UHL Emergency Performance

Author: Richard Mitchell, Chief Operating Officer Trust Board paper G

Executive Summary

Context

We continue to treat an average of 650 patients everyday through ED, Eye Casualty and UCC at the Leicester Royal Infirmary. 16/17 performance finished at 79.6% and March's performance was 83.9%, which is similar to February's and the best monthly performance since December 2015.

We have seen a comparatively strong start in April, with 16 of the first 19 days over 80%. Performance in April 2017 is 6% better than last April. We believe the improvement in performance is because of two reasons:

- The benefits that continue after taking elective work down
- The strong planning that went into Easter.

Questions

1. Does the Board agree with the actions outlined in the paper?
2. Are there any other actions that the Board thinks we (LLR) should be taking?

Conclusion

Whilst our performance is better than at the same time last year, it is far below an acceptable standard. Opening additional beds is key to this and we must have more than 826 acute beds on the LRI site in time for winter, coupled with an increase in bed capacity at GGH. We must also make sure that we get maximum benefit from our pre-existing beds and that we maximise the benefits the new emergency floor will give us.

Our key risks remain:

1. Variable clinical engagement

Input Sought

The Board is invited to consider the issues and support the approach set out in the report.

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: June 2017

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: **May 2017**

This report was written on 20/4/17. A verbal update on more recent activities will be provided in Trust Board.

Four hour performance
2016/17 YTD

- We continue to treat an average of 650 patients everyday through ED, Eye Casualty and UCC at the Leicester Royal Infirmary
- 16/17 performance finished at 79.6% and March's performance was 83.9%, which is similar to February's and the best monthly performance since December 2015
- March 2016 was 77.5%
- Full year attendances were 4% up on the same period last year
- Full year total emergency admissions are 1% higher than last year (noting the impact of GPAU)

Sustainability and Transformation Fund (STF)
March's STF was not achieved.

	STF Trajectory 4hr Performance	Actual 4hr Performance	STF Achieved?
Apr-16	78%	81%	Achieved
May-16	78%	80%	Achieved
Jun-16	79%	81%	Achieved
Jul-16	79%	77%	Not Achieved
Aug-16	80%	80%	Achieved
Sep-16	85%	80%	Not Achieved
Oct-16	85%	78%	Not Achieved
Nov-16	85%	78%	Not Achieved
Dec-16	85%	76%	Not Achieved
Jan-17	89%	78%	Not Achieved
Feb-17	89%	84%	Not Achieved
Mar-17	91.2%	84%	Not Achieved

April 2017

- Month to date (19 April) 85.16%

We have seen a comparatively strong start in April, with 16 of the first 19 days over 80%. Performance in April 2017 is 6% better than last April. We believe the improvement in performance is because of two reasons:

- The benefits that continue after taking elective work down
- The strong planning that went into Easter.

As discussed at the last Trust Board and as detailed in the table below, it is apparent that when we reduce elective work at the Leicester Royal Infirmary and use the capacity for emergency flow, we see a big benefit in performance. The first time we did it performance improved by 11% and for the two weeks after we took elective work up again we saw a 6% improvement compared to pre reduction. The second time we did it we saw a 14% improvement and performance remained 9% better, two weeks after the elective work was restarted. As we are moving further away from when the work was taken down, performance is beginning to deteriorate again and is only 6% better than before we reduced our elective throughput.

Two weeks before elective reduction	25/1 - 7/2	78%
13 days of elective reduction	8/2 - 20/2	89%
Two weeks after elective reduction	21/2 - 6/3	84%
Two weeks before elective reduction	7/3 - 21/3	78%
Seven days of elective reduction	22/3 - 28/3	92%
Two weeks after elective reduction	29/3 - 11/4	87%
12/4 to present (19/4) (inc Easter BH w/end)		84%

From an elective patient care perspective, staff engagement perspective and financial perspective we cannot continue to reduce our elective workload to improve emergency flow which is why the work to rebalance our demand and capacity through the Organisation of Care work-streams is so important. Since the last Trust Board the following has happened to support the OoC work:

- Submission of annual plan to NHSI – along with performance trajectories
- Governance structure being progressed and will be in place in May
- Ward 7 continues to remain open and staffed at LRI beyond 31 March 2017 (+28 beds) leaving a remaining bed demand and capacity deficit on the medical emergency pathway of 27 beds
- Feasibility work commenced into physical capacity solutions for both LRI & GH – reporting back on 5 May 2017
- Theatres demand and capacity model complete and signed off by CMGs

