

RUH Update – Elective and Urgent Care

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Everyone
Matters
Working
Together
Making a
Difference

Overview

- ❑ Elective care – where we are
- ❑ Urgent care – challenges and risks
- ❑ How we're working together to improve things

Elective waiting times – RUH within the region

Week Ending : 21 August 2022

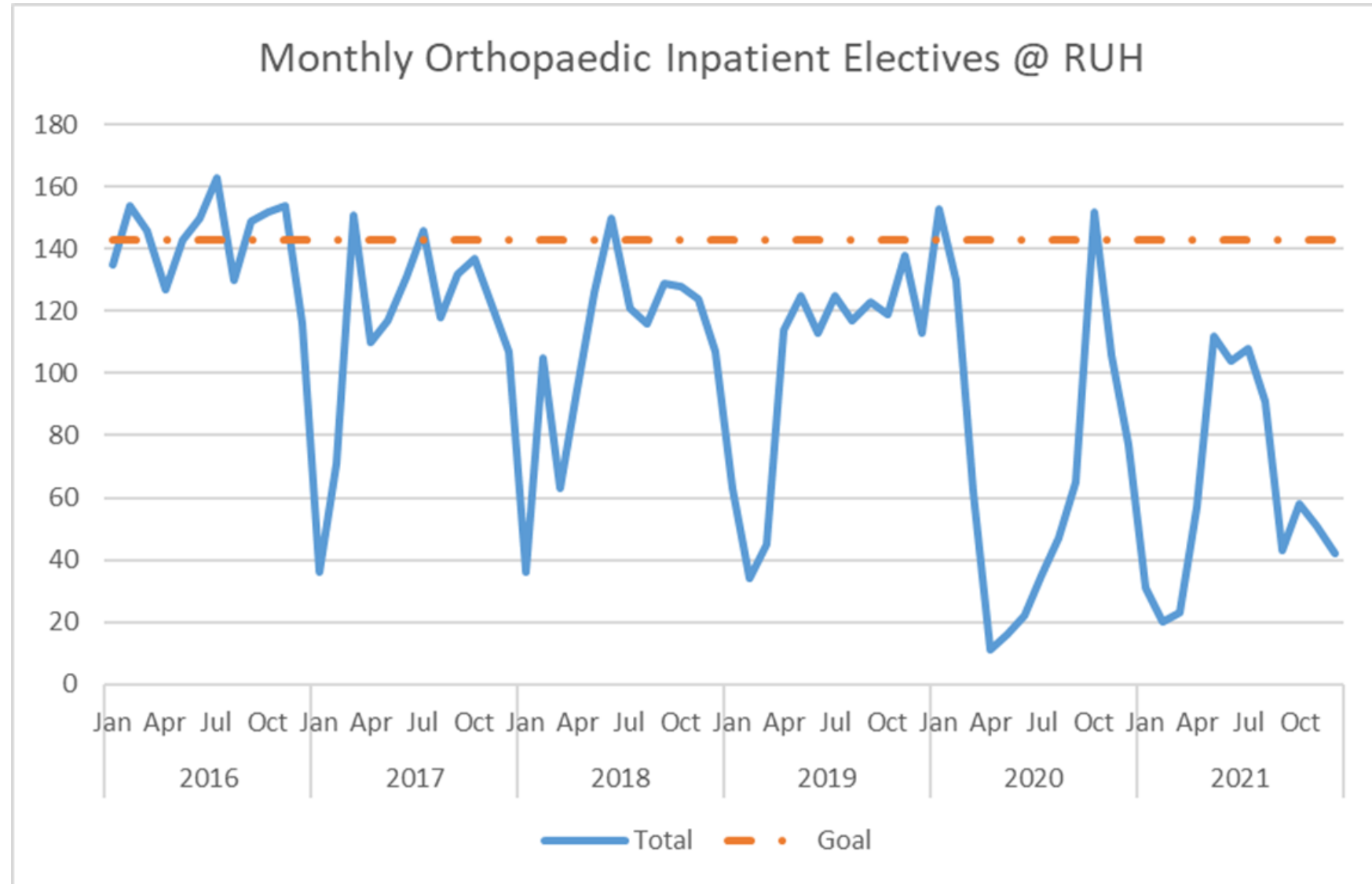
		RTT		
		%>52 week	No over 78 weeks	No. of 104 weeks
BNSSG	N Bristol	6.90%	430	36
	UHB and Weston			
	UHB	9.38%	814	125
	Weston			
BSW	Great Western	4.14%	30	0
	RUH	4.28%	115	0
	Salisbury	2.03%	50	0
Cornwall	Royal Cornwall	5.72%	330	9
Devon	Royal Devon	9.70%	1508	296
	Torbay & S Devon	11.60%	751	59
	Plymouth	6.47%	1063	332
Dorset	Dorset County	7.22%	276	23
	UH Dorset			
	Poole	5.59%	494	101
	Bournemouth			
Glos	GHFT	2.06%	59	0
Somerset	Somerset	5.58%	337	21
	Yeovil	6.63%	88	0



