

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

TRUST BOARD

27th JUNE 2013

EMERGENCY CARE PERFORMANCE – SUPPLEMENTARY REPORT

1. Background and Introduction

This report is designed to supplement and update Paper S3 on the Trust Board agenda. It does not seek to repeat the information contained in that report. In summary, however, after a period of reasonably sustained improvement in May, performance in June against the 4 hour standard has gradually reduced back to levels last seen in April. This is clearly not acceptable and needs to be urgently addressed, not least because this deterioration has generally not been seen elsewhere. UHL is therefore now a national outlier in terms of 4 hour performance. What follows is a summary of the key additional actions being taken in the light of this situation.

2. Revision and updating of the ECAT Action Plan

The ECAT action plan is being restructured to make it easier to vigorously track whether actions have been effectively completed or not. In addition, the Right Place handover report has been reviewed to confirm that all the missing elements of the new model identified in the report feature in the plan, and also to incorporate other key actions from that report. The fully revised version of the plan will be available following the ECAT meeting on 28th June.

3. Changes to the Assessment and Frailty Model

It has previously been confirmed through external review that the models that we are trying to put in place are the right ones, with two significant modifications. As referred to in Paper S3, a revised model for the Acute Medical (AMU) and Acute Frailty (AFU) units is to be implemented on 2nd July. This model has been developed by; and carefully tested with, clinical colleagues, and appears to command a high level of support. It is hoped that it will have a significant beneficial impact on patient flow, the deterioration of which is the main cause of recently declining performance.

4. Patient Flow model in the Emergency Department

The Consultants within the ED have recently put forward a fresh approach to managing their department which is based on driving flow using key metrics in real time. This is based on a concept developed by Professor Tim Coats, Professor in Emergency Medicine. This initiative has been welcomed by ECAT and will shortly be piloted in the Minors area. If successful it will be rolled out to the rest of the ED.

5. Performance Improvement through Management of Key Metrics

One of the features of the situation which is well recognised by ECAT is the difficulty in embedding changes in practice and ensuring that new models or procedures are consistently followed, with appropriate remedial action where that is not the case. However, in order to shine a light on these inconsistencies it is necessary to have highly visible data available and to use that data. To that end, we are now developing a new dashboard which will make available the relevant metrics to ensure that e.g. the rapid assessment model is operating reliably in the ED, or that daily board/ward rounds are occurring on all acute wards. Much of this data is already available but it has not hitherto been brought together in a way which allows the whole picture to be seen whilst at the same time allowing drill down into individual areas. ECAT will be developing the content of the dashboard on 28th June together with the Trust's Information specialists. I would expect it to be live within 2-3 weeks maximum. ECAT will then not only look at the action plan but also the dashboard, taking follow-up action as necessary.

6. Chief Operating Officer

Richard Mitchell, our new COO, starts on 10th July. In the light of the seriousness of the current situation, it is my intention to ask Richard to focus almost exclusively in improving emergency care performance in the first instance, together with a small number of other key performance targets. Richard has successful experience of turning round emergency performance elsewhere and his arrival will bring much needed additional capacity and expertise to bear on the problem.

7. Urgent Care Board

The first meeting of the system-wide Urgent Care Board, mandated in all areas by NHS England, takes place on the evening of 27th June. I expect that this will bring greater focus to system-wide improvement activity. Initial discussions have suggested that the system may use a metrics-based performance management approach which would dovetail well with that described in Section 5 of this paper.

John Adler

Chief Executive

26th June 2013