

<b>Meeting:</b>	<b>Brighton and Sussex University Hospitals NHS Trust Board of Directors</b>
<b>Date:</b>	<b>21 December 2015</b>
<b>Board Sponsor:</b>	<b>Chief Operating Officer</b>
<b>Paper Author:</b>	<b>Chief Operating Officer</b>
<b>Subject:</b>	<b>Urgent Care Transformation</b>

#### **Executive summary**

This report updates the Board on progress within the Emergency Care pathway, detailing performance against the four hour Accident and Emergency standard since the last Board meeting; the recommendations arising from the Emergency Care Intensive Support Team (ECIST) visit and their implementation; the initial feedback from the Care Quality Commission (CQC) unannounced inspection; and the outcome of the system reset and site moves.

<b>Links to corporate objectives</b>	Securing sustained improvements in emergency and unscheduled care is critical to the delivery of the corporate objectives of <i>excellent outcomes</i> ; and <i>great experience</i> .
<b>Identified risks and risk management actions</b>	Patient safety and experience; performance against the 4-hour A&E standard; organisational reputation.
<b>Report history</b>	Previous reports on Emergency and Unscheduled Care have been made to the Board of Directors monthly in 2014 and 2015.

#### **Action required by the Board**

The Board is asked to note the contents of the report and support the direction of this programme of work.

## **Report to the Board of Directors, 21 December 2015**

### **Urgent Care Transformation**

#### **1. Introduction**

Emergency Care performance is under significant external scrutiny allied to the absolute priority given to it by the Trust as seen in previous board reports and the annual plan for 2015/16. After inviting the national Emergency Care Intensive Support Team (ECIST) to review its emergency care pathway, there was also an unannounced 48-hour visit and review of emergency care by the Care Quality Commission (CQC). In addition to these forensic visits, the Trust has also reviewed its performance and recovery plan with the NHS Trust Development Authority (TDA) at our regular Integrated Delivery Meeting (IDM).

The broad message is that there has been real progress and areas of good practice and care for patients across the emergency care pathway, the Trust still has to further improve to secure the levels of performance that patients can expect.

A further risk summit has been convened on 17 December, where progress on urgent care across the health and social care system will be a key focus of the discussion and it is hoped that this will be the final risk summit on this topic with scrutiny and assurance returning to local governance with CCGs, TDA and the NHS England. The Trust continues to see unscheduled care as a very significant concern and priority and we will work with colleagues before, during and after the risk summit on this and update the Board at the next meeting.

#### **2. Progress of Level 5 Plan and Right Care, Right Place, Each Time**

Meeting the 4-hour standard of care in our ED departments continues to be a significant challenge for the organisation and a major programme of work is underway to make significant and sustained changes and improvements to the whole unscheduled care pathway to ensure that patients are seen promptly, safely and efficiently. The work to improve Level 5 is overseen by the Acute Floor Project Board which meets weekly and is chaired by the Chief Operating Officer or Clinical Director for the Acute Floor.

The objective of the new model of care is to ensure that patients who are likely to require inpatient admission and/or specialist care are identified following an initial assessment by a clinical navigator and referred to the appropriate team/location for further assessment and treatment, whilst patients who have had an accident that requires emergency treatment or whose diagnosis or pathway is unclear are directed swiftly through a diagnostic process into the ED.

The new clinical model for the Acute Floor is being implemented in incremental steps. Detailed clinical pathways have been developed including a front door assessment protocol (with input and advice from ECIST) that will stream patients presenting with medical and surgical complaints directly to assessment units where they will have early access to specialist teams. These new pathways have been through the Quality Impact Assessment process to ensure that we have the appropriate steps in place to safeguard quality whilst delivering significant changes to service delivery. The new model, particularly the new front door assessment model, was stressed tested during a table top simulation exercise and there will be further opportunities for simulating the model prior to its implementation in

early October. We anticipate that these actions will deliver a significant improvement to our performance against the 4-hour standard and a revised performance trajectory for unscheduled care has been submitted to the TDA.

The acute floor has been re-designed with the introduction of an integrated assessment area in Zone 2b, a larger surgical assessment area with surgical short stay beds, an acute medical unit including a fragility unit and RACOP, and process changes to improve flow to the wards. All GP expected patients (except unwell patients who need to go to resuscitation) and ambulatory patients, will be streamed from the front door to Zone 2b and recliner chairs will be put into one or more of the cubicles to enable more flow. Additional patient monitors are being installed into Zone 2b. The time that a patient spends in Zone 2b will be measured against the national 4-hour standard. Majors patients will be streamed to Zone 2a.

