

## **3a - Implement the Six Goals & To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026**

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**Period of reporting: Q2 2023/24**

# What is the aim of the Planning Objective?

- Delivery of the agreed 80 bed efficiencies across the four acute hospital sites through reduced conveyance, reduced admissions and reduced length of stay (LoS)

Strategy (the 3Cs) & Programme Outcome Indicators	Enablers	Outcome Impact	Measures
Reduce Conveyancing	Risk Stratification of Complex Proactive Monitoring Anticipatory Care Planning Clinical Streaming Hub Home First Health & Care System for Older People (including same day urgent care(SDUC)	Increased Care Closer to Home provision Reduced Conveyance (All Wales Target 60%) and Self Presentation Increased direct access to scheduled Same Day Emergency Care (SDEC) Reduced ED waits > 12 hours Improved ambulance handover	Ambulance presentations % patients admitted following conveyance to ED (should be 100% if 'true emergency')  Self Presentation (as balance measure)  Conveyance Rates by County ED attendances by County
Reduced Conversion rate	Front Door Turnaround  Front Door Streaming to 72 hour assessment units (including frailty)  SDEC	Reduced admission rate Reduced ED waits > 12 hours Improved ambulance handover Improved 4 hour delays	Admission rate. Length of stay (LOS) 0 – 1 Days LOS <72 hours ED length of stay distribution by admitted and non-admitted SDEC Measures Assessment Unit LOS
Managing complexity	Implementation of SAFER including D2RA Frontier Optimal Flow Tool Effective and Responsive Home First / Health and Care System for Older People	Reduction in Average LOS < 13 days for <u>All patients</u>	Average LOS distribution  48% of admissions discharged in under 3 days  50% between 3 and 10 days  Reduced count patients bed days > 21 Increased discharges > 21 days Reduce proportion of patients LOS > 50 days Reduced bed occupancy rates
System impact	Increased Care Closer to Home Streaming patients to Right Care, Right Place, Right Time	Optimal flow for emergency and planned care pathways. Increased Healthy Days at Home PROMS & PREMS Older People	Reduction occupied beds (n = 135) by 2027

# Bed Efficiencies

## Summary of Front Door (Lodgers) impact for the previous Quarter:

	BGH			GGH			PPH			WGH			Total		
	Jul-23	Aug-23	Sep-23	Jul-23	Aug-23	Sep-23	Jul-23	Aug-23	Sep-23	Jul-23	Aug-23	Sep-23	Jul-23	Aug-23	Sep-23
Baseline	12.2	12.2	12.2	30.0	30.0	30.0	6.6	6.6	6.6	26.9	26.9	26.9	75.7	75.7	75.7
Target	10.2	10.2	9.2	27.0	26.0	25.0	0.6	-0.4	-1.4	23.9	22.9	21.9	61.7	58.7	54.7
Actual	7.3	12.6	11.3	23.2	19.6	19.5	3.3	3.2	0.7	20.8	23.3	24.0	54.5	58.8	55.6
Variance	-3.0	2.4	2.1	-3.8	-6.4	-5.5	2.7	3.6	2.1	-3.1	0.4	2.1	-7.2	0.1	0.9

## Summary of Back Door (Surge) impact for the previous Quarter:

	BGH			GGH			PPH			WGH			Total		
	Jul-23	Aug-23	Sep-23	Jul-23	Aug-23	Sep-23	Jul-23	Aug-23	Sep-23	Jul-23	Aug-23	Sep-23	Jul-23	Aug-23	Sep-23
Baseline	8.4	8.4	8.4	33.2	33.2	33.2	18.8	18.8	18.8	34.9	34.9	34.9	95.3	95.3	95.3
Target	3.4	2.4	0.4	18.2	15.2	15.2	14.8	13.8	12.8	31.9	27.9	27.9	68.3	59.3	56.3
Actual	1.8	2.0	2.0	28.8	30.2	29.8	9.5	10.6	6.7	29.5	32.7	32.2	69.5	75.4	70.6
Variance	-1.6	-0.4	1.6	10.6	15.0	14.6	-5.3	-3.2	-6.1	-2.4	4.8	4.3	1.2	16.1	14.3

