Lincolnshire COUNTY COUNCIL Working for a better future		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of the Lincolnshire Urgent Care Programme Board, Hosted by Lincolnshire East Clinical Commissioning Group

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 December 2014**
Subject:	**Winter pressures 2014/15**

Summary:

This report outlines three areas;

- the current policy / national context around operational resilience particularly focusing on winter 2014/15,
- the current performance of the health care system (internally to Lincolnshire and across the county borders) and
- the Lincolnshire schemes that will operate this winter.

Actions Required:

To consider and comment on the ongoing work and progress, being undertaken by Lincolnshire's System Resilience Group.

1. Background

1.1 Current Policy / National Context

Lincolnshire has had a successful Urgent Care Working Group, which has overseen health and social care urgent care plans, for the last two years.

In June 2014, national guidance 'Operational resilience and capacity planning for 2014/15' was issued and agreed by Monitor, the Trust Development Authority (TDA), ASASS (Directors of Adult Social Services) and NHS England. The guidance

mandates changes to existing Urgent Care Working Groups to build on their existing role and to expand their remit to include elective as well as urgent care. This "new" forum is called the System Resilience Group and is where capacity planning and operational delivery across the health and social care system is coordinated. Lincolnshire's System Resilience Group (SRG) first met in July and continues to meet monthly. Lincolnshire also liaises with the SRGs across our county boundaries.

Bringing together both elements (elective and urgent care) within one planning process underlines the importance of whole system resilience and that both parts need to be addressed simultaneously in order for local health and care systems to operate as effectively as possible in delivering year-round services for patients. For example, as the acuity of patients increases in winter months and people require slightly longer hospital stays, there are less available hospital beds for people requiring elective care.

There have been six separate non recurrent funding streams since July to support whole system resilience. These funding streams have been targeted specifically at urgent care (including ambulance services) and elective care, A&E, mental health, health visiting, NHS 111 and primary care. There have been associated governance and assurance processes before funds have been released to commissioners and providers. At the time of writing this paper, the assurance process has not concluded for the last three funding streams.

1.2 Local Current Performance

The health economy in Lincolnshire, in common with other parts of the country, has experienced pressure from rising levels of demand, particularly in urgent care; difficulty in meeting constitutional guarantees in A&E, cancer, and referral to treatment (RTT) waiting times consistently; and resource constraints in terms of both workforce availability and financial resources. Increasing levels of cooperation and integrated planning amongst stakeholders through the System Resilience Group have made demonstrable gains in several areas but so far have not fully reconciled these demands. The current system performance is described below;

- **A&E attendances**
  - United Lincolnshire Hospitals NHS Trust (ULHT) – As at week ending 23 November, ULHT A&E attendances are up by 2.8% compared to the same April to November period in 2013/14
  - Peterborough – As at week ending 23rd November, A&E Attendances are up by 5.9% compared to the same April to November period in 2013/14

- **A&E 95% Standard (year to date)**
  - Peterborough has achieved 85.9%
  - Cambridgeshire University Hospitals has achieved 87.6%
  - Nottingham has achieved 88.8%
  - Queen Elizabeth Kings Lynn has achieved 92.5%
  - Hinchingbrooke has achieved 93.5%
  - ULHT has achieved 93.6%

- Midlands and East (Regional comparison) – Out of 42 acute trusts in the region, 12 hospitals have delivered the 95% standard. ULHT is ranked 20th and Peterborough is ranked 41st.
- National average for November is 91.32% compared to the 95% target.

- **Emergency admissions**
  - Over the last 12 months there is evidence that system wide interventions, particularly those associated with the winter planning process, have resulted in a reversal of the previous trend for growth in urgent care demand. ULHT emergency admissions are down 2.1% compared to the same April to October period in 2013/14.
  - Peterborough emergency admissions are up 8.3% compared to the same April to October period in 2013/14.

