

Hospital discharge and its impact on patient flow through hospitals

June 2022



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Hospital discharge and its impact on patient flow through hospitals

June 2022



About the Committee

The Committee was established on 23 June 2021. Its remit can be found at:
www.senedd.wales/SeneddHealth

Current Committee membership:



**Committee Chair:
Russell George MS**
Welsh Conservatives



Rhun ap Iorwerth MS
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Contents

| | |
|--|-----------|
| Chair’s foreword | 5 |
| Recommendations..... | 6 |
| 1. Introduction | 10 |
| Background..... | 10 |
| Our inquiry..... | 10 |
| 2. Welsh Government policies..... | 12 |
| Discharge to Recover then Assess..... | 12 |
| System reset..... | 13 |
| Issues identified by the Welsh Government..... | 14 |
| Issues with short term funding for discharge services..... | 15 |
| Our view..... | 16 |
| 3. Scale of the problem | 18 |
| Our view..... | 19 |
| 4. Impact of delayed transfers..... | 21 |
| Impact on patients..... | 21 |
| Impact on services..... | 23 |
| Welsh Ambulance Services NHS Trust..... | 24 |
| Reablement and rehabilitation..... | 27 |
| The need to shift to preventative care in the community..... | 29 |
| Our view..... | 30 |
| 5. Lack of social care capacity | 34 |
| Current situation..... | 34 |
| Staffing..... | 36 |
| Pay and terms and conditions..... | 38 |
| Our view..... | 41 |

| | | |
|-----------|---|-----------|
| 6. | Families and unpaid carers | 44 |
| | Pressure on families and unpaid carers..... | 44 |
| | Lack of respite and breaks from caring | 46 |
| | Direct payments | 47 |
| | Our view | 48 |
| 7. | Patients with dementia | 51 |
| | Awareness and training..... | 53 |
| | Our view | 55 |
| 8. | Barriers to discharge | 56 |
| | Housing..... | 56 |
| | Medication | 57 |
| | Transport | 59 |
| | Our view | 59 |
| 9. | Communication and joint working..... | 61 |
| | Communication between sectors | 61 |
| | Funding tensions | 64 |
| | Communication with patients and families and/or carers..... | 64 |
| | Information for patients..... | 67 |
| | Our view | 68 |

Chair's foreword

It is clear from the evidence that the issues raised around delayed transfers of care, while no doubt exacerbated by the pandemic, are longstanding problems that existed long before COVID-19.

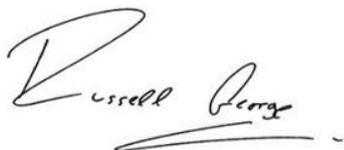
Delayed transfers of care are not just statistics. Behind every delayed transfer is a person who has not received the care and support they need to enable them to return home, or to move into appropriate accommodation. There may also be family members and unpaid carers who are being put in the impossible position of leaving their loved one in hospital longer than necessary, or taking on further caring responsibilities they are not necessarily equipped to cope with, often to the detriment of their own health and wellbeing.

For there to be more than 1,000 people in hospital beds when they could have been discharged is totally unacceptable. It is well documented that remaining in hospital longer than necessary is detrimental to the patient, particularly older people. It also clearly impedes patient flow through hospitals and puts further strain on health and care services. Additionally, being discharged without appropriate support places unreasonable demands on families and unpaid carers, presents risks to the safety of the individual, and increases the likelihood of readmission.

We have seen the unprecedented pressures the health and care workforce and unpaid carers have faced during the pandemic and thank them for all they have done during this time.

However, it is clear that poor communication and lack of integration and joined up working are among the issues which must be tackled if we are to see improvements in patient flow through our hospitals.

The social care workforce crisis and lack of social care service capacity continues to be one of the main causes of delayed hospital discharge. Unless radical steps are taken to reform the way in which social care is provided, rewarded and paid for, we are unlikely to see any real change.

A handwritten signature in black ink, reading "Russell George". The signature is written in a cursive style with a long horizontal flourish underneath.

Russell George MS

Chair of the Health and Social Care Committee

Recommendations

Recommendation 1. Before the end of 2022, the Welsh Government should write to us to provide an update on the effectiveness and impact of the system reset across health and social care, including the extent to which it has supported and improved flow throughout the system, the impact it has had on the number of delayed patients, and what further action is planned as a result.Page 17

Recommendation 2. The Welsh Government must ensure that the new Health & Social Care Regional Integration Fund is effective in identifying and mainstreaming successful projects which improve patient flow into common practice across Wales. The quarterly status reports should therefore include an assessment of progress in developing and rolling out projects to improve patient flow.....Page 17

Recommendation 3. The Welsh Government should provide further information about how and when the proposed audits of the Health & Social Care Regional Integration Fund will take place, how stakeholders will be consulted, and whether reports will be published.Page 17

Recommendation 4. The Welsh Government should set and publish a timescale for the introduction of new, improved data measurements in respect of delayed transfers of care.Page 20

Recommendation 5. As part of its monitoring of the implementation of Discharge to Recover then Assess (D2RA), the Welsh Government must clarify how it intends to ensure that discharge planning is happening at the earliest possible opportunity and includes representatives of all relevant sectors.Page 32

Recommendation 6. The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service’s statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets.Page 32

Recommendation 7. The Welsh Government should increase funding for reablement and home therapy services and work with partners to establish a comprehensive wrap-around rehabilitation service.Page 32

Recommendation 8. The Welsh Government should set out how it will work with health boards and other partners to increase the availability of more appropriate step-up/step-down facilities across Wales..... Page 32

Recommendation 9. The Welsh Government should provide further details of how much will be invested in intermediate care accommodation and step-up/step-down facilities as a result of the Housing with Care Fund. Page 32

Recommendation 10. The Welsh Government should clarify its expectations about the availability of allied health professionals in different health and care settings, and set out how it will work with health boards to increase the presence of such professionals at the “front door” of services, particularly GP surgeries and A&E departments. In doing so, the Welsh Government should identify how any barriers to increasing allied health professional availability, including the need for any capital investment in estates or facilities, will be addressed..... Page 32

Recommendation 11. The work of the task and finish group on interim residential care placements needs to take place as a matter of urgency. The Welsh Government should publish a timetable for this work and commit to publishing the outcomes on completion, including a clear plan for taking forward any recommendations..... Page 43

Recommendation 12. Significant reforms to the pay and working conditions for social care staff must be delivered at pace. By the end of 2022, the Welsh Government should provide an update on the work undertaken to improve the pay, terms and conditions and career progression opportunities for the social care workforce, and address inequities with their NHS counterparts. This should also include an update on the introduction of a national pay structure for care. Page 43

Recommendation 13. By the end of 2022, the Welsh Government should provide an update on the work that has taken place to address the issue of sickness pay for social care workers and an outline of the Social Care Fair Work Forum’s planned work (including timescales). Page 43

Recommendation 14. The Welsh Government should explain how it will increase recruitment to the social care sector. It should also undertake a robust evaluation of the WeCare.Wales recruitment campaign to demonstrate that it has provided value for money and increased the actual number of applications for social care jobs and take up of social care roles. Page 43

Recommendation 15. The Welsh Government should work with local authorities to review how information about direct payments is communicated to social care users and their carers, and develop a targeted information campaign to raise awareness of direct payments. As part of its response to this recommendation, the Welsh Government should advise when they expect this work to be completed. Page 49

Recommendation 16. The Welsh Government should update the Senedd on whether it has decided to develop and introduce a fast-tracked system for direct payments to carers, taking account of any relevant recommendations made by the Auditor General for Wales following his review of direct payments. If such a system is to be introduced, the Welsh Government should set out how and when this will be done. If it decides not to proceed, the Welsh Government should set out how it plans to improve access to support for unpaid carers. Page 49

Recommendation 17. As a matter of urgency, the Welsh Government should set out its plans to work with local authorities to fully reinstate disrupted carer services and prioritise the re-opening of day centres, and provide an update on progress to this Committee before the end of 2022, along with reasons for any delays..... Page 49

Recommendation 18. The Welsh Government should undertake a rapid review of whether carers' rights under the Social Services and Wellbeing (Wales) Act 2014 are being breached as a result of having to take on more caring responsibilities than they may be willing or able to, due to lack of available services. The results of this review should be reported to this Committee and made publicly available..... Page 50

Recommendation 19. The Welsh Government should mandate further dementia training for NHS staff who may come into contact with people living with dementia..... Page 55

Recommendation 20. The Welsh Government should work with health boards to set up pilot schemes to trial set discharge slots for people with dementia, and report the findings to this Committee..... Page 55

Recommendation 21. The Welsh Government should explore options for opening up access to hospital wards for families/carers and, where appropriate, care home staff to help with day-to-day tasks, and provide a report to this Committee. This report should also address the issue of insurance for care home workers in undertaking such a role. Page 55

Recommendation 22. The Welsh Government should issue guidance to health boards, stressing that housing needs must be given higher priority in the hospital discharge process, and that housing organisations should be included in the multi-disciplinary teams, as a matter of course. Page 60

Recommendation 23. The Welsh Government should issue guidance to health boards to highlight the importance of including pharmacy teams as an integral part of the multi-disciplinary team as a matter of course. Page 60

Recommendation 24. The Welsh Government should set out its plans, including timescales, for reviewing and improving communication with families and carers. This review should also include an evaluation of the quality and effectiveness of care and support needs assessments being undertaken prior to discharge..... Page 69

Recommendation 25. The Welsh Government should clarify what steps are being taken to address any data protection concerns, and ensure that appropriate memorandums of understanding and information governance protocols are in place, so that there are no barriers to data sharing between different parts of the health and social care system. Page 69

1. Introduction

Background

1. Good patient flow through health and social care services improves the quality of care for patients but a number of factors are likely to be causing delayed transfers of care¹, including capacity issues within the social care system, meaning that some patients who are ready for discharge remain in hospital. This has detrimental impacts on both the individual, and the flow of patients through the hospital, contributing to pressure on A&E departments and ambulance services.

2. While delayed transfers are not a new issue, the COVID-19 pandemic has added to the pressures facing our health and social care sectors. According to the Welsh Government, delayed discharge figures as of 17 February 2022 showed that 1,081 people who could have been discharged, remained in hospital.

3. The Minister for Health and Social Services (“the Minister”) told us in March 2022 that “the pandemic has put extreme pressure on all parts of the health and social care system, and they’ve further compounded the long-standing capacity issues within both sectors, and that has led to sustained issues in terms of hospital discharge and patient flow.”²

4. She went on to say:

“I think it’s probably worth emphasising that this isn’t a Welsh-unique situation, this is an issue that is being confronted certainly across the rest of the United Kingdom; my guess is it’s happening across the rest of the world as well.”³

Our inquiry

5. During the Sixth Senedd, we plan to explore how patient flow through hospitals can be improved.

6. The first part of this work was a short inquiry focusing on hospital discharge and its impact on patient flow through hospitals. We decided to focus in particular on:

¹ A delayed transfer of care is experienced by an inpatient in a hospital, who is ready to move on to the next stage of care but is prevented from doing so for one or more reasons.

² RoP [para 7], 24 March 2022

³ RoP [para 7], 24 March 2022

- The scale of the current situation with delayed transfers of care from hospital.
- The impact of delays in hospital discharge, both on the individual and the patient flow through hospitals and service pressures.
- The variations in hospital discharge practices throughout Wales and cross-border, and how they are meeting the care and support needs of individuals.
- The main pressure points and barriers to discharging hospital patients with care and support needs, including social care services capacity.
- The support, help and advice that is in place for family and unpaid carers during the process.
- What has worked in Wales, and other parts of the UK, in supporting hospital discharge and improved patient flow, and identifying the common features.
- What is needed to enable people to return home at the right time, with the right care and support in place, including access to reablement services and consideration of housing needs.

7. We gathered evidence in writing⁴ and by holding oral evidence sessions with stakeholders, including the Minister and the Deputy Minister for Social Services (“the Deputy Minister”).

8. As part of our inquiry we heard from the Royal College of Paediatrics and Child Health (“RCPCH”) in relation to the impact of delayed transfers of care on children and young people. While there are some areas of concern, for example Child and Adolescent Mental Health (“CAMHS”), the weight of evidence suggests this is an area that disproportionately affects older people and older carers and as such our report therefore largely reflects that.

9. We are grateful to everyone who took the time to respond to our consultation and share their experiences with us.

⁴ Health and Social Care Committee, Consultation: [Hospital discharge and its impact on patient flow through hospitals](#)

2. Welsh Government policies

Discharge to Recover then Assess

10. Discharge to Recover then Assess (“D2RA”) is the Welsh hospital discharge model introduced in 2018. Based on the English model, with the addition of recovery principles, the overarching principles of D2RA are:

- Think ‘Home First’ and keep the individual at the centre of all discharge considerations.
- Balance risk and agree co-produced, clearly documented plans.
- Have the community services infrastructure in place.
- Communicate.⁵

11. The roll out of the D2RA model was accelerated to address the challenges caused by COVID-19. At the start of the pandemic the Welsh Government introduced new discharge guidance,⁶ which it says is based on the Home First ethos and the D2RA⁷ pathways. This approach is based on evidence of better outcomes for people who transfer as soon as possible to their usual residence, or other suitable care setting for rehabilitation or reablement, prior to assessments for longer term care.

