National Programme for Unscheduled Care

COPRODUCTION WORKBOOK

Working Version 1

CAREMORE®

A transformational programme for commissioning healthcare

Llywodraeth Cymru
Welsh Government

GIG CYMRU NHS WALES

Uned Gomisiynu Cydweithredol Cenedlaethol
National Collaborative Commissioning Unit

*this is a working document, compiled to support stakeholder engagement and inform the development of the framework, it is incomplete and informal and is therefore recommended not to be widely circulated.

CONTENTS

National Programme for Unscheduled Care

A National Quality & Delivery Framework For Emergency Departments in NHS Wales

DOCUMENT MANAGEMENT

Date	Tracking	Version Control
15/05/2018	General formatting update and refinement of the document structure.	EDQDF Workbook 180515 MW
23/05/2018	Incorporation of questionnaire and major redraft of introduction and first draft POAP.	EDQDF Workbook 180522 MW
05/06/2018	Minor edit and restructuring	EDQDF Workbook 180605 MW

NB: Editorial Referencing: throughout the document the symbol XXXX is a reference to partial content in the form of notes and reminders for the editorial team to consider.

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INTERPRETATIONS

Within this Workbook unless the context requires otherwise, the following words and phrases shall have the following meanings:

Emergency Department (ED)	
Type 1 Emergency Department	Type 1 departments are consultant-led 24-hour services, with full resuscitation facilities and designated accommodation for receiving accident and emergency patients
Source of and definitions of ED performance standards	See reference materials under Review of Performance
National Programme of Unscheduled Care (NPUC)	Introduction Sentence and links to ToR
NPUC Board	Introduction Sentence and links to ToR
NPUC Delivery Group	Introduction Sentence and links to ToR
NPUC Professional Advisory Group	Introduction Sentence and links to ToR
NPUC Measurement Group	Introduction Sentence and links to ToR
Patient Care Pathway for an Emergency Department	Patient Care Pathway (PCP) for an Emergency Department is intended to be a stepped process for the delivery of ED services within NHS Wales and will be developed during production of this framework;
Framework	The 'Framework' will evolve from the development of this workbook and will be the overarching document which will outline the what does good look like (commissioning), how assurance is given for *'what is required'* (quality) and how the *'what is required'* will be achieved (delivery) – see also Figure 1 below;
CAREMORE®	CAREMORE® is a commissioning method, focusing on **C**are standards, **A**ctivity, **R**esources **E**nvelope, **M**odel of care, **O**perational arrangements, **R**eview of performance and **E**valuation. It is a registered trademark belonging to Cwm Taf University Health Board UK2630477;
Health Board	means any Local Health Board as defined in the National Health Service (Wales) Act 2006 or any successor body to any of them exercising its or their functions;
Schedule(s)	Schedules within the framework will be the products created through the use of CAREMORE® and will be key documents of the framework:
Workbook	means this workbook and the information contained within it.
Coproduction	The National Collaborative Commissioning Unit promotes widespread participation and engagement in the development of Quality and Delivery Frameworks. The QDF is effectively designed written and implemented with local teams from the outset, who are then similarly entrusted to work with their service users to coproduce its implementation into practice.

INTRODUCTION

Background

The National Programme of Unscheduled Care is one of three national programmes prioritised by the Cabinet Secretary for Health and Social Services.

The Cabinet Secretary has requested an understanding of *'what good looks'* like for patients accessing an Emergency Department and the creation of a National Emergency Department Quality & Delivery Framework for NHS Wales (EDQDF). This will include work to agree care standards, a uniform approach to measuring activity and a nationally agreed model of care for Emergency Departments to enable optimization of clinical outcomes and patient and staff experience.

It is the intention to build upon the work which led to the creation of a transformational model and associated benefits for emergency ambulance services within the broader Welsh Unscheduled Care System, and the development and implementation of a new model for Emergency Departments within a Quality & Delivery Framework. This provides a blueprint for enabling the delivery of overarching outcomes aligned with the Parliamentary Review's quadruple aim:-

1. Improved clinical outcomes by Emergency Departments.
2. Improved patient experience and quality of care within Emergency Departments.
3. Enhanced engagement of Emergency Departments' workforce.
4. Increased value for money achieved from Emergency Departments funding through improvement, innovation, use of best practice, and eliminating waste.

Project Scope

The scope of services covered by this project will be Type One – Emergency Departments within NHS Wales and over-time its applicability will be considered for other forms of EDs and allied services, such as dedicated urgent or ambulatory care centres.

The collaboration will include the Welsh Government; the National Programme of Unscheduled Care; the National Collaborative Commissioning Unit; 1000Lives; NHS Wales Delivery Unit; NWIS and each of the NHS Wales health boards and trusts: Abertawe Bro Morgannwg University Health Board, Aneurin Bevan University Health Board, Betsi Cadwaladr University Health Board, Cardiff and Vale University Health Board, Cwm Taf University Health Board, Hywel Dda University Health Board, Powys Teaching Health Board, Welsh Ambulance Services NHS Trust, Public Health Wales NHS Trust; and any partnership organisations identified by each participant, such as the Community Health Councils.

Even the phrase Emergency Department is open to interpretation, with a variety of practitioners, activities and structures currently deployed within Emergency Departments across Wales. Some capabilities in terms of staff group and supporting services form an integral part of the ED, while in other settings those services are independently managed, but commit extensive resources to the ED.

The early phases of the development of the Framework are focussed on gathering information into a rich picture or description of the present state. Therefore, in simple terms whatever is currently deployed 'between the front door and the back door of an Emergency Department' is within the scope.

This will become more clearly defined as the work develops but at the outset is expected to encompass engagement with Emergency Departments at:

Whithybush General Hospital	Ysbyty Gwynedd	Neville Hall Hospital
Glangwili General Hospital	Ysbyty Glan Clwyd	Royal Gwent
Bronglais General Hospital	Wrexham Maelor Hospital	
University Hospital of Wales	Prince Charles Hospital	Princess of Wales Hospital
	Royal Glamorgan Hospital	Morriston Hospital

Although these main Emergency Departments are the focus of the work, there will obviously be close working relationships with other sites, such as Community Hospitals and those hosting allied urgent care services such as Minor Injury and Illness Centres.

Project Governance

The National Programme for Unscheduled Care provides the overarching governance for the Project having received and signed off the requisite Project Initiation Document. In effect the NPUC Board Chaired by Simon Dean, the Deputy Chief Executive of NHS Wales, performs the role of Steering Group, oversees the development and signs off the principle products.

To deliver the Project a Special Task and Finish Group has been established, Chaired by Mr Stephen Harrhy, Director of the National Programme for Unscheduled Care. The Group's inaugural meeting will take place on 23rd May 2018 to confirm the terms of reference and essentially begin the formal Project.

Two further existing groups have an explicit role in advising the Project and developing key products:

- The Professional Advisory Group – Chaired by Dr Jo Mower, Clinical Director of the National Programme for Unscheduled Care; and
- The Measurement Advisory Group – Chaired by Mr Julian Baker, Director of National Collaborative Commissioning

Project Benefits

The aims of this project is to describe what a good ED looks like by describing core standards expected within a Type One ED. We aim to describe current activity within the Emergency Department and help identify missed opportunities for redirecting patients to alternatives other than attending an ED or once a patient is in the ED redirecting them to a more appropriate service.

