

## Urgent Care Draft Recovery and Improvement Action Plan 2013/14

Vale of York CCG				Programme Lead: Gill Brickwood											
Strategic Intension		Enablers				Task completed									
1. Key Driver: Establish a whole system approach to Urgent Care		Performance Metrics				Task commenced									
2. Key Driver: Managing the patient prior to A&E						Task date not met									
3. Key Driver: Creating a responsive and timely flow within the hospital						Ongoing activity									
4. Key Driver: Maximising discharge and out of hospital care						Quarters 1, 2, 3, 4.									
<b>Key Driver 1: Establishing a whole system approach to Urgent Care</b>										WEEKLY					
Objectives	Current	Ref	Further Actions	Start	Finish	Provider Lead	Commission Lead	May-14	May-21	May-28	Jun-04	Jun-11	Jun-18	Jun-25	Q.1
Establish a joint Urgent Care Board with Vale of York and Scarborough and Ryedale CCG and key stakeholders	The CCG has an Urgent Care Programme incorporating a number of the required actions needed to deliver improved A&E performance. The programme is aimed at using the whole system to improve the patient flow. It is divided into two areas: transformational projects to create a whole system approach to urgent care and more focused work on care pathway design.	1.1	Map out the range of existing groups/boards, committees, programmes of work and identify the links to Urgent Care and establish duplications or opportunities to improve working arrangements, for example it may be helpful for VOYCCG to link with S&RCCG emergency care network	May-16	Jun-20		Fliss Wood								
	Scarborough and Ryedale CCG (S&RCCG) currently have an emergency care network. Both VOYCCG & S&RCCG will be working together on joint issues that can be resolved collectively.	1.2	Increase membership of urgent care programme by inviting all key stakeholders and partners from health and social care as well as patient representatives and the appropriate clinical expertise to be members of the Urgent Care Board (UCB)	May-23	Jun-20		Gill Brickwood								
	YHFT has developed a vision, strategic plan and established 6 workstreams to develop and improve acute patient flow. This programme of work will link into the wider urgent care whole system approach.	1.3	Produce draft terms of reference (TOR) and circulate	May-17	May-23		Gill Brickwood								
	Social care have a number of programmes in place to support people in the community. The first meeting of the Urgent Care Board took place on the 23 May. Monthly meetings are planned. One of its aims will be to understand how each organisation urgent care programme or workstreams fit together	1.4	Organise UCB schedule of meetings	Jun-01	Jun-28		Gill Brickwood								
Develop a whole system urgent care recovery and improvement plan	YHFT A&E department currently have an action plan to improve performance within the department.	1.5	Discuss plan at UCB and agree performance management approach	Jun-20	Jun-20		Gill Brickwood								
Produce Winter Plan 2013/14		1.6	Work with all key stakeholders to develop the plan. Submit to Area Team by Nov 30	Aug-31	Sep-30		Fliss Wood								
Create a robust performance management system	VOYCCG Business Committee and Governing Board receives urgent care performance data, supported by the CSU Business Intelligence service	1.7	Review urgent care dashboards used by each organisation, against recommended best practice and develop as appropriate (see enabler section below, suggested metrics)	Jun-01	Jun-30		Gill Brickwood								
		1.8	Review data to produce a baseline to monitor performance as a result of actions	Jun-01	Jun-30		UCB								
		1.9	Examine other national urgent care dashboards	Jun-01	Jun-30		Gill Brickwood								
		1.10	UCB to monitor the overall impact of urgent care programmes and manage system resilience	On-going			Monthly UCB meeting								
		1.11	Introduce systems to share performance and learning experiences across organisations	Jun-10	Jun-30		Fliss Wood								

Key Driver 2. Managing the patient prior to A&E								WEEKLY						
Objectives	Ref	Actions	Start	Finish	Provider Lead	Commissioning Lead	May-14	May-21	May-28	Jun-04	Jun-11	Jun-18	Jun-25	Q.1
Strengthening primary and community care for frail and elderly	2.1	Continue with the review process and commission re-design services as appropriate	Individual plans identify timescales			CCG Leads								
	2.2	Identify gaps in services and/or opportunities to strengthen care	On-going			UCB								