## Combined

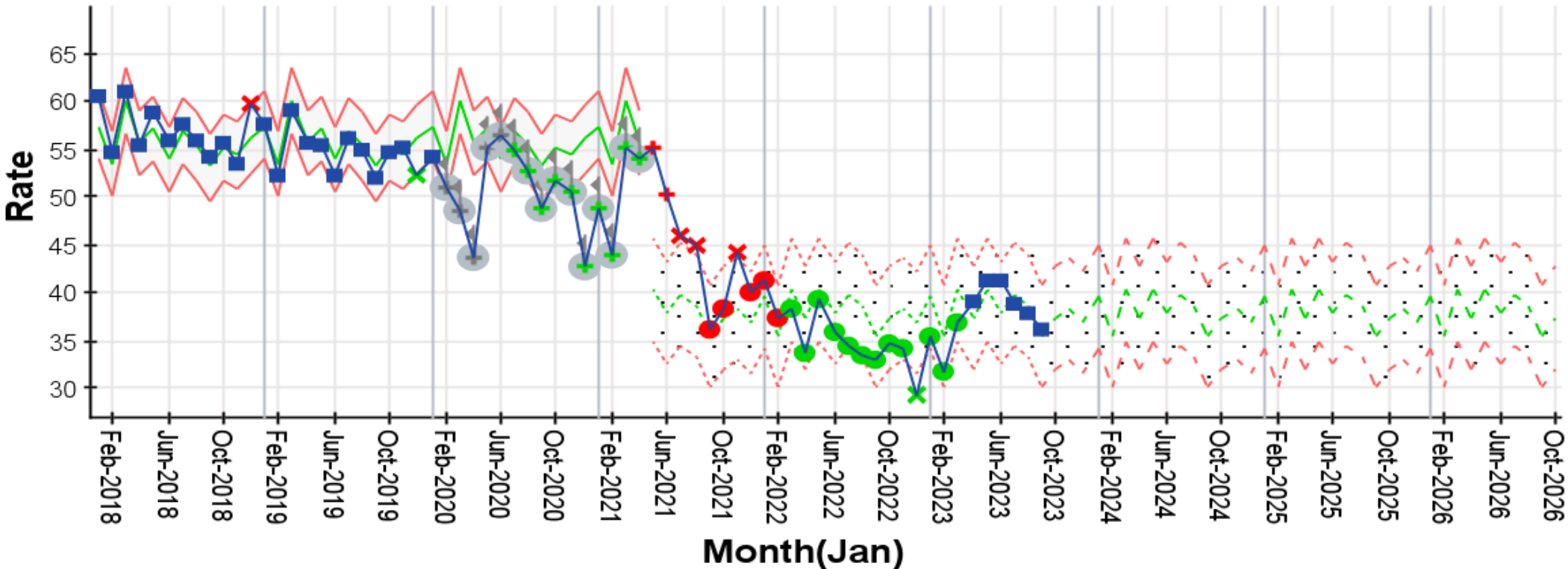
	BGH			GGH			PPH			WGH			Total		
	Jul-23	Aug-23	Sep-23	Jul-23	Aug-23	Sep-23	Jul-23	Aug-23	Sep-23	Jul-23	Aug-23	Sep-23	Jul-23	Aug-23	Sep-23
Baseline	20.6	20.6	20.6	63.2	63.2	63.2	25.4	25.4	25.4	61.8	61.8	61.8	171.0	171.0	171.0
Target	13.6	12.6	9.6	45.2	41.2	40.2	15.4	13.4	11.4	55.8	50.8	49.8	130.0	118.0	111.0
Actual	9.0	14.6	13.3	52.0	49.8	49.3	12.7	13.8	7.4	50.3	56.0	56.2	124.1	134.2	126.2
Variance	-4.6	2.0	3.7	6.8	8.6	9.1	-2.7	0.4	-4.0	-5.5	5.2	6.4	-5.9	16.2	15.2

NOTE: Prior period figures may change due to updated information being available on the Health Board's Dashboards, the figures reported here reflect the latest available information.

