The Shrewsbury and Telford Hospital NHS Trust

Paper 11i

Recommendation ☑ **DECISION** ☐ **NOTE**	**The Trust Board is requested to receive this report and to discuss and support the actions being taken to improve the safety and care of patients using our emergency departments.**
Reporting to:	**TRUST BOARD**
Date	30th November 2017
Paper Title	**ED Performance Update / Actions**
Brief Description	Board members will recall a number of discussions and papers related to the performance of the emergency departments at both hospital sites. The national expectation is that a minimum of 95% of patients will be received into the department, be assessed, treated and either discharged or admitted within a four hour window. Overall performance is 78.90% ytd, with 88.97% on non-admitted and 42.80% for patents waiting admission. Solutions to improving these performance statistics lie in the individual hospital sites. The common feature about the performance is that the discharge processes from hospital beds creates a log jam at both hospitals at times, this is both simple discharge patterns and for patients who require more complex follow-up arrangements. Because discharges of patients can be slow, there is a requirement to open additional beds to accommodate and surge in demand. These additional beds are also opened in areas of the hospital where we need to place non-admitted patients for their on-going care, these patients subsequently also have to stay in the ED's for extended periods instead of going to CDU facilities. Notwithstanding this diagnosis there are still processes within the ED's that require additional attention. Analysis of the variety of reasons that cause the performance is continuous and specific to the two hospitals, this is essential in order to learn accurately what to fix or improve. Statistical process controls have been in use since July to help keep an eye on changes that occur. The detail is in the body of this report.
Sponsoring Director	Simon Wright, Chief Executive
Author(s)	Colin Ovington, Interim Director of Transformation
Recommended / escalated by	
Previously considered by	**Executive Directors**
Link to strategic objectives	SAFEST AND KINDEST - Develop innovative approaches which deliver the safest and highest quality care in the NHS causing zero harm
Link to Board Assurance Framework	If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards (RR 561)

Equality Impact Assessment	◉ **Stage 1 only (no negative impacts identified)** ○ **Stage 2 recommended (negative impacts identified)** ◉ negative impacts have been mitigated ○ negative impacts balanced against overall positive impacts
Freedom of Information Act (2000) status	◉ **This document is for full publication** ○ **This document includes FOIA exempt information** ○ **This whole document is exempt under the FOIA**

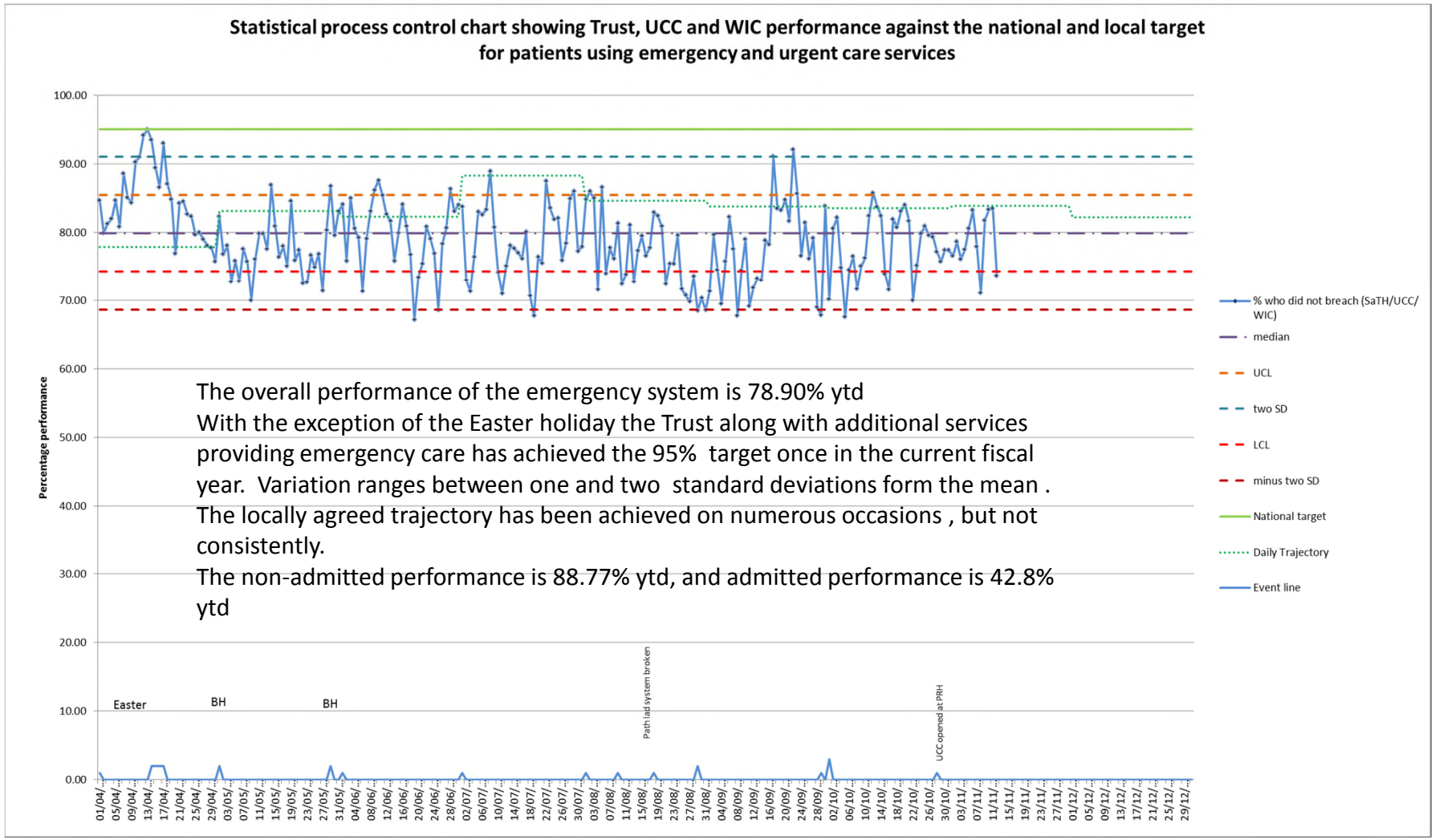
The Shrewsbury and Telford Hospital NHS Trust

