

Governing Body Meeting

Date of Governing Body meeting: 29 Jan 2015

Agenda Item No: 8.3

TITLE OF REPORT:	Urgent Care Update
PURPOSE OF REPORT:	To provide a brief update of current urgent care performance and improvement actions.
KEY POINTS:	<p>Pressure on the urgent care system continues to undermine 4 hour wait performance.</p> <p>Walsall Healthcare Trust declared a major incident on Jan 6 2015 in response to not being able to cope with the rising rate of admissions.</p> <p>There are a number of coordinated actions planned and underway which seek to improve performance at key points along the urgent care end to end process.</p> <p>There is a need to ensure that the benefits from existing initiatives are fully maximized.</p>
RECOMMENDATION TO THE GOVERNING BODY:	To receive and note the update
GOVERNING BODY ACTION REQUIRED:	Assurance
REPORT WRITTEN BY:	Wayne Greenwood, Interim Specialist Support
REPORT PRESENTED BY:	Wayne Greenwood, Interim Specialist Support
REPORT SIGNED OFF BY:	Salma Ali
REPORT PRESENTED AT FOLLOWING COMMITTEES	-
TIME REQUIRED	15 minutes

The CCG has a duty to promote the NHS Constitution. Please indicate which principles of the NHS Constitution this report supports	
The NHS provides a comprehensive service available to all	n/a
Access to NHS services is based on clinical need, not an individual's ability to pay	n/a
The NHS aspires to the highest standards of excellence and professionalism	Yes
The NHS aspires to put patients at the heart of everything it does	Yes
The NHS works across organizational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population	Yes
The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources	Yes
The NHS is accountable to the public, communities and patients that it serves.	Yes

Positive general duties - Equality Act 2010

The CCG is committed to fulfilling its duty under the Equality Act 2010 and to ensure its commissioned services are non-discriminatory. This report is intended to support delivery of our duty to have a continuing positive impact on equality and diversity

The CCG will work with providers, communities of interest and service users to ensure that any issues relating to equality of service within this report have been identified and addressed

Please indicate if there have been any equality of service issues identified in this report	No
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All papers are subject to the Freedom of Information Act. All papers circulated as part of the Private Board meeting are sent to named individuals and they cannot be distributed further without the written permission of the Chair. Exemption 41, Information provided in confidence, applies.

Urgent Care Update - Jan 29 2015

Purpose

The purpose of this report is to provide a brief overview of current urgent care performance and associated improvement actions.

Context

Our local urgent care system has faced significant challenges in the last 12 months due to a combination of factors including rises in emergency admissions, increasing complexity of the needs of the population we serve, and sub optimal discharge processes between health and social care that require improvement. This has led to increased levels of pressures within our system which have resulted in too many patients waiting too long for both emergency and elective treatment in Walsall and an increased risk of poor care.

Pressure through increased admissions had been sustained over the recent Christmas period, with the hospital being on prolonged high escalation, leading up to the declaration of a major incident on Tuesday 6th January by leadership at WHT.

Leaders at WHT utilised the declaration of the incident to call in additional staff, cancel non-essential surgery, and to focus efforts to returning the hospital to a normal operating conditions.

Chief Officers and senior operational leads from the CCG and Local Authority joined their counterparts from WHT on regular conference calls (including Black Country wide escalation calls) to support the hospital in transferring patients out of the hospital to free up space within wards to accommodate the rate of admission at the front door.

Current improvement actions

Walsall's System Resilience Group (SRG) meets monthly to direct the coordinated response from across the system to improve performance and to agree a single plan of improvement across the system.

