

TRUST BOARD

DOCUMENT TITLE:	ED Performance and Quality update		
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DATE OF MEETING:	28 February 2013		
EXECUTIVE SUMMARY:			
<p>The attached paper presents a:</p> <ul style="list-style-type: none"> Quality update Regional performance and activity Trust Performance update Actions to improve performance Trajectory of performance 			
REPORT RECOMMENDATION:			
The Board is asked to receive, discuss and accept the paper.			
ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i>			
The receiving body is asked to receive, consider and:			
Accept	Approve the recommendation	Discuss	
X		X	
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>			
Financial	X	Environmental	
Business and market share		Legal & Policy	
Clinical	x	Equality and Diversity	
		Communications & Media	
		Patient Experience	x
		Workforce	x
Comments:			
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:			
Access and performance, FT, Risk Register, BAF			
PREVIOUS CONSIDERATION:			
Routine monthly update			

Emergency Department Performance and Quality Update

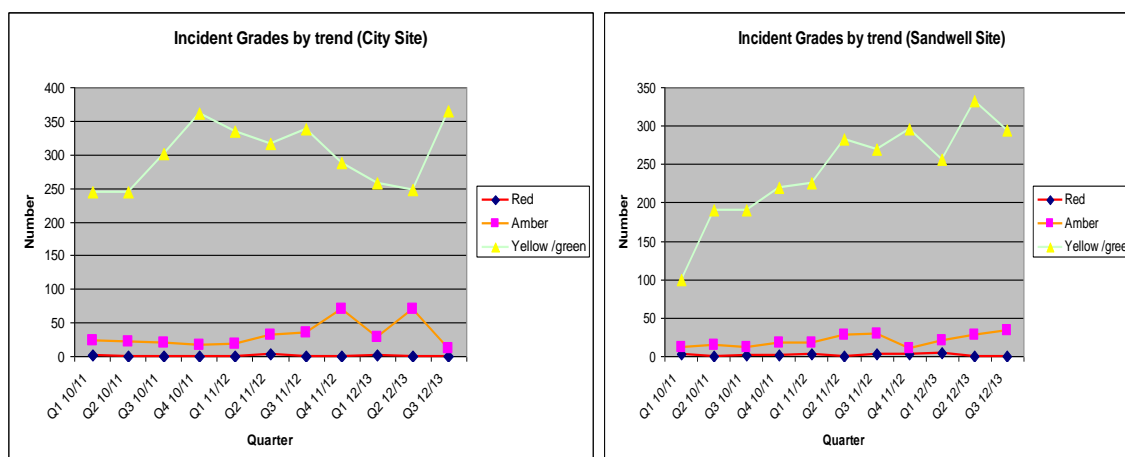
1. Introduction:

This paper provides an update to the Trust Board on ED quality and performance. It covers:

- Quality update
- Regional performance and activity
- Trust Performance update
- Actions to improve performance
- Trajectory of performance

2. Quality update

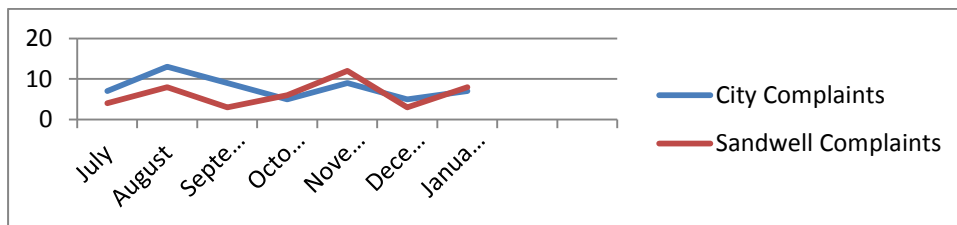
The number of serious untoward incidents continues to show a reduced trend and there have been no such incidents reported in the last month. The last red incident attributable to the ED was reported in Q1 2012/13, in June at Sandwell ED. Overall there is an upward trend in incident reporting which is indicative of an improving safety culture amongst staff in general.



Both sites are showing an increasing trend of low harm / no harm incidents with a steady trend of Moderate / Severe Harm / death incidents. The table below demonstrates the reduced trend in serious untoward incidents since July.

