Agenda Item 11

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Denise Smith, Chief Operating Officer	Decision		High	Med	Low
	Discussion		✓		
	Information	✓			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Paul Saunders, Associate Director Urgent and Emergency Care Improvement	Strategic				
	Operational	✓			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
			Hospital Management Board September 2019		
CQC Domain: (safe, caring, effective, responsive, well-led)	Safe, Responsive, Well-led				

Meeting Date: **29 October 2019**
Report Title: **Urgent and Emergency Care Improvement Plan Quarterly Update**

PURPOSE:

This paper provides a quarterly update on the urgent and emergency care improvement plan.

SUMMARY:

2020 Delivery has been supporting the Trust's urgent and emergency care improvement plan since July 2019. There are three phases to the improvement programme – (i) diagnosis, (ii) improvement sprint and (iii) sustain. Hospital Management Board received a progress report in October 2019; this is detailed at Appendix A for information. The programme is currently in the sustain phase and the focus is on ward processes and board rounds with the explicit goals to:

- Increase the proportion of discharges occurring by noon
- Embed a consistent approach to board rounds

There has been good clinical engagement in the urgent and emergency care improvement work programme with a number of projects identified for the improvement sprint phase. However, this is yet to translate into an improvement in performance against the key emergency care metrics. In particular, the Trust remains a significant outlier on ambulance handovers taking over 60 minutes. The focus on ward processes and board rounds is expected to deliver a significant improvement in patient flow before the peak winter period.

Implications: Financial / Quality / Workforce / Policy: - None as a direct result of this report

Strategic / External	Operational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Exp.	Workforce
	✓					✓

RECOMMENDATION/S:

Trust Board is asked to note the report.

1. Introduction

This paper provides a quarterly update on the urgent and emergency care improvement plan.

2. Background

2020 Delivery has been working with the Trust since July 2019 to provide support to the urgent and emergency care improvement plan. The improvement programme has three phases:

(i)	Diagnosis	29 July – 25 August
(ii)	Improvement sprint	26 August – 13 October
(iii)	Sustain	14 October – 8 December

3. Improvement sprint

As part of the diagnosis phase, three work streams were identified and improvement projects for the improvement sprint phase agreed with the clinical teams:

(i) ED and assessment areas
(ii) Wards and internal processes
(iii) Discharge and system partners

The key achievements during this phase were as follows:

ED and assessment areas

- The ED team designed a dashboard to improve visibility of the pressures in ED.
- A 2-week trial of a dedicated transfer team commenced

Wards and internal processes

- Facilitators and clinical coaches supported four wards to improve board rounds
- Ward dashboard metrics were agreed
- Specialty in-reach to AMU was trialled by Cardiology
- Pharmacist-led TTO trial commenced

Discharge and system partners

- Leadership and management of the discharge team was aligned to the Integrated Discharge Lead
- The Direction of Choice policy was ratified
- The discharge checklist was amended and roll out planned

4. Sustain

Initially it was planned that the sustain phase would focus on continuity of the projects in the improvement sprint phase. However, it was agreed to deploy the majority of the 2020 Delivery support to the ward processes and board rounds as the embedding of a consistent approach to board rounds and an increase in pre-noon discharges has the biggest potential to improve patient flow.

Appendix A provides a detailed overview of the approach to the sustain phase; in summary all ward sisters / charges are being mentored by 2020 Delivery to support them to understand the root causes for flow challenges on their ward, problem solve, plan and implement solutions.

Whilst the ward MDT team is responsible for the delivery of improved performance, the improvement resource is being invested in the ward sister / charge nurse as the ward champion.

The ward sisters / charge nurses have started their improvement training and project planning, presenting their initial ideas to the urgent and emergency care improvement board in October. There is a high level of enthusiasm and engagement from the ward sisters / charge nurses and a very solution focussed approach being demonstrated.

This is evidenced through the improvement already being seen on Stanhoe ward. The ward piloted an initial improvement project to increase pre-noon discharges; during this time the proportion of pre-noon discharges increased from 14% to 39%. In addition, 35% of all patients discharged were able to go to the discharge lounge.

