AMSR Programme- 29th September Update for Health Board

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Swansea Bay University Health Board Transformation Bwrdd Iechyd Prifysgol Bae Abertawe Trawsnewid

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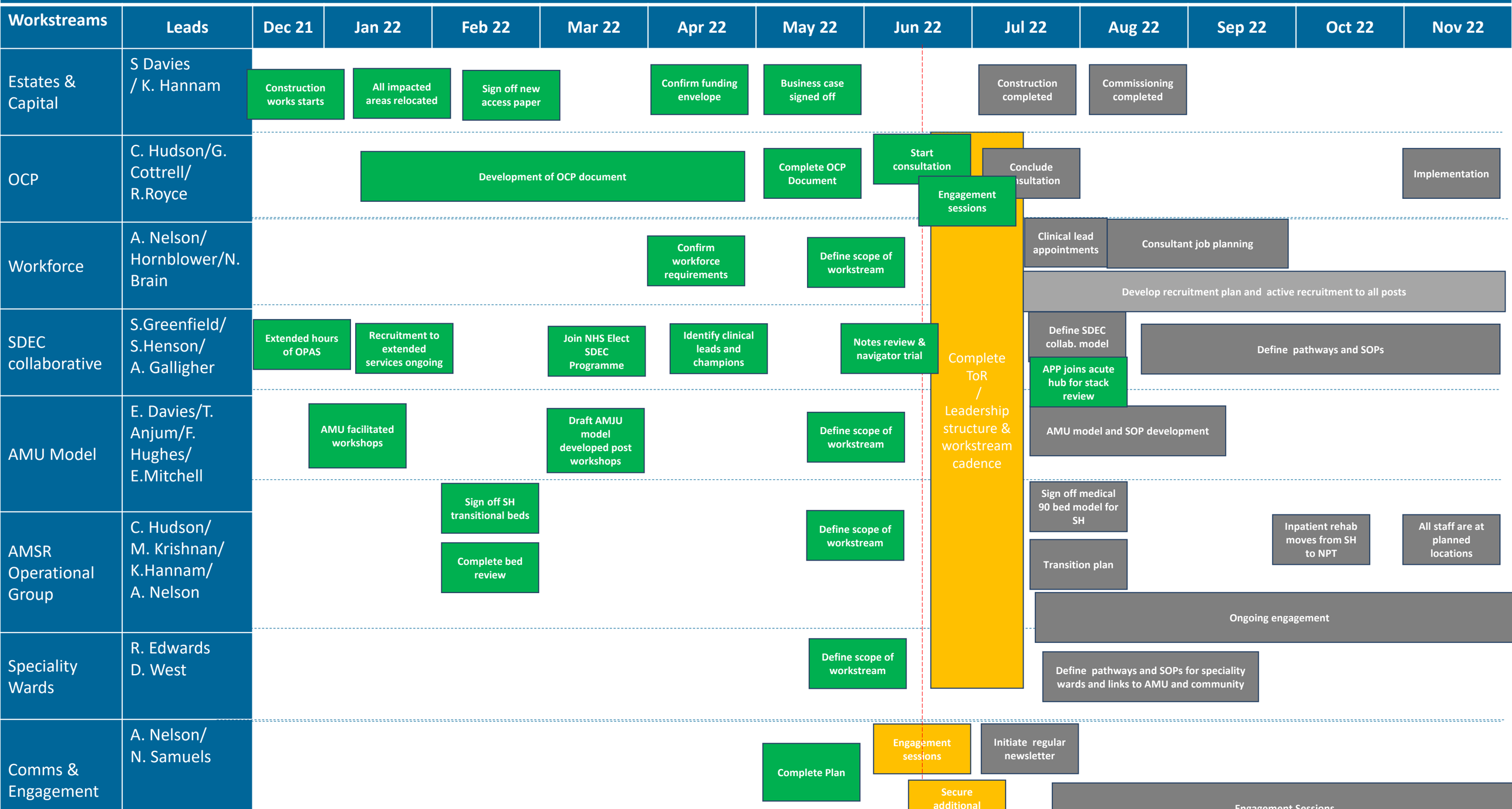
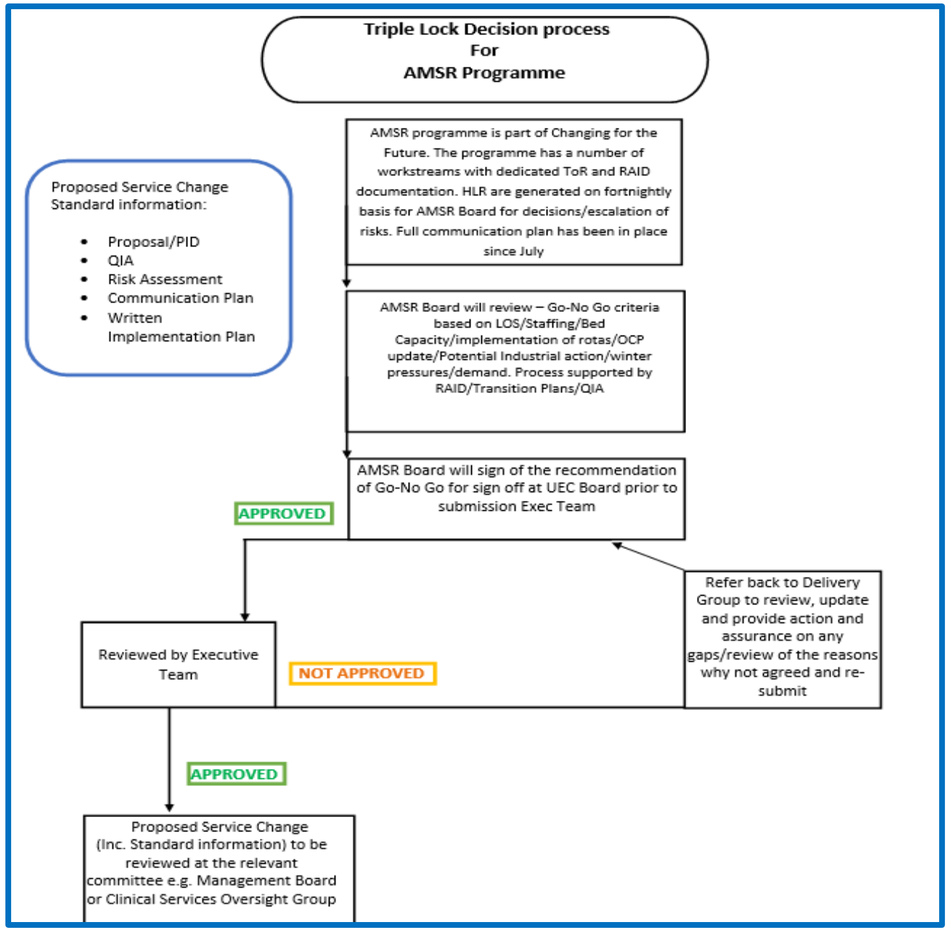
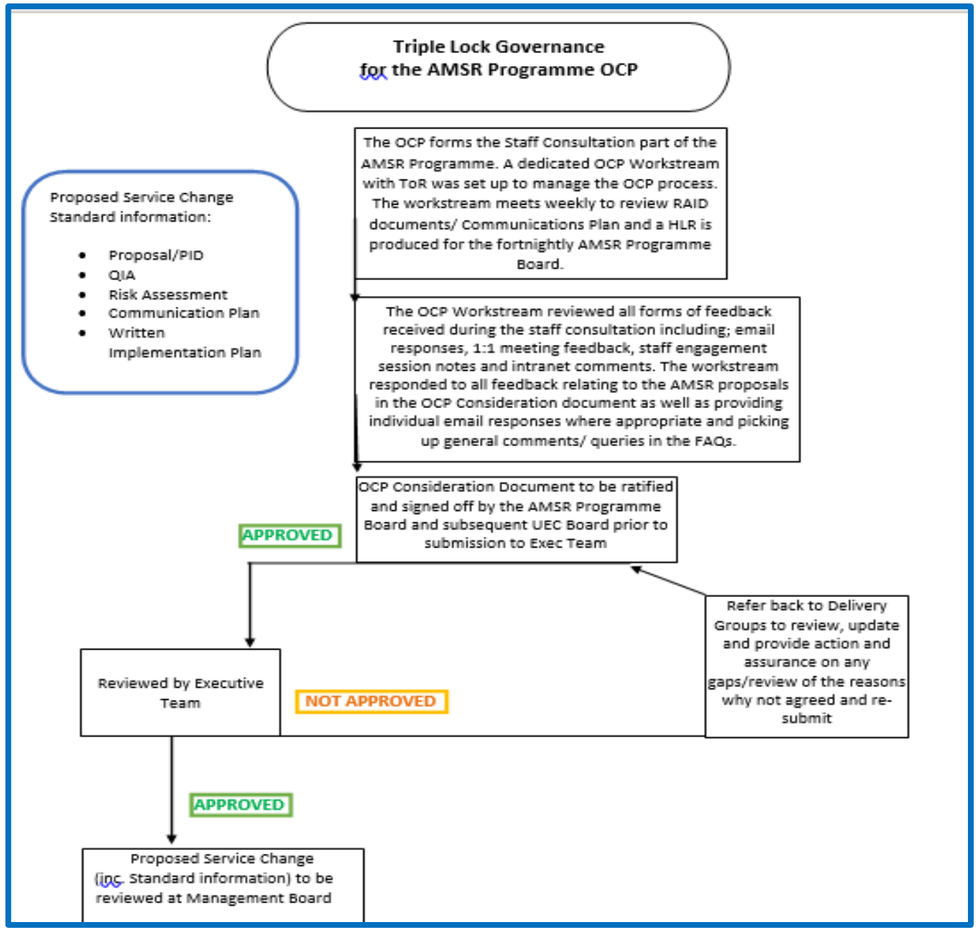
Initial AMSR Programme Plan – DRAFT Shared with Board in June 2022



