Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ANSAWDD, DIOGELWCH A SICRHAU PROFIOD
QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	03 December 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health Board Winter Plan 2020/21(including DTOC) - Incorporating Risk 810
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Keith Jones, Director of Acute Services

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper references the whole-system actions and priorities outlined within the Winter Plan for 2020/21 and the extent to which they relate to the quality and safety risks highlighted in the former Corporate Risk 810 (Poor Quality of Care Within the Unscheduled Care Pathway) and the four harms described in the Welsh Government Operating Framework.

Cefndir / Background

The Winter Plan for 2020/21 is the result of a cross-sector approach to the preparation of the plan for the West Wales region for the winter period ahead. A multi-agency steering group comprising representatives from the UHB, Carmarthenshire, Ceredigion and Pembrokeshire County Councils and the third sector and covering all population groups, has overseen the process. Chaired by the Head of Partnership for the West Wales Regional Partnership Board, this group will remain in place to monitor the delivery of our plan and adjust activity as necessary where evidence suggests this would be beneficial. The plan was approved by the Regional Partnership Board on 29th October 2020.

All agreed proposals have been grouped under our health and care pathways (proactive care, intermediate care, long term and complex care and hospital care) and have been subject to a rigorous, iterative review process, taking into account:

- Fit with the strategic goals in the national Winter Protection Plan and the Welsh Government's Four Harms
- Likely impact
- Deliverability (considering issues such as staff recruitment and lead-in time for new projects)
- Specificity to winter
- Financial robustness, affordability and value for money
- Extent of alignment with existing work programmes

The Winter Plan sits alongside a number of other plans developed within the region, including the Care Homes Action Plan and integrated plans for vaccination of frontline staff against both Flu and COVID-19. The Plan is currently resourced through the following funding streams:

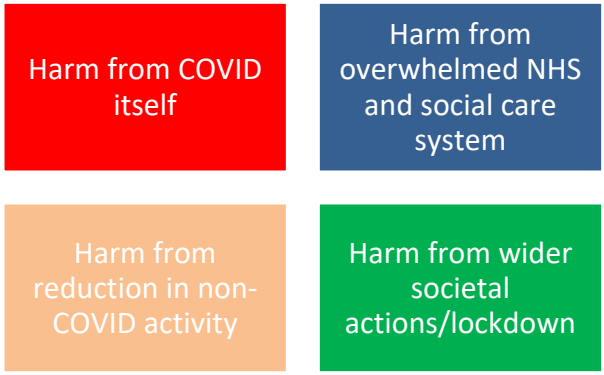
- Discharge to Recover and Assess pathway funding announced on 5 October 2020
- Funding allocated to the UHB to support delivery of this Quarter 3/4 Operating Framework
- Proposal submitted to Welsh Government to develop and implement 'testing field' for Urgent Primary Care / Flow Hub that will support enhancement of our primary care and community unscheduled care pathway and align with national Phone First expectations. Similarly, a proposal is also planned for submission regarding our Same Day Emergency Care / Ambulatory Emergency Care pathways.

For ease of reference, a 'plan on a page' summary of the main Winter Plan themes is provided as Appendix 1, listing key initiatives under each of the Welsh Government Strategic Goals. A copy of the detailed plan is included for reference as Appendix 2.

In October 2020, QSEAC requested the that Winter Plan for 2020/21 be presented to the December 2020 QSEAC meeting to include details on the identified actions to address whole system patient flow and the extent to which these will mitigate the risks involved relating to the quality and safety of services.

Asesiad / Assessment

The NHS Wales Operating Framework outlines the need to maintain essential services, retains flexibility and adaptability to changes in community transmission rates of COVID-19 but also reflects the need to consider 4 types of harm and address them all in a balanced way.



The Winter Plan has been designed to address whole-system unscheduled care risk. The detailed plan (Appendix 2) includes a schedule of the harms which each individual action / scheme primarily seeks to mitigate. These are summarised below:

Harm	Winter Plan Mitigating Action / Theme:
Harms from COVID itself	• Psychosocial MDT for aftercare of COVID 19 patients
Harm from overwhelmed NHS & social care system	MHLD: • Psychosocial & behaviour change service for high risk COPD service • Adult MHLD community support Intermediate Care: • H&SC assessment beds for D2RA pathway • Increased home based capacity (therapies, Reablement) • Enhanced crisis response services (MHLD, ART) • Increased equipment provision • Bridging support for discharge

	Long term & Complex Care: • Repurposed residential / nursing capacity • Regional MHLD discharge beds • Reconfigured respite care provision • Enhanced D2RA discharge support Hospital Care: • Additional medical cover for ED & front door teams • Enhanced nursing cover • Targeted therapy resources • Surge capacity • Re-focused Same Day Emergency Care models • Extended British Red Cross supported discharge scheme
Harm from reduction in non-COVID activity	• Older adult MH crisis support • Early supported discharge for stroke patients • Increased care home provision for rehabilitation, reablement and LTC bridging support • Extended respiratory specialist nurse cover
Harm from wider societal actions/lockdown	• Enhanced MHLD crisis response services

Prior to the COVID-19 pandemic, the former Corporate Risk 810 (which has subsequently been closed and superseded by a new integrated whole system unscheduled care corporate risk), outlined the risk of avoidable harm to patients and poor quality of care within the USC pathway, caused by:

- Ambulance delays
- Emergency Department overcrowding
- Inadequate staffing (to support ED departments and surge areas)
- Discharge delays (leading to patient deconditioning).

The table below highlights the key areas where the Winter Plan 2020/21 has been designed to address gaps in control cited in the former Risk 810:

Risk 810 Control Gaps	Winter Plan 2020/21 Response Actions:
Lack of available inpatient beds to meet ED admissions	Whilst the COVID-19 pandemic has necessitated a reduction in inpatient bed capacity due to social distancing requirements, inpatient admission demand remains below the levels experienced prior to the pandemic. Key Winter response actions include: • Refocussed Same Day Emergency Care (SDEC) / Ambulatory Emergency Care (AEC) services to support alternatives in inpatient admission. • Surge capacity at Steffan Ward GGH until March 2021 • Investment in MHLD and ART crisis response services • Additional medical cover at weekend / OOH periods to support timely assessment of patients • Additional investment in therapy service cover to support admission avoidance and earlier discharge • Early supported discharge for stroke patients

	• FH hospital escalation capacity as per the Health Board's Q3/4 Plan. In addition to the above, essential refurbishment of Towy Ward (GGH) will be completed in December 2020 with the ward available to be utilised during Q4 subject to availability of staffing.
Delays in discharge of medically fit patients	The impact of the COVID-19 pandemic has further increased the risk of delayed discharges due to Welsh Government guidance on discharge to care homes and the extent to which care home capacity across the Hywel Dda area has been impacted by COVID outbreaks. Key Winter response actions include: • Enhanced D2RA discharge support and health & social care assessment beds to support D2RA pathways • Increased home based capacity (therapies, reablement) to support Home First objectives • Increased equipment provision to support earlier discharge • Bridging support for discharge patients • Repurposed residential / nursing capacity • Regional MHLD discharge beds • Reconfigured respite care provision
Inconsistent approach to implementation of Red2Green and SAFER patient bundles	Not directly addressed via the Winter Plan 2020/21. Red2Green and SAFER work programmes being reviewed to refocus delivery.
Lack of agreement of discharge standards with partners.	The Winter Plan for 2020/21 is the product of a cross-sector approach to the preparation of the West Wales Winter Preparedness Plan for 2021-22. A multi-agency steering group comprising representatives from the UHB, Carmarthenshire, Ceredigion and Pembrokeshire County Councils and the third sector and covering all population groups, has overseen the development of the plan and will remain in place to monitor the delivery of our plan. As reflected in the HB's Q3/4 Plan, the NHS Operating Framework outlines the explicit expectation that the Health Board's overarching plans include actions that include the ability to 'purchase and operate' a failing nursing home where this asset is deemed an essential service to meet population need. A regional group has been convened to oversee review of the existing West Wales Care Home Risk and Escalation Policy, to consider our regional care home market position and to oversee any legal arrangements that we require to put in place to mitigate care home failure. During the COVID-19 pandemic, the Welsh Government has issued guidance relating to the discharge of patients to care homes. Whilst subject to current review, all partner organisations are subject to this guidance.

Workforce issues create an ongoing demand / capacity imbalance	Staffing levels continue to present a significant risk to successful delivery of the Health Board's USC priorities. Whilst the HB was carrying a significant workforce deficit prior to the pandemic, this has further increased due to limiting factors including the 2-meter rule on social distancing, the need to maintain staffing levels within the Nurse Staffing Act (NSA) and also the availability of additional RNs to be able to safely staff surge areas The Q3/4 Plan summarised forecast residual deficits across staff groups as below: • Registered nurses c250 WTE • Healthcare Assistants c108 WTE • Facilities c 130 cWTE • Therapy (including Health Psychology) c40 WTE • Pharmacy c72 WTE • Medical c11 WTE (for surge facilities specifically) The Q3/4Plan describes the strategies being pursued by the HB to reduce these deficits including: • Rotation of staff to increase resilience and skills development • Deployment initiatives to redirect staff with key skills to priority areas • Ongoing recruitment campaigns • Partnership arrangements with agencies The Winter Plan outlines several areas across the integrated health & social care system where funding is being targeted to support short term recruitment (across all disciplines) to supplement to workforce strategy referenced above.
Inability to improve current USC system due to high reliance on temporary staff	In view of the workforce risks described above, the Health Board will continue to rely on temporary staff to support its USC pathway objectives. The Winter Plan outlines several areas across the integrated health & social care system where funding is being targeted to support short term recruitment (across all disciplines) to supplement to workforce strategy referenced above.
Inability to manage within current USC capacity continue to cause problems for for elective programmes of work.	In accordance with the WG Essential Services Framework, the HB continues to priories planned care resources for patients on urgent and cancer pathways. This is expected to continue during the winter period and work is being progressed to consider alternative, protected 'green' pathways for planned care patients from Spring 2021. As routine / non-urgent pathways continue to be restricted, the impact of USC capacity pressures on urgent and cancer pathways has been limited during the pandemic to date. The extent to which urgent & cancer pathways may be impacted by USC related capacity pressures during the winter will be dependent on the availability of staffing resources to support both pathways.

Resilience of out of hours remains a significant challenge	In October 2020, the QSEAC Committee received an update regarding OOH service resilience and actions being pursued ahead of the winter period.

The extent to which the Winter Plan 2020/21 successfully mitigates the quality and safety risks associated with the unscheduled care pathway will be closely monitored during the winter months ahead.

Whilst Health Board performance in respect of key unscheduled care metrics (which themselves are indicative of system quality, safety and patient experience) have compared well with health boards across Wales during the pandemic to date, it is acknowledged that the continuing impact of the COVID 19 pandemic since the summer period has placed additional pressure on the unscheduled care system in the following areas:

- Staffing availability and the supply of appropriately trained staff to support patient care at ward level
- The additional impact on availability of capacity and staffing resources as a result of COVID-19 infection outbreaks in acute, community and care home environments.
- Additional capacity pressures resulting from regional escalation protocols and:
    - the regular diversion of ambulance demand from the Swansea Bay UHB area to Prince Philip and Glangwili hospitals
    - redirection of local ambulance capacity due to pressures at Morriston Hospital (with consequential impact on 'red' performance, patient experience and safety
- The inability to recommence non-urgent / routine planned care pathways due to the ongoing impact of the pandemic on overall capacity.

These remain significant risks for the Health Board and have the potential to impact on the quality & and safety of care delivered. Successful delivery of the Winter Plan 2020/21 will be overseen by a multi-agency oversight group which will meet on a fortnightly basis from December 2020. Progress will be reported via Tactical (SILVER) reporting structure. The impact of delivery on whole system quality & safety will be monitored via the Operational QSEAC Committee and reported to the main QSEAC Committee.

Argymhelliad / Recommendation

QSEAC are requested to receive assurance from the extent to which the Winter Plan 2020/21 has been designed to address the underlying factors which influence quality and safety of care within the whole-system unscheduled care pathway and the four harms described in the Welsh Government Operating Framework.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.3 Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk Register 810 Score 12
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply

Effaith/Impact:	
Ariannol / Financial: **Ansawdd / Patient Care:** **Gweithlu / Workforce:** **Risg / Risk:** **Cyfreithiol / Legal:** **Enw Da / Reputational:** **Gyfrinachedd / Privacy:** **Cydraddoldeb / Equality:**	Contained within the body of the report

Health Board Winter Plan 2020/21(including DTOC) - Incorporating Risk 810

1. Coordination for at Risk Groups	2. Signposting	3. Preventing admission or attendance

• Self-Management
  ○ Bio-psycho-social MDT for aftercare of COVID-19 acute/ITU patients.
  ○ Proactive psychological and behaviour change intervention with high risk COPD patients
  ○ Increasing capacity for supporting mental health needs in high risk vulnerable groups with chronic disease
• Investment in flu vaccination programme to support care sector
	• Pilot of Phone First project
	  ○ Updating of Directory of service (DoS) for community pathways
	  ○ DoS to include acute hospital alternative pathways e.g. Hot Clinics etc
		• Adult Mental Health Community support
		  ○ Provide community support to reduce risk of admission
		  ○ Support step down from residential care to increase care home bed availability
		  ○ Provision of a Mental Health out of hours sanctuary service with a community hospitality bed in Ceredigion
		• Investment in additional therapy support to improve turnaround at the front door
		• Reintroduction of SDEC/AEC
		• Developing the home care work force to address capacity issues in Pembrokshire

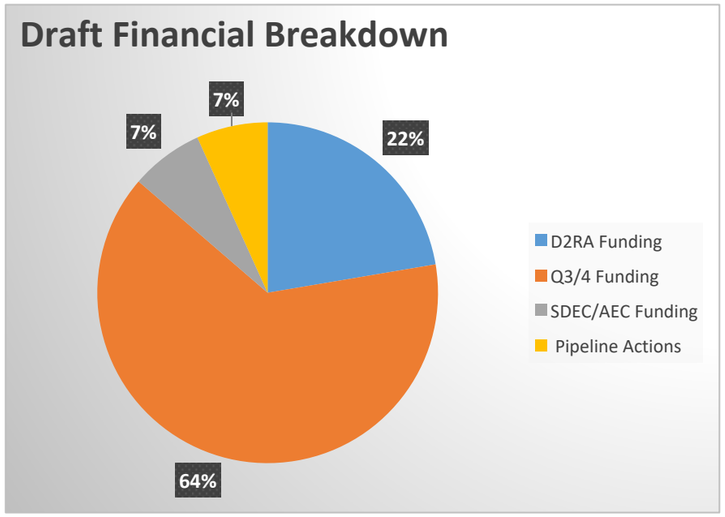
4. Rapid Response in a Crisis	**5. Great Hospital Care**	**6. Home First Approach**

• Additional investment in Mental Health crisis support
  ○ Support for people in crisis to remain at home
  ○ Target specific people in the community to ensure that they do not hit their crisis point over winter
  ○ Provide inreach support to care homes to avoid placement break down
• Pilot & expansion of soft 136/alternative place of safety
• Additional investment in Acute Response Team (ART) crisis support
• Reconfiguring respite care provision
	• Additional investment in therapy, support and medical cover to provide 24/7 services and facilitate flow
	• Block purchase of independent secure mental health beds to provide step down and maintain COVID red areas.
	• Additional investment for staffing in Emergency Departments/Minor Injury units on key dates to manage demand
	• Extended respiratory specialist nurse cover 7 days per week
	• Opening of additional winter acute bed capacity
	• Extension of British Red Cross service in the Emergency Department
		• Community Independence Service
		  ○ Provide short term bridging support
		  ○ Right sizing service for new packages of care
		• Securing temporary housing accommodation to support pateints leaving hospital waiting for accommodation
		• Additional investment in equipment, servicing & decontamination to promote discharge
		• Additional investment in Community Palliative Care services
		• Additional investment in Community Therapy services including early supported discharge for Stroke patients
		• Investment in 2 x Shared care pathway assessment beds across mental health and long term care.
		• Repurposing of excess residential/nursing capacity to support needs of the population

Recommendation	(All)

Sum of Overall Cost	Funding Stream									
Area (region or LA)	**D2RA Funding**		**Pipeline**		**Q3/4 Funding**		**SDEC/AEC Funding**		**Primary Urgent Care**	**Grand Total**
Carms	£	543 910	£	27 500	£	1 690 329	£	296 124		£ 2 557 864
Ceredigion			£	105 500	£	741 271				£ 846 771
Pembs	£	-	£	183 945	£	806 033	£	101 801		£ 1 091 779
Regional	£	742 511	£	72 800	£	447 890			£ 290 032	£ 1 553 233
Grand Total	**£**	**1 286 421**	**£**	**389 745**	**£**	**3 685 523**	**£**	**397 925**	**£ 290 032**	**£ 6 049 646**

D2RA Funding	Q3/4 Funding	SDEC/AEC Funding	Pipeline Actions
21%	61%	7%	6%



Sum of Overall Cost	
Area (region or LA)	Action No
Carms	
Ceredigion	
Pembs	2,22
	2,23
	2,24
	2,25
	2,26
	2,3
	3,4
	3,5
	4,21
	4,22
Pembs Total	
Regional	
Grand Total	

Action Title

Early Supported Discharge for stroke
Increased capacity for 7 day assessment for people at home and within a hospital or intermediate care bed.
Increased capacity for home based care provision including recover, rehabilitation, reablement and bridging long term care need.
Increased capacity for health and social assessment beds to delivery D2RA pathsway 3
Enabling rapid assessment and home based care
alternative place of safety/soft 136
Developing the home care work force & increasing capacity in the sector
Reconfiguring respite care provision
Extended respiratory specialist nurse cover
Increase the front door cover and extension of scope of ambulatory care unit

Funding Stream											
D2RA Funding		Q3/4 Funding		SDEC/AEC Funding		Pipeline		Primary Urgent Care		Grand Total	
£	543 910	£	1 690 329	£	296 124	£	27 500	£	-	£	2 557 864
£	-	£	741 271	£	-	£	105 500	£	-	£	846 771
£	-	£	58 128	£	-	£	-	£	-	£	58 128
£	-	£	118 405	£	-	£	-	£	-	£	118 405
£	-	£	441 305	£	-	£	-	£	-	£	441 305
£	-	£	-	£	-	£	183 945	£	-	£	183 945
£	-	£	170 000	£	-	£	-	£	-	£	170 000
£	-	£	-	£	-	£	-	£	-	£	-
£	-	£	-	£	-	£	-	£	-	£	-
£	-	£	-	£	-	£	-	£	-	£	-
£	-	£	18 195	£	-	£	-	£	-	£	18 195
£	-	£	-	£	101 801	£	-	£	-	£	101 801
£	**-**	**£**	**806 033**	**£**	**101 801**	**£**	**183 945**	**£**	**-**	**£**	**1 091 779**
£	742 511	£	447 890	£	-	£	72 800	£	290 032	£	1 553 233
£	**1 286 421**	**£**	**3 685 523**	**£**	**397 925**	**£**	**389 745**	**£**	**290 032**	**£**	**6 049 646**

Sum of Overall Cost		
Funding Stream	**Action No**	**Action Title**
D2RA Funding	**2,1**	Investment in equipment
	2,2	Community independence service
	2,32	Shared Care Pathway
	3,2	Repurposing of excess residential/nursing capacity to support needs of the population
	3,5	Reconfiguring respite care provision
	3,6	MHLD regional discharge beds
Q3/4 Funding	**1,18**	Adult Mental Health Community support
	1,19	Older Adult Mental Health Crisis support
	2,15	Additional community therapy service
	2,2	Deep clean services
	2,22	Early Supported Discharge for stroke
	2,23	Increased capacity for 7 day assessment for people at home and within a hospital or intermediate c
	2,24	Increased capacity for home based care provision including recover, rehabilitation, reablement and
	2,26	Enabling rapid assessment and home based care
	2,29	Carms MH crisis response
	2,3	alternative place of safety/soft 136
	2,31	alternative place of safety/soft 136
	2,34	Bridging, Support for Discharge
	2,5	Additional equipment, servicing and econtamination.
	2,7	Mental Health Crisis Provision/Hospital discharge support
	3,1	Additional capacity to support discharge from hospital/admission avoidance
	3,4	Developing the home care work force & increasing capacity in the sector
	3,7	MHLD regional secure inpatient beds
	4,1	Additional Nursing Cover - ED
	4,11	Additional Nursing Cover - Triage/Amb Care etc
	4,12	Improved care of dementia sufferers and enable transfer to more appropriate environment with sh
	4,13	Improved Flow
	4,16	Front of House Physiotherapy

	4,17 Front of House therapy support
	4,18 Acute Occupational Therapy extended hours and weekend cover
	4,2 Bronglais Additional ED medical staff cover
	4,21 Extended respiratory specialist nurse cover
	4,27 PPH increased service capacity across 7 days
	4,28 Additional Staffing for MIU on key dates over
	4,3 Bronglais Additional MG doctor weekends
	CAHMS inpatient support
	4,32 GGH Additional ED medical staff cover
	4,33 GGH Additional Medical MG doctor weekends
	4,34 GGH additional weekend working OT/PT in A&E
	4,35 GGH Consultant Physician increased session on BH's and weekends
	4,36 GGH Surge into Steffan annexe etc. until 31st March 2020
	4,39 Additional HCSW's who can take bloods at weekends and BH's
	4,4 Bronglais Consultant Physician increased session
	4,41 Set up rehab ward on Ceri template
	4,42 Additional porter for A&E/CDU 5pm - midnight
	4,44 NNP to work weekend days and BH's
	4,45 Extension of British Red Cross operating hours (5pm-2am)
	4,46 ?? GGH Early Supported Discharge / Outreach
	4,48 Improved Flow
	4,8 Bronglais additional weekend working
	4,9 Radiology cover for flow
SDEC/AEC Funding	**4,22** Increase the front door cover and extension of scope of ambulatory care unit
	4,29 reintroduction of SDEC in PPH. (ambi care now closed due to social distancing)
	4,49 reintroduction of SDEC in GGH. (ambi care now closed due to social distancing)
Pipeline	**1,1** Proactive psycholgoical and behaviour change intervention with high risk COPD patients
	1,8 Bio-psycho-social MDT for aftercare of COVID-19 acute/ITU patients.Resource includes capacity for
	2,1 Increased capacity for home based care provision including recover, rehabilitation, reablement and
	2,25 Increased capacity for health and social assessment beds to delivery D2RA pathsway 3
	2,3 Investment in ART Crisis Response service
	2,33 MH Sanctuary service and Hospitality bed
	2,4 Temporary housing accommodation

	2,9	Mental health / Substance misuse / Learning difficulties outreach support worker
Primary Urgent Care	**1,2**	Primary Urgent Care Model to deliver 111 model
Grand Total		

Area (region or LA)										
Carms		Ceredigion		Pembs		Regional		Grand Total		
£	220 000	£	-	£	-	£	-	£	220 000
£	323 910	£	-	£	-	£	-	£	323 910
£	-	£	-	£	-	£	-	£	-
£	-	£	-	£	-	£	742 511	£	742 511
£	-	£	-	£	-	£	-	£	-
£	-	£	-	£	-	£	-	£	-
£	-	£	-	£	-	£	101 190	£	101 190
£	-	£	-	£	-	£	50 595	£	50 595
£	-	£	56 875	£	-	£	-	£	56 875
£	-	£	7 500	£	-	£	-	£	7 500
£	-	£	-	£	58 128	£	-	£	58 128
£	-	£	-	£	118 405	£	-	£	118 405
£	-	£	-	£	441 305	£	-	£	441 305
£	-	£	-	£	170 000	£	-	£	170 000
£	150 000	£	-	£	-	£	-	£	150 000
£	-	£	-	£	-	£	-	£	-
£	-	£	-	£	-	£	-	£	-
£	-	£	51 820	£	-	£	-	£	51 820
£	-	£	80 000	£	-	£	-	£	80 000
£	125 000	£	-	£	-	£	-	£	125 000
£	250 000	£	-	£	-	£	-	£	250 000
£	-	£	-	£	-	£	-	£	-
£	-	£	-	£	-	£	258 160	£	258 160
£	-	£	101 595	£	-	£	-	£	101 595
£	-	£	122 096	£	-	£	-	£	122 096
£	-	£	15 440	£	-	£	-	£	15 440
£	-	£	25 080	£	-	£	-	£	25 080
£	-	£	21 345	£	-	£	-	£	21 345

£	-	£	12 405	£	-	£	-	£	12 405
£	-	£	38 000	£	-	£	-	£	38 000
£	-	£	92 000	£	-	£	-	£	92 000
£	-	£	-	£	18 195	£	-	£	18 195
£	85 360	£	-	£	-	£	-	£	85 360
£	9 754	£	-	£	-	£	-	£	9 754
£	-	£	16 560	£	-	£	-	£	16 560
£	-	£	-	£	-	£	37 945	£	37 945
£	15 840	£	-	£	-	£	-	£	15 840
£	21 120	£	-	£	-	£	-	£	21 120
£	22 262	£	-	£	-	£	-	£	22 262
£	5 000	£	-	£	-	£	-	£	5 000
£	550 896	£	-	£	-	£	-	£	550 896
£	12 492	£	-	£	-	£	-	£	12 492
£	-	£	36 870	£	-	£	-	£	36 870
£	113 632	£	-	£	-	£	-	£	113 632
£	18 081	£	-	£	-	£	-	£	18 081
£	20 997	£	-	£	-	£	-	£	20 997
£	75 000	£	-	£	-	£	-	£	75 000
£	107 448	£	-	£	-	£	-	£	107 448
£	107 448	£	-	£	-	£	-	£	107 448
£	-	£	53 855	£	-	£	-	£	53 855
£	-	£	9 830	£	-	£	-	£	9 830
£	-	£	-	£	101 801	£	-	£	101 801
£	157 895	£	-	£	-	£	-	£	157 895
£	138 230	£	-	£	-	£	-	£	138 230
£	-	£	-	£	-	£	-	£	-
£	-	£	-	£	-	£	72 800	£	72 800
£	-	£	93 000	£	-	£	-	£	93 000
£	-	£	-	£	183 945	£	-	£	183 945
£	27 500	£	-	£	-	£	-	£	27 500
£	-	£	-	£	-	£	-	£	-
£	-	£	-	£	-	£	-	£	-

