

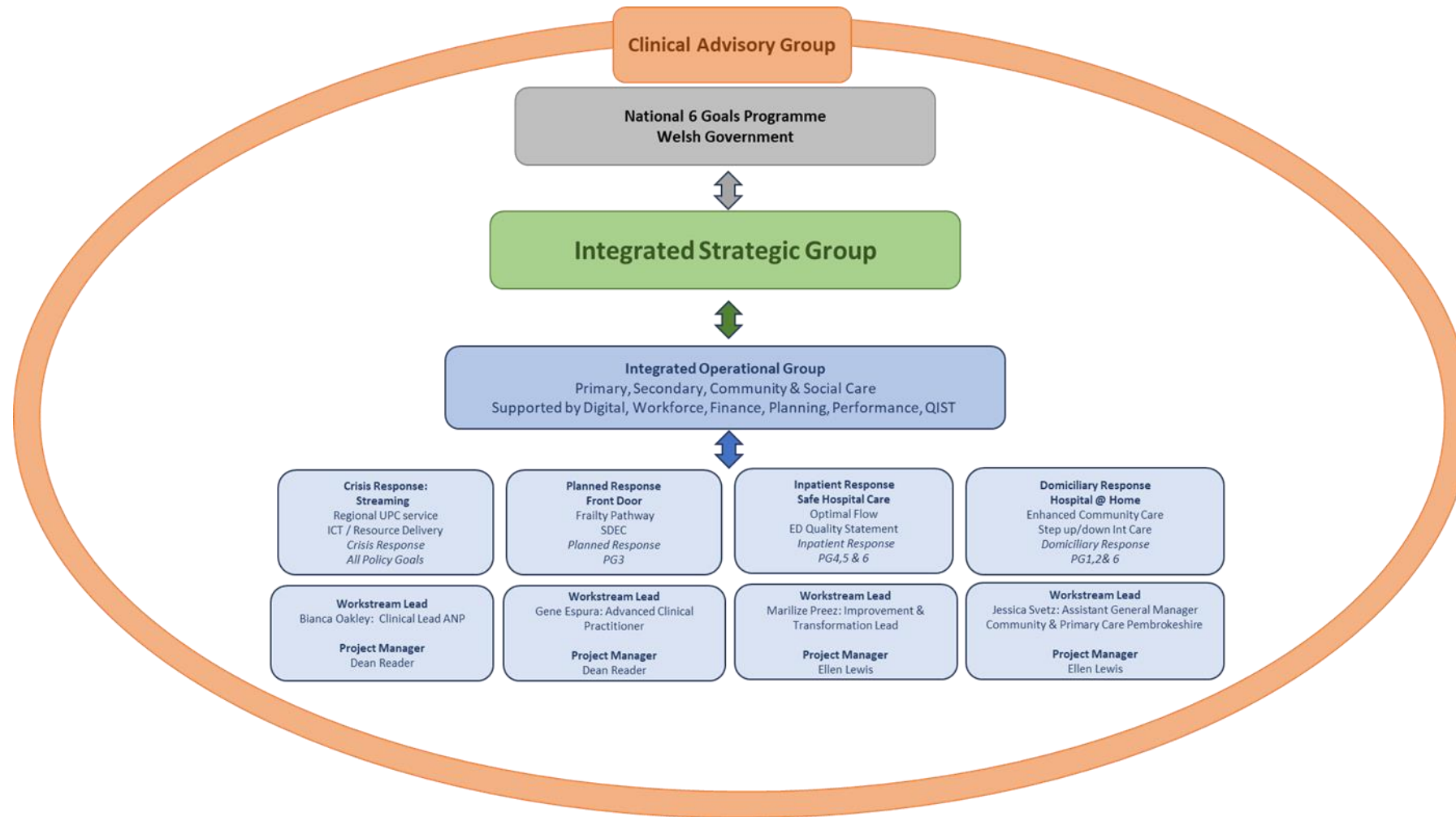
- **Strategic Development and Operational Delivery Committee**
- **Six Goals Programme Quarter 2 Update**

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 Primary Care.

