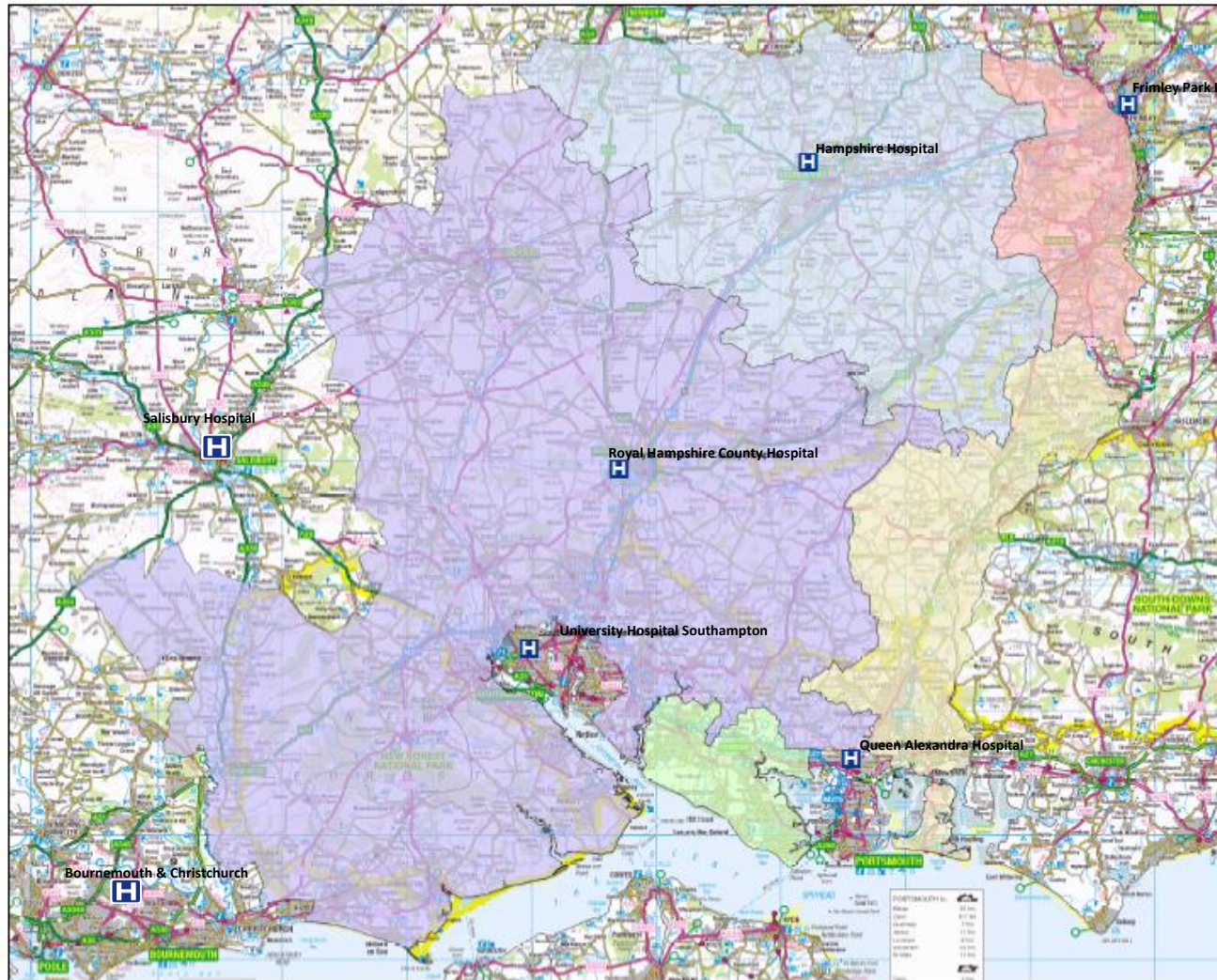


# Winter Pressures and System Resilience









# 7 main Hospital locations supporting Hampshire

## Hampshire Clinical Commissioning Groups and Acute Hospitals



### Legend

-  Acute Hospitals
-  Fareham and Gosport CCG
-  North East Hants CCG
-  North Hants CCG
-  South East CCG
-  West Hants CCG

This map shows the Clinical Commissioning Groups within Hampshire and the location of the Acute Hospitals.

