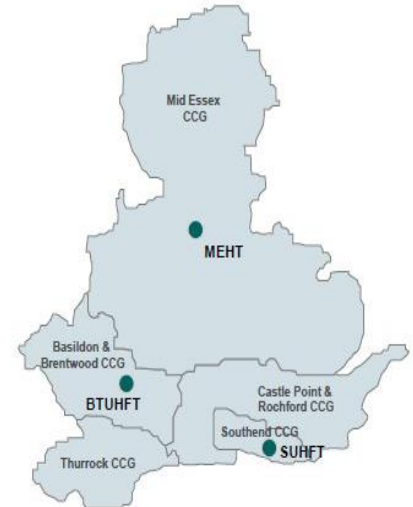


# **A&E pressures, winter pressures planning and admission avoidance**

Mid and South Essex University Hospitals Group – APPENDIX C

# Key Line of Enquiry: Pressures faced by A&E and Emergency departments during Winter 2019

- Overview and national context
- Pressures on each Site
- Key metrics – Performance/Admissions



# Overview and national context

NHS Providers have highlighted factors which have supported improved winter planning this year and areas where challenges continue

Factors to support improved winter planning	Ongoing challenges
Better system working	Continuing growth in demand for urgent and emergency care both volume and acuity
Expansion of innovative model of emergency care e.g. same day emergency care	Growth in demand across acute, mental health, community and ambulance services outstripping growth in NHS secondary care capacity
Improvement support available to trusts	Insufficient capacity growth in primary and secondary care with areas of operational instability
	Performance starting in a poorer position compared to previous winters
	Ongoing workforce challenges and danger of staff burnout
	Current NHS pensions issues meaning loss of vital additional senior consultant shifts and failing to incentivise other staff including talented managers and leaders to commit to careers in the NHS
	Lack of dedicated winter funding to support additional capacity

