

Trust Board – Public
24 November 2011
Agenda item: 4.1.1

Planned Trajectory for the delivery of Unscheduled Care Access

For: Discussion

Summary:

Trajectory for improvement against key performance indicators
(Better than 95% unscheduled care access at the same time as
delivering on the 90% 18 week standard)

Action: The Board is asked to comment

Presented by: Bernie Bluhm (Chief Operating Officer)

Author: Bernie Bluhm (Chief Operating Officer)

Trust objective: Please list number and statement this paper relates to.

Legal: What are the legal considerations and implications linked to this item? Please name relevant act

Regulation: What aspect of regulation applies and what are the outcome implications? This applies to any regulatory body – key regulators include: Care Quality Commission, MHRA, NPSA & Audit Commission

Reviewed & Approved by Management Board

Date: N/A

Reviewed & Approved by the relevant Board Committee

Date: N/A

Date	17 November 2011
Author	Bernie Bluhm
Department	Clinical Operations
Audience	Trust Board Members

Planned trajectory for the delivery of Unscheduled Care Access

As a consequence of single performance conversations and 1-1's with the SHA performance director and medical director, Sash has written a trajectory for improvement against key performance indicators.

Long term trajectory

From April 1st 2012 Sash will deliver better than 95% unscheduled care access at the same time as delivering on the 90% 18 week standard.

Transition period February and March 2012

We will deliver our trajectory for 18 weeks as per the recovery plan submitted to Surrey and Sussex PCT's by the middle of March 2012. We will use the agreed additional internal capacity to abolish ED 12 hour waits and improve performance against the 4 hour standard to 90% by the end of February. This trajectory is dependent on our modular capacity opening as planned on 13th February and a sustained improvement around DTOC to the agreed level of 3.5% and a reduction in unscheduled demand to the levels stated in the Crawley and Caterham Dene models. Predicted activity shift is 50 patients per week from Sash to Caterham Dene and 80 per week to Crawley.

Short term (December and January 2011)

The trust will deliver 90% VTE risk assessments for all admissions in December 2011. We will improve stroke performance through the now established tele-medicine solution, and improve fractured neck of femur performance through rigorous performance management of the patient pathway. These areas of performance improvement are within SASH's area of influence but are compromised by lack of capacity and sustained compliance will only be achieved when all additional capacity is available. Our overall unscheduled performance will not improve during this short term time frame but we undertake not to allow 4 hour or 12 hour performance to worsen, and will seek to reduce 12 hour breaches.

Our priority through December and January will be to improve Safety, particularly in the ED by minimising overcrowding. As part of Sash winter planning we will introduce new and more responsive escalation procedures and will undertake detailed performance management of all staff involved in these processes.