



## Winter Pressures

# HSC 30<sup>th</sup> April 2019



### **National Operating Guidance on standards**

- Delivery of 90% performance against the 4 hour ED target over winter
- Maintain the number of patients on an elective pathway (cancellations of planned surgery)
- Flexibility of the clinical workforce, enabling staff to respond to times of increased workload (e.g. annualised clinical job plans)
- Reducing the number of **long-stay patients in hospital** ambition is to reduce the number of beds occupied by long stay patients by 25%
- Community providers also need to **free up bed capacity**, reduce length of stay and ensure that a greater proportion of patients receive the appropriate level of care, including in patients' own homes.
- Review of existing A&E patient pathways
- Continuing to work to reduce the ambulance handover delays at hospital EDs
- **Mental Health** specifically at the interface between mental health services and A&E pressures
- Health and Social Care worker flu vaccination ambition should be to achieve near universal flu vaccine uptake by healthcare workers.
- Improved Access to GP services (evenings and WE)
- Good public awareness of what is available over the peak periods, particularly at the weekend and during holidays.



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### **Development of Winter Plan**

- Builds upon lessons learnt from best practice and from winter 2017- 2018
- Evaluation of winter resilience schemes from the 2017-2018 with recommendations
- Incorporates the on-going work on reducing length of stays in hospital and will build on the demand and capacity analysis across the system
- Confirm the 5 priorities through A&E Local Delivery Board (South Wiltshire and Wiltshire data and narrative input into BaNES and Swindon system plans)
- Feedback from Regulators of draft submissions and Key Lines of Enquiry
- Regional Winter Events
- National Director Winter Letter
- Separate plans and returns to NHS England on primary care, digital and quality / patient safety
- Ongoing work "deep dive" to understand what is driving demand across systems by postcode, diagnosis, referral and age
- Review of Demand and Capacity modelling for the South (as part of STP work)
- Plans taken to Joint Commissioning Board, CCG Governing Body in Public, Primary Care Commissioning Committee, and Health and Well Being Board throughout the year



# Contents of Winter Plan and summary of provider plans:

- Reflections 2017/18
- Governance Senior Responsible Officers, single point daily contact
- Primary Care
- Integrated Urgent Care 111, Clinical Assessment Service and Out of Hours GP Service
- Ambulance and 999 Handover Delays
- Mental Health
- In Patient Flow
- Elective Plan
- Older People / frailty
- Delayed Transfer of Care and Stranded Patients (over 7 days/ over 21 days)
- Patient Transport
- Influenza and Infection Prevention and Control
- Workforce
- Communications Strategy

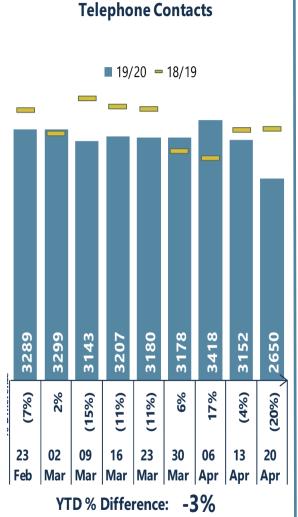


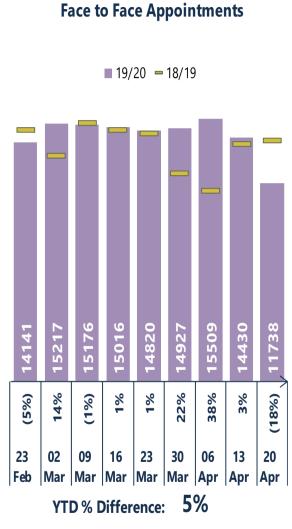
# **Summary of Performance – updated from previous presentation**

