

Enclosure 3

Report to: Trust Board – 29th November 2012

Title	Action Plan to Improve Patient Flow and Emergency Access Performance
Sponsoring Executive Director	Peter Herring – Chief Executive
Author(s)	Peter Herring – Chief Executive
Purpose	To outline the proposed action to improve patient flow and emergency access performance
Previously considered by	

Executive Summary

This plan sets out an evidenced improvement trajectory that the Trust will achieve 94% in December 2012 which it aims to maintain in Quarter 4 subject to the impact of norovirus infection and unexpected winter pressures.

Key actions to achieve this:

- Improve the rate of daily discharge before midday.
- Increase the number of patients discharged by 6 per day.
- Eliminate the practice of GP planned emergency patients presenting to ED or defaulting to ED due to bed availability.
- Eliminate number of breaches due to delay in specialty review.
- Reduce the total number of patients who are medically fit for discharge but remain in hospital beds.

Related SATH Objectives	SATH Sub-Objectives
C: Quality and Safety	<ul style="list-style-type: none"> • Provide the right care, right time, right place, right professional. • Deliver services that offer safe, evidence-based practice

Risk and Assurance Issues (including resilience risks)	
Equality and Diversity Issues	None
Legal and Regulatory Issues	

Action required by the Trust Board

The Board are asked to support the improvement plans described above; regular updates on progress will be included as part of the integrated performance report at future Board meetings.

The Shrewsbury and Telford Hospital

NHS Trust

Action Plan to Improve Patient Flow and Emergency Access Performance

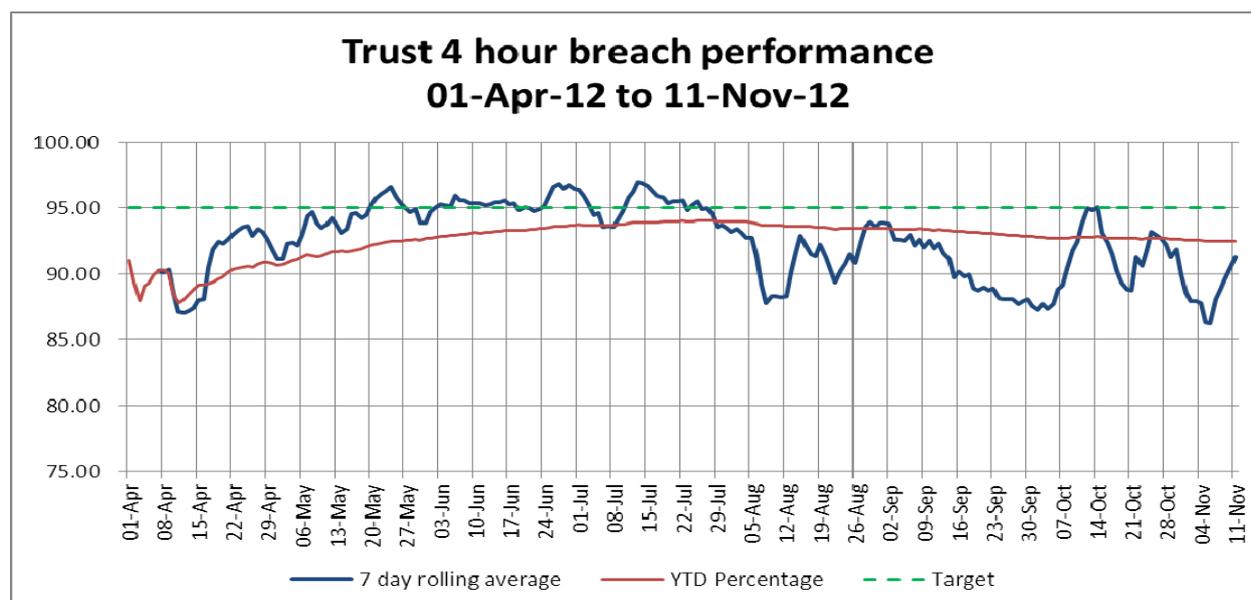
1. Summary

The Trust has consistently failed to achieve the national emergency access target of 95% of patients being seen, treated, discharged or admitted within 4 hours of presenting to Accident and Emergency, and in recent months performance has deteriorated in the context of increased emergency activity, a lower bed base, the additional impact on the RSH site of acute surgery, and increasing numbers of patients who are medically-fit but unable to be swiftly discharged.

