

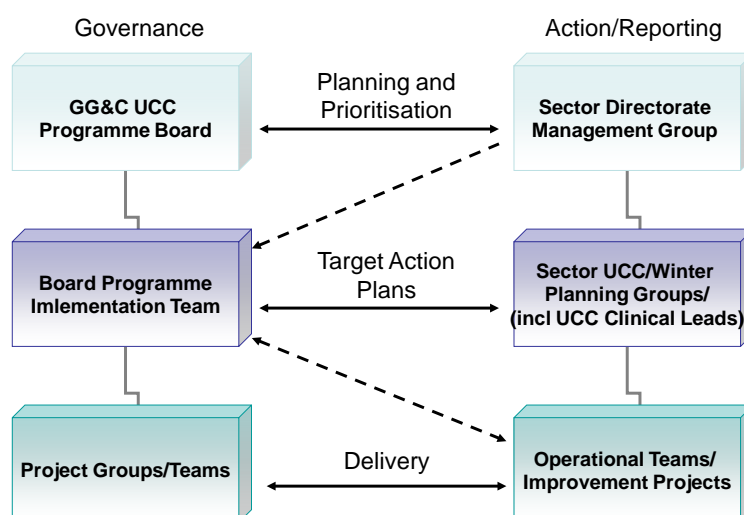
## Background

During 2015/16 Greater Glasgow & Clyde has delivered an extensive programme of improvement work across the new Sector structure. Whilst significant improvements have been made there is still work to be done to enable us to deliver consistently the 95% UCC compliance standard. This paper provides an overview of Greater Glasgow & Clyde's actions to improve unscheduled care and describes the governance structure, approach and an overview of the Board Programme of work. We have established clinically led governance arrangements ensuring that all relevant people will be able to contribute to improving the Boards UCC performance to deliver the National Standard

## GGC's Board UCC Governance Structure

The Chairman asked that the Programme Board be chaired by the Chief Executive and the following structure has been established to align to existing Sector UCC Groups which are supported by UCC Clinical Leads. The Deputy Medical Director for the Board, David Stewart, has been appointed to lead this programme with support provided from colleagues across various disciplines including Public Health and Health Information & Technology in addition to the UCC Clinical Leads, Sector Directors and their respective teams.

### Board UCC Programme Governance Structure



The governance structure is intended to provide assurance of the GGC UCC Programme within the new Sector structure and will provide oversight and coordination of local delivery plans including the National 6EA workplan.

## Programme Scope

The objective is to design a process for centrally supporting priority UCC improvement work that has been identified through robust analysis of demand and capacity across the Board with actions to:

- Support the Sectors to establish practical, well planned projects/interventions to deliver improvements that will increase the quality and equity of our emergency patient services
- Identify and align resource to support the Boards planned programme of work, ensuring Clinical, Managerial and Improvement knowledge and expertise is deployed effectively
- Work with Sectors to ensure improvement activity includes clearly defined measurable outcomes which can be monitored and demonstrate sustainable improvements

- Provide consistent updates on a regular basis on improvement work being progressed across the Board to assess how effectively the interventions are implemented
- Develop a Portfolio Management approach to delivering continuous improvement in UCC performance that is sustainable and can be embedded in GGC's ongoing governance arrangements

### **Data Intelligence Group**

We have established a group to develop demand and capacity modelling to inform decision making on how best to prioritise our efforts. This work includes integrating the National Basic Building Blocks methodology within the quarterly information governance as described in the 16/17 6EA guidance. We have invested in additional analyst resource to provide the Sector teams with the relevant data they require to inform local improvement actions. Our Public Health team are providing further analysis and benchmarking to ensure we align our services appropriately and in addition are supporting us through the development of benchmarking information. Further work includes queuing theory modelling of emergency care demand. We will also be investigating how system wide simulation modelling could be used to develop dynamic operational information within the hospital environment with colleagues at Glasgow Royal Infirmary and Strathclyde University.

### **Programme Workstreams**

The following workstreams provide the framework for Sectors to develop their Key Priorities.

