Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 February 2023
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:	Michelle Dunning, Senior Project Manager Value Based Health Care

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 Programme of Change (POC) progress update, attached at Appendix 1, and the presentation, attached at Appendix 2, are presented to the Committee to provide an updated 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 provides the platform and foundation to drive a number of improvements across performance, quality and finance.

The Committee is requested to receive assurance regarding progress relating to the POC. The Committee is also requested to note that 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 (TUEC)
- 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 level of interoperability between the areas set out above. However, each programme of work has a specific focus and deliverable.

Asesiad / Assessment

The presentation is intended to provide an update of each of the respective programmes. All are at different stages of progression. The POC Progress Update aims to provide a summary of the progress to date, challenges, and mitigating actions for each POC.

Argymhelliad / Recommendation

The Sustainable Resources Committee is requested to receive assurance regarding progress relating to the POC programmes of work.

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
Rhestr Termau: Glossary of Terms:	Contained in the body of the SBAR and Power Point Presentation
Partïon / 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.

Appendix 1

SRC
Programmes of Change
28th February 2023

Programme of work	Aim	Progress	Challenges	Mitigating Actions
Transforming Urgent and Emergency Care **Andrew Carruthers** **Rhian Matthews**	To develop and implement a four year 6 UEC Goals Programme Plan for the Health Board that will implement an integrated 24/7 urgent and emergency care model. The Programme will oversee the development of a strategy and implementation of best practice for our frail population to ensure optimal outcomes for this vulnerable group are achieved	Conveyance and Self-Presentation Reduction: • APP navigator model – Carmarthenshire • Intermediate Care/ Home First hubs – direct access pathways & PTAS • Community wrap around resource • Fit2Sit protocol re-established • Virtual UPCC model • Proactive monitoring and tech solutions for long term conditions – evaluation of projects Conversion • SDEC established on acute sites • SDUC and outreach service in S Ceredigion established • Mental Health single point of contact & alternative pathways • Mental Health twilight service • Alignment with Safe Care Collaborative program Management Complexity • Frontier platform designed and built for automatic prediction	To develop and implement a four year 6 UEC Goals Programme Plan for the Health Board that will implement an integrated 24/7 urgent and emergency care model. The Programme will oversee the development of a strategy and implementation of best practice for our frail population to ensure optimal outcomes for this vulnerable group are achieved	Conveyance and Self-Presentation Reduction: • APP navigator model – Carmarthenshire • Intermediate Care/ Home First hubs – direct access pathways & PTAS • Community wrap around resource • Fit2Sit protocol re-established • Virtual UPCC model • Proactive monitoring and tech solutions for long term conditions – evaluation of projects Conversion • SDEC established on acute sites • SDUC and outreach service in S Ceredigion established • Mental Health single point of contact & alternative pathways • Mental Health twilight service • Alignment with Safe Care Collaborative program Management Complexity • Frontier platform designed and built for automatic prediction of EDD - discovery phase completed • Early identification of frail elderly methodology including CGA

		of EDD - discovery phase completed • Early identification of frail elderly methodology including CGA • Reporting of pathways of care delays		• Reporting of pathways of care delays
Building Community Care Capacity **Jill Paterson** **Elaine Lorton** **Rhian Matthews**	Planning Objective 4Q : By October 2022, through a rapid expansion of all types of community care, put in place the necessary support so that sufficient Hywel Dda residents are able to remain / return home to reduce the number of non-elective patients in acute hospital beds by an average of 120 per day (averaged across the week and compared to the weekly average for the period between January and March 2022) This was part of the all-Wales Building Community Care Capacity programme which sought to develop 1000 community beds across Wales.	As at the start February 2023 the following had been achieved: • Full alignment with the reporting requirements of the all-Wales Building Community Care Capacity programme. • Original submission 111 community beds capacity supported by homebased care staff with additional beds in interim or intermediate care bed facilities. • Current expected delivery by end March 2023 13 homebased care & 41 interim/intermediate care beds – 54 beds/ 49% of original plan. Some further delivery expected subject to confirmation. • Recruitment has been the main limiting factor which was a well understood risk. Consistent issues reported across Wales.	Delivery was short of what was needed however some recruitment had taken place with further on-boarding to follow in March and April. Recruitment remains the most significant risk for these challenging roles.	In order to address the Ministerial Priorities for the IMTP, a trajectory and plan was outlined to continue to implement the number of community beds originally agreed to deliver the Planning Objective 4Q. A draft plan template and trajectory has been developed. There are key risks to this plan, primarily recruitment and that the capacity delivered may enable the HB to meet unmet demand rather than reduce surge or ED waiting numbers. However, a number of key considerations need to be considered and support will be needed which may look different across each County footprint. Regular reporting both to Operational Planning & Delivery Programme Group and the Integrated Executive Group of the Regional Partnership Board.

	The Delivery Unit Rightsizing Community Project suggested that West Wales needed an additional c.112 beds to mitigate the delays in the acute sector.	Each County developing recruitment plans by end February to support longer term growth.		
Long term care Mental Health and Learning Disabilities **Jill Paterson** **Liz Carroll / Matthew Richards**	Consider potential savings opportunities within MHLD Commissioning following the CHC review findings	• Task & Finish group convened to consider the findings and recommendations from a clinical perspective. • The MHLD Commissioning team has continued with efficiency projects to review placements and reduce costs. • Additional Commissioning team capacity has been funded through RIF to focus on progression reviews of placements in partnership with LAs	The CHC review findings were not fully accepted by the directorate on the basis that the tool used was not evidence based and did not adequately consider risk. The efficiency identified was significant and relied on a change to the funding apportionment with the LAs rather than reductions in placement costs. Potentially the approach suggested would have a wider impact on established relationships with LAs or adverse effect on operational capacity and delayed transfers of care.	Engagement with the National Collaborative Commissioning Unit (NCCU) to independently consider the review findings and: • Support the development of a national health and social care S117 guide • Review a sample of patients to identify potential savings and priority areas. (Complete end of Feb) • Undertake a review of current MHLD Commissioning arrangements (on-site visit 16-17 Feb) • Pilot an outcomes based monitoring framework with HDUHB. • Finance business partners to finalise a new monitoring and reporting dashboard to track package changes, growth/inflation and provide improved performance data in 2023/24

				• Present Commissioning overview and efficiencies to SRC Committee (within accompanying presentation at Appendix 2)
Nursing Agency **Lisa Gostling** **Sarah Jenkins**	To enable stabilisation of our acute sites – one site at a time by: 1. Reducing vacancies of RNB's and HCSW through group recruitment and IEN placement and 2. Effectiveness programme to improve rostering, flexibility and Escalation process to help reduce agency reliance	Good progress being made with GGH site. Current position: • 26 Nurses registered GGH • 38 Nurses awaiting registration GGH • 87 out of 130 have arrived (62 Nurses have arrived GGH) • Vacancy factor for GGH reduced for RN Band 5 from August 22 to January 2023 from 109wte to 68.56wte	1. Capacity to engage Financial Establishments v operational delivery models – they different in some areas meaning ability to increase effectiveness undermined. Also means impact on effectiveness of Escalation process.	1. Approach taken to do personal engagement to enable a work around to this. 2. OD approach taken to enable focus on behaviour change and Exemptions being applied to manage the Escalation process in the interim to ensure safe staffing levels etc..
Medical Agency **Lisa Gostling** **Sarah Jenkins**	To enable reduction in reliance on agency usage for our medical staff. From an effectiveness perspective exploring options to improve transparency of management and pay of medical staff to ensure accuracy, improved reporting and enhance staff experience.	Medical recruitment already making small inroads in terms of tackling some hard to fill areas for recruitment and working with the service around recruitment champions. O & G pilot approach on managing job plans, tackling over/underpayments and listening to staff around impact of lack of rostering system on transparency and trust. Area selected for pilot of new system in the event Business Case approved.	1. Capacity to engage 2. Hard to fill posts 3. Lack of medical rostering system to enable pull of system wide data around temporary fill and utilisation. 4. Baseline confirmation on pay v work. Again due to	1. This has been more challenging due to schedule of medical diaries. Now agreed Governance approach with Medical Directors senior team to enable the right access; 2. Exploring Recruitment Potential Optimisation model with outside providers 3. Exploring Business Case for introduction of Medical rostering system

			an integrated system this has had to be manual intervention which is proving a timely challenge. Availability of medical temporary fill options	4. Working with Senior Medical team to review what we have available to agree a way forward. Exploring opportunities for Medical Locum banks
Alternative Care Unit **Mandy Rayani** **Sharon Daniel**	To cohort and manage patients who are ready to leave hospital and medically stable, in a more conducive environment focused on discharge thereby facilitating a reduced reliance on agency cover.	The unit has been operation for approximately 3 months however given the site pressures the area is frequently surged with people who are on the ready to leave list. This has limited the impact being seen despite LoS improving for Y Lolfa. Staffing of the area remains a challenge. A further nurse staffing review is scheduled. Metrics to inform impact have been developed and an additional measure identified to enable benchmarking of LoS against other clinical areas.	Demand on site through the unscheduled care pathway is negating the ability to establish the area as an effective alternative care area (ie the dayroom is frequently used to accommodate additional beds). Ability to meet the cost reduction target allocated to the area (through reduced use of high cost agency nurses) is limited due to site pressures and demand.	Nil identified other than to focus on the TUEC work programme and build community Home First approach.
Family Liaison Officer (FLO) **Mandy Rayani** **Sian Passey**	To significantly reduce the number of FLO roles across the UHB with the exception of ED departments. The ED position will be reviewed once the Unscheduled care environment is better able to meet patient communication and	OCP in process of being developed and draft finalised-expected to be available by CoP this week (17th February 2023). Alternative roles that would be suitable to support redeployment currently being scoped (admin, PALs, FLOs where funded posts have been created aligned to revised JD)	Capacity within the corporate nursing team to complete the process. Availability of suitable alternatives. Impact on any areas if vacancies are held to accommodate OCP. Potential impact on patient experience capture and	FLOs remain as a cost pressure. No new FLO posts are to be advertised. Other staff to be identified to cover any functions currently undertaken by FLOs. Work to facilitate greater volunteering activity to bridge the gap.

	experience needs within core establishment.		support for patients with cognitive impairment access to technology/digital systems such as meal ordering, entertainment systems.	

Hywel Dda UHB

Key transformation programmes

W/C Monday 13th February 2023

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	09.02.23
Building Community Care Capacity	Jill Paterson	Elaine Lorton	Andrew Lewis	Anna Henchie	18.01.23
Long term care MHLD	Jill Paterson	Liz Carroll	Leon Popham	Matthew Richards	----------
Nurse agency	Lisa Gostling	Sarah Jenkins	Jen Thomas	Michelle James	3.02.23
Medical agency	Lisa Gostling	Sarah Jenkins	Daniel Binding	Michelle James	3.02.23
Alternative care unit	Mandy Rayani	Sharon Daniel	Nick Hogben	Olwen Morgan	23.1.23
Family liaison officers	Mandy Rayani	Sian Passey	Jen Thomas	No PM	31.1.23

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	✗	✗	✗	✗	✓	✗	

Y gofal iawn, yn y lle iawn, y tro cyntaf
Chwe Nod ar gyfer Gofal Brys a Gofal mewn Argyfwng
Right care, right place, first time
Six Goals for Urgent and Emergency Care

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

Areas of Focus/Projects Aligning to Programmes of Work

Proactive Care & Risk Stratification (Regional)

- **Goal 1**: Co-ordination planning and support for populations at greater risk of needing UEC.

HDdUHB Long term Goals:
PG 1: Implementation of a digital system for risk stratification and TEC based monitoring and management of vulnerable groups

Areas of focus/ projects:
- Risk Stratification: Includes local and links to strategic /AI Digital Risk Stratification
- Proactive Monitoring (TEC Solutions)
- Co-ordination care, planning and support for high risk groups
- Stay Well Planning
- Prehab & Health Optimisation

Links through to the Regional Tech and Digital Board Proactive Therapy / Planned Care work

Reducing Conveyance & Self-Presentation (Regional)

Goal 2: Signposting people with UEC needs to the right place, first time
Goal 3: Clinically safe alternatives to hospital
Goal 4: Rapid response in a physical or mental health crisis

HDdUHB Long term Goals:
PG 2: Development and implementation of Digitalised Coordination Hub:
PG 3. Defining, scoping and implementation of clinically safe alternatives to hospital.
PG 4. Defining, scoping and implementation of rapid response services in a physical or mental health crisis.

Areas of focus/ projects:
- Urgent Dental Pathways via 111
- SDUC Community Model Scale Up & Roll Out
- MH SPOA, Rapid 24/7 Triage & Assessment
- Alternative Pathways to Admission
- Virtual Ward
- Care Home Immedicare Pilot
- APP Model scale up and roll out
- Palliative Care Pathway Via 111
- Urgent Care Service (within 8hours of contacting)
- 111 Press 2 for Mental Health Scale Up
- Clinical Streaming Hub

Managing Complexity - Community (Local)

Goal 2: Signposting people with UEC needs to the right place, first time
Goal 4: Rapid response in a physical or mental health crisis
Goal 6: Home first approach and reduce the risk of re-admission

HDdUHB Long term Goals:
PG 2: Development and implementation of Digitalised Coordination Hub:
PG 4. Defining, scoping and implementation of rapid response services in a physical or mental health crisis.
PG6. Developing a health and care system for older people (while sitting in PG 6 this spans all goals).

Areas of focus/ projects:
- Home First Hub/SPoA
- Crisis response within 2 hours
- Implement D2RA Pathways within 48 hours
- Management of high impact users
- Reporting of D2RA Pathway Delays (DPoC)
- Right Sizing Community Services

Managing Complexity and Conversion Reduction - Acute (Regional)

- **Goal 3**: Clinically safe alternatives to hospital
- **Goal 4**: Rapid response in a physical or mental health crisis
- **Goal 5**: Optimal hospital care and discharge practice from the point of admission

HDdUHB Long term Goals:
PG 3. Defining, scoping and implementation of clinically safe alternatives to hospital.
PG 4. Defining, scoping and implementation of rapid response services in a physical or mental health crisis.
PG5. Implementation of SAFER

Areas of focus/ projects:
- Early identification of complex patients
- Frailty Screening at Front Door
- Implementation of SAFER Principles
- Implementation of Deconditioning Patients
- SDEC Model Scale Up& Roll Out
- Implementation of Clinical Criteria of Discharge
- Improving Standards in Emergency Departments
- Implementation of Digital solutions to support care planning and discharge e.g. Frontier

This includes the BCCC being led within ILP

TUEC Priorities 2023/24

Initiative	Actions	Timescale
Regional Clinical Streaming Hub	APP Navigator scale up and roll out Integration with GPOOHs resources Roll out of Community Wellbeing Responders	External evaluation due end Feb 2023 End March 2023
Care Home Support	Immedicare Pilot (Carmarthenshire) Consultant Connect model with secondary care support (Pembs)	End Feb 2023 End March 2023
Health & Care system for Older People	Development of Home First approach for West Wales Scale up of Home First Modelling & Commissioning of services	End March 2023 May 2023 Autumn 2023
Same Day Emergency Care	Development of HDuHB model following on from lessons learnt from peer review, including modelling of scale of opportunity Implementation of new model	End March 2023 From April 2023
Assessment Units	Modelling of front door services for each acute site Development and implementation of acute site plans	Feb 2023 From end Feb 2023

Transforming UEC Programme Update

	2022/23					2023/24					2024/25	2025/26
	Dec	Jan	Feb	Mar	Total	Q1	Q2	Q3	Q4	Total	Year	Year
Front door pressure - emergency depts (beds)	0	0	0	0	0	-	-	-	-	0	-	-
Front door pressure - surge beds (beds)	0	0	-20	-20	-40	- 10	- 10	- 10	- 10	-40	-	-
Inpatient management - core capacity (beds)	0	0	0	0	0	-8	-9	-8	-9	-34	-33	-34
Front door pressure - emergency depts (£000)	0	0	0	0	0	500	600	500	600	2,200		
Front door pressure - surge beds (£000)	0	0	2,000	2,000	4,000	1,000	1,000	£1,000	1,000	4,000		
Inpatient management - core capacity (£000)	0	0	0	0	0	800	900	800	900	3,400	3,300	3,400

Please note:

- Cost estimates Based upon an annual recurrent figures declared in quarter / year the noted beds are released.
- **At this point financial figures represent a productivity opportunity for the organisation.**
- Working to establish retrospectively why demonstrated improvements through TUEC are not showing equivalent improvement to the whole secondary care unscheduled care system.
- Working to establish prospectively the planning priorities for beds, namely alternative use or release, to establish whether a productivity improvement could become a realisable saving.

