

# Health Overview & Scrutiny Committee

Urgent & Emergency Care  
15<sup>th</sup> November 2022



# Starting Gloucestershire's Transformation Journey

This diagnostic was commissioned in response to the LGA peer review and seeks to understand the key steps required in order to transform our health and social care system and provide better outcomes for our residents

1

## LGA peer review



- Surveys and 1:1 interviews with ~80 individuals from across our system
- This highlights key system challenges around:
  - **Person-centred approach**
  - Lack of system **alignment** and collaboration at a leadership level
  - System **capacity and demand**
  - Clear and committed improvement and **transformation plan**

2

## System diagnostic



- Carried out by Newton Europe as an objective and external "critical friend" reviewing the performance of our entire UEC system, not individual organisations\*
- Combination of performance data analysis, detailed process mapping, multi-disciplinary case reviews, opportunity identification, system alignment workshops and implementation planning
- Identification of **6 key areas of focus** for system transformation

3

## Future transformation



- Required to balance the many challenges within the current health and social care environment:
  - Managing this winter
  - 100 day challenge
  - Sloman plan
  - Longer-term transformation
  - Day to day operations

\*Diagnostic scope bounded to Adults within our UEC system, prioritising over 65s as this is where the majority of our system capacity is used. Children, dedicated mental health services and non-acute social care has not been included

# Identifying the opportunities for improvement

This intense 5-week diagnostic has undertaken several activities to understand our key opportunities for improvement within the system

100+ cases reviewed in a multidisciplinary way by 115 practitioners from all partner organisations:

- GHFT
- GHC
- GCC
- GPs
- SWAST
- ICS

8 key processes mapped in depth with experienced practitioners

## Understanding our system

We have an imbalance of demand for care compared to our capacity across the system and this causes several fundamental challenges



### Community and hospital front door



- Our community staff do not know that 1 in 4 of our preventative services exist.
- A further 2 in 4, do not know what these services do, how to access them or if they deliver effective outcomes
- An ambulance handover takes 3 hours on average
- At any one time we have 70 people in ED waiting for an acute bed
- Our average stay in hospital for an over-65 is 18 hours

### Acute stay



- Length of stay has risen from 6 to 9 days in the last few years
- 1 in 4 people in our acute beds do not have a medical reason to be there
- 40% of people in our acutes do not have a nominated pathway
- 70% of patients with NCTR are waiting for onward pathway capacity

### Hospital discharge



- At least 4x more people are discharged into beds than the national target
- 1 in 2 attendees do not believe our ToCB meetings are an effective way of determining the ideal outcome of a patient
- Average LoS in our D2A beds is 2x longer than the national target
- 1 in 2 people being discharged into a bed in Gloucestershire could have returned to their own home

### Discharge to long term setting



- 3 in 5 people in our D2A settings do not need to be there and are awaiting onward care
- People leave our reablement service with 20% more care than the national average
- 45% of our homecare capacity is used for double handed care



1.7 million rows of data analysed (each row corresponding to a person's interaction with our health and social care system)

220 staff surveyed and 100+ staff engaged face to face

200+ hours of front line shadowing in ED, ambulances, GP surgeries, wards, brokerage etc

# Key opportunities

The diagnostic has highlighted several key opportunities which will ease the pressure on the system as well as ensuring better outcomes for our residents



## Community and hospital front door



There are opportunities to reduce admissions with services such as Rapid Response, Frailty Assessment unit and Falls Response by

**2100** a year

This equates to freeing up  
**65** beds in our system

## Acute stay

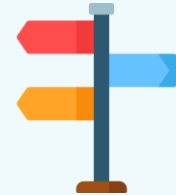


There are opportunities to reduce time between admission and having a NCTR through reductions in diagnostic testing, Criteria led discharge and effective boards rounds by

$\frac{1}{4}$  a day for all patients

This equates to freeing up  
**22** beds in our system

## Hospital discharge



With effective MDTs, access to the right information and a Dom care market with additional capacity, we can deliver more independent discharges for

**750** people per year

This equates to freeing up  
**120** beds in our system

## Discharge to long term setting



By challenging our high intensity and low intensity Domiciliary care packages and driving higher effectiveness of our pathways we can reduce

**11%** of our current Dom care demand

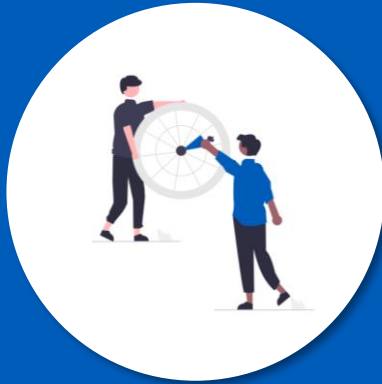
This equates to freeing up  
**133** beds in our system

# Approach to Transformation

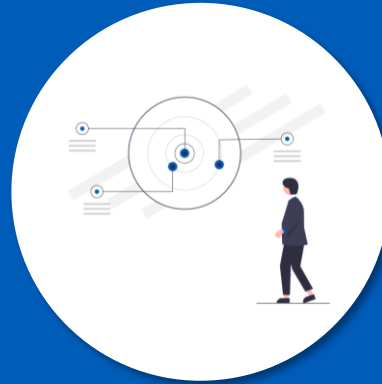
80% of large transformations fail. Delivering sustainable transformation is a significant challenge and requires many elements working together to ensure long-term positive change.



