



**AGENDA ITEM**

7.1

**CTM BOARD**

**6 GOALS FOR URGENT AND EMERGENCY CARE PROGRAMME**

<b>Date of meeting</b>	24 November 2022
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Anna Pepper, Programme Manager
<b>Presented by</b>	Gethin Hughes, Chief Operating Officer
<b>Approving Executive Sponsor</b>	Chief Operating Officer
<b>Report purpose</b>	FOR APPROVAL

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
		Choose an item.

**ACRONYMS**

<p>D2RA - Discharge to Recover than Assess          BCBC - Bridgend County Borough Council          MTCBC - Merthyr Tydfil County Borough Council          RCTCBC - Rhondda Cynon Taf County Borough Council          RPB - Regional Partnership Board          SDEC – Same Day Emergency Care          UEC – Urgent and Emergency Care          ELG – Executive Leadership Group</p>
---



## 1. SITUATION/BACKGROUND

In July 2022 Welsh Government launched the '6 Goals for Urgent and Emergency Care' national programme which sets out expectations for health, social care, independent and third sector partners for the delivery of the right care, in the right place, first time for physical and mental health.

The Six Goals Programme plan and its delivery must be produced in partnership between health and social care organisations across Cwm Taf Morgannwg University Health Board (CTM UHB). The programme's scope includes areas of work that transcends across boundaries of current health and social care provision. The delivery of the six goals UEC objectives requires extensive redesign of existing pathways, discharge processes and their supporting functions. The principal objective of the programme is to conduct a transition of patient care with the emphasis on integration and delivering care closer to home or within the cluster-based community services.

The six goals UEC Programme consists of four main workstreams:

- 1.1 **Workstream 1: Admission Avoidance**, the purpose of this workstream is to rapidly develop and implement a robust, equitable and responsive integrated primary/community care solution for the CTM local population, aligning to national best practice and guidance around hospital attendance avoidance. This workstream links directly to Goals 1, 2 and 3 – to ensure that patients get the right care at the right time in the right place irrespective of hospital and system pressures, and are able to stay well at home wherever possible.
- 1.2 **Workstream 2: Integrated Front Door**, the purpose of this workstream is to rapidly develop and implement a robust, equitable and responsive integrated emergency care front door solution at each of the 3 acute hospitals for the CTM local population, aligning to national best practice and guidance around urgent and emergency care. The workstream aligns to Goals 2, 3, 4, and 6 – to ensure that patients get the right care at the right time in the right place irrespective of hospital and system pressures, and ensure that the EDs are not 'single point of access = single point of failure'.
- 1.3 **Workstream 3: Acute Hospital Flow & Discharge**, the purpose of this workstream is to rapidly develop and implement a robust, equitable and responsive range of acute hospital patient flow and discharge solutions at each of the three acute hospitals for the CTM local population, aligning to national best practice and guidance around urgent and emergency care. The workstream aligns to Goal 5 – to ensure that patients get the right care at the right time in the right place irrespective of hospital and system pressures, and ensure

that any flow and discharge delays are minimised.

- 1.4 **Workstream 4: Integrated Discharge**, the purpose of this workstream is to rapidly develop and implement a robust, equitable and responsive integrated discharge solution for the CTM local population, aligning to national best practice and guidance around Discharge to Recover then Assess (D2RA). The workstream aligns to Goal 6 – to ensure that patients get the right care at the right time in the right place irrespective of hospital and system pressures.

The approach of the 'CTM Six Goals Programme for UEC' sets out a long-term future vision of a 'whole system approach to health and social care', where the outlined vision asserts the shift over time from the reliance on traditional hospital services to a seamless approach of integrated care including health, local authority and third sector services, facilitated by collaboration and consultation that empowers local communities.

The Programme structure is being delivered through 24 task & finish groups with defined scope and objectives and reports / escalates issues using agreed programme governance structures.

Current status of programme delivery is Amber.

## 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 **Navigation Hub (Backdoor)** – It was agreed in October this year to manage the development and mobilisation of the “Front Door” and “Back Door” elements of the Navigation Hub as separate pieces of work for a period of several months, to best enable the launch of Navigation Hub component supporting discharge pathways to be planned and expected on 5<sup>th</sup> December 2022.

- Navigation Hub (“Front Door”) – triaging UEC ‘referrals’ from primary care / WAST to signpost patients to out-of-hospital services (supporting attendance avoidance), but where acute conveyance required to signpost to the right element of an integrated front door (supporting admission avoidance).
- Navigation Hub (“Back Door” – Discharge) – referral management centre for supported discharge referrals (including D2RA pathways), streaming patients into the appropriate pathways, and monitoring community capacity, and flow into, through and out of the D2RA pathways.

2.2 Some IT infrastructure envisaged to optimally automate the hub will not be in place by the 5 December 2022, and therefore there has been significant and urgent contingency planning and developing interim manual referral triage processes in order to preserve the launch date and other inter-dependencies. The analysis of data relating to expected demand has informed workforce modelling for the service and need for appropriate staffing provision, including social care workers, discharge liaison nurses and referral management administrative support.

