



Health and Housing Scrutiny Committee

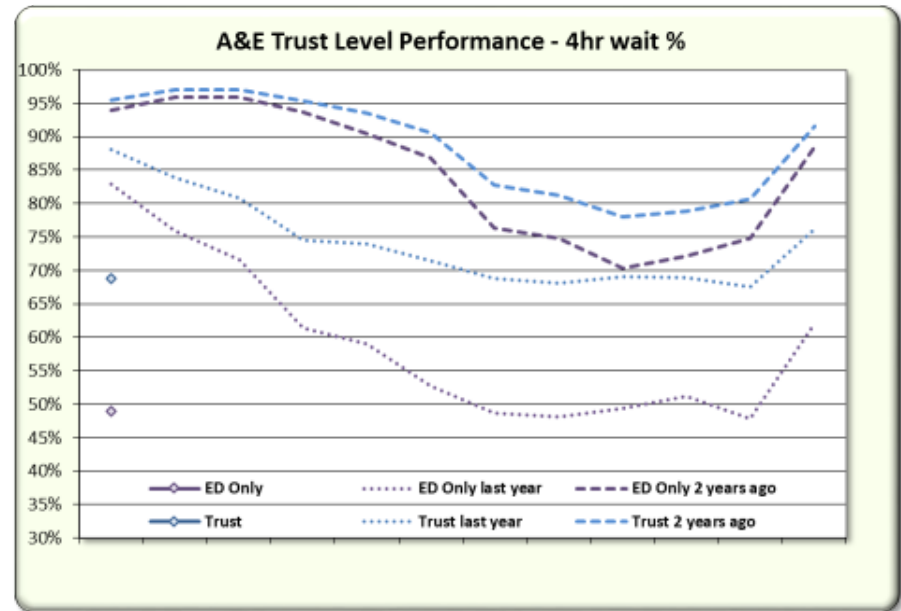
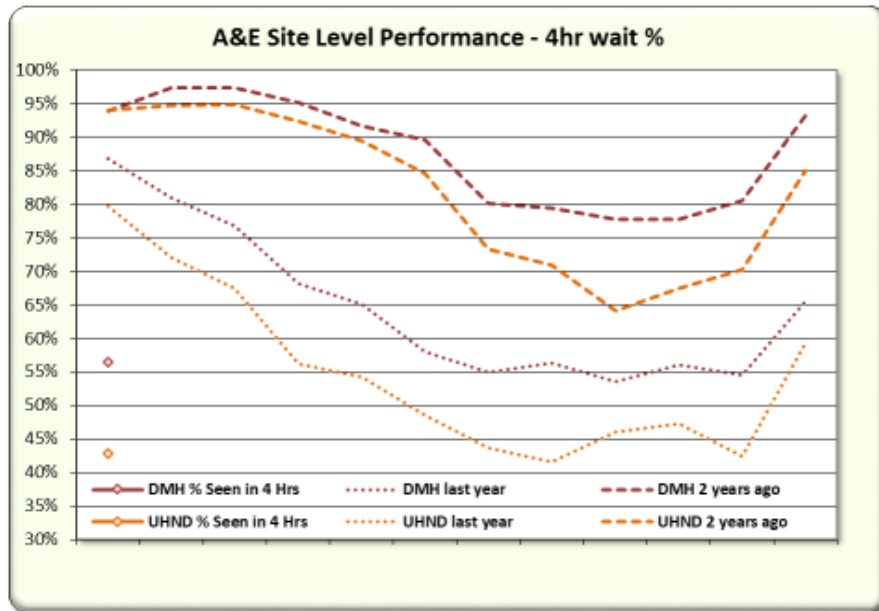
27 April 2022



A&E Wait Times

A&E 4hr Standard

Following the peak of the winter pressures period, performance has been improving throughout March.



There were no 12 hour trolley waits during March.

