	Trust Board
From:	Suzanne Hinchliffe
Date:	**2nd June 2011**
CQC regulation	All

Title:	**Emergency Care Transformation**

Co-Author/Responsible Director: S.Hinchliffe, Chief Operating Officer/Chief Nurse

Purpose of the Report:
To provide members with a summary of April performance and summary of progress over past 90 days

The Report is provided to the Board for:

Decision		Discussion	√
Assurance	√	Endorsement	

Summary / Key Points:

- A very slow improvement in performance is noted for April in both four hour and overall patient waiting times
- Attendance levels have seen a reduction in April
- Positive progress has been made regarding staff recruitment in line with workforce plans
- The Emergency Frailty Unit has seen positive outcomes in the first 10 weeks of operation
- The pilot of triage for medical and surgical bed bureau referrals continues with positive admission avoidance
- There were 37 're-beds' for April
- A proposed footprint for ED has been clinically agreed

Recommendations: Members to note and receive the report

Previously considered at another corporate UHL Committee? No

Strategic Risk Register Yes	**Performance KPIs year to date** CQC/MONITOR

Resource Implications (eg Financial, HR) Under review as part of workforce plans and transformation funds

Assurance Implications N/A

Patient and Public Involvement (PPI) Implications N/A

Equality Impact N/A

Information exempt from Disclosure N/A

Requirement for further review? Monthly review

Paper I1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 2nd JUNE 2011

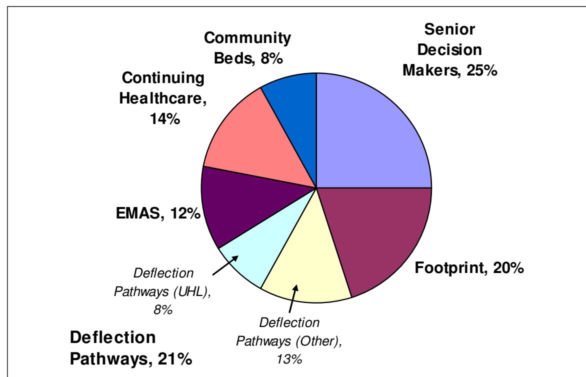
REPORT BY: SUZANNE HINCHLIFFE, CHIEF OPERATING OFFICER/CHIEF NURSE

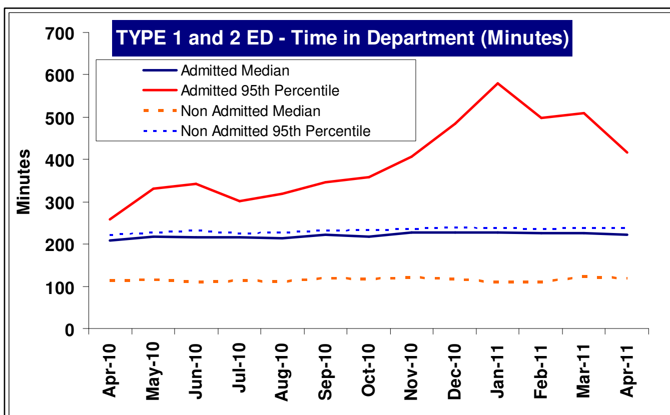
SUBJECT: EMERGENCY CARE TRANSFORMATION

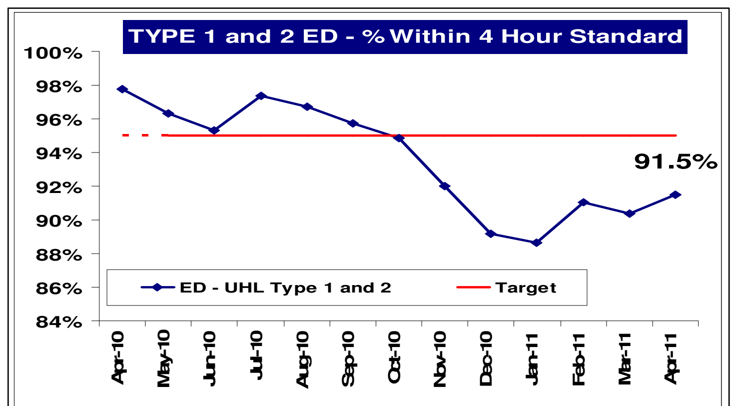
1.0 Introduction

The following report offers an overview of activity for April 2011 together with a summary of actions taken over the past 90 days.

Further to the ED transformation paper presented to the January 2011 Trust Board, recognition was given that a multi-agency approach to the LLR urgent and emergency care system was required. Furthermore, the Trust Board supported a range of actions embracing process re-design, footprint development and workforce modernisation. At the January Trust Board, a distribution of impact was as follows:







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UHL Type 1 & 2 performance against the 4 hour target for the month of April 2011 is 91.5%. An LLR position has not been reported and activity attributed to the UCC is not included to date. The support to include this data has however been confirmed by the Department of Health which would then enable a more 'like for like' comparison with fellow organisations where hosting or joint governance arrangements exist between same site provision and where overall data is also captured in addition to individual activity.

