SRG Delivery Plan Summary August 2016

Project Name:	SRG Delivery Plan
Accountable Group:	SRG
PM Support:	SDK

Milestones	Key Actions	Original Completion Date	Revised Completion Date	Action Status	Status Update	Action Owner(s)	Delivery Target	Delivery Target Status at Q1
Preventing Admissions - a reduction in attendances and admissions								
Project scope and outline	Scope work programmes currently in place against national local vision, undertake gap analysis	7.6.16	30.6.16	Complete	Initial programmes scoped. Additional detail required for us in Directory of Services (DOS) App. Gaps in mental health and palliative care info	TD	Reduction in ED attendances overall. Each scheme has established outcome measures	
	Review demand and capacity mapping, develop proposals to be delivered through MCP and other work streams	31.7.16	31.10.16	Overdue	Priority workstreams agreed - nursing homes, mental health, primary care workforce. Demand and capacity work has been delayed to tie in with Hampshire wide Sustainability and trnasformation plan (STP) programme	TD		
111 retender process	111 retender process complete	31.10.17		Not Due Yet	Additional actions will be included once project plan has been developed and signed off	TD	Number of quality and activity measures within contract	
Out of Hours retender process complete	Out of Hours retender process complete	31.1.18		Not Due Yet	Additional actions will be included once project plan has been developed and signed off	TD	Number of quality and activity measures within contract	
Urgent care centre provision improved	Agree and implement revised Urgent care centre model to improve service utilisation	from 31.7.16		In Progress	Working group established to review options	LD	reduction in minors breaches	
Primary and Community Care response in place	Local Hub model developed and tested in Gosport, Portsmouth Hub under development outcome based commissioning programme including payment and contracting mechanisms	31.3.17		In Progress	programme established and scoping underway	TC	measure to be developed as part of scoping work	
	Specific schemes:IV service, catheter care, acute visiting service, pharmacy support	31.3.17		In Progress	programme established and range of schemes in place. Further work to be undertaken to identify priorities	PAG		
Non conveyance schemes established	SCAS service development, non-conveyance and paramedic development schemes in place (HIU)	30.9.16		In Progress	GP non conveyance scheme in place in SE Hampshire and part of Portsmouth Acute visiting service. High Intensity Users project providing paramedic support and education is due to commence in September	RK	reduction in patients conveyed	
Care Homes work programme developed and agreed	Identification of schemes in place. Review of good practice nationally	30.6.16		Complete	Initial work programme agreed	SDK		
Care Homes work programme implemented	Agree and implement key schemes through Vanguard and Blueprint working groups	TBC		Not Due Yet	detailed activities to be signed off by sub group	WG		
PHT Transformation Programme								
Improve Performance in A&E to achieve 4 hour target through improved systems and processes, professional standards and workforce changes	Review process pathways in Minors and implement new model	15.8.16		Complete	Model pilot completed. Commencement date 5th September	SH	78% by June 16, 85% by Dec 163, 89% by March 17. 95% of patients assessed in 15 mins (62% - Sept 16, 95% - Dec 16)	4 hour target - 82% June. 15 min assessment - 68% in June
	Review process pathways in Majors and implement new model	30.6.16		In Progress	Model pilot completed. Commencement date dependent on additional workforce - Business Case submitted for approval and reconfiguration works commencing 26th Sept for circ 4 weeks	SH		
	Complete A&E capacity and demand profiling and develop workforce model	31.5.16	30.6.16	Complete	Capacity and demand modelling completed. Proposed staff model approved by ECIP	SH		
	Develop and implement appropriate workforce model ensuring staffing capacity meets attendance demand	31.3.17		Not Due Yet	Business case has been submitted for Board consideration	SH		

