



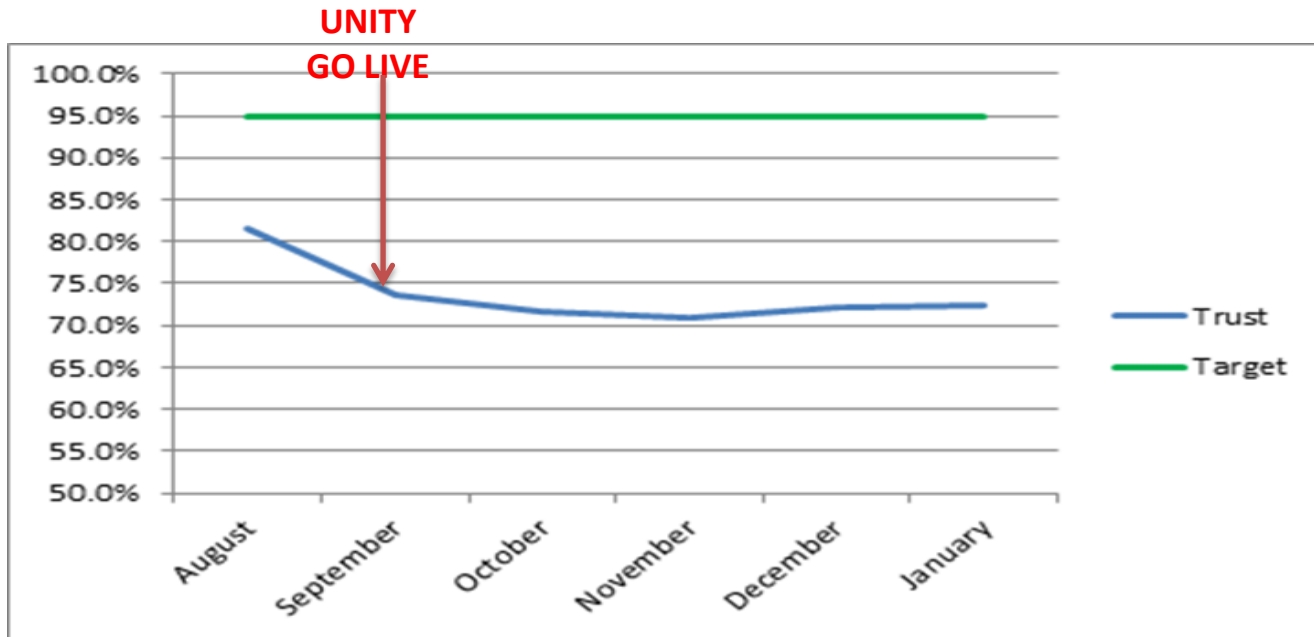
ED clinical service presentation

Trust Board
Sandwell and West Birmingham
Hospitals Trust
February 2020

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Our ED 4 hour performance has grossly deteriorated following introduction of our Unity EPR. November out turned at 71.18%. December we achieved 72.3% and saw an increase of 8% of attendances compared to December 2018. Our aim was to get back to the 81% pre Unity baseline. This is a reduction of 46 breaches per day.



We currently rank in the bottom quartile nationally. Regional performance wc 16th January was circa 80%.

January to date we have delivered 72.97% against the 4 hour target.

- Daily average:
 - 158 patients waiting more than 4 hours a day
 - 4/ day minors breaches - performance improved >90%
 - 56/day breach between 4-5 hours
 - 29/day breaches > 8 hours

Medical workforce plan - Our workforce plan is based on a fully recruited workforce before Midland Met with enhanced senior decision making. We have recruited a new speciality and site leadership team and have a successful internal registrar training programme which the Trust Board invested in 2 years ago.

10 consultants have been hired in the last 18 months. Consultant interviews will take place in March 2020 with the aim to fully recruit and account for the anticipated retirement profile.

Middle grade recruitment is strong with < 10% vacancy rate. By June most of our registrars will have 6 months plus experience with us which should see a positive impact on performance, through better consistency in senior decision making and strengthening clinical leadership, particularly out of hours.

Grade	Site	Establishment	In post	No of vacancies
Consultant	Cross site	18	16.5	1.5
Total MG	Sandwell	18	17	1
Total MG	City	18.5	16.5	2
Total SHO	Sandwell	16	14.5	1.5
Total SHO	City	20	17.5	2.5

The CESR programme currently has 22 Registrars progressing through the programme with 2 completing by August 2020. We have successfully recruited 1 of our CESR Doctors into a Consultant post with more anticipated.



