**Agenda Paper No:60/04**

West Hertfordshire Hospitals NHS
NHS Trust

**From:** **Director of Operations**

**To:** **Trust Board, 1st July 2004**

**Subject:** **Emergency Care Progress Report**

**Action:** **To note**

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**Executive Summary**

The attached report details the some of the work carried out over the last two months in regard to access to emergency care services in West Hertfordshire. The main points are as follows:

- The Trust has seen a continued improvement in performance against key targets.
- Just over 97% of patients attending our A&E/MIU departments are seen, treated, and either admitted to a bed or discharged, within 4 hours of arrival.
- "Trolley waits" continue to fall.

Board members are invited to note and comment on this report.

West Hertfordshire Hospitals NHS
NHS Trust

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

## 1. INTRODUCTION

Board members will be aware that delivery of reduced waiting times for patients attending Accident and Emergency departments, is a key requirement of all health communities. The Trust, together with partner organisations within West Hertfordshire, has focussed particular attention on this area of its work because of concerns raised as a result of relatively poor performance over the winter months of 2003/04. These concerns were presented in the form of an independent report into unscheduled care (the "Greenwood Report") which the Trust received in January. The Board subsequently approved a detailed action plan which was taken forward by the emergency care task force, established in February of this year. The results of the actions taken by the task force were presented in a progress report at the Board meeting in April. Since then, further improvements in performance have been achieved, and these are set out in more detail below.

## 2. RECENT PERFORMANCE

Graphs showing improving performance against the two key A&E targets (the total waiting time, and the post decision to admit or "trolley wait" targets) are attached at appendices 1 and 2.

a. **Total Waiting Time Target** – In 2003/04 Trusts were required to ensure that 90% of patients attending the A&E department, were seen and either treated/discharged, or admitted to a hospital bed, within four hours of arrival. From April onwards, Trusts are expected to make further improvements, such that by December a 98% figure is achieved.

   At the last Board meeting it was reported that significant progress had been made within the Trust and that performance had improved by 10% between the 14th March and 11th April. This improvement has continued and since the end of May, the Trust performance has averaged at over 97%.

b. **Trolley Waits** – The second A&E target relates to the time that patients wait in the department following a decision to admit (DTA) to an acute bed. The national standard is that no patient should wait more than four hours after their DTA.

   Any Trust's ability to admit patients within a reasonable timeframe is entirely dependent upon sufficient beds being available 24 hours a day. Bed capacity is an issue which has given cause for particular concern within West Hertfordshire, and consequently the 4-hour trolley target is one which we have found very difficult to achieve. More recently however performance against this target has improved considerably. Such waits have not been entirely eliminated in West Hertfordshire, but the numbers of "breaches", of this standard each week are now in single figures.

All of the above improvement is of course entirely attributable to the hard work and determination of our staff, particularly those in the A&E department, and the bed management teams. Their work has however been underpinned by the contributions made by the system-wide emergency care task force, the membership of which included the Chief Executives of all health care organisations within West Hertfordshire, together with senior representation from the Health Authority, and Adult Care Services.

It should also be noted that these improvements have been achieved despite a continuing increase in both the number of emergency attenders and emergency admissions (see appendices 3 and 4). These increases are now coming under close scrutiny so that the reasons behind this growth in activity can be better understood, and therefore managed.

## 3. KEY ACTIONS

It is difficult to single out specific changes which have made a difference to the Trust in emergency care performance, because it has been the overall effort of very many staff in all areas of the Trust that has meant that more patients than ever are being seen and treated expeditiously following their attendance at A&E. However, some particular actions are worthy of note and are grouped under three headings below:

### a. Accident and Emergency Department

- Increases in the junior medical staff establishment and revisions of the rotas to ensure that they are always available to work within A&E/RAU. This includes the provision of additional staff grades on both main hospital sites.
- Implementation of the "controller" role for senior Medical staff within A&E. This person actively manages the flow of patients through the department, identifying priorities, blockages, etc and taking early actions to resolve problems.
- Pilot of a staff grade doctor in RAU at Hemel to support the medical teams and ensure there are minimal delays in seeing patients
- Provision of dedicated porters for A&E at peak periods to ensure the rapid movement of patients.

