

ED performance improvement

Sandwell and West
Birmingham Hospitals
Trust

NHSi review visit
17th July 2019



Content

Performance and improvement focus

Increased admission activity

Streaming

Breaches

- 4-5 hours
- Minors
- Paediatrics
- > 8 hours from arrival

Workforce

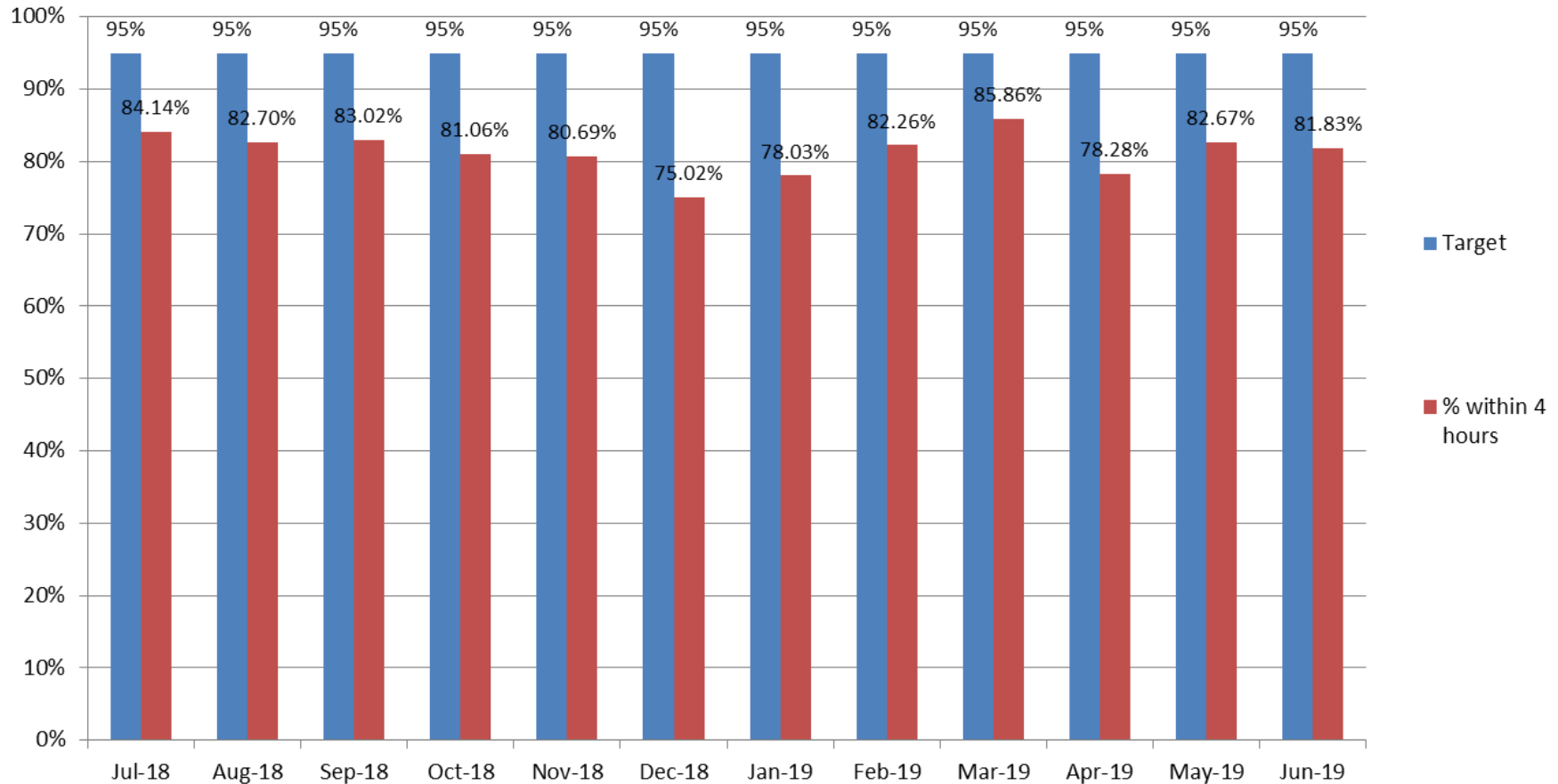
Patient Flow

- Discharge goals
- > 21 day LOS
- Community initiatives

Reconciliation of previous visit recommendations

Risk and challenges

Trust level 4 hour performance is behind plan; improvement was made in Q4 but has not been sustained. We need to reduce breaches by 30 breaches a day to consistently achieve 85% as the first phase of rapid improvement. Our efforts are very focussed on avoidance of minors and 4-5 hour breaches.



Attendances are up by 3.5% in Q1 compared to Q4. Admission trends into medicine are 10% over plan for Q1 and this trend continues into July. If this trend continues our increased winter bed base at Sandwell is a risk as the space is already being used for the current increased admission rate.