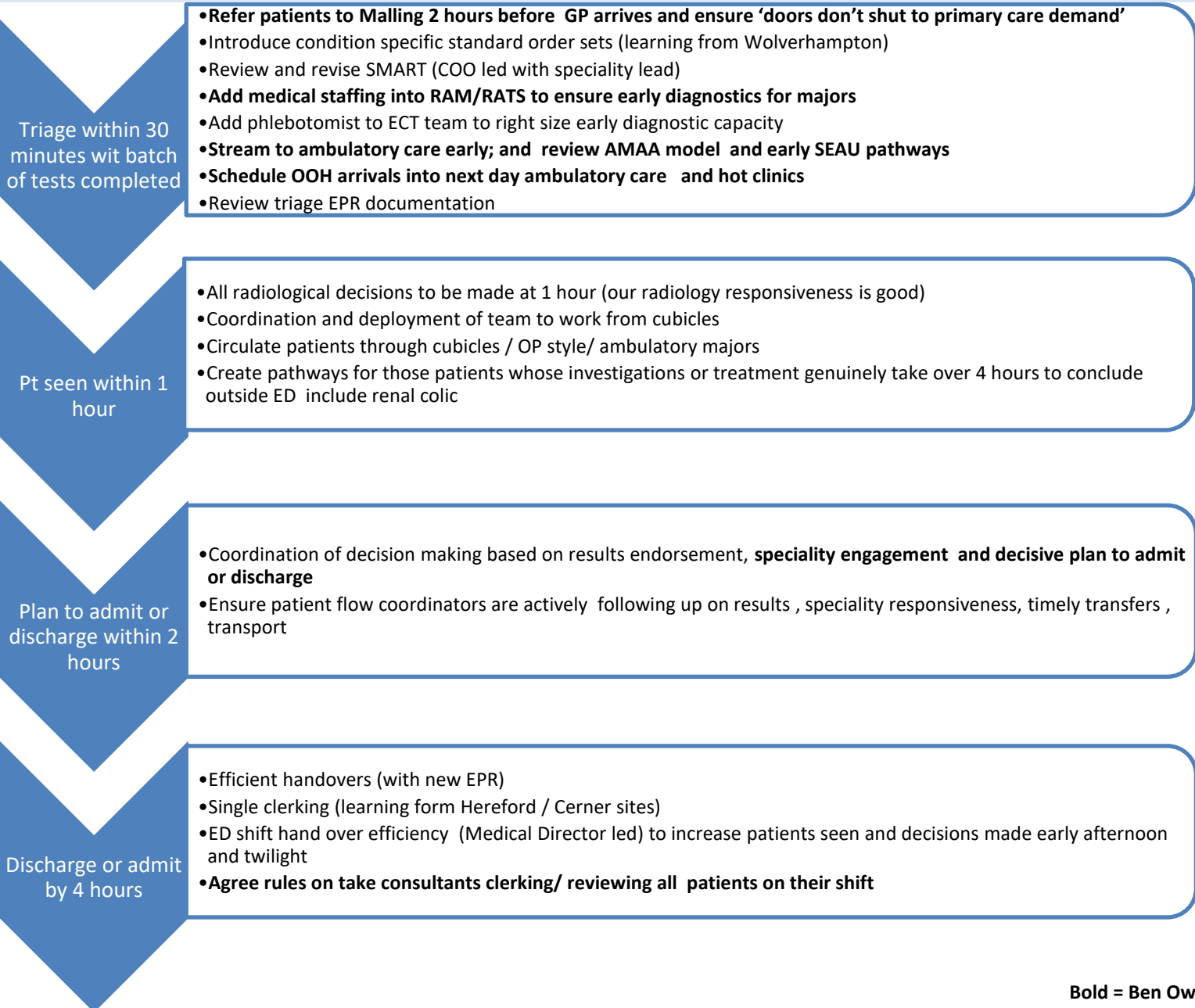
Nursing workforce plans include new roles such as emergency care technicians, phlebotomists and flow coordinators to complement the qualified staff, releasing time to care by covering administration duties and capacity to achieve early diagnostics.

We have tried out the following roles and will look to substantiate these in budget setting:

- 1. Streaming nurse** –Experienced nurse to signpost a patient to the right stream for the patient to be seen. This can be to ambulatory services or GP Malling.
- 2. Phlebotomist in SMART/RAM** – This allows for phlebotomy investigations to be completed in the first hour of arrival to enable results to be received and decisions being made within 2hrs of our patients journey.
- 3. Twilight Paediatric nurse** – This allows us to extend our paediatric service until 2am, 3 times a week, to enable our paediatric attenders to be seen in a separate area of Main ED's – this enables a better experience for our patients and also reduced overcrowding in our adult majors area.
- 4. Twilight ENP in minors**– This enables our ENP service to be extended until 2am, 3 times a week which reduces times to be seen in minors- especially OOH.
- 5. ECT in minors** – We have introduced a band 3 Emergency Care Technician into our minor's stream 24/7. The ECT carries out wound care, application of plaster of paris and phlebotomy. This has increased the ENP's productivity.
- 6. Ambulatory Majors Band 5 nurse** – This is a new initiative whereby we have created a seated area within majors. This allows for increased flow through our cubicles and reduction in corridor nursing.

