
REPORT FOR HARROW HEALTH & WELLBEING BOARD

UPDATE ON A&E PERFORMANCE AT LONDON NORTH WEST HEALTHCARE NHS TRUST

1. Introduction

This paper provides an update on the Trust's emergency pathway and the actions required to ensure the core A&E performance targets are met.

2. Factors influencing A&E performance

2.1 Ambulance Conveyances

Whilst the overall number of ambulances attending hospitals in North West London has not seen an increase, the number of patients requiring admission to hospital has generally increased. This places additional pressure on the available bed base and can limit patients leaving A&E for a hospital bed as quickly as we would wish. When A&E departments become full, space to see new patients is a challenge and the focus, as you would expect, moves to safely maintaining triage of the most unwell patients.

2.2 Bed capacity

The shortage of beds on the Northwick Park Hospital (NPH) site has been confirmed by an external Demand and Capacity Exercise¹. The report indicates that in excess of 100 beds are required to address the demand for urgent and emergency services. The Trust has already increased its bed base within the existing infrastructure and submitted a business case to the Department of Health for an additional 63 bedded modular unit that is likely to be in operation around December 2015.

2.3 Workforce

Both Ealing and Northwick Park A&E departments are fortunate to have a stable workforce and relatively low turnover of staff. However due to the number of existing vacant medical posts the Trust is still reliant on the use of regular locum doctors more than they would wish to. It is recognised nationally that A&E departments have struggled to recruit staff; particularly doctors. To address this the Trust has introduced targeted recruitment programs, educational opportunities and other incentives to attract applications.

Northwick Park site A&E was able to increase the number of substantive staff as a result of the consolidation of the CMH A&E staff into the NPH workforce following closure of CMH A&E in September 2014.

¹ Capita report on Demand and Capacity at Northwick Park Hospital – May 2014. This report was jointly commissioned by Brent & Harrow CCGs and the Legacy North West London Hospitals NHS Trust

Workforce and vacancy rates are as follows:

Northwick Park A&E workforce

July 2014	Posts	Recruited	% filled
Consultants	12.9	8.15	63%
Middle & Junior docs	38.29	25.17	66%
Trained nurses	119	94	79%
Untrained nurses	19	19	100%

December 2014	Posts	Recruited	% filled
Consultants	14.4	13.55	94%
Middle & Junior docs	55.79	40.8	73%
Trained nurses	136	116	85%
Untrained nurses	36.37	35.37	97%

As at December 2014 the average total employed workforce is now 87%. A full review of the NPH rota was undertaken to improve the alignment between the peaks in patient arrivals to the department and workforce capacity. This has resulted in Consultants undertaking a 3 month trial of working on-site until midnight, to improve the senior cover in the department, in line with some of our busiest hours (6pm-midnight).

Ealing Hospital A&E workforce

December 2014	Posts	Recruited	% filled
Consultants	7.1	4.1 (plus 2 fixed term locums)	58% (86%)
Middle & Junior docs	23	20	87%
Trained nurses	66.41	61.24	92%
Untrained nurses	9.15	9.15	100%

EH A&E workforce is much smaller. The average total employed workforce is 91%.

At the moment Ealing Hospital (EH) on-site consultant cover is only provided up until 22.00hrs on weekdays and between 08:00hrs and 11:00hrs at weekends (now extended to 14:00hrs). A full review of the EH rota will be undertaken to ensure peaks in the demand for service are covered.

The Trust has in place a consultant on-call system for the out-of-hours periods.

3. Current Performance

Current performance for both A&E departments is below the expected standard. Traditional seasonality appears to have changed and the NHS focus is now on system resilience all year round (not just in winter). It has been noted that there was a drop in performance over the summer months and the Trust has struggled to recover from this.

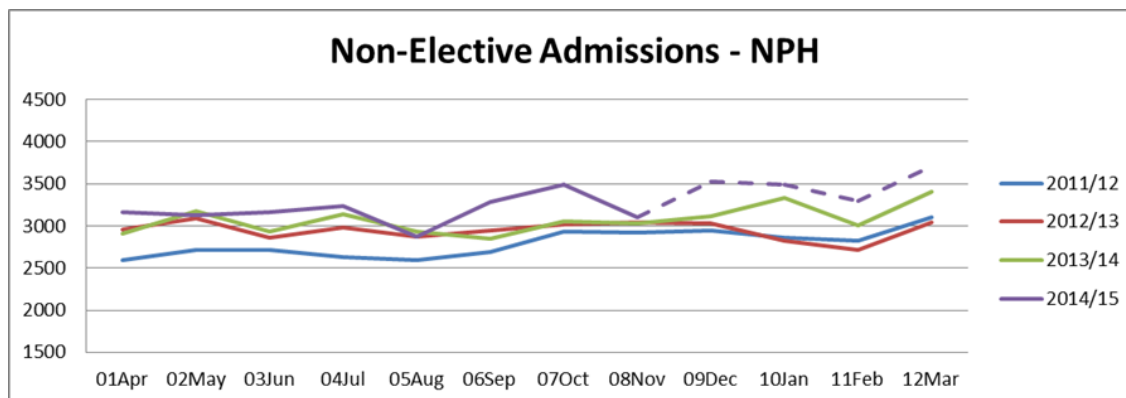
3.1 Top 3 challenges for Northwick Park A&E:

- Beds** - a need for in excess of 104 beds to maintain the peaks in emergency demand. The site currently operates at around 98% bed occupancy and length of stay remains fairly constant and at a low average compared to other London Trusts
- Patients requiring admission** – has increased by 6% against a context of NPH having a large attendance flow to the site relative to the available bed base; NPH handles around 22 A&E attendances per hospital bed per month, compared to a London wide average of 16.
- Blue light ambulance arrivals** - (category A) have increased by 16% (October 2013 vs October 2014) which is in line with rising admissions and increased acuity of the patients being admitted.

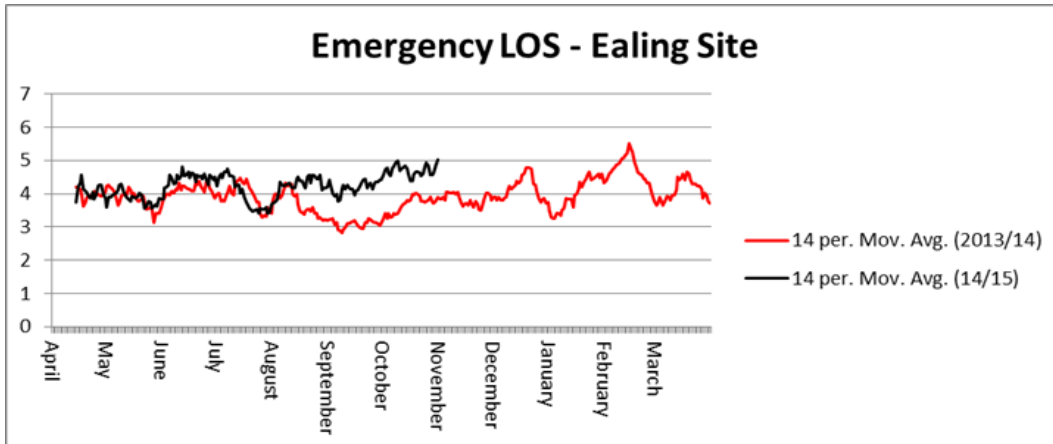
3.2 Top 3 challenges for Ealing Hospital A&E

- Length of stay** - increased by just under 1 day per patient. This has compressed the bed base available to support the emergency pathway. Some of the additional days are due to delayed transfers of care and some to a 6% rise in blue light (category A) ambulance arrivals
- Beds** - escalation beds are all open and a further ward is being opened to support demand, bed occupancy has risen from 88% to 98% in recent months
- Staffing & emergency flows** – staffing levels are considered low and some key staff that support the emergency pathway have been lost as part of the merger.

Increase in emergency admissions at NPH



Increased Emergency Length of Stay at EH



EH has seen an increase in its average length of stay since August 2014. Additional beds have remained open and new ward areas are being made available to support movement through the emergency pathway.

3.3 Current performance against the 95% standard in 4 hours is as follows (December data not yet available).

NPH, EHT & LNWH Weekly AE 95% Performance - Sep, Oct & Nov 2014						
	Type 1 Performance (%)			Type 1 & 3 Performance (%)		
Week Ending	NPH	EHT	LNWH*	NPH	EHT	LNWH*
07-Sep-14	73.95%	89.53%		89.07%	94.57%	
14-Sep-14	71.25%	87.85%		87.95%	95.53%	
21-Sep-14	72.82%	83.86%		88.32%	93.43%	
28-Sep-14	74.81%	83.42%		88.95%	93.86%	
05-Oct-14	80.13%	81.32%	80.49%	91.45%	92.22%	91.70%
12-Oct-14	76.47%	81.63%	78.10%	90.05%	92.69%	90.93%
19-Oct-14	69.88%	63.41%	67.85%	87.21%	85.51%	86.63%
26-Oct-14	71.31%	77.87%	73.34%	88.23%	91.98%	89.48%
02-Nov-14	73.01%	77.95%	74.60%	89.24%	91.12%	89.86%
09-Nov-14	66.38%	74.72%	69.16%	86.44%	89.12%	87.34%
16-Nov-14	66.23%	73.83%	68.72%	86.23%	89.13%	87.23%
23-Nov-14	66.74%	78.20%	70.46%	86.39%	91.25%	88.02%
30-Nov-14	62.95%	71.48%	65.75%	84.45%	89.24%	86.10%

4. Actions to improve performance

4.1 Action Plans

The Trust has produced remedial action plans for both A&Es (these reflect the different environment in which the two A&E departments operate in) to address the performance challenges.

