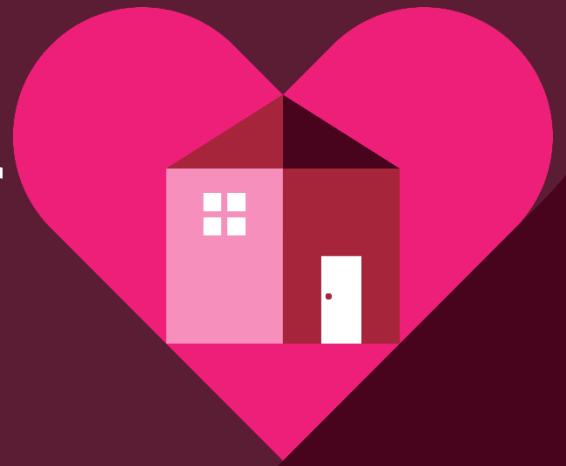
Care Closer to Home Programme Charter

FEBRUARY 2025



Care Closer to Home
Promoting Independence, Transforming Lives

NHS Greater Manchester | NHS Manchester University NHS Foundation Trust | Manchester City Council | Trafford Council

Document Purpose

The programme charter contains 5 core slides that provide a high-level overview of the Care Closer to Home programme ambitions, delivery principles, programme outcomes, delivery phases, delivery approach and programme governance.

1

Who should use the document?

Care Closer to Home programme team and system partners to go forth and talk about the programme. At a minimum you should share or use these slides in their entirety.

2

Who is the target audience?

All Manchester & Trafford UEC system colleagues directly involved in the programme and those in the programme ecosystem. They are suitable for most audiences as they contain agreed key messages about the programme, covering the who, what, when, why, and how.

3

What is the purpose of the document?

To empower and equip you with the information needed to speak confidently (and consistently) about the Care Closer to Home transformation programme.

DO:

- Use the slides far and wide!
- Contact Dionne Stanbridge or Sarah Broad if you have any suggestions for improvement or general questions about how to use the deck

DON'T

- Alter the content on the slides, (feel free to add your own speaking notes and anecdotes of course)

CARE CLOSER TO HOME AMBITIONS

The Care Closer to Home aims to improve outcomes for people, providing care in the right place that promotes independence and transforms Urgent and Emergency care across Manchester and Trafford. The programme builds on the strong foundations the system already has, targeting the following:

The strategic outcomes of our programme for our People, System and Organisations are …

Enhancing Patient Outcomes:

Ensuring patients receive the right care at the right time and place, utilising community and domiciliary services and facilitating appropriate post-acute care setting.

Improving Staff Experience & Wellbeing:

Creating a better working environment for staff by reducing pressure on the system and services, alleviating the feeling of working in crisis and ensuring staff can prioritise their wellbeing.

Working As One:

Building a 'One System UEC Plan', informing strategic decisions across Primary Care, MFT, Manchester, and Trafford through a unified vision and strengthened partnerships.

Performance Assurance & Optimisation:

Driving UEC performance with clear metrics and tracking to ensure optimise patient experience and transitioning to the future by prioritising strategic shifts outlined in the Darzi review.

These will be delivered using these workstreams ….

Right Patient, Right Place: Supporting individuals into the most appropriate care setting from the outset, providing access to community services, implementing Home First decision making and strengthened partnerships across Primary Care, MFT, Manchester & Trafford

Reducing Days Away From Home: Enabling staff to prevent unnecessary hospital stays by improving hospital flow through treatment and diagnostic progression, optimising ward processes and ways of working and supported discharge process

Short-Term Services & Discharge: Minimising delays in the complex discharge process, introducing community input into discharge decisions, and optimising the efficiency and effectiveness of home-based and bed-based short-term services

System Visibility & Active System Leadership: Creating and enabling end-to-end system performance data visibility and metrics, enabling front-line data-driven decision making to improve care outcomes

… and aligned to the following delivery principles & values

People's Experience First: Focusing on prioritising the needs and experiences of patients, family and staff across Manchester & Trafford, to improve independent outcomes with empathy and compassion.

Trusted Relationships: The programme focuses on building strong, trusting relationships between individuals and organisations, ensuring mutual respect and trust within the team and enabling an integrated approach.

Common Vision for Change: A shared commitment to transform health and care in Manchester & Trafford, improving outcomes and building a sustainable, adaptive system.

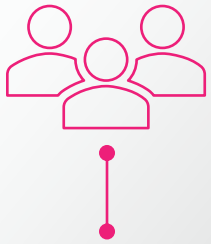
Strong Foundations: The programme has a clear and unified goal to improve health and care outcomes for Manchester & Trafford, emphasizing accountability, efficiency, and agile delivery.

