

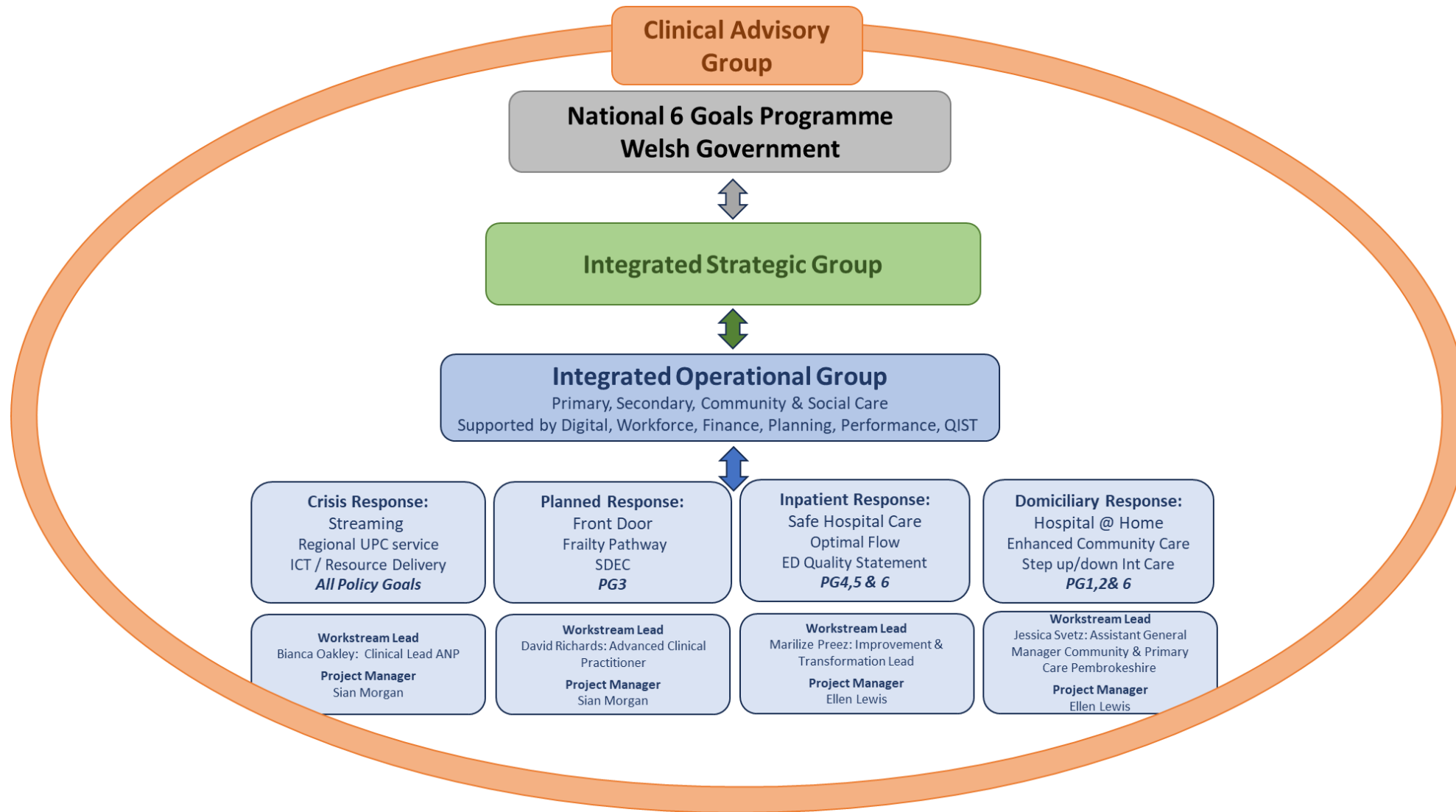
- **Strategic Development and Operational Delivery Committee**
- **Six Goals Programme Quarter 3 Update**

Six Goals Programme Governance Structure



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Six Goal Programme Workstreams



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Streaming - Crisis Response

SCOPE:
Evaluation of demand, capacity and workforce constraints to determine local and regional responses to the operation of a 24/7 CSH across Hywel Dda.

Develop regional Clinical Streaming Hub (CSH) to provide a 24/7 Urgent Care Service including integration with GPOOHs & APP resources supported by local delivery resource hubs for the population of West Wales as defined by the Strategic Programme for

'Health & wellbeing issues that may result in

- IMPACT & BENEFIT**
- Reduced inappropriate conveyance to Emergency Departments &
 - Reduced Emergency Admissions from Care Home Residents
 - Increased Urgent Care Service activity

Deliverable	Key Milestone Q1
Enhancements to local resource hubs	<ul style="list-style-type: none"> • Pilot 2 APP • Pilot Carms local resource • Phase 1 pilot APP in Pembro resource hub

Development of regional CSH for Health Professionals & Care Homes	<ul style="list-style-type: none"> • Best practice model for CSH finalised & approved by bo • Agreement of CSH evaluation framework
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Front Door - Planned Response

SCOPE:
Provide alternative Front Door services for those requiring an urgent care response via Same Day Emergency Care service or Frailty Model. Maximising and harnessing the potential for SDEC & Frailty model through

- IMPACT & BENEFIT**
- Reduced inappropriate conveyance to Emergency Departments & asso
 - Reduced 12-hour breaches who are discharged home
 - Increase in SDEC activity from a direct referral from Primary Care, Wels

Deliverable	Key Milestone Q1
Consistent approach to delivery of SDEC across HddUHB	<ul style="list-style-type: none"> • Development of demand and capacity model ensuring the services are meeting the needs of our local population • Review of busiest day on winter 2023 to inform modelling] • Further development of Consultant Connect to support SDEC & Frailty model

Development and implementation of a front door assessment model of care aligned to a frailty approach	<ul style="list-style-type: none"> • Local Task & Finish groups established to develop Local approach to Optimal Frailty Model based learning from Withybush model • Review of current local models mapping & gapping against optimal model
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Safe Hospital Care - Inpatient Response

SCOPE:
Implementation of the Optimal Flow Framework across the Acute & Community adult inpatient beds to provide optimal hospital-based care for people who need short term or ongoing, assessment or treatment for as long as it adds benefit to outcome with a relentless focus on good discharge practice. Implementation of the Emergency Department Quality Statement across our type 1 Emergency Departments,.

- IMPACT & BENEFIT**
- Improved patient flow
 - Reduced deconditioning
 - Reduced LoS

Deliverable	Key Milestone Q1
Continued implementation of the Optimal Flow Framework	<ul style="list-style-type: none"> • Audit of board round activity at ward level (including SAFER principles) and review against baseline. Development of action plans for areas of concern
Continued education at ward level around SAFER patient bundle, Red2Green process and associated codes, Discharge to Recover & Assess (D2RA) pathways identification etc	<ul style="list-style-type: none"> • Evaluation of Deconditioning pilot and lessons learnt
Implementation of 7 focused areas within ED Quality statement	<ul style="list-style-type: none"> • Development of measurable action plan

Hospital @ Home - Domiciliary Response

SCOPE:
Help prevent future or emergency care presentations through a proactive approach delivery support through enhanced planning and coordination of their health and social care needs closer to home through development of enhanced community care provision and virtual wards. Embed a HomeFirst approach following an admission and reduce future risk of readmission,.

