Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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Open Report on behalf of Sarah Furley, Urgent Care Programme Director, hosted by Lincolnshire East Clinical Commissioning Group

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**11 March 2015**
Subject:	**Update on Winter Pressures 2014/2015**

Summary:

This report covers four areas:

1. It provides an update on the current performance of the Lincolnshire Urgent Care System.
2. It diagnoses the problems.
3. It describes what has worked well since Christmas.
4. It sets out next actions to improve performance.

Actions Required:

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

1. Background

1.1 Context

In the winter of 2013-2014 the Lincolnshire system was amongst the top ten per cent performers on urgent care standards. This was achieved principally through close working of all organisations on a joint delivery plan, with closer multi-agency working.

The winter of 2014-15 has presented even greater challenges than the previous year because of the reduction in 79 beds over the course of the year linked to

commissioning intentions to deliver sustainability and the need to achieve safe staffing levels within United Lincolnshire Hospitals NHS Trust (ULHT).

1.2 Local Current Performance

Lincolnshire A&E performance has deteriorated this winter. Despite being a national issue, the Lincolnshire health and care system has coped with the pressures better than many neighbouring systems despite the reduced acute hospital bed capacity. This has been achieved by greater inter-agency working than ever achieved previously, and the introduction of new services and initiatives.

- **A&E attendances**

As at week ending 1st March 2015, ULHT A&E attendances are up by 1.59% compared to the same year to date period in 2013/14. This is equivalent to 2,263 additional people being seen in A&E through this year. However in the last quarter, attendances are down 4.14% compared to the same quarter last year. This is equivalent to 955 people less using A&E compared to January and February last year. This suggests that our activity is greater in the spring and summer months, opposed to winter and suggests that our winter initiatives have been successful.

- **A&E 95% Standard (year to date)**

As at week ending 1st March 2015, ULHT A&E 95% standard is down by 3.56% compared to the same year to date period in 2013/14. Whilst this is a ULHT standard, it should be seen as a crude measure of system resilience and as such means that as a health system, we have only achieved 91.23% against the 95% standard year to date. This is comparable with national performance. However it should be noted that performance has been significantly worse in the last quarter with the health system only achieving 84.95%.

- **Emergency admissions**

As at week ending 1st March 2015, all emergency admissions in ULHT are down by 2.2% compared to the same year to date period in 2013/14. This is equivalent to 1,188 people not being admitted to hospital. However in the last quarter, all emergency admissions are down 4.97% compared to the same quarter last year. This is equivalent to 483 people less being admitted compared to January and February last year. Therefore in these two months, the proportion of avoided admissions is higher than for the rest of the year. This suggests that our winter initiatives have been successful.

- **Delayed Transfers of Care (DTOC)**

There has been a significant deterioration in Delayed Transfers of Care (DTOCs) at ULHT since the summer. Findings show that in the nine months between April and December 2014 a total of 10,208 bed days were lost to DTOC. This is equivalent to 37 beds at 100% occupancy, and 44 beds at 85% occupancy. Whether measured as an acute trust or as a local authority, ULHT and Lincolnshire, rank poorly nationally.

- **Planned Care**

During December 2014 and January 2015, 500 elective operations have been cancelled. Cancer and clinically urgent patients have been prioritised.

1.3 Diagnosing the Problem (The Root Cause)

In hindsight, the start of the winter pressures began the weekend before Christmas 2014 with high ambulance turnaround delays and a deteriorating A&E standard. The A&E standard has not been achieved since the end of September 2014.

In addition, between 8th and 19th December, 79 people were handed back to Lincolnshire Adult Social Care Services from independent providers for care over the holiday period which absorbed any surplus care capacity before Christmas.

The four day closure of primary and planned care services this Christmas added an increased demand on urgent care services and the unprecedented pressures started on Saturday 27th December 2014 and have not fully abated since that date, although the causes have changed.

It should be noted that since 28th December, command and control structures have been in place with a virtual Gold Command making strategic decisions and telephone conferencing between two and five times a day, seven days a week. These calls stopped on Monday 2nd March 2015.

Silver Command, making tactical and operational decisions, remains. Initially it had additional senior managers staffing it from all organisations; today, community services are using their in reach workforce to support Silver Command.

Activity

There have been two surges of activity on Saturday 27th December and Saturday 3rd January with a consequential impact on the system recovering. These surges in activity have been in community services, i.e. ambulance, NHS 111 and Out of Hours Services. Acute care activity did not see the same surge in demand on these dates. Throughout this period, acuity was high (with Intensive Care Units full across the county) so despite acute care not experiencing increased demand in terms of activity, hospital services were under pressure.

Since returning to a normal working week; Monday and Tuesdays, have consistently been the days with the greatest pressures across the urgent care system. Community activity has been reported as within expected activity for this time of year. However there was a significant drop in discharges from hospital as seen in the increases in delayed transfers of care from hospital.

