

OFFICIAL:



# **Plymouth Health and Adult Social Care Overview and Scrutiny Committee**

**13 July**

**14:00 – 16:00**

## **Urgent and Emergency Care Performance and Improvement Plans**

# **INTEGRATED URGENT CARE 111 AND OUT OF HOURS GP**

Justin Geddes (CEO Devon Doctors)

Jo Turl (Director of Commissioning NHS Devon)

# Integrated Urgent Care

Devon CCG currently holds a contract with Devon Doctors for the provision of integrated urgent care services. This is a single contract for the provision of:

- 111 call handling services (NHS 111)
- Clinical Assessment of 111 calls through the Clinical Assessment Service (CAS)
- Out of Hours GP provision (OOH)



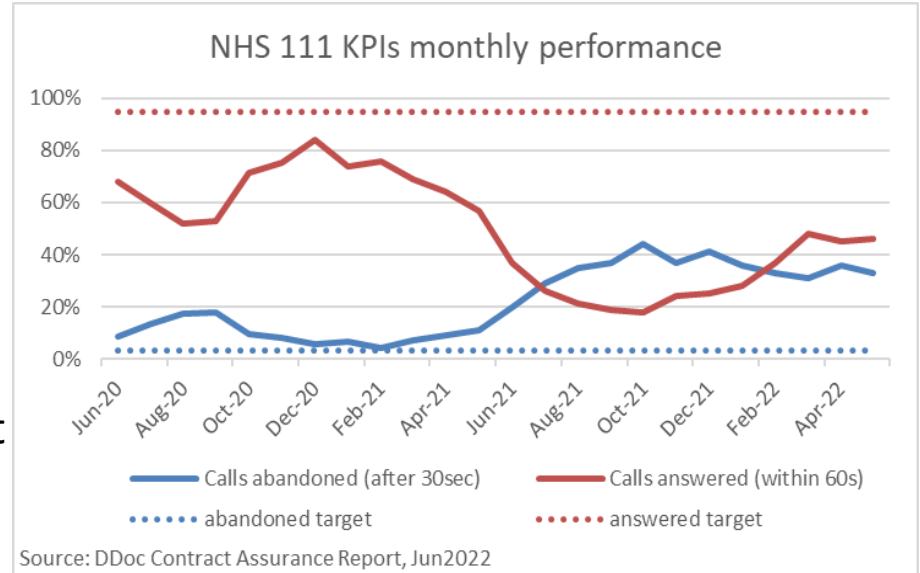
**when it's less  
urgent than 999**

# 111 Performance

Poor performance is being experienced due to low call answering capacity.

Factors include:

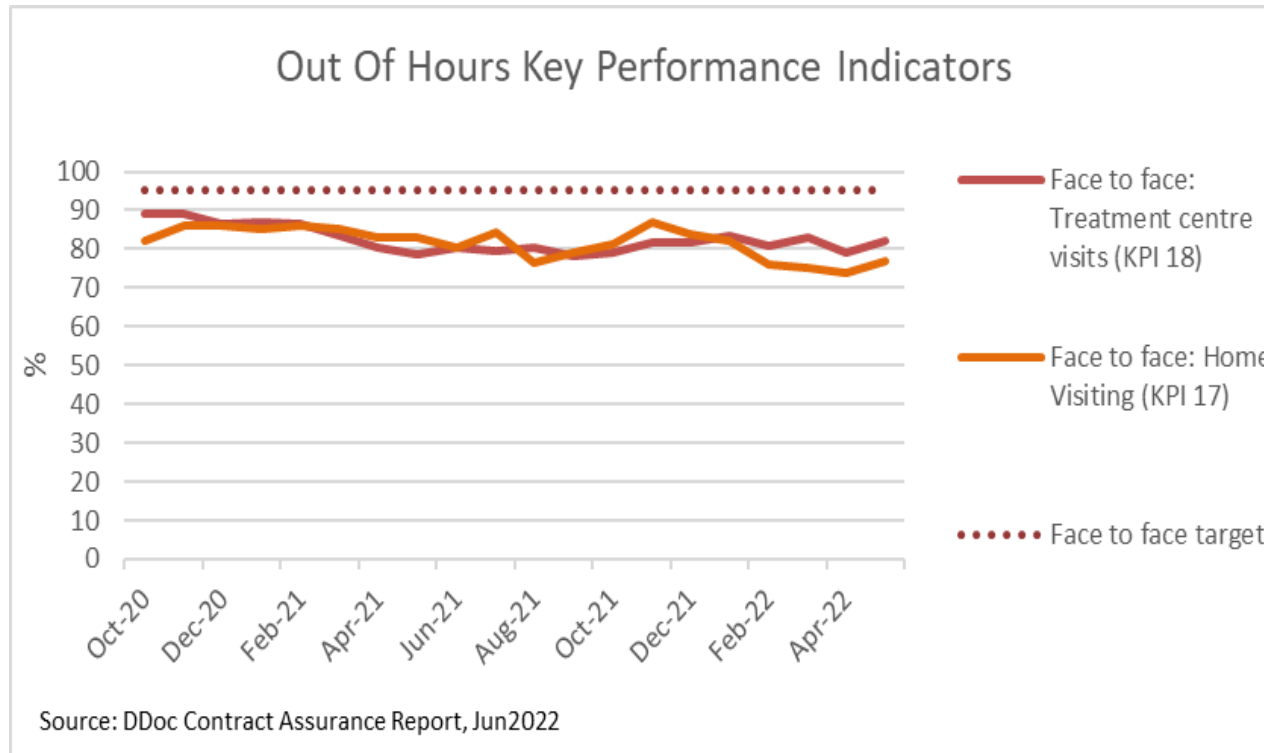
- Unplanned absence
- Insufficient weekend establishment
- High attrition rates, whilst recruitment is ongoing, all providers in the 111 market are experiencing difficulties in recruiting staff
- Training courses put on for those candidates who are offered a role have a high dropout rate
- More recently, Covid-19 amongst staff has again become a driver for absence



# Performance Against Key Out-of-Hours Metrics

75%-85% of patients are seen in a face to face at a treatment centre or at home within the timescale identified as clinically appropriate for their needs.

The national target is 95%



# IUCS Performance

- Evidence suggests that where 999 outcomes generated by call handlers using the risk-averse algorithm-based “Pathways” system are reviewed or “revalidated” by a clinician, they can often be safely changed to an alternative outcome
- Levels of validation of 999 calls undertaken by Devon Doctors for patients significantly exceed national targets, which is positive for the Devon system (fewer ambulances dispatched and fewer attendances at ED) and in terms of patient experience
- The percentage of patients called back by a senior clinician within the allocated timeframe has varied over the last twelve months
- Performance levels have been between 32% and 69%
- To note, many of these patients will have initially had their case reviewed by a clinical advisor in the 111 service.
- During periods of high demand, Devon Doctors undertake “Patient Safety Calling” whereby call handlers re-contact patients who are waiting to check up on them
- Patients are also given extensive worsening advice to inform them on the actions that they should take if their condition becomes worse between initial contact and detailed clinical assessment.

# Contingency Planning

- If and when call handling performance or clinical triage levels reach a critical point, national contingency is used.
- National contingency is when, at the request of a service under pressure, has services across the country take calls for that provider to ensure patient safety and allow the space for the provider to get back on top of demand
- Given the current level of weekend performance in Devon, national contingency is being used on a planned basis for Devon doctors to manage demand

# Management of the IUCS Contract

Monthly Contracting & Quality Review meetings are undertaken during which the following are presented and discussed in detail:

- Activity Levels
- 111 Performance
- Out of Hours Performance
- Risk Management
- Rota fill / Staffing Levels
- Call handler audits
- Serious & Moderate Harm Incidents
- Low and No Harm Events/Safeguarding
- Complaints and Feedback
- Friends and Family Test

Twice-weekly capacity meetings review and discuss rota fill:

- Looking backwards over the weekend on a Tuesday
- Looking forwards towards the next weekend on a Thursday
- Daily information is also circulated by the provider on key metrics and pressures



## The Future

- Devon CCG has undertaken a comprehensive procurement for provision of the service from 1<sup>st</sup> October 2022 onwards
- This provided the opportunity to test the market and seek a provider that offers value for money, quality delivery, sustainability and innovation
- The procurement resulted in Practice Plus Urgent Care Group Ltd. being appointed to provide the service from this autumn.
- PPG are rated as 'Outstanding' for the NHS 111 service provided out of their Bristol, South-West region contact centre
- PPG are the largest independent sector provider of healthcare services to the NHS, operating over 20 years. They operate four 111 contact centres, four clinical assessment services (CAS) seven out of hours contracts
- Providers who have multiple contracts nationally are able to flex their wider call handling and remote clinical workforce