Q1 Medicine bed plan vs actual		April -19	May-19	Jun-19
Admissions	Actual	1604	1566	1472
	Plan	1393	1393	1393
	Additional in month	211	173	79
	Additional per day	7.03	5.58	2.62
Average LOS	Actual	5.90	6.13	6.27
	Plan	6.70	6.70	6.70
Escalation Beds	Average Open	40	40	30
Outliers	Average outliers (approx)	18	18	4

The Private Trust Board have considered 2 papers on the bed plan through to 2022. This includes the plan to reduce bed days equivalent to 35 beds through admission avoidance and LOS reduction. This enables us to accommodate the winter bed base in Q3/4. These activities have good clinical engagement and are supported with project management and governance to ensure timely decision making.

The Trust has an established streaming service in place 13 hours a day, 7 days a week. 18% of patients are streamed to see a GP placing us in the top 3 Trusts regionally for streaming.

Site	Percentage of all attendances streamed to onsite streaming service	Percentage of streamed patients who breached 4 hours	Q1: Does this trust have an established streaming service?	Q2: Who commissions this service?	Q3: How many patient sessions are available per day?	Q4: On average, how many patients are streamed to the service per day?	Q5: Who delivers this service?	Q.6: What are the opening hours of the streaming service?	Q.7 How many hours per day is your service open?	Q.8 Does your streaming service provide a standard service 7 days a week?
City Hospital	19.1%	0.1%	Yes	Acute Trust	84	55	Private Company	10am to 11pm	13	Yes
Sandwell General Hospital	17.2%	0.0%	Yes	Acute Trust	74	46	Private Company	10am to 11pm	13	Yes

We are currently working with the provider who also work at Dudley Group of Hospitals to review further opportunity as their streaming activity is 10-15% above SWBH.

We are the best performing Trust regionally for ambulance handovers and have a further improvement trajectory to eliminate over 30 minute handover delays by the end Q2. This is predicated reasonable deflect practice.

Initial assessment times are met. We have a shift level view of this data too.

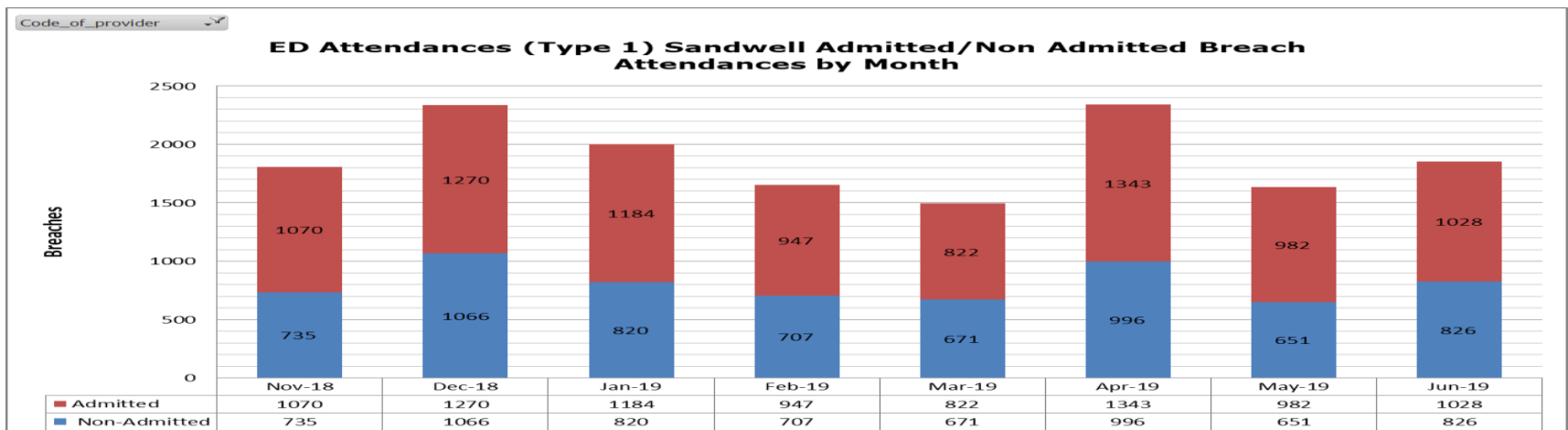
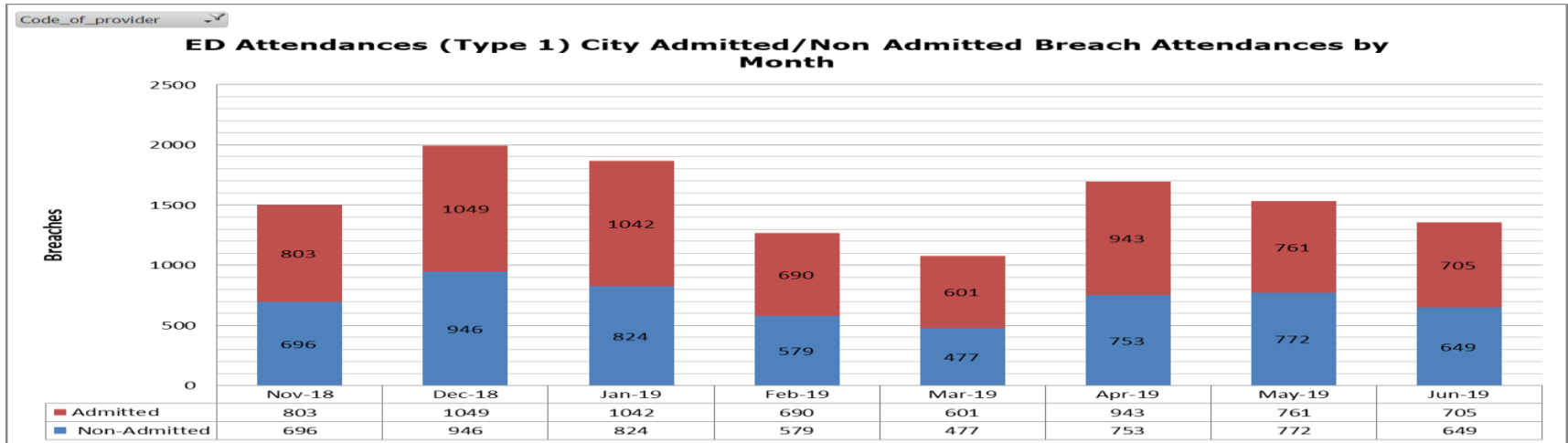
2.4% of ambulances are have a delayed handover of over 30 minutes.