- IMPACT & BENEFIT**
- Improved patient flow
 - Reduced number of PoCD
 - Reduced number of patients with LoS > 21 days, 50 & 100 days
 - Increased discharges with LoS < 72 hours
 - Increased number of assessments undertaken by Trusted Assessors

Deliverable	Key Milestone Q1	Key Milestone Q2	Key Milestone Q3	Key Milestone Q4
Develop robust regional and local actions plans to deliver required improvement in PoCD numbers	<ul style="list-style-type: none"> • Develop consistent approach to recording of clinically optimised individuals (through Optimal Flow Framework) • Establish regional Delivery Group to oversee trends and themes from the PoCD census with agreed TOR and membership from health & social care 	<ul style="list-style-type: none"> • Delivery Group to develop & embed SOP to ensure consistent approach & ensuring robust auditable validation process • Delivery Group to develop, deliver & monitor action plans (local and regional) to address themes and trends. • Engagement with RPB to develop robust reporting & discussion forum to improve performance across the region based on the action plans 	<ul style="list-style-type: none"> • Review Joint Community Equipment provision and ensure equitable approach across region 	
Discharge Strategy Group to coordinate all work and actions being taken in relation to discharge planning	<ul style="list-style-type: none"> • Scoping exercise of all current improvement projects across the discharge pathway • Review of Health Board policies to ensure alignment with national guidance / policy 	<ul style="list-style-type: none"> • Review of current Discharge Liaison Nurse (DLN) Provision to ensure consistent approach across the region 	<ul style="list-style-type: none"> • Implementation of consistent approach to discharge management provided by the DLN service • Ensure a joined-up approach between DLN and Long-Term Care teams 	



- Delivery across the programme remains good although some slippage has been experienced within the Front Door Workstream.
- Notable deliverables for Quarter (Q) 3 include:
 - ✓ Clinically and Operationally co-produced Emergency department (ED)/Minor Injuries Unit (MIU) Redirection Policy.
 - ✓ Funding secured for Doccla (virtual ward software) and Points of Care Testing as well as working with Welsh Ambulance Service Trust (WAST) with Luscii in a box to support our hospital at home model
 - ✓ Clinical Streaming Hub and Out of Hours integration through the development of a 24/7 Single Point of Contact (utilisation of Consultant Connect)
 - ✓ Emergency Department Quality Statement (EDQS) Group established and plan developed
 - ✓ A Glangwilli Hospital (GGH) 12-week plan agreed and being implemented. Fortnightly Management Team review for the plan in place with continuous engagement with staff being achieved through weekly 'Big Room' meetings and the setting up of an 'Improvement Hub' where staff feedback is encouraged.
 - ✓ Discharge Toolkit developed
 - ✓ Pilot roll out of Criteria Led Discharge (CLD)
 - ✓ A Hywel Dda Trusted Assessor Steering group has been established to provide a forum to share learning, monitor Trusted Assessor reports submitted to the Pathways of Care Delays (PoCD) group and regularly review and evaluate the Trusted Assessor models
 - ✓ Surgical Same Day Emergency Care (SDEC) operational in GGH



- > 1 Hour Ambulance Handover
- 12-Hour Emergency Department Breaches
- Pathway of Care Delays (PoCD)
- Median time from arrival at an Emergency Department (ED) to assessment by a clinical decision maker < 60 minutes

Please note the figures listed are up to and including December 2024, January 2025 data is yet to be published at the time of writing this report.

Data Sources:

- *IRIS.*
- *POCD Census Data*

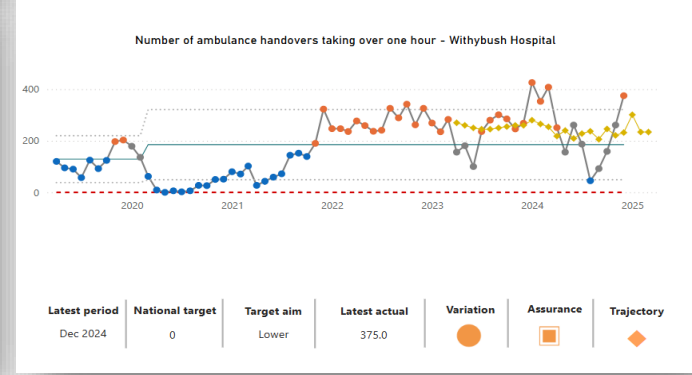
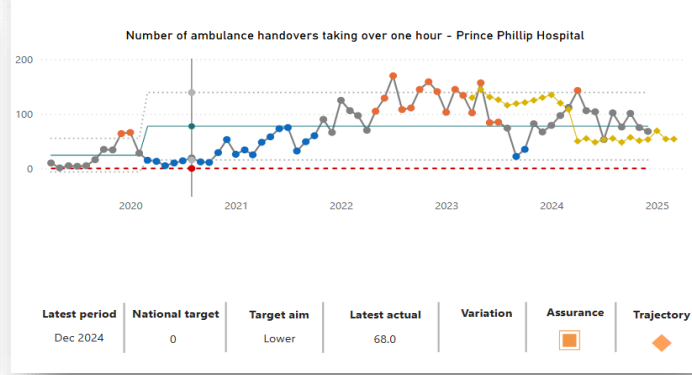
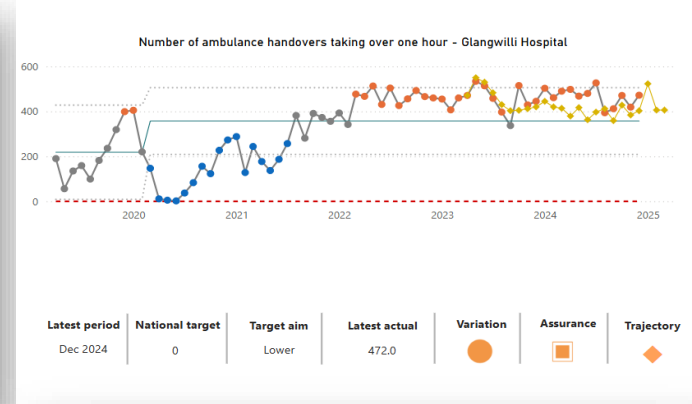
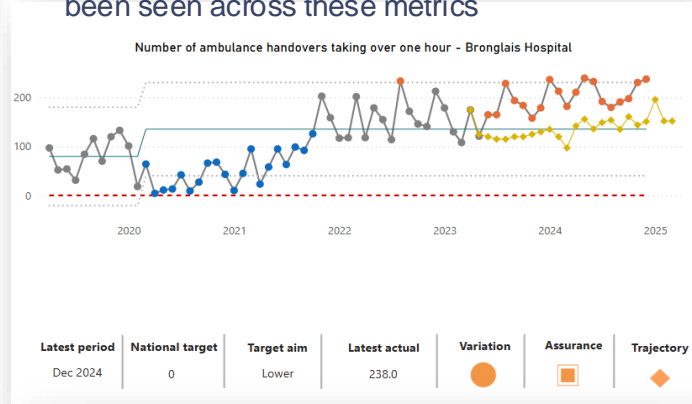
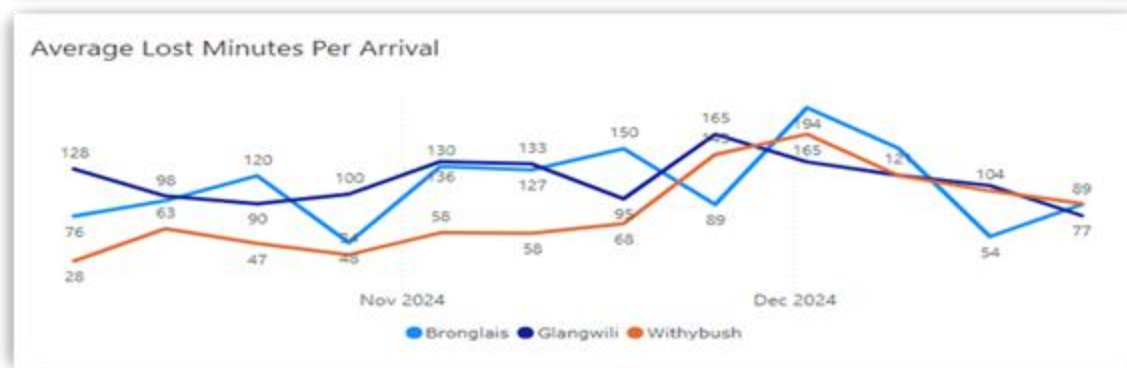
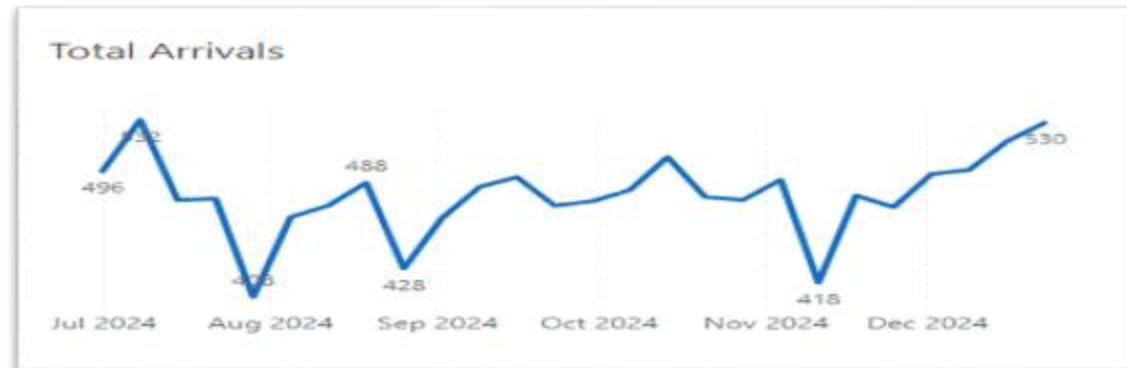
Ambulance Handover >1hr, (Total Number, All Sites)