Governance - Triple Lock sign off

1. **Triple Lock of Sign off – to provide governance assurance for OCP and AMSR**



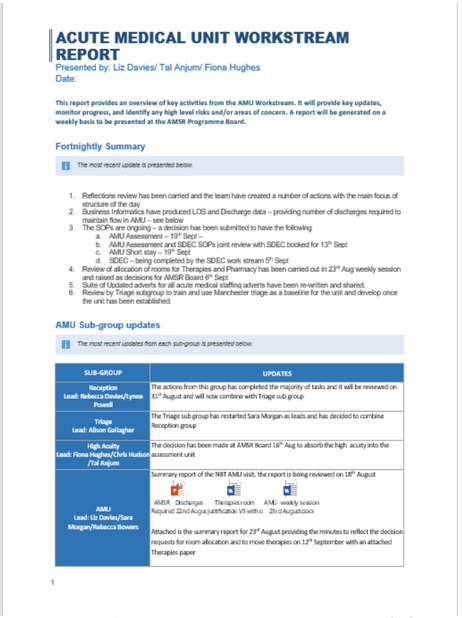


Governance - Highlight Reports and RAID

Since June – all AMSR workstreams produce fortnightly highlight reports, RAIDs and Gantt charts

The leads submit and brief the fortnightly AMSR Board -

decisions/actions and risks are captured in the AMSR Highlight report and RAID for UEC



ACUTE MEDICAL UNIT WORKSTREAM REPORT

Presented by: Liz Davies/ Tal Anjum/ Fiona Hughes
Date:

This report provides an overview of key activities from the AMU Workstream. It will provide key updates, monitor progress, and identify any high level risks and/or areas of concern. A report will be generated on a weekly basis to be presented at the AMSR Programme Board.

Fortnightly Summary

The most recent update is presented below.

1. Reflections review has been carried and the team have created a number of actions with the main focus of structure of the day
2. Business Informatics have produced LOS and Discharge data – providing number of discharges required to maintain flow in AMU – see below
3. The SOPs are ongoing – a decision has been submitted to have the following
   a. AMU Assessment – 19th Sept –
   b. AMU Assessment and SDEC SOPs joint review with SDEC booked for 13th Sept
   c. AMU Short stay – 16th Sept
   d. SDEC – being completed by the SDEC work stream 5th Sept
4. Review of allocation of rooms for Therapies and Pharmacy has been carried out in 23rd Aug weekly session and raised as decisions for AMSR Board 6th Sept
5. Suite of Updated adverts for all acute medical staffing adverts have been re-written and shared.
6. Review by Triage subgroup to train and use Manchester triage as a baseline for the unit and develop once the unit has been established.

AMU Sub-group updates

The most recent updates from each sub-group is presented below.

SUB-GROUP	UPDATES
Reception Lead: Rebecca Davies/Tyrone Powell	The actions from this group has completed the majority of tasks and it will be reviewed on 31st August and will now combine with Triage sub group
Triage Lead: Alison Gallagher	The Triage sub group has restarted Sara Morgan as leads and has decided to combine Reception group
High Acuity Lead: Fiona Hughes/Chris Hudson /Tal Anjum	The decision has been made at AMSR Board 16th Aug to absorb the high acuity into the assessment unit
AMU Lead: Liz Davies/Sara Morgan/Rebecca Bowers	Summary report of the NIR AMU visit, the report is being reviewed on 18th August AMSR - Discharges - Therapies room - AMU - weekly session Required 22nd August justification V5 with o... 23rd August.docx Attached is the summary report for 23rd August providing the minutes to reflect the decision requests for room allocation and to move therapies on 12th September with an attached Therapies paper

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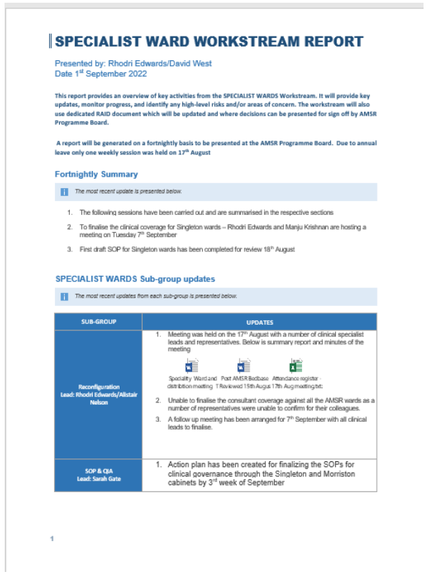

SPECIALIST WARD WORKSTREAM REPORT

Presented by: Rhodri Edwards/David West
Date 1st September 2022

This report provides an overview of key activities from the SPECIALIST WARDS Workstream. It will provide key updates, monitor progress, and identify any high-level risks and/or areas of concern. The workstream will also use dedicated RAID document which will be updated and where decisions can be presented for sign off by AMSR Programme Board.

A report will be generated on a fortnightly basis to be presented at the AMSR Programme Board. Due to annual leave only one weekly session was held on 17th August

Fortnightly Summary

The most recent update is presented below.

1. The following sessions have been carried out and are summarised in the respective sections
2. To finalise the clinical coverage for Singleton wards – Rhodri Edwards and Manju Krishnan are hosting a meeting on Tuesday 7th September
3. First draft SOP for Singleton wards has been completed for review 18th August

SPECIALIST WARDS Sub-group updates

The most recent updates from each sub-group is presented below.

SUB-GROUP	UPDATES
Reconfiguration Lead: Rhodri Edwards/Alistair Nelson	1. Meeting was held on the 17th August with a number of clinical specialist leads and representatives. Below is summary report and minutes of the meeting Specialty - Word.and - Post AMSR Bedbase - Attendance register - distribution meeting - 1 Reviewed 15th Augus 17th Aug meeting.txt 2. Unable to finalise the consultant coverage against all the AMSR wards as a number of representatives were unable to confirm for their colleagues. 3. A follow up meeting has been arranged for 7th September with all clinical leads to finalise.
SOP & Q/A Lead: Sarah Gate	1. Action plan has been created for finalizing the SOPs for clinical governance through the Singleton and Morriston cabinets by 3rd week of September

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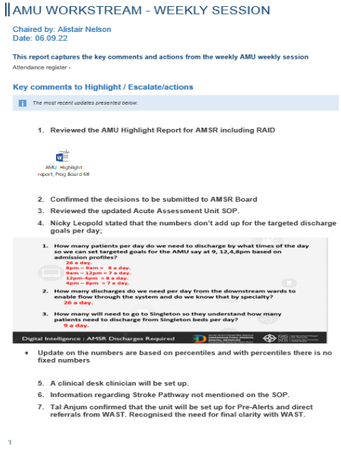

AMU WORKSTREAM - WEEKLY SESSION

Chaired by: Alistair Nelson
Date: 06.09.22

This report captures the key comments and actions from the weekly AMU weekly session

Attendance register -

Key comments to Highlight / Escalate/actions

The most recent updates presented below.

1. **Reviewed the AMU Highlight Report for AMSR including RAID**

AMU - Highlight report_Proj Board 6 9

2. **Confirmed the decisions to be submitted to AMSR Board**
3. **Reviewed the updated Acute Assessment Unit SOP.**
4. **Nicky Leopold stated that the numbers don't add up for the targeted discharge goals per day;**

1. **How many patients per day do we need to discharge by what times of the day so we can set targeted goals for the AMU say at 9, 12,4,8pm based on admission profiles?**
   24 a day.
   9am – 12pm = 6 a day.
   9am – 3.5pm = 7 a day.
   12pm-4pm = 6 a day.
   4pm – 8pm = 7 a day.
2. **How many discharges do we need per day from the downstream wards to enable flow through the system and do we know that by specialty?**
   28 a day.
3. **How many will need to go to Singleton so they understand how many patients need to discharge from Singleton beds per day?**
   9 a day.

