GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board
Canolfan Staff 1
Staff Base 1
7 Day Clinical Streaming, Hospital@Home and Same Day Emergency Care Business Case
Finance and Performance Committee, 16 December 2025

Introduction

- The Clinical Streaming Services (CSS), Hospital@Home and Same Day Emergency Care (SDEC) Business Case proposes moving from the existing five-day to a seven-day model for Hywel Dda University Health Board.

- The proposal is based on detailed financial analysis, national recommendations and findings, and the evaluation of a pilot weekend undertaken in March 2025.

- As such the Business Case contains inherent complexity, relating to the consultation, stakeholder engagement, interdependencies, failure demand and the 'how' of realising the ambition to overlay fiscal responsibility in a way that integrates and enables the preventive operational 'shift left'

- The aim is to improve urgent and emergency care performance, patient outcomes, and align with national priorities.

Strategic Fit

- Aligns with the National Six Goals Programme for Urgent and Emergency Care (UEC) and Single Point of Access Framework.

- Supports Ministerial Priorities for UEC

  - *UEC1: Implement effective Community Based Falls Response Services. To enhance outcomes and experience for those who fall by improving initial response times, reducing the risk of long lies and ensuring service users access community falls pathways when appropriate*

  - *UEC2: Implement a robust 'Single Point of Access' (SPOA) for UEC. Create in each health board area that simplifies access to services by offering clinicians advice and guidance to support onward referral, ensuring patients get the right care for their needs quickly and safely, to improve patient outcomes regardless of where they present*

- Alignment with the Health Board's UEC Accelerated Transformation Programme and Heath Board's Emergency Department's Get It Right First-Time (GIRFT) recommendations.

- Promotes integrated, community-based care and reduces reliance on Emergency Departments

Case for Change

- Weekend care delays and poorer outcomes for patients.
- Increased ED attendances and ambulance handover delays.
- Limited access to alternative care pathways on weekends.
- Hospital@Home currently lacks weekend cover.
- The Health Board is in Targeted Intervention for UEC, opportunity to improve performance.
- The local Weekend Pilot showed significant potential benefits in terms of cost avoidance and patient outcomes
- The proposed models have been Clinically led, developed and unanimously agreed with Clinicians and Operational staff over the last year
- Current sustainability of UEC model, no change was not seen as an option.

Proposed Model: Clinical Streaming and Hospital@Home

Regional Clinical Streaming

Clinical Streaming/WAST Stack
- 1 x Advanced Paramedic Practitioner
- 1x Advanced Clinical Practitioner
- Therapy Response Line

Local Response Hub Eastgate

Crisis Response/Outreach:
- 2x Advanced Clinical Practitioner
- 1x Health Care Support Worker

Digital Ward, Review and Management:
- 1x Urgent Care Practitioner

Falls Response:
- Delta

Wrap Around Support:
- Existing Delta Staffing

Local Response Hub Porth Preseli

Crisis Response/Outreach:
- 2x Advanced Clinical Practitioner
- 1x Health Care Support Worker

Digital Ward, Review and Management:
- 1x Urgent Care Practitioner

Falls Response:
- St Johns (existing)

Wrap Around Support:
- 2x Health Care Support Worker

Local Response Hub Porth Cere

Crisis Response/Outreach:
- 2x Advanced Clinical Practitioner
- 1x Health Care Support Worker

