

Health Overview and Scrutiny Committee – 22 January 2015

**Report of the Head of Commissioning, Neill Bucktin,
Dudley CCG and Paula Clark, Chief Executive, The
Dudley Group NHS Foundation Trust**

Winter Pressures

1.0 Purpose of Report

- 1.1 To advise the Committee of plans put in place to deal with demand in the health and social care system and performance during the winter period.

2.0 Background

- 2.1 In June 2014, NHS England made available additional resources to health and social care systems to support agreed "Operational Capacity and Resilience Plans" established by System Resilience Groups, consisting of Chief Executive/Director level representatives of the main health, social care and voluntary sector organisations in the local health and social care economy.
- 2.2 In Dudley, the Health and Social Care Leadership Group fulfills the role of the System Resilience Group and reports to the Health and Wellbeing Board. As Chairman of the Group, the CCG's Chief Executive Officer acts as the Accountable Officer for the use of the additional resources.
- 2.3 This report sets out the agreed plan for the use of additional monies made available to Dudley by NHS England via the System Resilience Group and also made available directly to Dudley Group NHS FT; and subsequent performance during recent weeks.

3.0 Resource Allocation

- 3.1 The schedule at Appendix 1 shows the breakdown of the use of additional monies. The Committee will note that these monies have been allocated across a range of schemes covering:-
- primary care
 - community health services
 - hospital services
 - mental health services
 - intermediate care
 - social care
- 3.2 Expenditure and performance has been overseen by the Urgent Care Working Group, reporting to the System Resilience Group.

3.3 In addition, the System Resilience Group has in place an agreed action plan for improving system wide performance, as a result of advice received from the Emergency Care Intensive Support Team. This, alongside the additional resources was designed to create a sustainable system over the winter period and beyond.

4.0 System Performance

4.1 In recent weeks the system has been under significant pressure. This has been characterised by:-

- additional demand in primary care;
- additional demand in A and E, as a result of influenza A and respiratory conditions, predominantly for the frail elderly;
- delayed transfers of care;
- delays in intermediate care, in terms of patients waiting to be either allocated to a social worker or to be assessed by a social worker.

4.2 The attached graphs at Appendix 2 show Dudley Group NHS FT's performance in relation to the 4 hour target to see treat, admit or discharge 95% of patients in ED and describes in further detail the initiatives in place within The Dudley Group to support winter demands. Despite the significant pressure in the system, the quarterly and monthly target was met for the period ending 28th December, 2014. Quarter 3 data published by NHS England shows that 95% of DGNHSFT's 24,918 attendances were seen, treated, admitted or discharged within 4 hours.

4.3 This put The Dudley Group as 11th best district General Hospital in the country (only 13 trusts met the type 1 95% target in Q3) and the only Trust in the midlands to meet the target. In the same period of 2013/14 the Trust had 23,181 attendances (+1737). Since New Year's Eve performance has deteriorated. Within three days, the level, of breaches within A and E was the equivalent of what would be expected over a "normal" 3 week period. Appendix 3 gives more detail on the increase in demand upon emergency department services.

4.4 Primary care activity is best illustrated by activity at the Walk in Centre. The centre's usual planned level of activity is 3,289 attendances per month. December saw total attendances of 5,171.

4.5 The fundamental issue has been maintaining a suitable level of patient "flow" through the hospital and discharge to home; intermediate care; residential care or nursing home care. This has been hampered by a breakdown in the intermediate care system. As far as the latter is concerned, a significant number of patients have a length of stay beyond the expected 6 weeks, many of whom had not been allocated a social worker. Without adequate "flow" through the system, pressures in terms of hospital admissions become very difficult to manage. The table below shows the number of delays in both locations at three points during the period.

Date	25/12/2014	01/01/2015	08/01/2015
Acute Delays	87	76	70

Non Acute Delays

Date	25/12/2014	01/01/2015	08/01/2015
Total Delays	52	42	43
Awaiting Allocation of social worker	41	34	15
Awaiting social care assessment	7	5	20

