

Urgent and emergency care: system wide assurance

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A&E performance – the challenge

- The A&E four hour performance and delays in ambulance handover continue to be a significant Sheffield issue.
- The four hour target remains a core undertaking of the NHS Constitution.
- National expectation: delivery of 95% in March 2019, and at least 90% this year.
- STH continues to be one of 3 trusts in Y&H region identified as having significant handover delays impacting on local and regional partners
- The CCG is held accountable for delivery of both areas.
- The reasons for non achievement are complex.
- Meeting the standard needs a system wide effort.

Current Performance as of 31/10

- A&E 4 hour performance - STH YTD 88.28% and 126861 attends (SCH YTD 97.82% and 32482 atts)
- With regard to STH there are early signs that the volatility in performance is decreasing on a day to day basis and indications that performance is becoming more consistent
- Also, feedback from the trust highlights the increasing ability of the service to recover more quickly in terms of A&E performance following periods of pressure
- Ambulance handover performance at Northern General remains a significant issue. However, in the last 3 months delays in ambulance handovers have reduced by an average of three hours a day

What work is under way to improve A&E?

- The Trust has a detailed plan: “Action 95,” which covers all aspects of the front end of the hospital and forms the basis of our ongoing monitoring / assurance.
- It includes: training, service re-design, streamlining processes, IT, transport, leadership, demand management and front door response.
- There is a linked plan to improve patient experience.
- 24/7 consultant cover in ED from 10th of December 2018
- In addition a senior member of YAS staff is embedded within A&E and STH and YAS are working in partnership to develop a plan specifically to improve ambulance handover.
- Enhanced mental health liaison is now in place.

Positive outcomes from Action 95 plan

Processes - Detailed action cards for times of escalation covering A&E and assessment pathways supported by daily review meetings (previous 24 hours) to enable lessons learned to be identified.

Pathways – Implementation of IT system (more accurate reporting of handovers) along with a new rapid assessment protocol for ambulance handover (go live 5th Nov). Newly developed pathway (phlebotomy) reducing patient waits and reliance on Clinical Decision Unit as well as close working with SHSC to identify and reduce frequent attenders.

Recruitment – Successful nurse recruitment to additional posts increasing capacity at peak times. The Trust has also recruited a number of Clinical fellows (CFs) leading to registrar capacity doubling overnight and ED is no longer reliant on locum cover at weekends.

Plans are in place to recruit more CFs in order to double daytime capacity during week days.

Performance Assurance – Improve over winter

- Contract Monitoring Board – formal discussions.
- STH share their weekly A&E action plan.
- Progress updates at Contract Monitoring Group
- Daily winter calls
- Exception reports when performance dips
- Urgent and Emergency Care Transformation Delivery Board – multi agency scrutiny. Joint report from CCG and STH to be submitted in October, including A&E.
- LTC and AS&R Boards have overview of work streams which impact on A&E performance

Winter Planning

- System wide approach has been taken (supported by workshops) and plan developed with all key partners ensuring joined up and complementary plans and actions.
- Additional assurance and focus on A&E performance provided by the Operational Resilience Group (CCG chaired)
- Transport has been highlighted as an area for additional focus with assurance and supporting actions developed and agreed by the System wide Transport Group (CCG chaired)
- Detailed action cards currently under development ensuring joined up system response at times of escalation

Maintaining Flow – Key to System Resilience

- Operational Resilience Group focussing on community alternatives to A&E and ensuring assessment over admission and early escalation of system pressures
- Embedding the “Why Not Home, Why Not Today?” approach to discharge with a Board established to ensure delivery.
- Work streams in place to reduce delayed discharges of care; link with CHC assessment processes and streamlined routes from hospital to next stage of care.

Key Highlights for Resilience

- Neighbourhood approaches to case finding and managing those at risk of admission
- Mental health: 10 IAPT pathways linking with physical health conditions
- “Keeping People Well” – personalisation, social prescribing, services in the voluntary sector.
- The extended access offer in Sheffield has been broadened, with six sites now available for appointments across the city.
- Continued development of GP streaming at the front door of A&E will ensure that patients receive the right treatment in the right place.
- The CCG Communications Team are developing a winter plan around the use of appropriate services and alternatives to A&E attendance.