Emergency department performance update

30th November 2017
Board Meeting

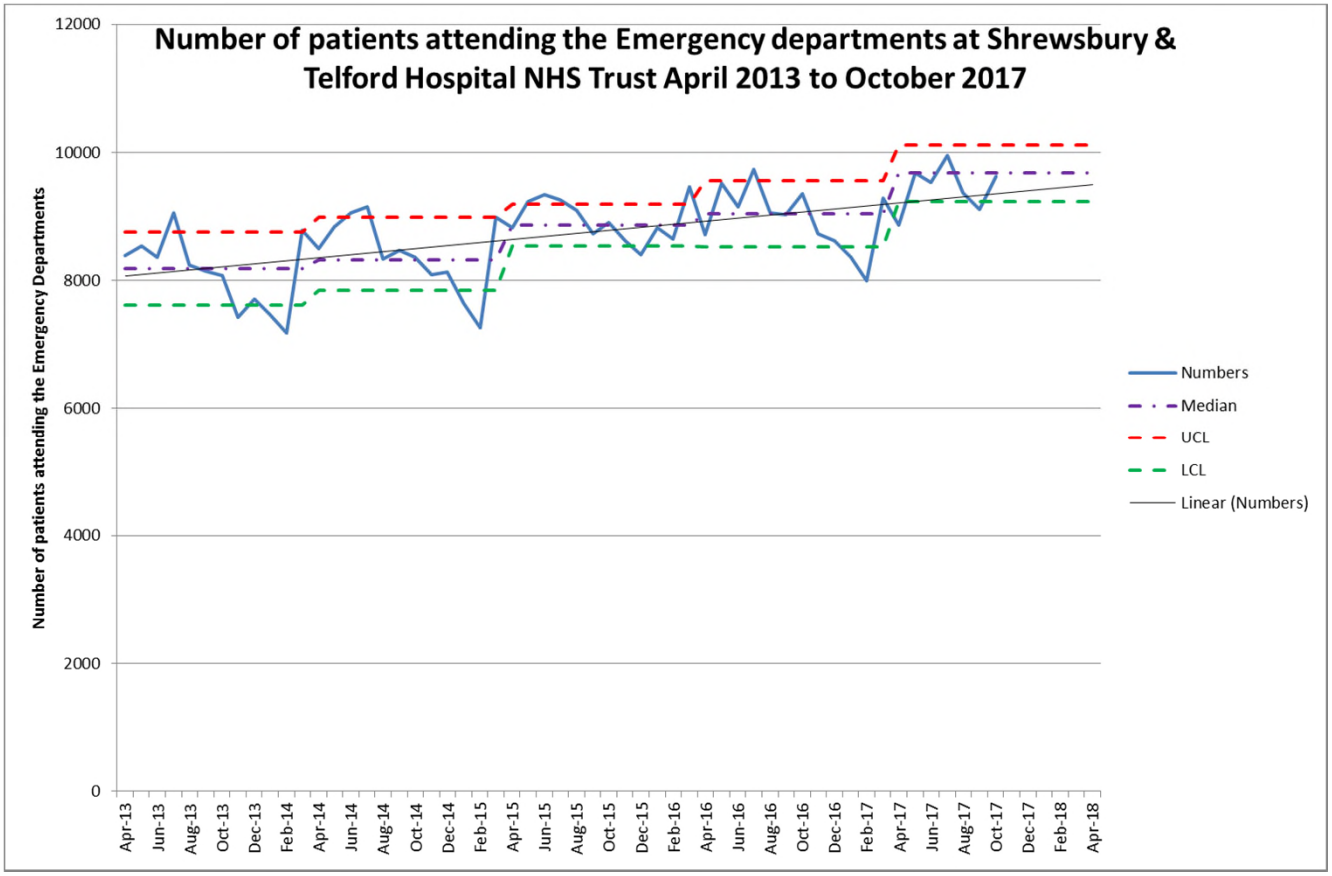
Proud To Care
Make It Happen
We Value Respect
Together We Achieve

