

TRUST BOARD MEETING – 24 November 2011

Title of the Paper:	Emergency Care		
Agenda item:	175/11		
Author:	Chris Pocklington Director of Delivery		
Trust Objective:	To deliver safe patient care		
Purpose To apprise the Board of progress in relation to achieving a sustainable position in relation to emergency admissions.			
Risk Implications for the Trust <i>(including any clinical and financial)</i>		Mitigating Actions (Controls):	
Failure to deliver key quality targets in emergency care will impact on the experiences of patients and staff and will adversely impact upon co-dependent access targets and income.		Emergency Care Action Plan being implemented.	
Level of Assurance that can be given to the Trust Board from the report [significant, sufficient, limited, none]: Sufficient			
Links to BAF, CQC BAF 2775, 2719, 2143 Legal Implications: Not applicable			
Recommendation to the Trust Board: The Board is asked to note progress in working to achieve sustainable improvements in access to emergency care.			

Emergency Care Update

Presented by: **Chris Pocklington, Director of Delivery**

1. Purpose

This report provides an update on progress in relation to work in place to improve the consistency with which the Trust can meet the emergency care targets.

2. Performance

Focusing on the Watford site, our current year to date performance is 96.3%. Although ahead of the national standard of 95% this cannot be considered by the Board as a resilient position going in to the winter months.

The November position up to and including the 13th November is 98.4% with October achieving 96.9% of patients seen within four hours.

Quarter 3 to date has shown improvement in delivery of this standard, which as Board members will be aware, is a good proxy for patients' and staff experience.

Last year's position was extremely weak with 93.5% delivered for the year and significant actions have been taken to address system deficiencies at Watford.

I am able to report the following:

- The temporary Clinical Decision Unit opened at the beginning of October. It is working well.
- Weekend discharge rounds led by Consultant Physicians started at the end of August.
- Additional middle grade support is now in place in the A and E department from midnight to 8.00 am.
- Process change has been introduced in the A and E department including pit stopping and clear roles and responsibilities for the shift leader. Pit stopping involves the senior consultant reviewing all attendances at the department, including both majors and minors and directing junior medical staff in establishing treatment plans.
- Utilisation of all bed capacity at the Watford site including both the catheter lab and Elizabeth Ward has improved, although emergency pressure has resulted in increased rates of cancellations in the catheter lab. The impact of this will be reported to the Board in January.
- The surge ward is scheduled to open on the 8th of December and this will represent a significant improvement in our operational capacity at Watford.

3. Conclusion

It is clear that the actions outlined above are improving performance. Looking at quarter 3 in closer detail, in October 2011 we reported a total of 209 breaches of the standard, delivering 96.9% against a performance of 356 breaches, and a performance of 94.6% in October 2010. This should be seen against a backdrop of increased volumes of emergency admissions in October.

In November up to and including Wednesday 16th, we have reported 60 breaches of the standard, delivering performance in November to date of 98.4% as compared with November 2010 which saw a total of 336 breaches of the standard, with performance at 94.6%.

In summary, Watford had already failed the monthly standard four times up to and including November 2010. Indeed, looking back at last year, the Trust failed the standard in all remaining months of 2010/11.

This year we have not failed the standard in any month thus far although we are seeing evidence of increased admissions as we enter the peak winter months, along with sustained high levels of occupancy on ITU. This pressure seems to be arriving earlier than it did last year and is occurring against a backdrop of mild weather conditions and no particular challenges in relation to seasonal flu'.

I believe that the improved performance in relation to the emergency pathway at Watford General Hospital that has been achieved so far this year equates directly to an improved experience for both patients and staff. We await the formal report following the unannounced visit to A and E by the CQC and will be submitting an action plan to the Deanery on the 10th December.

3. Recommendation

The Board is asked to note the report.