Programme Delivery Principles

Principles	Description
People's Experience First	Focusing on prioritising the needs and experiences of patients, family and staff across Manchester & Trafford, to improve independent outcomes with empathy and compassion.
Trusted Relationships	The programme focuses on building strong, trusting relationships between individuals and organisations, ensuring mutual respect and trust within the team and enabling an integrated approach.
Common Vision for Change	A shared commitment to transform health and care in Manchester & Trafford, improving outcomes and building a sustainable, adaptive system.
Strong Foundations	The programme has a clear and unified goal to improve health and care outcomes for Manchester & Trafford, emphasizing accountability, efficiency, and agile delivery.
Valued	All team members, regardless of their affiliation, feel respected and recognised. Successes are celebrated, and new members are welcomed and utilized for their unique skills.
Open Communications	Regular, transparent, and honest communication is encouraged, with no fear of repercussions, ensuring team members can speak openly regardless of hierarchy.
Curiosity	Encouraging continuous learning, asking questions and seeking innovative solutions to drive improvement and adaptability.
Empowered	Team members are held accountable and given autonomy in their roles, with the right balance of support and responsibility to deliver effectively.
Supported	Team members receive the support they need when facing challenges, are encouraged to take appropriate risks, and always work together, sharing both successes and setbacks.
Challenged	Each team member is stretched in their role, with a balanced mix of urgency and pressure, regularly receiving constructive feedback to improve their performance.
Team Members & Mentality	The team has a diverse mix of skills and personalities, is well-structured for the task, and fosters a collaborative, supportive, and inclusive environment where everyone can be themselves.

Programme Outcomes

We asked colleagues what the most important programme outcomes were for our people, organisations and the Urgent & Emergency Care system in Manchester & Trafford.



Our Residents

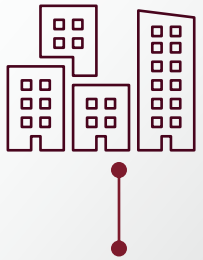
Getting the right care, at the right time and at the right place enhancing more independent outcomes

More independent outcomes…

Our Staff

Empowered and enabled to do what they love, making them feel valued and motivated

An empowered workforce…



Our Organisations

Better cost management and resource utilization, providing timely care, reducing bed occupancy and streamlined care programs

Improved efficiency for partners...

Our System

Improved collaboration, strengthened partnerships and enabling a shift towards community-based preventative care

Better system collaboration...

Programme Delivery Phases

The strategic delivery approach splits into 4 key phases to ensure that we build on effective system partnerships and can deliver lasting change.
An outline of key activities and outcomes of each of these 4 key phases in outline below:

1 Phase 1 – *Create System Visibility, Mobilise System & Local teams*

Outcome – Set the strong foundations for a co-designed, sustainable transformation programme**.**

This includes:
- Programme outcomes and detailed system understanding built through process mapping, KPI baselining and financial benefit revalidation
- UEC programme identity launched, workstream teams mobilised and energised to deliver
- System Visibility in place providing visibility of system performance and system leadership trained to utilise it
- System UEC governance embedded, and system & local leaders engaged

2 Phase 2 – *Adapt Best Practice & Trial Improvements*

Outcome – Improvement initiatives co-designed and clear evidence of impact to enable sustainable roll-out

This includes:
- Intensive 2-week design sprints featuring cross-system workshops
- Suggested improvements trailed and iterated by design teams within trial locations
- Digital tools designed & trialled to aid new ways of working co-designed and in-place
- Clear evidence of operational KPI improvement, and delivery teams prepared for wider system rollout
- System organisations showing active system leadership to drive improvements and pain points across UEC

3 Phase 3 – *Embedding Improvements*

Outcome – Improvements rolled out and embedded across whole system, ensuring full benefit delivery.

This includes:
- Improvement initiatives rolled out and considered BAU
- Staff across whole system have received targeted training and are competent in new ways of working
- Benefits realisation strategy delivered, and leadership confident in impact for patient and system outcomes
- System continuous improvement capability in place across all system organisations

4 Phase 4 – *Sustainability & Blueprint for the Future*

Outcome – Improvements are embedded as BAU, and system prepared for the future improvements.

This includes:
- UEC 3-year improvement roadmap planned via system workshops
- Appropriate learnings shared x-GM
- Newton capability training delivered to continuous improvement function, operational teams and system leadership
- Governance and clinical/council design functions handed over to long-term owners
- System BI teams owning and iterates system visibility and tools
- Outward capability and lesson learnt sharing across Greater Manchester and to other MFT acutes where applicable

~3 months (*Oct'24 to Jan'25*) → **~6 months** (*Jan'25 to Jul'25*) → **~5 months** (*Jul'25 to Dec'25*) → **~4 months** (*Dec'25 to Apr'26*)

How Will We Work With Your Teams?

