Royal United Hospitals Bath
NHS Foundation Trust

Report to:	**Public Board of Directors**	**Agenda item:**	**11**
Date of Meeting:	**28 March 2018**		

Title of Report:	**Safety focus within the Emergency Department**
Status:	**For discussion**
Board Sponsor:	**James Scott, Chief Executive**
Author:	**Francesca Thompson, Chief Operating Officer**
Appendices	**Appendix 1: CQC letter : Sharing best practice from clinical leaders in emergency departments**

1. Executive Summary of the Report

This paper details a slide presentation to the Board of Directors in which the key risks and mitigations in winter planning 2017/18 have been updated from a presentation to the Board in September 2017. The backdrop is outlined in a follow up letter to each Chief Executive from the Care Quality Commission reinforcing the 8 themes supporting best practice and safety within the emergency department.(Appendix 1)

2. Recommendations (Note, Approve, Discuss)

The presentation is for discussion and aims to:

a) Provide the Board of Directors the opportunity to explore the considered risks and mitigations more fully.

b) Assist the Boards understanding in the 8 themes identified by expert clinicians, together with the CQC, as factors deemed critical to operating a safe and high quality emergency department. (Appendix 1)

The routine monthly 4 hour performance reports outlines that the Trust continues to fail the 4 hour National standard and the associated diagnostics. However, this report, together with the routine Quality report, is also providing additional data to support the quality and safety aspects of our urgent care delivery.

The Board of Directors are asked to discuss the follow up CQC letter and highlight if there are any further areas that would be helpful to include in routine reporting to increase the level of assurance sought.

3. Legal / Regulatory Implications

CQC Emergency department is one of the core domains. The last inspection outlined that the department required improvement and an action plan was put in place and fully addressed.

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)

ED overcrowding is on the Trust risk register.

The Urgent Care Collaborative Board, Chaired by the Chief Executive has a dedicated risk register against the 4 hour improvement plan.

The slide presentation details an update to the key risks in the winter planning 17/18

5.	Resources Implications (Financial / staffing)
Emergency Department Staffing is identified as one of the eight CQC themes	

6.	Equality and Diversity
No issues identified	

7.	References to previous reports
September 2017	

8.	Freedom of Information
Public	

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Via Email

16 March 2018

Dear Chief Executive

In September we wrote to you sharing the findings from a workshop CQC held with frontline staff. This letter and our report *Sharing best practice from clinical leaders in emergency departments* identified key areas where patients could be at risk, and shared best practice from clinical staff on addressing these risk areas, in order to support local quality improvements.

As you will be all too aware, the demand on emergency departments in winter 2017/18 was and continues to be unprecedented. On our inspections, we have seen many examples of staff going to extraordinary lengths to mitigate the risks this demand presents to patient safety.

We are writing to you now to let you know that yesterday we again brought together over 40 senior clinicians from 24 trusts to discuss the key challenges they are facing right now, to share practical solutions to tackling these problems and to consider preparation strategies for future surges in demand. We will be publishing a full report based on the findings of this workshop, and of our inspections of emergency departments over the winter period in a few weeks.

Recent CQC inspections and our Local System Reviews have demonstrated the importance of the eight key themes to ensure patient safety in departments working under pressure that we outlined in the letter of 29 September 2017. At yesterday's workshop clinicians reaffirmed their importance. They told us that where they had successfully implemented action to address these issues, this was critically dependent on strong leadership, engagement and support by the board and executive team of the trust.

It is important that in all trusts working under pressure in this current environment there is strong leadership from the board to ensure that patient safety is secured at all times. The clinicians stressed the importance of a trust wide, not a purely ED-focused approach to the management of clinical risk. The support of other clinical services in ensuring that crowding in the emergency department is dealt with effectively when there are surges of activity is also vital.

We often pick up a perception that we expect standard staffing ratios that prevents trusts from flexibly staffing the hospital at times of high demand. We would like to take this opportunity to clarify CQC's position on staffing. Boards should assure themselves that they have the right information to make appropriate local staffing decisions. These decisions may require balancing clinical demand in emergency departments with that across the rest of the hospital, but must always be based on

the needs of their patients, using patient acuity and dependency data alongside throughput, and the skills and experience of the wider multi-professional team. When CQC inspect, we look for evidence that boards have made such decisions based upon objective criteria that include both and an appropriate assessment of clinical risk and an assessment of the impact on patient experience.

CQC does not endorse patients being cared for in inappropriate environments and clinicians stressed the importance of this. Trusts must take a trust-wide assessment of where the safest place to care for any patient is, taking into account the physical environment but also the staffing available. It is unacceptable for patients to be cared for in unsuitable spaces such as ED corridors, or in ambulances on the hospital forecourt. Ambulances must be unloaded in a timely way. Clinicians told us that patient flow often proved challenging and they needed the full commitment and support of their boards to ensure they do not care for patients in inappropriate places. This is what clinicians want and what patients and families expect. Trusts must not normalise unacceptable practices.

While all trusts had escalation plans, clinicians told us that these were not always effectively implemented. It is essential that boards ensure that trust-wide escalation plans are thoroughly risk assessed to ensure they manage increased activity effectively and safely. These plans must be owned across the organisation they are not solely the responsibility of the emergency department.

