

## Exception report : Emergency Access Standard

### Description

1. National Emergency Access Standard = 95%
2. Local Trajectory or standard = 89.00% for Feb 2017. Actual performance 80.1% in Feb -17
3. Zero tolerance to 12hr breaches. Actual performance - Zero 12 hour breaches in Feb.

### key issues

1. and 2. We failed the National standard in February 2017, but achieved a 3% improvement on the previous month . Performance improved to (80.1% in Feb and has been sustained into March (82.6% on 16th March). The driver of poor performance on this standard is overcrowding in ED at RSCH, caused by exit block. Exit from ED is blocked due to high bed occupancy - running at an average of 100%+ in January at RSCH. In turn this was caused by high levels of Delayed Transfers of Care (DTOCs). Throughout February there was an average of 80.4 Delayed DTOCs per day (9.5% of beds occupied). Ambulance handover performance improved in January (168 ambulance handovers >60 mins in February compared with 276 in January).

3. There were no 12 hour trolley breaches in February.

Action	Description	SRO	By when
Revised handover protocol with SECAMB, protect ambulatory and assessment space	Joint protocol with SECAMB to be implemented on 27th March to ensure rapid triage and handover, Job description for HALO agreed, role to be advertised Site coordination team to prioritise assessment space.	Mark Angus	March 27th  April 2017  Ongoing
Transfer activity from RSCH to PRH and create ambulatory care space at PRH	At PRH: establish a medical day case unit, discharge lounge, transfer elective general surgery, open additional beds. Scope services that can transfer to PRH	RMcE	Completed with the exception of the day case unit by end of April 2017 April 2017
Create bed capacity in the community	Extend the bed base at Newhaven downs from 16 to 20, increase hospital at home from 15 to 20 spaces. Review scale and scope of community provision with SCFT	RMcE	April 2017  April 2017