**By April we will have 21.8 vacancies (12.7% vacancy rate).
Half of those vacancies are band 6 – we aim to fully recruit this year.**

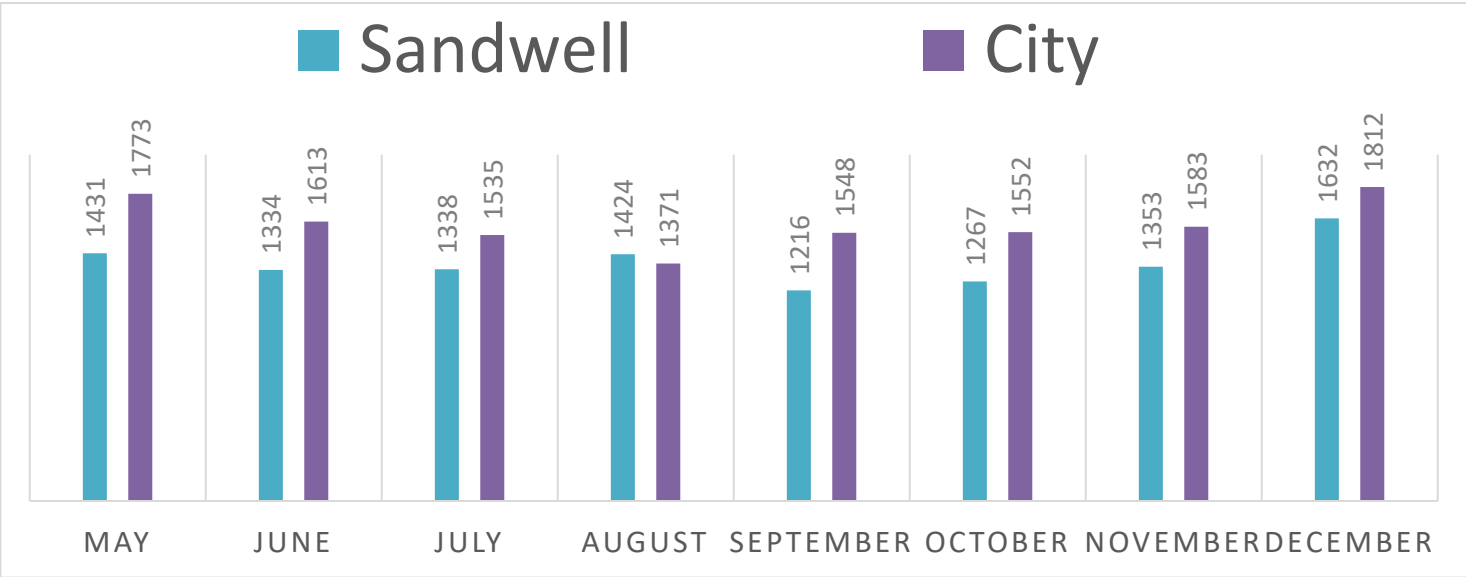
ED improvement focus is in on early diagnostics and timely decision making.



Streaming patients to our on site GP provider lessens the primary care load on the ED. There has been a 16% increase in Streaming patients to Malling GPs across both ED's from December following a change in contract terms and emphasis on streaming.

