



Halton Clinical Commissioning Group

HALTON URGENT CARE

RECOVERY AND IMPROVEMENT PLAN


(as at 13.0.13)




Urgent Care Board




Actions expected of the Urgent Care Board:-

Action Point No.	<u>Expected Actions Required</u>	<u>Supporting Commentary & Evidence</u>	<u>Progress to date (R/A/G)</u>	<u>Additional Actions Required</u>	<u>Responsible Person</u>	<u>By When</u>	<u>Progress to Date</u>
1.	Review membership. Need to include:- <ul style="list-style-type: none"> • All key stakeholders from H&SC • Patient representative • Appropriate Clinical Expertise 	Membership reviewed. All key stakeholders from H&SC are represented, along with appropriate clinical expertise with the exception of a representative from Whiston Hospital and Healthwatch		Invite representative to join the Urgent Care Board from :- <ul style="list-style-type: none"> • Whiston Hospital • Healthwatch • Cheshire & Merseyside Commissioning Support Unit • 5BP 	Dave Sweeney (HCCG) Louise Wilson (HBC) Dave Sweeney (HCCG) Dave Sweeney (HCCG)	31.5.13 31.5.13 Once Unplanned Care Team Manager is appointed 31.5.13	
2.	Review the full range of appropriate data.	Overarching Performance Management Dashboard under development Via CMCSU. This will provide on-going analytical support to the programmes of		<ul style="list-style-type: none"> • Data set to be agreed by the Urgent Care Board, following which a Performance Management dashboard will be 	Jenny Owen & Susan Kearns (HCCG)	31.5.13	

		<p>improvement in order to measure the outcomes from the Response plan and the on-going management of capacity and demand at times of escalation</p> <p>ECIST reports are utilised by the Urgent Care Board on an on-going basis to support the on-going development of urgent care services in Halton, including those provided via Whiston and Warrington</p>		<p>developed and template uploaded via GP portal. This will allow for the effectiveness (inc. sustainability of services) to be reviewed on an on-going basis. The Dash board will reflect activity in WIC, HMIU, NWAS, NHS 111, activity being received monthly and is reflected within the contract review meetings and Quality and Performance Board within each contract. Daily SIT rep being received centrally for NHS 111 via Ian Davies as the responsible senior manager.</p> <ul style="list-style-type: none"> Regular reporting through to the Urgent Care Board – Process to commence by 1.7.13 Risk register and log under development to support 	<p>Jenny Owen & Susan Kearns (HCCG)</p> <p>TBC</p>	<p>On-going Process</p> <p>TBC</p>	
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				performance/ activity dashboard and commissioning intentions through 2013/14.			
3.	Best Practice to be adopted by all concerned	<p>Taking a collaborative approach, the Urgent Care Board is responsible for overseeing the strategic direction of urgent care service in Halton and this approach is reflected in the Terms of Reference (ToR) for the Board.</p> <p>Urgent Care Board – ToR</p>  <p>Terms of reference 2012.docx</p> <p>The Halton Urgent Care Board regularly links with the St Helens Urgent Care Network and the Warrington Transformational Board to address cross boundary issues etc.</p>		Urgent Care Board to review ToR to ensure their continued appropriateness	Urgent Care Board	30.6.13	
4.	Effectiveness of primary care service is reviewed, including out of hours and admission avoidance schemes	The effectiveness and sustainability of primary care services etc. form part of Halton's overarching Urgent Care		<ul style="list-style-type: none"> On-going review of services is in line with the work streams outlined in the Response Plan 	Urgent Care Board	On-going Process	Latest update of progress against the work streams in the Response Plan will be presented to the Urgent

