

# Hywel Dda University Health Board Winter Plan 2022/23

## Update Quality & Safety



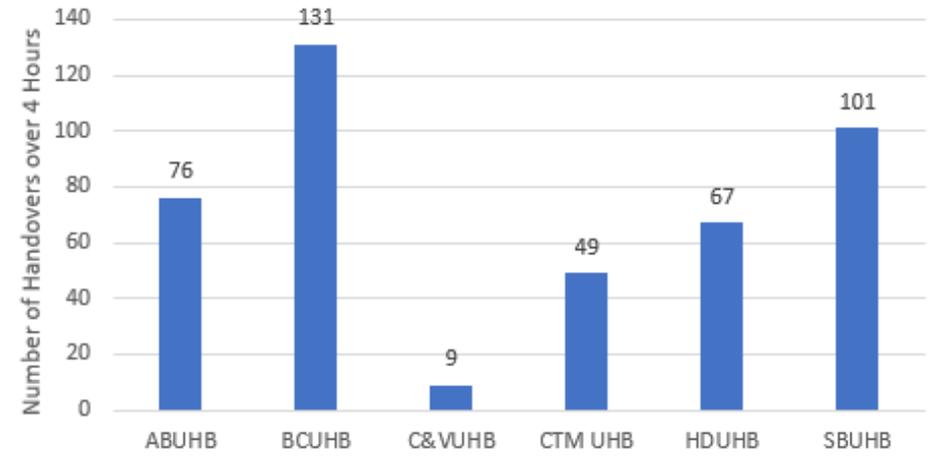
# Situation

A report was submitted to October QSEC which gave an overview of the winter plan. This presentation considers:

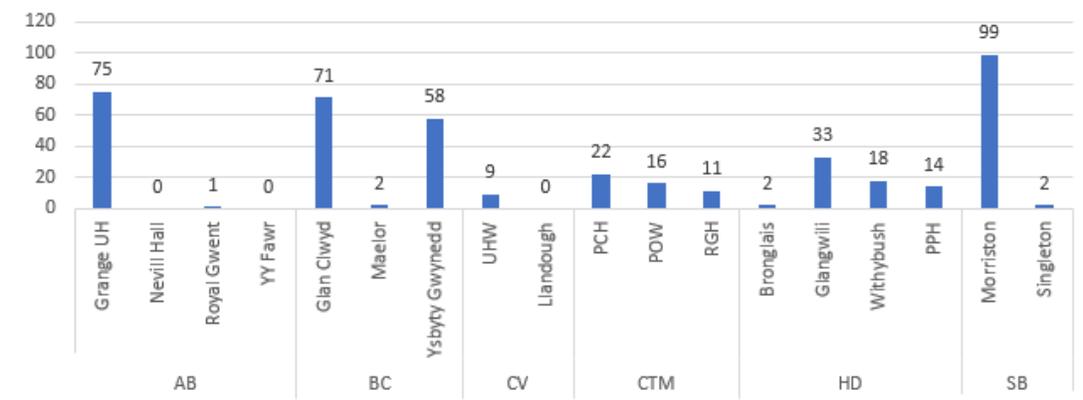
- Some of the quality metrics that are available from our systems and what they are currently telling us.
- It identifies some of the challenges that are being experienced
- Will outline some of the initiatives being taken forward to help improve the experiences of patients within our urgent and emergency care system.

# UEC – ambulance delays >4 hours

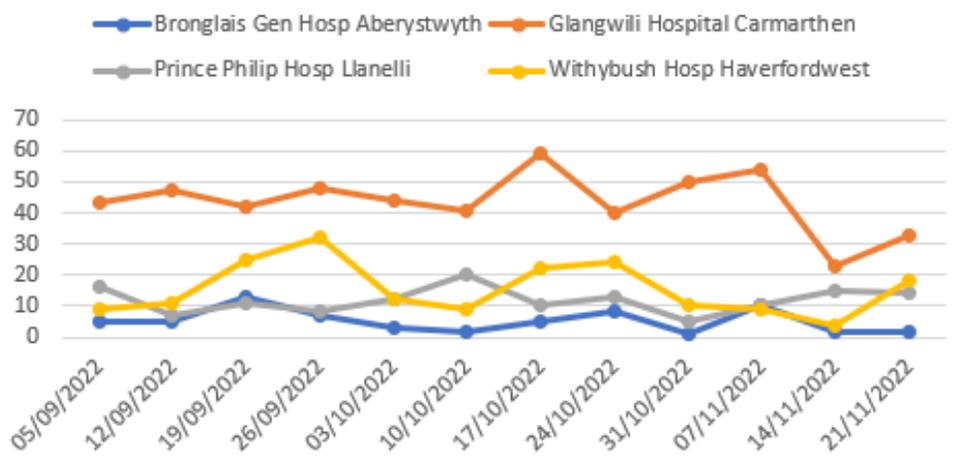
Ambulance delays > 4 hours by Health Board - w/b 21<sup>st</sup> November



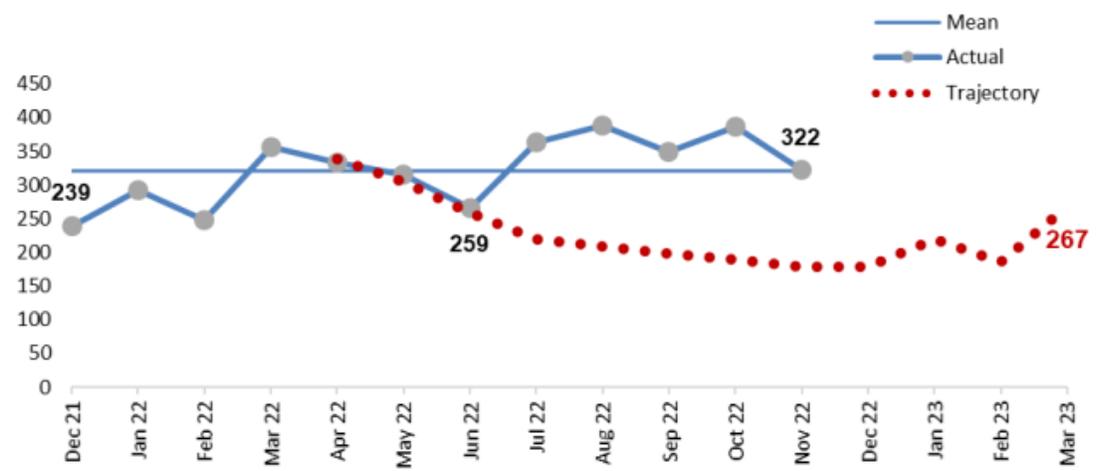
Ambulance delays > 4 hours by hospital - w/b 21<sup>st</sup> November