# Reduced Conveyance

**ED Attendances Per 10k Registered GP Population : Ambulance 01 + Helicopter / Air Ambulance 02 \* >75 yrs + Adults 16-75 \* Hywel Dda LHB : (Monthly 3yr proj.)**

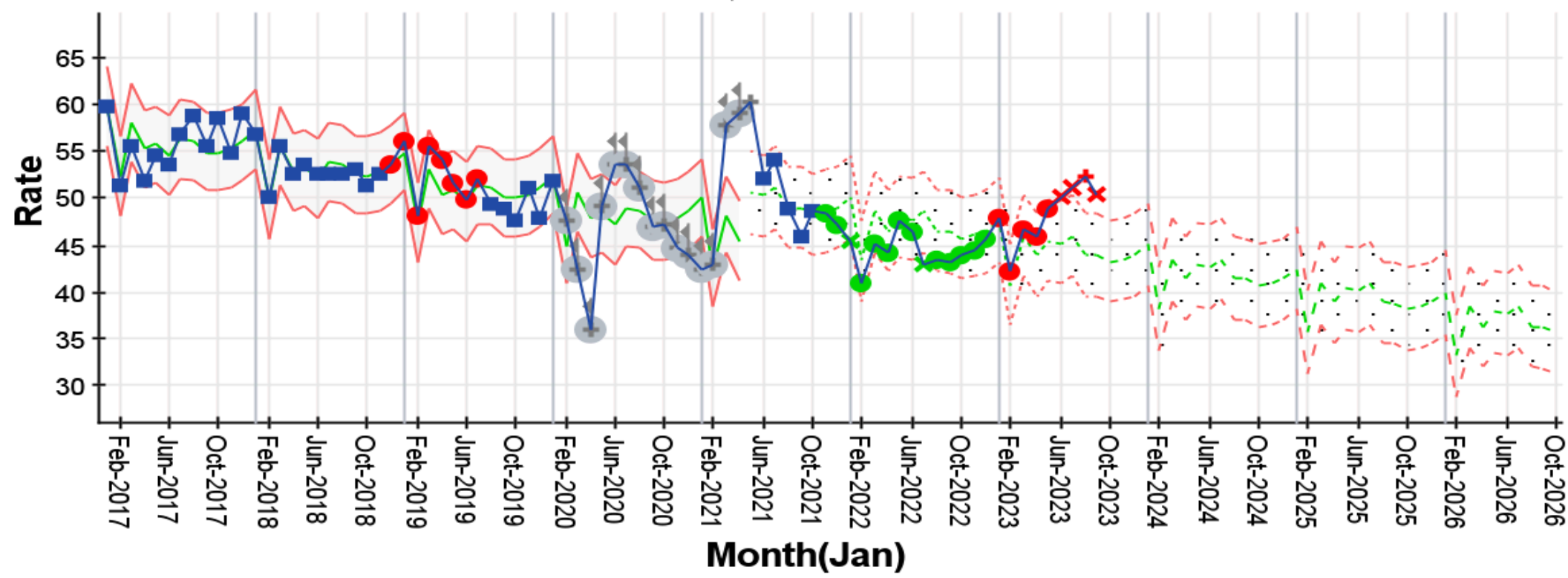
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# Reduced Admissions

IP Admissions Per 10k Registered GP Population : >75 yrs + Adults 16-75 \* Hywel Dda LHB \* [21] A & E or dental casualty : (Monthly 3yr proj.)

