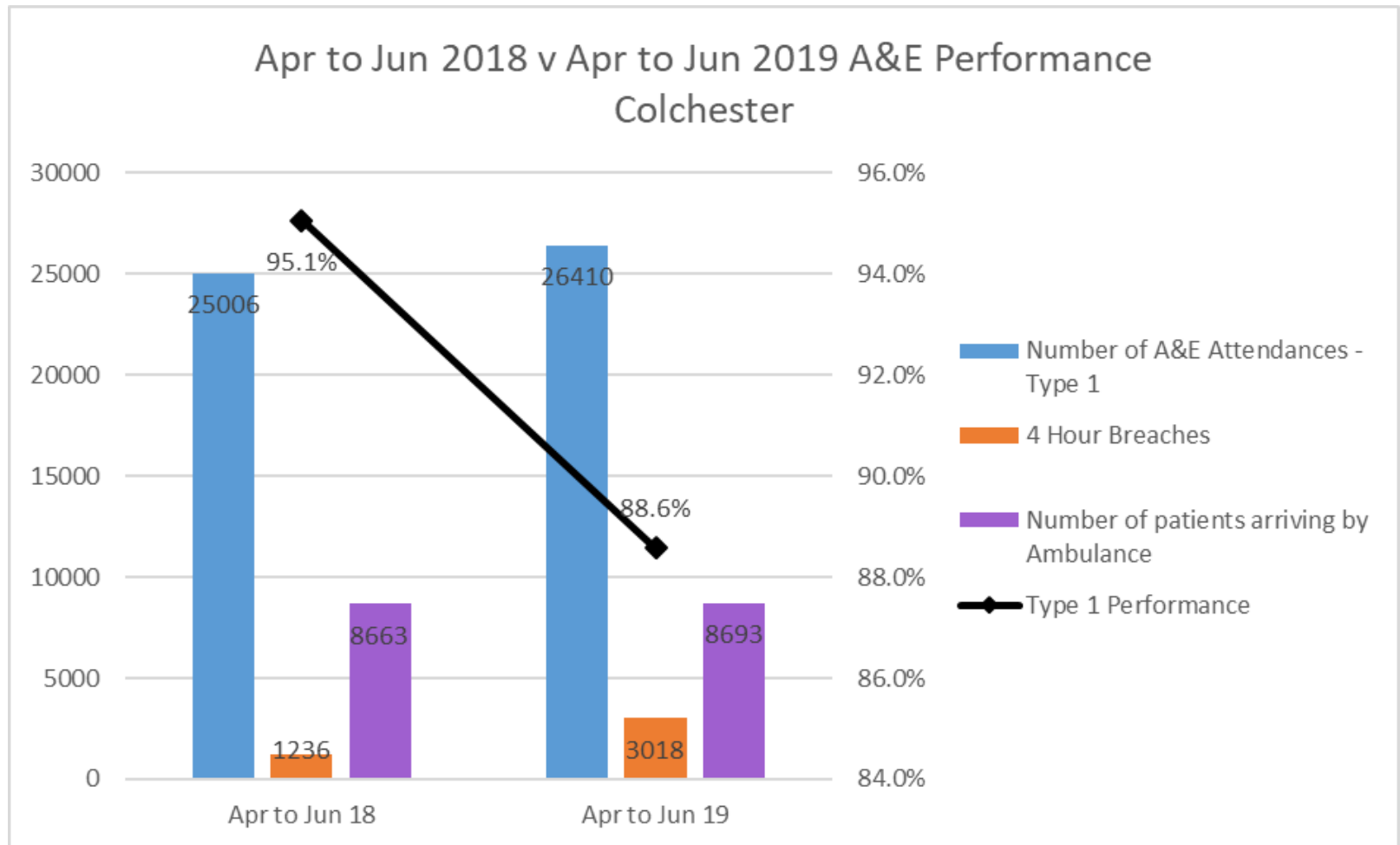

Emergency Department
East Suffolk & North Essex
Foundation Trust (ESNEFT)

