Paper ref:	TB (12/18) 018

Sandwell and West Birmingham Hospitals NHS Trust

Report Title	November 4 Hour Delivery: Lessons Learned		
Sponsoring Executive	Rachel Barlow, Chief Operating Officer		
Report Author	Rachel Barlow, Chief Operating Officer		
Meeting	Trust Board	**Date**	6th December 2018

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

- Winter planning assumptions vs actual activity and performance
- Early discharge improvement approach
- Lessons learned
- Forward improvement activities

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	**x**	Public Health Plan		People Plan & Education Plan	**x**
Quality Plan	**x**	Research and Development		Estates Plan	
Financial Plan	**x**	Digital Plan		Other *[specify in the paper]*	

3. Previous consideration *[where has this paper been previously discussed?]*

4. Recommendation(s)

The Trust Board is asked to:

a.	**Discuss** the winter plan vs actual performance
b.	**Discuss** the discharge improvement approach and expected outcomes
c.	**Note** the activities planned for December 2018 and January 2019

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register	x	2849, 566						
Board Assurance Framework								
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed		
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed		

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to Public Trust Board: 6th December 2018

November 4 Hour Delivery: Lessons Learned

1. Introduction

1.1 This paper outlines our current underperformance against the Emergency Care (EC) 4 hour standard and our winter planning assumptions, which are predominantly underperforming in terms of expected discharge flow from acute beds.

1.2 The paper describes the recent and forward improvement activities and impact assumptions for both Emergency Care performance and improving discharge flow at ward level.

2. Our winter plan and current emergency care performance

2.1 The EC 4 hour performance in October out turned at 81.18%. This is deterioration for 83% in September. It should be noted that for 12 days within the month of October, the IT infrastructure in the Emergency Departments (ED) failed which undoubtedly had performance impact and delayed improvement optimisation both during the IT down time and in the data recovery phase which fully concluded on the 18th November. Irrespective of this, there are underlying performance issues in ED and improvement commitments to be delivered.

2.2 The average breach rate November to date is 107 breaches a day. The scale of improvement to achieve 85% against the 4 hour ED standard requires an improvement of 20 fewer breaches every 24 hours. The scale of improvement to achieve 90% against the 4 hour ED standard requires an improvement of 49 fewer breaches every 24 hours. We remain committed to achieve the mandated EC standards. The key elements of the ED improvement plan to be completed and take effect from November and December are in appendix 1.

2.3 Our winter plan is based on a set of incoming patient activity assumptions and patient discharge outflow assumptions, to operate within the substantiated bed base. Appendix 2. Winter daily actuals vs. SWB winter plan, shows the key aspects of performance at Trust and Site level for week commencing the 19th November against the following planning assumptions:

- ED Arrivals
- All Emergency Admissions
- AMU Admissions
- Medical Admissions
- Medical Discharges (this is underpinned by ward level goals)
- >21 day LOS Patients
- 4 Hour Wait
- Funded Open Beds

2.4 The red ratings indicate activity above that expected for admissions or below that expected for discharges. Green ratings indicate if we admit less patients than expected or discharge more patients then we planned.

2.5 Red ratings are given if we have more patients than planned in beds staying over 21 days, more beds open than funded and less than 90% ED performance. Green ratings are given if we have less patients than planned staying over 21 days, we are within our funded bed base and perform at or above 90% against the 4 hour EC standard. Note; Red to Green data and escalation criteria (RAGB) codes are in development and will be added at a later date.

3. How we perform against our winter planning assumptions

3.1 The week commencing 19th November (appendix 2), shows at site level 11 out of 14 occasions when discharges from the medicine wards fell short of the discharge goals. On 1 occasion the number of medical admissions to the wards was in excess of the site plan. On 50% of occasions at site level the admissions to AMU were higher than planned.

