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Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care



Llywodraeth Cymru
Welsh Government

Russell George MS
Chair
Health and Social Care Committee

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20 June 2024

Dear Russell

Thank you for your letter of 22 May, as Chair of the Health and Social Care Committee, requesting an update on progress in implementing the recommendations of the Committee's Report on Hospital Discharge and its Impact on Patient Flow Through Hospitals.

The attached annex provides a comprehensive update on action undertaken towards delivering the individual recommendations, and in particular I would like to highlight some of the key areas to aid timely hospital discharge and can advise the Committee that:

- Our Pathways of Care Delays reporting system has now been fully operational for over a year, providing a rich data source that records all patients deemed as “clinically optimised” and ready for discharge but remain in hospital post 48 hours. Each delay is assigned to a specific reason code and lead area (social care/health/joint) to help identify key and consistent delay reasons. Informed by this data, health boards and their local authorities are required, together on a regional basis, to target and respond to chief delay causes, such as assessment related delays and community based social care capacity. This has been a useful tool in helping us identify the key issues affecting discharge, allowing us to shape actions accordingly.
- A number of measures are already in place, and a number in development, to expand community-based provision to enable safe and appropriate discharge. The development of the ‘six models of care’ provides the foundation for this and are central in building our Integrated Community Care System to support and help reduce the flow in, through and out of hospital. Other developments include our aim to increase the proportion of Allied Health Professionals accessible within the community to provide step-up services to help avoid hospital admission, and post discharge step-down reablement support. In addition is the development of a range of step-down facilities, including bedded facilities, to enable discharge processes and patient flow from admission to “Home First”.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

- To help respond to workforce issues to support community base social care provision, the Social Care Fair Work Forum continues to work in social partnership to identify action to improve terms and conditions for social care workers. This includes the continued development of the Pay and Progression framework and initiating a 'Social Care Workforce Partnership', a unique model which will ultimately incorporate many Fair Work elements currently being progressed by the Forum. There is also an on-going commitment to raise the profile and status of the social care workforce. Through the Social Care Fair Work Forum trade unions, employers and Welsh Government continue to work in partnerships on what steps can be taken to improve terms and conditions to attract more care workers to the sector.

I trust that the contents of this response will provide the Committee with the necessary details of our actions to address the recommendations and provide assurance that we are prioritising improvements to patient flow and hospital discharge process.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

Eluned Morgan AS/MS

Cabinet Secretary for Health and Social Care

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol

Written response by the Welsh Government to the Report of the Health and Social Care Committee following its Inquiry on:

Hospital discharge and its impact on patient flow through hospitals

Update on recommendations – June 2024

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 on the number of delayed patients, and what further action is planned as a result.

A review of the impact of the system was provided in the formal response to the Committee in July 2022. No further nationally coordinated system resets are planned at this stage although local health and social care systems are able to plan and deliver similar exercises where they believe value is added.

The Care Action Committee in 2023-24 focused on assessment delays which accounts for roughly 50% of all delayed discharges. Health boards and local authorities have been brought together to find solutions to this challenge. Local authorities have reduced the number of delays due to social worker allocation and assessment, however they remain high.

The Trusted Assessor (TA) Model is embedding at hospital ward level across Wales. TAs help ease pressures on assessment delays by conducting preliminary or more routine proportionate assessments on patients, which can subsequently free up social workers to focus their efforts on those more complex cases. This work is supported by the Pathways of Care Delays reporting system (set out under rec. 4) which was used to initially identify the gap leading to work commencing, and then to monitor overall assessment performance across regions.

Recommendation 2. The Welsh Government must ensure that the new Health & Social Care Regional Integration Fund (RIF) 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.

The Regional Partnership Boards (RPB) have recently submitted their second RIF end of year reports and are identifying core components to develop the six models of integrated care. We are mapping those components at a national level including comparing similar project activity ahead of developing national specifications.

