



NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group



Returning to Normal

An update on our Plymouth System Reset

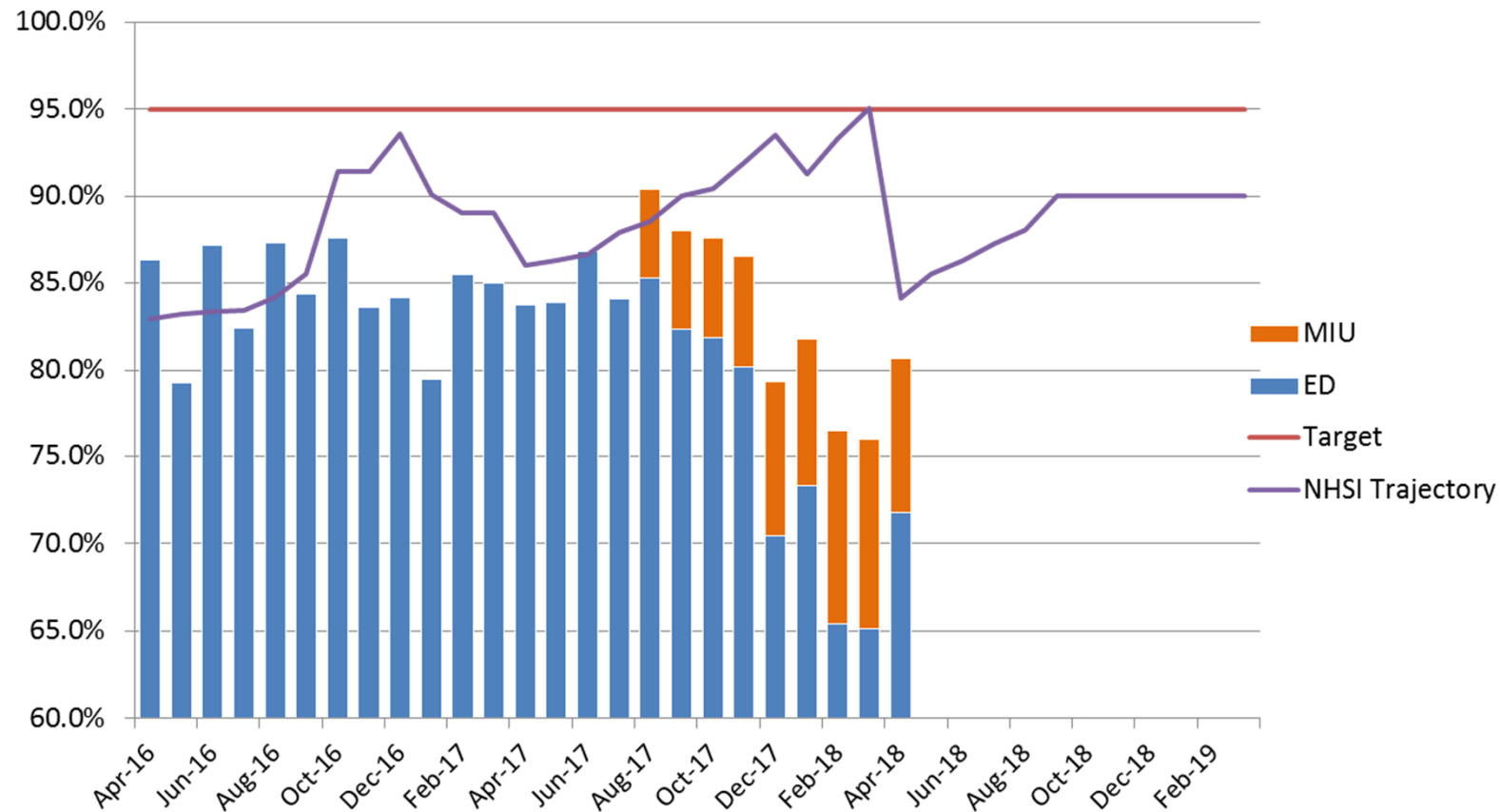


Leading with excellence, caring with compassion

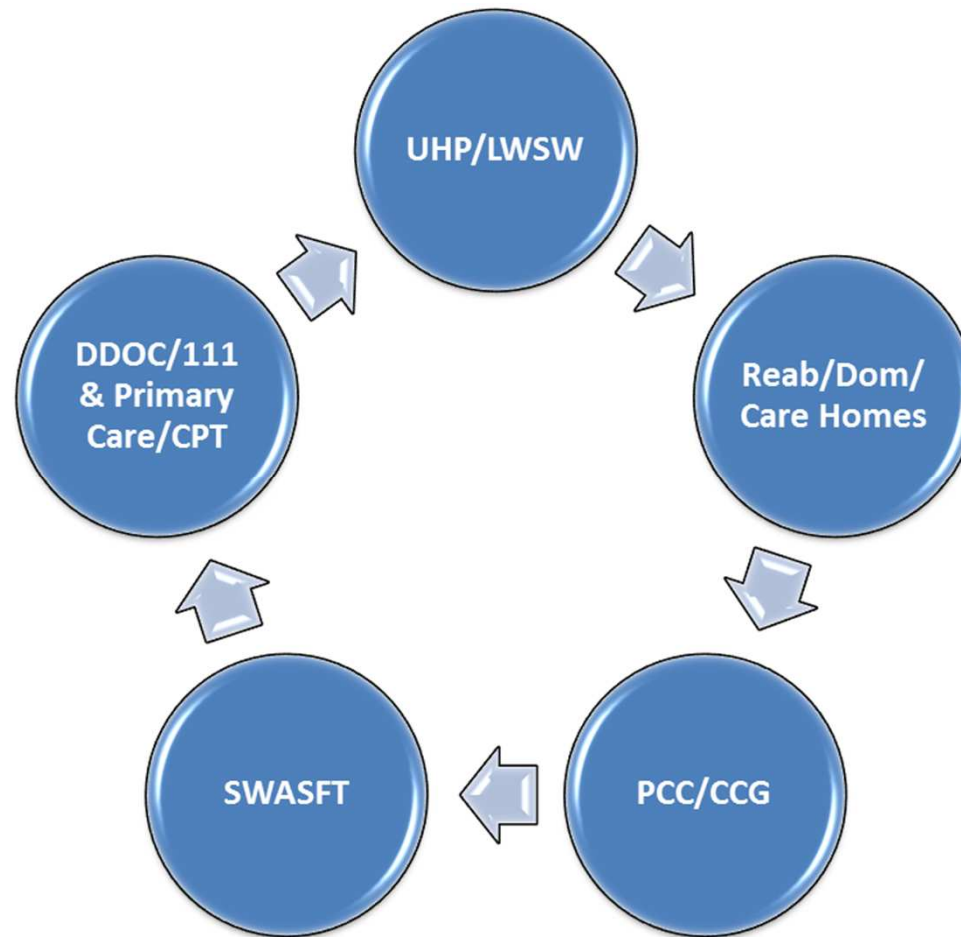


Urgent Care

University Hospitals Plymouth NHS Trust achieved an improvement in Emergency 4hr performance in April with 80.7% of patients dealt with in less than 4hrs compared to 75.7% in March. But still below where it needs to be.



Plymouth System Reset



Objectives

Achieve and Sustain

- ✓ Constitutional 4 hour standard >90%
- ✓ Reduced Stranded <275 – Winter Director Target for 30.6.18
- ✓ Reduced Superstranded <50 – as above
- ✓ Reduced Occupancy < 800 beds
- ✓ Reduced length of stay across all non specialist community hospital beds to 14 days
- ✓ Home First – roll out – 60-75 patient visits per week
- ✓ Robust communications public, staff and patients

Our objectives

Reduce
stranded
patients to
<250

3.5%
DTC
35 patients
per day

Reduce
bed occupancy
at UHP to
800 beds

Reduce
length of
stay in
non-specialist
community
beds

Home
First to see
60-75 patients
per week

Reduce
number of
patients in
intermediate
care beds

Our Communications

From: PHNT, Communications (UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST)
 To:
 Cc:
 Subject: Returning to normal: Focus on reducing stranded patients having a positive impact

