Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	09 April 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Understanding the quality and experience impact realised to date through transforming Urgent and Emergency Care (TUEC) services.
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mr Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: **REPORTING OFFICER:**	Ms Alison Bishop, TUEC Lead Ms Ceri Griffiths, Assistant Director of Nursing

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The paper aims to provide an overview of the Transforming Urgent and Emergency Care (TUEC) programme and provide assurance of the impact and benefit to our population accessing urgent and emergency care services.

The paper will also provide a high-level review of all current TUEC programmes of work at all stages of the patient pathway (Primary & Community Care / Emergency Department (ED) / Admission and Discharge) and where possible provide correlation between TUEC and current quality, safety and patient experience metrics

Cefndir / Background

Commencing in October 2022, the TUEC Programme works closely with operational teams to support the operational delivery of the National 6 Goals Urgent and Emergency Care programme alongside delivery of a regional vision centred on a remote clinical streaming hub, streaming patients to the Right Place First Time.

The Ministerial priorities outlined within the NHS Wales planning framework 2024-27 further build on this focus;

- **Enhancing care in the community, with a focus on reducing delayed pathways of care delays (PoCD)**
- **Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.**
- **Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.**
    - Delivery and Implementation of a 24/7 Urgent Care Service, accessible via 111 Wales, to support improved access and GMS sustainability.
    - Implementation of Same Day Urgent Care services
    - Improving patient flow
    - Reduction of Ambulance Handover waits and safely reduce Ambulance conveyances to EDs

- Reducing the Volume of Patients who Experience a Length of Stay >7 and >21 Days (link to enhanced community care priority of reducing PoCD delays)

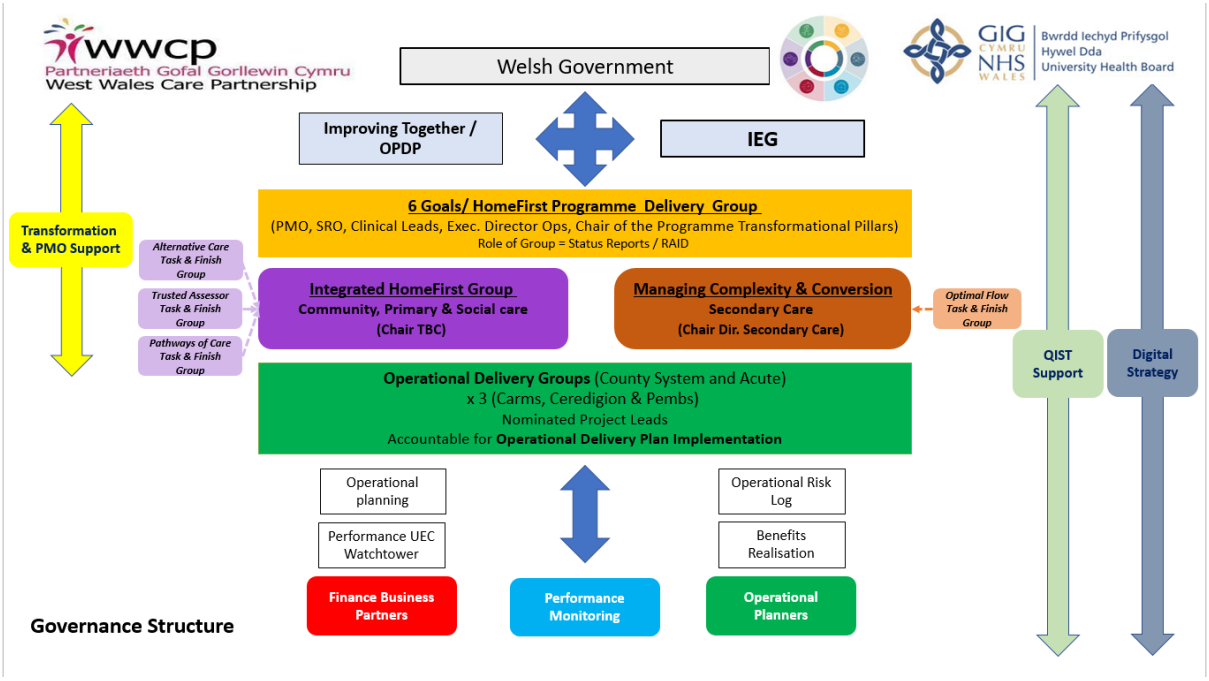
In order to support these key areas of focus we have reviewed the governance and reporting arrangements for the TUEC programme and consolidated the initiatives into 2 pillars;

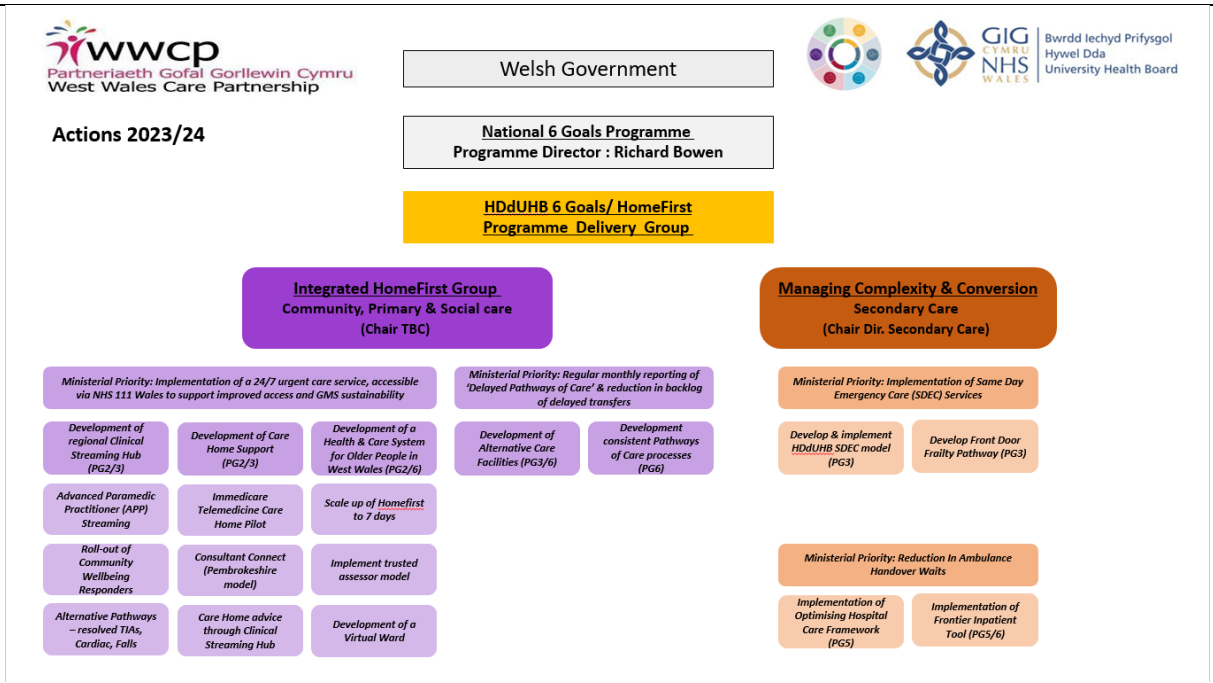
1) **Integrated HomeFirst Group** focusing on
   - Implementation of a 24/7 urgent care service through development of a regional clinical streaming hub supported by local HomeFirst services
   - Reducing the number of pathway of care delays in inpatient beds through development of alternative care facilities and early identification of those complex patients who may need support on discharge and applying a consistent regional approach to discharges processes

2) **Managing Complexity & Conversion group** focusing on
   - Implementing a consistent model for streaming at the front doors through SDEC services and a frailty pathway
   - Reducing ambulance waits by implementing the Optimal Flow Framework across all acute and community wards facilitating improvements in flow, improved communication and collecting of real time information relating to internal and external constraints on the flow process. This key piece of work will also facilitate the early identification of Discharge to Recover and Assess (D2RA), reduce deconditioning of patients and therefore improve the discharge pathway and reduce the length of stay.

Reporting structures and Governance

The diagram below outlines the current reporting structures of both the Integrated HomeFirst and Managing Complexity and Conversion Groups. Given the wide range of work programmes it has been identified that there is a need for an overall Health Board Discharge Strategy Group which can provide oversight of all work programmes. This group has been established and is due to meet in February 2024.





Impact of TUEC programme on our '3C' Outcome Indicators

At the outset, our TUEC programme aimed to focus on three areas of programme delivery known as the '3 Cs': **C**onveyance avoidance, **C**onversion (admission) avoidance and improved care management of **C**omplexity (frailty) in the inpatient unit. These outcome measures are reported on an exception basis, by the operational directorate through the governance structure.

Asesiad / Assessment

Managing Complexity and Conversion Workstream

Implementation of Optimal Patient Flow

Good progress has been made in the roll out of Optimal Patient Flow across all four acute sites supported by the QIST team. A scoping review of implemented actions across clinical areas has shown highest implementation in Prince Phillip Hospital and the lowest implementation in Bronglais General Hospital with Board Rounds, Red to Green Days and Implementation of Frontier elements most established.

Next steps include:

- Focus on areas with lowest uptake
- Rollout to community hospitals in all three counties
- Establish Afternoon Huddles
- Focus on Deconditioning Audits and Prevention

Implementation of SDECs

SDECs are continuing to enhance the number of direct streamed patients. SDEC/SDUC are scoping how to receive direct referrals from the WAST Clinical Service Desk (CSD) to directly stream from CSD into SDEC/SDUC. This is in line with the Welsh Government Winter Ambulance Handover Improvement Plan letter which stipulates that Health Boards will be expected to 'increase volumes of referrals of 999 patients to same day emergency care.' A SDEC Dashboard has been developed and work is ongoing for data to be accessed live and example of metrics being captured as shown below.

Same Day Emergency Care (SDEC) Measures & Data Collection

	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024
1 a. The number of patients counted as SDEC Activity	715	835	768	728	845	855	845	735	828	842	348
2 a. Total SDEC patients attending ED or MIU prior to SDEC arrival	111	170	169	150	206	241	208	201	210	201	81
2 b. Median LOS for patients presenting to ED or MIU prior to SDEC arrival	01:29	02:14	02:58	02:15	02:48	01:47	01:39	02:3.	01:38	01:55	03:2.
3 a1. Total number of patients leaving same day from SDEC (who were referred from ED/MIU)	104	158	150	140	191	220	192	188	195	189	76
3 a2. Total number of patients leaving same day from SDEC (who were referred direct to SDEC unit)	537	606	536	511	581	567	570	470	557	576	244
3 b1. Median time from arrival at hospital ED, MIU to the time they are discharged from SDEC	05:1.	05:49	06:21	05:52	06:3.	05:6.	05:18	05:17	05:21	05:35	05:29
3 b2. Median time from arrival at SDEC unit to the time they are discharged from SDEC	03:54	04:2.	04:19	03:58	04:17	03:59	04:5.	03:42	04:4.	04:5.	03:47
4 a1. Number of SDEC patients admitted to hospital from SDEC (referred from ED/MIU)	7	12	19	10	15	21	16	13	15	12	5
4 a2. Number of SDEC patients admitted to hospital from SDEC (referred Direct to SDEC)	67	59	63	67	58	47	67	64	61	65	23
4 b1. Median time (arrival at ED, MIU, referred to SDEC) to inpatient admission)	04:45	08:34	08:31	07:27	06:35	07:22	09:50	06:13	07:37	10:14	03:20

Activity from SDUC in Ceredigion is not captured through the SDEC Dashboard to date but individual metrics are monitored, including activity, outcomes and patient experience.

Clinical Streaming Hubs

Established in Pembrokeshire (Porth Preseli) and Carmarthenshire (Eastgate) with local metrics suggesting high levels of admission and conveyance avoidance following intervention and advice.

