University Hospitals Plymouth NHS Trust

Readmissions at UHP

Health & Scrutiny Committee – 21st November 2025

Director of Integrated Care, Partnerships, Strategy and Chief Medical Officer

Readmissions

NHS
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- A readmission is defined as when "a *patient is readmitted to a hospital as an emergency within 30 days of their previous hospital stay.*"

- Readmissions are typically multifactorial, reflecting the interplay between medical, functional, and system-level factors. Causes for readmission tend to fall in one of the following:
  1. Clinical and Patient-Related Reasons
  2. Discharge and Care Transition Factors
  3. Systemic and Organisational Factors
  4. Psychosocial and Environmental Factors
  5. Data and Coding-Related Issues

Readmissions: A Balance

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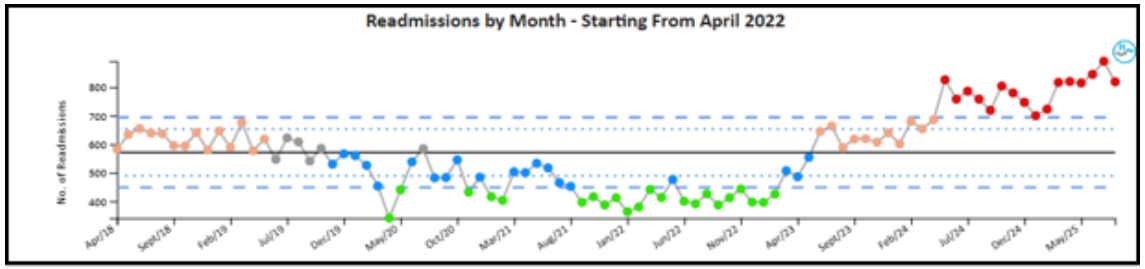
The Risk of Early Discharge

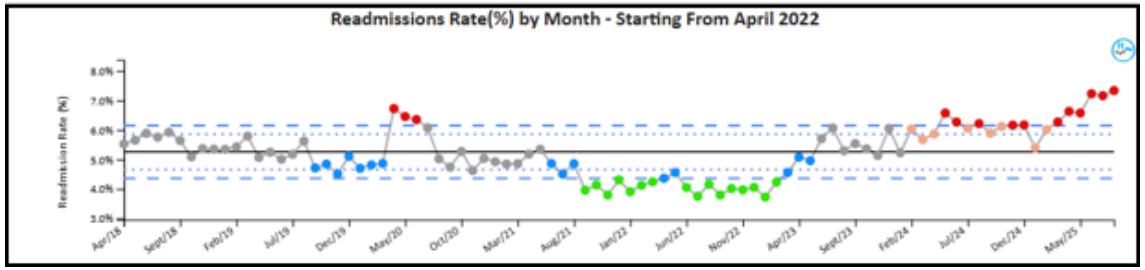
Discharging a patient too soon risks an unplanned readmission if they are not fully recovered or supported, causing distress to patients and families.

