



PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	10 November 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Assurance over Delivery of the Strategic Programme of Change
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Shaun Ayres, Assistant Director of Commissioning

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The slide set, attached at Appendix 1, is presented to the Committee to provide a high-level overview of the key programmes of work for the delivery of the Health Board's strategic programmes of change. It is anticipated that the programmes will deliver a number of benefits to the Health Board. Each programme will provide the platform and foundation to drive a number of improvements across performance, quality and finance.

Cefndir / Background

The programmes are intended to address a multitude of pressures across the system. Consequently, each programme has been inceptioned to remedy specific challenges facing the Health Board. It has been well highlighted that the current financial challenges require targeted approaches across the following domains:

- Nursing Workforce Stabilisation Plan
- Family Liaison Officer (FLO)
- Alternative Care Unit
- Transforming Urgent and Emergency Care
- Increasing Community Capacity
- Mental Health and Learning Disabilities (Continuing Healthcare)

There is a number of interoperability between the areas set out above. However, each programme of work has a specific focus and deliverable.

Asesiad / Assessment

The slides are intended to provide a summary of the root cause, financial implication by category, and the proposed action. Each of the respective programmes are at different junctures. Therefore, each Senior Responsible Officer (SRO) has been requested to attend the Committee meeting to provide the requisite assurance to the Committee and alleviate any

issues and/or concerns. Lastly, the slides contain activity and/or financial trajectories, the basis of which, set out the anticipated benefits the programme of work will deliver.

Argymhelliad / Recommendation

The Committee is recommended to take assurance relating to the Programmes of Work, as set out at Appendix 1.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, give early warning of potential performance issues, making recommendations for action to continuously improve the financial position of the organisation, focusing in detail on specific issues where financial performance is showing deterioration or there are areas of concern.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Cynllunio Planning Objectives	6B Value improvement and income opportunity
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:

