

<b>To:</b>	Trust Board
<b>From:</b>	Deputy Director of Operations, Urgent Care & UEC Improvement Programme Lead
<b>Date:</b>	7 <sup>th</sup> May 2019
<b>Healthcare standard</b>	Urgent Care Constitutional Standards

<b>Title:</b>	Urgent Care Report		
<b>Author/Responsible Director:</b> Mark Brassington, Chief Operating Officer/Michelle Harris, Deputy Director of Operations, Urgent Care/ Sarah Hall UEC Improvement Programme Lead/Amardeep Johal, UEC Transformation Information Analyst			
<b>Purpose of the report:</b> To update the Board on the performance of key standards related to Urgent and Emergency Care for 2018/19 and to set the scene for 2019/20			
<b>The report is provided to the Board for:</b>			
	Decision		Discussion
			X
	Assurance		Information
			X
<b>Summary/key points:</b>			
<ul style="list-style-type: none"> <li>The Trust underperformed against the agreed 4 hour performance trajectory for 2018/19 and performance against key 2018/19 assumptions were not met</li> <li>2019/20 monthly performance trajectories have been set and agreed and are detailed in this paper</li> <li>2019/20 Key assumptions underpinning delivery of the performance trajectories are detailed in this paper</li> <li>Improvement Programme Metrics and Urgent and Emergency Care Performance dashboard are detailed in the paper.</li> </ul>			
<b>Recommendations:</b> Trust Board to note the contents of the report			
<b>Strategic risk register</b>		<b>Performance KPIs year to date</b>	
		As identified within the report	
<b>Resource implications (eg Financial, HR)</b>			
<b>Assurance implications</b>			
<b>Patient and Public Involvement (PPI) implications</b>			
<b>Equality impact</b>			
<b>Information exempt from disclosure</b>			
<b>Requirement for further review? Yes</b>			

**1. Introduction and 2018/19 Outturn**

This paper will inform the Board of the year-end outturn performance against the 4 hour performance target and the contributing factors associated to the underperformance.

This paper will confirm the performance trajectories for 2019/20 and the assumptions/measures in place for delivery.

**2018/19 Outturn**

The System outturn against 4-hour compliance for 2018/19 was 79.68%, 8.44% below agreed performance trajectory. The breakdown below demonstrates how this was delivered.

Year End Outturn by Activity Type (charts in appendix 1 Section 1)

Activity Type	2018/19 Outturn	2018/19 Trajectory	% Variance
ULHT Type 1	65.73%	78.17%	-12.44%
ULHT type 1 and streaming	69.71%	80.41%	-10.70%
ULHT type 1 streaming and type 3	79.68%	88.12%	-8.44%

Type 1 performance was delivered against trajectory in May 2018. The ‘all type’ activity trajectory was not met during any month of 2018/19.

The overall variance in performance can be attributed to a reduction in compliance against type 1 performance as a result of ineffective department management, exit block, key leadership challenges and medical and nursing workforce shortages with associated skills deficits. These are all areas to be addressed through the improvement programme during 2019/20.

Urgent care services remained an area requiring considerable improvement during 2018/19 following many years of underperformance. Significant emphasis over the winter was placed upon reducing risk and improving safety in particular at Pilgrim Hospital, Boston. Whilst we have not met trajectory, we have during winter maintained our performance levels which has, relative to peer organisations, been positive.

**2. Performance against key 2018/19 assumptions (charts in appendix 1)**

Within the 2018/19 Capacity and Operational Delivery Plan a number of assumptions were outlined that underpinned our expected level of improvement in 2018/19. Managing and improving these assumptions were critical to our success as we entered the financial year with a 13% bed deficit (150 beds). Unfortunately these key areas underpinning improvement could not be controlled or improved as expected by either ourselves or system partners. The failure to do this impacted upon our ability to deliver the submitted improvement trajectory. An update is provided below:-

No	Actions	Delivered Y/N	Commentary
1	Reduce overall conveyances by 10% from last year 80th %ile rate	N	There has been an overall 2.65% increase in conveyances 2018/19 vs 2017/18.
2	Streaming delivered by LCHS and increase PHB streaming to 25% by end of August 2018	N	Not delivered by end of August 2018, but has been delivered since January 2019.
3	Streaming delivered by LCHS and increase LC streaming to 20% by end of August 2018	N	14.6% achieved in August 2018, with Q4 being 16.2%. Skillset of GP streaming staff supporting LCH does not currently include minor injuries. Latest performance (March 19) 16.5%.
4	Average daily attends at Pilgrim (excluding streaming) to be less than 160 in 2018/19	Y	Achieved 87% of the time. 160 attends was exceeded 47 times during 2018/19 at Pilgrim Hospital, Boston.
5	Average daily attends at Lincoln (excluding streaming) to be less than 195 in 2018/19	N	Achieved 62% of the time. 195 attends was exceeded 139 times during 2018/19 at Lincoln Hospital.
6	No NEL growth on 2017/18 (exclude maternity, neonates, paedts)	N	Adult medical NEL demonstrated a 2.6% increase in 2018/19 versus 2017/18 (868 cases – 12 beds).
7	No NEL over-performance against 2018/19 contract (exclude maternity, neonates, paedts)	N	Adult medical NEL demonstrated a 4.4% increase against plan for 2018/19 (1,432 – 20 beds).
8	Achieve maximum bed occupancy of 92% on each site (how many months above 92%)	Yes for Grantham No for Lincoln and Pilgrim	Trust – 93.15% Lincoln – 94.07% Pilgrim – 96.69% Grantham – 76.76% All months were above 92% for both Lincoln and Pilgrim.
9	No deterioration in medical staffing vacancy rates	N	Medical staffing vacancies for 2017/18 were 17.39% compared to a target of 12%. During 2018/19 compliance deteriorated further to 20.2% against a target of 13.5%.  For ED, the average medical staffing vacancy rate for 2017/18 was 36.2% compared with 46.6% in 2018/19 which demonstrates a deteriorated position for ED.
10	No deterioration in nurse staffing vacancy rates	N	Nurse staffing vacancies for 2017/18 were 15.48% against a target of 11.5%. During 2018/19 compliance deteriorated further to 16.4% against a target of 12.5%.  For ED, the average nurse staffing vacancy rate for 2018 was 16.6% compared with 29.1% in 2018/19 which demonstrates a deteriorated position.