Part of this work will include reviewing our current information systems in collaboration with the NPUC project working on the Emergency Care Dataset. By analysing the current demand this will help us understand the differences in different population profiles attending the ED and where we could focus work on real alternatives to admission, by offering support to keep specific population groups in the community.

By reviewing the current resource envelope within an ED, including staffing and infrastructure, we could identify different ways of working within an ED and align this to different models of operation, to improve patient flow and reduce consequent variation and waste.

By reviewing patient outcomes we aim to describe the good work that is currently going on in the ED but is not recognised by the current focus on measurement of 4hour performance. By doing this we aim to

provide opportunities for shared learning, improving peer support and staff well being and subsequent patient safety.

By doing all of the above we will address the quadruple aims of the Parliamentary Review. The Project will also develop a detailed stakeholder map, identifying benefits from each stakeholder's perspective, such as:

- Welsh Government – helping to inform, agree and implement policy
- Health Boards – providing support and clarity with regard to the expectations for service delivery from an Emergency Department
- Emergency Departments – participating in the developments and offering expertise and experience to create transparency in balancing activity and resources with performance
- Patients and the Public – in engaging to understand the expectations for service and knowing when and how to use the Emergency Department

XXXX Insert Project Stakeholder Chart with commentary on major linkages and dependencies as they emerge.

PRODUCTION METHODOLOGY

CAREMORE®

CAREMORE is a collaborative commissioning method, originally created following an award winning NHS Wales Invest to Save Collaborative Project for Commissioning Mental Health & Learning Disability Hospital services. EASC then sponsored the use of CAREMORE at its inaugural meeting in April 2014 to enact the then Health Minister's expectations to establish a commissioning model (of which one was not in existence within NHS Wales) between Health Boards via EASC and WAST following the Ambulance Strategic Services (McClelland) Review, 2013.

Swansea University were commissioned to undertake an independent evaluation of the utility of CAREMORE and the findings of this evaluation have been subject to rigorous peer-review. This process ensures that CAREMORE is viewed as an approach which is backed by good scientific research and the evaluation will be shortly be published in the Journal of Integrated Care. Beyond a bespoke introduction, the sections of a Framework Agreement represent components of CAREMORE as follows:

SECTION	Description of products
Care standards	An evidenced set of care standards for emergency department services to ensure that the right expectations are defined for quality and safety
Activity	An accurate description of the activities within emergency departments to ensure that the right capacity is available to meet the right demand
Resource Envelope	A comprehensive description of the assets which may be utilised and affected with the ambition of making the best use of all existing resources
Model of care	A common high level model of care for emergency departments to ensure that people can access the right staff, at the right place, at the right time
Operational arrangements	The establishment of robust local mechanisms to ensure effective delivery with the right interaction between patients, professionals and organisations
Review of performance	An agreed system of performance measurement to ensure the right monitoring and management to deliver continuous improvement
Evaluation	An agreed set methods and criteria for judging the achievement of the right patient outcomes, from the right patient experience, at the right cost

An explanatory video is via the link: **CAREMORE on YouTube**

Developing the Workbook

The EDQDF CAREMORE Workbook is a working document using a framework of methods and products designed to enable widespread participation in the co-production of the EDQDF and its subsequent implementation. Therefore, its contents are always draft reflecting the latest position from the development process.

The Workbook is a development tool and is iterated in many places, many times throughout the project. As area of the Framework become sufficiently mature, they inform the development of Schedules that are signed off and adopted as formal products within the Framework. Effectively the workbook becomes the framework.

For each section of CAREMORE:

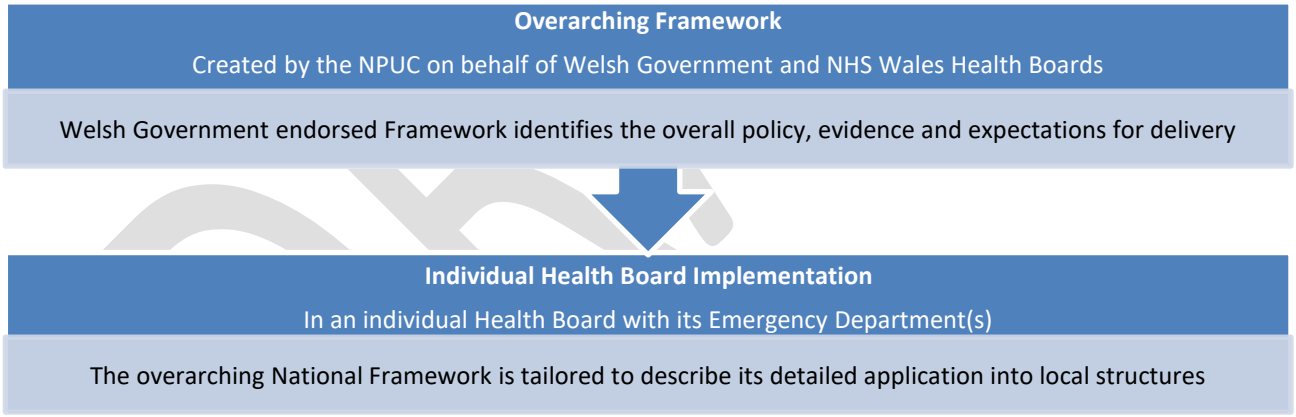
- What is the intended product?
- What is the reason for defining (the section)?
- What are the guiding principles in developing ...
- What work has been undertaken on ...
- What are the key questions to understand ...
- What else should be considered within ...
- Working Examples
- Draft Schedules

Supplementary Information:

- Appendices relevant the whole framework
- CAREMORE Plan on a Page

The production process begins with a baseline questionnaire based on the 'key questions' identified within each section of the Workbook. The full questionnaire with all 21 questions is provided in the appendix.

This questionnaire is designed to begin the process of engagement with local teams and prompt participants to think about the sections of a CAREMORE Framework. Initial responses often identify existing structures, documents and practice that are added to the Reference Materials in each section of the Workbook. Occasionally, participants cannot answer some of the questions and that in itself helps to focus attention on the area of quality and delivery that require greatest development.



This workbook will mature to the point where it becomes the overarching Quality and Delivery Framework for Emergency Departments and can be used by an organisation to move to full implementation either across the whole Local Health Board or within an individual Emergency Department.

Coproduction

1. Evaluation

Coproduction with service providers and users is a core tenet of the Project. CAREMORE was designed explicitly as a method of increasing and capitalising on coproduction in the development of commissioning and the design of large scale quality and delivery frameworks.

Research has been undertaken to explore stakeholder experience of CAREMORE®, perceptions of how it has been implemented and whether it has achieved, or is beginning to achieve the intended objectives and improvements. Participants reported positive experiences in the facilitated approach within the collaborative commissioning process; the most coveted function was that it allowed for the organisation of complex service design and delivery and the collection of relevant, rather than arbitrary, information. In using the structure of CAREMORE®, complex issues could be communicated simply, within and across organisations, to ensure a mutual understanding between key stakeholders.

Overall the stakeholders who were interviewed saw CAREMORE as fulfilling an important gap in facilitating complex service change, particularly when this change had come about in response to a review or report suggesting a need for improvement. Most felt it was successful in bringing together the relevant stakeholders, thus enhancing collaborative commissioning. However, due to the early stage of implementation, some stakeholders felt that there was still some work to be done in order to be fully collaborative. This is a common finding among quality improvement projects.

