

# REPORT

## TOGETHER A HEALTHIER FUTURE TRANSFORMATION PROGRAMME

<b>Reporting Group:</b>	<b>System Leaders' Forum</b>	
<b>Meeting Date:</b>	<b>January 2018</b>	
<b>Report Title:</b>	<b>Pennine Lancashire A&amp;E Delivery Board January 2018, Chair's Report</b>	
<b>Agenda Item:</b>		
<b>Purpose:</b>	<b>To receive and comment</b>	√
	<b>For approval and sign off</b>	
	<b>For discussion and recommendations</b>	
<b>Author:</b>	<b>Kevin McGee</b>	

### 1.0 Introduction and Purpose

Formal meetings of the Pennine Lancashire A&E Delivery Board (AEDB) have been taking place since November 2016. The AEDB has a remit to provide oversight to a system-wide response around A&E

The purpose of this report is to provide an update to system leaders and, through them to partner Governing Bodies, on areas of AEDB focus over the last month. It is presented to members for information and any feedback is welcomed.

### 2.0 Background

The AEDB provides assurance to the Pennine Lancashire system, NHS England and Improvement that action is being taken system wide to support the delivery of the key performance measures connected to the Urgent and Emergency care (U&EC) system. The PL AEDB is part of the wider STP infrastructure around Urgent and Emergency care with governance arrangements through the Urgent and Emergency care network (UECN). The key barometer measure for local U&EC system performance is for patients to be seen, treated, and admitted or discharged in under four hours within A&E, but there are a number of other important and related areas that support this standard such as delayed transfers of care, ambulance response and handover. Planning was initially against the Rapid Implementation Guidance (RIG) aimed at A&E improvement but there have recently been a number of both local and national developments that have resulted in a review of the key focus areas for improvement and the development of a revised AEDB delivery plan.

### 3.0 Update on Developments

#### 3.1 Emergency Care Pathway Transformation Programme

Members of AEDB were provided with an update on work being undertaken for the emergency care pathway transformation. Over the next three years ELHT are looking to undertake a comprehensive redesign of the front door services at Royal Blackburn Hospital (RBH).. This will include a transformation of Royal Blackburn Hospital (RBH) and Burnley General Hospital (BGH) Urgent Care Centres (UCC) into Urgent Treatment Centres (UTC) and enhancing the ambulatory care function with a Medical Triage Unit (MTU) during 2017/18. This stage includes tranche one of the national roll out of UTCs with RBH UCC and BGH UCC being part of the 150 designated national UTCs by December 2017. This will be a nominal re-branding of the service at present and further work to understand the future design and delivery model will be required as part of the planning for tranche 2 delivery of UTCs.