12. The Welsh Government says the NHS Delivery Unit has been working nationally over the last few years to support implementation of D2RA. However, there are currently significant pressures on the social care system that are impacting on discharge processes, and it acknowledged that implementation varies across Wales. The Minister told us:

“We’ve allocated about £25 million towards this. We’re going to be delivering a national discharge guidance, but also key to this is not just instructing people to do it, but also giving them the means to do it, and that’s why what we’ve done is we’ve brought together the transformation fund, the integrated care fund, and we’ve remade that into the regional integration fund. That means there’s a £144 million on

⁵ [Home First: The Discharge to Recover then Assess model \(Wales\)](#)

⁶ [Welsh Government, Hospital discharge service requirements: COVID-19](#)

⁷ [Home First: The Discharge to Recover then Assess model \(Wales\)](#)

a five-year basis now where the plan is to embed the integration between health and social services.”⁸

13. The Welsh Government’s evidence says it has issued national hospital discharge service requirements for health, social care, third and independent sector partners. It says the SAFER patient flow guidance provides good practice to promote safe and timely discharge, improve patient flow and prevent unnecessary waiting for patients, and:

“Where implemented effectively by well-led teams and communicated clearly to staff enabling them to fully understand all elements, hospitals have seen real benefits to patient outcomes and staff satisfaction.”⁹

14. According to the Royal College of Occupational Therapists (“RCOT”):

“The D2RA model is already well-established in some areas and has significant implications for service delivery and has impacted upon the working arrangements for occupational therapists and other health professionals in both acute, community and local authority settings. The Discharge to Recover then Assess model can only be achieved through close partnership working.”¹⁰

15. However, evidence from the British Red Cross suggested that “there isn’t enough knowledge of the D2RA model within the health and social care sector, which may also impact on the model’s implementation.”¹¹

System reset

16. The Welsh Government and the NHS Delivery Unit led a National Risk Summit in mid-February 2022, looking at key issues around discharges and patient flow. As a result, a system “reset” was agreed across health and social care services to support flow throughout the system and reduce the number of patients experiencing delayed transfers of care. This took place from 2 to 16 March. The Minister told us:

⁸ RoP [para 9], 24 March 2022

⁹ Welsh Government, Evidence paper: [Hospital discharge and its impact on patient flow through hospitals](#), March 2022

¹⁰ HD05 Royal College of Occupational Therapists

¹¹ HD27 British Red Cross

"[...] the NHS chief executive set out a number of areas that the health and social care services could tackle, both individually and collaboratively. So, one of the issues with patient flow is there's a danger that people will say, 'It's not me, it's them.' The ambulance service will say, 'Well, we can't get people into hospital because there are issues at A&E', and then A&E say, 'Well, we can't get people into hospital because we haven't got any beds', and then the hospital directors say, 'We can't do it because we can't get people out of our hospitals', and everybody is blaming each other. So, it's trying to say, 'Right, this bit is your responsibility. You sort that little bit out.' So, that's the idea of a system reset. So, what happens next is that we're going to have a national learning event to help review what happened there."¹²

17. Albert Heaney, Chief Social Care Officer for Wales, added that the system reset had helped to focus minds on key issues such as length of stay, resetting priorities and working across the primary community and social care system to enable more effective discharges.¹³

Issues identified by the Welsh Government

18. Recent D2RA returns and recent day of care audit work raised five themes relating to delayed hospital discharge including waiting for:

- Internal health assessments.
- Reablement or home-based intermediate care.
- The restart of a domiciliary package of care.
- Social care assessments.
- Acute treatment not complete.¹⁴

19. The Welsh Government's written evidence says that findings from the latest Health and Social Care Capacity: Modelling and Monitoring Group suggest:

- Sustained pressure on intermediate and social care services, expected to continue to grow over the next few months.

¹² RoP [para 18], 24 March 2022

¹³ RoP [para 30], 24 March 2022

¹⁴ Welsh Government, Evidence paper: Hospital discharge and its impact on patient flow through hospitals, March 2022

- Lack of capacity in reablement services is leading to significant delays in hospital discharge.
- Some of these delays contribute to sustained high pressure on domiciliary care.¹⁵

Issues with short term funding for discharge services

20. The Welsh Government's evidence says it has supported innovative approaches to improve discharge and patient flow through the Integrated Care Fund and the Transformation Fund.¹⁶ For example in 2021/22, £6m of the Transformation Fund was dedicated to the scaling of hospital to home models at a regional level to help embed a national model of working. The Welsh Government explains the funding has been used to support the sustainable scaling of D2RA Pathways with a view to ensuring there is a regional approach to delivering the agreed D2RA model. It adds that from April 2022, these funds will be replaced by the Health & Social Care Regional Integration Fund (RIF), with an annual investment of £144m.

21. However, evidence we received highlighted frustration over the provision of short term funding for innovative schemes.

22. Care Inspectorate Wales ("CIW") noted the different approaches adopted in different areas using the Integrated Care Fund and lack of national consistency and mainstreaming of good practice. It said:

"We are concerned that whilst there are examples of positive practice as outlined in our national report, we also continue to be told about 'pilot projects' and 'new innovative services' that promise to change service delivery and be more outcome-focused, some of which have been 'innovative' for the past six years but were yet to be mainstreamed. This included 'Home from hospital' type services, virtual wards in the community and the role of community hospitals in supporting older people."¹⁷

23. The RCOT said that it is "hugely frustrating" when excellent examples like the 'home first' service in Cwm Taf are not replicated throughout Wales. Dai Davies told us that existing funding models for transformation are "problematic", and added that "Actually, the flow through the hospitals shouldn't be on transformation funding really; it should be core funding":

¹⁵ Welsh Government, Evidence paper: [Hospital discharge and its impact on patient flow through hospitals](#), March 2022

¹⁶ Welsh Government, Evidence paper: [Hospital discharge and its impact on patient flow through hospitals](#), March 2022

¹⁷ HD10 Care Inspectorate Wales

"It's a core process of a hospital system, but too often, these 'home first' services are funded from transformation, from ICF, and they've got little tiny bits of funding for different types of therapists. So, it's always really fragile, and our managers are always worrying about what's going to happen next year. Those different funding packages have different measurements as well. So, they might be focused on the patient, they might have got a discharge, but they also report different outcomes because of the different pots of funding, which is really problematic."¹⁸

24. Care and Repair Cymru agreed, highlighting the variation across health board areas, and said it really wants to see the discharge process being consistent across Wales, with core funding at its heart. It said that, often, examples of best practice are vulnerable due to short term funding and just as they start to become embedded, more efficient, and well-used, they suddenly cease to operate. It also said that annualised short-term funding brought insecurity in terms of retaining trained, skilled, experienced staff, as they inevitably look for alternative employment towards the end of each annual funding round.¹⁹

Our view

25. While the Welsh Government has provided funding for the scaling up of hospital to home models at a regional level to help embed a national model of working, it is clear there is a need for greater consistency in discharge practices across Wales.

26. In its response to recommendation 20 of our report on the Welsh Government budget 2022-23,²⁰ the Welsh Government noted that, learning from the Integrated Care Fund (ICF) and Transformation Fund (TF), a clear outcomes framework that clearly identifies key outcomes and measures was required for the Regional Integration Fund (RIF). It further states that a status report will be used to collate a set of agreed data each quarter to maintain the integrity of the reporting and support a successful audit and evaluation process.²¹

27. We note that the Welsh Government will be holding a learning event following the system reset in March. We welcome this, but believe that the effectiveness of the reset should then be evaluated and the results published and communicated to the Senedd.

28. Frustration about short term funding has been a continuous theme in Committee inquiries over a number of years. It is therefore disappointing to hear that innovative schemes and

¹⁸ RoP [para 144], 27 January 2022

¹⁹ HD24 Care and Repair Cymru

²⁰ [Welsh Government draft budget 2022-23, February 2022](#)

²¹ [Response to HSC Committee on Draft Budget](#)

successful pilot projects are still not being effectively identified and mainstreamed. We agree with witnesses that smooth patient flow through hospitals is vital and as such improvements should not be reliant on short term funding schemes. Sustainable funding for integrated care programmes and preventative projects is needed and there must be processes in place to ensure successful projects are rolled out across Wales.

Recommendation 1. Before the end of 2022, the Welsh Government should write to us to provide an update on the effectiveness and impact of the system reset across health and social care, including the extent to which it has supported and improved flow throughout the system, the impact it has had on the number of delayed patients, and what further action is planned as a result.

Recommendation 2. The Welsh Government must ensure that the new Health & Social Care Regional Integration Fund is effective in identifying and mainstreaming successful projects which improve patient flow into common practice across Wales. The quarterly status reports should therefore include an assessment of progress in developing and rolling out projects to improve patient flow.

Recommendation 3. The Welsh Government should provide further information about how and when the proposed audits of the Health & Social Care Regional Integration Fund will take place, how stakeholders will be consulted, and whether reports will be published.

3. Scale of the problem

29. It is important to note that along with delays in discharges, rushed inappropriate discharge without support in place was also highlighted as a problem in the evidence received.

30. According to Nicky Hughes of the Royal College of Nursing (“RCN”) Wales:

“There is a huge problem at the moment with flow through hospitals, and one can see that quite easily when going past some of the accident and emergency departments and seeing the ambulances outside—it’s quite stark at the moment.”²²

31. This view was echoed by a number of stakeholders, including the British Association of Social Workers (“BASW”), who said that their members were reporting the situation to be the worst they had experienced in over 30 years in terms of not being able to access the care and support that people need and deserve.²³

32. It is difficult, however, to gauge the full extent of the problem as the Welsh Government suspended delayed transfers of care (“DTOC”) reporting requirements at the start of the pandemic and introduced new discharge guidance.

33. In written evidence, the Royal College of Physicians said:

“This makes it very difficult to judge the overall impact on individuals and organisations and means that we are relying in the main on the anecdotal evidence of patients and clinicians.”²⁴

34. In its publication, *“What’s the hold up? Discharging patients in Wales”*,²⁵ Audit Wales describes the measurement of DToC as “the only national measure of discharge”. However, the WLGA and ADSS told us that in their view, it was not a helpful measurement:

“A DToC is a symptom of a poorly aligned journey for people. Therefore, we must consider the wider challenges in the integration of health and social care support for

²² RoP [para 7], 27 January 2022

²³ RoP [para 11], 10 February 2022

²⁴ HD26 Royal College of Physicians

²⁵ [What’s the hold up? Discharging patients in Wales](#)

*our people. As such, a DToC cannot be considered in isolation. We must consider other factors and variables, including workforce supply indicators for the system."*²⁶

35. Audit Wales also flagged that hospital ICT systems can capture a range of data to support monitoring and reporting, but that fewer than half of Welsh NHS bodies recorded whether a discharge was simple or complex, while only a third recorded the date a patient was declared medically fit for discharge.²⁷

36. Written evidence from the Welsh Government says that it has been working with the NHS Delivery Unit to collect weekly delayed discharge data as management information, which is then shared with partners to support effective planning of services. The Welsh Government is working towards more formal data collection and publication in the future.²⁸ The Minister told us:

"The system we had before was more or less a kind of census day, once a month collection of, 'What does the photograph look like?' [] what we're trying to do is to get a much better sense of what is the real-time situation. What is it? Where are the blocks in the system? What are the blocks in the system?"

*There's an attempt now to develop a much more real-time system, taking the best of the old system and creating a new system that takes into account the D2RA—that's discharge to recover then assess. Obviously, the plan is that that that would align with the six goals of urgent and emergency care that are being led by that delivery unit."*²⁹

Our view

37. It is clear that there is currently a huge problem with patient flow through hospitals. While issues around patient flow and delayed discharges have no doubt been exacerbated as a result of the pandemic, these are long standing problems. However, delayed transfers of care are only one part of the picture. A whole-system approach is needed, with multi-disciplinary teams working across all sectors to achieve better integration of health and social care services and improved patient experience.

²⁶ HD43 WLGA and ADSS

²⁷ [What's the hold up? Discharging patients in Wales](#)

²⁸ Welsh Government, Evidence paper: [Hospital discharge and its impact on patient flow through hospitals](#), March 2022

²⁹ RoP [para 32], 24 March 2022

38. We understand the reasons for suspending collection of data on delayed transfers at the height of the pandemic, but, without robust data, it is difficult to know the true scale of the problem. We acknowledge that the Welsh Government is working towards more formal data collection and publication in the future. However, this needs to happen as a matter of urgency. This data is needed to help assess the impact and effectiveness of projects funded through the RIF to address patient flow and reduce DToC. On that basis, it must be available before the end of the 2022-23 financial year at the latest, although we would hope that data will be available far sooner.

39. The Minister should publish information on when a new, improved data measurement will be in place.

Recommendation 4. The Welsh Government should set and publish a timescale for the introduction of new, improved data measurements in respect of delayed transfers of care.

4. Impact of delayed transfers

40. The detrimental impact of hospital discharge delays is significant and wide reaching—both for the individual and services. Lengthy stays put patients at risk of hospital acquired infections and deconditioning leading to greater, ongoing care needs post-hospital discharge. The blockage in patient flow affects inpatient care, emergency departments, ambulance services, primary care, planned admissions, carers, and staff wellbeing.

