

TRUST BOARD
28th May 2012

TITLE	COMPLIANCE WITH THE FOUR HOUR STANDARD FOR WAITING TIMES IN THE EMERGENCY DEPARTMENT
EXECUTIVE SUMMARY	<p>Significant progress has been made in reducing waiting times in the Emergency Department (ED) over the last five weeks and the Trust has consistently delivered a maximum waiting time of 4 hours for more than 95% of patients during this time. Performance for the quarter to date currently stands at 95.2%.</p> <p>Delivery of this key performance target for quarter 1, however, remains a risk and completing the implementation of the ED recovery plan, as well as the wider unscheduled care programme, is the key to sustainable improvement.</p>
BOARD ASSURANCE (Risk) / IMPLICATIONS	Compliance is reflected in the Board Assurance Framework. BAF Risk 1.1 National targets and priorities.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	Patient expectations in terms of access are reflected in NHS performance targets.
EQUALITY AND DIVERSITY ISSUES	None identified
LEGAL ISSUES	Entering a third quarter with four hour performance at risk creates a potential regulatory issue for the Trust and may result in contract penalties from NHS Surrey.
The Trust Board is asked to:	Note the report
Submitted by:	Valerie Bartlett, Deputy Chief Executive Claire Braithwaite, Associate Director of Operations
Date:	21 st May 2012
Decision:	For noting

**TRUST BOARD,
28th May 2012**

**COMPLIANCE WITH THE FOUR HOUR STANDARD FOR WAITING TIMES IN THE
EMERGENCY DEPARTMENT**

1 INTRODUCTION

The purpose of this paper is to provide an update on progress with delivering the four hour standard for waiting times in the Emergency Department (ED) and the actions that are under way to address underlying issues of flow and capacity.

2 CURRENT PERFORMANCE

Significant progress has been made over the last five weeks and the Trust has consistently delivered a maximum waiting time of 4 hours for more than 95% of patients during this time. Performance for the quarter to date currently stands at 95.2%.

Figure 1 shows the percentage of patients that were admitted or discharged from the ED at St Peter's Hospital within 4 hours of arrival.