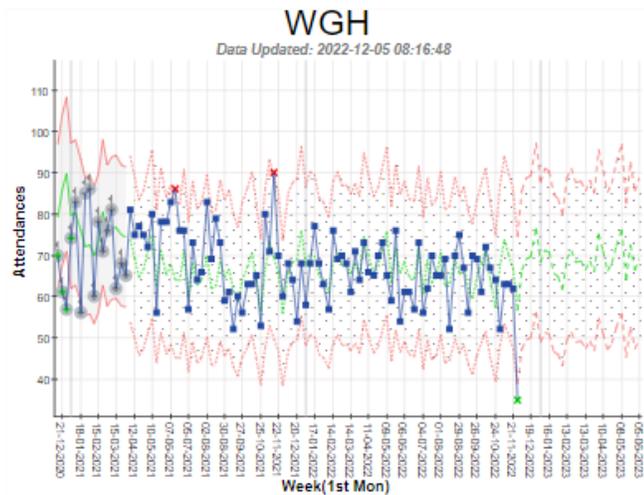
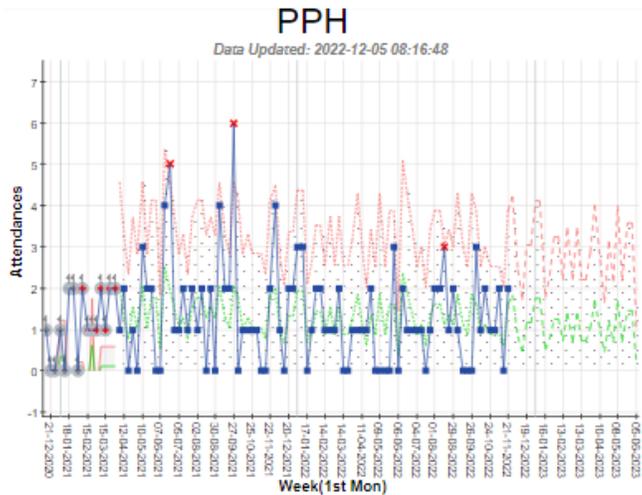
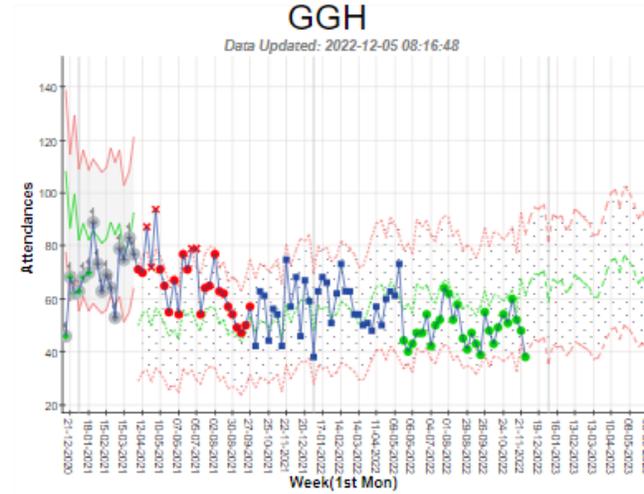
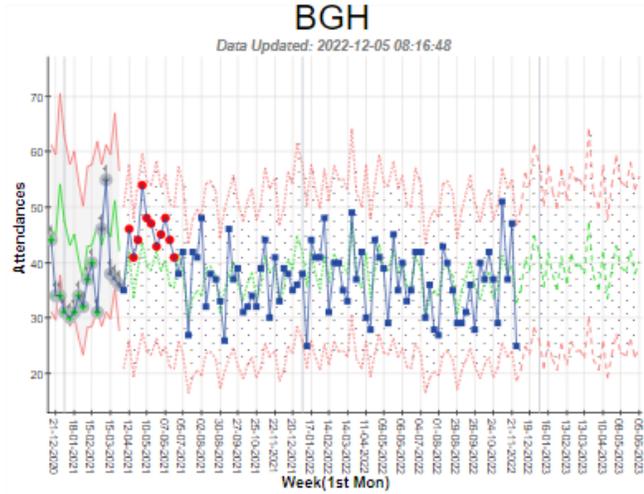
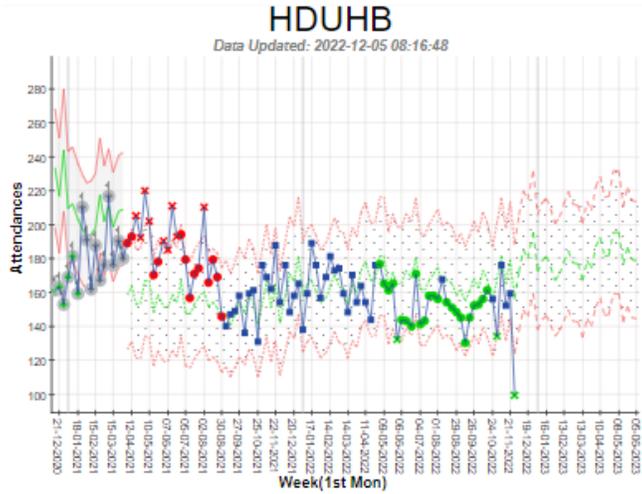
Ambulance delays > 4 hours trend by hospital



