

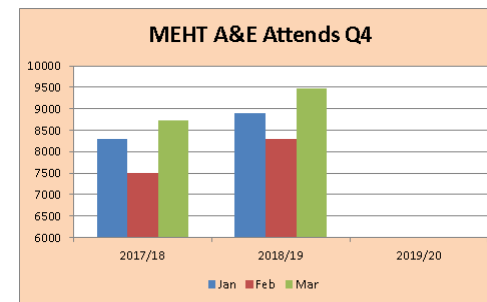
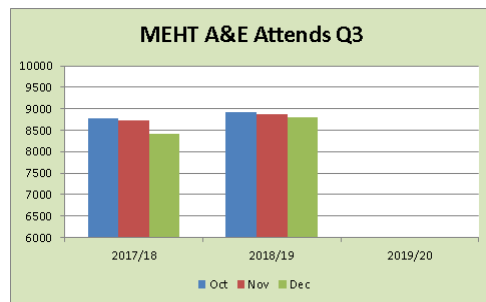
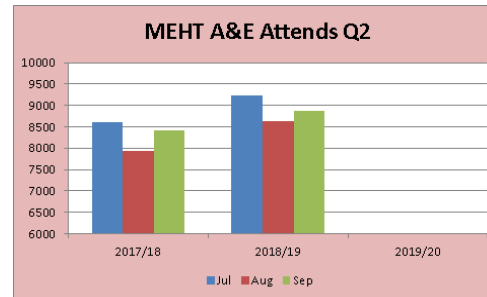
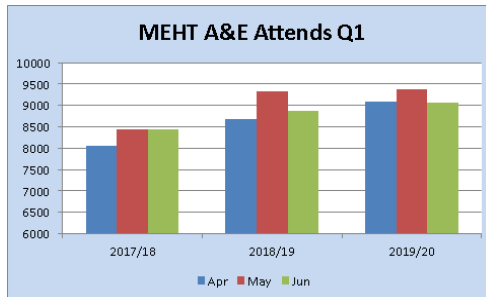
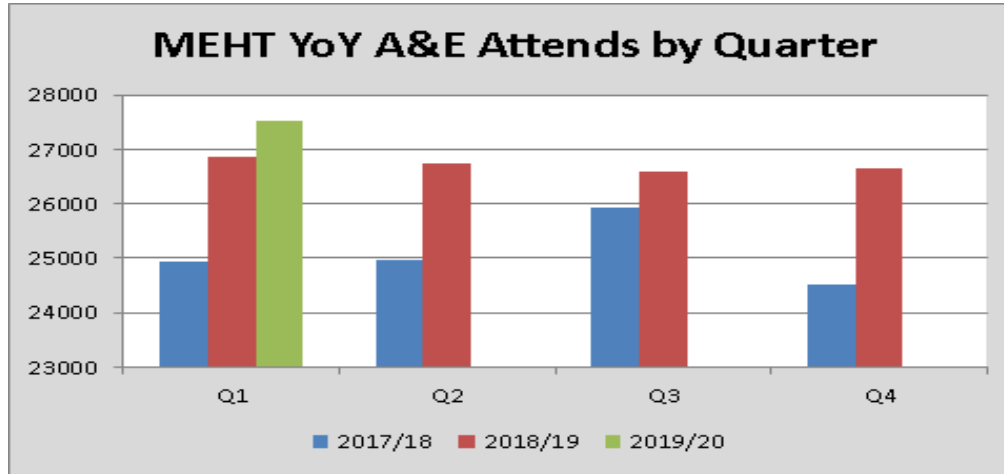
A&E Pressures and Service Development

Mid Essex Hospital Services NHS Trust

Alison Smith
Chief Operating Officer



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- Overall growth in A&E attendances of 6,517 (6.5%) in 2018/19 compared to 2017/18
- Each Quarter 2018/19 saw Year on Year growth in A&E attendances (Q1=7.8%; Q2=7.1%; Q3=2.5%; Q4=8.7%).
- Q1 2019/20 has seen Year on Year growth of 2.4% and 10.4% growth compared to Q1 17/18.
- There were 26,903 NEL Admissions in 2017/18 (conversion rate of 26.8%) compared to 26,831 in 2018/19 (conversion rate of 25.1%).

