Oversight and Governance
Chief Executive's Department
Plymouth City Council
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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE – SUPPLEMENT PACK

Wednesday 8 February 2023
2.00 pm
Council House

Members:
Councillor Mrs Aspinall, Chair

Councillor Deacon, Vice Chair

Councillors Finn, Harrison, McDonald, McLay, Murphy, Nicholson, Noble, Partridge, Mrs Pengelly, Reilly and Tuffin.

Members are invited to attend the above meeting to consider the items of business overleaf. For further information on attending Council meetings and how to engage in the democratic process please follow this link - Get Involved

Please see below to-follow reports in relation to agenda item 7 – Urgent & Emergency Care

Tracey Lee
Chief Executive

Health and Adult Social Care Overview and Scrutiny Committee

7. Urgent and Emergency Care Services: (Pages 1 - 46)

PCC Health and Adult Social Care Overview and Scrutiny Committee

8th February 2023
14:00-16:00

Integrated Urgent Care (111 and Out of Hours)

Jo Turl (Director of Commissioning NHS Devon)

Mobilisation of the New IUC Service

- NHS Devon commission the Integrated Urgent Care (IUC) Service on behalf of Devon resident and visiting patients. This is a single contract for the provision of:
  - 111 call handling services (NHS 111)
  - Clinical contact as required for those accessing care through NHS 111 on line
  - Clinical Assessment of 111 contacts through the Clinical Assessment Service (CAS)
  - Out of Hours GP provision (OOH)

- The service was previously delivered by Devon Doctors; however, following the completion of an extensive procurement and mobilisation process, as of 27th September the service is now provided by Practice Plus Group (PPG)

- Competitive procurement has provided the opportunity to put in place a new service specification, contract, financial envelope, and performance framework for the IUC Service. By undertaking the procurement, commissioners have had the opportunity to test the market and select a provider that offers value for money, quality delivery, sustainability and innovation

Mobilisation of the New IUC Service (cont'd)

- The previous service was the subject to a number of performance and quality concerns by both commissioner and the Care Quality Commission
- By undertaking competitive procurement, commissioners have complied with procurement legislation
- PPG has made a positive start in Devon. Further development work is planned to maximise the benefits of the service
- NHS Devon is reassured by the capability and capacity of the PPG team running and overseeing the IUCS to take the further positive steps needed to consolidate and develop this vital service

Calls Answered

- NHS111 is intended to be the ‘first line of defence’ for the Urgent and Emergency Care (UEC) system, navigating patients to the most appropriate response to their need
- As such it is critical that those who contact the service have their calls answered
- Unanswered calls result in patients self-selecting a service which may be inappropriate and draws on valuable clinical resource
- Since PPG took over the service, there has been a significant increase in the number of 111 calls answered in Devon: in 2022, during October and November, between 16% and 27% more calls were answered than the same period last year
- This is against a context of declining calls answered nationally and within the South West

	National (excluding Devon)				South West (excluding Devon)				Devon			
									Previous Provider		Practice Plus Group	
	Oct-21	Nov-21	Oct-22	Nov-22	Oct-21	Nov-21	Oct-22	Nov-22	Oct-21	Nov-21	Oct-22	Nov-22
111 calls answered	1,420,464	1,365,089	1,388,576	1,355,094	130,344	125,678	117,471	108,805	26,467	24,554	33,564	28,470
Percentage year on year change			-2.24%	-0.73%			-9.88%	-13.43%			26.81%	15.95%

Calls answering performance

- There are two key metrics in relation to handling of 111 calls:

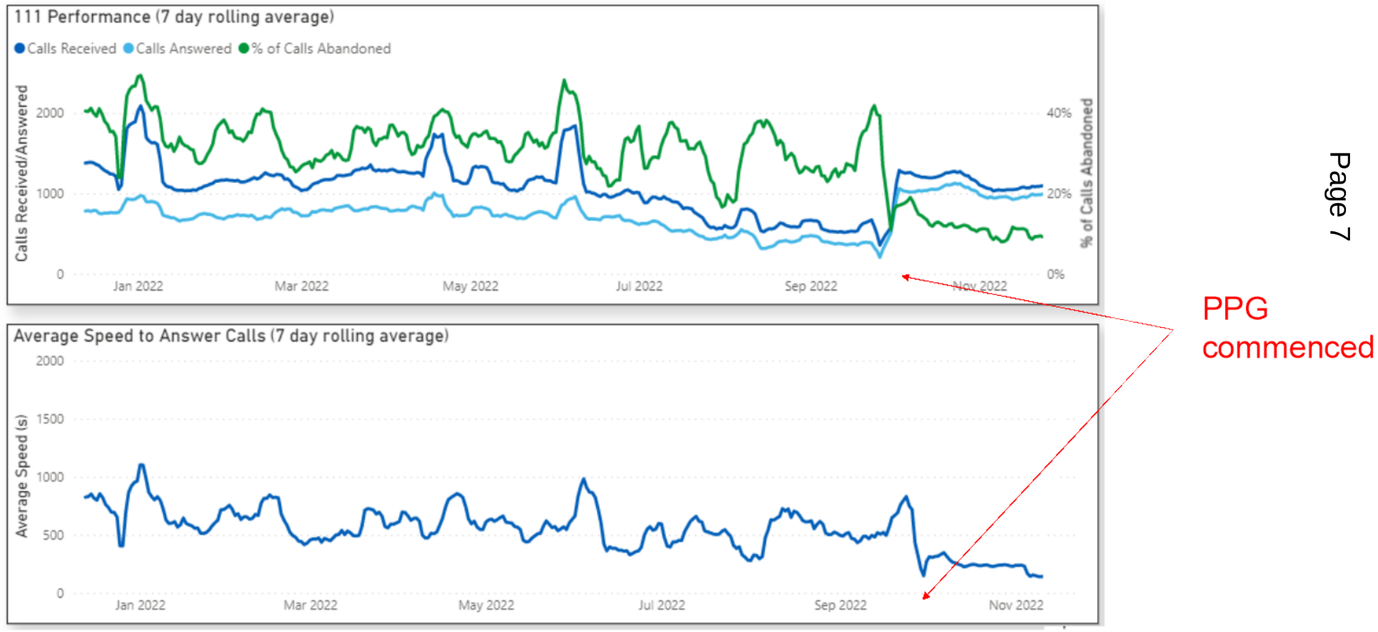
	October 2022	November 2022
Proportion of calls abandoned (Where the caller hangs up the phone before a call handler at 111 responds)	13.7%	11.2%
Average speed to answer calls (In seconds)	267 (Just under 4½ minutes)	240 (4 minutes)

- On both of these metrics, there has been a marked improvement in performance in comparison to the same period last year when abandonment rates were significantly higher and time to answer calls significantly longer

	October 2021	November 2021
Proportion of calls abandoned (Where the caller hangs up the phone before a call handler at 111 responds)	43%	36%
Average speed to answer calls (In seconds by call hander type)	Health Advisors – 539 Service Advisors - 493	Health Advisors – 540 Service Advisors - 507

Call answering performance - compared with National Averages

- Calls abandonment has significantly decreased since the 27th September when PPG began to deliver the service
- Speed of call answering has also improved
- Average time to answer a call during Oct and Nov was 240 seconds, compared with national average of 364 seconds
- Call abandonment (Oct and Nov) was 11.19%, compared with a national average of 14.5%
- Call backs by clinicians (where required within 20 minutes) was 56.1%, against a national average of 41.1%



Cornwall and Isles of Scilly Integrated Care System

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Emergency outcome validation

- PPG (and all other IUC Service providers) use NHS Pathways telephone triage system, a clinical decision support system (CDSS) supporting the remote assessment of callers to urgent and emergency services
- This tool is used by non-clinical call handlers to identify what should initially happen to a case
- It is necessarily risk averse. It can generate initial outcomes recommending the patient goes to their local Emergency Department (ED) or the dispatch of a Category 3 or 4 ambulance
- IUC Service providers try to ensure that these initial outcomes are reviewed or “validated” by a clinical before the initial outcome is enacted
- This validation process supports the rest of the local urgent care system by ensuring that only those patients who need to attend ED or access care provided by South Western Ambulance Service NHS Foundation Trust do so
- NHS Devon has key performance indicators within the contract for the achievement of this validation. During the first two months of the contract, PPG have achieved the standard prescribed by Devon commissioners and far exceeded nationally set levels

	Target	October	November
Proportion of calls initially given an ED disposition that are validated	National >= 50% Devon >= 75%	91.3%	87.9%
Proportion of calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	National >= 50% Devon >=85%	85.1%	83.4%

Emergency outcome validation

- As well as ensuring that cases are being validated, PPG are monitored on their success in reviewing the case and achieving a lower acuity outcome where clinically appropriate (“downgrading”)
- A detailed review of validation in Devon undertaken by PPG suggests that 28% of cases with an initial category 3 or 4 ambulance outcome are assessed as continuing to require an ambulance
- Of those that do not require an ambulance, 35% are recommended to attend ED
- It is important to recognise that whilst PPG are successful in downgrading a significant number of cases, the increase in the number of calls being answered may well result in an increase in the actual numbers of 111 cases having an ED or ambulance outcome
- This is not new activity; historically, the same patients are likely to have self presented at these services without the benefit of triage by 111

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Support to Health Care Professionals (HCPs)

- The IUC Service plays an important role in supporting other clinicians in the Devon system by providing access to senior clinical expertise out of hours
- During the first two months of the contract, over 1,800 calls from healthcare professionals have been taken as a priority call
- Professionals accessing the service this way receive a quicker response via what is referred to as a Star*line
- Star*line numbers allow calls from healthcare professionals to be routed to the clinical assessment service (CAS) from 111 for rapid access to support from IUCS clinicians
- Health Care Professionals are required to dial 111 and then press 9 at which point an automated message asks the individual to confirm their location. The individual then receives instructions on when to interrupt the usual messaging by pressing:
  - * 5 – for the ambulance service (on-scene crew)
  - * 6 – for care homes
  - * 7 – for community-based healthcare professionals
- Average speed to answer HCP calls was 77 seconds in October, and 15 seconds in November
- HCP calls abandoned was 2% in October and only 1% in November

December

- December 2022 has been a difficult period for the whole urgent and emergency care system, locally and nationally, partially driven by the concerns around Strep A in paediatric patients
- From the second week in December, as with many IUCS providers, PPG saw an unprecedented increase in call volumes. By way of example:
  - During the weekend of the 10th/11th December, call volumes increased by 85% compared to previous weekends in October and November, resulting in around 3,500 Devon calls being received by PPG each day
  - Demand levels during that period exceeded those of any period over the last two years and were not far short of the peak seen at the start of the Covid-19 pandemic
- As a consequence of the demand levels seen, call-answer time and abandonment rate performance declined during December; however, PPG remain broadly in line with national average performance during what was an exceedingly difficult time
- Following the bank holiday period, PPG's performance is now returning to the levels seen in October and November
- It should be noted that even during this period, PPG continued to validate a significant proportion of emergency outcomes

Clinical Capacity

- Ability to engage sufficient clinical workforce (GPs and Advanced Clinical Practitioners, such as nurses and paramedics) continues to be a challenge for the IUC Service as it is for many services
- There is significant competition for valuable clinicians not only within the IUC Service market, but across all parts of primary care and clinical workforce shortages are not unique to Devon
- Significant improvements in the number of calls being answered have resulted in even higher levels of demand in the service requiring clinical input – either on the phone, or face to face
- Work is ongoing between commissioners and the provider to secure the required clinical workforce
- To mitigate local workforce issues, PPG support the Devon service with their established and expanding National Remote Clinical Assessment Team who are used in addition to the local Devon workforce
    - It is not in PPG's 'business as usual' processes to hand back patients to in-hours primary care as a result of not being able to contact them during the out-of-hours period
    - PPG's procedure is to hold on to the case until such time as the patient has been spoken to. PPG CAS clinicians work through the queue in-hours to clear it
    - Prior to Monday 19 December, PPG had not directly "handed back" any patients to primary care as a result of not being able to contact them
    - The PPG Standard Operating Procedure allows for the hand back of patients when the service is in the highest level of pressure; however, their usual standard procedure is not to hand patients back rather to maintain clinical responsibility for the case and see it through. They have an ongoing commitment to this approach

999 and Ambulance Performance

David Harper (SWAST County Commander)
Jo Beer (COO University Hospitals Plymouth)
James Glanville (Head of Urgent Care NHS Devon)