Transforming UEC Programme Update

Latest project meeting date	24/01/2023

Overall project RAG status	

Summarised project update against deliverables

- Improving trajectory for proportion >75 patients with LOS > 21 days
- Conveyance demonstrating reducing trend however self- 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
- Weekly data highlighting a significant reduction in occupied bed days for patients aged 75 and over with a LOS over 21 days
- 0 – 1 day and LoS < 72 hours – no significant improvement

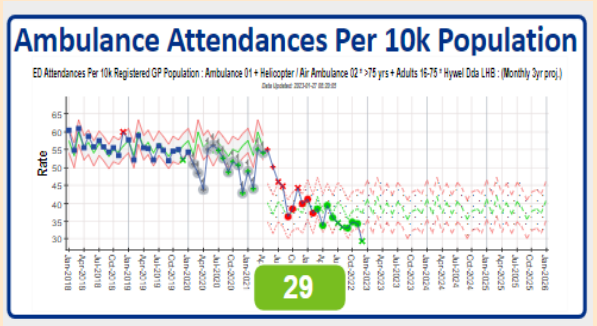
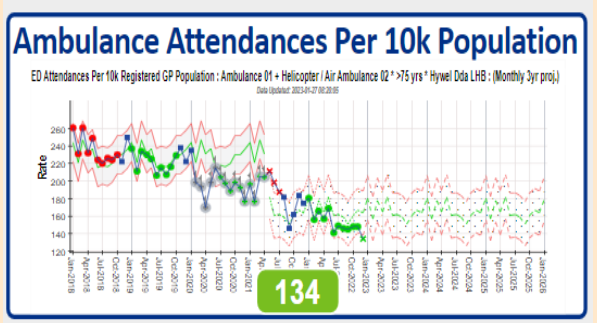
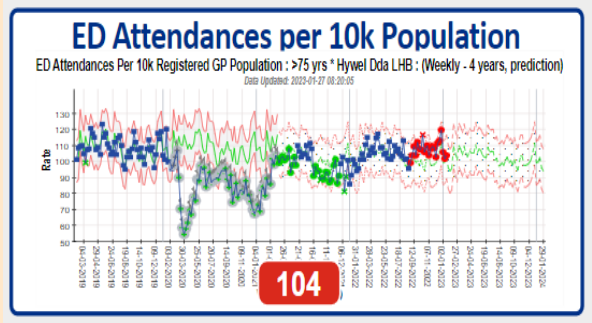
SUMMARY – UPC and SDEC fully resourced and contributing to conveyance reduction / provision of safe alternatives to hospital admission. Conversion rates reducing however 0-1 day LoS / discharges within 72 hours not optimal particularly in > 75s (frail) which contribute to LOS > 21 days and demand for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

Opportunities to accelerate

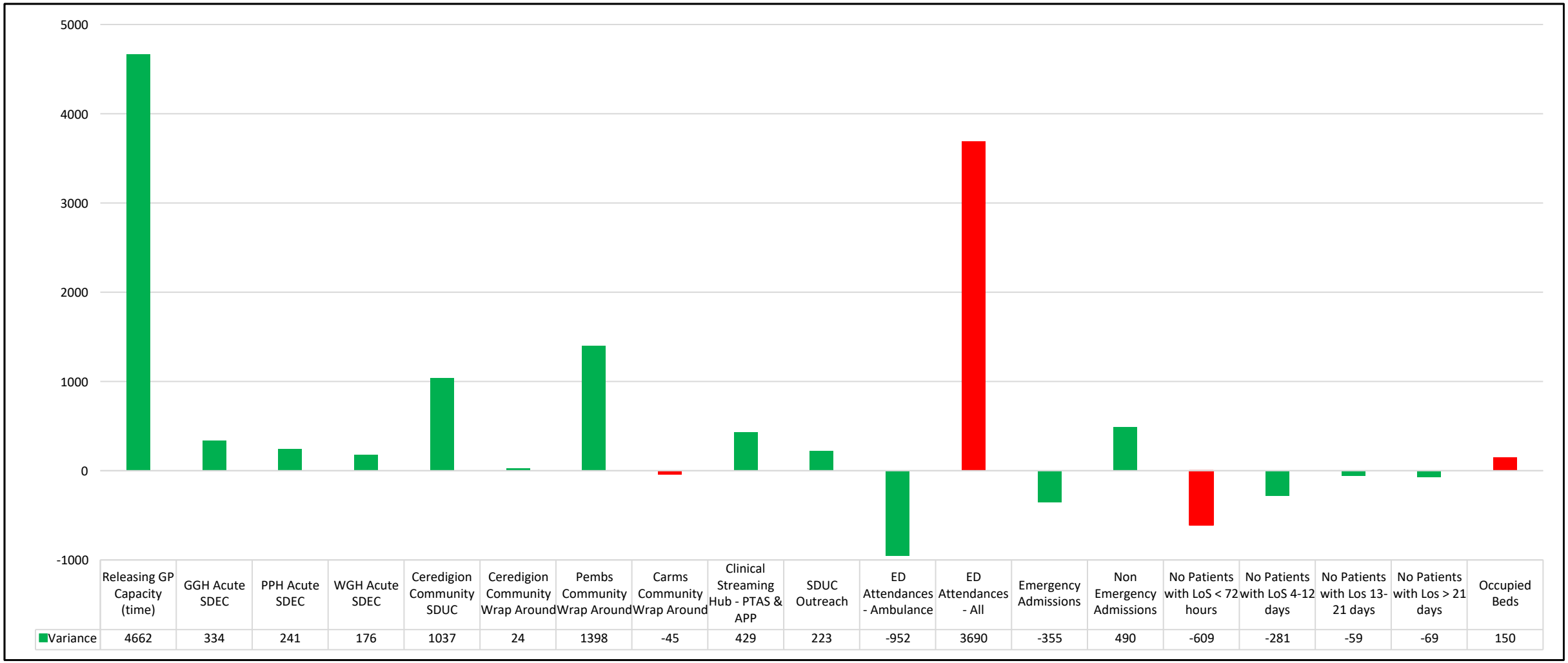
- Roll out of APP Navigator / PTAS pilot to Health Board footprint
- Immedicare/Care Home support Pilots
- SDEC Commissioning Exercise
- Complexity Management improvement
- Review and recommissioning of Homefirst/Integrated Care Hub Models

Issues for escalation to Executives

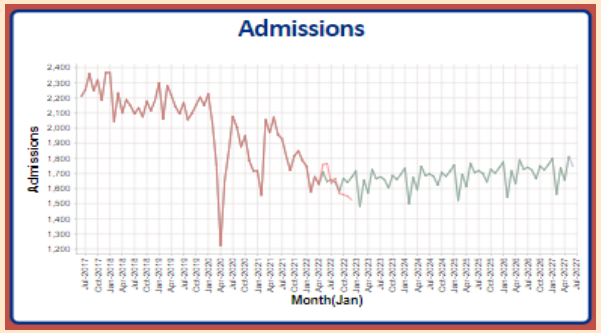
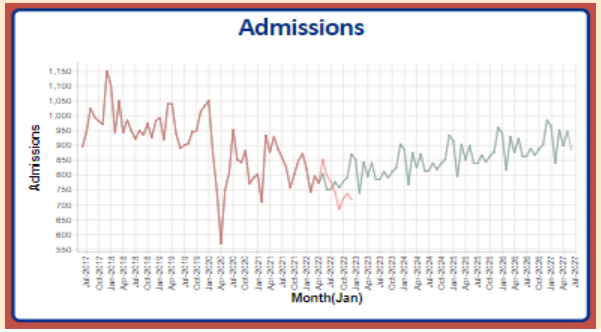
- Workforce continues to be the fundamental constraint to delivering improvement across whole system including social care
- WAST Agreement re APP Navigator / PTAS roll out
- Culture and Mindset change re best practice care for frail older patient

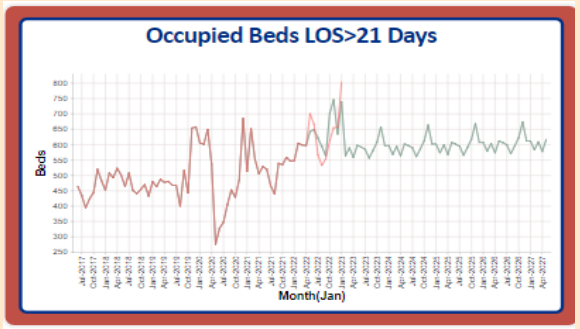
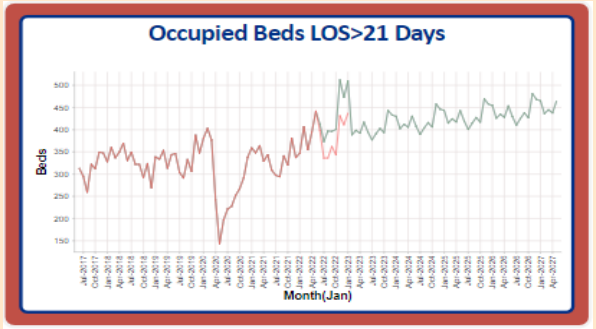
Targeted Outcome	Actions Initiated	Impact to date	Next Steps
Conveyance & Self-Presentation Reduction	APP navigator model – Carmarthenshire Intermediate Care/ Home First hubs – direct access pathways & PTAS Community wrap around resource Fit2Sit protocol re-established Virtual UPCC model Proactive monitoring and tech solutions for long term conditions – evaluation of projects	All Adults  >75s  	Evaluation of APP pilot & consideration of further roll out Immedicare support to care homes pilot – commencing end Feb 2023 Pilot in Pembs Consultant connect to care homes (Primary & Secondary Care) Development of a single Clinical Streaming hub Development of new Tech pilots aligned to RIF models of care Continued development of community wrap around services Introduction of Palliative 7 EOLC pathway via 111 Digital solutions to identify high risk patients in the community

TUEC System Impact Q3 2021/22 vs Q3 2022/23

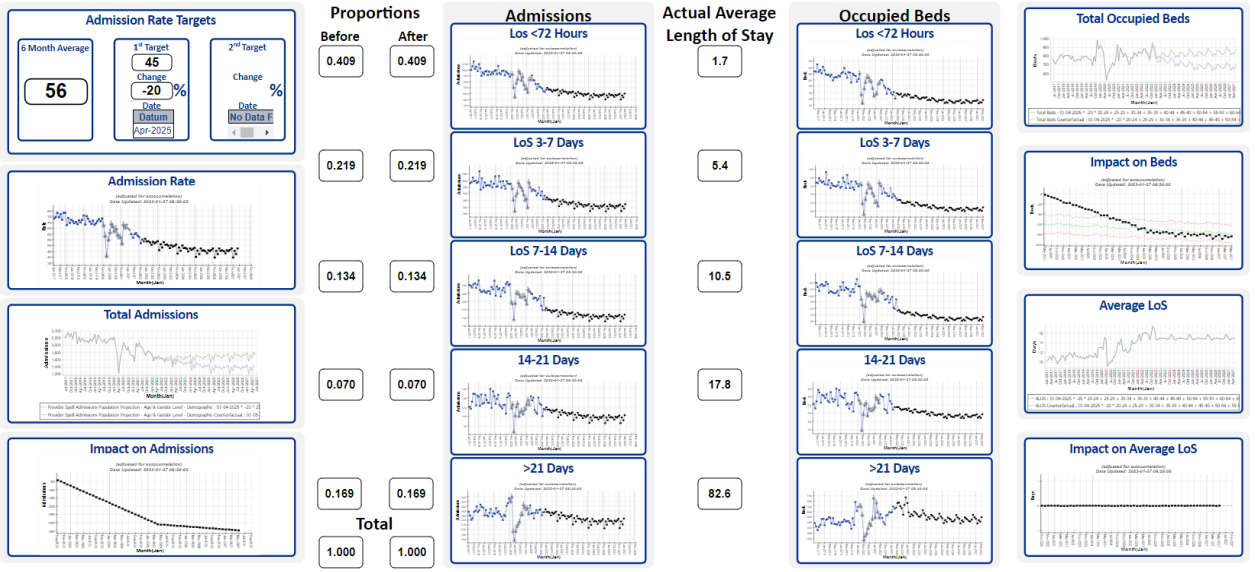


	Releasing GP Capacity (time)	GGH Acute SDEC	PPH Acute SDEC	WGH Acute SDEC	Ceredigion Community SDUC	Ceredigion Community Wrap Around	Pembs Community Wrap Around	Carms Community Wrap Around	Clinical Streaming Hub - PTAS & APP	SDUC Outreach	ED Attendances - Ambulance	ED Attendances - All	Emergency Admissions	Non Emergency Admissions	No Patients with LoS < 72 hours	No Patients with LoS 4-12 days	No Patients with Los 13-21 days	No Patients with Los > 21 days	Occupied Beds
Variance	4662	334	241	176	1037	24	1398	-45	429	223	-952	3690	-355	490	-609	-281	-59	-69	150

Targeted Outcome	Actions Initiated	Impact to date	Next Steps
Conversion	SDEC re-established on acute sites SDUC and outreach service in S Ceredigion established Mental Health single point of contact & alternative pathways Mental Health twilight service Alignment with Safe Care Collaborative program	SDEC Opportunity  All Adults  >75s 	Peer review of SDEC to inform new regional model moving forwards – to capitalise on opportunity in the system Development of model for N Ceredigion Development of demand /capacity model focused on front door to inform of model requirements moving forward (CDU, SDEC, Assessment units etc) Further development of Safe Care Collaborative projects across all acute sites focused on the front door Re-establishment of CDU/Assessment units – reclaiming the ED department

Targeted Outcome	Actions Initiated	Impact to date	Next Steps
Reduction in number with LoS > 21 days	Frontier platform developed for automatic prediction of EDD - discovery phase completed Early identification of frail elderly methodology including CGA Reporting of pathways of care delays	All Adults  >75s 	Roll out of Frontier & associated training to incorporate SAFER and D2RA Embedding of SAFER 7 D2RA principles Development of frailty model Agreed standards for Intermediate Care and associated outcome measures Development of virtual ward model in line with national model ‘Passing the baton’ back to acute sites led by Director of Nursing and medical Director

