

Excellence in rural healthcare

To:	Trust Board
From:	Mark Brassington, Chief Operating Officer
Date:	
Healthcare standard	Urgent Care Constitutional Standards

Title:	Partnership Working with Lincolnshire Community Health Services										
Author/Responsible Director:	Authors – Susan Ombler, Director of Nursing, AHP and Operations, LCHS and Michelle Harris, Deputy Director of Operations, Urgent Care Responsible Director – Mark Brassington, Chief Operating Officer										
Purpose of the report:	This report will provide the Board with summary of schemes undertaken in collaboration with Lincolnshire Community Health Services (LCHS) which are designed to support the Acute Trust to reduce Emergency Department attendances and onward admission.										
The report is provided to the Board for:	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Decision</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 50%;">Discussion</td> <td style="width: 10%; text-align: center;">X</td> </tr> <tr> <td>Assurance</td> <td style="text-align: center;">X</td> <td>Information</td> <td></td> </tr> </table>			Decision	X	Discussion	X	Assurance	X	Information	
Decision	X	Discussion	X								
Assurance	X	Information									
Summary/key points:	<ul style="list-style-type: none"> ▪ Success of schemes undertaken jointly with LCHS – quantitative and qualitative ▪ The support provided by LCHS to ULHT and the wider urgent care system has been well received and the flexibility of the staff has been appreciated delivering an improved experience for patients this winter. ▪ The system has functioned on lower OPEL levels despite spikes in pressure at Lincoln, Pilgrim or both hospital sites. ▪ Assess the impact on LCHS Capacity ▪ The Impact of removing the resource ▪ Working together differently has established different cross organisational relationships to further build on 										
Recommendations:	<ul style="list-style-type: none"> • Discuss the contents of the paper and determine the impact of resource removal from 31st March 2019. 										
Strategic risk register	Performance KPIs year to date										
Resource implications (eg Financial, HR)											
Assurance implications											
Patient and Public Involvement (PPI) implications											
Equality impact											
Information exempt from disclosure											
Requirement for further review? No											

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1.0 Introduction

Lincolnshire Community Health Services delivers integrated urgent care services 24/7. The service works across building based urgent care, (including Urgent Care Streaming), 24/7 Home Visiting and Clinical Assessment Service (CAS).

Following the initial risk summit LCHS agreed a plan to provide resources to Pilgrim ED, the delivery of frailty support services and additional services/projects to support a reduction of conveyances, attendances and admissions at the Boston site. As a result LCHS committed to providing additional resources for 5 schemes to enable admission avoidance, care closer to home and reduced ambulance conveyance.

The schemes are:

- CAS for Care Home Expansion
- Increased Radiology Services at Skegness
- Increased Radiology Services at Spalding
- E-Consultants
- Boston Support Team for ED Streaming and Frailty

This paper will explore each scheme in terms of the ambition/scope, benefits and impact. It is important to note that all of the additional resourcing associated with these schemes cease on 31 March 2019.

2.0 CAS for Care Home Expansion

The ambitions with this scheme were to enable and improve the ability of our care homes to manage their residents locally and avoid an ED conveyance:

Target of switching 5 homes with 5 conveyances daily which would have the impact of a reduction of 25 conveyances per month - achieved.

The pilot of 80 homes continued to be supported by CAS from the previous CAS for care homes pilot and data analysis of care home admissions and conveyances was explored to identify high conveyance homes which could be swapped with low users.

5 new homes from the Boston PE postcode area were added as part of the winter scheme on the 9th Jan; a further 35 homes were offered the use of CAS from the 1st February. Activity will be reviewed at the beginning of March to determine the impact of increasing activity without increased funding. If there is safe capacity to expand further then an additional 40 homes will be offered the use of CAS which will bring the total of 160 homes.

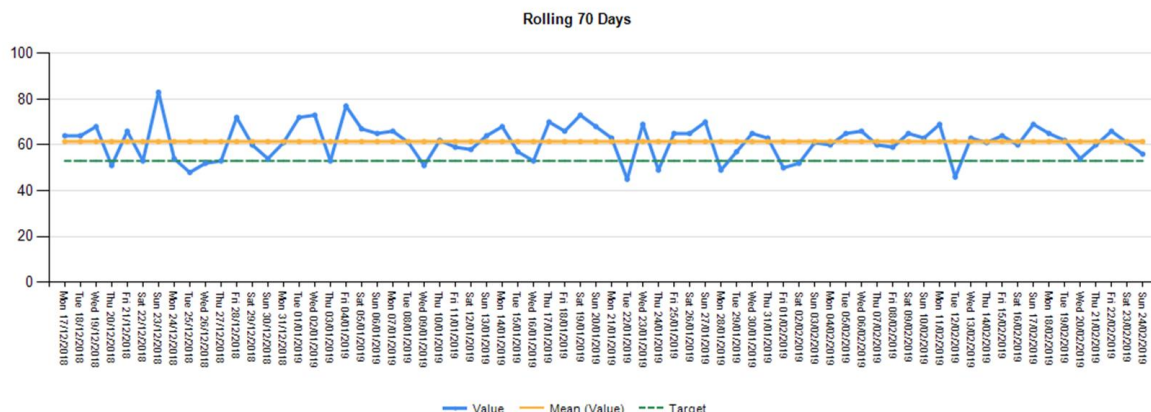
1.8 WTE band 6 practitioners have been recruited to provide dedicated support to this additional demand using BCF monies.

