



Halton Clinical Commissioning Group



**CARE QUALITY COMMISSION
HALTON LOCAL SYSTEM REVIEW
(AUGUST 2017)**

ACTION PLAN



Background

Following the publication of the Care Quality Commission (CQC) Local Review of Health & Social Care Services in Halton report on 12th October 2017 (link: http://www.cqc.org.uk/sites/default/files/20171012_local_system_review_halton.pdf), this Action Plan has been developed in response to the issues highlighted within the report.

The issues highlighted within the report have been reviewed and themed under the following headings:-

- Strategic Vision and Governance;
- Delayed Transfers of Care (including user experience);
- Key Actions for Winter 17/18
- Workforce;
- Market Capacity and Capability;
- Commissioning; and
- Patient Flow.

This Action Plan has been developed by the CQC Review Working Group, chaired by Sue Wallace-Bonner, the Director of Adult Social Services, Halton Borough Council and with representation from:-


- NHS Halton Clinical Commissioning Group (CCG)
 - Michelle Creed, Chief Nurse
- Halton Borough Council
 - Damian Nolan, Divisional Manager for Intermediate and Urgent Care
- Warrington & Halton Hospitals NHS Foundation Trust;
 - Lucy Cunliffe, Transformation and Delivery Manager
 - Neil Holland, Associate Director of Nursing
 - Jan Ross, Acting Chief Operating Officer
 - Jenny Farley, Deputy Director of Operations
- St Helens & Knowsley Teaching Hospitals NHS Trust;
 - Sue Redfern, Director of Nursing, Midwifery and Governance

- Ann Rosbotham-Williams, Assistant Director of Governance
- Northwest Boroughs Healthcare NHS Foundation Trust; and
 - Lindsey Maloney, Director of Operations
- Bridgewater Community Healthcare NHS Foundation Trust
 - Jacqui Tudor, Clinical Services Manager
 - Caroline Williams, Interim Director of Operations
 - Ian Senior, Assistant Director of Operations
 - Joanne Barnfield, Clinical Manager

The Group has been supported in its development by Hannah Miller, Senior Associate from the Social Care Institute for Excellence.

(Final - 9.11.17)

1. Strategic Vision & Governance

Action No.	Action Required	Responsible Officer	By When		Progress Made to Date
			Start	Finish	
1.1	One Halton Accountable Care Strategic Vision to be signed off by Halton's Health & Wellbeing Board (HWBB).	Leigh Thompson	Ongoing	17.1.18	<p>The Strategic vision has already been signed off by the NHS Halton CCG and Halton Borough Council Executive Officers and will be formally presented to the HWBB on 17.1.18.</p> <p>Copy of Strategic Vision below:-</p>  <p>One Halton Draft Strategic Vision v6 (2</p>
1.2	Establish Accountable Care System Programme Board.	Leigh Thompson	Completed	Completed	<p>The Programme Board has been established and a Chair appointed (David Colin Thome). The first meeting of the Programme Board is scheduled for 23rd November.</p> <p>NB. As part of the ongoing development of the ACS, work will take place on the development of interagency/joint working and associated joint posts, associated governance arrangements and performance metrics.</p>
1.3	Ensure that there is a cohesive interface between and across Halton's Accountable Care System and the Cheshire and Merseyside STP.	David Parr	Completed	Completed	<p>David Parr is the Executive for Halton Accountable Care System (ACS) within the Cheshire and Merseyside STP.</p>
1.4	Establish Alliance LDS Joint Committee.	Dave Sweeney	Completed	Completed	<p>The Committee was established. It has been agreed that the Chair will be on a 6 month rotational basis. Initial chair of the Committee is Dave Sweeney. Three areas have been identified for initial focus as follows:</p> <ul style="list-style-type: none"> • Elective Care; • Mental Health; and • Urgent Care.