New ED Measures in Shadow Form

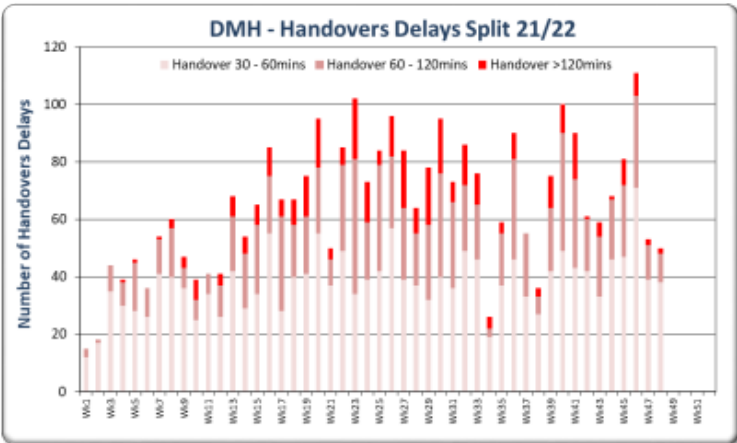
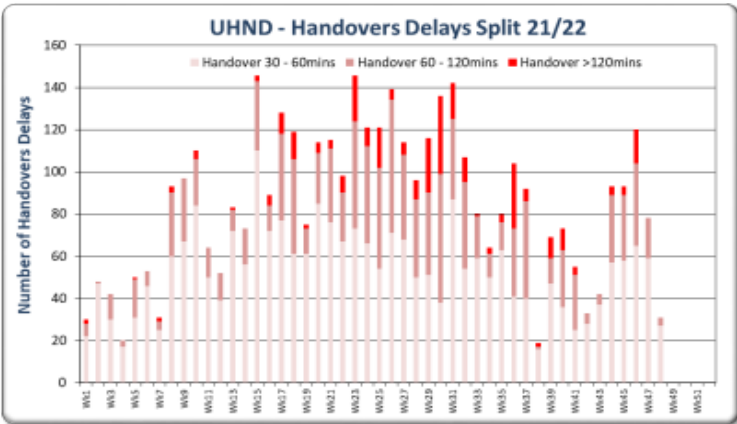
Reduction in patients waiting more than 12 hours in the dept. in March on both acute sites.

Overall in March, 72% of patients assessed within 15 minutes of arrival.

Standard	Month:	Jan-22	Feb-22	Mar-22
DMH ED attends		5,257	4,883	6,056
DMH ED Time to Initial Assessment – within 15 minutes		3,975	3,706	4,588
DMH ED Time to Initial Assessment – % within 15 minutes		75.61%	75.90%	75.76%
DMH ED Patients spending more than 12 hours in A&E		489	424	336
% DMH ED Patients spending more than 12 hours in A&E		9.3%	8.7%	5.5%
Average time(mins) in DMH ED – Admitted patients		513	490	417
Average time(mins) in DMH ED – Non-admitted patients		236	244	224
UHND ED attends		6,406	6,047	7,041
UHND ED Time to Initial Assessment – within 15 minutes		4,193	3,520	4,848
UHND ED Time to Initial Assessment – % within 15 minutes		65.45%	58.21%	68.85%
UHND ED Patients spending more than 12 hours in A&E		511	657	391
% UHND ED Patients spending more than 12 hours in A&E		8.0%	10.9%	5.6%
Average time(mins) in UHND ED – Admitted patients		553	612	480
Average time(mins) in UHND ED – Non-admitted patients		270	302	256
Trust ED attends		11,663	10,930	13,097
Trust ED Time to Initial Assessment – within 15 minutes		8,168	7,226	9,436
Trust ED Time to Initial Assessment – % within 15 minutes		70.03%	66.11%	72.05%
Trust ED Patients spending more than 12 hours in A&E		1,000	1,081	727
% Trust ED Patients spending more than 12 hours in A&E		8.6%	9.9%	5.6%
Average time(mins) in Trust ED – Admitted patients		533	549	447
Average time(mins) in Trust ED – Non-admitted patients		255	278	242