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Date : 3rd March 2014

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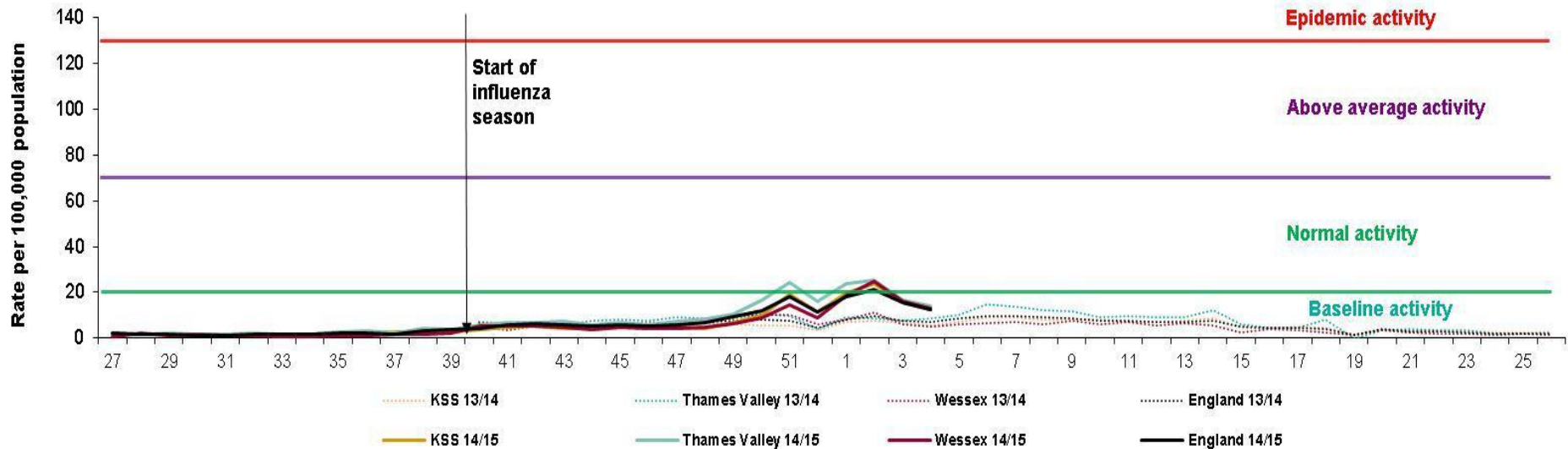
# CONTEXT

Hampshire is a complex system in which partners have been working together to address the whole system challenges which particularly relate to:

- Balancing need for planned care with urgent demand
- Surge in numbers of people with respiratory problems
- Volume of people with increased complexity of need requiring high intensity care when they leave hospital including rehabilitation.
- Delay/difficulty in accessing packages of care due to market constraints.
- Delay/difficulty in sourcing Care Home placements to meet high intensity needs at a fair price that meet patient / family choice, expectations within an appropriate timescale.
- Pressure on staffing in some hospital teams due to staff sickness absence and vacancies in services
- Multiple systems escalating to red/black at the same time has led to huge demand on all services and staff.



# Public Health Perspective



- Influenza levels higher in 2014/15 than for last 3 years but not higher than expected most winters
- Influenza like illnesses higher last week of 2014 and first of 2015 – now declining

% Vaccinated:

@ 72% > 65years; 50% high risk <65 years; @ 44% pregnant women

# Population Responses

Interventions also include:

- Addressing fuel poverty – “Hitting the Cold Spots”
- Local sharing of surveillance systems and early warning of bad weather
- Supporting CCG initiatives with particular at risk groups
- Actively encouraging flu vaccination for front line health & social care workers

A range of other interventions can be established as “business as usual” following analysis of:

- Who attends Emergency Department
  - Who is admitted as emergencies – why and how long for
- 