Digital Intelligence : AMSR Discharges Required

- **Update on the numbers are based on percentiles and with percentiles there is no fixed numbers**

5. **A clinical desk clinician will be set up.**
6. **Information regarding Stroke Pathway not mentioned on the SOP.**
7. **Tal Anjum confirmed that the unit will be set up for Pre-Alerts and direct referrals from WAST. Recognised the need for final clarity with WAST.**

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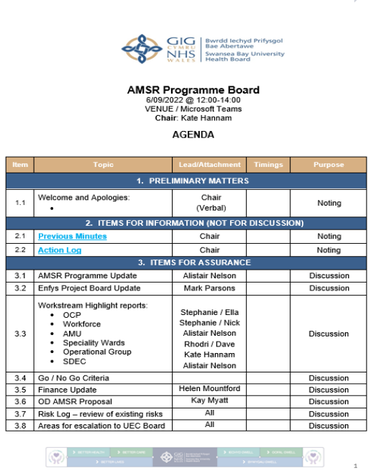
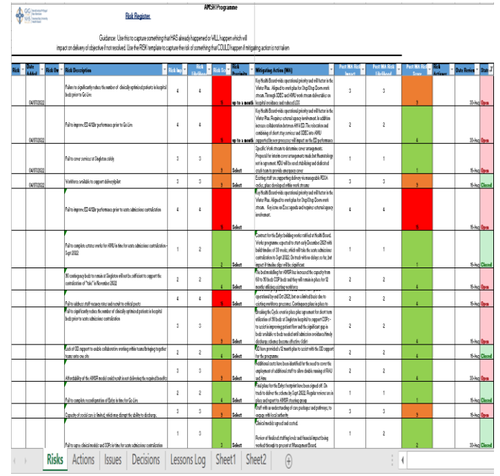


Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

AMSR Programme Board
6/09/2022 @ 12:00-14:00
VENUE / Microsoft Teams
Chair: Kate Hannam

AGENDA

Item	Topic	Lead/Attachment	Timings	Purpose
	1. PRELIMINARY MATTERS			
1.1	Welcome and Apologies: •	Chair (Verbal)		Noting
	2. ITEMS FOR INFORMATION (NOT FOR DISCUSSION)			
2.1	Previous Minutes	Chair		Noting
2.2	Action Log	Chair		Noting
	3. ITEMS FOR ASSURANCE			
3.1	AMSR Programme Update	Alistair Nelson		Discussion
3.2	Enfys Project Board Update	Mark Parsons		Discussion
3.3	Workstream Highlight reports: • OCP • Workforce • AMU • Speciality Wards • Operational Group • SDEC	Stephanie / Ella Stephanie / Nick Alistair Nelson Rhodri / Dave Kate Hannam Alistair Nelson		Discussion
3.4	Go / No Go Criteria			Discussion
3.5	Finance Update	Helen Mountford		Discussion
3.6	OD AMSR Proposal	Kay Myatt		Discussion
3.7	Risk Log – review of existing risks	All		Discussion
3.8	Areas for escalation to UEC Board	All		Discussion



AMSR Programme

Risk Register

Guidance: Use this to capture something that MAY already happened or WILL happen which will impact on delivery of objectives if not resolved. Use the RISK template to capture the risk of something that COULD happen if mitigating action is not taken

Risks | Actions | Issues | Decisions | Lessons Log | Sheet1 | Sheet2

Key Messages from AMSR Programme Board held 6th Sept 2022

Workstream	Areas of Focus August 2022 from AMSR workstreams	
OCP	AMSR Consultation Impact consideration document completed 11th August for executive review and signed off 5th September 2022 for issue 8th September 2022. Preparations for preference assessment in place.	
AMSR Board	AMSR Implementation date delayed from original timetable to 1st December 2022 to allow 12 weeks notice from response document – all planning documents have cited end November/start of Dec so remains on track	
AMSR Operational	Go-No Go Criteria shared in July to UEC Board has been agreed, targets and trajectories in development and RAID document in place to govern key tasks and actions	
AMSR Operational	Draft transitional plan developed with RAID log and Singleton transitional plan completed	
AMSR Operational	EOI closed for clinical leadership role – interview date to be set in Sept based on Executive MD availability	
Workforce	Medical rotas – draft consultant rota co-produced with nominated specialty leads and shared widely at medical forum – finalisation through Sept	
Workforce	Medical rotas – meeting held with HIW regarding principles of JD rotas internal review of rotas planned for 13th September 2022	
Acute Hub	AGPU moved into the Acute Hub 23rd September; AMU works complete with finalisation of nurse call zoning in Sept ‘22	
AMU	Visit to NBT to review model AMU/SDEC in August – completion of SOPs for SDEC/AMU -table top exercise with facilitated workshop end Sept ‘22	
AMSR operational	Draft LOS and discharge requirements complete for table top review	
Workforce	Completion of all workforce templates including draft workforce plan – update of adverts to promote new unit complete	
SDEC	Admission avoidance schemes – further extension of WAST stack review with APP in place	
AMSR operational	Comms – weekly newsletters in place – Freshwater developing story boards and internal posters for the programmes and comms champions embedded	

OCP Overview and Implementation Date

OCP concluded 29th July 2022 – extensive engagement during 6 week process – 61 sessions held (at least 500 staff attended); 140 formal responses through the OCP channel from individuals, departments, staff groups, unions. Comms via videos and bulletins (10,909 and 2,621 views) and FAQ and AMSR newsletter. In excess of 120 pages reviewed to inform the response which was issued 11th August for exec scrutiny.

Original Timeline detailed in the OCP – implementation date estimated at 7th November following original OCP timeline

STAGE	ACTION	REVISED COMPLETION DATES FOR Nov
Consultation Stage	Consultation start date	13.6.22
	1-1s, staff meetings to take place during this period	13.6.22 - 29.7.22
	Consultation end date	29.7.22
	Post Consultation evaluation	29.7.22 - 12.8.22
Notice Period / Implementation	Notice of Change and Final Model Issued in writing	12.8.22
	Notice Period (7 weeks)	
	New rotas, change forms, excess mileage, JDs, IT equipment, induction, training to be arranged during this time	12 weeks
	Implementation Date	7.11.22

OCP Update – OCP document submitted for executive scrutiny by 11th August deadline. Review completed by 5th September – to be issued Thursday 8th September 2022.

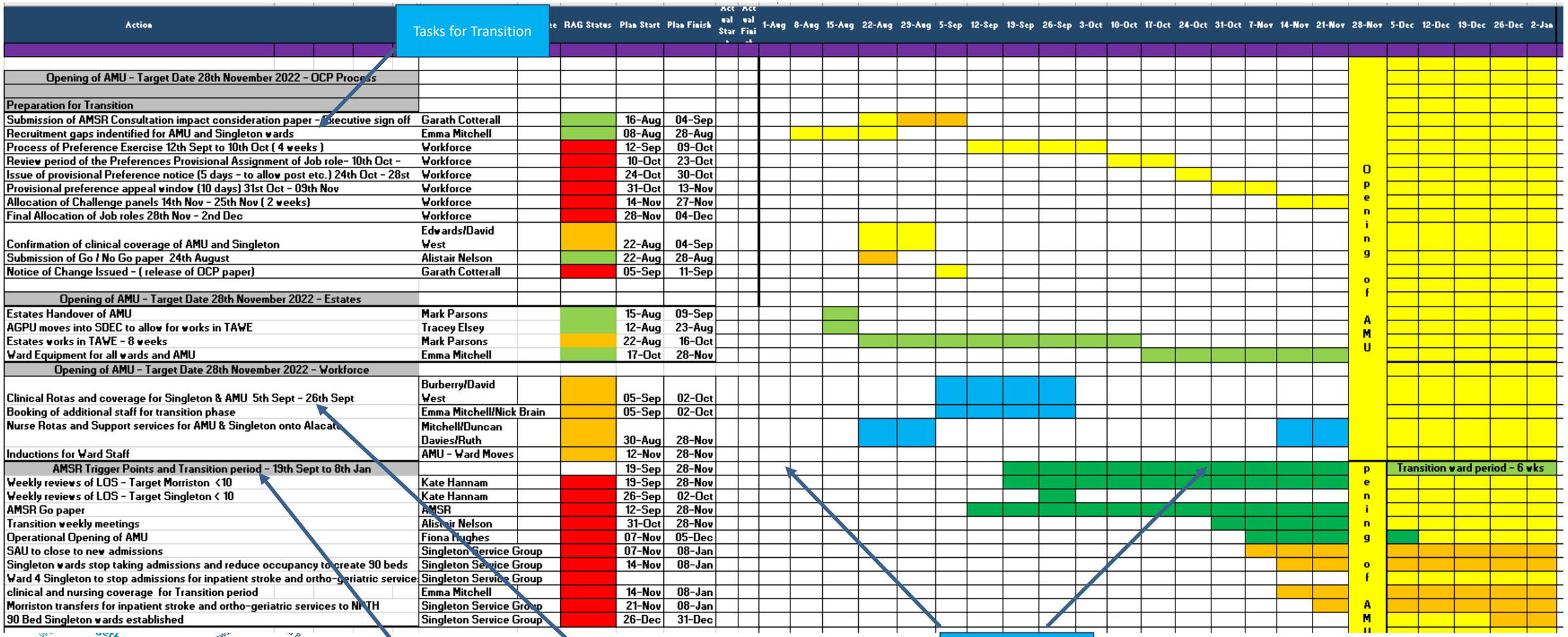
Agreed changes from feedback – Dyfed and phased approach to weekend consultant presence on specialist wards.