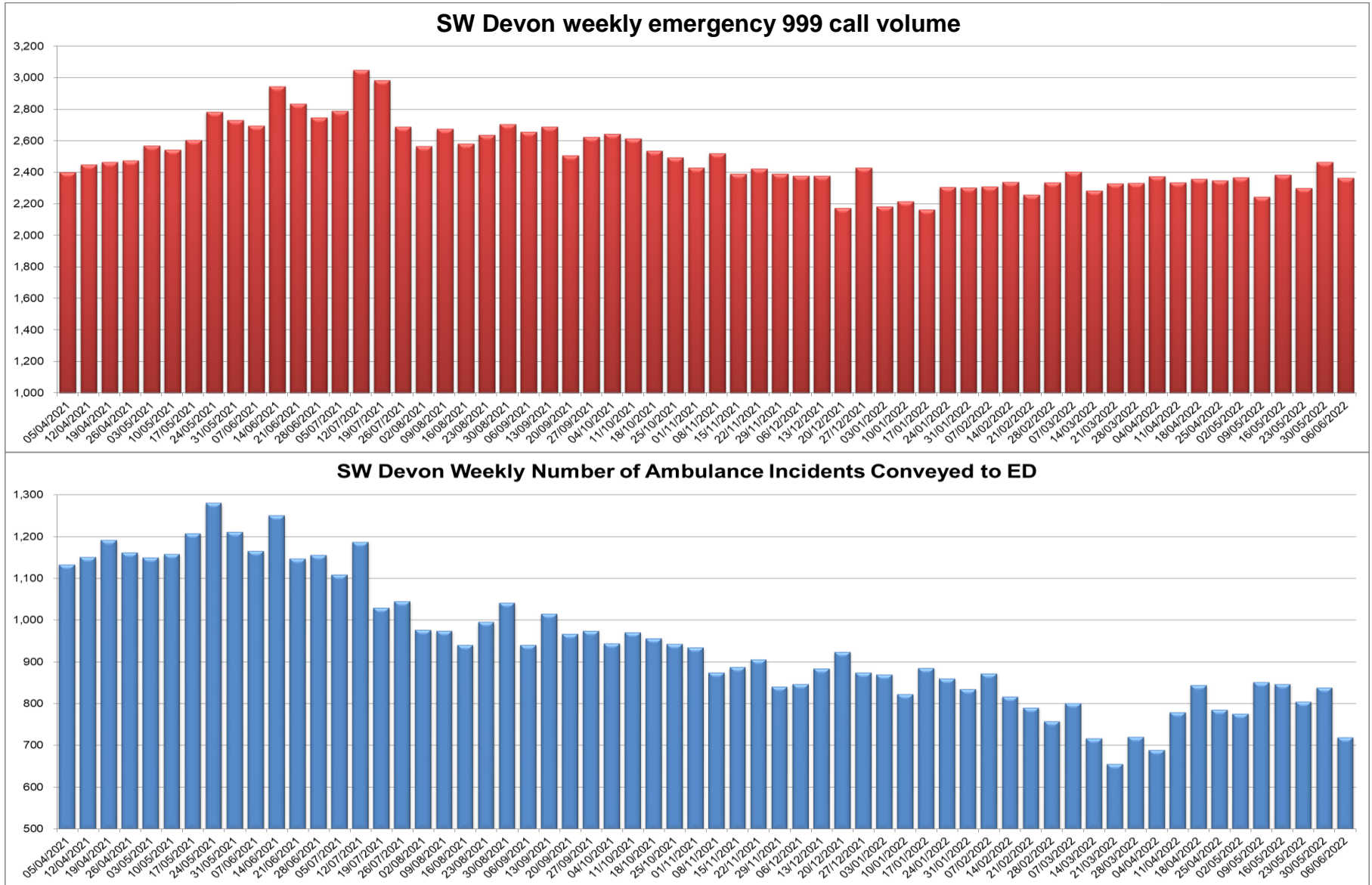
# **999 AND AMBULANCE PERFORMANCE**

David Harper (SWAST County Commander)

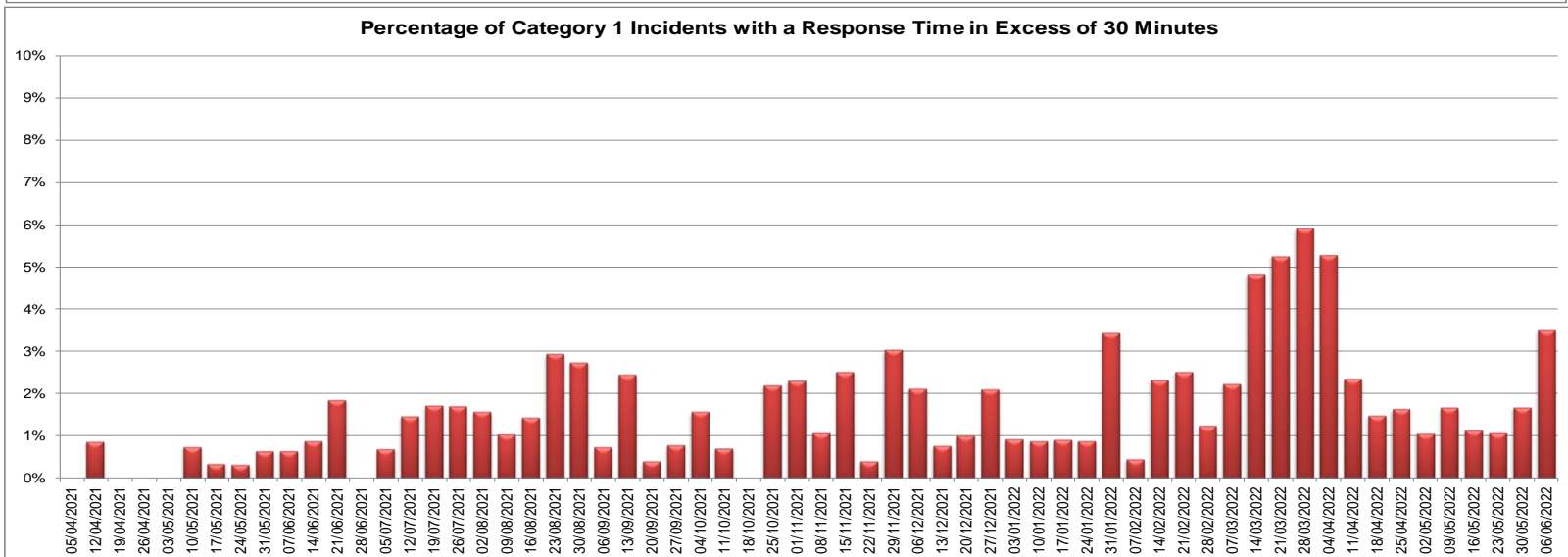
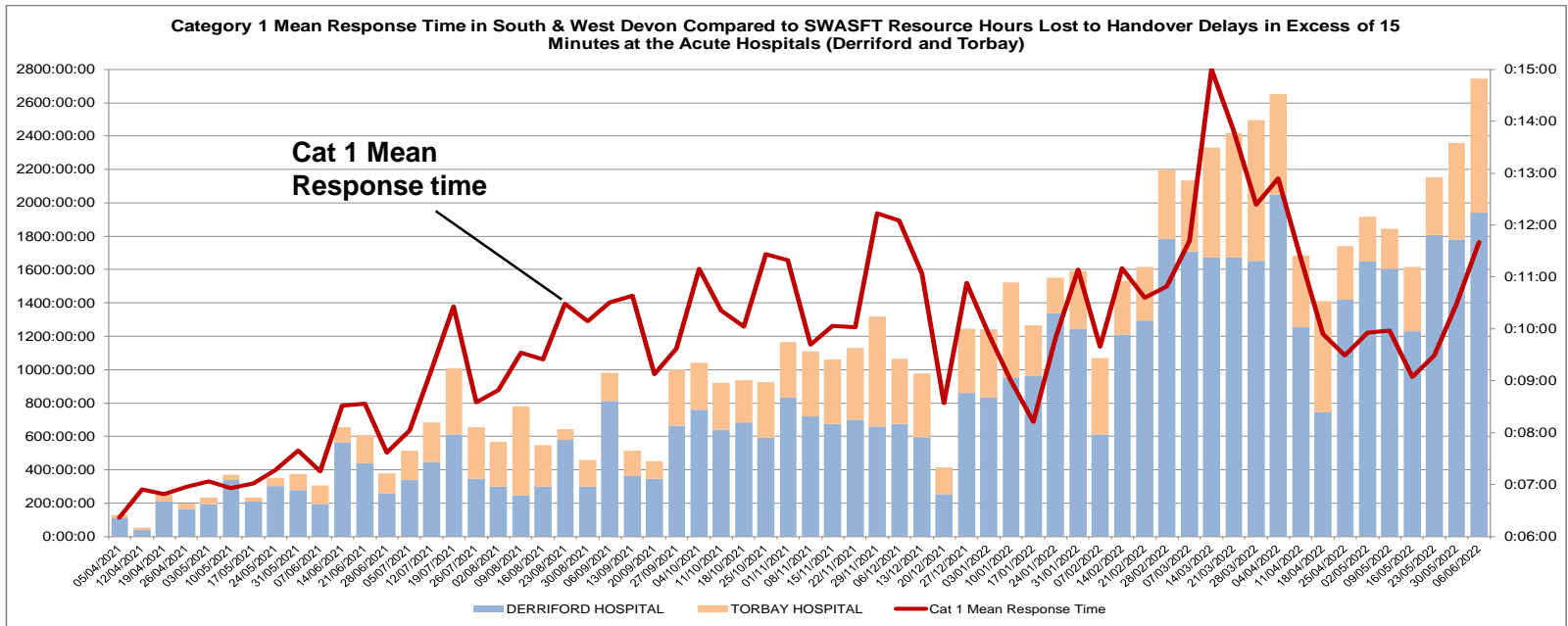
Jo Beer (COO University Hospitals Plymouth)

James Glanville (Head of Urgent Care NHS Devon)

# 999 call demand compared to the number of ambulances conveyed

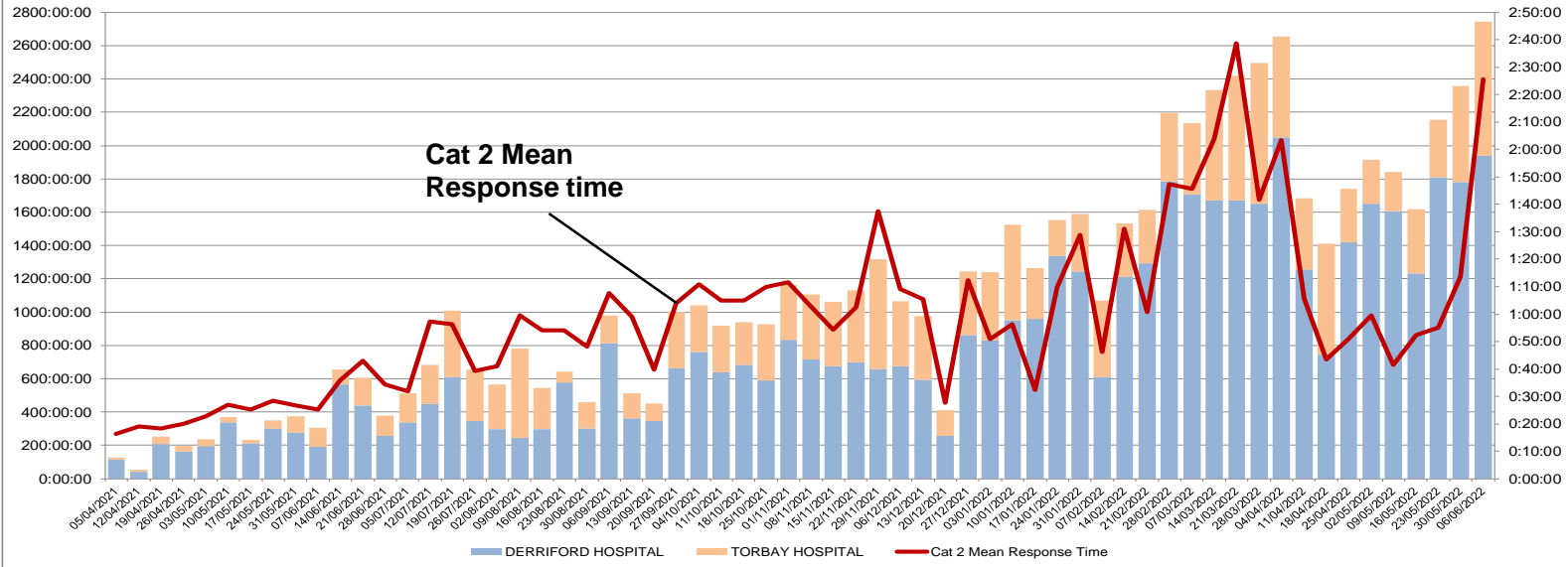


# South and West Devon Category 1 ambulance response time compared to hours lost at handover (in excess of 15 min target and in excess of 30 min)