### 3. Planning for 2019/20

The tables below outline the agreed performance trajectories for the 4 hour target and Ambulance Handovers.

#### 4 hour performance - overall

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	FY 19/20
ULHT Type 1	70.11%	72.00%	73.00%	75.00%	77.00%	79.00%	80.00%	80.00%	82.00%	82.00%	82.00%	82.00%	77.75%
ULHT + Streaming	72.40%	74.43%	75.13%	76.96%	79.07%	81.21%	82.25%	82.29%	84.24%	84.42%	84.65%	84.49%	80.14%
ULHT + Streaming & Type 3	81.27%	82.82%	83.23%	84.30%	85.87%	86.68%	87.49%	87.14%	88.51%	88.53%	88.57%	88.70%	86.03%

#### Ambulance Handover

Ambulance Handovers	i	March 2019	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Count of all patients arriving by ambulance (types 1, 2 and 3)	i	4,657	4,530	4,720	4,626	4,923	4,743	4,566	4,760	4,647	4,919	4,957	4,313	4,657
Count of handover delays 15-30 minutes	i	1,863	1,812	2,171	2,128	2,363	1,897	1,872	1,666	1,766	984	991	863	931
Count of handover delays 30-60 minutes	i	1,071	1,042	614	463	295	664	365	476	186	984	991	863	931
Count of handover delays 60+ minutes	i	326	317	283	231	197	47	0	0	0	0	0	0	0

### 4. Key Assumptions against Delivery for 2019/20

There are 9 key assumptions against delivering 2019/20 that are outlined below:-

No	Assumption against Delivery	Current Assurance RAG	Commentary/Risk
1	As a result of pathway reviews (for example, physician response unit, pathway determined conveyance) the Trust would be expect to see a reduction in overall ambulance conveyance by 2%.	Yellow	The risk to the Trust is that the alternative conveyancing pathways do not mature at the rate or pace required to realise an impact in 2019/20. A risk is that the Trust continues to see an increased number of conveyances, for example, despite the 2018/19 CQUIN work to reduce conveyances, the Trust were 2.65% (1,517) above 2017/18 outturn.
2	Average daily attends reduce	Yellow	In order to deliver against trajectory, the number of attendances at Pilgrim and Lincoln should be no more than 160 and 195 respectively in line with contract.
3	Diversion from ED with increase in PHB streaming to 35% by end of August 2019	Green	PHB are currently achieving over 30% and confidence is relatively high against continued delivery. Commitment from the CCG and LCHS to an agreed trajectory during 2019/20 to deliver this.
4	Diversion from ED with increase in streaming delivered by LCHS and increase LC streaming to 30% by end of August 2019	Yellow	Reliance on LCHS to successfully recruit to minor injuries trained staff to allow increased throughput and the commitment from the CCG and LCHS to an agreed trajectory during 2019/20 to deliver this.

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5	No Non Elective over performance against 2019/20 contract (excluding maternity, neonates, paed)s)		The contract reflects outturn from 2018/19 and monthly monitoring will be in place but over the previous 2 years there has been a yearly average >3%.
6	Reduction in >21 Length of stay and Delayed Transfers of Care leading to increased bed capacity and effective flow		>21 LoS reduction via long stay reviews are beginning to yield results. Daily Patient Level Tracking is being implemented to ensure daily traction. The target is a maximum of 94 patients.
8	Frailty		In line with the trajectory to deliver frailty services the full benefits realisation of frailty pathways needs to be fully embedded by the beginning of December 2019, with a minimum benefit of 5 patients per day per site. A clear service specification is still required as well as a clear criteria for accessing frailty pathways. UEC delivery board have commissioned a system wide review of all current pathways operating under frailty services.
9	Same Day Emergency Care		ULHT is one of 7 Trusts across the NHS that have been accepted for the SDEC accelerator programme. The programme is currently in 'launch phase' with a series of workshops during May that initiate the programme of work. The first three months of the programme are concerned with data analysis. Month 4 is concerned with presenting the audit to a range of audiences both within the organisation and out with the organisation. Month 5 will focus on getting PDSA cycles started and in month 6 there will be a presentation to the Trust Board. Months 6-12 will be concerned with implementing the improvement plan. There will be an NHSI/E visit towards the end of month 12 to review results.
10	Responsive Workforce		Recruitment is delivered against the agreed timescales and trajectories accompanied with a clear on-boarding programme for all new recruits. At shift leader level behavioural factors and constructive challenge need to be addressed.