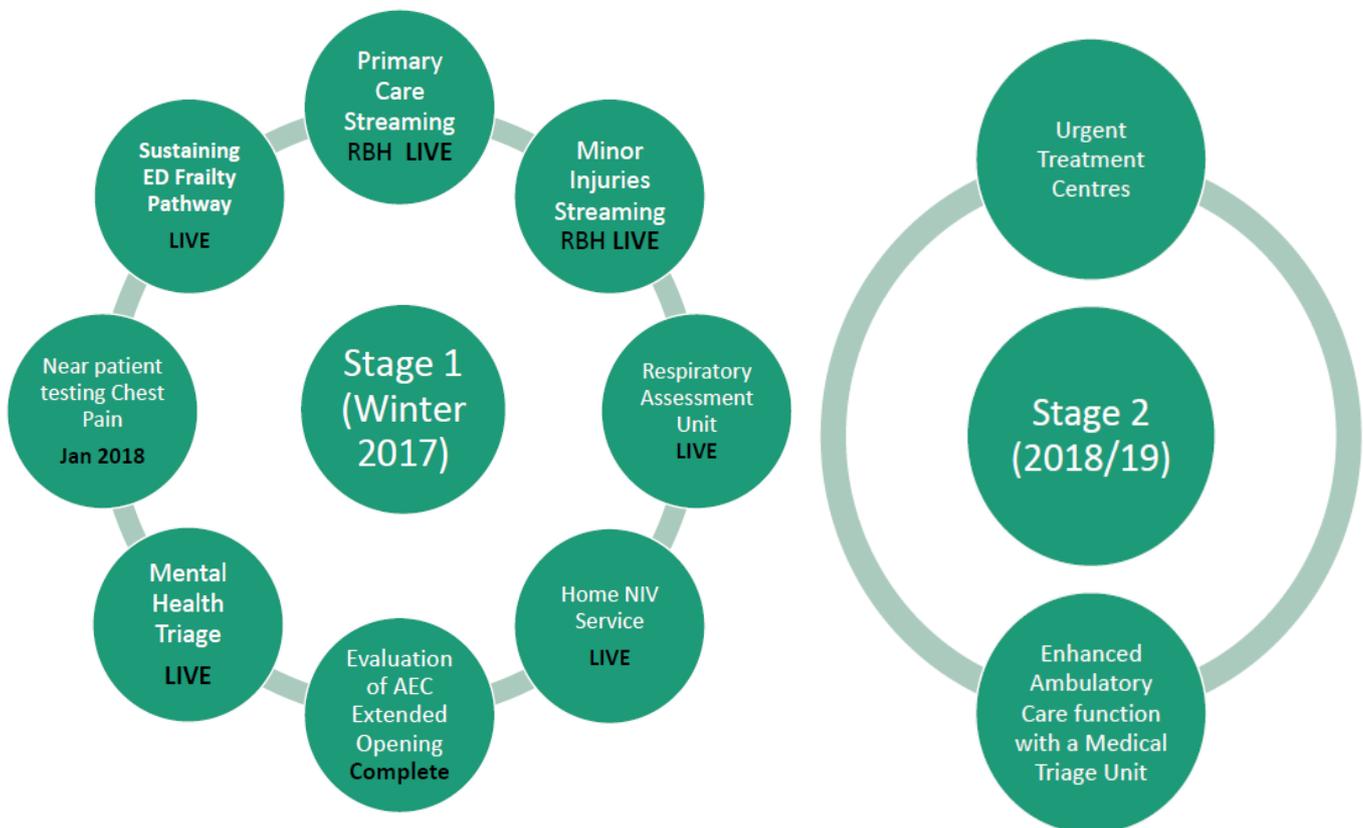
# REPORT

As part of Tranche two of the national roll out of UTCs, there will be a need to consult with partner organisations and the local population in early to mid 2018 to determine the overall optimal number and location of UTCs by considering the following factors:

- Population need
- Workforce constraints for UTC and co-located services
- Travel and access
- Affordability

A task and finish group has been established to oversee the development of the UTC options.

Part of the proposed redesign of the Emergency Care Pathway front door services at ELHT will be to deliver an integrated Acute Medical Unit including a Medical Triage/Ambulatory Emergency Care Function which will be located in close proximity to the Emergency Department at RBH therefore creating the first stage of an Emergency Care Village.



It is recognised that although elements of the model have been progressed to support winter resilience, wider dialogue and clinical engagement for the overall final model will be required. This will be progressed in the next few months. Leaders should note that a capital fund to support the re-design has been awarded to the area by NHS England.

### 3.2 Winter Communications

Members of AEDB were provided with a detailed communication and engagement social media report from September to December 2017. NHS Blackburn with Darwen Clinical Commissioning Group (CCG), NHS East Lancashire CCG and East Lancashire Hospitals NHS Trust (ELHT) have very active social media channels. This increasing use of social media throughout all sectors of society allows us to

# REPORT

interact effectively and directly with service users, stakeholders and communities and reach those people who may not otherwise engage.

Messaging has focused on staying well this winter, childhood flu vaccination campaign, self-care, avoiding A&E unless absolutely necessary and alternative services for patients to access.

A range of 'in-house' videos have been produced to encourage parents and guardians to vaccinate their child against flu hence protecting the whole family. These have been multi-disciplinary and have involved GPs, school nurses, practice nurses, parents and children. These posts are reaching thousands of people and generating hundreds of interactions including 'likes', shares and comments.

## **3.3 Escalation Plans and Winter Update**

### **3.3.1 Pennine Lancashire Escalation Plans**

Members of the AEDB approved the Health and Social Care Escalation Draft Plan 2017/18. The purpose of the escalation plan is to describe the arrangements in place to enable the system to manage day to day variations in demand across the health and social care system as well as the procedures for managing significant surges in demand.