		<p>Strategy, Response Plan and associated work streams</p> <p>Urgent Care Strategy</p>  <p>Urgent Care Strategy (Final).docx</p> <p>Urgent Care Response Plan</p>  <p>Halton Urgent Care - Response Plan Final (</p>		<ul style="list-style-type: none"> • Ensure primary care CCG commissioner remains part of the core membership of the Urgent Care Board • Ensure the briefing outlining contractual requirements from Primary Care commissioning NHS Merseyside Area Team is fed up to the Urgent Care Board 	<p>Urgent Care Board</p> <p>NHS England Area Team</p>	<p>On-going Process</p> <p>On-going Process</p>	<p>Care Board on 21.5.13</p> <p>Urgent Care Response Plan - Update</p>  <p>Urgent Care Work Plan Update (as at 16</p>
5.	Effectiveness of community services is reviewed, including any walk in centres, minor injury units and how they integrated with secondary care.	<p>The effectiveness and sustainability of community services etc. form part of Halton's overarching Urgent Care Strategy, Response Plan and associated work streams.</p> <p>Development of a sustainable Urgent Care centre options in progress, including the review of Urgent Care Pathways and 7 day working</p> <p>Urgent Care Options</p>		<p>Urgent Care Options Appraisal includes the development of an enhanced and sustainable urgent care site for both Runcorn and Widnes, which will support:</p> <ul style="list-style-type: none"> • Kitmarks • NWAS Community Care plans • NWAS Paramedic Pathways • WIC Site development – Xray, DVT, ultra sound, Doppler etc. • Development of a clinical decisions unit 	Jenny Owen (HCCG)	30.9.13	<p>Completion of PPI, Business Case and a decision made regarding the procurement process by end Spet'2013</p>

		<p>Appraisal</p>  <p>urgent care options appraisal.doc</p> <p>Urgent Care Options Appraisal – Engagement Plan</p>  <p>Urgent Care engagement plan 13.</p>		<p>- interface between secondary and community /primary provision</p>			
6.	Effectiveness of Ambulance service is reviewed	<p>The Urgent Care Board will now receive regular reports (including turnaround times/ PTS provision) from the NWAS in order to assess the effectiveness of the Service</p> <p>NWAS is member of the Urgent Care Board</p>		<ul style="list-style-type: none"> Performance information to be presented to the next Urgent Care Board and actions agreed based on the embed document below  <p>NWAS Call Categories.docx</p> <ul style="list-style-type: none"> NWAS data will form part of the overall Performance Management Dashboard which is to be developed (see Action point 2) 	<p>Karl Hough (NWAS)</p> <p>Jenny Owen & Susan Kearns (HCCG)</p>	<p>18.6.13</p> <p>31.5.13</p>	
7.	Effectiveness of NHS 111 is	The effectiveness of NHS		On-going review of	Urgent Care	On-going	National issues around

	<p>reviewed</p>	<p>111 forms part of Halton's overarching Urgent Care Strategy, Response Plan and associated work streams</p>		<p>services is in line with the work streams outlined in the Response Plan</p>	<p>Board</p>	<p>Process</p>	<p>NHS 111 are being ratified.</p> <p>The contingency measures will continue whilst the CCGs seek to design a long term safe, sustainable and affordable solution to the delivery of the nationally mandated NHS 111 service requirement.</p> <p>The CCGs are working collaboratively to oversee, manage and develop the Directory of Service (DoS) as a key component of the urgent care system. A central support team hosted by Liverpool CCG will be fully in place by the end of June and will provide direct support and expertise to the CCGs to develop the understanding, use and potential of the DoS further, harnessing it's contribution to better direct patients and health care professionals to accessible and</p>
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							appropriate alternatives to a 999 ambulance, AED attendance or emergency admission. Further regional DoS support is available through the small team and lead hosted by NWS for the north west
8.	<p>Local plans in place to support the care of the key categories of patients who attend or are admitted frequently :-</p> <ul style="list-style-type: none"> • Patients with multiple comorbidities especially those with poorly controlled chronic disease; • Frail elderly, especially those with mental health problems; • Sick children; and • High dependency individuals, especially vulnerable adults (homeless, drug and alcohol related problems, mental health problems) 	<p>Local Plans are in place for the categories outlined and are reflected in the work streams contained in the Response Plan.</p>		<ul style="list-style-type: none"> • On-going review of services is in line with the work streams outlined in the Response Plan • Need to consider how community oriented responses could be mobilised to address pressures on urgent care services. Discussion paper to be presented to the Urgent Care Board for consideration, which would outline some simple, practical ways in which community psychosocial responses could be embedded into existing plans to address urgent care 	<p>Urgent Care Board</p> <p>Urgent Care Board and Mark Swift (CIC Wellbeing Enterprises)</p>	<p>On-going Process</p> <p>30.6.13</p>	

