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Transforming Urgent and Emergency Care Programme

Sustainable Resources Committee Report

August 2023



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Transforming Urgent and Emergency Care (TUEC) Programme Deliverable 2023 / 2024



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TUEC Deliverable 2023 / 2024: To increase flow at ‘front door’ by reducing bed surge by 80 across all sites

The table below sets out the bed efficiencies associated with the 6 policy goals and the respective benefits realisation of each scheme/programme (aggregated by site)

- Each of the three counties have developed their operational plans to respond to the unprecedented demand, with quality and performance improvement at the heart of the plans. Equally, a clear focus has been on reducing the current level of financial expenditure within the current run rate and in as far as is reasonably possible, the expenditure has been suitably mitigated and reduced.
- As part of the operational planning approach in 2023/24, the reduction and improvement across each site relating to the bed 80 bed efficiency encompasses all of the applicable (Transforming Urgent and Emergency Care) TUEC deliverables
- To facilitate and deliver an 80 bed efficiency, the operational plans have identified a number of surge beds across each site. Further, the operational plans have appropriately attributed the beds to both the Policy Goals and 3 C's (Conveyance, Conversion and Complexity) within the TUEC programme
- To note, the bed efficiencies are based on local system responses, these responses are based on but not limited to; adopting best practice within the acute hospitals to enable flow. All aspects of discharge, including assessments, home first, nurse liaison and community services. Moreover, to improve and deliver seamless discharge in 2023/24, we are working closely with our Local Authority partners to develop robust system plans. This includes increasing domiciliary care capacity, which commenced in 2022/23 under the auspices of Building Community Capacity. However, this will now novate under TUEC and will form part of Home First/Further, Faster, Together
- Bed efficiencies are also aligned to reducing bed occupancy in Y Lolfa in Glangwili (Dedicated Discharge Ward). It is important to note that while Y Lolfa as an inpatient environment will be decommissioned to comply with fire and safety improvement, the model of patient care being delivered in Y Lolfa will be re-provided in another designated area, which may be within a community hospital
- All of the efficiencies are triangulated between finance, planning and workforce to provide an overall net financial reduction. Consequently, £1.6m of the £3.0m savings affiliated to the TUEC have been identified below:

County/Site	Bed Efficiency Expectation	Plan to deliver full Bed Efficiency from:	Total Financial Reduction in 2023/24 (cumulative)	Full Year Effect
Ceredigion – Bronglais General Hospital	13	November 2023	£484,263	£590,000
Pembrokeshire – Withybush General Hospital	23	December 2023	£268,000	£492,000
Carmarthenshire- Glangwili General Hospital	27	November 2023	£736,239	£1,261,000
Carmarthenshire –Prince Philip Hospital	17	November 2023	£122,740	£245,000
All Counties and Sites	80	November / December 2023	£1,611,242	£2,588,000

Projected 80 beds efficiency (TUEC Deliverable 23 / 24)

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Expected Impact at the Front Door - Conversion (i.e. surge bed reduction, agency etc.) - Bed Reduction												
BGH	0	0	2	2	2	3	3	3	3	3	3	3
GGH	0	0	2	3	4	5	7	9	9	9	9	9
WGH	4	4	5	3	4	5	6	8	8	8	8	8
PPH	0	4	5	6	7	8	9	10	10	10	10	10
	4	8	14	14	17	21	25	30	30	30	30	30
Expected Impact at the Backdoor - Complexity Management (i.e. surge bed reduction, agency etc.) - Bed Reduction												
BGH	1	1	4	5	6	8	9	10	10	10	10	10
GGH	0	5	10	15	18	18	18	18	18	18	18	18
WGH	1	1	3	3	7	7	11	11	15	15	15	15
PPH	0	2	3	4	5	6	7	7	7	7	7	7
	2	9	20	27	36	39	45	46	50	50	50	50
Total Bed Reduction	6	17	34	41	53	60	70	76	80	80	80	80

Proposed Financial Impact (£k)

BGH	£0	£0	£317	£317	£317	£317	£317	£484	£484	£484	£484	£484
GGH	£0	£0	£0	£30	£90	£150	£211	£316	£421	£526	£631	£736
WGH	£1	£2	£4	£6	£14	£25	£63	£104	£145	£186	£227	£268
PPH	£0	£0	£0	£0	£0	£0	£12	£32	£53	£82	£102	£123
Cumulative Total	£1	£2	£321	£353	£421	£492	£602	£936	£1,103	£1,278	£1,445	£1,611



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Monitoring and Performance Against Bed Efficiencies by Site



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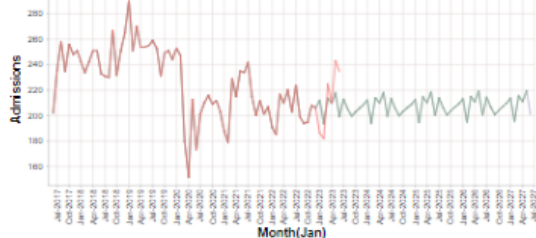
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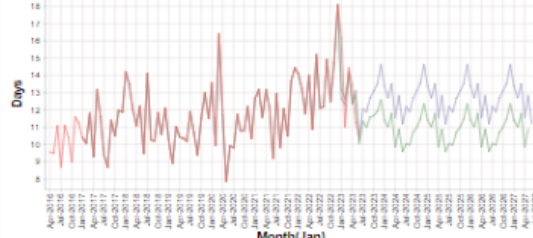