The framework provides a consistent and co-ordinated approach to the management of pressures within Pennine Lancashire's urgent and emergency care system where local escalation triggers have already been applied and yet the pressure on capacity and the need to mitigate against the possibility of compromising patient care require additional support from other service providers including those which cross CCG and Area Team boundaries. Individual organisations are expected to manage the escalation and de-escalation processes at a local level.

Escalation measures include the use of whole system teleconferences to co-ordinate a tactical response to an escalating situation and these will be managed by the Urgent care team based in the CCGs on behalf of the AEDB, but can be requested by individual organisations. The scheduling of these is part of business as usual systems resilience processes or when deemed necessary.

The Escalation framework has been developed from NHS England and ELHT guidance and policy and includes the four distinct OPEL (Operational Pressures Escalation Levels).

## **3.4 Stocktake of Current Position**

All members of the AEDB provided a brief update on their organisations current position

### **3.4.1 ELHT**

ELHT had been running at OPEL level 3 through the Christmas and New Year period and though activity patterns were unusual and there was an impact on overall 4 hour performance levels, the system responded well with the pressures.

Consultants were asked to cancel all non-clinical tasks in order to help increase daily ward rounds to twice a day and all routine activity was reviewed to ensure resources could be targeted at the emergency pathway.

It was highlighted that ambulance conveyances did increase over this period and work on understanding this data will be required for future winter planning.

# REPORT

Relationships and partnerships played an important role in dealing with the pressures. In particular through Home First, Discharge to Assess, Frailty and Mental Health pathways.

Complex case list was kept to a minimum throughout the holiday period. Current figures show that DToC levels are down and stretch targets are being met.

The Tactical Control room helped the Trust to respond to surges in demand in real time and allowed for forward planning.

## **3.4.2 LCFT**

LCFT had experienced an increase in activity but this was as expected. The services have been working at 'gold command' levels and aim to continue to do so until February 2018. Work with Integrated Discharge Teams is progressing and staffing levels have been managed well through the Christmas and New Year period. A SITREP report is completed and shared with ELHT on a daily basis.

## **3.4.3 Out of Hours and Primary care**

Blackburn with Darwen and East Lancashire out of hour's services saw a significant surge in activity on 23 December, such that pathfinder services were suspended for a period. The service was busy across the whole Christmas and New Year period but coped with other activity surges. Additional capacity was in place in line with previous years, but the activity spike prior to Christmas was unusual in comparison to other years and it is suggested that the fact that Christmas Day fell on a Monday affected activity over the preceding weekend.

## **3.4.4 Blackburn with Darwen Borough Council**

Blackburn with Darwen Borough Council confirmed that staffing issues were resolved prior to the start of the holiday period. During this time reablement levels were maintained and interim results are showing an improvement on last year. Home First staffing vacancies will be filled by February 2018.

