

Reporting Group:	Partnership Leaders' Forum	
Meeting Date:	04 September 2018	
Report Title:	Pennine Lancashire A&E Delivery Board August, Chair's Report	
Agenda Item:	066/18	
Purpose:	To receive and comment	√
	For approval and sign off	
	For discussion and recommendations	Please see also Agenda ref 067/18
Author:	Kevin McGee	

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 partnership 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 infra-structure 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 ICS UECN: Update

The Chair reported that the ICS Board, meeting on 1 August 2018 had approved the establishment of an Urgent and Emergency Care Board which would oversee the local AEDBs with immediate effect. The Board will be chaired by Dr Amanda Doyle and membership will include all Chairs of local AEDBs and wider representation from across the system. The Pennine Lancashire AEDB would in due course review and align its terms of reference and any changes in reporting requirements.

3.2 Winter Planning 2018-19: update

Following a detailed review of the six schemes which have been proposed to support this year's Winter Plan, the AEDB have approved the arrangements, subject to there being an agreement between senior leaders as to how this should be fully funded. Discussions are proceeding and will

be fully reported to the September meeting of the board. Members noted that timely mobilisation of the plan remains at risk and are dependent on this agreement; delays in mobilisation will potentially result in increased costs due to unnecessary reliance on agency and bank staff.

3.3 Discharge Community and Intermediate Care Assessment

Members of the AEDB received a report which outlined the work which has been undertaken following a diagnostic undertaken by Newton Europe in November 2017. This had focused on answering the following questions, and understanding the biggest opportunities within each area as follows:

1. How do we minimise discharge delays (including DTOC) from the acute whilst maximising long term outcomes and managing long term cost pressures?
2. How do we make best use of the available acute and community hospital bed base to minimise costs and maximise long term outcomes?
3. How do we maximise the capacity of out of hospital community teams?

The diagnostic identified that through transformational changes made to patient pathways and how we use beds within the acute hospital and community setting and the capacity and skill set of community teams the following could be achieved:

- Acute Hospital bed delays per year reduce by 17,000, releasing 36 – 47 acute beds – **supporting a move to bed occupancy of <90%**
- Community Hospital admissions per year reduce by 360, releasing 37-62 Community beds – **supporting a transition to more home and community based intermediate care**
- District Nursing and Treatment room capacity increased by 10% - **enhancing the productivity and efficiency of these services**
- The financial 'benefit' for the systems is estimated at £6-£9m per annum – **demonstrating improved value for money and use of resources**

NB All the above assumes no increase in activity / demand due to other factors; therefore the actual reduction of beds / cash will not be at the scale highlighted. It should be recognised that there is a requirement for a shift in resources from realisation of benefits to be reinvested in home based provision.

The Board was advised that changes made over Winter 2017 and Spring 2018, have provided some confidence of impact across the Pennine Lancashire system as outlined in section 6. This supports the plan to further develop the Intermediate Tier including a proposed test of change for Winter 2018 involving the use of Burnley site for winter beds providing close working with the Discharge to Assess pathways.

In considering the report, The Board requested further detailed consideration be given to the resources which could be identified to deliver a comprehensive engagement and step change in provision as well as the timing which would allow the broadest possible engagement with key stakeholders and the general public. Following discussion, the Board noted and supported the recommendation within the paper that there should be a focus in the programme of work on redesign and development of the Intermediate Tier and agreed to recommend to the Partnership Leaders Forum that this programme of work, the concomitant resourcing requirements and a planned test for change of the intermediate provision be approved and that key senior managers who would champion the programme be identified at the outset.

3.4 Mental Health

3.4.1 Following an increase in the number of 12 Hour Breaches in Pennine Lancashire reported to earlier meetings, the Board received a detailed review:

The first breach was in November 2015 and NHSE guidance was followed at that time. To the end of May 2018 there had been 158 breaches over 12 hours; by the end of July 2018 that number had increased to 218.

Discussions followed covering several aspects of mental health services including:

- CAMHS, there are on-going issues and it is felt there should be a further review to this service
- System transformation and the context of mental health
- CORE 24, including patients being conveyed to MHDU rather than ED
- An observation that breaches mainly related to capacity, bed base and long stays, the latter of which needs to be reviewed.

The Chair has requested further work to liaise with the Tyne and Wear Services to reflect good practice arising from their similar experience.

