



CUR NEWSLETTER

Summer 2018

CLINICAL UTILISATION REVIEW

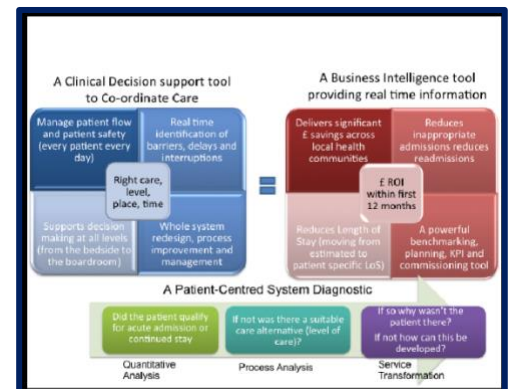
Introduction

by Hilary Heywood

Welcome to the Summer Issue of the CUR Newsletter. In this Issue you will be able to read about how CUR is being used to significant benefit across 8 NHS Providers. We have also published the 2017/18 CUR data showing the not-met / non-qualified delays nationally as well as the top 5 internal and top 5 external reasons.

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Successful healthcare organisations worldwide have embraced this approach to reduce **unwarranted clinical variation**, **improve patient outcomes**, ensuring patients are cared for in the **optimal care setting**. As a result, the appropriate CUR tools can play a significant role in supporting the emerging **new models of care** and is an essential function of successful **Integrated Care Systems**.

What is the data telling us?

by Hilary Heywood

Most NHS providers, prior to undertaking CUR, believe that the main reasons for inappropriate patient stays are due to external rather than internal reasons, therefore limiting their ability to improve patient flow. External delays are caused by issues in community, primary and social care – these can be process issues, capacity restrictions or because services do not exist in the first place, meaning there is no alternative level of care for these patients.

Evidence from 23 Trusts now submitting data, suggests this is not necessarily the case; indeed, the position is quite the opposite. During 2017/18 most of the reasons (62.7%) for CUR criteria not being met (inappropriate patient bed days) were due to internal reasons (within Trust’s control).

Arguably Providers cannot be held responsible for reducing the number of patient stay assessments where the CUR criteria are not met for external based reasons. In many cases this will require action across the ‘whole system’ including CCGs and community/ social/ primary care providers. During 17/18, external delays accounted for **37.3% of patients not meeting the criteria for an admission or continued stay.**

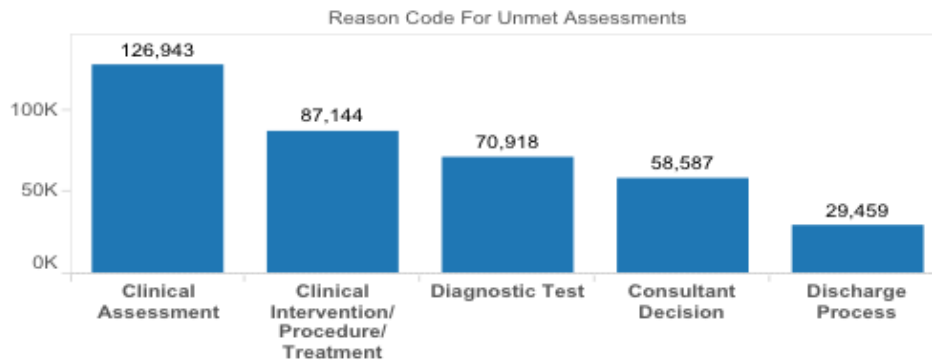
We are now starting to see the benefits and learning CUR brings, through the rich strategic and operational information that supports service re-design and improvement. The benefits and learning are extrapolated through the **National CUR Learning Network** which is now open to all NHS CUR

Providers. CUR is already showing an impact on the following areas by Trusts that are addressing internal delays:

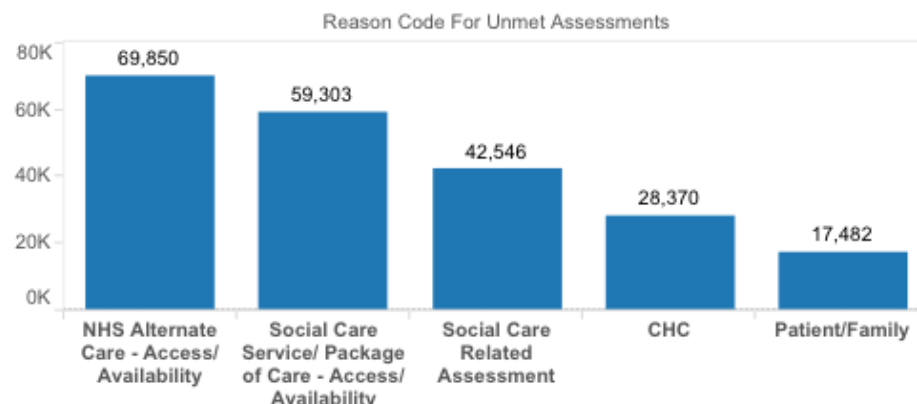
- Reductions in the average length of stay
- Increase in daily discharges;
- Reduction in internal waits such as diagnostics, physiotherapy and occupational therapy services
- Financial and workforce savings arising from service re-design;
- Identification of patients that should never have been admitted (by the 5 NHS Providers that are piloting the use of CUR in an admission setting);
- supporting the achievement of the 25% reduction in LOS patients over 3 weeks (super-stranded patients);