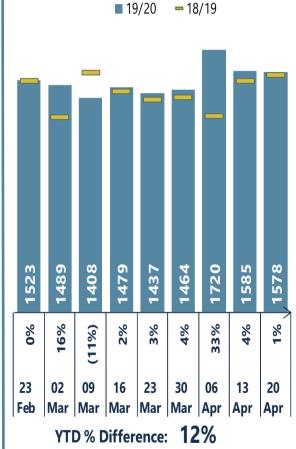


Data source: NHS Wiltshire CCG - TPP extract

**Home visits** 







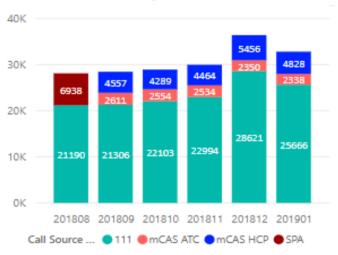
**Clinical Commissioning Group** 



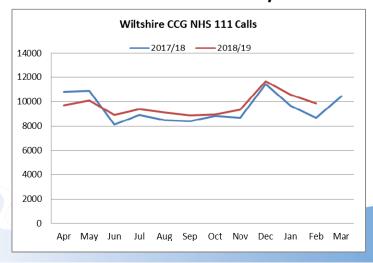


### IUC (NHS 111 Activity)

#### **Total BSW Activity inc HCP / ATC**



#### Wiltshire 111 Calls only



#### NHS 111 Call Activity and Outcomes (Oct-Jan)

- NHS 111 contracted BSW activity volumes is approx. 29% than contracted (excluding HCP line calls)
- Similar call patterns to previous years, increasing Nov – Jan
- 83% of NHS 111 calls answered in 60secs
- Over 65% of calls are being assessed by a clinician (one of the highest rates in the country)

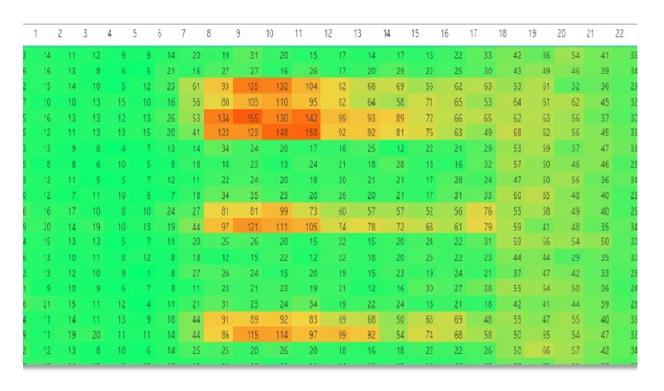
#### NHS 111 Call Outcomes (Oct-Jan)

- Ambulance 11.6% significantly below the national average of 13.92% for January.
- ED -6.1% significantly below the monthly national average which was 8.5% for January.
- Primary Care 45.8%
- Self Care 4.2%





### **Early Easter Analysis**

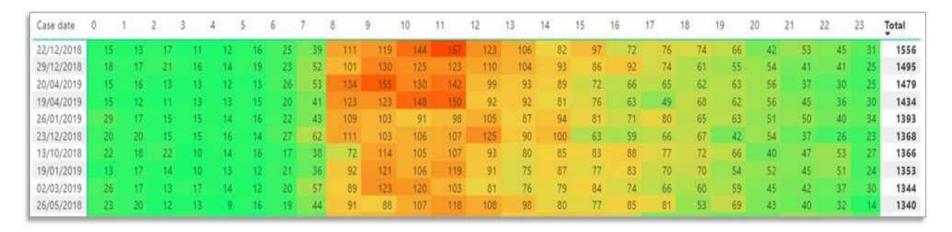


Extremely busy Easter Weekend in terms of demand as expected. The heatmap above shows cases received per hour (with some previous weekends as a comparison). Friday and Saturday were especially challenging with circa 200 additional cases that we would see on a 'normal' Saturday.

Cases relate to a single patient so each of the below can have multiple consultations e.g. telephone consultation followed by face to face.



