Airedale NHS
NHS Foundation Trust

Report to:	Board of Directors				
Date of Meeting:	27 January 2016				
Report Title:	Report on Emergency care Standard (ECS) for December 2015 and Quarter 3 2015/16				
Status:	**For information**	**Discussion**	**Assurance**	**Approval**	**Regulatory requirement**
Mark relevant box with X	x	×			
Prepared by:	Shaun Milburn/Stacey Hunter				
Executive Sponsor (presenting):	Stacey Hunter				
Appendices (list if applicable):	Appendix 1 – Emergency Care Standard December position Appendix 2 - High level RCA for weekend 4th December -7th December 2015				

Purpose of the Report:
To inform the Board that we failed to deliver the 4 hour Emergency Care Standard to patients in December 2015. The report highlights the factors that have contributed to the position and provides details of mitigating actions to minimise the risk of failing the standard in future months.

Action required by the Board of Directors
To receive note and discuss any key points

Key points for discussion

To acknowledge the Emergency Care Standard achieved in December 2015 was 94.35% which is a breach of the required 95% standard. This has resulted in a failure to deliver the standard for quarter 3 period with performance at 94.62%.

The underlying root problem related to the weekend of the 4th – 7th December 2015 whereby 101 patients waited longer than the 4 hour standard.

The Director of Operations with support from the Medical Director and the Director of Nursing worked with the relevant clinicians and on-call managers who were on duty that weekend to understood the root causes which contributed and to gain assurance that patients who had waited longer than 4 hours did not suffer harm. There were multiple factors which are described in the RCA in appendix 2

A number of actions resulting from the RCA have implemented to minimise the risks of this occurring again (Appendix 2).

Recommendation
The Board should note and receive this exception report

Appendix 1 Emergency Care Standard December 2015 position

The Emergency Care Standard (ECS) achieved in December 2015 was 94.35% a breach of the 95% required (28 breaches over the monthly standard) and the Quarter 3 was 94.62% (50 breaches over the quarter standard). It should be noted that that the standard was achieved for Quarter 1 and 2 at 95.70% and 96.82% respectively.

The current position for Quarter 4 is above 95% (will give a verbal update at Board) as shown in table 1 below.

The West Yorkshire position is provided (Table 4, p 7) which demonstrates the challenges providers are experiencing in relation to this standard and Airedale's positon relative to other local hospitals.

Table 1

Week Commencing 04/01/2016

Attendances/Breaches

	Total Attendances	Total Breaches	%
Sunday 10th January	134	5	96.27%
Week to Date (wc 04/01/16)	940	38	95.96%
Dec-Complete	4406	249	94.35%
Q3-Complete	13236	712	94.62%
Jan(to date)	1429	57	96.01%
Quarter to Date (Q4_2015/16)	1429	57	96.01%
YTD_ 2015/16	42390	1810	95.73%

It should be noted that the underlying causes for the failure of the ECS in December are different to those that resulted in the November 2015 failure.

As detailed in the November exception report there was a significant problem relating to "exit block" with 44% of patients who needed a hospital admission waiting longer than 4 hours (see Board paper "Emergency Care Standard November 2015 position").

The reasons for the failure of this standard for patients in December relate specifically to the weekend of 4th-7th December 2015. 62% of patients (n=101) who waited longer than 4 hours were due to delayed first assessments. This is a delay in a senior clinician in the Emergency Department reviewing the individual patients.

The weekend was subject to an RCA, the summary and actions of which can be found below in Appendix 2. Issues were multifactorial and are listed below:

- Insufficient experienced medical staff cover for the weekend which relate to underlying gaps at both Consultant and middle grade doctor level as well as unplanned absence

- Pattern of demand – twice the number of patients attended late Saturday night /Sunday morning than is usual. This overwhelmed the available capacity at that time and created a significant delay and backlog of patients.

- Indirect factors – the bed manager who is responsible for patient flow during a weekend spent significant amount of time supporting wards with nurse staffing gaps during that weekend. Whilst appropriate to do this it had an impact on their oversight of ED and therefore escalation of the issues to the on call managers

- Lack of consistent medical leadership and direction to junior staff when the Consultant was not physically present in the department during the weekend

Analysis of December's performance

As can be seen from table 2 we achieved all other weeks in December. Unfortunately so many breaches were accrued during that first weekend that it was not feasible to recover the position for the month or the quarter.

This is not the standard of care and experience we seek to offer patients and their families and apologise to those patients who had to wait in excess of the 4 hour standard.

Table 2 December ECS week by week

Week Ending	Total Attendances	More than 4 Hours	% Under 4 Hours
29/11/2015	1006	77	**92.35%**
06/12/2015	1022	94	**90.80%**
13/12/2015	997	46	**95.39%**
20/12/2015	1075	51	**95.26%**
27/12/2015	899	42	**95.33%**
03/01/2016	1046	38	**96.37%**
10/01/2016	940	39	**95.85%**

APPENDIX 2 High level RCA for weekend 4th December -7th December 2015

Author – Shaun Milburn

Below is a summary and timeline of the key themes and issues that contributed to the high number of breaches of the 4 hour standard during the weekend starting Friday 4th December.

