

Barking and Dagenham Committees in Common of ICB Sub Committee and Health and Wellbeing Board

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Title of report	Improving Urgent and Emergency Care (UEC) across Barking and Dagenham, Havering and Redbridge
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Executive summary	Urgent and emergency care is under significant pressure across the country. These pressures are significantly felt across Barking and Dagenham, Havering and Redbridge by our providers, particularly in the acute provider setting. Due to this, several measures have been put in place across the ICB to ensure the effectiveness of the UEC pathway. This has resulted in several improvement programmes being developed. This paper aims to provide an oversight of the above and provide assurance for the work that is being undertaken in regards to improvement
Action / recommendation	The Committees in Common are asked to note and comment on the approach set out in the attached paper and slide deck.
Previous reporting	NEL Urgent and Emergency Care Programme Board
Next steps/ onward reporting	Ongoing oversight and discussion within the Urgent and Emergency Care Programme Board, the BHR Places UEC Improvement Board and the B&D Place Executive
Conflicts of interest	The Committees in Common will follow the conflicts of interest policy of the respective organisations and a register of interests will be presented at each meeting to ensure conflicts of interests are appropriately managed.
Strategic fit	The ICS aims this report aligns with are: <ul style="list-style-type: none"> • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money

	<ul style="list-style-type: none"> To support broader social and economic development
Impact on local people, health inequalities and sustainability	<p>The aim of the improvement programmes being undertaken is to ensure the UEC pathway across the Barking and Dagenham, Havering and Redbridge Places is effective and efficient, and that all patients receive safe care and a positive experience. This aligns with the region's ambition and supports the UEC access standards.</p> <p>These improvement programmes strive to provide all people across NEL with the right care in the right place, in a timely way. They aim to support more patient centred, personalised care for our population, therefore addressing health inequalities that currently exist.</p>
Impact on finance, performance and quality	<p>The ambitions of the UEC Improvement Programme, highlighted in this report, align with those in NHS England's UEC Recovery Plan. As a result, the impact of these works should see an improvement in performance, particularly in the acute provider setting.</p>
Risks	<p>The risk to ensuring both partners meet their statutory responsibilities around decision making including management of conflicts of interest will be mitigated through close working of the Heads of Governance of both the ICB and LBBB to review/amending the approach based on testing.</p>

1. Background

- 1.1 Urgent and emergency care has experienced unprecedented demand since the Covid-19 pandemic and continues to do so to this day. This has resulted in a significant increase in demand on our system providers which is impacting on the care we deliver to our patient population. Various measures have been put in place across the north east London (NEL) footprint to ensure that patient safety is maintained and prioritised. This has subsequently resulted in a number of improvement programmes being developed to address these concerns and deliver services in line with NHS England's Urgent and Emergency Care (UEC) Recovery Plan and to meet local priorities.
- 1.2 This paper aims to provide oversight of the current programmes in place to improve our response to urgent and emergency care and to the measures that are currently in place for both the ICB and some of our providers.

2. Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) and SOF4

- 2.1 BHRUT entered into Single Oversight Framework level 4 (SOF4) as the result of a combination of non-elective performance challenges and financial sustainability (deficit) issues. Both areas need to be improved to support both London's quality agenda and reduce inequalities within NEL. To meet the objective of moving from SOF4 to level 3 for both non-elective performance and financial recovery, five broad areas and associated targets have been developed:
- UEC performance: improvement in ambulance handover times, pre-12 discharges stabilised with improved weekend offset by reduced weekday and improved accuracy of recording criteria to reside
 - Financial improvement: evidence of achieving net £20m savings in 23/24
 - Balanced robust plan within NEL system
 - Strengthened financial control, for example evidence of sustained reduction of medical bank and agency usage
 - Number of wider enablers including stable executive team, system support, medical engagement and staff wellbeing

3. Care Quality Commission (CQC) inspections

- 3.1 As noted above, urgent and emergency care in outer north east London has been challenged for some time. A CQC inspection took place in November 2022 at BHRUT focused on urgent and emergency services. This was a follow up to a visit in November 2021 where issues were identified with flow, in and through, the urgent and emergency care pathway. In November 2022 all four urgent treatment centres provided by the Partnership of East London Cooperatives (PELC) were inspected along with both emergency departments and medical care provided by BHRUT.
- 3.2 A brief summary of the key findings highlights that the CQC found that BHRUT (the trust) faced continued challenges with access and flow into and out of the emergency pathway, people did not always receive timely treatment when needed and further were not always cared for in the best place for their treatment needs. Waiting times in Queens and King George's hospital were also exacerbated by long waits for mental health patients and these patients had to wait too long to receive the right care. The CQC separately found that all four Urgent Treatment Centres (UTCs) delivered by PELC were rated as inadequate and enforcement actions were issued. Inspection findings covered areas such as access to care and treatment in a timely way, a need to improve governance and accountability, a need for clearer vision and strategy and leadership capacity and skills.
- 3.3 In response to the CQC report BHRUT outlined and is taking forward a number of actions including enhanced support for Emergency Department (ED) teams, improved record keeping (through access to devices for staff and undertaking a post implementation review of electronic systems and ensuring sufficient privacy and dignity for patients waiting in the corridor. Additional BHRUT is

working closely with North East London Foundation Trust (NELFT) on improving the experience for mental health patients in ED and with London Ambulance Service on improving ambulance handover times.

