University Hospitals of Leicester NHS
NHS Trust

Agenda Item: Trust Board Paper J

TRUST BOARD – 5 February 2015

Emergency Care Performance Report

DIRECTOR:	Richard Mitchell , Chief Operating Officer
AUTHOR:	Richard Mitchell
DATE:	5 February 2015
PURPOSE:	a) To update the Board on recent emergency care performance b) To update on progress against the LLR action plan
PREVIOUSLY CONSIDERED BY:	Emergency Quality Steering Group, Urgent Care Board and System Resilience Group
Objective(s) to which issue relates *	[ ] 1. Safe, high quality, patient-centred healthcare [x] 2. An effective, joined up emergency care system [ ] 3. Responsive services which people choose to use (secondary, specialised and tertiary care) [ ] 4. Integrated care in partnership with others (secondary, specialised and tertiary care) [ ] 5. Enhanced reputation in research, innovation and clinical education [ ] 6. Delivering services through a caring, professional, passionate and valued workforce [ ] 7. A clinically and financially sustainable NHS Foundation Trust [ ] 8. Enabled by excellent IM&T
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	Healthwatch representatives on UCB and involved in BCT workstream.
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	None undertaken but will be in respect of new pathways within BCT.
Organisational Risk Register/ Board Assurance Framework *	[ ] **Organisational Risk Register** [x] **Board Assurance Framework** [ ] **Not Featured**
ACTION REQUIRED * For decision [x] For assurance [ ] For information [ ]	

♦ **We treat people how we would like to be treated** ♦ **We do what we say we are going to do** ♦ **We focus on what matters most** ♦ **We are one team and we are best when we work together** ♦ **We are passionate and creative in our work*** tick applicable box

REPORT TO:	**Trust Board**
REPORT FROM:	**Richard Mitchell, Chief Operating Officer**
REPORT SUBJECT:	**Emergency Care Performance Report**
REPORT DATE:	**5 February 2015**

Key Points

- There are signs of recent improvement in the emergency care system. ED performance for the month to 18 January 2015 (part month effect) was **89.7%** compared to **93.6%** in January 2014 (full month data), and represents an improvement over **82.9%** in December 2014. Performance for week ending 26 January was **97.04%**
- Emergency Admissions (Adult) continued to rise month-on-month, with **5,323** admissions to 15 January 2015 (part month effect), compared to **6,442** for January 2014 (full month). The current projection for January 2015 (full month, estimate) is in the region of **6,600** admissions. Emergency Admissions (Adult) totalled **6,759** for December 2014, compared to just over **6,000** during December 2013, an increase of 12% year on year
- Emergency admissions during January 2015 averaged **224** per day, compared to **215** per day for the same period in January 2014, an increase of 4.2% year on year
- Delayed transfers of care continue to reduce within year, with data from the most recently reported period down from **5.2%** in November to **3.9%** in December 2014 (compared to **3.6%** in December 2013)

Performance Overview

Hospitals across the country have been facing unprecedented emergency care pressures. Our weekly performance for w/e 18 January 2015 was 94.16%, ranking us 2nd overall out of 8 trusts in the East Midlands and 46th overall out of 139 trusts nationally. Performance for the period 22 December 2014 to 18 January 2015 was 86.13%, ranking us 3rd overall out of the 8 trusts in the East Midlands and 86th overall nationally.

Following last month's Trust Board discussion, the Chairman raised the Board's concerns about the performance of the wider emergency care system with the Chair of the Urgent Care Board. There is no doubt that in recent weeks the wider system has stepped up its response, in particular by extending on-site presence of community and social care staff. This has been of significant benefit and it is important that this input is maintained. Action orientated daily conference calls have also been taking place 7 days a week at Director level to ensure that problems are tackled in real time.

Actions since Trust Board held 8 January 2015

Good progress continues to be made with the UHL actions contained within the LLR Operational Winter Emergency Care Action Plan. This plan details the actions required by partner organisations and which will positively influence demand, flow and discharge of patients across all parts of the Urgent Care system.