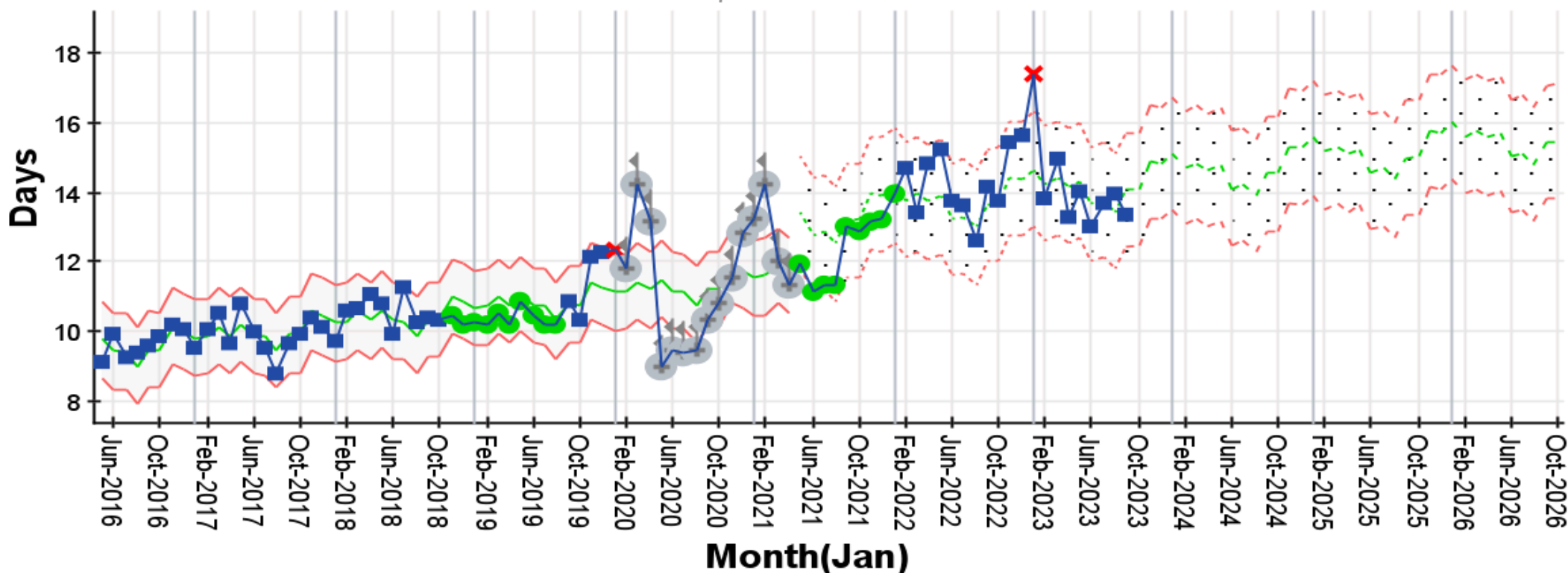
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# Managing Complexity – Reduced LoS

Average Length of Provider Spell - Days, By Discharge Date : >75 yrs + Adults 16-75 \* Emergency \* Overnight : (Monthly 3yr proj.)

