Portsmouth and South East Hampshire Health System

System Resilience Group and Urgent Care Delivery Plan

Update for the Portsmouth Health Overview and Scrutiny Panel
June 2016

Contents:

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- Objectives, outcomes and performance indicators
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Introduction

The System Resilience Group (SRG) provides the strategic and operational leadership across the health and social care system of SE Hampshire, Portsmouth and Fareham and Gosport CCGs for both urgent and emergency and planned care for the populations it serves. All partners across the system jointly shape and co-ordinate the planning, integration and delivery of care to create safe, responsive, effective, high quality accessible services which are good value for taxpayers by local providers.

Purpose

- To come together and work across boundaries to ensure operational resilience, matching resources with demand, to improve patient experience and clinical outcomes in both urgent and planned care;
- To enable systems to deliver high quality, safe services and optimise all parts of the health and social care system to eliminate waste of resource;
- To understand the impact and align the planning and delivery of planned care with unplanned care across the whole system.

Membership

- The SRG comprises accountable officers /chief operating officers and clinical leaders representing the local health and social care community. Additional representatives will be invited to attend, as required.
- Organisations involved include NHS Portsmouth, South Eastern Hampshire and Fareham and Gosport CCGs, Portsmouth Hospitals NHS Trust, Solent NHS Trust, Southern Health NHS Foundation Trust, South Central Ambulance Service, NHS England (Wessex), Hampshire County Council, Portsmouth City Council

Key Functions

- To ensure that capacity planning is undertaken and agreed jointly across the whole system simultaneously and on an on-going basis, based on local needs and a robust understanding of the pressures and drivers in the local system;
- To co-ordinate and pro-actively drive operational delivery across the whole system, reviewing and revising regularly as required, providing oversight and holding leads for work programmes to account;
- To monitor delivery against plans, outcomes, KPIs and funding allocations
- To access, share and undertake detailed analysis of the full range of appropriate data to support evidenced based decision making;
- To use local, national and international best practice to shape and model services that are fit for the local population;
- To clearly identify interdependencies between services and plans across unplanned and planned care;
- To benchmark against local and national peers.

SRG Outcomes and Key Performance Indicators

Our vision for urgent and emergency care

Simple to navigate, sustainable, patient-centred, high-quality urgent and emergency care integrated system providing 24/7 access that ensures patients are seen by the most appropriate professional at the right time in the right setting.

Our patient priorities

- Make it easier to see a GP
- Make it easier to know where to go for urgent and emergency care
- Know what alternatives are to get seen outside ED
- Take greater responsibility for our own health
- Develop more services that are closer to home to support people to stay in their own home

Outcomes for the SRG

- Capacity planning is resilient and sustainable year-round in order to ensure all NHS Constitution rights and pledges are met, and exceeded where possible – including 18 week RTT; cancer waiting targets, diagnostics waiting targets and A&E waiting targets;
- There is efficient and smooth patient 'flow' throughout the whole system from patient referral/ contact to discharge/ handover;
- There is robust system accountability in place with members holding each other to account for work stream delivery
- A high measure of patient satisfaction within all elements of the unplanned and planned care systems is consistently achieved;
- Financial balance and sustainability is maintained across the whole system.
- Consistent and proactive system leadership is developed and supports the delivery of resilience and sustainability.
- There are a range of robust outcome measures for each individual work stream

Systems Resilience Structure and Objectives

Delivering Improved Performance & Sustainability

Systems Resilience Group

- Overarching system sustainability and associated financial sustainability/affordability based on prioritized decision making
- Delivery of safe, effective and prompt care in appropriate settings that fit patients' requirements
- Minimizing inappropriate ED attendances
- Minimizing inappropriate hospital admissions
- Health and Social Care system flow
- Avoiding delayed discharges
- Minimizing inpatient bed-days (LOS)
- Embedding principles of good practice throughout all pathways and systems

Operational Delivery Group

- Development and delivery of operational plans, and KPIs
- Performance management against delivery milestones and KPIs
- Identification of interdependencies
- Communication Programme to wider staff
- Escalation of risks and issues to SRG

Urgent Care

- Delivery of the NHS Constitution and A&E Standards;
- Safe high quality urgent care pathways
- System wide patient flow
- Effective integrated discharge planning;
- Integrated escalation processes;
- Timely and accurate information.

Planned Care

- Delivery of the NHS Constitutional Targets and RTT waiting times targets
- Reduction in LOS and delayed discharge;
- Cancer Pathway resilience;
- Timely and accurate planned care dashboard;
- Key specialty reviews.
- Improved patient experience

Primary & Community Care

- Integrated out of hospital capacity
- Primary Care workforce;
- Community Nursing resilience;
- MDT & Risk stratification;
- ERS @ Home;
- PRRT.