Further changes are also proposed to the multiple clerking process, which is currently inefficient and causes delays. A single clerking process has a number of benefits including a decision to admit being made much sooner, a better experience for patients who are currently asked the same repeated questions during the current clerking process, and a better experience for junior doctors. A new standard operating procedure and associated documentation for single clerking is currently being drafted and will be piloted in December prior to implementation soon thereafter.

On the weekend of 17-18 October the Surgical Assessment Unit moved into the former CIRU area on the acute floor in preparation for seven-days-a-week (08.00 to 20.00) service, which is expected to be implemented in early December. Plans are being developed to create a 24/7 surgical assessment function which will require investment in additional staffing and likely further minor capital works and a design is near to agreement. The Ambulatory Care Unit has also been relocated to be adjacent to zone 2b.

Further work has been undertaken to re-design the Urgent Care Centre (UCC) and the ambulance drop-off area to significantly improve both patient flow and patient experience in those areas. The design for the UCC is being finalised and it is anticipated that works will commence in early 2016.

A detailed review has been undertaken of the operational processes and recording and reporting of SECAMB ambulance handovers. An improvement trajectory has been developed and agreed with SECAMB, and on Monday 7 December a new standard operating procedure, agreed between BSUH and SECAMB, was implemented for ambulance handovers at the RSCH in Brighton. This will be reviewed two weeks after implementation and the early indications are that handover times have improved.

In the longer term, and subject to available funding, we are also considering a refurbishment to establish additional assessment cubicles at the ambulance entrance at RSCH (giving us 6 cubicles in total). It will take some time for this to be established and the reality is that it is unlikely to be in place this side of winter.

Further work is required to develop a clinical leadership model for the unscheduled care floor, including acute floor multidisciplinary meetings in the morning and evening, and to ensure that robust governance arrangements are in place across the unscheduled care specialties and clinical areas.

This is a soft launch of a new way of working and each week the team will review any cases where the clinical pathway needs to be flexed. This will be discussed at a weekly nurses meeting and at a weekly project review meeting. This will enable us to make any changes we need to the clinical model in the first few weeks. A range of performance metrics has also been developed to monitor the impact of these changes.

It is well recognised that making improvements to the unscheduled care pathways also requires a hospital-wide focus on patient flow, early access to speciality inpatient beds and consultant review alongside greater use of assessment units collocated with the Emergency Departments. Therefore significant work is underway to implement best practice across all wards at both sites to ensure that patients requiring emergency admission get to the right ward as quickly as possible and we take a multidisciplinary team approach in working towards each patient's discharge from the moment they arrive on the ward.

A programme of work entitled *Right Care, Right Place, Each Time* is well underway with the objective of implementing a range of measures to improve patient care and flow within the specialty medicine directorate including:

- Implementing the SAFER care bundle within selected speciality medicine and digestive diseases wards and rolling out across other wards across the hospital to improve patient flow.
- Implementing changes to discharge processes and pathways including embedding Discharge to Assess (D2A) on all wards, matching therapy provision with the new pathways, and better use of the discharge lounge.
- Implementing changes to the configuration of wards in the Barry building and associated staffing changes.

The programme started with a three-ward pilot on 24 August 2015 and will result in all inpatient wards live with *Right Care, Right Place, Each Time* by December 2015.

Wards on both sites are demonstrating sustained improvements to patients' length of stay. For example, level 9A ward at RSCH has demonstrated a reduction in the percentage of patients with a length of stay of over 10% from 41.5% to 23%. *Right Care, Right Place, Each Time* is now implemented on 5 wards in PRH and all are showing improvement against at least 1 performance measure.

In addition through the combined work of *Right Care, Right Place, Each Time* and the opening of SAU, the following improvements have been seen:

- Increasing the number of patients treated and home within 72-hours
- Ensuring empty surgical beds to improve flow from level 5
- Significantly reducing the number of patients staying in hospital longer than 7 days
- Increasing the number of patients 'home for lunch'

Work continues on the development of a discharge planning module in eOasis to support further use of nurse led discharge and the reconfiguration of the medical wards in the Barry building will be complete by the end of January 2016.

