



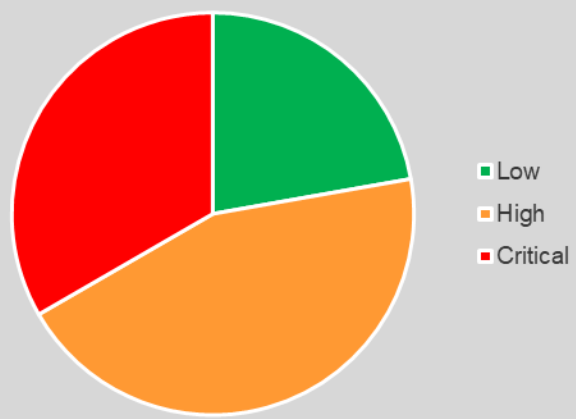
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Six Goals Programme Overview – 20th September 2022

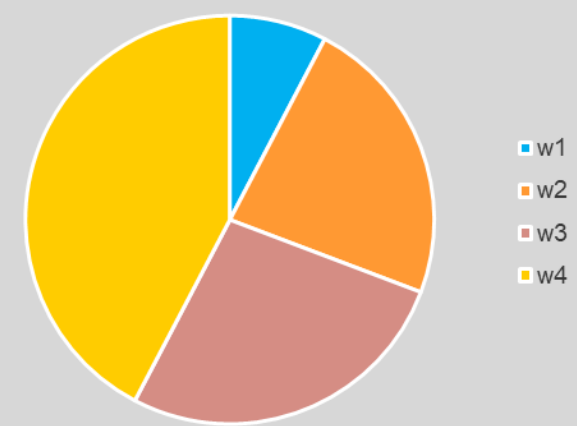
Programme Health

Name	Project Health	Progress	Risks	Scope	KPIs/Benefits
Overview					
Workstream 1					
Workstream 2					
Workstream 3					
Workstream 4					

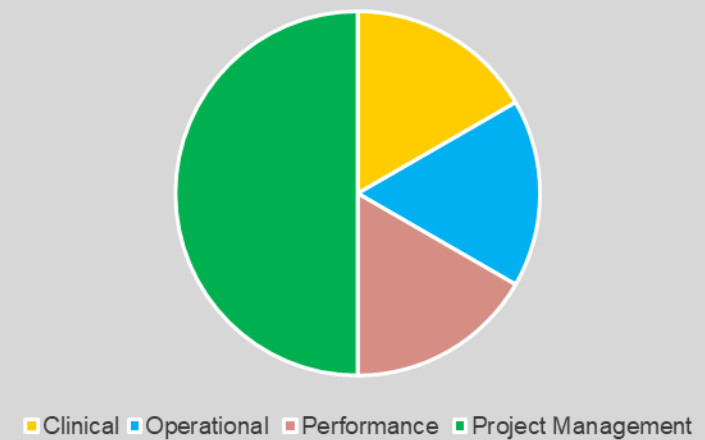
Risks/Issues



Progress



Resource





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Programme Highlight Report – 20th September 2022

ACTIONS TAKEN THIS REPORTING PERIOD

RAG

Status Update		RAG
PROGRAMME OVERVIEW	• Programme Work Breakdown Structure and indicative timeline for delivery finalised, Task & Finish Groups set up and commenced delivery of programme objectives	
	• High attendance and engagement across all Task & Finish groups from health and social care staff!!	
WORKSTREAM 1	• Navigation Hub – implementation plan draft in progress including a set up of delivery workstreams (Digital, Pathways, Workforce/Facilities)	
WORKSTREAM 2	• ED - Winter Scheme submission forms, prioritised and submitted	
	• SDEC – self-assessment of current provision and gap analysis on all 3 sites in progress	
	• SDEC - Therapies have scoped workforce utilising Stay Well At Home Teams	
WORKSTREAM 3	• One List App – finalised – implementation plan agreed – testing phased starting w/c 19 th September on 11 wards (Surgical & Medical, AMUs and 2 wards in Community Hospitals)	
	• One List App User Guidance finalised	
	• Red2Green Implementation – data related to Red Delays incorporated into One List App for appropriate and timely identification of internal and external red delay reasons	
	• Data Sharing Agreement with Local Authorities in progress to enable effective implementation of One List App and e-ToC across CTM	
	• NIV Pathway - Self-assessment against national standards and best practice, to include workforce and equipment in progress	
	• Bed Management & Flow – review of escalation plans (incl. escalation cards, full capacity protocol, pre-emptive boarding) to produce a standardised CTM approach in progress	
WORKSTREAM 4	• D2RA Pathway 0 review in progress to align with wider Rightsizing, appropriate commissioning of 3 rd sector support and standardise referral system to support service delivery via Navigation Hub	
	• D2RA Pathway 2 – pathway flowchart amended and for review with wider team expected date of final approval 21 st September 2022	
	• D2RA Pathway 3 - flowchart agreed, signed off for implementation and no barriers to implementation identified	
	• D2RA Pathway 3 - flow and discharge definitions for community hospitals developed and under review	
	• D2RA Pathway 3 – commissioning of additional D2RA beds capacity in progress (note slide 3)	
	• D2RA Pathway 4 – group activities paused until further developments take place in Workstream 4	
	• Referral Management - Standardised e-ToC (electronic Transfer of Care), Fast Track Transfer of Care Referral, DST Checklist, Supported Discharge Notification finalised	
	• Supported Integrated Discharge - KPI list for supported discharge formulated and under review	
	• Digital Enablers - e-Whiteboards phase 2 development specification finalised and under review with ICT developers for further roll out	
	• Intermediate Care and Emergency Care Benchmarking Projects completed	



