

## ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

1	<b>Meeting:</b>	<b>Health and Wellbeing Board</b>
2	<b>Date:</b>	<b>21<sup>st</sup> January 2015</b>
3	<b>Title:</b>	<b>Urgent Care performance Report</b>
4	<b>Directorate:</b>	<b>Neighbourhood and Adult Services</b>

### 5. Purpose of Report

This report provides a summary of performance across urgent health care services in Rotherham. It identifies areas of poor performance and sets out remedial actions.

### 6. Recommendations

It is recommended that the report be noted.

7. Summary of Performance

**Accident and Emergency**

Figure 1 shows monthly attendances at TRFT Emergency Department for the last 3 years. There has been a consistent increase in A&E attendances each month this year compared to the previous 2 years. During 2014/15 there has been a 5.2% increase in A&E demand from last year, equating to an additional 321 patients/month

Figure 1 – Summary of A&E Performance

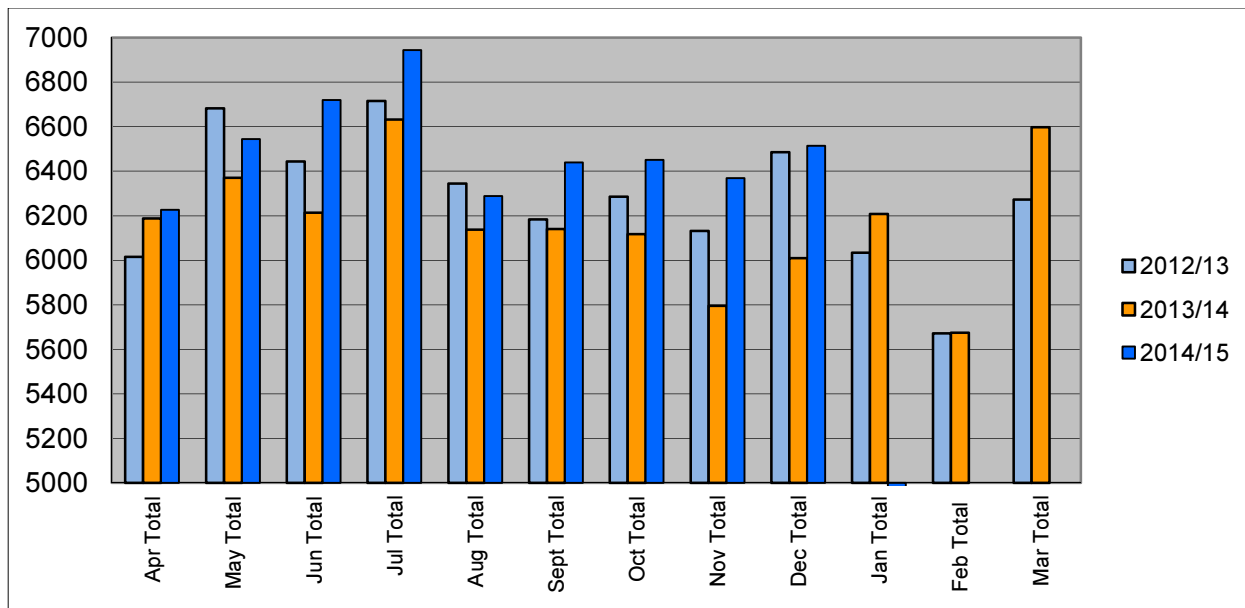
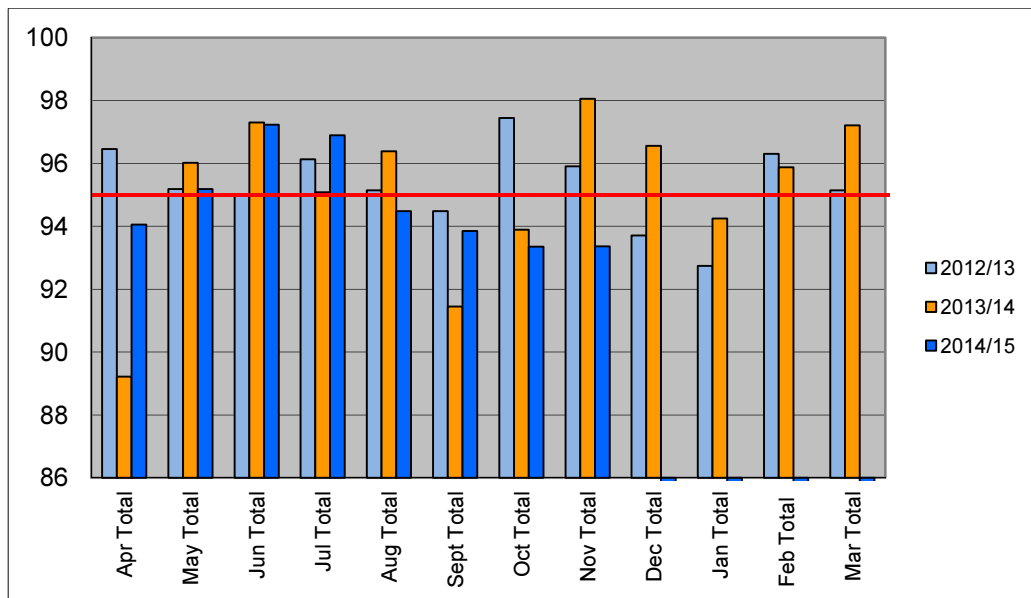


