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**Lancashire Teaching  
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NHS Foundation Trust

# Emergency Care Update

Lancashire County Council  
Health Scrutiny Committee 22 November 2016



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Lancashire Teaching Hospitals  
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# AGENDA

- Response to Health Scrutiny Committee report and recommendations
- NHS Improvement and NHS England independent report
- Chorley Emergency Department mobilisation plan
  - Progress
  - Risks
- Transforming services roadmap
  - Local Delivery Plan (Our Health Our Care)
  - Sustainability and Transformation Plan (Healthier Lancashire and South Cumbria)

1. The Trust should provide the Committee with a transparent, sustainable, realistic and achievable plan for the provision of services at Chorley by 22<sup>nd</sup> November 16

- Fully committed to reinstating the emergency department at Chorley
- Dependent on the right number and level of staff to deliver safe and sustainable care
- Plan to reinstate the Emergency Department 12 hours a day when Urgent Care Centre opens 24 hours on 18 January 2017
- Independent review found reinstating the Emergency Department 24 hours a day “is not feasible”

2. The Trust should provide the Committee with detailed information on how they are addressing their inability to meet the 4 hour target for A&E attendance at Royal Preston Hospital

## NATIONAL ISSUE - INCREASING ATTENDANCE, DETERIORATING PERFORMANCE

“NHS England recorded the **worst performance against the target since 2003**, with 90.3% of people attending A&E being seen within four hours in Q1 2016-17”  
Health Service Journal, September 16

“There were over **90,000 more A&E attendances** in September 2016 compared to the same month last year.”  
NHS England November 2016

“the performance of an A&E department is almost wholly dependent on its relationships with the other departments of the hospital and other providers in the health economy.”

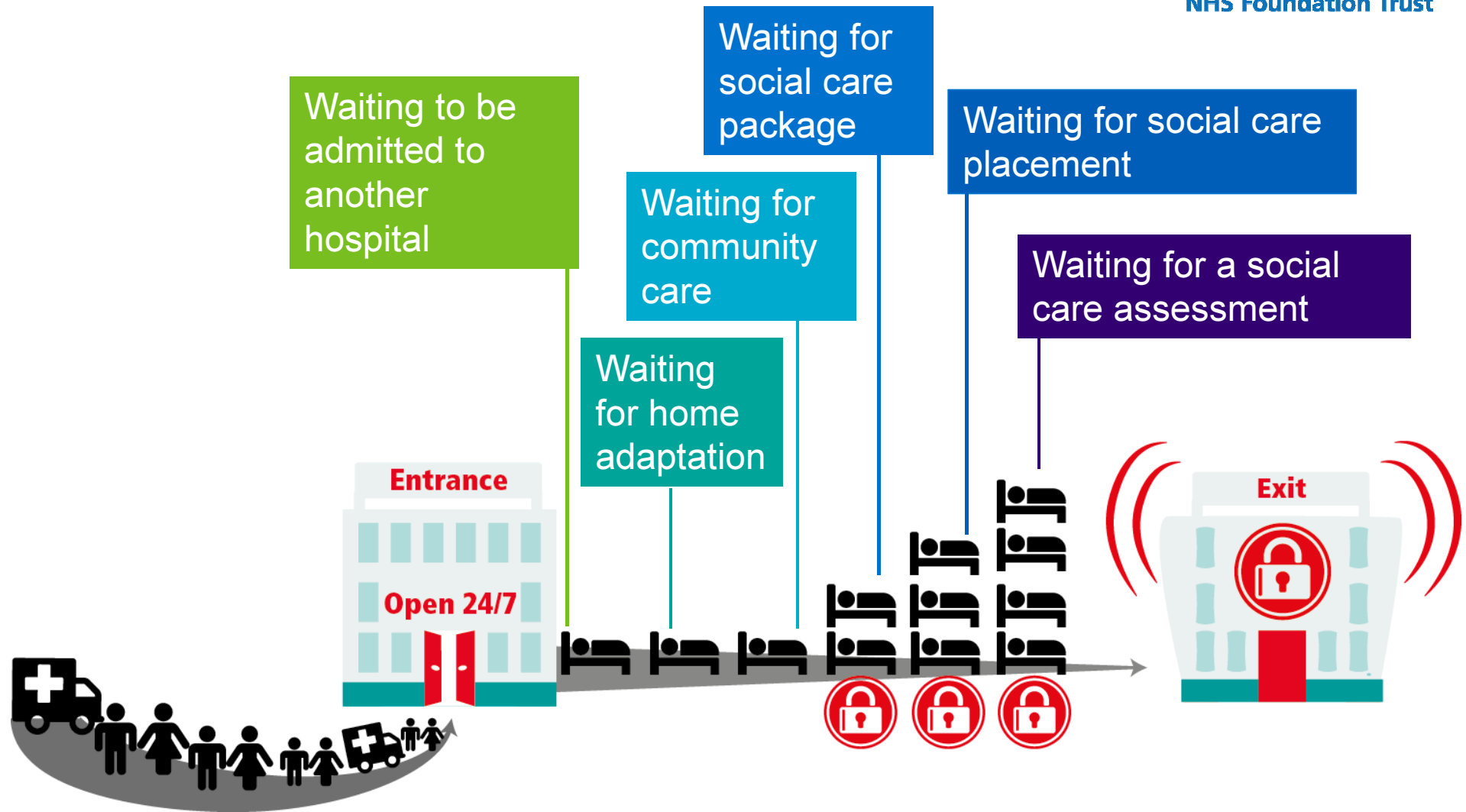
Prof Keith Willett, Medical Director for Acute Care, NHS England, October 2016