# North East Hampshire and Farnham - Pressures

- Pressure since 29<sup>th</sup> December 2014
- 12% increase in attendances and 15% increase in admissions over Christmas and New Year period compared with last year
- Over 35% of admissions were people aged 75+
- Older population with respiratory conditions
- A&E 4 hour standard performance achieved in December 2014 and Quarter 3. Quarter 4 performance challenging
- No 12 hour A&E breaches
- Ambulance services have experienced 8% increase in demand – however minimal handover delays
- Workforce challenges – recruitment, retention, sickness

# Actions Taken and Next Steps


## Actions taken

- Positive and flexible partnership working
- Daily system-wide conference calls
- Operational Resilience Capacity Plan implemented
- Increased community capacity & flexibility
- HCC procured additional interim & discharge to assess care home capacity
- Daily review of social care capacity in Hampshire & Surrey
- Early supported discharge with primary care & respiratory provider (BOC)
- Primary care additional same day access appointments (350 in December)
- Communications and radio campaign across the system
- Falls pathway (**W**alk **a**nd **L**ive **C**onfidently – **WALC**)

## Next steps

- CHC process
- Care homes piloting 'Trusted Assessor' assessments from partners
- Live data across system including DTOCs
- More voluntary sector involvement
- Lessons learned process
- Out of hospital model and use of community beds
- Vanguard application possibilities
- Contracting intentions

# North Hampshire - pressures

- General Practices very busy typically seeing around 2000 “urgents” per day across practices in 12 hour day
  - GP OOH very busy but coped despite sickness
  - Ambulance service very busy but no ambulances queuing
  - Emergency Department busy over Christmas period (relatively quiet by early new year) 110 to 180 per day (July saw 209)
  - 4 hour waits performance dropped to < 80% at times
  - Problem was not being seen in a timely fashion mean was 24 minutes
  - **THEN** once decision to admit no beds available
  - System running at close to 100% occupancy is very sensitive to modest increase in flow
  - Hospital “silted-up” due to difficulty in getting patients out 29 – 96 escalation beds open at any one time. Mostly on Red alert
  - DToCs ranged from 25 – 40
- 

# Actions Taken and Next Steps

## Actions

- Daily sitreps across all agencies “all pulled together”
- Followed NHSE reporting & escalation process
- Frequent communication with GP practices
- Gold Command in week 6<sup>th</sup> January to problem solve
- SRG concentrated on winter resilience
- Multi-disciplinary clinical rounds twice weekly

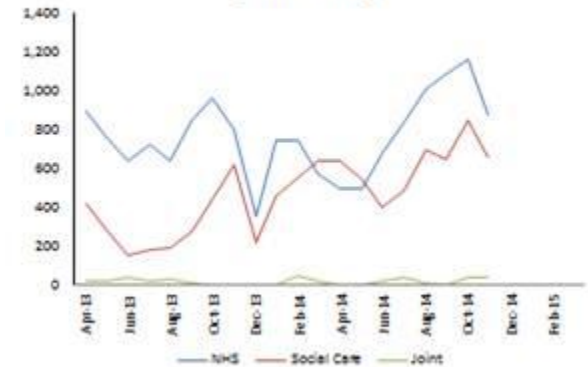
## Next steps

- Review of this years monies ?  
Impact of Joint Emergency Admission Prevention Scheme (JEAPS)
- Work around Care Homes – including some beds
- Discharge planning a priority for ICTs
- Developing fully integrated discharge team