3.2 We know that within the day patient flow is mismatched between admission demand and discharge flow ie; available beds to admit patients into. Typically the highest hourly discharge rate from wards is at 6pm. A typical daily example of admission flow is 10-15 decisions to admit patients are made in each Emergency Department before 2pm. On some days the wards do not achieve discharges before 12pm. 50 % of patients admitted to our Trust breach the 4 hour EC wait standard.

3.3 A priority improvement area in November and December is to improve the overall ward discharge performance to meet the planning assumptions and achieve early transfers from the acute assessment units to the base wards as a result of improved morning discharge rates. External support has been secured via Pete Gordon, Service Improvement Lead from the Emergency Intensive Support Team. The scope of this improvement work is centred morning discharges and the pull of patients from the AMU to the base medical wards by 10am daily.

4. **Meeting the discharge goals at ward level**

4.1 The improvement programme commenced on the 7th November with a second follow up workshop within 10 days. The first workshop scoped the improvement work outputs to include:

a) Each ward to pull a patient from AMU and admit to the ward by 10am
b) Each ward to discharge a patient by 10am
c) All TTAs to be on the ward before the day of discharge
d) Patients to have criteria for discharge documented in the notes to enable non consultant discharge decisions
e) Embedding the 4 questions for patients and or carers to be involved in discharge plans and expectations (appendix 3)
f) Each ward meets their discharge goals on a weekly basis

4.2 The initial phase of improvement started on 3 wards at Sandwell Hospital; Lyndon 4, Lyndon 5 and Priory 5, with OPAU joining the programme on the 19th November. Each ward team has a local approach to improvement, with ideas for improvement being shared across the teams weekly.

4.3 The first wave of improvement activities has been focussed around TTA availability the day before discharge, early discharges home before 10am and admissions from AMU to the wards by 10am.

4.4 The improvement team is led by the Directorate leaders with executive sponsorship from the Executive Triumvirate.

4.5 Local engagement is being delivered through weekly clinical team progress reviews facilitated by Directorate leaders. Improvement boards are being rolled out on each ward to support the improvement approach with data and best practice communication see appendix 4. Ongoing coaching is a key part of the improvement approach. A programme board meets weekly and regular 'go, look, see' executive sponsorship rounds are in place. Consideration needs to be taken as this programme is scaled up to include all wards by the end December and as consultant of the week colleagues rotate, to ensure the blend of accountability and coaching is effective to achieve good results.

5. Initial results and lessons learned

5.1 **2 weeks into the programme is too early to claim statistically significant trends** - the dashboard in appendix 5 shows baseline data against the key performance measure at the start of November and charts subsequent progress. This data is shared daily with wards.

5.2 **Improvement a) Each ward to pull a patient from AMU and admit to the ward by 10am** - the dashboard measures admissions by 10am and 12pm. Both show improvement from the baseline data at the start of November on 2 out of 3 of the initial wards. Success is more likely on a weekday although in the second week admission to the wards from AMU were achieved on a Saturday. Despite wards attending the AMU to 'pull' patients to the wards before 10am, there was surprise at the lack of preparedness of AMU to hand patients over to the admitting teams before 10am. Lessons learned have informed revision of the AMU morning handover to be multi professional and confirm the first 10 patents for admission.

5.3 **Improvement b) Each ward to discharge a patient by 10am** - the dashboard measures discharges by 10am and 12pm. Both show improvement from the baseline data at the start of November on 2 out of 3 of the initial wards. Success is again more likely on a weekday. Patients to be discharged before 10am are confirmed on the previous afternoon ward clinical team 'huddle' as ready for early discharge. Clinical teams demonstrating the best results have really focussed on the content and effectiveness of the huddles. Lesson learned included transport readiness and responsiveness to achieve discharge before 10am. 10 journeys have been secured as available before 10am to serve the inpatient wards. The transport department now call to check the morning discharges a day in advance communicating directly with the nurse in charge.

