

Heart of England NHS Foundation Trust

Acute Pathway Transformation Plan – Interim Report

1. Introduction

As part of the Undertaking agreed with Monitor in December the Trust has agreed to develop a clinically led transformation plan to improve the acute pathway at both Heartlands and Good Hope Hospitals.

The finalised plan is attached as Appendix 1.

2. Approach

HEFT has worked with ECIST (emergency care intensive support team) to introduce a range of measures to improve the performance against the A&E four-hour target. It has also appointed an Executive Director to lead on the turnaround of performance.

In December HEFT also asked McKinsey to support this work and in particular development of the transformation plan. McKinsey had previously been appointed by HEFT as their transformation partner.

McKinsey led a series of workshops with clinicians at both hospitals and also provided on the ground day to day support at Good Hope around the emergency pathway in December and January.

The outcome of the work with McKinsey has been a clearer view of how the acute / emergency pathways at the two hospitals should work. In addition to this it has been recognised that the key to improving performance is to embed good practice across the clinical and operational areas. All involved agree that there is no magic solution to this; rather it is about ensuring the consistent application of agreed operating procedures.

At the heart of this is the SAFER bundle, which is essentially the Standard Operating Procedure the Trust needs to embed across the acute pathway. SAFER therefore is at the heart of the transformation plan and consists of:

- Senior review – all patients will have a senior clinical review before midday
- All – patients will have a PDD (planned date for discharge) agreed within 24 hours of admission that they are aware of
- Flow – all wards will “pull” 1 patient from the assessment areas by 10am
- Early discharge – ward teams should ensure that at least 30% of total inpatient ward discharges have left the ward by 12 noon

- Review – patients whose length of stay exceeds 14 days will be reviewed by the Site Team in collaboration with the Directorate and the Hospital Discharge Hub.

3. The transformation plan

The plan contains:

- the key actions have been agreed which take into account the learning to date, recommendations from ECIST and the work with McKinsey;
- accountability against implementation of these actions;
- the KPIs we will use (where appropriate) to support evidence of change;
- timescales for implementation.

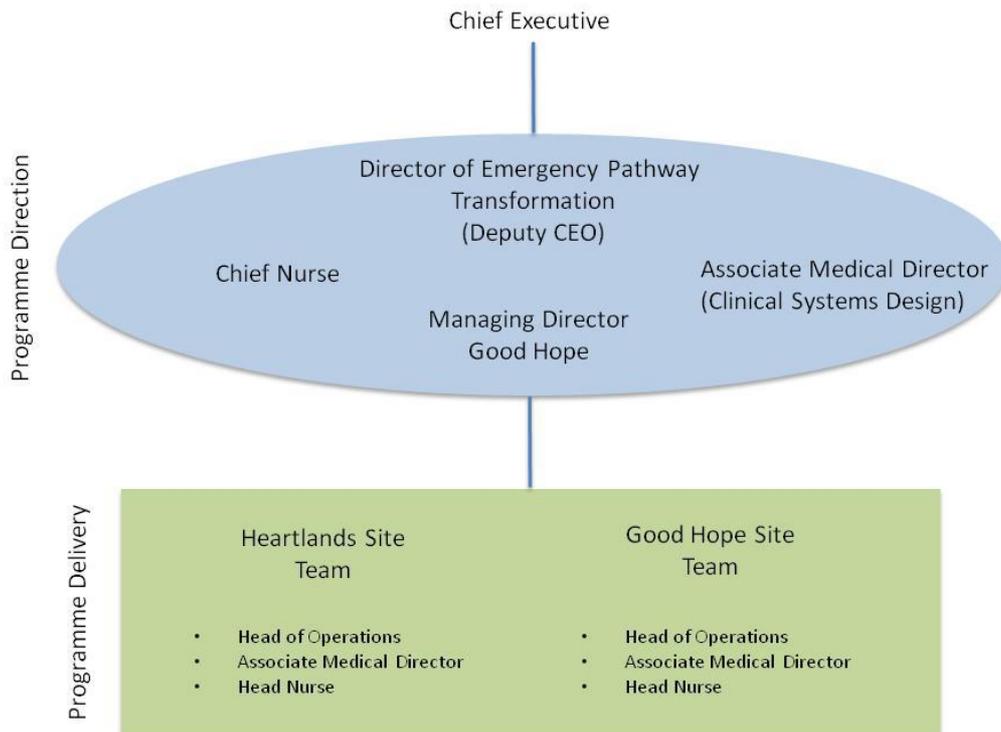
The principles underpinning the plan are as follows:

- **Improvement themes and actions based upon evidence.** This is based on learning to date from the improvement that has been made plus external advice
- **Measurable outcomes & visible performance reporting.** Each action within the plan has an identified performance KPI. Each action is measured against both delivery (on plan / on time) & performance (against designated KPI's)
- **External Scrutiny.** The plan has been shared and agreed with ECIST and the CCGs.
- **Establishing clear governance and reporting frameworks.** The delivery of the plan is directly managed via a Urgent Care Transformation Group (held fortnightly) which reports to the Executive and Trust Board as well as to the external Working Group (see diagram).

