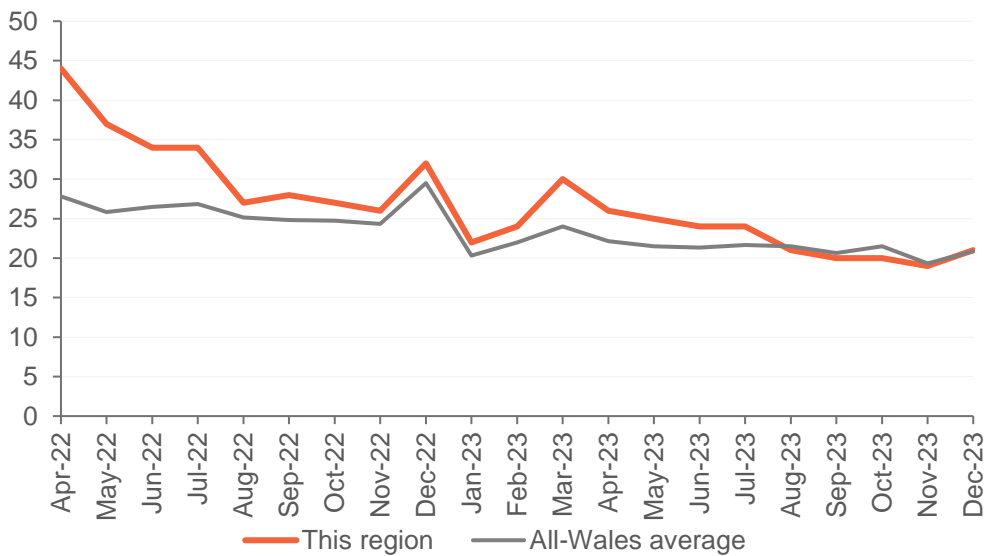
Source: Ambulance Services Indicators

Exhibit 24: total number of hours lost following notification to handover over 15 minutes



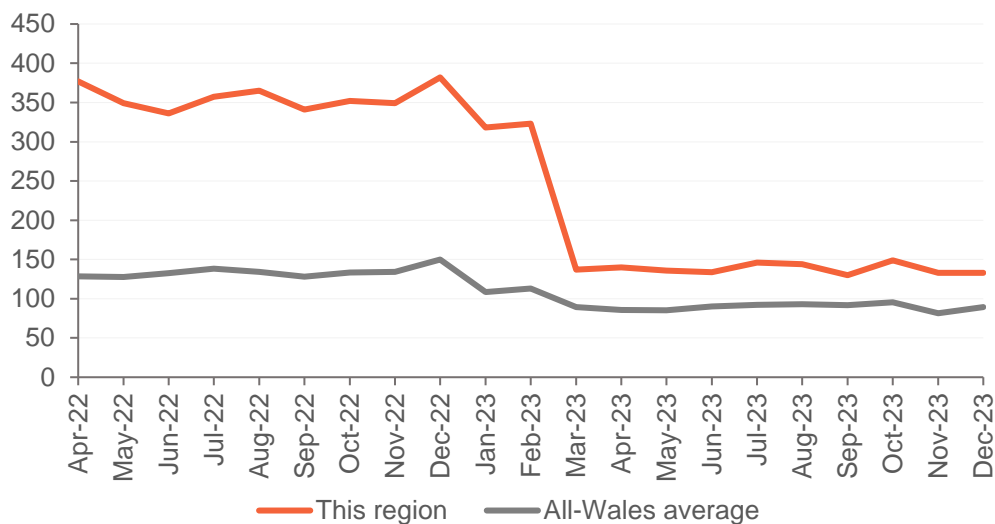
Source: Ambulance Services Indicators

Exhibit 25: median time (minutes) from arrival at an emergency department to triage by a clinician) – national target of 12-month reduction



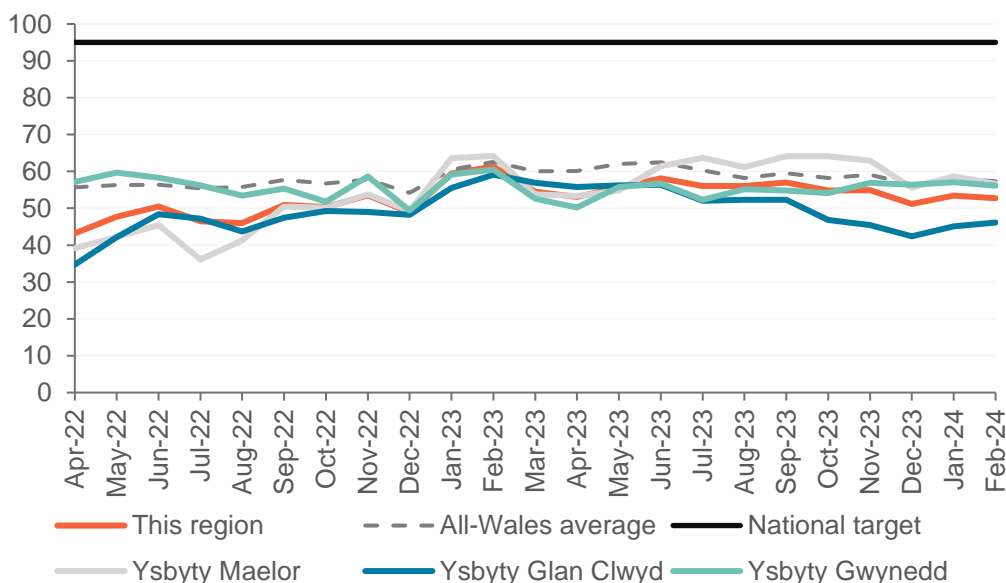
Source: StatsWales

Exhibit 26: Median time (minutes) from arrival at an emergency department to assessment by senior clinical decision maker – national target of 12-month reduction



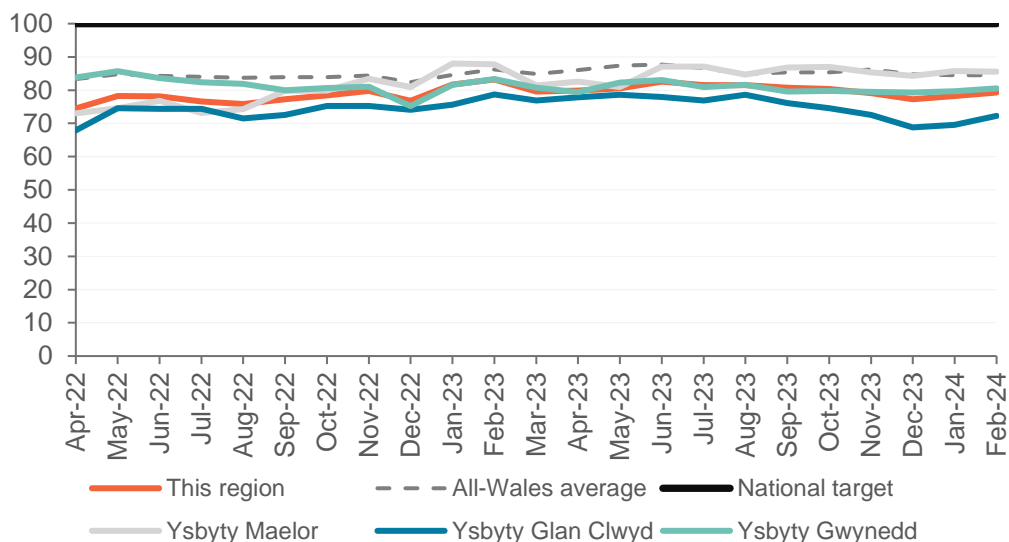
Source: StatsWales

Exhibit 27: Percentage of patients spending less than four hours in a major emergency department – national target of 95%



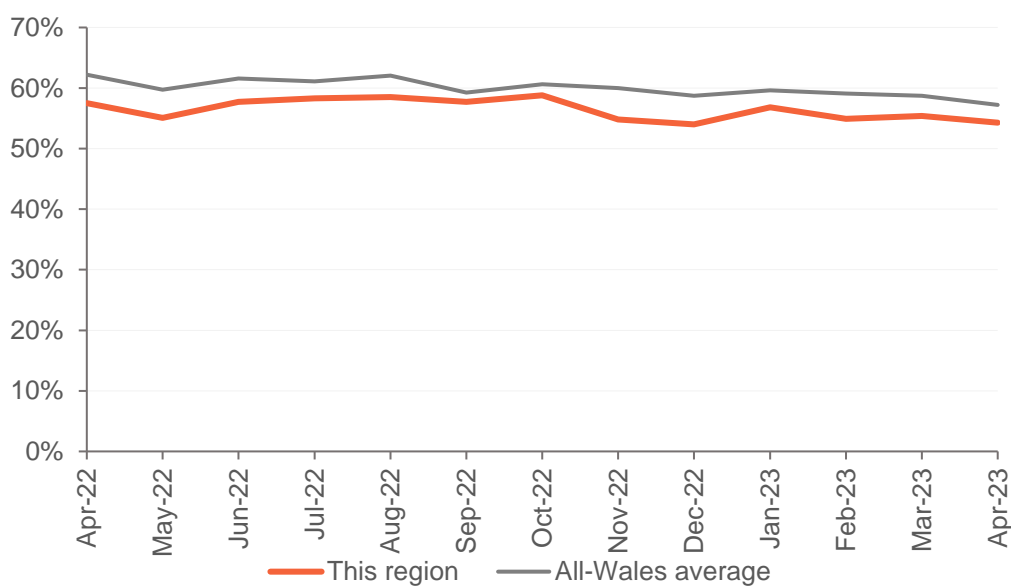
Source: StatsWales

Exhibit 28: Percentage of patients spending less than 12 hours in a major emergency department – national target of 100%



Source: StatsWales

Exhibit 29: Percentage of total emergency bed days accrued by people with a length of stay over 21 days – national target of 12-month reduction



