



Emergency  
Medicine  
Conference  
#NHSRConf23

# Recommendations to implementation

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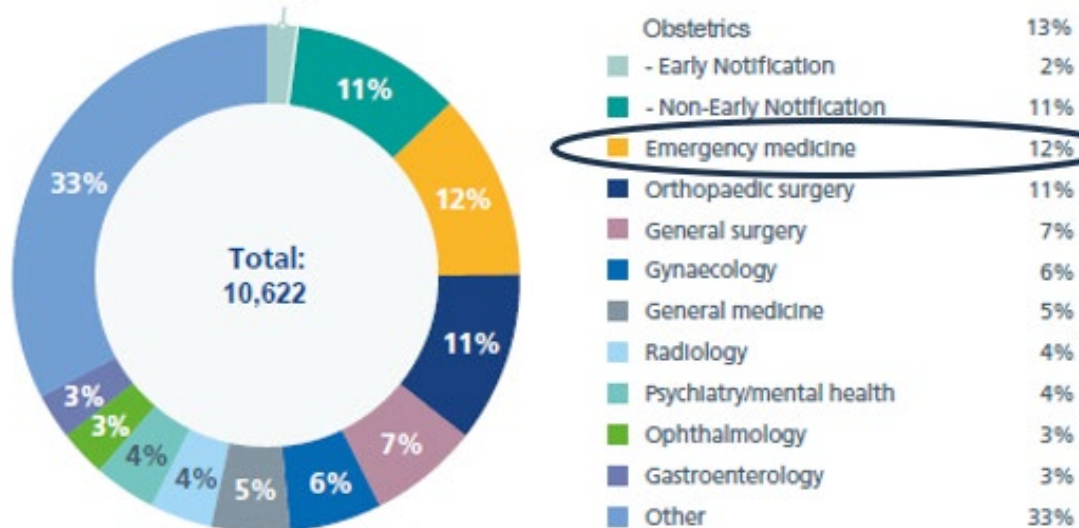
Deputy Director of Safety and Learning

*NHS Resolution*

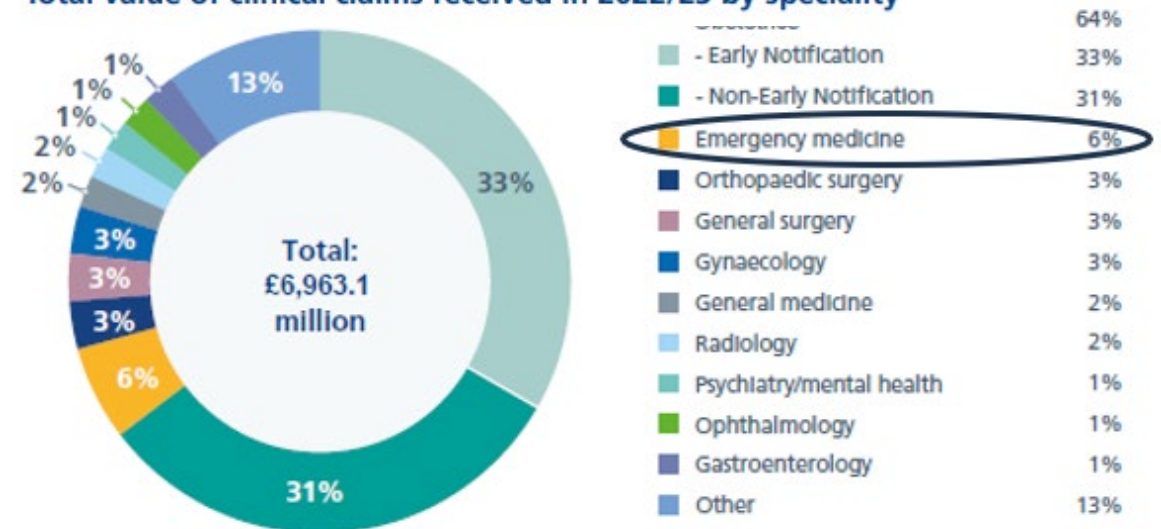
# Context: ED claims

- In 2022/23 emergency medicine claims accounted for 12% of the volume of clinical claims and 6% of the total cost.
- These figures have remained relatively stable for a number of years but with declining ED performance, **there is a risk that the volume and value of claims will rise** if we do nothing to support the system to provide safe emergency care.
- The 'Recommendation to Implementation' Emergency Medicine Tool aims to support the system to provide high quality, safe care.