The plan includes a total of 55 actions in respect of UHL which detail and expand upon the following over-arching areas for improvement:

Areas for Improvement	
1	Improve 'front-door' interface and alignment (ED / Urgent Care Centre)
2	Improve ambulance turnaround times
3	Implement the Ambulatory Emergency Care strategy
4	Improve the resilience of ED processes
5	Review ED staffing
6	Increase the proportion of GP bed referrals going directly to AMU
7	Reduce the time to assessment by a consultant on AMU
8	Improve Middle Grade staffing resilience in AMU
9	Reduce bed occupancy on the base wards
10	Improve the discharge process in Medicine and Cardio-respiratory
11	Reduce discharge delays caused by To Take Outs (TTOs)

1. Improving the 'front door interface

Key successes have included the establishment of a good interface between ED and the Urgent Care Centre, working to ensure that patients can be directed to the most appropriate setting and then seen by the most appropriate person for their need. Following the introduction of consultant-led telephone triage to GP referrals, an audit across two weeks in early January of evening-only referrals demonstrated that out of 36 telephone triage contacts, 4 patients (11%) did not need to attend ED and a further 11 patients (34%) were correctly diverted to a more appropriate setting or service. This pilot is continuing and will then be evaluated.

2. Improving ambulance turnaround times

We continue to focus on efforts to improve ambulance turnaround times. We have employed additional nurses to work in the assessment bays to support improvements in ambulance handover and turnaround times. The Trust continues to work closely with East Midlands Ambulance Service (EMAS), and is in the process of introducing new touchscreens in ED aimed at improving turnaround times and supporting single person handover. Staff training for this will commence in March 2015, with a plan to fully implement from April. Data for December 2014 reflects the scale of this challenge – we accepted 3,048 ambulance drop-offs during this period, of which 749 (24.6%) experienced a handover delay of 30 minutes and 250 (8.2%) experienced a handover delay of over 60 minutes.

3. Introduce the Ambulatory Emergency Care strategy

The Trust is now a Cohort 6 member of the Ambulatory and Emergency Care (AEC) Delivery Network, and received a positive report following a visit by the Network which took place on 7 January 2015. Data analysis of agreed pathways through ED is now underway, aiming to further enhance and refine priority pathways as appropriate.

4. Improving the resilience of ED processes

We have worked to strengthen processes within ED, including holding weekly 'journey meetings' which review any delays in patient's ED pathways. The trust's 'Gold Command' now meets regularly, is well attended, and is focused on the appropriate flow and discharge of patients through ED. This system is now led by a Director 7 days a week. A Whole Hospital Response process is being revised, and ED has also reviewed and implemented changes to its Standard Operating Procedures (SOPs) to ensure it correctly manages spikes in activity or any delayed discharges.

5. Review ED staffing

Medical staffing has been reviewed to ensure that the Trust has a forward plan addressing its recruitment needs and workforce model. Programme management work is underway to develop and implement a simulation model to ensure the optimum balance between demand and capacity.

6. Increase the proportion of GP referrals going directly to AMU

We have worked closely with CCG colleagues to support the correct flow of GP referrals direct to AMU. Senior decision-maker presence now features within AMU from 0800 through 1700 to facilitate this. A programme of

construction work to increase by 3 the number of beds in the Acute Medical Clinic is underway, and is expected to complete in early March 2015.

7. Reduce the time to assessment by a consultant on AMU

In order to reduce the time taken for patients to be assessed by a consultant in the Acute Medical Unit (AMU), we have ensured that consultant presence on AMU is continuous and supported by roving ward rounds between 0800 and 2300 Monday to Friday and 0800 and 2000 at weekends.

8. Improve Middle Grade staffing resilience in AMU

A review of Middle Grade remuneration rates for temporary medical staff on AMU has now taken place, and a proposal to ensure resilience of these roles is being developed by the AMU management team. This links to trust-wide work on middle and junior grades through the manpower planning project.

9. Reduce bed occupancy on the base wards

Actions are underway to support a 5% reduction in occupancy on the base wards, aiming to discharge patients in a timely manner and complete with any necessary prescriptions. We aim to ensure that all patients leaving the assessment unit have a main diagnosis, plan and Expected Date of Discharge (EDD). The Trust is piloting the use of tablet computers to provide real-time bed status information to clinical and managerial staff. Consultant presence on short stay and key speciality base wards (34, 37 and 38) has been increased at weekends. Additionally, a programme of support and coaching has commenced with nursing and therapies staff to ensure they have the necessary skills and experience to positively and correctly influence the discharge process in support of reducing overall bed occupancy.