We had 5 x > 1 ambulance delays in June out of > 4000 conveyances

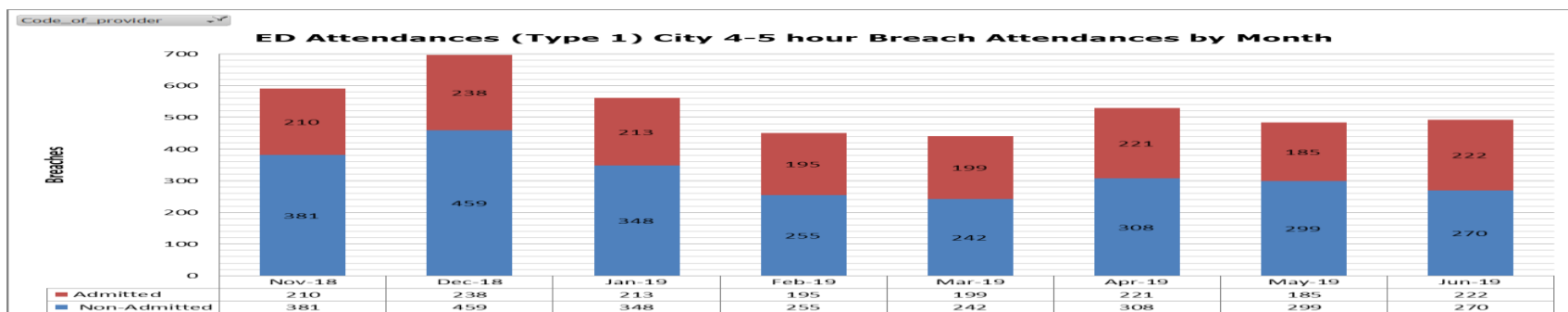
Strategic WMAS hub and deflection practice

- In principle the Trust is supportive of intelligent deflection.
- We have not seen any modelling of the new way of working to inform demand and capacity planning for the system / region.
- There is no notice of deflection and the ability to prepare to offload increased ambulances (moving away from previous effective communication).
- It appears deflect decisions are purely made on WMAS handover times and not the status of the ED causing potentially unsafe decisions to be made and causing overcrowding.
- We would like to understand the contract and the associated quality outcomes.
- We would like to agree a set of criteria that includes the ED status to inform agreement on deflect.