Responsive: ED & Ambulance Handover Spotlight Report

	Average Arrival to Clear Times (Minutes)											
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	
Darlington Memorial A&E	35.1	37.5	38.1	49.0	50.9	54.2	55.3	50.0	43.3	45.1	40.1	
UHAND A&E	33.9	36.5	40.0	43.1	44.8	54.0	54.3	45.6	43.3	35.2	37.9	



Commentary

- Average arrival to clear times in February are 40.1 minutes in DMH and 37.9 minutes in UHND.
- There has been no further trolley breaches in March.
- March performance overall is notably improved at 76.22%.
- The Trust received a visit by NHSEI regional leads for UEC on 9th March to review both EDs and pathways. A report is awaited.
- From 1st April, some dedicated clinical and management support will be provided for the emergency departments and AMUs at both UHND and DMH, to further enhance the quality and safety of our services.

Risk and mitigating actions

STRATEGIC UPDATE

New ED UHND – Bid submitted to New Hospital Programmes and included in regional TIF bid submission	Outcome March 22
Interim ED works to improve footprint UHND	
-Enhanced SDEC (Modular build)	22 June
-CDU designated	9 June
-Reassignment of former fracture clinic to ED	19 Aug
Workforce	
- Junior doctor BC	Approved recruitment under-way
Front door model extended to 24/7	Primary Care Hub evaluation under-way 24/7 BC in development
Optimal G&A bed base	c60 beds Oct 22 BC under-way

IMPROVEMENT ACTION UPDATES

- Works as One. Live ●
- Refreshed OPEL. Launch slipped, now live and requires evaluation ●
- Vocera expansion (UHND). In progress, roll out Feb/March ●
- Real time reason to reside reporting. In place ●
- Team Transfer Policy. In place following review of Referrer Decides Policy. Monitoring to be established. ●
- Fit to Sit. Additional trolleys and chairs purchased ●
- New Ambulance Handover SOP. in place. Requires review ●
- UHND estates works. Delayed ●
- Increased workforce to support ambulance handover bay. Plans to convert CIPHER paramedic transport time to handover from 5/3 ●
- Site Director. In place from December until end April. Review of model to conclude in March. ●
- Internet messaging. Commenced Feb. ●
- Review of tertiary pathways with NEAS and partners. Meeting scheduled. ●