The total annual investment of £145m to end March 2027 has been allocated across the models with Community Based Care: Prevention and Community Co-ordination receiving 30% (£36.197m) of the funding allocation. Home from Hospital allocation is at 25% and equates to £29.674m, followed by Complex Care Closer to Home which stands at 20% (£24.327m). Other models of care range from 16%-2% respectively. To note - there is year on year fluctuation due to projects accelerating

or embedding with funding being reallocated to new projects within the models of care.

The development of the six models of care provides the foundation and are central in building our Integrated Community Care System which is intended to build community capacity to support and help reduce the flow in and out of hospital with timely and proactive assessment to ensure people are able to remain at home or avoid re-admittance.

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

The Expert panel was paused while work was developed to streamline and align a wider range of connected programmes such as the RIF, *Six Goals for Urgent and Emergency Care* programme and the Strategic Primary Care programme. As part of this it was agreed that RPBs should be monitored against the wider picture rather than just the RIF.

The RIF is subject to ongoing evaluation and findings of the first phase evaluation of the RIF has been presented to officials and RPBs. A workshop to consider themes and areas for improvement has taken place which will inform the work of the second year of the national evaluation. The RIF reporting process was reviewed and strengthened in 2023 and a Measurements framework was co-produced.

There is extensive, ongoing stakeholder engagement in the communities for practice, which are aligned to the six models of care, including service user and carer representatives.

Publication of the RIF Year One annual report took place in 2023. The Year Two report is scheduled for publication at the end of summer/early autumn along with a showcase event due to take place on 16 September 2024 and will bring together the RIF/IRCF/HCF and an Oral Statement.

Year Two has provide more complete data and we will consider how we develop more routine monitoring once we are satisfied that all the regions are reporting robustly both quantitatively and qualitatively.

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.

From April 2023, the Pathways of Care Delays (PoCD) Framework has been in operation as the formal, validated, reporting mechanism. It provides health and social care partners with a comprehensive and consistent dataset on their regional discharge delays so that relevant interventions and actions can be targeted more appropriately. Monthly delays data are published [Pathway of Care Delays by reason for delay and date \(gov.wales\)](#) under an extensive set of reason codes,

broken down to health board and local authority level, providing a clear oversight of the position across Wales.

Regions also use this data to inform their quarterly action plans, that are co-produced by health boards with their local authorities, to identify key delay themes and trends in order to establish new or improved working practices to respond to largest delay groups.

PoCD has helped ensure all sectors have a joint responsibility to work together to address discharge delays. The data are being utilised as part of the NHS Performance Framework as well as at individual IQPD meetings with health boards.

Health boards and their partners are being supported and encouraged to do more to get beneath the surface of the monthly figures and establish what more can be done to embed sustainable improvements to joint working practices that will ultimately benefit patient flow and reduce discharge delays.

In addition, Welsh Government has published updated Hospital Discharge Guidance: [HOSPITAL DISCHARGE GUIDANCE \(gov.wales\)](https://gov.wales/hospital-discharge-guidance) aimed at frontline staff to support their discharge processes. The Guidance sets out the key tasks, standards and expectations of each relevant partner organisations involved in the discharge process and places an emphasis on ensuring discharge is undertaken in a safe and timely manner. Some of the key supporting information included within the guidance are:

- Ensuring good communication and information sharing practices are in place throughout the process to help facilitate a patient's transition either back home or to their usual place of residence such as a care home.
- Specific information for patients, their families and/or carers on key social care functions that could be needed as part of their ongoing care and links to supporting information that staff can share with patients and families.
- Details on how the role of the Care Co-ordinator is pivotal to the discharge process as they are responsible for overseeing each patient's discharge plan. This includes the assessment, communication and active management of their discharge process.
- Links to work under the *Six Goals of Urgent and Emergency Care Programme* including Discharge to Recover then Assess (D2RA) Pathways, SAFER and Red to Green. These processes are aimed at supporting patients through the hospital pathways and making sure that they are prepared and ready for discharge as soon as they are clinically optimised.

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.

D2RA Pathways have been implemented across Wales on general adult wards in both Acute and Community Hospitals.

