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

COUNCIL OF GOVERNORS
17th May 2012

TITLE	**The four hour target at Ashford and St Peter's Hospitals NHS Foundation Trust**
EXECUTIVE SUMMARY	The attached paper explains the background to the four hour target, describes what it takes to make sure that the target is delivered in a sustainable way, summarises the Trust's action plans and describes how progress is tracked and performance is monitored
The Council is asked to:	Discuss the report
Submitted by:	Valerie Bartlett Deputy Chief Executive
Date:	10th May 2012
Decision:	For Noting

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The four hour target at Ashford and St Peter's Hospitals

1. Introduction.

The Council of Governors has requested a paper to explain the four hour target, the current performance of the Trust, the actions the Trust is taking to improve performance, and the progress that the Trust expects to make in the coming months. This paper explains the background to the four hour target, describes what it takes to make sure that the target is delivered in a sustainable way, summarises the Trust's action plans and describes how progress is tracked and performance is monitored.

2. What is the 4 hour target and why is it important?

The four hour target was introduced into the NHS over 10 years ago. It measures the time from arrival in the Accident and Emergency (A and E) department to discharge or placement in a bed. Whilst the target is a measure of time, there are very strong clinical reasons for achieving the target. There is much evidence that patients who wait longer in A and E are likely to suffer more harm. In addition, there is also a growing body of evidence that when A and E departments become crowded (because queues are developing) then the outcomes of patients are likely to be poorer.

For a number of years the national target was for 98% of patients to be seen or discharged within 4 hours. Just over a year ago the target was revised down to 95%, partly to reflect the fact that there will always be some clinical exceptions to the target – for example patients whose treatment, including diagnostics, will always take more than 4 hours, or patients who are clinically too unwell or unstable to be moved from the department within the 4 hour window.

3. What does it take to deliver the target and keep delivering the target successfully?

Many Trusts struggled to deliver this target when it was first introduced, and more recently a growing number have struggled to continue to meet the target as demand continues to grow. The reason that this is a particularly complex target to meet is because it involves the whole hospital. We traditionally talk about "the A and E target", but the reality is that to achieve sustainable 4 hour waiting times this requires major change within the A and E department itself, but also across the whole hospital. This is why we try hard to now refer to "the four hour target" – we need to see this target as everyone's business and everyone's problem. Success comes to Trusts who involve and engage their whole hospital in change.

To explain this further, patients arriving in A and E can safely and successfully be treated and admitted/discharged within 4 hours if a number of conditions are in place – i.e.

- If there are sufficient staff of the right calibre and seniority to triage and manage patients within the department

- If there is rapid access to diagnostic tests from A and E (e.g. pathology, CT, ultrasound etc.) which means that patients don't need to wait either for tests or results

- If there are enough beds available in the right place in the hospital at the right time to enable patients to be moved from the A and E department within 4 hours.

- If there is good access to community services which can help people return home quickly from A and E when this is what's appropriate and safe for them

The third issue described above – what we term the issue of capacity and flow – is probably the most crucial element to get right to make delivery of the four hour target sustainable in the long term. It means making sure that we always have enough beds in the hospital (and enough beds of the right kind) to manage those patients who will be admitted. When this doesn't happen, queues start to build in A and E, patient experience worsens, outcomes are poorer, and the target is missed. In summary meeting the four hour target and delivering it on a sustainable basis requires:

- A really good A and E department with a strong team, good access to diagnostics and good systems and processes

- Good flow throughout the hospital to match peaks of demand as they appear in A and E throughout the 24 hour period (i.e. making sure that enough discharges happen each day to match the number of patients expected to be admitted, and that they happen at the right time of day)

- A good range of alternatives to admission that are known to the A and E team and are available across the 24 hour period

4. How are we performing at Ashford and St Peter's?

Traditionally this is the target that this Trust has struggled the most to meet. In the past some of this has been masked by the way the target has been counted, as until a year ago we were allowed to include A and E attendances at walk in centres in our performance. Given that almost all attenders at walk in centres are invariably seen within 4 hours, this gave uplift to the Trust's performance. In reality it had been masking for some time the relative underperformance here at St Peter's itself. Through the programmes of work that have been under way over the last year, it has also become clear that the Trust probably did not undertake the depth of work right across the hospital that was required when the target was initially introduced. This means that when benchmarked with other NHS Trusts, we would probably be found to be somewhat behind the times particularly in our emergency care pathways – i.e. the pathways and systems of care for those people who are admitted to the hospital in an emergency.