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# A&E IS A BAROMETER OF THE SYSTEM



139 patients in beds every day who no longer need hospital care

## What are we doing to improve this?

- Participating in the NHS Improvement A&E programme
- System A&E delivery board working on :
  - Attendance and admission avoidance
  - Early supported discharge
- Working with NNAS on ambulance handover

### Improving flow IN THE SYSTEM

- Primary care diversion scheme at Preston from 26 November
- Community frailty service from 28 November
- Expanding Age Concern's 'take home and settle' service to cover ED and assessment units
- Urgent Care Centre go live in January

### Improving flow IN HOSPITAL

- National Delayed Transfer of Care programme (national increasing trend)
- Red : Green days
- Breaking the cycle : preparing for winter programme

### 3. The Clinical Commissioning Group to provide the Committee with evidence that it is supporting the Trust to explore all methods to recruit and retain staff

- System Resilience Group reviews activity bi-weekly
- CCG satisfied the Trust has explored all available recruitment opportunities
- Comprehensive and extensive recruitment activity :
  - Quicker recruitment process
  - International recruitment
  - National recruitment
  - Off-framework recruitment agencies
  - Role redesign
  - Recruitment premia
- Since April 2016 **150+ CVs** reviewed
- **12 job offers** made

“there are currently insufficient consultants in post to provide even one on duty in every department for even 16 hours per day. If the number of doctors had kept pace with the increasing number of patient admissions in recent years, there would now be 8,074 doctors working in A&E departments rather than 5,300.”

Royal College of Emergency Medicine



## 5. Demonstrate how CCG will effectively engage and involve local residents in future service design

- Our Health Our Care engagement plan currently live
- But, this was a sudden and unpredictable deterioration of staffing position required immediate action
- Circumstances did not allow sufficient notice of change to be given to local residents or other stakeholders
- Staffing concerns highlighted to NHSI, NHSE and SRG since June 15
- Stakeholder meetings, briefings, media interviews and statements
- Communication and engagement plan developed
- Emergency Department reinstatement communication plan in train

6. SRG should develop a lessons learnt plan in particular how communication and resource planning is managed. It should then be shared with wider NHS and social partners and stakeholders

- From April to date the SRG has reviewed, challenged and assessed the situation to identify learning
- Workshop with CCG, Lancashire Teaching Hospitals, Our Health Our Care and Healthier Lancashire and South Cumbria communication and engagement teams to identify lessons. Learning has been incorporated into future change programme plans

7. The Emergency Care crisis should be a Sustainability and Transformation Plan priority. A plan for Emergency Care across Lancashire should be developed, and the Lancashire Health and Wellbeing Board are asked to take responsibility for the implementation and monitoring of this priority

- Lancashire & South Cumbria Urgent & Emergency Care Network (chaired by David Bonson, COO Blackpool CCG) work stream is an STP priority
- Lancashire County Council is a member of the STP board
- Chorley Council selected to represent district councils on STP board
- Health and Wellbeing Boards are involved in STP work
- Healthwatch is involved in STP work

8. The Trust should increase the Chorley Urgent Care Centre opening hours to 6am – midnight as additional staff are appointed.