5. Ambulance handover

In addition to the improvement work supported by 2020 Delivery, the Trust is focussed on improving ambulance handover times. Local comparison for August 2019 is detailed below:

Trust	Ambulance handover ≥ 30 min / ≤ 60 min	Ambulance handover ≥ 60 min
QEH	10.85%	9.58%
JPUH	11.84%	1.97%
NNUH	15.3%	2.3%

This shows that the Trust remains an outlier on ambulance handovers taking over 60 minutes.

6. Summary

There has been good clinical engagement in the urgent and emergency care improvement work programme with a number of projects identified for the improvement sprint phase. However, this is yet to translate into an improvement in performance against the key emergency care metrics. The focus on ward processes and board rounds is expected to deliver a significant improvement in patient flow before the peak winter period.

7. Recommendation

Trust Board is asked to note the report.

Appendix A Hospital Management Board Report October 2019

Agenda Item 11

NHS
The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

#yesQEcan Urgent and Emergency Care Programme

Update for HMB

15th October 2019

#yesQEcan Urgent and Emergency Care Improvement Programme update

EXECUTIVE SUMMARY AND KEY ASKS

- The #yesQEcan UEC Improvement Programme has now entered **the 8-week 'Sustain' phase**
- It was initially planned that 'Sustain' would focus on continuity of projects commenced during the Sprint, with embedding of practice, extension of trials and follow-on actions arising from pilots
- Although there are a number of areas where progress was made through the 'Sprint' phase, patient flow continues to be challenging and will remain so into Winter
- Therefore, given the pressures the Trust faces and ongoing difficulty in discharging patients early enough in the day to generate flow, **it has been decided to shift focus to ward processes and board rounds, with the explicit goal to:**
  - Increase the total daily number of **discharges** from each ward, and the **% before midday**
  - Increase the **% of admissions occurring before 2pm** on each ward
  - Reduce the mean and median **length of stay on each ward**
  - Reduce inter-ward variation, with a consistent approach to **board rounds based on the SOP**
- Projects to design and implement changes to deliver these goals **will be led by Ward Managers**, though **involvement and engagement of the whole MDT** is essential for success
- This brief paper **outlines the planned approach for the coming 8 weeks**, including:
  - Governance, reporting and escalation of issues
  - The metrics that the programme will track, and use in review with wards
  - Individual ward-level targets
- In supporting this work, **the asks of HMB are:**
  1. Where necessary, to support Ward Managers in resolving issues which are compromising progress e.g. challenges with engagement of particular staff groups on the ward
  2. Recognise and congratulate areas of good practice or progress, to provide encouragement and positive reinforcement to ward teams

Responding to pressures, Sustain will focus on ward projects to expedite discharges; other projects will continue with fortnightly working groups

SUSTAIN PHASE FOCUS ON WARD PROJECTS

3-Sustain

w/c	14/10	21/10	28/10	4/11	11/11	18/11	25/11	2/12
Programme Board	▲	▲	▲	▲	▲	▲	▲	▲
Working Groups	▲		▲		▲		▲	
ED & assessment areas	Visibility of ED pressures & internal professional standards							
	Improving communication between ED/AZ/AMU/wards							
	Dedicated transfer team – actions following outcome of pilot							
*	TBC: support in establishing the AEC/AZ/AMU model							
Wards & internal processes *	11 Wards: Delivery of improved numbers of discharges, % discharges before midday, reduced length of stay and better patient experience through the implementation of standardised Board Rounds and improved ward processes							
	Analysis, governance and processes to support mentoring of 11 wards							
	Pharmacist TTO – actions following outcome of pilot							
Discharge & system partners *	Review and improve the discharge team ways of working in the Discharge Hub, in order to reduce internal discharge delays							
	Continued roll out and embedding of Direction of Choice policy							
	Embedding use of Discharge Tracking dashboard and its use for problem-solving							

Trust-led project | Project with 2020 Delivery mentoring | Project with 2020 Delivery support | * Discussed at Programme Board