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5. Improvement Metrics

Improvement Programme Workstream Metric Overview

Workstream	Ambition	Key Metrics	Recent and Planned Changes to Deliver Improvement	Trajectory												
				Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
1) Emergency Department	To deliver a safe, high quality performing Emergency Care experience for patients attending Emergency Departments across the Trust facilitated by closer working relationships with partners. To be an employer of choice for emergency department medical and nursing professionals, developing a working environment where the wellbeing of staff is a priority, leading to improved retention rates.	4a Ambulance Handover with 15 minutes	- Introduction of Pre-Hospital Practitioner Role. - Revision of Standard Operating Procedures (SOP's) for Handover. - Daily review of delayed handovers.	30%	30%	35%	39%	42%	45%	51%	55%	58%	60%	60%	60%	60%
		4b Ambulance Handover within 30 minutes		70%	70%	81%	85%	90%	85%	92%	90%	96%	80%	80%	80%	80%
		4c Ambulance Handover within 60 minutes		93%	93%	94%	95%	96%	99%	100%	100%	100%	100%	100%	100%	100%
		5a Triage within 15 minutes	- Daily Triage Audit to identify reasons for delay and address on an ongoing basis. - Introduction of Rapid Assessment & Treatment Model (RAIT) - Undertake RCA's as required and implement action plans for lessons learned - Review Medical and Nursing rotas to ensure they provide appropriate numbers of staff to complete RAIT and allow up to 3 triage stations to be deployed based upon demand. - Development of Action cards. - Implement recommendation from ECIST supporting review of RAIT.	74%	75%	76%	77%	78%	80%	81%	83%	84%	86%	87%	89%	89%
		5b Triage within 30 minutes		80%	80%	80%	80%	82%	84%	86%	88%	90%	92%	93%	95%	95%
		6 ED Patients Streamed to GP Assessment	- Regular review and monitoring of volume and appropriateness of patients for GP Assessment, with Partners - Introduction of Standard Operating Procedures for transfer of patients to GP Assessment	Trajectories being discussed and agreed with CCG partners who run the service in partnership with ULH												
		7a Medical Staff Vacancy Fill Rate	- Recruitment managed outside of program, but to be monitored by program due to the significant impact on workstream.	Trajectory being compiled based on actual candidate start dates												
		7b Nursing Staff Vacancy Fill Rate		Trajectory being compiled based on actual candidate start dates												
2) Assessment Function	Implement a standardised medical model across United Lincolnshire Hospitals including 'right-sizing' acute medical services with appropriate capacity and clinical resource for ambulatory care, medical assessment and short stay facilities. Frailty services will be developed to reduce the number of patients admitted, or where acute care is required, will have shorter stays.	8 ED Patients Streamed to Ambulatory Care	- Transformation of services at Boston to create an Integrated Ambulatory Care Unit - Protection of Lincoln Ambulatory Care Bay to allow appropriate patients to be managed in a non ED and IP setting. - Creation of Standard Operating Procedures - Develop new streaming pathways to increase flow away from ED, including minor injuries and Phlebotomy. - Design and implement 'fit to sit' criteria.	23%	22%	22%	22%	22%	22%	22%	22%	25%	25%	25%	25%	
		9 Patients discharged/transferred within target time for each unit		24%	29%	35%	40%	46%	51%	57%	62%	68%	73%	79%	84%	90%
				47%	51%	55%	58%	62%	65%	69%	72%	76%	79%	83%	86%	90%
				86%	87%	87%	87%	87%	88%	88%	88%	89%	89%	89%	90%	90%
3, 4 & 5) Site Management, Ward Processes and Discharge	To facilitate efficient and effective patient flow throughout the Trust, working with Divisions in order to balance the elective and emergency demand. Improving patient flow by admitting patients in a timely way to the most appropriate clinical area, leading to a reduction in patient transfers. Through the implementation of Red to Green and SAFER delivery of a reduction in unnecessary delays with discharge processes being initiated on admission with ward staffing feeling confident in the application of discharge processes and systems.	10 Days when 30% of assessment Beds Available	- Opening of Lancaster ward a DTOC area. - 'Site Duty Away Day' to develop improved ways of working.	Metric not previously collected or reported, being developed for agreement at May 2019 Steering Group												
		11 Patient Moves between 22:00 and 07:00	- Clarification of the 'Bed Manager' role. - Change of SROs for workstreams 3 and 5. - The addition of named ECIST support for PHB (Angela Bullivant) and Lincoln (Stephan Natarwidjaja).	Metric not previously collected or reported, being developed for agreement at May 2019 Steering Group												
		12 SAFER - Patients with Senior Review before Midday		Metric not previously collected or reported, being developed for agreement at May 2019 Steering Group												
		13 Stranded Patients (monthly average)		Metric not previously collected or reported, being developed for program												
		14 Super-Stranded Patients (monthly average)		72	70	69	67	65	63	62	60	58	56	55	53	51
				30	29	29	29	28	28	28	28	27	27	27	26	26
				7	6	6	6	5	5	5	5	4	4	4	3	3
		15 Criteria Led Discharge		Metric not previously collected or reported, being developed for agreement at May 2019 Steering Group												
16 7-day Proactive Discharge		Metric not previously collected or reported, being developed for agreement at May 2019 Steering Group														

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A dashboard has been developed through the improvement programme to track progress against monthly trajectories. Below is the Improvement Programme Dashboard for March 2019.

The Dashboard compares monthly performance with the following :-

- Improvement trajectory
- Previous months performance
- Previous 3 months performance
- Baseline (taken at month 7)
- Standard

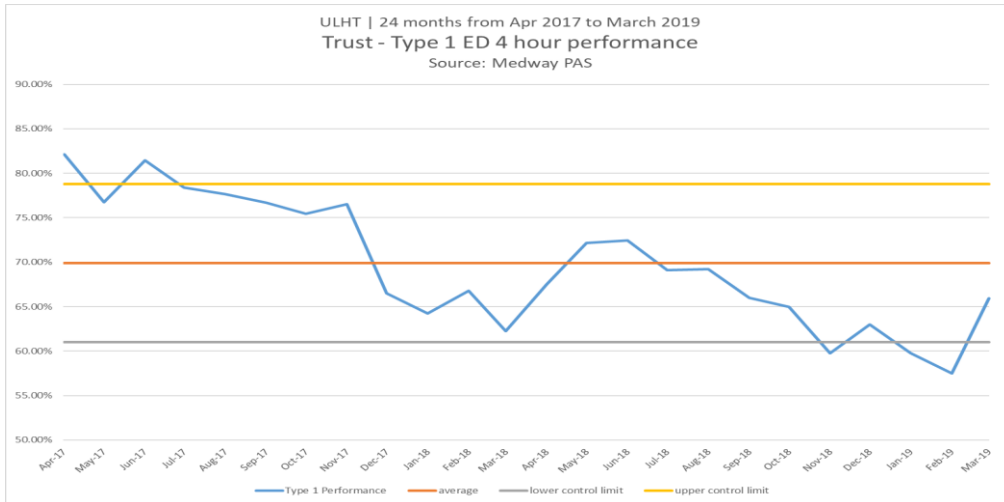
The advantage of reviewing performance in this way is that it provides assurance regarding progress and demonstrates whether there is an emerging positive or negative trend that will also provide assurance around whether an improvement milestone/metric is becoming embedded and sustained or whether there is more intensive support required.