£	-	£	12 500	£	-	£	-	£	12 500
£	-	£	-	£	-	£	290 032	£	290 032
£	**2 557 864**	**£**	**846 771**	**£**	**1 091 779**	**£**	**1 553 233**	**£**	**6 049 646**

Recommendation	(All)

Sum of Overall Cost		
Funding Stream	**Action Theme**	**Total**
D2RA Funding	Increased bed based capacity	£ 742 511
	Increased home based capacity	£ 323 910
	Increased equipment	£ 220 000
	increased bed based capacity	£ -
Q3/4 Funding	Prevention	£ 151 785
	Increased bed based capacity	£ 258 160
	Increased home based capacity	£ 563 808
	Increased crisis response	£ 393 405
	Increased equipment	£ 250 000
	Increased D2RA pathway support	£ 250 000
	Improved flow	£ 1 780 420
	Improved Patient Experience	£ 37 945
SDEC/AEC Funding	Improved flow	£ 397 925
Pipeline	Self-Management	£ -
	Prevention	£ 72 800
	Increased bed based capacity	£ 183 945
	Increased home based capacity	£ 93 000
	Increased crisis response	£ 40 000
	increased bed based capacity	£ -
Primary Urgent Care	Prevention	£ 290 032
Grand Total		**£ 6 049 646**

Sum of Overall Cost		
Pathway	**Action Theme**	**Relevant strategic goal(s) addressed**
Proactive Care	**Self-Management**	Goal 1
		Goal 1 Total
	Self-Management Total	
	Prevention	Goal 3
		Goal 3 Total
		Goal 4
		Goal 4 Total
		Goal 1
		Goal 1 Total
	Prevention Total	
Proactive Care Total		
Intermediate Care	**Increased bed based capacity**	Goal 6
		Goal 6 Total
	Increased bed based capacity Total	
	Increased home based capacity	Goal 3
		Goal 3 Total
		Goal 6

		Goal 6 Total
	Increased home based capacity Total	
	Increased crisis response	Goal 4
		Goal 4 Total
		Goal 6
		Goal 6 Total
	Increased crisis response Total	
	Increased equipment	Goal 3
		Goal 3 Total
		Goal 6
		Goal 6 Total
	Increased equipment Total	
	Improved flow	Goal 5
		Goal 5 Total
	Improved flow Total	
	increased bed based capacity	Goal 3
		Goal 3 Total
	increased bed based capacity Total	
Intermediate Care Total		
Lterm & Complex Care	**Increased bed based capacity**	Goal 6
		Goal 6 Total
	Increased bed based capacity Total	
	Increased D2RA pathway support	Goal 6
		Goal 6 Total
	Increased D2RA pathway support Total	

Lterm & Complex Care Total		
Hospital Care	**Improved flow**	Goal 3
		Goal 3 Total
		Goal 6
		Goal 6 Total
		Goal 5
		Goal 5 Total

		Goal 2
		Goal 2 Total
	Improved flow Total	
	Improved Patient Experience	Goal 5
		Goal 5 Total
	Improved Patient Experience Total	
Hospital Care Total		
Longterm & Complex Care		
	Increased bed based capacity	Goal 3
		Goal 3 Total
		Goal 4
		Goal 4 Total
		Goal 5
		Goal 5 Total
	Increased bed based capacity Total	
	Increased D2RA pathway support	Goal 3
		Goal 3 Total
	Increased D2RA pathway support Total	
Longterm & Complex Care Total		
Grand Total		

Action Title	Area (region or LA) Carms	
Proactive psycholgoical and behaviour change intervention with high risk COPD patients		
Adult Mental Health Community support Primary Urgent Care Model to deliver 111 model		
Older Adult Mental Health Crisis support		

Bio-psycho-social MDT for aftercare of COVID-19 acute/ITU patients.Resource includes capacity for "Mental Health needs in high risk vulnerable groups v

Temporary housing accommodation Increased capacity for health and social assessment beds to delivery D2RA pathsway 3	£	-
	£	-
	£	**-**

Increased capacity for home based care provision including recover, rehabilitation, reablement and bridging long term care need.

Community independence service Early Supported Discharge for stroke Additional community therapy service Deep clean services Increased capacity for home based care provision including recover, rehabilitation, reablement and bridging long term care need.	£	323 910

	£	323 910
	£	**323 910**
Mental health / Substance misuse / Learning difficulties outreach support worker		
Mental Health Crisis Provision/Hospital discharge support	£	125 000
Investment in ART Crisis Response service	£	27 500
Carms MH crisis response	£	150 000
alternative place of safety/soft 136		
	£	302 500
Increased capacity for 7 day assessment for people at home and within a hospital or intermediate care bed.		
	£	**302 500**
Enabling rapid assessment and home based care		
Investment in equipment	£	220 000
Additional equipment, servicing and econtamination.		
	£	220 000
	£	**220 000**
Bridging, Support for Discharge		
Shared Care Pathway		
MH Sanctuary service and Hospitality bed		
	£	**846 410**
Repurposing of excess residential/nursing capacity to support needs of the population		
Additional capacity to support discharge from hospital/admission avoidance	£	250 000
	£	250 000
	£	**250 000**

	£	**250 000**
Front of House Physiotherapy		
Front of House therapy support		
GGH additional weekend working OT/PT in A&E	£	22 262
Improved Flow	£	107 448
	£	129 710
Extension of British Red Cross operating hours (5pm-2am)	£	75 000
	£	75 000
Bronglais Additional ED medical staff cover		
Bronglais Additional MG doctor weekends		
Bronglais Consultant Physician increased session		
Bronglais additional weekend working		
Radiology cover for flow		
Additional Nursing Cover - ED		
Additional Nursing Cover - Triage/Amb Care etc		
Acute Occupational Therapy extended hours and weekend cover		
Extended respiratory specialist nurse cover		
PPH increased service capacity across 7 days	£	85 360
Additional Staffing for MIU on key dates over	£	9 754
GGH Additional ED medical staff cover	£	15 840
GGH Additional Medical MG doctor weekends	£	21 120
GGH Consultant Physician increased session on BH's and weekends	£	5 000
GGH Surge into Steffan annexe etc. until 31st March 2020	£	550 896
Additional HCSW's who can take bloods at weekends and BH's	£	12 492
Set up rehab ward on Ceri template	£	113 632
Additional porter for A&E/CDU 5pm - midnight	£	18 081
NNP to work weekend days and BH's	£	20 997
?? GGH Early Supported Discharge / Outreach	£	107 448
Improved Flow		
Improved care of dementia sufferers and enable transfer to more appropriate environment with shared care support		
	£	960 619

Increase the front door cover and extension of scope of ambulatory care unit		
reintroduction of SDEC in PPH. (ambi care now closed due to social distancing)	£	157 895
reintroduction of SDEC in GGH. (ambi care now closed due to social distancing)	£	138 230
	£	296 124
	£	**1 461 454**
CAHMS inpatient support		
	£	**1 461 454**
MHLD regional discharge beds		
Reconfiguring respite care provision		
MHLD regional secure inpatient beds		
Developing the home care work force & increasing capacity in the sector		
	£	**2 557 864**

Ceredigion	Pembs	Regional	Grand Total
		£ -	£ -
		£ -	£ -
		£ -	**£ -**
		£ 101 190	£ 101 190
		£ 290 032	£ 290 032
		£ 391 222	£ 391 222
		£ 50 595	£ 50 595
		£ 50 595	£ 50 595
		£ 72 800	£ 72 800

*w*ith chronic disease" and "Proactive psychological and b

		£ 72 800	£ 72 800
		£ 514 617	**£ 514 617**
		£ 514 617	**£ 514 617**
			£ -
	£ 183 945		£ 183 945
	£ 183 945		£ 183 945
	£ 183 945		**£ 183 945**
	£ 441 305		£ 441 305
	£ 441 305		£ 441 305
			£ 323 910
	£ 58 128		£ 58 128
£ 56 875			£ 56 875
£ 7 500			£ 7 500
£ 93 000			£ 93 000

£	157 375	£	58 128			£	539 413
£	**157 375**	**£**	**499 433**			**£**	**980 718**
£	12 500					£	12 500
						£	125 000
						£	27 500
						£	150 000
£	-	£	-			£	-
£	12 500	£	-			£	315 000
		£	118 405			£	118 405
		£	118 405			£	118 405
£	**12 500**	**£**	**118 405**			**£**	**433 405**
		£	170 000			£	170 000
		£	170 000			£	170 000
						£	220 000
£	80 000					£	80 000
£	80 000					£	300 000
£	**80 000**	**£**	**170 000**			**£**	**470 000**
£	51 820					£	51 820
£	51 820					£	51 820
£	**51 820**					**£**	**51 820**
£	-					£	-
£	-					£	-
£	**-**					**£**	**-**
£	**301 695**	**£**	**971 783**			**£**	**2 119 888**
				£	742 511	£	742 511
				£	742 511	£	742 511
				£	**742 511**	**£**	**742 511**
						£	250 000
						£	250 000
						£	**250 000**

				£	**742 511**	**£**	**992 511**
£	21 345					£	21 345
£	12 405					£	12 405
						£	22 262
						£	107 448
£	33 750					£	163 460
						£	75 000
						£	75 000
£	92 000					£	92 000
£	16 560					£	16 560
£	36 870					£	36 870
£	53 855					£	53 855
£	9 830					£	9 830
£	101 595					£	101 595
£	122 096					£	122 096
£	38 000					£	38 000
		£	18 195			£	18 195
						£	85 360
						£	9 754
						£	15 840
						£	21 120
						£	5 000
						£	550 896
						£	12 492
						£	113 632
						£	18 081
						£	20 997
						£	107 448
£	25 080					£	25 080
£	15 440					£	15 440
£	511 326	£	18 195			£	1 490 140

		£	101 801			£	101 801
						£	157 895
						£	138 230
		£	101 801			£	397 925
£	**545 076**	**£**	**119 996**			**£**	**2 126 525**
				£	37 945	£	37 945
				£	37 945	£	37 945
				£	**37 945**	**£**	**37 945**
£	**545 076**	**£**	**119 996**	**£**	**37 945**	**£**	**2 164 470**
				£	-	£	-
				£	-	£	-
		£	-			£	-
		£	-			£	-
				£	258 160	£	258 160
				£	258 160	£	258 160
		£	**-**	**£**	**258 160**	**£**	**258 160**
		£	-			£	-
		£	-			£	-
		£	**-**			**£**	**-**
		£	**-**	**£**	**258 160**	**£**	**258 160**
£	**846 771**	**£**	**1 091 779**	**£**	**1 553 233**	**£**	**6 049 646**

Sum of Overall Cost				Column Labels	
Row Labels	**Pathway**	**Action No**	**Action Title**	**Carms**	
Goal 1	**Proactive Care**	1,1	Proactive psycholgoical and behaviour change intervention with high risk COPD patients		
		1,8	Bio-psycho-social MDT for aftercare of COVID-19 acute/ITU patients. Resource includes capacity for "Mental Health needs in high risk vulnerable groups with chronic disease" and "Proactive psychological and behaviour change intervention with high risk COPD patients" as set out immediately below.		
	Proactive Care Total				
Goal 1 Total					
Goal 3	**Hospital Care**	4,16	Front of House Physiotherapy		
		4,17	Front of House therapy support		
		4,34	GGH additional weekend working OT/PT in A&E	£	22 262
		4,48	Improved Flow	£	107 448
	Hospital Care Total			**£**	**129 710**
	Intermediate Care	2,24	Increased capacity for home based care provision including recover, rehabilitation, reablement and bridging long term care need.		
		2,26	Enabling rapid assessment and home based care		
		2,32	Shared Care Pathway		
		2,33	MH Sanctuary service and Hospitality bed		
	Intermediate Care Total				
	Longterm & Complex Care	3,4	Developing the home care work force & increasing capacity in the sector		
		3,6	MHLD regional discharge beds		
	Longterm & Complex Care Total				
	Proactive Care	1,18	Adult Mental Health Community support		
		1,2	Primary Urgent Care Model to deliver 111 model		
	Proactive Care Total				
Goal 3 Total				**£**	**129 710**
Goal 4	**Intermediate Care**	2,29	Carms MH crisis response	£	150 000
		2,3	alternative place of safety/soft 136		

			Investment in ART Crisis Response service	£	27 500
		2,31	alternative place of safety/soft 136		
		2,7	Mental Health Crisis Provision/Hospital discharge support	£	125 000
		2,9	Mental health / Substance misuse / Learning difficulties outreach support worker		
	Intermediate Care Total			**£**	**302 500**
	Longterm & Complex Care	3,5	Reconfiguring respite care provision		
	Longterm & Complex Care Total				
	Proactive Care	1,19	Older Adult Mental Health Crisis support		
	Proactive Care Total				
Goal 4 Total				**£**	**302 500**
Goal 5	**Hospital Care**	4,1	Additional Nursing Cover - ED		
		4,11	Additional Nursing Cover - Triage/Amb Care etc		
		4,12	Improved care of dementia sufferers and enable transfer to more appropriate environment with shared care support		
		4,13	Improved Flow		
		4,18	Acute Occupational Therapy extended hours and weekend cover		
		4,2	Bronglais Additional ED medical staff cover		
		4,21	Extended respiratory specialist nurse cover		
		4,27	PPH increased service capacity across 7 days	£	85 360
		4,28	Additional Staffing for MIU on key dates over	£	9 754
		4,3	Bronglais Additional MG doctor weekends		
			CAHMS inpatient support		
		4,32	GGH Additional ED medical staff cover	£	15 840
		4,33	GGH Additional Medical MG doctor weekends	£	21 120
		4,35	GGH Consultant Physician increased session on BH's and weekends	£	5 000
		4,36	GGH Surge into Steffan annexe etc. until 31st March 2020	£	550 896
		4,39	Additional HCSW's who can take bloods at weekends and BH's	£	12 492
		4,4	Bronglais Consultant Physician increased session		
		4,41	Set up rehab ward on Ceri template	£	113 632
		4,42	Additional porter for A&E/CDU 5pm - midnight	£	18 081
		4,44	NNP to work weekend days and BH's	£	20 997
		4,46	?? GGH Early Supported Discharge / Outreach	£	107 448
		4,8	Bronglais additional weekend working		

		4,9	Radiology cover for flow		
	Hospital Care Total			**£**	**960 619**
	Intermediate Care	2,34	Bridging, Support for Discharge		
	Intermediate Care Total				
	Longterm & Complex Care	3,7	MHLD regional secure inpatient beds		
	Longterm & Complex Care Total				
Goal 5 Total				**£**	**960 619**
Goal 6	**Hospital Care**	4,45	Extension of British Red Cross operating hours (5pm-2am)	£	75 000
	Hospital Care Total			**£**	**75 000**
	Intermediate Care	2,1	Increased capacity for home based care provision including recover, rehabilitation, reablement and bridging long term care need.		
			Investment in equipment	£	220 000
		2,15	Additional community therapy service		
		2,2	Community independence service	£	323 910
			Deep clean services		
		2,22	Early Supported Discharge for stroke		
		2,23	Increased capacity for 7 day assessment for people at home and within a hospital or intermediate care bed.		
		2,25	Increased capacity for health and social assessment beds to delivery D2RA pathsway 3		
		2,4	Temporary housing accommodation	£	-
		2,5	Additional equipment, servicing and econtamination.		
	Intermediate Care Total			**£**	**543 910**
	Lterm & Complex Care	3,1	Additional capacity to support discharge from hospital/admission avoidance	£	250 000
		3,2	Repurposing of excess residential/nursing capacity to support needs of the population		
	Lterm & Complex Care Total			**£**	**250 000**
Goal 6 Total				**£**	**868 910**
Goal 2	**Hospital Care**	4,22	Increase the front door cover and extension of scope of ambulatory care unit		
		4,29	reintroduction of SDEC in PPH. (ambi care now closed due to social distancing)	£	157 895
		4,49	reintroduction of SDEC in GGH. (ambi care now closed due to social distancing)	£	138 230

	Hospital Care Total	**£**	**296 124**
Goal 2 Total		**£**	**296 124**
Grand Total		**£**	**2 557 864**

Ceredigion	Pembs	Regional	Grand Total
		£ -	£ -
		£ 72 800	£ 72 800
		£ 72 800	**£ 72 800**
		£ 72 800	**£ 72 800**
£ 21 345			£ 21 345
£ 12 405			£ 12 405
			£ 22 262
			£ 107 448
£ 33 750			**£ 163 460**
	£ 441 305		£ 441 305
	£ 170 000		£ 170 000
£ -			£ -
£ -	**£ 611 305**		**£ 611 305**
	£ -		£ -
		£ -	£ -
	£ -	**£ -**	**£ -**
		£ 101 190	£ 101 190
		£ 290 032	£ 290 032
		£ 391 222	**£ 391 222**
£ 33 750	**£ 611 305**	**£ 391 222**	**£ 1 165 987**
			£ 150 000
	£ -		£ -

						£	27 500
£	-					£	-
						£	125 000
£	12 500					£	12 500
£	**12 500**	**£**	**-**			**£**	**315 000**
		£	-			£	-
		£	**-**			**£**	**-**
				£	50 595	£	50 595
				£	**50 595**	**£**	**50 595**
£	**12 500**	**£**	**-**	**£**	**50 595**	**£**	**365 595**
£	101 595					£	101 595
£	122 096					£	122 096
£	15 440					£	15 440
£	25 080					£	25 080
£	38 000					£	38 000
£	92 000					£	92 000
		£	18 195			£	18 195
						£	85 360
						£	9 754
£	16 560					£	16 560
				£	37 945	£	37 945
						£	15 840
						£	21 120
						£	5 000
						£	550 896
						£	12 492
£	36 870					£	36 870
						£	113 632
						£	18 081
						£	20 997
						£	107 448
£	53 855					£	53 855

£	9 830					£	9 830
£	**511 326**	**£**	**18 195**	**£**	**37 945**	**£**	**1 528 085**
£	51 820					£	51 820
£	**51 820**					**£**	**51 820**
				£	258 160	£	258 160
				£	**258 160**	**£**	**258 160**
£	**563 146**	**£**	**18 195**	**£**	**296 105**	**£**	**1 838 065**
						£	75 000
						£	**75 000**
£	93 000					£	93 000
						£	220 000
£	56 875					£	56 875
						£	323 910
£	7 500					£	7 500
		£	58 128			£	58 128
		£	118 405			£	118 405
		£	183 945			£	183 945
						£	-
£	80 000					£	80 000
£	**237 375**	**£**	**360 478**			**£**	**1 141 763**
						£	250 000
				£	742 511	£	742 511
				£	**742 511**	**£**	**992 511**
£	**237 375**	**£**	**360 478**	**£**	**742 511**	**£**	**2 209 274**
		£	101 801			£	101 801
						£	157 895
						£	138 230

		£	101 801			£	397 925
		£	101 801			£	397 925
£	846 771	£	1 091 779	£	1 553 233	£	6 049 646

Sum of Overall Cost Harm addressed	Pathway	Action Theme
Harm 1	**Proactive Care**	Prevention
		Prevention Total
	Proactive Care Total	
Harm 1 Total		
Harm 2	**Proactive Care**	Self-Management
		Self-Management Total
		Prevention
		Prevention Total
	Proactive Care Total	
	Intermediate Care	Increased bed based capacity
		Increased bed based capacity Total
		Increased home based capacity
		Increased home based capacity Total
		Increased crisis response
		Increased crisis response Total
		Increased equipment

	Increased equipment Total
	Improved flow
	Improved flow Total
	increased bed based capacity
Intermediate Care Total	increased bed based capacity Total
Lterm & Complex Care	Increased bed based capacity
	Increased bed based capacity Total
	Increased D2RA pathway support
Lterm & Complex Care Total	Increased D2RA pathway support Total
Hospital Care	Improved flow

		Improved flow Total
		Improved Patient Experience
		Improved Patient Experience Total
	Hospital Care Total	
	Longterm & Complex Care	Increased bed based capacity
		Increased bed based capacity Total
		Increased D2RA pathway support
		Increased D2RA pathway support Total
	Longterm & Complex Care Total	
Harm 2 Total		
Harm 3	**Proactive Care**	Prevention
		Prevention Total
	Proactive Care Total	
	Intermediate Care	Increased home based capacity
		Increased home based capacity Total
		Increased crisis response
		Increased crisis response Total
		increased bed based capacity
		increased bed based capacity Total
	Intermediate Care Total	
	Hospital Care	Improved flow
		Improved flow Total

	Hospital Care Total	
Harm 3 Total		
Harm 4	**Intermediate Care**	Increased crisis response
		Increased crisis response Total
	Intermediate Care Total	
Harm 4 Total		
Grand Total		

Action Title
Bio-psycho-social MDT for aftercare of COVID-19 acute/ITU patients.Resource includes capacity for "Mental Health needs in high risk vulnera
Primary Urgent Care Model to deliver 111 model
Proactive psycholgoical and behaviour change intervention with high risk COPD patients
Adult Mental Health Community support
Temporary housing accommodation
Increased capacity for health and social assessment beds to delivery D2RA pathsway 3
Community independence service
Additional community therapy service
Increased capacity for home based care provision including recover, rehabilitation, reablement and bridging long term care need.
Mental Health Crisis Provision/Hospital discharge support
Investment in ART Crisis Response service
Increased capacity for 7 day assessment for people at home and within a hospital or intermediate care bed.
Carms MH crisis response
Investment in equipment
Additional equipment, servicing and econtamination.
Enabling rapid assessment and home based care

Bridging, Support for Discharge

Shared Care Pathway

Repurposing of excess residential/nursing capacity to support needs of the population

Additional capacity to support discharge from hospital/admission avoidance

Bronglais Additional ED medical staff cover
Bronglais Additional MG doctor weekends
Bronglais Consultant Physician increased session
Bronglais additional weekend working
Radiology cover for flow
Additional Nursing Cover - ED
Additional Nursing Cover - Triage/Amb Care etc
Front of House Physiotherapy
Front of House therapy support
Acute Occupational Therapy extended hours and weekend cover
Increase the front door cover and extension of scope of ambulatory care unit
PPH increased service capacity across 7 days
Additional Staffing for MIU on key dates over
reintroduction of SDEC in PPH. (ambi care now closed due to social distancing)
GGH Additional ED medical staff cover
GGH Additional Medical MG doctor weekends
GGH additional weekend working OT/PT in A&E
GGH Consultant Physician increased session on BH's and weekends
GGH Surge into Steffan annexe etc. until 31st March 2020
Additional HCSW's who can take bloods at weekends and BH's
Set up rehab ward on Ceri template
Additional porter for A&E/CDU 5pm - midnight

NNP to work weekend days and BH's
Extension of British Red Cross operating hours (5pm-2am)
?? GGH Early Supported Discharge / Outreach
Improved Flow
Improved care of dementia sufferers and enable transfer to more appropriate environment with shared care support
reintroduction of SDEC in GGH. (ambi care now closed due to social distancing)

CAHMS inpatient support

Reconfiguring respite care provision
MHLD regional discharge beds
MHLD regional secure inpatient beds

Developing the home care work force & increasing capacity in the sector

Older Adult Mental Health Crisis support

Early Supported Discharge for stroke
Deep clean services

Increased capacity for home based care provision including recover, rehabilitation, reablement and bridging long term care need.

alternative place of safety/soft 136

MH Sanctuary service and Hospitality bed

Extended respiratory specialist nurse cover

Mental health / Substance misuse / Learning difficulties outreach support worker

Area (region or LA)										
Carms		Ceredigion		Pembs		Regional		Grand Total	
						£	72 800	£	72 800
able groups with chronic disease" and "Proactive psychological and behaviour change									
						£	290 032	£	290 032
						£	362 832	£	362 832
						£	**362 832**	**£**	**362 832**
						£	**362 832**	**£**	**362 832**
						£	-	£	-
						£	-	£	-
						£	101 190	£	101 190
						£	101 190	£	101 190
						£	**101 190**	**£**	**101 190**
£	-							£	-
				£	183 945			£	183 945
£	-			£	183 945			£	183 945
£	323 910							£	323 910
		£	56 875					£	56 875
				£	441 305			£	441 305
£	323 910	£	56 875	£	441 305			£	822 090
£	125 000							£	125 000
£	27 500							£	27 500
				£	118 405			£	118 405
£	150 000							£	150 000
£	302 500			£	118 405			£	420 905
£	220 000							£	220 000
		£	80 000					£	80 000
				£	170 000			£	170 000

