

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL
MUNICIPAL YEAR 2023/24**

**COMMUNITY SERVICES SCRUTINY
COMMITTEE**

15TH JANUARY 2024

**REPORT OF THE DIRECTOR OF SOCIAL
SERVICES**

Agenda Item No.
PATHWAYS OF CARE DELAYS

**REPORT OF THE DIRECTOR OF SOCIAL SERVICES, IN DISCUSSION WITH THE
RELEVANT PORTFOLIO HOLDER, CLLR CAPLE.**

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1. PURPOSE OF THE REPORT

1.1 This report has been prepared to provide the Community Services Scrutiny Committee with:

- key Pathways of Care Delays information for Rhondda Cynon Taf residents between April and November 2023 and an update on current winter pressures impact on hospital discharges
- Information relating to the use of electronic whiteboards and sharing of patient's information to support hospital discharge.

2. RECOMMENDATIONS

It is recommended that the Community Services Scrutiny Committee:

2.1 Scrutinise the content of this report.

2.2 Consider whether they wish to scrutinise in greater depth any matters contained in the report.

3. REASONS FOR RECOMMENDATIONS

3.1 To provide the Community Services Scrutiny Committee an opportunity to examine key Pathway of Care Delays and current winter pressures information and information sharing arrangements to support patient's hospital discharge.

4. **BACKGROUND**

- 4.1 Most patients admitted to hospital return home independently, but some require additional care from health and social care services to support their return safely.
- 4.2 Experiencing a delay when ready for discharge for the individual who is often eager to return home can have consequences as it is understood that people in hospital for more than 3 weeks are likely to experience poorer health outcomes and are more vulnerable to infection, loss of mobility and loss of independence due to inactivity.
- 4.3 There are also wider consequences for the public; a delayed discharge means the bed is unavailable for new admissions and this is particularly problematic when demand at the hospital front door escalates and the flow through the hospital becomes impaired.
- 4.4 The previous assumption about delayed discharges often focused on limited capacity in social care as the root cause of delays. But there are a mix of other factors that can cause delays in discharging patients from hospital, including challenges accessing other NHS services in the community.
- 4.5 A delayed discharge occurs when a patient who is clinically ready for discharge cannot leave hospital because the necessary ongoing care and support or suitable accommodation for them is not yet accessible.
- 4.6 In recent years there have been three different data collections relating to hospital transfer delays. These were:
- Delayed Transfers of Care (DToC) which were available from 2004 until February 2020.
 - Management information reports on hospital discharge delays from July 2020 to March 2023 (generated and validated only by the Health Boards).
 - Pathways of Care Delays introduced from April 2023.
- 4.7 The methodology underpinning the Pathways of Care Delays has been developed based on a unified definition of what constitutes a delay. This means that, in contrast to the previous collections, any delay of over 48 hours from the point at which a patient is deemed to be 'clinically optimised' (i.e. a clinical decision has been made by the registered professional that the patient is ready for discharge) should be counted.

5. **PATHWAYS OF CARE DELAYS**

- 5.1 There is a requirement for each Health Board to measure Pathways of Care Delays via a monthly snapshot census on the third Wednesday of the month and, after validation and agreement with social services and wider local

government partners, to report this information to the Welsh Assembly Government.

- 5.2 These reports support monitoring of the number and length of delays, plus their reasons, assisting NHS organisations and their partners in prioritising actions to alleviate pathways of care delays.
- 5.3 There are a wide variety of reasons for a Pathways of Care Delay and the full list used is attached as Appendix 1 for your information. The reasons are grouped together under general headings, but each is assigned a specific code for data reporting reasons.

Data Analysis

- 5.4 Table 1 below provides a monthly summary of pathways of care delays from April to November 2023 for Cwm Taf Morgannwg residents by local authority area and all Wales. Whilst the number of reported delays fluctuates month on month, there is an overall downward trend in the number of reported delays for Rhondda Cynon Taf over the year to date. Despite having the largest population performance overall is good when compared to wider Cwm Taf Morgannwg activity.

