Agenda Item 8

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 31 AUGUST 2022

URGENT AND EMERGENCY CARE SYSTEM

REPORT OF THE INTEGRATED CARE SYSTEM AND UNIVERSITY HOSPITALS OF LEICESTER

Purpose of the Report

1. The purpose of this report is to provide the Committee with an update on the performance of the Leicester, Leicestershire and Rutland Urgent and Emergency Care System including the findings of a Care Quality Commission (CQC) report into the system dated 8 July 2022.

Background

2. The CQC undertook system reviews of urgent and emergency care services across England in spring 2022, as services had been and continue to be under sustained pressure. During these visits the CQC carried out a series of coordinated inspections to a range of acute, community, primary and social care services. During these they monitored calls, observed services in action and analysed data to identify how services in a local area work together to ensure patients receive safe, effective, and timely care.

Leicester, Leicestershire and Rutland CQC Inspection

3. The CQC inspected the Leicester, Leicestershire and Rutland urgent and emergency care services in April 2022 and the summary of findings report is attached as Appendix A. In summary, the report identified that the provision of urgent and emergency care in Leicester, Leicestershire and Rutland was supported by services, stakeholders, commissioners and the local authority. It recognised

that staff are working very hard under difficult circumstances. However, it also noted issues around access, demand, staffing and a high volume of admission avoidance pilot schemes may be exacerbating challenges. More details on these are included later in this report.

4. In addition, the inspection of the Emergency Department (ED) at the Leicester Royal Infirmary resulted in a Warning Notice being served, under Section 29A of the Health and Social Care Act 2008 to the University Hospitals of Leicester NHS Trust (UHL). This specific action was in relation to the care they observed for the regulated activity of 'Treatment of Disease, Disorder or Injury' in Urgent and Emergency Services.

Summary of findings and system response to the report

5. Overall, the inspection did not identify anything that system partners were not already aware of or were not already proactively trying to respond to. Health and care partners across Leicester, Leicestershire and Rutland welcomed the review by the CQC and fully accepted its findings.

6. The report acknowledges the challenges we face and recognises the hard work of health and care staff and those in care homes and other services in response to significantly increased levels of demand faced by urgent and emergency care services. Importantly it emphasises the need for a system response with all organisations involved in urgent and emergency needing to play their part to make the necessary improvements.

7. One area of note was the provision of psychiatric liaison services which were found to be well run and designed to meet people's needs. Staff demonstrated effective partnership working with a person-centred approach and good use of alternative pathways to avoid admission into acute or social care services.

8. Specific feedback included:

    a. Staff reported that they had seen an increase in people coming to their services for care and/or treatment;
    b. Some people reported difficulties when trying to see or speak to their GP;
    c. Poor patient flow across health and social care has increased the significant pressure in the emergency department, resulting in long delays in care and treatment;
    d. High number of patients remain in hospital who are medically fit for discharge but remained in acute services;

e. Long delays in ambulance handovers and the impact this has to services further increased the significant pressure on the emergency department;
f. Staff with advance skills didn't always feel empowered, or able to make referrals to alternative pathways;
g. Some staff raised concerns about having enough time to maintain their knowledge and skills.

9. The warning notice issued to UHL indicated that significant improvement was required in the emergency department and across the Trust to ensure service users receive safe and timely care. It specifically set out that improvements were needed in the following areas:

h. medical in-reach and clarity about specialities responsibilities;
i. bed availability;
j. triage;
k. privacy and dignity;
l. staffing levels.

10. Again, whilst undoubtedly disappointed, UHL accepted the warning notice as a fair assessment of a hospital which has been caring for patients with Covid for two years, has very high levels of emergency activity for this time of year, has high waits for elective care and colleagues who are tired.

11. UHL will respond to the CQC directly about some of the points they have raised – particularly in regard to the relationship between safe timely patient discharge from UHL and the Trust's ability to provide timely care to patients in the Clinical Decisions Unit (CDU) at Glenfield and the Emergency Department at the Leicester Royal Infirmary.

12. All partners have an action plan in place which focuses on reducing unnecessary attendances; improving patient flow across the system; and enabling patients to be seen in the right place first time, which we have further strengthened to address the recommendations in the CQC report.

13. Patients rightly expect high standards and quality of care and we, as a system, are fully aware of the need to drive the necessary improvements for patients. Our priority is that local people should be confident that their journey through the services should be as smooth as possible from the moment they access them.

Assurance and actions being taken in response to the report

14. System partners continue to work together to improve the urgent and emergency care pathway, and leaders are driving the change at both executive and operational meetings.