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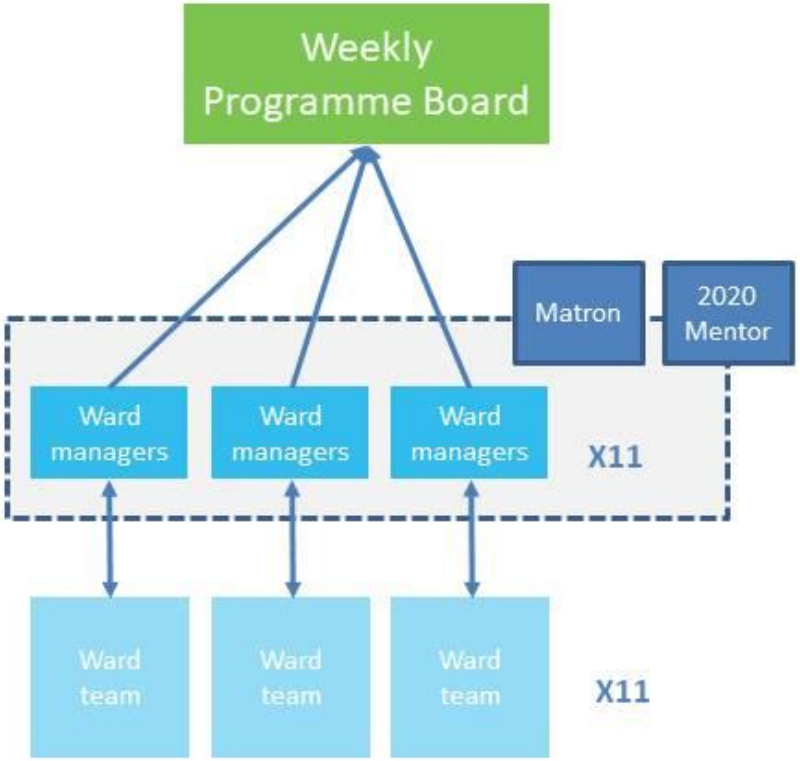
Governance will involve weekly reporting to Programme Board from each ward, with discussion of performance, progress and issues for escalation

GOVERNANCE FLOW AND ROLES



- Each week, **each Ward Manager (or suitable ward representative) will attend Programme Board** to discuss:
  - Performance against targets
  - Progress for the week, plans for next week
  - Escalations/ requests for help in achieving progressing plans

- Ward Managers will have **weekly 2020 Delivery mentoring** sessions, which will support them to understand the root causes for challenges on the ward, problem-solve, plan and implement solutions to improve performance
- They will also **liaise regularly with Matrons** to sense-check plans, escalate issues or request support/expertise

- The **Ward Managers are expected to lead** the project to improve their ward processes, Board Rounds and performance against targets, but **are not solely accountable for this**
- They should be fully supported to challenge and lead MDT colleagues in making the necessary changes

To focus discussion of each ward's progress, Programme Board will review performance against key metrics with Ward Managers each week

SUSTAIN PHASE – WARD DASHBOARD AND KEY METRICS FOR REVIEW EACH WEEK

Week Commencing	16/09/2019

Ward name	Number of Discharges	B	T	<12pm Discharges	B	T	W/E Discharge Ratio	B	T	Number of Admissions	B	T	<2pm Admissions	B	T
Oxborough	31	23	28	7	4	9	138%	59%	80%	23	28	28	8	10	14
Stanhoe Ward	12	22	28	1	3	9	0%	44%	80%	13	28	28	9	12	14
Windsor Ward	12	33	36	7	9	12	23%	53%	80%	11	36	36	6	13	18
West Newton Ward	20	17	17	3	4	6	83%	44%	80%	18	17	17	5	7	8
West Raynham Ward	12	13	17	1	3	6	125%	83%	80%	10	17	17	3	7	8
Necton	16	22	24	2	3	8	58%	65%	80%	8	24	24	6	8	12
Tilney Ward	19	24	28	4	7	9	14%	57%	80%	20	28	28	8	10	14
Elm Ward	40	31	37	3	4	12	53%	87%	80%	44	36	37	19	14	18
Denver Ward	33	30	35	2	4	11	67%	80%	80%	32	34	35	10	12	17
Marham Ward	69	64	121	3	6	40	24%	48%	80%	121	120	121	99	94	61
Gayton Ward	29	27	30	9	4	10	113%	97%	80%	22	30	30	10	13	15
Shouldham	13	11	12	3	2	4	75%	55%	80%	10	12	12	4	4	6
Core Ward Performance	306	318	413	45	55	136	57%	63%	80%	332	409	413	187	204	207