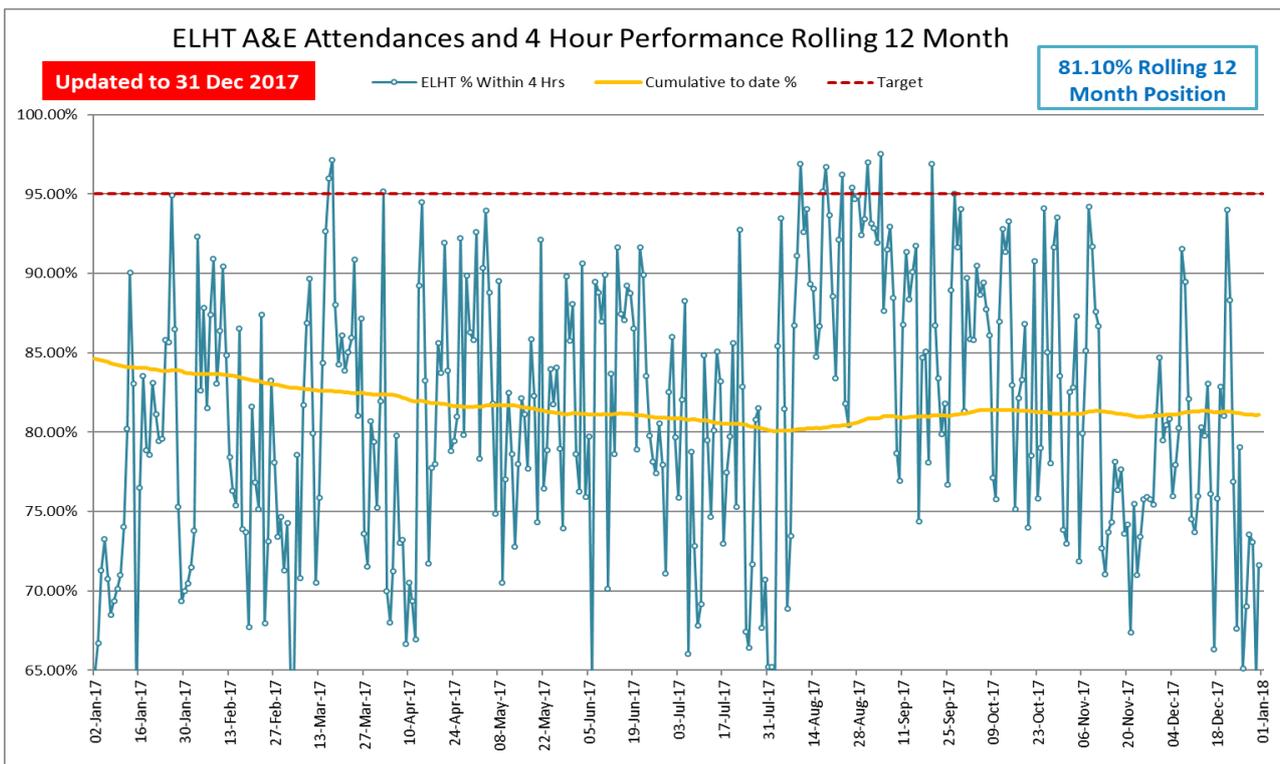
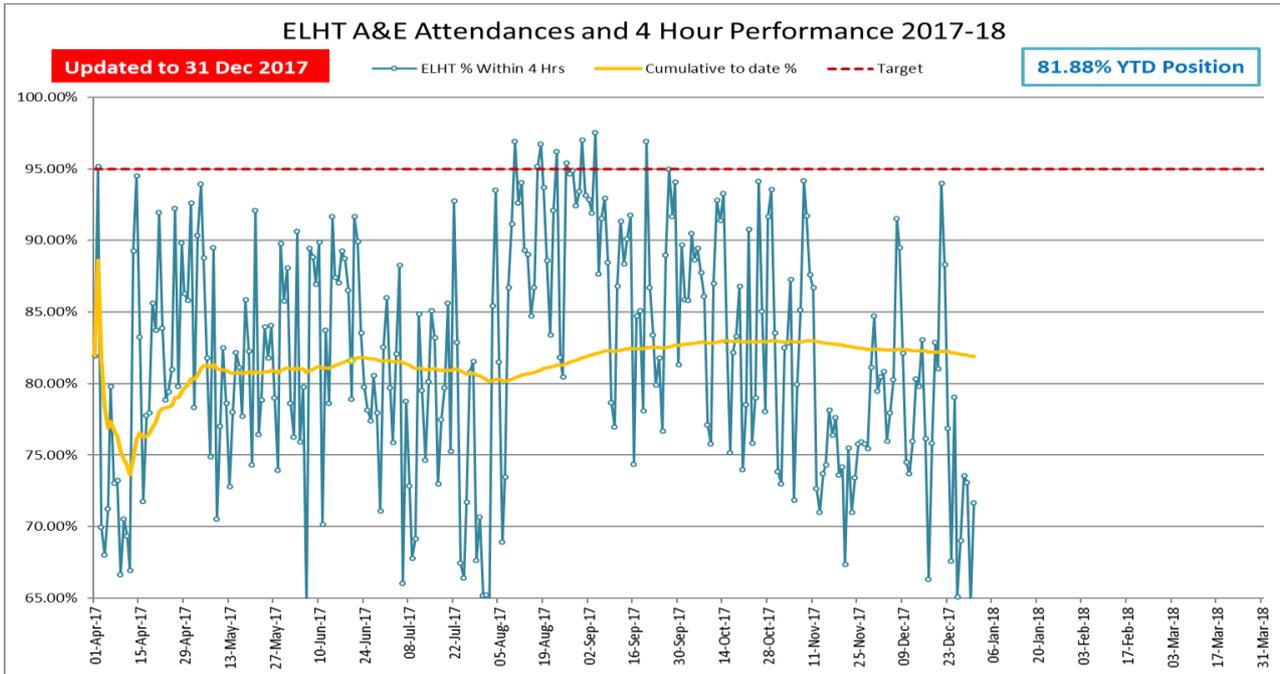
## **3.5.5 Lancashire County Council**

