



GIG
CYMRU
NHS
WALES

Delivery Unit
Uned Gyflawni

Work Programme 2019/2020



Executive Summary

Work programme

The Delivery Unit's vision is of achieving sustainable improvement in NHS Wales through a whole system approach to health and care to achieve the vision of A Healthier Wales: for everyone in Wales to live longer, healthier and happier lives and to support people to remain active and independent.

The NHS Wales core values are at the heart of our work, to ensure the delivery of this vision for the benefit of the entire population and for future generations.

- Putting quality and safety above all else – providing high value evidence based care for our patients at all times.
- Integrating improvement into everyday working and eliminating harm, variation and waste.
- Focusing on prevention, health improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of the people of Wales.
- Working in true partnerships with partners and organisations and with our staff.
- Investing in our staff through training and development, enabling them to influence decisions and providing them with the tools, systems and environment to work safely and effectively.

The design principles in 'A Healthier Wales' have been the test to our content and approach to ensure that we are fit for the future. Ensuring we continually add value that links policy through to practice and the delivery of current and future national targets. Taking our lead from Welsh Government priorities and how they feature in organisational plans.

The Delivery Unit's mission is to work with NHS organisations and their partners to deliver the vision of A Healthier future through intelligence, action and outcome.

1.2 Design Principles – A Healthier Wales

All activity within the work programme has been tested against the design principles of *A Healthier Wales*:

Prevention and early intervention – acting to enable and encourage good health and wellbeing throughout life; anticipating and predicting poor health and wellbeing.

Safety – not only healthcare that does no harm, but enabling people to live safely within families and communities, safeguarding people from becoming at risk of abuse, neglect or other kinds of harm.

Independence – supporting people to manage their own health and wellbeing, be resilient and independent for longer, in their own homes and localities, including speeding up recovery after treatment and care, and supporting self-management of long term conditions.

Voice – empowering people with the information and support they need to understand and to manage their health and wellbeing, to make decisions about care and treatment based on 'what matters' to them, and to contribute to improving our whole system approach to health and care; simple clear timely communication and co-ordinated engagement appropriate to age and level of understanding.

Personalised – health and care services which are tailored to individual needs and preferences including in the language of their choice; precision medicine; involving people in decisions about their care and treatment; supporting people to manage their own care and outcomes.

Seamless – services and information which are less complex and better co-ordinated for the individual; close professional integration, joint working, and information sharing between services and providers to avoid transitions between services which create uncertainty for the individual.

Higher value – achieving better outcomes and a better experience for people at reduced cost; care and treatment which is designed to achieve 'what matters' and which is delivered by the right person at the right time; less variation and no harm.

Evidence driven – using research, knowledge and information to understand what works; learning from and working with others; using innovation and improvement to develop and evaluate better tools and ways of working.

Scalable – ensuring that good practice scales up from local to regional and national level, and out to other teams and organisations.

Transformative – ensuring that new ways of working are affordable and sustainable, that they change and replace existing approaches, rather than add an extra permanent service layer to what we do now.

Detail of the programme

2.0 The work programme will be delivered through the structural parts of NHS Delivery Unit. Throughout the programme there has been consideration of an integrated working methodology whilst ensuring primacy for objective assessment of services, pathways and performance. This next section provides details the scope of the work which will then be underpinned by an operational delivery plan.



2.1 Major Conditions

The work programme of 2018/19 for the major conditions team focussed on three key national areas directed by Welsh Government.

- Single Cancer Pathway (SCP) – Preparedness for implementation.
- National review of thrombolysis - Service & peer review of pathways and delivery.
- Hip fracture outcomes – Measurement and performance

Given the profile and development stages of all these areas of work, a significant amount of the ongoing work programme for major conditions will have elements of all of these themes. Specific areas related to performance are reflected in the key priorities for the major conditions.

1. Single Cancer Pathway

Continue to support demand and capacity work stream as set out in the national single cancer pathway programme delivered by the Welsh Cancer Network. Going forward the two mechanisms of supporting the SCP will be as follows

- Supporting NHS Wales health boards and Trusts locally on a request basis through current interface arrangements (Q&D, organisational cancer groups)
- National SCP work directed by the Delivery Programme Director through our SLA with Welsh Government.