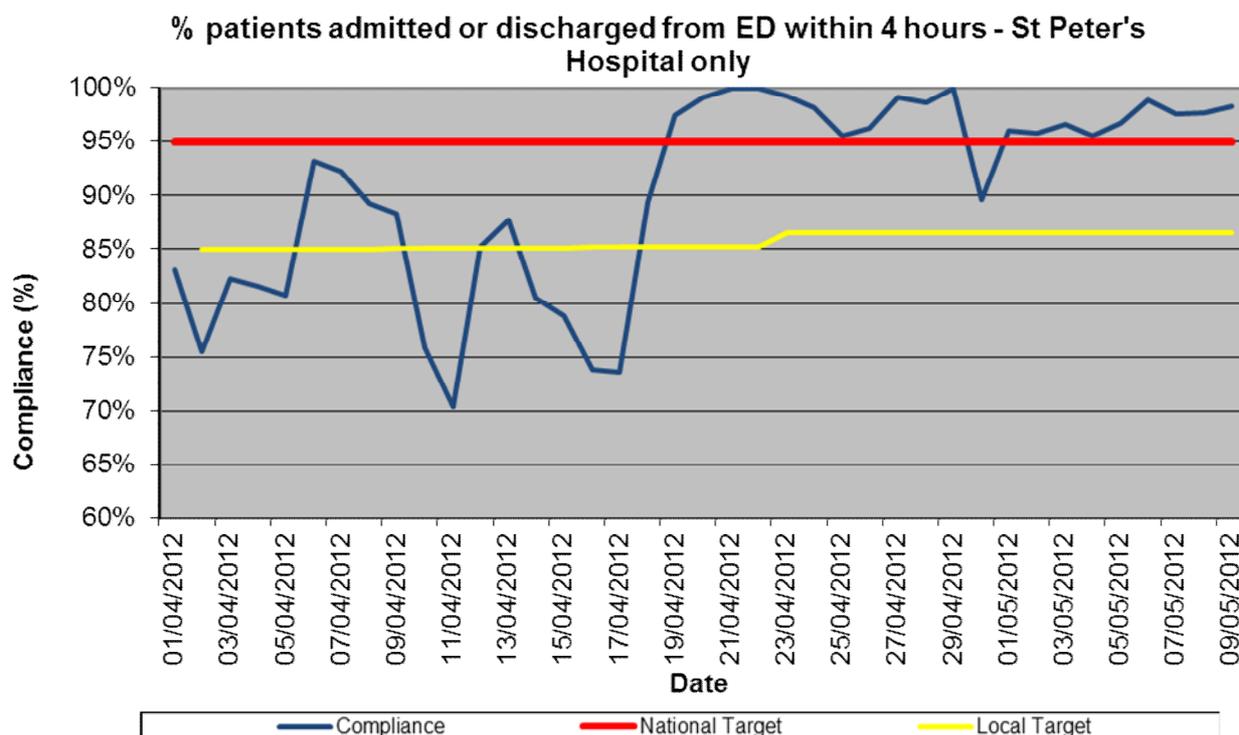


Figure 1

As Figure 1 demonstrates performance currently exceeds both the national target and the internal recovery trajectory presented to Trust Board in April. Achieving this key performance target for quarter 1, however, remains a risk and completing the implementation of the ED recovery plan, which was developed in consultation with the Emergency Care Intensive Support Team (ECIST), is central to successful delivery.

Although the ED recovery plan identifies a number of actions designed to reduce waiting times in the ED, continued work is needed to deliver sustainable improvement and address poor patient flow across the hospital more generally. Delivery of the 4 hour target therefore requires a whole hospital effort and change continues at all points along the care pathway for both emergency and elective patients, including in discharge planning and securing the right

supporting balance of community and primary care services. The Unscheduled Care programme of work, as outlined to Trust Board in April 2012, brings together a series of actions to address the issues affecting performance across the whole care pathway and the successful delivery of this programme is required to deliver sustainable improvement against the 4 hour waiting time target.

A key indicator of patient flow is length of stay and it is anticipated that delivery of the Unscheduled Care programme, primarily through the work with ECIST and implementation of RealTime, will not only reduce the overall average length of stay but also reduce variability of stay for patients with similar clinical conditions. Current average length of stay is shown in Figure 2.

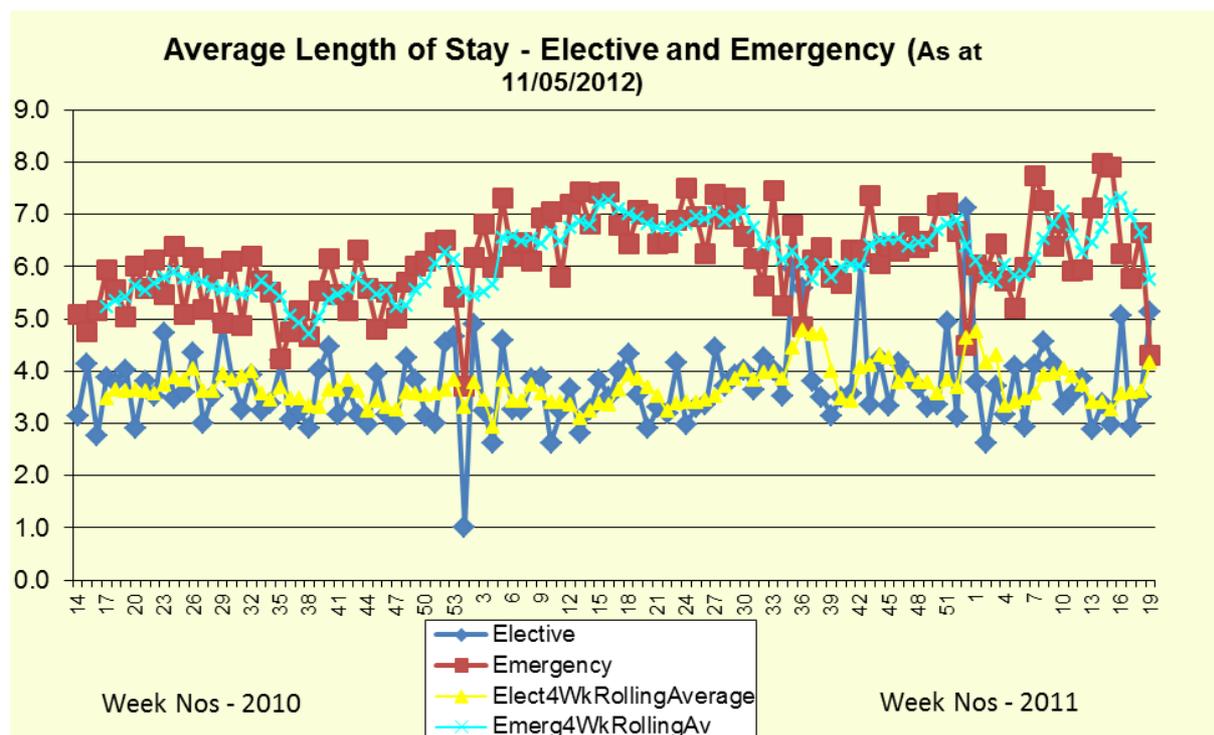


Figure 2

3 PERFORMANCE IMPROVEMENT

Over the course of the last two weeks discussion and analysis has taken place with Divisional Directors and members of the operational teams to identify the elements of the ED recovery plan that have had the greatest impact in improving performance against the 4 hour waiting time target. The purpose of this work is to ensure that continued focus is placed on the most effective interventions until they are fully embedded within the unscheduled care pathway.