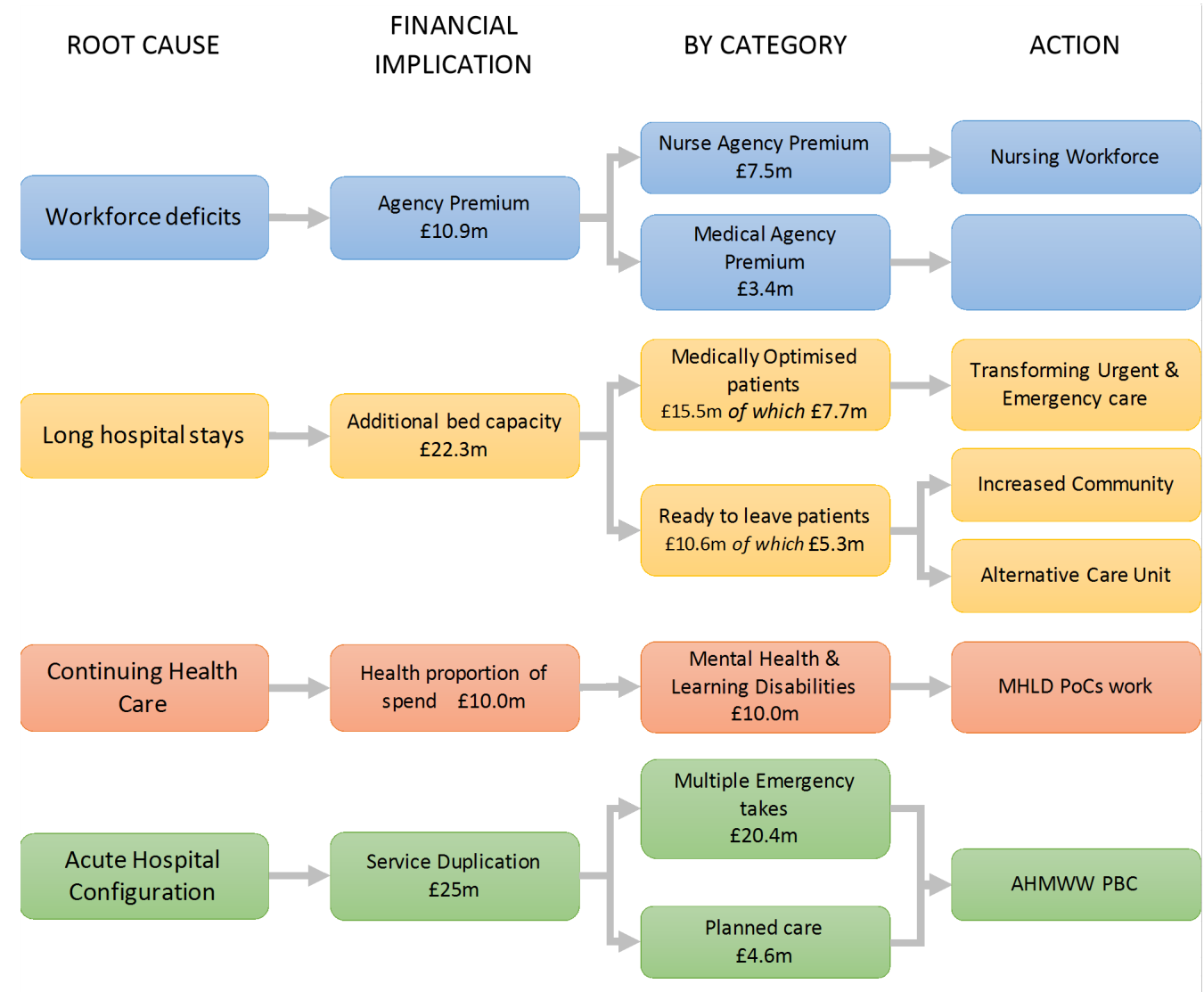
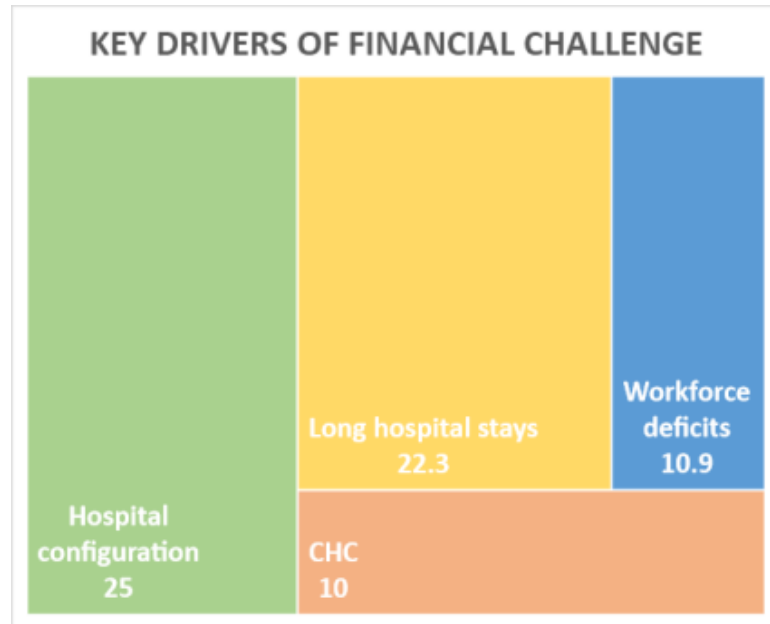
Ar sail tystiolaeth: Evidence Base:	Set out within the accompanying Power Point Presentation
Rhestr Termiau: Glossary of Terms:	Contained in the body of the SBAR and Power Point Presentation
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Contained with the Power Point Presentation
Ansawdd / Gofal Claf: Quality / Patient Care:	All Programmes of Work will have a clear focus on quality and patient care.
Gweithlu: Workforce:	Contained with the Power Point Presentation
Risg: Risk:	Any Risk(s) will form part of the specific programme of work in question.
Cyfreithiol: Legal:	Any legal and/or statutory issue will be considered and actioned as part of the individual programme of work
Enw Da: Reputational:	Each programme will be aimed at addressing a number of pressures in the system. All programmes will ensure that all reputational risks are considered and will be managed and mitigated, especially where any reputational risk is identified in part of full
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	All EQIAs will be completed as required.