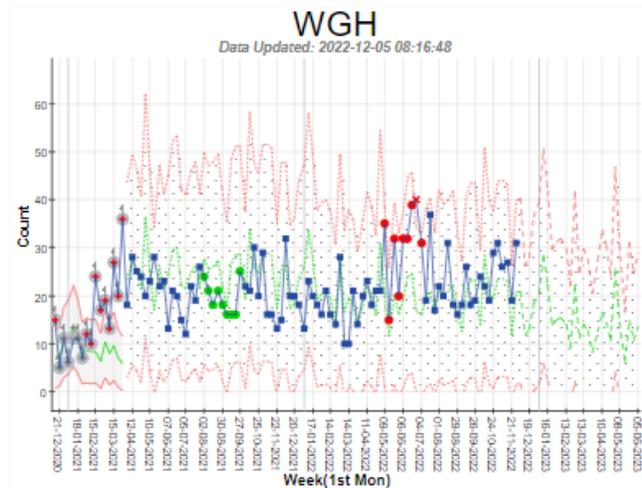
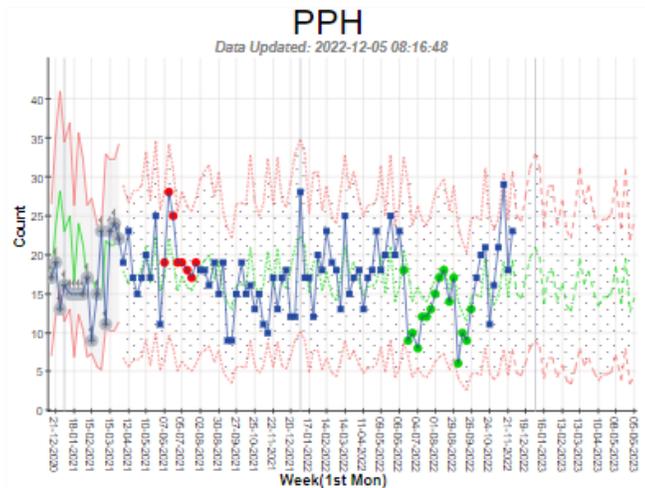
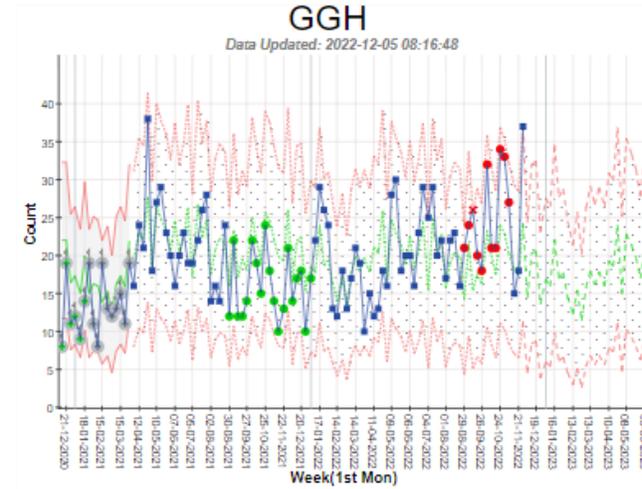
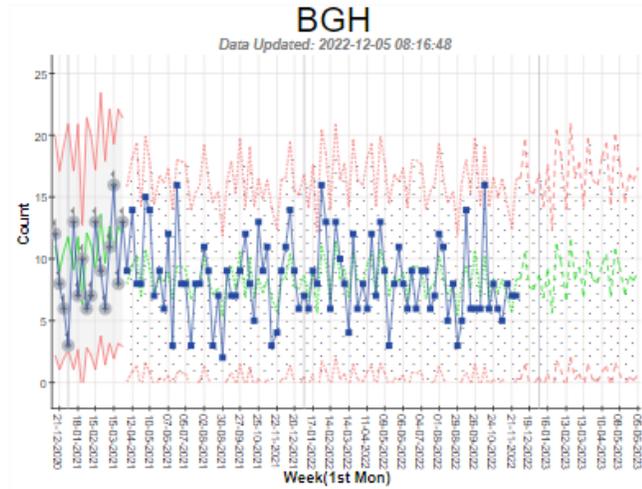
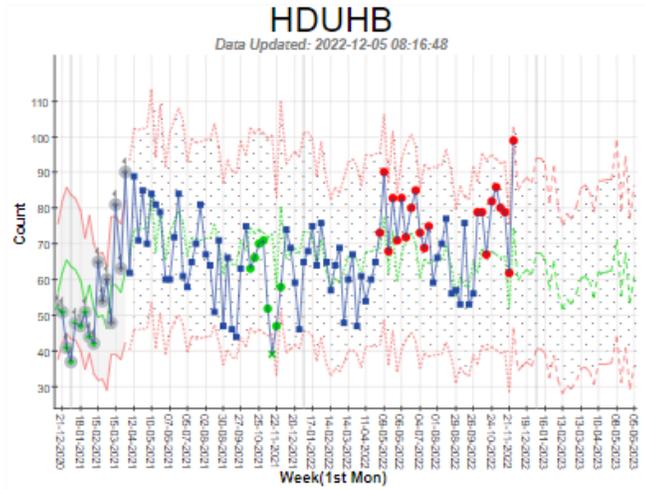
Ambulance handovers > 4 hours - monthly trajectory



## Ambulance conveyances to an emergency department: persons aged 75+



## Patients aged 75 and over and a LOS of 0 or 1 days (Conversion avoidance)

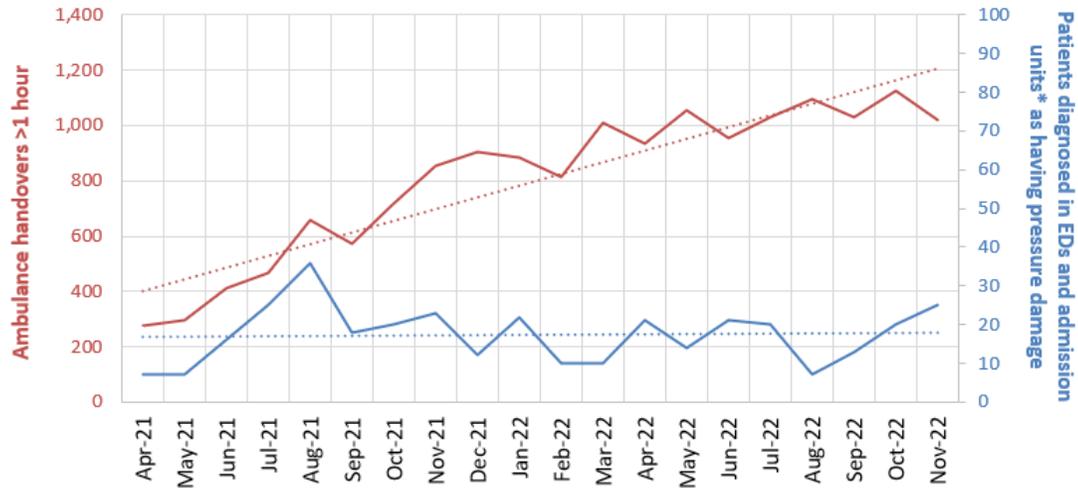


# Urgent and Emergency Care - challenges

- Although attendances at ED have returned to pre-covid rates the acuity of patients attending has increased requiring increased levels of care and support
- Ageing population and workforce challenges impact on our UEC services
- There continues to be concerns relating to ambulance hand over delays above 4 hours in all HB across Wales, although there was a slight improvement in November within the HB
- As previously reported to QSEC a number of initiatives are being taken forward through the TUEC workstreams.
- It is intended that the Harms and the Directorate dashboards develop they will become the key platform through which high level quality metrics will be reported and monitored.

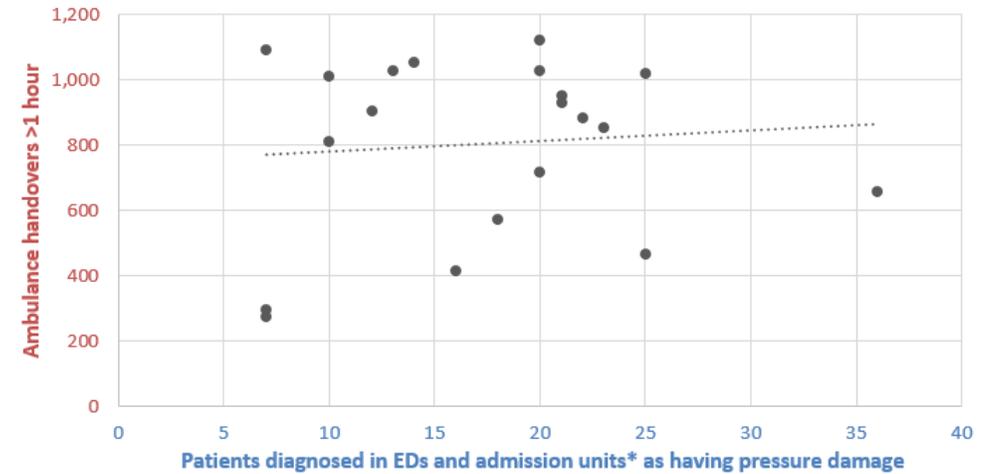
## Pressure damage incidents and ambulance handover delays