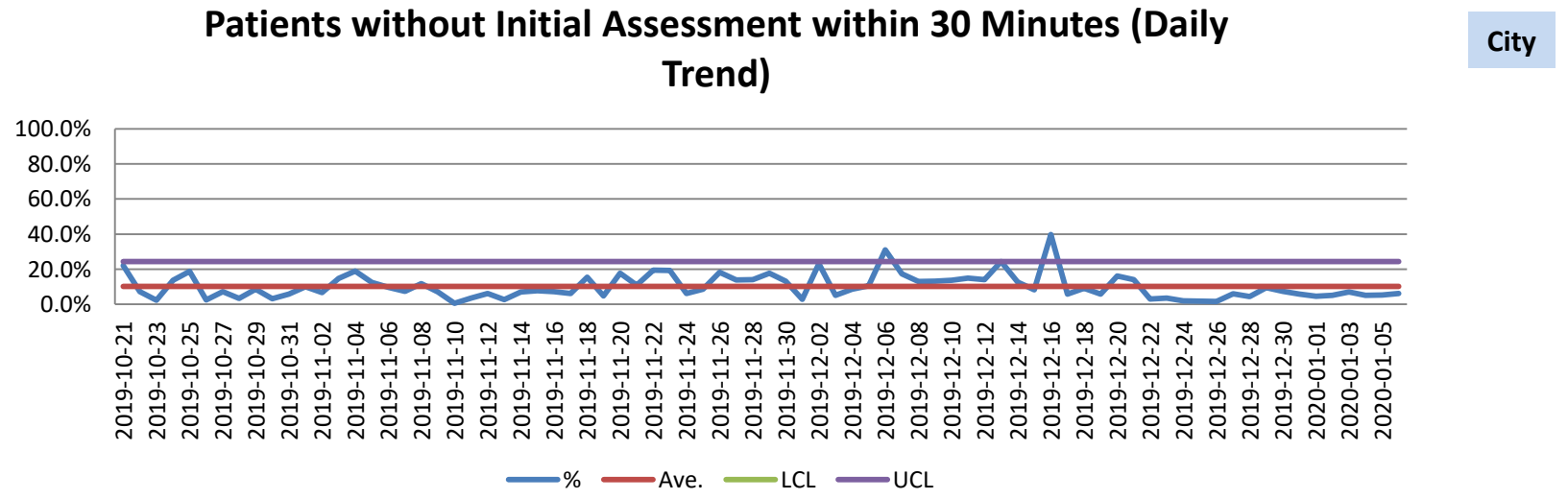
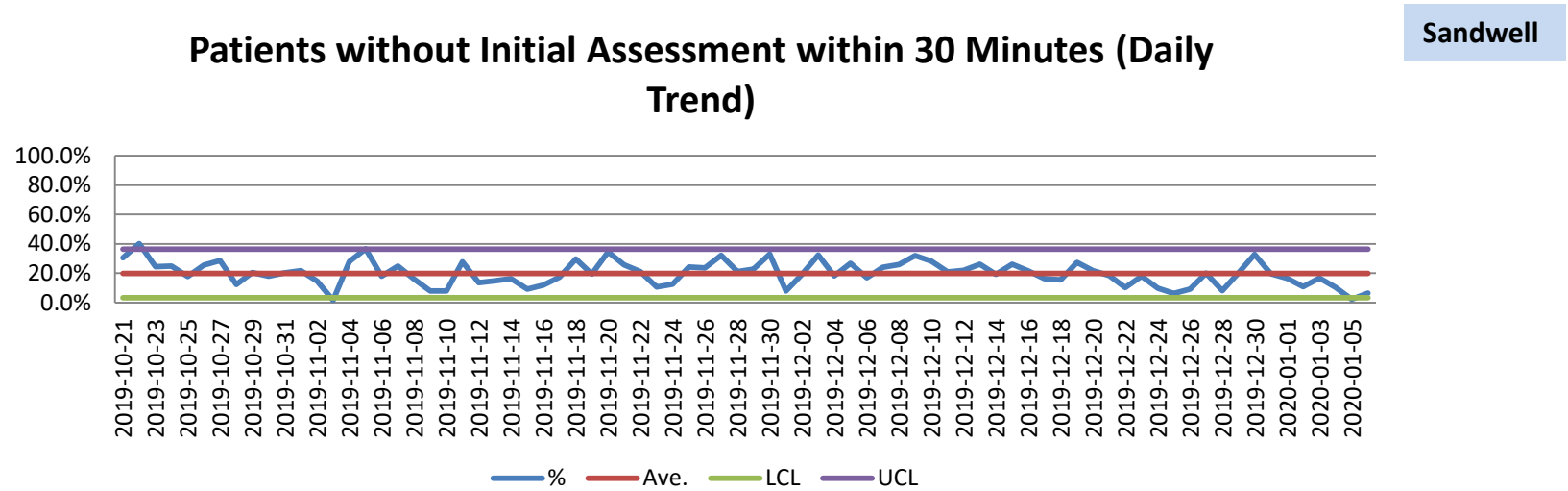
There is ongoing clinical pathway work, and training development with our nursing workforce to strengthen the streaming role.

There is also an opportunity to increase the number of patients being streamed to Malling between 08.00-10.00, as well as utilising external pre booked GP appointment slots that are available if Malling is full to capacity in the evenings.



Optimisation of streaming and minors in February can prevent a further 5 breaches a day

Time to triage improvement impact shows improvement on both sites and is back to pre Unity baseline.



Further improvement in time to triage and time to be seen by a senior decision maker will be achieved through reaching 90% diagnostics < 1 hour and consistent practice of senior decision makers in SMART and RAM.