Figure 2 provides a summary of performance on waiting times at A&E. It shows that from August to November A&E has failed to achieve the target of 95% for patients who have been waiting for treatment. From figure 1 it is clear that a contributing factor is the increase in demand at A&E. However there is also evidence of increased acuity of patients and difficulties in the recruiting of qualified doctors.

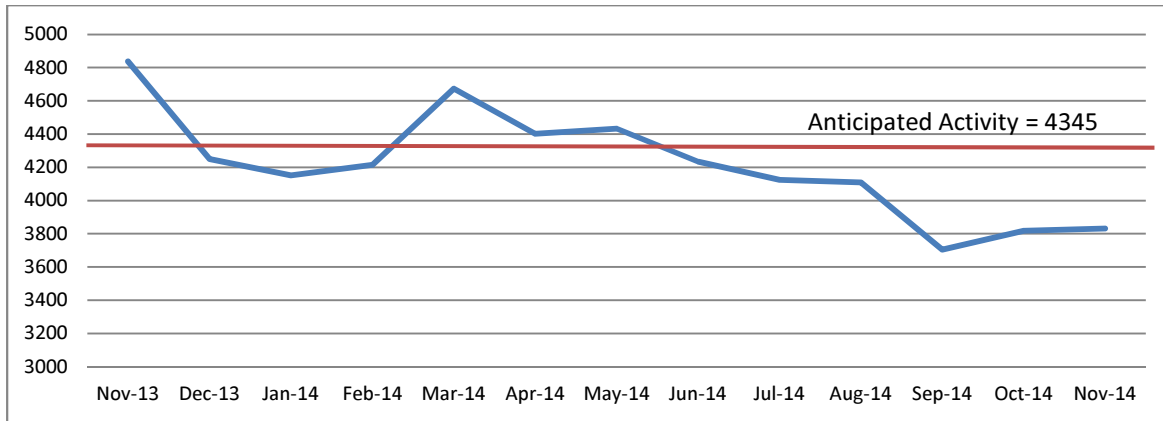
Figure 2: Summary of 4 Hour Wait Performance



## Walk in Centre

Figure 3 shows total monthly attendances at Rotherham Walk in Centre. The maximum activity target for the service is 1,000 per week and attendances have fallen just below this from July 2014. The fall in referrals is the result of a range of demand management initiatives that have been introduced by Care UK with the support of Rotherham CCG. Rotherham CCG has also recently realigned the contract, removing incentives for Care UK to generate additional activity.

Figure 4: Summary of WIC Activity



## NHS 111

Figure 4 provides an overview of performance for the NHS 111 service for Rotherham CCG. The number of calls through to NHS 111 has increased by 37%. This is probably due to the transfer of GP OOH calls to NHS 111 that took place this year. The proportion of calls transferred to a clinical adviser dropped by 1.7% and the proportion of call backs within 10 minutes has reduced by 7.6%.

In terms of dispositions, the proportion of calls being diverted to A&E or 999 has reduced by 1.4% compared to last year. A larger proportion of calls are being directed to the GP OOH Service. This again is due to the recent transfer of OOH calls from Carte UK to NHS 111.

Figure 4: Summary of NHS 111 Activity

Indicator	2013/14	2014/15 (predicted)
Number of triaged calls	20,785	28,574
% of calls transferred to clinical adviser	24.6%	21.9%
% of call backs within 10 minutes	35.4%	27.8%
% of warm transfers	44.1%	30.5%
Average warm transfer time (secs)	68.9	64.7
% 999 dispositions	10.1%	10.0%
% primary care dispositions OOH	32.7%	38.4%
% of primary care dispositions in hours	10.8%	9.4%
% of A&E dispositions	8.0%	6.8%
% self-care dispositions	18.0%	15.5%

