



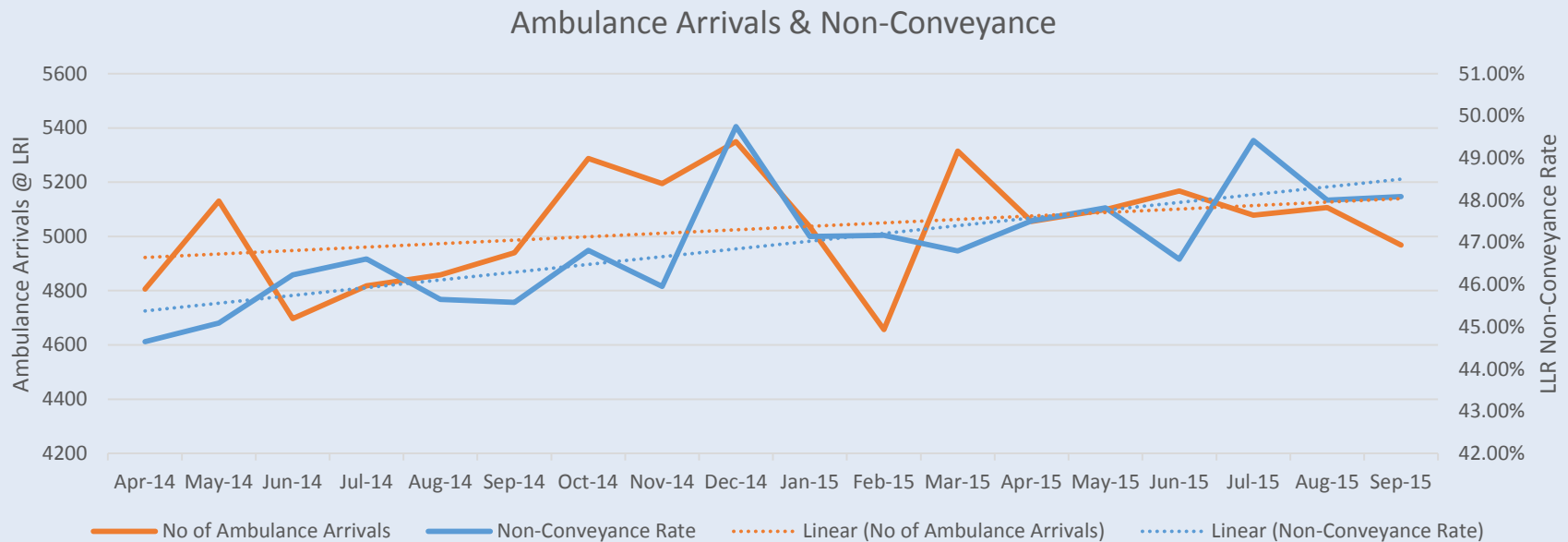
## Health and Wellbeing Scrutiny Commission





## Setting the Scene

- Increasing demand across urgent and emergency care system
- Increase in both non-conveyance rate by EMAS and arrivals at hospital, non-conveyance rate assisting to stem increase in arrivals (managing extra demand through HAT / SAT activity)

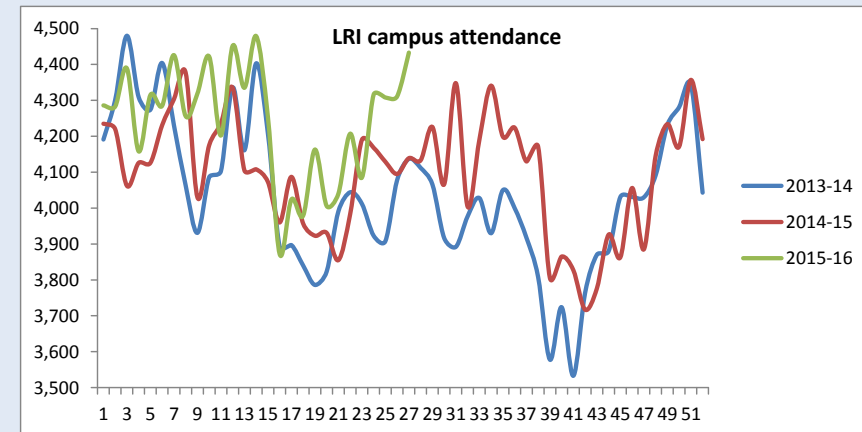
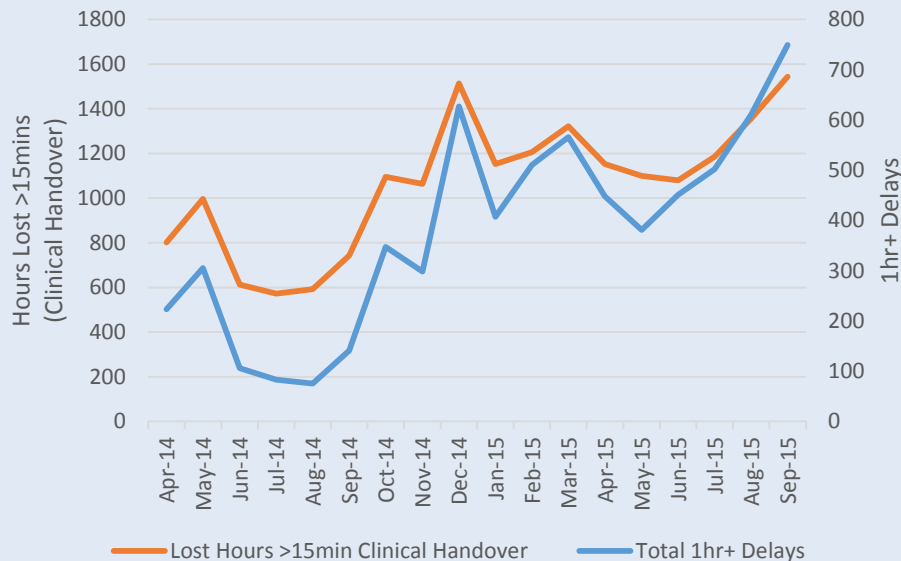