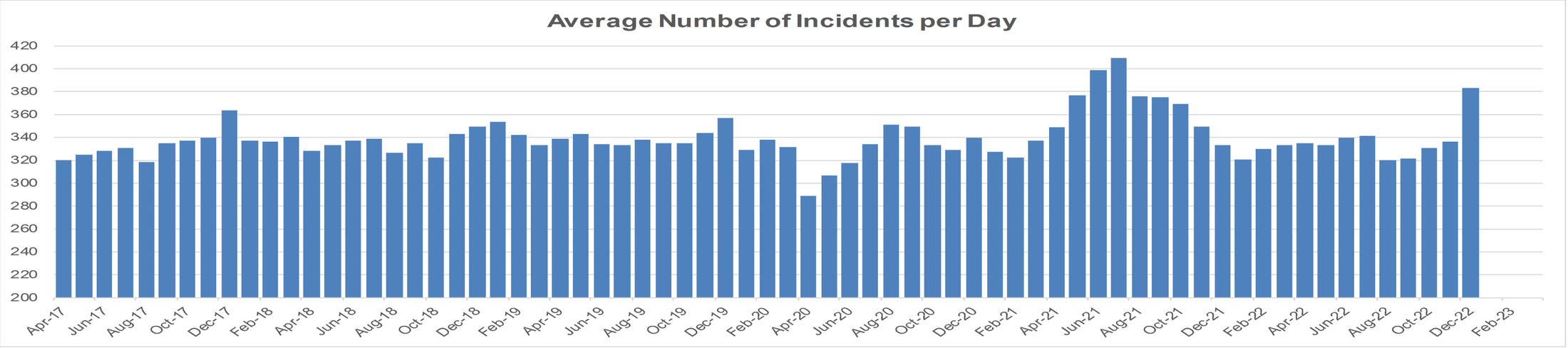
South & West Devon Area

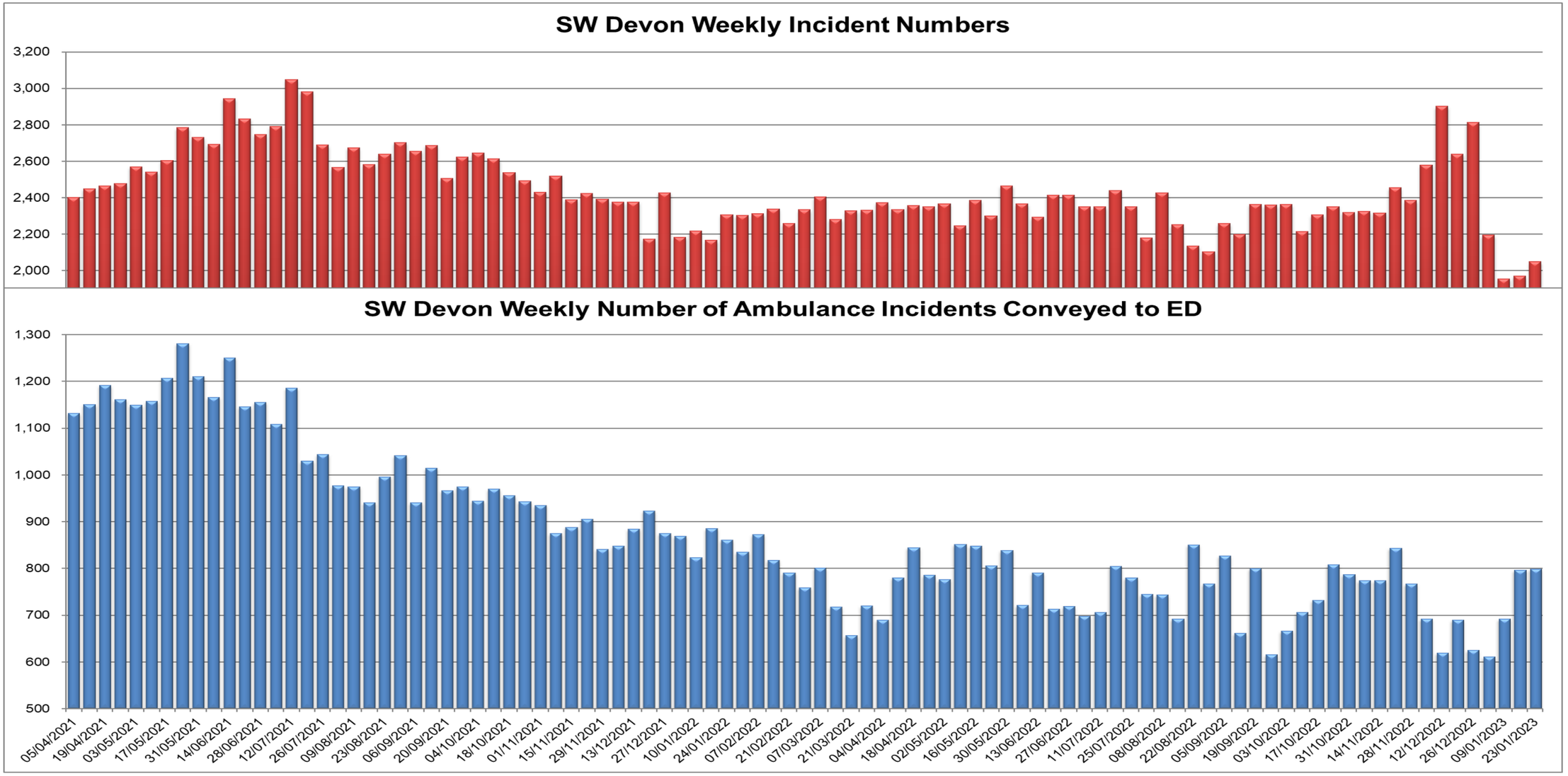
Ambulance Incidents per Month

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Total
2017/18	9,602	10,081	9,846	10,246	9,875	10,040	10,461	10,192	11,260	10,447	9,417	10,558	**91,603**	**122,025**
2018/19	9,850	10,323	10,123	10,513	10,118	10,040	10,005	10,292	10,830	10,962	9,579	10,320	**92,094**	**122,955**
2019/20	10,169	10,622	10,026	10,337	10,470	10,051	10,368	10,311	11,060	10,189	9,800	10,265	**93,414**	**123,668**
2020/21	8,672	9,522	9,537	10,341	10,880	10,486	10,328	9,879	10,532	10,152	9,031	10,446	**90,177**	**119,806**
2021/22	10,458	11,666	11,964	12,690	11,646	11,246	11,439	10,476	10,317	9,938	9,227	10,322	**101,902**	**131,389**
2022/23	10,045	10,334	10,181	10,582	9,919	9,657	10,262	10,088	11,867				**92,935**	
% Variance 22/23 vs 20/21	15.83%	8.53%	6.75%	2.33%	-8.83%	-7.91%	-0.64%	2.12%	12.68%				**3.06%**	
% Variance 22/23 vs 21/22	-3.95%	-11.42%	-14.90%	-16.61%	-14.83%	-14.13%	-10.29%	-3.70%	15.02%				**-8.80%**	

Average Number of Ambulance Incidents per day

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Total
2017/18	320	325	328	331	319	335	337	340	363	337	336	341	**333**	**334**
2018/19	328	333	337	339	326	335	323	343	349	354	342	333	**335**	**337**
2019/20	339	343	334	333	338	335	334	344	357	329	338	331	**340**	**338**
2020/21	289	307	318	334	351	350	333	329	340	327	323	337	**328**	**328**
2021/22	349	376	399	409	376	375	369	349	333	321	330	333	**371**	**360**
2022/23	335	333	339	341	320	322	331	336	383				**338**	





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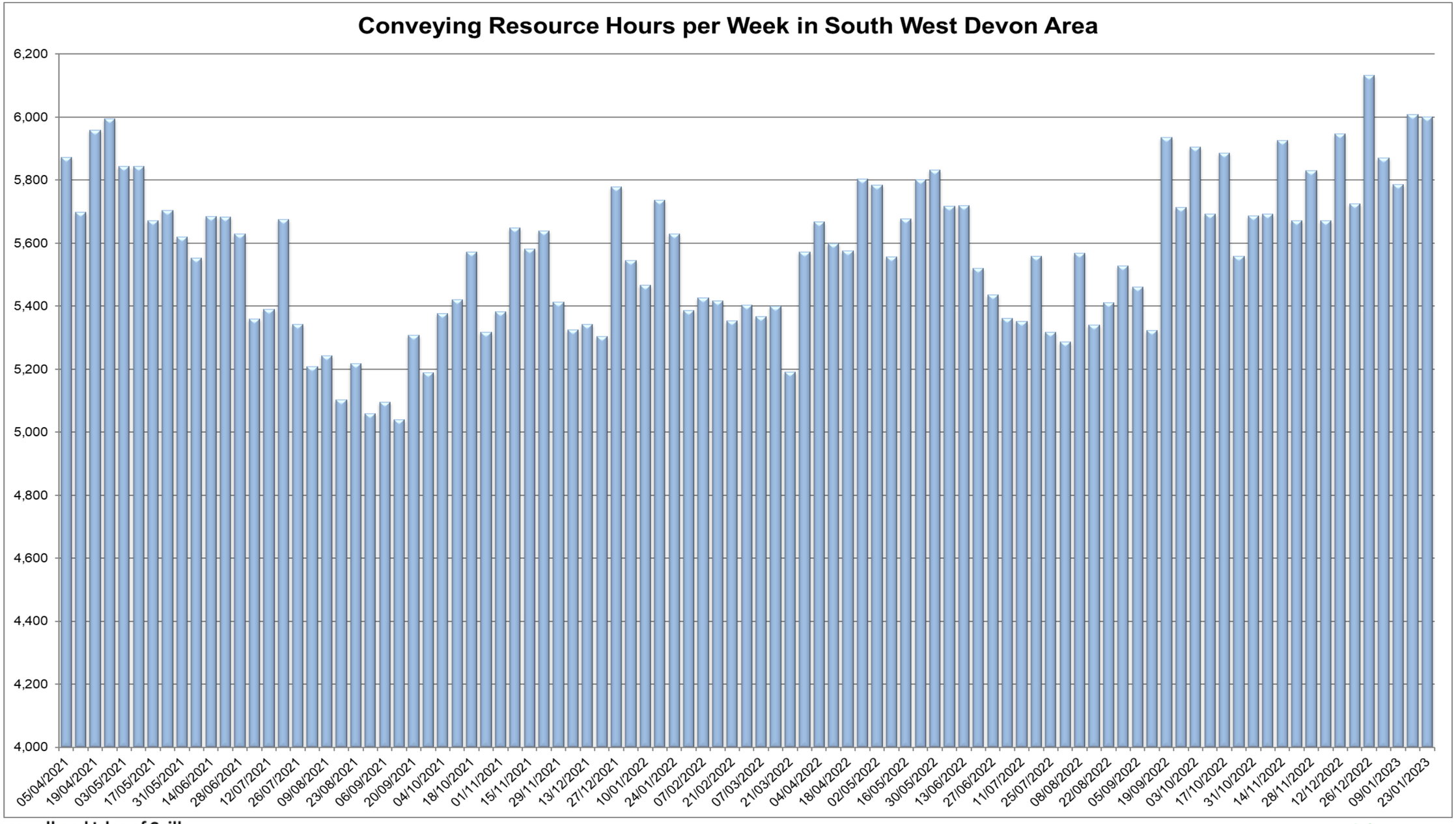

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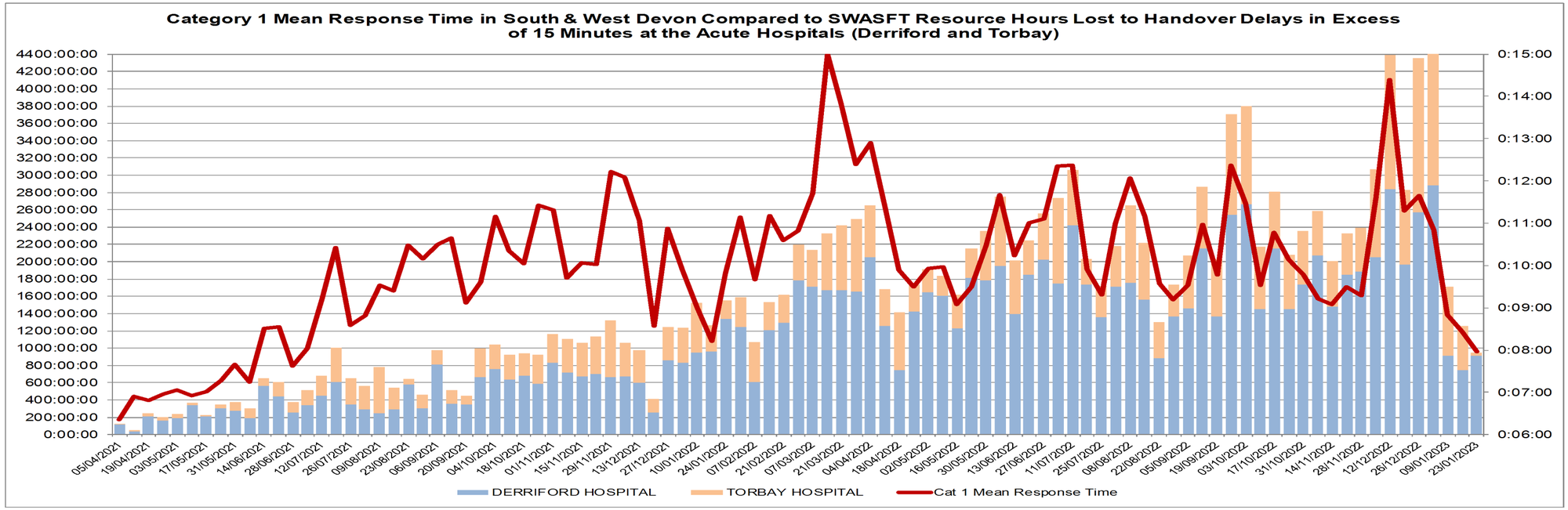

