To:	**Trust Board**
From:	Mark Brassington, Chief Operating Officer
Date:	
Healthcare standard	Urgent Care Constitutional Standards

Title:	**Delivering Safe and Sustainable Urgent Care**

Author/Responsible Director: Authors – Dan Boden, Emergency Department Consultant, Tracey Wall, Head of Nursing, Emma Coulson, General Manager Sarah Hall, Transformation Lead**.**
Responsible Director – Mark Brassington, Chief Operating Officer

Purpose of the report:

- This report
  - will confirm the overarching approach to the delivery of the improvement programme which will enable a stable platform to ensure safe and sustainable urgent care provision
  - identifies some principles of how risks could be shared
  - explores how the risk sharing principles could be implemented to ensure more proactive management across the whole hospital whilst the improvement plan progresses.

The report is provided to the Board for:

Decision	X	Discussion	X
Assurance	X	Information	

Summary/key points:
This report is composed of three sections –

- Outline the approach to the urgent and emergency care improvement programme
- Update on actions relating to feedback from the CQC
- Explore how risk could be shared more proactively

Recommendations:

- Note the contents of the paper and progress being made
- Agree the principles outlined of how the risk could be shared more proactively across the whole hospital
- Agree to a final proposal being developed for Board at the next meeting.

Strategic risk register	**Performance KPIs year to date**
Resource implications (eg Financial, HR)	
Assurance implications	
Patient and Public Involvement (PPI) implications	
Equality impact	

Information exempt from disclosure
Requirement for further review?

Section 1

Urgent and Emergency Care Improvement Programme
Progress Report January 2019

This section of the report will confirm the overarching approach to the delivery of the improvement programme which will enable a stable platform to ensure safe and sustainable urgent care provision. Appendix A provides a detailed account of all required activities, time scales and key measures of success.

1.0 Overview

The Urgent and Emergency Care Improvement Programme has been established in response to our concerns related to deteriorating ED 4-hour performance and the outcomes following a number of CQC inspections. The programme consists of five work streams to address the areas of concern as follows:

- ED, with three individual but convergent plans including Pilgrim Boston Hospital, Lincoln County Hospital, Grantham District Hospital
- Assessment Function
- Site Management
- Inpatient/Ward Process
- Discharge and Partnerships

The documentation suite that supports the Programme infrastructure is attached to this progress report.

It is envisaged that this improvement programme will need to run for at least 12 months and probably up to 18 months.

2.0 Improvement Methodology

The Urgent and Emergency Care Improvement Programme is a continuous improvement programme and will be aligned with the Trust's improvement methodology and the NHSI Quality Service Improvement and Redesign (QSIR) Methodology.

3.0 Metrics and Dashboard

In collaboration with NHS Improvement, we are proposing to implement a national performance dashboard tool that collects, collates and provides statistical process control (SPC) charts for a set of 16 measurements. The measurements to be collected are currently under discussion, and the Head of Information is supporting with this piece of work.

A Quality Improvement dashboard is also being considered, with proposed metrics drawn from recent workshops with staff. It is expected that training around Measurement for Change will be required to embed the use of SPC and how they support continuous improvement and change.

