PART 1

SUBJECT : UNSCHEDULED CARE PERFORMANCE REPORT
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Summary

Unscheduled care increases are known to be the highest risk to achievement of the 18-week target.

A&E attendees for the month of January have been consistent, and in line with SHA projections, although the mix of attendees to the Emergency Floor have altered, with a steady increase from an expected 60 – 80 patients through majors per day to 80 – 100. Admission rates for these patients are high and approximately 80% will convert to an inpatient admission.

Performance in January fallen below 98% at 96.7%, with February performance currently running at 98.7%. Strict performance measures have been implemented to ensure the achievement of 98%. And it is expected that quarter four will be achieved.

Issues

1. No integrated Health Economy plan was in place and has not yet been developed, this led to delays in action.
2. ALWPCT rank is 255th out of 303 PCTs when benchmarked in relation to Managing Variation in Emergency Admissions.
3. Time required implementing escalation led to breaches.
4. The Trust attendance to admission conversion is significantly higher when compared to other Trusts within the SHA.
5. 46% of patients admitted to CDA are discharged/admitted within 2 hours
6. Audit undertaken of patients admitted to CDA for less than 2 hours. This illustrates:
   a. Delays in medical review;
   b. Delays in pathology – bloods not received by lab until late, or taken twice; and
   c. Average time moved into CDA 3 hours 37 minutes.
5. 120+ patients who require sub-acute care are being accommodated within Wigan and Whelley hospitals and 60+ beds are currently escalated.
6. High numbers of escalated beds have led to increases in length of stay as all related resources involved with patients are at full capacity (medical, diagnostic, support services).
7. Increased attendees to the Majors’ area and overall increased admissions have impacted on the acute bed pool.
8. The first week in January saw a reoccurrence of SRSV (diarrhoea and vomiting) this resulted in the closure of acute beds, increased pressures on side ward usage. We are monitoring the community incidence closely to prevent further hospital outbreaks.
Reduced input from primary and local authority care following the holiday period led to a backlog in referrals and delayed discharges on the wards.

Although on initial view patient numbers attending the emergency care centre appear to be static, there is evidence to support that the acuity of the patients attending has increased, with an increase percentage in the majors and resuscitation criteria. (Graph below extrapolates January data to date against month end comparator).

Consequences

An additional 70 beds were escalated at short notice, with an impact on continuity of care and staffing ratios.

This high numbers of escalated beds led to increases in length of stay as all related resources involved with patients were at full capacity (medical, diagnostic, support services).

25 patients were cancelled as a direct consequence of beds being unavailable and disruptions to theatre start times.

Actions

1. Analysis of all breaches.
2. Introduction of a GP with special interest to divert attendees. This initiative has not been successful due to the hours allocated, in 2 weeks only 1 patient attempted to divert and GP refused and sent to A & E.
3. Introduction of majors triage from 18th January, this enables tests and diagnostics to be ordered within 15 minutes of attending and correct streaming of patients.
4. Extension of additional middle grade cover; 18.00 – 00.00 7 days per week (both medical and A&E).
5. Beds being de-escalated.
6. The Trust and PCT have agreed and signed up to the SHA Utilisation project, which will commence on the 19th March and will be completed on the 1st April 2007. It will highlight specific recommendations and action plans to be signed off by both the PCT and Acute Trust Boards.
8. Four quarters A&E data is currently being forwarded for analysis of breaches.
9. The feedback will then be collated into an action plan, which will require the sign off of both organisations.
10. ECDG has been re-instated to facilitate/monitor actions.

**Further Recommendations**

- Consider use of media and other agency communications to divert attendances in times of extreme pressure as part of health economy plans;
- Close liaison with Primary Care, Social Services and GMAS, and development of an integrated escalation plan; and
- Lean initiatives may be a way forward as part of, or separate from the utilisation project.

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GH/ch/Reports
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