A&E 2017-2018 Trust Trajectory



The overall performance of the emergency system is 78.90% ytd
With the exception of the Easter holiday the Trust along with additional services providing emergency care has achieved the 95% target once in the current fiscal year. Variation ranges between one and two standard deviations form the mean .
The locally agreed trajectory has been achieved on numerous occasions , but not consistently.
The non-admitted performance is 88.77% ytd, and admitted performance is 42.8% ytd

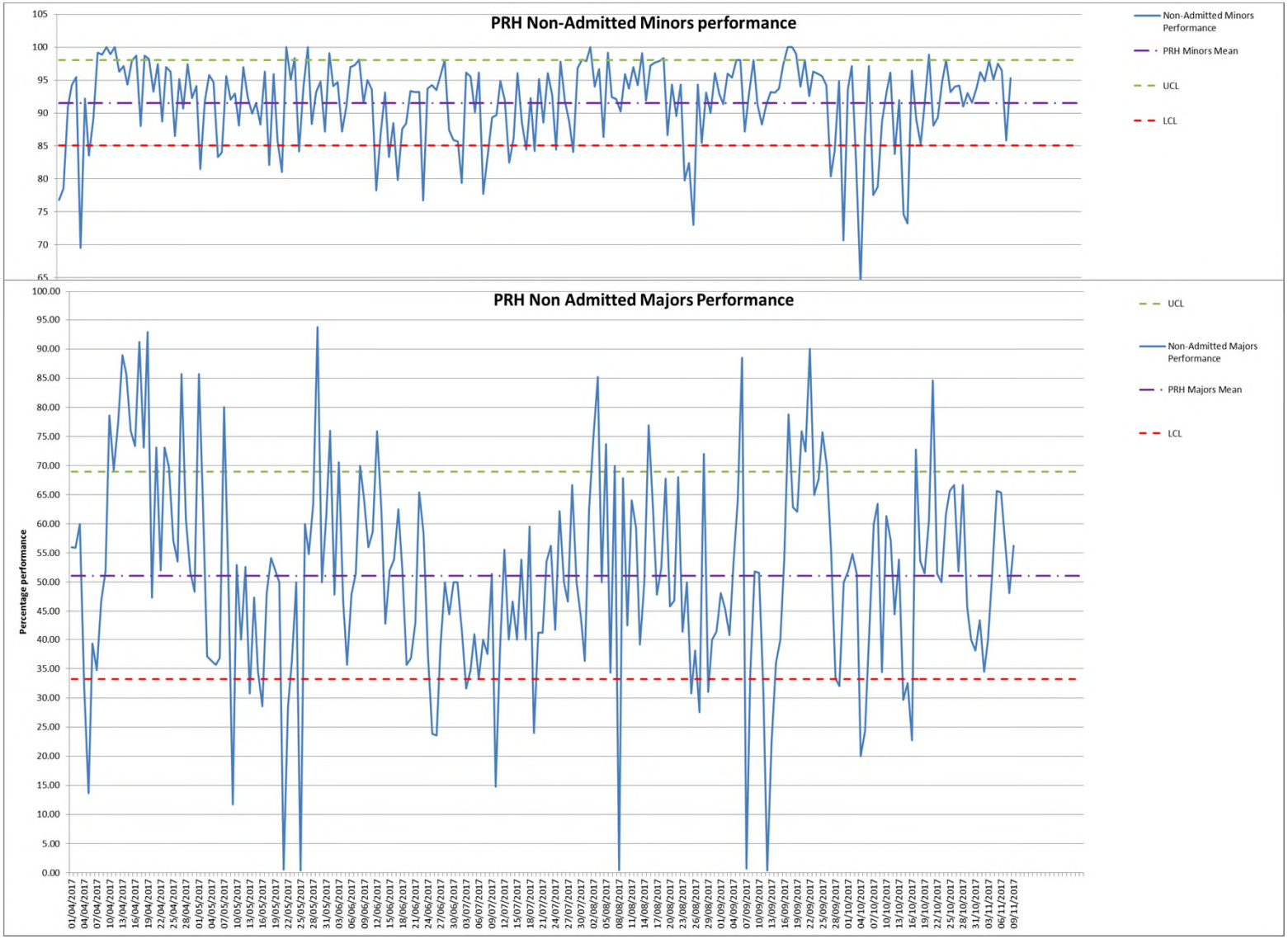
A&E SaTH Type 1 Attendances



Attendances remain within our expected range albeit that there have been increases year on year over the preceding five years

Compared to last year there is a 2.8% increase for October this is predominantly at PRH which has increased by 4.8%

