

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

20 AUGUST 2013

ACCIDENT AND EMERGENCY PRESSURES

Report from: Barbara Peacock, Director of Children and Adults

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Summary

This report sets out a briefing on the recent pressure on Accident and Emergency in Medway Maritime Hospital in Gillingham. The Chief Executive of Medway NHS Foundation Trust will be present to introduce the report.

1. Budget and Policy Framework

- 1.1 Under Chapter 4 – Rules, paragraph 22.2 (c) terms of reference for Health and Adult Social Care Overview and Scrutiny Committee has powers to review and scrutinise matters relating to the health service in the area including NHS Scrutiny.

2. Background

- 2.1. The Chairman of this Committee has invited the Chief Executive, Medway NHS Foundation Trust to attend this meeting and update the Committee on the recent pressures in Accident and Emergency (A&E) at Medway Maritime Hospital. Pressures on A&E across the country have been widely publicised by the media.
- 2.2. Attached, as appendix 1, to this report is the briefing from the Chief Executive, Medway NHS Foundation Trust, as requested.

3. Risk management

- 3.1. There are no specific risk implications for Medway Council arising directly from this report.

4. Legal and Financial Implications

- 4.1. There are no legal or financial implications for the Council.

5. Recommendations

- 5.1. Members are asked to consider and comment on the briefing on emergency care.

Background papers:

None.

Lead officer:

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Medway NHS Foundation Trust
Briefing on Emergency Services for HOSC
August 2013

1. Introduction

In line with the rest of the NHS the Trust has been experiencing sustained high demand on its emergency services. This has resulted in the Trust not achieving the four hour access quality standard and providing a poor patient experience. This paper is an update on the actions in place to ensure achievement and sustainment of the standard, described under the following headings:

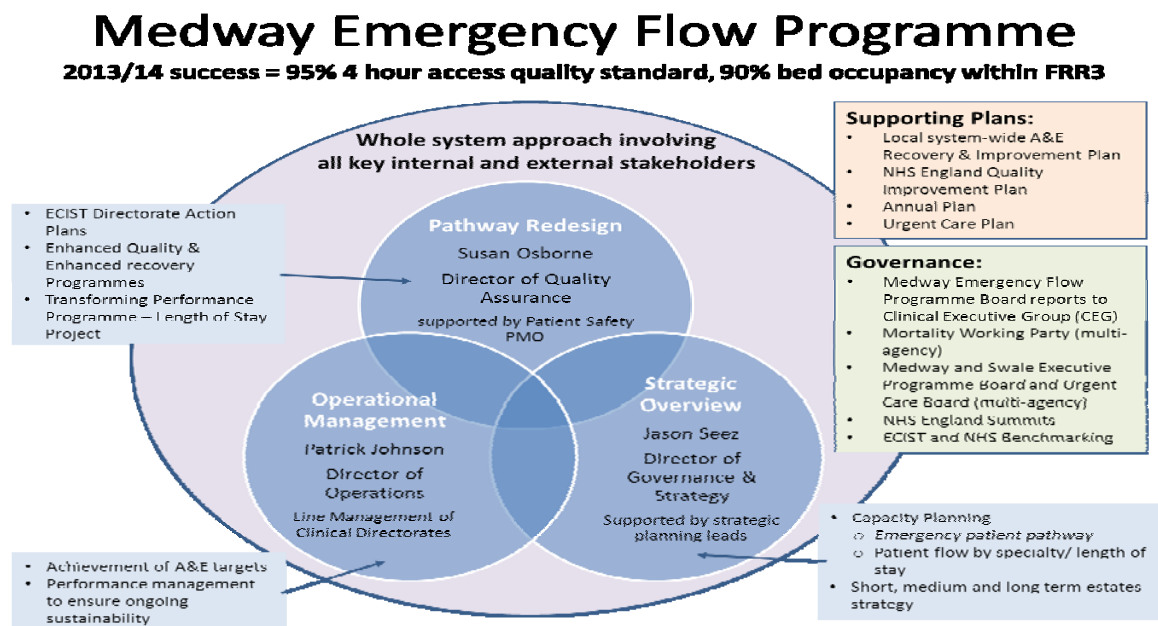
- Medway Emergency Flow Programme
- Operational Management Actions
- Pathway Redesign
- Estates Review.
- Winter Planning

2. Medway Emergency Flow Programme

The Trust has established a Medway Emergency Flow Programme, a programme board and steering group, to lead and implement the programme. The Programme has three key performance indicators:

- 95% 4 hour access quality standard for A&E
- 90% bed occupancy
- FRR of 3

The diagram below illustrates the programme structure:



The area-wide A&E Recovery and Improvement Plan, governed by the Medway and Swale Executive Programme Board, incorporates the key actions from these plans.