- **Planned Care – Cancellations**
  - ULHT - there was no submission for quarter 2 data (due to ongoing issues with their Patient Administration System). For quarter 1, there were 124 cancelled operations
  - Peterborough have submitted quarter 2 figures of 74 cancelled operations

- **Delayed Transfers of Care (delays in discharging patients, for October 2014)**
  - Hinchingbrooke was 12.7%
  - Peterborough was 9.2% for October. To give context, in October this figure is equivalent to 46 patients being delayed for a total of 1582 days
  - Cambridgeshire University Hospitals was 6.6%
  - Queen Elizabeth Kings Lynn was 3.3%
  - ULHT was 2.9%. To give context, in September this figure is equivalent to 51 patients being delayed for a total of 1109 days
  - Nottingham was 1.6%
  - Midlands and East (Regional comparison) – 5%

- **Acute Care Bed Closures**
  - ULHT – In 2013/14, eighty escalation beds were closed as a result of the Keogh Review. In 2014/15, ULHT has further reduced their beds from around 1020 total beds of all types to 970, or a reduction of around 5% of total bed capacity. This is as a result of achieving safe staffing levels. Their bed occupancy rates are currently moving at or close to the 95% - 100% level.

    The System Resilience Group has completed demand and bed capacity modelling, over several scenarios, and identified the likely risks, impacts and potential responses to current drivers and pressures in the system. The findings show that the benefits being gained by operational resilience schemes, i.e. winter pressure schemes (details below), are being absorbed by the reduction in bed capacity.
  - Peterborough - As a new hospital there is very little escalation space, there are no decommissioned wards that can be re-opened. There is then a lack of flexible capacity in terms of the overall acute bed base of 506 general and acute beds. (611 including midwifery).

1.3 Operational Resilience Schemes for This Winter

As already stated, there have been six separate non recurrent funding streams since July to support whole system resilience. These funding streams have been targeted as follows;

- Tranche 1 monies (£7.84 million) - specifically targeted at urgent care (£4.48 million) and elective care (£3.36 million)
    - Urgent care has schemes that are addressing A&E attendance and admission avoidance, seven day services in hospital, early hospital discharge and enablers, e.g. a system dashboard so all organisations can see real time performance.
    - Within elective care, additional resources have been invested to secure capacity at alternative providers to enable extension of patient choice and support demand management during the winter period.
- Tranche 2 monies (£2.27 million) – targeted at delivering the A&E 95% standard with monies going directly to acute care providers for internal schemes.
- Mental health monies (£450,000) - focused on children and adolescent mental health (Child and Adolescent Mental Health Services - CAMHS) TIER 3 PLUS and a Triage Car. (Tier 3 plus is a service for young people with complex and intensive needs that is focussed on avoiding an in-patient admission)
- Health visiting monies - The bid is to increase and develop the role of Health Visitor/Paediatric Liaison Nurses to identify and support families who frequently attend A&E departments where attendance and treatment could be effectively and safely managed in the community. Awaiting outcome of bid.
- NHS 111 – The funds are focused on system benefit by using this additional funding for Out of Hours (OOH) GPs, aiming for a dual impact of both being able to support calls for NHS 111 Clinical Advisors if pressure is experienced (a similar process has been successfully used before in Lincolnshire) as well as being able to aid the minors stream diverts to OOH in the A&E departments / increase the OOH capacity.
- Primary care – Each CCG has submitted bids to support pharmacy working and primary care schemes to reduce A&E attendances and admissions. Awaiting outcome of bids.

However despite the above additional funding, there are some significant system risks in Lincolnshire that include the reliance on non recurrent funds that make it difficult for providers to recruit staff, a lack of workforce (with our two largest providers both experiencing safe staffing challenges), ULHT's new Patient Administration System requiring substantial input for it to function effectively and the closure of acute care beds to maintain safety that is meaning any capacity being gained by the reduction in emergency admissions is being absorbed without the system being able to feel the benefits.

All schemes have measurable outcomes and their sustainability going into 2015/16 will depend on their impact as individual schemes as well as system performance.

2. Conclusion

The national policy on system resilience, planning both urgent and elective care interdependencies, will ultimately improve the quality of patient care by ensuring more timely access to the right care. However there are some challenges to delivering this locally this winter as detailed above.

The service modelling that has been completed is making this winter's position transparent for commissioners, providers and regulators. This also means the System Resilience Group now has the information to make informed decisions about both risks and benefits.

The System Resilience Group is trying to systematise, sustainable solutions this winter and these will need to support the five year plan and delivery of Lincolnshire Health and Care.

3. Consultation

This is not a consultation item.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	System Resilience Group – long list of schemes for this winter

5. Background Papers

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

Monitor, Trust Development Authority, Directors of Adult Social Services and NHS England (2014) Operational resilience and capacity planning for 2014/15.