Performance in 2012-2013 to date is:

Q1	93.7%
Q2	92.1%
Q3	90.7% (to date)

For the Trust to achieve 95% for 2012-2013 year as a whole, it would need to achieve 99% each month for the remainder of the year, which is not realistic at the present time. Please see graph of current performance to date below.



This Plan sets out an evidenced improvement trajectory that the Trust will achieve 94% in December 2012. The Trust will aim to maintain this performance in Quarter 4 subject to the impact of norovirus infection and unexpected winter pressures. By the end of Q4 the aim is for the Trust to be robustly achieving 95% to continue into 2013-2014. This is a realistic improvement trajectory given performance year to date and the need to implement sustainable improvements.

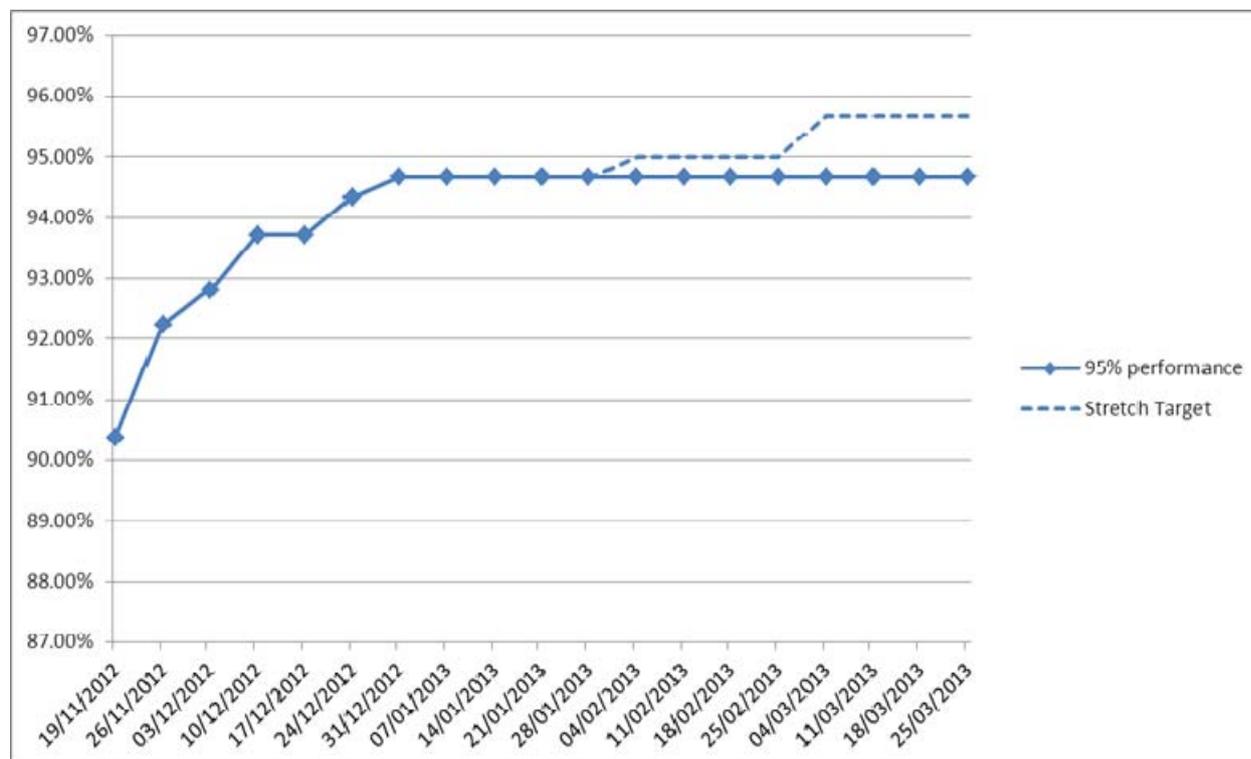
Whilst we will aim to achieve 95% at the earliest opportunity, the plans developed so far for SATH alone are more likely to deliver 94% in Q4 in line with the improvement trajectory below. We have, however, developed a collaborative and supportive relationship with our Clinical Commissioning Groups (CCGs), the Community Trust and Local Authority stakeholders, the senior leaders of which will regularly meet to progress actions in and across each sector to reduce emergency presentations to the Trust and further improve the speed of discharge. The