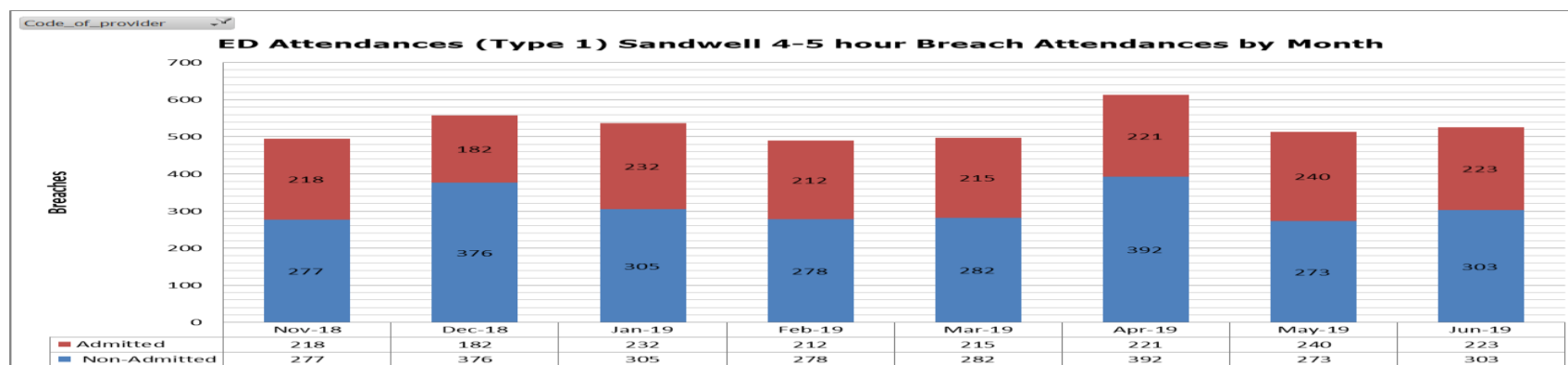
Based on current performance in July we need to reduce 30 breaches a day to meet the first improvement goal of 85%. 43% of our breaches are admitted breaches. 57% non admitted breaches.



Improvement focus 1. There are 27 breaches that occur between 4-5 hours a day. 43% of these are admitted patients.



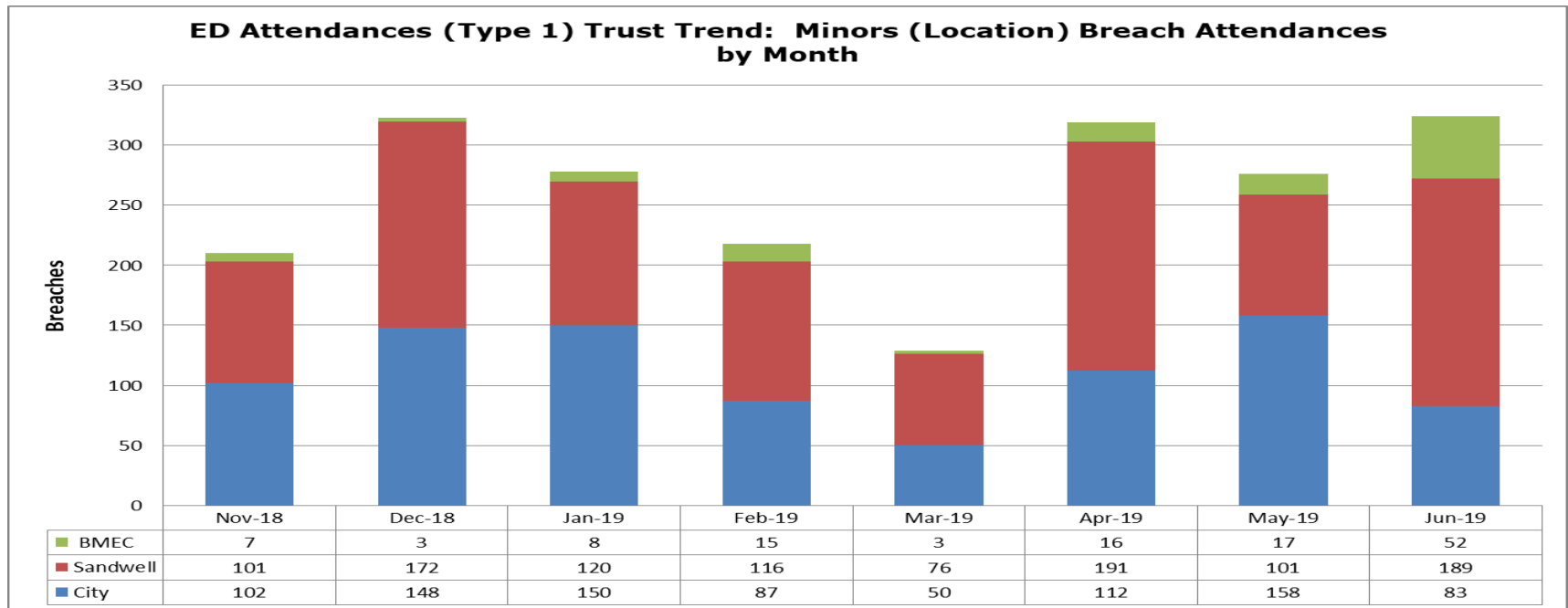
A PDSA cycle is in train at Sandwell between ED and AMU, with a supernumerary senior nurse supporting the embedding of the flow coordinator role and an effective pull model direct to AMU. Processes to reduce waits for medical clerking and use of monitored beds are being reviewed and issued in July.



Improved visual management in daily huddles related to performance improvement focus have been developed and QIHD activities are aimed to enhance staff engagement.