Detailed process redesign



Identify the targets and aspirations



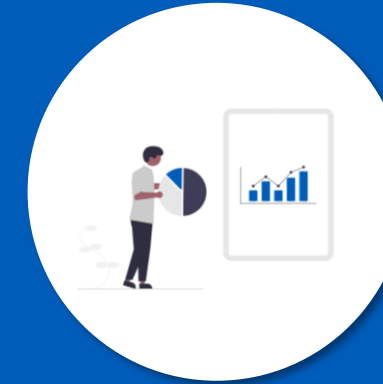
Understand the key levers to change



Coaching and upskilling



Rigorous trial and iteration approach



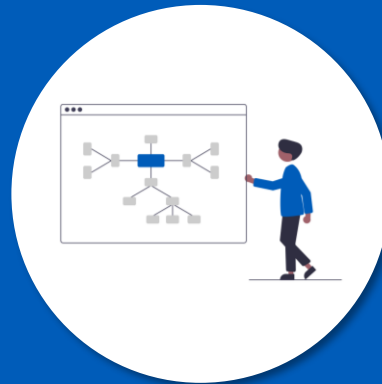
Creation of success measures



Cementing new roles and processes



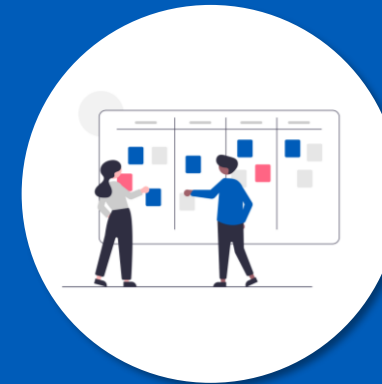
On the ground engagement planning



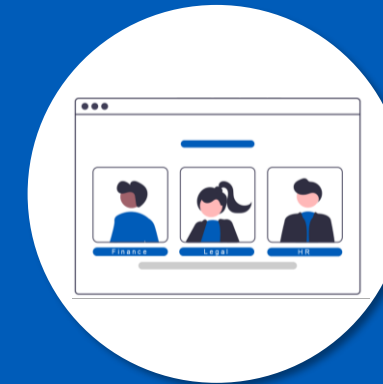
Creating long term tools and success measures



Effective and aligned leadership

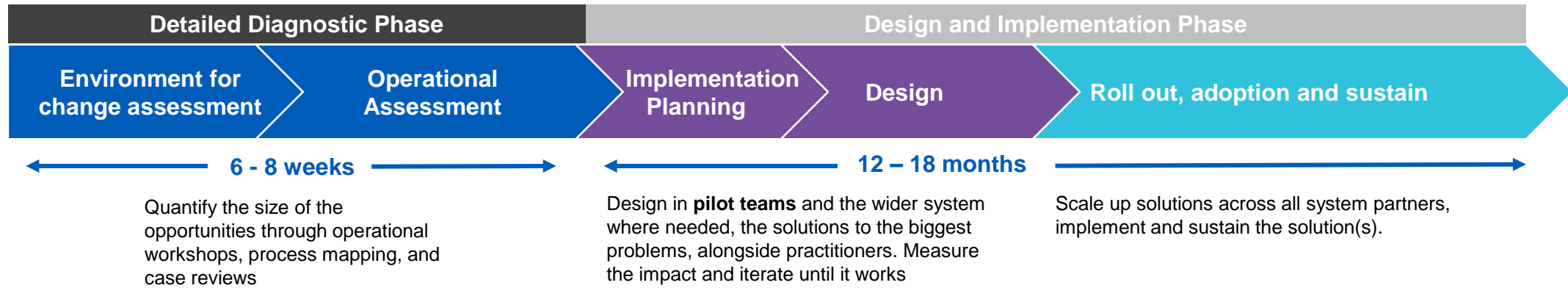


Programme governance and management



Cross organisation support

# In order to deliver the transformation effectively and realise the benefits we need a robust end to end delivery approach



## Key benefits of this approach include

- Ability to deliver large scale, pathway-based transformation effectively
- Improved pathways and service user outcomes consistent with a focus on promoting independence
- Reduced costs and improved financial sustainability
- Clarity of top-down vision, with bottom-up delivery of key strategies
- Alignment with whole system, rather than siloed perspectives – including health partners, council and provider markets
- Greater staff engagement and learning and development facilitating wider value

This approach is very similar to the Clinical Programmes approach

