



Date: Tuesday, 15 December 2015

Time: 10.00 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,
SY2 6ND

Contact: Amanda Holyoak, Scrutiny Committee Officer
Tel: 01743 252718
Email: amanda.holyoak@shropshire.gov.uk

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

8 Winter Plan (Pages 1 - 16)

To receive a report, attached marked: 8, on action taken to address hospital discharge and winter pressures since the last meeting of the Committee on 28 September 2015

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Agenda Item 8

Report to: Joint Health Overview and Scrutiny Committee for Shropshire and Telford & Wrekin, 15 December 2015

Title Update on Urgent Care and Hospital Discharge

Purpose To update the Joint Health Overview and Scrutiny Committee on work to improve urgent care within Shropshire and Telford & Wrekin

Previously considered by System Resilience Group, 20 November 2015

Executive Summary

Representatives from the health and care system in Shropshire and Telford & Wrekin attended a meeting of the Joint Health Overview and Scrutiny Committee for Shropshire and Telford & Wrekin on 28 September 2015 to discuss pressures and challenges within the urgent and emergency care system and their impact on the experience of services by communities, users and patients.

The feedback and challenge from the JHOSC has helped to influence the development of the updated Urgent Care Plan for Shropshire and Telford & Wrekin. This has been further influenced by the participation of the local health and care system in the national Emergency Care Improvement Programme (ECIP). This is a clinically-led national programme providing intensive practical help to Shropshire and Telford & Wrekin along with 27 other urgent and emergency care systems across England, with the overall goal of providing safer, faster and better care for patients.

The Urgent Care Plan focuses on four areas of improvement:

- A. The acute hospital will focus on delivering improvements in bed flow processes, ED efficiency and fully implementing ambulatory emergency care (AEC)
- B. The community services and local authorities will focus on enhancing capacity and impact of integrated re-ablement teams to avoid admissions and speed up complex discharge
- C. Commissioners will focus upon driving greater throughput at treatment centres co-located at each site, and ensuring that demand management schemes are effective in reducing ED attendance
- D. Collective effort will be invested in focusing on managing complex medically fit patients with fewer delays, and implementing improvements to support and divert greater numbers of over 75 year old patients outside of acute hospital

A summary of the updated Urgent Care Plan is attached.

Updated performance and monitoring data on this plan is currently being developed for the System Resilience Group on 18 December and is therefore not yet ready alongside this paper. A presentation will be provided to the meeting, along with an oral update on work to date on the four areas of improvement outlined above.

Shropshire and Telford & Wrekin

Urgent Care Plan Summary

JHOSC, 15 December 2015

Glossary:

AEC: Ambulatory Emergency Care
 ECIP: Emergency Care Improvement Programme
 (www.ecip.nhs.uk)
 ECIST: Emergency Care Intensive Support Team
 (www.nhsimas.nhs.uk/ist)
 ED: Emergency Department
 ICS: Integrated Community Service
 PMO: Programme Management Office
 PRH: Princess Royal Hospital
 RSH: Royal Shrewsbury Hospital
 SAFER bundle: A set of actions that, if consistently applied,
 can help to improve emergency flow (see
www.england.nhs.uk for details)
 SATH: The Shrewsbury and Telford Hospital NHS Trust
 SCCG: Shropshire Clinical Commissioning Group
 SCHAT: Shropshire Community Health NHS Trust
 SRG: System Resilience Group
 TCCG: Telford & Wrekin Clinical Commissioning Group
 UCC: Urgent Care Centre
 UCWG: Urgent Care Working Group
 WIC: Walk In Centre
 WMAS: West Midlands Ambulance Service NHS
 Foundation Trust

Preface

Partners across the system have listened carefully to feedback received from the last review of our recovery plan and looked hard at each of our improvement actions to ensure that we are maximising their impact.

There is a shared view across the system of where the key issues are, and we have applied intelligence from sources such as ECIST, ECIP and 'Faster, Safer, Better' to inform our thinking and shape our priority actions.

In arriving at our proposed trajectory we have been mindful of the level of risk inherent within seeking improvements at the most pressured time of year, balanced against the need for pace and meeting the needs of our communities.

As a system we fully recognise the need to move beyond planning and are committed to working closely in support of each other to make the required improvements happen as quickly as possible to recover performance.

Executive Summary

Organisational teams across the Shropshire and Telford system have combined their efforts in reaching a thorough and shared understanding of the root causes behind underlying poor 4 hour performance.

It is recognised that the system has faced added pressure over time, but it is believed that greater fault lies with misaligned capacities and some processes that require significant streamlining and modernisation. This is further undermined by frailties in the clinical workforce across both Emergency Departments.

