

# Emergency Care Improvement Programme

Safer, faster, better care for patients



9<sup>th</sup> February 2016

David Rogers  
North Cumbria System Resilience Group

CC: Nigel Maguire, NHS Cumbria CCG, Stephen Eames, North Cumbria University Hospitals NHS Trust, Claire Molloy, Cumbria Partnership NHS Foundation Trust, Bob Williams, North West Ambulance Service NHS Trust, Sally Burton, Cumbria County Council

Paul Chandler, Regional Director, Monitor  
Carol Stubbley, Regional Director, NHS England  
Lyn Simpson, Regional Director, Trust Development Authority

Dear David,

## **Re: Emergency Care Improvement Programme (ECIP) - Concordat**

Further to our recent discussions, we are writing to set out a formal concordat between yourselves and the Emergency Care Improvement Programme (ECIP). This concordat will be signed by leaders from each part of the system and the regional tripartite to demonstrate the overall commitment to the objectives set out.

Having now visited the system over the course of a number of weeks, undertaken diagnostic exercises and met with a number of key clinical, managerial and executive stakeholders, we would like to propose that the SRG prioritise the following five areas for action:

1. Reconfiguration of the emergency department and all patient pathways flowing through including the embedding of early assessment services
2. Develop pathways for GP expected within the Community Integrated Care site
3. Continue with implementation of 10 steps to discharge/ SAFER and Red/Green focusing on 5 wards, 3 at Cumbria Infirmary and 2 at West Cumberland Hospital with the inclusion of two community hospitals before rolling out
4. Develop clinical engagement within the trust – including encouragement of a reduction in locum support and filling vacant posts, allowing clinicians to lead on programmes of work
5. Leadership development

It is our view that focusing on these areas will help North Cumbria SRG best improve the performance of its urgent and emergency care pathways, reduce waits and occupancy and so improve outcomes, including reducing mortality, for patients in their system. The SRG should track progress on them at its regular meetings. All local organisations and their chief executives should actively own this plan and support the SRG in its delivery. This is an opportunity for the SRG and all its members to mark a change from the past in how it implements actions and secures improvement for patients.

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As you are aware ECIST have provided support to this system ahead of the system's inclusion in ECIP. This concordat aims to formalise this support and establish the priorities for your system. These priorities along with the ECIP support package will be reviewed with you before 31st March 2016. We also recommend that the SRG use some granular improvement metrics to monitor progress. Some suggestions are included in the table below. In addition, the SRG should set itself an intelligent trajectory to improve system performance against the 4 hour emergency care standard as this is a key barometer of system success and is linked to good patient experience and outcomes. Any such trajectory will need to be agreed by the Regional Tripartite.

ECIP expects that the system should define its own goals for these improvement metrics and the ways it will gather and monitor the information monthly from current reports where possible and through bi weekly monitoring of progress through discussion and update reports. If you do not already have a PMO to support this, we recommend that you should put one in place.

<b>Programme Aim</b>	Improvement in patient care and making the system safer with: <ul style="list-style-type: none"> <li>• Improvement in performance against the emergency care 4 hour standard</li> <li>• Reduction in daily and weekly variation in performance against the emergency care 4 hour standard</li> <li>• Reduction in mortality</li> <li>• An increase in the proportion of patients returning directly to their usual place of residence from hospital</li> </ul>
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Action	ECIP support	Suggested improvement metric
1. Reconfiguration of ED	<ul style="list-style-type: none"> <li>• ECIP intensive support managers allocated to sites across the system</li> <li>• Access to wider ECIP team including clinicians and social care</li> <li>• Access to website, all ECIP resources, webinars and events</li> </ul>	Reduction in conversion rates Increase in 0 LoS Increase in patients staying less than 48h No GP patients in ED Increased number of ED discharges
2. Pathways for GP		Reduction in A&E attendances referred by GP
3. SAFER		Reductions in stranded patients Increased discharges before 10am Improved internal waits Improved reports from audits of board and ward rounds in Feb and March
4. Clinical engagement		Reduction in the proportion of FTE filled by locums Reduction in the number of FTE vacancy rates NHS staff survey for ED staff
5. Leadership development		Improvement in performance on questions from NHS staff survey to be re-administered locally in Feb and March

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Support to develop and implement the work streams will be through a structured programme that will include on-site visits from the team specified in the table above. These may reduce in intensity as the work streams and projects mature.

The following accountability will apply:

- The Trusts will remain accountable to the NHS TDA or Monitor for their performance, as applicable
- The CCGs will remain accountable to NHS England for their performance
- The Regional Tripartite will hold the system to account for overall delivery of this plan and the realisation of improvement in Emergency Care
- ECIP will provide a support function as set out above so that the SRG is in the best possible place to secure improvement

We would also suggest that a formal review of progress with ECIP and the SRG be undertaken on a monthly basis to ensure we track progress and ensure delivery. To ensure accelerated delivery of the support programme, we would also suggest that key members of the SRG meet ECIP weekly in the first instance to regularly establish progress against agreed actions, issues and next steps.

In summary, we would like to thank you for engaging with the ECIP and inviting us to provide a more detailed review of the internal clinical processes within your system which has been the main focus of this concordat.

Yours sincerely,

Berenice Groves  
Head of Improvement  
ECIP

Vincent Connolly  
Medical Director  
ECIP

Glen Burley  
Senior Responsible Officer  
ECIP

[Approved by]

Carol Stubble  
Regional Director, North  
NHS England

Paul Chandler  
Regional Director, North  
Monitor

Lyn Simpson  
Regional Director, North  
Trust Development Authority

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[Agreement with]

A handwritten signature in black ink, appearing to read 'David Rogers'.

David Rogers  
Medical Director, NHS Cumbria CCG  
Chair, North Cumbria SRG