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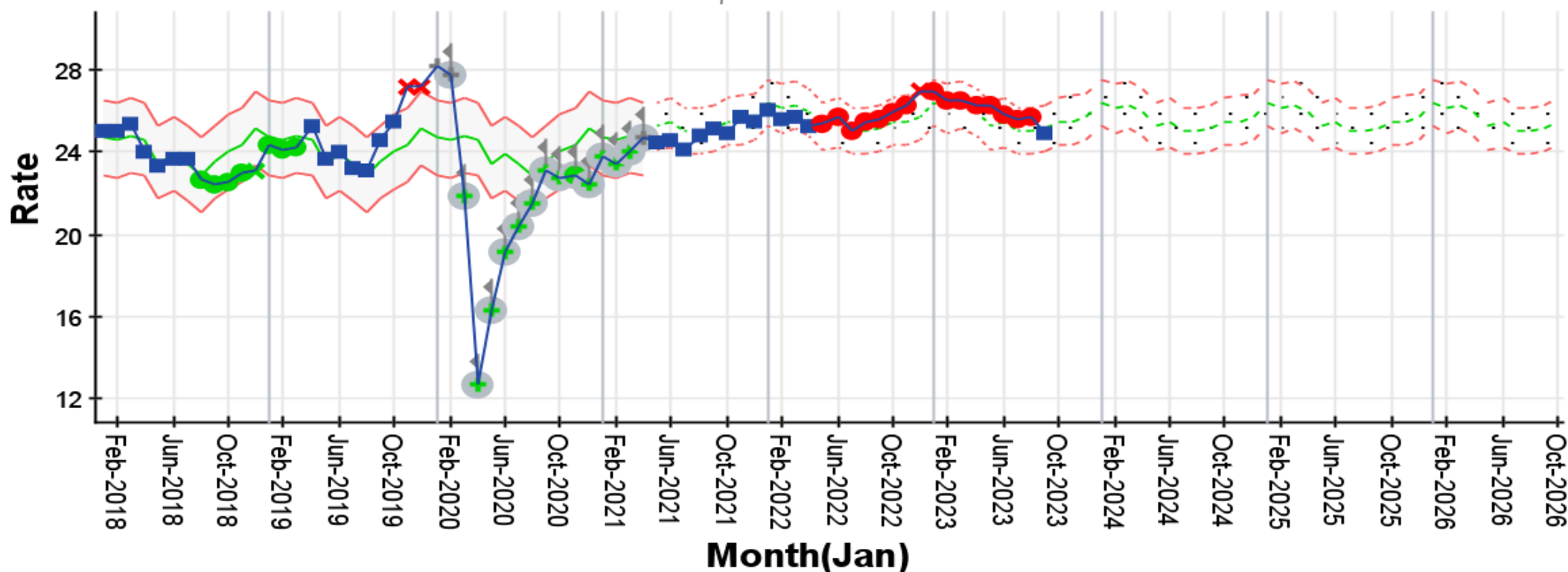




# System Impact – Occupied Beds

Bed Occupancy Per 10k Registered GP Population : >75 yrs + Adults 16-75 \* Hywel Dda LHB \* Emergency : (Monthly 3yr proj.)

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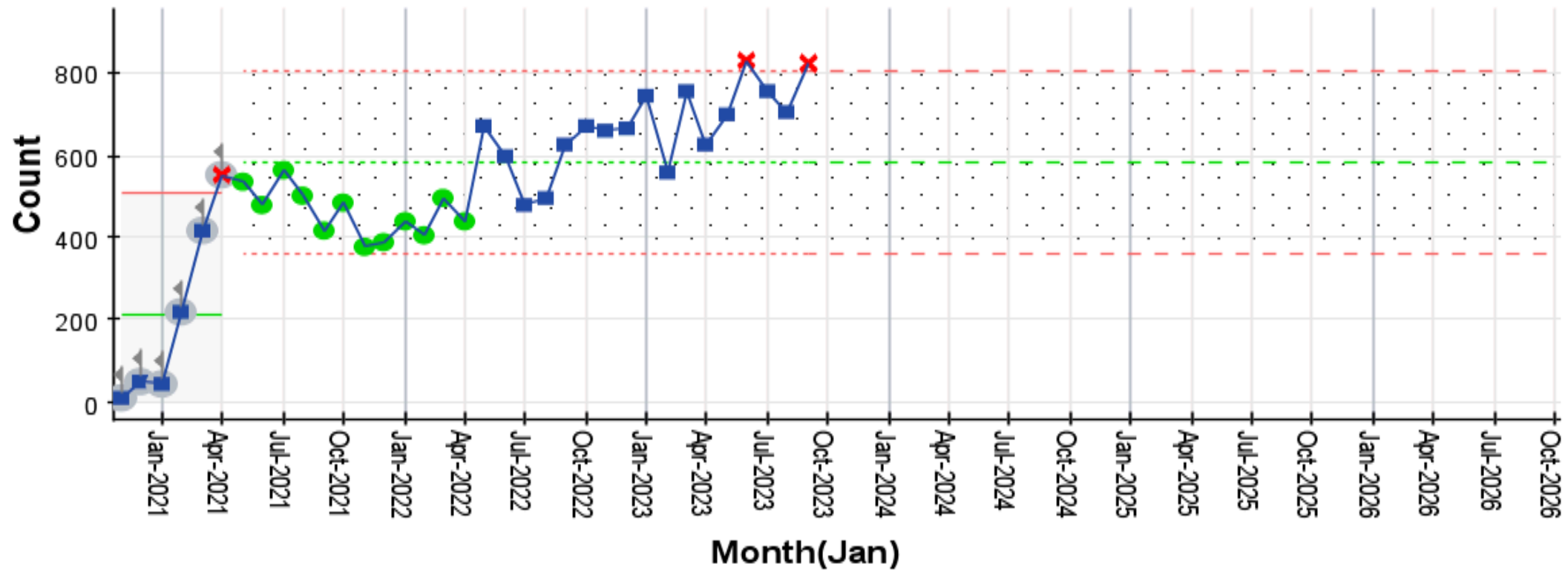
# What are the Ministerial Priorities?