Table 1.

	April	May	June	July	Aug	Sept	Oct	Nov
RCT	180	130	129	115	185	151	172	158
Bridgend	72	56	86	100	73	93	55	73
Merthyr	44	47	30	34	32	39	56	42
CTM	296	233	245	249	290	283	283	273
Wales	1750	1526	1625	1570	1552	1598	1551	1567

- 5.5 Tables 2a-d below identify the top 4 delay reasons for people living in Rhondda Cynon Taf, Bridgend, Merthyr Tydfil, and all Wales at November 2023 reporting.

Table 2a – Rhondda Cynon Taf: Top 4 delay reasons

Delay Code	Delay Reason	Nov 2023
01.01.03	Awaiting completion of assessment: Nursing / AHP / Medical / Pharmacy	27
01.01.02	Awaiting completion of assessment by social care	17
02.03.01	Awaiting start of new home care package	15
01.01.05	Awaiting joint assessment	13

Table 2b – Bridgend: Top 4 delay reasons

Delay Code	Delay Reason	Nov 2023
01.01.02	Awaiting completion of assessment by social care	18
02.03.01	Awaiting start of new home care package	14
03.01.06	Awaiting RH availability	11
01.01.03	Awaiting completion of assessment: Nursing / AHP / Medical / Pharmacy	7

Table 2c – Merthyr Tydfil: Top 4 delay reasons

Delay Code	Delay Reason	Nov 2023
03.01.06	Awaiting NH availability	7
01.01.05	Awaiting joint assessment	6
01.01.01	Awaiting Social worker allocation	6
03.01.05	Awaiting EMI nursing availability	4

Table 2d – All Wales: Top 4 delay reasons

Delay Code	Delay Reason	Nov 2023
01.01.02	Awaiting completion of assessment by social care	232
02.03.01	Awaiting start of new home care package	179
01.01.03	Awaiting completion of assessment: Nursing / AHP / Medical / Pharmacy	144
01.01.05	Awaiting joint assessment	130

- 5.6 The highest reported delay reasons in November 2023 for residents of Rhondda Cynon Taf were for people awaiting completion of a health assessment, a social care assessment or a joint assessment between health and social care along with the start of home care package. This has remained consistent over the financial year to date and similar to the reported delays across the Cwm Taf Morgannwg region and is also in line with all Wales reported position.

Action planning for improvement

- 5.7 It was agreed on the 25th May 2023 that an Integrated Discharge Board would be established to take overall accountability for discharge performance across the Health board footprint, including ensuring Pathways of Care Delays are reported effectively, and most importantly implementing an improvement plan to tackle the areas that pose the greatest risk to delay.
- 5.8 The areas of greatest risk for Cwm Taf Morgannwg are currently identified as follows and action plans for each are required.

- Delays for assessment (across all the assessment - see all codes starting with 1.01)
- Delays starting home care packages. (all stages of arrangements - see all codes starting with 2.03)
- Delays awaiting care home placement (all stages of arrangements - see all codes starting with 3.01)

In addition, work is required to ensure procedures and public information is developed in partnership across the Region to ensure compliance with Welsh Government Policy or Legislative changes (e.g., Choice procedure for care home placement and hospital discharge Policy) and is therefore included as a priority for the action plan to ensure compliance.

