

## **Appendix A** **Report to Barnet HOSC**

### **Waiting times for treatment**

One of the most important and complex issues that the trust has been working to improve since the acquisition has been referral to treatment times. The decision to stop reporting the number of patients in the former Barnt and Chase Farm Hospitals NHS Trust waiting longer than 18 weeks for treatment was taken in October 2013 because the figures available were known to be wrong. When the Royal Free took over the management of Barnet and Chase Farm hospitals in July 2014 it set up an extensive programme of data cleansing and validation, involving commissioners and external experts, looking at the data for all sites.

The trust is now completing the complex process of checking exactly how long all patients have been waiting to be seen or for treatment. We expect to have made a decision by the time of the HOSC meeting on 6 July regarding whether we are in a position to resume reporting with effect from May 2015 data and will update further then.

### **Chase Farm redevelopment update**

Another of our major priorities is planning the redevelopment of Chase Farm, to replace the current ageing buildings with modern healthcare facilities.

On 12 March Enfield Council granted outline planning approval for the redevelopment, subject to signing of a section 106 agreement and a further application to deal with reserved matters later in the summer. Subject to final business case approval we expect to commence main construction works in early 2016, with the new hospital due to open in April 2018.

Enabling works started this April to the medical block, where various services will be relocated over the summer to enable construction of the new hospital building to begin. Services due to move include the older person's assessment unit in July and the urgent care centre in August.

A public meeting has been scheduled for 30 June to update the public and local stakeholders about the redevelopment.

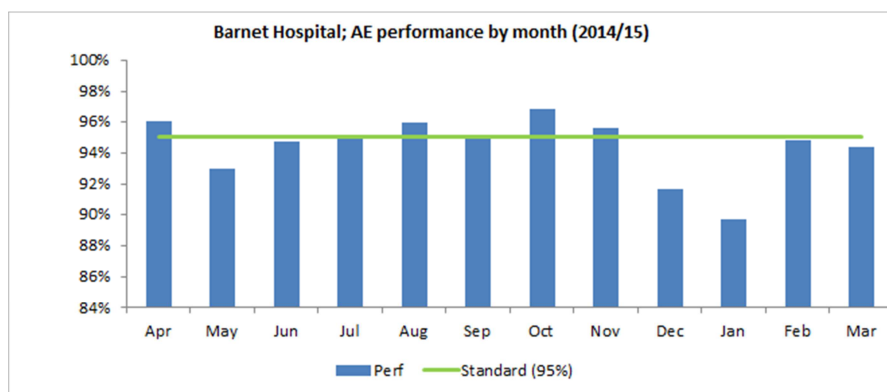
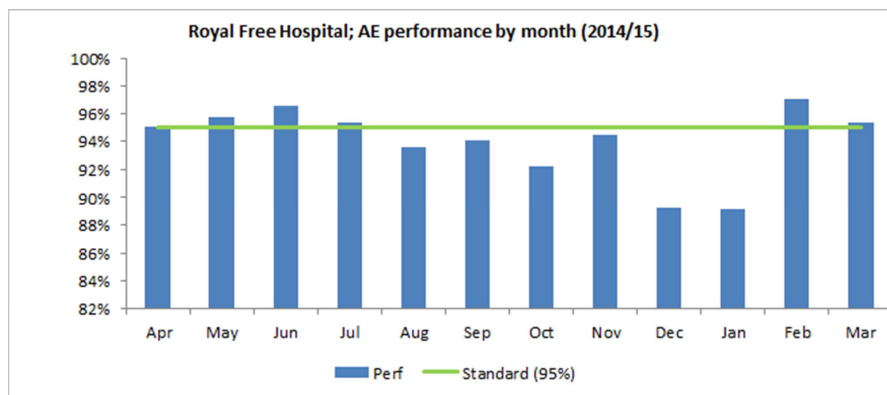
### **Winter pressures**

In common with hospitals across the country, at Barnet Hospital and the Royal Free Hospital over the winter we experienced significantly increased demand, which placed considerable additional pressure on accident and emergency services. December was particularly busy; as an example, attendances at Barnet hospital were 13% higher in December 2014 compared to December 2013.