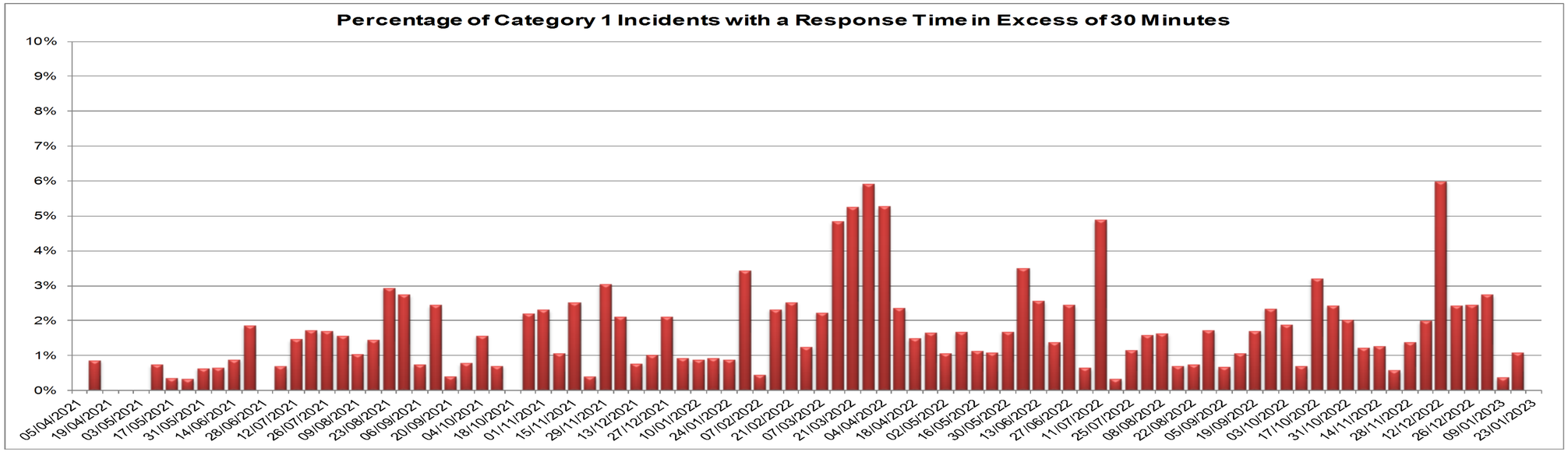

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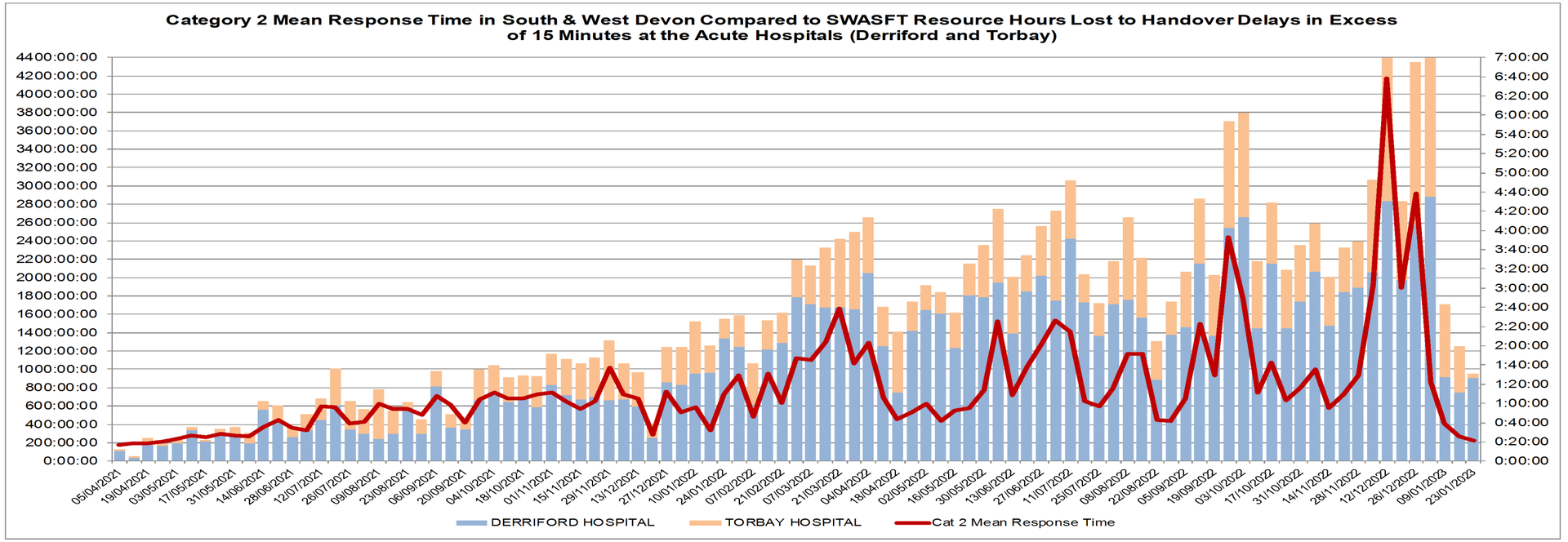
Category 2 Mean Response Time in South & West Devon Compared to SWASFT Resource Hours Lost to Handover Delays in Excess of 15 Minutes at the Acute Hospitals (Derriford and Torbay)
4400:00:00
4200:00:00
4000:00:00
3800:00:00
3600:00:00
3400:00:00
3200:00:00
3000:00:00
2800:00:00
2600:00:00
2400:00:00
2200:00:00
2000:00:00
1800:00:00
1600:00:00
1400:00:00
1200:00:00
1000:00:00
800:00:00
600:00:00
400:00:00
200:00:00
0:00:00
7:00:00
6:40:00
6:20:00
6:00:00
5:40:00
5:20:00
5:00:00
4:40:00
4:20:00
4:00:00
3:40:00
3:20:00
3:00:00
2:40:00
2:20:00
2:00:00
1:40:00
1:20:00
1:00:00
0:40:00
0:20:00
0:00:00
05/04/2021
19/04/2021
03/05/2021
17/05/2021
31/05/2021
14/06/2021
28/06/2021
12/07/2021
26/07/2021
09/08/2021
23/08/2021
06/09/2021
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27/06/2022
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25/07/2022
08/08/2022
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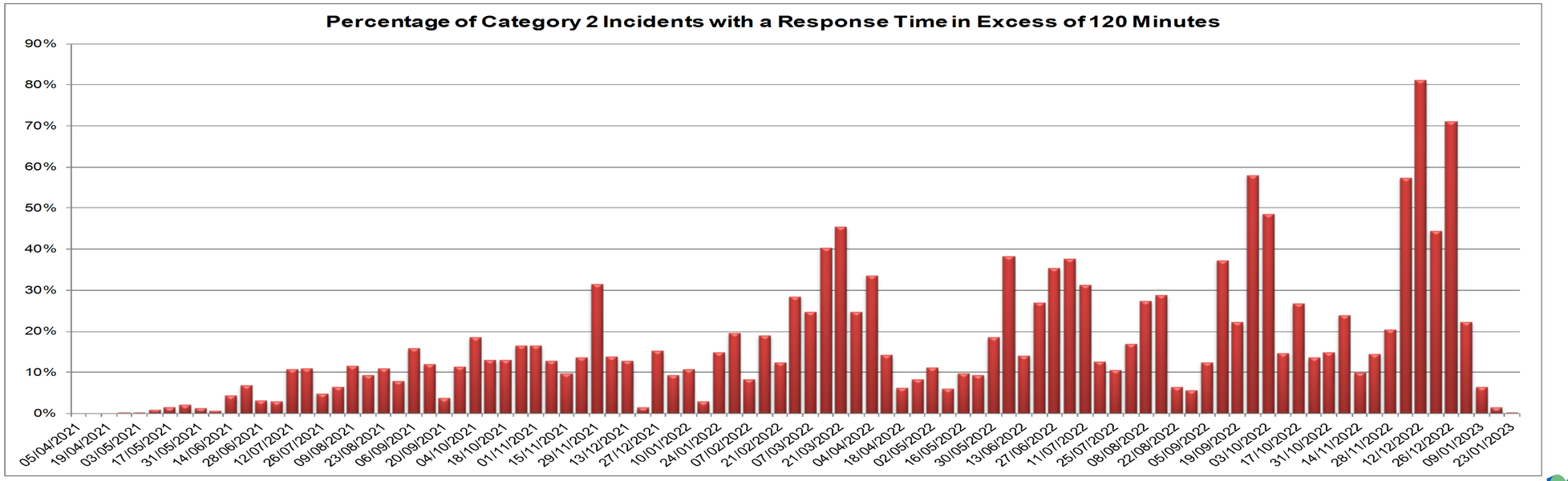
19/09/2022
03/10/2022
17/10/2022
31/10/2022
14/11/2022
28/11/2022
12/12/2022
26/12/2022
09/01/2023
23/01/2023
DERRIFORD HOSPITAL
TORBAY HOSPITAL
Cat 2 Mean Response Time


Percentage of Category 2 Incidents with a Response Time in Excess of 120 Minutes
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
05/04/2021
19/04/2021
03/05/2021
17/05/2021
31/05/2021
14/06/2021
28/06/2021
12/07/2021
26/07/2021
09/08/2021
23/08/2021
06/09/2021
20/09/2021
04/10/2021
18/10/2021
01/11/2021
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08/08/2022
22/08/2022
05/09/2022
19/09/2022
03/10/2022
17/10/2022
31/10/2022
14/11/2022
28/11/2022
12/12/2022
26/12/2022
09/01/2023
23/01/2023

Handovers Waiting - DERRIFORD HOSPITAL

This report looks at the hours of the day and shows how many vehicles were waiting at that time. This report is a rolling 28 days.

Hospital
DERRIFORD HOSPITAL

Resource Type Shown
All

Handover Type
All

Day of Datetime c	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Avg Total
02/01/23	14	14	13	12	6	13	11	11	11	11	13	17	17	19	22	21	20	17	23	23	24	23	19	19	16.4
03/01/23	18	17	18	18	19	17	17	16	19	17	20	15	16	21	21	23	24	27	27	27	28	26	28	26	21.0
04/01/23	24	27	25	24	21	21	18	16	16	16	11	9	13	13	15	15	19	21	23	22	20	19	20	20	18.7
05/01/23	20	22	21	20	19	19	18	18	17	16	17	17	17	18	19	22	24	28	27	24	27	24	24	25	21.0
06/01/23	26	24	22	24	24	26	22	20	20	20	19	19	21	23	24	26	24	28	28	27	22	23	25	23	23.3
07/01/23	23	23	22	23	23	21	18	15	16	18	22	20	18	12	10	12	15	18	19	16	14	17	17	17	17.9
08/01/23	14	12	11	12	11	10	10	10	11	10	10	9	12	12	10	6	12	4	9	9	11	19	20	19	11.4
09/01/23	17	16	16	14	14	16	14	15	16	18	14	14	15	13	12	14	18	21	24	25	24	24	24	26	17.7
10/01/23	25	25	24	24	24	25	24	23	22	23	24	20	22	25	18	18	18	19	20	21	21	16	14	12	21.1
11/01/23	14	13	11	9	4	3	3	2	2		3	5	2	3	3	2	5	2	2		1	2	3	1	4.3
12/01/23	4	1	3	1	3	4	3	4	1	1	4	1	3		5	3	8	2		1				1	2.8
13/01/23	1	2		1	1			1			1	1	4	3	2	4	3	2	4	4	3	1	4	3	2.4
14/01/23	3		2	1			4		1			1	1	4	2	1	1	6	4		1	1	2	3	2.2
15/01/23	1	2				2	1		1	1	1	1	4	5	1	5	4	5	3	3	8	6	7	8	3.5
16/01/23	7	10	8	5	3	2	2	1	1	2	2	2	1	3	10	6	6	11	13	12	12	6	5	11	5.9
17/01/23	12	9	9	5	5	4	6	4	4	8	5	10	9	5	5	1		4	7	6	6	10	12	8	6.7
18/01/23	9	8	7	5	8	10	7	6	6	5	4	4	2	5	8	4	6	6	13	13	20	17	18	12	8.5
19/01/23	13	14	11	10	11	13	11	10	11	11	7	4	2	5	7	7	2	4	3	4	2		2	1	7.2
20/01/23	2	1	1	1		1	1		1	2	1	2	2	3	3	1	4	6	3	1	1	3	3	6	2.2
21/01/23	3	5	3	2		3	1			4	1	3		1	4	8	7	6	6	2	5	7	10	11	4.6
22/01/23	6	7	2	3	6	3	3	7	7	7	7	5	2	1	5	8	7	11	9	8	6	11	7	5	6.0
23/01/23	6	2	2	2	1	1				2	3	4	4	6	6	2	7	3	2	8	8	8	5	5	4.1
24/01/23	5	5	5	3	3	4	4	3	3	3	2	2	3	5	5	2	5	5	9	13	12	12	16	14	6.0
25/01/23	12	13	9	10	8	6	5	5	6	7	7	5	4		4	8	6	9	8	5	4	3	6	9	6.9
26/01/23	9	8	7	5	4	6	8	5	6	6	3	2	4		3	4	8	5	4	6	7	9	10	11	6.1
27/01/23	12	11	10	10	11	7	7	6	6	10	4		1	3	2	2	2	5	3	1	3	5	4	10	5.9
28/01/23	7	7	9	6	8	8	8	9	9	13	12	13	10	6	5	4	2		1	1			2	3	6.8
29/01/23	3	4	6	9	8	7	7	8	8	11	13	12	13	16	15	11	13	11	11	10	12	16	12	9	10.2
30/01/23	7	2	1		4	1																			3.0
Avg Total	10.9	10.9	10.3	9.6	10.0	9.4	9.0	9.3	8.8	9.7	8.5	8.0	8.2	9.2	8.8	8.6	10.0	10.6	11.3	11.2	11.6	12.3	11.8	11.4	10.0

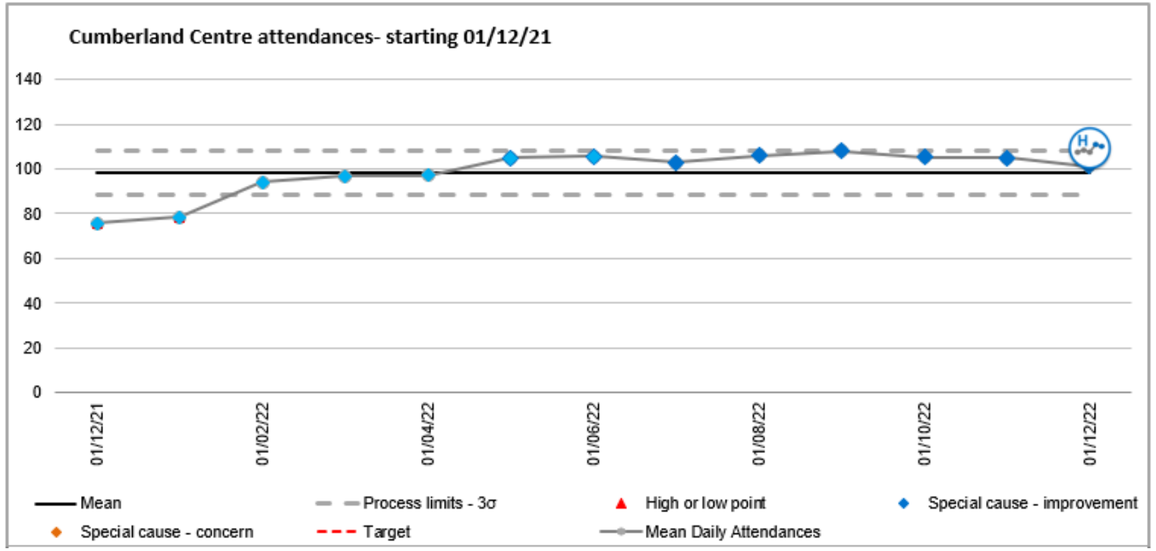
Ambulance handover improvement cell

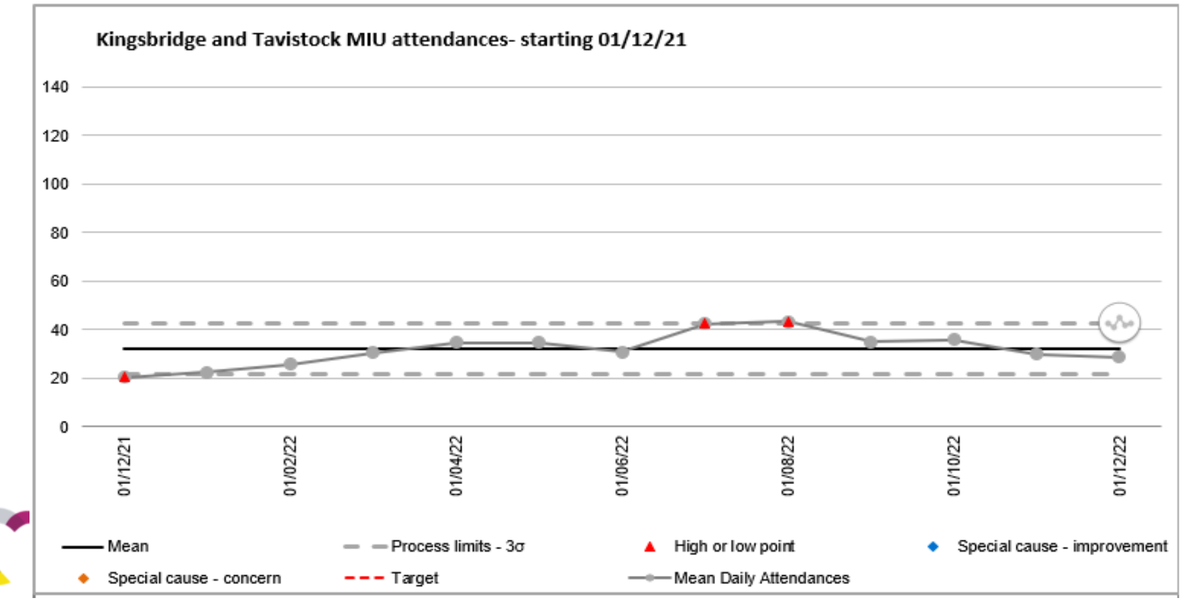
Action item	Progress
Increase SDEC activity by 10% and capacity to reduce SDEC conditions seen in ED and increase ambulance referrals	Opportunity identified as 4 patients per day currently to take from ED within currently, these will accommodated by the ACP role which will ensure the opening hours are until 2200 and plans for further increase to 24/7 (pending recruitment). Work underway to take this further to understand the number of patients outside of the ED cohort that can be directed to SDEC and MTU with MTU pathways now open.
Create pathway for 999 to admit directly to MAU/AMU to avoid need to go to ED	Now in place with new acute medicine model and Medical Triage Unit (MTU) open
Achieve nurse staffing establishment & fill rate in ED to 90% of hours required v hours available	Ongoing weekly meeting to review all elements of nurse staffing within ED, including bank fill, agency, on-going establishment and recruitment. Already having a positive impact on staffing, agency recruitment process now in place.

