Urgent Care Working Group

Actions and Progress

Action Note	Action	Lead	By When	Progress Update	RAG Status*
			10/04/14		
1.0 Demand Management					
1.1	**Public information** Public information campaigns for winter 15/16 to be jointly planned with Local Authorities	Richard Morris / LA	31/08/14	Local variant of national material used to create "Choose Better" campaign in 13/14. Local authority also involved to include social care information. The same approach is being adopted for 14/15. The process is being led by Richard Morris, Chief Corporate Affairs Officer for LC CCG	
1.2	**Proactive case management** Establish primary care group (inflow) to review all issues through single work stream.	Sue Lock Chair with Coo's	11/04/14	Group established, meeting dates and membership confirmed and programme of work identified. First meeting held 16/04/14	

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1.2.1	Review proactive case management schemes across all CCGs and agree common areas to drive forward.	Inflow group	30/04/14	Meeting held 16/04/14. CCG-specific schemes reviewed in detail. Common areas to be progressed by Mark Pierce (LC), Cathrina Tierney-Reid (West) and Jamie Barrett (ELR) have been agreed as: • Explore and understand the interface between the DES and other services already in existence, particularly any duplication or barriers • Develop and refine the risk stratification tool to identify the correct cohort of patients • Work with the AT to confirm and clarify relevant Read codes and processes that are needed to underpin the DES • Agree common monitoring, KPIs, reporting formats • Review current care plan templates and explore the development of a common care plan format. Expand the group for this action, to include Sarah Jane Gray (LC), Dr Kapur (LC), Dr R Prasad (LC), Dr N Willmott (West), Dr Roley (ELR) Core group to formulate detailed action plan with dates and outputs by May 9th.	This stage complete plan will generate new actions
1.2.2	Confirm the service model and implementation plans for virtual wards, including community MDT and any geriatrician input	Inflow group	31/05/14		

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1.2.3	Implement a flag on patients notes to indicate where a care plan exists	Inflow group	31/04/14	A flag to show there is a care plan has been tested on both SystMone and EMIS and was successful. This means it can be viewed in ED, UCC, by EMAS and CNCS through S1 viewer. Individuals have already been identified to progress this work. Ruth Bruce (West) and Sarah Jane Grey (LC). ELR to nominate a representative. The next stage is a communications plan to raise awareness amongst providers of their capability to access these records.	

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1.3	**Senior review of care home residents** Agree actions across all CCG's to support senior clinical review before an ambulance is called to care homes.	Inflow Group	30/04/14	Review of data for last 12 months undertaken and analysed for patient conditions / quantities / timings by LLR and CCG Meeting to present to CCG's on 16th April Modelling on Northants scheme undertaken together with RAG decision criteria – to be presented to CCG's on 16th April For OOHs, GP capacity has been put into the service. Discussions have commenced with regard to OOHs service providing a dedicated direct line for care homes to access a GP prior to calling EMAS. The City CCG is launching a new clinical response team who will attend suitable cases identified by EMAS triage which will result in clinical assessment prior to an ambulance being called. In the West, the acute visiting service is planned to continue using a private provider. The plan is to expand the service to support senior clinical review. All three CCGs have a care home scheme with includes care home training but also care plans for all care home patients.	

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1.4 1.4.1	**Management of Ambulance calls** Review National benchmarking for conveyance, non-conveyance and ambulance handovers. Agree and local trajectories	EMAS locality group / Paul St Clair	30/04/014	We have now completed a second benchmarking and again submitted to ELR CCG for Locality Meeting on 16th April. showing comparative performance. Action plan undertaken with UHL last year. Daily monitoring of handover performance by EMAS in Place This work looks at a broader set of hospitals for comparison. Any improvement trajectory will follow on from this if required.	
1.4.2	Review the impact of current pre-hospital schemes across the health economy and agree actions.	EMAS locality group / Paul St Clair	30/04/14	Review of pre hospital schemes was undertaken and presented to the EMAS Board on 31st march where decisions were taken whether to continue or not or amend the service model. Further discussion / proposals to CCG's as required from this. Agreed by EMAS Board on 31st March. New AVS proposal made to WL CCG with alternatives – final decision now under discussion. 3 x GP Car Scheme for LC CCG due to go live for EMAS CAT (Green 1 to 4 calls) by end April 2014 Access for EMAS CAT to NHS 111 DoS – meeting arranged for 25th April to progress.	
1.4.3	Review referral routes into A&E from 999,111,GP,and OOH to inform opportunities for pre hospital intervention	EMAS locality group	31/05/14	Referral routes – The 111 DoS meeting scheduled for 9th April had to be cancelled due to a bereavement – dates being looked at now for rescheduling quickly. The LC CCG 3 x GP Car scheme is nearly ready to go with some clinical governance arrangements to be confirmed. We are trying to have this operational for the Easter Weekend.	

