



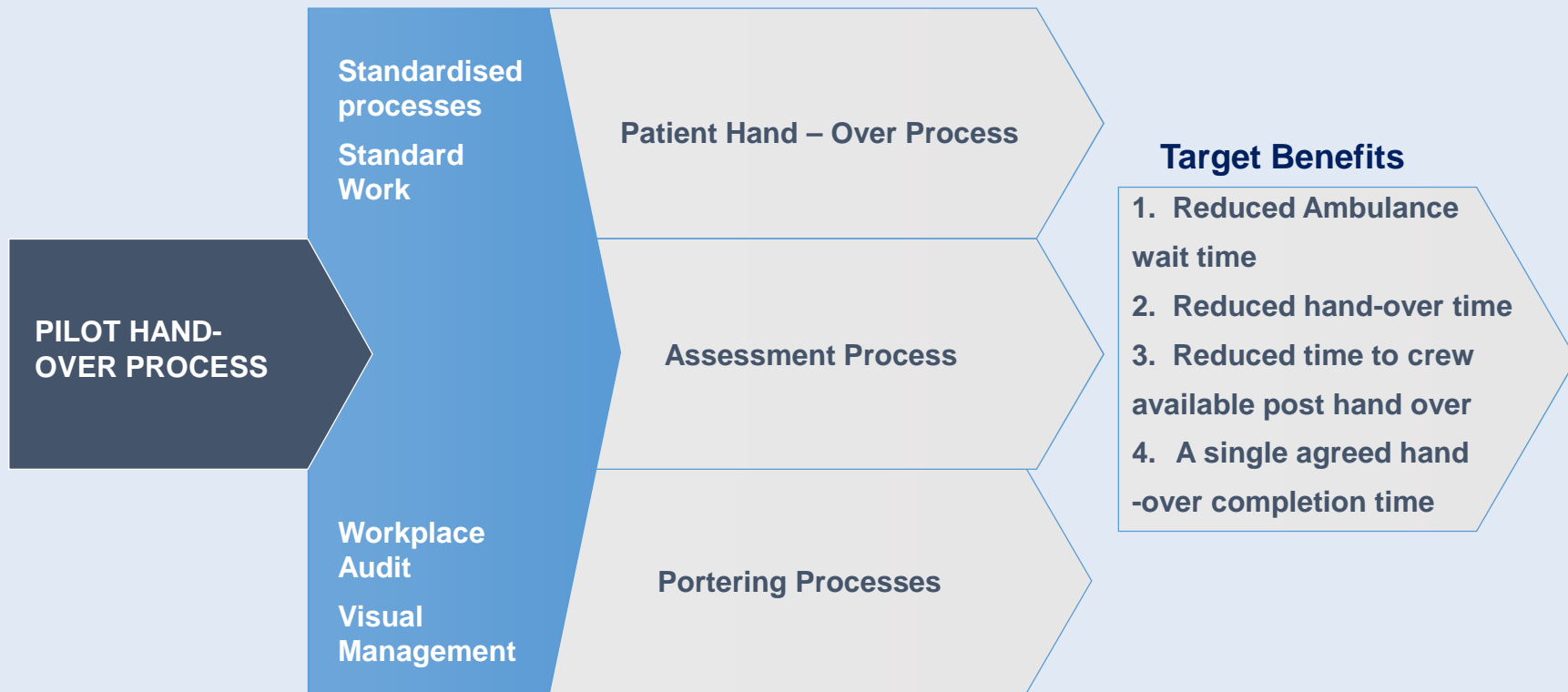
Overview and Scrutiny Committee





Unipart Process Design & Pilot

New Processes designed by the EMAS and UHL Teams





Unipart Measured Benefits in Pilot Week (7th – 11th December)