Hywel Dda UHB

Programmes of Work

Key Drivers of financial challenge

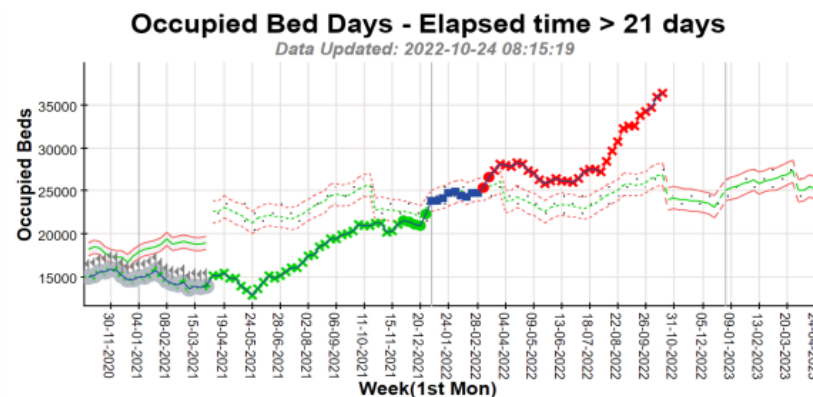


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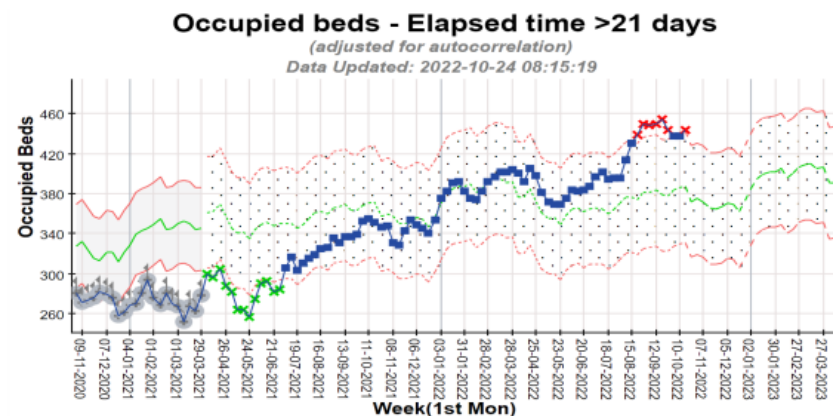
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Evidence of root causes

Occupied bed days for patients with a LOS over 21 days



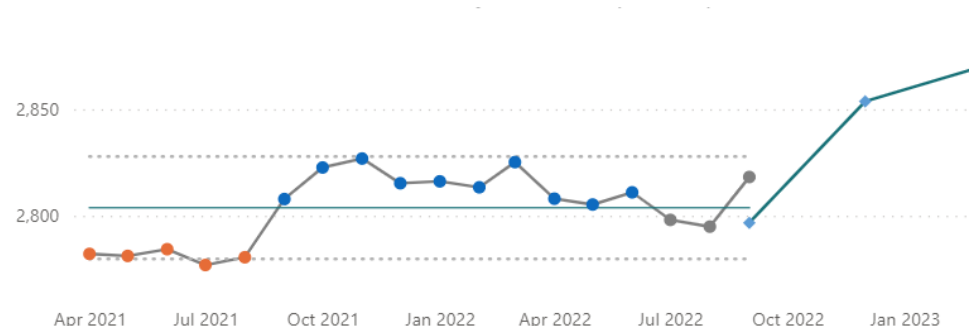
Average number of beds being occupied by patients with a LOS over 21 days



Occupied bed days for patients with a LOS over 21 days

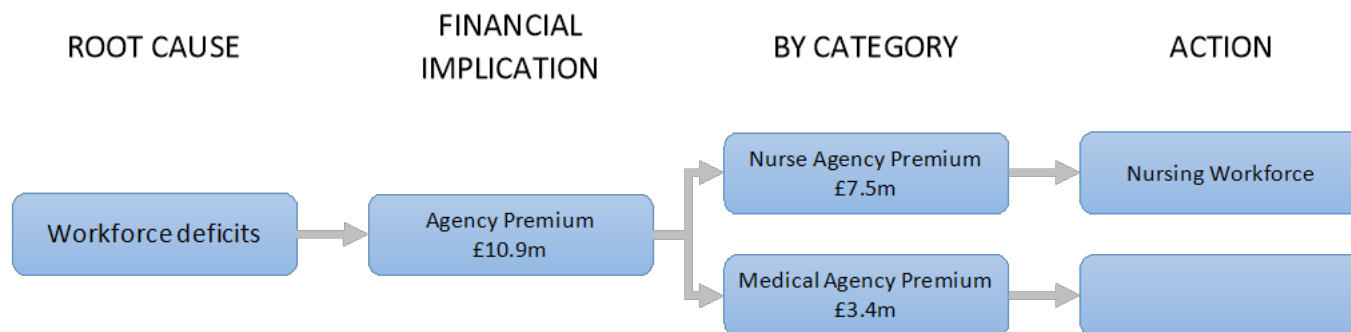
Weekly position showing number RTL patients				
DATE	BGH	GGH	PPH	WGH
10/10/2022	4	35	42	37
17/10/2022	2	44	44	33
24/10/2022	2	41	44	26

Nursing and midwifery staff in post (and trajectory)



Agency spend as a % total pay bill (1A)

