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

COUNCIL OF GOVERNORS
15th June 2016

TITLE	**A&E Report**
EXECUTIVE SUMMARY	This report provides a full performance update on A&E including the Urgent Care Recovery Plan.
The Council is asked to:	Discuss the report
Submitted by:	Lorraine Knight, Interim Chief Operating Officer
Date:	June 2016
Decision	For discussion

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

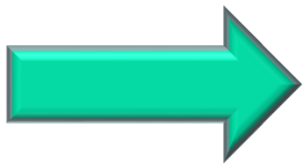
Paper 7.2

ASPH NHSI Performance
May 2016

Lorraine Knight – Interim Chief Operating Officer

ASPH NHSI Performance - A&E

NHSI - MAY 2016 PERFORMANCE UPDATE								
Domain	Standard	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Monthly Sparkline	Apr	May (prov)
A&E	Maximum waiting time of **four hours** from arrival to admission/transfer/discharge	93.3% ☒	92.2% ☒	90.4% ☒	85.4% ☒		87.8% ☒	91.7% ☒



- *A&E NHSI Performance was recorded at 91.7%, a 3.9% improvement on Apr16*
- *Total attendances in May (at 8,777) were 11.1% higher than April's attendances (7,898) and 9.3% higher than May 2015 (8,030)*
- *Admissions during May (at 2,175) were similar to the very high daily average admissions we have seen from December 15 onwards, with on average over 63-70 admissions every day (compared to FY2014/15=62 & FY2013/14=58)*
- *Average non-elective length of stay & delayed discharges remain low*
- *We have in place an **Urgent Care Improvement Programme** which includes changes to our governance and clinical engagement in order to provide an improvement trajectory delivering compliance from October onwards. In addition we opened an Urgent Care Centre on 7th March 2016*

ASPH NHSI Performance - A&E

Overall	March 83% May 92%
Performance for patients only seen by ED	March 73% May 87%
ED time to treat overall	March 1 hour 25 mins May 1 hour 6 mins
ED referral rate	March 35% May 29%
ED referrals discharged by Specialty	March 31% May 16%
Performance for referred patients	March 65% May 91%

ASPH NHSI Performance - A&E

KPI	March	May
Performance	83%	92%
Attends	286	280
Ambulance Attends	82	75
Breaches	75	11
Admissions	66	70
Discharges	55	56
DTAs at 08:00	11	2
Empty Beds	5	6
Escalation Beds	15	6
Outliers	19	8
LoS >10 Days	123	114
MFFD	34	41

Urgent Care Programme – Four Objectives

- ***Establishing the Urgent Care Centre (UCC)***
  - *Opened 7th March*
  - *Increasing usage – now 58% of all attends booked in there, 80% of those are seen treated and discharged through UCC (during opening hours 08:00 to 20:00, 7 days per week, adults only). 10 000 attends since opening to the end of May.*
  - *Keen for GP involvement but yet to source a partner and balance the finance for that*