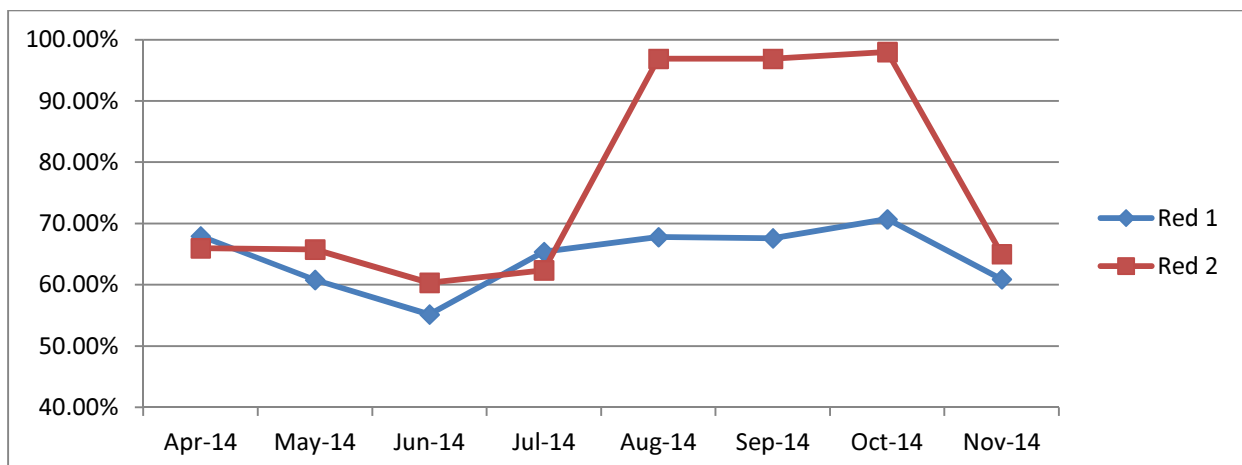
## Yorkshire Ambulance Service

YAS continue to struggle with performance on RED call-outs. The Good Governance Institute recently conducted a review of YAS performance. The report details a number of recommendations for both Commissioners and YAS.

- Commissioners should design a three-year service model for urgent and emergency care
- Commissioners need to clarify the lines of accountability for YAS and indicate whether and in what circumstances a locality approach should be taken outside of the overall Yorkshire and Humber approach
- YAS need to consolidate senior leadership team and appoint a Director of Operations to strengthen leadership
- YAS to undertake a thorough review of middle management arrangements
- A large-scale cost and efficiency approach should be considered to support future service models.
- YAS to develop a sustainable workforce strategy that addresses the sickness rate and overtime costs a

YAS has recently implemented a Recovery Plan aimed at reversing the trajectory on Red calls. However, despite this the ambulance service is unlikely to achieve the 75% required performance year end for 2014/15. The GGI reported that the recovery plan has the potential to deliver recovery. The benchmarking indicates that other similar Trusts have plans, which are comparable to YAS and that there is no one area in which the plan is deficient on paper.

Figure 5 Trajectories on YAS 999 Performance



## Care Coordination Centre

Figure 6 shows monthly activity of patients managed through the Care Co-ordination Centre and the number of patients where an admission to hospital has been avoided. The number of patients managed by the service continues to rise.

Figure 6: Summary of Care Coordination Centre Activity

ALOC Activity	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14
Patients managed through CCC	615	586	632	596	563	549	599	563
Details of intervention shared with GP prior to start next working day	100%	100%	100%	100%	100%	100%	100%	100%
Proportion of patients diverted from MAU %	20%	13.7%	27.8%	24%	30%	27%	22%	19%
GP to MAU Activity	374	369	349	336	332	308	390	354
Average Call wait (secs)	18	14	16	16	14	19	16	16
Calls Abandoned	68	41	52	40	37	28	47	37
Calls Abandoned %	6	4	5	4	4	3	4	4

## 8. Summary of Remedial Actions

The following remedial actions have been agreed by the System Resilience Group to improve performance on A&E waiting times YAS 999 response times.

### *A&E Waiting Times*

- Targeted work with GP Practices who have high rates of A&E attendance
- Extend opening hours for GP Practices during the winter period
- Ensure that clinical reviews of patients at A&E are carried out by senior doctors before decision to admit
- Explore strategies for joint working with the Walk in centre and GP OOH Service
- Implement supported discharge care pathways to improve patient flow
- Introduce regular MDT meetings for medical wards and long stay patients

### *YAS 999 Response Times*

- Introduction of an Urgent Care Practitioner Service in Rotherham during the winter period
- Increased clinician support for NHS 111 to reduce the number of calls transferred to the 999 service
- Effective case management of high intensity users of the 999 service
- Development of the YAS Pathfinder Programme which is successfully diverting patients from A&E