Root Cause: Workforce deficit



A new approach

Action: Nurse Agency Premium

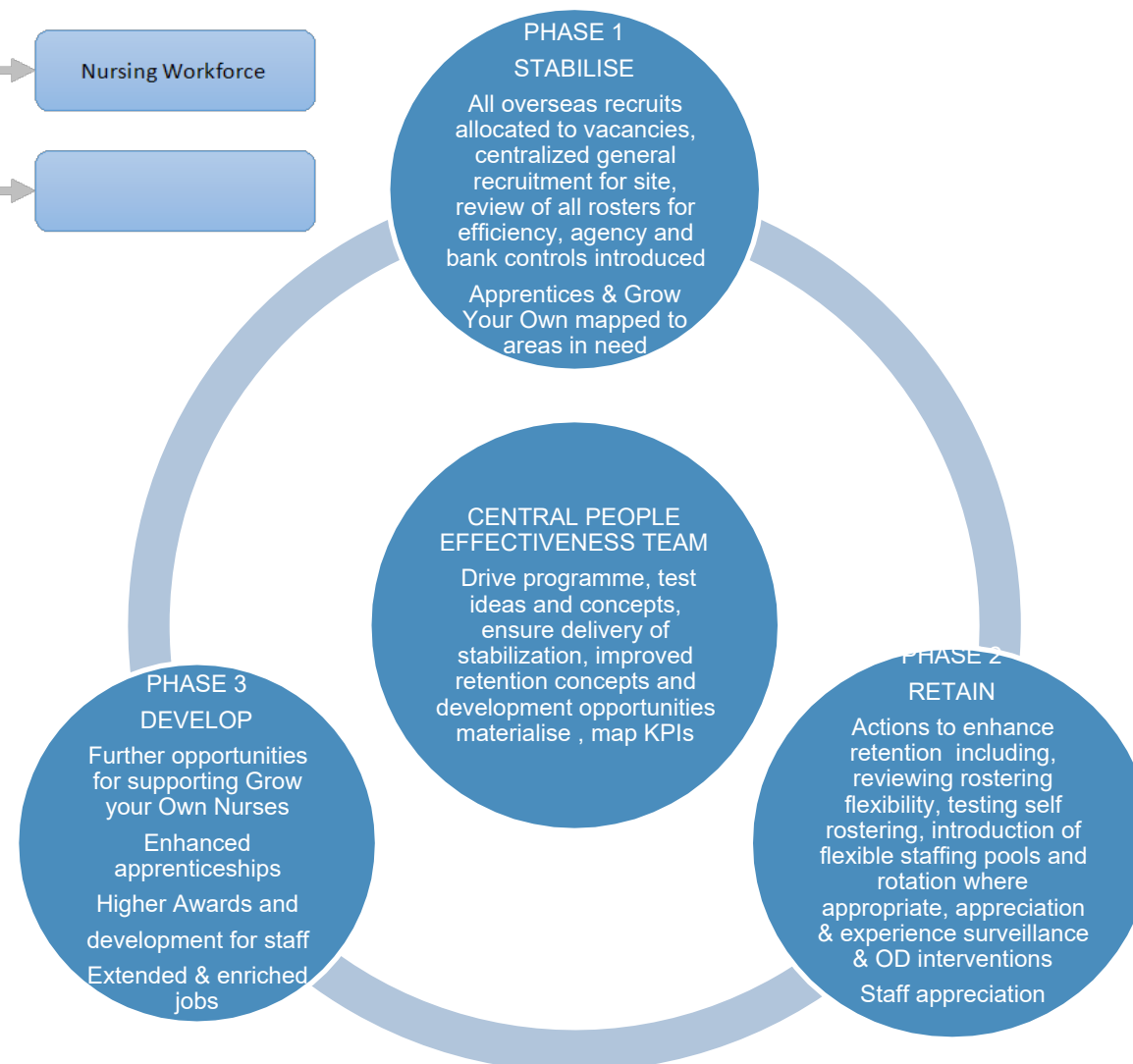
A targeted approach to nurse stabilisation across the 4 main hospital sites has commenced. Scheduled has been linked with level of vacancy and therefore agency spend and suitable accommodation for new recruits. The rotation plan is therefore:-

- Glangwili General Hospital
- Withybush General Hospital
- Bronglais General Hospital
- Prince Philip Hospital

Members of the Workforce & OD team will support key elements of work before moving to the next site to begin implementation. A team has been released from their current roles to support the programme management of this new approach

