

Accident and Emergency Department Performance at York Teaching Hospital
NHS Foundation Trust

April – May 2014

1.0 Introduction

York Hospital became a Foundation Trust on 1 April 2007 and is classed as a middle sized teaching hospital with 700 beds.

Although total activity levels have decreased from 78,332 in 2012/13 to 74,275 in 2013/14, the Trust recently has struggled with areas of patient flow which has impacted on A and E performance and their ability to meet the 4 hour target, with potential impact on ambulance handovers.

Detailed below are the A and E attendance numbers and breaches for January – June 2014.

Attendances

1	Period	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
2014	Jan	835	776	865	814	732	900	906
	Feb	891	766	790	801	761	970	998
	Mar	1221	1117	1072	1008	951	1217	1269
	Apr	944	840	807	836	821	1074	981
	May	1080	900	876	827	856	1019	1101
	Jun	1285	1156	1135	1110	1111	1290	1357
Grand Total		6256	5555	5545	5396	5232	6470	6612

Breaches

Year		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
2014	Jan	50	32	45	70	45	54	40
	Feb	32	25	19	48	16	58	26
	Mar	55	45	28	19	15	42	78
	Apr	29	32	39	54	41	122	70
	May	149	48	33	30	54	117	136
	Jun	184	63	79	78	121	80	177
Grand Total		499	245	243	299	292	473	527

Generally the breaches correlate with an increase in activity. Suggesting in the first instance that environmental capacity (A and E and/or inpatient flow) or staffing capacity may be an immediate issue.

A and E thresholds were significantly breached over the bank holiday weekend 25th May 2014 and the following analysis attempts to explore the rationale behind this, providing recommendations going forward.

2.0 Background

York Teaching Hospital NHS Foundation Trust failed the National threshold targets in April and May 2014.

National Target	Threshold	April 2014	May 2014
Percentage of A&E attendances where the patient was admitted, transferred or discharged within 4 hours of their arrival at A&E	95%	94.6%	94.3%
All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes	0	112	205
All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 60 minutes	0	61	89

In order to understand any outside and exacerbating impacts from across the local Health Economy we have collated data on the 'Alert Status' for the following organisations:-

- York Teaching Hospital NHS Foundation Trust (YHFT)
- Yorkshire Ambulance Service (YAS)
- GP Out of Hours Service (OOH)
- NHS 111 (111)

The data is displayed in Table 1 for the months of April and May 2014 and is colour coded as follows:-

Green – Level 1	Normal Service
Amber – Level 2	Moderate Pressure
Red – Level 3	Severe Pressure
Purple – Level 4	Service Level Unsafe
Black – Level 5	Major Incident

N.B. Weekend and Bank Holidays in April and May are highlighted in dark blue.

Day	Date	YFT 4hr Performance %	YFT Bed Status	YAS Alert Status	OOH	111
Tue	01/04	96.33%				
Wed	02/04	95.24%				
Thu	03/04	97.06%				
Fri	04/04	96.45%				
Sat	05/04	84.98%				
Sun	06/04	93.88%				
Mon	07/04	97.74%				
Tue	08/04	98.47%				
Wed	09/04	95.70%				
Thu	10/04	92.46%				
Fri	11/04	93.51%				
Sat	12/04	90.15%				
Sun	13/04	94.12%				
Mon	14/04	100.00%				
Tue	15/04	92.54%				
Wed	16/04	95.90%				
Thu	17/04	97.64%				
Fri	18/04	97.23%				
Sat	19/04	91.06%				
Sun	20/04	92.71%				
Mon	21/04	94.47%				
Tue	22/04	97.33%				
Wed	23/04	93.98%				
Thu	24/04	87.78%				
Fri	25/04	91.94%				
Sat	26/04	87.84%				
Sun	27/04	90.84%				
Mon	28/04	86.38%				
Tue	29/04	92.82%				
Wed	30/04	99.02%				
Thu	01/05	97.99%				
Fri	02/05	96.28%				
Sat	03/05	95.93%				
Sun	04/05	94.39%				
Mon	05/05	96.49%				
Tue	06/05	95.83%				
Wed	07/05	97.51%				
Thu	08/05	92.46%				
Fri	09/05	93.60%				
Sat	10/05	81.75%				
Sun	11/05	91.09%				
Mon	12/05	85.77%				
Tue	13/05	97.69%				
Wed	14/05	97.58%				
Thu	15/05	98.10%				
Fri	16/05	93.21%				
Sat	17/05	93.88%				
Sun	18/05	85.37%				
Mon	19/05	74.54%				
Tue	20/05	92.34%				
Wed	21/05	91.03%				
Thu	22/05	96.79%				
Fri	23/05	91.71%				
è	24/05	83.46%				
Sun	25/05	79.78%				
Mon	26/05	81.78%				
Tue	27/05	94.93%				
Wed	28/05	99.00%				
Thu	29/05	98.54%				
Fri	30/05	95.17%				
Sat	31/05	96.02%				

