Urgent Care Improvement Programme
Phase 1 Plan – Review to 31st March 2015
Exceeded CCG performance target with 88% performance for March 2015, the best monthly performance since December 2013/4.
Quality Improvement - March 2015 compared to February 2015

Portsmouth Hospitals Trust

87.6% (84.0% PHT Type 1)

Patients seen in 4 hours

Attendance at A&E

8,654
Up by 1,390

Emergency Admissions

3,167
Up by 363

People who have to wait more than 4 hours in A&E

Your Hospital

1,382
Down by 1,003

England Average (as at 01/03/2015)

1,720
Up by 1,677

Ambulances queuing outside A&E

Your Hospital

179
Down by 662

England Average (as at 01/03/2015)

366
Up by 353

Planned Operations Cancelled

Your Hospital

56
Down by 13

England Average (as at 01/03/2015)

108
Up by 73
QUALITY IMPROVEMENTS IN 5 HIGH IMPACT CHANGE AREAS
Improvement 1: Urgent Care Centre (UCC)

Forecast
Increase the number of referrals to the UCC to 50 a day in each month by the end of March

Actual
Dec  27
Jan  29.6
Feb  30.5
March 33.9

Overall Rating
Despite a step increase & single days of 50 referrals, the average remains behind plan
Improvement 2 : Matching staff to the needs of patients 24/7

Forecast
No ambulances queues

Actual (Week ending)
22nd Feb  187
1st March  129
8th March  36
15th March  46
22nd March  7
96% reduction in ambulance queues since go-live in March

Overall Rating
Graph: Close to Delivery
Improvement 3 & 5: Medical Model & Medical take (1)

Forecast
Reduce number of breaches from baseline of 635

Actual
Jan 923
Feb 1274
March 472

66% reduction in daily breaches of patients waiting for a specialty bed, since go-live in March

Overall Rating
G Phase 1 Completed
Direct admissions/ED transfers to wards have tripled however, this has been managed safely, as evidenced by the reduction in numbers of late moves of patients, which are known to increase the risks of falls.
Improvement 3 & 5: Medical Model & Medical take (4)

The ED conversion rate has steadily reduced.

Referrals from ED to AEC have increased fourfold (on average) since AEC capacity increased on the 14th March.
Improvement 4: Discharge Rates

Targets reset based on Alamac Kitbag intelligence as follows:

Mon – Fri 169 (135 simple 34 complex) Sat and Sun 118 (95 simple 23 complex)
RECOMMENDATIONS FOR DEVELOPMENT OF PHASE 2 PLANS
What next?

5 High Impact Changes ➔ 6 Sustainable Models of Care

1. UCC Model
2. ED Design Model
3. Medical Model
4. Nursing Model
5. LTC (Multiple Co-Morbidity) Model
6. Flow Model
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<th>Phase 2</th>
<th>6 Sustainable Models of Care - Focus</th>
<th>Outcome</th>
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| Integrated UCC  
(partner membership) | • Delivery of integrated UCC  
• Management of the impact of gaps in primary care provision / geography of the Trust on Acute flow | Through co-location; improve 111, Primary Care & Community emergency response to A&E attenders & reduce by up to 50% during 1ary care down time |
| ED design model | • Simul8 modelling advises re-design of ED/ AMU/ AEC/ Obs/ Majors space  
• Operational Policies & procedures developed to embed flow changes  
• Clear role & responsibility alignment for all staff including floor control, admin, clinical support | By October 2015, physical changes to better “house” critical nodal UC decision points, to improve patient safety |
| Medical Model | • Agree final general medical take (role of POD, GOD, SOD, SPOD)  
• Improve understanding of individual variation on flow and match required manpower resources to patterns of flow  
• Trust wide benchmarking of PDD/EDD use and agreement to system to support this – manage all LOS to best practise standards | • Medical manpower plan matches flow requirements  
• Clear support to MDT to expedite timely discharge processes  
• Release bed capacity |
| Nursing Model | Identify impact of P1 changes on nursing processes & teams across UC pathway  
• improve risk management where required/ manage CQC recommendations  
• to identify & support improvements in patient safety  
• to embed quality and governance into the UC pathway design & evaluation, for staff and patients | • Improved reported ability to manage risk, job satisfaction  
• Use of datix alerts for exceptional events in flow management |
| LTC Model  
(partner membership) | • Connect UC pathway end-to-end with partner organisations at the interface  
• Identify Acute role in Risk Stratification, Integrated Teams & Working and Self Care / Self Mgt agenda  
• Develop all-age locality model recognising discrete population needs  
• Implement Frail Older Persons Model (including OPAS) | • Manage admissions of people with LTcs as a planned event  
• Increase discharge rates by 30% to non-bedded o-o-h alternatives  
• Achieve reduction in patients with LOS of 14 days to 150 |
| Flow Model | • Simul8 modelling to advise bed allocation  
• Oversight of LOS across every bed in the Trust & timely d/c  
• Integration of clinical support functions in expediting flow  
• Integration of IDB function & review of all roles & responsibilities  
• Winter 2015 resilience planning | • Winter swing ward requirements clarified  
• Clear trust and inter agency escalation triggers  
• Single Trust wide flow team |
Next Steps

- High level agreement to 6 sustainable models of care approach
- Development of plans – end of April 2015
- Implementation May – Sept 2015
QUALITY AND SAFETY IMPROVEMENTS MAINTAINED SINCE MARCH 2015
PHT Performance and Safety Headlines – March and April 2015

How are we doing – Safety in March 2015

NICE staffing guidelines for ED met on 100% of shifts and for majors queue fully met on 86% of shifts (nearly met on 13 out of 93 shifts)

98% of patients were clinically assessed within 15 minutes of arrival in ED

Causes for non-compliance:
- Frequency of ambulance arrivals in short period of time
- Delay in patients being transferred to wards causing a backlog in ED

Clinical staff identified 2 out of the 31 nights during April as being challenging. The following action was taken to mitigate potential safety risks:
- Escalation to Operational and Hospital at Night Team to maintain safety
- Additional staff redirected to ED from ward areas where it was safe to do so
- Increased ‘pull’ from ED to free up ED care spaces
- On-call medical and site management staff called in to maintain safe services

How are we doing – Performance in March and April 2015

Flow re-established, ambulance delays and majors queues significantly reduced

March PHT 87.6% (84% A&E Type 1) Health System 91%

Week ending 5th April PHT 80%
Week ending 12th April PHT 80%
Week ending 19th April PHT 85%
April to date PHT 82% Health System 86.74%
A&E type 1 performance: March 2015

ED Performance

Month
2015-05 2014-10

Under 4 Hours
7,272

Over 4 Hours
1,382

Performance
84.0%

Attendances
8,654

% Ambulance Delays >=30 Minutes*
5%

179 delays >= 30 minutes totalling 215:30 lost time

Conversion Rate - Type 1 Only
37%

% NICE Staffing Guidelines Achieved ED Department
100%

% NICE Staffing Guidelines Achieved For Majors Queue
86%

Emerg Med SpR Over Night
100%

2/2 achieved