Day	Attendances	Breaches	Breach reasons	Comment
Friday	141	16	2 bed holds, **4 delayed assessments**, 5 waiting diagnostics, 7 clinical/complex patients	Normal patterns of attendance. 7 breaches up to 5pm. 9 breaches from 5-midnight.
Saturday	142	14	3 bed holds, 2 clinical, **5 delayed assessments,** 4 "other	Normal patterns of attendances up until 10pm. After this time there were higher than normal attendances (twice the number of a usual Sat night), leading to a back log of delayed assessments for minor illness patients into Sunday, compounded by staffing shortages throughout the day.
Sunday	161	42	3 bed holds, 3 clinical, **37 delayed assessments**, 2 MH 4 "other"	Majority of breaches (27) were from attendances overnight and throughout Sunday morning. There were a further
Monday	5	29	4 bed holds, 2 clinical, **17 delayed assessments**, 6 "other"	24 breaches were overnight from Sunday
Total	449	101	62% due delayed assessment, 11% due to bed holds.	80.62%

During October and November the Trust has struggled to deliver the 4 hour standard. In October we narrowly achieved at 95.07% and in November we narrowly failed to deliver at 94.42%. The primary cause of non-delivery in November has been articulated in a paper "System Impact on the Closure and Deregulation of Care Homes", where 50% of breaches were directly attributed to bed holds. However the reasons for the poor performance for the weekend of 4th December is not to be related to system bed pressures but more related to a miss-match between weekend capacity (nursing and medical staffing) and demand (ED attendances and admissions to medicine and surgery), leading to a high number of delayed assessments in ED.

Assessing harm to patients. There have been no reported incidents relating to patient safety over the period and on the whole, despite the level of overcrowding in ED during Saturday and Sunday and the pressure on the medical and nursing workforce, it appears that the clinical teams coped well. It should be acknowledged however that over the period in question there were 38 patients (out of the 608 attendances, 6.3%) left ED without being seen. This is higher than our reported average of 3.8% and this report also recommends that these patients should be audited and followed up appropriately.

Key Contributory Factors

Looking at the pattern of admissions and taking account of notes from staff working over the weekend the issues can be broken down into 3 distinct key themes.

1. High levels of ED attendances between 23:00 Saturday and 04:00 Sunday leading to multiple delays in assessments resulting in 27 breaches beginning at 04:00 all the way through until 14:00 Sunday. This also had an impact on a high number of admissions overnight leading to a clerking backlog on AMU.
2. Nurse vacancies. This appeared to be a mixture of known gaps, short term sickness and escalation areas being open, all of which HbR are unable to fill. There was a disproportionate amount of system time spent dealing with gaps in the nursing rota, especially by the bleep holders, the site manager and on call manager, which in turn adversely impacted on the amount of time left to deal with flow. This has also been a key theme for several weekends recently. It is not possible to assess how many breaches were indirectly attributable to this.
3. Inability to recover from the escalation during Sunday which appeared to be due to lack of senior leadership in ED in the absence of the consultant and a poor mix of ED junior medical staff and a high proportion of locums that had not worked at the Trust previously.

Other contributory factors

4. Wards not willing to follow direct management instruction from site manager to move staff into areas of highest risk.
5. Shift leader over the weekend was not an ENP and this often gives the department additional clinical decision making capacity overnight

Areas of good practice

- Site-management. Well supported by additional bed managers and on call managers plus senior matron for medicine came to work clinically on Sunday
- Consultants worked over and above their planned rotas for both AMU and ED.
- Good ENP cover from Matron Dixon and Yordale team
- Gynae registrar came down to support on Saturday afternoon

Despite admissions being high for the 3 day period (179, therefore averaging almost 60 per day, especially those late in the evening), discharge rates were good across the Trust, despite Norovirus on wards 1 and 4. Although bed numbers per se were not a main cause of breaches, there were key times when the high number of admissions at peak times slowed down flow from ED to AMU/SAU

Root Cause

Failure of the ECS for the weekend of 4th December 2015 was due to a 63 of the 101 breaches being due to delayed first assessments, primarily overnight on Saturday into Sunday and overnight Sunday into Monday. With the exception of the breaches directly attributable to the unusual pattern of attendances between 23:00 Saturday and 04:00 Sunday (27) and further accounting for the clinical and/complex patients that breached (14), it is felt that the remaining 60 breaches were avoidable. Contributory factors are articulated in points 1-5