Delivered Benefits

Patient Hand-Over Process

Assessment Process

Portering Processes

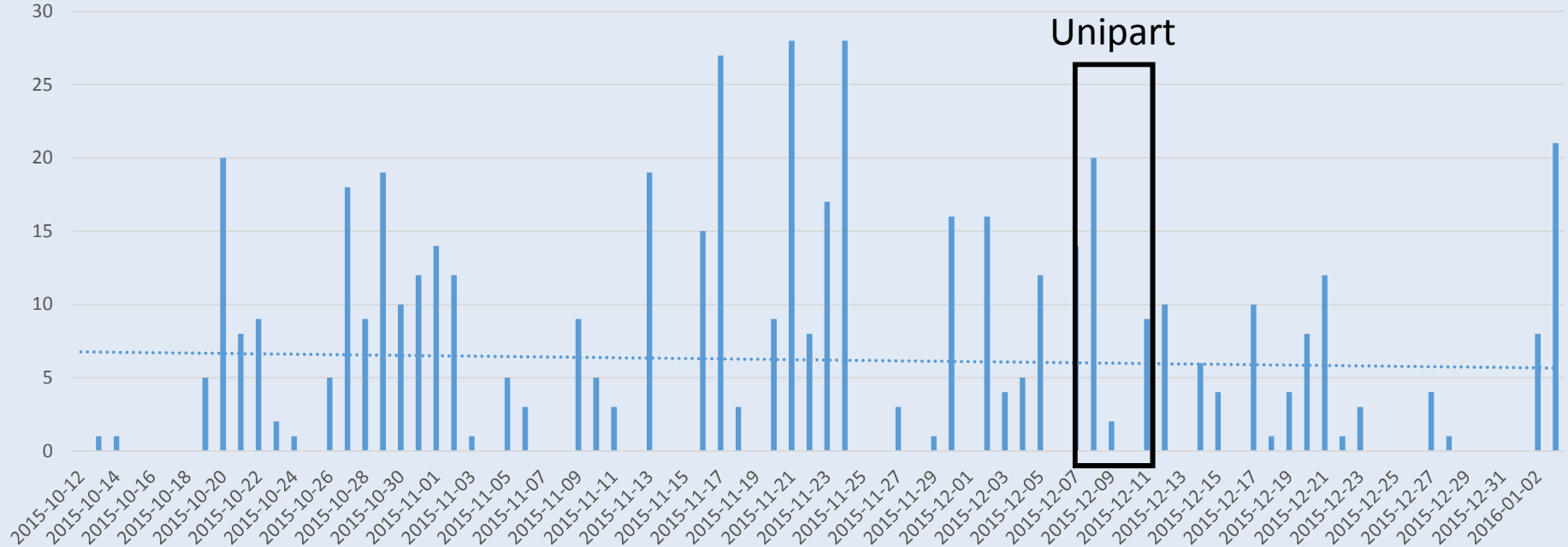
1. Reductions in Ambulance waiting time
23% Pre Hand-Over
31% 1-2 Hour Wait
32% Over 2 Hours
2. 14% Reduction in lost hours.
3. 74 Patient redirections to other pathways
4. Improved EMAS response achievements:
R1 16% R2 6% R19 5%
5. 10% reduction in Assessment Bay demand
6. Reduction in Majors demand (observed improvement but not measured)



LRI ED Handover Performance October > December

- Data is presented from 12/10/15 (Initial Handover Summit) to 03/01/16
- Unipart Facilitated 'Week' – 7th December > 11th December