Site – Colchester General Hospital

July 2019 Update

Changing nature of A&E performance Colchester Hospital



Current Challenges

| Challenges | Mitigating Action |
|---|--|
| Recruitment of Multi Disciplinary Team (MDT) roles within ED | <ul style="list-style-type: none"> Continuing in line with NHS England 5 year forward view – looking at other roles to support recruitment, moving away from traditional medical / nursing roles. <ul style="list-style-type: none"> Recruitment of Physician Associates Ongoing recruitment of ACPs. Severe shortage of fully trained ACPs in the region, therefore focussing on ‘growing our own’ from our existing nursing workforce. Three trainee ACPs have started since June with advert out for 1 more. Several retirements expected in the near future so it is essential to have a good pipeline of trainees Ongoing international recruitment campaign for consultants and clinical fellows. Initial campaign to India resulting in growing-relationships with the Apollo group of hospitals |
| Ambulance conveyancing to hospital continues to rise as does re-conveyances | <ul style="list-style-type: none"> Undertaken an audit to understand reasons contributing to these increases. Mitigating action will be to implement a ‘high intensity user’ process within the ED CCG have funded two Early Intervention Vehicles (falls and advanced paramedic) which are having a positive effect |
| Seasonal capacity and flow | <ul style="list-style-type: none"> Move away from winter planning to an annual seasonal plan with alliance approach CCG funding a number of resilience schemes impacting on patient flow Red to green embedded Contingency area in place for ambulance handovers within A&E |
| Majors continues to increase (attendances up by 29.2% year on year) | <ul style="list-style-type: none"> 24/7 Hospital Ambulance Liaison Officer (HALO) now funded for a further two years. This role ‘streams’ across the emergency floor and works with system-wide partners to support admission avoidance – Alliance Workshop on Ambulance Handover and Attendance Avoidance |

Current Challenges

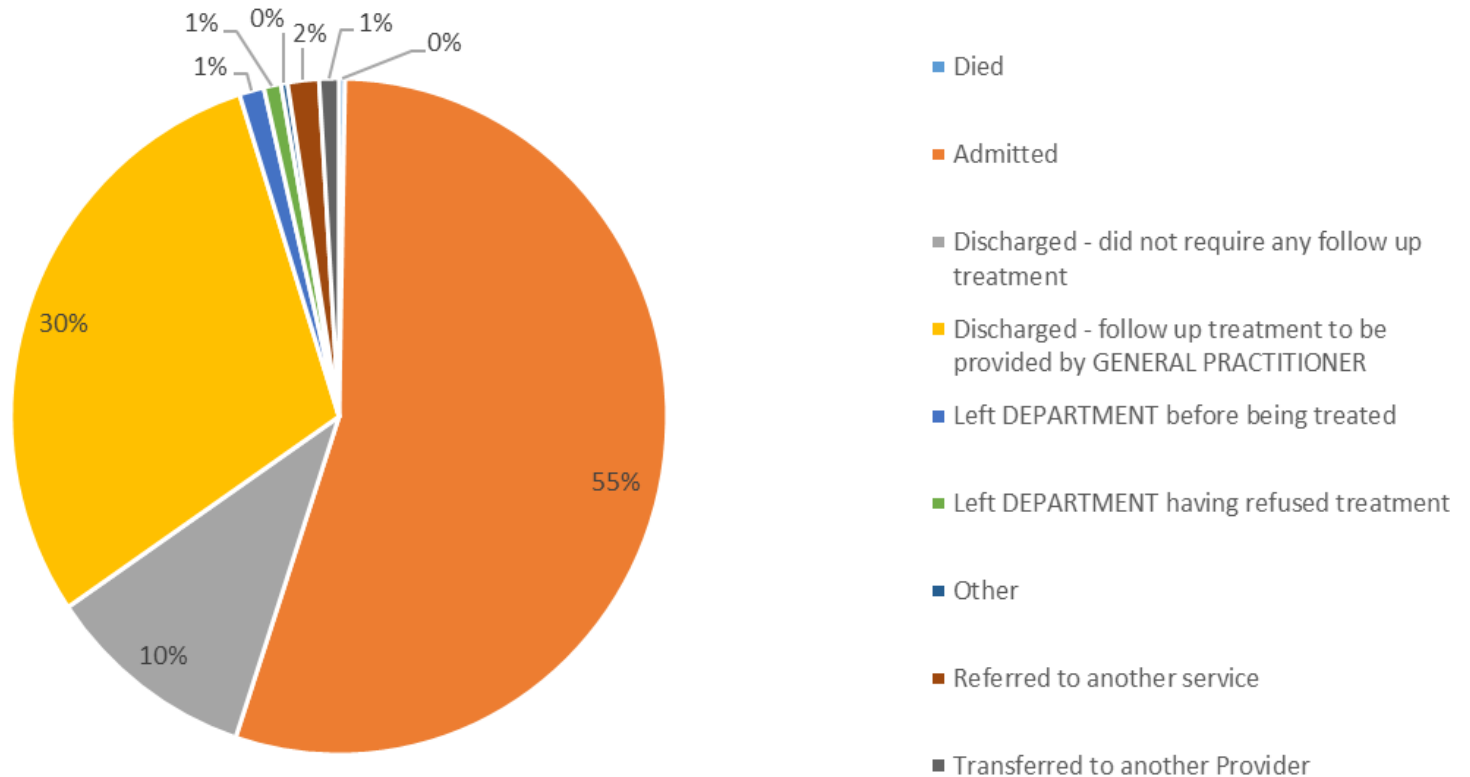
| Challenges | Mitigating Action |
|---|---|
| How we manage our low level minors and further utilise GP streaming | <ul style="list-style-type: none">• Revised GP Streaming model to utilise wider workforce in conjunction with UTC Configuration Plan, including Advanced Nurse Practitioners (ANPs) |
| Mental Health presentations continue to increase | <ul style="list-style-type: none">• Pilot of a mental health nurse within the ED for the month of July at weekend twilight shifts• Crisis Café in development• UTC expected to help with reducing presentations to ED• Planning mental health Early Intervention Vehicle• Planning direct pathways to the SOS bus – working with EPUT on improve pathways |
| We have the most deprived neighbourhood in England (Tendring). Higher levels of mortality relating to preventable conditions, obesity, alcohol, suicide, diabetes, cardiac, respiratory and high levels of GP vacancies | <ul style="list-style-type: none">• Formation of North East Essex Health & Wellbeing Alliance• The Alliance have identified four main priorities (Resilience, Community Model, Prevention and System Enablers) across the local health economy which will work to address these issues |