1.5	Review role of Halton's HWBB to ensure that there is enhanced challenge across the Health and Social Care system.	Eileen O'Meara	9.11.17	17.1.18	<p>Proposal to be presented to the HWBB in January 2018 will include suggestions on:-</p> <ul style="list-style-type: none"> • Revised Membership (to include GP Federations) • Review of Terms of Reference • Format of Future Meetings – to include the sharing of learning across the local system (see Action 4.5). • Performance Dashboard which will focus on the local system performance (to included Delayed Transfers of Care and the performance against the national standard for A&E) and highlight system risks • Development sessions for the HWBB
1.6	CQC Local System Review Action Plan to be monitored, on an ongoing basis, by the HWBB.	Sue Wallace-Bonner	17.1.18	Ongoing	Action Plan to be presented to the next meeting of the HWBB on 17.1.18 and thereafter on a quarterly basis. Action Plan to also be monitored at the monthly joint Halton Borough Council/CCG Management Team meeting. System review of progress to be completed by February 2018
1.7	<p>Develop Winter Plan for the Halton System.</p> <ul style="list-style-type: none"> • Ensure Winter Plan communicated to Operational Staff. 	<p>Damian Nolan</p> <p>Damian Nolan</p>	<p>Completed</p> <p>Ongoing</p>	<p>Completed</p> <p>30.11.17</p>	<p>The Mid Mersey A&E Delivery Board has submitted the systems Winter Plan for 2017/18, in line with NHS England's timeframes. The Plan covers the Halton, Warrington, St Helens & Knowsley areas.</p> <p>Winter Plan being operationalised via the development/review of the Escalation Management System (EMS) Action Cards. Session planned with staff from across the local system on 16.11.17 to review Action Cards and test resilience of the system over winter. The Action Cards cover across health and social care organisations and will be cascaded within these by nominated leads.</p>

2. Delayed Transfers of Care (inc. user experience)

Action No.	Action Required	Responsible Officer	By When		Progress Made to Date
			Start	Finish	
2.1	Ongoing improvement to be made in the level of Delayed Transfers of Care (DTOCs).	System leaders and HWBB	Ongoing	Ongoing	<p>Delayed Transfers of Care and the associated actions to reduce these will be monitored at a strategic level via the Health and Wellbeing Board. There is a monthly report to the Chief Officers Management Team (HBC) including progress against the identified actions. Taking a collaborative approach, as a minimum, DTOCs are discussed weekly with the respective Trusts, with daily reports produced and considered at an operational level. In addition to monitoring at the Health and Wellbeing Board, monitoring of DTOCs, by senior leaders across the Mid Mersey area, takes place via the A&E Delivery Board.</p> <p>Current level of DTOC as at August is 514 (Target 425). This is due to :</p> <ul style="list-style-type: none"> • Patient or family choice; • Awaiting residential/nursing home placements/ awaiting further non-acute NHS care (including intermediate care); and • Arranging domiciliary care packages. <p>Below are some of the key actions in relation to these with further detail included in the sections identified.</p>
2.2	Ensure that the Home of Choice Policy within the Acute Trusts is appropriately applied	Jan Ross/ Amanda Farrell	1.04.17	31.3.18	<p>Both Trusts have a home of choice policy based on the Cheshire and Merseyside Home of Choice Policy and enforces this where choice is available. Work is ongoing to ensure this is used effectively and is being monitored through the contractual route by the lead commissioners.</p> <p>Both Trusts continue to work with staff teams to ensure this</p>