Admission Avoidance

Ian Livewell (Interim Chief Operating Officer Livewell SouthWest)
Sarah Pearce (Livewell)
Jo Beer (Chief Operating Officer University Hospitals Plymouth)

MIU and UTC Activity



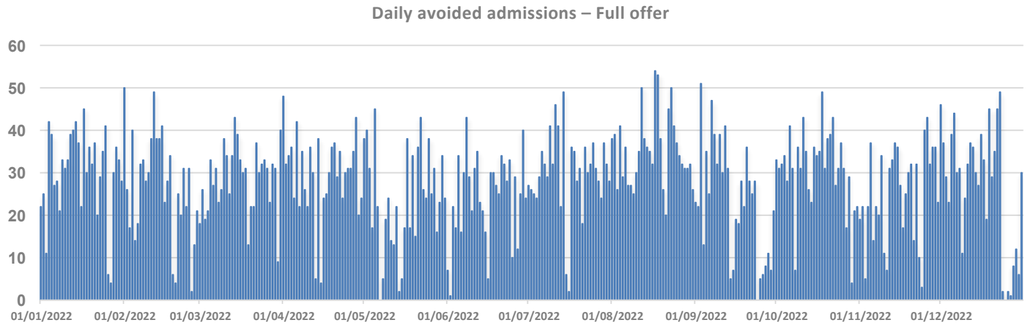


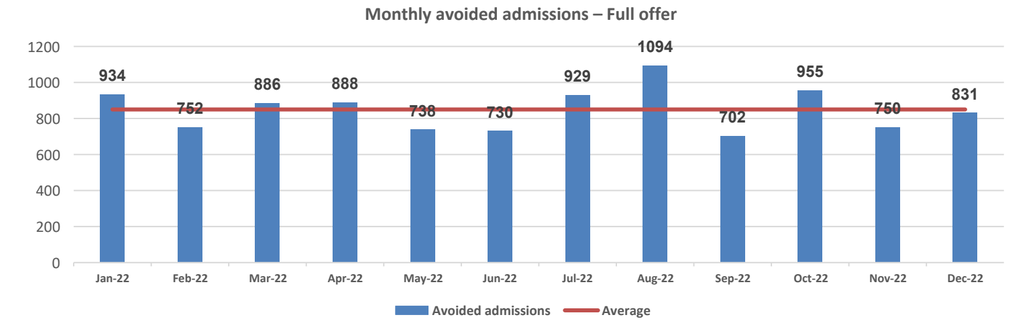
MIU activity has remained static since an increase in April 22 but UTC / MIU attendances are in line with expectation

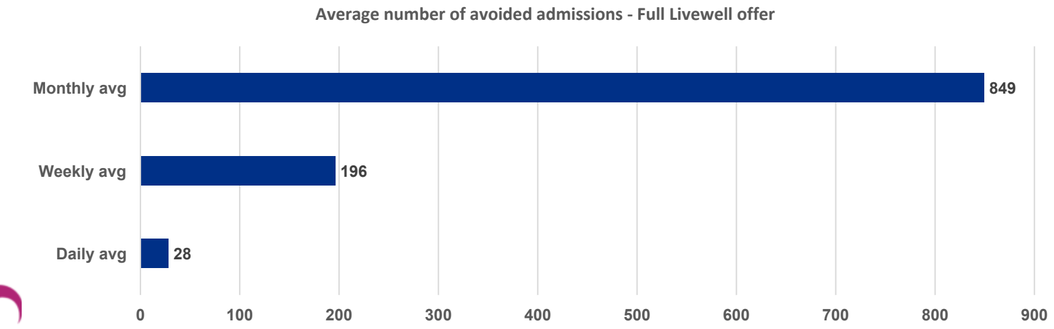
- Cumberland Centre attendances levels have been increasing since January 22.
- This trend is in line with the normal seasonal variation seen pre-covid and the recent increases are not statistically significant.
- 2022 levels are slightly higher than in 2021 but less than 2019.

- Attendances at Kingsbridge and Tavistock MIUs have been increasing since December 2021. This trend is in line with the normal seasonal variation seen pre-covid and the recent increases are not statistically significant.
- 2022 levels are slightly higher than in 2021 but less than 2019.

Community care-led avoided admissions





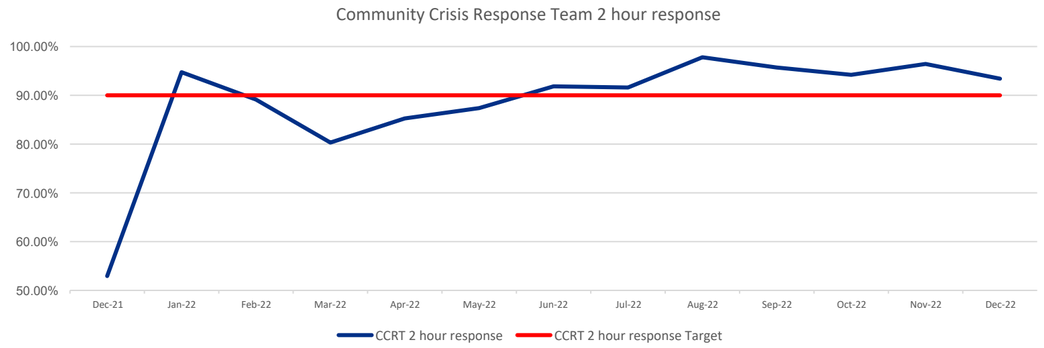


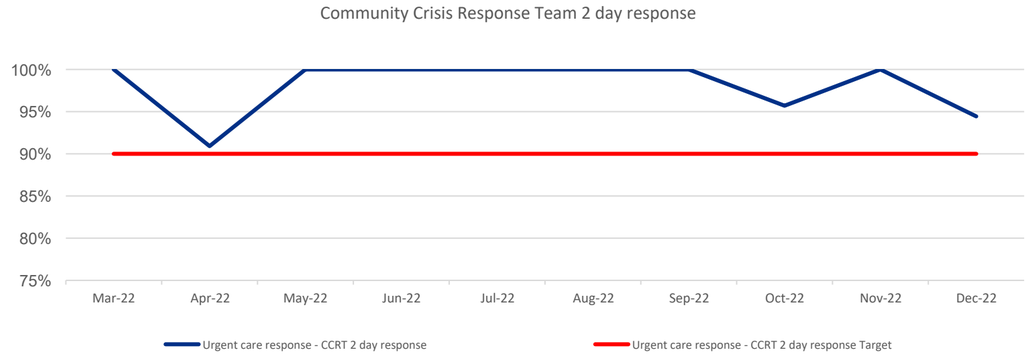
Community care-led avoided admissions have been maintained

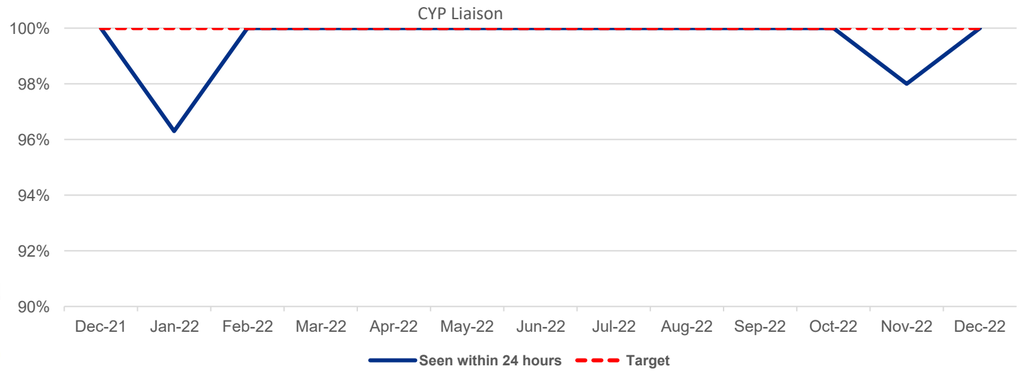
- The community health services have maintained a consistent level of admission avoidance.
- On average this equates to the following level of avoided admissions:
  - 28 avoided daily
  - 196 avoided weekly
  - 849 avoided monthly

Admission avoidance performance

Admission avoidance performance against response targets is generally strong





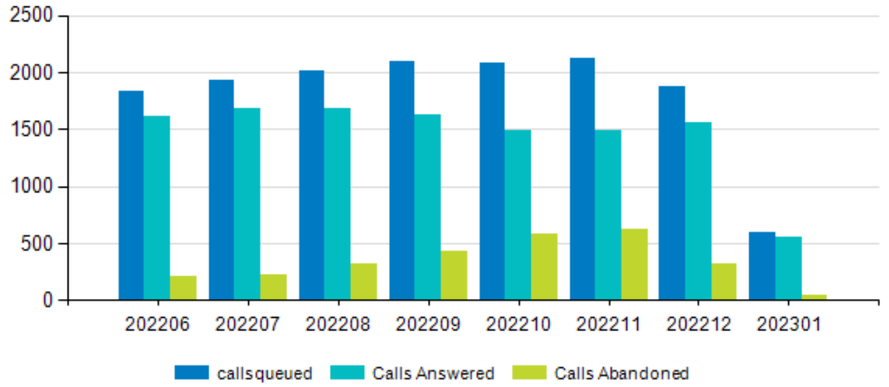


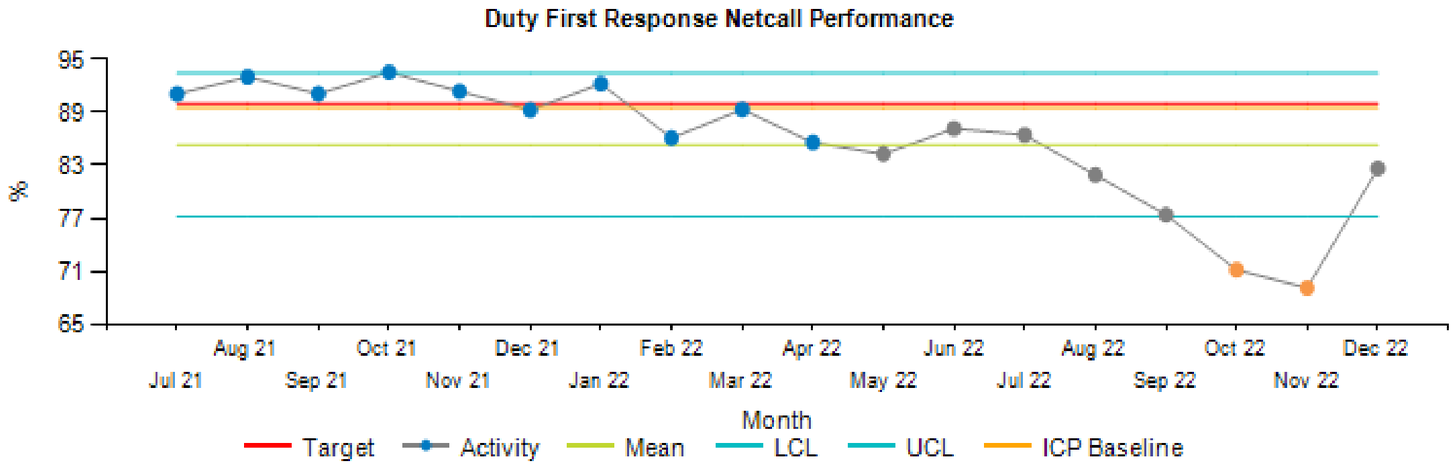
- The CCRT team has improved it's performance and since June has consistently beaten the target of achieving 90% of cases receiving treatment in 2 hours from referral.
- The CCRT team has consistently beaten the reablement response target to commence support within 2 days of referral.
- The Children and Young Person liaison team has a high level of performance only missing its 24 hour response target in 2 months out of the last year.

Mental Health

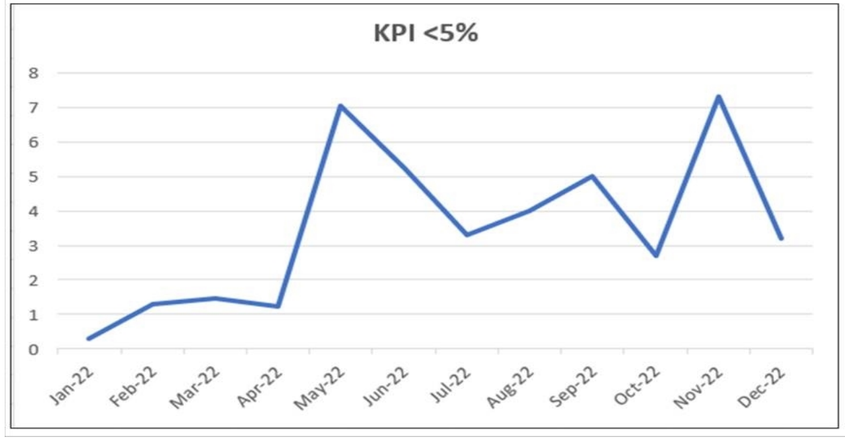
Mental health first response performance is recovering following increased demand for the service

Year	Month	Calls Queued	Calls Answered	% Calls Answered	Calls Abandoned	% Calls Abandoned	Calls Redirected	% Calls Redirected
2022	June	1835	1617	88.1%	210	11.4%	8	0.4%
	July	1926	1683	87.4%	220	11.4%	23	1.2%
	August	2016	1680	83.3%	318	15.8%	18	0.9%
	September	2093	1634	78.1%	427	20.4%	32	1.5%
	October	2083	1494	71.7%	576	27.7%	13	0.6%
	November	2118	1485	70.1%	628	29.7%	5	0.2%
	December	1878	1555	82.8%	323	17.2%	0	0.0%
2023	January	602	550	91.4%	50	8.3%	2	0.3%
Total		14551	11698	80.4%	2752	18.9%	101	0.7%





Mean % Calls Abandoned >60 Seconds by Month (1 January to 31 December 2022)