Bronglais General Hospital

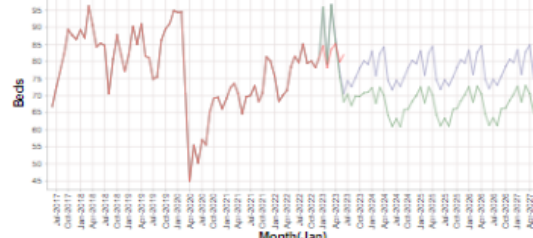
Admissions



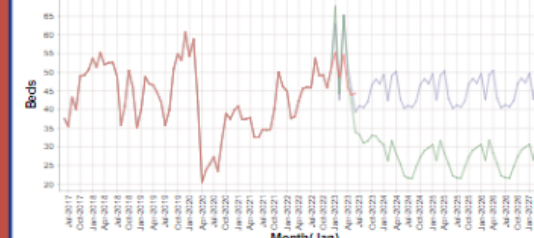
Average Length of Stay



Occupied Beds



Occupied Beds LOS>21 Days



Admissions Mitigated Plan Performance

Current Value

235

Planned Value

199

Difference to Plan

36

Percentage From Plan

17.9 %

ALOS Mitigated Plan Performance

Current Value

10.5

Planned Value

10.0

Difference to Plan

0.4

Percentage From Plan

4.4 %

Occupied Beds Mitigated Plan Performance

Current Value

82

Planned Value

68

Difference to Plan

14

Percentage From Plan

20.2 %

Occupied Beds Mitigated Plan Performance

Current Value

44

Planned Value

34

Difference to Plan

10

Percentage From Plan

30.5 %

Admissions Unmitigated Projection Performance

Current Value

235

Projected Value

199

Difference to Projection

36

Percentage From Projection

17.9 %

ALOS Unmitigated Projection Performance

Current Value

10.5

Projected Value

10.2

Difference to Projection

0.2

Percentage From Projection

2.4 %

Occupied Beds Unmitigated Projection Performance

Current Value

82

Projected Value

71

Difference to Projection

11

Percentage From Projection

16.0 %

Occupied Beds Unmitigated Projection Performance

Current Value

44

Projected Value

39

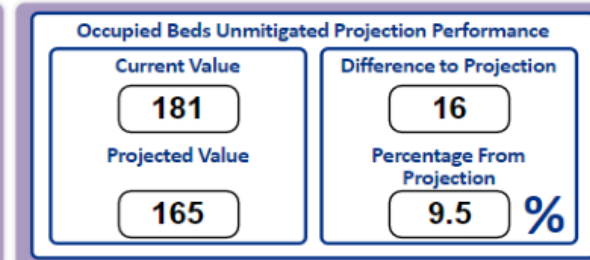
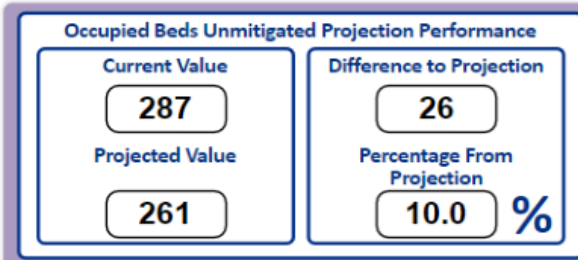
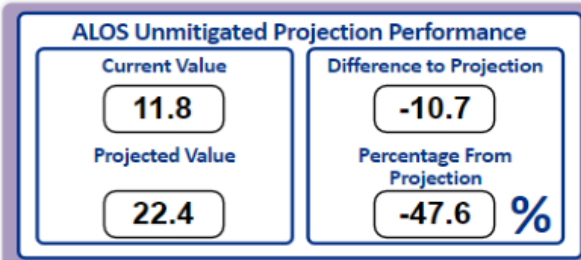
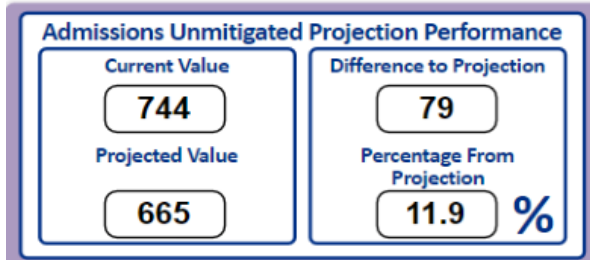
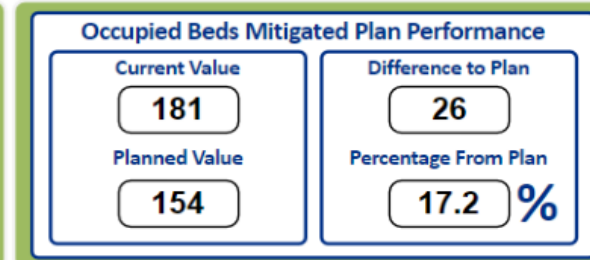
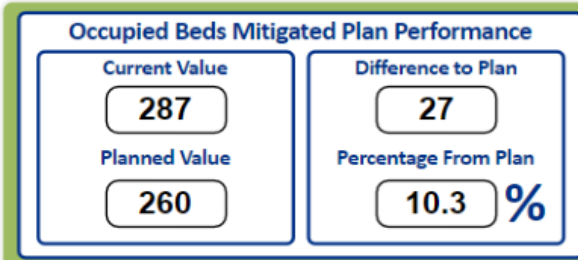
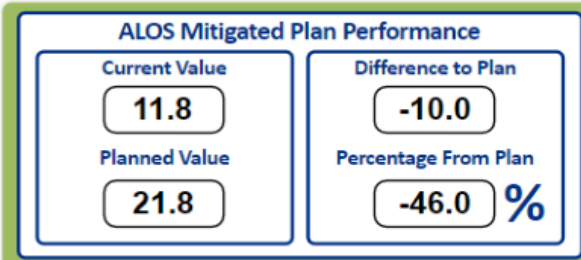
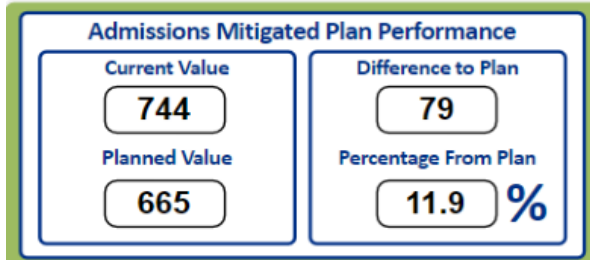
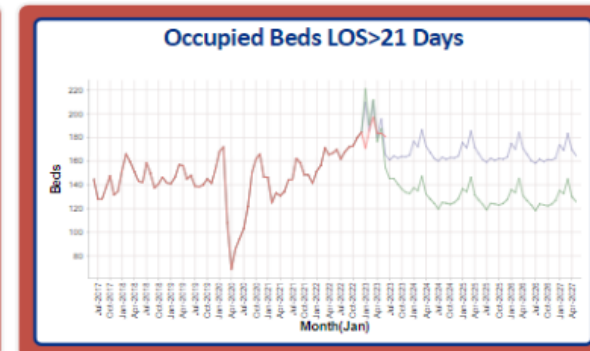
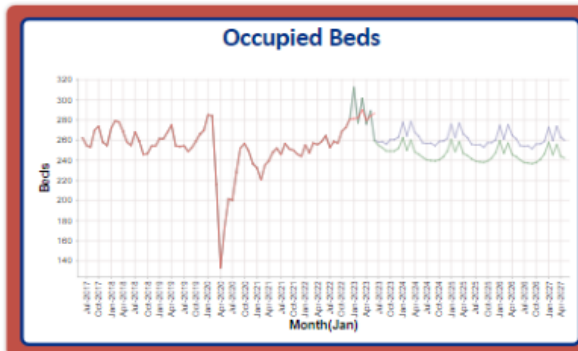
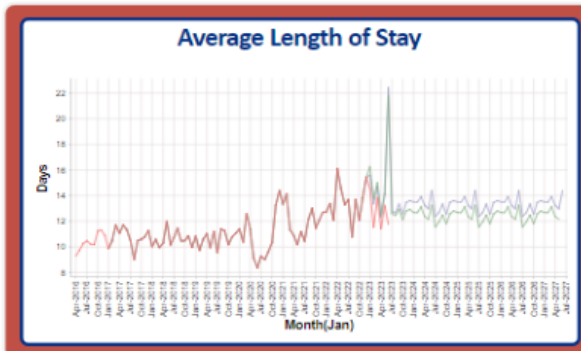
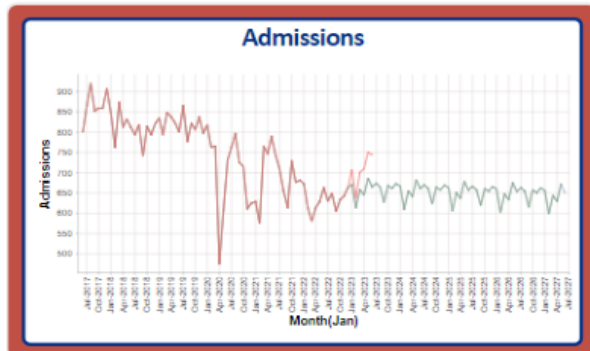
Difference to Projection

5

Percentage From Projection

12.9 %

Glangwilli General Hospital

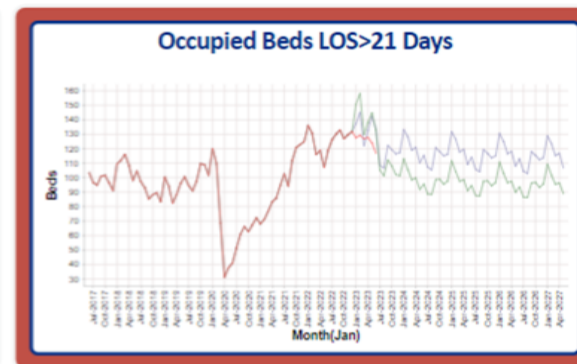
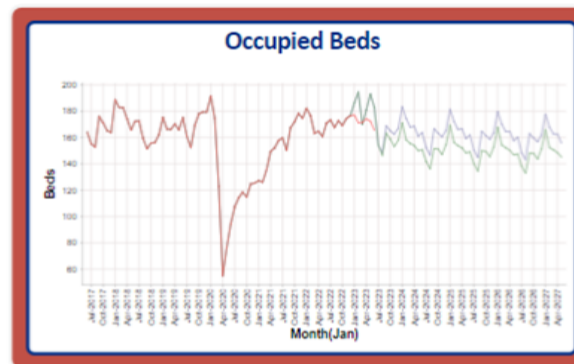
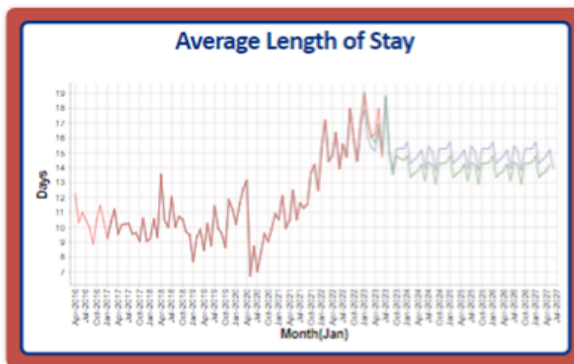
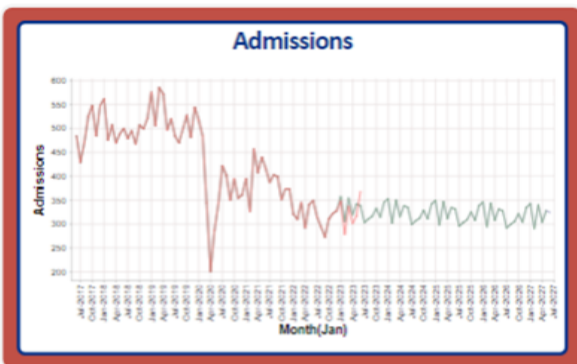