					approach is embedded within Discharge Planning.
2.3	Improve the length of time that patients are waiting for Intermediate Care Beds.	Damian Nolan	30.10.17	31.1.18	In addition to the work being undertaken as outlined below (see Action 6.1), the work taking place in respect of the Intermediate Care Review (see Action 6.4) will address the issues associated with the length patients are waiting. Target LOS is 28 days.
2.4	Improve the length of time patients are waiting for a CHC assessment.	Anna Marie Jones	Ongoing	31.3.18	<p>There are no delays in respect to patients waiting for CHC assessments. Delays have been occurring in relation to the completion of a decision support tool (DST) within the 28 day timescale.</p> <p>A trajectory for improvement has been agreed with NHS England and will reach 80% within the financial year. This is monitored as part of the CHC improvement plan by NHS England.</p>
2.5	Implement Trusted Assessors Model in Halton	Helen Moir	Ongoing	January 2018	As part of the Care Home Development Board work a number of care homes have agreed the employment of a shared Trusted Assessor to undertake a single assessment for care home placements. A Job Description has been completed and recruitment is underway.
2.6	Improve capacity and demand management within Domiciliary Care Provision.	Damian Nolan	1.9.17	31.3.18	The work taking place in respect of Domiciliary Care, as outlined in Actions 5.1, 5.2 demonstrate how current and future capacity and demand issues will be addressed and therefore contribute to the improvement of DTOCs.
2.7	Some evidence of delays having a detrimental effect on individuals	Jan Ross	1.6.17	31.3.18	Warrington and Halton NHS Foundation Trust have implemented red to green to identify delays in patient's journeys; these have been implemented across all medical wards and are discussed twice a day. Any issues are escalated to senior operational teams for help to unblock. Any patient who is medically fit and has a LoS of 10 days + over, are discussed at the weekly escalation meeting, attended by community, social and trust staff to look at discharge delays and see what can be put in place to ensure a safe and

		Diane Stafford	Ongoing	Ongoing	<p>proactive discharge. All patients with a LoS of over 10 days are discussed in a weekly MDT, where appropriate additional therapy support is provided and all patients are monitored through Nursing assessments for any signs of deterioration in their condition due to a delayed discharge.</p> <p>St Helens and Knowsley Teaching Hospitals NHS Trust continue to monitor and assess patients who are experiencing delays to care, including delivery of maintenance therapy to ensure patients retain optimal function prior to discharge.</p>
2.8	Improve the quality of discharge summaries provided, particularly in respect of medication	Jan Ross	1.6.17	31.3.18	<p>Warrington and Halton Hospitals NHS Foundation Trust have created a “medically fit for discharge” area on the patient administration system – Lorenzo. The Medically Fit for Discharge’ tab will populate with ‘live’ up to date discharge information. The discharge teams are then able to interrogate the numbers and use this to identify delays in discharge processes. This feeds the patient flow meetings and the Trust has also established task and finish groups for implementing improvements to the Trusts e-discharge processes. This is chaired by the Trusts Acting Medical Director Alex Crowe. All patients are given advice on discharge. The Medical Director is working closely with the divisions now that improvements in compliance with numbers of discharge summaries sent have improved. The quality of the summary is the focus and these will be audited on a bi monthly basis.</p>
		Diane Stafford	1.11.17	31.12.17	<p>St Helens and Knowsley Teaching Hospitals NHS Trust are undertaking an audit to confirm compliance with discharge checklists, including information for patients about take home medications and to identify areas for improvement. In addition, an audit will be completed on a sample of discharge summaries sent to GPs to review the quality of information</p>

					provided regarding medications and to identify areas for improvement.
2.9	Improve the information available to patients within the Discharge Lounges of the Acute Trusts	Neil Holland Bongi Gbadebo	1.10.17 Ongoing	31.3.18 31.12.17	Warrington and Halton Hospitals NHS Foundation Trust is in the process of reviewing all materials provided to patients regarding discharge as part of the safe and proactive discharge CQUINN. This will include proactive management of TTOS and transport management as necessary. St Helens and Knowsley Teaching Hospitals NHS Trust are reviewing the information available in Transfer Lounge, seeking the views of patients/carers on the quality and relevance of information available and will develop appropriate information to meet the identified needs of patients, including information leaflet about the purpose and function of the Transfer Lounge.
2.10	Implement Halton's IM&T Strategy to ensure that appropriate agencies are able to access the full range of patient data, as required, in order to expedite discharges from Hospital etc.	Emma Alcock	As per Strategy	As per Strategy	Strategy attached here.  NHS Halton CCG IMT Strategy Final.pdf A number of actions form part of the strategy including the implementation of the following: <ul style="list-style-type: none"> • EMIS Web into Halton Urgent Care Centres and HBC Adult Community Services; • Full Electronic Patient Record (EPR) system within St Helen's and Knowsley Hospital Trust; • Warrington Shared Care Record Portal; • EMIS Viewers into HBC Social Care Services; and • End of Life Palliative Care Co-ordination System.