Multi-Disciplinary Teams

Forming teams which span system organisations and including a individuals from operations, clinical and improvement functions. This will include 'Design Groups' – made up of SMEs (e.g. clinicians, ops managers) responsible to developing improvement initiatives.

Aligned Improvement Methodologies

Ensuring that the Programme Improvement Methodology aligned with that of each organisations, implementing principles of 'Institute for Healthcare Improvement' across ways of working in each organisation.

Learnings form other system and best practice

Rather than try to re-design from first principles, we'll bring in best practice and learnings from other systems where possible. In some cases, designing from first-principles may be appropriate but we'll look to support you with known solutions through experience or practice

Evidenced Based Decision-Making Support

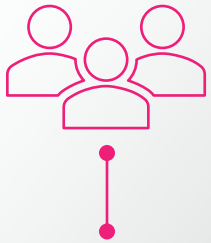
We are really data led and try to support the teams we work alongside with as much information as possible to help decision making. Part of our job is making operational issues visible to you so you can problem solve

Start small, then we scale when we're all confident it works

We tend to try to minimise over-designing a process. We try to test on a small scale initially, measuring the change and then scale when we're all confident that it works.

Programme Outcomes

We asked colleagues what the most important programme outcomes were for our people in Manchester & Trafford Urgent & Emergency Care System.



Our Residents

Getting the right care, at the right time and at the right place enhancing more independent outcomes

More independent outcomes…

Our Staff

Empowered and enabled to do what they love, making them feel valued and motivated

An empowered workforce…

Enhancing Patient Outcomes - Focus on improving patient experiences and overall health outcomes

Staff Experience & Satisfaction - Prioritising staff well-being and job satisfaction to foster a positive work environment

Correct Care Pathways - Ensuring patients are directed to appropriate care settings early, reducing delays and duplication of services

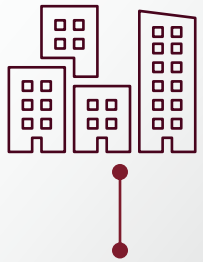
Home Centric Care - Emphasizing support for patients to remain at home, promoting independence and quality of life

Minimising Unwarranted Admissions - Reducing unnecessary hospital admissions and lengths of stay to lower overall patient counts in hospitals

Patient & Family Satisfaction - Ensuring patients and families receive timely access to the right services

Programme Outcomes

We asked colleagues what the most important programme outcomes were for our organisations in Manchester & Trafford Urgent & Emergency Care System.



Our Organisations

Better cost management and resource utilization, providing timely care, reducing bed occupancy and streamlined care programs.

Improved efficiency for partners...

Cost Management - Efforts to decrease spending on both short and long-term care packages related to hospital discharge

Performance Assurance - Ensuring that patients receive appropriate care at the right time, with clear metrics for tracking performance

Resource Optimization - Focus on better utilization of resources to enhance efficiency and care delivery

Site Occupancy Reduction - Strategies aimed at lowering hospital bed occupancy for non-elective patients to improve patient care and overall experience

Program Coordination - Streamlining and coordinating care programs for better efficiency and effectiveness

Programme Outcomes

We asked colleagues what the most important programme outcomes were for our Urgent & Emergency Care system in Manchester & Trafford.

Our System
Improved collaboration, strengthened partnerships and enabling a shift towards community-based preventative care

Better system collaboration...

Catalyst for Integrated Working - Promoting a culture of joined-up working to enhance understanding and cooperation across the system

Strengthened Partnerships - Building improved relationships and clarity of responsibilities among system partners for better collaboration

Unified Vision - Establishing a shared vision and approach to address the needs of patients and their families

Streamlined Patient Flow - Improving the movement of patients through neighbourhood services, hospitals, and back home efficiently#

Community-Focussed Resources - Shifting resources towards a preventative, community-based approach to healthcare

Programme Workstreams Overview

Key improvement areas across the Urgent & Emergency Care System

Right Patient, Right Place

Supporting individuals into the most appropriate care setting from the outset and providing access to community services.

1. Urgent Community Services (MFT)
Increasing referrals to Urgent Community Services in the community, avoiding presentations at the acute.

2. Front Door Processes (MRI)
Decreasing unnecessary admissions through implementing Home First behaviours, influencing risk appetite, improving awareness of services and optimising Front Door services such as SDEC.

Short Term Services & Discharge

Avoiding overutilisation of pathway three and unblocking delays in home based and short-term services.

4. Discharge Processes (MRI)
Ensuring necessary preparations are in place for discharge, optimising processes as required and defining an optimal Integrated Discharge Team approach, collaborating across Acute, LCO & MCC teams.