# Pressures faced in A&E and emergency departments during the winter of 2019/20 – Mid Essex

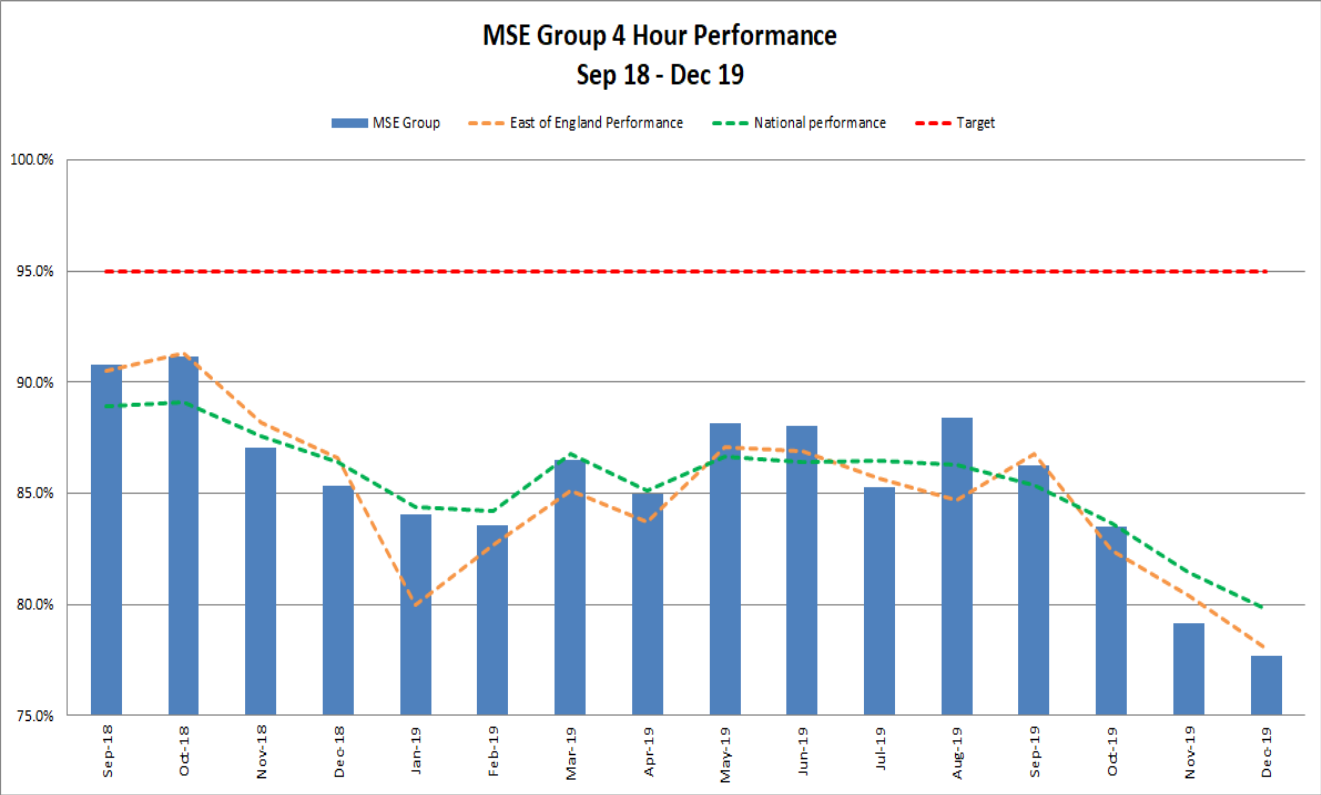
- Year on year increase in attendances and higher acuity clinical presentations have caused operational and flow pressures within the ED and hospital more generally. There was a 5.7% increase in demand year on year overall (8732 in Dec 18, compared to 9,236 in Dec 19).
- Conversion rate: the potential increase in acuity could also be indicated an increasing trend of the most recent conversion rate of 29.0%.
- Year on year, there were 7.5% fewer ambulance conveyances in Dec 2019 (2411) compared to Dec 2018 (2601).
- Poor flow: particularly during the early part of each day - cause by limited discharges numbers during each morning period, causing front-door flow challenges.
- Medical staffing vacancies: reliance on locums, which can often mean unfilled or variably filled shifts.
- Access to reablement services has been inconsistent, resulting in the use of alternative pathways. This has increased delays to discharges and slowed flow within the hospital.
- Lack of access to mental health beds have caused ED delays at times. In particular for tier 4 services.

# Pressures faced in A&E and emergency departments during the winter of 2019/20 – Southend

- A&E attendances in Q3 19/20 were 3.4% (850) greater than Q3 18/19.
- Forecast A&E attendances in January 2020 is 8,950 (8,929 in January 2019).
- Ambulance arrivals to A&E during Q3 19/20 represented 25.3% of all A&E attendances.
- Batched ambulance arrivals that appear to coincide with end of meal breaks or shift changes continue on a daily basis resulting in significant A&E pressures impacting our ability to receive patient handover within 15 minutes of arrival. There were a total of 1,299 handover delays in Q3 2019/20.
- Increased level of emergency presentations to Respiratory; Cardiology; Stroke; and Orthopaedic Trauma.
- Additional capacity brought on-line in a phased way, (increase in SDEC capacity; increase in GP Streaming capacity; 6 DME beds; 6 escalation beds; additional A&E minors capacity; Infusion Unit development).
- Increase in referrals to GP streaming during Q3 2019/20 – 5,791 representing 22% of all A&E attendances (11.3% of which were conveyed by ambulance).
- Increase in Mental Health attendances to A&E, associated delays awaiting mental health beds. Crisis Café due to open in November 2019, not now due to open until February 2020.
- Higher than anticipated staff absence due to sickness that required mitigation.
- HALO re-introduced December 2019 – March 2020