Other issues raised feedback into relevant workstreams to inform the development of the model.

Revised Implementation date based on 12 weeks notice as advised by HR from 8th September 2022 will be Thursday 1st December 2022

Working assumption by the AMSR Programme Board and subsequent workstreams has been an implementation date of end of November/first week in December so this fits in with the planning assumptions

DRAFT - Implementation Plan



Go – No Go Criteria

1. **“Go – No Go” Using the “Go – No Go” criteria developed through the AMSR Board based on known programme risks, the programme has produced a dedicated RAID document capturing the risks and mitigation, actions and decisions for the criteria below is the copy of the Risk log where using the criteria points as risks, the team have scored the risks and described the mitigations to reduce the risk levels. Below is section of the Risk log for Go-No Criteria**

Risk ID	Date Added	Risk Owner/workstream	Risk Description	Risk Impact	Risk Likelihood	Risk Score	Risk Proximity	Mitigating Action (MA)	Post MA Risk Impact	Post MA Risk Likelihood	Post MA Risk Score	Risk Actioner	Date Reviewed	Status
OCP						0					0			
1	10/08/2022	OCP	Opposition to seven day working proposal(s)	5	5	25	up to a month	Following the OCP consultation - 7 days stipulation has been removed	0	1	0		16-Aug	Closed
2	10/08/2022	Specialist	Proposed rotas deemed unacceptable in terms of frequency/intensity	5	4	20	up to a month	new rotas have been produced and agreed by the consultant body	1	1	1		16-Aug	Open
3	10/08/2022	Specialist	Inadequate detail on how jobs will work- what does job plans look like, offices, which wards(S)will people work on etc.	5	4	20	up to a month	The wards have been agreed including the transitional Singleton wards - 4-6-8 for clinical teams to cover, specific deliverables for space accommodation	2	2	4		16-Aug	Open
4	10/08/2022	Estates	Future base (office) for staff unclear	3	4	12	up to a month	Use of the agile working and new AMU has additional admin areas	2	3	6		16-Aug	Open
5	10/08/2022	OCP	Appeals process leads to delays	4	3	12	up to a month	During the OCP process no appeals from the Unions were made and BMA concerns have been responded to	2	2	4		16-Aug	Open
Staffing	10/08/2022					0					0			
6	10/08/2022	workforce	Failure to start the recruitment process	4	4	16	up to a month	Workforce workstream started the recruitment for all posts with high vacancies	2	2	4		16-Aug	Open
7	10/08/2022	workforce	Inability to recruit to additional posts	3	3	9	up to a month	Recruitment campaigns started and regular updates from sub groups allow the workstream the gaps	2	2	4		16-Aug	Open
	10/08/2022	workforce	High level of retirements/retirements	4	4	16	up to a month	workforce sub groups monitor the vacancies and provide regular updates to workstream and AMSR Board	2	3	6		16-Aug	Open
	10/08/2022	workforce	Too many staff wish to stay at Singleton	4	4	16	up to a month	Through the sub groups, the feedback is positive on the number of staff who are happy to transfer. However certainty will be given through OCP preference exercise	2	2	4		16-Aug	Open
	10/08/2022	AMU	inadequate induction	4	3	12	up to a month	AMU subgroup for ward moves are developing plans for induction and staff have been made aware of new AMU unit through video and visits	2	2	4		16-Aug	Open
	10/08/2022	AMU	inadequate team building	3	3	9	Select	AMU sub group - ward moves are working with OD on the team building. SAU team are suggesting them are moving all together	2	2	4		16-Aug	Open

1. **The decision for “ Go – No Go” will be based on the following criteria**

    a) **Medical beds occupied**
    b) **Medical emergency admissions**
    c) **LOS**
    d) **Clinical and nursing staffing resources**
    e) **Financial impact on potential additional workforce costs**
    f) **Potential impact of Industrial action**

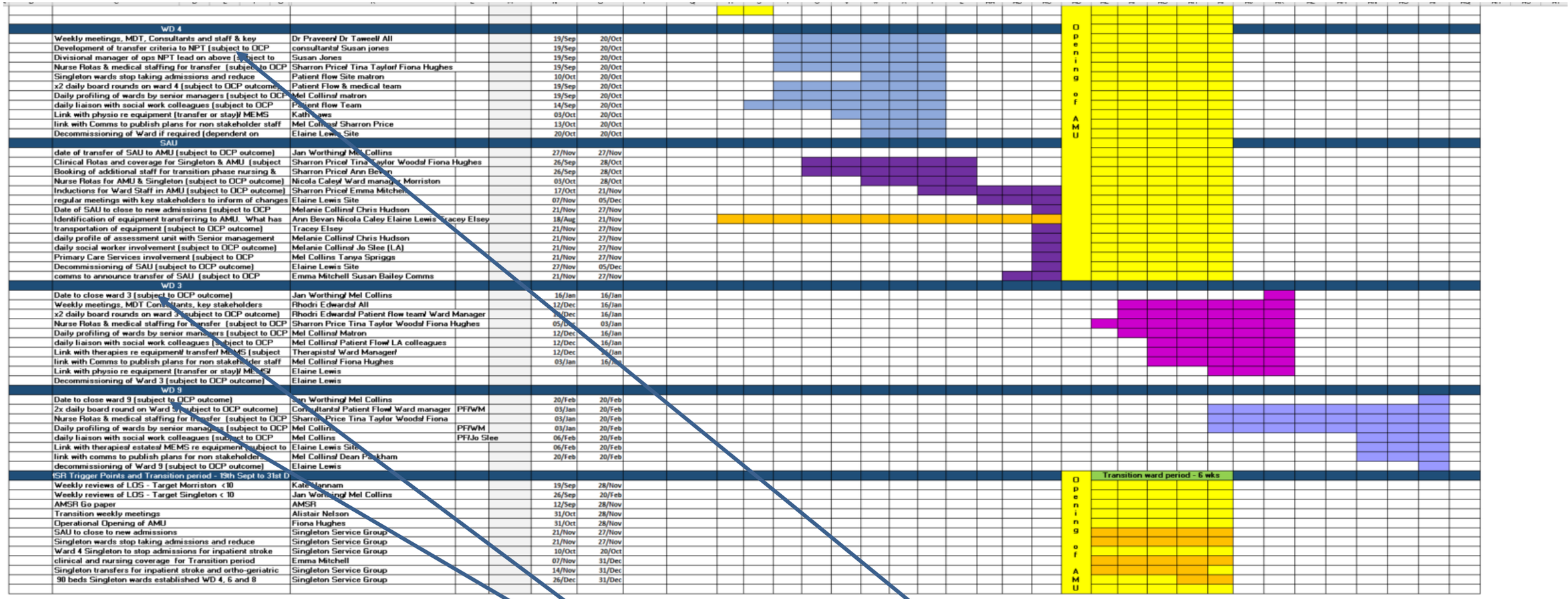
    Further work to clarify the key targets and trajectories for the criteria is underway with support from BI and will be shared with UEC Board for initial approval

2. Key enabling actions

a. **Implementation of virtual wards and Home First Schemes**
b. **Implementation of SAFER bundle with ‘no delay’ philosophy and targeted work to increase weekend discharges through ‘criteria led discharge’**
c. **Implementation of navigator role in ED to SDEC**
b. **Pre-Hospital admission avoidance initiatives – collaborative working with WAST to develop direct admission pathways and conveyance avoidance**