- ❑ RUH performing 10% more elective activity than before COVID to help recover waiting times.
- ❑ Focus on diagnostics: 20% more MRI, 30% more CT and >50% more endoscopy.
- ❑ Currently have no one waiting over 104 weeks with 115 waiting over 78 weeks.
- ❑ Cancer demand up 22% compared to pre-COVID. Very high particularly in colorectal, urology and breast cancer referrals.

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Electives and winter – 300 operations impact



- ❑ Lost capacity due to bed pressures.
- ❑ Removing winter pressures would increase orthopaedic capacity by at least 22% and up to 48%.
- ❑ Modular theatre plan.

Urgent Care – remains significantly challenged

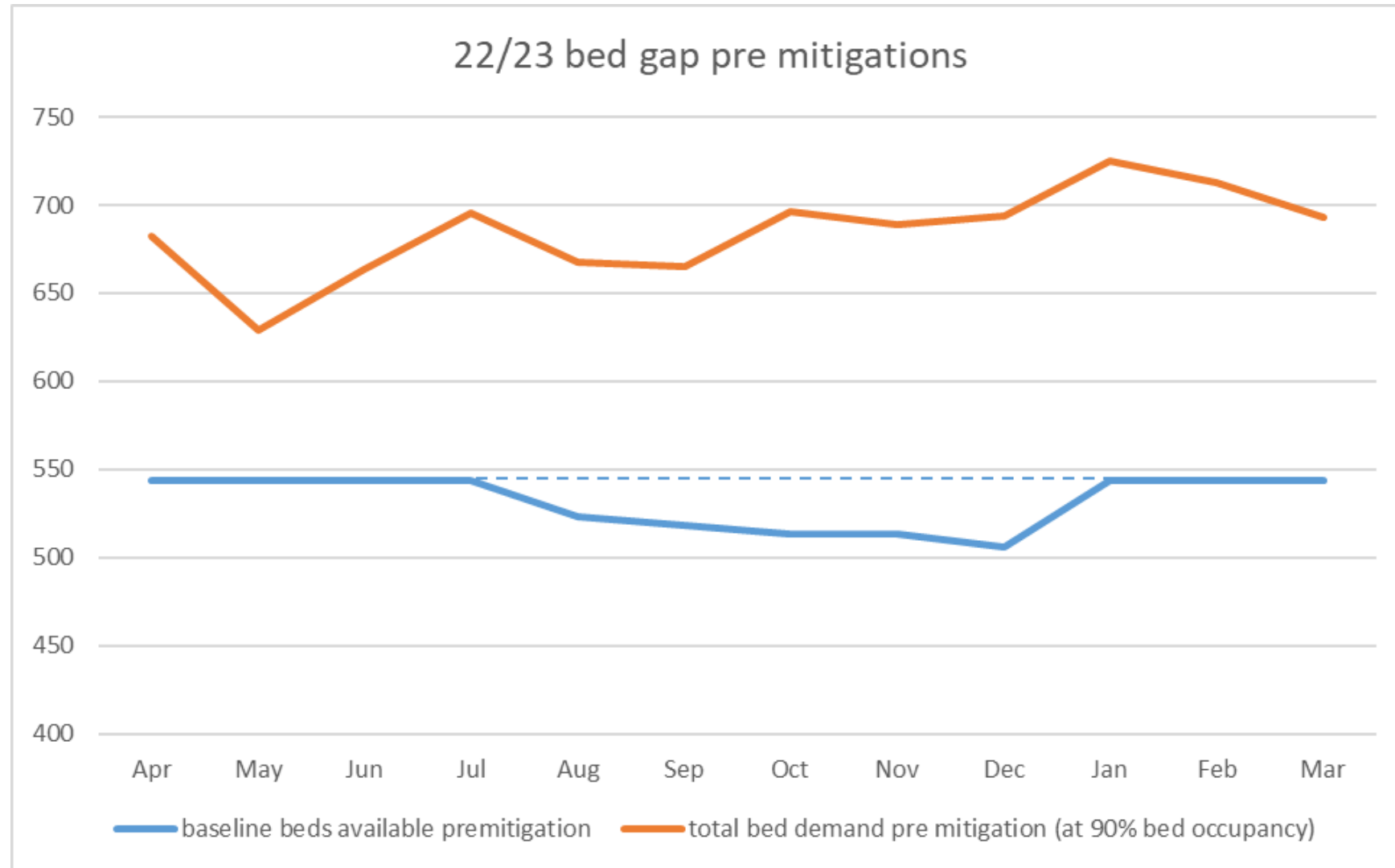
Number of handover delays over 60 minutes SW 30 day rolling average - as at 28/08/22

