NHS
West Leicestershire
Clinical Commissioning Group

HEALTH OVERVIEW AND SCRUTINY COMMITTEE
20JANUARY 2016

REPORT OF WEST LEICESTESHIRE CLINICAL COMMISSIONING GROUP

URGENT AND EMERGENCY CARE UPDATE: WINTER PERFORMANCE AND VANGUARD

Purpose of report

1. The purpose of this report is to update the Health Overview and Scrutiny Committee on the winter performance of the Urgent and Emergency Care system and to brief the Committee on the progress on the Urgent and Emergency Care Vanguard.

Background

Current Performance

2. The Leicester, Leicestershire and Rutland (LLR) System Resilience Group and Urgent Care Board are responsible for managing the urgent care system, including allocation of winter pressures funding and ensuring delivery of performance standards. The Urgent Care Board has agreed an Urgent Care Improvement Plan including a communications plan to cover the winter period. The Urgent Care Improvement Plan is organised into three workstreams: Inflow, Flow (within Accident and Emergency (A&E) and hospital) and Discharge; each with their own action plan.

3. The latest dashboard showing urgent care system demand and performance is attached as Appendix 1. Performance, particularly against the A&E 4 hour wait target and ambulance handover standards, has been challenged for several months. The year to date performance against the 95% of 4 hour standard at University Hospitals of Leicester NHS Trust (UHL) is 85.6% with 75% of patients being treated in under 4 hours in the week ending 3January 2016.

4. In the light of the challenges to the system, NHS England requested LLR to submit a Recovery Action Plan (RAP) for performance. Following an escalation meeting with NHS England and the Trust Development Agency (TDA), LLR were asked to resubmit the action plan on 11 December 2015, with more details on the delivery of actions and the expected impact on A&E performance and ambulance handovers. The latest version of the RAP is attached as Appendix 2.

Winter Pressures

5. Winter pressures funding of £2 million was allocated for 2015/16. In 2015/2016, £1.65 million has already been committed by the Urgent Care Board against a range of schemes already in place to manage demand for urgent care, both in community settings and within UHL .The detail of these schemes is shown in the RAP (Appendix 2). Some of these have already been completed and the remainder are monitored on a monthly basis.

6. In addition to the above, £260,000 is committed to improvements in Bed Bureau patient flow and 'GP Urgent' patient transport. Some of this work has already started and the remainder is due to commence next week.

7. £110,000 is on hold for three UHL schemes. Confirmation is being awaited that the monies are still required and the receipt of the associated project briefs.

8. This brings the subtotal of committed spend for winter pressures to **£1,972,575**.

9. Following from the original planning in August/ September 2015, a further funding requirement has been identified of £441,000 in respect of the early termination of the George Eliot (Urgent Care Centre (UCC) Leicester) contract. Any slippage from winter funding will contribute to this.

10. Work continues to analyse and assess the outcomes/outputs of the schemes, and this will be shared with the Health Overview and Scrutiny Committee when this work is completed.

CQC Inspection

11. On Monday 30 November 2015, the Care Quality Commission (CQC) conducted an unannounced inspection of the Emergency Department at the Leicester Royal Infirmary (LRI). The team of four Inspectors arrived at 7.25pm and left just before 1am.

12. The unannounced inspection followed what the CQC had seen during their planned inspection of East Midlands Ambulance Service (EMAS) in November when their inspectors had witnessed lengthy delays and patients waiting for care in the back of ambulances at LRI.

13. At the time of inspection, the LRI Emergency Department was under severe pressure and very overcrowded. The Trust had declared an Internal Major Incident (IMI) in response to this.

14. The Inspectors witnessed at first hand the pressures and constraints the Emergency Department (ED) Team works under and the sometimes poor experience of patients when the Department is very busy. The inspection focussed on the Adults' Emergency Department although at the time there were severe pressures in the Children's Emergency Department as well.

15. On Friday 4 December 2015 the Trust was issued with a Notice of Decision by the CQC to impose conditions on its registration as service provider. The conditions relate to:-

    - operating an effective system which will ensure that all patients attending the Emergency Department have an initial assessment of their condition carried out by appropriately qualified clinical staff within 15 minutes of their arrival;

    - ensuring that sufficient numbers of appropriately qualified clinical staff are employed by the Trust to operate the triage system mentioned above;

    - ensuring an appropriate skill mix to provide a safe standard of care to patients, who require care and treatment within the Emergency Department;

- ensuring that there is an effective system in place to deliver sepsis management for patients with sepsis attending the Emergency Department.

