

Borders NHS Board**LOCAL UNSCHEDULED CARE ACTION PLAN 2013-14****Aim**

To ensure that the Board are kept informed of progress in the development of the Local Unscheduled Care Action Plan (LUCAP) for NHS Borders, the essential components of that plan, improvements in performance we are required to deliver ahead of winter 2013/14, and the governance arrangements for monitoring progress against this going forward.

Background

In response to general deterioration in performance against the 4 hour Emergency Access Standard Nationally during the course of 2012/13, the Scottish Government have asked NHS Boards to develop detailed action plans that will deliver immediate and sustainable improvement in performance, and provide assurance that underlying systems and capacity issues identified as part of experiences during Winter 2012/13 will be addressed as part of planning ahead for Winter 2013/14.

The Scottish Government issued detailed guidance in May 2013 to NHS Boards outlining expected levels of improvement these action plans should aim to deliver, timescale for the development of plans and outlining the format, timescales and content action plans should aim to cover.

In order that action plans receive the necessary senior leadership, Boards were also asked to identify an Executive Lead for the development and delivery of plans, and there is an expectation that plans would be discussed with and formally signed off by Boards. The Chief Operating Officer has been asked to take this forward on behalf of NHS Borders.

Summary

NHS Borders is committed to delivering performance against the Emergency Access Standard at or above 98% on a monthly basis. Over the course of the 2012/13 financial year we have failed to deliver against this standard on 9 occasions. This standard is recognised as an important indicator of quality within our overall health system.

While we have seen a dramatic improvement in performance recently our pattern of performance suggests that without specific action aimed at addressing underlying issues we will not sustain this improvement over the coming winter.

The Scottish Government have requested NHS Boards provide individual action plans that demonstrate:

- An understanding of local issues in respect of performance against the 4 hour Emergency Access Standard right across their health system, and this should be supported by appropriate data and analysis;
- A clear focus aimed at addressing the identified performance deficit in advance of winter 2013/14;
- Performance trajectories against which progress will be monitored consistent with the required level of improvement;
- An indication of investment strategies required to support sustained short and longer term improvement.

The Scottish Government have asked that NHS Boards ensure that immediate attention is given to planning ahead for winter 2013/14, and that attention is also given to ensuring that strategies are in place to support the longer term goals associated with changing models of care outlined in the Government's 20:20 vision.

Our analysis to date for NHS Borders suggests that we need immediate action aimed at addressing four central issues ahead of winter 2013/14:

- Bed Availability within the Acute Service, and a strategy for providing flexibility to support periods of peak flow as part of winter planning;
- Delays within ED usually associated with congestion as a consequence of activity surge or peak flow. This is particularly relevant in respect of ensuring minor flow activity can be maintained;
- Maintaining strong clinical and operational leadership that has a focus on planning ahead, and recognises individual and collective responsibilities in supporting patient flow and the Emergency Access Standard;
- Addressing long standing issues associated with discharge planning arrangements right across our health systems and patient transportation delays we experience almost on a daily basis as a consequence.

Additionally, action plans bring together reporting around a range of longer term initiatives where the focus is improving not just capacity within the acute services, but recognises the key contribution other parts of the system play in supporting emergency access in the longer term on a sustainable basis. This includes:

- Planning the increasing role community service will play in responding to urgent care needs via Anticipatory Care Planning, Day Hospital Service, community based care, support, rehabilitation and enablement programmes;
- Initiatives aimed at reducing unscheduled attendance at Emergency Departments;
- Increasing the range of options available for keeping and supporting patients at home, particularly those with Long Term Conditions and Older People.

The timescale for the development of LUCAP asked that;

- A performance narrative was provided by the end of **May 2013**;
- Action Plans be submitted by the end **June 2013**;
- Updated Plans resubmitted by the **1st October 2013**, recognising that planning in the longer term required wider engagement.

It is suggested that given the requirement to consult on proposals, actions and agree trajectories within the action plan, NHS Borders submits its action plan by the **28th June**, in line with national timescales but this is submitted subject to Board approval. The action

plan will be circulated to the Board for comment and formally signed off at the meeting in September, and in advance of 1st October deadline for updated action plans.

Recommendation

The Board is asked to:

- **Note** the requirement to ensure that 98% of patients are seen, treated or admitted to hospital within 4 hours of attending as an emergency;
- **Note** the requirement to submit an action plan by the 30th June that demonstrates clear plans on how this will ensure sustainable improvement ahead of winter 2013/14;
- **Note** the requirement to submit detailed plans on how NHS Borders will ensure the Emergency Access Standard is maintained in the longer term;
- **Support** the proposal that the action plan is submitted in line with required timescales but subject to Board approval.

Policy/Strategy Implications	As detailed within the report
Consultation	Not Applicable
Consultation with Professional Committees	Not Applicable
Risk Assessment	As detailed within the report
Compliance with Board Policy requirements on Equality and Diversity	Compliant
Resource/Staffing Implications	As detailed within the report.

Approved by

Name	Designation	Name	Designation
Jane Davidson	Chief Operating Officer		

Author(s)

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