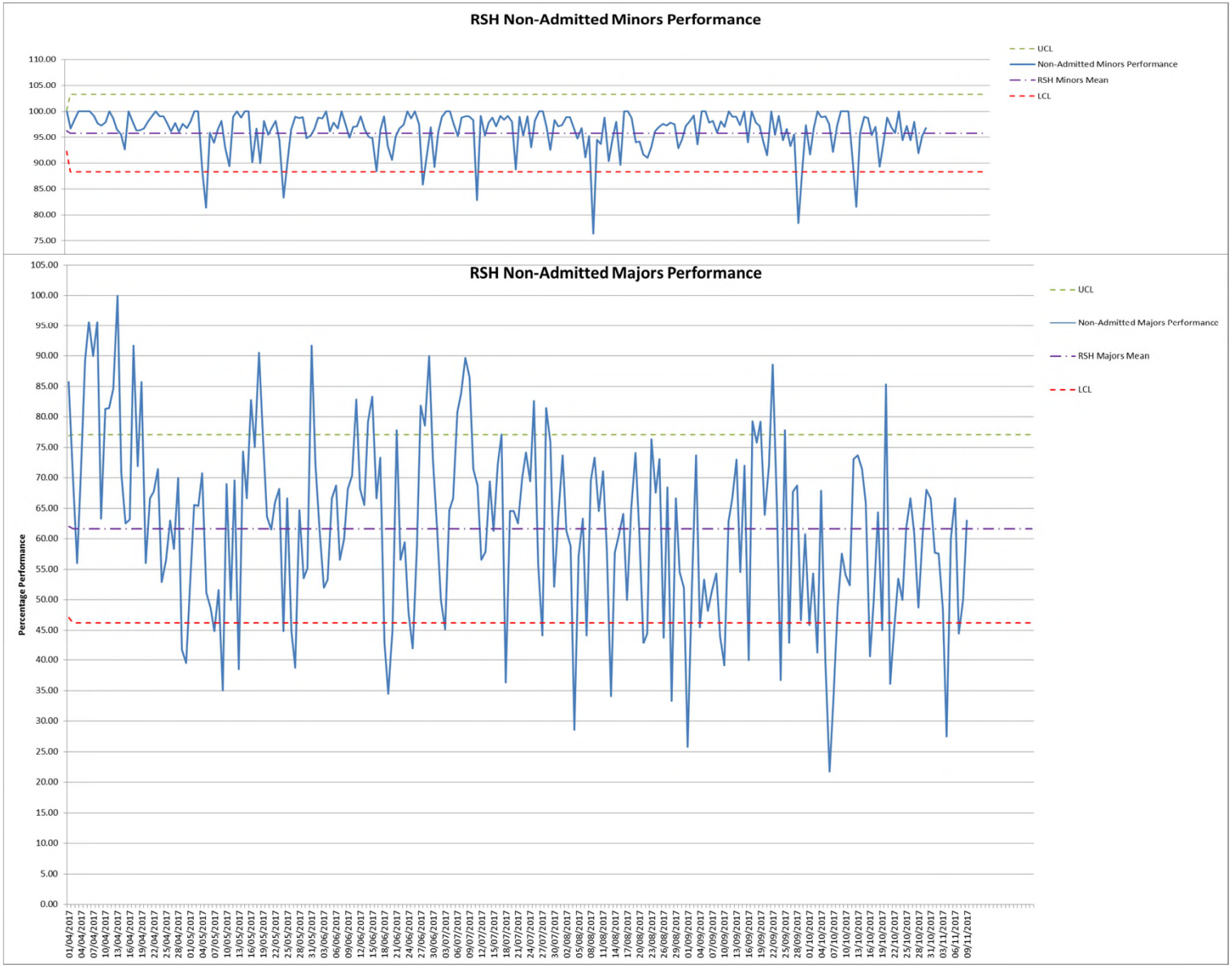
A&E Non-Admitted Performance at PRH



At PRH the non admitted performance overall averages 85%. Split by minor and major patients the team achieve 91.28% for minors patients ytd and only 52.47% ytd for major patients who are not admitted to hospital

The majors non admitted category of patients receive the widest variation in care provision. We recently opened a