There are significant quality benefits that arise from implementing CUR. As part of the development of a national **CUR Transformation Directory**, examples of the service re-design and transformation implemented by NHS Providers, based on their Top 5 reasons for delay are shown below:

No. of Unmet Assessments - Top 5 Internal Reason



No. of Unmet Assessments - Top 5 External Reason



- Development of sub-acute care facilities to manage patients at a lower level of care – anticipated Trust saving of circa £1m in workforce and bed days saved
- Management of DTOC reporting process through the CUR system has led to a consistent approach to reporting DTOCs and saved 1.0 WTE band 4 A&C post
- Redesign of community IV antibiotic service using CUR data to inform total number of potential patients who would benefit – equates to 1867 bed days at an approximate cost of £235k.
- Real-time prioritisation of in-patients awaiting diagnostic tests, has significantly reduced delays waiting for diagnostic tests with a Trust saving of £39k
- Redesign of physiotherapy services to reduce delay in awaiting physio and OT intervention – anticipated savings of £1.1m across acute and community setting.

Winter Planning

Using CUR Data – establishment of a Task and Finish Group

by Alison Johnson

A Winter Planning Task and Finish group has been established to define a set of principles that all CUR Trusts can use, to ensure that CUR data can be embedded into operational site management and system review during escalation periods.

Members of the group had volunteered via the Learning Network with representation from the following Trusts;

- Kings College Hospitals
- University Hospitals Bristol
- Royal Surrey Hospital
- Manchester University Foundation Trust
- Alder Hey Children's Hospital
- South Tees Hospital
- Norfolk and Norwich University Hospital

In addition to the Trusts supporting the work programme, we have garnered support from Manchester CCG who are providing a commissioner and local system view.

The group began their work with a retrospective review of Winter 17/18 highlighting those areas where flow had worked well, and the challenges facing most of the Trusts. This identified:

WHAT WORKED WELL

- Resilience of staff, CUR rolled out to all wards during winter pressures
- Reduction in CHC waiting times – additional resource – limited success
- Home first initiative
- Stranded patient reviews, weekly reviews – CUR was the core data used. Good use of the data and increased visibility of CUR
- Supportive discharge programme – informed by CUR data
- Fully utilising CUR reports in the daily ward rounds

- Patient Flow Coordinators keeping the CUR information live – medical / frontline staff chased less for updates i.e. transport updates
- Commencement of quantifying delays – powerful data
- Clinical engagement to the CUR Dashboard made visible

CHALLENGES

- Maintaining compliance during winter pressures
- CUR data being used operationally
- Operational / clinical engagement at times of real pressure



CUR data has been impactful in a number of Trusts in supporting winter planning and escalation processes during winter 17/18. The CUR data allowed Trusts to have a much greater understanding of their demand and capacity, using trajectories from data capture over previous months. Salford Royal Hospitals for example, did not have to open any escalation beds over the winter period 2017/18 due to previous redesign activity including the development of a 49 bedded sub-acute facility. In addition, the Trust chose not to take a blanket approach to the cancellation of elective surgery in January 2018 as they were confident, given the data available to them, that they could manage their internal capacity.

This group is now working on a number of initiatives to further ensure CUR data is embedded into the EMS system for those Trusts using CUR, and will report out by the end of August 2018. These are:

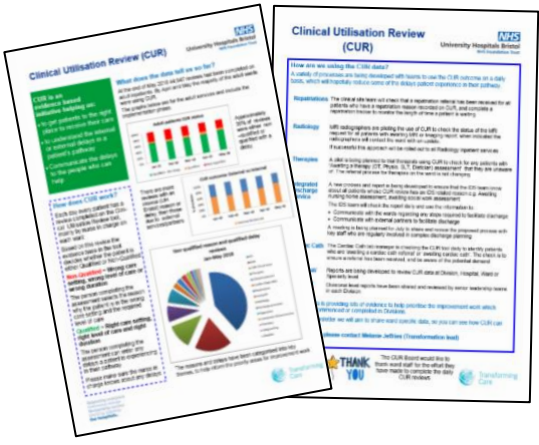
- 1a) Development of an **escalation process** during winter months which draws on CUR data, with alignment to the OPEL levels 1-4. This will offer a description for each OPEL level and contain generic principles which can be tailored to a local system setting.
- 1b) Design of a **hierarchy approach** to support escalation, using CUR data to inform decision making at site, operational level, and system level.