Table 1 shows that York Hospital is consistently under most pressure at weekends and the impact/backlog carries forward into Mondays or sometimes commences on a Thursday. NHS111 calls also increase at weekends, especially on a Saturday and this is reflected in their Amber Status. Out of Hours remains green. This is a proxy as we are unsure of actual activity levels and their impact, however out of hours consistently fail targets related to consultations in the home or primary care centre (see below).

Home visits: Face to Face consultations started for urgent cases within 2 hours of definitive assessment 80% (April 2014)

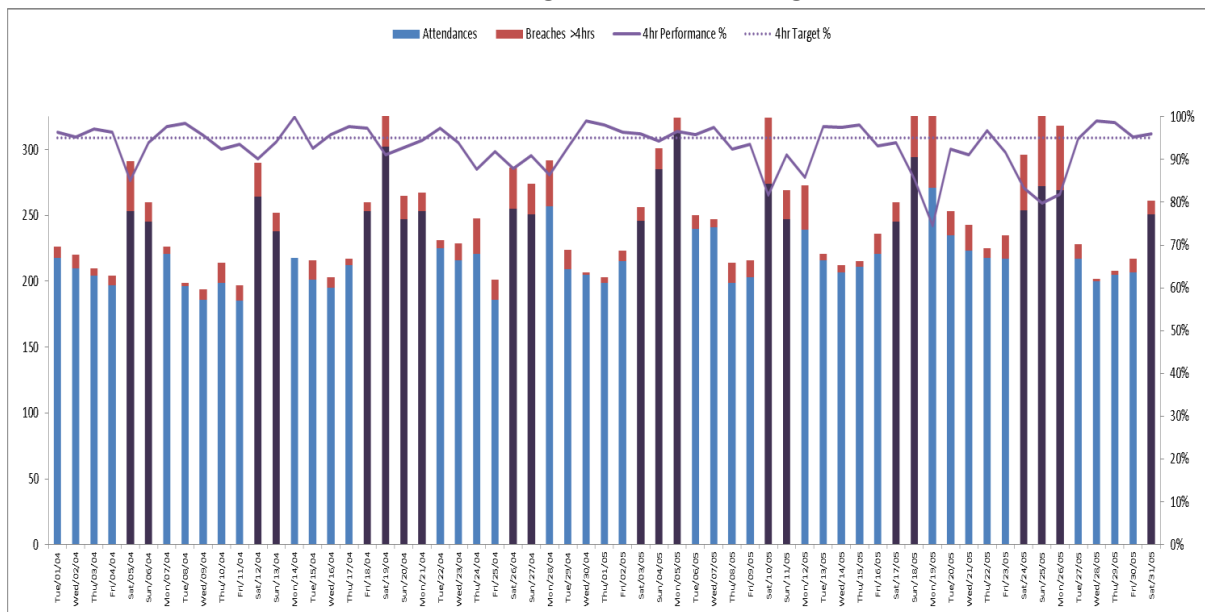
Primary Care Centre: Face to Face consultations started for urgent cases within 2 hours of definitive assessment 89% (April 2014)

Urgent calls identified and triaged within 20 minutes 52% (April 2014)

This highlights that the whole urgent care pathway is most under pressure at weekends and we would need to understand the activity from 111 and Out of Hours being transferred to A and E via 999 or walking wounded to understand how triage services add additional pressure to an already stretched A and E system.

Table 2 below shows York Hospital's A&E performance for April and May 2014 and the number of breaches against the 4 hour target

Table 2: YHFT A&E Attendances/Breaches against the 4 hour target



On this table the weekends and Bank Holidays are shown in black and 4 hours breaches are in orange. When the number of attendances increases at the weekend, the Trust fail to meet the 95% 4 hour target.