### b. Bed capacity

- The "ring fencing" of beds within RAU for A&E and GP heralded patients: 6 beds at Watford and 4 at Hemel have been identified for this purpose. To date throughput of these beds has averaged 60 patients per week at WGH, and 50 per week at Hemel
- Establishment of a surgical admissions lounge at Watford, allowing patients to come in on the day of their operation, thus releasing overnight beds.
- The increased medical bed capacity at Watford with the "swing" of Cassio Ward from Surgery to Medicine allowing the cohorting of medical patients and a reduction in medical outliers
- The development of alternative models of care for Cassio ward (planned 24/48 hour short stay ward) and Margaret ward (Nurse led discharge ward).

### c. Management of processes.

- Agreement between A&E and the Medical teams for improved working arrangements, including the elimination of double clerking of patients.
- The direct admission of medically heralded patients to the RAU, avoiding admission via A&E. The improved availability of Medical staff within the unit ensures that the majority of patients are reviewed, and either admitted or discharged from RAU within 6 hours.

- Agreement to develop the interagency model for discharge planning and to establish PCT led control centres on each acute site
- Implementation of the revised escalation policy which includes both A&E and bed management procedures. This policy also links to similar procedures within other agencies (PCT's, BHAPS and other partners) when action in regard to potential problems is required outside of the hospital setting.

## 4. CONCLUSION AND NEXT STEPS

The Trust has now shown that with the additional resources provided through the LDP process, and more robust management of emergency patient flows, it is possible to achieve a step change to performance in terms of access to emergency services. Work now needs to continue to ensure that this progress can be sustained in the face of increasing demand. Particular attention is likely to be concentrated on:

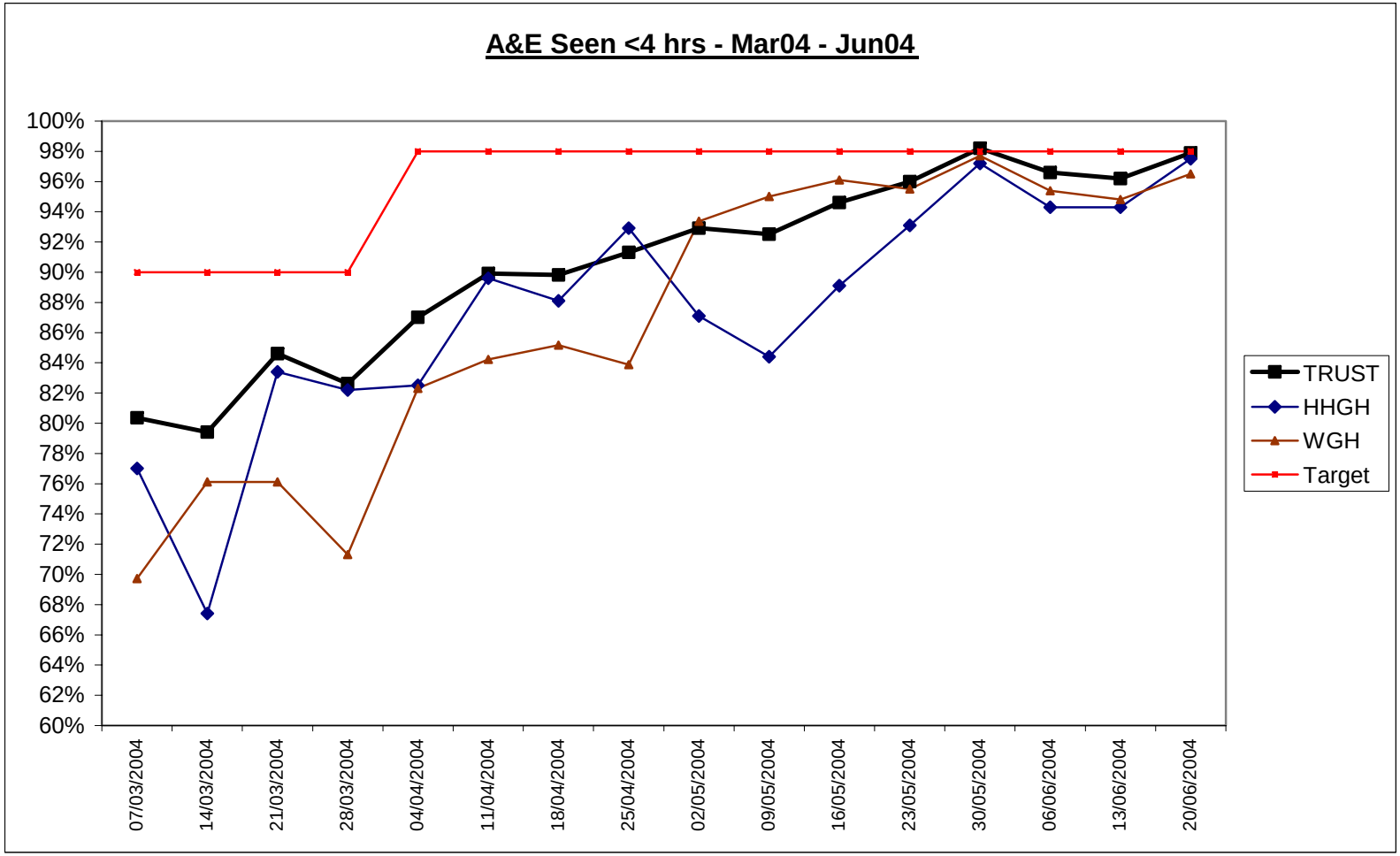
- Reducing the number of delayed transfers of care
- Increasing the Trust's overall bed capacity (eg opening of Hanover ward, further shift of elective work to St Albans)
- Recruiting permanently to the newly established medical staff posts.
- Resolving concerns around the reduced surgical capacity, particularly at Watford.

