

Swansea Bay University NHS Trust & Welsh Ambulance Services NHS Trust
Hospital Handover Improvement Plan
V0.11 January 2020

Work Stream 1 - Improve Escalation Processes

Ref	Key Deliverables / Milestones	Lead	Completion Date	RAG Status	Progress Update	Expected Outcomes
1	Work Stream leads to review and implement revised escalation processes to enhance diverts to NPT MIU and Singleton hospital during periods of escalation for clinically appropriate patients awaiting handover at Morriston hospital.	Assistant COO SBUHB / ADO WAST	End of August	Complete	12th August Update: Singleton SAU Guidelines were revised in early August. A meeting is now being arranged to enable final clinical sign off between WAST and Singleton hospital prior to implementation. Policy signed off at meeting on 5th September and is in place. MIU at NPT divert agreed, which will expand the referral catchment area to include Swansea locality patients. Consultant nurse in NPT MIU is reviewing the redirection protocol to reduce number of patients transfers (5% target reduction) to ED's. Treat & Transfer protocol from Morriston ED to MIU settings incorporated into the Escalation protocols. 1st October: Agreed now complete. Provide respective metric to measure activity. Action: Becky Gammon to share activity data of MIU diverts from Morriston.	Streamlines process and improved clarity regarding escalation and divert processes. Reduced number of patients referred to ED from an MIU setting. Increased patients referred to AGPU service from paramedics.
2	SBUHB CEO to agree escalation processes with HDda Health Board to increase diverts to Prince Phillip hospital during times of escalation.	COO SBUHB	End of September	Some attention required	12th August Update: COO Interface meeting with Hywel Dda on 20/9/19. Ad hoc support is being secured from Prince Philip hospital in the interim. 1st November: National and local meetings taken place. Planned approach to change flows with HDda. Action: Rachel Marsh to send e-mail out about system risk.	Increase diverts to Prince Phillip hospital during periods of escalation
3	Review of escalation processes including: - National Escalation process - Confirm WAST escalation process, and - SBUHB reviewing internal escalation process.	COO SBUHB / Director of Nursing SBUHB	End of October	Some attention required	12th August Update: National escalation discussed at EASC in July. Agreement to develop a regional escalation proposal for consideration. WAST confirmed escalation processes (complete). 1st October: SH updated following the CEO meeting that WAST will chair a regular conference call during times of escalation. SH will meet with HB's to discuss their plans to ensure they are robust. WAST to maintain robust UHP levels (100%). 1st November: Medical Directors discussion about national escalation and risk - 1st Nov. SBUHB reviewing internal escalation process (meeting being rearranged to develop a single escalation policy - dates tbc).	Improved escalation and divert processes across NHS Wales.
4	Arrangements in place to utilise the De-con room in ED to increase bed capacity during periods of escalation	Head of Nursing Morriston ED	End of August	Complete	12th August Update: Decontamination room in ED is being utilised with additional capacity for 2 patient trolleys and 1 wheelchair). This is jointly staffed by ED & WAST staff when staffing resource can be secured.	Additional capacity in ED. Improves ambulance handover and reduces delays for ambulance staff to offload and be available to respond in the community
5	Introduction of Dual Pin	WAST Ops Manager	August	Complete	12th August Update: Dual pins implemented.	Improve handover compliance and reporting processes.
6	Introduction of a patient flow co-ordinator to support ED	Asst COO/WAST Ops Manager Swansea	End of September	Complete	12th August Update: Earth Bid submitted to EASC via the Healthier Wales funding process. 1st October Update: HB Exec team received confirmation of winter monies - currently working through how best to implement. Being considered as a winter initiative by HB Exec Team. 1st November: funding identified by SBUHB, discussions ongoing to review the scope / job description. December: Patient flow coordinator in Morriston ED commenced on 1st December and is scheduled to run through until 31st March 2020 Action: Jeff Morris / Craige Wilson to meet to discuss the role - Complete	Improved patient flow in ED Enhanced joint working and co-ordination between WAST & ED staff Risk: No patient flow co-ordinator role in place or CTL support over the winter months.
7	Use Optima to analyse ambulance impact of SBUHB patients being conveyed to Prince Phillip Hospital	ADO WAST	September	Ongoing on target	Information requested from Optima analyst. Additional Action(s) Action - Louise Platt to chase up with Optima analyst & RM	Understand ambulance impacts of diverting a proportion of patients from Morriston catchment to Prince Phillip hospital.
8	Identify and implement a safe patient Cohorting facility.	Asst COO/WAST Ops Manager Swansea	TBC	Some attention required	1st November: Initial Estate options explored following a number of site visits. Options also explored to procure additional ambulance capacity to offload patients and free up WAST resource. Agreed that estate option preferred for sustainable patient co-horting. Action: Further options appraisal and risk assessment to be undertaken on viable estate options. (Paper to be written and shared with CASC).	Improved handover of ambulance patients into ED. Reduced lost hours and increased ambulance availability to respond to incoming 999 calls in the community. Risk: Lack of suitable estate capacity to enable

