





Unscheduled Care Detailed Action Plan for Annual Plan v5 10.10.19

	Pathway Component (Original/New Action)	Driver	Action	Lead	By When	Comments/Notes	Impact or Enabler
	Improve Flu Vaccination for At Risk	See Original Plan Annual Plan document – main plan					
	Implement the Neighbourhood Model						
	Roll out Primary Care Cluster Model						
	'Keep Me at Home' Reduce Unnecessary Hospital Attendance						
1	Original Action	Reduce frequent attenders	<p>Proposal submitted to Healthier Wales fund in July but not approved.</p> <p>Full time frequent attenders nurse and administrative support has now funded by WG on a non-recurrent basis until 31st March 2020.</p>  <p>SB4 Frequent service users dedica</p>	Becky Gammon	November	Frequent Attenders Nurse to be in post (backfill)	Capacity Impact- Reduction in frequent attenders to ED (baseline was 775 people attending ED in Morriston more than 5 times in 2018). Aim for reduction of 10%.
2	Original Action	Reduction in the conveyance of non-injury falls patients from 18/19 baseline.	<p>Continue falls level 1 service for full year 2019/20.</p> <p>Exploring potential to develop falls level 2 service over the winter months.</p>	<p>WAST</p> <p>WAST / Head of Therapies Swansea Bay</p>	<p>Complete</p> <p>December</p>	<p>Will be dependent on securing a locum therapist and WAST vehicle over the winter period.</p>	<p>Enabler – in baseline. 60% non-conveyance rate for level 1 category patients</p> <p>Potential to increase to 79% disposition rate from scene with</p>

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							level 2 service provision.
3	New Action	Support with ambulance handover delays/ managing relationships/ supporting ambulance release at high escalation	<p>Proposal submitted to Healthier Wales fund for HALO role in Swansea Bay -not approved</p>  <p>SB3 HALO Role v2.docm</p> <p>Explore tailored HALO support for the winter months with WAST Assistant Head of Operations (ie afternoons/ evenings as opposed to 24/7 cover).</p> <p>Develop proposal as part of HB winter plan – costings circa £91k</p>	Jan Thomas	<p>September</p> <p>September</p> <p>October – with aim of implementation from November</p>	<p>Included in proposals to be considered for support from WG winter pressures funding - on the basis of 10am – 10pm cover for 5 months.</p>	<p>Enabler</p> <p>Reduction in prolonged handover waits. Maintain positive working relationships between WAST and ED staff. Educate ambulance staff in appropriate use of clinical pathways. Promote use of fit to sit protocols. Supports use of decontamination room for ambulance handover capacity.</p>
4	New Action	<p>Reduce the number of patients presenting to ED via an ambulance.</p> <p>Included in WAST Handover Plan (see action 5) – funding now agreed.</p>	<p>Proposal developed for A Healthier Wales funding via EASC – support obtained to fund service 5 days per week until 31st March 2020.</p> <p>ACT will also take from the stack when daily capacity allows.</p>	Jan Thomas	October	<p>Cost of proposal £96 - 160k per annum dependent of whether 3 or 5 day service.</p>  <p>SB1 AGPU Ambulance Stack v3</p> <p>Preference is for a 5 day model to achieve a more consistent model.</p>	<p>Capacity Impact</p> <p>44% reduction in ambulance conveyance – day time hours.</p> <p>30% of patients contacted did not go to A&E at all that day (small numbers in pilot – 2 patients per day).</p>

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							Will need to ensure contact numbers for patients are available to maximise impact.
5	New Action	WAST Handover plan	Implement WAST handover plan	Jan Thomas / WAST	October onwards	 SB_WAST Hospital Handover Improvem	Enabler Ensure timely handover and improve patient experience and care.
	Ensure Timely Access to Urgent or Emergency Care						
6a	New Action	ED workforce capacity constraints identified by Kendall Bluck review	Approval to proceed to advertise to recruit 4 WTE ED consultants immediately supported with recruitment package – as first stage of Kendall Bluck recommendations .	Alison Gallagher	February	Proceed to recruitment process. If more than 2 candidates are appointable it has been agreed that the appropriate authorisation process will be followed prior to confirming any appointments above 2 posts.	Capacity Impact Increased senior medical workforce capacity – reduction in use of locums. More resilient ED medical workforce.
6b			Workshops also proceeding with existing staff to re-align staffing resource.				
7	New Action	Insufficient acute care physicians in Swansea Bay UHB impacting upon the development of the Acute Medical Care model	Confirmation of acute medical care workforce model for Swansea Bay.	Richard Evans	Model to be agreed - October	Preliminary engagement with clinical team completed. Medical Director to confirm timelines/ plans underway following recent discussions with physicians.	Enabler (agreement of model) Increased senior clinical assessment of patients, earlier in the day, more consistently. Development of medical