Impact on patients

41. A number of stakeholders, including the Royal College of Speech and Language Therapists (“RCSLT”) and the British Medical Association Cymru Wales (“BMA”) highlighted the negative impacts of remaining in hospital longer than clinically necessary, including an increased risk of infection and of mental dependency. Physical abilities also decline rapidly which can result in an increased likelihood of falls and further injury and potential readmission to hospital. Evidence from the RCN states:

“The ‘Get Up, Get Dressed, Get Moving’ campaign acknowledged that patients aged over 80 who remain in bed lose up to 10% of their muscle mass in just 10 days. The campaign noted that up to 50% of patients can become incontinent within 24 hours of admission and fewer than 50% of patients fully recover to preadmission levels within 1 year.”³⁰

42. Dr Karl Davies of the British Geriatric Society highlighted the problem of “PJ paralysis or deconditioning”,³¹ where people in hospital just “sit and don’t wash themselves. They let people wash them, maybe because they’re feeling ill; they sit in that chair for so many hours of the day, they’re not dressed, they’re not active.”

43. He went on to say that prior to COVID efforts were made to ensure that older people were getting out of bed and getting dressed but:

“[...] the importance of that was compromised, because we weren't able to go into the bays of the COVID patients in the same way, the family weren't able to bring in their clothes and, of course, for a short period of time, the nature of the patients in the hospital changed massively. So, if we want to try and prevent deconditioning and

³⁰ HD20 Royal College of Nursing Wales

³¹ The process of losing physical strength through being ill, injured, or not active

*functional deterioration, we need to get back to that, and that requires nursing, therapy, integrated staff and indeed, I'd say, medical lead to be encouraging people from the outset to get back, to get better, to do all that they can."*³²

44. According to the British Geriatrics Society, "delays at the beginning of a hospital stay can have a direct impact on length of stay in hospital and the level of care someone requires when they leave."³³

45. Similarly, written evidence from the Board of Community Health Councils ("CHCs") states:

*"The longer people stay in hospital the greater the impact on their overall physical health, strength and mental wellbeing. People in hospital when they are well enough to go home worry about losing their independence and not being able to do the things they used to do. They worry about their homes and loved ones, and the impact on them. This is often the case when the person in hospital is themselves the main carer for a loved one still at home. The longer they stay in hospital the more care they are likely to need when they can finally leave and return to their home and community."*³⁴

46. It is therefore essential that planning for discharge begins as early as possible, ideally on the patient's admission to hospital.

47. However, evidence from Age Cymru says:

*"Though Department of Health Guidance clearly demonstrates that the discharge process should begin at the point of entry, the cases that have come to us indicate a very rushed process that does not follow safe discharge practices."*³⁵

48. It goes on to say:

"Discharge planning should ensure that the right support is available for the person at the right time and in the right place. Information from our services suggests that poor

³² RoP [para 32], 27 January 2022

³³ HD07 British Geriatrics Society

³⁴ HD32 Board of Community Health Councils

³⁵ HD17 Age Cymru

practices are evident in health authorities across all of Wales that can result in the wrong support at the wrong time, and in the wrong place."³⁶

Impact on services

49. Written evidence from BMA Cymru says that inadequate patient flow resulting from delayed discharge has an adverse impact on the operational ability of hospitals to undertake elective treatments due to the lack of free beds in surgical and medical wards:

"This has been a long standing and persistent issue within the health system, with a 2002 NHS Wales Capacity Review noting that 'the need to identify beds for emergency cases accounts for [...] over 1000 operations cancelled each month across Wales.'"³⁷

50. It says that these pressures have been exacerbated by the cancellation of many non-emergency treatments in 2020 due to the COVID-19 precautions, meaning there were almost 670k patients on the waiting list for treatment at end September 2021.

51. It also says that expansion in the number of staffed beds across NHS Wales is critical:

*"Bed capacity has been gradually reduced over the years to help facilitate a shift toward care closer to home; our concern is that bed capacity has been reduced to too great an extent meaning that the NHS in Wales lacks any 'buffer' to cope with surging admissions whilst accommodating those in need of longer term care."*³⁸

52. Betsi Cadwaladr University Health Board ("UHB") highlighted the impact of reduced availability of inpatient beds on the ability to care for the most acutely ill patients in a timely manner. It said that the increased pressure on staff can result in a lack of sufficient time being available to spend with patients, resulting in a lower quality patient experience and less time to provide truly compassionate care.³⁹

53. The Welsh NHS Confederation said:

"Delays in discharge lead to inpatients being cared for in settings which are not the most appropriate to their need and could introduce additional risks of harm to them,

³⁶ HD17 Age Cymru

³⁷ HD13 BMA Cymru Wales

³⁸ HD13 BMA Cymru Wales

³⁹ HD23 Betsi Cadwaladr University Health Board

including hospital-acquired infections. The impact on acute hospitals, and wider patient flow, means there is insufficient capacity to meet the demand from patients who require admission into hospital and this manifests in transfers from Emergency Departments to the wards, with a very publicly visible symptom being ambulances waiting outside hospitals. Delays also reduce availability of beds to perform inpatient planned care procedures."⁴⁰

54. The RCOT highlighted the impact delayed transfers are having on their members. It says that due to pressures, poor practices are happening, and procedures are not always being followed:

"Some district general hospitals are discharging into the community without the appropriate support at times, due to their own pressure. However, this does mean the community teams have to pick up the concerns when people get home and feel they cannot cope. Certain hospitals have a worse reputation than others for this practice."⁴¹

55. The RCSLT noted that delayed discharges impacted on the number of beds available for admitting patients, leading to longer waiting times in A&E departments or cancellations of planned admissions.⁴²

56. The Welsh Government's written evidence notes that delayed discharges impact on patient flow through hospitals, put pressure on acute hospital beds and can exacerbate pressures in A&E departments. It says that health boards' infrastructure is also a key factor impacting upon planned care delivery and health board estates will need to be used differently in order to respond to the waiting list challenges. More one-stop clinics where patients are seen and treated in a single appointment are required.⁴³

Welsh Ambulance Services NHS Trust

57. One of the areas most affected by delayed transfers is the ambulance service, as demonstrated by the large numbers of ambulances seen queuing outside A&E departments across Wales.⁴⁴

⁴⁰ HD36 Welsh NHS Confederation

⁴¹ HD05 Royal College of Occupational Therapists

⁴² HD06 Royal College of Speech and Language Therapists

⁴³ Welsh Government, Evidence paper: Hospital discharge and its impact on patient flow through hospitals, March 2022

⁴⁴ BBC Wales, A&E queues mean Wales' ambulances 'can't take 999 calls', August 2021

58. Jason Killens, Chief Executive of the Welsh Ambulance Services NHS Trust (“WAST”) told us:

“So, the impact of delayed discharge is quite profound on us, and particularly patients in the community, with no care around them, that, often, wait very long periods of time whilst considerable amounts of our capacity are unavailable to us to be able to respond to those patients in the community. And, of course, that has an impact, not only on those individual patients, but also on our people, our staff, too.”⁴⁵

59. Evidence from the Morgannwg Local Medical Committee says that the shortage of ambulances means that GPs are sending patients to hospital in cars when they ought to be going in ambulances.⁴⁶

60. The Stroke Association raised concerns about the ambulance response times for the amber category, which includes stroke:

“In the most recent figures, 82.1% of amber category ambulances took over 30 minutes to respond. The Welsh Ambulance Service have informed us that during one week in October the average waiting time reached 3 hours.”⁴⁷

61. It pointed out that several treatments for stroke are time-limited, including thrombolysis and thrombectomy. Therefore ambulance delays can prevent those affected by stroke being able to receive treatments which can save lives and reduce post-stroke disability:

“The Welsh Ambulance Service have told us that at times of severe pressure this year there have been times when stroke patients have been asked whether it is possible to make their own way to hospital, and admit that avoidable harm to stroke patients has occurred.”⁴⁸

62. Jason Killens told us:

“In December, 25 per cent of our available capacity, our fleet, was lost in delayed handover in emergency departments. Of course, that's a direct consequence, as

⁴⁵ RoP [para 275], 27 January 2022

⁴⁶ HD01 Morgannwg Local Medical Committee

⁴⁷ HD12 Stroke Association

⁴⁸ HD12 Stroke Association

*colleagues have already said, of pressure across the system and delayed discharge. What that means for us, of course, is that we've got patients and our crews waiting at the emergency department to enter the hospital and continue treatment, but, importantly [] there are patients in the community that we are unable to respond to as a result of [] that capacity, being held at the emergency department."*⁴⁹

63. He went on to say:

*"I'm clear that the level of service that we're offering to those patients is unacceptable, and we're doing everything we can to improve that."*⁵⁰

64. Evidence from BMA Cymru highlights the need for greater accountability from senior health board executives and clinicians. It says there is a feeling among its members that health board leaders fail to adequately recognise the organisations' responsibility for whole population health in their respective region by regularly allowing denial of requests to release ambulances from A&E department queues to attend category 'Red' calls in the community:

*"Feedback suggests that the decision on whether to act upon red release requests can be left to relatively junior medical or nursing staff within the ED; these vital life-threatening decisions should be made by senior executive clinical leadership."*⁵¹

65. In its written evidence, WAST says it has extensive winter plans in place, as well as a long term plan for growth and the redefinition of the service, continuing its journey towards a service fundamentally rooted in clinical practice, rather than one providing a conveyance service:

"Much of this longer term investment and development is focused on treating as many patients at scene as possible, reducing unnecessary conveyance to hospital and thus reducing pressure on the wider health and care system through avoidable admission.

While there is a role for optimising advanced practice and more innovative ways of utilising clinical staff in achieving this, it is also fair to say that the success of this approach longer term will ultimately hinge on health boards, primary care and the

⁴⁹ RoP [para 274], 27 January 2022

⁵⁰ RoP [para 299], 27 January 2022

⁵¹ HD13 British Medical Association Cymru

*social care sector working differently with the ambulance service, as one integrated system, to deliver care collaboratively for patients.*⁵²

Reablement and rehabilitation

66. Reablement services help people to retain or regain their skills and confidence so they can learn to manage again after a period of illness. The reablement approach supports people to do things for themselves and be as independent as possible. It is a 'doing with' model, in contrast to traditional home care which tends to be a 'doing for' model.

67. We heard of examples where health boards were working with local authorities to provide reablement services within residential care homes, such as Bonymaen House in Swansea and the Marleyfield House in Buckley. Betsi Cadwaladr UHB told us:

*"The development of the new Marleyfield Care Home in Flintshire, opened in Autumn 2021, is the first example of purpose built D2RA beds within a care home in North Wales. The Marleyfield Project has been developed in partnership with Flintshire CC, includes 16 D2RA beds and provides a model for future joint projects."*⁵³

68. Nicky Hughes, RCN Wales, supports the reablement approach. She told us:

*"[...] reablement is certainly a really good idea. And I think, looking back probably 20 years, the amount of convalescence beds that we had that did exactly this function: people had their acute stay, they then went into a convalescence-type hospital environment, as it was then, and then they went home. But all those beds have been shut or decreased over time, and we've then become more reliant on nursing home or care home environments. So, I think the move to a more reablement model, however that is done, would be really good to be resourced, but, obviously, that's probably the main key, isn't it?"*⁵⁴

69. Similarly, Carers Wales said:

"[...] we welcome good practice in healthcare settings that helps patients to regain their independence before being discharged, such as the trial ward in St David's

⁵² HD16 Welsh Ambulance Services NHS Trust

⁵³ HD23 Betsi Cadwaladr University Health Board

⁵⁴ RoP, [para 37], 27 January 2022

*Hospital in Cardiff. Setups like these, and similar initiatives such as step-down facilities, could ease pressure on carers after discharge.*⁵⁵

70. Written evidence from the Chartered Society of Physiotherapy (“CSP”) states:

*“Loss of space in hospitals is affecting ability of physiotherapists to see patients face to face. Rehab spaces in hospitals were commandeered during the pandemic, sometimes for non-clinical use, and it’s proving to be difficult to get them back for clinical use. While we support the move to community service delivery, there is still a need for space for patients to rehab before discharge. For example, space to rehab a stroke patient before discharge is vital to get them in a safe condition to be discharged. Where dedicated space is no longer available the rehab is being delivered at the bedside.”*⁵⁶

71. Dai Davies, RCOT, agreed, telling us:

*“There’s an issue with facilities, so our OT kitchens, OT bedrooms, physio gyms are being reused, so they’re not able to have that therapy that they would have, which is really problematic.”*⁵⁷

72. The Welsh Government published a national rehabilitation framework and underpinning population specific guidance in May 2020 to help services better understand the increasing demand for rehabilitation, reablement and recovery throughout health and social care services. Its written evidence states that health boards, local authority and third sector partners are using the Framework to plan rehabilitation services to respond to the needs of their populations.⁵⁸

73. The Welsh Government also notes a lack of capacity in reablement services, with the Deputy Minister saying:

*“Certainly, the challenges are there in terms of the staffing resource, [...] and the special skills required in the reablement services.”*⁵⁹