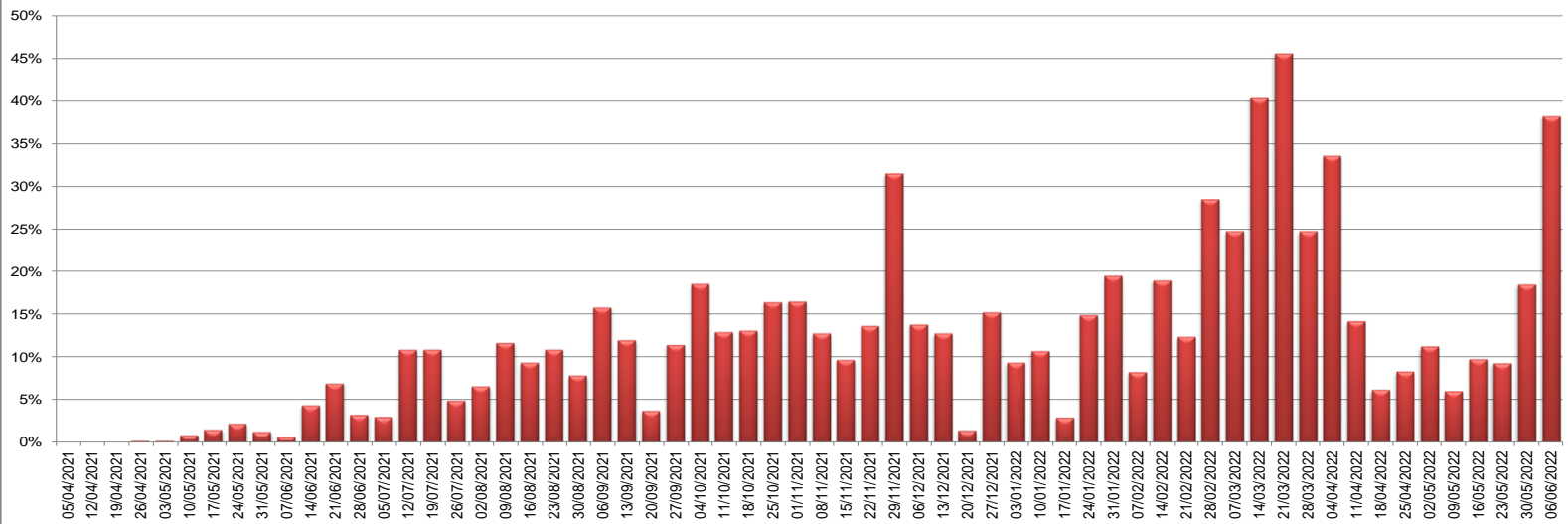


# South and West Devon Category 2 ambulance response time compared to hours lost at handover (in excess of 15 min target and in excess of 120 min)

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)



Percentage of Category 2 Incidents with a Response Time in Excess of 120 Minutes



# Heatmap showing the numbers of ambulances per hour waiting to handover at Derriford ED across a 28 day period

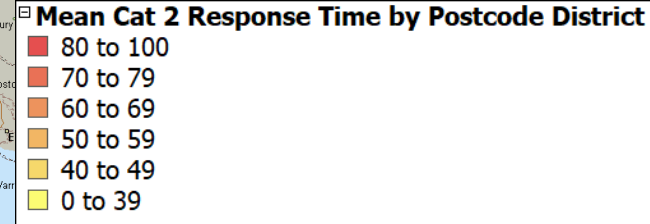
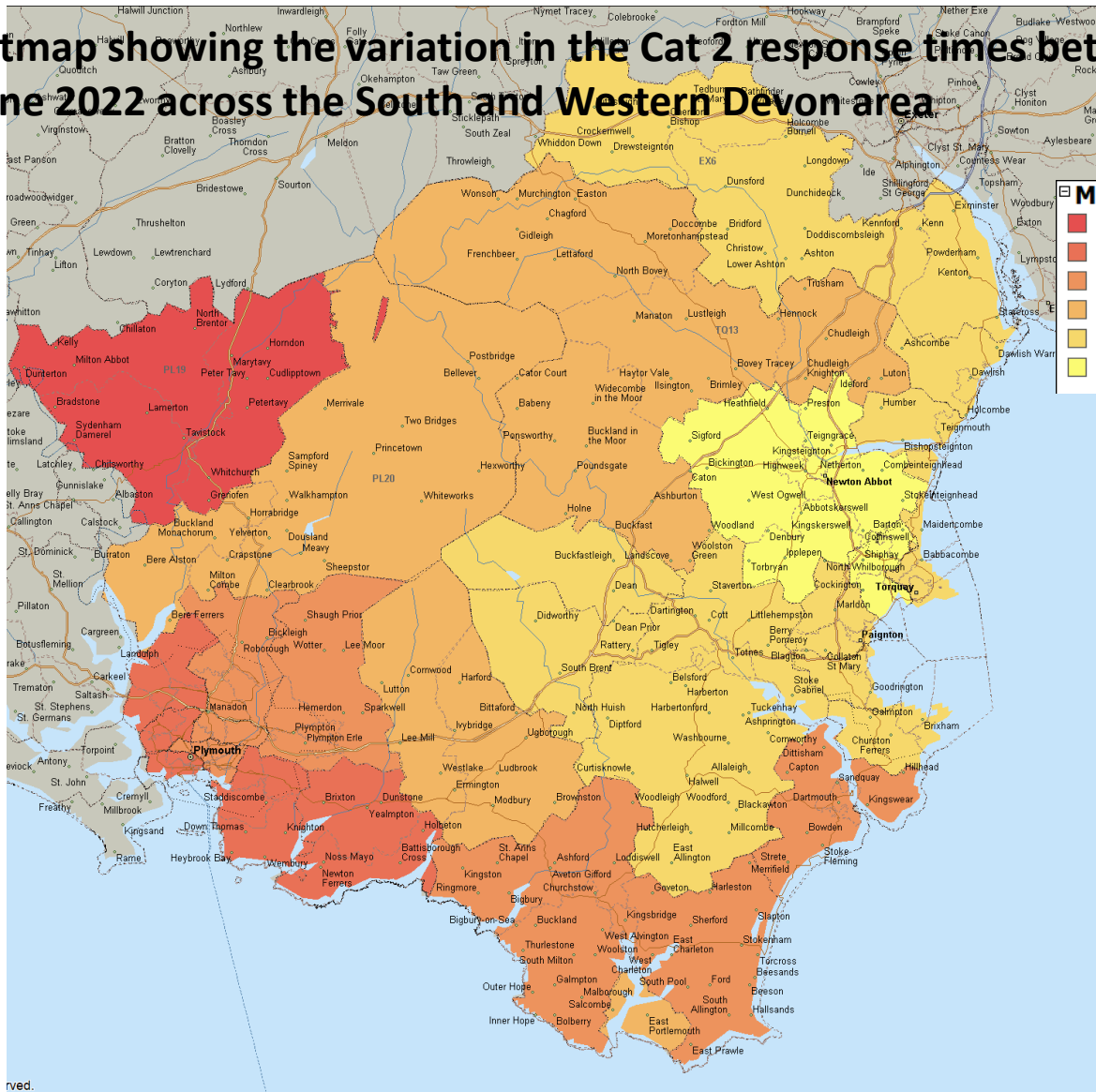
## Handovers Waiting - DERRIFORD HOSPITAL