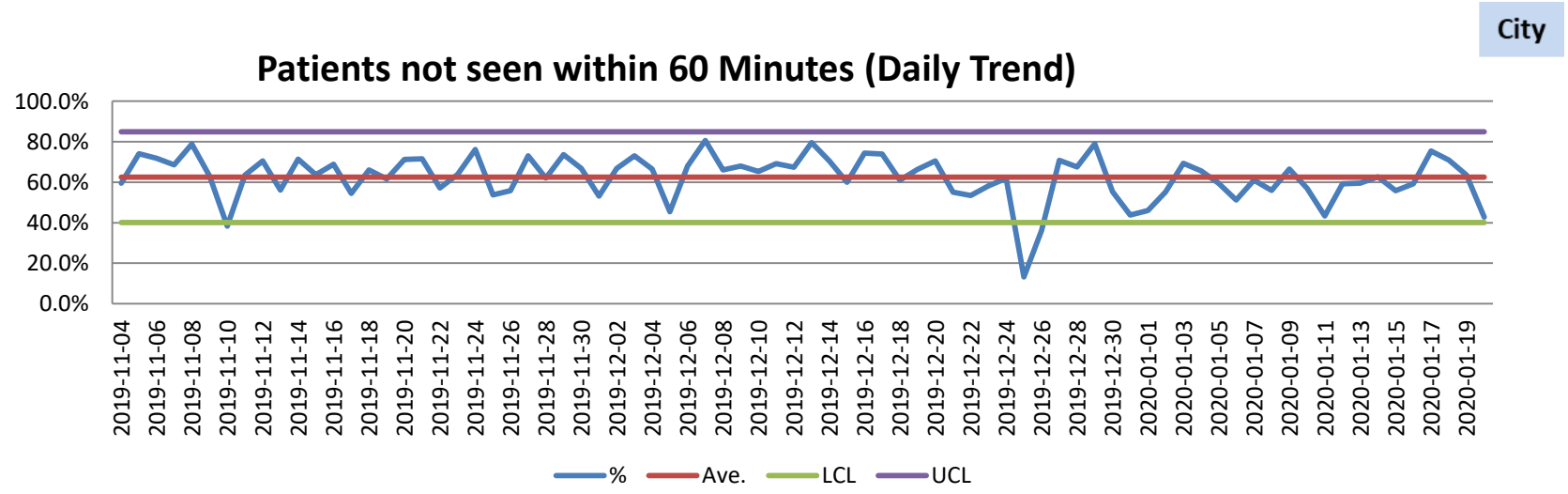
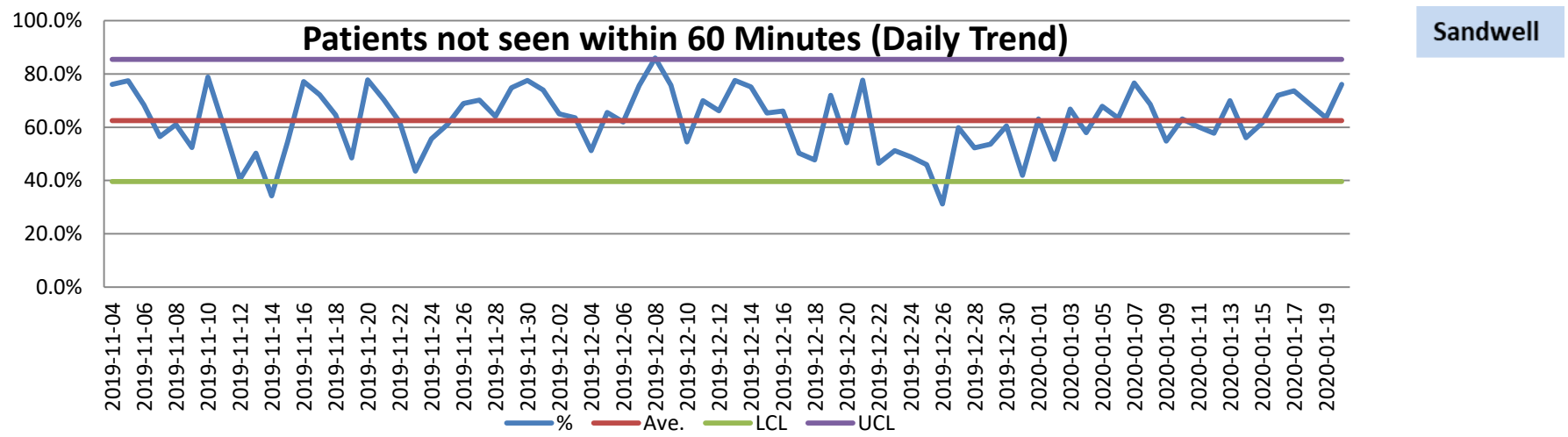
- 1. Number of patients seen in SMART has increased from 2 to 5 per hour through the re-launch of SMART principles.**
- 2. Senior Clinical Decision Making role introduced in RAM between 10.00-18.00 shows evidence earlier decision making – consistency in practice will be achieved as staff graduate LOS above 6 months and rotas extend the hours until 10pm.**
- 3. Daily trends shows improvement at Sandwell ED where SMART/RAM have been reviewed, with a focus on triage and lean improvements in diagnostic activities.**

The leadership team are focussed on supervision and coaching staff though the variability between sites and embedding / extending a consultant time in RAM remains an opportunity to improve results even further.