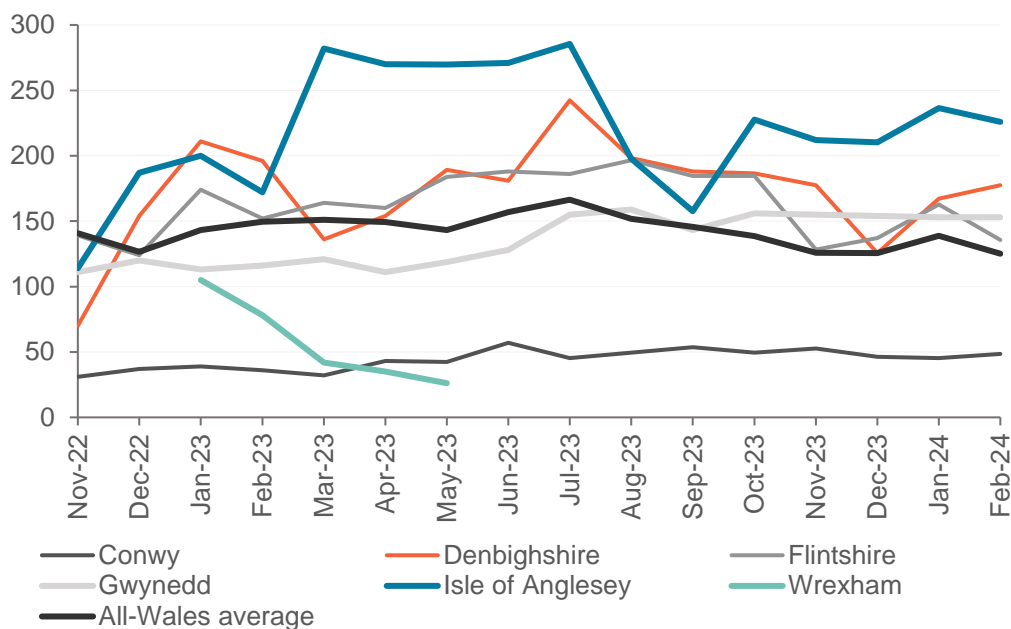
Source: StatsWales

Appendix 4

Waits for social care assessments and care packages

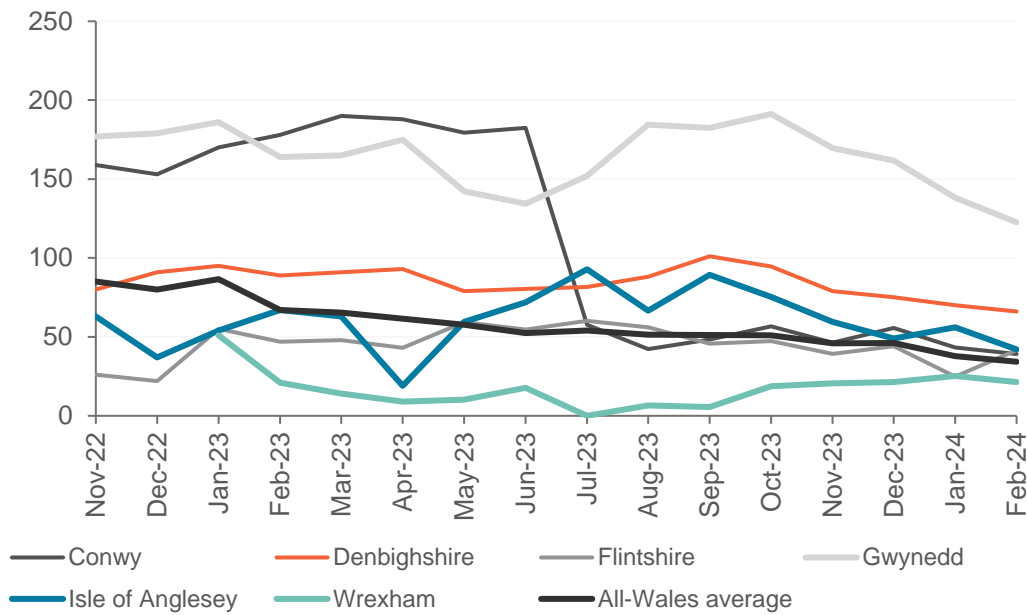
The following exhibits set out the region's waits performance for social care assessment and receipt of a range of care packages in comparison to the position across Wales since November 2022.

Exhibit 30: number of adults waiting for a social care assessment (per 100,000 head of population)



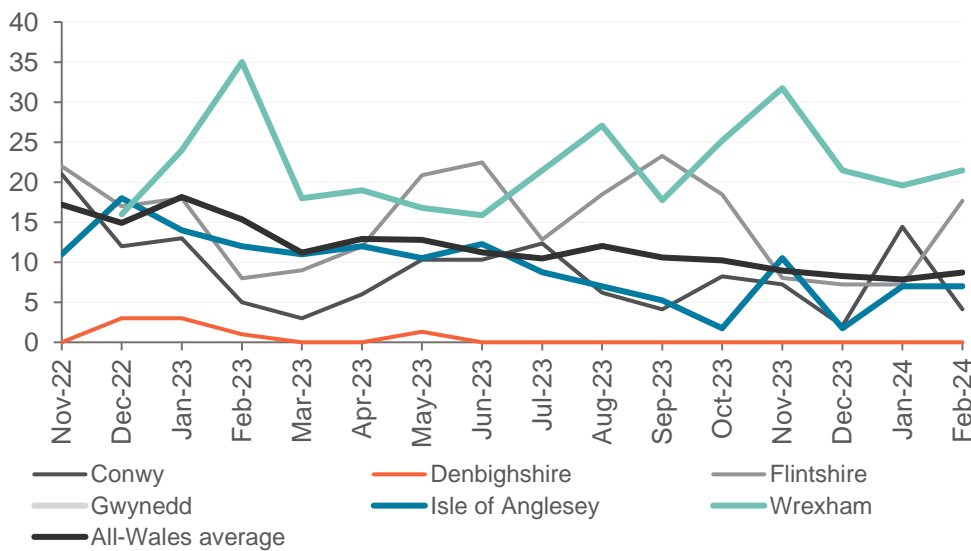
Source: Welsh Government

Exhibit 31: number of adults waiting for domiciliary care (per 100,000 head of population)



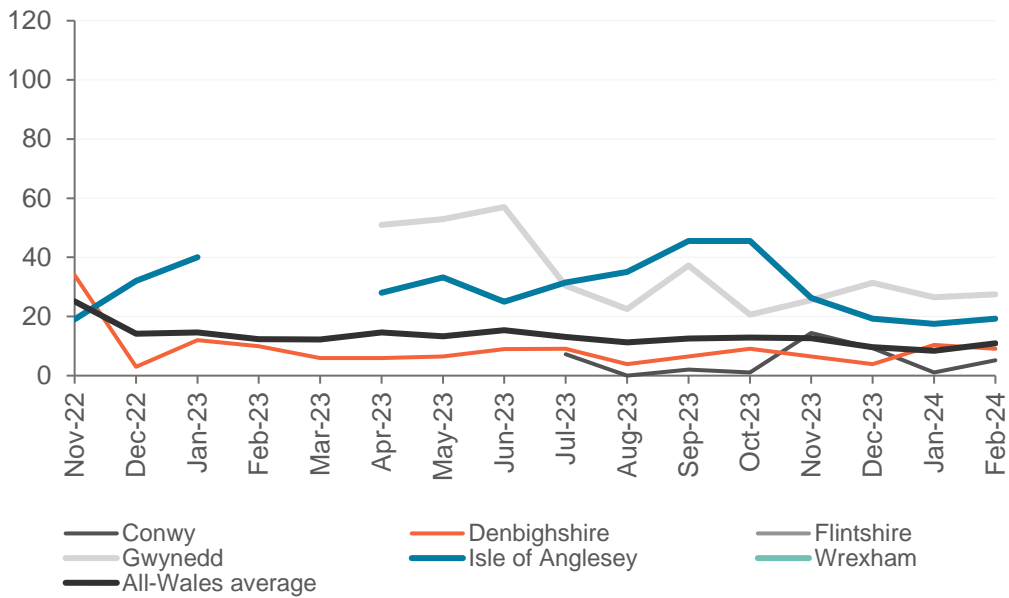
Source: Welsh Government

Exhibit 32: number of adults waiting for reablement (per 100,000 head of population)



Source: Welsh Government

Exhibit 33: number of adults waiting for long-term care home accommodation (per 100,000 head of population)



Source: Welsh Government

Appendix 5

Combined organisational response to audit recommendations

Exhibit 34: combined organisational response

Recommendation	Organisational response	Completion date	Responsible officer
<p>Improving training and guidance</p> <p>R1 The Health Board, working with local authorities, should develop jointly agreed guidance to provide clarity to all staff on how the discharge planning process should work across the region. This should be based on the national guidance issued in December 2023 and should set out clearly defined roles and</p>	<p>Sub-regional:</p> <p>The national guidance document will be utilised to create a summary of the key considerations. This summary will provide a reference to the full document on-line and refer to additional support and guidance available for specific circumstances such as when Best Interest Decisions are required which has been a focus of recent activity. The guidance will focus on the imperative for effective MDT and</p>	<p>July 2024</p>	<p>Community Services Transformation Mgr, East IHC.</p>

Recommendation	Organisational response	Completion date	Responsible officer
<p>responsibilities, and expectations, including when referrals for ongoing care should be made.</p>	<p>multi-agency working and incorporate references to support avoidance of adverse discharges.</p> <p>Central Denbighshire Conwy and Flintshire County Council and BCUHB will work together to develop a guidance adhering to the national guidance, in line with optimal patient Flow. Considering any existing guidance that may already be in place across BCUHB to support consistency across the Health Board with pathway of care delay reporting.</p> <p>Ynys Môn Council, Cyngor Gwynedd, and BCUHB West will further develop such a guidance adhering to the national guidance, having considered existing guidance that may already be in place in other parts of north Wales. Building upon existing arrangements the Local Authorities and Health Board will share all new guidance on transfer of care from hospitals to home. This will be an integral part of the development in response to R1 above.</p>		

Recommendation	Organisational response	Completion date	Responsible officer
<p>R2 The Health Board and local authorities should ensure processes are in place to communicate discharge planning guidance to all relevant health and social services staff, including those working on a temporary basis, supported by an ongoing programme of refresher training and induction training for new staff.</p>	<p>Sub-regional: The East area guidance document referred to in relation to R1 will be:</p> <ul style="list-style-type: none"> • Distributed to all social workers who support discharge planning in Wrexham and Flintshire • Incorporated into return to work discussions, supervision and other management approaches to ensure that team members are informed by the most up to date guidance. • Guidance will be referenced in induction information and staff bulletins and similar. • Home First leads will provide a constant reminder to all key staff members within East Area hospitals who support and lead on discharge planning. • Opportunities explored to include guidance within training programme for all staff including wider teams such as Safeguarding and Commissioning. 	<p>From August / Sept 2024</p>	<p>Senior Manager for Adults FCC, Heads of Service for Older People WCBC, Associate Directors, Community Services BCUHB East</p>

Recommendation	Organisational response	Completion date	Responsible officer
	<p>Building upon existing arrangements and those noted previously, the Local Authorities (East, Central & West) and Health Board will share all new guidance on transfer of care from hospitals to home. This will be an integral part of the development in response to R1 above.</p>		
<p>Improving compliance with policies and guidance</p> <p>R3 The Health Board should embed a regular cycle of audit to assess the effectiveness and consistency of the application of discharge policies and guidance, including the application of D2RA.</p>	<p>Health Board:</p> <p>Draft revised BCUHB Hospital Discharge policy has been developed to replace the Covid discharge requirements. The revised draft policy will be presented through the Health Board's governance process for approval, this will include a consultation period on the BCUHB website and sign off by relevant Health Board committee.</p> <p>Other supporting documentation including Choice & Reluctant Discharge Guidance and Criteria Led discharge is</p>	September 2024	Acting Assistant Director – Care Homes Support & CHC Commissioning