Some stakeholders thought the use of CAREMORE as a commissioning tool would be enhanced with the involvement of an impartial third party to provide relevant stakeholder engagement and allow both providers and commissioners to be held accountable. Increased transparency of information brought with it some unanticipated concerns around how to manage the plethora of newly exposed inefficiencies but generally participants saw this exposure as a positive in terms of providing context and moving forward with service change.

The Project team are committed to continuous improvement of the Collaborative Commissioning Approach and learning from and further developing the concepts, methods and tools within CAREMORE. As such the Project is being designed with the intention of incorporating an independent evaluation of the process from the outset. Swansea University will be working closely with participants throughout the Project and further information will be shared with partners as the work develops.

2. Principles

All partners directly involved in, and contributing to the project aim to:

- **Promote** the philosophy of Prudent Healthcare and application of its principles
- **Act** with consistency, transparency, reasonableness and fairness
- **Commit** to ensure the project successfully delivers by promoting effective and efficient collaboration through:
    - identification of key contact for the project; these will be across all organisations and professional groups who will offer technical advice such as clinical, finance, information etc.
    - provision of local staff experience and expertise, including staff attendance at events and meetings
    - submission of information in accordance with requests
- **Endorse** the delivery of the outcomes from the framework aligned with the quadruple aim and quickly exploit any opportunities for improvement
- **Deliver** the project through widespread engagement and participation with all stakeholders

This PACED structure represents a simple set of ground rules to guide the coproduction process and also to hold the Special Task and Finish Group to account for its leadership of the development.

3. Production Phase One

Developing an understanding where we are now and identifying what good looks like, undertaken in parallel

In simple terms, Phase One is a process of widespread engagement and information gathering to answer the questions, where are we now and what does good look like for Emergency Departments across Wales?

The Project team will work with stakeholders from across organisations to gathering information, synthesising that knowledge into rich descriptions of different aspects of the care provided within an Emergency Department and facilitating continuous feedback and refinement of those descriptions.

It is important to note that this Phase is not a review of current performance. Services are not judged on the relative merits of their services, but both the common and unique aspects of their existing practice and structures are incorporated into the descriptions, to give as full and diverse a view as possible. What naturally emerges from this holistic description of services is a distillation of what those with the greatest insight and experience, consider the key ingredients of what good looks like.

This process of gathering information is done in a number of ways through surveys, interviews, workshops and traditional electronic data extracts and analysis. The information is collated and curated into the CAREMORE structure using this Workbook.

At the end of Phase One, we will have the first edition of a National Quality and Delivery Framework for Emergency Departments. In parallel we will have developed a common understanding of the challenges and opportunities to improve and develop Emergency Departments that will help to inform:

- final versions of Health Boards Winter Resilience Plans
- a fuller suite of Emergency Department measures for Winter 2018/19
- recommendations for moving to Phase 2 implementation

This will also facilitate the drafting of Commissioning Intentions (defined below) for Emergency Departments aligned with IMTP 2019/20 processes to help drive service improvements across the unscheduled care system. The Cabinet Secretary has expressed a desire to conclude Phase 1, by October 2018 with a view to at least one early adopter site, moving directly to implementation of the Framework from that point.

4. Production Phase Two

Working with individual Emergency Departments to implement the Quality and Delivery Framework

In simple terms, Phase Two is about putting the National Quality and Delivery Framework into practice in an existing Emergency Department.

The Project Team will work closely with a Health Board Team to tailor the National Framework to reflect local services and structures, providing a context dependent description or specification for each Emergency Department. This includes aligning service improvement and development within the department with resource and performance expectations of all stakeholders. Phase 2 will commence in

October 2018 and the timing and delivery of key milestones will be dependent upon the organisation's expectations and availability of local support, enabling resources and expertise.

At the end of Phase Two, there is a more detailed version of the Framework tailored to local structures with a clear understanding of the improvement and development requirements for that specific Emergency Department in meeting the requirements of the Framework.

The learning from Phase 2 includes key considerations for the ongoing Framework maintenance, learning and development alongside its continued rollout from both a national and local perspective. The Phase concludes with a handover report detailing the process for full adoption and management of both the Framework itself and performance of the service under the Framework.

It is possible for committed organisations to conclude Phase 2 in early adopter sites by April 2019.

5. Production Phase Three

'Go-Live' within an Emergency Department and sharing insight and experience for wider adoption in NHS Wales

In simple terms, Phase Three is embedding the Framework within an Emergency Department as the normal way they do business and providing opportunities to share knowledge and experience to inform the wider adoption throughout NHS Wales.

The formal handover agreement is developed as part of the implementation project in Phase 2 and lays out responsibilities for the participants including expectations placed on those delivering the service, the host or employing organisation and any central support from other agencies including Welsh Government

In essence, at the end of Phase Three, the central Project team withdraws and the local services continue to manage both the Framework and their performance under the Framework.

For the local team there is no real end to Phase Three. However, as progress is made at a national scale, opportunities may be identified to facilitate a network of departments and key leads and manage the ongoing development of the National Quality and Delivery Framework, to maintain its core content and ensure that the Framework aligns with new and emerging national priorities.

6. Commissioning Intentions

From October 2018 the NPUC would have sufficient information from Phase 1, to make recommendations for the ongoing improvement and development of Emergency Department Services across Wales. This would be irrespective of any individual organisation's commitment to move to Phase Two implementation. These recommendations would take the form of Commissioning Intentions, based on the process developed to formalise agreements for ongoing priorities within the Emergency Ambulance Service Committee.

Commissioning Intentions enable participating organisations to form a shared commitment to developing and improving services together, based on mutual goals that will enable organisations to prepare for and eventually implement the National Quality and Delivery Framework for Emergency Departments.

This would effectively describe a plan for national roll out, or a staged implementation of the Framework, providing those organisations unable to move directly to implementation, with an opportunity to put in

place enabling improvements across unscheduled care that align with the Framework. Commissioning Intentions may typically include:

- Prioritising service change ideas and enabling work aligned with IMTP and Winter Planning
- Identifying local opportunities for engagement and participation of partners
- Targeted organisational and staff development in preparation of implementation EDQDF
- Establishing new measurement systems to inform developments
- Implementation of some EDQDF technical products to realise early benefits
- Embedding into normal practice, new operational management arrangements

A Commissioning Intentions proposal will be presented to the NPUC Board for consideration.

7. Outline Production Timetable

The following is an approximately timeline for the development of the Framework:

April 2018	Letter to Chief Operating Officers (COOs) explaining commencement of project to create an EDQDF and referencing the Cabinet Secretary 18 July launch
May 2018	issuing of a workbook (v1) outlining the key considerations to be picked at the initial meetings with each Health Board – plus highlight to Health Boards whether they wish to include other staff they feel relevant such as information, finance and patient experience
23 May 2018	Inaugural Meeting of Special Task & Finish Group, supporting governance arrangements; actions; key milestones; Workbook (v1) development and overarching evaluation system development
June 2018	Half day initial meeting with each Health Board proposed to include alongside the COO, the Clinical Director(s) for ED(s), Directorate / ED Site Nurse(s) and Directorate / ED Site Manager(s)
June 2018	NPUC Professional Advisory Group development of draft Care Standards and first consideration of the Model of Care
July 2018	issuing of updated workbook (v2) including any relevant information requests following initial visits to Health Boards
18 July 2018	Cabinet Secretary for Health and Social Services – Launch Event for creation of the National Framework for an ED, reflecting on the development of what good looks like; information received to date; and any barriers, solutions, quick wins for IMTPs and Winter 2018/19
August 2018	NPUC Measurement Group development of draft activity currencies and resources information relevant to model of care
September 2018	Baseline evaluation of *what does good look like* and *where are we now;* and immediate improvement opportunities produced reviewed by the Independent Expert Assurance Panel, who will also consider the contents and expectations of the framework

September 2018	Commissioning Intentions Report for consideration by NPUC Board
September 2018	Products to inform Winter Planning, Measurement of Emergency Departments and Recommendations for Phase 2 Implementation
September 2018	sharing of results from baseline evaluation (above) with Welsh Government and Health Boards to inform where to implement the framework and a decision to proceed commencement within an Emergency Department given.

