

24/25 Winter Plan Delivery Update

February 2025

Winter Planning 24/25

- As set out to Overview & Scrutiny Committee at the October update our approach to winter planning centres on utilising intelligence of anticipated demand along with learning from previous winters to develop a collaborative response across system partners
- The plan for this winter centred on:
 - A clear joint communication strategy across partners
 - Seasonal vaccination programme
 - Maximising our 'Homefirst' approach to discharge
 - Coordinated collaborative local escalation protocols to identify and resolve issues/delays across partner organisations
 - Working alongside GP practices and Community Pharmacies to protect core business operations
 - The Healthy Lives Partnership (UHP & Livewell) 'One Plan' approach to improve access, quality of care and patient experience of the Urgent & Emergency Care

Winter Emergency Department Performance

- We have continued to see a growth this year in the number of people attending the Emergency Department and Derriford and this contributes to the challenge and pressure we are seeing
- Early in the new year the rise in cold weather illnesses, including flu, vomiting and diarrhoea bugs meant all of the county's NHS services, including the main hospitals – in Plymouth, Exeter, Torbay and Barnstaple – were under severe pressure all week
- The region's ambulance service had also been experiencing significant and sustained demand across its 999 services
- As a result of strong partnership working and a reduction in pressures there has been a return to normal activity, but we continue to see pressure throughout this winter
- Significant progress has been made on the key performance measures around ambulance handover times and the 4-hour A&E target, with University Hospitals Plymouth being in the top areas in England for improvement, however, we remain a challenged system with focused work to improve this further and ensure we meet the national targets and deliver for the population of Plymouth

Flu

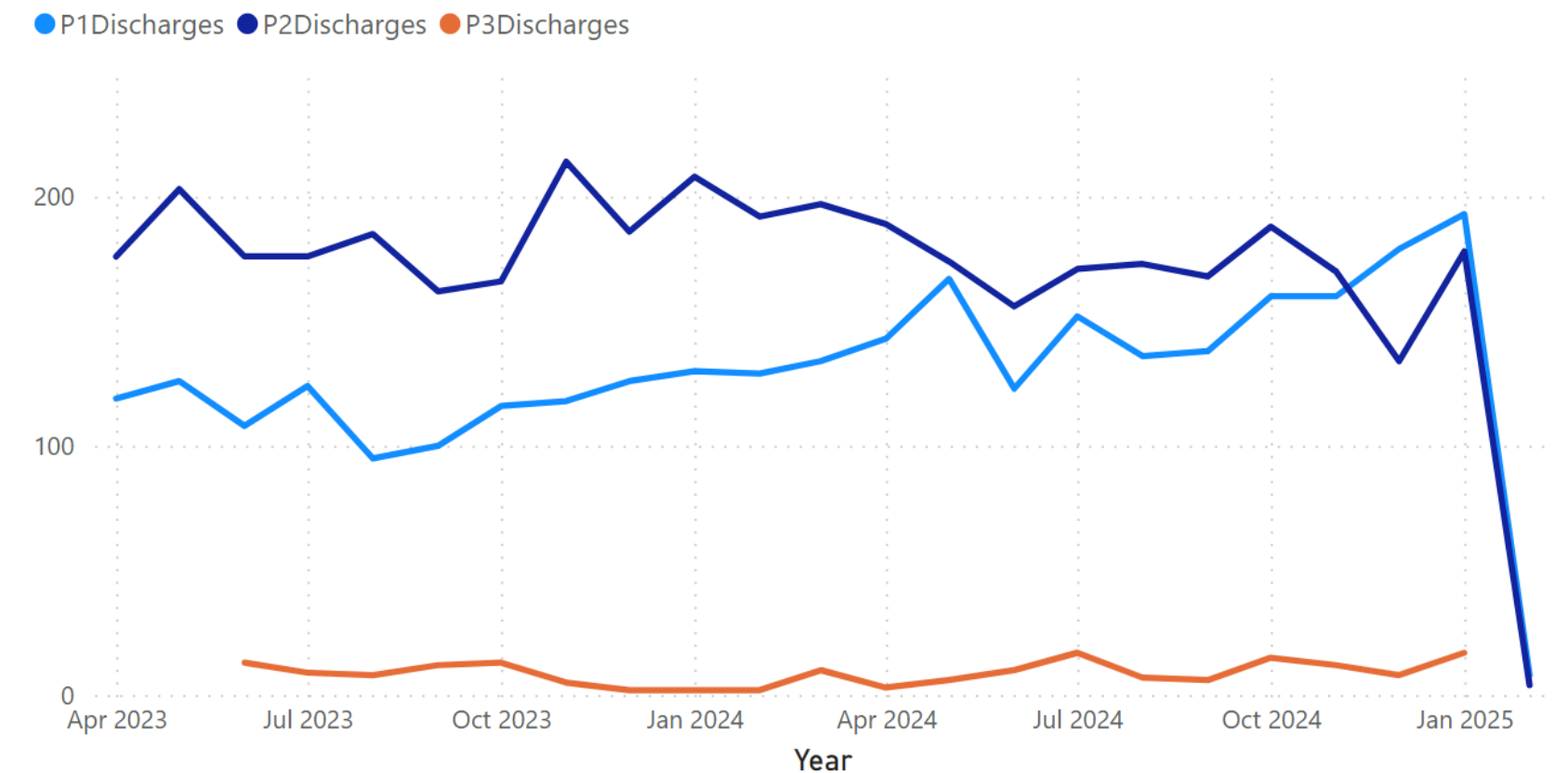
- We're continuing to see flu activity decrease, which is really promising at this stage in the season. People are still reminded to take protective measures to ensure we keep cases down as we have seen a recent increase in cases of influenza B amongst children, although this is to be expected at this time of year
- The vaccine offers the best defence against flu and protects against multiple flu strains, including B strains. The predominant circulating flu strain continues to be A H1N1 clade 5a.2a. Analysis by UKHSA laboratory scientists shows that the H1N1 component of the flu vaccine is well matched
- If you have symptoms of flu or COVID-19 such as a high temperature, cough and feeling tired and achy, try to limit your contact with others, especially those who are vulnerable. If you have symptoms and need to leave the house, our advice remains that you should consider wearing a face covering. Washing hands regularly and using and disposing tissues in bins can reduce the spread of respiratory illnesses, as can ensuring that indoor areas are well ventilated
- Respiratory syncytial virus (RSV) activity showed a mixed picture and was circulating at low levels overall
- Emergency attendances for acute bronchiolitis remained stable

