A&E PRESSURES

East Suffolk & North Essex Foundation Trust (ESNEFT)

Site – Colchester General Hospital

Health Overview & Scrutiny Committee
November 2020

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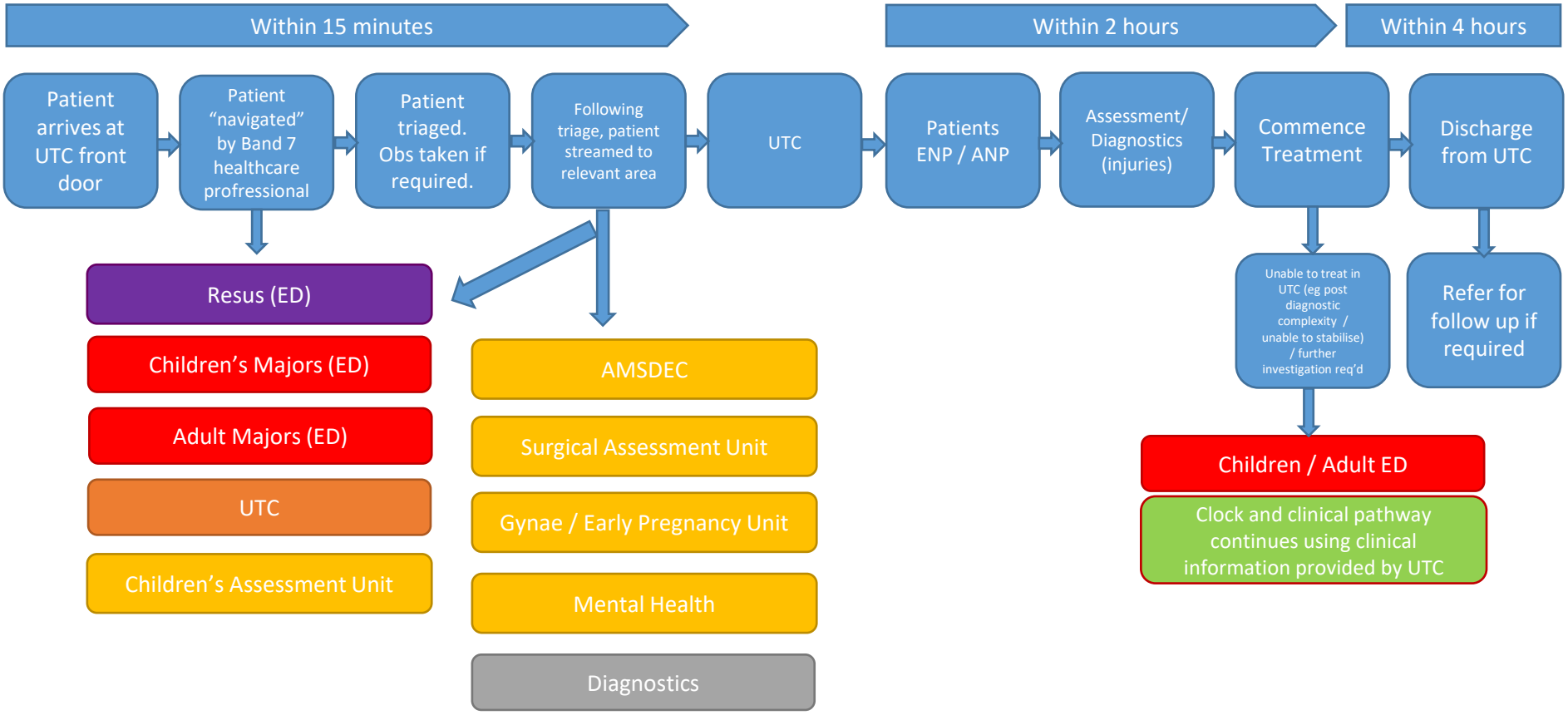
Emergency Care Services at Colchester Hospital

In line with strategy laid out in the NHS Long Term Plan, the front door of Colchester hospital for urgent care has been reformed and is currently structured as follows:

- **Urgent Treatment Centre (UTC)**
  - Receives all emergency ambulatory activity.
  - Initial assessment by navigator at front door and streamed to right place (see next slide)
  - Has bookable appointments from 111
- **Emergency Department (ED)**
  - Type 1 (majors activity). Able to assess and stabilise the sickest of patients arriving for emergency care.
- **Acute Medical Same Day Emergency Care (AMSDEC)**
  - Provides a direct route for GP, Urgent Treatment Centre or ambulance referrals into hospital avoiding Emergency Department.
  - Criteria based attendance.
  - Avoids both Emergency Department attendances and relieves pressure on bed base by not admitting patients to wards unnecessarily.