- 2) Design and delivery of a template containing the types of CUR data necessary to inform a system discussion. This can be adapted to local systems though key KPIs will be included to enable consistency.
- 3) Development of a tool to financially quantify the non-qualified elements of CUR activity that impact in winter. This will allow greater targeting of investment and resource to support improvement.

The group will continue to meet over the summer months and report out at the September CUR Learning Network. For further information on the winter planning group, please contact

Alison.Johnson27@nhs.net

UHB have developed an internal CUR Newsletter that clearly highlights to internal staff; how CUR works; what the data is telling them; how they're using the data; what the evidence is helping them to achieve and thanking ward staff for the effort they have made to complete the CUR daily reviews. Below is just a snapshot of their engaging content.



CUR is an evidence-based initiative helping us:

- ➔ to get patients to the right place to receive their care
- ➔ to understand the internal or external delays in a patient's pathway
- ➔ communicate the delays to the people who can help

How does CUR work?

Each day every patient has a review completed on the Clinical Utilisation Review tool, mainly by the nurse in charge on each ward.

Based on this review, the tool, using the embedded clinical evidence base decides whether the patient is either **Qualified** or **Non-Qualified**.

Non-Qualified = Wrong care setting, wrong level of care or wrong duration

The person completing the assessment selects the reason why the patient is in the wrong care setting and the required level of care **Qualified** = **Right care setting, right level of care and right duration**. The person completing the assessment can enter any delays a patient is experiencing in their pathway.

University Hospitals Bristol NHS Foundation Trust (UHB) began their project to roll out the CUR initiative

Trust-wide, starting in November 2017. Having looked at the way other implementations had been completed, UHB chose to focus their efforts on rolling-out the assessment tool (MCAP) and accumulating data prior to launching and embedding the flow-improvement programmes.

This meant that the Trust had staff to train to cover upwards of 750 beds, across 38 wards, aiming to complete by the Summer of 2018. Currently, implementation of the assessment tool on all Adult wards has been completed and a start has been made on rollout-out at the Children's & Maternity hospitals.

Having decided to take this 'big-bang' approach to tool rollout, UHB recognised that a robust governance approach was required, and the Trust established a CUR steering group and project team, as it was imperative that the benefits of the initiative were recognised as soon after rollout as possible. This was particularly important for the ward staff who had been asked to complete this new, additional task with no guarantees of immediate improvements.

The Steering Group needed to be built with influential members from the Trust, and good representation across the board, to make sure change would happen as quickly as possible.

Dr Mark Smith - COO



How are we using the CUR data?

A variety of processes are being developed with teams to use the outcomes from CUR on a daily basis, which will hopefully reduce some of the delays patients experience in their pathway.

The first step was to ensure the project was sponsored and initiated at the highest levels. To ensure this happened, both the Trust Board and the Senior Leadership Team (SLT) were presented with the scope to sign off as a priority before work commenced. At the same time, the CUR Steering Group was created under the chairmanship of **Dr Mark Smith, Chief Operating Officer (COO)**, backed-up by **Dr Chris Bourdeaux, Chief Clinical Information Officer (CCIO)** as the deputy.



Dr Chris Bourdeaux – CCIO & ICU Consultant

Alongside senior representatives from every Division (both Clinical & Managerial), project delivery team and Clinical Site Team members, the Steering Group meets every month to progress the work with senior members also meeting in the interim as a smaller leadership team, to track the project against the strategic aims and to take action as needed.

This structure has meant that the project governance has kept a sufficient level of influence to maintain progress, whilst being agile enough to adapt to changes quickly. So far, the project has kept on-track and has succeeded in creating a baseline of CUR information to begin the flow improvement activities. The CUR data is providing lots of evidence to help prioritise the improvement work which needs to be commenced or completed in Divisions.

Manchester University NHS Foundation Trust

MUFT has undergone significant changes during 2017 as part of the Single Hospital Strategy Programme of work. The former CMFT and UHSM Trusts merged on 1st October 2017. Prioritisation of Informatics workstreams, the subsequent delays in the CUR dashboard development and reporting work, combined with an unprecedented winter demand has impacted on our CUR Programme delivery and benefits realisation for Q4, 17/18.

This however, with the recruitment of a senior nurse to the Central site team has allowed us to concentrate on our data quality to ensure optimal use of CUR as we prepare to scale up throughout the remainder of the organisation for the CUR CQUIN in 18/19.