Although a disappointing performance, there is evidence of a slow improving trend in the four hour standard and a reduction of time spent by patient's in the department.

2.0 Inflow

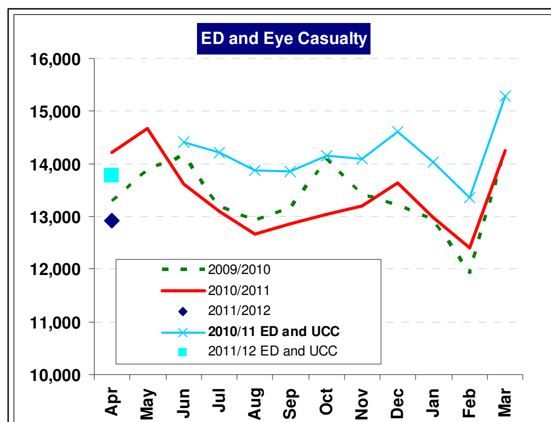
2.1 ED Attendances

Growth in overall attendances has been seen throughout 2010/2011 prior to UCC deflection though a reduction in overall attendances is reported in month 1 which may be seen below.

The following data shows total attendances *post* deflection which accounted for 851 patients during this period.

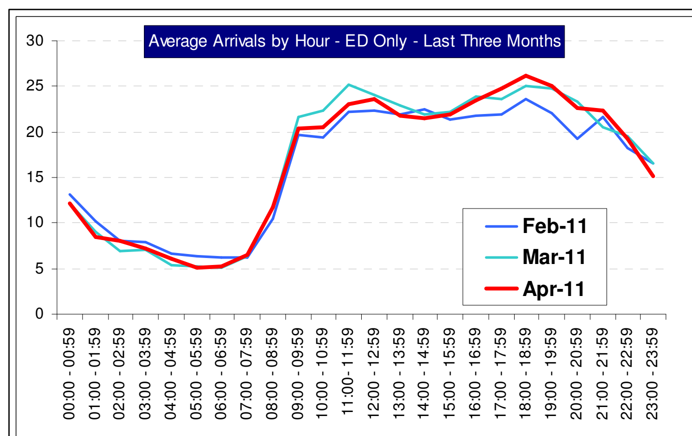
EMERGENCY DEPARTMENT and EYE CASUALTY

	2008/2009	2009/2010	2010/2011	% Change 10/11 vs 09/10	2011/2012	% Change 11/12 vs 10/11
Apr	12,825	13,301	14,213	6.9%	12,927	-9.0%
May	13,771	13,901	14,674	5.6%		
Jun	13,587	14,148	13,613	-3.8%		
Jul	13,224	13,172	13,094	-0.6%		
Aug	13,172	12,916	12,664	-2.0%		
Sep	12,893	13,151	12,868	-2.15%		
Oct	13,004	14,086	13,047	-7.38%		
Nov	13,027	13,421	13,194	-1.69%		
Dec	12,418	13,199	13,627	3.24%		
Jan	11,978	12,940	12,975	0.27%		
Feb	11,535	11,913	12,409	4.16%		
Mar	14,608	14,253	14,257	0.03%		
Sum:	156,042	160,401	160,635	0.15%		



2.2 Arrival Times

The following graph below shows the arrivals to the emergency department by hour. Recent attendances have shown a slightly increasing pattern of presentations pre and post midnight and during the early hours of the morning.



Graph A - Average arrivals by hour

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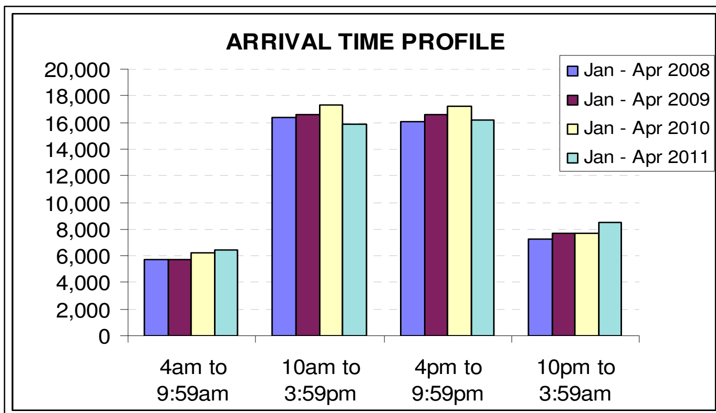
When comparing to fellow emergency departments, attendance times during the late evening/early morning remain differentiated from other units – an issue raised by Dr I. Sturgess during the LLR ECIST review. This presentation pattern however has not changed over recent months and further analysis below regarding ED type 1 arrivals continue to show a pattern of incremental shift during these hours.