Enclosure 3

impact of any wider health economy initiatives of this nature are not yet factored into this trajectory of improvement but will enable further sustainable improvement.

The Trust has appointed an Interim Head of Emergency Access and Patient Flow to support and deliver this Improvement Trajectory and the new Chief Operating Officer commences work on December 17th. Daily Site Management has been strengthened to improve patient flow and patient discharge earlier in the day to improve performance.

2. Improvement Trajectory



Improvement will be achieved through the following key actions:

The following actions and impact on performance against this target have been quantified and support the Improvement Trajectory above.

1. Improve rate of daily discharge before midday. Current performance is 22% Trust-wide. With improved site management now in place, and with clear roles and responsibilities for action, this will be improved to 30% by end December 2012 and 35% by end March 2013.
2. Increase numbers of patients discharged each day by 6 patients per day, to better match capacity with demand. This will significantly reduce breaches due to no bed availability (75% of all breaches currently). This will be achieved through improved weekly Trust performance management led by the CEO, Peter Herring, improved site management and a productive weekly operational management group that focuses on constraints to internal patient flow and resolves these. The Bed Bundle has been refreshed and performance will be monitored and reported each week.
3. Eliminate the practice of GP planned emergency patients presenting to ED or defaulting to ED due to bed availability. This will further reduce breaches due to no bed availability. This will be achieved through improved site management, performance management, planning to have 10 empty beds on AMU and 3 empty beds on SAU each evening by 1900. Each weekend, there will be a weekend plan with the aim of having available

Enclosure 3

escalation beds to open on Sunday afternoons if needed, which would close by the following Tuesday each week.

4. Eliminate numbers of breaches due to delay in specialty review. Internal Emergency Department and Specialty protocols have been agreed and are implemented. Compliance with these protocols will be monitored to ensure all parties continue to support this practice.
5. Reduce the total number of patients who are medically fit for discharge but remain in hospital beds. This list has been as high as 100, as at 21st November this list is at 64 and this number will be sustainably reduced to 40 by mid-December 2012. This will be achieved through the joint work with the health economy, Community and Local Authority colleagues and by strengthening Trust discharge practices and planning. A Trust discharge Care Plan has been developed and will be in place by the 3rd December 2012.

Risks to Improvement Trajectory

Unforeseen/unplanned impact of norovirus and winter pressures may adversely impact on the Improvement Trajectory.

A further unexpected level of increase in emergency attendances/admissions may adversely impact on the Improvement Trajectory.

3. Governance Arrangements

A clear, accountable and focused approach to improving emergency access is in place across the health community. Rapid improvement groups are established at Chief Executive/CCG Accountable Officer level, to monitor and drive progress in actions developed by three joint groups between CCG colleagues and SATH, Community Trust, and Social Care colleagues respectively to drive improvement plans in each area.

4. Board Assurance

The Board are asked to support the improvement plans described above; regular updates on progress will be included as part of the integrated performance report at future Board meetings.

Peter Herring
Chief Executive