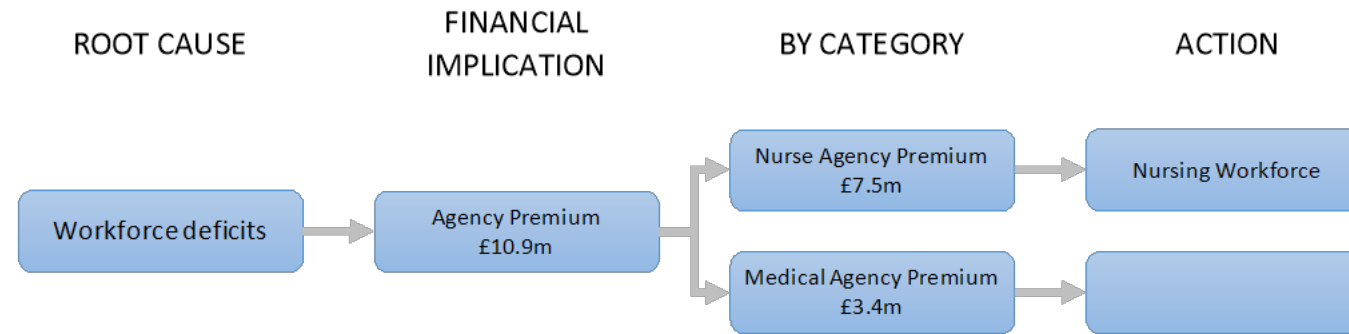
Alongside this programme the Central People Effectiveness team will also develop and implement plans for medical and AHP/Health Science stabilisation.

The Director of Workforce will also establish a medical group along the lines of the nursing agency too.



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Root Cause: Workforce Deficit



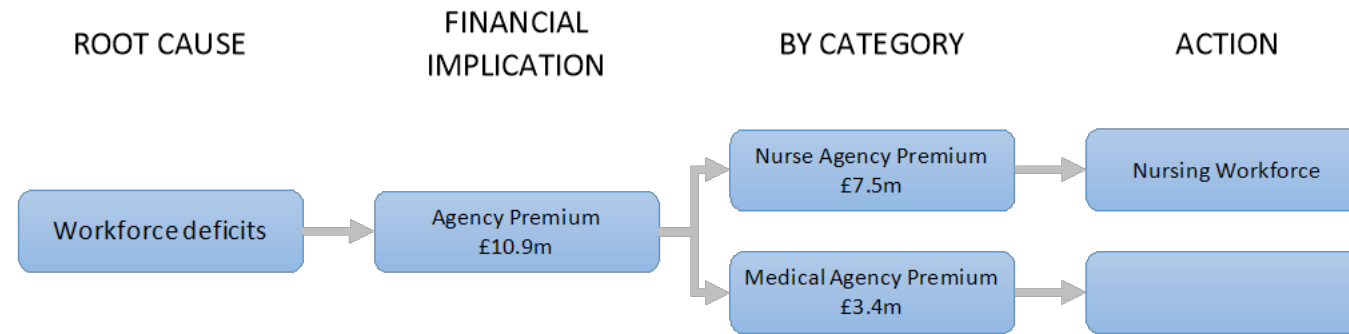
Action: Nursing Workforce Stabilisation Plan

Reduction in Nurse Agency is included as part of the overall Nursing Workforce Stabilisation workstream jointly chaired by Lisa Gostling, Executive Director of Workforce and Mandy Rayani, Executive Director of Nursing. The workstream will target GGH initially with a view to then commence work on a rollout plan for WGH, BGH and finally PPH. It is anticipated that GGH will remove 75% of nurse agency use by the end of the financial year, with overseas nurses deployed to cover the gaps. Furthermore, upon finalisation of rotas and managing sickness cover, the full benefit will be realised by Q1.

The assumptions set out below, are predicated on substantive WTE and a correlating reduction in agency WTE. The cost savings are then indicative of circa 75% in Q4 and 100% in Q1 (23/24). There is an additional recruitment of 150 overseas nurses planned during 23/24 and these will be deployed to WGH initially and then BGH.

	Unit	22/23 (Q3)	22/23 (Q4)	23/24 (Q1)	23/24 (Q2)	23/24 (Q3)	23/24 (Q4)	24/25 (Q1)	24/25 (Q2)	24/25 (Q3)	24/25 (Q4)
Activity Planning Assumption	Agency Reduction WTE		76.23	101.65	101.65	101.65	101.65	101.65	101.65	101.65	101.65
Financial Planning Assumption	£'000		-£640	-£850	-£850	-£850	-£850	-£850	-£850	-£850	-£850

Root Cause: Workforce Deficit



Action: Family Liaison Officers

During Covid, Family Liaison Officers were appointed at Band 2 to support nursing staff on key acute wards. Currently there are 32wte FLOs in the Health Board, annual cost £0.8m.

