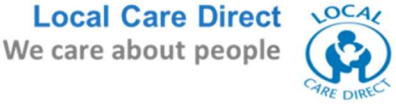
Appendix 2

Leeds System Resilience Winter 2018-19 Evaluation



Document Maintenance

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Acknowledgements

This report has been informed by feedback from across the Leeds Heath and Care system, and the regional NHSE Winter Review.

All system partners in Leeds should be thanked for their support shown to one another throughout winter, during which positive and productive time was spent in the Operational Winter Group and other forums to contribute to the management of winter pressures.

1. Introduction

Seasonal variations on demand occur year round in many sectors and winter is widely regarding as the time of the most sustained and significant pressure on health and care systems; nationally A&E attendance numbers increase, seasonal infections such as flu are more common, and colder weather can make specific population groups more vulnerable to serious illness.

Consequently each year, every health and care provider, and system formulates plans to better manage this demand, with the aim to make improvements year on year.

This report provides a outcomes of the evaluation of winter planning, performance within in the Leeds Health and Care System 2018/2019.

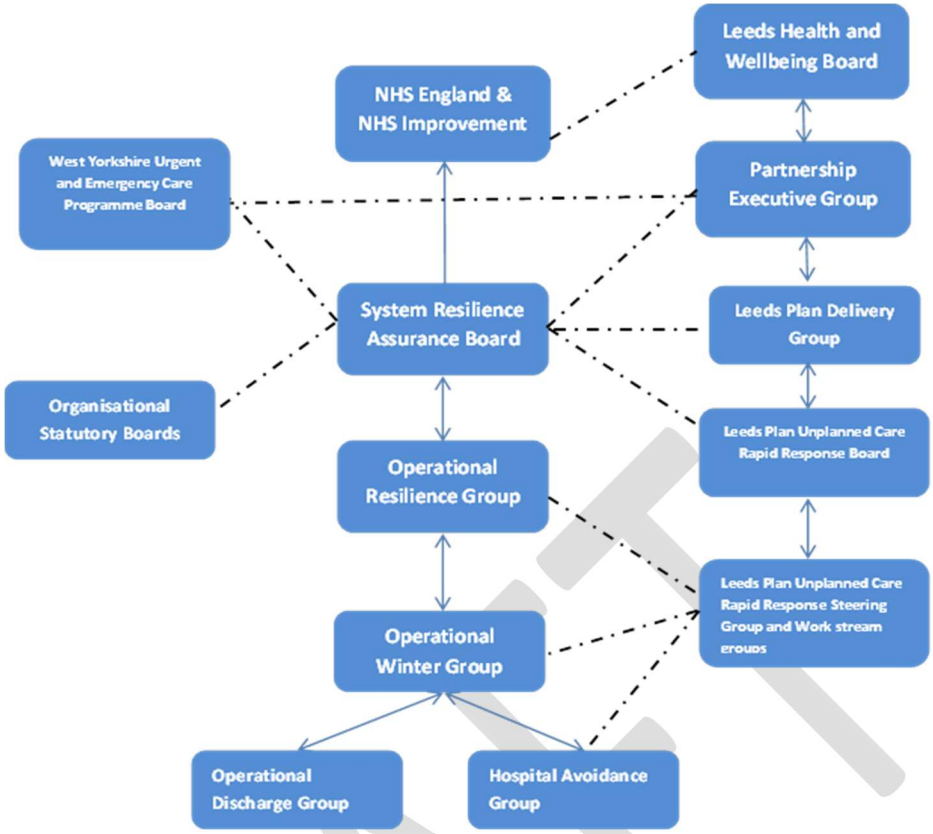
The report reflects on the experiences of last winter, the governance, what worked well and areas for further development.

