BOARD OF DIRECTORS MEETING

Agenda Item	P1/212/17	1st November 2017
Subject /title	Clinical Utilisation Review	
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Responsible Director	Helen Porter – Director of Nursing & Quality	
Executive summary and key issues for discussion		

This report provides an update on the Clinical Utilisation Review (CUR) project for information sharing purposes.

The CUR tool has been developed as a commissioning tool to ensure that best value and patient experience is delivered via inpatient settings by challenging providers to reduce unnecessary bed days (Criteria not met).

Early evidence from the implementation of CUR has identified that there is an opportunity to improve length of stay through enhancing existing measures such as:

- implementation of the Keogh standards
- the provisions for consultant inpatient review
- multi-disciplinary ward rounds and early discharge planning processes

These opportunities will feature in the business plan for the Integrated Care directorate for 2018/19, through collaboration between clinical, nursing and managerial leads.

Currently the Trust is meeting the requirements of the CQUIN scheme although work is underway to accelerate progress. There is a strong belief that the use of a CUR tool can support improvements in practice. However, the functionality of McKesson's CUR system and the lack of organisational fit have provided clear rationale to explore whether using another supplier's CUR tool would support CCC to fully realise the system benefits.

Strategic context and background papers (if relevant)

This is part of the wider implementation of quality standards such as the Keogh standards. The approach has been widely deployed in the NHS and has been able to support clinical teams to deliver effective inpatient management and discharge planning decisions by comparing practices between institutions with high and low lengths of stay for similar presentations.

The software was implemented in CCC from October 2016 and has been implemented via the CQUIN scheme initially for two years until September 2018.

Recommended Resolution

The Board members are asked to note receipt of this report for information purposes.

Risk and assurance

Nothing to note.

Link to CQC Regulations

No direct links.

Resource Implications

This project requires clinical resource in the form of Nurse led patient reviews, analytical resource to meet reporting requirements, and project management resource.

Key communication points (internal and external)

- CUR is a proven national approach and methodology to improving inpatient management and length of stay, which has been deployed successfully in a number of cancer specific and general acute hospital settings across the NHS.
- CCC is implementing a programme to embed the CUR methodology and tool within daily working practices
- CCC is the sole user of the McKesson software
- The McKesson system is limited in its functionality

Freedom of Information Status

| FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.

Application Exemptions:
• **Prejudice to effective conduct of public affairs**
• **Personal Information**
• **Info provided in confidence**
• **Commercial interests**
• **Info intended for future publication** | Please tick the appropriate box below:

[✓] **A. This document is for full publication**

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IMPORTANT:

If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.

Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections. |

Equality & Diversity impact assessment

Are there concerns that the policy/service could have an adverse impact because of:	**Yes**	**No**	

Age		✓
Disability		✓
Sex (gender)		✓
Race		✓
Sexual Orientation		✓
Gender reassignment		✓
Religion / Belief		✓
Pregnancy and maternity		✓
Civil Partnership & Marriage		✓
If YES to one or more of the above please add further detail and identify if full impact assessment is required.		
Next steps		
Appendices		

Strategic Objectives supported by this report

Improving Quality	✓	Maintaining financial sustainability	✓
Transforming how cancer care is provided across the Network	✓	Continuous improvement and innovation	✓
Research		Generating Intelligence	✓

Link to the NHS Constitution

Patients		Staff	
Access to health care		*Working environment* Flexible opportunities, healthy and safe working conditions, staff support	
Quality of care and environment	✓	*Being heard:* • Involved and represented	
Nationally approved treatments, drugs and programmes		• Able to raise grievances • Able to make suggestions	
Respect, consent and confidentiality		• Able to raise concerns and complaints	
Informed choice		Fair pay and contracts, clear roles and responsibilities	
Involvement in your healthcare and in the NHS		Personal and professional development	
Complaint and redress		Treated fairly and equally	

Clinical Utilisation Review (CUR): Briefing Paper – November 2017

Recommendation: The Trust Board is asked to NOTE this report.

1.0   Purpose

This report provides an update on the Clinical Utilisation Review (CUR) project.

1.1   Background

NHS England has commissioned the development of a tool to support a more timely, intuitive and rapid approach to ensuring patients are discharged at the appropriate time point, by challenging providers to reduce unnecessary bed days.

The CUR software supports organisations to make objective, evidence-based assessments of whether patients are receiving appropriate care.

1.2   Introduction of CUR at CCC

NHS England requested that the tool form part of the CQUIN programme for 2016/17 and 2017/18. NHS England commissioned 3 software providers and each Trust was required to evaluate and select a package that best suited their needs.

The project has been developed in the Integrated Care Directorate, led by the Directorate Service Manager working with the clinical teams and Director for Nursing and Quality.

Within CCC, the project has been implemented in 2 phases:
1) System testing with analyst support, and operational implementation on Conway ward from October 2016
2) Operational roll out to Mersey ward in April 2017 and Sulby in July 2017

The project is supported by a Specialist Nurse who has become a subject matter expert in the use of the software, identifying gaps, issues and opportunities for improvement in practice. The nurse reviews the status of each patient daily, enters data into the tool, comparing each patient data set against national protocols to identify a status:
- Met criteria for appropriate in-patient stay
- Do not meet criteria to remain on ward (i.e. Ready for discharge).

A national support network is in place that brings together the 35+ Trusts who are currently utilising a CUR tool, enabling sharing of findings and best practice.

2.0   Results

Nationally, the CUR tool has been demonstrated to prevent unnecessary hospital admissions, reduce length of stay and a reduction in avoidable discharge delays in both the acute and specialist setting.

Within CCC, the initial data sets are indicting that there are opportunities to realise the same benefits. The early evidence from implementation of CUR from October 2016 has supported CCC in identifying quality improvement opportunities such as:

- implementation of the Keogh standards and associated KPIs,
- the provisions for consultant inpatient review, in particular the role of the consultant of the week
- multi-disciplinary ward rounds and early discharge planning processes, becoming more focussed.

2.1 Considerations

- The implementation of CUR has generated strong support for the concept, but there are reservations about the strength of the functionality of the McKesson system. CCC is the sole provider using the McKesson system, which has presented additional challenges not least an inability to work collaboratively with other Trusts
- Further evaluation is required to identify whether an alternative system supplier would enable CCC to maximise the benefits through the use of the CUR tool
- The adoption of a single user operational model has identified limitations. This will be addressed by introducing a model that involves ward based nurses completing the daily reviews as part of their working practice
- Engagement with the CUR system has been challenging. Priority will be given to working with the clinical workforce to increase understanding of the opportunities to improve clinical practice that can be realised with appropriate use of the system.

3.0   Next steps

These opportunities will feature in the business plan for the Integrated Care Directorate for 2018/19, through collaboration between clinical, nursing and managerial leads.

Key next steps:
- Embedding the tool within daily practice on wards, working with the Business Intelligence team
- Reporting and intelligence that will be communicated widely
- Task & Finish groups to implement key findings to improve performance.

It is anticipated that if this 2 year programme extends into a third the outputs will impact upon length of stay, avoidance of unnecessary admissions and prompt discharge where clinically appropriate and will feature in how Trust compliance is mapped and assured.

The programme will continue to be led by the clinical and managerial team in Integrated Care, supported by the Director of Nursing and Quality. The programme will also feature in the transformation programme for 2018/19.