

RUH | RUH Status

Wellbeing Policy Development and Scrutiny Panel
17th May 2013



Francesca Thompson, Chief
Operating Officer and
Joss Foster, Commercial Director

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RUH Care Quality Commission

Our job is to check whether hospitals, care homes and care services are meeting essential standards

Reach one of the following judgements for each essential standard inspected:

Met Action Needed Enforced Action

A judgement is also made on the level of impact on people who use the service:

Minor Moderate Major

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RUH | RUH Compliance

RUH Compliance

November 2012: Routine unannounced inspection
Fully Compliant

February 2013: Responsive inspection undertaken in relation to concerns raised by stakeholder partners in relation to discharge processes www.cqc.org.uk

Outcome:

Action needed for the following;

- Respecting & involving people who use services: Minor impact
- Care & welfare of people who use services: Moderate impact
- Cooperating with providers: Moderate impact
- Records: Moderate impact

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RUH CQC Inspection (February 2013)

- Action Plan developed to address findings
- Steering Group set up to monitor implementation of action plan
 - Meets fortnightly
 - Chaired by Acting Director of Nursing and attended by action plan leads
- Quality Board monitor completion of the action plan & monthly progress report submitted
- Action plan progressing in line with identified timescales and scheduled for completion by 31 May 2013

RUH Monitor Outcome

Application deferred due to:

1. Compliance actions resulting from the CQC visit in February 2013
2. Concerns around A&E performance

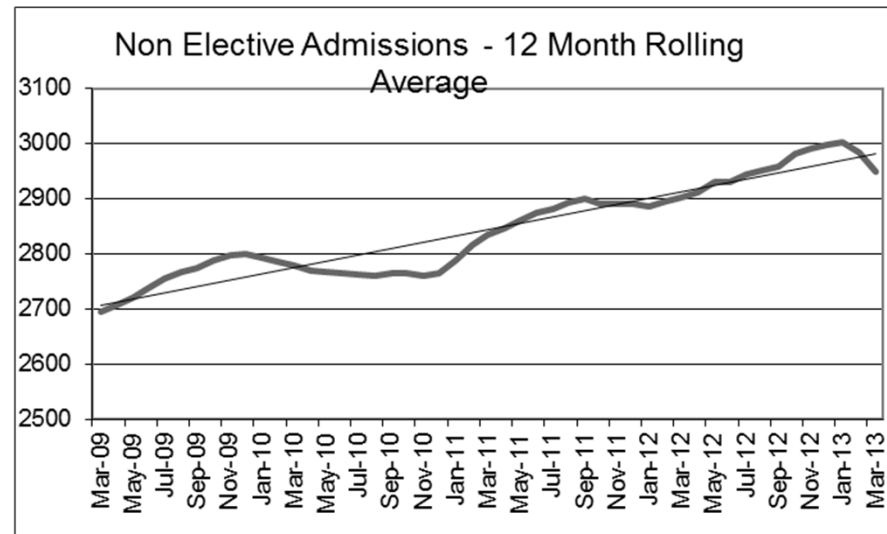
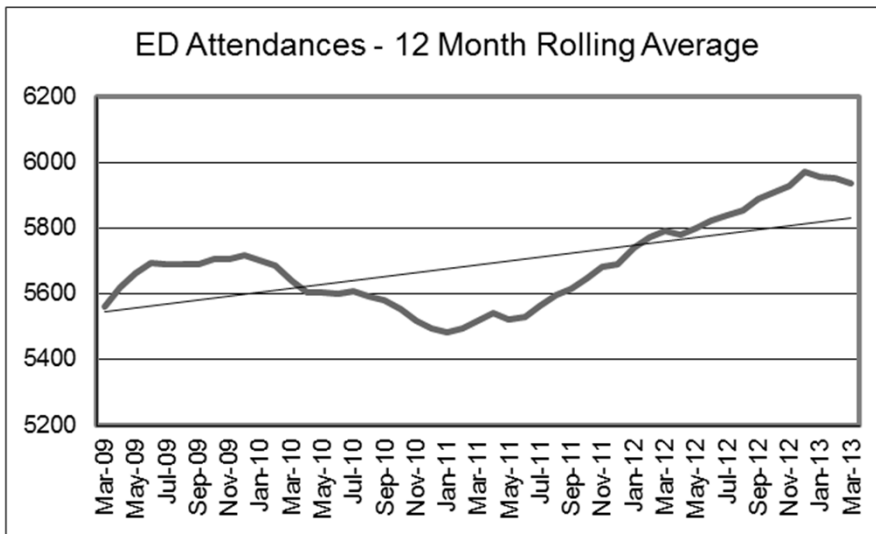
RUH Black Escalation Jan, Feb & March 2013

