Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS
17th June 2015

TITLE	**A&E Performance**
EXECUTIVE SUMMARY	This paper provides an update on current A&E performance. It describes the revised improvement trajectory and the critical success factors for the delivery of sustained performance. It details two important projects, the establishment of an Urgent Care Centre which will support the delivery of performance and work with our system partners which will be supported by a company called Alamac, experienced in helping heathcare systems improve performance and achieve sustainable results.
The Council is asked to:	Note the contents of the paper
Submitted by:	Tom Smerdon, Associate Director on behalf of Lorraine Knight, Interim Chief Operating Officer
Date:	4th June 2015
Decision:	To note

A&E Performance

Introduction

This paper has been written to brief the Council of Governors on A&E performance and actions being taken.

Current Performance

Performance against the 4 hour target (95% of patients to be admitted or discharged from A&E within 4 hours of attendance) continues to be a challenge, as shown in the figures below.

Month	Performance (Monitor)	Performance SPH type 1 & 3
Apr-15	92.51%	89.34%
Mar-15	91.49%	87.70%
Feb-15	92.79%	89.58%
Jan-15	92.05%	94.22%
Dec-14	84.70%	78.94%
Nov-14	89.55%	85.60%
Oct-14	91.37%	87.95%
Sep-14	95.39%	93.62%
Aug-14	96.31%	94.84%
Jul-14	93.94%	91.77%
Jun-14	95.82%	94.22%
May-14	92.99%	90.21%

The Trust reports a position to Monitor inclusive of attendances at the Ashford Walk-in-Centre. It is compliance against this standard against which the Trust is judged for the purposes of the Monitor Risk Assessment Framework and accordingly its Foundation Trust licence. However our contract with CCG from April 2015 requires compliance for St Peters only, excluding Ashford, shown in the second column.

Other issues

A&E continues to struggle to recruit to its substantive establishment, having significant vacancies in medical staffing:

	Funded	Contract	Vacancy
Consultant	10.00	5.80	4.20
Specialty Doctor	4.50	4.50	0.00
Specialist Registrar	20.55	9.00	11.55
Foundation Programme - F2	13.00	11.00	2.00

There are also currently 9 vacancies in nursing posts against an establishment of 81.5 WTEs. This creates a significant financial pressure due to the cost of bank and agency staff

to fill gaps. Pay expenditure in April 2015 was £137k over budget as a result. We are actively recruiting to all posts.

Improvement Plan

We have agreed a trajectory of improvement with NW Surrey CCG, based on a detailed improvement plan. The trajectory is summarised below, showing that we are in line with this for April and May. This shows that we will achieve the target consistently in December.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
PLAN	89.1%	90.3%	89.9%	90.6%	90.5%	92.0%
ACTUAL	89.3%	91.97%				

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
PLAN	95.0%	94.8%	95.0%	96.3%	96.1%	96.6%
ACTUAL						

The improvement plan focuses on achieving a number of critical success factors, which are:

Agree and adhere to Acute Admissions Policy, clarifying pathways for patients requiring an admission from A&E	11/06/2015
Work to Standard Operating Procedures in A&E	April - July 2015
Introduce point of care diagnostics to A&E (trial)	July 2015
Reduce average LOS to peer average	October 2015
Reduce confirmed delayed discharges to below 3.5% of beds	October 2015
Establish an Urgent Care Centre	November 2015
Co-locate Paediatric Assessment Unit with A&E	January 2016

This plan is monitored on a weekly basis, with progress reported to the CCG. The plan workstreams are led by clinicians with support from the Divisional management team and the Programme Management Office.

The establishment of an Urgent Care Centre is an important part of this plan, and we are in active discussions with a private healthcare company who already runs urgent care centres in other hospitals. The UCC service is delivered by GPs and Emergency Nurse Practitioners, providing a primary care focused service for patients who do not need to be seen in a full A&E. We expect that around half of the patients attending A&E could be discharged from the UCC, and that over 99.5% of them would not breach the 4 hour standard. This would also help to focus our limited A&E specialist resources on the remaining patients.

In addition to this plan we have agreed to work alongside system partners with Alamac, an organisation with a track record of supporting challenged health economies to improve and sustain performance. They are specialists in behavioural change and sustainable performance improvement. Alamac help teams to gather, understand and use data to help see and do things differently. They provide an information system which gives all system partners full visibility of key system metrics. This gives an objective foundation for daily assessment and evaluation of system performance. It also allows the system to identify key trends and cause and effects so that direct action can be taken. It will provide enhanced system resilience as it will enable us to predict in advance when the system will come under

pressure, and will show where investments are required. Alamac have been recommended to us by the Emergency Care Intensive Support Team and our engagement with them will provide further assurance to NHS England and Monitor that we are taking the necessary steps to address our performance challenges.

Delivery of the Plan

Progress on delivery of the improvement plan is monitored in a number of ways. The detailed actions are reviewed on a weekly basis at the Emergency Care Pathway Board. There is also reporting on a monthly basis at the Transformation Programme Board, led by the Deputy Chief Executive and at the Divisional Performance meetings. There is a bi-weekly A&E Steering Group held with North West Surrey CCG to track progress. Monitor also has the latest version of the plan.