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Prince Phillip Hospital



Admissions Mitigated Plan Performance

Current Value

368

Planned Value

338

Difference to Plan

30

Percentage From Plan

8.7 %

ALOS Mitigated Plan Performance

Current Value

14.7

Planned Value

15.1

Difference to Plan

-0.4

Percentage From Plan

-2.8 %

Occupied Beds Mitigated Plan Performance

Current Value

166

Planned Value

183

Difference to Plan

-17

Percentage From Plan

-9.5 %

Occupied Beds Mitigated Plan Performance

Current Value

117

Planned Value

133

Difference to Plan

-16

Percentage From Plan

-12.0 %

Admissions Unmitigated Projection Performance

Current Value

368

Projected Value

338

Difference to Projection

30

Percentage From Projection

8.7 %

ALOS Unmitigated Projection Performance

Current Value

14.7

Projected Value

14.9

Difference to Projection

-0.2

Percentage From Projection

-1.4 %

Occupied Beds Unmitigated Projection Performance

Current Value

166

Projected Value

183

Difference to Projection

-17

Percentage From Projection

-9.5 %

Occupied Beds Unmitigated Projection Performance

Current Value

117

Projected Value

134

Difference to Projection

-17

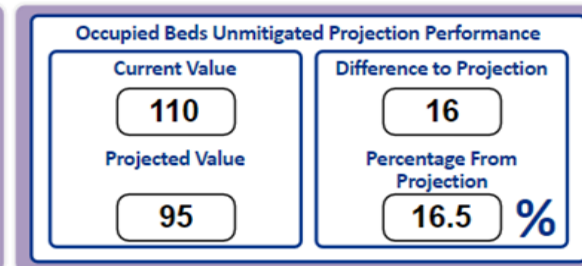
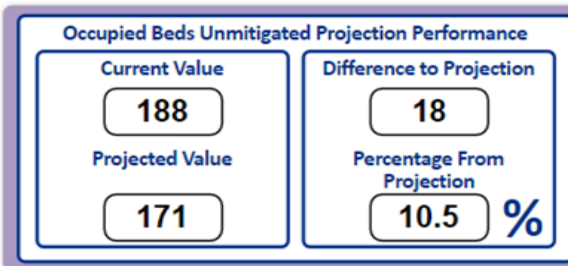
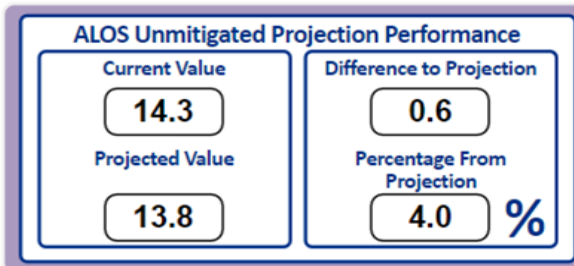
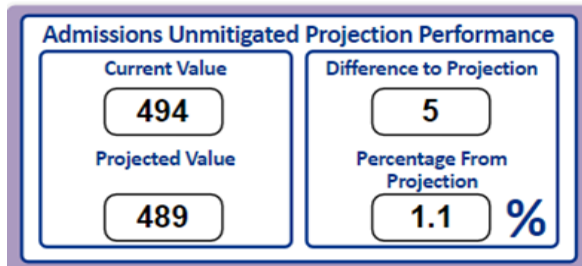
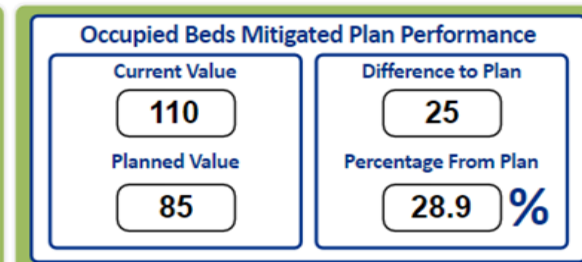
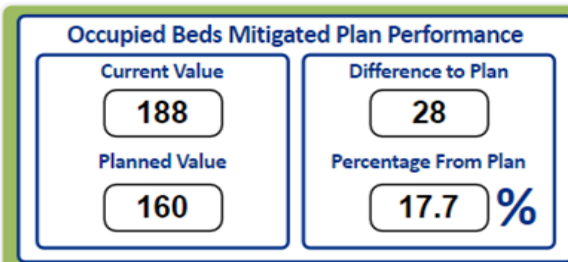
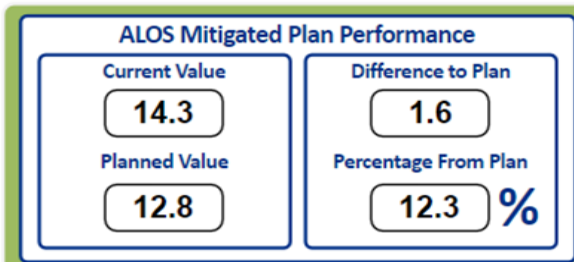
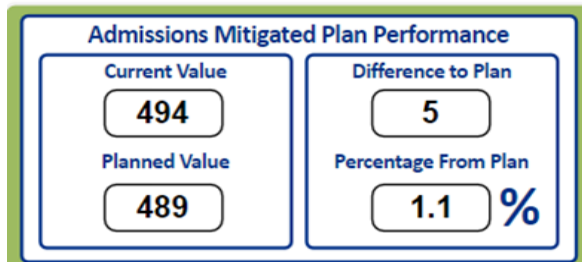
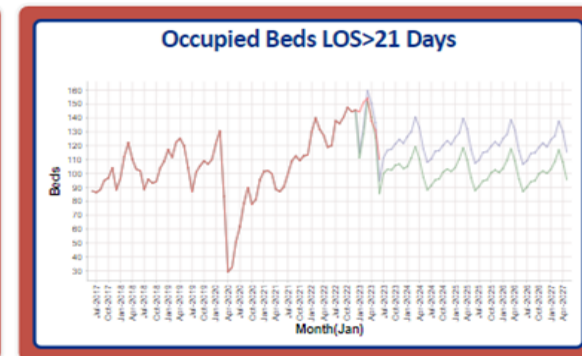
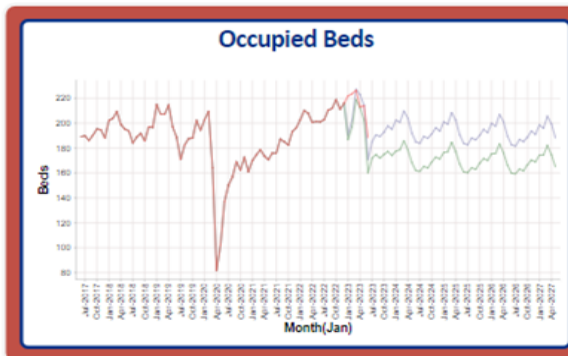
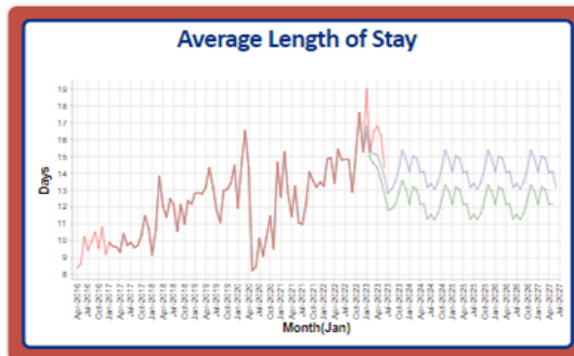
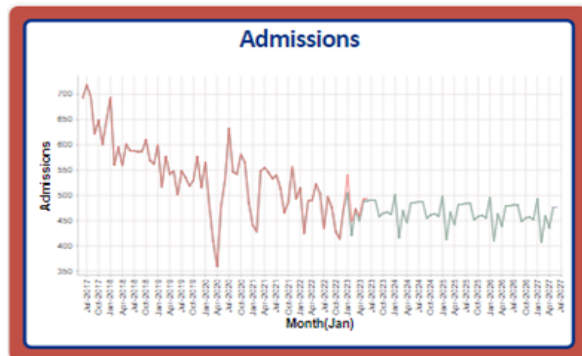
Percentage From Projection

-12.6 %





Withybush General Hospital



Break Down of current position against Front Door and Back Door Impacts by Site (Averages)

Summary of those in EDs awaiting bed allocation for the previous Quarter:

	BGH			GGH			PPH			WGH			Total		
	May-23	Jun-23	Jul-23	May-23	Jun-23	Jul-23	May-23	Jun-23	Jul-23	May-23	Jun-23	Jul-23	May-23	Jun-23	Jul-23
Baseline (Dec-22)	12.2	12.2	12.2	30.0	30.0	30.0	6.6	6.6	6.6	26.9	26.9	26.9	75.7	75.7	75.7
Target	12.2	10.2	10.2	30.0	28.0	27.0	2.6	1.6	0.6	22.9	21.9	23.9	67.7	61.7	61.7
Actual	7.3	7.8	7.4	24.9	28.4	22.8	6.6	3.5	3.6	19.0	17.1	19.8	57.9	56.7	53.7
Variance	-4.9	-2.4	-2.8	-5.1	0.4	-4.2	4.0	1.9	3.0	-3.9	-4.8	-4.1	-9.8	-5.0	-8.0

Summary of Numbers of Surge Bed provision for the previous Quarter:

	BGH			GGH			PPH			WGH			Total		
	May-23	Jun-23	Jul-23	May-23	Jun-23	Jul-23	May-23	Jun-23	Jul-23	May-23	Jun-23	Jul-23	May-23	Jun-23	Jul-23
Baseline (Dec-22)	8.4	8.4	8.4	33.2	33.2	33.2	18.8	18.8	18.8	34.9	34.9	34.9	95.3	95.3	95.3
Target	7.4	4.4	3.4	28.2	23.2	18.2	16.8	15.8	14.8	33.9	31.9	31.9	86.3	75.3	68.3
Actual	1.7	1.5	1.8	28.9	31.3	28.8	10.2	9.7	9.5	36.3	27.5	29.5	77.1	69.9	69.5
Variance	-5.7	-2.9	-1.6	0.7	8.1	10.6	-6.6	-6.1	-5.3	2.4	-4.4	-2.4	-9.2	-5.4	1.2



