



PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 December 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Delivery of the Strategic Programme of Change Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Michelle Dunning, Senior Project Manager, Value Based Healthcare

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 status report of where each of the key programmes of work currently are, for the delivery of the Health Board's strategic programmes of change.

Each programme will provide the platform and foundation to drive a number of improvements across performance, quality and finance.

However, each programme of work is at a different stage of development and progress against meeting its own objective is varied.

Cefndir / Background

The programmes are intended to address a multitude of pressures across the system. Consequently, each programme has been incepted 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:

- Transforming Urgent and Emergency Care
- Building Community Care Capacity
- Long term care Mental Health and Learning Disabilities
- Nursing Agency
- Medical Agency
- Alternative Care Unit
- Family Liaison Officer (FLO)

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 an update of each of the respective programmes. All are at different stages of progression.

Argymhelliad / Recommendation

The Sustainable Resources Committee is recommended to take assurance regarding progress 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:	All Strategic Objectives are applicable
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
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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

Key transformation programmes

W/C Monday 12th December 2022

Programme summary status

Programme	Exec Lead	Ops Lead	Finance Lead	Project Manager	Last meeting held
Transforming UEC	Andrew Carruthers	Rhian Matthews	Mark Bowling	Tom Alexander	22.11.22
Building Community Care Capacity	Jill Paterson	Elaine Lorton	Andrew Lewis	Anna Henchie	30.11.22
Long term care MHLD	Jill Paterson	Liz Carroll	Leon Popham	Matthew Richards	-----
Nurse agency	Lisa Gostling	Sarah Jenkins	Andrew Lewis / Jen Thomas	Michelle James	02.12.22
Medical agency	Lisa Gostling	Sarah Jenkins	Daniel Binding	Michelle James	02.12.22
Alternative care unit	Mandy Rayani	Sharon Daniel	Nick Hogben	Olwen Morgan	09.12.22
Family liaison officers	Mandy Rayani	Louise O'Connor	Jen Thomas	No PM	-----

Programme Process Status

Programme	Clearly defined Scope	Key deliverables set out	Milestones & timeline	Plan in place	Finance Trajectory	Monitoring & reporting	Latest RAG status
Transforming UEC	✓	✓	✓	✓	✓	✓	
Building Community Care Capacity	✓	✗	✗	✗	✗	✗	
Long term care MHLD	✗	✗	✗	✗	✗	✗	
Nurse agency	✓	✓	✓	✓	✓	✗	
Medical agency	✓	✗	✗	✗	✗	✗	
Alternative care unit	✓	✓	✓	✓	✓	✗	
Family liaison officers	✗	✗	✗	✗	✗	✗	

Transforming UEC Programme Update

	2022/23				2023/24				2024/25	2025/26	Total
	Nov	Dec	Jan	Feb	Q1	Q2	Q3	Q4	Year	Year	
Operational driver	No data										
£'000	No data										

Latest project meeting date

31 October 2022

Overall project RAG status

Summarised project update against deliverables

- Improving trajectory for proportion patients with LOS > 21 days
- NB** Lightfoot are building model that will provide 21day trajectory aligned to bed efficiencies. Timescale early January
- Conveyance demonstrating reducing trend however sel- presentations increasing
- Conversion rates broadly continue to reduce across all populations
- Complexity Management remains the greatest challenge and contributing to increasing LOS and Bed Occupancy
- Bed Occupancy rates mirror increasing demand for social care requirement on discharge
- 0 – 1 day and LoS < 72 hours – no significant improvement

SUMMARY – UPC and SDEC fully resourced and contributing to conveyance reduction / provision of safe alternatives to hospital admission. Conversion rates reducing however 0-1 day LoS / discharges within 72 hours not optimal particularly in > 75s (frail) which contribute to LOS > 21 days and demand for social care that is not available at the pace of volume required to reduce handover delays / ED pressure

Opportunities to accelerate

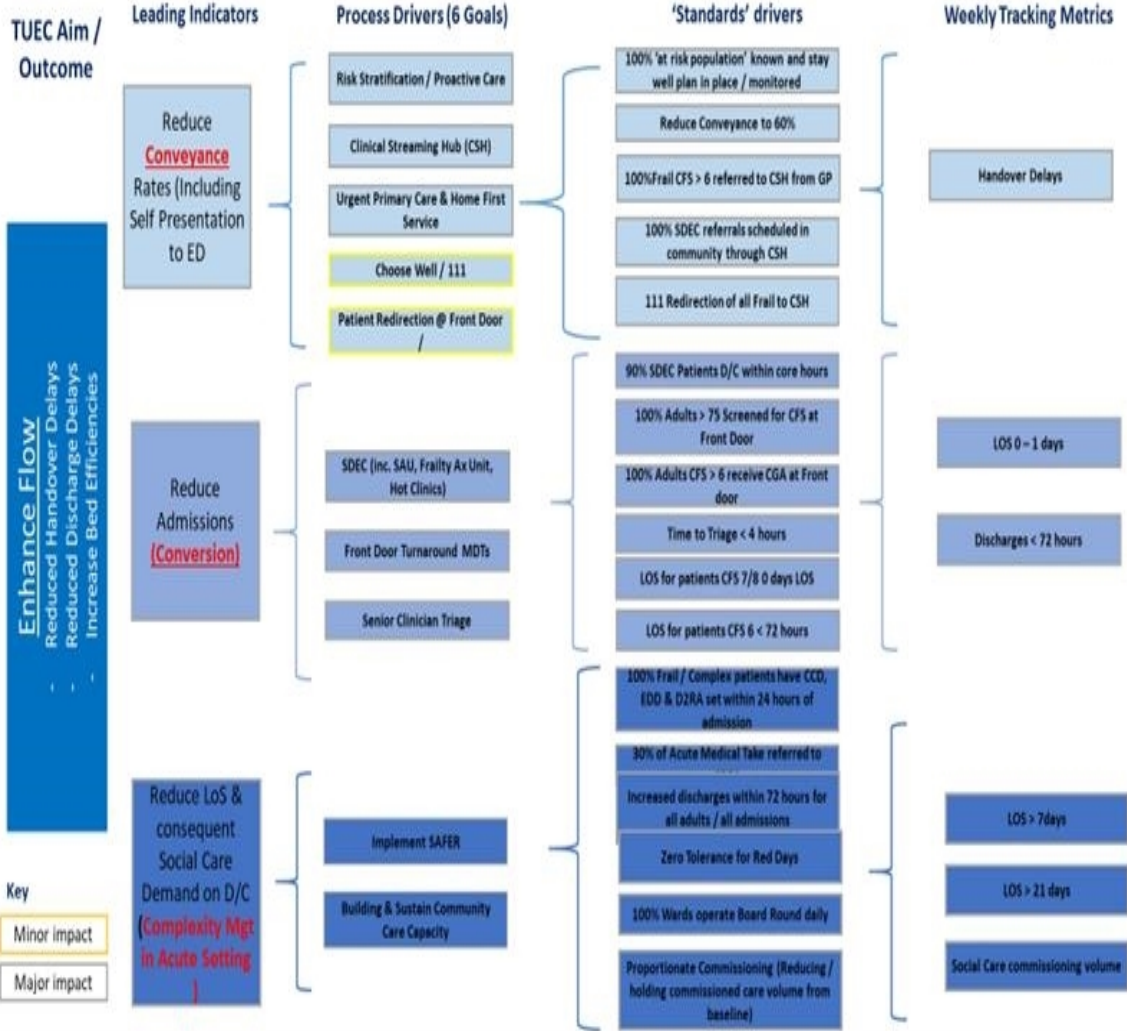
- Roll out of APP Navigator / PTAS pilot to Health Board footprint
- SDEC Commissioning Exercise
- Complexity Management improvement