Mitigation model



Allows reduction against the admission rate to be modelled across time

Takes into account the demographic changes

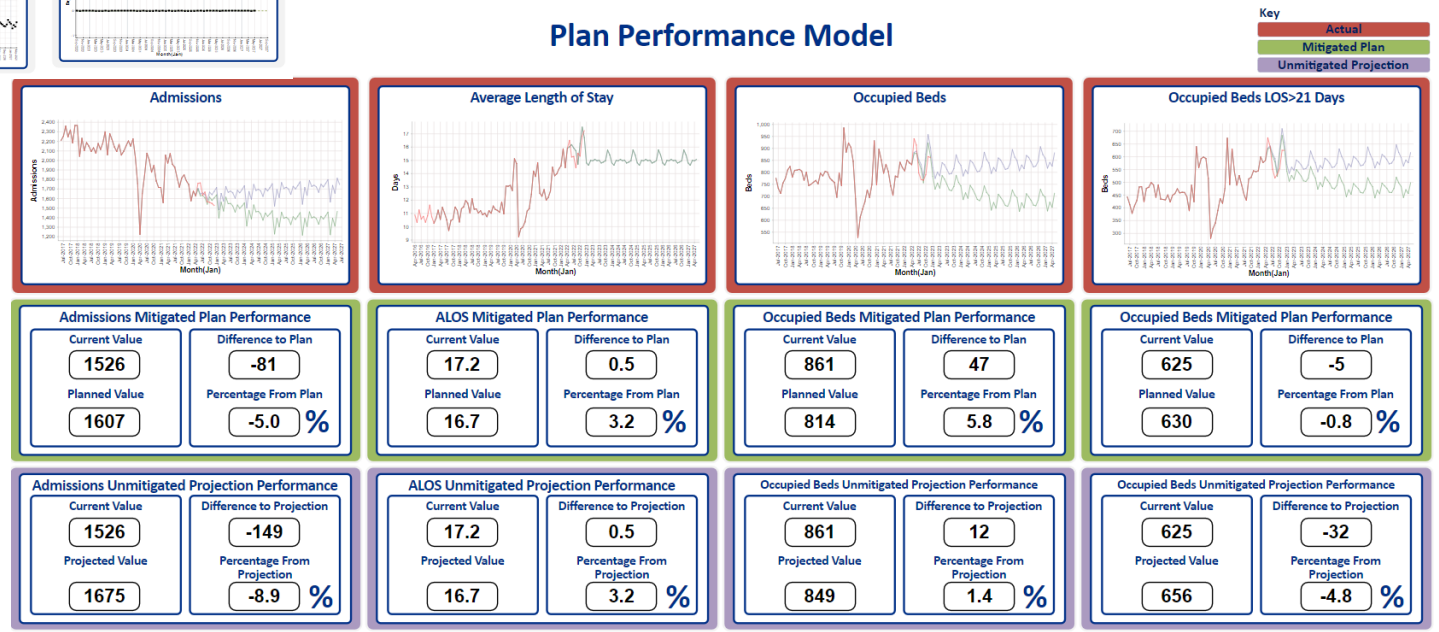
Allows proportions in each LoS bucket to be modelled or not

Demonstrates impact on both occupied beds and LoS

Once modelling assumptions are agreed and locked in place

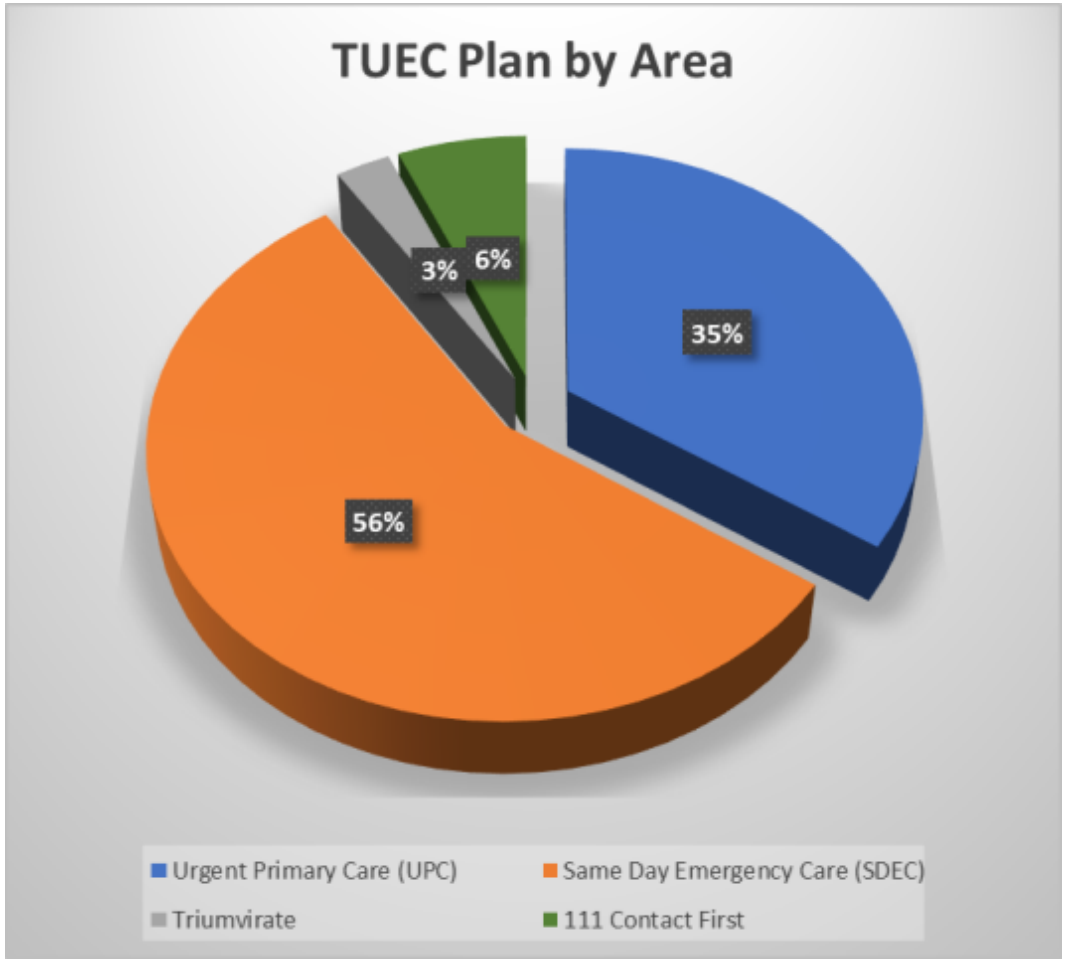
Allows performance against the plan to be measured

This will facilitate the development trajectories which will be monitored through Improving Together sessions



Full Year TUEC Plan (£K)

	£k	£k
Funding Available		
Welsh Government - TUEC	2,800	
Welsh Government - Triumvirate	160	
Hywl Dda University Health Board	2,800	
		5,760
Planned Expenditure		
Urgent Primary Care (UPC)	2,088	
Same Day Emergency Care (SDEC)	3,412	
Triumvirate	166	
111 Contact First	389	
		6,055
Variance		**295**
Change since last update (Month 8 - November)		-



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	18th January 2023

Overall project RAG status	

Summarised project update against deliverables

- 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

Opportunities to accelerate

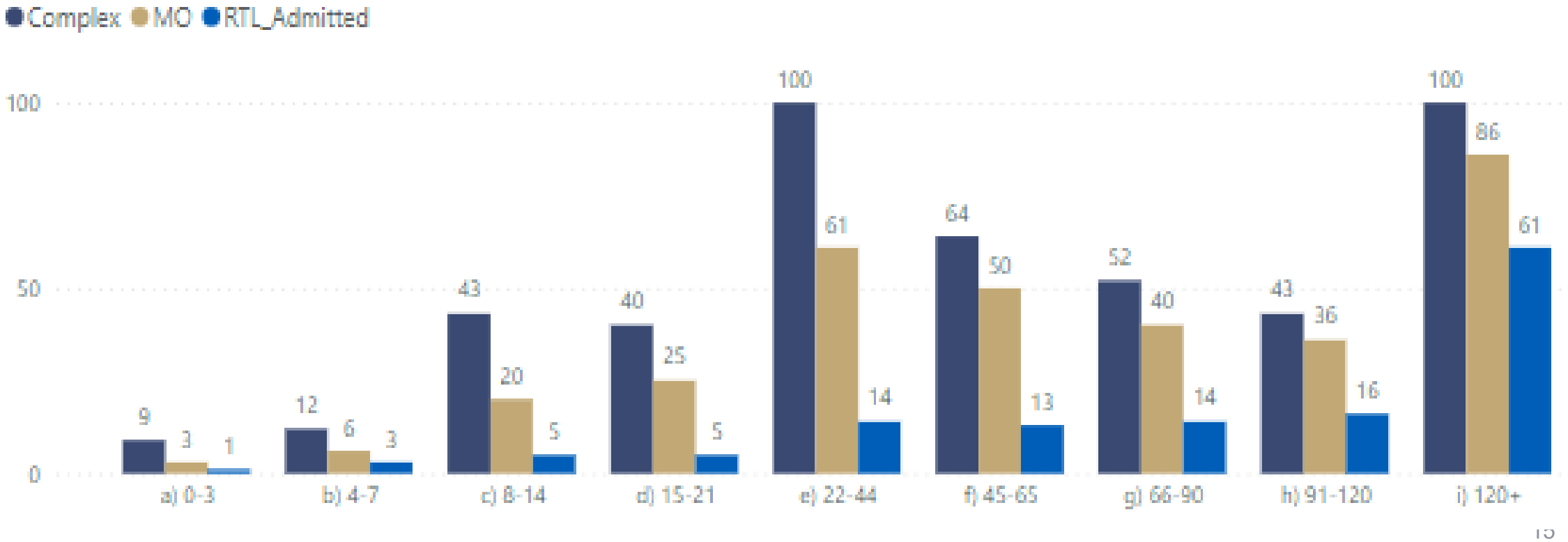
- Potential to explore offering roles to MVC staff – pending feedback on communications from HR

Issues for escalation to Executives

- 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 extend 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	