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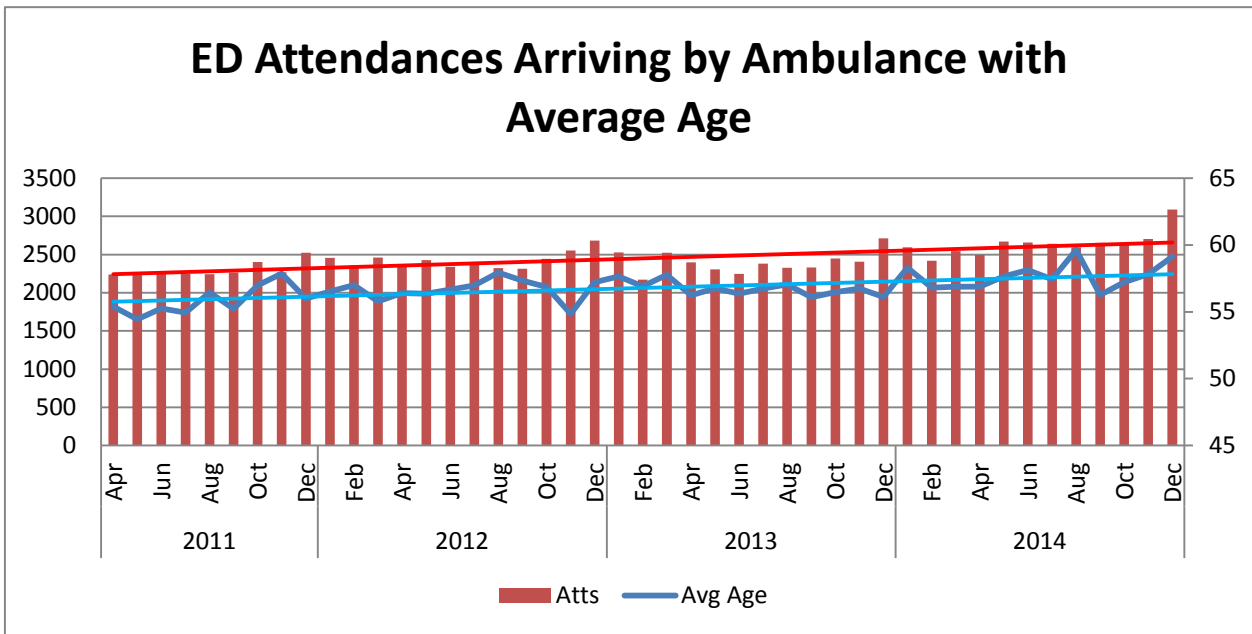
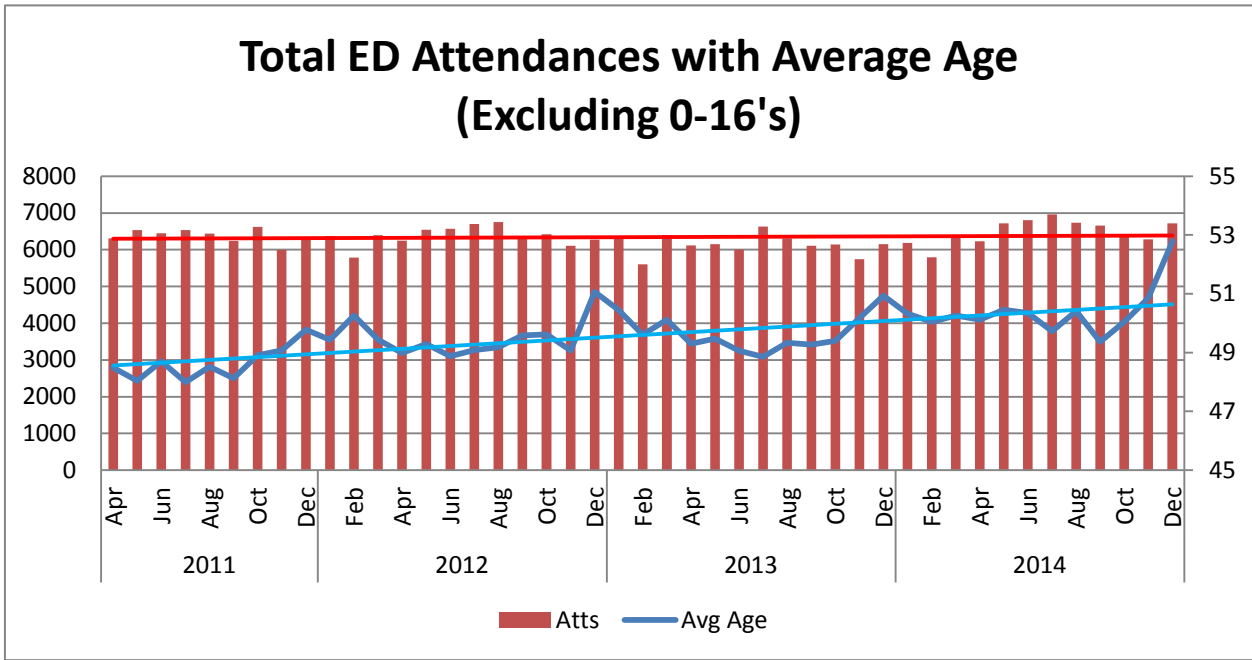
Winter Schemes 2014/15