	2.3	Provide monthly updates to UCB	Monthly			Gill Brickwood								
Use of community diversion schemes.	See 2.1	2.4	See 2.1 to 2.3	Jun-01	Jul-20									
Strengthening GP out-of-hours services	2.5	Continue with procurement of OOH for VOYCCG April 2014	Apr-01	Mar 31-14		Karen Mazingham			Review of OOHs process, potential change to delivery date					
	2.6	Appropriate pathways and specialist patient notes need to be developed with new provider	Jul-01	Jul-31		Karen Mazingham								
Use of virtual wards in the community	The CCG Long Term Condition Programme is reviewing of models of service	2.7	Continue with programme work steams	Ongoing			Dr Tim Hughes Dr Andrew Phillips							
Support to care homes to avoid emergency referrals	The CCG has established a Care Home Working Group. One of the aims of the group is to improve the management of patients who require immediate and urgent care. The Care Home Working Group is part of the Urgent Care Programme. There are two projects related to care homes: the development and implementation of urgent care pathways and supporting nursing homes to manage patient with urgent needs in the home if appropriate. There is a community matron who focus is specifically on care homes. The CCG has funded additional nurse support to work with the community matron. Additional work has taken place with Yorkshire Ambulance Service to see and treat patient with urgent care needs, if appropriate, with the care home. Documentation has also been reviewed so that there is clear communication about the wishes of the patient for example DNR	2.8	Continue with current emergency avoidance work and embed urgent care plans into care homes	Apr-01	Sep-30		Becky Allright							
Peer review of GP emergency referrals	2.9	Build on current referral work and agree process	Jun-01	Jul-30		Dr Andrew Phillips Dr Tim Maycock								
	2.10	Obtain and analyse emergency referral data from General Practice	Jun-01	Jul-30		Gill Brickwood								
	2.11	Discuss with Council of Representatives how feedback from emergency referrals should be managed and agree schedule	Jun-16	Jul-31		Dr Andrew Phillips Dr Tim Maycock		Amendment to this action. Check with Tim Maycock						
Reducing ambulance conveyance rates	2.12	Small scale ECP pilot in Pickering GP Practice. Patients seen and treated if clinically appropriate. Over 60% did not require attendance or admission. Examining Sheffield ECP model. Discussion with YAS on how this model can be developed wider YAS are continuing to develop the skills of the 111 call handlers	Jun-10	Jun-20		Gill Brickwood								
	2.13	Analyse ambulance conveyance data	Jun-10	Jun-20		Gill Brickwood								
	2.14	Review best practice information on ECP models End of life - red flag to be developed	Apr-01	Sep-30		Gill Brickwood								
Patient education on appropriate use of emergency services	2.15	UCB through the repsective communication leads will review current patient education messages and develop joint approach with key messages about emergency services. Links will be made with Public Health public information messages and schedules	Jun-01	Sep-30		Sharron Hegarty								
	2.16	Work with practices within a 5 mile radius to understand their attendance rates in ED and develop a focus education with patients programme using communication and engagement leads.	Jun-01	Sep-30		Sharron Hegarty								
Roll-out arrangements for NHS 111.	2.17	All key stakeholders to be fully informed about the launch of 111 in July	Jun-20	Jul-01		Dr Nigel Wells								
	2.18	The CCG has a clinical lead for 111 and regular updates are provided. The CSU have a small team who will be maintaining the DOS	Jun-20	Jul-01		UCB								
	2.19	All key stakeholders to support the maintenance of DOS by informing DOS co-ordinator of changes or anomalies CCG communication lead to work with Clinical lead and CSU lead to make sure joined up approach to urgent care and 111	May-23	Jul-01		Sharron Hegarty								

Key Driver 3. Creating a responsive and timely flow within the hospital								WEEKLY						
Objectives	Ref	Actions	Start	Finish	Provider Lead	Commissioning Lead	May-14	May-21	May-28	Jun-04	Jun-11	Jun-18	Jun-25	Q.1
Prompt booking of patients to reduce ambulance turnaround delays	3.1	Continue to collection data	Completed		Wendy Quinn									
	3.2	To continue process and monitoring												