5.4 **Improvement c) All TTAs to be on the ward before the day of discharge** - an overall 10% improvement has been seen in the first 2 weeks of improvement. The TTA new electronic tracking system is undoubtedly contributing to the improvement results and helps to identify process improvement opportunities. Pharmacy technicians are attending board rounds and doctors have protected time to prescribe TTAs on some wards which is working well. Lessons

learned are about what happens between Friday and Monday. Monday shows lower TTA preparedness compared to other weekday, which again suggests improvement focus is required at weekends, so the momentum of the week is not lost. This is likely to include non-junior doctors prescribing TTAs or redistribution of workforce on a Monday to maintain improvement across the week.

5.5 **Improvement d) Patients to have criteria for discharge documented in the notes to enable non consultant discharge decisions** - this aspect of the improvement work is aimed at preparedness for weekend discharges. Teams have identified and discussed what good looks like ad now are being asked to put this into practice. There has been small scale success, with learning that engagement of wider multi professional team including advanced nurse practitioners who support the weekend medical teams, will be further effective in terms of achieving increased discharges through pre-determined and documented criteria.

5.6 Improvement e) Embedding the 4 questions for patients and/ or carers to be involved in discharge plans and expectations (appendix 3) - enabling tools for this national initiate include posters, leaflets and dinner place mats to use in a conversation with patients and carers. Ward teams are including the domains of the questions in the afternoon huddles to check readiness for future discharges. In January we will conduct face to face surveys with our patients to assess the impact of this aspect of the improvement approach.

5.7 **Improvement f) Each ward meets their discharge goals on a daily and weekly basis** - in the first 2 weeks of the programme, the wards are more likely to meet their daily discharge goals than before the improvement programme commenced.

6. Lessons Learned and December – January Activities

6.1 The discharge improvement approach will roll out to all medical wards in December including City.

6.2 We will concentrate on how to transfer improvement success from a 4 day model shown in the early results to a 7 day improved discharge approach.

6.3 We will normalise discharge responsibilities by better defining and reposition some existing roles to better support discharge and avoidable care delays ensuring the professional standards are applied with consistency and tracked proactively. These roles and responsibilities are outlined in appendix 6.

7. ED improvement plan and December - January activities

7.1 The Trust Board are familiar with the key aspects of the ED improvement plan. The impact assumptions scaled in appendix 1, have been reviewed recently by the emergency care leadership team, who remain supportive of the improvement plan and impact assumptions.

7.2 Delivery of these plans and improvement opportunities is about embedding the new models of care and consistency in practice of the agreed clinical models. Implementation of these plans is reviewed weekly at the consistency of care meeting attended by key executive directors and

medicine and emergency care leaders. For the few inconsistent practitioners, compliance issues will be formally taken forward to enable the new models of care to be fully tested. Regular time is spent between the chief executive, medical director, chief operating officer and ED consultant team. An ED listening into action (LIA) event is scheduled for the 28th November to further support improvement and team engagement.

7.3 The improvements related to the increase in workforce and new role development does not stop as new staff join the rotas, but are necessarily optimised through registrar leadership development and retention efforts. Likewise the increase in support staff and new roles will need effective role definition and development programmes. Both these programmes are being overseen through the ED workforce fortnightly meeting with the Chief Operating Officer and emergency care leadership team.

7.4 System partners are essential stakeholders to optimise the impact of the Single Point of Access (SPA), 21 day LOS reduction and nursing home patient attendance avoidance schemes. The SPA initial referral and attendance avoidance activity looks promising, with 130 attendances avoided the week commencing the 19th December. The data set is being developed this week to include GPs still sending patients to ED and those not yet using the SPA to optimise patient experience and redirection opportunities. This data set will inform the focus of improvement efforts.