				challenges.			
9.	A full range of services are available to Acute Trusts for those patients in A&E who need services not provided by Acute hospitals	A number of services are already in place which the Acute Trusts can access, including :- <ul style="list-style-type: none"> • Liaison Services, including mental health and alcohol services • Social Work support into A&E at Whiston with access into community services • Social Work and Community Nurse support into A&E at Warrington with access into community services 		<ul style="list-style-type: none"> • On-going review and evaluation of services is in line with contracts or issues with performance etc 	Urgent Care Board	On-going Process	
10.	Working with LAs, a review to ensure early discharge is undertaken	Multi-Disciplinary Team (MDT) in place		Evaluation/Review MDT provision	Damian Nolan (HBC/HCCG)	By December 2013	
11.	Oversee the use of 70% funding retained from excess urgent care tariff to support the urgent care system and Acute provider's ability to deliver operational standard	Funding to be allocated to ensure the sustainability of community services, thus releasing pressure on Acute providers		Agreement to be made at the Urgent Care Board in terms of attaching the funding to those services outlined in the Response Plan	Urgent Care Board	30.6.13	
12.	Urgent Care Board to sign off all aspects of the Recovery & Improvement Plan	Recovery & Improvement Plan has been drafted		<ul style="list-style-type: none"> • Urgent Care Board signed off Plan on 	Urgent Care Board	21.5.13	

				<p>21.5.13, prior to submission to the Area Team on 24.5.13.</p> <ul style="list-style-type: none"> The Urgent Care Board will review progress against each of the actions outlined in the Plan at each of their monthly meetings. 	Urgent Care Board	On-going process	
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(as at 13.6.13)

Prior to A&E

Actions expected prior to A&E:-

Action Point No.	<u>Expected Actions Required</u>	<u>Supporting Commentary & Evidence</u>	<u>Progress to date (R/A/G)</u>	<u>Additional Actions Required</u>	<u>Responsible Person</u>	<u>By When</u>	<u>Progress to Date</u>
1.	Strengthen primary and community care for frail and elderly patients	<p>A number of sustainable services/pathways exist to support frail and elderly patients, including:-</p> <ul style="list-style-type: none"> • Intermediate Care • Single Point of Access • Community Wellbeing Practices • Diabetes Hypo Pathway • Falls Pathway • Respiratory Pathway • Health & Wellbeing Service • Integrated pathways for older people with mental health issues • LLAMS Pathway redesigned and launched <p>Examples provided to Area Team</p>		<ul style="list-style-type: none"> • Red Flagging of EOL needs to be developed • Therapy Service Review to be completed • Model for Community MDT to continue to be implemented • LLAMS Diagnostics Review within Primary Care, support by 5 Boroughs to be completed • On-going review and evaluation of services in line with contracts or issues with performance etc. • Development of Kite 	<p>Jenny Owen (HCCG)</p> <p>Damian Nolan (HCCG/HBC)</p> <p>Damian Nolan (HCCG/HBC)</p> <p>Dementia Board</p> <p>Urgent Care Board</p> <p>Jenny Owen</p>	<p>31.8.13</p> <p>30.6.13</p> <p>On-going Process</p> <p>30.9.13</p> <p>On-going Process</p> <p>31.12.13</p>	

