Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	13 August 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Transforming Urgent and Emergency Care - Progress update on Management Response
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Alison Bishop, UEC Lead

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Transforming Urgent & Emergency Care (TUEC) Programme was established in 2022 to enable improvements into Urgent and Emergency Care performance within the Health Board.

Cefndir / Background

The Committee received an Internal Audit review of the Transforming Urgent & Emergency Care (TUEC) Final Internal Audit Report in April 2024 which returned an overall opinion of reasonable assurance.

The purpose of the audit was to review the governance measures in place to monitor and manage the delivery of the TUEC programme and as such whilst the report set out the Key performance Indicators (KPIs), it was not clear how these would be achieved and by when.

Asesiad / Assessment

The 6 goals plan for the Health Board was submitted to Welsh Government in April and subsequently approved. This plan builds on the previous progress delivered since 2022.

A workshop with all key stakeholders was delivered in May 2024 to socialise the work of the TUEC programme, the 6 goals plan and also the performance improvement required and to seek approval from the Clinical and Operational Leadership Team that the key workstreams and deliverables would deliver the necessary improvement against the KPIs. This was agreed and some minor amendments were made to the deliverables.

The TUEC programme has been configured into 4 workstreams;

1. Crisis response – Streaming using regional community & urgent primary care services
2. Planned response – Front door pathways Same day Emergency Care (SDEC) & Frailty
3. Inpatient response – Patient flow
4. Domiciliary response – Enhanced community care through a Hospital @ Home model

The key improvements required this year for Urgent and Emergency Care are set within the TI de-escalation measures;

- Reduction in Ambulance Handover Waits > 1 hour
- Reduction in 12 hour breaches at Emergency Departments
- Reduction in Pathway of Care Delays (PoCD)

These KPIs have been mapped against the four workstreams alongside the necessary programme measures to ensure that impact and delivery of the workstreams and the TUEC programme can be monitored.

The KPIs have associated trajectories which are tracked on a daily and monthly basis through the established TE reporting structure and the workstream leads are member of the associated UEC subgroup.

The attached slide deck contains additional information on the programme structure, the workstreams including their key deliverables to be delivered within each quarter and the associated KPIs.

Argymhelliad / Recommendation

The Audit Risk and Assurance Committee is asked to:

- **TAKE ASSURANCE** that all management actions from the TUEC programme audit are complete.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: **Cyfeirnod Cylch Gorchwyl y Pwyllgor:**	3.22 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: **Datix Risk Register Reference and Score:**	N/A
Parthau Ansawdd: **Domains of Quality** **Quality and Engagement Act (sharepoint.com)**	Choose an item. 3. Effective Domains of Quality 4. Efficient
Galluogwyr Ansawdd: **Enablers of Quality:** **Quality and Engagement Act (sharepoint.com)**	Choose an item. Choose an item. 6. All Apply Choose an item.
Amcanion Strategol y BIP: **UHB Strategic Objectives:**	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio **Planning Objectives**	Choose an item.

	3 Transforming Urgent and Emergency Care programme Choose an item. Choose an item.
Amcanion Llesiant BIP: **UHB Well-being Objectives:** **Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022**	Choose an item. Choose an item. 10. Not Applicable Choose an item.

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: **Evidence Base:**	Review carried out and actions in place.
Rhestr Termau: **Glossary of Terms:**	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg **Parties / Committees consulted prior to Audit and Risk Assurance Committee:**	N/A

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	None
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Improvements to quality of care
Gweithlu: **Workforce:**	No Change to workforce requirements
Risg: **Risk:**	No impact
Cyfreithiol: **Legal:**	No impact
Enw Da: **Reputational:**	No Impact
Gyfrinachedd: **Privacy:**	No Impact
Cydraddoldeb: **Equality:**	No Impact

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Improving Our Urgent and Emergency Care Performance Through the 6 Goals Programme

ARAC – 13 August 2024

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What are the Ministerial Priorities?

Ministerial Priority	Planning Objective(s)
Urgent and Emergency Care, with a focus on delivery of the 6 goals programme	Planning Objective 3: Transforming urgent and emergency care
Enhanced Care in the Community, with a focus on reducing delayed pathways of care.	Planning Objective 3: Transforming urgent and emergency care Planning Objective 7: Primary care and community strategic plan


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Right care, right place, first time

Six Goals for Urgent and Emergency Care

Health Board Delivery Plan

2024-25

Health Board: Hywel Dda UHB

Author(s): Alison Bishop UEC Lead / Tom Alexander Programme Manager

Date of Submission: 18/04/2024

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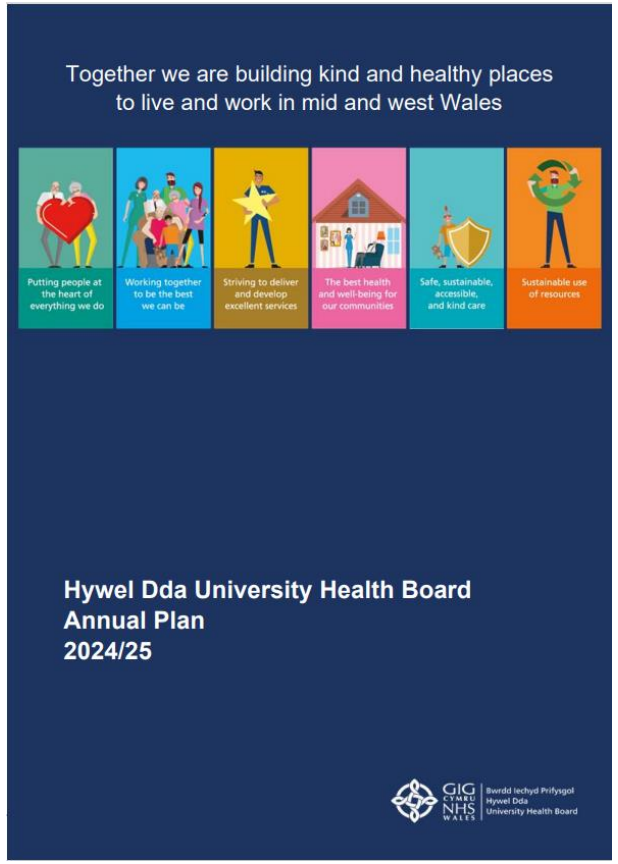
What are our Health Board Priorities?