Digital Ward, Review and Management:
- 1x Urgent Care Practitioner

Falls Response:
- 2 x HCSW

Wrap Around Support:
- Existing core District Nursing support

- Please note this is based on per day basis, Saturday and Sunday, 8am – 8pm basis (please refer to appendices for costings). Pharmacy is not included for Weekend working but will provide 3x senior pharmacy support, one per County, Monday to Friday, 9am-5pm, to support the model
- The model is inclusive to the population crisis needs with a particular focus on frailty, falls, complex respiratory and an alternative to admission option where safe and appropriate for our most vulnerable citizens. This clearly aligns with the UEC Ministerial priorities.
- This model enables 7-day virtual ward functionality through Hospital@Home. Currently this is only 4 days a week as patients have to be discharged every weekend as a streaming hub is not operating to monitor.
- Therapy funding in the Clinical Streaming Model will be used to support a Therapy Response Line at weekends
- There is direct access for Care and Nursing Homes alongside other clinical professionals
- Integrated Level one, Level two and Level three falls response, seven days a week
- Local response teams (ACPs, Out of Hours (OOHs), Pharmacy, Therapies, District Nurses).
- Regional Clinical triage with cross-hub coordination.
- Integration with Out of Hours, Therapies, and Intermediate Care teams. Pathways have already been built up over the week working between the CSS which have shown positive results, this will be continued in to the weekend.
- Engagement through a number of key stakeholder workshops, inclusive of Primary Care, Secondary Care, Local Authority and Llais representatives has led to the consensus on the staffing model put forward.

Proposed Model: SDEC

GGH SDEC

- 1x Clerk*
- 2x Health Care Support Worker
- 2x Nurse**
- 1x Advanced Nurse
- 1x Supervisor*
- 3.3x Advanced Clinical Practitioner
- 0.9x Consultant Oversight
- 2.1x Consultant/Frailty

BGH SDEC

- 1x Health Care Support Worker
- 1x Senior Nurse
- 1.2x Advanced Clinical Practitioner
- 1x GP- Medical Oversight

WGH SDEC

- 1x Admin & Clerical
- 2x Health Care Support Worker
- 1x Nurse
- 1x Advanced Nurse
- 1x Senior Nurse*
- 3.3x Advanced Clinical Practitioner
- 0.9x Consultant Oversight
- 2.1x GP Medical Oversight

- Please note that this is based on Whole Time Equivalent (WTE) on a per day basis
- The Optimal SDEC model refers to implementing a model which strengthens the current weekday services and provides cover for weekend working.
- The Optimal SDEC model will enable partnership working with Clinical Streaming Services and Virtual Wards across 7-days, enabling direct referrals from WAST (ambulance service) and Out-of-Hours GP services. This integration will allow rapid discharge and admission avoidance
- Will enable the stream of patients from CSS to SDEC and back to the community to support improvement of A&E and hospital flow at weekends

Clinical Streaming and Hospital@Home Benefits

Clinical Streaming

Local pilot evaluation demonstrated:

- Cost avoidance and improved patient experience.
- Faster discharge and reduced hospital admissions
- Enhanced staff collaboration and morale, with positive patient and staff stories.

National/International evidence from similar models (e.g., Clinical Streaming Hospital at Home, Virtual Wards) shows:

- Denmark - Pre-ED Clinical Streaming Hubs:
  - Decreased emergency department overcrowding by diverting low-acuity cases early.
  - Increased patient safety through the use of validated triage and symptom-based protocols.
  - Demonstrated more efficient use of resources such as ambulances, ED personnel, and beds.
  - Improved system performance via digital integration and coordinated care pathways.
  - Enhanced patient experience by reducing unnecessary hospital visits.
- Nationally Streaming and Hospital@Home model has shown to produce significant savings, with high patient satisfaction and safety.
- Community-based interventions are found to reduce unnecessary admissions and follow-ups, saving thousands of pounds per patient.
- Evidence indicates Hospital@Home services led to major reductions in 111 calls, ambulance incidents, ED attendances, and emergency admissions.
- These models are especially effective for complex and frail patients, improving outcomes and experiences.

Overall, evidence strongly supports investing in seven-day clinical streaming hubs for cost savings and better care.

Same Day Emergency Care Benefits

Health Board Pilot Weekend:

- SDEC 91% same-day discharge rate, reducing unnecessary admissions and improving patient flow.
- SDEC absorbed 56% of all ED medical takes during the pilot, easing pressure on Emergency Departments.

