

CTM Surge beds impact scoring

Scoring:

Level 1 = high impact

Level 2 = medium impact

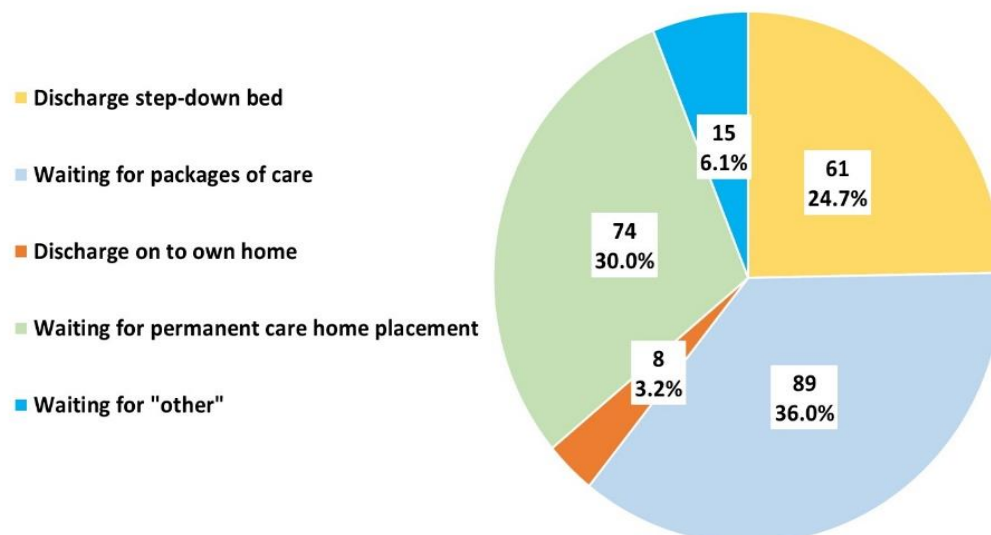
Level 3 = low impact

Criteria:

Impact level	Score	Criterion
High	3	Scheme has no/minimal estates/capital requirements
High	3	Estates work can be completed quickly (low complexity) within required timelines
High	3	Estates work is relatively inexpensive and VFM based on other criteria
High	3	The type of bed provided meets what the discharge delay data states is required
High	3	Actively supports embedding of D2RA model
High	3	Maximises reduction of lost bed days/discharge delays
High	3	The number of beds meets the demand requirement
High	3	Requires little or no therapy input
High	3	Medical model can be resourced/supported and/or not Consultant led (affordable)
High	3	The environment is conducive for maximising independence/socialisation
Medium	2	Scheme has some estates/capital requirements
Medium	2	Estates work may not be completed quickly (medium complexity) within required timelines
Medium	2	Estates work is relatively expensive and may not be VFM based on other criteria
Medium	2	The type of bed provided only partially meets what the discharge delay data states is required
Medium	2	Partially supports embedding of D2RA model but risks of deviation
Medium	2	Partial contribution to reduction of lost bed days/discharge delays
Medium	2	The number of beds only partially meets the demand requirement
Medium	2	Requires some therapy input which may be a challenge
Medium	2	Medical model will be a challenge to resource/support and might need to be Consultant led (affordability issues)
Medium	2	The environment is not really conducive for maximising independence/socialisation
Low	1	Scheme has significant estates/capital requirements
Low	1	Estates work cannot be completed quickly (high complexity) within required timelines
Low	1	Estates work is expensive and not VFM based on other criteria
Low	1	The type of bed provided doesn't actively meet what the discharge delay data states is required
Low	1	Doesn't actively support/may contradict embedding of D2RA model
Low	1	Doesn't maximises reduction of lost bed days/discharge delays
Low	1	The number of beds does not meet the demand requirement
Low	1	Requires formal therapy input
Low	1	Medical model very difficult to be resourced/supported and/or Consultant led (not affordable)
Low	1	The environment is not conducive for maximising independence/socialisation

Data used

Reasons for Patient Delays at census point 27th September 2022



*POW = c30% of POC waits (based upon local unvalidated data)

Criteria	POW ward 16	Brocastle	RGH ward 1	YGT	Parc Newwydd	Ward 3
Estates work?	2	3	3	3	2	1
Speed of work	3	3	3	3	2	2
Cost of work	3	3	3	3	2	1
Right type of bed?	3	3	2	2	2	2
Supports D2RA?	3	3	3	2	2	2
Reduces LOS	3	1	2	2	2	2
Meets demand	3	1	2	2	2	1
Therapy input	3	3	2	2	3	3
Ease of medical model	3	3	2	2	2	2
Environment	2	3	2	2	3	2

Surge bed scheme	Score
POW ward 16	28
Brocastle (Hafod)	26
RGH ward 1	24
Ysbyty George Thomas	23
Parc Newwydd	22
Ward 3 Angleton	18

Summary conclusion

Green schemes are a priority for mobilisation by end of November, with ward 3 Angleton and 2nd ward at YGT by mid-Jan 2023 latest.