Social work staffing and Care provision remained robust over the Christmas and New Year period and sufficient Crisis service support was available to support the Home First pathway.

Though there has been a pressure on 4 hour A&E performance, members of the AEDB agreed that Pennine Lancashire has shown resilience to the pressures faced during Christmas and New Year. This is after a number of years of creating growth and stability in order to make changes in care packages and this is now starting to be translated in the DToC position and will help to reduce the 4 - 12 hours waiting times, length of stay, direct assessment and simple discharges.

## **3.6 A&E 4 Hour Performance 2017/18 Year to Date**

# REPORT



## 4.0 Recommendations

Members of the SLF are requested to note the content of this report, provide any comments and raise any questions to the Chair of the Pennine Lancashire A&E Delivery Board.

**Kevin McGee**  
Chair, Pennine Lancashire A&E Delivery Board  
Chief Executive, East Lancashire Hospitals Trust

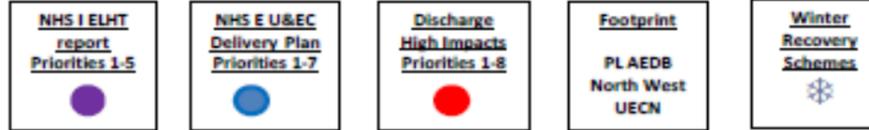
Appendix 1 – AEDB Delivery Plan

ACCESS (SRO ALEX WALKER, DEPUTY ELIZABETH FLEMING)		
999	The ambulance service will offer a more equitable and clinically focused response that meets patient needs in an appropriate time frame with the fastest response for the sickest patients.	5 North West
	PL deliverables 2017/18: <ul style="list-style-type: none"> <li>Sustainable 7 day falls car for 2018/19 (March 2018)</li> <li>Sustainable 7 day Ambulance Liaison Officer for 2018/19 (March 2018)</li> <li>Programme of work relating to improved handover position (March 2018)</li> <li>Develop a plan of action to ensure appropriate healthcare professional utilisation of emergency vehicles (February 2018)</li> <li>Support and monitor the development of the Ambulance Response Programme (March 2018)</li> <li>Monitor the implementation of NWS Care Home triage tool, commenced in Oct 17, as an alternative to 999 (ongoing)</li> </ul>	PL AEDB
111	Throughout 2017 we will be testing innovative new models of service that enable patients to enter their symptoms online and receive advice online or a call back.	1 North West
	We will continue to develop the response patients receive when they call 111. By the end of 2017/18 the percentage of calls receiving clinical advice will exceed 50%.	2 NW PL AEDB
Integrated Urgent Care	Standardise access to 'Urgent Treatment Centres' through booked appointments via NHS 111. These facilities will have an increasingly standardised offer - open 12 hours a day and staffed by clinicians, with access to simple diagnostics	4 PL AEDB
	PL deliverable 2017/18: <ul style="list-style-type: none"> <li>Conclude draft modelling regarding number and locations of UTCs in Pennine Lancashire (January 18)</li> <li>Develop key elements of delivery plan for designation of UTCs (December 2017)</li> </ul>	PL AEDB