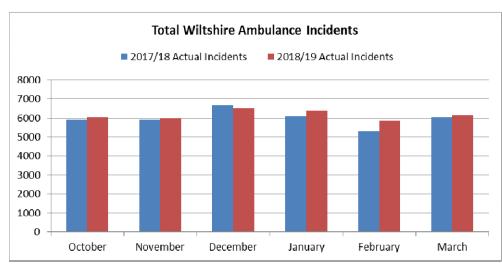
### **Early Easter Analysis**

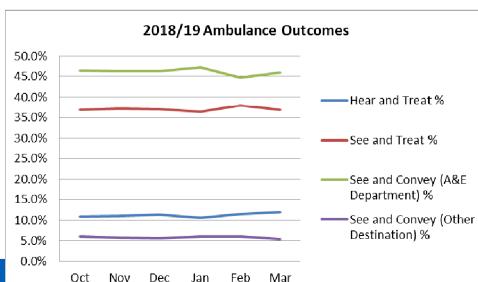


It was also very busy in comparison to everyday IUC has delivered so far. The above also shows cases received per hour but this time the top 10 days delivered in terms of total case activity per day.

As you can see Easter Friday and Saturday are number 3 and 4. Only lower than some of the days over the Christmas period.

### **Ambulance Demand**





#### **Activity**

- 2.4% higher than plan
- XMAS / NY slightly quieter than predicted but significantly higher demand 7<sup>th</sup>-8<sup>th</sup>; call stack peaked at +200 calls
- Easter 10% higher activity than forecasted

#### **Performance**

- Cat 1 Mean (7mins) not achieved for Wiltshire
- Cat 1 90<sup>th</sup> percentile (15mins) achieved in Nov, Feb and March
- Cat 2-4 means and percentile targets not achieved across Wilts

#### **Outcomes**

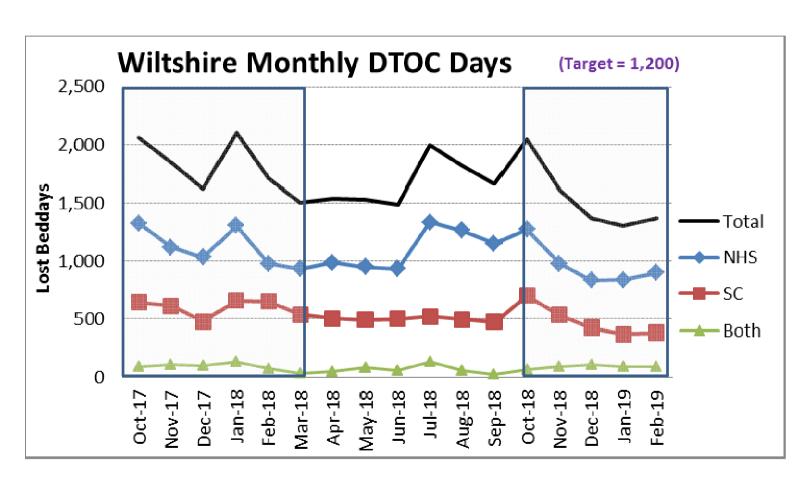
 Decrease in See & Treat % compared to 17/18 other

THE TIGHT HEALTHCATE FOR MAIN YOU, WILLI YOU, THEAT YOU. Increase in conveyance to ED Wiltshire compared to 17/18 Clinical Commissioning Group