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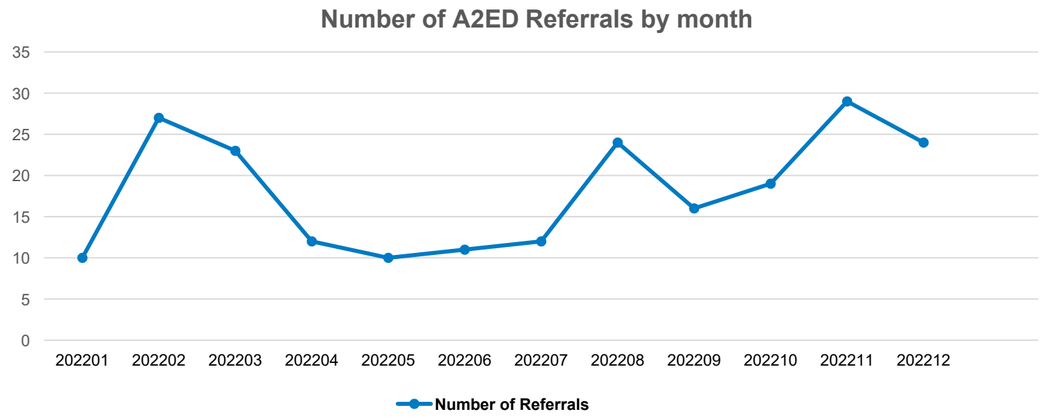
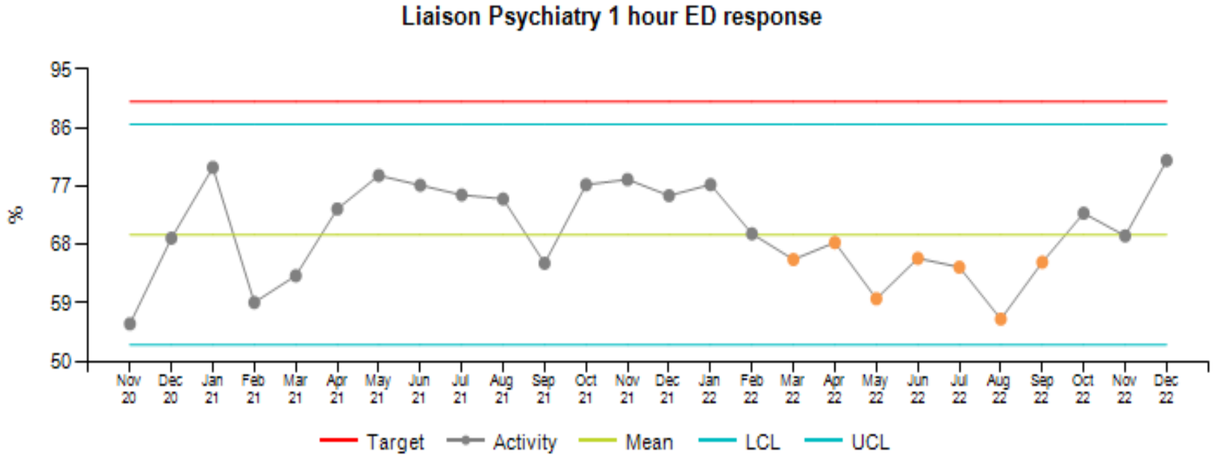
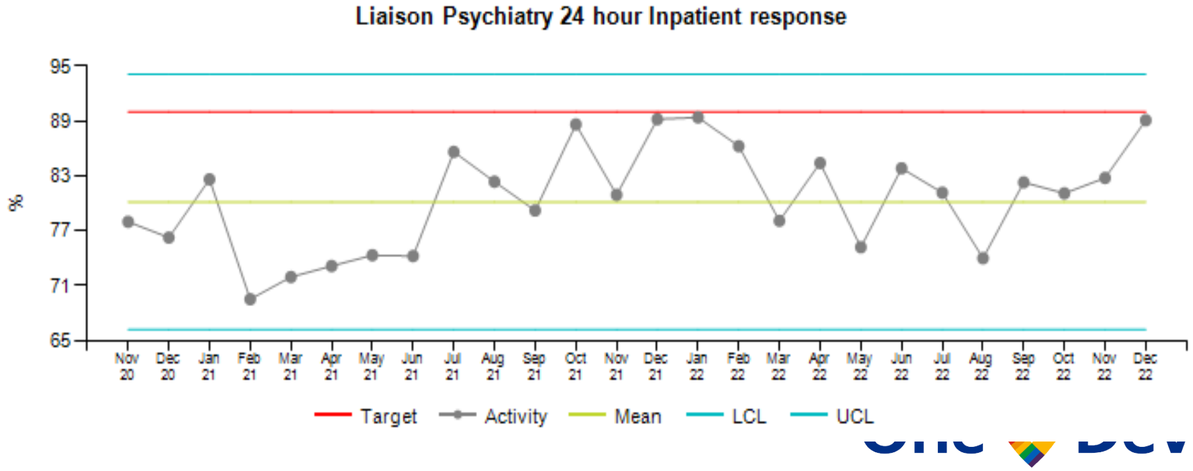
Mental Health Alternative to ED (A2ED) and in reach support



- An increase in referrals to the A2ED (alternative to Emergency Department) service has seen an increase over the last 6 months with peak of nearly 30 in November 22.



- The in-reach Liaison psychiatry services for those patients needing MH support in ED has improved its performance against both the 1-hour and 24-hour target although neither target has been met. Ongoing actions plans to bolster recruitment and senior operational management are ongoing.



Admission avoidance action plan and progress

Action item	Progress
People first project: The integrated community UEC “Big Wall”	Clinical leads from all services meeting since Dec 2021 focusing on admission avoidance with system partners
Increase use of alternatives to ED in community, including Urgent Community Response, FRS, UTC, MIU & suitable SWAST alternative services/pathways	SWAST conveyance to MTU and AAU with HALO role providing support for alternative pathways on arrival
Promote alternative mental health pathways	Collaborative working between providers to promote alternative pathways and part of comprehensive directory of services that front door teams are able to access
Increase direct access to secondary care SDEC	Aim to increase SDEC activity by 10% and also direct referral pathways for SWAST to MTU / AAU and other SDEC pathways
Recruitment to UTC / MIU	Recruitment to posts ongoing with training programme in place and review of opening hours in progress
Up to date Directory of Services	Full update of DOS has been undertaken and work with SWAST on admission avoidance and alternative pathways to ED
Primary care ambassador to promote alternative pathways to GPs	Activity led by Dr. Ruth Bath. Initial visits to practices completed in first wave with further roadshows planned.

Admission avoidance action plan and progress

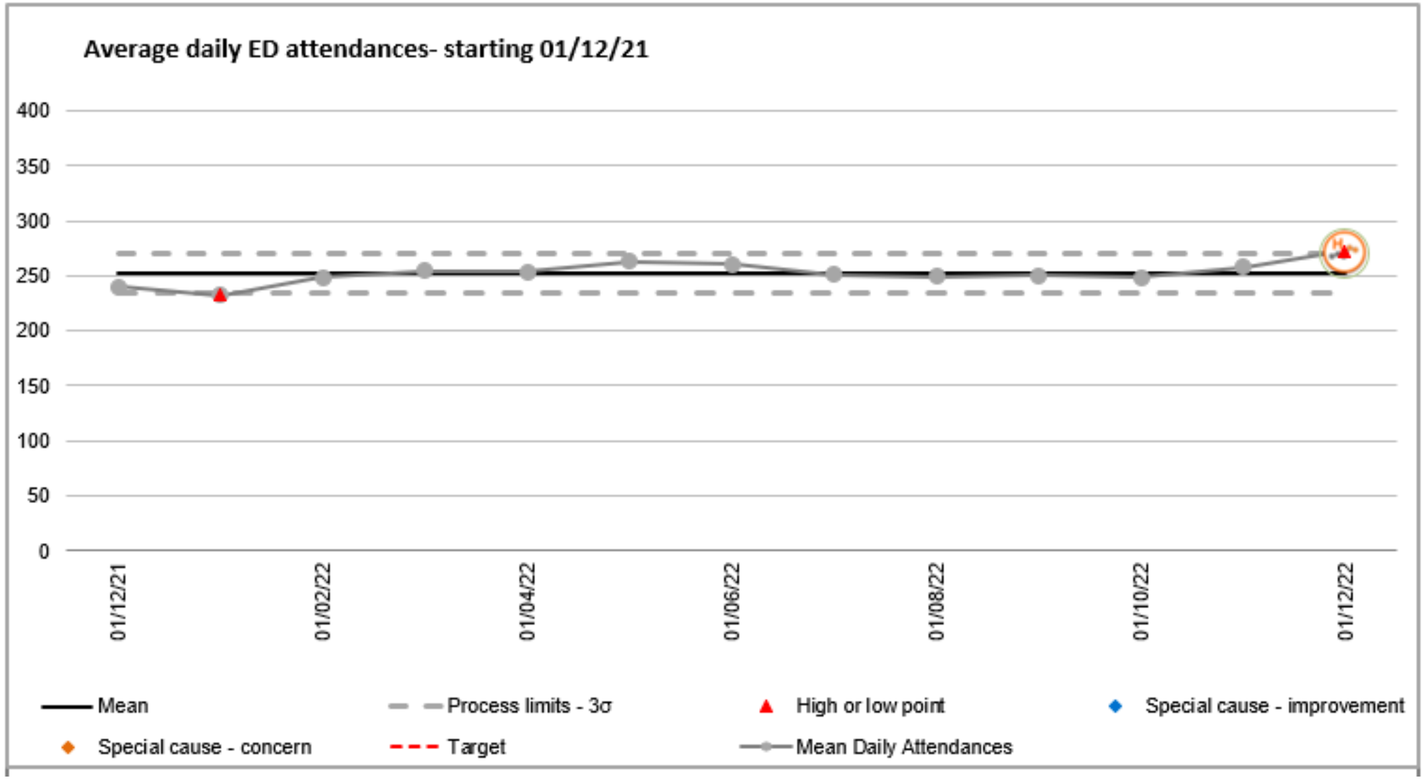
Action item	Progress
Reducing the Frequent use of ED by People and Communities	Project team in place. Deep dive of Mayflower PCN undertaken. MDT provision to support decision making for at risk people in place. Alignment of FUSE. Waterside PCN coming on board Q4.
Enhanced Care Offer to reduce demand into primary are from care homes and reduce ambulance conveyance.	Immedicare commissioned to provide support (September). By end of Jan the number if care homes supported by Immedicare will be 48. Service expanding to include non-medical prescribing. Remote monitoring being rolled out in Jan 2023. In December 2022; 119 consultations received. 69% were out of hours. Of these 119 remained in the care home.
Urgent Community Response for fallers (non-injury falls) and night sits service to avoid long waits and reduce avoidable ambulance conveyance.	Options appraised and a preferred approach involving urgent community nursing team identified and funding agreed. Recruitment for additionality (B6 and B3) completed. Service go-live Jan 2023.
Acute respiratory infection capacity	Steering group in place and agreed model. Launch in January 2023. Approach includes promotion of HandiApp. Funding of resources into PCN decentralised model provides additional capacity to see an additional 1 / 7500 people with acute respiratory illness (ARI) in the community Monitoring is planned to measure ARI activity seen in community the reduction of ARI presentation in ED.
Promote all MH alternatives to ED including 24/7 hotline	Activity on the First Response Service hotline has increased
Amend processes and location of where MH support can be provided whilst building works close current CDU	Additional liaison role in post. Improvement in Psychiatric liaison response times

Same Day Emergency Care

Jo Beer (Chief Operating Officer University Hospitals Plymouth)

Demand into ED

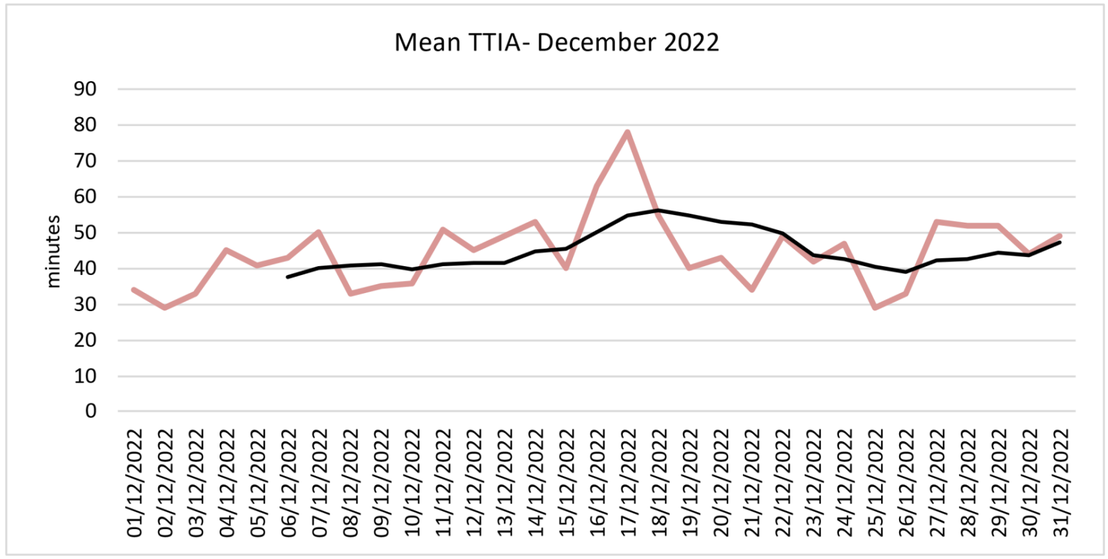
Total demand into ED this year did not rise during 2022. “Walk-in” demand continues to be higher than previous years

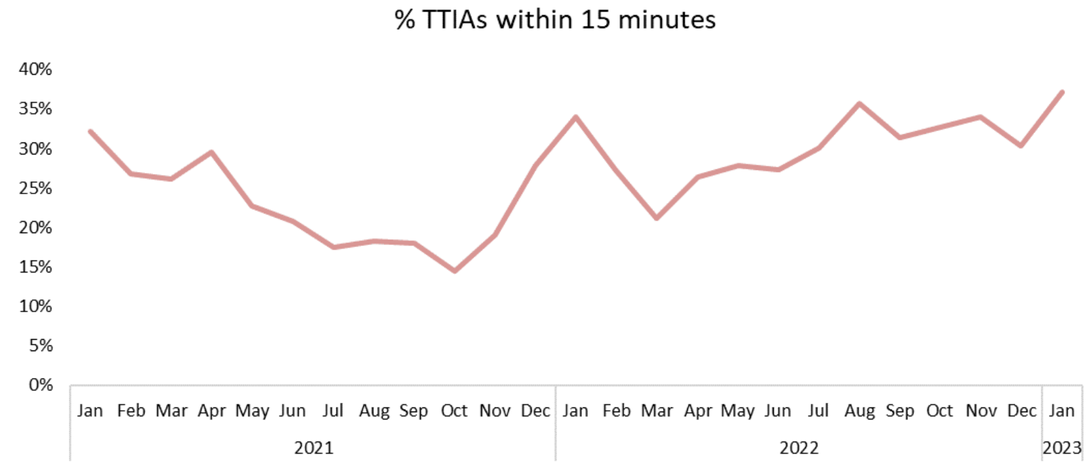


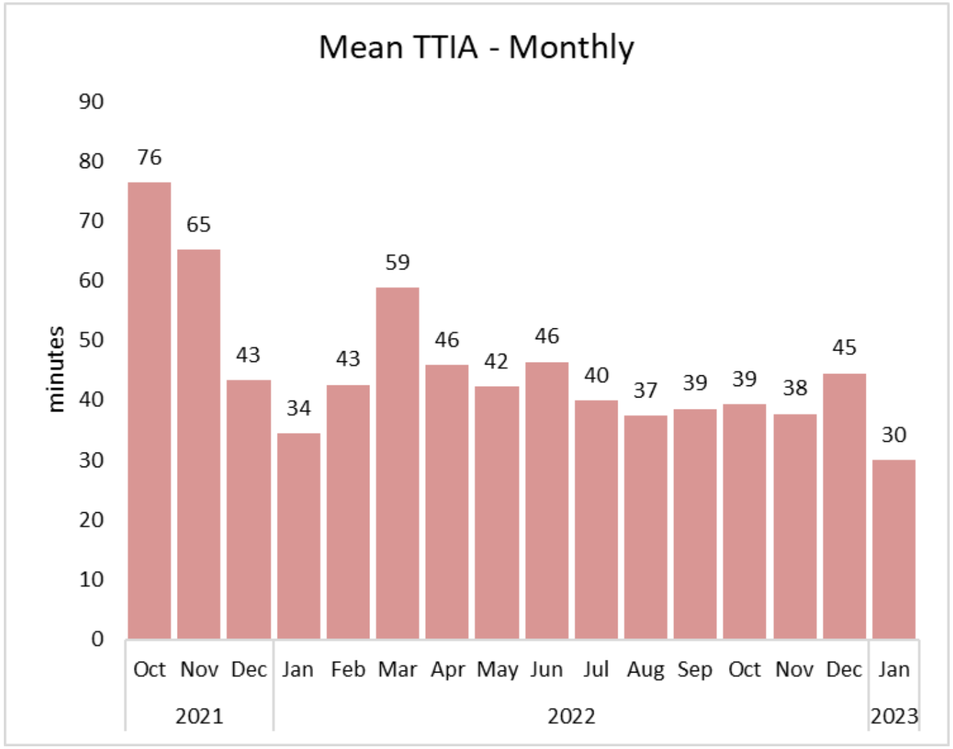
Attendances at ED have been increasing since January 22 which mirrors normal seasonal variation, however since September 2021 there has been a significant downward shift in the number of average daily number of attendances with attendances below the mean over the last 6 months.