2. Stroke

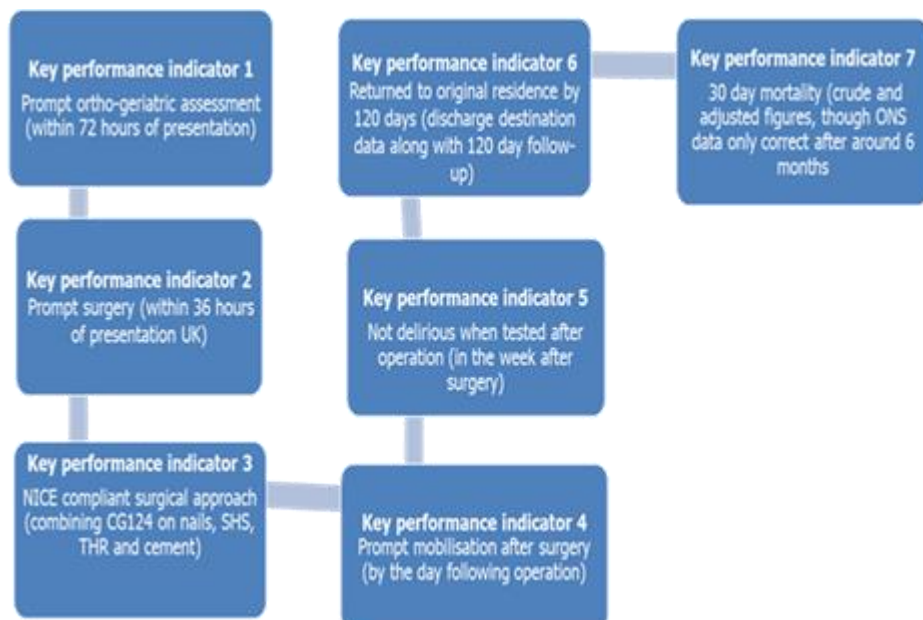
The national thrombolysis review will be presented to Welsh Government Quality and Delivery Board in the first quarter of 2019/20. Any further action for the DU on the recommendations and response to the report has been planned into this year.

As an addition to ongoing performance management and improvement of stroke measures the DU recognises its role in leading work in performance of the new SSNAP standards focussing on rehabilitation. The delivery of these measures will require effective non-acute hospital care, therefore the synergy with the unscheduled care work of right sizing community services will be developed.

3. Hip Fracture Performance

In response to the national hip fracture audit report of 2018 the DU has worked with national clinical leads and Welsh government to develop key performance metrics related to hip fracture and frailty. These will be piloted and considered for inclusion in the National Delivery Framework for NHS Wales.

Key performance indicators for Hip Fracture



If the proposal is agreed the DU will monitor performance against these indicators, providing a monthly report to Welsh Government Delivery and Performance team and will support Health Boards in the delivery of improved services.

At the time of this draft the next steps are as follows;

- A monthly reporting methodology will be adopted using the KPIs, which will be developed using data directly taken from the National Hip Fracture Database. The DU will confirm availability of data and advise on reporting methods
- Health Boards should be consulted about of proposed new measures and an agreed reporting methodology
- A timetable for reporting and agreement of indicators will be developed

There is scope to integrate the hip fracture work in organisations with the serious untoward incident (SUI) performance management and assurance of the quality and safety team in the DU. This will have the maxim to ensure that hip fracture is reported in the performance and the quality arena which aligns with the key messages in the national audit. This is detailed in the Quality and Safety section.

2.2 Mental Health & Learning Disabilities

In the previous 2 years three key national assurance reviews have been undertaken;

- Older people's Mental Health Inpatient Unit Governance Assurance review. Governance, environments, staffing, liaison.
- Care and Treatment Planning Assurance review adult working age mental health and Learning disability services community and inpatient services. Governance, quality, workforce, skills audit.
- Child and adolescent Mental Health Primary care assurance review. Access, Quality, safety, workforce, skills audit, demand and capacity analysis. (to be completed in Quarter 1 2019)

The outcomes and recommendations from all of these reviews has required further work to be included in the work programme going forward.

Specific capacity has been identified for intervention, assurance and improvement elements of work required following the publication of the CAMHS primary care assurance review.

Work streams delivered currently and on an ongoing basis

- Revision and enhancement of performance information and subsequent performance assurance.
- Community Mental Health Teams episodes of care systems modelling project
- LPMHSS masterclasses on data analysis and forecasting.
- Facilitation of the national Serious Untoward Incident collaborative and MH &LD mortality review process.
- Demand and Capacity analysis improvement work for mental health services.
- National programmes data and outcome work, Mental Health Network Board.

Emerging Priorities

- Liaison Psychiatry
- Whole systems modelling for future service needs
- Psychological Therapy access performance.
- Focus on mortality and learning from incidents with primacy on suicide prevention.