# Pressures faced in A&E and emergency departments during the winter of 2019/20 - Basildon

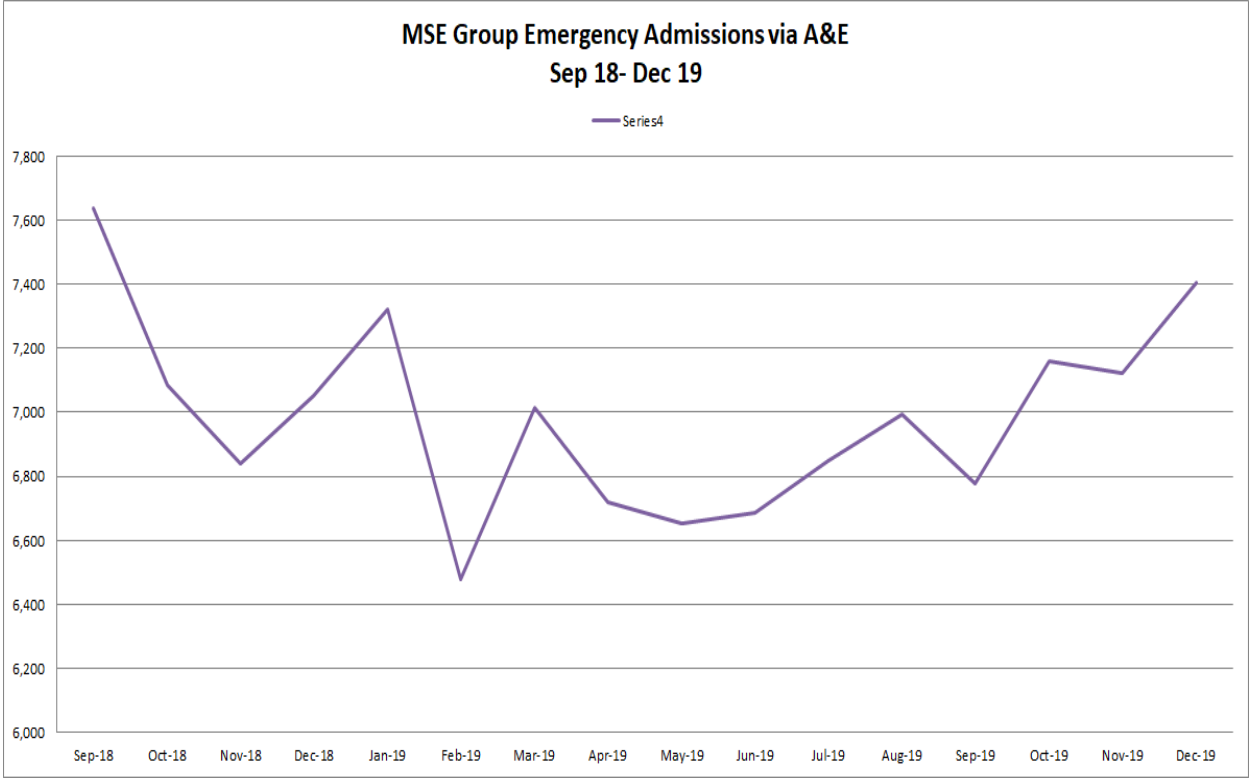
- Monthly attendances now above 12,000 which c.8-10% above contracted plan
- Conversion to admission rates remain low
- 4 hour standard performance continue to deteriorate although BTUH delivers above National and Regional benchmark performance
- Ambulance attendances also showing growth although there has been significantly improved position re ambulance delays year on year due to implementation of RAAT bay. Basildon has also supported ambulance diverts across the MSE group during times of pressure
- Large increases in MFFD and DTOC lists after Christmas with delays in Social Care and constraints in placement availability
- Cardiology pathway for MEHT patients went live 6<sup>th</sup> Jan
- Interventional Radiology Hub in place 7 days at BTUH
- Increased Frailty Service 7 day cover from Jan
- Further areas for Improvement:
  - GP Streaming, SDEC trauma & surgical, discharge processes and weekend supported discharge capacity



