Executive Lead: Simon Boker-Ingram **SROs:** Sean Coady **Programme Lead:** Tori Higgins **Operational Lead:** Alasdair Pattison | **Report Date:** | 10/11/22 | **Overall Status:** | **On Track**

Objectives

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

- 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

Key Risks/Issues & Mitigations (expanded in Project Charter)

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

Key Items for Escalation

Info required on GMED test of change to ensure system oversight and advance knowledge.

Key Deliverables & Status

Deliverable	Progress Update	RAG
Mapping Services Across Moray.	Mapping started and meeting being rescheduled.	(orange)
Reset Medical Footprint in DGH with SOP for use and patient placement tool for flow.	Dependent on work ongoing with ambulatory emergency care development and will be launched in parallel with GMED pilot. Awaiting date confirmation.	(green)
Recommendations, and implementation of them, on MDT communication and MDT input to ward rounds.	Due to staffing availability MDT input remains challenging, however progress and underway actions will improve MDT communication. TrakCare Care Managers Access pilot 21.11.22 and Discharge Tab in TrakCare, early 2023. Paper to be share at next weeks meeting.	(green)
Report with recommendations on GMED Redirection and Referral Test of Change.	Awaiting date confirmation.	(green)
Documented description of FNC function and service model with agreed shared vision and plan to progress to this.	Initial discussion with stakeholders to refine requirements. Further discussions required with project manager.	(green)
Report with recommendations on improved system of communication between primary care and DGH.	Really useful visit to Maryhill Practice. Challenges and actions being summarised. Some already underway such as Boxi report on upcoming discharges.	(green)
Report on identification and implementation of quick wins with Hospital at Home redesign	Update pending.	(green)
Report on number of patients who would benefit from ACP with plan in place to support development where there are gaps	Exploring external additional support (DHI). Practice data being gathered. Exploring standardising KIS info.	(green)
Reduction in turn around time for blood test results to support patients to remain at home where appropriate	Connects made with secondary care hubs work and GP Sub activity regarding blood sample collection times	(green)
Report on placement of minor injuries activity (temporary for winter and longer term) with feedback from SLT on actions required, if any.	Discussions progressing, aiming for written summary of discussions by next week.	(green)
Orthopaedic outreach clinics re-established.	Meeting planned for 4pm today.	(green)

Key Progress

- Action Plan drafted and agreed by stakeholder group
- Great engagement from community providers for USC
- Richness of information shared and quick wins from Maryhill visit
- MDT discussion linked challenge to actions already underway and well progressed.

Next Steps

- Action plan to be endorsed by Moray Portfolio SLT
- Summarise Maryhill visit challenges and actions
- Community meeting to ensure action plan is fully comprehensive
- MDT discussion - paper to be drafted
- Close loop on minor injuries including why differing from other Boards model.