In Jan 2019, 84 % of care home cases handled by CAS were diverted away from ED and currently the figure for Feb 2019 is demonstrating that 91% of cases have been diverted away from ED.

We recognise that the CAS for care homes has attracted significant activity and enabled 9 out of 10 patients being diverted away from ED during February to date. However ambulance conveyance remains within historical variation although the extremes of variation have reduced. Pilgrim is seeing on average 62 ambulance conveyances per day with a target of 53.

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Number of daily ambulances to Pilgrim Hospital



Attendances to Pilgrim ED from care homes remains within normal variation. Each month there are c. 150-160 attends from care homes, c.5/day.

Based on the last 6 months, 95% come by ambulance and 50% are discharged directly from ED or on the same day as being admitted. Therefore there is further scope for us as a system to impact on this cohort of attendances.

3.0 Increased Radiology Services at Skegness

The ambition of this scheme was to reduce attendances at Pilgrim Emergency Department by 100 patients per month - achieved.

The scheme was to extend Radiology provision at weekdays to 9.00am – 10.00pm and 10.00am – 6.00pm on Saturday and Sundays. The increased hours of radiology access mean that patients who would ordinarily have been sent to Boston Pilgrim diagnostics were managed locally. This went live 31st December 2018.

The table below details the activity figures for the radiology service at Skegness

Week	Date	No. of X-Rays during original hours	No. of X-Rays during extended hours	% Increase
1	31/12 - 06/01	36	21	58.30%
2	07/01 - 13/01	33	32	97.00%
3	14/01 - 20/01	30	31	103.30%
3	21/01 -27/01	39	30	76.90%
4	28/01 - 03/02	27	36	133.30%
5	04/02 - 10/02	31	35	112.90%
		196	185	94.40%
Grand Total of X-Rays		381		

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The extended radiology service has been successful at keeping activity within the Skegness Urgent Care Centre delivering on the expected increased activity of 100 patients per month during the extended hours period. Despite this success the numbers of patients attending Pilgrim ED remains within normal variation and above our target of 121.

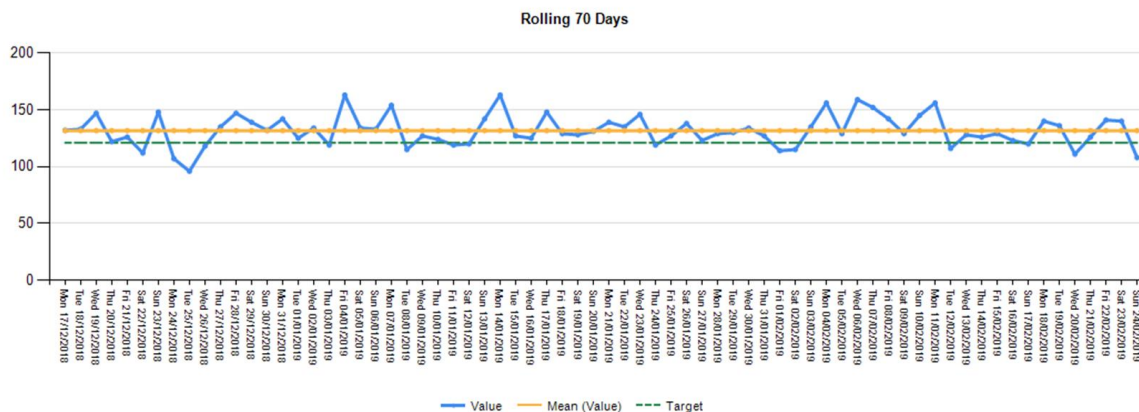
The scheme also worked with EMAS and the staff at Skegness Urgent Care Centre (UCC) to redirect pathfinder negative patients from EMAS to maximise local delivery.

The table below demonstrating the alternative pathways provided through CAS with EMAS offering an alternative conveyance point of community hospital, Urgent care centre or remain at home for home visit – by week from 24th December 2018 to 24th February 2019.