Front Door UTC Navigation

Safety standard for UTC is for patients to be streamed, triaged, treated and discharged within a total of 4 hours.
or care transferred to ED in maximum 2hrs 30 mins if treatment commences in UTC



Notes to consider:

- Aim is to get patients to right place on initial arrival based on presenting symptoms.
- Patient to be triaged within 15 minutes.
- Where patient meets initial UTC criteria they will be seen in UTC first and referred on to ED, AMSDEC or specialties within 2 hours maximum.
- MSK direct Orthopedic input (TOADS) pathway in place.

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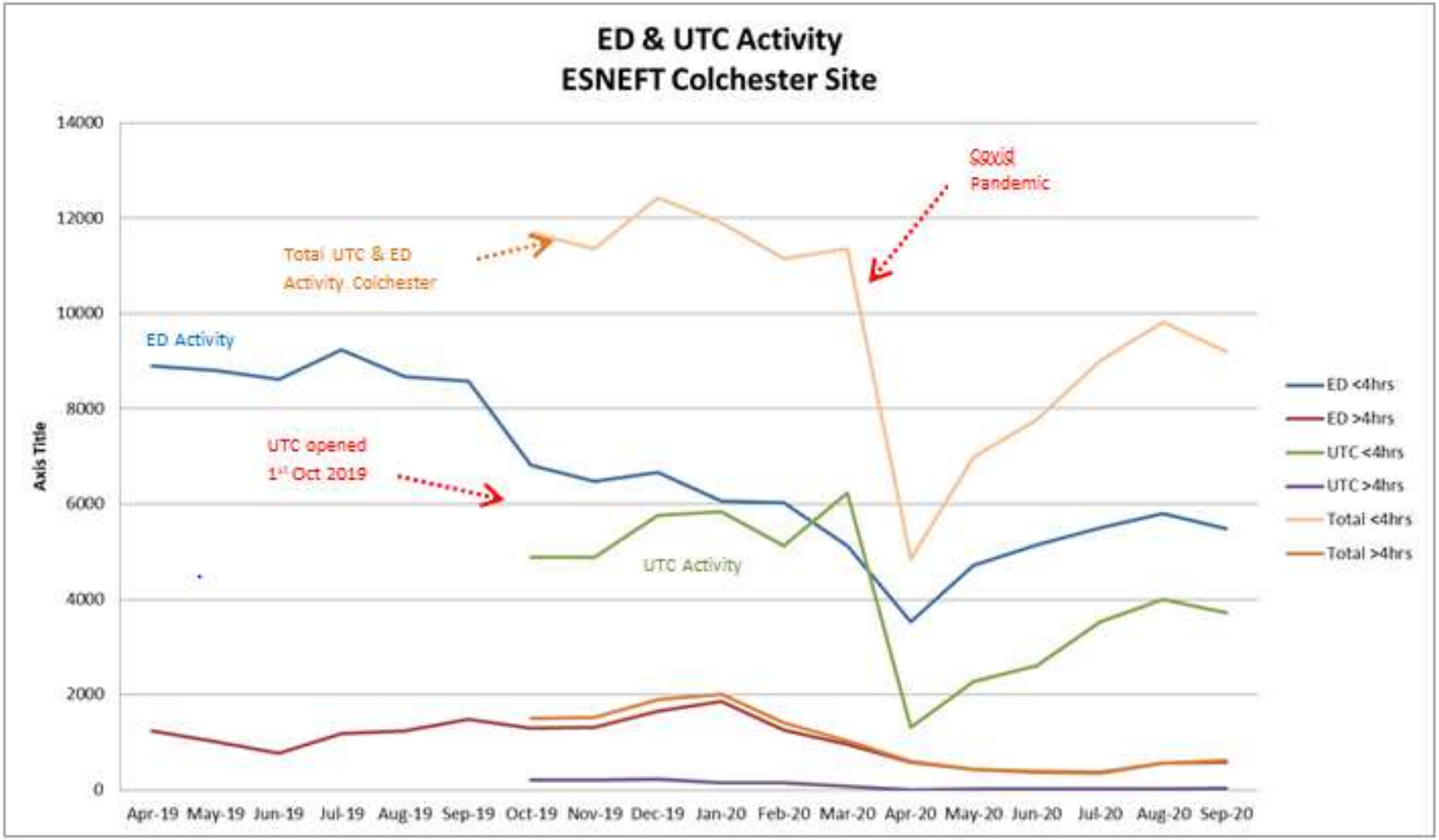
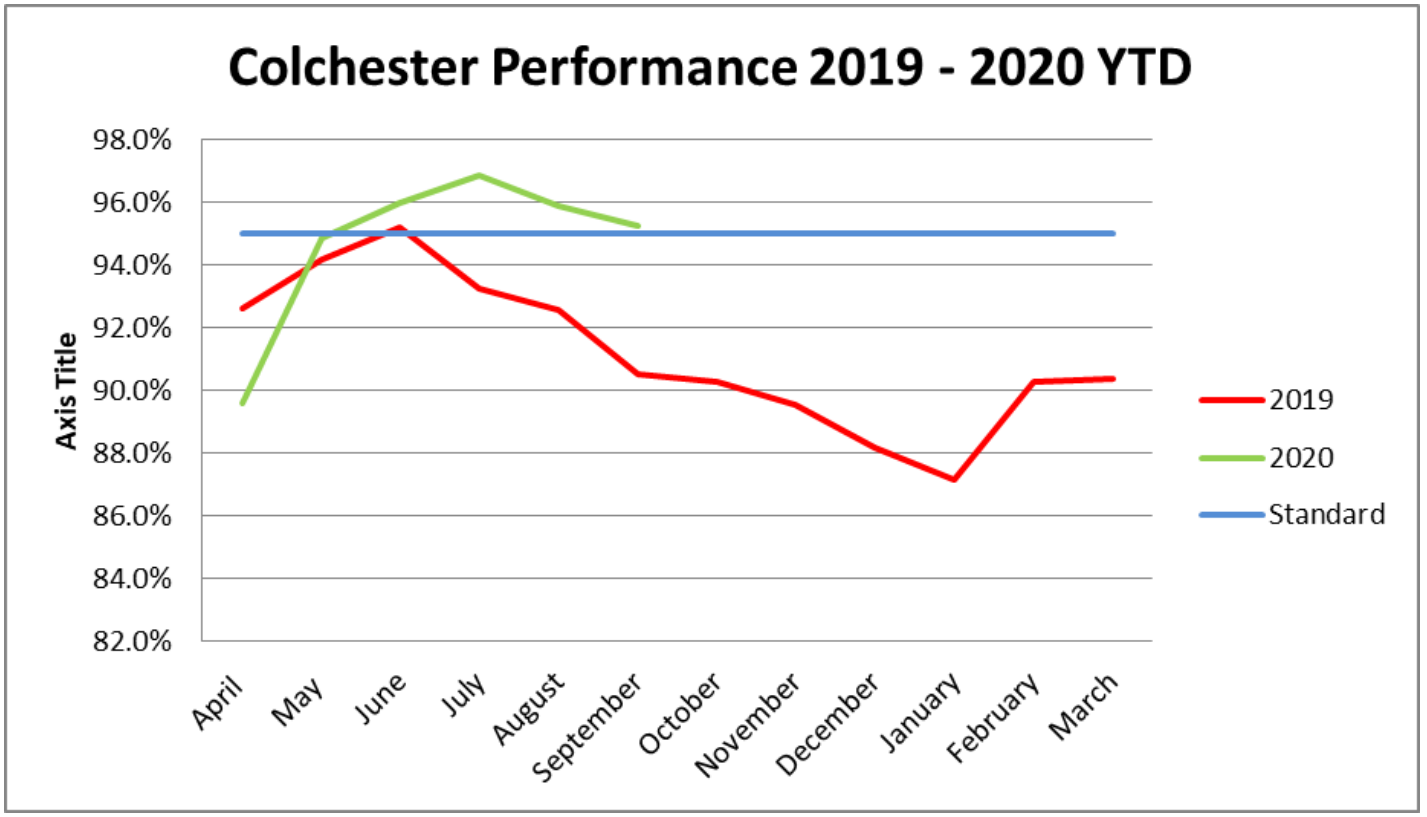
Changes in Activity at Colchester