Source: 2020 Delivery Internal Wards Performance Model, Using Data from Information Services Admissions and Transfer Dataset

While wards will report against *weekly* targets to Programme Board, *daily* targets have been calculated to help them plan and track each day

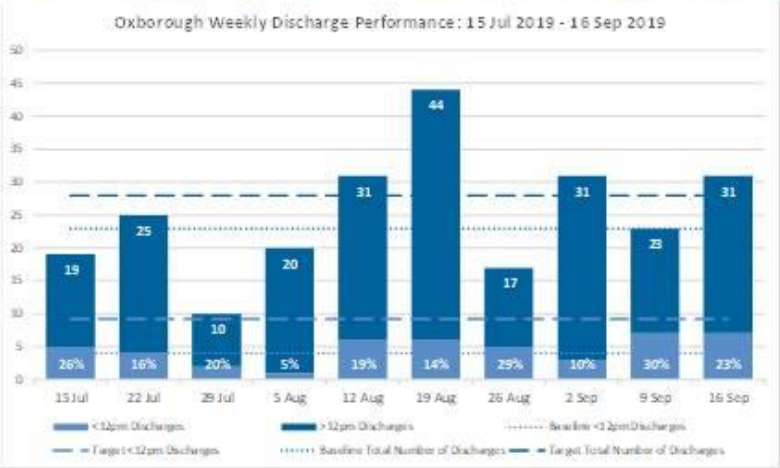
DAILY DISCHARGE AND ADMISSION TARGETS PER WARD

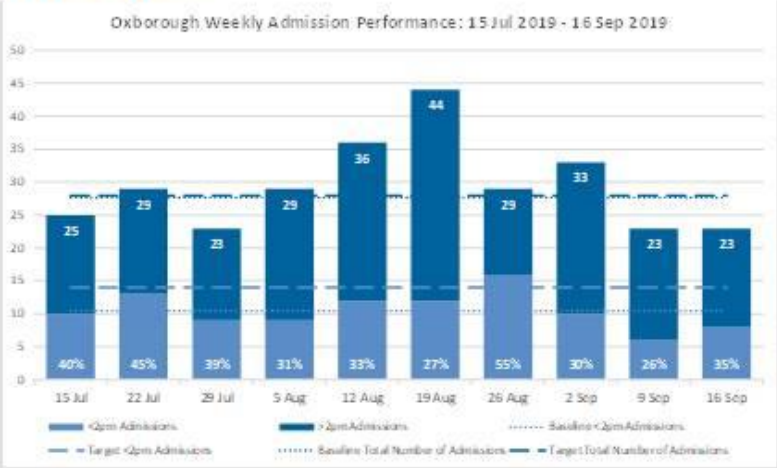
	Discharges /Day		<12pm Discharges /Day		<2pm Admissions /Day	
	Weekday	Weekend	Weekday	Weekend	Weekday	Weekend
Oxborough Ward	4.2	3.4	1.4	1.1	2.1	1.7
Stanhoe Ward	4.2	3.4	1.4	1.1	2.1	1.7
Windsor Ward	5.5	4.4	1.8	1.5	2.8	2.2
West Newton Ward	2.6	2.0	0.8	0.7	1.3	1.0
West Raynham Ward	2.6	2.1	0.8	0.7	1.3	1.0
Necton Ward	3.6	2.9	1.2	1.0	1.8	1.4
Tilney Ward	4.2	3.4	1.4	1.1	2.1	1.7
Elm Ward	5.5	4.4	1.8	1.5	2.8	2.2
Denver Ward	5.3	4.2	1.7	1.4	2.6	2.1
Marham Ward	18.4	14.7	6.1	4.8	9.2	7.3
Gayton Ward	4.6	3.7	1.5	1.2	2.3	1.8