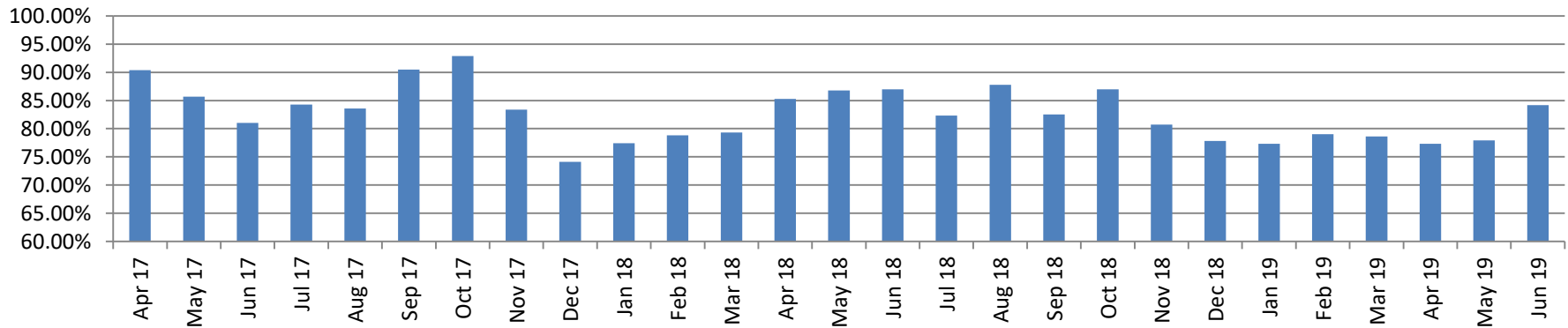
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Kind, Professional, Positive
Team

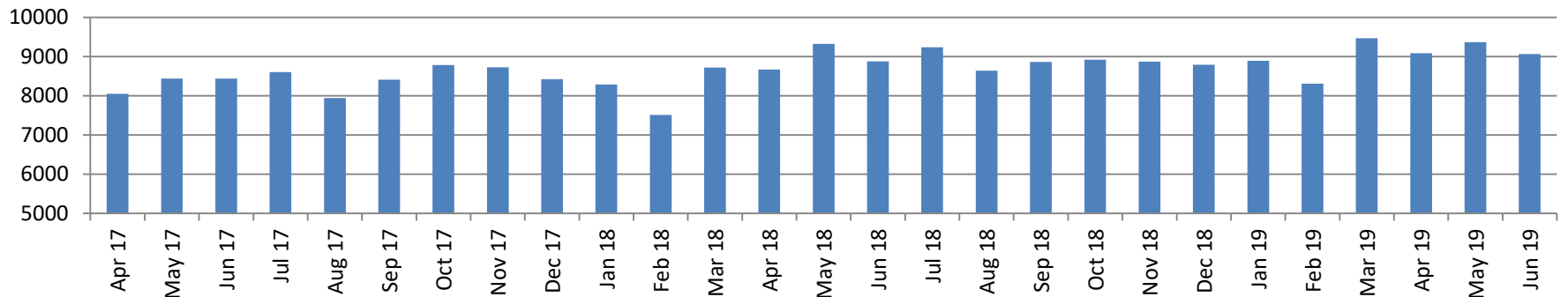
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A&E Performance – Mid Essex Hospital Services NHS Trust