Definition: Unsafe Emergency Department; All operations cancelled;
All escalation areas open; Ambulances unable to offload

RUH Perspective: Insufficient senior/medical decision making prior to admission
Insufficient pull from the hospital; over reliance on community hospitals
Insufficient social care/blend of health and social care packages 24hr/7day
Packages of care cancelled at point of Emergency Department attendance
Other acute providers unable to support

Diagnosis: Community response – busy doing more but more of the same rather than
a different response

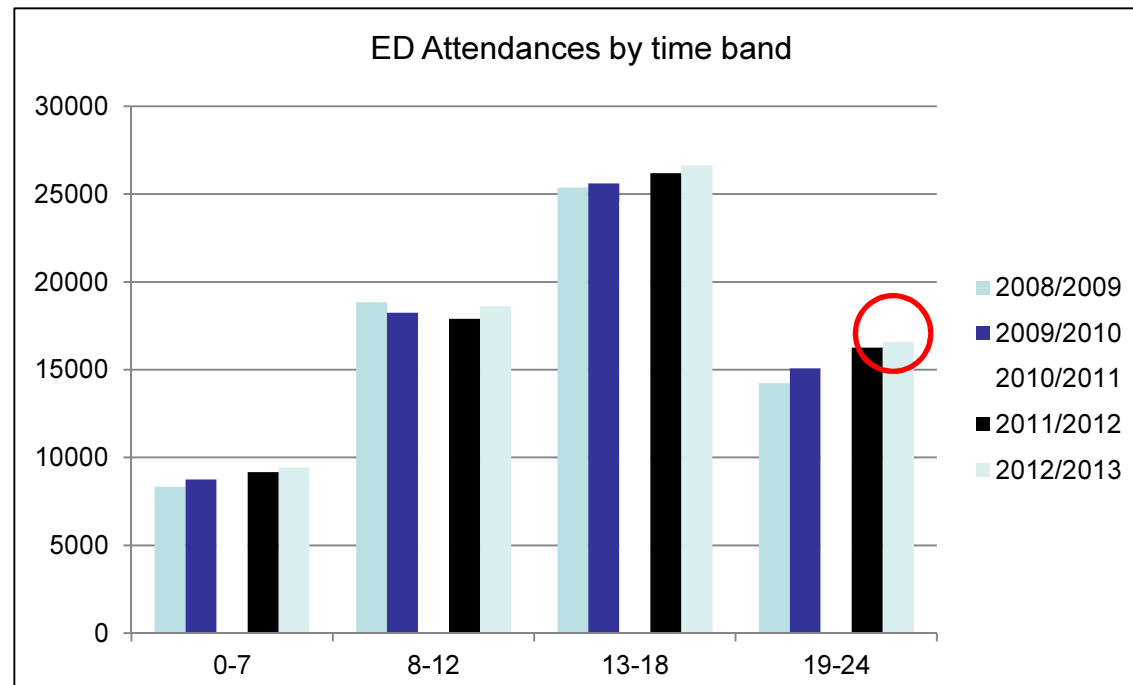
RUH ED Attendances and Non-Elective Admissions - Trend



Both ED attendances and non-elective are consistently increasing year on year by ~300 actual attendances and ~270 admissions

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RUH ED Attendances by Time of Day



Over the last 5 years the ED attendance have increased year on year out of hours from 19.00 in the evening until 7.00 in the morning.

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RUH ED Attendances and Non-Elective Admissions – by PCT

Non Elective Inpatient Growth by PCT:

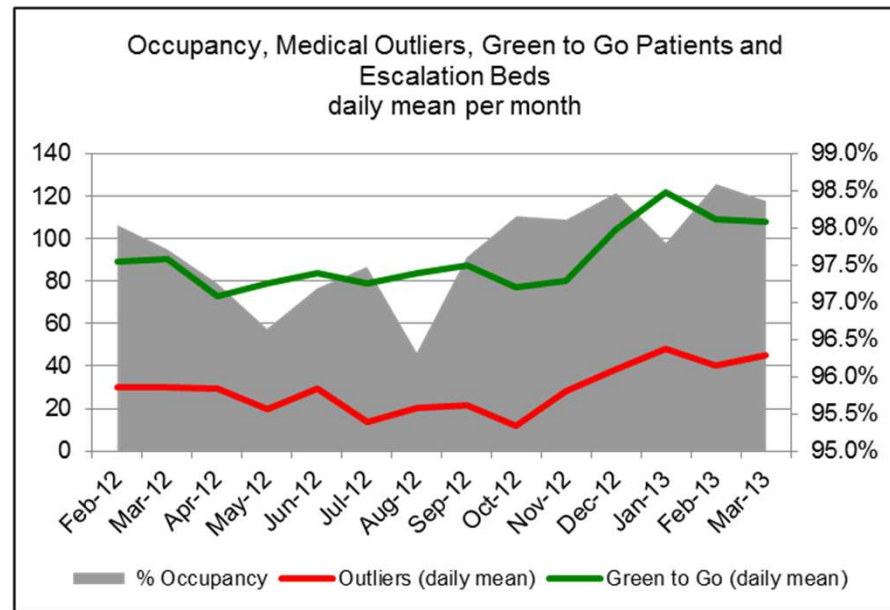
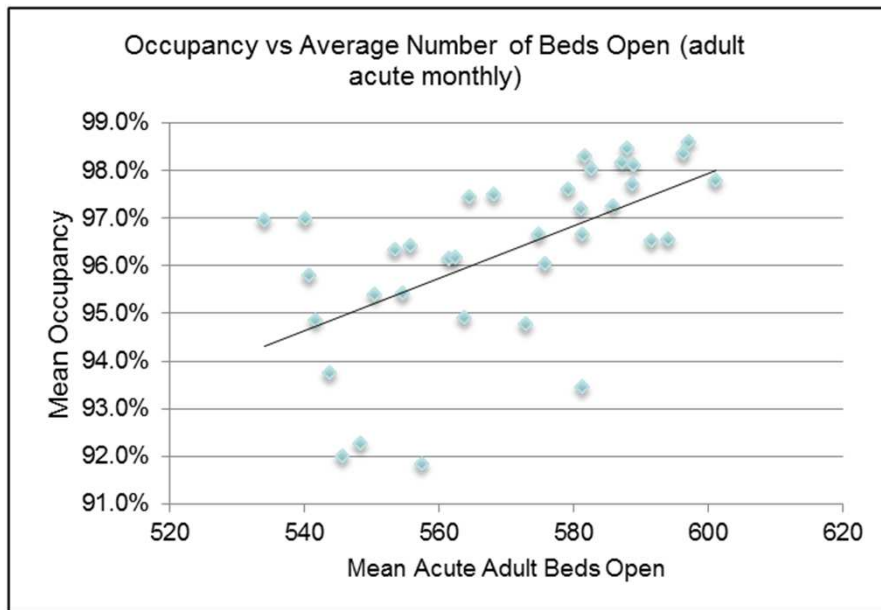
PCT	2012/1 3 FOT	Growth
BaNES PCT	14211	1.3%
WILTSHIRE PCT	14397	2.0%
SOMERSET PCT	5519	10.2%
S GLOS PCT	825	0.8%
BRISTOL PCT	197	0.9%
GLOUCESTERSHIRE PCT	68	19.4%
NORTH SOMERSET PCT	51	1.2%
SWINDON PCT	24	-3.0%
OTHER PCT	1029	9.0%
Total	36321	2.4%

ED Attendances Growth by PCT:

PCT	2012/1 3 FOT	Growth
BaNES PCT	35228	0.6%
WILTSHIRE PCT	21930	1.7%
SOMERSET PCT	8306	10.6%
S GLOS PCT	2294	2.2%
BRISTOL PCT	749	3.6%
GLOUCESTERSHIRE PCT	194	8.3%
NORTH SOMERSET PCT	131	0.6%
SWINDON PCT	72	-3.5%
OTHER PCT	3254	5.9%
Total	72158	1.6%

