

Planning Ahead for Winter 2018/19

Health & Care System Resilience



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Cornwall and the Isles of Scilly
Health and Social Care Partnership

Winter 2018/19

Planning to maintain safety, standards and people's experience of care.

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Plan on a Page

Issues & Risks faced by the System over Winter:

- Issue:** Year on year increase in demand for urgent & emergency care
- Issue:** Insufficient home care provision to meet current demand
- Issue:** Insufficient capacity to meet demand for re-ablement support
- Issue:** less acute medical beds in RCHT compared to last winter
- Risk:** Reducing care home capacity
- Risk:** Norovirus
- Risk:** Seasonal illness such as flu and other respiratory illness
- Risk:** Severe weather conditions
- Risk:** Primary care resilience and capacity

Impact Assessment:

- System-wide capacity deficit (equivalent to 64 acute beds)
- Surge in system-wide service utilisation
- Reduced service capacity due to staff absence
- Bed utilisation restricted due to infection control
- Overcrowding in EDs (RCHT, University Hospital Plymouth, North Devon Healthcare Trust)
- Time lost to ambulance handover delays
- Cancellation of elective treatments
- Staff & patients stranded due to transport disruption

Our Collective Aim:

1. Help people stay safe, well & independent at home
2. Provide rapid assessment & advice or treatment of urgent care needs
3. Make Ambulatory Care our default, with bed based care only when clinically indicated
4. Get people back home quickly if they are admitted to hospital
5. Maintain planned levels of access to elective care
6. Maintain safety & standards & people's experience of care - 24/7 within available resources

System-wide Priorities :

1. Helping people stay safe, well and independent at home
2. Workforce resilience
3. A&E Front Door effectiveness
4. Tackling Flu & Norovirus
5. Non-Emergency Patient Transport
6. Severe Weather Planning
7. Reducing long stays in hospital

The Planning Approach:

1. Clear shared aims
2. Winter as part of wider Urgent & Emergency Care sustainability plan
3. 'Planning' – an activity not a document
4. Evidence based risk management & impact assessment
5. System-wide priorities
6. Mitigating actions (for likelihood & impact)
7. Contingency plans
8. Clear accountability, targets & success measures

In progress and next steps:

- Demand analysis, Bed modelling, system-wide capacity & demand modelling
- Winter plan – test, challenge, scenario test & improve
- Rota reviews
- Integrated Care Area workshops
- Care Homes & Home Care Partnership Meetings
- System escalation policy & Bronze/Silver/Gold escalation testing
- Communications plan
- **Everyone engaged in planning to achieve aims**

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Isles of Scilly Plan on a Page

Objective: To set out additional risks and issues specific to the Isles of Scilly and actions being taken to mitigate them.

Specific Additional Aims:

As for the system-wide aims but also to:

1. Reduce the need for travel to the mainland for health care.
2. Maintain existing service provision and ensure resilience during the winter period.
3. Engage with local stakeholders as to any significant issues or risks not yet identified and work with them to mitigate.
4. Continue the ground-up model of care development and contribute to the service design element of the business case for an integrated estates solution.

Issues & Risks faced over Winter:

Issue: reduced beds at St Mary's Hospital while planned fire works are carried out on site

Risk: Increased demand for care home beds

In progress and next steps:

- Feedback from the workshops held on the 8th and 9th November has been collated and will start to inform a first draft of the integrated service design, initially focussing on frailty, mental health and prevention
- Further workshops will be held in January
- An integration group has already been established, which meets weekly
- Another action from the workshop is that a Patient Flow Co-ordinator at RCHT will keep a daily Isles of Scilly caseload to monitor cases where people are getting stranded on the mainland or whose experience could be improved

Mitigation:

St Mary's Hospital:

- Works started on the 5th Nov and expected to be completed by mid-Jan:
- **Phase 1** involves the maternity unit, inpatient bed area and MIU—almost complete - all services running normally during this phase
- **Phase 2** commenced on time on the 26th November - 8 beds are closed for the 3 week phase; 2 single rooms and all other services run normally
- **Phase 3** should commence on the 17th Dec and will complete on the 11th January - 8 beds will remain open at this time. The Minor Injuries Unit department will work from a different area in the hospital for this period
- All beds will be kept available during the Christmas break
- Dental services have continued as normal
- Clinics and X-ray will only have minimum disruption
- The kitchen will be kept in use at all times

Care home beds:

- Winter Pressures funds invested into intermediate care beds in Park House

Cornwall & Isles of Scilly Winter plan – Headline indicators of success 4/1/19



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- Winter plan rated GREEN by regulators
- Winter pressures better planned & managed to maintain safety, standards and people's experience of care:
 - No instances of RCHT escalation to OPEL 4 (Black) all winter until 7th January for one day;
 - De-escalation from OPEL 3 (Red) more rapidly within no more than a week.
- Fewer 111 calls transferred to 999 compared to last year:
 - 13,585 jobs between April and November 2018 (2017: 15,267 jobs).
 - Still high when compared nationally but reducing as a result of senior clinical review of Category 3 and 4 calls.
- Ambulance hours lost off the road due to ambulance handover delays are significantly lower than last year but still comparatively poor nationally. December 2018 – 82.4 hours lost (2017: 281.4 hours lost)
- Ambulance response times have improved but are still not meeting national standards - Category 1 for December 2018: 8 mins 14 seconds compared to 14 mins 8 seconds in December 2017
- The number of people seen within the 4hr emergency access standard is improved:
 - Systemwide (Emergency Departments and Minor Injuries Units) - 92.6% of people within 4hrs in December 2018 (2017: 91.5%).
 - In Treliske emergency department in December 82.4% of people within 4hrs (2017: 57.7%)
- Beds closures for infection control are lower and bed days lost are lower due to faster assessment and turnaround.
- We have reduced the number of medical patients in RCHT who are outlying on surgical wards due to bed shortages - less than half compared to last year (around 40 daily compared to between 90 and 100 daily in 2017).
- The provision of elective care has not been disrupted by emergency pressures & the number of people waiting longer than 52 weeks has reduced in both RCHT and University Hospital Plymouth
- We have reduced long stays in hospital:
 - Patients in RCHT longer than 7 days was on average 195 per day in December 2018 (2017: 210).
 - Patients in RCHT longer than 21 days was on average 64 per day in December 2018 (2017: 77).
 - Delayed transfers of care (DToCs) across the system are marginally lower than last year at 96.7 patients daily average (not validated) in December 2018 (2017: 103) and total bed days lost to delays has been lower than last year throughout the year.
 - However more than 10% of total acute and community hospital beds on any day are occupied by patients who no longer need to be there and are waiting to go home or onto their next phase of care against a national expectation of no more than 3.5%