Recommendation	Organisational response	Completion date	Responsible officer
	<p>also being reviewed as part of this review of discharge documentation.</p> <p>As part of the discharge policy an audit cycle will be agreed and implemented</p>	December 2024	
<p>R4 The Health Board should establish controls to prevent staff adding patients to multiple waiting lists, such as for reablement, home care packages and residential care to facilitate a speedy discharge, regardless of need. This will ensure that only those who need the services are on the relevant waiting lists.</p>	<p>Health Board:</p> <p>As part of the D2RA Audit plan Management establish formal overarching policy or Standard Operating Procedure to support the operational management and controls to prevent patients on multiple waiting lists</p>	December 2024	<p>Acting Assistant Director – Care Homes Support & CHC Commissioning</p>

Recommendation	Organisational response	Completion date	Responsible officer
<p>Ensuring patient safety while awaiting care packages</p> <p>R5 The Health Board should ensure processes are in place to notify social services before patients are discharged home, where those patients require ongoing support in their own home, and where such support is not in place at the time of discharge.</p>	<p>Health Board: Review of process and ensure this is included in the Discharge SOP</p>	December 2024	Acting Assistant Director – Care Homes Support & CHC Commissioning
<p>R6 The Health Board and local authorities should ensure mechanisms are in place to regularly monitor patients who are discharged home without arranged ongoing social</p>	<p>Sub-regional: Where appropriate and capacity allows, Home First support patients with an assessed need for a package of care who</p>	On-going	Head of Nursing, Community. Senior Manager for Adults

Recommendation	Organisational response	Completion date	Responsible officer
care and to escalate issues to the appropriate service where necessary.	<p>are awaiting the start of an arranged POC as a bridging the gap</p> <p>Where family/friends provide short term support or where patients self-discharge, telephone numbers are provided to report escalated needs. All people with assessed needs will have a point of contact once home and will be supported as soon as capacity is available.</p> <p>If individuals are transferred home from hospital without an assessment and required care package in place, the Local Authorities will monitor those situations. Completing adverse discharge form where required to support Learning across the services and improved patient journey cross ref R16</p>	<p>June 2024</p> <p>On-going</p>	Heads of Service for Older People
Improving the quality and sharing of information	Sub-regional:	On-going	BCU Associate Directors


Recommendation	Organisational response	Completion date	Responsible officer
<p>R7 The Health Board and local authorities should ensure that all relevant staff across each organisation has consistent access to up-to-date information on services available in the community that support hospital discharge. This will ensure that opportunities to discharge earlier with support from services beyond social care are not missed.</p>	<p>Dewis as the central point of information will continue to be promoted across all organisations.</p> <p>Guidance developed in response to R1 will refer to the fact that there are a broad range of community-based support on discharge and where to find information – direct to Dewis Councils operating sub-regionally operating together with the Health Board share such information on a regular basis via integrated working within the SPOA's of the Community Resource Teams, clinically optimised and length of stay and will continue to do so.</p>	<p>July 2024</p> <p>On-going</p>	<p>Community Services and LA Heads of Service for Older People.</p>
<p>R8 The Health Board should improve record keeping by:</p> <p>a. ensuring all staff involved in discharge planning fully understand the importance of documenting</p>	<p>Health Board:</p> <p>As noted in R3, a draft revised BCUHB Hospital Discharge policy has been developed to replace the Covid discharge requirements.</p>	<p>September 2024</p>	<p>Acting Assistant Director – Care Homes Support & CHC Commissioning</p>

Recommendation	Organisational response	Completion date	Responsible officer
<p>comprehensive information in patient case-notes to support effective discharge planning.</p> <p>b. establishing a programme of case-note audits focused on the quality of record keeping.</p>	<p>The revised draft policy will be presented through the Health Board's governance process for approval, this will include a consultation period on the BCUHB website and sign off by relevant Health Board committee.</p> <p>Other supporting documentation including Choice & Reluctant Discharge Guidance and Criteria Led discharge is also being reviewed as part of this review of discharge documentation</p> <p>As part of the discharge policy an audit cycle will be agreed and implemented</p>	December 2024	
<p>R9 The Health Board and local authorities should implement ways in which information can be shared more effectively, including</p>	<p>Sub-regional:</p>	October 2024	Heads of Services for Older People

Recommendation	Organisational response	Completion date	Responsible officer
<p>opportunities to provide wider access to organisational systems and ultimately joint IT solutions.</p>	<p>Cyngor Sir Ynys Môn, Cyngor Gwynedd and the Health Board already have an information sharing pilot in place awaiting evaluation.</p> <p>Conwy, Denbighshire & Flintshire local authorities and the Health Board have a WASPI in place since the implementation of the SPOAs</p> <p>Further work required to improve information sharing on presentation in ED due to organisational systems not available to all. An integrated information sharing systems.is required to support this</p> <p>Central Area will consider how this can be incorporated into the scope of the new Connecting Care procurement process</p> <p>Seek options for Home First to be able to access Council WCCIS system in the East.</p>	<p>October 2024</p>	<p>Director of Allied Health Professionals</p>

Recommendation	Organisational response	Completion date	Responsible officer
	<p>Revisit schedule of multi-agency meetings to verify that those contact points achieve a shared position re updates on discharge planning as part of the ongoing Home First Review in the East</p> <p>Consider how the use of STREAM is consistently updated with potential for local authority access</p> <p>Actively seek ways to increase local authority access for systems held within BCUHB.</p>		
<p>Addressing key gaps in capacity</p> <p>R10 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 which would enable timelier</p>	<p>Sub-regional:</p> <p>Utilise Further Faster Funding and action planning</p> <p>In Central, D2RA team at the front door working as Trusted Assessors to address the gaps in assessment capacity working together with local authorities to support reablement provision ongoing work to support more timely discharge</p>	On-going	Leadership Group

Recommendation	Organisational response	Completion date	Responsible officer
<p>discharge of patients to their own home.</p>	<p>required for POC with agreed Trusted assessment pathways</p> <p>Central Area Integrated Services Board considers the development of joint solutions to address key gaps in service capacity e.g the Denbigh Health and Social Care Programme.</p> <p>The Health Board have developed the Tuag Adref service in the West to provide for a reablement service and domiciliary care is now jointly commissioned by Local Authorities and the Health Board.</p>		
<p>Maximising the use of the Regional Integration Fund</p> <p>R11 The Health Board and local authorities, through the Regional Partnership Board (RPB), should</p>	<p>Regional Partnership Board:</p> <p>RPB and partners continue to make progress to mainstream long standing schemes funded through RIF. In 2023/24 there was £16.9m of investment in mainstreamed schemes.</p>	<p>On-going</p>	<p>Regional Head of Collaboration</p>

Recommendation	Organisational response	Completion date	Responsible officer
<p>demonstrate how it is working to increasingly mainstream long-standing schemes funded through RIF which are considered core services.</p>			
<p>R12 The Health Board and local authorities, through the Regional Partnership Board, should agree a process for utilising any future RIF slippage monies, ensuring that appropriate value and benefit is obtained from such spending.</p>	<p>Regional Partnership Board:</p> <p>The importance of appropriate use of slippage has been acknowledged and in response the <i>'Change Notification'</i> process was developed. The process is being audited and will be reviewed by the RPB's Leadership Group.</p> <div style="text-align: center;">  <p>RIF Change Notification Template</p> </div>	<p>On-going. Process to be reviewed Autumn 2024</p>	<p>Regional Head of Collaboration</p>

Recommendation	Organisational response	Completion date	Responsible officer
<p>R13 To help inform decision-making and discussions, the Health Board and local authorities should:</p> <ul style="list-style-type: none"> a. ensure that the Regional Partnership Board has routine access to key performance indicators relevant to effective and timely flow out of hospital, including urgent and emergency care performance within the Health Board and waiting lists for social services and care packages; and 	<p>Regional Partnership Board: Quarterly data re: flow out of hospital to be presented to the RPB's Leadership Group (inclusive of IHC Directors)</p>	<p>On-going quarterly</p>	<p>Regional Head of Collaboration / Assistant Director – Care Homes Support & CHC Commissioning</p>

Recommendation	Organisational response	Completion date	Responsible officer
<p>b. use the Regional Partnership Board working arrangement to develop a regional risk register which pulls together the risks associated with delayed discharges.</p>	<p>Risk register related to delayed discharges to be completed and presented to RPB twice annually</p>	<p>October / April annually</p>	<p>Regional Head of Collaboration</p>
<p>Improving oversight and impact R14 The Health Board and local authorities should ensure that information setting out progress with significant activities and initiatives being undertaken to support effective and timely discharge is routinely available at a corporate and partnership level. This should include</p>	<p>Sub-regional: The Pan Cluster Planning Group will become the leadership group to oversee partnership activity in this regard in the East. In addition to circulation of Key Performance Indicators outside of meetings (e.g Pathway of Care Delays Census Information), a standing item will be added to each agenda to consider current position, trends and responses required.</p>	<p>From September 2024 onwards</p>	<p>PCPG Chair</p>

Recommendation	Organisational response	Completion date	Responsible officer
<p>activities and initiatives undertaken individually and jointly, both within and outside of the RPB structure, their impact and how they collectively contribute to addressing the challenges. This will help to provide assurance that resources are being invested to best effect.</p>	<p>Regular reporting mechanisms and performance and progress monitoring across the Local Authorities and Health Boards to continue with added focus in the West & Central. This information is also considered at strategic integrated planning meetings.</p> <p>Work is ongoing to improve data analysis and reporting in order to provide further assurance across Local Authority governance.</p>		
<p>Embedding learning from actions taken to address delayed discharges</p> <p>R15 The Health Board and local authorities should ensure that mechanisms are in place to</p>	<p>Regional Partnership Board:</p> <p>Aligned to R13. and the associated work, regular learning events and sharing of good practice to be considered regularly.</p>	<p>Quarterly – on-going</p>	<p>Head of Regional Collaboration / Assistant Director – Care Homes</p>

Recommendation	Organisational response	Completion date	Responsible officer
<p>implement learning from actions taken to address delayed discharges, such as the Multi Agency Discharge Events (MADE), and to maintain regular oversight to ensure the learning is being implemented.</p>			<p>Support & CHC Commissioning</p>
<p>R16 The Health Board should strengthen escalation arrangements for reporting adverse incidents or concerns relating to discharge by:</p> <p>a. addressing any outstanding adverse incidents or concerns, communicating clearly with the relevant local authority; and</p>	<p>Health Board:</p> <p>Each IHC to establish an Adverse Discharge Group with clear ToRs</p> <p>Hold Discharge webinars with Care Homes across each IHC to improve communication and build trust between Health and Providers</p>	<p>October 2024</p>	<p>Acting Assistant Director – Care Homes Support & CHC Commissioning</p>

Recommendation	Organisational response	Completion date	Responsible officer
b. ensuring a consistent approach to reporting adverse incidents and concerns relating to discharge is in place across the Health Board.			