DRAFT - AMSR Implementation transitional plan - Singleton

1. Below plan is a specific Singleton plan for the key wards – SAU, Wards 3 – 4 – 9



	WD 4						
	Weekly meetings, MDT, Consultants and staff & key	Dr Praveen/ Dr Taweel/ All			19/Sep	20/Oct	
	Development of transfer criteria to NPT (subject to OCP	consultants/ Susan jones			19/Sep	20/Oct	
	Divisional manager of ops NPT lead on above (subject to	Susan Jones			19/Sep	20/Oct	
	Nurse Rotas & medical staffing for transfer (subject to OCP	Sharron Price/ Tina Taylor/ Fiona Hughes			19/Sep	20/Oct	
	Singleton wards stop taking admissions and reduce	Patient flow Site matron			10/Oct	20/Oct	
	x2 daily board rounds on ward 4 (subject to OCP outcome)	Patient Flow & medical team			19/Sep	20/Oct	
	Daily profiling of wards by senior managers (subject to OCP	Mel Collins/ matron			19/Sep	20/Oct	
	daily liaison with social work colleagues (subject to OCP	Patient flow Team			14/Sep	20/Oct	
	Link with physio re equipment (transfer or stay)/ MEMS	Kath Laws			03/Oct	20/Oct	
	link with Comms to publish plans for non stakeholder staff	Mel Collins/ Sharron Price			13/Oct	20/Oct	
	Decommissioning of Ward if required (dependent on	Elaine Lewis Site			20/Oct	20/Oct	
	SAU						
	date of transfer of SAU to AMU (subject to OCP outcome)	Jan Worthing/ Mel Collins			27/Nov	27/Nov	
	Clinical Rotas and coverage for Singleton & AMU (subject	Sharron Price/ Tina Taylor Woods/ Fiona Hughes			26/Sep	28/Oct	
	Booking of additional staff for transition phase nursing &	Sharron Price/ Ann Bevan			26/Sep	28/Oct	
	Nurse Rotas for AMU & Singleton (subject to OCP outcome)	Nicola Caley/ Ward manager Morriston			03/Oct	28/Oct	
	Inductions for Ward Staff in AMU (subject to OCP outcome)	Sharron Price/ Emma Mitchell			17/Oct	21/Nov	
	regular meetings with key stakeholders to inform of changes	Elaine Lewis Site			07/Nov	05/Dec	
	Date of SAU to close to new admissions (subject to OCP	Melanie Collins/ Chris Hudson			21/Nov	27/Nov	
	Identification of equipment transferring to AMU. What has	Ann Bevan Nicola Caley Elaine Lewis Tracey Elsey			18/Aug	21/Nov	
	transportation of equipment (subject to OCP outcome)	Tracey Elsey			21/Nov	27/Nov	
	daily profile of assessment unit with Senior management	Melanie Collins/ Chris Hudson			21/Nov	27/Nov	
	daily social worker involvement (subject to OCP outcome)	Melanie Collins/ Jo Slee (LA)			21/Nov	27/Nov	
	Primary Care Services involvement (subject to OCP	Mel Collins Tanya Spriggs			21/Nov	27/Nov	
	Decommissioning of SAU (subject to OCP outcome)	Elaine Lewis Site			27/Nov	05/Dec	
	comms to announce transfer of SAU (subject to OCP	Emma Mitchell Susan Bailey Comms			21/Nov	27/Nov	
	WD 3						
	Date to close ward 3 (subject to OCP outcome)	Jan Worthing/ Mel Collins			16/Jan	16/Jan	
	Weekly meetings, MDT Consultants, key stakeholders	Rhodri Edwards/ All			12/Dec	16/Jan	
	x2 daily board rounds on ward 3 (subject to OCP outcome)	Rhodri Edwards/ Patient flow team/ Ward Manager			12/Dec	16/Jan	
	Nurse Rotas & medical staffing for transfer (subject to OCP	Sharron Price Tina Taylor Woods/ Fiona Hughes			05/Dec	03/Jan	
	Daily profiling of wards by senior managers (subject to OCP	Mel Collins/ Matron			12/Dec	16/Jan	
	daily liaison with social work colleagues (subject to OCP	Mel Collins/ Patient Flow/ LA colleagues			12/Dec	16/Jan	
	Link with therapies re equipment/ transfer/ MEMS (subject	Therapists/ Ward Manager/			12/Dec	16/Jan	
	link with Comms to publish plans for non stakeholder staff	Mel Collins/ Fiona Hughes			03/Jan	16/Jan	
	Link with physio re equipment (transfer or stay)/ MEMS/	Elaine Lewis					
	Decommissioning of Ward 3 (subject to OCP outcome)	Elaine Lewis					
	WD 9						
	Date to close ward 9 (subject to OCP outcome)	Jan Worthing/ Mel Collins			20/Feb	20/Feb	
	2x daily board round on Ward 9 (subject to OCP outcome)	Consultants/ Patient Flow/ Ward manager	PF/WM		03/Jan	20/Feb	
	Nurse Rotas & medical staffing for transfer (subject to OCP	Sharron Price Tina Taylor Woods/ Fiona			03/Jan	20/Feb	
	Daily profiling of wards by senior managers (subject to OCP	Mel Collins	PF/WM		03/Jan	20/Feb	
	daily liaison with social work colleagues (subject to OCP	Mel Collins	PF/Jo Slee		06/Feb	20/Feb	
	Link with therapies/ estates/ MEMS re equipment (subject to	Elaine Lewis Site			06/Feb	20/Feb	
	link with comms to publish plans for non stakeholder	Mel Collins/ Dean Packham			20/Feb	20/Feb	
	decommissioning of Ward 9 (subject to OCP outcome)	Elaine Lewis					
	SR Trigger Points and Transition period - 19th Sept to 31st D						
	Weekly reviews of LOS - Target Morriston <10	Kate Hannam			19/Sep	28/Nov	
	Weekly reviews of LOS - Target Singleton < 10	Jan Worthing/ Mel Collins			26/Sep	20/Feb	
	AMSR Go paper	AMSR			12/Sep	28/Nov	
	Transition weekly meetings	Alistair Nelson			31/Oct	28/Nov	
	Operational Opening of AMU	Fiona Hughes			31/Oct	28/Nov	
	SAU to close to new admissions	Singleton Service Group			21/Nov	27/Nov	
	Singleton wards stop taking admissions and reduce	Singleton Service Group			21/Nov	27/Nov	
	Ward 4 Singleton to stop admissions for inpatient stroke	Singleton Service Group			10/Oct	20/Oct	
	clinical and nursing coverage for Transition period	Emma Mitchell			07/Nov	31/Dec	
	Singleton transfers for inpatient stroke and ortho-geriatric	Singleton Service Group			14/Nov	31/Dec	
	90 beds Singleton wards established WD 4, 6 and 8	Singleton Service Group			26/Dec	31/Dec	

Opening of AMU

Transition ward period - 6 wks

Opening of AMU

2 x Ward rounds on all wards

Weekly ward meetings on LOS

Daily Social care mtgs

Singleton Transition Plan

External review by Meridian Productivity

Management Board 21/09/22

Initial Project Assurance Goals

UEC AMSR Program

- Health Check of the UEC Acute Medical Services Redesign Programme against expected outcomes and benefits
- Stress test and challenge the future state and existing staffing productivity modelling
- Identify project areas of weakness and/or risk that require further support
- Assessment of “Table 6: Bed Resource Requirements for AMSR and Mitigations”

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Resource Model Stress Test Summary

- Significant work has gone into modelling the resource required to meet the "To-be" state
- "To-Be" looks relatively robust with known risks
  - Consultant Rota
  - Nursing Substantive staffing levels
- OCP process has been robust in covering the changes to staff

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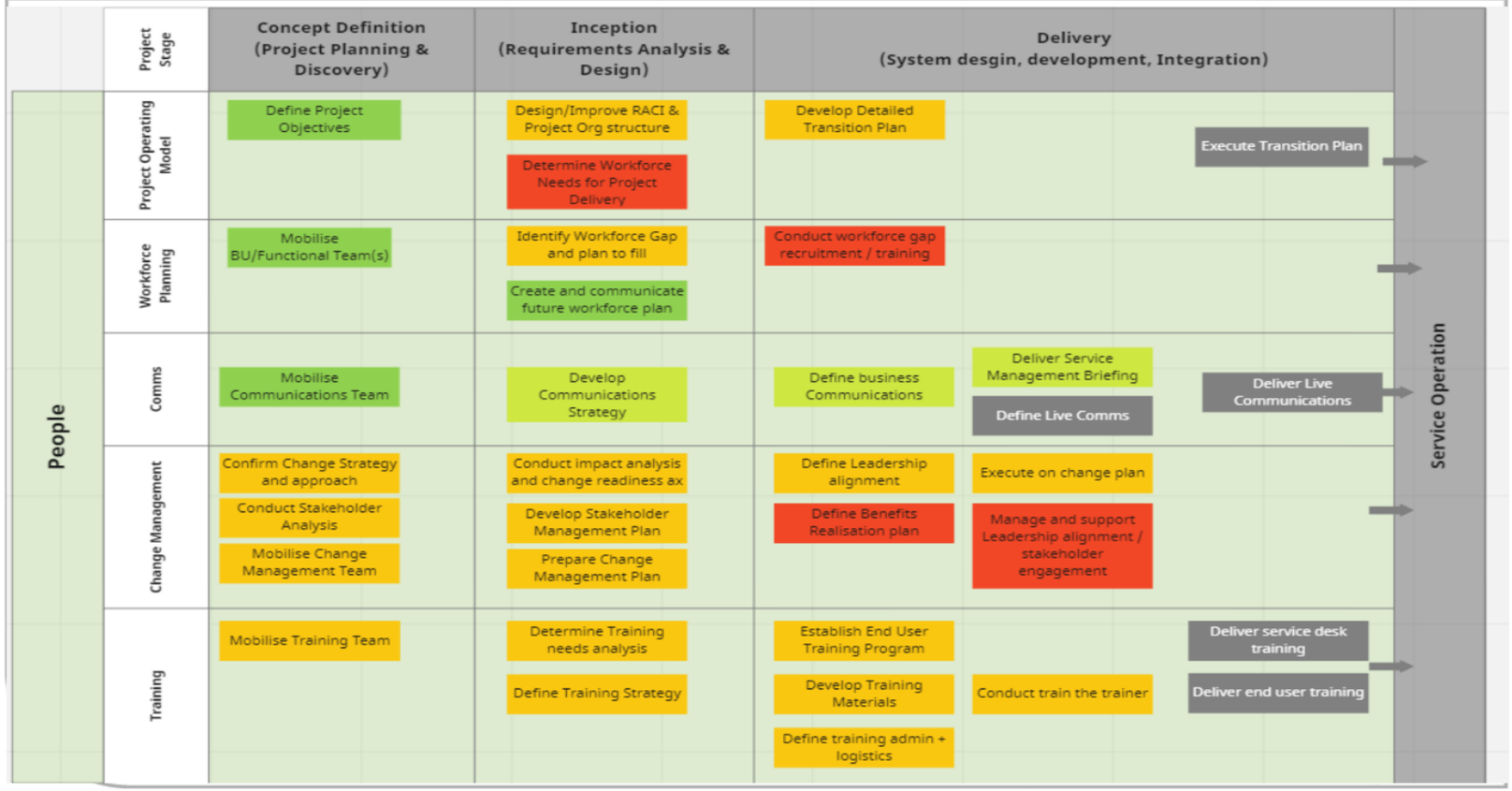
Business Readiness Framework: People



