

# Southend-on-Sea Borough Council

Report of NHS Southend Clinical Commissioning Group  
to

Health & Wellbeing Board  
on

3 September 2014

Report prepared by: Melanie Craig, Chief Operating Officer, NHS Southend Clinical Commissioning Group

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## Operational Resilience and Capacity Plan 2014\_15, Q1 performance of Accident & Emergency and Recovery Plan progress.

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### 1. Purpose

- 1.1. To receive and note that the Operational Resilience and Capacity plan 2014\_15. The plan has been reviewed and agreed by the statutory organisations across the South East Essex Health community. The plan has also been reviewed by NHS England and their feedback has been incorporated into this final version. However a conference call with them on 26<sup>th</sup> August identified there challenge about the flow of the document. They are supportive of the content and acknowledged that “the system is delivering” however they are looking for a revised executive summary and power point document.
- 1.2. To update the Health and Wellbeing Board on the performance of Accident & Emergency and the wider Urgent Care pathway fro Quarter One and progress with the Recovery Action Plan (RAP).
- 1.3. To request that Health and Wellbeing Board approval of the final plan prior to final submission to NHS England.

### 2. Operational Resilience and Capacity Plan 2014\_15

- 2.1. The Resilience plan has been developed with all partners across the South East Essex Health economy.
- 2.2. “Everyone Counts: Planning for Patients 2014/15 to 2018/19” establishes the approach for commissioners to work with providers and partners in local government to develop strong, robust and ambitious five year plans to secure the continuity of

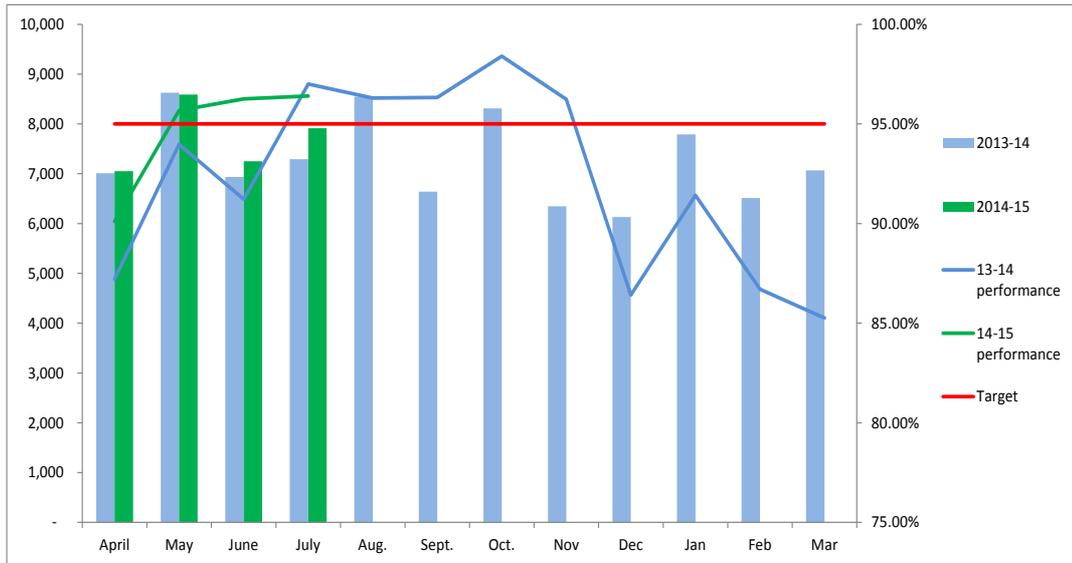
sustainable, high quality care for all.

- 2.3. The guidance emphasizes the need for an outcomes focused approach to planning, aligned to the NHS National Outcomes Framework, and for plans to reflect stretching local ambition over the five-year period, underpinned by detailed operating plans.
- 2.4. All of the strategic and operational planning has been undertaken with the intention to create resilient health systems that have the required capacity to cope with demand for health services across south-east Essex. This is about whole system-improvement, which will have many direct and indirect impacts on urgent care and RTT performance.
- 2.5. This will require a greater focus on identification of vulnerable patients, enhanced provision of preventative services at primary and community level and a greater level of integration across health and social care. In line with national trends, the south east Essex system is encountering an ever-growing number of complex cases as a result of changing demographics and multiple long-term conditions. This is presenting a challenge for system capacity, both in planned care and unplanned care.
- 2.6. We have worked together to plan for 2014/15 and our focus will be on six key areas that have been identified by the system as being necessary in order to deliver improved outcomes.
  - Improved Governance;
  - Improved Performance Management;
  - Emergency Care Improvement Plan;
  - RTT Recovery Action Plan;
  - Community Pathway;
  - Embedded escalation processes; and,
  - Creation of GP hub in Southend.