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							ambulatory care service at Morriston hospital.
8	New Action	Increased primary care demand presenting in ED	Develop proposal for GP Triage in ED.	Anjula Mehta/Claire Dieppe/Kevin Randall	October	<p>Job description developed and agreed on 24th September.</p> <p>Role and proposed impact will be discussed at USC workshop on 3rd October.</p> <p>Develop proposal as part of the HB winter plan to manage demand - circa 47K for 5 months</p>	Capacity Impact Increased admission avoidance via increased clinical assessment capacity at the front door. Education of staff and public in alternative care pathways for patients presenting at ED with primary care conditions in daytime hours.
9	Original Action	Improve proportion of patients treated using ambulatory care	Implement medical ambulatory care service (piloted in June). Proposal to be considered through winter plan. Increase trolley capacity across AMAU and SSSU	Alison Gallagher	December November	Based on pilot undertaken at Morriston in June.	Capacity Impact 1825 beddays To be worked up – provisionally 8 to 10 beds
10	Original Action	Maximise use of iCOP/OPAS	Older People's CRG to implement single frailty at the front door model Develop a proposal for the winter plan.	Rhodri Edwards/Marie-Claire Griffiths/Nicola Johnson	January	Meeting held on 1 st October to review the baseline position. Clinical Leads to bring back proposals to next OPCR meeting	Enabler Unlikely to avoid additional admissions due to staffing


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							constraints at Morrison.
11	Original Action	Improve pathways and hot clinics at Morrison front door	Implement improved pathways for AMAU, vascular and #NOF Medical and respiratory hot clinics in place	Deb Lewis	December Complete	#NOF pathway business case to IBG in October	Enabler Impact 584 beddays
12a	Original Action	Mental Health attendances	Extend the Psychiatric Liaison Service	Eve Jeffrey	Complete	Following investment from WG the team has extended hours of operation 7 days per week across all 4 hospital sites.	Enabler Already in baseline
12b	New Action	Mental Health attendances	Implement thirds sector support to front door for low level mental health interventions to prevent crisis.	Becky Gammon	December	Third sector model requires agreement	Enabler Increased quality of care
	'Good Hospital Care' Reduce patient risk through reduction in avoidable delays and prolonged hospital stay and rebalance medical bed capacity at Morrison						
13	Original Action	Increase the number of patients who receive end of life care by the palliative care team from current baseline	Confirm status of plan/ resource implications of increasing capacity in community services.	Jan Worthing	October	End of life work programme – led by palliative care consultants relaunched 19 th September	Capacity Impact On average 30 +75 years patients die in our hospitals per week, if we aim to get them home (1 day LOS each) = 1560 beddays
14	Original Action	Relaunch SAFER flow campaign. Medical engagement in SAFER patient flow practice.	Clinical Executives set out expectations for clinical input into SAFER flow as	Jan Worthing	October	Need for Medical and Nurse Director input and support.	Enabler Increased clinical

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			part of the Autumn Quality and safety campaign			Re-launch commenced 1 st October – will be supported by ward information packs, new discharge leaflets and increased profile of SAFER benefits at clinical and non-clinical team meetings across the HB. Will ensure public communication is also included in the launch of the patient flow policy.	engagement/ awareness of SAFER flow practice on quality and safety of patient care.
15	Original Plan	Patients presenting at ED with respiratory/ breathing conditions is one of our high volume conditions from an ambulance conveyance perspective	COPD Pathway developments – consider implementation of phase 2 ESD business case, which will reduce patients presenting to ED & reduce length of stay.	Fiona Hughes	Commence recruitment process in October – although unlikely to have full team in place until Quarter 4	Phase 2 business case Option 3 supported by IBG. Focus on enhanced capacity at hospital front doors to support further admission avoidance. The reduction in respiratory admissions is a key national USC priority for the winter.	Impact 2,645 beddays
16	New Action	Increased system capacity	Use of NPT Ward and consideration of capacity available in old MAU space	Unit Service Directors/Darren Griffiths	December	Links with RTT delivery plan. Product will be shared with Service Directors on completion.	Capacity Impact 19 beds 6,935 beddays
17	New Action	Increased system capacity	Maintain surge capacity	Unit Service Directors	Complete		Capacity Impact 25 surge beds 9,125 beddays