Improvements are currently focused on three key areas –

1. Avoiding inappropriate attendance and acute admissions
2. Improving acute flow and anticipating discharge
3. Timely step down and transition from acute care

Key actions being taken forward are summarised below -

1. Avoiding inappropriate attendance and acute admissions –

- Flu Campaign – targeting over 65s and at risk groups and front line health and social care workers as per the plans below.
- Voluntary sector – voluntary sector coordinators working with South East Locality GP practices
- NHS 111 enhancements to services provided and directory of services to include local provision and access
- Primary care access schemes - GP Practice and pharmacy based

- Investment in the Raid Response team to improve access
- Emergency and Urgent Care Centre – extension of streaming/triage service within ED to cover 8am to 6pm - Monday to Friday (Currently 2 to 6pm)
- 7 day ambulatory care service
- Community services redesign – delivery of new models of provision including community nursing in reach, single point of access for integrated cluster teams, Frail Elderly Pathway extension to cover week end and Bank Holidays, enhanced case management in residential care, additional staffing for evening and night service and enhanced medical cover for private nursing homes.
- West Midland Ambulance Service- a number of admission avoidance schemes are planned

2. Anticipating discharge from admission -

- Additional 29 bedded extra capacity unit
- Frail Elderly Pathway GP extension to cover 7 days
- Additional diagnostics capacity
- 82 winter escalation beds
- Increase senior consultant in A & E out of hours
- Implementation of Expected Date of Discharge (EDD) process across all wards
- Enhancing ancillary staff to support infection control processes
- Implementing the section 2 and 5 process

3. Timely step down and transition from acute care -

- Social care – additional re-ablement capacity and additional social workers
- Mental Health – additional dementia support workers, CAMH Tier 3+ provision and enhanced psychiatric liaison.
- Medicines optimisation – practice based pharmacists medicines reviews over 75s and additional pharmacy support to WHT to support discharge process
- Additional community beds – re-commissioned SWIFT Ward into 40 discharge to assess beds, and funding of SWIFT ward from November 2014 to March 2015.

These are monitored and reviewed by the SRG and by each organisation responsible for their own elements.

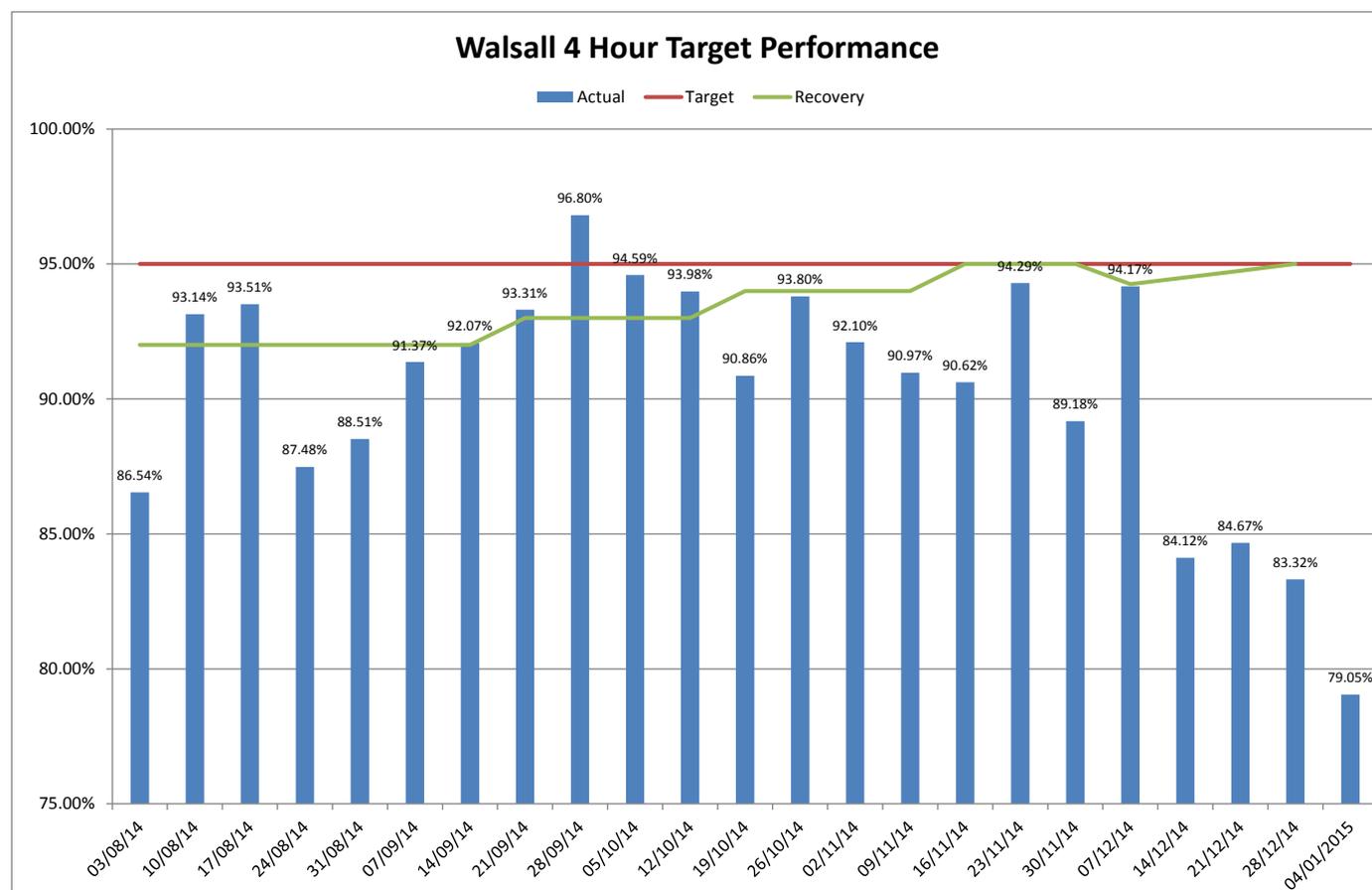
In the light of recent performance (below) the focus and progress of these actions is currently being reviewed.