Audit Wales

1 Capital Quarter, Tyndall Street
Cardiff CF10 4BZ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail:

Website: www.audit.wales

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

Scrutiny of Strategic Partnerships – Betsi Cadwaladr University Health Board - **13.11.24**

In response to your letter dated 2nd October 2024, this report has been produced for the Partnership and Regeneration Scrutiny Committee meeting on 13th November 2024, Scrutiny of Strategic Partnerships – Betsi Cadwaladr University Health Board.

1. Health Board Improvement Programme - high level overview

The Health Board's over-riding purpose is to serve its local population by providing high quality, safe, clinically effective services that are sustainable into the future, making best use of the resources available.

Since last attending the last Partnership and Regeneration Scrutiny Committee in November 2023, the Health Board continued on an improvement journey and has made significant inroads in a number of areas. These include Board effectiveness, organisational culture, service quality, patient safety, operational delivery and financial management. While these improvements are a real sign of the Boards commitment to sustainable improvement for people living in North Wales, and the Welsh Government and audit Wales have noted these, there is much still to do.

There is significant focus upon improving those areas that are causing the greatest concern for patients in terms of performance and outcomes, specifically waiting times for planned care and waiting times in Emergency Departments. Both of these areas are now Major Programmes with oversight at the highest level. We can cover these areas in more detail when we present to the Committee.

One area where there has been improvement and a renewed commitment is in partnership working, with Local Authorities being key partners in delivering services, especially for those most vulnerable. A number of examples are detailed in this report and will hopefully reassure members of our refreshed approach to collaborative working.

The latest Welsh Government report about the Health Board's progress under the current special measures' escalation priorities was published on 5th November 2024. The focus over this period has been the response to the serious issues that resulted in our escalation to special measures, developing and building the Board, rebuilding trust and confidence, and putting in place firm foundations for the future.

2. Joint Working between the Health Board and Isle of Anglesey County Council Adults' Services

i) Holyhead frailty project, CRT & RIF update:

The Community Frailty pilot is being run in Holyhead with a focus on reducing the hospital admissions for the high-risk patients registered with the two GP practices in the town.

With the demand in caring for complex patients increasing and resources limited a more seamless service is required to enable individuals to live their life as they want to live it with a coordinated service closer to home. A pilot

was launched in June 2023 following a piece of work carried out by BCU to identify the cohort of patients at high risk of admission. Holyhead was chosen as the pilot area. The aim of the project is to the right care by the right person at the right time and in the right place, through the delivery of a proactive rather than reactive patient-centred service that meets the health and social needs of high-risk individuals within their own community. Effective integration of the Community Resource Team with the wider healthcare economy will maximise on the skillset and resources available. Early intervention; accessible via a centralised streaming hub, will facilitate a seamless and co-ordinated pathway to support service users holistically, increase autonomy and minimise avoidable inpatient admission.

Rapid response is provided following triage by a clinical co-ordinator for the CRT. A daily huddle attended by a member of each core discipline improves communication and effectiveness of care. Advanced Care Plans and Comprehensive Geriatric Assessments are being completed for selected patients.

The first 12 months show a decrease in the Emergency department (ED) attendances, ambulance conveyances, inpatient admission, and length of stay of the high-risk cohort in Holyhead. The Holyhead community resource team (CRT) on Mon has become a team in the true sense of the word, and sickness and turnover of staff has reduced in the pilot area.

ii) Allied Health Professionals (AHP) development in Primary/Community Care

We have recruited to the Enhanced AHP Rehab service, this service is across the West IHC but will initially focus on Mon. The Enhanced AHP rehabilitation team has three work streams:

1. Developing a clinical approach. The Enhanced AHP rehabilitation team has developed a data dashboard to identify people falling into a pattern of increased healthcare use. The team will work proactively with these individuals to plan and coordinate care, aiming to explore what is important to them and ensure that care meets their needs across services.

A quality improvement approach is being used with PDSA cycles (Plan – Do -Study (outcome /results) – Act (change plan or continue). The clinical approach will evolve over time and will include numerous novel approaches, in the first instance linking across the CRT and Primary care and the embedding of comprehensive geriatric assessments.

2. The Enhanced AHP rehab team will support development in AHP services, looking to support shared approaches. Initial work has focused on development of Multi professional Therapy Assistants competencies and coordination across cluster meetings. Further work is likely to include the embedding of Patient outcomes – measuring patient experience as well as the outcome of the service they have received ,supported through

the use of the Welsh Government 's rehabilitation framework to support service development and improvement.

3. Strategic development. The work completed by the Enhanced AHP rehabilitation team is being used to inform strategic discussions, particularly considering coordination across Primary care, Community Care and Therapies and where we hold management of people with complex needs. It is anticipated that the clinical work and outcomes from this will act as a springboard to inform clinical pathways for people with complex needs. Review of individuals experience of care, completed during the Enhanced AHP rehab teams baseline development has been developed into a report to allow focus on key system challenges.

The development of coordination across services may then support future partnership working with key partners of the Health Board, particularly Local Authority.

iii) **2024/25 Winter Plan**

The Health Board is currently reviewing its Winter Plan, which will focus on four key areas to ensure readiness for the upcoming season. The first area, Community and Primary Care, includes initiatives such as the frailty programme, the flu vaccination campaign, primary care plans to support high-risk patients, and the enhancement of community pharmacy services.

The second area, Front Door, outlines collaboration with the Welsh Ambulance Service Trust (WAST), Same Day Emergency Care (SDEC) services, and efforts to protect trauma capacity.

The third area, In-Hospital, covers Integrated Health Community (IHC) de-escalation plans, the production of a respiratory escalation plan, the development of criteria-led discharge, and the implementation of a forward-waiting process.

Lastly, Discharge to the Community will focus on collaborative working with social care partners and strengthening the support of community teams to facilitate safe and timely patient discharges.

To kickstart this work, Ysbyty Gwynedd undertook a RESET project during the week commencing 9th September. The aim was reset processes and pathways to how the hospital should be run to alleviate pressures and enhancing the efficiency within both unscheduled and planned care systems. This would then lead to improved patient and staff experiences, with a positive impact on patient outcomes. Doing this would allow an improved baseline to maximise the ability of the organisation to manage winter pressures.

The Reset Project was done through a focused and collaborative approach across the Integrated Health Community and specifically with Local

Authorities. It was structured around three dedicated teams: Front Door Focus/Emergency Department (ED), Board Rounds and flow within the hospital itself, and Discharge/Long Length of Stay, each addressing specific areas of the care pathway.

We would like to place on record and thank Anglesey County Council for fully embracing this project and working alongside us in finding solutions, streamlining the process and pathways, and looking at your own systems in tandem. The key observations from the project are detailed in the report found in Appendix 1.

iv) Cluster Work

Social Prescribing & Inverse Care Law work:

Anglesey's social prescribing project, run by the Community Link team at Medrwn Mon (Anglesey Community Voluntary Council), is an existing example of joint working between the HB, LA and 3rd sector. This was born of collaboration between General Practice, Local Authorities, the Health Board (hospital and community – primarily COTE, therapies and Community Mental Health Team) and the third sector. This was developed with the Model Mon group. Our cluster at the time was focused on schemes to avoid admission of frail elderly patients where possible. Both through support for the Mon Enhanced Care project and separate cluster projects looking at Advanced Care Planning/Treatment Escalation Plans.

Our main social prescribing goals were developed jointly with the local authority to try and promote better social functioning and independence as we age, to benefit individuals themselves, and to hopefully reduce the numbers in the future needing support for frailty. We were seeing an increase in mental health concerns and felt that social prescribing was important to promote wellbeing, particularly to try to De-medicalise low and moderate mental health issues. The scheme has since been able to move on from cluster/ICF/LA funding to self-funding through a variety of grant sources, which is I think unique for cluster projects of this type and scale, and a reflection of the impressive work the Community link team is doing.

The Inverse care law (ICL) program invited and involved various groups and members of all collaboratives and agencies across Anglesey to look at the population needs, particularly where there may be “inverse care” concerns e.g. high need but least input. We used innovative data sources from the ICL team with public health support to identify areas needing support. These data sources are based on WIMD data at LSOA level allowing us to look at various issues affecting our population.

Over a series of events and meetings in partnership with the LA and 3rd sector, Anglesey cluster have agreed three main areas to target.

- a. Access to local and social amenities e.g. transport for poorer communities without good infrastructure, ensuring availability of community resources, particularly in more isolated deprived small towns and villages.
- b. Continue to focus on unhealthy behaviours and chronic disease management. But ensuring we look at ways of recording offers and invites for screening and care, and highlighting if there is poor uptake or response in deprived areas where the need is likely highest.
- c. Children and young people's Health & Wellbeing

Anglesey has now set up a Social Prescribing Working Group which has evolved from the initial Childrens Social Prescribing Group which was the outcome from the ICL work. The working group is active and recently both the working group and the Cluster members came together in a workshop to look at Population Need data and map out Social Prescribing services, to address the gaps in service and to look at what the SP model of delivery should be on the Island to support the population from cradle to grave.

Outcomes from ICL work / meetings on Anglesey - Children Wellbeing:

What is clear from the data is that Anglesey has a high rate of childhood obesity and high rates of children living in deprived areas. Behaviours from childhood have a lasting impact on adult health and wellbeing. Targeting support for children often involves supporting the family.

It was also noted by various children's agencies, LA, schools and medical services (primary and secondary) that we are seeing an increase in concerns around mental health, emotional health and behavioural health.

We agreed that we should aim to look at children's wellbeing as a whole. For inverse care we would want to ensure that we identify and find those most at need in order to better target support. This is likely to be the more deprived areas, but we want to identify and support any and all children who have low levels of activities that contribute towards wellbeing.

We are already seeing a higher demand for children needing support, clearly we want to make sure that we are looking at increased wellbeing activities for these groups, but we feel it is important to look for and identify low wellbeing activity levels in all children of all ages, with the hope that early intervention may lead to fewer children presenting with and needing the type of intensive support seen at present.

It is important that we can signpost and encourage activities that children and families want. The difficulty is keeping an up-to-date repository and knowledge of "what's out there" and helping each individual choose what might be appropriate for them. This is the main purpose of our Community Link Social Prescribing scheme.

