

## Trust Board Report

<b>Meeting Date:</b>	23 <sup>rd</sup> September 2013
<b>Title:</b>	Accident & Emergency Update on Action Plan
<b>Executive Summary:</b>	This report provides the Board with an update on the A&E action plan submitted to the Trust Board in May. This action plan forms part of the overall Wolverhampton Health Economy Action plan, circulated to the Board in August 2013. This plan also forms a key part of the action plan submitted on the agenda that forms part of the Winter plan for the Trust Development Agency.
<b>Action Requested:</b>	To note: Information provided
<b>Report of:</b>	Chief Operating Officer
<b>Author: Contact Details:</b>	Chief Operating Officer: Gwen Nuttall 01902 695958 <a href="mailto:Gwen.Nuttall@nhs.net">Gwen.Nuttall@nhs.net</a>
<b>Resource Implications:</b>	None
<b>Public or Private:</b> (with reasons if private)	Public Session
<b>References:</b> (e.g. from/to other committees)	Previous Actions plan circulate to Trust Board in May 13. Wolverhampton Surge Plan and TDA Winter Plan
<b>Appendices/ References/ Background Reading</b>	
<b>NHS Constitution:</b> (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> <li> Equality of treatment and access to services</li> <li> High standards of excellence and professionalism</li> <li> Service user preferences</li> <li> Cross community working</li> <li> Best Value</li> <li> Accountability through local influence and scrutiny</li> </ul>

## Update report on the A&E Action Plan from May 13

### **Introduction**

At the May Trust Board, it was requested that an update on the A&E action plan be presented on a quarterly basis to the Trust Board. This paper is that paper, presented in September as there was no Board Meeting in August 13.

The paper details in red, the progress and change that has been made on the A&E actions since May 13. Overall there has been good progress on the schemes in preparation for the winter period. The progress made is also reflected in the improved A&E performance since mid June 13.

### **National and Local Context of A&E and Winter Planning**

Since May, there has been significant national focus on the failure of many Trusts to achieve the national A&E standard. There has been a recent decision by the Secretary of State to identify £250million pounds in 13/14, with a further £250m in 14/15 to assist Trusts with the implementation and achievement of the A&E standards.

The Royal Wolverhampton has not been identified as one of the 53 Trusts that will receive additional income in this financial year.

To some extent this is a reflection on current A&E performance and assurance that we have provided to the TDA and the LAT (via the CCG) that our action plans are robust and deliverable.

The Board have already seen a copy of the Wolverhampton economy winter plan, of which the action plan below forms part. The Board will be considering a further action plan that has been requested by the TDA as the next agenda item.

### **Recommendation**

The Board is requested to note the progress made in this action plan and agree to further updates to the Trust Board throughout the forthcoming months. It is proposed that the actions on this plan and elements on the TDA plan will be incorporated for ease into one item for discussion.

Work stream	Action	Expected outcome	Update	Responsible	Timeframe	RAG Rating
<b>Flow in A&amp;E Department</b>						
Ensure early first assessment within 1 hr of presentation Ensure timely triage and prioritisation for review of patient	Review of medical staffing rota's to ensure appropriate senior cover at peak times	Reduction in A&E breaches for first assessment  Clinical outcome optimised	New rota commenced Aug 13. 2 Cons work until 10pm. Then 1 Cons on call.	CD – A Morgan	June 13	Amber Green
Establish Clinical Decisions Unit (CDU)	Conversion of clinic space in A&E department to accommodate 7 CDU trolleys/beds	Reduction in overall breaches in A&E department, especially patient waiting for blood results or social/psychiatric assessments Reduction in patients being seen and assessed in the corridors Improved ambulance handover Reduced financial risk to trust in terms of penalties	Paper to closed session Trust Board May 13 CDU opened for 24/7 on Sept 2nd	COO – G Nuttall; supported by A&E clinical team	Aug 13	Red Green
Increase majors capacity	Expansion of A&E department to increase numbers of majors cubicles ( 9)	Reduction in patients been seen and assessed in corridors Improves access and availability for earlier clinical review Improved patient experience with regard to privacy and dignity Improved ambulance handover Reduced financial risk with regard to imposition of penalties	Paper to closed Trust Board – May 13 Building work has commenced. Planned to be open November 13	COO – G Nuttall, supported by A&E clinical team	Nov 13	Red Amber