Initial Assessments

Time to initial assessment for patients in ED still exceeds the 15 min target







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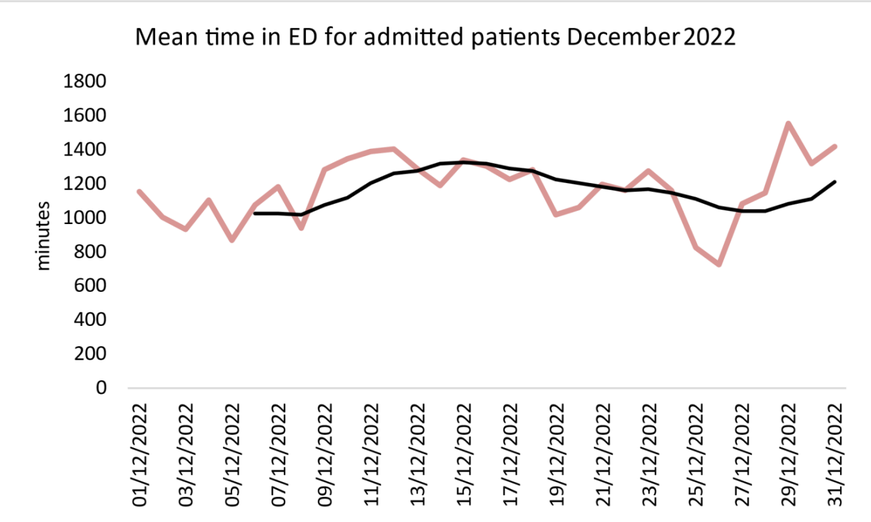
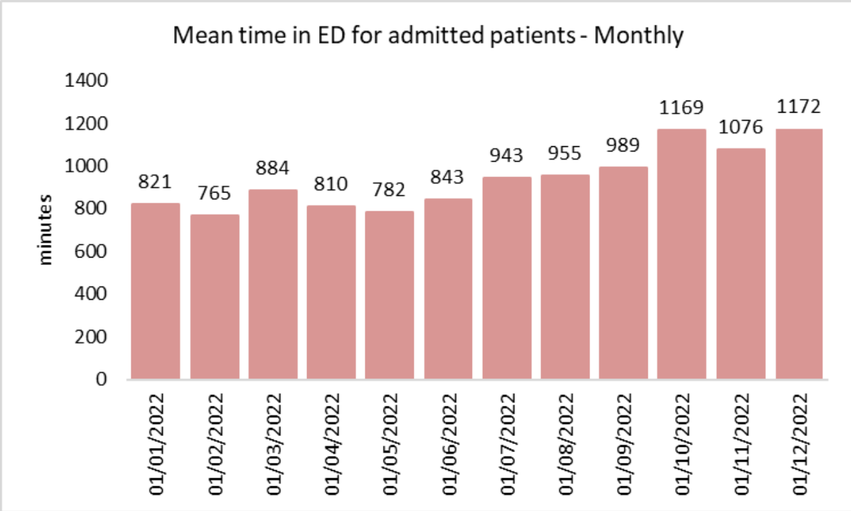
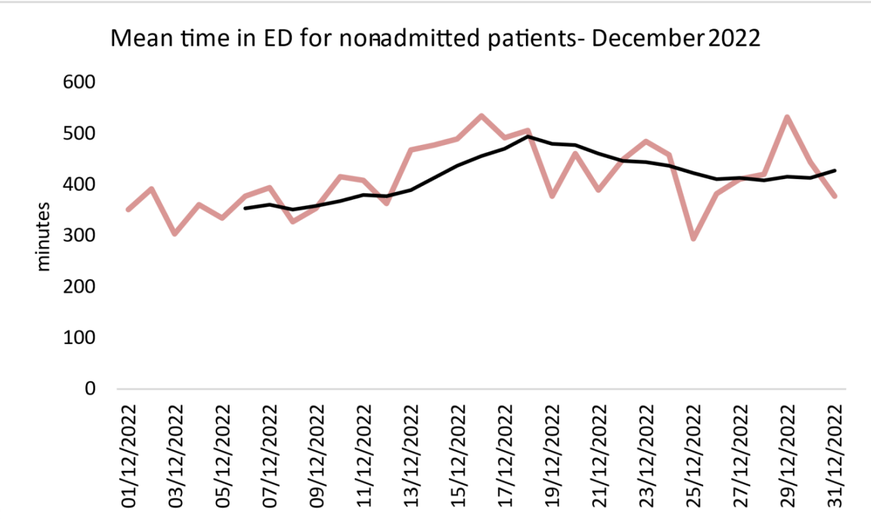
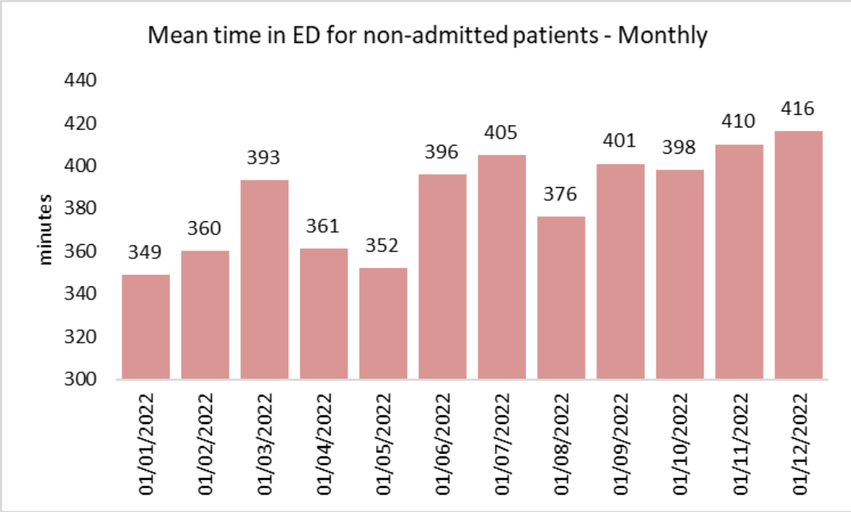
Waiting Times

In December, admitted patients from ED waiting on average 19.5 hours. Patients who did not need admitting were in ED on average 6.9 hours.







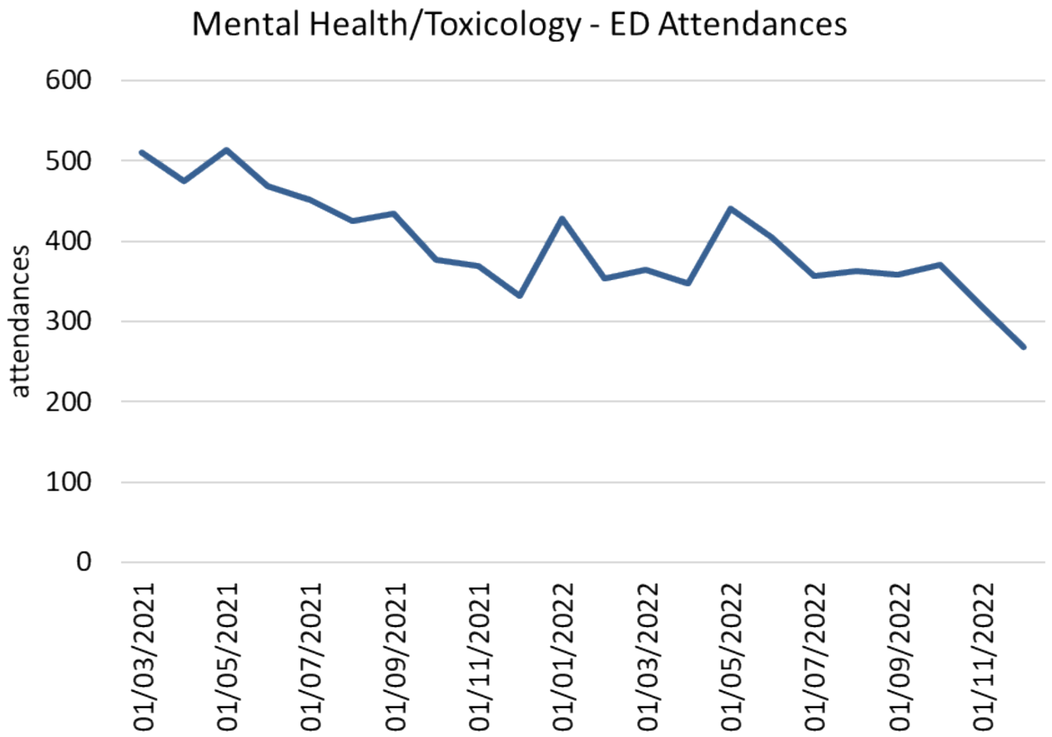


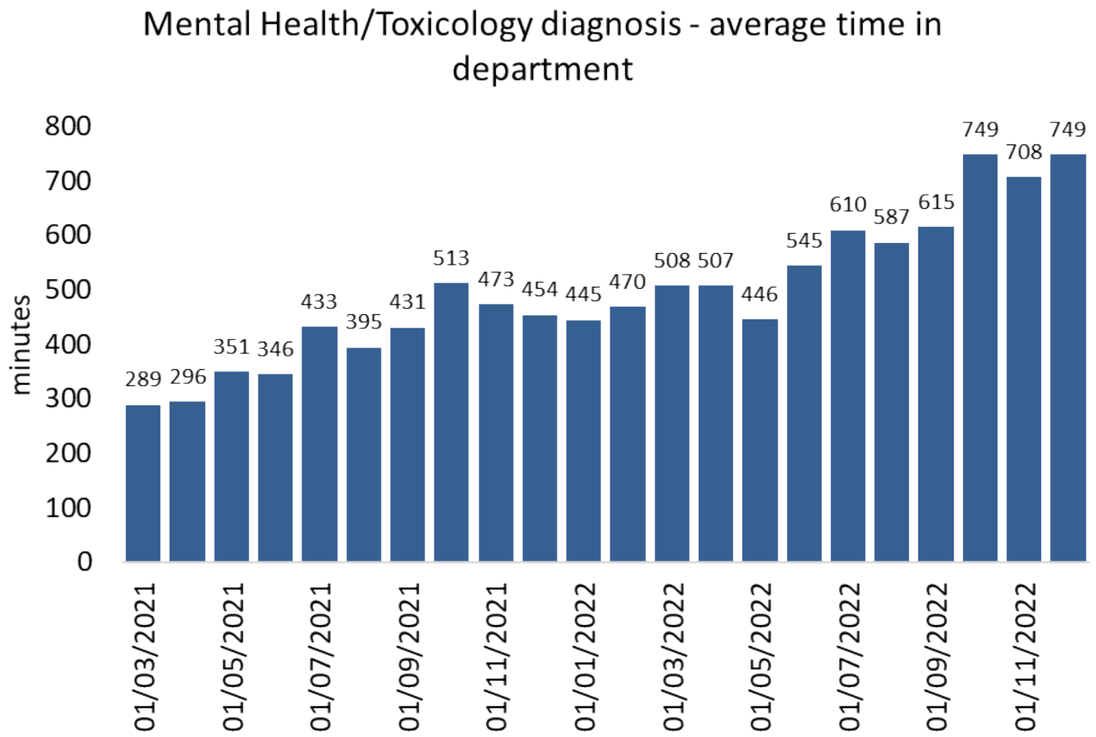
Cornwall and I
Integrated Care System

One Devon

Mental Health Related ED Attendances

Mental health – related ED attendances (identified using diagnosis field) and their average time in department