Urgent and Emergency Care Programme

- **24/7 Urgent Care Service Access** - Rolling out a round-the-clock urgent care service, accessible through 111 Wales, which will ease the pressure on general medical services and ensure continuous care across all counties
- **Development of Regional Community Service Hubs (CSH)** - Building on the existing models, we're expanding to a regional scale, incorporating out-of-hours services and allied professional resources, as well as a scheduling centre to coordinate with primary care providers.
- **Same Day Urgent Care service enhancement** - Leveraging insights from Withybush and other successful models, we're refining our urgent care to be more immediate and tailored to local needs.
- **Rolling out Integrated Care Pathways - A**dopting strategies like SAFER, D2RA, and Red2Green, and utilising the Frontier Digital platform, we're streamlining the transition from hospital to home.
- **Expanding Primary and Community Care Services** - Counties will work towards enhancing the range and accessibility of GP practices, community pharmacies, dental and optometry services, ensuring that care is delivered closer to home.



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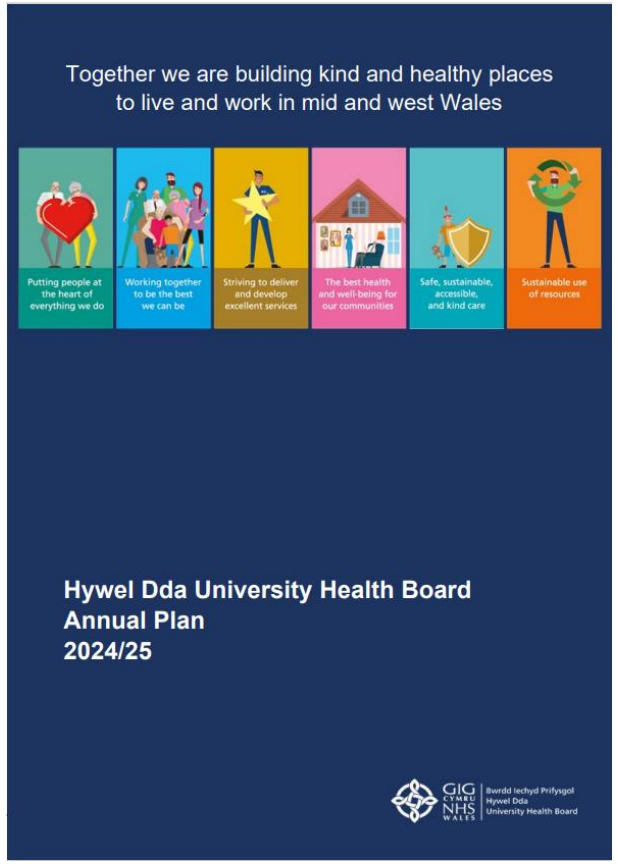
What are our Health Board Priorities?

Integrated Community Care 'Further, Faster‘

- **Strengthening Community Capacity** - We're aiming to build a stronger network of community care services. This means providing care at home or close to it, preventing hospital admissions when not necessary.
- **Speeding Up Service Delivery** - Developing a comprehensive community care model, we will ensure preventative and early intervention services are available to all, increasing community resilience.
- **Collaborative Healthcare Approach** - Our plan calls for a joint effort from the NHS, local authorities, and other partners to develop and deliver community care services seamlessly.
- **Enabling self-management and independence** - Our goal is to empower people, especially the elderly, to live independently, with the right support network reinforcing local services.