Key D2RA measures are currently at Phase 2 testing across Wales. It is anticipated that data will be available by the spring of 2025. Welsh Government is working

closely with the NHS Executive Goal 6 Team to support health boards in developing suitable systems for recording and reporting against the five key measures as follows:

- Number and % of people allocated to a D2RA pathway and No Pathway Allocated within 1 Day of admission.
- Number and % of people clinically optimised and allocated a D2RA pathway (by pathway) and No Pathway Allocated.
- Number and % of people Discharged to each D2RA Pathway 0,1,2,3 and No Pathway Allocated.
- Median Length of stay for each pathway and No Pathway Allocated.
- Readmission rates to Hospital within 28 Days for all people Discharged on a D2RA Pathway.

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.

Although improvement has been demonstrated by some health boards there remains variable progress in respect of improving ambulance patient handover performance. We remain concerned about the impact delays are having on patient experience and ambulance capacity to respond to others in the community.

A new expectation has been set for health boards for 2024-2025. All health boards are expected to achieve a 30% reduction in the numbers of patients experiencing a wait longer than an hour for transfer to the care of emergency department staff by December 2024. This is in addition to a new improvement expectation for the reduction of >12 hour waits for discharge, admission or transfer from emergency departments.

Improvement trajectories have been submitted by health boards and are monitored weekly by the NHS Executive, with monthly meetings between the Welsh Government, the NHS Executive and health boards, and quarterly meetings between the CE NHS Wales/DG HSCEY group and the relevant health board chief executive.

Health boards are supported to achieve these improvements by *the Six Goals for Urgent and Emergency Care* programme and additional Welsh Government funding of £2.7m to support local programme delivery plans.

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.

The National Allied Health Professions (APH) Framework programme continues to seek the change in deployment of AHPs in Wales. The aims include increasing the proportion of AHPs who are accessible in community services and can provide

proactive, early intervention (such as 'step up' intermediate care) as well as 'step-down' community rehabilitation and reablement goal setting. In 2023 the Welsh Government published the [community rehabilitation standards](#). These standards have been developed to support the [All-Wales Rehabilitation Framework \(2022\)](#).

From April 2023, an additional £5m was provided for additional AHPs and support staff in primary and community services. To date (June 2024) there are an additional 89 WTE people in post, providing more primary and community-based intervention to support people to remain well at home and return home after hospital discharge. Reablement services require AHPs to make person centred assessments and set individual plans for recovery, however, the reablement delivery staff are normally provided via local authority services which is funded separately.

<p>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-down facilities across Wales.</p>
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Step-down community provision describes a combination of additional bedded facilities as well as increasing step-down integrated health and social care provision in the person's own home as a safe alternative to hospital admission and/or expediting discharge.

To deliver this, Welsh Government provided £8.24m rising to £11.95m for 2024-25 to increase community health and social care capacity. We have separately invested £5m from 2023-24 to create additional community Allied Health Professionals and £8.3m to widen access to Adferiad Funded Services.

Additionally, in the last year nearly £145m has been invested through the RIF on projects delivered by health and social care partners to provide community services. The RPBs, through the RIF, are developing increased step-down provision which are important elements of the models of care, specifically Home from Hospital and Complex Care Close to Home, with reablement as a key feature.

Those models of care are integral to how we build the Integrated Community Care System. Having a range of step-down facilities supports discharge from hospital processes and patient flow from admission to home first. The RPB and clusters are playing a pivotal role through joint working which is crucial as we develop the Integrated Community Care System.

In November 2023 £11.3m of funding from IRCF and HCF was awarded to Flintshire County Council to develop a new build facility, Croes Atti, to provide residential care and integrated care services for older people in Flintshire. The building will have a 56-bedroom capacity and will enable the relocation and expansion of the existing 31-bedroom capacity Croes Atti Care Home, also in Flint. At least 12 bed spaces will be regularly allocated to support D2RA. There will also be a provision of 28 bed spaces for Elderly Mentally Infirm (EMI) Residential, with flexibility to adapt to changing needs of the population.

Overall, we expect this funding to be aligned to ensure a well-integrated, multi professional service response in the community. Health boards and their local

authority and wider partners are jointly responsible through the pan cluster planning groups for determining how they will utilise this investment, recognising that plans will need to build on local need and existing services.

