UHL Emergency Performance

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Executive Summary

Context

University Hospitals of Leicester is under acute operational pressure because of the increasing emergency demand. We are predicted further increases in attendance and admissions this winter and we are concerned about the impact this will have on elective and emergency care.

Questions

1. What reflections did executive colleagues have following the conversation about emergency performance at the board to board thinking day in October?
2. What else should UHL be doing to improve care this winter?

Conclusion

1. The conversation at the board to board thinking day was useful in highlighting the realities of primary care provision. Until there is improved access to primary care, it will be difficult to imagine anything under than a continuation in the increase in emergency attendance and admissions.
2. The steps that UHL are taking are the right ones and we are optimistic about the changes to the front door. The team involved should be congratulated on delivering a complex change in a short period of time whilst also running the day to day elements of the business. Many of the improvements we are making are to reduce attendances and we need to work on further additional actions to reduce admissions.

Input Sought

The Board is invited to consider whether internal and system-wide action is sufficient to address the issues raised.

For Reference

Edit as appropriate:

1. The following objectives were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes /No /Not applicable]
Effective, integrated emergency care	[Yes /No /Not applicable]
Consistently meeting national access standards	[Yes /No /Not applicable]
Integrated care in partnership with others	[Yes /No /Not applicable]
Enhanced delivery in research, innovation & ed'	[Yes /No /Not applicable]
A caring, professional, engaged workforce	[Yes /No /Not applicable]
Clinically sustainable services with excellent facilities	[Yes /No /Not applicable]
Financially sustainable NHS organisation	[Yes /No /Not applicable]
Enabled by excellent IM&T	[Yes /No /Not applicable]

2. This matter relates to the following governance initiatives:

Organisational Risk Register	[Yes /No /Not applicable]
Board Assurance Framework	[Yes /No /Not applicable]

3. Related Patient and Public Involvement actions taken, or to be taken: [Insert here]

4. Results of any Equality Impact Assessment, relating to this matter: [Insert here]

5. Scheduled date for the next paper on this topic: 3 December 2015

6. Executive Summaries should not exceed 1 page. [My paper does comply]

7. Papers should not exceed 7 pages. [My paper does comply]

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

High level performance review

- (As of 30/10/15) 91.3% year to date (+1.8% on last year)
- Attendance +4.1%
- Admissions +7.3%
- **October will be the fourth month in a row where performance is worse than the corresponding month last year**
- **Performance remains consistently below 95%.**

Four hour performance for four of the seven months in this financial year has been worse than the corresponding months last year. We know that one of the biggest determinants of emergency performance is the level of admissions and the table below details the admissions for the last 16 weeks compared to the year before:

	Emergency admissions	Last 16 weeks	Emergency admissions	2015 v 2014 (%)
13/07/2014 (Sun)	1,603	12/07/2015 (Sun)	1,678	105
20/07/2014 (Sun)	1,470	19/07/2015 (Sun)	1,509	103
27/07/2014 (Sun)	1,588	26/07/2015 (Sun)	1,654	104
03/08/2014 (Sun)	1,512	02/08/2015 (Sun)	1,641	109
10/08/2014 (Sun)	1,659	09/08/2015 (Sun)	1,612	97
17/08/2014 (Sun)	1,617	16/08/2015 (Sun)	1,644	102
24/08/2014 (Sun)	1,566	23/08/2015 (Sun)	1,712	109
31/08/2014 (Sun)	1,569	30/08/2015 (Sun)	1,705	109
07/09/2014 (Sun)	1,639	06/09/2015 (Sun)	1,590	97
14/09/2014 (Sun)	1,560	13/09/2015 (Sun)	1,717	110
21/09/2014 (Sun)	1,676	20/09/2015 (Sun)	1,838	110
28/09/2014 (Sun)	1,615	27/09/2015 (Sun)	1,741	108
05/10/2014 (Sun)	1,670	04/10/2015 (Sun)	1,728	103
12/10/2014 (Sun)	1,653	11/10/2015 (Sun)	1,711	104
19/10/2014 (Sun)	1,717	18/10/2015 (Sun)	1,757	102
26/10/2014 (Sun)	1,625	25/10/2015 (Sun)	1,707	105