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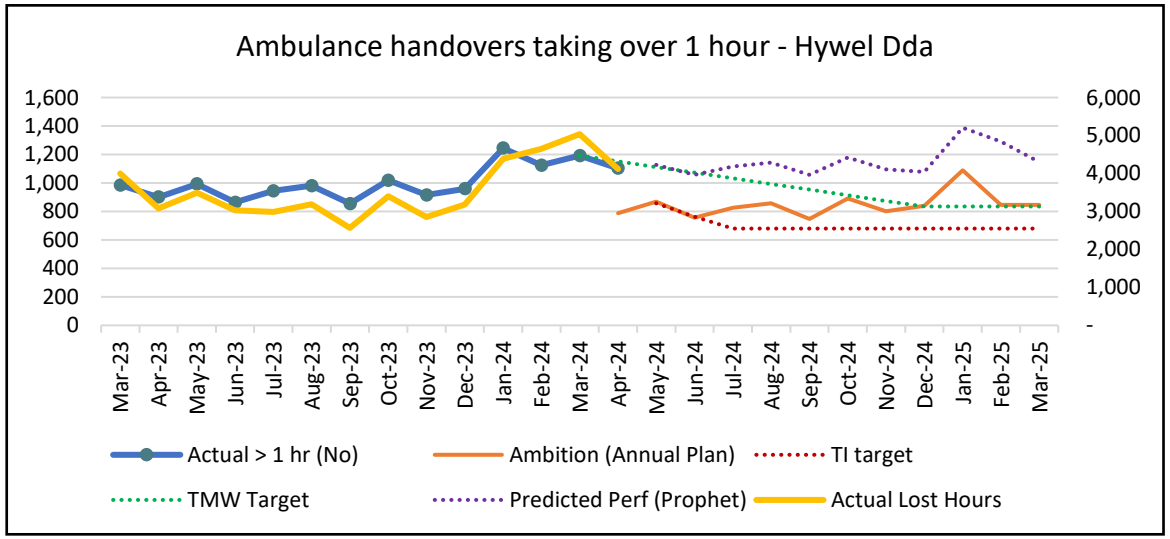
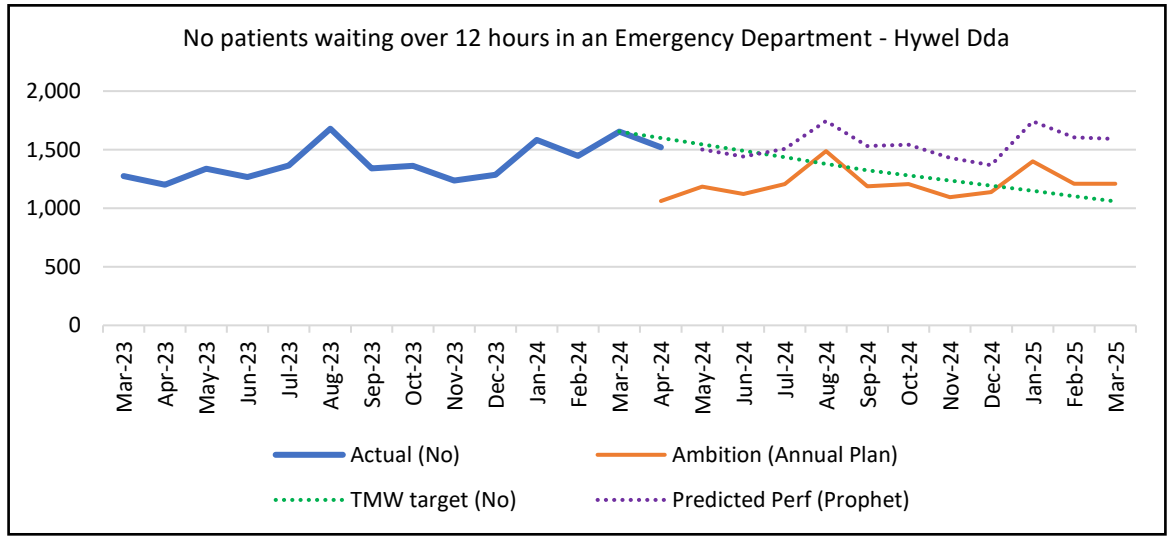
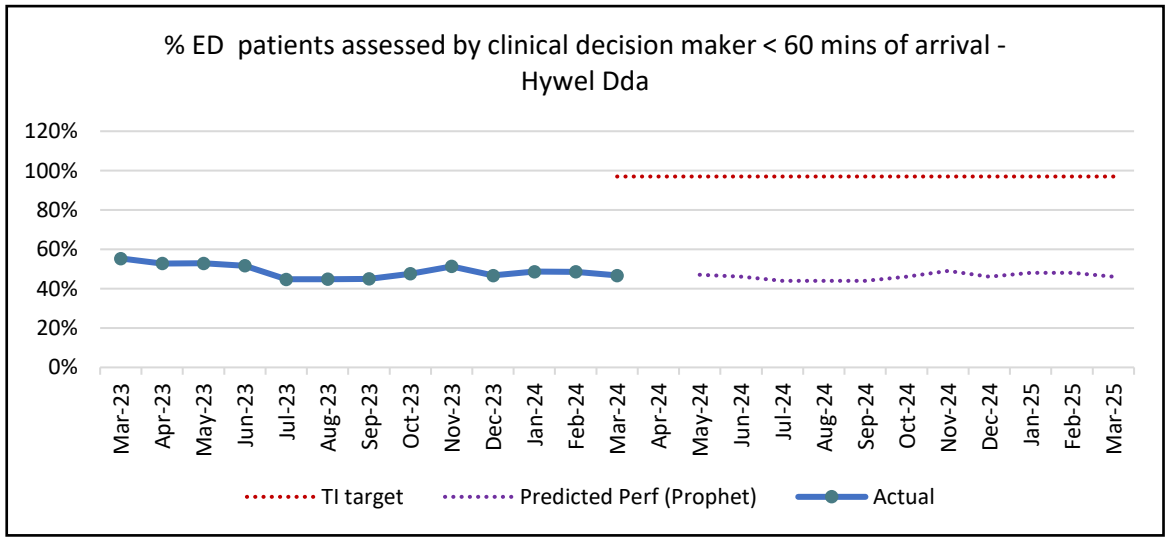
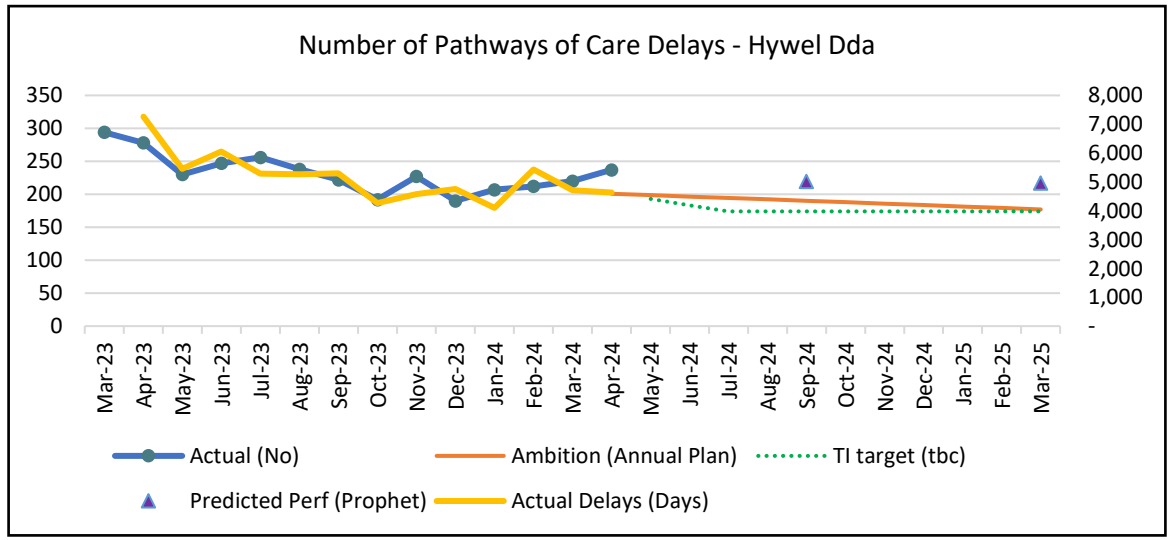
What is the scale of the improvement required?