- SRG has reviewed staffing on a regular basis to risk assess opportunities to :
  - Extend the hours of the Urgent Care Centre
  - Reinstate the Emergency Department
- Do not currently have sufficient staff to extend the opening hours without destabilising the Major Trauma Centre
- Destabilising the Major Trauma Centre would present more risk to patients than maintaining the status quo at Chorley

**ZERO patient safety issues at Chorley**

## 9. The Trust should actively seek best practice from other trusts regarding staffing on A&Es

- Continuous benchmarking undertaken, and input regularly invited from other organisations and national service improvement teams
- Seeking best practice was the grounds for requesting a formal independent review

### Agency cap

- NHS Improvement informed of concerns about inconsistent application of the agency cap across hospitals
- NHS Improvement restated the importance of implementing the cap
- Trust board decided the cap should not be implemented for emergency department doctors on patient safety grounds
  - however this did not yield agency doctor CVs
  - we lifted the cap as soon as we needed to

10. A more open approach to design and delivery changes to the local health economy needs to take place, working with wider public services through the Lancashire Health and Wellbeing Board to make our hospitals more sustainable and better able to serve the needs of residents

- Our Health Our Care transformation programme currently live
- The temporary change to Chorley Emergency Department was not a planned service change, but a culmination of unpredictable events.
- This difficult decision was taken to keep patients safe and for no other reason



# NHS England & NHS Improvement Independent Report

## KEY FINDINGS

“having the emergency department reopened at the same time as the opening of the new 24-hour urgent care centre, integrating the two services, will provide additional resilience.

This is an opportunity to enable the service to reopen without compromising patient safety”

“it would not be practical or safe to open the department before then, because it would require staff to work excessive hours, and would compromise the major trauma centre at Preston”

“Isn't feasible to reopen on a 24-hour-a-day basis”

“Emergency Department could reopen on a part-time basis”

# Chorley Emergency Department Mobilisation Plan

- Nurse and doctor recruitment activities
  - Confident nurses can be recruited
  - 2 middle grade doctors have been appointed
- Improving patient flow programmes
- Risks identified
- Interdependencies with Go To Docs and Urgent Care Centre
- Reviewed bi-weekly at SRG



# Risks

## Medical staff

- Remaining gap in doctor rota
- Reviewed weekly – confident this can be filled

## Mobilisation of the Urgent Care Service

- Weekly meetings with Go To Doc
- Assured Urgent Care Centre will mobilise on 18 January 2017

## Communication

- Partnership communication plan in place to convey service change and service offer