3. Key Actions for Winter 2017/18

Action No.	Action Required	Responsible Officer	By When		Progress to date												
			Start	Finish													
3.1	To continue to meet the required targets in relation to DTOC	Sue Wallace-Bonner/ Michelle Creed	Ongoing	Ongoing	<p>A number of system changes are underway whilst these will make structural changes in the medium to long term additional actions are required to mitigate the impact of these changes during the winter whilst also managing seasonal pressures.</p> <p>Halton has seen some improvements in the number of delayed days over the summer months, August has seen an increase in the number of delayed days:</p> <p>The main reasons are patient or family choice and waiting further NHS care. Halton are still having difficulties with residential/nursing and domiciliary care capacity.</p> <table border="1"> <thead> <tr> <th></th> <th>July</th> <th>August</th> </tr> </thead> <tbody> <tr> <td>NHS</td> <td>256</td> <td>390</td> </tr> <tr> <td>SC</td> <td>69</td> <td>70</td> </tr> <tr> <td>Both</td> <td>0</td> <td>54</td> </tr> </tbody> </table> <p>Weekly/monthly monitoring will continue, with monthly reports to Chief Officers Management Team (HBC). The monitoring of DTOCs will also take place at a strategic level as outlined in section 2.1 of the Action Plan.</p>		July	August	NHS	256	390	SC	69	70	Both	0	54
	July	August															
NHS	256	390															
SC	69	70															
Both	0	54															
3.2	Implement additional capacity for this winter	Sue Wallace-Bonner	Completed	Completed	<p>9 additional block purchase beds commenced November 2017. Additional beds available for spot purchase identified daily. MDT support to improve support in care homes in place.</p>												

					Lead domiciliary care agency has recruited 23 people in 5 weeks, recruitment continues with an average of 10 interviews being completed per week. This will continue for the next four months. Agency also working with staffing agencies to supply capacity.
3.3	Identify opportunities for additional capacity over the winter period while in transition	Sue Wallace-Bonner/ Leigh Thompson	2.11.17	17.11.17	A meeting has been arranged for the 9 th November- CCG and LA to discuss options for: <ul style="list-style-type: none"> • Additional health support for nursing homes • Feasibility to open a short-term unit • Feasibility of block purchasing additional care home beds for long- term placements
3.4	Improve communications across the system	Sue Wallace-Bonner/ Leigh Thompson	1.11.17	30.11.17	Reissue information to teams regarding the Halton discharge to assess pathway. Marketing campaign in respect of staying well in the winter and accessing appropriate health services commenced November 2017. System wide flu vaccination programme in place and inclusive of all health, social care and voluntary sector staff.
3.5	Continue to sustain the current care home capacity	Sue Wallace-Bonner	Ongoing	Ongoing	Continue to work across all care homes in Halton to prevent reductions in quality, which require suspension of placements. Led by HBC Quality Assurance Team, a group of health and social care professionals work proactively with homes identified as at risk of suspension of placements. Continue to work with providers to prevent closure of beds/homes. Monthly meetings are undertaken with all home care providers to ascertain their current sustainability and identify appropriate supports to ensure this is maintained.