⁵⁵ HD39 Carers Wales

⁵⁶ HD42 Chartered Society of Physiotherapy

⁵⁷ RoP, [para 178], 27 January 2022

⁵⁸ Welsh Government, Evidence paper: Hospital discharge and its impact on patient flow through hospitals, March 2022

⁵⁹ RoP [para 135], 24 March 2022

The need to shift to preventative care in the community

74. A key theme in the evidence received is that focus and investment needs to shift from secondary hospital-based care to supporting preventative care in the community, as articulated in A Healthier Wales.⁶⁰

75. Health boards told us that the Welsh Government needs to invest in and develop integrated community-based services, to create more step-up and step-down capacity within the community.⁶¹

76. Written evidence from Powys Teaching Health Board (THB) states:

"[...] there remain patients who are being assessed for domiciliary care needs in a hospital setting. Ideally, offering patients a range of services appropriate to their needs (step-down residential care, reablement care) could reduce both the time spent awaiting assessment and then a service provision, and the negative impacts of unnecessary hospital stay."⁶²

77. Carol Shillabeer, Chief Executive of Powys THB told us that they wanted to use their community hospital beds in a more step up, very short stay, way:

"[...] we do need something, I think, that offers an alternative between home and district general hospital for that short, short period. So, I'm glad I've still got these community hospitals, but the shape of them is needing to change."⁶³

78. Dr Anthony Gibson, Cwm Taf Morgannwg UHB told us:

"We have two very large community facilities within our health board area. I think there is an argument that those beds are not used in a modern way; they are used as an assessment space rather than what we want to be getting to, which is a discharge to recover and assess model, a step-up and step-down model. I completely agree with Carol, strongly agree, that that doesn't have to be in a formal hospital setting."⁶⁴

⁶⁰ Welsh Government, A Healthier Wales: our Plan for Health and Social Care

⁶¹ RoP [para 289], 27 January 2022

⁶² HD41 Powys Teaching Hospital Board

⁶³ RoP [para 333], 27 January 2022

⁶⁴ RoP [para 335], 27 January 2022

79. In its joint written submission, the WLGA and ADSS note that solutions for improvement include:

- Increase development of more appropriate step-down accommodation – there is a need for more step-down bedded facilities, which could mean the restoration or re-purposing of NHS and council facilities.
- Increased investment in early intervention and preventative services in the community, including support for carers and investment in community infrastructure.⁶⁵

Our view

80. It is clear that the longer spent in hospital, the greater the impact on the patient’s physical and mental wellbeing. This is particularly true for older people, who are at greater risk of infection and whose physical abilities deteriorate more rapidly.

81. We have heard that delays at the beginning of a hospital stay can have a direct impact on the length of stay in hospital and the level of care someone requires when they leave. It is therefore crucial that discharge planning includes all relevant professions, and begins as early as possible, ideally at the point of admission.

82. We are also concerned about the impact delayed transfers have on the ambulance service, with ambulances queuing outside A&E departments unable to hand over patients. This inevitably impacts on the number of ambulances available to respond to emergency calls, leading to unacceptably long waits for people who are ill or injured and in pain, in some cases with life-threatening consequences. An integrated system to deliver care collaboratively is needed, with pathways of care which are open to referral by ambulance service clinicians.

83. We note from the Minister’s recent statement on Urgent and Emergency Care pressures and the Six Goals Programme⁶⁶ that health boards will be expected to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time lost per arrival by 25 per cent (from the October 2021 level) at each hospital site this year. We would appreciate greater clarity on the timescales for this.

84. Inevitably there is an impact on staff morale. Operating under such pressures can result in a limited time being available to spend with patients, leading to a poorer patient experience. The RCOT described the delays as “soul destroying” with therapists maintaining patients that

⁶⁵ HD43 WLGA and ADSS

⁶⁶ Written statement, Urgent and Emergency Care pressures and the Six Goals Programme, 19 May 2022

have reached their full potential and should have left the ward, and being unable to provide rehabilitation to new patients waiting to come in.

85. We agree with the CSP that “rehab is key for effective discharge”,⁶⁷ and we believe there needs to be greater investment in reablement services. We were particularly concerned by the evidence of care home placements being used as a short term measure in the absence of home care/reablement services but the person’s condition then deteriorating to such an extent that they are no longer able to return home.

86. We also heard from Allied Health Professionals (“AHPs”) that AHPs positioned at the ‘front door’ of services can help avoid admission in the first instance as well as readmissions.⁶⁸ We support their call for an increased presence of AHPs in GP surgeries, in A&E and with paramedics.

87. We understand that rehabilitation spaces in hospitals had to be repurposed during the height of the pandemic but believe these spaces now need to be returned to their original use to enable allied health professionals to better prepare patients to return home and regain their independence. Our recent report into the impact of the waiting times backlog on people in Wales⁶⁹ raised concerns that some services such as pain management and allied health professionals are struggling to find suitable spaces and locations from which to deliver care and treatment either in hospitals or in the community.

88. In responding to our report, the Minister said:

“We expect spaces that were used differently in the pandemic to be made available again, unless a more appropriate community alternative is available. “Our programme for transforming and modernising planned care and reducing waiting lists in Wales” is clear that health boards should consider the use of the entire estate and suitable venues in the community to provide appropriate venues for the delivery of all services.”⁷⁰

89. While we welcome the Minister’s recognition of the importance of providing health and care services in the most appropriate setting for the patient, we would appreciate greater clarity on expectations about the availability of allied health professionals in different health and care

⁶⁷ HD42 Chartered Society of Physiotherapy

⁶⁸ HD05 Royal College of Occupational Therapists, HD06 Royal College of Speech and Language Therapy, HD42 Chartered Society of Physiotherapy

⁶⁹ [Waiting well? the impact of the waiting times backlog on people in Wales, April 2022](#)

⁷⁰ [Welsh Government response, 30 May 2022](#)

settings, and how the Welsh Government will work with health boards to increase the presence of such professionals at the “front door” of services, particularly GP surgeries and A&E departments.

90. We also welcome the recent announcement by the Minister for Climate Change of a Housing with Care Fund⁷¹, and will monitor with interest its impact in increasing provision of intermediate care facilities.

Recommendation 5. As part of its monitoring of the implementation of Discharge to Recover then Assess (D2RA), the Welsh Government must clarify how it intends to ensure that discharge planning is happening at the earliest possible opportunity and includes representatives of all relevant sectors.

Recommendation 6. The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service’s statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets.

Recommendation 7. The Welsh Government should increase funding for reablement and home therapy services and work with partners to establish a comprehensive wrap-around rehabilitation service.

Recommendation 8. The Welsh Government should set out how it will work with health boards and other partners to increase the availability of more appropriate step-up/step-down facilities across Wales.

Recommendation 9. The Welsh Government should provide further details of how much will be invested in intermediate care accommodation and step-up/step-down facilities as a result of the Housing with Care Fund.

Recommendation 10. The Welsh Government should clarify its expectations about the availability of allied health professionals in different health and care settings, and set out how it will work with health boards to increase the presence of such professionals at the “front door” of services, particularly GP surgeries and A&E departments. In doing so, the Welsh Government

⁷¹ Plenary RoP, [para 147], 17 May 2022

should identify how any barriers to increasing allied health professional availability, including the need for any capital investment in estates or facilities, will be addressed.

5. Lack of social care capacity

Current situation

91. The lack of social care capacity is considered the biggest contributor to delayed discharges by the majority of stakeholders that responded to our consultation. Severe staff shortages mean assessments are often delayed and services are not available for care packages to be put in place to enable safe discharge.

92. According to Nicola Stubbins of the Association of Directors of Social Services (“ADSS”) Cymru:

“The situation with social care has been pressured for many years, and pre the COVID pandemic the situation was becoming more and more challenging. However, the COVID pandemic has certainly exacerbated what was already a very challenging situation, and we are finding ourselves now in a position that I’ve certainly never experienced in my career within social care, and that’s across all parts of the service.”⁷²

93. We heard from social care providers that these are unprecedented times in terms of staffing shortages. Mary Wimbury of Care Forum Wales told us:

“[...] things have never been more difficult in terms of not just recruitment to the sector, but also retention as well. And I think the retention issue comes back to the pressure that people have been under for the last two years, dealing with the pandemic. It has been absolutely unprecedented. We’re seeing people leave the sector because they can earn similar amounts elsewhere for doing less pressurised jobs, but we’re also seeing people move into health, where they can earn better amounts for doing very similar jobs.”⁷³

94. RCN Wales says the most significant factor causing delays in discharge is the lack of capacity in the community and care homes: “there are not enough district nurses and care home nurses.” It says that the Welsh Government and NHS Wales must support and actively promote the role of the specialist discharge liaison:

⁷² RoP, [para 13], 10 February 2022

⁷³ RoP, [para 112], 10 February 2022

"This is a specialist nursing role that is pivotal to ensuring that the discharge of patients with complex needs is effective and efficient."⁷⁴

95. The Welsh Government's written evidence says that as of 14 February 2020, 19 out of 22 local authorities were reporting amber or red ratings on regular checkpoint returns on their capacity to provide domiciliary support services, with 11 of those rating red. The majority of local authorities are also reporting a red or amber rating with regard to their capacity to offer reablement services. It says these ratings have remained consistent over several months and indicate significant challenge to the timely discharge and flow of patients from hospital to home.⁷⁵

96. ADSS Cymru also told us of care providers handing back packages of care to local authorities as a direct result of staff shortages. It said that agencies that local authorities had worked with for many years had been unable to recruit and retain staff to meet the commissioned care packages. Nicola Stubbins told the Committee, "we've had over 1,000 hours of domiciliary care that we've been unable to commission that are waiting for support within the community".⁷⁶

97. The British Geriatrics Society said that the current lack of capacity in the social care system meant there were often delays in arranging care home placements or homecare packages resulting with people being in hospital for longer than they medically needed to be there.⁷⁷

98. This was supported by the evidence we received from an individual regarding her uncle's experience:

"[...] spent over 4 months in hospital in total – he finally went home on [...] December 2021. During the last 3 months of his stay, visiting had been stopped as a Covid precaution at CTM HB. This compounded [...] sense of hopelessness and isolated him from his family. [...] and his family felt very distressed by the 3 and a half months wait for his care package to be reinstated. [...] . suffers with depression, and gave up hope of ever going home."⁷⁸

⁷⁴ HD20 Royal College of Nursing Wales

⁷⁵ Welsh Government, Evidence paper: [Hospital discharge and its impact on patient flow through hospitals](#), March 2022

⁷⁶ RoP [para 15], 10 February 2022

⁷⁷ HD07 British Geriatrics Society

⁷⁸ HD19 An individual

99. The lack of capacity in domiciliary or homecare services is also acute, with significant numbers of people waiting for care at home. We also heard that this lack of homecare support has led to people being placed in residential care as an interim measure and then not being able to return home. Written evidence from Care Inspectorate Wales says:

*"Whilst this is intended as a short-term measure, many care homes lack capacity to continue to promote people's independence so they can live at home when a domiciliary support package is available. Our concern is this is reversing the policy objective of many years of supporting people to live at home."*⁷⁹

100. In relation to this, the Deputy Minister told us:

"When people move into residential care because we can't put the support in at home, we do expect local authorities to continue to search for and identify care-at-home services at the earliest opportunity, to allow people to return home as soon as they possibly can. So, that is our aim. Certainly, people should not be stranded in some interim placements in residential care."

*The Welsh Government is supporting the NHS delivery unit to lead a task and finish group on interim placements, and so we'll have more idea then, when they've done this, about the scale of the issue and the impacts and potential solutions."*⁸⁰

Staffing

101. The need for parity between social care workers and their NHS counterparts, in relation to both pay and terms and conditions, has been a longstanding issue and one that has been brought to the fore by the pandemic.

102. A number of respondents, including Leonard Cheshire, talked of a workforce that is "undervalued and understaffed".⁸¹ While the WLGA and ADSS written evidence suggested there had been "a reduction in staff prepared to continue to work in the sector". It said that some "felt let down by the lack of recognition given to social care workers, with NHS workers seemingly more valued" and so were choosing to walk away.⁸²

⁷⁹ HD10 Care Inspectorate Wales

⁸⁰ RoP, [para 46], 24 March 2022

⁸¹ HD38 Leonard Cheshire

⁸² HD43 WLGA & ADSS

103. Nicola Stubbins, ADSS Cymru, told us:

"If we don't value this workforce, then we will see what we've seen over the last 12 to 18 months: not only difficulties in recruiting to the sector, but individuals positively choosing to leave. That's devastating, because this is a vocation; it's not a job working in social care, it's a vocation. And to lose people who have committed years of service because they don't feel valued, they're tired, they're exhausted, they don't feel that they're paid enough, they can get more pay around the corner, that's a real travesty."⁸³

104. While the Welsh Government's £40m investment in the social care workforce and its commitment to deliver the real living wage was widely welcomed, many respondents, including BMA Cymru, felt it did not go far enough.

105. The WLGA and ADSS Cymru's written evidence states:

"[...] it is becoming increasingly clear that our ambition must go beyond this if we really want to be able to offer 'fair pay' for those who are undertaking some of the most important roles in society. There is also a need to take immediate action – the workforce challenges are already with us, and so there is a need to do all we can to increase social care workers pay now, there is simply no room to delay."⁸⁴

106. Nicola Stubbins of ADSS Cymru told us this was still not enough to make working in social care attractive, as, for example, supermarkets are advertising for staff at a significantly higher amount than the real living wage, as well as offering other benefits, such as money off grocery shopping.

