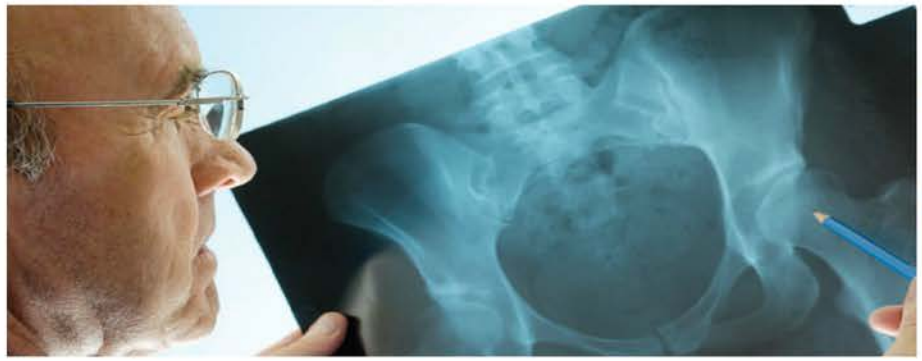
Embarking on GIRFT: Accident & Emergency

Dr Cliff Mann
National Clinical Co-Lead (EM) GIRFT



GIRFT is delivered in partnership with the RNOH and the Operational Productivity Directorate of NHS Improvement

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Another dashboard?

GIRFT
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Outcomes

Process

Resources

Patients' priority

4 hours anyone?

Equity

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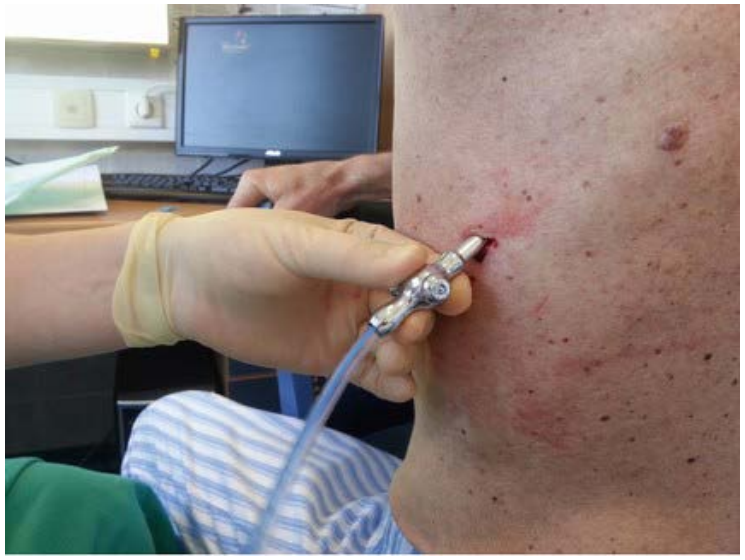

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Reported numbers of A&E staff or facility per 100,000 attendances per annum in 2014 (NHS Benchmarking)

Type of staff or facility	Minimum	Maximum	Average	Maximum to minimum ratio
Consultants	5.5	20.8	10.1	3.8
Junior doctors	2.7	14.8	7.7	5.5
Career grade Drs	1.0	24.5	7.0	24.5
ENPs	5.0	69.0	13.4	13.8
Total nursing staff	39.0	165.0	94.0	4.2
Resus cubicles	2.0	9.0	4.8	4.5
Patient trolleys	6.0	50.0	29.0	8.3

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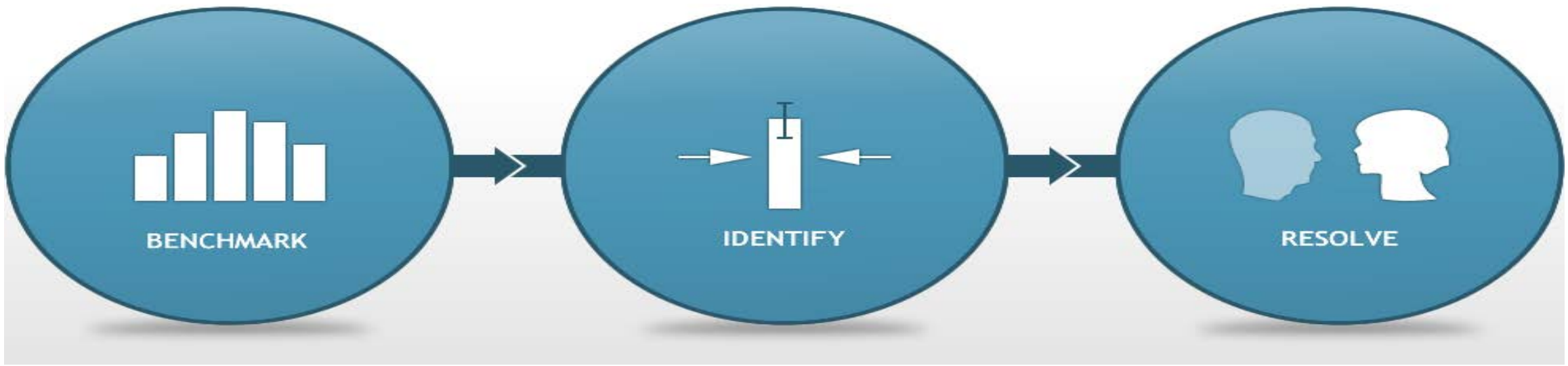