MSE Group performance has been in line with, or above, the national and East of England average across the majority of the last year. However there have been site specific challenges at Mid Essex and Southend in Q3 which has impacted the overall Group performance

Trust	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
MEHT	82.5%	87.0%	80.7%	77.8%	77.3%	79.0%	78.6%	77.3%	77.9%	84.2%	79.1%	86.8%	82.3%	77.4%	75.5%	73.8%
SUHFT	90.6%	90.3%	81.4%	78.4%	79.2%	80.5%	82.7%	82.7%	89.7%	84.6%	83.1%	85.9%	84.3%	81.6%	74.3%	73.8%
BTUH	96.8%	94.5%	95.1%	95.1%	91.3%	89.5%	95.7%	92.9%	95.3%	93.8%	92.2%	91.7%	91.0%	89.8%	85.7%	83.5%

# MSE Group Performance



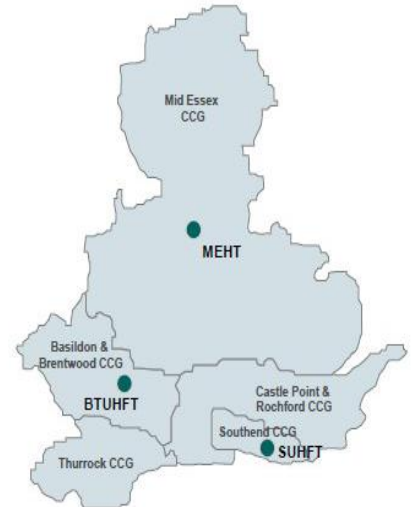
Emergency admissions via ED have shown a steady increase since February 2019 highlighting the potential increase in acuity.

Trust	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
MEHT	2,187	2,365	2,158	2,354	2,333	2,111	2,316	2,174	2,147	2,220	2,299	2,389	2,422	2,508	2,430	2,637
SUHFT	2,410	2,578	2,542	2,591	2,712	2,384	2,604	2,495	2,569	2,513	2,613	2,539	2,375	2,526	2,573	2,632
BTUH	3,040	2,143	2,138	2,108	2,278	1,982	2,096	2,051	1,938	1,954	1,936	2,064	1,981	2,127	2,118	2,136



# Key Line of Enquiry: Assessing the success of advance planning undertaken and lessons learnt

- Elements that worked well in 2018/19 that were used to inform winter planning in 2019/20
- Areas of focus for 2019/20
- System working



# Winter 2018/19 Review – What worked well and maintained for 2019/20

Things that went well:
System Culture
Integrated Discharge team
Stranded Patients – process and ‘buy in’ from partners & wards
Operational grip
Bed modelling
Teletracking rollout
Winter room established in respect to <u>local</u> need
Nominated Operational leads supporting system
Conference calls kept to a minimum

# Winter 2019/20 Areas of focus

## Things that didn't go well in 2018/19 and were an area of focus this year

Load levelling

Availability of care home places

Staffing shortages

Demand management/admission avoidance

TTAs, discharge letters & Transport

Bed availability early in the day in the community

Inconsistent reporting of MFFD across wards

Late Discharges

Timely management of Mental Health patients in ED in particular Mid Essex

Neuro-rehab delays in patient flow

Paediatric Growth – unforeseen demand

Primary Care type presentations

Opportunity of EEAST to use alternative pathways

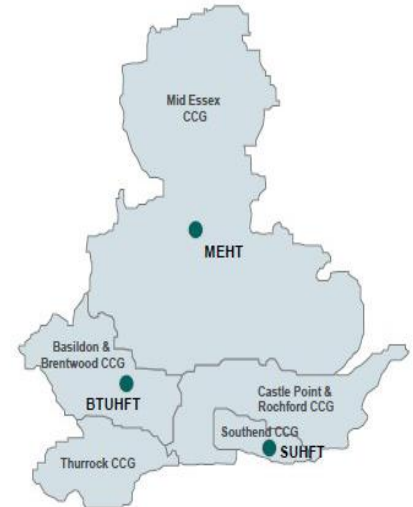
Please note a full review of this winter will be undertaken in March 2020 to support planning for next year