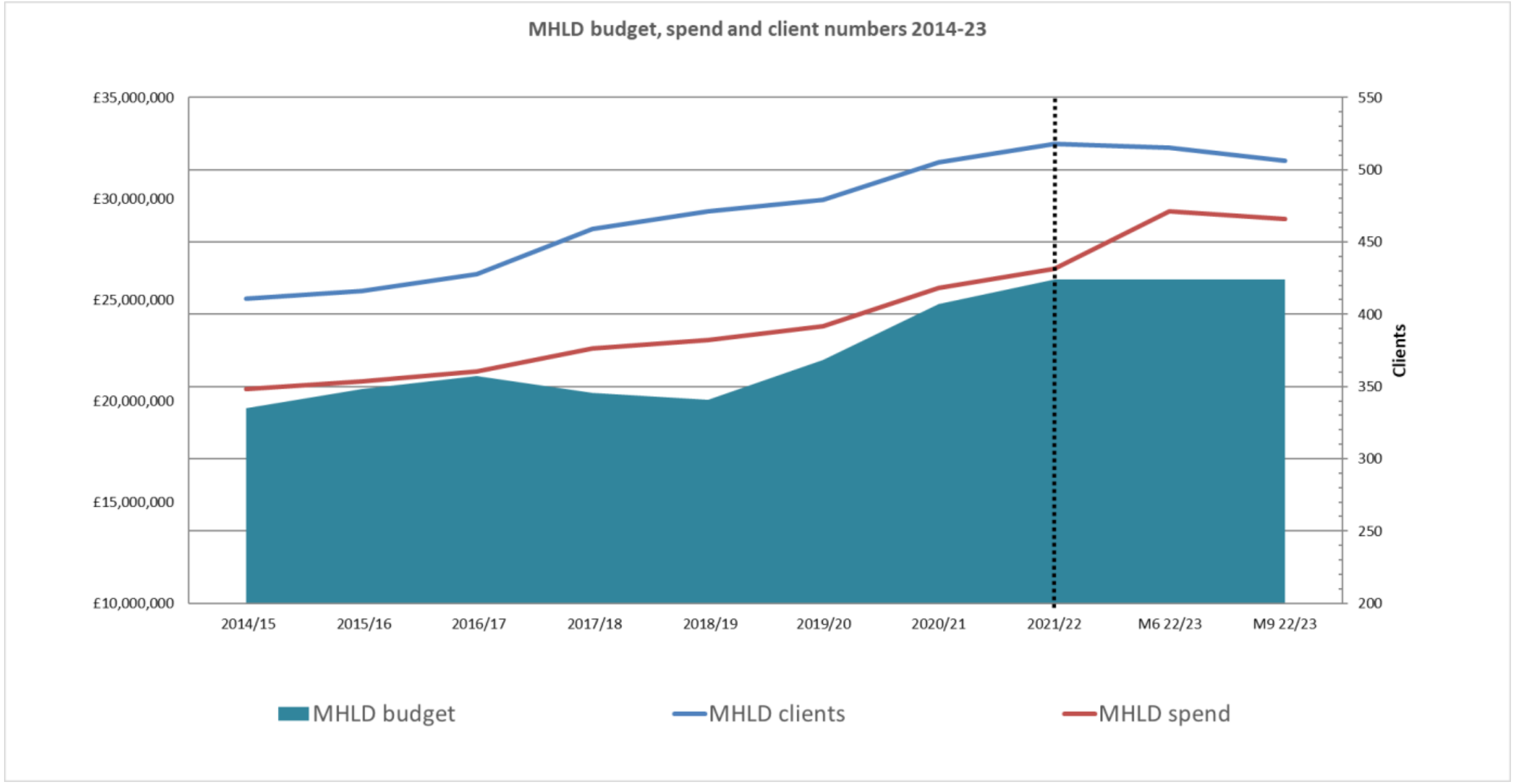


Hywel Dda UHB

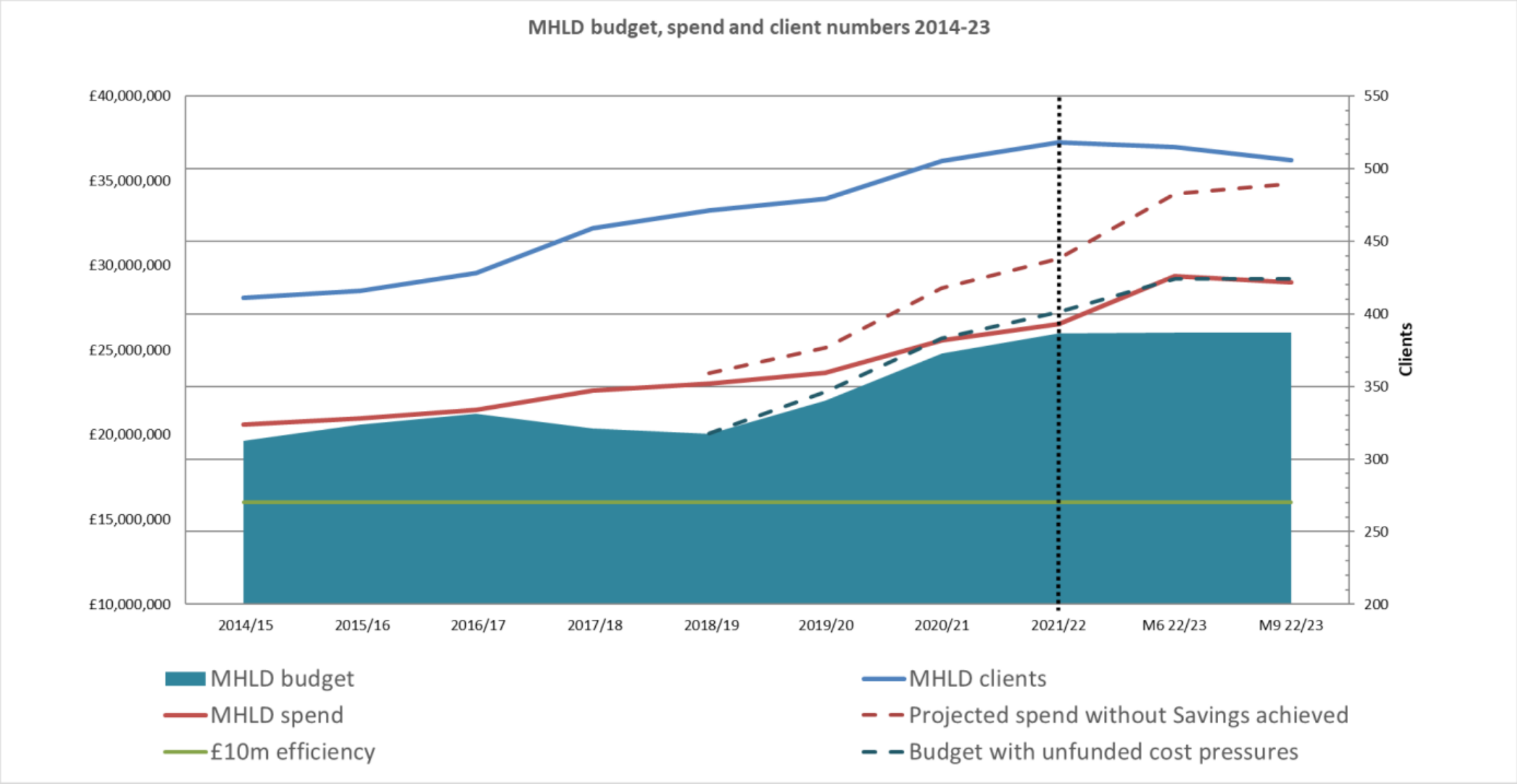
MHLD

CHC Commissioning overview and efficiencies

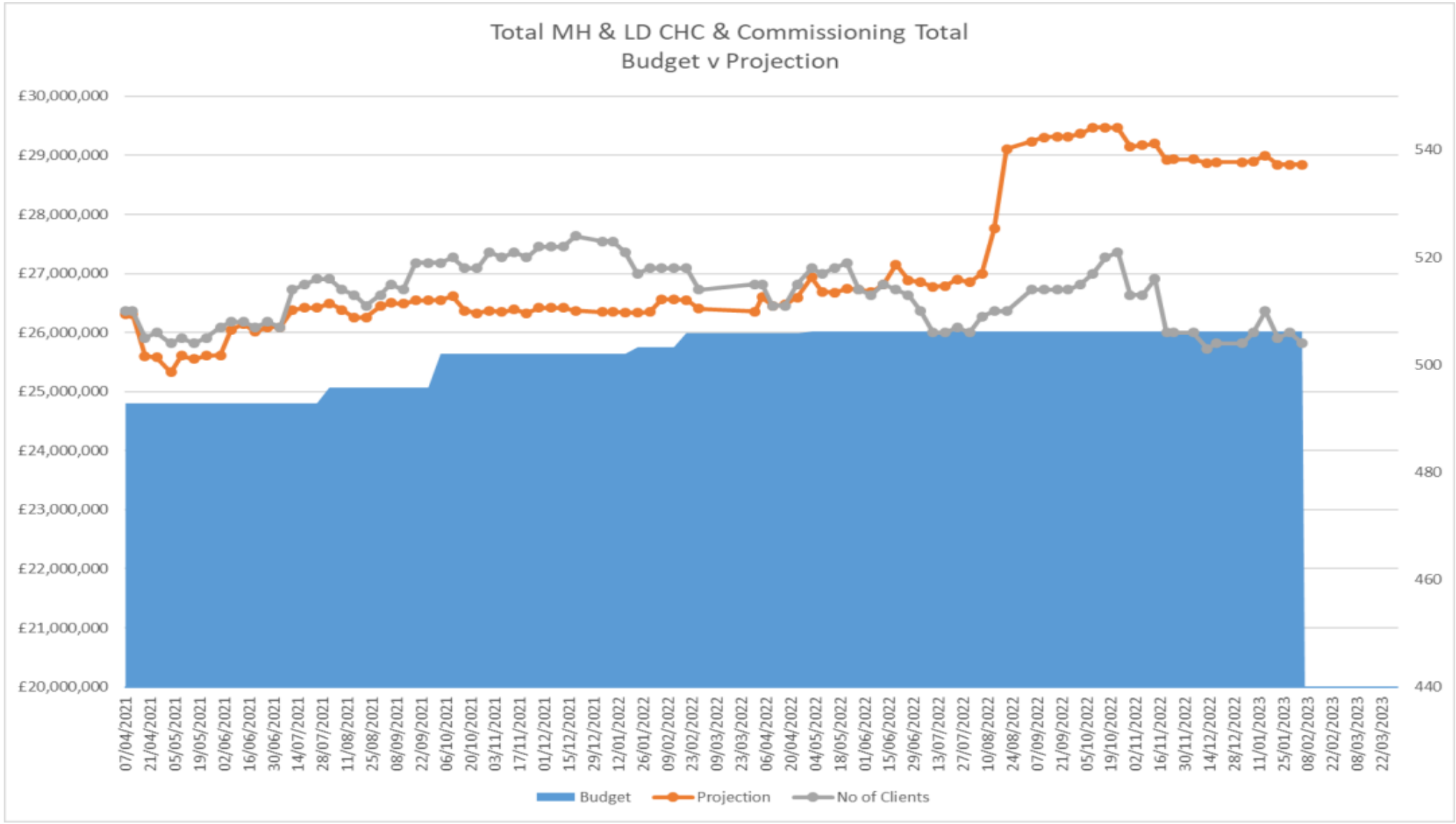
CHC overview budget, spend, clients since 2014



CHC overview budget, spend, clients since 2014



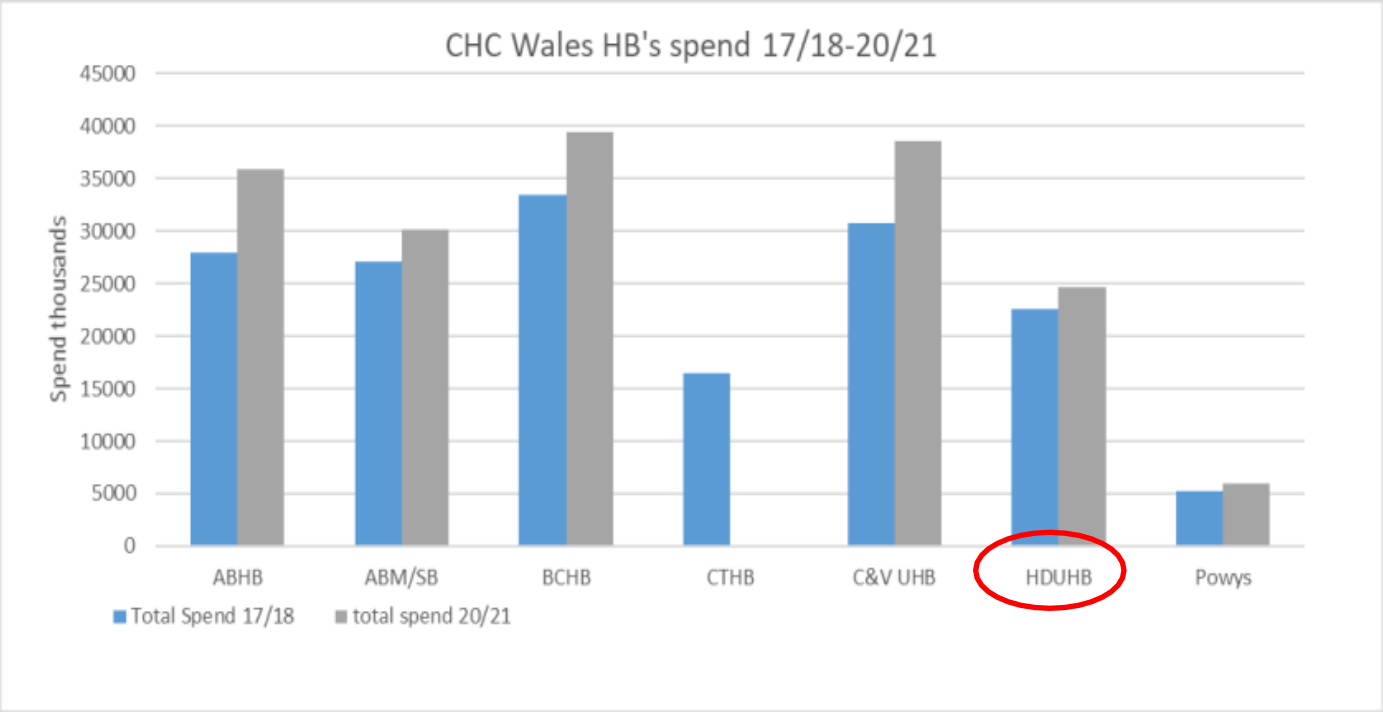
Weekly variation CHC budget, clients, spend since April 21



CHC overview efficiencies and package changes 22/23

		Months 1-6 In Year	Month 7 In Year	Month 8 In Year	Month 9 In Year	Month 10 In Year	Total In Year
Commissioning Reductions	Packages reduced through commissioning reviews	£726,005	£79,119	£49,502	£85,532	£40,212.88	£980,371
Desktop validation	Adjustments to packages from desktop review	-	£350,124	£252,829	£29,121	£11,998.59	£644,073
Domiciliary Care review	Review of Dom care packages	£35,391	£40,851	£10,628	£53,893	£7,814.97	£148,578
Day Centre review	Review of Day services to align with changes post covid	£77,294			£5,165	£0.00	£82,460
0% Health	Review of packages identified as 0% by CHC review	£143,428	£14,327	£7,739	£0	£0.00	£165,493
Total Commissioning Reductions	Validated Commissioning reductions	£982,118	£484,421	£320,698	£173,712	£60,026	£2,020,975
Other reductions	Adjustments, deaths etc.	£2,024,206	£205,790	£670,384	£7,788	£222,593	£3,130,761
Total reductions		£3,006,324	£690,211	£991,082	£181,500	£282,619	£5,151,736
Total Increases	All increases excluding inflationary uplifts	£3,718,533	£407,021	£409,938	£90,013	£324,511	£4,950,015
Balance		£712,208	-£283,190	-£581,145	-£91,487	£41,892	-£201,721

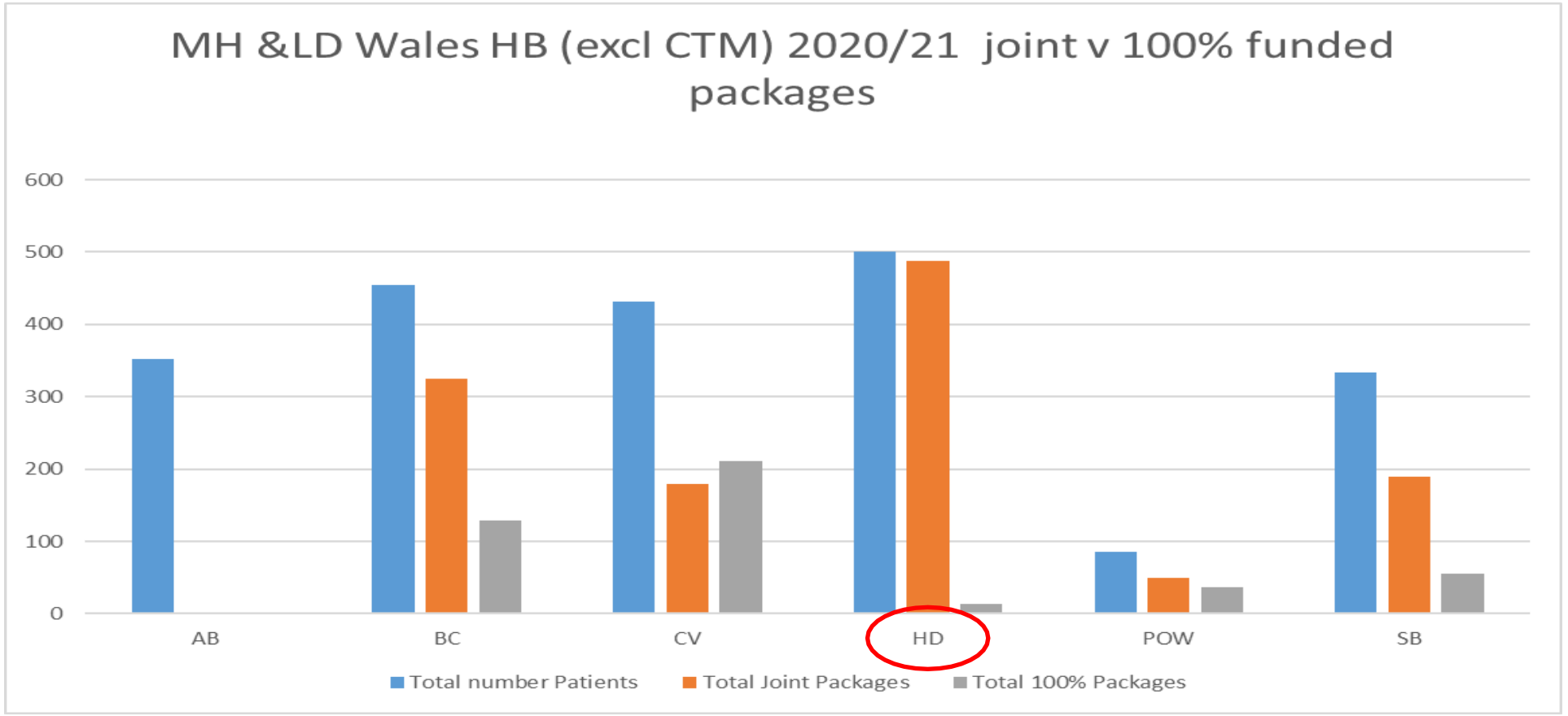
2. Comparison MHLD CHC Inflation/Growth Wales