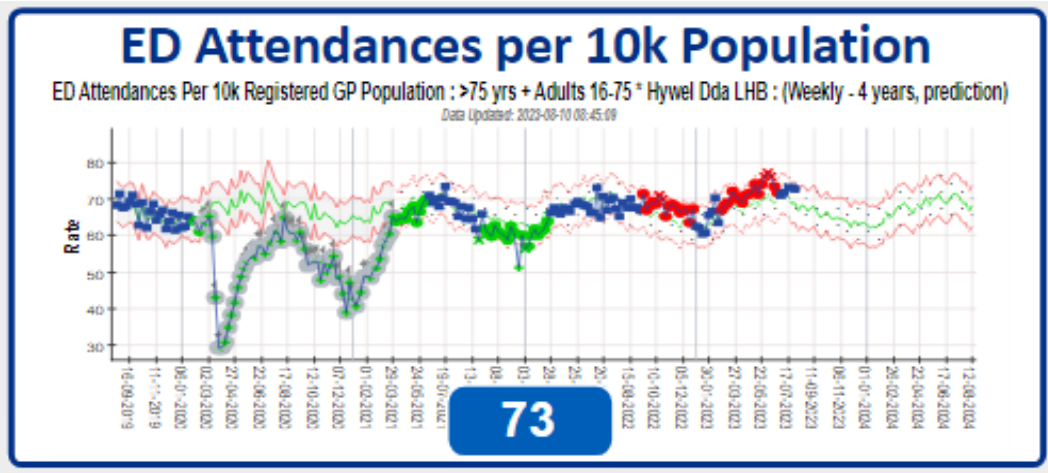
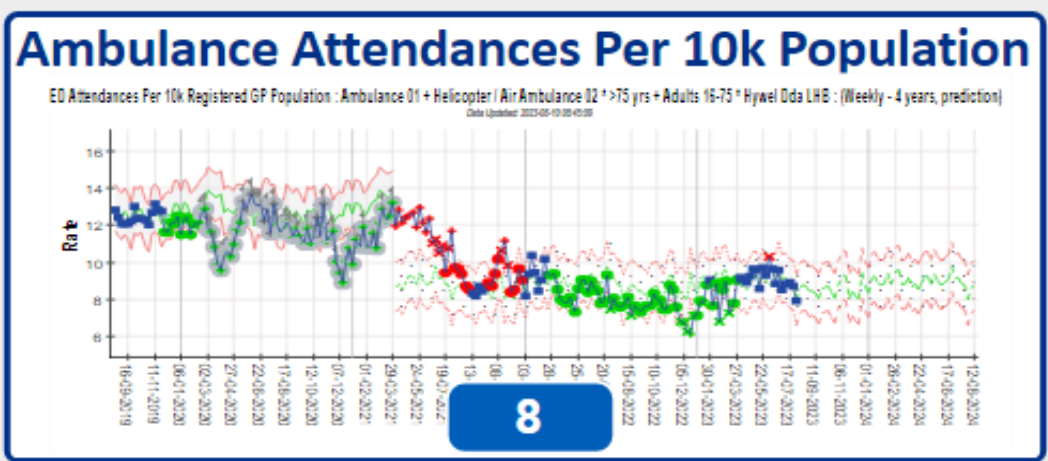
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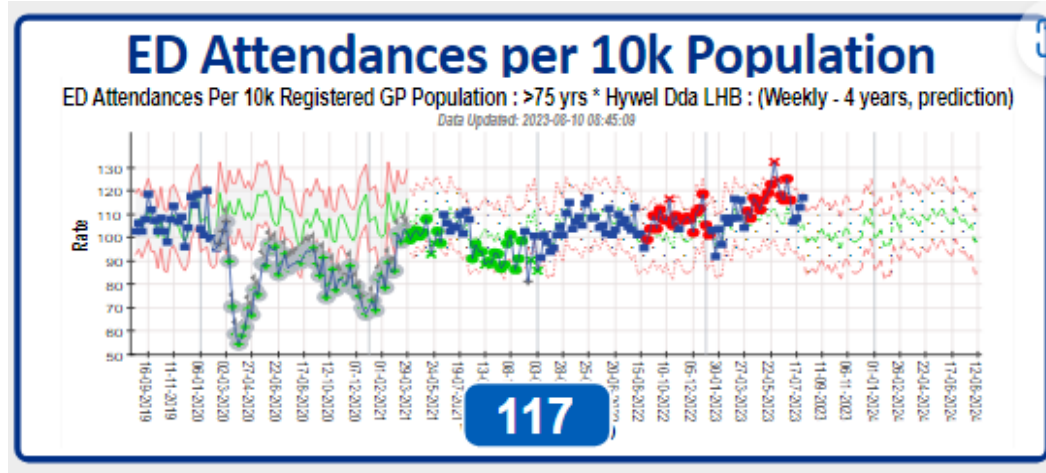
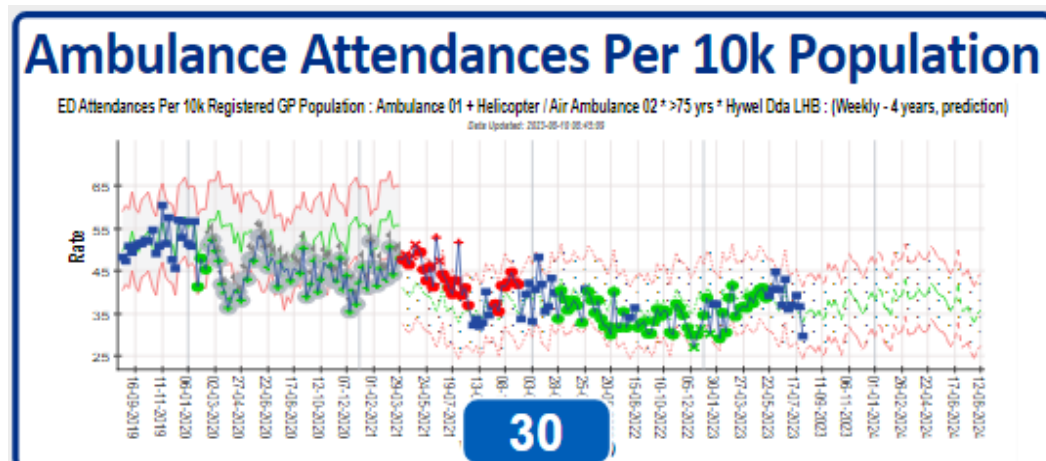
Overall Health Board TUEC Performance Against Conveyance, Conversion and Complexity.



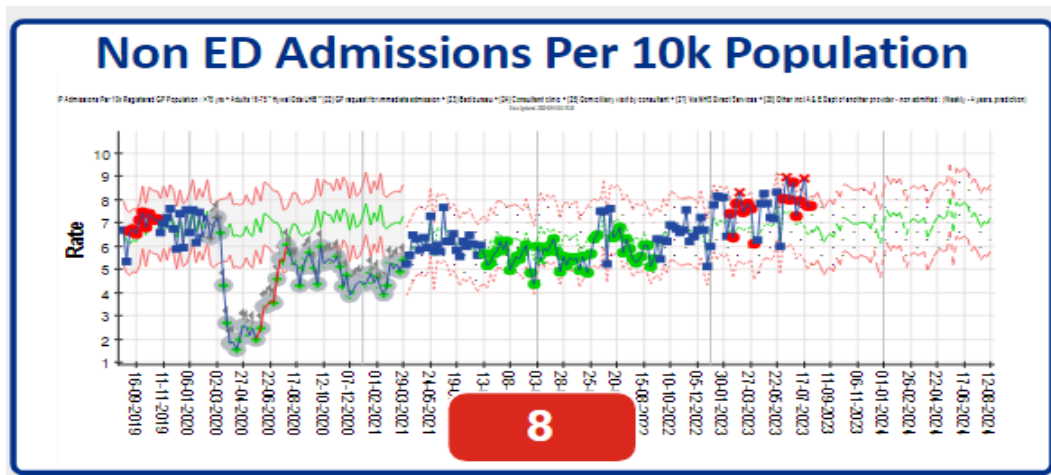
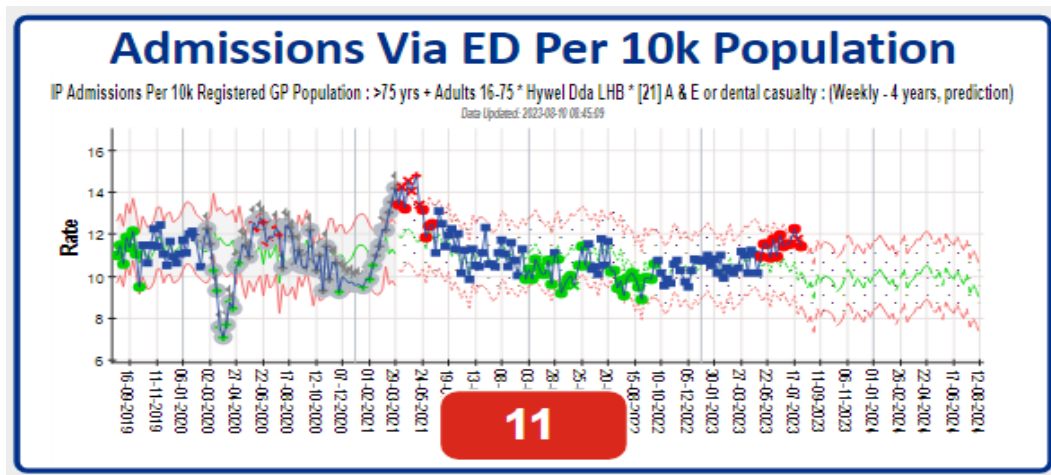
Reduce Conveyance – All Adults, weekly data



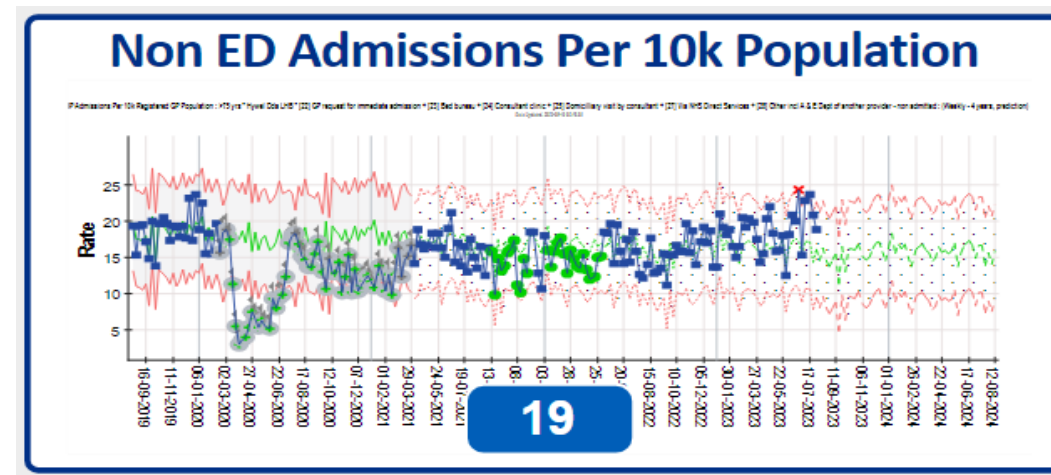
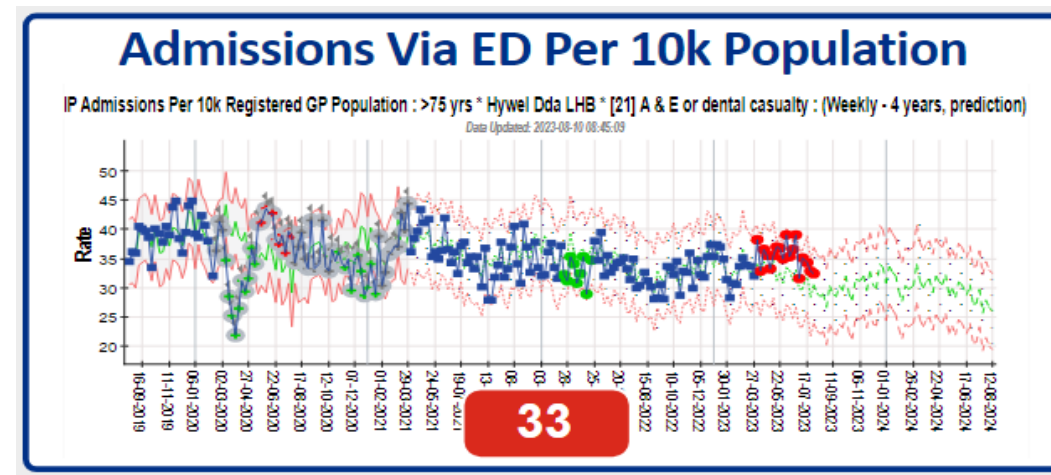
Reduce Conveyance – >75s, weekly data