# DTOCs:Total Bed Days Lost

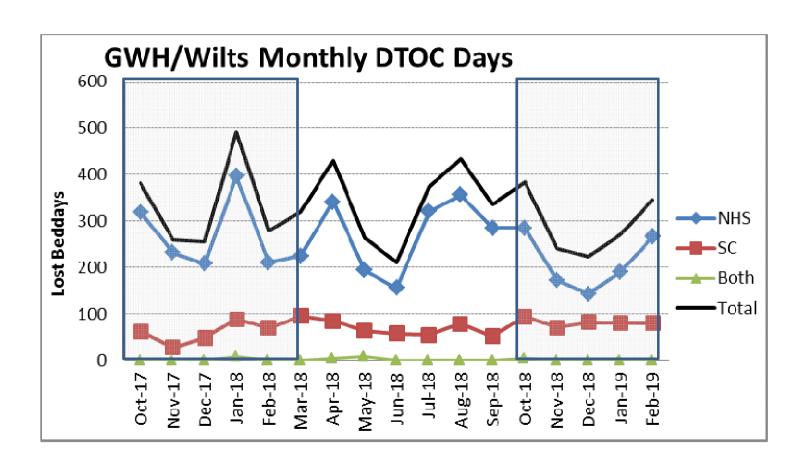


Total bed days lost to DTOCS lower than 2017/18 Winter, but still above target





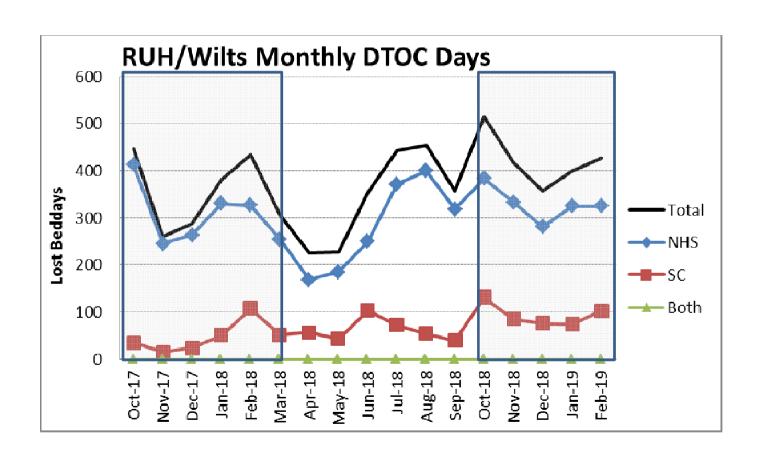
# **GWH Total Bed Days Lost**







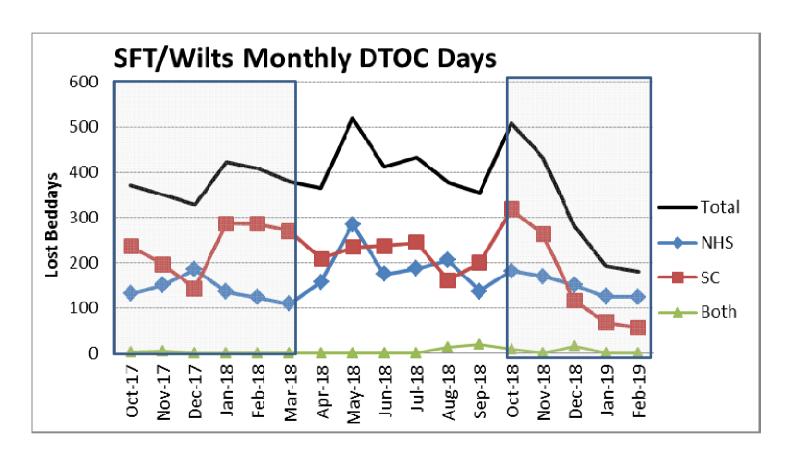
# RUH Total Bed Days Lost







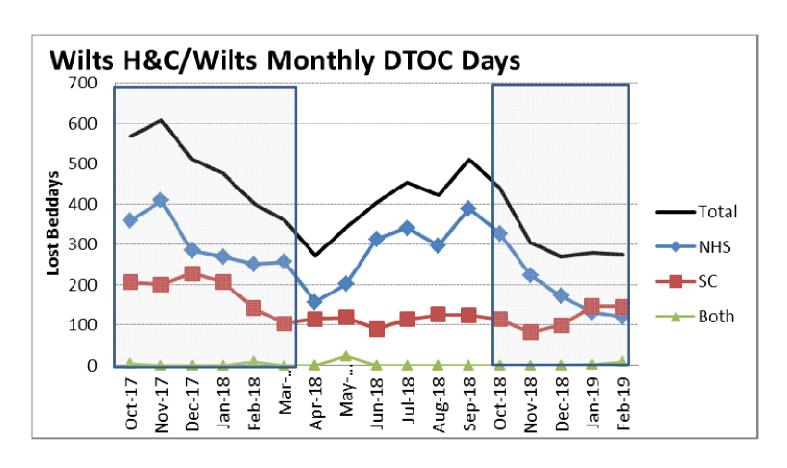
# SFT Total Bed Days Lost







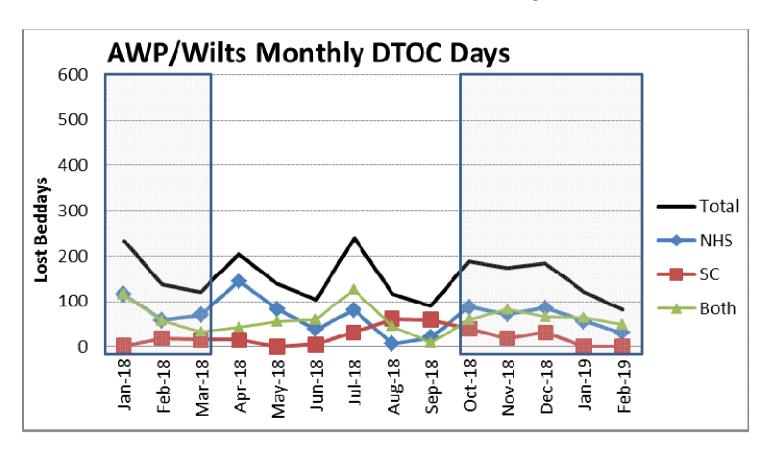