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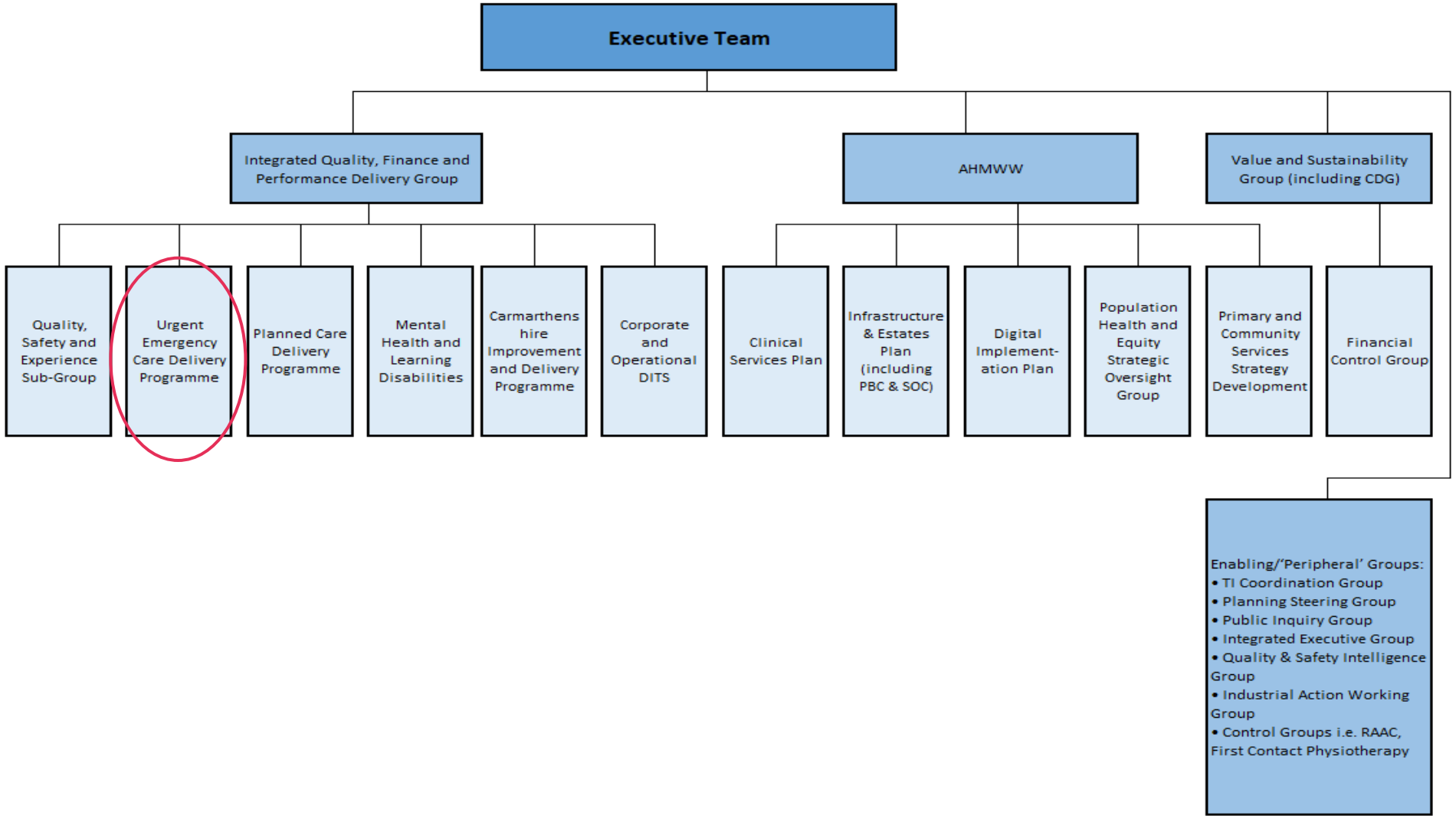
How will we deliver our improvement?



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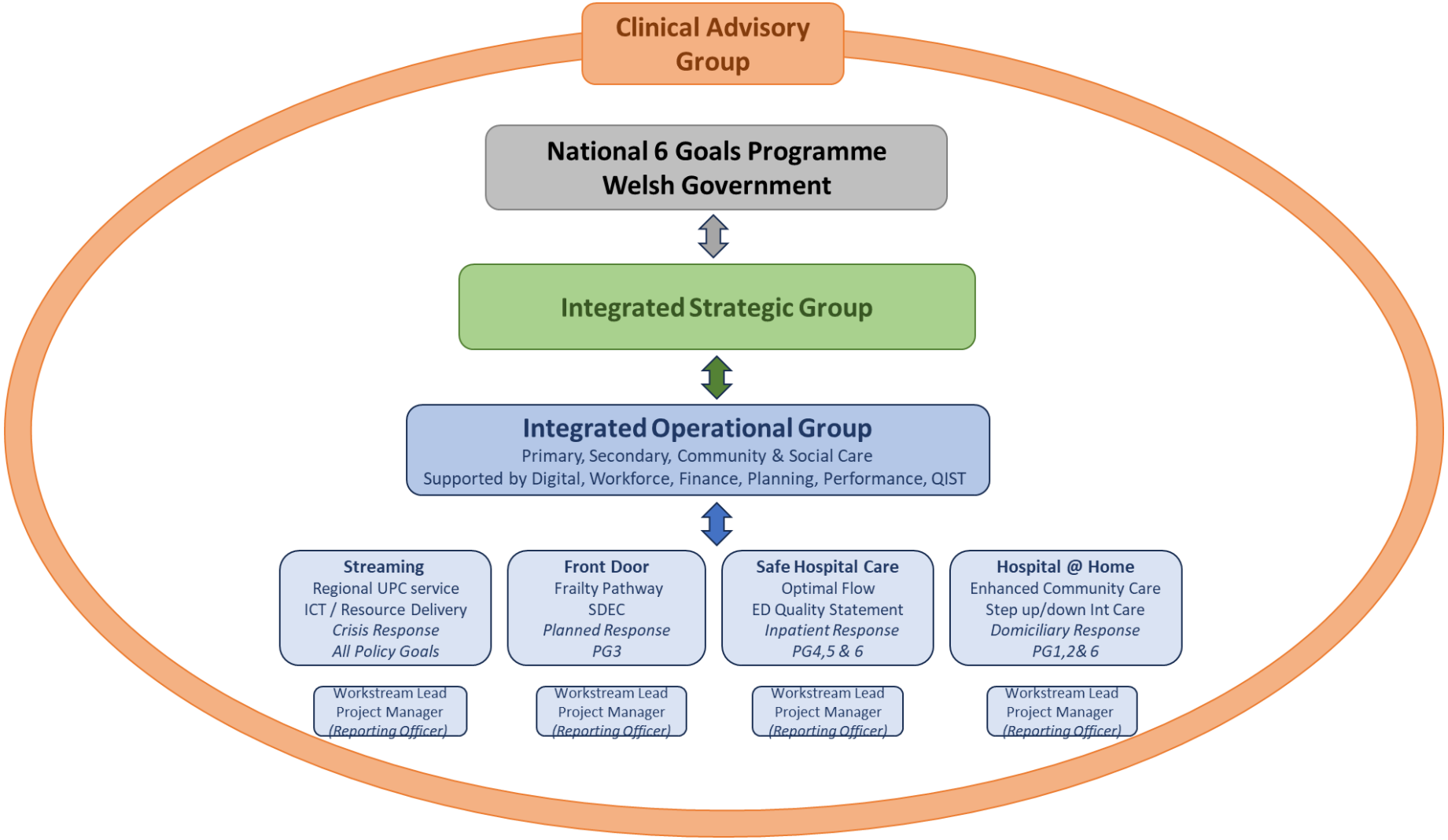
How will we deliver our improvement through the UEC programme?