'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 Pembroke 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 board Agreement of CSH evaluation framework

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 alignment with the regional CSH and local resource hubs to ensure clinically safe alternatives to hospital.

IMPACT & BENEFIT

- Reduced inappropriate conveyance to Emergency Departments & associated costs
- Reduced 12-hour breaches who are discharged home
- Increase in SDEC activity from a direct referral from Primary Care, Welsh

Deliverable	Key Milestone Q1
Consistent approach to delivery of SDEC across HdduHs	<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

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 Evaluation of Deconditioning pilot and lessons learnt
Continued education at ward level around SAFER patient bundle, Red2Green process and associated codes, Discharge to Recover & Assess (D2RA) pathways identification etc	
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 number of assessments undertaken by Trusted Assessors
- Increased discharges with LoS < 72 hours

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 	

Programme Level Update, Quarter 2



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- New Governance Structure implemented, Integrated Operational Group established and planning to link overarching strategic governance with the Integrated Executive Group.
- Workstream Leads appointed with dedicated Project Manager support, workstream plans for each workstream developed.
- Six Goals Workshop held on the 20 September 2024. Engaged with key stakeholders and Welsh Government on progress and challenges to date. Following the workshop a meeting has been organised with Six Goals Leads to review Quarter (Q) 3 and 4 Programme Plan.
- Submission of Q2 return to Welsh Government, inclusive of deliverables achieved, performance and financial reporting. Ongoing funding for the Programme from Welsh Government is dependent on providing assurance against each of the reporting fields.
- Winter Communication Plan – Collaboration with Communications Team complete, will use opportunity to enhance the existing annual Primary Care Communications plan with focus areas from:
 - *Promoting Community Pharmacy and what they can offer/do for the public*
 - *Avoiding falls*
- Established Clinical Advisory Group – initial meeting held 1 August 2024



- > 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

Data Sources:

- *IRIS.*
- *POCD Census Data*

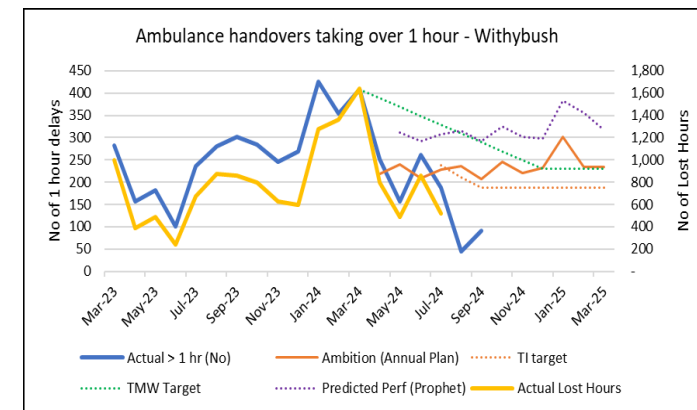
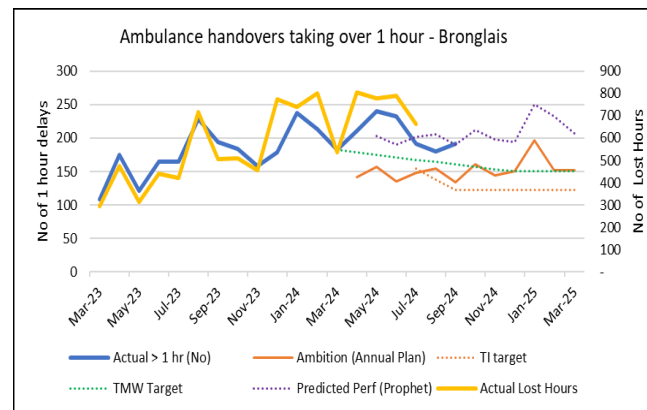
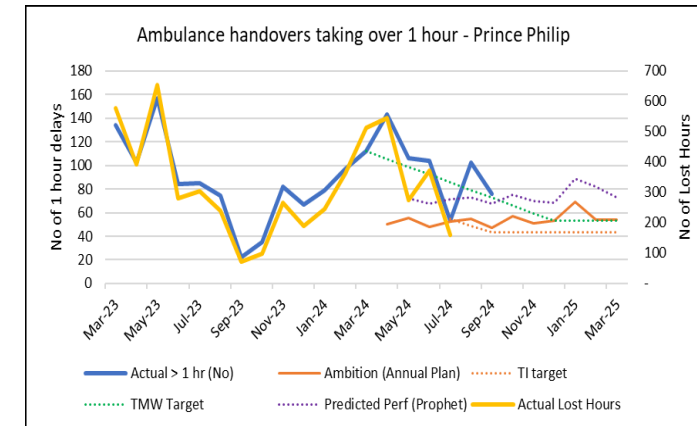
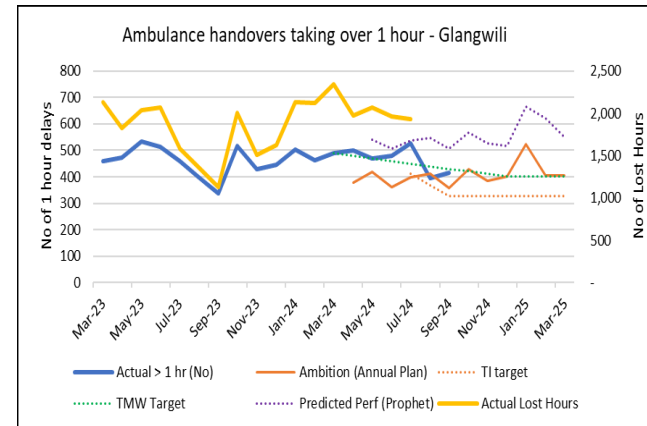
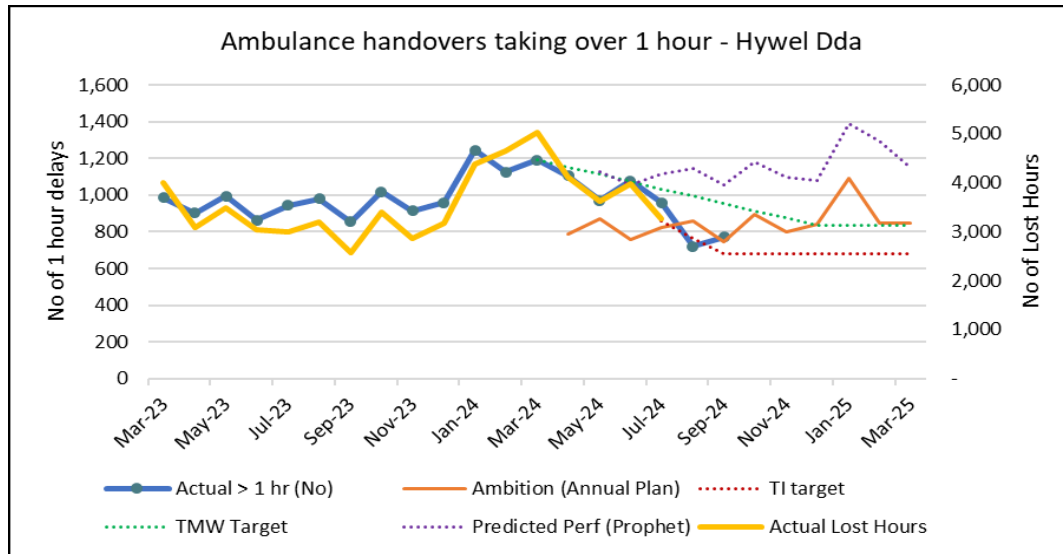
Ambulance Handover >1hr, (Total Number, All Sites)



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Trend line for October 2023 to for October 2024 indicative of an improving position for the year overall for total numbers of >1hr Ambulance Handovers across sites. In August it was noted that for the first time this year the Health Board hit the trajectory to achieve the both Targeted Intervention (TI) and Annual Plan targets. This is the first-time improvement in this area has been demonstrated (from the wider performance trend viewpoint) since October 2021. However, September 2024 has shown a slight increase and now above numbers to hit both TI and Annual Plan targets.