8. Recommendation

8.1 The Trust Board is asked to:

a) Discuss the winter plan vs actual performance
b) Discuss the discharge improvement approach and expected outcomes
c) Note the activities planned for December and January

Rachel Barlow
Chief Operating Officer
November 2018

Appendix 1

Key elements of the ED improvement plan

Opportunity	When	Impact per day
Recovery from IT incident	Wc 19th November	20 breaches a day
Recruitment to full registrar rotas enabling 2 registrars on nights	November - Sandwell February – City	15 breaches a day
Streaming and SMART embedded in every shift 8am-8pm, Monday to Friday	Mid November	6 breaches a day
Single Point of Access	November	12 breaches a day
New supporting workforce model; ECTs, flow coordinators, HCA minors	30% in place December and 70% January	15 breaches a day
Red to green impact and 21 day LOS reduction	November	15 breaches a day
Nursing home attendances avoidance pathways and trusted assessor	Commence November with top 10 homes	6 breaches a day

Appendix 2

Winter daily actuals vs. SWB winter plan w/c: 19 November 2018

		ED Arrivals	All Emergency Admissions	AMU Admissions	Medical Admission	Medical Discharges	>21 day Patients	Red Green	4 Hour Wait %	Open Beds	RAGB
Trust											
	Plan	610	122	74	53	53	101		90.0%	585	
	Monday	Red	Red	Green	Green	Red	Red	-99	83.79%	Red	-99
	Tuesday	Red	Red	Green	Amber	Red	Red	-99	80.07%	Red	-99
	Wednesday	Green	Red	Red	Green	Red	Red	-99	84.43%	Red	-99
	Thursday	Green	Red	Red	Green	Red	Red	-99	84.33%	Red	-99
	Friday	Green	Red	Red	Green	Green	Red	-99	80.25%	Red	-99
	Saturday	Green	Red	Green	Green	Red	Red	-99	83.24%	Red	-99
	Sunday	Green	Red	Red	Green	Red	Red	-99	83.57%	Red	-99
Sandwell											
	Plan	271	71	36	31	31			90.0%	379	
	Monday	Red	Red	Green	Green	Red	-99	-99	85.66%	Green	-99
	Tuesday	Red	Red	Red	Red	Amber	-99	-99	70.66%	Red	-99
	Wednesday	Green	Red	Red	Green	Red	-99	-99	81.01%	Green	-99
	Thursday	Green	Green	Red	Green	Red	-99	-99	82.46%	Green	-99
	Friday	Green	Red	Red	Green	Green	-99	-99	73.21%	Green	-99
	Saturday	Green	Red	Green	Green	Red	-99	-99	74.26%	Green	-99
	Sunday	Green	Red	Green	Green	Red	-99	-99	71.93%	Green	-99
City											
	Plan	271	50	37	22	22			90.0%	206	
	Monday	Red	Red	Red	Green	Red	-99	-99	80.71%	Red	-99
	Tuesday	Red	Green	Green	Green	Red	-99	-99	85.71%	Red	-99
	Wednesday	Red	Red	Green	Green	Red	-99	-99	86.05%	Red	-99
	Thursday	Green	Red	Red	Green	Red	-99	-99	84.33%	Red	-99
	Friday	Red	Red	Green	Green	Green	-99	-99	83.83%	Red	-99
	Saturday	Green	Red	Green	Green	Red	-99	-99	88.64%	Red	-99
	Sunday	Green	Red	Red	Green	Red	-99	-99	92.37%	Red	-99
BMEC											
	Plan	68	1						90.0%		
	Monday	Green	Red	-99	-99	-99	-99	-99	100.0%	-99	-99
	Tuesday	Green	Red	-99	-99	-99	-99	-99	97.73%	-99	-99
	Wednesday	Green	Red	-99	-99	-99	-99	-99	100.0%	-99	-99
	Thursday	Green	Amber	-99	-99	-99	-99	-99	100.0%	-99	-99
	Friday	Green	Green	-99	-99	-99	-99	-99	100.0%	-99	-99
	Saturday	Green	Red	-99	-99	-99	-99	-99	100.0%	-99	-99
	Sunday	Green	Green	-99	-99	-99	-99	-99	100.0%	-99	-99

Key

Where we have exceeded Plan, except Medical Discharges this is where we have not acheived plan