4.0 Suggested Programme Resource

Post / Role	Key areas of responsibility
Programme sponsor	Senior executive level individual who oversees and supports the delivery of the programme. Provides executive, board and regulatory briefings. Presents papers to the Trust Board.
Programme Director	Directs the programme as a whole. Ensures the programme delivers improvement to mitigate risk, improve patient outcomes and experience, and CQC rating
Programme Manager	Responsible for the programme plan and associated project plans. Work with SRO's, task and finish groups and key stakeholders to meet agreed milestones. Ensures good programme governance underpinned by evidence based improvement methodology for sustainable change. Contribute to the development of the organisational culture and skill set for continuous improvement
Quality Improvement Lead Nurse	Focus on quality improvement of clinical practice for nursing and the professions. Carry out assurance audits and spot checks including a feedback loop to share learning and embed changes in practice. Inform quality impact assessments for any significant change. Support the development of a safety culture through good clinical governance.
Quality Improvement Lead Medic	Focus on quality improvement for medical profession
Urgent and Emergency Care Improvement Facilitator – site focus Lincoln County	Leads the delivery of the programme work streams for that site, but working collaboratively to ensure alignment across the organisation. Act as a change agent that will demonstrate appropriate skill set and behaviours.
Urgent and Emergency Care Improvement Facilitator – site focus Pilgrim Boston	Leads the delivery of the programme work streams for that site, but working collaboratively to ensure alignment across the organisation. Act as a change agent that will demonstrate appropriate skill set and behaviours.
Improvement lead for the development and implementation of the Trust frailty service	Working collaboratively with LCHS and system partners to develop an integrated frailty service across the organisation. Lead the process of service modelling to meet the needs of patients on each site to support the whole system same day urgent care service, including associated business and commissioning plans
Communication and engagement facilitator	Develop a communication strategy underpinned by stakeholder engagement. Engaging staff and patients in delivering continuous sustainable quality improvement. Contributes to staff retention and wellbeing.
Business intelligence	Work collaboratively with ECIST, NHSI and the Trust information team to produce visual measurement for change. Analysis and synthesis of improvement data. Support diagnostics and service redesign modelling Work to embed SPC as approach to using data for improvement
Programme administrator	Organise meetings, papers and reports. Take meeting action notes.
External specialist advice	The ability to call in specialist advice for specific pieces of work with an agreed partner

5.0 Governance

The Urgent and Emergency Care Improvement Programme is overseen by the Programme Director. The programme is monitored by the Urgent and Emergency care Recovery Steering Group which reports to QSIG. This programme of work also includes any immediate actions required following any external inspection.

6.0 Communications and Engagement

A communication workshop was held on 14th January 2019 with the Programme team and the Trust communications team to facilitate initial scoping around the development of a communication strategy and how the communication strategy will engage with staff and patients. It was agreed that the leadership model approach of 'why, how, what' would ensure buy-in from staff, and as a values based approach, would drive and embed the delivery of the improvement plan.

7.0 Recommendation

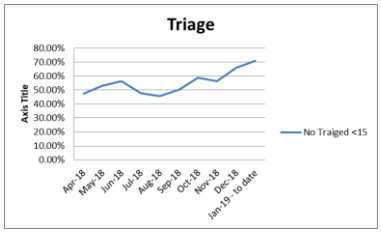
The Board is asked to note the content of the paper and agree the frequency and nature of the required updates.

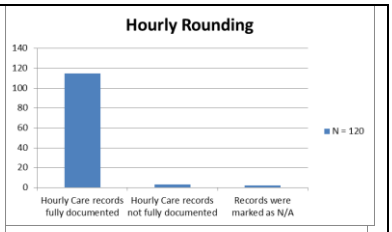
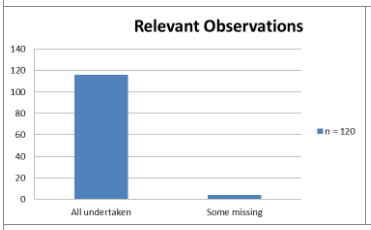
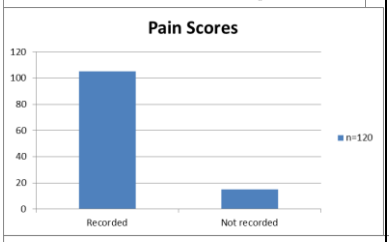
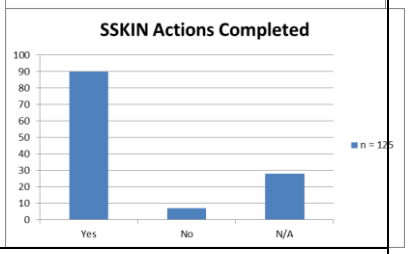
Section 2

Update on actions relating to feedback from the Care Quality Commission - Progress Report January 2019

This section of the report will confirm the actions in place to mitigate and resolve the concerns raised following a Care Quality Commission (CQC) visit to the Pilgrim site in December 2018.