Ambulance Response Programme

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Background and Context

Fundamental change to services to deliver improved patient outcomes, informed by the largest ever academic study of ambulance services.

ARP introduces:

- New dispatch model and more time to assess patient's needs
- New response targets – *every* response now counts towards performance
- Changes to clock stops – targets only met by doing right thing for the patient (e.g. if patient requires transport, then clock stops only when transporting vehicle arrives on scene)

ARP has 4 main objectives:

- Prioritising the sickest patients, to ensure they receive the fastest response
- Driving clinically and operationally efficient behaviours, so the patient gets the response they need first time and in a clinically appropriate timeframe
- Having the ability to provide a range of responses, with access to alternative referral pathways, which ensure the patient is treated in the most appropriate place of care
- Putting an end to unacceptably long waits by ensuring that resources are distributed more equitably amongst all patients

Outcomes of ARP National Pilot

Results of national pilot analysis by Sheffield University:

- Giving call handlers more time to assess a call works;
 - The most urgent emergency calls do not receive a slower response when call handlers have this extra time available;
- The ambulance service becomes more efficient, and leads to fewer long waits for an ambulance to arrive
- Patients in rural areas receiving improved response times
- In over 14 million 999 calls analysed there was no additional harm to patients as a result of the ARP
- Ambulance staff agreed with the changes and recognised the benefits to patients and to staff

Rapid Response Vehicle



The **RRV** is a single crewed vehicle that is unable to convey patients. These are crewed by Paramedic clinicians and act either as a faster response vehicle to get to an incident ahead of a DCA for higher acuity calls, or to send a senior clinician to a lower acuity call, to support the delivery of See and Treat (and Refer where appropriate).

Dual Crew Ambulance



The **DCA** is double crewed, with a mix of both a qualified paramedic and an emergency care assistant (ECA), or another qualified paramedic. These vehicles are designed to convey patients to another setting. Given the specialist nature of these vehicles, they are more expensive to procure, equip, maintain and crew, but offer flexibility around response.

ARP Performance Standards

Original Standards

Percentage of Category A Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes*	Operating standard of 75%
Percentage of Category A Red 2 ambulance calls resulting in an emergency response arriving within 8 minutes*	Operating standard of 75%
Percentage of Category A calls resulting in an ambulance arriving at the scene within 19 minutes*	Operating standard of 95%

APR Standards (2018)

Category 1 (life-threatening) calls – mean time taken for a response to arrive	Mean is no greater than 7 minutes
Category 1 (life-threatening) calls – percentage of calls resulting in a response arriving within 15 minutes	Operating standard of 90 th percentile time
Category 2 (emergency) calls – percentage of calls resulting in a response arriving within 40 minutes	Operating standard of 90 th percentile time
Category 2 (emergency) calls – mean time taken for a response to arrive	Mean is no greater than 18 minutes
Category 3 (urgent) calls – percentage of calls resulting in a response arriving within 120 minutes	Operating standard of 90 th percentile time
Category 4 (non-urgent “assess, treat, transport” calls only) – percentage of calls resulting in a response arriving within 180 minutes	Operating standard of 90 th percentile time

ARP Projects to support delivery

RRV to DCA

- Baseline DCA numbers increased from 311 to 353 deployed to front line operations towards end of year target of 380
- Baseline operational RRV's reduced from 141 to 84, against end of year target of 75

