

Trust Board

TB2008.52

From: Mr Andrew Murphy, Director of Performance Improvement
Date: July 2008
Subject: **Emergency Department performance**
For: **Information**

Synopsis

This paper outlines how performance against the emergency department four hour target has improved over the last nine weeks, and gives assurance that all appropriate action is being taken to ensure sustainable delivery of at least 98%. Trust cumulative performance stands at 98.01% at the end of Quarter one, with an average weekly delivery of 99.44% over the last nine weeks. The Trust's strategy has been informed by a nationally recognised external expert who has provided independent assurance of delivery. Her report is at TB2008.52a.

Financial, legal and risk impact

The paper outlines a number of short and long-term measures to reduce the Trust's risk around achieving the 4-hour ED target. The short-term financial implications are already within the Trust's plan and longer-term measures will be considered in due course.

Emergency Department performance

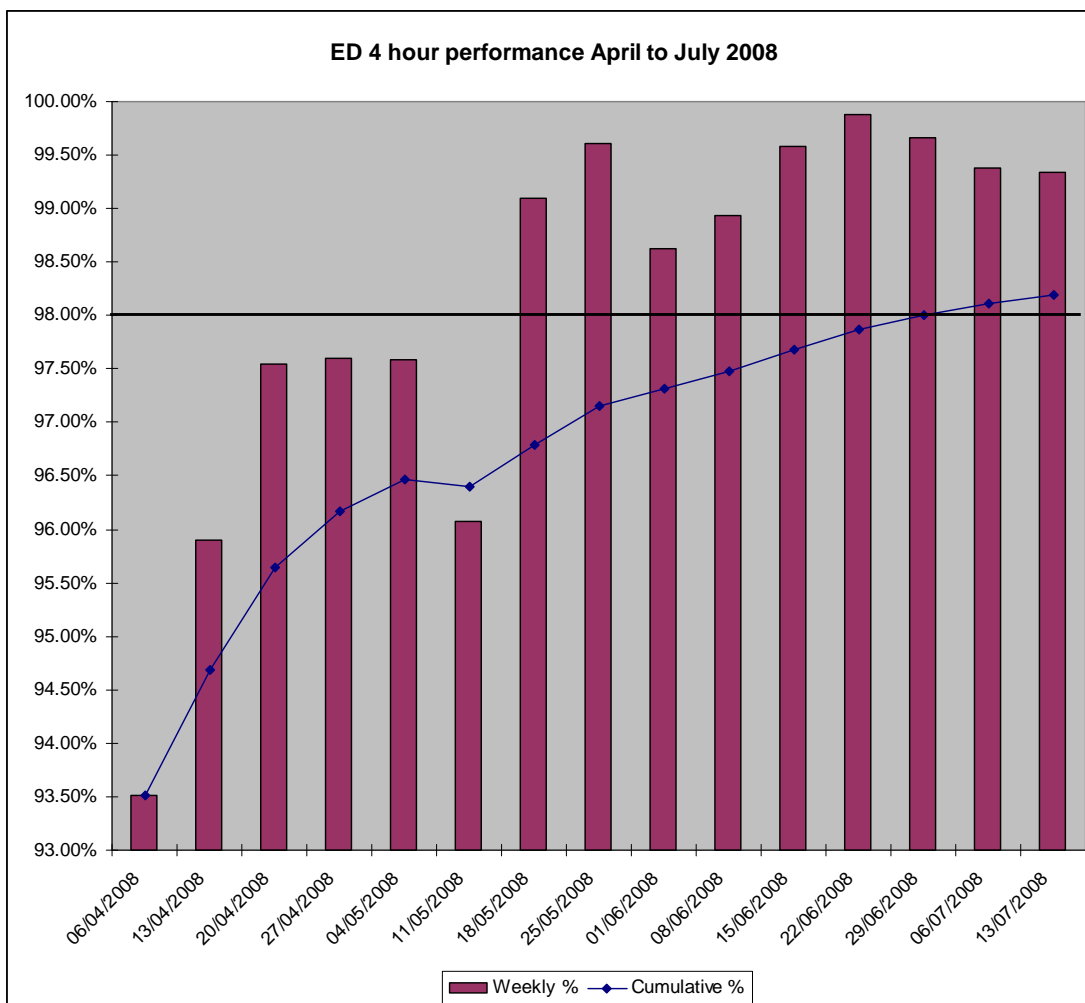
Introduction

There were 104,000 attendances at the Horton and John Radcliffe Emergency Departments over the last twelve months, an increase of 4% over the last two years. This is despite the impact of admission avoidance schemes and the development of minor injuries units. In addition these initiatives have tended to increase the complexity of presentations. Attendances range from minor injury self-presentations through to complex trauma arriving by air ambulance and the whole gamut of medical problems. There is also an increasing expectation by other hospital specialties for patients to be more comprehensively investigated and managed prior to referral. The department aims to provide the appropriate clinical care and a quality experience to all patients, regardless of the nature of their need.

