

**HEALTH AND WELLBEING BOARD: 7 JANUARY 2015**

**REPORT OF WEST LEICESTESHIRE CCG**

**URGENT AND EMERGENCY CARE UPDATE: WINTER PERFORMANCE AND VANGUARD**

**Purpose of report**

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

**Link to Better Care Together**

<b>Workstream</b>	<b>Relevance</b>	<b>Workstream</b>	<b>Relevance</b>
Maternity, neonates, children and young people		Mental health	
Long term conditions		Frail and older people	
Urgent care	Y	Planned care	
Learning disabilities		End of life	

**Background**

**Winter Pressures and Current Performance**

2. The 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 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% 4 hour standard at UHL is 90.2%, with 70.4% of patients being treated in under 4 hours in the week ending 20<sup>th</sup> December. 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), and LLR were asked to resubmit the action plan on 11<sup>th</sup> December, 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.

4. The Care Quality Commission (CQC) made an unannounced inspection to UHL on the 30<sup>th</sup> November, and as a result issued a section 31 rectification notice requiring UHL to take action in relation to nursing staffing levels and 15 minute assessments of patients presenting in the Emergency Department.
5. In response to the level of performance pressures within LLR and the outcome of the CQC visit, a Risk Summit relating to University Hospital Leicester was held with NHS England and the TDA on the 18<sup>th</sup> December. The key areas of risk that triggered the risk summit were:
  - Patient triage and risk assessment within the Emergency Department;
  - Competence of staff undertaking clinical assessment in the Emergency Department;
  - Management and escalation of the deteriorating patient within the department, including patients who trigger for the Systemic Inflammatory Response Syndrome (SIRS) criteria;
  - Delayed ambulance handovers at the Emergency Department.
6. All key partner agencies were represented at the summit. In addition to the above risks, the summit also focussed on the level of demand presenting at UHL's Emergency Department and the management of inflow of patients.
7. It was agreed that a range of actions are already being undertaken both by UHL and across the LLR health system, and progress has been made. Some further actions were identified; some of these were for UHL individually, others in association with health partners (such as the TDA, Care Quality Commission, East Midlands Ambulance Services NHS Trust and the Leicester, Leicestershire and Rutland System Resilience Group), and some for individual NHS organisations attending the risk summit. Actions covered the following areas:
  - Demand
  - Ambulance handover
  - Quality governance
  - Workforce
  - Management of sepsis
  - Paediatric assessment

The LLR Urgent Care Board leads will report back to the TDA and NHS England prior to a follow-up risk summit to be held at the end of January.

### **Urgent and Emergency Care (UEC) Vanguard**

8. In July 2015 LLR was successful in bidding to become one of 8 UEC Vanguards nationally. The Vanguards will take 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.
9. 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 Urgent and Emergency Care service across the system, including mental health parity of care and 7 day services as key planks for the delivery of the vision.

- 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.

### Strategic Aims of the Vanguard

Aim	Description	Objective
<b>Reduced duplication and fragmentation of services, simplification of patient pathways</b>	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	<ul style="list-style-type: none"> <li>Improved patient outcomes and experience</li> <li>Patient receives the right care in the right place at the right time</li> <li>Decreased costs to the health economy</li> <li>Improved system resilience</li> </ul>
<b>Aligning providers to work towards common system goals</b>	Service offers that blur organisational boundaries and enable patient care to be wrapped around the patient not constrained by organisations	<ul style="list-style-type: none"> <li>Improved patient outcomes and experience</li> <li>Patient receives the right care in the right place at the right time</li> <li>Decreased costs to the health economy</li> <li>Improved system resilience</li> <li>Integrated clinical governance</li> <li>Integrated workforce plans</li> </ul>
<b>System Management</b>	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	<ul style="list-style-type: none"> <li>Improved patient outcomes and experience</li> <li>Patient receives the right care in the right place at the right time</li> <li>Decreased costs to the health economy</li> <li>Improved system resilience</li> </ul>

- 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 of 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.
- 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. We will specify and procure a range of services as an integrated offering, linking providers into a same day response network comprising general practice, home based acute visiting and crisis response services, community nursing services, Older People's Unit and Urgent Care Centres, to provide an

extended delivery service, which provides streamlined urgent care 7 days a week, 24/7. This will be underpinned by care planning and record sharing.

### **Leicester Royal Infirmary (LRI) Front Door**

14. 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 Urgent Care Centre, Emergency Department or back into primary/ community services. The project scope covers the streaming service and Urgent Care Centre as a 'single front door'. In early 2016 the new Emergency Department floor layout opens at LRI. The work carried out by this project is essential in ensuring that the use of the reconfigured estate, clinical resources and pathways has the best possible outcomes for patients, the A&E service and the wider system.

### **Mental Health**

15. 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.

### **7 day services (acute hospital)**

16. 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. This work will link to the development of the community urgent care model so we have consistent and complimentary delivery of care on each day of the week.

### **Contracting for Transformation**

17. Using our experience of Alliance contracting we will develop a new urgent and emergency care 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**

18. 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 (1 above) and to provide direct information to the public about service pressure and waiting times to enable informed choices.

## **Proposals/Options**

19. 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 require a first draft of the Value proposition for the 8<sup>th</sup> January with a final draft on the 8<sup>th</sup> February.

## **Consultation/Patient and Public Involvement**

20. Healthwatch are involved via the Urgent Care Board. 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**

21. Winter pressures funding of £1.88m has been committed in 2015/2016 by the Urgent Care Board against a range of schemes to manage demand for urgent care both in community settings and within UHL. The funding will be used to support the Urgent Care Board improvement plan described in 3.1 above and includes things such as 7 day social work support, additional patient transport to improve discharge and additional input to community services to manage surges in demand.
22. We have received £300K so far for Vanguard Programme management in 2015/2016. We submitted an overall funding request of £2.6m from a national pot of £12m, and will receive notification of non-recurrent resources in 2015/2016 on 24/12.
23. 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.
24. The Vanguard Value Proposition submission made on the 8<sup>th</sup> 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 £40m national for the UEC Vanguards, so on average the Vanguards should receive £5m each.

### **Timetable for Decisions**

25. The LLR System Resilience Group will be asked to agree the high level content of the Vanguard Value Proposition on 4<sup>th</sup> January.

### **Conclusions/Recommendations**

26. 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.

### **Officer to Contact**

Tamsin Hooton, LLR Director of Urgent and Emergency Care  
Email: Tamsin.hooton@lccrodds.nhs.uk

## **List of Appendices**

APPENDIX 1: LLR URGENT CARE RECOVERY ACTION PLAN

APPENDIX 2: LLR URGENT AND EMERGENCY CARE DASHBOARD

## **Relevant Impact Assessments**

### **Equality and Human Rights Implications**

27. 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 equalities impact assessment 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**

28. The Urgent Care Board has a risk register covering its work and this is reviewed at each meeting.