

Report to: Leicester City Health and Wellbeing Scrutiny Commission

5 July 2018

Emergency Floor Phase 2 – Leicester Royal Infirmary

In June, we came to the end of our four year journey to create an Emergency Floor for our patients. The first part of the Floor saw the new Emergency Department (ED) open in April last year, and we have now completed the move of all of our five acute assessment units right next door thus creating the Emergency Floor.

We wanted to design an Emergency Floor to meet the needs of the patients that we serve. Given that a large number of our patients are frail and elderly, often with dementia, it was crucial that we designed a “frailty friendly” floor to enable us to deliver better patient care. We looked at other hospitals here and across the world, drawing on research, expertise and best practice to create the right environment. This new floor enables us to change and improve the way we deliver tailored care to our individual patients.

We have worked with Age UK, Vista and with academics that have experience of designing hospitals for improving healthcare outcomes to ensure that our facilities meet the needs of all of our patients. The design includes rubber flooring in the department rather than vinyl, which can be difficult to walk on, purpose-built mental health rooms where patients will be protected from harm whilst they are assessed and treated and the ability to provide more privacy and dignity to patients as they are treated.

A map of the new area is enclosed. Having the assessment units so close to the ED means that the flow for patients will be much quicker, and medical teams from across the patient pathway will work closer together to ensure the patients get the right care, in the right place, first time.

Phase 2 of the Emergency Floor opened to patients on 3 June, when all of our assessment units relocated from their current locations across the hospital site, to right next door to the Emergency Department. Assessment units are where patients are assessed, diagnosed and immediate acute medical treatment is started for up to 72 hours. Patients either then move to a main ward in the hospital, or are discharged home.

Our acute assessment units are as follows:

- **Emergency Decision Unit (EDU)** – This unit is run by our ED team. Patients in this unit are transferred from ED to continue their treatment, and often stay up to 24 hours. The mental health team are also based in this unit.
- **Acute Medical Unit (AMU)** – Clinicians on this unit will assess, diagnose and start treatment for medical patients, for up to 72 hours.

- **Acute Care Bays (ACB)** – This unit looks after patients with critical medical conditions. Patients can be on this unit for a short time to stabilise their condition, or for a longer period for acute medical care.
- **Emergency Frailty Unit (EFU)** – Led by geriatricians, the team here specialise in treating older people for up to 24 hours. Patients here are often discharged home without a need for a further hospital stay. The multi-disciplinary team, known as the Frailty Emergency Squad, are based here; the squad, made up of a doctor, advanced nurse practitioner, pharmacist, therapist and primary care coordinator, review patients and work to get them home as swiftly as possible. The squad also in-reach into ED to see those patients that can be looked after swiftly and discharged without need to come further into the hospital.
- **Acute Frailty Unit (AFU)** – This unit specialises in treating older people for up to 72 hours. Patients in this unit are often transferred to a ward either in the hospital or in the community for further care and treatment.

Attached to AFU is Memory Lane. Gratefully paid for by the RVS charity, Memory Lane offers a safe space for patients with dementia to sit and interact with meaningful activity coordinators, and take part in activities that help them remain calm whilst in hospital. The Lane includes a small café, where, with support from volunteers, patients will be able to have a cup of tea and cake in a café setting. Therapy assessments will also be carried out in this area.

As part of the planning for moving to the new units, the teams have developed new ways of working to improve patient experience and make the patient pathway more efficient. The units will benefit from earlier senior doctor input into a patient's care; increased focus on frailty at the front door of the ED; and having more acute medical consultants working in ED, concentrating on those patients that can be discharged quickly or transferred directly to another area of the hospital for treatment.

Performance update

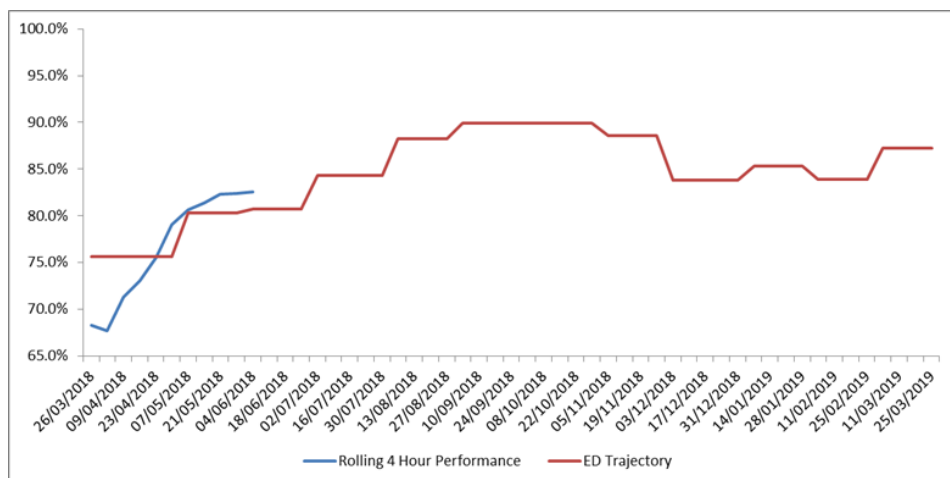
In May, we saw some of the best ambulance handover performance at the Trust for a number of years; and we were the best in the region with an average handover time below 15 minutes. This follows targeted and sustained work by the Emergency Department (ED) clinical and management teams, to ensure procedures are followed in a timely manner for each ambulance that arrives on site.

From April 1, UHL sub-contracted the running and development of the assessment area and primary care stream to Derbyshire Health United (DHU). Following some issues at the outset of the contract period where rota gaps – of both GPs and Advanced Nurse Practitioners – were not filled to the required levels, there has been much work by the team over the last 2 months to improve this. We are now seeing an improved and consistent fill rate of the rota.

Some gaps do however remain, and we continue to meet daily with DHU to address this, to ensure we are able to run an effective primary care service for our patients.

Following a challenging and extended winter, performance against the emergency 4 hour standard has improved in recent weeks. As a Trust, we are currently ahead of the trajectory target set by NHS Improvement for June, with performance currently at 84.2% vs the target of 81%. This follows considerable effort by staff from the front to the back door of the hospital, ensuring patients flow efficiently from arrival to discharge.

The graph below shows our performance against trajectory year to date.



Summary:

The opening of Phase two of Leicester’s Emergency Department brings to an end the 4 year project to create a fit for purpose (and fit for the future) ‘frailty friendly’ ED for the citizens of Leicester, Leicestershire and Rutland. At the same time work continues with other health partners, Public Health and adult social care to fundamentally change the care pathways for frail and multi-morbid patients to ensure that only those patients who need to attend hospital actually end up there.

Acute Medical Unit



Acute Frailty Unit and dementia corridor – Memory Lane



Emergency Floor - phase one and phase two