Care Standards

CARE STANDARDS

What is the intended product?

An evidenced set of care standards for emergency departments to ensure that the right expectations are defined for quality and safety.

The final products will take the form of a 'Care Standards Schedules' which will:

- describe Service Requirements and Core Requirements for a Type 1 Emergency Department
- provide a bibliography of relevant publications which will inform the requirements

What is the reason for defining Care Standards?

To describe Service Requirements from a patient's perspective across each step of their care pathway from pre-entry to exit of an Emergency Department. This patient care pathway will be known as the 'Model of Care' and its creation enables other key components of the framework relating to Activity, Resources and Performance to be established.

To describe Core Requirements for an Emergency Department to the public which acts in accordance with good practice, relevant statutory legislation, codes of practice, guidance and policies published or endorsed by the Welsh Government.

What are the guiding principles in developing Care Standards?

These are as follows:

- to be consistent with Prudent Healthcare;
- to give assurance around quality and safety of service delivery;
- to be evidence/best practice based;
- to be understandable, realistic and achievable;
- to be transparent;
- to be 'balanced' ie outcomes for patients and qualitative standards not just 'time' requirements;
- to keep to the discipline of a patient care pathway / patient journey approach for the use of services;
- to use language from the perspective of the public / service user(s) not necessarily the provider/commissioner when constructing the pathway;
- to have an minimum number of standards to provide appropriate assurance;
- to ensure they support the provider or professional to be "fit to be commissioned" or "fit to practice" ie core infrastructure or core professional requirements are included; and
- to enable over-time performance measures / service levels to be varied depending upon service circumstances / developments, this assumes that the Care standards will remain static.

What work has been undertaken on Care Standards?

The Clinical Director has led a comprehensive review of published care standards relevant to providing good emergency care in a type 1 ED. Examples of these standards include materials published by Royal College of Emergency Medicine, Royal College of Physicians, NHS England , NHS Improvement, National Audit Office, Welsh Government reports, and NIICE (this list is not exhaustive).

The formation of the Professional Advisory Group has been completed with a wide range of contributors from many different clinical backgrounds to engage clinically with the process. The terms of reference state clearly the purpose of the group which is:

- to advise on clinical standards for unscheduled care in Wales and to review the evidence of best practice from the UK and beyond and make recommendation for adoption in Wales.
- to advise on the development an adoption of a stepped model of care, from the patient's perspective, that aligns with and enables delivery of the care standards.

The Professional Advisory Group is accountable to the USC Delivery Group and will develop a culture which is comfortable with change and continuous improvement, optimising the patient journey through the ED. The group will develop methodologies for the avoidance of unnecessary care leading in line with prudent health care values and strengthen areas of good care by sharing best practice amongst colleagues.

The group will also ensure that the programme of work provides opportunities for widespread engagement with emergency department staff and creates an environment for participation within clinical teams to ensure that the wellbeing and support for staff is integral to the developing framework.

What are the key questions to understand Care Standards?

1. **What care standards are in place across the steps of the patient care pathway?**
2. **What recognised care standards are applicable within core governance?**
3. **How have you engaged with staff and patients in the development of care standards?**

Prompts:

- Describe the application of any extant care standards from the perspective of the public, a patient or service user.
- Describe the current assurance process on quality & safety within Emergency Departments by the Health Board.
- Describes the existing evidenced based work in this area which would be beneficial for us to review and potentially use.

What else should be considered within Care Standards?

With regard to Care Standards you may wish to highlight:

- previous local developments on this subject
- current locally led services changes or developments
- other programmes and national initiatives related to ED
- local audit and evaluation work undertaken on this subject

CARE STANDARDS REFERENCE MATERIALS

a) The Care Standards C1 Schedule for Emergency Ambulance Services

Links:

b) Transforming urgent and emergency care services in England: Safer, faster, better: good practice in delivering urgent and emergency care: A guide for local health and social care communities
https://www.england.nhs.uk/wp-content/uploads/2015/06/trans-uec.pdf
c) Emergency department Care (50 standards)
http://www.rcem.ac.uk/docs/College%20Guidelines/Emergency%20Department%20Care%20-%20BP%20Guidance%20-%20Jul%202017%20-%20v6.pdf
d) Making internal professional standards work for you ('the way we do things here…')
https://improvement.nhs.uk/documents/578/internal-professional-standards-RIG.pdf

CARE STANDARDS DRAFT SCHEDULES

Activity

ACTIVITY

What is the intended product?

An accurate description of the activities within emergency departments to ensure that the right capacity is available to meet the right demand.

The final product will take the form of an 'Activity Schedules' which will;

- detail the things to be counted (currencies) across each step of the Emergency Department's Patient Care Pathway
- provide a reference to relevant national datasets.

What is the reason for defining Activity?

To understand the workload or demand related to each individual step for a patients' journey through an Emergency Department. The patient journey or patient care pathway will be described through the 'Model of Care.'

To enhance consistency of reporting for activity and have a baseline from which to track the impact of service changes, efficiencies and improvements within and across each step of the patient care pathway.

What are the guiding principles in developing Activity?

These are as follows:

- to be consistent with Prudent Healthcare;
- to be relevant to improving performance and outcomes;
- to be understandable and measureable;
- to be recorded, with information sources identifiable;
- to able to provide clarity around patient flow and demand & capacity;
- to be able to be benchmarked between similar services / organisations.

What work has been undertaken on Activity?

Initial potential Activity identified across steps are by the project team are as follows:

- engagement activities to divert away from an Emergency Department
- attendances to an Emergency Department
- diagnostics for streamed work across a triage system
- interventions for the streamed work
- discharges to other forms of care

Inaugural meeting of the NPUC Measurement Group planned and opportunity to support work associated with ED framework.

What are the key questions to understand the Activity?

4. **Define the activities that are delivered by the service.**
5. **How is the activity being measured and from what data sources?**
6. **What are the activity trends, identifying the impact of the work on demand and capacity?**

Prompts:

- Describe the currently reporting of activity for Emergency Departments by the Health Board
- Describe the use of benchmarking used by the Emergency Department
- Describe how is Emergency Department Data Set used by the Emergency Department
- Describe how the 'daily flows' work used by the Emergency Department
- Is there already work in this area which would be beneficial for us to review and potentially use

What else should be considered within Activity?

