UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **May 5th 2011**

REPORT BY: **Catherine Griffiths, Cluster Chief Executive & Chair, Leicester, Leicestershire & Rutland Emergency Care Network.**

SUBJECT: **Progress of the Urgent & Emergency Care system improvement programme**

1.0. Introduction

1.1 This purpose of this paper is to present:

1. An overview of the system performance framework
2. A progress update of each workstream accountable to the LLR Emergency Care Network
3. An outline of any issues that have not been resolved at Network level

2.0. System Performance

2.1 There will be a single performance report that will be circulated to all agencies. This report will include:

- All measures in the LLR urgent care improvement plan
- All overarching measures agreed through the Emergency Care Network
- All national clinical indicators for ED in particular but other areas & services where possible.

2.2 The report will also highlight

- A baseline and specific targets associated with each measure
- The lead agency facilitating the work plan
- A trend pattern to evidence improvement or decline in performance.

2.3 There will be an accompanying narrative on both key highlights from the report and any mitigating actions for areas that show deteriorating performance. The same report will be circulated to all agencies represented on the Emergency Care Network on a monthly basis.

2.4 Due to the requirement to align the measures in the plan to those outcome and performance measures agreed in the contracting round with each organisation, this report is still being populated in its full form. However, an outline of the report is presented accompanying this paper.

3.0. Brief highlights of each workstream

3.1. CDC workstreams – led by Prof Aly Rashid

1. **Redesign of Children's Urgent Care Pathway**

- Non-footprint dependant working between the children's hospital, paediatricians and ED paediatricians has been agreed in the interim to try to avoid unnecessary paediatric admissions.
- Funding of this new model of care has been confirmed through the contractual route; this supports integrated paediatric working and is supported by consortia including the need for 4 new acute care paediatric consultants and 3 advanced nurse practitioners.

2. **Redesign of the Primary Care led Urgent care and interface with ED**

- 5 High Calibre GPs have been appointed to staff the Urgent Care Centre to improve the service provided to ED and to allow a greater range of patients to be triaged away from ED to help with workload. More will be appointed later this year.
- System One is on schedule to be deployed within the Urgent Care Centre in the next few weeks and a read only version within ED in the next 10 weeks. This should allow better sharing of patient information and safer decision making with more patients being sent back to primary care.
- The Loughborough Walk in centre is to be run by the West Leicestershire Consortium and is being lead by Dr Geoff Hanlon - a doctor lead service with fewer deflections to ED and more deflections back to general practice.
- The range of initiatives to primary care to decrease attendance at ED discussed in the last update continue and every practice is being monitored against targets. Some issues still with red phones not being used and reception in UHL technical solutions to reception have been authorised, but usage remains an issue and needs greater publicity.

3. **Transfer of the Out of Hours Service**

- The OOH service is now provided by CNCS, a GP led company from which has been tasked with running the service with local GPs thus helping to avoid unnecessary admissions and referrals to ED and higher quality care.
- The impact of the new arrangements will be closely monitored and evaluated; this will include the take up of sessions by local GP's.

4. **Increasing access to urgent mental health**

- An initial solution-focussed meeting between UHL, LPT and the PCT cluster Medical Director took place earlier in the month and resulted in agreement of actions required to improve urgent and emergency access to mental health services. Following a presentation to the CDC, a cross-organisational business case will be authored in order to progress the expansion of the liaison psychiatry service in ED. The focus of this will be to increase the service provision to include evenings and weekends.

3.2. SOG workstreams – led by Catherine Griffiths/Jo Yeaman

1. **Redesign of the Frail Older People's pathway**

- Workshop to agree overarching goals and objectives and pathway scope completed with sign up from stakeholders across LLR health and social care system.
- Five pathway mapping workshops completed to identify existing practice and to highlight key areas for improvement
- Frail Older Person's Advice and Liaison Service and Elderly Frailty Unit implemented in December 2010. Early figures indicate that 20% of admissions have been avoided for those referred to the scheme.
- Scheme for geriatric sub-acute clinics approved by commissioners (geriatrician outreach in community clinics to support GPs in keeping patients at home).