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.

The Housing with Care Fund (HCF) has a guideline allocation target of a minimum of 20% for 'Objective 2: intermediate care and accommodation' activities each year. Objective 2 activities cover intermediate care and accommodation and include short and medium-term settings, such as step-up/step-down, rehabilitation settings in the community, transitional accommodation for young people leaving care, and residential care for children with complex needs. Service users will not hold tenancies in these settings which will be managed by the principal service provider.

In 2022-23, 37% (£10.8m) of HCF capital spend was committed to Objective 2 activity and in 2023–24, approximately* 49% (£20.6m) was committed to Objective 2 activity.

*These are initial figures and are still to be verified.

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.

Updates under Rec 8 and Rec 9 cover this recommendation.

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.

Updates under Rec 8 and Rec 9 cover this recommendation.

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.

The Social Care Fair Work Forum continues to work in social partnership on what steps can be taken to improve terms and conditions for social care workers. This includes the continued development of the Pay and Progression framework and

initiating a 'Social Care Workforce Partnership', which will ultimately incorporate many Fair Work elements currently being progressed by the Forum.

This is a significant step as the Partnership is the first of its kind in the UK, bringing together government, employers, and unions to work in social partnership to agree a minimum set of employment expectations for staff working in the independent social care sector, that employers will voluntarily adopt. Its longer-term ambition is to embed fair work in the social care sector, and for its agreed expectations to be adopted as minimum standards for all staff within scope in the sector.

The Social Care Fair Work Forum has agreed its broad principles and vision for this partnership working and developed a 'Memorandum of Understanding' (MoU) for voluntary membership which is due to be published shortly.

Following the consultation of the draft Pay and Progression Framework, responses and next steps has been considered by the Pay and Progression sub-group and the Forum. Working with the Forum's sub-group, Social Care Wales will project managing Phase 2 of the work in 2024-25.

The Forum's 2024 annual progress report will be published shortly providing an overview of all the Forum's activities and upcoming priorities.

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).

The Social Care Fair Work Forum developed recommendations around actions on sickness pay. Work includes enhancing wrap-around services in areas such as well-being which is a fundamental principle underpinning the health and social care workforce strategy and menopause support, which is currently being progressed. Officials have been working through the recommendations to assess and cost short, medium, and long terms actions. However, work has needed to be considered within the context of financial challenges we are facing. We are committed to continuing work with the Forum to move forward with agreed approaches.

Last year Canopi, which is funded by the Welsh Government, extended its confidential and personalised service of support and advice to social care staff. This service offers social care staff free access to self-help and guided self-help resources, support from colleagues and virtual therapy sessions. Canopi supports our workforce to improve their well-being whilst at work and during periods of sickness.

The newly established Social Care Workforce Partnership will focus in its first year on improving and developing non-pay related HR policies, including policies and guidance to support staff during periods of ill-health.

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.

We remain committed to raising the profile and status of the social care workforce. Through the Social Care Fair Work Forum trade unions, employers and the Welsh Government continue to work in partnerships on what steps can be taken to improve terms and conditions to attract more care workers to the sector.

WeCare Wales continues to be a positive force for the sector. Social Care Wales commissioned research to explore the current recruitment and attraction challenges and to understand the impact of WeCare Wales. Their report published in May 2024 presents a series of ten recommendations for WeCare Wales and by extension Social Care Wales, alongside four recommendations for employers and providers. We will work with Social Care Wales to support the implementation of these recommendations, however the research concluded that WeCare Wales brings significant value for the sector. Its activities do well to engage and inform jobseekers and were perceived as vital to address attraction and recruitment challenges.

The new WeCare Wales website (www.wecare.wales) launched on 20 March 2024 with a clearer design and layout. Social Care Wales reports that, between 20 March and 6 June 2024, 19,886 job adverts have been viewed with 1,583 people clicking to apply or contacting the employer directly.

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.

As previously highlighted, we fully recognise and support the intention underpinning the Committee's recommendation and the outcome it seeks to achieve.