Where we have hit Plan

Where we are below Plan, except Medical Discharges, this is where we are above plan

Data Sources: Generics_MR4, SWBH_Contracting, Information

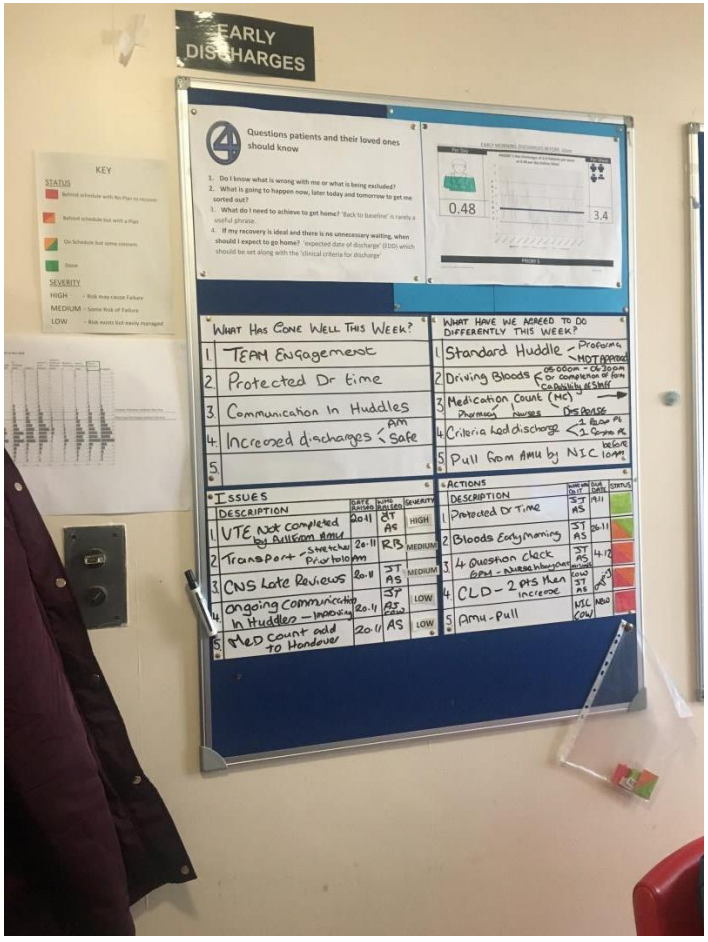
28 November 2018 12:50:05

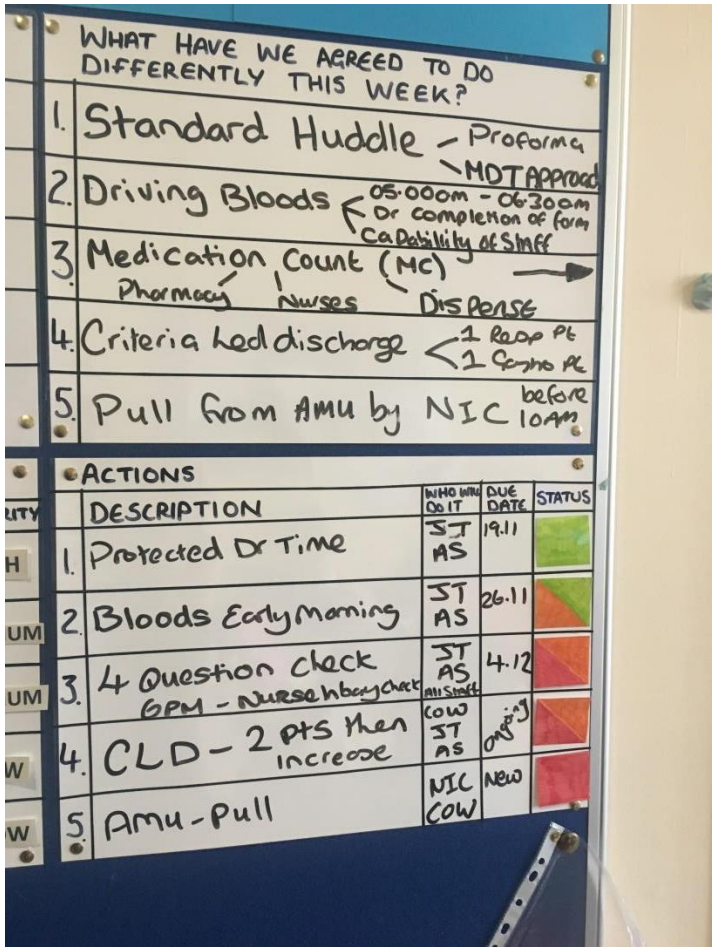
Appendix 3

4 questions about care and discharge for patients and carers

Appendix 4

Example of early discharge improvement boards





Appendix 5

EARLY DISCHARGE DASHBAORD

Phase 1 on Lyndon 4, Lyndon 5 and Priory 5 — Phase 2 OPAU

Daily	WARDS	Baseline Nov 05 Mon	Nov 06 Tue	Nov 07 Wed	Nov 08 Thu	Nov 09 Fri	Nov 10 Sat	Nov 11 Sun	BASE LINE	Nov 12 Mon	Nov 13 Tue	Nov 14 Wed	Nov 15 Thu	Nov 16 Fri	Nov 17 Sat	Nov 18 Sun	Weekly total	Nov 19 Mon	Nov 20 Tue	Nov 21 Wed	Nov 22 Thu	Nov 23 Fri	Nov 24 Sat	Nov 25 Sun	Weekly total	Nov 26 Mon	Nov 27 Tue
Admissions Pulled From AMU each Day by 10am	Lyndon 4				1		1		2.00		1	1	1	1			4		2	1		1	3		7		2
	Lyndon 5 - Acute Medicine	1			2		2	2	7.00	1	1	2	8	1		3	18		1		2	1	2	1	7		4
	Priory 5 - Gastro/Resp		2	2		3		3	10.00	3	2	3	2	2		3	15	3	2	1	3	3	1		13	1	3
	Older Persons Assessment Unit (OPAU) - Sandwell			2		2		3	7.00		3	2		1	2		8		1				3	2	6	1	2
Admissions Pulled From AMU each Day by Midday	Lyndon 4				3		1		4.00		1	2	1	1	1		6		2	1	1	2	3		9		2
	Lyndon 5 - Acute Medicine	1			2		3	2	8.00	2	1	2	8	1		4	18		1		3	1	2	1	8		4