A summary of key interventions in April and planned deliverables for May is shown in Figure 3.

Project	Milestones completed this month	To be completed next month
<p>ED PERFORMANCE: Developing and supporting staff in the ED to deliver an improved service, supporting flow and excellent patient experience</p>	<ul style="list-style-type: none"> Greater presence of medical, surgical and orthopaedic teams in ED Improved process for escalation of delays in patient flow implemented Reinforcement of use of Ambulatory Emergency Care Pathways and on-going audit of compliance 	<ul style="list-style-type: none"> Commence recruitment programme for 3 additional ED Consultants Introduction of "See and Treat" in minors area of ED Introduction of "Rapid Assessment and Treatment" process in majors area of ED Implementation of further Ambulatory Emergency Care Pathways
<p>DISCHARGE MANAGEMENT: Improving the quality and efficiency of internal discharge processes</p>	<ul style="list-style-type: none"> Introduction of weekend working for matrons Implementation of a consultant-led on call service in Urology Introduction of Palliative Care team attendance at board rounds Discharge project commenced on Cedar and Holly Wards 	<ul style="list-style-type: none"> ECIST-facilitated system wide review of length of stay for patients in hospital for over 7 days planned for 28th May 2012
<p>IMPLEMENTING MAU AND THE ECIST MODEL: Redesign the model of care to focus on short-stay beds and fewer specialty beds, including the new MAU model</p>	<ul style="list-style-type: none"> ECIST event for Consultant Physicians 	<ul style="list-style-type: none"> ECIST review of pathway for elderly care with Consultants in Elderly Medicine
<p>BED ALLOCATION AND NURSING ESTABLISHMENTS: Capacity and demand analysis leading to rebalancing beds across the Divisions; and reconfiguration of nursing establishments</p>	<ul style="list-style-type: none"> Review of nursing establishments and shift patterns based on current ward configuration 	<ul style="list-style-type: none"> Detailed planning for move of Maple Ward and the Rowley Bristow Unit in June 2012 Commence consultation on proposed nursing establishments and shift patterns
<p>EXCELLENCE IN THEATRES: II: Increasing capacity and improving flow through redesign of theatre timetable and new working practices</p>	<ul style="list-style-type: none"> Draft business case completed and submitted to Strategic Delivery Board Cost / benefit analysis of working extended days completed 	<ul style="list-style-type: none"> Approval of business case Appointing project board and teams Finalise and publish Theatres dashboard
<p>REALTIME PHASE II: Embedding and exploiting the new software to improve processes and reduce length of stay</p>	<ul style="list-style-type: none"> Phase 2 Project Board established Operational policy finalised RealTime staff now on-site and working with clinical teams 	<ul style="list-style-type: none"> RealTime audit of Wards and creating actions plans for each Working with CSNPs on RealTime bed management processes

Figure 3

5 PERFORMANCE ASSURANCE

Assurance that the actions outlined in the ED recovery plan are in place and having the desired effect is achieved through a weekly performance meeting chaired by the Deputy Chief Executive and attended by the other Executive Directors.

In addition, daily breach review meetings take place within the medical division and the output of these is discussed at a performance meeting Chaired by the Deputy Chief Executive three times per week.

Weekly Calm Ordered Care meetings with the Divisional Directors and the Divisional General Managers and Divisional Heads of Nursing continue on a weekly basis with delivery of the 4 hour waiting time standard as a key focus. Each Division has their own action plan outlining what they will do to improve performance. In addition, each of the Associate Directors has an action plan detailing the steps their corporate teams will take in support of meeting the 4 hour target.

6 CONCLUSION

Significant progress has been made over the last five weeks and the Trust has consistently delivered a maximum waiting time of 4 hours for more than 95% of patients during this time. Delivery of this key performance target for quarter 1, however, remains a risk and completing the implementation of the ED recovery plan, as well as the wider unscheduled care programme, is the key to sustainable improvement.

7 ACTION REQUIRED

The Board is asked to note the risk of delivering the ED 4 hour standard in quarter 1, the recent improvements in performance and the actions that are under way to address the underlying issues of flow and capacity.