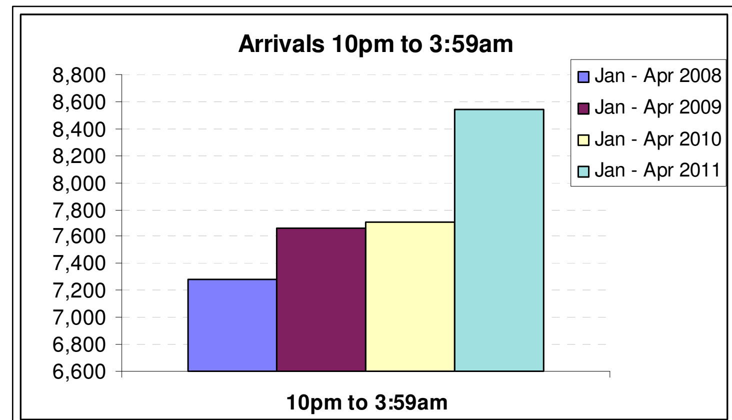
TYPE 1 ED ATTENDANCE
Arrival Time Profile

Arrival Time	Jan - Apr 2008	Jan - Apr 2009	Jan - Apr 2010	Jan - Apr 2011
4am to 9:59am	5,717	5,738	6,209	6,476
10am to 3:59pm	16,366	16,541	17,262	15,872
4pm to 9:59pm	16,058	16,627	17,195	16,150
10pm to 3:59am	7,276	7,665	7,703	8,543
Sum:	**45,417**	**46,571**	**48,369**	**47,041**

As a percentage

Arrival Time	Jan - Apr 2008	Jan - Apr 2009	Jan - Apr 2010	Jan - Apr 2011
4am to 9:59am	13%	12%	13%	14%
10am to 3:59pm	36%	36%	36%	34%
4pm to 9:59pm	35%	36%	36%	34%
10pm to 3:59am	16%	16%	16%	18%





With particular attention being paid to the number of patients that present during the evening and early hours of the morning, further analysis has been undertaken with regards to the referral source which may be seen below:

Arrival Time	Source of Referral	Attendance	%
Midnight to 7:59am	AMBULANCE	810	15%
	COLLEAGUE/FRIEND	22	0%
	DEPUTISING SERVICE	19	0%
	GP WITH LETTER	55	1%
	GP WITHOUT LETTER	13	0%
	OTHER	118	2%
	OTHER HOSPITAL	36	1%
	OTHER RELATIVE	86	2%
	PARENT AND/OR GUARDIAN	634	12%
	POLICE/PRISON	148	3%
	SCHOOL/COLLEGE	1	0%
	SELF	3256	61%
	URGENT CARE CENTRE	122	2%
	WORK	35	1%
		5355	**100%**

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Understanding the presenting conditions of patients attending between midnight and 07.59 hours, data reported between February 2011 to April 2011 may be seen below where the "Top 20" most common primary diagnoses are identified.

Arrival Time	Primary Diagnosis	Attendance
Midnight to 7:59am	DID NOT WAIT	293
	RE-DIRECTED TO ANOTHER SERVICE	285
	NON CODED DIAGNOSIS - ABDOMINAL PAIN ? CAUSE	167
	NAD	154
	HEAD INJURY - MINOR	140
	NON CODED DIAGNOSIS - OVERDOSE / INGESTION OF DRUGS - NON ACCIDENTAL	116
	NON CODED DIAGNOSIS - CHEST PAIN ? CAUSE	98
	CARDIO-VASCULAR - CHEST PAIN	88
	NON CODED DIAGNOSIS - FALL	71
	NON CODED DIAGNOSIS - ACUTE CORONARY SYNDROME	62
	ENT - EPISTAXIS	58
	RESPIRATORY - CROUP	58
	NON CODED DIAGNOSIS - COLLAPSE ? CAUSE	52
	NON CODED DIAGNOSIS - VIRAL GASTROENTERITIS	51
	ACCIDENTAL POISONING - BY AND EXPOSURE TO ALCOHOL	48
	NON CODED DIAGNOSIS - VIRAL ILLNESS	48
	HEAD - MINOR INJURY	47
	RESPIRATORY - ACUTE LOWER RESPIRATORY INFECTION	47
	GENITO-URINARY - URINARY TRACT INFECTION	42
	PSYCHIATRIC - SUICIDAL THOUGHT/INTENT	40
		1965