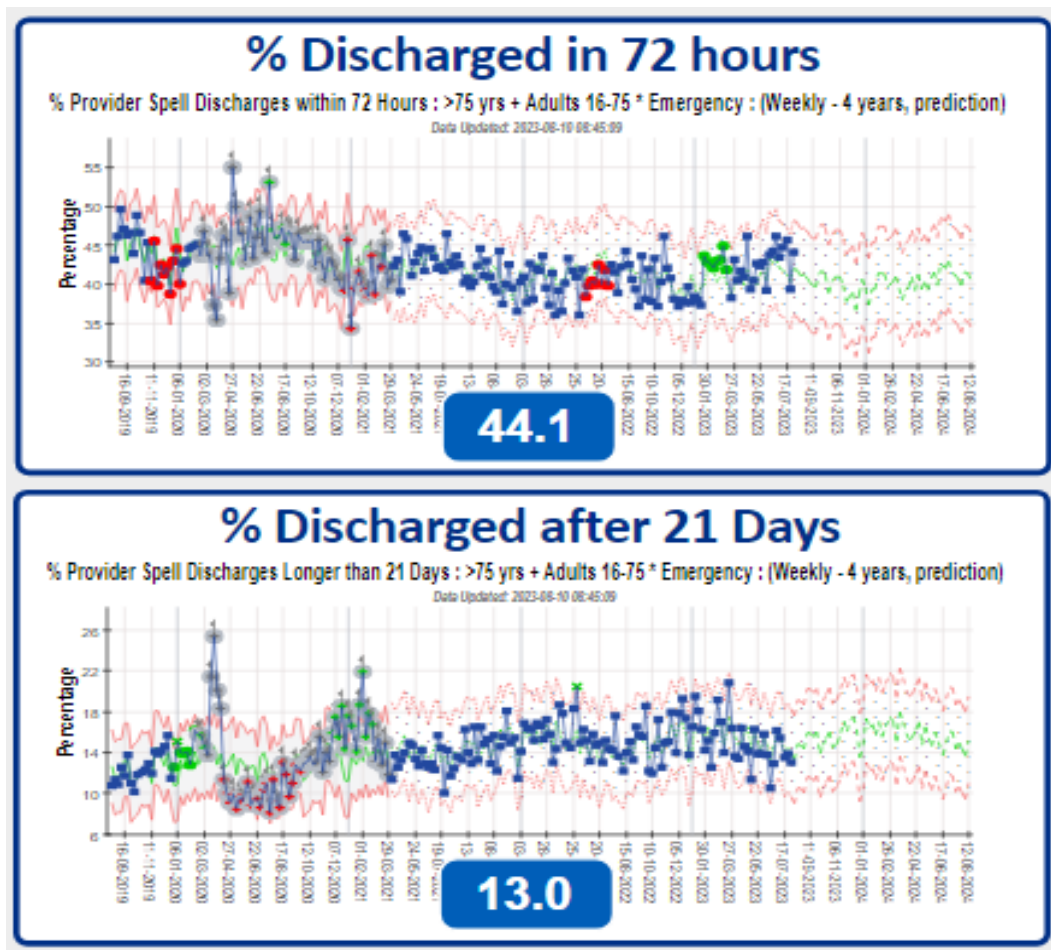
Reduce Conversion – All Adults, weekly data



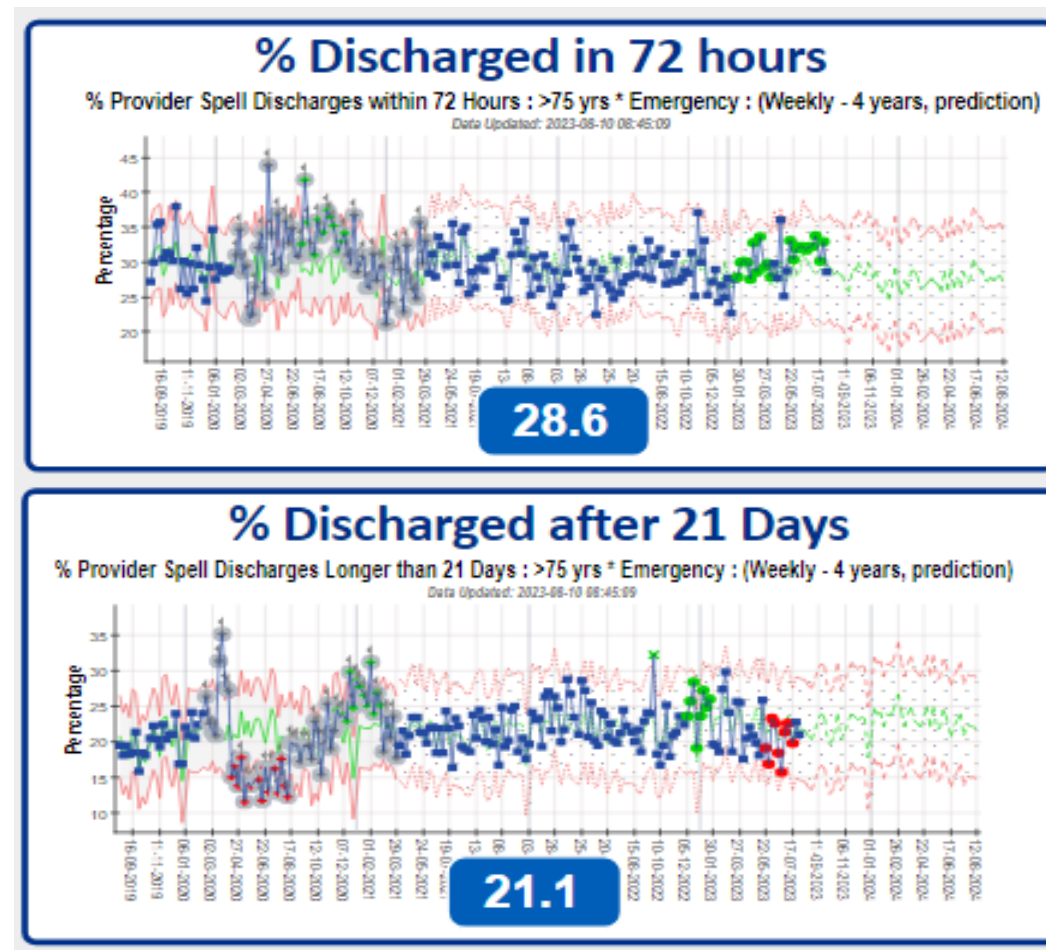
Reduce Conversion – >75s, weekly data



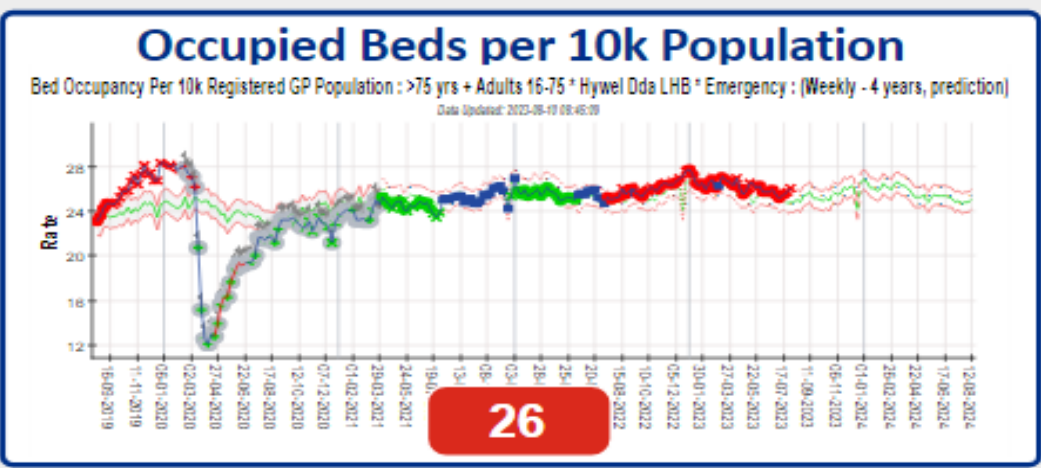
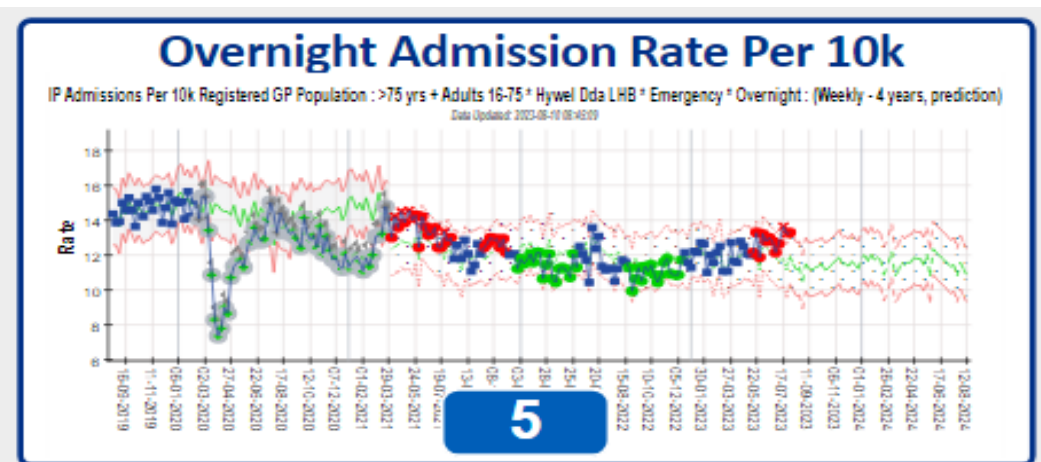
Manage Complexity – All Adults, weekly data