City	Bloods < 1hour	CT <1 hour	X-Ray < 1 hour
SMART/RAM	43%	26%	47%
SGH	Bloods < 1hour	CT < 1 hour	X-Ray < 1 hour
SMART/RAM	85%	62%	78%

Optimisation of 90% diagnostics < 1 hour and RAM/SMART benefits in February can prevent a further 21 breaches a day

Time to assessment improvement impact has been stubborn in terms of change. Late December and January shows a positive movement but continuing variability. Earlier diagnostics affords the opportunity to make earlier decisions. Emphasis on DTA in 2 hours and managing deviation from defined clinical standards is a key competency that must be demonstrated.



Increasing space to make decisions in ambulatory majors can prevent a further 10 breaches a day

We aim to achieve over 80% performance by end of February.

Improvement Time	W/C 3/2	W/C 10/2	W/C17/2	W/C 24/2	W/C 2/3	Impact per day Cumulative
Cumulative breach reduction			23 a day	43 a day	56 a day	
Weekly performance forecast	73%	74%	76.5%	80%	83%	
Utilising GP Slots / focus on OOH	Reception staff to have access to booking slots. Launch communication to clinical teams with focus on triage/streaming.		Review conditions presenting OOH to assess opportunities to increase use of GP slots. Begin seeing breach reductions			3/day
Reduce minors breaches	Trial ENP twilight hours on Mon/Fri and Sat until 2am.		Review location for Minors at SGH. Begin seeing breach reductions			2/day
Improving time to DTA by 2 hours	SDM in RAM and SMART re-launch at City. SGH consistent use of majors ambulatory. Continued focus on bloods and diagnostics within 1 hour		Increase SDM in RAM by 2 hours on each site. Begin seeing breach reductions			9/day
Improve Decision to discharge by 2 hours	SDM in RAM and SMART re-launch at City. SGH consistent use of majors ambulatory. Continued focus on bloods and diagnostics within 1 hour		Increase SDM in RAM by 2 hours on each site. Begin seeing breach reductions			8/day at City 4/day at SGH
Patients seen within 1 hour	City majors ambulatory area to be completed and functioning. Focus on consistent use of Majors Ambulatory room at SGH - To free cubicle capacity to allow for throughput of patients in main dept.	Focus week on SMART principles at City. Begin seeing breach reductions				10/day
Reducing number of admitted breaches		Ward accreditation - Elderly Care	Launch of ward accreditation. Partial breach reduction 4/day	Further breach reductions as ward accreditation and discharges improve. Improve by reducing 3 breaches per day	Further breach reductions as ward accreditation and discharges improve. Improve by reducing 7 breaches per day	7/day at City 3/day at SGH
Streaming to AMAA			Scheduling OOH booking slots. Partial breach reduction 4/day	Ambulatory Pathways Launch. Improve by reducing 4 breaches per day	Ambulatory Pathways Launch. Improve by reducing 6 breaches per day	10/day

CQC plan 1 - Progress Against Amber and Red Actions include the new paediatric combined ED and assessment facility being built at City. Firstnet implementation was a challenge but has also brought benefits including visibility of results, an accurate timeline with speciality input and has inspired emerging leaders to develop care standardisation.

In urgent and emergency care at Sandwell General Hospital:			
1.	The trust must ensure that the premises are suitable for the purpose for which they are being used, including in the treatment of children and young people.	<ul style="list-style-type: none"> • PAU build on track to be completed April 2020 – Forecast green in Q1. • Dedicated 24/7 Paeds ED at City 	R
1.	The trust must ensure there is sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed in order to meet the needs of patients 24 hours a day.	<ul style="list-style-type: none"> • Robust workforce plans in place with clear trajectories – forecast green in Q1. • Regular recruitment days are held for nursing teams • Weekly workforce meetings in place • Safe staffing monitored on weekly basis • New annualised rotas introduced for middle grades and consultants. • Nursing establishment review with NHSI due to be undertaken Feb 20. 	A
SD2	The trust should review how staff competencies are delivered and assessed across the department.	<ul style="list-style-type: none"> • PDN's in place to monitor nursing competencies – forecast green in Q1. • Middle grade competencies being monitored by educational supervisors. • ENP competencies currently being mapped to ACP framework. 	A
SD3	The trust should review its current measures for improving compliance against national targets, for example the four hour target to see and discharge, admit or transfer patients, and ensure they are fit for purpose.	<ul style="list-style-type: none"> • ED Improvement Plan – forecast amber in Q1. • WMAS turnaround times remain some of the best in the region 	R
SD4	The trust should ensure that any IT systems in use across the organisation are fit for purpose and allow staff to undertake their roles without jeopardising or delaying	<ul style="list-style-type: none"> • UNITY - Electronic Patient Record implemented September 2019 	G

CQC plan 2 - Progress Against Amber and Red Actions – mandatory training is 88.5% for all modules and PDRs are 78%. Trajectories are in place to achieve compliance in Q4.