MFT central site has implemented CUR across **711 beds** covering all in-patient beds within MRI hospital, as well as in our **AMU and ESTU (emergency village areas)** seeing around 12% non-qualified patients on admission, whilst Wythenshawe have scaled up throughout their current bed base to **860** (excluding maternity services).

Both sites are achieving the required compliance target and 2018/19 Non-Qualified reduction targets are expected to be around 12%.

Currently, MFT appears to have a 70/30 ratio of internal to external reasons and delays but the data validation work demonstrates a significant number of 'quick wins' to be achieved throughout visibility of data with our dashboard and revised data usage.

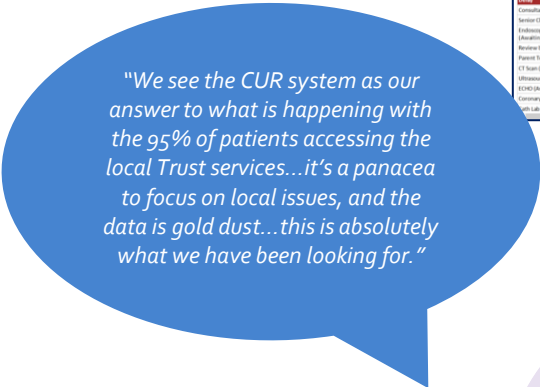


Visibility of our CUR dashboard has surfaced this previously hidden wealth of data.

Key Workstreams for Q4

A 'Perfect Week', held in March 2018 within MRI was the catalyst for the CUR Programme as its potential became visible to all those involved in the event including senior executives, representatives from the community, social care, the newly formed Manchester Local Care Organisation and our commissioners (who have been keen to collaborate with us using CUR for over a year now).

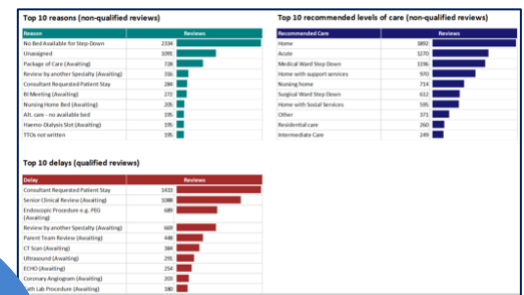
Jason Hughes, commissioner with Manchester CCG said



"We see the CUR system as our answer to what is happening with the 95% of patients accessing the local Trust services...it's a panacea to focus on local issues, and the data is gold dust...this is absolutely what we have been looking for."

CUR is now planned to be '**The single version of truth**' for MRI's bi-weekly, multi-agency discharge 'MADE' events and will inform patient flow activity in real time.

The Informatics team are working to integrate the system with those we currently use to ensure visibility and transparency to improve patient journey.



Our newly created dashboard surfaces performance data whilst an operational use platform allows stakeholders to drill down into the granular level patient data. Reasons and delays influencing patient length of stay are mapped to national 'stranded patient' codes and DTOCs, with future plans to align CUR system use throughout the remaining MFT in-patient bed base, throughout this financial year. SAFER work streams will be incorporated into the system and other requests considered in line with evolving CUR use and scaling up processes and the overarching governance CUR Board Group.



Salford Royal NHS Foundation Trust

CUR initiative: Identification of patients awaiting diagnostics to create a pull culture.

Diagnostics was identified as one of the top 5 internal delays within the Trust. Patients who are Non-qualified, awaiting diagnostics procedures / results are now pulled by the department to reduce LOS.

Following the introduction of CUR, we were able to easily identify the patients on whom radiology diagnostics would increase the discharge probability and improve patient flow. Prior to this development, we had no easy way to prioritise patients on whom diagnostics were not deemed clinically urgent.

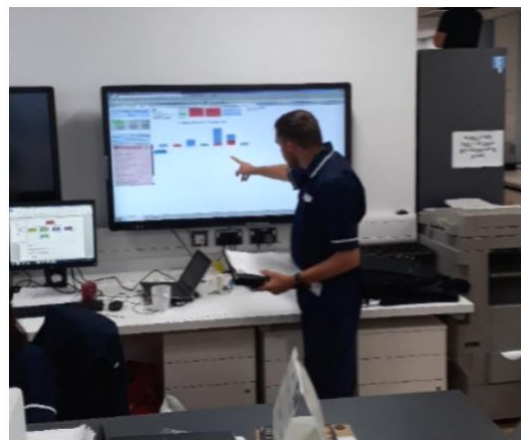
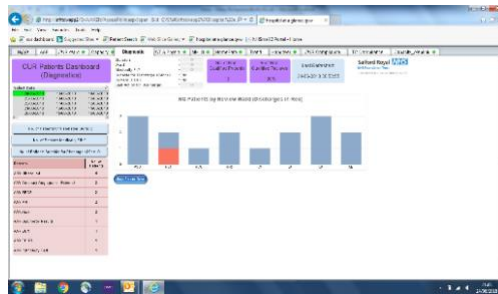
This development allowed the radiology team to routinely check and prioritise those patients who would benefit most and we have seen a marked reduction in diagnostic waiting times for this cohort of patients. This also led to a reduction in the volume of phone calls and emails to radiology personnel.