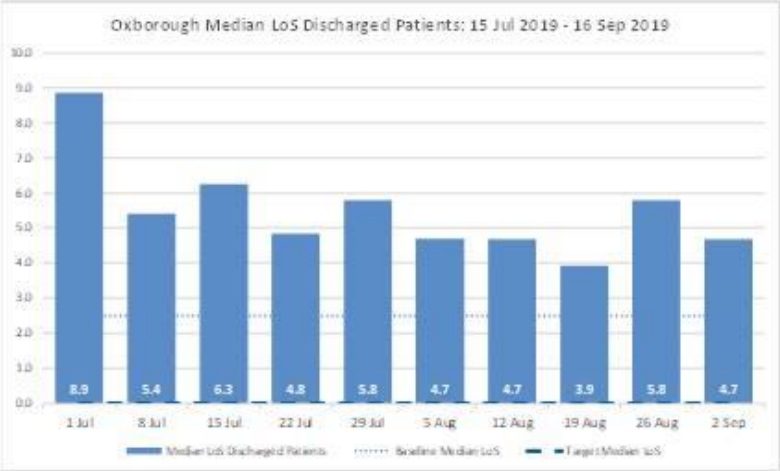
Source: 2020 Delivery Internal Wards Performance Model, Using Data from Information Services Admissions and Transfer Dataset. Targets calculated according to total historic admissions 6 May – 30 September 2019 and a target 0.8 weekend/weekday ratio

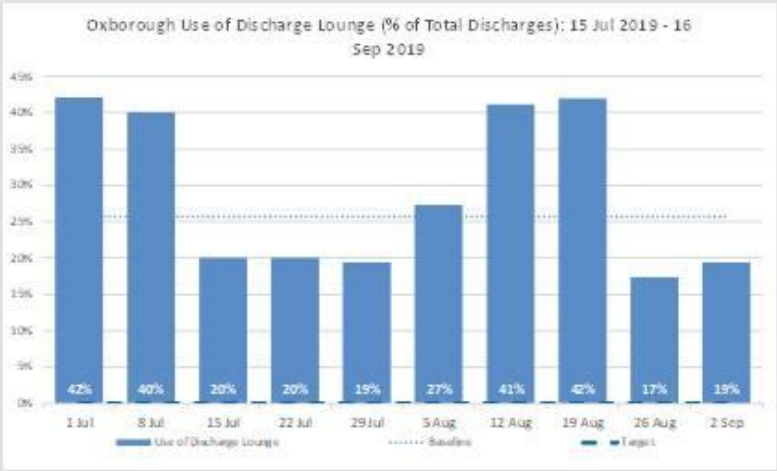
In addition, individual ward dashboards with performance over time will be available to help mentees monitor impact of their interventions

SUSTAIN PHASE – PROPOSED WARD DASHBOARD TIME SERIES









Source: 2020 Delivery Internal Wards Performance Model, Using Data from Information Services Admissions and Transfer Dataset

#yesQEcan Urgent and Emergency Care Improvement Programme update

SUMMARY OF KEY ASKS

- Given the pressures the Trust faces and ongoing difficulty in discharging patients early enough in the day to generate flow, **Sustain will focus on ward processes and board rounds**
- Projects to design and implement changes to deliver this **will be led by Ward Managers**, though **involvement and engagement of the whole MDT** is essential for success
- Therefore, in supporting this work, **HMB is asked to:**
  1. Where necessary, **support Ward Managers in resolving issues which are compromising progress** e.g. helping to ensure engagement from particular staff groups on the ward
  2. **Recognise and congratulate areas of good practice** or progress, to provide encouragement and positive reinforcement to ward teams

Appendices

Item	Description
A	**Full list of sustain phase project leads and sponsors**
B	**Ward metrics methodology**

The mentored ward projects will be led by the sisters with matrons as sponsor; however involvement of doctors and other team members is key