Issues for escalation to Executives

- Workforce continues to be the fundamental constraint to delivering improvement across whole system including social care
- WAST Agreement re APP Navigator / PTAS roll out
- Culture and Mindset change re best practice care for frail older patient

Transforming UEC Programme Update – Milestones/Deliverables

POLICY GOAL HIGH LEVEL ACTION PLAN		BY WHOM	BY WHEN
Policy Goal 1.			
1.	Development and testing of AI Risk Stratification software	Anthony Tracey	December 2022
1.	Frailty screening and flagging on WPAS	Alison Bishop and Gareth Beynon	December 2022
1.	Development of an Urgent and Emergency Care Equalities Plan which will cover all six goals	PMO	April 2023
Policy Goal 2 & 3			
2/3.1	Integration of Urgent Primary care / Clinical Streaming Hub with GPOOHs service to provide seamless 24/7 service	TUEC Prog Director	January 2023
2/3.2	Confirmation of 'Go Live' date for 111 First	National programme	Awaiting Information
2/3.3	Clinical Streaming Hub (CSH) MOU/SOP sign off through Health Board	TUEC Prog Director	March 2023
2/3.5	SDEC Peer Review across sites in Hywel Dda	TUEC Clinical Lead	Jan 2023
2/3.6	Development of direct access pathways SDEC and Hot Clinics at each Acute Hospital Site as a minimum 5 days per week	TUEC Prog Director & Secondary Care Director	April 2023 (7 days per week April 2025)
2/3.7	Directory of Services robustly updated and tested against a checklist pre-launch to maximise opportunities to divert to alternative pathways	TUEC Prog Director	April 2023
2/3.8	Single online platform developed for Directory of Service	Anthony Tracey	TBC
2/3.9	Develop performance metrics dashboard for community	Anthony Tracey	January 2023
2/4	Go live HddUHB integrated Clinical Streaming Hub, inclusive community services such as community pharmacy, dental and optometry as well as schedule arrival slots in minor injuries units, emergency departments or same day emergency care hospital	TUEC Prog Director	April 2025
Policy Goal 4			
4.2	Implement actions as directed by JODG at County System level	Operational teams & County System Leads	Ongoing
4.3	Procurement and Implementation of WG sponsored Immedicare Care Home Pilot	TUEC PMO	December 2022
4.4	Health Board roll out and evaluation of Advanced Paramedic Practioner Model with WAST	WAST/ TUEC Prog Director	Jan 2023
Policy Goal 5			
5.2	Development and sign off of HB SAFER plan to review baseline position and implement actions	Assistant Director of Nursing	Dec 2022
5.3	Implementation of Standardised Board Rounds		Jan 2023
Policy Goal 6			
1.	Implement Discharge to Recover then Assess (D2RA) pathways across each County System and demonstrate improvement across D2RA standards	Operational teams & County System Leads	Ongoing
Frailty Matters Approach			
	Agree, approve and implement minimum standards framework for management of our frail population.	Frailty Group and Clinical Reference Group	Dec 2022
	Development and signoff of HB Clinical Geriatric Assessment	Frailty Group and Clinical Reference Group	January 2023



Transforming UEC Programme Update – Key Metrics

TUEC Programme
Mandate: To
increase delivery of
Care Closer to
Home for our Frail
population and
increase bed
efficiency by 135 by
2027

Programme Measures (‘Ends’)

- **Patient / Service User feedback Measures:**
 - ‘My care is provided in the most appropriate setting to meet my health and care needs’ i.e What Matters
 - ‘How likely are you to recommend our services to your friends or family should they need similar care or treatment’
- **Patient / Service User Safety Measure:**
 - Closed incidents where harm finally classified reported as moderate or worse
- **TUEC Outcome Indicator**
 - Increased number of healthy days at home (overarching Outcome for the Whole Population)
- **TUEC High Level Performance measures:**
 - Reducing the number of people over 75 who stay longer than 21 days – measure of impact on discharge effectiveness / efficiency on the ‘back door’
 - Number of ‘green days’ – (recorded through faculty) – (measure of acute hospital discharge productivity)
 - Reduction in proportion commissioned care hours / placements following in patient stay

PG1 Performance Metrics (‘Means’)

- **TBC** (Elaine Lorton)
- % of population risk stratified as vulnerable and who have stay well plans in place
- Number of patients admitted to the ‘virtual ward’ **TBC**
- Number of service users receiving domiciliary care
- Total Number of commissioned domiciliary care hours

PG2 Performance Metrics (‘Means’)

- No. of direct referrals to SDEC
- Number of GP referrals streamed through CSH and % directed to SDEC or alternatives
- Conveyance Rate (Target 60%)
- Ambulance lost hours (Target 0)

PG3 Performance Metrics (‘Means’)

- 30% of acute medical take assessed in SDEC. 90% of which go home for >75 year olds, >55 year olds and rest of population
- Number Admissions
- Number of Occupied Beds
- 0-1 day LoS
- 0-3 day LoS
- Re-admission rates (balance)
- Conversion rate (balance)
- Number of patients referred to Home First
- Number and % patients Provided with crisis response

PG4 Performance Metrics (‘Means’)

- ED attendances (all)
- ED attendances (WAST)
- 4 hour wait
- >12hr Performance
- % of patients with clinical frailty score recorded (pre morbid and on presentation)
- re EDQDF

PG5 Performance Metrics (‘Means’)

- % of patients have discharge criteria defined by the clinician **and** MDT within 14 hours from ‘point of admission’
- 10-14 days LoS
- Number of patients with LoS > 21 days
- Occupied beds rate

PG6 Performance Metrics

- Average length of time to commission domiciliary care
- Average length of time to place into residential and nursing sector
- Number of people reported as clinically optimised
- Number of domiciliary care hours lost (handed back) due to LOS > 7 days
- Number of care hours commissioned following hospital inpatient stay
- Number of residential placements requiring increase to general or EMI nursing following hospital stay

Quality metrics: staff sickness and improved retention levels across all disciplines, reduced incidents, staff feedback