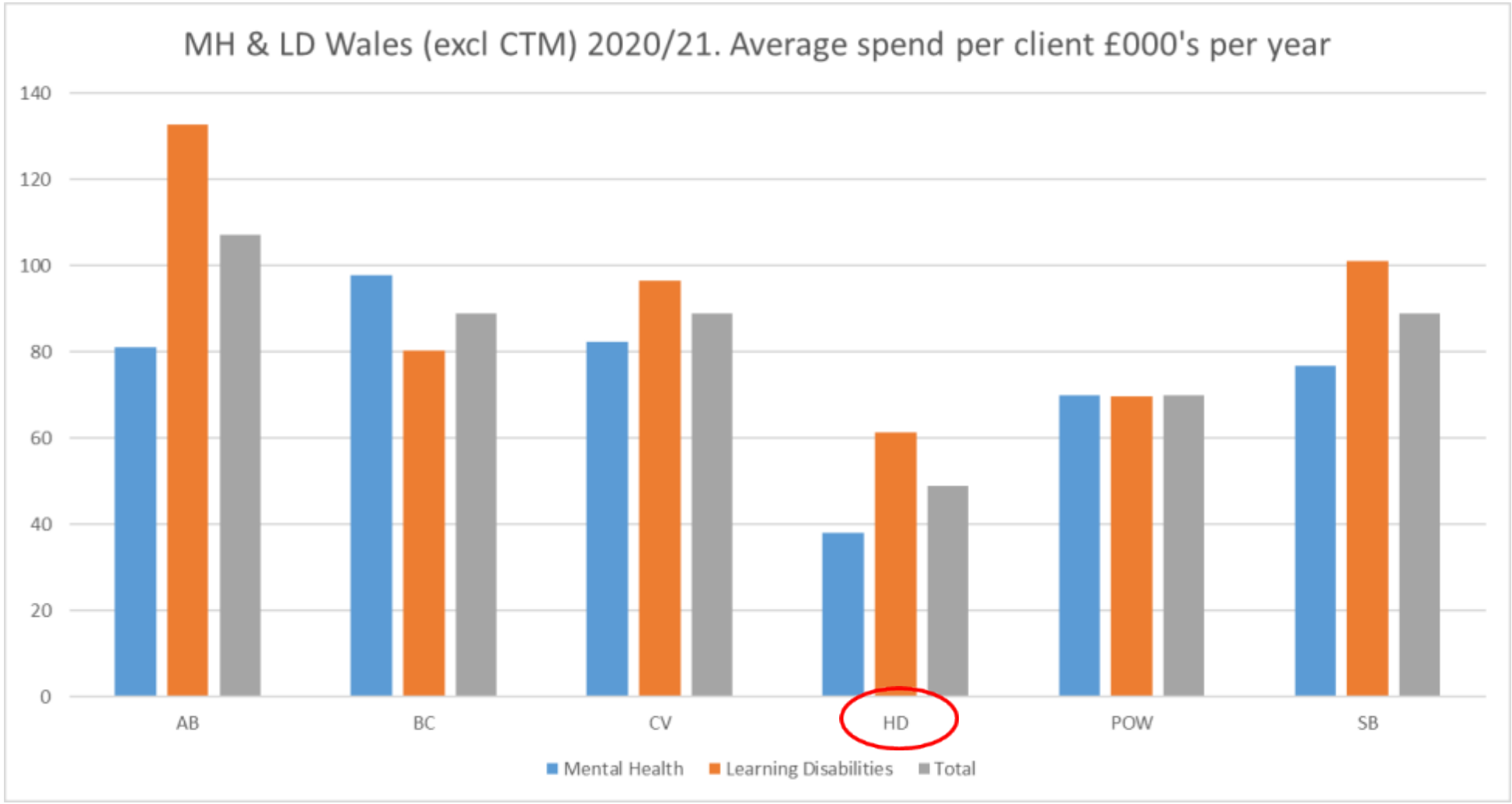
MHLD spend	Total Spend 17/18	rank	total spend 20/21	rank	% change in overall spend 17/18-2021
ABHB	£ 27,973	3	£ 35,846	3	28%
ABM/SB	£ 27,055	4	£ 30,174	4	11%
BCHB	£ 33,485	1	£ 39,389	1	18%
CTHB	£ 16,521	6			
C&V UHB	£ 30,788	2	£ 38,505	2	25%
HDUHB	£ 22,603	5	£ 24,658	5	9%
Powys	£ 5,286	7	£ 5,981	6	13%
Wales	**£ 163,711**		**£ 174,553**		**18.60%**

MHLD CHC spend trajectory compares favourably with other HB's based on a comparison of the FDU benchmarking data from 2017/18 – 20/21, with the lowest overall increase in spend at 9%.

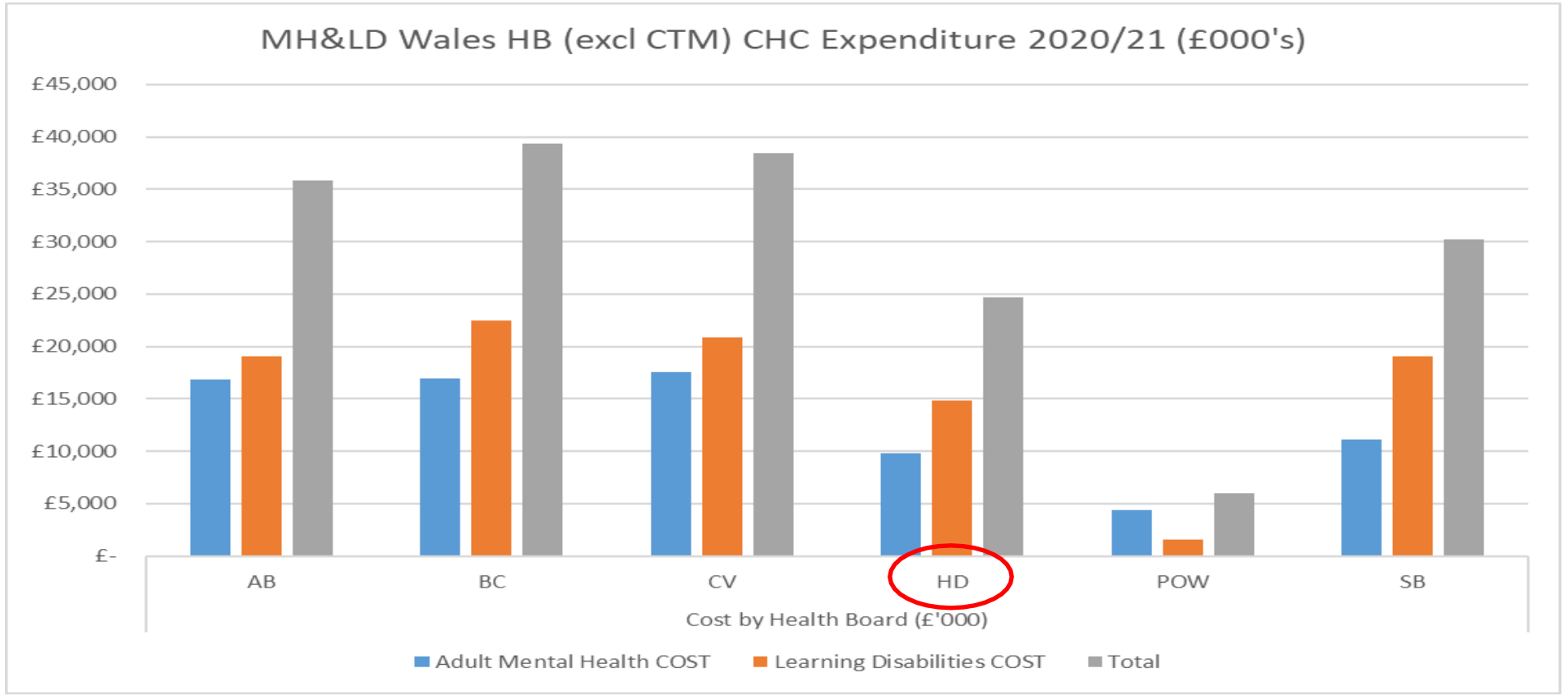
Wales comparison client numbers, Joint & 100% CHC



Wales comparison average spend per client



Wales comparison overall MH and LD spend



Programmes of work – CHC secure services

NATIONAL COLLABORATIVE COMMISSIONING UNIT

NHS WALES QUALITY ASSURANCE AND IMPROVEMENT SERVICE

9 YEAR HEALTH BOARD TREND

The trend in the number of patients from each Health Board receiving assurance under the Adult Hospital Framework on 31 March each year between 2014 to 2022 is displayed in Figure 6.

Comparing the eight-year trend since 2014, two Health Boards saw a decrease and three Health Boards saw an increase in the number of patients who received care under the Adult Hospital Framework between these years.

A comparison with 2020-21 of the health boards can be shown in the list on the right.

Aneurin Bevan University Health Board had an increase of 14% since 2014 and a 16% increase since last year.

Betsi Cadwaladr University Health Board had an increase of 24% since 2014 and a 17% decrease since last year.

Cardiff and Vale University Health Board had a decrease of 13% since 2014 and 15% increase since last year.

Cwm Taf Morgannwg University Health Board had an increase of 36% since 2014 and a 10% decrease since last year.

Hywel Dda University Health Board had a decrease of 50% since 2014 and the percentage stayed the same since last year.

Powys Teaching Health Board has had the same percentage as of 2014 and a 16% increase since last year.

Swansea Bay University Health Board had a decrease of 30% since 2014 and percentage stayed the same since last year.

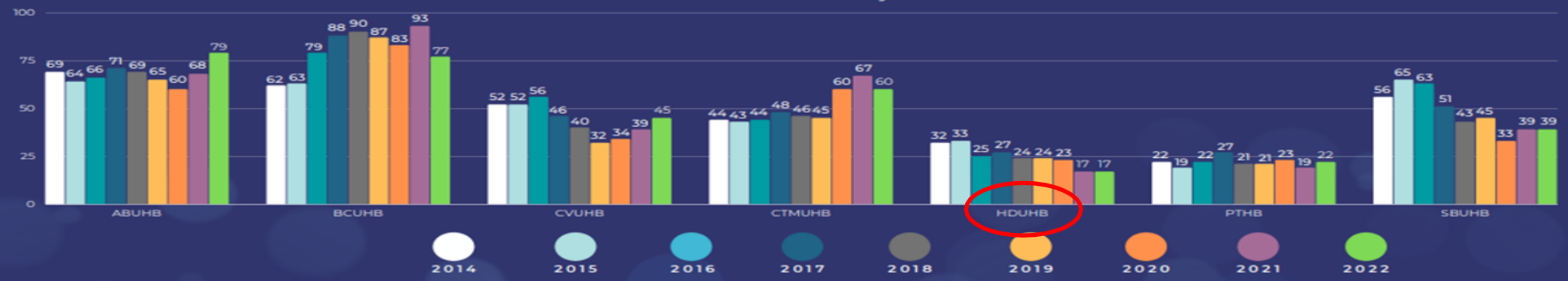


Figure 6: - National Nine Year Trend of Placements by Health Boards

SECTION 2 - ADULT HOSPITAL FRAMEWORK

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- ***National Commissioning Unit QAIS Annual position statement 2021-22***

Programmes of work – CHC secure services

Hywel Dda University Health Board is the only health board to have consistently reduced its secure placement spend since 2017, this is through:

- **Robust scrutiny and commissioning of secure placement requests.**
- **Dedicated staff resource within team: Secure services nurse and dedicated Consultant role which is unique in Wales.**
- **Secure services pathway meeting to maintain oversight.**

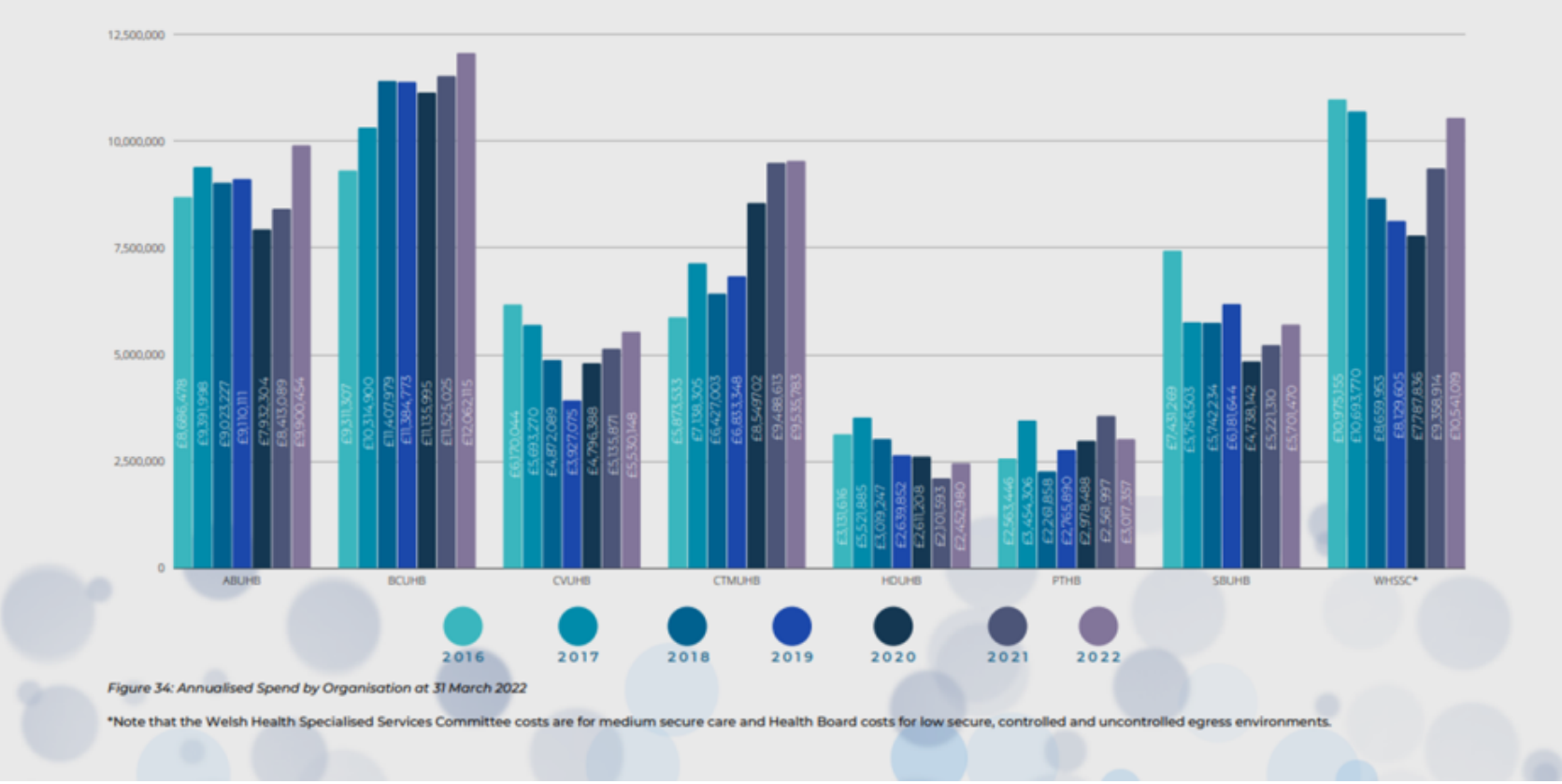
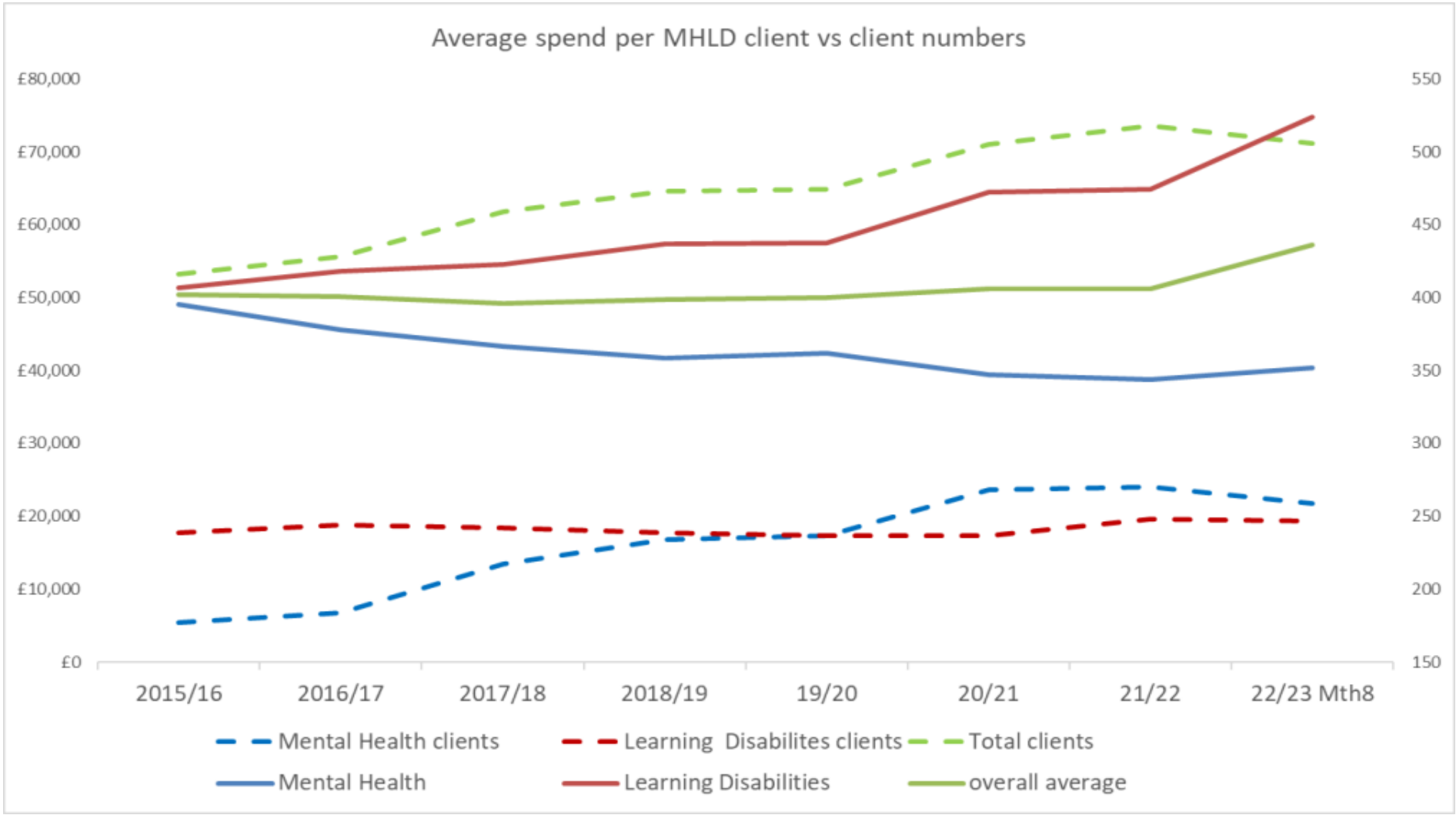


Figure 34: Annualised Spend by Organisation at 31 March 2022

*Note that the Welsh Health Specialised Services Committee costs are for medium secure care and Health Board costs for low secure, controlled and uncontrolled egress environments.