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- Hywel Dda University Health Board (HDdUHB) have exceeded target for >1hr Ambulance Handover in December 2024. Actual 1153, target 839. Factors for this position include a busy December period for the hospitals, with high acuity patients and fragile workforce. However, improvement reported for GGH in this area, percentage of >1hr ambulance handover decreased (November - 57.3% December - 56.5%). Early indication for January 2025 data is that figures have improved across the Health Board in this area.
- Whilst there has been an increase in ambulance arrivals across Hywel Dda, the number of lost hours has reduced. This improvement was also reflected in the average lost minutes per arrival, which again saw improvement most notably at GGH where the most significant improvement has been seen across these metrics



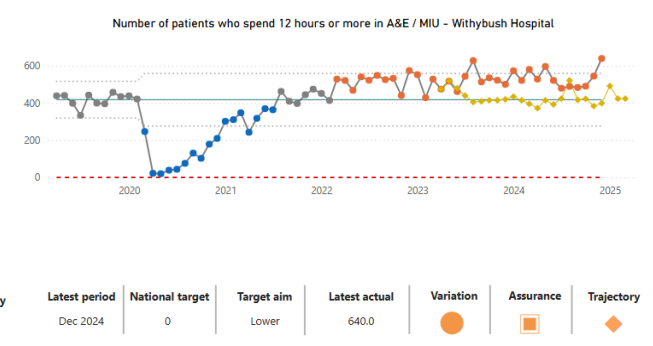
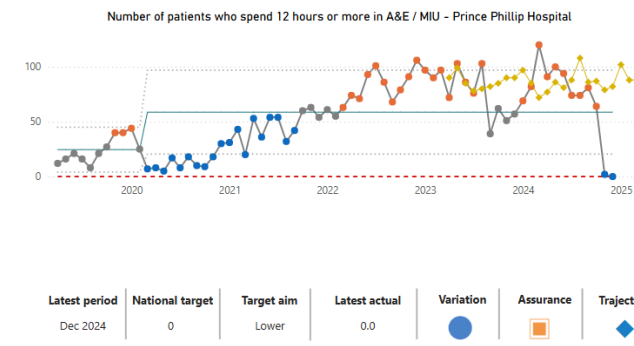
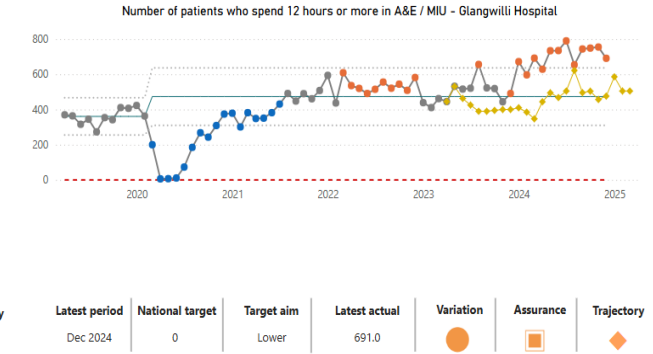
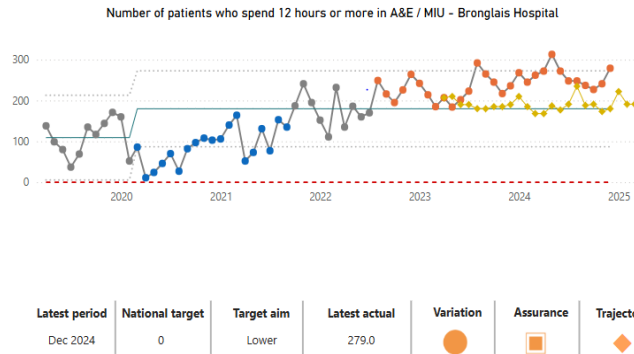
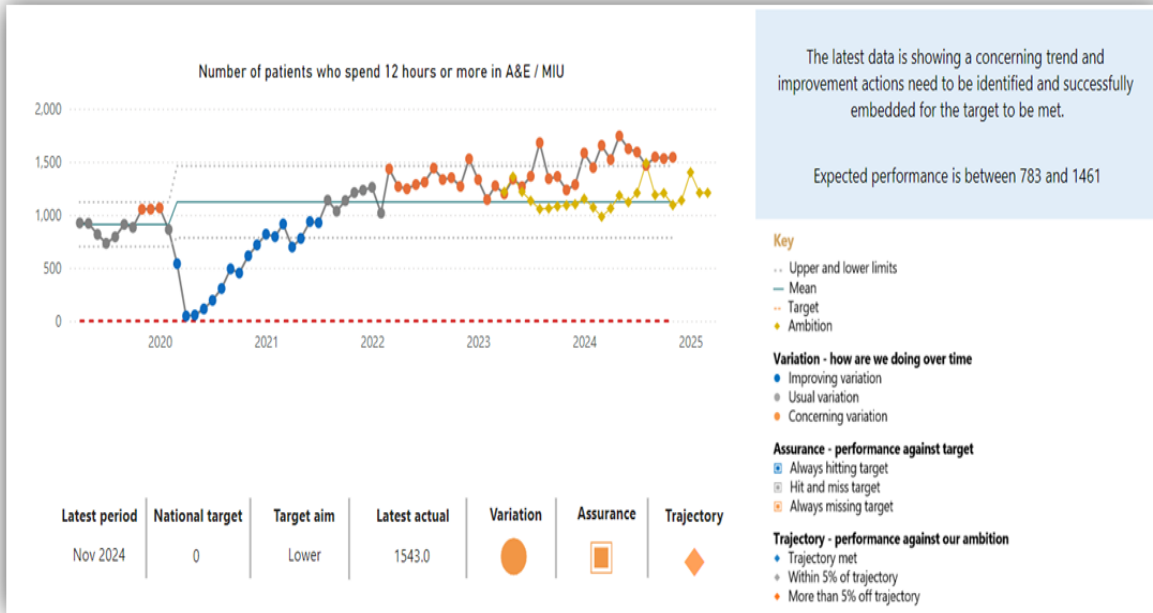
12-hour ED/MIU Breaches (All Sites)