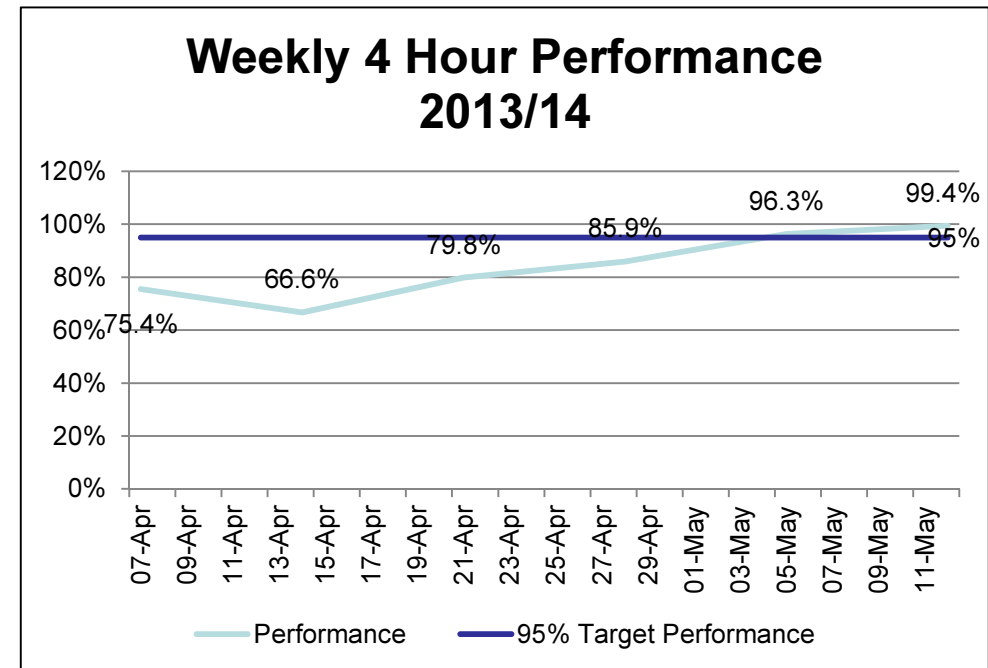
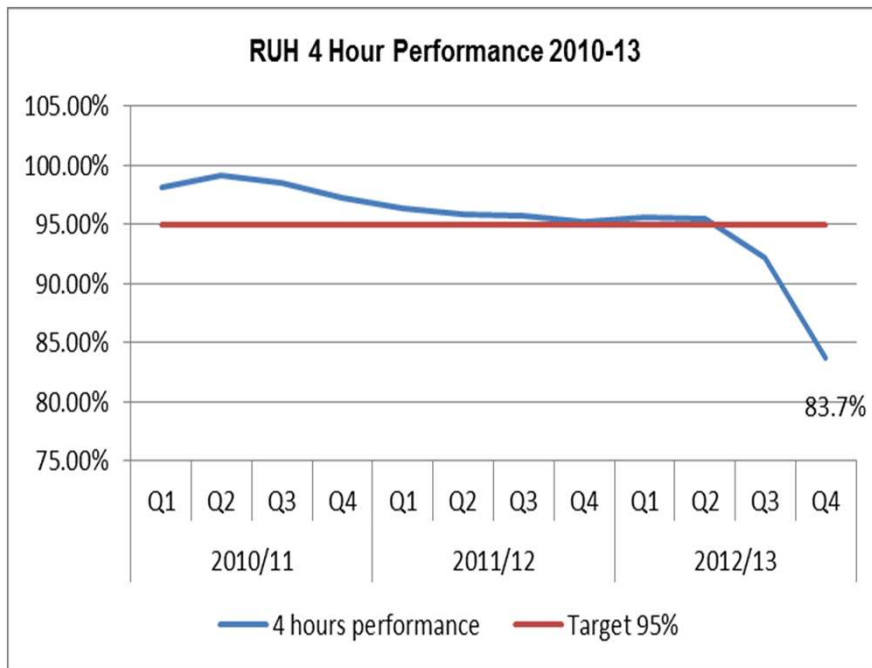
PCT analysis shows that all PCTs have had consistent growth over the last 5 years. The key exception is NHS Somerset, which has grown at a far higher rate (+10%)

It is worth noting that, whilst the percentage growth for Gloucestershire PCT is high, the actual number of patients is small. Swindon PCT has reduced its activity over the period, although again numbers are small.



Increasing bed numbers correlates with increased occupancy rates.
Increasing occupancy also correlates with increasing numbers of outliers and green to go patients

RUH 4 hour Performance



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RUH Focus

- Rapid assessment at front door (Emergency Department and Assessment Units)
- Rehabilitation for home
- Reducing length of stay
- Facilitating safe and timely discharge
- CQC compliance
- Urgent care Task and Finish Group between providers and commissioners

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RUH Solutions

- Care provided closer to home
- Better demand management in primary care
- Improved patient education on self care
- Better understanding on how and where to access the right services

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RUH Thank you

Questions?

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