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Appendix A

Lincolnshire System Resilience Group - Schemes for This Winter

Schemes are targeted on urgent care unless stated elective care.
All funds are non-recurrent until March 2015

Funding Stream	Schemes
Tranche 1	Community Rapid Response Service
	Integrated Discharge Team in hospital – seven days a week
	Integrated Urgent Care Therapy Service (Community and Hospital)
	Extension of the Minor Injuries and Illness Unit at Sleaford Medical Practice
	Consultant Triage - Additional 3 consultants in ULHT to give telephone advise to GPs to avoid hospital admission
	Seven day pharmacy ULHT
	Seven day pharmacy Northern Lincolnshire and Goole (NLAG)
	Expanding the lower acuity pathway - GPs & nurses in Lincoln County & Pilgrim
	Extending Ambulatory Emergency Care (AEC) to seven days at Pilgrim and Grantham and District Hospital
	ULHT Diagnostics (MRI on Sunday)
	ULHT therapy services to 7 days on all three sites for medical patients
	Integrated Mental Health Tri-agency Triage car
	Delivery of a capacity management plan – system wide
	Discharge Nurse resource at NLAG
	Development of a urgent care dashboard – system wide
	Development of real time data (Capacity Management System)
	Elective care - Develop and implement a RTT training programme for all appropriate staff, focussing on rules application, and local procedures, ensuring all staff have been trained during 2014/15
	Elective care - Carry out an annual analysis of capacity and demand for elective services at sub specialty level, and keep under regular review and update when necessary. This should be done as part of resilience and capacity plans and then updated in operating plans for 2015/16
	Elective care - Pay attention to RTT data quality. Carry out an urgent 'one off' validation if necessary if not done in that last 12 months, and instigate a programme of regular data audits
	Elective care - Put in place clear and robust performance management arrangements, founded on use of an accurate RTT Patient Tracking List, and use this in discussion across the local system
	Elective care - 'Right size' outpatient, diagnostic and admitted waiting lists, in line with demand profile, and pathway timelines (see IMAS Capacity and demand tools)
	Elective care - (Plans over and above the minimum requirements) Dermatoscopes for primary care-proof of concept
	Elective care - Schemes administered by other SRGs (Managed by the Cambridgeshire and Peterborough SRG)
	Elective care - Out of area provider schemes; additional activity

Tranche 2	ULHT Trauma co-ordinator
	ULHT Stroke co-ordinator
	Pilot of non-clinical coordinators in Lincoln A&E
	ULHT Safe Staffing
	Additional Band 7 and Band 2 nurses (Lincoln County Hospital)
	Spinal physiotherapy at Lincoln and Pilgrim sites
	ULHT Increased support services
	ULHT Increased housekeeping support
	ULHT Transfer team expansion (Band 5, porter, support worker)
	Extending service (24/7) in surgical assessment unit at Lincoln County Hosptial
	Three additional Band 7 pharmacy staff at Pilgrim Hospital
	ULHT Expansion of weekend ultrasound service
	ULHT MRI outsourcing of scans and reports (October-March)
	Continuing Health Care Assessments in acute care
Mental Health	Children and adolescent mental health (CAMHS) TIER 3 PLUS (Tier 3 plus is a service for young people with complex and intensive needs that is focussed on avoiding an in-patient admission)
	Integrated Mental Health Tri-agency Triage car (Second resource – see Tranche 1 monies)
Health Visiting	Increase and develop the role of Health Visitor/Paediatric Liaison Nurses to identify and support families who frequently attend A&E
Primary Care	Lincolnshire South CCG The following proposals have been agreed subject to some clarification: • Palliative care web based care plan • AF screening tools training • Chronic kidney disease training • Heart failure training • Diabetes training sessions • Dementia screening
	Lincolnshire East CCG The following proposals have been agreed subject to some clarification: • GP access walk in centre (three locations on a Saturday and Sunday) • Dementia screening • Additional top up funds for GP incentive Scheme
	Lincolnshire West CCG The following proposals have been agreed subject to some clarification: • Saturday morning clinics Optimus confederation • Saturday morning services
	Lincolnshire South West CCG The following proposals have been agreed subject to some clarification: • Up-skilling GPs and Practice Nurses in Musculo-Skeletal medicine • Winter locum GP into care homes • Dementia screening