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

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	Resource Type Shown	Handover Type
19/05/22	8	8	3	1	3	2	2	1		5	3	4	7	9	9	13	12	16	19	15	18	19	16	16	9.1	All	All
20/05/22	17	11	6	9	8	7	8	8	7	6	10	13	7	11	11	15	14	17	15	12	10	10	8	5	10.2	All	All
21/05/22	4	5	2	1	1	2	2	2	2	1	1	4	4	2	4	6	7	8	6	5	4	4	3	1	3.4	All	All
22/05/22	2	2	1	1		2			2		2		2	4	5	7	10	12	13	13	13	9	7	6	5.9	All	All
23/05/22	6	5	5	2	2	1	1	1	4	5	10	8	6	9	8	11	14	15	14	17	20	20	20	20	9.3	All	All
24/05/22	21	19	19	18	18	19	19	19	15	15	13	12	11	15	15	15	11	11	12	19	21	20	19	19	16.5	All	All
25/05/22	21	16	17	16	12	13	14	12	14	13	17	19	21	16	15	19	22	19	18	17	14	18	16	17	16.5	All	All
26/05/22	18	22	16	16	14	12	12	13	13	13	15	16	16	17	18	21	20	22	17	18	15	18	17	18	16.5	All	All
27/05/22	14	13	11	10	12	13	12	9	9	14	12	12	13	12	14	17	21	13	11	10	13	14	15	15	12.9	All	All
28/05/22	13	11	8	5	5	4	4	2	2	4	5	7	7	12	9	9	10	8	8	5	5	6	8	9	6.9	All	All
29/05/22	10	7	7	7	6	6	9	8	9	13	14	14	12	11	10	10	9	16	18	16	16	16	14	14	11.3	All	All
30/05/22	14	14	11	12	11	8	9	9	11	15	11	13	15	15	19	17	14	20	20	23	21	15	14	13	14.3	All	All
31/05/22	11	11	12	12	14	11	11	9	9	13	12	12	12	16	16	19	16	13	11	9	10	11	11	10	12.1	All	All
01/06/22	8	5	5	3	3	3	4	2	2	6	7	6	8	6	7	9	12	10	7	10	10	8	7	9	6.5	All	All
02/06/22	10	8	6	6	7	6	7	6	7	12	14	20	22	25	23	26	23	15	11	11	8	3	4	3	11.8	All	All
03/06/22	5	3	6	4	5	6	3	4	5	8	11	12	15	17	17	14	15	11	16	11	9	10	10	13	9.6	All	All
04/06/22	14	11	10	9	8	8	9	8	9	11	10	9	11	11	15	13	18	18	20	15	13	9	9	9	11.5	All	All
05/06/22	9	9	9	9	10	12	9	10	9	13	15	18	22	23	20	17	17	18	17	17	17	21	21	21	15.1	All	All
06/06/22	24	22	19	16	13	13	13	16	18	16	18	19	18	22	25	25	28	29	26	20	21	22	23	22	20.3	All	All
07/06/22	18	14	12	12	12	13	13	9	9	11	12	9	11	15	17	23	22	19	18	19	20	20	21	22	15.5	All	All
08/06/22	19	18	18	18	15	13	14	10	10	10	10	9	10	9	7	8	11	13	14	14	18	12	12	11	12.6	All	All
09/06/22	10	11	13	9	7	6	5	5	5	7	8	10	15	14	13	11	12	7	9	15	15	15	16	15	10.5	All	All
10/06/22	16	15	11	10	10	10	9	7	6	8	6	9	16	17	14	14	15	13	16	15	13	13	10	10	11.8	All	All
11/06/22	10	12	8	6	5	6	6	5	6	8	11	11	14	18	15	14	14	8	10	12	12	13	13	12	10.4	All	All
12/06/22	13	12	13	13	10	12	13	15	13	14	13	16	15	16	14	10	10	16	18	12	14	14	13	13	13.4	All	All
13/06/22	11	13	14	15	14	12	12	12	11	10	8	12	14	15	16	17	16	20	19	23	21	20	18	18	15.0	All	All
14/06/22	16	17	14	14	14	11	12	11	11	12	12	14	13	14	11	13	19	16	14	14	13	15	14	11	13.5	All	All
15/06/22	5	4	1			3	2	1	2	6	6	3	5	8	9	16	19	17	15	13	10	10	5	5	7.5	All	All
16/06/22	5	4	2																						3.7	All	All
Avg Total	12.1	11.1	9.6	9.4	9.2	8.4	8.7	7.9	8.1	10.0	10.2	11.5	12.2	13.5	13.4	14.6	15.4	15.0	14.7	14.3	14.1	13.8	13.0	12.8	11.8	All	All

# Heatmap showing the variation in the Cat 2 response times between 25 April to 5 June 2022 across the South and Western Devon area



# 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 these will be accommodated by the ACP role which will ensure the opening hours are until 2200. Further work underway to understand the number of patients outside of the ED cohort that can be directed to SDEC.
Understand and work with top 10 care home referrers to 999 to identify any further community support which may assist.	Data capture underway, themes to be co-ordinated and then shared with market management team.
Deliver and report on Falls Pilot (referrals of clinically appropriate cases from SWAST to UCR)	Referrals from SWAST to UCR in place
Create pathway for 999 to admit directly to MAU/AMU to avoid need to go to ED	UHP need to have recruited to the acute medicine consultant posts and work toward the assess to admit model but this will be Q3/Q4 at the earliest.
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

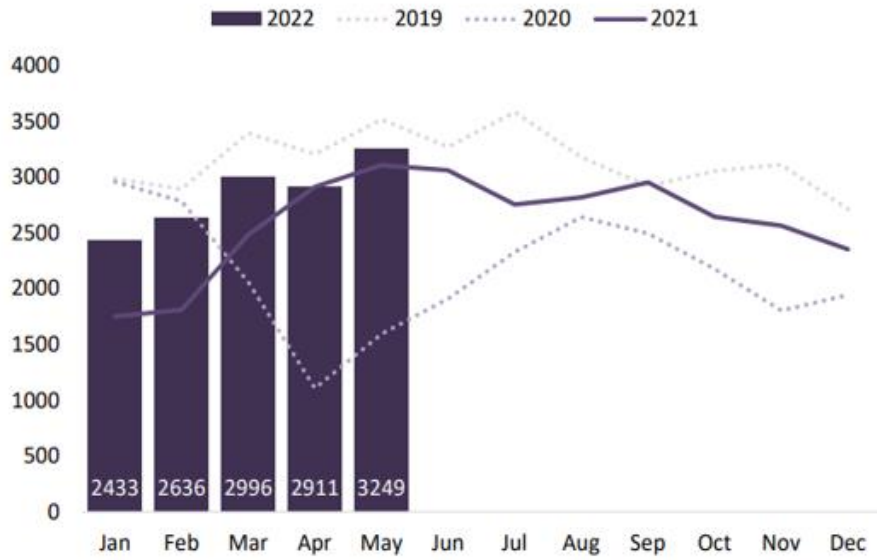
Ian Lightley (Interim Chief Operating Officer Livewell SouthWest)

Sarah Pearce (Head of Service Adult, Frailty and Specialist Services,  
Livewell SouthWest)

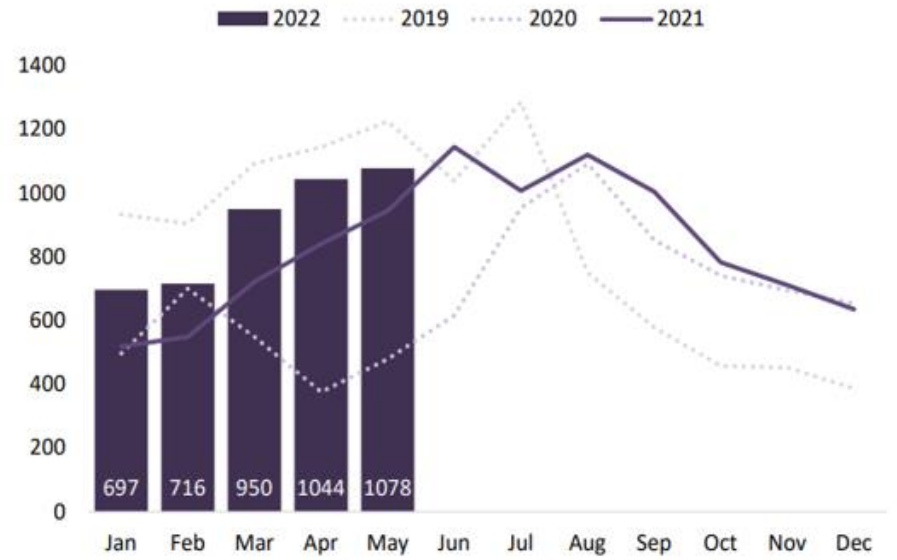
Jo Beer (Chief Operating Officer University Hospitals Plymouth)

## Minor Injury Units and Urgent Treatment Centre

Cumberland UTC Attendances

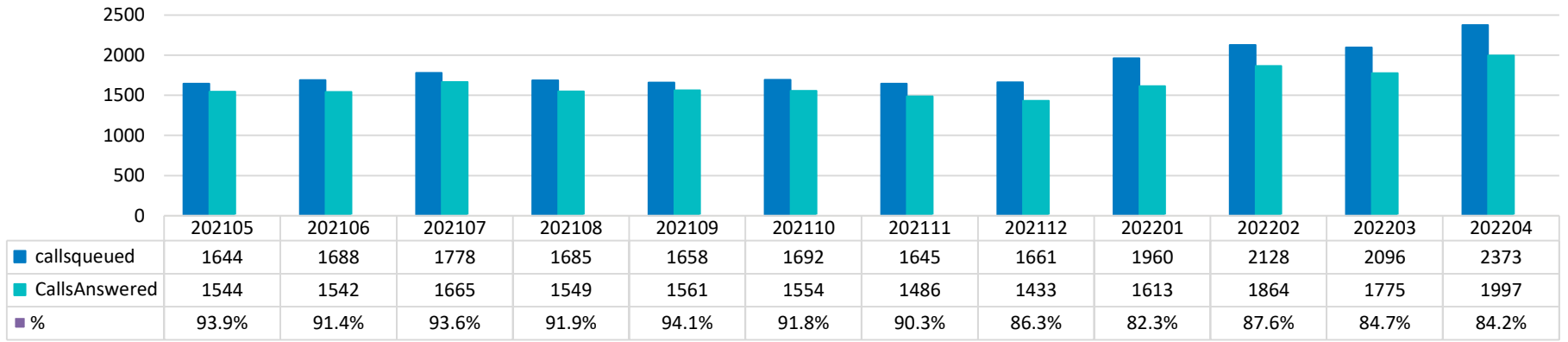


Kingsbridge & Tavistock MIU Attendances

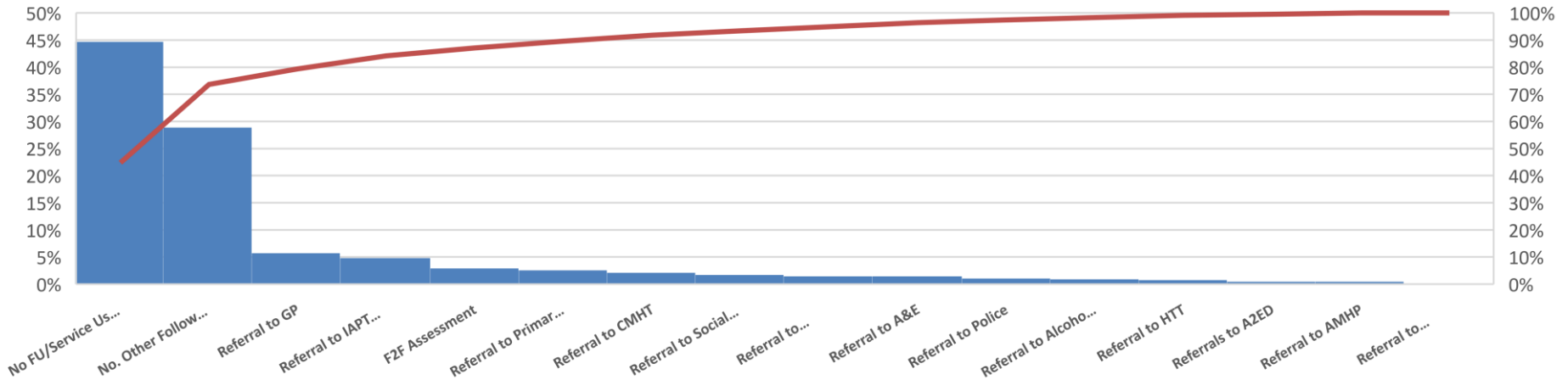


**Mental health First Response Service demand and activity has increased. Outcomes are positive with 99% of calls avoiding an ED attendance but the calls dropped have increased.**