16. The Trust is required to submit reports weekly and, in some cases, monthly to the CQC on its performance in respect of the conditions set out above.

17. The Trust has complied with the weekly and monthly reporting requirements. As yet, the Trust has not received feedback from the CQC.

18. On Friday 18 December 2015, the NHS Trust Development Authority (TDA) and NHS England hosted a risk summit for UHL regarding the Emergency Department. The CQC attended the summit. When a risk summit is held, it brings together representatives from the provider organisation, commissioners, key clinical leaders, and other regulatory bodies and stakeholders to explore and understand key issues. Together, they agree what interventions, if any, may be necessary to ensure patient safety and quality care can be guaranteed in the short, medium and longer term, and whether further risk summits are required.

19. It was agreed that a range of actions were already being undertaken by the Trust and across the LLR health system to address the key issues. Some further actions were identified at the summit; some of these were for the Trust individually, others in association with health partners (such as the TDA, EMAS and the LLR System Resilience Group) and some for individual NHS organisations attending the summit.

20. The next risk summit is scheduled for 1 February 2016. Progress is monitored in the interim by the TDA and NHS England via the Clinical Oversight Group.

21. The Trust Chief Executive will report orally at the Committee meeting on the Trust's current performance in relation to the matters identified above.

Urgent and Emergency Care (UEC) Vanguard

22. In July 2015 LLR was successful in bidding to become one of eight Urgent and Emergency Care (UEC) Vanguards nationally. The Vanguards will develop new models of care as set of in the NHS Five Year Forward View, and be supported to innovate and develop local approaches which can be replicated nationally. The UEC Vanguards will also be expected to implement the requirements of the Keogh Review of Urgent Care and go ‘further, faster’ than other areas of the country in this respect.

23. The vision for LLR is of an urgent and emergency care system which is organised to deliver person-centred care that wraps around the individual; promoting self-care and independence, enhanced recovery and enablement, and reducing harm through integrated services that exploit innovation and promote care in the right setting at the right time. Our vision is founded on the consistent provision of care across linked settings, each with defined outcomes and the ability to respond to the physical and mental health needs of our diverse population in a way that blurs organisational boundaries. We will develop an integrated UEC service across the system, including mental health parity of care and seven day services as key planks for the delivery of the vision.

24. All partners in the Vanguard recognise the need to work together to ensure local consistency, whilst interacting with neighbouring healthcare economies to realise benefits at scale.

Table 1

Strategic Aims of the Vanguard

Aim	Description	Objective
Reduced duplication and fragmentation of services, simplification of patient pathways	Development of services and pathways that minimise patient handoffs, that are readily understood and accessed by patients and enable efficiencies within the system through integration	• Improved patient outcomes and experience • Patient receives the right care in the right place at the right time • Decreased costs to the health economy • Improved system resilience
Aligning providers to work towards common system goals	Service offers that blur organisational boundaries and enable patient care to be wrapped around the patient not constrained by organisations	• Improved patient outcomes and experience • Patient receives the right care in the right place at the right time • Decreased costs to the health economy • Improved system resilience • Integrated clinical governance • Integrated workforce plans
System Management	Understanding patient flow, resources and capacity in a real time way will enable the system to flex and respond, providing resources and moving capacity to ensure that the right care is available in the right place	• Improved patient outcomes and experience • Patient receives the right care in the right place at the right time • Decreased costs to the health economy • Improved system resilience

25. Over the last two months, we have established governance and programme management arrangements for the Vanguard. The LLR Vanguard is overseen by the System Resilience Group, with the Urgent Care Board (UCB) having programme management responsibility. Toby Sanders is the Senior Responsible Officer for the Vanguard, with Tamsin Hooton, Director or Urgent and Emergency Care leading the Vanguard team. The Vanguard work will form the majority of the Better Care Together Urgent Care workstream, with interfaces with a number of other BCT workstreams such as End of Life and bed reconfiguration.

26. The LLR Vanguard is broad and ambitious in its scope and will be taken forward via six workstreams, described below.

- ***Integrated Community Urgent Care***
  This project will see the integration of pathways across EMAS, NHS111, Out of Hours and the Single Point of Access (SPA) services for health and social care, via a Navigation Hub providing clinical triage, advice and signposting.

- ***LRI Front Door***
  We will redesign the access to urgent and emergency care at the LRI site to provide an enhanced senior clinical assessment team with direct referral access to ambulatory clinics, assessment beds and the ability to refer patients to the UCC, ED or back into primary/ community services.