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ACTIONS NEXT REPORTING PERIOD

Status Update	
PROGRAMME OVERVIEW	<ul style="list-style-type: none"> Finalise communication and engagement plan with Comms leads for CTM UHB and RPB to ensure consistent delivery of information to all groups of staff across health and social care Finalise Data Dashboard for Urgent & Emergency Care
WORKSTREAM 1	<ul style="list-style-type: none"> Finalise membership of Task & Finish Groups: Urgent Primary Care, Community Frailty and High Intensity Frequent Attenders and commence delivery of group objectives Finalise Frailty Model approach and subsequent implementation via Community Frailty and Frailty SDEC Formulation of High Intensity Frequent Attenders service model and delivery plan Finalise operating model for Navigation Hub (Second Point of Access) and service arrangements
WORKSTREAM 2	<ul style="list-style-type: none"> Acute Frailty Model to be reviewed and gap analysis completed for all 3 sites ED - professional standards to be signed off ED – Option Appraisal review for Paediatric Area in RGH Acute Medicine – KPI summary to be reviewed and signed off Acute Medicine – Length of Stay reset to be reviewed
WORKSTREAM 3	<ul style="list-style-type: none"> Relaunch of SAFER Bed Management & Flow - SMOC needs to be reviewed and standardised as part of the group objective. Need to agree consistency how rota is managed, what level of support is required. Bed Management & Flow – Escalation Plans and related protocols to be reviewed and standardisation principles agreed Formulation of Self Administration of Medicines Policy across CTM to support delivery of D2RA Pathways and Supported Discharge NIV Pathway – complete gap analysis across all 3 sites against national standards and best practice – produce final summary report to inform improvement and standardisation plan One List – produce evaluation report of testing phase across 11 identified wards and formulate full roll out plans across CTM One List (and e-ToC) – finalise Data Sharing Agreement with Local Authorities Commence group work for Vascular Pathway and Stroke w/c 19th September 2022
WORKSTREAM 4	<ul style="list-style-type: none"> Review Residential reablement pathway work – align with Pathway 3 Collect all existing referral documents for 3rd sector organisations supporting pathway 0 and draft single electronic referral form Undertake demand and capacity review for Pathway 2 using national right sizing community services tool Pathway 2 – review current home care workforce resource and utilisation across all health and social care elements – identify flexing opportunities and true workforce gaps

