

**Emergency Department Oversight Group (EDOG)
Committee Summary**

The Board is asked to **RECEIVE** and **NOTE** the Committee Chair's report of the key points from the meeting which are needed to be escalated to the Board

Key points from the meeting held on 19/12/2019	
Item title	
CQC compliance...	
5 additional key new points from the 29/11/19 letter pulled out and added to the key action list/action plan. Action plan review to be brought to next meeting for assurance on: Sepsis – documentation/escalation/compliance Paediatrics – escalation Mental Health – protocol/escalation. Agreed that a new medical emergency team be assembled with Nursing strengthening the sepsis team and a task and finish group being pulled together for 'deteriorating patient group' with a required agreed for a similar group for paediatrics and Mental health.	
ED leadership...	
Agreed that there is a requirement to review senior leadership and decision making across the 4 sub depts of ED to enable a clearer flow to be established...	
<i>Level of assurance provided:</i> Moderate	<i>Direction of travel:</i> Improving
Item title	
Workforce...	
Significant gaps still exist with Nursing (32 WTE Band 6s) with HCA now off trajectory. Consultant cover remains a major challenge. EDOG has requested sight of a clear action plan with timelines, markets to explore and recruitment/retention packages to alleviate the issues above.	
<i>Level of assurance provided:</i> Low	<i>Direction of travel:</i> Same
Item title	
Positives...	
System C implementation going well... any operational issues and risks to be brought to next meeting	
<i>Level of assurance provided:</i> High	<i>Direction of travel:</i> Improving

Board Assurance Framework	
Review of risks	
a) The Committee reviewed the Board Assurance Framework for Assurance on the following risks: <ul style="list-style-type: none"> BAF 668 - IF we do not deliver our Hospitals Transformation Programme (HTP) THEN we cannot ensure our patients get the best care. <i>Level of assurance provided: Moderate</i> b) In considering these risks, the Committee can confirm:	
<i>Check box to confirm</i>	
1 The BAF risks are up-to-date	<input checked="" type="checkbox"/>
2 The direction of travel stated is current and correct	<input checked="" type="checkbox"/>
3 The current risk rating is correct	<input checked="" type="checkbox"/>
4 There is no additional/updated content (controls/assurances) or new risk(s) that needs to be added?	<input type="checkbox"/>
If there are changes to content or new risks identified the Committee recommends to the Board	
<small>Click for BAF risk option</small>	
Recommendation:	

Completed by: Trevor Purt, Chair of EDOG Committee
Date: 12/01/2020

Emergency Department Oversight Group

Committee Summary

The Board is asked to **RECEIVE** and **NOTE** the Committee Chair's report of the 3-4 issues/key points from the meeting which are needed to be escalated to the Board

Key points from the meeting held on 23/01/2020	
Paediatric Discharge/Streaming in ED	
Picked up by the CQC during their visit in November, this is still causing some concern. Paediatric patients are required to be triaged within 15 minutes of arrival in the department, however, the timings are not always being recorded. Individuals have been identified and are being supported with documentation issues and this should now see an improvement.	
<i>Level of assurance provided: Moderate</i>	<i>Direction of travel: Improving</i>
Managing and Improving Flow	
There are four front doors to the department which is having an impact on the flow. Management of flow is currently clinically led, and when this is led by a locum there does not appear to be the same drive as when led by a substantive Consultant. Work is ongoing with Criteria Led Discharge, which should see an improvement, however the department needs to ensure it is using the correct leadership model	
<i>Level of assurance provided: Moderate</i>	<i>Direction of travel: Same</i>
Workforce – recruitment and retention	
The trust is actively recruiting through agencies along with international recruitment and “head hunting”. Four new consultants will be in post by August, 24 of the 32 required middle grades have been recruited, 11 of whom will require support. Five long term agency consultants are close to becoming substantive. A retention strategy is in development which will support existing staff as well as those newly recruited.	
<i>Level of assurance provided: Moderate</i>	<i>Direction of travel: Improving</i>

Board Assurance Framework	
Review of risks	
<p>a) The Committee reviewed the Board Assurance Framework for Assurance on the following risks:</p> <ul style="list-style-type: none"> BAF 668 - IF we do not deliver our Hospitals Transformation Programme (HTP) THEN we cannot ensure our patients get the best care. <i>Level of assurance provided: Moderate</i> <p style="text-align: right;"><i>Check box to confirm</i></p>	
1 The BAF risks are up-to-date	<input checked="" type="checkbox"/>
2 The direction of travel stated is current and correct	<input checked="" type="checkbox"/>
3 The current risk rating is correct	<input checked="" type="checkbox"/>
4 There is no additional/updated content (controls/assurances) or new risk(s) that needs to be added?	<input checked="" type="checkbox"/>
If there are changes to content or new risks identified the Committee recommends to the Board	
<p>BAF 668 - IF we do not deliver our Hospitals Transformation Programme (HTP) THEN we cannot ensure our patients get the best care. Recommendation: Continue to recruit as currently doing. Review of managing leadership and impact of flow within the department.</p>	

Completed by: **Melanie Eccles, EA to the Medical Director on behalf of
Trevor Purt, Chair of EDOG Committee**

Date: **31/01/2020**