We have developed a radiology dashboard for in-patient diagnostics following the introduction of this tool which has provided further visibility on pressure areas and compliments the CUR tool information which is provided daily."

*Jonathan Priestley,
Radiology Business
Manager, SRFT*



The impact has been a reduction in the Length of Stay for patients awaiting diagnostic procedures / results, releasing acute beds and patients getting results/scanned in a timelier manner.



South Tees Hospital NHS FT

South Tees is one of the early implementers of CUR, and through the governance structure and leadership of the CUR programme within the Trust, has made considerable gains in how CUR is being used across the Trust to influence change both within the organisation, and across the local health and social care system.



CUR is active in 640 acute beds and 100 community beds. The compliance rate in the use of CUR is 90.1% and the not met rate for the Trust is 34%.

The Trust is progressing a number of elements of the work programme including:

- An outlier report used by site operations and clinicians
- Top 10 delays quantified from a bed days and financial perspective to allow for a focused approach on areas of opportunity
- Work streams identified for the Top 10 delays to delve further into the data, and continuously improve in these areas
- Further development of CUR dashboards to enable tracking of trends and improvements.

The Trust have also identified future development opportunities to ensure the CUR programme and its use continually evolves within the Trust. Developments include:

- Introduction of a pick list dashboard to allow teams to track CUR projects aligned to current CUR data
- Analysis of winter period data to enable better planning of resource for 18/19
- Implementation of a DTOC module
- Integration of CUR within the Major Incident Plan
- Rollout of CUR to PICU

Norfolk and Norwich University Hospital Foundation Trust

Norfolk and Norwich University Hospital Foundation Trust (NNUH) is responsible for providing a broad range of acute clinical services to a population of around 900,000. The hospital provides secondary acute care and some specialist tertiary services, and is a centre for professional education, training and healthcare research for the East of England.

The Trust employs approximately 7000 staff, on two sites, and provides a total of 1200 beds. Like most large acute teaching Trusts the NNUH has to balance the combined impact of financial and staffing demands with the provision of high quality care and efficient patient flow. Demand for healthcare services is also increasing year on year, and Norfolk has a population with the oldest average age in the UK.

NNUH has sought to deploy innovation and new technologies in order to achieve improved and more rapid patient flow.

CUR was implemented in the NNUH in September 2016. Full roll out was achieved by March 2017 and this was the largest and fastest roll out in the UK. This achievement was recognised by NHS England. The system is live on 964 beds across the hospital, including the Acute Medical Unit (74 beds), the Surgical Assessment Unit (33 beds) and Paediatrics (33 beds). Data input is completed daily by Ward Sisters, and overall compliance ranges from 77% to 83%.

As well as clearly identifying the top five reasons for delay, early data analysis has highlighted the shortfalls in integrated Community Services such as Outpatient IV Antibiotic Therapy (OPAT) and the management of VAC dressings. **Combined potential annual bed day savings have been estimated at approximately £289,000.**

Despite limited resources to support the project management of some of the new initiatives, the gradual application of faster and safer discharge processes, particularly for vulnerable and frail patients, has started to deliver a more efficient hospital and local health system.

Other local health system partners have been inspired by the use of the CUR system to better understand their patient flow dynamics. Better partnership working, and information sharing has paved the way for easier integration of services across the acute, community and social care sectors.

CUR has enabled NNUH to improve compliance with clinical information recording to 85%, reduce 'ready for discharge' patients by 18% and reduce 'avoidable admissions' by a further 5%.

Roberta Fuller, NNUH Deputy Chief Operating Officer comments:

"Medworxx helps to provide clarity at all levels of the patient journey through the acute hospital, and potentially beyond, if our local health system partners decide to adopt the Medworxx product. Effective use of the Medworxx system enables us to identify blockages to efficient patient flow and gives us a focus around which to design solutions."

"We are working with our clinical teams to empower medical and nursing staff to understand the impact of their daily work processes and decisions, and to design improved services for patients which can minimise harm and support more rapid recovery. Regular Medworxx reports have been designed at NNUH to answer the questions most frequently asked."

"The Trust is currently in the process of embedding the use of this data as part of business as usual. We have high hopes for the continued use of Medworxx to support the ongoing delivery of service improvements as we explore the use of new technologies and techniques to manage the optimum flow of patients from arrival to discharge."