Work stream	Action	Expected outcome	Update	Responsible	Timeframe	RAG Rating
Ensure appropriate nursing and medical staff to cover developments	Increase nursing establishment (over and above existing establishment) to safely staff CDU and new majors cubicles  Increase medical compliment to safely staff CDU and cover majors cubicles	Improved Staff morale as a result of improved staffing compliment Improved patient experience Reduction in complaints	Linked to paper for CDU/ Majors <b>Recruitment of Nursing staff complete.</b> <b>Recruitment to Medical Posts on going. 2 additional consultants Sept 13.</b> <b>Action plan developed for middle grades.</b>	Div Matron – R Baker supported by Directorate Matron	June 13 – <b>on going for middle grade and Cons</b>	Amber - Green
In conjunction with CCG and Social Care case review of high intensity users	Review patients who are high intensity users with relevant clinical teams and support workers	Clear treatment pathways for patients who are regular attendees	<b>No clear review process established for high intensity users</b>	CCG – R Young to establish process A&E team – A Morgan, J McKiernan and H Flavell	<del>July</del> <b>November 13</b>	Red
Review flows to pathology for test results.	Ensure that system process for blood results is slick and not subject to loss and delay	Reduction in breaches for tests not arriving	<b>Review of pathology flows in June 13.</b> <b>Resulted in remedial work to air flow/pod tunes</b>	Pathology – G Danks; A&E D Fitton	June	<b>Amber - Green</b>
<b>Assessment/Short Stay</b>						
Review ambulatory care pathways	Ensure that Trust has streamlined pathways for ambulatory conditions	Re-direction of patients from A&E to AME clinic	Some pathways already exist in community e.g. – COPD <b>No change</b>	MD – J Odum, supported by Divisional MD	On going	Amber
Review the clinical effectiveness of WUCTAS, with Acute and Primary care involvement	Establish multidisciplinary group to review referrals into EAU	Clear process for management of patient and referral access	CCG have already given notice of their wish to undertake this piece of work as part of urgent care strategy <b>No change</b>	MD – J Odum	Commenced	Amber

Work stream	Action	Expected outcome	Update	Responsible	Timeframe	RAG Rating
<b>Ward Discharge</b>						
Daily review of all patients either via ward of board round – ideally twice a day	Review job plans to ensure patients are seen /reviewed on a daily basis for senior clinical decision making  Review access to diagnostics	Reduced length of stay Use of standardised ward round pro-forma	Follows recommendations from Royal College of Physicians <b>Commenced. Review of wards in Aug 13. Required further work to ensure consistently embedded</b>	MD – J Odum, Supported by Divisional MD	On going	Amber
Consistent use of Estimated Discharge dates (EDD) across wards	Ensure there is consistency across medical and surgical wards in the use of EDD's to assist with discharge planning	More timely discharge  Clearer information for patients and relatives about expected discharge date  Reduction in length of stay	<b>Commenced at West Park Hospital. More consistent use at New Cross still required. Links to Safe Hands should improve</b>	MD – J Odum with support from Divisional Medical Directors and Matrons	June - <b>Oct</b>	Amber
Ensure profile of discharges is moved forward	Ensure TTO's and discharge summaries are completed as part of ward rounds as soon as possible  Ensure appropriate patients are transferred to discharge lounge	Reduced delays for TTO's and production of discharge summaries  Increased in early morning discharge by 5 patients (varies by day)	Discharge summary action plan, links to contract <b>On going</b>	MD – J Odum, supported by Matrons	June	Amber - Green

Work stream	Action	Expected outcome	Update	Responsible	Timeframe	RAG Rating
Reduce delays in patients waiting for social care packages – focus South Staffs	Urgent meeting with S Staffs social care director to discuss social care delays for S Staffs patients	Improvement in assessment  Reduction in length of stay	Social Worker from Staffs now part of weekly review team.	CEO - D Loughton, supported by COO	June	Amber
Reduce delays in patients waiting for mental health assessment	Meeting with B & B C Mental Health Trust to discuss delays to assessment in A&E and on Ward	Improved assessment times for patients requiring Mental Health Assessment. Reduction in length of stay, difficult to quantify	Meeting between COO and Equivalent occurred. Clear Escalation policy in place for BBMHT ( mental health trust) CCG state that there is now a 4 hr response time for B&BC	COO – G Nuttall	June	Amber - Green
Re-run bed model to ensure appropriate medical and surgical beds	Bed Model produced based on forecast activity and existing length of stay	Clarity around numbers of bed required for 'summer ' months and for winter	Bed model re-run Sept 13 in preparation for winter. Additional 30 beds required.	D COO – T Powell, DMD - L Dowson	May	Amber - Green
Reconfigure Surgical Assessment Unit	Bed Model produced for Surgical Assessment unit needs  Business case – capital and revenue impact – to be produced for SAU model	New SAU unit opened  Improved assessment times for surgical patients  Improved ambulance handover at SAU	Building work on new SAU commenced. Expected Open November	D COO – L Grant, DMD – I Badger	November	Red Amber

Work stream	Action	Expected outcome	Update	Responsible	Timeframe	RAG Rating
Availability of diagnostic test at weekends, in line with 7 day model	Establish small working group to establish demand and capacity for more routine diagnostics at weekends to assist with diagnosis and discharge planning.	Establishment of response standards for diagnostic tests Increased availability of diagnostic tests at weekends Reduce length of stay	Like to require investment (staffing) – on going	MD and COO –J Odum and G Nuttall, with support from divisional management team	September	Amber
<b>Information Analysis</b>						
Ensure there is consistent production of information with regard to hospital activity and consistent use within divisions -: - Re-admissions, Length of Stay by specialty – consultant, community access information	Review information that is currently available, how often produced and how frequently used for action or information	Clear set of information criteria to produce for clinical and management teams to assist with activity planning.	As recommended in Kings Fund Paper – Review of Urgent and Emergency Care	Head of Information and Divisional Management teams	Review in June New dashboard in production for use in Sept/Oct	Amber - Green