£	220 000	£	80 000	£	170 000			£	470 000
		£	51 820					£	51 820
		£	51 820					£	51 820
£	**846 410**	**£**	**188 695**	**£**	**913 655**			**£**	**1 948 760**
						£	742 511	£	742 511
						£	742 511	£	742 511
£	250 000							£	250 000
£	250 000							£	250 000
£	**250 000**					**£**	**742 511**	**£**	**992 511**
		£	92 000					£	92 000
		£	16 560					£	16 560
		£	36 870					£	36 870
		£	53 855					£	53 855
		£	9 830					£	9 830
		£	101 595					£	101 595
		£	122 096					£	122 096
		£	21 345					£	21 345
		£	12 405					£	12 405
		£	38 000					£	38 000
				£	101 801			£	101 801
£	85 360							£	85 360
£	9 754							£	9 754
£	157 895							£	157 895
£	15 840							£	15 840
£	21 120							£	21 120
£	22 262							£	22 262
£	5 000							£	5 000
£	550 896							£	550 896
£	12 492							£	12 492
£	113 632							£	113 632
£	18 081							£	18 081

£	20 997							£	20 997
£	75 000							£	75 000
£	107 448							£	107 448
£	107 448	£	25 080					£	132 528
		£	15 440					£	15 440
£	138 230							£	138 230
£	1 461 454	£	545 076	£	101 801			£	2 108 330
						£	37 945	£	37 945
						£	37 945	£	37 945
£	**1 461 454**	**£**	**545 076**	**£**	**101 801**	**£**	**37 945**	**£**	**2 146 275**
				£	-			£	-
						£	-	£	-
						£	258 160	£	258 160
				£	-	£	258 160	£	258 160
				£	-			£	-
				£	-			£	-
				£	**-**	**£**	**258 160**	**£**	**258 160**
£	**2 557 864**	**£**	**733 771**	**£**	**1 015 456**	**£**	**1 139 806**	**£**	**5 446 896**
						£	50 595	£	50 595
						£	50 595	£	50 595
						£	**50 595**	**£**	**50 595**
				£	58 128			£	58 128
		£	7 500					£	7 500
		£	93 000					£	93 000
		£	100 500	£	58 128			£	158 628
		£	-	£	-			£	-
		£	-	£	-			£	-
		£	-					£	-
		£	-					£	-
		£	**100 500**	**£**	**58 128**			**£**	**158 628**
				£	18 195			£	18 195
				£	18 195			£	18 195

			£ 18 195			**£**	**18 195**
	£ 100 500		**£ 76 323**	**£**	**50 595**	**£**	**227 418**
	£ 12 500					£	12 500
	£ 12 500					£	12 500
	£ 12 500					**£**	**12 500**
	£ 12 500					**£**	**12 500**
£ 2 557 864	**£ 846 771**		**£ 1 091 779**	**£**	**1 553 233**	**£**	**6 049 646**

Pathway	Action No	Relevant strategic	Harm addressed	Recommendation
Proactive Care	1,8	Goal 1	Harm 1	maybe
Proactive Care	1,10	Goal 1	Harm 2	maybe
Intermediate Care	2,3	Goal 4	Harm 2	maybe
Intermediate Care	2,4	Goal 6	Harm 2	maybe
Intermediate Care	2,9	Goal 4	Harm 4	maybe

Intermediate Care	2,10	Goal 6	Harm 3	maybe
Intermediate Care	2,25	Goal 6	Harm 2	maybe
Intermediate Care	2,33	Goal 3	Harm 3	maybe

Query?	Funding Stream
Aligns with the rehab framework need additional details to undersatnd impact i.e. numbers is this deliverable given the timelines If these posts are funded, then the benefits set out in 1.9 and 1.10 below will also be delivered. If Locums are not available then creative ways of getting people in (digital clinics etc.) can be deployed,	Pipeline
? Deliverability ? Recruitment of other prof groups need more info on recruitment plan If 1.8 funded across all 3 counties, then this will be delivered across all 3 counties.	Pipeline
in addition to crisis reponse - fits in with prog 3	Pipeline
need info on cost & impact	Pipeline
?deliverability ? impact ?part of the crisis response prog 3	Pipeline

need to confirm assurance from dom care providers ?deliverability for total period currently speaking to agencies about the availability	Pipeline
need assurance of ability to commision across 6 month time period?	Pipeline
funded elsewhere	Pipeline

Priority	Deliverability	Winter Only?	Action Theme
2 - Big impact	2	No	Prevention
3 - Rollover from 2019/20	2	No	Self-Management
1 - Resource dependant	2	No	Increased crisis response
2 - Big impact	1	No	Increased bed based capacity
2 - Big impact	1	No	Increased crisis response

			Increased home based capacity
2 - Big impact	2	No	Increased bed based capacity
1 - Resource dependant	1	Yes	increased bed based capacity

Action Title	Action summary
Bio-psycho-social MDT for aftercare of COVID-19 acute/ITU patients. Resource includes capacity for "Mental Health needs in high risk vulnerable groups with chronic disease" and "Proactive psychological and behaviour change intervention with high risk COPD patients" as set out immediately below.	"Meeting Rhys Jones' Needs" - The Long Haul of COVID Implement new psychological care pathway for COVID patients operationalising guidelines issued by British Psychological Society “Meeting the psychological needs of people recovering from severe coronavirus”: Integrated holistic MDT approach to managing patients post acute/ITU COVID admission. Establish COVID register, follow-up pathway and training programme for relevant professionals. Proactive follow-up contact in accordance with the target time points for assessment by MDTmember to all pateints on register. Assessment will allow patients, their carers and immeidate family members, including their children, to be directed to the most appropriate service to ensure recovery and wellbeing. Targetted and timely intervention is essential in this group to minimise the risk of long term health consequences and urgent escalation to specilised services will facilitate optimal outcomes and recovery.
Proactive psycholgoical and behaviour change intervention with high risk COPD patients	Proactive psycholgoical and behaviour change intervention with high risk COPD patients to enhance self-management, focusing on implementing action plan and prescribed rescue pack at first signs of an exacerbation. Early intervention by patient at home will avoid presentation at A&E & admission for IV, prevent escalation of exacerbation.
Investment in ART Crisis Response service	Investment in 2 x HCSWs to expand crisis response part of service
Temporary housing accommodation	Securing of 2 x dedicated properties to support patients leaving hospital waiting for accommodation
Mental health / Substance misuse / Learning difficulties outreach support worker	The winter period is particularly difficult for some people suffering with mental health issues. A 1 WTE support worker would target specific people in the community to ensure that they do not hit their crisis point over winter, and especially the festive period. Due to C-19, the possibliities of mental health crises is magnified due to self-isolation / travel restrictions

Increased capacity for home based care provision including recover, rehabilitation, reablement and bridging long term care need.	Supply of domicilary care support.
Increased capacity for health and social assessment beds to delivery D2RA pathsway 3	To block book specific assessment beds for those patients who are ready to leave hospital but have ongoing assessment needs to determine their long term care needs.
MH Sanctuary service and Hospitality bed	Provision of a MH out of hours Sanctuary service with a community hospitality bed in Ceredigion, to support people in MH crisis as an alternative to A&E and inpatient admission. The sanctuary service will available thurs-mon 6pm-2am and the hospitality bed will open thurs- mon 9pm-9am and will provide a local service for people in MH health crisis in Ceredigion as there are currently no AMH beds within the county.

Benefits	Impact measures	Rationale/ evidence (e.g. D2RA improvement plan)
Psychological guidelines indicate need for psychological screening at key time points @ acute, discharge and 2/3 month follow up as COVID-19 is known to cause depression, anxiety, trauma (PTSD) and cognitive impairment in many. Psychological care pathway across acute, primary and community care would identify psychological harm and utilise existing workforce to screen and deliver intervention when appropriate. Using a tiered model of care, onward referral for specialist psychological care in respiratory for only for those who need it at the higher end of the pathway. This will provide early intervention and appropriate care for COVID-19 patients and intervene to de-escalate long term mental health problems and service needs.	Key time points met for psychological screening; Reduced long-term health impacts for patients following acute admission by providing holistic approach to recovery. Coordinated delivery of care across all services accessed by the patient. MDT approach reduces the chance that pateints in need will be lost because they do not access services.	BPS Guidelines; evidence from the pilot "Practive psycholgoical and behaviour change intervention with high risk COPD patients" project in 2019/20 showed: a) Reduction in number of A&E attendance, hospital admissions and bed days. b) Mean bed days reduced from 6.14 to 0.43 post-intervention, indicating a mean cost saving of £2,281 per patient.
Assessment of 19/20 project available. Reduced demand, admissions and length of stay.	Pilot project winter 19/20 identified decrease in A&E Aattendance Reduced Hospital admission cost saving £2k + per patient.	See above
Enhanced ability to support people in the community and avoid admissions to hospital	Increase in admissions avoided Increased time spent at home	It will increase the ability to respond to people in crisis in the community, and consequently avoid admissions.
Earlier discharge from hospital	Reduction in DToC	It will provide an alternative discharge pathway which currently does not exist, in relation to people awaiting accommodation.
Reduces the risk of escalation. Reduces number of A&E presentations. Speeds up recovery. Promotes the use of pre-statutory services	Reduced admissions; reduced A&E attenders	D2RA

Promotion of home first; reduced delays in discharge and support for D2A	Reduced LOS improved front door turnaround.	D2RA
Reduced social admissions. Reducing AvLOS Reducing inpatient delays. Reducing needs to surge beds.	Reduced AvLOS Reduced ambulance transfers. De-escalation of acute site Reduced number of stranded patients. Increased MDT peer support and trust across organisations and professional roles.	D2RA P3
Increase accessibility for people requiring MH crisis support and reduce the need for cross border travel in line with covid requirement. Currently the nearest sanctuary service and hospitality bed is in Llanelli.	reduce admissions respond to crisis reduce travel across borders	MHLD transformation

Area (region or LA)	Lead Partner	Partners	Action Sponsor
Regional	HDUHB	Acute COVID Workforce/ Community & Primary Care	Ceredigion County
Regional	HDUHB	Respiratory services.	Ceredigion County
Carms	HDUHB		Alex Williams
Carms	CCC		Jonathan Morgan
Ceredigion	Ceredigion CC		

Ceredigion	HDUHB	Cered CC	County Director
Pembs	HDUHB	PCC Independent Care Home Sector	Head of Adult Social Care General Manager
Ceredigion	HDuHB	LA, 3rd sector	Kay Isaacs

Lead Contact	Link with 2019-20 plan	Resources required	Start Date
Bethan.Lloyd@wales.nhs.uk	Yes	Form register from PAS Form MDT; Health Psych, Physio, OT, Respiratory Nurse, GPwSI, ?Respiratory consultant, pulmonary rehabilitation. 2 hours per week; MDT Admin 2 days. Assessment 2hours per patient (inc. admin), i.e. 20 hours if 10 patients a week). If PTSD diagnosed (say 2/10) then 6-10 sessions of psychological intervention); say 3 will require referral to other service, such as phsyio/OT for functional intervention. Health Psychology Lead 8a MOCCA training - Charitable fund bid submitted (£1000) BEVAN exemplar proposal for pathway, but not the MDT and proactive follow-up approach. Integrated solution of 8a Health Psychologist per county + band 5 assisant per county to cover the three schemes.	4 weeks to initialise post approval assumes rapid recruitment to posts.
Bethan.Lloyd@wales.nhs.uk	Yes	Included in resources for COVID MDT (See above)	See above
Sarah Cameron	Yes	2 x HCSWs	nov-20
	No	Voids Sheltered Accommodation	nov-20
	No		

	Yes	Block Booked Dom Care : Based on 100 hours x 1.4 (inefficiency/ downtime) x £30 per hour (current framework max) x 22 weeks) = £93,000	November
TBC	No	5 social beds @£665.09 per week = £86,461 5 general nursinf health beds @ £851.40 per week = £110,682 23,592.40	October (but dependent on assessed need and commissioning)
Bleddyn Lewis	No	£33235 for 3mths, cost includes accomodation, running costs and staff. **Pilot will be funded initially through MH transformation slippage until April 21**	okt-20
			total

Overall Cost	Financial profile				
	okt-20	nov-20	des-20	jan-21	feb-21
£ 72 800	£ -	£ -	£ 18 200	£ 18 200	£ 18 200
£ -					
£ 27 500	£ -	£ 5 500	£ 5 500	£ 5 500	£ 5 500
£ -					
£ 12 500		£ 2 500	£ 2 500	£ 2 500	£ 2 500

£ 93 000	£ -	£ 18 600	£ 18 600	£ 18 600	£ 18 600
£ 183 945		£ 36 789	£ 36 789	£ 36 789	£ 36 789
£ -	£ -	£ -	£ -	£ -	£ -

£ 6 049 646

mar-21	Comments
£ 18 200	£218000 pa based upon mid-point This is COVID care pathway and patients will need to be cared for on an ongoing basis.
	Included in action 1.8 costs
£ 5 500	
	ball park figure around £37.5k
£ 2 500	£29773 per annum at mid-point

£ 18 600		
£ 36 789	To be commissioned as required subject to successful implementation of priority 1 actions.	New consolidated 2.3 & health Oct costs removed
£ -		

Pathway	Action No	Relevant strategic goal(s)	Funding Stream	Action Title
Proactive Care	1,8	Goal 1	Pipeline	Bio-psycho-social MDT for aftercare of COVID-19 acute/ITU patients. Resource includes capacity for "Mental Health needs in high risk vulnerable groups with chronic disease" and "Proactive psychological and behaviour change intervention with high risk COPD patients" as set out immediately below.

Proactive Care	1,10	Goal 1	Pipeline	Proactive psycholgoical and behaviour change intervention with high risk COPD patients
Proactive Care	1,18	Goal 3	Q3/4 Funding	Adult Mental Health Community support
Proactive Care	1,19	Goal 4	Q3/4 Funding	Older Adult Mental Health Crisis support
Proactive Care	1,20	Goal 3	Primary Urgent Care	Primary Urgent Care Model to deliver 111 model
Intermediate Care	2,1	Goal 6	D2RA Funding	Investment in equipment

Intermediate Care	2,2	Goal 6	D2RA Funding	Community independence service
Intermediate Care	2,3	Goal 4	Pipeline	Investment in ART Crisis Response service
Intermediate Care	2,4	Goal 6	Pipeline	Temporary housing accommodation
Intermediate Care	2,5	Goal 6	Q3/4 Funding	Additional equipment, servicing and econtamination.
Intermediate Care	2,7	Goal 4	Q3/4 Funding	Mental Health Crisis Provision/Hospital discharge support
Intermediate Care	2,9	Goal 4	Pipeline	Mental health / Substance misuse / Learning difficulties outreach support worker
Intermediate Care	2,10	Goal 6	Pipeline	Increased capacity for home based care provision including recover, rehabilitation, reablement and bridging long term care need.

Intermediate Care	2,15	Goal 6	Q3/4 Funding	Additional community therapy service
Intermediate Care	2,20	Goal 6	Q3/4 Funding	Deep clean services
Intermediate Care	2,22	Goal 6	Q3/4 Funding	Early Supported Discharge for stroke
Intermediate Care	2,23	Goal 6	Q3/4 Funding	Increased capacity for 7 day assessment for people at home and within a hospital or intermediate care bed.

Intermediate Care	2,24	Goal 3	Q3/4 Funding	Increased capacity for home based care provision including recover, rehabilitation, reablement and bridging long term care need.
Intermediate Care	2,25	Goal 6	Pipeline	Increased capacity for health and social assessment beds to delivery D2RA pathsway 3
Intermediate Care	2,26	Goal 3	Q3/4 Funding	Enabling rapid assessment and home based care

Intermediate Care	2,29	Goal 4	Q3/4 Funding	Carms MH crisis response
Intermediate Care	2,30	Goal 4	Q3/4 Funding	alternative place of safety/soft 136

Intermediate Care	2,31	Goal 4	Q3/4 Funding	alternative place of safety/soft 136
Intermediate Care	2,32	Goal 3	D2RA Funding	Shared Care Pathway
Intermediate Care	2,33	Goal 3	Pipeline	MH Sanctuary service and Hospitality bed

Intermediate Care	2,34	Goal 5	Q3/4 Funding	Bridging, Support for Discharge
Lterm & Complex Care	3,1	Goal 6	Q3/4 Funding	Additional capacity to support discharge from hospital/admission avoidance
Lterm & Complex Care	3,2	Goal 6	D2RA Funding	Repurposing of excess residential/nursing capacity to support needs of the population
Longterm & Complex Care	3,4	Goal 3	Q3/4 Funding	Developing the home care work force & increasing capacity in the sector
Longterm & Complex Care	3,5	Goal 4	D2RA Funding	Reconfiguring respite care provision

Longterm & Complex Care	3,6	Goal 3	D2RA Funding	MHLD regional discharge beds
Longterm & Complex Care	3,7	Goal 5	Q3/4 Funding	MHLD regional secure inpatient beds
Hospital Care	4,2	Goal 5	Q3/4 Funding	Bronglais Additional ED medical staff cover
Hospital Care	4,3	Goal 5	Q3/4 Funding	Bronglais Additional MG doctor weekends

Hospital Care	4,4	Goal 5	Q3/4 Funding	Bronglais Consultant Physician increased session
Hospital Care	4,8	Goal 5	Q3/4 Funding	Bronglais additional weekend working
Hospital Care	4,9	Goal 5	Q3/4 Funding	Radiology cover for flow
Hospital Care	4,10	Goal 5	Q3/4 Funding	Additional Nursing Cover - ED
Hospital Care	4,11	Goal 5	Q3/4 Funding	Additional Nursing Cover - Triage/Amb Care etc

Hospital Care	4,12	Goal 5	Q3/4 Funding	Improved care of dementia sufferers and enable transfer to more appropriate environment with shared care support
Hospital Care	4,13	Goal 5	Q3/4 Funding	Improved Flow
Hospital Care	4,16	Goal 3	Q3/4 Funding	Front of House Physiotherapy
Hospital Care	4,17	Goal 3	Q3/4 Funding	Front of House therapy support
Hospital Care	4,18	Goal 5	Q3/4 Funding	Acute Occupational Therapy extended hours and weekend cover

Hospital Care	4,21	Goal 5	Q3/4 Funding	Extended respiratory specialist nurse cover
Hospital Care	4,22	Goal 2	SDEC/AEC Funding	Increase the front door cover and extension of scope of ambulatory care unit
Hospital Care	4,27	Goal 5	Q3/4 Funding	PPH increased service capacity across 7 days
Hospital Care	4,28	Goal 5	Q3/4 Funding	Additional Staffing for MIU on key dates over
Hospital Care	4,29	Goal 2	SDEC/AEC Funding	reintroduction of SDEC in PPH. (ambi care now closed due to social distancing)
Hospital Care	4,30	Goal 5	Q3/4 Funding	CAHMS inpatient support

Hospital Care	4,32	Goal 5	Q3/4 Funding	GGH Additional ED medical staff cover
Hospital Care	4,33	Goal 5	Q3/4 Funding	GGH Additional Medical MG doctor weekends
Hospital Care	4,34	Goal 3	Q3/4 Funding	GGH additional weekend working OT/PT in A&E
Hospital Care	4,35	Goal 5	Q3/4 Funding	GGH Consultant Physician increased session on BH's and weekends
Hospital Care	4,36	Goal 5	Q3/4 Funding	GGH Surge into Steffan annexe etc. until 31st March 2020
Hospital Care	4,39	Goal 5	Q3/4 Funding	Additional HCSW's who can take bloods at weekends and BH's
Hospital Care	4,41	Goal 5	Q3/4 Funding	Set up rehab ward on Ceri template
Hospital Care	4,42	Goal 5	Q3/4 Funding	Additional porter for A&E/CDU 5pm - midnight
Hospital Care	4,44	Goal 5	Q3/4 Funding	NNP to work weekend days and BH's

Hospital Care	4,45	Goal 6	Q3/4 Funding	Extension of British Red Cross operating hours (5pm-2am)
Hospital Care	4,46	Goal 5	Q3/4 Funding	?? GGH Early Supported Discharge / Outreach
Hospital Care	4,48	Goal 3	Q3/4 Funding	Improved flow
Hospital Care	4,49	Goal 2	SDEC/AEC Funding	reintroduction of SDEC in GGH. (ambi care now closed due to social distancing)

Action summary	Benefits	Impact measures	Rationale/ evidence (e.g. D2RA improvement plan)
"Meeting Rhys Jones' Needs" - The Long Haul of COVID Implement new psychological care pathway for COVID patients operationalising guidelines issued by British Psychological Society “Meeting the psychological needs of people recovering from severe coronavirus”: Integrated holistic MDT approach to managing patients post acute/ITU COVID admission. Establish COVID register, follow-up pathway and training programme for relevant professionals. Proactive follow-up contact in accordance with the target time points for assessment by MDTmember to all pateints on register. Assessment will allow patients, their carers and immeidate family members, including their children, to be directed to the most appropriate service to ensure recovery and wellbeing. Targetted and timely intervention is essential in this group to minimise the risk of long term health consequences and urgent escalation to specilised services will facilitate optimal outcomes and recovery.	Psychological guidelines indicate need for psychological screening at key time points @ acute, discharge and 2/3 month follow up as COVID-19 is known to cause depression, anxiety, trauma (PTSD) and cognitive impairment in many. Psychological care pathway across acute, primary and community care would identify psychological harm and utilise existing workforce to screen and deliver intervention when appropriate. Using a tiered model of care, onward referral for specialist psychological care in respiratory for only for those who need it at the higher end of the pathway. This will provide early intervention and appropriate care for COVID-19 patients and intervene to de-escalate long term mental health problems and service needs.	Key time points met for psychological screening; Reduced long-term health impacts for patients following acute admission by providing holistic approach to recovery. Coordinated delivery of care across all services accessed by the patient. MDT approach reduces the chance that pateints in need will be lost because they do not access services.	BPS Guidelines; evidence from the pilot "Practive psycholgoical and behaviour change intervention with high risk COPD patients" project in 2019/20 showed: a) Reduction in number of A&E attendance, hospital admissions and bed days. b) Mean bed days reduced from 6.14 to 0.43 post-intervention, indicating a mean cost saving of £2,281 per patient.