	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Actual > 1 hr (No)	1,103	970	1,078	959	721	771						
Ambition (Annual Plan)	788	869	755	826	858	747	892	801	839	1,089	846	846
TI target				858	764	680	680	680	680	680	680	680
TMW Target	1,152	1,112	1,073	1,033	993	953	914	874	834	834	834	834
Predicted Perf (Prophet)		1,128	1,057	1,117	1,142	1,058	1,180	1,096	1,078	1,389	1,291	1,148

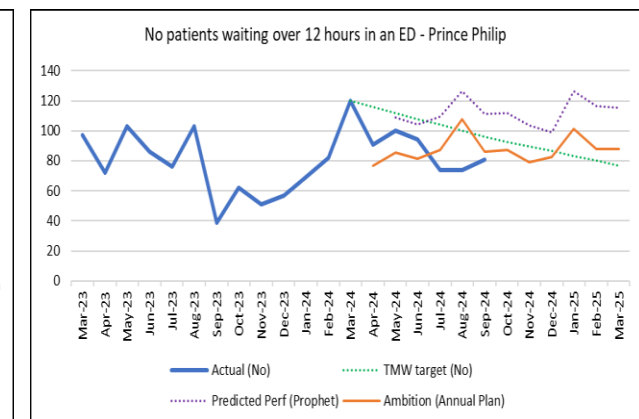
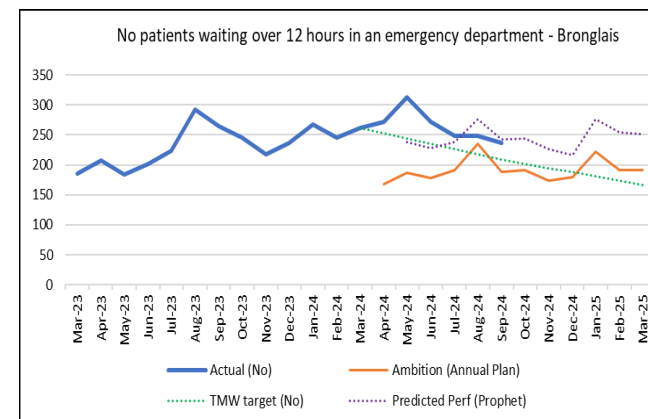
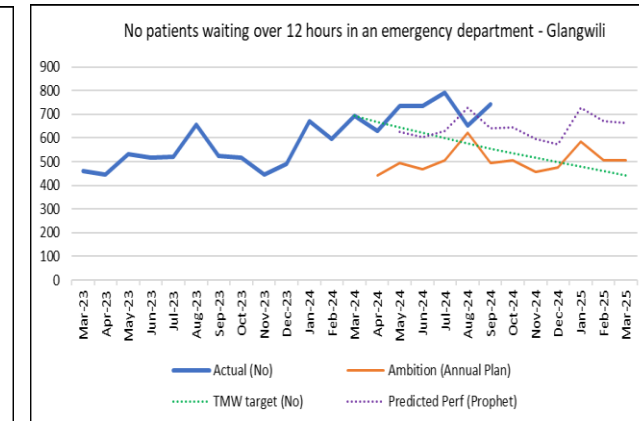
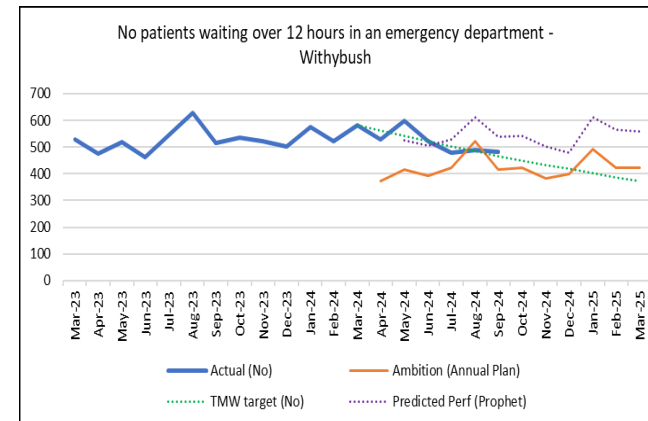
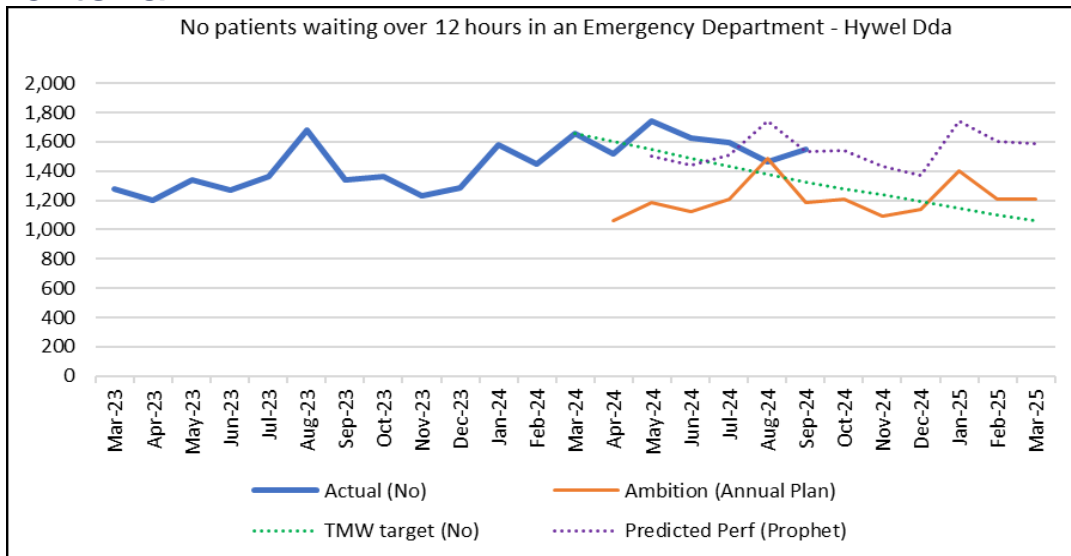
12-hour ED Breaches (All Sites)