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1.4.4	Monitoring see and treat rates and agree actions to achieve the aspirations of 50% of 999 calls managed at the scene.	EMAS Locality Group	30/04/14	The Triage of certain 999 calls within the EMAS EOC is progressing well. The last report (end March 2014) showed this was addressing 3% of Red Calls and 7% of Green Calls receiving further clinical advice / intervention and not requiring an ambulance to be dispatched and / or the caller being signposted to alternative care pathways. See and Treat rates and Hear and Treat rates are reported weekly to the BPC Board at EMAS and shared with Lead Commissioners who attend the Board. From Jan to early April 2014 Hear and Treat has increased 67%	
1.5 1.5.1	**Consultant triage** Review current acute medical triage arrangements and identify a clear strategy for a 14/7 service.	Andrew Furlong	31/05/14	AF to work with CF/MA to identify strategy	
1.5.2	Review scope and impact of current hot clinics	Andrew Furlong	31/05/14		
1.5.3	Implement a surgical triage service and review scope of current hot clinics	Andrew Furlong	30/09/14 (at the latest)	This date is the latest possible date and includes provision for job planning discussions if needed	
1.6. 1.6.1	**Ambulatory Care** Review of ambulatory pathways and undertake a gap analysis. Report to UCWG on 27/03/14 Identify actions from the review and make recommendations for further development,	Jane Taylor	27/03/14	Report presented, further work required on top 5 ACSC and top 5 reasons for 0 -1 day length of stay. Ambulatory Care group established - first meeting 15th April	

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1.6.2	Through the Ambulatory Care group review top ACSC against top 5 reasons for 0-1 day length of stay and agree the priorities for action /development to present to the UCWG . .	Dave Briggs - chair	05/06/14		
1.7.	**In-hours access to primary care** Each CCG to review and summarise actions taken to improve access. Identify actions for CCG's and those undertaken by Area team	Inflow Group	31/05/14		
1.8.	**Out–of-hours access to primary care** Review of OOH provision	Inflow Group	31/05/14		

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1.9.	**NHS 111** Review of DOS for call disposition and pathway selection to enable wider user access. EMAS – further workshops with triage team to understand options for dispersal and roll out	Inflow oversight / Tony Menzies	30/04/14	Meting to progress this action was 9th April but rescheduled due to bereavement to 25th April 2014	

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	2.0 Flow within A&E					
2.1	**100% Minor case compliant** Weekly exception reports to UCWG – as part of HII	Richard Mitchell	02/04/14	Exception reports to UCWG as part of HII complete		5
2.2	**Booking patients** **EMAS and UCC handover –** UCC/ UHL weekly operational and governance meeting to review data, blocks and actions required. Review potential mechanisms to speed handover between from both EMAS and UCC to release staff	Kim Wilding Richard Mitchell	30/04/14 30/04/14	Visits to high performing hospitals being arranged		4
2.3	**Diagnostics** Scope compliance with 7 day access for each of the key areas – A&E, AMU's, SAU's and base wards across each site. Agree action plan.	Andrew Furlong	30/04/14	Draft measures currently being agreed		4
2.4	**Medical Assessments** Limit admitting rights to Consultant / senior decision makers only	Ben Teasdale	18/04/14	AF to agree with BT about implementation		4
2.4.1	Review of admissions rates by clinician	Jay Banerjee	30/04/14			4
2.4.2	Monitor compliance with first medical assessment within 1 hour via HII dashboard	Richard MItchell	30/04/14			4