	3.3	Daily monitoring and reporting of ambulance handover times Information inputted into C3 screen jointly with ambulance and ED staff once handover is complete Meeting with YAS to discuss standby point to sustain performance improvement with CTL presence 24/7 on the site to pro-actively manage peaks with ambulance arrivals.	Jun-10	Jun-28		Gill Brickwood								
	3.4	Work has taken place to agree escalation plan for managing peaks in ambulance arrivals. Implement the agreed escalation plan for managing peaks in ambulance arrivals.	Completed		Wendy Quinn									
	3.5	Discussions have taken place to improve the capacity in ED through a dedicated staffed ambulance assessment area. A BC will be developed for approval at CD. Continue to work on improving capacity	Apr-13	Nov-13	Wendy Quinn									
	3.6	Shared management of the TRT through joint operational meetings every 2 weeks with senior managers from YAS and ED Continue joint work to improve the self handover rates of suitable patients.. Continue with fortnightly meetings, taking actions to resolve issues	On-going		Wendy Quinn and Helen Huggill	Fliss Wood								
	3.7	Crew triage to UCC/GP OOH or ED triage nurse	On-going		Paul Farthing, Wendy Quinn and Jo Evans									
Full see-and-treat in place for minors	3.8	See and Treat model of care implemented within UCC	Completed											
	3.9	Work is taking place for a trial period, to extend service cover. This cover is until midnight(from 10pm) 7 days per week to the end of June. Monitor the benefits of extended service cover and evaluate this change the after trial period	May-13	Jul-31	Wendy Quinn									
	3.10	Review service provision from midnight to 8am to understand the demand for minor illness and minor injury. Named consultant identified daily for UCC to promote flow	Aug-13	Sep-13	Wendy Quinn									
	3.11	Discussions with YHFT and CCG to develop triage of minors (crew referral) improve the capacity in ED through a dedicated staffed ambulance assessment area	Completed		Wendy Quinn									
Prompt initial senior clinical assessment within A&E and rapid referral if admission is needed	3.12	Review evaluation of previous work and decide on next steps	Jun-13	Jul-30	Gill Brickwood									
	3.13	There is currently a review of skill mix. To be completed in August. In addition, a review of medical workforce and skill mix cover over the 24 hour period is underway and will be completed in September Use the findings of the skill mix review to optimise staff configuration and job plans and identify staff development and education programme.	May-13	Sep-13	Wendy Quinn									
	3.14	Paperless trial in UCC to improve real time data entry on CPD and prevent duplication of task. Implement trial on paperless system	June 13	Sep-13	Wendy Quinn									
	3.15	There is now an identified Consultant of the Day to oversee the whole ED department including UCC. Completed	Completed		Wendy Quinn									
	3.16	There is now a trial of increased consultant cover until 11pm most weekdays Review trial of increased consultant cover	May	Sep-01	Wendy Quinn									
Prompt initiation of blood and radiological tests with rapid delivery of test result	3.17	Work is taking place to explore recruitment options for the 2 vacancy middle grades( 1 month) Jun-03 Provide feedback on outcome of this recruitment option	Jun-03	Sep-30	Wendy Quinn									
	3.18	Review chest pain pathway with a view to implement 2 hour troponin test as an ambulatory care development. Work has been undertaken to improved access to evening CT scan for downstream wards to increase ED access through the day to prevent backlogs in ED.	June 13	Aug-13	Wendy Quinn									
Prompt access to specialist medical opinion	3.19	As part of the workforce review explore the potential of extending nurse led requesting for bloods and radiological procedures through triage developments	Jun-13	Sep-13	Wendy Quinn									
	3.20	Review of referral processes with specific specialties currently taking place. The YHFT acute strategy, working group 1 & 4 are involved in examining the physical environment in which to provide a specialist (medical or otherwise) opinion as part of the assessment process (i.e. prior to admission). This is a long term programme To continue the referral process work	01/05/2001	01/03/2014 update	Sarah Lovell									
Full use of computer-aided patient tracking and system for progress-chasing	3.21	ED to continue to work with those Directorates that have long waits from referral to speciality assessment	June 13	July 13	Wendy Quinn									
	3.22	There is full use of the Computer aided patient tracking system	Completed		Wendy Quinn									