Work Stream 1 - Improve Escalation Processes - Performance Metrics

Ref Action: 1 Diverts to NPT MIU
(to be provided)

Ref Action(s) : 1,2,5,7.

N.B (From April 2019 Bridgend locality data excluded).

Ref Action: 5

**Notification to Handover
Lost Hours & Compliance (%)**



**Handover to Clear
Lost Hours & Compliance**



Work Stream 2 - Pathways Development & Service Improvement Initiatives						
Ref	Key Deliverables / Milestones	Lead	End Date	RAG Status	Progress Update	Expected Outcomes
10	Pathways Baseline Assessment: Undertake a baseline assessment of Health Board pathways to identify best practice.	WAST Ops manager / Planning Lead	September	Ongoing on target	<p>12th August Update: Baseline assessment of all HB pathways has been undertaken, findings are being collated to be available by the end of August. (complete)</p> <p>1st October Update: SH explained it was agreed for HBs to provide WAST with access to 3 pathways and need to act on the information and understand the impact. The HB priority areas were confirmed as the work undertaken to redirect patients to NPT and Singleton, further pathways between WAST and ACT's to keep more people at home, and mental health.</p> <p>1st November: Workshop arranged with Health Boards 13th Dec to put forward proposal for a national Respiratory pathway and to discuss prioritising 2 national pathways. SBUHB identified Respiratory, Falls and Mental health pathways.</p>	Identify best practice pathways in place across NHS Wales.
11	Respiratory Pathway - develop a pathway to refer clinically appropriate 999 patients to the Health Board respiratory team.	WAST Ops Manager & HB respiratory clinical lead	<p>Initial actions September</p> <p>Medium term piece of work (subject to business case)</p>	Ongoing on target	<p>12th August Update: WAST Head of Ops and Lead Respiratory CNS met on 7.8.19 to discuss. Initially the Swansea and NPT ACT pathways will be reviewed to add more detailed information around the referral of low level respiratory patients. Phase 2 business case to further expand the COPD team capacity within Swansea Bay HB has been developed but has not yet been approved. Business case being considered at HB Investment Benefit Group meeting on 24th September.</p> <p>1st October Update: SH explained that a Respiratory app had been developed following funding for the respiratory team and would be ready for go live end of Oct. That app contains the patients clinical data to support clinical decision making and could prevent conveyance. HB has also approved the Phase 2 COPD business case which will now be progressed through recruitment of additional staff - with a focus on admission avoidance.</p> <p>Action: Jeff Morris to link with Alison Lewis Respiratory CNS lead to clarify impact of expanded COPD team and potential to develop new pathways.</p>	<p>Clinically robust pathway for respiratory patients in place and accessible to frontline EMS clinicians - to support reduction in conveyance to ED.</p> <p>Risk</p> <p>Ability to implement expanded pathway is dependent upon lead in time to recruitment.</p>
12	Falls: Develop a paper identifying potential solutions to improve the response to level 2 falls patients to avoid hospital conveyance where clinically appropriate	WAST Ops Manager / Head of OT SBUHB	September	Some attention required	<p>12th August Update: WAST Head of ops and Swansea Bay Head of OT in process of arranging to meet to consider the feasibility of implementing the Aneurin Bevan HB joint falls response service (physio + Paramedic responding to falls patients). The Health Board is however developing its early supported discharge model and considers that there may be potential to strengthen the falls pathway as part of this model, building on the current falls 1 pathway, which will also be explored as part of this review meeting.</p> <p>1st October Update: JM working with Janet Ivey and Ruth Emmanuel - identified no capacity to refer into. Linking with James Gough, WAST an SBAR is being written to request funding to develop similar model to AB.</p> <p>1st November: Level 1 SJA Vehicle covering Swansea & Neath. L2 initiative ended due to lack of therapist capacity. Discussions ongoing with Jeff Morris / Janet Ivey and Ruth Emmanuel.</p> <p>Action: Send communications to Nursing Homes regarding the investment in lifting devices.</p>	<p>Improved response to level 2 falls patients</p> <p>Reduction in the number of clinically safe level 2 falls patients being treated at home / in the community and avoiding admission to hospital.</p>