3.0 Trust Rationale

We have discussed the reasons for the dip in performance with York Hospital and they have identified the following reasons:-

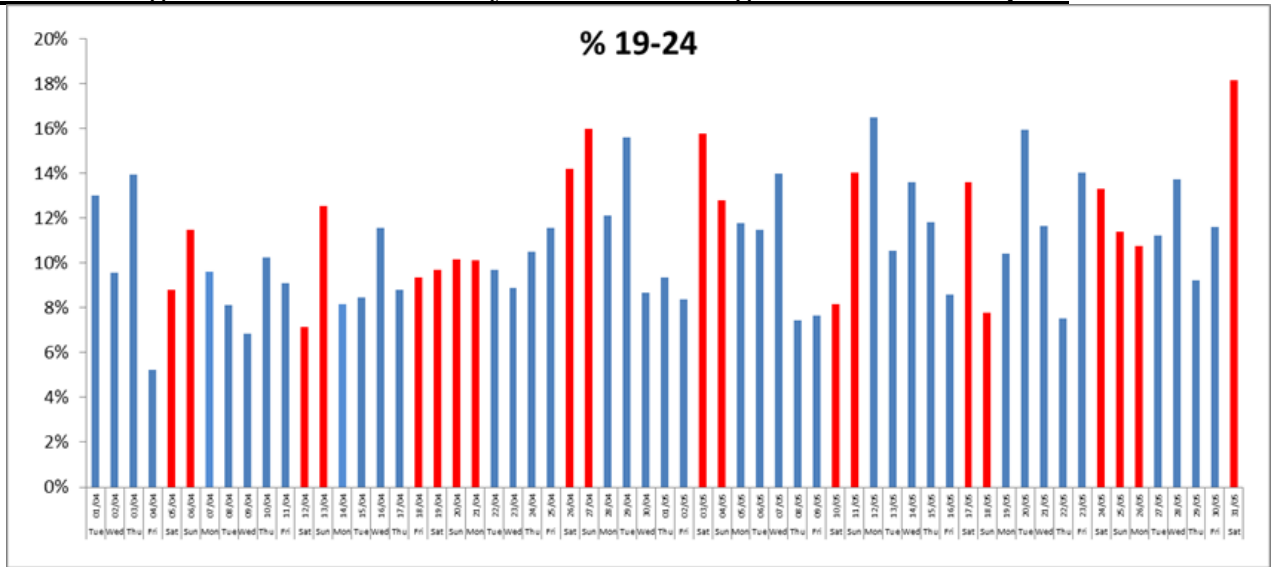
- **Patient Flow through the Hospital**– the hospital has not been on ‘Green’ alert status since 3 March 2014. This has severely compromised onward flow throughout A and E and inpatient wards with patients blocking clinical cubicles as they wait to be placed on a ward. This has resulted in a backlog of patients waiting for first assessment with patients breaching before even being seen. **Rationale= discharge process.**
- **Winter monies** – funding ceased on 31 March 2014 and consequently the additional Emergency Nurse Practitioner, middle grade Doctor on nights and senior nursing support stopped. The Trust have not replaced these staff and hence working capacity is lower in A and E **Rationale= senior working capacity.**
- **Bank and School Holidays** – Easter was in the middle of April, with two bank holidays and a school half-term. This resulted in an increase in attendances at A and E (no=317 on May Day):

On Sunday, 25th May 2014 attendance was in line with what the Trust would have normally expected (273), however there were a high number of non-elective admits, this continued through to Monday however activity was higher than normal and non-elective admits were significantly high (72 against a mean of 48).

From an activity there were no other internal impacts on the system i.e. no beds shut for infection/ levels of discharges were in line with the normal level.