Workforce Plan

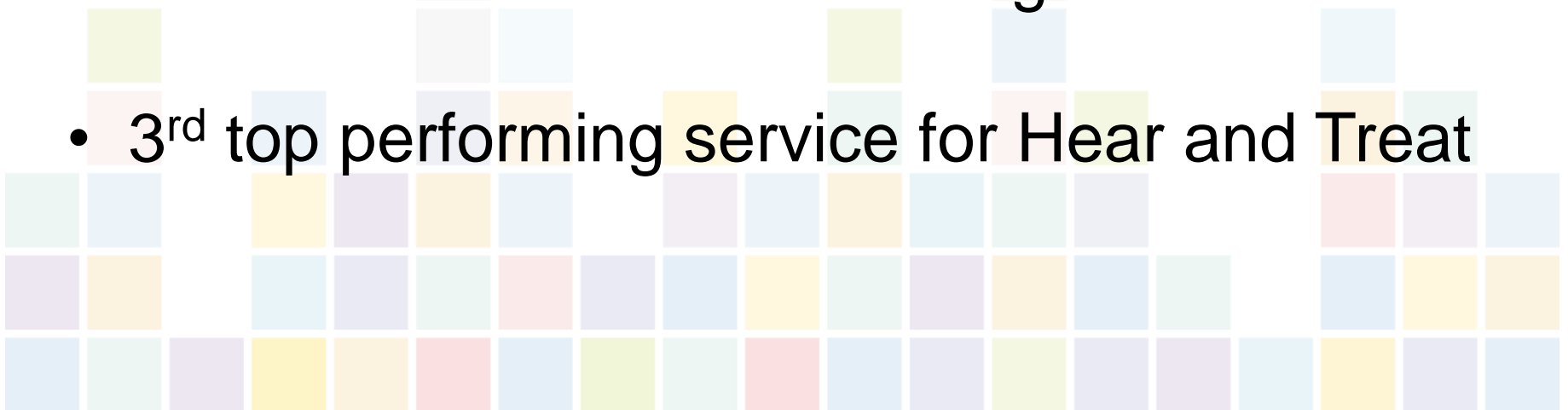
- Recruitment of additional ECA's – behind forecast due to driver training capacity (211 v 288)
- Staff consultation / selection process for staff remaining on RRVs – formal process completed

Hear and Treat

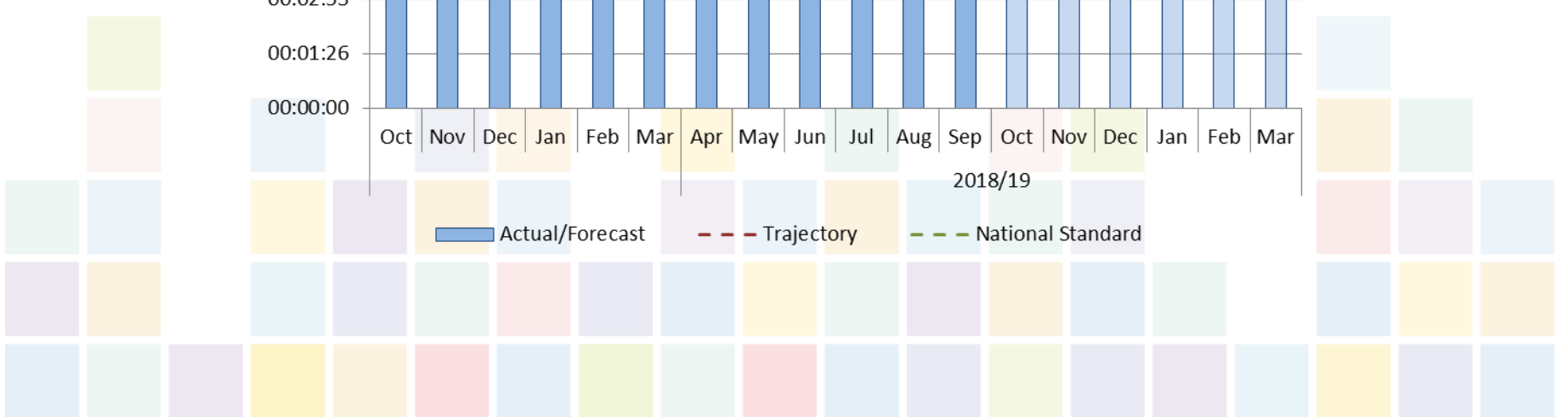
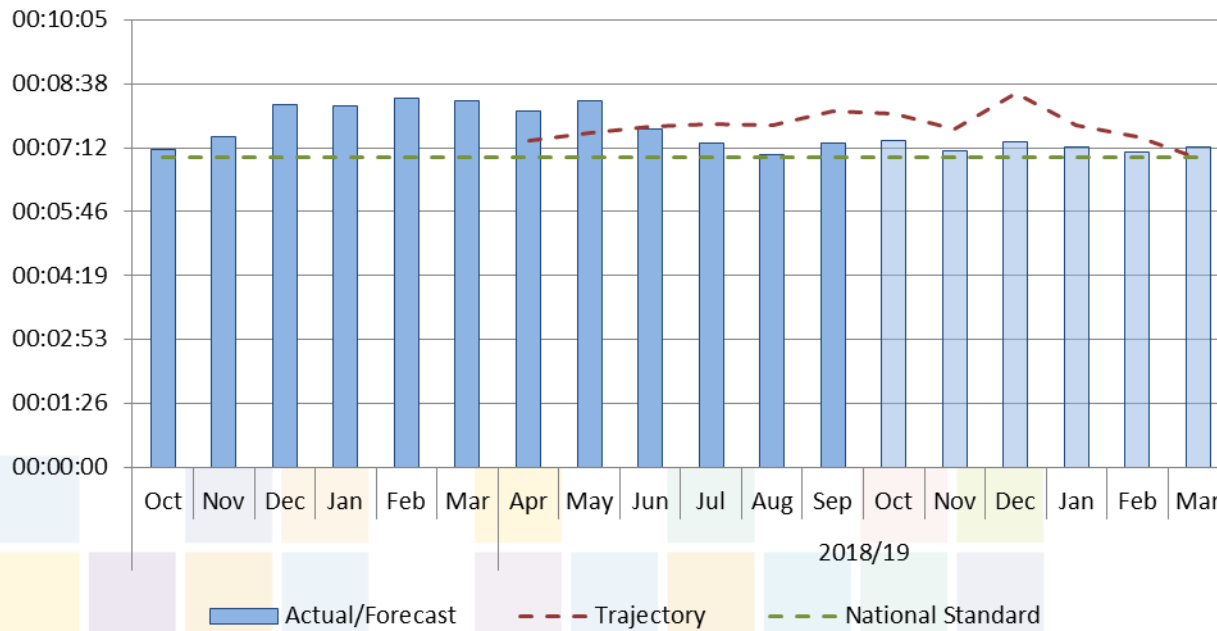
- Target of 30 additional clinicians to be recruited to work in EOC by end of March. 15 recruited to date