Current position

- 5.9 Unfortunately, due to the Christmas period the Pathways of Care Delays data available for this report is only available from Welsh Government up to November 2023. However, we are able to provide the Committee with an updated summary position as of week ending the 5th January 2024 for Rhondda Cynon Taf.
- 5.10 Cwm Taf Morgannwg University Health Board declared itself in business continuity on the 3rd of January and we have worked closely with the Health Board to expedite discharges especially from Royal Glamorgan and Prince Charles Acute Hospitals as part of an established Gold Command Structure. The situation had improved sufficiently by Friday, 5th January 2024 to stand down the business continuity arrangements but the system remains under pressure as has been the case in January for some years.
- 5.11 To support Gold Command we maintain up to date information on all cases in the acute hospitals that are linked to Rhondda Cynon Taf Adult Services and provided twice daily updates to the Acute Hospital Managers on our progress to discharge and the barriers to that progress – a summary of this information (as at 5th January 2024) is provided below for Royal Glamorgan and Prince Charles Acute Hospitals, but please note this is a fluid position and is a snapshot taken that day:
- 17 patients discharged during week ending 5th January 2024
 - 4 further discharge dates confirmed for start of week commencing 8th January 2024.
 - 1 patient waiting court of protection decision – Court date planned for the 29th of January 2024.
 - 1 patient waiting a deep clean at their property on 15th January 2024.
 - 3 patients awaiting a care home placement (no confirmed start date).
 - 4 patients awaiting a package of care (no confirmed start date).
 - 14 patients not yet medically fit for discharge.
 - 9 patients awaiting nursing assessments.

- 2 awaiting therapy (Health) assessment.
- 2 patients at our single point of access for processing,
- 3 further referrals anticipated from Prince Charles Hospital.

5.12 In addition, we continued to support discharge and flow from the Ysbyty Cwm Cynon and Ysbyty Cwm Rhondda Community Hospitals. As of 5th January 2024, there were 8 patients waiting care home placements and 3 awaiting home care packages.

5.13 In terms of current social care system capacity, as at 5th January 2024 to support hospital discharge:

- There were no intermediate care and reablement delays.
- There was home care availability and movement, but risk rated Amber as whilst there are no funding decision delays and no home care broker delays there were some capacity delays in certain areas but we were working with providers to try and enhance the capacity, they had available and this was producing some movement for this service.
- There was care home availability but again risk rated Amber, as again, whilst there are no funding decision delays and no home care broker delays there are some capacity delays particularly for EMI residential placements, although there were a number of patients waiting nursing assessment in Royal Glamorgan Hospital that we anticipated would create some delays accessing sufficient nursing capacity.
- Due to the business continuity declaration by the Health Board, we were contracting with care homes that apply significant top ups to their fees which adds to existing overspends and current budget pressures - this is not a sustainable position. We have also commissioned additional support for care homes to manage the challenging behaviour of some people whose dementia deteriorated due to the stress of hospital admission/illness – again this is costly and not sustainable and actioned to resolve the immediate business continuity demands. Unfortunately, the Health Board are not able to support a request for funding to assist with these funding pressures as they reported that they were facing their own pressures managing the surge capacity they had to open across their acute hospitals.
- The SW@H hospital team in Royal Glamorgan and Prince Charles Acute Hospitals whilst affected by some sickness absence continued to support people home from Accident & Emergency or Critical Decision Units - the 4 hour community response commitment was achieved where appropriate.
- There were no significant workforce concerns for our Adult Services other than the sickness in the SW@H Team. However, it was still a school holiday and so there may have been more leave than usual affecting the general capacity last week.

- 5.14 In addition to the above-mentioned support at Hospitals sites, we continued to respond to community emergencies and worked to support hospital avoidance as best we could, arranging emergency respite and deploying the mobile responder service and equipment delivery.