MEHT - A&E Monthly % Performance



MEHT - A&E Monthly Attendances

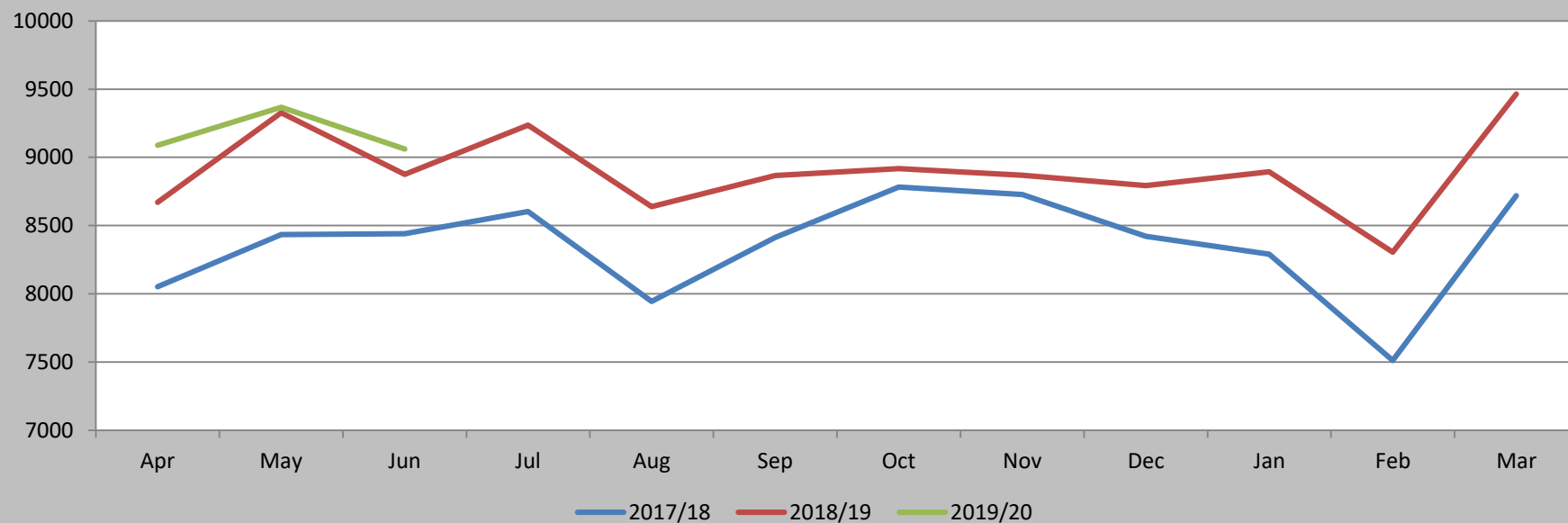


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MEHT A&E Attendances - Year on Year Comparison



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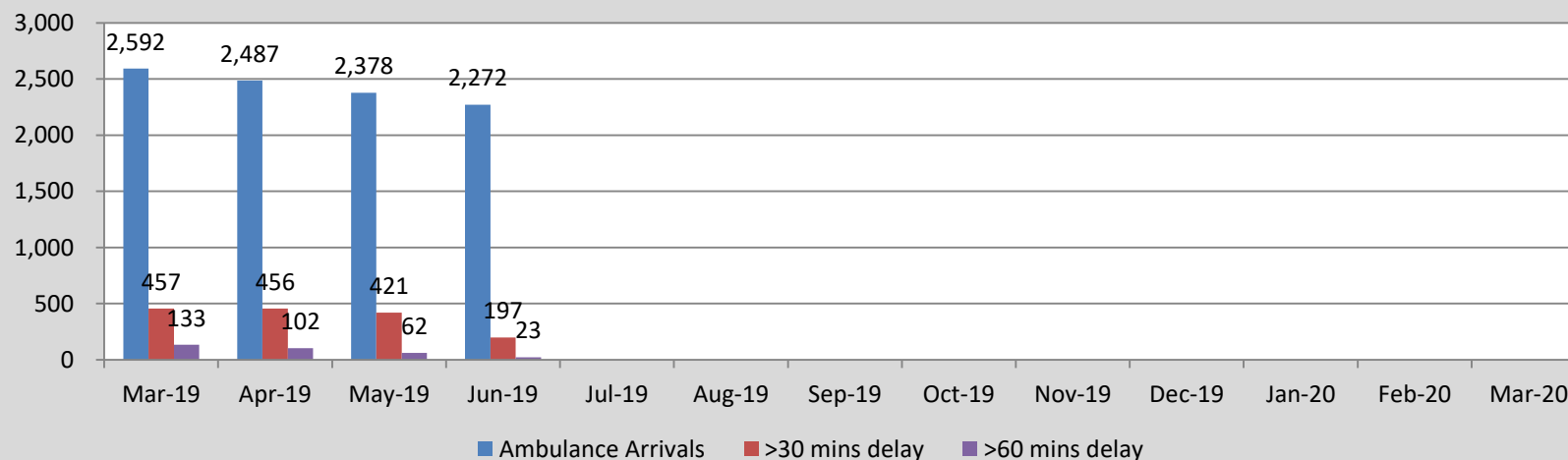
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A&E Attendances – Mid Essex Hospital Services NHS Trust

