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

COUNCIL OF GOVERNORS
9th September 2013

TITLE	**Emergency Care**
EXECUTIVE SUMMARY	The report summarises current and recent performance against the Monitor 4-hour standard for waiting times in A&E at Ashford and St Peter's NHS Foundation Trust (ASPH) and outlines the reasons why the 4-hour standard is of such importance to the Trust and our regulators, as well as the plans in place to ensure performance against the standard is maintained throughout the coming winter.
The Council is asked to:	Discuss the report.
Submitted by:	Valerie Bartlett, Deputy Chief Executive
Date:	August 2013
Decision	For Discussion

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

Emergency Care

1. Introduction

The purpose of this paper is to summarise current and recent performance against the Monitor 4-hour standard for waiting times in A&E at Ashford and St Peter's NHS Foundation Trust (ASPH).

The paper outlines the reasons why the 4-hour standard is of such importance to the Trust and our regulators, as well as the plans in place to ensure performance against the standard is maintained throughout the coming winter.

In spite of the plans and performance management systems in place, there remain a number of risks, both internal and external, to achievement of the standard; these are also outlined in the sections below.

2. 4 hour standard for waiting times in A&E

The health sector regulator, Monitor, use the operational standard of 95% for patients being seen and discharged within 4 hours as part of their *Compliance Framework*, which they use to ensure patients are being treated quickly. This operational standard is designed to deliver patients' rights under the NHS Constitution.

There is evidence that patients are more likely to come to harm if they are treated in a crowded A&E department or if they are made to wait for more than four hours for a decision to admit. Long waiting times in A&E departments, often experienced by those awaiting admission, not only deliver poor quality in terms of patient experience, but they also compromise patient safety and reduce clinical effectiveness.

However, the cost and impact of the meeting the 4-hour standard is not only in patient experience and outcomes, as the delivery of the standard also has a significant impact on the financial performance of the Trust and the overall staff experience.

In recent years, ensuring the 4-hour standard is achieved and that patients are seen and treated quickly in the A&E department has required a high level of in-year financial investment. Specifically, investment in additional 'escalation' beds and temporary resources to meet demand in the winter has led to unplanned over-spend and increased financial pressure.

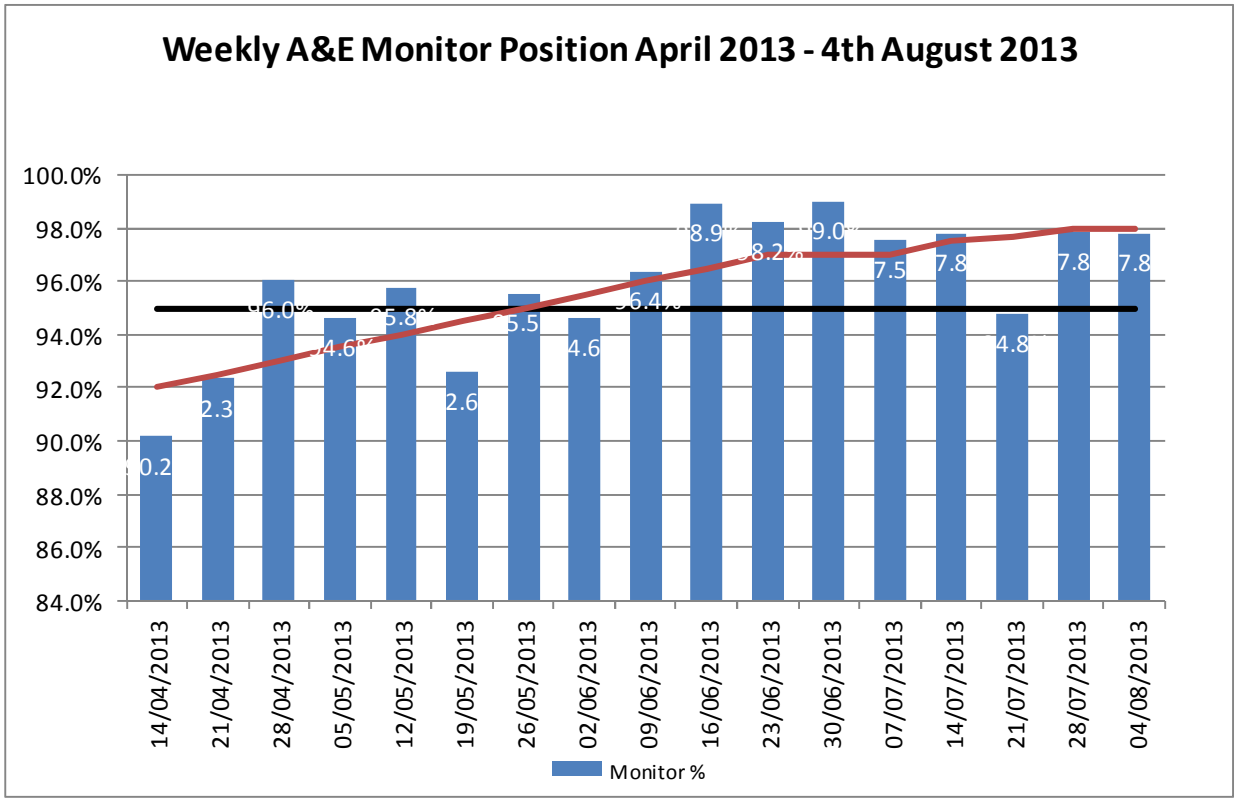
Staff morale and overall experience are also impacted by the challenge to meet the 4-hour standard. At times when achieving the standard is most challenging, for example in winter 2012/2013, the pressure on the existing resources and the additional capacity required will often result in staff working extra hours for extended periods. These pressures are not limited to the A&E department as achieving the standard requires delivery throughout the emergency care pathway.