National Data:

- SDEC can discharge 38%–92% of patients the same day, reducing risks of hospital-acquired infections and deconditioning.
- SDEC supports improved patient flow, reduces Monday backlogs, and aligns with NHS Long Term Plan requirements.
- Financially, avoiding unnecessary admissions generates cost savings and optimizes resource use.
- Case studies reinforce that seven-day services improve safety, hospital flow, and system efficiency.

Overall, the implementation of a 7-day SDEC service represents a high-impact intervention that improves patient safety, enhances hospital flow, and delivers measurable cost efficiencies while meeting national policy requirements.

Clinical Streaming Financial Analysis

Service	Band/Grade	Values: Establishment (WTE)	Values: Estimated Cost (£)
CSH - Weekend		16.49	£1,373,802.81
Pharmacists		3.80	£309,798.67
Grand Total		20.29	£1,683,601.48

	Hospital Admission	ED attendance	LOS	Potential Cost Avoidance	Bed Saving
Weekend Pilot	19	34	5.75	4,154,318	16
Data Review	8	7	15.13	4,049,856	17

- The weekend Clinical Streaming (CS) model costs £1.7m per year.
- Two cost-benefit reviews were conducted, with Cost avoidance based on potential costs from hospital admissions and ED attendances:
    - Local pilot weekend data.
    - Three-Year inpatient data review for potential Clinical Streaming/Hospital@Home patients whose admissions could be avoided.
- Both evaluations suggest a potential bed saving of 16–17 beds per year (non-surge).
- Assumptions include; average length of stay, resource release complexity, and pharmacy intervention savings.
- The main benefit is identified was a reduction in variable pay spend on surge within hospitals.
- The model's financial sustainability depends on ongoing recruitment and operational efficiency.

SDEC Financial Analysis: Costs

Service	Band/Grade	Values: Establishment (WTE)	Values: Estimated Cost (£)
SDEC BGH - 7-Day		10.99	£972,796.57
SDEC GGH - 7-Day SP Roster 3		35.70	£3,801,176.03
SDEC WGH - 7-Day		32.61	£3,164,235.39
Grand Total		79.30	£7,938,207.99

		Day / Values	Monday			Saturday					
Service	Band/Grade	Role	Headcount	Hours	Calculated WTE	Headcount	Hours	Calculated WTE	Total Headcount	Total Hours	Total Calculated WTE
SDEC BGH - 7-Day	Band 3	Support Worker	1.00	11.50	0.39	1.00	11.50	0.39	2.00	23.00	0.78
	Band 7	Senior Nurse	1.00	11.50	0.39	1.00	11.50	0.39	2.00	23.00	0.78
	Band 8A	ACP	1.20	13.80	0.47	1.20	13.80	0.47	2.40	27.60	0.94
	GP	Medical Oversight	1.00	9.38	0.32	1.00	9.38	0.32	2.00	18.75	0.64
SDEC BGH - 7-Day Total			***4.20***	***46.18***	***1.57***	***4.20***	***46.18***	***1.57***	***8.40***	***92.35***	***3.14***
SDEC GGH - 7-Day SP Roste	Band 2	Clerk	1.00	7.50	0.25	0.00	0.00	0.00	1.00	7.50	0.25
	Band 3	HCSW	2.00	23.00	0.78	2.00	23.00	0.78	4.00	46.00	1.56
	Band 5	Nursing	2.00	23.00	0.78	1.00	11.50	0.39	3.00	34.50	1.17
	Band 6	Advanced Nursing	1.00	11.50	0.39	1.00	11.50	0.39	2.00	23.00	0.78
	Band 7	Supervisor	1.00	7.50	0.20	0.00	0.00	0.00	1.00	7.50	0.20
	Band 8A	ACP	3.30	45.38	1.54	3.30	45.38	1.54	6.60	90.75	3.08
	Consultant	Consultant Oversight	0.90	12.38	0.42	0.90	12.38	0.42	1.80	24.75	0.84
		Consultant/Frailty	2.10	28.88	0.98	2.10	28.88	0.98	4.20	57.75	1.96
SDEC GGH - 7-Day SP Roster 3 Total			***13.30***	***159.13***	***5.34***	***10.30***	***132.63***	***4.50***	***23.60***	***291.75***	***9.84***
SDEC WGH - 7-Day	Band 2	Admin & Clerical	1.00	11.00	0.37	1.00	11.00	0.37	2.00	22.00	0.74
	Band 3	Support Worker	2.00	22.00	0.74	2.00	22.00	0.74	4.00	44.00	1.48
	Band 5	Nursing	1.00	11.00	0.37	1.00	11.00	0.37	2.00	22.00	0.74
	Band 6	Advanced Nursing	1.00	11.00	0.37	1.00	11.00	0.37	2.00	22.00	0.74
	Band 7	Senior Nurse	1.00	7.50	0.25	0.00	0.00	0.00	1.00	7.50	0.25
	Band 8A	ACP	3.30	36.30	1.23	3.30	36.30	1.23	6.60	72.60	2.46
	Consultant	Consultant Oversight	0.90	12.38	0.42	0.90	12.38	0.42	1.80	24.75	0.84
	GP	Medical Oversight	2.10	28.88	0.98	2.10	28.88	0.98	4.20	57.75	1.96
SDEC WGH - 7-Day Total			***12.30***	***140.05***	***4.73***	***11.30***	***132.55***	***4.48***	***23.60***	***272.60***	***9.21***
Grand Total			29.80	345.35	11.64	25.80	311.35	10.55	55.60	656.70	22.19