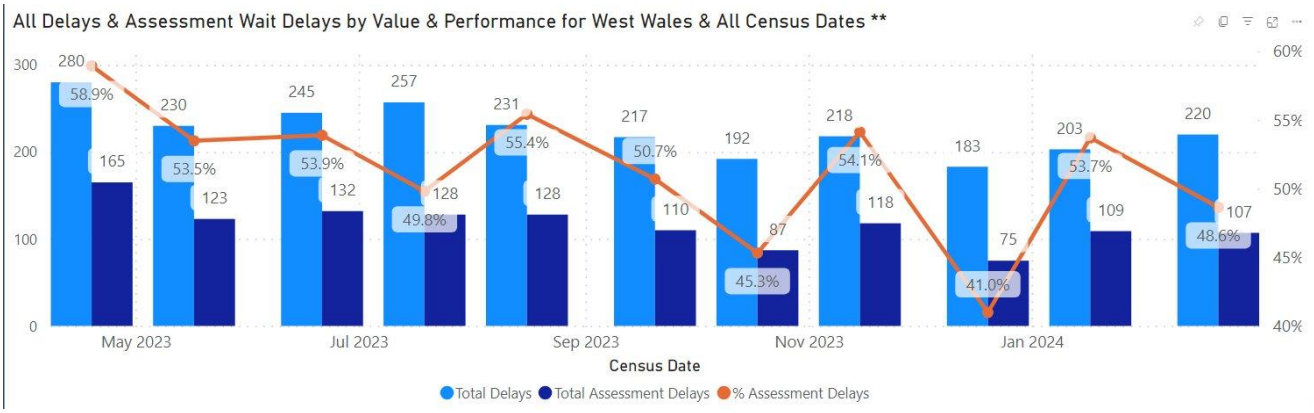
Urgent and Emergency Care Metrics

Since December 2023 and January 2024 there has been significant operational pressures across all sites and TUEC metrics have shown a variable position as a result as shown below:

- Increase in ambulance handover delays (1 and 4 hours)
- Increase in time before triage and clinical assessment
- Increase in the number of patients in ED >4hrs and >12hrs
- No change in number of attendances (>18yrs and >75yrs)
- Increase in number of emergency patients >75yrs in ED 0-1 days
- Stable number of patients being discharged within 3 days
- No change in number of weekend discharges
- Good improvements have been made in reducing length of stay over 50 days and over 100 days.
- Recent spike in length of stay over 21 days (since December 2023) where previously improvement had been noted.
- Length of stay over 7 days has also decreased.

Pathway of Care Delays

Improvement has been noted in assessment delays including those delays relating to Social Worker Assessments.



Trusted Assessors

A number of trusted assessors have been identified and trained for a variety of projects as shown below. Areas where Trusted Assessors are seen to be working well are within equipment assessment and provision, provision of capacity assessments and supporting with assessments for reablement beds. With the increasing acuity and complexity of inpatients noted who will require social worker assessment, it is unlikely that there will be an opportunity for trusted assessors in these areas.

County	Project	TAs trained

HDdUHB and Carmarthenshire County Council	**HomeFirst Hub**: Trusted assessors to be trained to support proportionate assessments	121
Ceredigion CC	**Equipment:** Establish trained Equipment Trusted Assessors	12
Joint NHS & Ceredigion LA	**Targeted Care and Enablement Staff:** Upskilling of enablement staff to support with health needs	0
Joint NHS & Ceredigion LA	**Social Care Assessments**: Enable Social care assessments from other professionals trained as TAs	0
HDdUHB and Pembs County Council	**Porth Preseli**: Provide single point of communication, coordination and triage. Trusted assessors to be trained to support proportionate assessments	15
HDdUHB and Pembs County Council	**Capacity Assessments:** Train trusted assessors to undertake capacity assessments	3
HDdUHB and Pembs County Council	**Small Changes/Low Level POC**: Trusted assessors to be trained to undertake small changes and low level POC assessments	0
HDdUHB and Pembs County Council	**Reablement:** Trusted assessors to be trained to support with reablement beds and placement assessments.	4
HDdUHB and Pembs County Council	**Front Door** - Trusted assessors to be trained to support staff for assessing low level care needs, functional needs and provision of low level equipment	2

Reporting requirements for WG against trusted assessors are for the number trained rather than any requirement to report on assessments undertaken. There are local measures in place to capture this activity but will need to be standardised to be able to report accurate and reliable data. Additionally, metrics specifically for quality and safety also need to be identified.

Quality and Safety

The impact on quality and safety specifically because of the TUEC programme is difficult to isolate. Overall quality and safety metrics trend remains stable with intermittent spikes in incidents over the last 12 months due to variety of impacts.

- Reduction in number of reported incidents causing harm
- Increase in medication errors in December attributed to increase in agency nurses in WGH ED unfamiliar with area
- Increase in complaints in January potentially linked to increase waits in ED and increased operational pressures across all sites although overall patient satisfaction remains over 90%
- Increase in falls noted over last 3 months in BGH and will be reviewed through inpatient falls group
- Increase in pressure damage being reported in EDs across HB being reviewed by TVN Service

Patient experience

- Overall positive patient experience for ED score remains over 85%
- Overall patient experience over 90%
- Decrease in patient reporting care delivered in right place (down to 80%)

- Concerns specific to ED have increased since December 2023 with the most common reason for complaint being clinical treatment or assessment.

Outcome Metrics

Whilst the 3Cs outcome indicators provide assurance to the TUEC programme board around performance these are not broad enough to be able to demonstrate improvement on patient outcomes. Work is ongoing with performance and planning colleagues to ensure alignment with current reporting and governance frameworks. Some suggested outcome measures for the TUEC programme are outlined in Appendix 1 below which will aim to provide a balanced approach to both activity and performance and can be triangulated with the Safety Dashboard to ensure quality and safety is being monitored.

Summary against Quality Impact Assessment Domains

The inclusion of quality impact assessment domains provides opportunity to evaluate the quality of services and apply the Duty of Quality in practice. Current metrics for TUEC focus predominantly on performance and improvements and it is recognised that more sensitive and specific quality, safety and experience metrics including PREMS and PROMS would be beneficial when assessing the impact that TUEC has on quality and safety. While there does not appear to be any correlation between the TUEC programme and the Q&S metrics reviewed in this paper, adopting the QIA process has allowed for elements of the workstreams to be evaluated against the STEEP principles and highlighted areas for focus and improvement.

Health & Care Quality Standard	Does this impact link with a Quality Enabler? If yes, which enabler?	Workstream / Actions	Description of identified impact	Current position
Safe	Whole system improvement	Safe Care Collaborative supporting 8 current projects Engagement with TUEC programme Scrutiny of Q&S metrics through STEEP domains	Reduction in number of incidents where harm has developed or worsened during episode of care. Reduction in pressure damage, falls, medication errors and infections.	Consistent picture across all incidents over 12 months. Slight increase in Falls and Infections since January 2024 QI metrics overall relatively unchanged and therefore it is difficult to draw any direct correlation between TUEC progress and QI metrics from the data available.
Timely	Whole system improvement	Monitoring performance and aligned to STEEP principles. Implementing and evaluating Optimal Hospital Flow pathway work to reduce waits and harmful delays Optimising timely discharge, addressing reasons for package of care delays, developing trusted assessor models and clinical streaming hubs	Improvement in ambulance handover delays (1 hr and 4 hrs). Timely triage and clinical assessment on arrival to ED. Reduction in spent in ED. Reduction in DPOC. Reduction in Red days	Front door performance has been under sustained pressure through the winter period Deteriorating position in all metrics since December 2023 Some improvement in overall package of care delays but little improvement in delays due to assessments

Effective	Whole System Improvement. Leadership. Culture	Care delivered in the right place at the right time by the right person. Development of Clinical streaming hubs Effective discharge planning and optimal patient flow	Reduction in LOS (over 7 days, 21 days, 50 days and 100 days). Reduction in Delayed packages of care. Improved compliance with Optimal Hospital Flow Metrics (Huddles, Board rounds, EDD, R2G, D2RA)	While good improvements noted with LOS >50 and >100, there is a notable increase in 21day + LOS over similar period and since January 2024
Efficient	Whole System Improvement. Leadership. Culture	Implementation of Optimal Hospital Flow Principles across all acute and community sites	Implementation and good compliance with Optimal Hospital Flow Metrics (Huddles, Board rounds, EDD, R2G, D2RA) demonstrated through audits and evaluation	Positive improvements and ongoing roll out across all acute and community sites
Equitable	Whole system improvement	Development of clinical streaming hubs across the health board, equitable access to services	Implementation of clinical streaming hubs, reduction in avoidable admissions and hospital conveyances	Local delivery / resource hubs implemented in Carmarthenshire and Pembrokeshire showing evidence of conveyance avoidance and admission prevention
Person-centred	Whole System Improvement. Leadership. Culture	Focus on patient experience and feedback. Listening and learning, identifying appropriate metrics to capture STEEP domains Workforce	Patient experience and feedback, Complaints and Concerns	Positive feedback from SDEC services in WGH Reduction in overall concerns, Overall patient experience positive, Overal positive ED experience Decrease in satisfaction with place of care Highlights the need for consideration of specific PREMS and PROMS alongside TUEC performance data to capture and measure any impact on quality, safety and experience outcomes.

Next steps:

Key areas of focus for 2024/2025 will be;

- Further and ongoing audit and evaluation of the impact of the rollout of Optimal Patient Flow principles across acute sites
    - Number of discharges <2pm (RTDC)
    - Number of patients assigned to D2RA Pathway within 24hrs
    - Identification of top 3 flow constraints
    - Record and report on Red and Green Days
- Develop and capture PREMS / PROMS tools
    - Develop CIVICA tool for patient experience
- Spread and Scale learning from audits to rollout optimal patient flow across community hospitals to commence in February / March 2024
- Evaluations to be provided through Safe Care Collaborative on all projects with learning shared through Spread and Scale approach
- Discharge Audit planned for March 2024
    - Assess whether the patient discharge process has been consistently implemented across the Health Board.
    - Ensure robust governance arrangements are in place to monitor and report on patient discharge
- Development of clinically led criteria for discharge through Managing Complexity and Conversion Group
- Establish Health board wide Discharge Strategy Group (1st Meeting held in February 2024)
- Review and agree outcome measures using data and systems such as FRONTIER / CIVICA.
- Specific Quality and Safety metrics to be identified, eg)
    - Develop metric for capturing emergency department demand, acuity and Q&S Impact
    - Impact of Boarding on Q&S
    - Mortality

Argymhelliad / Recommendation

The committee is asked to receive assurance on the progress and work undertaken to date of the TUEC implementation programme and advise whether the current quality, safety and experience metrics reviewed in this paper provide assurance on any impact of the TUEC programme on quality and safety outcomes through the QIA domains.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	

Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 4. Efficient 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	3a Transforming Urgent and Emergency Care programme
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Included within the report
Rhestr Termau: Glossary of Terms:	Included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	TUEC Programme Board

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report

Risg: **Risk:**	Consideration and focus on risk is inherent within the report. Sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: **Legal:**	Any issues are identified in the report
Enw Da: **Reputational:**	Any issues are identified in the report
Gyfrinachedd: **Privacy:**	Any issues are identified in the report
Cydraddoldeb: **Equality:**	Any issues are identified in the report

Appendix 1

Welsh Government (WG) Source	3Cs measure	Measure	Target	System	Available now?	WG reported	Improvement Actions	Impact/Benefit	Baseline	Improvement
Enhanced Community Care / 6 Goals (PG6)	Complexity	PoCD delays by LA region	↓	WG PoCD database	yes	✓	Increased number of active Trusted Assessors (TA)	reduced LoS improved patient flow		
6 Goals (PG2 & 3)	Conveyance	% of people with a CSH contact with a decision not to convey who self-present to ED within 7 days of initial contact	↑		no		Implementing local / regional Clinical Streaming Hub	Reduced conveyance Reduced ambulance handover delays		
6 Goals (PG2 & 3)	Conveyance Conversion	% of people with a CSH contact with a decision not to convey who are not admitted within 7 days of initial contact	↑		no			Reduced admissions Improved LoS Improved patient flow		
6 Goals (PG5 & 6)	Complexity	% of inpatients with D2RA pathway identified within 24 hours of admission	↑	Frontier / IRIS	currently being developed	✓	Optimal Hospital Flow roll out; Board Rounds SAFER Red2Green Estimated Date Discharge Clinical Criteria for Discharge Increasing Enhanced Community Care Services; Implementation of frailty pathways at the front door	Reducing deconditioning Reduced LoS Improved patient flow Reduced ambulance handover delays Improved ED performance		
6 Goals (PG5 & 6)	Complexity	% of inpatients with a green day	↑	Frontier	not as a report	✓ (from April 24)				
Enhanced Community Care /6 Goals (PG5 & 6)	Complexity	No of inpatients with a LoS 7 - 20 days	↓	WPaS	not as a report	✓ (from April 24)				
Enhanced Community Care /6 Goals (PG5 & 6)	Complexity	No of inpatients with a LoS >21days	↓	TUEC Exec dashboard	yes	✓ (from April 24)				
6 Goals (PG5 & 6)	Complexity	No of discharges with a LoS <72 hours	↑	TUEC Exec dashboard	yes					
6 Goals (PG5 & 6)	Complexity	% discharges before noon	↑	WPaS	not as a report		Optimal Hospital Flow roll out	Improved patient flow Reduced ambulance handover delays Improved ED performance		
6 Goals (PG5 & 6)	Complexity	No of weekend discharges	↑	WPaS	not as a report					
6 Goals (PG5 & 6)	Conveyance Conversion	Number of SDEC attendances	↑	IRIS	yes	✓	Implementing SDEC services	Improved patient flow Reduced ambulance handover delays		
		proposed DITs TUEC measures?								
6 Goals (PG5)	Complexity	Top 5 internal Red2Green constraints		Frontier	not as a report	✓ (from April 24)	local action plan to address constraints	Reducing deconditioning Reduced LoS Improved patient flow Reduced ambulance handover delays Improved ED perfromance		
6 Goals (PG5)	Complexity	Top 5 external Red2Green constraints		Frontier	not as a report	✓ (from April 24)	acceptance or local action plan to address constraints			
6 Goals (PG5)	Complexity	% of EDDs reviewed within 24 hours of admission	↑	Frontier	not as a report		local improvement plan			
6 Goals (PG5)	Complexity	% of inpatients with a CCDs within 24 hours of admission	↑	Frontier	not as a report		local improvement plan			
6 Goals (PG5)	Complexity	Number of SDEC attendances by referral source; WAST or other	↑	IRIS	yes	✓	local action plan			
6 Goals (PG5 & 6)	Complexity	% of inpatients with D2RA pathway identified within 24 hours of admission reported by pathway		Frontier / IRIS	currently being developed	✓	local action plan to align to national baselines			

Hywel Dda
University Health Board

Understanding the Quality and Experience Impact Realised to Date through Transforming Urgent and Emergency Care (TUEC) Activity

Purpose of report:

Provide assurance on the impact of the TUEC programme on quality of care and health outcomes.

