

## Trust Board Report

<b>Meeting Date:</b>	25 <sup>th</sup> March 2013
<b>Title:</b>	Trust Strategic Priorities 2012/13
<b>Executive Summary:</b>	<p>Following consultation with staff and clinical teams who work in the Trust and looking at what patients and members of the public say about the Trust and its services in national and local surveys and in complaints and compliments, three areas were identified as the Trust's main priorities for 2012/13; Urgent Care, Care of Older People and End of Life Care. The priorities and underpinning work streams were described as part of the Forward Look in the Annual Report &amp; Quality Account for 2011/12 and the Annual Plan 2012/13</p> <p>To support delivery of the priorities Strategy Boards have been established. These Boards report on progress to the Change Programme Board.</p>
<b>Action Requested:</b>	The Board is asked to <b>note</b> the progress in improving services for patients as outlined against each of the priorities
<b>Report of:</b>	Director of Planning & Contracting
<b>Author:</b> <b>Contact Details:</b>	Service Re-design Team Tel 01902 696749
<b>Resource Implications:</b>	
<b>Public or Private:</b> (with reasons if private)	Public Session
<b>References:</b> (eg from/to other committees)	
<b>Appendices/ References/ Background Reading</b>	<p><b>Background reading:</b></p> <p>Annual Report &amp; Quality Account 2011/12</p> <p>Annual Plan 2012/13</p>
<b>NHS Constitution:</b> (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> <li>✦ Equality of treatment and access to services</li> <li>✦ High standards of excellence and professionalism</li> <li>✦ Service user preferences</li> <li>✦ Cross community working</li> <li>✦ Best Value</li> <li>✦ Accountability through local influence and scrutiny</li> </ul>

## Background Details

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### Introduction

Following consultation with staff and clinical teams who work in the Trust and looking at what patients and members of the public say about the Trust and its services in national and local surveys and in complaints and compliments, three areas were identified as the Trust's main priorities for 2012/13; Urgent Care, Care of Older People and End of Life Care. The priorities and underpinning work streams were described as part of the Forward Look in the Annual Report & Quality Account for 2011/12 and the Annual Plan 2012/13

Each Priorities has a Director sponsor and co-sponsor, and is supported by a Service Development & Redesign Manager, as detailed below:

Priority	Director Lead/ Co-Sponsor	Service Redesign Support
1. Urgent Care	Medical Director/ Director of Planning & Contracting	Louise Landucci
2. Care of Older People	Chief Nursing Officer/ Chief Financial Officer	Dawn McCullough
3. End of Life Care	Chief Operating Officer/ Director of Human Resources	Tracy Foxall

Each of the priorities are supported by various projects and schemes that underpin the objectives and principles outlined in the strategies that have, or are being developed, to support each priority. It is acknowledged that themes and work streams will be closely aligned to, and in some areas, overlap with one or both of the other priorities. To provide an overview of the projects underpinning each Priority and prevent duplication of work a matrix has been developed (Appendix 1).

Progress is monitored through quarterly progress report to the Change Programme Board given by the nominated Director lead which outlines performance against the indicators that support each individual priority, a summary of which is provided through the following report.

## **PRIORTY 1: Urgent Care**

### **1. Why is this a priority for The Royal Wolverhampton NHS Trust?**

Because it impacts on everyone at their most vulnerable and is where a difference can really be made to patients through the best use of community services. Urgent care also drives demand for a number of other services both in hospital and the community.

### **2. Key Achievements During 2012/13**

In February 2012, the Trust facilitated an Urgent and Emergency Care Strategy event involving key stakeholders involved in the delivery and commissioning of urgent care across Wolverhampton and the wider catchment area served by the Trust. The event included South Staffordshire borough representation, West Midlands Ambulance Service, General Practitioners and Consultant, nurses and managers from the Trust as well as Shadow Governors input. Colleagues from Social Services were also invited but were unable to attend the session.

As a result of this event, an Urgent & Emergency Care Strategy Board was established to bring together; GPs from Wolverhampton and South East Staffordshire & Seisdon Peninsula, Trust doctors, nurses and managers, social services, West Midlands Ambulance Service, commissioners, a Public Governor from the Trust, and also Mental Health representation as required.

The work of the Strategy Board has led to a clearly defined and agreed vision for the future of Urgent Care amongst all parties.

