

HD 08

Rôl awdurdodau lleol o ran cefnogi'r broses o ryddhau cleifion o'r Ysbyty

The role of local authorities in supporting hospital discharges

Ymateb gan: Coleg Nyrsio Brenhinol Cymru

Response from: Royal College of Nursing Wales



## **Royal College of Nursing Wales response to the Local Government and Housing Committee inquiry into the role of local authorities in supporting hospital discharges**

The Royal College of Nursing Wales is grateful for the opportunity to respond to this Committee inquiry.

The Royal College of Nursing Wales previously provided written evidence to the Senedd Health and Social Care Committee on 07 January 2022<sup>1</sup> as part of the Committee's inquiry into 'Hospital discharge and its impact on patient flow through hospitals', and indeed even earlier on 12 June 2020<sup>2</sup> to the Health, Social Care and Sports Committee inquiry into 'Hospital discharge processes'.

Unfortunately, many of the suggestions for improvement in services and targeted investment that were identified in these two previous RCN Wales responses have not been implemented by the Welsh Government and therefore patients are still experiencing unnecessary delays the hospital discharge process has not improved.

While RCN Wales understands that this inquiry by the Local Government and Housing Committee focuses specifically on the role of local authorities in supporting hospital discharges, it is worth clarifying alone local authorities cannot solve this problem – there needs to be investment from NHS and the Welsh Government into community nursing, nursing capacity in care homes and in acute hospital capacity. RCN Wales hopes therefore that this evidence we are providing the committee will be of use as broader context to the specific local government issues of improving hospital discharge.

### **Summary**

- There is not enough capacity in the community nursing team to receive patients discharged from hospital and keep people out of hospital. District Nurses with

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<sup>1</sup> Royal College of Nursing Wales, 2022, *Hospital discharge and its impact on patient flow through hospitals* inquiry evidence: [HD 20 - Royal College of Nursing Wales.pdf](#)

<sup>2</sup> Royal College of Nursing Wales, 2020, *Hospital discharge processes* inquiry evidence: [HDP03 - Royal College of Nursing.pdf \(senedd.wales\)](#)

a Specialist Practitioner Qualification (SPQ) or Community Nursing Master's degree are required alongside specialist nurses, consultant nurses and specialist nursing teams such as frailty teams.

- There are not enough registered nurses employed in the care home sector to look after patients discharge from hospital and prevent readmission. Or in specialist areas of nursing such as mental health and dementia. This is a significant challenge to the health and social care sector and a pivotal reason why there are delays in transfer.
- There is a lack of consistent communication across professions and between health, social care and third sector organisation which adds to delays in hospital discharge.
- The decrease in acute hospital beds in the last two decade combined with the severe shortages of nurses and senior nurses in A&E and acute hospital care generally have created the current 'corridor care' crisis in Wales<sup>3</sup>. Patients are not being appropriately admitted to acute hospital care in a timely fashion and instead are being cared for in chairs and corridors and other inappropriate areas increasing the risk to their lives and increasing the risk that their condition and dependency will significantly worsen. The deterioration in patient health exacerbates the delays in hospital discharges.

## Introduction

StatsWales publishes figures on the number of Pathway of Care Delays (POCD) in NHS Wales. These figures represent the number of adults occupying an NHS hospital bed, who were 'clinically optimised' ready to return home or move on to the next stage of care, that experienced a delay in their transfer of more than 48 hours beyond the point they were clinically optimised. The figures published via the StatsWales website show the number of current delays being experienced at the third Wednesday of each month across Wales. The figures show that, on Wednesday 15 January 2025, there were **1,502 patients** in NHS Wales who were experiencing a current delay in their transfer of more than 48 hours beyond the point they were clinically optimised.<sup>4</sup>

The acute hospital environment is not beneficial for people to remain in longer than clinically necessary. There is an increased risk of infection and a growth of mental dependency. Physical abilities decline rapidly which can result in an increased likelihood of falls, further injury and potential readmission to hospital. The Welsh Government Six Goals for Urgent and Emergency Care programme highlights the