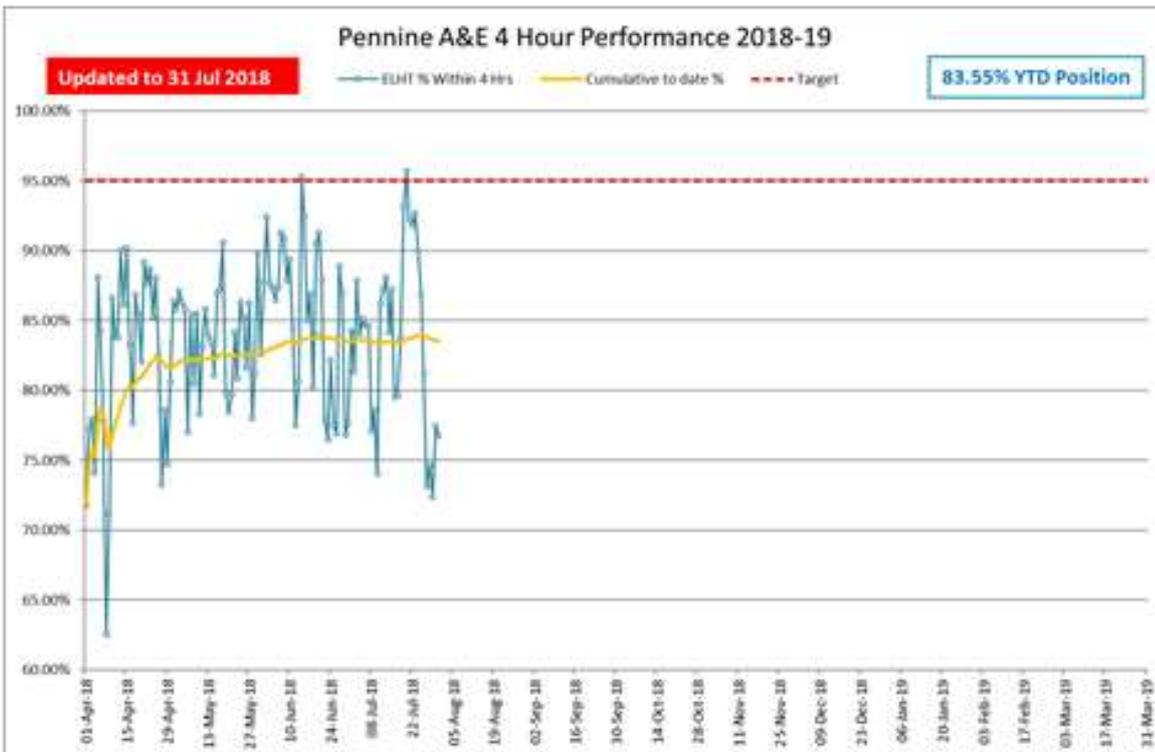
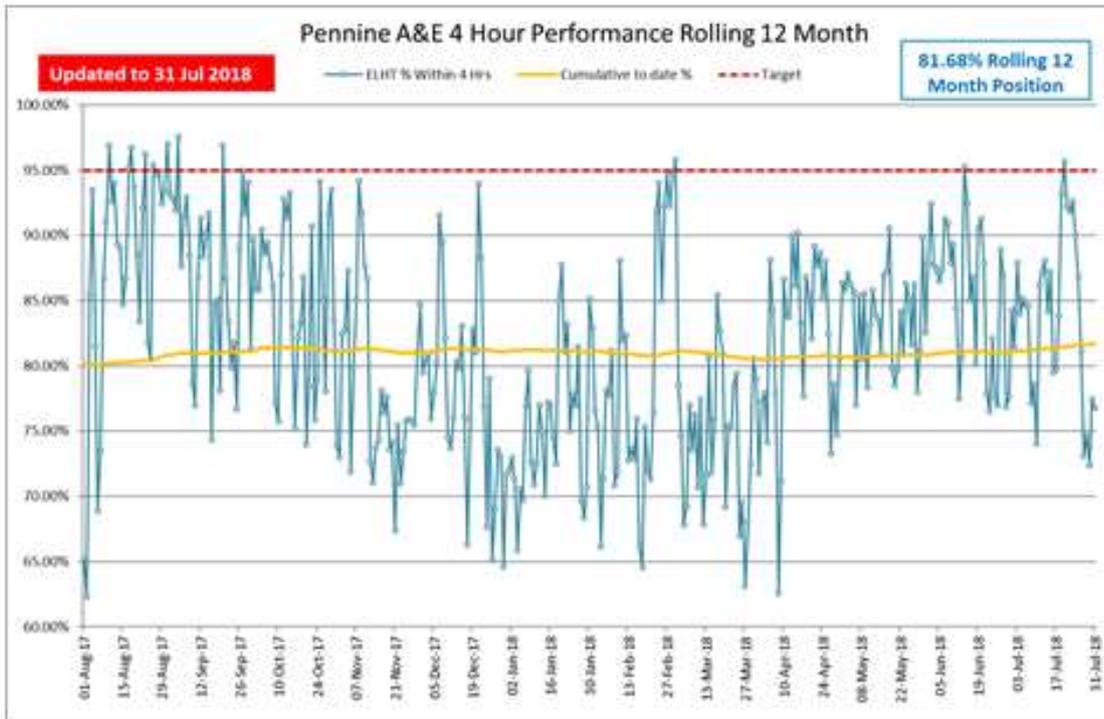
3.4.2 Following an earlier ECIP visit, report and recommendations (Mental Health Deep Dive), the Board was advised that a detailed Action Plan was in the process of being signed off for circulation. With specific reference to actions relating to access criteria to the Mental Health Support Centre and transfers from ED, The Chair requested an immediate meeting to discuss effective implementation of these actions.