First Response Service demand

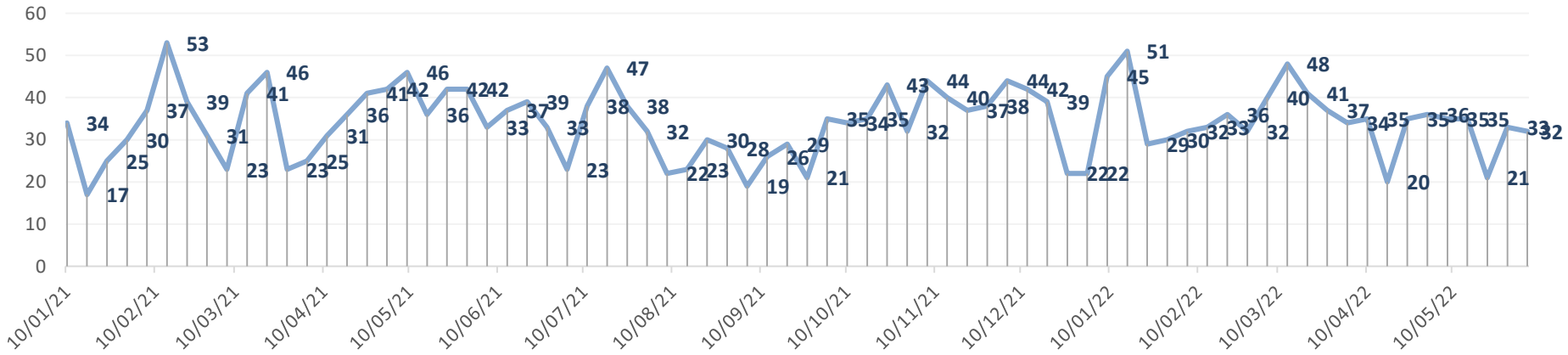


First response service outcomes

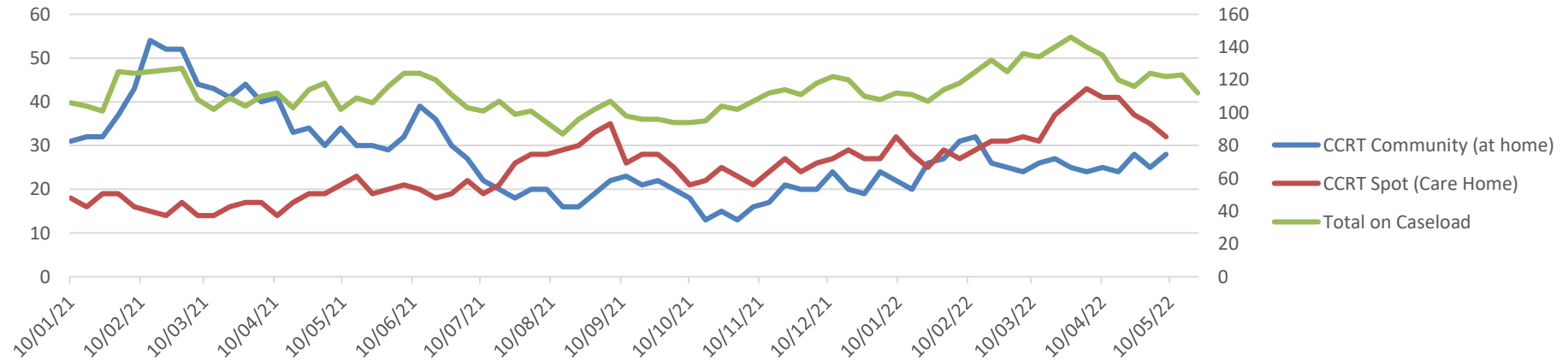


**Crisis Community Response Team activity has changed with more support into Care Homes. Since January the team caseload has increased creating competition for CCRT resource between preventative, non-urgent and urgent cases**

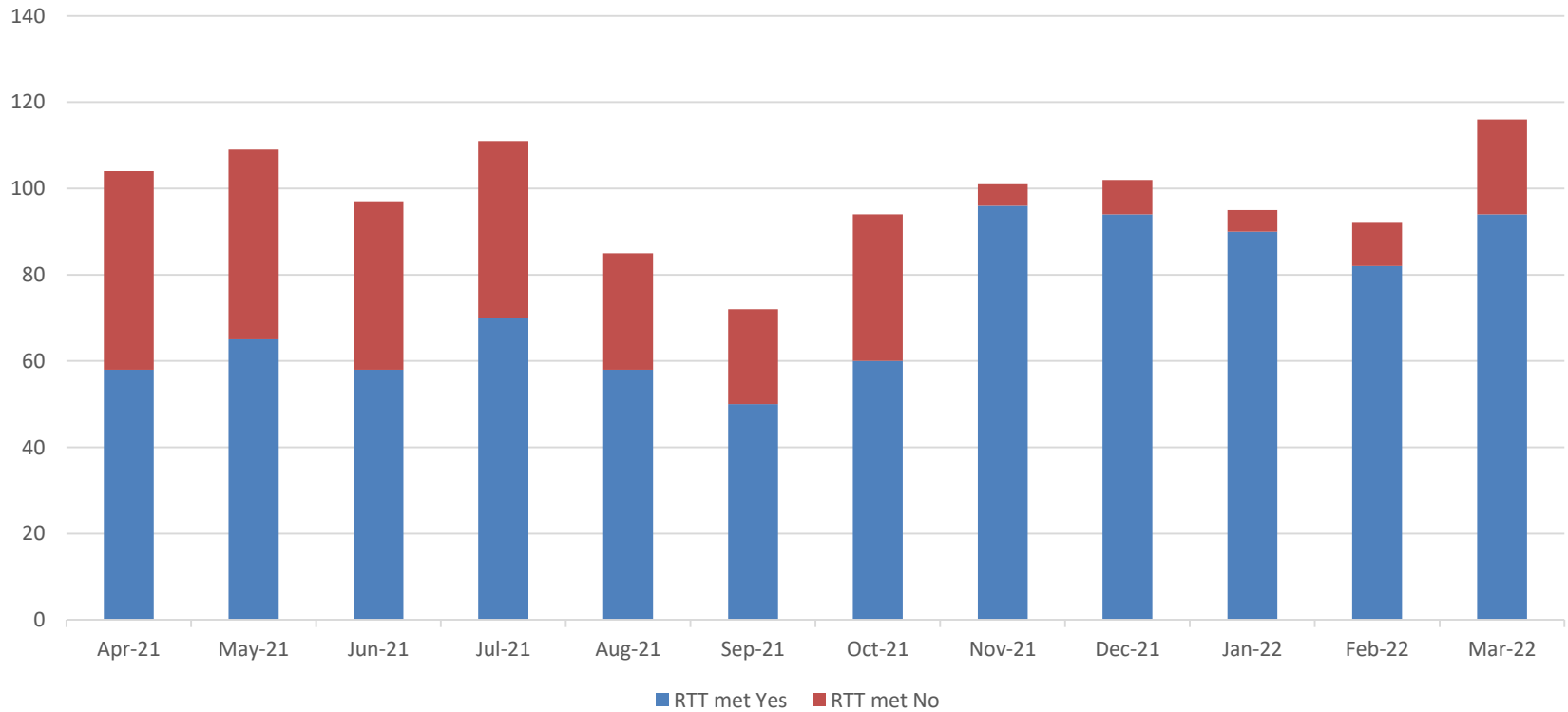
**CCRT PLYMOUTH  
TOTAL NUMBER OF REFERRALS (AVOIDED HOSPITAL ADMISSIONS)**



**CCRT Plymouth Total Caseload split by care home and at home**



## Crisis Community Response Team has improved its 2 hour response KPI



## Admission avoidance action plan and progress

Action item	Progress
Increase use of alternatives to ED in community, including: Urgent Community Response, FRS, UTC, MIU & suitable SWAST alternative services/pathways	Increased referrals from SWAST to UCR (11% in May). SWAST conveyance to UTC of 10 pts per month achieved (May)
Promote alternative mental health pathways	Increased referrals to FRS from ED and SWAST (10 and 33 respectively in May) A2ED (new service) confirmed ED avoidance of between 9 and 19 / month.
Increase direct access to secondary care SDEC	Update from AAU at next Big Wall (30/06) Aim to increase SDEC activity by 10% (4 patients / day)
<ul style="list-style-type: none"> <li>Recruitment to UTC/MIU</li> </ul>	<ul style="list-style-type: none"> <li>Operating hours at Cumberland reduced due to vacancies</li> <li>A new 'Practitioning Model' has been introduced and will enable staff to rotate between UHP; UTC and MIU's → This is helping recruitment and retention</li> <li>Demand is continuing to increase month on month</li> <li>Recruitment positive with plans to extend operating hours post September subject to new starters.</li> </ul>
Up to date Directory of Services	Complete
Primary care ambassador to promote alternative pathways to GPs	Activity led by Dr. Ruth Bath. 79% practices visited. These have been well received and advise on 'alternatives to admission' e.g. Acute GP Service; First Response, SDEC, Frailty, UCR, etc.

