URGENT & EMERGENCY CARE (UEC)

SYSTEM PRIORITIES & KEY DELIVERABLES

OBJECTIVE To improve and simplify our urgent and emergency care services, developing a financially sustainable 24/7 system that delivers the right care in the right place at the right time for all of our population. To support delivery of the aims of the local UEC strategy and ensure alignment with areas outlined in the NHS Long Term Plan there are four key areas of project delivery which provide the structure for our deliverables.

PROGRAMME DELIVERABLES		Lead Org.	2019/20			
			Q1	Q2	Q3	Q4
Self-care/self-management & prevention	**Support local system implementation of the national NHS App with NHS 111 online and the Lincolnshire ASAPLincs App Interface.** Enabling triage and direct appointment booking into both primary care and urgent care settings and provision of consistent online advice and guidance. Direct Appointment Booking milestones set by NHSE throughout 2019/20.	LECCG	■	■	■	■
	Maintain level of NHS 111 calls that result in self care advice with no further action (20%).	LECCG	■	■	■	■
	Directory of Service Alternative online patient pathways for professionals working in hear and triage services including those commissioned by health or care organisations and also links to wider services/support groups that facilitate self-care. These services delivered by the voluntary sector and by groups of volunteers are accessed via Connect to Support Lincolnshire. https://lincolnshire.connecttosupport.org/	LECCG	■	■	■	■
Access to the right advice first time for urgent and emergency care needs ("Hear and Treat")	**Local Integrated Urgent Care (IUC) Service Specification** developed in line and beyond national specification - to begin from April 2019. To incorporate wider delivery of Urgent Treatment Centres by December 2019 within this specification (see out of hospital section). IUC Service mobilised by lead provider against updated specification (from Apr 2019 UTC Services mobilised across providers against specification (by December 2019)	LECCG	■	■	■	
	Workforce To widen the skill set and competencies of the workforce in hear and treat services against national career frameworks for Integrated Urgent Care as well as employing specialist posts such as prescribing pharmacists who can work on rotation through hear and treat and see and treat service areas.	LECCG	■	■		
	Interim commissioning targets established for EMAS contract set regionally for 2019/20 and influence 2020/21 negotiations.	LECCG				■
	Stakeholder co-design as the IUC services mobilise (sessions throughout the year)	LECCG	■	■		
	Integrate service delivery between hear and treat service provision – connect single points of access across physical, mental health and social care services. This work incorporates community pharmacies (direct prescriptions). Digital access to hear and treat services (video-consultation) and care home collaboration to enable staff to directly access the Clinical Assessment Service for advice and guidance	LECCG		■	■	