The delivery of the service is anticipated to be cost-neutral, but short-term funding has been secured through Winter Plans submission to finance three band 4 administrative coordinators until the end of March 2023 with the view to confirm sustainable source of funding past this date. This may include service re design, and Local Authority colleagues have been working in collaboration to deliver on a solution. The implementation of the service plays a pivotal role in delivery of D2RA pathways and supporting ‘Home First’ approach.

2.3 **D2RA** – the preparatory work for implementation of D2RA pathways has been completed and aligned with recent national changes to the delivery of D2RA model. The systems specification of digital enablers (described below) has been appropriately amended to reflect the simplified pathways.

The effective delivery of D2RA pathways is highly dependent on successful implementation of the Navigation Hub (Back Door) and the electronic Transfer of Care (e-Toc).

For noting, we currently assess to discharge within CTM, so this is a priority stream of work that needs to be embedded over the coming months to meet Welsh Government objectives.

- 2.4 **SDEC** – rapid mobilisation plans have been enacted to ensure delivery of medical and frailty SDEC across three District General Hospitals in CTM by 5 December 2022 supported by approval of a paper on Therapies, outlining multidisciplinary supported discharge team at the front door, with a focus on admission avoidance and returning people to the community when acute inpatient admission is not required.
- 2.5 **Optimal Flow and Discharge** – standardisation of policies and procedures is underway and nearing completion to include CTM-wide escalation plan, pre-emptive boarding policy, Safe to Start and service operational policies (including Discharge Lounges and Hot Clinics provision on all three hospital sites, and Minor Injury Units in community hospitals). Concurrently to this, the HB has influenced the National SAFER and Red2Green guidance (the national launch is on 6 December 2022). The UHB is also awaiting confirmation of the new All Wales Discharge Policy, which aims to provide a recognised framework that has been legally verified to support discharges of clinically optimised patients.
- 2.6 **Winter Surge Beds** – the plan for Winter surge beds was approved at Executive Leadership Group (ELG) on 14 November as below:
- Ward 16 (15 beds) and 1 ward at YGT (19 beds) – both for clinically optimised patients awaiting home care, and if necessary for those awaiting care homes
  - Potential for six D2RA Pathway 3 beds (general nursing) at Brocastle Care Home. This is to be confirmed with the Hafod Group who own the home (D2RA Pathway 3 aims to avoid permanent care home placement direct from acute hospitals)
  - Beds at YGT are expected to come on line in mid-December. As a consequence of capital works, ward 16 at POWH will come on line early in January. To mitigate this delay other decant and contingency options are being explored in a bid to bring some of the beds online sooner.

Staffing plans for the CTM beds are still being mobilised at pace.

## 2.7 Digital Enablers and Innovation:

There are a number, including:

- a) One List Application /eWhiteboards – full roll out of the application in progress, data specification aligned with national D2RA requirements, Red 2 Green guidance and Pathway of Care Delays KPIs (formerly known as Delayed Transfer of Care), the current solution will be soon superseded by implementation of eWhiteboards across inpatient acute and community wards in CTM UHB to include acute assessment unit. The project is progressing at pace and formal launch of phase 2 system development is planned for 5 December 2022. There is currently a test system within Qlick Sense to view the metrics being collected through One List.
- b) Automated referral management system – electronic Transfer of Care (eToC). The development of eTOC is nearing completion. The content of the eToC has been developed in partnership with Local Authority colleagues, allied health professionals and 3<sup>rd</sup> sector organisations commissioned by the Health Board. The successful application and utilisation of eToC and its functionality is highly dependent on implementation of Navigation Hub (Back Door) service.

## 3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

They include:

- 3.1 Current provision of Government funding (including SDEC, Winter Funding) is limited in scope and funding is not recurrent.

**Mitigation:** Six Goals UEC programme plans to effectively utilise available funding (SDEC, UPCC) and identify other resource requirements and access other available funds (RIF).

- 3.2 High demand at the front door and systematic issues with patient flow inhibit effective ring-fencing of specialist beds i.e. for NIV and Stroke patients.

**Mitigation:** agreement reached to ring-fence interim agreement – monitoring through daily calls on all three sites enacted on 24 October. There is a contingency plan in progress to include prioritisation of set up of “Back Door” Navigation Hub to enable centralised management of e-ToC referrals and discharge support to

enable launch of D2RA pathways and support for flow and discharge processes.

- 3.3 Workforce (recruitment) – there are difficulties in recruiting into specialist roles, specifically consultant roles in community settings, therapy and pharmacy practitioners (this is a national issue).

**Mitigation:** need to re-engage with Retinue around efficiency of recruitment process and speed of output, especially regarding the need to adopt a ‘head-hunting’ approach for difficult to recruit to groups. This is being addressed within Integrated Workforce Sub-group and appropriate assessment will be carried out to provide alternative methods for recruitment.

#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Effective Care Timely Care, Staff and Resources, Individual care
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	Yes If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below. In progress
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below) Not yet assessed in detail but included in Care Group planning with Finance colleagues.
<b>Link to Strategic Goals</b>	Improving Care



## 5. RECOMMENDATION

The Board is asked to **NOTE** the progress within the 6 goals programme.