

Briefing paper on the 'Working as One' programme setting out progress in delivering transformation in Urgent and Emergency Care services across the Gloucestershire Health and Care System

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1. Purpose of the Document

This briefing paper for the Gloucestershire Health Overview and Scrutiny Committee (HOSC) provides an update to Members on progress with the Urgent and Emergency Care Transformation programme that has been commissioned by Gloucestershire County Council on behalf of The Gloucestershire Integrated Health and Care System (ICS). The transformation programme is now known as 'Working as One' to create a cross organisational identity and to recognise the critical input that all system partners are making to improve urgent and emergency care for the people of Gloucestershire.

This document is to brief Members on the current status of the Programme and to enable discussion during the HOSC meeting on October 10th, 2023.

This briefing paper is for INFORMATION.

2. Programme overview

Background:

As updated at previous HOSC meetings the Gloucestershire Health and Care System has identified opportunities to improve the urgent and emergency care services provided to the people of Gloucestershire. These opportunities were identified through a combination of activities including a diagnostic of current services (briefings on the diagnostic were shared at HOSC workshops on 12th September 2022 and November 15th 2022), peer reviews and ongoing quality improvement. To accelerate the delivery of the identified opportunities and associated benefits all system partners (*Gloucestershire County Council, Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Health and Care NHS Foundation Trust, South West Ambulance Service NHS Foundation Trust and NHS Gloucestershire Integrated Care Board*) have established a transformation programme called 'Working as One'.

The programme is led and governed by Gloucestershire system staff with Newton Europe being commissioned as a transformation partner to bring capacity and skills to support skilled clinicians and operational staff in delivering the programme. The procurement of Newton Europe was approved at the Cabinet meeting in March 2023 and mobilisation of the programme began in July 2023.

The joint senior responsible officers (SROs) for the programme are:

- Sarah Scott – Executive Director of Adult Social Care, Wellbeing and Communities, Gloucestershire County Council
- Ellen Rule - Director of Strategy, Transformation and Deputy CEO, NHS Gloucestershire Integrated Care Board
- Andrew Seymour - Chief Medical Officer, NHS Gloucestershire Integrated Care Board

In a joint comment to colleagues at the programme launch the SROs commented:

"Gloucestershire can be rightly proud of its skilled and dedicated health and care professionals that make sure quality care and support is there when people need it most. Together, we have made

great strides to improve how we provide this care, but in the face of unprecedented growth in levels of need, the time is right to look at how we evolve and target our efforts to meet these challenges for the people we serve. Given our strong track record in joint working, One Gloucestershire is in a unique position to both innovate and integrate - supporting our citizens to lead healthier lives and get the care they need at the right time. We're clear from the outset that prevention is as important as treatment and cure. This programme will build on what works well and bring teams and services together in a positive way to make the improvements and changes necessary for current and future generations."

Programme transformation principles:

The programme will follow several important principles in the way it is delivered:

- Put the person at the centre of the change (patients, service users and staff)
- Build on and support existing system work and relationships
- Designed by staff. Enabled by leaders
- Use data and evidence based decisions in all that we do
- Work in an integrated way to ensure true system and people benefit
- Deliver sustainable change and a platform for further improvement

In particular, we want to highlight to HOSC members that constant efforts have been made by system colleagues to improve services in the period between the 2022 diagnostic and the mobilisation of the transformation programme. The programme will build upon the progress already made and will ensure there is no duplication of effort.

Programme structure:

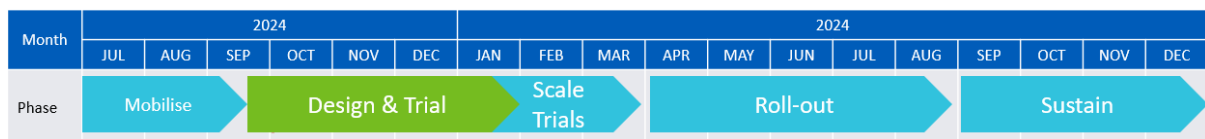
The 'Working as One' programme has five delivery workstreams that will improve services across the urgent and emergency care pathway. The delivery of these workstreams will be supported by dedicated digital support to ensure accurate data is available for analysis and measurement.