Intelligence about what the solutions need to be, using the available evidence and know how from elsewhere have been applied. The findings from a recent visit from ECIP have provided independent validation of the the areas we had already chosen to concentrate upon, some which have already started.

Therefore our plan focuses on a small number of key themes and the actions which offer the greatest opportunity to improve performance and protect safe care for patients.

The need for a consistent and robust programme approach to developing and delivering actions has been recognised and so investment has been made in resources and structures to support close monitoring and measurement of progress.

Breaches have been used as the consistent currency with which to estimate the impact of actions and to translate improvements into forecast performance upon which the recovery trajectory is based.

Risks have been analysed and mitigated for. Conscious that the system will need to tackle some challenges deeply rooted in practice and behaviour the system will maximise the opportunity from working with ECIP to help clinicians to adopt new ways and of working and overcome previous barriers to change.

Leaders from across health and social care have worked closely together in planning recovery, and are jointly committed to making improvements as accountable partners for system performance

Summary of our recovery plan

The key root causes of poor performance are

1. Lack of joined up streamlined processes between partners constrain the flow of patients
2. Capacity across the system has not been aligned or available at the right time
3. Weaknesses and gaps in the clinical workforce in ED which lead to long waits to see a decision maker

The key actions we are going to focus on are –

1. Getting patients to the right place for their care and reducing the front end pressure on ED and on acute beds
 - Through increased use of UCC/ WIC; maximising AEC to avoid admissions
2. Improve the management of flow across the system so that patients are ready to go as soon as their acute treatment is complete -
 - Through rolling out the SAFER bundle across acute & community beds;

Closer management between partners of complex patients

3. Designing and implementing better ways of organising the care of patients who are over 75 so that their outcomes are maximised
 - Through introduction of a system wide frailty pathway including a specific approach when they need acute care
4. Investing in the development of workforce strategies so that there is greater resilience within clinical teams to provide care when it is needed
 - Through new workforce models for ED and longer term health economy workforce / site planning

Additionally -

The system will be strengthening day to day operational performance through enhancing its escalation processes and being disciplined about returning the hospital and system to 'normal' and safe operating parameters.

Participation and support from ECIP

Context

ECIP is a clinically led programme that offers intensive practical help and support to urgent and emergency care systems to deliver real improvements in quality, safety and patient flow.

The Shropshire & Telford health system have been selected to participate as part of a local network of support and expertise with access to a variety of tools and resources, tailored to the needs of the system.

ECIP visited the system for a four day initial diagnostic in the week commencing November 9th, which involved gathering of data and intelligence from teams drawn across all areas of the health and social care economy.

The team presented their initial finding on November 12th which will be followed up by a formal written report in the week commencing November 23rd. This was helpful in validating our existing actions as well as highlighting additional opportunities.

Initial diagnostic findings

The ECIP team's initial findings and recommendations were that the system should urgently focus on the following: -

- Develop and communicate a system wide vision for UEC
- Strengthen current processes in managing escalation
- Develop a system wide Frailty pathway with an aim of enabling people to remain in own home
- Maximise Ambulatory Care models at Acute Trust to prevent unnecessary admission
- Embed SAFER patient flow bundle across all bed base services in acute and community
- Embed discharge to assess across health and social care system
- System level workforce strategy to support resilience in ED

RECOVERY ACTIONS

Key actions to address root causes

Overview of priorities

The system has agreed a single set of priorities which will be delivered by working together. Within this plan each organisation understands the part they need to play in order to achieve success.

The key elements of our improvement of 4 hour performance are:-

- A. The acute hospital will focus on delivering improvements in bed flow processes, ED efficiency and fully implementing ambulatory emergency care (AEC)
- B. The community services and local authorities will focus on enhancing capacity and impact of integrated re-ablement teams to avoid admissions and speed up complex discharge
- C. Commissioners will focus upon driving greater throughput at treatment centres co-located at each site, and ensuring that demand management schemes are effective in reducing ED attendance
- D. Collective effort will be invested in focusing on managing complex medically fit patients with fewer delays, and implementing improvements to support and divert greater numbers of over 75 year old patients outside of acute hospital

An overview of each theme and its forecast impact on performance is illustrated on the next page.