In urgent and emergency care at City Hospital:			
1.	The trust must ensure that staff are up to date with all mandatory training.	<ul style="list-style-type: none"> Monthly ops meeting to evaluate compliance - Regular meetings with HR, Learning and development and departmental PDN's. Forecast green in Q1. 	A
1.	The trust must ensure that sufficient numbers of substantive staff are on each shift to ensure patients and staff are kept safe.	<ul style="list-style-type: none"> Medical Staffing: posts hired to in past 12 months including 4 Consultants. 1 vacancy per site for Middle Grades, 2.5WTE vacancy for SHOs. Focus has been on embedding new teams. Forecast green in Q1. 	A
SD5	The trust should ensure all staff are up to date with their yearly appraisal.	<ul style="list-style-type: none"> Annual trust cycle and moderation process in place fro all staff PDRs / appraisals. Forecast green in Q1. 	A
SD6	The trust should improve recording within patient records including documentation around completing safeguarding and mental capacity pro-forma and improve staff understanding around mental capacity assessments.	<ul style="list-style-type: none"> Electronic System in place which has the mental capacity assessment form within it which enable ease of assessment of those patients that have a cognitive impairment and enables us to follow best interests process. Forecast green in Q1. 	A

Risk Themes

Risk	Actions to mitigate
Violence and aggression in ED Risk score: 16 Mitigation: 12	<ol style="list-style-type: none"> 1. SGH Ambulance entrance Key Pad to secure entrance 2. Lock down policy in draft 3. Security group formed with COO to explore body cam usage 4. Emergency alarms in place where panic buttons aren't 5. Security team mental health trained 6. Review zero tolerance policy
ED Overcrowding and corridor nursing Risk score: 16 Mitigation: 12	<ol style="list-style-type: none"> 1. Refer to ED Improvement Plan 2. Trust escalation process to capacity and initiation of a Trust wide response from all specialities. 3. ED Action cards implemented 4. SMART in RAM implemented
ED nurse staffing with projected leavers. Risk score: 12 Mitigation: 12	<ol style="list-style-type: none"> 1. Rolling Band 5 recruitment 2. Recruitment days for ED 3. National recruitment days 4. Active recruitment 5. Weekly Workforce meetings with projection of new starters medical and nursing 6. Frequent staffing reviews undertaken 7. paper produced of additional roles being covered where there is no established budget e.g. streaming nurse, minors ECT to become substantive to recruit
Reconfiguration of respiratory services from SGH to City and Paediatric reconfiguration Risk score: 12 Mitigation: 9	<ol style="list-style-type: none"> 1. Respiratory reconfiguration complete. 3 month evaluation due in March 2020. 2. Paediatric ED/ PAU at City due to open April 2020.

Audit programme and results have improved patient care by changes being implemented in nurse prescribing analgesia for children and adults in pain, achieving early pain treatment. To improve sepsis response times, a bleep holding registrar is dedicated to responding quickly to sepsis alerts.

Topic area	Clinical Lead
RCEM: Mental Health	Dr Rachakatla (City) Dr Elangham (Sandwell))
RCEM: Assessing Cognitive Impairment in Older People	Dr Sadhunavar Dr Singh Gill
RCEM: Care of Children in the ED	Lorna Bagshaw
Use of interpreters for both acute and mental health patients.	Helen Mallard
Compliance with head injury protocol incorporating intoxicated patients	Dr Asif Naveed
Timeliness of medical assessment of mental health presenting patients	Dr Naveen Rachakatla
Feverish and febrile illness in children	Dr Bagshaw
Pain assessment and appropriate prescription and timely administration of medication for children	Dr Bagshaw
Compliance with metastatic spinal cord compression assessment	Dr, Virupaksha Sadhunavar

For Improvement **VTE Prophylaxis for lower limb immobilisation**

Results

Achieved compliance of 4.7% City and 0% Sandwell against National compliance of 45% for assessment.

