

Accident and Emergency Situation Report

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Governing Body meeting

4 September 2014

Author(s)	Tim Drowley, Interim Programme Manager, Urgent Care
Sponsor	Idris Griffiths, Chief Operating Officer
Is your report for Approval / Consideration / Noting	
For consideration noting actions	
Are there any Resource Implications?	
None identified	
Audit Requirement	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i>	
Objective 1: To improve patient experience and access to care.	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached?</i>	
The paper is for consideration and may lead to further detailed actions where an Equality Impact Assessment will be completed.	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i>	
Exploring service and operational issues that impact on the patient experience of care in Accident and Emergency using a performance analysis and quality-driven approach.	
Recommendations	
The Governing Body is asked to note the information on current local performance against the A&E 4 hour operational standard and the work being undertaken with partners to sustain achievement of the standard	

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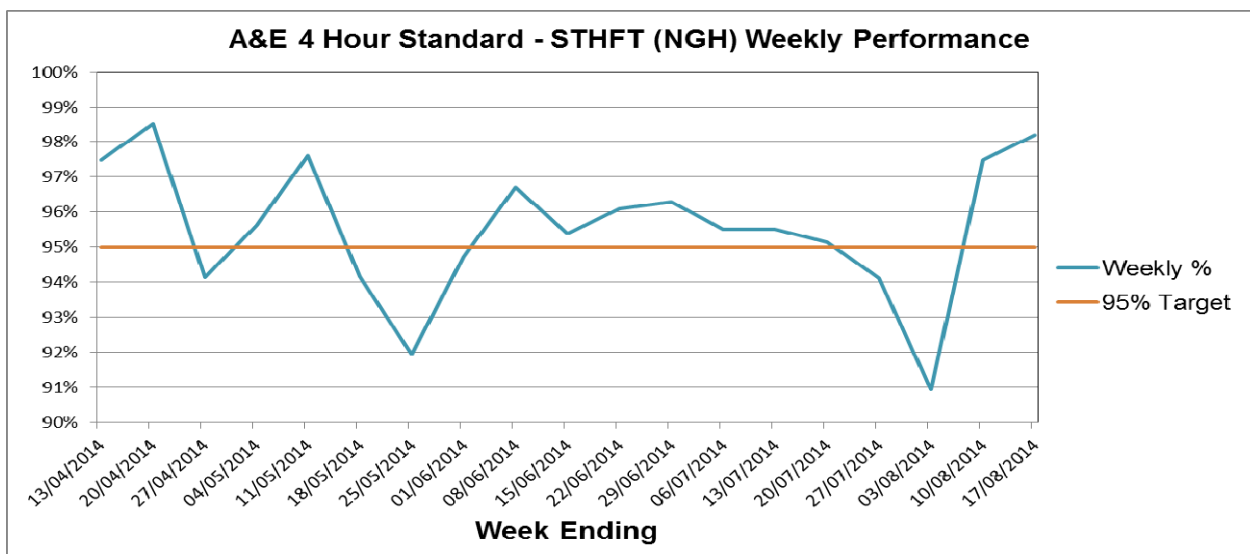
4 September 2014

1. Introduction

The purpose of this paper is to provide more detail on local performance at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) against the national A&E operational standard for patients to be seen and discharged within four hours of arriving in A&E, and to provide details of actions that are being implemented to sustain the achievement of this standard.