## Road Signs

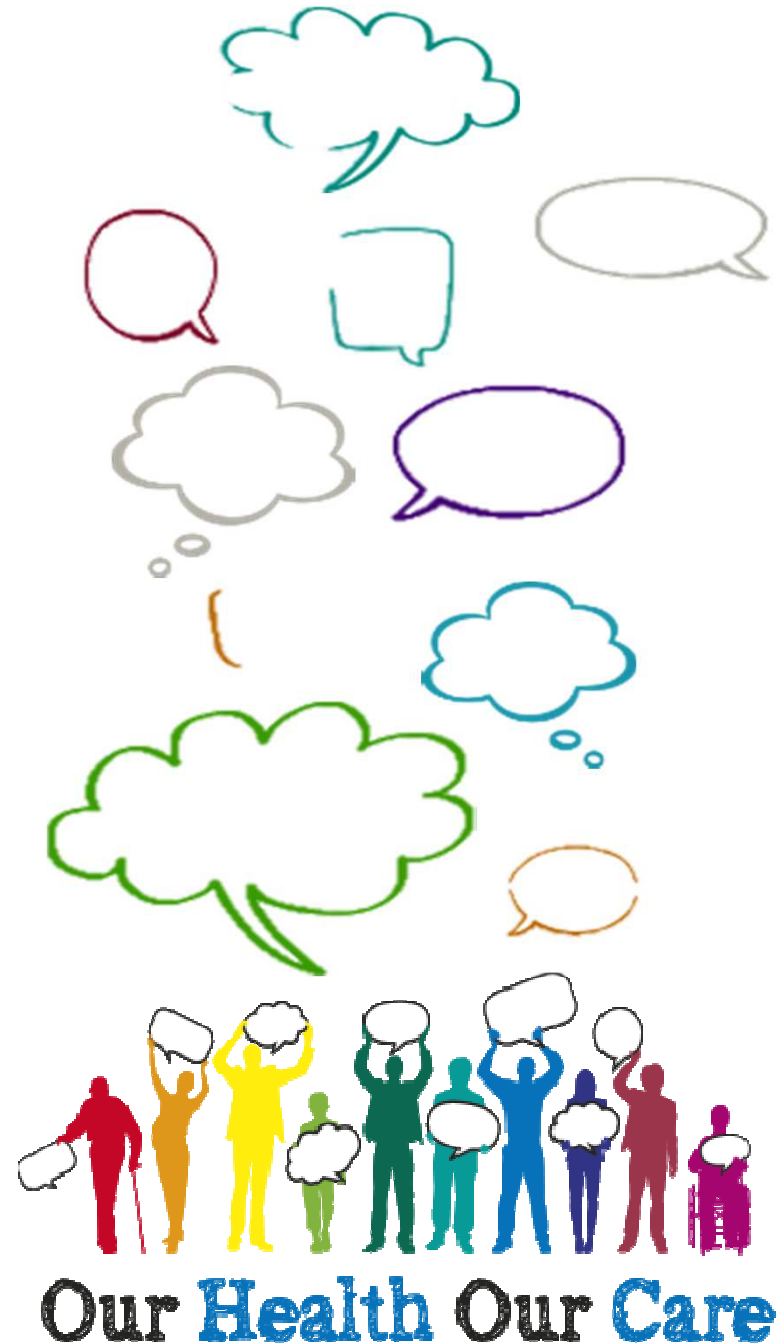
**DECISION** : should road signs be updated to convey that the Emergency Department at Chorley is only open 12 hours a day?

# Summary

- Committed to better informing Health Scrutiny Committee of challenges and plans
- Lessons have been taken forward as part of Our Health Our Care, and Healthier Lancashire and South Cumbria
- Work is ongoing across the health economy to improve patient flow, which will improve A&E performance
- Mobilisation plan is in place and is monitored bi-weekly by SRG
- Confident that we will have enough staff to reinstate the department when the Urgent Care Centre opens in January

# Our Health Our Care

- Health and care organisations in central Lancashire working together with local people and stakeholders to design a new model of care that meets the needs of our communities, now and in the future
- Ensuring health and care services are clinically and financially viable for the future

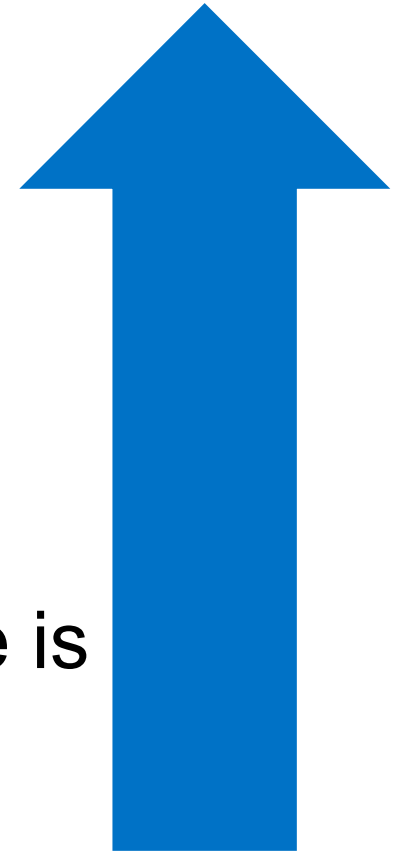


**Our Health Our Care**

## Why change is needed

- Ageing population
- Rising population
- Increase in chronic conditions
- Deprivation
- Life expectancy in central Lancashire is lower than the national average
- Buildings not fit for purpose
- Workforce challenges
- £150m financial gap

