NHS
West Hampshire
Clinical Commissioning Group

NHS
Southampton City
Clinical Commissioning Group

APPENDIX 1

South West System – System Resilience Group / ORCP Briefing: Urgent Care Whole System Action Plan

Topic Area	Update on Urgent Care Whole System Action Plan (WSAP)
Purpose	The South West System Resilience Group (SRG) agreed that a common paper would be taken to all organisational boards to provide an agreed update on the key actions being taken to address poor performance in urgent care. This paper is prepared monthly by the Unscheduled Care Delivery Group (USDG)
Information	• The WSAP was developed by the system with support from ECIST to drive improvements in the urgent care system. • The WSAP provides an overview of the key work streams that are being progressed. There are detailed plans for each project which underpin this overview. • It has been agreed that the report will be brought to organisational boards in order to increase the levels accountability. • Delivery of the plan is supplemented by the additional funding that has been received as part of the ORCP activity which commenced in September. The aim of the ORCP funding is to stabiles the system through winter and to accelerate delivery. • The ORCP plan focusses onto the key system, priorities areas which are: ○ Primary care ○ In-reach to acute hospital ○ In hospital therapy ○ Frailty pathway ○ Reducing DTOCs ○ Mental health ○ ED flow • The key messages for January are: ○ The Pre-Hospital workstream that is aimed at avoiding attendances at ED on pre-hospital continues to be effective. ○ In terms of system resilience, we need to ensure that the lessons identified from the Xmas period are captured quickly and then fed into future planning cycles. ○ The main priority area remains the work that covers patient flow in acute hospitals and post-acute discharge. The relevant projects are established and the emphasis has now switched to performance management and early evaluation. There needs to be an increased emphasis on ensuring that the basics including coordination at the operational level are being delivered consistently. This action plan is reviewed monthly at the SW Hants Unscheduled Care Delivery Group by system partners.
Key issues	ED performance remains below operational standards.
Which meetings this document has already been to	SW Hampshire Unscheduled Care Delivery Group
Principal risk(s) relating to this paper	• Delivery of ED performance • Potential delays to implementation of Better Care Plans
Report Author	Lucie Lleshi, Senior Commissioning Manager
Date of paper	09/01/15 – plan updates provided at 07/01/15
Actions requested /Recommendation	To note the actions being taken in the Urgent Care Whole System Action Plan.

South West Hampshire System Urgent and Emergency Care Whole System Action Plan 2014/15

The urgent and emergency care action plan is structured around three main programmes of work:

1. **Urgent and emergency response**
2. **Building and sustaining operational resilience**
3. **Patient discharge and flow**

These programmes report monthly into the Urgent Care Delivery Group, in turn reporting up to the System Resilience Group.

The system has been working to an action plan that was derived from recommendations made by the Emergency Care Intensive Support Team (ECIST) in Quarter two 2012/13. The primary focus for work in 2013-14 was around improvements to discharge and patient flow; the focus for 2014-15 will shift to ED and associated front door pathways, while continuing to improve whole system discharge processes and sustain operational resilience.

