

TRUST BOARD

Date of Meeting: 17/1/02012	Agenda Item No: 6.2	Enclosure: 4
Intended Outcome:		
For noting ✓	For information	For decision
Title of Report: Update on Clinical Strategy		
<p>Aims: To brief Trust Board on the progress to date on implementing the key themes of the Clinical strategy.</p>		
<p>Executive Summary:</p> <p>The development and implementation of the clinical strategy continues to be programme managed on behalf of the Health Economy by the PCT cluster through the System Wide Implementation and Integration Board.</p> <p>This Board meets monthly and is the forum whereby operational progress on the implementation is monitored and issues that require escalation to senior executive level for decision making can be raised. The Board comprises the Chief Executives and Medical Directors of NHS Cumbria, Cumbria Partnership Foundation Trust, NCUH and the CCG.</p> <p>In addition to this the Directors of Operations of the respective organisations meet on a weekly basis to performance manage progress against milestones in each of the three the key workstreams of the clinical strategy.</p> <p>These are: Planned Care, Unplanned Care and Paediatrics.</p> <p>The Programme update is attached at Appendix1.</p> <p>Internally Elective Flow Project and Emergency Flow Project support and manage the delivery of key elements of the clinical strategy designed to improve patient experience and the quality and safety of care.</p> <p>There is strong clinical engagement in all of the project work with each sub-project having a clinical lead and a supporting management or nursing lead.</p> <p>The project groups in the Trust meet weekly. They report progress against milestones weekly to the Director of Operations and also weekly to the Clinical Productivity and Outcomes Theme Meeting which forms part of our Turnaround Programme.</p> <p>The Projects are summarised in Appendix 2.</p>		

Overview of key areas for consideration or noting:

Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC

✓

Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable

✓

Develop a new healthcare facility in West Cumbria that is fit for the 21st century

✓

Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions

To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust

Recommendations:

Progress to be noted by the Board.

Prepared by:

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Director of Operations

Presented by:

Alistair Mulvey
Director of Finance & Deputy Chief Executive

1. **CLINICAL STRATEGY**

The Trust is engaged in two projects designed to improve patient experience and the quality and safety of care. These are:

- **The Emergency Flow Project**
- **The Elective Flow Project**

1.1 **Emergency Flow Update**

- Realigning A&E staffing to demand
- Operational performance meetings weekly in A&E
- Direct referrals to specialties
- Introducing new operational and escalation policies to AE and system-wide
- Near patient testing in A&E
- New clinical model for Emergency Assessment Unit (EAU)
- Additional Acute physicians
- Integrated Emergency Floor
- Expected time (EAU) & date of discharge (core ward areas)
- Improve response time for diagnostic to EAU
- Nurse-led discharge
- Morning discharge process
- Senior daily review
- Introduction of new dementia strategy
- New delayed transfer of care management process, involving partner organisations

1.2 **Elective Flow Update**

- New clinic cancellation policy implemented
- OPD capacity realigned to demand
- Review of choose and book
- New waiting list templates
- New access policy
- Text messaging two days before surgery pilot
- New theatre booking templates
- New pre-op referral process
- New pre-op operational policy for pre-op assessment
- Operational policy for day-case admissions
- Operational measures for theatres and elective flow pathway
- Session start times defined
- New theatre cancellation policy
- Redefinition of Roles & responsibilities in theatres
- Nurse-led discharge
- Morning discharge process
- Senior daily review