[Click below to read the full article or watch the short video >>>](#)

<https://www.healthcareglobal.com/hospitals/aptean-medworxx-partners-nnuh-develop-world-class-integrated-care-system-ics>

<https://www.youtube.com/watch?v=gVYSIWQYSYk&feature=youtu.be>

University Hospitals Birmingham NHS Foundation Trust

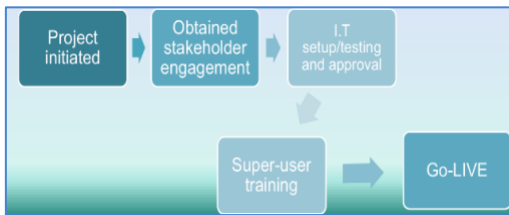
The Queen Elizabeth Hospital

Birmingham, part of University Hospitals Birmingham NHS Trust (UHB), delivered direct clinical care to over 1 million patients in 17/18. The hospital has over 9000 staff, working across more than 40 disciplines and is a Level 1 Trauma Centre, and home to the Royal Centre for Defence Medicine. It has the largest solid organ transplant programme, major specialist centre for burns and plastic surgery, neurosciences, and has a specialist cancer centre.



In Sept 2016, UHB was named as a **Global Digital Exemplar** trust as part of new plans to fast-track digital development and improve digital skills of the NHS workforce. The Trust has developed one of the most sophisticated health informatics capabilities in the world, the only secondary care informatics system created and controlled by the NHS and includes the award-winning portal, myhealth@QEHB, which allows patients to access their own health record.

The Trust presented their innovative approach to CUR to the National Learning Network. They began to pilot CUR in earnest in November 2016 across 72 beds including Neurosurgery and Elderly Care Ward.



A mix of ward managers and band 6 nurses were trained as super users to use the CUR tool (**9 super users**). And it was agreed that the tool should be used during Board Rounds, as this is generally where discussions surrounding patient care would take place with multi-disciplinary input.

A number of technical issues were identified including:

- Duplication of Patients
- Patients were missing
- Incorrect bed number
- Cases of incorrect encounter number
- Silverlight software not available on all computers

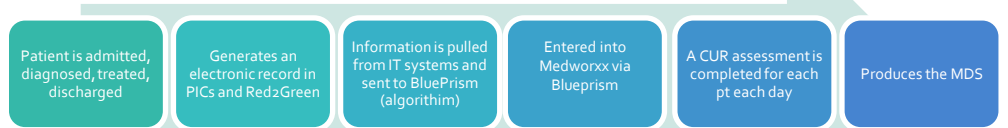
- Problems with adding the CUR Medworxx icon on to desktops

All technical issues were resolved quickly and our technical experience of using CUR in the pilot was unproblematic. We recognised the value in CUR and

"Why can't we use IT resource to remove duplication and make it easier for front line staff?"

Enter BluePrism

Blueprism is a Robotic Process Automation. Robotic automation refers to a style of automation where a machine, or computer, mimics a human's action in completing rules-based tasks.



All patient contacts are recorded on QEHB's existing clinical systems. An algorithm has been developed which collects clinical data for all activities associated with a patient's stay. **Blueprism** automation process then populates the fields within the Medworxx CUR system. This allows a CUR assessment to be consistently completed each day for every patient.

QEHB has also implemented Red2Green across all its inpatient wards and want to use CUR to triangulate with R2G to identify issues and improve internal services and processes within QEHB. This will be central to system redesign of services for the elderly who are at risk of frailty related harm. A reporting suite and associated dashboards will be developed once the Trust has fully refined the algorithm and automation process.

We envisage that this will provide evidence for the requirement to improve pathways and provide evidence on the success of internal and system-wide improvements as well as saving on qualified nursing time, improving consistency and removing unwarranted variation. We envisage that this will realise the following benefits:

- Qualified nursing time saved (estimated at £2092 per week trust wide B5 nurse @ 40mins)
- Consistent – removing bias and reducing variation
- 7 days/week
- Able to triangulate with R2G and clinical data in a meaningful way



The National CUR Team visited the Trust on 5th July to view the CUR process in action and were extremely impressed with what the Trust has achieved.

Watch this space for a more detailed article on this innovative approach in coming months.

Lancashire University Teaching Hospitals

Lancashire University Teaching Hospitals has initiated several service improvement initiatives to address internal delays.

INITIATIVE 1 - WARD BASED THERAPISTS

As a direct consequence of one of the top 5 internal delays relating to OT / Physiotherapy, the Trust is currently implementing ward-based therapists (OT and Physio), initially targeted at those wards with the highest delays due to OT / Physio. This is currently operating on several wards across both the Preston and Chorley sites. Prior to this initiative, the hospital operated a therapist pool. Therapists are now aligned to wards and attend multi-disciplinary board round meetings. Therapists now pull patients, using CUR data, following ward rounds and proactively challenge the ward where inappropriate referrals are made to Occupational and Physiotherapy.