FLOW (SRO JOHN BANNISTER, DEPUTY TONY MCDONALD)		
Discharge Process Review	The systematic implementation of the national SAFER patient flow bundle. The implementation of the ECIP red and green day improvement tool should be a key focus area for the organisation under the 'model ward' roll out.	1 1 PL AEDB
	PL deliverables 2017/18: <ul style="list-style-type: none"> <li>Standardisation of Board/ ward round processes across all wards using standardised checklist approach (Dec 17)</li> <li>Develop standardised process for identification and monitoring of EDD and link to Criteria Led discharge (April 18)</li> <li>Roll out of Red2Green best practice across all wards and establish appropriate audit framework (Dec 17)</li> </ul>	PL AEDB
7 Day Clinical Service	PL deliverables 2017/18: <ul style="list-style-type: none"> <li>Implementation of priority acute standards</li> </ul>	PL AEDB
Clinical Flow Restructure	PL deliverables 2017/18: <ul style="list-style-type: none"> <li>Undertake monthly evaluation across the system to inform how to proceed with the mobilisation plan for Patient Flow and Site Management Team to inform further development (Jan 18)</li> <li>Review of all breaches attributed to Trust Flow (from Sep 17 onwards) to inform mobilisation plan and ongoing monitoring of recovery trajectory data (Nov 17)</li> <li>Audit and improvement on compliance with agreed escalation processes at a specialty and trust level (Dec 17)</li> </ul>	PL AEDB
	PL deliverables 2017/18: <ul style="list-style-type: none"> <li>Review utilisation of NWS PTS resources and reduce usage and associated costs with private PTS ambulance (July 17 - Nov 17)</li> </ul>	PL AEDB

Notes:  
\*LGA, ADASS, NHS E, DH, ECIP, Monitor and NHS I. Managing Transfers of Care between Hospital and Home.

Pennine Lancashire A&E Delivery Board  
Plan on a Page – December 2017



PRIMARY CARE ACCESS (SRO SHARON MARTIN, DEPUTY COLLETTE WALSH)		
Primary Care Access	By March 2019 patients and the public will have access to evening and weekend appointments with general practice.	3
	PL deliverables 2017/18: <ul style="list-style-type: none"> <li>Delivery of extended primary care access in Hyndburn Locality (November 2017)</li> <li>Progress plans to deliver extended primary care access in East Lancashire (to commence Oct 17 for March 2019 completion)</li> </ul>	

DISCHARGE AND RECOVERY (SRO ALEX WALKER)		
Discharge Management	We will speed up the assessment process and ensure that patients are sent home as soon as possible and if home is not the best place for their immediate care, they will be transferred promptly to the most appropriate care setting for their needs.	7 PL AEDB
	PL deliverable 2017/18: <ul style="list-style-type: none"> <li>Enhanced Health in Care Homes. Roll out of red bag scheme in 2017-18 as part of Enhanced Health in Care Homes model. Wider EHCH delivery overseen as part of Vanguard delivery across Pennine Lancashire.</li> </ul>	8 PL AEDB
	PL deliverables 2017-18: <ul style="list-style-type: none"> <li>Discharge to Assess - Home first. Agree a home first principle and deploy a 'movement' campaign to engage staff, patients, carers and loved ones. It is essential that behaviour and attitudes from every stakeholder is focused on 'home first' thus preventing deconditioning associated with prolonged unnecessary inpatient stays. Starting from a pilot of 2 patients a day, progress to 50 patients a week across the whole of Pennine Lancashire by October 2017</li> <li>Discharge to Assess - CHC pathway. Move to 85% of CHC triggers and MDTs taking place outside an acute hospital setting by 2018 through the delivery of Discharge to Assess pathways in alternative care setting for further assessment (March 2018)</li> </ul>	2 7 4 6 PL AEDB
	UECN deliverable 2017-18: <ul style="list-style-type: none"> <li>Delivery of Home of Choice policy. Agree and sign off the Home of Choice policy developed across Lancashire and South Cumbria. Use the patient documentation, undertake staff training and agree funding streams to support delivery of the policy (1<sup>st</sup> October 2017)</li> </ul>	7 UECN
Intermediate Care	PL deliverable in 2017-18: <ul style="list-style-type: none"> <li>Develop a single integrated model of IDS to support the Discharge from Acute setting, Home First, Discharge to assess and Intermediate care pathway by winter 2017. Will support 7 day working across the Discharge pathway (November 2017)</li> </ul>	3 5 PL AEDB
	PL deliverable in 2017-18: <ul style="list-style-type: none"> <li>Review of Intermediate care provision as part of the learning from the diagnostic (March 2018)</li> </ul>	PL AEDB
Community Service Efficiency & Integrated Teams	PL deliverable in 2017-18: <ul style="list-style-type: none"> <li>Evaluate the current models of IHSS and recommend a single model for Pennine Lancashire (April 2018).</li> </ul>	PL AEDB