EH has traditionally maintained good A&E performance; however the length of stay at that site has been identified as a key challenge. A small average increase of about 1 day per patient is making a critical difference to the sites in-patient bed availability. During peaks in demand this small increase can cause a backlog in the A&E department and impact on the 4 hour performance standard.

The tables below provide an overview of key actions and an update on the on-going work taking place:

NPH Summary Action plan:

THEME	IMMEDIATE ACTION	SHORT-MEDIUM TERM
BEDS	<ul style="list-style-type: none"> • Carroll Ward 20 beds • Jenner 8 beds • Fletcher Ward 22 beds • Smaller bed changes to incorporate 1 or 2 additional beds within existing wards. 	<ul style="list-style-type: none"> • Modular Wards 63 beds (Dec 15) • Use of old A&E space 4 or more beds • Introduce a Golden Hour Ward Round to help improve weekend discharges and reduce length of stay.
EMERGENCY FLOWS	<ul style="list-style-type: none"> • Rapid Assessment process to incorporate a senior doctor to take early decisions and reduce unnecessary tests • Ensure a senior doctor reviews decisions to admit if they are to be refused by a speciality clinician for any reason • Place a Medical Registrar in A&E to help co-ordinate admissions to hospital and support the triage and assessment processes • Make best use of the new A&E department to improve triage, assessment and flow. 	<ul style="list-style-type: none"> • Improve resilience, access and turnaround times on diagnostics, such as echo's • Improve transport arrangements to support the A&E department • Update the trust wide escalation plan so that full support is given to the A&E department when it is very busy • Continue to roll out electronic whiteboards that support improved handover and discharge planning • Increase the use of the Ambulatory Care pathways and other direct referral services which can bypass the A&E department where GPs feel it is safe to do so.
WORKFORCE	<ul style="list-style-type: none"> • Continue to develop new ways of recruiting and retaining a high quality A&E workforce • Maintain & adjust the new A&E rota to support the new department and new 	

ways of working.

EH Summary Action plan:

THEME	ACTION TAKEN/IN PROGRESS	TIMESCALE
BEDS	<ul style="list-style-type: none"> Additional 23 acute escalation beds on 9 North 	<ul style="list-style-type: none"> Opened November 2014
EMERGENCY FLOWS	<ul style="list-style-type: none"> MDT approach for daily discharge planning Unified Site Practitioner processes 	<ul style="list-style-type: none"> December 2014 January 2015
WORKFORCE	<ul style="list-style-type: none"> Increased Therapy Support on acute wards and Assessment Increased senior medical support for assessment areas Increased phlebotomy staff. Improve Workforce resilience for managing in competing environment and ensuring safe fill rates for clinical staff 	<ul style="list-style-type: none"> Ongoing Recruitment process ongoing – July 2015 Recruitment ongoing – Jan/Feb 2015 Ongoing

4.2 Emergency Pathway Taskforce

A task force has been established to improve emergency performance. This consists of the Director of Operations, Deputy Chief Nurse, Clinical Director of the Emergency Pathway and an experienced Project Manager. This group will focus full-time on improving emergency flows and performance.

4.3 Implementation of new patient tracking system

On 5th November 2014 a new patient tracking system ‘Symphony; specifically designed for emergency departments was installed. Ealing Hospital already use this system and will ensure improved patient tracking, reporting and governance.

4.4 Opening of new Emergency Department building at the NPH site

After 2 years of building and planning a new emergency department was opened on the Northwick Park site on 10th December 2014. The safe transfer from the old A&E to the new ED was efficiently executed and celebrated as ‘well planned’ by the London Ambulance Service.

5. Improvement Trajectories

The Trust has agreed challenging improvement trajectories for both its A&E departments. These can be seen on the current performance charts in section 3.3 (above), where they are marked as the green ‘estimated’ line.

EH has traditionally maintained good A&E performance and it is felt that this can be restored more quickly, predominantly by improving emergency flows and length of stay.

For NPH it is a significant bed increase that will make a big difference and this is not possible until December 2015. Whilst a number of additional beds have been made available at NPH, 63 beds will be added in December 2015 by building a modular unit, containing 3 wards and 63 beds.

The Trust is committed to improving its emergency performance as a key priority and, similar to other London Trusts, is taking all reasonable steps to recover and improve its performance.

Tina Benson
Director of Operations
December 2014