Summary of key recovery actions

High level overview

Key theme	Owner	Projects & key actions	High level outcomes	Est 4 hr % impact	Delivery date
A. Internal acute flow	SaTH	<ul style="list-style-type: none"> Reducing non admitted breaches (PRH) Implement ambulatory emergency care (RSH) Improving internal flow Longer term - <ul style="list-style-type: none"> Standardise ward processes SAFER bundle Exemplar ward programme Front door decision making 	<ul style="list-style-type: none"> Reduce non admitted breaches Avoid admissions Earlier discharge in day 	<ul style="list-style-type: none"> Reduce breaches by c92 per week (+3.5% to 4.2%) 	<ul style="list-style-type: none"> 31 Dec 15 31 Mar 16 31 Mar 16
B. Admission avoidance & complex discharge	SCHT	<ul style="list-style-type: none"> Roll out ICS admissions avoidance (Shrops) Implement full ICS capacity to support additional complex discharges Longer term <ul style="list-style-type: none"> Develop an integrated service of rapid response and social care in Telford 	<ul style="list-style-type: none"> Avoid admits through diversion Improve bed availability through earlier discharge of complex patients 	<ul style="list-style-type: none"> Reduce c42 breaches per week (+1.6% to 2%) 	<ul style="list-style-type: none"> 20 Dec 15 20 Dec 15
C. Demand mg't	SCCG & TCCG	<ul style="list-style-type: none"> Increase utilisation of existing UCC/ WIC facilities Reduce demand schemes with WMAS, Primary Care and care homes 	<ul style="list-style-type: none"> Reduce type 3 attendance demand on ED Manage high intensity users outside of the acute 	<ul style="list-style-type: none"> Reduce c48 breaches per week (+1.8% to 2.3%) 	<ul style="list-style-type: none"> 29 Nov 15 Delivered 15 Oct
D. Proactive mg't complex / over 75s	ALL CCG	<ul style="list-style-type: none"> Improved operational grip and proactive planning based of complex discharges Implement alternative assessment and diversion specific to over 75s Longer term <ul style="list-style-type: none"> Develop a system wide frailty pathway 	<ul style="list-style-type: none"> Support reduction of delays to complex discharge from c90 to 40 Reduce admissions of over 75s by 28 per week 	<ul style="list-style-type: none"> Reduce breaches by c50 per week (+2% to 2.5%) 	<ul style="list-style-type: none"> 10 Jan 16 28 Feb 16