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There has been an improvement seen since June 2024 in the volume of ED waits >12hrs for the Health Board. In August 2024 the Health Board met the Annual Plan target for the first time this year. However, September 2024 has seen an increase in breaches, and the Health Board is currently behind Annual Plan targets for this criteria.



12-hour ED Breaches (Health Board)

	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Actual (No)	1744	1623	1592	1466	1546						
Ambition (Annual Plan)	1183	1120	1207	1487	1187	1205	1093	1137	1401	1208	1208
TMW target (No)	1545	1490	1434	1379	1324	1280	1236	1192	1147	1103	1059
Predicted Perf (Prophet)	1501	1440	1506	1743	1532	1541	1430	1368	1741	1606	1590

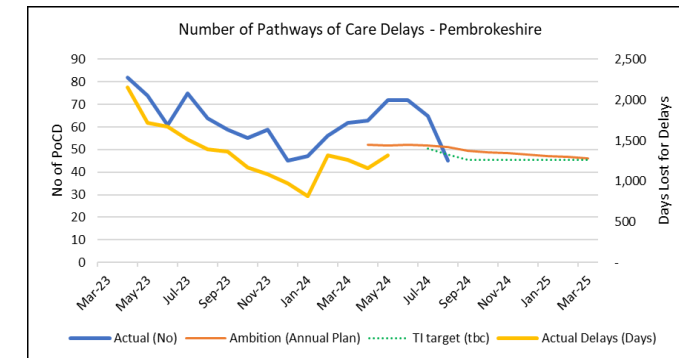
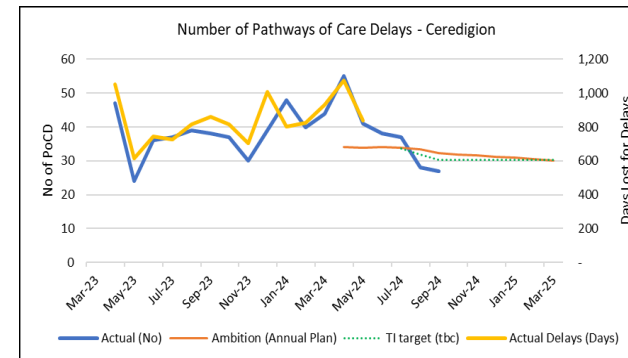
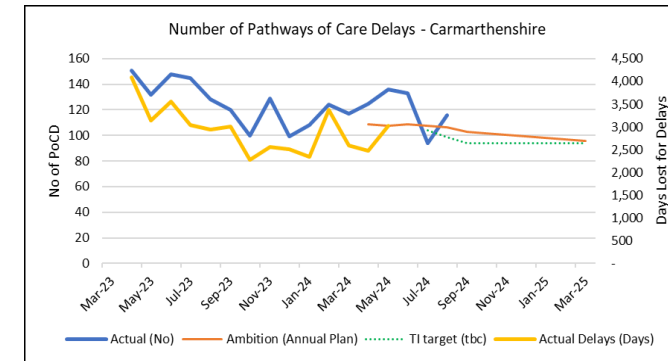
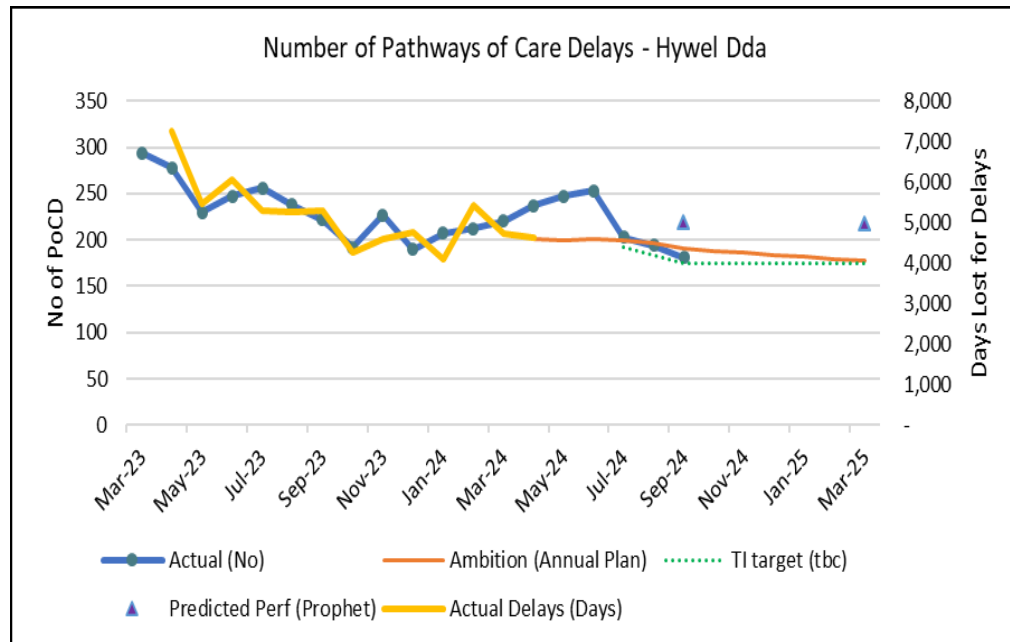
Pathway of Care Delays (PoCD)



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Improving position since June 2024 and in August and September 2024 met the target for trajectory associated with Annual Plan criteria for the first time this year. In September, Hywel Dda University Health Board (HDdUHB) was the best performing Health Board in Wales with regard to PoCD numbers.