PROGRAMME DELIVERABLES		Lead Org.	2019/20 Q1	Q2	Q3	Q4
Urgent care out of hospital. Seeing and Treating in community settings and at home	**Urgent Care Home Visiting workforce** - Develop a long term plan for a workforce model for an integrated team including acute outreach/community nursing teams/mental health community teams/adult care social work community teams/voluntary sector teams e.g. HART and Wellbeing Service.	LECCG			■	■
	A minimum of 5 Urgent Treatment Centres (UTCs) will be established at community hospital sites and integrated with existing A&Es (development from our Urgent Care Streaming Service which is already in place at Lincoln County and Boston Pilgrim hospitals). Progress of UTCs is dependent upon the outcome of public engagement during spring and summer of 2019	LECCG	■	■	■	
	Standard operating protocols developed to support teams in UTCs to work in partnership with GP Access Hubs and individual general practices.	LECCG	■	■		
	Mental Health Programme Connection to ensure that UTC/A&E settings are appropriately linked with developing mental health services throughout their transformation in both acute and community mental health services.	LECCG				
	Frailty - Develop working between UTC/A&E frailty services (e.g. establishment of acute frailty service consultants) to community based frailty services to ensure appropriate connectivity for seamless patient pathways.	LECCG	■			
	Intermediate Care Provision review – in collaboration with integrated community teams and adult care teams.	LECCG				■
Redesign urgent and emergency care service delivery in acute	**COMMUNITY HOSPITAL URGENT TREATMENT CENTRE (UTC)**	LECCG				
	Long term workforce plan in line with national UEC workforce blueprint for UTCs as integrated teams with acute/community/mental health/adult care.	LECCG	■	■		
	Standard Operating Policies/integrated contracting arrangements to facilitate the consistency of clinical models between sites and maximise the ability of clinical take to support reduction in the requirement for patients to need to go to UTCs/A&E e.g. improved access to diagnostics (X-ray and point of care testing).	LECCG	■	■		
	UTC/A&E TEAMS LOCATED AT EMERGENCY DEPARTMENTS	LECCG				
	Workforce model agreed for the single Lincs Urgent and Emergency Care (A&E + UTC team)	LECCG	■	■		
	Review arrangements at all three acute sites following public engagement and/or consultation where required through the 2019 Healthy Conversation (incorporating the results of the Acute Services Review).	LECCG				■
	Agreement of A&E clinical model in the three acute hospitals (including Same Day Emergency Care).	LECCG				■
	Finance and activity modelling undertaken by commissioners and providers to support service redesign and to affect necessary changes in contract design.	LECCG	■			
	Service model for acutely unwell children in collaboration	LECCG		■		
	Acute frailty service development - delivered for at least 70 hours a week (achieving clinical frailty assessment within 30 minutes of arrival) working between the existing A&E and Urgent Care Streaming Service (future UTC).	LECCG	■			
	"Core 24" mental health team service development - delivered 7 days a week across acute hospital sites working between the existing A&E and Urgent Care Streaming Service (future UTC). To build on the existing	LECCG				■

	referral pathways from A&E into Psychiatric Clinical Decisions Unit (PCDU) to support admission avoidance.					

	PROGRAMME DELIVERABLES	Lead Org.	2019/20 Q1	Q2	Q3	Q4
Redesign urgent and emergency care service delivery in acute (cont)	**SAME DAY EMERGENCY CARE PATHWAYS** *(provision of same day care at least 12 hours a day 7 days a week for patients being considered for an emergency admission).*	LECCG				
	Applied, consistent pathways across all acute sites for SDEC i.e. (direct access bypassing A&E) for patients suitable for Ambulatory Emergency Care (AEC), Maternity/Paediatrics/Gynaecology. There is a review of the ambulatory patient pathway at Lincoln County hospital with support from ECIST colleagues, and an expectation that changes will commence in April 2019. Whilst there is underpinning standards across all of the emergency departments to ensure patients receive evidence based best practice whichever emergency department is used across the Trust, there is separate sub sections of this work stream to address the specific areas of improvement in each of the individual emergency departments. This approach also reflects that they all have slightly different issues and avoids slowing the pace of improvement.	LECCG				
	SDEC hot clinics that work and outreach with community based teams for specific clinical conditions.	LECCG				
	Improving practice and patient care in the assessment functions This involves further development of the existing assessment functions such as ambulatory care as well as introducing new services for example frailty. A proof of concept was undertaken at both Lincoln and Pilgrim hospitals for a frailty service. Although slightly different models, both had a positive impact on admission rates. An integrated service at Pilgrim continues and funding to support this model and associated system level support has been agreed for 2019/20. This work is being supported by ECIST colleagues and their frailty clinical lead. **Site management** Ensuring we have effective capacity management practice and escalation in the delivery of patient flow. Developing sound decision making based on robust information is the focus of this work stream **Ward practice and patient pathways** The agreed overarching model of transformation for the urgent and emergency care improvement programme is based on the NHSI model for 'Safer, Better, Faster' (NHSI, August 2015). Within the acute trust improvement plan, **t**his work stream focuses on the practice of the multidisciplinary team, aiming to develop productive and clinically effective patient pathways, and routine management of patient flow through the SAFER model. The wider hospital needs to work more integrated with the emergency departments and ensure that there is speedy assessment and transfer of patients from the ED and assessment functions. A significant piece of work is underway to review the way we manage and respond to exit block in the ED. **Discharge and system collaboration** With much of the success of urgent and emergency care performance reliant upon flow and discharge, this work stream is heavily focused around stranded patients (LoS >7 days) and super stranded patients (LoS >21 days), red to green and system wide transfer of care. Working in collaboration with system partners this work stream will develop pathways with East Midlands Ambulance Service (EMAS) for early intervention vehicles, hospital avoidance response teams, access to transitional and palliative care beds. Continue to improve internal hospital flow processes in line with national initiatives including:	LECCG				