Key stakeholders:

- Finance Delivery Unit
- Health Boards
- HEIW
- National Collaborative
- 1000 lives

2.3 Quality & Safety

The review of the Delivery Unit structure and functions to ensure the unit is fit for the future gave consideration to the need to ensure that quality and safety is embedded and clearly visible as a golden thread throughout the Unit's programme and activities. Whilst there are specific core functions of the Quality and Safety team, the team also works with other Delivery Unit teams on specific reviews and work streams.

Emerging priorities and themes

- Increased access and interrogation of Welsh Nation Reporting Learning System (NRLS) data
- Impact on delivery of safe high quality services to patients following reports of significant concerns and/or escalation of poor performance against delivery targets
- Promotion of exemplar governance; management of risk, concerns, incidents
- Thematic reviews with Q & S outcome focus e.g. unplanned re-admissions
- Expertise and support for Health Boards executive leaders and clinical leaders
- Clearly defined involvement in DU priorities e.g. Single Cancer Pathway, Fractured Neck of Femur, Mental Health
- National events – DU work streams through the Quality and Safety lens

Core work

Patient Safety Alerts and Notice development, compliance monitoring and learning:

- The team supports the Welsh Government's collaborative working with NHS Improvement in England to develop and issue patient safety alerts and notices. Scope for an enhanced monitoring role will be considered during 2019.
- National learning events following implementation of alerts and notices to support system wide dissemination and learning.

National Quality and Safety Fora:

- Participation in national groups including:
 - National Quality and Safety Forum
 - National Listening and Learning Group
 - National Patient Safety Response Advisory Panel (NaSRAP)

Reviews/interventions:

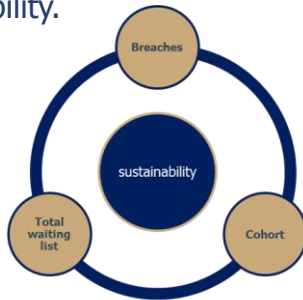
- Quality and Safety interventions and assurance reviews undertaken at the request of Welsh Government.

Quality and Safety Team Work Plan 2019-2020

Quality & Safety Work Plan 2019-2020				
Participation & Input into National Forums & Events				
System Wide Learning from Risks, Never Events, Concerns & Incidents				
Utilisation of National Reporting & learning System Data (NRLS)	Patient Safety Alerts & Notice Development, Compliance Monitoring		National Learning Events	
Q&S Interventions & Assurance Reviews				
Integration of Quality & Safety Expertise Across All DU Work Streams				
Mental Health	Single Cancer Pathway	Fractured Neck of Femur Hip	Waiting Lists	Unplanned Readmissions
Support in the Development of Mortality Review Monitoring and Reporting Tools				
Expertise & Support for Health Boards Executive Leaders & Clinical Leaders				
Collaborative Working with Q&S Leaders & Organisations Across the UK				

2.4 Scheduled Care

During the past 24 months, a combined focus on direct work with organisations to support capability building and national reviews has provided a strong evidence base and platform for the forthcoming 3-year work programme, the aim of which is to progress scheduled care services towards sustainability.



The programme seeks to take a transformational approach, founded on outcome-focused activity with the patient voice at the core to ensure value is tested from all perspectives.

Priority work areas:

1. Value-based assessment of cataract and glaucoma pathways.
2. Legacy work from the long waits review to drive improvement in risk assessment and prioritisation, treatment pathways.
3. Legacy work from the review of Ophthalmic Diagnostic and Treatment Centres.
4. Interventions not normally undertaken.
5. Improving management of patients on multiple treatment pathways and/or with co-morbidities.
6. Futureproofing theatres.
7. Ambulatory care.
8. Whole system demand and capacity planning.
9. Longitudinal analysis of pathway and outcomes for joint surgery patients.
10. Referral pathway and discharge from outpatients.