- ***Mental Health***
  We will develop our mental health services to better meet the demands of patients and enable parity of care. This will be delivered through investment in Psychiatric Liaison

within the acute Trust, mental health workers embedded within the police and paramedic services and improved access and referral processes to crisis support.

- ***Seven day services (acute hospital)***
  We will deliver standards 2,5,6,7 and 8 of the Clinical standards for Urgent and Emergency Care and Supporting Diagnostics. In addition we will seek to deliver standard 9, enabling support services, both in the hospital and primary, community and mental health settings so the next steps of a patients care pathway can be taken.

- ***Contracting for Transformation***
  Using our experience of Alliance Contracting we will develop a new UEC alliance based model that incentivises providers to work as a network. This will be underpinned with new measures of clinical quality and patient experience increasingly focusing the whole system on a clinical outcome focus and the implementation of the new payment model.

- ***Predictive Modelling***
  We will work to develop a demand and activity model with a view to informing operational resource/capacity levels. We will use real time data to inform our navigation services (as above) and to provide direct information to the public about service pressure and waiting times to enable informed choices.

Proposals/Options

27. We are developing a 'Value Proposition', which is in essence a business case for the Vanguard work, which will be submitted to NHS England. The value proposition will set out what we plan to do across each of the workstreams, the impact this work will have on patient outcomes and long term financial sustainability of the urgent care system. NHS England requires a first draft of the Value proposition for the 8th January with a final draft on the 8 February 2016.

Consultation/Patient and Public Involvement

28. Healthwatch are involved via the UCB. We are developing a communications and engagement strategy for the Vanguard, including how we will engage with people of developing the model of integrated urgent care. Communication with LLR residents, particularly about how to access services and to support people to care for themselves where appropriate, is a critical part of our plans for the Vanguard.

Resource Implications

29. The winter pressures funding of £2 million described above will be used to support the Urgent Care Board improvement plan and includes things such as seven day social work support, additional patient transport to improve discharge and additional input to community services to manage surges in demand.

30. We have received £300,000 so far for Vanguard Programme management in 2015/2016. We submitted an overall funding request of £2.6 million from the national budget of £12million, and will receive notification of non-recurrent resources in 2015/2016 on 24 December 2015.

31. Funding for the Vanguard in 2016/2017 and beyond will be from a combination of non-recurrent pump priming from the central Vanguard allocation and mainstream investment in Urgent and Emergency care from the health and social care partners in LLR. Match

funding from local health and social care organisations will be a condition of any central funding, and there will be further conditions in terms of expectations around implementing the Keogh review.

32. The Vanguard Value Proposition submission made on the 8 January will set out the costs of taking forward the Vanguard work in LLR and our bid for additional funding, supported by evidence of the impact of any non-recurrent funding and the value for the system that will be achieved. There is £40 million national funding for the UEC Vanguards, so on average the Vanguards should receive £5 million each.

Timetable for Decisions

33. The next risk summit is scheduled for 1 February 2016. Progress is monitored in the interim by the TDA and NHS England via the Clinical Oversight Group.

34. The Trust Chief Executive will report orally at the Committee meeting on the Trust's current performance in relation to the matters identified above.

Conclusions/Recommendations

35. Urgent Care services are under intense pressure across LLR as well as nationally at the moment, driven by an increase in demand, particularly at A&E. The urgent care system is experiencing challenges relating to capacity in some parts of the system, particularly workforce. Despite these challenges, we have a well-developed plan for managing the system from an operational system resilience perspective. The Vanguard programme represents our approach to strategic change and service improvement, with accelerated delivery of the future model of integrated care.

Circulation under the Local Issues Alert Procedure

None.

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List of Appendices

Appendix 1: LLR Urgent and Emergency Care Dashboard
Appendix 2: LLR Urgent Care Recovery Action Plan
Appendix 3: EMAS Winter Pressures

Relevant Impact Assessments

Equality and Human Rights Implications

19. The Urgent Care Improvement Plan and Vanguard work pay due regard to equalities including the impact on protected characteristics and vulnerable groups within the population. We have not conducted an Equality and Human Rights Impact Assessment (EHRIA) on the whole vanguard programme to date but will keep this under review and undertake an assessment as and when the workstream proposals are sufficiently well developed.

Risk Assessment

20. The UCB has a risk register covering its work and this is reviewed at each meeting.