Trust/System	
Mid & South Essex	<p><b><u>Winter Planning</u></b></p> <p>A common approach has been taken to winter planning across the STP sub systems:</p> <ul style="list-style-type: none"><li>• Oversight of the Winter plan process to ensure consistency and collaboration.</li><li>• Monthly meeting arranged chaired by MSE Integrated Care Director.</li><li>• Focus on keeping patients safe by minimising ambulance handover delays, overcrowding, corridor care and minimising 12 hour breaches.</li></ul>
	<p><b><u>Teletracking</u></b></p> <p>MSE control centre has:</p> <ul style="list-style-type: none"><li>• the overview of all 3 sites capacity and demand 24/7</li><li>• Provides live and transparent bed availability</li><li>• Monitors discharges and tracks discharge progression</li><li>• Controls the allocation of all inpatient beds on all 3 sites</li><li>• Two week trial planned with EEAST colleagues to be based in the control centre to support decision making between EEAST &amp; MSE</li><li>• Facilitates repatriations and clinical transfers on all 3 sites</li><li>• Key role in treat and transfer pathways</li><li>• Responsible for the distribution of regular capacity snapshot on all 3 sites</li><li>• Lead clinical site coordinator on duty 24/7</li><li>• Twice daily capacity calls between all 3 sites and the control centre with senior manager and executive involvement</li></ul>
	<p><b><u>Common Bridging service offer</u></b></p> <ul style="list-style-type: none"><li>• Following the success of the Winter 18/19 service across South Essex the jointly commissioned service has been extended to include Mid Essex and a greater level of activity.</li><li>• This allows for mutual aid to be provided in regards to staffing and capacity.</li></ul>
	<p><b><u>Mutual Aid</u></b></p> <ul style="list-style-type: none"><li>• The STP has begun to plan demand and capacity as a system for both planned periods of peak demand and unplanned surge management e.g. Cardiac patients from Mid Essex are included within the BTUH bed model.</li><li>• Increased collaboration between resilience leads across CCGs.</li><li>• Agreed Load levelling thresholds for Ambulance demand</li></ul>

# Key Line of Enquiry: To assess the extent of partnership working in continuing to address pressures (including admission avoidance)