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Actions to Date

- Workshop delivered 21st May 2024 - 6 Goals programme Priorities / Governance Workshop
  - 50 delegates across UEC system in health;
    Primary, Secondary & Community Care colleagues, Clinical Leads, Hospital Triumvirates
  - Improvement in performance clearly articulated – annual plan, TI de-escalation, Team Wales expectations
  - Facilitated discussion around next steps / actions for each workstream
  - EOI for workstream leads
  - Agreed future workshops – quarterly cycle – next workshop 13th September 'The Journey So Far'

- Workstream leads appointed with dedicated Project Manager support, developing workstream plans with SMART deliverables
- Established Clinical Advisory Group – initial meeting held 1st August
- Established governance & reporting structures – workstreams reporting through UEC IQFPD subgroup

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Our 4 Workstreams

Streaming - Crisis Response

SCOPE:
Evaluation of demand, capacity and workforce constraints to determine local and regional responses to the operation of a 24/7 CSH across Hywel Dda.

Develop regional Clinical Streaming Hub (CSH) to provide a 24/7 Urgent Care Service including integration with GPOOHs & APP resources supported by local delivery resource hubs for the population of West Wales as defined by the Strategic Programme for

'Health & wellbeing issues that may result in s

IMPACT & BENEFIT
- Reduced inappropriate conveyance to Emergency Departments &
- Reduced Emergency Admissions from Care Home Residents
- Increased Urgent Care Service activity

Deliverable	Key Milestone Q1
Enhancements to local resource hubs	• Pilot 2 APP Pilot Carms local resource • Phase 1 pilot APP in Pembs resource hub
Development of regional CSH for Health Professionals & Care Homes	• Best practice model for CSH finalised & approved by bo • Agreement of CSH evaluation framework

Front Door - Planned Response

SCOPE:
Provide alterative Front Door services for those requiring an urgent care response via Same Day Emergency Care service or Frailty Model.
Maximising and harnessing the potential for SDEC & Frailty model through alignment with the regional CSH and local resource hubs to ensure clinically safe alternatives to hospital.

IMPACT & BENEFIT
- Reduced inappropriate conveyance to Emergency Departments & associ
- Reduced 12-hour breaches who are discharged home
- Increase in SDEC activity from a direct referral from Primary Care, Welsh

Deliverable	Key Milestone Q1
Consistent approach to delivery of SDEC across HdDUHB	• Development of demand and capacity model ensuring the services are meeting the needs our local population • Review of busiest day on winter 2023 to inform modelling] • Further development of Consultant Connect to support SDEC & Frailty model
Development and implementation of a front door assessment model of care aligned to a frailty approach	• Local Task & Finish groups established to develop Local approach to Optimal Frailty Model based learning from Withybush model • Review of current local models mapping & gapping against optimal model

Safe Hospital Care - Inpatient Response

SCOPE:
Implementation of the Optimal Flow Framework across the Acute & Community adult inpatient beds to provide optimal hospital-based care for people who need short term or ongoing, assessment or treatment for as long as it adds benefit to outcome with a relentless focus on good discharge practice.
Implementation of the Emergency Department Quality Statement across our type 1 Emergency Departments,.

IMPACT & BENEFIT
- Improved patient flow
- Reduced deconditioning
- Reduced LoS

Deliverable	Key Milestone Q1
Continued implementation of the Optimal Flow Framework Continued education at ward level around SAFER patient bundle, Red2Green process and associated codes, Discharge to Recover & Assess (D2RA) pathways identification etc	• Audit of board round activity at ward level (including SAFER principles and review against baseline Development of action plans for areas of concern • Evaluation of Deconditioning pilot and lessons learnt
Implementation of 7 focused areas within ED Quality statement	• Development of measurable action plan

Hospital @ Home - Domiciliary Response

SCOPE:
Help prevent future or emergency care presentations through a proactive approach delivery support through enhanced planning and coordination of their health and social care needs closer to home through development of enhanced community care provision and virtual wards.
Embed a HomeFirst approach following an admission and reduce future risk of readmission.

IMPACT & BENEFIT
- Improved patient flow
- Reduced number of PoCD
- Reduced number of patients with LoS > 21 days, 50 & 100 days
- Increased number of assessments undertaken by Trusted Assessors
- Increased discharges with LoS < 72 hours

Deliverable	Key Milestone Q1	Key Milestone Q2	Key Milestone Q3	Key Milestone Q4
Develop robust regional and local actions plans to deliver required improvement in PoCD numbers	• Develop consistent approach to recording of clinically optimised individuals (through Optimal Flow Framework) • Establish regional Delivery Group to oversee trends and themes from the PoCD census with agreed ToR and membership from health & social care	• Delivery Group to develop & embed SOP to ensure consistent approach & ensuring robust auditable validation process • Delivery Group to develop, deliver & monitor action plans (local and regional) to address themes and trends. • Engagement with RPB to develop robust reporting & discussion forum to improve performance across the region based on the action plans	• Review Joint Community Equipment provision and ensure equitable approach across region	
Discharge Strategy Group to coordinate all work and actions being taken in relation to discharge planning	• Scoping exercise of all current improvement projects across the discharge pathway • Review of Health Board policies to ensure alignment with national guidance / policy	• Review of current Discharge Liaison Nurse (DLN) Provision to ensure consistent approach across the region	• Implementation of consistent approach to discharge management provided by the DLN service • Ensure a joined-up approach between DLN and Long-Term Care teams	

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Workstream 1 Crisis Response Definition – Streaming

SCOPE:
Evaluation of demand, capacity and workforce constraints to determine local and regional responses to the operation of a 24/7 CSH across Hywel Dda.

Develop regional Clinical Streaming Hub (CSH) to provide a 24/7 Urgent Care Service including integration with GPOOHs & APP resources supported by local delivery resource hubs for the population of West Wales as defined by the Strategic Programme for Primary Care;

'Health & wellbeing issues that may result in significant or permanent harm if not clinically risk assessed and appropriately managed within 8 hours'

IMPACT & BENEFIT
- Reduced inappropriate conveyance to Emergency Departments & associated ambulance handover delays
- Reduced Emergency Admissions from Care Home Residents
- Increased Urgent Care Service activity

Deliverable	Key Milestone Q1	Key Milestone Q2	Key Milestone Q3	Key Milestone Q4
Enhancements to local resource hubs	• Pilot 2 APP Pilot Carms local resource hub • Phase 1 pilot APP in Pembs local resource hub • Direct access for Care Homes for advice (interim whilst CSH established)	• Mapping & gapping current service provision against CSH model & understanding inequity across region of APP resource • Development of single POC scheduling service/centre to support regional CSH	• Scale up to provide 24/7 model including Palliative Care services	
Development of regional CSH for Health Professionals & Care Homes	• Best practice model for CSH finalised & approved by board • Agreement of CSH evaluation framework • Demand & capacity modelling utilising learning rom busiest day review 2023 • Scope 111 pilot for direct access (working with national 111 service)	• Engagement with GPOOH service around integration of service with best practice CSH model • Implementation plan approved • Collaboration with communication colleagues to develop a local choose well public awareness campaign – winter preparedness	• Implementation of best practice model • Development of future workforce & training model to ensure safe & sustainable service model	• Evaluation of CSH model • Review of digital systems and integration across the UEC system (Primary Care/111/GPOOHs)