GOVERNANCE AND MONITORING

GOVERNANCE & MONITORING

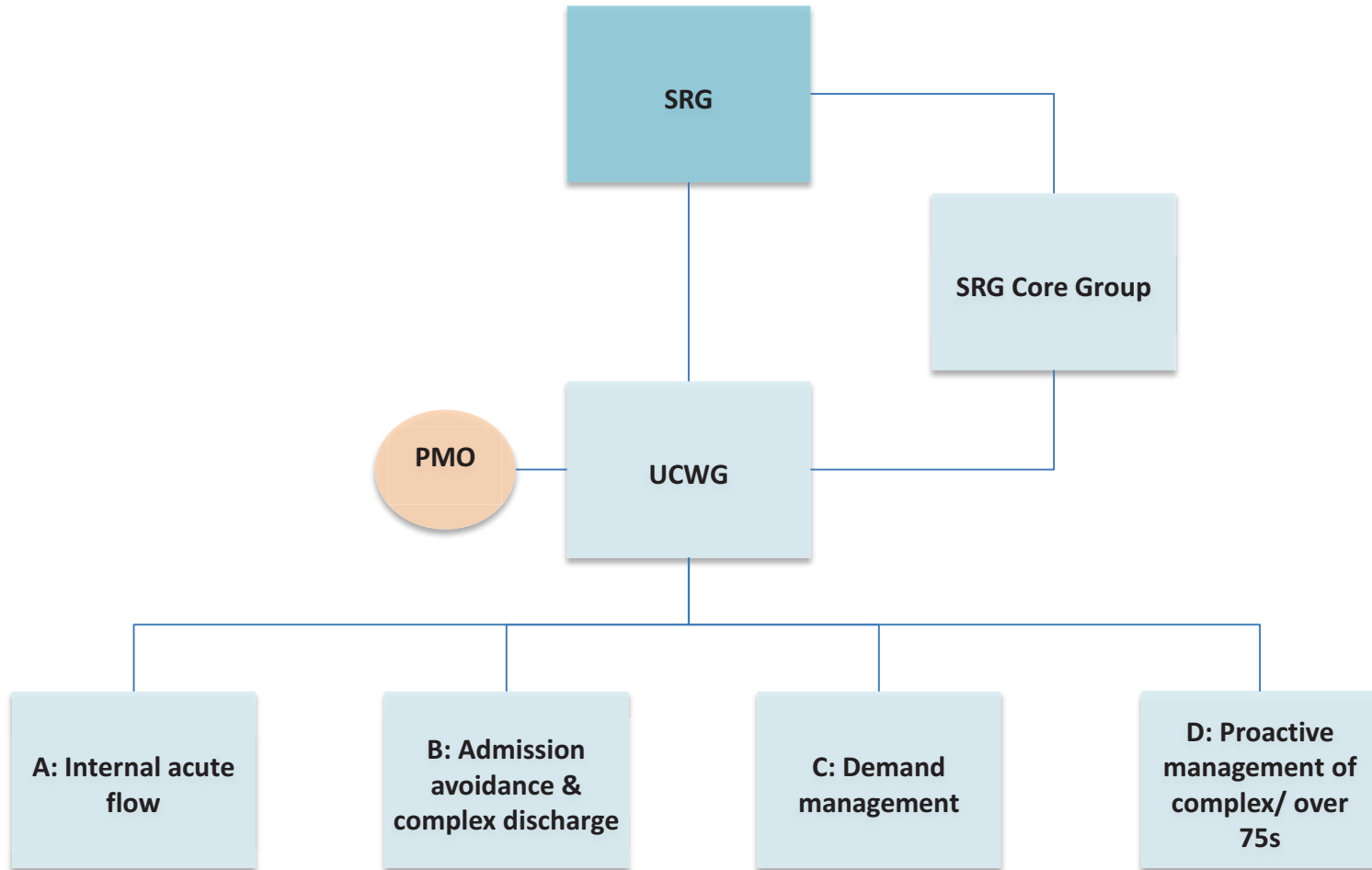
Introduction

Successful delivery of improvement and achievement of expected benefits on time and in full will require the system to closely monitor and act upon the delivery of a significant number of actions.

The system has organised the recovery programme so that it can be monitored on a weekly basis and provide appropriate performance reports to UCWG, SRG and SRG Core Group on a monthly basis (effectively bi-weekly due to the timing of SRG – SRG Core Group meetings across the month). The purpose and membership of each group is outlined in the next pages.

GOVERNANCE & MONITORING

Overview



GOVERNANCE & MONITORING

Key boards and other meetings/ functions

System Resilience Group

The purpose of SRG in relation to urgent care recovery is to ensure that there is an agreed strategic plan in place which delivers the required standard in terms of four hour performance, and that all appropriate measures to ensure its delivery are being taken.

This involves review and sign off of the recovery plan; receiving progress and performance reports, and taking decisions on the use of resilience funds and prioritising resources and effort in support of performance and recovery.

The core membership is made up from executive level directors drawn from across the system's commissioning and provider organisations, plus representatives from the voluntary sector and patient groups. Representatives from NHSE and TDA also attend.

SRG Core Group

The purpose of SRG Core Group in relation to urgent care recovery is to review progress and performance reports and agree decisions/ take action on variation to the recovery plan.

This involves more detailed review of programme data than at SRG, and closer scrutiny of performance metrics to ensure planned progress is being achieved.

It's membership is made up primarily of Chief Officers and supported by Chief Operating Officers as required.

GOVERNANCE & MONITORING

Key boards and other meetings/ functions

Urgent Care Working Group

The purpose of UCWG in relation to urgent care recovery is to provide detailed scrutiny of recovery improvement actions and to support the development of longer term projects.

This involves detailed review and assessment of all recovery actions, agreeing of remedial actions, and escalation of key risks to SRG/ SRG Core Group. It organises and reviews detailed metrics and supporting data to ensure that there is a transparent view of recovery and directs problem solving where required. A primary output is a detailed exception report to SRG/ SRG Core Group which highlights key risks and decisions required to underpin recovery.

The core membership is made up from Chief Operating Officers and key project leads responsible for actions and improvement projects.

Programme Office

The purpose of the Programme Office is to support UCWG in the collation of the latest up to date action status and to provide leads with appropriate templates and planning tools to ensure consistency of approach and output.

It also works alongside the CSU in organising and collating the various dashboards and exception report updates for UCWG, SRG and SRG Core Group. It is led by the Programme Director for Urgent Care Recovery and the Chair of the UCWG, and comprises two staff contributing half time.

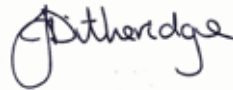
COMMITMENT & SIGN OFF

Summary

Leaders commit their respective organisations to delivering the improvements within this recovery plan.



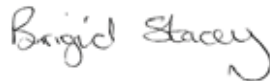
Simon Wright
Chief Executive
Shrewsbury and Telford
Hospital NHS Trust



Jan Ditheridge
Chief Executive
Shropshire Community
Health NHS Trust




Stephen Chandler
Director of Adult Social
Services
Shropshire Council



Brigid Stacey
Accountable Officer
Shropshire CCG



David Evans
Accountable Officer
Telford & Wrekin CCG



Paul Taylor
Director of Adult Social
Services
Telford & Wrekin Council

Dated: 20 November 2015