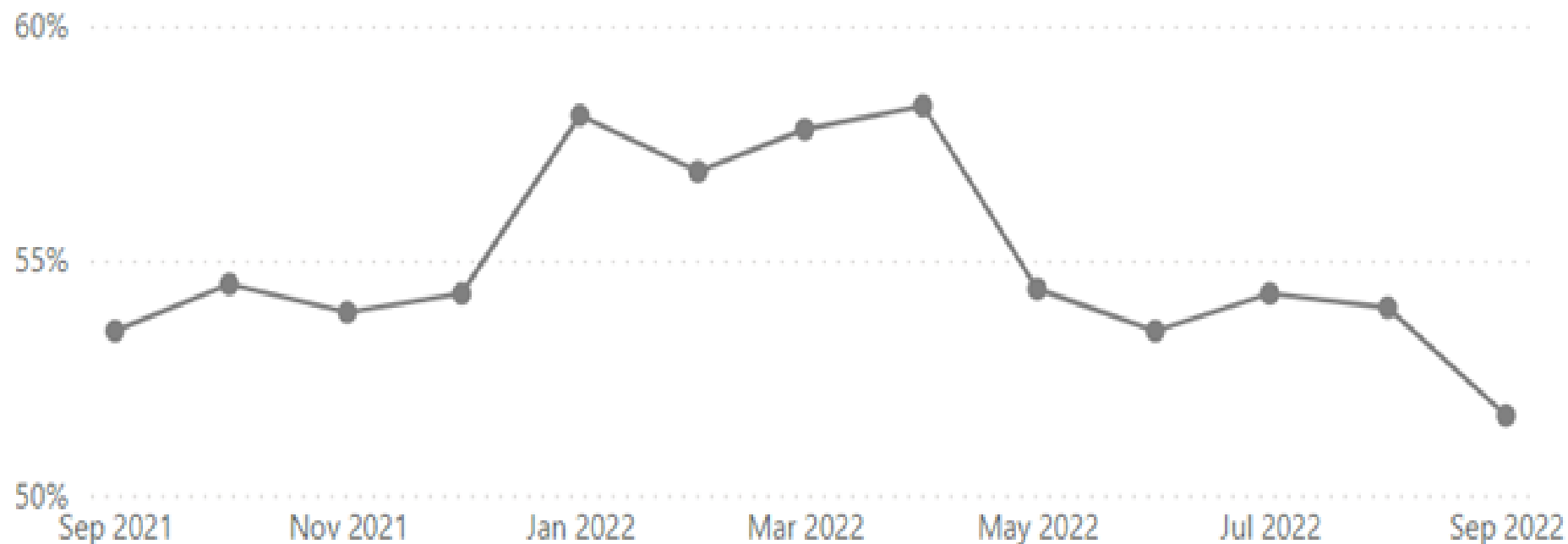
Transforming UEC Performance Indicators

High level Programme Outcome Indicator:

Proportion of bed days utilised by patients with LoS > 21 days

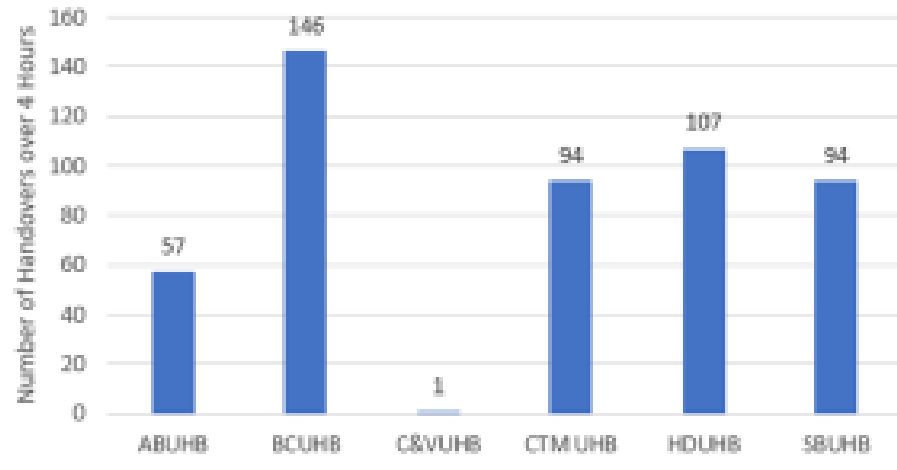
Lagging indicators of improvement (Conveyance, Conversion and Complexity Mgt – LOS and Bed Occupancy)

Percentage of total emergency bed days accrued by people with a length of stay over 21 days

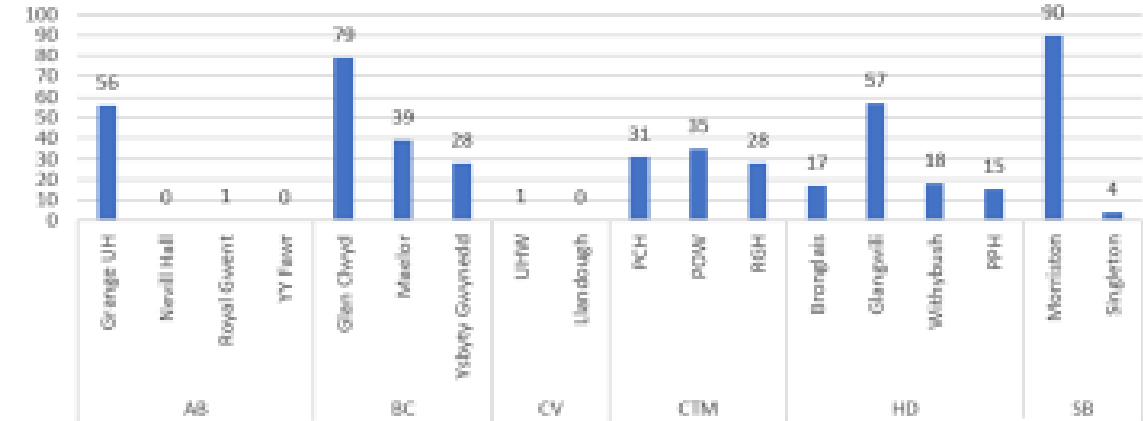


UEC – ambulance delays >4 hours

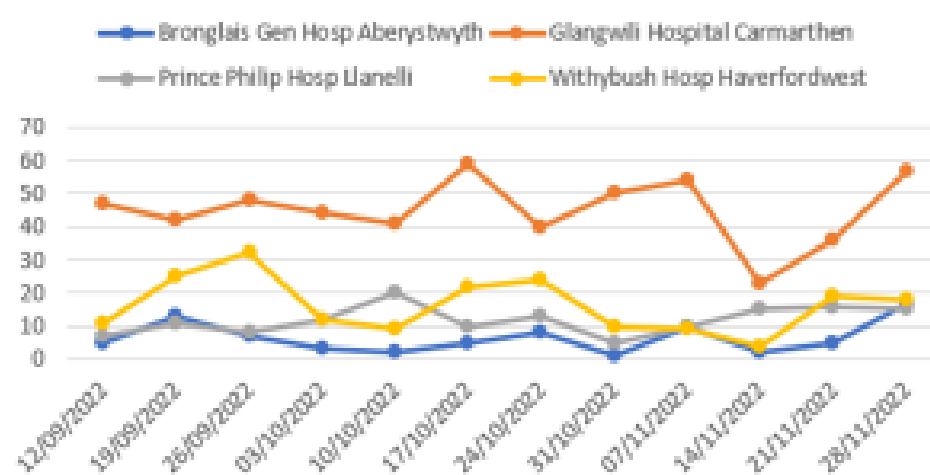
Ambulance delays > 4 hours by Health Board - w/b 28th November