Recruitment & Vacancy – Medical and Nursing

| Establishment | Current | Actions |
|--|--------------------------------|---|
| Medical Workforce - ED | | |
| 12 WTE Consultants | 8 WTE substantive consultants | <ul style="list-style-type: none"> Rolling advert on nhsjobs 1 x WTE scheduled for AAC interview in October |
| Nursing Workforce - ED | | |
| Band 7 | 9.08 WTE substantive | <ul style="list-style-type: none"> No vacancies |
| Band 6 | 17.82 WTE substantive | <ul style="list-style-type: none"> No vacancies |
| Band 5 | 47.55 WTE substantiv3 | <ul style="list-style-type: none"> 1 WTE vacancy due to a newly qualified nurse withdrawing. Advert live on nhsjobs |
| Band 4 | 4.92 substantive | <ul style="list-style-type: none"> No vacancies |
| Advanced Nurse Practitioners | 0.5 WTE | <ul style="list-style-type: none"> 1 vacancy currently out to expression of interest internally |
| Medical Workforce – Emergency Assessment Unit (EAU) | | |
| 8.2 WTE Consultants | 5.0 substantive consultants | <ul style="list-style-type: none"> Rolling advert on nhsjobs |
| Nursing Workforce – Emergency Assessment Unit | | |
| Band 7 | 7.53 WTE | <ul style="list-style-type: none"> Over-established |
| Band 6 | 12.71 WTE 3.5 WTE vacancies | <ul style="list-style-type: none"> Using to mitigate over-established Band 7 |
| Band 5 | 31.54 WTE 4.6 WTE vacancies | <ul style="list-style-type: none"> Advert live on nhsjobs |