The following table demonstrates the actions taken to address the risks highlighted within the CQC report, specifically the Emergency Department. Good progress has been made and the outstanding actions have been included within the Emergency Care Improvement Plan.

Section	Actions	Progress
The registered provider must ensure that there is an effective system to undertaken triage of patients within 15 minutes of arrival. Triage must be a face to face encounter and must be undertaken by a registered healthcare professional in emergency/urgent care and has received specific triage training	• Senior nurses to continue to complete golden hours in the department for assurance around safety • Nursing leadership model, urgent and emergency nurse lead appointed, matron and lead sister as per plan • Senior nurse/manager based in ED 8am-8pm, CD and executive support in ED • 2 hourly safety huddles in the department • Daily triage audit of 20 patients • PHP SOP updated and PHP's had 1-1 around triage documentation • Handover from triage Nurse to RSCN on duty for paediatric patients strengthened	November 56% December 66% January 73% 
The registered provider will ensure that there is an effective escalation process in place for staff in the streaming area at the front of the emergency department, and in the ambulance waiting areas of Pilgrim Hospital, to fast track patients who clinically present as unwell, are unstable, deteriorating or have a recognised early warning triggers score through to the main department to receive clinical intervention within an appropriate timeframe	• Senior nurses to continue to complete golden hours in the department for assurance around safety • Nursing leadership model, urgent and emergency nurse lead appointed, matron and lead sister as per plan • Senior nurse/manager based in ED 8am-8pm, CD and executive support in ED • 2 hourly safety huddles in the department • Ambulance handover SOP updated to be ratified at the ED steering group • PHP SOP updated to reflect changes in process and offer clarity and guidance	Completed

The registered provider must ensure that there is an effective system in place to assess and monitor the ongoing care and treatment to patients whilst in the emergency department. This includes, but is not exclusive to, the monitoring of pain, administration of medicines, tissue viability assessments, nutrition and hydration and early warning scores with regular ongoing monitoring. This applies to the Emergency department at Pilgrim Hospital	• Senior nurses to continue to complete golden hours in the department for assurance around safety • Nursing leadership model, urgent and emergency nurse lead appointed, matron and lead sister as per plan • Senior nurse/manager based in ED 8am-8pm, CD and executive support in ED • 2 hourly safety huddles in the department • Daily ward assurance completed by ED NIC • Twice daily CQC assurance completed by NIC on days and SDM on duty overnight-report sent to HON/Deputy Chief Nurses • Above includes snapshot audits of intentional rounding and compliance with Anderson scoring • Trial of ED Pharmacist commenced 3/12/18-31/03/19, to support medicine reconciliation/security of medicines/anti-microbial prescribing, education and support • Weekly report to ET • Monthly report to risk summit	   
The registered provider will ensure that there are a sufficient number (based on demand) of suitably qualified, skilled and experienced nurses and healthcare assistants (HCAs) deployed throughout the emergency department to support the care and treatment of patients. The staffing levels and deployment of staff must be reviewed and adapted at regular intervals throughout the day. This applies to the emergency department at Pilgrim hospital	• Review of registered and non-registered staffing templates, uplift approved. Substantial increase in non-registered staff to assist with the below: – Transfer team commenced – Environment HCA role, to maintain cleanliness and safety – Team and zone working implemented within the department – Clinical overview of the waiting room and the fit to sit area • Agency requested to provide triage trained nurses so 2 nurses 10am-10pm per shift with a 3rd at times of pressure to identify sick patients and deteriorating patients • Agency requests for a paediatric nurse in the department to manage sick children 10 am-10 pm • Senior management team daily safety huddles 11 am • Dedicated paediatric phone/paediatric cubicle • 2 hourly safety huddles in the department • 2 days a week clinical support from ECIST consultant	In January 2019 -98.8% compliance with increased registered template -94.6% compliance with uplifted support worker template -90.3% compliance with 10-10 Registered Sick Childrens Nurse. When RSCN is not available (3 occassions, this has been filled by a nurse with Level 4 paediatric competencies/dual registered nurse -100% compliance 22.00-10 filled by a nurse with Level 4 paediatric competencies/dual registered nurse -96.8%compliance for running the second triage stream

Section 3

United Lincolnshire Hospitals NHS Trust
How to approach sharing the risk proactively across the whole hospital whilst the Urgent and Emergency Care Improvement Plan progresses

Executive Summary

This paper has been compiled by Dr Dan Boden, Consultant in Emergency Medicine.