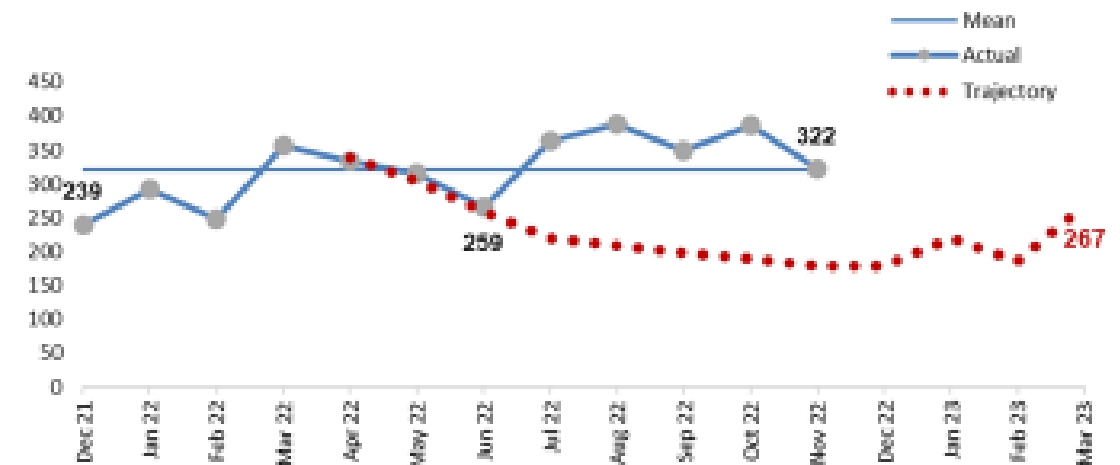
Ambulance delays > 4 hours by hospital - w/b 28th November



Ambulance delays > 4 hours trend by hospital



Ambulance handovers > 4 hours - monthly trajectory

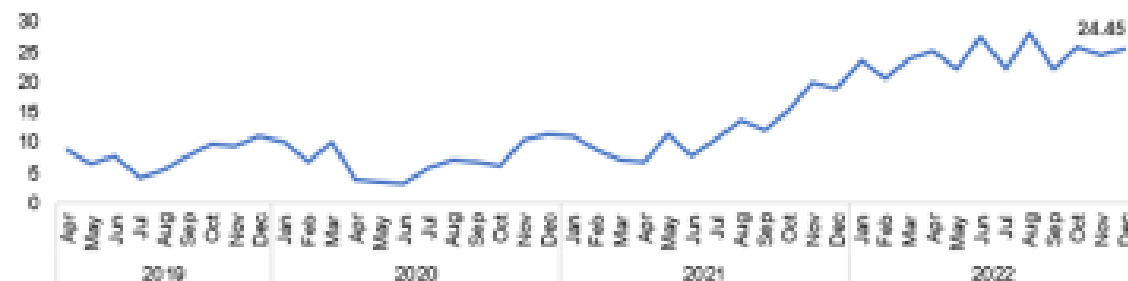




TUEC

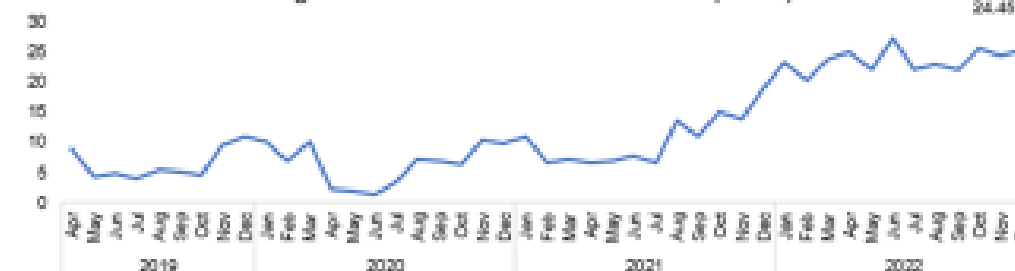
Ambulance handover – longest in month handover

HD longest in month ambulance handover (hours)



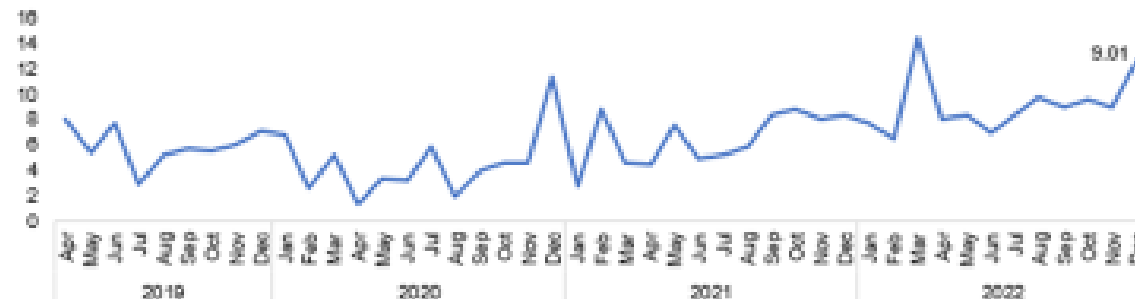
GGH

GGH longest in month ambulance handover (hours)



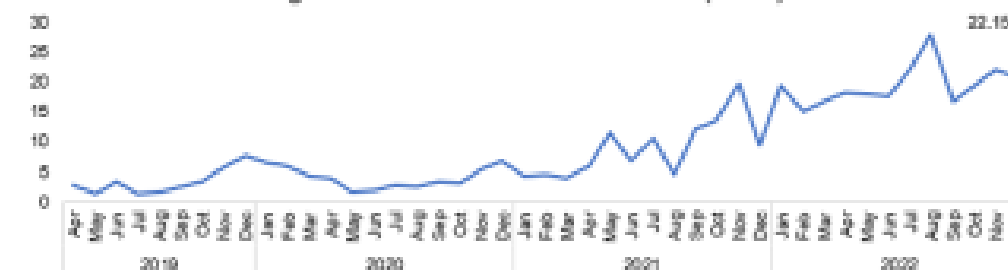
BGH

BGH longest in month ambulance handover (hours)