- **Increase in Ambulances** – there were significant issues around ‘batching’ of ambulances at peak times (mid-morning and late afternoon). YHFT stated that this coincided with decisions to transfer people to A and E following GP home visits. **Rationale= require information from Out of Hours on decisions to admit**
- **Urgent Care Centre** – following the withdrawal of the winter monies funding, the Urgent Care Centre closes at midnight (during winter it was open 24/7) and consequently this is contributing to a bigger patient backlog to handover to at peak times.
- **Complexity of Patients** – increasingly sick patients with more than one associated co-morbidity attend A and E particularly at night and weekends.
- **19-24 year olds** – Most turn up at weekends and are minor ailments by nature. This impact further impacts on the capacity of A and E Staff.
- **NB both age and complexity need to be triangulated with illness type on admission to further understand the complexity of patient mix.**

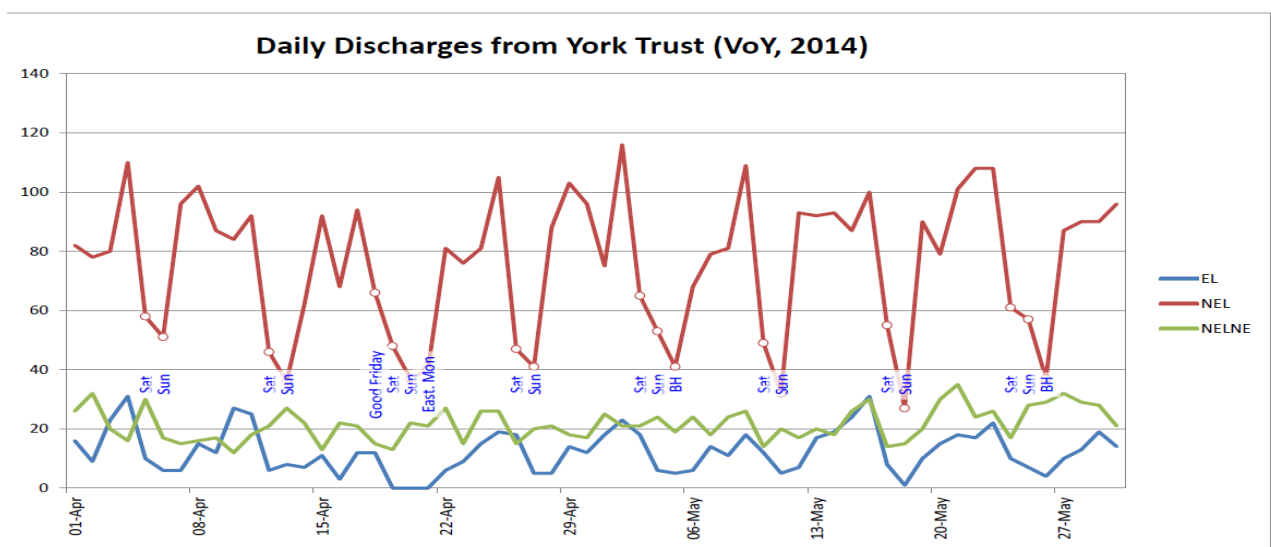
Table 2 Percentage of Vale of York 19-24 year olds attending A&E at York Hospital



- **Bed Closures** – the table below shows the number of bed days lost due to infection control issues during the months April and May.

Month	Number of days beds were closed	Range per day of beds closed
April	22	5 – 19 beds
May	13	6 – 12 beds

- **Discharges** – the number of patients discharged at weekends reduces due to no consultant ward rounds being undertaken. This impacts on bed availability and the patient flow from A and E.