107. We also heard that social care staff were leaving to join the NHS. Dai Davies of RCOT told us:

"We have major problems in social care recruiting occupational therapists because they get paid less than their NHS counterparts. So, they go to the same universities,

⁸³ RoP [para 28], 10 February 2022

⁸⁴ HD43 WLGA & ADSS

they do the same courses, and then one decides to go and work in the NHS and the other works in social care, and they get paid about £3,000 to £4,000 less.”⁸⁵

108. Similarly, ADSS Cymru noted that one social services director had recently lost two occupational therapists to the health board, because they were paying £10,000 a year more on their salaries.⁸⁶

109. While Allison Hulmes, British Association of Social Workers (“BASW”) Cymru told us that the current shortages were leading local authorities to apply perverse market supplements to attract staff, with one local authority offering £8,000 to social workers in children’s services. However this meant that social workers were often just moving to another local authority and leaving vacancy gaps behind.⁸⁷

Pay and terms and conditions

110. A strong theme in the evidence we received was that better pay, terms and conditions and career progression opportunities are needed in social care. The care sector strongly believes a national pay structure is required. Nicola Stubbins, ADSS Cymru, told us:

“[...] we look at teachers, they have a national pay scale; you don't have local authorities competing against each other to recruit teachers. The NHS has a national pay scheme. People do move for reasons—as was said before, for positive reasons—but they don't move for money reasons. We are in a situation where we have an ever-decreasing pool of staff resources and we're continuing to try and outbid each other.”⁸⁸

111. Health boards and NHS trusts also echoed the need for social care staff to have parity of esteem with healthcare staff. Cwm Taf Morgannwg UHB suggested that social care staff could be employed on parity with the health ‘agenda for change’ terms and conditions. Dr Anthony Gibson, Cwm Taf Morgannwg UHB told us:

“[...] the key single thing we could do in the short to medium term is improve and professionalise the domiciliary care workforce in terms of how do we develop, train,

⁸⁵ RoP, [para 210], 27 January 2022

⁸⁶ RoP, [para 28], 10 February 2022

⁸⁷ RoP, [para 38], 10 February 2022

⁸⁸ RoP, [para 93], 10 February 2022

*professionalise, remunerate well, allow people to understand the value it provides in our community [...] that would be the one thing that we should be concentrating on.*⁸⁹

112. Allison Hulmes, BASW Cymru, told us that an easy way of trying to increase the numbers of social workers would be to address the bursary disparity for student social workers; who currently do not have parity of bursary with nurses or AHPs. She said this had to be addressed as a matter of priority, describing it as an “easy win”:

*“The workforce is in crisis now. It is about medium and long term. If it's not a priority now, we certainly won't have a social work workforce into the next five years that is any way fit for the challenges that are ahead.”*⁹⁰

113. The Welsh Government’s written evidence says it is taking forward a programme of work in response to the Rebalancing Care and Support White Paper consultation, “which will support long term improvements in commissioning and joint working between health and social care”. It also states that improved recruitment and retention of domiciliary care workers and care home workers remains a priority:

*“A national advertising recruitment campaign has proceeded from the summer and has received additional funding from Welsh Ministers. In December 2020 and January 2021, there was an increase of c. 180% of people looking at the national WeCare.Wales jobs portal.”*⁹¹

114. However, when asked how this translates into additional applications, the Deputy Minister said that because “the majority of social care services are in the independent sector, it was difficult to access comprehensive information as to the recruitment activity across Wales.”⁹²

115. Albert Heaney, Chief Social Care Officer for Wales, confirmed:

⁸⁹ RoP [para 418], 27 January 2022

⁹⁰ RoP [para 95], 10 February 2022

⁹¹ Welsh Government, Evidence paper: [Hospital discharge and its impact on patient flow through hospitals](#), March 2022

⁹² RoP [para 85], 24 March 2022

"We do need to work through, as the Minister says, that bit of how we translate from the activity that we can see in terms of coming through into then how the applications are received by a host of employers."⁹³

116. In addition to the introduction of the real living wage from April this year, the Welsh Government says it continues to work with the Social Care Fair Work Forum, which is looking at how to improve working conditions in the sector:

"Along with other employment terms and conditions, the Forum is looking at employee voice and wider pay and progression in the social care sector. We are taking steps to professionalise the sector and improve career progression opportunities".⁹⁴

117. It has also announced an additional payment scheme for social care workers aligned with the real living wage:

"The additional payment demonstrates our commitment to improve the status, terms and conditions and career pathways for social care workers. We want more people to have long careers as professional social care workers."⁹⁵

118. The Deputy Minister confirmed that she had asked the Social Care Fair Work Forum to look at a national pay structure for social care:

"I think we do need to move towards a national pay structure. But, the forum has been very involved in giving us advice on the real living wage, and it is now developing a pay and progression framework for the sector. It hasn't set out its timetable yet for that particular piece of work, but, as I've said before, it's all a very complex sector, and we've found it quite difficult to find a means for the implementation of the real living wage. That's why it's so important, I think, that we look at this next stage of a national pay structure through the forum."⁹⁶

⁹³ RoP, [para 88], 24 March 2022

⁹⁴ Welsh Government, Evidence paper: [Hospital discharge and its impact on patient flow through hospitals](#), March 2022

⁹⁵ Welsh Government announcement: [Additional payment for social care workers aligned to the Real Living Wage](#)

⁹⁶ RoP, [para 50], 24 March 2022

119. In relation to the social worker bursary, the Deputy Minister said that Social Care Wales was working with local authorities and BASW to develop a social workforce plan to look at what could be done to assist with recruitment.

120. She also said that she had met and discussed changes to the social work bursary with students and consideration was being given to what could be done:

"But it's not a panacea in itself, and we will be looking at a range of things. And, so, yes, we are considering whether we can do anything about the bursary, and Social Care Wales are looking generally at social worker progression."⁹⁷

Our view

121. We are extremely concerned by the evidence that people are being placed in residential care as a short term measure due to shortages of domiciliary care but are then not able to return home because many care homes lack the capacity to promote people's independence. We note that the NHS delivery unit is leading a task and finish group on interim placements. We believe this should take place as a matter of urgency. The Deputy Minister should publish clear timescales for this work and commit to publishing the outcomes once the work is completed.

122. In terms of staffing, lack of capacity in the social care sector is cited as the main cause for delayed transfers of care. However, until there is true parity in pay and terms and conditions for social care staff with their NHS counterparts, the sector will continue to struggle to recruit and retain staff. This is something that has long been called for by committees. It should not be the case that social care is losing staff to the NHS—the sectors must align and support each other. The current situation is not acceptable and steps must be taken to address this.

123. We heard very clearly from the care sector how desperate the current situation is and the extreme difficulties providers and staff are facing. We agree that a complete overhaul of social care pay and working conditions is needed.

124. We acknowledge and welcome the Welsh Government's commitment to the Real Living Wage for social care workers, alongside an Additional Payment scheme to further improve terms and conditions in social care roles and enhance opportunities for career progression. However, although the Deputy Minister agreed there was a need to improve terms and conditions for social care workers, we did not get a sense that this would happen with any real urgency. Our report on the Welsh Government budget 2022-23,⁹⁸ called for the Welsh

⁹⁷ RoP, [para 60], 24 March 2022

⁹⁸ [Welsh Government draft budget 2022-23, February 2022](#)

Government to set out the timescales within which it expects the Social Care Fair Work Forum to make urgent recommendations for improving the terms and conditions for social care workers in Wales. However, the Welsh Government's response⁹⁹ did not provide the clarity and reassurance we were seeking.

125. The Deputy Minister highlighted a number of Welsh Government initiatives, such as prioritising driving tests for domiciliary care workers and paying for driving tests but we believe there are far more fundamental issues that need to be addressed to equalise the pay and working conditions of social care staff with their NHS counterparts.

126. The care sector has said that a national pay structure is desperately needed. It is therefore disappointing that this will not be included in the Welsh Government's planned "strategic national framework" nor is the Deputy Minister able to provide a timescale for when work on a national pay structure will take place.

127. We are also aware that some social care workers only receive Statutory Sick Pay (currently £99.35 per week) if they are unable to work due to ill health. In its report into the management of the COVID-19 outbreak on health and social care in Wales¹⁰⁰, the Health, Social Care and Sport Committee of the Fifth Senedd highlighted the risks to the social care sector due to the workforce being unable to afford to take time off work if they were sick or required to isolate. We are concerned we may see a return to this position when the self-isolation payment scheme ends in June. We also raised this issue as part of our budget scrutiny (recommendation 10)¹⁰¹ but again the Welsh Government's response¹⁰² was lacking in clarity or any real sense of urgency.

128. We welcome the Welsh Government's recognition that there is a need to improve terms and conditions for social care workers. Our view is that this work must proceed at pace to ensure social care staff have pay, terms and conditions and career progression opportunities that are equitable to their NHS counterparts. This should include the introduction of a national pay structure for the care sector.

129. We were surprised that the Welsh Government is not collecting data on the results of its national advertising recruitment campaign. While there has been an increase in the number of people looking at the WeCare.Wales jobs portal, it is unclear if this has translated into an

⁹⁹ [Responses to HSSC Committee on Draft Budget](#)

¹⁰⁰ Health, Social Care and Sport Committee, [Inquiry into the impact of the Covid-19 outbreak and its management on health and social care in Wales: Report 1](#), July 2020

¹⁰¹ [Welsh Government draft budget 2022-23, February 2022](#)

¹⁰² [Responses to HSSC Committee on Draft Budget](#)

increase in actual applications, or in people taking up roles. Without this information, it is impossible to judge the success of the campaign.

Recommendation 11. The work of the task and finish group on interim residential care placements needs to take place as a matter of urgency. The Welsh Government should publish a timetable for this work and commit to publishing the outcomes on completion, including a clear plan for taking forward any recommendations.

Recommendation 12. Significant reforms to the pay and working conditions for social care staff must be delivered at pace. By the end of 2022, the Welsh Government should provide an update on the work undertaken to improve the pay, terms and conditions and career progression opportunities for the social care workforce, and address inequities with their NHS counterparts. This should also include an update on the introduction of a national pay structure for care.

Recommendation 13. By the end of 2022, the Welsh Government should provide an update on the work that has taken place to address the issue of sickness pay for social care workers and an outline of the Social Care Fair Work Forum's planned work (including timescales).

Recommendation 14. The Welsh Government should explain how it will increase recruitment to the social care sector. It should also undertake a robust evaluation of the WeCare.Wales recruitment campaign to demonstrate that it has provided value for money and increased the actual number of applications for social care jobs and take up of social care roles.

6. Families and unpaid carers

Pressure on families and unpaid carers

130. A strong theme in the evidence we received was concern about the pressure being placed on family and unpaid carers to fill the gaps in care provision.

131. Between summer and winter 2021, six of the seven health boards in Wales and their local authority partners announced that due to the “national care crisis”, they had to prioritise care for those with the greatest needs. The health boards and local authorities explained that they would not be able to honour all previously agreed care packages, and were asking families and unpaid carers to step in and provide more care. According to ADSS Cymru, social services were having to focus providing care to individuals at very high risk, and were “relying very, very heavily on family and friends”.¹⁰³

132. Evidence from Carers Trust Wales says that long delays in obtaining care packages mean that carers are under pressure to provide prolonged and unsustainable levels of care at home without the support they and their loved one are entitled to from statutory sources:

“We have heard of delays of upwards of three months and carers faced with the choice of leaving their loved one in hospital to wait for the care package, visibly deteriorating in hospital, or to shoulder the care burden themselves at home. Without the appropriate support in place at home or in the community some discharges inevitably fail very quickly, with the patient readmitted to hospital shortly afterwards.”¹⁰⁴

133. Carers Wales says that legal obligations under the Social Services and Well-being (Wales) Act 2014 are being undermined. The charity stressed that the law has a very strong focus on carers only caring if they are “willing and able” to do so, but the pressures around hospital discharge are forcing carers to go beyond this. Jake Smith told us:

“One of the interesting points that was raised was about the sense of moral obligation that many unpaid carers feel that they're being placed under to provide that care and

¹⁰³ RoP [para 17], 10 February 2022

¹⁰⁴ HD18 Carers Trust Wales

to agree to a discharge that may be sooner than it should be and may potentially be unsafe."¹⁰⁵

134. The Deputy Minister told us:

*"I think we should understand that these requests for help from relatives and families, and for volunteers from the public, are in the context of this very difficult period, and what, we very much hope, are time-limited circumstances, and that these are things we've had to do during the period of the pandemic. But we do expect local authorities to ensure that people's needs are being met, and to do what we can to rectify any deficits, but recognising that these are exceptionally challenging times."*¹⁰⁶

135. In recognition of the 'pivotal role' they have played during the pandemic, the Welsh Government recently announced a £500 payment for unpaid carers in Wales. Unpaid carers who are receiving Carer's Allowance¹⁰⁷ on 31 March 2022 will be eligible for the payment.