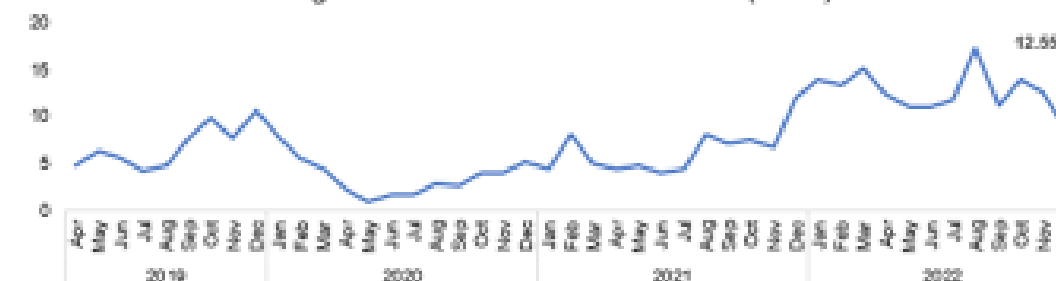
PPH

PPH longest in month ambulance handover (hours)



WGH

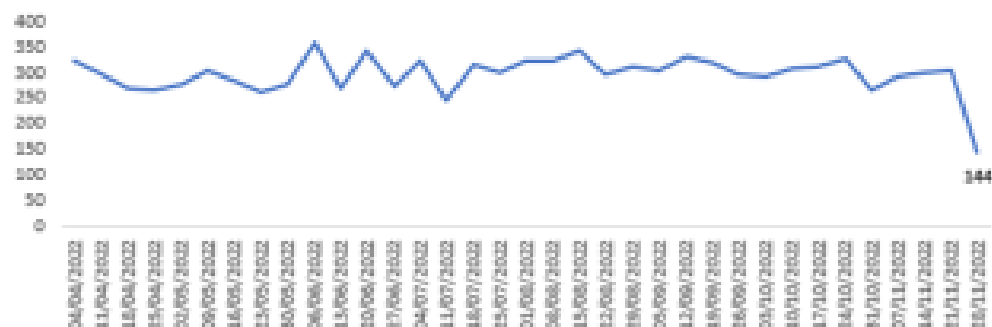
WGH longest in month ambulance handover (hours)



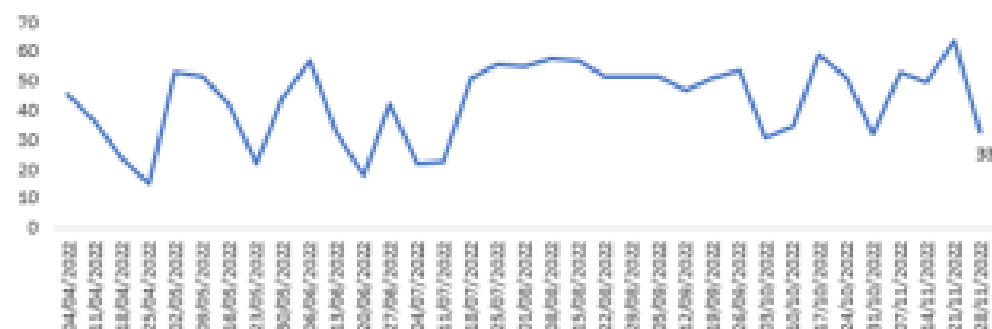
TUEC

>12 hour performance

HDUHB

Weekly (Mon-Sun) number of patients waiting 12 hours or over in
A&E/MIU (All)

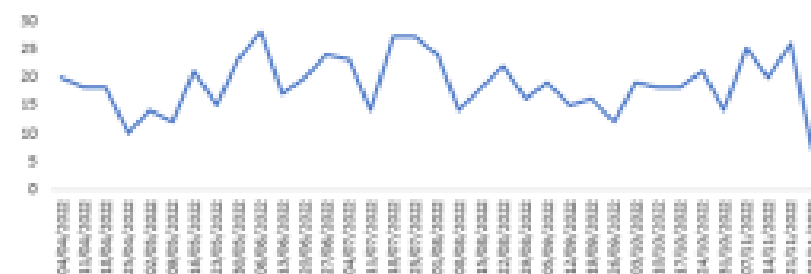
BGH

Weekly (Mon-Sun) number of patients waiting 12 hours or over in
A&E/MIU BGH

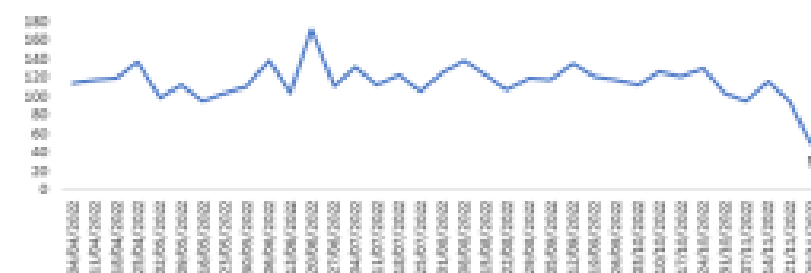
GGH

Weekly (Mon-Sun) number of patients waiting 12 hours or over in
A&E/MIU GGH

PPH

Weekly (Mon-Sun) number of patients waiting 12 hours or over in
A&E/MIU PPH

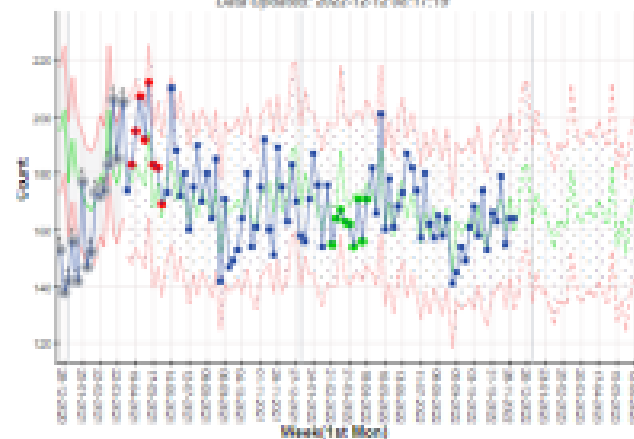
WGH

Weekly (Mon-Sun) number of patients waiting 12 hours or over in
A&E/MIU WGH

Emergency admission via an ED – patients aged 75+ (conversion avoidance)