For all of the above reasons the Trust has struggled with its four hour performance in 2011/12 and into early 2012/13. The Trust's performance in Q4 of 2011/12 and Q1 2012/13 is as follows:

Month	Performance
January 2012	92.93%
February 2012	90.84%
March 2012	90.71%
April 2012	93.07%
May (to 9th May 2012)	97.47%

It is also important to bear in mind that the Trust's ability to meet this target will also be influenced by external factors, in particular the level of demand placed on the A and E department either by ambulance arrivals or patients who self-refer. In December 2011 we undertook a detailed analysis to try to gain a better understanding of these factors and how they impact on us, and we found the following:

- Fewer patients are being taken to hospital by ambulance, but more are self-referring
- North West Surrey appears to be doing less well than other parts of Surrey at keeping people out of hospital, and isn't making the progress that other health systems are making in reducing admissions for conditions capable of being managed in the community, or at reducing readmissions through targeted management of the most vulnerable patients

A range of working arrangements have been established with our partners in NW Surrey (the ambulance Trust, community services, Clinical Commissioning Group, Social Services) to address these issues. Whilst we have made some progress in both understanding the issues and starting to work on them, clearly the Trust has less direct influence on these issues. The work programmes around demand management are less well defined than the Trust's own internal work programme and not yet subject to the same rigour in terms of performance management as our own work.

5. What are the implications of not delivering the target?

The consequences of not delivering this target are significant and can be summarised as follows:

Impact on our governance rating with Monitor

- A failure to deliver for 3 consecutive quarters can mean that Monitor could decide to lower the Trust's governance rating further to red

- can result in fines from the NHS Surrey in line with this year's contract
- Most importantly of all, long waits in A and E lead to a poor experience for patients and high levels of stress for staff

6. What is the Trust doing to improve performance?

The Trust has a very detailed set of action plans in place to improve performance. These are summarised in Appendix 1. Many of them have been in place and working for some time. They describe a number of programmes of work that all sit under our Unscheduled Care Programme Board and report in to our Strategic Delivery Board (chaired by the Chief Executive). Our programmes of work focus in on the A and E department itself, but also address the wider cross hospital issues in terms of

- Demand and capacity (making sure we have the right beds in the right place)
- Discharge (making sure that we have good discharge processes, and that enough patients are discharged each day at the right time to match the number of people we expect to be admitted)
- Length of stay (introducing our Real Time information system which uses a live bed state to track the expected discharge date of each patient and alerts staff if there is any change to an expected discharge date)
- Planning our elective work well, to make sure that it supports good patient flow (making sure that we have the right theatre timetable that matches the flow of elective patients with the flow of emergency patients)

For each of these programmes of work there is

- A clear and nominated project manager
- A clear project plan with actions and timescales
- A set of benefits that we expect to be delivered
- A regular way of reviewing progress, checking on actions and on the results

In working this way, the Trust is following best practice as seen in the NHS and wider across the private sector, and has set up a formal Programme Management Office (PMO) which makes sure that there is a very rigorous and disciplined approach to the management of major change projects.

In addition, the Trust has engaged the support of ECIST (Emergency Care Intensive Support Team). This is a national team, funded by the Department of Health, made up of clinicians and operational managers who are very experienced in the issues of emergency care, whose role is to support Trusts who are struggling to meet the four hour target. ECIST have an excellent track record of helping many Trusts to deliver the four hour target on a sustainable basis. They have advised us on the content of our action plan, and are

supporting us on a number of specific actions and programmes of work in our action plan. For example,

- ECIST recently facilitated a half day workshop for all our physicians to redesign the medical model and will follow this up with a further session in early summer. Alongside this they are facilitating contact with and visits to other similar Trusts who have encountered the same problems and are further ahead with solving them

- In addition ECIST will be supporting the Trust and its partner organisations (Social Services, community services, GPs) to undertake a half day audit of all patients in the hospital who have been here for 7 – 14 days. The purpose will be to understand the primary drivers for delay, and to engage our partners in managing and improving those issues that are in their gift.

ECIST have already worked with two NHS Trusts in Surrey and are currently working both with ourselves and Royal Surrey County NHS Foundation Trust. They have identified a number of common themes during the course of their work with NHS Trusts in Surrey which they will be feeding back to commissioners.