It is essential that all these changes are planned and implemented concurrently across the whole unscheduled pathway if the changes to the acute floor are to be successful and an Unscheduled Care Transformation Board will oversee the whole implementation process and provide the necessary external assurance to partner organisations including local commissioners (*see Highlight Report: Improving Patient Care & Flow Project*).

### **3. Emergency Care Improvement Programme (ECIP)**

The Emergency Care Improvement Programme (ECIP) is a clinically led programme that offers practical help and support to the 27 urgent and emergency care systems across England that are under the most pressure. It supports rapid and sustained improvements in quality, safety and patient flow. The programme focuses on improving care for patients, with a particular focus on improving system performance across the winter months, when emergency departments are working under additional pressure.

The success of ECIP will be measured against better patient outcomes and experience as well as improvements to the emergency care 4-hour waiting time standard (*see Appendix 1: ECIP Reporting w/e 6 December 2015*).

ECIP is providing additional clinical support in ED whereby an ED Consultant and an Acute Physician from the ECIP team are reviewing some of the Trusts ED and acute pathways. Also a member of the ECIP team is working with the Trust to help develop our escalation trigger tool and escalation policy.

#### **3.1 Safer Start**

Safer Start gives local partners an opportunity to come together to sustain good operational performance and positive patient experience following the festive break.

Internally, we have prepared detailed directorate level plans for the expected surge in emergency demand during Christmas and New Year, including a review of elective activity.

The whole system is working with ECIP and via the SRG is preparing for a Multi-Disciplinary Accelerated Discharge Event in January. The aim of the accelerated discharge event is to achieve 80% occupancy rates by preparing a whole system plan to reduce delayed patients by 50% prior to Christmas and phasing elective care through reduced booking.

The whole system supported by the CCG and the SRG are also ensuring SAFER principles are rolled-out in the community with support from the Acute Trust Safer Leads.

#### 4. ED Performance & Challenges

##### 4.1 4-hour Standard Trajectory

Please refer to *Appendix 1*

##### 4.2 12-hour Breach Position

The validated 12-hour breach position for the period 1 April to 30 November 2015 is as follows:

Month	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct -15	Nov-15
12-hour breaches (validated)	19	13	4	3	10	2	34	2

##### 4.3 12-hour Breach Analysis (October - November 2015)

In October, the Trust reported 34 breaches of the 12-hour standard:

- All breaches were reported internally and externally via Datix as a Serious Incident. A full validation and investigation was undertaken and no harm was identified.
- The causes of the breaches were multifactorial:
  - Coincided with the reconfiguration of Level 5 – the infrastructure of Zone 2b prevented streamlining higher acuity patients to MAU
  - A low number of discharges
  - Red escalation moving to Black escalation by the end of the week
  - Challenges with internal processes

In November, the Trust reported 2 breaches of the 12-hour standard:

- All breaches were reported internally and externally via Datix as a Serious Incident. A full validation and investigation was undertaken and no harm was identified.
- The investigation revealed that the cause of these delays was limited availability of inpatient beds.

##### 4.4 ED Challenges

Although both sites achieved its performance against the set trajectory in November, maintaining daily performance at the required standard remains a challenge. The Trust continues to focus on planning early discharges through the SAFER programme and reviewing process issues in the ED department with support from ECIP.

The SAFER programme is realising high numbers of discharges daily, which in turn is helping flow with the resultant improvement in the 4-hour standard. The Acute Floor change programme seeks to alleviate many of the internal ED and Acute Medicine causes for inefficiency. The admission to AMU for short stay patients is working well, now that we have more discharges from the exit block.

The Trust experienced a slight dip in performance in early December due to the shortage of junior medical staff. Solutions have been found and performance is beginning to recover.

**5. Recommendation**

The Board is asked to note this report, progress with urgent care transformation and the further work planned.