Sent: Fri 29/06/2018 11:00

NHS Northern, Eastern and Western Devon Clinical Commissioning Group | PLYMOUTH | Livewell SouthWest | University Hospitals Plymouth NHS Trust

29 June 2018

Focus on reducing stranded patients having a positive impact

Good progress has been made this week against our returning to normal targets. We started today we occupied but we expect to see this number decrease by the end of the day.

We are continuing to focus on the number of "stranded" patients which has remained stable this week stranded" patients (those facing delayed transfers to onward care whose length of stay has been over reduced this week 66 to 54.

Overall the continued efforts working towards our returning to normal targets are having a positive impact. This is where we stand this week against our returning to normal targets:

| | | | | | | |
|--|--|---|-----------------------------------|---|---|--|
| Reduce stranded patients (6x days or more) to <275 | 3.5% DTDC 28 patients per day UHP & Livewell | Reduce bed occupancy at UHP to 800 beds | Performance against 4 hour target | Reduce patients subject to cancelled operations | Home first to one 7 hospital patients per day | Reduce patients stranded (over 4 weeks) in intermediate care beds and community hospital |
| 323 | UHP: 19 Livewell: 7 | 784 | 86.8% | 4 | 6 | 16 |

*An explanation of the agreed targets is provided in appendix 1.

