

The North West London Hospitals NHS Trust



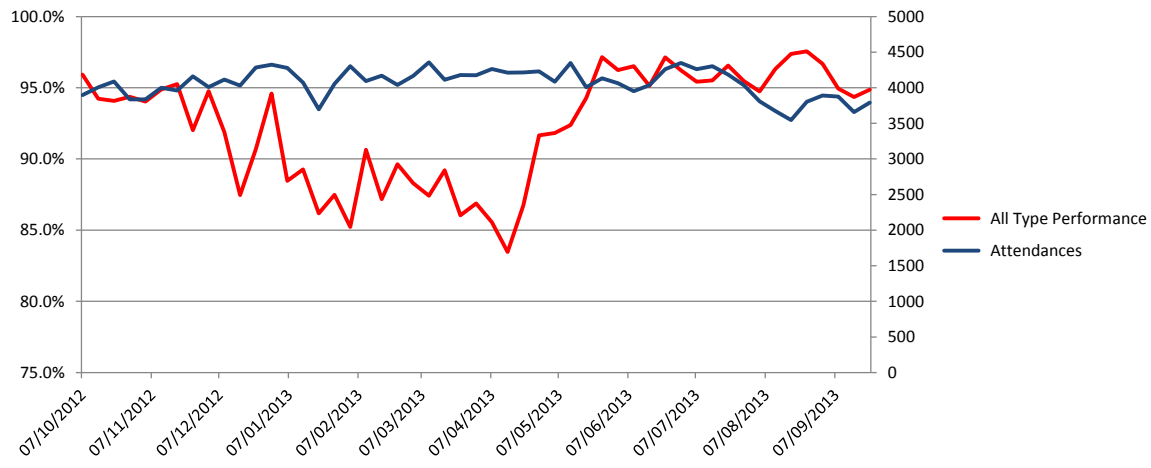
A&E Performance

Drivers, challenges and potential solutions

Current performance

The graphs below illustrate A&E performance and activity over the last 4 quarters:

NWLHT All Type Performance and Attendances



The Trust had a very challenging winter last year and the pressures were felt until the end of May where performance started to pick up at above 95% All Type. Performance remained above 95% until the beginning of September, with the exception of one week (4th August).

Pressures are now being felt again and the implementation of winter schemes, together with robust demand and capacity modelling should have a positive impact on keeping Q3 performance above 95% until December. Slide ten outlines the performance trajectory going forward.

Quarterly Performance

	Quarter 3 12/13	Quarter 4 12/13	Quarter 1 13/14	Quarter 2 13/14
North West London Hospitals	93.37%	87.83%	92.60%	95.81%

Drivers and root causes of variance

	Reason for breach	Action taken to date address this reason	Impact on performance
1	Lack of Bed Capacity	<ul style="list-style-type: none"> • Capita modelling complete • Regular internal reporting/audits on bed state • All extra physical capacity open • Maximum use of beds at CMH e.g. diverting GP take there • Purchasing of 20 Nursing Home beds for DTOCs • Open and use of Ambulatory care • Improved timings of discharges • Daily board rounds and working towards 7 day ward rounds • Potential plan to open 8 beds in November and 26 beds in December • Escalation to CEO in place • STARRS in A&E • DTOCs discussed at 9.00 am teleconferences • Increasing community provision and better flow • Number of winter schemes which reduce DTOCs and LOS 	Reduction of bed breaches compared to June, July and August
2	Emergency Department/Assessment	<ul style="list-style-type: none"> • 2 hourly board rounds with consultant during the day • Review of Pit-stop process • Recruitment of Consultants and Middle Grades • Fixed Term contracts for locum doctors • Increase Physicians Assistant role 	Reduction of Emergency Department breaches compared to same period last year.
3	Clinical and Increased Acuity	<ul style="list-style-type: none"> • Monitor and validate all clinical breaches • Extra Medical Reg at night to assist in resus • Extra SHO at night for Stroke to pull patients from resus • 24 Critical Care Outreach in place 	
4	Speciality Referrals	<ul style="list-style-type: none"> • Increase capacity in SAU to 24/7 - November • ENT doctors at night - November • Additional weekend Surgical Reg 09.00-21.00 Sat/Sun • 13 hour consultant lead ward rounds in surgery • Increase Gynae Assessment Unit 7 days a week 	Reduction of Speciality breaches by Surgery - Reduction in breaches from 40 to 20 per week Gynae – reduction in breaches from 8 to 4 per week ENT – reduction in breaches from 10 to 5 per week Mental Health – reduction in breaches from 12 to 4 per week
5	Adult and CAMHS Mental Health	<ul style="list-style-type: none"> • Fortnightly Senior Management Meetings between Trust and Commissioners • Conversion of 6 inpatient beds – December • Revised escalation process • Dedicated AMHP (Approved Mental Health Professional) – December 	Reduction of Mental Health breaches from 20 to 12 per week

Drivers and root causes of variance cont.