Review – Ambulance Conveyances

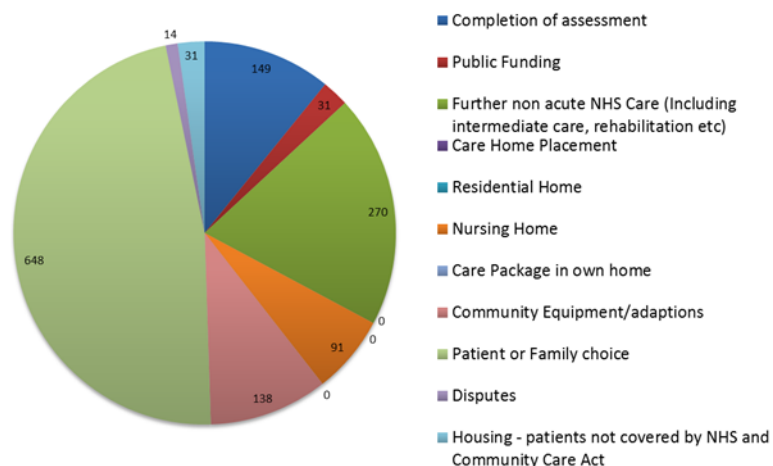
Patient destination following A&E attendance via Ambulance



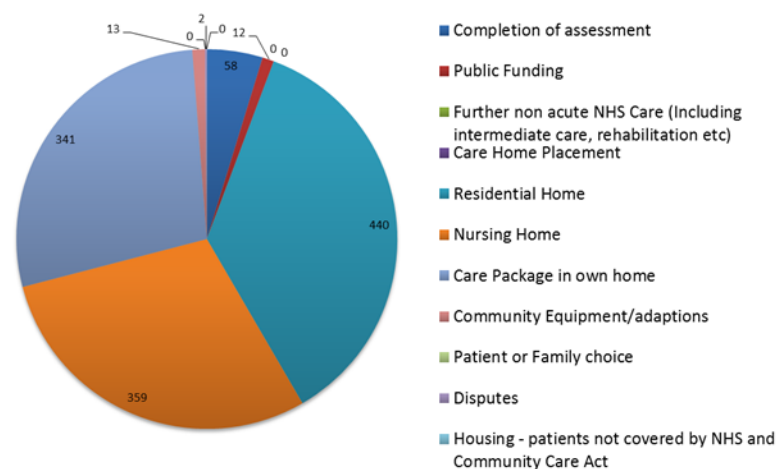
Delayed Transfers of Care (DToC)

Colchester Site - Breakdown of Reason for Acute Delays (Dec 18 to May 19)

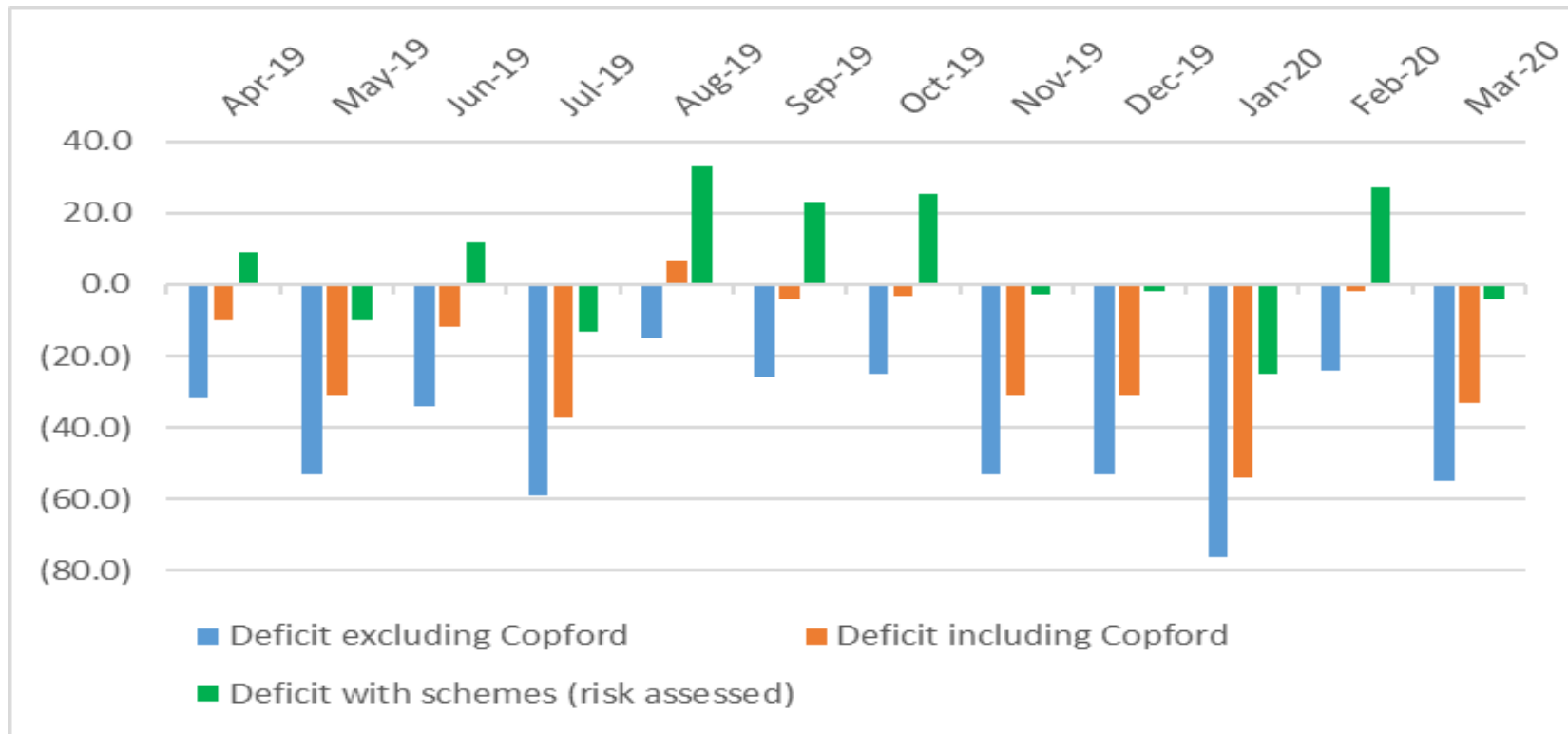
Colchester Site Acute Delays
Breakdown of reasons for DToC - awaiting NHS