# WH&C Total Bed Days Lost







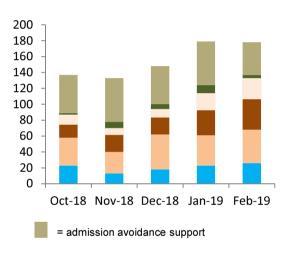
# AWP Total Bed Days Lost



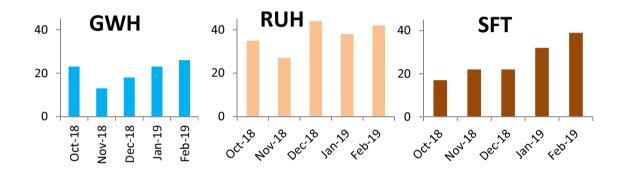




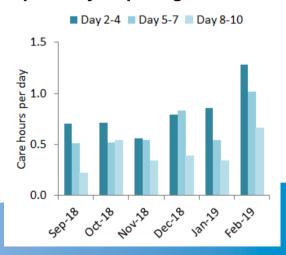
# Number of patients starting Home First pathway each month has increased



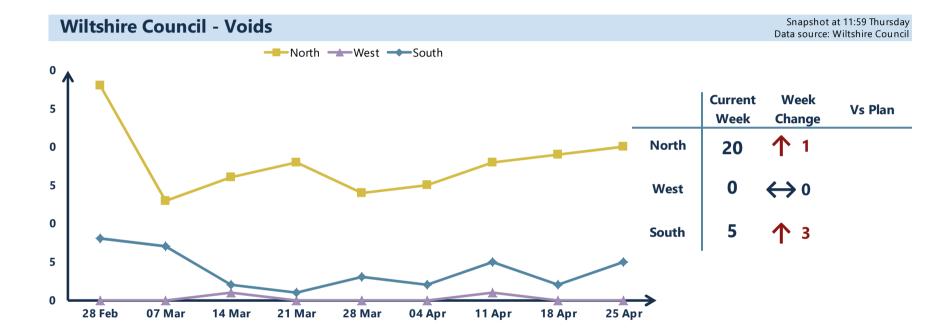
### Including increased discharges through Home First at all trusts