Metric ID	Metric Name	Location	Performance	Variance				Baseline (Oct 2018)	Standard	Trajectory	Avg previous 3months	Previous Month	
				vs Trajectory	vs Previous Month	vs Previous 3 Months	vs Baseline						vs Standard
1a	ED 4-hour waiting time	Trust	71.34%	-1.26%	8.94%	5.24%	-1.94%	23.7%	70.00%	95.00%	75%	66.10%	64.40%
	ED 4-hour waiting time	Lincoln	63.80%	-11.20%	5.70%	2.22%	-3.00%	-11.2%	67.66%	95.00%	75%	61.58%	58.10%
	ED 4-hour waiting time	Boston	65.00%	-10.00%	14.90%	2.54%	-1.07%	-10.0%	61.98%	95.00%	75%	62.46%	50.10%
	ED 4-hour waiting time	Grantham	94.10%	-19.10%	1.50%	2.81%	-0.77%	-19.1%	93.33%	95.00%	75%	91.29%	92.60%
1b	ED 4-hour Non-admitted	under development											
1c	ED 4-hour Admitted	under development											
2a	Average IP Length of Stay (Medicine)	Trust	6.0		0.00	-0.1						6.8	4
2b	Average IP Length of Stay (Surgery)	Trust	1.5		-0.4	-0.1						0.6	1.9
3a	Bed Occupancy	Trust											
3b	Medical Bed Occupancy	Trust											
3c	Surgical Bed Occupancy	Trust											
4a	Ambulance Handover with 15 minutes	Lincoln	39.80%	-9.80%	10.10%		-21.60%	-10.70%	18.20%	95.00%	30%		29.70%
	Ambulance Handover with 15 minutes	Boston	41.30%	-11.30%	11.80%		-26.20%	-10.70%	15.10%	95.00%	30%		29.50%
	Ambulance Handover with 15 minutes	Grantham	26%	-3%	1%		-10%	-10.00%	36%	95.00%	30%		25%
4b	Ambulance Handover within 30 minutes	Lincoln	71%	1%	12%		-1%	-10.00%	72%	100.00%	70%		59%
	Ambulance Handover within 30 minutes	Boston	85%	15%	13%		9%	-15.00%	76%	100.00%	70%		72%
	Ambulance Handover within 30 minutes	Grantham	75%	5%	7%		5%	-10.00%	70%	100.00%	70%		68%
4c	Ambulance Handover within 60 minutes	Lincoln	87.80%	-5.20%	10.80%		8.50%	-12.20%	79.30%	100.00%	93%		77%
	Ambulance Handover within 60 minutes	Boston	95.30%	-2.30%	13.10%		22.40%	-4.70%	72.90%	100.00%	93%		82.20%
	Ambulance Handover within 60 minutes	Grantham							100.00%		93%		
5a	Triage within 15 minutes	Lincoln	91.58%	17.58%	18.77%	16.48%	11.58%	-3.4%	80.00%	95.00%	74%	75.10%	72.81%
	Triage within 15 minutes	Boston	78.75%	4.75%	3.27%	7.43%	19.75%	-16.3%	59.00%	95.00%	74%	71.32%	75.48%
	Triage within 15 minutes	Grantham	64.19%	-3.1%	6.59%	0.44%	-10.1%	-10.1%	65.00%	95.00%	74%	63.75%	57.60%
5b	Triage within 30 minutes	Lincoln	94.87%	14.87%	37.27%	13.12%	9.67%	-11.9%	85.20%	100.00%	80%	81.75%	79.91%
	Triage within 30 minutes	Boston	89.71%	9.71%	9.80%	4.54%	13.66%	-10.28%	76.05%	100.00%	80%	85.17%	86.49%
	Triage within 30 minutes	Grantham	89.91%	9.91%	3.42%	5.22%	4.02%	-10.00%	85.89%	100.00%	80%	84.69%	85.89%
6	Seen within 60 minutes	under development											
7	ED Patients Streamed to GP Assessment	Lincoln	16.48%		0.24%	0.93%		-10.00%		30%		15.55%	16.24%
	ED Patients Streamed to GP Assessment	Boston	33.00%					-2.00%		35%			
8a	ED Medical Staff Vacancy Fill Rate	under development											
8b	ED Nursing Staff Vacancy Fill Rate	under development											
9	ED Patients Streamed to Ambulatory Care	Lincoln	2.25%										2.09%
	ED Patients Streamed to Ambulatory Care	Boston	23.92%	1.22%	1.41%			-1.00%		25%	23%		22.51%
	ED Patients Streamed to Ambulatory Care	Grantham	8.49%										8.08%
10	Patients discharged/transferred within target time for each unit	Lincoln	71.60%	48.1%	51.5%		51.6%	-10.4%	18%	90%	24%		18.10%
	Patients discharged/transferred within target time for each unit	Boston	48.10%	0.7%	4.2%		4.2%	-41.8%	43.90%	90%	47%		43.90%
	Patients discharged/transferred within target time for each unit	Grantham	97.60%	11.4%	11.7%		11.7%	-7.6%	85.90%	90%	86%		85.90%
10	Days when 30% of Assessment Beds Available	under development											
11	Discharges within 24 hours of admission	under development											
12	Patient Moves between 22:00 and 07:00	under development											
13	SAFER - Patients with Senior Review before Midday	under development											
14	Stranded Patients (monthly average)	Lincoln	131		15	10	14	131	117			112	116
	Stranded Patients (monthly average)	Boston	63		-12	-5	0	63	63			72	75
	Stranded Patients (monthly average)	Grantham	14		-2	-2	-4	14	18			17	16
15	Super-Stranded Patients	Lincoln	79		1	1	1	79	74	51	72	73	68
	Super-Stranded Patients	Boston	33		-1	-6	-3	33	30	26	30	38	39
	Super-Stranded Patients	Grantham	4		-3	-2	-2	4	7	3	7	6	6
16	Criteria Led Discharge	under development											
17	7-day Proactive Discharge	under development											

