

HEALTH OVERVIEW AND SCRUTINY COMMITTEE:
27th NOVEMBER 2013

REPORT OF WEST LEICESTERSHIRE AND EAST LEICESTERSHIRE
AND RUTLAND CCG

EMERGENCY CARE UPDATE

Purpose of report

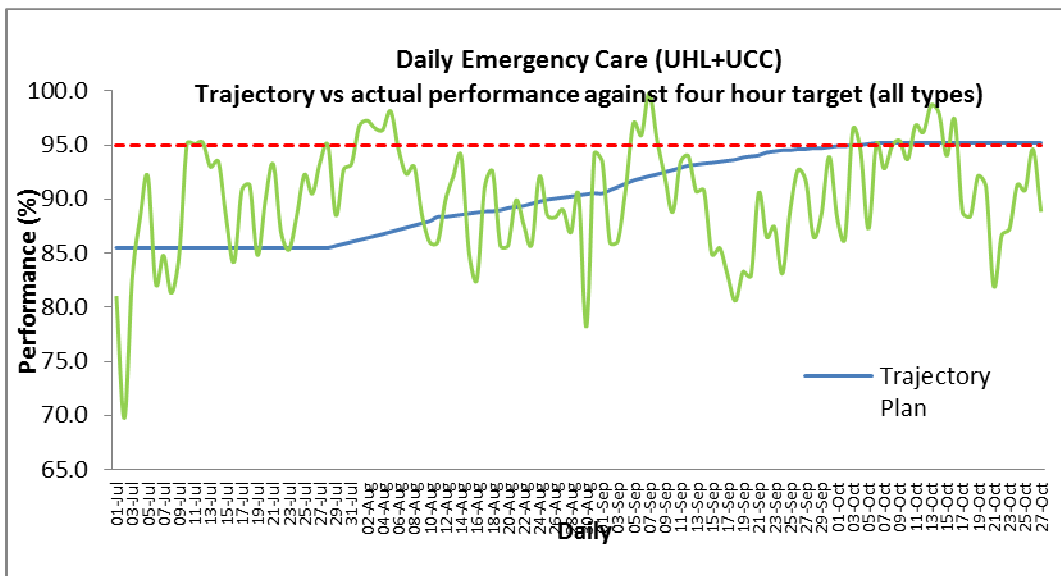
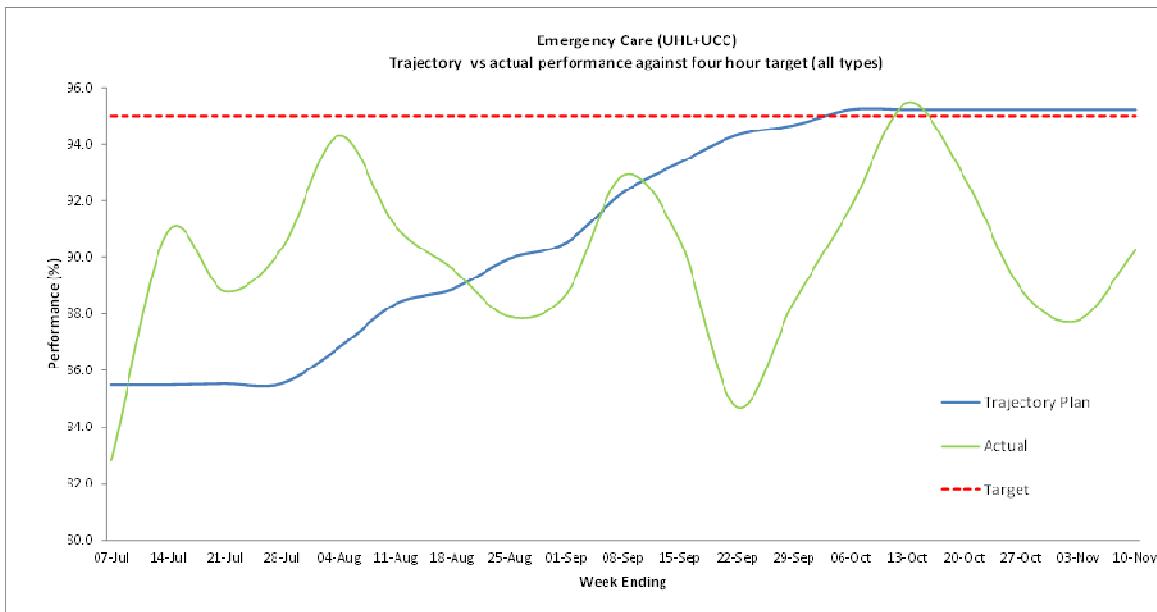
1. This paper seeks to update the committee in relation to performance of the local urgent and emergency care system, in particular UHL's performance against the national four-hour standard for A&E, and the actions taken by the three LLR CCGs collectively and the wider health economy to address the underlying issues affecting the emergency pathway and its impact on A&E performance.