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Business Readiness Framework: Process

	Project Stage	Concept Definition (Project Planning & Discovery)	Inception (Requirements Analysis & Design)	Delivery (System desgin, development, Integration)			
Process	Process	Conduct a process impact analysis	Determine KPIs + metrics	Define future end-to-end process and determine the gap	Design detailed business process		Service Operation
	Policies & Procedures		Confirm policies and procedures needed for Implementation		Identify new/changed policies, forms, activities	Update new/changed policies, forms and activities	
	KPIs		Establish KPI's	Establish measurement mechanism	Define continuous improvement KPI's	Design measurement + reporting on KPI's	

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Project Health Check - Key Risks

Project Operating Model

- × Limited Project Resources
- × Tight Timeline on Implementation Plan
- × Dependency on project to deliver Winter Pressure outcomes
- × Some areas appear to still be in the planning phase
- × Longer term detailed planning required through to 2023

Workforce Planning

- × Gaps exist in future and current workforce. (150+ WTE in nursing)
- × Recruitment planning to fill gap(s)
- × Consultant roster changes to cover new rotas
- × Ward Sisters are all <12months in post? (Could be a good thing)

Policies & Procedures

- × New SOP's identified and being written
- × Updates and process ongoing

Project Governance

- × Multiple project leaders over the last few years
- × KPI tracking for LoS / Admission avoidance initiatives to deliver phase 1
- × Christmas Implementation & Dependence of Key Resources

Communications & Change Management

- × Lack of evidence of a structured approach to delivering change to win hearts and minds
- × Reliance on internal resourcing to deliver change and project agenda
- × Number of initiatives hitting staff in one go

Business Processes

- × End-to-end processes / flow still being tweaked
- × Detailed business processes still being finalised
- × Management control system

Benefits Realisation

- × COPS / LOS risks to achieving bed closures
- × Tight timeframe for Bed Reductions at Singleton
- × Impact of recruitment % on deliverable outcomes (i.e. Virtual wards)
- × Implementation and Perpetuation of changes to ways in working to deliver bed reductions at each stage

Financial(s)

- × Cost risk vs budget through extensive use of agency/bank
- × Cost risks of beds being blocked / remaining open

Staff Training

- × Skills gap for "Acute" specialists
- × No scheduled change management training

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Key Risks to Manage Through Implementation Plan

- Delivery and perpetuation of LoS reduction and Admission avoidance initiatives
- Recruitment of Nurses to fill vacancies
- Clinically Optimised Patients
- Community Capacity & Demand

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Focus on Admission Avoidance and reducing Length of Stay

What does the data tell us about changes in activity since the initial modelling in the business case?

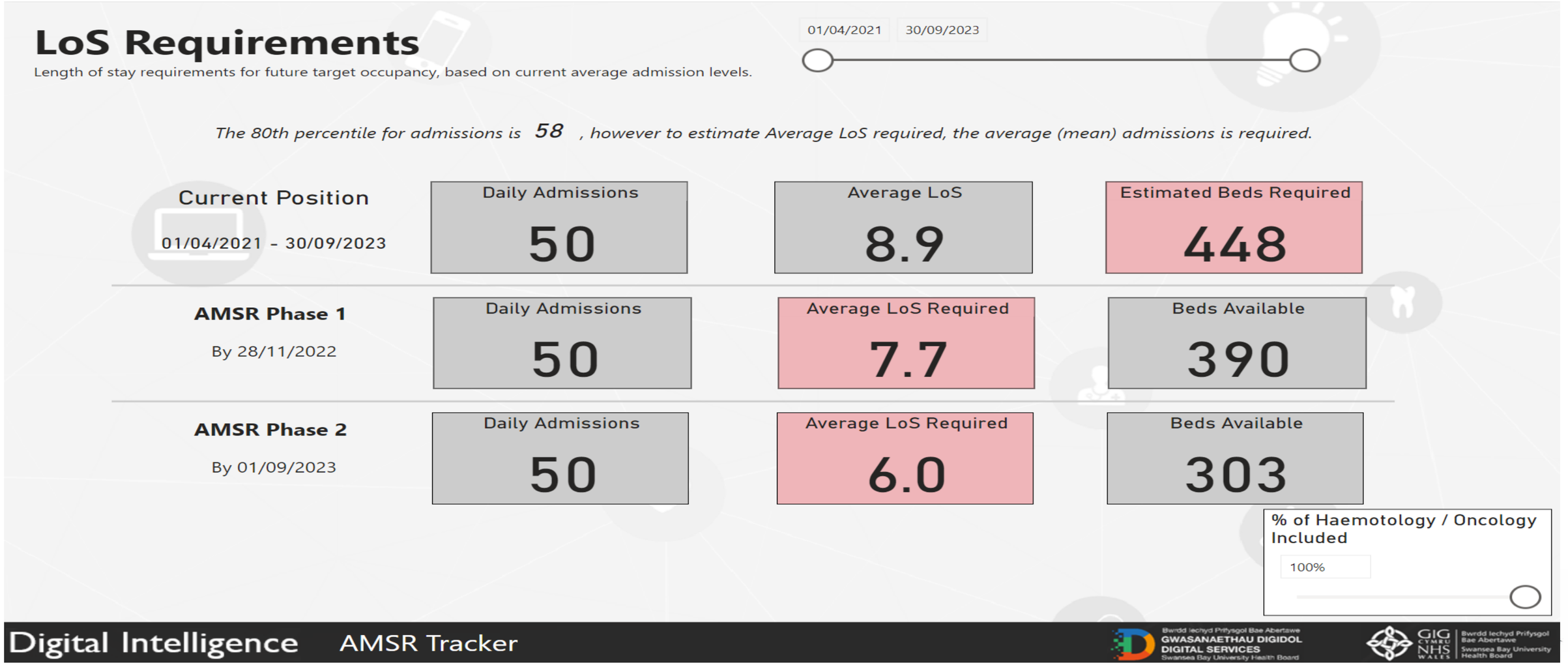
- Since the development of the business case, admissions and LOS have reduced for medicine across Singleton and Morriston: - 80 to 50 admissions on average and LOS from 11.8 to 9.1days.

- Most significant impact on the reduced admissions is associated with: increase in patients in ED who would otherwise be admitted; impact of WAST stack review, UPCC and OPAS and impact of the virtual wards.

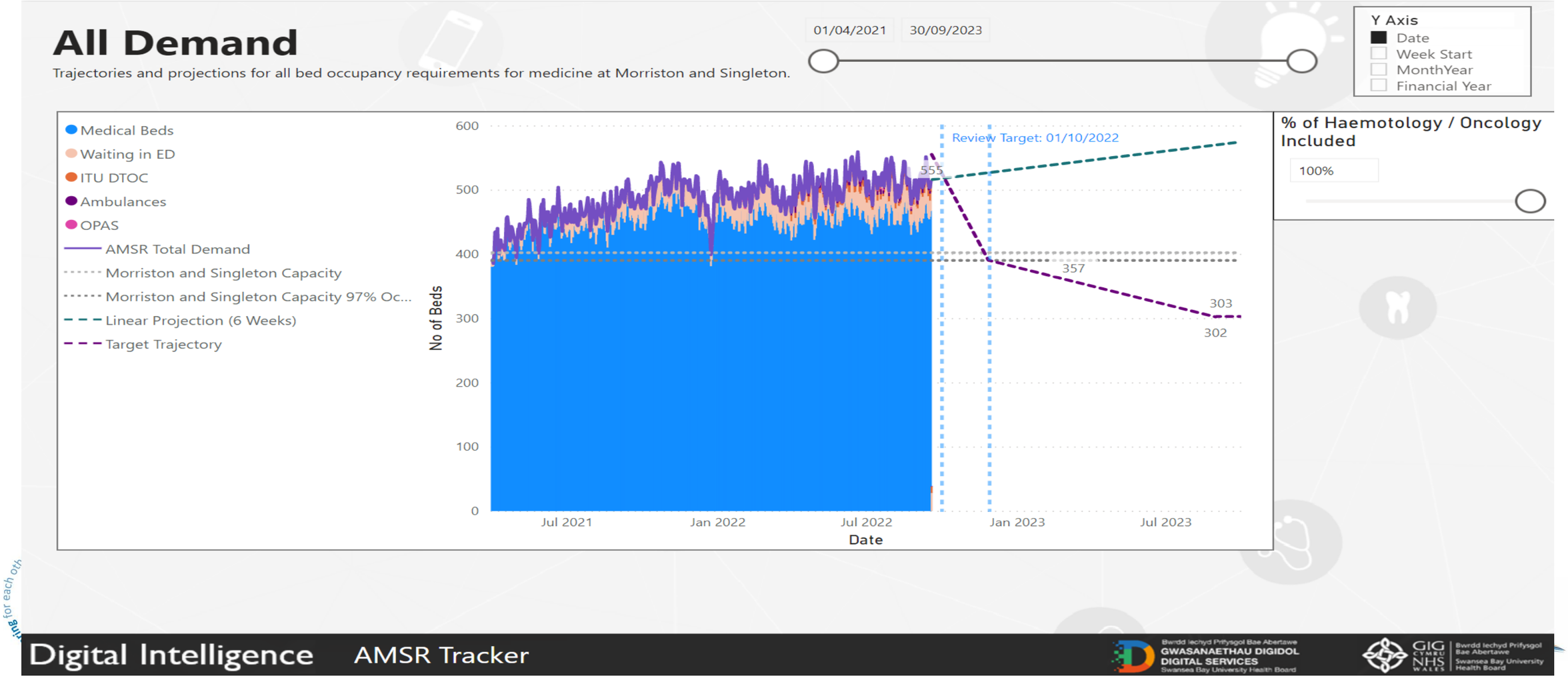
- LOS reductions are noted at Singleton due to the reduction in referrals as an impact of the activities within SDEC to re-direct pathways and manage in an alternative way.