	Better Management of current Pathways/services	Value £	Provider
1	Frail Elderly Assessment Unit	259,600	DGH
2	Extension of HALO cover	21,000	WMAS
	Divert Pathway	Value £	Provider
3	Social Care Urgent Response Service	140,000	DMBC
4	Falls First Response Service	131,000	DMBC
5	Urgent Care Streaming	51,000	DGH
6	Dudley Paramedic pathfinder	20,000	WMAS
7	Black country mental health car response service	85,000	WMAS
8	NHS 111 GP on calls pilot.	14,000	NHS 111
9	Walk in centre Extended hours	145,700	Primecare
	Better Discharges	Value £	Provider
10	Care Home Select	84,000	Ind Sector
11	Discharge to Assess	172,000	DGH
12	Bed Management System	28,600	DMBC
13	Red Cross Patient Transport and Home Ready Initiative	224,000	Ind Sector
14	Trusted Assessor pilot	29,300	DGH
15	Increase in intermediate care capacity	319,000	Ind Sector
	Consistency of Services Across 7 days	Value £	Provider
16	Extension of DISCO OOH	13,000	DGH
17	Weekend Discharge (3 day team)	78,000	DGH
18	Increase in therapy support to intermediate care beds	84,700	DGH
19	7 Day streaming for surgical assessment unit	15,600	DGH
20	Increase in intermediate care team capacity	100,000	CCG
	Local Plans for Innovation	Value £	Provider
21	Rapid Response Team	1,000,000	CCG
22	GP Locality Leads	135,000	CCG
23	Voluntary Sector Locality Link Workers	388,000	CCG
24	Social Prescribing Scheme	126,000	CCG
25	Mental Health Crisis Service	654,000	CCG/DWMH
	Preventative	Value £	Provider
26	Flu vaccination Campaign	N/A	CCG

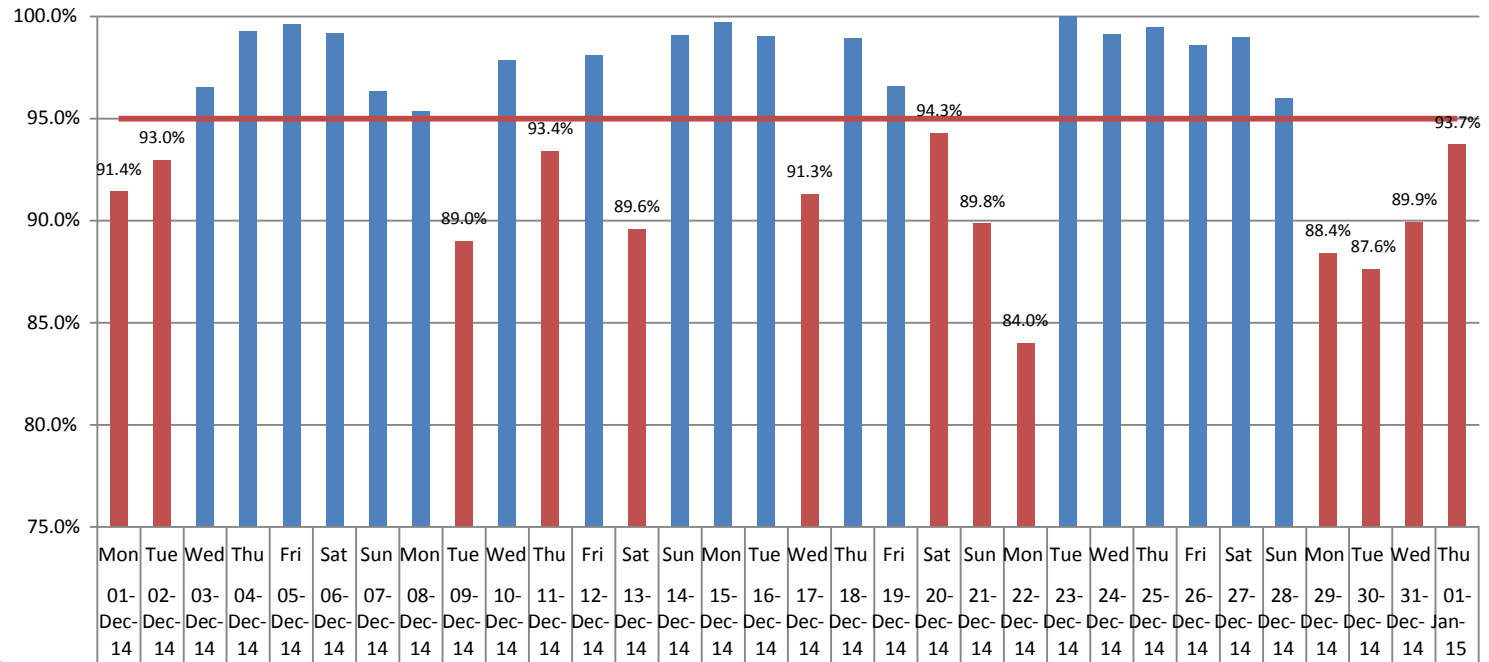
	Additional A&E Monies Schemes	Value £	Provider
27	Reconfiguration of acute medical unit	£821,594	DGH
28	Wrap around services to support patient discharge from hospital	£151,000	DGH
29	Spot Purchase	£200,000	DGH
30	Increased Impact therapy support	£20,000	DGH
31	Patient Trackers in ED	£151,575	DGH
32	Increased therapy into minors flow	£25,000	DGH
33	Additional Dr Support to 7 day working	£58,293	DGH
34	HIP attack	£35,000	DGH
35	PAU extension to hours	£23,000	DGH
36	Increased Portering Staff	£50,000	DGH
37	Tri Agency Funding	£60,000	DGH