Proactive psycholgoical and behaviour change intervention with high risk COPD patients to enhance self-management, focusing on implementing action plan and prescribed rescue pack at first signs of an exacerbation. Early intervention by patient at home will avoid presentation at A&E & admission for IV, prevent escalation of exacerbation.	Assessment of 19/20 project available. Reduced demand, admissions and length of stay.	Pilot project winter 19/20 identified decrease in A&E Aattendance Reduced Hospital admission cost saving £2k + per patient.	See above
Adult Mental Health Community support – This will expand on the hospital discharge model agreed through ICF covid funds which is aimed at improving patient flow and discharge home as the default pathway, in particular where residential care would otherwise have been likely.The additional resource will also be able to support those at risk of admission, support those stepping down from residential placements and provide interim support to people awaiting commissioned dom care input.	Provide community support to reduce risk of admission, provide discharge support to accelerate step down and improve bed flow. Support step down from residential care to increase care home bed availability.	reduction in admissions reduction in DTOC's reduction in LOS reduction of readmission within 28 days increase in community support capacity	MHLD transformation, D2RA
Older Adult Mental Health Crisis support – Support for people in crisis to remain at home or in their care setting in order to avoid admission, prevent carer breakdown and provide inreach support to care homes to avoid placement break down	Reduce placement and carer breakdown to avoid admission	reduction in admissions reduction in DTOC's reduction in LOS reduction of readmission within 28 days increase in community support capacity	MHLD transformation, D2RA
establishment of a 'call handling' service for patients within the Health Board - utilising Delta Wellbeing to support the redirection and appointment scheduling of enquiries. Utilising GP triage to redrect pateints to alternative pathways	Avoid attendance at ED departments	Reduce inappropriate attendance to ED Increase usage of '111'	national USC programme
Investment in CICES to ensure sufficient equipment in place to facilitate patient flow	Sufficient equipment available to support hosptial discharge and support admission avoidance over the winter	Reduced DTOC Increase in admissions avoided Reduction in average length of stay	It will allow Carmarthenshire to have sufficient equipment to facilitate hospital discharge/avoid admissions

Investment in additional domicilicary care service to provide bridging service and right sizing service for new packages of care	This will ensure that people are receiving the right level of care, so care available can be maximised. It will also provide additional capacity to faciliate discharge from hospital/supoprt people in the community.	Reduced DTOC Increase in admissions avoided Reduction in average length of stay Number of hours of domiliary care saved	It will increase the domiciliary care capacity available, and also allow Carmarthenshire to right size packages of care so capacity is maximised.
Investment in 2 x HCSWs to expand crisis response part of service	Enhanced ability to support people in the community and avoid admissions to hospital	Increase in admissions avoided Increased time spent at home	It will increase the ability to respond to people in crisis in the community, and consequently avoid admissions.
Securing of 2 x dedicated properties to support patients leaving hospital waiting for accommodation	Earlier discharge from hospital	Reduction in DToC	It will provide an alternative discharge pathway which currently does not exist, in relation to people awaiting accommodation.
Supporting Home First. Ensure suffiecient stock of equiment is available within central and any satelite locations and capacity for repair and decontamination.	Supporting patients to remain at home; promoting discharge.	Reduced admission; reduced A&E attenders; improved LOS	Ensuring equipment is available when required to promote discharge.
Increase available support to support people in mental health crisis out of hours to prevent unnecessary admission to hospital and support effective hospital discharge	Ability to support people in mental health crisis in the right environment	Reduction in number of attendances at A&E Number of diversions Reduction in number of admissions to acute beds Number of delayed discharges	Essential to support hospital discharge/avoid unnecessary admissions.
The winter period is particularly difficult for some people suffering with mental health issues. A 1 WTE support worker would target specific people in the community to ensure that they do not hit their crisis point over winter, and especially the festive period. Due to C-19, the possibliities of mental health crises is magnified due to self-isolation / travel restrictions	Reduces the risk of escalation. Reduces number of A&E presentations. Speeds up recovery. Promotes the use of pre-statutory services	Reduced admissions; reduced A&E attenders	D2RA
Supply of domicilary care support.	Promotion of home first; reduced delays in discharge and support for D2A	Reduced LOS improved front door turnaround.	D2RA

1WTE physiotherapist and 1WTE Occupational therapist	Support increased community bed base in the county, prevent admission to acute site, and supporting MDT discharge planning promoting Home First	Number of admissions Number of re - admissions LOS	Essential to ensure suffiicent care capacity over the winter to support flow.
Provide a rapid access to cleaning services to support Mental health and Substance misuse clients where significant work is required to make their homes habitable. This could be extended to support people with houses affected by hoarding coming from hospital	Speeds up the discharge process for some groups of clients. Reduces DTOC. Stops reliance on other temporary residential services	Reduce DTOC for those clients. Reduce use of residential services for those clients	D2RA
Enable stroke inpatients to be discharged from hospital to home at an earlier point in their recovery and continue to receive rehabilitation at home. New stroke assessments at weekends could be incorporated into this scheme to meet quality standard for SSNAP.	Stroke patients who can return home at an earlier point in their stroke pathway are supported to do so and still receive the rehabilitation required for optimum outcomes post stroke. Reduced LOS and bed days quantifiable.	LOS for stroke PROM & PREM SSNAP performance against targets	NICE – Stroke Rehabilitation https://www.nice.org.uk/guidance/cg162/resources/stroke-rehabilitation-in-adults-pdf-35109688408261 RCP – Clinical Guidelines for Stroke https://www.strokeaudit.org/SupportFiles/Documents/Guidelines/2016-National-Clinical-Guideline-for-Stroke-5t-(1).aspx
A multi-disciplinary team with the capacity to work 7 days pre week, rapidly progressing assessment to either prevent an admission to hospital or support a timely and safe discharge. The team will work through the Intermediate Care Hub, liaising with referrers and response teams, building awareness and understanding of D2RA pathways and avaiable community based resources to support someone at home.	Confidence of community based referrers to manage people at home with support. Reducing social or no medical admissions. Reduced bed occupancy and delays to patients. Reducing functional decline following a long inpatient stay. Reducing need to surge beds.	Reduced AvLOS Reduced ambulance transfers. De-escalation of acute site Reduced number of stranded patients. Increased MDT peer support and trust across organisations and professional roles.	D2RA P0, 1, 2, 3 & 4

A multi-professional response team, built upon a foundation of Band 2 Health Care Support Workers or equivalent social care workers with appropriate governance, supervision and co-ordination. This adresses the most significant capacity gap for people within Pembrokeshire.	Confidence in community and acute referrers that home based care is available to support people. Reduced social admissions. Reducing AvLOS Reducing inpatient delays. Reducing needs to surge beds.	Reduced AvLOS Reduced ambulance transfers. De-escalation of acute site Reduced number of stranded patients. Building confidence around patient flow and alternative processes.	D2RA P1 & 2
To block book specific assessment beds for those patients who are ready to leave hospital but have ongoing assessment needs to determine their long term care needs.	Reduced social admissions. Reducing AvLOS Reducing inpatient delays. Reducing needs to surge beds.	Reduced AvLOS Reduced ambulance transfers. De-escalation of acute site Reduced number of stranded patients. Increased MDT peer support and trust across organisations and professional roles.	D2RA P3
Increasing equipment, training and patient information to support the rapid assessment and care capacity.Equipment : BP machine, temp gauge, sats probe with heart rate. Quick access to base sheet slide sheets, commodes/ wheeled, stand aids- equipment stores. Long handled aids- sponges, grabbers, flannels, shoe horns, leg lifters.	Increasing capacity through reducing the number of care calls, carers and increasing impact of care delivered to support more timely and effective rehab.	Reduction in care calls Reduction in time spent in the service Reduction in Admissions	D2RA P0, 1, 2, 3

Increase Carmarthenshire LA support for people in mental health crisis out of hours to prevent unnecessary admission to hospital and support effective hospital discharge. This includes additional AMHP capacity to respond to increased MH Act Assessments , progress least restrictive options and prevent admission to hospital. This will also provide additional AMHP capacity for the region in relation to the current centralised 136 unit whilst soft 136/alternative place of safety facilities are developed in Ceredigion and Pembrokeshire. In addition purchase discharge to assess residential beds for Carmarthenshire patients with complex needs and or ARBD. Provide additional staffing to support residential respite to facilitate discharge from hospital or prevent hospital admission and provide additional capacity to support anticipated pressure of increased DOLS referrals.	Ability to support people in mental health crisis in the right environment, avoid unecessary cross border travel for AMHPS, reduce LOS and DTOC for complex patients	Reduction in number of attendances at A&E Reduction in number of admissions and DTOC.	D2RA & MHLD transformation
Pilot of soft 136/alternative place of safety in Haverfordwest Pembrokeshire 7 days a week	Initiative would provide a Pembs based service and negate the need for out of county transfer to current central 136 facility in Llanelli in line with current covid need to restrict travel across boundaries. Service will be delivered jointly with 3rd sector partners and in collaboration with Police. A soft 136 transfer pathway has been developed in agreement with all partners	reduction in s136 police transfers out of area reduction n cross border travel for AMPHS. Improved signposting to support via 3rd sector partners.	MHLD transformation

Expansion of existing soft 136/alternative place of safety in Ceredigion from weekends only to 7 days a week.	Initiative would provide a Pembs based service and negate the need for out of county transfer to current central 136 facility in Llanelli in line with current covid need to restrict travel across boundaries. Service will be delivered jointly with 3rd sector partners and in collaboration with Police. A soft 136 transfer pathway has been developed in agreement with all partners	reduction in s136 police transfers out of area reduction n cross border travel for AMPHS. Improved signposting to support via 3rd sector partners.	MHLD transformation
Purchase of 2 Shared care pathway assessment beds in the private sector. This would support a pilot joint initiative between MHLD and LTC to ensure that patients with complex health needs are not delayed in discharge due to issues with establishing funding responsibility. The beds will be used as an intermediate option to allow joint assessment post discharge to establish ongoing needs and care coordination/commissioning responsibility. The beds will be a regional resource and allocated by joint agreement of MHLD and LTC Commissioning.	Reduce delays in discharging complex patients from MHLD & DGH wards	Reduction in DTOC and LOS	D2RA
Provision of a MH out of hours Sanctuary service with a community hospitality bed in Ceredigion, to support people in MH crisis as an alternative to A&E and inpatient admission. The sanctuary service will available thurs-mon 6pm-2am and the hospitality bed will open thurs- mon 9pm-9am and will provide a local service for people in MH health crisis in Ceredigion as there are currently no AMH beds within the county.	Increase accessibility for people requiring MH crisis support and reduce the need for cross border travel in line with covid requirement. Currently the nearest sanctuary service and hospitality bed is in Llanelli.	reduce admissions respond to crisis reduce travel across borders	MHLD transformation

Build a bank of B3 HCSW to provide interim support for patients returning home from hospital. Would be a shared acute/community resource. Suggest fund 6 wte on fixed term Nov to end March.	Improved ability to discharge patients with low but not zero care needs.		
Additional professional support to support discharge from acute and community hospitals and effective patient flow to include 5 x agency social workers, 2 x nurse assessors for LTCT, 2 x Locum OTs, 2 x locum physio plus 1 x Grade G commissioning post	Earlier discharge from hospital	Number of discharges supported Reduced DToC Reduction in average length of stay Increase in admissions avoided	Essential to support hospital flow by ensuring sufficent assessment capacity.
Repurpose existing capacity to address the following: Additional beds for complex needs. Step down assessment beds. Additional dementia nursing capacity.	Earlier discharge from hospital and potential to meet more complex needs in the community	Number of discharges supported Reduced DToC Reduction in average length of stay Increase in admissions avoided	Essential to ensure sufficient bed-based capacity over the winter to support hospital flow
Led by SCWDWP in PCC, we will be offering pre-employment checks, induction and training for staff wanting to enter the care sector as long term career development and staff will be "work ready" staff at the end of the programme. In addition, we will be using the Government Kick starter scheme to offer 30+ placements within the care sector this is a partnership lead by Norman Industries and includes PCC, PAVS and independent sector providers, we will offer 6months of fully funded employment for carers	Increase workforce	Impact on flow	P2 and P3
Upto 7 additional beds for long term use will be created by reconfiguring the previous respite care provision at Havenhurst.	Adding extra capacity for intermediate care beds for waiting for home of choice and EMI provision	Reduced of AvLOS of patient on P3	P3

Purchase of regional MHLD step down residential care beds to support discharge from AMH acute beds and improve patient flow. The beds will be utilised in response to winter pressures and covid need to ensure acute capacity is available when needed and to maintain red area bed capacity to respond to covid cases	Reduce delays in discharging patients from MHLD acute wards to ensure spare capacity is available to meet crisis need.	reduction LOS, DTOC and bed occupancy	D2RA & MHLD transformation
Purchase of independent sector secure beds to provide step down capacity and maintain red areas in the Cwm seren LSU & PICU units. The beds will be utilised in response to winter pressures and covid need to ensure urgent PICU capacity is available for acute MH crisis need. The LSU service is long stay with limited turnover of beds and freeing up capacity will also enable transfers from PICU for those requiring longer term intensive treatment.	free up LSU capacity for red/ green beds	Improve availability of red/green beds	D2RA & MHLD transformation
Fund additional junior over 7 days for ED 00.00 to 08.00. Single doctor duty is not adequate for winter period	Clinical safety, timely assessment and flow From a clinical safety point of view this requires recurrent funding	Patient safety Decision Making out of hours Robust improvement for night team	Previous years experience. Feedback from consultant body also highlighted additional support required overnight for prolonged busy periods of time during winter, expected that this will increase as we commence into flu season.
Fund MG doctor Sat/Sun/BH 09.00 to 14.00	Achieve improve discharge profile over 7 days, clinical safety & flow	Improved discharges over 7 days On site senior decision making	Previous years experience, additional doctor to aide and support early discharge. Consultants commitments are in the post take ward round and with the critically ill patients. Facilitation of this additional support is proven to be very effective as well as enabling patients to either be discharged or transferred at the earliest opportunity. The number of patient in the ward round usually increases during the winter period.

Increase in consultants in post means this is potentially more achievable than in the past. Fund 1 additional session per week x 7 consultants to enable more on site present when on call/take	Broader time frame for senior decision making. Draw down will be for black days and expected high level challenge weekends	Senior clinician on site at beginning and end of the day to improve "take" support	Previous years experience, additional doctor to aide and support early discharge. The on call consultant commitments are in the post take ward round and with the critically ill patients. Facilitation of this additional support is expected to be very effec
This is a mix of staff - confirm details with finance but a range of B2 staff working Sat/Sun - phlebotomy, bed cleaning, hotel services & porters	Support as needed for diagnostics (phlebotomy), flow (porters, bed cleaning) etc		Previous years experience. Regular weekend phleb support enabled early blood results to enable discharge./early discharge. Additional hotel services enable a smoother flow and discharge process.
Fund B2 wte M-F 08.00 to 18.00 as a diagnostic coordinator for radiology. Required recurrent funding also due to the positive impact	Improves timely flow and diagnostics for in patients and reduces need for staff to be off wards (covid safety)		enables flow by providing a runner from A&E and wards for diagnostic tests and results
Fund 2 x wte RNs (B5) for ED nights over 7 days. Will be used as a call down when required to ensure cover for corridor patients and ambulance offload	Facilitate ambulance offload - avoid delays and improved clinical safety		Critical need, particularly as BGH does not have surge capacity . Nurse for ambulance triage/offload, nurse +1 for minors when required revious years experience where additional nursing was required due to demand.
Fund 1 RN and 1 HCSW for triage area which is separate from main A&E	Improved flow. Establishes Green and Red flow in plus supports minors flow and function and enables reinstatement of ambulatory care		ED will have a separate triage area for flexible use through Covid which needs separate staffing Required for triage area, as if surged into minors, this area will be utilised and need to be staffed accordingly as winter pressures increase.

Fund additional junior doctor post Nov to end March for Enlli Dementia Shared Care Model	Improved flow, patient experience and enable agreed testing of the new model that has been scuppered by Covid-19		Ideally would be recurrently funded but critical for winter as on call team will be on high demand. Medic team is significantly depleted on Enlli. Requirement for acute to support the shared care model on a full time basis. Lack of dedicated medic may impact timely patient reviews.
Fund additional OT therapy hours - 30 hours at B6 to support the ward	Improved flow, patient experience and enable agreed testing of the new model that has been scuppered by Covid-20		To support the medical team and timely discharge/assessment
Front of House physiotherapist currently off on Maternity Leave. Funding to increase the band 7 (maternity) money we have to a full time post for 6 months would make the position more attractive for potential applicants and enable a full time cover for FOH. Currently only covered with bleep service from existing acute workforce	Turn around at front door, prevent admission, liaise with community therapies	Reduced admissions/re-admissions	Admission prevention, liaison with community therapies to avoid admissions. Potential candidate already identified
Further develop FOH therapy service by recruiting a Therapy Support Worker - undertaking delegated interventions to ensure prudent delivery and maintaining therapist capacity to focus on new assessments and contributing to/ supporting MDT decision-making. Consideration to be given to this being a blended therapy support worker/ Therapy Assistant Practitioner (TAP) role if recurrent funding confirmed, however this is unlikely to be feasible in the immediate term.	Turn around at front door, prevent admission, prevent re-admission by supporting robust transition and joint working/ handover to community services	Reduced admissions/re-admissions	Support to achieve admission avoidance and discharge support to create flow. High change this will be a key action to avoid site escalation
1WTE Agency Occupational Therapist and funding of additional hours for BGH - providing capacity for the acute occupational therapy team to work extended hours and reliably offer 6 day cover and occasional 7 day cover without detrimentally impacting on capacity Mon-Fri	Increased capacity Mon-Fri and 6/7 day cover supporting earlier assessment, rehab, and discharge planning, therefore reducing LOS and fascilitating patient flow from acute sites back into the community setting	Reduced referral to treatment/assessment time. Reduced LOS	Enabler for early assessment rehab and discharge planning - expected outcome in reducuction of LOS.

Provision of 7 day per week respiratory clinical nurse specialist cover	Increased support & education provision to the clinical teams on site in relation to respiratory care. mproved management of patients with respiratory needs,	Reduced LoS	Response to Covid
Continue move towards increasing front door and increasing ambulatory care delivery across a 7 day period	Increased management of patients outside of an inpatient setting Increased flow into both same day emergency & planned ambulatory care settings	Reduced LoS through AEC Increased numbers Reduced admissions	Response to Covid and ambulatory care best practice
PPH additional weekend Reg and Consultant, physio, OT, & phlebotomy (16 hours overtime each per week)	reduced LOS and reduced daily variation	reduced LOS increased Sat and Sun discharges	previous years experience
additional hours to GPs and ANPs for bank holidays and other days of peak demand over holiday period (8 days * 12hours * GP hourly rate)	improved flow in MIU	4 hour performance	previous years experience
GP or Reg led SDEC linked to MIU. Part of WG guidance for Q2 onwards	Increased management of patients outside of an inpatient setting Increased flow into both same day emergency & planned ambulatory care settings	Reduced LoS Increased numbers through AEC Reduced admissions	national and local evidence to support SDEC
Provide additional capacity to support children and young people through the assessment process and support any admission to the CAHMS bed on Morlais ward or the Rainbow suite. This will ensure consistent staffing when children and young people are admitted and enable the same familiar staff group to support during their stay which improves individual outcomes and supports earlier discharge. The service will operate 7 days a week to ensure referrals are dealt with promptly and urgent admissions accepted 24hours with reduced wait in emergency departments	provide dedicated support to children requiring admission, reduce delays in emergency dept stay for children in MH crisis and ensure rapid admission to appropriate bed.	Reduce time in emergency dept and LOS. Improved patient experience for young people	D2RA & MHLD transformation

Additional MG on BH's and weekends to deal with additional workload Additional senior support when ED is busy earlier time to treatment	Reduced admissions		
Additonal senior dr to see medical patients and avoid unecessary admissions Admission avoidance senior decision making and treatment plans commenced earlier in the patient journey	Reduced admissions		
A Band 6 Physio and Band 6 OT working weekends and BHs. 7.5 hour shift, staggered start provding 8am-8pm coverage. Would also provide acute in-reach. Would be supported by Generic Worker role below.	Reduced admissions		
Additional Consultant cover on sessional payment basis	Reduced LoS		
Vacated surgical ward used for medical patients Abiity to manage medical demand and winter pressures	4 hour performance		
Provide intensive rehab to ortho, surgical and medical patients.			
	Improved 4 hour performance		

Supporting patient experience in A&E; Improving ED patient flow; Safe and timely re-settlement of patients to their homes; Connecting patient sinto community based services to support inproved self-care and re-admission avoidance.	Increased discharges Reduced LoS		
?? GGH Therapy Generic Worker Early Supported Discharge / Outreach (spinal, stroke, medical) & A&E discharge avoidance support	Reduced admissions Reduced re-admissions Increased discharges Reduced Los		
PPH Therapy Generic Worker Early Supported Discharge / Outreach (spinal, stroke, medical) & A&E discharge avoidance support	Admission avoidance, expedited discharge readmission avoidance		
GP or Reg led SDEC linked to MIU. Part of WG guidance for Q2 onwards	Increased management of patients outside of an inpatient setting Increased flow into both same day emergency & planned ambulatory care settings	Reduced LoS Increased numbers through AEC Reduced admissions	national and local evidence to support SDEC

Lead Contact	Patient Cohort	Baseline Measure	Baseline Measure	Baseline Measure	Baseline Measure	Baseline Measure	Baseline Measure	Baseline Measure
Bethan.Lloyd@wales.nhs.uk	COVID +ve	Reduced admissions	Reduced LoS	Reduced re-admission				

Bethan.Lloyd@wales.nhs.uk	COPD	Reduced admissions	Reduced LoS	Reduced re-admission				
Lisa Bassett	Adult MH	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost			
Neil Mason	Older Adult MH	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost			
	Minor ED Attenders	Reduced ED attendances						
Leigh George	All	Reduced admissions	Reduced LoS	Reduced re-admission				

Alison Watkins	D2RA Pathway 2	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost	Increase hours of dom care		
Sarah Cameron	All	Reduced admissions	Reduced re-admission					
	D2RA Pathway 2	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost			
	D2RA Pathway 2	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost			
	Adult MH D2RA Pathway 2	Reduced admissions	Reduced LoS	Reduced ED attendances	Bed days lost			
	Adult MH	Reduced admissions	Reduced LoS	Reduced ED attendances				
	D2RA Pathway 1 D2RA Pathway 2	Reduced admissions D2RA Pathway 1	Reduced LoS	Reduced re-admission	Bed days lost	Improved ED performance	Reduced ambulance handover delays	

	D2RA Pathway 3	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost			
	Adult MH D2RA Pathway 2	Reduced LoS	Reduced re-admission	Bed days lost				
	Stroke	Reduced LoS	Reduced re-admission					
Service Delivery Manager - Intermediate Care	D2RA Pathway 1 D2RA Pathway 2 D2RA Pathway 3	Reduced admissions D2RA Pathway 1	Reduced LoS	Reduced re-admission	Bed days lost	Improved ED performance	Reduced ambulance handover delays	

Service Delivery Manager - Intermediate Care	D2RA Pathway 2	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost			
TBC	D2RA Pathway 3	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost			
Therapies Lead ICT	D2RA Pathway 2	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost			

Avril Bracey	Adult MH	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost	Improved ED performance	Reduced ambulance handover delays	
Peter Gill								

Bleddyn Lewis								
Matt Richards Vicki Broad	Adult MH	D2RA Pathway 3	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost		
Bleddyn Lewis	Adult MH	Reduced admissions D2RA Pathway 1	Reduced LoS	Reduced re-admission	Bed days lost	Improved ED performance	Reduced ambulance handover delays	

Dawn Jones	D2RA Pathway 2	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost			
Alex Williams	D2RA Pathway 2	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost			
	D2RA Pathway 3	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost			
	D2RA Pathway 2 D2RA Pathway 3	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost			
	D2RA Pathway 3	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost			

Matt Richards	Adult MH D2RA Pathway 3	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost			
Nicola Hopkins	Adult MH PICU	Increased PICU capacity						
Lou Cullium	All	Improved ED Performance	Reduced ambulance handover delays					
Lou Cullium	Weekend performance	Increased discharges	Reduced LoS	Improved ED Performance	Reduced ambulance handover delays			

Lou Cullium	All	Reduced LoS	Increased discharges	Improved ED Performance	Reduced ambulance handover delays			
Team leads /Hazel Davies	Weekend performance	Increased discharges	Reduced LoS	Improved ED Performance	Reduced ambulance handover delays			
Mark Sherratt	All	Reduced LoS	Increased discharges	Improved ED Performance	Reduced ambulance handover delays			
Dawn Jones	All	Improved ED Performance	Reduced ambulance handover delays					
Dawn Jones	All	Improved ED Performance	Reduced ambulance handover delays					

Guto Davies/Lou Cullum	Older Adult MH	Reduced LoS						
Katie Darby	All	Reduced LoS	Increased discharges	Improved ED Performance	Reduced ambulance handover delays			
Adrian Price	D2RA Pathway 1 D2RA Pathway 2	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost	Improved ED performance	Reduced ambulance handover delays	
Adrian Price/Katie Darby	D2RA Pathway 1 D2RA Pathway 2	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost	Improved ED performance	Reduced ambulance handover delays	
Katie Darby	D2RA Pathway 1 D2RA Pathway 2	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost	Improved ED performance	Reduced ambulance handover delays	

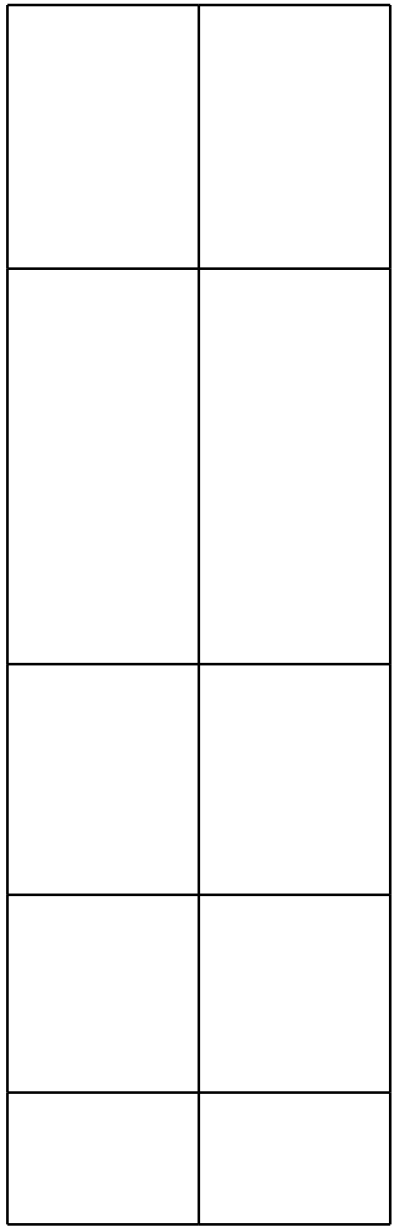
SDM Unscheduled Care WGH	Respiratory	Reduced LoS						
SDM Unscheduled Care WGH	D2RA Pathway 1	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost	Improved ED performance	Reduced ambulance handover delays	
	Weekend performance	Increased discharges	Reduced LoS	Improved ED Performance	Reduced ambulance handover delays			
	D2RA Pathway 1	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost	Improved ED performance	Reduced ambulance handover delays	
	D2RA Pathway 1	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost	Improved ED performance	Reduced ambulance handover delays	
	Young People MH	Reduced LoS	Improved ED performance	Reduced ambulance handover delays				