Number of PoCDs (Health Board)

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Actual (No)	220	237	247	253	203	194	181						
Ambition (Annual Plan)		201	199	201	199	197	190	188	186	184	182	179	177

Improvement Actions

Workstream 1, Crisis Response Definition: Streaming



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Deliverable	Q2 - Current Progress
Enhancements to local resource hubs	<ul style="list-style-type: none">• Homefirst Hubs operational across the Health Board (Porth Preseli, Eastgate and Porth Cere).• Working with the National Clinical Hub team to deliver an enhanced Out of Hours response for Care Home Residents across HDdUHB. This will utilise specialist advice from GPs and Pharmacists who will be working with Red Cross practitioners out of hours, both reactively and proactively to address the needs of the Health Board Care Home population. A Task and Finish group is in place to map processes on both sides and explore the Art of the Possible.
Development of regional Clinical Streaming Hub (CSH) for Health Professionals and Care Homes	<ul style="list-style-type: none">• Best Practice Clinical Streaming Hub (CSH) model developed by Workstream Lead and submitted to the 3 October 2024 Clinical Assurance Group for Programme Board approval.• Regional Single Point of Contact developed and implemented for Health Board Clinical Streaming Hub, utilising Consultant Connect• Scoping of 111 to Clinical Streaming Hub direct referral pilot placed temporarily on-hold following Clinical steer whilst 111/999 call merger underway; the expected completion date of this is 13 November 2024 at which time workstream scoping activity will resume. In support of the scoping and workstream requirement, the team will use the opportunity to investigate system readiness and integration needs.

Improvement Actions

Workstream 2, Planned Response Definition: Front Door



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Deliverable	Q2 Current Progress
<p>Consistent approach to delivery of Same Day Emergency Care (SDEC) across HdDUHB</p>	<ul style="list-style-type: none"> • On going remodelling of services in line with the Withybush model. • Busiest Day Review complete and report produced to inform SDEC demand and capacity planning . • SDEC Leads have been asked to review their recommendations from the SDEC Peer Review, NHS Executive Review and provide an updated action plan. • Health Board Optimal SDEC Principles report to be developed when above reviews received with recommendations for consistent model, workforce, inclusion/exclusion criteria etc
<p>Development and implementation of a front door assessment model of care aligned to a frailty approach</p>	<ul style="list-style-type: none"> • Frailty Assessment Unit and clear pathways now in place at Withybush and Glangwili Hospitals with pull from Accident and Emergency (A&E) / Clinical Decisions Unit (CDU) • Clinical Frailty Scale and comprehensive geriatric assessment commenced at the front door and Frailty teams follow patients to acute wards

Improvement Actions

Workstream 3, Inpatient Response Definition: Safe Hospital Care



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Deliverable	Q2 Current Progress
<p>Continued implementation of the Optimal Flow Framework</p> <p>Continued education at ward level around SAFER patient bundle, Red2Green process and associated codes, Discharge to Recover & Assess (D2RA) pathways identification etc</p>	<ul style="list-style-type: none"> • A desktop review for one acute site has been completed which considered an identified cohort of patients discharged on a Monday/ Tuesday. The findings from the review have provided opportunities to improve weekend discharges and to identify any potential barriers. To complete deliverables, other acute sites need to undertake the desktop review and feed the findings into their site improvement plans. • Criteria Led Discharge guidance developed, signed off and implementing on a pilot basis across Health Board acute sites • ED Minor Injuries Unit (MIU) Redirection Policy Group established. Currently in process of approving policy for implementation in Q3. • Continuation of roll-out of Optimal Hospital Care framework. All acute hospital wards completed and currently working with community hospital care roll out. • Establishment of regional Pathways of Care Delays (PoCD) and Trusted Assessor Groups, with an agreed process developed and implemented for PoCD census data. • 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.
<p>Implementation of seven focused areas within ED Quality statement</p>	<ul style="list-style-type: none"> • All Emergency Department Quality Statement (EDQS) baseline templates have been completed by each site. Next step is to meet with the HB ED Lead to review and start the development of the EDQS Action Plan. Once partly developed, will be shared with ED sites for review, approval and then begin implementation.