# **UEC AND SAME DAY EMERGENCY CARE**

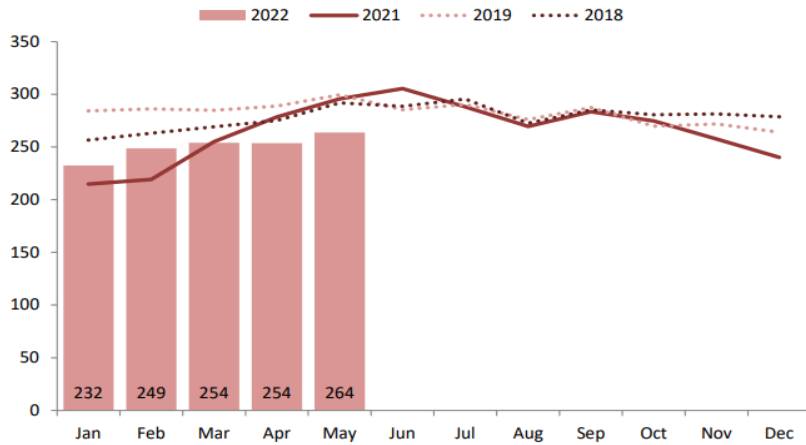
Jo Beer (Chief Operating Officer University Hospitals Plymouth)

# Urgent and Emergency Care

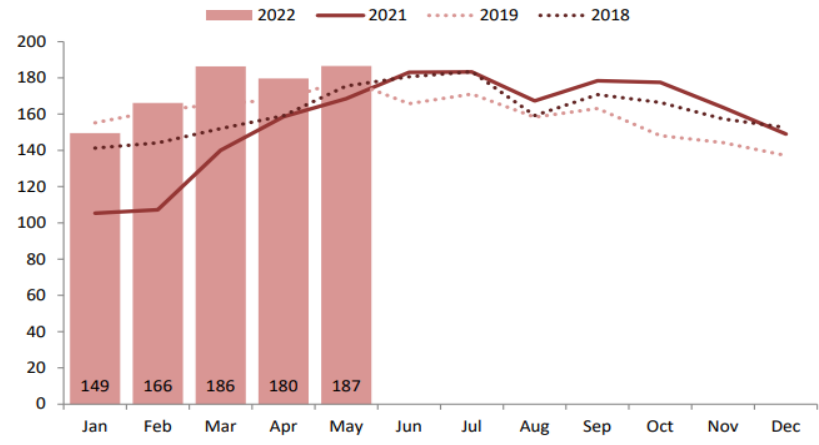
The two charts below compare the monthly daily average between current year and previous baseline years. Total attendances increased slightly in May, and walk-ins continue to be higher than previous years. Actual ambulance arrivals have reduced and walk-in attendances have increased.

- High level of acuity - MTC
- Increasing acuity of 'walk-ins'
- Impact of improvement work
- Impact of long waits for an ambulance
- Hospital Full Capacity Protocol

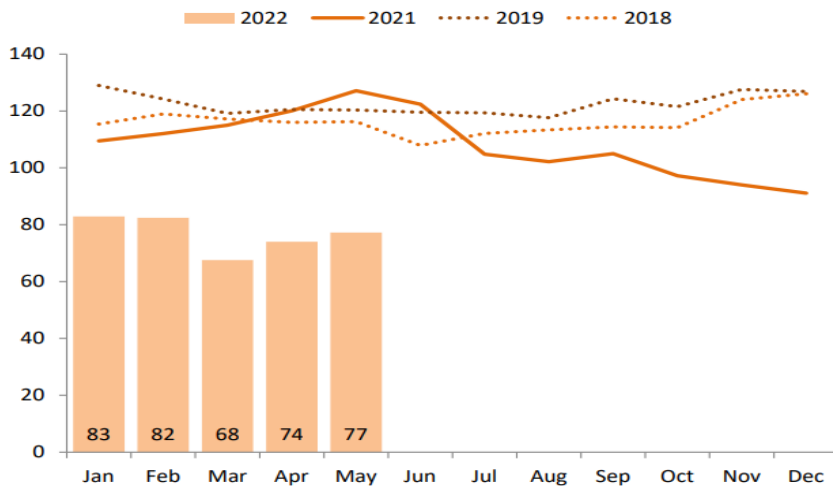
Average Daily Total ED Attendances



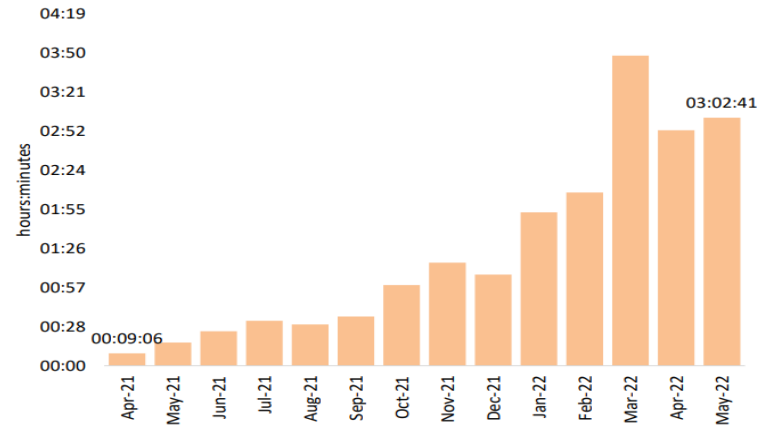
Average Daily ED Walk In Attendances



Average Daily Ambulance Handovers



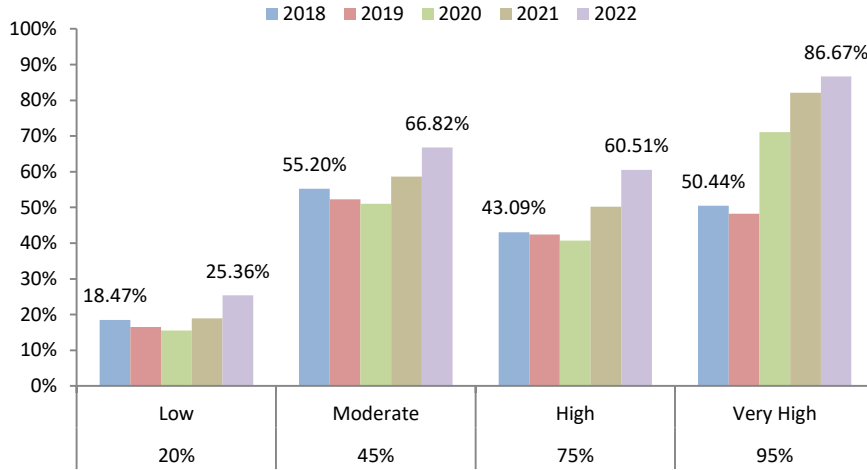
Average handover delay per ambulance handover



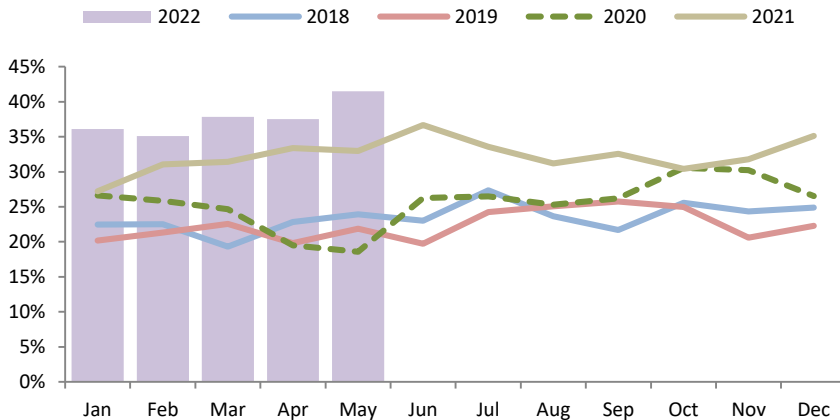


# Improving Flow within the hospital: Same Day Emergency Care

AEC Conditions % Discharges within 24hrs - Trust Total



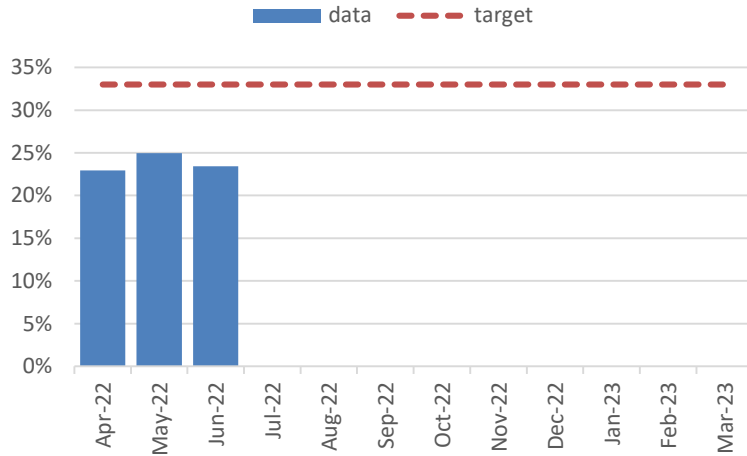
% of Total SDEC 100 admissions with zero day LoS - Trust Total



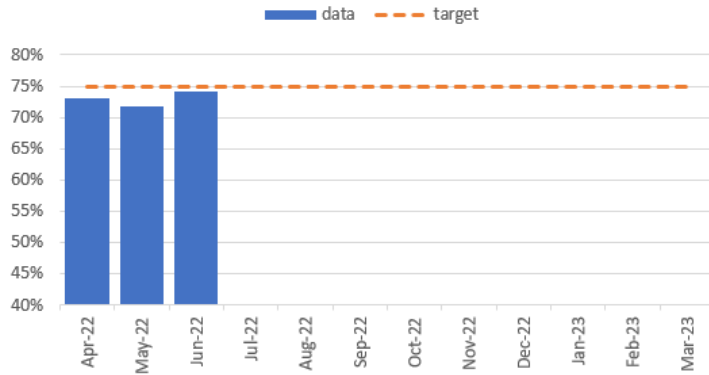
- ✓ Year on Year increase in patients treated with SDEC
- ✓ Currently 40% which places UHP in the Top 2<sup>nd</sup> quartile for performance
- 2259 patients treated of which 1006 avoided ED and 1253 via ED
- ✓ Still more opportunity - out of hours and at weekends
- ✓ Stretch target to achieve a further 10% and top quartile performance
- ✓ Overall a very positive improvement