The purpose of this paper is to provide a proposed framework to be explored further by the clinical body in order to proactively share risk appropriately across each hospital site.

Key Points

- Crowding in Emergency Departments (ED) can be unsafe with associated increased morbidity and mortality and unsustainable for staff
- ULHT is under significant external scrutiny with regard to urgent care
- Recent improvements in 95% four hour performance are to be welcomed
- Concerning metrics (ambulance handover, Aggregated Patient Delay, bed occupancy) need to be addressed. There was a system plan to mitigate the 138 ULHT bed deficit but metrics remain outside of the expected levels
- Work underway to reduce crowding (Same Day Emergency Care, Frailty, Fit to Sit, GP streaming)
- However whilst improvements are being made it is suggested a number of additional actions are needed to proactively manage any additional risk due to crowding;
- Community capacity should be prioritised – risk currently sits within the Trust
- Extension of the Full Capacity Protocol

1. Introduction

The Emergency Department is the front door of the hospital – the first experience of a patient seeking care in an acute Trust. It is the place where the most unwell, frail and vulnerable patients present. Every one of these patients has a right to expect timely, safe and effective urgent and emergency care. There are multiple factors involved in giving this desired level of care – including staffing, evidence-based processes, early access to specialist services/expertise, timely investigations and senior decision makers at key stages of the patient journey.

Whilst the Urgent and Emergency Care Improvement Plan and the immediate improvement actions are being delivered we need to proactively manage the risk across the hospital/s.

With the above in mind the aim of this paper is the following:

- To accurately convey the current ED position
- To outline a set of principles to use to design the approach to manging the risk across the hospital/s
- To explore the framework that could deliver the principles suggested

2. Current Situation and Issues

There is currently significant external scrutiny from the CQC, NHS Improvement and other regulators/bodies as a direct result of poor performance against the 95% four hour access standard. The demand across our hospital sites particularly for bed based care results at times crowding within the ED. This inhibits the ED team's ability to provide timely care to all. The degree of crowding can be measured using three indicators;

1. Ambulance offload times. Expectation is within 15 minutes of arrival.
2. Occupancy of trolley patients (number of patients requiring trolleys / number of trolley spaces) A department is crowded if the number of patients on trolleys exceeds the number of designated assessment spaces.
3. Aggregated Patient Delay – the total "delay" in hours per 100 admitted breaches, where delay is the amount of time spent in A+E beyond four hours

Recent weeks have shown some early signs of improvement as highlighted below:

Figure 1: ULHT in the Top Ten most improved acute providers for 95% performance

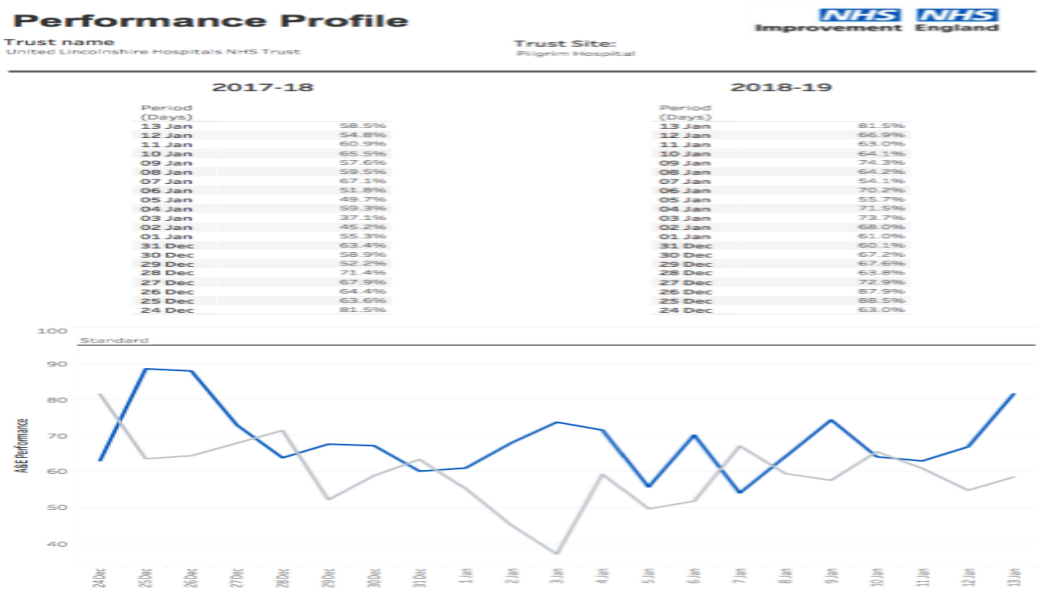
Department of Health & Social Care 5

A&E attendances | **Acute provider performance** Latest data is **December 2018**

Worst Performers	Latest performance	Performance in previous month	Change	Attendances	12hr Trolley waits
NOTTINGHAM	62.9%	71.1%	-8.3%	17,037	1
SHREWSBURY AND TELFORD HOSPITAL	65.5%	68.0%	-2.5%	11,464	1
UNITED LINCOLNSHIRE HOSPITALS	65.6%	62.4%	3.2%	12,899	0
ST HELENS AND KNOWSLEY HOSPITALS	68.4%	72.3%	-3.8%	9,514	0
WORCESTERSHIRE ACUTE HOSPITALS	71.0%	75.0%	-3.9%	15,281	99
KING'S COLLEGE HOSPITAL (FT)	71.7%	73.8%	-2.2%	23,678	19
STOCKPORT (FT)	71.8%	70.2%	1.6%	7,830	3
WYE VALLEY	72.2%	72.7%	-0.5%	5,074	0
THE PRINCESS ALEXANDRA HOSPITAL	72.9%	72.7%	0.3%	9,172	6
UNIVERSITY HOSPITALS OF LEICESTER	73.5%	72.6%	0.9%	21,624	0

Most Improved ▲	Latest performance	Performance in previous month	Change	Attendances	12hr Trolley waits
ISLE OF WIGHT	82.8%	72.8%	10.0%	4,733	1
SALISBURY (FT)	93.3%	84.0%	9.2%	5,721	0
NORTH BRISTOL	84.9%	76.8%	8.1%	7,706	0
BIRMINGHAM CHILDREN'S HOSPITAL (FT)	86.7%	79.1%	7.6%	5,464	0
QUEEN ELIZABETH (FT)	84.0%	78.1%	5.9%	5,678	0
TORBAY AND SOUTH DEVON (FT)	87.5%	82.2%	5.3%	8,456	4
ROYAL UNITED HOSPITALS BATH (FT)	81.4%	76.9%	4.5%	7,196	0
AINTREE UNIVERSITY HOSPITAL (FT)	77.5%	73.5%	4.0%	7,957	0
UNITED LINCOLNSHIRE HOSPITALS	65.6%	62.4%	3.2%	12,899	0
THE ROYAL WOLVERHAMPTON	92.2%	89.1%	3.1%	20,584	0

Figure 2: Comparative performance in Pilgrim Hospital 2017-18 (grey) vs 2018-19 (blue)



Whilst acknowledging the long-standing, poor baseline from which this data is taken these are undoubtedly some positive steps in the right direction and indicates that the hard work and focus on urgent care may be starting to make an impact.

However ambulance handover delays and the Aggregated Patient Delay remain concerning. Poor performance against these metrics are reflective of exit block.