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<sup>3</sup> *Ending Corridor Care in Wales*, January 2025, report published by RCN Wales: <https://www.rcn.org.uk/Professional-Development/publications/rcn-ending-corridor-care-in-wales-a-briefing-for-members-of-senedd-english-version-uk-pub-011-958>

<sup>4</sup> *StatsWales*, <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Performance/pathway-of-care-delays/pathwayofcaredelays-by-reasonfordelay-date>

problem of patients quickly becoming deconditioned.<sup>5</sup> The deconditioning of patients often results in patients needing a care home placement when prior to admission they had been independent at home. This places a significant burden on social care finances and emotional distress for patients and their families.

## **Community Nursing Care**

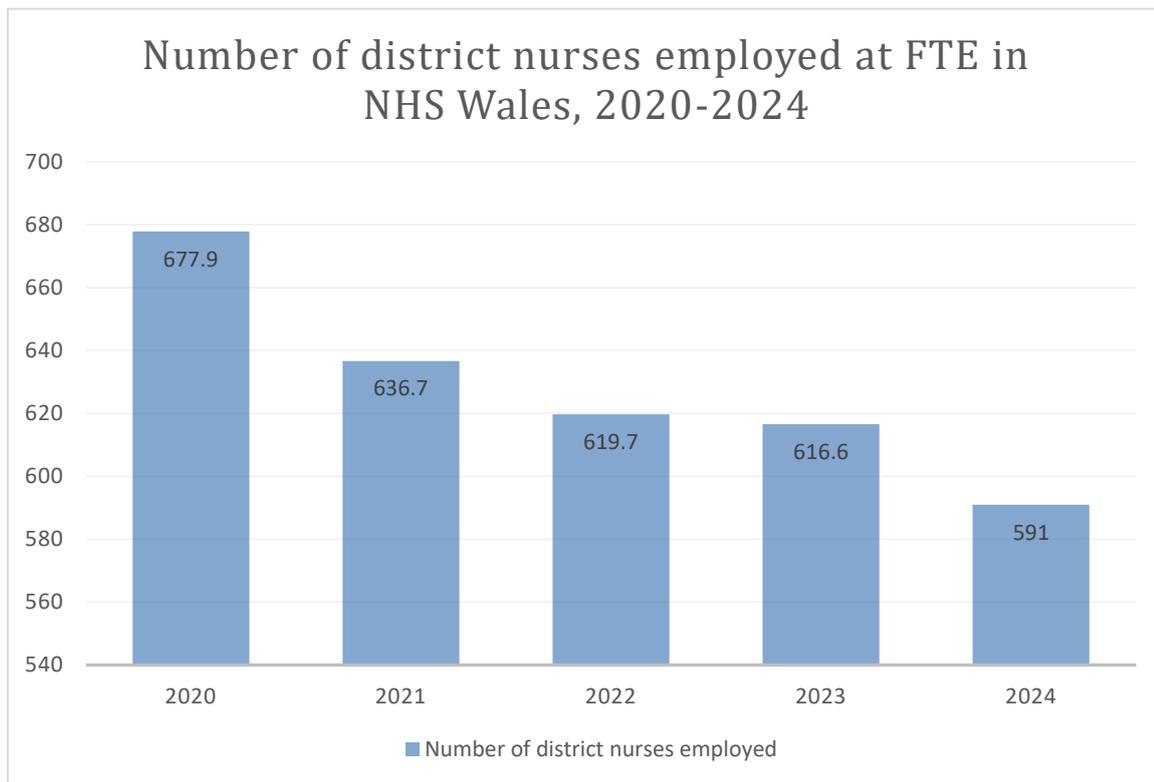
Recovery from hospital-based treatment requires clinical and social support. This package of care requires planning and of course the actual capacity to deliver it. In addition, some of our most vulnerable older people are supported 365 days of the year by community nursing teams, delivering complex care and treatment packages at home. If this package of care is interrupted by a hospital admission, there is a delay in restarting this process. In addition, without adequate support the risk of readmission becomes higher due to falls, poor nutrition and infection.