As part of this project we have already employed two Local Area Coordinators (LACs – social prescribers) with a focus on mental health and wellbeing in teenagers. We also have family wellbeing practitioners in practices with knowledge of Child and Adolescent Mental Health Services. (CAMHS) and local support services to guide appropriate service and support. Both these teams have been involved in current groups looking at children's

wellbeing and the Community Link team in particular feels that it is well placed to continue to support this work. Schools clearly play an important role and we need to ensure we work closely with the education teams.

Conclusion

In summary, the Health Board has demonstrated significant progress in addressing the critical issues which led to the special measure's intervention. Despite the ongoing financial and workforce challenges, the focus on high-risk areas and the commitment to delivering high-quality, sustainable healthcare services have yielded promising results. The collaborative efforts between the Health Board and Isle of Anglesey County Council, particularly through initiatives like the Holyhead frailty project and social prescribing, underscore the importance of integrated care in improving patient outcomes and reducing hospital admissions.

The Health Board's proactive approach is further evidenced by the comprehensive review and implementation of the 2024/25 Winter Plan, which emphasises readiness across community and primary care, emergency care, in-hospital care, and discharge planning. The successful execution of the Ysbyty Gwynedd RESET project highlights the potential for targeted interventions to alleviate pressures within both unscheduled and planned care systems, ultimately enhancing patient and staff experiences.

While there remains much work to be done, the encouraging signs of improvement and the strong foundation being built provide a positive outlook for the future. Continued collaboration, innovation, and a patient-centred approach will be crucial in achieving the long-term goals of the Health Board and ensuring the well-being of the local population. The ongoing commitment to addressing governance, quality of care, performance, leadership, and financial management issues will be essential in sustaining these improvements and moving towards a more stable and effective healthcare system.



RESET Measured Objectives	
An overall reduction in occupied inpatient beds in Ysbyty Gwynedd. (30 beds)	YES
An increase in discharges	YES
Decongestion of ED department	YES
Increase in SDEC activity	NO
Increase in WAST referrals to SDEC	NO
Reduction in speciality review time for patients.	YES
Increased capacity for planned care patients	YES
Reduction in on the day cancellations	YES
Improved theatre efficiency – Late starts, on the day cancellations	YES
Reduction in non-clinical moves across the site	YES

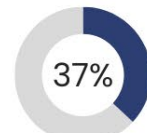
Ysbyty Gwynedd Reset Week September 2024



Medical Outliers

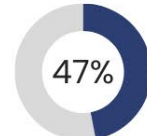
The starting position on Monday 9th September was 82, this reduced each day until the following Monday when it was 52 **(-37%)**

Surgical Outliers reduced from 29 to 24 during the same period **(-17%)**



Out of Area Patients

Patients from outside of BCUHB started the week with a total of 19 and reduced to 10 **(-47%)**



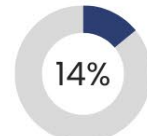
>7 Days Length of Stay

Starting position was 258. This number reduced day after day to 207 **(-20%)**



> 21 Days Length of Stay

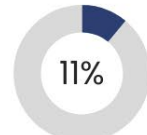
Starting position was 118, this number reduced day after day to 102 **(-14%)**



Admissions

Medical admissions Average week 169 reduced to 150 **(-11%)** during RESET

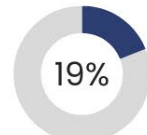
Surgical admission average week 73 increased to 76 **(4%)**



Discharges

Medical discharges average week 163 increased to 180 **(19%)** during RESET

Surgical discharges average 99 to 118 **(10%)**



The system reset will enhance the efficiency of planned and urgent care services, improving patient and staff experiences and positively impacting patient outcomes.

03000 840452

paul.andrew2@wales.nhs.uk

@PaulAndrew

YG RESET (2024) Report: Summary & Findings

Authors: Paul Andrew & Tomos McFarlane

Date: 27/09/2024

PART A PRE-IMPLEMENTATION

This report has been conducted to evidence the findings and learning of the Ysbyty Gwynedd RESET project which ran during the week of the 9th of September. The key observations arising within this report will inform the short-term and long-term follow-up work.

What Did We Do?

A focused collaborative approach to reduce the pressures within unscheduled and planned care systems. The project composed of three teams (Front Door Focus/ED, Board rounds, and Discharge/Long Length of Stay), all with distinct focuses.

Underpinning the focus of the project, was the drive to enhance efficiency of both planned and urgent care services, which would ultimately lead to improved patient and staff experiences, positively impacting patient outcomes.

Initial Project Aims

- To de-escalate the acute bed occupancy.
- Create capacity in SDEC allowing unscheduled care pathways.
- Create capacity for DOSA to allow planned care patients to be treated in a timely manner without the risk of cancellation.
- Create capacity for high-level cleaning programme, to reduce the risk of infection and outbreaks.

Objectives

The five-day programme was targeted to deliver collaborative working, momentum and improved performance, to:

- An overall reduction in occupied inpatient beds in Ysbyty Gwynedd. (30 beds)
- An increase in discharges.
- Decongestion of ED department.
- Increase in SDEC activity.
- Increase in WAST referrals to SDEC.
- Reduction in speciality review time for patients.

- Increased capacity for planned care patients.
- Reduction in on the day cancellations.
- Improved theatre efficiency – Late starts, on the day cancellations.
- Reduction in non-clinical moves across the site.

Metrics Available to Monitor Impact

ED Admissions

Discharges

Average Time to Specialty Review – ENT

Average Time to Specialty Review – T&O

Average ED Journey Time

Ambulance Handover Average

ED Occupancy by Hour

SDEC Attendance

Average Decision to Admit to Bed Allocation

Average ED Journey Time – Admitted Patients

Average ED Journey Time – Non-Admitted Patients

Patients with Length of Stay 21 Days or More

Cumulative Length of Stay of 21 Days or More

SDEC Number of Escalated Beds GRAPHS!!

DOSA Number of Escalated Beds

How Did We Do It?

Front Door Focus/ED - There was an operational team who focused upon the specialty waits, particularly Surgical, Trauma & Orthopaedics, and ENT. They aimed to identify any potential communication barriers preventing the update of accurate Symphony data, and identify any challenges relating to internal professional standards - the target for specialty review remained at 1 hour in line with internal professional standards, with a zero tolerance for patients waiting over 2 hours. Alongside this, the ED clinical teams worked with primary care colleagues where possible, to identify alternative pathways, with a targeted focus on utilising SDEC capacity where appropriate. Furthermore, the clinical teams worked with WAST colleagues to identify opportunities for 'fit to sit patients', which would release WAST

vehicles efficiently and safely. The GP admissions bleep (901) was held by a senior decision-maker, who was tasked with identifying appropriate clinical pathways. There was also a local authority representative within the D2RA team for the week.

The team would be composed of each of the following: **Lead, GP, 901 Bleep Holder, D2RA (Social) Operations ED, Operations Medicine, Operations Surgery**

Board rounds – There were two separate Multi-Disciplinary Teams that supported the normal ward teams that undertake board rounds. Their primary task was to identify opportunities to reduce delays and increase discharges, making the process more efficient. They did this through the provision of professional clinical challenge. Both teams visited two wards each daily, and completed a check list task which mirrored the principles outlined within the Board Round SOP document (which was launched during the RESET week). The teams looked at unblocking problems, rather than approaching the board rounds diagnostically.

The two teams would both be composed of each of the following: **Doctor Secondary Care, Doctor Primary Care, Therapist, Pharmacy, Senior Nurse, Operations, Home First Bureau/District Nursing, Mental Health**

Discharge/Long Length of Stay Panel – The Multi-Disciplinary Team met on Tuesday 10th 12:00-15:00. The purpose of the group was to conduct a review of **non-clinically optimised** patients, with a stay of 21 days or over. The group queried the social arrangements for discharge, and asked probing questions to establish the requirements to progress a patient's discharge. The group advised and agreed actions, expectations, and methods of escalation for support.

The findings and conclusions from all three groups were then collated, with the analysis underpinning the daily report. Any trends of note, identifiable patterns, and causes for concern were also included.

PART B POST-IMPLEMENTATION

What did we see including lessons and trends?

ED Story

The **ED Occupancy Heatmap** clearly shows that the occupancy within ED is improved from 11-14th September with the lowest recorded at 27 14/09/2024, compared to a high of 125 in 01/06/2024, across a 16-week period (1st of June – 21st of September 2024).

During the 6-week period 12/08/24-16/09/24

The 6-week period has been selected as it is the default format of the data on the IRIS dashboard

Triage - on the 12th of September, **PERCENT ARRIVALS TRIAGE UNDER 15 MINS** was 35.7% with a **MEDIAN TIME** of 26, the highest percentage since the 31st of August, which was 36.5%. The 11th 32.8%, 13th 34.5%, and the 14th 25.2%, were all above the September average 22.9% (1st – 23rd excl. 11th-14th). The 1st of June, which was noted earlier as having the highest ED occupancy heatmap number, had a percentage of just 12.9%.

Date	Arrivals Triage Under 15 Mins (%)
11 th Sept	32.8
12 th Sept	35.7
13 th Sept	34.5
14 th Sept	25.2
Sept Average 1 st – 23 rd (excl. 11 th – 14 th)	22.9

Dr waits – on the 13th and 14th of September, the **ARRIVAL TO ED CLINICIAN SEEN MINUTES** was 130.25 mins and 133.62 mins, the second-best return in the 6-week period behind 23rd August 113.82 mins. The 11th and 12th were 190.51 mins and 180.99 mins. The average for the 6-week period excluding the 11th-14th was 232.80 mins.

Date	Arrival to ED Clinician Seen (Minutes)
11 th Sept	190.51
12 th Sept	180.99
13 th Sept	130.25
14 th Sept	133.62
6-Week Period Average (Excl. 11 th – 14 th)	232.80

The Ambulance story is - whilst ED occupancy was reduced from 11th-14th September, we didn't see a significant improvement in **PATIENTS BEING OFFLOADED INTO THE DEPARTMENT** immediately on the 11th September (48 [handovers] – 112 mins average). However, over the next 3-4 days, the benefits are clearly seen (12th 42 -47 mins, 13th 42 – 58 mins, 14th 37 – 25 mins). The 12-month average ambulance handover is 100 mins. Further benefits are likely to have been felt across the community with ambulance response, although these are not captured in this summary report. From a system

perspective there were 2 border divers put in place into YG over this period to YGC. Subsequently, YG supported a full ambulance divert on the 14th of September, resulting in at least 4 additional ambulances into YG.

The following Sunday (15th), saw 47 handovers with an average of 70 mins, before significantly worsening on Monday 16th, with 42 handovers and 118 mins average.