Regular seven-day analysis should be in place for rapid identification and release of bottlenecks	YHFT's acute strategy has 6 working groups. Two of the group will be involved in Clinical Pathway and Documentation for Integrated Assessment. Part of the work will involve analysis and identification of bottlenecks.	3.23	Continue with acute strategy working groups and provide feedback on delivery to UCB	01/05/2001	01/03/2013	Sarah Lovell											
	There are daily meetings with ED/BM/Acute med/Corporate Ops to agree overnight capacity and patient flow contingency plan	3.24	Daily breach analysis and collaborative action planning to learn from previous day to avoid recurrence Undertake daily meeting to agree OOH operational plan to prevent backlogs and delays.	April 13	Dec 13	Wendy Quinn											
Bed base management	Intensive work has been undertaken by YHFT to manage beds within the Trust. There is 24/7 cover of bed management. This provides a clear overview of the bed situation and with proactive actions to manage patient occupancy	3.25	Continue with Bed Management Service		Ongoing	Mandy McGale											
Daily consultant ward rounds	YHFT's has identified the implementation of daily consultant ward rounds as part of the acute strategy delivery programme. Currently Monday to Friday ward rounds take place	3.26	YHFT will continue to implement and monitor the delivery acute strategy.	May-01	Feb-14	Sarah Lovell											
Provision of specific services for patients groups such as those with mental health problems	The CCG mental health programme is focused at reviewing and supporting people with mental health conditions. The CCG has commissioned additional mental health nursing support to patients who need mental health care. The staff will be based on A&E.	3.27	Urgent Care Board to include membership of Leeds and York Mental Health Partnership. This will make sure that there are strong links with the mental health programme	May-01	Aug-31	LYPFT											

Key Driver 4: Maximising discharge and out of hospital care								WEEKLY							
Objectives	Ref	Actions	Start	Finish	Provider Lead	Commissioning Lead	May-14	May-21	May-28	Jun-04	Jun-11	Jun-18	Jun-25	Q.1	
Designation of expected date of discharge (EDD) on admission	4.1	Plans have now been agreed with directorates within YHFT to introduce system for designated discharge Part of the 'No Delays' improvement programme.	Jun-13	Dec-13	Mandy McGale										
Maximisation of morning and weekend discharges	4.2	Work is on-going to maximise morning and weekend discharges Implementation through the acute working groups	Jun-25	Sep-30	Sarah Lovell										
Full use of discharge lounge	4.3	Discharge lounge review has taken place and staff supporting smooth discharge. Patient transport delays have been identified Establish the number of delays in transport of patients	Complete			YHFT									
	4.4	Examine opportunities to commission OOH transport service after 6pm, covering OOH period	Jul-01	Aug-20		Gill Brickwood									
Minimisation of outliers	4.5	Bed reconfiguration Reduce outliers through bed reconfiguration	Jun-13	Sep-13	Mandy McGale										
Delayed transfers of care reduced	4.6	Streamline complex discharge processes to reduce delays. Continue with streamlining discharge processes	Apr-13	Oct-13	Jan Aspinall										
Maximising community service capacity to accept discharges	4.7	Community services are at maximum capacity. Further work required to provide a flexing service. This would link with the Long Term Condition Programme Obtain further information to establish actual position and develop opportunities	Jun-15	Aug-30	Wendy Scott	CCG Programme Lead LTC									
Review of continuing care processes	4.8	Establish the position, highlight problems in current service and seek solutions	Jun-20	Jul-31		Gill Brickwood									
Assessment of use of reablement funding by local authorities	4.9	Although the full amount of reablement funding has not been passed to the Local Authority, Health Gain funding has been fully allocated and is primarily supporting discharge arrangements. For example funding: transitional and step down care beds; care management capacity and move on home care capacity to support the pathway through Reablement, and has been also been contributing to the costs of the new community health Intermediate Care Team Assess services currently funded to inform future investment.	Jun-10	Aug-30		Social Services									