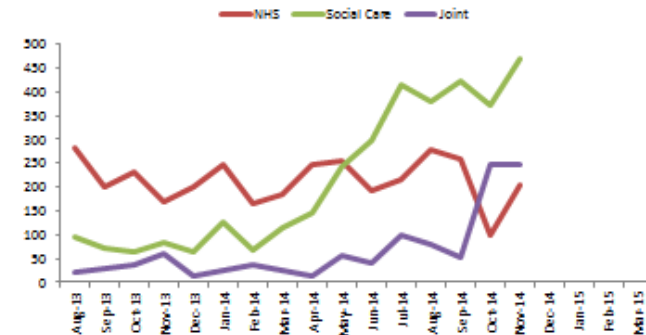
# West Hampshire - Pressures

- More demand outside hospital over last 5 weeks but have maintained performance standards.
- NHS 111 call answering times & conversion to A & E rates good
- Despite perception, ED attendances to Southampton and Winchester Hospitals and Lymington MIU within 1% of planned levels, & low actual attendance levels in last 2 weeks
- > 6% increase at Royal Bournemouth Hospital and Andover Minor Injury Unit
- Ambulance handover delays low, although peak at RHCH over the first 2 weeks of January, (that has now reduced)
- Non elective admission levels were immediately over Christmas, but have returned to normal levels. Pressure is acuity of medical admissions not volume
- Around 200 planned operations cancelled and rearranged during January, for our population
- The main causes of delay and / or poor flow are: time of discharge (person actually leaving hospital) and availability of either domiciliary or nursing home care particularly in the Winchester & New Forest

UHS - All Patients (Total Bed Days Lost per Month)



HHFT (RHCH)- All Patients (Total Bed Days Lost Per Month)



# Actions Taken

- Stronger day to day management role - daily resilience calls, escalation framework, regular chief executive discussions focused on assessing whether actions are taken
- £5.2m invested in additional capacity and supporting new ways of working. Focused funding and staff on main causes of poor flow across the system – this includes:
  - **Additional staff:** ED consultants and nursing staff at all providers; 12 Community In-Reach Coordinators; > access to consultant physician advice, guidance and rapid assessment to support the management of complex patients within the community
  - **Additional Capacity:** > 120 additional beds open across systems; additional ambulances, out of hours and primary care capacity; additional community bed capacity within community hospitals; additional care home capacity; Enhanced hospice at home provision to support patients to die in their place of choice; Additional equipment to facilitate discharge
  - **New Ways of Working:** Implementation of Trusted Assessment to restart care; Implemented Enhanced Recovery and Support at Home to prevent avoidable admissions and facilitate early supported discharge, including the provision of care packages; > review of impact on patient outcomes including people who had operations cancelled and those who wait more than 4 hours in the Emergency Department

# South Eastern Pressures

- A&E attendances have reduced year on year but medical admissions have increased significantly
- Number of people waiting > 4 hours indicates 'flow' is the key issue to resolve, whilst maintaining good progress on reducing delayed discharges
- The system began the period after the new year on 'black alert', and under notable pressure. There has been a steady improvement in performance since early days of January – this period includes the 'perfect week', described below - as staff across the system worked hard to stabilise and improve the situation to maintain safe patient care.

80.07%

Week to 18/01/15



75.44%


Quarter 4 to date



83.17%

Year to date

# Actions Taken

- £8.2m investment in a range of GP, hospital and community services focusing on:
    - avoiding unnecessary attendance
    - Avoiding unnecessary admissions
    - Improving flow
    - Reducing delayed discharges e.g more discharge to assess beds
  - Additional weekend assessments by ASD (target 48 achieving 84)
  - Perfect Week 8 – 15 January 2015 to identify hot spots
  - Reduced numbers of Clinically stable discharge ready delays <15
  - Reduced medical 'outliers' (patients in a hospital bed, but not in the optimum clinical setting for someone with their condition) from more than 160 to <90 today
  - Good partnership working delivered more timely, safe discharges – peaking at 200 discharges for the week-end of 10<sup>th</sup> and 11<sup>th</sup> January
- 

# Adult Services Pressures

- During the 12 month period to November 2014;
  - HCC Adult Services Hospital Teams supported more than 14,000 people to leave hospital (Of the requests for Adult Services assessment 31% are for people in hospital)
  - 80% of all the referrals to HCC Hospital Teams are for people over the age of 75, with 44% for people over 85 years
  - Over 5,500 people benefitted from a reablement service following a hospital admission
  - 73% of all 'new' hours of domiciliary care commissioned each week are to support people being discharged from hospital
  - On average it costs £39 per week more to support an older person following an admission to hospital, in comparison to people not admitted to hospital
  - The Hampshire Equipment Service (HES) operated by HCC provided more than 6,000 items in the six months up to December 2014; 18% of all people receiving community equipment. The service also supplied more than 1,000 hospital beds, mattresses and other specialist items ordered by hospitals to support people upon discharge.