5. Short-Term Services (MFT)
Improving the efficiency (same outcomes, reduced time) and effectiveness (improved end outcomes, increased independence) of Home-Based and Short-Term Bedded Care services.

Reducing Days Away From Home

Enabling staff to prevent unnecessary hospital stays.

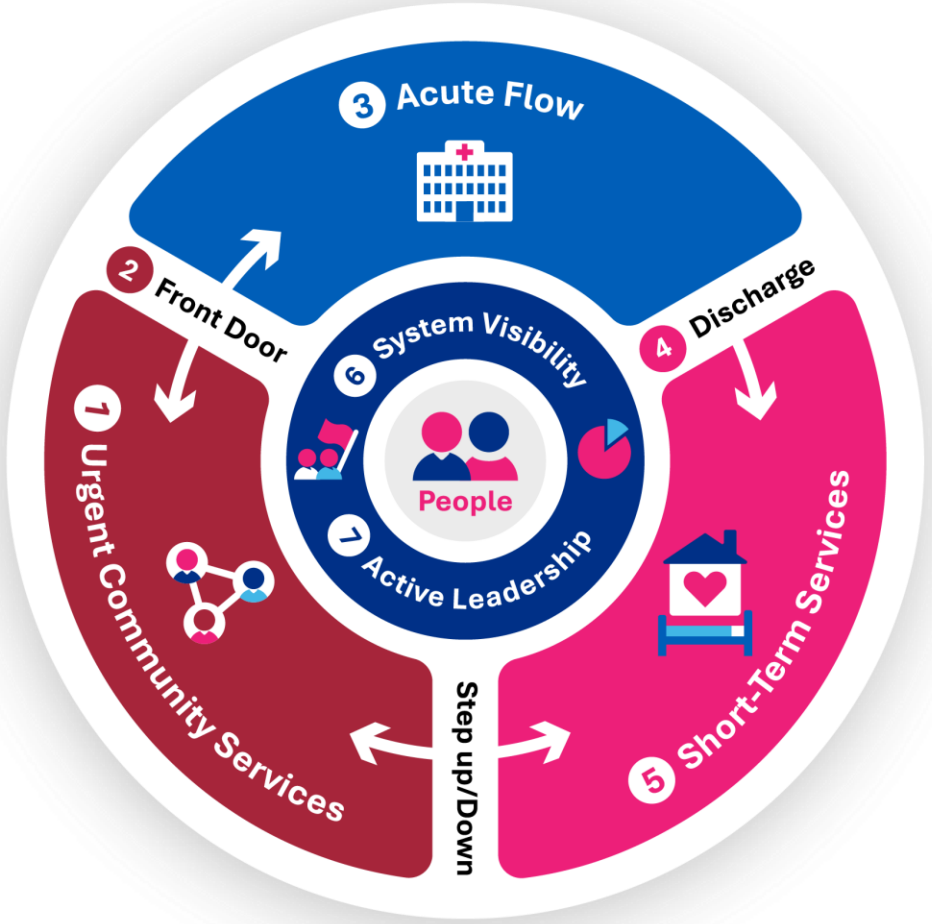
3. Acute Flow (MRI)
Implementing 'Home First' behaviours and improving processes to reduce delays through acute flow, including optimising diagnostic testing, ward processes, medical reviews and discharge planning processes.

System Visibility & Active Leadership

Delivering the correct performance visibility to effectively manage the system and ensuring leaders are meeting in appropriate forums to make decisions:

6. System Visibility (MFT)
Performance visibility at System, Service and Patient level to provide the performance insights.

7. Active Leadership (MFT)
Ensuring leaders discuss data in the right governance forums to make data informed decisions.



Right Patient Right Place

Ensuring people get care in the right setting

1 **Urgent Community Services**

2 **Front Door Processes**

Workstream Objectives & Outcomes:
Supporting individuals into the most appropriate care setting from the outset, providing access to and capacity in community services, with Home First decision making at the front door and on wards.

This will result in a decrease in unnecessary admissions to MRI, increase in utilisation of community service such as H@H and an increase in usage/effectiveness of Front-Door services.