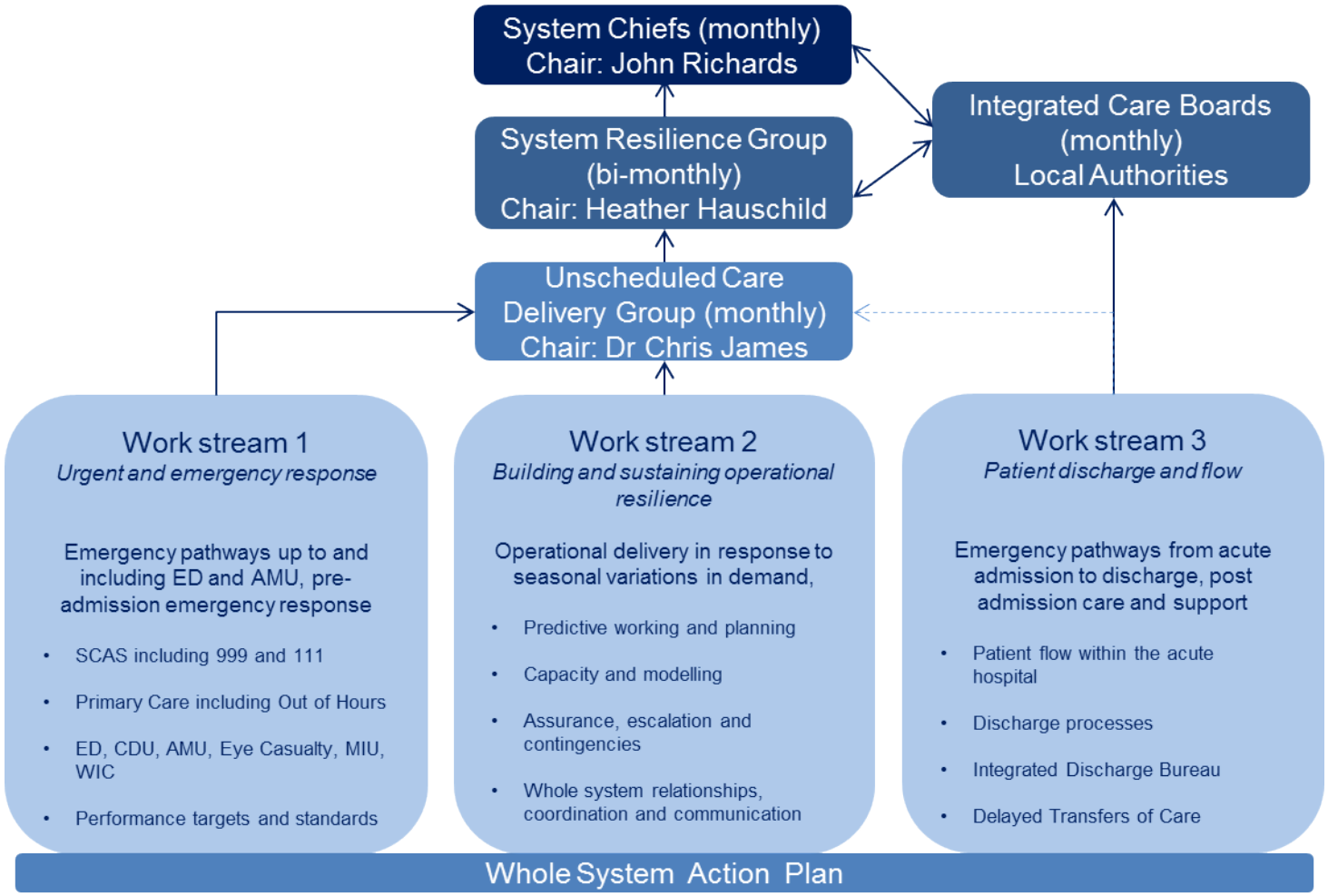
This plan has been refreshed following an ECIST review of 2013/14 winter and a system-wide evaluation of the joint resilience fund and winter monies funded initiatives. Winter monies for 2014/15 will be monitored via the ORCP implementation tracker, with each scheme supporting one of the three main work streams of this plan.

This plan reflects system resilience learning from 2013/14, continued implementation of the UHS ED remedial action plan to achieve the 4-hour standard, CCG QIPP and CQUIN proposals and links to the Better Care Fund and Integrated Care work stream.

This plan is intended to provide a summary of more detailed project tasks being delivered within the governance structure on page 2. It is supported by a set of system-wide metrics which are reviewed monthly. Performance against completed actions will continue to be monitored through the UCDG via the metrics dashboard and/or reports as appropriate.

Please note that this plan DOES NOT INCLUDE admissions avoidance actions being led through the Integrated Commissioning Units, but does still include complex discharge which has transferred to Integrated Commissioning Units and is overseen by the Integrated Care Boards.

