



# **Transformation of Critical Care Services at UHNM**

**By**

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# Overview

- Background
- Drivers for Change
- Formation of Programme
- Transformation Workstreams
- Key Performance Improvements
- What next?





# UHNM NHS Trust

**Royal Stoke University Hospital**



**County Hospital**





# Critical Care Services



- County – 4 x L2 beds
- RSUH – General
- 36 beds – dep 30
- MTC
- Admissions circa 1,400
- > 95% emergency
- >60% ventilated



# Background

- Rapid expansion of services - MTC
- Merger with Stafford Hospital – November 2014
- Peer review by CCN – February 2015
- EPAS – March 2015
- CQC – April 2015



# Drivers for Change

- CQC report – April 2015
- ICNARC – 95% Emergency admissions
- Up to 38 patients per month in PACU
- Outreach withdrawn 50% of time
- Poor staff retention with a 26% vacancy factor
- Senior team all new to post



# How did we do it?

- Recognised need for radical change
- Managing successful programmes – Clinical Lead. Aspire (2015).
- Core board identified → TPG
- Discussions around main areas for development
- Senior support at executive level - COO



# Formation of Programme

- Vision
- Full review of structure – to include physical facilities & staffing
- Review of patient pathways
- Activity of service to include disease management & prevention

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# Formation of Programme

- Operational delivery networks – CCDG & CCSD
- Resilience planning – review of operational policy
- Full gap analysis undertaken against GPICS (2015), incorporating Core standards (2013) & D16 – NHS Standard Contract for ACC Services, (2014)
- Review of outstanding CQC reports UHB.

# Transformation workstreams

## **1. Critical Care Without Walls**

Review of all services that have interaction with critically ill patients external to the unit.

## **2. Building Critical Care**

Comprehensive review of care provided to critically ill adults, in all areas, inclusive of process and equipment.

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# Transformation workstreams

### **3. *To a Better Recovery***

Implementation of a robust rehabilitation strategy commencing in critical care & beyond.

### **4. *Patient Data Management System ( PDMS)***

To assist in the provision of focussed quality care, improved safety & live data capture.



# Methods Utilised

- Gap analysis
- Process mapping
- Review of similar services
- Networking – BRI
- Patient forum
- LIA events





# Business Cases

- £1.5 million investment into Critical Care services at UHNM.
- 2 x successful business cases realised:
  - Rehabilitation - funded service from critical care & beyond
  - PDMS – to support quality & live data capture.

# Key Performance Improvements

- Additional beds commissioned – providing ability to flex bed base to accommodate fluctuating dependencies.
- 50% improvement in cancelled ops data.
- LOS efficiencies without need to create extra capacity.
- Reduced LOS for unit survivors >10 days ↓8.3

# Key Performance Improvements

- Increase in admissions from 817 in 2014/2015 to 1,385 in 2016/2017 -  $\uparrow$ 25%
- Outreach active >95% of time
- < 5 patients in PACU per month
- Robust recruitment & retention plans – vacancy factor  $\downarrow$  4%
- Access to 7 day physio, plus additional OT, dietetics, SALT & psychological support.



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# What Next?

- Embed performance – KPI's monitored by division
- Undertaking capacity review
- Strengthen relationships
- Gains – LOS - rehabilitation
- Utilisation of PDMS
- Adopt a 'just culture'
- Transformation of SSCU services

# Thank you





**Thank you for listening**

**Any Questions**