EXECUTIVE SUMMARY

REPORT TO THE TRUST EXECUTIVE GROUP

HELD ON 21st MAY 2019

Subject	A&E Actions and Performance
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Status[1]	A*

PURPOSE OF THE REPORT

To:

- brief the Board of Directors on the actions taken in A&E over recent years;
- describe the impact on pathway performance metrics; and,
- outline plans for improvement against the national four hour standard in 2019/20.

KEY POINTS

- STH NGH A&E has a different casemix to other Type 1 departments due to an exclusively adult patient cohort and being a major trauma centre.
- Aggregated performance for all STH A&E activity in March 2019 was 87.2%, which ranked it 47 out of 131 departments nationally.
- There has been £2m of investment into the A&E workforce, as well as estates changes to the A&E department and improvements to the pathway and process for patients.
- The A&E standard is a measure of performance of the entire Urgent Care System (not just the A&E department) and improvement against the four hour standard requires support from all specialties across STH and partner organisations across the ACP.
- A six point improvement plan for 2019/20 has been developed.

IMPLICATIONS[2]

AIM OF THE STHFT CORPORATE STRATEGY 2017-2020		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Deliver Excellent Research, Education & Innovation	

RECOMMENDATIONS

The Board of Directors are asked to note the:

- Previous actions to both investment in A&E workforce and ensure it is better able to respond to patient needs and requirements
- Improvement in performance across individual process metrics
- Two key factors affecting performance within STH's direct control are wait for a clinician and wait for a bed
- Six point improvement plan for A&E performance for 2019/20

APPROVAL PROCESS

Meeting	Date	Approved Y/N
TEG	15th May 2019	Y
Board of Directors	21st May 2019	

1. Activity Trends

STH reports its A&E performance including activity from NGH A&E (Type 1); RHH Emergency Eye Centre (Type 2); RHH Minor Injuries Unit (Type 3); and Broad Lane Walk-In Centre (Type 3).

Daily type 1 activity has remained relativey stable (noting daily and seasonal trends) over the last two years. However, activity to the Broad Lane GP Walk In Centre and patient numbers streamed from the A&E front door to the NGH GP Collaborative have increased in 2019 year to date:

40% of patients attending STH A&E arrive by ambulance compared to 27% of patients arriving at peer trusts. Since 2017, the number of patients arriving by ambulance has increased marginally.

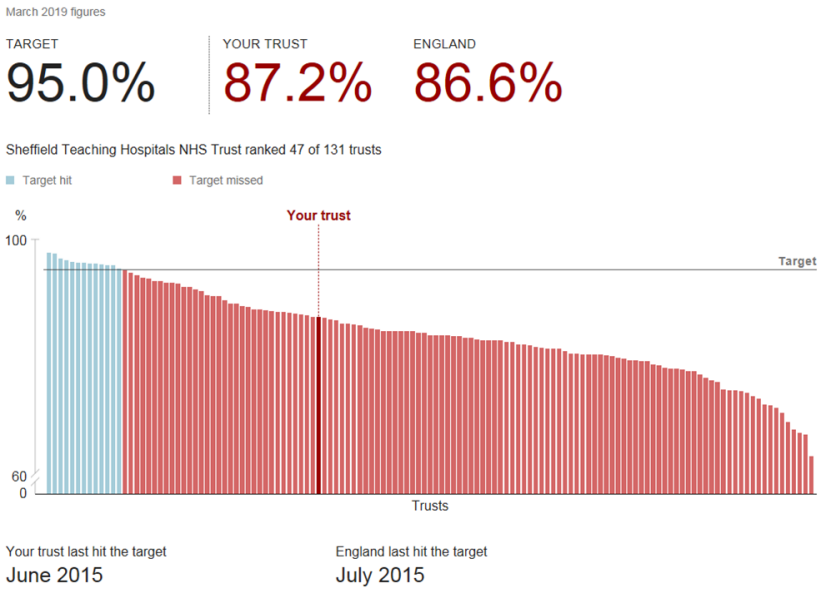
Arrival by ambulance does not necessarily indicate a higher proportion of more complex patients, but patients arriving by ambulance are received through the Front Door process of handover and streaming, compared to walk-in patients who are triaged following checking in at the reception desk. The median time in department for a patient who arrived by ambulance in December 2018 was 238 minutes compared to a national median of 232 minutes. This compares to a median time in department for a patient who did not arrive by ambulance in December 2018 of 156 minutes compared to a national median of 159 minutes.