South West System – Urgent Care Programme Governance



Work stream 1: urgent and emergency response

This work stream incorporates:

- GP tools and information: manage patients' use of urgent and emergency service (see GP urgent care dashboard in completed actions section)
- Minor Injuries Unit (Care UK) and Walk in Centre (Solent): appropriate alternative services to ED for minor injury and minor illness (see completed actions section for MIU)
- Public access : SCAS 111 and 999, GP out of hours (OOH, Care UK) and GP extended hours: 24/7 access to out of hours primary care, advice and onward referral including emergency response and managing patients outside of hospital (also see completed actions section)
- UHS Emergency Department (ED, including Clinical Decisions Unit (CDU)) and Acute Medical Assessment Unit (AMU): managing demand at the hospital front door, incorporating the ED RAP

Ref	Action and Milestones	Expected impact/KPIs	Project Lead	Lead Org (support org)	Expected delivery date	Progress	In month progress	Delivery against plan (as at Dec)
1.1	**BWIC:** review functions and activity as part of wider stakeholder engagement on urgent access to primary care. **Demonstrate value for money and appropriate use of commissioned services**	Patients have equitable access across the city to appropriate care for minor illness Reduce avoidable ED attendances	Lucie Lleshi	SCCCG	May 2015	**Work programme on track** Options currently being appraised with stakeholders.	G	Not yet due
1.2	**Emergency response and pre-hospital care action group:** (replacing SCAS ambulance group) multi-agency group established to share experience and identify potential areas for system reform within the context of pre-hospital urgent care **Group to identify and implement work programme for Q3 and Q4**	Reduce ED attendances and emergency admissions Reduce hand-offs between urgent care providers	Sarah Owen	WHCCG (SCCCG and providers)	March 2015	**In month progress on track** - Terms of Reference, membership and priority areas agreed. Group currently developing an action plan.	G	Not yet due
1.3	**GP OOH direct booking:** implement direct booking directly into Primary Care Centres for patients requiring a face to face appointment with a GP	Improve response and waiting times for patients. Out of hours access to primary care to avoid attendances to ED	Justin Cankalis	Care UK (CCGs)	October 2014	**Progress delayed** due to other pressures (contract dispute, performance issues, RAP) Slip to Q4 or beyond. Best model yet to be defined.	R	R

Ref	Action and Milestones	Expected impact/KPIs	Project Lead	Lead Org (support org)	Expected delivery date	Progress	In month progress	Delivery against plan (as at Dec)
1.4	**ED Remedial Action Plan (RAP):** work stream 1 (ED/CDU/AMU) incorporating ECIST recommendations, winter funding priorities and ED action plan Monthly progress meetings between UHS and commissioners to sign off completed milestones and agree next phase of actions as relevant **Demonstrate delivery of all agreed milestones on time**	Improve flow Reduce breaches Reduce non-elective admissions Delivery of 4 hour standard as per agreed trajectory	Jane Hayward	UHS (CCGs)	March 2015	See enclosed 14/15 plan updated Dec  141208 ED RAP Nov Milestone Sign Off.xls November milestones complete and signed off 08/12/14 subject to confirmation of evidence. Next check point January 2015	See enclosed plan	
1.5	**Abdominal pain pathway:** clinically led multi-disciplinary group established to develop and implement a comprehensive pathway for patients presenting with abdominal pain Single point of entry into pathway irrespective of admission route, with early access to senior decision maker, early diagnostics and timely streaming in to appropriate specialty arm of pathway 7 days a week **Pathway to be agreed and implemented by end of Q4**	Improved patient experience Reduce (repeat) ED attendances and emergency admissions Reduce LoS for patients requiring admission Patient managed with in the appropriate specialty	Clare Handley	SCCCG (UHS)	March 2015	**Work in progress** - pathway working group meeting regularly and progressing. However, engagement with some specialties continues to be an issue (may lead to slippage) Pilot MDT proposal for patients presenting to ED frequently with abdominal pain being progressed – may require substantial business case work up Referral decision support tool being developed	G	Not yet due
1.6	**Front door model:** review, reconfirm and specify the front door model within the emerging strategic context and adjust joint plans and priorities accordingly	Current front door model mapped out and future recommendations defined based on learning from ORCP initiatives e.g. Pit stop model	Lisa Sheron Chris Bailey	CCGs	January 2015	**Work in progress**	G	Not yet due
1.7	**ED re-attendances:** review 7 day un-planned re-attendances **Review re-attendances and define improvement opportunities by end of Q4**	Review of ED re-attendances	Leanne Parmenter	WHCCG (SCCCG UHS)	April 2015	Current re-attendance rate remains at ~9% Slippage against original delivery date (Oct 14) due to data issues. These have now been resolved and **project currently being re-scoped.**	G	Not yet due