2.3 Breach Time Analysis

In response to the above presenting times and in line with previous reports showing a similar pattern, the majority of senior decision maker rotas within the ED have been adjusted to deliver an increased presence during the hours of 22.00hrs to 01.00hrs. When taking into account 'patient process' times, attending numbers during early hours of the morning present a challenge and discussions are being held with regards to alternative solutions.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
00:00 - 00:59	2.2	2.8	1.8	2.8	1.9	2.2	1.4
01:00 - 01:59	2.1	3.7	3.2	2.9	2.5	3.0	2.0
02:00 - 02:59	1.6	3.2	2.8	3.0	2.8	2.9	2.0
03:00 - 03:59	2.1	3.8	3.1	3.3	2.7	3.1	2.1
04:00 - 04:59	2.0	2.9	2.3	2.9	2.3	3.0	2.8
05:00 - 05:59	1.9	2.3	1.8	2.6	1.8	2.5	2.2
06:00 - 06:59	2.0	1.8	1.7	1.7	1.3	2.7	2.2
07:00 - 07:59	1.3	1.7	1.3	1.4	1.4	2.4	2.2
08:00 - 08:59	1.3	1.5	1.0	1.1	0.7	2.0	1.7
09:00 - 09:59	1.0	1.0	1.1	1.0	0.8	1.8	1.8
10:00 - 10:59	0.9	0.9	1.1	0.7	0.4	0.9	1.3
11:00 - 11:59	0.5	0.5	0.5	0.5	0.4	0.5	0.7
12:00 - 12:59	1.3	0.7	0.8	0.8	0.2	0.7	0.7
13:00 - 13:59	1.7	1.2	0.9	1.5	0.7	0.8	1.0
14:00 - 14:59	1.7	2.2	1.4	1.7	1.0	1.6	1.3
15:00 - 15:59	2.7	1.7	1.2	1.5	0.9	1.7	1.4
16:00 - 16:59	1.9	1.7	1.4	1.7	1.4	1.8	1.8
17:00 - 17:59	1.8	1.9	1.9	1.4	1.4	1.9	1.7
18:00 - 18:59	1.6	1.9	1.6	1.1	1.5	2.0	1.6
19:00 - 19:59	2.3	1.7	1.4	1.3	1.3	1.9	1.4
20:00 - 20:59	2.1	1.6	1.8	0.8	2.0	2.4	1.7
21:00 - 21:59	2.5	2.0	1.0	1.8	1.9	1.9	2.0
22:00 - 22:59	2.3	2.7	2.3	1.8	1.6	1.9	1.8
23:00 - 23:59	2.7	2.5	2.3	1.9	2.1	2.1	1.3

Type 1 ED Breaches per Hour

Taking into account the number of breaches that occurred between November 2010 and May 2011, the average number of breaches per hour can be calculated and then RAG profiled as follows:

More than 2 breaches per hour RED
1 to 2 breaches per hour AMBER
Less than 1 breach per hour GREEN

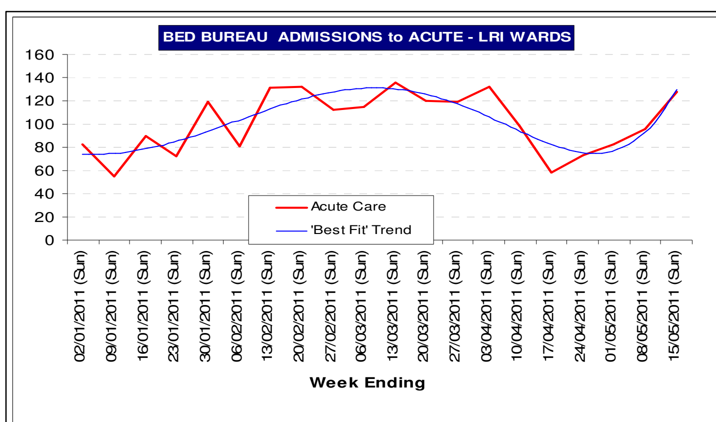
3.0 Admissions

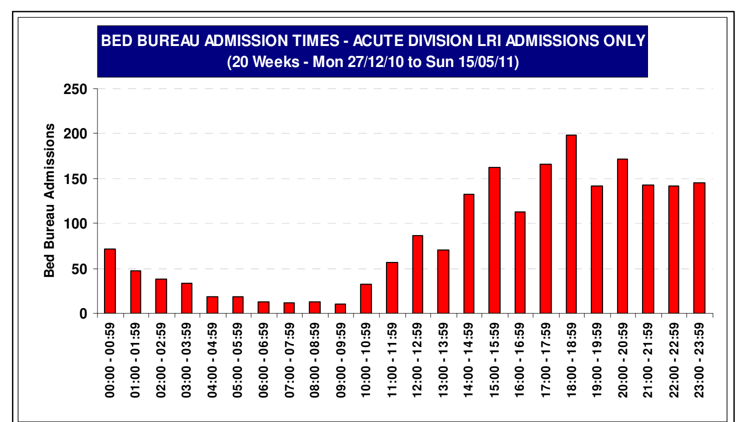
The data chart below demonstrates the breakdown in non-elective admissions to UHL during 2010/2011, with 39% of all admissions being referred from the emergency department to assessment units and 31% from Bed Bureau. Data for EDU for 2011 is likely to change following the reclassification of patients from 'admissions' to 'ward attenders'.