- Provide an overview of the current pathway and the quality and performance metrics utilised to demonstrate impact on patient care and experience.
- Provide a high-level review of all current TUEC programmes of work at all stages of the patient pathway (Primary & CommunityCare / ED / Admission and Discharge)
- Provide correlation between TUEC and current quality, safety and patient experience metrics

Key Ares of Focus 2023/24

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Primary and Community Care

- Embedding a HomeFirst approach
- Investing in Trusted Assessors (TAs)
- Extending our Enhanced Community Care Services

Front Door

- Developing Clinical Streaming Hubs
- Improving direct access pathways to Same Day Emergency Care (SDEC) services

Admissions

- Early identification of simple/complex discharges
- Embedding Optimal Patient Flow Framework
  - SAFER Patient Bundle Inc. Red2Green
  - Board Rounds
  - Deconditioning

Impact / Benefit

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Primary and Community Care

- Embedding a HomeFirst approach
- Investing in Trusted Assessors (TAs)
- Extending our Enhanced Community Care Services

Assessment undertaken by TAs

Number of Pathway of Care Delays (PoCD) Length of stay (LoS)

Front Door

- Developing Clinical Streaming Hubs
- Improving direct access pathways to Same Day Emergency Care (SDEC) services

Short stay discharges <3 days LoS

Ambulance handover delays
Waiting time to see a first clinician

Admissions

- Early identification of simple/complex discharges
- Embedding Optimal Patient Flow Framework
  - SAFER Patient Bundle Inc. Red2Green
  - Board Rounds
  - Deconditioning

Discharges before noon
Weekend discharges

Length of stay (LoS)

Optimal Hospital & Patient Flow Framework : March 2024

Programme Lead	Marilize Preez Improvement and Transformation Lead (Interim Goal 5 lead)	**Programme Status (RAG)**		**Next Major Milestone:**	• Roll out framework across acute and community sites alongside the Frontier digital system to record required data captures
		Previous Status (RAG)			

Done this period:

Please note that Hywel Dda refer to the SAFER bundle/Red2Green/Preventing Deconditioning/D2RA pathways as the Optimal Hospital and Patient Flow Framework

- Optimal Hospital and Patient Flow framework being rolled out across all acute sites (and SPH) supported by the QIST team. Optimal Hospital and Patient Flow Delivery Group in place to discuss progress and challenges. Roll-out in AVH commencing.
- Optimal Hospital & Patient Flow Implementation status , IT Infrastructure and Administrative support Scoping Complete (to review implementation status monthly)
- Frontier digital platform adapted and developed to support the delivery of Optimal Hospital and Patient Flow Framework within Community Hospital sites
- Deconditioning audit on acute sites in progress- report being prepared for next Goal 5 Delivery Group.
- EQIiP project on cohort 5 to improve discharge planning (focus on BGH/GGH)
- Meeting with Performance/ Informatics team to discuss reporting requirements and dashboard
- Through targeted support increased usage of Frontier to support Optimal Hospital Flow implementation
- Clinical Criteria for Discharge (CCD) document and guidance for elective care reviewed to support development of wider CCD guidance

Targets for next period:

- Complete deconditioning audit and report- develop preventing deconditioning improvement plans
- Progress community roll-out to other community sites.
- Increase Frontier usage across sites
- Further roll out of afternoon huddles to support Optimal Flow
- Develop Clinical Criteria Discharge (CCD) guidance for use within health board
- Develop reporting outputs for Red2Green (to support flow improvement) and D2RA pathways
- Develop reporting and monitoring dashboard based on agreed measures
- Internal audit department undertaking an audit of discharge processes across all sites

Risks:	Mitigating Action:	Decision / Intervention for Escalation to PDG
1. Operational leadership, wider clinical leadership and nominated programme lead may be impacting on pace of roll out and data integrity	Interim delivery lead in place, operational and clinical delivery group established, escalated to MCCG. OCP consultation recognises current challenges and aims to address operational leadership requirements.	Confirmation of delivery lead moving forward
2. Lack of reporting platform and dashboard 3. Continued functional issues and interface between digital systems	Issues being raised at faculty programme Board	
4. Ongoing QIST capacity to support delivery due to increasing demand to support multiple workstreams	Currently prioritising delivery of Optimal Hospital and Patient Flow framework	

Current position of optimal hospital flow implementation

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Optimal Hospital Flow Implementation: Bronglais General Hospital

Legend: Complete | In Progress | Not Commenced

Ward	Board rounds	Afternoon huddles	Red2Green	D2RA pathways	Deconditioning audit	Deconditioning prevention work	Frontier input
CDU							
Ceredig							
Meurig							
Dyfi							
Ystwyth							
Rhiannon							
Y Banwy							

Optimal Hospital Flow Implementation: Prince Philip Hospital

Legend: Complete | In Progress | Not Commenced

Ward	Board rounds	Afternoon huddles	Red2Green	D2RA pathways	Deconditioning audit	Deconditioning prevention work	Frontier input
Ward 1							
Ward 3							
Ward 5							
Ward 6							
Ward 7							
Ward 9							
AMAU							
Mynydd Mawr							
Ward 4/CCU							

Optimal Hospital Flow Implementation: Withybush General Hospital

Ward	Board rounds	Afternoon huddles	Red2Green	D2RA pathways	Deconditioning audit	Deconditioning prevention work	Frontier input
ACDU							
Puffin Ward							
Ward 1							
Ward 4							
Ward 7							
Ward 8/CCU (located on W9)							
Ward 10 (located on W12)							
Ward 11/ACU							

Optimal Hospital Flow Implementation: Glangwili General Hospital

Ward	Board rounds	Afternoon huddles	Red2Green	D2RA pathways	Deconditioning audit		Deconditioning prevention work	Frontier input
Cadog								
CCU								
Dewi								
Gwenllian								
Padarn								
Steffan								
Towy								
Y Lolfa								
CDU								
Picton								
Cleddau								
Derwen								
Merlin								
Preseli								
Teifi								

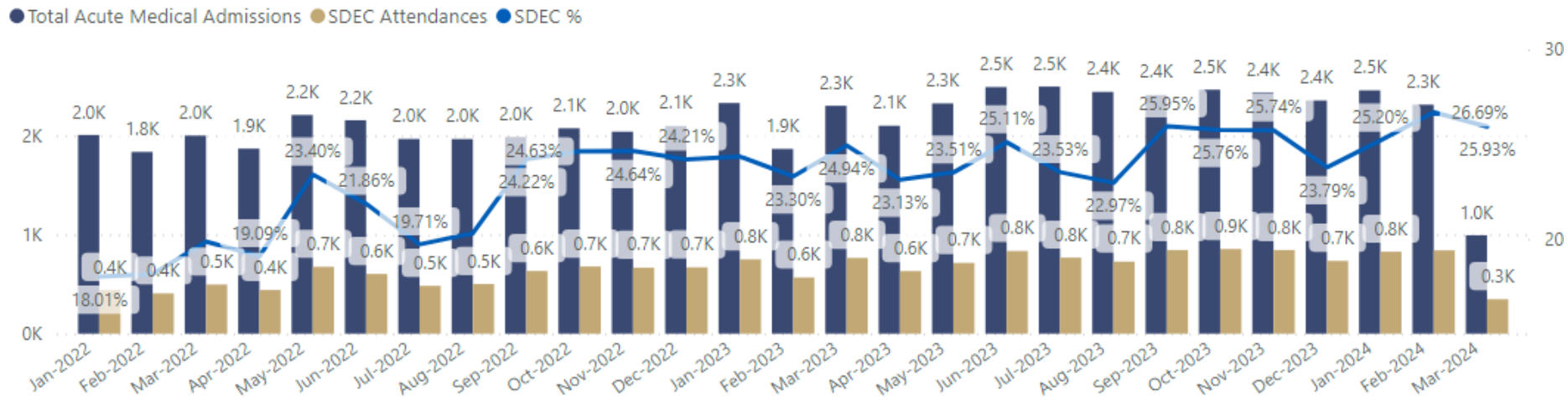
Although there is some inconsistency in how wards have embedded the various principles of optimal flow, most areas have got well established board rounds, D2RA pathway working and use of Frontier in place.

Establishment of afternoon huddles, R2G days and deconditioning audits and action plans to address gaps will be a focus moving forward.

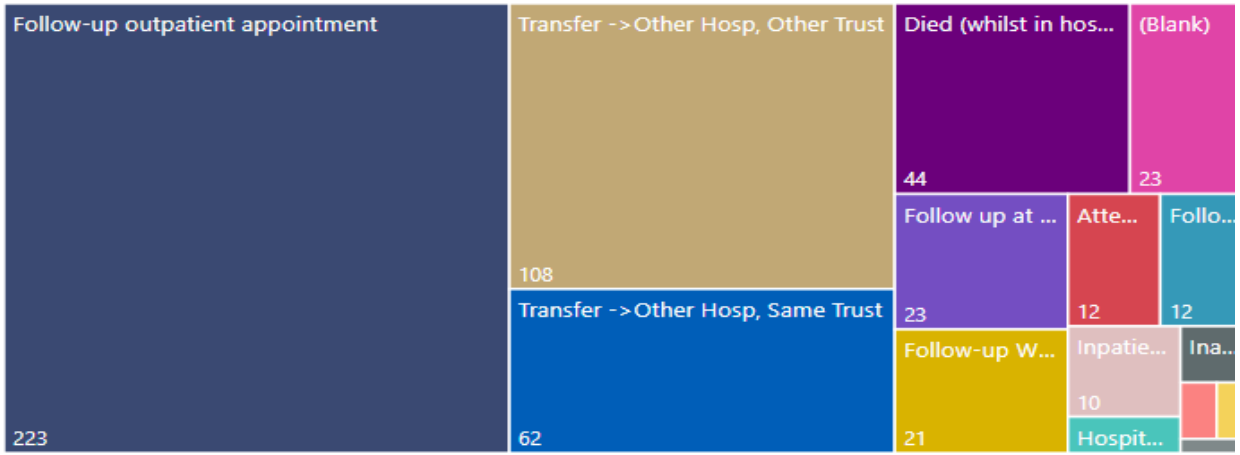
Same Day Emergency Care (SDEC) Activity and Outcomes

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

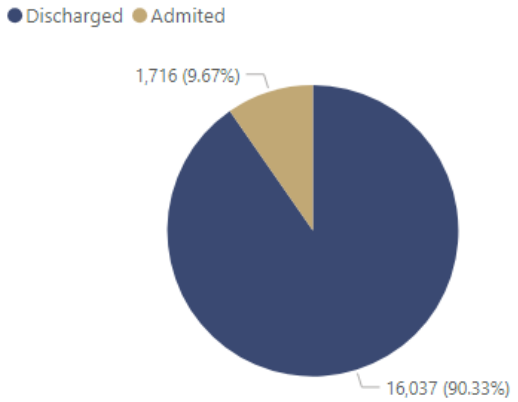
SDEC Attendances as a Total of all Acute Medical Admissions



Admission Outcomes (Excluding Discharges)