				mark as part of urgent care preferred model	(HCCG)		
2.	Use community diversion schemes	<p>Diversion Schemes include :-</p> <ul style="list-style-type: none"> • Single Point of Access • Intermediate Care • DVT Pathway • End of Life Pathway • Diabetes Hypo pathway • Respiratory Pathway • Falls Pathway <p>Examples provided to Area Team</p>		<ul style="list-style-type: none"> • On-going review and evaluation of services is in line with contracts or issues with performance etc. • Proposals for Xray facility in WIC and moving the ultra sound from Beaconsfiled into the WIC to be developed 	Urgent Care Board Jenny Owen (HCCG)	On-going Process 31.10.13	
3.	Strengthen GP Out of Hours services	<p>Interim contract currently in place for UC24.</p> <p>A new contract will be in place by 1st September 2013.</p> <p>Contract monitoring in place. Senior responsible Officer chairing contract review meetings is Ian Davies across Merseyside</p>		<ul style="list-style-type: none"> • Appropriate pathways and specialist patient notes need to be developed with the new provider • Call handling system for OOH needs to be renegotiated and transferred back from NHS 111 including funding stream 	Jenny Owen & Jo O'Brien (HCCG) Jenny Owen & Jo O'Brien (HCCG)	31.8.13 31.8.13	<p>Further documentary evidence is being provided by Ian Davies centrally regarding NHS 111 and call back centre being transferred back to OOHs UC 24.</p> <p>This arrangement is now in place for a 12 month period, until the local model across the northwest can be developed as part of the NHS 111 recovery plan being led by DOH/NHS</p>

							Blackpool CCG and NHS England
4.	Use virtual wards in the community	Community MDT Model to be used		Model for Community MDT to continue to be implemented	Damian Nolan (HCCG/HBC)	On-going Process	
5.	Support care homes to avoid emergency referrals	<p>In place :-</p> <ul style="list-style-type: none"> Care Homes Support Team 5 Borough's Care Team (Single supplementary dedicated MH Team in Care Homes) <p>Documentary evidence provided to Area Team</p> <p>5BP Care Team. Targets to be confirmed once the outcome of the evaluation is known and will form part of the service specification and business case which will be presented back to the Urgent Care Board by December 2013 – See opposite</p>		<ul style="list-style-type: none"> On-going review and evaluation of services in line with contracts or issues with performance etc. 5 Boroughs Care Team <ul style="list-style-type: none"> ○ pilot to end June 2013 ○ To agree 6 months extension with 5 Boroughs ○ John Moores University to undertake a review of pilot over the next 6 months ○ Service Specification to be revised and Business case to be developed 	Urgent Care Board Jenny Owen (HCCG)	On-going Process 31.12.13	

				<p>and presented to the Urgent Care Board and 5 Borough CCGs</p> <ul style="list-style-type: none"> Will then form part of contract negotiations for 2014/15 			
6.	Peer review of GP emergency referrals	<p>Practice visits are made by the Chief Operating Officer and Chair of HCCG</p> <p>Clinical leads support individual practices around quality and good practice to improve outcomes for their local population. This is enhanced via QOF and practice leads / service improvement group meetings.</p> <p>All practices will participate in an annual external peer review with other practices to compare their data on emergency admissions. The practices will then engage with the</p>		<p>Need to ensure connectivity of Peer Reviews between Practices</p> <p>Further negotiation is required with member practices to establish baseline targets to reduce GP emergency referrals. This will build on the QOF frequent flyers work and roll out of the GP portal, assurance will be provided by the AED /unplanned care dashboard</p>	Urgent Care Board	On-going Process	
					TBC	TBC	

		<p>development of and follow 3 care pathways, in the management and treatment of patients in aiming to avoid emergency admissions. This work will commence shortly and the pathways are likely to be developed within next year's commissioning intentions. For 12/13 this included a review of the DVT pathway, implementation of Advanced Care Planning with particular focus on Care Homes and enhancement of COPD management within primary care.</p> <p>New LES in place which will commence June 2013 (to be monitored on a quarterly basis) - <i>Reducing Emergency admission for Ambulatory conditions.</i> This will involve GPs reviewing two groups of patients; under 19yr and over 18yrs with a number of conditions that should normally be managed within primary care. The</p>				
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		<p>aim being to reduce the need for emergency admission or patient self-presentation to A&E.</p> <p>PLT event planned for 31.7.13 which is aimed at increasing GP knowledge around brief interventions available</p>					
7.	Reduce ambulance conveyance rates	<p>In place :-</p> <ul style="list-style-type: none"> NWAS Community Care Plan for falls and respiratory conditions <p>Falls Strategy (Inc. targets) provided to the Area Team</p>		<ul style="list-style-type: none"> Further work is required and links to be established to the Quality and Performance Board within the NWAS contractual reviews with NHS Blackpool CCG via Ian Davies. AED dashboard to be established to support performance and activity schedule within the contract End of life - red flags to be developed in line with LCP, ACP, PPC and DNAR policies. Kite marks to be developed as part of preferred urgent care model 	<p>TBC</p> <p>Jenny Owen (HCCG)</p> <p>Jenny Owen (HCCG)</p>	<p>TBC</p> <p>31.12.13</p> <p>31.12.13</p>	