How the priority work areas align with the design principles of A Healthier Wales:

	Prevention and Early Intervention	Safety	Independence	Voice	Personalised	Seamless	Higher value	Evidence driven	Scalable	Transformative
LV Joint surgery for obese pts	✓		✓	✓	✓		✓	✓	✓	✓
Patients with co-morbidities		✓	✓	✓	✓	✓	✓		✓	
INNUs		✓		✓	✓					
Cataract				✓	✓		✓	✓	✓	✓
Glaucoma				✓	✓		✓	✓	✓	✓
OPD PROM				✓	✓		✓	✓	✓	✓
Ambulatory care			✓	✓	✓		✓	✓		

Key stakeholders:

- Finance Delivery Unit
- Health Boards
- HEIW
- Planned Care Programme
- Value based healthcare

1. Value-based assessment of cataract and glaucoma pathways.

2. Interventions not normally undertaken.

3. Improving management of patients on multiple treatment pathways and/or with co-morbidities.

The review of the impact of long waits for planned care highlighted increased scope for delay and missed opportunity to treat for patients receiving support from multiple services. This work stream aims to test coordination roles and enhancements to IT infrastructure to assist in identifying these patients and coordinating their care across multiple care pathways.

4. Futureproofing theatres.

5. Ambulatory care.

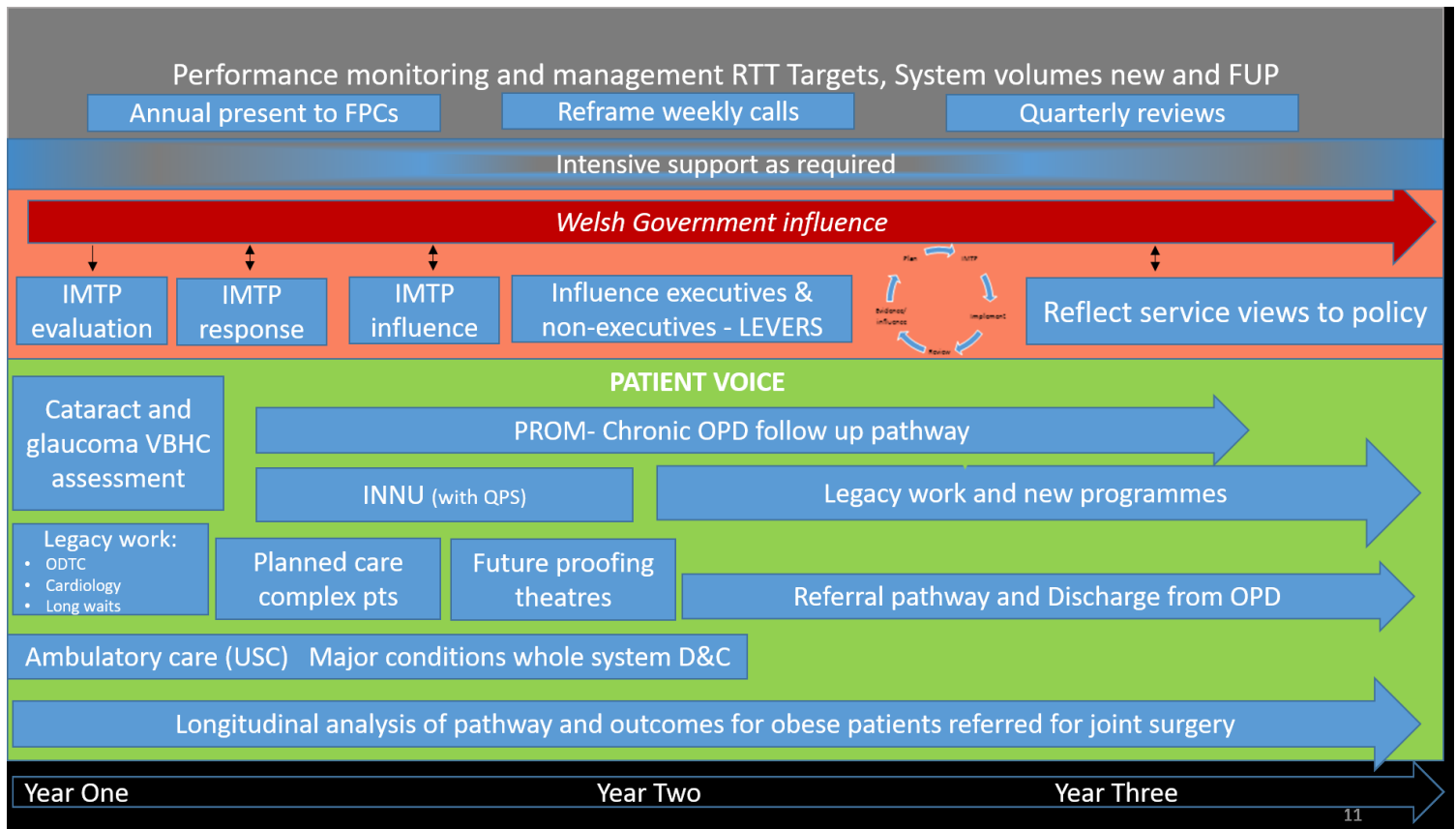
6. Whole system demand and capacity planning.