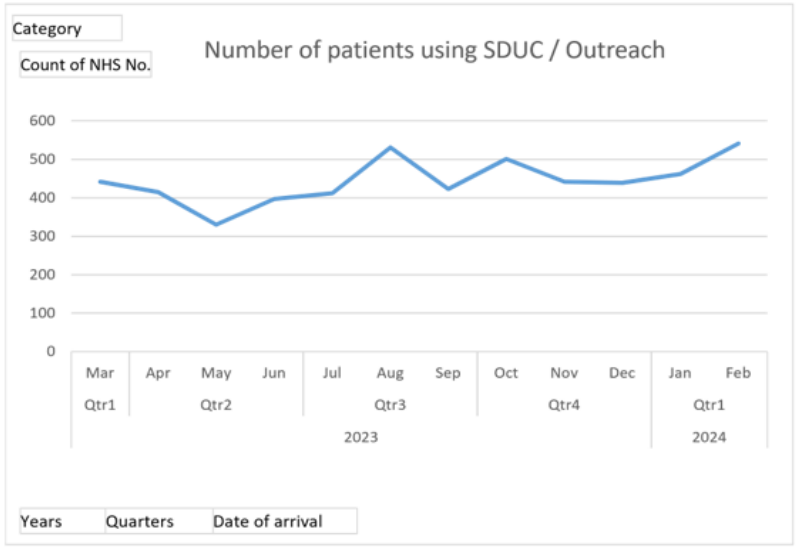


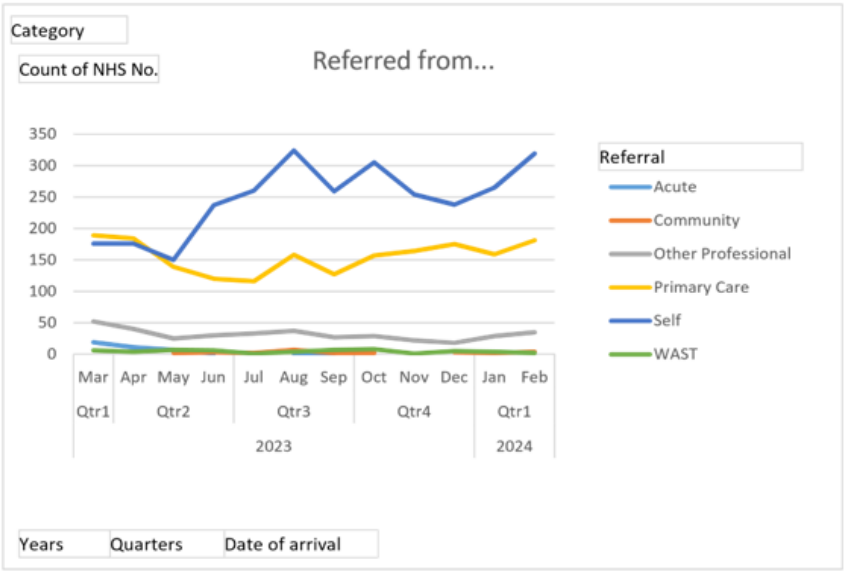
SDEC Outcomes

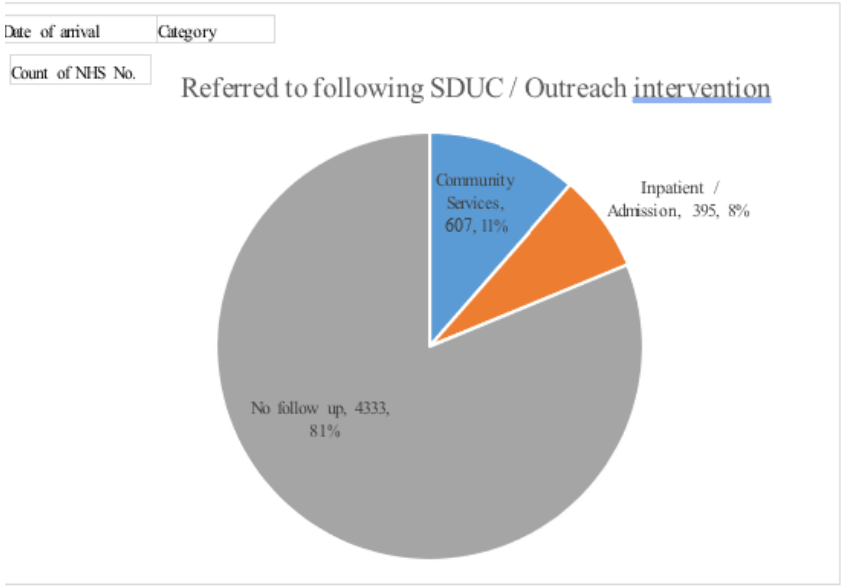


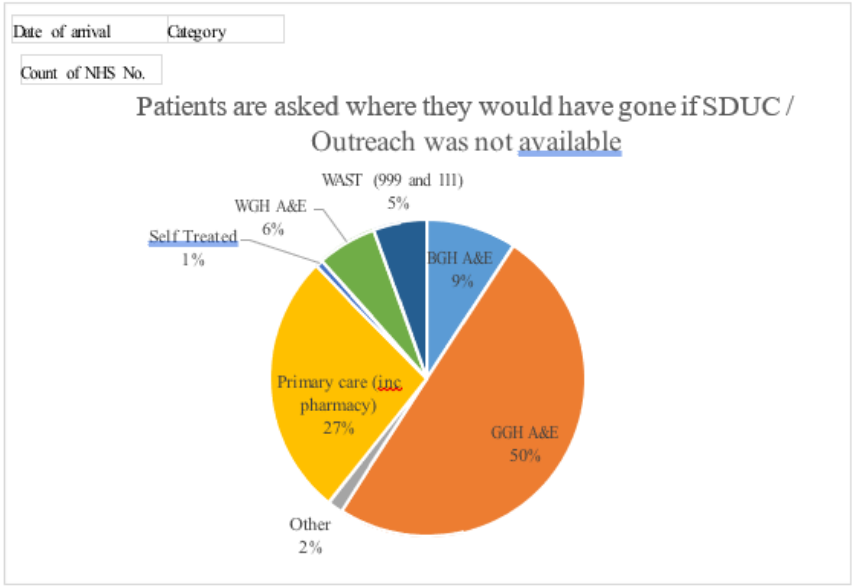
Same Day Urgent Care (Cardigan) Activity

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board







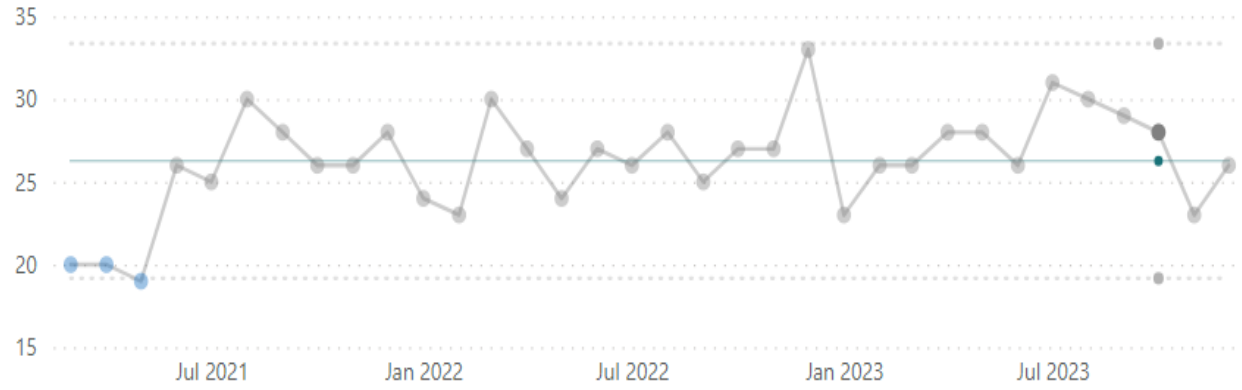


Emergency Attendances and Admissions

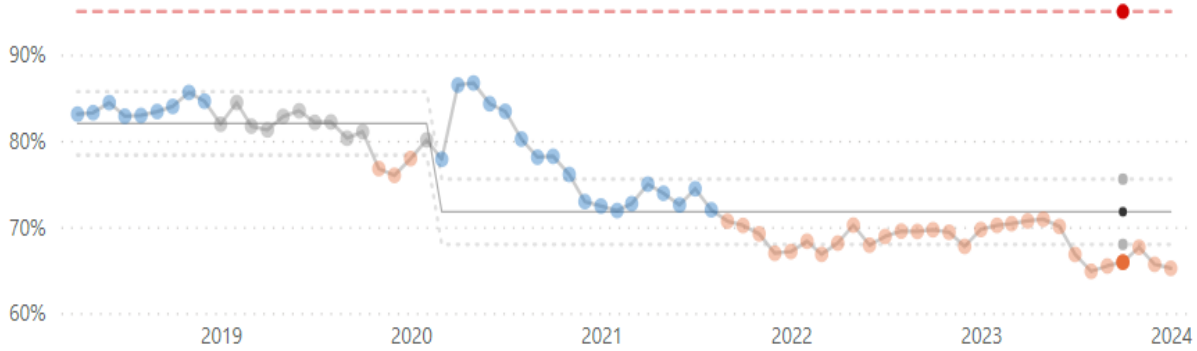
Our Performance Dashboard (6 February 2024)

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

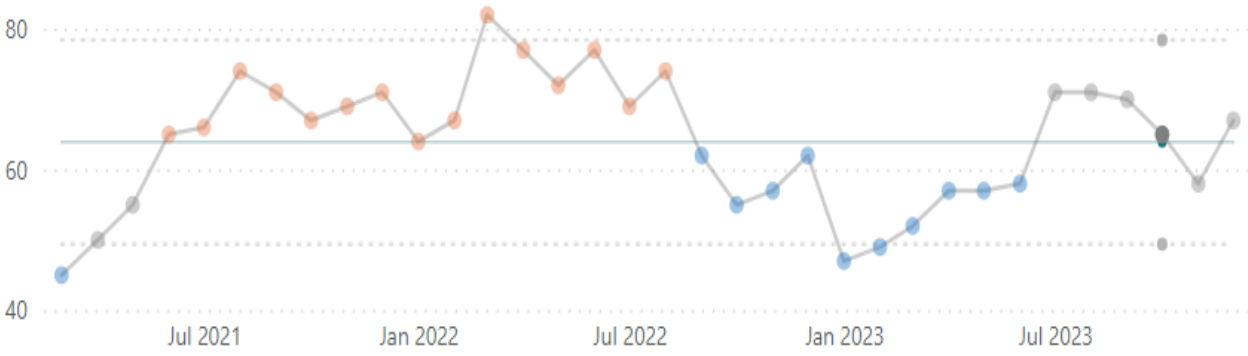
Median time from arrival at an emergency department to triage by clinician



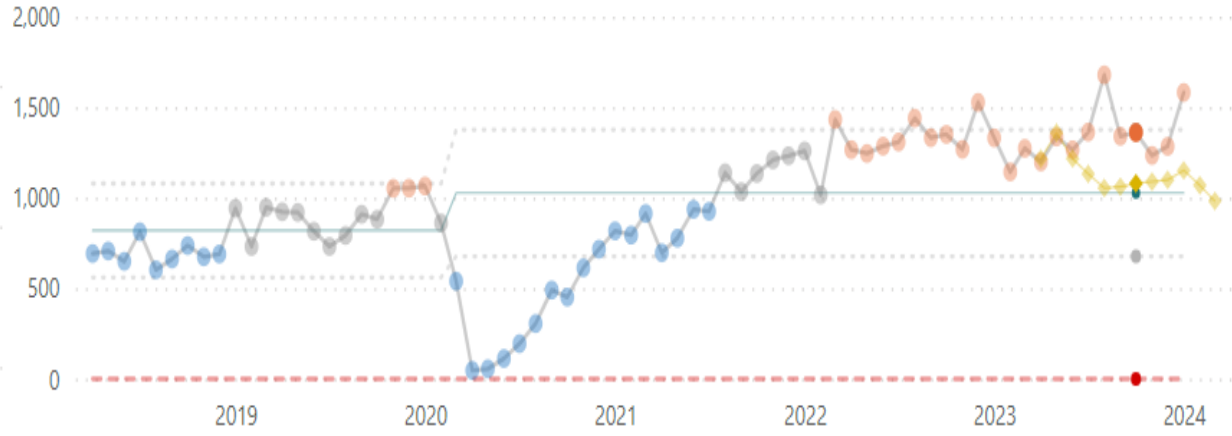
% patients spending less than 4 hours in A&E / MIU



Median time from arrival at emergency department to assessment by senior clinical decision maker