Date	Average Ambulance Handover (Minutes)
11 th Sept 24	112
12 th Sept 24	47
13 th Sept 24	58
14 th Sept 24	25
15 th Sept 24	70
16 th Sept 24	118
12-month average	100
Sept 24 average	116
Aug 24 average	111
Jul 24 average	111

4-Hour Performance

YG 4-hour performance during the RESET period was also improved. From the 9th to the 16th of September, **PERCENTAGE PERFORMANCE FOR 4 HOUR TARGET** was consecutively above 60%, reaching above 70% on **4 separate occasions**. The highest recorded percentage within this period, was 79.72%, on the 13th of September. The monthly average for September was 63.97%. In August, the longest consecutive streak above 60%, was only 2 days, with the average for the month at 52.02%. In July, the longest consecutive streak above 60%, was 5 days, with the average for the month at 56.19%. In September 2023, the longest consecutive streak above 60%, was 5 days, with the average for the month at 54.82%.

Comparing September 2023 with September 2024 –

Month	Longest Consecutive Streak Above 60%	Days Above 70%
September 2023	5	0
September 2024	8	5

Date	Average Percentage (%)
September 2023 (9 th – 16 th)	50.4
September 2024 (9 th – 16 th)	70.3

Escalated Beds – RESET week

Day	Dosa	SDEC
Monday	14	16
Tuesday	16	15
Wednesday	16	15
Thursday	12	11
Friday	8	4
Friday - COP	3	0

The number of escalated beds within **DOSA** dropped sequentially, from 14 at the beginning of the week, to 3 by the close of play on the Friday. The number of escalated beds within **SDEC**, also dropped sequentially, from 16 at the beginning of the week, to 0 by the close of play on the Friday.

Specialty Wait Reviews

During the week of RESET, the ED team noticed that there were issues with the data systems and dashboards, including some recording errors and information delays. It was noted that some patients were absent from IRIS.

Flow Story

The confirmed number of discharges averaged out for the 6 days would be 20, with the potentials for the 6 days averaging at 20. The expedited for the 6 days would be 54. It is important to note that these figures are **IN ADDITION** to ordinary discharge procedure, and would not have arisen, if RESET had not occurred.

Additional Discharges Due to RESET (Averaged for 6-Day Period)

Confirmed No. of Discharges	Potential Discharges	Expedited
20	20	54

Long LOS 21+ - RESET week

Day	Total
Monday	118
Tuesday	116
Wednesday	111
Thursday	107
Friday	106

The total number of patients experiencing a long length of stay of 21 days or over, consistently fell throughout the week of the RESET. The overall drop from Monday to Friday, represented a **10.2%** decrease.

ED Attendance

Date	Average Daily Attendance
Jul	154.5
Aug	155.4
Sept (1 st – 23 rd)	148
RESET (9 th – 13 th Sept)	147
3 Month Rolling Average (Jul-Sept)	153

RESET –

Date	Attendance	Percentage Difference Rolling Average (3-Month) (%)
9 th Sept	158	+3.3
10 th Sept	172	+12.4
11 th Sept	133	-13.1
12 th Sept	128	-16.33
13 th Sept	144	-5.9
3 Month Rolling Average (Jul-Sept)	153	

During the RESET week, Monday the 9th, and Tuesday the 10th, were both above the 3-month rolling average attendance rate. The average daily attendance for the duration of the RESET week, is almost identical (-1), to the daily average attendance for September (1st – 23rd).

GP Admissions Bleep

On reviewing the referrals, each day there were 3-4 patients who were offered alternative pathways to admission that may not have come to fruition, if the level of seniority was absent on the 901 bleep.

Outliers – RESET week

Day	Time	Medical	Surgical
Monday	13:00	80	24
Tuesday	13:00	79	24
Wednesday	13:00	69	25
Thursday	13:00	61	27
Friday	11:15	57	24

The number of medical outliers reduced significantly, from 80 on Monday afternoon, to 57 on the Friday afternoon, representing a **28.8%** decrease.

What Did We Learn?

Listed below, are the insights, challenges, and learnings that would not have been made apparent, had the RESET week not taken place.

Board Round –

<u>Problem faced</u>	<u>Solution proposed</u>
The theme of inefficient paperwork was identified – photocopying, email inbox concerns, Tryfan criteria.	Board Round Audit Work & Review Tryfan criteria
A second theme identified related to systems not being kept updated (WPAS & STREAM).	Board round audit work – to include ward staff discharging patients on WPAS
A third theme identified included the poor application of board round principles, such as the low usage of action lists and SORT Principles. Timeliness and attendance of board rounds.	Board round audit work
A fourth theme was identified relating to gaps in discharge planning – What Matters to Me conversations & outlying prior to discharge planning.	Discharge planning

What Next – Including Recommendations

- Following concerns raised in the daily board round debriefs (RESET week) regarding improper focus upon patient deconditioning, Nicola McLardie has arranged a workshop to raise awareness of Sarcopenia and de-conditioning for all YG staff. The structure and plan of the sessions will be confirmed following a meeting on Friday 27th Sept.
- Continuation of board round improvements, including support and training for all staff groups
- West IHC will engage with the BCUHB unscheduled and emergency care major change focus over the coming months. However, the immediate focus following the RESET week will include a continued emphasis on specialty waits, and the continued support to improve board rounds at ward level, including multi-disciplinary engagement and the overall effectiveness of board rounds.
- The Long Length of Stay Tuesday panel will continue

Dashboard/Information Reference

- **ED Occupancy Heatmap:** IRIS – Emergency Department & Unscheduled Care – (Emergency Department Dashboard) – [Filter] Site to YG
- **Triage Wait:** IRIS – (YG Six Goals – UEC Dashboard Draft) – Triage Wait
- **Doctor Wait:** IRIS – (YG Six Goals – UEC Dashboard Draft) – Doctor Wait
- **Ambulance Handovers: - Welsh Ambulance Service Launch Pad**
- **Percentage Performance for 4 Hour Target:** IRIS - Emergency Department & Unscheduled Care – (Combined ED and MIU Performance) – [MIU Filter] Select ED Data Only
- **Patients With Length of Stay Over 21 Days:** IRIS - (YG Six Goals – UEC Dashboard Draft) – Long Length of Stay – [Filter: Age] Select all, remove 0-16
- **Cumulative Length of Stay Over 21 Days:** IRIS - (YG Six Goals – UEC Dashboard Draft) – (LLOS Cumulative Bed Days) – [Filter: Age] Select all, remove 0-16
- **Average Journey Times of ED Patients of Admitted Patients** – IRIS - (YG Six Goals – UEC Dashboard Draft) – [Avg ED Journey Times (Admitted)]
- **Average Journey Times of ED Patients of Non-Admitted Patients** – IRIS - (YG Six Goals – UEC Dashboard Draft) – [Avg ED Journey Times (Non-Admitted)]
- **Average Decision to Admit to Bed Allocation** – IRIS - (YG Six Goals – UEC Dashboard Draft) – [Senior Decision to Admit]
- **Average ED Journey Time** - IRIS - (YG Six Goals – UEC Dashboard Draft) – [Avg ED Journey Times]
- **Average Time to Specialty Review** – IRIS - (YG Six Goals – UEC Dashboard Draft) – [Awaiting Specialty Review] – [Filter: Specialty]

Craffu Partneriaethau Strategol – Scrutiny of Strategic Partnerships

Dyfed Edwards – Cadeirydd / Chair

Ffion Johnstone – Cyfarwyddwr IHC Director

Carol Shillabeer – Prif Weithredwr / Chief Executive

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

13 / 11 / 2024

5 amcan strategol

Ers mynychu'r Pwyllgor Craffu diwethaf rydym wedi cyhoeddi ein Cynllun Tair Blynedd, gan nodi 5 amcan strategol y Bwrdd Iechyd:

1. Meithrin sefydliad effeithiol
2. Datblygu strategaeth a newid parhaol
3. Creu diwylliant, arweinyddiaeth ac ymgysylltu tosturiol –
4. Gwella ansawdd, deilliannau a phrofiadau
5. Sefydlu amgylchedd effeithiol at ddibenion dysgu gwersi

5 strategic objectives

Since last attending this Scrutiny Committee we have published our Three-Year-Plan, setting out 5 strategic objectives for the Health Board:

1. Building an effective organisation
2. Developing strategy and long-lasting change
3. Creating a compassionate culture, leadership and engagement
4. Improving quality, outcomes and experience
5. Establishing an effective environment for learning



1. Meithrin sefydliad effeithiol

Llywodraethu: cynnydd sylweddol wedi digwydd

- Adroddiad Archwilio Cymru yn nodi bod effeithiolrwydd y Bwrdd wedi gwella, gan gynnwys perthnasoedd (Chwefror 2024)
- Nifer lawn o Aelodau Annibynnol y Bwrdd ac Aelodau Gweithredol wrthi'n cael eu penodi. Is-bwyllgorau'r Bwrdd wedi'u hailsefydlu ac yn gweithredu'n llawn.

Cyllid: llywodraethu a pherfformiad ariannol gwell yn amlwg

Archwilio Cymru wedi cyhoeddi barn wir a theg ddiamod ynghylch y cyfrifon.

Mae hyn yn gyfystyr â chadarnhau bod ein sefyllfa ariannol yn iach wrth adrodd am ein perfformiad ariannol, ac mae'n adlewyrchu'r gwelliannau sylweddol rydym wedi'u gweithredu o ran ein dull o gynllunio a defnyddio ein hadnoddau ledled y sefydliad.

Y model gweithredu: yr angen i wella ein dull o drefnu ein hunain – mae'r gwaith hwnnw wedi dechrau

Building an effective organisation

Governance: significant progress made

- Audit Wales report signals improved Board effectiveness, including relationships (Feb 2024)
- Full complement of Independent Board Members with Executive Members appointments underway, Board sub-committees re-established and fully functioning.

Finance: improved governance and financial performance evident

- Audit Wales has given the Health Board an unqualified true and fair opinion on the accounts.
- This represents a clean bill of health on the reporting of our financial performance, and reflects the substantial improvements we have made to the way we plan and use our resources across the organisation

Operating model: need to improve how we organise ourselves – that work has started



2. Datblygu strategaeth a newid parhaol

Strategaeth 10 mlynedd: dechrau gwaith ar yr elfennau hirdymor

- Mae'n hanfodol cydweithio â phobl, cymunedau a phartneriaid i helpu i lywio'r dyfodol

Cynllun Gwasanaethau Clinigol: Mae angen i rai gwasanaethau newid er mwyn galluogi cynaliadwyedd

- Mae rhai gwasanaethau yn gorfod gwneud gormod â'u hadnoddau, a cheir annhegwch o ran darpariaeth ledled y rhanbarth, sy'n golygu y blaenoriaethir arbenigeddau i'w newid

Datblygiadau cyfalaf: helpu i ddarparu gwasanaethau newydd

- Mae cynlluniau ar gyfer Hwb Iechyd a Lles Integredig yng Nghaerdydd yn cael eu datblygu mewn partneriaeth â Chyngor Ynys Môn. Cafodd yr Achos Amlinellol Strategol ei gefnogi gan y Bwrdd Iechyd ar 26 Medi 2024, a chan Uwch Dîm Arwain Cyngor Sir Ynys Môn yn ddiweddarach. Cafodd ei gyflwyno i Lywodraeth Cymru yn cynnwys y ffurf gais IRCF gysylltiedig ar 17 Hydref 2024.