Yours sincerely
 Ann James, Adam Morris, Carole Burgoyne, Simon Tapley

University Hospitals Plymouth NHS Trust @PHNT_NHS · May 4

Since the start of the #EndPJparalysis70 challenge, over 100,000 patients have been up and moving across the UK. Keeping mobile can help patients recover more quickly from injury and illness and get them back to their usual routine #EndPJparalysis #KeepOnMoving

Plymouth Hospitals NHS Trust
 Published by Hootsuite [?] · 5 June at 19:30 · ©

Please don't forget to #ThinkMIU
 For minor injuries & illnesses, such as cuts, sprains, fractures, stings or an eye, throat or ear problem, please #ThinkMIU
 We have 3 Minor Injuries Units in #Plymouth, #Tavistock & #Kingsbridge for you
 More info: <http://ow.ly/khQj30kifLQ>

#ThinkMIU

University Hospitals Plymouth NHS Trust

For minor injuries and illnesses, think Cumberland Centre

A cut, sprain or fracture? A head injury with no loss of consciousness? A burn, a sting or an eye, throat or ear problem?

Our highly qualified staff are there for you, 365 days a year.

- Open from 08:30 to 21:00
- X-ray facilities
- One to two hour average waiting time
- Free car parking

Minor Injuries Unit, Cumberland Centre, Darnley Close, Davenport, Plymouth, PL1 4JZ

We're here for you
 Durno, Service Mation, Minor injuries Unit

For urgent care waiting times or for more information visit www.plymouthhospitals.nhs.uk

- ✓ Daily email updates for staff
- ✓ Social media campaign focused around what this means for patients .e.g #ThinkMIU & #endPJParalysis

University Hospitals Plymouth NHS Trust @PHNT_NHS

In this video, Jo Beer, our Interim Director of Integrated Urgent Care, explains how, once a patient is medically well, getting them home is the best thing we can do for their health. 2/2 #endPJparalysis #KeepOnMoving

Supporting you to get dressed, get moving and get home quicker

We're taking part in the #endPJparalysis 70 day challenge as part of our #KeepOnMoving campaign.

4:14 pm - 4 May 2018

4 Retweets 8 Likes

Delayed Transfers of Care

(includes complex stranded)

Target = 3.5%

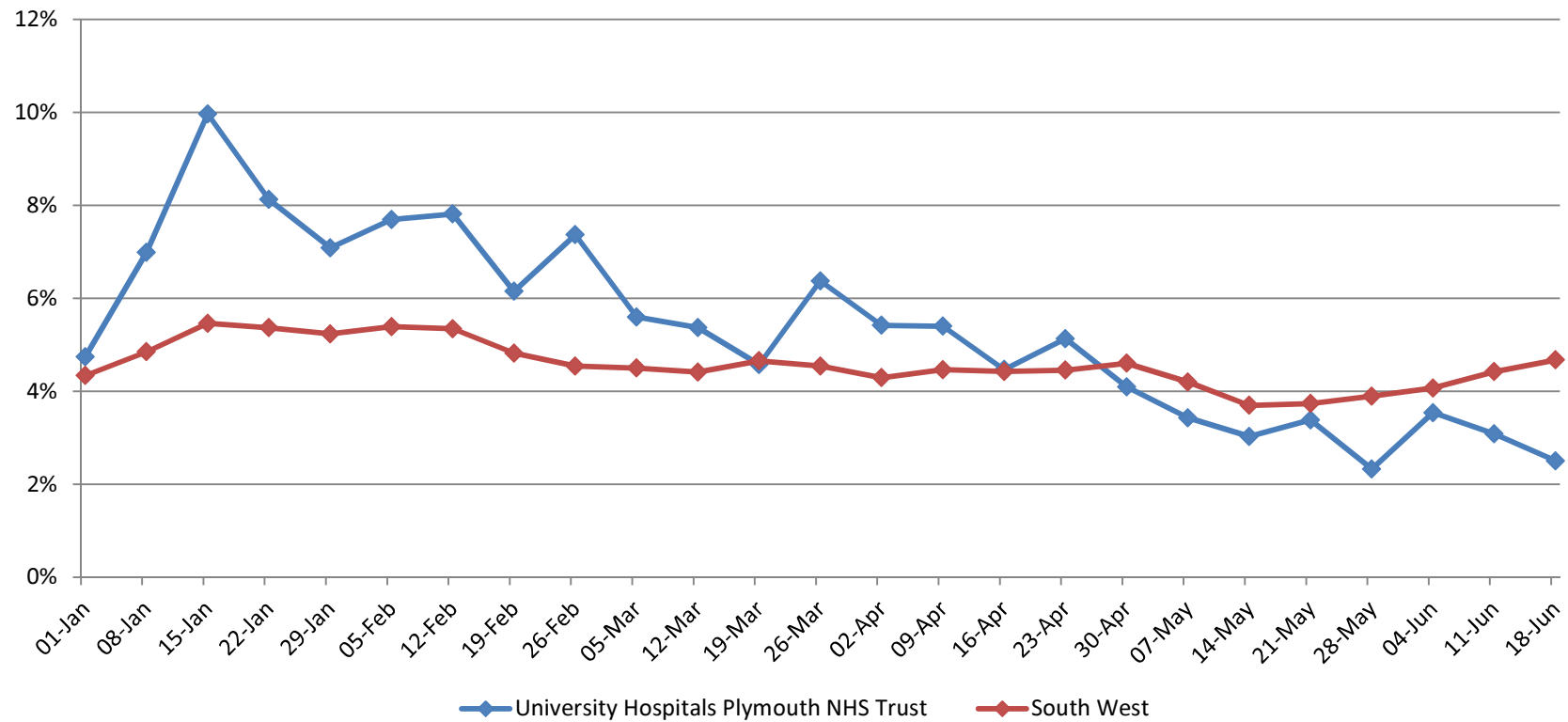
Actions Taken:

- ✓ Daily complex caseload numbers
- ✓ Daily complex fit = Discharge Target
- ✓ Daily Delayed Transfer of Care (DToC) meeting at UHP
- ✓ Daily review of complex fit stranded and superstranded patients
- ✓ Twice daily DToC/Stranded call and huddle implemented LWSW last week
- ✓ Roll out of zoning – education at ward level to achieve ownership
- ✓ Reinvigorated 'Choice' policy – more to do
- ✓ Additional weekend workforce for urgent care pathway or parts of it
- ✓ Service Improvement Manager establishing a single DToC process/report

Delayed Transfers of Care UHP

8 weeks tracking under 3.5%

DTOC Run Chart - latest 25 weeks data, Selected Trust and Region



Stranded Patients

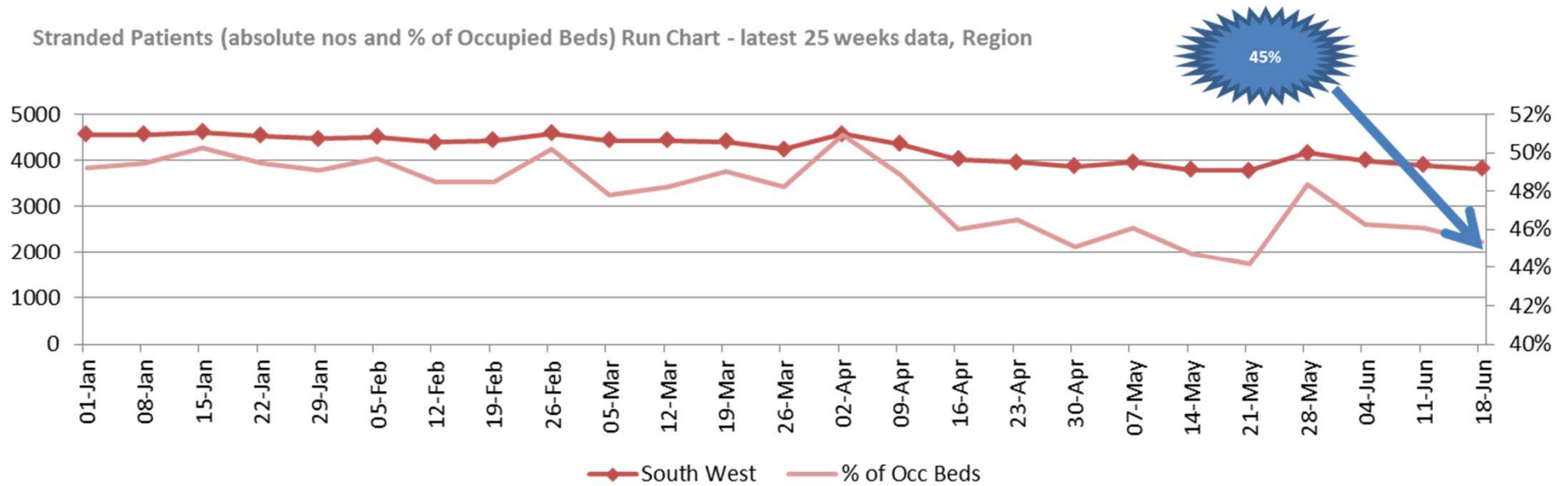
Stranded: Any patient who has been in hospital > 6 days
Superstranded: Any patient who has been in hospital > 21 days

Actions Taken:

- ✓ Live stranded patient numbers
- ✓ ECIP Red2Green – Flow collaborative set up UHP
- ✓ Reviews of stranded patients – GP/Consultant/Matron
- ✓ Identification of key ‘simple’ themes e.g.
 - visibility of diagnostics in pathway
 - cannulation
 - TTA’s
 - Transport (ward > pharmacy)
 - Repatriations
 - Specialty review pathway
 - Next steps – embed at ward level
- ✓ Base lining stranded and superstranded
- ✓ Livewell Southwest implemented Red2Green at bedside

Stranded – South Region

Stranded Patients (absolute nos and % of Occupied Beds) Run Chart - latest 25 weeks data, Region

