Bath Health Community Winter Report 2013/14

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The Sunday Telegraph

A&E is 'grinding to a halt'

Ambulance bosses warn of crisis putting lives at risk in letters seen by Telegraph

Patients facing eight-hour waits in ambulances outside A&E departments

Sick patients have been forced to wait up to eight hours in ambulances queuing outside Accident & Emergency units amid a crisis in the system.

The number of patients forced to wait at least two hours parked outside A&E has risen by two thirds in just one year

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Actions Taken

- Route Cause Analysis (RCA) process carried out across the system and Royal United Hospital (RUH)
- Emergency Care Intensive Support Team (ECIST) review (this was already in hand)
- Urgent Care system simulation exercise
- Demand & Surge winter planning process reviewed
- Additional winter monies identified

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Review Findings

The subsequent RCA process and UCS analysis highlighted some root causes that led to the whole UCS Black escalation period

- Winter planning was not adequate to cope with the increase in demand that occurred over the Christmas period.
- Lessons from previous RCAs had not been integrated into future planning
- There was a community-wide failure to escalate in the face of what was a predictable period of high demand.
- UCS Leadership was not clear
- Resources not matching demand (7 day working)
- Winter plans not robust enough

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UCS Response

- UCS leadership - provided by the CCG
- Planning - single phase to continuous planning cycles
- Demand, Capacity & Escalation planning (DC&E).
- Operational Performance Management Framework (OPMF)
- Whole System Measurement - Urgent Care Dashboard (UCD)/Daily Monitoring and Direction
- Peer to Peer Challenge - Peer to Peer forum
- Empowering Leadership - through a leadership forum
- Post Winter Peer to Peer Review - to support the recurring commissioning of successful schemes

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Continuous Planning Cycle

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Operational Performance Management Framework (OPMF) - Structured Approach

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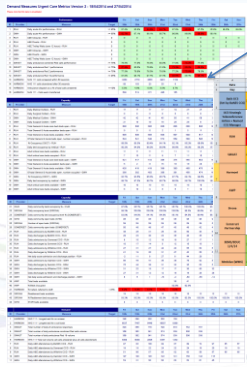
Urgent Care Dashboard - measuring the UCS



Daily Status Report - monitoring the status and response

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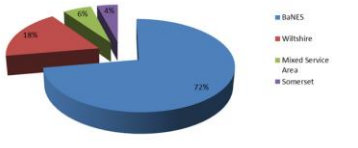
ECIST and Winter Pressure Schemes

The RUH undertook significant changes in response to the ECIST review

Funding Split by Area



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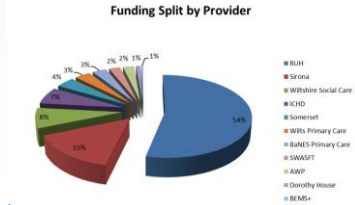
Funding Split by Provider



Projects covered areas such as:

Increasing Capacity - (Increase in reablement/Stroke/Neuro/Social care beds/primary care)
Extending 7 Day Working - (AWP/EOL/Therapy/Primary Care)
Enhancing Support - (Independent living teams/Discharge Coordination)
Improving Early Senior decision Making - (RRT/RUH SWOT)
Smoothing Demand - (PSV Support)

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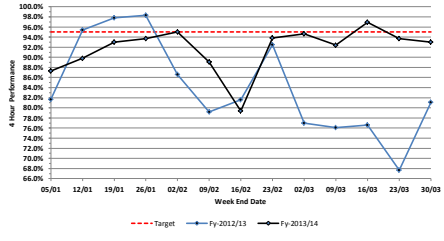
Royal United Hospital Bath NHS
NHS Trust

RUH Urgent Care Programme 2013/14

Royal United Hospital Bath NHS
NHS Trust

RUH Four Hour Performance

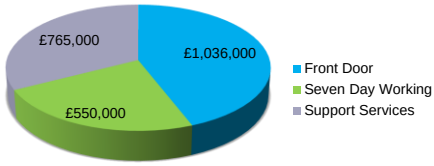
RUH ED 4 Hour Weekly Performance Comparison



Healthcare you can Trust

Royal United Hospital Bath NHS NHS Trust

RUH Winter Investment 2013/14: £2.351m



Healthcare you can Trust

Royal United Hospital Bath NHS NHS Trust

Investment Overview: Front Door £1.3m

- Emergency Department
- SWAT
  - Nurses
  - Porters
  - Flow assistants
- Medical Ambulatory Care
- ACE –OPU
- Urology Nursing
- Pharmacy
- Acute Oncology
- Acute Diabetes
- Cardiac Technicians

Healthcare you can Trust

Royal United Hospital Bath NHS NHS Trust

Investment Overview: Seven Day £0.55M

- Emergency Surgical Ambulatory Care (ESAC)
- Acute Oncology
- Therapies
- Discharge Coordinators
- Ward Clerks