	Priory 5 - Gastro/Resp		2	2		3		3	10.00	3	2	3	2	2		3	15	3	3	1	3	3	1		14	1	3
	Older Persons Assessment Unit (OPAU) - Sandwell			2		3		3	8.00		3	2		1	2		8		1				3	2	6	1	2
Discharges Before 10am	Lyndon 4				1	1	1		3.00			1		2			3		1	2	4	1	1	1	10		1
	Lyndon 5 - Acute Medicine	1		1				1	3.00			1	2	2			5			2	2		1		5	1	1
	Priory 5 - Gastro/Resp								0.00		1		3	1	3		8		1						1	1	2
	Older Persons Assessment Unit (OPAU) - Sandwell						1	2	3.00				1		1		2		1						1	1	
Discharges Before Midday	Lyndon 4				1	2	1		4.00	1	1	2		2	2	1	10	1	2	2	8	1	1	1	16		2
	Lyndon 5 - Acute Medicine	2	1	1	1		1	1	7.00		1	1	2	3			7	1		2	3	2	2		10	1	1
	Priory 5 - Gastro/Resp						1		1.00	2	1	3	4	3		2	15		1	2					3	1	2
	Older Persons Assessment Unit (OPAU) - Sandwell		1			1	1	2	5.00	1		2	1	1	2		7		4		1				5	1	
TTA Before Day of Discharge%	LYNDON 4	48		70	100	79	75	44	55.51	80	70	63	89	57	0	100	64.6	83	69	50	95.8338	81.666	83.3325	100	72.1	77.5	95
	LYNDON 5	93	81	81	33	43	100	0	59.77	50	75	50	100	83	0	100	64.3	60	92	88	72.6186	60.4175	100		68.3	63.3338	100
	PRIORY 5	47	31	43	47	54	80	0	44.98	63	33	55	30	72	33	40	48.6	42	53	70	52.7783	36.666	75	100	57.3	50	90
	OPAU	0	83	0	50	50	100	100	59.09	25	0	83	83	33	100	100	59.5	56	91	67	66.665	43.75	88.89		68.3	46.666	50
									BASE LINE								WEEK 1								WEEK 2		

