

ACCESS TO EMERGENCY CARE SERVICES: A PROGRESS REPORT FOR THE TRUST BOARD

1. INTRODUCTION

At its last meeting the Trust Board considered an independent report into unscheduled care in West Hertfordshire (the “Greenwood report”), alongside the Trust’s own analysis of emergency care performance. Board members will recall that Anthony Thompson of ‘Checklist’ presented an analysis of the Trust’s activity information and bed numbers. In the light of these reports, the Board agreed to support the Executive in implementing decisions taken to address current performance, and specifically to support the work of the West Hertfordshire Emergency Care Task Force.

This paper sets out briefly the progress that has subsequently been made, together with details of the further plans which are to be implemented to ensure that the Trust achieves the required emergency care performance standards.

2. RECENT PERFORMANCE

The Board performance report details the position up to the 31st March. Since then, performance against the 4 hour total waiting time standard in the first three weeks of April has reached 87%, 89.9% and 89.8% respectively. (Further details of this improvement are attached at appendix one: Sitrep Summary April 2004.) These figures represent a significant improvement for both the Trust and the health community as a whole. They also reflect the tremendous amount of effort and hard work that our staff have committed to this task over the last few months.

Appendix one also demonstrates that improvements have been made against a number of other related indicators. While the number of medical patients in surgical wards has remained relatively high, the number of patients waiting over 4 hours following a decision to admit has reduced to 7 (from a peak of 50 + per week in January). Similarly the number of delayed discharges (that is to say patients who no longer require care in an acute bed) has reduced to 35, again from a peak of over 50 in February. Finally, it should be noted that the number of patients whose operations have been cancelled at short notice for non-medical reasons has reduced dramatically and indeed there were no such cancellations in the week ending 11th April.

All of the above has been achieved despite the sustained increase in the number of patients attending our A&E and Minor Injuries Units. The Trust now routinely sees more than 2,700 patients in these facilities every week. This compares with an average of under 2,500 per week as recently as November 2003. It is a real credit to all of our clinical staff, particularly those in the A&E and Minor Injuries departments that improvements to waiting times have been made against this backdrop of increasing workloads.

3. KEY ACTIONS

As noted above, a large number of our staff, and those of PCTs, have been engaged in some very intensive work over recent weeks, directed by the Emergency Care Task Force. Many important changes to the way that services are configured and managed have been made. Some of the more significant developments are listed below:

a. Joint Working with Partner Organisations

Much of our success can be attributed to the recognition that delivering high quality emergency services is the responsibility of all health care organisations within West Hertfordshire. The Emergency Care Task Force itself provides a good example of this joint working in practice. Other initiatives have included the following:

- The establishment of the whole system operational group which includes frontline managers from PCTs, the A&E department, the Operations team and the Ambulance Trust, who meet regularly to identify and tackle bottlenecks in the emergency care system.
- The production of a jointly owned “escalation policy” which sets out the actions that all organisations should take when the system is under most pressure.
- A more consistent involvement of colleagues outwith the Hospital Trust, in the daily bed meetings held at both Hemel Hempstead and Watford.

b. Clinician Engagement

One of the specific recommendations of the ‘Greenwood report’ was that clinicians from all organisations within West Hertfordshire should be much more actively engaged in tackling the problems relating to emergency care. Within this Trust, two workshops have been held for senior medical and nursing staff. These have proved invaluable in enabling clinicians to drive forward changes in practice and service configuration. Some specific examples of the outcomes of these workshops are as follows:

- A greater involvement of 'on take' clinical staff in the whole system escalation policy.
- Enhanced medical staff input to the RAU and new Medical Decisions Unit (24/48 hour ward area).
- A redefining of the patient pathway for GP heralded patients, avoiding the need for such patients to be admitted via A&E.

c. “Expediting Discharge Meetings”

Concern has previously been expressed at the fact that 3% of patients admitted to West Hertfordshire Hospitals NHS Trust take up 35% of bed days. As part of our strategy for addressing this particular issue, expediting discharge meetings (EDMs) now take place on each of our main hospital sites 3 times per week, under the leadership of the Assistant Director of Operations. At these meetings the status of all patients who have been in an acute bed for more than 15 days, is reviewed. Many of these patients will be confirmed as still requiring medical care that can only be provided in an acute hospital. Others however may be awaiting a bed elsewhere, and the aim of each of the EDMs is to ensure that the needs of such patients are appropriately addressed so that they can be discharged from either Watford or Hemel Hempstead General Hospitals. Thus far these meetings have tackled a number of longstanding issues, including the following:

- Greater support being provided to self-funding patients who are awaiting nursing or residential home placement.
- Clarification of the guidelines relating to choice of nursing home.
- Greater flexibility in the use of beds in the intermediate care sector (eg Windmill and Langley Houses).

d. Additional Bed Capacity

The 'Checklist' presentation at the last Board meeting clearly demonstrated a shortfall in the total number of beds available within the whole health community, and the number designated as acute medical beds within the Hospital Trust. Such issues necessarily take longer to address, because doing so involves the provision of additional physical capacity, as well as additional financial and staffing resources. Nevertheless, progress has been made in this area, and will continue over the coming months:

- The Rapid Assessment Units (RAUs) at both HHGH and WGH are now working more effectively. 4 additional bed spaces have been provided at WGH, and patients who require more detailed medical assessment before admission

to an acute bed are now accommodated much more quickly in these RAUs. Further work is underway with clinical staff to implement agreed protocols for the Medical Decision Units, and to ensure that similarly efficient processes are in operation around the Surgical Assessment Units (SAUs).

- 20 surgical beds at WGH have been redesignated as acute medical beds from the 26th April. As noted at the last Board meeting, this will have a short-term effect on surgical elective capacity, and we are working constructively with PCT colleagues to ensure that any patients whose operations are deferred as a result, can be accommodated in other local hospitals, including SACH.
- Agreement has been reached with PCTs to fund the opening of Hanover ward from August, as a 20 bedded acute stroke unit. This will increase the number of medical and care of the elderly beds on the Hemel Hempstead site.
- The Trust's "surgical project" is now well underway. The aim of this project is to maximise utilisation of surgical facilities at St Albans in the first instance, and to translate any lessons learnt there to Hemel Hempstead and Watford later in the year. By so doing, the Trust will release more beds for acute medical patients on the main acute sites.

4. CONCLUSION

The aim of this paper was to describe in outline the work currently underway within West Hertfordshire under the auspices of the Emergency Care Task Force. The early results of this work are encouraging in that there has been a notable improvement in performance against the 4 hour waiting time target for patients attending the Accident and Emergency department. This improvement is important for two reasons:

- It is a key performance indicator for all NHS Trusts which contributes to star ratings, and
- It represents a tangible improvement in patient's experience of the services provided at West Hertfordshire's Hospitals NHS Trust.

Board members are asked to note and comment upon this report.

Nigel Coomber
Director of Operations
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