CAS - ED Dispositions	117	86	89	95	103	102	101	91
CAS - EMAS CAD	122	117	116	121	131	99	110	118
CAS - EMAS on Scene	46	33	31	38	29	37	45	38
CAS - Green Card	30	26	11	20	16	10	17	9
Total CAS Activity (for info only)	3,222	2,548	2,118	2,406	2,520	2,300	2,410	2,414

New pathways have been established within LCHS Community Hospitals to provide assessment chairs with access to therapy during the in-hours period to support admission avoidance. Additional support has also been added from our community hospital staff to support patients needing re-dressings, removal of sutures and in some cases catheter support. All additional pathways were communicated to all staff and in place from 9th January 2019.

Daily attends treated by Pilgrim ED – Excludes Streaming



4.0 Increased Radiology Services at Spalding

The ambition of this scheme was the reduction of attendances at Boston by 10 per week. The scheme, similar to Skegness was to extend radiology provision at weekends 9.00am – 4.30pm and avoid redirecting patients to Boston Pilgrim and also offering a new local service option. Unfortunately, the scheme has not progressed due to an inability to resource radiographer support from ULHT or agencies. Mobile services were also explored but also considered not viable. This remains under constant review based on the availability of staffing.

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5.0 E-Consultations

The ambition of this scheme was to complete 10 e-consultations per day, with 9 not requiring any onward referral. Performance in January 2019 was 91% of e-consultations closed at CAS, with onward referrals being to Urgent Care services, not ED.

During the pilot the hours of delivery were extended to 24/7 and the scope widened to all patient cohorts. Within a period of 4 weeks, 45 consultations were undertaken. The pilot was ended early on 31st January 2019 to allow the LCHS procurement process to be completed.

6.0 Pilgrim Hospital Support Team

The Pilgrim Hospital support team is formed by a core set of skilled practitioners and commenced on 7 January 2019. Their key areas of focus are clinical support to the Emergency Department, clinical contribution to the frailty pathway development and to improve quality of and access to streaming.

Impact upon ED:

- LCHS have supported 390 hours of nursing shift cover within the department which had contributed to safe staffing levels
- Contribution to ED Quality improvement plan by 3 LCHS 8a Leaders

Impact upon Frailty:

- LCHS have supported 150 hours of nursing shift cover within the frailty pathway
- 187.5 hours of Physiotherapy input provided across frailty and the Emergency Department
- 200 hours of Occupational Therapy input provided to the frailty service
- LCHS co-produced the frailty standard operating procedure for PHB
- Due to ULHT workforce challenges, the ring fenced frailty beds have currently ceased so LCHS support is across the site
- Example of impact- LCHS staff discharged 6 patients identified for admission to hospital from the ambulatory frailty service within one day

Urgent Care Streaming:

- UC Streaming is now consistently performing above the trajectory of 525 per week to stream 25% of all attends and is playing a pivotal role in supporting ED performance
- In January, 26% of all ULHT ED attendances were streamed by Urgent Care between 8am and 11pm
- Total streamed patients from ED in January 2,330 (12.6% increase against December 2018 and 22.6% increase against November 2018)
- 90% of all cases were closed and managed within Streaming in January 2019
- Breach compliance of UC Streaming was 99.7% in January 2019.

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The table below demonstrates Streaming Performance.

		April	May	June	July	August	September	October	November	December	January
BOSTON	Attendances	383	435	424	491	602	827	827	828	936	1,090
	Breaches	5	2	0	0	0	0	1	5	3	3
	>95% Discharged Within 4hrs	98.7%	99.5%	100.0%	100.0%	100.0%	100.0%	99.9%	99.4%	99.7%	99.7%
	Closed at Streaming	91.8	91.72%	92%	89.61%	91.03%	92.38%	92.74%	93.84%	91.03%	90.37%
	Returned to A&E	8.3%	8.1%	8.5%	10.2%	8.5%	6.4%	6.4%	5.7%	7.9%	8.0%
	Left Before Treatment	0.0%	0.2%	0.0%	0.2%	0.5%	1.2%	0.9%	0.5%	1.1%	1.7%
	Discharge Letters Sent <24hrs	86.2%	85.1%	94.5%	87.3%	86.2%	86.9%	94.1%	87.3%	90.5%	93.6%

		April	May	June	July	August	September	October	November	December	January
LINCOLN	Attendances	912	1,125	987	1,024	993	988	1,081	1,071	1,133	1,240
	Breaches	14	3	7	0	0	1	2	3	0	20
	>95% Discharged Within 4hrs	98.5%	99.7%	99.3%	100.0%	100.0%	99.9%	99.8%	99.7%	100.0%	98.4%
	Closed at Streaming	88.8	90.22%	88%	91.50%	90.23%	87.75%	89.55%	88.52%	88.26%	87.98%
	Returned to A&E	10.2%	8.9%	10.7%	7.6%	9.4%	11.2%	9.1%	10.1%	10.9%	10.2%
	Left Before Treatment	1.1%	0.9%	1.0%	0.9%	0.4%	1.0%	1.4%	1.4%	0.9%	1.3%
	Discharge Letters Sent <24hrs	99.0%	99.9%	99.8%	92.7%	95.0%	97.2%	96.7%	95.1%	99.1%	97.6%