13	Introduction of a sustainable AGPU ambulance triage model	Asst COO	End September	Ongoing on target	<p>12th August Update: Earth Bid submitted to EASC via the Healthier Wales funding process. EASC confirmed on 12th August that further information is required to support evaluation process.</p> <p>1st October Update: Confirmation received for 3 day a week funding from Healthier Wales fund. Conversations between HB Clinical leads and arrangements in place to set up service. HB looking to address the 2 day shortfall to make a 5 day service from winter funding.</p> <p>1st November: AGPU up and running 5 days a week and will have ability to select from the 999 ambulance stack (mid Nov). Exploring the opportunity of 7 day a week rota and IT accessibility in place to support home working.</p> <p>ACTION: Discussions ongoing with HBS / NCCU to explore the feasibility of developing an All Wales service based on the SICAT / AGPU models currently in place.</p>	<p>Senior clinical review by an experienced GP of the ambulance stack reduces the number of patients identified as requiring an ambulance response. This is an enhancement of the successful AGPU model in Singleton and 111 model in the HB.</p> <p>Risk</p> <p>Deferred decision making is a risk to the engagement of acute GP's in the provision of this service in Swansea Bay.</p>
14	Increase Acute Care Team capacity	Asst COO	End September	Some attention required	<p>12th August Update: Earth Bid submitted to EASC via the Healthier Wales funding process. EASC confirmed on 12th August that further information is required to support evaluation process. Meeting arranged on 9th October.</p> <p>1st October: Asst COO to work with NCCU to develop a more detailed paper for submission to EASC. Continue to develop the 'Hospital to home' services in Swansea Bay using a combination of ICF and HB monies.</p> <p>1st November: Exploring capacity with NPT ACT (ANP & Para on an RRV).</p>	<p>Increased ACT capacity to manage more patients in a community setting.</p> <p>Increase referrals of 999 ambulance patients, providing a community response and avoiding an ambulance response.</p> <p>Risk: Lack of funding will inhibit the expansion of this community based service.</p>
15	Introduction of a full time Frequent attender nurse	Asst COO	End September	Ongoing on target	<p>12th August Update: ED sister and an ED consultant lead on managing frequent attenders at Morriston in addition to their usual roles. The frequent attender nurse bid was to increase capacity to do more of this work on a full time basis. A bid submitted to EASC via the Healthier Wales funding process. EASC confirmed on 12th August that proposal was not successful.</p> <p>Current arrangements in place to continue to manage frequent attenders.</p> <p>1st October Update: Confirmation received for non-recurrent WG monies, offer of full time nurse + admin support until March 2020.</p> <p>1st November: Funding in place.</p>	<p>Improved capacity and management of frequent attenders</p> <p>Reduction in hospital admissions</p>
16	NCCU & SBUHB to review patients with the longest handover delays to identify alternative pathways	NCCU / Morriston service director	End September	Some attention required	<p>12th August: Thematic review data received from NCCU on 6th August. Hospital review of clinical outcomes of 70 patients is now being initiated by Morriston hospital clinician and senior manager.</p> <p>1st October: The outcome of this analysis will be shared with WAST and NCCU to determine next steps/ pathway solutions.</p> <p>Action: Becky Gammon to discuss with Ross Whitehead</p>	Robust evidence to support the prioritisation of clinical pathways