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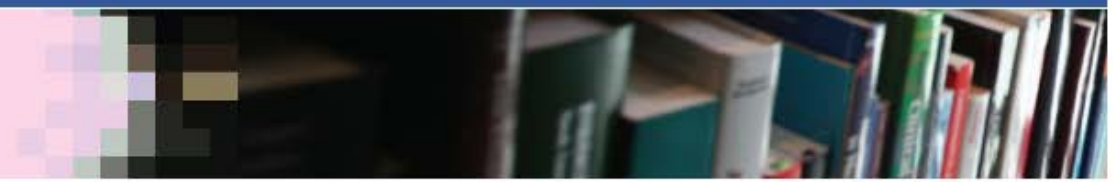
To whom do we owe the greatest debt in identifying unwarranted variation?

A. Lord Carter
B. Professor Briggs
C. Dr James Alison Glover

Lives of the fellows



Lives of the fellows
Search
Glossary of terms
Browse indexes
Volume I (1518-1700)

James Alison Glover

b.21 February 1876 d.17 September 1963
OBE(1919) CBE(1941) BA Cantab(1897) MB BCh Cantab(1901) MA Cantab(1902) MD Cantab(1905) DPH Eng(1905) MRCP(1927) FRCP(1933)

Sectional page 95 *Proceedings of the Royal Society of Medicine* Vol. XXXI 1919

Section of Epidemiology and State Medicine

President—Sir ARTHUR MACNALTY, K.C.B., M.D.

[*May 27, 1938*]

The Incidence of Tonsillectomy in School Children

J. ALISON GLOVER, O.B.E., M.D., F.R.C.P., D.P.H.

one cannot avoid the conclusion that there is a tendency for the operation to be performed as a routine prophylactic ritual for no particular reason and with no particular result ".

years after the introduction of anæsthesia and aseptic surgery the incidence remained low. In 1885 that great physician Goodhart [14] said, " It is comparatively seldom that an operation is necessary, and fortunately so, for parents manifest great repugnance to it. Children grow out of it, and at 14 or 15 years of age the condition ceases to be a disease of any importance ". These words were repeated in several subsequent editions.

In 1888 I went to a preparatory boarding school of 50 boys, and then, in 1890, to a public school of 650 boys. Though, as the son of a doctor and destined for the profession myself, I took some interest in medical matters even then, I cannot recall a single boy in either school who had undergone the operation. Both schools still flourish, but the percentage of tonsillectomized boys is now in both alike about 50%, and, as we shall see later, even this is nowadays a low figure for schools of these types.

Old photographs reveal little difference in appearance between the untonsillectomized fathers and the tonsillectomized sons, and although the latter seem to grow taller and heavier than we did, memory suggests that we were at least as resistant to infection.

EARLY ESTIMATES OF THE NEED FOR OPERATION

It is difficult to estimate the number of operations previous to the introduction of the School Medical Service. Any such estimate is derived either from estimates of the number of children whose tonsils are said to " require immediate operation " or from hospital records.

In 1903 the Report of the Royal Commission on Physical Training (Scotland) gave the age-and-sex grouped results of the examination of 600 Edinburgh and 600 Aberdeen school children, in tables, which showed well the two periods of physiological


MORE BANG
FOR YOUR BUCK
AHEAD

How much does the NHS in England spend on A&E locum doctors per week?

A. £500k

B. £1 million

C. £2 million

D. £3 million

Resource

How many doctor hours/ year are wasted by adding one minute to the IT burden in the ED?

A. 50,000

B. 100,000

C. 250,000

D. 500,000

Productivity

What does 250,000 equate to?