Residual Bed Gap

1. Winter monies will allow us to assume, at risk; 12 re-ablement, 14 NH beds and 20 Willesden, 28 NWLH, however the bed gap by month from October will be:



2. Further possible schemes include:
 - 10 beds at Willesden
 - 5 beds at Clayponds
 - 7 beds Ealing (repatriation)

This is considerable better but still leaves a gap of:

Oct	Nov	Dec	Jan	Feb	Mar
-29	-22	-10	-6	+5	+22

Plan and key actions

The following are the top 5 initiatives through which we seek to improve flow:

	Issue	Action	Improved Impact
1	Inappropriate patients in observation area Elderly patients inappropriately admitted	<ul style="list-style-type: none"> Enhance STARRs team to case manage these patients Place STARRs team at front of hospital to work alongside A&E teams 	10 patients discharged from observation weekly as admission avoidance
2	Delays to flow and discharge	<p>Monitoring of EDDs</p> <ul style="list-style-type: none"> All wards now have electronic whiteboard where EDDs are monitored daily <p>Increased Timeliness of discharges</p> <ul style="list-style-type: none"> 2 Hourly monitoring of discharge times <p>Increased Discharges at Weekends</p> <ul style="list-style-type: none"> All specialities to use Discharge Bundles at weekends Physio and OT working 7 days a week <p>Reduction in waits for Diagnostics</p> <ul style="list-style-type: none"> Diagnostics to join handover meetings on Fridays <p>Improved Outcomes for level 2 patients</p> <ul style="list-style-type: none"> 24 critical care outreach <p>Hospital at Night Team</p> <ul style="list-style-type: none"> Re-launch of roles and responsibilities of hospital at night team <p>Flow of Rehab patients</p> <ul style="list-style-type: none"> Ortho Rehab patients to CMH 	<p>95% accurate EDDs on every patient</p> <p>To free up beds earlier in the day to provide capacity. To move our average discharge time from 4pm to 12 midday.</p> <p>10 additional discharges at the weekends</p> <p>Reduction of level 2 patients on AAU</p> <p>To free up 6 beds on the NPH site per week</p>
3	Increased delays due to lack of theatre capacity	<ul style="list-style-type: none"> Increase trauma to 3 session days on Monday, Wednesday and Friday From November roll out to 5 days a week CEPOD – planning additional evening/Twilight sessions on Tuesday, Wednesday and Thursday – October 	<p>Less than 2 inpatients awaiting daily for operations</p> <p>No medically fit #NoF waiting more than 36 hours</p> <p>No more than 5 outpatients on the list</p>
4	Speciality Breaches Surgery Gynae ENT Mental Health	<ul style="list-style-type: none"> Medicine – increase on take staffing 3 consultant rota to be in place - December 24 hour SAU extended opening hours Dr at night to support admissions Assessment unit within Mental Health wards 	<p>Surgery - Reduction in breaches from 40 to 20 per week</p> <p>Gynae – reduction in breaches from 8 to 4 per week and No clinically appropriate patients to wait in A&E</p> <p>ENT – reduction in breaches from 10 to 5 per week</p> <p>Mental Health – reduction in breaches from 12 to 4 per week</p>
5	Increased delayed discharges and patients on the pathway	<ul style="list-style-type: none"> Earlier escalation to senior staff Twice weekly Whole Health Economy teleconference Purchasing of Nursing Home beds Weekly escalation at Sub-board of Urgent Care Network Board 	Reduction in less than 100 beds days in a month

Plan and key actions cont.

Other Breaches Plan

- Speciality addressed as flow in the winter plan:
 - a) SAU expansion to 24/7
 - b) ENT overnight doctors
 - c) GDR 7 day working and extended hours
- Mental Health:
 - a) Acute assessment unit in CNWL on NPH site

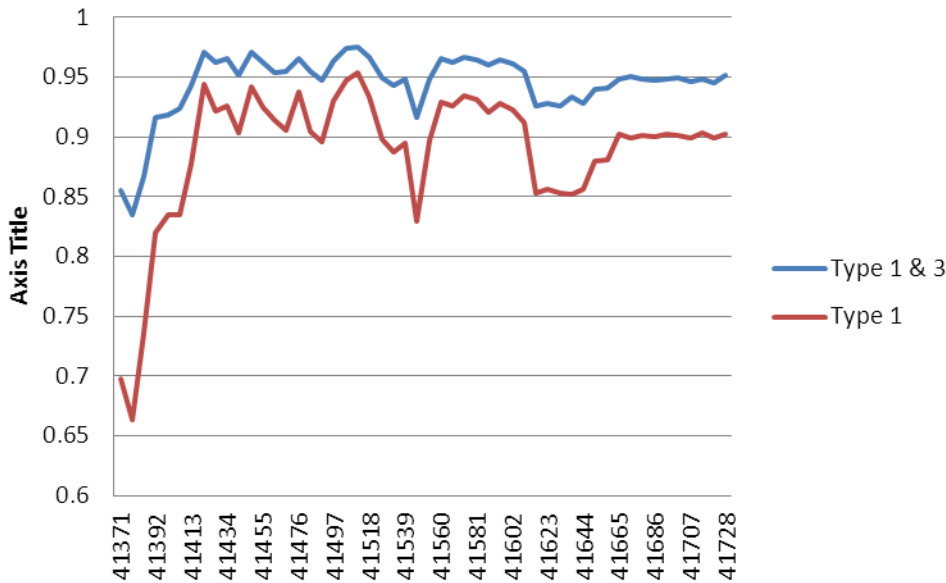
Plan and key actions cont.

Trust Breaches Plan

- ED breaches
 - a) Low threshold (no more than 5) agreed with team
 - b) New criteria for Obs ward
 - c) Permanent senior manager/ clinician on floor inc. weekends.

Trajectory for recovery

A&E 4-hour wait weekly performance trajectories from 1/4/13 to 31/03/2014



At present, the Trust cannot commit to performing for the duration of Q4, and consequently the year end position.

	Type 1 & 3	Type 1
Qtr 1	92.60%	84.66%
Qtr 2	95.41%	90.89%
Qtr 3	95.05%	85.02%
Qtr 4	94.61%	89.53%
Annual	94.40%	87.73%