The Nursing Directorate have been working with the VBHC team to evaluate the use of FLOs in the hospital. The draft report is currently being finalised and concludes that

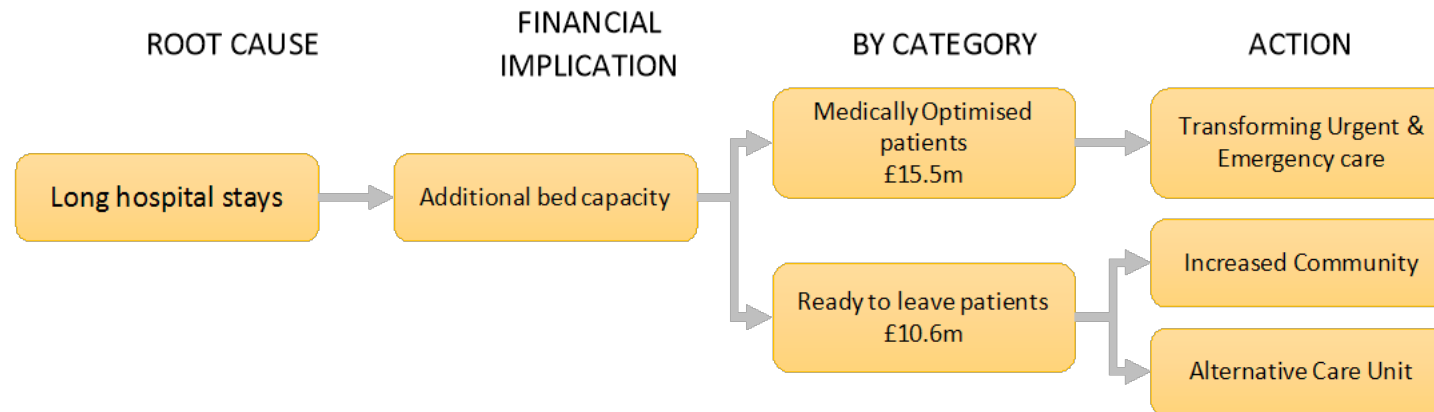
- 1. The use of FLOs at Acute wards are beneficial;
- 2. FLOs have an impact on wellbeing and patient experience;
- 3. FLOs are undertaking a wide variety of tasks including supporting confused and wandering patients, supporting hydration and nutrition and result in filling gaps to ensure the RNs and HCSW can concentrate on clinical tasks (approx. 73% of tasks would ordinarily be undertaken by RNs, HCSW and Therapy Staff).

There are further opportunities to explore with FLOs in a modified role and this will be further evaluated in the Alternative Care Unit Setting.

The evidence for investing in patient experience is building, resulting in performance and financial benefits, as well improved experiences for patients, families and staff.

	Unit	22/23 (Q3)	22/23 (Q4)	23/24 (Q1)	23/24 (Q2)	23/24 (Q3)	23/24 (Q4)	24/25 (Q1)	24/25 (Q2)	24/25 (Q3)	24/25 (Q4)
Activity Planning Assumption	Agency Reduction WTE		32.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00
Financial Planning Assumption	£'000		-£209	-£835	-£835	-£835	-£835	-£835	-£835	-£835	-£835

Root Cause: Long Hospital Stay



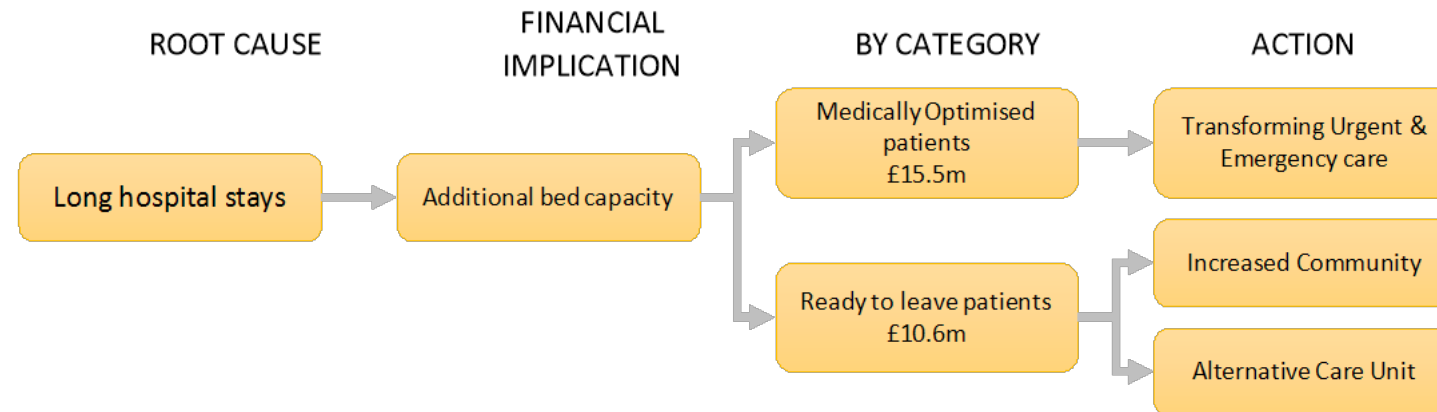
Action: Transforming Urgent and Emergency Care