3.4.3 Members of the Board received a presentation which assured improvements in the AMHP service provision:

- The Lancashire AHMP Service now operates on a 24hr/365 basis with a night service during 8pm – 8am
- Recruitment of 7 AHMPs is almost complete to support the night service
- The team are working to base AHMP's in Emergency Departments in Preston, Blackburn and Blackpool which will ensure a geographical spread across the footprint.

3.5 A&E Delivery Group Summary Report: Performance Update

The Board received a summary report which indicated key points to be noted with respect to performance against 4 Hour targets, the average bed occupancy and Delayed Transfers of Care (DTOC) to June 2018.



4.0 Recommendations

Members of the PLF 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

REPORT

Appendix A – 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 2018/19: <ul style="list-style-type: none"> Programme of work relating to Improved handover position (September 2018) Develop plan of action to ensure appropriate healthcare professional utilisation of emergency vehicles (November 2018) Support and monitor the development of the Ambulance Response Programme (March 2019) Monitor the implementation of NAWAS Care Home triage tool, commenced in Oct 17, as an alternative to 999 (ongoing) Develop a plan for a Frailty Car Service as an alternative to a hospital admission (November 2018) Develop a plan to operate a Mental Health Car service as an alternative to a hospital admission (September 2018) Development of Acute Visiting Service (AVS) in East Lancashire to support GP services with the aim of preventing hospital admission (November 2018) Development of the Mental Health Decision Unit (MHDU) to enable direct NAWAS access (October 2018) 	2 PL AEDB
111	There will be testing of innovative new models of service that enable patients to enter their symptoms online and receive advice online or a call back.	1 North West
	PL deliverables 2018/19: <ul style="list-style-type: none"> NHS 111 online planned to go live in Lancs & South Cumbria (June 2018) 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	PL deliverables 2018/19: <ul style="list-style-type: none"> Programme of work to review local Directory of Services (DOS) (ongoing) Implementation of direct booking from 111 in to OOHs and Pennine Lancashire Primary Care extended access (September 2018) 	PL AEDB
	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
Clinical Flow and Discharge Process	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 PL AEDB
	PL deliverables 2018/19: <ul style="list-style-type: none"> Increased utilisation of the Discharge Lounge. Target on a daily basis is to have 25% of all discharges to be in the Discharge Lounge by 12pm. (September 2018) Achievement of less than 90% bed occupancy (December 18) Roll out of SAFER bundle to all medical wards, including community wards (August 18) Complete Pj Paralysis 70 day challenge (August 18) Roll out of Criteria Led Discharge across ICG (June 2019) Audit and improvement on compliance with agreed escalation processes at a speciality and trust level (October 18) Review utilisation of NAWAS PTS resources and reduce usage and associated costs with private PTS ambulance (August 18) 	5 PL AEDB
FLOW (SRO JOHN BANNISTER, DEPUTY TONY McDONALD)		
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.	PL AEDB
	PL deliverable in 2018/19: <ul style="list-style-type: none"> Ongoing review and 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 2018) Review the ELHT escalation plan to ensure this incorporates a full capacity protocol which is implemented at times of heightened escalation (Dec 2018) 	PL AEDB
	PL deliverables in 2018/19: <ul style="list-style-type: none"> Ongoing monitoring of the process for winter planning for 2018/19 (December 2018) Undertake resilience planning and assurance for peak demand periods e.g. bank holidays, Christmas break, Easter (ongoing) 	PL AEDB