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Workstream 1 Crisis Response Definition – Streaming

Deliverable	Current Progress
Enhancements to local resource hubs	• Porth Preseli operational and now Frailty team integrated into Porth Preseli • Crisis workstream lead working with WAST to review WAST care home call volume and subsequent conveyance to ensure local delivery hubs have the appropriate wrap around pathways to reduce conveyance • WAST stack review undertaken in all 3 localities
Development of regional CSH for Health Professionals & Care Homes	• Final approval of model through Clinical Advisory Group (September) Understanding care home demand - working with WAST to review WAST care home call volume and subsequent conveyance to ensure local delivery hubs have the appropriate wrap around pathways to reduce conveyance • Working with Consultant Connect to deliver SPOC / number linked to local delivery hubs (Eastgate, SDUC, Porth Cere & Porth Preseli) • Reviewing demand/ capacity for local hubs - using busiest day data, 11 data, OOHs data , falls data – linked with national review of falls pathway

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Workstream 1 Crisis Response Outcome Measures

Outcome Measure		Program / Initiative	Focus	De-Esalation Measure	Programme Measure	Streaming	Ops Teams (via IQFPD)
UPC Services		National 6 Goals	Delivery and Implementation of a 24/7 Urgent Care Service, accessible via 111 Wales, to support improved access and GMS sustainability.		2 x GMS + 10% SDUC increase	*	
		MDS	Total number of patients planned to be seen in UPC				
Risk Stratification		National 6 Goals	Identify High Intensity service users		top 5% of high risk users identified per GP Pratice	*	
					% of top high risk users with ACP in place	*	
Inappropriate Conveyance		HdDUHB UEC Program	Reducing Inappropriate Conveyance		Increase % of people with a CSH contact with a decision not to convey who self-present to ED within 7 days of initial contact	*	
Ambulance handover delays	***>1 hour***	Team Wales	Number of ambulance patient handovers over 1 hour	March 2024 baseline (630) 30% reduction by December 2024 (441)			*
		Annual Plan Trajectories	Reduction in ambulance handovers > 1 hours	12.5% reduction per month based 23/24 actual			
	>4 hours	Targeted Intervention Improvement	A continuous reduction of ambulance handovers over an hour	at least 11% in three consecutive months and maintained for 3 months (Based on the Oct-Dec 2023 baseline)			
		Annual Plan Trajectories	Reduction in ambulance handovers > 4 hours	7.5% reduction per month based 23/24 actual			*
Emergency Admissions		HdDUHB UEC Program	Reducing Emergency Admissions		Increase % of people with a CSH contact with a decision not to convey who are not admitted within 7 days of initial contact	*	
		Ministerial Priority	Reduction in Emergency Admission from Care Homes			*	

Total Programme Measures	***6***

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Workstream 2 Planned Response Definition – Front Door

SCOPE:
Provide alterative Front Door services for those requiring an urgent care response via Same Day Emergency Care service or Frailty Model.
Maximising and harnessing the potential for SDEC & Frailty model through alignment with the regional CSH and local resource hubs to ensure clinically safe alternatives to hospital.

IMPACT & BENEFIT
- Reduced inappropriate conveyance to Emergency Departments & associated ambulance handover delays
- Reduced 12-hour breaches who are discharged home
- Increase in SDEC activity from a direct referral from Primary Care, Welsh Ambulance Service Trust & regional CSH (once operational)

Deliverable	Key Milestone Q1	Key Milestone Q2	Key Milestone Q3	Key Milestone Q4
Consistent approach to delivery of SDEC across HdDUHB	• Development of demand and capacity model ensuring the services are meeting the needs of our local population • Review of busiest day on winter 2023 to inform modelling • Agree definition and patient cohort for SDEC & Frailty aligned to WAST/National definitions • Definition of SDEC agreed and finalised taking learning from SDEC peer review & recommendations, to include consistent SOP & admission criteria and Trusted Assessor referrals from WAST	• Mapping and gapping against demand/capacity model to ensure maximum efficiency of SDECs • Development of scheduling process for SDEC to allow Primary Care/111/CSH/WAST to book ahead • Collaboration with communication colleagues to develop a local choose well public awareness campaign – winter preparedness	• Development of Development of future workforce & training model to ensure safe & sustainable service model • Further development of Consultant Connect to support SDEC & Frailty model	
Development and implementation of a front door assessment model of care aligned to a frailty approach	• Local Task & Finish groups established to develop Local approach to Optimal Frailty Model based learning from Withybush model • Review of current local models mapping & gapping against optimal model (including current falls pathway)	• Review and approval of local frailty models to assign alignment with regional CSH and local resource/delivery hub processes	• Reconfiguration of current services to new frailty models to include workforce and training plan. (This will necessitate job planning and possible OCP which may affect timescales for roll out)	

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Workstream 2 Planned Response Definition – Front Door

Deliverable	Current Progress
Consistent approach to delivery of SDEC across HdDUHB	• Recent review of SDEC services from NHS Exec (end July) – informal verbal feedback provided and SBAR for each area due mid August • Local reviews of SDEC staffing, opening times and performance • Local SBAR to be developed once above reviews received with recommendations for consistent model, inclusion/exclusion criteria etc.
Development and implementation of a front door assessment model of care aligned to a frailty approach	• Frailty Assessment Unit & clear pathways now in place on Withybush & Glangwili with pull from A&E / CDU • CFS and comprehensive geriatric assessment commenced at the front door & Frailty teams follow patients to acute wards

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Workstream 2 Planned Response Outcome Measures

Outcome Measure		Program / Initiative	Focus	De-Esalation Measure	Programme Measure	Front Door	Ops Teams (via IQFPD)
SDEC Services		National 6 Goals	Implementation of Same Day Urgent Care services		Increase in the No of SDEC attendances	*	
		HdDUHB UEC Program	Reducing Inappropriate Conveyance		Inrease in No of SDEC attendances referred by WAST	*	
					Inrease in No of SDEC attendances referred by CSH	*	
					Inrease in No of SDEC attendances referred by Primary Care	*	
Ambulance handover delays	***> 1hour***	Team Wales	Number of ambulance patient handovers over 1 hour	March 2024 baseline (630) 30% reduction by December 2024 (441)			*
		Targeted Intervention Improvement	A continuous reduction of ambulance handovers over an hour	at least 11% in three consecutive months and maintained for 3 months (Based on the Oct-Dec 2023 baseline)			
Demand at ED Departments	***Type 1***	MDS	Total number of patients attending a Type 1 ED	4% increase per month based 23/24 actual			*
	MIU		Total number of patients attendance at Minor Injury Units	7% increase per month based 23/24 actual			*
ED Performance		Team Wales	Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	March 2024 baseline (1655) 20% reduction by September 2024 (1324) Further 20% reduction by March 2025 (1059)			*
Emergency Admissions		MDS	Total number of emergency admissions from Type 1 ED	11.5% increase per month based 23/24 actual			*
Discharge		HdDUHB UEC Program	Improving Patient Flow / Managing Complexity	Increase in the No of discharges with a LoS <72 hours		*	