The fact that these significant pieces of work remain however should not detract from the commitment and sheer hard work that staff have demonstrated, in pursuit of an improved service for the local community, and delivery of key NHS objectives.

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

**Nigel Coomber**
**Director of Operations**
June 2004

APPENDIX 1


A&E Seen <4 hrs - Mar04 - Jun04
100%
98%
96%
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92%
90%
88%
86%
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82%
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78%
76%
74%
72%
70%
68%
66%
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62%
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07/03/2004
14/03/2004
21/03/2004
28/03/2004
04/04/2004
11/04/2004
18/04/2004
25/04/2004
02/05/2004
09/05/2004
16/05/2004
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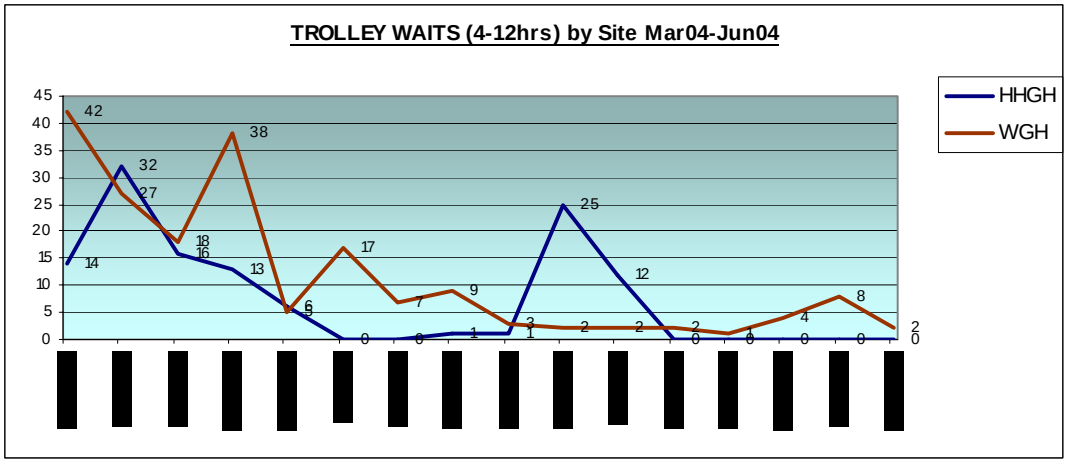
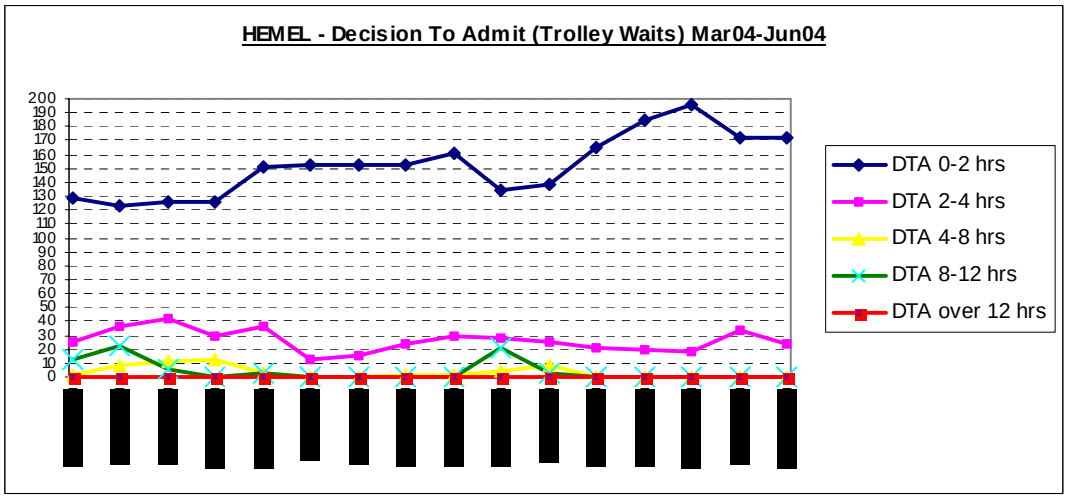
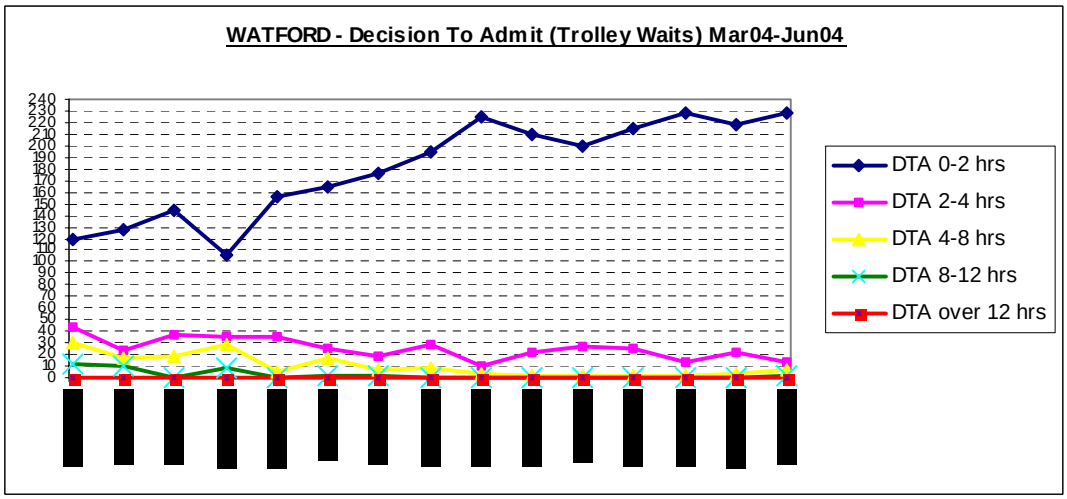
20/06/2004
TRUST
HHGH
WGH
Target