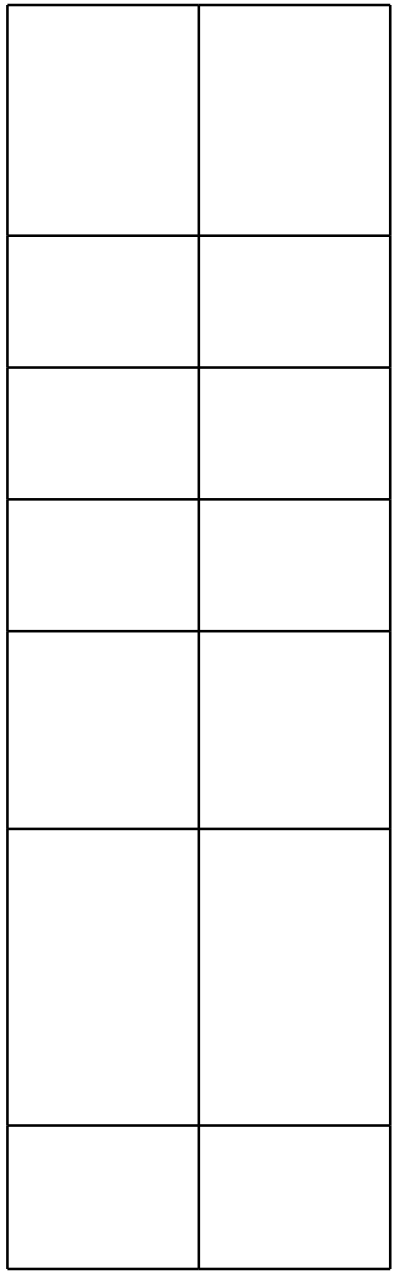
Paul Smith	Weekend performance	Increased discharges	Reduced LoS	Improved ED Performance	Reduced ambulance handover delays			
Paul Smith	Weekend performance	Increased discharges	Reduced LoS	Improved ED Performance	Reduced ambulance handover delays			
Paul Smith	Weekend performance	Increased discharges	Reduced LoS	Improved ED Performance	Reduced ambulance handover delays			
Paul Smith	Weekend performance	Increased discharges	Reduced LoS	Improved ED Performance	Reduced ambulance handover delays			
Paul Smith	All	Improved ED Performance	Reduced ambulance handover delays					
Paul Smith	Weekend performance	Increased discharges	Reduced LoS	Improved ED Performance	Reduced ambulance handover delays			
Paul Smith	Rehab	Reduced LoS						
Paul Smith	All	Improved ED Performance	Reduced ambulance handover delays					
Paul Smith	Weekend performance	Increased discharges	Reduced LoS	Improved ED Performance	Reduced ambulance handover delays			

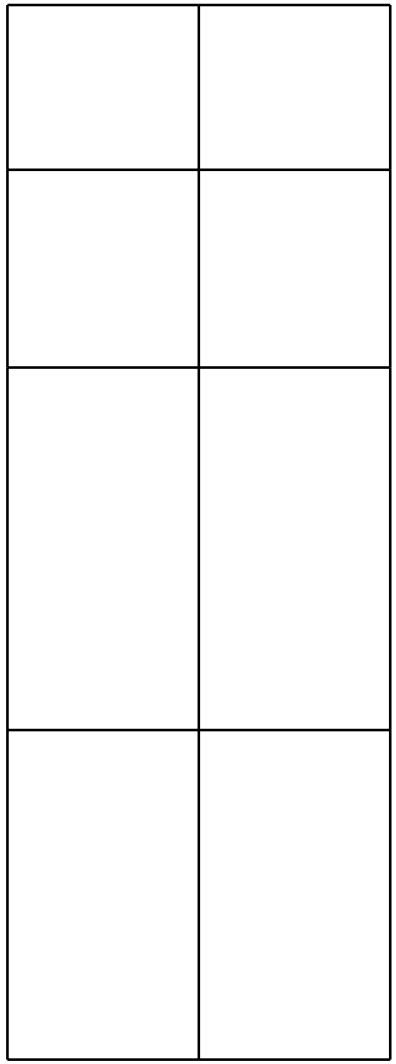
Paul Smith	D2RA Pathway 1 D2RA Pathway 2	Increased discharges	Reduced LoS	Improved ED Performance	Reduced ambulance handover delays			
Paul Smith	D2RA Pathway 2	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost			
	D2RA Pathway 2	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost			
	D2RA Pathway 1	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost	Improved ED performance	Reduced ambulance handover delays	

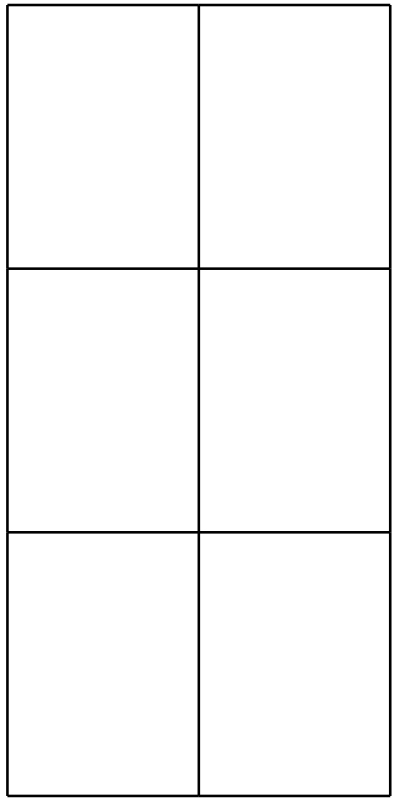
Total measures	Reduced admissions	Reduced LoS	Reduced re-admission	Bed days lost	Increase hours of dom care	Reduced ED attendances	Improved ED performance

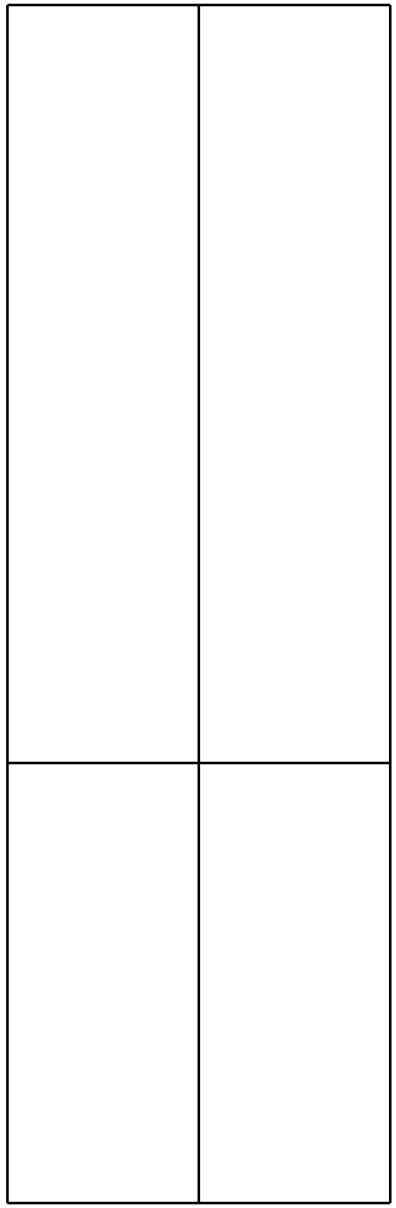
Baseline Measure	Baseline Measure

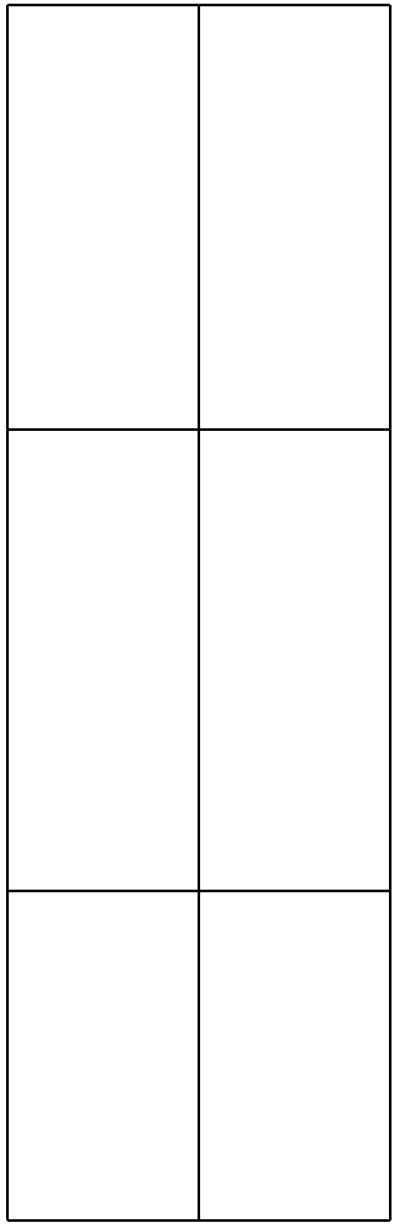


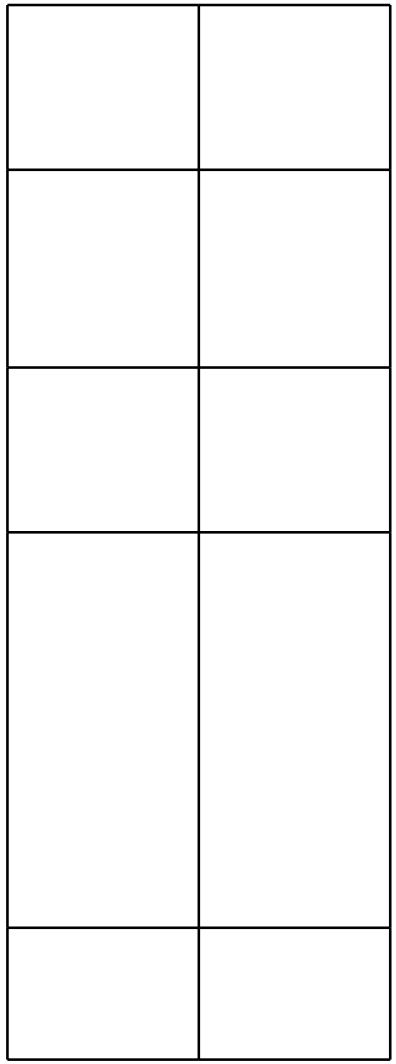


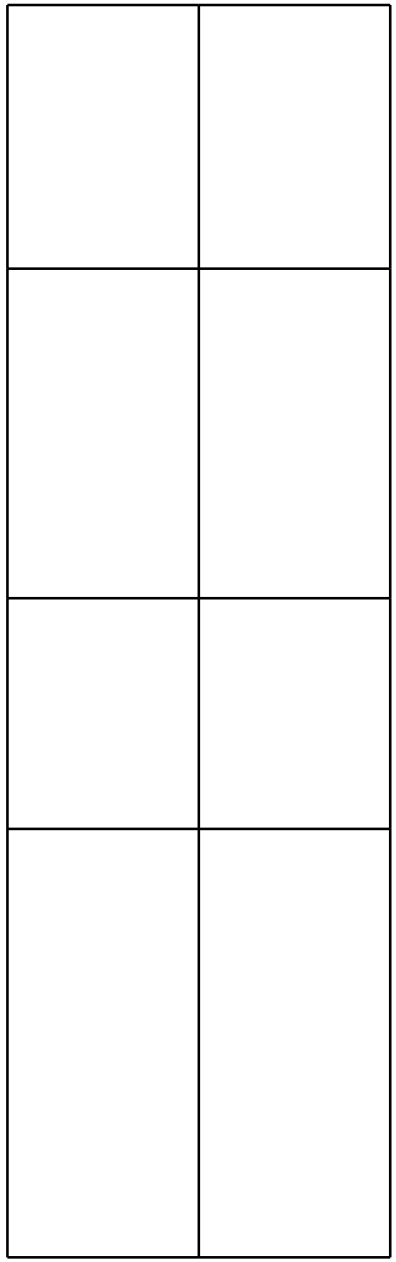


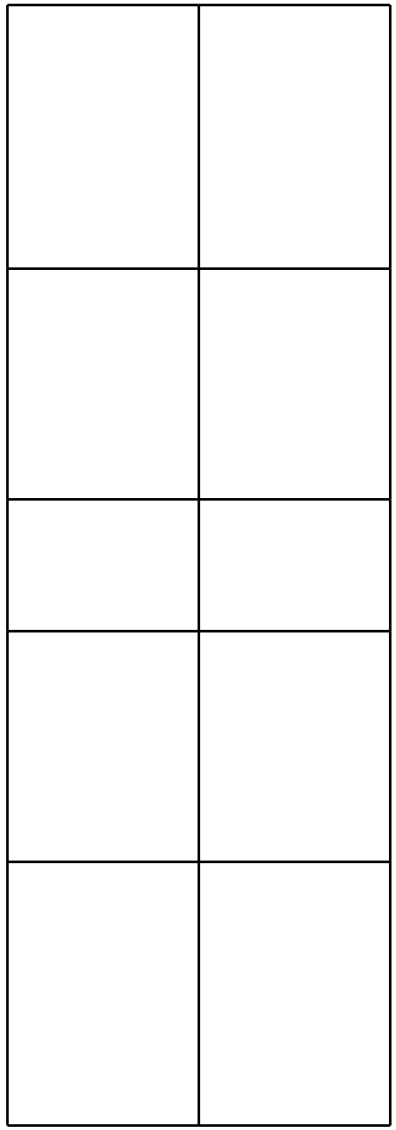


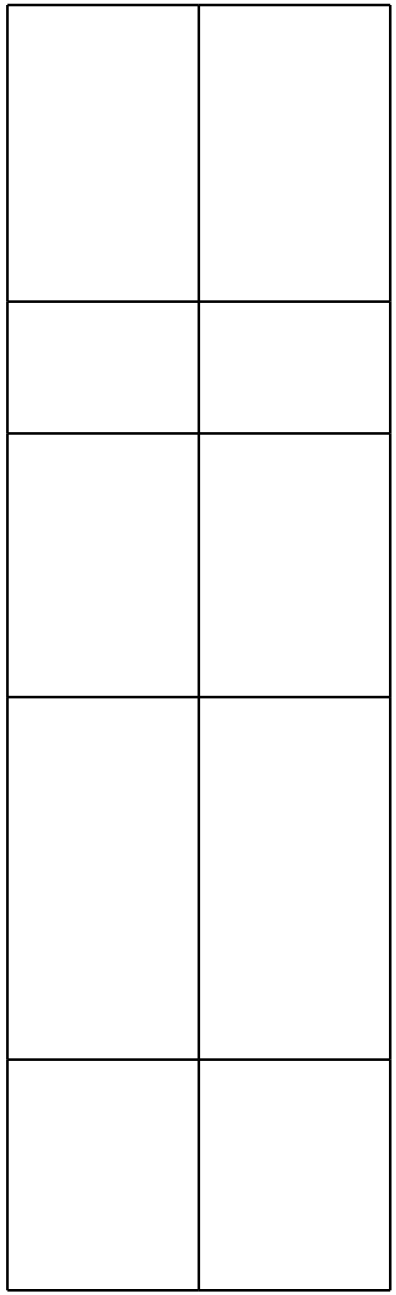


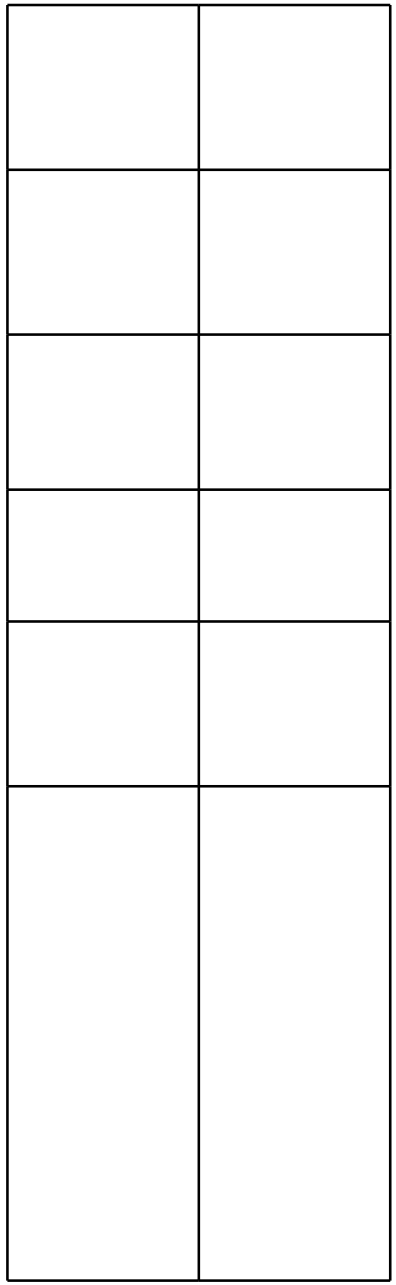


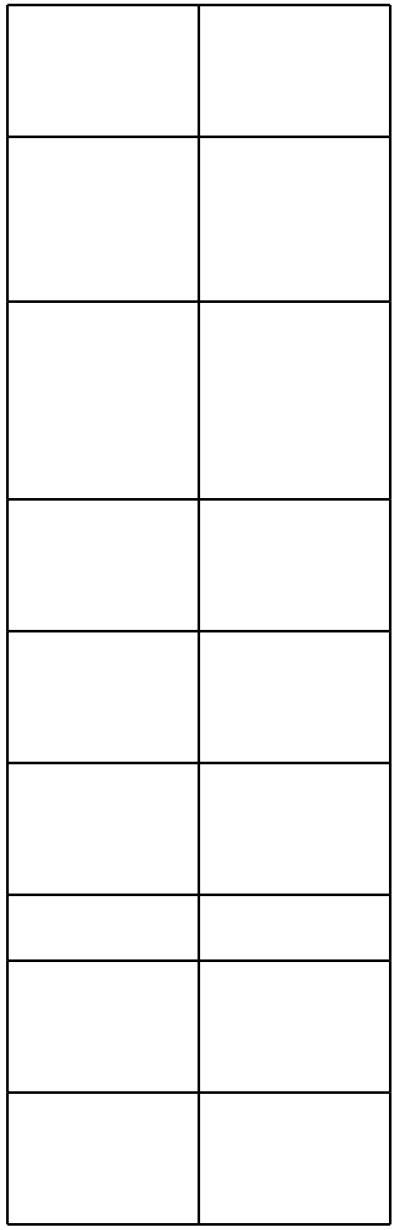


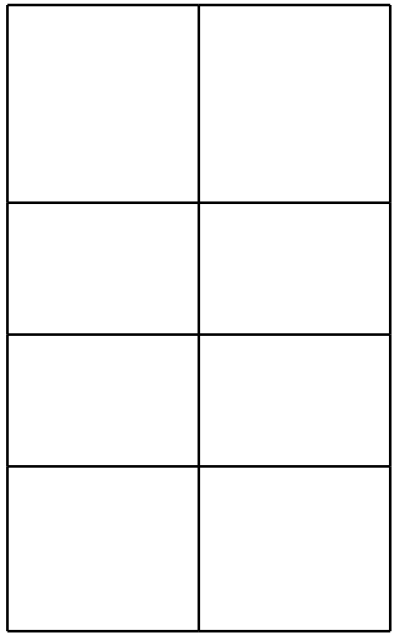


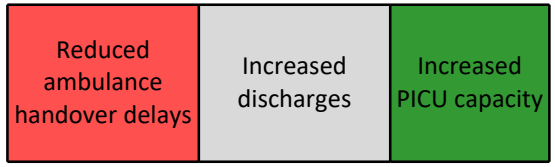











Reduced ambulance handover delays
Increased discharges
Increased PICU capacity

Relevant strategic	Harm addressed

Pathway	Action No	Relevant strategic goal(s) addressed	Harm addressed	Recommendation	Query?	Funding Stream	Priority
Intermediate Care	2,1	Goal 6	Harm 2	Yes	funded from Nov onwards	D2RA Funding	3 - Rollover from 2019/20
Intermediate Care	2,2	Goal 6	Harm 2	Yes	out for expression of interest to dom care providers ?deliverability for total period - amended for 4 months	D2RA Funding	3 - Rollover from 2019/20
Intermediate Care	2,3	Goal 4	Harm 2	Yes	in addition to crisis reponse - fits in with prog 3	Pipeline	1 - Resource dependant
Intermediate Care	2,4	Goal 6	Harm 2	Yes	need info on cost & impact	Pipeline	2 - Big impact
Intermediate Care	2,5	Goal 6	Harm 2	Yes	funded from Nov onwards	D2RA Funding	3 - Rollover from 2019/20
Intermediate Care	2,7	Goal 4	Harm 2	Yes	?deliverability - appointing of resource in 6 months ?part of the crisis response prog 3	Q3/4 Funding	1 - Resource dependant

Intermediate Care	2,9	Goal 4	Harm 4	Yes	?deliverability ? impact ?part of the crisis response prog 3	Pipeline	2 - Big impact
Intermediate Care	2,10	Goal 6	Harm 3	Yes	need to confirm assurance from dom care providers ?deliverability for total period currently speaking to agencies about the availability	Pipeline	
Intermediate Care	2,15	Goal 6	Harm 2	Yes	assurance of deliverability - able to recruit? start date? Locums currently available in County - interviewing this week for alt posts - 100% of filling with skill level required	Q3/4 Funding	2 - Big impact
Intermediate Care	2,20	Goal 6	Harm 3	Yes	?more info needed on impact concept not an action whats the plan? Would need to be clear it does not impact on LoS	Q3/4 Funding	2 - Big impact

Intermediate Care	2,22	Goal 6	Harm 3	Yes	?impact assurance on deliverability during 6 months discussed with therapies - what exisiting vacancies do teams have? EL - If ongoing funding not an option it is still viable as a winter only scheme to test outcomes and learn from to inform stroke redesign programme. Both services are currently going through recruitment for other B5 & B6 posts, so likely to be able to identify staff through these processes if additional funding for these winter schemes are approved and locums who are currently fillinw the vacancies could be kept on **Costs increased 14/10**	Q3/4 Funding	1 - Resource dependant
Intermediate Care	2,23	Goal 6	Harm 2	Yes	part of rapid assess community response prog 3 deliverability? Priority for Pembs - key for delivery costs updated (downwards) This is an increase of the rapid response workforce in anticipation for winter and to help embedded the D2RA pathway models. Risk in recruitment for therapies but nurse and co-ordinator can be recruited to. If we get a proportion of funding, we will recruit to post at low risk but would need confirmed funding asap to impact for winter. Changed social worker workforce to 2 X WTE Grade 7 which can be recruited to. **costs reduced 14/10**	Q3/4 Funding	1 - Resource dependant

Intermediate Care	2,24	Goal 3	Harm 2	Yes	agreed in principle assurance on deliverability of dom care ?recruitment of HCSW confirm timeline & costs **costs increased 14/10**	Q3/4 Funding	1 - Resource dependant
Intermediate Care	2,25	Goal 6	Harm 2	Yes	need assurance of ability to commision across 6 month time period?	Pipeline	2 - Big impact
Intermediate Care	2,26	Goal 3	Harm 2	Yes	deliverability of therapist recruitment confident of recruitment additional purchase and lease of equipment added in line with other 2 counties action (£150k). This is a risk in recruitment but costed at locum rates. The aim is for the locum to backfill the clinical care of one of our current Band 7 therapist to be able to delivery training and competency assessments for our HCSW.	Q3/4 Funding	2 - Big impact

Intermediate Care	2,29	Goal 4	Harm 2	Yes	part of rapid assess community response prog 3 deliverability? Of AMHPS capacity	Q3/4 Funding	1 - Resource dependant
Intermediate Care	2,30	Goal 4	Harm 3	Yes	**funded elsewhere**	Q3/4 Funding	1 - Resource dependant
Intermediate Care	2,31	Goal 4	Harm 3	Yes	**funded elsewhere**	Q3/4 Funding	1 - Resource dependant

Intermediate Care	2,32	Goal 3	Harm 2	Yes	**funded as part of longterm action**	D2RA Funding	1 - Resource dependant
Intermediate Care	2,33	Goal 3	Harm 3	Yes	**funded elsewhere**	D2RA Funding	1 - Resource dependant
Intermediate Care	2,34	Goal 5	Harm 2	Yes	deliverable evidence base	Q3/4 Funding	

Actions not recommended

Intermediate Care	2,8	Goal 3	Harm 2	No	? Why now - why not core practice ?impact - evidence	Q3/4 Funding	3 - Rollover from 2019/20
Intermediate Care	2,13	Goal 6	Harm 2	yes	already costed	COVID Funding	2 - Big impact
Intermediate Care	2,17	Goal 3	Harm 2	No	? is this core business is this in the run rate already?	Q3/4 Funding	2 - Big impact

Intermediate Care	2,18	Goal 3	Harm 2	No	? is this core business is this in the run rate already? ?impact	Q3/4 Funding	2 - Big impact
Intermediate Care	2,21	Goal 6	Harm 2	yes	funded elsewhere	ICF Funding	2 - Big impact
Intermediate Care	2,27	Goal 2	Harm 2	no	GPOOH resource is already limited more infromation needed on concept , plan and deliverability of all components **costs increased 14/10**	Q3/4 Funding	1 - Resource dependant

Intermediate Care	2,28	Goal 3	Harm 2	No	no costs evidence of impact - impact for flow in winter ? Numbr of patients ?deliverability due to recruitment **costs increased 14/10**	Q3/4 Funding	2 - Big impact

Actions Not Costed by Closing Date

Intermediate Care	2,16	Goal 6	Harm 2	maybe	deliverability during 6 months s/be part of the longterm scheme of introducing band 4 therapy workers	Q3/4 Funding	2 - Big impact
Intermediate Care	2,19	Goal 6	Harm 3	maybe	?more info needed on impact concept not an action whats the implementation plan?	D2RA Funding	2 - Big impact

Actions sunmitted after the closing date

Intermediate Care	2,35	Goal 6	Harm 3		**new addition 14/10**	D2RA Funding	2 - Big impact

Withdrawn 12/10/2020

Intermediate Care	2,6	Goal 6	Harm 2	Maybe	?impact insufficient impact ?evidence on need Following further discussion with colleagues; impact thought to be minimal WITHDRAWN	D2RA Funding	1 - Resource dependant
Intermediate Care	2,11	Goal 6	Harm 4	maybe	?deliverability ? impact ?part of the crisist response prog 3 WITHDRAWN NEEDS MORE THOUGHT	Transformation Slippage	
Intermediate Care	2,12	Goal 6	Harm 2			D2RA Funding	1 - Resource dependant
Intermediate Care	2,14	Goal 6	Harm 2		RD to follow up	Q3/4 Funding	2 - Big impact

Deliverability	Winter Only?	Action Theme	Action Title	Action summary
1	No	Increased equipment	Investment in equipment	Investment in CICES to ensure sufficient equipment in place to facilitate patient flow
2	No	Increased home based capacity	Community independence service	Investment in additional domicilicary care service to provide bridging service and right sizing service for new packages of care
2	No	Increased crisis response	Investment in ART Crisis Response service	Investment in 2 x HCSWs to expand crisis response part of service
1	No	Increased bed based capacity	Temporary housing accommodation	Securing of 2 x dedicated properties to support patients leaving hospital waiting for accommodation
1	Yes	Increased equipment	Additional equipment, servicing and econtamination.	Supporting Home First. Ensure suffiecient stock of equiment is available within central and any satelite locations and capacity for repair and decontamination.
2	No	Increased crisis response	Mental Health Crisis Provision/Hospital discharge support	Increase available support to support people in mental health crisis out of hours to prevent unnecessary admission to hospital and support effective hospital discharge

1	No	Increased crisis response	Mental health / Substance misuse / Learning difficulties outreach support worker	The winter period is particularly difficult for some people suffering with mental health issues. A 1 WTE support worker would target specific people in the community to ensure that they do not hit their crisis point over winter, and especially the festive period. Due to C-19, the possibliities of mental health crises is magnified due to self-isolation / travel restrictions
		Increased home based capacity	Increased capacity for home based care provision including recover, rehabilitation, reablement and bridging long term care need.	Supply of domicilary care support.
2	No	Increased home based capacity	Additional community therapy service	1WTE physiotherapist and 1WTE Occupational therapist
2	No	Increased home based capacity	Deep clean services	Provide a rapid access to cleaning services to support Mental health and Substance misuse clients where significant work is required to make their homes habitable. This could be extended to support people with houses affected by hoarding coming from hospital

3	No	Increased home based capacity	Early Supported Discharge for stroke	Enable stroke inpatients to be discharged from hospital to home at an earlier point in their recovery and continue to receive rehabilitation at home. New stroke assessments at weekends could be incorporated into this scheme to meet quality standard for SSNAP.
3	No	Increased crisis response	Increased capacity for 7 day assessment for people at home and within a hospital or intermediate care bed.	A multi-disciplinary team with the capacity to work 7 days pre week, rapidly progressing assessment to either prevent an admission to hospital or support a timely and safe discharge. The team will work through the Intermediate Care Hub, liaising with referrers and response teams, building awareness and understanding of D2RA pathways and avaiable community based resources to support someone at home.