Emergency Activity 2010/2011	Discharged Within 24 Hours	Stayed 24 Hours or More	Sum:	% in 24 Hours	% Share of Total Activity
Emergency Dept - Admitted	11,802	23,032	34,834	34%	39%
Emergency Dept - EDU	8,185	604	8,789	93%	10%
Emerg GP/Bed Bur	11,672	16,108	27,780	42%	31%
Emerg Home Visit	37	28	65	57%	0%
Emerg Immediate	3,989	7,677	11,666	34%	13%
Emerg OP Clinic	489	1,242	1,731	28%	2%
Self Admission	1,430	1,837	3,267	44%	4%
Trans Other Hosp	333	1,917	2,250	15%	2%
Sum:	**37,937**	**52,445**	**90,382**	**42%**	**100%**

Bed bureau referrals have been subject to two parallel running pilots since January 2011 for both surgical and medical patients.

In April, the medical bed bureau pilot location was temporary changed to be based in the ED though post impact on the ambulance 'drop off' resulted in this being returned adjacent to the AMU. Both pilots are subject to transformation bids and have shown positive reductions of admissions of circa 33%. Incremental increases of bed bureau referrals to the LRI however have been noticed towards the end of April, continuing into May over and above deflection plans that have remained in place. Attendance times continue to be measured and continue to show arrival times during the evening hours as can be seen below.





3.1 Length of stay

Over the past 5 years elective length of stay has reduced from 4.1 days down to 3.6 days, a reduction of 0.5 days. During the same timescales emergency length of stay has reduced from 6.1 days down to 5.0 days, a reduction of 1.1 days.

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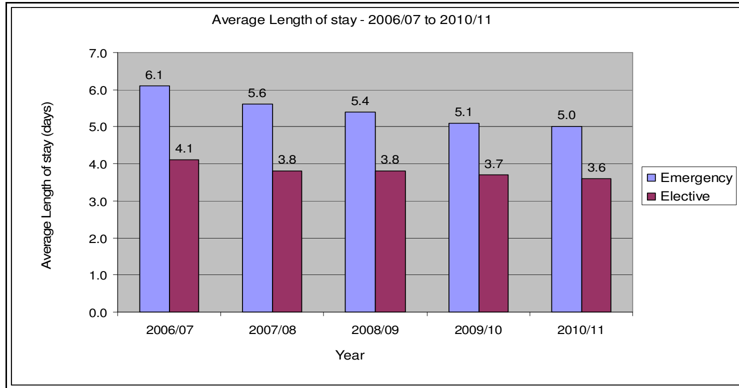
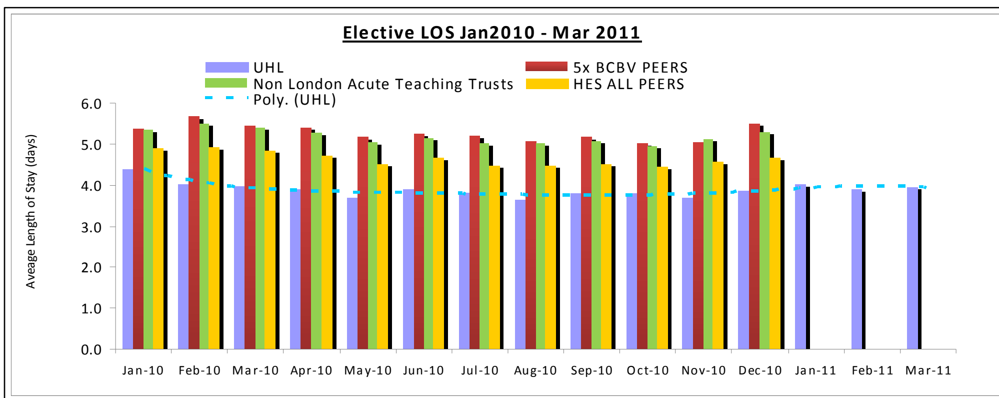
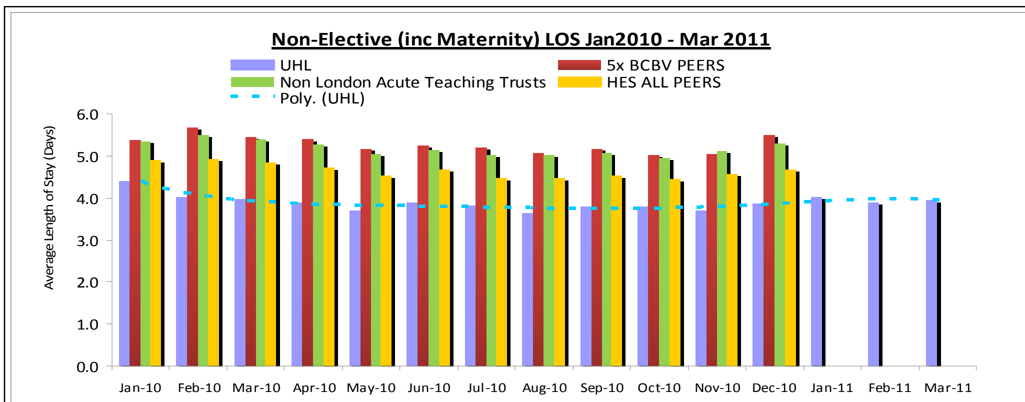


UHL's performance has been benchmarked against a number of peers:

- BCBV peers are Sheffield, Nottingham, Leeds, Newcastle and Birmingham
- Non London Acute Teaching Hospitals
- All Hospitals





Particular attention is being given to the emergency length of stay which during Q4 increased by 0.2 days. Key wards affected included those who were receiving areas for patients who had been 'outlied', swing ward capacity, and patients awaiting discharge to community hospitals or rehabilitation. This is a key area of action for UHL.