With regard to Activity you may wish to highlight:

- previous local developments on this subject
- current locally led services changes or developments
- other programmes and national initiatives related to ED
- local audit and evaluation work undertaken on this subject

ACTIVITY WORKING REFERENCE MATERIALS

a) NHS Benchmarking Network Emergency Care and Urgent Care Projects' outputs 2016/17 – national and bespoke reports
b) Daily Flows Summary of Intentions
c) EDDS Across NHS Wales
d) The drafted Activity A1 Schedule for Non-Emergency Patient Transport Services

Links:

e) Initial Assessment of Emergency Department Patients
http://www.rcem.ac.uk/docs/SDDC%20Intial%20Assessment%20(Feb%202017).pdf
f) Reducing redundant activity in the acute setting
https://www.rcem.ac.uk/docs/College%20Guidelines/5r.%20Reducing%20redundant%20activity%20in%20the%20acute%20setting%20(December%202015).pdf

ACTIVITY DRAFT SCHEDULES

Resource Envelope

RESOURCE ENVELOPE

What is the intended product?

A comprehensive description of the assets which may be utilised and affected with the ambition of making the best use of all existing resources.

The final product will take the form of 'Resource Envelope Schedules' which will provide

- resource utilisation descriptors across each step of the pathway
- revenue and capital information related to each step of the pathway and the Emergency Department in general

What is the reason for defining the Resource Envelope?

To understand the resources available and their utilisation for each of the services provided under each step of the pathway within an Emergency Department and be able to triangulate with activity and performance.

To enhance consistency of reporting for resources and have a baseline from which to track the impact of service changes, efficiencies and improvements within and across each step of the patient care pathway.

What are the guiding principles in developing the Resource Envelope?

The Resource Envelope should include the direct or complementary services which impact upon the effective and efficient delivery of Emergency Departments, by the identification of all opportunities from:

- the application of Prudent Healthcare principles;
- whole system resource regardless of resource-holder;
- areas of perceived waste;
- areas of perceived variation;
- capital investment;
- alternative sources of funding to support innovative work to deliver transformational change, for example, Integrated Care Fund, Inverse Care Programme, Invest to Save
- the approach to enable a baseline for tracking the impact of future service changes and efficiencies.

What work has been undertaken on Resource Envelope?

Initial potential resources information across steps are by the project team are as follows:

- resources associated with engaging / providing the public with information alternative choices to an Emergency Department or when to use an Emergency Department
- resources associated with meeting the public and triaging
- resources associated with diagnosing
- resources associated with direct intervention / treatment within an Emergency Department
- resources associated with moving people on to alternative care settings or home

Inaugural meeting of the NPUC Measurement Group planned and opportunity to support work associated with ED framework.

A Task & Finish enabling Workstream consisting of information and finance personnel, who know the service well, was established to develop and create the Activity and Resources data.

What are the key questions to understand the Resource Envelope?

7. **Identify all resources (capital, revenue and infrastructural) and sources of funding used by the service**
8. **What are the non-recurrent and recurrent costs and how are resources, staff and non staff costs are applied across the patient pathway?**
9. **What is the likely impact of the way resources are allocated across the patient pathway?**

Prompts:

- Describe the capital assets, resource types and infrastructure available to the service
- Describe those external resources upon which the Emergency Department is dependent for example access to Radiology, laboratory and housekeeping.
- Describe the currently financial reporting for Emergency Departments by the Health Board?
- What resources are there, such as staff mix, numbers and vacancies; agency and locum use; physical resources – bays & trolleys; etc
- Are there alternative funding sources being used or considered?
- What are the capital plans, discretionary or major?
- Are there any other benchmarking considerations not covered in the previous Activity section?

What else should be considered within Resource Envelope?

With regard to the Resource Envelope, you may wish to highlight:

- previous local developments on this subject
- current locally led services changes or developments
- other programmes and national initiatives related to ED
- local audit and evaluation work undertaken on this subject

RESOURCE ENVELOPE REFERENCE MATERIALS

a) NHS Benchmarking Network Emergency Care and Urgent Care Projects' outputs 2016/17 – national and bespoke reports
b) The Resource Envelope RE Schedule for Emergency Ambulance Services

Links:

c) Medical and Practitioner Staffing in Emergency Departments https://www.rcem.ac.uk/docs/Workforce/RCEM%20Medical%20and%20Practitioner%20Staffing%20in%20EDs.pdf
d) Non-medical Practitioners in the Emergency Department https://www.rcem.ac.uk/docs/Workforce/Non%20medical%20practitioners%20in%20the%20ED.pdf
e) "Rules of Thumb" for Medical and Practitioner Staffing in Emergency Departments https://www.rcem.ac.uk/docs/Workforce/RCEM%20Rules%20of%20Thumb%20for%20Medical%20and%20Practitioner%20Staffing%20in%20EDs.pdf

RESOURCE ENVELOPE DRAFT SCHEDULES

Model of Care

MODEL OF CARE

What is the intended product?

A common high level model of care for emergency departments to ensure that people can access the right staff, at the right place, at the right time.

The final product will take the form of 'Model of Care Schedules' which will provide

- a simple wiring diagram describing a national stepped patient care pathway
- a wiring diagram describing Health Board's individual Emergency Departments' models of care which may vary dependent upon demographic or geographical factors

What is the reason for defining the Model of Care?

To simplify an understanding of how a patient may pass through an Emergency Department in the form of a series of steps shown in a wiring diagram.

To establish a simple construct for the model of care which enables an enhanced understanding of the expectations and workings for each step to be described ie its standards, activity, associated resources, performance and operational management. Which in turn enables opportunities for improvement both within and between steps to be identified.

What are the guiding principles in developing the Model of Care?

- to be consistent with Prudent Healthcare
- to be constructed in a way which enable descriptions of:
    - the patient journey in the form of steps
    - the care standards along the steps of the patient journey
    - the activities within a step of the patients' journey
    - the resources associated with the step of the patients' journey
    - the performance measures within a step of the patients' journey
- to support the delivery of new models of hospital care from NHS Wales, local or Regional Service Redesign Programmes
- to highlight, complement, and support new developments / opportunities in clinical practice, care pathways and operational policies
- to be underpinned by an acceptance that there may be different models of delivery across Health Boards dependent upon epidemiological, demographic or geographical factors.

What work has been undertaken on the Model of Care?

An initial high level outline of a Model of care for an Emergency Department across a 5 Step patient care pathway has been developed by the project team to prompt engagement, conversation and development as follows:

- Step 1 relates to choice – and is possibly the most critical step for every service, to help people to make the right choices, and know when there a requirement to visit an Emergency Department
- Step 2 relates to access – and refers to the first contact between the person and the Emergency Department, whereby their details are gathered (administrative) and an initial description of need is established and immediate plan of action agreed (clinical)
- Step 3 relates to agreement – agreeing an outline plan with the person to get to the right member of staff together face to face within a timescale appropriate to the initial description of need.
- Step 4 relates to treatment – enacting the agreed plan and delivering the actions and interventions that take place within the Emergency Department
- Step 5 relates to continuity of care – means the handover from ED and moving the person safely to the next part of the care pathway, and where ever possible home safely.

What are the key questions to understanding the Model of Care?

10. What is the primary purpose of the service and how are appropriate patients identified and referred?
11. Summarise the model of care and the typical patient journey?
12. Is there precedence, or evidence of effectiveness from other similar schemes and models of care?

Prompts:

- How does the drafted model of care across a stepped pathway fit with how you would describe the service across a stepped pathway?
- Are there initiatives or developments you are pursuing across the model of care – for each step?