Total number of clinical claims received in 2022/23 by speciality



Total value of clinical claims received in 2022/23 by speciality



# Information overload

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- One of the challenges facing clinicians is the information and recommendation overload.
- There is an increasing demand to identify, understand and follow multiple guidelines and recommendations, from numerous sources.
- Some of these recommendations:
  - Offer advice and support on the same issue
  - Do not consider wider resource or training requirements
  - Are not evidence-based
  - Are not prioritised meaning that it is unclear which recommendation to follow first in an ED setting



# Overarching purpose

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This project aims to support:

1. The delivery of two strategic aims outlined in **NHS Patient Safety Strategy**:
  - a. equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system (Involvement)
  - b. designing and supporting programmes that deliver effective and sustainable change in the most important areas (Improvement).
2. The **Delivery plan for recovering urgent and emergency care services (2023)**

# The R2I EM Tool

Case of need [To be completed at Trust level]				
Clinical risk	Theme	Identified in (clinical governance)	Financial risk	Strategic priority
				<i>EXAMPLE</i> <i>E.g.</i> <i>1. Caring for our patients</i> <i>2. Caring for our staff</i> <i>3. Resource management</i>
Acute medical conditions requiring immediate attention and treatment in ED	Diagnostic error including failure to investigate and/or missed, wrong and delayed diagnoses	Clinical incidents , Complaints , PSIRF Priorities	Cost of ongoing clinical negligence claims	
	Diagnostic error including failure to investigate and/or missed, wrong and delayed diagnoses			
	Delays in care, including specialty reviews and missed therapeutic options			
	Repeat attendance or patient not reattending when advised			

# The R2I EM Tool

1: **High priority** – Implementation of this recommendation is essential in order to achieve safe personalised care

2: **Medium priority** - Implementing this recommendation would make a significant contribution towards achieving safe personalised care

3: **Standard priority** - Implementing this recommendation would progress existing policy initiatives targeting safe personalised care. Standard priority is about progress on initiatives or work which is already underway but still important

Implementation				
Recommendation	Priority	Evidence of implementation	Additional comments	Implementaion BRAG Rating
Recommendation 1: Consistent use of the national early warning system scoring to identify deteriorating patients and take effective action.	High priority	System change, Increase in knowledge , Relevent business case , Procurement		Amber: there are issues that may slow down the implementation
Recommendation 2: Provider trusts to implement multidisciplinary training programmes supported by Royal Colleges and Health Education England (HEE) programmes, with a focus on preventing and reducing diagnostic error.				
Recommendation 3: Introduce regular multidisciplinary team (MDT)/wider specialty clinical governance meeting to regularly meet to discuss cases such as specialty reviews and action plans for improvement. These should include ED senior				

**IMPLEMENTATION BRAG RATING:**

BLUE: The action/recommendation is complete and handed over to another group

GREEN: Action /recommendation is on track

AMBER: There are issues that may slow down the implementation of the action/ recommendation

RED: The implementation of the action/ recommendation is stopped or in immediate danger with no obvious fix

# The R2I EM Tool

If Implementation BRAG rating amber or red <i>(If risk is difficult to mitigate or outside of control of team/organisation, consider indirect and related risks that instead can be controlled)</i>			
Reflected in risk register ▼	Board aware ▼	Risk mitigation plan - internal escalation ▼	Risk mitigation plan - external escalation ▼
Yes	Yes	Patient Safety team aware & input provided	Support from NHSR/NHSE/Other

# The R2I EM Tool

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If you are interested in participating in this Proof of Concept use of R2I EM tool, please contact Leann Morris or myself

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