For the last two decades in Wales, health boards have reconfigured acute hospital services, reduced bed numbers, encouraged shorter patient stays, and enabled more complex treatments and care to be delivered at home. This policy is ideal – but requires investment to achieve the aims and realise the benefits.

Community nursing teams are led by District Nurses who have a SPQ or a community nursing Master's degree. District nurses are the experienced pinnacle of a community nursing team, providing clinical supervision and leadership to the registered nurses and health care support workers.

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<sup>5</sup> Welsh Government, *Six Goals for Urgent and Emergency Care*: <https://www.gov.wales/six-goals-urgent-and-emergency-care-policy-handbook-2021-2026>



*As of June of each year*

Source: StatsWales: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/Non-Medical-Staff/nursingmidwiferyandhealthvisitingstaff-by-grade-areaofwork-year>

However, despite increasing the number of patients and complexity of care provided in the community the number of district nurses has actually declined over the last decade. **In 2020, there were 677.9 FTE District Nurses working in NHS Wales. In 2024, there were only 591.** These figures also need to be taken with a pinch of salt as since 2016 health boards have miscoded nurses working in the community as district nurses, which has inflated the figures. This decline contradicts longstanding policy ambitions – from the 2003 Wanless report<sup>6</sup> to the Well-being of Future Generations (Wales) Act 2015<sup>7</sup> – to invest in community care.

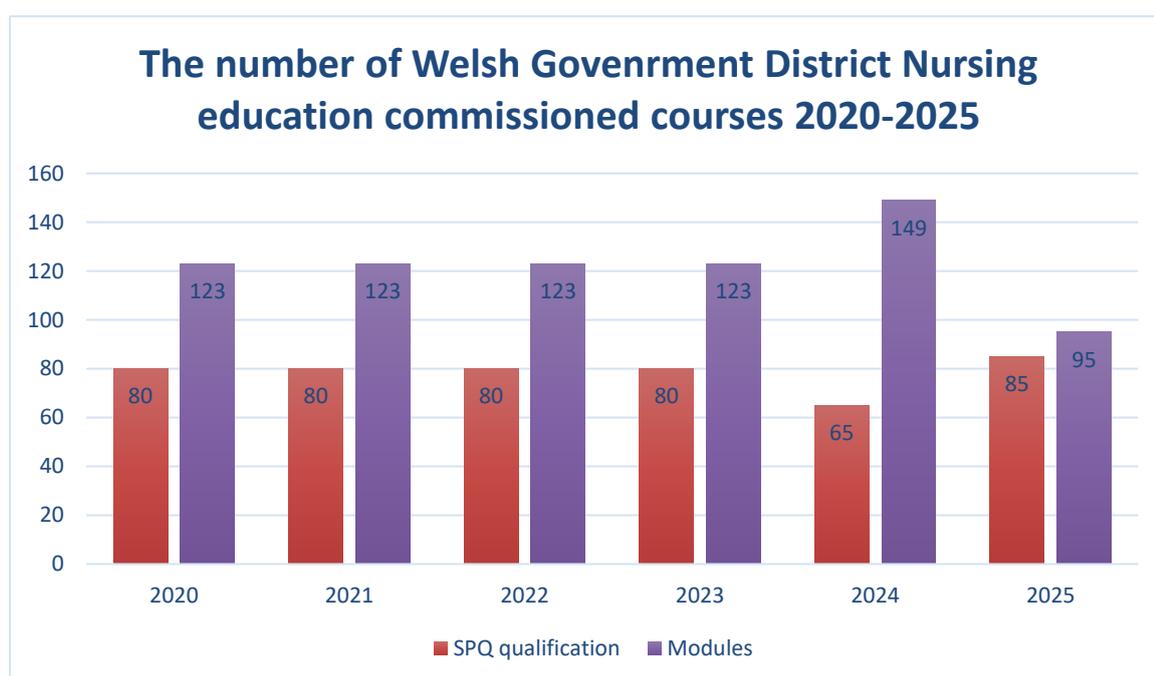
In addition to District Nurses, other nursing specialisms are also needed in the community. Today children with complex health needs can receive far more care at home. This means many more children’s nurses are needed in the community. Wound care & management, ventilation, BP monitoring, IV medication/line management, enteral feeding support and palliative care are some of the services children’s nurses provide, along with vital education for other healthcare professionals and for carers and school.

