

Trust Board Report

Meeting Date:	26 September 2011
Title:	Chief Operating Officer's Report
Executive Summary:	This report is to bring Board members' attention to current activities and is intended to be an update report.
Action Requested:	The Trust Board is to note the report.
Report of:	Chief Operating Officer
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Resource Implications:	
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	
Appendices/ References/ Background Reading	
NHS Constitution: (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"> ✚ Equality of treatment and access to services ✚ High standards of excellence and professionalism ✚ Service user preferences ✚ Cross community working ✚ Best Value ✚ Accountability through local influence and scrutiny

1. WINTER PLANNING

The Winter Plan was discussed at the Trust Management Team on 23 September 2011.

Our plan is a core response which has involved all Stakeholders across the economy including the PCT and Social Services. The intention is not to create alternative systems of working but to ensure that all routine operational systems are sufficiently robust to contain fluctuations in demand that do occur over the festive and winter season.

The focus of the plan is to ensure that all patients requiring admission, both emergency and elective are admitted in a timely manner to the most appropriate clinical environment on an equitable basis. All beds within the Trust remain under the executive management of the Chief Operating Officer.

Plans and activities are driven by an escalation and trigger process, i.e.

Level 1	-	Normal working
Level 2	-	Trust experiencing some pressure – activated by 3 triggers, e.g. - Limited capacity in A&E - Elective lists under review - One Resuscitation Bay available
Level 3	-	Trust experiencing prolonged pressure, maintaining business continuity – activated by 4 triggers
Level 4	-	Trust under extreme pressure, unable to maintain business continuity – activated by 5 triggers

The Operational Plans are aimed to:

- Reduce admissions through EAU
- Provide extra capacity
- Improve patient flows
- Ensure Trust wide support
- Improve communication
- Balance the management of emergencies and elective cases

The Trust will have flexible bed capacity available to cope with peaks in demand. Recruitment to this capacity has progressed well and continues to be ongoing. There are robust plans to provide support to enhance discharge arrangements and admission avoidance through escalation management arrangements in the Phoenix Centre, alternative care pathways to prevent admissions, e.g. D&V care pathway. There will be increased capacity for intermediate care and end of life care.

Post Discharge Reablement Funding is being invested into, purchase of specialist equipment for bariatric patients, increased O.T. support to Wards at West Park, an additional Matron and support in Community Services, reablement equipment, including specialist reablement for neurological patients. There will be two community based Consultants appointed, one in Care of the Elderly and the other in Respiratory Medicine. The objective is to reduce nursing home admissions and provide Consultant input to community based services, to improve reablement and rehabilitation.

2. LUNG CANCER AUDIT 2010

All Trusts participate in this National Audit and data on 37,637 patients has been collected.

The audit looks at data completeness, together with the process, nursing, Imaging and clinical outcomes.

The results for RWHT:

Data Completeness

Expected Number	189	
Actual Number	207	
% of Expected	110	●
MDT Completeness (%)	100	●
Performance Status Completeness (%)	100	●
Stage Completeness (%)	92.3	●
PS & Stage Completeness (%)	92.3	●
Treatment Recorded (%)	95.2	●
Data Completeness Seen by Nurse Specialist (%)	93.2	●
Data Completeness Nurse Specialist Present at Diagnosis (%)	91.8	●
CT Scan Field completed (%)	97.6	●
Bronchoscopy Field Completed (%)	60.9	▲

Process, Nursing, Imaging & Clinical Outcomes For England & Wales

Expected Number	189	
Actual Number	207	
% of Expected	109.5	●
Discussed at MDT (%)	96.1	●
Histological Diagnosis (%)	83.6	●
Patient Seen by Nurse Specialist (%)	93.2	●
Nurse Specialist Present at Diagnosis (%)	87.4	●
% Having Active Treatment	69.1	●
% of Patients Receiving CT Before Bronchoscopy	80	▲
% Receiving Surgery All Cases	15	●

The results are extremely positive in both cases. We have put into place a system of monthly review by the team of the data for sign off prior to submission, this will ensure that any areas for improvement are being acted upon.

When comparing the results with other Trusts our results are above average or in the top quartile.

3. **STROKE SERVICE**

Prior to TCS the Stroke Service was delivered separately, the service is now fully integrated and supported by Stroke Consultants working across the whole pathway, with a single management structure.

Patients are now identified and supported through the best fit pathway via a multi-disciplinary approach on the Acute Stroke Unit to transfer patients to appropriate post-acute services either inpatient rehabilitation at West Park Rehabilitation Hospital, early supported discharge with CICT or home with the continued support of Stroke Co-ordinators and Outpatients Stroke Therapy Services.

The TCS integration project within the services aims to

- Provide additional specialist Consultant input across the pathway
- Enable more patients to be supported at home by stroke specific services.
- Maximise the use of inpatient rehabilitation beds by selecting appropriate patients at ASU
- Continuity for patients in Consultant input.
- Increase ability to provide daily TIA clinics and thrombolysis at RWHT with increased consultant capacity.
- Reduction in Length of stay at SRU and ASU
- Better patient flow

Progress To Date

April – July	Discharges	Bed Occ rate	ALOS	Year End position Discharges	Year end ALOS	Projected year end position FCE	Projected year end position ALOS
Mths 1-4 2008/09	47	95%	53	149	53		
Mths 1-4 2009/10	54	95%	47	150	46		
Mths 1-4 2010/11	46	97%	51	171	43		
Mths 1-4 2011/12	89	97%	28			267	28

Benefits

- A reduction in average length of stay of 15 days, a projected increase of 96 patients per year receiving inpatient rehabilitation based on continuation of current performance.
- Joint competency assessments for all staff across the pathway
- Rotation of Senior Nursing Staff between ASU and RSU
- Increase in direct admissions to ASU by increased patient flow and ring fenced beds

4. VASCULAR SERVICES

The Trust has submitted an expression of interest to become the Screening Centre for the Black Country for Abdominal Aortic Aneurysm Screening.

Most abdominal aortic aneurysms are asymptomatic until they are on the point of rupturing. The NHS AAA Screening Programme aims to reduce AAA related mortality by providing a systematic population based screening programme for the male population during their 65th year and on request for men over 65. The Trust has been shortlisted following its application and was invited to provide a presentation and attend a panel on the 14th September 2011.

5. MAJOR TRAUMA & TRAUMA UNIT DESIGNATION

Each Acute Trust has been invited to express an interest in being designated as a Trauma Unit. The submission from RWHT was completed by 30th August. The submission included an assessment against a set of defined standards which had to be accompanied by substantial evidence. The evidence has been reviewed and submissions assessed. The recommendation in the case of RWHT was:

“RWHT is already a provider of significant levels of trauma activity and is set up to manage these well. RWHT have provided comprehensive evidence of effective staffing, processes and audit across all areas. The Trust has responded well to the WMQRS Review of Urgent Care and have provided evidence to demonstrate that they have improved performance and provided guidelines and training for staff where required, for example, in point of care testing. The examples provided of guidelines on trauma operating and after care are very detailed. There are some actions which need to be completed. The latest date for these, and therefore the achievement of full compliance, is June 2012”.

Next steps - Action Plan and Business Case to achieve outstanding standards, to be submitted by the end of January.
- Formal Peer Review of all services designated.