3	No	Increased home based capacity	Increased capacity for home based care provision including recover, rehabilitation, reablement and bridging long term care need.	A multi-professional response team, built upon a foundation of Band 2 Health Care Support Workers or equivalent social care workers with appropriate governance, supervision and co-ordination. This adresses the most significant capacity gap for people within Pembrokeshire.
2	No	Increased bed based capacity	Increased capacity for health and social assessment beds to delivery D2RA pathsway 3	To block book specific assessment beds for those patients who are ready to leave hospital but have ongoing assessment needs to determine their long term care needs.
2	No	Increased equipment	Enabling rapid assessment and home based care	Increasing equipment, training and patient information to support the rapid assessment and care capacity.Equipment : BP machine, temp gauge, sats probe with heart rate. Quick access to base sheet slide sheets, commodes/ wheeled, stand aids-equipment stores. Long handled aids- sponges, grabbers, flannels, shoe horns, leg lifters.

2	No	Increased crisis response	Carms MH crisis response	Increase Carmarthenshire LA support for people in mental health crisis out of hours to prevent unnecessary admission to hospital and support effective hospital discharge. This includes additional AMHP capacity to respond to increased MH Act Assessments , progress least restrictive options and prevent admission to hospital. This will also provide additional AMHP capacity for the region in relation to the current centralised 136 unit whilst soft 136/alternative place of safety facilities are developed in Ceredigion and Pembrokeshire. In addition purchase discharge to assess residential beds for Carmarthenshire patients with complex needs and or ARBD. Provide additional staffing to support residential respite to facilitate discharge from hospital or prevent hospital admission and provide additional capacity to support anticipated pressure of increased DOLS referrals.
1	No	Increased crisis response	alternative place of safety/soft 136	Pilot of soft 136/alternative place of safety in Haverfordwest Pembrokeshire 7 days a week
1	No	Increased crisis response	alternative place of safety/soft 136	Expansion of existing soft 136/alternative place of safety in Ceredigion from weekends only to 7 days a week.

1	Yes	increased bed based capacity	Shared Care Pathway	Purchase of 2 Shared care pathway assessment beds in the private sector. This would support a pilot joint initiative between MHLD and LTC to ensure that patients with complex health needs are not delayed in discharge due to issues with establishing funding responsibility. The beds will be used as an intermediate option to allow joint assessment post discharge to establish ongoing needs and care coordination/commissioning responsibility. The beds will be a regional resource and allocated by joint agreement of MHLD and LTC Commissioning.
1	Yes	increased bed based capacity	MH Sanctuary service and Hospitality bed	Provision of a MH out of hours Sanctuary service with a community hospitality bed in Ceredigion, to support people in MH crisis as an alternative to A&E and inpatient admission. The sanctuary service will available thurs-mon 6pm-2am and the hospitality bed will open thurs-mon 9pm-9am and will provide a local service for people in MH health crisis in Ceredigion as there are currently no AMH beds within the county.
		Improved flow	Bridging, Support for Discharge	Build a bank of B3 HCSW to provide interim support for patients returning home from hospital. Would be a shared acute/community resource. Suggest fund 6 wte on fixed term Nov to end March.

1	No	Increased equipment	Rapid Response Community Packs For theapy staff.	Packs of sphygmomanometers, stethoscopes, pulseoximeters, thermometers, pen torch, reflex hammer, etc to be available and promote anticipatory care approach
1	No	Increased bed based capacity	Tregaron Hospital Bed Increase	Green pathway beds
1	No	Increased home based capacity	Administration support acute and community physiotherapy	With no adminstrative support at all for the acute and community physiotherpay service, all administration is carried out by clinical staff. Registered and support. Dedicated adminstration would free up clinical staff across the service to continue with their clinical duties

1	No	Increased home based capacity	Additional Podiatry service and support - community and acute.	0.4 wte Band 5 Podiatrist and 0.4 Band 2 Admin post to free-up Band 6/7 podiatrists to respond to anticipated increase in lower limb vascular insufficiency and MSK problems as result of lockdown leading to deterioration in tissue viability and muscle strength leading to risk of limb loss, falls and subsequent morbidity.
1	No	Increased bed based capacity	Enfys Fach	Green residential and reablement care beds
2	Yes	Increased bed based capacity	Facilitated discharge to Intermediate Medical Care	At present patients discharged from hospital to surge beds or interim placements are the responsibility of the local primary care provider in that area. We are proposing a joined up system where the medical care is transitioned over to ICT clinicians towards the point of discharge so that follow up processes that do not need an acute bed or services of a hospital could be performed in a temporary community placement by ICT. This could be for example after an NNC has been completed and a patient is waiting for DST. We are able to liaise with secondary care directly via ward MDT and follow inpatient care to identify patients suitable for this scheme. We are also better placed than our primary care colleagues to be able to see patients as part of an MDT visit. This would be need to be on a shared care basis with both secondary and primary care with consultants available for advice and the local primary care provider and OOH GP services being able to cover for very acute issues if requested. Using this model we could aim to keep a proportion of Covid 19 patients within care homes under the care of ICT clinicians too.

1	No	Increased home based capacity	Provide home support to heart failure patients	Support and develop the provision of iv diuretics to patients in their own homes or as an outpatient in collaboration with medical day units and ambulatory care units, enabling patient to stay at home with their supportive network remaining in place and so avoid a hospital admission with all the disruption that entails. Additionally, this will create capacity in hospitals for other cardiac patients

1	No	Increased home based capacity	Build Therapy Support Worker bank capacity	Recruit to a bank of therapy support workers
2	No	Increased home based capacity	Supported step-down	Seek out the opportunities in the private sector to support people as they come out of hospital. This could be in the form of a supported, step-down 'house' spot or block purchased from care providers

1	Yes	Increased home based capacity	Increased capacity for home based care provision including recover, rehabilitation, reablement and bridging long term care need.	There is evidence to suggest the providers core focus is always on the delivery of care and they don't always have the time/skillset to analyse logistics to understand how they can plan routes more efficiently and include more packages within them. This

1	No	Increased bed based capacity	Short term accommodation to promote discharge	Arrangements to provide overnight accommodation for patients coming out of hospital who would otherwise stay another night due to time of discharge or other social factors or who live away and need to return the next day for follow-up
		Increased home based capacity	Palliative Care; integrated end of life care service	Health, LA, 3rd Sector; family health psychology support to help maitain care at home
2	Yes	Increased bed based capacity	Dedicated discharge planning beds and discharge planning resource (put forward by Carms)	Dedicated discharge beds to support medically optimised patients, who require no furhter medical input. These beds would support patients undergoing assessment and/or waiting for a start date for care.
2	Yes	Increased home based capacity	Peripatetic workforce to support staffing pressures on care sector linked to Covid (looking at by workforce group)	Peripatetic workforce to provide additional domiciliary care capacity/support residential care sector due to high Covid related sickness/absence

Benefits	Impact measures	Rationale/ evidence (e.g. D2RA improvement plan)	Area (region or LA)	Lead Partner	Partners
Sufficient equipment available to support hosptial discharge and support admission avoidance over the winter	Reduced DTOC Increase in admissions avoided Reduction in average length of stay	It will allow Carmarthenshire to have sufficient equipment to facilitate hospital discharge/avoid admissions	Carms	CCC	HDUHB
This will ensure that people are receiving the right level of care, so care available can be maximised. It will also provide additional capacity to faciliate discharge from hospital/supoprt people in the community.	Reduced DTOC Increase in admissions avoided Reduction in average length of stay Number of hours of domiliary care saved	It will increase the domiciliary care capacity available, and also allow Carmarthenshire to right size packages of care so capacity is maximised.	Carms	CCC	
Enhanced ability to support people in the community and avoid admissions to hospital	Increase in admissions avoided Increased time spent at home	It will increase the ability to respond to people in crisis in the community, and consequently avoid admissions.	Carms	HDUHB	
Earlier discharge from hospital	Reduction in DToC	It will provide an alternative discharge pathway which currently does not exist, in relation to people awaiting accommodation.	Carms	CCC	
Supporting patients to remain at home; promoting discharge.	Reduced admission; reduced A&E attenders; improved LOS	Ensuring equipment is available when required to promote discharge.	Ceredigion	Ceredigion CC	HDUHB
Ability to support people in mental health crisis in the right environment	Reduction in number of attendances at A&E Number of diversions Reduction in number of admissions to acute beds Number of delayed discharges	Essential to support hospital discharge/avoid unnecessary admissions.	Carms	CCC	HDuHB 3rd sector

Reduces the risk of escalation. Reduces number of A&E presentations. Speeds up recovery. Promotes the use of pre-statutory services	Reduced admissions; reduced A&E attenders	D2RA	Ceredigion	Ceredigion CC	
Promotion of home first; reduced delays in discharge and support for D2A	Reduced LOS improved front door turnaround.	D2RA	Ceredigion	HDUHB	Cered CC
Support increased community bed base in the county, prevent admission to acute site, and supporting MDT discharge planning promoting Home First	Number of admissions Number of re - admissions LOS	Essential to ensure suffiicent care capacity over the winter to support flow.	Ceredigion	Physiotherapy and Occupational Therapy	
Speeds up the discharge process for some groups of clients. Reduces DTOC. Stops reliance on other temporary residential services	Reduce DTOC for those clients. Reduce use of residential services for those clients	D2RA	Ceredigion	Ceredigion CC	

Stroke patients who can return home at an earlier point in their stroke pathway are supported to do so and still receive the rehabilitation required for optimum outcomes post stroke. Reduced LOS and bed days quantifiable.	LOS for stroke PROM & PREM SSNAP performance against targets	NICE – Stroke Rehabilitation https://www.nice.org.uk/guidance/cg162/resources/stroke-rehabilitation-in-adults-pdf-35109688408261 RCP – Clinical Guidelines for Stroke https://www.strokeaudit.org/SupportFiles/Documents/Guidelines/2016-National-Clinical-Guideline-for-Stroke-5t-(1).aspx	Pembs	HDuHB	
Confidence of community based referrers to manage people at home with support. Reducing social or no medical admissions. Reduced bed occupancy and delays to patients. Reducing functional decline following a long inpatient stay. Reducing need to surge beds.	Reduced AvLOS Reduced ambulance transfers. De-escalation of acute site Reduced number of stranded patients. Increased MDT peer support and trust across organisations and professional roles.	D2RA P0, 1, 2, 3 & 4	Pembs	HDUHB	PCC PIVOT

Confidence in community and acute referrers that home based care is available to support people. Reduced social admissions. Reducing AvLOS Reducing inpatient delays. Reducing needs to surge beds.	Reduced AvLOS Reduced ambulance transfers. De-escalation of acute site Reduced number of stranded patients. Building confidence around patient flow and alternative processes.	D2RA P1 & 2	Pembs	HDUHB	PCC
Reduced social admissions. Reducing AvLOS Reducing inpatient delays. Reducing needs to surge beds.	Reduced AvLOS Reduced ambulance transfers. De-escalation of acute site Reduced number of stranded patients. Increased MDT peer support and trust across organisations and professional roles.	D2RA P3	Pembs	HDUHB	PCC Independent Care Home Sector
Increasing capacity through reducing the number of care calls, carers and increasing impact of care delivered to support more timely and effective rehab.	Reduction in care calls Reduction in time spent in the service Reduction in Admissions	D2RA P0, 1, 2, 3	Pembs	HDUHB	PCC

Ability to support people in mental health crisis in the right environment, avoid unecessary cross border travel for AMHPS, reduce LOS and DTOC for complex patients	Reduction in number of attendances at A&E Reduction in number of admissions and DTOC.	D2RA & MHLD transformation	Carms	Carms CC	HDuHB 3rd sector
Initiative would provide a Pembs based service and negate the need for out of county transfer to current central 136 facility in Llanelli in line with current covid need to restrict travel across boundaries. Service will be delivered jointly with 3rd sector partners and in collaboration with Police. A soft 136 transfer pathway has been developed in agreement with all partners	reduction in s136 police transfers out of area reduction n cross border travel for AMPHS. Improved signposting to support via 3rd sector partners.	MHLD transformation	Pembs	HDUHB	police, 3rd sector, LA
Initiative would provide a Pembs based service and negate the need for out of county transfer to current central 136 facility in Llanelli in line with current covid need to restrict travel across boundaries. Service will be delivered jointly with 3rd sector partners and in collaboration with Police. A soft 136 transfer pathway has been developed in agreement with all partners	reduction in s136 police transfers out of area reduction n cross border travel for AMPHS. Improved signposting to support via 3rd sector partners.	MHLD transformation	Ceredigion	HDUHB	police, 3rd sector, LA

Reduce delays in discharging complex patients from MHLD & DGH wards	Reduction in DTOC and LOS	D2RA	Regional	HDuHB	LA
Increase accessibility for people requiring MH crisis support and reduce the need for cross border travel in line with covid requirement. Currently the nearest sanctuary service and hospitality bed is in Llanelli.	reduce admissions respond to crisis reduce travel across borders	MHLD transformation	Ceredigion	HDuHB	LA, 3rd sector
Improved ability to discharge patients with low but not zero care needs.			Ceredigion	HDUHB	bridging from acute to community

Promotes rapid access to equipment needed for delivery of care in commuinuty	Service levels provided as proxy for reduced acute need.	Promotion of care as close to home is a core tennant of the health board's strategy and, since COVID, the need to reduce unecessary travel is more prominent than previous.	Ceredigion	HDUHB	-
Additional capacity to promote discharge	Improved flow from BGH; reduced LOS at BGH	As set out in SBAR	Ceredigion	HDUHB	-
Increased clinical workforce utilisation, increased patient contact.	Number of clinical contacts from physio	Essential to ensure suffiicent care capacity over the winter to support flow.	Ceredigion		

Capacity to respond rapidly to emergency referrals from wards and in community. Increased presence in A&E when requested.	Admission avoidance and reduction in harm to patients with chronic disease. Current pilot in MIU in PPH and CICC	Essential to ensure suffiicent care capacity over the winter to support flow.	Ceredigion	Podiatry & Surgical Appliances	
Additional capacity to promote discharge	Improved flow from BGH; reduced LOS at BGH	As set out in Case	Ceredigion	Ceredigion CC	HDuHB
Quicker discharges from an acute setting. Reduced readmissions due to safer, joined up discharges from the acute setting. Freeing up primary care time.	Number of patients held, number of assessments moved to the community as opposed to acute setting, estimated bed days/cost difference v acute setting	NICE guidelines on Intermediate Care, D2RA	Pembs	HDuHB	

Improved patient outcomes Increased management of heart failure within community settings Improvement in patient care	Reduction in number of readmissions for heart failure Reduction in number of admissions for IV Diuretics Reduction in hospital acquired infections as a result of prolonged admissions Increased number of patients being managed at home for episodes of acute heart failure	The proposed intervention is evidence based upon the models used in the BHF IV diuretics pilots and are targeting the same patient demographic (Brightpurpose, 2014). The evaluation of these projects was extremely positive in reducing hospital admissions and improving the quality of those patients included in the pilot. The evidence and rationale for developing this service is based upon these and BHF funded pilots and subsequent replicated studies which have clearly demonstrated that the provision of IV diuretic services in the community are safe, clinically-effective, cost-effective and valued by patients/carers (Brightpurpose, 2014).	Pembs	HDuHB	

To provide support where and when necessary, across acute and community settings. Enabling registered staff to contiue with urgent and new assessments. This would also create a potential stock of staff to help with speeding up recruitment of permenant posts if and when they arise.	Number of new assessments carried out by registered staff	Essential to ensure suffiicent care capacity over the winter to support flow.	Ceredigion	PT and OT	
			Ceredigion	Ceredigion CC	

Promotion of home first; reduced delays in discharge and support for D2A	Reduced LOS improved front door turnaround.	D2RA	Ceredigion	Ceredigion CC	

Improved turnaround at front door and reduced "social" admissions.	Reduced 1 day LOS patients; reduced offload delays.	Due to the rurality of patients accessing services at BGH, it is not always possible or appropriate for people discharged from the hospital/ED to return home (particularly if this is late at night). The availability of a "hotel" room to which a patient can be discharged overnight before making their way home would reduce the unecessary overnight stays in the ED and allow late discharges from the hospital to be accommodated.	Ceredigion	HDUHB	-
			Ceredigion		
Release of acute beds and clear focus on patients to expedite transition to final destination.	Reduction in DTOC Reduced average length of stay	It would release acute bed capacity, and provide us with the opportunity to pilot an additional discharge pathway.	Regional		
Resilience in sector to ensure safe levels of staffing	Number of settings supported	Essential to ensure suffiicent care capacity over the winter to support flow.	Regional		

Action Sponsor	Lead Contact	Link with 2019-20 plan	Resources required	Start Date	Overall Cost	Financial profile			
						okt-20	nov-20	des-20	jan-21
Alex Williams	Leigh George	Yes	Monthly revenue costs to support procurement of equipment	okt-20	£ 220 000		£ 45 000	£ 45 000	£ 45 000
Chris Harrison	Alison Watkins	Yes	Block contract with range of providers over the winter £17995 per week from 2nd week nov - end march 2020 costsing confirmed in email	nov-20	£ 323 910	£ -	£ 35 990	£ 71 980	£ 71 980
Alex Williams	Sarah Cameron	Yes	2 x HCSWs	nov-20	£ 27 500	£ -	£ 5 500	£ 5 500	£ 5 500
Jonathan Morgan		No	Voids Sheltered Accommodation	nov-20	£ -				
		Yes	Budget for equipment purchases	As soon as funding available.	£ 80 000		£ 25 000	£ 25 000	£ 10 000
Avril Bracey		Yes	Non clinical settings/hospitality beds to prevent escalation and likely to be more suitable to a person's need (36k) Enhance provision of community based mental health crisis services (AMHPS/CRHT/Unscheduled care) to offer intensive HT to enable people to remain at home and to reduce / divert mental health attendances to A and E and detention in hospital (68k) Access to psychiatric liaison/support staff in A and E to enable rapid, safe assessment and discharge from A and E and wards (46k)	okt-20	£ 125 000		£ 25 000	£ 25 000	£ 25 000

		No			£ 12 500		£ 2 500	£ 2 500	£ 2 500
County Director		Yes	Block Booked Dom Care : Based on 100 hours x 1.4 (inefficiency/ downtime) x £30 per hour (current framework max) x 22 weeks) = £93,000	November	£ 93 000	£ -	£ 18 600	£ 18 600	£ 18 600
			2 wte band 6	With funding	£ 56 875		£ 11 375	£ 11 375	£ 11 375
			Contract discussions between cleaning services & procurement		£ 7 500		£ 1 500	£ 1 500	£ 1 500

Claire Sims, Head of OT		No	1 x Band 6 OT 1 x Band 6 PT 0.1 x Band 6 S&LT 3.0 x Band 4	December	£ 58 128	£ -	£ -	£ 14 532	£ 14 532
County Director	Service Delivery Manager - Intermediate Care	Yes	Social Workers - 1xGrade 7 (40k), 1xGrade 9 (50k) & 1xGrade 10 (55k) Therapies - 1xB7(48k), 1x6 (39k), 2xB3 (26k) Assessment Nurses (LTCT/DLN) - 1 x B6 (39k) Assessment Co-ordinator - 2xB4 (27k) Role costs based on 1WTE FYE with on costs per role £31.4k per month for full team Cost based on start Nov.	November / December - subject to recruitment	£ 118 405	£ -	£23 681	£23 681	£23 681

County Director	Service Delivery Manager - Intermediate Care	Yes	Block Booked Dom Care : Based on 100 hours x 1.4 (inefficiency/ downtime) x £30 per hour (current framework max so worst case) x 22 weeks) - 92.25k 25WTS HCSW / Grade 4 social care workers - 231k Travel, subsistence & IT - 80k	November	£ 441 305	£ -	£88 261	£88 261	£88 261
Head of Adult Social Care General Manager	TBC	No	5 social beds @£665.09 per week = £86,461 5 general nursinf health beds @ £851.40 per week = £110,682 23,592.40	October (but dependent on assessed need and commissioning)	£ 183 945		£ 36 789	£ 36 789	£ 36 789
Service Delivery Manager - Intermediate Care	Therapies Lead ICT	No	Assessment and lease equipment and 0.6 Band 7 locum therapies		£ 170 000		£ 34 000	£ 34 000	£ 34 000

Avril Bracey	Avril Bracey	Yes	Additional AMHP capacity £42K Purchase of discharge to assess residential beds for complex needs/ARBD £40K Additional staffing to support residential respite as alternative to admission £42K Additional capacity to support DOLS requests £26k	nov-20	£ 150 000	£ -	£ 30 000	£ 30 000	£ 30 000
Kay Isaacs	Peter Gill	No	1.5 WTE Band3 HCSW @ £25834+ 14.9%/2 (unsocial hrs)x1.5 =£22,767 **funded initially through MH transformation slippage until April 21**	okt-20	£ -	£ -	£ -	£ -	£ -
Kay Isaacs	Bleddyn Lewis	No	3 WTE Band3 HCSW @ £25834+ 14.9%/2 (unsocial hrs)x3 =£45,535 funded initially through MH transformation slippage until April 21	okt-20	£ -	£ -	£ -	£ -	£ -

Matt Richards, Vicki Broad	Matt Richards Vicki Broad	No	Purchase of 2 beds @ £2665 per week,	nov-20					
Kay Isaacs	Bleddyn Lewis	No	£33235 for 3mths, cost includes accomodation, running costs and staff. **Pilot will be funded initially through MH transformation slippage until April 21**	okt-20	£ -	£ -	£ -	£ -	£ -
	Dawn Jones	No	Fund at B3 x 6 wte	01.12.20	£ 51 820	£-	£-	£ 12 955	£ 12 955

Total	***£ 2 119 888***

Ceredigion County	Adrian Price	No	Equipment	As soon as funding available.	£ 7 500	£ -	£ 7 500	£ -	£ -
Ceredigion County	Tracey Evans	No	Funded through COVID; Staffing	nov-20	£ -	£ -			
				With funding	£ 10 835		£ 2 167	£ 2 167	£ 2 167

	Enfys James		0.4 wte Band 5 Podiatrist. 0.4 wte Band 2 Admin support		£ 9 170		£ 1 834	£ 1 834	£ 1 834
			Funded through ICF.		£ -				
County Director		No	(GP) on average 24hrs/week. At least 1 further NP (ideally prescribing) to cover geography/leave/sickness.	November / December - subject to recruitment	£ 92 710		£ 18 542	£ 18 542	£ 18 542

Head of Nursing Community	ICT Lead Nurse	Yes	HF CNS B7 0.5wte, B5 ART 0.5wte	November subject to training and recruitment	£ 14 316		£ -	£ 3 579	£ 3 579
				With funding	£ -				
					£ -				
		Yes	1x Provider Logistical Co-ordinator & Support Officer	November	£ 36 000	£ -	£ 7 200	£ 7 200	£ 7 200

Ceredigion County	Matthew Willis	No	Block booking of hotel accommodation.	As soon as funding available.	£ 12 500		£ 2 500	£ 2 500	£ 2 500
		No			£ -				
		Yes			£ -				
		No			£ -				

feb-21	mar-21	Comments	Comments
£ 45 000	£ 40 000	Oct spend removed	
£ 71 980	£ 71 980	stimulated the market as part of COVID sepending wihtin 6 months	spending from Dec onwards
£ 5 500	£ 5 500		
		ball park figure around £37.5k	
£ 10 000	£ 10 000	Oct spend removed	
£ 25 000	£ 25 000		

£ 2 500	£ 2 500	£29773 per annum at mid-point	
£ 18 600	£ 18 600		
£ 11 375	£ 11 375	AGENCY = £136500 pa AFC = £82668 pa at mid point	
£ 1 500	£ 1 500		

£ 14 532	£ 14 532	Readjusted costs from Mike Wade	
£23 681	£23 681	Readjusted costs from Mike Wade	New consolidated 2.20, 2.21, 3.1, 4.2 & 4.3

£88 261	£88 261	Flexible Team - already recruited 11.2WTE in addition to existing workforce from Discharge planning funding to end October. Readjusted costs from Mike Wade	New consolidated 2.1, 2.2, 2.4, 2.5
£ 36 789	£ 36 789	To be commissioned as required subject to successful implementation of priority 1 actions.	New consolidated 2.3 & health Oct costs removed
£ 34 000	£ 34 000		

£ 30 000	£ 30 000	beds are covered in longterm action	
£ -	£ -		
£ -	£ -		

		proposed that purchase of beds will be part of the block purchase by Carms at Cwm Gwendraeth	costed as part of the Carms beds
£ -	£ -		
£ 12 955	£ 12 955	£155454pa at mid point.	moved from hospital care was prev 4.15

£ -	£ -	Scalable proposal which can use whatever resources are available.	
		Funded through COVID, but essential in terms of winter plan £65k	
£ 2 167	£ 2 167	£26000 per annum at mid point	

£ 1 834	£ 1 834	£22000 per annum at mid-point	
		Funded through ICF, but critical to the winter plan.	
£ 18 542	£ 18 542	Agreement from primary and secondary care to support. Willingness from existing teams to modify working patterns to consider community/virtual working. Consider vision/adastra access to issue prescriptions for the time patients under ICT (this will need exploration with pharmacy).	