- Implementation of Same Day Emergency Care (SDEC) services that complies with the following:
  - Is open 5 days a week moving to 7 days a week 12 hours a day by end of Q2
  - Is accessible at key times evidenced by the emergency care demand profile in of each hospital site
  - Is direct access and bypasses Emergency Departments
  - Delivers a service for at least medical and surgical same day care
  - Is accessible to by Welsh Ambulance Service Trust (WAST) clinicians as set out in their clinician referral policy to support reduction in handover as set out in the six goals handbook
  - Demonstrates utilisation of allocated resources by Welsh Government (WG) and measures impact as set out by the national programme
- Health Boards must honour commitments that have been made to reduce handover waits
- Regular monthly reporting of 'Pathways of Care' (PoC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination

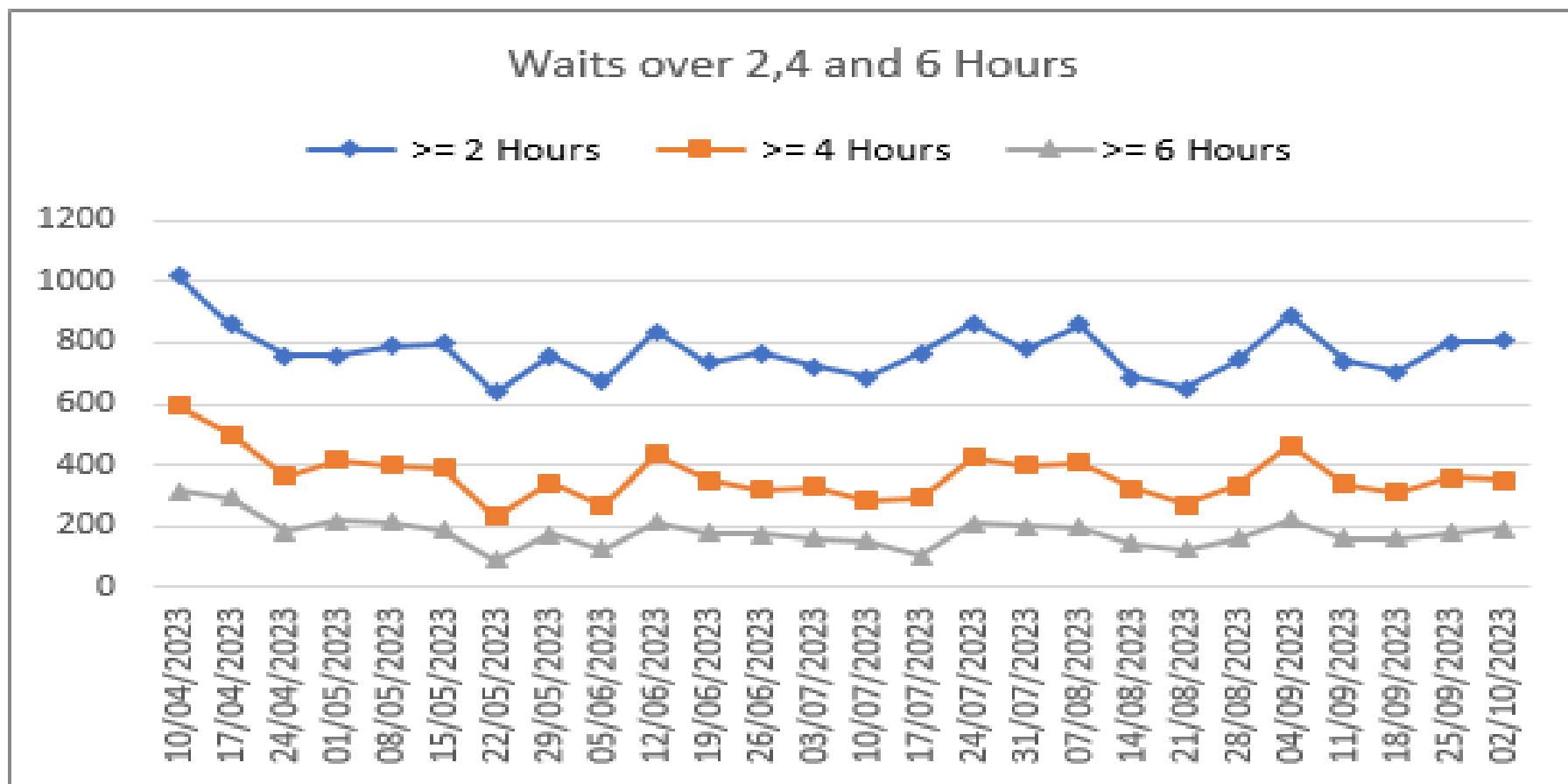


# Increase in SDEC Activity

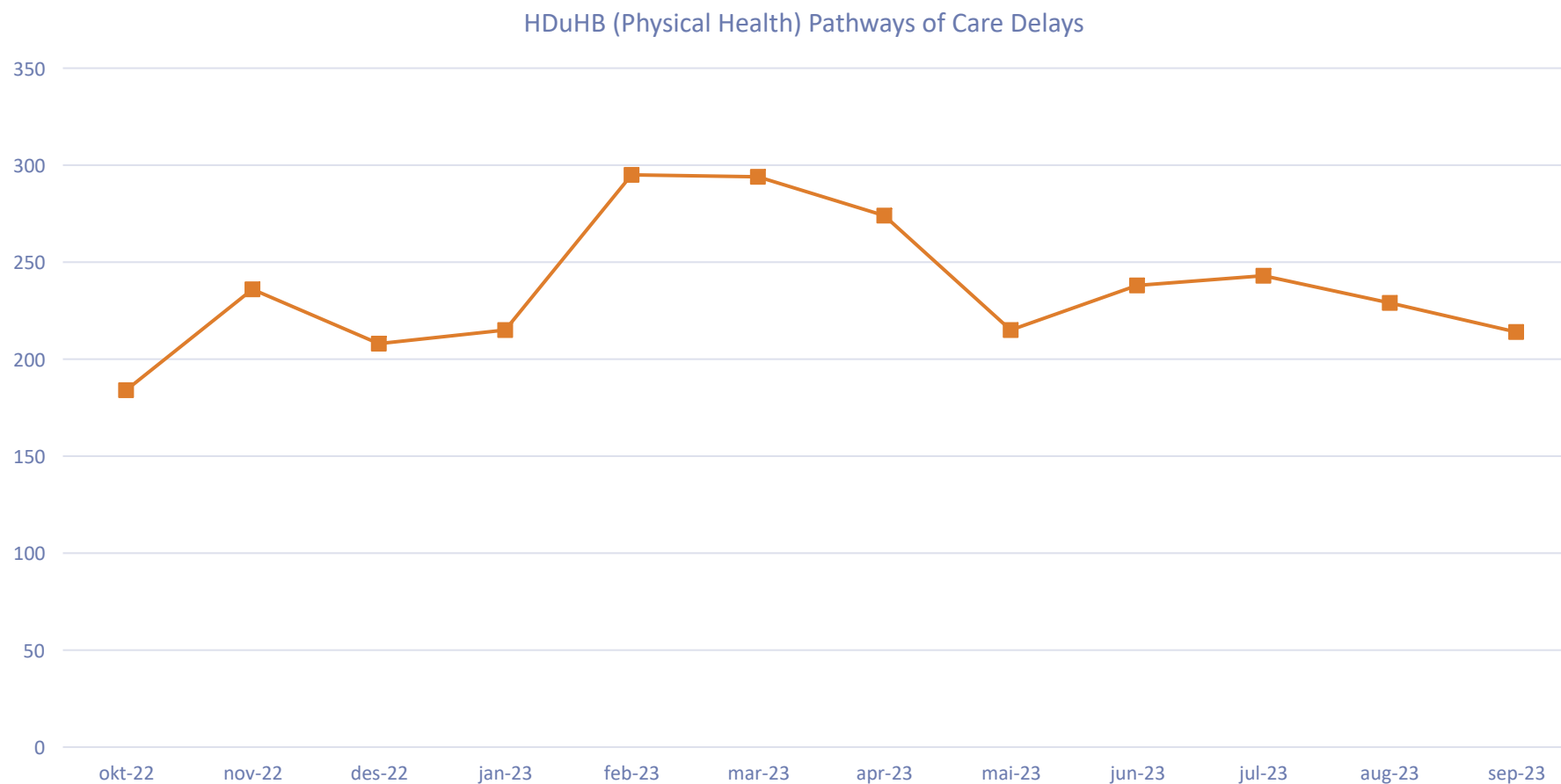
Provider Spell Admissions : >75 yrs + Adults 16-75 \* Emergency \* Glangwili General Hospital - GGH - Same Day Emergency Care Unit + PRINCE PHILIP HOSPITAL - PPH - Same Day Emergency Care Unit + WITHYBUSH GENERAL HOSPITAL - WGH - Same Day Emergency Care Unit : (Monthly 3yr proj.)  
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# Reduction in Ambulance Handover Waits



