

Winter Planning Improving & Sustaining Performance

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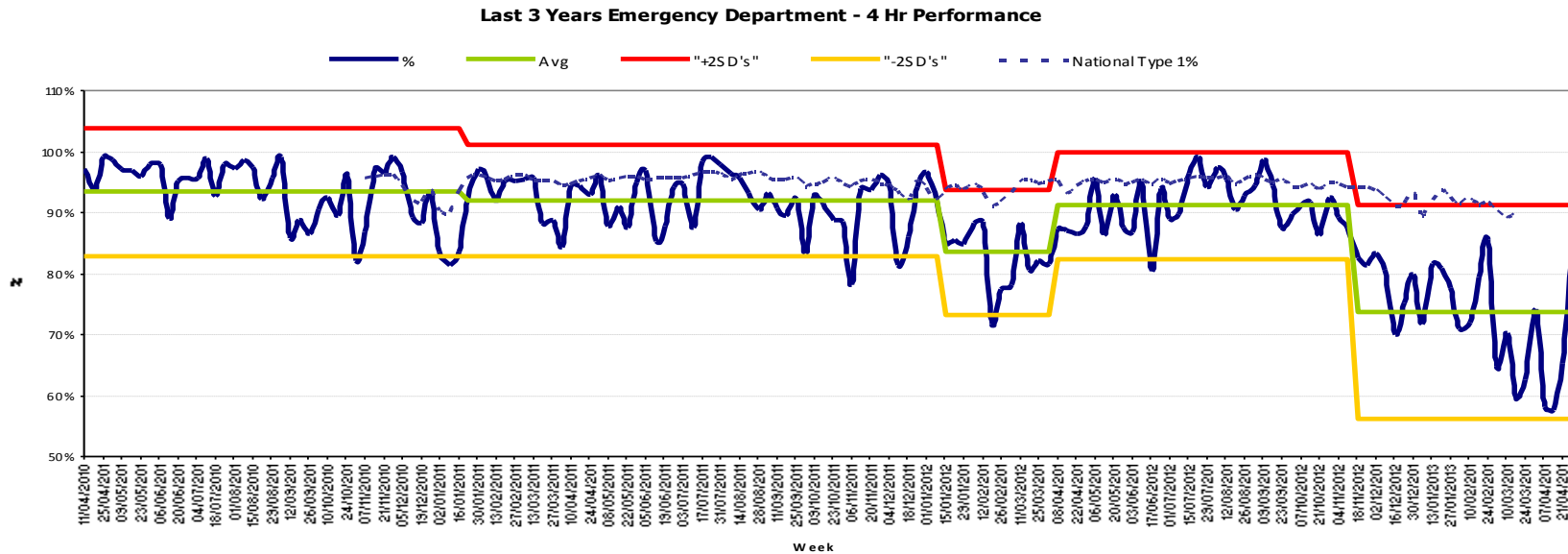
December 2013

Outline

- The Winter challenge for UHCW
- Our approach to dealing with this
 - Improvement to emergency care pathways
 - Winter specific plans
- Performance & Risks
- Questions



The Winter Challenge



- Last two years has seen winter slumps, however in November 2012, UHCW saw and felt the worst. Nationally last year was the worst winter for almost a decade.
- Activity modelling for the coming winter suggested a large gap in our bed capacity
- UHCW do not have more physical estate to use for in-patient accommodation therefore we had to consider more innovative & transformational change

Our approach to dealing with Winter

- ‘Getting Emergency Care Right’: A change management Programme that is focused on patient pathway - experience & outcomes
- A command & control type operational approach that offers support, presents challenge and ensures teams are working together to deliver care pathway changes
- Carefully measuring & reporting back to teams the impact of their work on improving patient flow and outcomes
- Implementation of a number of practical schemes (in partnership with the CCG & others) to help address our capacity issues



Our approach to dealing with Winter - schemes

- **Medihome** – using an award winning homecare provider to manage 30 appropriate patients at home (but under the supervision of their UHCW consultant) on a 9-month trial basis
- **7-day working** – ensuring key teams (e.g. in diagnostics & patient discharge) are working 7-days per week to maintain patient flow at the weekends
- **Establishing clinics as an alternative to admission** – 14 alternative pathways went live on 11 November & offer clinic based best-practice care as an alternative to admission
- **Employing a team of Nurse Practitioners in the ED** – this ensures the simplest patients are dealt with separately and do not slow down the care of more acutely unwell patients
- **Ensuring we can still provide planned surgical care** – in partnership with other local private providers we have established arrangements to make sure patients are treated even if the hospital has seen a large rise in emergency patients