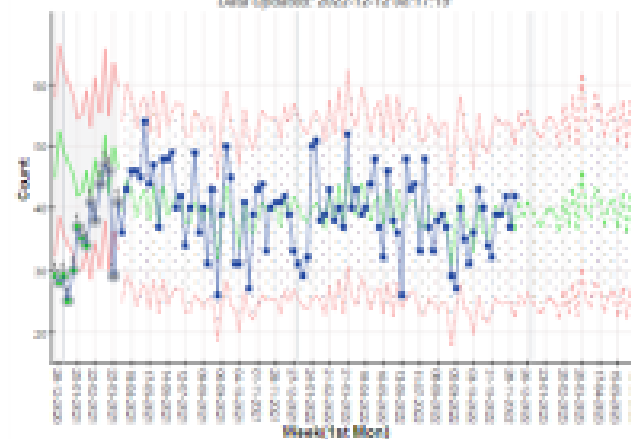
HDUHB

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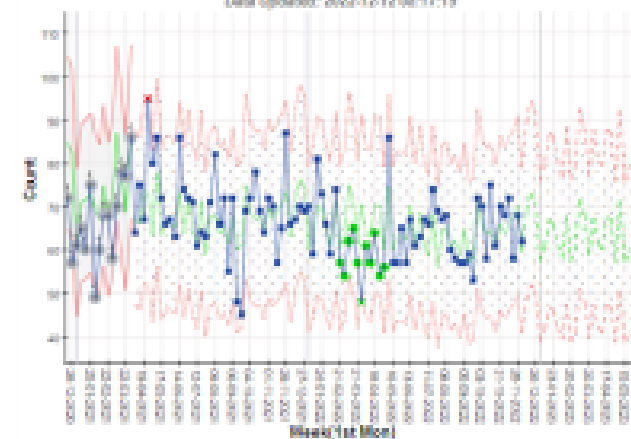
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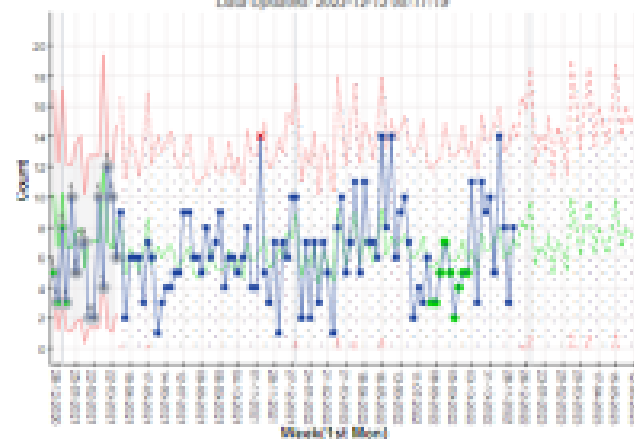
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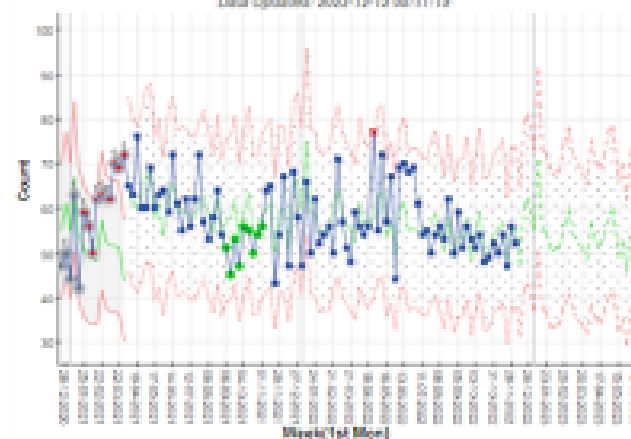
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WGH

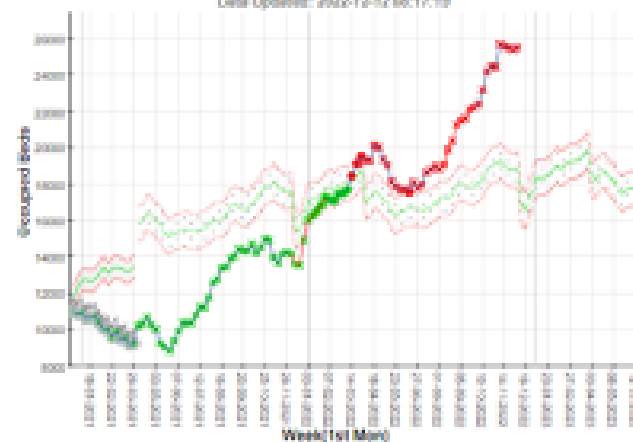
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Occupied bed days for patients aged 75 and over with a LOS over 21 days

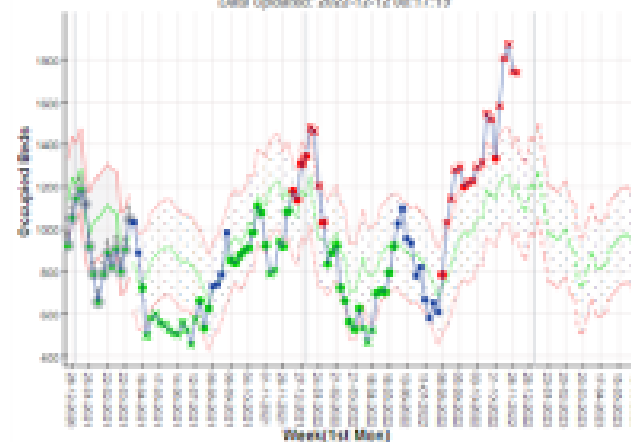
HDUHB

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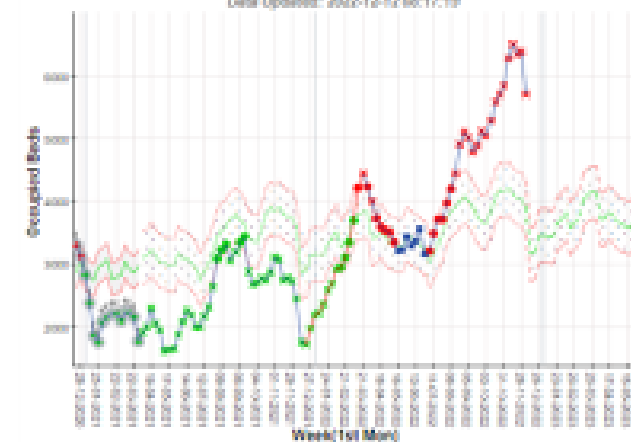
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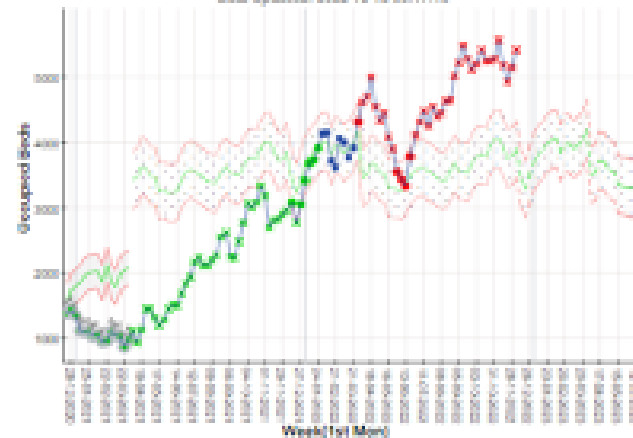
GGH