					HBC have purchased a residential home and are in negotiations to purchase a nursing home with a provider who has declared their intention to cease operating the home.
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(Final - 9.11.17)


4. Workforce

Action No.	Action Required	Responsible Officer	By When		Progress Made to Date
			Start	Finish	
4.1	Develop system wide workforce strategy.	Leigh Thompson	Ongoing	TBC	Halton workforce strategy to be developed across health and social care as part of the Accountable Care System.
4.2	Develop Halton Social Care Workforce Strategy.	Sue Wallace-Bonner	9.11.17	April 2018	Initial meeting has been arranged. Desk top review of existing strategies commenced. HBC ASC undertaking corporate collaboration with Liverpool City Region re: Apprenticeship providers.
4.4	Organise Dementia Training for staff at the Halton Direct Links and ensure training for staff is provided on an ongoing basis to allow new staff to receive appropriate training, as and when required.	Damian Nolan	9.11.17	30.11.17	Dementia Action Alliance to facilitate the training.
4.5	Additional Safeguarding training to be provided to A&E staff, as necessary and on an ongoing basis.	Rob Cooper – STH&K/ Jan Ross - WHH	9.11.17	31.3.18	HSAB developing a pilot programme of training to offer out on a multi-agency footprint. Also developing promotional learning materials in 7-minute briefings. To be delivered at team meetings and other appropriate forums within the Trusts.

5. Market Capacity & Capability


Action No.	Action Required	Responsible Officer	By When		Progress Made to Date
			Start	Finish	
5.1	Implement Transforming Domiciliary Care (TDC) Programme which aims to deliver modern and sustainable provision of domiciliary care for Halton's population.	Damian Nolan	Ongoing	1.4.19	<p>In line with project timescales, phase 1 of the TDC programme has been implemented i.e. Successful implementation of the new Domiciliary Care contract from 1.11.17. External support re: outcomes-based commissioning through Adams Consulting Partners Ltd.</p> <p>New Domiciliary Care model in place, in advance of winter 2017. Key aspects of the model to mitigate immediate capacity issues are as follows:</p> <ul style="list-style-type: none"> • Recruitment underway. 23 new recruits commencing. Average of 10 interviews per week. Recruitment drive to continue until March 2018. • Prime provider is offering rates of pay in excess of the living wage, enhancements for weekend working, pay travelling and training time. • Data analysis of existing utilisation of planned care provision is being undertaken. This is targeting reviews by social work teams and is releasing domiciliary care capacity. • Equipment that supports the management of manual handling by a single carer rather than two carers is being procured and staff being trained in its use. This will increase capacity. • Reduction in the number of providers is enabling a more focussed identification of issues with care provision.
5.2	Implement Reablement First Approach.	Helen Moir	Ongoing	January 2018	A review of the current capacity model has released an additional 10% with a further 30% to be realised over the next couple of months.

					<p>Recruitment commenced November 2017 with a plan to increase the current capacity of the Service by 50%.</p> <p>Tunstall are currently working in partnership with HBC to review, develop and implement new technology and systems transformation across telehealthcare based on best practice. This preventative approach has been shown to deliver better outcomes at lower costs.</p>
5.3	Produce an updated Halton Market Position Statement (MPS).	Damian Nolan	Ongoing	31.3.18	<p>Review of current MPS commenced. This work will focus on:</p> <ul style="list-style-type: none"> • Determining the short, medium and long-term requirements for care provision across health and social care. • Co-producing the strategy with current providers, voluntary sector, people who use services and the local population.
5.4	Address issues of Care Home Market Capacity & Sustainability.	Sue Wallace-Bonner	Ongoing	April 2018	The overall aim, as outlined with Halton's Better Care Fund Plan, is to sustain the level of Care Home beds within the Borough. This has resulted in the completion of HBC's purchase of a 23 bedded residential care home and discussions ongoing in respect to the purchase of a 44 bedded nursing home.
5.5	Develop plan to address the high level of admission/readmission rates to hospital from care homes.	Sarah Vickers	Completed	Completed	<p>The Enhanced Care Provision to Older People's Care Homes in Halton Service (GP Alignment to Care Homes) was implemented on 1st September. NB. Addressing admission and readmissions and links through to prevention initiatives is a key aspect of this service and will be monitored via quarterly monitoring as outlined in the specification. The Care Home Development Group will monitor on a monthly basis.</p> <p>Copy of the Enhanced Care Provision to Older People's</p>

