CUMBRIA HEALTH AND WELLBEING BOARD

Meeting date: 7 February 2020

From: Chair of the Morecambe Bay A&E Delivery Board

INTRODUCTION:

This paper describes the work and progress of the A&E Delivery Board in Morecambe Bay together with an update on Winter 2020 to date.

BACKGROUND:

Over the last 3 years, the ED 4-hour 95% standard for concluding the management of patients within four hours in our emergency department has not been met in Morecambe Bay.

The causes of the problems within the urgent and emergency care system, and the solutions to address them are complex and reflect wider pressures on the NHS and social care across the system. These include

- Increased demand beyond the increased rates seen nationally;
- Increase in the number of ED cubicle hours occupied by mental health patients;
- Continued recruitment issues for sufficient nurses and doctors to work on our wards and departments. This has necessitated multiple bed closures in both acute and community hospitals over the last two years;
- Staffing and sustainability pressures across the care home and social care sector have resulted in increased lengths of stay and delays in discharge from hospital;
- Across the system there is pressure on space to see patients – either in acute hospital or in the community settings. Access to capital is difficult resulting in the continued use of an old and inadequate estate in many areas.
- Adult social care have faced significant financial pressures as well as suffering from staffing shortages and reduced care home provision.

The A&E Delivery Board therefore developed an Urgent Care Recovery Plan for Morecambe Bay health and social care partners to work together to turn this around and improve performance, quality and outcomes for our patients and citizens.

MORECAMBE BAY URGENT CARE RECOVERY PLAN:

The plan is mapped around a broad strategy of developing the health and social care community resource and supporting people to keep well and out of hospital and avoiding admissions where at all possible; improving in–hospital processes in ED and on the wards, and; keeping bed occupancy in the acute sector at an optimum level (85% recommended) through reducing length of stay and improving discharge.

Our approach aims to ensure we build up an urgent and emergency care system which incorporates mental health, the social care sector, primary care, voluntary and community sector, alongside acute and community services. This is key in our current focus on integrated urgent and emergency care.

There are four key priorities of work as follows:

Priority 1: Integrated Urgent Care - supporting patients in the community to maintain their skills and functioning for daily living: In order to provide the best quality care and ensure sustainability of service we need to ensure that A&E departments are used only for those people with more serious or life-threatening needs.

This includes:

- Development of an Acute Visiting Service: a model of provision from January 2020 has been agreed, operating with PDS in north Lancashire – plans still in development for South Lakes
- Urgent Treatment Centre Review: work ongoing to benchmark current performance
- Directory of Service Review: improvements to the service offer descriptions including updating pathways together with additional nurse led and GP led dispositions available

Priority 2: System improvement at the Hospital Front Door and in A&E Departments: The A&E Delivery Board is working on a range of initiatives to improve flow (and therefore occupancy) within ED through effective system working prior to at the hospital front door.

These include improvements around:

- Triage which is now regularly under 15mins as per the standard
- Improved ED clinical floor co-ordination
- Implementation of e-Consult: Full go-live planned in January
- Streaming: Development of new pathways and protocols so patients can be diverted straight to ambulatory care
- Ambulance Handover: Continued oversight of dual PIN and pathway support which is improving performance
- Frailty: Further improvements with one of the Care of the Elderly team now being based within ED at the RLI

Priority 3: Improving patient flow in the hospital - A range of schemes being implemented in the hospital to reduce delays and unclog bottlenecks to improve flow between and within hospital wards and departments.

These include:

- Improvements to identifying and sharing the Expected Date of Discharge and Clinically (Nurse) Led Discharge criteria – this will help identify and therefore plan in advance - including writing and preparation of drugs to take home - for earlier discharge in the day and weekend discharges.
- Improving our discharge profile through the day – the majority of patients go home in the afternoon and evening and we need the profile to shift 4 hours earlier.

A 90-day Rapid Improvement Event is due to commence in the next few weeks with medical and nursing staff and is designed to address these issues.

Priority 4: Improving discharge and rehabilitation in the community – enabling timely and effective discharge with the required support to improve the skills and functioning of individuals for daily living or to receive ongoing care and support for daily living.

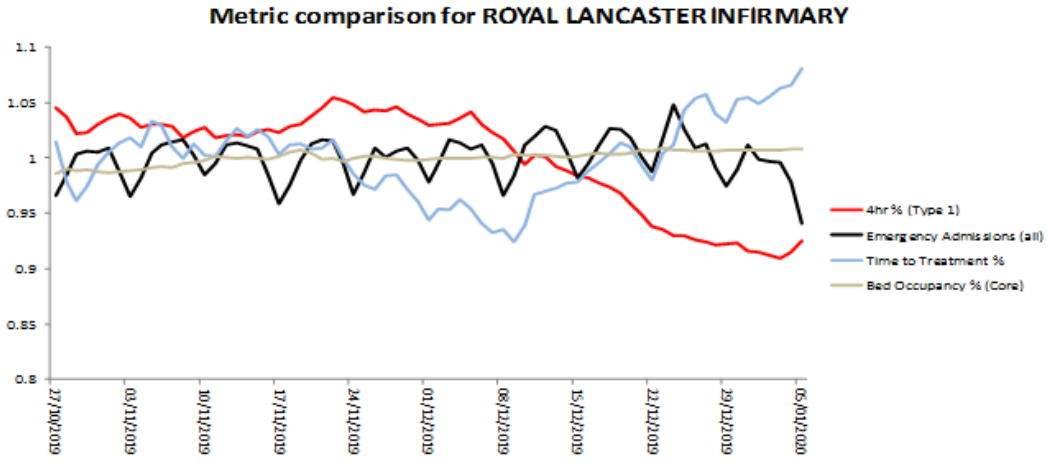
This priority area includes:

- Discharge to Assess – Home First: Daily remobilisation calls are continuing over the winter period. Demand for the pathway - funded via Cumbria IBCF - remains high at both sites and will eventually support WGH.
- Discharge to Assess – pathway 3: patients from the RLI continue to be spot purchased into appropriate care homes for their post acute recovery prior to assessment for long term needs. Places for patients at FGH are also being successfully spot purchased however this does not suit all patients and some patients are delayed in hospital. An interim solution to provide a temporary D2A ward on the FGH is being pursued whilst longer term options are explored.
- D2A Evaluation: The Lancashire and Midlands Commissioning Support Unit are continuing to work on the evaluation of the D2A model – results expected February 2020.
- Domiciliary care and intermediate care: The bridging service provided by UHMB (and with additional NHS E/I funding for winter) continues. Local workshop to be arranged to late February / early March to begin to develop service specifications for Intermediate Care Services – ICAT, Rapid Response and Intermediate Care Beds.
- ICAT/Locality hub development: Initial discussions on the number of hubs required in S. Cumbria to fully determine when pathways and teams have been developed. Strategy needs to be completed; however overarching ICS required to be agreed with CCC.

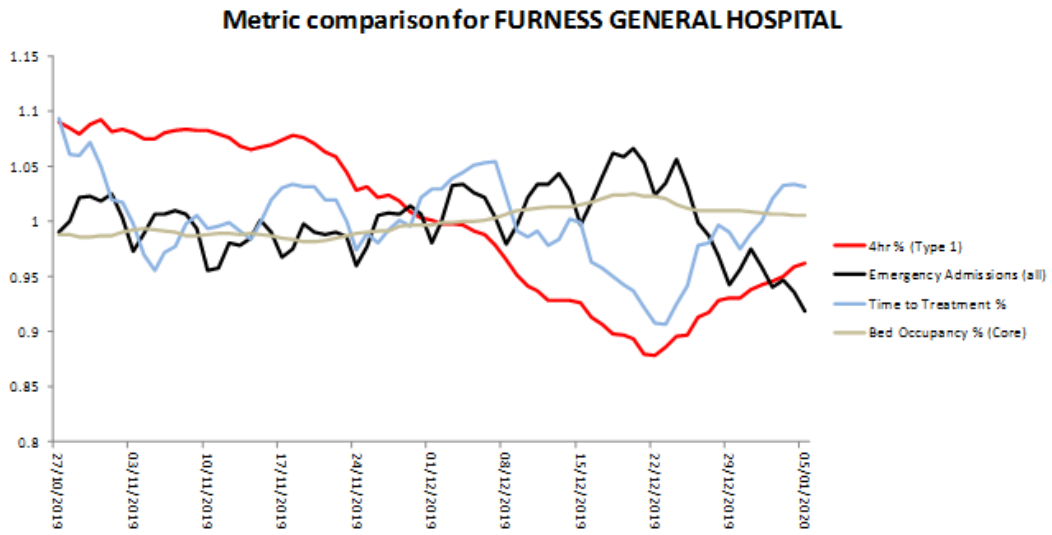
OPERATIONAL PERFORMANCE CHRISTMAS AND NEW YEAR:

The two charts below illustrate the UHMB ED 4-hour performance (category 1 patients only) against emergency admissions and bed occupancy in the run up to and over Christmas and New Year. Despite the great work of the teams on the ground and making improvements through the Urgent Care Recovery Plan, these show a deteriorating position against the 4-hour standard for this period.

Royal Lancaster Infirmary:



Furness General Hospital:



The first half of December was significantly affected by infection with multiple wards closed due to Influenza and/or Norovirus. This restricted the movement of patients on both sites in most specialities and prevented discharge and onwards transfers of care to other receiving services.

The respiratory ward at RLI became a cohort ward for flu and the Surgical Day-Case Unit at FGH was converted into a general inpatient ward due to capacity issues leading to theatre cancellations.

All ambulatory patients at FGH were redirected through ACU due to the number of escalation beds opened in other areas. High levels of infection continued throughout December and by the week commencing 16th over 10 wards were affected. This also affected staffing levels with high levels of sickness across several wards, assessment units and the EDs.

High levels of ED attendances over the Christmas weekend compounded capacity pressures. The review of patients over the bank holiday showed high acuity levels with a number of resus patients allocated to majors and major patients allocated to minors. December saw a total of 37 twelve-hour DTA breaches (13 at FGH, 24 at RLI). With the exception of 4 mental health patients these were all associated with bed waits in the hospital. Over New Year patients presenting with Mental Health resulted in a high number of cubicles occupied in majors at RLI. On some mornings this was up to 60% of Majors capacity at the RLI.

A summary of the Trust ED performance over Christmas and New Year is outlined below:

Week commencing	**FGH**	**RLI**	**Urgent Treatment Centre WGH**	**Trust total**
9 Dec 2019	69%	63%	98%	71%
16 Dec 2019	70%	70%	98%	74%
23 Dec 2019	69%	62%	97%	71%
30 Dec 2019	84%	66%	98%	77%
6 Jan 2020	83%	67%	97%	77%
13 Jan 2020	83%	66%	99%	77%

WINTER REVIEW:

It was agreed that the Morecambe Bay AEDB would do a formal Winter Review process in May 2020 in time for the ICS formal winter review. This is in addition to the March 2020 review of the 4 AEDB Recovery Plan priority areas to ensure they are reflective of future priorities.

February 2020