STREAMING (SRO DR DAMIAN RILEY, DEPUTY NATALIE BROCKIE)		
Emergency Department Continuous Improvement	ED senior leadership team to confirm roles and responsibilities of command/control to reduce known unwarranted variation. A process must be developed to monitor effectiveness and approaches taken by senior Executive leaders to support the team to develop a consistent model.	4 PL AEDB
	PL deliverables 2017/18: <ul style="list-style-type: none"> <li>Mobilise and continuous evaluation of command and control structures e.g. daily breach meetings, co-ordinator roles, consultant-led 2 hourly board rounds (continuous)</li> <li>Sign off and implement revised operational delivery model for RBH UCC which includes primary care and minor injury streaming (Jan 2018)</li> <li>Extend interim management model for Emergency Medicine until end of March 2018 (March 2018)</li> </ul>	PL AEDB
Emergency Care Suite Redesign	Develop a whole-system approach to identifying and managing frailty with an initial focus on delivering early functional assessment in ED and commencing a comprehensive geriatric assessment.	5 PL AEDB
	In Emergency Departments we will develop new approaches prioritising the needs of the sickest patients. Our frail and elderly patients will get specialist assessments at the start of their care and those patients who could be better treated elsewhere, will be streamed away from Emergency Departments.	6 PL AEDB
	PL deliverables 2017/18: <b>Phase One:</b> <ul style="list-style-type: none"> <li>Review options to roll out late evening openings in Ambulatory Care (Jan 2018)</li> <li>Mobilise and continuous evaluation of Respiratory Assessment Unit and Home Non Invasive service leading to interim evaluation (March 2018)</li> <li>Develop and implement action plan to minimise breach reduction through Mental Health Triage (December 2017 and continuous)</li> <li>Commence low risk chest pain pathway at RBH site (Jan 18)</li> <li>Pilot near patient testing for troponin at BGH UCC (start Jan 18 and continuous)</li> </ul> <b>Phase Two:</b> <ul style="list-style-type: none"> <li>Form Steering Group and define preferred clinical models for Urgent Treatment Centres and Medical Triage Unit (January 2018)</li> <li>Define preferred clinical model for Acute Frailty pathway (March 2018)</li> <li>Mobilise tranche 1 UTCs at RBH and BGH sites (March 2018)</li> </ul> <b>Phase Three:</b> <ul style="list-style-type: none"> <li>Options appraisal for the formation of the Emergency Care Suite in 2019/20 (December 2017)</li> <li>Form steering group and complete treasury business case for STP capital funding (March 2018)</li> </ul>	PL AEDB

ESCALATION AND SYSTEM RESILIENCE (SRO KEVIN MCGEE, DEPUTIES JOHN BANNISTER AND ALEX WALKER)		
System Escalation Function	To review organisational/ system escalation plans and create action cards to ensure a consistent approach is applied to managing internal flow across the organisation. The action cards should be monitored and effectiveness evaluated to support continuous improvement. Alongside this: Develop and implement a full capacity protocol at times of heightened escalation.	3 PL AEDB
	PL deliverable in 2017-18: <ul style="list-style-type: none"> <li>Ongoing development of the Pennine Lancashire escalation plan ensuring alignment with national guidance. This escalation plan is to include the teleconference function, Standard Operating Procedures (12 Hour Breach, Diversion and Deflection) and OPEL Framework (December 2017)</li> <li>Review the ELHT escalation plan to ensure this incorporates a full capacity protocol which is implemented at times of heightened escalation (December 2017)</li> </ul>	PL AEDB
	PL deliverables in 2017-18: <ul style="list-style-type: none"> <li>Ongoing monitoring of the process for winter planning for 2017/18 (December 2017)</li> <li>Undertake resilience planning and assurance for peak demand periods e.g. bank holidays, Christmas break, Easter (ongoing)</li> </ul>	PL AEDB