## Improving Flow within the hospital: Early Flow

% of daily discharges by midday

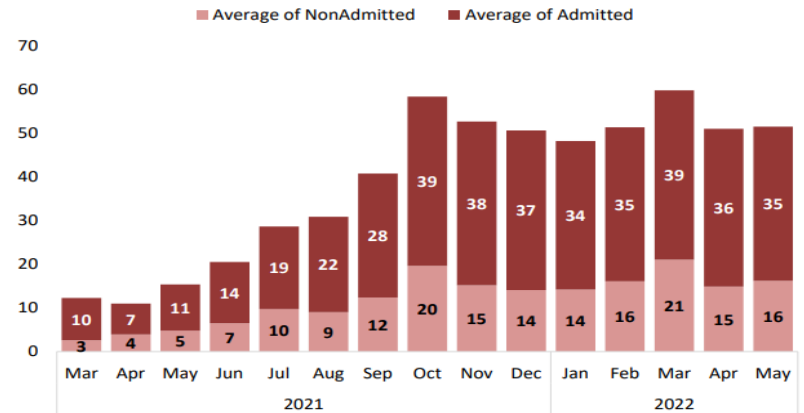


% of daily discharges by 5pm

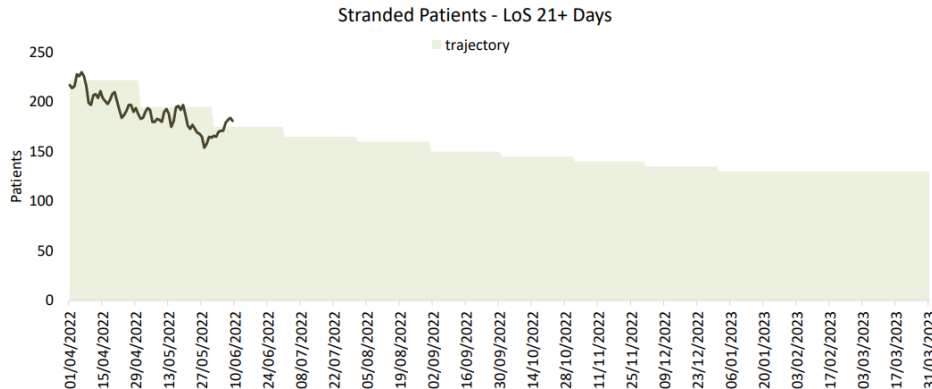
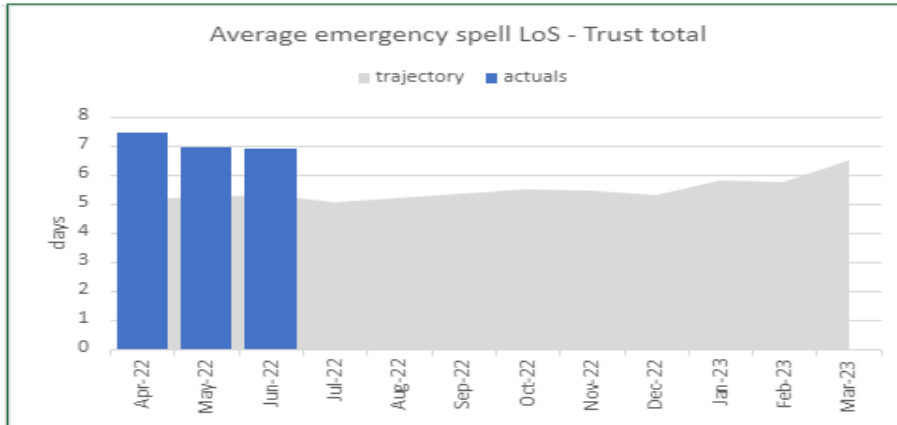


- Why is this important? – Enables early flow from ED to the wards
- What else have we implemented to support: Full Hospital Capacity Protocol
- Discharges by midday – Target 33%
- Discharge/Discharge Lounge/**Boarding**
- Discharges by 1700 – Target 75%
- Part of National Hospital only Discharge Program

Daily average 12hr+ ED stays



## Improving Flow within the hospital: Length of Stay



- ✓ Rebased beds to pre-Covid-19
- ✓ Right Patient Right Place program:
  - Phase 1: Acute
  - Phase 2: Community
  - Phase 3: Intermediate Care

### Factors Impacting on Length of Stay:

- 1) Covid-19
- 2) Medical Outlier Numbers
- 3) Only operating on very sick, highly specialist/tertiary patients
- 4) Admitting sicker patients
- 5) Major Trauma Centre
- 6) Criteria to Reside (Delayed transfer)
- 7) Processes: Increased Site Management Team to 24/7 clinically led.
- 8) Reduced LoS by 0.5 days in one month

# DISCHARGE

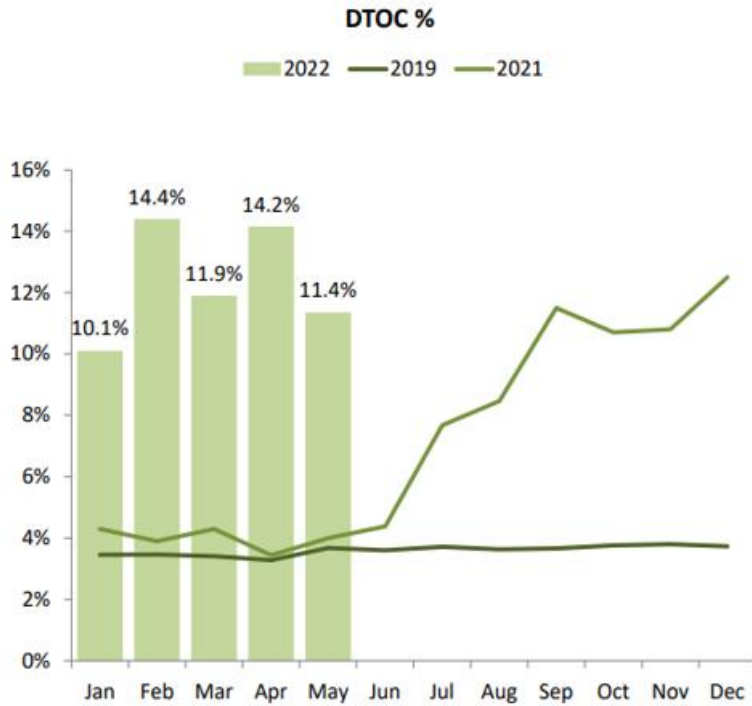
Anna Coles (Service Director of Integrated Commissioning and Locality Director Plymouth, Plymouth City Council and Devon ICS)

Gary Walbridge (Head of Adult Social Care, Plymouth City Council)

Ian Lightley (Interim Chief Operating Officer Livewell)

Sarah Pearce (Head of Service Adult, Frailty and Specialist Services Livewell)

## Improving Flow within the hospital: Complex Flow



Local Authority	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Cornwall	78	116	127	167	202	168	243	342	251	299	232	259
Devon	110	84	89	73	150	111	139	59	112	234	190	94
Plymouth	638	596	511	556	659	549	588	375	564	567	590	438
<b>TOTAL</b>	<b>826</b>	<b>796</b>	<b>727</b>	<b>796</b>	<b>1011</b>	<b>828</b>	<b>970</b>	<b>776</b>	<b>927</b>	<b>1100</b>	<b>1012</b>	<b>791</b>
% Delayed	3.5%	3.5%	3.4%	3.3%	3.7%	3.6%	3.7%	3.6%	3.7%	3.8%	3.8%	3.7%

Local Authority	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Cornwall	224	336	213	140	302	298	428	359	376	314	187	357
Devon	94	105	85	20	31	33	23	41	77	129	112	158
Plymouth	625	750	689	364	347	268	157	218	346	306	365	524
<b>TOTAL</b>	<b>943</b>	<b>1191</b>	<b>987</b>	<b>524</b>	<b>680</b>	<b>599</b>	<b>608</b>	<b>618</b>	<b>799</b>	<b>749</b>	<b>664</b>	<b>1039</b>
% Delayed	3.7%	3.8%	3.9%	3.8%	3.7%	3.1%	2.9%	2.8%	3.2%	3.4%	3.3%	4.8%

Local Authority	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Cornwall	384	273	402	283	203	247	328	530	690	527	384	536
Devon	196	167	179	109	131	173	281	326	468	434	431	493
Plymouth	370	316	388	530	633	708	1155	1091	1541	1648	1760	2039
<b>TOTAL</b>	<b>950</b>	<b>756</b>	<b>969</b>	<b>922</b>	<b>967</b>	<b>1128</b>	<b>1764</b>	<b>1947</b>	<b>2699</b>	<b>2609</b>	<b>2575</b>	<b>3068</b>
% Delayed	4.3%	3.9%	4.3%	3.4%	4.0%	4.4%	7.7%	8.5%	11.5%	10.7%	10.8%	12.5%

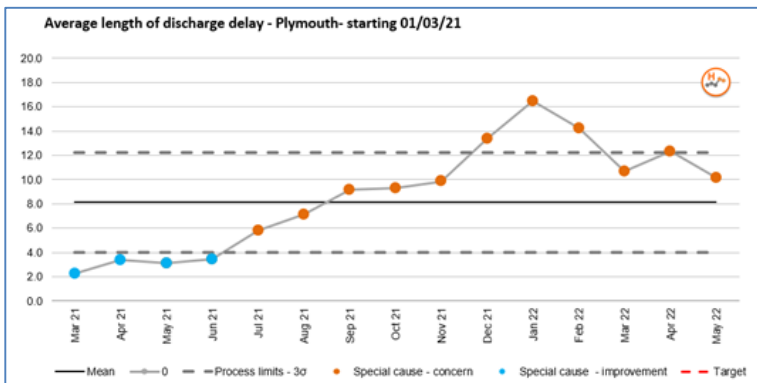
Local Authority	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Cornwall	455	939	958	960	1058							
Devon	446	524	521	537	403							
Plymouth	1511	1815	1716	2110	1404							
<b>TOTAL</b>	<b>2412</b>	<b>3278</b>	<b>3195</b>	<b>3607</b>	<b>2865</b>							
% Delayed	10.1%	14.4%	11.9%	14.2%	11.4%							

DTOC % peaked in February 2022 at 14.4%, equivalent to 117 beds per day. May's DTOC improved from April reducing by 2.8% to 11.4% or 93 beds per day

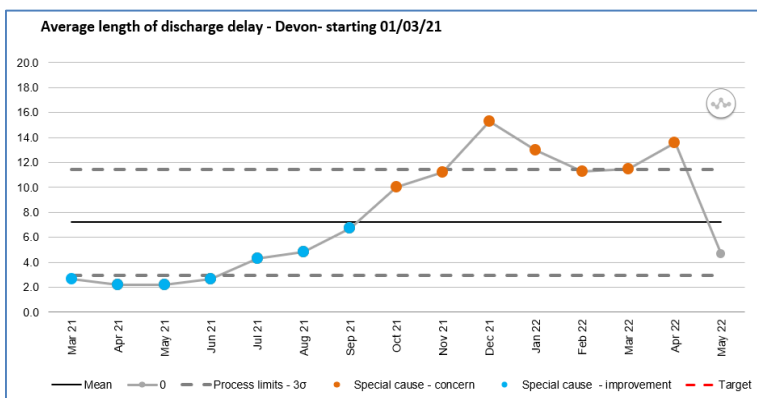
**Risks:**

- 1) Reset Integrated Hospital Discharge Teams to zones as part of rebase of wards
- 2) Hospital to Home model – test of change to support the first part of the Home First pathway and enable earlier discharge home for people requiring less complex home support.