- Partnership working
- Delayed Transfers of Care
- Medically Fit for Discharge

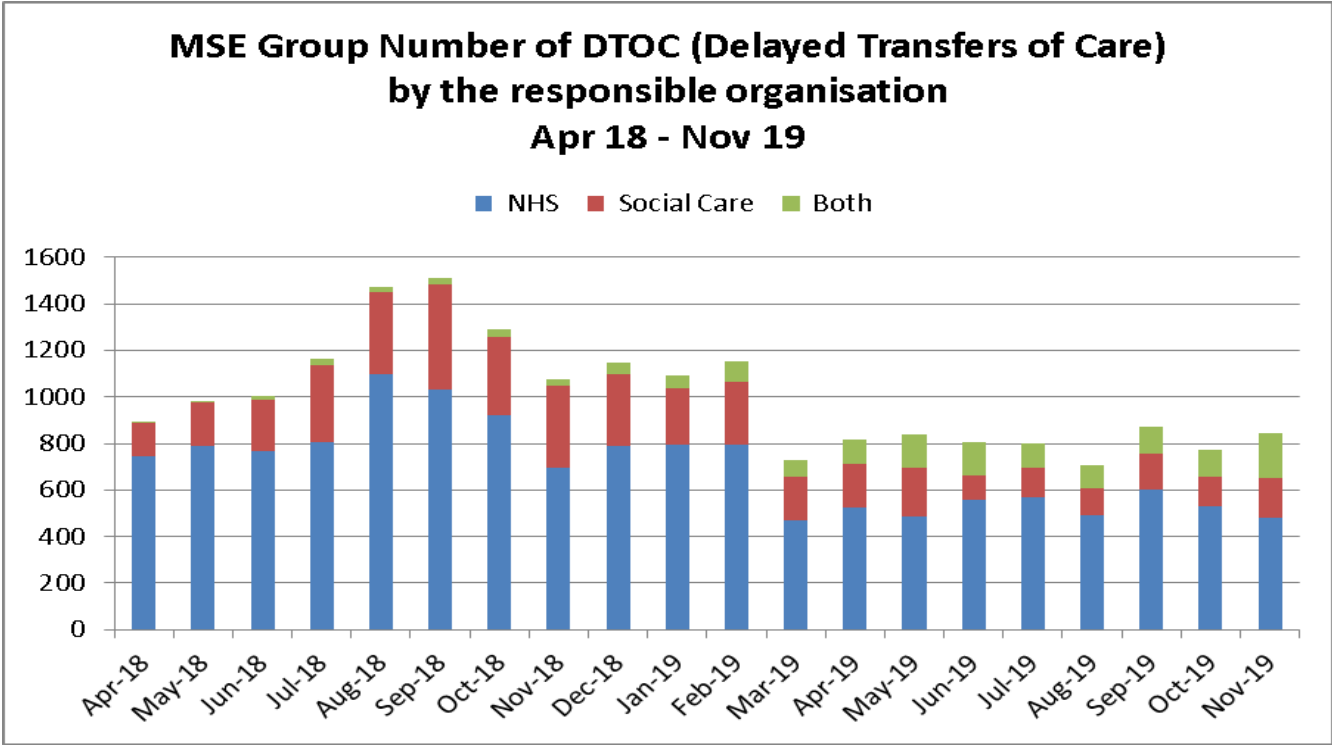


# Partnership working

- Across MSE – partnership relationships well established as part of established Integrated Discharge Teams (IDT) on each site
- IDT provide 7 day service and will in times of pressure increase capacity to meet demand
- Partners remain responsive but in times of escalation can lack proactive response and will wait for acute trust to ask for help
- All partners are key members of system AEDB
- Within Integrated care – relationships with all system partners robust and responsive
- In relation to admission avoidance – Community providers are piloting Community Treatment Team (CTT) – this pilot is having a member of an admission avoidance service based with EEAST with the aim of redirecting assessments to STP admission avoidance services in the community – this is led by NELFT
- Initial results demonstrate potential to support admission and ambulance avoidance
- As part of winter funding and referred to earlier – ECC commissioned South and Mid Quadrant bridging service hosted by MSE
  - The bridging service has been successful in supporting discharge but due to lack decision on funding agreement has caused delays in recruiting and implementing service
  - Following feedback to ECC colleagues – discussions underway to deliver a continued service with ability to flex during winter

# Partnership working

- Trusted assessor in place across MSE which supports care home relationships and allows the trusted assessor to discharge rather than care home coming to hospital to do assessment
- Posts are in their infancy but definitively having an impact and has allowed for better relationships with care homes