**“Our vision is for an improved, simplified and sustainable 24/7 urgent and emergency care system that supports the right care in the right place at the right time for all of our population.**

**Our patients will receive high quality and seamless care from easily accessible, appropriate, integrated and responsive services. Self-care will be promoted at all access points across the local health economies and patients will be guided to the right place for their care and their views will be integral to the culture of continuous improvement”.**

Following the initial session in February, work has been undertaken to identify existing projects that underpin the delivery of Urgent and Emergency Care. Work has also taken place to identify and understand any gaps in service provision in line with workstreams in development/ established.

In line with the operational elements of work that are ongoing, there is also the development of the overarching strategy and options for the future of Urgent & Emergency Care for The City of Wolverhampton, the Trust and its partners. To ensure an engaged and consolidated approach is developed, there have been a range of options outlined by the Urgent & Emergency Care Strategy Board, to facilitate public engagement on the future of Urgent & Emergency Care.

The purpose of these options is to provide key information on the opportunities for a more streamlined, efficient and effective Urgent Care System in Wolverhampton. Engagement on these options will enable our stakeholders' requirements to be more

clearly understood and included in the final Urgent Care Strategy Document; expected in May 2013.

An outline of the options that have been developed and agreed by the Urgent & Emergency Care Strategy Board, for wider consultation, can be seen in detail at Appendix 2.

### **3 Plans for 2013 /14**

Develop an agreed and signed off Joint Urgent & Emergency Care Strategy encompassing the needs of the respective organisations and the requirements of the local health economy. Anticipated date for completion; May 2013.

Commence public engagement with the *wider* community in relation to the Urgent Care options for Wolverhampton and South East Staffordshire & Seisdon Peninsula. Anticipated commencement March/April 2013.

Continue to forge strong working relationships with our partner organisations in order to continue to work in a productive and cohesive manner.

## **PRIORITY 2: Care of Older People**

### **1. Why is this a priority for The Royal Wolverhampton NHS Trust?**

The population of Wolverhampton will change over the next 20 years with older age groups making up a bigger proportion of the population for example the office for national statistics suggests by 2028 over 70s will comprise 36.5% of the city's population .

We know that the elderly use more health care services than any other group so it is essential that care is designed appropriately for our biggest service user

### **2. Key Achievements 2012/13**

To ensure a commitment for all key stakeholders to work collaboratively in improving services for older people the Trust hosted an event to provide an opportunity for individuals from different organisations to meet and consider the older person's experience across the whole health and social care system and identify a long term vision that will provide sustainable and effective services for the elderly population of Wolverhampton in both the acute and community setting

In November 2012 representatives from Clinical Commissioning Groups, Local Authority, West Midlands Ambulance Service, the voluntary sector, Trust staff and Shadow Governors, came together and identified a number of themes that have become central to the Care of Older People's Strategy

- Person centred care
- The involvement of carers and family
- Effective collaborative working
- Development of intermediate care
- Safe hospital Care kindness and a respectful attitude
- Education training and innovation

It is recognised that individual projects and schemes that support objectives and principles outlined in the strategy are ongoing across the Trust and stakeholder organisations such as the development of the Dementia Outreach Team, a dedicated ward for patients with dementia and the Creating Best Practice Programme in addition to established work streams, monitoring and reporting process that support the prevention of falls, pressure damage and infection as well as improving nutrition. This ongoing work is recognised within the strategy

### **3. Plans for 2013/14**

#### **3.1 Ratification of the Strategy for Care of Older People**

A draft Care of Older People strategy is currently out to key stakeholders for consultation and will be formally signed off at the first meeting of the Care of Older People Programme Board

#### **3.2 Establish the Care of Older People Programme Board**

The Care of Older People Programme Board will be the driving force behind the programme and will develop the principles and objectives outlined in the strategy. The first meeting of the Programme Board is planned for April 2013.

Under the chairmanship of the Chief Nursing Officer the Programme Board will co ordinate and oversee the development and implementation of the identified work streams, related projects and activities that will deliver outcomes and benefits related to the programmes strategic objectives and where required, resolve any barriers to progress.

### 3.3 Working closely with our partners

***“If we are to meet the challenges ahead we must work collaboratively to revolutionise the way we organise and deliver care” Royal College of Physicians 2012.***

A recurring theme throughout the stakeholder event was the need and a desire for all agencies across the social and health economy to work more closely together.

