

Report Title	Delivering the emergency care standard		
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Meeting	Public Trust Board	Date	2 nd January 2020

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

4 hour ED performance continues to be in the low 70% range. There has been little movement in the underpinning key performance clinical indicators since the last Trust Board. Over the last reporting period bed occupancy has been in excess of 98%.

Progress has been made in implementation of ED improvement initiatives which was acknowledged by an external NHSE/I visit in early December.

There is still more to do in terms of consistency of clinical leadership practice, implementation of single clerking methodology and 'on take' reviews of patients by consultants.

The Trust Board should discuss the improvement approach for January.

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

Safety Plan	<input checked="" type="checkbox"/>	Public Health Plan	<input type="checkbox"/>	People Plan & Education Plan	<input checked="" type="checkbox"/>
Quality Plan	<input checked="" type="checkbox"/>	Research and Development	<input type="checkbox"/>	Estates Plan	<input type="checkbox"/>
Financial Plan	<input type="checkbox"/>	Digital Plan	<input type="checkbox"/>	Other <i>[specify in the paper]</i>	<input type="checkbox"/>

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

PMC and CLE

4. Recommendation(s)

The Trust Board is asked to:

- a. **NOTE** the current ED performance and outcome of the external visit
- b. **DISCUSS** approach needed in January to make an incremental improvement in ED performance

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

Trust Risk Register	<input type="checkbox"/>				
Board Assurance Framework	<input type="checkbox"/>				
Equality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/> If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/> If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 2nd January 2020

Delivering the emergency care standard

1. Introduction

- 1.1 The Trust continues to underperform in relation to the 4 hour standard, achieving 70.9% delivery in November compared to 71.73% in October.
- 1.2 In December the bed occupancy of the Trust has increased to a 98-99% midnight occupancy and many mornings the bed occupancy is in excess of 100% with escalation bed plans activated regularly over the period. Low discharge rates, stubborn 21 day LOS and high bed occupancy rates add to the emergency care challenge.
- 1.3 Reconfiguration and building works at City ED have started in paediatrics, which has required relocation of minors and a reduce opportunity expand majors.
- 1.4 The Trust invited NHSE/I with delegates from the Emergency Care Intensive Support team (ECIST) in for a visit on 3rd December to review the progress against the existing improvement plan and identify any further areas of improvement.

2. Performance on key indicators

- 2.1 Annex 1 shows the SPC charts for the key indicators of time to initial assessment, time to be seen by a senior clinical and time to make a decision to admit.
- 2.2 The improvement in the time to initial assessment has largely sustained with 2 notable deviations at City which were subject to local debrief.
- 2.3 There is no real movement in the time to be seen or decision to admit indicators. There remains variation in practice and the specialty lead is working with the senior clinical team to better standardise how the EDs are managed in busy and potentially crowded situations. This is being actioned through insitu coaching with a City focus in January and registrar reflective teaching.

Focus on time to be seen by a senior clinician relevant to the clinical triage priority score is being analysed. Utilisation of a new ambulatory majors which effectively circulates patients through a chair based majors facility and increases majors capacity by 45% is in the progress of being implemented at Sandwell. The City equivalent facility needs estates works and should be ready for use in January.

3. Improvement activities in December

- 3.1 In December progress has been made in extending minors, introducing a new ambulatory care model at Sandwell, renegotiating the Malling Health contract totake a further 3% of ED activity and automating electronic blood test order sets against presenting conditions.
- 3.2 The Medical Director and Group Director for Medicine and Emergency Care have had engagement conversations with external experts on a single clerking methodology and progressing the recommendation of all on take medical consultants clerking and reviewing patients on their take. This will form part of an executive and consultant meeting on the 3rd January.

4. Feedback from NHSE/I visit 3rd December

- 4.1 The NHSE/I visit team fed back that it was evident that considerable progress had been made at the 'front door' and noted the improvement plan activities scheduled to be implemented over the coming weeks.
- 4.2 The additional recommendations were specific adjustments to diagnostic vetting procedures, out of hours staffing considerations, ENP clinic model to optimise productivity, review c spine transfer procedure to free up medics time and implement a rule that patient transfers from assessment units to wards to be completed 'in shift'. None of these recommendations are a single solution to improve ED performance but incrementally worth adding to the improvement plan for implementation.
- 4.3 NHSE/I offered support in the form of visits on site to assess streaming practice, provision of workforce tools to assess out of hours and weekend roster alterations, observation of a MADE event and support linking into the national length of stay work all of which the Trust welcome.
- 4.4 The team also visited ambulatory care unit for a short time, which is subject to a separate improvement project. The team feedback on pathways are all encompassed in the current work.
- 4.5 The visiting team also went to wards with the scope of advising on a programme of work to improve discharge rates, morning discharges and weekend discharges. The team observed a lot of good practice namely the homeless services and integrated community pathways. The team offered little constructive feedback on a rapid improvement approach to achieve discharge goals including 10 discharges before 1am and improved weekend discharge rates. In January an accredited ward discharge module will support and enable improvement in discharge practice led by the Medicine Clinical Group team. We will seek ECIST expertise to support this work.