The Leeds system includes a range of providers and commissioners across health and social care. For the context of this report experiences from those provider-organisations directly involved in the system resilience governance and operational delivery groups have been included, however it is acknowledged that many more specific individuals, providers and organisations in the city continue to work towards Leeds's shared health and care values. Specific contributors to this review include:

- One Primary Care (One Medical Group)
- Leeds and York Partnership NHS Foundation Trust
- Leeds GP Confederation
- Leeds City Council
- Leeds Community Healthcare NHS Trust
- The Leeds Teaching Hospitals NHS Trust
- Age UK (Leeds)
- Local Care Direct
- Yorkshire Ambulance Service NHS Trust
- Leeds Clinical Commissioning Group
- NHSE England – Yorkshire and the Humber

2. Governance Structure 2018/19

The following diagram shows the governance structure supporting the system resilience agenda in Leeds. This has subsequently been reviewed as it was felt that there was considerable duplication which it was felt lead to confusion and a lack of focus. The new governance structure in can be found in Appendix **X.** of the System Resilience Plan 2019/20.



2.1 Operational Winter Group

It is important to refer to the Operational Winter Group (OWG) and its importance in managing relationships over the winter.

Starting in October 2018, the OWG was a new element within the governance structure. Meeting weekly the remit of this group was to review recent past activity, consider future demand, surges & challenges and agree and enact action across the system in response.

Representatives of the OWG under the system resilience governance structure were drawn from across the system to:

- Promote successful collaboration, communication, and partnership working across the health and care system in Leeds by:
    - Recognising each other's challenges and constraints
    - Recognising system interdependencies and opportunities
    - Promote system openness and transparency
    - Creating a culture of supportiveness and *a no blame* culture
    - Communicating weekly with the system, successes, impact, difficulties etc. through 3 key messages.
- Provide focused management for the delivery of resilient services, across the Leeds health and care system with an agreed time period through:
    - Driving the identified system culture and behaviour change

    - Using data to drive decision making
    - Identifying themes, developments and improvements
    - Identifying predicted pressures and system blockers
    - Developing and implementing system wide management tools
    - Considering and recognising the consequences, including any unintended consequences
    - Seeking solutions to address and deliver the opportunities and unblock barriers
    - Developing the capability for the system recovery
- Take an overview of the management of system risk aligned to the system decision management tool to make recommendations to SRAB when required.
- Report to Operational Resilience Group:
    - Areas for improvement and opportunity
    - System impact
    - Escalate barriers, issues and risks
    - Identify future developments to support the system form both an operational and strategic perspectives.

3. System Winter 2018/19 Planning

The principles of the Leeds Resilience Plan are clear with high-quality and patient safety paramount. Through robust planning and collaboration the planned winter 2018/19 interventions below supported improved system delivery and improved outcomes for people.

- Weekly operational system meeting with senior managers sharing timely data - the impact of this weekly senior meeting is felt to have been significant.
- Operational Discharge Group at LTHT meeting 3 times a week to manage individual patients
- Sign off and implementation of the Transfer of Care policy.
- Planned opening of additional capacity/ beds within LTHT
- Flu, *point of care testing* in A&E to support management of diagnosed patients
- Discharge Transport booking times extended
- Community Care Bed flexibility in terms of criteria, times and quality of admissions
- Care home manager invited into the hospital to maximise use of beds in care homes, previously difficult to fill.
- Recruiting Trusted Assessor for the Care Home market
- Additional social workers to support additional winter beds (community and acute) to support maintained flow
- Urgent Treatment Centre (UTC) designation at St George's Middleton expanding capacity and providing direct bookable appointments from NHS111

- 100% population coverage for GP extended access
- Age UK collect and deliver medicines to further support patient discharge
- Additional staff deployed to meet increased demand at the Walk-in-Centre
- Enhanced streaming within the LGI GP streaming service in A&E to increase flow through the service
- Community services continue to support increases in referrals in additional pathways including respiratory, CIVAS and stroke
- Leeds hospices undertaking in reach to LTHT
- System wide mutual aid actions agreed and signed off
- Improved system relationships and understanding of services
- Weekly update to the system with a focus on front line staff to ensure good communication and provide feedback

3.1 NHS England Exception Reporting

To ensure a national view of performance regional winter rooms have been in operation 7 days a week to gather information from systems. The Leeds system had robust processes in place to ensure that we complied with the requirements of exception reporting 7 days a week during the reporting periods. Reporting 2018/19 consisted of the following elements:

1. NHS England's weekly call for systems to report their performance, pressures and recovery/supporting actions, CCGs represent their system. To ensure we are able to provide timely information, the Operational Winter Group discusses each week the local pressures and actions taken to provide an overview which is further informed by a call immediately prior to the NHS call between LTHT and the CCG, with other partners included by exception.
2. Relates to assurance reporting to NHSE by way of a daily assurance return, should one of five trigger criteria be met. On days when a specific trigger is met, ongoing actions within the acute hospital are shared by the A/DOP for escalations (that day) or the on call general manager (weekends and bank holidays). The CCG is responsible for collating and submitting the assurance return detailing the steps taken both short and long term by the system to recover the position and support performance improvement and recovery, either via the unplanned Care Team or the CCG on call manager (weekends and bank holidays).

There are triggers in place that necessitate exception reporting each day from October to March and on all bank holidays:

- A&E standard at or below 80% or a deterioration of more than 10% from the previous day,
- Any 12 hour trolley breaches,

- More than 5 Ambulance delays greater than 60 minutes,
- Increase in beds closed due to D&V by 20 beds from one day to the next,
- Other significant event e.g. disruption due to a catastrophic event or loss of infrastructure where the flow of ED is disrupted, major patient safety issues, developing situations where national briefing and preparedness would be of help to the system

4. Performance

4.1 Key issues from Yorkshire & Humber Region

Understanding the wider system/regional position helps us bench mark our position and provides the opportunity for us to learn from good practice of other systems. NHS England conducted a *mini* winter review using feedback from individual systems and observations through the winter reporting period.

The following regional themes were identified:

- Milder weather than 2017/2018 reducing the impact of travel disruption and school closures on Leeds staff, as well as potentially reduced minor injuries and cold-weather related illness presentations
- Seasonal Flu and D&V not above expected levels – and also much reduced from last year.
- Ambulance conveyance to/from care homes has not been reported as a pressure of this winter
- Some systems have experienced handover delays, although not significantly so in Leeds
- High patient acuity, especially respiratory disease been a feature throughout winter and this has been evident in A&E presentations at times of pressure
- A&E attendances are reported up year on year, although Leeds noted no increase in admission conversion rates

4.2 Leeds Health and Care System

Our improved position over winter has been attributed to:

- improved operational response
- predictive bed modelling
- planned reduction in elective operations resulting in less cancellations but overall a greater number of operations than in previous years)
- a milder weather (reducing the risk to vulnerable populations groups)
- lower number of people suffering from flu

Nationally, the Emergency Care Standard is used as a key metric of establishing the performance of a health and care system. Since November 2018, a month on month trend of improvement has been reported in the ECS when compared to equivalent months last year – notably March this year was 18.52% up on 2018.

In 2018/2019, 8,554 additional attendances were reported when compared to 2017/2018, representing an increase of 3.58% (and above the 2% anticipated growth in Leeds).

Following winter, and specifically in April 2019, the ECS was 4.7% improved on April 2018, whilst a 6.4% increase in attendances was reported in the same period (an additional 1237 patient).

Exception reporting in Leeds and weekly regional conference calls described consistent themes and challenges throughout the winter months:

- Patient acuity frequently combined with respiratory issues
- Surges in attendances in the evenings and at weekends
- High paediatric presentation numbers were a national trend

By November A&E attendances started to increase with notably high weekend demand. This was also seen in the Walk in Centre where weekend attendances often approached 200. Nationally paediatric attendances were high and this was also the case in Leeds. As a major trauma centre the demand for critical care capacity remained pressured over winter.

In January, the flow through community care beds was at its highest resulting in a lower than expected bed occupancy level allowing widening of the acceptance criteria. However, this increased flow into the beds did highlighted challenges in the current discharge processes between the homes and the hospital.

National changes to NHS pathways and 111 algorithms posed a significant challenge to the Out of hours GP service, with a marked increase in people requiring contact within 1 hour. The Leeds Clinical Assessment Service pilot supported this increase for Leeds maximising GP extended access appointments. As in previous years bank holidays saw the greatest reported pressure in these services.