<sup>6</sup> Derek Wanless, *Securing our future health: taking a long-term view: final report*, April 2002

<sup>7</sup> <https://www.legislation.gov.uk/anaw/2015/2/contents>

Learning disability nurses are also in very short supply and are needed to support children and young people with challenging needs.

There is currently no strategy for post-registration nursing commissioning, including district nursing. As a result, the current commissioning figures for post-registration nursing education are not sufficient and will not facilitate the unique skills and knowledge needed to care for the population. This is having a devastating impact on hospital discharge.



Sources: HEIW Education and Training Plan 2025/26: <https://heiw.nhs.wales/education-and-training/education-and-training-plan/>; HEIW Education and Training Plan (ETP) 2024-25 Appendices: <https://heiw.nhs.wales/files/appendices-education-and-training-plan-2024-25/>

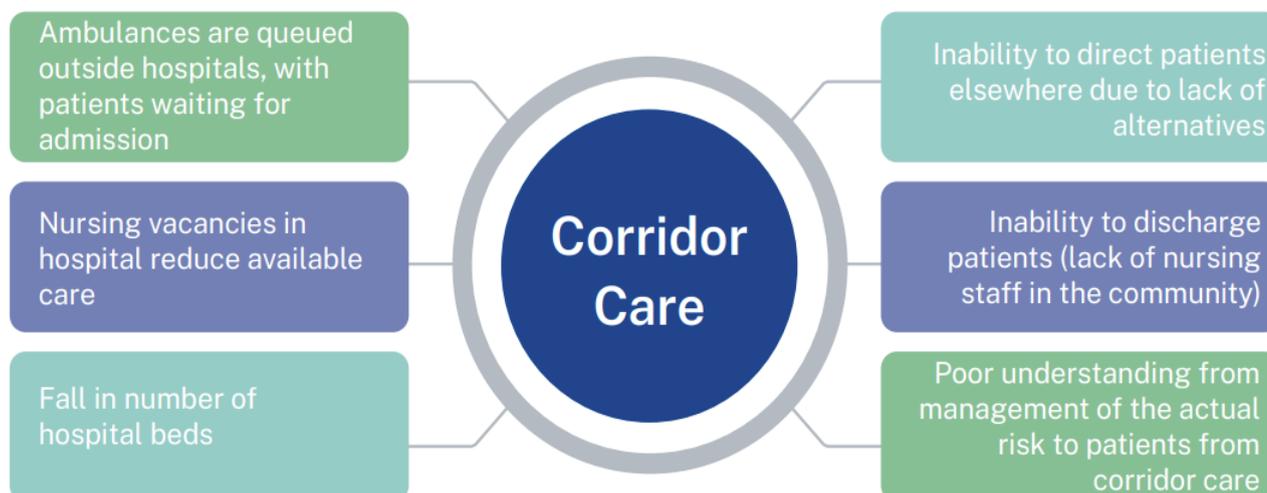
## Corridor care

On 20 February 2025, the Welsh Government published its Final Budget for 2025-26, which saw an additional £30m being allocated for social care to target delayed discharges, and an extra £36m elsewhere for the health and social care budget.<sup>8</sup>

The additional funding for social care is welcome, but if the Welsh Government is serious about tackling delayed discharges, investment in our hospitals is urgently needed.

<sup>8</sup> <https://www.gov.wales/final-budget-2025-2026>

Unless the Welsh Government takes urgent action to end corridor care, patients' lives will continue to be put at risk. The Welsh Government should therefore ensure sufficient funding to fully implement its National Programme, the Six Goals for Urgent and Emergency Care, across Wales.