	A more robust and collaborative relationship exists with external partners	LECCG	■	■		
	Current DTOC performance is 2.4% against the 3.5% standard	LECCG	■	■		
	Introduction of long stay patient reviews with support from ECIST both in terms of resource and methodology	LECCG	■	■		
	(DTOC) patients cohorted into a dedicated area to promote a focused and timely pathway to discharge.	LECCG	■	■		
	Medical outliers are cohorted onto a dedicated area to ensure daily senior review and expedited discharges.	LECCG	■	■		
	Each ward is being held to account for their daily discharge levels and actions taken to deliver these					
	A detailed review of 0 – 1 day LOS on IAC and MEAU					
	Long Stay patients weekly reviews on all sites now being undertaken Early identification of medically fit patients Consistent implementation of Home First principles and transfers of care protocols Co-ordinated integrated discharge team with proactive community 'pull' both from A&E and wards Proactive follow up of patients by Integrated Neighbourhood Working teams for patients who required additional support arrangements for their discharge from hospital and; or Frequent attenders in A&E/frequently admitted to hospital. The improvement approach is using the national Quality Improvement and Service Resign (QiSR) framework aligned with the Trust organisational development programme.					
	Intelligence model This too also incorporates discharge planning by the implementation of the live Care Home Bed Tracker.	LECCG	■			

Outcomes	Key Risks & Mitigation
20% of all 111 calls have a recorded outcome of "self-care" with no further appointment required Change of culture with shared and visible values Effective use of and an increase in the development of alternative patient pathways Efficient use of available workforce that is flexed between sites and across pathways. Improved adherence to the 4 hour A&E NHS constitutional standard Improved effectiveness of telephone triage of patients' urgent care needs leading to reduced demand for see & treat services Improved patient experience of care Improved safety of care with increase in callers receiving enhanced clinical triage Increasing patients seen and treated for urgent care needs in community UTCs without the requirement for ongoing referral to acute hospitals. Patients directly booked from 111 call back into primary care/pharmacy and community teams for ongoing care needs. Reduction in A&E attendances, conveyances by ambulance to A&E; A&E emergency acute hospital admissions; & number of emergency referrals to receiving teams	The system and Acute Trust has been addressing risks associated with poor urgent care performance for a number of years and responding to the CQC inadequate rating of Pilgrim Hospital 30th November 2018. Since the introduction of a shadow divisional structure, a refreshed improvement programme has been devised supported by a governance structure and engagement of key stakeholders. There are plans to invest in an extensive improvement team. Key Personnel have been identified as Senior Responsible Officers to ensure delivery and ongoing compliance with new processes and behaviours. Recognising the work and time commitment to achieve this there has been a recent decision made to have a triumvirate team leading each of the work streams and therefore a manager, clinical and professional lead are being appointed to each work stream to ensure there is additional support for the SRO and delivery of the plan.

Implement ambulatory pathway at pilgrim Implement ambulatory pathway at Lincoln Frailty service development at Lincoln, transferring the learning from Pilgrim Refresh of Red to Green and SAFER model using PDSA cycling Integration of new integrated discharge hub Completion of triage training for all nurses at Pilgrim Reduction in non-elective admissions (NEL) Reductions in Length of Stay (LOS) – particularly to reduce patients admitted and have a zero day LOS and patients who have a LOS of greater than 21 days (super-stranded patients) Shared purpose of clinicians and staff across and within existing organisations To maintain progress made in 2018/19 on Delayed Transfers of Care (DTOC)	The PMO has been established and Associate Transformation Leads are now in post to support delivery and secure sustainability of impact.

URGENT & EMERGENCY CARE (AMBULANCE SERVICES)

SYSTEM PRIORITIES & KEY DELIVERABLES