Ambulance delays and diagnosed pressure damage - trends



\* includes A&E (GGH and WGH), MIU (BGH and PPH), EUCC (BGH) and AMAU (PPH)

Ambulance delays and diagnosed pressure damage - correlation



\* includes A&E (GGH and WGH), MIU (BGH and PPH), EUCC (BGH) and AMAU (PPH)

$r_s = 0.01812$

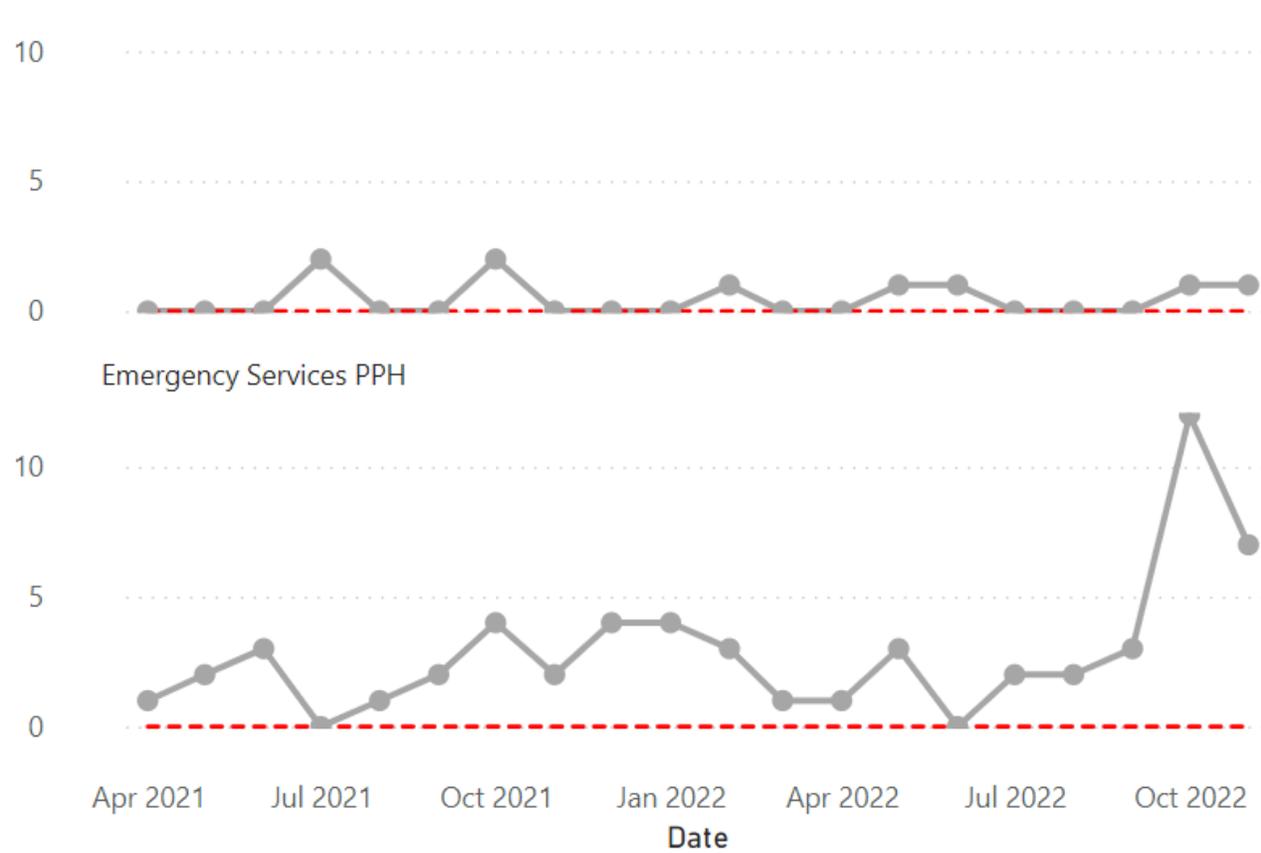
By normal standards, the association between the two variables would not be considered statistically significant.