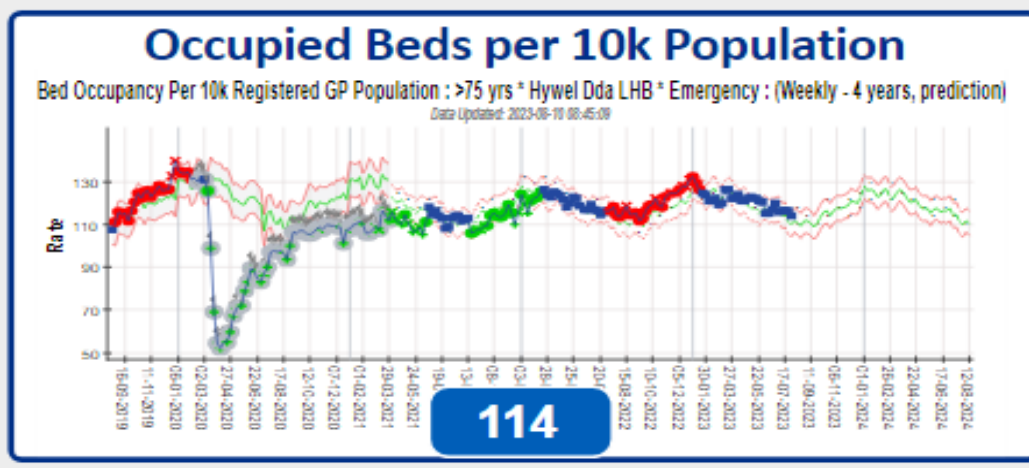
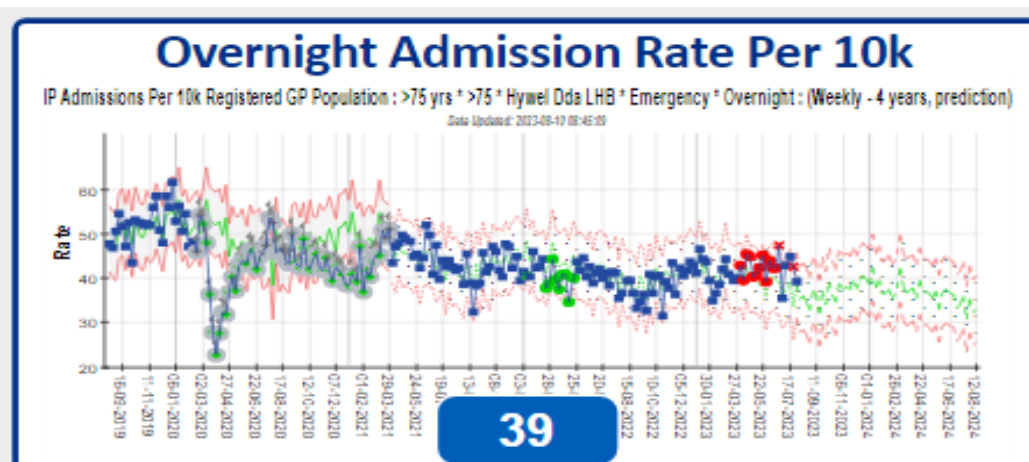
Manage Complexity – >75s, weekly data



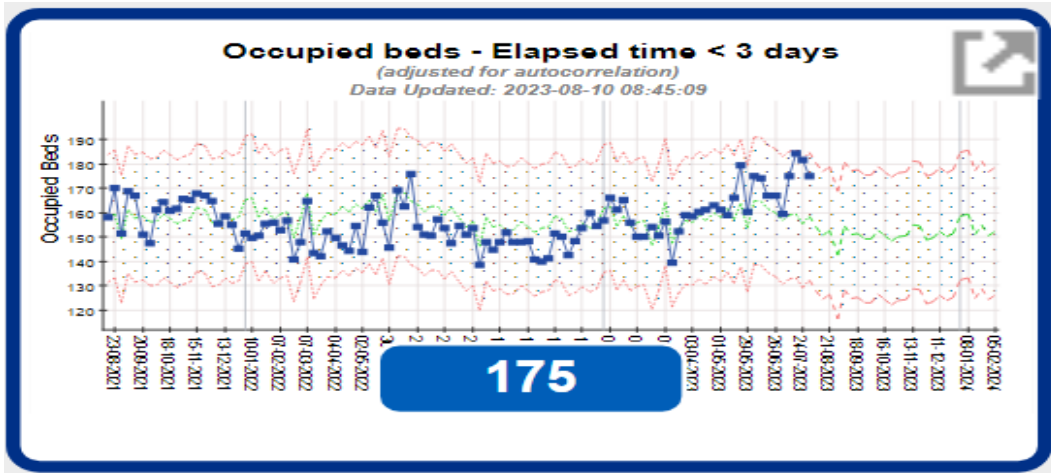
System Impact – All Adults, weekly data



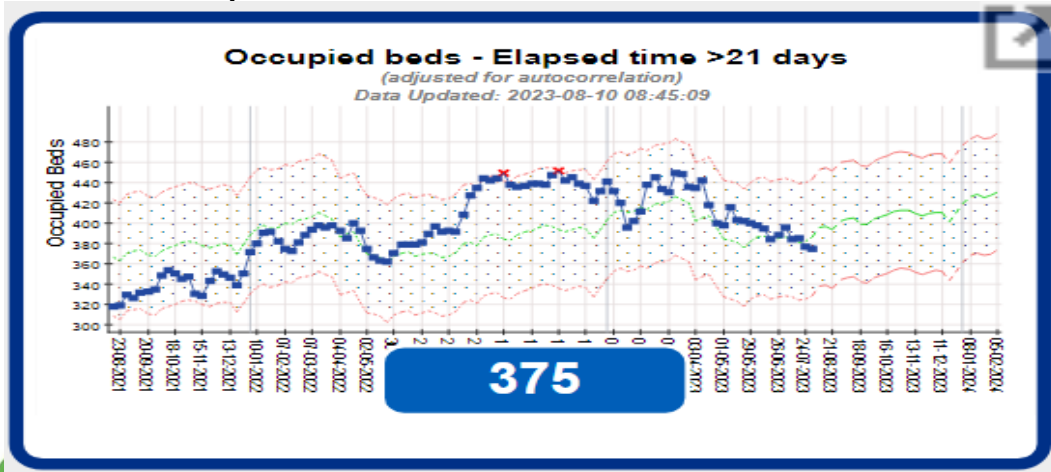
System Impact – >75s, weekly data



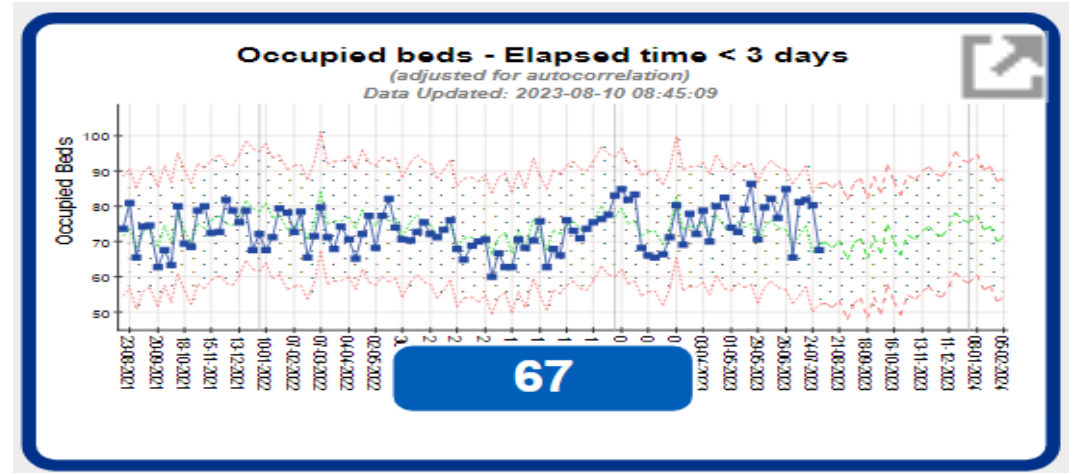
Bed Occupancy – All Adults, weekly data
Emergency admissions
Los 0-3 days