		April	May	June	July	August	September	October	November	December	January
TOTAL	Attendances	1,295	1,560	1,411	1,515	1,595	1,815	1,908	1,899	2,069	2,330
	Breaches	19	5	7	0	0	1	3	8	3	23
	>95% Discharged Within 4hrs	98.5%	99.7%	99.5%	100.0%	100.0%	99.9%	99.8%	99.6%	99.9%	99.0%
	Closed at Streaming	89.7%	90.7%	89.2%	90.9%	90.5%	89.1%	90.9%	90.8%	89.5%	89.1%
	Returned to A&E	9.6%	8.7%	10.1%	8.5%	9.0%	9.0%	7.9%	8.2%	9.5%	9.1%
	Left Before Treatment	0.8%	0.7%	0.7%	0.7%	0.4%	1.1%	1.2%	1.0%	1.0%	1.5%
	Discharge Letters Sent <24hrs	95.2%	95.8%	98.2%	91.0%	91.8%	92.5%	95.6%	91.8%	95.2%	95.7%

The Urgent Care Streaming Service continues to grow both in activity levels and scope of patient seen. Workforce development plans currently being delivered will result in all UCSS staff being competent in both treatments of injury and illness by May 2019.

7.0 Impact on LCHS Capacity

The impact on LCHS as a result of supporting with additional resource is as follows:

- As with all NHS services Urgent care has been impacted by seasonal illnesses that have impacted upon our staffing levels. The additional stretch applied to teams has also resulted in some reduced performance and delayed areas of service improvement internally. However, resilient planning has ensured that all Urgent Care service have been maintained and fully operational throughout winter while experiencing increased activity in all service areas. (There was one incident that resulted in a diverted patient to ED as a result of staffing pressures that was not authorised and this was fully investigated).
- Community Hospital and Transitional Care bed capacity has been carefully managed, with a proactive approach to capacity creation prior to the first weekend in January when historical data demonstrated we would see the greatest demand. Since this, our occupancy levels have been >90%.
- Average Length of stay in Community Hospitals and Transitional Care beds has been proactively managed and is 13.2 days in January 2019 as a result of our focus on system wide patient flow.
- LCHS Delayed Transfers of Care (DToC) has fallen to the lowest figure for 1 year of 3.77% in January 2019. A result of implementing new protocols with our partners at LCC. This is despite the fact that we take stranded patients waiting for packages of care during times of escalation resulting in inherited DToC.

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The support provided by LCHS to ULHT and the wider urgent care system has been well received and the flexibility of the staff has been appreciated delivering an improved experience for patients this winter. As a result the system has functioned on lower OPEL levels despite spikes in pressure at Lincoln, Pilgrim or both hospital sites.

8.0 Removal of Resource

Most of the support in place is scheduled to be withdrawn by the end of March 2019 and the exit planning between organisations is now underway. The impact on LCHS both in operational performance and workforce wellbeing has been managed and risk mitigated in agreement with the LCHS Trust board.

At the Urgent and Emergency Care Delivery Board there was recognition that withdrawal of key shared services at the end of March needed to be planned to avoid impact on patient care and system urgent care performance.

There was commitment at this meeting by all system partners that key services such as Frailty service, HART and LIVES would be expanded where possible and continue with underspent winter funding to enable system partners to finalise service models and associated business cases.

If resources are available it is likely the extended radiology will continue and Spalding extended radiology will continue to be under consideration. The workforce teams will be withdrawn from ULHT in time to support the Easter holiday; the busiest time of the year for LCHS with historic activity raises of up to 400% in community and urgent care services.

LCHS have also offered training and development to ED and a delivery plan has been agreed

Assessment documents, key community contacts and guidance on frailty management have been put in place for ULHT in order to assure sustainability going forward.

There are plans underway to review discharge pathways and to more succinctly embed discharge to assess pathways, led by the community trust working with ULHT and LCC staff differently. The work will drive to build greater community ownership of patients and establish locality based gateways to support patient flow. This work is due to commence in March 2019.

9.0 Summary

Following the Pilgrim ED risk summit a number of actions were put in place including those discussed within this paper by LCHS in order to support the Pilgrim Hospital site. Despite the actions being successfully delivered as agreed and having the desired impact in terms of volume of contacts / disposition this has not, to date, demonstrated a material impact upon the desired metrics of ambulance conveyance, ED attends or Non-Elective Admissions via ED.

10.0 Recommendations

The Board is asked to note the content of this paper, acknowledge the impact that this work has demonstrated over a very challenging period.

Consideration needs to be given regarding the impact on the acute Trust of the removal of these resources on 31 March 2019.