# Metrics from Harm dashboard - as at 30<sup>th</sup> November 2022

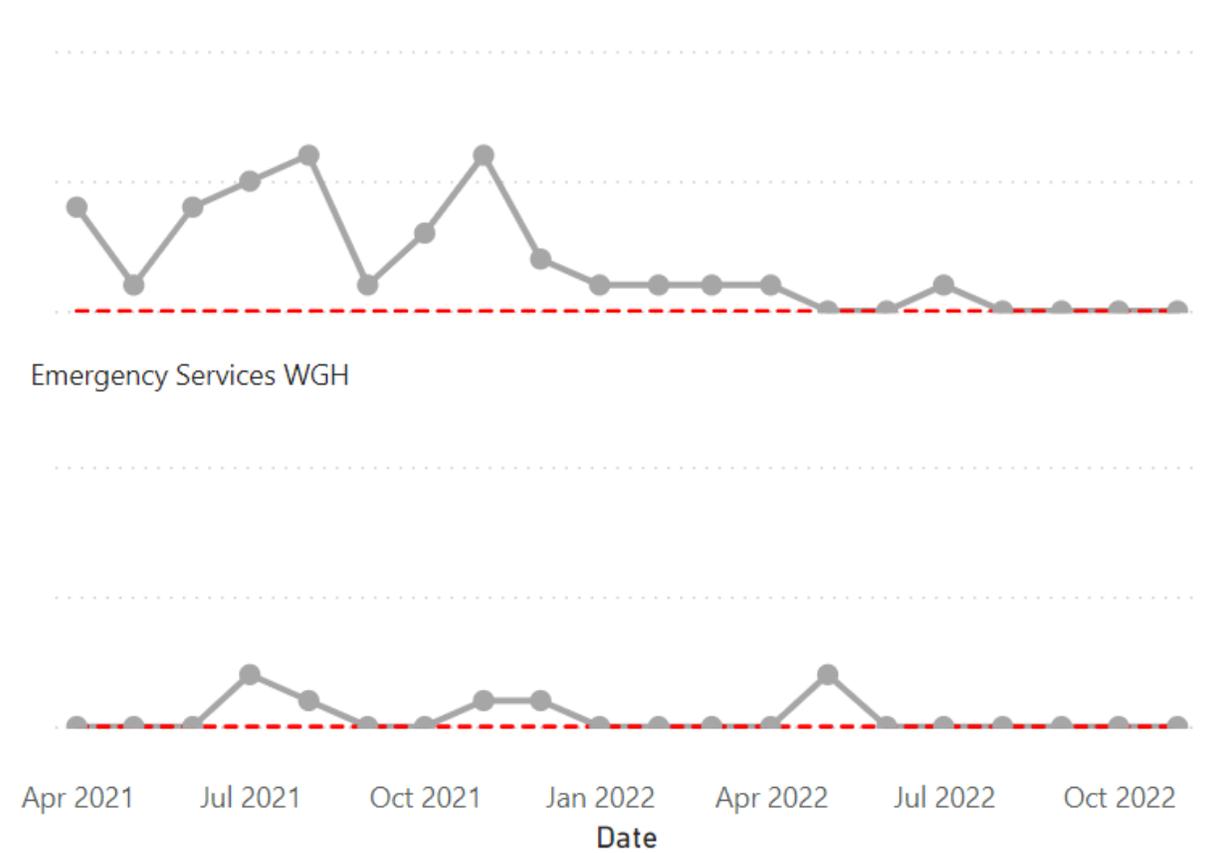


## Pressure damage developing or worsening during care in this clinical area / caseload

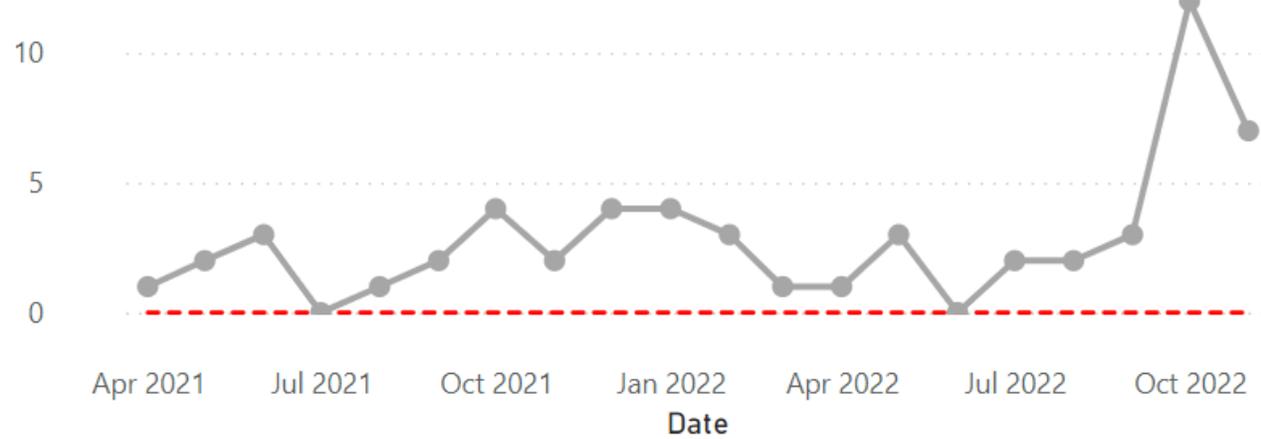
Emergency Services BGH



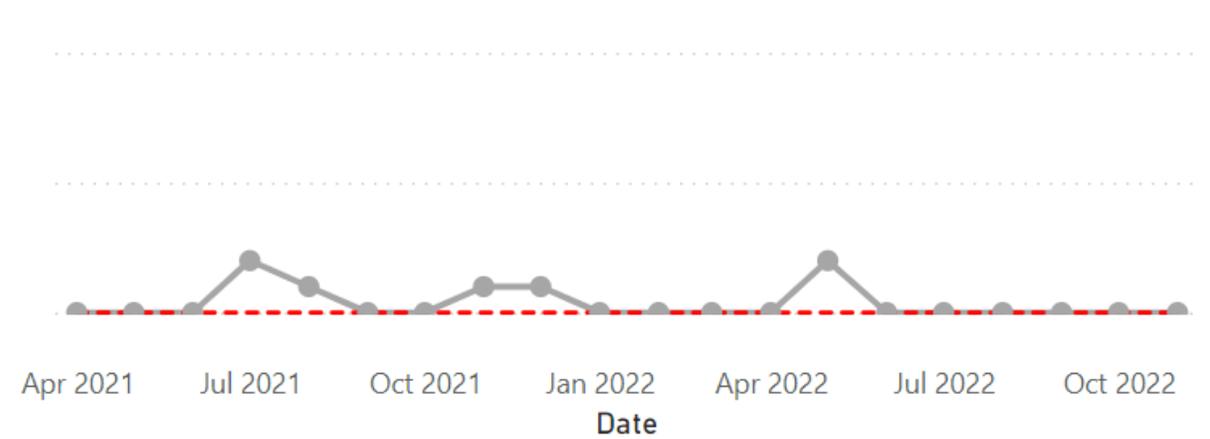
Emergency Services GGH



Emergency Services PPH



Emergency Services WGH

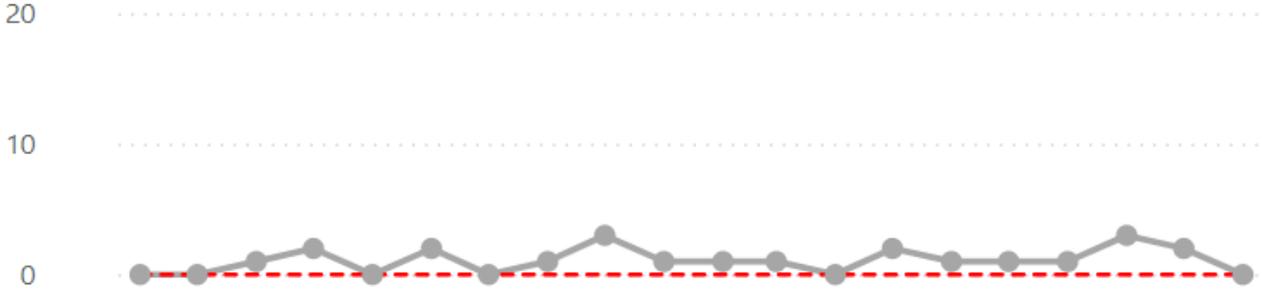


# Metrics from Harm dashboard - as at 30<sup>th</sup> November 2022

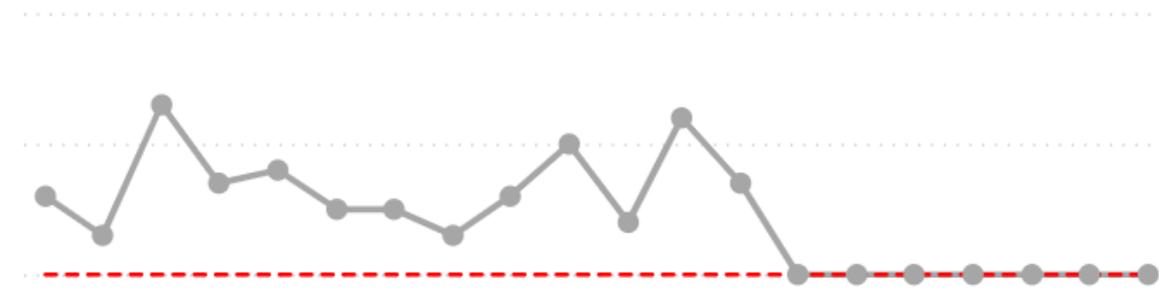


## Patient falls – reported incidents

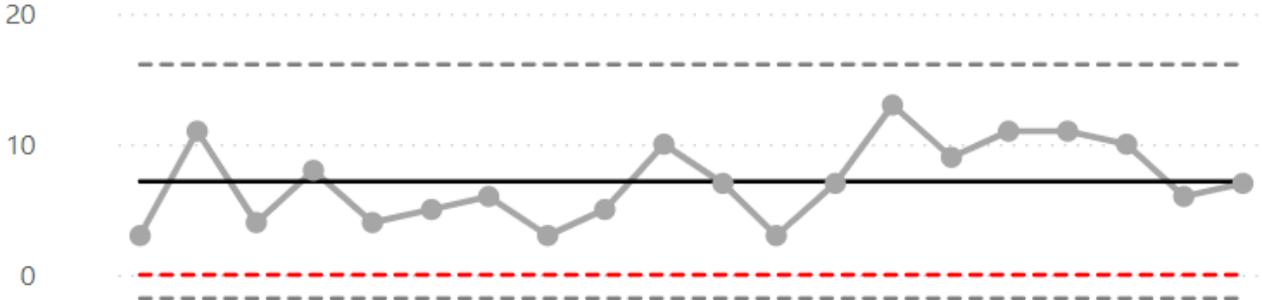
Emergency Services BGH



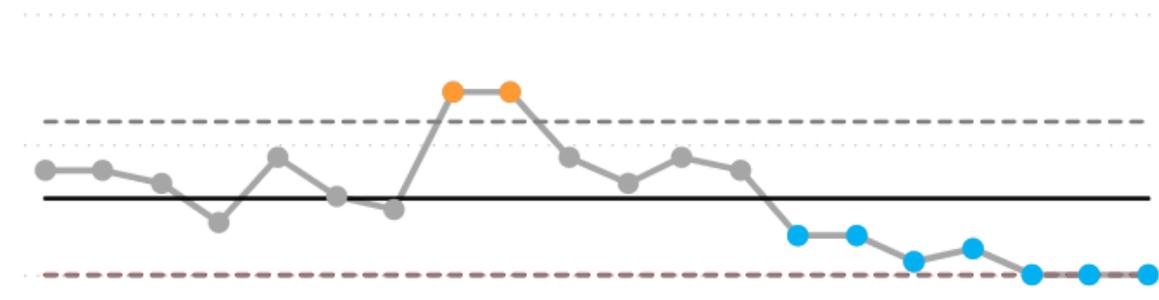
Emergency Services GGH



Emergency Services PPH



Emergency Services WGH



Apr 2021 Jul 2021 Oct 2021 Jan 2022 Apr 2022 Jul 2022 Oct 2022 Date

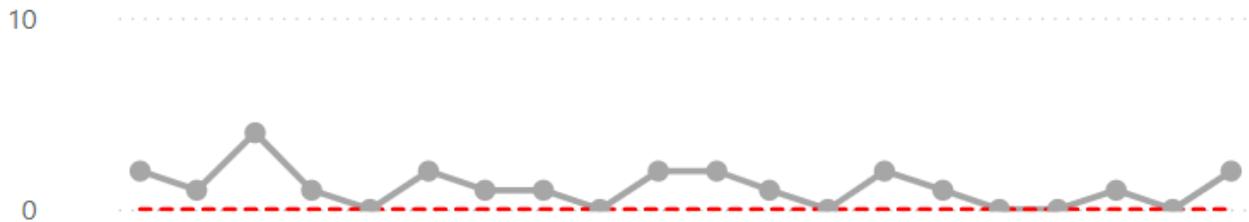
Apr 2021 Jul 2021 Oct 2021 Jan 2022 Apr 2022 Jul 2022 Oct 2022 Date

# Metrics from Harm dashboard - as at 30<sup>th</sup> November 2022

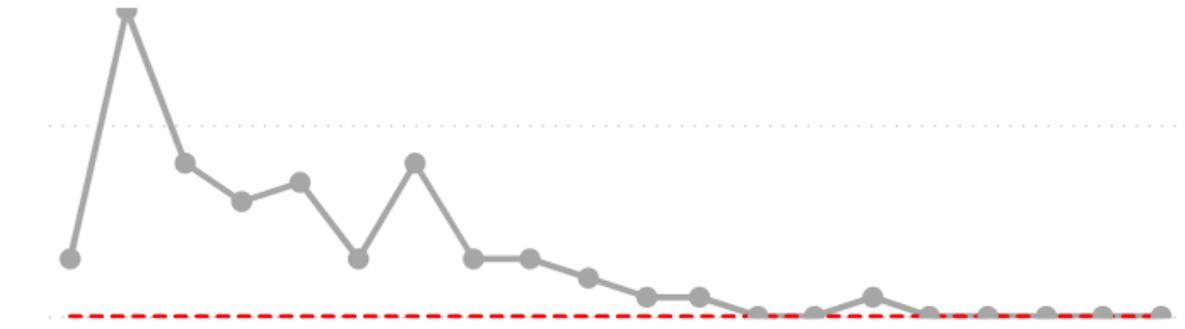


## Medication errors – reported incidents

Emergency Services BGH



