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

COUNCIL OF GOVERNORS
8th September 2015

TITLE	**A&E Performance**
EXECUTIVE SUMMARY	This paper is an update to the Council of Governors on the improvement programme to achieve compliance with the 4 hour A&E target at St Peters.
The Council is asked to:	Discuss the report
Submitted by:	Tom Smerdon, Associate Director of Operations on behalf of Bob Peet, Chief Operating Officer
Date:	September 2015
Decision:	For Discussion

4 Hour A&E Target Performance

Introduction

This paper is an update to the Council of Governors on the improvement programme to achieve compliance with the 4 hour A&E target at St Peters.

Current Performance

The NW Surrey health system has agreed a performance recovery trajectory with NHS England and Monitor. This is shown in the right hand column below, with our actual performance in the second column (SPH type 1 & 3). Our performance as measured by Monitor is also given for information.

Month	Performance (Monitor)	Performance SPH type 1 & 3	Recovery trajectory
Aug 15/16 (1st – 23rd)	90.54%	87.00%	90.5%
Jul 15/16	93.20%	90.73%	90.6%
Jun 15/16	93.09%	90.38%	89.9%
May 15/16	94.26%	92.06%	90.3%
Apr 15/16	92.56%	89.43%	
Mar 14/15	91.45%	87.76%	
Feb 14/15	92.83%	89.58%	
Jan 14/15	92.05%	88.61%	
Dec 14/15	84.69%	78.94%	
Nov 14/15	89.58%	85.60%	
Oct 14/15	91.38%	87.95%	
Sep 14/15	95.40%	93.62%	
Aug 14/15	96.35%	94.84%	
Jul 14/15	93.90%	91.77%	
Jun 14/15	95.76%	94.22%	
May 14/15	93.00%	90.21%	
Apr 14/15	97.01%	95.76%	

The system has to date achieved its recovery trajectory, although this is now unachievable for August.

Recovery plan

As previously reported the Trust is working closely with NW Surrey CCG and other system partners to implement a programme of recovery to achieve the 4 hour standard. The trajectory for this target is shown above.

A summary of progress against the six critical success factors in the plan is given below.

<u>Acute Admissions Policy</u>

This policy has been signed off by the Trust Executive Committee and was introduced in July. The policy defines which specialty teams are required to manage a number of common presentations, and establishes the principle that referrals from A&E should not be challenged in order to support timely review and flow out of the department. The change in practice should reduce breaches caused by slow response from specialty teams and lack of specialist beds.

To date there has been no clear impact on breaches. As bed occupancy in the Trust has been particularly high it has been difficult to make assessment beds available, limiting the impact on medical bed breaches. All specialty teams have been made aware of the policy,

and any instances of deviation from it are being escalated to the relevant consultant and logged by the A&E team.

Standard Operating Procedures (SOP)
These have been developed within A&E and the Acute Hub, and aim to reduce the median times from attendance to initial assessment, treatment, decision to admit, and leaving the department. No significant impact on these times has been made to date, and this again is felt to be due to poor flow out of and through the hospital.

We are also introducing point of care testing to help standardise and speed up the approach to diagnostics. The SOP has been written, and diagnostic sets have been agreed for key presentations. The POCT equipment has been installed on site and although there has been a delay as a result of IT issues the equipment should be in use form early September.

Reducing LOS
There has been a reduction in medical non-elective LOS from 7 days (Apr – June 2016) to 6 days (July 2015). This has coincided with the closure of 43 step down/rehab beds at Ashford Hospital. Specialty teams are now working on plans to further reduce their LOS to the levels being achieved in peer Trusts.

Reducing Delayed Transfers of Care (DTOC) to below 3.5%
We have been working closely with Surrey County Council Adult Services, Virgin Care and the CCG to support this objective. SCC are leading on the development of an integrated discharge team to ensure improved management of patient discharges across the system. The CCG have commissioned a further 20 step-down beds, although only 11 of these have been brought on line to date. We continue however to see high numbers of patients being delayed awaiting domiciliary care packages or care home placements, and the DTOC rate remains at c 10%.

Establish an Urgent Care Centre
A tender has been issued to run an UCC at St Peters on a trial basis. Responses have now been received to this tender and these are being assessed, with a final decision being due by the first week in September. The planned opening date for the UCC is to be confirmed following assessment of the tender documents.

Co-locate Paediatric Assessment Unit (PAU) with A&E
A tender has been issued to provide enabling works for this development. The paediatric team are working on a business case for this development, which will be considered at Trust Executive Committee in September. The co-located PAU is planned to open by the end of December.

Summary and next steps
Although a comprehensive recovery plan is in place and a number of key steps towards this have been completed, significant performance challenges remain. The 4 hour standard is heavily dependent on reduced DTOC and improved discharge rate out of the hospital, and we have yet to see any significant and sustained improvements on these.

We are working with Alamac, an organisation with a track record of working with challenged health systems to understand their capacity and demand and the detailed performance standards required. This has enabled us to identify that 4 hour performance is heavily dependent on DTOC rate, and that there are delays across the system for social care funded packages and placements.

Given the challenges to date on changing clinician behaviour and reducing DTOCs the system plans are being reviewed to ensure increased focus on these aspects and to identify any new actions which will impact positively on performance