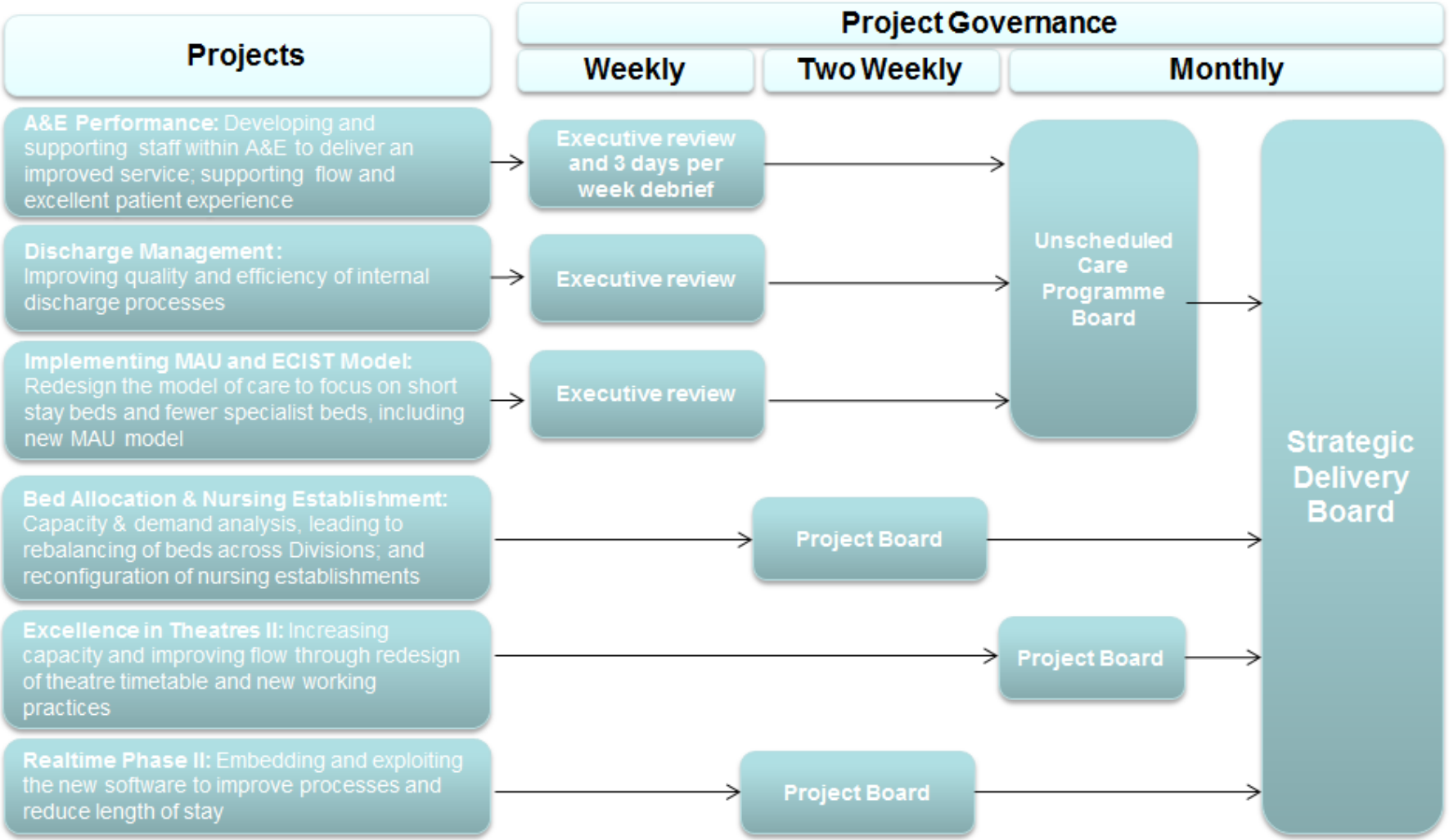
7. **Stakeholder management**.

The Trust is aware of the need to brief and inform a range of external stakeholders on its action plans on this important issue. In addition, the Trust is keen to engage its many staff in understanding the issues we face, feeling confident that we have the right action plans in place, and contributing to further ideas to improve our hospitals. An initial stakeholder communication and engagement plan has been developed and is included as Appendix 2. This is being continually developed.

