National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol
Inquiry into the performance of Ambulance Services in Wales / Ymchwiliad i berfformiad Gwasanaethau Ambiwlans Cymru
Evidence from Betsi Cadwaladr University Health Board - PAS(AI) 08c / Tystiolaeth gan Bwrdd Iechyd Prifysgol Betsi Cadwaladr - PAS(AI) 08c

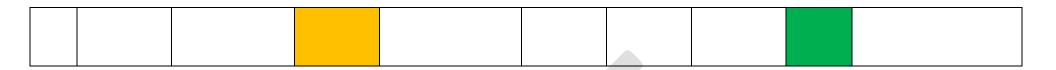# Unscheduled Care Strategic Action Plan

2014-16

DEMAND

Item	Issue	Outcome	Risk Assessment	Mitigating actions	Responsible Officer	Accountable Lead	Timescale and Milestones	Residual Risk	Progress update
1.	Public understanding of accessing unscheduled care services appropriately	Information about illnesses and self-care to be provided to citizens via easily available media such as internet, i-phone/ android apps, facebook, twitter etc. to support decision making and reduce inappropriate attendances at EDs.	12	Improve take up of alternatives to ED-Choose Well Campaign. Evaluate 2013/14 Choose well Winter Project and use lessons to plan for 2014/15 Campaign Repeat campaign each year for next three years and evaluate progress	Heather Piggott – ▮▮▮▮ ▮▮ ▮▮▮ ▮▮▮▮ ▮▮ ▮▮▮▮	Chief Operating Officer	March 2015 Annual review	6	
2	High Use of USC services by a small number of patients	All frequent callers have a clear management plan.	12	Proactive management of frequent callers and/or attenders Identification of	Olwen Williams ▮▮ ▮▮▮▮ ▮▮▮	Medical Director	2015	6	

		All patients across North Wales are stratified by risk and plans in place for safe management.		frequent callers and/or attenders, with multi-agency proactive case management, e.g. use of the GP/Urgent Care dash board Risk stratification of patients and the development of joint health and social care management plans for patients in the highest categories of risk.	██████████ ██████				
3	No clinical triage of patients in ambulance control	Calls triaged by clinicians. Alternatives to conveyance and admission discussed with	15	Establish a system of clinical triage within ambulance control. Clinicians to provide a clinical desk in Ambulance control to ensure appropriate clinical support for WAST in the triage and management of patients.	Tim Lynch, ████████ ██ ████ ████ and Gordon Roberts, ████ ████ ████ ████	Chief Operating Officer	Date TBC	6	

| 4 | Conveyance of patients to an ED when they could be safely managed in a different environment. | Alternative care pathways for falls, resolved hypoglycaemia and resolved epilepsy fully implemented and further community pathways developed and implemented to provide paramedics with alternatives to conveyance to an ED.

Paramedic Pathfinder pilot evaluated and successfully rolled out across North Wales.

Number of Taxi conveyances

Reduction in Ambulance conveyance and delays | 12 | Development of new clinical pathways for alternative conveyance.

Complete implementation of WAST alternative care pathways for falls, resolved hypoglycaemia and resolved epilepsy.

Develop and implement new clinical pathways.

Roll out of the Paramedic Pathfinder project in Conwy and Denbighshire in September.

Taxi Conveyance of | Tim Lynch, ███████ ███ and Gordon Roberts, ███████ ███████ ████ ████ | Chief Operating Officer | Further pathways in 2015

Completed

3 monthly review

Paramedic Pathfinder Autumn 2014 with rollout in 2015

Quarterly | 4 | |

No	Risk	Effect	Score	Action	Lead	Owner	Date	Score	
				card 35 HCP patients Chris Stockport			review	WAST	
5	Inconsistent Access to MIUs across North Wales	Increased use of MIUs Reduced attendances at ED	15	Consistent opening times 8am-8pm. Consistency in terms of services offered across North Wales.	Site Lead Nurses and ACOSN PCSM	Chief Operating Officer	February 2015	6	
6	Patients in the end stages of life are admitted to hospital.	A reduction in the number of patients in the end stages of life who are admitted to hospital.	15	Appropriate symptom control for patients in all settings in line with BCU protocols. Improved support for and communication with relatives and carers to prevent admission to hospital in the end stages of life wherever possible.	COS and ACOSN Cancer CPG	Medical Director	Date TBC	8	

7	Chronic Disease Management	Patients with long term conditions will be managed successfully in a community setting. Reduction in the number of patients with long term conditions who are admitted to hospital.	15	• To agree and implement an integrated LTC model for heart failure, respiratory, and diabetes care based on hierarchy of needs. • To reduce unscheduled care activity with early intervention for high risk groups	COS and ACOSN PCSM.	Chief Operating Officer	Date TBC	6	
8	Regional Single Point of Access (SPOA) and Communications Hub	The six counties in North Wales will each have a SPOA by March 2016. The programme will include six local SPOA, a Communications Hub, a directory of services, development of IT systems and partnership arrangements in relation to workforce.	12	Development of a SPOA in each county in North Wales. Evaluate the pilot outcomes, and if successful roll out across the Health Board Map health and social care services by county working with statutory, voluntary and independent sector	Heather Piggott, ██████ ██████ ██████ █████ ████ and Alwyn Rhys Jones ████ ██████ ████ █████	Chief Operating Officer BCUHB. Director of Adult Social Services Flintshire Local Authority	March 2016	4	