INCREASING  
DEMAND



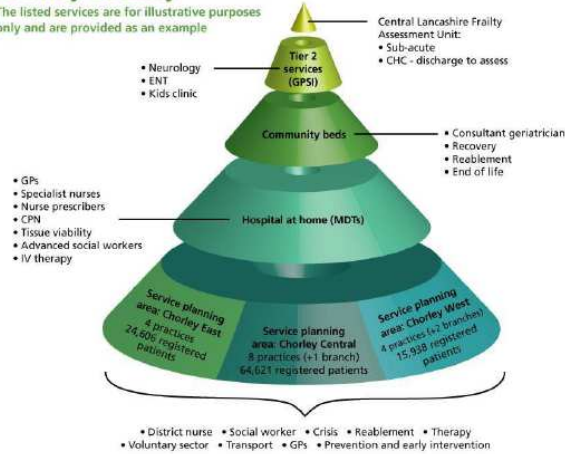
**Our Health Our Care**

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# Developing a proposition for our integrated system ...

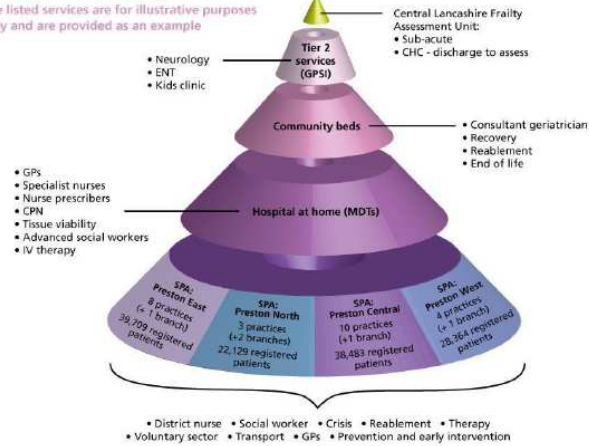
## Chorley Locality

The listed services are for illustrative purposes only and are provided as an example



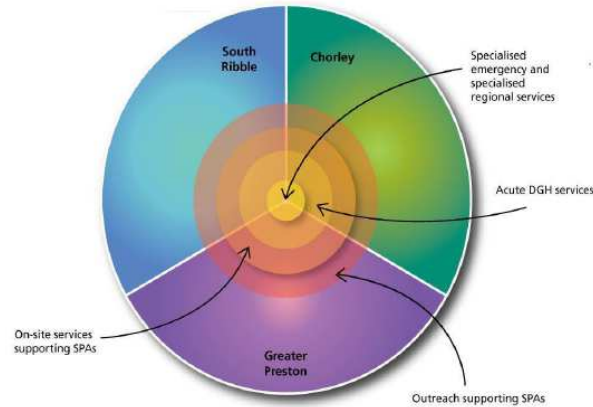
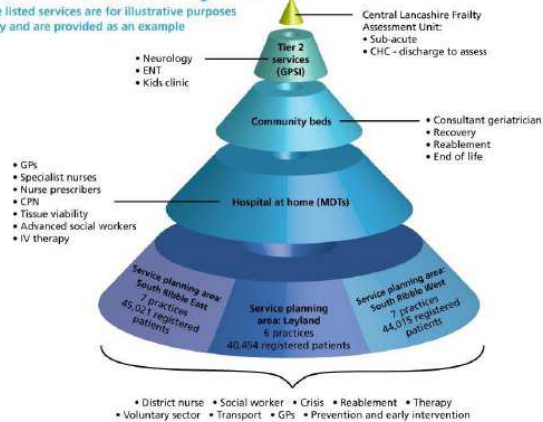
## Preston Locality

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## South Ribble Locality

The listed services are for illustrative purposes only and are provided as an example



Our aim is to move away from a reactive treatment and intervention based system to a preventative, anticipatory, whole person approach to care based on individuals and carers' needs, where we are able to tailor services to population and size, with three locality models for our three main populations feeding into a redesigned acute model



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# Timeline



November 2016

December 2016

January 2016

Dec – June 16

June – Aug 16

Sept – Mar 17

Spring-Summer17

2017-2020



## Current status



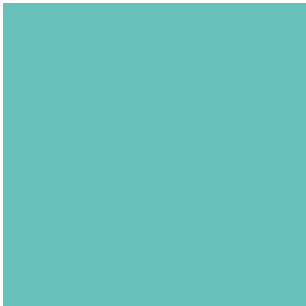
- We have held three solution design events with clinicians, health professionals, public service representatives, voluntary sector representatives and patients from all organisations. Through these events we have developed the following;
  - Case for Change
  - Benefits Framework
  - Evaluation Criteria
  - Quality Standards
  - Emerging models of care
- These have been iterated through our governance structure and shared with the Central Lancashire Health and Wellbeing Partnership
- We have also held a number public engagement events