8.	Patient education on appropriate use of emergency services	<p>Education/Marketing in place :-</p> <ul style="list-style-type: none"> • Choose Well • Specific marketing on the new OHH Service • CCG website • PPGs • Halton Health Forum • PPI engagement events, including engagement plan for urgent care centres proposals <p>Urgent Care Options Appraisal – Engagement Plan</p> <p>See page 6</p>		<ul style="list-style-type: none"> • Consultation programme planned in relation to the new Urgent Care Centre Proposal which will support the awareness raising of emergency services amongst patients • Assess impact of the Choose Well Campaign - Merseyside Area Team have agreed to review the Choose Well Campaign including its impact across the Merseyside health economy. 	<p>Jenny Owen (HCCG)</p> <p>Jenny Owen (HCCG)</p>	<p>31.8.13</p> <p>30.9.13</p>	
9.	Roll out arrangements for NHS 111	<p>In Place :-</p> <ul style="list-style-type: none"> • Directory of Services • Internal and external process for the authorisation of changes to the Directory • Quarterly external clinical templates amended as part of an on-going process 		<p>Training sessions for DOS users need to be established once support are in place.</p>	<p>Jenny Owen (HCCG)</p>	<p>On-going Process</p>	




		<ul style="list-style-type: none">• Governance arrangements established locally including LCAG local clinical governance group and support team which will be fully operational by the end of June.• Initially training has been provided for all DOS users. <p>Engagement log for NHS 111, which was submitted to the DOH as supplementary evidence pre go live was provided to the Area Team as supplementary evidence</p>				
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As at 16.13


Flow within the Hospital (Warrington)

Actions expected within Warrington Hospital:-

NB. Evidence contained within the inserted documents from Warrington and Halton Hospitals NHS Trust are ECIST compliant.

Action Point No.	<u>Expected Actions Required</u>	<u>Supporting Commentary & Evidence</u>	<u>Progress to date (R/A/G)</u>	<u>Additional Actions Required</u>	<u>Responsible Person</u>	<u>By When</u>	<u>Progress to Date</u>
1.	Prompt bookings of patients to reduce ambulance turnaround delays	<p>Triage nurse for ambulances on ED funded by NWS to April 1st as pilot. From April 1st funded by Trust. HAS and Performance Dashboard embedded.</p>  <p>Performance at 22nd May 2013.xlsx.pdf</p>		Funding required for Triage nurse	MB ARob	Timescales	
2.	Full see and treat in place for minors	<p>See and Treat roles and responsibilities updated March 2013.</p>  <p>Role of the See treat clinician.pdf</p>		On occasions when peak demands – extra resources required	MB		
3.	Prompt initial senior clinical assessment within A&E and rapid referral if admission is needed	<p>Median time to medical assessment = 60 mins (Trust) and 63 mins ED. See attached embedded report</p>  <p>Time to Medical assessment - May 20</p>		Regularly monitored	MB ARob		

4.	Prompt initiation of blood and radiological tests with rapid delivery of test results	New Radiology system to be implemented for prompt review and audit of times of x-ray results.		Interfaces will be reviewed with new IT system	MB ARob		
5.	Prompt access to specialist medical opinion	Patients are referred promptly to AMU for medical assessment. GP referrals directly access this service.			MB ARob		
6.	Full use of computer aided patient tracking and system for progress chasing	<p>Patient tracking system in place. The information system is currently being upgraded for AED and AMU which will be rolled out across the wards resulting in live patient tracking.</p>  <p>AE Paperless Project Draft PID v0 5.pdf</p>		On-going project	MB ARob J DaCosta		
7.	Regular seven day analysis should be in place for rapid identification and release of bottlenecks	<p>Bed meeting happen twice daily these increase to 4 times daily with whole system information and tele-conference while escalating beyond yellow. In ED Breach analysis is reviewed and acted upon daily.</p>  <p>Breach analysis sheet.pdf</p>			MB		
8.	Bed Base management	A bed management team			MB		