The numbers of patients who are admitted from NGH A&E has a seasonal variation and has increased marginally since April 2017. The median time in department for a patient who requires admission in December 2018 was 298 minutes compared to a national median of 236 minutes. This compares to a median time in department for a patient who does not require admission in December 2018 of 158 minutes compared to a national median of 166 minutes.

2. Four Hour Target Performance

The blend of activity at STH (all departments) and particularly at NGH (Type 1) is very different to the majority of other A&E departments in that there are no child attenders (children are typically non-admitted and non-complex) and it is a major trauma centre (trauma cases can disproportionately consume doctor and resuscitation area resource and have a higher proportion of admissions).

In March, 87.2% of patients across all departments were seen, treated and admitted or discharged within 4hours and the national context for this is shown below:



Q4 performance in 19/20 was the strongest of the last three years:

Period	Reported Performance
Q4 18/19	85.96%
Q4 17/18	82.26%
Q4 16/17	84.46%

3. Plans to Improve Performance to Date

Plans to deliver the four hour target over the last four years have included:

£2m investment in A&E staff over four years. As a result there is now:

- A funded establishment of 170 (qualified and unqualified) nurses resulting in more senior leaders; up to 19 nurses on a shift; and dedicated resource to Resus, CDU and the Front Door model.
- 24hour consultant cover, resulting in dedicated on-site support for major trauma and senior medical leadership overnight leading to shorter waits for a doctor to start each day.
- Staggered medical shifts to match the predictable attendances throughout the day and additional weekend fellows.

Significant estates work within the department including:

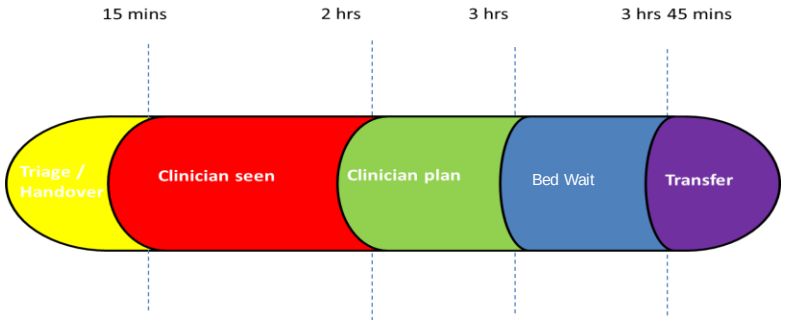
- A&E x-ray refurbishment
- A new helipad to improve the trauma patient experience
- A new ambulance arrival / front door assessment area
- Developing plans for the waiting room

A systematic improvement approach to changing patient pathways, process and co-ordination leading to:

- Dedicated senior nursing A&E shift leadership and co-ordination
- Increased staffing in resus leading to improved care pathways and minimising impact on the rest of the department when major trauma or high acuity patients present.
- Green Stream (predominantly minor injuries) independence
- Triage and diverts to GP Collaborative (predominantly minor illness)
- Front door model for Ambulance Arrivals
- Improved flow to Radiology
- Clearer SOP for the Clinical Decisions Unit
- "Ticket to Ride" transfers
- Acute Medical Unit, Frailty Unit, Surgical Assessment Centre and Urology Assessment Unit capital schemes and pathway improvements
- Underpinning support to the development of leadership, governance and culture within the directorate