8. **Conclusion**.

The Trust has struggled to deliver the four hour target and has missed this target in Q3 and Q4 of 2011/12. Comprehensive action plans are in place (and have been in place for some time) to improve performance. These have been informed by a national advisory team and are based on good practice elsewhere in the country. Success will come from tackling systemic issues in the Trust, and from engaging the whole hospital in this endeavour. The Trust has a robust approach to performance managing delivery of all of the relevant work programmes, and there is early evidence in Q1 of this year that all of the plans are now beginning to take effect, and a step change in both flow and performance has been achieved. More remains to be done to embed these changes and to deliver sustainable change, and more remains to be done to involve all of our staff in the fundamental changes that are now taking place in our hospitals. Some aspects of improving performance (in particular the management of demand) require the engagement and commitment of other organisations to clear programmes of change. Whilst there is good early engagement from partner organisations, more remains to be done to translate this into clear programmes of change with the robust project management arrangements that are currently in place in the Trust.

Appendix 1. **UNSCHEDULED CARE PROJECT PORTFOLIO**



Appendix II

‘Fixing the emergency care pathway’

Stakeholder Engagement Plan

Date: April 2012

Objectives

To engage with our key internal and external stakeholders – by describing our 'story' - so they understand the scale of the challenge faced by the Trust, why this has come about and are reassured that a robust and achievable plan is in place.

Underlying principles

- To engage with our internal and external stakeholders in an open, transparent and timely way
- To inform our stakeholders through the use of clear, consistent messages (our 'story') and easily understood language, appropriate for the different audiences involved

Key challenges

- Maintaining confidence in the Trust and its current activity with external stakeholders;
- Creating confidence – despite our current position – that our plans are robust and will be achievable within the timescales given;
- Motivating and supporting our workforce to 'own' the challenge and embrace the actions that need to happen in order to achieve our plan;
- Supporting, maintaining and improving overall staff morale from its current position.

Audiences

This plan focuses on two distinct audiences, which each have their own specific communications and engagement objectives. A presentation telling the 'story' will be the key communication tool and inviting discussion.

Internal stakeholders:

- Describing the 'story' - helping staff to understand what the challenge is and why we have arrived at this point;
- Motivating and supporting staff to 'own' the challenge and be an active part of a solution that will both improve patients' experience and make their working lives easier.

External stakeholders:

- Describing the 'story' - helping stakeholders to understand the nature of the challenge, and why we have arrived at this point;
- Giving reassurance that patient care is not being compromised and patients are still receiving high quality, safe care in an appropriate environment;
- Maintaining confidence in both the Trust, its management team and in the strength of our action plan.

Stakeholder Map

Key stakeholders and their levels of respective interest/influence have been mapped below and in the diagram overleaf, to help inform the right levels of communication and engagement in this campaign going forward.

Stakeholders	Level of interest	Level of Influence
ASPH Board	H	H
ASPH Governors	H	H
Patient Panel	H	L
LINk – local ASPH group Surrey LINk – Cliff Bush	H H	M H
HOSC	H	H
MPs: Philip Hammond Dominic Raab Kwasi Kwarteng Jonathan Lord MP for Hounslow Chris Grayling	 H H H H M H	 H H H H M M
Local boroughs: (Chief Executives/Leaders of Council) Runnymede Spelthorne Elmbridge Woking London Borough of Hounslow	H	M
Trust Members	M	L
NHS Surrey	H	M
NHS South of England	H	H
Epsom & St Helier (Transaction Team) and Epsom partners	H	M
GPs/CCGs	M	M
Monitor	H	H
CQC	H	H
Media	H	M
Patients	M	L
Internal:		
Trust Executive Committee	H	H
Senior managers	M	H
EPF	H	L
Consultant body/JNC	H	M
All staff	M	M
Volunteers	M	L

Level of engagement required

	High	Medium	Low	
High	Board/Governors Surrey LINk Chair HOSC MPs (key 4) NHS South Monitor CQC TEC Senior Managers	LINk – ASPH local NHS Surrey EpStH (transaction team) + partners Trust consultant body	EPF	**LEVEL OF INFLUENCE**
Medium	Chris Grayling MP Local Boroughs Media (local) Trust staff (all)	MP for Hounslow GPs/CCGs	Volunteers Patients	
Low	Patient Panel	Trust Members		
LEVEL OF INTEREST				