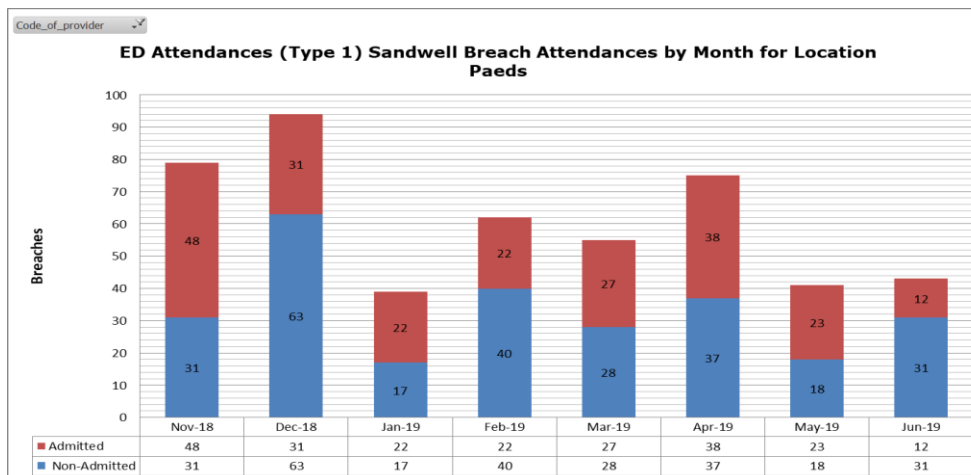
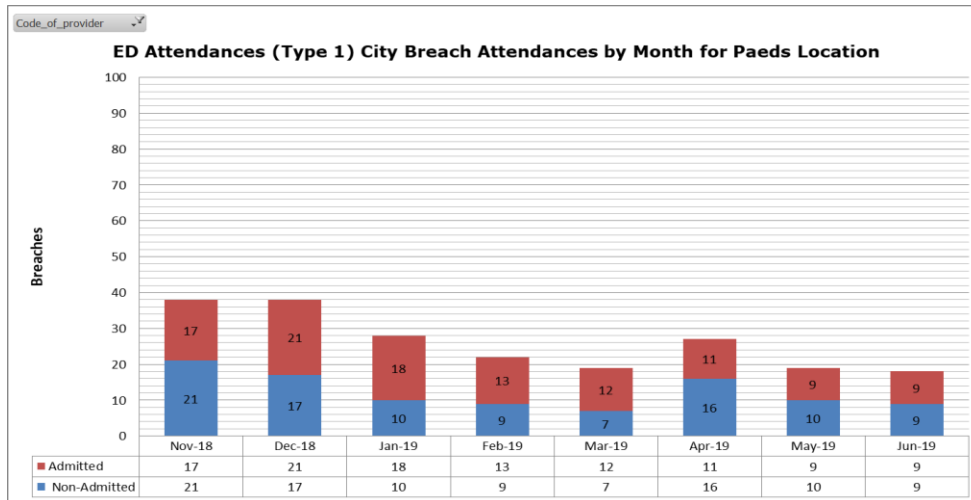
Improvement focus 2. There is an opportunity to reduce 11 minors breaches a day between City, Sandwell and BMEC ED's.

The minors breaches at City and Sandwell occur in the twilight shift. A PDSA improvement cycle is in train adding an Emergency Care Practitioner to the twilight minors team to free up the ENP and contribute to care and treatment activities.