Our recent inspections and yesterday's workshop have demonstrated to us more than ever the heroic efforts clinical staff are making to continue to provide good safe care in an increasingly pressurised environment – and, in many cases, the significant toll that this is taking on them. We will support the system as much as possible, while balancing this with our responsibility to ensure that increased pressure doesn't result in deterioration in the quality of care patients receive by continuing to monitor performance very closely and acting to protect people if necessary.

Finally, it's important to reiterate that these pressures do not originate with and are not restricted to emergency departments, or to NHS acute trusts. This is a whole system issue, which demands a whole system response. The long-term solution must be for health and care providers and commissioners to collaborate to provide health and social care services that meet the needs of their local population, with a stronger focus on keeping people well and helping them stay out of hospital, and on reducing variation that can inhibit people's access to and choice of services.

Yours sincerely,

Sir David Behan
Chief Executive

Professor Edward Baker
Chief Inspector of Hospitals

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NHS Foundation Trust

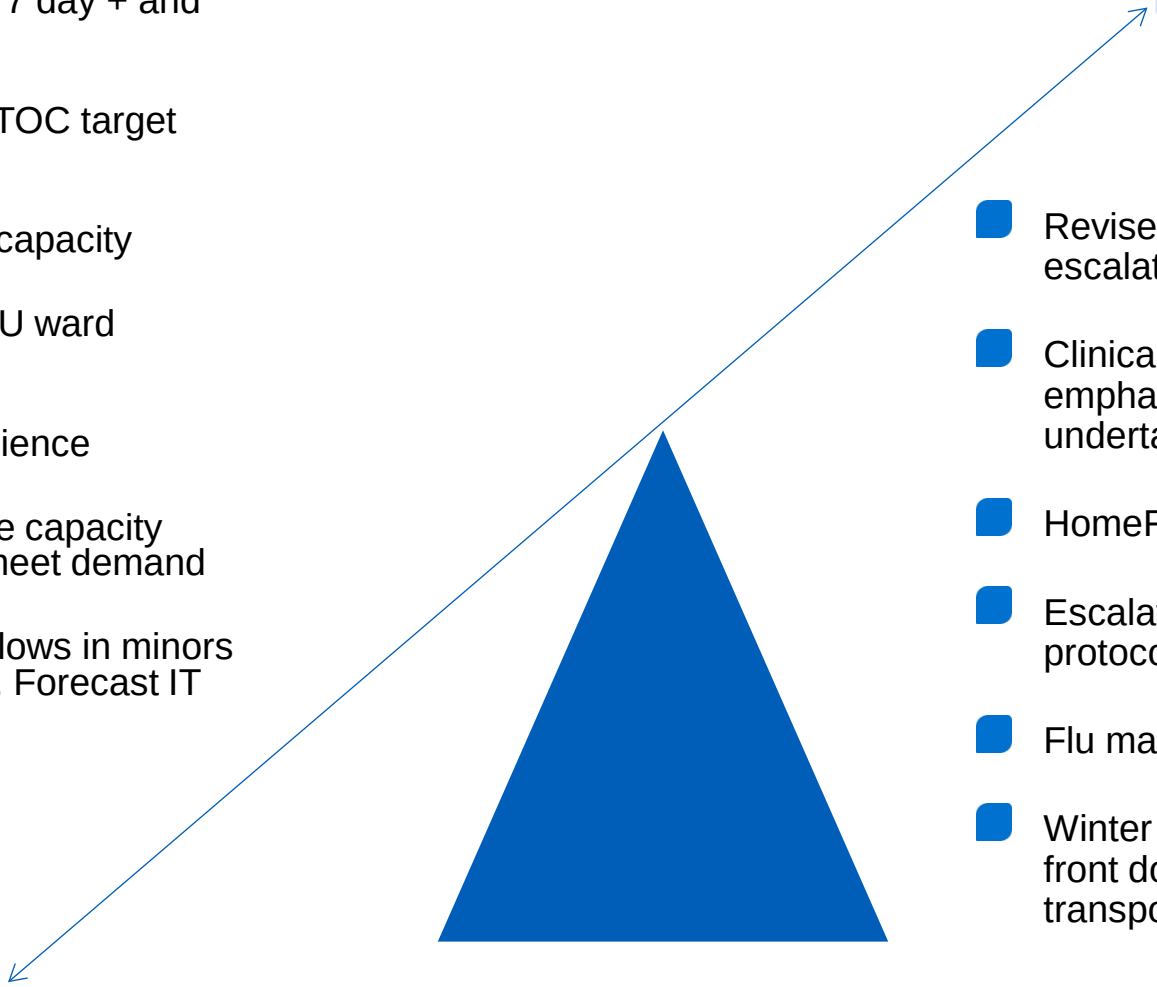
Key Risks and Mitigations Board update in Winter Planning 2017/18