CDU to help in managing the care process, however this area has constantly had escalation beds opened which has prevented the provision of a CDU.

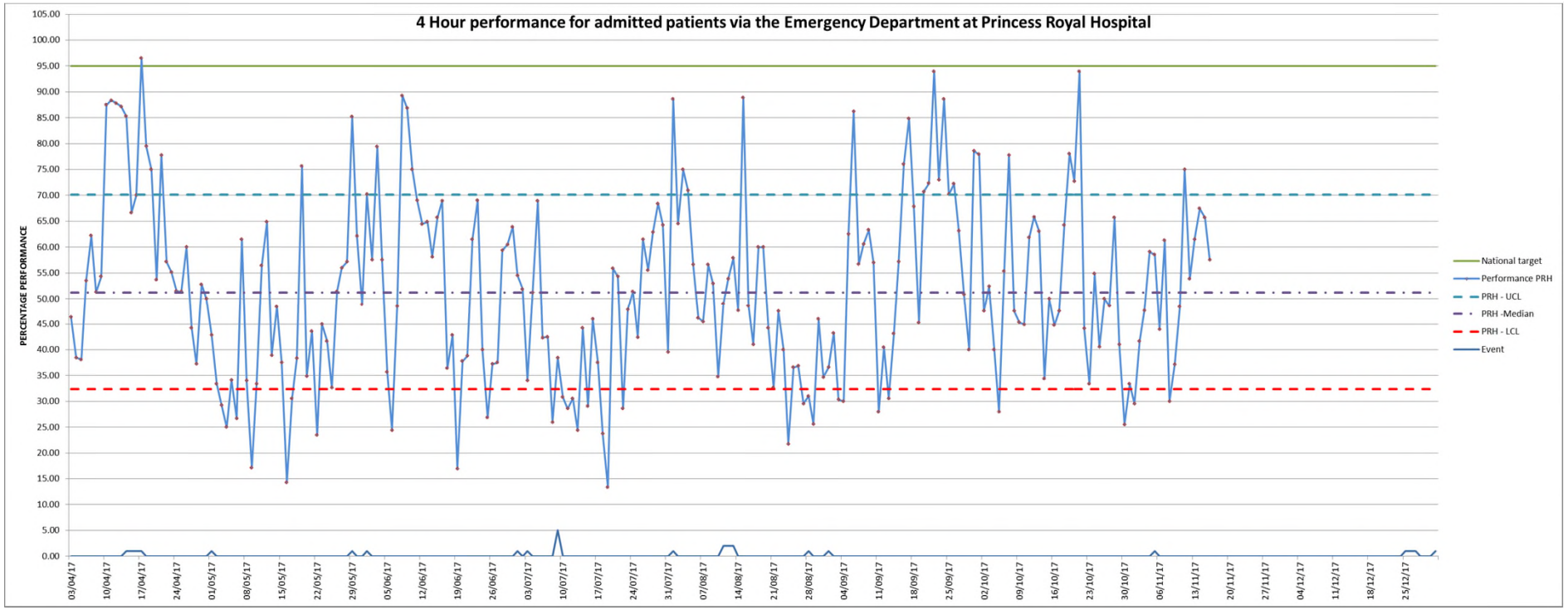
A&E Non-Admitted Performance at RSH



At RSH the non admitted performance overall averages 91.64% The team achieve 96. 06% for minors patients ytd and only 61.62% ytd for major patients who are not admitted to hospital.