We have worked with the AGW and local authorities to embed the recommendations in the 2022 [Direct Payments for Adult Social Care](#) report into Statutory Guidance. This includes specific recommendations for local authorities to improve the information provided to people as well as through the workforce. We will be writing to local authorities to confirm the position on this in the Autumn.

Later this year we will use the information from our new Performance Framework with local authorities to review take-up and work with local authorities on how to strengthen this using best practice, not least around communications. This will inform the potential need for and required content for a publicity campaign.

This broader evidence is helping us to better understand the current direct payments landscape. For the last two years (up to March 2023), the number of adults receiving a direct payment has been stable at around 5,600 people – or 11.3% of all adults with a care and support plan.

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.

The Report reflected the high levels of satisfaction direct payment recipients reported to the Auditor General encompassing the assessment and care planning process; peoples' feelings about their ability to manage a direct payment; and having a clear understanding of legal obligations of being an employer.

There is a balance to be achieved between receiving a timely response and one that ensures practitioners invest the necessary and appropriate time to listen to and understand what the person wants to achieve. Person-centred planning to identify an unpaid carer's eligible needs must continue to be the primary mechanism to support unpaid carers if we are to listen to what matters to them and ensure that is done in a holistic way. Where that can be done proportionately, we expect that to happen.

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.

ADSSC published a [report](#) of its review into Day Opportunities in March 2024. A Written Statement was issued making a commitment to establish a working group to consider the seven recommendations in the report, which centred on commissioning, co-production, employment and eliminating profit, workforce and digital innovation. The group met in May 2024 and further meetings are being arranged. The group will look at improving outcomes in the short term and making recommendations for further targeted interventions which may require additional resource if required.

The report has been presented at the Directors of Social Services meeting and at the Learning Disability Ministerial Advisory Group, where there is significant concern about the impact of the cost-of-living crisis on services.

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.

The Associate of Directors of Social Services' rapid review was [published](#) in November 2023. Findings include delays and lack of access to carers' needs assessments and lack of awareness of carers' rights. A Task and Finish group was established in January 2024. The group comprises health, local authority and unpaid carer representatives. All local authorities have completed a survey to self-assess their performance in relation to information, advice and assistance to unpaid carers

and carers' needs assessments. Good practice examples and barriers are being established and progress is being overseen by the Ministerial Advisory group for Unpaid Carers. The Welsh Government [charter](#) outlining carers' rights continues to be reviewed and updated when required.

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

Health Boards continue to submit six monthly reports to Welsh Government outlining progress on the training undertaken by staff at an informed, skilled and influencer level. Any concerns are fed back to the health board for action.

Improvement Cymru and Welsh Government continue to communicate the Dementia Care Standards so that they are recognised as a national priority. The standards include a focus on learning and development, namely: Standard 17 - All staff delivering care at all levels within all disciplines and settings, will have the opportunity to participate in person centred learning and development. Six monthly reports are also received on these standards. Through the planning for the successor dementia action plan, we will be considering our future priorities.

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.

Work continues to progress on the Hospital Charter Care Fit for Vision Individual Perspective and Social (VIPS) programme. Robust governance arrangements are being set up in health boards and a number of workshops and meetings have taken place.

Going forward, Improvement Cymru will be working to ensure that Dementia Care Mapping (DCM) is aligned into the hospital charter workstream. They will also support the regions to develop the DCM programme that offers meaningful observations and outcomes to support improving dementia care.

There is also a specific standard (19) which focuses on services ensuring that when a person living with dementia has to change/move between any settings or services, care will be appropriately coordinated and that we receive six monthly updates on this work. Improvement Cymru is supporting RPBs to work collectively in how this can be achieved and remain a focus of the hospital charter work.

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.

Through the hospital charter work, RPBs are supporting action to improve person centred care within hospitals. Examples include embedding the Butterfly Scheme, including This is Me, and John's Campaign (promoting open visiting) in wards.