National Commissioning Unit QAIS Annual position statement 2021-22

HDUHB CHC, LD & MH Comparison



Service development

MHLD CHC spend trajectory compares favourably with other HB's based on a comparison of the Wales benchmarking data from 2017/18 – 20/21, with the lowest overall increase in spend across Wales HB's at 9%.

This is a result of processes implemented since 2018 to challenge spend, avoid cost and mitigate growth whilst maintaining oversight on quality and safety as the priority function of the service.

These include:

- **Improved funding request processes, scrutiny and challenge**
- **Investment in Progression team (ICF & RIF)**
- **Investment in secure services team. (SIF)**
- **Investment in inpatient in reach (SIF)**
- **Development of brokerage function.**
- **Desktop reviews to focus on progression and repatriation**
- **Regional working with LA's to focus reviews and develop alternative services.**
- **Shared Patient Pathway (SPP) with LTC**
- **Secure services request process and scrutiny via secure pathway meeting**

New finance monitoring approach for 23/24

- Given the debate around commissioning costs in MHLD for the last couple of years, the commissioning, finance and business partnering teams have been working on a new approach for 23/24.
- We will target an overall reduction of commissioning costs in line with previous years trends (value TBC).
- We will track movements in packages and costs using a new method of categorisation and reporting so we can highlight, at a glance and at a high level, where deviations to recent annual trends have occurred which could result in us exceeding, or falling short of our targets.
- We will also identify performance measures and provide a reporting dashboard that clearly illustrates performance.
- An illustration of the working file is shown on the right.

Category	3 year Trend (Monthly)	YTD Trend (M5)	YTD Actual (M5)	Apr	May	Jun	Jul	Aug
Added Packages (Qty)	3	17	12	2	2	4	1	3
Added Packages (£)	£126,406	£632,032	£451,302	£75,217	£75,217	£150,434	£37,609	£112,826
Ended Packages (Qty)	5	25	25	4	6	5	9	1
Ended Packages (£)	-£159,018	-£795,090	-£808,566	-£129,371	-£194,056	-£161,713	-£291,084	-£32,343
Package growth (Qty)	**-2**	**-8**	**-13**	**-2**	**-4**	**-1**	**-8**	**2**
Package growth (£)	**-£32,612**	**-£163,059**	**-£357,264**	**-£54,154**	**-£118,839**	**-£11,279**	**-£253,475**	**£80,483**
Packages adjusted up (Qty)	6	31	32	4	4	8	8	8
Packages adjusted up (£)	£95,804	£479,019	£499,393	£62,424	£62,424	£124,848	£124,848	£124,848
Packages adjusted down (Qty)	6	29	20	6	6	3	3	2
Packages adjusted down (£)	-£78,403	-£392,014	-£268,171	-£80,451	-£80,451	-£40,226	-£40,226	-£26,817
Package acuity (Qty)	**0**	**1**	**12**	**-2**	**-2**	**5**	**5**	**6**
Package acuity (£)	**£17,401**	**£87,005**	**£231,222**	**-£18,027**	**-£18,027**	**£84,623**	**£84,623**	**£98,031**
Total Package movements (£)	**-£15,211**	**-£76,054**	**-£126,042**	**-£72,181**	**-£136,866**	**£73,343**	**-£168,853**	**£178,514**

Next steps

NCCU

Engage with the National Collaborative Commissioning Unit (NCCU) to:

- **Support the development of a national health and social care S117 guide including cost apportionment matrix.**
- **Review a sample of patients to identify potential savings and priority areas. (Complete end of Feb)**
- **Undertake a review of current MHLD Commissioning arrangements (on-site visit 16th-17th Feb)**
- **Pilot an outcomes based monitoring framework with HDUHB initially with an aim to roll out nationally. This will provide measurable outcomes and timescales to ensure that providers and MDT's are focused on progression and can be held to account.**

Finance business partners

- **Finalise the new monitoring and reporting dashboard to track package changes, growth/inflation and provide improved performance data.**

MHLD Commissioning

- **Develop additional Commissioning capacity to focus on progression in partnership with LA's and utilising RIF funding**
- **Confirm set of commissioning principles to reaffirm and clarify the responsibilities of core health services and commissioning.**
- **Introduce additional clinical oversight of funding requests through a senior clinical panel.**

Nurse Stabilisation 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	10 February 2023

Overall project RAG status	

Summarised project update against deliverables

•Acute site approach – GGH first site
•Recruitment plans underway including recruitment of 120 IEN by end March 2023.
Current position:
•26 Nurses registered GGH
•38 Nurses awaiting registration GGH
•87 out of 130 have arrived (62 Nurses have arrived GGH)
•Vacancy factor for GGH reduced for RN Band 5 from August 22 to January 2023 from 109wte to 68.56wte
•Ward plans across GGH USC:
•Developed of plans with ward managers/sisters
•RAG rated by ward been verified on site visits/GM and approved by Director of Nursing
• Scrutiny meeting chaired by General Manager and Head of Nursing to review effective timely rosters, approval for overfill linked with escalation process
•Implemented escalation process for agency workers (from w/c 16th Jan 2023) for areas close to or at stabilisation and any additional duties. Exemptions signed off by Executive Directors to manage difference between financial and operational establishments

Opportunities to accelerate

- Regular Scrutiny meetings led by GM and Head of Nursing to review timely rosters, enable flexibility, understand escalation challenges for agency. Initial reviews conducted with s. 25A areas to understand impact of financial v operational establishment differences and with Green RAG rated wards to understand agency usage (commenced December 2022)
- Roster Audits being conducted to improve roster efficiency
- Introduction of Agency Escalation process

Issues for escalation to Executives

- Impact of capacity on engagement
- Availability and cost of accommodation
- Agency escalation process to be authorised for Ward areas fully established
- Step by Step cover plan for Short Term Sickness/Emergency Leave etc…
- S. 25 A establishments don't all reflect operational model which impacts ability to recruit and escalation process effectiveness

Nurse Stabilisation Scope Clarity

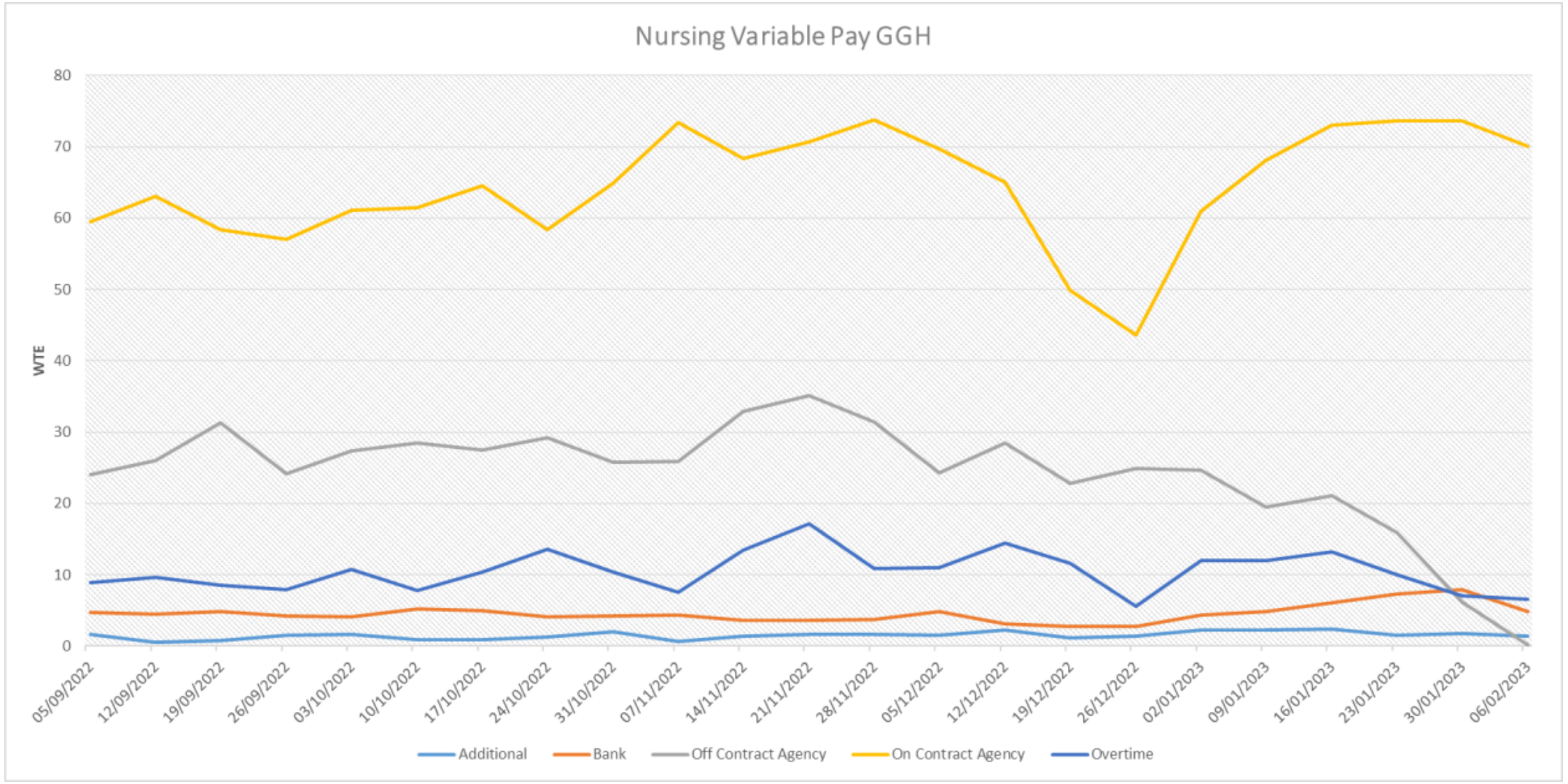
Confirmed in scope
Recruitment • IEN recruitment • Accommodation challenges • Centralised general recruitment for site – USC and Planned Care **Effectiveness work includes:** • Review & understanding of Establishment Baseline • Roster reviews • Mapping difference between financial establishment and operational delivery • Effectiveness of working • Assessing for increased flexibility • Scrutiny around temporary utilisation • Agency and Bank Escalation process • Explore opportunities for improvement – linked to annualised hour contracts, flexible pool, self rostering, leadership engagement etc..

Not in scope
• Induction • Retention • Development

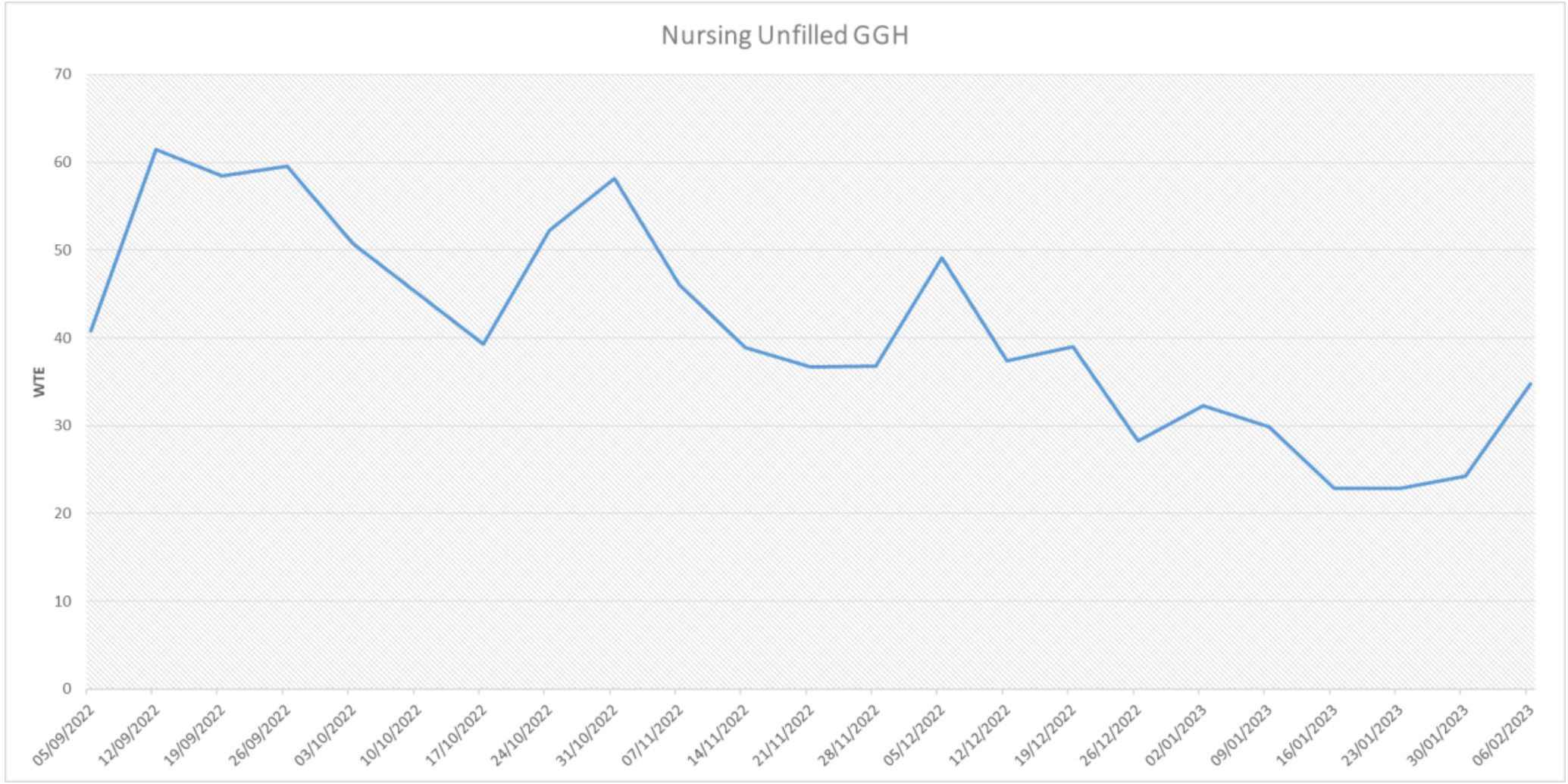
Nurse Stabilisation Performance Indicators