Action:

1. Patient Information Leaflet has been created in Jan 2020, and been added to the ED intranet web page, and will be added onto UNITY.
2. VTE Pathway has been created and in use
3. Re-audit will in March 2020 to check the compliance

Improved **Pain in Children**

Results

Achieved national compliance despite being below the National Average

Action:

1. Achieved compliance by developing PGDs allowing them to record the pain score and prescribe pain relief.
2. Implementing the use of alarms and alerts on parents phones to prompt re-doing the pain score after 30-45 mins of the initial pain relief being given.
3. Re-audit is scheduled for Feb 2020

We track daily consistency in care measures for both adults and children. This programme has driven improvements that include daily assurance of observation frequency and improved handover standards. Successful results are driving an improvement culture with staff are identifying new audit measures for further improvement.

SGH ADULT					
	Yes	No	N/A	Total	Yes
OBS O/A	12	0	0	12	100.00%
News	1	0	0	1	100.00%
Pain Score O/A	11	0	1	11	100.00%
Pain Reviewed (if applicable)	5	0	7	5	100.00%
Named Nurse Signed	12	1	0	13	92.31%
Care Round (if applicable)	9	0	3	9	100.00%
VIP Chart (if cannula insitu)	6	0	6	6	100.00%
SBAR (If Admitted)	5	0	5	5	100.00%
Sepsis Box Ticked	1	0	10	1	100.00%

City ADULT					
	Yes	No	N/A	Total	Yes
OBS O/A	65	0	0	65	100.00%
News	65	0	0	65	100.00%
Pain Score O/A	59	2	4	61	96.72%
Pain Reviewed (if applicable)	62	3	0	65	95.38%
Named Nurse Signed	65	0	0	65	100.00%
Care Round (if applicable)	46	18	1	64	71.88%
VIP Chart (if cannula insitu)	31	11	23	42	73.81%
SBAR (If Admitted)	54	10	1	64	84.38%
Sepsis Box Ticked	12	0	53	65	100.00%

SGH- PAEDS					
	Yes	No	N/A	Total	Yes
Nurse Assigned	30	0	0	30	100.00%
Handover to Ward	6	0	0	6	100.00%
Obs on arrival	13	0	0	13	100.00%
Pain Score (in assessment	30	0	0	30	100.00%
Pain Relief	13	0	0	13	100.00%
SCR Check	30	0	0	30	100.00%
Parent Guardian	5	0	0	5	100.00%
HV/School Nurse	4	0	0	4	100.00%

City- PAEDS					
	Yes	No	N/A	Total	Yes
Nurse Assigned	35	0	5	35	100.00%
Handover to Ward	21	0	19	21	100.00%
Obs on arrival	35	0	5	35	100.00%
Pain Score (in assessment	34	0	6	34	100.00%
Pain Relief	21	0	19	21	100.00%
SCR Check	30	0	10	30	100.00%
Parent Guardian	18	0	22	18	100.00%
HV/School Nurse	6	0	35	6	100.00%

Patient experience and feedback from adult patients shows 76% positive feedback from our patients. As part of the Sandwell ED Pioneer project , we will be introducing new initiatives to promote patient dignity and positive patient experience in our departments.

1. **‘Hello my name is’** – re-launching: staff introducing themselves to patients, and asking the patient how they would like to be addressed, having ensuring a named nurse for each patient.
2. **At Streaming having a sign in multiple languages stating:** ‘If you would like to speak in private please state to the streaming nurse’. This is to promote patient privacy at the front desk.
3. **Dementia/Distraction cubicle at SGH –** Exploring use of distraction therapy boxes, including dementia dolls and distraction gadgets and music therapy.
4. **Long Stay ED patients: Essential Packs–** creating an essentials pack for vulnerable and frail adults which include deodorant, soap, flannels, toothbrush and toothpaste.



Patient experience for children and their families will benefit from the new combined ED and assessment unit due to open in April 2020.

Reconfiguration:

- Combines ED and Paediatric Assessment Unit (PAU) in one areas
- Allows a dedicated ED area 24/7 for children
- Better environment and experience for our paediatric experience

The integrated unit will enable 15 children that currently arrive over night City ED to be treated in a dedicated children's environment.

Pathways will achieve earlier transfer of patients for high dependency or in patient treatment to Sandwell.



External visits have noted the positive staff engagement and resilience to deliver change. Engagement activities through the pioneer project have improved engagement from 67.71% to 71.82%.

1. 'Say hello to me' Initiative: to support staff who are new to the Trust or even the NHS.
2. A positivity box has been installed to recognise acts of kindness and high standards of care.
3. Monthly newsletters are also being rolled out to all staff to ensure communication is achieved in an often busy and challenging area
4. The team were proud to be shortlisted twice in the Trust WeLearn poster competition:
 - i) 2 week cancer referral pathway from ED to specialities won the peoples vote. This initiative has already diagnosed 2 cancers weeks earlier than the previous pathway back to a GP.
 - ii) 'Hello my name is' initiative