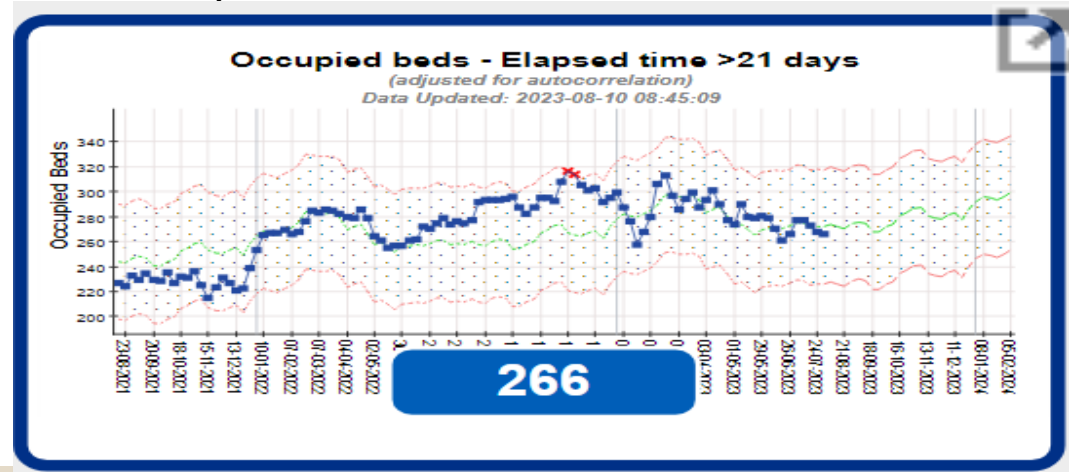
Los >21 days



Bed Occupancy – >75s, weekly data
Emergency admissions
Los 0-3 days



Los >21 days

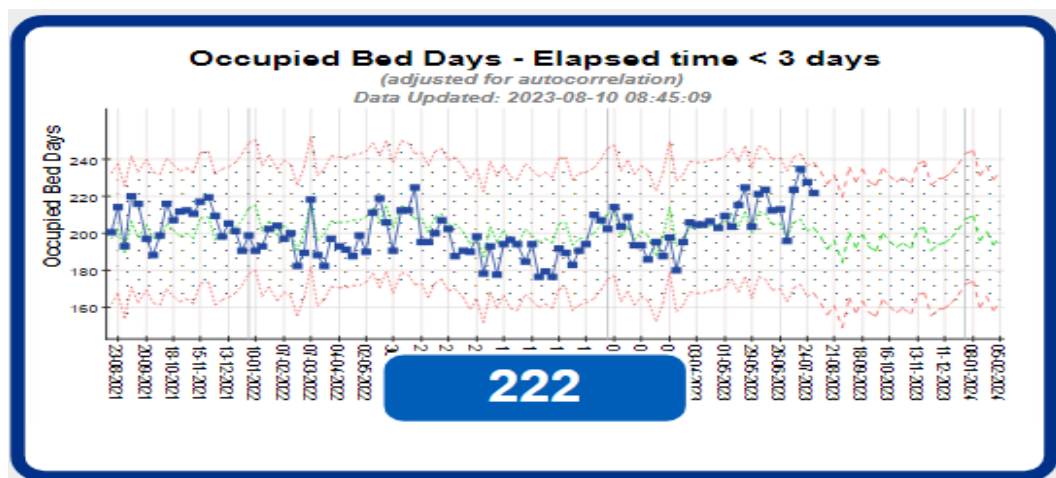




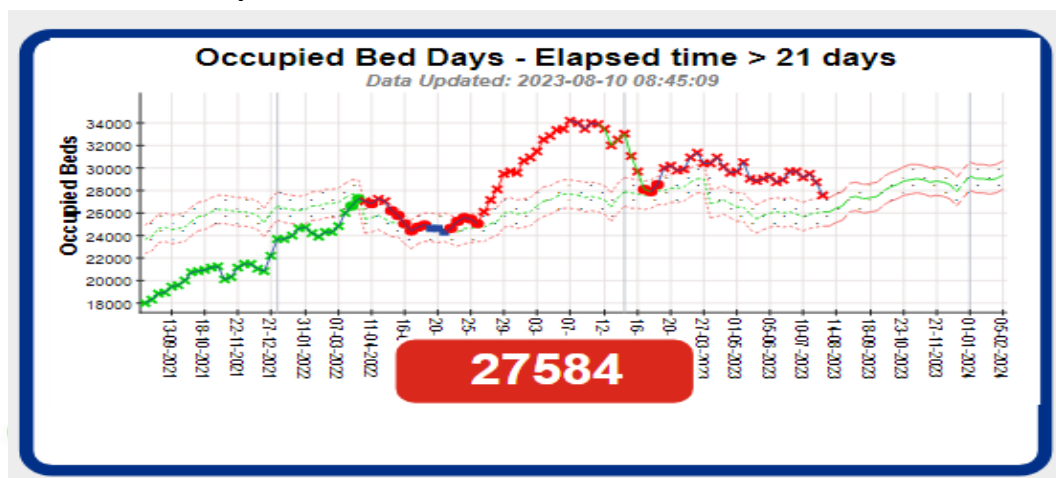
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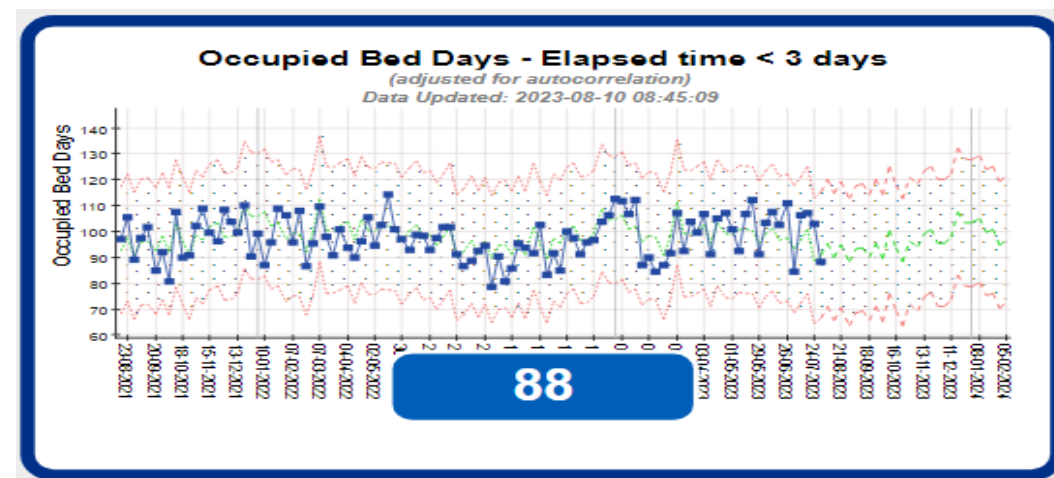
Cumulative Bed days– All Adults, weekly data
Emergency admissions
Los 0-3 days



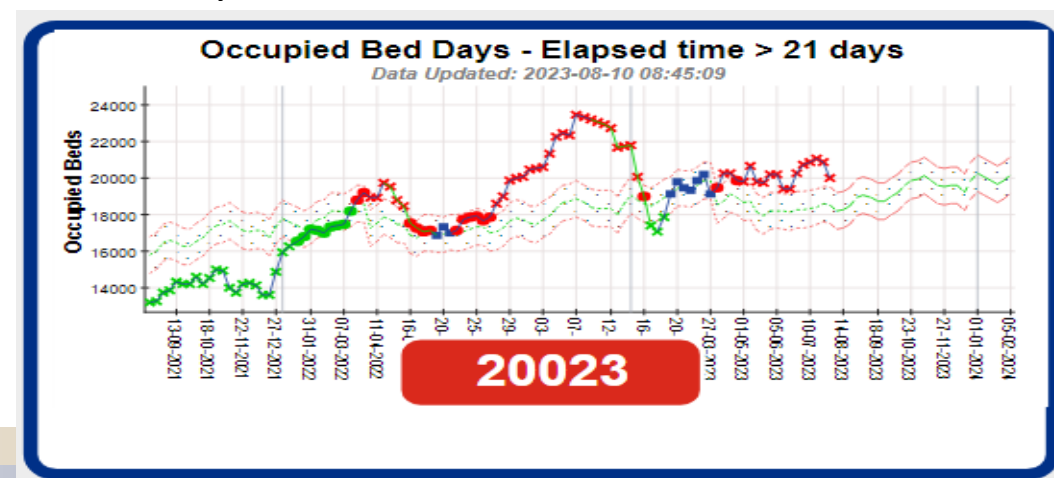
Los >21 days



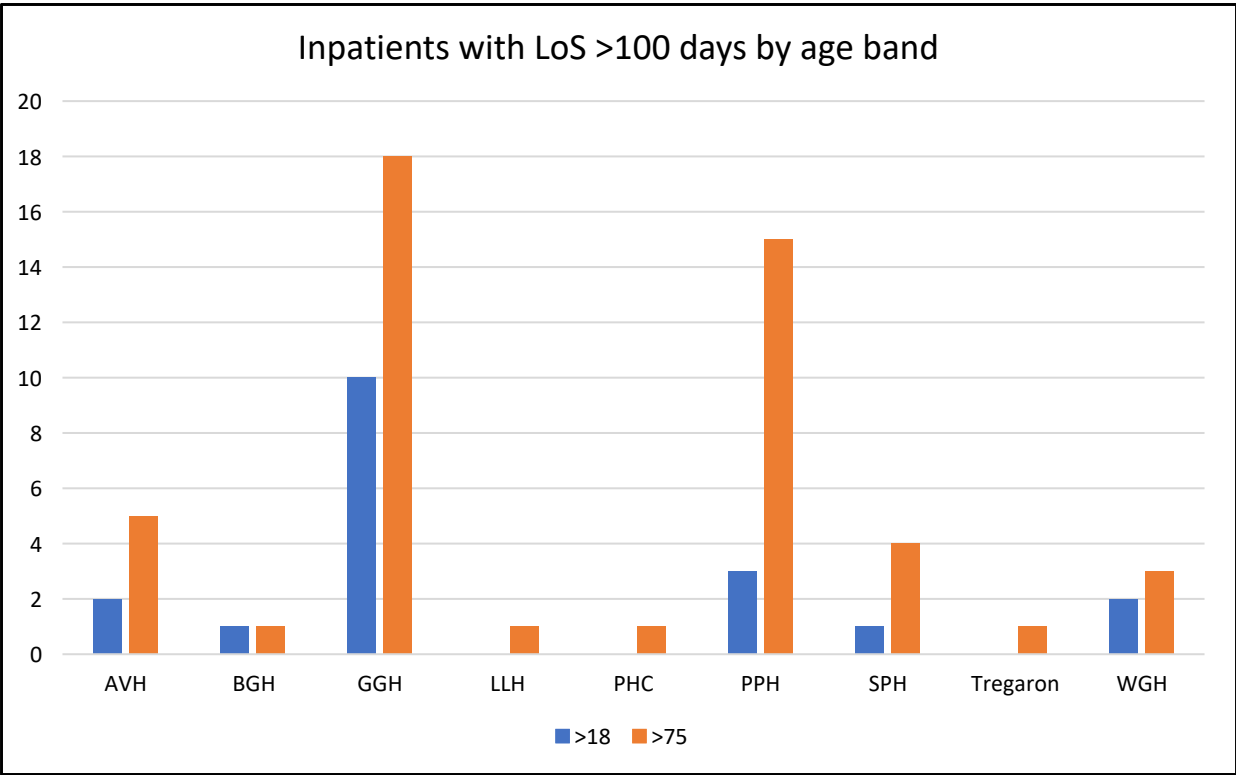
Cumulative Bed days – >75s, weekly data
Emergency admissions
Los 0-3 days



Los >21 days



Length of Stay >100 Days by Age and Site



Site	>18	>75	Grand Total
AVH	2	5	7
BGH	1	1	2
GGH	10	18	28
LLH		1	1
PHC		1	1
PPH	3	15	18
SPH	1	4	5
Tregaron		1	1
WGH	2	3	5
Grand Total	19	49	68

(Please note >18 refers to the age brackets 18-75)





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TUEC Programme Key Risks and Mitigations.