What else should be considered with Model of Care?

With regard to the Model of Care, you may wish to highlight:

- previous local developments on this subject
- current locally led services changes or developments
- other programmes and national initiatives related to ED
- local audit and evaluation work undertaken on this subject

MODEL OF CARE REFERENCE MATERIALS

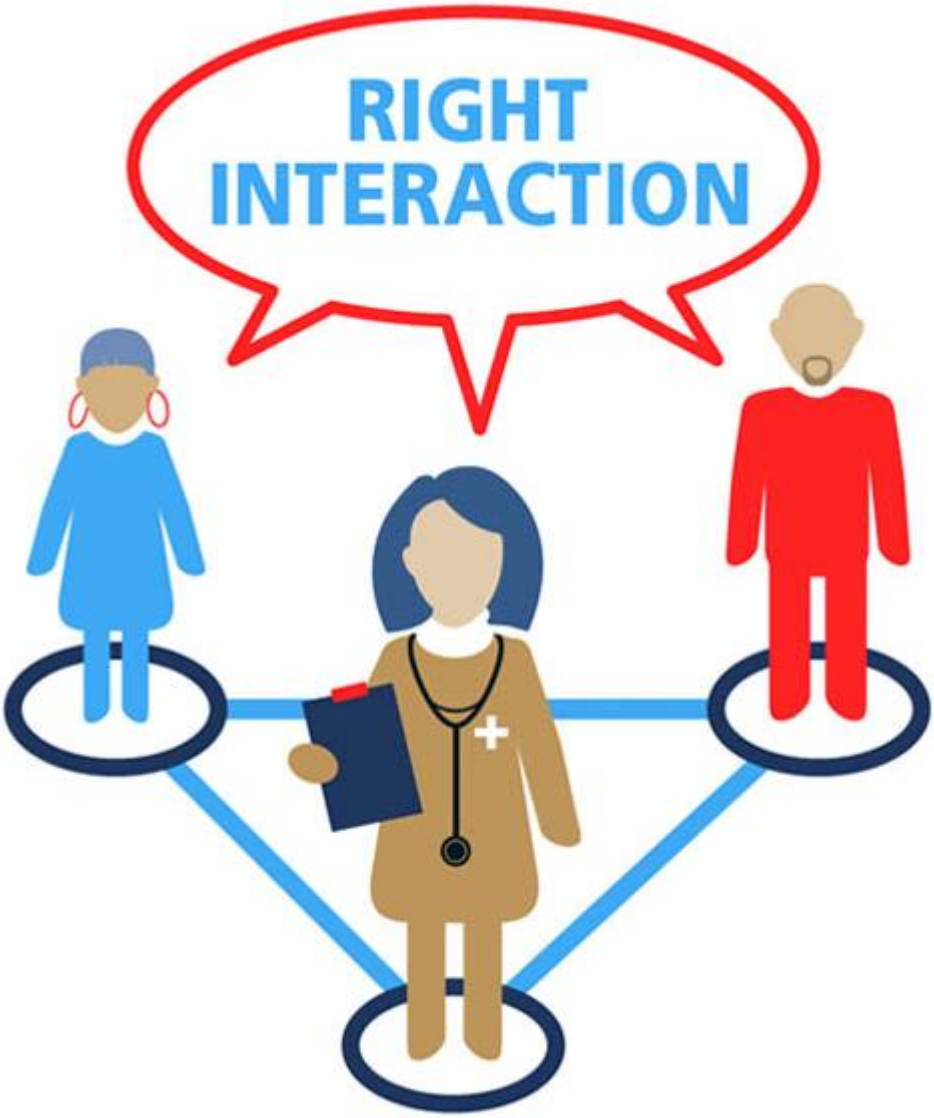
a) The Model of Care M1 Schedule for Emergency Ambulance Services

Links:

Emergency department Care (50 standards)
http://www.rcem.ac.uk/docs/College%20Guidelines/Emergency%20Department%20Care%20-%20BP%20Guidance%20-%20Jul%202017%20-%20v6.pdf

MODEL OF CARE DRAFT SCHEDULES

Operational Arrangements



OPERATIONAL ARRANGEMENTS

What is the intended product?

The establishment of robust local mechanisms to ensure effective delivery with the right interaction between patients, professionals and organisations.

The final product will take the form of 'Operational Schedules' which will provide:

- a description of how the framework is intended to operate and how it fits with commissioning intentions, policy and IMTPs
- an explanation of the more detailed workings of each Emergency Department aligned with how their local model of care wiring diagram
- checklists of applicable clinical protocols and pathways
- details of continuous improvements of the framework itself and those from service changes

What is the reason for defining Operational Arrangements?

To tie together process and relationship issues both within and outside an Emergency Department which relate to the: management of the framework itself; the efficient and effective running of the Emergency Department; and opportunities for continuous improvement.

XXXX JB fuller explanation required here.

What are the guiding principles in developing Operational Arrangements?

XXXX JB to be updated:

- to be consistent with Prudent Healthcare;
- to include who is accountable and responsible for what;
- to provide clarity around who does what across relevant parts of the health and social care system;
- to clarify performance improvement arrangements;
- to ensure continuous improvement;
- to link with Welsh Government expectations from IMTPs.

What work has been undertaken in Operational Arrangements?

Under the NPUC and via EASC there is work ongoing in relation to:

- Fit to sit policy
- Boarding policy
- Redirection
- Handover – ED checklist
- Escalation

What are the key questions to understand the Operational Arrangements?

13. Identify key relationships between partners and describe the structure of the delivery team
14. What arrangements are in place to manage day to day operational activities?
15. What operational pressures exist and how are they being addressed?

Prompts:

- How are current operational arrangements working
- What is current progress with the issues above
- What other current policies, clinical protocols and pathways could be considered

What else should be considered within Operational Arrangements?

With regard to Operational Arrangements, you may wish to highlight:

- previous local developments on this subject
- current locally led services changes or developments
- other programmes and national initiatives related to ED
- local audit and evaluation work undertaken on this subject

OPERATIONAL ARRANGEMENTS REFERENCE MATERIALS

a) Fit to sit policy
b) ED checklist
c) Boarding policy

Links:

a) Management of pain in Adults https://www.rcem.ac.uk/docs/College%20Guidelines/5w.%20Management%20of%20Pain%20in%20Adults%20(Revised%20December%202014).pdf
b) Management of pain in children http://www.rcem.ac.uk/docs/RCEM%20Guidance/RCEM%20Pain%20in%20Children%20-%20Best%20Practice%20Guidance%20(REV%20Jul%202017).pdf
c) Emergency Department follow –up clinics https://www.rcem.ac.uk/docs/Service%20Design%20+%20Delivery/CEM8838-RCEM%20clinic%20guidance%20Dec%202015.pdf
d) A brief guide to Section 136 for Emergency Departments http://www.rcem.ac.uk/docs/College%20Guidelines/A%20brief%20guide%20to%20Section%20136%20for%20Emergency%20Departments%20-%20Dec%202017.pdf
e) Guidelines for the Management of Excited Delirium / Acute Behavioural Disturbance (ABD) May https://www.rcem.ac.uk/docs/College%20Guidelines/5p.%20RCEM%20guidelines%20for%20management%20of%20Acute%20Behavioural%20Disturbance%20(May%202016).pdf
d) Management of Investigation Results in the Emergency Department http://www.rcem.ac.uk/docs/RCEM%20Guidance/Management%20of%20investigation%20results%20in%20the%20ED%20-%20updated%20Jul%202017.pdf
e) Management of Radiology Results in the Emergency Department http://www.rcem.ac.uk/docs/RCEM%20Guidance/Management%20of%20Radiology%20Results%20in%20the%20Emergency%20Department%20-%20updated%20Jul%202017.pdf
f) Emergency Department follow –up clinics https://www.rcem.ac.uk/docs/Service%20Design%20+%20Delivery/CEM8838-RCEM%20clinic%20guidance%20Dec%202015.pdf
g) Guideline for ketamine sedation of children in Emergency https://www.rcem.ac.uk/docs/College%20Guidelines/RCEM%20Guideline%20for%20Ketamine%20sedation%20of%20children%20in%20EDs%20Sep%202009%20(updated%20Oct%202016).pdf
h) Pharmacological Agents for Procedural Sedation and Analgesia in the Emergency Department http://www.rcem.ac.uk/docs/College%20Guidelines/Pharmacological%20Agents%20for%20Procedural%20Sedation%20and%20Analgesia%20(Jan%202017%20Revised).pdf
i) Chaperones in Emergency Departments https://www.rcem.ac.uk/docs/College%20Guidelines/5v.%20Chaperones%20in%20the%20Emergency%20Department%20(March%202015).pdf
j) Caring for adult patients suspected of having concealed illicit drugs https://www.rcem.ac.uk/docs/College%20Guidelines/5z1.%20Caring%20for%20adult%20patients%20suspected%20of%20having%20concealed%20illicit%20drugs%20(June%202014).pdf
k) Intravenous Regional Anaesthesia for Distal Forearm Fractures (Bier's Block) http://www.rcem.ac.uk/docs/RCEM%20Guidance/Biers_block_revised_Nov_2017.pdf
l) A universal FGM flowchart and reporting tool http://www.rcem.ac.uk/docs/RCEM%20Guidance/FGM%20-%20BP%20Guide%20-%20Jul%202017.pdf
m) Guideline for information sharing to reduce community violence http://www.rcem.ac.uk/docs/RCEM%20Guidance/QEC%20Guideline%20Information%20sharing%20to%20reduce%20Community%20Violence%20(Sept%202017).pdf
n) Consultant sign off https://www.rcem.ac.uk/docs/Consultants%20Sign%20off/17.%20Consultant%20Sign-Off%20-%20Standard%20(June%202016).pdf
o) Frequent Attenders in the Emergency Department http://www.rcem.ac.uk/docs/RCEM%20Guidance/Guideline%20-%20Frequent%20Attenders%20in%20the%20ED%20(Aug%202017).pdf
p) Management of Adult Patients who attend Emergency Departments after Sexual Assault/Rape. Revised https://www.rcem.ac.uk/docs/College%20Guidelines/5s.%20Management%20of%20Adult%20Patients%20w

ho%20attend%20Emergency%20Departments%20after%20Sexual%20Assault%20and%20or%20Rape%20(revised%20Oct%202015).pdf

q) Management of Domestic Abuse
https://www.rcem.ac.uk/docs/College%20Guidelines/5t.%20Management%20of%20Domestic%20Abuse%20(March%202015).pdf

r) End of Life Care for Adults in the Emergency Department
https://www.rcem.ac.uk/docs/College%20Guidelines/5u.%20End%20of%20Life%20Care%20for%20Adults%20in%20the%20ED%20(March%202015).pdf

OPERATIONAL ARRANGEMENTS DRAFT SCHEDULES

Review of Performance

REVIEW OF PERFORMANCE

What is the intended product?

An agreed system of performance measurement to ensure the right monitoring and management to deliver continuous improvement.

The final product will take the form of 'Review of Performance Schedules' which will provide:

- descriptions of the performance measures which will give assurance against delivery of the care standards for service requirements – following the patient care pathway; and core requirements;
- a comprehensive suite of activity, resources and performance measures from which: what, who, when and how reporting arrangements can be determined.

What is the reason for defining the Review of Performance?

To bring together the key performance measures that give assurance on the meeting of the care standards which apply to each step of the patient pathway and the core requirements for an Emergency Department.

XXXX More to go here, including that this process is not "a review of performance" but about describing how performance should be monitored and reviewed.

What are the guiding principles in developing the Review of Performance?

These are as follows:

- to be consistent with Prudent Healthcare;
- to include measurements which cover infrastructure measures, process measures, outcome measures and enable trend analysis;
- identify extant performance metrics;
- to relate to the quadruple aim where relevant and appropriate to do so.

What work has been undertaken on the Review of Performance?

- Meeting with the Welsh Government Patient Experience Team and clarifying the expectations and associated products for patient experience within NHS Wales and for Emergency Departments.

- Planned work with Welsh Government to clarify the expectations and associated products for staff experience

What are the key questions in understanding the Review of Performance?

16. What performance measures are being collected and monitored?
17. What is the overall level of performance against the care standards?
18. Is there scope for further innovation and improvements in performance?

Prompts:

- How is current performance for Emergency Departments reported within the Health Board?
- What are the performance metrics used for report
- How are patient safety issues, complaints, serious incidents etc, reported and acted upon?
- Current performance management

What else should be considered within Review of Performance?

With regard to the Review of Performance, you may wish to highlight:

- previous local developments on this subject
- current locally led services changes or developments
- other programmes and national initiatives related to ED
- local audit and evaluation work undertaken on this subject

REVIEW OF PERFORMANCE REFERENCE MATERIALS

a) Briefing note to Welsh Government on AQIs for UCMAG work related to measures
b) NHS Benchmarking Network Emergency Care and Urgent Care Projects' outputs 2016/17 – national and bespoke reports
c) NHS Outcome Framework and measures guidance 2017/18 and patient experience measures – Evidence of how NHS Organisations are responding to Patient Feedback; Listening & Learning from Feedback

Links:

d) Crowding in Emergency Departments https://www.rcem.ac.uk/docs/Service%20Design%20+%20Delivery/52b.%20RCEM%20Crowding%20Guideline%20(2015).pdf
e) Emergency department Care (50 standards) http://www.rcem.ac.uk/docs/College%20Guidelines/Emergency%20Department%20Care%20-%20BP%20Guidance%20-%20Jul%202017%20-%20v6.pdf

REVIEW OF PERFORMANCE DRAFT SCHEDULES

Evaluation

EVALUATION

What is the intended product?

An agreed set methods and criteria for judging the achievement of the right patient outcomes, from the right patient experience, at the right cost.

The final product will take the form of 'Evaluation Schedules' which will provide:

- descriptions of methodologies to evaluate the impact of service changes;
- an evaluation programme of work;
- relevant evaluation reports to be recorded.

What is the reason for defining Evaluation?

To ensure that the impact from the creation of the framework itself to the impact of the products and changes it enables has a robust way of being evaluated. So that benefits may be quantified, with lessons learnt and shared.

XXXX more to go here in this section laying out how to evaluate what has gone before in previous sections and how to evaluate the achievement of 'what good likes like' going forward.

What are the guiding principles in developing Evaluation?

These are as follows:

- meet Prudent Healthcare expectations;
- draw upon learning gathered from previous reviews / evaluations;
- identify baseline positions before and after an intervention is undertaken;
- evidence impact using a variety of methods;
- standardise evaluation methods proportionate to the scale of intervention, including qualitative and quantitative impacts and their sources.