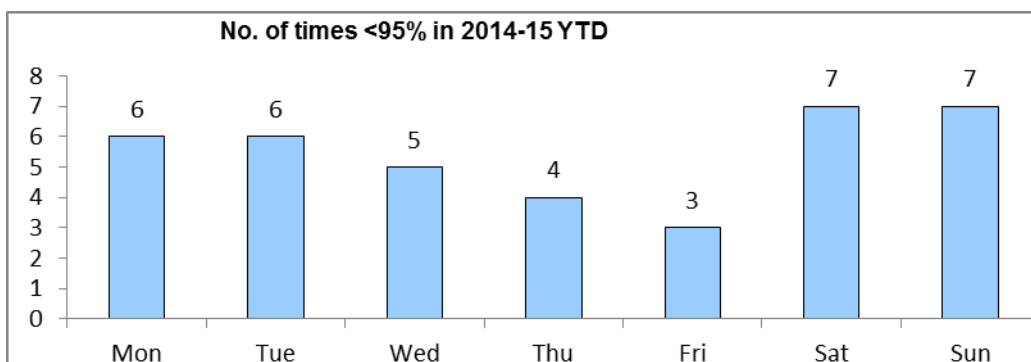
2. Background

During the last few months (April – July), STHFT have experienced a number of ‘dips’ in weekly performance whereby the four hour operational standard has not been delivered, as indicated in the chart below.



(Data Source: Daily A&E Reports via WYSYBCSU)

Further analysis of 2014/15 performance (see the table below) suggests more issues are experienced in meeting the A&E standard on Saturdays and Sundays, than on other days.



Although daily performance may be subject to local pressures of volume and capacity the data relating to weekends bears further exploration given its apparent regular and presumably predictable peaks.

Additionally, longer-term A&E data over the last three years shows 'dips' in performance at key holiday periods (July/August; early to late December) as shown in Appendix A.

Consequently, a more detailed explanation of A&E performance is felt to be required and actions identified that will address the issues, both in the short term (daily performance) and the longer -term (monthly and annual performance). NHS Sheffield Clinical Commissioning Group (CCG) is working in partnership with STHFT to implement a cohesive strategy to achieve this.

3. Actions going forward

3.1 Site visit to STHFT A&E Department

In early September, the CCG Chief Nurse and Programme Lead for Urgent Care will undertake a site visit to the STHFT A&E Department to explore with senior clinical and managerial staff recent issues in meeting the A&E Standard; questions presented by the analysis of A&E data described earlier in this paper; and identify how Primary Care working in partnership with STHFT may reduce avoidable urgent hospital admissions. The findings and consequent actions of this site visit will be reported to Governing Body in November 2014.

3.2 Wider Supporting Actions

A&E Attendances

NHS England has allocated monies for innovative projects to address the issue of possible surges in attendances over the winter period. Sheffield has been successful in securing funding for a number of schemes which are expected to contribute to consistent, sustained achievement of the A&E standard. These include, for example:

- increasing capacity in primary care via extra GP urgent appointment slots
- improving the supply of emergency medicines from pharmacies to help avoid the need for urgent hospital care
- Council and voluntary organisation led schemes to keep people well at home.

In addition, work is being undertaken on the development of pathways for conditions which would not normally require hospital admission to see if there is more that could be done in the community to manage patients with these conditions safely at home.

Work with the Ambulance Service

To support the rapid clinical assessment of patients in their own homes (through direct clinical conversations with the patient's GP), enabling people to be cared for at home wherever possible and avoiding unnecessary conveyance to hospital. This includes enabling patients, at the end of their life to be able to die at home where appropriate, if that is their wish.

Actions in Hospital Care - these include, for example,

- Expansion of the A&E "front door team" and mental health liaison staff to ensure patients are seen quickly and given access to appropriate mental health services

- Medicines management support for wards to enable early supply of take home scripts to speed up the discharge process for patients
- Review of urgent admission rates in Gastroenterology, Care of the Elderly, Chest Medicine, Orthopaedics, Diabetes and General Medicine – reducing unplanned emergency admissions will contribute to reducing the potential volume of patients seen in A&E and thus support achievement of the 4 hour standard.

4. Recommendations

The Governing Body is asked to note the information on current local performance against the A&E 4 hour operational standard and the work being undertaken with partners to sustain achievement of the standard.

Paper prepared by Tim Drowley, Interim Programme Lead for Urgent Care

On behalf of Idris Griffiths, Chief Operating Officer

26 August 2014

APPENDIX A: “ Heat Chart” of performance against the 95% Standard

The chart below shows monthly and annual data (from the last three years) using a colour schemata to show performance against the 95% A&E Standard. Any areas of amber and red are causes of concern.