Key Enablers

- **Capacity & Demand Modelling**
- **Analytics, data support, KPI development**
- **IT and interoperability**
- **Workforce, education and training**
- **Programme management**
- **Communications**
- **Governance**

Systems Resilience Work Plan Summary

Urgent Care	Planned Care	Primary & Community Care	Programme Management
Lead Organisation: PHT	**Lead Organisation:** PHT	**Lead Organisation: CCG**	**Workstream 1:** Analytics, data support, KPIs
Working Group Operational Delivery Group	**Working Group: Operational Delivery Group**	**Working Group: Operational Delivery Group**	**Workstream 2:** Demand and Capacity Modelling
Workstream 1: Admission Prevention	**Workstream 1:** RTT Performance	**Workstream 1:** Integrated out of hospital transformation	**Workstream 3: Governance,** Project management Tools and Support
Workstream 2: PHT Improvement Programme	**Workstream 2:** Specialty Reviews	**Workstream 2:** Primary Care Workforce	**Workstream 4:** Accountability Framework
Workstream 3: Integrated Discharge Pathways / FIT	**Workstream 3:** Cancer targets	**Workstream 2:** Transforming the Frailty Pathway	**Workstream 5:** Communications and Engagement
Workstream 4: Escalation			**Workstream 6:** Quality
			Workstream 7: Supporting Delivery of the UECN plan

Urgent Care Work Plan Summary

Preventing Admissions

111 – central clinical advice hub , alignment of quality urgent care services to deliver 24/7 access to clinical assessment, advice and treatment

Out of Hours- Contract review new model with direct booking, right place care

Urgent Care Centres –increased utilisation of UCC and reduction in minor activity in A&E

Primary and Community Care response – new models of care and financial flows, specific schemes to provide safe high quality care closer to home e.g. catheter care, acute visitng service, pharmacy support

Non-Conveyance – Reduced attendances through alternative and pre-emptive support for high intensity users and GP triage

Care Homes – reduced admissions through anticpatory care planning, community nurse suppor, improved training, medication reviews

PHT Improvement Programme (* for more detail please refer to accompanying spreadsheet)

Emergency Department – streamlined pathways to reduce handoffs, improved quality and safety and delivery of targets

Medical Model- unselected medical take, consultant review in 8 hours, increased discharges from medical take

Short Stay Model – implmentation of pathway leads to increase in short stay patients and improved bed occupancy rates

Acute Medical Unit – assessment and review up to 24 hours, direct admissoin of GP patients and appropriate ward transfers

Ambulatory Care- increase in the number of patients assessed and treated through ambulatory pathways

SAFER Ward Discharge Planning- professional standards and best practice guidelines

Acute Frailty Model – comprehensive assessment , specialty based frailty care , silver phone support, reduced admissions

Site Operations-realtime bed management, standard operating procedures

Integrated Discharge Pathways

Integrated discharge service
Streamlined solution to enable safe and timely discarge supported by trusted assessment framework, training and education

Discharge to Assess
Patients are 'turned around' or discharged when assessment fit and have assessments and non acute care at home/ close to home

FIT – through front door fraily assessment, MDT support to mobilise community response for those not requiring acute admission, supporting <72 hour discharge

Escalation

Revised Triggers

Framework Review

Glossary

AEC	Ambulatory emergency care		**MFFD**	Medically fit for discharge
AMU	Acute medical unit – takes admissions from ED for further assessment		**OOH**	Out of hours
CHC	Continuing health care		**OT**	Occupational therapy
CUR	Clinical utilisation review - a tool to help staff apply clinical criteria to determine most appropriate form of care		**PRRT**	Portsmouth Rehabilitation and Reablement Team
D2A	Discharge to assess		**RTT**	Referral to treatment – 18 weeks is the national performance measure
ED	Emergency department (A&E)		**SAFER**	Programme to support improved patient flow in hospitals
ERS at home	Enhanced recovery and support service at home (Hampshire County Council and Southern Health scheme)		**SPA**	Single point of access
FIT	Frailty and intervention team		**UCC**	Urgent care centre
HIU	High intensity users		**UECN**	Urgent and emergency care network
HOT clinics	Community clinics intended to support/ease demand on hospital services, including A&E			
KPIs	Key performance indicators – measurements of performance for NHS			
LOS	Length of stay			
MCP	Multi community specialty provider (being developed through the Vanguard programme in Fareham/Gosport and SE Hampshire)			
MDT	Multi-disciplinary team			