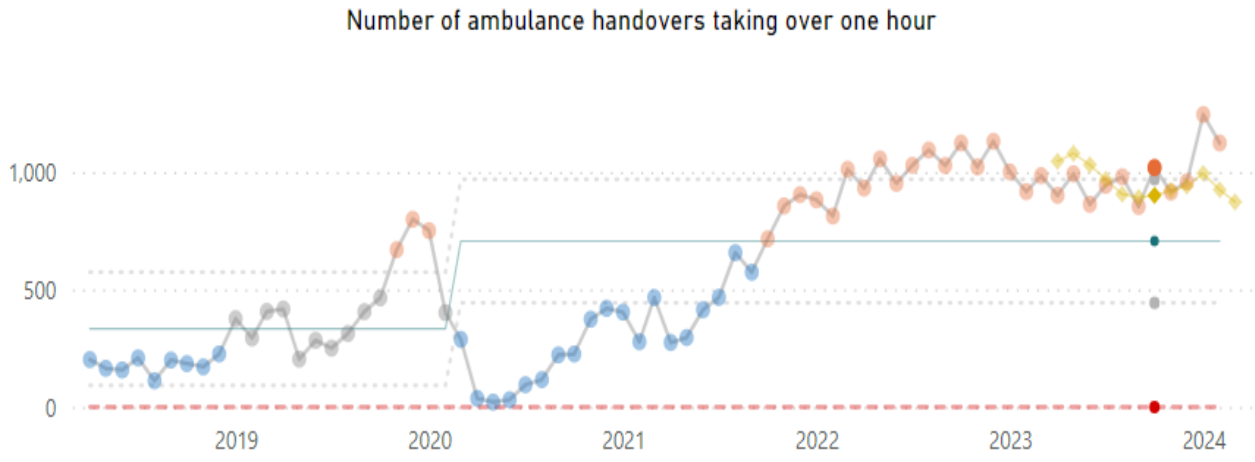
Number of patients who spend 12 hours or more in A&E / MIU

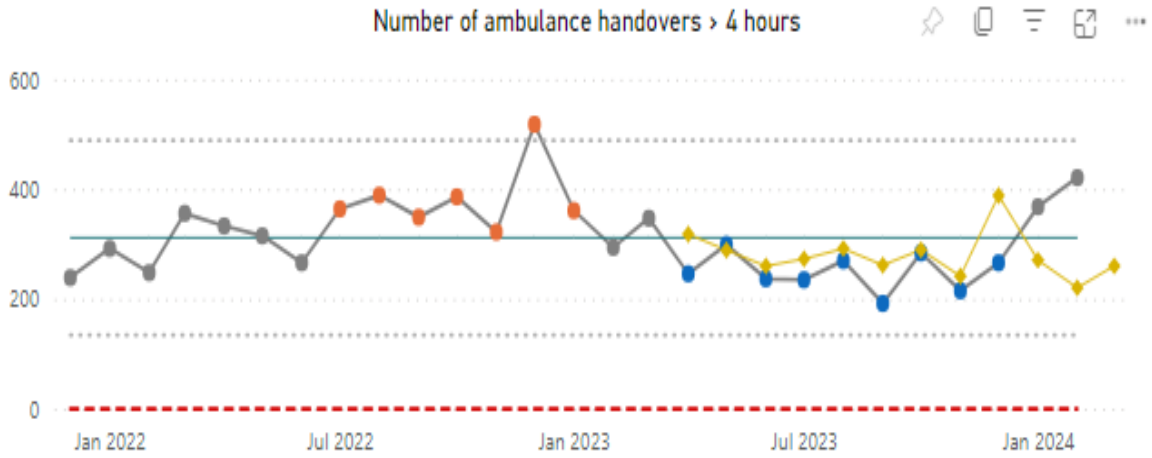


Emergency Attendances and Admissions

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Hywel Dda University Health Board
(Our Performance Dashboard: 6 Feb 2024)





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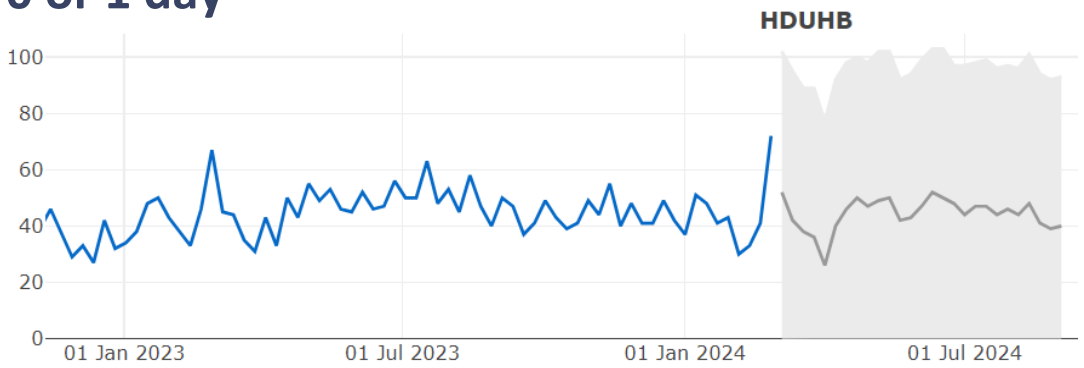
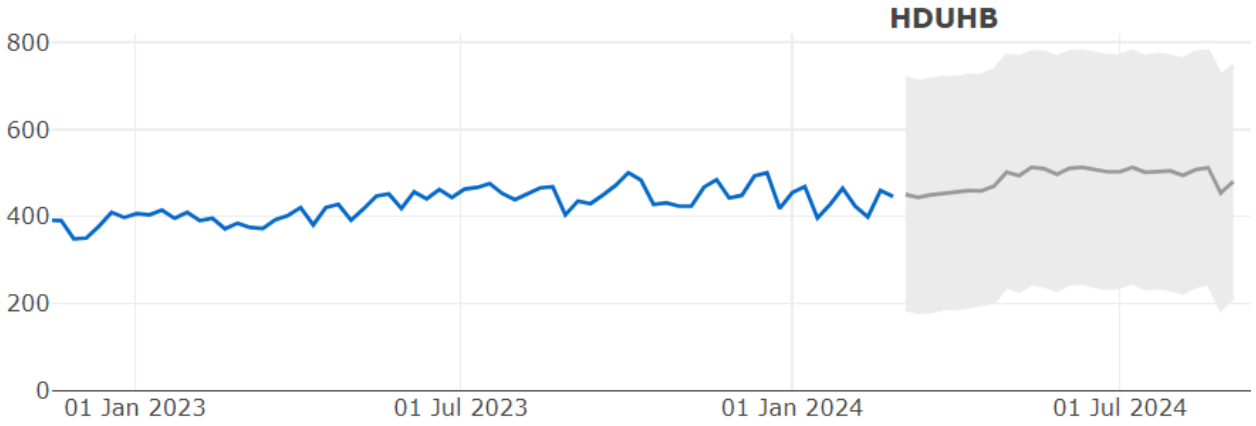
Emergency Admission via ED (patients over 75 years)

Emergency patients aged over 75 years with a LoS of 0 or 1 day

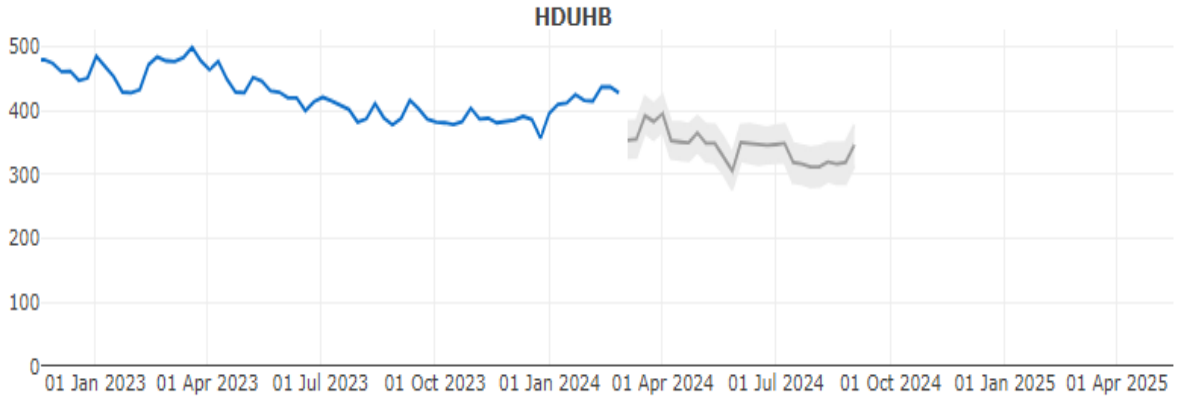


Emergency Admission via ED (patients over 18 years)

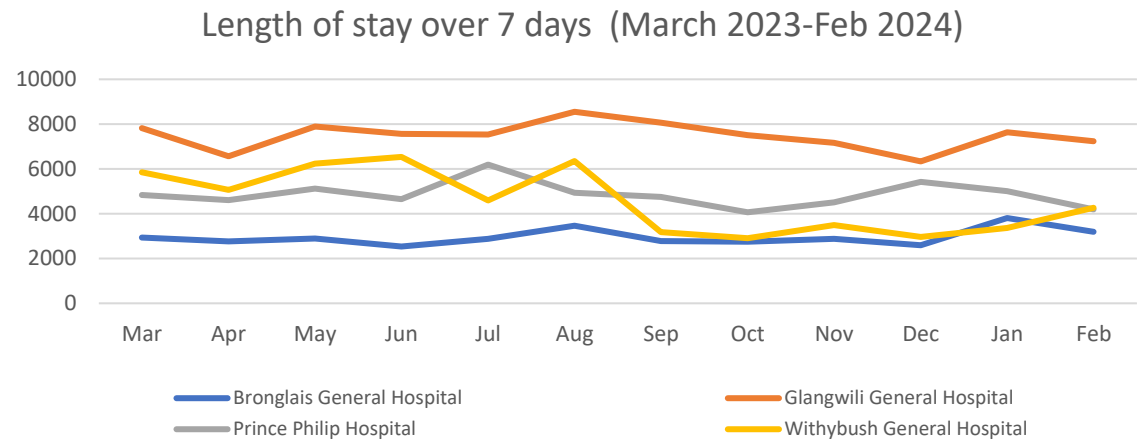


Discharges within 3 days (emergency patients only, all age groups)

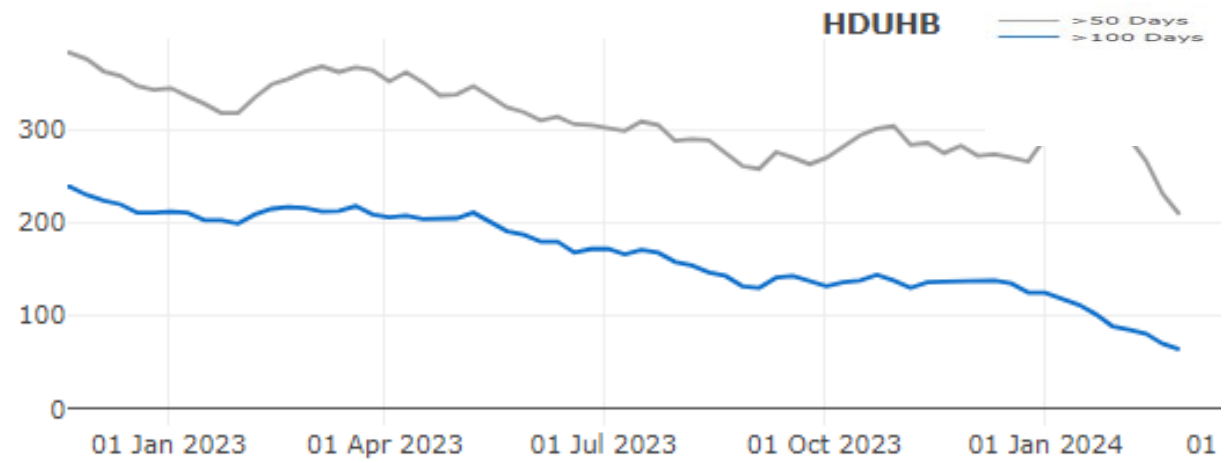
Emergency patients (Adults) with a LOS over 21 Days



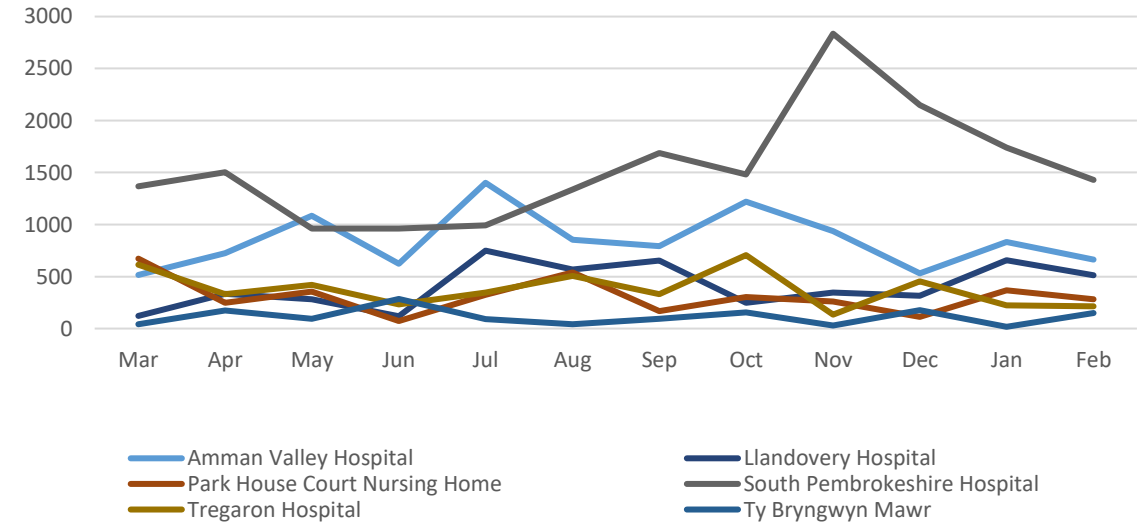
Emergency patients (Adults) with a LOS over 7 Days