Ref	Action and Milestones	Expected impact/KPIs	Project Lead	Lead Org (support org)	Expected delivery date	Progress	In month progress	Delivery against plan (as at Dec)
1.8	**Mental health in ED:** improve psychiatric service responding to support patients in ED **Improved service implemented by end of Q4**	Improved quality of care and patient experience Reduce ED attendances and non-elective admissions Reduce ED breaches and 12 hour trolley waits	Katy Bartolo-meo	CCGs SHFT UHS	March 2015	**Actions progressing (currently showing as amber on ORCP tracker, partial implementation)** Verbal agreement reached on the way forward. Written confirmation of the risk share agreement between CCGs, UHS & SHFT for ED element of AMH SLA for 14/15 has been drafted by CSU. However, UHS are currently not willing to sign off on the finances for 2015/16 which will affect the amount of money that is available for reinvestment in the ED element. CSU and SHFT are currently trying to organise a date with UHS to work through this. Once agreement has been finalised, from 15/16 UHS will pay for all inpatient psychiatric liaison including AMH and OPMH. CCGs will pay for the front door element of psychiatric liaison service. This will ensure that the current level of service continues. On the basis of the 2014/15 part of the above being signed off, £35,000 per CCG to pay the current level of service within the ED will come from the ORCP bid. This leaves £70,000 from this bid and £75,000 from the Mental Health resilience bid to enhance the current service. All parties have agreed a proposed enhancement to the ED psychiatric liaison service to include liaison from 6pm to 12/2am 7/7 and morning cover over weekends.	R	Not yet due

Ref	Action and Milestones	Expected impact/KPIs	Project Lead	Lead Org (support org)	Expected delivery date	Progress	In month progress	Delivery against plan (as at Dec)
						An enhanced service is currently being delivered to the ED on a short term basis through extensions to the AAT team whilst recruitment is agreed for the ED psychiatric liaison team. The VAST service is being extended within its current format using winter pressures funding. From 15/16 if the above negotiations are concluded, there will be extra funding from CCGs and the intention is to provide the long term funding for VAST which will ensure 2pm-10pm cover 7/7.		
1.9	**Mental health pathway:** develop mental health pathways to ensure patients' needs are met in a timely manner Ensure that patients are appropriately defined and managed according to their physical and mental health care needs Include out of hospital urgent and emergency services (GPs, MIU, WIC, OOH, SCAS 999 and 111) **Mental health workers in police and SCAS call centres by end of Q3** **Street triage initiative to be implement by end of Q4**	Improved quality of care and patient experience Reduce ED attendances and non-elective admissions	Katy Bartolo-meo	SCCCG SHFT (other providers)	March 2015	**Actions on track** CCGs across Hampshire have been successful at securing mental health resilience funding to place mental health workers within the police and ambulance call centres for one year. This will be for both children and adults. Funding will be released by end the end of November for commencement in December/January, depending on speed of recruitment. SCCCG has also put in a further bid for a street triage initiative which will look to ensure that patients' needs are met in a timely manner in the community to reduce the burden on secondary services. Links with 1.4.4	G	Not yet due

Work stream 2: building and sustaining operational resilience

This Work stream incorporates:

- Operational daily system resilience: escalation, alerts, daily dashboards, communications and predictive working
- Operational resilience planning: system-wide seasonal plans, incorporating provider plans and contingencies and lessons learned, system-wide activity and capacity planning