3. Performance against the 4 hour standard for waiting times in A&E

The Trust met the 4 hour standard for waiting times in A&E in Quarter 1 (Q1) 2013/2014 and in the first month of Q2.

Period	Performance against Monitor 4-hour A&E target
2012/2013 Total	**95.29%**
April 2013	93.55%
May 2013	94.77%
June 2013	98.08%
Quarter 1 2013/2014	**95.43%**
July 2013	96.90%

Performance in July was **96.89%.** This was an improvement in performance compared with the Q1 which was 95.42%. Performance against the planned trajectory for improvement is also shown below.



***Black line**: waiting time target (95%); **Red line**: Forecasted trajectory*

The table above shows a breakdown of performance by week against the trajectory submitted to Monitor. This demonstrates an improvement in performance in July 2013 as compared with the previous quarter.

4. Drivers of Performance

The most significant challenges in meeting the 4-hour standard in the month were:

i) A&E attendances continued to remain high in July
Following the trend in Q1, the number of attendances to the A&E department continued to increase:

Week commencing	*Number of patients attending A&E*
27th May 2013	1,716
17th June 2013	1,824
8th July 2013	1,907

ii) Heat wave conditions experienced in mid-July
These conditions contributed to the effect on performance in the week commencing 21st July 2013, which saw increases in attendances across all specialties including children, the elderly and those with chronic diseases

The key drivers of performance improvement in the month were:

i) Ensuring clinical capacity is amended in order to match demand of the emergency care pathway
Further consultant recruitment has taken place in Q1 and consultant presence in both A&E and the Medical Assessment Unit (MAU) is being amended to meet times of greatest demand.

ii) Further improvements of processes on the Medical Short-Stay Unit (MSSU)
Through the 'Ready to Go' project a number of improvements have been made to the communication processes on the MSSU, which has improved daily discharges and flow through the emergency care pathway.

iii) Continued focus on the delivery of the 4 hour recovery plan within the Trust
Including Executive-led weekly meetings to review all A&E breaches as well as a weekly, senior cross-divisional performance review.

iv) Focus and progress on the emergency care pathway redesign initiated in 2012
To complement work to improve internal winter resilience, the Trust has sought further feedback from the Emergency Care Intensive Support Team (ECIST). Details of the feedback from their visit are in the section below.

5. Emergency Care Intensive Support Team (ECIST) visit: July 2013

The Trust has been working with the ECIST for approximately 18 months on delivering a redesign to the emergency care pathway, which is based on best practice and an evidence-based approach.

An assurance visit to check that the Trust is making the right progress on the emergency care pathway, and to help our clinical teams identify any further improvements they could make, took place on 2nd July 2013.

The key messages from the visit were:

- Recognition of the progress that the Trust has made in the last year. ECIST described the Trust as "indescribably different", with a stable team, strong leadership, a strong sense of team, open to ideas and to constructive criticism;
- The model the Trust has implemented is the right model and the increased consultant resource has led to a real increase in capacity allowing for quicker and more decision making;

- The Trust has been successful in implementing a model of care that delivers care at the right time, in the right place, with increasing achievement of streaming by LOS with specialist in-reach;

- The A&E department has moved a long way since the last visit with both stable management and a significant increase in capacity in a department that can be considered to be well staffed;
- For winter 2013/14 the Trust should focus on developing ambulatory care, developing a dedicated unit which will further reduce emergency admissions; and
- The Trust could secure further gains from a greater focus on the discharge process, for example by implementing the patient flow bundle developed by ECIST and implementing Executive Director-led length of stay reviews.

Stephen Duncan, National Head of Intensive Support at ECIST, followed the meeting by writing to note that in his observations:

"It was clear that the team have transformed the pathway but more important the experience for patients and staff……..The overriding priority of patient safety and experience were at the centre of all of our conversations…..The improvements that have been made across the Trust are palpable and St Peter's is clearly a much better place for patients and staff alike."

