

Health Scrutiny Committee

4th March 2014



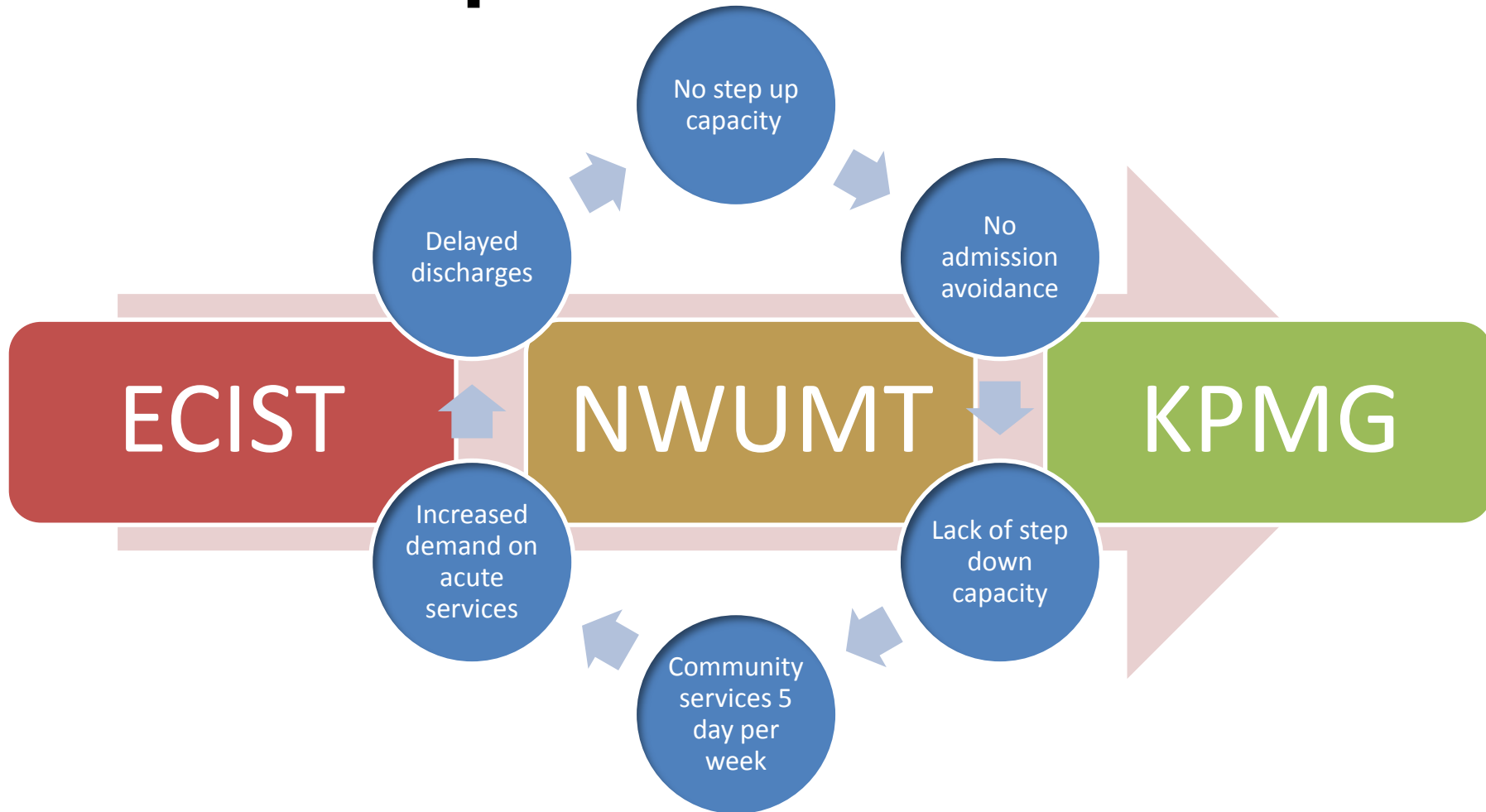
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Context

- LTH track record for sustained delivery of performance – though recognised risk due to limitations of health economy
- Working in partnership with the health economy through the ‘Clinical Senate’ towards a strategy of reducing acute beds
- No evidence of admission avoidance; alternatives to ED or early supported discharge schemes

What Happened?

– what we predicted.....



Action & Solution Focussed

ECIST

- Trust invited team in Dec 10 to undertake a diagnostic review following pressures across the urgent care pathway
- Internal action plan implemented following report
- ECIST facilitated a health & social care economy event in March 11 to address the delays to the discharge process

LTH

- Forged partnership with Care Home Selection to support reduction in LOS for patients waiting Home of Choice. Commenced April 12
- Trust launched "Change for Future" Programme June 12
- Launched "Better 4 Patients Programme supported by Right Place consultancy – June 12 – focussed on improving Patient Flow
- Rapid Assessment Unit implemented Aug 12
- Implementation of Pro-active Elderly Care team – Oct 12

UM

- Trust invited the NW Utilisation Management Review team to undertake a point prevalence review on the RPH site in Feb 13 – following sustained pressures within the acute bed capacity
- UM fed back to all the CEO's and senior execs of LTH, CCG, LCFT and LCC
- Findings suggested that 50% of patients did not require the support of an acute trust setting
- Commitment to commission a Whole System Urgent Care Review – April 13