Diagnostic Context
38% of acute **admissions** are **avoidable**. Targeting **31-56 bed** use reduction, worth **£3.4m-£6.1m**

Strategic Outcomes:
- Define optimal capacity & increase utilisation of the Crisis Response and Hospital @ Home services

Workstream Areas
- **Admission Processes & Decision Making** - Deliver decision making, awareness, and referral pathway solutions.
- **Service Level Visibility** - Holistic visibility of MRI admissions with overarching programme governance to ensure community (1.) and front door (2.) service models

Workstream Resource Roles:
- **Workstream SROs:** Mark Edwards, Dawn Pike
- **Design Lead:** Lucy O'Hare (EAA Unit Director)
- **Design Clinical Lead:** Alan Grayson (EAA Clinical Director)
- **Improvement Group Initial Team:** Sophie Wallington, Jonathon Elliot, Kanwa Ekwegh, Scott Mather, Rebecca Davenport, Victoria Dawson, Rob Higginbotham, John Bright

Potential KPI	Type
# Admissions into MRI	Operational
# Patients supported via H@H	Leading
# Patients accessing relevant (TBC community services)	Leading
# Patients accessing SDEC	Leading
% Admission rate from SDEC	Leading

Right Patient Right Place Delivery Principles

We will use the following delivery principles to structure our approach to phase 2 (*Adapt Best Practice & Trial Improvements)*. These principles are based on the opportunities in the output of the diagnostic and best practice from previous work

Identify Patients at Key Intervention Points

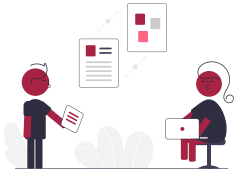
We need to be able to identify patients who would be inappropriate admissions at the right point in the system where we can rapidly understand their needs

Support Assessment and Decision Making

Now we have identified the patient, it is critical to support key decision makers (clinicians, community services) in making a 'home first' decision when appropriate

Connect with Most Appropriate Service

After a patient has been identified, assessed and deemed appropriate for an alternative service, we must ensure capacity is available and the person is accepted into the service



Ensure There is Capacity Within Services

When a patient has been accepted into the service, this must happen in a timely manner – this area focuses on reducing delays that lead to inappropriate admissions

Outcomes

- Ability to screen patients for risk of inappropriate admission at key system intervention points
- Identify frequent service user patients and understand why their support was ineffective
- Rapidly determine their need for an assessment before an inappropriate decision is made
- Reduce screened cohort to highest risk patients; Many patients may not be admitted – this screening point needs to remove them from the list

- Key decision makers in the front door have deep understanding of available community service and have a 'home first' mindset
- Community Teams understand process to access appropriate community services after an assessment of need has been carried out
- Community expertise in therapy, nursing and adult social care is embedded at the front door alongside ED clinicians to provide a holistic assessment of need

- A streamlined process exists which allows ED and community clinicians to refer into appropriate community services without delay
- Triage teams can rapidly identify the needs of a patient and organise appropriate support
- A clear plan is in place to transfer the care of the patient to the appropriate service (transport, data, notes etc)

- Key services have capacity and flow, ensuring there is no delay to the transfer of care for the identified patient
- For services at the patient's home, these can arrive and meet their needs without a break in care
- For services in the acute, there is capacity of service and appropriate flow at peak times to meet the new demand

Reducing Days Away from Home

Supporting discharge from hospital

3 Acute Flow

4 Discharge Processes

Workstream Objectives & Outcomes:
Enabling staff to prevent unnecessary hospital stays by improving hospital flow through treatment and diagnostic progression, optimising ward processes, ways of working and supported discharge processes.

This will result in a decrease in the amount of time patients have to spend in MRI and a reduction in discharge delays.

Diagnostic Context
Targeting **65 bed** use reduction by optimising pre & post medically optimised length of stay, worth **£7.1m**.

Strategic Outcomes:
- Define board round processes and hospital flow processes to be shared across all MFT hospital sites.
- Define IDT operating model and processes to share across all sites (with the Short-Term Services & Bedded Care workstream).

Workstream Areas
- **Service Level Visibility** - Holistic visibility of MRI LoS, providing insight into flow bottlenecks (2)
- **Home First culture** – design/implement culture and behaviour change through board round process (1)
- **Discharge processes** – optimising simple & supported discharge processes on wards (1)

Workstream Resource Roles:

- **Workstream SROs:** Leonard Ebah & Michelle Irvine
- **Design Leads:** Stuart Rogers (Deputy Director of Operations and Performance), Ant Johnson (Deputy Director of Nursing), Mike Burkitt (Deputy Medical Director)
- **Ward Processes Leads:** Bob Henney (Clinical Director, Inpatient Medical Patient Specialties, Pam Taylor (Head of Nursing, Inpatient Medical Patient Specialties), Rob Higginbotham (Unit Director, Inpatient Medical Patient Specialties)

Potential KPIs	Type
Average Pre-MOFD MRI LoS	Operational
Average Post-MOFD MRI LoS	Operational
• *Proportion of people with EDD* • *Discharging ward LoS* • *% TTOs flagged within 24 hours of MOFD* • *% TTOs provided by pharmacy on time* • *Scan & diagnostic backlogs* • *Scan & diagnostic throughput* • *Porter utilisation* • *# early supported community discharge*	*Leading*

Reducing Days Away from Home Delivery Principles

We will use the following delivery principles to structure our approach to phase 2 (*Adapt Best Practice & Trial Improvements)*. These principles are based on the opportunities in the output of the diagnostic and best practice from previous work

Home-First Behaviours and Decisions

We need to be planning for how a patient will leave hospital from the moment they arrive and ensure that everyone has the information required to progress their plan. (i.e. Grip and doing things earlier.)