Recent highlights

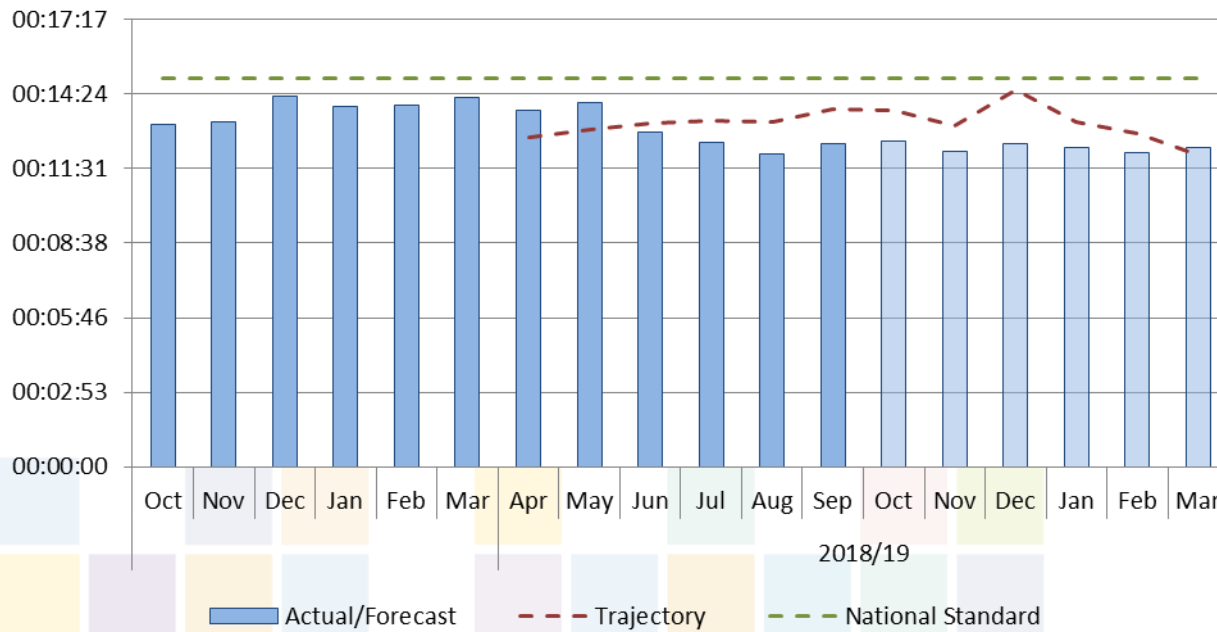
- Top performing service for call answer
- 2nd top performing service for early identification of life threatening calls
- 3rd top performing service for Hear and Treat