Ref	Objective / Action	Expected impact	Project Lead	Lead Org (support org)	Expected delivery date	Progress this month	In month progress	Delivery against plan (as at Dec)
2.1	**Triggers for escalation and predictive working:** enhanced daily dashboard and escalation framework to use as an interactive whole system predictive tool Matrix to include agreed measures, thresholds and actions to trigger appropriate responses across the system to manage points of pressure in a pro-active rather than reactive manner **All providers to identify relevant measures, apply a threshold to trigger escalation and submit information daily**	Reduction in red and black alerts Forecast pressure to enable a consistent, proactive system response	James Lawrence Parr Rob Chambers	CCGs (providers)	September 2014	System Resilience processes have been proven to work quite well over the Christmas period, despite high pressure. Daily dashboards have mostly been completed and/or updated via TCs. Most organisations have responded with reps to daily or twice daily TCs. When UHS has been on Black Alert other providers have been following the escalation protocols. Not all providers have been submitting daily data (111, OOH, 999, UHS, SCC)	G	G
2.2	**System resilience management system:** longer term solution to supersede the in-house tool (see 2.1.1) when all of the required information, data, communication lines and behaviours are established and embedded **Implement a system-wide electronic system to strengthen predictive working, facilitate management of system pressures and support the sharing of system resilience alerts/information**	Reduction in red and black alerts Forecast pressure to enable a consistent, proactive system response Improve system-side communications	James Lawrence Parr Rob Chambers	CCGs. (providers)	April 2015	**'SHREWD' work stream progressing** Procurement advise sought IT interoperability explored with providers – most sensible way forward is for stage 1 of the project to be sourced by manual feeds and then stage 2 by live data feeds	G	Not yet due

Ref	Objective / Action	Expected impact	Project Lead	Lead Org (support org)	Expected delivery date	Progress this month	In month progress	Delivery against plan (as at Dec)
	across all organisations on a daily basis							
2.3	**System communications:** develop improved methods of system communication and further strengthen provider-to- provider communications Ensure relevant information is obtained and ahead in a timely manner to support pro-active response to pressure Maintain contact list to ensure all relevant and up to date contact details **Demonstrate that the right people receive the right information at the right time to reduce pressure across the system**	Improved system-wide relationships Reduction in red and black alerts All organisations feel informed and supported	James Lawrence Parr Rob Chambers	CCGs (providers)	October 2014	System Resilience processes have been proven to work quite well over the Christmas period, despite high pressure. Most organisations have responded with reps to daily or twice daily TCs. When UHS have pushed to Black Alert there has been general agreement. When UHS has been on Black Alert other providers have been following the escalation protocols.	G	G
2.4	**Activity and capacity planning**: produce annual profiled activity plans for expected seasonality across planned and unscheduled pathways, with matched capacity (staff and facilities), for normal business continuity Resource gaps highlighted to inform Seasonal Plans and flex requirements **Implement Demand Modelling Tool for Wessex region**	Annual plans reflect usual seasonal variation and plans to maintain delivery, including performance standards	Named provider /CCG planning leads	WHCCG	July 2014	Wessex Demand Modelling Tool under development for all CCGs and providers. At December 14, phase 1 development of tool complete enabling activity modelling across South West system. CCGs will take forwards as part of their activity planning	R	R
2.5	**Winter 2014 review for 2015/16 planning:** post winter review, including review of dashboard, plan, escalation and communication processes, predictors identified and lessons learned for next winter **Summary review to demonstrate lessons learned complete in Q1 2015/16**	Further improve processes for proactive management of system pressures to prepare for winter 2015	James Lawrence Parr Rob Chambers	CCGs (providers)	May 2015	**To be carried out April 2015 and presented to UCDG in May 2015**	N/A	Not yet due

Work stream 3: patient discharge and flow

This work stream incorporates:

- Patient flow within the acute hospital: operating standards, post admission care and support and discharging planning
- Complex discharge: Integrated Discharge Bureau, health and social care discharge processes, incorporating the whole system complex discharge action plan

