

THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST (SATH)
URGENT CARE SYSTEM – UPDATE ON PREPARATIONS FOR THE WINTER PERIOD

1.0 Purpose

The purpose of this paper is to update and brief the Board on preparations for the winter and in particular the management of the non-elective patient care system and its flow during that period. Specifically this paper outlines an emerging proposal ('The Perfect Fortnight') to improve communication and coordination at the clinical service level. The paper also describes how this emerging proposal fits with the specific actions being taken by the Trust to improve the current non-elective patient flow across the two hospital sites.

2.0 Background

The Shropshire, Telford and Wrekin health economy is required to set out its plans for the winter and in doing so outline the roles/responsibilities for all organisations during that period ('The Winter Plan'). A key thread of this plan is the management, coordination, escalation and communication across the urgent care system against the backdrop of the inevitable increase in patient need during the winter period. Clearly the successful execution of this plan is crucial in terms of maintaining patient safety and quality levels and the delivery of both elective and non-elective operational performance targets. The lead for the delivery of a completed and signed off Winter Plan rests with NHS Shropshire and NHS Telford and Wrekin.

In this context a proposal ('The Perfect Fortnight') has been developed by Dr Gill Clements, Medical Director for ShropDoc and Dr Bill Gowans, Clinical Commissioning Group (CCG) lead for urgent care. The proposal sets out a different approach to that taken in previous years and concentrates upon the way clinicians within primary and secondary care will communicate directly and through a coordinating hub to 'manage' individual patient pathways.

The principles of the proposal, set out in the next section, are very much in line with the transformational changes that are being explored through the emerging Urgent Care Strategy for the health economy. This strategy is being shaped by all provider/commissioning organisations collectively through the Urgent Care Board and sets out the medium to longer term aspirations for the urgent care system as a whole.

3.0 The 'Perfect Fortnight' proposal in more detail

The objectives of the proposal are:

- To assess every request for admission, from every urgent care provider with the exception of 'genuine' 999 cases, from 8am to 8pm seven days a week.
- To monitor the journey of defined complex, frail and elderly patients during their stay in hospital (community, virtual or acute) and facilitate their timely, effective and safe discharge to an appropriate setting.
- To co-ordinate and improve the quality and speed of response of health care professionals who provide urgent care to patients.

- To ensure patients receive the right care in the right care setting
- To minimise the number of admissions to the acute hospitals from the community and for patients within A&E.

The proposal will be delivered through three interlinked strands:

- (i) A communications plan that sets out how all relevant clinicians and therefore organisations will link and coordinate to deliver both care options and service capacity levels. Importantly the focus here is about how and when there are clinical conversations at an individual patient level to ensure patients have their needs met and providers are ready to meet those needs.

An important component of this plan is a coordinating communications 'hub' which will be established by ShropDoc through their existing Care Coordination Centre (CCC) on an extended working day basis. The CCC will link clinicians to the range of clinical service options and facilitate access to those services whether the patient is at home, in a community facility or within the acute hospital setting.

The plan will therefore require a number of actions by each party to achieve this goal. For example one such action for SaTH is the availability of Consultants to discuss and assess patients with primary care clinicians during defined time periods.

- (ii) Provider specific service requirements such as:
- Defined levels of service capacity within the community and hospital settings that provide clinical decision makers (Ambulance Paramedics, GPs and Emergency Department clinicians) a range of options other than acute hospital inpatient care. For example the introduction of specific ambulatory care patient pathways such as the management of a patient with suspected pulmonary embolism (PE) or enhanced support in the community setting.
- (iii) A continuous audit of key metrics that determine the level of success of the project in terms of the quality of care, flow and ultimately the delivery against performance targets.

The proposal clearly complements the current changes being adopted within SaTH to improve the in-patient flow through our hospitals. In particular the introduction of the 'Bed Bundle' launched during October which focuses upon the timeliness of discharge through:

- Daily Consultant board rounds that are additional to formal ward rounds to progress clinical decision making
- All patients to have an estimated date of discharge agreed with them
- 50% of discharges to be achieved before midday
- All wards to facilitate the transfer of at least one patient from the medical assessment unit (MAU) before 10am each morning.

These measures will obviously work hand in hand with the goal of facilitated discharge to a community setting and the need for the Trust to be proactive in identifying such patients on an ongoing basis.

It is also worth noting that, by delivering the bed bundle, capacity will be released within SaTH to allow an escalation in bed numbers to support the health economy's 'Winter Plan' by maintaining the non-elective patient flow despite the increased demands.

4.0 Timescales and actions

Whilst the initial proposal was entitled the 'Perfect Fortnight' it will now be run over a 9 week period starting from the middle of November. During the 9 week period the outcomes will be monitored and if necessary changes made in readiness for a 'business as usual' state beyond the end of the 'prototype' period.

In order to move to a state of readiness the following actions need to be achieved:

- Agreement by all providers and commissioners to the principles behind the proposal and therefore the inherent communications plan - Urgent Care Board, 21st October.
- Each organisation to define and 'sign up' to the delivery of organisation specific service and capacity actions - End of October.
- System metrics and the method of collection are agreed - End of October.
- Project management time and resource is defined and released by organisations including SaTH – End of October
- The completed Winter Plan is signed off by all organisations – 4th November.

5.0 Recommendation

The Trust Board is asked to note the following:

- The need and timescale for a signed off health economy Winter Plan
- The outline of the Perfect Fortnight proposal and its importance to the delivery of a robust Winter Plan
- How the proposal complements the existing SaTH actions to improve hospital flow and how the resultant bed capacity will support Winter Plan escalation requirements.
- How the proposal represents an opportunity to act differently, testing and establishing principles and working practices that support and deliver improved performance across the urgent care pathway.

Steve Peak
Director of Transformation
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