Performance Comparison Last Year to This Year



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Changes Between 2019 to 2020

- **AMSDEC** (Acute Medical Same Day Emergency Care)
  - Enhanced service to take additional patients meeting criteria to avoid ED attendance and admission to deeper ward.
- **UTC Opened October 2019**
  - Lift and shift of minor injury activity from ED into UTC (hence initial step change reduction in October)
  - Pathway developed to avoid ED e.g. straight to AMSDEC/Surgical Assessment Unit.
- **Covid-19 Pandemic from March 2020**
  - Significant change to logistical service operation
  - Enabled pace of change for further pathways to be implemented e.g. Fracture clinic same day review by Orthopaedics.
  - Currently returned to 100% of ED Type 1 activity
  - UTC currently seeing about 75% of pre Covid activity levels. Significant drop in minor illness and increase in minor injury.
  - Streaming higher volume of patients away to self care or alternative pathways.

Successes in Urgent Care at Colchester

- **Recruitment of middle grade doctors in ED**
  - Reduced from vacancy of 12 doctors to 3 doctors
- **Workforce in UTC**
  - Commenced service with 47% vacancy rate in posts.
  - Learning from activity levels has allowed innovation with workforce and posts to reduce to 24% vacancy rate with recruitment ongoing into roles as well as clear training plans for developing staff.
- **Performance**
  - Performance was extremely challenged in ED and throughout 2019. Initial 3 months in UTC were the mobilisation phase with pathways and processes being tested and adapted. January and February the service was embedding and activity and performance were moving in the right direction.
- **Financial efficiency**
  - The delivery of service change and managing increasing demand across all elements of the front door at Colchester have been underpinned with delivery of savings and a focus on value for money. All financial elements have been delivered while improving performance.
- **Ambulance Handover performance**
  - Despite increasing activity levels and surges of activity Colchester site manage the handovers from ambulances extremely well. The site remains the dominant regional leader in for performance in this area very consistently and is seen by ambulance service as an exemplar site.

Lessons Learnt from Covid–19 Pandemic

- Pathway changes and integration with other specialties built upon and key to delivery of better care going forward.
- Improved confidence to stream from navigation at front door to community services and self care.
- Future proofing newly designed clinical areas to ensure they are flexible for use in ED as majors or ambulatory with services such as piped oxygen in place if needed.
- Integration of mental and physical health for urgent care crucial to provide responsive service.
- Communication is key with staff and patients to implement change at fast pace and this has been improved across service areas. Using different ways of communication with patients to ensure clarity and understand of what is happening during their time in hospital.
- Digital working options and embracing use of Teams to provide virtual training updates and meetings.
- Increase use of virtual systems to follow up patients.
- System wide collaboration across stakeholders in Emergency Care flow to determine fast paced change to resolve issues.
- Ensuring best utilisation of services outside of hospital including other Urgent Treatment Centre services in Clacton.
- GP’s signposting to community services for future requirements to educate patients of alternative options.