136. In announcing the payment, the Deputy Minister said:

"Unpaid carers have played a pivotal role throughout the pandemic and we recognise the financial and emotional hardships they have experienced. I hope this £500 payment will go some way to supporting them during these difficult times.

*We are immensely proud of our unpaid carers in Wales, many of whom struggle to make time for themselves because of their caring role, and hope this £29m investment in people shows how much we value and appreciate what they do. We understand not all unpaid carers will be eligible for this payment, as many are not in receipt of a Carer's Allowance, and we will continue supporting carers of all ages in every way we can."*¹⁰⁸

137. However, there has been some criticism that many carers will miss out on the payment, as not all carers are entitled to, or are claiming, Carer's Allowance.¹⁰⁹

¹⁰⁵ RoP [para 10], 14 February 2022

¹⁰⁶ RoP [para 65], 24 March 2022

¹⁰⁷ Carer's Allowance is a benefit available to carers who provide at least 35 hours a week of unpaid care to someone in receipt of certain benefits

¹⁰⁸ Welsh Government press release, [Unpaid carers in Wales to receive a £500 payment as part of £29m investment](#)

¹⁰⁹ [BBC Wales. Wales' unpaid carers to get £500 recognition payment. March 2022](#)

Lack of respite and breaks from caring

138. Carers are also reporting that there is still widespread disruption to the services they rely on to provide care; only 8 per cent of carers said day centres providing respite had fully re-opened and only 40 per cent said that support from paid care workers had fully resumed.¹¹⁰

139. While other aspects of society have started to open up, Carers Wales said they “just haven’t seen that with unpaid carers”. The charity stressed that the Welsh Government must commit to work with local authorities to fully reinstate disrupted carer services across Wales.¹¹¹

140. The Deputy Minister told us that at the height of the pandemic, ADSS Cymru had been commissioned to review the delivery of day services during the pandemic. Its report¹¹², published in December 2021, concluded that there was a significant negative impact on day-service delivery and the experience of those who wanted to access those services.

141. Albert Heaney, Chief Social Care Officer for Wales, told us:

“The pandemic clearly had an impact around workforce—workforce who were ill, workforce self-isolating—and a whole host of factors that meant that some of the very skilled workers who operate the day-care services were actually redeployed into other front-line activities.

As we're now emerging out of that [...] we are focusing with directors to return to business and to actually look at where we can innovate and deliver things together more effectively across our communities as well.”¹¹³

142. In April 2022, the Welsh Government provided £9 million to set up a new national short breaks scheme. The three-year investment will increase opportunities for unpaid carers to take a break from their caring role. The Deputy Minister said:

“Unpaid carers have consistently told me that taking a break helps them to cope with the pressures of their caring responsibilities. Their experiences during the pandemic have further underlined the urgent need for a new and innovative model of respite

¹¹⁰ HD39 Carers Wales

¹¹¹ HD39 Carers Wales

¹¹² [The impact of the Coronavirus Pandemic on Day Services, Respite Care and Short Stay Placements](#)

¹¹³ RoP [para 79-80], 24 March 2022

and short break options for unpaid carers. This new scheme aims to transform the way unpaid carers access respite and short breaks in Wales."¹¹⁴

Direct payments

143. Evidence from Leonard Cheshire suggests that part of the strain on the existing social care provisions may stem from a lack of awareness of alternative social care arrangements such as direct payments. It recommends a public awareness campaign to:

- Raise awareness of direct payments for recipients of social care (as an alternative to funding being via local authorities) to give people more choice in how they are cared for.
- Ensure that local authorities make recipients of care funding aware that they can choose whether social care funding is received as direct payments or paid to local authorities.
- Ensure there is a safety net for those in receipt of direct payments if their carer falls through/leaves or if there is a gap in their care.¹¹⁵

144. Carers Wales believes that local authorities and the Welsh Government should explore creative solutions to lessen the additional burden on carers, such as through a fast-tracked direct payments system for carers so they can arrange support separately.¹¹⁶ Jake Smith from Carers Wales told us:

*"At a time when health boards are reducing the amount of support that they provide to unpaid carers and sometimes discharging people with very little or no support, then there needs to be more flexible use, for example, of direct payments, which enable unpaid carers to source alternative forms of support."*¹¹⁷

145. The Deputy Minister told us that she was a strong supporter of direct payments, as they "give control to the individual and recognises the importance of them having their say and keeping it within their control." She also said that the Auditor General for Wales was due to

¹¹⁴ Written statement, [Short Breaks Scheme for Unpaid Carers](#)

¹¹⁵ HD38 Leonard Cheshire

¹¹⁶ [Carers Wales media release, August 2021](#)

¹¹⁷ RoP [para 102], 14 February 2022

publish a review of how local authorities manage and encourage take-up of direct payments and whether they provide value for money:

"And this review that he's looked at considered how direct payments are helping people to live independently and are enabling them to have more choice and control and whether they're sustaining their well-being."¹¹⁸

Our view

146. Unpaid carers are the cornerstone of community care. They are responsible for delivering the vast majority of care in Wales. At the height of the pandemic, it was estimated there were as many as 683k unpaid carers in Wales, saving the Welsh NHS and other statutory services an estimated £33 million every day.¹¹⁹ We therefore need to ensure that unpaid carers have access to the support and services they need to enable them to carry out their caring role.

147. We note that the findings of the Auditor General for Wales's review into direct payments was published in April. We would urge the Welsh Government to introduce a fast tracked system for direct payments to carers, taking account of any relevant recommendations made by the Auditor General for Wales following his review of direct payments.

148. Access to respite care was patchy prior to the pandemic but the situation has become much worse. It is therefore essential that the Welsh Government commits to provide ongoing, sustainable funding for respite services.

149. While the announcement of funding for a new short breaks scheme is welcome, this will take time to implement and urgent action is needed now. The Welsh Government should therefore work with local authorities to fully re-instate disrupted carer services and prioritise the re-opening of day centres.

150. It is unacceptable that carers are being asked to take on additional caring responsibilities, due to a lack of social care capacity and there is no clear idea of how long they will be expected to do so. We also share the concerns of Carers Wales that this is undermining their rights under the Social Services and Wellbeing (Wales) Act 2014, by placing them in a position where they feel obligated to take on more caring responsibilities than they may be willing or able to, due to the lack of services available.

¹¹⁸ RoP [para 77], 24 March 2022

¹¹⁹ Carers UK (2020): Unseen and undervalued: The value of unpaid care provided to date during the COVID-19 pandemic

151. A 2019 report by the Fifth Senedd's Health, Social Care and Sport Committee¹²⁰ found that children and young people who are carers face significant challenges. A survey carried out by Carers Trust in July 2020 to measure the impact of COVID-19 on young carers¹²¹ found that COVID had significantly increased the pressure on young carers. 7.74 per cent of young carers and 14.94 per cent of young adult carers who responded to the survey said that they were spending over 90 hours a week caring for a family member or friend. The Welsh Government must, as a matter of urgency, invest in support services for young carers to ensure they get the support they need.

152. This report¹²² also found that information and access to direct payments across local authorities varied, with relatively low take-up, and called for the Welsh Government to ensure that a minimum standard of advice and support is provided across Wales to those carers wishing to make use of direct payments. Clearly the evidence we received shows this is still not happening in a consistent manner. The Welsh Government and local authorities should therefore review how they communicate information about direct payments to social care users and their carers to ensure they're doing so in the best and most effective way.

Recommendation 15. The Welsh Government should work with local authorities to review how information about direct payments is communicated to social care users and their carers, and develop a targeted information campaign to raise awareness of direct payments. As part of its response to this recommendation, the Welsh Government should advise when they expect this work to be completed.

Recommendation 16. The Welsh Government should update the Senedd on whether it has decided to develop and introduce a fast-tracked system for direct payments to carers, taking account of any relevant recommendations made by the Auditor General for Wales following his review of direct payments. If such a system is to be introduced, the Welsh Government should set out how and when this will be done. If it decides not to proceed, the Welsh Government should set out how it plans to improve access to support for unpaid carers.

Recommendation 17. As a matter of urgency, the Welsh Government should set out its plans to work with local authorities to fully reinstate disrupted carer services and prioritise the re-opening of day centres, and provide an update on progress to this Committee before the end of 2022, along with reasons for any delays.

¹²⁰ [Health, Social Care & Sport Committee, Caring for our Future, November 2019](#)

¹²¹ [Carers Trust, Measuring the impact of COVID-19 on young carers, July 2020](#)

¹²² [Health, Social Care & Sport Committee, Caring for our Future, November 2019](#)

Recommendation 18. The Welsh Government should undertake a rapid review of whether carers' rights under the Social Services and Wellbeing (Wales) Act 2014 are being breached as a result of having to take on more caring responsibilities than they may be willing or able to, due to lack of available services. The results of this review should be reported to this Committee and made publicly available.

7. Patients with dementia

153. Prior to the Covid-19 pandemic, an estimated 25 per cent of beds in hospitals were occupied by people living with dementia, and their length of stay is often longer than other patients.

154. According to Alzheimer's Society Cymru, on average, people with dementia spend nearly four times as long in hospital following a fall, and the resulting frailty from a fall and an extended stay in hospital can increase the likelihood of them being unable to return home. It also reports that for unplanned hospital admissions, 36.4 per cent of people living with dementia are discharged to a different residence and the readmission rate for people living with dementia is far higher than for other patients.¹²³

155. Age Cymru similarly says that outcomes for people with dementia who are admitted to hospital are markedly poorer than those without the condition, and hospital stays are longer. Furthermore, longer stays are associated with worsening symptoms of dementia and poorer physical health, which means that discharge to a care home becomes more likely and that antipsychotic drugs are more likely to be used.¹²⁴

156. We heard from Angela Davies, an unpaid carer whose father has dementia, about her experience of the discharge process:

"We had a phone call at 4 o'clock in the afternoon to say that my father was ready to be picked up and he was fine. 'Nothing wrong with him. Great. Can go upstairs'. I was working, we scrambled together, we went to pick him up at 6 o'clock, he was struggling to walk. I was told he was dry. He wasn't, he was incontinent. He was soaking by the time we got him home. He couldn't go upstairs, he had to sleep on the sofa that night. At no point did anybody from the hospital check the home. They said he didn't need a care package. We had nothing."¹²⁵

157. She went on to say:

"He ended up then having to go to a care home to wait for a care package, which didn't work out. They actually asked him to leave the care home because he wasn't

¹²³ HD22 Alzheimer's Society Cymru

¹²⁴ HD17 Age Cymru

¹²⁵ RoP, [para 10], 10 March 2022

settled in that environment, and he went to hospital again, where he had been for seven months, waiting for a care package. The hospital don't want him there, because he's not in clinical, medical need; he's a care situation."¹²⁶

158. Witnesses, including Age Cymru, told us about people with dementia being discharged from hospital in the middle of the night and the unnecessary stress and anxiety this can cause.

159. Huw Owen, Alzheimer's Society Cymru, highlighted the case of a lady discharged from hospital in Carmarthen who lived in west Pembrokeshire:

"She was discharged at midnight and was expected to find her own way home. She was living with dementia, couldn't do it; there's no public transport, there were very few taxis at that time. It was lucky that, in this case, a neighbour had phoned the hospital to find out what was happening, because he was concerned for her welfare, and had jumped in his car and was already on the way when she was in the process of being discharged, so he arrived about half an hour after she'd been discharged and was able to take her home.

In other situations, that might not have happened, and then you're looking at a situation where you've got somebody living with dementia, incredibly vulnerable, probably disorientated because they've had lots of information thrown at them very quickly in an unfamiliar surrounding at night, and that's not good for anybody."¹²⁷

160. The Fifth Senedd Cross Party Group on Dementia report into hospital care recommended the trialling of set discharge slots for people living with dementia to enable the availability of care homes, carers, and family members to be fully involved in the discharge process. It suggested a two-hour slot in the morning between 9.00 and 11.00, and a two-hour slot in the afternoon between 4.00 and 6.00.¹²⁸

161. The reason for these suggested timings, according to Huw Owen, Alzheimer's Society Cymru, was because:

"[...] people living with dementia are often at their most aware and alert in the morning, once they've had a bit of breakfast, a bit of food, and they've been up and

¹²⁶ RoP [para 11], 10 March 2022

¹²⁷ RoP [para 80], 10 March 2022

¹²⁸ No understanding, no knowledge, no support: Hospital care in Wales, March 2021

washed. People living with dementia, we often see a deterioration in their cognitive abilities throughout the day as they get tired.