**Dr Mark Smith  
Chief Operating Officer  
December 2015**

## Emergency Care Improvement Programme

Safer, faster, better care for patients

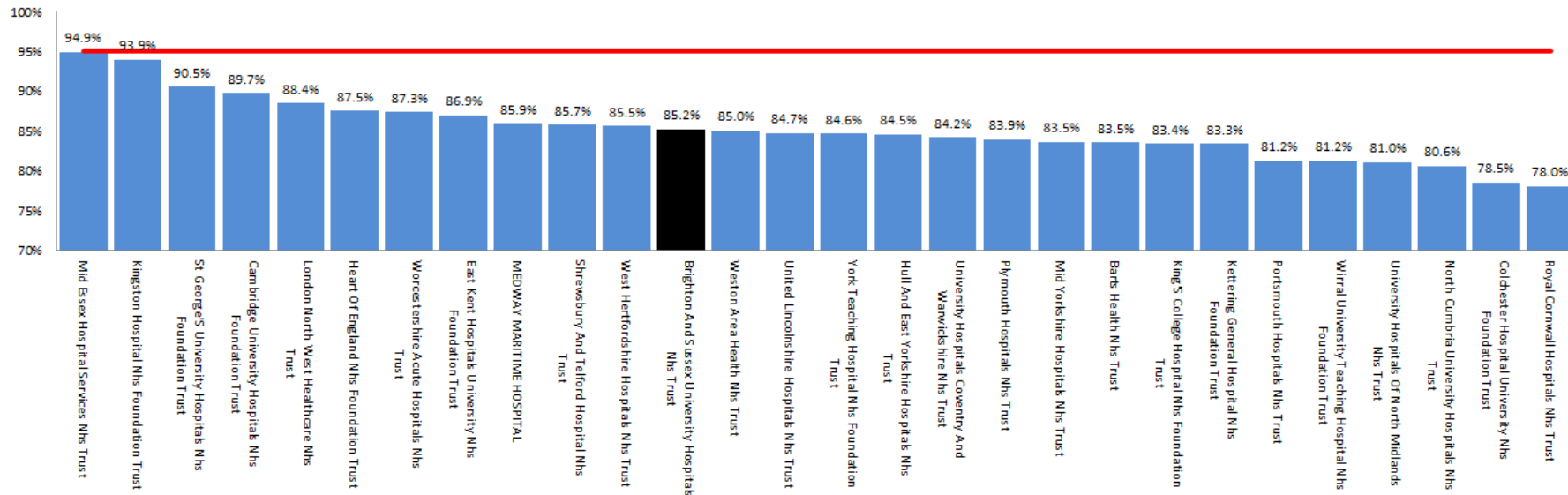
System	Brighton And Sussex University Hospitals Nhs Trust
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Click below to select the week you want to look at

Week Ending	06/12/2015	This Week	This Year	Movement	Last Year
Absolute number for the selected period		85.15%	85.15%	▲	80.98%
% change from the same period the week before		92.16%	92.16%	▲	85.25%

Weekly ED 4 Hour Standard (Not available at Site level)