DATA QUALITY. Areas being actively being worked on

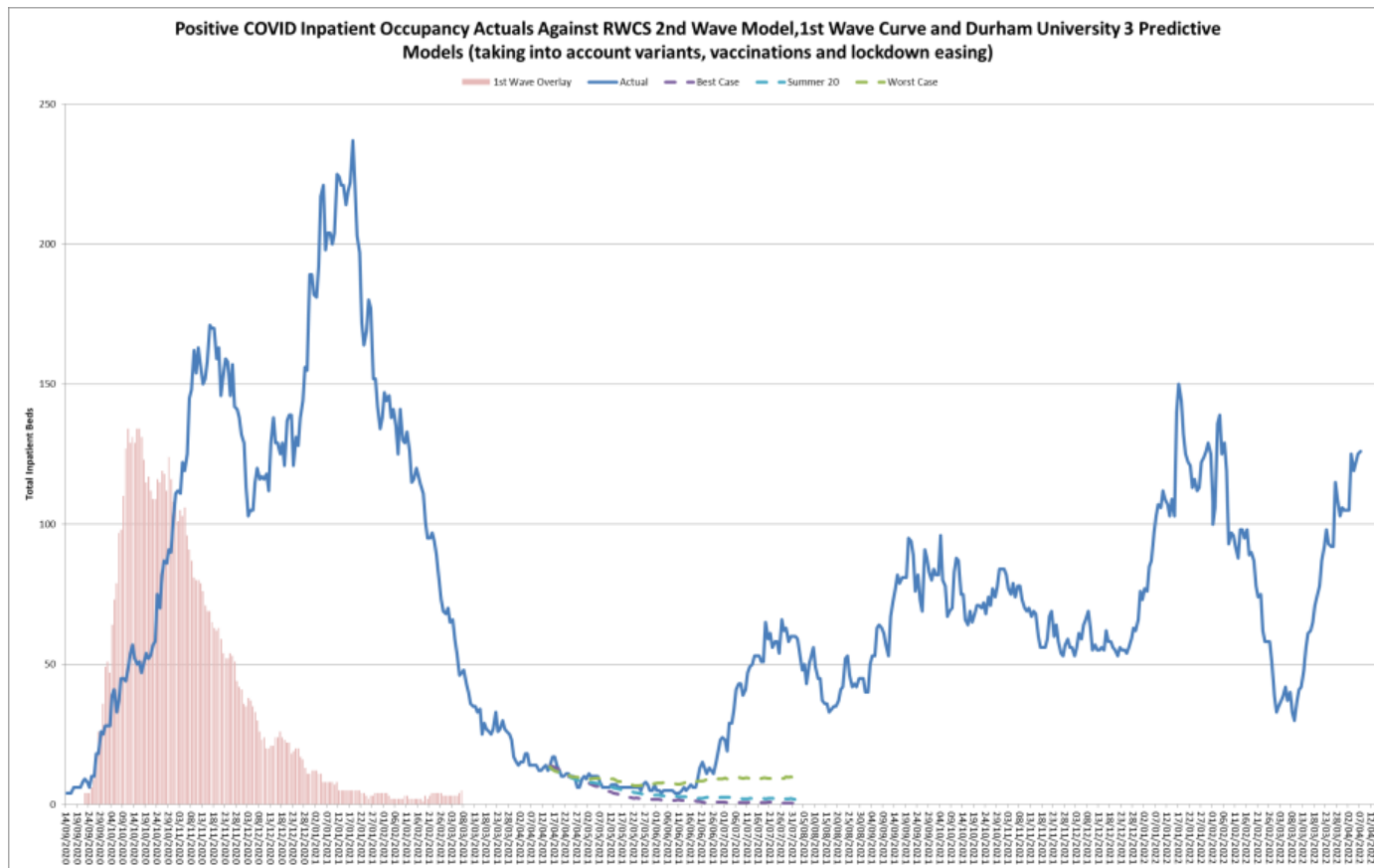
Reason to reside	ECDS
ED Breach validation and time of discharge	UTC reporting

Work as One Spotlight Report

Commentary	Risk and Mitigating Actions
<p>Work as One is being embedded as business as usual.</p> <p>The work is focussed on:</p> <ul style="list-style-type: none"> – Criteria to reside – Criteria to admit audit – Discharge lounge utilisation – Length of stay – Acute infrastructure <p>Discharge information pack/training commenced in February through March</p> <p>Daily reason to reside reports have been iterated to enable improved monitoring of patients delayed. The list now has an average of 50 patients on the list each day of which 22-25 are within the acute setting eg, UHND, DMH and BAH. The lists are validated each day with an average of 6.2 patients per day awaiting package of care/care home. The visibility enables expediting discharges where safe and appropriate.</p> <p>Discharge Lounge utilisation is improving overall.</p> <p>Long wait patients volumes are reducing, from 62 in January to 52 as at 16 March.</p> <p>To achieve best flow, discharge volumes need to exceed average daily admissions. This is being tracked and there is some evidence of improvement since WaO.</p>	<p>Work has been ongoing with the Nervecentre Team to modify the list of reside/delay reasons to provide a more detailed report. These changes were communicated w/c 14 March.</p> <p>Next actions:</p> <ul style="list-style-type: none"> • Audit on ‘what makes a service acute’. • CHC digital referral training. • Improvement in TTO scripts for the discharge lounge. • Review of management support hours of operation. • Identify and appoint a Clinical lead for Discharge on each acute site. • Emphasis on improving weekend discharges and reinvigorate Criteria Led Discharge.

Increasing volume of patients admitted with COVID.

At this level, this accounts for 20% of beds, directly impacting on flow.



Any Questions