It is obvious that we are under much more pressure in terms of admissions than last year and this is at a time when we have reduced our acute bed base by circa 78 beds (66 medical across LRI and GGH and 12 surgical) to support the vascular move, ICU reconfiguration and paediatric CQC compliance and because of pressures with staffing. Closing these beds is the right thing to do but it is unsurprising that a 7.0% increase in admissions has resulted in such pressurised circumstances. The increased pressures have meant that four hour performance has deteriorated, ambulance handover times have dramatically increased, on the day cancellations have increased, we have had seven internal major incidents in less than a month and the hospitals are in general running at high alert.

The concern is that we are 'only' in October and we know that the months of November through to March historically have more patients attending and admitting and we have no more beds to open.

Actions being taken

The new additional key actions taken are:

- The Urgent Care Centre management moved from George Eliot NHS Hospital to UHL on 31 October 2015 and we are very grateful for the leadership and support of key colleagues at George Eliot over the last couple of years.
- GPs with a specialist interest in emergency medicine joined UHL on 3 November 2015. We believe that with time this new GP led service will be able to increase the use of community service and therefore reduce the volume of patients who enter ED.
- City CCG have opened up an additional 1700 GP slots per week across four GP hubs.
- Leicestershire Partnership Trust has opened up the first sixteen integrated community support beds which should increase the discharge rate to non-acute settings.
- The winter communication campaign has begun.
- UHL has completed its winter planning and a detailed plan exists focussing on more effective use of current capacity.
- An escalation meeting with the TDA, NHSE and CCGs was convened in early October and actions have been designed to improve day to day flow across the health system (UHL actions from escalation action plan and GP notes audit below).
- Two audits have been conducted of patients referred to ED by their GP. The findings suggest that most patients are seen face to face but that other options are available other than referral into ED or CDU.
- A board to board thinking day involving CCG, LPT and UHL colleagues took place in which pressures in general practice were discussed.

The reality of our situation is we face a very challenging winter. Pressure is already high and based on the pattern for previous years, it is likely to increase further. Whilst new actions are being taken, many of these are focussed on the lower acuity patients who are not admitted and at best will provide marginal gains. We are focussing on these because it is easier and quicker to deliver these changes. Balancing the demands of elective work and emergency work will be difficult and we are already planning to reduce elective work in January, which may have an impact on our financial and RTT performance. Over the coming months and years we also need to balance the demands of running the Trust on a day to day basis with delivering the ICU reconfiguration and site moves. We know that we are already 108 medical beds short this winter and any further reductions in capacity without a greater than corresponding increase in community capacity will only make a very difficult position impossible.

I think it is important to acknowledge that this winter will be demanding for all of our staff involved in the emergency pathway. Given the pressures we are under, success cannot be judged by performance against the four hour measure alone. Until we see a stabilisation in emergency activity, ideally a reduction in emergency activity, we will remain an acute provider under pressure. Reductions in emergency activity require improvement to primary care access especially in the city and this will take lots of time once a plan has been agreed.

Conclusion

The narrative in 2015 has been one of improving emergency performance. The reality over the last four months is a deterioration in emergency performance and other key indicators. This is not because of a lack of effort nor because internal processes or systems have deteriorated. Emergency performance remains a key focus for UHL and LLR but we need to see all possible efforts taken to either reduce attendance and admissions and/ or increase acute capacity before we move to an easier position.

It is important this winter that we remain resilient, patient focussed and work as a team. We remain focussed on delivering high quality of care to all our patients.

Recommendations

The Trust Board is recommended to:

- **Note** the contents of the report
- **Note** the pressures that UHL are under
- **Note** the requirements for a reduction in emergency attendances and admissions before improvement is possible.