6 September  
Solution Design  
Event One

6 October  
Solution Design  
Event Two

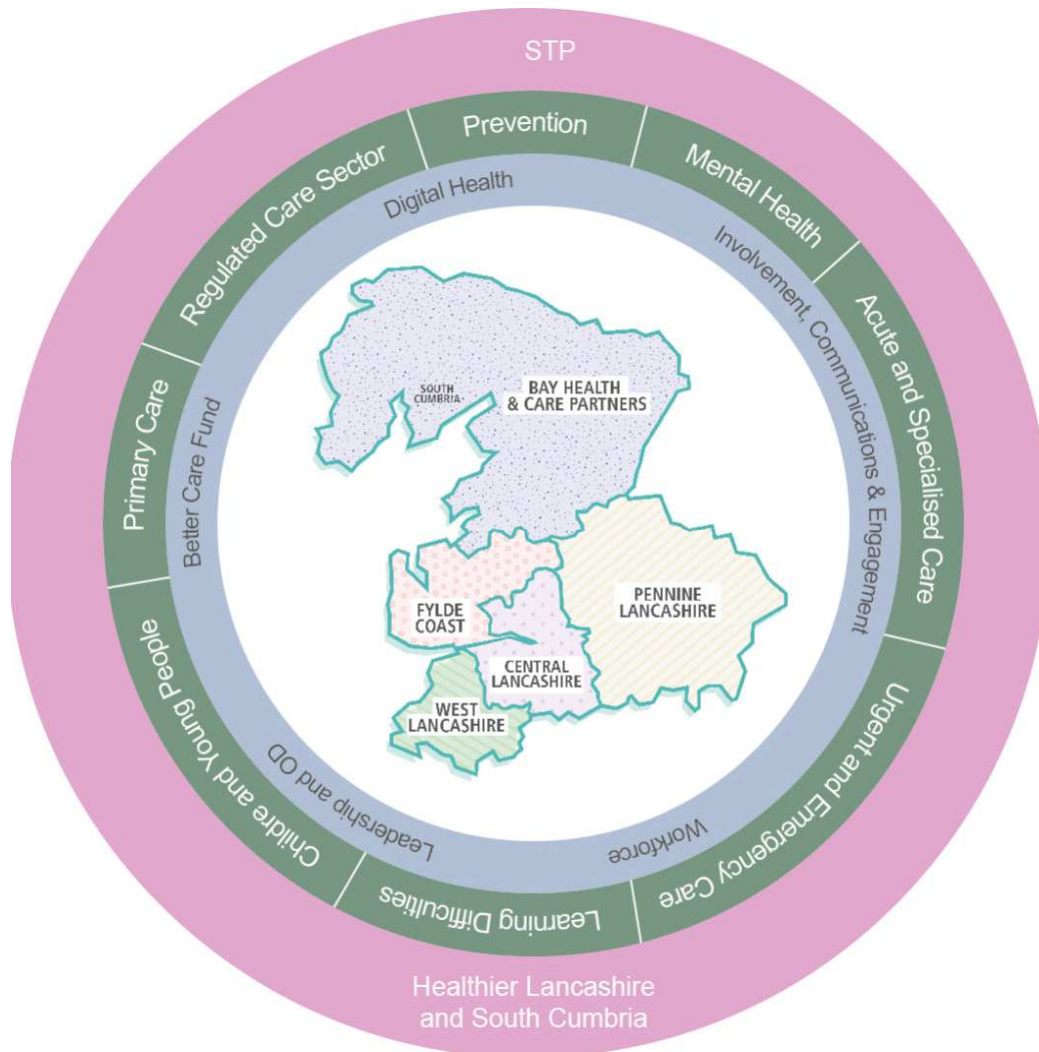
15 November  
Solution Design  
Event Three

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Healthier Lancashire & South Cumbria is made up of five Local Delivery areas and eight workstreams developing the building blocks for a new population based system focused on better health outcomes, better care, a better experience for patients and the best use of NHS resources. We want to make sure that quality improves wherever care is being delivered, whether that is close to home, in life threatening emergencies, or in situations where specialist treatment is needed.