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18a	New Action	Increased system capacity	Singleton wards reopening	Jan Worthing	December		Capacity Impact
18b			Ward 12		February		
19	New Action	Medically led discharge process which can lead to delays in patient discharge.	Develop nurse or criteria led discharge protocol – every patient note to have description of conditions for discharge. Rollout new choice and escalation policies.	Jan Worthing	October		Enabler Reduction in discharge delays. Development of multi-disciplinary approach to discharge within a supportive Health Board framework.
20	New Action	Increased system capacity	Pharmacist to work in ED to provide clinical input and accelerate patient flow	Judith Vincent	To be developed	Plan in principle but no definitive decision at this point	Enabler Flow benefits
	‘Hospital2Home’						
21	New Action	Insufficient community capacity to support rapid discharge.	Development of additional Swansea Bay ESD service capacity, in advance of, and leading into, the hospital to home transformation capacity plan. May require investment in HCSW staffing to provide home support in advance of H2H.	Hilary Dover/Janet Ivey/Nicola Johnson/Marie-Claire Griffiths.	November	2 OTs currently appointed from the additional therapy resource and are supporting the ESD team.	Impact Increased flow from hospital of cohort of medically fit patients. Increased capacity in ESD team.
22	Original Action	Insufficient community capacity to support rapid discharge.	Reduce exit block through new discharge to recover and assess model including Trusted Assessor and increasing community reablement capacity	Hilary Dover/Janet Ivey/Nicola Johnson/Marie-Claire Griffiths.	December	Approved at RPB Adult Services Transformation Board on 19 th Sept.	Impact Increased flow from hospital of cohort of medically fit patients.

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			Implement agreed Hospital2Home service			Recruitment process has commenced – launch date 10 th December – phasing of roll out currently being confirmed.	60 patient caseload will be supported in the community when team is fully staffed in addition to the current NPT ESD patient cohort. Based on ESD pilot LoS this equates to 12,000 hospital beddays pa. NB Capacity will be targeted at patients in 2-3 and 4-6 week support categories
23	New Action	LA engagement/ escalation	Identify options to strengthen LA accountability/ escalation support. Changes to NPT LA social care model will be implemented by the end of Sept/ early October. Las also recommissioning homecare services to improve geographical coverage.	Irfon Rees	October	Will be closely monitored to determine the impact on system capacity. Local Authorities confirmed intent to enhance capacity in the short term through overtime - following meeting held with HB on 1 st October.	Enabler Neath Port Talbot CBC is currently in the process of streamlining its in-house domiciliary care services into one the new Community Wellbeing Team. It is anticipated that this will release capacity in the system

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							through more effective working practices.
24	New Action	Insufficient community capacity to support rapid discharge.	Implement stroke ESD model	Jan Worthing	February	Ensure alignment with other ESD activities	Impact Currently 10 beds in Singleton supporting stroke services
25	New Action	Insufficient community capacity to support rapid discharge	Enhance ACT across Swansea Bay building on NPT learning last winter	RPB	December	Links to West Glamorgan Transformation Programme	Enabler & Impact – needs to be worked up
26	New Action	Insufficient community capacity to support rapid discharge	Develop models which prevent admission form care homes and facilitate swift discharge back to care homes where admission is needed	RPB	December	Links to West Glamorgan Transformation Programme	Enabler – needs to be worked up
System Enabling Actions							
27a	New Action	Data quality on patient flow/ MFFD information.	Develop options for better collecting of clinical information – including temporary enhanced clerical resource to implement.	Matt John	October.		Enabler Optimal use of existing clinical systems in supporting timely and accurate data on MFFD patients. Transparent and consistent access to accurate information that can be confidently shared with LA partners.
27a			Agreement to roll out SIGNAL system to Morriston on a phased basis by the end of Q3. Already in place and successful in Singleton.	Matt John	December		
27b			Following Morriston completion will roll out to NPT and Gorseinon hospitals.	Matt John	February		
				Jan Thomas	September		

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27c			Review current ward receptionists role/ scope of practice. Seek HR support with review of ward receptionist JD's.			Circulated to service director USC group on 25 th September.	
28	New Action	Targeting of DST support, LEAN resource	Agree where service improvement resource is best targeted to support system improvement.	Service Directors/Dorothy Edwards	October onwards	Support requested and subsequently agreed for Morriston ED processes. Service improvement support assigned – links with attached presentation previously circulated  NWAS Hospital Handover Collabora	Enabler Improved efficiency of processes
29	New Action	Limited system response to level 4 risk	Re-clarify (or change) expectations of what being at level 4 triggers means/ actions expected	Director of Nursing and Pt Experience	October	Links with development of Health Board wide escalation policy. Agreed additional capacity/ support needed to complete this work Additional support to complete this work was confirmed at the meeting on 25 th September.	Enabler Increased system wide engagement and actions to de-escalate and reduce system risk.
30	New Action	HB medically fit for discharge meetings are inconsistent and not sufficiently action focussed.	Implement agreed HB protocol for the	All	October.	Work in progress. Morriston is reviewing membership and	Enabler Greater consistency of

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			<p>management of medically fit for discharge meetings.</p> <p>Recirculate protocol to all service delivery units (reflects Long stay Wednesday approach promoted by Director of Nursing)</p> <p>Service directors to attend MFFD meetings in other units to share learning/ support implementation of best practice</p>	<p>Jan Thomas</p> <p>Service Directors</p>	<p>Complete</p> <p>Immediate.</p>	<p>format of MFFD group – matrons, senior therapists etc. Proposal circulated to delivery units. Agreed to work towards the development of a long stay team - focussing on complex discharges.</p>	<p>processes resulting in reduced length of stay</p>