		are in place – 7 days a week 24 hours a day					
9.	Daily consultant ward rounds	Ward rounds or board rounds are done daily across the majority of wards. This is part of rescue plan for unscheduled care  TPP.pdf		Job plans are being revised to include across all wards	ADDs		
10.	Provision of specific services for patient groups such as those with mental health problems	Provision is only in place for AED which is inadequate. Ward Liaison and named clinician provision is currently in dispute.		A RAID model needs commissioning to ensure comprehensive mental health cover.	Commissioners		

NOTE

Warrington are on track to achieve operational standard at the end of Quarter 1 so no specific A&E Recovery and Improvement Plan has been developed, however the Urgent Care Board is assured that the plans outlined by WHHT above are sustainable.

Contractual reviews in place including Quality and Performance Boards to ensure performance monitoring against AED targets.

Flow within the Hospital (Whiston)

Actions expected within Whiston Hospital:-

Action Point No.	<u>Expected Actions Required</u>	<u>Supporting Commentary & Evidence</u>	<u>Progress to date (R/A/G)</u>	<u>Additional Actions Required</u>	<u>Responsible Person</u>	<u>By When</u>	<u>Progress to Date</u>
1.	Prompt bookings of patients to reduce ambulance turnaround delays	<p>NB. St Helens CCG are the lead for Whiston Hospital and Halton's Urgent Care Board will work with them to ensure that appropriate assurances are in place to ensure that operational standards are met.</p> <p>Information on Whiston Hospital submitted by St Helens CCG</p>					
2.	Full see and treat in place for minors						
3.	Prompt initial senior clinical assessment within A&E and rapid referral if admission is needed						
4.	Prompt initiation of blood and radiological tests with rapid delivery of test results						
5.	Prompt access to specialist medical opinion						
6.	Full use of computer aided patient tracking and system for progress chasing						
7.	Regular seven day analysis should be in place for rapid identification and release of bottlenecks						
8.	Bed Base management						
9.	Daily consultant ward rounds						
10.	Provision of specific services for patient groups such as those with mental health problems						


NOTE


Contractual reviews in place including Quality and Performance Boards to ensure performance monitoring against AED targets.

Discharge and Out of Hospital Care

Actions expected following discharge:-

Action Points 1 – 4: Whiston: Please refer to the embedded documents above (page 20)

Action Point No.	<u>Expected Actions Required</u>	<u>Supporting Commentary & Evidence</u>	<u>Progress to date (R/A/G)</u>	<u>Additional Actions Required</u>	<u>Responsible Person</u>	<u>By When</u>	<u>Progress to Date</u>
1.	Designation of expected date of discharge on admission (Warrington)	All patients should have an EDD.		Audit needs to take place to ensure happening.	All consultants		
2.	Maximisation of morning and weekend discharges (Warrington)	<p>Unscheduled care is in the process of rolling out nurse facilitated discharge across the division. This occurs in other divisions already.</p>  <p>TPP.pdf</p>		Implementation from a pilot ward is being rolled out in unscheduled care.	Ellis Clarke		
3.	Full use of discharge lounges (Warrington)	There is no discharge lounge in place. In escalation one is often created for very short periods.			TBE		
4.	Minimisation of outliers (Warrington)	Unscheduled care team have put in place an improvement and reform action plan to improve patient flows to minimise the number of outliers.		The rescue/ phase 1 of the plan is actioned. We are currently in phase 2 of the plan.	E sage A Risino M Lynch		