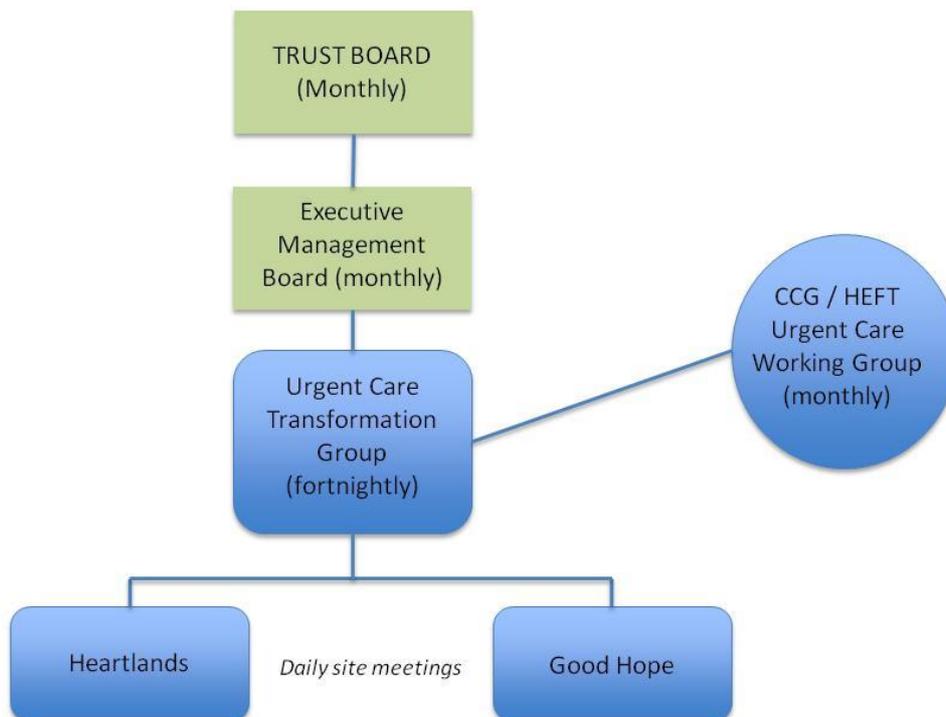
Governance arrangements

Clearly the plan will require close monitoring and quick escalation measures. As a formal change programme it is important that clear leadership roles and accountabilities are in place with a direct link to the Trust Board.

The following senior programme structure has been put in place to oversee delivery of the transformation plan:



In terms of formal reporting structures and monitoring the following arrangements have been introduced to support the transformation plan:



4. Roles and responsibilities

Programme Direction - the quartet of Director of Emergency Pathway Transformation, Chief Nurse, Medical Director and the Managing Director for Good Hope have responsibility for setting the direction of the transformation programme. This includes:

- agreement of the plan
- modifications
- assessment of risks and interdependencies
- ensuring sufficient resources are in place for delivery
- monitoring implementation and acting upon any areas of slippage or unforeseen issues
- ensuring adequate reporting to external stakeholders and the Trust executive and Board

The Hospital Site Teams are responsible for delivery of the plan. This includes:

- allocation of actions contained in the plan at an operational / ward level
- daily monitoring arrangements are in place against KPIs
- early escalation of any issues or risks
- ensuring adequate reporting to the Urgent Care Transformation Group

The Trust Board and Executive Management Board will be kept closely informed of progress around implementation of the transformation plan. This will be done on a monthly highlight / key issues report from the Urgent Care Transformation Group. This group will also report to the HEFT/CCG Urgent Care Working Group which is currently chaired by a local GP.

Underpinning all these arrangements are the Gold Command structures in place at each hospital, which meet every day to oversee the delivery of the agreed operating procedures (SAFER bundle).

Finally the Trust will continue to work with ECIST to test out the plan. For example, ECIST will be on site at Good Hospital in the week commencing 7th April 2014.

5. Reporting to Monitor

In line with the agreed Undertaking the Trust will provide monthly written progress reports to Monitor summarising progress against implementation of the transformation plan. This will be the responsibility of the Director of Emergency Pathway Transformation.