The TUEC programme aims to support people to experience a shorter hospital-based emergency care pathway at each point in their potential journey. This is through reducing conveyancing, conversion and tackling care complexity.

Based upon modelling of appropriate treatment being achieved for every cohort along the pathway, significant bed pressures could be released across acute sites. However, it is envisaged that these are likely to be bed efficiencies in the first instance. There is clear evidence that there is a need to reduce LoS across the pathway not just at the point when a patient is Medically Optimised, or Ready to Leave.

		Unit	22/23 (Q3)	22/23 (Q4)	23/24 (Q1)	23/24 (Q2)	23/24 (Q3)	23/24 (Q4)	24/25 (Q1)	24/25 (Q2)	24/25 (Q3)	24/25 (Q4)
Activity Planning Assumption		Beds		100	100	100	100	100	100	100	100	100
Financial Planning Assumption		£'000	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC

Root Cause: Long Hospital Stay



Action: Increasing community capacity

Given challenges within the domiciliary care workforce, there is a need to increase capacity within the community to support earlier discharges. The increase in Community Capacity is based on the indicative planning assumption of 1 WTE will provide circa 1.5 beds in the community.

Activity Planning Assumptions within the table above are for both Pembrokeshire and Carmarthenshire and the phasing is based on the assumption of successful recruitment of WTE. In order to achieve the full 43 beds, the WTE required by county are:

Pembrokeshire (Band 2) 16.44 WTE

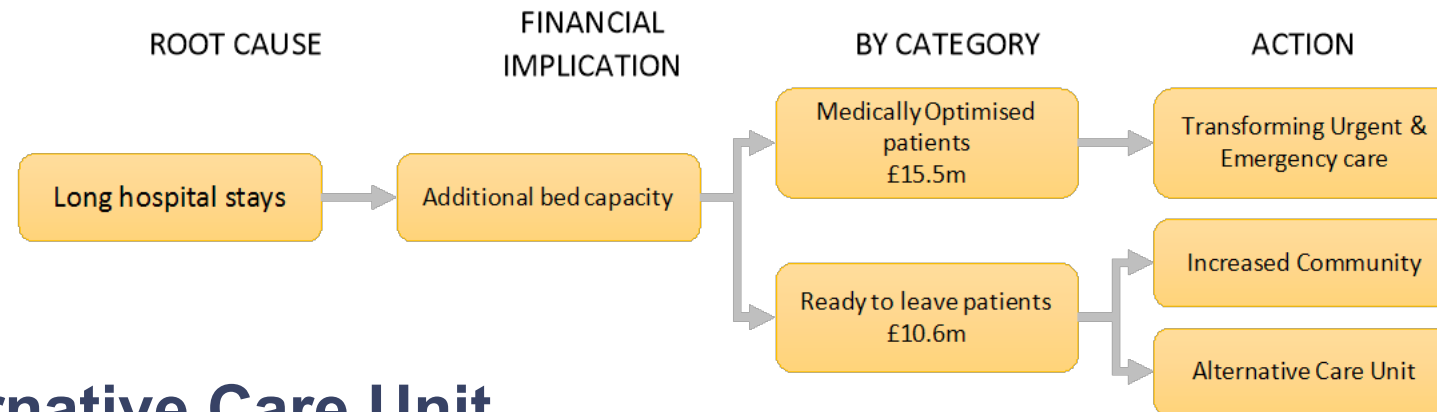
Carmarthenshire (Local Authority Grade D and E) 13 WTE

The FYE impact is not anticipated to deliver the full 43 bed equivalent until Q1 23/24.