Quarter	City	Sandwell
Q1 2011/12	1	3
Q2 2011/12	1	1
Q3 2011/12	0	3
Q4 2011/12	2	4
Q1 2012/13	1	5
Q2 2012/13	0	0
Q3 2012/13	0	0
Q4 2012/13 to date	0	0

The trend in complaints is demonstrated below, with an average of 7 complaints a month per site.



Compliance with clinical proformas for head injury, headache and intoxication remain high.

3. Governance Emergency Care Assurance Group (ECAG)

The next ECAG is scheduled to meet on 8th March. Progress in month includes:

- Progress in Governance Training with further dates scheduled over the spring
- Competency Assessment gap analysis: Both sites have databases for nurse competencies by Band. These are robustly managed and updated. The existing Training Strategy has just been re-written by the Professional Development Nurses and continues with a skills escalator approach to ensure that all staff develop in an appropriately structured way.
- West Mercia Guidelines Project Plan project management resource agreed and a delivery of project top priority pathways will be delivered in Quarter 1.
- Team Review standards consultation completes end February. Implementation March.
- Operational Policy is in final draft and will be signed off in advance of ECAG.

With the sustained trend in reduction of serious untoward incidents together with evidence of delivery of key recommendations in the special measures plan completed, it is expected that a proposal to formally end special measures will be accepted in March. This formal recommendation will be dependent on completion of a departmental condition report. However the importance of continuing to deliver an overarching integrated development programme through ECAG is strongly supported. Both the condition report and the new integrated development programme will be presented to ECAG on March 8th.

4. Regional performance and activity

The table below summarises the ED 4 hour performance across the region. The regional performance showed improvement in early January. The week of the 28.1.13 saw an increase in emergency activity across the region, above prediction, contributing to the underperformance across the region. There continues to be underperformance for SWBH, Goodhope, Heartlands and UHB.

Week commencing:	24.12	1.12	7.1	14.1	21.1	28.1	4.2	11.2	18.2
Birmingham Children's	98.0	9.9	99.9	100.0	99.5	98.4	100.0	99.9	99.8
City	89.2	87.0	91.2	95.1	95.3	86.3	90.9	89.3	89.5
New Cross	97.0	85.6	90.6	94.9	97.0	91.3	95.1	93.1	96.5
Dudley	94.4	98.7	98.8	98.0	94.3	89.8			99.0
Sandwell	87.7	88.0	91.1	95.9	96.1	90.8	87.9	91.5	87.1
Walsall	94.6	86.0	92.5	97.7	96.3	94.1	95.8	88.1	91.1
Goodhope	82.5	82.6	81.0	87.0	81.3	83.7	88.8	81.0	82.4
Heartlands	87.2	82.3	92.6	92.9	87.7	91.1	85.9	87.1	74.8
Solihull	94.9	96.5	98.5	99.4	99.0	97.4	99.2	97.9	97.6
UHB	95.5	94.1	94.5	97.6	94.5	96.4	93.6	94.2	92.3

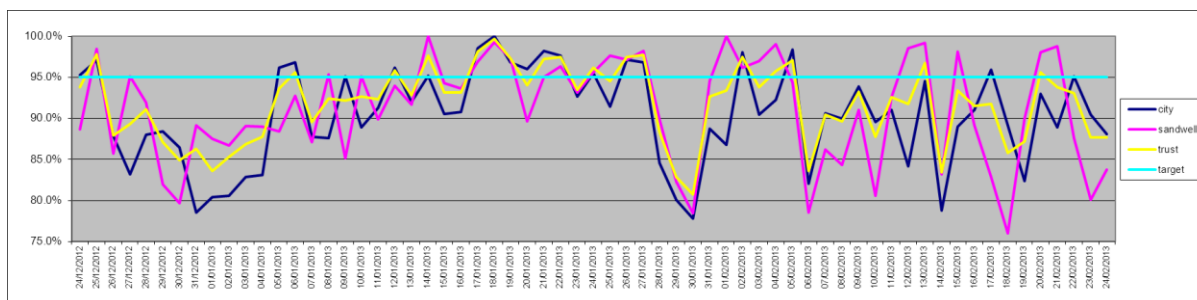
5. Trust Performance update

Trust performance during December was 88.8%, January 92.3 % and February to date at 91.6 %. The weekly trend in performance is overleaf:

Week beginning	Trust ED 4 hour performance	%
24.12.12	89.91	
31.12.12	88.23	
07.01.13	92.43	
14.01.13	95.97	
21.01.13	96.27	
28.01.13	89.61	
04.02.13	91.10	
11.02.13	91.47	
18.02.13	89.92 unvalidated	

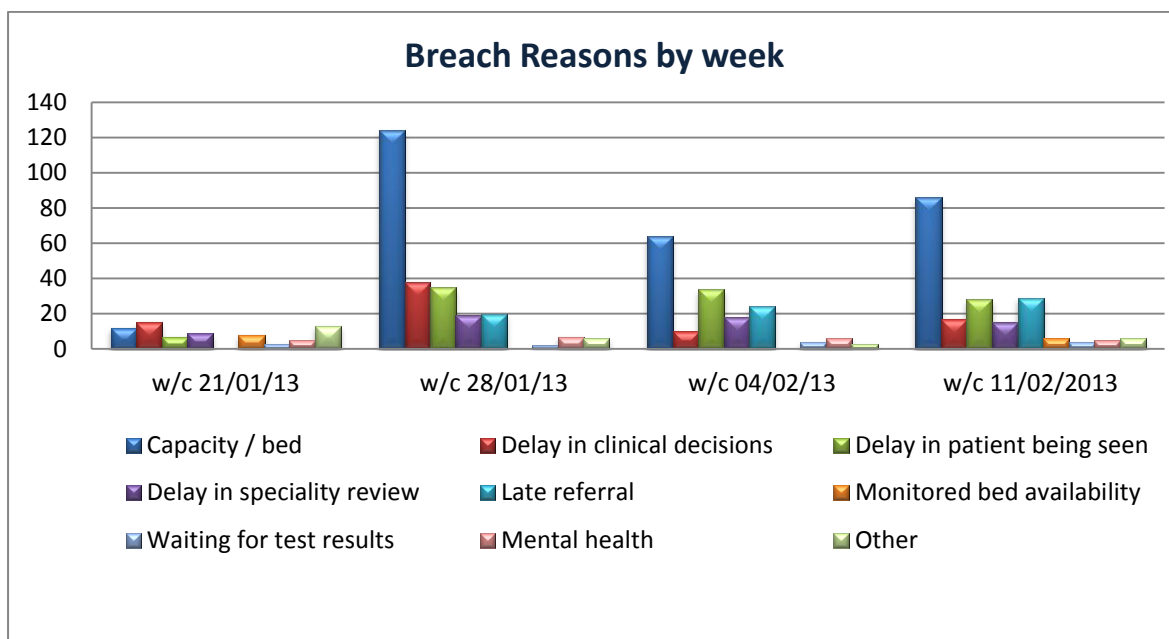
The graph below shows the improvement of ED 4 hour performance at Trust and site level from 24.12.12 – 27.02.13. This shows a trend of improvement in January on both main sites, as a result of beds reopening post infection control closure and as a result of initiatives to improve ED, emergency flow and use of capacity. The marked deterioration in performance from 28-31st January is attributed to an overwhelming surge of emergency activity across the region. This was above predicted activity levels and impacted on performance across the locality. The deterioration in Sandwell performance in the week of the 18.02.13 is related to a further infection outbreak and closure of 4 wards.

5.1 ED 4 hour performance trend by day:



Appendix 1 shows trend graphs for the clinical indicators associated with time to assessment, time to treatment and time spent in department. Time to assessment has seen sustained improvement trend as a result of the ambulance assessment initiative at city ED.

Since then, February has seen variable 4 hour performance on both sites. Sandwell's underperformance is mainly related to capacity, including the impact of bed closures for infection outbreaks. City is more variable with regard to its breach themes.



The departments have daily breach analysis and a development plan to mitigate the reasons for breaches. The main contributory factors to underperformance fall into 2 categories:

- a. ED attributed breaches
- b. Capacity attributed breaches

The Trust has detailed action plans to address the contributory factors in both ED and capacity via the Emergency Flow project. The governance infrastructure to oversee delivery is via weekly ED performance and Emergency Flow project meetings which includes executive membership.. There is also a focus with the CCG, and weekly contact with the LAT as well as a monthly Emergency Care Assurance Group with Trust and CCG representatives.