Total Programme Measures	***5***

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Workstream 3 Inpatient Response Definition – Safe Hospital Care

SCOPE:
Implementation of the Optimal Flow Framework across the Acute & Community adult inpatient beds to provide optimal hospital-based care for people who need short term or ongoing, assessment or treatment for as long as it adds benefit to outcome with a relentless focus on good discharge practice.
Implementation of the Emergency Department Quality Statement across our type 1 Emergency Departments,.

IMPACT & BENEFIT
- Improved patient flow
- Reduced deconditioning
- Reduced LoS

Deliverable	Key Milestone Q1	Key Milestone Q2	Key Milestone Q3	Key Milestone Q4
Continued implementation of the Optimal Flow Framework Continued education at ward level around SAFER patient bu ndle, Red2Green process and associated codes, Discharge to Recover & Assess (D2RA) pathways identification etc	• Audit of board round activity at ward level (including SAFER principles) and review against baseline. Development of action plans for areas of concern • Evaluation of Deconditioning pilot and lessons learnt • Understanding weekend working and discharges across 7 days and constraints. Development of improvement plans.	• Development and implementation of Clinical Criteria for Discharge (CDD) learning from successful model in Planned Care • Development of audit based deconditioning audit, building on pilot to establish baseline • Audit of board round activity at ward level (including SAFER principles) and review against baseline. Development of action plans for areas of concern	• Finalisation of reporting suite from Frontier to allow evaluation of trends of internal and external constraints down to ward level. • Continue roll out of deconditioning audit • Implementation of improvement plans for board rounds and D2RA pathways • Engagement plan for medical staff including junior doctors training programmes	• Embedding of deconditioning audit within harms dashboard
Implementation of 7 focused areas within ED Quality statement	• Development of measurable action plan			

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Workstream 3 Inpatient Response Definition – Safe Hospital Care

Deliverable	Current Progress
Continued implementation of the Optimal Flow Framework Continued education at ward level around SAFER patient bundle, Red2Green process and associated codes, Discharge to Recover & Assess (D2RA) pathways identification etc	• Operational leads for each acute site in place • Board rounds reinforced with social care (GGH) to provide expertise and input to improve patient flow • Reviewing current pathways including exit strategies, RTDC (discharges before noon), identifying patients for discharge the following day, instigating early completion of DAL's • Strengthening data capture of D2RA pathways to support decrease in LOS • Developing criteria led discharge protocol, draft circulated to Clinical Advisory Group for sign off (1st Aug) • Audit of weekend discharges undertaken at GGH

Implementation of 7 focused areas within ED Quality statement	• Developing local baseline across 3 x Type 1 Emergency departments
	• Working with sites to utilise SEDIT data as part of established departmental meetings
	  • Reviewing data and correcting errors – staffing establishments at Withybush & Bronglais
	  • Understanding implications of pathways on data – admission rates, age profile etc.

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Workstream 3 Inpatient Response Outcome Measures

Outcome Measure		Program / Initiative	Focus	De-Esalation Measure	Programme Measure	Safe Hospital Care	Ops Teams (via IQFPD)
Ambulance handover delays	***>1 hour***	Targeted Intervention Improvement	A continuous reduction of ambulance handovers over an hour	at least 11% in three consecutive months and maintained for 3 months (Based on the Oct-Dec 2023 baseline)			*
		Team Wales	Number of ambulance patient handovers over 1 hour	March 2024 baseline (630) 30% reduction by December 2024 (441)			
		Annual Plan Trajectories	Reduction in ambulance handovers > 1 hours	12.5% reduction per month based 23/24 actual			
	> 4 hours	Annual Plan Trajectories	Reduction in ambulance handovers > 4 hours	7.5% reduction per month based 23/24 actual			*
ED Performance	***4 hours***	Annual Plan Trajectories	Improved 4 hour ED performance	9.5% reduction per month based 23/24 actual			*
	12 hours	Annual Plan Trajectories	Improvement of patients waiting over 12 hours in ED	11.5% reduction per month based 23/24 actual			*
		ED Quality Statement	zero tolerance for people spending over 12-hours in a department.	zero patients waiting over 12 hours in ED			
		Targeted Intervention Improvement	Continuous improvement of patients waiting over 12 hours at each individual site and across the health board	no more than 7%			
		Team Wales	Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	March 2024 baseline (1655) 20% reduction by September 2024 (1324) Further 20% reduction by March 2025 (1059)			
	Triage times	ED Quality Statement	Timely and robust triage or initial assessment is undertaken		Time of arival to triage < 15 minutes	*	
	Time to first deision maker	ED Quality Statement	Assessment processes are consistent and evidence-based, with clinical decision makers assessing people in order of clinical priority		Time of arival to first decision maker < 60 minutes	*	
		Targeted Intervention Improvement	patients to be assessed by senior clinical decision maker within 60 mins from arrival at ED	97%			

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Workstream 3 Inpatient Response Outcome Measures

Outcome Measure		Program / Initiative	Focus	De-Esalation Measure	Programme Measure	Safe Hospital Care	Ops Teams (via IQFPD)
LoS	*> 7 days*	National 6 Goals	Reduing LoS >7days	Reducing the Volume of Patients who Experience a Length of Stay >7 days			*
	> 21 days	HdDUHB UEC Program	Improving Patient Flow / Managing Complexity	No of inpatients with a LoS 7 - 20 days			
		National 6 Goals	Reduing LoS >21days	Reducing the Volume of Patients who Experience a Length of Stay >21 days			*
		HdDUHB UEC Program	Improving Patient Flow / Managing Complexity	No of inpatients with a LoS >21days			
		Further Faster / Enhanced Community Care	Monitor pathways of care to identify opportunities for prompter discharge home. Implement local discharge planning and better coordination	Reduction in bed days > 21 days			
Patient flow		HdDUHB UEC Program	Improving patient flow Through Delivery of Optimal Flow Framework		% of EDDs reviewed within 24 hours of admission	*	
					% of Patients with D2RA pathway identified within 24 hours of admission	*	
					% of inpatients with a CCDs within 24 hours of admission	*	
					% of inpatients with a green day	*	
					% discharges before noon	*	
					No of weekend discharges	*	

Total Programme Measures	***9***

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Workstream 4 Domiciliary Response Definition – Hospital @ Home

SCOPE:
Help prevent future or emergency care presentations through a proactive approach delivery support through enhanced planning and coordination of their health and social care needs closer to home through development of enhanced community care provision and virtual wards.
Embed a HomeFirst approach following an admission and reduce future risk of readmission.