Royal Cornwall Hospital (treli..	1236
Gloucestershire Royal Hospital	1165
Derriford Hospital	1033
Bristol Royal Infirmary	993
Torbay Hospital	790
The Great Western Hospital	520
Southmead Hospital	495
Royal United Hospital	462
Royal Bournemouth Hospital	422
Poole Hospital	381
Musgrove Park Hospital	368
North Devon District Hospital	269
Weston General Hospital	241
Royal Devon & Exeter Hospit..	225
Cheltenham General Hospital	145
Dorset County Hospital	113
Salisbury Health Care NHS T..	107
Yeovil District Hospital	20
Bristol Royal Hospital For Chi..	18



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Winter bed model

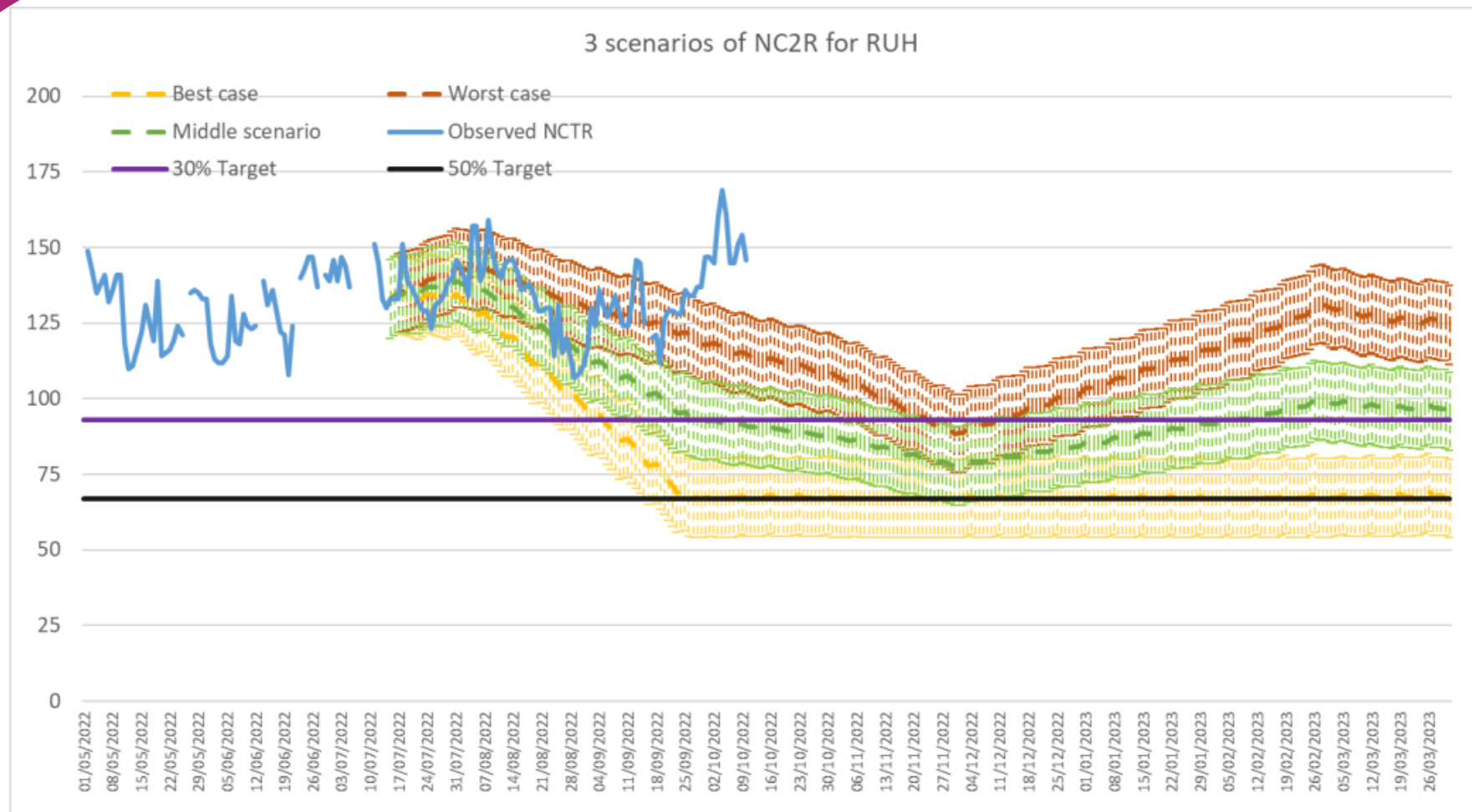


Previously managed through:

- Ambulances not offloading (10-20)
- Patients waiting in ED for beds (20-30)
- Using CCU/Vascular Lab/Oasis as escalation
- Stopping surgery (24-48)

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Current position on NC2R for the RUH