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2.5	**Access to specialist Opinion** Implementation of SOP - monitoring impact over a month	Andrew Furlong	30/04/14	SOP currently being agreed.	
2.6	**Mental Health Liaison** Mental health triage – 4 month pilot- identified KPI's to monitor impact.	Debbie O'Donovan/Jane Edyvean/Kim Wilding	30/04/14	Next pathway meeting within the next week Met Crisis response review	
2.6.1	Utilisation of ED mental health area protocols, pathway and resources.	Debbie O'Donovan/Jane Edyvean	30/04/14	Referral pathway Furnishings Base line date – kpi's	
2.6.2	Establish Psychiatric liaison – linked to the crisis response and pathway protocol	Debbie O'Donovan		To review in line with mental health review	
2.7	**Appropriate use of A&E** Direct ward access for assessment to ENT, Urology, Maxfax, Rheumatology, Gynae and Orthopaedics Ward attenders / assessment	Richard Mitchell	31/10/14	Action being reviewed following HUB discussion.	
2.7.1	Pathways for referrals from CHS or MH to avoid A&E	Debbie O'Donovan			

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2.7.2	ENT equipment into UCC to avoid A&E transfer – agree funding stream	UCWG	27/03/14	Agreed between M.Iliffe and UHL. Awaiting confirmation of order placed.	

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3.0 Hospital Bed Flow					
3.1	**Bed availability** Increase bed stock to meet required capacity for forecast (contracted) activity • Final paper to UHL ET on 22 April • Final paper to UCWG on 24 April • Conclusion of estates work • Recruitment to required levels of staffing	Richard Mitchell Kate Shields Rachel Overfield	As detailed 31 /10/14 31/10/14		
3.2	**Senior medical reviews** Check match of required ward rounds to consultant job plans	Andrew Furlong	31/08/14		
3.2.1	Recruitment of sufficient acute medicine and geriatric consultants to achieve 7 day consultant working on base medical and elderly wards and extension of EFU hours	Catherine Free	30/09/14		
3.2.2	Review of effectiveness of ward rounds -	Andrew Furlong/Julia Ball	31/08/14	There is currently a process for reviewing the effectiveness of ward rounds.	

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3.3	**Morning Discharge rates**					
3.3.1	Learning from acute trusts identified as already hitting the 70% target	Richard Mitchell	31/05/14			
3.3.2	Confirmation every night of the patients suitable for discharges the next morning	Richard Mitchell	30/04/14	Documented as part of the census. Patients identified to the discharge lounge for early action.		
3.3.3	Confirmation every day at 0830 of the patients who will be discharged before 1100	Richard Mitchell	30/04/14			
3.3.4	Confirmation every day at 1100 of the patients who will be discharged before 1300 Weekly review of ward by ward compliance with 70% target	Richard Mitchell	30/04/14			
3.3.5	Learning from Sherwood Forest (new site manager joins from there on 1 April 2014)	Richard Mitchell	30/04/14			
3.4	**Mental Health** Review protocols and align escalation routes for : Inpatients Crisis Review alignment of protocols to CHS - MSOP	Debbie O'Donovan / Julia Ball/Nikki Beacher	30/04/14 31/05/14			