St Georges became a designated Urgent Treatment Centre (UTC) in December 2018. Activity naturally increased at the Centre due to the additional minor illness service offer, as well as the traditional minor injury and GP Out of Hours service. The GP Out of Hours service saw a marked increase in activity which still remains a challenge to service delivery due to the national introduction of an additional disposition code for the NHS 111 service which specifies patients need to ‘speak to’ a GP within 1 hour.

Neighbourhood teams operated consistently over the winter and managed spikes in demand through their own internal business continuity plans. There were many

discussions regarding attendance/admission avoidance opportunities within our community services and it was agreed that this will be a priority for 2019/20.

Mental health services proved a challenging area for Leeds with high bed occupancy rates leading to high levels of out of area placements. These were at their highest at the beginning and then at the end of the winter period.

4.3 Escalations

In previous winters, sitrep calls were held daily. During this winter, on only 3 occasions was it deemed necessary to call a system-wide Sitrep call – on occasion subsequent pre-arranged calls were held to update on outstanding agreed actions. These calls were as a result of significant pressure within LTHT. All partners' participated and discussions lead to a number of solutions including:

- An offer to increase the capacity of the co-located streaming GP in A&E) if required
- All care home providers asked to accept admissions beyond 5pm
- Patients close to existing referral criteria to be identified for case by case review with a view to enable discharge
- Comms message to general practice, promoting the use of PCAL and sharing awareness of acute pressure in the hospitals
- CCB providers were asked to accept patients later in the day, as well as working with a wider inclusion criteria
- In reach by Neighbourhood Teams to also focus on patients identified suitable for discharge into their service.
- LCD staff, including care navigators, were to monitor demand from elderly patients and any others recent discharged to support avoiding re-admission
- SPUR staff were asked to escalate any referrals to the Ops Centre

All additional new actions were monitored and where beneficial will be included into a revised mutual aid suite.

Feedback from all partners stated that the OWG was a more effective way of managing escalations, and had improved relationships across the system.

4.4 Communications

Our proactive approach to internal and external communications resulted in the following:

- Sustained positive media coverage including a week long double-page feature in the Yorkshire Evening Post running from Saturday to Friday during the first week of December as well as regular press coverage of a range of our activities and campaigns designed to respond to system pressures

- Regular updates shared internally reflecting work of the OWG and sharing details of services that could help staff such as reablement (SkILS) and Home Plus (Leeds)
- Two effectively evaluated campaigns that avoided the *'don't come to A&E'* message that has typified recent approaches. *The Big Thank You* saw over 1600 messages posted and support from a range of citywide partners. The *Looking out for Our Neighbours* campaign has seen 3 in 4 people engaged with the campaign doing something new to help one of their neighbours. Both campaigns received regular media coverage
- Regular briefings were shared with Cllr Charlwood and other elected members as appropriate
- Proactive social media advertising ahead of extreme weather events and bank holiday periods
- A resource page was set up for primary care colleagues and shared with third sector partners as well, including social media plans, posters, leaflets and other resources to help people prepare for winter and beyond
- A joined up approach that ensured consistent messages around prevention including the *flu jab*, *Winter Friends* programme and *Keeping warm, Keeping well* as well as series of films produced by Leeds TV

5. System Evaluation process

The NHS England regional team (Yorkshire and the Humber) created a written review based upon findings from a questionnaire to local systems along with the outcomes of regional focused exception reporting. This approach provided a mechanism to share examples of '*what worked well*' across systems.

The Leeds system conducted a workshop; this provided all organisations the opportunity to share their challenges to inform system wide future planning. All organisations presented '*what worked well*' for them and the system from their perspective, along with '*lessons learned*' and suggested '*priorities for winter 19/20*'. Hearing about each other organisation's challenges proved invaluable to all partners and positively supported the strengthening of relationships across the system.

Subsequent exercises were focussed on themes from these presentations and informed a local evaluation and action plan that a number of task and finish groups are to progress in preparation and readiness of next winter.