IMPACT & BENEFIT
- Improved patient flow
- Reduced number of Pathway of Care Delays (PoCD)

Deliverable	Key Milestone Q1	Key Milestone Q2	Key Milestone Q3	Key Milestone Q4
Develop robust regional and local actions plans to deliver required improvement in PoCD numbers	• Develop consistent approach to recording of clinically optimised individuals (through Optimal Flow Framework) • Establish regional Delivery Group to oversee trends and themes from the PoCD census with agreed ToR and membership from health & social care	• Delivery Group to develop & embed SOP to ensure consistent approach & ensuring robust auditable validation process • Delivery Group to develop, deliver & monitor action plans (local and regional) to address themes and trends. • Engagement with RPB to develop robust reporting & discussion forum to improve performance across the region based on the action plans	• Review Joint Community Equipment provision and ensure equitable approach across region	
Discharge Strategy Group to coordinate all work and actions being taken in relation to discharge planning	• Scoping exercise of all current improvement projects across the discharge pathway • Review of Health Board policies to ensure alignment with national guidance / policy	• Review of current Discharge Liaison Nurse (DLN) Provision to ensure consistent approach across the region	• Implementation of consistent approach to discharge management provided by the DLN service • Ensure a joined-up approach between DLN and Long-Term Care teams	

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Workstream 4 Domiciliary Response Definition – Hospital @ Home

Deliverable	Key Milestone Q1	Key Milestone Q2	Key Milestone Q3	Key Milestone Q4
Develop robust regional Trusted Assessor (TA) Model	• Defining of simple and complex discharges (aligned to Discharge Strategy & Optimal Flow Framework) to ensure maximum benefit of TA model	• Undertake TA pilot in Pembs for undertaking of mental capacity assessments, adjustments in packages of care and front door assessment • Audit if TA activity (number of assessments) against baseline and model scope of opportunity • Continue monitoring assessment delays and develop action plans based on TA activity where appropriate	• Evaluation of Pembs TA pilot and lessons learnt • Develop and approve optimal TA model for West Wales learning from local and national pilots	• Implementation of optimal TA model • Develop robust automated reporting arrangements for TA activity and monitoring against baseline
Develop & implement strategy for Hospital @ Home (H@H) across the West Wales region	• Engage, socialise & agree Hospital @ Home model • Evaluation of current bed-based provision including collation of incidents, complaints & compliments data. • Review SOPS and admissions criteria for all current bed-based models	• Development and approval of regional model for H@H including review of best practice and develop gold standard framework • Development of workforce and training plan to ensure safe sustainable future model for H@H	• Phased implementation of H@H model • Evaluation of model to enable learning from early pioneer sites	
Develop & implement strategy for Enhanced Community Care supported by virtual wards	• Development of service and data definitions for Enhanced Community Care for West Wales - 'What does good look like?' • Agreement of regional reporting suite for Enhanced Community Care	• Mapping and gapping against local service definition identifying gaps and opportunities for closer regional working • Development of digital virtual ward specification to support delivery of Enhanced Community Care	• Scale up of Enhanced Community Care services to 7 days to deliver 24/7 model	

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Workstream 4 Domiciliary Response Definition – Hospital @ Home

Deliverable	Key Milestone Q1
Develop robust regional and local actions plans to deliver required improvement in PoCD numbers	• Regional Delivery Group established to oversee trends and themes from the PoCD census with agreed ToR and membership from health & social care • Regional validation process pilot commencing August 2024 utilising best practice from across Wales to ensure consistent approach and application of delay codes
Discharge Strategy Group to coordinate all work and actions being taken in relation to discharge planning	• Regional Delivery Group established • Discharge toolkit being developed bringing together local protocols, policies and resources
Develop robust regional Trusted Assessor (TA) Model	• TA model established within region • Pilot commenced reviewing TA delivering mental capacity assessments
Develop & implement strategy for Hospital @ Home (H@H) across the West Wales region	• Hospital @ Home model being developed with relevant stakeholders to include development of service and data definitions for Enhanced Community Care for West Wales - 'What does good look like?' • Current community hospital SOPS and admissions criteria reviewed to ensure consistent approach
Develop & implement strategy for Enhanced Community Care supported by virtual wards	• Regional reporting suite for Enhanced Community Care agreed

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Workstream 4 Domiciliary Response Outcome Measures

Focus	De-Esalation Measure	Programme Measure	Hospital @ Home	Ops Teams (via IQFPD)
Reducing LoS >7days	Reducing the Volume of Patients who Experience a Length of Stay >7 days			*
Improving Patient Flow / Managing Complexity	No of inpatients with a LoS 7 - 20 days			*
Reducing Los>21days	Reducing the Volume of Patients who Experience a Length of Stay >21 days			*
	No of inpatients with a LoS >21days			
Monitor pathways of care to identify opportunities for prompter discharge home	Reduction in bed days > 21 days			
Reducing Pathways of Care Delays (POCD)		Consistent Reduction in Assessment Delay Codes	*	
A continuous reduction in delayed pathways of care	5% for three consecutive months and then maintained for three months (based on Oct-Dec 23 baseline)			*
Reduction in delayed pathways of care	6.5 reduction per quarter to get to 177 PoCD by end March 2024			
Increased count of people receiving Enhanced Community Care		Build and adapt community capacity for anticipatory care planning for people most at risk and implement effective and efficient provision for those nearing or in crisis (as according to National Model for Enhanced Community Care)	*	
		Increase the capacity of at home palliative care and end of life care services	*	
		Accelerate implementation of the Community Nursing Specifications to achieve the following WG milestones and provide a more consistent, resilient, and sustainable 24/7 neighbourhood district nursing (DN) model across Wales.	*	
		Increase the capacity and optimise the numbers and range of Allied Health Professions (AHPs) and their respective skills	*	
		Ensure effective use of the Regional Integration Fund (revenue) specifically in relation to Hospital at Home and Complex Care at Home initiatives are fully aligned to building community care capacity and optimised use of finite care resource that is available	*	
Increasing Enhanced Community Care Capacity				

Total Programme Measures	***6***