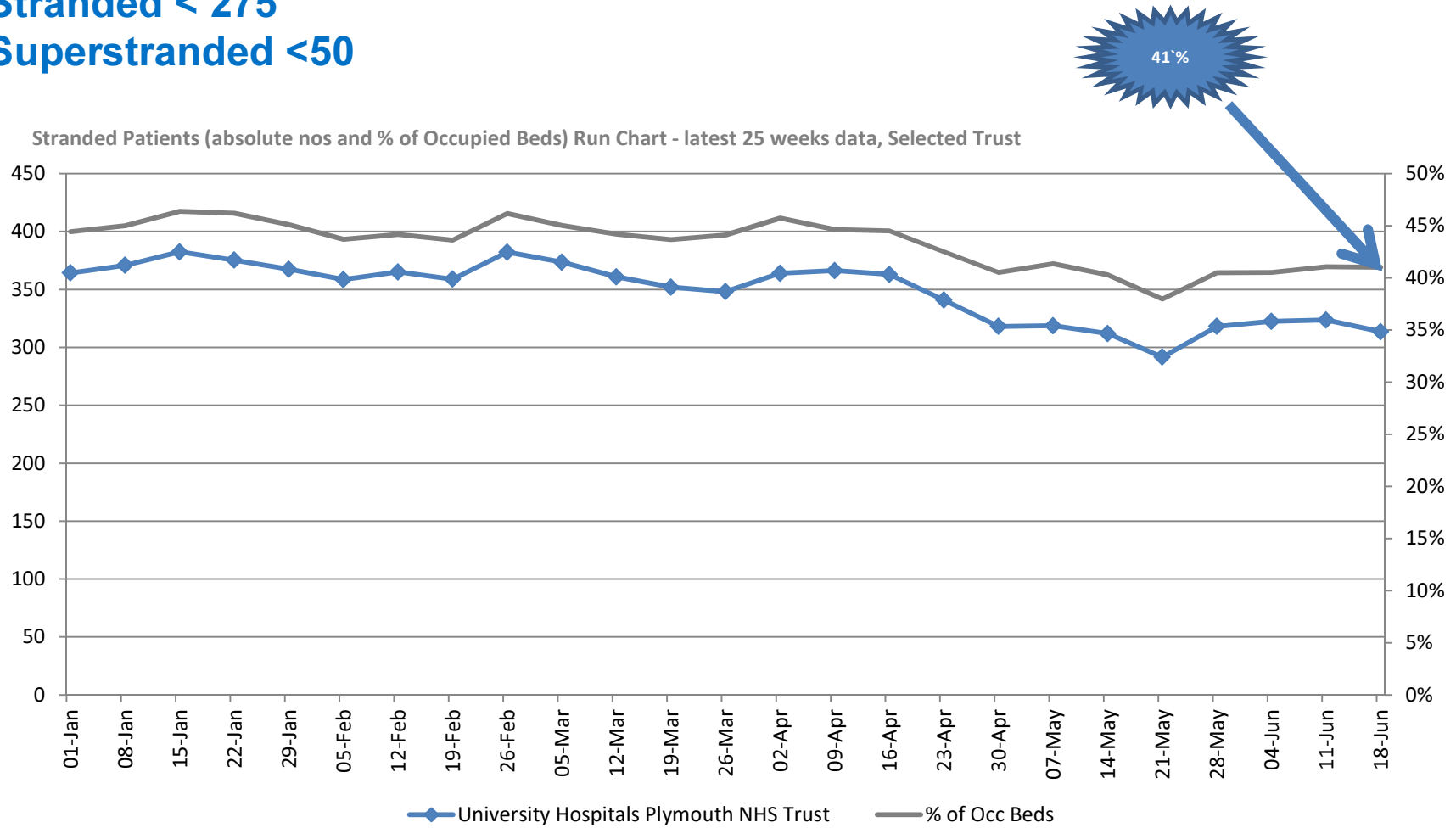


Stranded UHP Performance

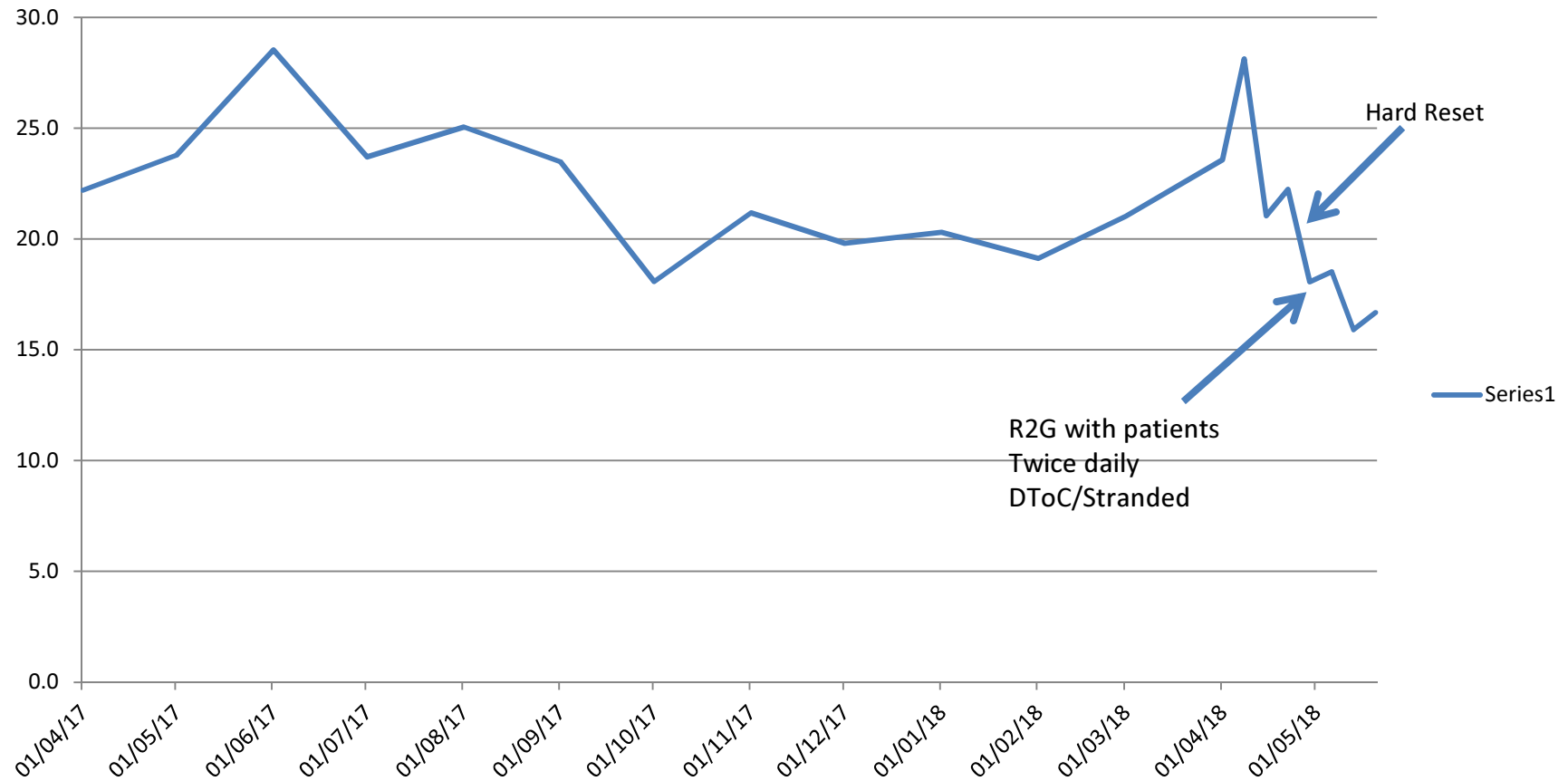
NHSI Data

Stranded < 275

Superstranded < 50



Community Hospital Length of Stay

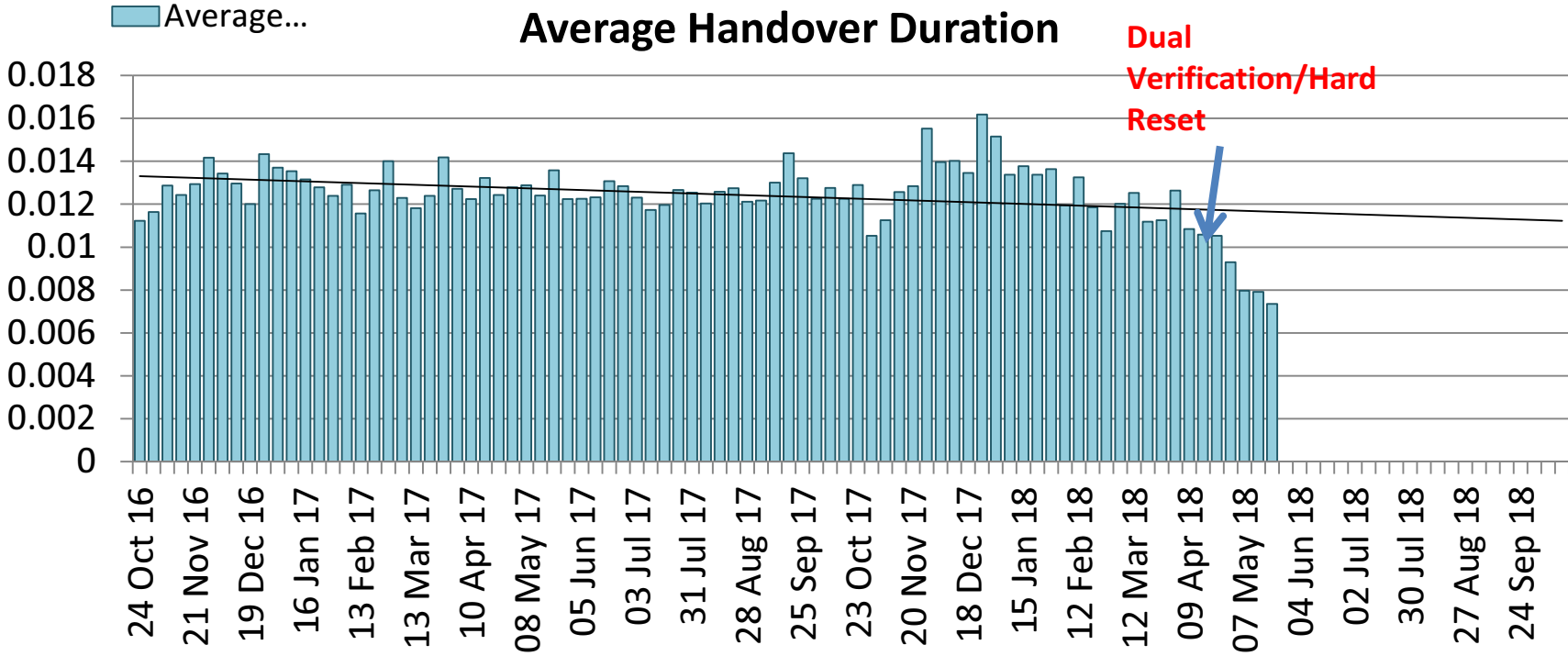