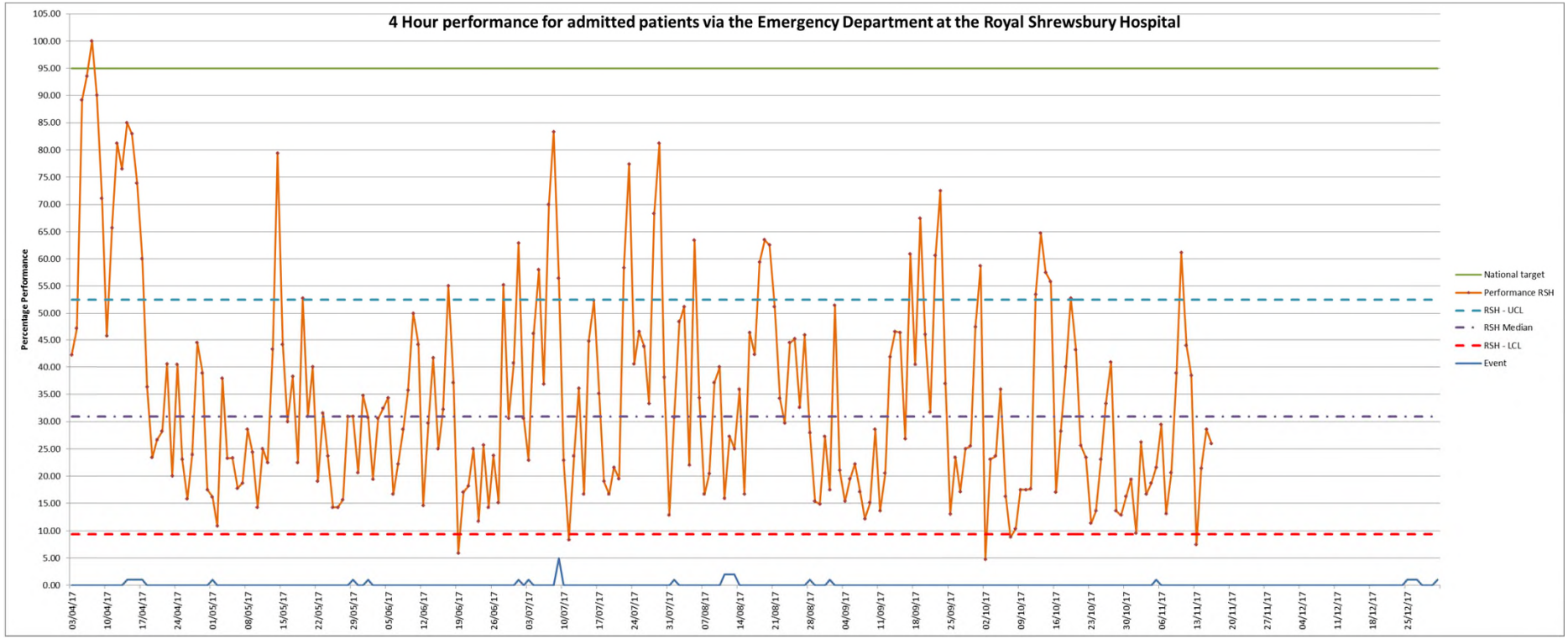
It is clear that the majors patients who are not admitted to hospital receive the widest variation in care and treatment. This category of patient often require observation, care or treatment which goes beyond four hours and could receive this in the CDU provision. Currently the CDU provision often has escalation beds opened for patients requiring admission top hospital, thus preventing the use of the CDU facilities

A&E Admitted Performance at PRH



The patents waiting for admission to a hospital bed from the Emergency department at PRH is showing signs of improvement, albeit still showing signs of variation. The current average performance in this category is 49.97%

A&E Admitted Performance at RSH



The patents waiting for admission to a hospital bed from the Emergency department at RSH is not showing signs of improvement. The current average performance in this category is 33.94%. Very typically RSH has patients waiting for hospital beds most mornings, with additional beds opened and discharges slow to materialise.