SDEC Financial Analysis

Site	Cost	LOS	Cost Bed day	Patients a year	Patients a week
WGH	£3,200,000	7.14	£527	851	16
BGH	£1,000,000	10.90	£527	174	3
GGH	£3,800,000	7.23	£527	997	19
	£8,000,000				39

	Prevention rate		
Site	100% surge reduction	50% surge reduction	Difference
WGH	80%	49%	32%
BGH	46%	23%	23%
GGH	80%	51%	30%

	Total Patients per week		
Site	100% surge reduction	50% surge reduction	Difference
WGH	62	38	25
BGH	18	9	9
GGH	66	41	24
Total	146	88	58

	Prevention rate		
Site	100% surge reduction	50% surge reduction	Difference
WGH	80%	49%	32%
BGH	46%	23%	23%
GGH	80%	51%	30%

- Traditionally productivity savings are calculated using a standard bed day cost. If the number of bed days equals the extra cost of the resource required, then in theory the service is sustainable. In the SDEC case, if the extra resource required is £8m, then the number of additional patients that SDECs would need discharge on a weekly basis, at the current length of stay per site, would be 39.

- This assumes that every patient care is equal, in an established bed with approved staffing model. It does not account for the costs of Boarding and Surge beds which are significantly less costly. This has been accounted for in the cost value calculations, as well as the likely demand cohort over weekends.

- Additionally, calculations were made on the basis that SDEC solely would have impact on reducing and eliminating Surge/Boarding beds. This has been adjusted in calculations

- It has been found that if Surge and Board beds were to be reduced by Urgent and Emergency Care 'Back door' programmes by 50% and the SDEC model 'Front Door' only had to account for the other 50%, then the number of patients that SDEC would have to prevent being admitted would be an additional 88 per week across all SDEC sites. The prevention rate of Medical patients would drop to a maximum of 51% rather than 80%.

Workforce Analysis (with Staffing Models and Opportunities)

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Significant recruitment challenges for all models, especially senior and specialist roles.

- SDEC Bronglais Hospital: High WTE requirements for Bands 3, 7, 8A, and GP roles; timelines exceed 6–12 months for senior roles.
- SDEC Glangwili Hospital: High WTE requirements for Bands 2–8A and Consultant roles; timelines extend beyond 12–18 months for advanced practice and consultant posts.
- SDEC Withybush Hospital: High WTE requirements for Bands 2–8A, GP, and Consultant roles; timelines exceed 12–18 months for senior roles.
- Clinical Streaming Hub: High WTE requirements for Bands 3–8A, Band 6–7, and Pharmacist roles; timelines exceed 12 months for advanced practice and pharmacy roles.