Colchester Site Acute Delays
Breakdown of reasons for DToC - awaiting NHS



Bed Deficit to meet 92% Occupancy



- ❖ Total bed deficit required to meet 92% occupancy calculated using activity to the end of December 2018
- ❖ The baseline bed deficit excludes funded contingency
- ❖ Schemes for 2019/20 are savings over and above what was already implemented last year. Therefore ongoing schemes are using as a baseline the delivery as at the end of 2018 calendar year
- ❖ A 30% risk has been applied to the total bed savings

Bed Saving Schemes to Mitigate 92% Occupancy Demand

| | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 |
|---------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Bed Deficit (Adult) | (32.0) | (53.0) | (34.0) | (59.0) | (15.0) | (26.0) | (25.0) | (53.0) | (53.0) | (76.0) | (24.0) | (55.0) |
| Super stranded | 10.0 | 10.0 | 10.0 | 10.0 | 10.0 | 10.0 | 10.0 | 10.0 | 10.0 | 10.0 | 10.0 | 10.0 |
| Stranded (14 to 20 days) | 1.0 | 1.0 | 2.0 | 2.0 | 3.0 | 3.0 | 4.0 | 4.0 | 5.0 | 5.0 | 5.0 | 5.0 |
| D2A P1 & P2 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 |
| OPAT | 0.0 | 0.0 | 3.0 | 3.0 | 5.0 | 5.0 | 6.0 | 6.0 | 6.0 | 6.0 | 6.0 | 6.0 |
| Enhanced Front Door | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 |
| REACT RIV | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| Falls Intervention | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| Self Funders | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 |
| DTOX | 0.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 |
| Care Homes NEL Admissions | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| Community Service @ Night | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 |
| Total Saving | 27.0 | 30.0 | 34.0 | 34.0 | 37.0 | 38.5 | 40.5 | 40.5 | 41.5 | 41.5 | 41.5 | 41.5 |
| Risk (-30%) | (8.1) | (9.0) | (10.2) | (10.2) | (11.1) | (11.6) | (12.2) | (12.2) | (12.5) | (12.5) | (12.5) | (12.5) |
| Funded Contingency | 22.0 | 22.0 | 22.0 | 22.0 | 22.0 | 22.0 | 22.0 | 22.0 | 22.0 | 22.0 | 22.0 | 22.0 |
| Net Effect | 8.9 | (10.0) | 11.8 | (13.2) | 32.9 | 23.0 | 25.4 | (2.7) | (2.0) | (25.0) | 27.1 | (4.0) |