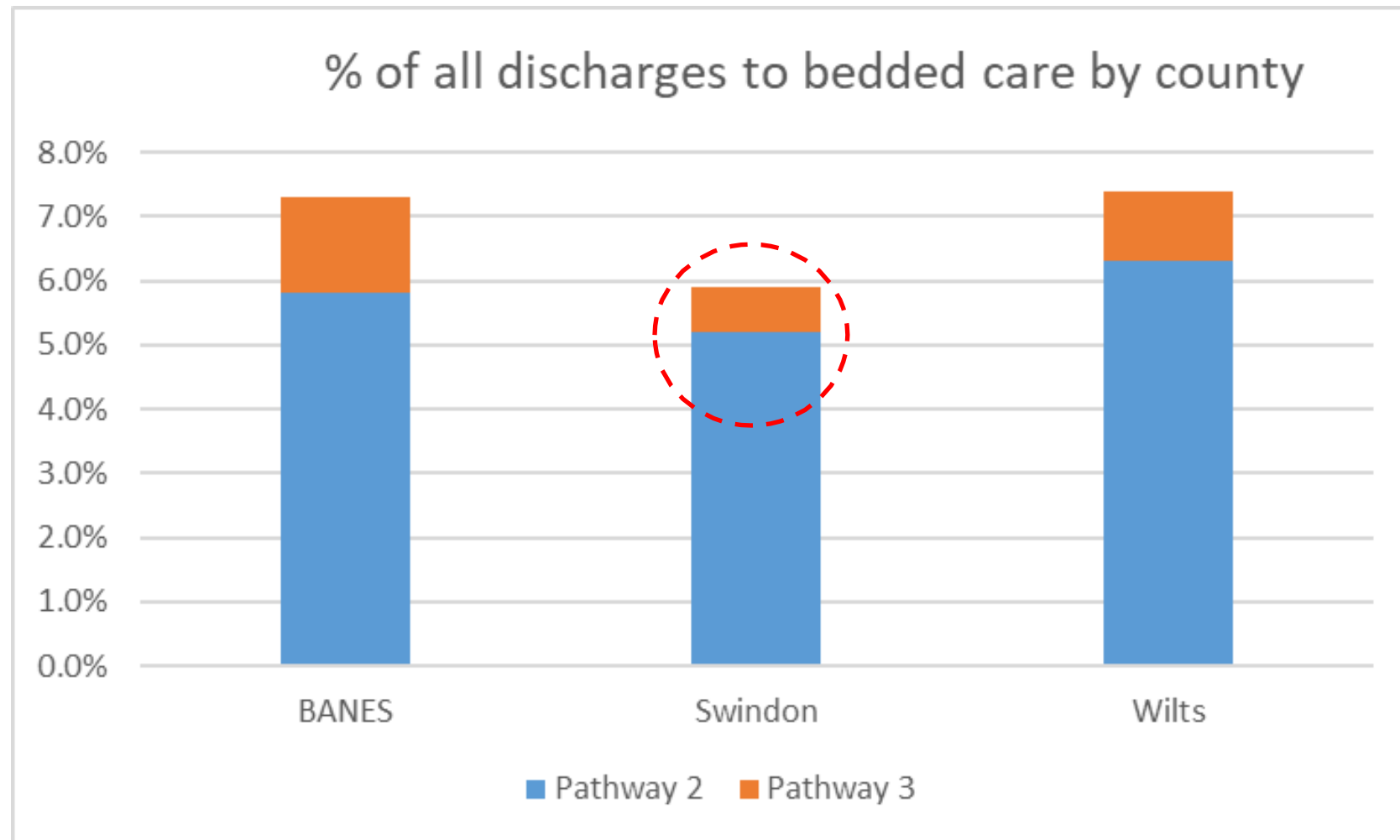
Regression analysis indicates NC2R accounts for 62% of the reasons RUH struggles to offload ambulances

Quiz

- Average wait to access a reablement bed once referred in BANES? **15 days**
- Average wait to access reablement at home once referred in BANES? **16 days**

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Over-use of bedded care?