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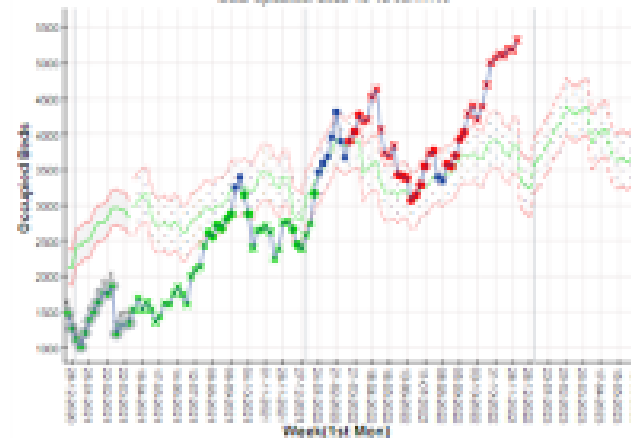
PPH

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WGH

Data Updated: 2022-12-12 08:17:19



Building Community Care Capacity Programme Update

	2022/23				2023/24				2024/25	2025/26	Total
	Nov	Dec	Jan	Feb	Q1	Q2	Q3	Q4	Year	Year	
Community Beds	31	36	44	65							
Homebased care	6	15	23	36							
£'000	0	0	0	0							

Latest project meeting date	30th November 2022
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Summarised project update against deliverables
<ul style="list-style-type: none"> Carmarthenshire increase in community capacity – dom care & reablement : 4.2WTE recruited to date, 3rd round to go live shortly. Ceredigion increase in health & social care support worker roles : HCSW advert live, limited interest, to extend closing date Ceredigion increase in intermediate care beds : 2 bed pilot end November and plan to increase in new year. Pembrokeshire increase in intermediate care homebase care workers : 5.48WTE recruited & admin and RN. New run to commence 12.12 for 9 beds. Pembrokeshire increase in intermediate care beds : 4 beds open but recruitment needed to open remaining 5. Carmarthenshire reablement beds in Ty Pili Pala : 14 beds open & operational

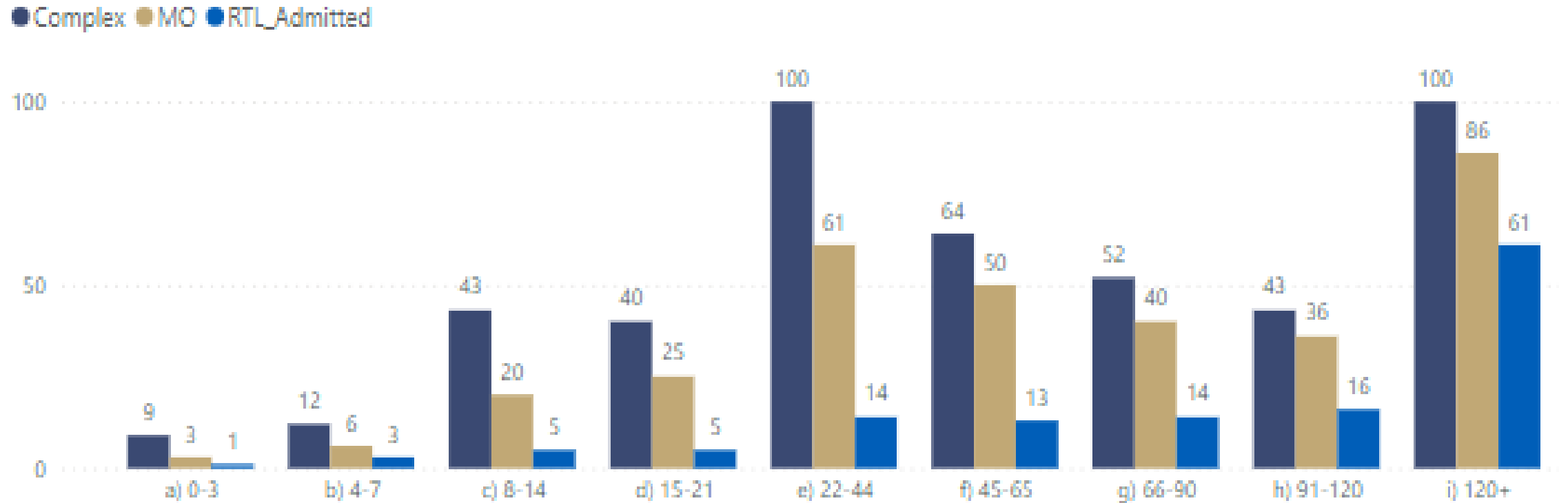
Overall project RAG status	
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Opportunities to accelerate
<ul style="list-style-type: none"> Potential to explore offering roles to MVC staff – pending feedback on communications from HR

Issues for escalation to Executives
<ul style="list-style-type: none"> Recruitment remains the key limiting factor – workshop on recruitment held & each ODG asked to develop a 12m recruitment programme by end Jan. Legal agreements have been very slow – both still outstanding Registration with CIW required to significantly extend¹³ scope by HB – briefing paper in development as this is a very complex area and new to this HB.

Building Community Care Capacity Performance Indicators

Key Metrics	
Complex to Discharge List - Whole HB identified patients by days since admission as at 09.12.2022	



Nurse Agency Programme Update

	2022/23				2023/24				2024/25	2025/26	Total
	Dec	Jan	Feb	Mar	Q1	Q2	Q3	Q4	Year	Year	
Operational driver											
£'000 (based on M1-7 average spend and agency rates)					735	735	932	1,500	4,511	343	8,757

Latest project meeting date	2 December 2022
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Summarised project update against deliverables
<ul style="list-style-type: none"> Recruitment plans underway including recruitment of 100 IEN by end March 2023. Current position: 87 arrived, 42 awaiting registration, 45 registered Vacancy factor for GGH reduced for RN Band 5 from October to November from 87.35wte to 60.24 Ward plans across GGH USC: <ul style="list-style-type: none"> Development of plans with ward managers/sisters 1st cut RAG rating by ward to be verified on site visits/GM Weekly scrutiny meeting chaired by GM and Head of Nursing to review effective timely rosters, approval for overfill linked with escalation process Exploring escalation process for agency workers for areas close to or at stabilisation and any additional duties Exploring % fill rate for recruitment to funded establishment Exploring conversion process from Agency to Bank/Substantive Target Thornbury staff to join substantively Explore alternatives to agency

Overall project RAG status	
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Opportunities to accelerate
<ul style="list-style-type: none"> When ward plans confirmed weekly scrutiny meeting to be led by GM and Head of Nursing to enable escalation process for agency workers for areas close to or at stabilisation and any additional duties (from end December 2022)

Issues for escalation to Executives
<ul style="list-style-type: none"> Impact of capacity on engagement Availability and cost of accommodation

Nurse Agency Performance Indicators

Leading indicators of improvement	Lagging indicators of improvement
<ul style="list-style-type: none">• Increase vacancy RN/HCSW• NSL• Attraction rate for RN/HCSW• Agency fill rate• Turnover	<ul style="list-style-type: none">• Reduce Vacancy RN/HCSW• Off contract agency usage• Agency spend• Additional duties usage and spend• Sickness rate

Medical Agency Programme Update

	2022/23				2023/24				2024/25	2025/26	Total
	Nov	Dec	Jan	Feb	Q1	Q2	Q3	Q4	Year	Year	
Operational driver	No data										
£'000	No data										