# Actions Taken

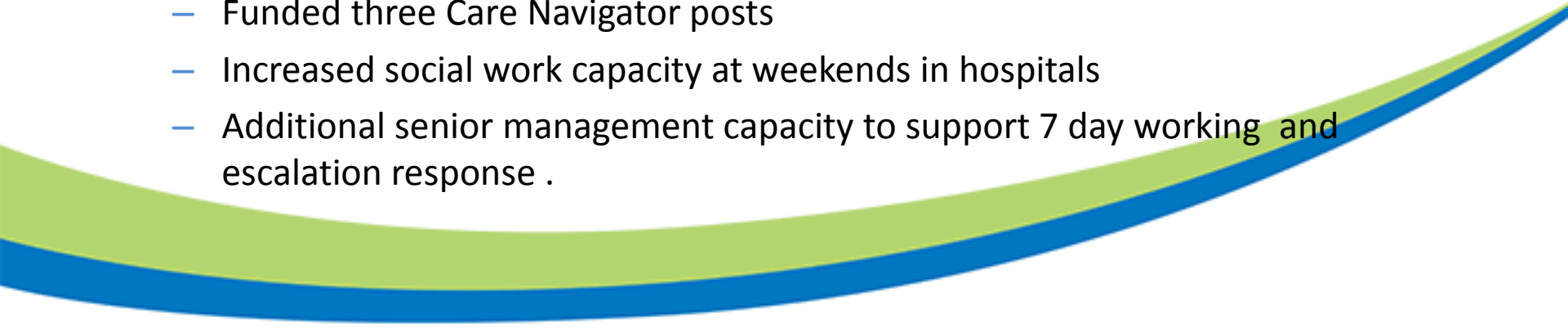
## Community Capacity –phase 1 (£962k)

- **31** additional HCC directly provided ‘discharge to assess’ nursing home beds – available to the whole system
- **10** additional ‘discharge’ nursing home beds in private care homes
- Spot purchasing of **additional ‘reablement’** capacity, supported by 3 additional locum physiotherapists to support accelerated recuperation and recovery in bed based resources
- A **new reviewing team** to ensure timely and appropriate care packages and community equipment is in place
- **Single tender** to enable the provision of **‘double-up’ care** packages in place to support the South East system
- **Additional funding** to purchase additional packages of care, community equipment and staffing

## Community capacity – phase 2 additional national money Jan 2015 (£520k)

- Securing further interim care home placements including additional staffing to support flow through the interim bed capacity (35 additional beds secured over the last 2 weeks)
- Optimising the use of our In House nursing capacity both for Discharge to Assess and interim placements
- Continuing to secure all available capacity in the domiciliary care in the market including flexible use of in house Community Response Teams
- Increased staffing into hospital discharge teams including community hospitals.

# Actions Taken

- Additional staffing – a further £189k of System resilience funding has been used to;
    - Support assessment and care sourcing staff capacity
    - Increase administrative support to Care Purchasing Teams and other front-line teams, such as the Community Response Teams
    - Additional Team Assistants (admin support) to support hospital based discharge teams, especially to enable weekend cover
    - Strengthened arrangements in hospital settings to link with wards through both using locum staff and triage team developments
    - Identified dedicated Social Workers to enable Integrated Discharge Team ‘discharge to assess’ opportunities linking to additional care home capacity
    - Funded three Care Navigator posts
    - Increased social work capacity at weekends in hospitals
    - Additional senior management capacity to support 7 day working and escalation response .
- 

# Summary

- The whole health and care system across Hampshire remains under extreme pressure given the numbers of people being admitted to acute hospitals and the increasing complexity of support many people require in order to safely leave hospital.
- We are working to increase care market capacity which has been a challenging issue both care at home and nursing care
- Hampshire County Council and Clinical Commissioning Group partners have jointly acted swiftly and positively to offer and provide support to acute partners, often making additional capacity (as described in previous slides) available within days
- There has been and continues to be high level political support of the actions taken to manage and mitigate the emerging whole system pressures.
- The pressures within the whole system, both in terms of volume and complexity of people's needs, are likely to persist for several more months and will continue to require resources and management attention to continue in their present form.