Appendix 1 Unscheduled Care Action Plan - Update March 2020

	Pathway Component (Original/New Action)	Driver	Action	Progress Report
	'Keep Me at Home' Reduce Unnecessary Hospital Attendance			
1	Original Action	Reduce frequent attenders	Proposal submitted to Healthier Wales fund in July but not approved.	Full time frequent attenders nurse and administrative support has now funded by WG on a non-recurrent basis until 31st March 2020.
2	Original Action	Reduction in the conveyance of non-injury falls patients from 18/19 baseline.	Continue falls level 1 service for full year 2019/20 and explore the potential to develop falls level 2 service over the winter months.	Level 1 service has been maintained but the Health Board have been unable to introduce a Level 2 service which requires therapies support as the focus has been on supporting the Hospital 2 Home Service
3	New Action	Support with ambulance handover delays/ managing relationships/ supporting ambulance release at high escalation	Proposal submitted to Healthier Wales fund for HALO role in Swansea Bay Explore tailored HALO support for the winter months with WAST Develop proposal as part of HB winter plan	HALO appointed and in place in December 2019 to assist in reduction in prolonged handover waits, maintain positive working relationships between WAST and ED staff, educate ambulance staff in appropriate use of clinical pathways. Supports use of decontamination room for ambulance handover capacity.
4	New Action	Reduce the number of patients presenting to ED via an ambulance. Included in WAST Handover Plan.	Proposal developed for A Healthier Wales funding via EASC – support obtained to fund service 5 days per week until 31st March 2020.	GP in AGPU reviewing the WAST stack since mid-November 2019, patient re-directed to other service include ACT. The service is available 5 day per week until 6pm. ACT will also take from the stack when daily capacity allows.
5	New Action	WAST Handover plan	Implement WAST handover plan	Detailed handover action plan agreed with WAST and EASC actions monitored and updated on a monthly basis. This work include the agreement on introducing three pathways designed to reduce conveyance to hospital. The three agreed pathways are respiratory, fall and mental health.

Marston,Georgia
03/25/2020 16:24:48

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	Ensure Timely Access to Urgent or Emergency Care			
6	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.	Posts advertised but unfortunately no suitable candidates have come forward. Clinical Lead will maintain links with Royal Colleges to ensure posts are re-advertised at opportunistic points. In the interim, support will be sought via ACP and Palliative Care consultant appointments. Recruitment being taken forward by the Consultant ENP.
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.	Plans are currently being developed to establish an acute care physicians in both Morriston and Singleton. There are individuals amongst the existing staff who are interested in undertaking these roles but establishing this service is taking longer than anticipated. Not likely to be in place until February/March 2020. This development with provide increased senior clinical assessment of patients, earlier in the day for earlier decision making and provide more consistency in the service delivered. Development of medical ambulatory care service at Morriston hospital being progressed.
8	New Action	Increased primary care demand presenting in ED	Develop proposal for GP Triage in ED.	GP appointed and commenced in December 2019, with a view to 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	The AEC unit was formally handed over Monday 9th March following completion of the capital works that commenced late Dec 19. The aim is to be running the service out of there w/c 23rd March.
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.	Work still in ongoing to establish single model for the delivery of a consistent frailty model at both Morriston and Singleton and their role as part of Good Hospital Care Scheme. Identified as a prior for the Health Board's IMTP.

Marston,Georgia
03/25/2020 16:24:48

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11	Original Action	Improve pathways and hot clinics at Morriston front door	Implement improved pathways for AMAU, vascular and #NOF Medical and respiratory hot clinics in place	Emergency Surgical pathways fully implemented with hot clinic model. Respiratory hot clinics now in place. Ambulatory medicine to completed first week of Feb. #NOF pathway business case was submitted to IBG in October
12a	Original Action	Mental Health attendances	Extend the Psychiatric Liaison Service	The Psychiatric Service is now operational 7am-10pm 7 days per week. All posts have been recruited.
12b	New Action	Mental Health attendances	Implement third sector support to front door for low level mental health interventions to prevent crisis.	Sanctuary service development- currently going through procurement/tendering process. Plan for implementation from 1.4.2020.
	'Good Hospital Care' Reduce patient risk through reduction in avoidable delays and prolonged hospital stay and rebalance medical bed capacity at Morriston			
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.	End of life work programme led by palliative care consultants relaunched 19th September 2019
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 part of the Autumn Quality and safety campaign	Re-launch commenced 1st October supported by ward information packs, new discharge leaflets and increased profile of SAFER benefits at clinical and non-clinical team meetings across the HB. Increased clinical engagement/ awareness of SAFER flow practice on quality and safety of patient care as a consequence.
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.	Commenced recruitment process in October but full team not in place until end of January at which point the service will commence. The focus will be 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.