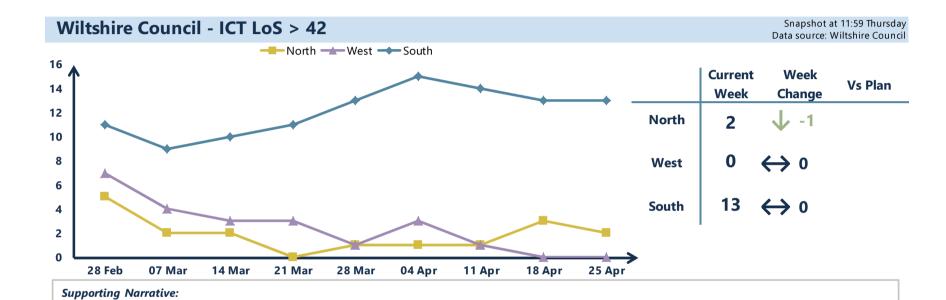


### Complexity increasing: patients starting on pathway requiring more initial support







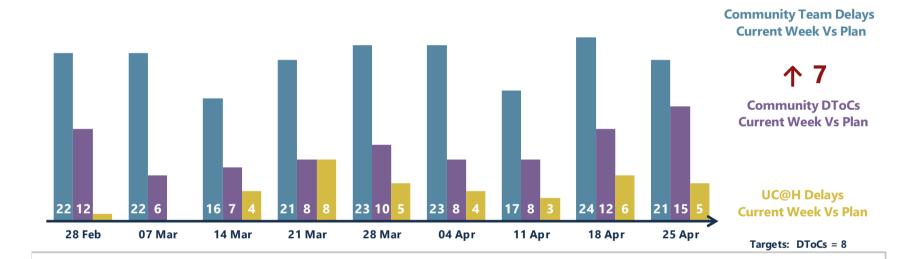




#### Wiltshire H&C / Medvivo - Community Delays

Snapshot at 11:59 Thursday Data source: Wiltshire Health & Care, Medvivo

■ Community Teams ■ WHC Community Hospitals ■ UC@H delays



	SERVICE	RESOURCE	DATE IN PLACE	FUNDING
WILTSHIRE WIDE Pop 492,763 (Sept 18)	Community Hospital beds (Chippenham, Warminster and Savernake)	88 beds	Existing	WHC CONTRACT
	Intermediate Care	65 beds	Existing	BCF
	HomeFirst / HomeFirst+	85,500 hours	Mob timeline	BCF
	Urgent Care @ Home	Baseline provision approx. 65 POC/mth	Existing	BCF
	HTLAH Alliance	New HTLAH Alliance has added 14 new providers to Wiltshire who will be building new capacity. As this is a dynamic framework providers will be able to get on the framework at any time if they reach quality standards	In place	WC current contracts
	County wide - Peripatetic Social Work Team	Locum Social Workers (x 4 countywide) and 1 x specialist manager	In place	ASC winter
	Trial of SW in ED	RUH and SFT	In place	
	HTLAH block contracts for additional winter capacity for dom care and Reablement	First City Nursing 400 Reablement hours (South). Agincare 200 domiciliary care hours in North. CareMatch 122 hours in the South (Amesbury/Tidworth). 200 Hours allocated to First City to be available in the South for a bridging service	14 Dec. New Bridging service to be established by 1/4/19	WC
SOUTH/SFT 31% of pop 36% of activity to SFT	Step down Social Care D2A 3 - Bartlett House, x1 - Avonbourne Care Centre, x1 - Willowcroft x1 - Buckland Court	6 beds OSJ	1 <sup>st</sup> Oct	ASC winter
	Age UK Home From Hospital Services	VCS support for discharge reviewed and scope expanded	15 <sup>th</sup> Oct	ASC and CCG
	Dementia Nursing beds – Longbridge Deverill	2 beds (countywide resource)	1 <sup>st</sup> Nov	ASC winter
NORTH EAST/GWH 36% of pop 26% of activity to GWH	Step down Social Care D2A (Athelstan House)	4 OSJ	1 <sup>ST</sup> Nov	ASC winter
	Dementia Nursing beds – Brunel Hse	2 beds (countywide resource)	Tbc	ASC winter
	Step down beds (mitigation HF recruitment) Bassett House	6	From 17 <sup>th</sup> Dec	BCF (HF envelope)
	Additional beds on Ailesbury	4	21st Jan 19	CCG
	Step down Social Care D2A (Hungerford	4	1 <sup>st</sup> Nov	ASC winter

### **COMMUNICATIONS PLAN**