4. Performance of Individual Pathway Steps to Date

The developments described above have aimed to improve the patient's waiting time and experience at each stage of their journey. In order to deliver the four hour target, the "A&E time capsule" has been devised to identify the individual time standards for each stage of a patient's journey through the department:



Waiting times at each stage of the "time capsule" are monitored and analysis of data over the last four years has shown the following improvements:

- **Arrival to Seen by Clinician:** The additional medical staff, a dedicated stream for minor illness and injury (green stream) and the overnight consultant has led to an almost doubling of the proportion of patients being seen by a clinician within two hours.
- **Arrival to Decision to Admit (admitted patients) or discharged (non-admitted patients):** Implementation of the Front Door model to expedite tests and treatments, together with additional medical and nursing staffing and dedicated Green Stream, has led to a significant improvement in the numbers of patients who are discharged within two hours and who have a plan for admission within three hours.

- **Arrival to Bed Ready**: The improvement in 'time to clinician' and 'time to decision to admit' have contributed to an improvement in the time from arrival to bed ready:
- **Wait for a Bed:** Improvements in flow across the inpatient wards and development of increased assessment capacity across all assessment areas has improved the availability of beds, but further work is required. Wait for a bed is dependent upon bed availability which is influenced by bed occupancy; discharge rate and flow into the community; and the time of day of discharge.

Therefore, whilst the performance against the headline four hour target has remained relatively constant over the last four years (with a steady improvement in quarter four in particular), a number of the key internal A&E process steps have seen a significant improvement.

5. Next Steps - Improvement Plan

Having reviewed the data, and building on the original "Action 95 Improvement Plan", the following 6 actions are identified as key steps for improving performance:

i. **Collaboration with YAS and the ACP to develop admissions/attendance avoidance schemes:** An audit has already been undertaken to identify opportunities with further work to be led by the Accountable Care Partnership (ACP) Urgent and Emergency Transformation and Delivery Board (UECTDB) identifying alternative pathways to conveyance to A&E and specifically focussing on patients admitted from care homes.
ii. **Finalise and embed a robust front door process:** The A&E department is leading the refinement of the current front door process which will improve the handover time from ambulances and ensure plans are made as early as possible for patients and therefore reduce their time in A&E.
iii. **Review of medical workforce to create better cover at weekends:** Weekend days have similar numbers of attendances but lower numbers of medical staff, than weekdays, due to current rotas based around staff availability. Recruitment to agreed Weekend Fellow posts will start to close this gap for the autumn.
iv. **Development of Ambulatory Care models and pathways:** A four week trial is being led by the AEM directorate, supported by the Excellent Emergency Care workstream, scheduled for June – July to identify the pathways that maximise assessment and avoid admission.
v. **Improve the admitted patient pathway:** A trust wide programme is being led by the Excellent Emergency Care workstream to roll-out single clerking ahead of winter 2019/20.
vi. **Delivery of earlier discharges and organisational flow to match decisions to admit:** Internally, the Flow Overview Group and Excellent Emergency Care workstream are rolling out SAFER and Red2Green to support directorates to improve flow and identify barriers to discharge. This will link into the "Why Not Home, Why Not Today?" Board and UECTDB to work with system partners on discharge and flow across the health and social care system.

6. Summary

STH NGH A&E has a different casemix to other Type 1 departments due to it receiving no children and being a major trauma centre. Aggregated performance for all STH A&E activity in March 2019 was 87.2%, which ranked it 47 of 131 departments nationally.

Work has been ongoing over the last four years to invest in A&E workforce capacity, support the A&E team to review pathways and processes and improve flow throughout the organisation. This has led to improvements in patient experience and reduction in waiting times across internal elements of the A&E pathway. Further work is required to embed these changes and improve overall time in department to the 95% standard. The A&E standard is a measure of performance of the entire Urgent Care System (not just the A&E department) and the action plan requires support from all specialties across STH and partner organisations across the ACP.

7. Recommendations

The Board of Directors are asked to note the:

- Previous actions to both investment in A&E workforce and ensure it is better able to respond to patient needs and requirements
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