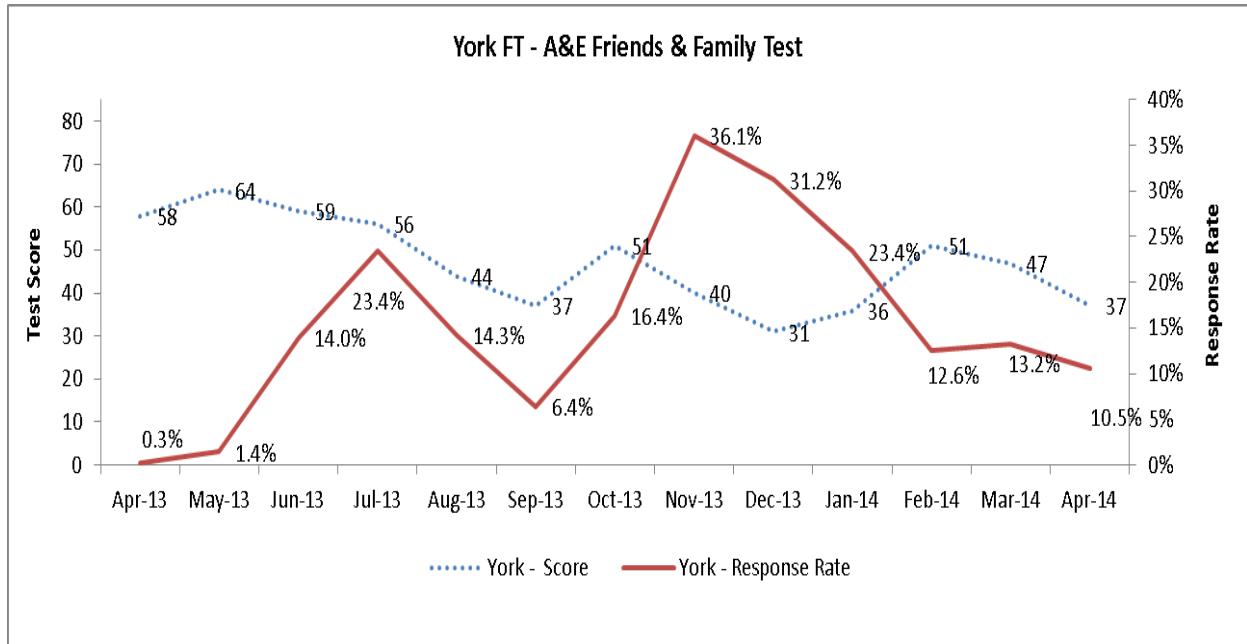


- **Staffing.** The trust have assured the CCG that working capacity is at full capacity with around 8 clinical staff on shift during the day at any one time.

This needs to be better understood in terms of rostering to predict activity increase and more work needs to be undertaken in this area.

Not surprisingly, the Friends and Family scores for ED have also slipped over the past few months and reflect a poorer patient experience.

Friends and Family Score



4.0 ECIST Recommendations

In April 2014 the Emergency Care Intensive Support Team (ECIST) visited York Teaching Hospital NHS Foundation Trust to review patient flow along the acute emergency care pathway and the whole system review of urgent care. The ECIST report highlighted the following issues:-

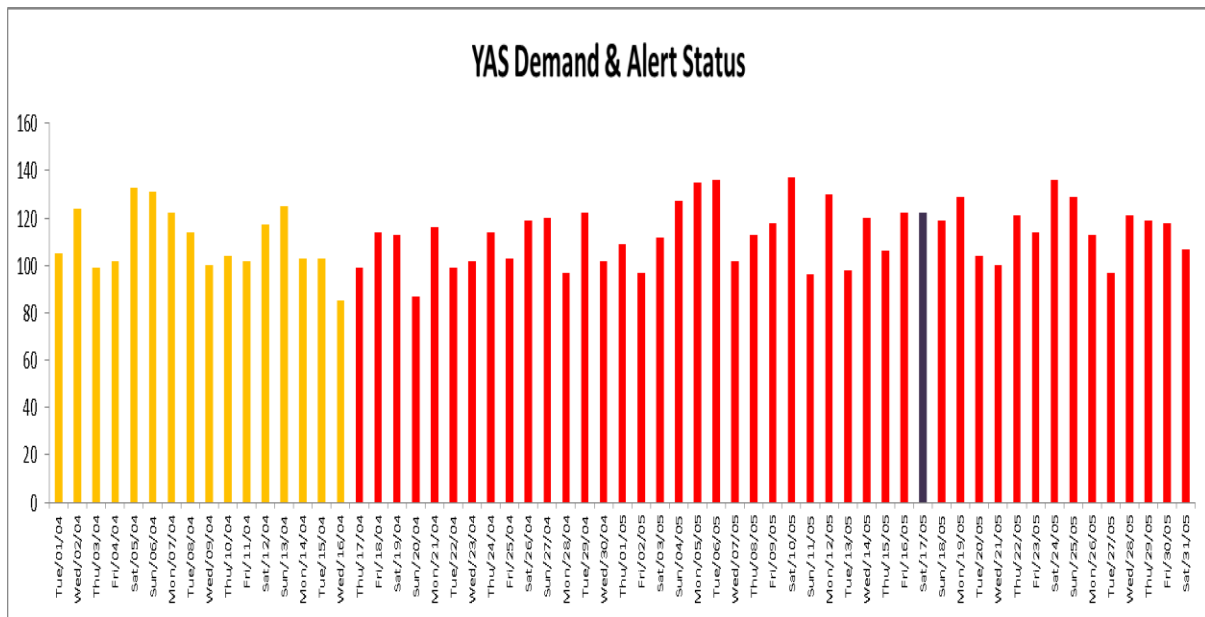
- Workforce – an urgent need for senior medical cover in A and E and dedicated staff for resuscitation (majors).
- Mental Health – the current provision does not meet a 4 hour standard and ECIST recommend the implementation of a full cover psychiatric liaison service.
- The discharge profile does not support early flow, length of stay is high and patients should be given an estimated discharge date (EDD) to assist with discharge planning, with daily consultant ward round and TTO readiness (should be written up 24 hours pre-discharge). Patients should also be ready to go at 12 midday.
- Community Hospitals have significant variation in acceptance and referral criteria. This needs to be more consistent.