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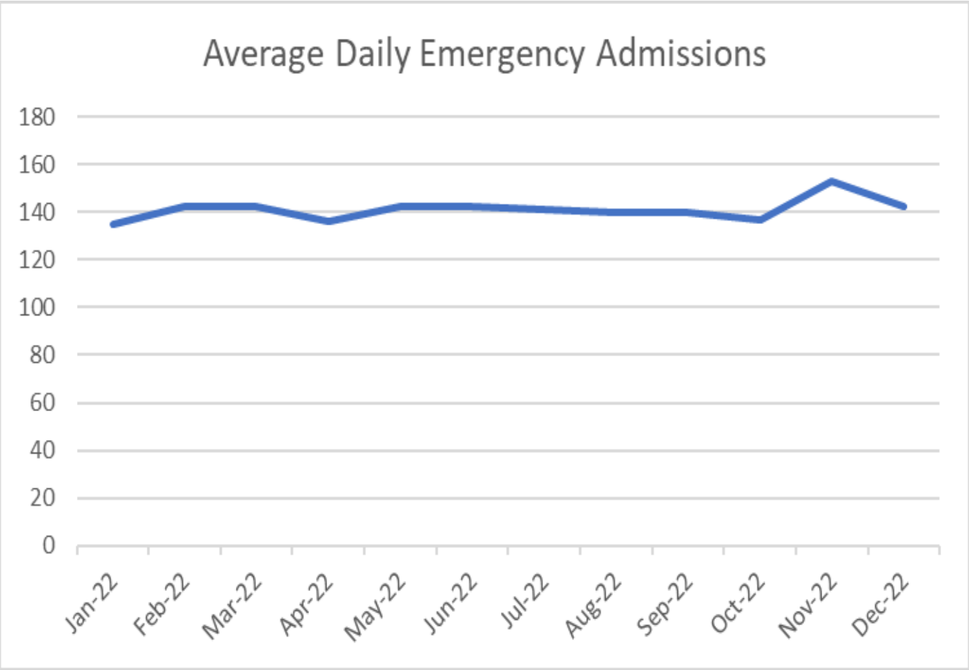
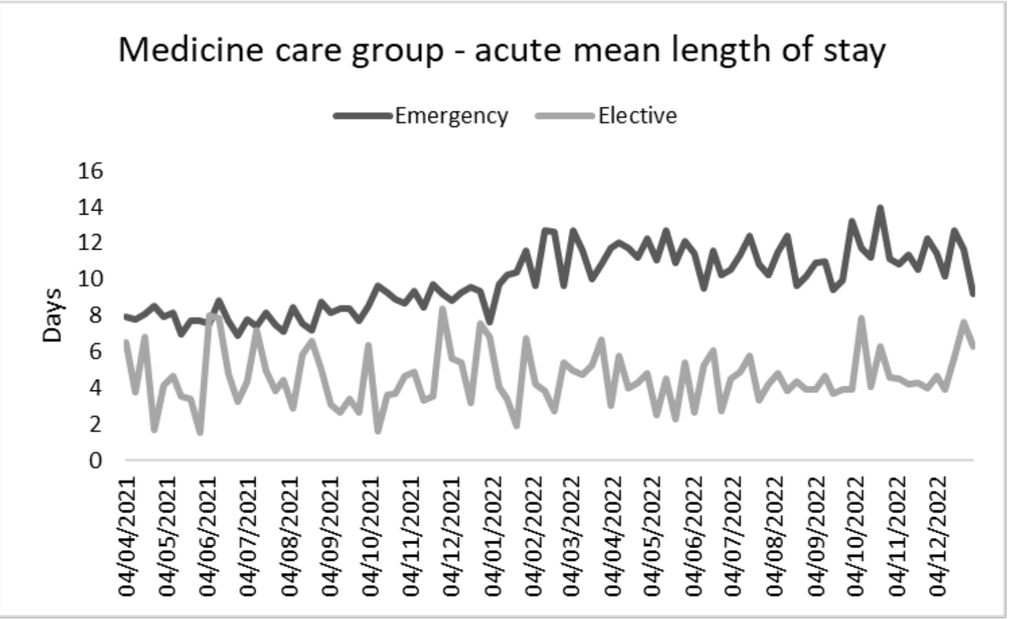
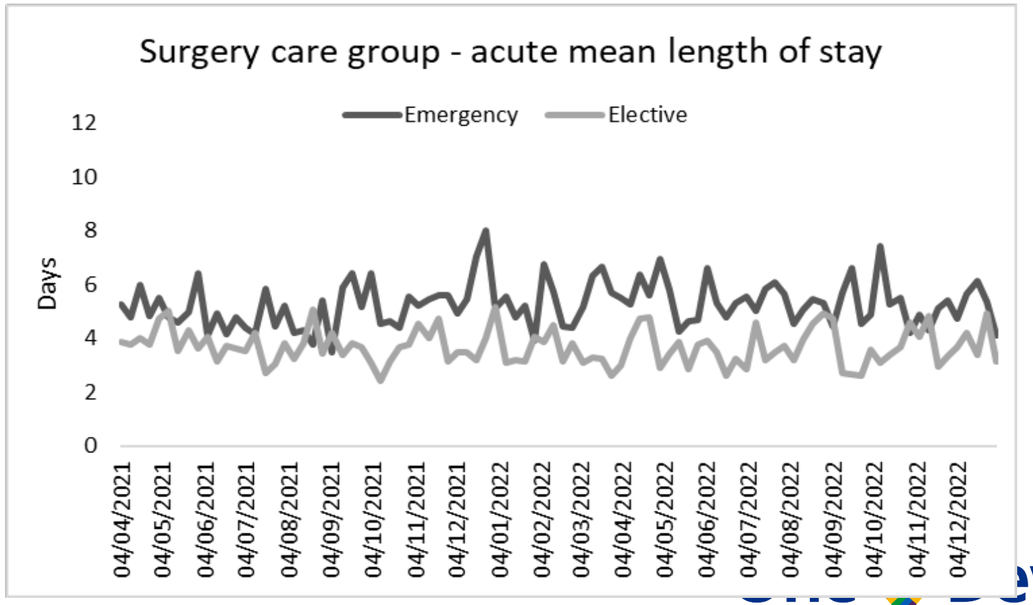
Emergency Admissions

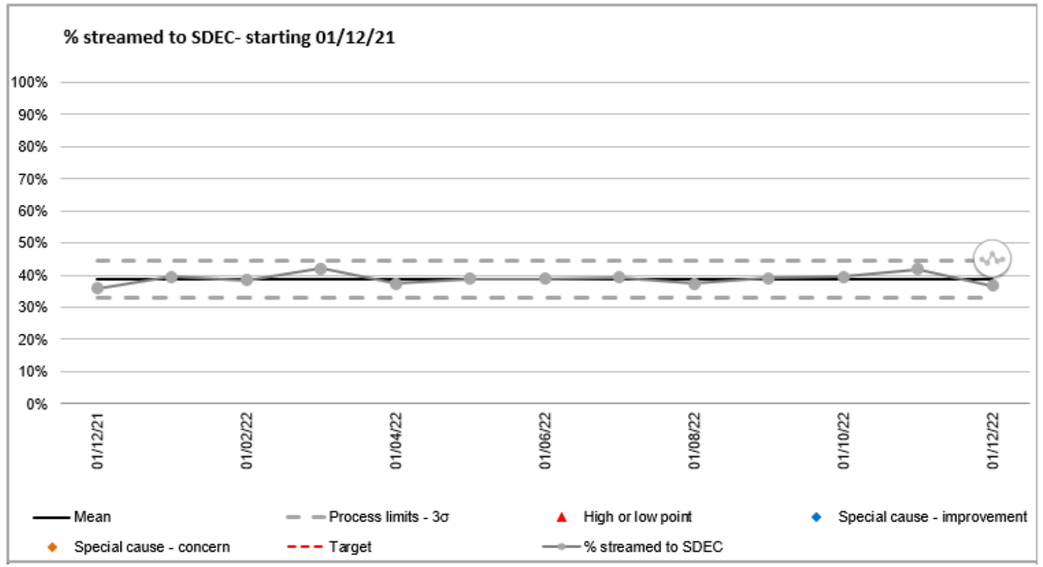




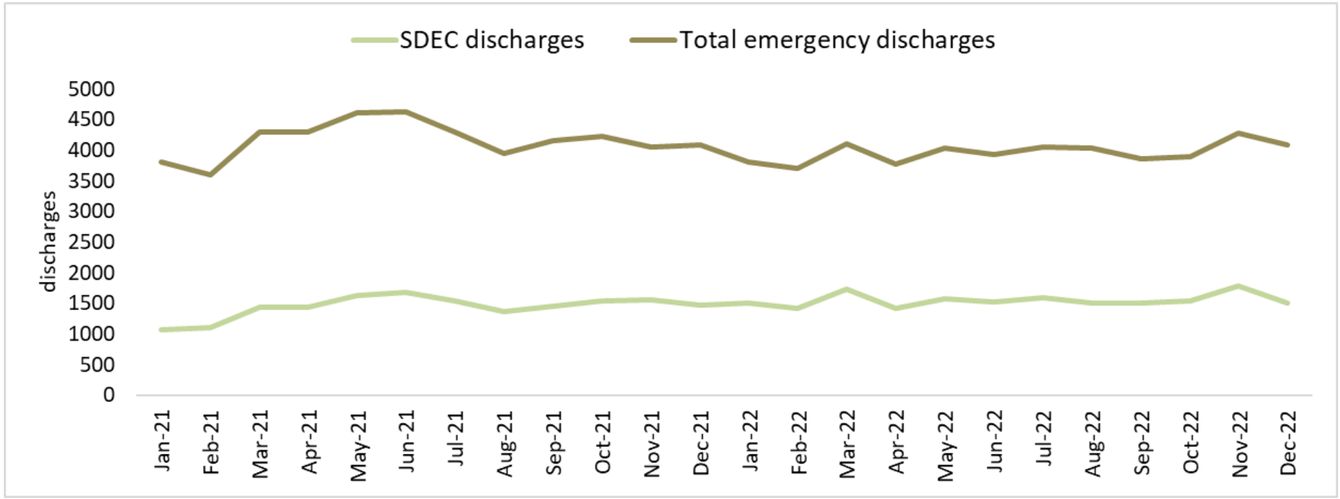


The number of emergency admissions has remained fairly constant between July and Dec 2022. The length of stay for patients admitted for an emergency medical issue has been rising since September 2021 compared to people admitted for emergency surgical condition or for planned elective stays.

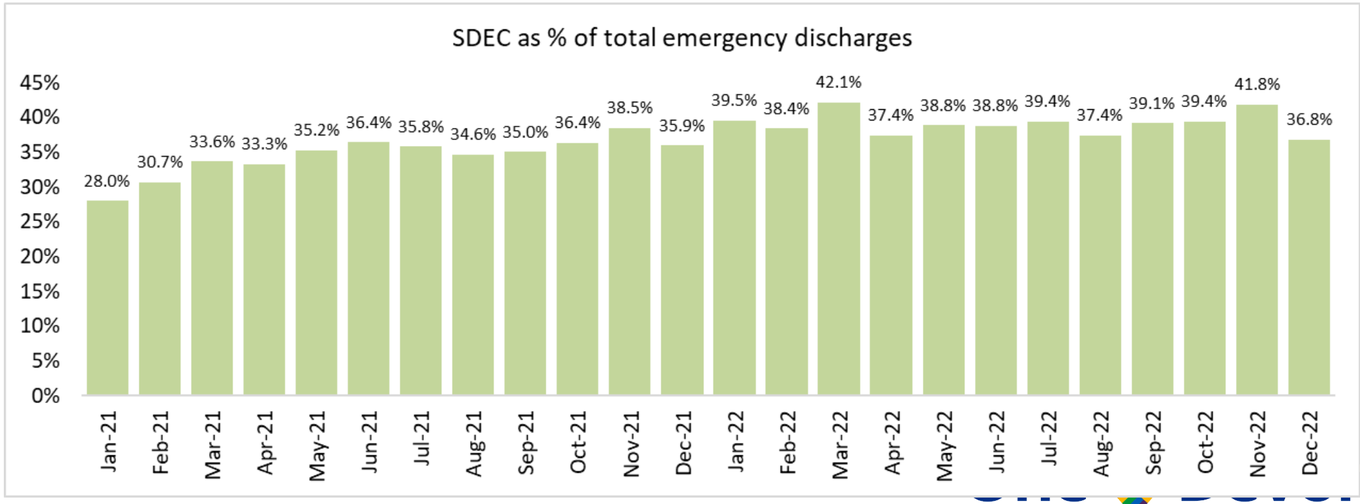
Same Day Emergency Care



The proportion of patients streamed to SDEC has remained stable and close to the mean of 37%.



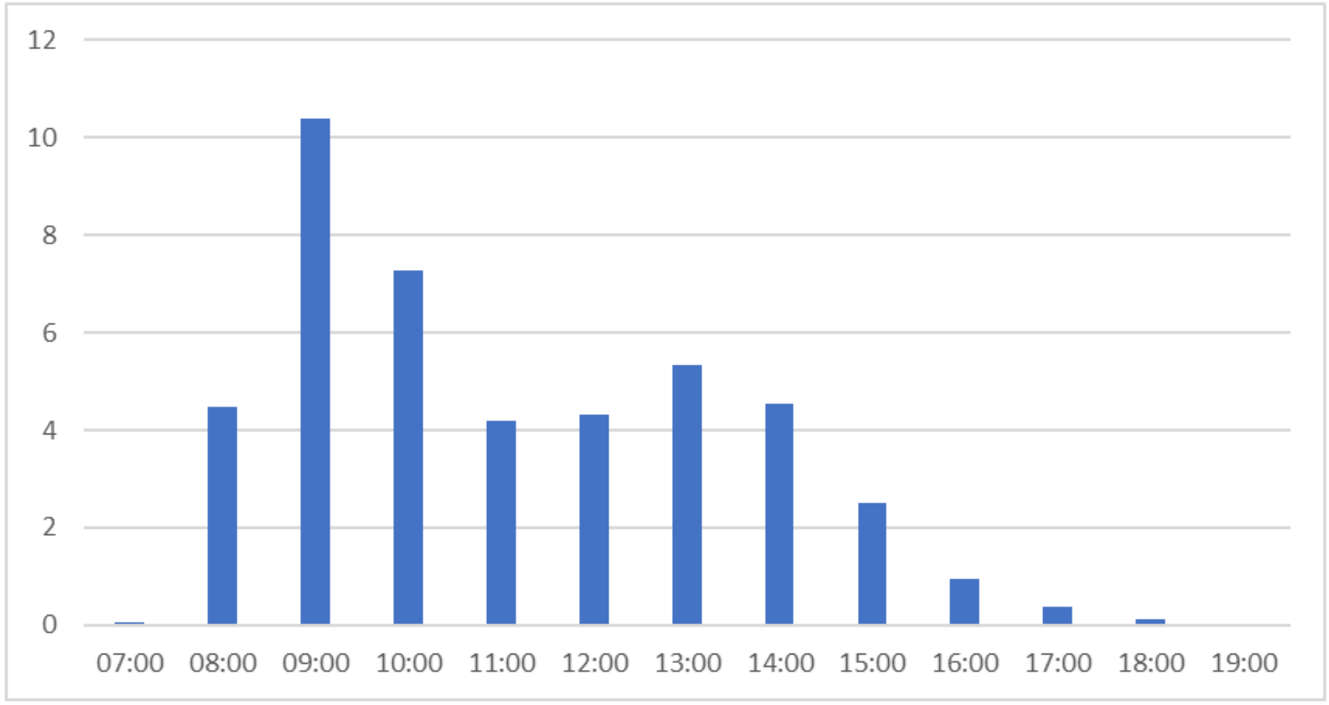
In the most recent NHSE/I SAPiT report UHPs percentage of emergency medical zero day length of stay spells placed it in top 50% for performance.



Cornwall and Isles of Scilly Integrated Care System

Acute Assessment Unit

The acute medical same day emergency care unit (Acute Assessment Unit) is typically unable to take more patients after 1600 due to staff and physical constraints.



A patient admitted to AAU on a weekday morning or early afternoon will have a significantly higher chance of being discharged on the same day than a patient admitted at other times of the day. A patient will typically be in SDEC for 4.5 hrs compared to 6 hrs in ED.