## Historic LRI ED Handover Performance

- Increase in both Lost Hours >15 mins and 1hr+ delays
- September 2015 hours lost and 1hr+ delays both exceeded December 14
- Set against a backdrop of unprecedented increased LRI ED attendances

Handover Performance - LRI





## Actions Taken To Date

- Strategic Actions
  - Rapid Handover Protocol
  - Review of processes and streamlining of communications between LRI & EMAS Crews
  - Engagement with Unipart during July 2015, with PDSA approach for 8 weeks in Oct/Nov/Dec
  - Focus on Handovers at SRG and UCB in LLR
  - Greater focus on Pathfinder and Non-Conveyance in EMAS (managing demand)
  - Increased HAT activity in EMAS
  - Implementation of new Handover Screen data capture for greater information accuracy
- Tactical Actions
  - Dynamic HALO deployment during flash points
  - Gold Escalation to request increased flow
  - Support of outflow to assist flow
  - Tactical support to LRI ED from EMAS ECP staff



## Further Planned Actions

- Assess potential access and support to EMAS from new GP evening and weekend slots (potential for greater non-conveyance)
- Assess impact of UCC changes & support to EMAS / impact to Pathfinder
- Complete final data alignment of new handover screens
- Assess options for future 'surge' support from EMAS and other partners (ie ECP support, etc)
- Investigating suitable live information sharing and predictive analytics in preparation for winter, including early warning systems
- Combined work on greater management of GP Urgent flow
- Both UHL and EMAS LiA leads to be included in Unipart work and joint team approach



## Unipart – Background

- EMAS started to re-assess our change approach earlier this year as part of our overall transformation
  - Recognising that a standardised methodology based on a lean approach would help
  - Wanting to build on the work undertaken through Listening into Action to deliver changes through staff participation
- Applied for the TDA development partner and reached the final shortlist but were not selected
- Led us to consider an area of the business consistently challenging for us
- Initial engagement with Unipart was followed by their spending five days at UHL and EMAS, meeting with staff, running initial process mapping exercises and gathering data
- Outputs of the scoping exercise are contained in the Unipart report and proposal





## Unipart – Observations and Opportunities

### High Level Observations:

- **Team** are committed and want to provide a great service to patients
- **Silo working** between two organisations and team approach is needed
- **Non-standard** ways of ambulance crews presenting themselves at the hospital
- **Same problems** occurring every day with **lack of capacity** in the teams to solve them
- Management of **capacity and demand** is variable
- **Lack of trust in data**, leading to rework and wasted effort
- **Operational management variable** until process gets stressed and HALO arrives
- **Paper based system** primarily used versus digital
- Post handover of patient, **time Crews left site was variable**

### High Level Opportunities:

1. **Understand in detail end to end processes to encourage more alignment and reduce silo working**
2. **Simplify and standardise handover process**
3. **Creation of clear and visible daily KPIs so team understand performance and can track issues**
4. **Train teams in visual management and problem solving to start solving problems at their own level every day**
5. **Introduce standard processes to reduce variation in decision making**



## Unipart – Key Points to Consider

- View from both EMAS and UHL that there is not the capability or capacity in either organisation to run this kind of project with existing resource
- External facilitation and a data driven approach will support joint working and help break down barriers
- The project will supplement other initiatives e.g. effect of Lakeside in November, planned joint LiA event and work around better use of data
- The scope of the work should be clear and re-iterated to be the ‘front door’ at UHL
- There will be clear guidance to Unipart on the parameters and constraints within which they can work - including a distinction between ‘recommendations’, scope for further development and process changes they can implement in eight weeks
- Are there other areas to avoid or focus on based on the current proposal?