Marston,Georgia
03/25/2020 16:24:48

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16	New Action	Increased system capacity	Use of NPT Ward and consideration of capacity available in old MAU space	Ward A commissioned to allow to create additional bed capacity lost as a consequence of the Ward G closure on Morriston site due to CPO outbreak.
17	New Action	Increased system capacity	Maintain surge capacity	Completed – surge capacity has been established on Morriston, Singleton and NPTH sites. Additional temporary surge capacity has also been established for short period of time when at very high escalation status.
18	New Action	Increased system capacity	Singleton wards reopening	Ward 12 recommissioned in January 2020, which resulted in 4 beds being re-commissioned and created the capacity for 15 surge beds on Ward 7. 8 of the 15 beds have been opened to date, but staffing deficits is an obstacle to opening the remaining 7 at present. Ward 11 will not be refurbished until end of March 2020
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.	Work is ongoing to revamped policies and others are still in development
20	New Action	Increased system capacity	Pharmacist to work in ED to provide clinical input and accelerate patient flow	Post established in November 19
	'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.	2 OTs appointed from the additional therapy resource and are supporting the ESD team. This has resulted in an increased flow from hospital of cohort of medically fit patients and provided increased capacity in ESD team. Additional 23 case on the NPT H2H service in addition to ESD (Links to 22 below)

Marston,Georgia
03/25/2020 16:24:48

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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 Implement agreed Hospital2Home service	Recruitment process completed and service fully launch early December – currently 20 of the 25 wards are able to access the Hospital to Home service with remainder coming on stream w/c 20 January 2020. This will result in an increased flow from hospital of cohort of medically fit patients. An approximate 60 patient caseload will be supported in the community when team is fully staffed in addition to the current NPT ESD patient cohort. Capacity is 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.	Local Authorities confirmed have enhanced capacity. Neath Port Talbot CBC has streamlined its in-house domiciliary care services into one the new Community Wellbeing Team. NPT model is currently under review as increased staff sickness and impacted on delivery of service model Swansea Council have 'zoned' their domiciliary support which has resulted in increased efficiencies and capacity. It is anticipated that this will release capacity in the system through more effective working practices.
24	New Action	Insufficient community capacity to support rapid discharge.	Implement stroke ESD model	Staff now appointed and service established in February 2020
25	New Action	Insufficient community capacity to support rapid discharge	Enhance ACT across Swansea Bay building on NPT learning last winter	Work ongoing to equitize the service provided by the ACTs. This is part of the Keep me at Home Workstream
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	Increased focus on the Care Homes DES and introduction of the Pooled Budget for Care homes. Review undertaken of top care home referrers to target community support effectively.
	System Enabling Actions			
27	New Action	Data quality on patient flow/ MFFD information.	Develop options for better collecting of clinical information – including temporary enhanced clerical resource to implement.	SIGNAL has been successfully rolled out and wards in Morriston. The next stage of the implementation is to roll out to Gorseinon in March and NPTH in April. This clinical system provide information for supporting timely and accurate data on MFFD patients.

Marston,Georgia
04/25/2020 16:24:48

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			Agreement to roll out SIGNAL system to Morriston on a phased basis by the end of Q3. Already in place and successful in Singleton. Following Morriston completion will roll out to NPT and Gorseinon hospitals.	Transparent and consistent access to accurate information that can be confidently shared/utilised (through H2H and social workers) with LA partners.
28	New Action	Targeting of DST support, LEAN resource	Agree where service improvement resource is best targeted to support system improvement.	Improvement resource is currently being provided to focus on the front door triage models. A number of 'tests of change' have been undertaken and further are planned. In addition we are considering a broader health care systems engineering programme and this is being scoped for discussion with Executives in early February. This could link with the approach being proposed by Improvement Cymru to support the wider unscheduled care system.
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	Health Board wide escalation policy has been update to align with the National Escalation Policy co-ordinated by WAST. This should result in increased system wide engagement and actions to de-escalate and reduce system risk. National Escalation Policy to provide more regional co-operation and capacity.
30	New Action	HB medically fit for discharge meetings are inconsistent and not sufficiently action focussed.	Implement agreed HB protocol for the management of medically fit for discharge meetings. Recirculate protocol to all service delivery units (reflects Long stay Wednesday approach promoted by Director of Nursing) Service directors to attend MFFD meetings in other units to share learning/ support implementation of best practice	Morriston has review the membership and format of MFFD group – matrons, senior therapists etc. Agreed to work towards the development of a long stay team - focussing on complex discharges. SIGNAL is assisting in having more accurate and timely information available. The number of MFFD has reduced from 135 in January to 90

Marston,Georgia
03/25/2020 16:24:48