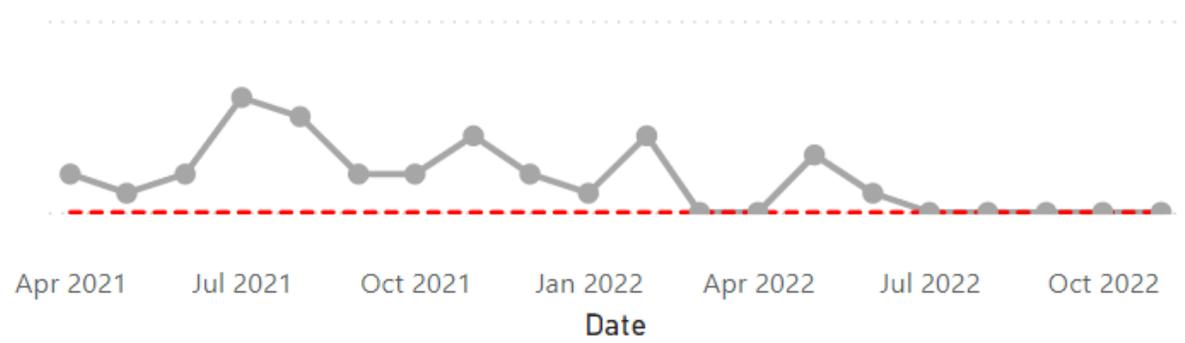
Emergency Services GGH



Emergency Services PPH



Emergency Services WGH





# Urgent and Emergency Care – associated incidents

- Pressure damage is being monitored within the ED
- It has been difficult to identify whether any pressure damage is as a result of the ambulance delays or was already apparent prior to conveyance - consideration is being given as to how this is best captured.
- From the data currently available the association between ambulance delays and diagnosed pressure damage would not be considered statistically significant.
- Data available on patient falls within our ED's and AMAU's have ranged between 0-14 per site per month. Higher number of falls seen in PPH (6 Oct, 7 Nov) than the other 3 sites, further analysis is required to understand the nature of the falls. WGH are showing an improving position. No falls reported for GGH for 7 months
- Number of medication errors has ranged between 0-16 per site per month. Only 2 incidents reported in October and November across all sites. No medication errors reported in GGH and WGH for 5 months.