31,250 shifts

174 shifts per trust

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20 Highest SHMI

Blackpool Teaching Hospitals NHS Foundation Trust	Requires Improvement
Calderdale and Huddersfield NHS Foundation Trust	Requires Improvement
Colchester Hospital University NHS Foundation Trust	Inadequate
East Sussex Healthcare NHS Trust	Requires Improvement
George Eliot Hospital NHS Trust	GOOD
Gloucestershire Hospitals NHS Foundation Trust	Requires Improvement
Hampshire Hospitals NHS Foundation Trust	GOOD
Kettering General Hospital NHS Foundation Trust	Not rated
Luton and Dunstable University Hospital NHS Foundation Trust	GOOD
North Tees and Hartlepool NHS Foundation Trust	Requires Improvement
Northern Lincolnshire and Goole NHS Foundation Trust	Requires Improvement
Pennine Acute Hospitals NHS Trust	Inadequate
South Tyneside NHS Foundation Trust	Requires Improvement
Tameside Hospital NHS Foundation Trust	GOOD
United Lincolnshire Hospitals NHS Trust	Requires Improvement
University Hospitals Coventry and Warwickshire NHS Trust	Requires Improvement
Warrington and Halton Hospitals NHS Foundation Trust	Requires Improvement
Weston Area Health NHS Trust	Requires Improvement
Worcestershire Acute Hospitals NHS Trust	Inadequate

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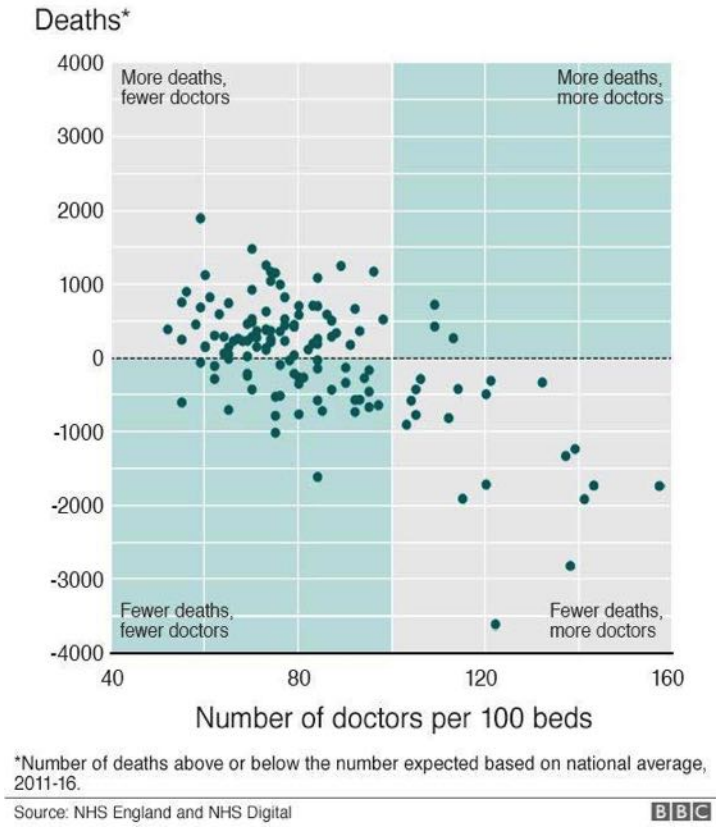
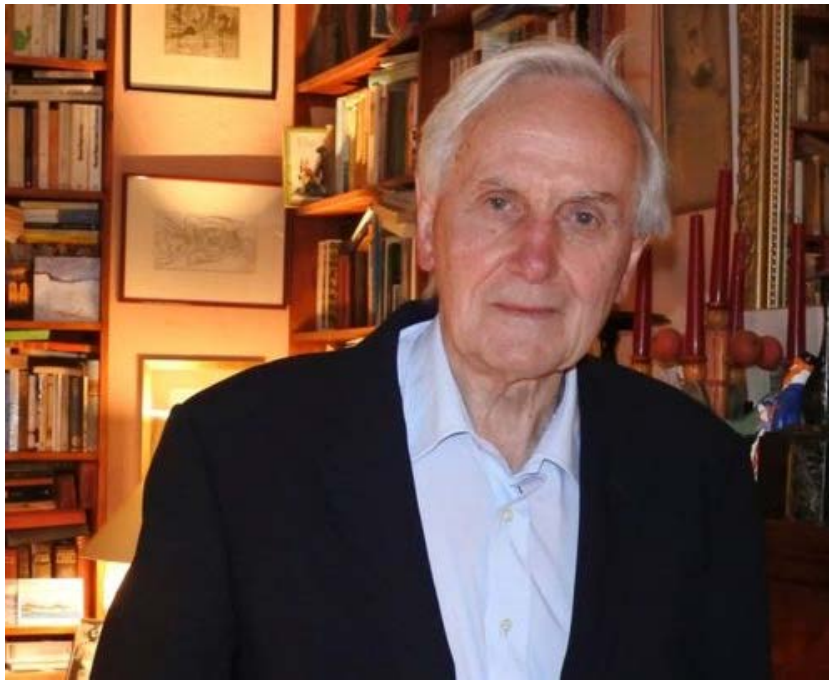
Hospitals with fewer doctors have more deaths



