URGENT CARE IMPROVEMENT PROGRAMME

Performance Report - May 2013

1. Monitor Reactivation

In April 2013 Monitor set out the following requirement:

Work with the local health economy to address current A+E performance issues ensuring that demand management schemes are progressed and capacity at the Trust has been reviewed to ensure current activity pressures can be managed safely.

1.1 Strengthening relationships on the local health & social care system

Considerable steps have been taken to strengthen our working relationship with the local health and social care community.

A significant milestone was achieved by the early establishment of an urgent care 'task & finish' group, chaired by Dr Simon Douglass, Clinical Accountable Officer BANES CCG. Membership of this includes the RUH, Wiltshire CCG, Sirona and Somerset Executive Directors.

The purpose is to determine a shared vision, shaped by the King's Fund Report 2012/13 on the future of urgent and emergency care across this locality and as such this agenda is being replicated across NHS England.

To date the group has commissioned:

- a community wide diagnostic exercise following the National ECSIT visit. The exercise was held on the 14th June 2013, with Executive and clinical representation from the RUH and all health and social care partners. The final report is due to be completed by the end of June and scheduled to be discussed at the next meeting in early July.

- a one day simulation exercise aimed specifically at all the providers of the Bath Urgent Care system, including key front line staff, to test how our system works in the face of Urgent Care pressures. This will be conducted on the 23rd July 2013.

- an Urgent Care investment plan across the urgent care system. The RUH business case has recently been completed and submitted in preparation for the next meeting.

Since the urgent care task and finish group was established, the Chief Operating Officer for NHS England has written to all CCG Clinical Leaders asking them to establish an Urgent Care Board for each local health community, ensuring coverage for every Emergency Departments (ref: NHS England: Improving A&E Performance Gateway ref: 00062).

Locally it is proposed that the urgent care task & finish group will become the Urgent Care Board and the Terms of reference for the group will be amended accordingly.

Further collaboration can be evidenced through the active RUH participation in the Wiltshire CCGs Community Transformation Project. An RUH and Wiltshire Health & Social Care discharge workshop was jointly facilitated on the 24th May with a large operational and strategic attendance. At this meeting a hub and spoke model for urgent care demand was set out, with the RUH being selected as the first of three spoke go live implementations and scheduled for September 2013.

The RUH also attended the newly established Wiltshire Urgent Care Board, which held its first meeting on Wednesday 23rd May.

1.2 RUH Urgent Care Programme Board key points:

- 4 Hour May performance **98.2%**. This is the best monthly performance for two years. It should however be noted that activity was low in month for both ED attendances and non - elective admissions
- ED is achieving national quality indicators, in particular time to treatment **at or below national target of 60 minutes**
- Bed occupancy **91.8%.** The Trust's lowest ever for May

- All ECIST projects are on track
- The success of 'Spring to Green' in month
- Completion of 30 day cycle actions and milestones

1.2.1 Areas for improvement:

- Non - elective length of stay has improved from April however this has not yet achieved the required target
- Continued focus on discharges which is linked to the ward standards project and the requirement to standardise white board rounds across the Trust
- Escalation policy requires further development to ensure that this is fully implemented across the Trust

1.2.2 Programme Trust Performance Metrics

The Trust wide metrics demonstrate the impact that the improvement programme is having on the three key elements of the urgent care pathway.

Green	performance on target for all Trust metrics
Amber	performance improving but not achieving target for all Trust metrics
Red	performance off target for all Trust metrics

Front Door: Increasing senior assessment at the front door and creating more short stay pathways

Flow: Improving patient flow through the hospital

Backdoor: Earlier planning for discharge and reduced delays

Thus the backdoor is currently requiring more focus and effort.

