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University Health Board

Six Goals Programme Overview – 18th October 2022

Six Goals Programme Board (Urgent & Emergency Care)

Goal 1: Coordination, planning and support for people at greater risk of needing UEC

Goal 2: Signposting, information and assistance

Goal 3: Clinically safe alternatives to admission

Goal 4: Rapid response in crisis

Goal 5: Optimal hospital care and discharge practice from the point of admissions

Goal 6: Home first approach and reduce risk of readmission

Workstream 1: Attendance Avoidance
(UEC Goals 1,2 & 3)
Chair/Vice Chair – Neil Elliott/Dr Owen Weeks/Sarah Bradley

111/111#2
Navigation Hub (Second Point of Access)
High Intensity Frequent Attenders
Urgent Primary Care
Community Frailty (falls,integrated crisis response/virtual ward)
Enhanced care home support
MIU resilience

Workstream 2: Integrated Front Door
(UEC Goals 2,3,4 & 6)
Chair/Vice Chair: Dr Anthony Gibson/Rob Foley (Interim) Unscheduled Care Director (TBC)

SDEC (surgical and medical)
Acute Frailty – SDEC/Assessment unit
Ambulance handover/offload
ED /acute assessment (med/surg)
Direct referral pathways
MH Crisis Response
Hot / rapid access clinics
D2RA Pathway 1

Workstream 3: Acute Hospital Flow & Discharge
(UEC Goal 5)
Chair/Vice Chair: Richard Hughes/Rob Foley

SAFER relaunch/Red2Green implementation
One List App
Consistent board rounds/Electronic whiteboards
Optimise discharge lounges
"Doing tomorrow's work today"
Robust escalation action cards/procedures
Accurate EDDs
Improved clarity re: medically optimised
Site/bed management processes
LLOS review process
Vascular/Stroke/NIV pathway

Workstream 4: Integrated Discharge
(UEC Goal 6)
Chair/Vice Chair: David Allison/Jacqueline Davies/Julia Wilkinson

D2RA implementation – right sizing community services
Development of e-TOC referral form
CLD community hosps
SAFER/Red2Green in community hosps
Community hosp D2RA electronic whiteboard solution
Supported discharge management
Review of referral management (SPOA)

Integrated Data & Performance Dashboard Sub-group

Navigation Hub T&F Group

Community Frailty T&F

High Intensity Frequent Attenders T&F Group

ED T&F

SDEC T&F Group

Acute medicine T&F Group

One List App Project Group

NIV Pathway Resilience T&F Group

Bed Management /flow T&F

D2RA Pathway 1 T&F Group

D2RA Pathway 2 T&F Group

D2RA Pathway 4 T&F Group

Urgent Primary Care T&F Group

MIU T&F Group

Hot clinics T&F Group

Acute frailty T&F Group

D2RA Pathway 1 (front door) Group

Stroke Pathway Resilience T&F Group

Ward flow and discharge T&F Group

Vascular Pathway T&F Group

Supported integrated discharge T&F Group

D2RA referral mgt T&F Group

D2RA NEW Pathway 3 T&F Group

Integrated Resource (Workforce) Sub-group

Integrated Commissioning Sub-group



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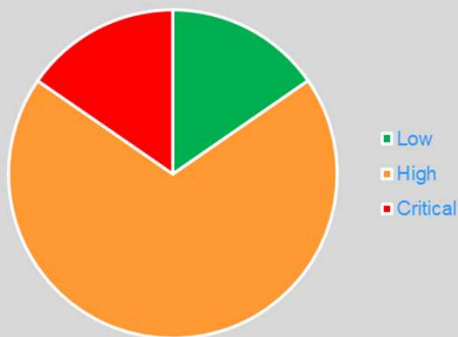
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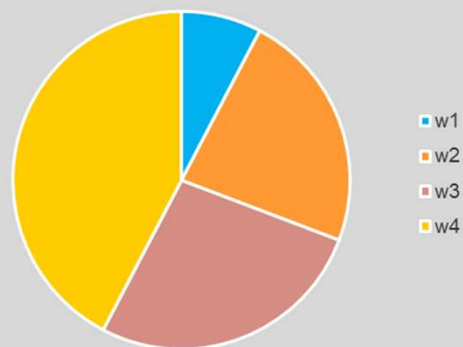
Programme Health