Emergency patients (Adults) with a LOS over 50 Days & over 100 days



Length of stay over 12 months (Community Hospitals)



Trusted Assessors (TA) Updates

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

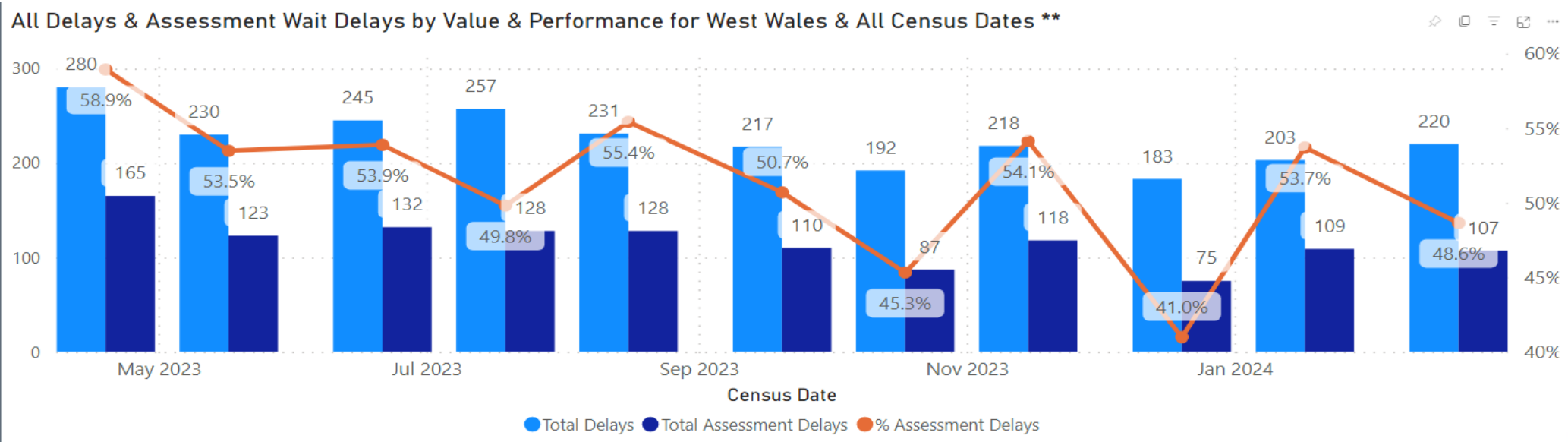
Org lead	Workstream Detail	Latest	Comments
HDdUHB and Carmarthenshire County Council	**HOME FIRST HUB -** All complex patients to be referred through Home First 'hub' within 24 hours of admission. The 'hub' undertakes proportionate assessments by multidisciplinary team and arranges transfer home for integrated assessment as soon as clinically optimised .Specifically this TA role will negate requirement for SW assessments in hospital other than those with very complex long term needs This TA role will also assess for step up bedded facilities and care at home	71	There are now 71 TA's trained in Carmarthenshire across Nursing, Occupational Therapy, Physiotherapy & Delta Wellbeing Officers (this includes Front Door staff). We will be rolling the training out further on a needs basis during Q4 23/24 to ensure all ward based nurses, Physio's and OT's can complete proportionate assessments to facilitate hospital discharge (including assessments in the community once a person is on a D2RA pathway).
HDdUHB and Carmarthenshire County Council	**Trusted Assessor Care Homes** - explore opportunities to develop TA role for LA residential care homes initially and then offer to independent homes as pilot	0	Ty Pili Pala operates on a Trusted Assessor basis. The Proportionate Hospital Discharge Assessment acts as entry into TPP with further assessment taking place during an individual's stay. The RI/registered manager for the facility has the final agreement of whether an individual is suitable for TPP, however this deterioration is based upon the information contained within the proportionate assessment and not via a direct assessment by the RI/RM.
Ceredigion CC	**Equipment trusted assessor** - refresh & expansion. Level 3 trusted assessor equipment and level 2 trusted installer equipment through DLF	12	2024-02-06 - no further training arranged; slippage not yet identified.
HDdUHB and Pembs County Council	**Porth Preseli -** Provides a single point of communication, coordination, and triage for all routine, intermediate, urgent and crisis referrals/requests	15	Aim is to undertake scoping work with Carmarthenshire to learn from what they are doing regarding proportionate assessment and IAA.
HDdUHB and Pembs County Council	**CAPACITY ASSESSMENTS** - currently a reliance on JDT & HDUHB's MCA team which leads to delays. To address this a pilot activity focused on upskilling ward professionals who know the patient best, to conduct the assessments. This would minimise delays and reduce duplication of work for the professionals and the inidivduals	0	Staff currently in the process of being trained to conduct MCA's. The pilot is aim on reducing the number of DoLS assessment. The next phase will focus on including staff members who have previously attended the Assessing Decision Making Capacity training. Additional TA's are expected to be engaged from February
HDdUHB and Pembs County Council	**SMALL CHANGES & LOW LEVEL POC ASSESSMENT** - This is currently supported by SW Assessors and SW. As a pilot training will be provided to Home Support Team, a FLO and a DLN, enabling small changes to be made in a more timely and efficient manner.	0	Pilot areas identified, including the Frailty Pathway. Two members of staff within WGH are now trained, although system access remains an issue. This is being jointly addressed by LA & HB IT resources. Staff members from the Care at Home Team have now been identified and trained to support the pilot, once system issues are addressed all new instances of small changes identified by the TA's will be completed using the pilot process
HDdUHB and Pembs County Council	**REABLEMENT BEDS & PLACEMENT ASSESSMENTS** - Training nominated persons within the hospital setting, to complete the required assessments for Reablement placements. This will include a name person from SPH, WGH and a the DLN team, and if successful will eliminate the need for home staff to conduct the assessments.	0	The pilot is focused on council owned reablement bed facilities. Pilot activity commenced 2nd October. A recent pilot review has resulted in agreement to broaden the scope of the pilot and engage additional Therapists as Trusted Assessors.
HDdUHB and Pembs County Council	**FRONT DOOR -** Unified approach across the full site (inclusive of front door). Pilot activity will focus on training front door support staff for assessing low level care needs, functional needs and provision of low level equipment	2	Work has progressed to clarify roles and priorities associated with the Front Door Pilot. To date, 2 staff members have been engaged in supporting the activity. Further expansion of the pilot has been rescheduled to early 2024

Pathways of Care Delays

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Delay Reason	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024
1.01.01 - Awaiting Social worker allocation	24.3%	22.2%	17.6%	12.5%	13.9%	13.8%	5.2%	6.4%	4.9%	9.4%	6.4%
1.01.02 - Awaiting completion of assessment by social care	20.0%	20.0%	18.8%	19.5%	17.7%	20.3%	18.2%	20.2%	12.6%	23.2%	17.7%
1.01.03 - Awaiting completion of assessment Nursing/AHP/Medical/Pharmacy	6.8%	4.8%	11.0%	11.3%	11.7%	11.5%	12.0%	17.0%	11.5%	13.8%	14.5%
1.01.04 - Awaiting Continuing Healthcare (CHC) Assessment	0.7%	2.2%	0.4%		2.2%	0.9%	3.1%		1.1%	2.5%	1.4%
1.01.05 - Awaiting joint assessment	3.2%		1.6%	2.7%	3.5%	1.8%	3.1%	1.4%	1.1%	2.0%	2.3%
1.01.06 - Assessment through the language of choice		0.4%		0.4%							
2.02.01 - Awaiting health completion of assessment/provision for equipment	0.7%				1.7%					0.5%	0.5%
2.02.02 - Awaiting social care completion of assessment/provision for equipment					0.4%						
2.05.07 - Mental Capacity / Court of Protection delays	1.1%	1.3%	3.3%	2.3%	2.2%	0.5%	1.6%				
2.05.07 - Mental Capacity								6.4%	8.2%	2.5%	4.5%
2.05.09 - Court of Protection delays								0.5%			
3.01.02 - Awaiting Residential care home manager to visit and assess (Standard 3 residential)	0.7%	1.7%	0.8%	0.8%	1.7%	1.4%	1.0%	1.8%	1.1%		1.4%
3.01.03 - Awaiting Nursing care home manager to visit and assess (Standard 3 residential)	1.4%	0.9%	0.4%	0.4%	0.4%	0.5%	1.0%	0.5%	0.5%		
Total	**58.9%**	**53.5%**	**53.9%**	**49.8%**	**55.4%**	**50.7%**	**45.3%**	**54.1%**	**41.0%**	**53.7%**	**48.6%**

This table demonstrates that approx. 50% of all the delays are assessment delays and reduction in these are a key target. RAG rating highlights where focus for improvement is needed.



Overall, the total number of delays (light blue) is reducing however the number of delays due to assessments (dark blue) and % of delays due to assessments are not.

Key Quality and Safety Outcomes
(Our Safety Dashboard 6 February 2024)

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Quality and Safety

- Overall quality and safety metrics trend remains stable with intermittent spikes in incidents over the last 12 months due to variety of impacts.
- Reduction in number of reported incidents causing harm from 318 (August 2023) to 248 (Feb 2024)
- Increase in medication errors in December attributed to increase in agency nurses in Withybush Hospital Emergency Department (ED) unfamiliar with area
- Increase in complaints in January potentially linked to increase waits in ED and increased operational pressures across all sites although overall patient satisfaction remains over 90%
- Increase in falls noted over last 3 months (189 in November 2023 to 250 in January 2024 and 223 in February 2024) which will be reviewed through inpatient falls group
- Increase in pressure damage being reported in EDs across HB being reviewed by Tissue Viability Nurse (TVN) Service since December. However, the overall number of pressure damage incidents caused or worsening through care remains stable and improved from 169 in January 2023 to 128 in January 2024.

Patient Experience

- Overall positive patient experience for ED score remains over 85%
- Overall patient experience over 90%
- Decrease in patient reporting care delivered in right place (down to 80%)