During 2013/14 opportunities to work more closely and effectively with colleagues in primary and social care settings will be explored and the Programme Board will actively encourage shared schemes and projects.

## **PRIORITY 3: End Of Life Care**

### **1. Why is this a priority for The Royal Wolverhampton NHS Trust?**

It is recognised that palliative care is a crucial element in the care received by patients and carers throughout the course of their disease. Our aim is to ensure that all patients with an advanced life limiting illness receive high-quality personalised care at all times, including symptom control and provision of psychological, social and spiritual care. Individuals' preferences on the location of care will be followed whenever possible and those patients that are dying within the Trust will have a dignified death, with family and other carers adequately supported during the process.

Palliative care affirms life and regards dying as a normal process, provides relief from pain and other symptoms and integrates the psychological and spiritual aspects of patient care. It uses a team approach to address the needs of patients and their families, offering a support system to help patients live as actively as possible until death and to help the family cope during the patients illness and in their own bereavement. Providing supportive and palliative care should be integral part of every health care professional's role

### **2 Key achievements during 2012/13**

The strategy for End of Life Care for adults in Wolverhampton has been well established since its development in 2009. Key quality markers have been developed from the strategy which demonstrate the level of compliance; also linking CQC outcomes and essential standard of quality and safety

### **3 Plans for 2013 /14**

To review and refresh the Strategy with a view to developing further services for of End of Life Care for Adults in Wolverhampton, and ensure that the strategy is supported by key stakeholders/neighbouring CCG's.

To ensure that the strategy for adults supports transition for adolescents where appropriate

To support Wolverhampton Clinical Commissioning Group (CCG) in supporting Nursing and Residential Homes in reducing unnecessary admission of patients in the end of life phase to hospital and in particular emergency portals.

The Royal Wolverhampton NHS Trust were successful in receiving Government funding support, towards the Government's commitment to introducing a per-patient funding system that will ensure all qualified providers of palliative care, whether they be statutory, voluntary or independent, are fairly funded. The Trust is collecting essential cost and activity data for over a two-year period which began in April 2012. This work is being overseen by the Palliative Care Funding Working Group within Department of Health (DH).

# Appendix 1 *Work stream Overlap Matrix*

## Priority 1: Urgent Care

Urgent and Emergency Care work streams	Care of the Elderly	End of Life
GP Alongside A&E		
Walk-In Centres		
Clinical Pathways		
Nursing & Residential Homes		
Primary Care Access		
Single Point of Contact		
Virtual Ward		
Mental Health		
Out of Hours GP Contract		
Out of Hospital Beds		
Urgent Diagnostics		
Frequent Service Users		
Team CURE		
Emergency Portal		
Long Term Conditions		
Ambulance Services – ‘See & Treat’		

Because it impacts on everyone at their most vulnerable and is where we can really make a difference to patients through the best use of community services. Urgent and emergency care also drives demand for a number of other services both in hospital and in the community.

### Baseline

Urgent and emergency care covers three main areas:

1. Services offered by GPs
2. Services in the community such as Walk in Centres
3. Hospital services such as Accident & Emergency and the Emergency Assessment Units

The Accident and Emergency (A&E) Department is the first step in the pathway of emergency care often for patients who have complex needs and are at their most vulnerable. It is the “shop window” of the Trust for many patients and their carers. The number of attendances at

A&E has increased over the last 8 years. This is despite the introduction of 2 Walk in Centres in the city of Wolverhampton. We are also aware that we have a high number of children who attend our A&E department and evidence suggests that these children would be better treated by having care delivered closer to home.

An Urgent & Emergency Care Strategy Board has been established to bring together GPs from Wolverhampton and South Staffordshire, Trust doctors, nurses and managers, social services, ambulance service, commissioners and a Public Governor from the Trust. These people are working together to develop care pathways that will help to get patients to the right service first time and make sure that patients who go to Accident and Emergency need to be there.