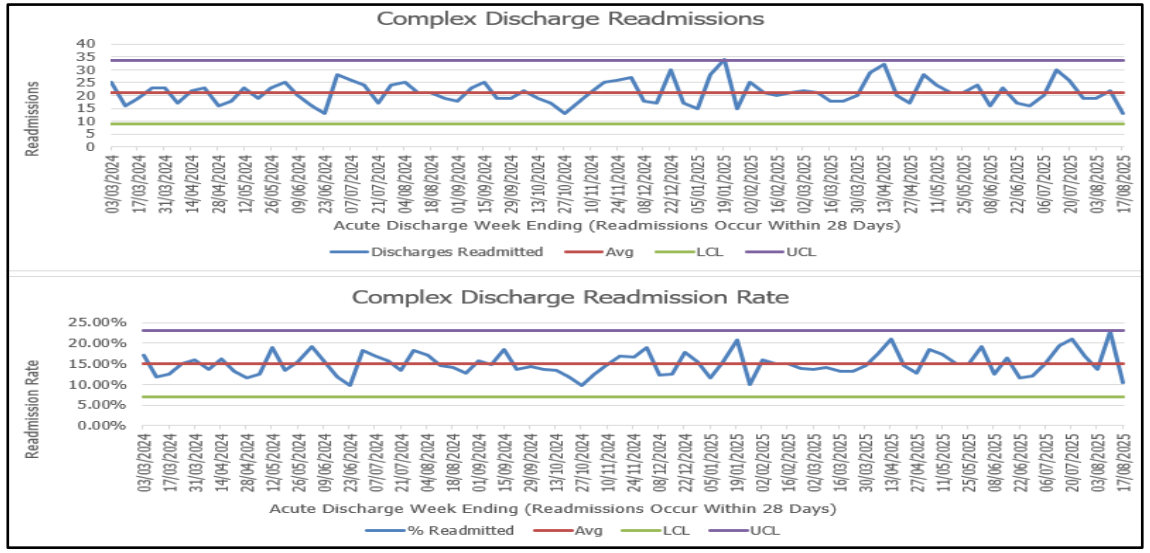
The Risk of Delayed Discharge

Keeping a patient in hospital longer than needed can lead to harms like infections, loss of mobility (deconditioning), and delirium.

Readmission Trend



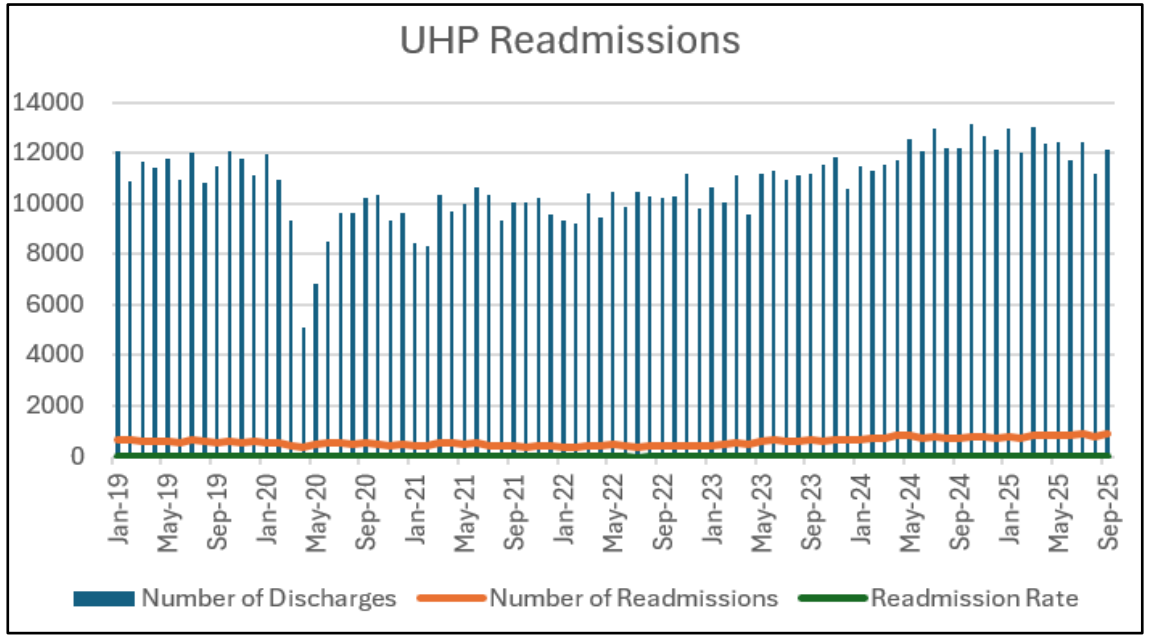




UHP has seen a sustained, statistically significant increase in the number and rate of readmissions, since February 2024. This has prompted local reviews

- The UHP rate currently runs at 7.2%.
- The national readmission rate (2023/2024 data - most recent) is 14.8%
- **PLEASE NOTE:** UHP uses a different method for collecting readmissions when compared to the national methodology. UHP collects data on all readmissions (including Cancer, Maternity and Chemotherapy) day cases are also included in our data.

Our Complex discharge rate is currently 10.4%, within common cause variation



Why is this Happening?

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x3 Key Issues have been identified to date:

1. Patient Complexity
    - We are caring for more frail patients with complex, long-term conditions with increased Length of Stay, who are more vulnerable after discharge.
2. Communications around Planning
    - Gaps in communication with patients, families, and community partners can lead to confusion or lack of support after leaving the hospital.
3. Data & Coding
    - New systems and pathways (like Same Day Emergency Care) mean we are now coding planned follow-ups as "readmissions," making the rate look higher.