10. Improve the discharge process in Medicine and Cardio-respiratory

Work is progressing well to improve the discharge process for medicine and cardiorespiratory including multi-disciplinary team led board rounds 7 days per week, and successfully supporting our nursing and therapies staff on wards to prioritise simple discharges through systems of support including coaching as mentioned above.

11. Reduce discharge delays caused by TTOs

In order to reduce the numbers of discharges delayed by TTOs, we are increasing the volume of Discharge Summaries completed for patients the day before discharge. Pharmacy support to base wards and discharge areas is also being enhanced, and a business case for additional pharmacist input to facilitate improved discharge process has been submitted to the |Revenue Investment Committee.

The table below summarises the current status of the Trusts 55 actions listed within the LLR Action Plan, in turn reporting to the UCB. The majority of actions are now either complete or complete and moved to a process of monthly review (30 actions in total). A further 13 actions have commenced and are on track to deliver as planned. For those actions not currently on track but expected to complete as planned, a process of regular assurance to the EQSG provides oversight of progress. Additionally, 2 actions are currently experiencing delays (implementation of ED SOPs, and final arrangements with EMAS regarding funding and introduction of touchscreens in ED). Finally, 2 actions have commencement dates in the future (March 2015).

Status	RAG	Notes to support status	Count
Not yet commenced	White	The action has yet to start and is not beyond the expected start date for the action	2
Significant delay – unlikely to be completed as planned	Red	The action may not have started and is beyond the expected start date and is now unlikely to be completed as planned; or the action has started and has such a significant delay that the action will not be will be completed as planned	2
Some delay – expected to be completed as planned	Amber	The action may not have started and is beyond the expected start date but the action is expected to be completed as planned; or the action has started and has	8

Status	RAG	Notes to support status	Count
		a minor delay but will be completed as planned	
On track	Green	The action has started and is expected to be delivered as planned on time	13
Complete	Green	The action has been completed and there is no follow up review for the UCB	7
Complete and regular review	Blue	The action has been completed but regular review is required for reporting to the UCB	23

Programme management support for the delivery of the 55 actions contained within the UHL plan has been implemented, within three priority work streams:

Priority Work Streams		Clinical Lead
1	ED work-stream	Dr Ben Teasdale
2	AMU work-stream	Dr Lee Walker
3	Base Ward and Discharge work-stream	Dr Ian Lawrence

Next Steps

Delivery of the 55 actions continues during February, in support of achieving sustainable improvements by the end of March 2015. There will be a process of agreeing any additional actions for inclusion, during February. On-going governance and monitoring of the 55 actions within our plan is overseen by both the trust-level Emergency Quality Steering Group (EQSG) and the system-wide Urgent Care Board (UCB) to which we are partners. Sustained improvements, supported by evidence, will also be rolled-out at Glenfield Hospital and Leicester General Hospital.

Regular monitoring of actions and progress will provide assurance as to improvement against the agreed Key Performance Indicators (KPI's):

Core Key Performance Indicators (KPI's)	
1	90% of patients triaged within 20 minutes
2	50% reduction in waits over 30 minutes, and 50% reduction in waits over one hour
3	5% reduction in admissions (approximately 4 patients per day)
4	70% of time ED occupancy less than 55, and
5	No more than one hour wait to be seen by a consultant
6	Greater than 40% in Q3 and greater than 70% in Q4 of GP referrals go directly to AMU
7	Greater than 40% in Q3 and greater than 70% in Q4 of patients are seen by a consultant within 6 hours
8	Supports 5% (total) reduction in medical bed occupancy by the end of Q4

Conclusion

As perviously stated, achievement of sustained improvement requires all part of the health economy to improve and to function effectively within the wider system. January has seen a period of good, high quality improvements delivered by the Trust, and which we continue to monitor and further refine through our governance structure.

Although we have seen a period of improved performance, it is too early to be certain that this will be sustained. In particular, spikes in admissions may well threaten performance as the capacity of the system is relatively finite.

Recommendations

The Trust Board is recommended to:

- **Note** the contents of the report
- **Note** the actions taken since January's Trust Board
- **Note** the UHL update against the delivery of the new operational plan
- Seek **assurance** on UHL and LLR progress