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The Health Board was above the target for >12 Hour ED waits in December 2024. The last Quarter has seen a stabilisation in this area, with an improving trajectory since May 2024. GGH remains most challenged site within this domain.



Median time from arrival at an ED to assessment by a clinical decision maker < 60 minutes

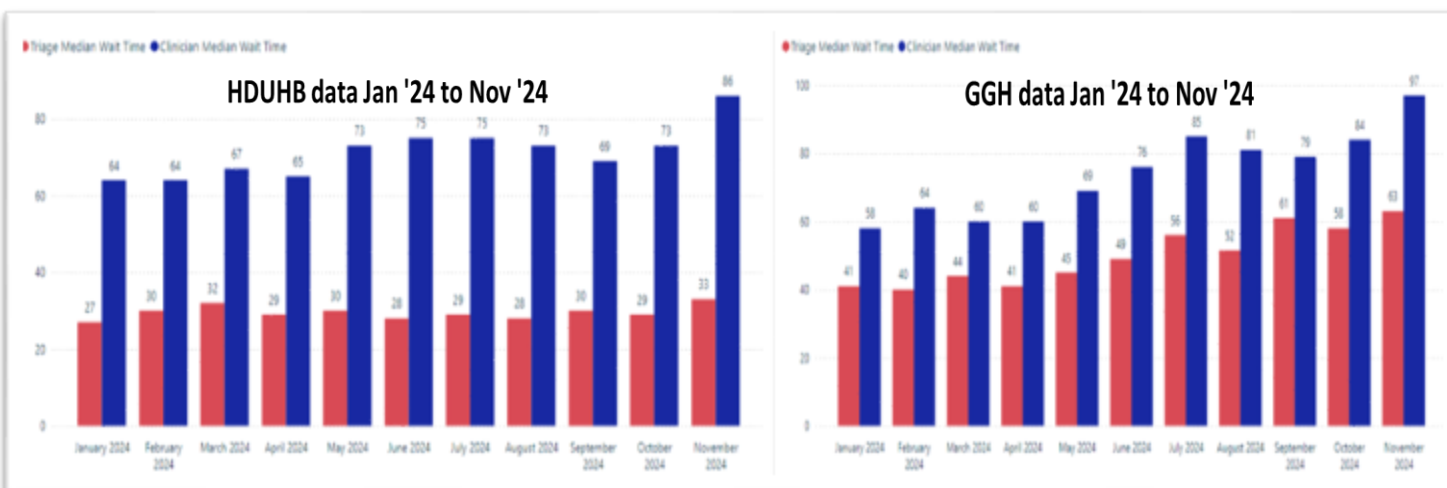


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- HDdUHB were above target for this metric in December 2024, Actual 89 mins, Target 60 mins
- Significantly increased from December 2023 and December 2024 has the highest median time to assessment over the last year.
- This position is largely driven by GGH performance, where the time to be seen by a clinician has worsened over the past three months. This is reflective of the congestion and overcrowding being experienced on the site limiting the ability to undertake timely reviews



- This is due to an exceptionally busy December period, with high acuity patients and fragile workforce across the system.

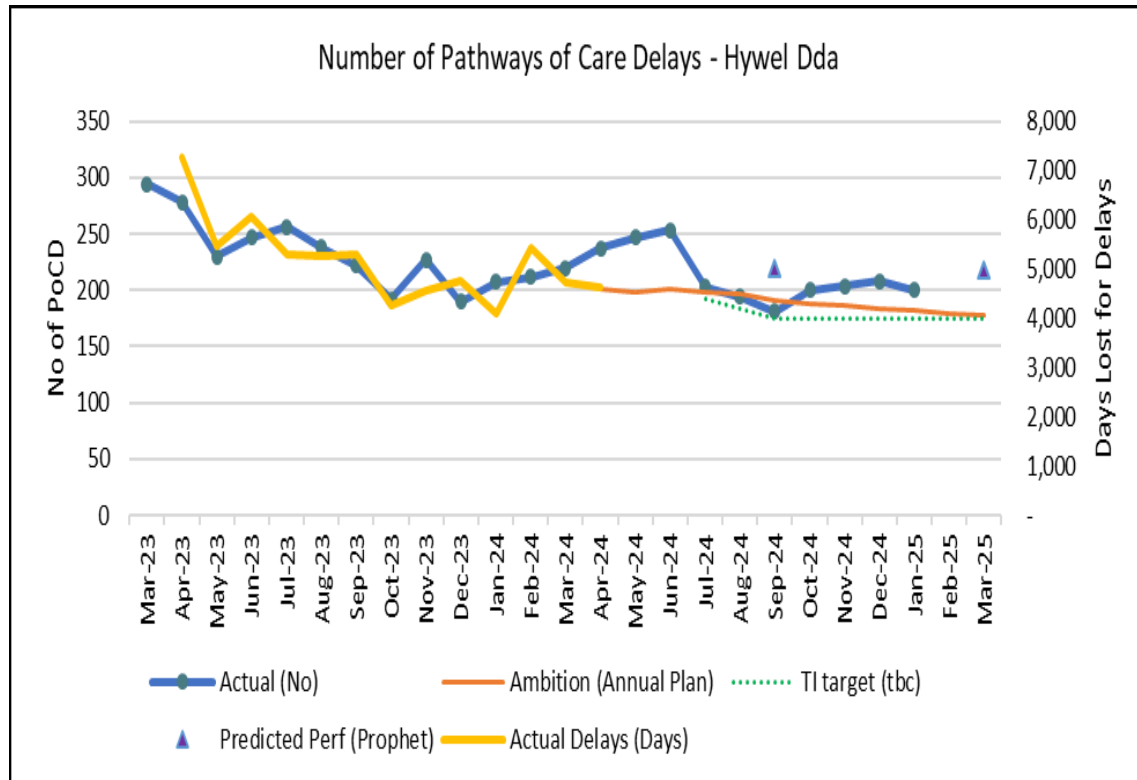
Pathway of Care Delays (PoCD)