Recruitment risks are high due to limited internal talent pipeline and candidate diversity.

Failure to recruit will destabilise teams and jeopardise implementation. Mitigations include phased recruitment, international sourcing, talent development, and trainee roles (Annex 21). Opportunities exist for portfolio working and internal talent development.

Options Appraisal

Option A: Implement seven-day Clinical Streaming and Hospital@Home services across Hywel Dda University Health Board.

Option A	Cost per year	Estimated cost avoidance per year
Optimal 7-day Clinical Streaming Model	£1.7m	£4m

Option B: Implement seven-day Clinical Streaming, Hospital@Home, and phased rollout of SDEC services by site, with annual reviews and potential expansion or discontinuation. Phased introduction allows for operational embedding, benefit realisation, and scheduled review points. This option assumes that SDECs are able to meet the value threshold required for continuation of service (please see SDEC Financial Analysis).

Option B	Cost Optimal 7-day Clinical Streaming Model	Cost Avoidance Optimal 7-day Clinical Streaming Model	Cost Optimal 7-day SDEC model, phased implementation.	Cost Avoidance Optimal 7-day SDEC model, phased implementation	Total Cost	Total Cost Avoidance
Year One. *CSS Model and WGH SDEC*	**£1.7m**	**£4m**	**£3.2m**	£3.2m	**£4.9m**	**£7.2m**
Year Two. *CSS Model and WGH and BGH SDEC*	**£1.7m**	£4m	**£4.2m** WGH £3.2m BGH £1m	£4.2m	**£5.9m**	**£8.2m**
Year Three. *CSS Model and WGH, BGH and GGH SDEC*	**£1.7m**	£4m	**£8m** WGH £3.2m BGH £1m GGH £3.8m	£8m	**£9.7m**	**£12m**

Implementation Plan

- **Option B** implementation suggested to be full seven-day Clinical Streaming, Hospital@Home, and a phased rollout of Same Day Emergency Care (SDEC) across Hywel Dda University Health Board.

- Proposed roll out for SDECs (sequencing based on current SWOT analysis):
  - Withybush Hospital in Financial Year-One (2026-27)
  - Bronglais Hospital in Year-Two (2027-28)
  - Glangwili Hospital in Year-Three (2028-29)

- Withybush Hospital was chosen as the initial pilot site for the following reasons:
  - Withybush Hospital currently provides significant boarding and surge care, so piloting here could help stabilise current pressures and test the model's effectiveness in a high-demand environment.
  - Mature and established SDEC, with links across Streaming and Out-of-Hours services, increasing the likelihood of successful delivery and measurable benefits.

- Annual phasing allows time for operational embedding and benefit realisation at each site.

- Scheduled review points each year assess impact and inform a comprehensive year-end evaluation.

- Continuation or expansion depends on achieving costed cash savings (see financial analysis).

- If cash savings are not realised, the service will be discontinued and the Exit Plan enacted.