What work has been undertaken on Evaluation?

The project team are working with Swansea University to create a comprehensive evaluation system to assess the impact of the creation of the ED framework.

What are the key questions in understanding Evaluation?

19. How do you learn from the outcomes and experiences of patients and staff?
20. How does the service demonstrate value for money and sustainability?
21. How effective is the service overall, at delivering its primary purpose?

Prompts:

- How are current evaluations or service reviews shared and acted upon for Emergency Departments reported within the Health Board?
- Are there 'reviews' conducted by Welsh Risk Pool, Health Inspectorate Wales, Welsh Audit Office, etc which give an insight into the current priorities and actions for your Emergency Department?

What else should be considered within Evaluation?

With regard to Evaluation, you may wish to highlight:

- previous local developments on this subject
- current locally led services changes or developments
- other programmes and national initiatives related to ED
- local audit and evaluation work undertaken on this subject

EVALUATION REFERENCE MATERIALS

a) IMTP 2018/19 EASC and NPUC Health Board Performance Improvements Table 3 output
b) Winter Monies £10m evaluation
c) 1st Draft Report A&E experience review April 2018 (CHC)

EVALUATION DRAFT SCHEDULES

APPENDIX 1 – PHASE ONE QUESTIONNAIRE

Where are we now and what does good look like?

Name of service:
Where the service operates:
Key contacts:

CAREMORE® Considerations	Initial Assessment
C - Care Standards 1. What care standards are in place across the steps of the patient care pathway? 2. What recognised care standards are applicable within core governance? 3. How have you engaged with staff and patients and in the development of care standards?	
A - Activity 4. Define the activities that are delivered by the service. 5. How is the activity being measured and from what data sources? 6. What are the activity trends, identifying the impact of the work on demand and capacity?	
RE - Resource Envelope 7. Identify all resources (capital, revenue and infrastructural) and sources of funding used by the service 8. What are the non-recurrent and recurrent costs and how are resources, staff and non staff costs are applied across the patient pathway? 9. What is the likely impact of the way resources are allocated across the patient pathway?	

CAREMORE® Considerations	Initial Assessment
M - Models of Care 10. What is the primary purpose of the service and how are appropriate patients identified and referred? 11. Summarise the model of care and the typical patient journey? 12. Is there precedence, or evidence of effectiveness from other similar schemes and models of care?	
O - Operational arrangements 13. Identify key relationships between partners and describe the structure of the delivery team 14. What arrangements are in place to manage day to day operational activities? 15. What operational pressures exist and how are they being addressed?	
R - Review of performance 16. What performance measures are being collected and monitored? 17. What is the overall level of performance against the care standards? 18. Is there scope for further innovation and improvements in performance?	
E – Evaluation 19. How do you learn from the outcomes and experiences of patients and staff? 20. How does the service demonstrate value for money and sustainability? 21. How effective is the service overall, at delivering its primary purpose?	

Appendix 2 – List of Standard Schedules

Section	Headings	Schedule Reference	Draft Schedule Name
C	Care Standards	C1	Care Standards descriptors
		C2	Bibliography of Relevant Publications
A	Activity	A1	Activity Descriptors
		A2	National Dataset and Definitions
RE	Resource Envelope	RE1	Resource management Descriptors
		RE2	Revenue information
		RE3	Capital information
M	Model(s) of Care	M1	High Level Description for the Model of Care
		M2	ED Wiring Diagram for local model of care
O	Operational Arrangements	O1	Commissioning and IMTP alignment
		O2	Application of the Model of Care
		O3	Extant Policies, Protocols, Pathways
		O4	Continuous Improvement and Service Change
R	Review of Performance	R1	Performance descriptors
		R2	Data repository of Activity, Resources, Performance measures & reporting arrangements
E	Evaluation	E1	Evaluation methods
		E2	Evaluation programme
		E3	Evaluation reports

CAREMORE® Plan on a Page

Care Standards	Activity	Resource Envelope	Model	Operations	Review	Evaluate
Output: An evidenced set of care standards for emergency department services to ensure that the right expectations are defined for quality and safety	Output: An accurate description of the activities within emergency departments to ensure that the right capacity is available to meet the right demand	Output: A comprehensive description of the assets which may be utilised and affected with the ambition of making the best use of all existing resources	Output: A common high level model of care for emergency departments to ensure that people can access right staff, at the right place, at the right time	Output: The establishment of robust local mechanisms to ensure effective delivery with the right interaction between patients, professionals and organisations	Output: An agreed system of performance measurement to ensure that the right monitoring and management to deliver continuous improvement	Output: An agreed set methods and criteria for judging the achievement of the right patient outcomes from the right patient experience at the right cost
Action Planned 2018/19: 23/5 – 18/7						
Meetings with HBs via COOs	Meetings with HBs via COOs	Meetings with HBs via COOs	Meetings with HBs via COOs	Meetings with HBs via COOs	Meetings with HBs via COOs	Meetings with HBs via COOs
Analysis of survey responses from HB meetings	Analysis of survey responses from HBs	Analysis of survey responses from HBs	Analysis of survey responses from HBs	Analysis of survey responses from HBs	Analysis of survey responses from HBs	Analysis of survey responses from HBs
Request of additional details if required	Request of additional details if required	Request of additional details if required	Request of additional details if required	Request of additional details if required	Request of additional details if required	Request of additional details if required
Drafting of Care standards based upon intelligence & engagement	Sharing of survey responses with MAG	Sharing of survey responses with MAG	Drafting of Model based upon intelligence & engagement by PT		Sharing of survey responses with MAG	Design of overarching Evaluation System
PAG review of drafted Care standards			PAG review of drafted Model		Meet with WG HR to understand Staff Experience expectations & use within NHS Wales	Service change initiatives related to EDs shared and additional opportunities gathered 18 July Event
Testing of Care standards at 18 July Event			Testing of Model at 18 July Event			
Action Taken						
Created draft V1 Workbook incl. references & survey	Created draft V1 Workbook incl. references & survey	Created draft V1 Workbook incl. references & survey	Created draft V1 Workbook incl. references & survey	Created draft V1 Workbook incl. references & survey	Created draft V1 Workbook incl. references & survey	Created draft V1 Workbook incl. references & survey
Schedules						
C1 Care Standards **C2 Bibliography of Relevant Publications**	**A1 Activity Descriptors** **A2 National Dataset and Definitions**	**RE1 Resource Management Descriptors** **RE2 Revenue Value** Spend across the Model of care **RE3 Capital Value** Spend across the Model of care	**M1 Model of Care Description** *(high level)* **M2 Model of Care wiring diagram** (for each ED)	**O1 Commissioning and IMTP alignment** **O2 Application of the Model of Care** **O3 Extant Policies, Protocols, Pathways** **O4 Continuous Improvement and Service Change**	**R1 Performance Measurement Descriptors** (eg including patient and staff expectations and experience) **R2 Data Repository** (Note: this consists of A1 + RE1 + R1 and will be linked to "quadruple aim" outcomes and include reporting requirements)	**E1 Evaluation methods** **E2 Evaluation programme** **E3 Evaluation reports**

*this is a working document, compiled to support stakeholder engagement and inform the development of the framework, it is incomplete and informal and is therefore recommended not to be widely circulated.