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

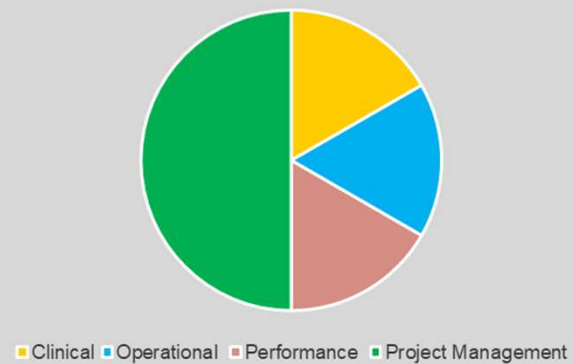
Risks/Issues



Progress



Resource





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ACTIONS TAKEN THIS REPORTING PERIOD

RAG



Status Update	RAG
WORKSTREAM 1 <ul style="list-style-type: none"> • Navigation Hub – implementation plan draft in progress including a set up of delivery workstreams (Digital, Pathways, Workforce/Facilities) – mobilisation and prioritisation of plans with launch date Monday 5th December • MIU – gap analysis in progress: service provision, workforce, access for patients (pathways) 	
WORKSTREAM 2 <ul style="list-style-type: none"> • SDEC: <ul style="list-style-type: none"> - Self-assessment of current provision and gap analysis on all 3 sites completed - Therapies Investment Paper approved (Front door discharge / Acute Frailty Assessment) - Draft Wales SDEC Standards and Measures sent out for review and sign off • ED: <ul style="list-style-type: none"> - ED Internal Professional Standards agreed (nearing final draft) - ED Immediate Release SOP – Approved on the basis that 2 trolleys to be ring-fenced • Acute Medicine: <ul style="list-style-type: none"> - KPIs circulated for review and sign off - Feedback on Acute Medicine physical locations and review opportunities to improve received - Definition of Acute Medicine for review and sign off • Acute Frailty: <ul style="list-style-type: none"> - Acute Frailty definitions for review and sign off • Hot Clinics: <ul style="list-style-type: none"> - Review documentation for standards and KPIs 	
WORKSTREAM 3 <ul style="list-style-type: none"> • One List – testing phase across 11 nominated wards – full roll out across unscheduled care wards agreed to be completed by end of October • NIV Pathway: <ul style="list-style-type: none"> - Self-assessment against national standards and best practice, to include workforce and equipment completed • Bed Management & Flow: <ul style="list-style-type: none"> - Agreed 'Rhythm of the Day' for wards across 3 sites • Stroke: <ul style="list-style-type: none"> - Main risks and priorities agreed and action plans to address in progress of formulation • Ward Flow & Discharge: <ul style="list-style-type: none"> - Planned full implementation of Red2Green by end of November – currently part of One List App testing and incorporated to e-Whiteboards phase 2 roll out 	
WORKSTREAM 4 <ul style="list-style-type: none"> • D2RA: <ul style="list-style-type: none"> - D2RA launch planned for 5th December - Review and realignment of D2RA bed specification, One List App, e-Whiteboards and e-ToC in relation to D2RA model changes which will go live nationally by end of October 	



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Assessment of actions to be completed as discussed and agreed in September 22

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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 17th October 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 	

WELL WELL WELL WELL WELL



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RISKS & ISSUES

RAG



	Risks/Issues	Description	Mitigation	RAG Sep 22	RAG October 22
PROGRAMME OVERVIEW	Organisational Structure Change	Structural changes have resulted in slow progress with T&F groups Focus and traction of some groups has decreased and objectives have not been achieved in a timely manner (groups not following or adhering to national standards and guidance)	6 Goals ITT continue to oversee planning and coordination of proposed plans to ensure appropriate escalation to Programme Board and SLG. 6 Goals ITT produced a simple summary of definitions (as per national standards and guidance) for review and sign off in T&F groups to regain a focus of work and achieve defined objectives.	Green	Orange
	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).	Orange	Orange
	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.	Green	Green
WORKSTREAM 1	Navigation Hub	No definite plan in place for implementation of Navigation Hub service will cause launch delays for D2RA pathways, implementation of e-ToC and will have adverse effect on other tasks and objectives i.e. improvement of flow, provision of ring-fenced beds for NIV and Stroke patients	Contingency plan in progress to include prioritisation of set up of 'Backdoor' Navigation Hub virtually to enable centralised management of e-ToC referrals and discharge support to enable launch of D2RA pathways and support for flow and discharge processes	Red	Orange
		Finance – lack of definite clarity regarding capital and revenue funding required for a set up of Navigation Hub to support front and back door.	Funding options are being explored and following completion of implementation plan for Navigation Hub, business case will be produced.	Red	Red
		IT Infrastructure - digital group conversation focused mainly on front door element of Navigation Hub.	Contingency plan and phased approach will enable enactment of digital systems to support implementation of 'Backdoor' service within Navigation Hub. The elements of this work are already being undertaken with IT colleagues to implement system supporting processing of e-ToC to allow supported and integrated discharge.	Red	Orange
		Location – proposed location for Navigation Hub has not been assessed therefore no clear confirmation re suitability and potential work required to ensure space arrangement to meet service and team needs	Review of proposed space to be arranged (RCT and CTM), risk and need assessment to be produced following the visit. Contingency plan in progress to include prioritisation of set up of 'Backdoor' Navigation Hub virtually to enable centralised management of e-ToC referrals and discharge support to enable launch of D2RA pathways and support for flow and discharge processes	Red	Orange
		Workforce – lack of detailed demand and capacity modelling, therefore no clarity regarding workforce requirement to set up front and back door support within Navigation Hub	Analysis of discharge data (backdoor demand) in progress, capacity options under review – consideration for use of existing resources supporting discharge processes.	Red	Orange