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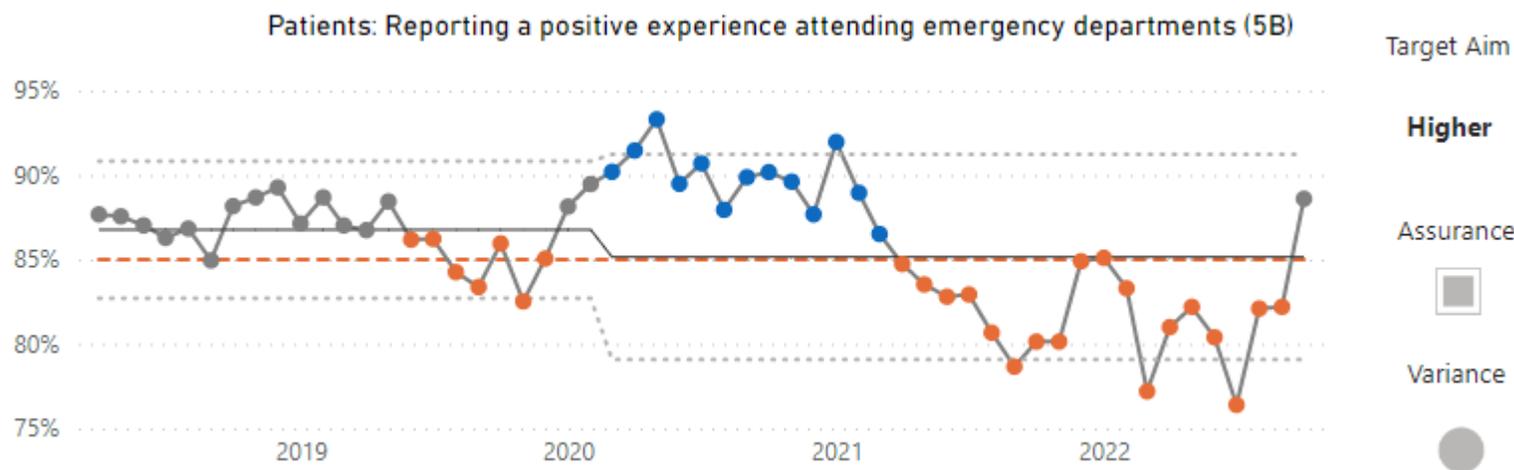
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Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

## Patients reporting a positive experience after attending an emergency department



October 2022 = 88.6% of patients reported a positive experience

Target = 85%





# Initiatives introduced to support improving patient experience

- Newly established overview Patient Experience Group.
- Monies received from approved bids submitted to WG
  - New seating for GGH
  - Vending machines are being procured
  - New Flooring
  - Installation of CCTV (IP system)
- Bottled water being handed out to patients.
- Hot meals available for patients in waiting area.
- Pathway reviews undertaken to ensure patients are seen in most appropriate areas eg. Direct referrals to surgical assessment area on the GGH site commenced in November 2022
- Alternative Care 'Y Lolfa' opened 14<sup>th</sup> November – rapid daily improvement reviews with strong links with home first teams to support 'pull from hospital' and rehabilitation to prevent deconditioning of patients



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# Developed a new approach at a programme level – exception reporting against 3 key measures – 3Cs

## Evaluation

## Outcome measures



**COMPLEXITY** Length of Stay for our > 75s is **increasing** and account for the large and **increasing** bed occupancy

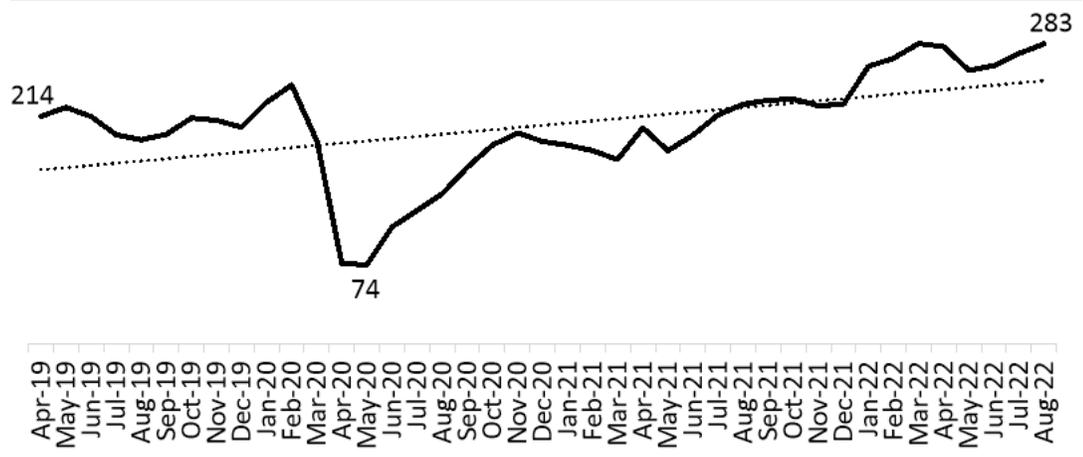


The number of patients aged over 75 who are in hospital for over 21 days is increasing.

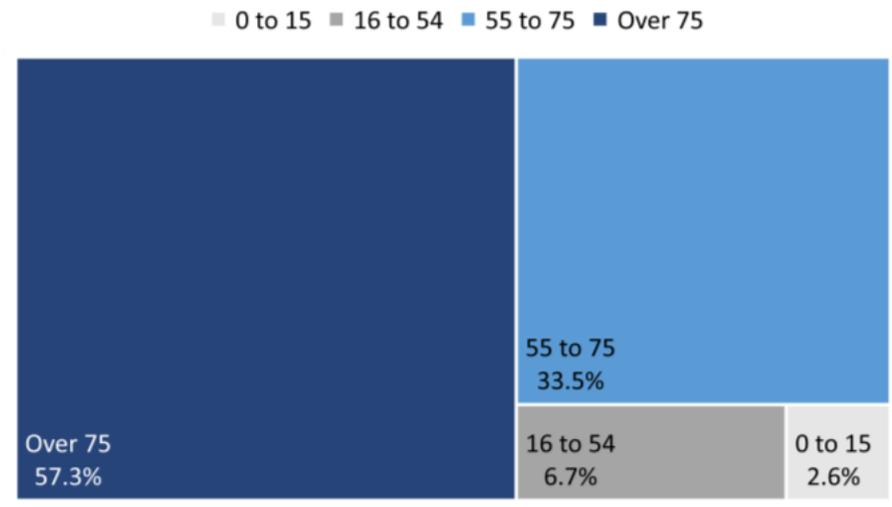
Patients aged 55 and over account for over 90% of our emergency inpatient bed days. More than half (57.3%) of all bed days are for patients aged over 75.

Source: WPAS via Lightfoot

Number of emergency inpatients at month end who were over 75 and had a LOS over 21 days



Bed day occupancy by age group, as at 29<sup>th</sup> August 2022



**Large numbers of bed days are lost for the older person between admission and their discharge or transfer out of the acute hospital**



Our current complex patients have been in hospital an average of approximately 7 weeks since being declared medically optimised.