The Dudley Group NHS FT have used the funding to support winter demands on our services to :-

- have a GP supported by a nurse within the ED department to triage and treat patients with less urgent needs keeping the emergency department team free for the most poorly patients;
- instilled a single minded focus on capacity and flow across all our wards and the emergency department. This means all areas take responsibility for discharging patients in a timely manner to ensure we keep up with demand in ED. This includes treating weekends like weekdays and having discharge doctors, ward rounds, matrons and management on site;
- dedicated capacity hub which includes nurses, doctors and managers working together at regular intervals throughout the day to review current waits, patient volumes and how many discharges are due;
- site coordinators are a team of senior nurses who have overall responsibility for the coordinating of patient flow 24 hours per day. Using an escalation process to assist in managing pressures;
- improved use of the Discharge Lounge to facilitate early discharge;
- spot purchase beds to free up acute beds, to allow discharge of medically fit patients;
- discharge to Assess started from 5th January, as Pathway 1 has been rolled out to all wards and Pathway 2 commenced today. Ultimately this means that patients should not remain in a hospital bed unnecessarily;
- we are working with Care Home Select in the assisting of patients and families in finding suitable residential and nursing home care;
- we have increased the input from Red Cross, in the provision of an ambulance for front door patients and support with the discharge lounge.



A&E Performance at DGFT - December 2014



The bar chart above shows A&E 4 hour wait performance at DGFT throughout December 2014. Despite some low achievement days the month was achieved (95.0%).

Russell’s Hall Hospital ED information

Attendances

December 2013	7944	
December 2014	8672 (about 10% increase)	
January 2014	Since 1 st Jan to 7 th Jan	1543
January 2015	Since 1st Jan to 7 th Jan	1673 (8.5% increase)

Ambulances

December 2013	2713	
December 2014	3090 (14% increase) but 18% increase in year to date average	
7 th Jan 2014	75	
7 th Jan 2015	102 (36% increase)	
OR ambulances Wednesday 8 th Jan 2014	83	Wednesday 7 th Jan 2015 102 (23% increase)

Over 80s

December 2013	919
December 2014	1201 (30% increase)

Majors

December 2013	5954
December 2014	6577 (10% increase)

December achievement 95.23% Quarter achievement 95.04%

Delayed discharges

At Jan 1st 2015 total of 507 days of delayed discharges for patient in ‘red’ status (29 patients medically fit and on sitrep).

Admissions and Discharges (running total)

	Admissions	Discharges	
01/01/2015	91	59	-32
02/01/2015	84	98	-18
03/01/2015	88	65	-41
04/01/2015	84	65	-60
05/01/2015	77	51	-86
06/01/2015	97	121	-62
07/01/2015	96	104	-54
08/01/2015	90	104	-40