5.0 Yorkshire Ambulance Service Performance – April and May 2014

Ambulance arrivals must also be factored into the rationale when understanding the impact on A and E. Yorkshire Ambulance Service confirm that there has been a 10% increase in the volume of ambulance conveyances to York A and E department in Q1. Most of these fall into the Red 2 category. Performance is also impacted as a result of ‘batching’ at peak times (mid-morning and late afternoon). This occurs most days, especially at weekends and may coincide with GP home visits.

Top 5 symptoms include immediate threats and non-immediate threats to life: abdominal pain, breathlessness, chest and back pain

symptoms



YAS performance was also impacted by Easter, the Bank Holiday weekends in May and industrial action on 18 May 2013 which is the reason for the ‘Purple’ alert status.

YAS-wide May year-to-date performance is 70% for Red 8 minute performance against a target of 75%, however, YAS in Vale of York achieved 73.76% in April and 73.79% in May against the agreed target of 72.5%.

6.0 Ambulance Handovers

A number of reasons contributed to the poor compliance with ambulance handover times in April and May:

- Increased number of patients arriving by ambulance (peak 317 attendances on May Day)
- Batching of ambulance arrivals
- Blocked cubicles – patient flow
- Complex patients with co-morbidities
- Increased patients requiring resuscitation

- Shortage of senior staff to assess patients on arrival to the A and E Department.

The new dedicated Ambulance Assessment area opened on 23 June 2014 and will increase the number of cubicles for assessment by 7, allowing 13 patients to be seen at any one time. As a result of this Ambulance Handover times have improved in July.

7.0 NHS 111

The number of calls received by NHS111 at weekends circa 6000 is double that received on most weekdays (circa 2500-3000 calls). This is a YAS aggregate with the Vale of York CCG in receipt of circa 5000 calls per month with 200-300 attending A and E. This disposition is in keeping with the comparator of other CCGs with around 7-8% transferred in. However this will naturally have an impact on A and E.

8.0 Out of Hours

We were unable to get data related to activity and final disposition from the Out of Hour provider however we will continue to explore this.

9.0 Next Steps

Working with the Trust and the Urgent Care Working Group a sub group of the CIB (system resilience). Progression needs to be made around

- ECIST report recommendations and action plan.

The plan needs to incorporate pathway impact:

- OOH activity and disposition data
- 111 activity and disposition data
- Understand why attendances have increased- social marketing / patient engagement
- Explore the correlation between attendance and age and also complex illness to understand the rationale and potential to develop new pathways to ensure care closer to home.
- YHFT to embed the single Standard Operating Policy between GP out of Hours (OOH) and A and E, providing direct referral for patients who meet agreed criteria.
- Workforce Review – YHFT should undertake a workforce review to ensure that the workforce is fit for demand against activity across 24/7, 7 days a week and rostering is appropriate to this in terms of capability and skill mix.

- 'Streaming' of patient queues : see and treat, primary care, minor and major illness
- Mental Health presence within the A and E department (24/7).
- Additional funding for initiatives to ensure sustainability to include:-
 - Senior clinical triage at the front door
 - Primary care input
 - Additional medical staff for weekends and nights
 - Support for the homeless through reinstating the Arc light scheme.

The Governing Body is asked to note this report. Further reports will be presented by the unplanned working group in alignment with the quality and performance team.