The following are the key OoC key actions for the next four weeks:

- Governance structure in place – **Simon Barton**
- Programme Director to be appointed – **Richard Mitchell**
- Workstream resourcing being finalised – **John Adler**
- Opening of additional 8 beds on the medicine emergency pathway at LRI (associated with the move of Ward 7 to Ward 21 – following Vascular move to GH, and subsequent move of EDU to Ward 7) – this will reduce the medical emergency gap to 19 – **Julie Smith (staffing)**
- Clarity on the plan for elective service changes at LGH involving MSS & CHUGGs – **Richard Mitchell**
- A staffing plan from Paediatrics for Winter 17/18 – **Julie Smith**
- Clarity on care model and a detailed plan for reablement facility – **Mark Wightman**
- Re-launch of 'Red to Green' – **Richard Mitchell**

To remind colleagues, the approach in 2017/18 will be different to previous years in that it favours creating capacity sufficient to deal with peak demand and then reducing beds at time when demand is lower than the peak (i.e. flexing down rather than up). This is based on the fact that temporary additional capacity is often difficult to staff and generates quality issues. We will achieve this by:

- **Increase (in the short term) the bed base** - New actions to increase our bed base at the LRI and GGH
- **Improved internal efficiency** - Delivery of all pre-existing actions including, SAFER flow, red to green & GPAU expansion
- **A new model of step down care** - UHL working more effectively downstream to care for step down patients in a non-acute setting
- **A new hospital pathway for frail complex patients**
- **Separate emergency and elective surgery**

Delivering this is central to and essential for sustained emergency care improvement.

The recent improvement in performance is against the backdrop of an intense period of preparation and planning before the new Emergency Floor opens on 26 April. The team have worked tremendously hard both tackling the daily operational pressures, alongside ensuring the new department is ready to go for patients.

Other key actions in March and April to improve performance were:

1) Red to green methodology has rolled out to Glenfield and the majority of key wards now have red to green methodology in place; the remaining GH wards will begin using this approach from June. The GH team continue to coach staff, and provide intensive support to the wards to embed the approach. In May, red to green will roll-out to the renal wards at the Leicester General.
2) The sheer volume of tasks and activities required to be carried out by our staff to ensure safe opening of the new ED. Whilst the team have done an outstanding job, because of staff shortages and everyday operational pressures, this has been a mammoth task.
3) A weekly meeting with partners has been established to discuss all medical delays and how patients can be successfully transferred from the acute hospital environment.

Other key points to note are:

1) Whilst our performance in hours has been much better, our performance in the evening and early morning remains poor. We regularly go into the evening in a good position and it deteriorates dramatically out of hours. NHSI have asked us to look at our workforce profile to check it is sufficient to meet the demand on the service notably going to the evening and overnight. We have agreed to give them a report by 27 April 2017.
2) IR35, which is a tax change which impacts on agency workers has restricted the number of GPs currently working in the Urgent Care Centre at the Leicester Royal Infirmary and the GPs working at the low risk ambulatory care service in CDU at the Glenfield Hospital. It has not impacted at all on the front door streaming service.
3) Ward 23 at the Glenfield shut on 31 March because it was unfunded after that date and we were unable to staff the ward. From mid-May the ward will be used for vascular surgery.

LLR key actions

The high impact actions in place across Leicester, Leicestershire and Rutland are tracked through the A&E Delivery Board.

UHL key actions for April and May are:

1) Opening of the new emergency floor (as detailed separately)
2) Transfer of EDU onto ward 7 (LRI), ward 7 to ward 21 (LRI) and vascular to ward 23 (GGH)
3) Organisation of care actions (as detailed above)
4) Red to green rolling out on medical wards at the General Hospital

We must also make sure that we continue progress with previous key actions including:

1) Continuing work with the ED team and the Emergency Improvement Programme (ECIP) to understand how care and performance can be improved between 1800 and 0200
2) Sustainably staff GPAU for extended periods
3) Reduce ambulance handovers times

Conclusion

Whilst our performance is better than at the same time last year, it is far below an acceptable standard. Opening additional beds is key to this and we must have more than 826 acute beds on the LRI site in time for winter. We must also make sure that we get maximum benefit from our pre-existing beds and that we maximise the benefits the new emergency floor will give us.

Recommendations

- Note the contents of the report
- Despite an improvement in performance, note the continuing concerns about 4 hour delays
- Note the increased pressure on staff as we move towards opening the new ED, recognising the extraordinary efforts by members of the team to go above and beyond to ensure the move goes smoothly.