

**Urgent Care Delivery Group - Trafford Systems Action Plan**

Action No.	Action Required	Responsible Officer	Management Lead	Completion Date	Progress Made to Date	Governance Arrangements	Actions
1.1	Implement Transfers of Care Plan and develop evaluation and performance metrics. ( this includes compliance with the High Impact Changes model)	SR	KA/DE/CO'D/JG	Nov-18	Performance metrics agreed and dashboard developed. Regular reporting in place through the Urgent Care Steering Group and the wider Manchester and Trafford system through the Manchester and Trafford Operations and Delivery Board and the Manchester and Trafford Urgent Care Strategic Board.	Trafford Urgent Care Stee	.Close
1.2	Develop improvement programme for nursing and residential care	KA/MM	J O'D/MM	Sep-18	Internal restructure within Trafford Council to redesignate a Band 11 Specialist Commissioner post to lead on this.Additional member of staff recruited to with iBCF funding bringing team total to 4. Providers engaged and registered managers network set up agreed with support from Skills for Care. Current Quality assurance tools and approach being externally evaluated by MHSCP. Pricing group established Trafford fully engaged in the GM work on improving care home quality workstream and have nominated homes for the GM Registered Mangers training programme First outstanding home achieved. 18% improvement in quality achieved from March 18 to March 19.	Reports to DASS assurance board and to Chief Nurse. Regularly reported to GM through CCG quarterly assurance process, and HSCP quality monitoring group.	Quality assurance now BAU . . Close
1.3	Learning from critical incidents to be routinely shared with clear feedback to all professionals.	KA/MM		On-going	New Strategic Safeguarding Board set up with new structure already in place. The Learning Review group will lead on learning from incidents. Recommendations from SARs monitored through DASS assurance board and CCG safeguarding processes	DASS assurance board and CCG sagfeguarding processes	BAU. Close
1.4	Personalisation and personal health budgets to be more routinely considered.	MM	ML	On-going	This is an area for improvement. Visit to Warrington to be arranged to look at how they are progressing integrated budgets.	Regular reports to SLT and GM quarterly assurance meetings.	ML to provide quarterly reports to the Urgent Care Steering Group.
1.5	Roll out of positive outcome for preventing admissions and reducing LOS for frail older people from Wythenshawe Hospital into Trafford General	Sally Briggs Divisional Medical Director, Unscheduled Care	Lauren Wentworth, Clinical Director	Nov-18	Over the last 3 years the Complex Care team based at Wythenshawe hospital have developed a well recognised frailty service. This now operates seven days a week on AMU, as well as five days a week in the Emergency Department. There is also a robust Orthogeriatric and Surgical Liaison Service five days a week and discharge to assess beds. The service benefits from a continuous improvement approach and there is currently a plan to develop a separate frailty unit so that both the current AMU and ED services would merge to provide a robust 7 day cover. Following the merger and creation of MFT there is now a desire to improve on all sites to this standard, providing identification of frailty and access to timely comprehensive geriatric assessment.	Reports to HWBB through sub-groups Reports to Manchester and Trafford Operations and Delivery Board	Workstream being established on admission avoidance and LOS . Currently being scoped Workstream set up on Intermediate Care and action plan developed DTCO figures regualrly monitored
1.6	BCF Reporting to include detailed analysis of Urgent Care performance system wide.	JG	CO'D	Sep-18	The H&WB actions will also take into account of this. System wide urgent care resilience for both Manchester and Trafford is reported and monitored through MHCC.	Urgent care performance reported to Manchester and Trafford Operations and Delivery Board.	Close
1.7	Review role of the VCS/Third sector in the H&WB sub-groups with a view to strengthening engagement	ER/CLLR J Lloyd	ER	On-going	Progress underway to confirm vision/statement of intent of working with VCSE as an equal partner in the engagement of commissioning plans across Trafford. CCG (RD) TMBC (Adrian Bates) and Thrive Trafford (Chris Hart on behalf of all VCSE in Trafford) to put in place additional infrastructure so that there is an effective two-way engagement between the public sector and VCSE on commissioning and delivery.	Effective representation on Health and Well-Being Board and all 3 sub-groups.	Close
1.8	System wide respopnse to social care market and domicillary care capacity to be developed and agreed	KA/RD	LM	On-going	Capaacity in domiciliary care market increased. New models of care co-produced and will be tendered following agreement of funding.	Reports into DASS "Star Chamber" and Trafford Council CMT with links to the HSCAB	Close

1.9	Develop a clear performance dashboard to report to H&WB the Joint Commissioning Board and Scrutiny Committee	IT/PF/MI	AW/DW	Nov-18	See 1.1	Duplication of previous dashboard action at 1.1	Close
2.0	An Integrated Community Health and Social Care team to plan early discharges for all elective patient admissions.	DW/DMc/JK	DE	On-going	Elective discharge planning for hip and knees at Wythenshawe. New IDT manager commenced at Wythenshawe 08.01.18. Social Workers to be involved in Pre Ops.	Approach re-evaluated and now no-longer relevant	Close
2.1	Robust systems support the development plans for the management and discharge of all emergency and unscheduled patient admissions, with EDD set within 48 hours	DW/LL	DE	Nov-18	Integrated discharge team at Wythenshawe, Salford and TGH. Full plan for patient track being developed for Wythenshawe. LOS Group underway at TGH (reduced to below 70days). District Nurse Liaison approach agreed for Salford and TGH. 06.02.2018 D2A Team base agreed and cabling/WiFi has been reviewed. Separate D2A Team to be established:- 1 Senior Practitioner, 2 Social Workers, 2 SCA's, Deputy Community Flow Manager, OT and Admin. Supervision of Ascot House and Hospital Senior practitioners to move to the Control Room	Superseded by D2A and S	Close
2.2	Integrated MDT's have shared and agreed responsibilities they include the 3rd sector in discharge planning and they provide special arrangements for complex discharges.	DW/DMc/JK	DE	On-going	Achieved - strong multidisciplinary team in place. VCSE (Red Cross) included in discharge planning.		Close
2.3	Patients always return home for assessment and reablement, where possible, after being deemed medically ready for discharge and are supported fully by integrated care and support teams	JG/ML	KA/DE/CO'D/JG	On-going	Now business as usual.	Monitored through Intermediate Care Delivery Group.	Close
2.4	Care Homes integrated into the whole health and social care community and primary care support.	CO'D	RD		TECHT paused	Reporting routes to be agreed once review completed. Incorporate into the admission avoidance work.	Close
2.5	Scope Red Bag transfer system	JG	ML		All documentation based on Sutton Vanguard programme, and paperwork/process, localised to Trafford area. Implemented in 9 Nursing or Residential Homes and feedback is largely positive and improved experience for patients with planned or unplanned admissions. One incident at Wythenshawe Hospital where patients bag, documentation and belongings were not returned to Care Home and 'missing' for 3 weeks. Care Home addressed this through appropriate channels and Red Bag returned. Low take up of Scheme wider as Bags have to be purchased by the Homes. However, a Hospital Pathway training session for all Care Homes is being developed and will be delivered in July. The expectation is that Care Homes will purchase the Bags and implement the pathway, however this is not currently a contractual requirement and so cannot be enforced. Additional work is being undertaken with Stockport and Manchester CCGs to align documentation and processes for the Wythenshawe MFT site.	Depending on outcome of review, consider incorporating into the work on length of stay and discharge.  ML to provide report to the Urgent Care Steering Group	Keep under review through the Urgent Care Steering Group