LEICESTER CITY HEALTH AND WELLBEING BOARD
DATE - 3rd April 2014

Subject:	Urgent and Emergency Care delivery plans
Presented to the Health and Wellbeing Board by:	Simon Freeman Managing Director Leicester City CCG / Jane Taylor Emergency Care Director LLR
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EXECUTIVE SUMMARY:

Over the last 6 months the health and social care partners in Leicester, Leicestershire and Rutland have focused attention on individual and collective contribution across the urgent care pathway in support of improving urgent care performance as monitored through the 4 hour target. What is very clear is that there is no single solution but a range of actions which contribute to delivery.

The paper describes the process and actions that the Urgent care system have taken over the last 6 months. It describes a journey in which there has been constant learning and from that the need to review, refresh and develop ideas and actions has been essential. There has been no one single action that has improved performance or quality within system but a collection of actions which in combination and co-ordination has started to improve performance and the quality of service delivery.

To sustain any change or development requires engagement and buy-in from all partners and re-evaluation continues to take place with those groups to ensure that actions are live to the needs of the service and help drive sustainable improvement.

The action plan attached is in draft as it will formally go to the Urgent Care Working Group next week.
The High Impact interventions are the indicators which have the greatest impact on delivery of A&E 4 hour target.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:
Received the paper and make comment on the proposed plan.

Health and Well-Being Board –

Urgent and Emergency Care delivery plans

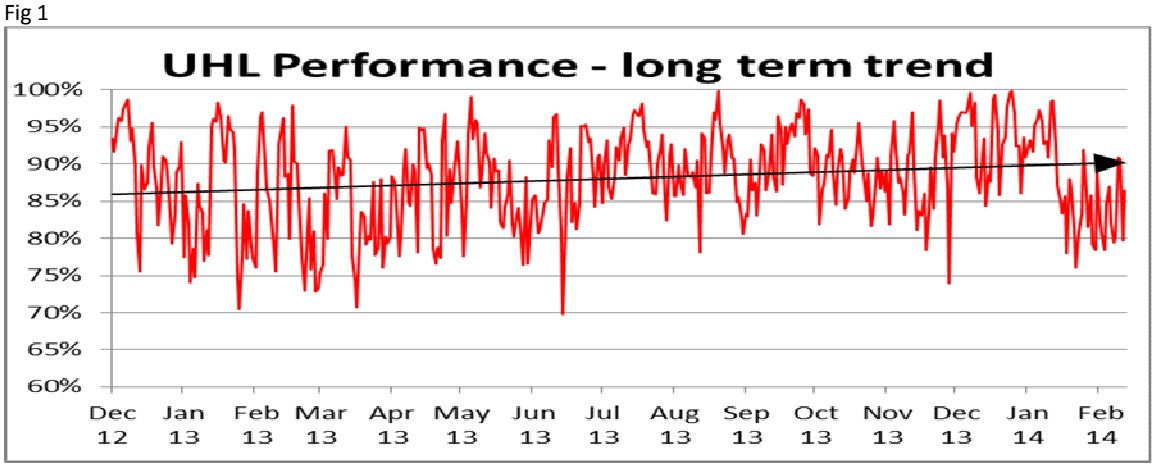
Background

Over the last 2 years University Hospitals Leicester (UHL) have underperformed against the 4 hour Accident &Emergency (A&E)target (95% of patients will be treated / admitted within 4 hours of arrival) and whilst this has been an area of constant focus and challenge there has been an inability to sustainably achieve over 95% A&E performance.

Figure 1 below - shows performance over the last 15 months. The trend over this period indicates an improving position until February where peaks in admission demand increased pressure across the organisation and impacting on A&E flow.

Performance has shown improvement from the beginning of March with A&E performance over the last 2 weeks above 90%. Over the last 7 days there have been 4 occasions were the 95% target has been achieved.

Fig 1



Whilst the focus of urgent care attention is on the A&E department and performance across UHL the health and social care economy is quite clear that the solutions to improved and sustained improvement lie not only with UHL but with all partners across Leicester, Leicestershire and Rutland (LLR).

Over the last 6 months the health and social care partners in LLR have focused attention on individual and collective contribution across the urgent care pathway in support of improving urgent care performance as monitored through the 4 hour target. What is very clear is that there is no single solution but a range of actions which contribute to delivery.

The following sections will describe the process and actions that the Urgent care system have taken over the last 6 months. It will describe a journey in which there has been

constant learning and from that the need to review, refresh and develop ideas and actions has been essential. There has been no one single action that has improved performance or quality within system but a collection of actions which in combination and co-ordination has started to improve performance and the quality of service delivery. To sustain any change or development requires engagement and buy-in from all partners and re-evaluation continues to take place with those groups to ensure that actions are live to the needs of the service and help drive sustainable improvement.

Actions over the last 6 months

August - LLR Recovery and improvement plan

This plan identified 3 key work streams which had been influenced by the review of national best practice:

1) Managing Inflow – This group focuses on issues relating to flow into A&E.

   The first action of this group was to create a single front door for ambulatory patients i.e. non stretcher patients.
   All ambulatory patients are now triaged through the Urgent Care Centre (UCC) – this has been effective in taking 30% of activity away from A&E whilst continuing to achieve the 95% within the Urgent Care Centre. This has meant that approximately 150-200 people per day are seen and treated by the UCC (which is next door to A&E) taking some pressure away from A&E.

   Other actions have focused on preventing referral to A&E or emergency admission to hospital, these include telephone triage by a Consultant of GP medical referrals through bed bureau to identify patients who could be treated / reviewed appropriately elsewhere.
   Actions within Primary Care have included urgent home visits undertaken earlier in the day, reviewing patients in nursing homes to ensure each has a care pan and placing GP's with the ambulance teams to respond to calls that are not life threatening to enable to support treatment at home and avoid transfer to hospital where appropriate.

