

## **Report to the Health and Well Being Board**

### **Improving the Health Community Urgent Care Pathway (Emergency Department 4 hour 95% target)**

#### **Purpose**

Following on from the June HWB report, to provide an update of the Barnsley Health Communities' actions to improve the provision of high quality, timely services for Barnsley residents and progress against achieving the key measurable target of 95% patients seen within 4 hours in the Emergency Department.

#### **RECOMMENDATIONS**

Members of the Health and Well Being Board are asked receive and review the content of the report, which outlines the work being undertaken across the Health Community to improve the unscheduled care pathway and the performance to date regarding the operational standard of patients waiting times in the Emergency Department used as the key performance indicator.

#### **Introduction**

All health care Commissioners and Providers are required by NHS England to work collectively to review and plan to improve the levels of performance currently – and to plan for the anticipated winter pressures. National guidance has been issued requiring that agencies should plan on the basis on anticipating a sustained 15% “surge of demand” for a 4 – 6 week period during the winter period.

#### **Summary of actions taken and work in progress**

##### **Operational**

BCCG established an Urgent Care Board in May this year in order to oversee the Urgent Care system across Barnsley. The Urgent Care Board is also overseeing the development of plans for winter. To support delivery of this requirement a Winter Planning Summit was held in July to commence the development of the Winter Plan. The BCCG is coordinating the development of the plan and the Urgent Care Board will be required to approve the Winter Plan by the end of September 2013, prior to submission to NHS England for assurance. In order to support the capacity requirements associated with the anticipated surge, the BCCG is supporting a number of business cases across the health community. The Urgent Care Board through this process will seek assurance that the anticipated winter pressures will be managed. Details of the Barnsley Borough wide Winter Plan will be provided to NHS England via the Area Team as upward assurance.

The additional resources supported by the BCCG non-recurrently to support the winter plan include:

- Additional Bed Capacity and Staffing at BHNFT
- Spot Purchase of Intermediate Care Beds
- Increased Social Services Cover across 7 days
- Increased Rapid Response Team Staffing

- YAS Frequent Callers Initiative
- YAS Nursing Home Support Project.

Additionally the BCCG has supported business cases at BHNFT to enhance staffing for frail elderly care, the provision of a discharge team and housekeepers within the Emergency department, which will also support the anticipated surge for winter.

## **BHNFT**

The Trust has in place an extensive Emergency Pathway Recovery Action Plan key elements of which are being developed or in place (these include extending the size of the ED, increased diagnostic services at weekends etc). Some slippage has been encountered to the building works due to extensive asbestos contamination. However a wide range of additional developments are also coming on stream to add additional capacity and enhance current processes.

External support and review has been received from the National Advisory Group for Urgent Care (ECIST), and previously the BCCG which collectively have offered advise to the Trust and helped shape its Recovery Plan and Transformation Programmes.

As outlined above, the Trust has been successful in securing financial support from BCCG for a range of its programmes, (including additional staffing and investment in “robotic dispensing systems” to streamline discharge process .

## **Strategic**

Under the auspices of the HWB a Barnsley borough wide Unplanned Care Improvement Programme Board has been established to review and develop strategic options for longer term required developments to address the range of issues that affect the provision of the Unscheduled Care Pathway (to assess and consider the nature of demand, options to influence and manage).

## **Performance**

Whilst the programmes are being developed, performance against the 4 hour target has been “volatile” with a range of high 80% to 100% attainment against the 4 hour operational standard throughout the period. This reflect a wide range of variables and causes (surges in demand, the increased acuity of patients resulting in more admissions, and consistent 7 days discharge rates).The range of projects underway are designed to address these. There are no “quick fixes” although progress is being made to give a reasonable degree of confidence that the increased challenges will be met.

Overall attendance demand at the Emergency Department to date has not increased in total volume terms, although “peaks of demand” on occasions have exceeded those of previous years – notably in July. However, the number of admissions has increased – most commonly attributable to the increased acuity of patients presenting.

The monthly performance is summarised below

April 87.53%

May 95.95%

June 96.23%

July 95.29%

August 95.36%

Whilst the 95% is being achieved ,this is “close the wire” and not at the level of trajectory that the Trust would like in anticipation of the winter pressures expected to commence from October. (See appendix for Trust trajectory appendix 1).

### **Risks**

The key risks are those of the Health Community collectively managing the anticipated increases in demand for the unscheduled care pathway, particularly in view of the approaching winter months and not only achieving the required standards – but also the quality of service experienced by its users.

There are also separate risks for key agencies involved, in terms of failing to achieve the 4 hour standard in relation to individual performance rating systems and the consequences for them. If the Trust fails the 4 hour target consistently over successive quarters this could lead to intervention by Monitor (the Trust at the time of writing has already failed to achieve 3 successive quarters and has been rated Amber/Red , is on monthly reporting and needs to achieve 2 successive quarters attainment of the 95% 4 hour target); for the BCCG failure to achieve the 4 hour target could also impact on their Governance rating.

### **Conclusions**

The Trust and the Health Community are working hard to put in place a wide range of initiatives to improve both the quality and access times across the Urgent Care Pathway. Whilst the principal focus will be on the Hospital’s Emergency Department – there is a requirement for all agencies across the Health Community to deliver against the agreed winter plans.

David Peverelle

Interim Chief Executive BHNFT

Mark Wilkinson

Chief Officer BCCG

September 2013.

Appendix 1

ED waiting time trajectory; September figures as at 16<sup>th</sup> September

	2013/14 (Trajectory)												2013/14 Avg
	Apr-13	May	June	July	August	September	October	November	December	January	February	March	
Waiting time: Trajectory	87.52%	95.97%	96.25%	96.25%	96.25%	96.25%	96.25%	96.00%	95.25%	96.25%	95.25%	96.25%	95.31%
Waiting time: Actual	87.52%	95.97%	96.23%	95.28%	95.36%	95.93%							94.38%
ED Attendances	6,843	6,719	6,759	7,115	6,724								34,160
Breaches	854	271	255	336	312								2028
Average breaches per day	28.5	8.7	8.5	10.8	10.1								13