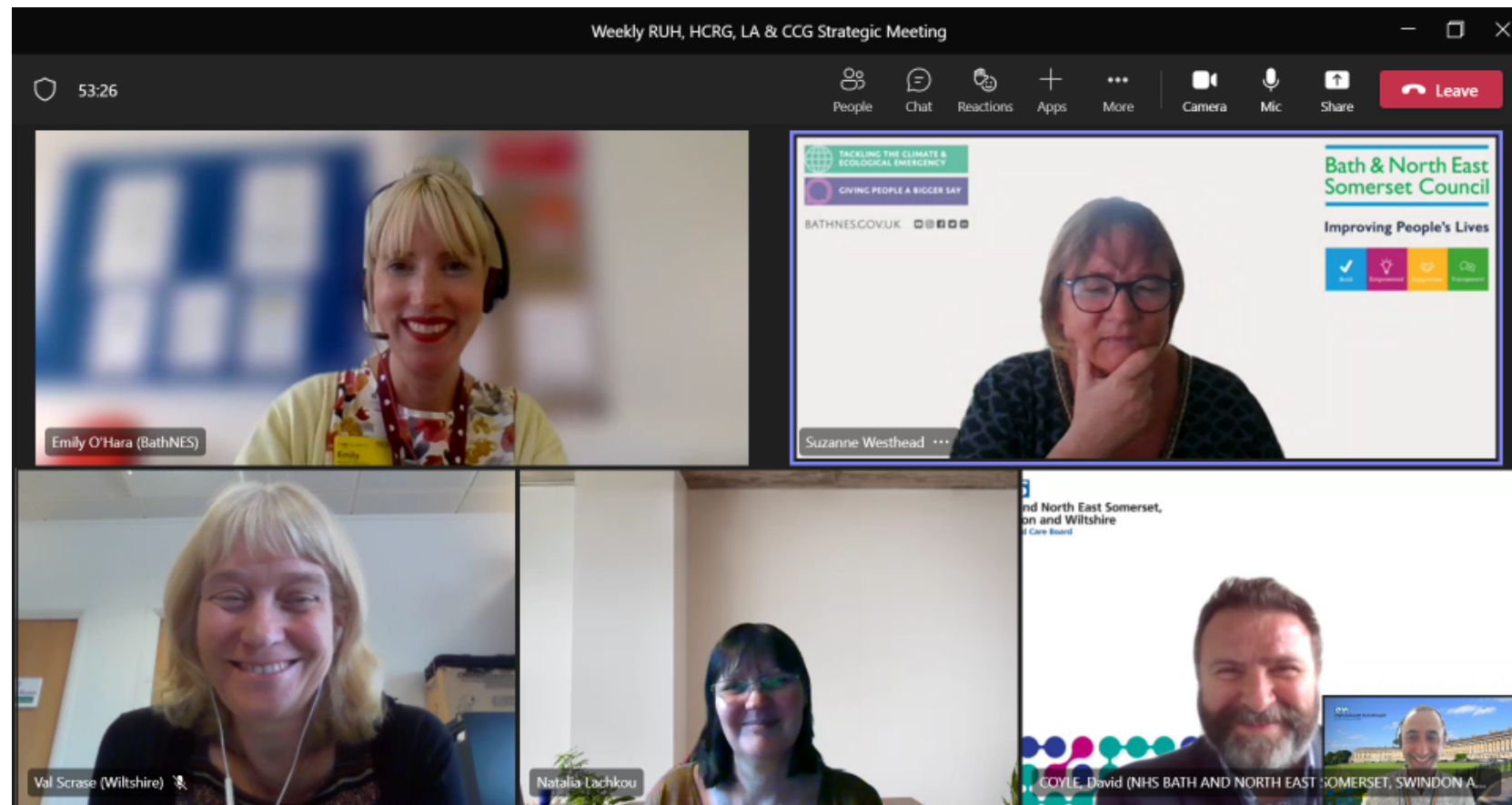
- ❑ What are Swindon doing to minimise use of bedded care after hospital?
- ❑ RUH investing in mobilisation team to try and reduce discharges needing beds.
- ❑ Home is Best programme core to our focus at the RUH.

Real harms of delay



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Working together as one team



- ❑ **Home is Best** programme: how do we ensure patients receive care out of hospital where possible and get home when they're ready?
- ❑ Creating joint posts and project to oversee how we work differently.
- ❑ United Care BANES – up to 200 hours per week – aiming for 1,000.

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Conclusion

- ❑ RUH treating more patients than ever to help reduce waiting times – 10% more patients a month.
- ❑ Urgent Care under very real pressure – presenting risk to local residents due to lack of hospital capacity.
- ❑ We're working as one team to help make **Home is Best** a reality and get patients home when ready.



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