Figure 3: National and Regional Comparative Data on Key Metrics

Source: Daily SitRep & HES for APD and APBR

Region	Provider	60+ min ambulance handover delays	60+ min handover delay rank	AE Performance	Extended length of stay (21 days)	Stranded Patients (7 days)	Aggregate Patient Delay *Nov 2018	APD rank	Admitted Patient Breach Rate *Nov 2018
East	Norfolk and Norwich FT	533	1	77.5	13.4%	41.3%	334.3	8	47.8%
	West Hertfordshire	207	2	74.2	14.8%	48.4%	381.9	6	56.5%
	The Queen Elizabeth Hospital, King's Lynn	173	3	76.8	16.1%	45.6%	389.4	5	46.4%
	Mid Essex	160	4	77.7	13.3%	45.3%	0.0	16	no data
	North West Anglia FT	146	5	79.0	13.5%	42.5%	336.8	7	35.1%
London	Barts Health	276	1	83.4	18.4%	43.8%	435.6	10	52.5%
	Lewisham and Greenwich	119	2	83.7	22.0%	48.7%	686.4	1	48.8%
	Croydon Health Services	76	3	80.6	18.4%	47.9%	674.7	2	84.8%
	King's College FT	69	4	71.0	19.3%	45.6%	536.7	6	73.1%
	Barking, Havering and Redbridge	56	5	73.9	17.2%	44.2%	580.0	5	58.2%
Midlands	Worcestershire Acute	624	1	69.6	13.5%	43.5%	669.3	1	49.5%
	University Hospitals of Leicester	545	2	78.4	11.3%	38.0%	231.1	14	17.8%
	United Lincolnshire	490	3	77.1	13.4%	44.4%	536.7	2	68.5%
	Shrewsbury and Telford	307	4	71.6	8.4%	40.4%	496.3	3	70.1%
	University Hospitals Birmingham	198	5	78.5	21.2%	56.4%	403.4	8	50.1%
North	York Teaching FT	264	1	82.0	19.0%	54.9%	251.4	26	29.8%
	Hull and East Yorkshire	197	2	71.2	10.5%	36.3%	294.0	21	35.8%
	Wrightington, Wigan and Leigh	188	3	75.3	12.0%	40.1%	352.2	14	36.2%
	St Helens and Knowsley Teaching Hospitals NHS Trust	164	4	81.2	17.6%	48.9%	80.0	42	33.3%
	Pennine Acute	158	5	76.8	15.3%	41.4%	435.0	9	46.4%
South East	Portsmouth Hospitals	195	1	79.3	19.7%	47.5%	371.7	10	45.6%
	Surrey and Sussex	156	2	82.7	23.0%	59.2%	704.9	2	15.9%
	Medway FT	132	3	82.6	14.5%	48.4%	848.8	1	59.6%
	Brighton and Sussex	109	4	78.8	20.7%	54.1%	308.4	11	46.2%
	Maidstone and Tunbridge Wells	67	5	89.4	19.4%	47.4%	638.7	3	35.8%
South West	Dorset County FT	24	1	93.7	17.6%	51.1%	171.4	13	15.2%
	Royal United Hospitals Bath FT	16	2	73.6	10.8%	39.0%	428.9	2	57.5%
	Torbay and South Devon FT	15	3	79.7	8.3%	37.4%	305.7	6	57.8%
	Taunton and Somerset FT	15	3	91.4	12.3%	44.2%	0.0	15	no data
	Great Western Hospitals	8	5	84.8	11.9%	42.9%	326.3	4	28.6%

Whilst the Aggregated Patient Delay and admitted breach rates remain as high as those highlighted then unacceptable levels of crowding will remain in the Emergency Departments.

3. Suggested principles and possible framework to reduce Emergency Department crowding:

3.1 Principle 1 Defining when each ED is unable to meet patients' needs due to exit block

Work is going on and clinical teams at both the Pilgrim and Lincoln County Emergency Departments are currently defining their own internal black escalation triggers. These are at an advanced stage and are pragmatic and sensible when benchmarked against similar definitions nationally. When specifically considering the Emergency Department at Pilgrim Hospital, we are all in agreement (the clinical teams, CQC, NHSI and the Executive Team) that one trigger for black escalation is when there are patients in corridors (ie not in a designated cubicle). This work should be finalised and formalised through a SOP.