- 3.4 A number of actions have been taken forward by the ICB and PELC in response to the CQC findings including improved contract management through regular and focused meetings, the establishment of a PELC Assurance Group attended by the ICB Quality Team and chaired by Fiona Smith, Associate Non-Executive Director of NEL, concentrating on quality improvements in line with the CQC recommendations and a focus on governance. The Good Governance Institute is providing external support in undertaking a governance review.
- 3.5 In respect of improvements for mental health patients in ED BHRUT and NELFT are working collaboratively to address the issues raised and NELFT have set out a range of actions to improve this situation including improved crisis support into planned care leading to UTC/ED avoidance, improved conveyance diversion from ED and mental health crisis hub working with the police and LAS, improved access to mental health at point of walk in entry to UTC, enhanced mental health presence at ED to improve patient experienced and conveyancing, better data and improved access to senior clinical support when issues arise.

4. UEC Review by PwC

- 4.1 In response to the national UEC Recovery Plan and in order to be better prepared for winter through developing a stronger focus on system resilience, the NEL ICB has undergone a rapid review of its current UEC Services under the leadership of PwC with the principal aims of agreeing and implementing a clear plan for delivery of system resilience in 2023/24; ensuring oversight of medium and long-term transformational opportunities and working towards future governance of system-wide improvement across UEC.

5. Tier 1 – interventions for urgent and emergency care

- 5.1 NEL ICB was notified in May 2023 that it would be designated as Tier 1 (the highest level of support) because of performance against the following criteria:
- 4 hour wait in ED
 - Response time for Category 2 ambulance patients
 - Proportion of acute beds occupied by patients who do not meet the criteria to reside
 - Number of ED patients waiting more than 12 hours for admission
- 5.2 The National UEC team is clear that support will be aimed at improvement rather than regulatory action, and NEL has requested support in four areas:
- Data and Business Intelligence
 - Clinical support, especially in BHRUT
 - Implementing frailty pathways

- Designing and running a System Control Centre (mandated from November 2023)

5.3 As part of the Tier 1 status for the ICB a performance management framework has been developed to provide assurance on a limited number of improvement trajectories. These are:

- Providers generated plans to achieve 76% 4-hour ED waits by March 2023 and a 92% maximum bed occupancy as part of the 2023/24 Operational Plan.
- An in-depth focus on the time mental health patients wait in ED, on top of the existing improvement plan for delays in the mental health pathway.
- An additional trajectory is required for delays in handover of patients from the care of the ambulance service to the ED staff

6. BHR Places UEC Improvement Plan

6.1 In light of the significant amount of activity, intervention and focus outlined above, partners – convened by the ICB – have developed a BHR Places UEC Improvement Plan, which is being developed through a partnership BHR Places UEC Improvement Board. This plan, attached as Appendix 1, will continue to be developed as required, and draws together all the actions planned and underway to improve our system locally – from prevention and early intervention through to discharge arrangements, from primary care capacity to the way we deliver Urgent Treatment Centres, from work directly with local people to the role of the voluntary and community sector. Some of the work outlined is short term and will have impact before the winter – other aspects of the work are longer term and involve building a strong, person-centred and prevention focused model.

6.2 A more detailed workplan, with tracked actions, has been developed to support the delivery of the plan and the Improvement Board will use this monthly to track progress and use it to escalate issues and provide updates for the NEL UEC Programme Board. The membership of the Improvement board contains all relevant stakeholders, across a range of pathways given the significant co-dependency in the plans. Work is underway on data analysis to support the prioritisation of the plan. Each Place in BHR is also working closely with the team to make sure there is a strong interface at Place and delivery across the community, primary and social care services required to support people to live well at home.

7. Conclusion

7.1 The Committees in Common is asked to comment on the work underway and specifically on the Improvement Plan and how we take forward the work necessary in Barking & Dagenham Place to enable better outcomes for people requiring urgent and emergency care, across the range of interventions required in the short and longer term.

Appendix 1

Attachment 1: BHR Places UEC Improvement Plan



BHR places UEC
Improvement Strategy