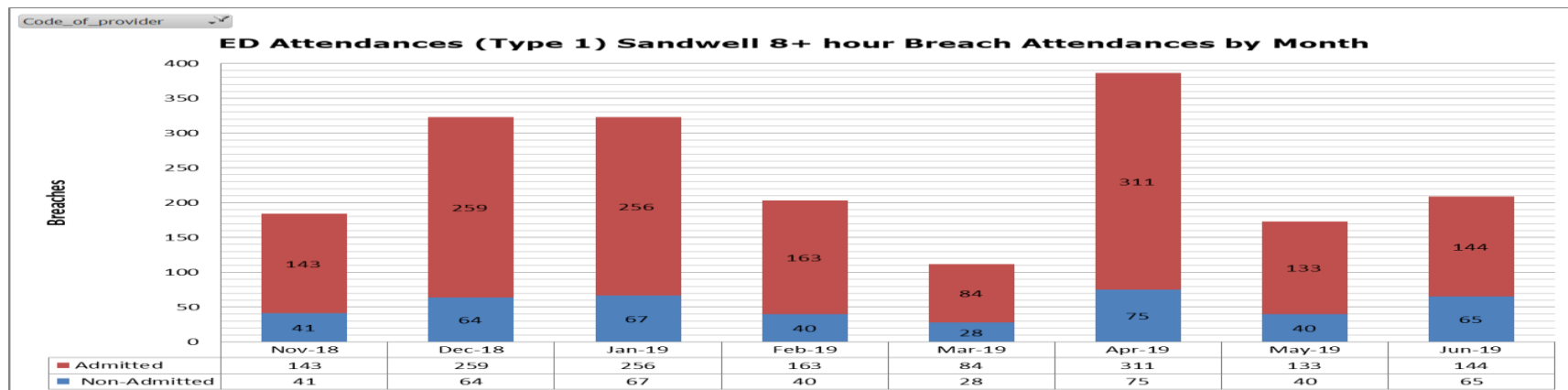
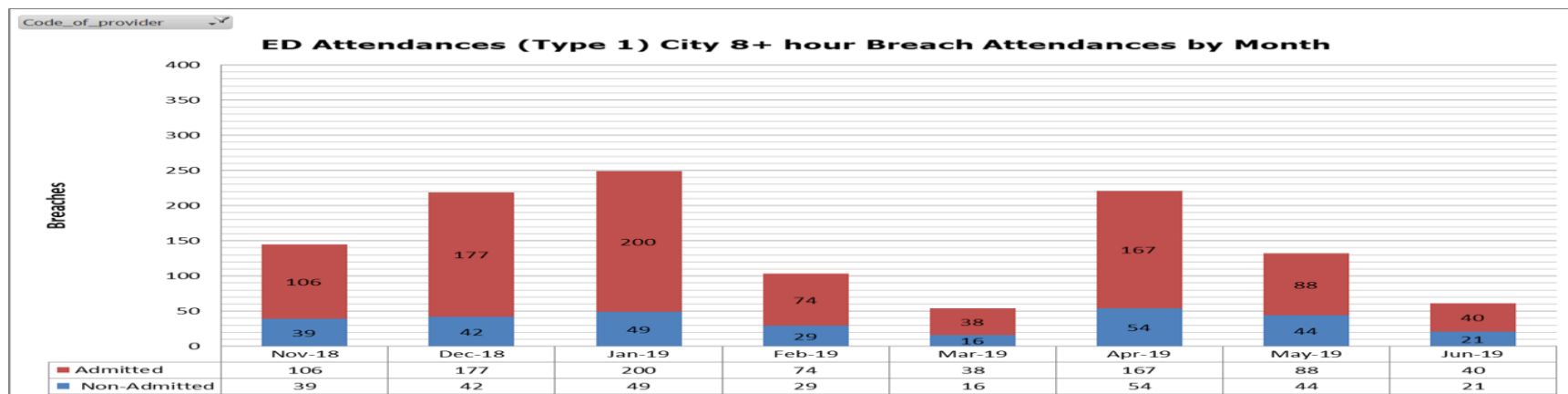


BMEC ED has had a 15% increase in ED attendances. A full demand and crewing analysis of ED and Urgent Care will be completed wc 15th July.

Paediatric breaches have reduced by 28% since Q1 to an average of 2 a day. Reconfiguration of the City Paediatric ED and Assessment Unit will integrate the clinical pathway into a dedicated environment with a single workforce in Q4.



The number of patients waiting over 8 hours is 9 a day. The 2 main causes are mental health waits and complex high acuity patient pathways.



The Trust are seeking support to create on site Mental Health AMPs as part of the SWBH workforce model to mitigate the very long waits for formal mental health assessment. A new policy for patients in resus for over 6 hours has approved by critical care board and will be implemented in July.

In the last 12 months medical recruitment has been successful with 4 new consultants employed in the last 12 months, including colleagues from CESR and previous trainees. We have hired 24 non training medical staff. Clinical Leadership behaviours remain a challenge.

	Establishment	Actual WTE in Post	Vacancies
Consultant	18	15	-3
Medics	74.5	64.5	-10 (5 JSD and 5 MG)
Band 7 (inc ENP)	26.8	26.12	-0.68
Band 6	40.16	32.43	-7.73
Band 5	70.98	64.2	-6.78
Band 3	15.8	15.93	0.13
Band 2	18.46	13.77	-4.69
PFA	10.22	8.95	-1.27



Medical staffing: All JSD and MG vacancies are covered by permanent locums. All non-consultant medical vacancies will be filled by end September, with induction and competency assessment to be completed over the subsequent 4-8 weeks.

Gaps in medical rota last 4 weeks largely due to sickness:

- City 35 / 532 shifts
- Sandwell 27 / 512 shifts

Intensive focus on sickness and well-being in ED to reduce short notice sickness and absence.

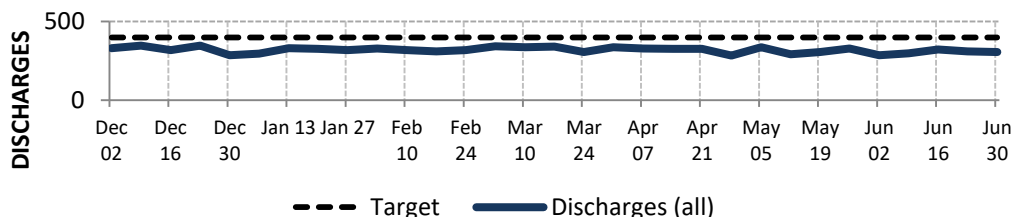
Nursing staff

- Band 5's will be fully recruited to by January, with 50% of starters joining us in August.
- Band 6 rolling recruitment is in train.