2. **Streamlining the discharge process & reducing readmissions**

- Project resource secured for 3 months to co-lead workstream to increase discharge rate before noon from 18% to 30%.
- Internal task and finish group set up to focus on PTS issues.
- Project scoping, including baseline of data, completed and project objectives defined.

- Discharge management software explored and 2 companies shortlisted for further dialogue.
- Moving therapy assessment slot from 11-12 noon to 3-4pm, to facilitate timely identification of patients to be followed up secured discharge before 12 noon the next day. Implementation expected after Easter.
- Internal UHL readmissions group widened to include external stakeholders and to align the project to the ECN governance structure. Individual CBU plans focussing on reduction of readmissions will be unified into one plan and then aligned to other linked workstreams such as intermediate care.
- Trajectory to reduce readmissions agreed with a year end target of 5000 for 2011/12.

3. Implementation of integrated health and social care model

- A draft strategy to progress the vision for an integrated health and social care model is in progress. Resource has been secured for this piece of work.
- An agreed priority area is to progress the integration of health and social care service provision for the Rapid Intervention Team by September 2011.

4. Optimising delivery of EMAS services

- UHL/EMAS PTS task and finish group mobilised to identify and implement actions that will reduce the re-bed rate to < 5 per week within 90 days, with a declining trajectory for the year. Actions include patients being made ready earlier and EMAS resource matching this earlier demand on resource.
- Turnaround times for 999 services continue to be an issue; specific task and finish group set up and performance managed both through the EMAS/UHL contract meeting as well as through the emergency care governance structure.

5. Ensuring robust escalation and surge planning

- Multi agency service provision across the double holiday period mapped and gaps escalated to relevant agencies. This has been circulated across all agencies in LLR, including availability of all General Practice and community pharmacy across LLR.
- Collaborative multi agency briefing held on Tuesday 19th April, all agencies across health and social care represented.
- Comms plan ready for Easter:
  - Specific media releases identifying alternatives to ED,
  - Press releases in case of surge prepared in advance

3.3. Internal UHL workstreams – led by Suzanne Hinchliffe/Dr Kevin Harris

1. Reconfiguration of the ED footprint

- Following in depth analysis of arrival trends and their potential impact on the department, a model of the required footprint for ED has been proposed with full support from partner agencies.
- The model has been signed off by UHL clinical representatives across specialties.
- A business case is being written in order to secure funding required to progress this and will be submitted to the Transformation Fund Panel in early May 2011.

2. Workforce

- There has been positive advancement in progressing plans to increase the medical workforce. Outcomes achieved in the last 60 days include:

Recruitment	Timescales
2 x substantive ED consultants	June 2011

2 x locum ED consultants	Aug and Sept 2011
6 x advanced ED practitioners	Within 3 months
3 x physicians assistants	Within 3 months
AMU 6-10pm cover mainstreamed	Complete
EFU team – 2 x Acute physicians	Complete
2 x lean officers (MAU)	Complete

3. Redesign of specific UHL processes

- Bed bureau pilot
  - Bed Bureau surgical pilot concluded (though remains in place) realising a 30% admission avoidance through next day clinic capacity, diagnostics and surgical list availability
  - Bed Bureau medical pilot concluded (though remains in place) realising up to a 47% admission avoidance through next day clinic capacity and diagnostics
- Ambulatory Care Sensitive Condition pathways
  - Abdominal ambulatory care pathway commenced
  - PE ambulatory care pathway commenced
  - Chest pain ambulatory care pathway in progress

4.0 Issues that have not been resolved at Network level

1. Securing access to the capital funding required for the improvements to the ED footprint.
2. Securing a 'Head of Transformation' role to programme manage the Urgent Care transformation programme.

5.0 Recommendations

The Board is asked to:

NOTE the performance of the urgent and emergency care system
NOTE the progress of each workstream