Outcomes

- Home-first approach to board rounds.
- Every patient has a predicted date for discharge and estimated discharge pathway.
- Only refer appropriate people to consultations in the correct specialties.
- Ensuring TTOs are ordered before someone is MOFD.
- Ordering transport at the same time as TTOs.
- Usage of community-supported discharge pathway.

Targeted Improvements to Patient Journeys

We need to understand exactly what causes delays in a patient's journey (e.g. diagnostics, consultations) through the hospital, and which steps to focus on to ensure they can be discharged as soon as possible.

- Completing processes correctly first-time.
- Efficient scans and diagnostics when appropriate for a patient.
- Reducing time from TTO order to return.

Make Data-Led Decisions for Patients

Establish digital tools so that we can make decisions for patients that are data-led, and embedding a culture of evidence-led improvement.

- Working with the site team to ensure the usage of data to drive improved hospital flow.
- Dashboards established to monitor patient status and journey through the hospital.
- Tools to monitor patient status during board rounds.
- Digital whiteboard to monitor ward actions.
- Hospital status dashboard to ensure we are focusing on most important issues to drive flow.

Short-Term Services & Discharge

Supporting people to maximise their independence

5 Short Term Services

Workstream Objectives & Outcomes:
Supporting individuals to achieve the most independent long-term outcome possible by ensuring that they access their ideal short-term care setting and receive the assistance they need to regain their independence.

This will result in a decrease in unnecessary P2 & P3 bed usage, an increase in utilisation of home-based short-term services, and a decrease in formal long-term care.

Diagnostic Context
Targeting **28 bed** use reduction in MRI, **£2.1m** of long-term savings as service users live more independently and **£1.5m** of savings across the intermediate care services.

Strategic Outcomes:
- Define and implement the optimal discharge decision making model and process to share across sites.
- Optimise and right-size home-based and bed-based short-term services.

Workstream Areas
- **Discharge Processes & Decision Making** - Deliver decision making and referral pathway solutions
- **Service Optimisations** – Deliver decision making and capacity usage solutions
- **Service Level Visibility** - Holistic visibility of service admissions, length of stay and outcomes

Workstream Resource Roles:

- **Workstream SROs:** Danielle Koomen, Sarah Broad
- **Design Lead:** Karen Crier
- **Project Managers:** Mike Channon, Andrew Southworth

- **Complex Discharge Leads:** Jack Newall (IDT Service Manager), Lesley Hilton-Duncan (Head of Control Room & Brokerage), Stephanie Wolff (Therapy Service Manager)
- **Home-Based Service Optimisation Lead:** Joe Kelly (Reablement Strategic Lead)
- **Bed-Based Service Optimisation Lead:** Karen Thomas (MCR Lead)

- **Improvement Group Team:** Daryl Stonebank, Kaye Hadfield, Joseph Woodcock, Michael Harradine, Sam Bradbury, Jan Harrison, Maria Roberts, Paul Bickerton, James Probert

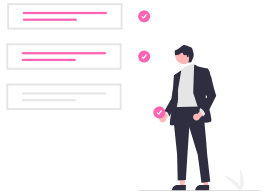
Potential KPI	Type
# Starts into long-term homecare	Operational
# Starts into long-term bedded care	Operational
# Short term beds utilised	Operational
# P1, 2, & 3 discharges	Leading
Average P1, 2 & 3 length of stay	Leading

Short Term Services & Discharge Delivery Principles

We will use the following delivery principles to structure our approach to phase 2 (*Adapt Best Practice & Trial Improvements)*. These principles are based on the opportunities in the output of the diagnostic and best practice from previous work

Complex Discharge

Reducing complex discharge delays and improving pathway decision making by making the best possible use of discharge team capacity, addressing process bottlenecks, and introducing collaboration with community services



Bedded Care

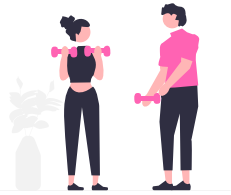
Maximising the efficiency and effectiveness of our P2 bed-based services by ensuring that the support provided is appropriate for each patient's level of need, and that delays within the services are minimised