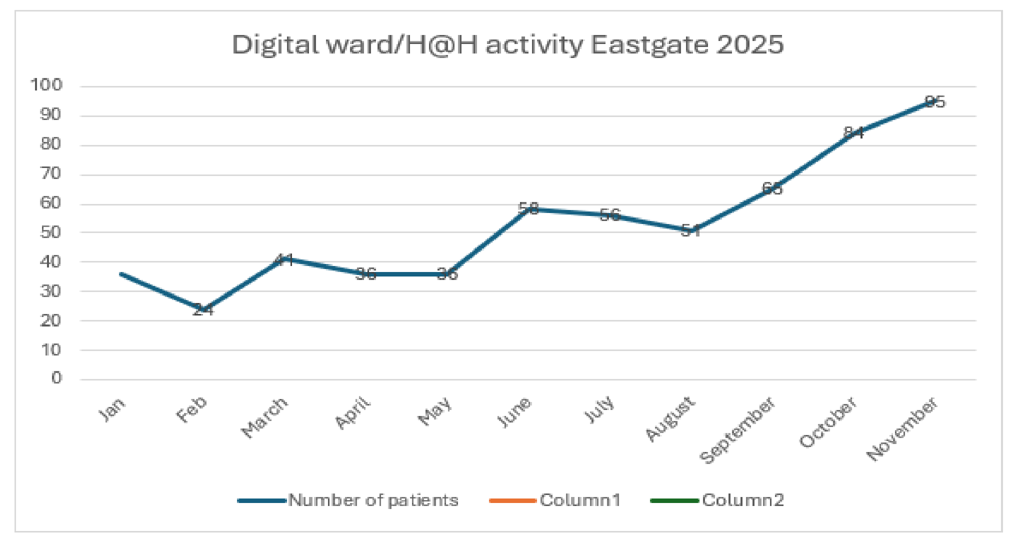
- Exit Plan developed with Workforce and Finance to ensure substantively appointed staff can be redeployed across the organisation through Organisational Change Processes.

Key Risks and Mitigations

Risk	Mitigation
No guarantee for Advanced Paramedic Practitioners to work in weekend due to current APP resource within WAST.	Will need to utilise Advanced Clinical Practitioners in the Navigator role if APP's are not available over the weekend. Ongoing meetings with WAST to understand position further and to try and build more APP resource in Hywel Dda to support the Weekend working.
Workforce fatigue	Need to recruit staff to substantive/permanent positions, as a temporary or bank cover is not sustainable over a long-period of time.
Recruitment. Significant recruitment challenges listed as part of the Workforce analysis	Each Response Hub has recently attracted interest from both internal and external candidates for Clinical Streaming roles. It is anticipated that this interest will continue to grow, driven by the demand for and appeal of portfolio working across disciplines, a key benefit of operating within a Clinical Streaming environment. In addition, the service is considering the introduction of Annex 21 trainee roles. This strategy would allow senior ACPs/APPs to provide weekend coverage while trainees support weekday operations. It also strengthens workforce sustainability by developing future ACPs who are internally trained to meet the required risk appetite and experience standards.
Communication and Engagement	To date no engagement with the public has been done on the model. Comms and engagement advice is to develop public focus groups to engage on model before launch. Llais and other key stakeholders such as Local Authorities and WAST have been engaged with on the model to date.
Benefits Realisation	The benefits of the service may take six months to a year to fully realise. New staff will need time to be trained to effectively work in a Clinical Streaming Environment, and services need to adapt to work with the hubs effectively over weekends. The programme group will need to ensure ongoing data analysis There is a risk that the service will not realise the required benefits/cash savings. The benefits realisation will be monitored through the Six Goals Integrated Operational Group, and formally reviewed Finance and Performance Committee and Formal Executive Team each year for decision.
Exit Plan	As staff will be employed on a permanent basis a workforce plan will need to be developed to ensure that all staff will be able to be re-deployed through OCP processes

Expected Benefits

- In addition to the financial and quality of care benefits demonstrated it is expected to see that following implementation of the 7-day model the following performance related benefits for UEC in the Health Board:
    - Reduced attendances
    - Reduced admissions
    - Less conveyances
    - Reduced length of stay
- Both the learning from the Enhanced Weekend Pilot, National and International evidence, and data from a recent increase in hours in the Eastgate Local response Hub:



- Hours increased from 9am - 5pm to 8am - 8pm at the end of October 2025. This patient data represents patients the hub is supporting at home with regular medical monitoring that would otherwise need hospital admission. This does not represent the totality of activity, only those that are ‘admitted’ to the Hospital@Home or digital ward.
- All performance metrics will be tracked as part of ongoing monitoring and review process.

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