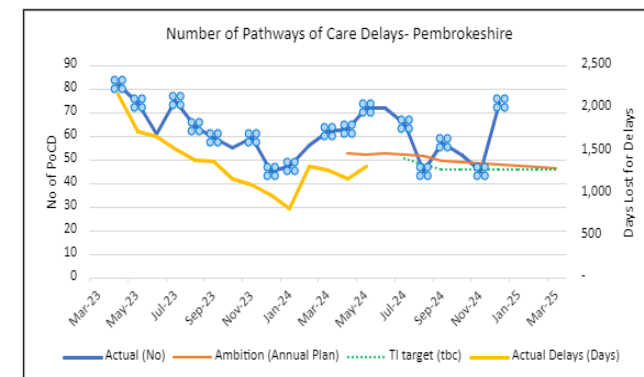
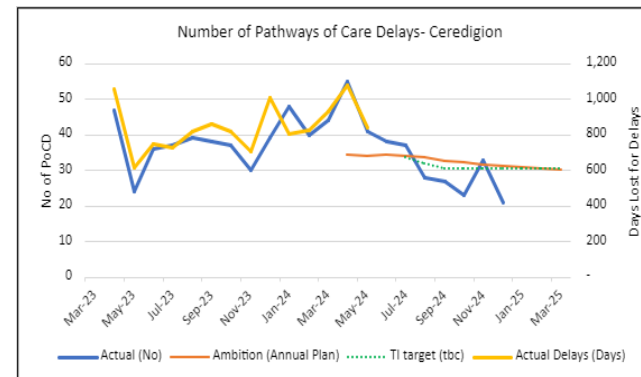
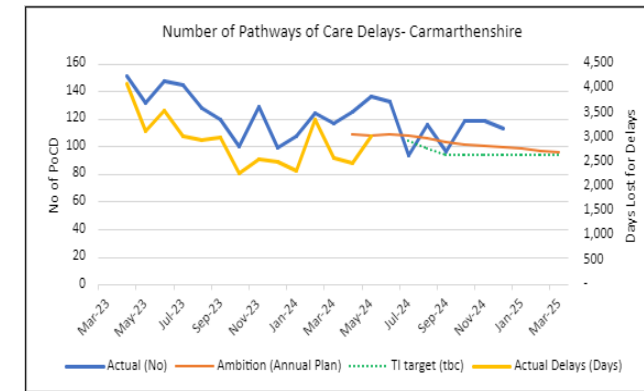
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The Health Board remains one of the top performing in Wales with regard to PoCD delivery. In January 2025 the total number of PoCDs was down from December 2024 and remains just outside Annual and Targeted Intervention (TI) targets.



Census Date	Total Delays*	Total Days Delayed**
17 January 2024	207	8,964
21 February 2024	212	9,897
20 March 2024	220	9,879
17 April 2024	237	9,721
15 May 2024	249	10,477
19 June 2024	253	10,518
17 July 2024	203	9,166
21 August 2024	194	8,927
18 September 2024	191	9,514
16 October 2024	200	9,060
20 November 2024	204	8,740
18 December 2024	208	9,219
15 January 2025	200	9,271



Workstream Progress



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- Narrative on progress and high-level swim lane timelines, with key milestones provided against each Workstream.
- Detailed Workstream plans and risk-logs developed and available through each Workstream. These are circulated on a ten-day basis as part of the Programme's continued Alert, Assure, Advise (AAA) reporting for Integrated Quality, Financial Performance and Delivery (IQFPD) Group.