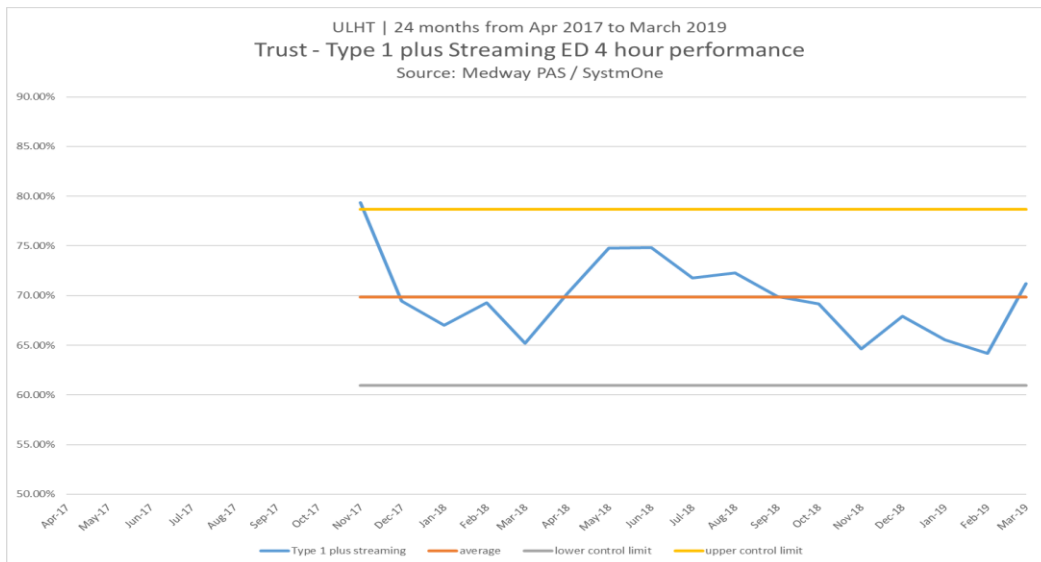
## Appendix 1

### Section 1 – 2018/19 Charts

#### Type 1 ED 4 hour performance



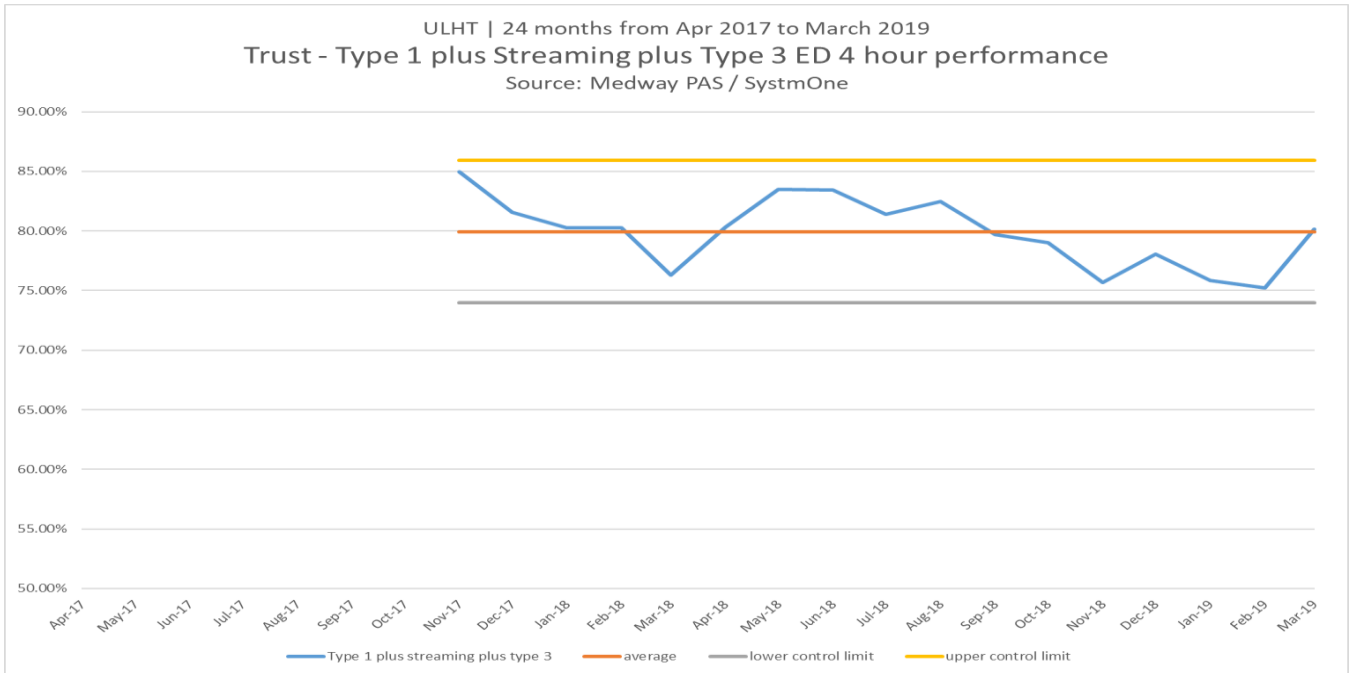
#### Type 1 plus streaming ED 4 hour performance