2) UHL Actions - focus on increasing the numbers of nursing and medical staffing, enhancing clinical leadership, improving A&E processes and UHL bed management and discharge planning. A detailed plan underpinned each of the key areas although progress against these actions was slow to demonstrate an impact.

3) Managing Outflow - actions include a single assessment pathway – a single discharge data set was agreed across partners so that partners have the information to enable effective engagement and at the right time. Review of discharge co-ordination across teams – clarity of roles, improved communication and function across 7 day period. Evaluation UHL internal discharge process.

Despite the focus on the actions describe within the plan, it did not deliver sustained improvement at the pace required.

September

To provide support and ownership as health economy the CCG's established with UHL an emergency care hub which brought together the executive team at UHL and Directors from the CCG's to work together with other partners to drive improvements and focus on rapid actions and engagement.

The first action mapped LLR Emergency Care Pathway to highlight complexities, cost pressures, gaps and areas for improvement – this enabled a series of workshops to be arranged to focus on priority areas.
5 key themes were identified:

- Minimising Inflow – i.e.- preventing and providing alternatives to A&E attendance or urgent hospital admission
- Minimising time in A&E – i.e. improving processes and reducing delays whilst improving the patient experience.
- Speeding up access/discharge to community support services and community hospitals
- Streamlining ward processes to reduce length of stay and bring discharges earlier in the day
- Increasing availability / capacity of medical beds

October

Under each of the above themes a set of assumptions were made on the actions required, these were then tested at a series of engagement workshops to validate assumption and to identify omissions / gaps.

Five, 2 hour workshops were held over 3 days and attended by over 120 staff representing the breadth of partners across the Health and Social Care economy, this enabled engagement and commitment to challenge systems, processes and practice across the work streams and care interfaces. The urgent care system is like a complex machine – all parts need to work together therefore to create meaningful change widespread engagement and co-ordination is needed.

From the workshops the Emergency Care Hub supported 5 work streams, each of which had a number of aligned projects all of which were expected to have a positive impact on performance in the short and medium term, the medium term being up to the end of March 2014.

Inflow – there were a number of projects pursued to support admission avoidance and optimising community based care through alternative pathways. All of these were delivered and will have contributed towards embedding improvements

ED practice and specialty engagement - this includes reviewing the discharge medication process, A&E processes and engagement with specialty teams.

Ward Practice - focused on enhancing clinical leadership, recruitment, discharge processes and maximising the time to care.

Operational – this includes the operational arrangements for management of surge (i.e. peaks in attendance where there are high numbers of patients in a short period of time) and flow (i.e. the clinical management of patients through A&E and hospital in a timely way), review of capacity and review of non-clinical support roles.

Multi organisational integration – Streamlining how organisation work together - Integrated discharge team, reducing Delayed Transfers of Care (DTOC), supporting transfer of care options when patients are medically fit. Review of the mental health pathway and services accessed through ED and UCC.

Each of these actions were included within a single rapid improvement plan which was reviewed by the Hub group on a weekly basis.

Alongside the action plan a set of performance indicators (dashboard) was agreed and monitored on a weekly basis.

Both the action plan and dashboard were reviewed weekly by the urgent care working group (formally the urgent care board)

November

Throughout December actions were delivered and rapid improvement plan used as a live document to continue building and developing actions that were supporting change and delivery improvements

December

Requirement to submit a plan on a page for NHS England and the Trust Development Authority.

The existing plan was considered too big to for the purpose required so the actions were refocused on the 3 key things that would make the biggest difference – High Impact Interventions:

- Increasing emergency flow (i.e. avoiding delays in each part of the emergency process) and avoiding breaches of the 4 hour target by both patients who are admitted and those who are not.
- Increasing organisational flow and enhancing co-ordination over a 24 hour period
- Maximising timely discharge

Each of these areas had a number of key performance indicators which if delivered would improve performance.

January

The Rapid Improvement Work Plan was concluded and the high impact interventions provided the impetus for focused actions. These were reviewed weekly at a joint meeting of partners plus NHS England area Team and the Trust Development Authority through Delivery and improvement group (subcommittee of the UCWG)

This included:
Daily patient census on the medical wards at the LRI and twice daily progress chasing teleconferences with the wards to facilitate timely discharge and avoid blocks or delays.
The 2 'super weekends' at the beginning of January was support by all partner organisations this meant that staffing levels were increase over the weekend to levels more aligned to those of a weekday.

Current position and plans

The High Impact Interventions continue to monitor daily activity and is reported weekly to the Delivery and Improvement group. The current HHI report is attached in appendix A

In addition there has been a plan developed which sits behind the HII dashboard this takes into account the following factors:

The actions support:

- the delivery of HII which builds on existing actions in terms of sustaining consistency of implementation / delivery
- Compliance with the National Standards for Accident and Emergency Care – this is a checklist of actions which the top performing hospitals have identified makes the greatest difference.
- Inclusion of actions from the Sir Bruce Keogh review – blue print for urgent and emergency care. Key themes have been identified which are broadly covered in the National Standards. These will be further developed as the National group reports its next steps.
- Inclusion of actions to support Seven Days a Week - Clinical Standards – there is further work being undertaken by NHS England to provide clarity and guidance on next steps. The UCWG are already moving towards this through super weekend activity. Further clarity will support strategic planning and operation delivery actions.

A copy of the current plans is attached in appendix B - the action plan is divided into 5 themes which mirror those within the National standard checklist.

Progress against the plan will be monitored through the UCWG and will continue to be a live document which will be updated and developed on an iterative basis.

Jane Taylor
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28th March 2014