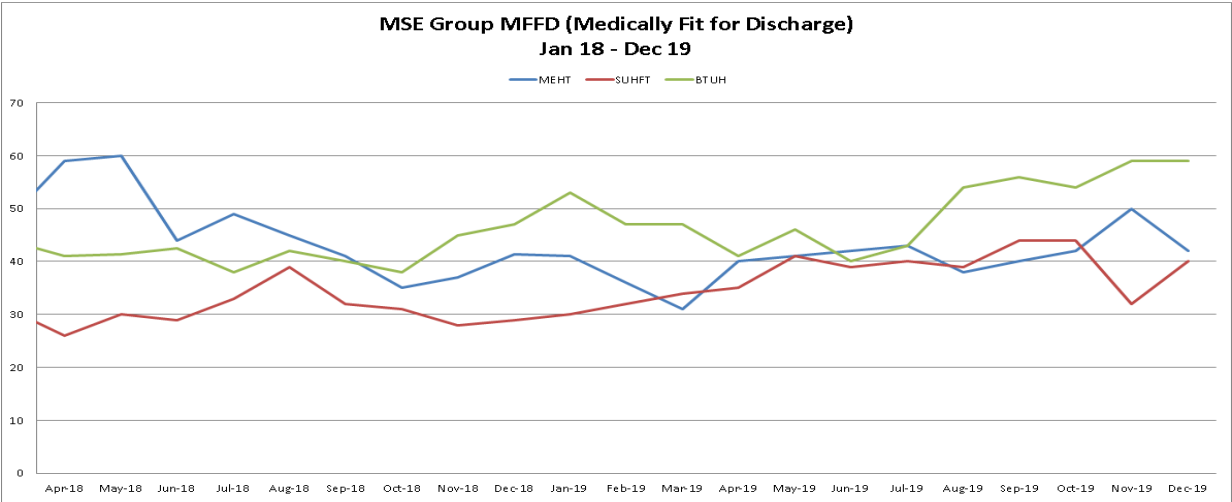


- There has been a significant reduction in the overall DTOC since last winter with the proportion of social care and NHS delays lower and performance better than the national average

Trust	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
BTUH	666	456	414	497	575	548	168	201	164	220	174	171	256	149	312
MEHT	387	332	402	405	285	386	267	289	181	270	270	189	247	281	322
SUHFT	457	505	258	247	231	221	291	327	496	315	358	348	371	340	209

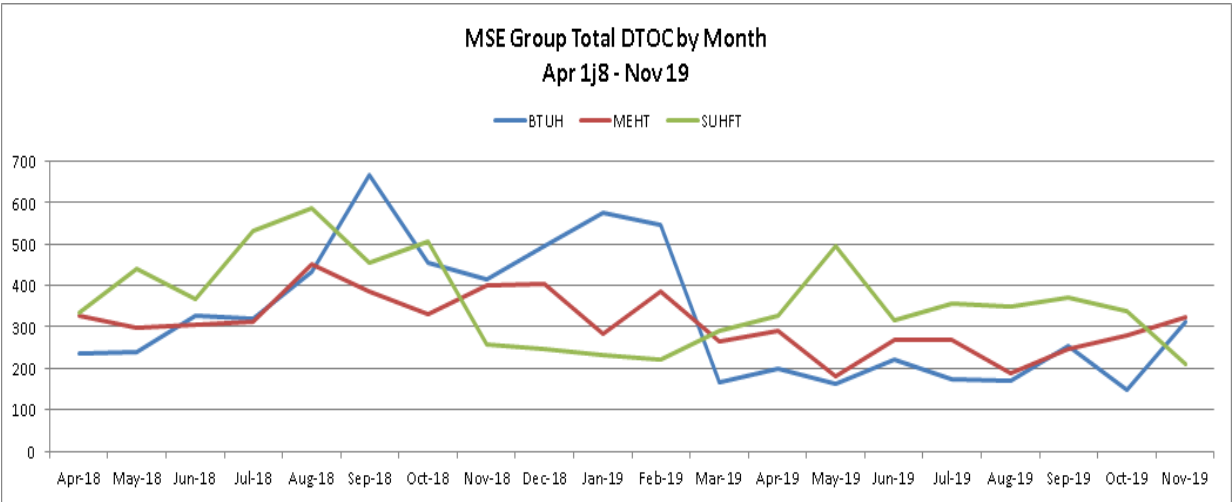


# MSE Group Performance



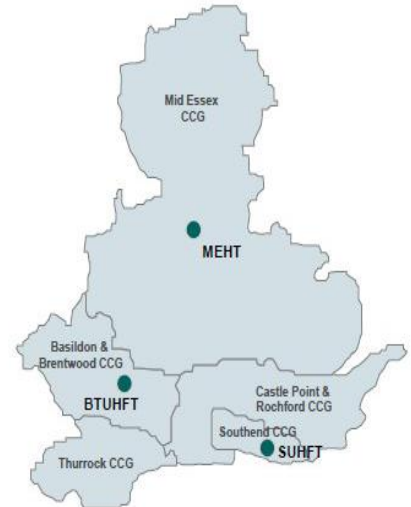
Challenges with Medically Fit for Discharge patients particularly at Basildon since July 2019.