- LOS at Morriston has increased slightly due to the impact of the patients not being admitted who have a short length of stay; increase in LOS of patients in the COP phase of their pathway; impact of covid in not supporting patients being accepted into PoC; delays in transferring to Pathway 3 beds due to significant increases in LOS at Gorseinon and NPT associated with COPs. Targeted work with Improvement Cymru focused on board rounds and real time data to support discharge has supported the use of data to support decision making.

What does the data tell us for LOS?



Total Medicine Demand – Singleton and Morriston



AMU Demand -<48hrs

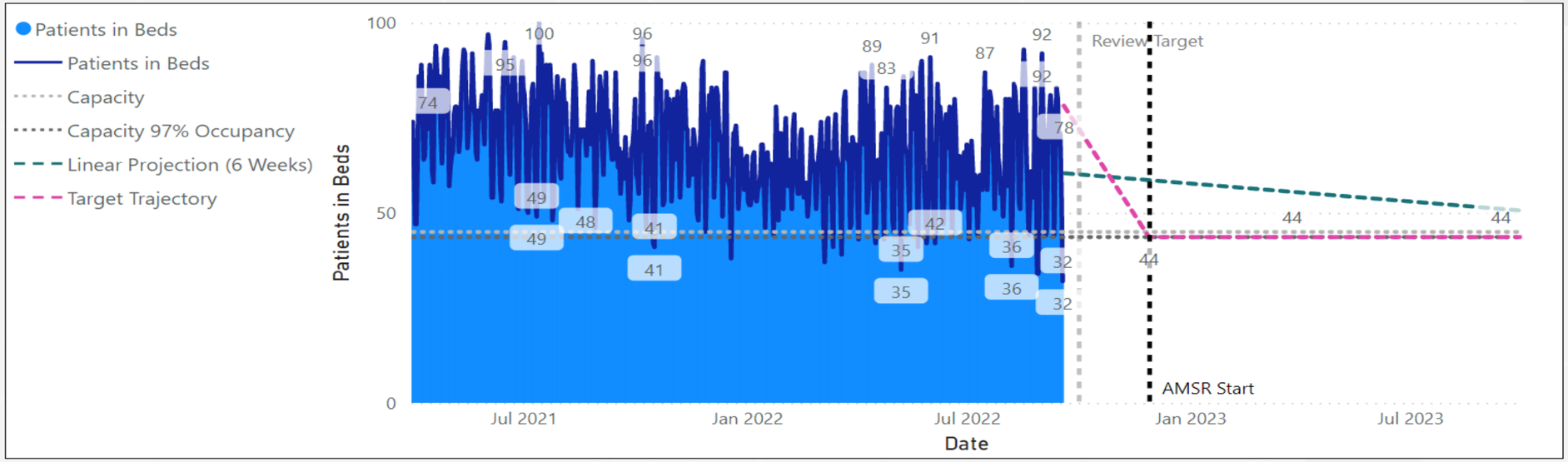
AMAU Demand

Trajectories and projections for all bed occupancy requirements for medicine at Morriston and Singleton for patients who have are in the first 48 hours of their stay.

01/04/2021 30/09/2023

Y Axis
- Date
- Week Start
- MonthYear
- Financial Year

% of Haemotology / Oncology Included
100%



04/09/2022 - 17/09/2022

Last 2 Weeks 80th Centile

Patients in Beds
78

AMSR (by 28/11/2022)

Target Occupancy on 28/11/2022	44
No of Days Left	71
Bed Difference (From Last 2 Weeks)	35
Discharges Required (80th Cent)	33
Additional Discharges Required Per Day	0.5
Total Discharges Needed for AMSR Phase 1	33

Targeted schemes to reduce AMU demand are being finalised – increasing use of SDEC and weekend improvements in discharge as well as senior review and use of SAFER is included in this

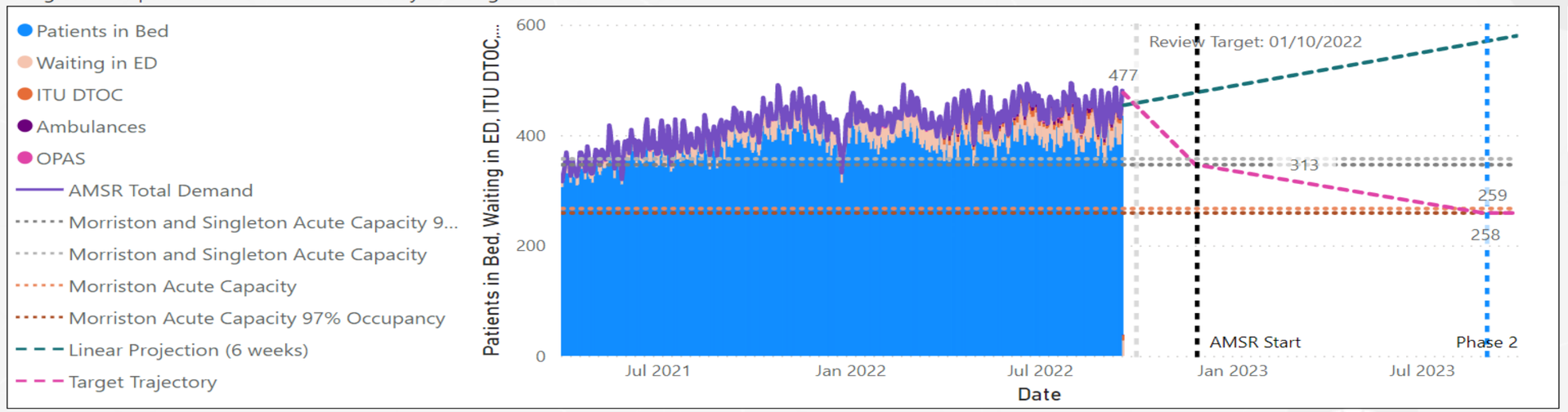
Medicine Acute Demand - >48 hrs

Acute Demand

Trajectories and projections for all bed occupancy requirements for medicine at Morriston and Singleton for patients who have a on the day LoS of greater than 48 hours.