ECIST have also been commissioned to undertake a pathway review in the local community services currently provided by Virgin Care, and this work is already identifying a number of areas where there is scope for better joint working between the two organisations.

The Trust has given a strong indication of its willingness to take part in further improving the interface between acute and community services, and believes this will bring further benefit to the unplanned care pathway and four hour performance.

With reference to the Trust, ECIST remain in supportive and developmental mode but have no plans to undertake any further performance related visits.

6. Planning for winter 2013/14

Throughout Q2, and in advance of winter 2013/2014, the Trust has initiated further action to support future sustainability including establishment and embedding of the frail, elderly pathway, the Ambulatory Care Unit and improvements to the Surgical Assessment Unit – all of which has been supported by ECIST in their most recent assurance visit.

A summary of the progress against specific winter planning initiatives is shown below:

i) Expansion of the Paediatric A&E
Plans for a temporary build were approved by the Trust Executive Committee (TEC) in July 2013, which will provide additional clinical space for the Paediatric A&E service during the winter months. Building work is to be completed by November 2013.

In addition, two paediatric A&E consultant posts have been appointed to in August 2013. These posts will be in place for winter 2013/2014 and will provide additional consultant presence in the department at peak times, including evenings and weekends.

ii) Capacity Allocation Programme
A business case for the revision to the speciality bed base in Medicine was also approved by TEC in July 2013 and this sets out a programme of changes due for completion by August 2014. As part of the programme, Swift ward will be available as planned additional bed capacity from December 2013.

iii) Emergency Ambulatory Care Unit
One of the key recommendations from ECIST was the implementation of a unit to manage ambulatory care patients, adjacent to the A&E department. Detailed planning is now underway to deliver this and the unit is due to open in November 2013.

Requirement for additional Acute Medical Consultants to support the unit and the whole of the emergency care pathway was also recommended by ECIST and is to be progressed in parallel.

iv) Older Persons Model of Care (OPAL Team)
Work has been underway for the last 12 months to design and implement a new model of care and pathway for the treatment of frail, elderly patients in the hospital. This will result in the establishment of an Older Persons Liaison (OPAL) team in October 2013.

The OPAL Team is a specialist team with the skills and time to focus on the care of frail older people, and provide in-reach into departments where the need for specialist advice is indicated. On completion of a Comprehensive Geriatric Assessment (CGA), patients will have an individual comprehensive plan of care developed by the OPAL team.

The aim of the new model of care is to improve the patient experience and the quality of care for frail elderly patient by ensuring that every older person receives care and treatment designed specifically to meet their needs. It is hoped that the new model will enable an improvement in patient outcomes, reduction of readmissions and a reduction in length of stay for this cohort of patients.

The Trust has been asked by the CCG to take a lead role in the redevelopment of the whole system pathway for frail elderly patients in North West Surrey. A Frail Elderly Programme Board has been established with representation from North West Surrey CCG, ASPH, Virgin Care and Surrey County Council to drive and oversee this programme of work.

The priority for this group is to identify the resource required in the community services and social care to support the whole system pathway both pre and post hospital admission.

v) Expansion of Surgical Assessment and Surgical Short-Stay Unit
As part of the Capacity Allocation programme (above) the existing surgical assessment unit (SAU) is being expanded to include additional assessment and short-stay (< 48 hours) capacity for surgical patients from October 2013.

The project includes investments in capital refurbishment of the existing SAU and recruitment to additional nursing posts. New operational policy and professional standards for the new unit have been agreed with the clinical teams to mirror the improvements made in the medical assessment and short-stay units in 2012/2013.

vi) 'Ready to Go' Project
Following successful project and improvements made on Medical Short Stay unit, the project will move on other medical wards. The project will focus on implementation of the 'patient-flow bundle' as recommended as best practice by ECIST.

7. Risks to performance

A&E performance has deteriorated nationally over the last twelve months. In the last quarter of 2012/13 the number of providers that failed to meet the 95% standard for patients being seen and discharged within 4 hours had increased to 94 out of 148, double the number from the previous six months.

According to NHS England (Improving A&E Performance, NHS England - May 2015) a number of factors are assumed to have played a part in this deterioration, including:

- Increased numbers of patients arriving at A&E;
- Perceived lack of availability of primary care and community services, especially out of hours;
- Reduction in bed numbers and staff as hospitals try to deliver cost improvement plans;
- The Francis report and its impact on clinical decision making thresholds;

- Lack of focus during transition for commissioners in changing roles in the new system;
- Pressure on social care budgets; and
- The introduction of NHS 111.

8. Conclusion

Whilst the Trust is pleased with delivery of the 4 hour standard in Quarter 1 and July 2013, it is recognised that sustained delivery remains a risk and has therefore initiated a further programme of work to improve resilience, maintain capacity and flow and deliver a good patient experience in anticipation of further increases in demand in winter 2013/14.

The Trust is expecting to maintain performance against the 4 hour standard at over 95% for each month during quarter 2.