Performance Southend has worsened in Quarter 3 with improvements at Mid Essex. All three sites working to meet national MFFD targets set by NHSE/I.



# Key Line of Enquiry: To understand if the pressures are no longer specific to winter and any need for contingency planning at other times of the year

- Site specific planning
- Workforce



# Pressures are no longer specific to winter and any need for contingency planning at other times of the year – Mid Essex

- Additional ward capacity is planned. This will provide 26 additional medical beds.
- Protecting bed capacity to manage dual pressures of Elective and non elective demand
- Review of on-site primary care services. Pilot planned in Feb/March to improve streaming to primary care.
- Focus on discharge planning and increasing discharge numbers each morning and at weekends.

# Pressures are no longer specific to winter and any need for contingency planning at other times of the year – Southend

- Continue extending operating hours of the Rapid Assessment & Treatment (RAT) bay to midnight.
- Continue the use of the RAT bay after midnight as a safe cohort facility to be used by EEAST at times of high ambulance arrivals.
- Continued monitoring of LOS >21days – taking appropriate actions to improve the discharge planning process building on the success in 2019/20 of the IDT (Integrated Discharge Team).
- Undertake a review of the GP Streaming Service (GPS) and to establish the percentage of A&E growth that is contributable to the presence of a GPS on site.
- Commence planning for Winter 2020/21- to include demand management schemes, pathway redesign and capacity planning.
- Roll out the Pharmacy on Wheels (POW) scheme across all Medical Wards, thereby reducing the average time to complete TTA's (2 hours if dispensed by main pharmacy compared to 26 minutes if dispensed at ward).
- Redirection Policy – use of GP Hub
- Second Social Worker in A&E – admission avoidance
- Increase use of 'Hospital@Home' and Bridging Service – early supported discharge.
- Continued use of HALO

# Pressures are no longer specific to winter and any need for contingency planning at other times of the year - Basildon

Protecting bed capacity to manage dual pressures of Elective and non elective demand

System has to be aligned to requirement to operate consistently this includes community services and care services undertaking key facilitative actions on a 7 day basis

- Assessments for placement/readmissions
- Commencement of care packages in the home
- Admissions and readmissions to care and nursing homes
- IMC beds – consistent 7 day process

## **Mid Essex Workforce:**

- Medical staffing vacancies - which also result in a reliance on locums, which can often mean unfilled or variably filled shifts.
- Recruitment to substantive medical and nursing vacancies to fill consultant and middle grade gaps

## **Southend Workforce:**

- Trained x7 middle grades to operate RATs bays without consultant with view to extending opening times (specific times to be finalised).
- HALO reintroduced in to A&E with effect from 9<sup>th</sup> December 2019 (12:00 – 23:59 x 7 days).
- Shortages monitored daily with substantive redeployment in place, daily capacity monitored for redeployment from SPA time.

## **Basildon Workforce:**

- Work being undertaken with an external recruitment provider to fill the remaining 4.87 wte Specialty doctor gaps and Consultant posts.
- Workforce recruitment, and focus on retention with the Emergency Department supported by the Organisational Development programme, commenced in June 19.
- Successfully obtained a NHS Graduate Trainee who commenced in Acute Medicine as an additional Operational Manager from October 2019 for 9 months.
- New Winter rotas implemented for the emergency department, and new streaming and triage process implements.
- New ENP led injuries service implemented from 14<sup>th</sup> October 2019.