5.1 What Worked Well

From the presentations it was clear that the foundations for improvement are well established;

- Relationships between operational leads are in place so as to facilitate cross-organisational discussions

- Those individuals routinely demonstrate positive behaviours including an understanding and acceptance of each other's challenges and limitations
- There was good accountability for actions taken during times of escalation
- Transparency in terms of data sharing and any specific limitations was evident
- The Operational Winter Group was thought to be a positive and improved model for regular management of system activity over winter
- A deeper mutual understanding of services helped to dispel myths regarding service provision and operating procedures

A key point of this winter was the improved use of data. LTHT created a demand and capacity model to inform their own operational plans but this proved to be a useful tool to timeline opportunities for system interventions.

System mutual aid, in terms of reactive system sitrep calls was significantly reduced this year, with opportunities for proactive solutions at the forefront of discussions.

Significant performance milestones were achieved this winter;

- No patients have been cared for in non-designated areas (NDA) throughout winter (and in actuality since May 2018)
- A&E performance, in terms of the Emergency Care Standard was improved
- Despite reducing the number of planned elective operations over winter, more operations were undertaken overall. There was also a reduction in the number of days when all operations had to be cancelled
- Patient flow into and out of the Community Care Beds was markedly improved, allowing for a broader use across more patient cohorts

5.2 Areas for Further Development in 2018/19

A number of areas offering potential opportunities for improvement have been highlighted:

- Continue to develop improved discharge process to reduce the numbers of patients in surge beds
- Dementia (complex) bed capacity in the independent sector resulting in delays in discharge for people with dementia and complex needs in both in both LYPFT and LTHT
- Maximise Transfer / discharge to assess pathway
- Increase referral rates to community services – Neighbourhood Teams and Reablement
- Improved access and capability of the Leeds Care Record (allowing more health professionals '*write*' privileges)
- Development of local DoS to better inform operational staff of available services and operating hours

- A focus on pathway development crossing organisations and specifically on the interfaces between organisations to improve patient flow
- A greater adoption of a shared education and culture by further embedding '*Home First*' and the consideration of sharing staff training programs (across organisations)
- Review of Leeds Integrated Discharge service (LIDs)
- Maximise the Community Care Beds to reduce reliance of the surge wards in LTHT
- Greater participation of Primary Care (including Pharmacy) and wider 3rd Sector inclusion across system meetings. Initial progress has been made this year with the direct inclusion of LCC Housing in discharge discussions
- Continued improved data use, such as a system-wide data planning tool and the UEC-Raidr tool

5.3 Winter Evaluation Actions

The outcomes of the evaluation session below have been progressed in preparation for winter 19/20.

Review current escalation processes – test plans
Develop proactive year round modelling / planning (capacity demand and staffing)
Dementia capacity in the community
Evaluate LIDs service
Review discharge pathways/processes into Community Care Beds
Identify hot spots for urgent care activity across the city

The outputs form these actions will be used to inform the system priorities for 2019/20 forming part of the LSRP 2019/20.

In addition to the system wide review, all partners are in the process of conducting internal organisational winter reviews to identify areas of learning and evidence key actions for 2019/20. Each organisation including the CCG has clear internal governance processes for the sign off of their individual winter plans.

Milder weather reduced the impact of disruption to staff, and potentially cold weather related presentations within urgent care settings. That said, at times of pressure,.

6. Conclusion

Overall the system agreed that we had a much improved winter in 2018/19 compared to 2017/18 with milder weather and low levels of flu presentations. ECS in April 2019 was 4.7% higher when compared to April 2018 despite a 6.4% average increase in attendances and the planned cancellation of all electives resulted in more elective activity overall.

At times of pressure high patient acuity especially respiratory illness was a considerable factor. Community investment and pathway improvements to support both avoidable attendances and reduce non-elective admissions would improve outcomes and experience.

Discharge processes and outcomes have seen an improvement but these can be further developed starting with a review of the LIDS team.

Our approach to planning, managing pressure and working together supported positive behaviours building on existing relationships across the system. The OWG was a key vehicle in enabling this and in promoting the benefits of system co-operation.