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RISKS & ISSUES

RAG



	Risks/Issues	Description	Mitigation	RAG Sep 22	RAG October 22
WORKSTREAM 2	ED	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	Red	Orange
		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.	Orange	Orange
WORKSTREAM 3	NIV Stroke Ward Flow & Discharge	Lack of ring-fenced beds for NIV and Stroke patients	Implementation of Navigation Hub,D2RA will support improvement of flow and subsequently enable provision of ring-fenced beds for NIV and Stroke patients	Red	Orange
		No MDT approach to ward rounds to enable effective discharge process	Consideration of alternative roles i.e. physician associate and addressing lack of nursing staff in ward rounds via task & finish group	Red	Orange
		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.	Red	Green
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	Red	Red





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PRIORITY PLAN FOR NEXT 6 WEEKS (WINTER PRESSURES MOBILISATION) – LAUNCH DATE 5TH DECEMBER 2022

Description	Level of Urgency
<ul style="list-style-type: none"> 1) Navigation hub 2) Medical SDEC all 3 sites 3) Acute frailty assessment offer all 3 sites 4) Discharge lounges at PCH and RGH 5) Launch of pre-emptive boarding SOPs 	
<ul style="list-style-type: none"> 6) Winter surge beds (phase 1) 7) Relaunch of SAFER/R2G, board round scripts (acute) 8) 'New' supported discharge team 9) New bed management processes/resources – full capacity protocol, bed management/escalation protocol, hospital wide escalation action cards 10) Launch of UEC data dashboards 11) Hot clinics 12) SW@H at Bridgend 	
<ul style="list-style-type: none"> 13) D2RA pathways 1, 2 and 3 – all enabling processes and resources (including therapy resource refocus and implementation of self med) 14) Phase 2 E-whiteboards – all sites 15) E-referral forms 16) 3 NIV units across sites 	



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ESCALATIONS/ENDORSE FOR DECISIONS

	Action Required
WORKSTREAM 1	<ul style="list-style-type: none"> Escalate decision making for membership of groups to enable progression. Venue and Infrastructure for Navigation Hub to be formalised including resources required to make fit for purpose and operational.
WORKSTREAM 2	<ul style="list-style-type: none"> CTM Immediate Release Protocol – Agreement sought to approve a SOP that ring-fenced 1 x Resus and 1 x Majors space for an interim 4 week period pending a review of the situation and 3 rapid improvement actions
WORKSTREAM 3	<ul style="list-style-type: none"> Funding request for network plugs to enable installation of e-Whiteboards across acute wards in CTM and subsequent improvement in flow management (paper included for executive consideration and approval)
WORKSTREAM 4	<ul style="list-style-type: none"> 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 (Nursing/Therapies) – need to identify funding resources Formal launch of D2RA pathways dependant upon development, testing and launch of phase 2 electronic whiteboards and electronic referral forms Recognising through winter, will be using Pathway 3 capacity to bridge Pathway 2 – reducing capacity. Need winter scheme for 2 WTE band 5 pharm techs to support self med at YCC and YCR





Updates following 6 Goals Programme Board 18th October 2022:

- Changes to D2RA Model will be signed of at national level by end of October 2022. All required changes have already been made and approved via Task & Finish Groups to align with the national requirement.
- Workstream 1 – attendance avoidance – now in progress
- One List App will be fully rolled out across unscheduled care wards in CTM by end of October, which will support national data reporting requirement (1000 beds)
- Navigation Hub – service delivery agreed to be split into 2 phases:
 - 1) Phase 1 – ‘backdoor’ discharge support
 - 2) Phase2 – ‘front door’ demand and flow support