Healthcare you can Trust

Royal United Hospital Bath NHS NHS Trust

Investment Overview: Support Services £0.77m

- Radiology
- Transport
- Cardiac
- SALT Stroke
- Clinical Assistants
- Critical Care Outreach

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Senior with a Team (SWAT)

- Rapid patient assessment and rapid treatment, improving waiting time to treatment and supporting patient flow through the Emergency Department

60 minutes → 44 minutes

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Royal United Hospital Bath NHS NHS Trust

Medical Ambulatory Care

- Medical Ambulatory Care is a Consultant led service for providing opinion, assessment and treatment. The team is made up of senior clinician, GP Liaison and nurse practitioners. Referrals are received via GP liaison, contacting ambulatory care direct, medical take and the consultant advice line. Service supports patient flow through the Emergency Department

107 patients per month → 219 patients per month

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RUH ACE-OPU

- Rapid clinical assessment, investigation and interventions to support early discharge, reducing the length of time patients have to stay in hospital. Aim for a length of stay ≤ 72 hours. Improved MDT working with the community with the daily white board rounds
- Overall reduction in LOS, many hitting 72 day target.

11.2 days → 5.2 days

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RUH Emergency Surgical Ambulatory Care (ESAC)

- ESAC is a consultant led service providing opinion and assessment within 24/48 hours. Referrals are received from the GP direct, surgical take and the consultant advice line
- ESAC provides a location for the assessment of less sick patients who are likely to be able to return home the same day to await admission focusing on admission avoidance, the service supports patient flow through the Emergency Department

0 Patients per month → 132 Patients per month

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RUH Radiology

- Increased porter support– more timely movement of patients during periods of peak demand supporting the front door.
- Improved turnaround of radiology reporting, supporting patient flow.
- Increase capacity for MRI and CT due to the appointment of Radiographer coordinator effective scheduling/management of capacity.
- Increased % of In-Patient CT/MRI requests scanned the same day

44% → 63.3%

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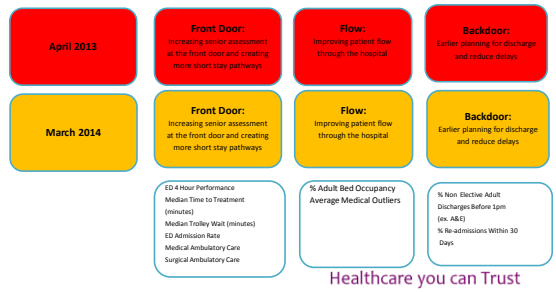
RUH Overall Programme Assessment



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RUH Patient Experience

- Friends and Family Test March 2014 +73
- Thank you letters *"Exceptional"', "First Class", "Compassionate", "Caring"*
- Good CQC report December 2013
- Reduction in complaints received

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RUH Evaluation Outcomes

- Funding – Early confirmation
- Recruitment – Lead in time
- Integrated clinical pathway projects – Time to plan
- Capacity – ECIST

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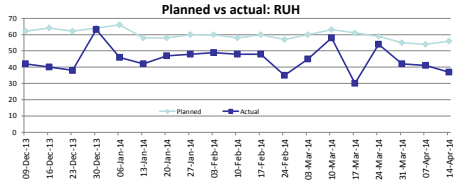
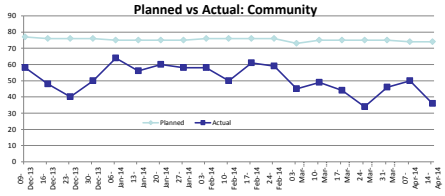
Demand and escalation planning, winter 2013-14

- Capacity based on activity from 2012/13
- Triangulated with predicted discharge requirements from RUH data
- Identified potential shortfall
- Bids submitted for additional resource to meet shortfall
- Collaborative approach coordinated by CCG

Discharges from RUH



Admission Prevention from the Community



The Services involved;

- Community Hospital admissions (including transfers from RUH and Direct admissions to Paulton)
- Early Stroke Discharge team
- IMPACT (Respiratory Service)
- Reablement urgent referrals
- Reablement non-urgent referrals
- Night support workers
- Reablement bed admissions
- Placements to care homes (from RUH and community)
- Implementation of packages of care (from RUH and community)
- Referrals to district nursing services from RUH

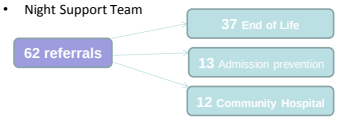
Additional Services 2013/14

- Additional reablement beds in residential homes supported by therapists and discharge liaison nurse
- Night support workers working with people at the end of life to be able to remain at home
- Increased resource for Early Stroke Discharge Team

Outcome

- Reduction in long term placements of 21%

- Night Support Team



Outcome

- Reablement beds outcome for service users;

71% Discharged home → 82% without increased POC

- Early Stroke Discharge delivered an increase in capacity to 18 places throughout period

Lessons learnt

- Maintain reporting process throughout the year
- Longer lead in time for recruitment and planning services
- Reablement beds to consist of both nursing and residential capacity
- Clear leadership from CCG to maintain focus and communication
- To work with domiciliary care agencies to improve access particularly out of hours

What Happened?