General Trend over time

	4
	5
	4
	0
	4
	5
	5
	(1)
	4
	2
	5
	(2)
	9
	2
	8
	1
	13
	7
	8
	5

<- -ve | +ve ->

WEEKLY GOALS	
Disc. Before 10am	Pulled From AMU Before 10am
7	7
7	7
7	7
7	7

key

- baseline
- same or better than baseline but no weekly improvement
- met or exceeded goal / improved from previous week
- worse than baseline

DAILY DISCHARGES

Discharge Goal	Ward Names	05 Nov	06 Nov	07 Nov	08 Nov	09 Nov	10 Nov	11 Nov	BASE LINE	12 Nov	13 Nov	14 Nov	15 Nov	16 Nov	17 Nov	18 Nov	WEEKLY Total	19 Nov	20 Nov	21 Nov	22 Nov	23 Nov	24 Nov	25 Nov	WEEKLY Total	26 Nov	27 Nov
6	Lyndon 4	9	3	8	2	7	2	3	34	8	5	10	8	12	3	1	47	6	8	7	8	6	3	6	44	4	10
6	Lyndon 5 - Acute Medicine	7	4	10	5	7	3	2	38	6	4	8	1	7	2	2	30	5	6	6	6	7	3	2	35	8	6
7	Priory 5 - Gastro/Resp	10	6	7	8	7	5	2	45	7	16	13	11	11	5	5	68	7	8	7	10	8	4	1	45	5	8
4	Older Persons Assessment Unit (OPAU) - San	2	6	5	7	10	3	3	36	10	3	4	3	9	2	2	33	4	5	3	3	10	3	2	30	9	8

WEEKLY GOALS

Ward	Target
L4	42
L5	42
P5	49

Defining roles related to safe and timely discharge

Matron

1. Coach the COW and ward manager in discharge improvement approach
2. Manage any wards forecasting under delivery of the discharge KPIs

AMU

1. Discharge 40% of the medical take home
2. Have ready 10 patients to go the wards by 10am
3. Lead push/pull meeting

Consultant of the week

1. Attend push / pull meeting
2. Plan to hit ward discharge goals for the week
   - Patients home before 10am
   - Admit patent to ward form AMU by 10am
   - All TTAs to be on ward the day before discharge
3. Ensure sufficient EDDs to meet weekly discharge goal
4. Champion criteria led discharge

Ward manager

1. Know every patients discharge plans - be able to answer the 4 questions
2. Admit patient to ward from AMU by 10am
3. Ensure sufficient EDDs to meet weekly discharge goal
4. Pull from AMU throughout the day
5. Ensure no empty wad beds by 9pm latest

Capacity Manager

1. MFFD coordinator for advanced bed booking
2. Red patient focus to achieve discharge goals today and tomorrow
3. Ensure all diagnostics are completed within 24 hours

CNP

1. Intervene to deliver 10 discharges before 10am

Complex discharge team

1. Case manage complex patients for discharge
2. Link community matrons to oversee nursing home discharges and optimise use of trusted assessor

Twilight Operations Manager

1. Target list of patients to be discharged before 6pm and 9pm

Senior On call manager

1. Ensure all empty beds on AMU by 9pm
2. Other on call issues eg business continuity