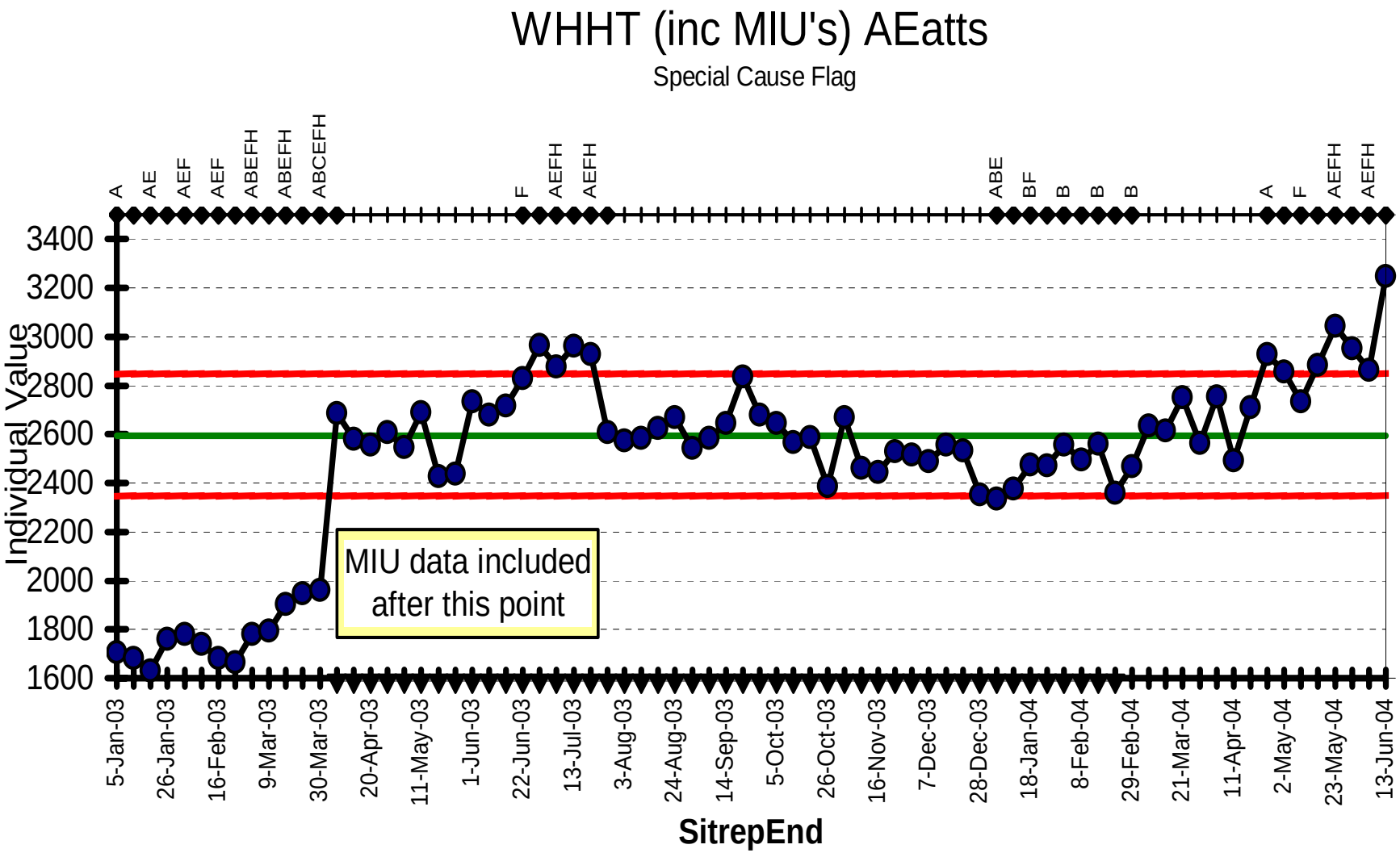
APPENDIX 2


TROLLEY WAITS (4-12hrs) by Site Mar04-Jun04
HHGH
WGH


HEMEL - Decision To Admit (Trolley Waits) Mar04-Jun04
DTA 0-2 hrs
DTA 2-4 hrs
DTA 4-8 hrs
DTA 8-12 hrs
DTA over 12 hrs


WATFORD - Decision To Admit (Trolley Waits) Mar04-Jun04
DTA 0-2 hrs
DTA 2-4 hrs
DTA 4-8 hrs
DTA 8-12 hrs
DTA over 12 hrs

