

Southend-on-Sea Borough Council

Agenda
Item No.

Report of Urgent Care Working Group
to

Health & Wellbeing Board

On

18th June 2014

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on behalf of Melanie Craig, Chair, Urgent Care Working Group

Progress on improving the four hour maximum waiting time standard in Accident & Emergency (A&E).

1. Purpose

- 1.1 To provide the Health & Wellbeing Board with a report from the South East Essex Urgent Care Working Group that sets out the progress being made across the health economy on improving the four hour maximum waiting time standard in Accident & Emergency (A&E).
- 1.2 This report outlines the progress made since the last report to the board on 25th March 2014 and sets out the short term actions and longer term goals to ensure compliance against the A&E standard.

2. Background

- 2.1 The Health and Wellbeing Board received a paper from the Urgent Care Working Group (UCWG) on 25th March setting out the national and local challenges in achieving the NHS constitutional standard. The standard states that a minimum of 95% of patients attending Accident and Emergency (A&E) departments are seen within 4 hours.
- 2.2 The A&E waiting standard at Southend University Foundation Trust Hospital (SUHFT) was only achieved during one week between December 2013 & March 2014.
- 2.3 Following the paper presented to the Health & Well Being Board on 25th March 2014 concerns regarding the A&E department at SUHFT were raised by the Midlands & East Regional Quality Surveillance Group (QSG).
- 2.4 The QSG called a 'Risk Summit' to address the consistent failure of SUHFT to achieve the 4 hour waiting standard and the impact this was having on patient care. The risk summit was held on the 31st March 2014.

- 2.5 The QSG identifies risks to quality at as early a stage as possible. They do this by proactively sharing information and intelligence between commissioners, regulators and those with a system oversight role. Having identified any potential risks or concerns, the QSG ensures that action is taken to mitigate these risks and drive improvement in quality in an aligned and coordinated way to resolve issues locally where possible.
- 2.6 A risk summit is held when any part of the local, regional or national system has concerns that there may be a serious quality risk within a provider organisation.
- 2.7 A Risk Summit is a meeting of senior leaders who are called together to shape a programme of action which is focussed on sharing information in an open and transparent way to ensure that system partners work together to ensure that the right things are being done to uphold standards of patient care.
- 2.8 The Risk Summit into the concerns regarding the A&E department at Southend University Foundation Trust Hospital (SUHFT) brought together Chief Executives and very senior leaders from Southend University Hospital NHS Foundation Trust (SUHFT), South Essex NHS Partnership Foundation Trust (SEPT), East of England Ambulance Service NHS Trust (EEAST), NHS England Essex Area Team, Southend Clinical Commissioning Group (CCG), Castle Point & Rochford CCG, Essex County Council, Southend-On-Sea Borough Council, the Care Quality Commission (CQC) the NHS regulator Monitor, NHS England, Health Watch Southend & Essex, General Medical Council (GMC) and Health Education England.

3. Risk Summit into A&E performance at Southend hospital

- 3.1 The Risk Summit was chaired by Dr David Levy, Regional Medical Director (Midlands & East) NHS England and presentations were received from each of the key organisations outlining their concerns.
- 3.2 The presentation attached at Appendix A was presented by Dr. Paul Husselbee Clinical Chief Officer Southend CCG, and sets out the performance of the hospital against the 4 hour A&E waiting standard and the impact that this has on patients. Key areas to note include.
- The A&E standard has only been consistently met for one quarter since quarter 3 in 2011/12
 - A&E attendances have not increased significantly compared to last year
 - There are more patients being admitted to the hospital
 - The number of ambulances waiting more than 30 minutes to hand over patients care to A&E has increased recently.
 - Patients are required to wait for long periods of time to be seen or admitted to a bed
 - The experience for the patient is perceived to be poor and safety compromised.
- 3.4 The Risk Summit concluded by setting out five key areas the hospital should focus on in order to ensure that patients are able to be seen and treated within 4 hours of arriving in the A&E department.
- i. Development of a sustainable workforce; recruit to permanent staff or secure long term locums to cover vacancies & reduce reliance on agency staff.
 - ii. Increase Senior Clinical Leadership in A&E