5. Recommendations

5.1 The Trust Board is asked to:

- a. Note the current ED performance and outcome of the external visit
- b. Discuss approach needed in January to make an incremental improvement in ED performance

Rachel Barlow
Chief Operating Officer

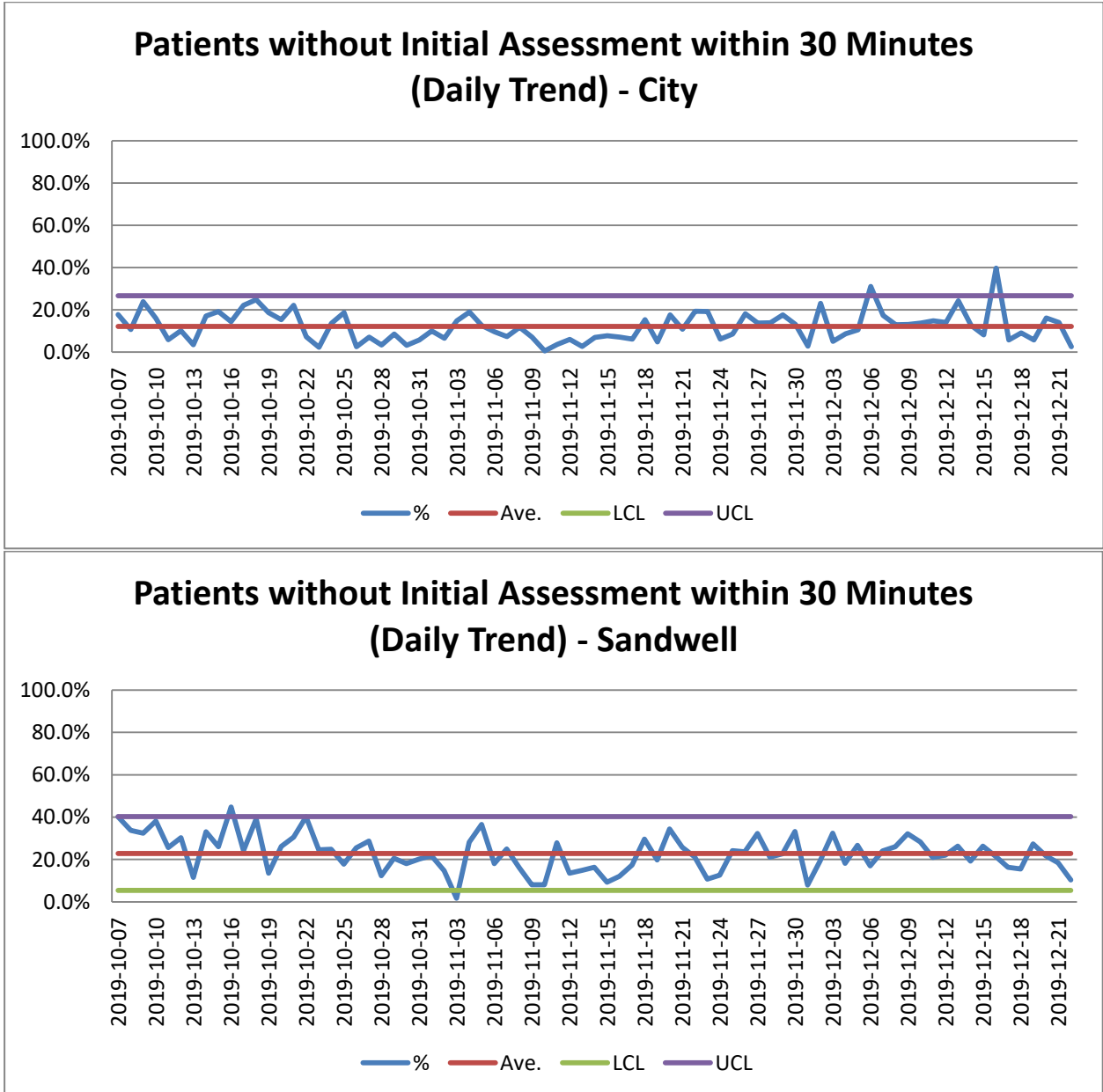
December 2019

Annex 1 ED performance SPC charts

ED performance SPC charts

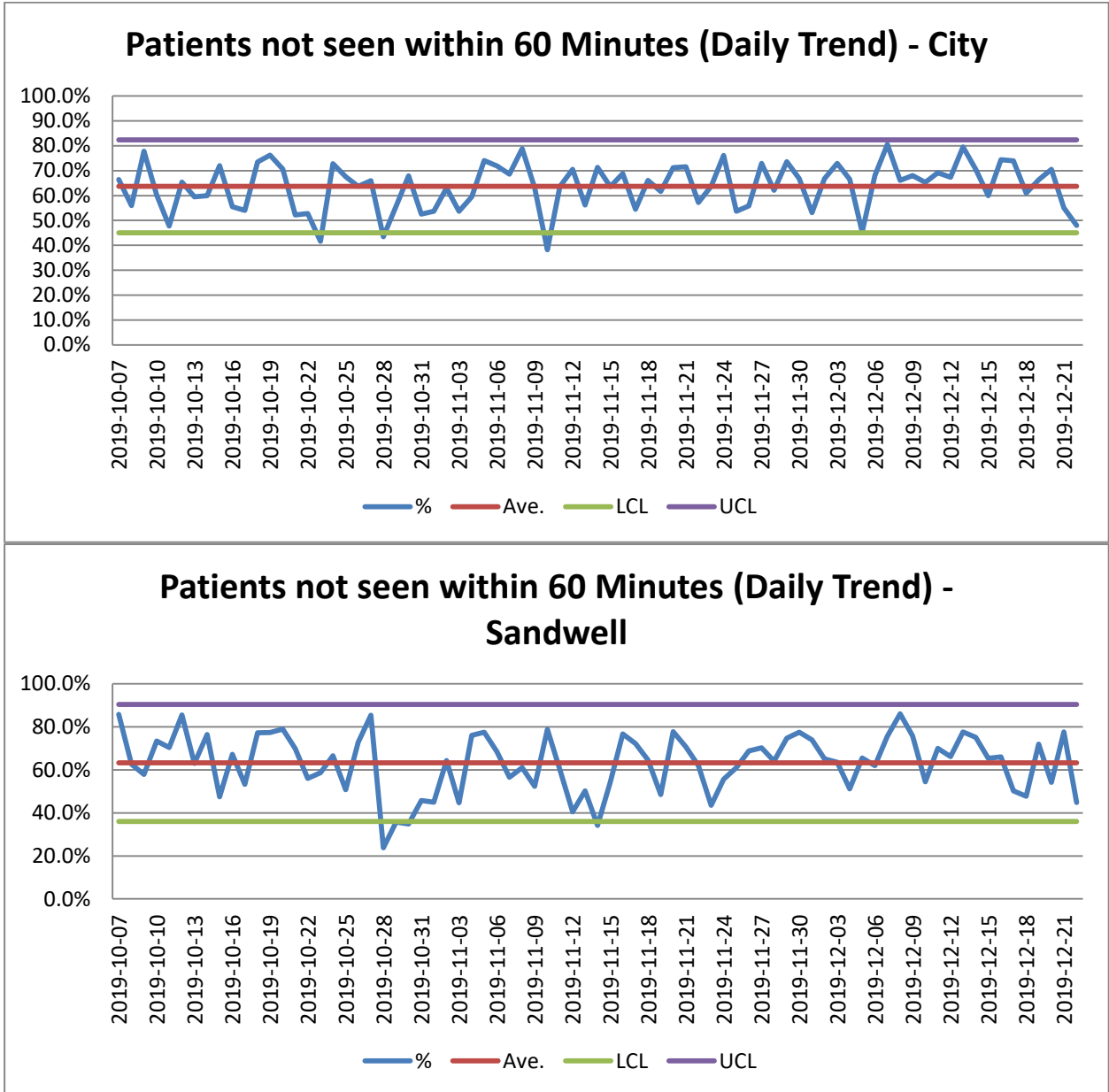
i) **Patients without an initial assessment in 30 minutes**

The overall performance remains consistent with the last board report, with the exception of the Friday 6th and Tuesday 17th December.



ii) **Patients not seen within 60 minutes**

This indicator continues to show variation in performance



iii) **Decision to admit within 2 hours of arrival**

This indicator continues to be missed for a majority of our patients