Reablement

Maximising the efficiency and effectiveness of our P1 reablement service by ensuring that the support provided is appropriate for each patient's level of need, and that delays within the service are minimised

Therapy Services

Ensuring that we are making the best possible use of the capacity within our therapy services by removing unnecessary duplication of work between teams, to enable the rest of the workstream



Outcomes

- Review and refocus discharge team capacity and demand to minimise delays to discharge resulting from resource constraints
- Introduce MDT/community-led pathway decision making for complex discharges
- Create visibility of incoming demand, backlog, resource management, and activity levels to enable bottlenecks to be identified and addressed

- Redesign service acceptance criteria to ensure that capacity is directed towards those who can benefit the most from the services
- Optimise patient-centred goal setting, and introduce mechanisms for feedback on these goals to be regularly reviewed by an MDT group
- Create visibility of incoming demand, caseload management, service exits, and outcomes for bed-based services to enable bottlenecks to be identified and addressed

- Redesign service acceptance criteria to ensure that capacity is directed towards those who can benefit the most from the services
- Optimise patient-centred goal setting, and introduce mechanisms for feedback on these goals to be regularly reviewed by an MDT group
- Create visibility of incoming demand, caseload management, service exits, and outcomes for the reablement service to enable bottlenecks to be identified and addressed

- Create visibility of demand and capacity for our therapy services
- Optimise efficiency of the overall therapy offer, as well as patient experience, by removing unnecessary duplication of work between teams

System Visibility & Active Leadership

Embedding data-led decision making

6 System Visibility

7 Active Leadership

Workstream Objectives & Outcomes:
Enabling improvement workstream through availability of key performance indicators, metrics and data to enable data driven decision making within the right forums across the system.

This will involve having correct performance dashboards & tools as well as the correct governance structures and culture to enable data driven decision making and hold key people accountable across the system.

Strategic Outcomes:
- Implement service level dashboards which can be used across MFT to embed and support operational improvement
- System wide demand - capacity views to enable the shaping and sizing of short-term and community services.

Workstream Areas
- **Data & Digital Assessment –** reviewing current system architecture, bringing necessary data together to create required data view and setting up new data capture where applicable
- **Dashboard Building** – working alongside performance and BI teams to build and iterate reporting to enable to correct system metric views for end users
- **Data Interpretation Coaching & Culture**– support end users in utilising dashboards and tools to drive system performance and embed a culture of data driven decision making across the wider care system

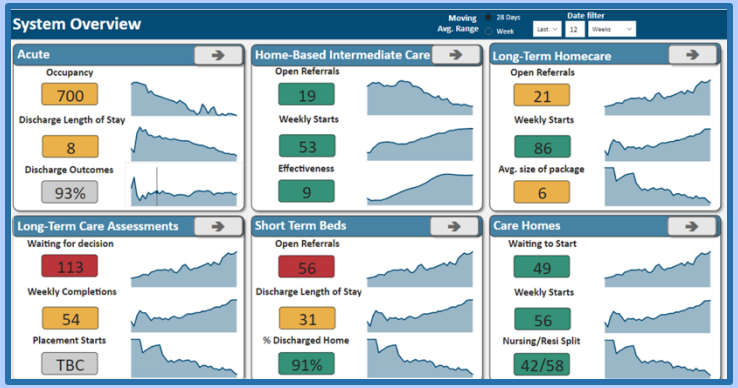
Workstream Resource Roles

- **Workstream SRO:** Dan Lythgoe
- **Design Lead:** Paul Thomas
- **Improvement Group Team:** Gareth Summerfield, Cassian Butterworth, Sally Huxham, Peter Tomlinson, Dean Oven, Darren Griffiths, Peter Barr, Catherine Man

System Visibility & Active Leadership

Our System Visibility approach involves producing dashboards and tools at three levels of granularity: System Level, Service Level, and Patient Level. These provide valuable insights for leaders to make informed decisions and implement improvements, supported by the right governance structures and a culture of data-driven decision-making and accountability.