		 TPP.pdf					
5.	Delayed transfers of care reduced	<p>No delayed transfers of Care reported in Quarter 4 of 2012/13 for Warrington</p> <p>Appropriate monitoring and response mechanisms are in place within Warrington</p> <p>Whiston Integrated Discharge Team in place to reduce delayed discharges. Service provided as a partnership between St Helens, Knowsley and Halton</p> <p>Appropriate monitoring and response mechanisms are in place within Whiston</p>		No further actions identified	Damian Nolan (HCCG/HBC)	N/A	N/A
6.	Flexing of community service capacity to accept discharges	<p>Appropriate escalation mechanisms in place if required</p> <p>Community Services are 'flexed' in response to demand</p>		No further actions identified	Damian Nolan (HCCG/HBC)	N/A	N/A
7.	Review of continuing care processes	Work in progress; recently introduced		Work in progress to review associated	Damian Nolan	30.9.13	

		integrated system and pooled budget arrangements		pathway	(HCCG/HBC)		
8.	Assessment of use of reablement funding by LAs	Use of reablement funds has been agreed by both HBC and HCCG		On-going monitoring of funds is conducted via the Urgent Care Board	Urgent Care Board	On-going Process	

(as at 13.6.15)

Other Associated Actions (Immediate)

Actions identified below expected to contribute to bringing performance back on track by end of Quarter 1:-

<u>Action Point No.</u>	<u>Expected Actions Required</u>	<u>Supporting Commentary & Evidence</u>	<u>Progress to date (R/A/G)</u>	<u>Additional Actions Required</u>	<u>Responsible Person</u>	<u>By When</u>	<u>Progress to Date</u>
1.	Education of GP's with regards to urgent care services	<p>PLT event planned for June, which will be specifically focused on Urgent Care and will aim to raise awareness of the options around the Urgent Care Centre proposals, RARS, DVT Pathway and OOH Service.</p> <p>PLT event planned for 31.7.13 which is aimed at increasing GP knowledge around brief interventions available</p>		<p>PLT Event to be held on 27.6.13</p> <p>PLT event to be held 31.7.13</p>	<p>Jenny Owen (HCCG)</p> <p>Jo O'Brien (HCCG)</p>	<p>30.6.13</p> <p>31.7.13</p>	
2.	Integrated Discharge Team in A&E	Team in place at Warrington A&E		Review in progress of provision at Whiston A&E	Damian Nolan (HCCG/HBC)	30.6.13	
3.	Pathways out of A&E at Whiston	Pathways out of A&E need to be developed		Pathways from A&E in development in relation to immobile people due to fracture	Damian Nolan (HCCG/HBC)	30.6.13	
4.	Advanced Nurse Practitioners and Cold Rooms in Walk in Centre	Options appraisal required		Options appraisal to be developed	Jenny Owen (HCCG)	30.6.13	

5.	Halton Data – Patient Flow	Patient flow data in progress of being developed for Whiston		<ul style="list-style-type: none"> • Patient flow data being fed into the Urgent Care Collaborative across the St H&K footprint this piece of work is being led by St Helens CCG and St H&K Acute Trust • This patient flow data needs to be made available for discussion at future Urgent Care Boards in order to help the Board assess pressures in the system. 	<p>Damian Nolan (HCCG/HBC)</p> <p>Urgent Care Board</p>	<p>30.6.13</p> <p>On-going</p>	
6.	ESD for Stroke	Model developed and operational within Warrington Hospital - The Halton ESD service provides outreach specialist stroke rehab in the patient's own home in conjunction with care provided by Halton Borough Council. The rehabilitation is then continued by the Halton Community Therapy team. This service is provided for Halton residents who are		Need to develop consistency for ESD (Stroke) for people being discharged from Whiston.	<p>Damian Nolan (HCCG/HBC) & Paula Guest (HCCG)</p>	30.6.13	

		<p>inpatients in Warrington Hospital. The aim of the team is to facilitate safe, supported, earlier discharges into the community to reduce LOHS, but also to give patients better functional outcomes. 32 referrals were received during 2012/13, out of which only 3 were re-admitted (with unrelated conditions)</p>					
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As at 13.6.13

Other Associated Actions (3-6 months)