1.2.3 ECIST Projects Key Performance Indicators

Project	Metric	Baseline	Target	Trend	April	May-13
Ambulatory Care Medicine (MAU Area B)	Number of Non-elective patients seen in ambulatory care, per month	107	Trajectory	▶	115	135
	Number of patients discharged from MSSU within 3 days, per month	71	Trajectory	▲	48	92
Surgical Emergency Pathway	Number of patients seen in urgent clinics	0	Trajectory	▶		86
	Pre-op length of stay for cat C/D theatre list	5	Trajectory	▶		0
	Number of patients detioriating from C/D lists to A/B due to theatre 1 capacity	n/a	5	▶		0
Acute Oncology	Review by an Acute Oncology Team within 24 hours of admission (CQUIN)	0%	90%	▶	100%	100%
	Number of patients whose admission was avoided through consultant lead intervention.	0	68	▶	81	80
ED Implementation of RAT	% of patients treated within 1 hour	44.4%	55.0%	▲	44.1%	56.1%
	% of patients admitted	38.7%	37.3%	▶	35.5%	36.4%
OPU model for a RACE unit at the RUH.	% of patients over 75 years old discharged within 48 hours	25.1%	35%	▲	18.7	24.1
	OPU Non Elective LOS	11.2	8 days	▲	14.3	12.9
Urology Specialist Nurses	KPIs to be agreed	TBC	TBC	●	*	*
Ward Standards	Review of all inpatient adult wards by Head of Division and Assistant Director of Nursing	TBC	TBC	●	*	*
Therapies pilot – Rehabilitation to Home	Decrease in referrals to community hospitals	393	<393	▼	353	459
	Reduction of inpatients >14 day LOS	14.1%	Trajectory	▲	18.2%	14.3%

Key to trend		
▲ Improvement in preformance and within plan	▼ Deterioration in performance but still within plan	▶ Performance continuing on plan
▲ Improvement in performance but still slightly off plan	▼ Deterioration in performance and slightly off plan	▶ Performance continuing but still slightly off plan
▲ Improvement in performance but still off plan	▼ Deterioration in performance and off plan	▶ Performance continuing off plan

1.3 Capacity Review

The ECIST have continued to advise viewing capacity in terms of decision making in order to create and maintain flow, rather than beds. The national team's feedback is to reduce our dependency on beds (including the community mindset) and focus our attention on new ways of working such as the Frailty Unit model.

Nevertheless the RUH Transformation Board, Chaired by the Chef Operating Officer is currently reviewing the current bed modeling assumptions for 2013/14 onwards.

The Urgent Care Network has further established a Provider sub group. The remit for this group will be the development of a joint capacity planning approach for the winter period enabled by the diagnostic and simulation events outlined previously. A critical element of this planning will be the determination of the triggers across the whole community in relation to escalation.

Furthermore, the Deep cleaning programme across a number of wards leading into the total refurbishment of Combe ward during Q1 and Q2 2013/14, is providing an ideal opportunity for the RUH to early test resilience capability.

1.4 Managing activity pressures safely

The RUH Urgent Care Improvement Programme will continue to work to ensure that all projects have full project documentation by the end of Q1. This will include both quality and project risk assessments. The risks for each project will be reviewed monthly in the performance report to Management Board. This will ensure that improvements made are robustly tested to ensure that they can be sustained.

The community wide simulation event will be used to test the RUH approach and identify any areas of weakness.

The revised Trust wide escalation plan is in progress with further engagement sessions planned with clinical teams during June and July.

Finally, Quality Board on behalf of Management Board have ensured that the most recent CQC inspection actions have been addressed and tested through a mock inspection and auditing regime.

2 Summary and Conclusions

The RUH can demonstrate that good progress is being made to strengthen relationships within the local health and social economy.

Steps have been taken to identify demand management schemes and complete a Trust capacity review. The RUH will work with the Task and Finish group over the next two months to ensure that both of these areas are explored more fully and actions taken.

In April and May 2013 the Urgent Care Improvement Programme has made good progress and this can be linked to the improvement in 4 hour performance.

The development of Trust metrics and project KPIs will ensure that progress is closely monitored whilst assisting in the forecast of delivering a sustained performance.

Transformation Board and the Urgent Care Programme Board are both Chaired by the Chief Operating Officer who closely interfaces with the Medical Director and Acting Director of Nursing through their membership attendance and links to Quality Board.