Workstream	Description
Prevention	To proactively support people in the community to reduce or delay getting to the point of an urgent need, to support people's independence and enable them to live and thrive in their community for as long as possible.
Community Urgent Response & Front Door	Reducing avoidable acute hospital attendances and admissions (stays) by ensuring that the people of Gloucestershire receive the right support, from the right service, at the right time, using alternatives to hospital where possible. When they do arrive at the hospital, improved processes will support effective treatment and links to appropriate ongoing support.
Hospital Flow and Decision Making	Ensuring people benefit from timely referrals, tests, treatment and decision making when in hospital so their length of stay (LoS) is appropriate enabling them to be medically fit for discharge (MFD). Once MFD, patients are discharged to an appropriate setting for their needs in the minimum number of days.

<p>Intermediate Care/Reablement*</p> <p>*Intermediate care is intensive support from a range of professionals</p>	<p>To improve the availability, flow and outcomes of rehabilitative care in the community. To build the capacity required to allow prompt discharge from hospital (or step-up from community) into care in the most suitable location – with a Home First mentality.</p>
<p>Access To Care Packages</p>	<p>To ensure availability of long-term care packages for those who require them and supporting options for family or friends providing unpaid care to the person in need. This work will look at whether improved intermediate care is a solution, or where the improvement of intermediate care is fundamentally blocked by availability.</p>

Programme timing:

The programme will run for approximately 18 months to ensure changes and improvements are embedded into operations and we are confident benefits will be sustained. There will be phases to the programme as set out in the diagram and description below. It is important to note that exact timing of phases may vary. There was a formal commissioning and contracting phase to appoint Newton that took place between the Cabinet decision and mobilisation starting in July. Preparatory activities and improvement efforts continued during this period.



Mobilisation includes establishing the detailed scope of the programme and workstreams, recruitment and onboarding of programme roles, validation of opportunities previously identified and establishing programme governance.

During the **Design and Trial** phase groups of expert practitioners, clinicians and operational colleagues from the four organisations involved, the VCSE and the independent adult social care sector will come together to design the changes in services, processes, and ways of working that will be implemented across the system. These will be trialled at a small scale to ensure we are confident that the proposed design works before they are scaled up. There will be appropriate clinical oversight in the design and trial process to ensure patient safety at all times. Input from the People and Communities Reference Group as well as patient and public experience data will be taken into account during the design process.

Once we are confident that the trials have been a success, we begin to **Scale** the size of the trials. This could be, for example, expanding it from one community team or ward to 5 over a time period to confirm that the design can be effectively rolled out to the wider system.

During this **Roll-out** phase we will scale up the new ways of working to their full rollout area and support the workforce with training and coaching to embed the key practices so we can maintain the level of care we provide to people.

The **Sustain phase** will ensure that, after the new ways of working are rolled out to the workforce, and we're confident that performance is being maintained without programme support. The programme will monitor operational performance and confirm that the new ways of working are embedded. This phase will also include evaluation that patient experience has been sustainably improved through consultation with the communities and patient reference group.

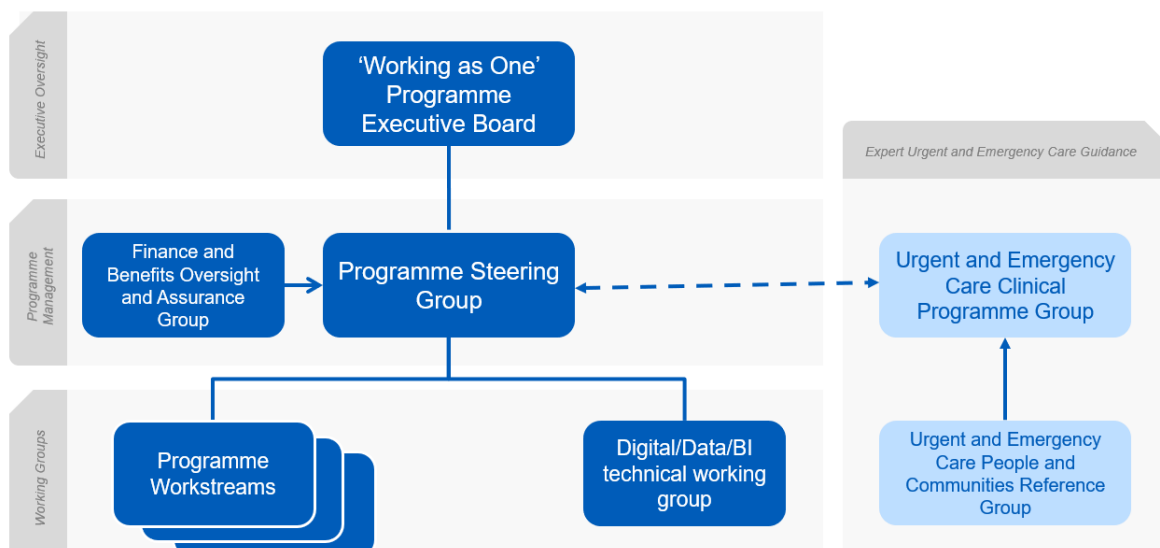
Key points:

- The transformation programme has been established and is currently in the design and trial phase of activity.
- The programme started in July 2023 and will run for approximately 18 months.
- There are 5 workstreams across the urgent and emergency care system.
- The programme is being led by a joint system team supported by Newton Europe as a transformation partner

3. Programme Governance

The 'Working as One' programme has structure governance in place to ensure the appropriate oversight and support is in place to ensure delivery of the objectives and benefits. The 'Working as One' Transformation Programme Board will report to ICB Strategic Executive, with updates to the Integrated Care Board as appropriate. Both groups are multiagency groups with representatives from the two local NHS trusts, the ICB and Gloucestershire County Council. The governance integrates with the existing system agreed approach for any specific workstream project approvals.

The diagram and descriptions below set out the programme governance structure:



The Urgent and Emergency Care Transformation Programme Executive Board will have ultimate oversight of the programme of work and is chaired by an independent Non-Executive Director. It will be an executive led decision-making forum to:

- Provide oversight and assurance of agreed UEC transformation opportunities.
- Review programme workstreams and overall progress against the Programme Objectives
- Enable resolution of escalated risks and issues from the Programme Steering Group and individual Workstreams
- Sign off the Benefits achieved through the programme activities.

The Programme Steering Group will oversee and manage the delivery of the transformation programme. It will actively lead the day-to-day delivery of the programme, supporting and connecting workstreams to meet the overall objectives of the programme through:

- Programme leadership oversight of workstream delivery
- Ensuring all Workstreams are aligned with the overall system design
- Track progress against programme and workstream KPIs
- Resolve issues and risks
- Ensure necessary enabling functions are in place to deliver programme workstreams
- Track resources and investment against plan

The Programme Benefits Oversight and Assurance Group is a critical part of the governance structure to oversee the impact of the programme on both outcomes for residents and financial implications at both system and partner organisations. It will identify the mechanisms for linking operational impact to outcome and financial measures and provide assurance on the approach and accuracy of measurement. Key activities will include:

- Ensuring a pragmatic approach to benefit monitoring realisation
- Ensure the programme monitors and recognises benefits to outcomes and financial measures
- Review and agree baselines for programme KPIs
- Establish and approve the mechanisms to bridge operational impacts to financial benefit

The Programme Workstream teams will be a collaborative group of individuals responsible for the delivery of specific workstream within the overall programme. Key activities will include:

- Lead the design and trial of new ways of working and digital solutions
- Provide subject matter expertise and ensure clinical safety of any changes
- Drive the day to day transformation through rigorous measurement, analysis and interpretation of outcomes, KPIs and benefits
- Ensure we understand the impact on people and colleagues as well as performance measures
- Manage the rollout and sustainability of changes within and across organisational boundaries

The Programme Digital/Data/BI technical working group will provide oversight and sponsorship of the technical and information governance requirements of the programme including:

- Establishing appropriate and pragmatic Information Governance including data sharing agreements between system partner organisations and external data processors where required (Newton Europe) that meet the needs of the programme
- Review and provide guidance on programme data requirements
- Ensuring timely access to required data including one of data extracts and regular data feeds
- Agree and enable the data strategy and architecture required in the short and long term for programme deliverables including the development of sustainable business information solutions
- Make prioritisation decisions on system BI/Performance and IT resources to support the programme
- Resolve issues and risks associated with programme delivery

The established Urgent and Emergency Clinical Programme Group will provide expert input to the programme including input from the communities and patient reference group to ensure that the lived experience of people is considered at all points during the programme delivery

Key points:

- There are multiple levels of governance in place to provide assurance that the programme is delivering against its planned objectives
- The benefits oversight and assurance group is a key forum to measure and track the impact on people, staff and the financial implications of the transformation

4. Programme Status

As reviewed at the recent executive programme board the programme is on track against the timeline and objectives. Headlines of status include:

- Programme governance has been fully established and is operating effectively.
- System programme roles have been recruited with the majority now in post.
- All workstreams are established and operational with Executive Sponsors, Workstream SROs, Workstream Leads and Design Groups established.
- The Newton Europe team is fully mobilised and assigned to workstreams to support delivery.
- Revalidation of opportunities identified during the diagnostic have been revalidated and baselines established for measurement of benefits.
- Programme name and visual identity have been approved by the Programme Executive Board