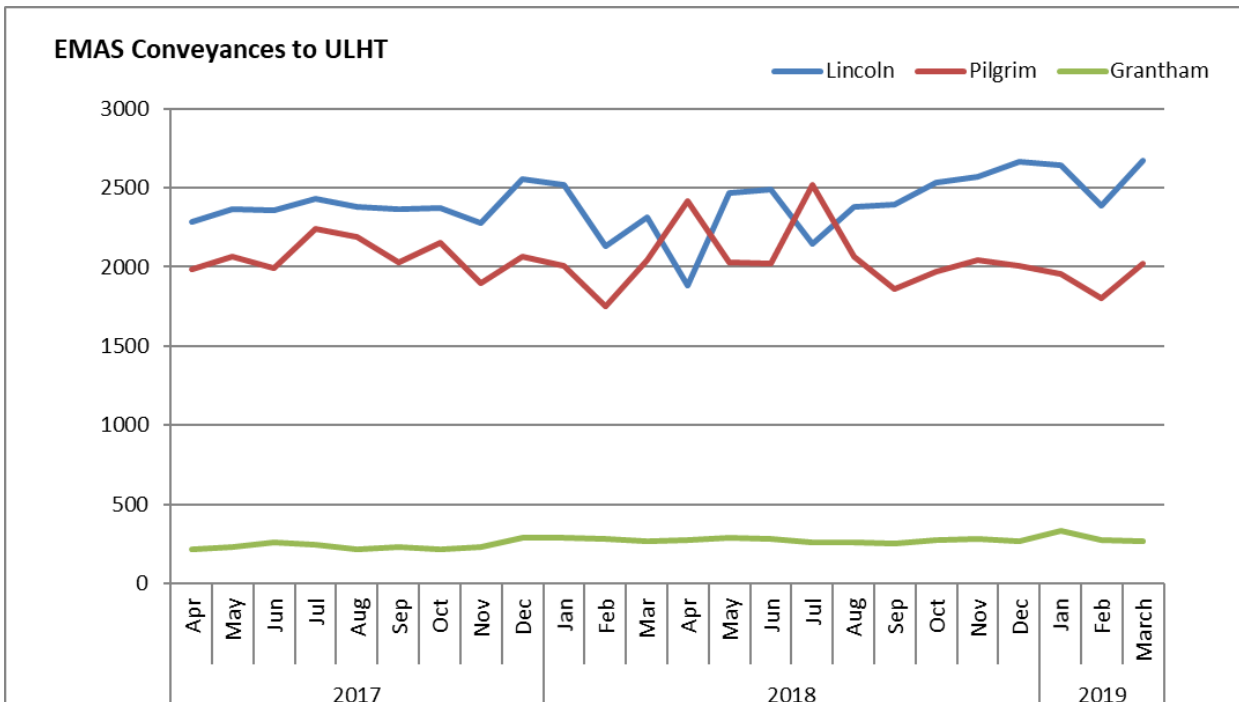
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Type 1 plus streaming plus type 3 ED 4 hour performance



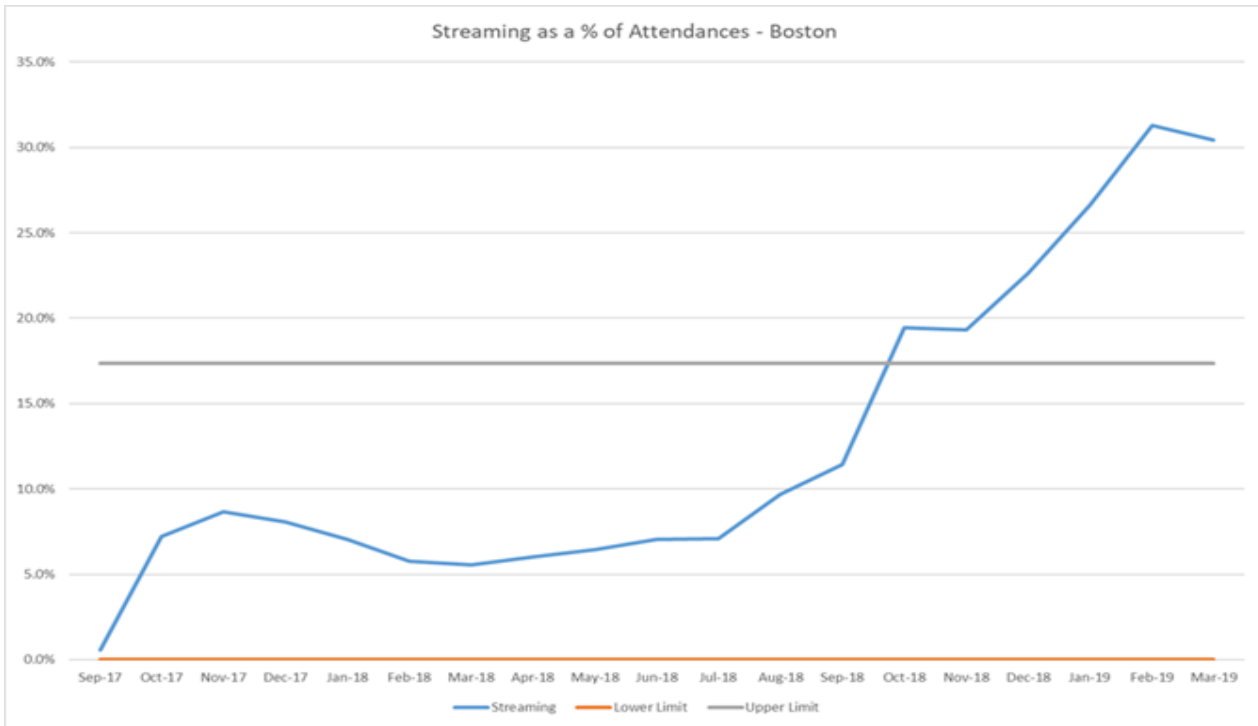
**Section 2 – 2018/19 Performance Charts**

Ambulance Conveyances (No 1 in table)