Pennine Lancashire A&E Delivery Board
Plan on a Page – July 2018

NHS I ELHT
report
Priorities 1-5

NHS E U&EC
Delivery Plan
Priorities 1-7

Discharge
High Impacts
Priorities 1-8

Footprint
PL AEDB
North West
UECN

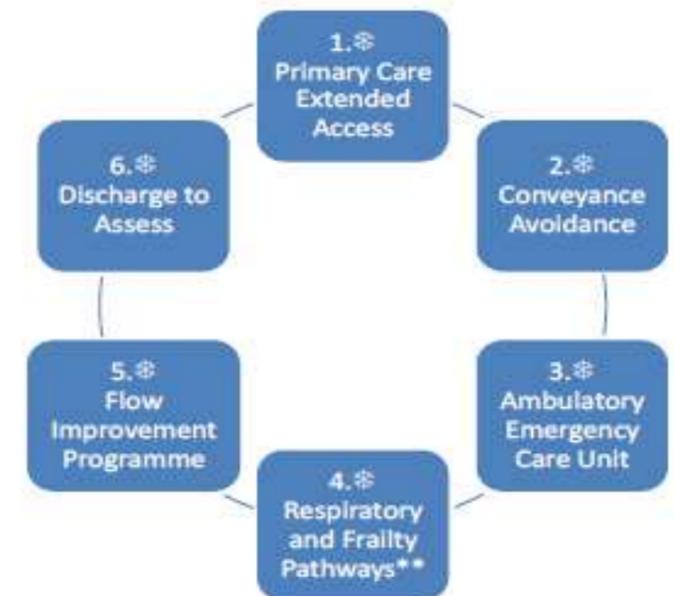
Winter
Recovery
Schemes

PRIMARY CARE ACCESS (SRO SHARON MARTIN, DEPUTY COLLETTE WALSH)		
Primary Care Access	By 1 st October 2018 patients and the public will have access to evening and weekend appointments with general practice.	3
	PL deliverables 2018/19: <ul style="list-style-type: none"> Progress plans to deliver extended primary care access in East Lancashire. 100% coverage across East Lancashire required. (October 2018) 	1 PL AEDB

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 deliverables 2018/19: <ul style="list-style-type: none"> Discharge to Assess - Home first. Continue delivery of a Pennine Lancashire home first principle and deploy a 'movement' campaign to engage staff, patients, carers and loved ones. To sustain a minimum of 50 patients a week and increase utilisation of Home First slots. Discharge to Assess into 24/7 Care Settings. Move to 85% of CHC triggers and MDTs taking place outside an acute hospital setting through the delivery of Discharge to Assess pathways in alternative care setting for further assessment. Shifting assessment for long term need to be within a wider recovery pathway outside of hospital. To reduce the number of stranded and super-stranded patients as a percentage of occupied beds. Initial target is to have less than 158 patients with a length of stay of over 7 days or more. (December 2018) Develop a single integrated model of IDS to support the Discharge from Acute setting, Home First, Discharge to assess and Intermediate care pathway. (April 2019) 	2 7 4 6 PL AEDB 6 3 5 PL AEDB
	UECN deliverable 2018/19: <ul style="list-style-type: none"> 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 (July 2018) 	7 UECN
Intermediate Care	PL deliverable in 2018/19: <ul style="list-style-type: none"> Develop a clear plan to realise the opportunities highlighted by the system diagnostic completed in November 2017 to support a reduction in bed base delivery models. (September 2018) 	PL AEDB
Community Service Efficiency & Integrated Teams	PL deliverable in 2018/19: <ul style="list-style-type: none"> Evaluate the current models of IHSS and recommend a single model for Pennine Lancashire (31st October 2018). 	PL AEDB

ED FRONT DOOR AND 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 2018/19: <ul style="list-style-type: none"> Mobilise and continuous evaluation of command and control structures e.g. daily breach meetings, co-ordinator roles, consultant-led 2 hourly board rounds (continuous) Extend interim management model for Emergency Medicine until September 2018. 	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 2018/19: <ul style="list-style-type: none"> Undertake evaluation of Mental Health Triage Team and review impact on breach numbers. Analyse ECIST Mental Health pathway review (August 2018) Commence near patient testing for low risk chest pain pathway at RBH site (May 2018) Pilot near patient testing for troponin at SGH UCC (May 2018) Form steering group and define preferred clinical models for Ambulatory Emergency Care Unit (formally known as MTU/Admin Corridor) (July 2018) Define opportunities for Respiratory Pathway for Winter 2018/19 (July 2018) Define opportunities for Frailty Pathway for Winter 2018/19 (July 2018) Form steering group and complete treasury business case for STP capital funding (June 2018) 	PL AEDB 3 4

'Big 6' Schemes for Winter 2018/19



Notes:
 *UGA, ADASS, NHS E, DH, ICG, Monitor and NHS I. Managing Transfers of Care between Hospital and Home.
 **Frailty and Respiratory pathways are HWIMPS for Together a healthier Future programme. These groups have separate action plans which are in addition to the AEDB POAP.