Patient experience within Emergency Departments has improved dramatically following the publication of the NHS Plan in 2000 and the introduction of the 98% standard in 2004. The intervening period has seen the introduction of a patient tracking system in ED on both sites ("Jonah"), the establishment of a Surgical Assessment Unit, a new department at John Radcliffe, numerous improvements in patient pathways and the abolition of trolley waits.

Recent years have seen a steady rise in both emergency attendances and admissions across the Region. The spike of emergency admissions across last winter coincided with the clearance of the 18-week elective backlog and a continuing high level of delayed discharges. Despite opening additional beds on a planned basis, reducing length of stay by 6% in 2006/7 and a further 5% in 2007/8, and significant management effort, the Oxford Radcliffe finished 2007/8 missing the 4-hour target by a margin of 0.8%.

Following an average performance of 96.4% (81 "breaches" per week) over the first six weeks of the current financial year, the position has been recovered such that in the last eight weeks the average performance rose to 99.35% (15 "breaches" per week), giving a cumulative Trust position of 98% at the end of quarter 1 (see chart below). This has been achieved by a combination of: improved performance management; greater recognition that many specialties have a part to play in resolving issues; investment in additional medical staff for peak hours; and by a refocused effort from all staff involved, particularly those in the Emergency Department and Bed Management.



Action Plan and Development

Immediate action has focussed upon: improving the flow of patients requiring admission, largely by ensuring that the required number of discharges occur in each area at the appropriate time of day in order to synchronise daytime admissions and discharges, and there are sufficient number of beds available for out of hours admissions; matching demand in the Emergency Department with the right skill mix and numbers of staff (within and between professions) 24 hours a day, seven days a week; getting onto the front foot by improving triggers for action and escalation; and re-energizing performance management arrangements.

The Trust has taken steps to increase overall focus and drive on the four hour target, integrating the performance management arrangements for all access targets, elective and emergency, building upon delivery of the 18 week target. From 26 April 2008 accountability for delivery of all access targets moved to the Director of Performance Improvement. As part of this change, operational management arrangements have been strengthened over the last few weeks, as outlined in Table 1. These actions taken together will assure delivery of the trajectory across quarters one and two.

Table 1: Action Plan Summary

Area	Action Completed	Plans
Medical Staffing (ED)	Increased Registrar cover appropriate shifts Remap capacity and demand across hours, days, weeks. Clear escalation of any potential issues + real time Pull other Drs into dept at night/w'end as required	Increase to 100 Consultant PA s over next 12 months Convert locum to substantive - EB now approved Develop joint post with University linked to BMRC ED Cons spec interest in Childrens - EB approved Agree second on call arrangements Advertise ST3/4 Clinical Management Posts to support service delivery and development programme
Capacity	Dedicated nurse recruitment team in place, weekly interviews Daily discharge targets for all specialties	Capacity review - by end July 2008 PICRP inpatient pathway improvements Whole system discharge plans Extend opening hours of discharge lounge
Operational Management/ Flow	24/7 Senior Manager/Director operational cover - onsite seven days per week & average 18 hours per day Formal weekend discharge/staffing plans Operational manager twilight shifts where required Development of best practice guide Agreement of ref protocols in Trauma, Medicine & Surgery Start Minors Improvement Programme	Revised bed management meeting arrangements Further development of Operational management - flow managers
Performance Management	Responsibility for delivery of all access targets - elective & emergency with one Director Contemporaneous breach reports Revised daily report Inclusion in weekly performance meeting - detailed root cause analysis Commissioned external advice (Jane Ansell)	Near breach reporting with root cause analysis
Emergency Department Development Programme	Established programme with initial eight week review from August 2008.	

With the imminent publication of a revised national Urgent and Emergency Care Strategy as part of the Lord Darzi review, the Emergency Department in Oxford Radcliffe is embarking upon an eight week review to determine a renewed vision for ED services with standards developed to cover quality, safety and patient experience. The 98% target will be delivered in an assured and sustainable way as a bi-product of providing high quality patient care and experience. The first phase of the programme is punctuated by two events involving ED staff from all professions and grades.

The events will be supported by an external facilitator and a report will be produced in October 2008 with a detailed action plan. The engagement of other specialties, themselves customers of the emergency department, in the programme will be critical to long term success.

The Trust has engaged the services of Jane Ansell, a national figure in the delivery of ED targets to provide external support and critical scrutiny. Jane is known to the organisation through her work on the cancer 31/62 day target. Her report is attached at TB2008.52a.

The benefit of knowing that this method of external intervention had recently helped other organisations (Swindon, North Bristol, South Devon & Plymouth) achieve improved performance and sustainability, has promoted confidence in the techniques recommended and buy in from senior managers. One particular driver for delivery in this approach is the 'zero tolerance' of breaches, which helps organisations strive for 100% performance on all but the most difficult of days, it continues to have a dramatic effect on performance.

Through comparative learning we have been able to capitalise on a wealth of examples from other organisations that have also been impacted by similar drops in performance caused by a broad range of influences.

Trust Board can be confident that the current performance will continue and that the target will be delivered in the future as one of the quality standards demonstrating the provision of quality patient care and experience.