Need to ensure on boarding, staff development and support and consistency in practice is effective.

Patient flow improvements have seen TTAs the day before discharge improve from 40% to 67%. We remain below our morning discharge goals and fall short of the weekly discharge goals by 70 discharges a week. We reduced medicine LOS by over 1 day last year.

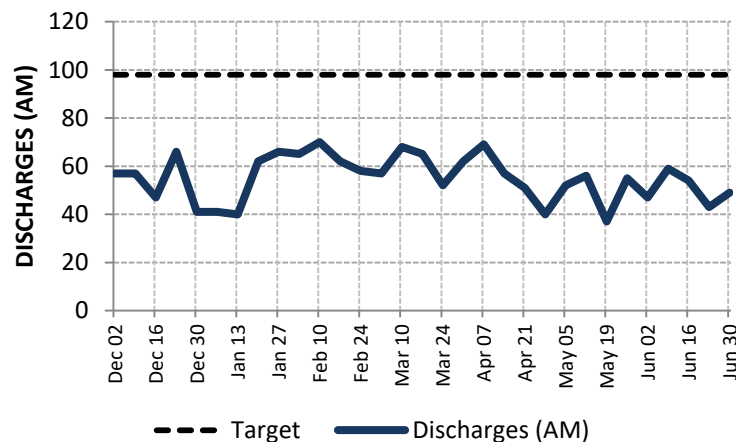
Ward Discharges averaged 318 per week from Dec 2018-Jun 2019
(70 short of 399 Target)



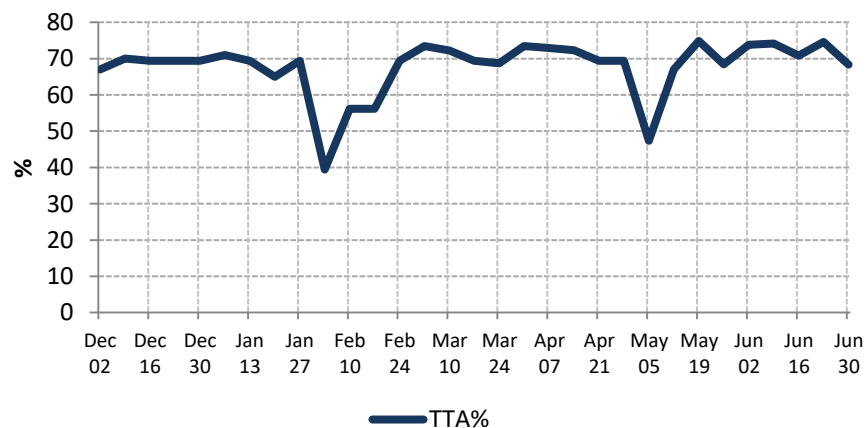
WARDS AND WEEKLY TARGETS

Lyndon 4	>= 42
Lyndon 5 - Acute Medicine	>= 42
Priory 5 - Gastro/Resp	>= 49
Older Persons Assessment Unit (OPAU)-	>= 28
D11 - Male Older Adult	>= 28
D15 - Gastro/Resp/Haem (Male)	>= 35
D16 - (Female)	>= 28
D21 - (Female)	>= 28
D26 - Female Older Adult	>= 21
Priory 4 - Stroke/Neurology	>= 21
Newton 5 - Haematology	>= 14
Newton 4 - Stroke and Neurology Rehab	>= 21
D7 - Cardiology (Male)	>= 21
D5 - Cardiology (Female)	>= 21

Discharges 7am to Midday averaged 55 per week
from Dec 2018-Jun 2019
(65 short of 120 weekly Target)



TTA Before Day of Discharge % averaged 67.8% from Dec 2018-Jun 2019



We have defining roles related to safe and timely discharge. Consistent practice of prospective discharge planning is our patient flow improvement focus.

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 patient to ward from 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 ward 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

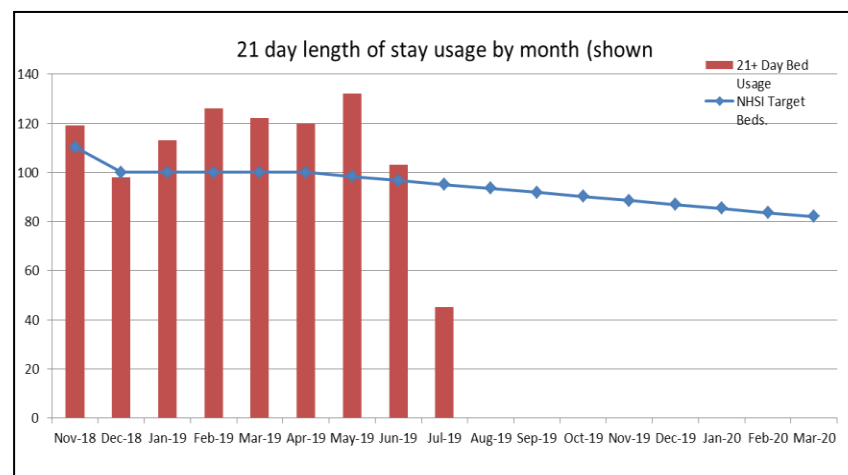
We have weekly and daily data sets of our key goals which are reviewed weekly. There are some good results in innovative projects supported by community services to reduce admissions and associated bed days.