Update w/c 5th Sept 2022

Topic	Lead	Bed number	Rationale	Status wb 5 / 9 / 22	Issues to be addressed	Risks / Likely outcome	Go / No go date
Parc Newydd, Ty Gurnos	David Allison/ Paula Cornelius		Part of 1000 beds	LA agreed to x beds in these RH's, staffed by their workforce	? Therapies	Staffing numbers Patient criteria Affordability	? October
Bryn y Cae	David Allison	12	Part of 1000 beds	Live Bridgend (Jacqui Davies) project	Under-utilisation – review criteria GP cover	RH setting not suitable – affects above	Live now
Brocastle – shared use of a wing, joint or UHB staffing	Vicki Wallace (David and Julie next 2 weeks)	6	Longer term partnership agenda – seeking a sustainable model for potential roll out if other CHs need to close space	D2RA implementation planning Seeking learning from Powys and AB Flexible use of beds Support to HAFOD on overseas recruitment	D2RA model Workforce and governance issues Culture Start the flow asap Therapy input to be addressed	The two organisations can't ultimately commit. Affordability	Sept
UHB provided long term community care	Linda Prosser		Longer term partnership agenda – seeking a sustainable model for long term care – starting with CHC funded care but enable LA commissioning.	Early research; AB, HD, Northumbria. Options; either needs new body (legal advice pending) that <u>can</u> be on LA framework, or NHS employ and second to LA. Approach to ensure: •capacity is additional not substitution •LA's can buy activity •governance and registration requirements are fulfilled •learn from others over any other hazards	Understanding regulatory issues. Cultural / reablement as well as care. Is it a cost effective proposal? Where to recruit – learn from Northumbria	Workforce and domino effect / destabilise the market	Options paper to Exec 12 th Sept ? October decision, Dec / Jan initiation
ESD Bridgend	David Allison		Reduce LOS in POW and YCR (?30%) Ring fence Stroke beds, quality marker	CTM UEC 6 Goals Stroke task & finish group set up to urgently review entire stroke pathway and implement changes	Access to key parts of the pathway (including ESD) as well as ensuring adequate outflow via D2RA	D2RA work needs to concurrently assure outflow capacity – work is complex and may take slightly longer	Nov
D2RA pathway 3 community hospitals	David Allison		Improve flow (30-50% LOS reduction)	Pathway signed off – working with Pathway 3 T&F group to develop and implement all enabling processes	Enabling electronic referral forms and phase 2 electronic whiteboards	IT development delays for enablers (the work has been prioritised)	End Oct
Maesteg beds	Linda Prosser		Capital development	Road map being developed			2023/4?



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RISKS & ISSUES

	Risks/Issues	Description	Mitigation	RAG
PROGRAMME OVERVIEW	Organisational Structure Change	Structural changes have resulted in slow progress with T&F groups	6 Goals ITT continue to oversee planning and coordination of proposed plans to ensure appropriate escalation to Programme Board and SLG.	
	Funding	Current provision of government funding is limited in scope and funding is not recurrent.	6 Goals UEC programme plans to effectively utilise available funding (SDEC, UPCC) and identifies other resource requirements and access other available funds (RIF).	
	Work Breakdown Structure	Significant number of Task & Finish groups and associated meetings requires input from clinical/nursing staff which may in result impact on group Quoracy and decision making process	T&F group meetings have been effectively staggered and planned, and membership includes representation across workforce groups to ensure that the ask is equally distributed across.	
WORKSTREAM 1	Navigation Hub	DHCW IMTP does not include Navigation Hub work as a priority (not a part of DHCW IMTP)	6 Goals ITT must assess other funding and contractual work options to attain effective digital system that will deliver required outcomes for the service.	
		Digital group conversation focused mainly on front door element of Navigation Hub, clarification around prioritisation needed.	This will be mitigated via Task & Finish Group and appropriate implementation plans (phased approach to delivery of objectives)	
WORKSTREAM 2	ED	EWB systems are 'clunky' with individual log-ons but there's currently no other way to assign accountability without compromising speed. Therefore, should an incident arise there is no clear audit trail.	Issue to be raised with IT subgroup to see if a work around can be introduced. Discussions to be held around whether a risk assessment/ risk benefit analysis needs to be carried out.	
		Patient flow inhibits implementation of Red Release by WAST	Risk Assessment re red release to assess what is realistically achievable in order to implement parts of the policy and highlight risks that are preventing full implementation and provide mitigations for each	
		Workforce insist on using Retinue for Head Hunting and not producing sufficient results	This will be addressed within Integrated Workforce Sub-group and appropriate assessment will be carried out to provide alternative methods for recruitment.	
WORKSTREAM 4	D2RA	Risks associated with resource capacity: - Having sufficient resource to implement service redesign and changes - Service redesign changes will require different approach to workforce modelling Recruitment - difficulties recruiting in the community setting	Mitigation – Teams reviewing workforce working practices to see if/how they can work differently to maximise capacity. - If staffing changes the integrated workforce sub group will address any potential workforce issues within the programme	



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ESCALATIONS/ENDORSE FOR DECISIONS

	Escalate/Endorse	Description	Action Required
WORKSTREAM 1	Navigation Hub	Digital Enabler for Navigation Hub	Endorse available funding for implementation of in-house system that will support operational delivery of Navigation Hub. DHCW requested clarification if Navigation Hub work is urgent (6-8 weeks).
WORKSTREAM 2	ED	ED teams have currently no forum to discuss issues with Red Release protocol between WAST and the Unscheduled Care Group.	Escalation to Unscheduled Care Group Leads for action.
WORKSTREAM 4	D2RA	Pathway 2 will have resource gaps to meet demand	Need to identify funding resources
		Need decisions re: allocation of therapy resources within CTM to drive effective pathway 3 in community beds	
		Supported Discharge Team resource insufficient	Need to identify funding resources