SUSTAIN PHASE: PROPOSED PROJECTS

	Proposed project	Proposed project lead	Proposed sponsor	Mentor
Wards & internal processes	Delivery of improved numbers of discharges, % discharges before midday, reduced length of stay and better patient experience through the implementation of standardised Board Rounds and improved ward processes			
	Necton	Fiona Clutterbuck	Claire Kent	Louis Jamart
	Oxborough	Mohan Phulmattie	Claire Kent	Louis Jamart
	Tilney	Mia Elston	Karon Strong	Louis Jamart
	Stanhoe	Lucy Utting	Karon Strong	Louis Jamart
	West Newton	Donna Snowden	Claire Kent	Louis Jamart
	Windsor	Jolly Thomas	Karon Strong	Louis Jamart
	West Raynham	Tania Martins Henriques Afonso	Claire Kent	Alasdair McNab
	Denver	Sara Warren	Cathryn Abbs-Rowe	Alasdair McNab
	Gayton	Katy Whicker	Cathryn Abbs-Rowe	Alasdair McNab
	Elm	Joana Leitao	Cathryn Abbs-Rowe	Alasdair McNab
	Marham	Kelly Mott	Jill Dawson	Alasdair McNab

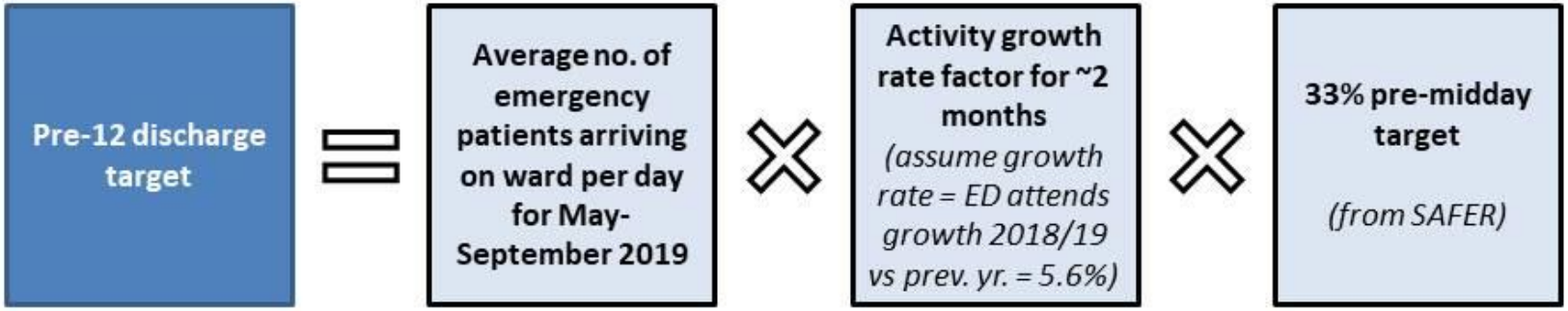
The project lead, sponsor and mentor role are distinct – the project lead plays the central role in identifying and implementing improvements

SUSTAIN PHASE: PROJECT ROLES

Group	Description of role
Project Lead ***Ward Manager***	• Leads the ward project, with roles including: o Identification of gaps in ward processes and procedures vs. SOP o Understanding of gaps in performance vs. target, and investigation of root cause for this o Design and implementation of improvements on their ward, with tracking of impact • Attends the weekly Programme Board to review ward performance, update on actions/progress and escalate any issues requiring senior input (note: nominates suitable ward representative if unable to attend) • Liaise with Project Sponsor to test plans and escalate issues that might compromise the project (e.g. consultant attendance at Board Rounds, lack of engagement from medics)
Project Sponsor ***Matron***	• Liaise with Project Lead • Supports the Project Lead to undertake the role described above, including: o Discussion and 'sense-checking' of ideas for implementation, particularly if they may have an impact beyond the ward o Sharing examples or ideas from other wards (or Trusts) to help with problem-solving o Where appropriate, helping to resolve or escalate issues that may compromise progress
2020 Mentor	• Meet the project lead weekly, providing 1-hour mentoring session • Through mentoring sessions, supports project lead to use various tools (taught in initial training) to understand the root causes for challenges on the ward, problem-solve, plan and implement solutions to improve performance

The preliminary pre-12 discharges targets used are matched to admission numbers and use SAFER's 33% pre-midday figure