6. ELECTRONIC WHITEBOARDS AND PATIENT INFORMATION SHARING

- 6.1 At the Committee's meeting in September 2023, additional information was requested regarding the use of electronic whiteboards on Hospital wards and sharing of patient's information to support hospital discharge.
- 6.2 The introduction of electronic whiteboards to replace the handwritten boards used on wards is a Health initiative and is a positive development that is underway across the Health Service. Health report significant benefits of replacing traditional ward whiteboards with electronic versions, and these benefits include improved data and information capture that is leading to improved patient flow and more timely discharge. As part of someone's discharge from hospital that involves social care it is important that relevant social care staff can access this electronic information too.
- 6.3 The whiteboard itself is generally prominent on the ward however there is a mechanism to access the whiteboard remotely and there are a small number of social care staff responsible for hospital discharges that have access to this. These workers are required to sign a contract to confirm compliance with the Health Board information governance.
- 6.4 The information on the whiteboard is organised per ward with the person's name identified against their bed number. There are no personal identifiers visible at this view. Adult Services staff only access patients referred to social care for discharge planning and as with our WCCIS system there is an audit trail of the workers activity in the system. The Health Board information governance team regularly audit activity in the system for assurance.
- 6.5 The ward staff are required to complete an electronic transfer of care (EToC) referral to social care where they identify personal information and the needs for social care involvement. Integral to this is the establishment of consent for their information to be shared with us.
- 6.6 For patients that are referred to social care, our workers can remotely access their whiteboard record. However, even at this point the information in the remote access whiteboard is limited to the personal identifiers name, address, date of birth and their discharge arrangements (i.e. if ambulance is booked etc.). There are also some icons to alert for some chronic conditions and professional involvements at the hospitals such as OT etc.
- 6.7 Adult Services hospital discharge, care management and OT staff have always and continue to have access to the nursing notes for patients who have consented to share their records at the point of referral and these along with

the EToC referral contain far more detailed information about the person that is available in the remote access whiteboard.

- 6.8 Organisations directly concerned with the health, education, safety, crime prevention and social wellbeing of people in Wales, embrace the Wales Accord on the Sharing of Personal Information (WASPI) as a tool to help them share personal information effectively and lawfully. The consistent approach promoted by WASPI, and the good practice promoted helps organisations to meet their data protection responsibilities as they implement collaborative service models within a changing legislative landscape. All data sharing agreements between Rhondda Cynon Taf and the Health Board comply fully with the WASPI standards.

7. EQUALITY AND DIVERSITY IMPLICATIONS / SOCIO-ECONOMIC DUTY

- 7.1 There are no equality and diversity or socio-economic implications arising directly from this report.

8. WELSH LANGUAGE IMPLICATIONS

- 8.1 There are no Welsh Language implications arising directly from this report.

9. CONSULTATION / INVOLVEMENT

- 9.1 There are no consultation requirements arising directly from this report.

10. FINANCIAL IMPLICATION(S)

- 10.1 There are no financial implications arising directly from this report.

11. LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED

- 11.1 There are no legal implications arising directly from this report.
- 11.2 The Social Services and Wellbeing (Wales) Act 2014 and accompanying Part 4 Code of Practice sets out that where a local authority has carried out an assessment which has revealed that the person has needs for care and support then the local authority must decide if those needs meet the eligibility criteria, and if they do, it must meet those needs.

12. LINKS TO THE CORPORATE AND NATIONAL PRIORITIES AND THE WELLBEING OF FUTURE GENERATIONS ACT

- 12.1 Supporting the discharge of someone from hospital links with the Council's priority: "Ensuring People are independent, healthy, and successful". It also allows the Council to meet the requirements of the Social Services and Wellbeing (Wales) Act 2014 and the Wellbeing of Future Generations (Wales) Act 2015, in that they meet the needs of the Council's residents, including an ageing population and those with more complex needs, are more sustainable and increase focus on wellbeing and independence, resulting in the wellbeing

goals of a Wales of cohesive communities, and a healthier Wales being supported.

13. CONCLUSION

- 13.1 Rhondda Cynon Taf, along with all other local authorities continues to face pressures across the health and social care system. As we move through the busy winter months, Adult Services will be working together with the regional partners and our commissioned providers to support an effective flow in the hospitals and prevent people remaining in hospital longer than is necessary.

LOCAL GOVERNMENT ACT 1972

AS AMENDED BY

THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

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Background Papers:

None

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