5.2 ED attributed breaches have a variety of contributing factors related to i) workforce and ii) systems / processes.

i) Workforce

The Trust Board approved a workforce investment business case in November to increase medical and nursing establishment for ED. The £2.186 million investment case was based on a workforce model to strengthen clinical leadership providing an increase in 7 day consultant coverage of the department and expansion of nursing staff. There are also a number of administrative posts to support governance and departmental administration.

In the short term workforce developments include:

- Benefit from the enhanced Directorate leadership team with appointment to new posts: Clinical Director on 6 month (secondment full time from January) and (acting) Assistant Head of Nursing.
- New interim General Manager in post. Substantive recruitment plan to be determined in Quarter 1.
- Recruitment of Locum / temporary staff
- Additional consultant shifts provided by current consultant staff in twilight and weekend shifts to provide more 'shop floor' clinical leadership.
- Continuation of staff development plans and training opportunities for leadership team.

Medium to longer term workforce plan includes:

- Delivery of substantive recruitment for medical staffing. This is planned to be incremental over the forthcoming year. There is a national shortage in consultant staff for ED and this area of recruitment will pose a challenge which is mitigated by a robust recruitment plan.
- Delivery of substantive nursing recruitment is anticipated to be fully completed within 3 months.
- A Department Training and development programme will be continuous to include the new establishment.
- Provision of a leadership development programmes for clinical leaders.

ii) ED Systems and processes

There are a number of developments in train to strengthen processes and systems in the ED. In the short term these include:

- Implementation and strengthening of internal escalation procedures.
- Establishment of a GP service – already at Sandwell. A similar service is expected to be established at city in early March. The joint schemes may bring up to a 0.5% benefit in performance.
- Expansion of the successful pilot of an ambulance assessment model at city, towards a 24/7 on both sites.
- Strengthening processes for see and treat model.
- Reconfiguration of minors at city to support above action.
- Establish improved diagnostic access and bundles of tests.

Medium to longer term the improvement programme includes:

- Implementation of a new IT system in May, with anticipated significant benefits for managing workload and flow.
- Environmental improvements – business case to SIRG in April.
- Implementation of West Mercia guidelines and standardised pathways for top 5 conditions by May.
- Innovative wireless communication systems for emergency MDT .

The Trust and CCG both continue to work with the Department of Health Intensive Support Team. There has already been a visit to the City ED, with recommendations received and included in the local development plans. A further visit to Sandwell is scheduled for early March. The IST also facilitated a system wide workshop on urgent care. The report and recommendations is still to be received.

b) Capacity and flow

There are several contributory factors to capacity and flow. Firstly, those related to internal Trust processes and planning and secondly. the local health and social care system.

i) Internal processes and planning

As part of the Trust Transformation Plan, a comprehensive programme of work is delivering improvements to the emergency flow pathway, eliminating internal delays and improving effectiveness of patient flow through to discharge. This work includes:

- Implementation of internal professional and capacity escalation standards.
- Daily senior review of patients and board rounds.
- Development of the electronic bed management system manage effective flow.

- Discharge ambitions / targets from assessment unit and wards throughout the day.
- Developing a 7 day discharge flow via strengthening weekend discharge protocols, pathway development.

The next key steps of this project include:

- Greater ambulatory assessment capacity in MAU
- Establishing a single operational centre for Trust capacity and flow coordination by end of May.
- Establishing a capacity management model to support 7 day working with on site substantive management cover

At Sandwell emergency flow is usually good and deteriorates when there are capacity issues. The intended bed closure programme was paused as activity increased and beds remained open. However, nursing establishments had been reduced in line with the intended bed reduction plan. This meant that the Trust entered the winter period with a shortage of nurses. In parallel, ward refurbishment meant that a decant ward has not been available on the site.

The Trust has experienced a significant and prolonged norovirus outbreak over the winter months. Several wards were closed due to infection control precautions, further impacting on capacity.

The above issues resulted in capacity pressures on site for several a months. The Trust is currently developing a bed plan for next year with the aim of reducing the risk of bed capacity shortage.

ii) Local health and social care system

The Trust, CCG and social services have recently undertaken a joint audit of medical patients on both hospital sites to determine whether patients were in the most appropriate care setting. The panel reviewed in excess of 400 patients.

In the short term some developments were identified internally and through the commissioning of extra community beds to support discharge.