With the aim to ensure rapid assessment and improved discharge planning, work is underway with a key focus on the following areas:

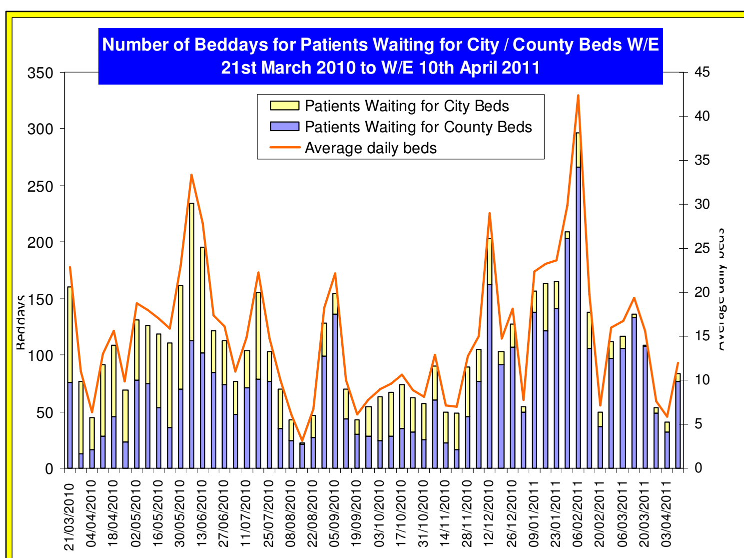
- Delivery and monitoring of morning multi disciplinary board rounds led by consultant or senior SPR with wider presence of the multi-disciplinary team i.e.; Physio/OT
- Presence of Expected Date of Discharge for all patients
- Early prescribing of TTO's
- Improved utilisation of discharge lounges
- Advanced discharge times to earlier in the day
- Evening consultant cover on AMU and ED to support discharge from these areas - established

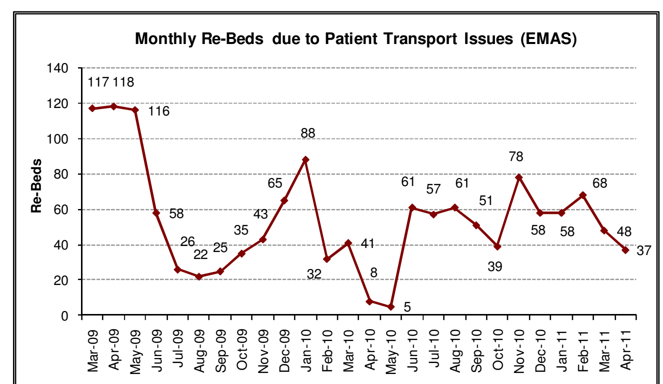
In addition to the above, job plans of Acute Physicians are currently being reviewed in order to provide physician presence to support ED whilst wider recruitment processes take place.

4.0 Outflow

A focus on out-flow remains key and during the reporting period, continued emphasis has been placed on maximising the use of community provision and liaison with EMAS with regards to delays in transportation and 're-beds', and in particular, where UHL can improve its overall discharge planning including the use of transport where revised guidance has been issued. This work is being supported by the Operational Group of the Emergency care Network.

The graph below shows early data in relation to patients suitable for discharge and awaiting city or county provision. April data pre validation suggests a total of 209 bed days were lost. April has reported a total of 37 re-beds during the month and although showing a decline in overall numbers, utilisation of two private ambulance crews are now a regular feature on a daily basis at a cost of between £13 – £19k per month to enable patient discharges.





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5.0 Transformation Progress

The following summary provides an overview of related activity over recent months as identified by the Emergency Care Network. These include:

5.1 Workforce

Recruitment Completed	Start Times
2 x substantive ED consultants	June 2011
2 x locum ED consultants	Aug and Sept 2011
6 x advanced ED practitioners	July/August/September
3 x physicians assistants	May/June/July
AMU 6-10pm cover mainstreamed	Completed
EFU team – 2 x Acute physicians	Completed
2 x lean officers to support MAU	Completed

5.2 Patients

Monthly patient experience surveys have continued providing helpful feedback relating to patient's choice for treatment and their experience within the ED. Positive improvements have been seen in patient's overall experience of ED, communications, privacy, and dignity. Latest results may be seen attached. Discussions are due to be held with PCT colleagues with a view to reviewing the audit profile to maximise feedback.