Finding 1: Data

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Readmissions where SDEC pathways established

Row Labels	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Brent Oncology Assessment Unit, Zone E, Level 8	1	1	4	3			3	1	1		1	4	1	6	2	2	1	2	1	4	2	2	3	1	1	2	2		2		4	2	3	5	3	13	50	41	52	19	16	17
Chestnut Urology Investigation Unit, Zone D, Level 6																										15	16	26	31	10	15	27	20	17	13	11	8	16	20	19	22	15
Frailty SDEC - Level 10 - Monkswell															14	52	35	43	46	49	33	43	39	21	54	58	21	44	45	30	43	35	35	31	45	27	27	35	42	38	25	9
Medical Receiving Unit - Tamar Ward, Zone B, Level 6																												5	213	181	169	191	155	135	172	173	226	209	219	211	139	116
Ocean SDEC, Zone D, L6																															76	78	71	86	69	95	80	85	71	101	96	73
Oncology SDEC, Zone B, Level 3																																								13	25	53
SAU (Surgical Assessment Unit), Zone A, Level 7	129	144	120	122	143	137	142	151	126	130	126	183	145	163	177	157	176	184	173	175	163	156	205	176	178	225	216	232	204	182	216	205	202	174	204	234	199	219	240	246	221	239

- Since the introduction of Same Day Emergency Care (SDEC) pathways, a number of locations have reported an apparent increase in readmissions where these were not previously captured. This trend is believed to be largely a result of how activity within these pathways is now recorded, rather than an indication of a decline in care quality or patient outcomes.

- A recent audit of 100 cases of all recorded readmissions, found that only 43 were "true" unplanned readmissions related to the original hospital stay.

- When auditing SDEC areas, only 28 were “true” unplanned readmissions related to the original hospital stay.

Finding 2: Patient Safety

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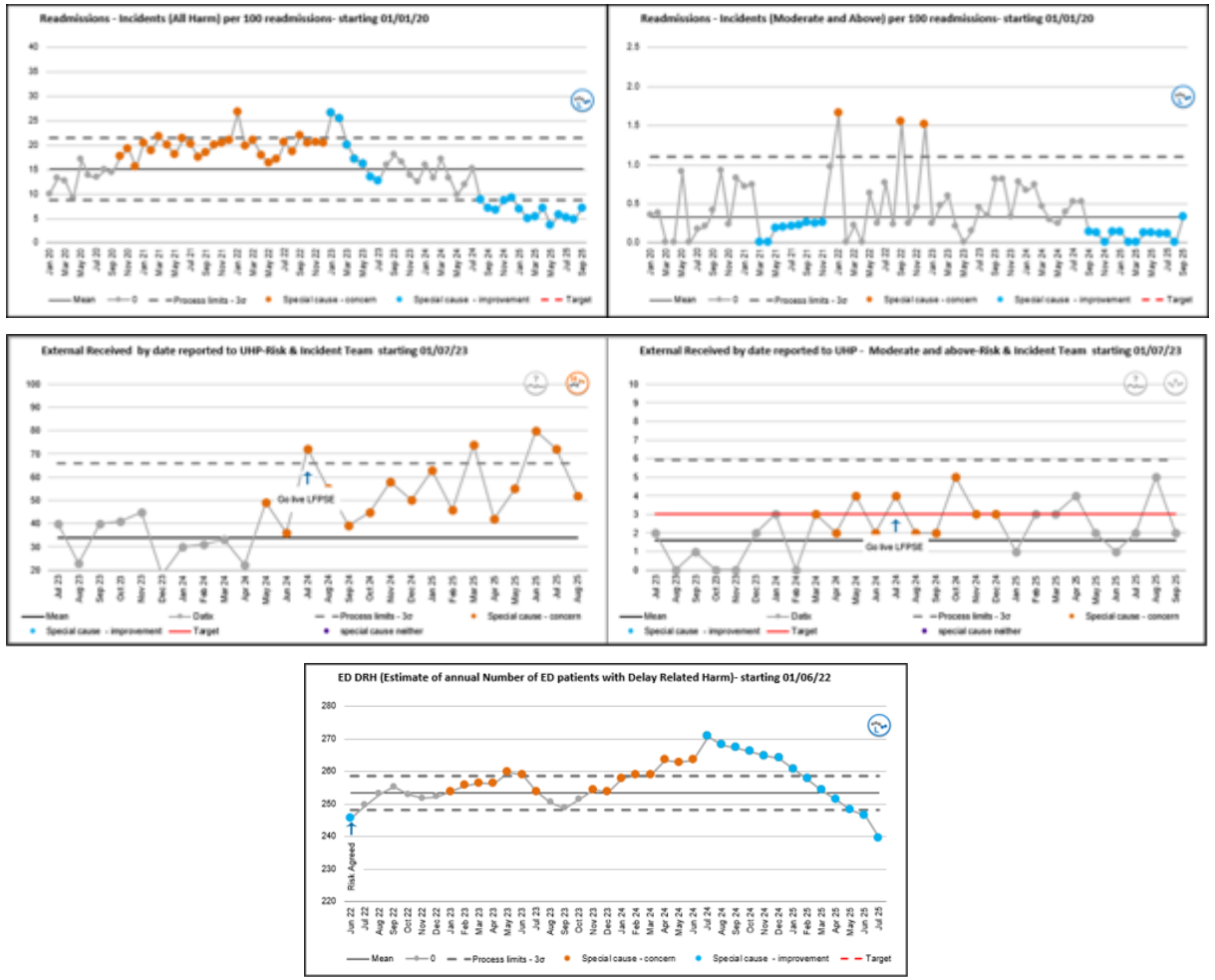
- Despite the rise in the coded readmission rate, patient safety is improving.
- Reported harm incidents related to discharge and readmissions have significantly reduced.
- This suggests our clinical discharge processes are becoming safer and more effective.
- ED delay-related harm, a proxy for flow (and therefore discharge risk threshold) has also decreased markedly since July 2024.