Handover Waiting Over 2 Hours

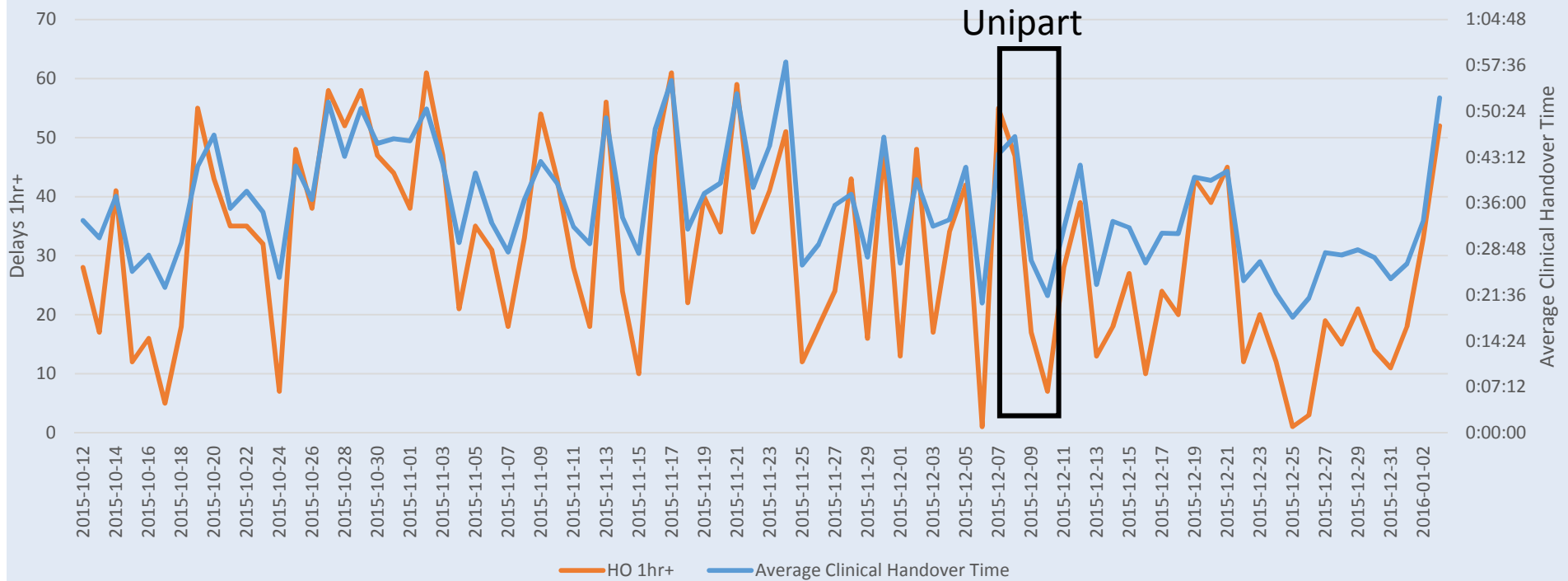




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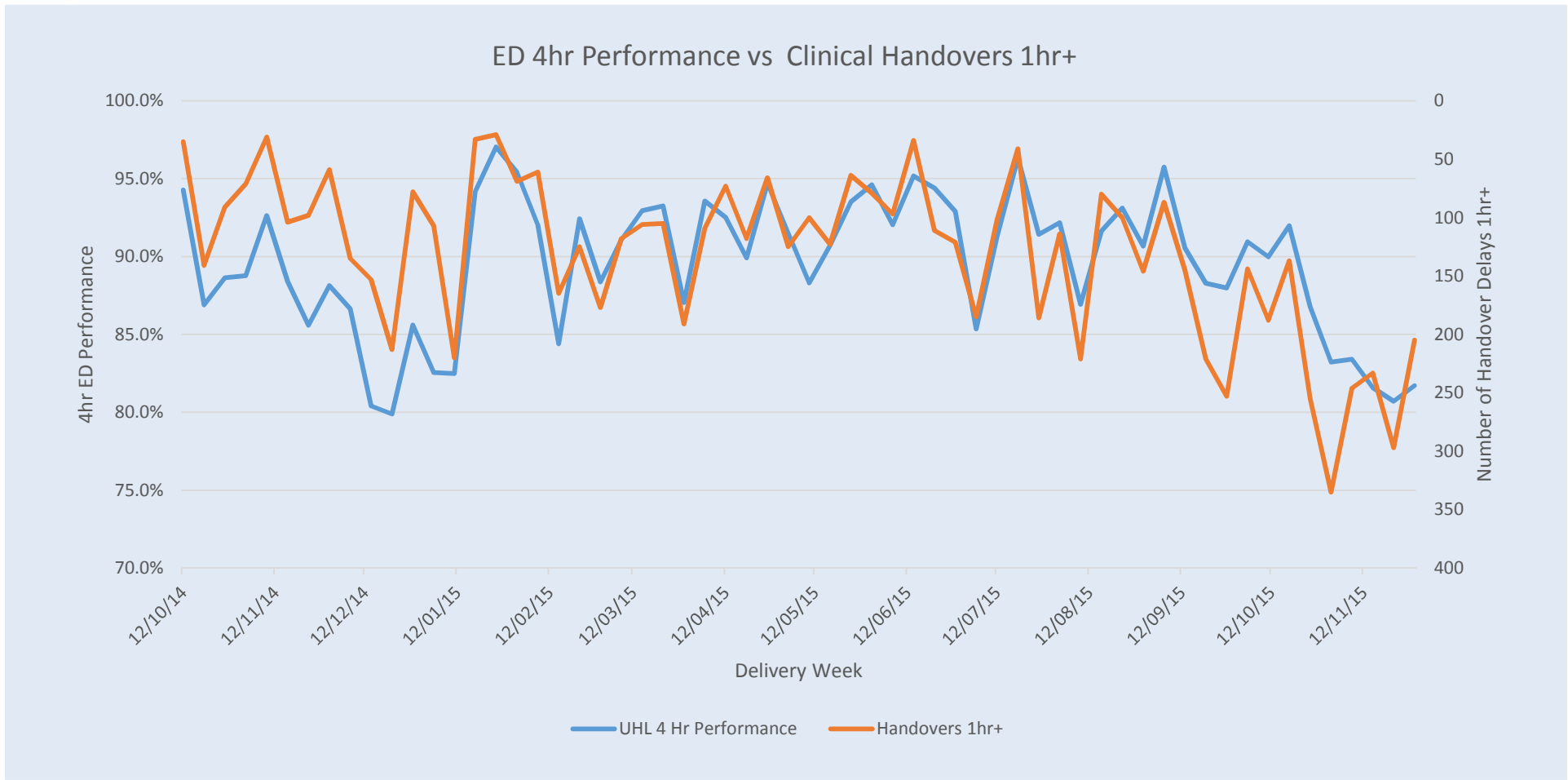
Handover Delays 1hr+ vs Average Clinical Handover Time





Handovers – November 2015

Leicester Royal Infirmary 4hr ED Target vs Handovers 1hr+





Handover Turnarounds – Actions Taken in Leicestershire

- Direct conversations with UHL
- Escalation via letters to all SRGs/Chief Execs
- Escalation Handover Summit Leicestershire
- Escalation to NHS E
- Escalation to TDA
- Escalation to East Midlands UEC Network
- Chairs/ Chief Execs meeting with UHL
- 48 hour Exec to Exec calls Leicester
- HALO deployment
- Cohorting roles and space at LRI
- Comfort rounds for patients
- Staff Welfare & Support
- Unipart LRI Handover Improvement Work
- 'EMAS cars' approach to relieve staff
- CQC Inspection of LRI Dec 2015
- Subsequent sanctions imposed to improve
- Joint TDA & NHS England Risk Summit (18th Dec)
- Next planned Risk Summit 1st February 2016



Handover Turnarounds – Patient Safety

- EMAS patient safety action plan, monitored through EMAS Intensive Support Board pulls together all the current actions being undertaking to ensure that patient safety is monitored and risks identified and mitigated across the Trust especially in periods of high demand.
- Real time reporting of clinical risk due to high demand within EMAS through the Clinical Risk index.
- An agreed Clinical Protocol to ensure the continued clinical assessment of patients whilst waiting to be handed over to the Emergency Department. This incorporates the patients waiting in a corridor or holding in the back of an ambulance, staffed by UHL
- An agreed comfort round document that monitors care given to ensure that patients are hydrated, offered nutrition, are warm enough, can use toileting facilities, are protected where possible from pressure damage and are treated with dignity and respect.
- When continuous pressure at ED is observed and is not resolving, and there is an increase in patient safety concerns and operational concerns a series of measures will be taken, which include:
- Regular teleconferencing between Executive Directors to agree further actions.
- Agree senior clinical presence on site to ensure an effective and efficient working relationship between the emergency department and the ambulance crews to ensure patient and staff welfare.