PRE-12 DISCHARGE TARGETS: ASSUMPTIONS USED

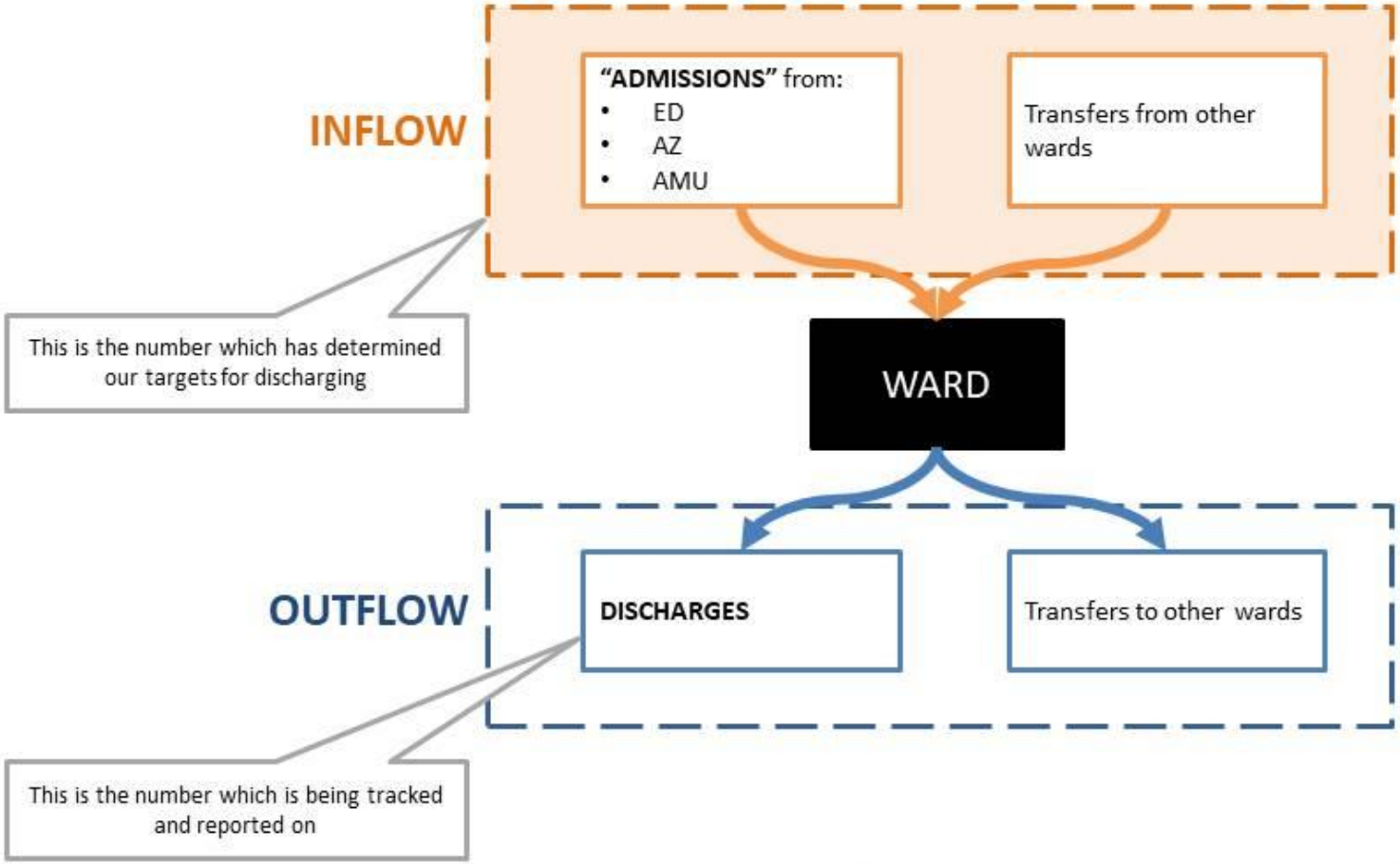


Key assumptions:

- Discharge target set as no. beds to be freed to accommodate **all new patients arriving on the ward**
- There was a **sufficient total number of admissions** per day across wards for baseline period; we assume that the key challenge instead is the time of those discharges
- Different targets calculated for weekdays and weekend days, based on assumption that number of discharges per day on weekends should be 80% of the weekday figure

The ward-level targets have been calculated from the total 'inflow', but we will be tracking discharges only – this means they are stretch targets

PATIENT WARD FLOW DIAGRAM



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