Under the auspices of the Demand and Capacity Academy, this work plan will ensure demand and capacity assessment and planning is a system wide process.

7. Longitudinal analysis of pathway and outcomes for joint surgery patients.

A longitudinal study engaging with primary and secondary care to track the pathway for patients referred for joint surgery with a BMI greater than 35 alongside the pathway for patients with BMI under 30. The aim is to identify the outcomes and value of intervention, and identify scope for earlier intervention and prevention and care closer to home.

8. Referral pathway and discharge from outpatients.



2.5 Unscheduled Care

The strong evidence base developed from previous years national reviews and reports has evolved to an outcome focussed plan supporting implementation of the recommendations to improve patient experience and unscheduled care performance.

Principles:

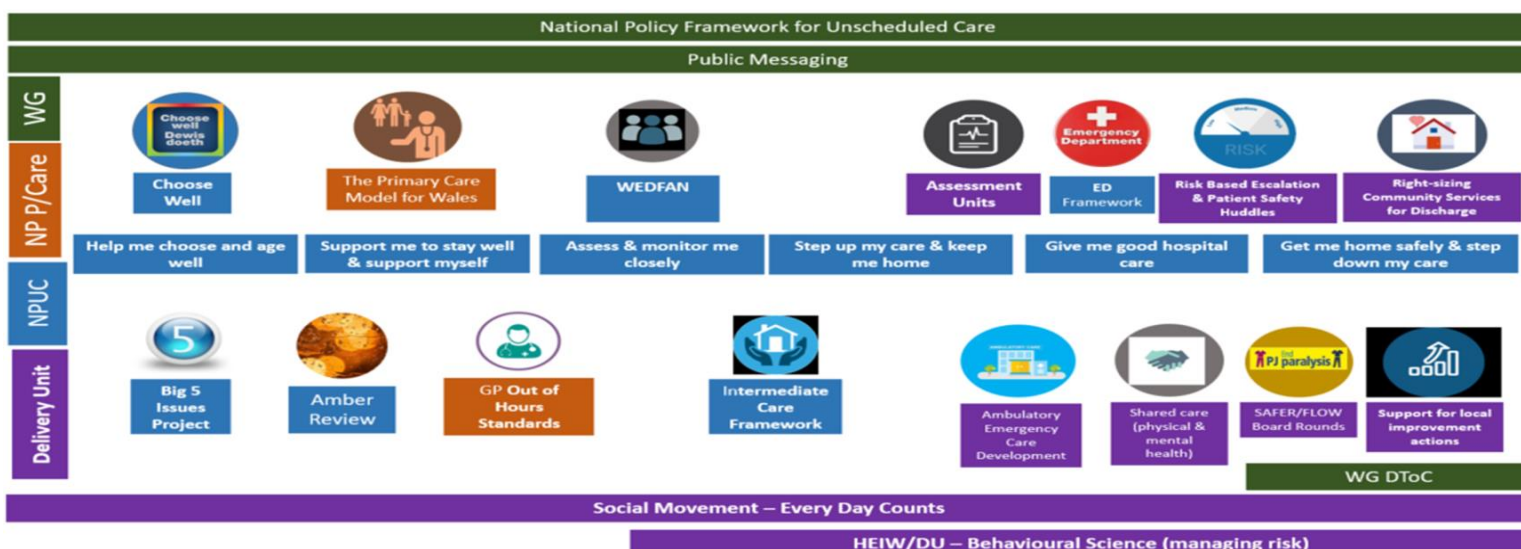
- Social Movement as the key.
- The Patient is at the heart of everything we do.
- Focus on strengths not weakness.
- Adopt a positive approach to risk.
- Move from a reactive system to a proactive one.

Outcomes

- Increase the amount of patient time spent at home.
- Reduce length of stay in a hospital bed.
- Improve Flow through the system.
- Reduce time spent "waiting".
- Improve Patient Quality & Experience.
- Improve Patient Safety.

Priority work areas:

1. SAFER Board rounds
2. Right Sizing Community Services
3. Developing a social movement for change
4. Support local improvement actions
5. Risk based escalation and safety huddles
6. Ambulatory Emergency care
7. Assessment Units
8. Shared care environments
9. Intervention work



1. Right Sizing Community Services

Using the evidence based model for community services developed by Professor John Bolton of the Institute of Public Care, the aim is to support local health & social care systems to identify the potential variance between current commissioning arrangements and current/future demand. Initially working with 2 Regional Partnership Boards to test the methodology, the initial findings will report in June 2019, with the aim of rolling out to the remaining RPBs by the end of October 2019.