- Crisis was avoided
- The RUH entered black escalation on 3 occasions across the winter period
- The Bath Health Community delivered very strong 4 hour performance during the first half of winter in Quarter 3, however while the whole UCS remained safe for patients, the second half of winter Quarter 4 saw lower performance
- The UCS still did not have enough responsive and flexible capacity to fully protect performance

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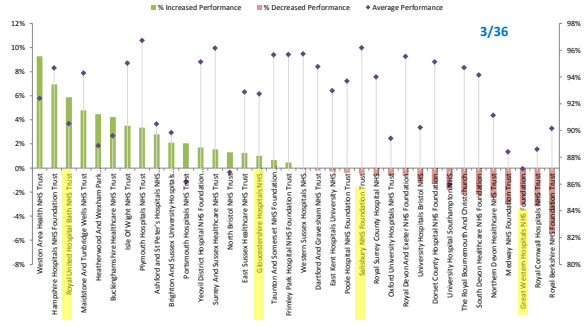
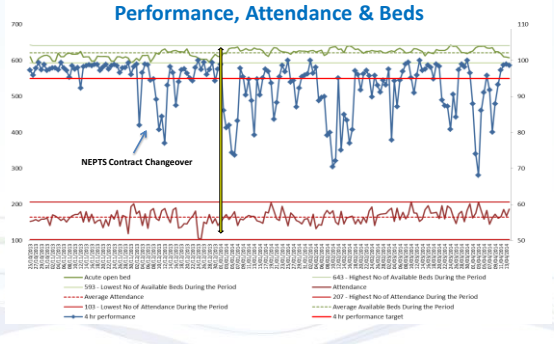
A small majority of providers improved their performance



Performance, Attendance & Beds



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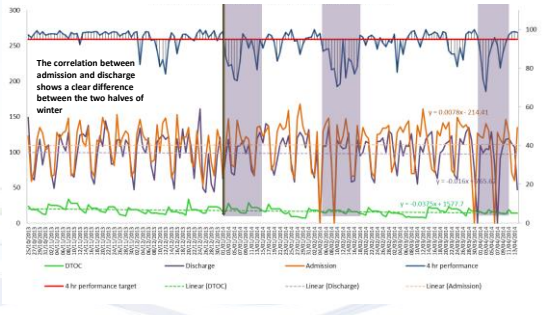
Performance, Admissions & Discharge



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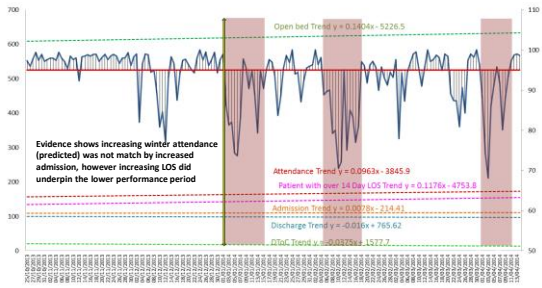
Performance, Open Beds, Admissions, Discharge & LOS



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Conclusions and Recommendations

- Patients and high quality patient care must be at the heart of everything we learn from these experiences
- Leadership is a core and necessary component
- We require a full paradigm shift in our approach to the delivery of UCS services to provide highly responsive out of hospital services
- Early intervention and senior clinical decision making supported by 7 day solutions
- There is a coloration between the drop in performance and the opening of additional capacity
- Delays in the transfer (DToC) of older patients, directly adversely impacts on their care, their experience and their long term outcomes

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Conclusions and Recommendations

- Overall and individual capacity is not sufficient and not flexible enough
- Escalation while improved across this winter is still not providing the required UCS response to meet the need
- We need to enhance our whole system oversight, predictability and collective action (National influence)
- Escalation status needs to be consistent and driven by capacity measurements
- Demand, Capacity & Escalation planning requires further embedding into normal practice (National influence)
- Overall we have learnt the challenge is significant, however so are the collective understanding and abilities of our providers and their staff. We are better together

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New Collective Primary Lines of Enquiry

- Increased demand, where this has occurred by type and nature
- Increased acuity/complexity
- Redistribution of demand by area and time
- Increased volatility in demand
- Reduced capacity in Trusts to meet demand
- Increased resource use in response to demand

National Direction and Key Conclusions

UECR - Key messages

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