## Priority 2: Care of the Elderly

Care of Older People work streams	Urgent and Emergency Care	End of Life
Training in Nursing & Residential		
Virtual Ward		
Increased OT Support to Elderly Rehab Wards at West Park		
Training of Community Health Staff re: Dementia		
Specialist Reablement for ABI/ Head Injury – over 65’s		
Implement Reablement pathway in collaboration with the City Council		
Community based Elderly Care Consultant		
Scope top 200 users and support with case management and Tele-healthcare		
Creating Best Practice		
Foot Health – Electronic Referral		
Stroke Pathway		
Integrated Patient Flow Team		

As in the country more widely, the population of Wolverhampton will change over the next 20 years, with older age groups making up a bigger proportion of the population. For example, the Office for National Statistics (ONS) suggests that by 2028, over 70s will comprise 36.5% of the city’s population. We also know that the elderly use more healthcare services than any other group, so it is essential that care is designed appropriately for our biggest service users.

### Baseline

Care of the Elderly encompasses a wide range of essential care standards that help us to focus on keeping older people safe both in hospital and when being cared for in their homes. The Trust will focus on the care standards that can have the biggest impact on patient experience and outcomes: Falls, Nutrition, Pressure Ulcers and Infections.

In November 2011, the Trust launched the “Creating Best Practice Programme”. This programme has looked at all the activities that take place on a ward during the day and night and made changes to ensure that the patient always comes first. All the staff involved in delivering care for patients either directly e.g. nurses, doctors and physiotherapists or indirectly e.g. housekeeping staff, catering staff and porters worked together to agree how they could make changes. To make sure we knew when changes were successful baseline information was collected so that progress could be monitored before the programme was rolled out to all wards in 2012.

## Priority 3: End of Life

End of Life work streams	Urgent and Emergency Care	Care of the Elderly
Enhance communication to the public regarding End of Life care		
Training and education for practitioners regarding End of Life care		
GSF development to level 3 in GP practice		
Care Homes GSF		
Preferred place of death known and respected		
Increased in individuals able to die in their own homes		
Key worker co-ordinators are across all disciplines for commissioned pathway		
Domestic, psychological, social, spiritual and cultural support and help is available to all EOL patients & Carers		
End of Life quality markers		
Generic DNAR form		

Because we only have one chance to get this right to ensure patients die with dignity and respect. The impact of end of life care (EoLC) can have a lasting effect on family and friends.

### Baseline

The Trust participated in the National Care of the Dying Audit - Hospitals (NCDAH) in 2008 and 2011. The most recent results published in December 2011 show a significant improvement compared to the previous national audit in 2008. The Trust is in the top 25% of hospitals nationally for 5 of the 8 Key Performance Indicators (KPIs) audited, 1% off being in the top 25% in a further 2 KPIs and scored the same as the national average in the other KPI. That said we recognise that there is still room for improvement and a Palliative & Supportive Care Strategy sets out the approach taken within the Trust to provide palliative and end of life care for all patients with life limiting illness.





# Proposed Options (March 2013)

Option 1 – No Change	<ul style="list-style-type: none"> <li>• Do nothing – the current system remains</li> </ul>
Option 2 – ED Only	<ul style="list-style-type: none"> <li>• Do Minimum – ED only – the current system remains but a new emergency portal is created with a new 24/7 PC Alongside/Integrated ED, OOH redesign</li> </ul>
Option 3 – Improve Primary Care	<ul style="list-style-type: none"> <li>• Improved Primary Care – reduce the number of attendances at ED by increasing walk in centre capacity and improving GP access, OOH redesign</li> </ul>
Option 4 – Primary Care System Change	<ul style="list-style-type: none"> <li>• Primary Care System Change – increase walk in centre capacity &amp; improve GP access, a new 24/7 PC Alongside/Integrated with ED to capture 'walk in' activity, OOH redesign</li> </ul>
Option 5 – Remove/move Phoenix	<ul style="list-style-type: none"> <li>• Remove / move - one walk-in centre (Phoenix Centre), new ED portal, new 24/7 PC alongside/integrated ED, improved GP access, OOH service redesign</li> </ul>
Option 6 – Remove/Move Showell	<ul style="list-style-type: none"> <li>• Remove/move - one walk in centre (Showell Park), new ED portal, new 24/7 PC alongside/integrated ED, improved GP access, OOH service redesign</li> </ul>
Option 7 – Total System Change	<ul style="list-style-type: none"> <li>• Total system redesign - remove two walk-in centres (both Showell Park &amp; Phoenix), new ED portal, new PC alongside/integrated ED, improved GP access, OOH service redesign</li> </ul>