2. Developing a social movement for change #EveryDayCounts

Much of the Unscheduled Care Workstream is branded under the #EveryDayCounts. The DU is developing the branding and using a variety of methods including promotional goods (pens, badges etc.) and regular events, including Communities of Practice and social media, to maintain momentum and spread good ideas and good practice.

3. Supporting local improvement schemes

The aim of this work is to establish and monitor each health board's progress against their local recommendations from the *Complex Discharge Review* ('Why not home? Every Day Counts'). Bespoke support can be provided on request and national challenges considered under the social movement workstream.

4. SAFER – primarily Board rounds, but incorporating all elements of SAFER

The DU is working with a number of sites to develop a support package including video and developing shared learning, putting staff in touch and sharing ideas. Bespoke critical friend support is being provided on request.

5. Risk based escalation and safety huddles

This is a continuation of work undertaken initially in BCU. A support package has been developed to support health boards to improve their risk and responsiveness.

6. Ambulatory Emergency care

Ongoing support to the National Advisory Group utilising a self-assessment tool, sharing good practice and hosting support events.

7. Assessment Units

An initial scoping exercise utilising a self-assessment tool, to seek assurance with regard to reporting long waits and patient safety concerns.

8. Shared care environments

The aim is to develop support/learning mechanisms that recognise that patients with both physical and mental health needs are becoming our core population on wards. There is potential to amalgamate with the 1000 Lives work on the Dementia Hospital Charter.

9. Intervention work

Commissioned and focussed work with organisations to improve performance and delivery.

2.6 Performance Analysis Team

A significant proportion of the Performance Analysis Team's time and resource is allocated to supporting the five Performance Improvement functions of the Delivery Unit turning data into intelligence through data gathering, regular reporting and bespoke analysis. This requires an infrastructure which allows seamless automation and good data communication of evidence / analysis to internal and external stakeholders. To enable this infrastructure to operate robustly, a priority work area is to redevelop the existing DU data warehouse to support the evolving "A Healthier Wales" agenda and to invest time in developing a more robust report / analysis sharing mechanism.

Further priority work areas include:

- NHS Wales Modelling Collaborative (WMC) – National events and resource sharing
- External Stakeholder Projects – Bespoke analysis projects sponsored by HBs, Networks, Academia
- Demand and Capacity Academy (DeCaA) – Development of a national training programme

1. Wales Modelling Collaborative

The NHS Wales Modelling Collaborative is a driven community of health analysts, planners, managers and clinicians working to inspire good practice across NHS Wales. The DU will continue to support the national modelling agenda, organising three national events per year (June, September and February) with interactive technical sessions run via Skype on an 6 week basis. The DU has created a WMC SharePoint site which will provide a repository of modelling material, training resources and sign-posting which will include videos of technical session presentations and presentation sets from national events. <http://abmshare.cymru.nhs.uk/sites/AllWalesModelCollab>

2. External Stakeholder Projects

Projects commissioned for external stakeholders will continue to be supported and will evolve as necessary. These projects will require a defined project brief, sponsor and sign-off by DU.

3. Demand and Capacity Academy

The proposal is to develop an All Wales Academy that will address variation in demand and capacity training material and processes to enable sustained and long term improvements in the planning and delivery of services across all care settings in Wales. The programme will include Tier 1: Basics of Demand and Capacity (supported by video and online training), Tier 2: Face to face 'train the trainer' course (6 to 8, 1 day workshops), Tier 3: Specialist support to major projects (working on an 'ad hoc basis' as a flexible resource).

3. Programme governance

The work programme has been developed in partnership with NHS Wales and Welsh Government. The internal and external programme governance arrangements in place to monitor delivery of the programme are detailed as follows:

- Monthly review through business management group within the Delivery Unit focussed on programme delivery risks, inclusive of resource allocation and forward planning.
- Key deliverables reported in Welsh Government Quality and Delivery Board for oversight
- Quarterly meetings between Deputy Chief Executive of NHS Wales and Director on current and future work programme.
- An annual report will be published on programme deliverables and forward planning.

The annual report will be shared through the governance arrangements with the DU host organisation. Risks will continue to be documented using the current risk register format.

This is in line with the current service level agreement between the NHS Wales Delivery Unit and Welsh Government and the service level agreement with the host organisation.