

Agenda Item 4(a)

GEH REPORT FOR THE HEALTH & WELLBEING BOARD MEETING ON THE 20 JANUARY 2014

Board update on the response to the Keogh Report on Accident and Emergency Services

Keogh Review

The Trust was subject to a review of its services by Professor Bruce Keogh, Medical Director at the Department of Health. This review, along with a review of 13 other Trusts with historically high mortality rates, was ordered by Prime Minister David Cameron following the Francis Report into standards of care at Mid Staffordshire Hospital.

Following the publication of the Professor Keogh's review, the Trust was given the additional support to help it improve mortality rates. This includes being joined with University Hospitals Birmingham NHS Trust (UHB) as part of a 'buddying' process, which is ongoing.

The recommendations included in the review included making improvements to out of hours consultant cover and reducing the number of times patients were moved.

Since the publication of the review, many improvements have been made, including:

- Work has completed on a 41 bed Acute Medical Unit that will act as a short stay ward for patients who require treatment, tests or observations that will last no more than a couple of days. It also acts as an area where all admissions through our A&E department are assessed by a consultant before being directed to the appropriate ward for specialist treatment. It is operated as a consultant led service, 7 days a week. GP's are able to refer direct into the unit from primary care via a GP/ community interface.
- 25 +new nurses have been employed to date for core areas, some of which staff our newly configured Acute Medical Unit. A continuous rolling programme of nurse recruitment is in place. Currently the Trust is out for recruitment for 5 Acute Medical Unit consultant physicians.
- The Trust is making good progress towards the delivery of 90% Trust target for the use of Sepsis Care bundles. All out of hours patient moves are sanctioned by the consultant on call, which has resulted in patient moves being significantly reduced.
- Enhanced junior medical cover has been in place since June. A Medical staffing officer is in post who ensures integrity of the rota which is monitored daily. The Trust has implemented a system whereby every shift is reviewed for planned versus actual attendance and there is a clear escalation policy for any failure to fill any clinical staffing post to ensure safe staffing levels.
- The Trust has appointed to a new post of 'Head of Patient Safety and Mortality' to help understand all the underlying data and issues driving mortality. SHMI and HSMR figures continue to reduce. An analysis of deaths for the period April 2013 to June 2013 showed a preventable death rate of 4% and an external evaluation of preventable deaths at the Trust by Clinicians at University Hospital of Birmingham found 5%, both within the expected range of 4 – 6%.

A&E Services

GEH introduced a Trust wide transformation programme in October last year with the primary focus and outcome being 'safe standards in emergency care'. This was in direct response to the recommendation from Keogh and led to the implementation of a series of change programmes. This included the review of the discharge process and flow across the

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hospital to support the safe transfer of patients from A&E directly to the right bed to be cared for by a team of specialist doctors and nurses. A number of efficiency schemes were implemented which included the early review of all patients as part of the 'golden hour' ward round; effectively this means an early review of every ward by the senior clinical team to review those patients requiring urgent intervention and those patients requiring decision for discharge. The ward teams were then responsible for implementing a comprehensive discharge plan to ensure patients' left the hospital safely with comprehensive discharge plans.

A second programme of work focussed on securing a 7 day service across key areas such as diagnostics, pharmacy, mental health and also by Consultants and Physician Associates deliberately rostered across the 7 days to secure continuity of patient care with early implementation of treatment or discharge plans. The ward reconfiguration allowed an expansion of the Acute medical Unit (AMU) and also Ambulatory care pathways. These exciting initiatives, based on best practice acute care, enabled patients to access ambulatory pathways for condition such as cellulitis, respiratory and cardiac conditions that would have ordinarily required an in-patient stay. The AMU, provides the hub for entry of all acutely ill patients that is staffed and geared up for early intervention, decision making and treatment plans across 7 days.

All these initiatives have provided the platform of change going into winter this year and early indications suggest their impact has ensured timely access to beds and treatment plans, admission avoidance and early discharge, thus freeing up the necessary speciality beds to respond to the surge in activity and acuity of patients anticipated during winter. Quarter 3 of this year has witnessed a stable environment for the emergency patients based on these new ways of working which has manifested itself in high performance across the 4 hour standard, length of stay reductions and an increase in the number of patients managed by alternative pathways rather than acute beds.

Kevin McGee
Chief Executive

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