		Unit	22/23 (Q3)	22/23 (Q4)	23/24 (Q1)	23/24 (Q2)	23/24 (Q3)	23/24 (Q4)	24/25 (Q1)	24/25 (Q2)	24/25 (Q3)	24/25 (Q4)
Activity Planning Assumption		Beds	14	34	43	43	43	43	43	43	43	43
Financial Planning Assumption		£'000	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC

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Root Cause: Long Hospital Stay



Action: Alternative Care Unit

It is proposed that an Alternative Care Unit (called Y Lolfa) be piloted in Glangwili as a proof of concept with a planned start date of 31 October.

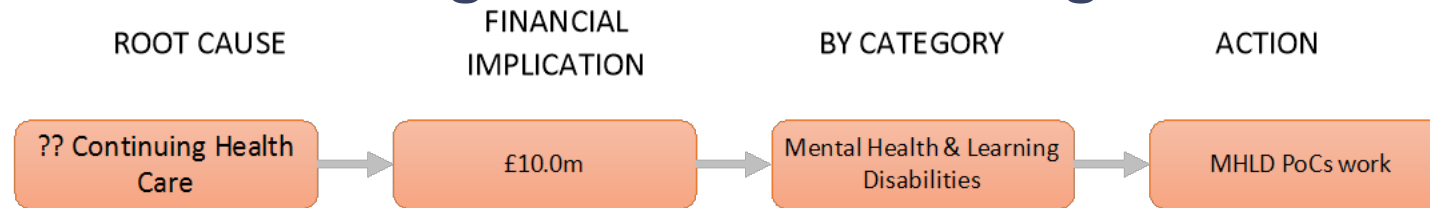
The unit will be housed on the same floor as Steffan Ward, (on the old Padarn Ward template) with a 15 bed capacity. This 15 bed capacity will incorporate 10 longstanding, unfunded 'surge' patients plus an additional 5 beds.

It is anticipated that patients transferring into this unit will be medically fit for discharge and as such the staffing of this unit will be more akin to the service provided to the individual in a community / home setting. The Alternative Care Unit will also be aligned to the Nurse Stabilisation Programme

The activity plan is based on the number of bed stays utilised within the alternative care unit as a projection of the activity planning assumptions i.e. 15 beds x number of days in the month. Furthermore, the cost reduction is predicated on the cost of a surge bed day (in our position) which is offset against the proposed staffing model bed day rate.

	Unit	22/23 (Q3)	22/23 (Q4)	23/24 (Q1)	23/24 (Q2)	23/24 (Q3)	23/24 (Q4)	24/25 (Q1)	24/25 (Q2)	24/25 (Q3)	24/25 (Q4)
Activity Planning Assumption	Alternative Care Unit	915	1,350	1,350	1,350	1,350	1,350	1,350	1,350	1,350	1,350
Financial Planning Assumption	£'000	-£94	-£141	-£141	-£141	-£141	-£141	-£141	-£141	-£141	-£141

Root Cause: Joint Continuing Health Care Package



Action: MHL D CHC packages of care

General package reductions: Broadly delivering and transacted this year, these are estimated benefits of £650k for the year which is broadly offsetting the increased growth trend experienced within CHC during the year.

Review of Day Services and Dom Care: These are reductions which are being finalised by the end of the year and will reduce the 23/24 spend accordingly.

0% Health packages: These are packages identified through an externally appointed independent Nurse Assessor review where the health intervention is being or is expected to be revised to zero imminently. These will be transacted by June 2023.

50/50 funded packages: This represents the remaining part of the opportunity identified by the independent Nurse Assessor which will represent a more challenging dialogue with Local Authorities regarding ongoing funding; but for which a benefit is expected.

Programme of Work (MHL D Packages)	Baseline Assumptions	22/23 (Q1-Q2)	22/23 (Q3)	22/23 (Q4)	23/24 (Q1)	23/24 (Q2)	23/24 (Q3)	23/23 (Q4)	24/25 (Q1)	24/25 (Q2)	24/25 (Q3)	24/25 (Q4)	TOTAL
Activity Planning Assumption	TBC	N/A	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	-
Financial Planning Assumption		- 601,000	- 500,000	- 150,000	- 406,000	- 125,000	TBC	TBC	TBC	TBC	TBC	TBC	-1,782,000
General Package reductions		- 601,000	- 500,000	- 150,000									-1,251,000
Review of Day Services (from 1st Apr '23)			-		- 181,000								- 181,000
Review of Dom Care (from 1st Apr '23)			-		- 100,000								- 100,000
0% Health Packages			-	-	- 125,000	- 125,000							- 250,000
50/50 funded packages			-	-			TBC	TBC	TBC	TBC	TBC	TBC	-
			-	-									