Digidol: cynnydd da yn digwydd

- Achos Busnes llwyddiannus i LIC i sefydlu Cofnod Iechyd Electronig (EHR) yn y Gwasanaethau Iechyd Meddwl – ni yw'r cyntaf i wneud hynny yng Nghymru
- Achos Amlinellol Strategol i gyfiawnhau Cofnod Iechyd Electronig ar gyfer y sefydliad cyfan wedi'i anfon at LIC – bydd hynny'n cynorthwyo i drawsnewid y gwasanaethau iechyd a ddarperir, a chynorthwyo cydweithwyr i sicrhau gofal rhagorol, bob tro

Developing strategy and long lasting change

10 year strategy: starting work on the long-term

- Essential to work with people, communities and partners to help shape the future

Clinical Services Plan: Some services need to change to enable sustainability

- Some services are being spread too thin and there is inequity of provision across the region, meaning that specialities will be prioritised for change

Capital developments: helping new service provision

- Plans for an integrated Health and Wellbeing Hub in Holyhead are being developed in partnership with Anglesey Council. The Strategic Outline Case was endorsed by the Health Board on the 26th of September 2024, and afterwards Isle of Anglesey County Council's Senior Leadership Team. It was submitted to Welsh Government with the accompanying IRCF application form on the 17th October 2024.

Digital: good progress being made

- Successful Business case to WG for an Electronic Health Care Record (EHR), in Mental Health services, leading in Wales
- A Strategic Outline Case for a whole organisation Electronic Health Record has been submitted to WG – key to supporting the transformation of the health care service provision, supporting colleagues deliver great care, every time



3. Creu diwylliant, arweinyddiaeth ac ymgysylltu tosturiol

Creating a compassionate culture, leadership and engagement

Diwylliant: gwaith sy'n mynd rhagddo

- rhaglen gwella diwylliant wedi dechrau ers tro
- rydym wrthi'n ail-lunio ein fframwaith gwerthoedd ac ymddygiadau ar y cyd â staff a phartneriaid

Ymgysylltu â dinasyddion: cynyddu ac adnewyddu'r ffocws

- cynnwys ein cymunedau, gan fynd ati'n rhagweithiol i geisio barn ac adborth i ddylanwadu ar benderfyniadau a wneir a dulliau o redeg gwasanaethau.
- sioeau teithiol gyda arddangosfeydd gan nifer o'n gwasanaethau rheng flaen. Gelwir rhain yn 'sgyrsiau â'r cyhoedd' a chânt eu cynnal ledled Gogledd Cymru i wrando ar bryderon pobl a rhannu gwybodaeth am ein cynlluniau.

Bod yn bartner da: beth sy'n bwysig i ni ym marn partneriaid

- Ystyried ein dull o ymdrin â phartneriaethau ffurfiol (RPB, PSB ac ati)
- Ceisio cyfranogi mwy yng nghynlluniau ein partneriaid yn ogystal â'u cynnwys yn ein cynlluniau ni.

Culture: work underway

- culture change programme is well underway
- we are in the process of redesigning our values and behaviours framework with staff and partners

Citizen engagement: increased and refreshed focus

- involving our communities, proactively seeking input and feedback to influence decision making and the way services are run.
- roadshows involving displays by several of our front-line services. Billed as 'conversations with the public', these are held across North Wales to listen to people's concerns and to share our plans.

Being a good partner: what partners think matters to us

- Considering our approach to formal partnerships (RPB, PSB, etc)
- Seeking greater involvement with partner's plans as well as involving them in ours



4. Gwella ansawdd, deilliannau a phrofiadau | Improving quality, outcomes and experience

Ansawdd: mae cynnydd pwysig wedi digwydd ond mae angen gwneud rhagor

- Cymeradwywyd dull y System Rheoli Ansawdd gan y Bwrdd (mae'n cael ei rhoi ar waith erbyn hyn)
- Wedi gwella ein gallu i ymateb i gwynion (cyflawnwyd targed o 75% o ymatebion ymhen 30 diwrnod - 16% oedd hynny cyn dechrau gwella)
- Cwblhawyd adolygiad manwl o ymchwiliadau, ac yn sgil hynny, sefydlwyd Polisi Trin Cwynion Integredig sydd wedi'i gymeradwyo gan y Bwrdd (mae'n cael ei roi ar waith erbyn hyn)
- Ehangu cyfleoedd i gael Adborth ynghylch Profiad Cleifion. Ystyrir negeseuon allweddol gan y Bwrdd.

Atal: mae camau'n digwydd yn nhrefn blaenoriaeth

- Lanswyd rhaglen trawsnewid llwybrau diabetes i wella'r cymorth â gynigir i bobl sydd mewn perygl o gael eu heffeithio gan ddiabetes a phobl sy'n cael eu heffeithio gan ddiabetes yn eu cymunedau
- Cydweithio â phartneriaid i ddatblygu rhaglen Gogledd Cymru iach i helpu pobl i fod yn iach yn eu cymunedau
- Mae ysmegu yn dal yn faes allweddol – cydnabyddir bod y Bwrdd Iechyd yn arloesi yn y maes ledled Cymru
- Imiwneiddio – mae'n dal yn allweddol, ac mae dull gweithredu newydd yn cael ei lunio

Quality: important progress made, more to do

- Quality Management System approach approved by Board, now being implemented
- Improved responsiveness to complaints (achieved target of 75% response within 30 days, from starting point of 16%)
- Deep dive review of investigations completed, led to new Integrated Concerns Policy approved by Board, now being implemented
- Increased rollout of Patient Experience Feedback. Key messages considered by Board.

Prevention: prioritised action being taken

- Launched a diabetes pathway transformation programme to improve support for people at risk of and living with diabetes in their communities
- Working with partners on a Well North Wales programme to help people stay healthy in their communities
- Smoking continues to be a key area – HB recognised as leading the way in Wales
- Immunisation – remains key, revised approach being designed



4. Gwella ansawdd, deilliannau a phrofiadau | Improving quality, outcomes and experience

Gofal Sylfaenol: Mae cynnydd yn digwydd, ond mae dal heriau

- Llwyddwyd i recriwtio meddygon teulu i weithio mewn sawl ardal yn y rhanbarth.
- Blaenoriaeth i fynd i'r afael â heriau o ran darpariaeth gwasanaethau deintyddol

Gofal wedi'i gynllunio: pwyslais sylweddol ar wella amseroedd aros

- Gostyngiad o 40% yn nifer sy'n aros ers cyfnod eithriadol o dros y 12 wythnos diwethaf.
- Comisiynnu gweithgarwch ychwanegol ym meysydd dermatoleg, endosgopi a radioleg, ac mae rhagor o wasanaethau yn yr arfaeth

Gofal brys a gofal mewn argyfwng: maes sy'n her sylweddol

- Pwyslais sylweddol ar ofal brys, gan weithio ar draws safleoedd a chydweithio â phartneriaid i gynyddu llif a rheoli'r galw
- Ar unrhyw adeg, bydd dros 300 o bobl yn profi oedi o ran eu llwybr gofal yn rheolaidd.
- Gwella Iechyd Cymru yn dad-ddwysáu statws 'gwasanaethau sy'n peri pryder' y gwasanaethau fasgwlaidd ac Adran Achosion Brys Ysbyty Glan Clwyd.

Primary Care: Progress being made, challenges still exist

- Positive recruitment of GPs in several areas in the region
- Challenges with dental care provision being tackled as a matter of urgency

Planned care: Major focus on improving waiting times

- 40% reduction in extreme waiting over the last 12 weeks
- Commissioning additional activity for dermatology, endoscopy, and radiology with more services being planned

Urgent and emergency care: significant area of challenge

- Significant focus on emergency care, working across sites and with partners to increase flow and manage demand
- At any one time, over 300 people regularly experience a delay in their pathway of care
- De-escalation of vascular services and Ysbyty Glan Clwyd's Emergency Department as services of serious concern (by Health Inspectorate Wales)



5. Sefydlu amgylchedd effeithiol ar gyfer dysgu | Establishing an effective environment for learning

Cydweithio â Phrifysgolion/Sefydliadau Addysg Bellach: Mae cynnydd da wedi digwydd, ond mae rhagor o gyfleoedd ar gael

- Lansio Ysgol Feddygol Gogledd Cymru trwy bartneriaeth â Phrifysgol Bangor.
- Mae gwaith yn mynd rhagddo i ddatblygu Ysgol Fferylliaeth ar gyfer Gogledd Cymru ac mae datblygiadau ychwanegol posibl yn yr arfaeth.

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Sefydliad sy'n dysgu: amlygir arwyddion sy'n profi ein bod yn datblygu sefydliad sy'n dysgu

- Cydweithio â defnyddwyr gwasanaethau, teuluoedd a gofawyr i ddysgu gwersi o'u profiadau, yn enwedig meysydd sydd wedi peri pryder yn flaenorol, e.e. IM a Gwasanaethau Fasgwlaidd
- Dysgu gwersi yn sgil cwestau – mae'r archwiliad manwl bellach wedi'i gwblhau; ymdrinnir â phob achos y bydd angen ymateb dilynol iddo.
- Mae'r dull sy'n seiliedig ar ddirnad gwybodaeth yn cael ei ddatblygu, a byddwn yn parhau i'w ehangu yn y tymor canolig.

Working with Universities/Further Education: Good progress, but more opportunity exists

- Launch of the North Wales Medical School in partnership with Bangor University
- Work on Pharmacy School for North Wales and potential further developments underway.