Additionally, on the Chorley site, the matron for medicine has converted existing Band 2 HCA posts into Band 2 therapy assistant posts to reduce unnecessary therapy referrals and end 'PJ paralysis'. The Therapy Assistants can undertake simple assessments around reablement, therapy needs, stairs assessment and mobilisation of patients.

How has this impacted?

The initiative has had a direct impact on the training and education of wards in terms of appropriate referrals to therapy services and educating staff. This has improved relationships between ward staff and therapists.

The Trust will be measuring a number of key performance indicators to measure success of the initiative including:

- a reduction in delays due to patients awaiting therapy
- a reduction in the number of patients discharged from hospital into 24-hour care
- a reduction in inappropriate referrals to therapists



- increase in the number of patients returning home

INITIATIVE 2 – WARD BASED DISCHARGE FACILITATORS

To support the extremely busy frail elderly acute ward at Chorley Hospital, a new initiative commenced in February 2018 piloting a dedicated ward-based discharge facilitator. By definition, the ward understandably has challenges with the complex nature of the patients on the ward; particularly in managing their enhanced needs. As a consequence, trained nursing staff rightly prioritised direct patient care before facilitating complex discharges.

A Discharge Facilitator was implemented to manage patient flow, support the implementation of board rounds and Red2Green on Rookwood A ward. The Discharge Facilitator reviews patients' historical needs according to the social services system, liaises directly with relatives, progress chases investigations, undertakes low-level patient assessments and referrals to both internal and external services and facilitates a 'warm-transfer' of the patient into their discharge destination.

How has this impacted?

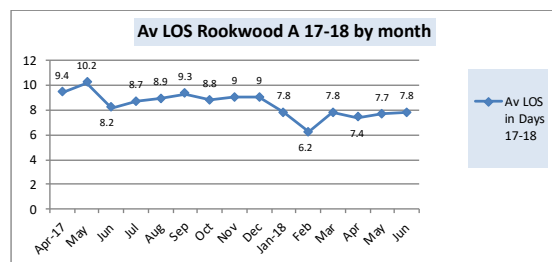
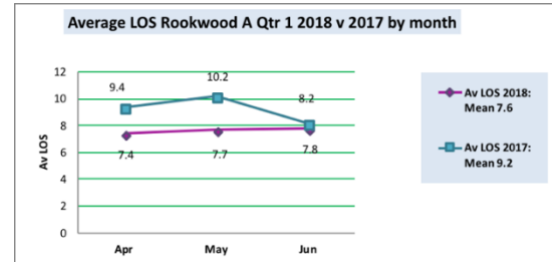
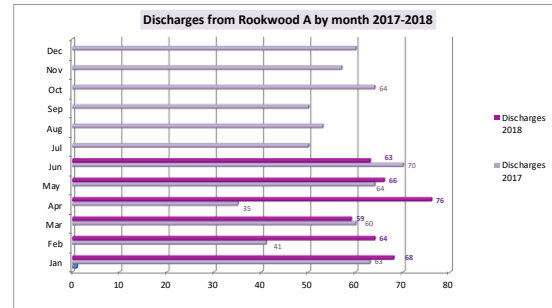
The Discharge Facilitator post has had a successful impact on the Rookwood A. The key successes and outcomes include:

- a reduction in the number of patients requiring a formal social worker assessment
- an increase in daily discharges, from 1-2 patients per week up to 6-7 patients per week. The chart opposite demonstrates the increase in discharges from the Rookwood ward (note that in June 2018, the Discharge Facilitator worked on the

Preston site which had an immediate impact on the number of discharges from the Rookwood ward)

- reductions in Length of Stay and Delayed Transfers of Care (DTOCs). See graphs below reductions in failed discharges
- improved staff morale with staff feeling more supported, releasing clinical time for direct patient care

As a result of this successful initiative, ward-based Discharge Facilitators are now being



rolled out across the whole Trust.

INITIATIVE 3 – INCREASE IN CARDIOLOGY CONSULTANTS

The Trust identified 'awaiting consultant / physician review' as one of the top 5 internal delays. This was due to delays in in-patients waiting for a cardiology assessment. Using CUR data for 2017/18, the Trust developed a Business Case for an additional 2 WTE Consultant Cardiologists. It is envisaged that these 2 new posts will significantly reduce internal delays due to the demand for cardiology assessments of in-patients.