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Increase the use of Ambulatory Emergency Care to assess, diagnose and treat patients. Increase the use of rapid access specialty clinics to provide urgent specialist opinion and reduce admissions	Review AEC pathways	31.5.16		Complete	Review complete	HB	33% AEC target by 16.9.16	
	Implement recommendations following AEC National Network review	31.1.17		Not Due Yet	Implementation has commenced	HB		
	AEC estate reconfiguration	31.12.16	Q4 tbc	Not Due Yet	Commencement date postponed to prioritisation of PITSTOP works. Commencement date tbc	LW		21% in June
Establish unselected general medical take model with clear lines of responsibility and accountability	Implement unselected general medical take model commenced	1.6.16		Complete	Model commenced 1st June	AB/MR		
	Develop and agree standard operating procedures	30.6.16		Complete	In place	HB		
	Review ways of working and agree workforce structure for the longer term	30.6.16	01.11.16	Not Due Yet	3 month review completed. Agreement by UCTP Board to increase embedding in period allowing full review after 4 month period	AB		
Establish the Acute Medical Unit (AMU) with sufficient capacity to accept medically referred patients from patients from ED within 30 minutes of decision to admit and primary care referrals directly	Recruitment of additional workforce to support new medical model (ACPs/Medical Technicians & Clinical Assistants)	30.6.16		Complete	ACPs - recruitment completed - 1 year training programme commenced Medical Technicians - recruitment completed	AFC	85% occupancy in AMU by 16.9.16. number of patients with a length of stay(LOS) over 24 hours	patients with LOS over 24 hours - 38% in June
	Review processes and procedures within AMU across all staff groups to increase ability to admit referred patients in a safe and timely manner	5.8.16	1.11.16	Not Due Yet	Review has commenced	LF		
Increased focus on effective and timely turnaround of short stay patients to facilitate discharge within 24 hours in AMU and 72hours on the Short Stay Unit	Short Stay pathway commenced	26.4.16		Complete		MR	65% patients on short stay pathway by 8.7.16	64%- June
	Open D2 as a Short Stay Unit	1.6.16		Complete		MR		
Establish early comprehensive interdisciplinary assessment and signposting for patients over 75 years to support the reduction in avoidable admissions.	Increase Consultant hours within acute frailty pathway additional consultant hours	30.4.16		Complete	Cover now 0800 - 2000 Mon - Fri and 0800 - 1800 Sat & Sun	AB	MOPRs 95% bed capacity by 31.7.16. Additional 3 A&E patients over 75 years per day are not admitted	Discharges in <72 hours 42% June
	Map current and design future frailty pathway	30.4.16		Complete		MP		
	Close E4 escalation beds	31.07.16	31.08.16	Overdue	Closure on track for completion mid July. Closed on July 15th. Reopened July 17th. Closure date yet to be	SE		
	Implement silver phone function supporting referral from Primary Care	01.04.17		Not Due Yet	Scoping completed, model being developed	AB		
	Ensure all staff trained to work within competency framework	31.5.16	ongoing as per newly appointed	Complete	Completed for staff in post and commenced for newly appointed staff	AB		
	Implement 'pull' model for complex discharges complex of frail older people	31.8.16	30.11.16	Not Due Yet	Date reviewed to reflect dealy of D2A capacity	AB		
	Agree future of frailly inpatient service - Frailty Unit or roving team	30.9.16		Not Due Yet		AB		
	Implement frailty outreach team	7.10.16		Not Due Yet		SE		
	Develop in reach model business case for surgical	31.3..17		Not Due Yet		AB		
Improve discharge processes and delivery across the hospital	Implement ward Discharge Standards/SAFER on all PHT wards	31.3.17	31.09.16	Not Due Yet	Roll out programme agreed at UCTP Board. Accelerated plan agreed by UCTP. Rollout on track	HG	33% of discharges before 12pm by 9.9.16. 100% of ward patients with an estimated date of discharge (EDD)	discharges by midday - 21% in June. Ward patients with an EDD - 87% in June
	Appoint to Head of Discharge and Partnerships role and support to create a Discharge Planning Team	31.08.16		Complete	Appointment made. Commencement date 1st Sept	HG		
	Relocate discharge lounge	30.4.16		Complete		HG		

