

Emergency Care Improvement Programme (ECIP) Concordat

Areas for action

The Brighton and Hove Strategic Resilience Group (SRG) has prioritised the following six areas for action:

1. **Assessment & Streaming**
Cease triage and replace with clinical navigation role located in waiting room
2. **Ambulance Service/Rapid Assessment, Treatment and Streaming**
 - Develop rapid handover for ambulance arrivals through a dedicated 'team' approach with a clearly defined Standard Operating Procedure. Ensure consistent approach to immediate streaming by initial assessment and timely transfer to the appropriate assessment stream.
 - Ensure ambulance arrivals are transferred immediately using clear clinical criteria to the appropriate ambulant flow stream to initiate treatment (e.g. Urgent Care Centre and Medical Assessment and Treatment Unit)
3. **Implement SAFER bundle across all wards, monitor adherence to the process using tracker**
 - Urgently carry out baseline audit to identify gaps in ward processes.
 - Develop ward specific bundles with clinical/medical staff on the wards. Introduce Board rounds to ensure every patients care plan is reviewed every day by a Multi-Disciplinary Team.
4. **Agree to protect the ambulatory care unit** to deliver a 'process driven' model service with the agreement that a minimum of 25 patients per day will be referred/pulled directly to the service.

There is a need to understand how many patients are currently being managed in CDU that would be part of this cohort:
 - Use a simple scoring pro forma to identify patients at Rapid Assessment, Treatment and Streaming/GP conference call.
 - Ensure staffing is protected to deliver continuity and build effective sustainable models of care.
5. **Implement an escalation trigger tool** with agreed actions for individuals and services. Use bed meeting to monitor and hold to account.
6. **Simplify the current range and access to community services** with social care looking at opportunities for integration and access through a single point

Underpinning all the above there is a need to develop internal professional standards across all services to ensure that response from all departments supports the emergency flow.

It is proposed that the task and finish group is established within the acute trust to develop, implement and monitor immediate priorities for the trust. There should be clear lines of governance and reporting. This should be chaired by the Chief Operating Officer.

Focusing on these areas will help Brighton & Hove SRG improve the performance of their urgent and emergency care pathways and so improve outcomes for patients in their system.

ECIST have provided support to this system ahead of the system's inclusion in ECIP. This concordat aims to formalise this support and establish the priorities for your system. These priorities along with the ECIP support package will be reviewed with the Brighton and Hove CCG before 31st March 2016.

Suggested Improvement metrics

ECIP has also recommended that the SRG use some granular improvement metrics to monitor progress. Some suggestions are included in the table below. In addition, the SRG should set itself an ambition to improve system performance against the 4 hour emergency care standard as this is a key barometer of system success and is linked to good patient experience and outcomes.

ECIP expects that the system should define its own goals for these improvement metrics and the ways it will gather and monitor the information.

Action	ECIP support	Suggested improvement metrics
1. Assessment & streaming	Already provided clinical input and will provide management support and provided a report. Trust developing new acute floor model to include streaming and single clerking. ECIP attend project meetings and will provide support as required	Increase number of patients with 0-48 hour LoS
2. Ambulance service/PAT	We can offer support from our ambulance service experts if required. System has recently had event facilitated to improve handover so no ECIP support at present	Reduction in ambulance handover delays
3. SAFER on the acute and community wards	Was implemented in September and is still being run with ECIP support 0.5 days a week	Reduce stranded patients (the number of people in hospital for 7 days or more) Reduce number of complex discharge referrals Reduce LOS on all wards

4. Ambulatory care	ECIP already visited, greatest constraint is space. We are currently agreeing input with COO and Interim Deputy COO for Urgent Care	Increase the number of patients going through the ambulatory pathways to 30%
5. Escalation tool	1 - 2 days a week of ECIP support from the beginning of January. 1. ED escalation plan 2. Organisational escalation plan 3. System wide plan	By second week February a live dashboard in ED with a written set of processes and actions for each level of escalation By the end of March an agreed system wide escalation plan that predicts the need to escalate with clear action cards for all parties jointly agreed and signed off
6. Improve flow out into community services (health and social care) and across all community beds Develop a Single Point of Access to services. Develop Hospital at Home services to enable the closure/reduction of the beds at Newhaven Downs	ECIP support 0.5 days a week	Feedback from staff indicates discharge to assess has become a way of working not just a service and can respond in a timely and consistent way to support discharge on the day that the person is ready for discharge Reduce admissions to long term care from hospital Increase number of discharges directly to home Reduce admissions and length of stay for those who do require admission
Overall goal	To improve performance against the 4 hour standard	

Support to be offered

1. ECIP will provide targeted clinical input to
 - a. Support the Medical Leadership to strengthen governance and accountability linked to implementation of internal professional standards
 - b. In depth review of ED – already undertaken and report received by Trust will provide further visits to monitor progress
 - c. Support with development of more Ambulatory Emergency Care and short stay from ECIP Medical Director – one visit already undertaken
 - d. Support with Acute Frailty Pathway from Cluster Clinical Lead

2. Support to social care departments particularly in relation to issues with difficulty in commissioning domiciliary care and challenges of budget constraints – all three councils have been contacted by ECIP social care lead and work started with West Sussex CC.

3. Support with on-going implementation of Right Care, Right Place, Each Time (SAFER) on both sites
4. Support from ECIP intensive support manager with development of escalation processes
5. Support from ECIP Clinical Lead (Interface and Integration) to develop Discharge to Assess further and support virtual integration of intermediate tier services across health and social care to simplify pathways. Models will be different in three the three CCG areas
6. Support from ECIP Clinical Lead on Length Of Stay in Community hospitals with implementation of SAFER in community hospitals. Develop metrics for community hospital beds.
7. Support the development of Hospital at Home across the system working with Sussex Community trust and Brighton and Sussex University Hospitals NHS Trust clinicians. Specific input from ECIP Intensive Support Manager.

Support to develop and implement the work streams will be undertaken through a structured programme commencing that will include on-site visits from the team specified in the table above. These may reduce in intensity as the work streams and projects mature.

It is also proposed a formal review of progress with ECIP and the SRG be undertaken on a monthly basis to ensure we track progress and ensure delivery. To ensure accelerated delivery of the support programme, it is suggested that key members of the SRG meet ECIP weekly in the first instance to regularly establish progress against agreed actions, issues and next steps. The ECIP system lead will ensure continuity from existing work that the Emergency Care Intensive Support Team has been undertaking with the system.