INITIATIVE 4 – STRANDED PATIENT CLINICS

Working with Ward Managers, the Trust has set up weekly Stranded Patient Clinics, using the CUR system to review stranded and super-stranded patients. These clinics are supported by the Divisional Medical Director, Chorley Operational Manager, Specialty Business Manager for Therapies, Clinical Director for Elderly Medicine, and Social Workers (Chorley site). They are led by a Matron and also involve Ward Managers from Medicine. A Standard Operating Procedure (SOP) has been written and reviews have also commenced across the Preston site in early July.

How has this impacted?

The Stranded Patient Clinics are supporting the Trust to achieve the new NHS Target of a 25% reduction in LoS patients over 3 weeks. By operating on a weekly basis on the wards, the clinics are starting to change individual behaviours and culture and ensure that staff are actively planning for patient discharge.

"they are providing me with the time to think about my patients and what needs to happen".

Feedback from staff has been positive.

The Trust is expecting to see a reduction in LoS and increase in daily discharges as a result of these clinics.

Royal Surrey County NHS Foundation Trust

Royal Surrey have been using their CUR data across their STP footprint to shape and inform winter planning and are supporting the CUR winter planning group with their experience.

The planning commenced in September 2017 with an STP wide workshop. Prior to the workshop the Top 20 winter delay reasons for 16/17 were analysed to determine where additional resource would be best placed.

As a result of the data analysis, and whole system view, a total of 5 winter initiatives were resourced in readiness for 17/18. These included;

- ➔ The recruitment of an additional CHC nurse to support the reduction in pathway time for CHC assessments. Through use of the additional resource, the pathway time has reduced from 23 days to 12 days (a 50% reduction).
- ➔ The spot purchase of an additional 4 care home beds, to support patients medically fit for discharge and not meeting CUR criteria.

- ➔ Additional care capacity to support the Trust's Home First scheme. Demand has outstripped capacity in this well used service, and the Trust were able to analyse CUR data to ascertain the capacity required to enable a well-run service to continue.
- ➔ As part of Home First, additional investment in therapies services to enable therapy to be delivered at home.
- ➔ Development of a **community clinical pathway for IV antibiotics**. Again, through review of CUR data the Trust was able to identify an appropriate level of service to support a cohort of patients who would benefit from this service in the community.

The use of CUR data enabled the Trust, as part of the wider STP discussions, to specifically target resource and investment to deliver a more quantifiable approach to winter planning. Lessons learnt are now being taken forward into the 18/19 winter planning round, with CUR again being centric to discussions.



CUR Learning Network

by Alison Johnson

The Learning Network has been established to provide a community of practice for those provider Trusts implementing CUR. It provides an opportunity for networking and sharing best practice with regular spotlight presentations from Trusts.

12 Trusts attended the Learning Network Event on 23rd May in London. The event provided an opportunity to welcome some new Trusts into the network (University Hospitals Birmingham, Maidstone and Tonbridge Wells, and Birmingham Women's and Children's Hospital).

The event started with a spotlight presentation on how CUR has been used at **Manchester University Foundations Trust** on the MRI site to engage the organisation through a Perfect Week Scenario. (Further information on the Manchester work programme can be found within this newsletter).

All those Trusts present provided an update on progress with the following key themes collated through these presentations:

- ➔ Strong governance and leadership within the Trust is key to the success of CUR



- ➔ Senior clinical buy-in can really help project teams gain traction into new areas, and provide a greater focus for improvement through use of the data
- ➔ Communication of the Top 5 reasons for delay needs to be dealt with sensitively – staff can feel demotivated as a result of blocks in patient flow within their service areas
- ➔ Visibility of data through dashboards and reports is important to maintain momentum and feed back to staff.

University Hospitals Birmingham presented their approach to CUR to the wider group which is taking an innovative approach using BluePrism to automate CUR assessments. Further information on this innovative approach is described on Page 8 of this newsletter.

Following the learning network, attendees informed us of the following take-aways from the session:

- ➔ *Interesting to hear from other Trusts on different levels of progress in implementation*
- ➔ *We attended our first event and it has given us a greater understanding of what CUR is, and the potential benefit to our Trust through its use*
- ➔ *Opportunity to network, and understanding how others are using data*
- ➔ *Guidance regarding using CUR and using dashboards to influence change*
- ➔ *The importance of having a project team to drive CUR and maintain engagement.*

Join us at the September Learning Network

The next learning network session takes place on **Tuesday 11th September 2018** (10am-4pm) at Friends House, 173 Euston Road, London, NW1 2BJ. For further information please contact Alison.Johnson27@nhs.net

CUR National



The delivery of the CUR programme is supported by a national team who are:

Hilary Heywood

National Programme Director

T: 07717 467483

E: h.heywood@nhs.net

Alison Johnson

Relationship Lead

T: 07810 752876

E: alison.johnson27@nhs.net

Cheryl Beddall

PMO Lead

T: 07710 809463

E: cheryl.beddall@integralhealthsolutions.co.uk