Ref	Objective / Action	Expected impact	Project Lead	Lead Org (support org)	Due Date	Progress this month	Delivery against plan (as at Dec)
3.1	**ED Remedial Action Plan (RAP):** work stream 2 (patient discharge and flow) incorporating ECIST recommendations, winter funding priorities and ED action plan Monthly progress meetings between UHS and commissioners to sign off completed milestones and agree next phase of actions as relevant **Demonstrate delivery of all agreed milestones on time**	Improve patient flow and timely discharge Reduce internal discharge delays Improve patient outcome Reduce length of stay Reduce readmission rate Delivery of 4 hour standard as per agreed trajectory	Jane Hayward	UHS	March 2015	See enclosed 14/15 plan updated Dec (work stream 2) 141208 ED RAP Nov Milestone Sign Off.xls November milestones complete and signed off 08/12/14 subject to confirmation of evidence Next check point January 2015	See enclosed plan
3.2	**Complex discharge action plan (CDAP):** revised plan with more ambitious milestones and executive sponsors to partner managerial leads for each sub-theme ECIST recommendation **Demonstrate delivery of all agreed milestones on time**	Clearly defined plan with senior support for key themes Clearly defined expected impacts for each action, supported with metrics Increase to ≥60% of patients discharged within 3 days of a section 5 being issued	Rachel King Donna Chapman	CCGs UHS Solent SHFT HCC SCC	December 2014	See enclosed 14/15 plan updated Dec Dec 14 CDAP.xlsx Plan monitored through Integrated Care Board	See enclosed plan

Completed actions

The following work streams have been completed/implemented and performance will be monitored through the Unscheduled Care Delivery Group metrics dashboard and/or reports to the Unscheduled Care Delivery Group as required

Work stream	Objective / Action	Expected impact	Project Lead	Lead Org (support org)	Date moved to completed action	Progress at moved to completion date	Monitoring /reporting
1	***GP urgent care dashboard**: rolled out to all Southampton GPs in 2013/14* *Pro-active use of information to understand, monitor and actively manage patients' use of emergency services*	*Reduction in avoidable/repeat ED attendances, non-elective admissions and 999 calls*	*Ali Howett*	*SCCCG*	*December 2014*	*All practices now using the tool and reporting bi-annually* *Supports the reducing non-elective admissions DES* *Q1/2 submissions summary reported to UCDG December 14 meeting* *2014/15 end of year report due to UCDG May 15*	*Bi-annual summary review to UCDG to demonstrate proactive use and impact*
1	***Minor Injury Unit**: new service commenced 1st August 14, extended to children over the age of 2 years* *Review activity and performance monthly* *Demonstrate impact of new service and related communications work against KPIs*	*Further shift of minor injury activity from ED to MIU* *Reduction in ED attendances in minors work stream at UHS*	*Katy Collins*	*SCCCG (Care UK UHS)*	*December 2014*	*U12 x-ray demonstrating benefit (~ 30 patients per week currently)* *Actively working with ED to identify and direct patients*	*Monthly via metrics dashboard*