The results of the audit also informed an executive and senior multi agency commitment to work up proposals for 3 areas of system redesign:

- To identify a new innovative model for reablement and rehabilitation outside of the acute hospital settings
- To eliminate delayed discharges in acute beds
- To reduce delay in flow from acute beds to alternative settings due to patient choice

At City hospital the audit also demonstrated a system for discharge of patients through local authority support, running slowly across all its dimensions. While delayed transfers for care have increased on this site, the audit has demonstrated that elements of the assessment, preparation and discharge processes operated by Birmingham City Council are causing delays to occur in hospital beds. There is a work programme in train to establish a joint discharge team and joint protocols between the 2 organisations. The opportunities identified through the audit to improve patient flow are considerable and this needs accelerating with joint sponsorship at executive level.

Mental health breaches are low in numbers but their impact should not be underestimated on ED performance. Patients requiring admission to a specialist mental health facility, often spend long waits in the departments after being declared medically fit, waiting for mental health beds. This represents a national issue and the Trust is working in partnership with commissioners to deliver an alternative solution to mental health delays.

6. Trajectory

The Trajectory for improving and sustaining 95% performance against the 4 hour target, is based on the anticipated impact of the short and medium to longer term initiatives described in section 5. The major sustained developments of recruitment, leadership and staff development, the new IT systems and the anticipated delivery of a system wide response to patient flow and a reduction in acute hospital delayed discharges are anticipated from May onwards. The tables below set out at a high level the main initiatives to impact on performance with a trajectory for 4 hour performance aligned below. It should be noted that the GP model is only currently funded for 2012/13 but will be part of contracting discussions for the next year. The impact of recruitment will be incremental.

Initiative	March	April	May	June	July	Aug	Sept
GP city							
Locum/ temporary staff							
Process and system development in ED							
Local improvements in patient flow							
Strengthened business continuity							
Impact of Substantive recruitment							
New IT system/ communications systems							
Pathway developments/ west mercia guidelines							
Operational centre and 7 day capacity management							
System wide developments to reduce delays in trust							

Trajectory :

		MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER
City Hospital	Performance Type I	89.71	90.12	92.05	92.90	93.70	94.37	95.01
City Hospital	Performance (City GP Triage) Type III	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Eye Hospital	Performance Type II	99.60	99.58	99.60	99.58	99.60	99.60	99.58
Eye Hospital	Performance OP Fast Track	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Sandwell General	Performance Type I	90.50	93.70	94.62	95.00	95.52	95.88	95.93
Sandwell General	Performance (Sandwell GP Triage) Type III	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Whole Trust	Performance All Categories	93.00	94.18	95.21	95.65	96.12	96.49	96.75
City Hospital	Cumulative Performance Type I	89.71	90.12	91.10	91.69	92.20	92.64	93.03
City Hospital	Cumulative Performance (City GP Triage) Type III	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Eye Hospital	Cumulative Performance Type II	99.60	99.58	99.59	99.59	99.59	99.59	99.59
Eye Hospital	Cumulative Performance OP Fast Track	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Sandwell General	Cumulative Performance Type I	90.50	93.70	94.17	94.44	94.72	94.95	95.11
Sandwell General	Cumulative Performance (Sandwell GP Triage) Type III	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Whole Trust	Cumulative Performance All Categories	93.00	94.18	94.70	95.01	95.30	95.54	95.74

7. Recommendation and Conclusion

In terms of quality and safety, the on-going trend of incidents is reassuring and satisfactory progress is being made in this area. Both the ED development and the Emergency Flow project work are contributing to improvements in flow through the ED and the wider Trust.

An immense amount of work is being deployed to improve quality and performance in respect of emergency flow. There continues to be daily focus at an executive level with the Trust and CCG, both maintaining this area as a key priority for improvement. Joint work with social service partners is important to delivering improvements in discharge and capacity going forward.

Despite intensive efforts, it is unlikely at this stage that the Trust will achieve 95% for Quarter 4. The respective Trust and CCG Boards should be assured that the focus on achieving the performance standards remains continuous and the Trust is determined to deliver sustained improvements and achieve 95% in Quarter 1.

The Board is asked to accept the reported position and the intended plans to deliver the forecast trajectory.

Appendix 1: ED performance