Leading indicators of improvement	Lagging indicators of improvement
• Variable Pay – Reduction Off-Framework – Slide 3 • Filled/Unfilled – Reduction of Unfilled Shifts – Slide 4 • Establishment Control – Reduction of Vacancy Factor – Slide 5 • Known Planned Recruitment GGH RN – slide 6	• Sickness rate – Data Needed • Enhanced Patient Support needs due to discharge issues – Slide 7 • Additional Duty Creation – Slide 8

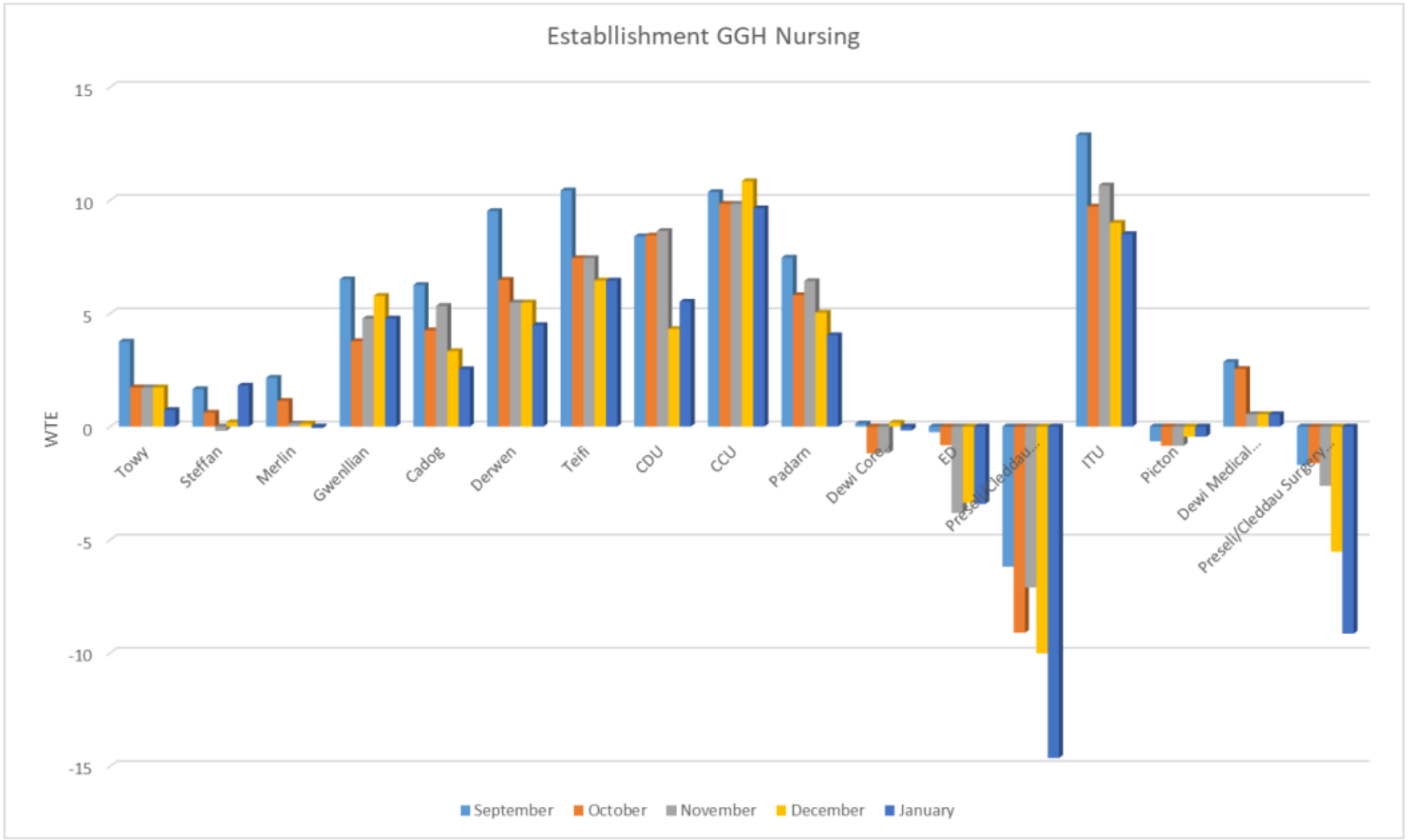
Nursing Variable Pay GGH - Leading



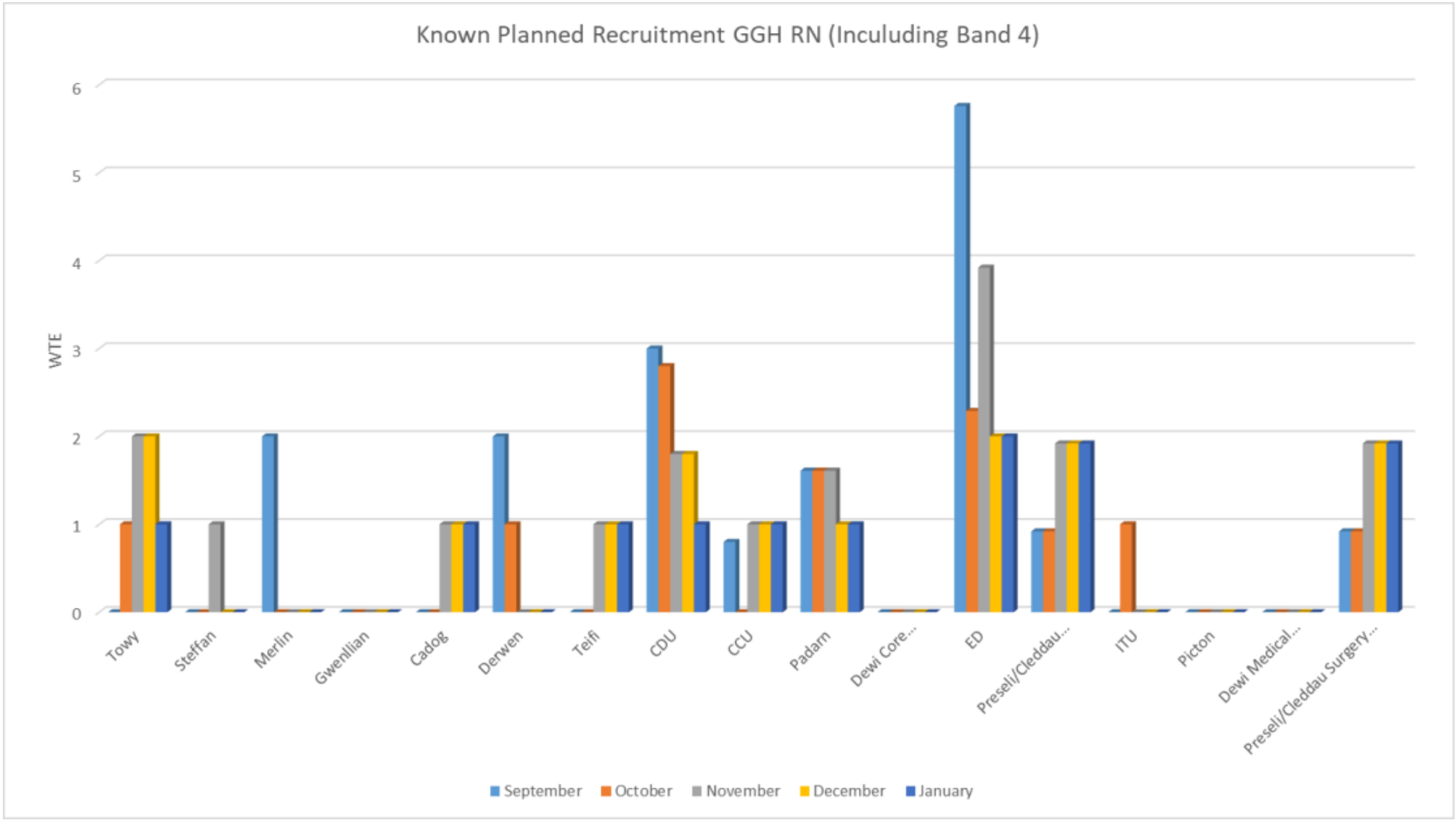
Nursing Unfilled Shifts GGH - Leading



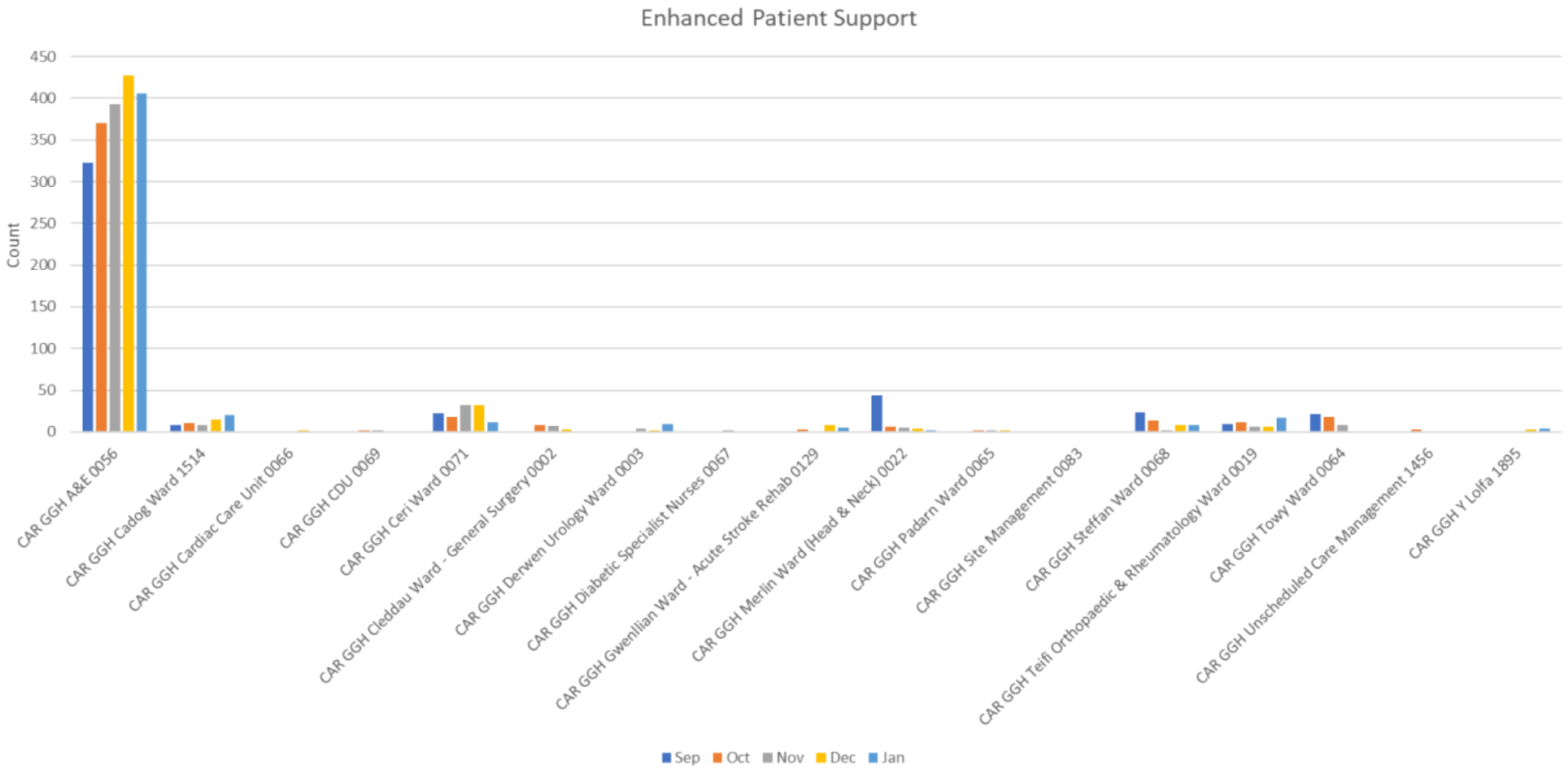
Nursing Establishment Control Nursing GGH - Leading



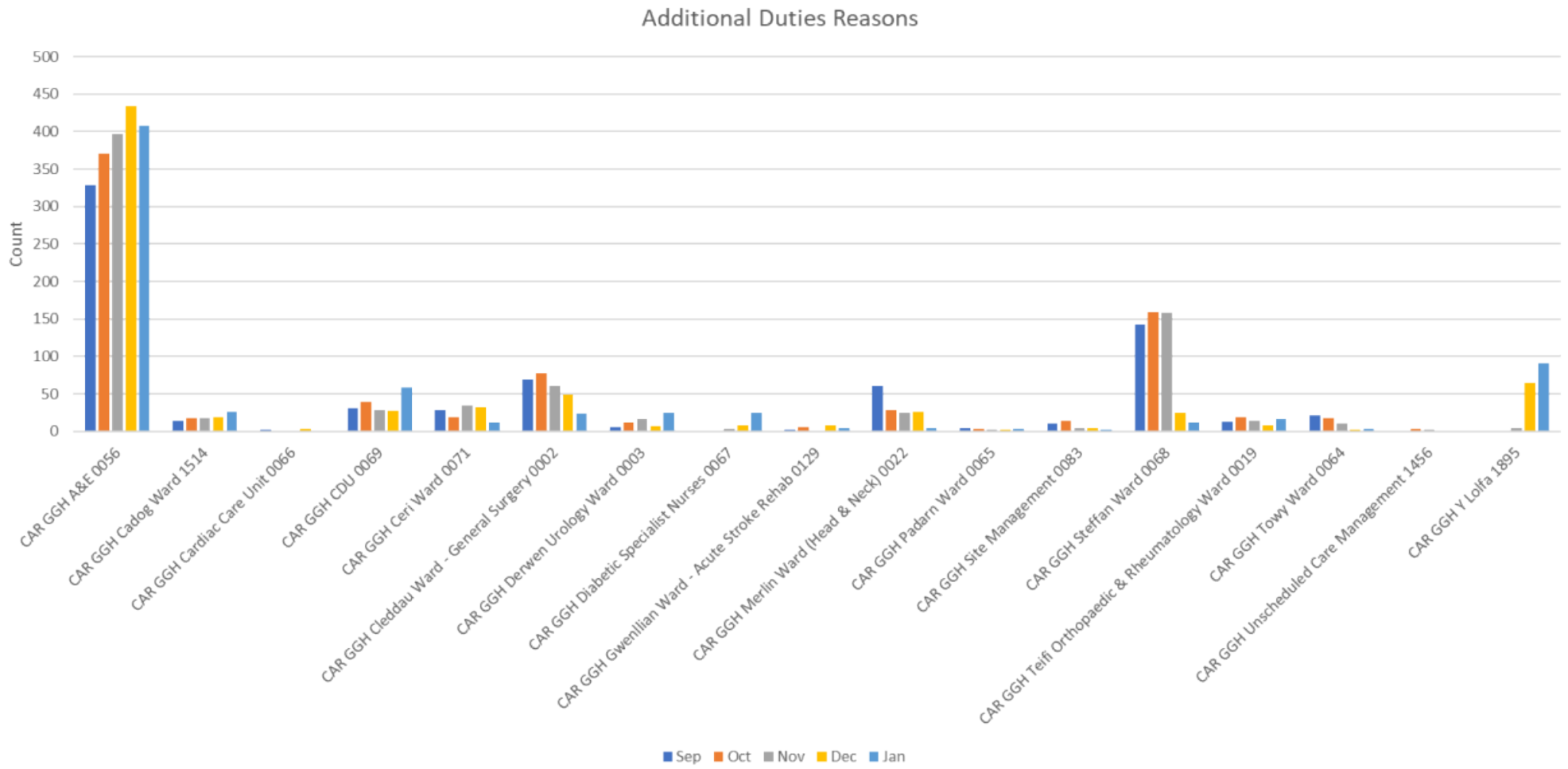
Known Planned Recruitment GGH RN- Leading



Nursing EPS GGH - Lagging



Nursing Additional Duties GGH - Lagging



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											
£'000											

Latest project meeting date	10th February 2023

Summarised project update against deliverables

- Exploration of reduction of agency/locums – analysis of agency usage and potential savings through improved grip and control.
- Exploration of opportunities to improve grip and control of additional duty hours (internal rate card) to reduce variances across services.
- Exploration of potential benefits that could be achieved by
  - implementation of a Medical Bank.
  - through a Recruitment Process Optimisation model.
  - Medical E-Rostering.
- Establishment of baseline for pay data in O&G, paediatrics and GGH USC only to date.
- Governance now agreed with Senior Medical team and initial workshop being arranged to explore agency exit plans and review of initial pay baseline areas led by Mark Henwood and John Evans.