Work stream	Objective / Action	Expected impact	Project Lead	Lead Org (support org)	Date moved to completed action	Progress at moved to completion date	Monitoring /reporting
1	**SCAS 111 Directory of Services:** improvement to directory of services so that callers are able to signpost patients to the most appropriate services. Closely monitor dispositions in line with plans Demonstrate impact of improved DoS against KPIs	Reduction in ED attendances Reduction in number of patients advised to attend ED Increase MIU and self-care/pharmacy dispositions	Judith Collyer	SCAS 111 (CCGs)	December 2014	DoS had been updated to include eye casualty and MIU. Continue to identify further opportunities	Monthly via metrics dashboard
1	**SCAS 111 performance and capacity:** improve clinical cover to ensure call staff are able to check with a clinician regarding a disposition to dispatch an ambulance or attend ED Improve staff fill rates to sustain performance against KPIs Review activity and performance monthly Demonstrate impact of improved staffing levels – sustained performance of calls answered/abandoned Demonstrate impact of improved clinical cover – improved performance against KPIs	Patients are managed in the most appropriate service (or through education and self-care) to avoid ED attendances and 999 calls - conversion to 999 threshold of 10% - conversion to ED below threshold of ≤5% - calls answered within 60 seconds above threshold of ≥95% - calls abandoned rate below threshold of ≤5%	Mark Rowell	SCAS 111 (CCGs)	December 2014	Improvement in staffing levels, demonstrated by 96% calls answered within 60s and a very low call abandonment rate. Formal contract notice closed. Lack of clinical cover not evidenced as a current issue.	Monthly via metrics dashboard
1	**SCAS 999 pathways:** transition to NHS pathways, aligned with 111. Provide the right care, first time. Optimise the benefits of closer working between 999 and 111 services and explore the potential for a fully integrated clinical assessment and signposting service.	- reduce number of vehicles dispatched - single, consistent triage tool - increase in amount of call auditing - enables 999 emergency call takers to directly refer patients safely to alternative care pathways, via the local DoS - right outcome for patients based on commissioned services available	Deb Ingram	SCAS 999	December 2014	Transition complete June 2014 Hear and treat performance dropped significantly from plan for May, the opposite of what was expected. Assurance received from SCAS that performance is looking much improved Continue to monitor closely through contract performance route	Monthly via metrics dashboard

Work stream	Objective / Action	Expected impact	Project Lead	Lead Org (support org)	Date moved to completed action	Progress at moved to completion date	Monitoring /reporting
		- reduce re-contact rates - increase hear and treat capability - integration: 999 and 111 operations centres to become fully integrated, with improved resilience					
1	**GP OOH performance and capacity:** improve staff fill rates to improve performance and ensure all NQR12 targets are met across the system Review performance monthly and rectify through contract management	Out of hours access to primary care to avoid attendances to ED All response times for emergency, urgent and routine home visits and primary care centre appointments above the threshold of ≥95%	Justin Cankalis	Care UK (CCGs)	December 2014	Staff fill rates have improved but not to the level where performance is consistently succeeding. NQR12 performance improved but must be sustained. This is being managed through the contract review process and staff fill rates are being monitored closely	Monthly via metrics dashboard
1	**30 Day Readmissions:** complete re-admissions audit and build on existing action plans	Reduction in 30 day re-admissions	Sarah Knight	WHCCG (UHS SCCCG)	December 2014	Audit carried out 24th Sept 2014 Summary of audit outcomes and next steps circulated	Annual audit and report to UCDG
1	**Support patients to make good choices:** promoting choose well principles through patient and public engagement, communication and education Communication and education programme for 14/15 developed and linked to Seasonal Plans Implement comms and education plan and demonstrate impact	Raise awareness and confidence in 111 Raise awareness of MIU Increase use of 111 Increase self-care/use of community pharmacies Reduce minor illness and injury attendances to ED	Chris Bailey Eleanor Freeman	CCGs (providers)	December 2014	111 awareness, 'phone first' campaign MIU awareness and promotion Choose Well / Think First campaign Self-care and use of community pharmacies awareness Regular tweets and media messages Radio and bus advertising, leaflet	Monthly via metrics dashboard

Work stream	Objective / Action	Expected impact	Project Lead	Lead Org (support org)	Date moved to completed action	Progress at moved to completion date	Monitoring /reporting
						drops	
2	***Seasonal Planning for 2014/15:*** *review seasonal plan, implement 13/14 learning into practice and produce a revised plan for 14/15* *Complete and assured plan cascaded to all relevant organisations*	*Updated seasonal plan and processes accessible to system*	*James Lawrence Parr* *Clare Handley*	*CCGs* *(providers)*	*December 2014*	***Plan complete and assured*** *Exploring best mechanism for cascading/access to all relevant organisations in the system* *14/15 lessons learned summary report due to UCDG May 15*	*Related issues to be highlighted in monthly work stream update report*