Performance Forecast Category 1 Mean



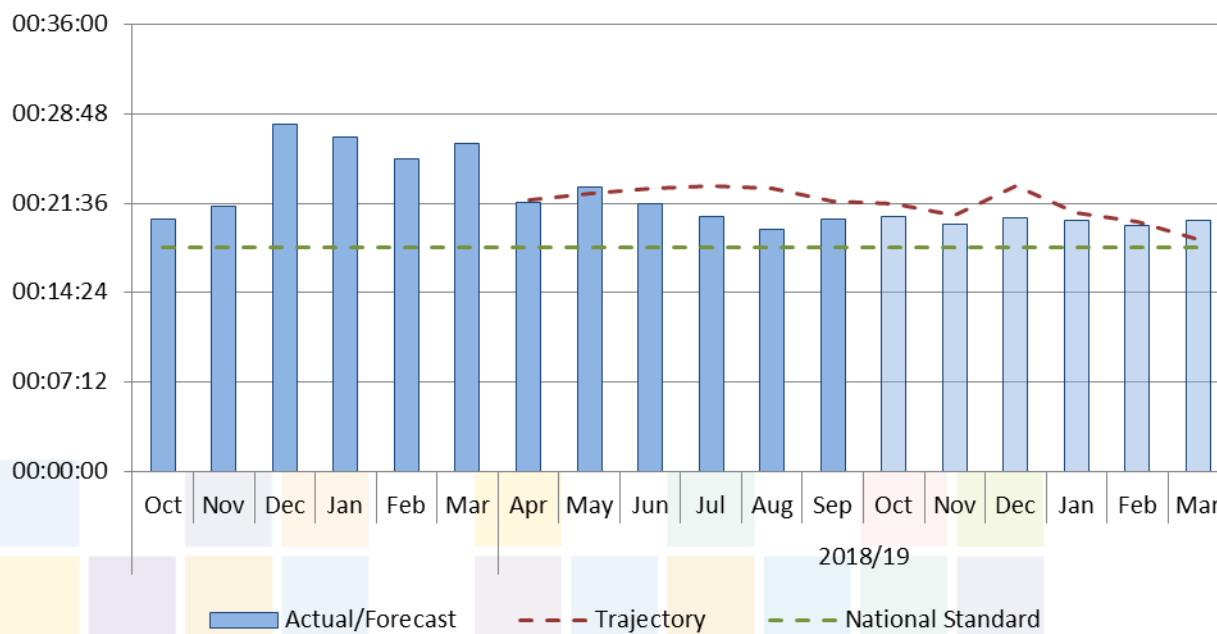
Performance Forecast Category 1 90th



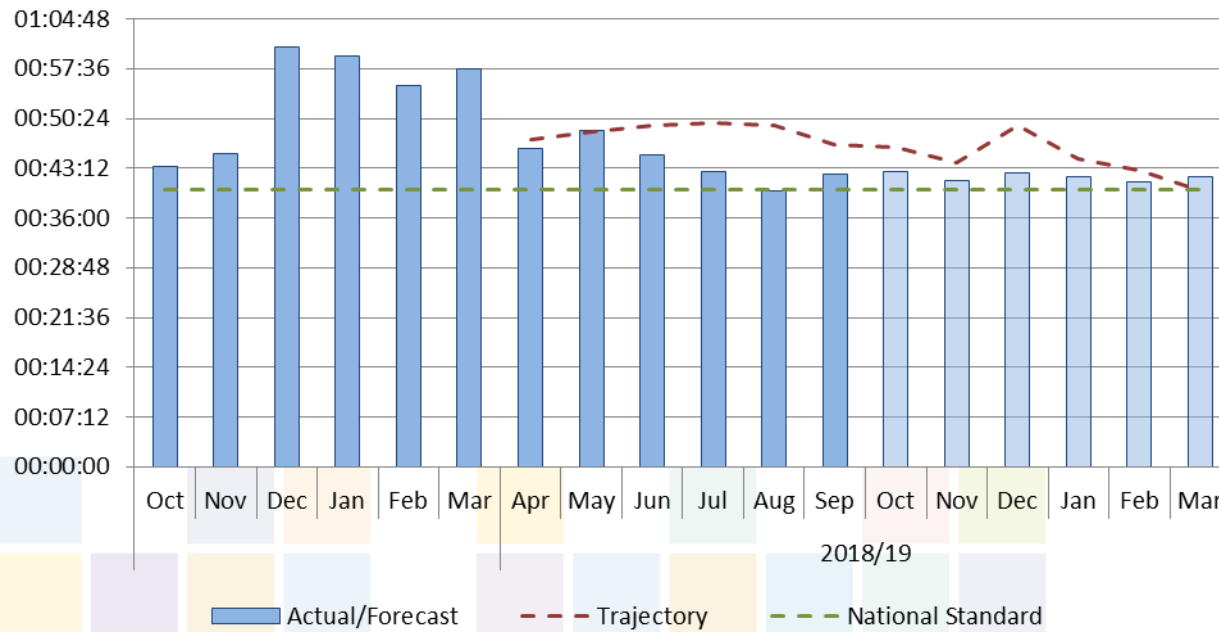
2018/19

Actual/Forecast Trajectory National Standard