Improvement Actions

Workstream 4, Domiciliary Response Definition: Hospital @ Home



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Deliverable	Milestones Q2
Develop robust regional and local actions plans to deliver required improvement in PoCD numbers	<ul style="list-style-type: none"> • Establish PoCD Delivery group with integrated membership from Health and Social Care supported by the Regional Partnership Board (RPB) – Complete • Engagement with RPB to develop robust reporting and discussion forum to improve performance across the region - Complete • Review Community Joint Equipment provision and ensure consistent approach across the region -Complete • Establish monthly monitoring and reporting of PoCD Action Plan through PoCD Delivery group, plan to focus on key themes and relevant improvement actions - Complete • Develop regional approach to consistent Community Equipment provision – Complete
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 - Complete • Review of Health Board policies to ensure alignment with national guidance / policy - Complete • Review of current Discharge Liaison Nurse (DLN) provision to ensure consistent approach across the region – Complete
Develop robust regional Trusted Assessor (TA) Model	<ul style="list-style-type: none"> • Alignment with work in the Discharge Strategy group work to define simpler and complex discharges to ensure maximum benefit. Aligned to PoCD Group instead – Complete • Conduct TA pilot in Pembrokeshire for undertaking mental capacity assessments, adjustments in packages of care and front door assessment – Complete • Auditing of TA activity against baseline and model scope of opportunity – Complete
Develop and implement strategy for Hospital @ Home (H@H) across the West Wales region	<ul style="list-style-type: none"> • Development of common H@H definition and approach for West Wales – What does good look like? To include enhanced community care - Complete • Engage, socialise and agree Hospital @ Home model – Complete • Mapping and gapping of current services against agreed H@H definition from current systems and identifying gaps – Complete
Develop and implement strategy for Enhanced Community Care supported by virtual wards	<ul style="list-style-type: none"> • Initial Assessment of current Alternative Care Provision (ACP) to include community hospital, step up and down beds to support H@H model – Complete • Review the evaluation of Y Lolfa. Including the collation of incident and complaints data. The completed review will highlight the learning, issues, and recommended changes – Complete • Review the Standard Operating Procedures (SOPs) of current community hospitals – Complete



- Availability of Workstream Leads continue to be a risk due to Clinical and Operational pressure. Without sufficient Workstream Lead time the Project Managers cannot progress the deliverables associated within the Programme Plan
- Loss of Q3/4 Six Goal funding from Welsh Government to support current Six Goal Programme initiatives (£2,764,000). There is a risk that Welsh Government could withdraw Programme funding for Q3/4 if the Q2 submission does not provide adequate assurance in the delivery of the programme.
- Impacts external to the programme eg fragility of Primary Care, recruitment and retention to medical/nursing posts, Targeted Intervention and financial savings plans.

The Strategic Development and Operational Delivery Committee is asked to:

- **NOTE** the Six Goal's Programme progress against its Planning Objective as presented, including the associated risks, issues and considerations for each Workstream as highlighted.
- **NOTE** a proposed review of the Q3/Q4 Programme Plan with Key Programme Leads to ensure ongoing alignment between Programme Deliverables and Outcomes
- **NOTE** a Programme focus for Quarter Three on bringing ED breaches back in line with TI and Annual Plan trajectories and a review of Programme funding, budget reallocation possibilities and project closure planning where required
- **APPROVE** the updated Programme Governance Structure



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