01/04/2021 30/09/2023

Y Axis
- Date
- Week Start
- MonthYear
- Financial Year



% of Haemotology / Oncology Included

100%

04/09/2022 - 17/09/2022

Last 2 Weeks 80th Percentile

Patients in Beds	412
Waiting For Bed in ED	45
ITU DTOC	10
Ambulances Waiting 80th Centile	8
OPAS	5
Total Demand	473

AMSR Phase 1 (by 28/11/22)

Target Occupancy on 28/11/2022	346
No of Days Left	71
Bed Difference (From Last 2 Weeks)	126
Discharges Required (80th Cent)	37
Additional Discharges Required per Day	1.8
Total Discharges Needed for AMSR Phase 1	39

AMSR Phase 2 (28/11/22 - 01/09/23)

Target Occupancy on 01/09/2023	259
No of Days Between AMSR Phase 1 & 2	276
Bed Difference (From Phase 1)	87
Additional Discharges Required per Day for AMSR Phase 2	0.3
Total Discharges Needed for AMSR Phase 2	37

Phase 1 AMSR– Bed Closure Schemes downstream wards

Beds - DOWNSTREAM WARDS >48HRS	Morriston	Singleton	TOTAL	Variance from current use	NPT
Current Use at 20th September 2022			477		104
Average occupancy - 1/4/21-30/9/22	249	178	427		
Beds available - 5th December 2022 (97% occupancy)	259	87.3	346	131	
Beds available - 1st September 2023	259	0	259	218	
Average COPs for medicine	64	54	118		75
Total patients in ED/SAU waiting for admission	38				

Activities to reduce LOS and occupied bed days	Activity/day	Ward	Date	Daily bed days savings Singleton	Daily bed days savings Morriston-Medicine
Bedday reduction required for Phase 1				**110 (includes 30 at NPT)**	**51**
Admission avoidance: OPAS; SDEC activities	8 patients from end Sept		End November 2022		4
Admission avoidance: community schemes	TBC			TBC	TBC
LOS : SAFER	Targeted intervention - Gorseinon				4
Utilise surgical capacity and increase occupancy	These schemes can reduce once community admission avoidance schemes have been identified	Reduce outliers and patients in ED	5th December 2022		17
LOS : Open discharge lounge	Assume half for medicine of the 15 beds	Reduce patients in ED and outliers in medicine	Mid October 2022		7
LOS: SAFER-additional discharges/day	Process delays and increase occupancy to 100%	Ward 9 Singleton and Across wards Morriston	End November 2022	9	10
Breaking the cycle events	Whole system breaking the cycle weeks to support increase in daily discharges	Ward 9 singleton Reduce Outliers Morriston	October and November 2022	10	9
COP reduction	Additional capacity to clear backlog	Ward 9 Singleton – close End November 2022	Mid November 2022	11	
Transfer rehab to NPT	Morriston refer to NPT and Singleton transfer patients	Ward 3-closed-rehab ward by End October 2022	Mid November 2022	15	
COP reduction Singleton	Additional capacity to clear backlog		End October 2022	15	
COP reduction at NPT	Additional capacity to clear backlog		Mid October 2022	30	
Admission avoidance	Extension of SDEC activities	SAU closed by 12th December 2022	Mid October 2022	4	
Stop T&T and downgraded ‘999			21 November 2022	3	
Transfer GP referrals to Morriston	31% discharged same day		5th December 2022	8	

Main Workstreams

- WAST stack review – commenced Feb 2022, WAST APPs joined in acute hub Jul 2022. Next stage –scope Home Visiting service (mid Oct 2022)
- Virtual wards – all eight operational and five day in-reach in place (mid Sep 2022) Next stage - #NOF pathway changes (Oct 2022)
- Rapid response Therapies 7 day working (Sep 2022)
- Home First In-reach (Sep 2022)
- Joint reablement model with LAs (Oct 2022)
- COPs review and escalation framework led by DCOO (commenced end of Aug 2022)
- Breaking cycle events (Oct and Nov 2022)
- Morriston ward re-alignment (Oct 2022)

Next Steps

- Bi-weekly monitoring of progress via Management Board
- Clinical engagement event on 04/10/2022
- Work with WAST to identify further opportunities for streaming away from ED (TBC)
- Confirm additional project implementation/improvement resource (Sep 2022)
- Step up communications including executive visibility

Communication Update

Additional support secured from an external company – Freshwater – in recognition of the requirement to increase capacity into the Healthboard communication team for the AMSR programme. Examples of areas of focus include:

Weekly newsletter developed by the AMSR leads providing updates, progress and areas of focus for the following week - now on 7th Bulletin - over 3,000 views

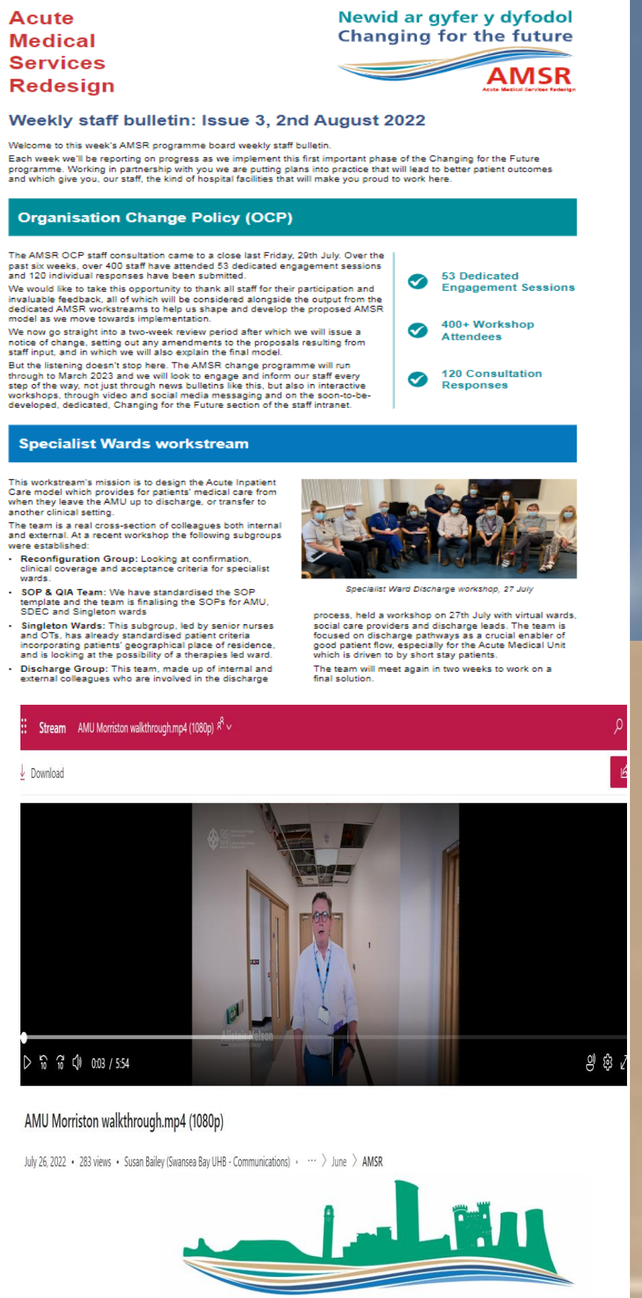
Series of short videos of members of the work streams sharing the message of the AMSR and what they are doing – completed and on intranet

Video tour of AMU – completed and on intranet

Weekly forum for Comms Champions established – 2 way communication from ward to Board

Planned - Story Boards being installed at the front entrances

Planned - Use of the tv screens in staff restaurants for providing regular updates and videos



Acute Medical Services Redesign

Newid ar gyfer y dyfodol
Changing for the future
AMSR

Weekly staff bulletin: Issue 3, 2nd August 2022

Welcome to this week's AMSR programme board weekly staff bulletin.

Each week we'll be reporting on progress as we implement this first important phase of the Changing for the Future programme. Working in partnership with you we are putting plans into practice that will lead to better patient outcomes and which give you, our staff, the kind of hospital facilities that will make you proud to work here.

Organisation Change Policy (OCP)

The AMSR OCP staff consultation came to a close last Friday, 29th July. Over the past six weeks, over 400 staff have attended 53 dedicated engagement sessions and 120 individual responses have been submitted.

We would like to take this opportunity to thank all staff for their participation and invaluable feedback, all of which will be considered alongside the output from the dedicated AMSR workstreams to help us shape and develop the proposed AMSR model as we move towards implementation.

We now go straight into a two-week review period after which we will issue a notice of change, setting out any amendments to the proposals resulting from staff input, and in which we will also explain the final model.

But the listening doesn't stop here. The AMSR change programme will run through to March 2023 and we will look to engage and inform our staff every step of the way, not just through news bulletins like this, but also in interactive workshops, through video and social media messaging and on the soon-to-be-developed, dedicated, Changing for the Future section of the staff intranet.

- 53 Dedicated Engagement Sessions
- 400+ Workshop Attendees
- 120 Consultation Responses

Specialist Wards workstream

This workstream's mission is to design the Acute Inpatient Care model which provides for patients' medical care from when they leave the AMU up to discharge, or transfer to another clinical setting.

The team is a real cross-section of colleagues both internal and external. At a recent workshop the following subgroups were established:

- **Reconfiguration Group:** Looking at confirmation, clinical coverage and acceptance criteria for specialist wards.
- **SOP & QIA Team:** We have standardised the SOP template and the team is finalising the SOPs for AMU, SDEC and Singleton wards
- **Singleton Wards:** This subgroup, led by senior nurses and OTs, has already standardised patient criteria incorporating patients' geographical place of residence, and is looking at the possibility of a therapies led ward.
- **Discharge Group:** This team, made up of internal and external colleagues who are involved in the discharge process, held a workshop on 27th July with virtual wards, social care providers and discharge leads. The team is focused on discharge pathways as a crucial enabler of good patient flow, especially for the Acute Medical Unit which is driven to by short stay patients.

Specialist Ward Discharge workshop, 27 July

The team will meet again in two weeks to work on a final solution.

Stream AMU Morriston walkthrough.mp4 (1080p)

Download

003 / 5:54

AMU Morriston walkthrough.mp4 (1080p)

July 26, 2022 • 283 views • Susan Bailey (Swansea Bay UHB - Communications) • ··· 〉 June 〉 AMSR