5.3 Footprint

- A task and finish group has completed the first stage of its work in identifying a footprint for the department to accommodate both activity levels and revised patient pathways. In order to be all embracing, this has also included options and support for the Urgent Care Centre (UCC). Changes to capacity include:
    - Increase of resuscitation cubicles x 2
    - Expand to develop an 8 cubicle triage facility
    - Increase majors to 28 cubicles
    - Increase children's ED by 2 cubicles for triage
    - Creation of integrated reception
    - Imaging facilities within the UCC
- A transformation bid has been completed and business case underway
- Revised ways of working within and across children's services have been agreed in principle

5.4 Ambulatory Care/Admission Avoidance

- A number of ambulatory care pathways have been identified for development with progress over the past four weeks in the introduction of pathways for abdominal pain and abscess. Further pathways agreed for development include:

Renal Colic	Headaches	Pulmonary Embolism	Epilepsy
COPD	Pleural Effusion	Asthma	Syncope
AF/arrhythmia	Home IV therapy	Community Acquired Pneumonia	Throat Pain

5.5 Neurology Services and Emergency Medical Unit (EMU)

In accordance with an agreed plan Neurology services moved from the LGH site to the LRI site and the Emergency Medical Unit (EMU) has been closed on the LGH site and staff re-deployed to facilitate a two-site take.

5.6 Emergency Frailty Unit (EFU)

The EFU was established on the 24th January 2011 with an aim of ensuring that older people who do not require admission to the Acute Medical Unit, receive comprehensive assessment and management. It is an integrated service comprising multi-disciplinary assessment by nurses, therapists, geriatricians and emergency physicians. Early findings of the impact on both length of stay and destination post assessment include:

- the overall Length of Stay has increased by one hour
- there is an overall 13% decrease in admissions to UHL (32% vs. 19%)
- when taking data for all patients attending the EFU, for every seven patients seen with an average additional one hour LoS, one patient is discharged home instead of being admitted

5.7 Bed Bureau Pilots (Surgical and Medical)

Further to pilots now in place since the beginning of the year, findings include:

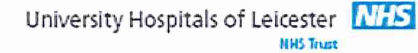
- A 30% admission avoidance through next day clinic capacity, diagnostics and surgical list availability
- A 47% admission avoidance through next day clinic capacity and diagnostics for medical patients

6.0 Close

The Trust is committed to improving the ED performance and alongside the LLR Emergency Care Network (ECN) has an active work-plan to respond to. Further updates by the ECN will also be provided.

S.Hinchliffe
Chief Operating Officer/Chief Nurse

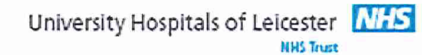
Emergency Department *Front Door Audit*



	Jan-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Dec-11
Number of patients interviewed	100	84	119	78								381
1. Why Have you come into A&E today?												
Minor illness.	60%	11% ▼	22% ▲	36% ▲								32%
Chronic pain.	5%	7% ▲	6% ▼	5% ▼								6%
Minor injury.	24%	55% ▲	49% ▼	42% ▼								42%
Breathing problems.	5%	0% ▼	2% ▲	1% ▼								2%
Renewal of Medication.	0%	0% —	0% —	0% —								0%
Other.	6%	25% ▲	18% ▼	12% ▼								15%
No response.	0%	2% ▲	3% ▲	4% ▲								2%
2. How long has this problem been going on for?												
Few hours.	21%	44% ▲	43% ▼	35% ▼								36%
1 day.	35%	25% ▼	24% ▼	13% ▼								24%
2 days.	10%	4% ▼	6% ▲	19% ▲								10%
3 days.	4%	7% ▲	3% ▼	6% ▲								5%
4 - 6 days.	10%	1% ▼	5% ▲	9% ▲								6%
1 week.	6%	8% ▲	4% ▼	4% ▼								6%
More than a week.	14%	6% ▼	12% ▲	10% ▼								10%
No response.	1%	5% ▲	3% ▼	4% ▲								3%
3. Patients registered with a GP												
Patients registered with a GP.	81%	83% ▲	83% —	86% ▲								83%
Patients not registered with a GP.	10%	5% ▼	17% ▲	12% ▼								11%
No response.	9%	12% ▲	0% ▼	3% ▲								6%
4. Have you tried to see your GP before coming in?												
Yes.	32%	17% ▼	20% ▲	38% ▲								27%
No.	52%	71% ▲	71% —	45% ▼								60%
No response.	16%	12% ▼	8% ▼	17% ▲								13%