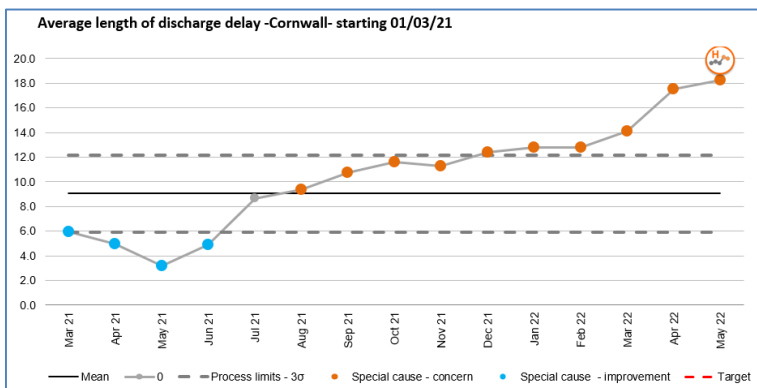
# Length of delay in discharging patients (who no longer need acute hospital support) into Plymouth, Devon and Cornwall



Average length of delay for Plymouth patients worsened from the Summer to December. The length of delay (LOD) is now reducing following the Winter recovery actions undertaken.



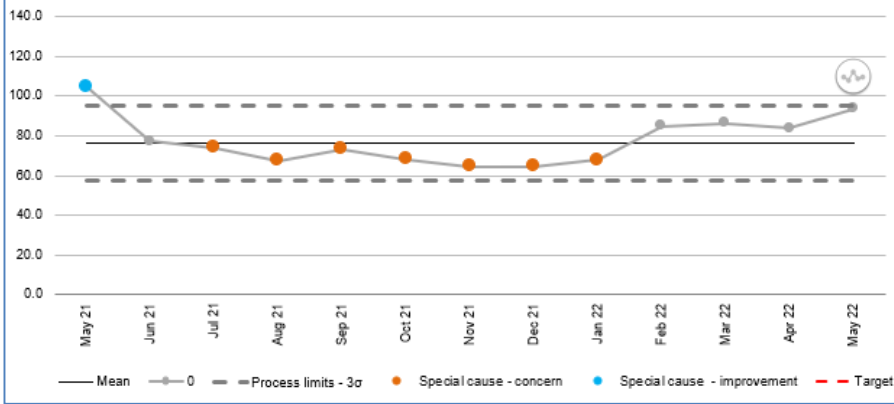
It's a similar picture for Devon although the latest month shows a bigger reduction.



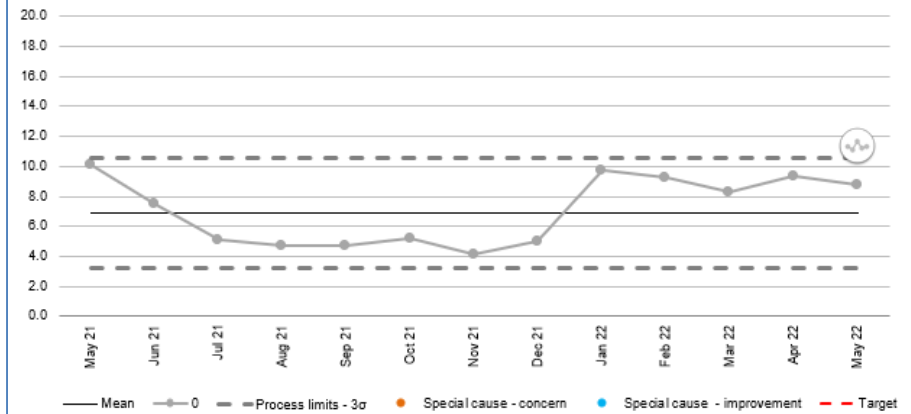
For Cornwall has been a run of increasing length of delay since November 2021. The Plymouth Winter recovery action plan has been shared with Cornwall

Discharge numbers are increasing for people going home unsupported and with care support and for discharges into short term bedded care. There are “green shoots”; a significant jump has not been seen yet (Pathways 0, 1 and 2).

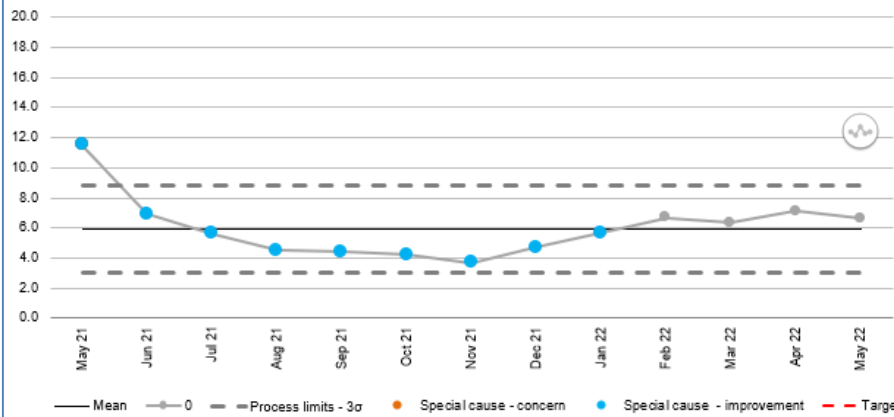
Average Daily Pathway Zero Discharges- starting 01/05/21



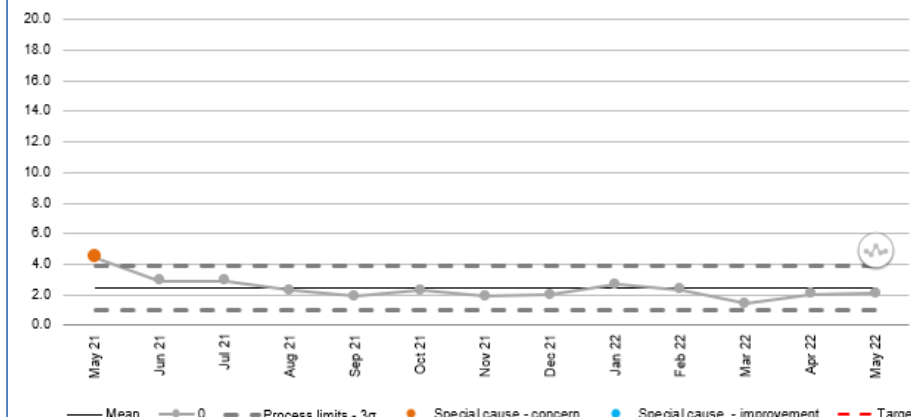
Average Daily Pathway 1 discharges- starting 01/05/21



Average Daily Pathway 2 discharges- starting 01/05/21



Average Daily Pathway 3 discharges- starting 01/05/21



## Discharge action plan

Action item	Progress
<p>Hospital-based early flow improvement</p> <ul style="list-style-type: none"> <li>• Governance</li> <li>• Clinical leadership</li> <li>• Methodology for change</li> <li>• Operational site management oversight</li> <li>• Ward processes: MDT board rounds</li> </ul>	<p>UHP are in the National Hospital Discharge programme and have had 3 national visits which have reviewed the Early Flow program in place; A weekly ECIST Consultant Geriatrician is working with us one day a week and the Medical Director is leading on a further piece of work on criteria led discharge. The National program lead also facilitated a system discussion to discuss the impact of delayed transfers and review system plans.</p>
<p>In hospital pharmacy recruitment for UEC flows</p>	<p>In progress – partially recruited</p>
<p>Intermediate care improvement project:</p> <ul style="list-style-type: none"> <li>• Capacity and demand analysis of current therapy and intermediate care resource including productivity analysis</li> <li>• Develop options for optimum use of resource to maximal benefit</li> <li>• Comparison of activity / capacity between D2A and long-term community activity</li> <li>• Review independence at home service and all reablement at home provision to ensure capacity maximised</li> </ul>	<p>Commissioning strategy in development for sign off September Review of existing provision underway supported by ECIST and National Improvement Director</p>



## Discharge action plan

Action item	Progress
<b>Capacity Creation</b>	
<ul style="list-style-type: none"> <li>• Increase dementia bedded capacity</li> <li>• Short term intermediate care support</li> <li>• Care home capacity intermediate care support</li> <li>• Additional support into care homes</li> <li>• Pathway 1 support</li> </ul>	34 Dementia beds (Woolwell). Mix of intermediate care and long term care 24 beds at Patricia Venton Centre 24 block beds
<ul style="list-style-type: none"> <li>• Frontline worker pay increase</li> <li>• Care homes</li> <li>• Palliative care</li> </ul>	Added to all contracts April 22  28 NVQ students on placements in 12 Care Homes 100 hours / week for St Lukes
<ul style="list-style-type: none"> <li>• Additional therapy capacity</li> <li>• Additional discharge capacity</li> </ul>	Additional funded OT capacity Hospital to home service (17.7 wte) commenced (3.6 still to recruit) currently taking less-complex cases review. Average support for 7-10 days, included in Intermediate care review
Mental health non-bedded support	Admiral nurses recruited
<ul style="list-style-type: none"> <li>• Resources for short term support</li> <li>• Live in carer</li> <li>• Community link workers</li> <li>• AGE UK and Worsley Trust care navigation role in community and Trust</li> <li>• Livewell recruitment campaign</li> <li>• Staff bank</li> <li>• Return to care</li> </ul>	Pilot designed and first patient identified Service commenced Service commenced  Reablement capacity inc. 25 staff and Patricia Venton staff Contract finalised Feb. Over 35 new starters

## Discharge action plan

Action item	Progress
Process Redesign	
Bed bureau redesign	Caseload reduced from 88 (Jan) to 21 (June) Long waiters (>21 days) reduced from 8 (May) TO 2 (June)
<ul style="list-style-type: none"><li>• Discharge pathway improvement</li><li>• Community in reach</li><li>• Complex MDT review</li><li>• Retention payments for care providers for complex cases patients on admission</li></ul>	Reduction in total waiting (May; 49 and June 25) Reintroduction of additional social care capacity to support discharge planning