Background

2. Some improvement was seen in the A&E 4 hour target at the beginning of October but daily variability is still a current barrier to an improved overall performance position. The work streams are focusing on various elements of flow to support a streamlined process, better communication and flow through the organisation in addition to discharge earlier in the day.

Current Performance

3. At the beginning of October A&E performance was beginning to show positive signs of recovery and for one week 95% (patients seen within 4 hours) was achieved. However performance was not sustained and deteriorated over three consecutive weeks with some improvement seen for the week ending 10th November was 90.2%.



The graph above shows daily variation, the significant daily variances then impact adversely on the overall weekly position.

Emergency Care Hub

4. The emergency care hub was set up at the end of September as part of the CCG response to under performance of the A&E target and to support improvement alongside the UHL executive team. The Hub is based at the LRI and involves directors and senior staff from the CCG's and UHL.
5. Following a series of engagement workshops with staff from across the Trust and wider health economy, 5 streams of work were identified and are being led by each of the directors.
6. The 5 work streams each have a number of aligned projects; all of which are expected to have a positive impact on performance in the short and medium term, the medium term being up to the end of March 2014:

Inflow – there are currently 14 projects being pursued to support admission avoidance and optimising community based care through alternative pathways.

ED practice and specialty engagement - this includes reviewing the discharge medication process, Emergency Department processes and engagement with specialty teams.

Ward Practice - focuses on enhancing clinical leadership, recruitment, discharge processes and maximising the time to care.

Operational – this includes the operational arrangements for the management of surge and flow, review of capacity and review of non-clinical support roles

Multi organisational integration – Streamlining how organisation work together - Integrated discharge team, reducing Delayed Transfers of Care, supporting transfer of care options when patients are medically fit. Review of the mental health pathway and services accessed through the Emergency Department and Urgent Care Centre.

7. There is significant engagement across partners to progress the identified work streams. The Hub delivery group is meeting weekly to share and drive progress; this is being underpinned by KPI's (key performance indicators) for each of the work streams to support the monitoring of performance and delivery against intend outcomes.

Quality

8. Quality reports are being presented through the Urgent Care Working Group (formerly the Urgent Care Board) to enable quality and safety to be considered alongside performance and delivery progress, in addition to providing the qualitative impact of the projects being undertaken.

Winter Planning

9. There are 3 pieces of work currently being undertaken to support delivery through the winter period :
 - a. The formation of a capacity and demand management plan for LLR which identifies escalation triggers and associated actions and how they are managed across LLR.
 - b. LLR Winter plan which sets out key actions being taken by each of the partner organisations during the winter period particularly recognising the 10 day period over the Christmas and New Year bank Holiday period.
 - c. Resource planning during the Christmas period.
10. All partner organisations have contributed to the plans which are now being finalised and rolled out across organisations.
11. The plans were tested at an exercise last week which supported the integrated work being undertaken and enabled organisations to further refine and develop the plans.

Conclusions

12. Achieving sustainable patient flow across the emergency care pathway remains a focus of actions and attention. When flow is achieved A&E performance improves. To achieve sustainability each of the work streams need to deliver the identified actions and build on the positive contribution of all multi agency partners.

13. This will allow us to ensure Leicestershire's emergency care system provides high quality care that meets the needs of our patients and offer the assurance required by NHS England.

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