A growing number of patients are choosing to access urgent healthcare via emergency departments. A recent Citizens Advice Bureau survey of 900,000 people found that 18-34 year olds are more than twice as likely to attend emergency departments or walk-in centres as those aged 55 and over - and that they are far less likely than older people to be able to see a GP when they need to.

Delayed transfers of care (DToC), covered in a later section of this report, have also contributed to the pressure on the emergency pathway.

The charts below show A&E performance against the 95% target between April 2014 and March 2015. The chart shows that December and January were particularly challenging (as elsewhere) for the trust, in line with national trends, but that since February there has been significant improvement, including through April and May where the targets have been met.



At the Chase Farm Hospital urgent care centre, 100% of patients are seen within four hours nearly every day.

We have implemented a series of measures to reduce waiting times for emergency patients. This includes opening additional beds, extending urgent care centre opening hours, enhanced crisis services for mental health patients as an alternative to admission and additional therapy support for elderly care wards.

### **Ambulance handover turnover delays**

Barnet Hospital has had the highest number of ambulance conveyances in London, with high numbers coming especially coming from the west. We initiated discussions with the wider system about this with some success, although even in May the daily averages at Barnet Hospital was over 82.

At Barnet Hospital there were 115 ambulance journeys where there was a handover delay of 30/60 minutes or more in April and May 2015. However, these numbers were the lowest since November 2014. Delays of over an hour have been significantly reduced from an average of 27 per month between December 2014 and March 2015 to three in April and zero in May 2015.

Data for the Royal Free Hospital is less complete. There were seven journeys where the handover was delayed by over an hour in May 2015.

### **Delayed transfer of care (DToC)**

On 11 June 2015 the trust had a total of 113 patients who were medically fit but whose transfer had either been formally delayed (known as a DTOC) or were medically fit but not yet a formally agreed DTOC (ie still in processing).

The definitions for when a patient is a reportable DTOC are nationally agreed. An example of a medically fit person who is not yet a DTOC would be a patient requiring community rehabilitation who has been accepted for referral by the community team but fewer than 24 hours have passed since the referral was accepted.

Some DTOCs are attributable to health services while others are attributable to social care services.

Examples of DTOCs which are the responsibility of health services include those which relate to patients who are waiting on a specialist placement, a health-funded care placement, rehabilitation or a continuing care funded nursing care home or package of care.

Examples of DTOCs which are the responsibility of social care services relate to patients who are waiting for social care funded nursing or residential home placements or packages of care.

**Barnet Hospital (as of 9am on 11 June 2015)**

DTOC		Medically fit but not yet a DTOC	
Responsibility of health services	Responsibility of care services	Responsibility of health services	Responsibility of care services
5	2	7	17

**Chase Farm Hospital (as of 9am on 11 June 2015)**

DTOC		Medically fit but not yet a DTOC	
Responsibility of health services	Responsibility of care services	Responsibility of health services	Responsibility of care services
12	8	20	27

**Royal Free Hospital (as of 9am on 11 June 2015)**

DTOC		Medically fit but not yet a DTOC	
Responsibility of health services	Responsibility of care services	Responsibility of health services	Responsibility of care services
7	2	11	5

The reasons for DTOCs vary daily. Common themes for health delays at present are patients waiting for specialist neurological rehabilitation, new or specialist nursing home placements and general or stroke rehabilitation in a community hospital. The main reasons for reportable social care delays are waiting for care home placement and new packages of care at home, especially when there are significant resource requirements (eg two carers four times a day).

The number of DTOCs varies daily, but most importantly the patients concerned change frequently. Delays are no longer reportable once the patients are discharged (or become medically unwell), but as this happens new patients will become classified as having a DTOC.

This means that the headline figures hide the high turnover of patients concerned. We work very hard to ensure a tight grip on the bespoke plans for every patient at all our hospital sites to minimise both the number and the duration of any delays.

**18 June 2015**