Crisis Response Workstream Update

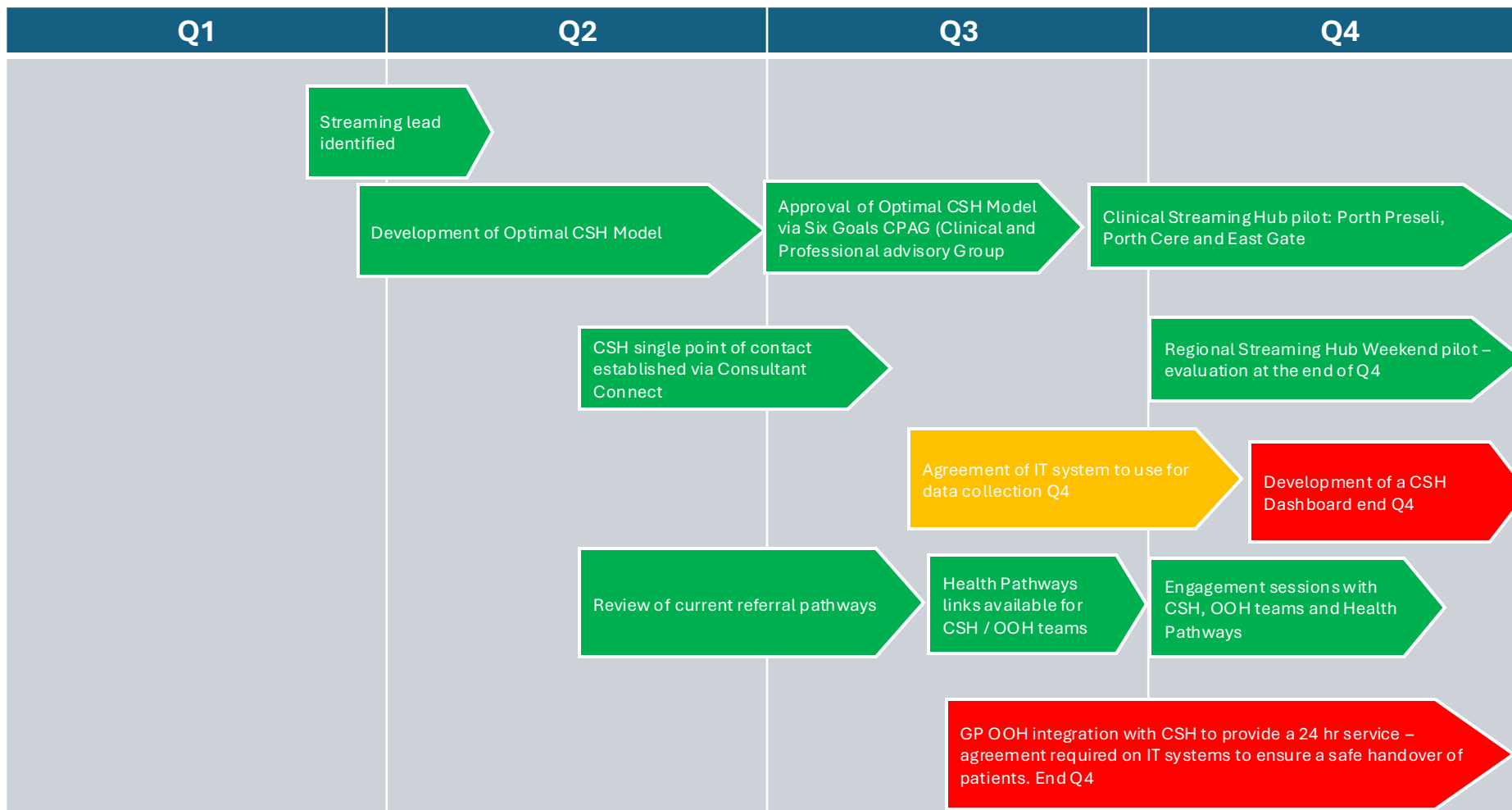


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- Hywel Dda Best Practice Clinical Streaming Hub (CSH) model approved by Clinical and Professional Advisory Group 5 November 2024
- Single point of contact being extended to include Out of Hours (OOH) to move towards 24/7 Single Point of Contact
- Health Pathways developing WAST menu to enable easier access to referral pathways.
- WAST workforce agreed for the piloting of the CSH seven day working. Training provided to WAST to provide a 7-day rota on the CSH
- Hywel Dda Best Practice CSH model approved by Clinical and Professional Advisory Group 5 November 2024
- CSH Forum established to share and review current progress
- Discussions held with head of Workforce to discuss future requirements, including the establishment of a “CSH bank”
- Regional Weekend Streaming Hub models working being tested with a regional staffing model inclusive of Integrated Care Team GPs, Advanced Clinical Practitioners, and Advanced Paramedic Practitioners working alongside the Out of Hours Team. Reporting on a weekly basis around the activity and admission avoidance will be completed. When the pilot finishes in April 2025 a comprehensive evaluation report will be completed on lessons learnt and cost/benefit to inform future direction.

6 Goals Programme: Crisis Response Workstream



Front Door Workstream Update



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- Proposal developed to extend the initial Busiest Day Review to gain an understanding of the busiest day across the whole system
- New Workstream Lead appointed
- The (new) Workstream Lead met key stakeholders from each hospital site to gain a more robust understanding of SDEC service delivery models
- Monthly Health Board SDEC Group meetings continue to take place

6 Goals Programme: Planned Front Door Workstream

Q1	Q2	Q3	Q4
		Identify / engage with SDEC site leads to develop understanding of SDECs	
		Develop scheduling process for SDEC services to allow book ahead	
		Produce SDEC report-expected by 28/02/2025	SDEC report ratified by Clinical Advisory Group
		Workstream lead review WGH ED "Busiest day" report	
		Health Board SDEC Group monthly meetings	
			Understand and learn from WGH frailty model