Finding 3: Patient Experience

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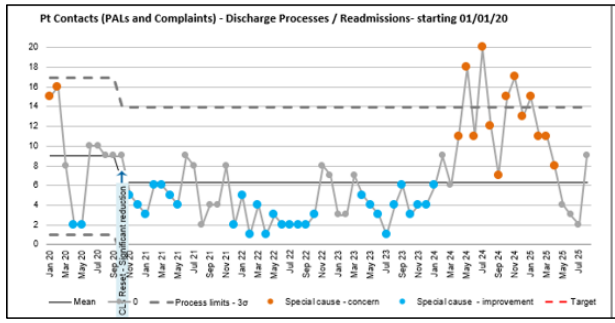
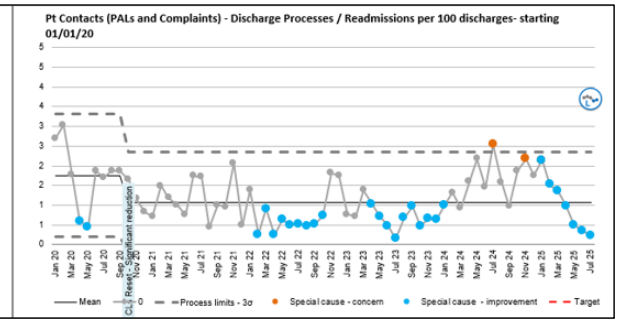
- While clinical safety appears to be improving, patient experience of discharge presents an opportunity for improvement.
- Over half of patients surveyed were not clear on their discharge plan, what would happen next, or what support they would get.
- The main concerns are inconsistent communication and coordination.
- We have however seen a reduction in complaints associated with discharge processes and readmissions





1. Has discharge been discussed with you?

Yes	No / Not Sure
45.37%	54.8%

2. Do you know what is needed to get you home, or what you could do to help yourself get better?

Yes	No / Not Sure
45.7%	54.3%

3. Do you know when you are likely to go home?

Yes	No / Not Sure
33.28%	66.72%

4. Do you know what will happen to you when you leave hospital?

Yes	No / Not Sure
46.36%	53.64%

5. Has any further treatment or support been organised for you when you leave hospital?

Yes	No / Not Sure
28.97%	58.4%

6. Have your family, friends or carers been involved in exploring how they might be able to help when you leave hospital?

Yes	No / Not Sure
55.48%	44.52%

Our Next Steps

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Patient Voice Audit: Listen to patients and families to co-design clearer discharge information and processes.

Data Quality: Implement a new validation process to separate "true" clinical readmissions from planned or unrelated follow-ups.

Process Improvement: Continue current discharge Process Improvement Programme to enhance discharge quality and consistency.

System Review: Work with our community partners to strengthen frailty pathways and ensure support is in place for patients after they leave us.