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| Report Date: | 27/04/23 | Overall Status: | On Track |
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| Objectives |
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| 1. To develop and implement a Moray Redesign of Urgent Care Action plan. 2. Decrease pressure points in the system by controlling, coordinating and collaborating |
| Agreed Scope |
| Unscheduled activity across the Moray system |

| KPIs/Improvement Trajectory Measures |
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| Reduction in ambulance stacking Reduction in 12 hour waits from ED Reduction in attendance in ED Reduction in G-OPES level for Moray and DGH Reduction in Delayed Discharge and Delayed Transfer of Care Reduced Length of Stay Patient satisfaction levels Staff satisfaction levels Staff absences/capacity Elective Care Activity Occupancy Levels Snap Audit of Bloods Number of ACPs in place CALUM AND DUNCAN TO PROGRESS DISCUSSIONS |

| Key Risks/Issues & Mitigations (expanded in Project Charter) | |
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| Key Risks | Mitigations |
| Staff capacity due to ongoing service pressures | Shortened meeting with focussed discussions on key progress and challenges |
| Action plan focus too much on single part of system | Bespoke engagement with community colleagues |
| Industrial Action | Will develop through cells and be communicated. |

| Key Progress |
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| ➤ Action Plan drafted and agreed by stakeholder group ➤ Great engagement from community providers for USC ➤ MDT discussion linked challenge to actions already underway and well progressed ➤ Action plan to be endorsed by Moray Portfolio SLT ➤ Comms plan |

| Key Deliverables & Status | | |
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| Deliverable | Progress Update | RAG |
| Mapping Services Across Moray | Mapping Session 24/03/23. Planning meeting tomorrow for follow up session in June | |
| Ambulatory Emergency Care | Ambulatory Emergency Care launched on 09/01/23. DGH Strategy update and DGH footprint update (Future strategy of DGH – stabilising transfer and SAS boundaries) Flash report and poster to be shared. | |
| Launch of Daytime Urgent Care Service (DUCS) | Launched 30/01/23 - Collected data on reason for request to visit and outcome of visit. Update on clinical discussions between hospital team and GP required. PMcLean to update on linking this with Primary Care Escalation Score. Evaluation date due 2nd week of May. | |
| Documented description of FNC function and service model with agreed shared vision and plan to progress to this | Update: all decision makers to be in the same location. GMED NHS 24 co location. Discussions remain underway regarding FNC model and next steps – UUC Programme Board reviewing priorities from March 2023. | |
| Optimising Patient Flow | Sharing of work form this group (Planned Date of Discharge, Criteria Led Discharge, Simulation Training, Discharge Tab, Patient Navigators and Whole System Flow Hub) workshop being planned for 23/05/23 – liaise with Susan Flannery (ask LB to facilitate Moray end). Pilot for discharge tab launched end of May but maybe June. | |
| Primary Care Access to Secondary Care Data | Progressing with IG and HI – Ben working on report format. IG confirmed position and agreed to proceed with Maryhill in first instance. Some already underway such as Boxi report on upcoming discharges – CY and AB Paperwork being finalised for submission. | |
| Report with recommendations on improved system of communication between primary care and DGH | Community teams meeting – locality plans and activity already ongoing, PCIP. | |
| Report on number of patients who would benefit from ACP with plan in place to support development where there are gaps | Overlaps with the LES. Work progressing with a TEPS/ReSPECT/ACP mapping session on 17/04/23 for a collective work streams discussion by Realistic Medicine Team. AG to come to meeting 11/05 to discuss output from this. | |
| Reduction in turn around time for blood test results to support patients to remain at home where appropriate | JM to give update | |
| Pathways | Only a small portion of patients with ENT and Vascular conditions can receive assessment and treatment at DGH before transfer to Raigmore (ENT) and ARI (Vascular). Currently SAS convey patients to DGH ED prior to onward transfer to Raigmore or ARI in these circumstances therefore clinical discussions around pathway have been suggested. | |

| Next Steps | | | |
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| • Sharing of up to date LIVE AP | • Evaluation progression | • Movement of actions from the system pressures plan to USC plan | • Stock take and summary paper of this to be written for planning beyond March 2023 |

Moray USC Programme – Theory of Change