Overall project RAG status

Opportunities to accelerate

- Meeting with Senior Clinical Leaders completed on 7th February and agreed governance approach
- Meeting with Medical Director on 27th February to review initial actions

Issues for escalation to Executives

- Impact of capacity on engagement
- Impact on reduction in hourly rates on supply
- Current internal rate card not being consistently used and costs lower than proposed All Wales rate card
- Baseline development to date highlighted differences between allocate job planning record and pay data requiring further deep dive to better understand.

Medical Agency Scope Clarity

Confirmed in scope
• Explore opportunities for conversion to cheaper agency cover with Medacs • Creation of plans for agency usage removal – explore recruitment, development requirements (CESR) and reduction of agency rate • Focus on enabling the job plan process to ensure scrutiny of financial impacts – this should help manage ADH's • Exploration of locum bank and rostering to enable more effective tracking of temporary spend and usage

Not in scope
• Retention • Development • Review the rate card and appropriateness of the rates – being considered All Wales process currently • Service review and reconfiguration • Structurally change the portfolio product offering, ie reduce the number of services which a medical service is accessed or delivered • Impact of on-call • Stop providing services to our residents where they are maintained via specialist agency • Review core activity and scope of job, challenge the effectiveness of additional roles (such as A&E appointments to manage flow) • Risk appetite to not cover all ADHs (feasibility to be considered) • Review Junior doctor intake process and stability – currently managed by NWSSP • Review post COVID roles to consider what they offer, and stop doing some things

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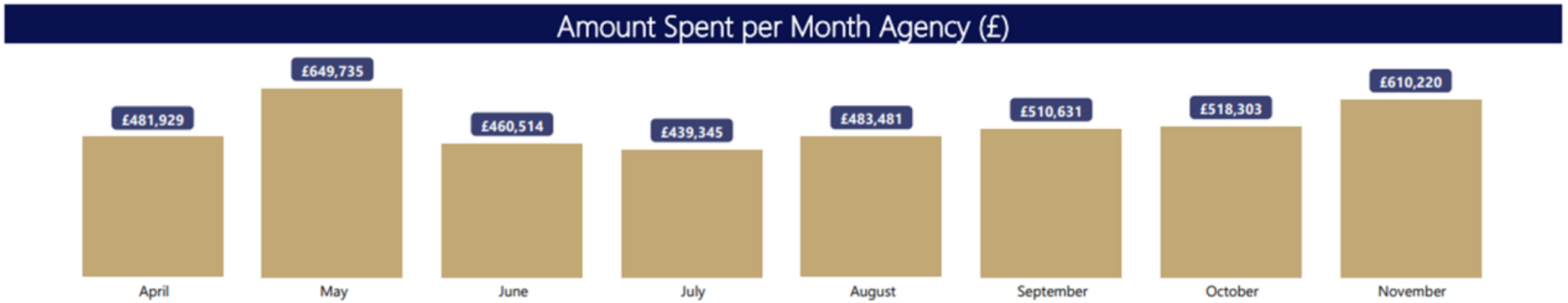
Medical Agency Performance Indicators

Leading indicators of improvement	Lagging indicators of improvement
• Agency spend monthly • Agency usage monthly	• TRAC v Establishment Gap • Total filled v unfilled agency rate (WTE)

Medical Agency Performance Indicators

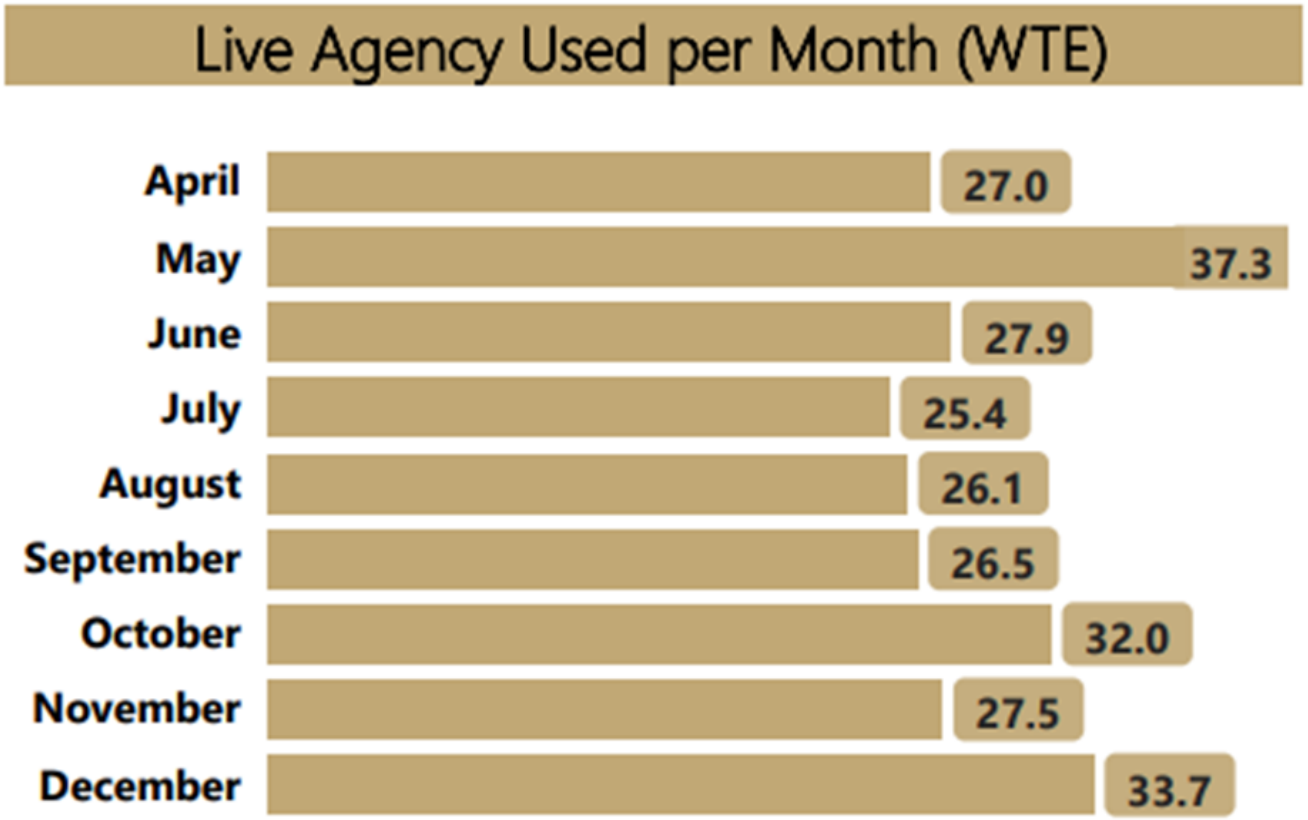
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leading indicators of improvement



Medical Agency Performance Indicators

Leading indicators of improvement



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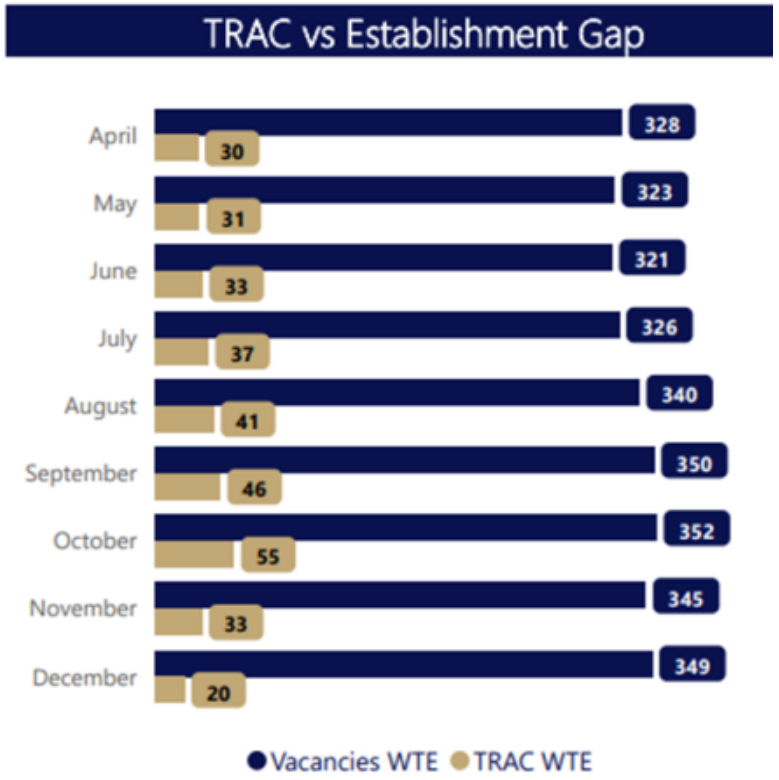
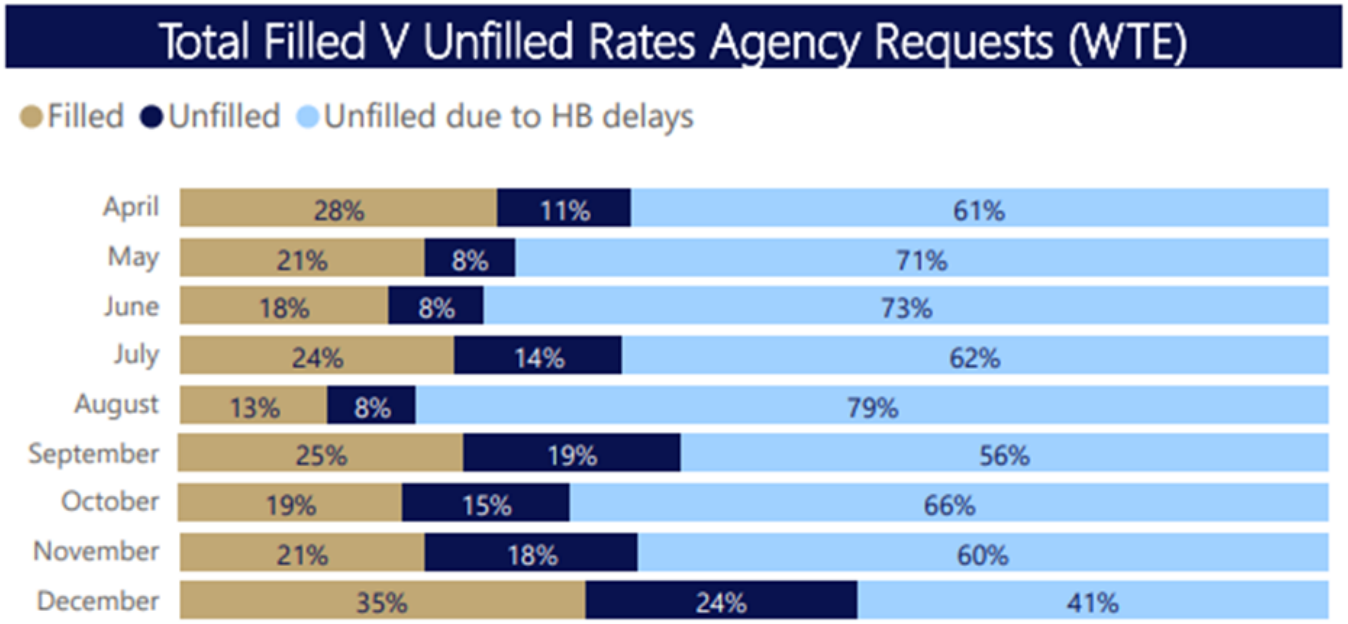
Medical Agency Performance Indicators

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Lagging indicators of improvement





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- •Note: Establishment figures include all medical staff groups, including those employed via SLE

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							
£'000				49	49							

Latest project meeting date	23rd January 2023

Overall project RAG status	

Summarised project update against deliverables

A. Facility opened 15th November with the aim to have 15 beds. However, due to winter pressures, from mid-December up until the 18th January, Y Lolfa has been surged by 4 extra patients. As a result of the additional surge, extra agency (Thornbury and on contract) nurses and HCSWs (bank) were required to resource this additional demand.
B. Staffed partly substantive partly agency and bank
C. Selection & Exclusion agreed within SOP – although not all patients meet the Y Lolfa SOP criteria. Currently 1 patient remains on Steffan Surge
D. By having some patients remaining on Steffan Surge and some on Y Lolfa plus having to staff the additional 4 surge beds, the predicted financial benefits of opening Y Lolfa was not delivered in December or January.

Opportunities to accelerate:

A. Scalability across other sites? However, ideally not on an acute site
B. Continuous Evaluation / Patient Surveys needed.
C. .Explore benefits of frailty inclusion in the model (Staffing review – every 6 weeks).

Issues for escalation to Executives

A. Longevity of the model? **Decision required**: Is Y Lolfa a short-term response to Winter challenges and thus will cease in March or is Y Lolfa a long-term model of care? If Y Lolfa is due to continue, this will be challenging from mid-September as the space occupied by Y Lolfa has been earmarked as a decant ward when fireworks are undertaken on other wards.
B. Initially it was challenging to recruit agency RN staff however of late there has been a cultural change and Y Lolfa is now getting regular shift block booked by on contract agency workers wanting to work on Y Lolfa.
C. Awareness of 3 rosters and potential risk of cost increase on evaluation. 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 Count of patients identified as suitable for the unit (outside of the unit itself) Count of patients on the unit	Per day/week Per day/week Per day/week	SharePoint Y Lolfa Data Collection – Waiting List Y Lolfa Data Collection – Live List	**Awaiting access to Sharepoint as agreed by Aysha**
	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 Date of transfer to the unit	Per patient Per patient	Y Lolfa Data Collection – Waiting List Y Lolfa Data Collection – Admission Checks	What if someone becomes unsuitable?

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	

FAMILY LIAISON OFFICES (FLOs)

	2022/23					2023/24				2024/25	2025/26	Total
	Nov	Dec	Jan	Feb	Mar	Q1	Q2	Q3	Q4	Year	Year	
£'000						200	100	100	100	300		800

Latest project meeting date	31.1.23

Overall project RAG status

Summarised project update against deliverables

A. Move to ED sites
B. Tracking numbers in each site

Opportunities to accelerate:

1.Move to ED sites
2. Redeployment options

Issues for escalation to Executives - Key risks:

- CIVICA
- BECS
- Symbiotics
- Concern resolution
- Communication
- Discharge
- LoS
- Hydration
- TAP
- Front door impact
- Integration

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