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Risk Title	Risk Statement	Impact	Likelihood	Risk Score	Mitigation Plan
Culture Change	There is a risk that culture and mindset change required relating to implementing best practice for the care of the frail person will not match the pace of the Programme for it to deliver/achieve.	4	4	16	Clinical Reference Group established for Frailty and associated implementation plan (principles and processes). Medical Leadership Forum 'Frailty Champions' as clinical leaders on the ground.
UPCC Data Collation	UPC Service is not currently able to provide agreed all Wales data set for UPCC. This is due to IT infrastructure and workforce constraints at GP practice level and will impact on our ability for consistent reporting / business intelligence.	3	3	9	IT solution being reviewed by Cluster Leads with GP practice colleagues - 'front door' GP practice triage tool to read code those patients presenting with UPC and outcomes.
Community Care Market Instability	Fragile and finite community care infrastructure across West Wales	4	4	16	Integrating the RIF funded Older People with Complex Needs initiatives with UEC Programme. Adopting 'Home First' approach to optimise available care capacity. Joint Statements of Intent with County Councils to commission care facilities that are 'fit for purpose'. Enhance proportion of intermediate care beds available in the community.
Paucity of Medical Workforce	Medical recruitment continues to be challenging to lead the enhanced community care model (including UPC) and could impact upon implementation and sustainability of models e.g. sufficient levels of recruitment of GPs to provide effective and guaranteed 24/7 roster for the Streaming Hub.	3	3	9	UPC pathway (enhanced community care) embedded within existing GMS. Investment in ACP training and development (with WAST) Explore innovative 'eyes on' rapid response assessment to optimise senior clinical capacity.
Analytical Support	Completion of in house replacement for data intelligence and analytical support for TUEC programme which will replace existing due to cease in September 23.	4	3	12	In house development of replacement.
Finance	Financial position of the Health Board not conducive to innovative initiatives and programme constrained to existing plans	2	3	6	Finance Sub-Group set up to oversee issues and challenges within the finance of the programme. Regular updates to Welsh Government (WG) on progress and mapping and gapping where financial constraints prevent core implementation.
Operational	Reinforced Autoclaved Aerated Concrete (RAAC)	4	4	16	Alternative Bedded Facilities in community.



Summary Position

- TUEC Programme is delivering on Conveyance, Conversion and Complexity, however, complexity remains a challenge because of Average Length of Stay increases. Although we have seen a reduction in the count of patients in hospital beds over 21 days, those that are staying are spending longer (please refer to slide 18).
- The TUEC Programme team have identified key projects which could bring about most impact on this position and developed a winter plan to reflect this.
- This includes the prioritisation of Optimal Hospital Flow work, enhancing the Clinical Streaming Hub, utilisation of Community Hospital beds optimally for more step up and not step down, and targeting reducing Care Home admissions via Emergency Departments.



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Transforming Urgent & Emergency Care Identified Programme Priorities

Transforming Urgent & Emergency Care Programme Priorities

RAG	Overview	Current Status	Next Steps
Advanced Paramedic Practitioners (APP) Navigators	Advanced Paramedic Practitioners Navigators based in the Clinical streaming Hub are working with medical practitioners and multidisciplinary professionals in the HomeFirst service in Carmarthenshire, facilitating conveyance avoidance to acute hospitals. Initial evaluations from both Health Board and WAST has been positive with demonstrable reduction in conveyance during core hours.	<ul style="list-style-type: none"> • APP Nav evaluation paper completed by Swansea University • Outcomes from evaluation contributed to phased enhancement plan for the APP Nav. role across the Health Board; implementation in progress. • Take the evaluation paper through the governance process (OPDP) 	<ul style="list-style-type: none"> • Sustain Phase 1 APP Nav reviewing 'stack' in Carmarthenshire • Implementation Phase 2 – Clinical Service Desk to utilise APP Nav at Pre Allocation (of WAST vehicle) • Update and approve SOP for Phase 2 • Routine review of data / outcomes • Scoping alternative pathways in Pembrokeshire in readiness for Phase 3 roll out (Q3)
Clinical Streaming Hub (CSH)	Ongoing development of clinical streaming hub, mapping of command centre model and processes to ensure complimentary implementation. Working with digital team to ensure alignment of TUEC priorities and work plan particularly in relation to the development of a digital coordination hub.	<ul style="list-style-type: none"> • Clinical streaming hub group established, aim and TOR agreed • Evaluation of OOH Data to inform CSH model • CSH Principles paper completed and awaiting sign off from Integrated Homefirst Group • 	CSH Project Plan sign off



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Transforming Urgent & Emergency Care Identified Programme Priorities

Transforming Urgent & Emergency Care Programme Winter Planning

RAG	Overview	Current Status	Next Steps
Immedicare Carmarthenshire care home 12 month pilot	HDDUHB have received funding from Welsh Government to pilot a care home support service (Immedicare) Immedicare will provide a 24/7 virtual clinical consultation for care homes providing nursing and clinical advice. The 12 month project aims to fully integrate Immedicare within the local Health and Care system for a cohort of 15 care homes in Carmarthenshire.	<ul style="list-style-type: none"> A system called "Black Pear" has been identified as being the solution to link the GP Systems with systmone (Immedicare clinical system) Test patient has been created and testing is currently being undertaken with an EMIS practice patient. Following on from a successful test patient outcome, engagement will begin. The national project group has been reinstated to update on the practicalities and agree a project timeline 	<ul style="list-style-type: none"> Testing of test patients Approval of care homes to participate in pilot. DPIA to be signed off by IG. Approval of GP engagement for the pilot and GP sharing agreement for interface with systems Immedicare contract to be signed EMIS roll out late Sept 23 Roll out to Vision Care Homes by Oct 23
Alternative Care Bedded Units	GGH has benefited from an Alternative Care unit known as "Y Lolfa" which provided a bedded facility for patients who are clinically optimised however are pending care and support availability in order for them to transfer 'home' (package of care or residential placement). The workforce model supporting "Y Lolfa" has a lower level of RNs than other ward areas given their patient status. Evaluation of the model has demonstrated a reduced length of stay and reduced requirement of assessed care and support need. The project looks to replicate this model across all three Counties; in bedded facilities in the community rather than the acute setting	<ul style="list-style-type: none"> ToR has been agreed by the T&F Group T&F Group has discussed high level standards, principles and measures 	<ul style="list-style-type: none"> Approve draft standards, principles and measures A 3 month retrospective review of the patients and the reason they were/were not accepted into a facility to be undertaken by the Community General Managers Therapy Lead to discuss with Therapy ODG where acute therapy rehabilitation should be focussed



Transforming Urgent & Emergency Care Identified Programme Priorities

Transforming Urgent & Emergency Care Programme Winter Planning

RAG	Overview	Current Status	Next Steps
Optimal Hospital & Patient Flow Frame Work inclusive of SAFER bundle, red/green initiatives, board round checklist, D2RA and deconditioning posters/infographics	A roll out of revised Red 2 Green/Deconditioning/SAFER posters and a baseline of the four key patient questions working with the patient experience team will support the ongoing work to delivery against the SAFER principles developed nationally to support best practice hospital care and discharge planning.	<ul style="list-style-type: none"> All 4 acute sites are embedding the Framework in at least 4 areas/wards Reinstated the Optimal Flow Delivery Group with membership comprising of operational site leads to monitor delivery against plan. 	<ul style="list-style-type: none"> Phase 2 – wider rollout inclusive of Community Hospitals Launch of TUEC website and the Optimal Flow Framework resource page
Trusted Assessor	Delivery of county trusted assessor plans inclusive of signed off Trusted Assessor Framework	<ul style="list-style-type: none"> Trusted Assessor Plan submitted to Welsh Government On course for roll out of Trusted Assessor training targets for West Wales 	<ul style="list-style-type: none"> Trusted Assessor Care Home Pilot Equipment Store Trusted Assessor functions
Discharge Planning	Discharge T&F group to: <ul style="list-style-type: none"> Scope existing roles across Counties that contribute to discharge planning and coordination Scope best practice for discharge nationally and locally and implement principles 	T&F group has been established, first meeting discussed the scope of the T&F and touched on the below points. <ul style="list-style-type: none"> Agree what 'good looks like' in terms of discharge planning / coordination and where responsibilities lie. What good practice exists in other Health Boards? How does 'current state' deliver agreed 'what good looks like' what are the SWOTs? Appraise 'future state' options across Health Board and at County level (this may include OCP) 	Each county to complete a template to scope the roles purely focused on discharge Co-ordination & Planning.