Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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Open Report on behalf of Lincolnshire East Clinical Commissioning Group

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**20 April 2016**
Subject:	**Urgent Care update**

Summary:

The purpose of this item is to update the Health Scrutiny Committee on urgent care in Lincolnshire.

Actions Required:

To consider and comment on the current position with regard to urgent care.

1. Background

The NHS constitution sets out that a minimum of 95% of patients attending an A&E department in England must be seen, treated and admitted or discharged in under four hours (the four hour A&E standard).

The target was introduced in 2004 and set at 98%. This was changed to 95% in 2010.

The four hour standard is only a crude measure of the health of the urgent care system and a broader range of information is provided in this paper to show how the Lincolnshire urgent care system is performing.

1.1 National context

The data for January 2016 from NHS England showed 88.7% of patients were dealt with in four hours and this is the worst monthly performance since the target came in in 2004. Other parts of the UK are also struggling with Scotland, Wales and Northern Ireland also missing the four hour A&E standard.

Nationally, in January 2016, overall attendances were up by more than 10% compared with the same time last year. There was also a sharp rise in emergency admissions and calls to NHS 111.

1.2 Local context

A&E attendances and performance

In Lincolnshire, the four hour A&E standard has been falling since the winter of 2014/15. The table below gives local performance which can be compared against both the regional and national performance.

Four Hour Standard 95%	Dec 2015	Jan 2016	Feb 2016
England	91.0%	88.7%	Not available
Midlands and East Region	91.0%	88.2%	86.9%
United Lincolnshire Hospitals NHS Trust	84.9%	82.7%	81.1%
Peterborough and Stamford Hospitals NHS Foundation Trust	91.6%	87.2%	81.1%
The Queen Elizabeth, Kings Lynn	90.6%	81.7%	79.8%

In order to give context for this performance, the following table gives the number of people who used A&E services during the month of January 2016 and the numbers of people who were not seen, treated and admitted or discharged in under four hours.

January 2016	Total A&E attendances	Total A&E attendances > 4 hours	Performance against the 95% standard
England	1,906,920	216,287	88.7%
Midlands and East Region	Not available		
United Lincolnshire Hospitals NHS Trust	13,367	2,309	82.7%
Peterborough and Stamford Hospitals NHS Foundation Trust	8,535	1,089	87.2%
The Queen Elizabeth, Kings Lynn	4,856	890	81.7%

Mirroring the national position, during March 2016, Lincolnshire experienced an increase in A&E attendances which increased by more than 10% compared with the same time last year. However throughout 2015/16, A&E attendances have only increased by 2.7% overall. This is equivalent to approximately 4,500 additional attendances in 2015/16 compared against 2014/15.

Emergency admissions

Unlike the national position, emergency admissions have reduced by nearly 1.5% in Lincolnshire. This is equivalent to approximately 900 less people being admitted to hospital in 2015/16 compared against 2014/15.

Bed Occupancy

NHS bed occupancy rates of higher than 90% can increase the risk of problems such as infections and quality of care. Bed occupancy continues to be high in United Lincolnshire Hospitals NHS Trust (ULHT) as previously reported. Since January 2016, bed occupancy rates have been between 92% and 95%. The actual numbers of beds available in acute hospitals varies day to day as a result of beds being opened and closed to meet surge in demand, staffing levels and infection control issues for example. To give context, in February 2016, ULHT had on average 1010 beds opened through that month.

Delayed Transfers of Care (DTOC)

Like the four hour standard, Delayed Transfers of Care (DTOC) are also a crude measure of the health of the urgent care system. Most importantly, delayed transfers of care have negative impacts on the people who become delayed, with significant implications for their independence. They also have an impact on wider service delivery and performance across the whole health and care system, but the immediate effects manifest themselves within hospitals. Delayed Transfers of Care reduce flow out of the A&E department and within the hospitals.

As reported in December 2015, DTOCs in terms of lost bed days were fairly stable until the summer of 2014; since that time, in Lincolnshire the number of lost bed days due to delays has increased.

The DTOC national target is to achieve a standard of less than 3.5% of available bed days being lost due to delays. The table below gives local acute hospital performance which can be compared against the regional performance. This data set is February 2016 only.

	Number of available bed days lost due to delays				% of Delays, i.e. no. of available bed days lost due to delays			
February 2016	NHS	Social Care	Both NHS & Social Care	**Total bed days lost**	NHS	Social Care	Both NHS & Social Care	**Total % of delays**
Midlands and East Region	23,794	9,148	3,416	36,358	65.4%	25.2%	9.4%	4.9%
United Lincolnshire Hospitals NHS Trust	1,249	150	61	1,460	85.5%	10.3%	4.2%	4.9%
Peterborough and Stamford Hospitals NHS Foundation Trust	937	257	28	1,222	76.7%	21.0%	2.3%	8.0%
The Queen Elizabeth, Kings Lynn	235	246	0	481	48.9%	51.1%	0.0%	4.2%

To give context, in February 2016, ULHT lost 1,460 beds days which is equivalent to 50 beds out of an average 1010 beds opened through that month. The actual number of people affected cannot be provided; however it is likely to in excess of 65 people.

Lincolnshire Community Health Services (LCHS) NHS Trust has also experienced significant DTOCs through 2015/16. The data is not available for the same timeframe as in the above table; however LCHS has been reporting a DTOC greater than 10% since June 2015 and in December 2015, LCHS had a DTOC rate of 13.56% from an average bed stock of 177 beds. As previously stated, caution needs to be taken with the actual numbers of beds available as it varies day to day.