Everyone Matters
Working Together
Making a Difference

Francesca Thompson- Chief Operating Officer

KEY RISKS AND MITIGATIONS BOARD UPDATE IN WINTER PLANNING 2017/18

- Outlier in 7 day + and 21 day +
- Unmet DTOC target reduction
- Isolation capacity
- Timely ITU ward transfer
- Staff resilience
- Workforce capacity gaps to meet demand
- ED workflows in minors & majors. Forecast IT impact
- NEPTS



- Revised system wide/per CCG escalation plan & ECIP
- Clinical leadership & CQC safety emphasis. CCG assurance visits undertaken
- HomeFirst leadership award
- Escalation policy & full hospital protocol
- Flu management plan
- Winter schemes with additional front door staff and alternative transport provider for inpatients

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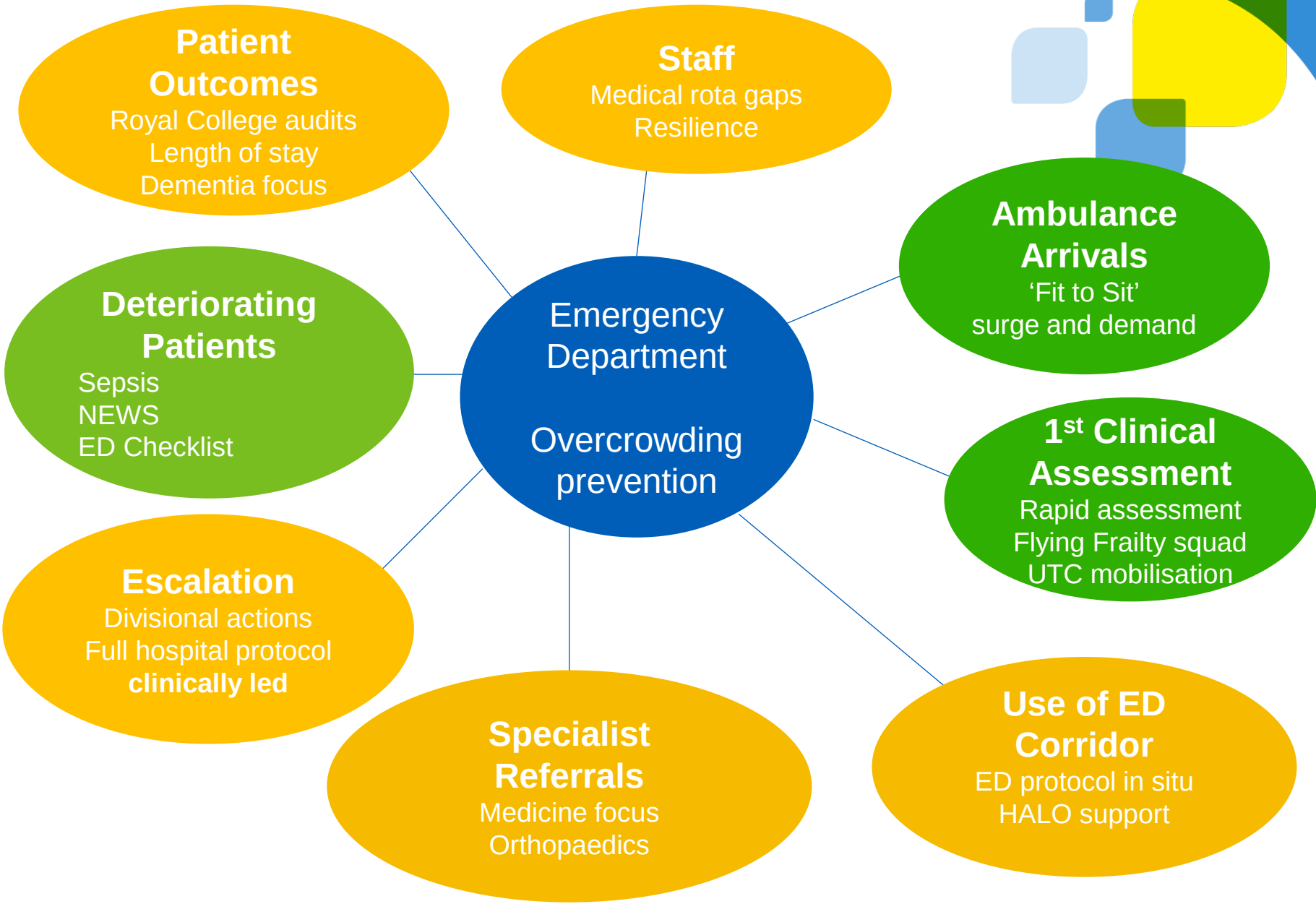
Emergency Department- CQC Expectations


Patient Outcomes
Royal College audits
Length of stay
Dementia focus
Staff
Medical rota gaps
Resilience
Ambulance Arrivals
'Fit to Sit'
surge and demand
Deteriorating Patients
Sepsis
NEWS
ED Checklist
Emergency Department
Overcrowding prevention
1st Clinical Assessment
Rapid assessment
Flying Frailty squad
UTC mobilisation
Escalation
Divisional actions
Full hospital protocol
clinically led
Specialist Referrals
Medicine focus
Orthopaedics
Use of ED Corridor
ED protocol in situ
HALO support