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FLOW

Item	Issue	Outcome	Risk Assessment	Mitigating actions	Responsible Officer	Accountable lead	Timescale and Milestones	Residual Risk	Progress update
1	Lack of focus on discharge planning	Reduced ALOS Improved Patient Flow Improved discharge planning Improved Communication	16	Board Rounds being introduced to all wards across BCUHB to improve patient flow and with a focus on early discharge planning.	Heather Piggott, ████ ██████ ███████ ████████ Debbie Murphy, ███ █████████ █ ███████		31st March 2015	6	
2	Discharge planning is reactive and not proactive.	Understanding of current practice which will inform new model. Consistent approach.	16	Review of current practices in relation to Predicted Date of Discharge. Agree a robust and	Heather Piggott, ████ ██████ ███████ ████████ ████		31st October 2014 December 2014	6	

		Reduction in ALOS Improved discharge planning practice Shared Learning Partnership working with local authorities		consistent model for PDD across BCUHB Implementation of the model. Evaluation	Debbie Murphy, ▮▮▮ ▮▮▮▮ ▮ ▮▮▮▮		By 31st January 2015 By 31st March 2015 By 30th September 2015		
3	Inconsistent or inadequate management of information to support the daily management of USC	Up to date intelligence to support the improved management of demand, flow and capacity across North Wales Up to date bed management information to support USC and patient flow	15	Development of an intelligence Hub/Bed Bureau in partnership with WAST Pilot the Aura bed management system in YGC and provide full evaluation of the system with a view to further roll out across BCUHB	Chief Operating Officer Dylan Williams		2015 2015	4	
4	The safe management of patient during diverts as a result of escalation	Clear process for managing diverts which maintains patient safety at all times. Early decision	20	Review and amend current process for managing diverts across North Wales in partnership with WAST.	Heather Piggott, ▮▮▮ ▮▮▮▮ ▮▮▮▮▮ ▮▮▮▮		Completed	8	

	during periods of extreme pressure.	making in partnership with WAST. Robust governance arrangements. Improved Communication. Ongoing evaluation and shared learning.	■ (red)			▬			(yellow)
5	Effective Patient Flow and reduction in non elective average length of stay	Non –elective ALOS PMO established with seven workstreams: • Frailty programme • National Patient Flow Collaborative • Community Hospitals programme • Enhanced	16 (orange)	Establish non – elective ALOS PMO. Participation in the National Patient Flow Collaborative. Roll out to YG in January 2015. Weekly Big Room meetings at all DGH sites with comprehensive utilisation of Improvement methodology to provide sustainable improvements to	Heather Piggott, ▬▬▬ ▬▬ ▬▬ ▬▬ Olwen Williams, ▬ ▬ Debbie Murphy and Yvonne Williams, ▬▬ ▬▬ ▪ ▬▬		Complete Ongoing until 2016 January 2015 January 2015	6 (yellow)	

		Care review of model of care • Predicted Date of Discharge • Single Point of Access • Surgical Specialties Workstream. Deployment of the frailty scale to assess patients. Multidisciplinary team approach to supporting patients in the community, preventing admission and providing early supportive discharge from hospitals. Assurance that		patient flow. Fraility Programme to be rolled out across BCUHB. Review, amend and implement Community Hospital model of care. Review, amend and implement Community Hospital referral process. Review after three months. Reduction in >40 day LOS in			March 2015 September 2015 Completed March 2015 September	

		the current Community Hospital model is fit for purpose and if not revise and implement amended model Implement amended Community Hospitals model. A single BCU wide referral process for all community hospitals. 50% reduction in ALOS in Community Hospitals		Community Hospital project			2015		

CAPACITY

Item	Issue	Outcome	Risk Assessment	Mitigating actions	Responsible Officer	Accountable lead	Timescale and Milestones	Residual Risk	Progress update
1	Need for capacity planning across Health and Social Care	Full understanding of current provision and future need for health and social care services.	16	To work with Partners to undertake a full capacity planning analysis for health and social care.	Chief Operating Offcer BCU and Directors of Adult Social Services		31st March 2015	6	
2	Seasonal/Surge Plan	A robust plan with clear actions to mitigate the impact of Seasonal pressures over the winter.	20	Annual development and implementation of a seasonal plan based on capacity planning and forecasts and learning from the evaluation of previous plans.	Chief Operating Officer		Annually	8	
3	ED in YG is not fit for purpose	ED at YG will be reprovided.	20	Maintain dialogue with WG on progressing updated SOC in relation to	Chief Operating Officer		Date TBC	6	

				YG ED rebuild					
4	Internal Professional standards/ Promised based medicine	Internal professional standards with measurable targets for achievement. Robust monitoring and evaluation by USC groups.	12	Develop and implement the BCUHB Internal Professional Standards	Heather Piggott, ██████ ████████ ████████ ██████████ ████████		December 2014	4	