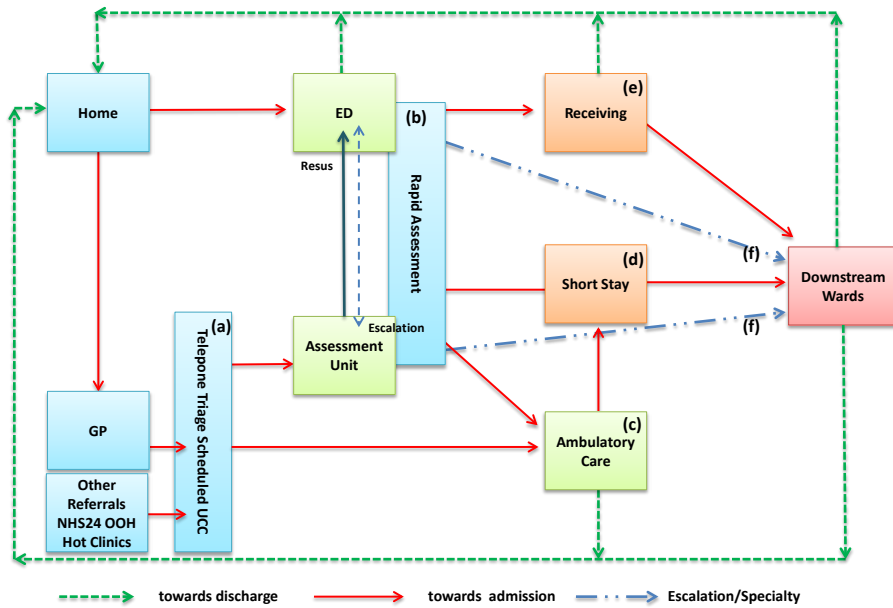
1. **Analysis of demand, flows and resources:** comprehensive analysis , the effectiveness of our service responses, source of referrals, nature of presentations and alternatives available to patients – *Data Intelligence Group*
2. **Assessment Processes:** with increasing demand we must ensure that our assessment processes are fully effective and equitable – this will include improved use of Ambulatory Care and the provision of rapid access Clinics as an alternative to admission. An important priority is move as much unscheduled care onto a scheduled basis when clinically appropriate.
3. **Inpatient Flow Processes:** develop existing programme of improvement work to reduce delays in the system and optimise capacity over the 24 hour period
4. **Integrated Facilities Processes:** develop programme of integrated work to understand bottlenecks and service constraints - *to be agreed, although work progressing on all sites under 6EA*
5. **Scottish Ambulance service:** develop programme of joint work with SAS around admission avoidance and better scheduling of care.
6. **Interface with GPs:** identify key issues in interface with GPs – *further meeting required*
7. **Work with HSCPs:** establish an agreed programme of work which will be led by HSCPs
8. **Develop a matrix for performance improvement:** we need to understand and address variation – *output from Data Intelligence & Task/Finish Groups*

A Task & Finish Group is being established for each key priority with both clinical and managerial leads assigned to develop an improvement action plan, agree timescales and drive progress.

### **Patient Flow Model**

In addition to the demand and capacity analysis, we have developed a high level generic patient flow model that enables us to understand the various routes into the hospital, relevant pathways and to isolate the associated number of patients moving through pathway on a daily and hourly basis. This approach provides insight where demand at peak times can result in flow blockages and therefore provides another vehicle to support the key prioritisation process within the Sectors. The model is provides patient flow illustration only, it does not represent the physical real estate within the various Sectors.

## Emergency Care – Draft Flow Model



The improvement projects will progress as a series of tests of change with pilot work established as proof of concept. Following outcome/impact assessment spread plans will be developed where appropriate to ensure learning is transferable. The Board Programme Implementation Team is currently meeting on a weekly basis to support the Sectors to develop and progress their action plans. The Programme Board is scheduled to run on a monthly basis and the overarching governance and approach has been established with the support of our National UCC colleagues who are also members of the Programme Board. Further updates will be provided as the work progresses.