APPENDIX 1 - Programme update for Systems Board January 2012

Programme Activity		Progress update
PLANNED	TRANSFER SERVICES TO PRIMARY & COMMUNITY	<p>CCG identified the following services to transfer: MSK, Community Dermatology, Community cardiology, Ophthalmology, ENT and Spinal Pathway.</p> <p>Next steps:</p> <ul style="list-style-type: none"> Refresh milestone plan and ensure it aligns with contract values
	REPATRIATE OUT OF COUNTY ACTIVITY	<p>1. CCG provided NCUHT with detailed analysis of activity undertaken out of area by GP practice, Locality, Specialty, Cost and Provider (Nov 2011).</p> <p>2. North Cumbria have a lead role in identifying opportunities to repatriate back into Cumbria and have :-</p> <ul style="list-style-type: none"> Agreed first phase of repatriation as Orthopaedic surgery minus soft tissue knee procedures; Opened capacity on Choose and to reduce number of queues; Recognised that analysis of available slots is not known but is being explored - expected by end of March 2012; Developed an Elective flow project including identification of theatre capacity to repatriate activity - this work is not expected to be completed until June 2012 therefore provides a risk to milestone delivery; Is considering marketing its capacity to GPs and requires support from CCG to engage with individual practices - as yet not started. <p>Next steps:</p> <ul style="list-style-type: none"> Map available slots for repatriation activity; Identify theatre efficiency plan and additional capacity; Develop joint marketing strategy with CCG for GP practices.
	IMPLEMENT EARLY SUPPORTED DISCHARGE	<p>1. CCG has stated priority areas for ESD- Stroke, Orthopaedic and Thoracic patients</p> <p>2. CPFT and NCUHT providers have planned the following :-</p> <ul style="list-style-type: none"> A clinically focussed workshop to identify appropriate pathways for hip, stroke and some respiratory conditions and set principles of better discharge across all care pathways- 3 February 2012; A review of data and actions in gynae services at CIC for evidence of reduced LOS and improved discharge.
	REDUCE PROCEDURES OF LIMITED CLINICAL VALUE- EBR	<p>1. CCG shared a briefing paper with NCUHT (Nov 11) summarising commissioning intentions :-</p> <p>Next steps :-</p> <ul style="list-style-type: none"> CCG to confirm number and list of procedures; CCG to continue with IT project in Primary care developing better EBR identification and patients; CCG to review contracts with NCUHT for impact and potential activity shift; NCUHT to identify internal issues with referrals and support the development of protocols.

UNPLANNED	IMPLEMENT SINGLE POINT OF ACCESS AS INITIAL STAGE IN DEVELOPMENT OF INTEGRATED EMERGENCY FLOOR	<p>1. CCG provided NCUHT, CPFT and CHOC with a detailed model and specification (Dec 11).</p> <p>2. NCUHT, CPFT and CHOC have sent an initial response and requesting more time to produce a partnership operational policy and workforce plan.</p> <p>Next steps :-</p> <ul style="list-style-type: none"> • Partnership production of detailed response before 16 February; • CCG/ Provider agreement on model and implications; • Identify changes to be made by end of March; • Approval process followed internally and within system programme.
	IMPLEMENT CLINICAL PATHWAYS	<p>1. CCG have begun to clarify priority pathways and will describe service elements, provider and outcome required.</p> <p>Next steps :-</p> <ul style="list-style-type: none"> • To communicate priority pathways for urgent care services; • Develop service specifications; • Identify activity to shift from secondary care and refresh contracts as appropriate.
	SHARED CLINICAL INFORMATION	<p>1. CCG have an IT programme including EMIS web across primary and community service and an interoperable mechanism called the MIG with secondary care- this will enable data sharing.</p> <p>Next steps :-</p> <ul style="list-style-type: none"> • Utilise IT projects to develop better admission avoidance tools; • Continue roll out of EMIS web with providers.
PAEDS	IMPLEMENT SHORT STAY PAEDIATRIC ASSESSMENT	<p>1. CCG agreed a collaborative Health Builders at CCG Senate and Children's Care stream board and distributed with further information on 23 Dec</p> <ul style="list-style-type: none"> • NCUHT, CPFT, CHOC and UHMB have a joint process to develop a response and describe and implementation model for Cumbria. <p>Next steps :-</p> <ul style="list-style-type: none"> • A clinically led workshop on 20 January will test initial response from providers on operational model and workforce requirements; • Response to CCG expected after 20 January and further development in partnership of final operational model expected before end February.
		<p>A Whole system financial model is being developed by the Director of finances from each organisation and will enable each building block and management group to understand resource parameters and finalise plans for change and implementation.</p> <p>Next step :- Director of Finance to communicate financial model as it evolves.</p>

APPENDIX 2

Emergency Flow

Project Lead : Barbara Monk, Divisional General Manager, Medicine

Clinical Lead: Denis Burke, Associate Medical Director, Medicine

- Realigning A&E staffing to demand
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- Senior daily review
- Introduction of new dementia strategy
- New delayed transfer of care management process, involving partner organisations

Elective Flow

Project Lead : Louise Corlett, Divisional General Manager, Surgery

Clinical Lead: Patrick Armstrong , Associate Medical Director Surgery

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