17	Mental Health: Enhance the services provided by Sanctuary (Third sector mental health provider) in Morriston ED	Head of Nursing ED ops/NCCU	End September	Some attention required	<p>12th August Update: Sanctuary provide off-site mental health support in Swansea and are unable to directly support Morriston ED. ED matron is attending a meeting on 16th September with Sanctuary to discuss potential pathway support options. Morriston hospital has provided a designated mental health room in ED and has a fast track triage service in place to mental health services.</p> <p>1st October Update: Currently working on MH pathway, agreed at meeting to go live 1st Nov. However it has subsequently been confirmed by mental health team that the sanctuary service will not be in place until the new financial year when it will be accessed through the new the single point of access service for mental health.</p> <p>ACTION: Shane Mills from NCCU exploring a once for Wales solution - there is potential opportunity to replicate some of the iCAN work from North Wales. Discussions ongoing with 3rd sector providers.</p> <p>ACTION: Link in with Commissioning team if issues arise.</p>	<p>Improved Mental Health support</p> <p>Reduced hospital admissions</p>
18	Mental Health: Review and increase the number of patients referred to a Mental Health Pathway across SBUHB	WAST Ops Manager /Head of Ops Mental Health.	October	Ongoing on target	<p>12th August Update: Meeting scheduled between WAST and Mental health services on 20th August to progress and build upon the current mental health pathways in place in Swansea Bay UHB.</p> <p>1st October update - meeting held - current pathways reviewed and still fit for purpose. development of a single point of access for mental health services in Swansea Bay UHB is currently underway.</p> <p>1st November: Mental Health pathway reviewed and fit for purpose. Pathway to be reviewed following completion of Action 17 - Implementation of Sanctuary services in Morriston.</p>	<p>Improved Mental Health support</p> <p>Reduced hospital admissions</p>
19	Undertake a 'Perfect Day' workshop with Health Board, WAST & Local Authority.	Service Director Morriston / ADO WAST	September	Ongoing on target	<p>12th August Update: Workshop arranged for 26th September with key strategic and operational leads from SBUHB, WAST & Local Authority. Workshop deferred until 3rd October due to clash with National events the week of 23rd September. WAST attendance at workshop confirmed.</p> <p>1st November: Workshop held with key stakeholders.</p>	Identify further joint working and patient flow improvement opportunities.
20	Support the NCCU pilot of using NEWS scores in a Care Home setting	Asst COO/NCCU	TBC	Ongoing on target	<p>12th August Update: NCCU have initiated this work stream. SBUHB has agreed to act as a pilot for this week and has identified 2 care homes in Swansea to participate. Public Health Wales (1000 lives) is supporting. Data gathering/ baseline data capture underway. This work is still on going, being supported by ED O'Brien in WAST, plan to accelerate implementation from October.</p> <p>1st October: Update: All on target for 1st Nov, working with 1000 lives.</p> <p>ACTION: Ross Whitehead to update</p>	Improved decision making for unwell patients in a care home setting
21	Develop a suite of performance metrics and measures to monitor the impact of the action plan	WAST Planning lead	September	Ongoing on target	<p>1st October Update: Draft suite of metrics embedded into performance plan</p> <p>Action: James Houston to expand Alternative Care Pathway data to include code sets for Respiratory, Mental Health and Falls - Complete</p> <p>Action: Becky Gammon to share respective ED metrics.</p>	Access to meaningful metrics and measures to track impact and improvement.

Work Stream 2 - Pathways Development & Service Improvement Initiatives - Performance Metrics