Performance Forecast Category 2 Mean

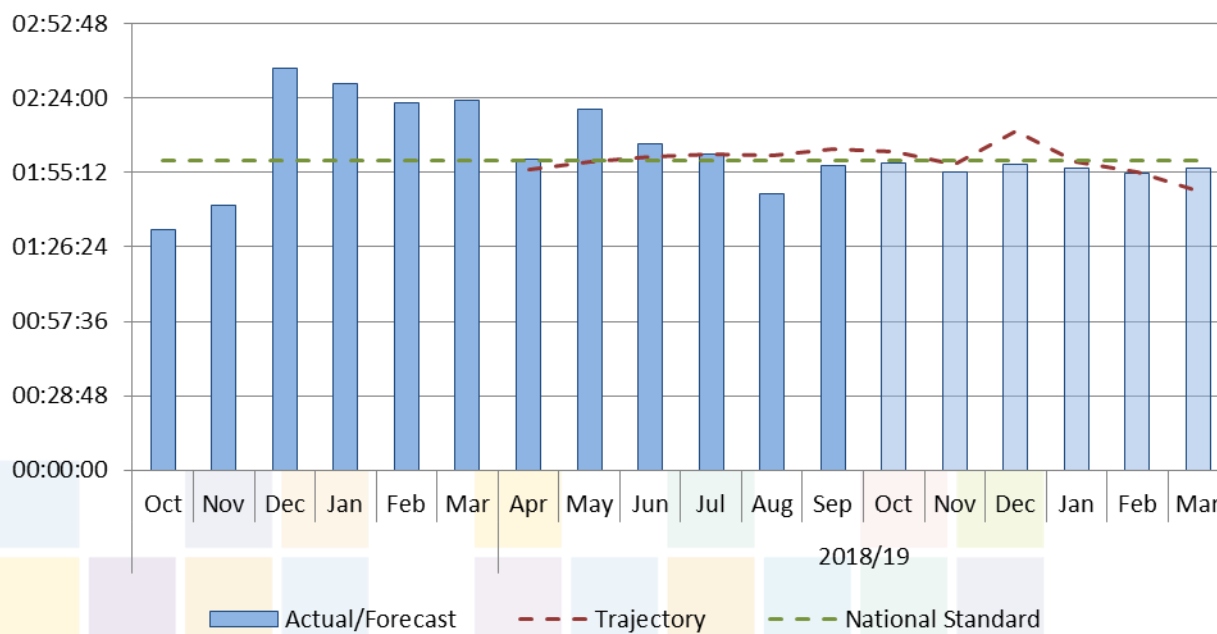


Performance Forecast Category 2 90th



Performance Forecast

Category 3 90th



Performance Forecast Category 4 90th