Ambulance Conveyances and Handover Performance

| | Mar-19 | Apr-19 | May-19 | Jun-19 |
|---------------------------------|--------|--------|--------|--------|
| Ambulance Arrivals | 2,592 | 2,487 | 2,378 | 2,272 |
| >30 mins delay | 457 | 456 | 421 | 197 |
| Above as % of arrivals | 17.6% | 18.3% | 17.7% | 8.7% |
| >60 mins delay | 133 | 102 | 62 | 23 |
| Above as % of arrivals | 5.1% | 4.1% | 2.6% | 1.0% |
| Total delays >31 mins | 590 | 558 | 483 | 220 |
| Above as % of arrivals | 22.8% | 22.4% | 20.3% | 9.7% |

Ambulance Handover Delays 2019/20 - MEHT



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A&E Developments / Actions

Mid Essex Hospital Services NHS Trust

- The medical staff E-rostering solution (Healthrota) has been fully implemented. Rota errors declining
- Planned review of consultant rotas to achieve 16 hour presence in ED initiated. Business case underway
- Annual staffing review for nursing in progress across MSB to ensure nursing ratios are aligned across the three sites.
- GP streaming continues with positive results. Increase in patients being streamed to GPs remaining steady.
- Medical staffing recruitment continues. Multiple interviews of ED juniors resulting in 2 juniors accepting job offers. If all staff come into post the department will be 5 middle grades short.
- Medical rota review underway with support from ECIST. First meeting 27th June.
- Emergency medicine nursing recruitment actively being pursued through the nursing recruitment strategy, which includes overseas recruitment and specialist focus open days.
- Governance KPIs improving month on month currently backlog down from 657 start of June to 336 start of July.
- Interim director of unplanned and emergency care in post
- Daily performance huddles instigated
- Weekly performance reviews with Clinical Lead and supported by the Managing Director
- Bank doctors payments of twilight shifts have been changed to pay the unsocial rate past 19:00. This will make the shifts more attractive and should result in a better fill rate.

GP Streaming – Mid Essex

GP streaming was implemented at Mid Essex in February 2019 adopting the streaming model from Luton & Dunstable with support from Southend University Hospital.

The model is to stream patients to a GP stream which is managed within the ED department. It provides a single GP between the hours of 12:00 and 22:00 every day. We have seen an increase to an average of 45 patients per day approximately 15% of the total daily attendance, however at this time our average seen by the GP is 4.33% of the total attendance, equal to 28.9% of those streamed.

| Key Issues: | Actions to resolve: |
|---|---|
| Lack of GPs leaving unfilled or shortened shift times | <ul style="list-style-type: none"> • Liaison with CCG and GP provider to ensure mitigation if rota unable to be filled. • Patients directed into ED stream to avoid delays if GP not available • June 19 shift fill rate: 87% full shift fill, 3% part shift fill, 10% not filled • July 19 shift fill rate (to date): 83% full shift fill, 6% part filled shift, 11% not filled • There is only one unfilled shift for the rest of July 19 and no partial |
| Lack of consistency and therefore low confidence in both ED and GP streaming staff | <ul style="list-style-type: none"> • Relocation of GP see and treat room away from Emergency Department with admin/reception support to simulate GP practice • Transfer patient record from Hospital EPR to Primary Care EPR supporting continuation of primary support and care, enabling access to previous care record and reducing time spent on log ins, understanding a new IT EPR and accurate recording of data. |
| Over reliance on diagnostics, such as radiography Over reliance on pathology support | <ul style="list-style-type: none"> • Monitor and reduce the diagnostics and pathology requests being received from the GP streaming service |
| | <ul style="list-style-type: none"> • GP streaming includes ED ENP triage, review of current methodology and reduce triage where appropriate to increase timeliness and increase the current number streamed to the GP service until achieving 30%. |

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GP Streaming – Mid Essex

Performance Improvement:

Minors performance in MEHT is not consistently achieving more than 90% and therefore both the GP streaming improvement to achieve 30% is critical to support improved performance.

In addition the use of GP Hubs additional capacity; the booking of patients from ED into available slots in the community of 4 GP hubs is to be modelled and piloted in collaboration with CCG colleagues utilising receptionist support once IT access to the primary care IT system has been identified.