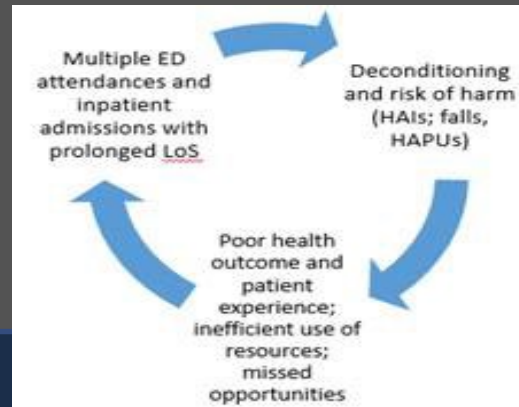
Learning organisation: signs of building a learning system coming through

- Working with service users, families and carers to learn from their experiences, particularly in areas where there has been previous concern e.g MH and vascular services
- Learning from inquests – deep dive now complete; each case requiring follow-up is being progressed
- Intelligence-led approach progressing, will continue to build up into the medium term



Diweddariad Prosiect Eiddilwch Caergybi, CRT a RIF | Holyhead Frailty Project, CRT & RIF update

- Cynllun peilot Eiddilwch Cymunedol yn cael ei gynnal yng Nghaergybi - ffocws ar leihau derbyniadau ysbyty ar gyfer y cleifion risg fawr sydd wedi cofrestru gyda'r ddwy feddygfa yn y dref.
- Caiff ymateb cyflym ei ddarparu ar ôl i achosion gael eu brysennu gan gydlynnydd clinigol ar gyfer y CRT.
- Sgrym dyddiol y bydd aelod o bob disgyblaeth graidd yn ei fynychu'n gwella cyfathrebu ac effeithiolrwydd gofal.
- Cynlluniau Gofal Uwch ac Asesiadau Geriatrig Cynhwysfawr yn cael eu cwblhau ar gyfer cleifion dethol.
- Mae'r 12 mis cyntaf yn dangos lleihad yn nifer yr achosion yn yr Adran Achosion Brys (ED), trosglwyddiadau ambiwlans, derbyniadau cleifion mewnol, a hyd arhosiad o ran y garfan risg fawr yng Nghaergybi.
- Community Frailty pilot is being run in Holyhead - focus on reducing the hospital admissions for the high-risk patients registered with the two GP practices in the town.
- Rapid response provided following triage by a clinical co-ordinator for the CRT.
- Daily huddle attended by a member of each core discipline improves communication and effectiveness of care.
- Advanced Care Plans and Comprehensive Geriatric Assessments are being completed for selected patients.
- The first 12 months show a decrease in the ED attendances, ambulance conveyances, inpatient admission, and length of stay of the high-risk cohort in Holyhead.



Datblygu Gweithwyr Proffesiynol Perthynol i Iechyd (AHP) ym maes Gofal Sylfaenol/Cymunedol | Allied Health Professionals (AHP) development in Primary Care

Wedi recriwtio i wasanaeth Ychwanegol Adsefydlu AHP - gwasanaeth hwn yn canolbwyntio ar Fôn yn y lle cyntaf. Mae i dîm gwasanaeth ychwanegol adsefydlu AHP dair ffrwd waith:

1. Datblygu ymagwedd glinigol.
2. Rhoi cymorth o ran datblygu gwasanaethau AHP, gyda'r nod o roi cymorth gydag ymagweddau ar y cyd. Mae'r gwaith cychwynnol wedi canolbwyntio ar ddatblygu cymwyseddau Cynorthwyr Therapi Amlbroffesiynol a chydlynu ar draws cyfarfodydd clwstwr.
3. Datblygu strategol yn cydlynu ar draws Gofal Sylfaenol, Gofal Cymunedol a Therapiau a lle'r ydym yn rheoli pobl sydd ag anghenion cymhleth. Sbardun i fod yn sail i lwybrau clinigol ar gyfer pobl sydd ag anghenion cymhleth.

Recruited to the Enhanced AHP Rehab service - service will initially focus on Mon. The Enhanced AHP rehabilitation team has three work streams:

1. Developing a clinical approach.
2. Support development in AHP services, looking to support shared approaches. Initial work has focused on development of Multi professional Therapy Assistants competencies and coordination across cluster meetings.
3. Strategic development across Primary care, Community Care and Therapies and where we hold management of people with complex needs. Act as a springboard to inform clinical pathways for people with complex needs.



Cynllun y Gaeaf 2024/25 | 2024/25 Winter Plan

- Bwrdd Iechyd yn adolygu ei Gynllun ar gyfer y Gaeaf - canolbwyntio ar bedwar maes allweddol :

1. Gofal Cymunedol a Sylfaenol, yn cynnwys mentrau fel y rhaglen eiddilwch, yr ymgyrch frechu rhag y ffliw, cynlluniau gofal sylfaenol i gynorthwyo cleifion risg fawr, a gwella gwasanaethau fferylliaeth gymunedol.
2. Drws Blaen, yn amlinellu cydweithio ag Ymddiriedaeth Gwasanaeth Ambiwlans Cymru, gwasanaethau Gofal Brys ar yr Un Diwrnod (SDEC), ac ymdrechion i amddiffyn capasiti trawma.

Yn yr Ysbyty, yn cynnwys cynlluniau dad-ddwysáu, cynllun uwchgyfeirio ar gyfer gwasanaethau anadlol, dulliau rhyddhau wedi'u llywio gan feini prawf, a rhoi proses aros flaengar ar waith.

4. Rhyddhau i'r Gymuned - canolbwyntio ar gydweithio â phartneriaid gofal Cymdeithasol, a chryfhau cymorth timau cymunedol i hwyluso rhyddhau cleifion yn ddiogel ac yn brydlon.

- Dechreuodd hyn gyda Phrosiect Ailbennu Cyfeiriad yr Ysbyty a gafodd ei strwythuro o amgylch tri thîm pwrpasol: Ffocws Drws Blaen/Yr Adran Achosion Brys (ED), llif yn yr ysbyty, a Rhyddhau, gyda phob un yn mynd i'r afael â meysydd penodol yn y llwybr gofal.

- Health Board currently reviewing its Winter Plan - focus on four key areas :

1. Community and Primary Care, includes initiatives such as the frailty programme, the flu vaccination campaign, primary care plans to support high-risk patients, and the enhancement of community pharmacy services.
2. Front Door, outlines collaboration with the Welsh Ambulance Service Trust, Same Day Emergency Care (SDEC) services, and efforts to protect trauma capacity.
3. In-Hospital, covers de-escalation plans, respiratory escalation plan, criteria-led discharge, and the implementation of a forward-waiting process.
4. Discharge to the Community - focus on collaborative working with social care partners, strengthening the support of community teams to facilitate safe and timely patient discharges.

- Kickstarted with the Hospital Reset Project which was structured around three dedicated teams: Front Door Focus/Emergency Department (ED), in-hospital flow, and Discharge, each addressing specific areas of the care pathway.



West IHC - 2024/25 Winter Plan



Community Frailty Project will proactively identify and support frail patients, reducing the need for acute hospital admission and providing care closer to home.

Flu and Covid vaccination programme is underway both in the community and for staff

Promote the use of all available capacity through UPCCs / MIUs to avoid ED being the default position.

Tailored plans are being produced with each practice for patients most at risk of admission, with supportive measures from the Community Resource Teams to keep them out of hospital.

The Clinical Community Pharmacy Service and Pharmacy Independent Prescribing Service will continue to release clinical capacity in GP, OOH and hospital services.

Frailty services at the front door, within the SDEC footprint as proof of concept.

Working collaboratively with WAST to avoid inappropriate conveyances, and support timely handovers.

Plans for Trauma capacity will be fluctuated in accordance with front door demand to support flow.

Commitment to continue with Planned Care to support emergency care avoidance for our patients on waiting lists.

Implementation of an IHC de-escalation plan during periods of high demand to protect SDEC, DOSA and speciality beds such as stroke, NOF, and renal dialysis to support timely patient pathways.

Respiratory escalation plan to support additional NIV beds during periods of high demand.

Forward waiting process to be actioned based on a clinically informed risk assessment to share risk and allow improved handover times for ambulances.

Development and implementation of criteria-led discharge process.

Continue with collaborative work with social care partners to improve communications. This will include locating social services within the discharge hub.

Development of competencies for health board staff to complete proportionate assessments.

The community team will be supporting discharges through training sessions and discharge coordinator support across each CRT area.

Gwaith Clwstwr | Cluster Work

- Prosiect presgripsiynu cymdeithasol Môn - cynhelir gan dîm Dolen Gymunedol Medrwn Môn (Cyngor Gwirfoddol Cymunedol Môn), Enghraifft o gydweithio rhwng y Bwrdd Iechyd, yr Awdurdod Lleol a'r Trydydd Sector.
- Roedd rhaglen y Ddeddf Gofal Gwrthgyfartal (ICL) yn gwahodd ac yn cynnwys grwpiau ac aelodau amrywiol o'r holl brosiectau cydweithredol ac asiantaethau ar draws Ynys Môn i edrych ar anghenion y boblogaeth, yn enwedig lle y gallai fod pryderon ynghylch "gofal gwrthgyfartal" e.e. angen mawr ond gyda'r mewnbwn lleiaf.
- Gweithgor Presgripsiynu Cymdeithasol Ynys Môn - wedi esblygu o'r Grŵp Presgripsiynu Cymdeithasol Plant cychwynnol a ddeilliodd o waith ar y Ddeddf Gofal Gwrthgyfartal.
- Anglesey's social prescribing project - run by the Community Link team at Medrwn Mon (Anglesey Community Voluntary Council). Example of joint working between the HB, LA and 3rd sector.
- The Inverse Care Law (ICL) program invited and involved various groups and members of all collaboratives and agencies across Anglesey to look at the population needs, particularly where there may be "inverse care" concerns e.g. high need but least input.
- Anglesey's Social Prescribing Working Group - evolved from the initial Childrens Social Prescribing Group which was the outcome from the ICL work.



Llesiant Plant / Children Wellbeing

- Data yn dangos cyfradd fawr o ordewdra ymysg plant a chyfraddau mawr o blant sy'n byw mewn ardaloedd difreintiedig yn Ynys Môn. Ymddygiad o blentyndod yn cael effaith barhaus ar iechyd a llesiant oedolion. Mae targedu cymorth ar gyfer plant yn cynnwys rhoi cymorth i'r teulu.
- Ar gyfer gofal gwrthgyfatal - Edrych ar lesiant plant yn gyflawn, sicrhau bod y rhai sydd â'r angen mwyaf yn cael eu nodi er mwyn targedu cymorth yn well.
- Wedi cyflogi dau Gydlynnydd Ardal Lleol (LACs – presgripsiynwyr cymdeithasol) - canolbwyntio ar iechyd meddwl a llesiant yn achos pobl ifanc sydd yn eu harddegau.
- Teulu o ymarferwyr llesiant mewn practisau sydd â gwybodaeth am Wasanaethau Iechyd Meddwl Plant a Phobl Ifanc (CAMHS) a gwasanaethau cymorth lleol i arwain gwasanaethau a chymorth priodol.
- Data shows a high rate of childhood obesity and high rates of children living in deprived areas on the isle of Anglesey. Behaviours from childhood have a lasting impact on adult health and wellbeing. Targeting support for children often involves supporting the family.
- For inverse care - Look at children's wellbeing as a whole, ensuring those most at need are identified in order to better target support.
- Already employed two Local Area Coordinators (LACs – social prescribers) - focus on mental health and wellbeing in teenagers.
- Family wellbeing practitioners in practices with knowledge of Child and Adolescent Mental Health Services. (CAMHS) and local support services to guide appropriate service and support.



Cwestiynau ? Questions



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



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