					Care Homes in Halton Service Specification below is based on the best practice from national Vanguards:-  Enhanced Care Provision in Older Pec
5.6	Review system of finding nursing home care placements where patient's discharge needs have substantially changed and therefore individuals cannot return to their original care home.	Damian Nolan	Completed	Completed	A review of the processes, in conjunction with the Discharge Teams, in place at both the Acute Trusts has taken place and identified enhanced escalation where issues are likely to occur.
5.7	Ensure effective Medication practice in place in Care Homes.	Lucy Reid/ Katherine O'Loughlin	Ongoing	Timelines Audit programme: ongoing Roll out of medicines policy to services: by 31.3.18 Pilot training : start November 2017 Roll out of full training programme: from 1.4.18	There is already a programme of audit of medicines management processes in local care homes – this will continue to be developed and delivered along with targeted support where incidents or issues are highlighted. This is led by the NHS Halton CCG Medicines Management team. A new overarching Medication Policy for the Borough Council's internal services has been completed and it is proposed that the principles within this will need to be adopted by all commissioned Care Homes by March 2018. The Medicines Management Team of NHS Halton CCG led the development of the policy due to the technical knowledge required to appropriately advise services of safe and effective practice. Work is progressing on the development of an associated training programme which will be delivered by the CCG medicines management team to care homes within the Borough. The training will start to be piloted end of 2017 with a view to rolling it out wider from April 2018.

6. Commissioning

Action No.	Action Required	Responsible Officer	By When		Progress Made to Date
			Start	Finish	
6.1	Develop Joint Commissioning Strategy for Older People.	Sue Wallace-Bonner	Completed	Completed	<p>Following completion of the Joint Strategic Needs Assessment for Older People, work was completed on a gap analysis, the information from which was used to develop an overarching integrated Older People's Pathway to support Older People living and ageing well in Halton which is based on national good practice.</p> <p>This Pathway has been agreed across the Local System and Halton's Older People's Delivery Board, the membership of which is designed to be reflective of the local Adult Health and Social Care economy whose role is to ensure that the Pathway continues to be fit for purpose.</p>
6.2	Ensure that the monitoring of Primary Care within Halton is robust and fit for purpose.	Leigh Thompson	Completed	Completed	<p>As a delegated commissioner of General Medical Services the Primary Care Commissioning Committee (a subcommittee of the Governing Body) oversees the contracts, quality & performance of all GP practices. A Quarterly report is received by the committee outlining achievement against key performance and quality indicators.</p> <p>During 2017 the CCG Primary Care Team and GP Lead commenced Contract, Quality & Transformation visits to all practices. These visits have an agreed list of criteria for discussion which includes the local GP Quality Dashboard.</p> <p>For the range of additional contracts or enhanced services, which are over and above the national core contract, performance and quality are monitored as per the specification.</p>

					There is a clear process in place for practices and the Primary Care Team to escalate any ad-hoc issues that may arise.
6.3	Ensure that robust mechanisms are in place to monitor the provision in the Halton Intermediate Care Unit (B1).	Damian Nolan	Completed	Completed	<p>A new service specification has been implemented. Improved monitoring is in place.</p> <p>Weekly monitoring is being completed by the commissioner of this service. Regular reports are being made through to the Operational Commissioning Committee on a monthly basis.</p> <p>Following the CQC Review, a review of processes has taken place at the Unit including discharge planning and the involvement of carers/families and of the managerial oversight of the Unit, has been undertaken by the Commissioner and Associate Director of Nursing from Warrington & Halton Hospitals NHS Foundation Trust. A new Matron is in place and the provision within the Unit is being monitored via the Length of Stay mechanisms within the wider Trust.</p>
6.4	Complete system review of Intermediate Care (IC) Provision within Halton.	Damian Nolan	30.10.17	31.1.18	<p>Working group established.</p> <p>This review will address all aspects of provision including discharge planning processes and the promotion of services across the system to ensure a better understanding of what IC services are able to provide and workforce issues.</p> <p> REVIEW OF INTERMEDIATE CARE</p>
6.5	Ensure that there are robust mechanisms in place for the sharing of learning across the local system.	Michelle Creed	Completed	Completed	NHS England Cheshire & Merseyside Quality Surveillance Group (QSG) receives monthly reports to highlight any areas of concern that may affect the quality, safety or patient