Ambulance Handover Delays

Consistently in the South Region bottom three

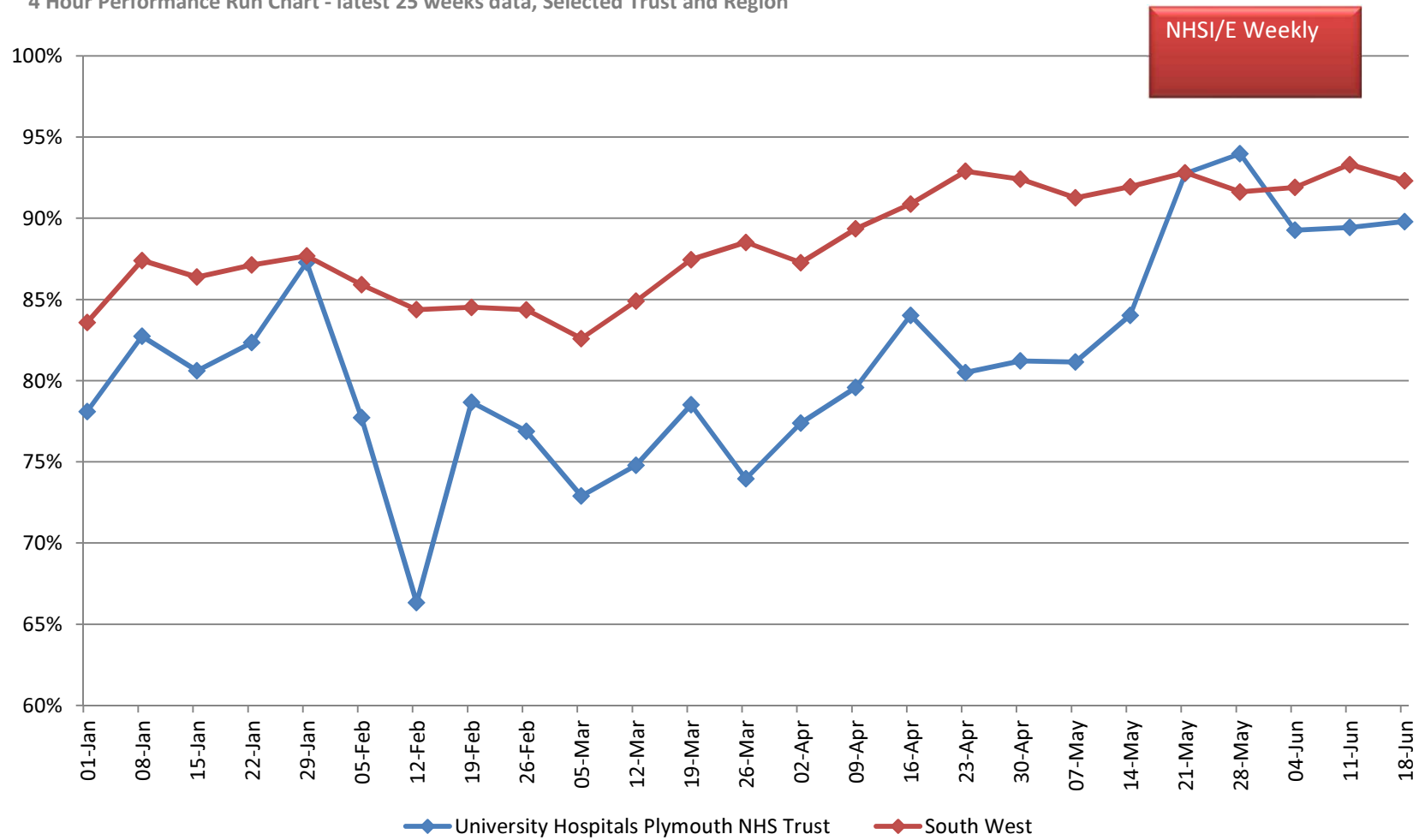
- ✓ Implemented dual verification on 1st May
- ✓ Refocus with Emergency Dept team – timeliness of ambulance handovers
- ✓ UHP have seen best performance in the last 2 years
- ✓ SWASFT snapshot reports 50 hours released (10 day period comparing April/May)
- ✓ Average time to handover was 18 mins – now 10 min and 35 sec which is on par with South Region average