The 4.00 p.m. to 6.00 p.m. slot was something suggested to us by family carers and unpaid carers who are in work, because it enables them then to plan their day around that. They can work during the day, pick their loved one up in the afternoon or early evening after work without the pressure of [...] having to drop everything and run to pick up your loved one from hospital, because they're in a wheelchair, waiting in reception to go home."¹²⁹

Awareness and training

162. Alzheimer's Society Cymru highlighted the need for hospital staff to have more training on dementia, as currently they only do "maybe a module or half a module in their training on dementia". Huw Owen told us that often people with dementia are seen as an inconvenience by hospital staff. The patient may be seen as difficult or 'aggressive' but actually "the person is probably thirsty, or they're hungry, or they need to go to the loo, or they want to get up and go for a walk, and it takes five minutes to have that conversation" with the person or their family:

"[...] instead, we see people being given medication to keep them quiet, or to keep them in bed, or to keep them docile, and it shouldn't be happening, because actually those difficult behaviours are a sign that the person needs or wants something, and it's often a very, very easy fix. It's a glass of water or a sandwich or a trip to the toilet."¹³⁰

163. Angela Davies agreed that there was a lack of understanding of the needs of people with dementia in hospitals and how best to support them and make the situation less frightening and confused for them:

"My experience with my dad is that he doesn't know he has dementia. He didn't know why he was in hospital, but recognised it was a hospital, so that appeased him. But he doesn't realise that he is at the point where he needs personal care. So, when the nurses and the staff went in to change him and try and get him up, they would go in, two at a time, 'Right, Ron, we're going to do this to you, we're going to do—.' And he's like, 'Whoa, go away, go away. Why are you here? I can get up. I can drive. I can

¹²⁹ RoP [para 75], 10 March 2022

¹³⁰ RoP [para 75], 10 March 2022

walk.' So, they just don't understand, and then they call him aggressive, when in fact, how would you like someone marching into your room [...] and two people suddenly put their hands on you, telling you you're going to get changed, or you're going to have a wash, you're going to have a bath?"¹³¹

164. In addition to calling for more in-depth training for staff who come into contact with people living with dementia, Alzheimer's Society Cymru said that de-restricting visitor hours for carers could help relieve the pressure on nursing staff:

"[...] they can come and go as they please to help out with their loved one. For example, if somebody's got motor-skill problems and struggles to eat, bring the carer in at lunch time, if they're available, to do that to help feed somebody or to help somebody drink or to help somebody take their medication."¹³²

165. Huw Owen, Alzheimer's Society Cymru, told us that he was aware of care home staff who would be happy to follow their resident into hospital to make sure that they're fed and watered, and that the nursing and ward staff know everything about their resident, and to even help deliver some basic care:

"But we were told that care staff aren't insured to do that on the hospital estate. So, if they follow their resident into hospital, feed the resident and the resident chokes, or there's an issue, then the care staff member is liable and the care home is potentially liable for any issues that cause that. I think that's a really basic thing that we could be doing to solve a lot of the problems experienced by people living with dementia."¹³³

166. The Deputy Minister told us that the Welsh Government was not currently considering any additional mandatory dementia training for hospital staff:

"[...] but you will know that the dementia action plan that was published in September 2021 does confirm that learning and development is a key priority, and we certainly support the learning and development within the system."¹³⁴

¹³¹ RoP [para 36], 10 March 2022

¹³² RoP [para 27], 10 March 2022

¹³³ RoP [para 27], 10 March 2022

¹³⁴ RoP [para 133], 24 March 2022

Our view

167. We understand that the current pressurised environment may make it difficult for staff to devote the additional time needed to meet the needs of patients living with dementia on busy general/medical wards. However, given the increasing numbers of people living with dementia, there is a need for greater understanding of the needs of people with dementia in hospitals. It is therefore disappointing to hear that the Welsh Government is not considering mandating further dementia training for NHS staff.

168. We are concerned by the evidence that people living with dementia are being discharged from hospital at inappropriate times, particularly late at night when there is limited access to transport. We would welcome a response from the Welsh Government to the Fifth Senedd's Cross-Party Group on Dementia report into hospital care, particularly the suggestion to trial set discharge slots for people living with dementia to enable the availability of care homes, carers, and family members to be fully involved in the discharge process.

169. Further, we would welcome the Welsh Government's view on opening up access to hospital wards for family and carers of patients with dementia to help with day-to-day-tasks, such as washing and feeding, which could help relieve the pressure on nursing staff. We have also heard that this is a role many care home workers would be happy to undertake but are prevented from doing so because of issues around insurance. We would welcome clarification that this is the case and suggestions for how it could be overcome.

Recommendation 19. The Welsh Government should mandate further dementia training for NHS staff who may come into contact with people living with dementia.

Recommendation 20. The Welsh Government should work with health boards to set up pilot schemes to trial set discharge slots for people with dementia, and report the findings to this Committee.

Recommendation 21. The Welsh Government should explore options for opening up access to hospital wards for families/carers and, where appropriate, care home staff to help with day-to-day tasks, and provide a report to this Committee. This report should also address the issue of insurance for care home workers in undertaking such a role.

8. Barriers to discharge

170. In addition to the lack of capacity in social care, there are a number of other issues that can contribute to holding up the discharge process.

Housing

171. Social care, health and housing should be seen as the three pillars of the discharge system but we heard that suitability of housing considerations are too often an afterthought, and not given sufficient priority.

172. Catherine May of the Chartered Institute of Housing told us that housing is considered too late in the patient's stay in hospital:

"So, by the time they've realised that the housing isn't suitable, they're ready for discharge."¹³⁵

173. Faye Patton, Care and Repair Cymru, told us:

"[...] housing plays a really essential role in the continued recovery of a patient. So, it's vital that this place is warm, it's accessible and it's been adapted to meet the changing needs of a patient following that hospital admission."¹³⁶

174. She went on to say that since the pandemic, older people are now presenting at hospital increasingly frail and increasingly in deconditioned condition, but their home environment has also deteriorated alongside them. "That's why we're also seeing increasingly complex adaptations required to get that person out, and make sure that they are returning to a safe home".¹³⁷

175. Care and Repair Cymru highlighted the role of its Hospital to a Healthier Home (H2HH) service in helping to ensure that older people are discharged from hospital into a home fit for their needs. But, it pointed out that housing must be considered from the moment someone enters hospital so that adjustments and adaptations can start to be put in place:

¹³⁵ RoP [para 121], 14 February 2022

¹³⁶ RoP [para 119], 14 February 2022

¹³⁷ RoP [para 144], 14 February 2022

"Only undertaking discharge assessments around limited criteria when a patient is declared medically fit for discharge often leads to delays in transfers of care or poorly organised discharge arrangements."¹³⁸

176. It also raised concerns about the uncertainty around the funding for H2HH. Chris Jones told us:

"The service has been funded by Welsh Government. It started as a pilot. That continued because it was successful. The pandemic meant that we couldn't have those conversations with health boards so the Government continued to fund it, but that funding finishes at the end of March. And the conversations that we've been having with the health boards since the summer have been inconclusive. One health board has committed and said yes it's going to fund the service from next year, but the others haven't yet, and it's getting very close to the point at which we're in a position now [...] where we don't know if we've got funding."¹³⁹

177. Following the evidence session with Care and Repair Cymru, we wrote to the Minister and health boards seeking clarity on their funding intentions as a matter of urgency.¹⁴⁰ In her response, dated 22 March 2022¹⁴¹, the Minister confirmed that the five health boards using the H2HH service intended to continue the service through local funding. Cardiff and Vale UHB would incorporate the H2HH service into the existing Local Authority independent living service contract with Care and Repair.

Medication

178. Written evidence from the British Red Cross suggests that the main reason for delayed discharge reported by patients was a delay in medication being prepared and delivered by the hospital pharmacy. It says that medication needs should be communicated to pharmacists as soon as possible in order to enable timely discharge.¹⁴²

179. According to the National Pharmacy Association when changes were made to patients' medication during emergency admission to hospital, almost a third of patients were readmitted

¹³⁸ HD24 Care and Repair Cymru

¹³⁹ RoP [para 152], 14 February 2022

¹⁴⁰ [HSC Committee, Paper 4, 4 May 2022](#)

¹⁴¹ [HSC Committee, Paper 5, 4 May 2022](#)

¹⁴² HD27 British Red Cross

within two weeks of discharge as they had reverted to pre-admission medication because repeat prescriptions were not amended.¹⁴³

180. Community Pharmacies in Wales offer a Discharge Medication Review (DMR) service which aims to reduce hospital readmissions and ensure the patient continues to receive the appropriate medications post discharge from hospital.

181. Community Pharmacy Wales told us that for the majority of patients returning home, or back into community care, ensuring that they receive, understand and can effectively use the medicines they were intended to receive is a key element of their continued care.

182. It said that the Welsh Government had recognised the importance of this part of the discharge process and responded by putting in place the Community Pharmacy Discharge Medicines Review (DMR) service following independent evidence on the value of the service:

*"This is a home-grown service of which Welsh Government should feel justly proud however it is unfortunately a service that has not been leveraged and there remains a significant underutilisation of the service."*¹⁴⁴

183. Community Pharmacy Wales says that while potentially 140,000 patients could benefit from hospital discharge support from community pharmacies and over 60,000 errors in the discharge process could be prevented, it is likely that 18,000 patients, less than 13 per cent of the capacity, will benefit from the service during the current financial year:

*"The main reason for this significantly lost opportunity is the less-than-optimal flow of information from hospitals to community pharmacies. Discharge processes are not standardised and where electronic discharge processes do exist (MTED) too often this element of the process is not given the attention required. While automatic referral into the DMR process occurs in some health boards they remain in the minority."*¹⁴⁵

184. Both the Royal Pharmaceutical Society¹⁴⁶ and the National Pharmacy Association¹⁴⁷ call for pharmacy teams to be part of the ward multidisciplinary team, with information shared freely between all involved in order to maximise the potential for positive outcomes.

¹⁴³ HD34 National Pharmacy Association

¹⁴⁴ HD02 Community Pharmacy Wales

¹⁴⁵ HD02 Community Pharmacy Wales

¹⁴⁶ HD25 Royal Pharmaceutical Society

¹⁴⁷ HD34 National Pharmacy Association

Transport

185. Another reason given for patients remaining in hospital longer than necessary is a lack of transport where this cannot be provided by friends or family.

186. Evidence from the Royal College of Surgeons of Edinburgh states:

"Patients may not be physically able to drive and, if they have arrived by ambulance, their vehicle will not be at the hospital. They may not be in a fit state to take public transport, particularly in rural areas where public transport may be unreliable and/or infrequent and taxis expensive. Particularly over the winter months ambulances are in limited supply and unlikely to be available to return them to their homes or care facility."¹⁴⁸

187. It suggests that the provision of a minibus and driver, potentially staffed by volunteers, can be invaluable in helping prevent delayed patient discharge.¹⁴⁹

188. The British Red Cross says that in order to alleviate the impacts of delays in leaving hospital once a decision to discharge has been made, patients should be routinely asked about their patient transport needs, linking in with friends and family, with discharge coordinators arranging transport for those that need it or have nobody to do this for them. It also says that hospitals should ensure that no one is discharged at night where transport cannot be guaranteed.¹⁵⁰

Our view

189. Social care, health and housing should be seen as the three pillars of the discharge system. It is vitally important that people are coming out of hospital into appropriate housing. It is therefore disappointing to hear that housing needs are given so little priority as part of the discharge process. Rising costs of living are already affecting people's ability to heat their homes, pay for adaptations privately, or access transportation, and this may worsen over coming months. It is vital, therefore that housing needs are assessed as early as possible, ideally on admission, to ensure sufficient time is available for any adaptations to be made. Similarly, transport needs must also be considered, and plans put in place as early as possible in the process.

¹⁴⁸ HD21 Royal College of Surgeons of Edinburgh

¹⁴⁹ HD21 Royal College of Surgeons of Edinburgh

¹⁵⁰ HD27 British Red Cross

190. Patients felt that waiting for medication to be delivered from the pharmacy was a major cause of delaying them from leaving hospital. In the same way that housing needs should be considered as early as possible in the hospital stay, ideally on admission, medication needs should be communicated to pharmacists as soon as possible in order to enable timely discharge.

Recommendation 22. The Welsh Government should issue guidance to health boards, stressing that housing needs must be given higher priority in the hospital discharge process, and that housing organisations should be included in the multi-disciplinary teams, as a matter of course.

Recommendation 23. The Welsh Government should issue guidance to health boards to highlight the importance of including pharmacy teams as an integral part of the multi-disciplinary team as a matter of course.

9. Communication and joint working

191. A common theme in the evidence received is a clear need for better communication and joint working throughout, including between secondary and primary care, health and social care, and with family, carers and patients.