Quarter 4 12/13

- No changes had been made to the urgent care system – external to LTH
- Usual ad hoc winter pressure schemes in place
- 19% increase in admissions 81yrs +
- 19% increase in ambulance conveyance to ED
- LOS for elderly increased by 2.95
- LOS for general medicine increased by 0.65
 - Resulting in a reliance of an additional 45 beds / day

Impact

High occupancy rates in acute trust

Cancellation of electives

High levels of escalation in Acute Trust

Failure of access targets

Significant growth to the waiting list

Increase in patient moves

High number of delayed discharges



High number of outliers

Poor patient experience

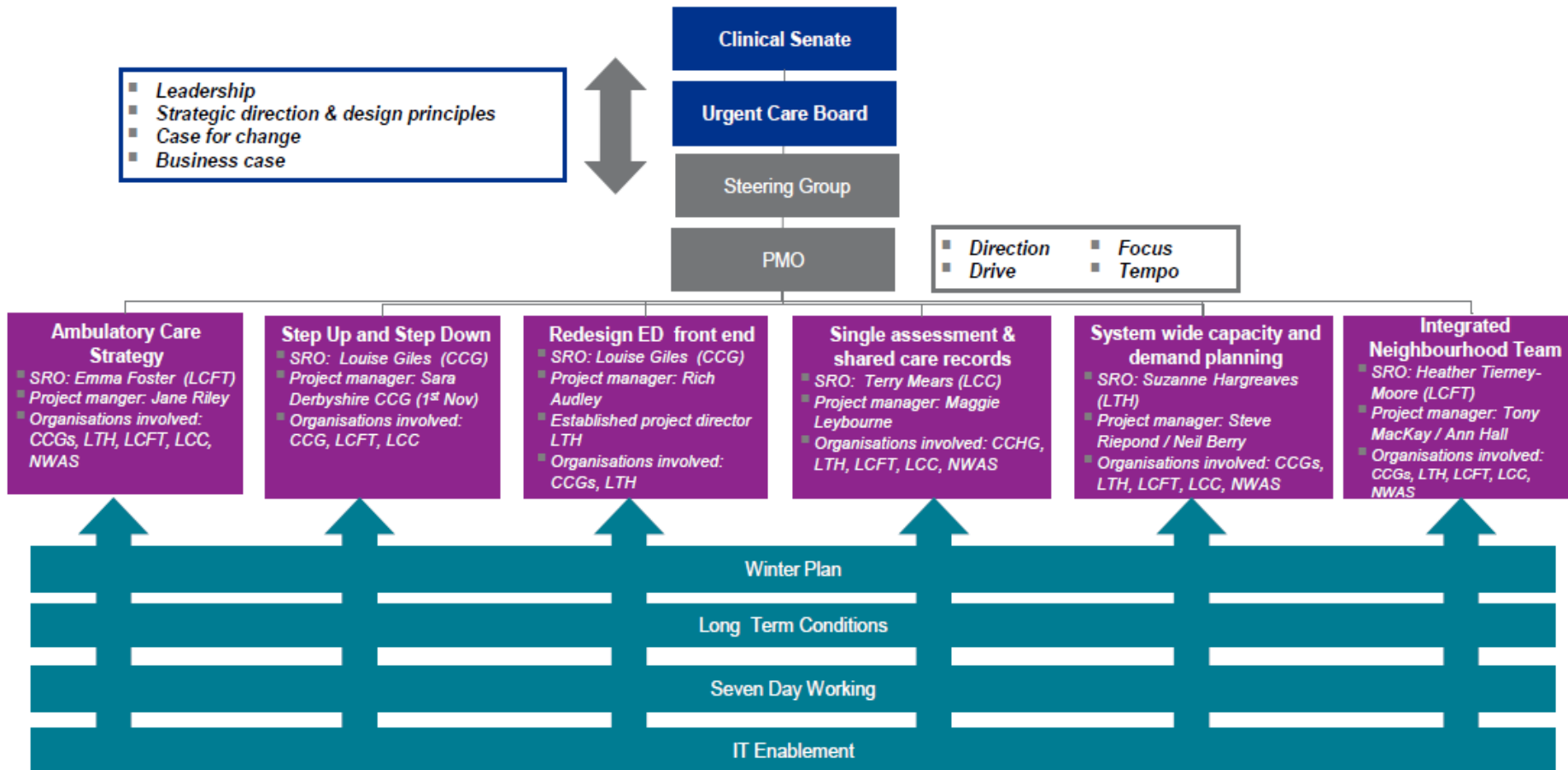
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Immediate & Sustained Actions

- Engagement with CEO's across the health and social care economy
- Engagement with clinical leads
- Joint clinical and management meeting to determine actions
- Cancellation of all electives for 2 day period except life threatening
- Staff, patient and public engagement
- Recovery actions commenced immediately

Whole System Urgent Care Review – supported by KPMG

Six High Impact Changes



What did we do?



And.....

Specialty Specific recovery plans – understanding capacity and demand.
Liaising with NHS and private providers to seek additional capacity.
Working with GP's on direct to test pathways

Theatre and Outpatient Efficiency Programmes – maximising efficient use of theatre and outpatient resource.
Patient Flow Programme – reduction in LOS

Recovery

Continued attempts to source additional capacity – internal and external:
Recruitment of theatre staff
Recruitment to 6 day – day case
Implementation of high observation unit
Approval to increase critical care capacity
Implementation of DOSSA

Work with external bodies:
KPMG – urgent care programme
PWC – review of job plans and productivity
IST – capacity and demand modelling
McKesson – implementation of bed management system

Challenges

- Ageing population
- Public expectation
- Delivery of 7 day services
- Workforce
- Finance