QUALITY & SAFETY COMMITTEE

URGENT CARE IMPROVEMENT PROGRAMME PROPOSAL

Date of meeting	18/05/2021

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

Prepared by	Linda Prosser –Programme Director
Presented by	Gareth Roberts / Linda Prosser
Approving Executive Sponsor	Executive Director of Operations

Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
		SUPPORTED

ACRONYMS	
	UCIP – Urgent care Improvement Programme

1. BACKGROUND

We have established an Urgent Care Improvement Programme to improve the outcomes and experiences. The details of this are fully set out in the Project Initiation Document (PID) v 5 (Available on request). Each of the programme groups and the board have had their first meeting*. The overall approach has been agreed and the focus now is on agreeing the specifics of prioritised work plans for each.

Aims:

We want to make demonstrable improvements to how the people served by Cwm Taf Morgannwg say that we have helped:

1. Enable me to grow well, live well and age well
2. Enable me to stay well and support myself
3. Assess and monitor me closely
4. Step up my care and keep me at home
5. Give me good care not in my home (includes hospital and intermediate care
6. Step down my care and get me home safely

Thus the overall aims of the programme are to:
1. Improve population health outcomes and access to appropriate support
2. Reduce unplanned and urgent hospital admissions
3. Reduce lengths of stay in hospital beds
4. Ensure that people get the end of life they choose as far as possible by increasing awareness and uptake of advance and future care planning for end of life
5. Increase number of days that people spend at home
6. Reduce the time people spend in long term care
7. Shift spend from hospital to community based care

Programme Objectives:
1. Effectively identify high risk groups and to plan and deliver support
2. Identify the right things to do, ensure these are implemented and evaluated to ensure we are doing them well
3. Deliver an effective navigation system for people and professionals, directing people to right care, right time, right place
4. Ensure people have a good understanding of their health, how to access the right care if they become unwell
5. Establish integrated services that deliver a consistent standard of response as close to home as possible, in the home when able
6. High quality, people focused, responsive hospital services
7. To get people back to their place of residence as soon as possible

This will be underpinned by better Information Management & Technology (IM&T) systems and processes that support programme delivery.

*There is one exception to the above; the programme proposed a Clinical Reference group, however we are considering with the Chair of the Cwm Taf Morgannwg (CTM) clinical sounding board the synergies and options for using that group instead of setting up another.

This will result in:

- Fewer Emergency Department (ED) attendances, both walk in and ambulance conveyances

- Fewer ambulance waits

- Shorter waits in ED and eradication of corridor waits

- Fewer emergency admissions

- Shorter lengths of stay in hospital

- Improved patient experience and outcomes

2. APPROACH AND UPDATE:

This programme does not set out to create a whole new set of activities, but to agree an overall vision and to work with existing services, improvement projects and leaders to best move towards that vision, through adjustments to existing activities, support to those that need it, with new projects of work being introduced only as needed.

Progress is described below:

2.1 There is broad agreement about an overarching care model to aim for. See the early draft of the Target Urgent Care Model in the slides (Appendix 1).

This is a high level model that we are continually developing, to agree in more detail with groups of clinicians and describe specific best practice for each component. This piece of work specifically requires close working with the System groups. The result will be a 'playbook' for the delivery of care across the Health Board.

Data modelling will be applied to the model in order to establish the capacity requirements for interventions at each stage.

This slide deck also describes how the services may be organized at practice / cluster / ILG and CTM levels.

2.2 Meanwhile we have gained a fuller understanding of existing services, gaps and improvement projects and our emphasis on

supporting these, insofar as they take us towards the Care model; linking across ILGs as appropriate to ensure learning, consistency and synergies.

The map of projects (Appendix 2) lists the active projects, the ILGs that are involved, management and clinical leads and project planning and delivery status. Outcomes, timescales and improvement metrics will be agreed for each project.

2.3 One new project is the Community Hospitals role and function work. Building on learning from Ysbyty Seren (YS) the Ysbyty Cwm Cynon (YCC) GP care beds and the experiences of other Health Boards, it aims to agree an operating framework, policies and practices to best support the aims of the programme in terms of offering an alternative to acute admission and ensuring effective rehabilitation.

2.4 Operational rigour: One specific element is to use the Programme to mandate certain requirements of departments in terms of their professional standards to improve flow in hospitals. These include those described by the SAFER and Red to Green approaches, whereby there is real discipline in terms of senior and regular review of patients and an emphasis on making interventions happen sooner. The belief is that a focus on hours not days will have a massive beneficial impact on flow. Corridor waits to be treated as never events.

2.5 One new project is the full roll out of the e-whiteboard as the system of choice for bed management across CTM following and options appraisal. A full project plan for the development and roll out of the e-whiteboard is near completion.

2.6 Measures: IM&T leads are working with us to develop a QLIK sense application for real time data enabling effective site management and pan CTM patient flows. We are also working to improve performance scorecards, providing appropriate historic and trend data to improve understanding and measure impacts of change.

Outcome measurement development: Using the learning from Value Based Healthcare and other outcomes based methodologies and resources such as ICHOM, we are seeking to establish an effective way of supporting key groups of clinicians in gaining a better understanding of the impact of their interventions. Also looking for data to see where unwarranted variation exists in order to discuss opportunities for change.

An Improvement Director has now commenced in post and we are working closely to ensure alignment and operational project management support.

3. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Appropriate influence:
- Support to projects
- Responsive to discussions where changes to policy alignment of system levers/incentives are indicated
- Pro-active feed-forward with issues, concerns and ideas

Resource requirements: As set out in the paper

4. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

That the programme is not supported or resourced due to poor design and execution or competing pressures

5. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	The programme must contribute to the improvement of Q&S
Related Health and Care standard(s)	Individual Care
	All standards are relevant
Equality impact assessment completed	No (Include further detail below)
	This will be a mandatory process for all resulting service changes
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	See resources requirement section
Link to Strategic Well-being Objectives	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health

6. RECOMMENDATION

- That the Committee **NOTES** and **COMMENTS** on the programme and projects plans
- The Committee **NOTES** the ongoing commitment of resource requirements, synergies and future planning.