Since October 2014 delayed days attributable to the Lincolnshire Local Authority have doubled and quadrupled in June 2015 and October 2015 respectively. It should be noted that despite this increase, NHS delays are at crudely 2 to 3 times greater than LA attributable delays across the county in all care settings.

Tackling the problem requires effective and mature systems thinking across health services, social services and the independent sector, each with individual responsibilities, resources and constraints. This plan is part of the Better Care Fund (BCF) 2016/17 and aims to recover the standard to 3.2% by October 2016 and maintain that position through the winter of 2016/17. Please note that the BCF DTOC metric is different to the NHSE metric for measuring DTOCs.

NHS 111 performance

Unlike the national position, the number of Lincolnshire NHS 111 calls has decreased by 1.5% during 2015/16. This is equivalent to approximately 2,700 less people calling NHS111 in 2015/16 compared against 2014/15. On average, every month in 2015/16, 15,000 people rang Lincolnshire NHS111.

The national standard for NHS 111 is that 95% of all calls will be answered within 60 seconds. The table below gives the performance of NHS 111 so a comparison can be made.

NHS 111	Nov 2015	Dec 2015	Jan 2016
England	89.6%	86.1%	86.4%
Midlands and East Region	92.3%	91.4%	88.4%
Lincolnshire NHS 111	95.5%	95%	94.2%
Cambridgeshire and Peterborough NHS 111	97.7%	95.4%	97.1%

Other urgent care services

The Walk In Centre, Urgent Care Centres and Minor Injury Units – these services consistently achieve in excess of 95% for the four hour standard to see, treat and admit or discharge in under four hours.

1.3 Lincolnshire's Constitutional Standards Recovery Plan

Since last reporting to the Committee, the urgent care recovery plan has now been focused on two distinct areas; a 30 day rolling programme of actions for Pilgrim Hospital and five priority areas agreed with the Emergency Care Improvement Programme (ECIP). ECIP had just started working with the Lincolnshire urgent care system at the time of the last report. They undertook diagnostic exercises through November and December and met with a number of key clinical, managerial and executive stakeholders. In February, a concordat was agreed by leaders from each part of the Lincolnshire system and the regional tripartite to demonstrate the overall commitment to the five priorities which are;

1. Emergency Care Flow
   - Development of "front door" services and early Comprehensive Geriatric Assessment
   - Early senior assessment in the Emergency Department
   - Review of pathways/criteria specifically short stay
   - Development of default to ambulatory care
   - Development of surgical ambulatory processes
   - Access to rapid access clinics

2. SAFER CARE BUNDLE & 'No Waits' process implemented on 5 wards per month (including community)
   - Senior Review
   - All patients have a Predicted Date of Discharge
   - Flow
   - Early discharge before 10am

3. Therapy Review/ Improvement
   - Assessment of current provision/ skills/ competencies
   - Review safe thresholds for transfer to non-acute environments/ home
   - Further development Early Supported Discharge

4. Amalgamation of existing discharge portals into a home first/ Discharge to Assess model (Transitional Care)
    - Ensure pathways developed and widely communicated with thresholds that accept patients
    - Ensure enablement resources are packaged around the patient
    - Patients must be managed actively through pathways
    - Goals set and managed
    - Ensure mental health support available

5. Perfect Week Programme
    - Ensure whole system engagement and response
    - Ensure metrics are clear from beginning
    - Staff engagement a priority encouraged by social movement approach
    - Executive Leadership and visibility required

These priorities are those that will best improve the performance of the Lincolnshire urgent care system, reduce waits and bed occupancy and so improve outcomes, including reducing mortality, for patients in our system.

The Lincolnshire workforce continues to contract; there are fewer staff in post and leavers continue to outweigh starters. In addition, a national framework has been put into place that is attempting to reduce the use of agency and locum staff and the large financial burden that this was placing on NHS trusts as "supply and demand" principles were driving ever increasing costs. Lincolnshire and the wider system is having to adjust to working within this framework and the adjustment to a level "playing field" has not been fully completed across the system as yet and some shifts remain empty.

2. Conclusion

This paper has aimed to describe the current state of the Lincolnshire urgent care system. Focusing solely on the acute hospital four hour A&E standard of 95% "masks" good performance in other services and does not acknowledge the interdependencies which impact on the acute trusts' ability to deliver the four hour A&E standard of 95%, e.g. DTOC.

In summary, increased demand is not driving the Lincolnshire urgent care system as A&E attendances have only risen with population growth and emergency admissions are reducing.

Urgent care is a complex system that "flexes" to accommodate surges in demand as it should but this also means that it requires dynamic solutions to meet ever changing problems.

All the performance measures detailed above and national performance (as a benchmark) have been considered when identifying a recovery trajectory for the Lincolnshire acute hospital four hour A&E standard of 95%. In addition, there is an emerging national view that not all NHS trusts will achieve the 95% four hour

standard during 2016/17. Lincolnshire's current trajectory is to achieve 85% consistently through Q1 2016/17 and 89% in Q4 2016/17. The other system measures will also be monitored, i.e. achieving 3.2% DTOC by October 2016.

It remains the aspiration of Lincolnshire clinicians and leaders to improve beyond this trajectory.

3. Consultation

This is not a direct consultation item.

4. Background Papers

The following background papers were used in the preparation of this report:

Report to the Health Scrutiny Committee for Lincolnshire, 18 November 2015 - Urgent Care – Constitutional Standards Recovery and Winter Resilience

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