*Number of deaths above or below the number expected based on national average, 2011-16.

Source: NHS England and NHS Digital BBC



Outcomes

Other metrics

- Aggregated Patient Delay

> For example, on a day when three patients had an ED "Length of Stay" (LoS) greater than four hours: Patient A: 2.5 hours, Patient B: 6 hours and Patient C: 0.75 hours the Aggregated Patient Delay = 9.25 patient hours
> To enable meaningful comparisons, improvement and monitoring this figure should be expressed as hours per 100 patients per unit time (day/week/month)

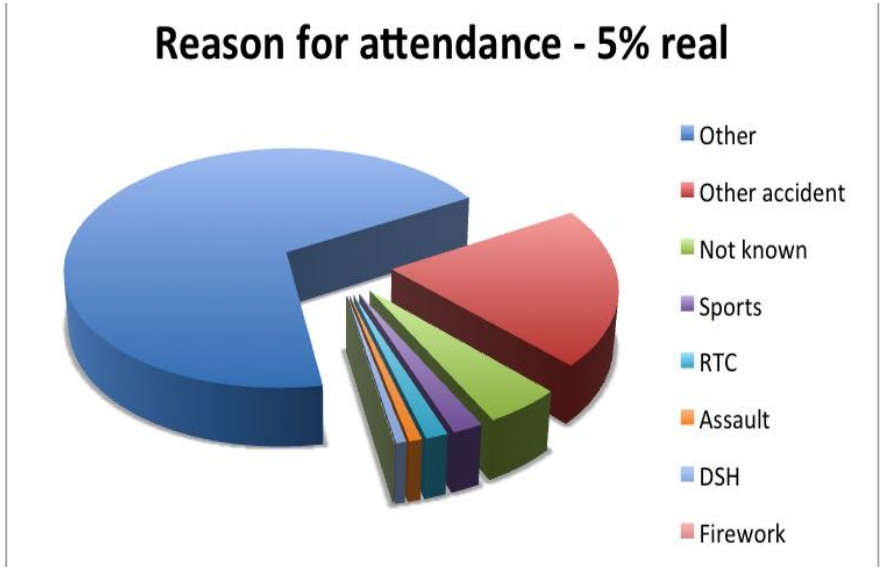
- 12 hr trolley wait from time of arrival!
  - As per all other UK nations

ECDS

- A new data set – the first in 40 years
- Incentivised funding
- In place by year end

- Acuity Profiling
- Streaming ratios
- Casemix comparisons
- Activity based staffing

- We value what we measure
- IN A&E < 10% of attendances have a useful explanation



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ECDS n

Pre ECDS - SNOMED (2013-15)		Post ECDS – ECDS SNOMED Subset (2 months)	
Description	Volume	Description	Volume
Disease (disorder)	41,343	Concussion with no LOC (disorder)	3,891
Chest pain (finding)	22,224	No abnormality detected (finding)	3,743
Minor head injury (disorder)	21,977	Lower respiratory tract infection (disorder)	3,344
Abdominal pain (finding)	14,110	Urinary tract infectious disease (disorder)	2,313
Soft tissue injury (disorder)	9,968	Upper respiratory infection (disorder)	2,285
Urinary tract infectious disease (disorder)	9,480	Sprain of ankle (disorder)	1,881
Abdominal pain - cause unknown (finding)	7,851	Infectious gastroenteritis (disorder)	1,721
Sprain of ankle (disorder)	7,816	Acute coronary syndrome (disorder)	1,482
Headache (finding)	7,285	Cellulitis	1,339
Falls (finding)	6,661	Sprain of knee (disorder)	1,175
Total	148,715	Total	23,174

CQUIN

- ECDS by 1 OCT 2017 = 100%
- ECDS by 1 DEC 2017 = 90%

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Our Aim