Current Challenges

Challenges	Mitigating Action
Pandemic	• Development of pathways and clinical areas separating Covid Symptomatic and Non Covid Symptomatic (red and amber) • Expand ED capacity to manage both streams – move UTC to outpatient clinic rooms and Paediatrics into Children's Assessment Unit area. • Further expansion of ED ambulatory area to enable management of patients within social distancing requirements • Installation of additional equipment to manage patients safely.
Activity changes and surge post covid	• Close real time management of activity levels within UTC, ED and AMDSEC. • Managing resource and staffing to meet emerging patients requirements. • Understanding drivers of change including ambulance surges and what can be done to meet demand. • Increase use of 111 direct booking
Ambulance conveyancing to hospital continues to rise with post Covid change in late evening surges	• HALO (Hospital Ambulance Liaison Officer) post continues to provide dedicated management and oversight of handover processes at hospital. • Audit undertaken to understand • CCG have funded two Early Intervention Vehicles (falls and advanced paramedic) which continue to have positive effect and well utilised.
Pathway management and flow	• Emergency Care Operational Group has been established for all internal and external stakeholders in ED to be able to work together to respond to and resolve pathway and flow issues through urgent care. • New pathways and revision of existing pathways to meet changing needs in current climate. • Ongoing analysis of breaches of 4 hr standard to understand where bottle necks are in the flow and direct working with other services to resolve.

Current Challenges

Challenges	Mitigating Action
Mental Health presentations continue to increase	• Driven by pre and post pandemic issues. • Pathway through acute 1st wave of pandemic was direct to mental health unit for patients with non medical requirements. • Currently working up dedicated area in ED for mental health suite to allow for further integration with medical service.
We have the most deprived neighbourhood in England (Tendring). Higher levels of mortality relating to preventable conditions, obesity, alcohol, suicide, diabetes, cardiac, respiratory and high levels of GP vacancies	• Formation of North East Essex Health & Wellbeing Alliance • The Alliance have identified four main priorities (Resilience, Community Model, Prevention and System Enablers) across the local health economy which will work to address these issues

ESNEFT Bed Capacity Planning

- We have established bed modelling , internally within ESNEFT and across our Alliances in order to enable sustainable planning allowing the achievement of our agreed 92% target occupancy levels.

- A bed capacity and demand plan was developed early in 2020/21 that was based on recovering specific percentages of historical patient numbers in line with the NHSI/E's phase 3 expectations.

- The revised model is based on expected demand against the total funded overnight beds available at each hospital site. Bearing in mind the forecasted deficits demonstrated in the following slides, further urgent bed saving schemes have been scoped. These are a combination of projects that reduce length of stay or prevent admission into an acute ward. All schemes have agreed funding

- A 30% risk assessment weighting has been applied to all admission avoidance schemes to account for potential double counting and under-delivery. Additional bed capacity schemes do not include this risk assessment factor.

- In the event of a significant second Covid surge a detailed surge plan has been developed which provides a further 64 beds if /when needed – these are excluded from the detail on the next slide

Colchester Bed Capacity Planning – summary of bed mitigating schemes and expected impacts on the achievement of 92% occupancy

Colchester site (92% Occupancy)

	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Baseline Acute Demand	*562*	*647*	*662*	*622*	*645*	*640*	*656*
Baseline Acute Capacity	*567*	*567*	*567*	*567*	*567*	*567*	*567*
Baseline gap	5	(80)	(95)	(55)	(78)	(73)	(89)
Capacity Adjustments							
Copford Ward	20	20	20	20	20	20	20
Stanward Ward - E Bay	7	7	7	7	7	7	7
Total Capacity Adjustments	27	27	27	27	27	27	27
Demand Management Schemes							
LLoS 21days	10	10	10	10	10	10	10
LLOS	4	4	4	4	4	4	4
Discharge to assess	10	10	10	10	10	10	10
Older Adult Short Stay assessment unit	0	6	6	6	6	6	6
Frailty assessment Unit	0	4	4	4	4	4	4
Emergency Cancer patients (West Bergholt)	0	10	10	10	10	10	10
End of Life pathways	5	5	5	5	5	5	5
Stroke Pathway	0	4	4	4	4	4	4
Urgent Community Response Service	0	4	4	4	4	4	4
AMSDEC/Frailty Tendring	0	2	2	2	2	2	2
Risk Assessment	(9)	(18)	(18)	(18)	(18)	(18)	(18)
Total Demand Management Schemes	20.3	41.3	41.3	41.3	41.3	41.3	41.3
Risk assessed position	52	(12)	(27)	13	(10)	(5)	

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