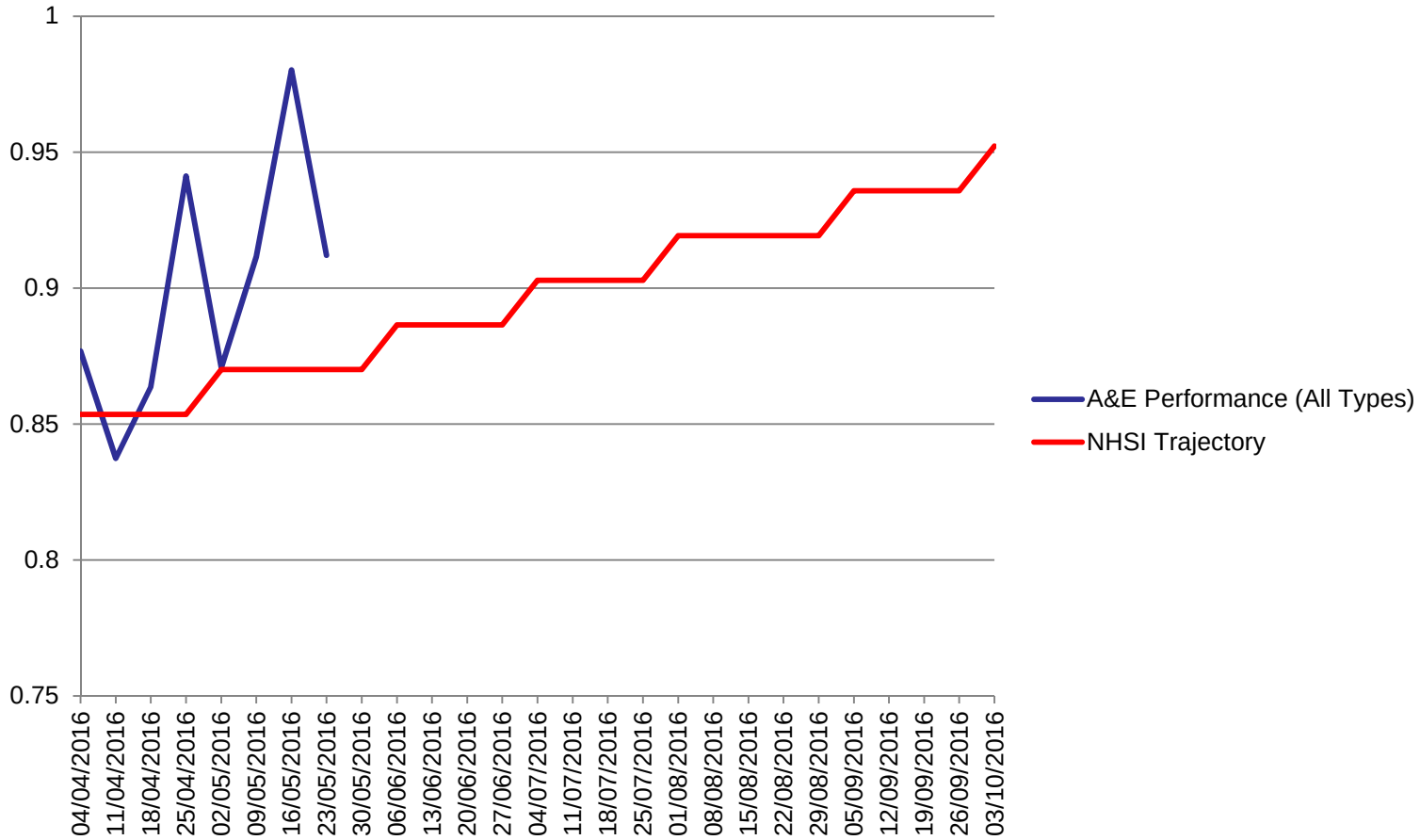
- ***Implementing Ambulatory Care in the medical assessment area***
  - *Steady week-on-week increase in usage since the beginning of April (100% increase in patients seen in the AECU)*
  - *New trolley area to complement seating area built (six trolleys)*
  - *Staffing plan being reviewed and business case in train*

Urgent Care Programme – Four Objectives

- ***Improving the medical model and input to Cherry Annex and the medical inpatient ward***
  - *Ward movement/exchange agreed between Gastro and Care of the Elderly*
  - *Further work required to define Care of the Elderly model in the light of a chronic shortage of consultants*
  - *Gastro looking to implement new model of care (continuity rota) once moved to Cherry*

- ***Establishing & implementing the core clinical standards for acute & emergency care at ASPH***
  - *Standards written and first round approvals given by division*
  - *Some small clinical revisions required*
  - *Final Divisional, TEC, Exec and Board approval to be sought in due course*
  - *Aim for July launch*

A&E - ASPH and National Performance vs Target



Changing The Culture

Urgent Care Centre
- ownership
- shows what “success” looks like

Appointments
- new DDs/new CD
- clinical ownership
- role models
- pushed the dialogue

ED Assembly
- continual improvement
- departmental ownership
- adopted by AMU

SDEC, AECU, Assessment Areas
- increased flow and options
- removed barriers

Clinical Leadership and Engagement
- ED/Surgery weekly review meeting
- clinical forum

Renewed Focus
- coaching
- organisational dialogue
- CAT meetings
- reduction in tolerance for poor performance
- direct action (not always popular)