Source: Complex patient discharges dashboard

As at 21<sup>st</sup> September 2022

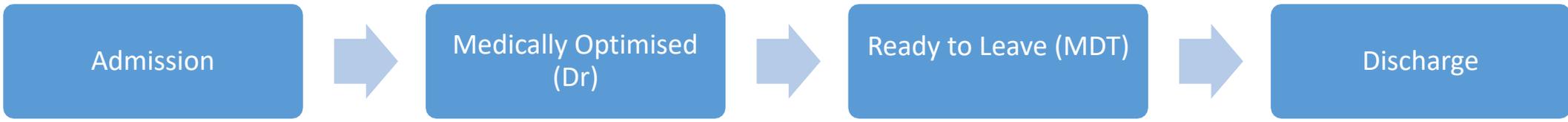
**Medically optimised**  
**299**

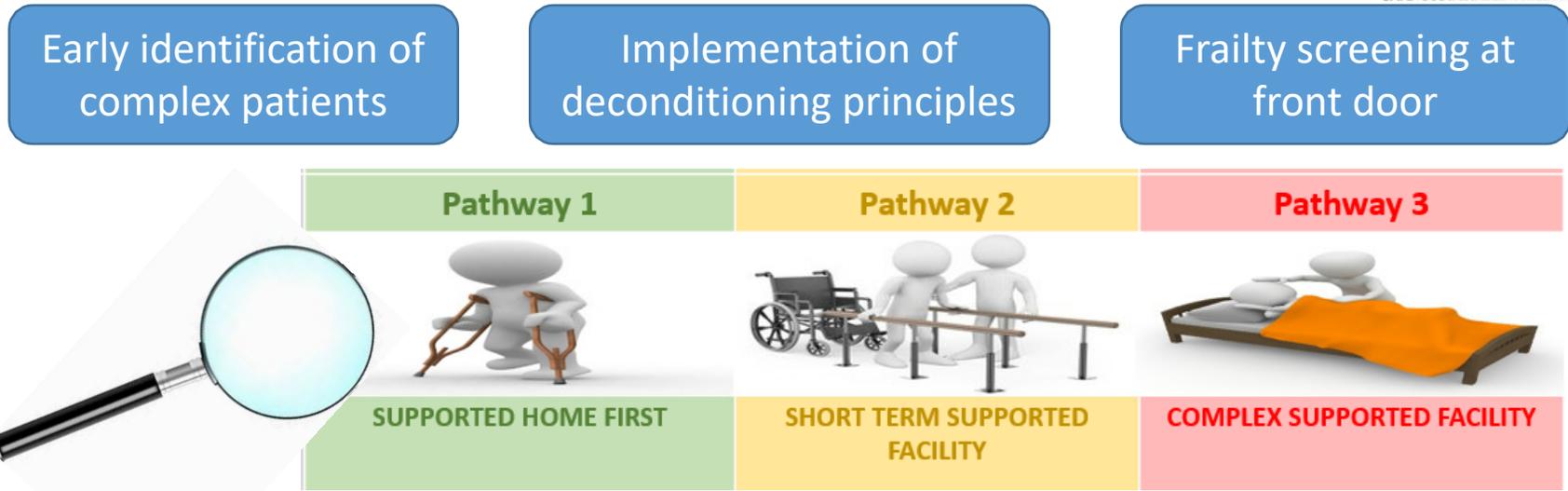
**Ready to leave**  
**143**

Average delays for our current complex care patients (as at 21<sup>st</sup> September 2022)

**Medically optimised to ready to leave**  
**10 days**

**Time since identified as ready to leave**  
**39 days**





• **Clinical Criteria for Discharge**

- Definition agreed by clinical reference group
- Defining process for capture and sharing
- Estimated Date of discharge
- Machine learning – predicting EDD on attendance

• **Clinical Frailty Score @ front door**

- Pilot– link to deconditioning toolkit
- Updated keynote on WPAS

• **Development of electronic patient flow system**

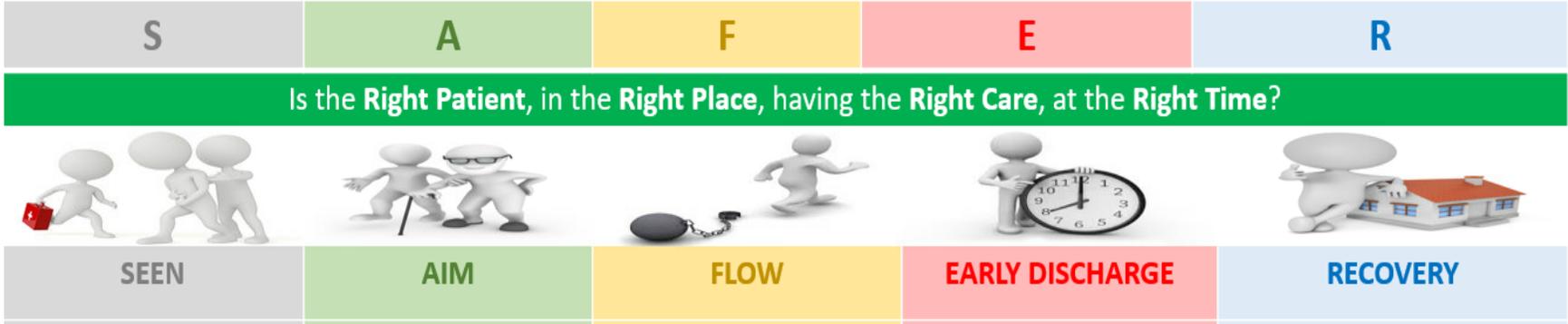
- Linked to WPAS, white boards & Complex Discharge Database

# Policy Goal 5

## Delivery Group



## Implementation of SAFER principles



# Policy Goal 5

## Delivery Group



- **SAFER baseline audit**
  - Review national survey
- **4 questions baseline audit**
  - PALs speaking to % of all ward inpatients
- **Board rounds & Red2Green (incorporating principles of RTDC)**
  - Refresh of SOP – what is a board round & who are the core members?
  - Peer review audit – identification of areas of good practice & champions
  - Analysis of data – where to target for greatest affect
  - Standardisation of white boards – electronic to link to patient flow system?
- **Huddles**
  - Implement learning from RTDC pilot
- **Align with Safe Care Partnership workstream**
- **Stakeholder Engagement – Key operational clinical and managerial**



## Next steps

- Current metric outcomes are not necessary in line with expectations although it is appreciated that as the harms dashboard develops this will help inform the outcome data available
- Harms dashboard phase 2 will include patient experience and concerns, thus supporting triangulation of data
- Quality metrics are emerging from the TUEC work streams would anticipate these being captured on relevant system



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# Recommendation

For QSEC to note the update provided and receive assurance that a number of initiatives are in place to manage quality & safety within the Winter Plan and to gain assurance that as Quality metrics emerge processes are in place to capture the data on the relevant systems.



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