Agreed Actions

Area	Action	Owner	Timescale	Progress
Strengthening Clinical Leadership at weekends	Assess and agree ways to increase ED consultant presence at weekends. Cover agreed to increase from 15:00-22:00 to 10:00-22:00	Clinical lead in ED	12th December	On-going
	Review of skill mix of locum juniors, ENPs and middle grades at weekends in order to ensure the rotas complement each other to give the strongest combination.	Matron and PSM for emergency and urgent care	Review completed by 11th December	On-going
Strengthening site management at weekends	A review of the on-call rota for the next 6 months to look at pairings and ensure that we have a reasonable balance of operational, clinical and corporate skills. This may require people to be flexible and change on call at short notice	Director of Operations	11th December	Completed
	Strengthen site presence on a weekend for the next 4 weekends and seek a senior nurse to do a shift (10-6) on a Saturday and Sunday. This needs to be shared out as equally as feasible and those individuals who do this are not expected to work more than their usual working hours in total	General Managers	12th December	On-going
	Reiterate message to nursing teams that is they are requested to move a member of staff by the on call team then the expectation is that this is actioned in a timely way	Director of Nursing	8th December	Completed
Improved escalation and communication	Second on call manager to provide a written update re the weekend on call (via email) to Directors of Operations, Nursing and Medicine and the GMs by 8am on a Monday morning. This should cover any exceptions to performance , staffing, quality or safety	Director of Operations	14th December	Completed
	Provide on- call team with clear information about what they need to know when they received updates and information about what actions they should consider in the event of escalations (Most of this is in the REAP tool)	General Manager for Integrated Care	11th December	Completed
Assessing Patient harm	Audit and follow-up the high number of patients who left ED without being seen to check non came to any harm	Matron and PSM for emergency and urgent care	21st December	Complete

Graph 1 below showing ED attendances per hour and associated breaches per hour.
Please note the unusual high number of attendances on both Saturday and Sunday evening leading to a high number of breaches 4-6 hours later.

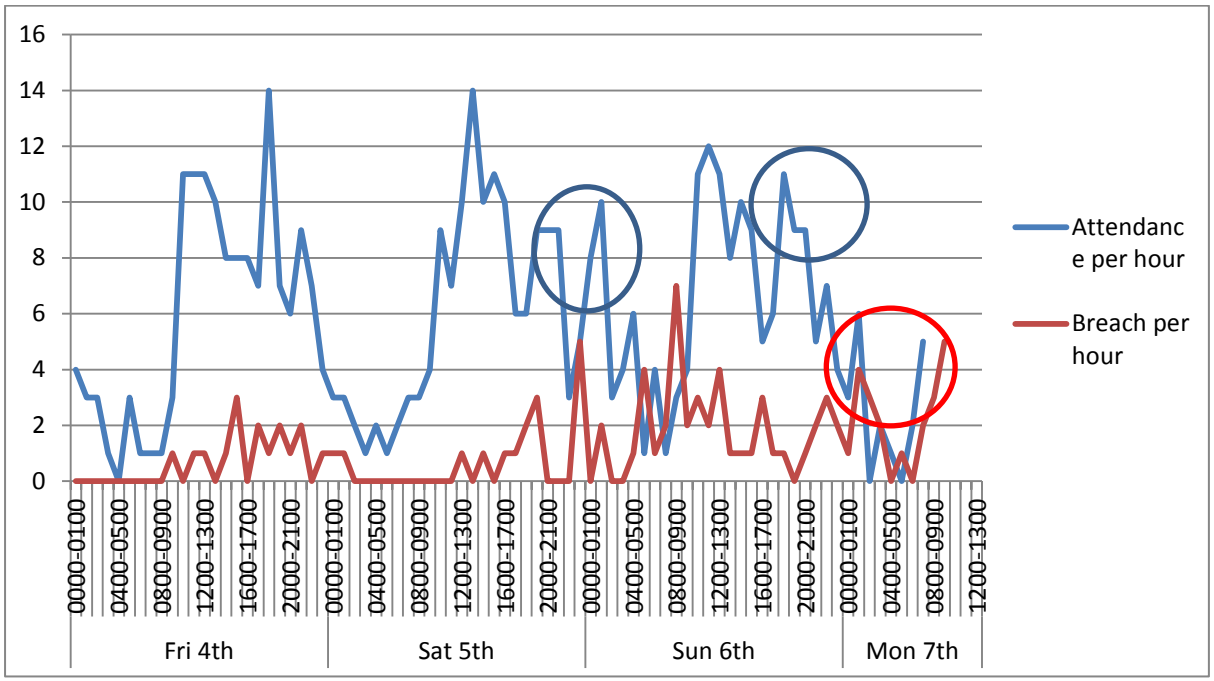

Table 4

All data is unvalidated **West Yorkshire A&E Performance Standard: 95%**

Trust	Mon 28/12/2015	Tue 29/12/2015	Wed 30/12/2015	Thu 31/12/2015	Fri 01/01/2016	Sat 02/01/2016	Sun 03/01/2016	Week	Quarter 4 (as at 3/1)	Year
Airedale	99.46%	94.35%	95.16%	99.03%	98.76%	97.67%	91.67%	96.11%	96.11%	95.71%
Bradford	87.83%	89.97%	91.67%	87.54%	92.10%	92.87%	89.42%	92.49%	92.49%	94.21%
Calderdale	94.46%	90.67%	89.44%	97.05%	92.31%	91.93%	86.94%	92.11%	92.11%	95.12%
Leeds	93.16%	81.79%	89.77%	97.40%	88.91%	78.12%	76.25%	83.64%	83.64%	94.83%
Mid Yorkshire	93.33%	93.16%	88.37%	88.87%	91.46%		87.87%	91.46%	91.46%	88.07%