# Emergency Care Improvement Programme

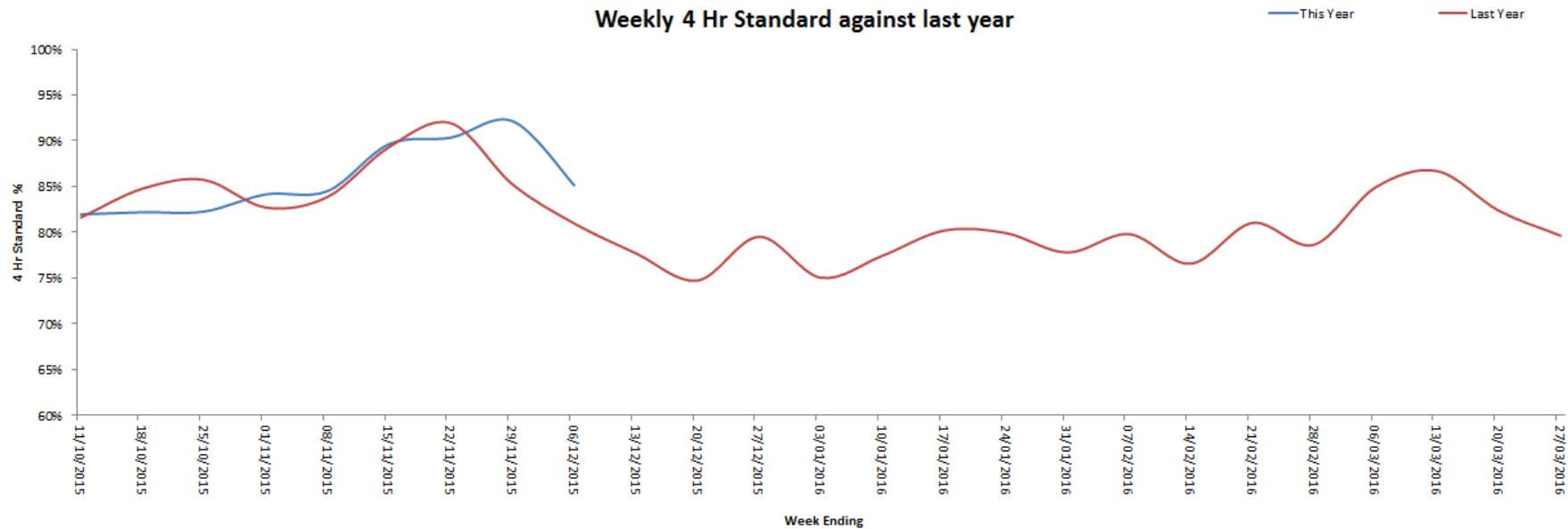
Safer, faster, better care for patients

System	Brighton And Sussex University Hospitals Nhs Trust
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Click below to select the week you want to look at

Week Ending	06/12/2015	This Year	Movement	Last Year
This Week		85.15%	▲	80.98%
Last Week		92.16%	▲	85.25%



# Emergency Care Improvement Programme

Safer, faster, better care for patients

System

Brighton And Sussex University Hospitals Nhs Trust



Click below to select the week you want to look at

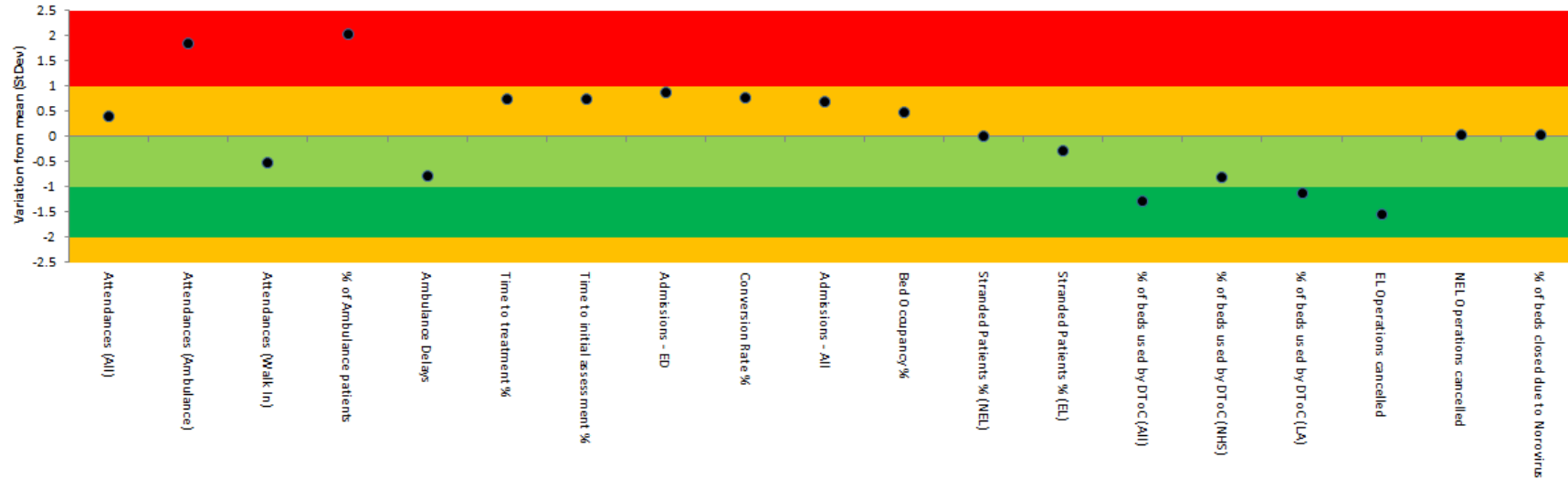
		This Year	Movement	Last Year
Week Ending	06/12/2015			
This Week		85.15%	▲	80.98%
Last Week		92.16%	▲	85.25%

Absolute number for the selected period  
% change from the same period the week before

Time period	Weekly
Analysis Date	06/12/2015
4Hr %	85.15%

Assessment rating	Description
RED	Immediate action is needed, key driver of A&E performance in the system
AMBER RED	No immediate action needed, potential to have a negative impact soon
AMBER GREEN	No action needed, systems should look for it in the near future
GREEN	No action needed

## Standardised Metrics



**Appendix 2:  
4-hr Standard Trajectory**