Latest project meeting date	2 December 2022
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Overall project RAG status	
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Summarised project update against deliverables
<ul style="list-style-type: none"> • Reduction of agency/locums – through better understanding true reasons for agency/locum usage (compare vacancies with agency usage with job plans) • Medical staff job optimisation • On-call opportunities across specialties including junior doctors • Exploring medical bank options • Explore direct engagement options • Medical rostering – opportunities to analyse and support medical staff optimisation • Rate card • Consider review of effectiveness of additional roles linked to new initiative e.g. PPH delivery unit

Opportunities to accelerate
<ul style="list-style-type: none"> • Nothing noted

Issues for escalation to Executives
<ul style="list-style-type: none"> • Confirmation on scope of programme • Impact of capacity on engagement • Accommodation availability and cost

Medical Agency Performance Indicators

Leading indicators of improvement	Lagging indicators of improvement
<ul style="list-style-type: none">• Increase vacancy medical staff• Attraction rate for medical staff• Agency fill rate• Turnover	<ul style="list-style-type: none">• Reduce Vacancy Medical staff• Off contract agency usage• Agency spend• AHD?? Usage and spend• Sickness rate• % of staff completing full contract• Locum/agency costs per specialty• On-call requirement comparison• Activity measures (eg demand/capacity)

Alternative Care Unit Programme Update

	2022/23					2023/24				2024/25	2025/26	Total
	Nov	Dec	Jan	Feb	Mar	Q1	Q2	Q3	Q4	Year	Year	
Operational driver - 15 Surge Bed Days Saved	125	465	465	420	465	1,350	1,350	1,350	1,350	5,400	5,400	18,140
£'000	0	£49	£49	£49	£49	£146	£146	£146	£146	£584	£584	£1,945

Latest project meeting date

9th December 2022

Overall project RAG status

Summarised project update against deliverables

- A. Facility opened 15th November with the aim to have 15 beds
- B. Staffed partly substantive partly agency and bank
- C. Selection & Exclusion agreed within SOP – although not all patients meeting Y Lolfa SOP criteria initially some remained from Steffan Surge (currently around 10 patient on Y Lolfa, 5 on Steffan Surge)
- D. By having some patients remaining on Steffan Surge and some on Y Lolfa, the financial benefits of opening Y Lolfa will be reduced.

Opportunities to accelerate:

1. Scalability across other sites?
2. RN recruitment drive for new model – lower acuity may be more attractive to nurses returning to the profession.
3. Need to agree performance metrics.
4. Continuous Evaluation / Patient Surveys needed.
5. Explore benefits of frailty inclusion in the model (Staffing review - January 23).

Issues for escalation to Executives

- A. Longevity of the model? Is Y Lolfa a short term response to Winter challenges or a long term model?
- B. Challenging to recruit agency RN staff to staff Y Lolfa due to being on an acute site and the expectation of having to look after 15 patients.
- C. The vast majority of GGH Ready to Leave patients do not meet the Y Lolfa criteria.
- D Awareness of 3 rosters and potential risk of cost increase on evaluation. ¹⁹ Funding based on worst case scenario e.g. Therapists and Agency Nursing costs – this may be less.

Alternative Care Unit Performance Indicators

Key Metrics

Type of Measure	Measure	Aim for	Operational Definition	Data Required	Level of data	Source	Considerations
Outcome Measures	LOS on unit	Reduce	Average and Median length of stay for patients from admission/transfer to the unit to discharge or transfer to community setting from the unit	Date of admission/transfer to the unit Date of discharge/transfer to community setting from the unit	Per patient Per patient	IRIS Y Lolfa Data Collection – Discharge Checks	No baseline to measure this from previously as only recently became a separate ward on WPAS IRIS LOS counts LOS from admission to the first unit (regardless of area) so may need to request a bespoke report *Do we count those who are transferred out of the ward to another part of the acute setting?
	Discharge rate of unit	Increase	Count of discharges for the specific unit (excluding transfers to other areas in the acute setting)	Count of discharges from unit	Per day/week	IRIS	No baseline to measure this from previously as only recently became a separate ward on WPAS
	Overall LOS of MO	Reduce	Length of stay for patients from date identified as MO to date of discharge or transfer to community setting	Date patient identified as MO Date of discharge/transfer to community setting	Per patient Per patient	SharePoint IRIS	Awaiting access to Sharepoint as agreed by Aysha
	Deterioration Avoidance – Functional, Cognitive and Continence	Same or Reduce	Whether patients experience a change in needs during LOS on unit	Patient needs on admission/transfer to unit Patient needs during stay on unit Patient needs on discharge/transfer to community setting from unit	Per patient Per patient Per Patient	Y Lolfa Data Collection – Admission Checks Y Lolfa Data Collection – Weekly Checks Y Lolfa Data Collection – Discharge Checks	

Alternative Care Unit Performance Indicators

Key Metrics

Type of Measure	Measure	Aim for	Operational Definition	Data Required	Level of data	Source	Considerations
Process Measures	Amount of patients on the waiting list	Reduce	Count of patients identified as suitable for the unit who are located elsewhere on the acute site	Count of patients identified as suitable for the unit (outside of the unit itself)	Per day/week	Y Lolfa Data Collection – Waiting List	
	Proportion of MO suitable for unit	Monitoring	The percentage of all MO patients on the acute site that are identified as suitable for the unit	Count of of MO patients in the hospital	Per day/week	SharePoint	Awaiting access to Sharepoint as agreed by Aysha
				Count of patients identified as suitable for the unit (outside of the unit itself)	Per day/week	Y Lolfa Data Collection – Waiting List	
				Count of patients on the unit	Per day/week	Y Lolfa Data Collection – Live List	
	Time to transfer to unit once identified	Low/ Reduce	Length of time in days between being identified as suitable for the ward and being transferred there	Date the patient became identified as suitable for the unit	Per patient	Y Lolfa Data Collection – Waiting List	What if someone becomes unsuitable?
				Date of transfer to the unit	Per patient	Y Lolfa Data Collection – Admission Checks	

Alternative Care Unit Performance Indicators

Key Metrics

Type of Measure	Measure	Aim for	Operational Definition	Data Required	Level of data	Source	Considerations
Balancing Measures	Acute transfer rate	Low	Number of patients transferred to other areas within the acute setting	Count of patients transferred to other areas of the hospital	Per day/week	Y Lolfa Data Collection – Escalation Log	
	Readmission rate	Low	Number of patients readmitted to the acute setting within specified timeframe of being discharged	Count of patients readmitted to the acute setting within specified timeframe of being discharged	Per day/week	Readmission report	14 day readmission report is carried out monthly
	Escalation rate	Low	Number of times outside reviews are requested for patients on the unit	Number of times medical, specialist or therapy reviews are requested for patients on the unit	Per day/week	Y Lolfa Data Collection – Escalation Log	
	Feedback	Reduce negative Increase positive	Number of positive and negative feedback provided by families and/or patients	Number of Complaints Number of positive feedback	Per day/week	Datix FFT	