£ 3 579	£ 3 579		

		Zero hour contracts. Cost would be variable dependant on use.	

£ 7 200	£ 7 200		

£ 2 500	£ 2 500		
			deleted duplicate
			deleted duplicate

Pathway	Action No	Relevant strategic goal(s) addressed	Harm addressed	Recommendation	Query?	Funding Stream	Priority	Deliverability	Winter Only?
Lterm & Complex Care	3,1	Goal 6	Harm 2	yes	concept & impact are good ?deliverability confident of commissioning post recruitment costs need updating	Q3/4 Funding	1 - Resource dependant	2	No
Lterm & Complex Care	3,2	Goal 6	Harm 2	yes	includes the MH beds proposed by MR	D2RA Funding	2 - Big impact	2	No
Longterm & Complex Care	3,4	Goal 3	Harm 2	yes	funded elsewhere	Q3/4 Funding	2 - Big impact	1	No
Longterm & Complex Care	3,5	Goal 4	Harm 2	yes	funded elsewhere	D2RA Funding	2 - Big impact	1	Yes
Longterm & Complex Care	3,6	Goal 3	Harm 2	yes	contained in the above action 3.2	D2RA Funding	2 - Big impact	1	Yes

Longterm & Complex Care	3,7	Goal 5	Harm 2	yes	maintains essential services	Q3/4 Funding	2 - Big impact	1	Yes

Withdrawn 12/10/2020

Lterm & Complex Care	3,3	Goal 3	Harm 3	no	unsure what action is ?Consultant connect ?more information ?money has been made available via COVID wave 1 NEEDS MORE WORKUP IN CONTEXT OF NATIONAL SCHEMES BEFORE BEING DESCRIBED WITHDRAWN	Transformation Slippage	2 - Big impact	2	No

Actions not recommended

Action Theme	Action Title	Action summary	Benefits	Impact measures	Rationale/ evidence (e.g. D2RA
Increased D2RA pathway support	Additional capacity to support discharge from hospital/admission avoidance	Additional professional support to support discharge from acute and community hospitals and effective patient flow to include 5 x agency social workers, 2 x nurse assessors for LTCT, 2 x Locum OTs, 2 x locum physio plus 1 x Grade G commissioning post	Earlier discharge from hospital	Number of discharges supported Reduced DToC Reduction in average length of stay Increase in admissions avoided	Essential to support hospital flow by ensuring sufficent assessment capacity.
Increased bed based capacity	Repurposing of excess residential/nursing capacity to support needs of the population	Repurpose existing capacity to address the following: Additional beds for complex needs. Step down assessment beds. Additional dementia nursing capacity.	Earlier discharge from hospital and potential to meet more complex needs in the community	Number of discharges supported Reduced DToC Reduction in average length of stay Increase in admissions avoided	Essential to ensure sufficient bed-based capacity over the winter to support hospital flow
Increased D2RA pathway support	Developing the home care work force & increasing capacity in the sector	Led by SCWDWP in PCC, we will be offering pre-employment checks, induction and training for staff wanting to enter the care sector as long term career development and staff will be "work ready" staff at the end of the programme. In addition, we will be using the Government Kick starter scheme to offer 30+ placements within the care sector this is a partnership lead by Norman Industries and includes PCC, PAVS and independent sector providers, we will offer 6months of fully funded employment for carers	Increase workforce	Impact on flow	P2 and P3
Increased bed based capacity	Reconfiguring respite care provision	Upto 7 additional beds for long term use will be created by reconfiguring the previous respite care provision at Havenhurst.	Adding extra capacity for intermediate care beds for waiting for home of choice and EMI provision	Reduced of AvLOS of patient on P3	P3
Increased bed based capacity	MHLD regional discharge beds	Purchase of regional MHLD step down residential care beds to support discharge from AMH acute beds and improve patient flow. The beds will be utilised in response to winter pressures and covid need to ensure acute capacity is available when needed and to maintain red area bed capacity to respond to covid cases	Reduce delays in discharging patients from MHLD acute wards to ensure spare capacity is available to meet crisis need.	reduction LOS, DTOC and bed occupancy	D2RA & MHLD transformation

Increased bed based capacity	MHLD regional secure inpatient beds	Purchase of independent sector secure beds to provide step down capacity and maintain red areas in the Cwm seren LSU & PICU units. The beds will be utilised in response to winter pressures and covid need to ensure urgent PICU capacity is available for acute MH crisis need. The LSU service is long stay with limited turnover of beds and freeing up capacity will also enable transfers from PICU for those requiring longer term intensive treatment.	free up LSU capacity for red/ green beds	Improve availability of red/green beds	D2RA & MHLD transformation

Technology	Care Home MDTs and Support	IT infrastructure to allow remote MDT and consultations. Stock of basic equipment for immediate deployment following advice from therapists (development of supported assessments, eg for wheelchairs). Provision of other equipment to support activities that lockdown makes it difficult to access/provide. Understand and accelerate the work of the Digital Communities Project.	Enabling remote consultations and discussions regarding patients to promote timely intervention and actions to maintain peopl in their care environment.	ED Attenders from Care Home Settings Acute admissions from Care Home Settings	

Area (region or LA)	Lead Partner	Partners	Action Sponsor	Lead Contact	Link with 2019-20	Resources required	Start Date	Overall Cost		
									okt-20	nov-20
Carms	CCC	HDuHB	Rhian Dawson	Alex Williams	Yes	5 x agency social worker post 2 x nurse assessors 2 x locum OTs 2 x locum physios 1 x Grade G Commissioning post	okt-20	£ 250 000		£ 50 000
Carms	HDuHB	CCC	Rhian Dawson		No	Combination of staffing costs and commissioning costs	nov-20	£ 742 511		£ 148 502
Pembs	PCC	PAVS, Norman Industries, independent sectors	Head of Adult Care			None as funded by Foundation Economy Grant and Government Kicker starter scheme		£ -	£ -	£ -
Pembs	PCC		Head of Adult Care			None		£ -	£ -	£ -
Regional	HDuHB	LA	Matt Richards	Matt Richards	No	6 beds - total £10,861 per week/ £43444 per mth	nov-20	£ -	£ -	£ -

Regional	HDuHB		Matt Richards	Nicola Hopkins	No	4 beds @£3227 per bed per week= £12908 per wk/£51632 per mth	nov-20	£ 258 160	£ -	£ 51 632
							Total	***£ 1 250 671***		
Ceredigion								£ -	£ -	£ -

Financial profile				Comments
des-20	jan-21	feb-21	mar-21	
£ 50 000	£ 50 000	£ 50 000	£ 50 000	Ballpark figures (tbc)
£ 148 502	£ 148 502	£ 148 502	£ 148 502	Ballpark figures (tbc)
£ -	£ -	£ -	£ -	
£ -	£ -	£ -	£ -	
£ -	£ -	£ -	£ -	contained in the £900k line above action 3.2

£ 51 632	£ 51 632	£ 51 632	£ 51 632	

£ -	£ -	£ -	£ -	

Pathway	Action No	Relevant strategic goal(s) addressed	Harm addressed	Recommendation	Query?	Funding Stream	Priority	Deliverability	Winter Only?	Action Theme	Action Title
Hospital Care	4,2	Goal 5	Harm 2	Yes	are these in situ? no Are they in the run rate? no Deliverability of resource? These will be additional shifts provided by zero hrs docs or existing staff as locum shifts. This is not currently in place and is not included in run rate of Forecast at M6. This was in place last winter and proved essential due to winter demand	Q3/4 Funding	3 - Rollover from 2019/20	1	No	Improved flow	Bronglais Additional ED medical staff cover
Hospital Care	4,3	Goal 5	Harm 2	Yes	are these in situ? no Are they in the run rate? no Deliverability of resource? Provided by existing medics as locum shifts. This is not currently in place and not included in run rate or Forecast at M6.	Q3/4 Funding	3 - Rollover from 2019/20	1	No	Improved flow	Bronglais Additional MG doctor weekends
Hospital Care	4,4	Goal 5	Harm 2	Yes	are these in situ? no Are they in the run rate? no Deliverability of resource? Provided by existing consultants for temp increase in pay. Not currently in place and not included in run rate or forecast at M6.	Q3/4 Funding	3 - Rollover from 2019/20	1	Yes	Improved flow	Bronglais Consultant Physician increased session
Hospital Care	4,8	Goal 5	Harm 2	Yes	is this not covered by COVID monies or year end forecast not in run rate	Q3/4 Funding	3 - Rollover from 2019/20	1	No	Improved flow	Bronglais additional weekend working
Hospital Care	4,9	Goal 5	Harm 2	Yes	deliverable? ? Why not 3 county awaiting Amanda	Q3/4 Funding	1 - Resource dependant	1	yes	Improved flow	Radiology cover for flow
Hospital Care	4,10	Goal 5	Harm 2	Yes	is this not covered by COVID monies or year end forecast CJ This is not currently in place, and not included in run rate or Forecast at M6. This is not covered by covid monies. However, Q3/Q4 funding, if approved, will come from the WG allocation.	Q3/4 Funding	3 - Rollover from 2019/20	1	No	Improved flow	Additional Nursing Cover - ED

Hospital Care	4,11	Goal 5	Harm 2	Yes	is this not covered by COVID monies or year end forecast CJ not covered by COVID monies this is a totally new facility	Q3/4 Funding	2 - Big impact	1	No	Improved flow	Additional Nursing Cover - Triage/Amb Care etc
Hospital Care	4,12	Goal 5	Harm 2	Yes	check with Liz Caroll? Spoken to Liz caroll unaware of additional Junior Dr requirement - currently 7 shared care beds incresing to 11 beds - named Dr to be provided by physical health Deliverability ?impact Site - Impact will be sustainable acute support for Dementia beds on enlli	Q3/4 Funding	2 - Big impact	1	No	Improved flow	Improved care of dementia sufferers and enable transfer to more appropriate environment with shared care support
Hospital Care	4,13	Goal 5	Harm 2	Yes	check with Liz Caroll? See above Deliverability ?impact	Q3/4 Funding	2 - Big impact	1	Yes	Improved flow	Improved Flow
Hospital Care	4,16	Goal 3	Harm 2	Yes	?impact more info needed? Lance Reed -are able to fund backfill to part ime - seeking funding up to full time. it will be via agency or addiitonal hours - no implications on other services site - Huge impact by bolstering stability and flexibility of front of house team plus support for wards. BGH funded wte for therapies is too low to provide needed flex for winter	Q3/4 Funding	2 - Big impact	1	Yes	Improved flow	Front of House Physiotherapy

Hospital Care	4,17	Goal 3	Harm 2	Yes	?impact more info needed? LR concerned that this not achievable in the timescale can these form of transformation funding? Increase the number from 3 this will take resource from internal band 2s	Q3/4 Funding	2 - Big impact	2	No	Improved flow	Front of House therapy support
Hospital Care	4,18	Goal 5	Harm 2	Yes	?in current run rate? **In current run rate** for on call though need additional draw down funds when required deliverability - will need to test the market - LR asking for assurance from Therapy Heads	Q3/4 Funding	2 - Big impact	1	No	Improved flow	Acute Occupational Therapy extended hours and weekend cover
Hospital Care	4,21	Goal 5	Harm 3	Yes	?impact ?costs costs updated ?deliverability Have someone that is interested and suitable so should be able to recruit.	Q3/4 Funding	1 - Resource dependant	2	No	Improved flow	Extended respiratory specialist nurse cover
Hospital Care	4,22	Goal 5	Harm 2	Yes	?implemntation plan An urgent ambulatory care pathway has been developed which avoids admission by The Blue Team. The aim is to expand the service model to stream ambulatory care conditions from AE/Puffin/ACDU. This will be supported by lead in QIST but need the workforce to enable the assessment process. The cost are locum/agency cost so more likely to be able to get the staff ?deliverability ?costs costs updated	SDEC/AEC Funding	1 - Resource dependant	2	Yes	Improved flow	Increase the front door cover and extension of scope of ambulatory care unit
Hospital Care	4,27	Goal 5	Harm 2	Yes	?in current run rate? Confirmed not in run rate by Brett Deliverability will be variable with 100% for medical staff but less confidence of therapy every week ?duplication of actions for front of house no duplication	Q3/4 Funding	3 - Rollover from 2019/20	1	Yes	Improved flow	PPH increased service capacity across 7 days
Hospital Care	4,28	Goal 5	Harm 2	Yes	?in current run rate?Confirmed not in run rate by Brett Deliverability 100% confident of delivery as only a few extra shifts for GPs	Q3/4 Funding	3 - Rollover from 2019/20	1	Yes	Improved flow	Additional Staffing for MIU on key dates over

Hospital Care	4,29	Goal 3	Harm 2	Yes	deliverable evidence base	SDEC/AEC Funding	1 - Resource dependant	1	No	Improved flow	reintroduction of SDEC in PPH. (ambi care now closed due to social distancing)
Hospital Care	4,30	Goal 5	Harm 2	Yes	deliverable high risk group	Q3/4 Funding	1 - Resource dependant	1	No	Improved Patient Experience	CAHMS inpatient support
Hospital Care	4,32	Goal 5	Harm 2	Yes	?in current run rate? - No Deliverability - from previous experience, with adequate planning and offered/shared across current MG staff there's confidence that this can be delivered	Q3/4 Funding	1 - Resource dependant	2		Improved flow	GGH Additional ED medical staff cover
Hospital Care	4,33	Goal 5	Harm 2	Yes	?in current run rate? - No Deliverability - from previous experience, with adequate planning and offered/shared across current MG staff there's confidence that this can be delivered	Q3/4 Funding	1 - Resource dependant	1		Improved flow	GGH Additional Medical MG doctor weekends
Hospital Care	4,34	Goal 3	Harm 2	Yes	?in current run rate? - No Deliverability - with adequate planning utilising locum therapy staff to backfill there's confidence that this can be delivered	Q3/4 Funding	1 - Resource dependant	2		Improved flow	GGH additional weekend working OT/PT in A&E
Hospital Care	4,35	Goal 5	Harm 2	Yes	?in current run rate? - No Deliverability - from previous experience, with adequate planning and offered/shared across current Consultant staff there's confidence that this can be delivered	Q3/4 Funding	2 - Big impact	1		Improved flow	GGH Consultant Physician increased session on BH's and weekends

Hospital Care	4,36	Goal 5	Harm 2	Yes	need to understand deliverability? ?Towy Ward will negate the need - this would need to be staffed through backfill of contract agency nursing and medical locum staff. Given current high number of Med Fit/complex patients, surge into 'Steffan Annexe' is necessary to manage winter pressures. Without these measures there's risk that Medicine will need to outlie further into Surgery and compromise emergency surgical and medical pathway taken to GGH in HB-wide basis. Costs increased - Consultant Ward sessions	Q3/4 Funding	2 - Big impact	1		Improved flow	GGH Surge into Steffan annexe etc. until 31st March 2020
Hospital Care	4,39	Goal 5	Harm 2	Yes	?in current run rate? - No Deliverability - this would be achieved by upskilling subtantive staff to undertake and backfilling with COVID/Bank HCSWs	Q3/4 Funding	1 - Resource dependant	1		Improved flow	Additional HCSW's who can take bloods at weekends and BH's
Hospital Care	4,41	Goal 5	Harm 2	Yes	?implmentation plan - T&F Group being established to oversee development of this apprach which will have a focus on rehab to reduce requirement for dom care / placement. ?deliverability - this would need to be staffed through backfill of contract agency nursing and medical locum staff / additional sessions. **costs reduced - now therapy sessions**	Q3/4 Funding	2 - Big impact	2		Improved flow	Set up rehab ward on Ceri template
Hospital Care	4,42	Goal 5	Harm 2	Yes	?in current run rate? - Yes Deliverability - this would be achieved by backfilling with COVID/Bank Porter resource - there is already a level of additional support being provided utilising the COVID Porter staff	Q3/4 Funding	2 - Big impact	1		Improved flow	Additional porter for A&E/CDU 5pm - midnight
Hospital Care	4,44	Goal 5	Harm 2	Yes	?deliverability - with adequate planning and offered/shared across current NNPs there's confidence that this can be delivered ?in current run rate - No ? Agreed in principle	Q3/4 Funding	2 - Big impact	1		Improved flow	NNP to work weekend days and BH's
Hospital Care	4,45	Goal 6	Harm 2	Yes	? Timeframe to 2am ?deliverability - will this compromise other existing Red Cross Home scheme? this is a proposal additional to the current day-time service and confirmed can commence in Dec '20 ? WGH confirmed there is no requirement for this service	Q3/4 Funding	3 - Rollover from 2019/20	1		Improved flow	Extension of British Red Cross operating hours (5pm-2am)

Hospital Care	4,46	Goal 2	Harm 2	Yes	?impact more info needed? LR concerned that this not achievable in the timescale can these form of transformation funding? Increase the number from 3 this will take resource from internal band 2/3s GGH feedback Carol Ann and Hannah (OT/Physio Leads at GGH) are relatively confident that (given the current circumstances) they would be able to fill the Band 4 roles from Bank Band 3's and external interest in band 4 type roles. Adequate planning and recrutiment support could expediate this.	Q3/4 Funding	2 - Big impact	2		Improved flow	?? GGH Early Supported Discharge / Outreach
Hospital Care	4,48	Goal 2	Harm 2	Yes	?impact more info needed? LR concerned that this not achievable in the timescale can these form of transformation funding? Increase the number from 3 this will take resource from internal band 2/3s	Q3/4 Funding	2 - Big impact	2		Improved flow	Improved flow
Hospital Care	4,49	Goal 2	Harm 2	Yes	deliverable evidence base	SDEC/AEC Funding	1 - Resource dependant	1	No	Improved flow	reintroduction of SDEC in GGH. (ambi care now closed due to social distancing)

Actions not recommended

Hospital Care	4,1	Goal 6	Harm 2	no	condolidate into 1 action to be agreed with transport team	D2RA Funding	1 - Resource dependant	2	No	Improved flow	Development of CUSP/non urgent transport (put forward by Carms)

Hospital Care	4,5	Goal 6	Harm 2	no	condolidate into 1 action to be agreed with transport team	Q3/4 Funding	3 - Rollover from 2019/20	1	Yes	Improved flow	Bronglais Discharge Vehicle
Hospital Care	4,6	Goal 3	Harm 3	no	not part of plan in core budget not deliverable by March Subject to recruitment	Q3/4 Funding	1 - Resource dependant	2	No	Improved flow	Recruit to Urology CNS post to ensure timely, accessible care close to home.
Hospital Care	4,7	Goal 5	Harm 3	no	not deliverable Could be supported, with agency input. Will undoubtedly be required through winter	Q3/4 Funding	1 - Resource dependant	2	No	increased bed based capacity	Establish ITU capacity at 4 beds Complete compartmentalisation works through Capital scheme to create additional side room isolation space (£16k discretionary capital)
Hospital Care	4,14	Goal 5	Harm 2	no	in run rate already	Q3/4 Funding	3 - Rollover from 2019/20	1	No	Improved flow	Flow team
Hospital Care	4,19	Goal 5	Harm 2	no	?costs ?impact ?insuff info is winter or COVID? Should be funded via Covid. Keeps patients and staff safe and assures compliance	Q3/4 Funding	2 - Big impact		No	Improved flow	Meet and Greet at Commuity Outpatent Clinics
Hospital Care	4,23	Goal 5	Harm 2	no	COVID funding		1 - Resource dependant	3	no	Improved flow	Increased bed based capacity
Hospital Care	4,24	Goal 5	Harm 2	no	?need -what issue dioes this address ?impact	Q3/4 Funding	2 - Big impact	3	No	Improved flow	Blood transfusion clinics
Hospital Care	4,25	Goal 5	Harm 2	no	in run rate for system supported but funded elsewhere	D2RA Funding	2 - Big impact		No	Improved flow	Improved Patient Flow

Hospital Care	4,26	Goal 5	Harm 2	no	not part of winter funded elsewhere	Q3/4 Funding	2 - Big impact		No	Improved flow	Releasing space for essential clinical service delivery on PPH site
Hospital Care	4,31	Goal 3	Harm 4	no	covered by HB adverse planning ? Need	Q3/4 Funding	2 - Big impact	1	No	Improved flow	Access to 4x4 Vehicles
Hospital Care	4,37	Goal 6	Harm 2	no	condolidate into 1 action to be agreed with transport team	Q3/4 Funding	2 - Big impact	1		Improved flow	GGH additonal Discharge Vehicle on BH's and weekends
Hospital Care	4,38	Goal 5	Harm 2	no	?deliverability - No ?not successful in previous years due to staffing resource - increased availability of locums recently	Q3/4 Funding	1 - Resource dependant	2		Improved flow	Cardiophysiology weekend sessions for IP diagnostics
Hospital Care	4,40	Goal 5	Harm 2	no	? COVID cost ? Do we need 7 day DLN ?impact	D2RA Funding	2 - Big impact	1		Improved flow	Additional DLNs to cover weekends

Actions sunmitted after the closing date

Hospital Care		Goal 5	Hamr 2		New action added in 14/10		1 - Resource dependant	2	Yes	Improved flow	Adminstrative post to support USC areas

Withdrawn 12/10/2020

Hospital Care	4,20	Goal 5	Harm 2	no	?impact ?evidence WITHDRAWN	D2RA Funding	2 - Big impact		No	Improved flow	Home and ready packs

Hospital Care	4,15	Goal 5	Harm 2	yes	deliverable evidence base	Q3/4 Funding				Improved flow	Bridging, Support for Discharge
Hospital Care	4,43	Goal 5	Harm 2				1 - Resource dependant	2		Improved flow	Towy ward refurbishment to provide 19 additional beds
Hospital Care	4,47	Goal 5	Harm 2	maybe	need to understand deliverability? Needs capital funding/refurbishment to be undertaken first - this has been reviewed andnow only relates to capital for ward works to upgrade the ward so that the Towy team can return here from it's current location (Old Padarn/Steffan Annexe). Previously referenced staff costs removed. ?does this negate Steffan surge 4.36	Q3/4 Funding	1 - Resource dependant	2		Improved flow	Old Towy Surge