Today, as already stated, these delays in hospital discharges persist and the three causes for DTOC at ULHT, which accounts for 83% of DTOCs from April to December 2014 are:

- Completion of Assessment with 3,561 DTOC days.

- Further (Non-Acute) NHS Care with 2,445 DTOC days.
- Patient or Family Choice with 1,868 DTOC days.

This means that the movement of patients out of the A&E departments is slow as beds are not becoming available quickly enough to cope with the demand. It is described as the "flow" through hospital.

To give further explanation of these three main causes, further details are given below;

- Completion of Assessment – Is for those patients whose transfer is delayed due to them awaiting completion of an assessment of their future care needs and an identification of an appropriate care setting. For example, those waiting for a therapy assessment, social care assessment or a multi-agency assessment.
- Further (Non-Acute) NHS Care - Is for all patients whose assessment is complete, but transfer is delayed due to awaiting further NHS care, i.e. any non-acute (including community and mental health) care, including intermediate care such as Independent Living Team – see below.
- Patient or Family Choice - Is for all patients whose assessment is complete and who have been made a reasonable offer of services, but who have refused that offer. It would also include delays incurred by patients who will be funding their own care e.g. through insisting on placement in a home with no foreseeable vacancies.

1.4 What worked this well this Winter

As set out in the paper in December 2014, Lincolnshire secured five separate non recurrent funding streams since July out of the six opportunities available. These were targeted at whole system resilience. System changes that have been introduced include:

- Integrated discharge hubs in hospitals with multi-agency teams
- Rapid response teams in the community and at the hospital front door, which can also be despatched by EMAS
- Members of community services joining EMAS Clinical Assessment Teams to direct patients to community services as alternatives to conveyance
- Redeployment of community workforce to increase Independent Living Team (reablement) capacity
- Increased social worker presence in discharge hubs and hospitals, including weekends
- Ambulatory emergency care, elderly care clinics, and emergency medical clinics to provide alternative pathways for GP and other urgent cases
- The creation of a step-down Independent Living Team (reablement) ward (Rochford Ward) to increase Independent Living Team capacity and improve patient flow
- Extension of minor injury services at Sleaford through a primary care initiative
- A shared capacity management system (Cayder) to act as a single source of information on system capacity across all providers
- A&E in-reach mental health services for substance/alcohol abuse and CAMHS emergencies

- A mental health triage car (street triage) covering the whole county
- Extending the deployment of third sector co-responders into EMAS 'green' urgent calls in addition to the existing response to red calls
- Three co-conveyancing pilots with Lincolnshire Fire and Rescue in Long Sutton, Stamford and Woodhall Spa, deploying fully equipped ambulances to co-responders in the Fire and Rescue Service – the first such initiative in England.
- At the height of demand, annual leave and all non clinical duties were stopped to release additional staff to serve with front line services. This included community staff working in acute care.
- Additional spot purchased residential and nursing home beds were purchased.

1.5 Recovering Performance

The remaining challenge is to return Lincolnshire's A&E performance to acceptable standards. The System Resilience Group has completed a root cause analysis (as detailed above) of this issue which points to three key areas:

- Increasing community capacity, in particular the Independent Living Team and domiciliary care. Both services are commissioned by Lincolnshire County Council (LCC).
- Reducing delayed discharges in care, by addressing problems of patient choice of preferred destination and proactive discharge planning
- Making further improvements in patient flow within hospital

The first key area will be addressed through LCC commissioning intentions. The LCC has started market engagement with the domiciliary care market with contract award and implementation before October 2015. Independent Living Team (support) is also commissioned by LCC and has not delivered the expected activity as per legal agreement despite demand. This lack of capacity has been exacerbated by being unable to discharge people back to domiciliary care.

A discharge summit was held on 18th February 2015 to develop the last two key areas which has developed a short term action plan to make changes before Easter and implement lessons learnt from this winter. A second discharge summit is likely to be held later in March that will address medium term changes.

In addition, it has been recognised nationally that non-recurrent funding is detrimental to planning long term solutions so funding allocations have been added to the CCGs' annual budgets. Whilst this is a welcomed development, allowing CCGs to invest in long term solutions, the budget increase is approximately half of the non recurrent available budget last year.

2. Conclusion

The Lincolnshire health and care system understands the system changes that are necessary to deliver urgent care performance. The challenge is in achieving impact at sufficient scale to cope with the rising demand and challenges from our population that work effectively across our huge rural geography and dispersed population.

The System Resilience Group is trying to systematise, sustainable solutions, having learnt from 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 - None

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Sarah Furley, Urgent Care Programme Director, who can be contacted on 01522 515305 or sarah.furley@lincolnshireeastccg.nhs.uk