				<p>experience of users of services. Deep dive focussed sessions are undertaken as required. CQC Local Area Review has been presented to the system partners (NHSE, CCG, LA, NHSI, CQC, HEE, Deanery, Healthwatch, PHE). Below outlines examples of processes in place.</p> <ul style="list-style-type: none"> • Serious incident learning event 25.10.17 on End of Life resulting from serious incident management. Root cause analysis is being undertaken and resultant action plan being developed. • Primary Care Safeguarding Leads learning event facilitated by Katherine Appleton, the LADO, on allegations against a healthcare and non-healthcare professional 26.9.17 • SAB Learning events on 01.09.17 and 08.09.17. These events were open to all HBC staff and staff from partner organisations to enable learning with regard two recent safeguarding reviews. The aim was to share the findings and learning around the Safeguarding Adults Review (SAR) and the Multi-Agency Review (MAR). The aim was to ensure that partners had a greater understanding of: <ul style="list-style-type: none"> ○ Safeguarding Adult Reviews and Multi-Agency Review and how and why they are undertaken ○ Managing risks ○ Understanding joint working ○ The learning and development points from a carers perspective ○ What the intended improvements in processes and practices are from these reviews <p>However these will be formally reported through to HWBB</p>
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					on an ongoing basis to allow for appropriate challenge etc. to take place (see Action 1.5).
6.6	Complete gap analysis against the current Service Delivery Model for Halton's Urgent Care Centres (UCCs) and the newly published Urgent Treatment Centres (UTCs) Standards and develop recommendations for progressing the UTC development in Halton	Damian Nolan	Ongoing	31.12.17	<p>Attendances at the UCC's continue to increase. In July 2017 6,859 patients attended the centres and the proportion of UCC attendances to A&E attendances for NHS Halton CCG registered patients was 2.24:1.</p> <p>Recognising the need to build on the success of the UCCs the gap analysis, as outlined opposite, has commenced and initial work will be presented to the UCC Development & Monitoring Group on 22.11.17.</p>
6.7	Undertake review of the Rapid Clinical Assessment Team (RCAT)	Damian Nolan	Ongoing	30.11.17	<p>Building on the work undertaken by the Liverpool School of Tropical Medicine, discussions to take place at the next Clinical Advisory Group on 8.11.17 regarding the future of RCAT and to agree an associated commissioning model.</p> <p>Revised Service Specification has already been drafted in advance of the meeting on the 8.11.17.</p>

7. Patient Flow

Action No.	Action Required	Responsible Officer	By When		Progress Made to Date
			Start	Finish	
7.1	Address the length of A&E Waiting Times at both Acute Trusts	Jan Ross Rob Cooper	Ongoing Ongoing	Ongoing Ongoing	<p>The performance of both Trusts in respect of the A&E standard is monitored through NHSi, NHSE, contract monitoring by the lead commissioners with strategic oversight through the A&E Delivery Board.</p> <p>Warrington and Halton NHS Foundation Trust actively manages its 4 hour target and has been achieving the NHSI trajectory. The trust has a patient flow board with 9 key work streams aimed at delivering 95% performance against the four hour standard. GP streaming has commenced in October 2017. All key actions related to four hour performance are monitored internally.</p> <p>St Helens and Knowsley Teaching Hospitals NHS Trust – in addressing the length of A&E waiting times, the Trust has weekly meeting of Executive-led Transformation Group; live dashboard with real-time tracking of all patients; Mon-Fri in-reach frailty consultant into ED; GP streaming in Emergency Department has been in place since June 2017. Associated estates work is underway for co-located urgent care centre and recruitment commenced for Emergency Department Advanced Clinical Practitioners.</p>
7.2	Improve communication channels between the Hospital Discharge Teams and Domiciliary Care Providers	Damian Nolan	Completed	Completed	<p>Communication channels have improved with the introduction of a single Domiciliary Care provider in Halton.</p> <p>Improvements in the speed of discharges will be seen with the implementation of the Reablement First Approach (see Action 3.2)</p>