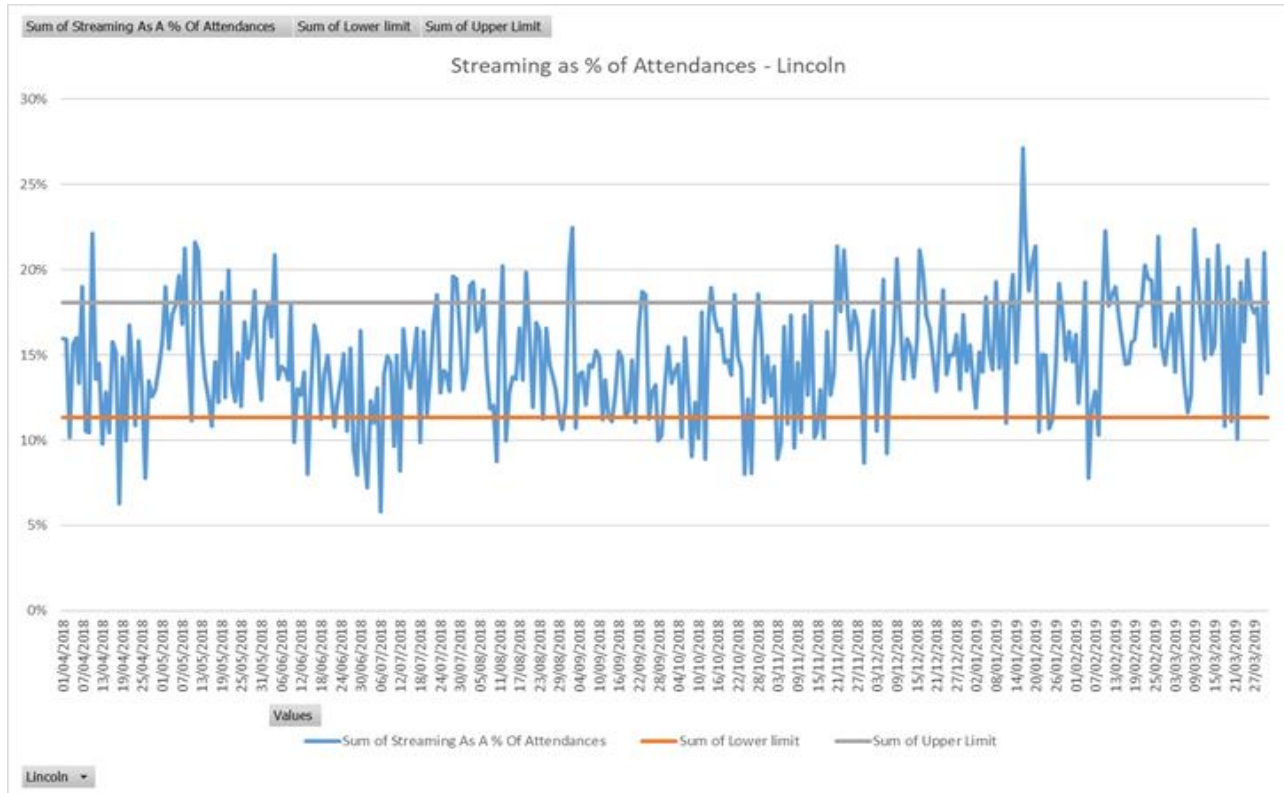


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### Streaming as % of Attendances Boston (No 2 in table)