**APPENDIX 3**


WHHT (inc MIU's) AEatts
Special Cause Flag
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2800
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2000
1800
1600
Individual Value
MIU data included after this point
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26-Jan-03
16-Feb-03
9-Mar-03
30-Mar-03
20-Apr-03
11-May-03
1-Jun-03
22-Jun-03
13-Jul-03
3-Aug-03
24-Aug-03
14-Sep-03
5-Oct-03
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28-Dec-03
18-Jan-04
8-Feb-04
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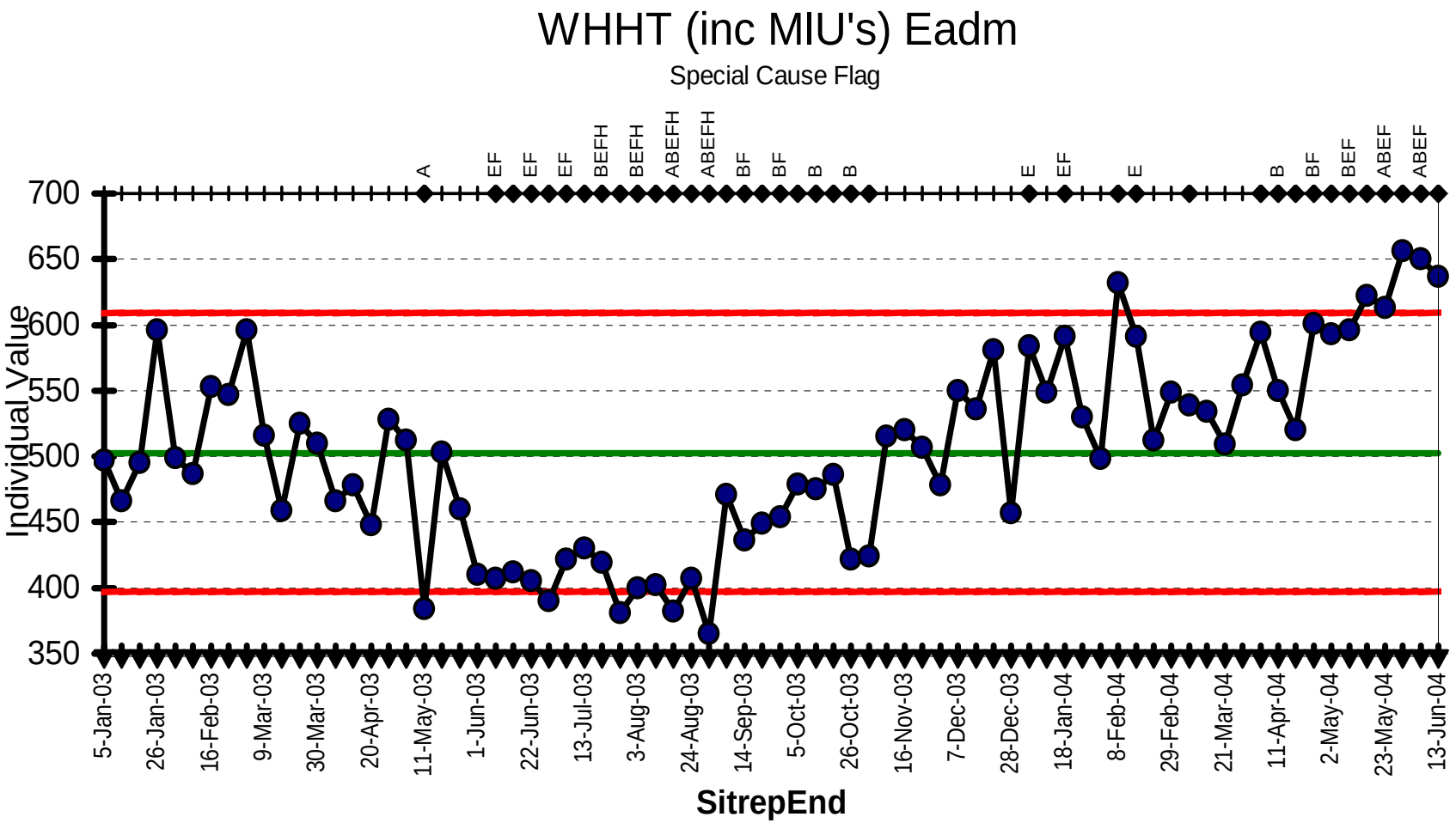
11-Apr-04
2-May-04
23-May-04
13-Jun-04
SitrepEnd

**APPENDIX 4**


WHHT (inc MIU's) Eadm
Special Cause Flag
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Individual Value
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13-Jun-04
SitrepEnd