Ambulance Handover Delays



Emergency 4 hour standard

4 Hour Performance Run Chart - latest 25 weeks data, Selected Trust and Region

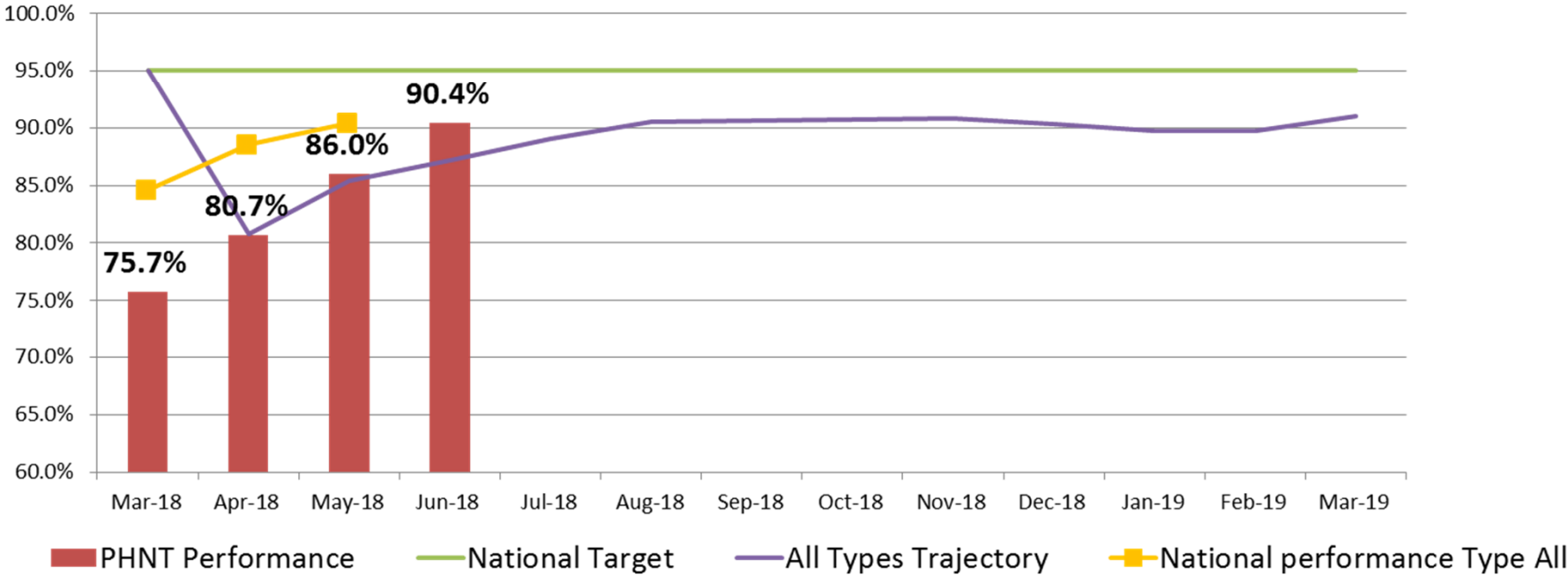


NHSI/E Weekly

Emergency Dept. Performance

- ✓ Implementation of 10 principles of Urgent Care
- ✓ Challenge established pathways
- ✓ Re-purpose Acute Assessment Unit (AAU) e.g. GP letter straight to AAU
- ✓ External support ECIP, Minor Injuries Unit (MIU) Matron
- ✓ Focus on minors flow
- ✓ Test of change – Fracture Clinic
- ✓ Increased staffing levels above core
- ✓ NHS 111 – Test of Change with weekend/BH validation
- ✓ GP Navigation in Emergency Department

ED Performance (All Types) (%) against plan





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Next Steps

- ✓ Maintain Gold and Silver Command
- ✓ Quantify spend and impact
- ✓ Further evaluation and decision re location of ED 'minors'
- ✓ Finalise principles for ED escalation
- ✓ GP and Specialist referrals
- ✓ Formalise 'flow collaborative' plan and priorities (e.g. Red to Green and Stranded/Senior Review round plan).
- ✓ Complete baseline of community/intermediate care stranded and super stranded and set target
- ✓ Establish and embed process for review (similar to DToC) for all patients stranded and super stranded and identify constraints and actions required e.g. CHC
- ✓ Surgical hot clinic go live 4.6.18
- ✓ ECIP reviews – take/capacity and demand/ED
- ✓ Review of NHS 111 (Vocare) model – in particular clinical revalidation
- ✓ GOLD DATASET - Alamac replacement update