RCN also calls on the Welsh Government to increase capacity for multidisciplinary teams (MDT) based in the community and integrated between the local authority and Health Board to support the discharge process; to increase the number of senior clinical decision-makers on hospital wards over the weekend to allow patients to be discharged; to invest in social care so that when patients are clinically ready to leave hospital, they can move to the best place for their care; and to improve communication

and information sharing between hospitals and local authorities. There is a need to review, modernise and streamline the National Framework for Continuing NHS Healthcare to enable decisions regarding funding to be made in a timelier manner and stop the friction between Local Authorities and Health Boards.

## Care homes

### **In 2022, there were only 1,057 nursing staff working in social care<sup>9</sup>**

Social Care Wales collects social care workforce data through a voluntary survey of employers, but the most recent survey in 2022 had only a 58% response rate. In other words, the published workforce data omits more than one in three social care providers. Workforce planning is critical to maintaining standards of care, but it is only as good as the data informing it. Workforce planning in social care will be held back until a full and reliable picture exists of the workforce and its vacancies. To this end, RCN Wales has urged mandatory participation in the Social Care Wales data collection.

Despite limited data, worrying trends are clear. Since 2018, when 1,545 nurses were working in social care in Wales, the number has fallen steadily in each survey year (no data was published for 2020). By the time of the most recent survey in 2022, they numbered 32% fewer, with just 1,057 working in social care. In 2021, 319 registered nursing staff left the sector, and only 204 joined. The next year, 88 left while 83 joined. Despite leavers outnumbering joiners, vacancies fell from 128 to 50, suggesting that employers are simply not replacing registered nurses when they leave. The workforce is also ageing, with nearly a third (29%) of nursing staff aged 46-55, and fewer than 3% under 26. These challenges threaten the quality of nursing care in social care, leading to poorer health and reduced life expectancy for people who rely on the sector. A shortage of registered nurses in social care will also impact the NHS, increasing delayed discharges and repeat admissions.

Care home providers are reporting that the current cost of living crisis and the planned changes to national Insurance, from which the NHS is exempt, is having a profound effect on whether their business is viable moving forward. Any loss of care home capacity will further compound the current delays in discharge.

Effective rehabilitation and recovery take time and extra care and assistance. This may be clinical e.g. wound dressing, pain management and monitoring infection. It may be assistance with daily living such as hygiene, toileting, and meal preparation. The mantra of 'people should be cared for at home' must be balanced with an understanding of whether the home environment is suitable. A home environment may be unsuitable

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<sup>9</sup> <https://www.rcn.org.uk/Professional-Development/publications/rcn-nursing-in-numbers-2024-eng-uk-pub-011-864>, p. 9.

because physical limitations that cannot be altered e.g. stairs, or there may be family arrangements that also require rearrangement e.g. if the recovering person is usually a full-time carer.

Following hospital treatment, it may be necessary for an individual to be placed into a care home as they are no longer able to live independently or their family can no longer provide the level of care the individual needs, this maybe a temporary or permanent placement in a care home.

The financial burden on the elderly patient and their families may delay the transition from the hospital setting into a care home facility of choice and suitability.

Furthermore, identifying a bed in a care home is a lengthy process and is often followed by a complex funding process:

- The time it takes have equipment provided e.g. temporary mobility aids
- The time it takes to make necessary adjustments and structural change e.g. a ramp
- The assessment for and availability of care packages to support home living e.g. nursing care
- The time taken to identify arrange and fund a suitable placement in a care home, where specific needs can be met.

In addition, individuals with learning disabilities or a mental health diagnosis often experience a delay in discharge due to the lack of care providers available to provide the level of specialist care that the patient requires.

The discharge of a patient into a care home is an extremely complex process:

- The care home must assess the individual's needs, ensure the home can meet the needs of the individual through physical and staffing resources
- Discuss the choice with the person, family members and health professionals.
- Discharge needs to occur on an appropriate day for the care home  
If an individual needs to be transported to the home in an ambulance, that needs to be arranged, along with equipment.

## **Communication between primary, secondary, community and social care**

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. Communication needs to be consistent and free flowing throughout secondary, primary and social care.