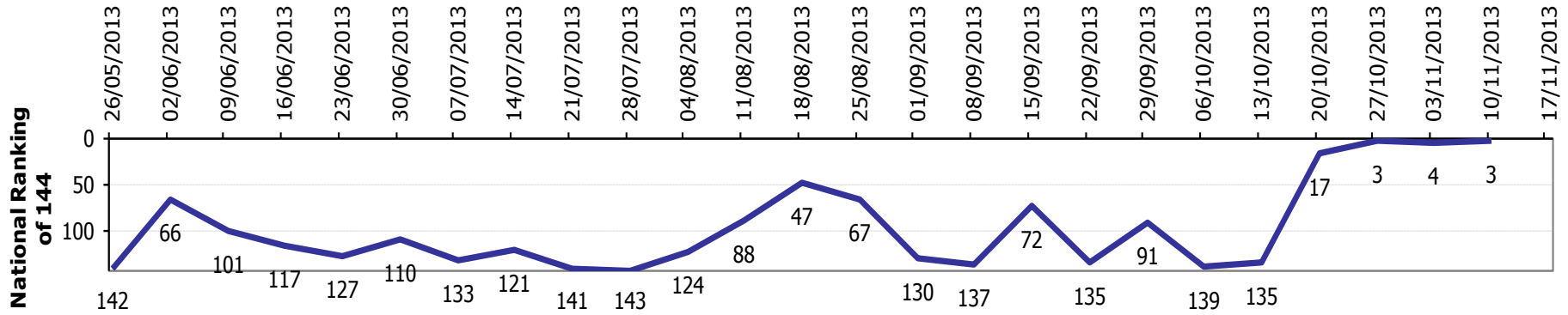
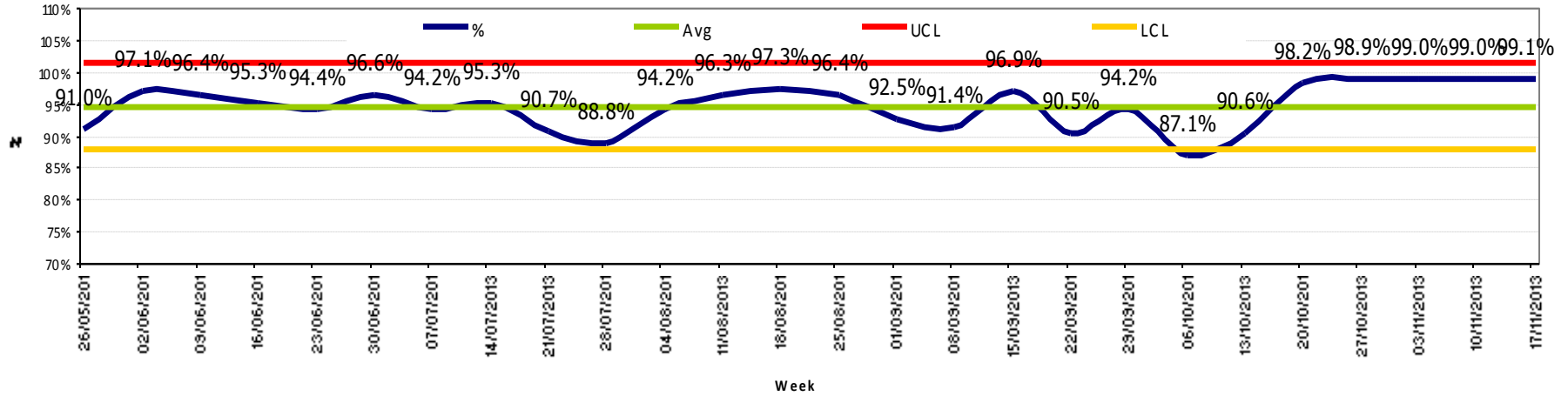
Our approach to dealing with Winter - schemes

- **Adding more doctors into the Emergency Department & Acute Medical Unit** – again this ensures prompt treatment at the busiest times
- **Additional Homecare / Reablement capacity** – thrice weekly conference calls with partners bring this capacity on line as & when it is required
- **GP responder trial** – working with WMAS & the Partnership Trust to support GP's attending to 999 calls in an attempt to appropriately avoid bringing patients to the ED
- **Establishing a Frail Elderly Assessment service** – This service is designed to support frail older people and avoid them being admitted to hospital. The scheme is scheduled to go-live in the New Year



Performance

Accident & Emergency: Weekly 4 Hour % Performance
Last 26 Weeks



Risks

- **High bed occupancy** – The worst of winter has yet to impact however some of the schemes e.g. Medihome have yet to be fully established or start to impact
- **Recruitment of consultants in acute medicine** – we have recruited 5 NHS locums but there is a residual risk in the subsequent recruitment of substantive staff
- **Cost Pressures** – UHCW received £3.6m of additional winter funding however this was less than the bid originally submitted and the schemes in progress may require additional support as the winter progresses



ANY QUESTIONS?