Action summary	Benefits	Impact measures	Rationale/ evidence (e.g. D2RA improvement plan)	Area (region or LA)	Lead Partner	Partners	Action Sponsor	Lead Contact	Link with 2019-20 plan	Resources required
Fund additional junior over 7 days for ED 00.00 to 08.00. Single doctor duty is not adequate for winter period	Clinical safety, timely assessment and flow From a clinical safety point of view this requires recurrent funding	Patient safety Decision Making out of hours Robust improvement for night team	Previous years experience. Feedback from consultant body also highlighted additional support required overnight for prolonged busy periods of time during winter, expected that this will increase as we commence into flu season.	Ceredigion	HDUHB		GM BGH	Lou Cullium	Yes	Funding - zero hours £40/hour
Fund MG doctor Sat/Sun/BH 09.00 to 14.00	Achieve improve discharge profile over 7 days, clinical safety & flow	Improved discharges over 7 days On site senior decision making	Previous years experience, additional doctor to aide and support early discharge. Consultants commitments are in the post take ward round and with the critically ill patients. Facilitation of this additional support is	Ceredigion	HDUHB		GM BGH	Lou Cullium	Yes	Funding - zero hours £60/hour
Increase in consultants in post means this is potentially more achievable than in the past. Fund 1 additional session per week x 7 consultants to enable more on site present when on call/take	Broader time frame for senior decision making. Draw down will be for black days and expected high level challenge weekends	Senior clinician on site at beginning and end of the day to improve "take" support	Previous years experience, additional doctor to aide and support early discharge. The on call consultant commitments are in the post take ward round and with the critically ill	Ceredigion	HDUHB		GM BGH	Lou Cullium	Yes	Funding at sessional rate. 1 per week per 7 consultants
This is a mix of staff - confirm details with finance but a range of B2 staff working Sat/Sun - phlebotomy, bed cleaning, hotel services & porters	Support as needed for diagnostics (phlebotomy), flow (porters, bed cleaning) etc		Previous years experience. Regular weekend phleb support enabled early blood results to enable discharge./early discharge. Additional hotel services enable a smoother flow and discharge process.	Ceredigion	HDUHB		GM BGH	Team leads /Hazel Davies	Yes	Fund at 40 hours per week B2 to provide flex ability to engage additional support across these groups as needed
Fund B2 wte M-F 08.00 to 18.00 as a diagnostic coordinator for radiology. Required recurrent funding also due to the positive impact	Improves timely flow and diagnostics for in patients and reduces need for staff to be off wards (covid safety)		enables flow by providing a runner from A&E and wards for diagnostic tests and results	Ceredigion	HDUHB		Mark Sherratt	Mark Sherratt	Yes	Fund at 37.5 hours per week B2
Fund 2 x wte RNs (B5) for ED nights over 7 days. Will be used as a call down when required to ensure cover for corridor patients and ambulance offload	Facilitate ambulance offload - avoid delays and improved clinical safety		Critical need, particularly as BGH does not have surge capacity . Nurse for ambulance triage/offload, nurse +1 for minors when required revious years experience where additional nursing was required due to	Ceredigion	HDUHB		Dawn Jones	Dawn Jones	Yes	12 hr shifts / banding

Fund 1 RN and 1 HCSW for triage area which is separate from main A&E	Improved flow. Establishes Green and Red flow in plus supports minors flow and function and enables reinstatement of ambulatory care		ED will have a separate triage area for flexible use through Covid which needs separate staffing Required for triage area, as if surged into minors, this area will be utilised and need to be staffed accordingly as winter pressures increase.	Ceredigion	HDUHB		Dawn Jones	Dawn Jones	Yes	as above
Fund additional junior doctor post Nov to end March for Enlli Dementia Shared Care Model	Improved flow, patient experience and enable agreed testing of the new model that has been scuppered by Covid-19		Ideally would be recurrently funded but critical for winter as on call team will be on high demand. Medic team is significantly depleted on Enlli. Requirement for acute to support the shared care model on a full time basis. Lack of dedicated medic may impact timely patient reviews.	Ceredigion	HDUHB		Annette Snell/Liz Carroll	Guto Davies/Lou Cullum	No	Zero hours at £40/40 per week
Fund additional OT therapy hours - 30 hours at B6 to support the ward	Improved flow, patient experience and enable agreed testing of the new model that has been scuppered by Covid-20		To support the medical team and timely discharge/assessment	Ceredigion	HDUHB		Katie Darby	Katie Darby	No	Cost at B6 - 20/week
Front of House physiotherapist currently off on Maternity Leave. Funding to increase the band 7 (maternity) money we have to a full time post for 6 months would make the position more attractive for potential applicants and enable a full time cover for FOH. Currently only covered with bleep service from existing acute workforce	Turn around at front door, prevent admission, liaise with community therapies	Reduced admissions/re-admissions	Admission prevention, liaison with community therapies to avoid admissions. Potential candidate already identified	Ceredigion	HDUHB		Hazel Davies	Adrian Price	no	0.5 wte band 7 to top up 0.5 wte band 7 vacancy

Further develop FOH therapy service by recruiting a Therapy Support Worker - undertaking delegated interventions to ensure prudent delivery and maintaining therapist capacity to focus on new assessments and contributing to/ supporting MDT decision-making. Consideration to be given to this being a blended therapy support worker/ Therapy Assistant Practitioner	Turn around at front door, prevent admission, prevent re-admission by supporting robust transition and joint working/ handover to community services	Reduced admissions/re-admissions	Support to achieve admission avoidance and discharge support to create flow. High change this will be a key action to avoid site escalation	Ceredigion	HDUHB		Karen Thomas/Hazel Davies	Adrian Price/Katie Darby	No	1 WTE Band 4
1WTE Agency Occupational Therapist and funding of additional hours for BGH - providing capacity for the acute occupational therapy team to work extended hours and reliably offer 6 day cover and occasional 7 day cover without	Increased capacity Mon-Fri and 6/7 day cover supporting earlier assessment, rehab, and discharge planning, therefore reducing LOS and fascilitating patient flow from acute sites	Reduced referral to treatment/assessment time. Reduced LOS	Enabler for early assessment rehab and discharge planning - expected outcome in reducuction of LOS.	Ceredigion	HDUHB		Karen Thomas/Hazel Davies	Katie Darby	No	1 wte band 5 + 20 hours of band 6
Provision of 7 day per week respiratory clinical nurse specialist cover	Increased support & education provision to the clinical teams on site in relation to respiratory care. mproved management of patients with	Reduced LoS	Response to Covid	Pembs	HDuHB		General Manger WGH	SDM Unscheduled Care WGH	No	0.8WTE Band 6
Continue move towards increasing front door and increasing ambulatory care delivery across a 7 day period	Increased management of patients outside of an inpatient setting Increased flow into both same day emergency & planned ambulatory care settings	Reduced LoS Increased numbers through AEC Reduced admissions	Response to Covid and ambulatory care best practice	Pembs	HDuHB		General Manger WGH	SDM Unscheduled Care WGH	No	Junior Doctor or 1 WTE Band 8 ANP Middle grade to cover Sat/Sun and 1 WTE Band 2 to cover two days 1/3rd proj management costs of £50k
PPH additional weekend Reg and Consultant, physio, OT, & phlebotomy (16 hours overtime each per week)	reduced LOS and reduced daily variation	reduced LOS increased Sat and Sun discharges	previous years experience	Carms	HDuHB		General Manager PPH		Yes	overtime various staff groups
additional hours to GPs and ANPs for bank holidays and other days of peak demand over holiday period (8 days * 12hours * GP hourly rate)	improved flow in MIU	4 hour performance	previous years experience	Carms	HDuHB		General Manager PPH		Yes	overtime hours for GP

GP or Reg led SDEC linked to MIU. Part of WG guidance for Q2 onwards	Increased management of patients outside of an inpatient setting Increased flow into both same day emergency & planned ambulatory care settings	Reduced LoS Increased numbers through AEC Reduced admissions	national and local evidence to support SDEC	Carms	HDuHB	primary care, phone first project	General Manager PPH		No	2 Physcian assistants 2 HCSW 1 Admin 5 consultant / GP sessions 1/3rd proj management costs of £50k
Provide additional capacity to support children and young people through the assessment process and support any admission to the CAHMS bed on Morlais ward or the Rainbow suite. This will ensure consistent staffing when children and young people are admitted and enable the same familiar staff group to support during their stay which improves individual outcomes and supports earlier discharge. The service will operate 7 days a week to ensure referrals are	provide dedicated support to children requiring admission, reduce delays in emergency dept stay for children in MH crisis and ensure rapid admission to appropriate bed.	Reduce time in emergency dept and LOS. Improved patient experience for young people	D2RA & MHLD transformation	Regional	HDuHB	LA	Angela Lodwick		No	3 WTE Band3 HCSW @ £25834+ 14.9% (unsocial hrs) =£7589 per mth
Additional MG on BH's and weekends to deal with additional workload Additional senior support when ED is busy earlier time to treatment	Reduced admissions			Carms	HDuHB		Sarah Perry	Paul Smith	Yes	8 hour shift weekends and Bh's, 3rd weekend Dec - end Mar
Additonal senior dr to see medical patients and avoid unecessary admissions Admission avoidance senior decision making and treatment plans commenced earlier in the patient journey	Reduced admissions			Carms	HDuHB		Sarah Perry	Paul Smith	Yes	? 8 hour shift weekend and BH, 3rd week Dec - end Mar
A Band 6 Physio and Band 6 OT working weekends and BHs. 7.5 hour shift, staggered start provding 8am-8pm coverage. Would also provide acute in-reach. Would be supported by Generic Worker role below.	Reduced admissions			Carms	HDuHB		Sarah Perry	Paul Smith	Yes	Locum rate Physio/OT backfill which is costed at x2 rate Band 6. x1 Physio vacancy , but Band 7 TOCALS lead, x2 OT vacancies (x1 Med/USD and x1 ICF Tocals). Mid Dec - end Mar.
Additional Consultant cover on sessional payment basis	Reduced LoS			Carms	HDuHB		Sarah Perry	Paul Smith	Yes	From weekend pre-Christmas to end Feb and x3 BHs

Vacated surgical ward used for medical patients Abiity to manage medical demand and winter pressures	4 hour performance			Carms	HDuHB		Sarah Perry	Paul Smith	Yes	Full ward nurse staffing template now until 31 3 2021: B7 1.0; B6 2.0; B5 13.28; B2 15.28 B2 W/C 1.0 (inc enhancements). Medical coverage of Locum MG and Junior for 4 months Medical cover - 17 weeks = 85 days x7.5 = 638hours x£60 = **£38,250**; 17 weeks = 85 days x7.5 = 638hours x£40 = **£25,520;** x2 Consultant Ward Round sessions weekly £400 x 17 weeks = **£6,800**,
				Carms	HDuHB		Sarah Perry	Paul Smith	Yes	2 weekends pre Xmas and to end of March, inc BHs x2 staff
Provide intensive rehab to ortho, surgical and medical patients.				Carms	HDuHB		Sarah Perry	Paul Smith	No	Additional therapy staffing of: 1.0 WTE Band 7; 2.0 WTE Band 6; 2.0 WTE Band 5; 3 WTE Band 4 = **£28,408**
	Improved 4 hour performance			Carms	HDuHB		Sarah Perry	Paul Smith	No	Additional porter for A&E/CDU 5pm - midnight Mid Dec-Mar inc
				Carms	HDuHB		Sarah Perry	Paul Smith	No	NNP to work weekend days and BH's
Supporting patient experience in A&E; Improving ED patient flow; Safe and timely re-settlement of patients to their homes; Connecting patient sinto community based services to support inproved self-care and re-admission avoidance.	Increased discharges Reduced LoS			Carms	HDuHB	British Red Cross	Sarah Perry	Paul Smith	Yes	

?? GGH Therapy Generic Worker Early Supported Discharge / Outreach (spinal, stroke, medical) & A&E discharge avoidance support	Reduced admissions Reduced re-admissions Increased discharges Reduced Los			Carms	HDuHB		Sarah Perry	Paul Smith	No	8 Band 4 Generic Workers. Mid Dec - end Mar.
PPH Therapy Generic Worker Early Supported Discharge / Outreach (spinal, stroke, medical) & A&E discharge avoidance support	Admission avoidance, expedited discharge readmission avoidance			Carms	HDuHB		General Manager PPH		No	8 Band 4 Generic Workers. Mid Dec - end Mar.
GP or Reg led SDEC linked to MIU. Part of WG guidance for Q2 onwards	Increased management of patients outside of an inpatient setting Increased flow into both same day emergency & planned ambulatory care settings	Reduced LoS Increased numbers through AEC Reduced admissions	national and local evidence to support SDEC	Carms	HDuHB	primary care, phone first project	General Manager GGH		No	2 HCSW 1 Admin 15 consultant / GP sessions 1/3rd proj management costs of £50k

Investment in third sector support to support patients to go home from hospital including bariatric capacity.	Earlier discharge from hospital	Reduction in DTOC Reduced average length of stay Number of patients supported		Regional					Yes	

Fund additional vehicle daily and in particular Sat/Sun/BH - smoothes discharge profile out across the week and facilitates the long journeys which need to be achieved given our geolocation	Critical need due to geolocation and distance. Required to ensure timely discharge in additoinal to usual resource.		Absolute requirement on additional vehicle to support discharge (as discussed on Bronze)	Ceredigion	HDUHB		GM BGH	Hazel Davies	Yes	Funding as per 2019 plan
Improvements in TWOC care and general support for urology patients including development of TWOC at home.				Ceredigion	HDUHB		GM BGH	Urology SDM	No	Alerady in Sched Care Budget
Flow for covid and non-covid; reduced transportation and promotion of care closer to home and delivery of elective care	Enables sustainable level for site critcal care. Compartmentalisation enables stabilisation and transfer for Covid			Ceredigion	HDUHB		GM BGH	Diane Knight Hazel Davies	Yes	£120,000
Fund B4 admin support for Sat/Sun cover	Continues established support that runs out in October and enables extension through to end March		Extension to provide additional flexibility to support patient flow	Ceredigion	HDUHB		Dawn Jones	David Harrison	No	Cost at 15 hours per week B4 (Sat/Sun rate)
Provision of meet at greet function at all community facilities providing park and wait services (#4 of) to ensure good patient experience and clinic efficiency.	Patients waiting in cars will have better experience with communication provided through the meet and greet service. Improved flow of patients in and out of clinics will improve	Patient staisfaction; DNA rates.		Ceredigion	HDUHB					Source COVID from redeployment/volunteer scheme.
Increasing our bed based capacity on two wards to manage our red/green flow.	Increase the management and flow of the second wave of covid.	4 hour AE target, 12 hour target	P1, P2, P3	Pembs	HDuHB		General Manger WGH	SDM Unscheduled Care WGH	No	2 RNs for 12 hour days and 2 RNs for 12 hour nights and 2 HCSW for 12 hour days
2 clinics per week run by the Transfusion Nurse Practitioner, possibly linked to Ambulatory care unit	Improved management of patients requiring blood transfusions. Reduction in patients remaining in hospital for blood transfusions & Blood Products	Reduced LoS		Pembs	HDuHB		SDM Unschedulded Care WGH		No	No additional cost
Fixed term appointments of dedicated pateint flow nurse and admin support to drive through improvements on the D2RA pathways	dedicated team to make changes and improvements to the agreed D2RA pathways, facilitating imprved pateint flow through the acute hospital sites	Reduced LoS 4 hour AE target, 12 hour target		Carms	HDuHB				No	fixed term B8a Senior Nurse hospital flow (29k) Fixed term B3 admin posts (65k)

PPH site is at capacity in terms of its ability to deliver the expected services outlined in Q3 / Q4. There is however an opportunity to move staff from the hospital site to the medical residence blocks which were converted to office space some years ago. This office space currently community service administrators and other	additional clinical space			Carms	HDuHB				No	alternative accomodation has been sourced and approved by HB property services at cost of £39k per annum.)
Develop the register of approved volunteer drivers (with cover from universal insurance scheme) to assist with staff movements during adverse weather. Look into the possibilities of leasing a 4x4 vehicle to support key staff groups in their day to day roles (difficult to access properties	Rapid access to approved transport in crisis; assurance can be provided to staff.			Ceredigion	Ceredigion Council		Ceredigion County			
Increased on day discharges increased bed capacity	Increased discharges Reduced LoS			Carms	HDuHB	WAST	Sarah Perry	Paul Smith	Yes	2 Saturdays prior to Xmas and Xmas eve, saturdays Jan and Feb
Diagnostics provided 7 days a week				Carms	HDuHB		Sarah Perry	Paul Smith	Yes	Band 7/8a overtime 2 weeks prior to Xmas and to end of Feb
7 day discharge	Increased discharges Reduced LoS			Carms	HDuHB		Sarah Perry	Paul Smith	No	DLN Band 5 support Mon-Fri 1.0 WTE for Dec-Mar inc

Increase admin ward support to free 1 to 2 days equivilent of clinical (ward sister) time.	Gain of 1 to 2 day clinical ward sister time, facilitate ward activity, promote timeliness, espeically if predicting RN shortfall.	Increase discharges, improve ward activity	Important for P2, P3, P4 and response to covid and potential shortfall of nursing staffing	Pembs	HDUHB		Head of Nursing WGH		No	6 X WTE Band 4

Small provisions for patients on discharge to provide for basic requirement (targetd at people who live alone and with not identified support mechanisms).	Improved patient experience.	Patient staisfaction.		Ceredigion	HDUHB					Stock

Build a bank of B3 HCSW to provide interim support for patients returning home from hospital. Would be a shared acute/community resource. Suggest fund 6 wte on fixed term Nov to end March.	Improved ability to discharge patients with low but not zero care needs.			Ceredigion	HDUHB	bridging from acute to community		Dawn Jones	No	Fund at B3 x 6 wte
Capital				Carms	HDuHB		Sarah Perry	Paul Smith	No	
Provision of nursing and medical cover to surge into old Towy Abiity to manage medical demand and winter pressures				Carms	HDuHB		Sarah Perry	Paul Smith	No	Full nursing template, NHS Locum Consultant, MG, Junior Dr and Non-pay costs

Start Date	Overall Cost	Financial profile						Comments
		okt-20	nov-20	des-20	jan-21	feb-21	mar-21	
01.11.20	£ 92 000	£ -	£ 18 400	£ 18 400	£ 18 400	£ 18 400	£ 18 400	This is a critical requirement for safe ED operation and we should aim to fund this recurrently in to the rota if we can
01.11.20	£ 16 560	£ -	£ 3 312	£ 3 312	£ 3 312	£ 3 312	£ 3 312	This has worked well in the past and supports the increased LOS an throughput we habitually see in winter
01.11.20	£ 36 870	£ -	£ 7 374	£ 7 374	£ 7 374	£ 7 374	£ 7 374	Intention is to support the agreement of 7 USC consultants to increase on site on call presence through winter
01.11.20	£ 53 855	£-	£ 10 771	£ 10 771	£ 10 771	£ 10 771	£ 10 771	
01.11.20	£ 9 830	£-	£ 1 966	£ 1 966	£ 1 966	£ 1 966	£ 1 966	£23595pa at mid point
01.11.20	£ 101 595	£ -	£ 20 319	£ 20 319	£ 20 319	£ 20 319	£ 20 319	Critical need for patient safety

01.12.20	£ 122 096	£ -	£ -	£ 30 524	£ 30 524	£ 30 524	£ 30 524	
01.12.20	£ 15 440	£ -	£ 3 088	£ 3 088	£ 3 088	£ 3 088	£ 3 088	
01.12.20	£ 25 080	£-	£ 5 016	£ 5 016	£ 5 016	£ 5 016	£ 5 016	£22045pa at mid point
Can advertise for .5WTE band 7 now. Pending winter pressure funding could advertise for 1WTE band 7 for 6/12	£ 21 345		£ 4 269	£ 4 269	£ 4 269	£ 4 269	£ 4 269	£51,227 pa at mid point. Topping up 1/2 vacancy.

With funding. Could potentially recruit from known pool of suitable staff through direct hire Band 4	£ 12 405		£ 2 481	£ 2 481	£ 2 481	£ 2 481	£ 2 481	£29773 pa at mid point.
Immediate with funding	£ 38 000		£ 7 600	£ 7 600	£ 7 600	£ 7 600	£ 7 600	Band 5 = £33951pa at mid-point. Band 5 Agency = £70000pa Band 6 = £41334pa at mid-point. Cost on basis of agency band 5 + 20 hours of A4C band 6
Subject to recruitment	£ 18 195	£ -	£ 3 639	£ 3 639	£ 3 639	£ 3 639	£ 3 639	
Subject to recruitment	£ 101 801	£ -	£ 20 360	£ 20 360	£ 20 360	£ 20 360	£ 20 360	
07.11.2020	£ 85 360		£ 14 227	£ 17 783	£ 17 783	£ 17 783	£ 17 783	has been part of winter plan for years. Can be priortised between staff groups if lower levals of funding aviable. Min would be the additional med reg
26.12.2020	£ 9 754		£ -	£ 4 877	£ 4 877	£ -	£ -	has been part of winter plan for years

14.12.2020	£ 157 895		£ -	£ 39 474	£ 39 474	£ 39 474	£ 39 474	now high level of confidence of delivery. Based on work to date up to 30% of medical take could be diverted to this service. There are a number of PAs without jobs based in the Llanelli / Swasnea area who could start quickly. High level support from MIU and medical teams. (50% of cost relates to additional GP and consultnat supervison wich could be negoiated)
nov-20	£ 37 945		£ 7 589	£ 7 589	£ 7 589	£ 7 589	£ 7 589	
des-20	£ 15 840			£ 2 880	£ 5 280	£ 3 840	£ 3 840	3rd weekend December
des-20	£ 21 120			£ 3 840	£ 7 040	£ 5 120	£ 5 120	3rd weekend December
des-20	£ 22 262			£ 5 566	£ 5 566	£ 5 566	£ 5 566	3rd weekend December
des-20	£ 5 000			£ 1 200	£ 2 200	£ 1 600		3rd weekend December

des-20	£ 550 896			£ 137 724	£ 137 724	£ 137 724	£ 137 724	
des-20	£ 12 492			£ 3 123	£ 3 123	£ 3 123	£ 3 123	2nd weekend December
des-20	£ 113 632			£ 28 408	£ 28 408	£ 28 408	£ 28 408	
des-20	£ 18 081			£ 2 583	£ 5 166	£ 5 166	£ 5 166	3rd weekend December
des-20	£ 20 997			£ 5 249	£ 5 249	£ 5 249	£ 5 249	3rd weekend December
des-20	£ 75 000			£ 18 750	£ 18 750	£ 18 750	£ 18 750	

des-20	£ 107 448			£ 26 862	£ 26 862	£ 26 862	£ 26 862	
des-20	£ 107 448			£ 26 862	£ 26 862	£ 26 862	£ 26 862	
14.12.2020	£ 138 230		£ -	£ 34 557	£ 34 557	£ 34 557	£ 34 557	now high level of confidence of delivery. Based on work to date up to 30% of medical take could be diverted to this service. There are a number of PAs without jobs based in the Llanelli / Swasnea area who could start quickly. High level support from MIU and medical teams. (50% of cost relates to additional GP and consultnat supervison wich could be negoiated)

Total	***£ 2 164 470***

	£ -	£ -	£ -	£ -	£ -	£ -	£ -	

01.11.20	£ 25 300	£ -	£ 5 060	£ 5 060	£ 5 060	£ 5 060	£ 5 060	Critical need and we monitor impact of weekend discharges enabled through this. Even 1 or 2 per weekend, long distance journeys have a significant site impact
	£ 22 495	£ -	£ 4 499	£ 4 499	£ 4 499	£ 4 499	£ 4 499	Ceredigion post is funded; to be advertised. Time frame assumption is made around recruitment time taken
asap	£ -							May already be in establishment. £120k
01.11.20	£ 7 195	£-	£ 1 439	£ 1 439	£ 1 439	£ 1 439	£ 1 439	£29773pa at mid point + 45% est enhacement.
Immediate once staff sourced.	£ -	£-	£-	£-	£-	£-	£-	Tregaron, Aberaeron, North Road, Cardigan would all benefit from this; so would need flexible cover to match clinic times.
Subject to recruitment	£ -	£ -	£ -	£ -	£ -	£ -	£ -	total cost £380995 = £76199 per week
	£ -	£ -	£ -	£ -	£ -	£ -	£ -	
	£ 78 333		£ 15 667	£ 15 667	£ 15 667	£ 15 667	£ 15 667	

	£ 16 250		£ 3 250	£ 3 250	£ 3 250	£ 3 250	£ 3 250	
	£ -							moved from Proactive Care
des-20	£ 7 200			£ 1 800	£ 3 000	£ 2 400		2nd weekend December
des-20	£ 8 778			£ 1 596	£ 3 990	£ 3 192		2nd weekend December
des-20	£ 16 084			£ 4 021	£ 4 021	£ 4 021	£ 4 021	

Subject to recruitment	£ 71 255		£ 14 251	£ 14 251	£ 14 251	£ 14 251	£ 14 251	New initiative from Carol Thomas

Immediate once agreed	£ -	£ -	£ -	£ -	£ -	£ -	£ -	

01.12.20								moved to int care tab
des-20	£ -							
des-20	£ -							

Version	Description
1	First Draft
2	Updated info from Counties
3	Grouping added
4	additional info - deliverability, winter only
5	Sheet updated and downloaded from Teams. Pembs consolidated actions to 9
6	sheet downloaded from TEAMS, consolidated. MH actions added. PPH actions added.
7	sheet updated with recommendations
8	comments from maybe actions
9	downloaded updated sheet from TEAMS
10	Consolidated comments
11	Final updates
12	update on Carms actions - reorderd with 'No' recommendations put to bottom os sheets
13	all maybe actions in Q3/4 changed to Yes, others put into Pipeline funding stream (inc transformation slippage)
14	Primary urgent care funding bid added, baseline measures added

Date
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Harm 1	Goal 1	1 - Resource dependant
Harm 2	Goal 2	2 - Big impact
Harm 3	Goal 3	3 - Rollover from 2019/20
Harm 4	Goal 4	
	Goal 5	
	Goal 6	

COVID Funding
D2RA Funding
ICF Funding
Flu Funding
Pipeline
Primary Urgent Care
Q3/4 Funding
SDEC/AEC Funding
Transformation Slippage

Regional	Yes	1
Carms	No	2
Ceredigion		3
Pembs		