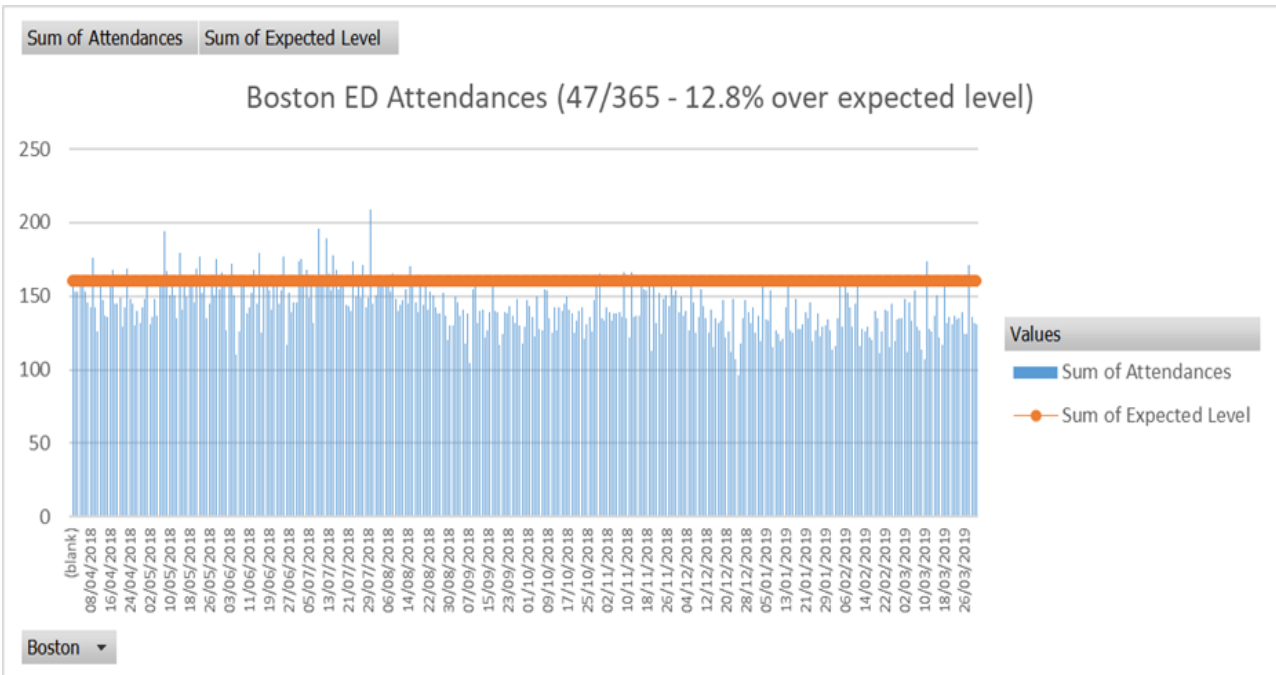


### Streaming as % of Attendances Lincoln (No 3 in table)

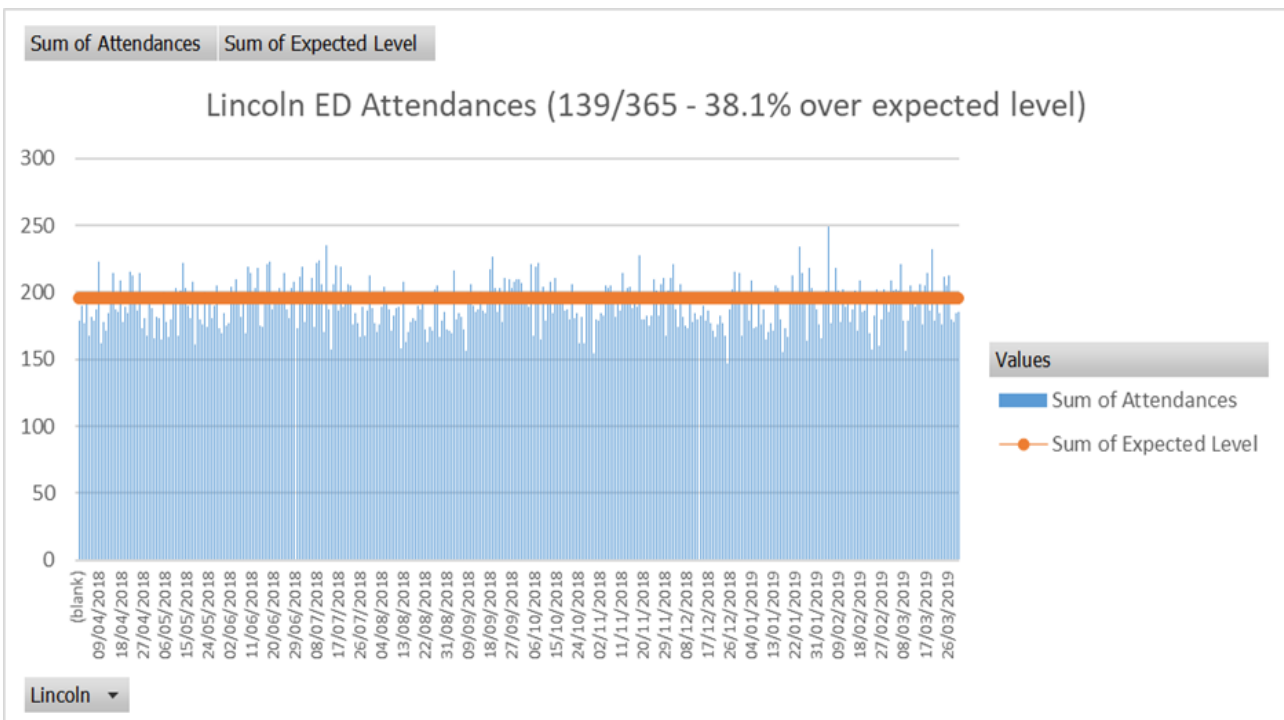


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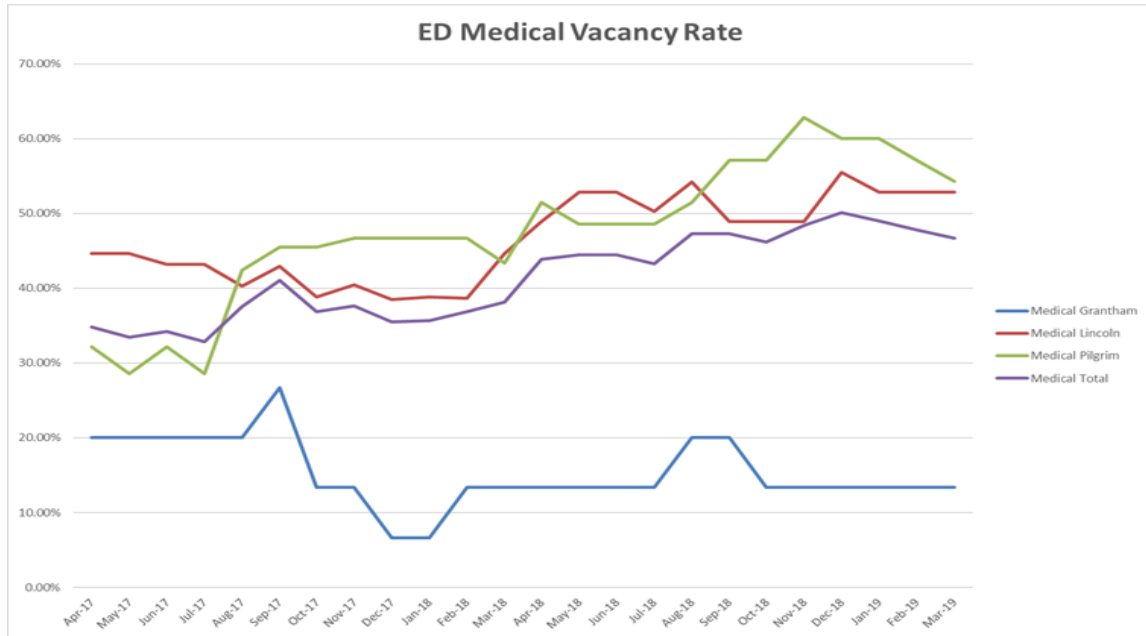
ED Attendances Boston (No 4 in table)



ED Attendances Lincoln (No 5 in table)



ED Medical Vacancy Rate (No 9 in table)



ED Nursing Vacancy Rate (No 10 in table)