Action Point No.	<u>Expected Actions Required</u>	<u>Supporting Commentary & Evidence</u>	<u>Progress to date (R/A/G)</u>	<u>Additional Actions Required</u>	<u>Responsible Person</u>	<u>By When</u>	<u>Progress to Date</u>
1.	Explore the role of a Community Physician	Options appraisal needed		Options appraisal to be developed	Jenny Owen (HCCG) & Damian Nolan (HCCG/HBC)	30.9.13	
2.	Develop and implement Falls Strategy	Falls Strategy has been developed and is scheduled to be approved by Halton's Health & Wellbeing Board on 22.5.13 Falls Strategy See page 15		<ul style="list-style-type: none"> • Launch Strategy during National Falls Week • On-going monitoring of the associated Falls Action Plan 	Sue Wallace Bonner (HBC) Sue Wallace Bonner (HBC)	17.6.13 On-going Process	
3.	Urgent Care Centre Options	Work progressing on the development of a business case to support the introduction of an additional Walk in Centre, plus a Clinical Decision Unit at the Halton Hospital site		<ul style="list-style-type: none"> • Business case to be developed • Development of StH&K, WHHFT and Bridgewater NHS Community Trust implementation plans, including procurement timetable if appropriate and interim arrangements for implementation of a 	Jenny Owen (HCCG) Jenny Owen (HCCG)	31.8.13 30.9.13	

				<p>Clinical Decisions Unit within Halton Hospital Site</p> <ul style="list-style-type: none"> • Development of a Service Specification and Mobilisation Plan. • Public consultation to take place between 1.6.13 – 31.8.13 	<p>Jenny Owen (HCCG)</p> <p>Jenny Owen (HCCG)</p>	<p>30.9.13</p> <p>31.8.13</p>	
4.	Winter Plan/Escalation Plans	<p>Appropriate Plans were developed for 2012/13</p> <p>When there are surges in the system, then appropriate mechanisms are in place for a co-ordinated health and social care response to be made</p> <p>Winter Plan 12/13 provided as supplementary evidence to Area Team</p>		<p>There is a need to evaluate the impact of the 2012/13 Winter Plan in preparation for Winter 2013/14. This evaluation will form the basis of ensuring the sustainability of the improvements made last year, and be incorporated/considered during the development of the Winter and escalation plans for 2013/14.</p> <p>Plans now currently under development which includes work stream within the response plan plus extending NWAS pathfinder</p>	Jenny Owen (HCCG)	31.8.13	

				<p>schemes/community care plans, kite mark for Widnes WIC, DVT pathways and ultra sound provision/x-ray</p> <p>Data analysis is under development by StH&K supported by St Helens CCG to review patient flows during winter 12/13 this will inform the winter plan and be presented at the Mid Mersey Collaborative</p> <p>NB. Commissioning intentions for urgent care work stream 13/14 will impact on the winter plan</p> <p>Winter Plan and any associated escalation plans will be reviewed and approved by the Urgent Care Board</p>			
5.	Telehealth Care	<p>Telecare Strategy fully implemented within Halton Borough Council</p> <p>Telecare Strategy</p>		<p>Telehealth Care Strategy and Action Plan to be developed, agreed and implemented</p>	Damian Nolan (HCCG/HBC)	30.11.13	

		 Telecare Strategy6 (2).doc No joint Telehealth Care Strategy exists between HBC and HCCG. Aim of the strategy would be to support a range of people with a variety of needs as well as their carers and family members					
6.	Warrington and Halton Hospital A&E Visioning Event	A number of actions were identified from the Visioning Event held which need to be progressed		The Board need to consider the relevant actions for Halton as a result of the Event and take appropriate action where necessary	Urgent Care Board	31.7.13	
7.	Acute Visiting Service (post NWAS call)	Need to review the feasibility of an Acute Visiting Service via NWAS (in hours and OOH)		Proposals to be developed and presented to the Urgent Care Board for consideration	Jenny Owen (HCCG)	30.9.13	

Halton Borough Council and NHS Halton Clinical Commissioning Group are both assured that the above Recovery and Improvement Plan will support the achievement of the A&E 4hr standard and has been fully signed up to by all health and social care partners, via the Urgent Care Board.

Signed: 	Signed: 	Signed: 
Name : Simon Banks	Name : Dr. Clifford Richards	Name : Dwayne Johnson
Title: Chief Operating Officer, NHS Halton CCG	Title : Chair, NHS Halton CCG	Title : Strategic Director, Communities, Halton Borough Council
Date: 24.5.13	Date: 24.5.13	Date: 24.5.13

c.c. Warrington Transformational Board

as at 13.6.13