15. In addition, Leicester Leicestershire and Rutland is being supported by national leaders and regional teams who have undertaken visits and continue to provide guidance on the work underway. These visits have acknowledged the challenge the system faces and the steps being taken to address difficult and complex issues, whilst at the same time identifying areas that require further focus to improve the pathway for patients that access them.

16. Some of the multi-agency improvement work underway will:

    m. provide a more consistent care offer of short-term support for people in the community;
    n. establish criteria-led-discharge to enable more timely discharges from the wards;
    o. enable more co-ordinated discharge teams, to include, adult social care;
    p. facilitate adult social care and specialist nurses to support appropriate discharge of people that need a step-down placement.

17. UHL has undertaken additional specific actions in response to the warning notice. These include:

    q. an increase in medical in reach provision to the emergency department
    r. refresh and relaunch of the UHL Interprofessional standards, with training on e-referrals;
    s. clarification of medical responsibility for patients accepted by a speciality but awaiting a bed;
    t. revised triage process with simple streaming to the onsite Minor Injuries and Minor Illnesses (MIaMI) unit.

18. Specific examples of actions being taken across the system include:

- We have opened Urgent Treatment Centres (UTCs) across LLR, some with walk-in access. UTCs are GP-led, open at least 12 hours a day, every day, offer appointments that can be booked through 111 or through a GP referral, and are equipped to diagnose and deal with many of the most common ailments people attend A&E for. UTCs help ease the pressure on hospitals, leaving other parts of the system free to treat the most serious cases.

- Initiatives to reduce, where medically appropriate, ambulance conveyance to the emergency department. EMAS has a clinical assessment team in the 999-control room consisting of nurses, mental health professionals and paramedics who conduct further clinical

assessments of patients over the phone to help identify the best place for them to receive medical help, without requiring an ambulance

- Maximise the use of community-based alternatives where these are the right place for patients. The Integrated Care Response service is an innovative partnership between health and social care partners which is dramatically reducing the level of unscheduled hospital admissions amongst frail and older people, many of whom have suffered a fall at home. The service offers a 24/7, 365-day solution that responds to patients within two hours of a call from a home or referral by a GP.

- Expansion of the Pre-transfer Clinical Discussion and assessment scheme (PTCDA): Led by geriatricians and GPs, a discussion takes place between all relevant parties when a care home resident is at risk of hospitalisation to explore safer alternatives and a package of support

- Detailed focus on improvements to discharge processes to ensure all support is in place to support safe and timely discharge for patients. This includes the use of integrated discharge teams which bring together people from different services to plan and manage the discharge of individual patients.

- Same Day Emergency Care (SDEC) is the provision of same day care for emergency patients who would otherwise be admitted to hospital. Patients presenting at hospital with relevant conditions are rapidly assessed, diagnosed, and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided.

Quality and Safety monitoring

19. The impact of poor experience and/or harm to people who access the urgent and emergency care pathway is monitored through clinical incidents, complaints and harm reviews alongside performance data.

20. One of the biggest, most immediate and most visible indicators for an urgent and emergency care system in distress is long delays for ambulance handovers. Partners in the Leicester, Leicestershire and Rutland system continue to work to achieve improved ambulance handover times and stop people waiting on the backs of ambulances with an agreed objective of zero handovers over 30 minutes by 1st September 2022. This is deemed an important step in decreasing unacceptable risks across the pathway.

21. During periods when the system is under greatest pressure the Clinical Executive meet to provide oversight and consideration of the level of clinical risk. In doing so it risk assesses solutions put forward to mitigate patient flow issues and patient harm, and the group considers and takes responsibility for supporting less palatable solutions and positive risk taking when required.

22. A multi-agency Patient Safety Risk Summit is planned for September 2022 will provide clinicians and professionals a chance to look again for the greatest opportunities to improve the services for local people.

Conclusion

23. System partners continue to work together to improve the urgent and emergency care pathway for the people of Leicester Leicestershire and Rutland. The impact of the changes continues to be monitored closely by the System Flow Partnership and Integrated Care Board.

24. The UEC pathway and the system has support and oversight at a local, regional, and national level, and finding solutions remains a key priority. The next steps include

- Focus on practical actions that will have most impact;
- The UEC Pathway Patient Safety and Risk Summit in September 2022;
- Updating and aligning pathway improvement UEC plans;
- Continue to work with and accept support from NHS England.

Appendices

Appendix A – Summary of Care Quality Commission Inspection Report dated 8 July 2022

Appendix B – Full Care Quality Commission Inspection Report dated 8 July 2022

Officers to Contact

Rachna Vyas – Chief Operating Officer, NHS Leicester, Leicestershire and Rutland Integrated Care Board.
rachna.vyas@nhs.net

Julie Hogg, Chief Nurse, University Hospitals of Leicester NHS Trust
Julie.hogg@uhl-tr.nhs.uk