GP notes audit

Action-ID	Workstream	Action	Lead	Measure of Success	Due Date	Progress Update	Rag Status*
1-6.1	Flow	Increase access to specialty input via hot clinic or ambulatory pathway	Catherine Free	TBC	Meeting 28/10/15	Potential option is trying to ringfence a greater proportion of time in hot clinics	4. On track
1-6.2	Flow	UCC able to request X rays	Julie Dixon	Ability to request x rays	03/11/2015	This will be possible with new UCC function	4. On track
1-6.3	Flow	Increase capacity on AMU for GP access	Lee Walker	Increased proportion of GP referrals going to AMU	02/12/2015	RCT to trial taking all GP referrals taken place. TTO and Specialty Input workshops scheduled for October and early November	4. On track
1-6.4	Flow	UCC able to refer directly into services	Julie Dixon	Ability to refer directly into services	03/11/2015	This will be possible with new UCC function	4. On track
1-6.5	Flow	Improved signposting/utilisation of community based services	Ian Lawrence	Improved utilisation of community based services (measured through OOH project dashboard)	18/12/2015	Comms roll out plan of 'think community' in train	4. On track
1-6.6	Flow	Explore awareness of community based services and confidence in using them of ED staff	Ben Teasdale	TBC	Meeting 28/10/15		4. On track
1-6.7	Flow	Provide GP letters for all patients who have been seen and referred or where appropriate patients routed back to GP	Ben Teasdale	TBC	Meeting 28/10/15		4. On track
1-6.8	Flow	Where possible, avoid streaming back into ED where pathways and other services can be achieved- e.g. diagnostics, hot clinic and assessment areas	Lee Walker	Increased proportion of GP referrals going to AMU	02/12/2105	As I-6.3	4. On track
1-6.9	Flow	Avoid GP referrals going through ED unless for clinical need with direct access to consultant advice, hot clinics and Assessment Untis	Lee Walker	Increased proportion of GP referrals going to AMU	02/12/2105	As I-6.3	4. On track
1-6.10	Flow	Audit of GP referrals	Rachel Williams	Audit completed	13/10/2015	Audit complete	5. Complete

Escalation actions

Action-	Workstream	Action	Lead	Measure of Success	Due Date	Progress Update	Rag Status*
I-6	Inflow	UCB Workstream Action Plans from ED notes Audit complete	Three workstream leads	Flow actions incorporated into UHL action plan	15/10/2015	Flow actions incorporated into UHL action plan	5. Complete
F-1	Flow	Redesigned LRI front door assessment and integrated UCC	Julie Dixon	New front door live	03/11/2015	Contract is signed	4. On track
F-2	Flow	Joint EMAS/UHL handover delays Unipart initiative complete	Julie Dixon	Reduced numbers of ambulance handover delays	10/12/2015	Meeting took place. Agreement in place for an 8 wk rapid improvement plan. Trial has begun	4. On track
F-3	Flow	Proactive arrangements to manage anticipated demand surge on Fridays and Mondays	Ian Lawrence	Improved performance on Mondays and Fridays	05/11/2015	Tracked through AMU workstream and EQSG	4. On track
F-4	Flow	Reschedule some elective activity from Mondays to weekends to create bed flexibility (from January)	Richard Mitchell	Reduction in on the day cancellations and improvements to emergency flow	01/01/2016	Second discussion next week	4. On track
F-5	Flow	Introduction by UHL of new bank working incentives (from 1 Oct).	Maria McAuley	Improvement in bank uptake/ reduction in agency uptake	01/10/2015	Rolled out	5. Complete
F-6	Flow	Finalisation of CAMHS in-reach/handover protocol	Andrew Furlong	Reduced transfer delays for CAMHS patients	21/10/2015	Rolled out	5. Complete
O-4	Outflow	Agree daily target for discharge of patients to community and utilise multidisciplinary ward round and whole system DTOC calls to increase transfers	Richard Mitchell and Rachel Bilsborough	Increased utilisation of sub acute/rehab beds	05/11/2015		4. On track
SM-1	System management	Deep dive analysis of activity trend and drivers (data and case audit)	Will Monaghan and Sue Lock		15/10/2015	Update provided at UCB last week, further actions came out of the meeting	5. Complete