Emergency Department
Patient Survery

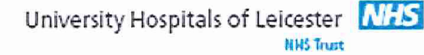
Emergency Department *Front Door Audit*



	Jan-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Dec-11
Number of patients interviewed	100	84	119	78								381
5. If yes, how many times have you tried in last week?												
Once.	81%	79% ▼	38% ▼	67% ▲								66%
Twice.	11%	0% ▼	13% ▲	10% ▼								8%
Three times.	3%	0% ▼	8% ▲	0% ▼								3%
Four times.	5%	7% ▲	0% ▼	0% —								3%
More than four occasions.	0%	7% ▲	0% ▼	7% ▲								3%
No response.	0%	7% ▲	42% ▲	17% ▼								16%
6. If no, why not?												
My GP is always too busy.	2%	0% ▼	0% —	0% —								1%
I couldn't get an appointment until...%.	2%	0% ▼	0% —	3% ▲								1%
I thought this problem needs a hospital doctor.	44%	73% ▲	3% ▼	9% ▲								32%
It's easier for me to come to A&E.	24%	7% ▼	38% ▲	38% ▲								27%
My GP advised me to come to A&E.	3%	16% ▲	1% ▼	23% ▲								11%
The ambulance took me in.	0%	0% —	1% ▲	1% ▲								1%
NHS direct advised me to come to A&E.	3%	3% ▼	5% ▲	0% ▼								3%
My friend took me here.	3%	1% ▼	16% ▲	1% ▼								5%
The police took me here.	0%	0% —	2% ▲	0% ▼								1%
Other.	16%	0% ▼	0% —	0% —								4%
No response.	3%	0% ▼	34% ▲	24% ▼								15%
7. NEW: Were you aware of the urgent care centre?												
Aware	-	-	42% -	51% ▲								47%
Not aware	-	-	38% -	47% ▲								43%
No response	-	-	20% -	1% ▼								11%

Emergency Department
Patient Survery

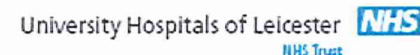
Emergency Department *Patient Experience*



	Jan-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD
Number of patients participating	88	73	96	99								356
Which area of ED is the patient in?												
Majors	71%	71% ▲	82% ▲	74% ▼								75%
Minors	3%	12% ▲	16% ▲	3% ▼								8%
EDU	25%	4% ▼	0% ▼	12% ▲								10%
Paeds		3% ▲	0% ▼	2% ▲								2%
Resus		1% ▲	0% ▼	5% ▲								2%
Not stated	1%	8% ▲	0% ▼	4% ▲								3%
Gender												
Male	39%	47% ▲	57% ▲	62% ▲								51%
Female	61%	53% ▼	42% ▼	36% ▼								48%
Not stated		0% —	1% ▲	2% ▲								1%
Age	In May 2011 new age bands were introduced											
17 yrs or younger	1%	5% ▲	1% ▼	0% ▼								2%
18-25				12%								12%
26-35				11%								11%
36-50				18%								18%
51-64				12%								12%
18-64	**38%**	**53%** ▲	**54%** ▲	**54%** ▼								**50%**
65-74				8%								8%
75-84				14%								14%
85 yrs or older				16%								16%
65 yrs or older	**59%**	**40%** ▼	**44%** ▲	**24%** ▼								**42%**
Not stated	**2%**	**1%** ▼	**1%** ▼	**8%** ▲								**3%**
Gender												
White	79%	78% ▼	89% ▲	79% ▼								81%
Mixed		0% —	2% ▲	1% ▼								1%
Asian or Asian British	13%	12% ▼	5% ▼	11% ▲								10%
Black or Black British	1%	3% ▲	1% ▼	2% ▲								2%
Chinese		0% —	0% —	1% ▲								0%
Other	1%	1% ▲	1% ▼	5% ▲								2%
Not stated	6%	5% ▼	0% ▼	1% ▲								3%

Emergency Department
Patient Survery

Emergency Department *Patient Experience*



	Jan-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD
Number of comments received	286	157	197	495								1135
Overall	NB Quesionnaire Ammended in May 2011. May impact on any trends											
Positive	76%	70% ▼	59% ▼	93% ▲								75%
Neutral	11%	10% ▼	18% ▲	5% ▼								11%
Negative	13%	20% ▲	23% ▲	2% ▼								14%
Care Received	In May 2011 this question changed to "How has your care been today?"											
Positive	77%	84% ▲	69% ▼	88% ▲								79%
Neutral	16%	8% ▼	28% ▲	9% ▼								15%
Negative	7%	8% ▲	3% ▼	3% ▼								5%
Information Received	In May 2011 this question changed to "Did the staff communicate effectivley with you?"											
Positive	66%	80% ▲	43% ▼	92% ▲								70%
Neutral	10%	0% ▼	14% ▲	6% ▼								8%
Negative	24%	20% ▼	43% ▲	2% ▼								22%
Waiting Times	In May 2011 this question changed to "Have you experienced long waits in the dept, have you been told why?"											
Positive	55%	21% ▼	36% ▲	88% ▲								50%
Neutral	13%	24% ▲	7% ▼	8% ▲								13%
Negative	32%	56% ▲	57% ▲	4% ▼								37%
NEW - Privacy	In May 2011 this question was introduced "Has your privacy been maintained whilst you were examined?"											
Positive				99%								99%
Neutral				0%								0%
Negative				1%								1%
NEW - Dignity and Respect	In May 2011 this question was introduced "Were you treated with dignity and respect by staff?"											
Positive				99%								99%
Neutral				1%								1%
Negative				0%								0%