Summary Performance

Trust

Overall performance is 78.90% ytd, with 88.97% on non-admitted and 42.80% for patents waiting admission. Solutions to improving these performance statistics lie in the individual hospital sites. The common feature about the performance is that the discharge processes from hospital beds creates a log jam at both hospitals at times, this is both simple discharge patterns and for patients who require more complex follow-up arrangements. Because discharges of patients can be slow, there is a requirement to open additional beds to accommodate and surge in demand. These additional beds are also opened in areas of the hospital where we need to place non-admitted patients for their on-going care, these patients subsequently also have to stay in the ED's for extended periods instead of going to CDU facilities. Notwithstanding this diagnosis there are still processes within the ED's that require additional attention, actions are detailed in the next slide.

PRH

- Overall summary performance is 76.55%
- Minors non-admitted average 91.28
- Majors non-admitted average 52.47
- Admitted patients average 49.97
- CDU and UCC have both opened in recent weeks and are not yet well established
- There are some mornings when the department has patients waiting for admission, however these are fewer occasions than RSH and usually with fewer patients
- Attendances at the ED's has increased, more so at PRH than RSH

RSH

- Overall summary performance is 76.47%
- Minors non-admitted average 96.28
- Majors non-admitted average 61.62
- Admitted patients average 33.94
- CDU has existed at RSH for some time along with an UCC which results in a different flow of patients away from the main ED
- Patients are waiting for admission most mornings in the ED and this pattern continues throughout the day.
- Fewer patients are discharged from hospital than the number that require admission resulting in an outflow problem and as a result additional beds are opened across the hospital, including the CDU. This creates a log jam in the ED so that neither patients who require admission or those who need on-going non admitted care in the CDU can access those facilities

Actions and Plans

Actions taken

- ☑ Streaming all patients on arrival
- ☑ Double streaming at times of surge activity
- ☑ Ambulance handover nurse 12 hours a day GP streaming/UCC opened at PRH
- ☑ CDU opened at PRH
- ☑ Direct specialty access in T&O, Gynaecology
- ☑ Recruited additional ENP's, who will join the team in January
- ☑ Fourth locum consultant employed to join the team of five substantive consultant staff
- ☑ HALO's in place for the winter period started 16th November
- ☑ Breach analysis undertaken on a weekly basis to identify trends
- ☑ Workshop with medical leads from Leicester on international recruitment
- ☑ Implemented the national update to the information system ECDS
- ☑ Validating attendance and breaches on a daily basis
- ☑ Implemented fit to sit in the majors area and for patients brought in by ambulance
- ☑ Frailty pathway piloted and established at RSH
- ☑ Silver command structures in place on both sites and will continue over the winter

Plans

- Reduce the number of beds opened at times of escalation n ambulatory areas
- Continue to monitor specialty breaches to identify additional actions for improvement either in the ED or within the specialty
- Implement criteria led discharges
- Executive leadership to energise Red 2 Green and SAFER processes on every ward
- Achieve 30% of discharges before midday (November part month at 20%)
- Improve the accuracy of Expected date of discharge (EDD)
- Improve the criteria and numbers of patients being directed to GP streaming/UCC at PRH
- Capital resources made available to build UCC at PRH
- Capital Bid made for resources to build a CDU at PRH
- System wide complex discharge action plan now in place
- Complex discharges by site tracked each day and in daily urgent care report
- 5 Year Workforce Transformation plan developed
- OD plan developed to support cultural development and implementation being planned
- Accelerate ACP developments via HEE

Areas of focus

Admitted performance biggest challenge on both sites

Focus on LoS and discharge patterns
Number of patients over 7 days increased
Winter escalation beds planned including rebasing bed capacity between scheduled and unscheduled care
Theory of constraints work – Alex Knight

Non admitted

MIU performance added into profile – would lift performance by 3.52% every month YTD if applied back to April
Keep strong and strengthen minors non admitted
Majors non admitted greater than 4 hour stay - alternative pathways with specialties (frailty, T&O, gynaecology)
CDU's struggling at both hospitals due to bed capacity for admitted patients

Complex discharge

System wide action plan in place
Daily tracking underway
Target of 60% to be received before midday by 1st Dec, 80% by 31st January

Workforce

Recruitment successes in nursing/ENP and locum consultant
Substantive doctor recruitment remains a challenge
Clinical team modelling to address workforce gaps more creatively