System Overview

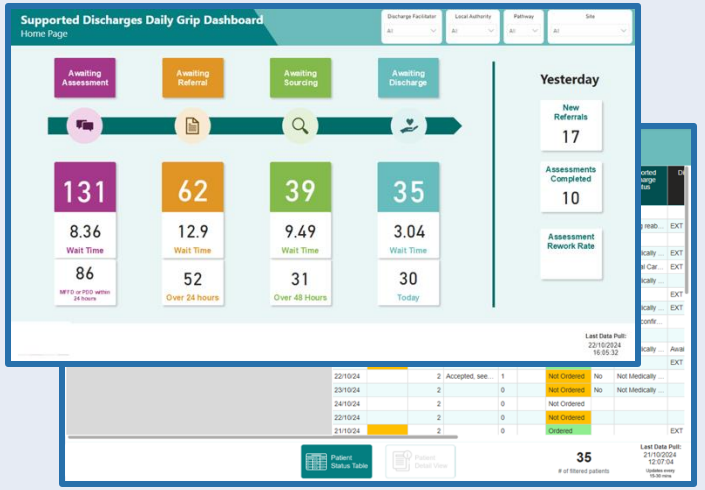


An overview of system performance, highlighting areas that need further investigation and action. Each service is evaluated based on three key measures: queue/pressure indicators, efficiency indicators, and outcomes/complexity indicators.

Service Level Dashboards

Investigate current and historic detailed performance metrics within a service in the care system. They will inform improvement cycle meetings within a specific system function e.g: Acute Front Door, Acute Wards Length of Stay, Short-Term Services.

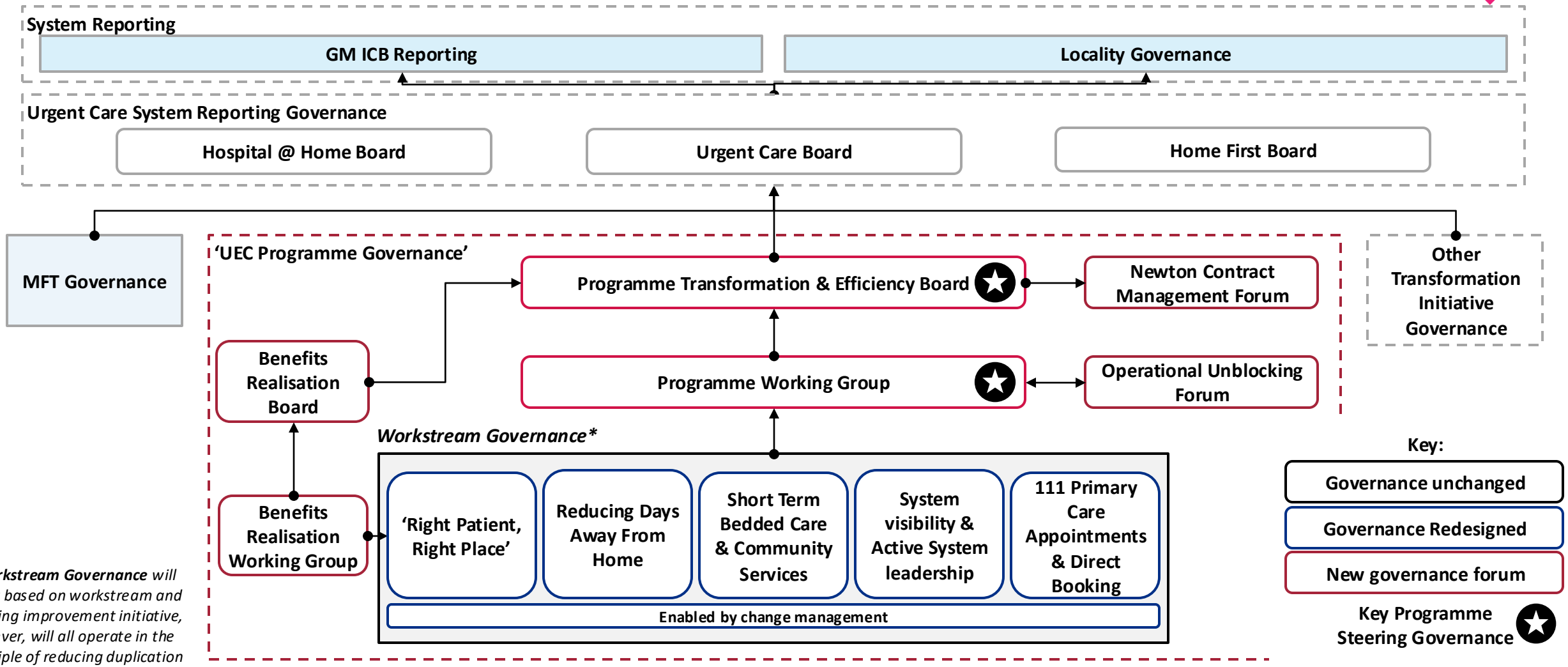
Patient Level Live Tools



Dashboards and tools to aid with operational ways of working, that are likely to go into patient level detail. eg: Caseload management tools

Increasing level of granularity, more 'bespoke' solution and increasing patient-level rather than aggregated data

Urgent Care Governance



**Workstream Governance* will differ based on workstream and ongoing improvement initiative, however, will all operate in the principle of reducing duplication and reporting routes.*