During the COVID-19 pandemic, the Welsh Government issued detailed guidance to health boards and NHS trusts in relation to hospital visiting to help control the spread of Coronavirus among patients, staff, and the public. An All-Wales hospital visiting guidance group was established to monitor the application of these arrangements and met regularly adopting an iterative process of learning and sharing examples of best practice throughout the pandemic period.

In August 2022, the All Wales Hospital Visiting Group directed a Task and Finish group to consider the formal Lessons Learnt report and develop a set of - *operating principles for hospital visiting post pandemic*. A number of staff and patient surveys informed the work, and the NHS in Wales now operates a risk-based approach to visiting with flexibility to adapt based on circumstances where visiting considerations need to be taken into account.

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.

As noted in the update against recommendation 4, we have recently published updated hospital discharge guidance that covers a number of new areas of guidance on both health and social care issue to support staff. Dedicated sections are included in the Hospital Discharge Guidance (See rec 4) that cover:

Homelessness – to ensure ward staff aim to establish actual/potential homelessness status soon after admission to help ensure timely referrals to relevant multidisciplinary services. The aim is to help early identification and address any housing needs post discharge. PoDC data (rec 4) records delays associated with 'Homelessness' and 'No Suitable Abode' to help highlight and tackle housing related issues at a local level;

Assistive Equipment and Technology - to help ensure people can live safely and independently at home, particularly if their needs have changed following a hospital stay;

Housing Adaptation for Discharge - to ensure minor adaptations are planned as early as possible to support safe discharge.

In addition, with regard to improving working practices between homelessness and health, a White Paper on ending homelessness in Wales was subject to consultation earlier this year. The outcomes of the consultation are in the process of being considered and a further work programme is being developed that will seek to introduce improved practices to support homeless people, or those at risk of homelessness, when entering and being discharged from hospital. Ministers are working closely to consider updated policy positions in a number of areas, including hospital discharge.

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 multidisciplinary team as a matter of course.

The Welsh Government published its response to the Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales in September 2023 [Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales - Welsh Government Response](#)

A key recommendation was:

- *Pharmacy teams must be involved in planning for discharge, starting on admission, with the default position being to refer patients for post-discharge medicines support/care unless it is clearly not needed.*

The Chief Pharmacists Group/Directors of Pharmacy of health boards have established a working group to implement the proposed actions (immediate, short and medium term) to address pharmacy's role in optimising patient flow.

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.

The Hospital Discharge Guidance (see rec 4) included a dedicated section on 'Unpaid Carers' to ensure the discharge process fully engages with families and unpaid carers. The Carers Trust was involved with its production. The section sets out specific information for patients, their families and/or carers on key social care functions that could be needed as part of their ongoing care together with links to supporting information that staff can share with patients and families.

D2RA Pathways (see rec 5) also places an emphasis on involving, supporting and updating families and carers in decision making throughout the discharge process.

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.

Social Care Wales continues to work with Digital Health and Care Wales (DHCW) on implementing a new Information Sharing Gateway that will provide health and care organisations with a digital solution for managing their data sharing and Information Governance processes. The system, developed as a non-profit solution by the NHS in England, is in the process of being tailored to work with the updated Wales Accord for Sharing Personal Information (WASPI) process and will be made available to local authorities, health boards and other health and care organisations for free with a commitment towards a small annual maintenance fee.

Social Care Wales now manages an Information Governance stakeholder reference group. The group was convened in 2022 to allow stakeholders to discuss and share information on matters relating to data sharing, data processing, data standards and information governance. The group has members from local authorities, Welsh

Government, health, and the Information Commissioner's office and meets on a quarterly basis.

Social Care Wales are also active participants in the National Data Resource (NDR) programme and are commissioned by the NDR to undertake work on understanding how we can provide social care data into the platform. We have completed work on data maturity in local authority social services departments that will be published in 2024 and are members of a four nations group developing data standards for social care utilising the Fast Healthcare Interoperability Resource (FHIR). We are in the process of scoping a project to develop a Minimum Operating Data Standard (MODS) for social care in Wales using work that has previously been carried out by NHS England. We are also scoping a project that will begin to gather and develop specific use cases that will help us to understand the types of data shared in social care.