

Enfield Health and Well Being Board

21 April 2016

Emergency Department

The ED issue

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- Long term issues recruiting senior doctors
- Critical inspection of junior doctors training in July 2015
- Need to provide more training and supervision and reduce reliance on juniors for training
- Longer waiting times in ED and failure to achieve 4 hour 'target'
- At times very long waits and very busy department leading to patient safety concerns

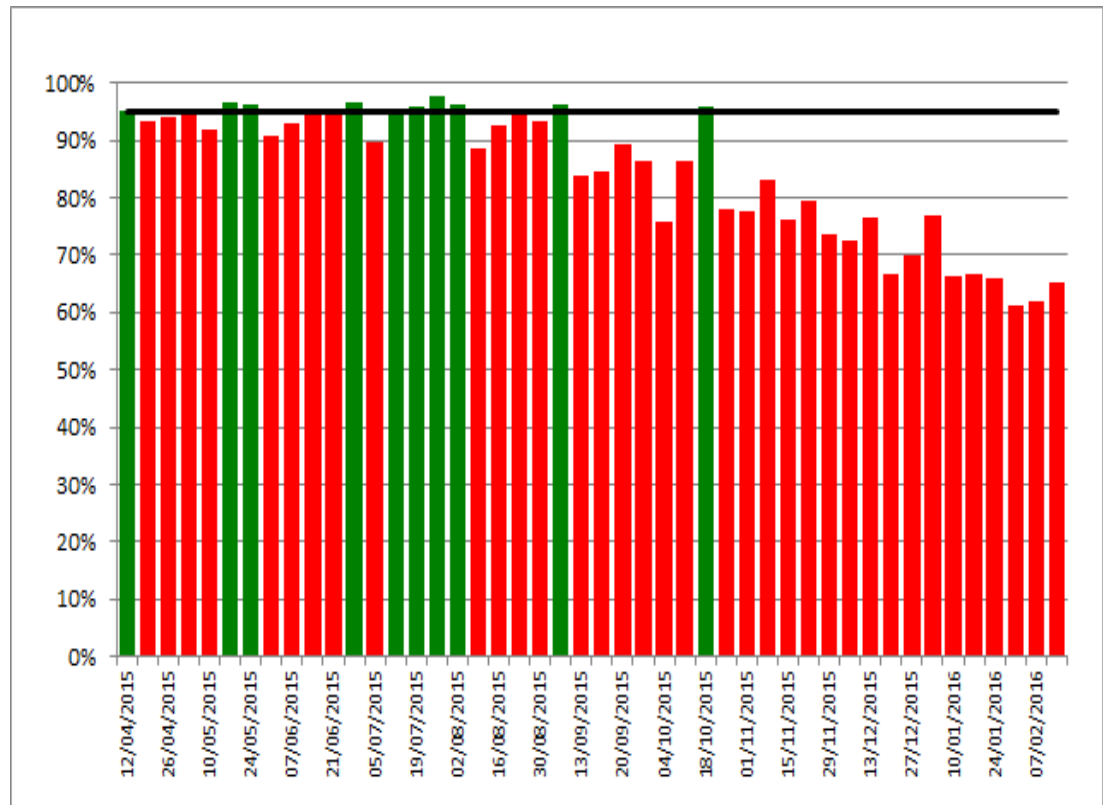
ED performance against 95% standard

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Summary Monthly Performance

Month	14/15	15/16
Apr	95.9%	94.2%
May	95.2%	94.2%
Jun	94.1%	94.8%
Jul	91.7%	95.0%
Aug	97.7%	92.4%
Sep	97.2%	86.7%
Oct	93.4%	84.3%
Nov	93.9%	77.3%
Dec	87.8%	71.9%
Jan	94.3%	66.4%
Feb	90.5%	63.5%
Mar	91.3%	
YTD	94.1%	84.7%

Weekly 4hr Target Performance



External reviews key findings- solving the problem long term

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- Poor Performance driven by supply side factors (rather than demand)
- Whole system problem played out in ED
- Reduced attendances – but reduction achieved across 9-5, volume of out of hours complex and elderly attendances has increased
- Significant deterioration in A&E process times
- Disproportionate impact upon elderly patients (over 85s), but small numbers
- Admission rate from ED has increased but remains below national average
- Zero LoS admissions have increased year on year
- Required focus on reducing Length of Stay rather than admissions
- Volume of social care delays has increased significantly over last 12 months
- Need to expand GP redirection and GP direct referrals to national levels
- Weekend discharges are below significantly below national average and have deteriorated
- Weekday discharge remains heavily weighted to late afternoon profile that impacts significantly upon flow management

Risk Summit Actions- Keeping it safe short term

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- **ED Workforce**

- Appointed substantive Clinical Director- starting June 2016
- Expand medical workforce (4 WTE consultants and 5WTE middle grades)
- Improve pastoral and educational support for ED workforce (GMC, HENCEL, RCN, Tavistock consulting)

- **Patient Flow**

- GP See & Redirect pilot launched 17/02
- Mutual aid with local providers (including LAS)
- Increased triage capacity
- Senior care of the elderly doctor based in ED 4hours/day

- **Governance and risk**

- Specific mitigating actions underway in ED including very close monitoring
- Weekly dashboard in place

Immediate actions to ensure patient safety

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- Increased number of nurses on shift
- Long wait patients nursed on beds rather than trolleys
- Hourly rounding (comfort and safety)
- Treatment plans initiated and followed while in ED
- Daily assessment of patient experience
- Regular open meetings with staff
- Daily Director of Nursing and Medical Director presence
- Daily incident reviews
- Daily silver control meetings to manage patient flow

Improving discharge

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- Daily meeting including all key stakeholders incl. LBE
- Assistant Director chair of daily meeting
- Morning 'Board round' review of actions for each patient
- Escalation of actions in the afternoon if not complete
- Weekly review of themes and trends including bed days lost to system

Programme management

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- Dedicated Safer, Faster, Better programme director based at Trust but working with CCGs too
- Trajectory to achieve 95% by end of 2016/17
- Junior doctors re-inspection March 2016- further actions to support training and supervision
- Clinical Director starts June 2016