Safe Hospital Care Workstream Update

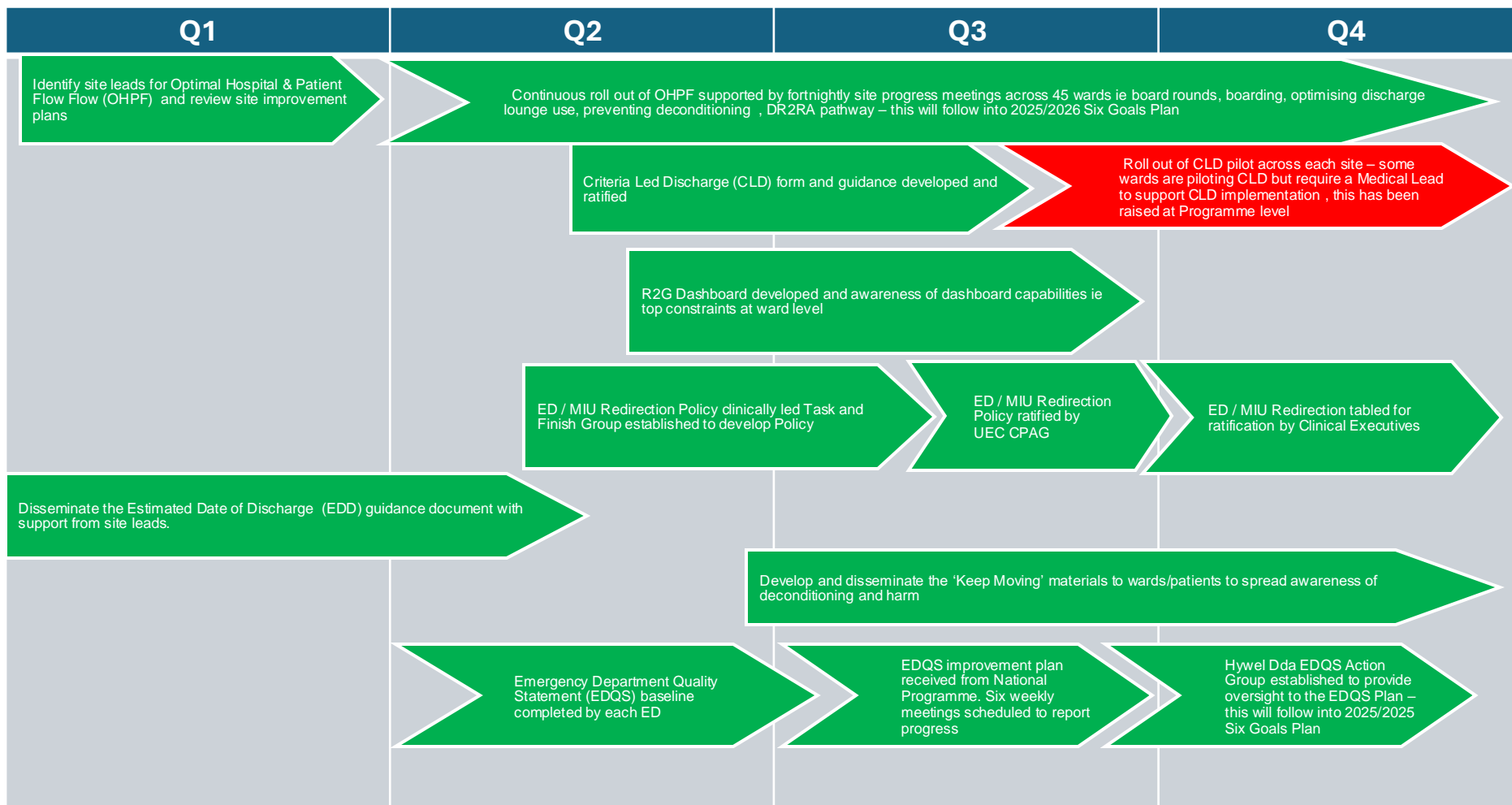


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- A Hywel Dda Emergency Department Quality Statement action group has been established to provide oversight of the EDQS Action Plan. The Action group will also allow a forum for ED sites to share learning
- The National Six Goals Team have provided Hywel Dda with an ED Improvement Tool Kit which stipulates EDQS actions for improvement This is being managed in the Six Goals Programme, Safe Hospital Care Workstream and is to be reported every six weeks via the National ED Improvement meeting
- Implementation of the Boarding protocol to reduce overcrowding
- Developing a Hywel Dda ED MIU Redirection Policy. Policy has now been drafted and is awaiting Urgent and Emergency Care (UEC) Clinical Professional Assurance Group (CPAG) and Executive Team sign-off in January 2025
- Developing an improvement plan for data quality and entry for staff being led by Informatics
- Working with workforce and recruitment to develop an ED Workforce Plan / recruitment drive
- All ED sites have Green ED Accreditation leads identified and groups established to drive this forward
- ED Get It Right First Time (GIRFT), NHS Executive ED/SDEC and the GGH 12- week plans all developed and being reported against on a regular basis to Welsh Government and Health Board
- Continued roll out of Optimal Hospital Flow
- Criteria Led Discharge (CLD) guidance developed, signed off and implementing on a pilot basis across Health Board hospital sites
- Continuation of roll-out of Optimal Hospital Care framework. All acute hospital wards completed and currently working with community hospital care roll out
- Development of improvement plans for areas of concern from Discharge to Recovery and Assessment (D2RA) pathways audit
- Development of action based deconditioning audit, building on pilot to baseline current status
- Finalisation of reporting suite from Frontier to allow evaluation of trends for internal and external constraints down to ward level Completed by Red2Green Dashboard which shows top live or historic constraints

6 Goals Programme: Safe Hospital Care Workstream – Optimal Flow and EDQS



Hospital at Home Workstream Update

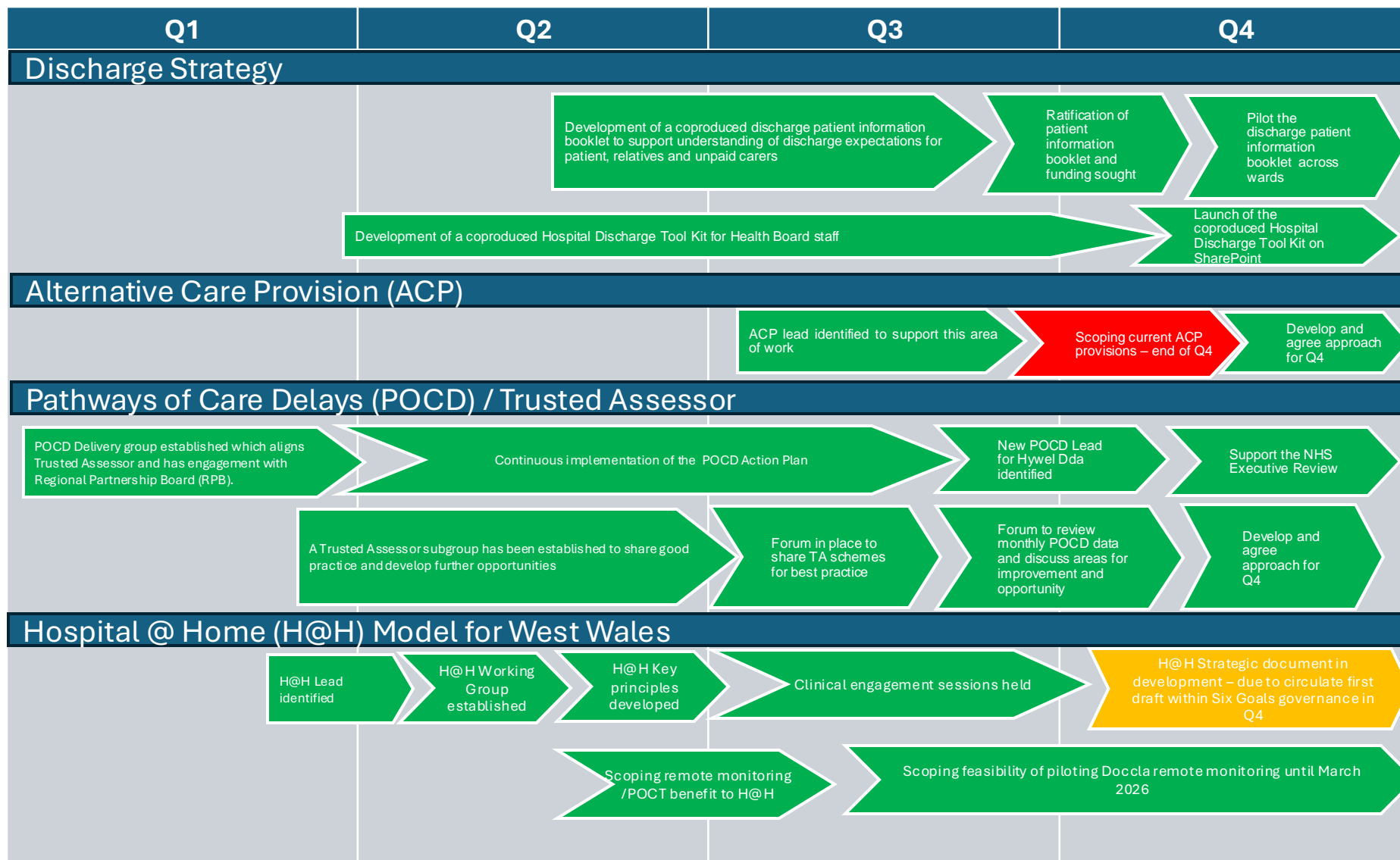


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- Monthly monitoring and reporting of PoCD action plan through recently established regional PoCD delivery group. A Regional plan has been developed and agreed to focus on key themes and relevant improvement actions.
- Trusted Assessor and Discharge Strategy Groups set up to progress improvement in these areas, each with defined plans and reporting into the PoCD group. Examples of improvement through these groups include:
 - Successful Mental Capacity Trusted Assessor Pilot in Pembrokeshire, model is potentially being rolled out HB wide.
 - Health Board Discharge Toolkit developed
 - Patient Discharge booklets developed
- Technology Enabled Care (TEC) Cymru funding secured for Doccla and Points of Care Testing (PoCT) as well as working with WAST with Luscii in a box to support the Hospital at Home model