Admission avoidance action plan and progress

Action item	Progress
SDEC acute medical and frailty	Extended opening hours of SDEC (reliant on temporary staffing but aiming to increase offer to 24/7 with recruitment
ED; sustainable MDT staffing model	Ongoing recruitment to medicine, nursing and support posts. Full establishment review undertaken and work starting towards recruitment for new staffing model for TUEC build
ED Triage improvement programme	Comprehensive staff training programme undertaken. Improvement work continues. Ambulance triage process in place and estates work being completed for implementation of new ‘Rapid Assessment and Triage Model’ in February 2023
Expedient and quality support for people with MH needs following ED attendance	CDU closure in Autumn 2022 with comprehensive plan in place developed collaboratively with Mental Health Team and Acute Provider. Full range of pathways in place and escalation process. Regular meetings to review cases and ensure pathways fit for purpose
Derriford UTC	Development of business case

Recent Improvements & Ongoing Challenges

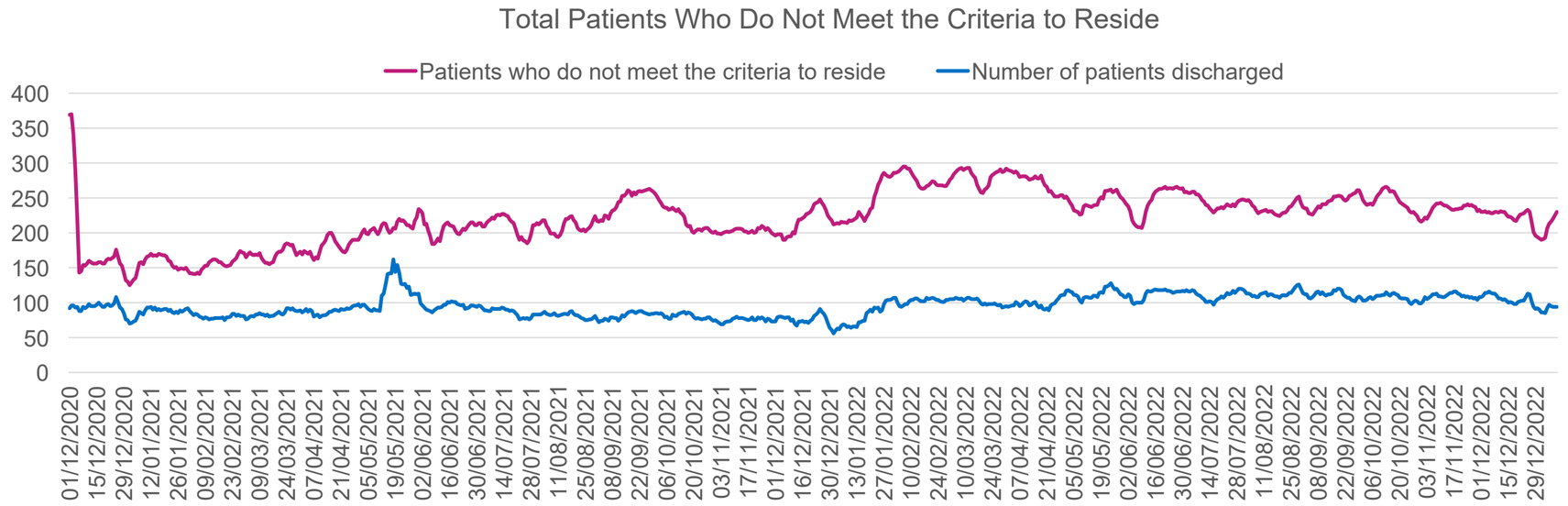
- Demand
- Flow
- Discharge
- Infection Control and Winter Illness
- Strikes
- No Criteria to Reside
- Capital Investment (additional beds)

Discharge

Gary Walbridge (Head of Adult Social Care Plymouth CC)
Ian Lightley (Chief Operating Officer Livewell)
Sarah Pearce (Livewell)
James Glanville (NHS Devon ICB)

Discharge

Rate of discharge is not keeping up with hospital discharge need

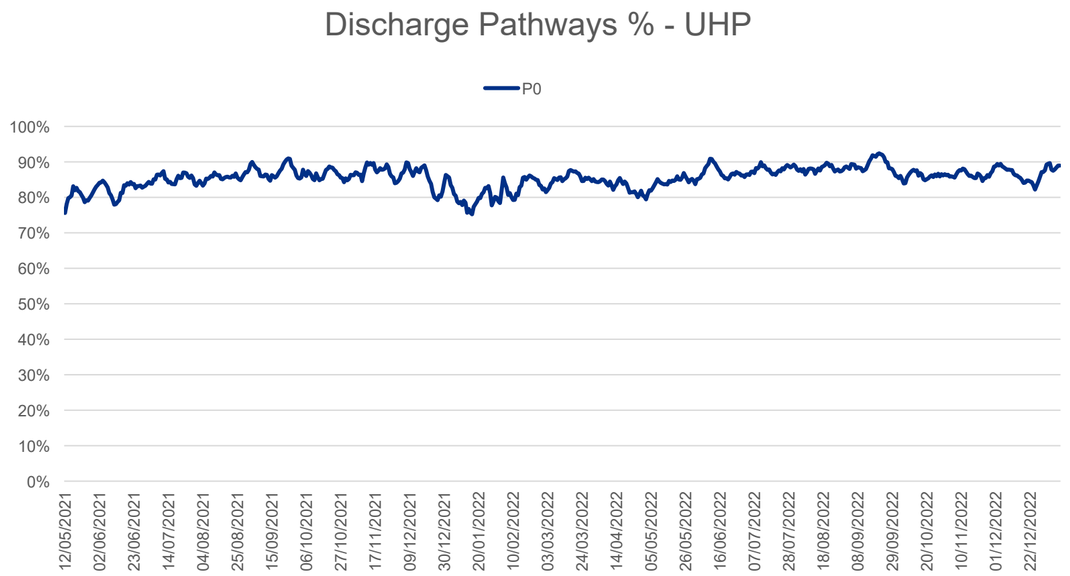


The number of patients who no longer require acute support and therefore have “no right to reside” increased up to late spring. The number of patients with no right to reside remains high. Approximately a third of these have extended length of stay over 21 days.

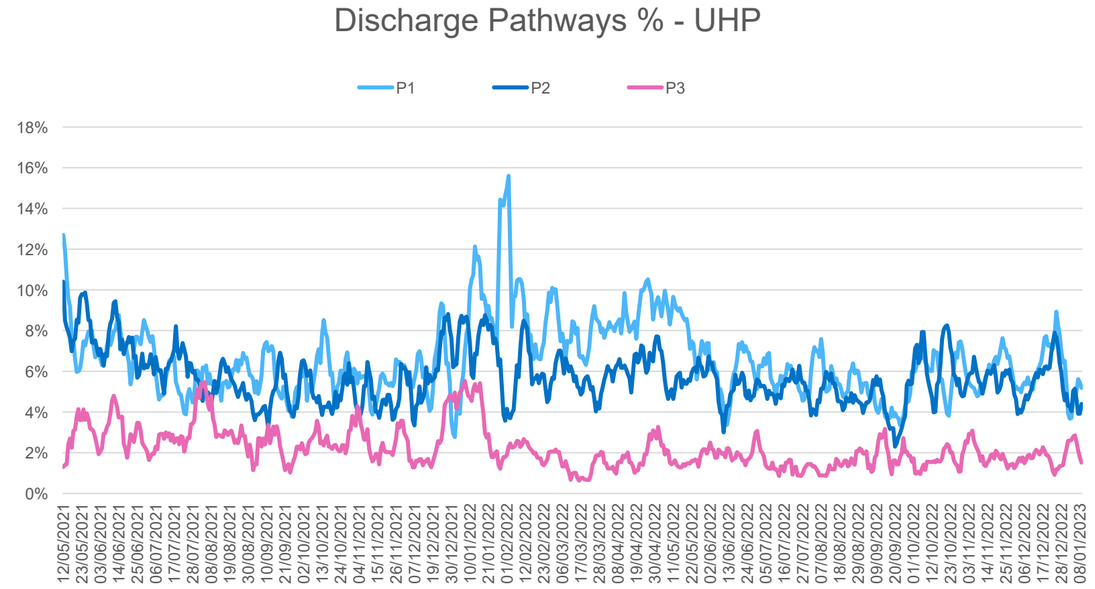
Although the level of patient discharge has increased to regularly over 100 / day, this does not match the level of acute admissions or the rate of completion of the hospital-based care plan.

Discharge Pathways

Breakdown of discharge pathways



P0 pathway discharges account for just under 90%. This is below the average level seen across acute hospitals in England.



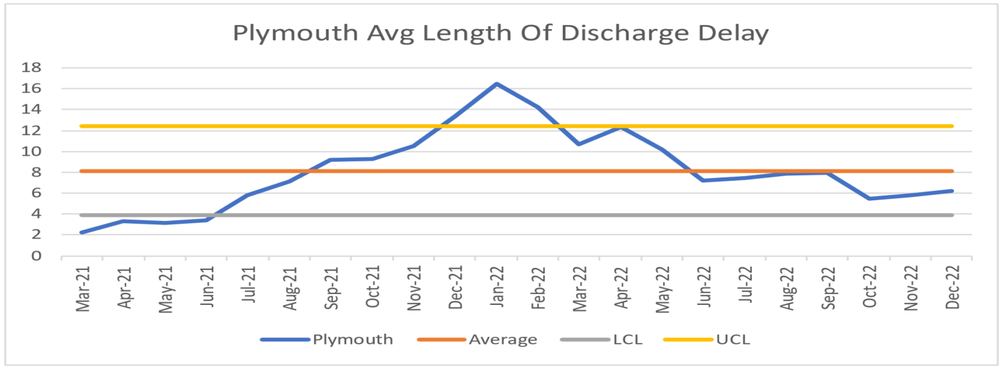
The proportion of P1 pathways have stabilised.

Use of P2 beds although reduced from 2021 remains higher than expected. This pathway can be used where there are insufficient domiciliary and / or home support.

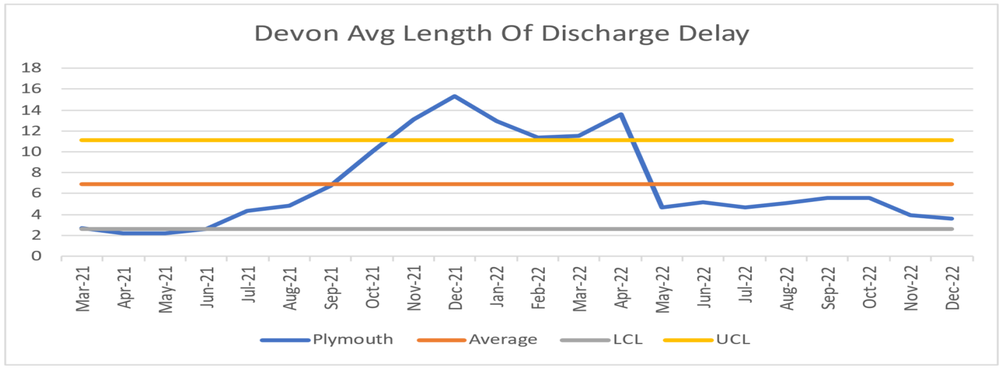
Use of P3 specialist (often high cost) beds has reduced.

Delay in Discharges

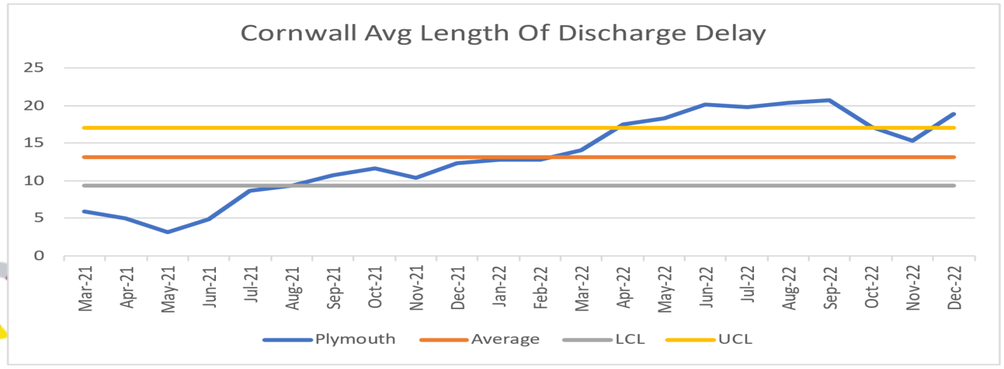
Length of delay in discharging patients (who no longer need acute hospital support) into Plymouth, Devon and Cornwall.



Average length of delay for Plymouth patients worsened between November and April 2022. The interventions put in around bed bureau, discharge complex case MDTs and additional capacity into intermediate care have reduced the delay to discharge to 6 days. This is still in excess of the 24 hour target.



It's a similar picture for Devon although the recovery has been greater and length of delay has been below 4 days for the last 2 months.



For Cornwall there has been a run of increasing length of delay since May 2021. The chart indicates the processes are subject to market forces that may be outside the control of the team.

One Devon

Discharge action plan: Capacity

Action item	Progress
Pathway 0	1. British Red Cross providing surge support for patients on pathway 0 / 1
Capacity and Demand into Pathway 1	1. Hospital to home launched June 22 providing 25 x 1hr slots/day. 187 patients seen, 85% discharged from service with no needs. - 2. Age UK (additional 432 hrs / month) discharge support live and delivering service since 24/10/22. On track. 3. Care hotel delivered 20 beds by 17th October increased to 40 beds from 1st November 4. Age UK provide a day discharge support centre 7d / week to support people awaiting a POC; step down from STCC 5. Bridging Service to enable exit from intermediate care Abicare and 11 th hour contracted live Jan 2023 - provide 3 partnerships of 2 people per partnership delivering 84 hours per partnership. Expanding from Jan 2023 6. Home First step down: Age UK providing 36 POC / month 7. Abicare providing 4 x agency workersto support independence at home 8. Red Cross winter to support discharge home and community wrap around support 44 patients / month
Capacity and Demand into Pathway 2 and 3	1. Community surge beds (10) at Mount Gould Hospital 2. 14 dementia beds Livewell staffing proposal live from November 3. 6 x Eleventh Hour agency workers to provide care home capacity 4. Six (6) dementia 1.1 beds for difficult to place patients who need intensive initial support from November 2022 5. 24 Block booked care home beds for winter period 6. Patricia Venton Centre (Short term care centre) 24 beds service now BAU
Virtual ward capacity	Service went live December 12 with 25 beds. Scope includes respiratory illness and acute medical illness. Frailty is not within the current phase

Discharge action plan: Process and practice

Action item	Progress
Improve MDT and cross organisation working	Tavistock institute facilitating workshops (since Q3) to test and change the current status quo.
Community decision maker to provide right information right time to increase P1 discharges	Social worker working into the hospital to support. BRC also assisting.
Transfer of care hub	Complete SCIE best practice self assessment to establish improvement areas and develop an action plan. Gaps identified. Planning in progress.
P1 review to optimise and integrate the current range of P1 services	Review undertaken and action plan being agreed.
Optimising Community Hospitals (P2)	Working with senior leaders to establish a system vision for the patients Mount Gould and other community hospitals care for.
P3 identification to ensure the right people are on the right pathway and caseload managed against agreed principles.	Working group in place
End of Life Pathway	MDT group created to complete a demand and capacity analysis and review commissioning arrangements.

End