**Our ability to achieve Minors Performance of 98% is predicated on Medical staffing recruitment (both Middle Grades and Consultant) recruitment is in train and we currently utilise both bank and agency to sufficiently support rota gaps fill rates. Mitigation are set out below but remain vulnerable.*

1. Middle grade recruitment in place and 5 joining the Trust in August, further 5 vacant and recruitment advertisement is in place
2. Recent consultant interviews were successful with 1 remaining vacancy that will be re-advertised
3. The GP Streaming improvement trajectory is reliant on primary care IT accessibility which will have a significant impact and the relocation away from the ED department will support a reduction of diagnostics and pathology use increasing patient numbers seen (release of capacity)

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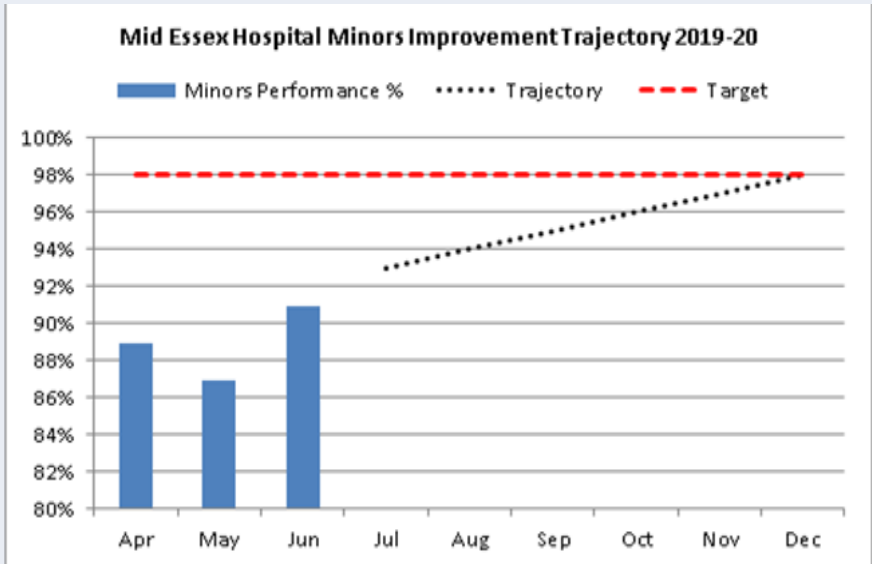
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GP Streaming – Mid Essex

Performance Improvement:

| GP Streaming Improvement Trajectory | | | | | | |
|-------------------------------------|------|-----|-----|-----|-----|-----|
| | July | Aug | Sep | Oct | Nov | Dec |
| Streamed to GP | 45 | 45 | 45 | 45 | 45 | 45 |
| Seen by GP | 13 | 15 | 30 | 45 | 45 | 45 |

| Minors Performance Improvement Trajectory | | | | | | |
|---|------|-----|-----|-----|-----|-----|
| | July | Aug | Sep | Oct | Nov | Dec |
| Minors Performance | 93% | 94% | 95% | 96% | 97% | 98% |



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| Total Delayed Transfers of Care - MEHT | | | | | | | | | |
|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Reason for Delay | Oct-18 | Nov-18 | May-19 | Mar-19 | Jan-19 | Feb-19 | Dec-18 | Apr-19 | Sep-18 |
| A) Awaiting completion of assessment | 0 | 15 | 0 | 0 | 3 | 1 | 13 | 0 | 10 |
| B) Awaiting public funding | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| C) Awaiting further non-acute NHS care | 173 | 171 | 67 | 207 | 175 | 220 | 215 | 172 | 246 |
| Di) Awaiting residential home placement or availability | 54 | 78 | 39 | 16 | 0 | 21 | 34 | 20 | 47 |
| Dii) Awaiting nursing home placement or availability | 12 | 0 | 0 | 4 | 19 | 0 | 8 | 1 | 0 |
| E) Awaiting care package in own home | 33 | 74 | 72 | 24 | 47 | 124 | 111 | 71 | 44 |
| F) Awaiting community equipment and adaptations | 5 | 0 | 0 | 0 | 0 | 0 | 3 | 7 | 0 |
| G) Patient or family choice | 55 | 59 | 3 | 16 | 41 | 20 | 21 | 18 | 38 |
| H) Disputes | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| I) Housing - patients not covered by Care Act | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| O) Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 332 | 402 | 181 | 267 | 285 | 386 | 405 | 289 | 387 |