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4.0 Delayed Transfers of Care					
4.1	**Maximum DTOC level** Daily DTOC calls chaired by the CCG	Jane Taylor	Started – Mon-Friday	Rota in place which will give continuity for a week at a time – mapped for the next 12 weeks with review at the end of the 1st 4 weeks.	
4.1.1	Confirmation of application of DTOC definitions at LPT.	Jim Bosworth/Nikki Beacher	11/04/14	Review undertaken – inconsistencies identified. Daily list is now the DTOC list. Further work to be done to ensure the robustness of partner sign off	
4.1.2	Daily monitoring of Numbers delayed, Days delayed , organisations responsible for delays – reported weekly to UCWG	Jane Taylor	02/04/14	Daily monitoring and weekly reporting is in place.	
4.1.3	Consider agreeing maximum acceptable proportion of discharges by agency within 3.5% ceiling, and introduce monitoring system. Include in contracts as appropriate.	Jane Taylor	30/04/14	Contract detail to be checked	
4.1.4	Enable through the daily LPT DTOC report to achieve partner sign off for the weekly data submission	Nikki Beacher	30/04/14		
4.2	**Transfers to other hospitals / out of area transfers - repatriation** A protocol for escalation when there are delays with out of area transfers	Richard Mitchell / Rachel Bilsborough	30/04/14		

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4.2.1	Review contractual arrangements for out of area transport transfers	Jane Chapman	~~11/04/14~~ 31/05/14	Detail of contract obtained issues identified with regard to need for agreement on MOU with surrounding trusts / commissions. Further work required on clarity of contract for out of area requiring paramedic support	
4.3	**Social Care DTOC**				
4.3.1	Confirm process for validation of DTOC returns for both UHL and LPT for formal reporting.	Jane Taylor with LPT/UHL	09/04/14	Daily review of the UHL DTOC lists are undertaken on the conference call – responsibilities clearly identified. See 4.1.4	
4.3.2	Review the impact of ICS, IRS and HART services	Discharge Steering group	30/04/14		
4.3.3	Develop single brokerage arrangements for nursing and residential homes across health and social care partners	Discharge steering group	31/05/14	First meeting 4th April – plan agreed for task and finish group to progress to a mapping exercise which will inform the framework.	
4.3.4	Review arrangements for CHC assessments agree development plan linked to discharge to assess arrangements.	Dave Briggs – steering group	30/09/14	Steering group establish for the CHC assessment framework which enable the work through the operational discharge group to be aligned. Project plan will inform this process and define specific milestones and targeted outcomes	

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4.3.5	Set out the project plan to remodel discharge to assess processes in order to support effective reablement pathways, supported by appropriate models of care, resources and integrated community based services where this will improve processes and flow.	Discharge Steering Group	31/05/14	Through the discharge steering group define the project plan to support operational delivery in line with CHC requirements to define: Discharge assessment – single data set and communication Framework for assessment Discharge pathways and the developments required within each - in line with the assessment frameworks. Outline to be taken to MD's next week. Once agreed the objectives will be amended to reflect each project.	
4.3.6	Support nursing homes in utilising NHS choices to facilitate the scope of service and bed availability to be shared	Discharge Steering Group	31/05/14	Series of workshops to be arranged through May to enable nursing homes to utilise NHS choices web site.	
4.4	**Home Equipment** Review home equipment arrangement to incorporate community hospital services.	Jane Taylor	04/04/14	Options reviewed and action taken - Prescribers have been identified for each community hospital. Asses codes and training is currently underway. Activity will be monitored monthly as part of agreed roll out arrangements	

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5.0 Urgent Care Working Group						
5.1	**Implementing Actions** Utilisation of the National Standards to build on improvement plans – first draft (this document)	UCWG	27/03/14	Evidence is being collected against those standards considered to be compliant. – Evidence will be returned by the 11th to enable review at the next UCP&I group.		
5.1.2	Collect evidence of compliance	UCWG	~~11/04/14~~ 16/04/14	Evidence to be presented to UCWG and following submitted to AT		
5.1.3	Agree performance management mechanism for the implementation of this plan and its further development	UCWG	~~27/03/14~~ 16/04/14	First review of the delivery plans will be undertaken at the UCP&I group. The emergency Care HUB will meet bi weekly to review progress against actions and ensure that the document remains live.		
5.1.4	Incorporation actions required from the National reports - Keogh report and 24/7 working	On-going within actions in this plan				
5.2	**Bed flow and Discharge** To articulate the Health economy bed changes proposed and to align the impact with actions to support the maintenance of flow	CCG MD's	30/04/14	Working with BCT – PMO team to form an urgent care strategy to enable alignment to BGT. This will enable alignment of all project areas		

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