Communications Plan					
Audience (who)	**Activities (what)**	**Channels (how)**	**When**	**Where**	**Lead**
Internal					
Trust Board	Briefing/presentation	Trust Board (closed)	26th April	Ashford	Valerie Bartlett
Governors	Briefing/presentation	CoG meeting (closed)	17th May	Ashford	Valerie Bartlett/JG
TEC	Briefing/presentation	TEC business meeting	4th May	Chertsey House	Valerie Bartlett
Divisional teams	Presentation	Via divisional team meetings	*Dates TBC*		Valerie Bartlett/CB
DGMs/HoN	Briefing – to prepare for divisional team meetings	Via Friday am meeting	27th April	Level 2 Seminar room	Valerie Bartlett/CB
Consultant body	Briefing/presentation	Dedicated briefing session	3rd May	Chertsey House	Valerie Bartlett/ Andrew Liles
CCG	Overview/Briefing	CCG/EDs meeting	17th April 1st May	Chertsey House	Valerie Bartlett/ Andrew Liles
Matrons	Briefing/presentation	Matrons meeting	*TBC*	*TBC*	Suzanne Rankin
Ward Managers	Briefing/presentation	Ward managers meeting	*TBC*	*TBC*	Suzanne Rankin
Front-line staff	Presentation	Via road-show to all clinical areas	*TBC but starting 7th May*	Trust-wide	Valerie Bartlett/GR
EPF	Briefing	EPF meeting	9th May	Chertsey House	Valerie Bartlett
All staff *(Supporting activity)*	Presentation Dedicated Aspire newsletter Ebulletin updates Managers briefing – summary of action plan and update	Staff briefing sessions Printed and via email Via daily ebulletin Team Briefing	14th May 24th May (?) Mid-May Ongoing 1st June	St Peter's Ashford Trust-wide Trust-wide SPH	Valerie Bartlett/ Andrew Liles Giselle Rothwell Giselle Rothwell Valerie Bartlett/AL
Patient panel	Briefing/presentation	Regular patient panel meeting	22nd May	Chertsey House	CB/GR
Volunteers	Article	Volunteers newsletter	*TBC (end May?)*	Trust-wide	GR/JA
External					
MPs Philip Hammond Kwasi Kwarteng Dominic Raab Jonathan Lord Hounslow Chris Grayling	1:1 Briefing	Individual meetings (if possible) Supported by letter	From mid-May	Trust	Aileen McLeish

LINk	1:2 Briefing with presentation (Cliff Bush/ Peter Hughes)	Private meeting	Early May	SPH	Valerie Bartlett/GR
Local BCs: Runnymede Spelthorne Woking Elmbridge	1:1 briefings	Private meetings with Chief Executives/Council Leaders	From mid/late May (post any local elections)	BC offices	Andrew Liles
HOSC	1:1 briefing with Chair	Private meeting	Mid/late May	*TBC*	Andrew Liles
NHS South					
NHS Surrey	1:1 briefing with Chair	Private meeting	Mid/late May	*TBC*	Aileen McLeish
Monitor	Pre-emptive briefing	Via telephone?	Mid May		Andrew Liles
CQC	Pre-emptive briefing??	Via telephone?	Mid/late May	*TBC*	Andrew Liles/ Suzanne Rankin?
CCGs/GPs	Briefing Supporting messages + focus on behaviours	1:2 briefing with Liz Lawn Via GP News/ practice visits	Mid/late May From late May	*TBC*	Andrew Liles/Valerie Bartlett
Trust Members	Written communication	Via email/ next Members Matters	Email – late May MMs – early July	June *TBC*	Giselle Rothwell/Jane Gear
EpSH Transaction Team + Epsom partners	Briefing	1:1 briefing with TT lead, + individually with key partners	From late May	*TBC*	Andrew Liles
Virgin Care	Briefing	1:1 briefing with Bart Johnson	From late May	*TBC*	Andrew Liles
Media	Positive campaign Reactive lines	Positive stories to support hospital Preparatory lines in case of negative press	From now		Giselle Rothwell
Individuals, e.g. Karin Peluso	Briefing	1:1 telephone briefing	Late May		Aileen McLeish

Giselle Rothwell
Head of Communications
18th April 2012