3.2 Principle 2 Prevention of exit block

Further development of the improvement work already being carried out could help contribute to the prevention of black escalation. This includes:

- Effective green/amber/red escalation processes (outside the remit of this paper)
- Increasing streaming to co-located GP
- Attendance avoidance - EMAS
- Utilisation of Same Day Emergency Care/ambulatory care
- Red to Green
- Frailty
- Fit to Sit in ED
- Better utilisation of specialty 'hot' clinics (more work required in this area)

There is significant work associated with the above areas within the Urgent and Emergency Care Improvement Plan and an update on the impact of these actions will be brought back. Support is also being provided by system partners and ECIST (Emergency Care Improvement Support Team).

3.3 Principle 3 Better utilisation of community capacity – community pull

In the third week in January 2019 the following was true:

- 23% of patients in hospital beds currently are medically fit
- 47 patients with LOS over 21 days
- 44.4% of patients had a LOS of > 7 days

Bed occupancy levels are frequently >/= 99% whilst community capacity is currently 91%. There is also significant potential capacity available across all community providers which includes the care home sector. It has been suggested to be in the region of 200-300 beds. Therefore we will work more cohesively as a system to reduce bed occupancy within the acute sector and an update on how this will be achieved will be brought back.

3.4 Principle 4 Automatic Patient Transfers at agreed time

Until a consistent 'pull' occurs in the community and across the hospital sites, matched by a system that can meet the level of patient demand, a way to prevent ED crowding would be to initiate an initiative such as 10@10. For example ten patients leave admission areas at 10am to appropriate base wards. Irrespective of whether a bed is available or not.

The benefits of this are the following:

- Occurs in the morning when senior staff are present on the wards
- Appropriate patients go to appropriate wards
- Early capacity on admission areas occurs on a daily basis
- This engenders a 'pull'

The wards would be responsible in ensuring that a bed is available to receive their patient by 10am through identifying the most appropriate patient to be discharged that day by 10am.

This type of proposal needs careful consideration including a risk assessment and QIA and should be worked through and a proposal developed.

3.5 Principle 5 Early Internal De-escalation when an ED reaches 'black' escalation:

When black escalation does occur then, by definition, earlier escalation interventions have been unsuccessful. The EPIC and the ED senior nurse should review all patients in the department to ensure they are safe - starting with those in a corridor. Actions to follow may then include:

- Transfer patients whose beds have been declared within 30 minutes (ward, outpatient, theatre and portering teams would support the moves)
- Maximise Fit-to-Sit
- Utilise co-located GP more proactively based on available clinical competency

If this is unsuccessful, and the department remains in black escalation, then the Trust should have one hour to de-escalate prior to initiation of an extended Full Capacity Protocol (FCP). Ideally this subsequent hour will result in patients being moved from the ED to admission unit areas for their ongoing care.

During this one hour the assessment units would identify four patients who are to move to agreed base wards if FCP is to be initiated. Patients are consented and information sheets given. It would then be the wards responsibility to identify the most appropriate patient to discharge.

The process out of hours should reflect the in hours process. If FCP is initiated out of hours, the expectation of the on-site senior clinical decision makers, supported by the Site Duty Management team and oncall teams if necessary is to review all discharges planned for the following day and secure a safe discharge pathway, whether that be to a 'usual place of residence' or other community setting.

This type of proposal needs careful consideration including a risk assessment and QIA and should be worked through and a proposal developed.

4. Suggestions next steps and timeline

- Trust Board to discuss and agree the five principles outlined above with requirement to work up the details and bring back an update report on 5 March 2019
- Further discussion, design and agreement of the principles including arrangements for a revised FCP at Clinical Management Board on 7 February 2019
- Finalised approach and completion of Risk Assessment, including QIA to be reviewed by Executive Team 13 February 2019
- Hold engagement events for all staff 14 – 22 February 2019
- Trial adoption of agreed revised protocols on Monday 25 February 2019
- Update Trust Board 5 March 2019 and seek approval for full adoption of suggested approach supported by an appropriate risk assessment and QIA
- Implement revised approach from Monday 11 March 2019.

5 Recommendation

The Board is asked to support the above actions and suggested timeline.