Performance

The system uses an urgent care dashboard to monitor and agree actions to improve urgent care performance. The chart below illustrates weekly performance against the 4 hour wait target over the last 4 months.

Performance improved steadily through August, reaching a peak at the end of September. Since then there has been a steady deterioration with the exception of two weeks when 4 hour waits were achieved for 94.3% and 94.2% of patients.

A revised recovery trajectory was agreed with the NHS Local Area Team for the month of December, however after week one performance dropped to below the performance levels achieved at the beginning of August.



The drivers behind the below target performance are currently being reviewed, and existing actions assessed to understand their progress and effectiveness. This brief analysis will be used to underpin the proposal for a new trajectory to be agreed with Chief Officers/ SRG and negotiated with NHS England.

Initial analysis indicates that there was a rise in the demand and pressure for admissions at the hospital, at a time when it is increasingly difficult to discharge patients. There are a number of potential underlying reasons for this which are being explored –

- Increased levels of acuity of patients, therefore requiring greater levels of admission and patients needing more care
- Access and availability of services and key staff over the holiday period

- Ongoing difficulty in repatriating patients to South Staffordshire
- Slowing of the throughput and availability of Discharge To Assess beds

Summary & next steps

Pressure on the hospital and adjoining services is expected to continue for a number of months. The local system is required to press ahead with its agreed actions and to recover performance to the required standard.

Efforts are underway to maximise the impact from current actions through increased focus on –

- Reducing the numbers of medically fit patients delayed in hospital, and increasing the rate of churn within Discharge To Assess beds
- Embedding ward based discharge planning processes including section 2's and 5's - especially on the high volume medical wards
- Repatriating South Staffs patients and freeing up beds currently blocked
- Improving rates of discharge from acute and community beds through deploying clinical/professional expertise from across the system in different ways

As outlined above the drivers for recent performance are being reviewed with a view to strengthening actions where it is considered they will best underpin and improve performance.

A board to board meeting is currently being organised between the CCG and WHT to ensure that every opportunity to improve performance is being fully exploited.