- iii. Improve the streaming of patients attending A&E; we know that approximately 25% of patients attending the department could have had their needs met by other services in the community, for example, 111, a local pharmacist, St Luke's walk in centre or their GP.
- iv. Develop and increase the 'Ambulatory Care Model'; ensure that patients wherever possible are cared for in the community, an example of this would be a patient with Cellulitis who in the past would have been admitted to hospital can now access their treatment in the community.
- v. Ensure adequate senior managerial capacity to deliver improvement quickly.

4. Supporting Improvements in Southend hospital

- 4.1 Following the Risk Summit, SUHFT have developed a detailed recovery plan consisting of 11 major workstreams which are based on the five key areas in 3.4. The recovery plan, known as the SUHFT Emergency Care Improvement Plan (The Plan) is available to Health and Wellbeing Board members on request. The final plan will be reviewed by the UCWG at its meeting on 17th June 2014, and then sent to Monitor and NHS England who have both seen previous versions.
- 4.2 The Chief Officer led Urgent Care Working Group has moved from fortnightly to weekly meetings leading the development and overseeing the delivery of the SUHFT Emergency Care Improvement Plan (The Plan)
- 4.2 The Plan sets out a number of immediate actions that will bring stability to the system and more complex programmes of work that will take longer to implement but will secure long term stability.
- 4.3 The Plan includes a range of actions to ensure that by September 2014 the 4 hour waiting standard in A&E is consistently achieved. Set out below are a number of actions have been implemented which have started to impact positively on the A&E department and show a reduction in patients waiting in excess of 4 hours to be seen in the A&E department.
 - Improvement in stability of the A&E staffing model
 - Long term locums have been recruited to cover key clinical posts to ensure consistency
 - A successful international recruitment of nurses from Spain has led to the recruitment of 18 nurses (3 for A&E)
 - Recruitment to all 'Middle Grade' doctors vacancies
 - Recruitment of an A&E service manager on 7 July 2014
 - Recruitment to A&E permanent consultant underway with positive response to advert
 - Implementation of a GP situated in A&E to see and treat patients that do not require the services of the A&E department. This service is currently seeing 25% of patients attending A&E equating to 50-60 patients per day.
 - Changes to systems and processes within the A&E department enable patients to be seen more quickly.
 - National support has been secured from the NHS regulator, Monitor, the Ambulatory

Care Network & the Emergency Care Intensive Support Team

- Dedicated senior leadership capacity from NHS Southend CCG and SUHFT has been aligned to support system recovery.
- A performance 'Dash Board' showing a range of indicators that can impact on an urgent care system has been developed and is circulated daily to Chief Officers of all partner organisations and wider urgent care system. The dashboard enables organisations to identify trends that can be used to predict surges in demand enabling organisation to mobilise resources quickly to minimise the impact.

- 4.4 The implementation of the Plan has started to have a positive impact with the A&E standard being achieved on 4 weeks out of 5 week in May, and is on track with the performance trajectory in the Plan.
- 4.5 While these short term actions have bought stability to the system, the SUHFT Emergency Care Improvement Plan also sets out more complex actions which will take longer to implement but will bring longer term stability to the system which include structural changes to the department to increase the number of patients that can be seen at any one time and pathways changes to increase the number of patients able to be treated in the community.

5.0 Conclusion

System partners collaborated to develop a recovery plan that will support Southend Hospital to ensure patients are seen & treated in a timely way. There has been a marked improvement in performance during May however the system remains fragile and sustainable improvement will be dependent on successful implementation of the more complex actions.

6.0 Recommendations

- 6.1 The Health and Wellbeing Board is asked to note the position and steps being taken to ensure short term improvements
- 6.2. The Health and Wellbeing Board is recommended to request a further update from the UCWG in three months to assure itself that adequate progress is being made.