Six Goals Programme: Hospital @ Home Workstream



Progress against the 12-week plan for Glangwilli – improvements noted



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- A Glangwilli General Hospital (GGH) 12-week plan agreed , being implemented and monitored through Hospital Management Team review meetings
- Evaluation criteria agreed for GGH Plan. Four overarching Targeted Intervention measures being utilised as well as 20+ internal measures to monitor progress
- Process for continuous engagement with frontline staff through weekly 'Big Room' meetings and the setting up of an 'Improvement Hub' where staff feedback and ideas for improvement encouraged. Small scale improvement actions identified and being implemented. Positive engagement from hospital frontline staff
- Plan for the development of an SDEC approach across main surgical specialties. Implementation of General Surgical model complete, with a positive impact on flow
- Criteria Led Discharge (CLD) process in place across all wards since 6 January 2025. Board rounds and Frontier used to record patients with a CLD plan, monitor progress and follow through
- Medical staffing model at Front Door being reviewed. Currently in the process of recruiting for a CDU/SDEC consultant to enable improved SDEC processes
- Medical SDEC processes and pathways under review to ensure consistency and optimisation of referral pathways, trial of pathway for GP medical referrals to SDEC, positive impact plan to continue
- Internal discussions in relation to professional standards, to promote clarity of referral process between Front Door and Specialities to improve more timely flow and handover processes, to promote timely senior review and decision making
- Protocol for the care management of clinically optimised patients to promote functional maintenance and optimise clinical resource utilisation under development

Key Risks



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Workstream / Area	Risk Description	Effect / Impact	Controls to manage the risk to date	Current numeric score	Likelihood	Current Score	Change from previous	Additional Risk Action / Treatment
Overarching Programme	<p>There is a risk to the consistent delivery of timely and high quality urgent and emergency care.</p> <p>This is caused by significant fragility across the urgent and emergency care (UEC) system (acute, primary care (including out of hours), community and social care services), related to workforce compromise and increasing levels of demand and acuity.</p>	<p>This could lead to an impact/affect on the quality of care provided to patients, significant clinical deterioration, delays in care and poorer outcomes, increased incidents of a serious nature relating to ambulance handover delays and overcrowding at Emergency Departments (ED) and delayed ambulance response to community emergency calls, increasing pressure of adverse publicity/reduction in stakeholder confidence and increased scrutiny from regulators.</p>	Implementation of Six Goals Programme	5	4	20	0	Is on Corporate Risk Register for Health Board and reviewed on a regular basis through ARAC system
Programme	Sustaining our UEC pathway beyond UEC and RIF funding	Lack of funding to support UEC initiatives going forward	Routine review of impact / VFM of investments and timely consideration of need to decommission those initiatives that are not delivering in order to continue to invest in those areas that are impactful.	4	4	16	0	Renewed focus on UPC funding, paper developed for consideration through Integrated Operational/Strategic Groups
Programme	Medical recruitment continues to be challenging to lead the enhanced community care model (including UPC).	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.	<p>UPC pathway (enhanced community care) embedded within existing GMS</p> <p>Investment in ACP training and development (with WAST)</p> <p>Explore innovative 'eyes on' rapid response assessment to optimise senior clinical capacity</p>	3	3	9	0	
Front Door Workstream	New workstream lead appointed in Quarter 3, stepped in to a deficit position and may not be able to achieve goals as set out in Programme Plan	This will likely impact on the deliverables for this workstream in Q4	Additional Project Support assigned to workstream lead in order to increase pace.	4	4	16		
Safe Hospital Care Workstream	No way to accurately capture Red2Green/ D2RA data to inform improvement plans. There is no interface between Frontier (digital data capture system) to WPAS.	Staff cannot accurately identify flow constrains	A HDUHB Red2Green Dashboard has been developed and currently in the testing phase with a planned launch by end of Q2. The Red2Green Dashboard will show the top constraints (i.e. Red days and their reasons) for the Health Board and each individual ward by pulling data from Frontier input. This will provide our staff and the Welsh Government with a clearer idea of internal and external delay themes and trends	3	1	3	0	

Quarter 4 - Priorities



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- Continued development/evolution of a Regional Clinical Streaming Hub for Health Professionals and Care Homes delivering 24/7 urgent care advice and support and onward referral to local delivery/resource hubs where appropriate
- Develop a consultant led ED medical provision that is fit for purpose and meets the demand and capacity (D&C) requirements utilising all professions
- Utilise the risk stratification data set across the system proactively with the population
- Review of Community bed-based hospital capacity, with a view to ensuring proactive case load management and estate as part of the Alternative Care Model work. Develop and implement strategy for Alternative Care Community (ACP) Provision across the West Wales region.
- Enhancements to local delivery / resource hubs to support the CSH providing access to enhanced community care services, third sector services and other pathways to provide safe alternatives to admission, inclusive of Integration with GP OOHs and APP resources
- Development and implementation of consistent approach to Front Door Streaming / Assessment Units focused on our Frail Elderly cohort based on good practice and lessons learnt from Withybush Puffin / South Pembrokeshire model.
- Development and implementation of HDdUHB optimal SDEC model following on from lessons learnt from peer review and alignment with CSH and local resource hubs
- Continued implementation of Optimal Flow Framework including Community sites supported by Frontier digital platform. Inclusive of continuing education at ward level to ensure consistent approach to Board Rounds and Safety Patient Huddles utilising Frontier platform to capture and report information
- Implementation of seven focused areas within ED Quality statement
- Development of a West Wales Hospital @ Home strategy to ensure consistent approach and delivery
- Development of a robust regional Trusted Assessor (TA) Model to ensuring consistent approach to assessment across the region
- Review of ED Breach validation process with standardised Health Board wide Standard Operating Procedure (SOP)



- The National Six Goals Team have stated that the Health Board cannot utilise current national funding for Urgent Primary Care and SDEC initiatives next year. Instead funding will need to be refocussed into the following strategic priorities and delivery expectations set out in the NHS Wales Planning Framework 2025/26, supported by the Six Goals Programme Framework:
 - UEC1: Implement effective Community Based Falls Response Services. To enhance outcomes and experience for those who fall by improving initial response times, reducing the risk of long lies and ensuring service users access community falls pathways when appropriate
 - UEC2: Implement a robust Single Point of Access (SPOA) for UEC. Create in each Health Board an area that simplifies access to services by offering clinicians advice and guidance to support onward referral, ensuring patients get the right care for their needs quickly and safely, to improve patient outcomes regardless of where they present
 - UEC3: Implement an Acute Front Door Frailty Service at all acute hospitals. Integrated with community frailty services - that ensure that older people with frailty are diverted to the most appropriate services within the hospital as quickly as possible and, where possible, discharged home on the same day
 - UEC4: Implement the Welsh Health Circular - Ambulance Patient Handover Guidance. To ensure timely transfer of patients from ambulance crews to emergency department staff
 - UEC5: Implement actions described in the Optimal Hospital Flow Framework. To ensure people who possess a clinical need for admission to hospital are discharged home when clinically ready, with the right support and without delay. This should support a reduction in pathways of care delays.



The Strategic Development and Operational Delivery Committee is asked to:

- **NOTE** the Six Goals programme progress against its Planning Objective as presented, including the associated risks, issues and considerations for each Workstream as highlighted.
- **NOTE** the 2025/26 UEC Ministerial Priorities reflected within High level priorities identified for the Six Goals Programme in 2025/26
- **NOTE** the risks/mitigations regarding refocusing of current SDEC and UPC funding towards initiatives aligned to 2025/26 UEC Ministerial Priorities
- **REEIVE ASSURANCE** reparding the formal response from Welsh Government following the Programme's mid-point review: A letter stated that the Six Goals Programme in Hywel Dda had made good progress in many areas and that engagement with the national team has been positive, as such it would be continuing to fund Q3 and Q4



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