### 3. Accident & Emergency and Urgent Care Performance in Q1

3.1. The 4 Hour target Accident and Emergency performance standard at SUHFT has improved month on month since May, although still failed the quarter due to April's performance, it's also worth noting that the Trust has seen increased levels of attendances compared to the same period last year as can be seen in the table and chart below. The Trust has had no 12 hour trolley breaches and achieved its ambulance off load times.

Indicator	Target	Apr-14	May-14	Jun-14	Q1	Jul-14
4 Hour Target	95%	90.11%	95.67%	96.26%	94.14%	96.4%
12 hour trolley waits	0	0	0	0		0
Ambulance black breaches	0	0	0	0		0
Assessed with 30 mins of arrival	90%	90.13%	92.62%	94.0%		92.0%



3.2. However delivery of the target has been through, in part due to high levels of Non elective admissions from A&E. The Trust regularly averages 38% per week against what would should be 28 – 30%. This has resulted in financial pressure upon the CCG through increased short stay non elective spells. This will be monitored through weekly performance management meeting with the Trust.

#### 4. Recovery Action Plan implementation.

4.1. The Trust is making steady progress with the Emergency Care recovery implementation plan as indicated the in table below.

Project Area	June Update
1 - Management of Emergency Care	On track. Standards discussed at Sisters meeting and to be discussed at Matrons Away day and Leadership workshop on 27th June.
2 - Establish Front Door GP Service	Review of SEEDs implementation was presented at July Steering Group meeting. It was agreed that further action was required around analysis before a decision about stopping or continuing the service can be made. It was agreed that there was an element of reliance upon the GPs in A&E to support the clinical decision making progress and that should eth service be stopped straight away there may be clinical risks.
3 - Clinical Support for ED Clinical Lead	Support established and ongoing.
4 - A - Comprehensive Workforce Plan for ED	ED recruitment to establishment continues to be a high priority. ECIST have completed a review with submission due. Clinical Service Manager commenced appointment on 12th June. RAT will be in place in Majors on all shifts by the end of June. 1 Locum Consultant recruited to substantive post. 1 middle grade appointee has withdrawn - job back out to advert and 3 Nurses recruited from Spain..
5 - A Comprehensive Medical Workforce Plan	Model rota for 5 consultants for AMU cover has been sent out to for comments. Gap year higher training scheme agreed by Exec and recruitment underway will provide 3 higher trainees for medical rota.
6 - A Comprehensive Process for Discharge	Agreement gained to combine the Bed Management, Admission, discharge and escalation policies to give a cohesive process overview.

Planning	
7 - Development of a Frailty Model	Agreement reached to locate the Frailty Unit on Princess Anne ward, meeting arranged to define operating model
8 - Development of an Ambulatory Care Model	Agreement on location of AMUs reached on 9th June 2014. Estates work required to enable re-location of AMU 1 to 2nd Floor Prittlewell Wing - planning underway
9 - Development of a Whole System Escalation Plan	Current policy has been reviewed internally and subsequently agreed with CCG during July.
10 - Improve the Physical Environment and Capacity of ED	Agreement on options for location of CDU, Paediatric area, AMUs and Frailty unit agreed on 9/6/14. Estates work under way.
11 - Bed Modelling and Speciality Pull	10 steps agreed 2nd June - for publication. Project Scope agreed. Implementation dependant on agreement of the bed model and estates rationalisation.
12 - System - Primary Care Development and Engagement	CCG have identified key primary care leads for Urgent Care schemes and have commenced implementation in July.
13 - Reduce attendances and admissions from Care Homes	CCG have agreed QIPP schemes to reduce attendances fr5m Care Homes. These will commence in July.
14 - Improving Mental Health Pathway	Project group met 2/6. Agreed to develop joint working protocol, outline clinical pathway and a general pathway for mental health - incorporating response time's agreements. Following this agreement a Business case will be developed. Potential 3/12 funding gap for the RAID identified and working with CCG to resolve.

## 5. Recommendations

5.1. The Health and Wellbeing Board is asked to:

5.2. Note that the Operational Resilience and Capacity Plan will have an updated Executive summary and change in flow of the plan. However the core objectives and deliverables and strategies will not change.

5.3. Delegate approval of the revised plan with updated Executive Summary and Power point prior to resubmission in September to a group comprising the Chair of the Health and Wellbeing Board, Rob Tinlin (SBC Chief Executive), Simon Leftley (SBC Director for People), Dr Paul Husselbee (SCCG Clinical Chief Officer) and Melanie Craig (SCCG Chief Operating Officer)

5.4. Note the performance of the Accident and Emergency Care targets and implementation of the Emergency Care recovery plan to date.

## 6. Appendices

### APPENDIX ONE - Operational Resilience and Capacity Plan 2014\_15