3. Operational management: Actions being taken immediately to achieve the 95% access quality standard, and associated risks and mitigations

The Trust is taking a number of immediate actions to ensure the 95% access quality standard can be met and then sustained:

- An Interim General Manager, whose sole responsibility will be Emergency Medicine, has been appointed from 26th July
- Deputy Director of Operations has been released from general manager responsibilities to focus on improving day to day flow management
- Daily review of escalation status and bed availability, reflecting demand and capacity of both elective and non-elective activity
- There is an increased focus on working with partner organisations to ensure patients no longer needing acute care are placed appropriately outside of the hospital setting at the earliest opportunity
- An integrated team at the front door and co-ordinated discharge team (each made up of representatives from the hospital, mental health, community and social care) are being established in August 2013, making the teams and processes more streamlined – this has been instigated by the Medway and Swale Executive Programme Board, a whole system board with Executive representation from local providers and commissioners
- The weekly review of breaches held with key internal and external partners is to be reinvigorated, considering the Trust's daily, weekly, monthly and quarterly operational trajectories and will be chaired by an Executive Director
- Daily breach reporting to be reinstated, also considering the operational trajectories

4. Pathway redesign

The Trust is working with the NHS Emergency Care Intensive Support Team (ECIST). Learning from best practice and central guidance, the directorates have developed local action plans.

The top five actions that need to be completed over the next three months to ensure sustained achievement of the 95% four hour access quality standard are:

- Re-establishment of the Admissions and Discharge Lounge (completed July 2013)
- Agree physical capacity requirements for early assessment (STAR) and commence implementation (commenced 29th July)

- Re-establishment of specialty and short stay wards, and associated pathways (August 2013)
- Improved discharge planning and monitoring (August 2013)
- A review of patient flow by The Oak Group Medical Intelligence Company (August 2013)

These plans complement and will be implemented alongside the Trust's Quality Improvement Plan that has been developed in response to the Keogh Review. Although these plans are comprehensive, they are live documents which will be developed further. The Trust continues to work with ECIST and there has been agreement for further support over the next six months by:

- assisting with sharing the Trust's vision in delivering quality emergency care with the whole organisation - learning from approaches taken elsewhere in developing and ensuring buy-in from clinical staff;
- providing peer review and challenge of clinical practice across the emergency pathway, including practical approaches to embedding this;
- critiquing the Trust's action plans as they develop which will be overseen by the Medway Emergency Flow Programme ;
- highlighting the relevant work at other trusts, signposting best practice; and
- helping the Trust to make links with individuals at other relevant trusts, for dialogue, visits and mentoring.

The Trust will continue to incorporate learning, best practice and innovation from central guidance and other trusts into the action plans, such as the emerging principles arising from the NHS England Urgent and Emergency Care Review and reports from the Kings Fund.

5. Estates Review

The emergency patient pathway and flow has been examined in detail and options for improvement are being considered. Workstreams currently underway considering short and medium term options

- Emergency Department (short term)
- Capacity Planning (Trust wide)
- Emergency pathway / Emergency Department (medium term)
- Capital Planning

6. Winter Planning

The Programme is designed to improve systems and processes to respond to demand throughout the year. This includes planning to respond to increased demands in winter.

Planning is system wide and is co-ordinated by the Medway and Swale Executive Programme Board.

Capacity planning is underway including:

- Historic bed modelling to establish capacity and provide basis for capacity planning
 - Working with the Oak Group Medical Intelligence Company, to provide an objective analysis of individual patient care requirements
 - right care, right level, right place, right time (acute and community)
- Short term estates options to ensure sufficient capacity over the winter period is being considered, in advance of a medium to long term estates strategy. The proposal includes ring-fencing of the Admissions / Discharge Lounge (ADL) to become the escalation ward, with alternative ADL to be implemented elsewhere on the site.
- A focus on recruitment now to ensure additional areas are staffed without having to recruit temporary staff

7. Conclusion

The Trust recognises it is not meeting the four hour access quality standard. The established Programme and supporting workstreams are designed to achieve and sustain the standard.