Communication between sectors

192. According to RCN Wales, a significant barrier that contributes to delays in hospital discharge is a lack of consistent communication and joint working between health, social care and third sector bodies. It says that communication needs to be consistent and free-flowing throughout secondary, primary and social care, and initiatives have been introduced to improve communication and hospital discharge across Wales:

"As part of the Integrated Care Fund, the Welsh Government implemented a "red bag" scheme across West Glamorgan in 2019-2020. It sought to meet the National Institute for Health and Care Excellence (NICE) Guidelines and helps care home residents admitted to hospital be discharged quicker. The bag contains key paperwork, medication, and personal items. This is handed to ambulance crews by care home staff when a patient need to be admitted to hospital. The bag travels with the patient from the care home to the hospital and back to the care home. However, the scheme was only very recently introduced in West Glamorgan, and the COVID-19 pandemic disrupted any progress that could have been made".¹⁵¹

193. Age Cymru says "the common thread through poor practice is poor communication", and calls for the "long standing issue of health and social care case management systems not being joined up to be addressed." It says:

"Whilst there are differences in what is recorded and how information is used cannot all be addressed at once, it is vitally important that areas such as hospital discharge are an areas that is given early attention as this is one area where joined up systems can make real improvements through better sharing of information."¹⁵²

¹⁵¹ HD20 Royal College of Nursing Wales

¹⁵² HD17 Age Cymru

194. Huw Owen, Alzheimer’s Society Cymru told us that too often care packages and assessments expire because people do not talk to each other:

"Healthcare doesn't know enough about what social care does; social care doesn't know enough about what healthcare does. We often see as well, where residents living in care homes go into hospital for care and they have a package of care that includes, say, physio once a week or twice a week, and something like chiropody as well, that often ends when they go into hospital, and it's up to the hospital to put that care package in place."¹⁵³

195. He went on to say that he couldn’t understand why the care package does not follow the resident into hospital:

"This patient has gone into hospital. Instead of going to the care home to see them this week, you'll need to go to the hospital and see them.' It's a really simple fix—it's an e-mail, it's a phone call, it's a conversation—and it's just not happening."¹⁵⁴

196. The Royal College of General Practitioners (“RCGP”) told us that when a patient is discharged from hospital they are not discharged from care. It also said that clear and consistent communication both between hospital-based medical professionals and primary care is invaluable:

"Inevitably, this leads us to the topic of digital information exchange. We welcome the renewed focus on this topic from Welsh Government via the establishment of Digital Health and Care Wales and the commitment to introduce e-prescribing."¹⁵⁵

197. BASW Cymru says unhelpful distinctions between clinical and non-clinical staff need to be removed if patients are to benefit from an integrated health and social care workforce. It noted that social workers were denied access to some hospital wards during the pandemic as they were not classed as clinical staff, when it is clear they play an essential role in hospitals.¹⁵⁶

¹⁵³ RoP [para 52], 14 February 2022

¹⁵⁴ RoP [para 52], 14 February 2022

¹⁵⁵ HD15 Royal College of General Practitioners

¹⁵⁶ HD45 British Association of Social Workers Cymru

198. In respect of the use of technology to share information, we were surprised to learn not only that some health boards are still using fax machines, but that fax machine are also being installed in newly-built facilities. Dr Karl Davis of the British Geriatrics Society told us:

"We have just bought a fax machine for the new hospital. For heavens' sake. What are we doing? GPs fax referrals into the emergency unit. I never see it. Why is that not e-mailed to me? Because I can't deal with the emergency information if the emergency information doesn't get to me."¹⁵⁷

199. Susan Elsmore, WLGA, said that although general data protection regulations (GDPR) was often cited as an obstacle to data sharing, it was possible to have memorandums of understanding amongst statutory organisations and information governance protocols that would allow a truly shared electronic record, but, until that happens "stumbling blocks will remain."¹⁵⁸

200. Mary Wimbury, Care Forum Wales, explained that it is frustrating for care homes when they take someone in to provide their care and then cannot access all of the information about their care needs easily. She said this slows discharges as well, because care homes are concerned that they will not have those links with the GP or with other community support.¹⁵⁹

201. She went on to say that there was a quick, short-term solution in terms of transfers of records:

"In other parts of the UK, they've now given care providers NHS e-mail addresses, which enables records to be transferred more easily and more securely. It's something we're in conversation about in Wales, but it hasn't happened yet. So, it might be something that you want to recommend as part of the system changes."¹⁶⁰

202. WAST believes the options of digital and remote triage of calls will need to be developed much more extensively to reduce the need for the deployment of an ambulance, with the potential to refer patients to other elements of the health or social care system.¹⁶¹

¹⁵⁷ RoP [para 96], 27 January 2022

¹⁵⁸ RoP [para 71], 10 February 2022

¹⁵⁹ RoP [para 163], 10 February 2022

¹⁶⁰ RoP [para 158], 10 February 2022

¹⁶¹ HD16 Welsh Ambulance Services NHS Trust

Funding tensions

203. We received evidence that funding decisions and tensions between health and social care often hold up discharges. According to Age Cymru:

"Too many older people are stuck waiting in hospital beds for much longer than necessary, often during complex discussions between different agencies over who should fund a long-term care package."¹⁶²

204. Similarly Care Forum Wales said there are delays with "the bureaucracy, the funding system, the complication". It said it often hears of potential admissions to care homes being delayed while funding is confirmed, and the person involved becoming ill again or dying while waiting to move.¹⁶³

205. Huw Owen, Alzheimer's Society Cymru told us:

"Access to continuing healthcare funding for people living with dementia is, quite frankly, appalling—i.e. we submitted evidence to this effect to [...] the predecessor committee to this one in the previous Senedd— and, as part of that, I spoke to a carer who had battled for I think it was three or four years to get continuing healthcare funding for her loved one. That funding came through two weeks after the loved one had passed away. Four years [...] this carer had battled for this funding."¹⁶⁴

Communication with patients and families and/or carers

206. According to Jake Smith of Carers Wales, "it is only through meaningful consultation with carers that health staff will ever be able to arrive at an accurate and honest appraisal of what the carer is able to provide after discharge."¹⁶⁵

207. However, a recurring theme throughout our inquiry has been poor or no communication with family and carers, even in instances where Lasting Powers of Attorney are in place.

208. Age Cymru told us:

¹⁶² HD17 Age Cymru

¹⁶³ HD31 Care Forum Wales

¹⁶⁴ RoP [para 67], 10 March 2022

¹⁶⁵ RoP [para 27], 14 February 2022

"Through our work with people living with dementia there is a consistent theme of family members and people with Lasting Power of Attorney for health and welfare not being consulted with, nor informed of significant changes in health or medication, or being involved in significant assessments, including capacity assessments and best interest decision making processes. This has led to vital information being missed in relation to safe discharges."¹⁶⁶

209. Written evidence submitted by Alzheimer's Society Cymru contained a number of examples of poor practice:

"Even when mum was meant to be being discharged, I was told that she would go home that afternoon or evening. I then got a call the next morning from her home to ask where she was, I believed she was with them so frantic calls were made only to find out that the hospital couldn't get an ambulance and just kept her but didn't bother to tell anyone, so she got no visitors that day."¹⁶⁷

210. Angela Davies, an unpaid carer whose father has dementia, told us:

"I was my dad's relevant person representative, which I believe is a representative for the patient. Apart from getting reports that people had filled in, at no point has anybody actually asked me for anything. If they do ask anything, they ask my mum, who's 86 and very confused herself and distressed at the situation, and she specifically asked them not to call her, because it just frightens her and she panics. She wanted them to call me, but nobody calls me."¹⁶⁸

211. Patients' and carers' wishes are central to the discharge planning process and should be captured through the use of the "What matters to me" approach to assessment and discharge planning.

212. Alzheimer's Society Cymru said often it takes so long for the assessment of need to happen that, by the time a care package or a transitional phase is put in place, the person has either further deteriorated or they have additional needs that then require a further assessment. The charity also highlighted that assessments are often filled out by ward staff or social care staff

¹⁶⁶ HD17 Age Cymru

¹⁶⁷ HD22 Alzheimer's Society Cymru

¹⁶⁸ RoP [para 16], 10 March 2022

without the involvement of the people who know the patient best, which means that needs are often missed.¹⁶⁹

213. RCOT told the Committee that a number of their members have reported that they do not have enough time to complete the 'what matters' conversation (required under the Social Services and Wellbeing Act), so, patients are sometimes not being heard and are stuck in hospital.¹⁷⁰

214. We also received evidence to suggest that hospital staff are filling out the 'what matters' template without involving the patient and family. Care Inspectorate Wales said that people could not be confident 'what matters' to them would be captured in hospital and shared with practitioners in the community:

"Too often we have seen the 'what matters' assessment template completed by hospital staff to record their professional view, as to what should happen next".¹⁷¹

215. The Minister told us that there was room for improvement in communication with carers and families of patients in hospital and gave a commitment to review this. She said:

"[...] I will commit to that. I think there is more we can do in that space. I think we do have to remember the context at the time of the pandemic. I'd spoken to a lot of people who were saying, 'Look, my parents went into hospital', and, basically, they went into a home and they had no idea what was going on, and how concerning is that in the middle of a pandemic? That is really, really worrying. It was just that everybody was all hands on deck, and I just can't begin to describe to you the pressure that some of these hospital staff were under.

[...] we have set out in our discharge guidance how families and unpaid carers must be engaged, informed and supported throughout that discharge process. But I think it's right for us to keep this guidance under review in the light of this inquiry, but also just to make sure that, actually, what is in place already is being absolutely carried out."¹⁷²

¹⁶⁹ RoP [para 7], 10 March 2022

¹⁷⁰ RoP [para 134], 27 January 2022

¹⁷¹ HD10 Care Inspectorate Wales

¹⁷² RoP, [paras 95-96], 24 March 2022

216. She went on to say that carers organisations had produced best practice guidance for social care workers on how to engage with unpaid carers, including in relation to hospital discharge, and she would like to develop similar guidance for health workers.

217. In relation to the completion of the 'what matters' template by hospital staff, the Deputy Minister said:

"Well, first of all, it's totally unacceptable what you've told us, Jack. Patients, families and carers should be absolutely fully involved in assessments. I think, again, we have to say that this has been an exceptional time. The pressures of the pandemic and staff shortages have led to delays in assessments and have impacted on what should be best practice—well, should be normal practice—to involve the patient and the families."¹⁷³

Information for patients

218. Although the COVID-19 Hospital Discharge Service Requirements (Wales)¹⁷⁴ emphasise the need to provide information leaflets to patients, we understand that is not happening consistently across Wales and where it is happening, the leaflets do not always include local points of contact.

219. Evidence from the Stroke Association states:

"Stroke survivors are being discharged from hospital without information about their stroke and the support available, and this is impacting on their recovery."¹⁷⁵

220. The RCGP believes that thought needs to be given to how patients are provided with information regarding the next steps of their recovery in a format that is understandable to them.¹⁷⁶

221. Similarly, Age Cymru says:

"Improved resources should be developed that are routinely made available to patients, their unpaid carers and families to help them understand their rights, the

¹⁷³ RoP, [para 101], 24 March 2022

¹⁷⁴ Welsh Government, [COVID-19 Hospital Discharge Service Requirements \(Wales\)](#).

¹⁷⁵ HD12 Stroke Association

¹⁷⁶ HD15 Royal College of General Practitioners

discharge processes and how they should be involved, with similar resources available to health and social care staff.

Such resources may exist, but they are not routinely used in a meaningful way.”¹⁷⁷

Our view

222. The lack of consistent communication and joint working between health, social care and third sector bodies is concerning, all the more so because this is an issue that has been consistently highlighted by Senedd committees. We agree with witnesses that the long standing issue of health and social care systems not being joined up needs to be addressed. It is also concerning that, in 2022, outdated methods of communication, such as fax machines, are still in common use.

223. Our report on the impact of the waiting times backlog on people in Wales,¹⁷⁸ found that progress needs to be made on digital records and information sharing—so that patients can receive seamless services from all parts of the health and social care system—and on compatibility between ICT systems used in different parts of the health and social care services.

224. In responding to our report, the Minister said that the National Data Resource (NDR) would provide the digital architecture to underpin a single national health and care record, and that Digital Health and Care Wales (DHCW) is delivering the NDR programme with NHS Wales stakeholders and local government representatives. She went on to say:

“Welsh Government remains firmly committed to the goal of a joined up health and care system, allowing the sharing of patient/service user records between health and social care organisations and across geographic borders within Wales.”¹⁷⁹

225. We welcome the update provided by the Welsh Government in response to recommendations 18 and 19 of our report on the impact of the waiting times backlog on people in Wales, including the update on the draft digital and data strategy for health and care. We will follow developments with interest throughout this Senedd.

226. While GDPR is often cited as a barrier to the sharing of information, we have heard that through the use of memorandums of understanding and information governance protocols it

¹⁷⁷ HD17 Age Cymru

¹⁷⁸ [Waiting well? the impact of the waiting times backlog on people in Wales, April 2022](#)

¹⁷⁹ Welsh Government [response](#), 20 May 2022

should be possible to have a truly shared electronic record. The Welsh Government should therefore set out its plans to modernise and improve data transfer and sharing.

227. It is time to move from rhetoric to reality and the Welsh Government must prioritise making sure effective partnership working and integration between health and social care visibly improves and is embedded in practice. This would be greatly assisted by the flexible use of resources across health and social care, including the utilisation of pooled budgets, to help overcome the challenges posed by differing financial regimes.

228. The involvement of patients and carers is central to the discharge process. Throughout our inquiry we have heard of poor or no communication with family and carers, even in instances where Lasting Powers of Attorney are in place. We share stakeholders' concerns about the timeliness and quality of assessments. Completion of the 'what matters' assessment template by hospital staff without the involvement of the patient and family/carers is unacceptable. We welcome the Minister's commitment to review the issue of poor communication with families and carers and revise the discharge guidance as necessary.

Recommendation 24. The Welsh Government should set out its plans, including timescales, for reviewing and improving communication with families and carers. This review should also include an evaluation of the quality and effectiveness of care and support needs assessments being undertaken prior to discharge.

Recommendation 25. The Welsh Government should clarify what steps are being taken to address any data protection concerns, and ensure that appropriate memorandums of understanding and information governance protocols are in place, so that there are no barriers to data sharing between different parts of the health and social care system.