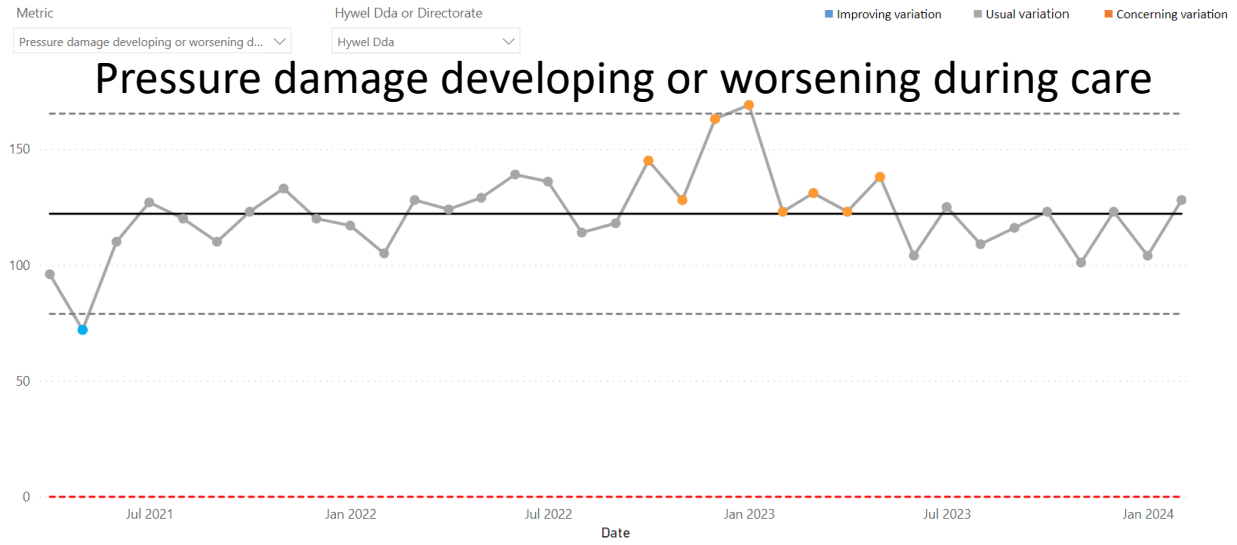
Staffing

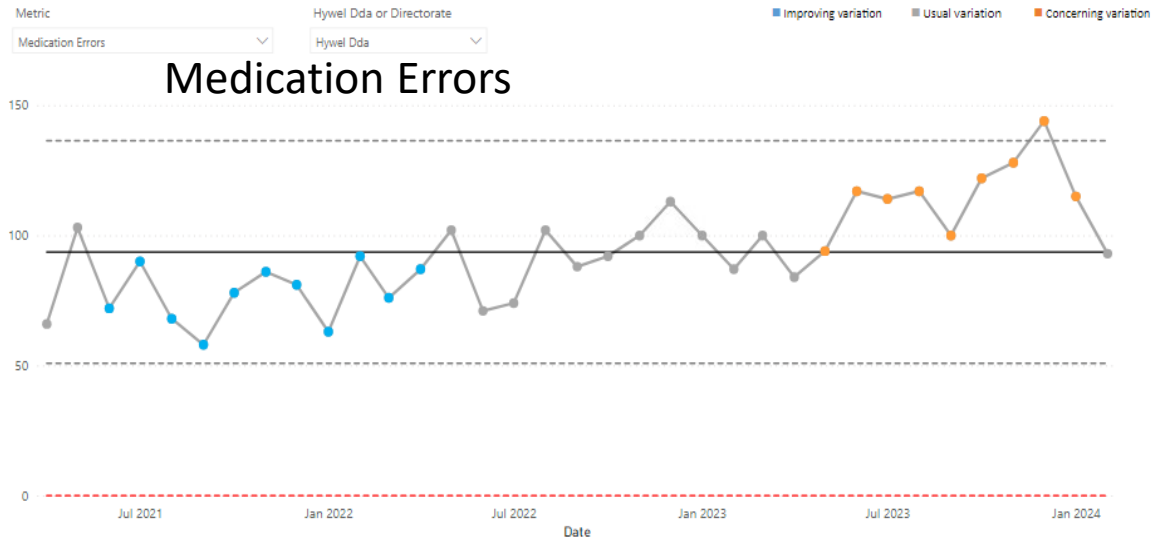
- Decrease in Registered Nurse Agency use since 2023 across Unscheduled Care (USC) / ED
- Improving position with LTS (increase in STS since January 2024)
- Staff turnover position remains stable

Quality Indicators (Health board wide)

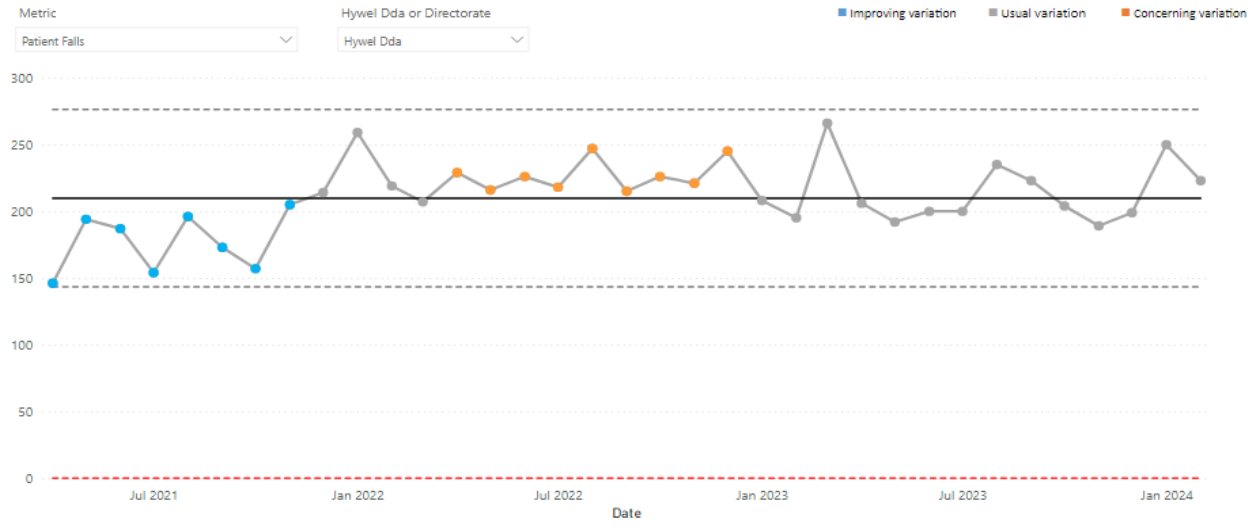
Our Safety Dashboard (February 2024)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

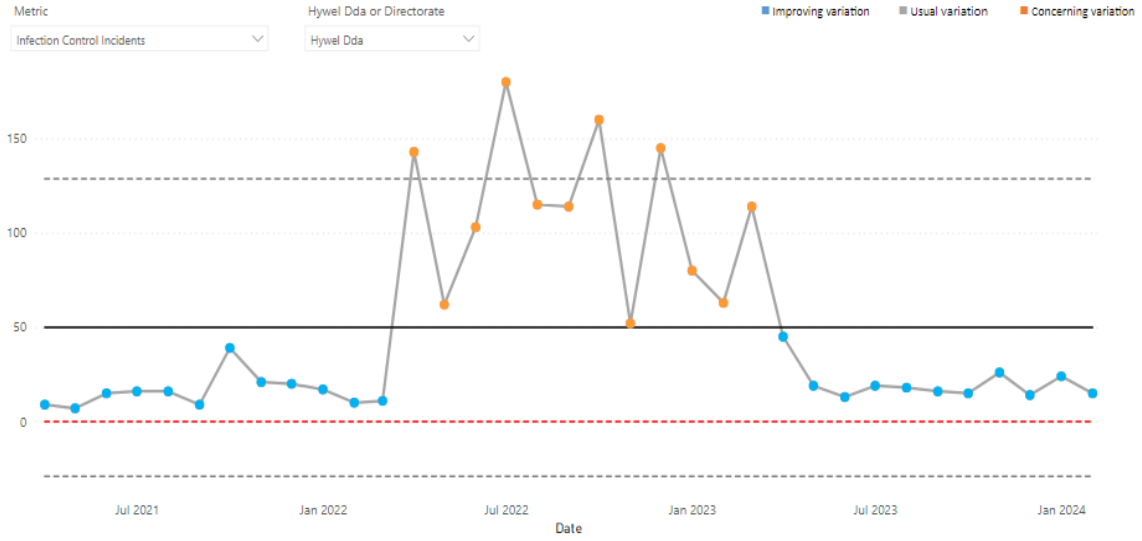




Falls



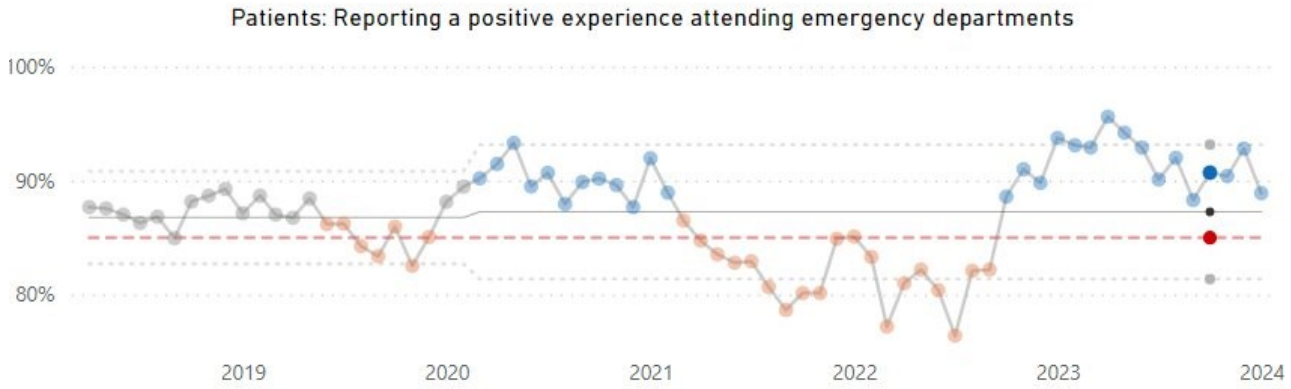
Infection Control

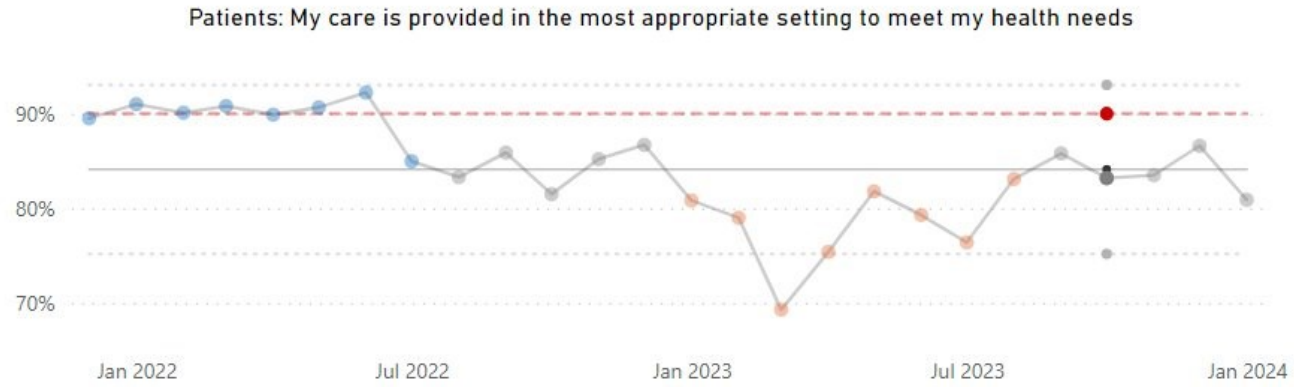


Patient Experience – Emergency attenders and admissions

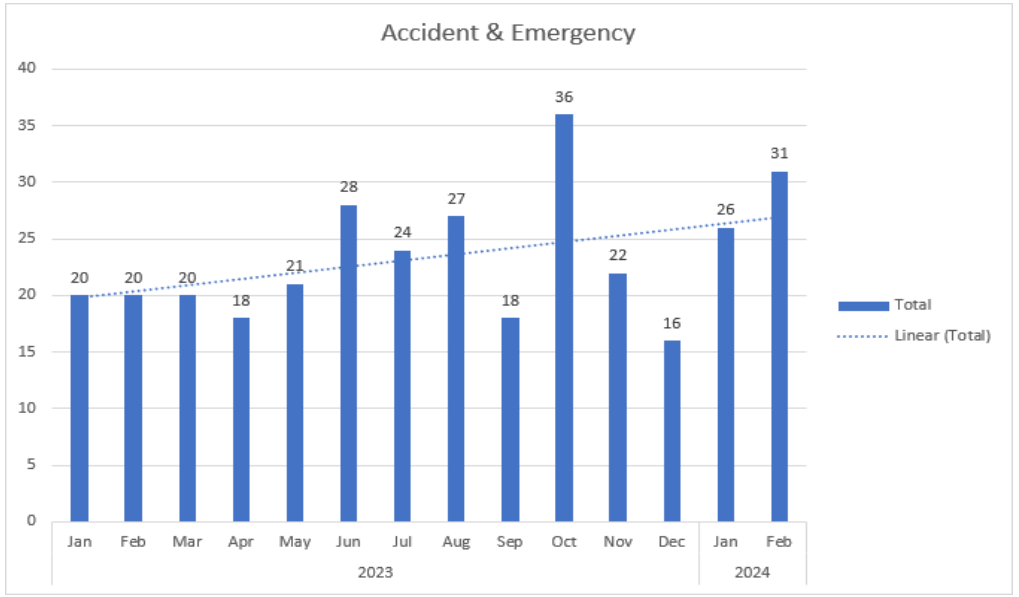
Our Performance Dashboard (6 February 2024)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board