7.3	Address longer length of stay for emergency admissions in both acute trusts	Neil Holland Rob Cooper	1.6.17 Sept 2017	31.3.18 Ongoing	<p>Warrington and Halton NHS Foundation Trust have implemented red to green to identify delays in patient’s journeys; these have been implemented across all medical wards and are discussed twice a day. Any issues are escalated to senior operational teams for help to unblock. The Trust is also working in conjunction with partners on discharge planning on day of admission, to ensure all relevant partners/agencies are involved in the transfer of care at discharge from the point of admission onwards. Any patient who is medically fit and has a LOS of 10 days + over, are discussed at the weekly escalation meeting, attended by community, social and trust staff to look at discharge delays and see what can be put in place to ensure a safe and proactive discharge. The Trust is also in the process of implementing MCAP (Making Care Appropriate for Patients) Patient Flow Decision Support Tool this year. The tool identifies patients that are clinically suitable for non-admission or discharge based on an objective analysis of the individual patient care service requirements, using evidence based clinical criteria.</p> <p>St Helens and Knowsley Teaching Hospitals NHS Trust have clinically-led board rounds on inpatient wards 7/7; daily red/green principles in place with escalation to Matron for any daily delays. Daily Acute Medical Unit huddle with ED team is currently removing up to 3 patients from the bed list removing the need for an overnight stay. Task and finish group set up, discharge swim lanes agreed to improve access for all staff at ward level to the range of discharge options. IT support to enable next steps to roll out; identification of early morning discharges to support flow at ward level is in place, with on-going monitoring to improve performance; live Discharge Tracking List maintained to track and manage</p>
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					patients with complex discharge needs, escalating when blockages occur with weekday live inputs/updates from ward teams and IDT in place. Therapy inputs to be added by end of November; DTL meetings held twice weekly, resolving internal blocks and identifying external blocks for escalation to LA and CCG partners; monthly system-wide executive led multi-agency discharge event (MADE).
7.4	Improve managerial oversight of the Halton Intermediate Care Unit (B1).	Damian Nolan	Completed	Completed	See Action 6.3
7.5	Improve and closely monitor the average length of stay at the Halton Intermediate Care Unit (B1).	Damian Nolan	Completed	Completed	As at the end of September 2017, average length of stay had reduced to 37 days. Target is 28 days. The average length of stay is monitored as part of the regular reports being made through to the Operational Commissioning Committee on a monthly basis.
7.6	Improve the Assessment/Discharge Plans in both Acute Trusts	Neil Holland Diane Stafford	1.4.17 1.11.17	1.4.18 31.12.17	Warrington and Halton Hospitals NHS Foundation Trust is supporting discharge planning much earlier in the patient's journey, with a focus on the over 65 age group. They are working closely with partners to ensure good communication with the newly implemented check list; this will be audited monthly. St Helens and Knowsley Teaching Hospitals NHS Trust has commenced an audit to confirm compliance with admission/discharge checklists and identify areas for improvement.
7.7	Lower % 65+ still at home 91 days after discharge into Reablement versus comparators and decreasing	Sue Wallace-Bonner	30.10.17	April 2018	Halton do have a lower proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services compared to comparator authorities. This does not equate to service users being admitted back into hospital. 2016/17 data shows the following:

				<ul style="list-style-type: none">• 61% at home• 23.5% in intermediate care services (step down or increased need)• 6% in long term residential care setting• 7% deceased• 2.5% in hospital <p>HBC have requested support from NW ADASS Sector Led Improvement Board with regards to how we report on this in the future.</p>
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(Final - 9.17.2024)