# Reduction in Pathway of Care Delays



# Risks to Delivery of Plan & Mitigations

Risks	RAG	Mitigation & Control
Culture Change re clinical management of frailty and perception of risk		Developing 'team' of clinical champions under direction of Deputy Medical Directors, TUEC Clinical Leads
Paucity of Medical workforce		Medical recruitment continues to be challenging to lead the enhanced community care model (including UPC) and could impact upon implementation and sustainability of models e.g. sufficient levels of recruitment of GPs to provide effective and guaranteed 24/7 roster for the Streaming Hub
Fragility of workforce across primary, community and social care services		Workforce and TUEC planning to be aligned and representation on key TUEC groups from Workforce colleagues. Nurse stabilisation analysis undertaken & for simultaneous discussion to discount duplication
'Passing Baton' of responsibility for discharge planning to ward management (implementation of SAFER) to reduce long lengths of stay associated with complex discharge		Phased roll out of improvement programme supported by QI team <u>EDoN</u> endorsement / priority
Care availability to manage increasing complexity on discharge exceeds available capacity and recruitment schemes have not been successful		Joint plans being progressed and implemented by Pembrokeshire and Carmarthenshire respectively which aims to 'reset' the infrastructure to ensure fit for purpose – increased step up bedded facilities in community (includes 'alternative bed units') and explore options for dual registered homes able to manage very complex individuals with fluctuating and challenging needs. This is the 'Further, Faster' work
Increased demand for complex care following care home resident conveyance and consequent admission		We continue to see increasing numbers of care home residents being conveyed – these severely frail individuals decondition and are predisposed to delirium and increased morbidity and mortality in hospital. All conveyances should be avoided unless by exception (eg # or symptoms that cannot be controlled in community)
Sustaining our UEC pathway beyond Welsh Government UEC and RIF funding		Routine review of impact / VFM of investments and timely consideration of need to decommission those initiatives that are not delivering in order to continue to invest in those areas that are impactful.

# Recommendations & Assurances

The Strategic Development and Operational Delivery Committee is asked to:

- **RECEIVE ASSURANCE** from the Urgent and Emergency Care Update