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Create a fit for purpose Operations function and team structure including bed overview, effective on call/ escalation and flow management	Centralise Ops flow team, implement new joint rotas, create substantive transfer team all supportive by agreed roles, responsibilities and SOPs	31.7.16	31.09.16	Not Due Yet		JA	No 12 hour trolley breaches. No non-clinical bed moves between midnight and 6am. Number of escalation beds.	
Integrated Discharge Service								
Development of integrated discharge service, Discharge to assess and frailty intervention team proposals with resource requirements and return on investment case for change.	review of winter pilot and scoping completed	31.3.16		Complete	Awaiting final financial/ risk share assessment by all partners, additional review by Transformation lead with recommendation. Subsequent finance meeting held in June - still unresolved issues around financials and ORCP monies. To be discussed at SRG Ops on 7th	LD		
	business case developed and approved	30.4.16	31.7.16	Overdue		Work stream		
	Review and reinvestment of winter monies	30.3.16	31.7.16	Overdue		Finance Directors		
Overall programme management, success criteria and governance in place	performance standards and reporting, governance processes in place	30.6.16	30.7.16	Complete	revised project plans and success criteria have been developed	DA		
	delivery lead appointed	30.6.16		Complete				
	Revised task and finish groups established	31.7.16		Complete				
	Agree pilot area, methodology and operationalise pilot	31.7.16		Complete	Commence weekly review of MOPRS stranded patients (DTOCs) from 2nd August.			
Robust integrated discharge service processes and systems developed and adopted by multi-disciplinary teams	community bed direct referral pathway in place	30.6.16	31.8.16	Complete	Review of criteria for all pathway 2 providers to ensure consistency underway	MC		
	IDS assessment processes and professional standards in place	30.6.16	31.8.16	Complete	To include electronic single referral form and assessment fit guidance. Latter signed.	DA		
	IDS Hub model agreed - referral management, capacity oversight, streaming, advice and guidance	31.8.16		In Progress	IDS vision, HUB model and core functions developed and signed off. Admin roles to be signed off in	Provider leads		
Accommodation	IDS accommodation identified and in place	30.6.16	31.8.16	Overdue	Accommodation has been identified and IT telephony work underway. Move date planned for	DA		
Workforce implications understood and plans for both interim and longer term solutions in place	interim rostering in place	31.7.16		In Progress	draft rotas have been completed with ward links across 5 organisations have been agreed but yet to	Provider leads		
	outstanding recruitment completed to support IDS and D2A delivery	31.6.16	31.10.16	Not Due Yet	Dependent on Business Case decision	COOs		
	D2A/IDS/Assessment fit training programme delivered (ward staff)	30.6.16	30.10.16	In Progress	IDS visioning event planned for 20/7 and training workshops in August for Board rounds and trusted			
	IDS ward links in place to support all adult inpatient	30.9.16		Not Due Yet	Currently being scoped. Partners to complete matrix		50% in place by 30.6.16, 100%	
	trusted assessor model in place with clear permissions and responsibilities	30.9.16	30.9.16	Not Due Yet	IDS training events to be held on 10th and 17th August - service model, trusted assessor, single referral from	DA	50% trained by 30.6.16, 100% by 30.9.16	
IDS pathways developed approved and established	additional capacity mobilised for Portsmouth	30.9.16	31.10.16	Not Due Yet	Dependent on Business Case decision	SH		
	review and remodel of OT pathway	30.9.16		Not Due Yet		SH		
	Hampshire pathway 3 review including inpatient areas	30.9.16		In Progress	planning meeting set up. Will need to be fast-tracked to ensure adequate D2A Pathway 3 capacity before	PT/MH		
	Remodel CHC pathway in Portsmouth	31.12.16		Not Due Yet		SH/SN		
Monitoring and Reporting Progress	Bedview is the system used to record all activity and performance data	30.09.16		In Progress	Bedview modifications to be discussed and agreed	DA/SP		
	performance targets delivered - discharges per week	31.3.17		Not Due Yet	draft D2A KPIs being revised	Work stream leads	186 by Q1, 216 by Q2, 233 by Q3.	
	performance targets delivered - MFFD patients waiting longer than 24hrs from decision	31.3.17		Not Due Yet		work stream leads	160 Q1 - Q3, 60 by Q4	As at 18.7.16 - 170 patients

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	performance targets delivered - 5% reduction in stranded patients	31.3.17		Not Due Yet			28 fewer patients occupying beds	
Escalation								
Escalation	Review of escalation process	31.8.16		Complete	Commenced - by partners for each organisation and collectively for the system. System wide agreement of triggers to be completed.	SR/ SRG Ops group		
Emergency Planning	assurance process again by partner and system	30.9.16		Not Due Yet		SR	TBC	
Business Continuity	assurance that in place for all areas partners and system and plan for full review in two years	TBC		Not Due Yet		SR		
Seasonal Resilience Planning	to re-establish a resilience group for partners and CCGs which sits under the SRG operational group and provides assurance on seasonal plans	TBC		In Progress	Stocktake under way will be completed by 18th July and reviewed at Operational Group	SR		
SRG Information Support								
establish working group	set up group to provide system wide intelligence for SRG	31.3.16		Complete	Group established and meetings held fortnightly	SDK		
Performance Dashboard development	develop agreed system wide metrics to support the system plan including quality performance	31.5.16	30.6.16	Complete	Draft metrics agreed and developed. These will be tested with SRG and refined over the coming months.	IG/OG		
	monthly performance report with narrative and analysis agreed and commenced	30.6.16	Review monthly for the next 3	In Progress	Process in place and first draft with real data to be presented to SRG on 14th July	IG	TBC	
Business Intelligence programme	develop a wider programme of system intelligence, planning information and targeted work	31.7.16		In Progress	proposal to be presented at SRG on 16.6.16	SB/MK/RM		
	deliver initial work programme	31.3.17		Not Due Yet	projects identified for detailed info support are Nursing homes, DTOCs and escalation	IG		
SRG Development Programme								
Review of SRG function and delivery	Undertake initial diagnostic and agree development programme	30.4.16		Complete		AS/SDK		
SRG Development programme	Session 1 Establish core purpose of the group	2.6.16		Complete		AS/SDK		
	Session 2 Review Practices	14.7.16		Complete	Action plan developed and underway	AS/SDK		
	Session 3 Improving process to affect better quality of outcomes	TBC		Not Due Yet		AS/SDK	TBC	
	Session 4: Power - maximising shared leadership	TBC		Not Due Yet		AS/SDK		
Leadership	Individual support sessions to improve governance and assurance of SRG	TBC		Not Due Yet		AS		
Best practice	Review good practice from other SRGs and present/ implement findings	30.9.16		Not Due Yet		SDK		