In-reach Sandwell Nursing home project	2017/18	2018/19	change	Bed days saved
Ambulance Incidences	1361	1082	-20.5%	
Ambulance Conveyances	921	777	-15.6%	
A&E attendances	2696	2156	-20%	
Admissions	1790	1464	-18.21%	2,119
Admission avoidance referrals	65	226	+71%	1046.5

Consistency of care audit		
Adult Spot Audit	City % (129)	SGH % (99)
OBS O/A	100.00%	100.00%
News	99.22% (1)	100.00%
Pain Score O/A	100.00%	100.00%
Pain Reviewed (if applicable)	100.00%	100.00%
Named Nurse Signed	99.22% (1)	100.00%
Care Round (if applicable)	97.58% (3)	100.00%
VIP Chart (if cannula insitu)	95.45% (4)	100.00%
SBAR (If Admitted)	92.31% (9)	98.90% (1)
Appropriate triage	100.00%	100.00%
Sepsis Box Ticked	100.00%	100.00%

48 hour follow up project – of patients discharged from acute beds home

- 380 patients contacted in first 6 weeks
- 800 calls made (includes follow up calls)
- Only 54 patients were active and known by community services of these 380 patients contacted; 122 patients (32%) were referred inwards for continuing care
- 98 patients referred to community services
- 21 patients followed up to prevent readmission
- 3 referred to voluntary sector



10/16 of Ben Owens recommendations are complete. 4 are in progress, 1 has an alternative process in place and 1 has not been utilised.

Recommendation and status	Plan
Flow coordinators - The staff are in post but the full impact of the role is yet to be gained.	Supernumerary senior nurses to work along side flow coordinators as part of PDSA improvement. Monthly study days.
Internal professional standards – inconsistent	Improvement starts week 15/7 as part of 3 week improvement cycle
Nurse referral to specialities from triage - SMART process in place - SPA avoids GP referrals to ED	
HCA to support ENPs Minors breaches in twilight hours	ECT to support minors in twilight hours
Clerking in acute medicine	Reconfiguration plans to support integrated workforce model in Q3
Hot clinics - available not utilised Surgical ambulatory care in place	Improvement opportunity in time to SEAU

4/6 of Jeff Worrall's recommendations are complete. 2 are in progress.

Recommendation and status	Plan
Frailty Admission avoidance in place. Nursing home work pilot successful and to plan to scale up in Q3.	OPAU and frailty review in train as part of acute medicine reconfiguration at Sandwell STP frailty collaborative.
Internal professional standards – inconsistent	Improvement starts week 15/7 as part of 3 week improvement cycle

The key risk / challenges are summarised below as well as our ask for help.

Risks / challenges

- WMAS strategic cell
- Leadership / staff engagement
- DCOO vacancy
- Increased admission and winter bed plan
- Understanding of system bed plan longer term and nursing home market
- IT and Unity

Our ask for help:

- WMAS strategic cell and deflect criteria agreement
- DCOO recruitment from leadership networks
- View on ambulatory majors opportunities
- Support on morning discharge consistency
- Join up re trainees and Heath Education England

Improvement over 8 weeks	Wc 15/7	Wc 29/7	Wc12/8	Wc 26/7	Impact per day
Reduce 4-5 hour breaches	Supervisory senior nurse working with flow coordinators				17 breaches
Reduce 4-5 hour breaches		Clerking/monitored beds and resus policy			10 breaches
Reduce minors breaches	ECT on twilight in minors				9 breaches
	Complete crewing analysis for BMEC	Right size BMEC ED			2 breaches
Internal professional standards	Week 1 of PDSA improvement cycle	Week 3 of PDSA improvement cycle			8 breaches a day
Patient flow- optimising prospective discharge planning	Sit out policy issued Incremental focus x 2 wards for prosepctive discharge planning	Incremental focus x 2 wards for prospective discharge planning	Incremental focus x 2 wards for prospective discharge planning	Incremental focus x 2 wards for prospective discharge planning	5 breaches a day
Streaming opportunities		Meet Mallng with analysed data from diagnostic codes to inform streaming improvement	Agree resource and test new pathways		TBC
Delivering our bed plan – reduce need for 35 beds by October	Detailed delivery plan through to October in preparedness for winter				