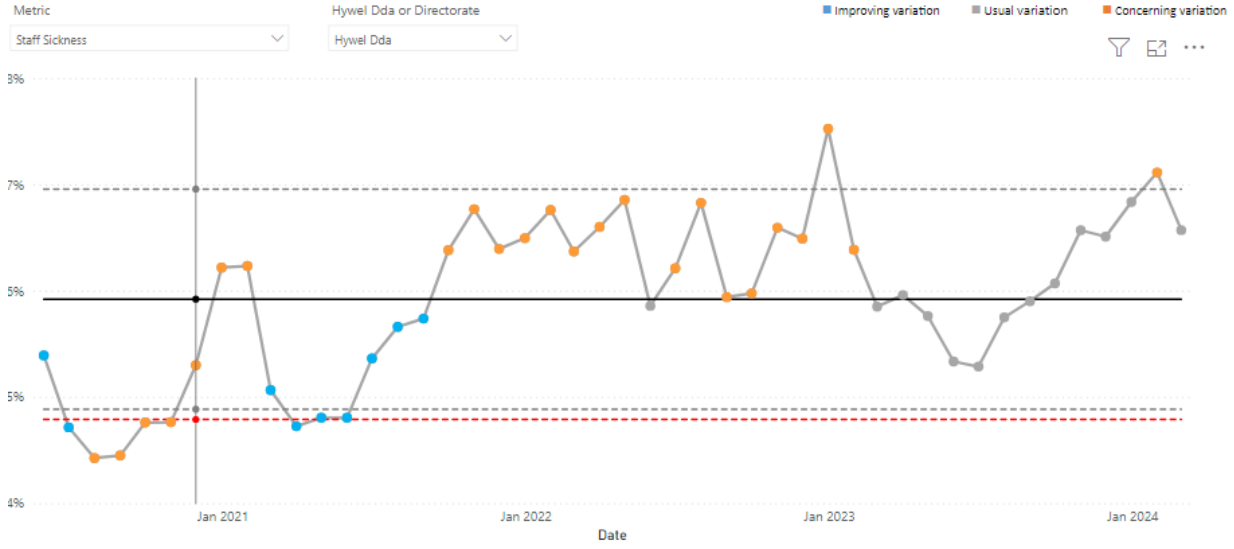
Trend in numbers of reported complaints across A&E departments



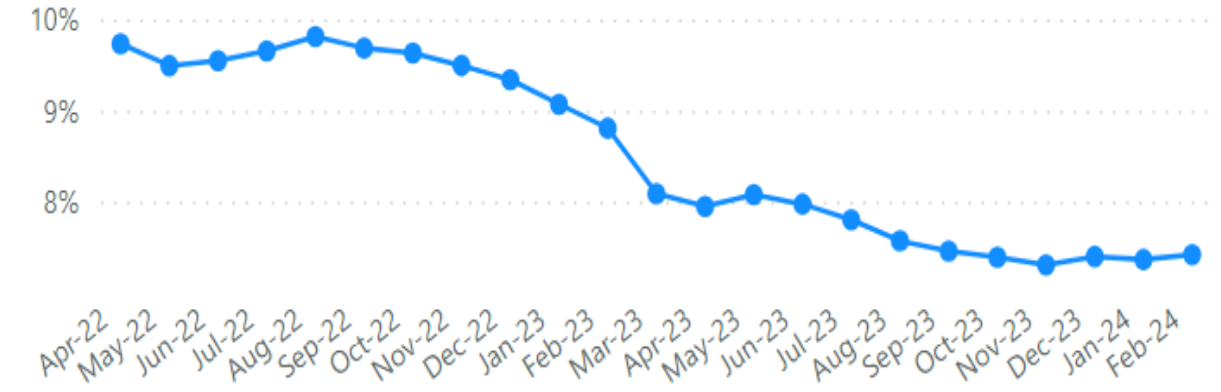
Workforce indicators (Health Board Wide)
Our Performance Dashboard February 2024

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

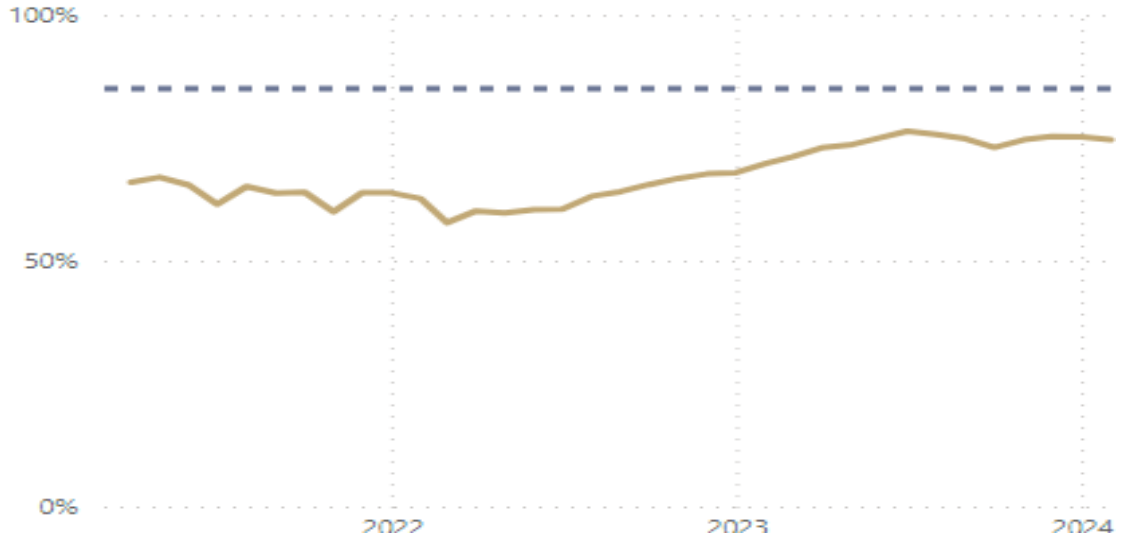
Staff Sickness



Staff turnover – 12 month rolling



% Staff who have had a PADR in past 12 months



% Staff compliant with Core Skills Training

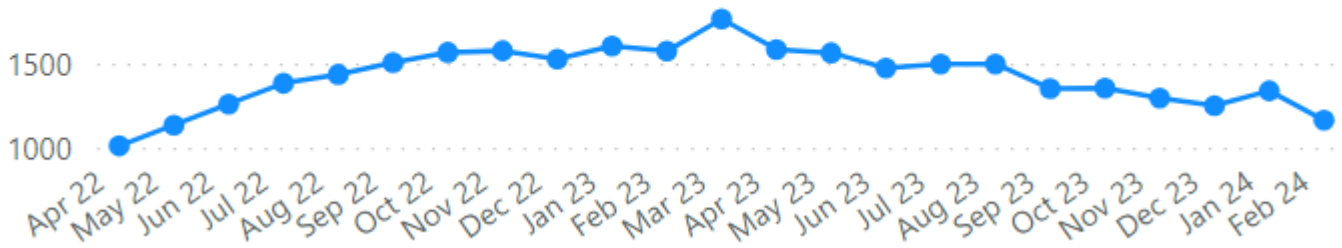
USC / ED Registered Nurse (RN) Agency Use and RN Sickness

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Activity by month

The latest month's data is likely to be incomplete until working day 9 of the following month

Number of shifts | Whole time equivalent (WTE)



Department, ward or team	No. shifts covered	WTE used	No. shifts covered	WTE used
GGH - A&E Dept.	321	21.07	3978	21.93
WGH - A&E Dept.	282	20.39	3721	22.38
BGH - EUCC Emergency & Urgent Care Centre	257	19.02	3230	20.23
GGH - Clinical Decisions Unit	128	8.91	1758	10.42
PPH - Acute Medical Assessment Unit	105	6.44	1448	8.05
WGH - Adult Clinical Decisions Unit	58	4.06	655	3.95
PPH - Minor Injuries Unit (MIU)	12	0.71	533	2.69
SDEC GGH	0	0.00	20	0.10
SDEC PPH	0	0.00	19	0.10
SDEC WGH	0	0.00	9	0.05

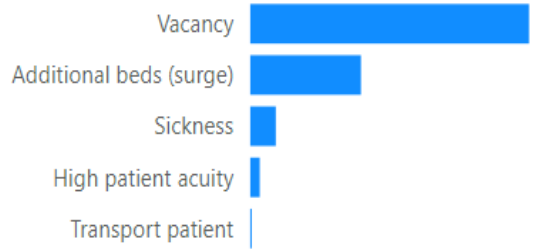
Agency/bank use (number of shifts covered) for the financial year to date

Request reason

Shift type

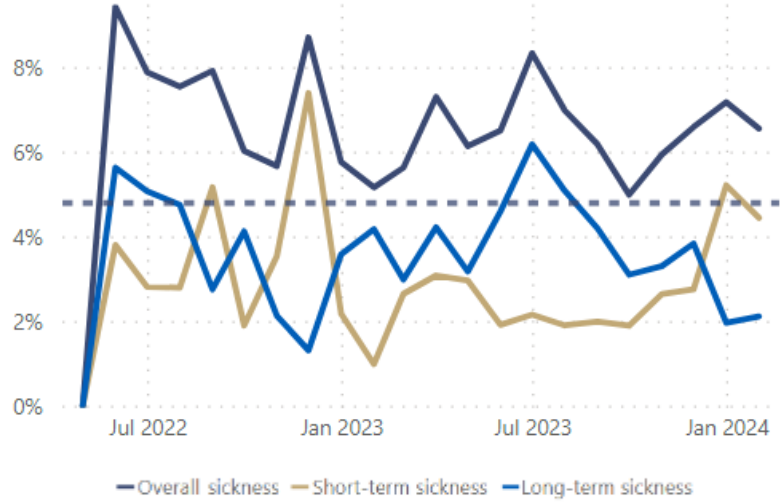
Day of the week

Staff group



In-month sickness trend

In month | 12 month rolling



Summary update position through STEEEP Quality Framework Domains

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Health & Care Quality Standard	Does this impact link with a Quality Enabler? If yes, which enabler?	Workstream / Actions	Description of identified impact	Current position
Safe	Whole system improvement	Safe Care Collaborative supporting 8 current projects Engagement with TUEC programme Scrutiny of Q&S metrics through STEEEP domains	Reduction in number of incidents where harm has developed or worsened during episode of care. Reduction in pressure damage, falls, medication errors and infections.	Consistent picture across all incidents over 12 months. Slight increase in Falls and Infections since January 2024 QI metrics overall relatively unchanged and therefore it is difficult to draw any direct correlation between TUEC progress and QI metrics from the data available.
Timely	Whole system improvement	Monitoring performance and aligned to STEEP principles. Implementing and evaluating Optimal Hospital Flow pathway work to reduce waits and harmful delays Optimising timely discharge, addressing reasons for package of care delays, developing trusted assessor models and clinical streaming hubs	Improvement in ambulance handover delays (1 hr and 4 hrs). Timely triage and clinical assessment on arrival to ED. Reduction in spent in ED. Reduction in DPOC. Reduction in Red days	Front door performance has been under sustained pressure through the winter period Deteriorating position in all metrics since December 2023 Some improvement in overall package of care delays but little improvement in delays due to assessments
Effective	Whole System Improvement. Leadership. Culture	Care delivered in the right place at the right time by the right person. Development of Clinical streaming hubs Effective discharge planning and optimal patient flow	Reduction in LOS (over 7 days, 21 days, 50 days and 100 days). Reduction in Delayed packages of care. Improved compliance with Optimal Hospital Flow Metrics (Huddles, Board rounds, EDD, R2G, D2RA)	While good improvements noted with LOS >50 and >100, there is a notable increase in 21day + LOS over similar period and since January 2024
Efficient	Whole System Improvement. Leadership. Culture	Implementation of Optimal Hospital Flow Principles across all acute and community sites	Implementation and good compliance with Optimal Hospital Flow Metrics (Huddles, Board rounds, EDD, R2G, D2RA) demonstrated through audits and evaluation	Positive improvements and ongoing roll out across all acute and community sites
Equitable	Whole system improvement	Development of clinical streaming hubs across the health board, equitable access to services	Implementation of clinical streaming hubs, reduction in avoidable admissions and hospital conveyances	Local delivery / resource hubs implemented in Carmarthenshire and Pembrokeshire showing evidence of conveyance avoidance and admission prevention
Person-centred	Whole System Improvement. Leadership. Culture	Focus on patient experience and feedback. Listening and learning, identifying appropriate metrics to capture STEEP domains Workforce	Patient experience and feedback, Complaints and Concerns	Positive feedback from SDEC services in WGH Reduction in overall concerns, Overall patient experience positive, Overall positive ED experience Decrease in satisfaction with place of care Highlights the need for consideration of specific PREMS and PROMS alongside TUEC performance data to capture and measure any impact on quality, safety and experience outcomes.

Next steps

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Audit / Evaluate impact of rollout of Optimal Patient Flow principles across acute sites

- Number of discharges <2pm (RTDC)
- Number of patients assigned to D2RA Pathway within 24hrs
- Identification of top 3 flow constraints
- Develop and capture PREMS / PROMS tools
- Develop CIVICA tool for patient experience

Spread and Scale learning from audits to rollout optimal patient flow across community hospitals

Evaluations to be provided through Safe Care Collaborative

- Learning and feedback from the 8 projects currently supported through the safe care collaborative to be shared through Spread and Scale approach

Discharge Audit March 2024

- Assess whether the patient discharge process has been consistently implemented across the Health Board.
- Ensure robust governance arrangements are in place to monitor and report on patient discharge
- Development of clinically led criteria for discharge
- Establish Health board wide Discharge Strategy Group

Review and agree outcome measures using data and systems such as FRONTIER / CIVICA.

- Specific Quality and Safety metrics to be identified
- Develop metric for capturing emergency department demand, acuity and Q&S Impact
- Impact of Boarding on Q&S
- Mortality