IT systems and communication systems between hospitals, GPs and the community nursing team are inconsistent and often poor in quality with fax machines still in use in some places, and bulky paperwork still carried by some community nursing staff. Communication between the health boards and local authorities is equally problematic and IT systems should be reviewed.

Another very important issue is that social care local authority staff may have different patterns of employment to those of healthcare staff and therefore may not be available to attend meetings or provide responses in the time frame to which healthcare staff work. This practical difficulty does need to be addressed.

## **Regional Partnership Boards**

Regional Partnership Boards (RPBs) have been given a central role in progressing the integration agenda in Wales; A Healthier Wales<sup>10</sup> describes RPBs as having a “strong oversight and co-ordinating role” in delivering change. Given this central role, nursing should be represented on the RPBs with the involvement of the Executive Director of Nursing. Executive Directors of Nursing are accountable for all nursing care provided within their local health board area including nursing care in the social care sector. Establishing that they should sit on RPBs would ensure that they have the power needed to ensure the quality of care commissioned in their local health board and to fulfil their responsibilities. To improve the transparency of RPBs, RCN Wales believes that their annual reports should include information on how each board has engaged with the workforce.

## **Recommendations:**

1. Health Education and Improvement Wales (HEIW) must develop a post-registration commissioning strategy with a focus on district nurses and community children nurses.
2. The Welsh Government and NHS Wales must support and actively promote the role of the discharge liaison nurse.
3. The Welsh Government should increase capacity for multidisciplinary teams (MDT) based in the community and integrated between the local authority and Health Board to support the discharge process; to increase the number of

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<sup>10</sup> <https://www.gov.wales/healthier-wales-long-term-plan-health-and-social-care>

senior clinical decision-makers on hospital wards over the weekend to allow patients to be discharged.

4. The Welsh Government should invest in social care to improve access for clinical areas and enable discharge planning to start on admission so that when patients are clinically ready to leave hospital, they can move to the best place for their care without delay.
5. The Welsh Government should strive to improve communication and information sharing between hospitals and local authorities.

### **Related RCN Wales publications**

- Royal College of Nursing Wales, *Ending Corridor Care in Wales* (2025): <https://www.rcn.org.uk/Professional-Development/publications/rcn-ending-corridor-care-in-wales-a-briefing-for-members-of-senedd-english-version-uk-pub-011-958>
- Royal College of Nursing Wales, *Nursing in Numbers 2024* (2024): <https://www.rcn.org.uk/Professional-Development/publications/rcn-nursing-in-numbers-2024-eng-uk-pub-011-864>,
- Royal College of Nursing Wales, 2022, *Hospital discharge and its impact on patient flow through hospitals* inquiry evidence: [HD 20 - Royal College of Nursing Wales.pdf](#)
- Royal College of Nursing Wales, *Community Nursing Teams The Role of the District Nurse and the Community Children Nurse* (2021): <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/countries-and-regions/wales/2021/community-nursing-2021-english.pdf?la=en&hash=EC640EE9C2CAD03099C5933404613C68>
- Royal College of Nursing Wales, *Nursing in care homes* (2021), <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/countries-and-regions/wales/2021/care-home-report.pdf?la=en&hash=C10E0200C2037FC64DDF34A3017ED78B>
- Royal College of Nursing Wales, *Hospital discharge processes* inquiry evidence (2020): [HDP03 - Royal College of Nursing.pdf \(senedd.wales\)](#)

### **Coleg Nyrsio Brenhinol Cymru – Royal College of Nursing Wales:**

The RCN is the world's largest professional body and trade union for nursing staff, representing over half a million members, including nurses, midwives, health visitors and nursing students, with around 30,500 members in Wales. The majority of RCN members work in the NHS with around a quarter working in the independent sector. The RCN works locally, nationally and internationally to promote standards of care

and the interests of patients and nurses, and of nursing as a profession. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland. The RCN is a major contributor to nursing practice, standards of care, and public policy as it affects health and nursing. The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.