Seasonal Vaccinations

- AS I previous years, a co-ordinated effort has been undertaken to maximise opportunities for the delivery of vaccinations for eligible individuals, including targeted outreach work focused on high-risk groups
- However, uptake remains low in some areas and overall has been slightly behind the numbers achieved last year
- We are identifying a range of learning from this years uptake that will influence our approach for next year, however, there remains time to have a flu vaccination this winter and we would continue to encourage people to ensure they are protected
- If you're eligible and have not yet had your flu vaccine, it's important that you take this offer up if available through local services. This includes anyone recently pregnant or newly diagnosed as in an eligible clinical risk group
- For support and guidance on vaccinations and to find your nearest session. You can call [07729 300350](tel:07729300350)

Homefirst Offer For Hospital Discharge

- We've seen significant progress in our focused programme to increase the proportion of complex patients discharged home on "Pathway 1," (P1) where patients can return home with support that promotes independence and recovery
- This is joint work between NHS Devon, PCC, University Hospitals Plymouth and Livewell Southwest
- We have successfully increased % of individuals discharged on 'complex pathways' directly home from 23% to 55%
- Delivered through increased capacity, improved offer and significant culture change and pathway improvement across hospital to community
- Our target is to reach 75%
- Maximising Homefirst pathways improves individuals' outcomes and reduces potential long-term dependency on care



One Plan – Winter Highlights



The right care, in the right place, at the right time to meet the needs of the patients and communities we serve

Admission avoidance



Avoiding admission by treating people in the community and as same day emergency care patient reducing the requirement for them to be admitted

- Increasing virtual ward capacity, particularly for the frail elderly
- X-ray car to attend patients with suspected fractures in the community
- Hot clinics for patients to return to
- Direct referral into specialist services e.g. paediatrics, early pregnancy, fractured neck of femur (NOF), urology
- Increase community services particularly for frail patients
- Right sized assessment units

Dynamic flow



Making sure patients get to the right place for their care with the right person

- Right sized Same Day Emergency Care (SDEC) and Medical Assessment Units (MAU)
- Senior decision makers at key points in patient pathways
- Supporting non-operable fracture patients in the community
- Increase alternative ambulatory services
- Increasing community beds for EOL
- Ambulances taking patients direct to SDEC and other areas, e.g. for stroke care and fractured NOF
- Alternative pathways for trauma

Timely discharge



Getting patients home to their place of residence asap

- Increasing the number of complex patients discharged home with appropriate support
- Community IV antibiotics
- Timely clinical review for outlier patients
- Improved management of frail people to improve rehabilitation/recovery
- Enhanced therapy pathways for the assessment and management of patients

The additional services and capacity we made available as part of the one plan for winter

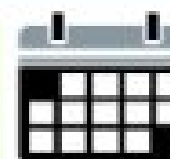
Measures of success:



70% 4 hour target



70% ambulance handovers <15 mins



Reduced length of stay



Delayed discharges



Better patient experience feedback

One Plan – How did we deliver against the priorities?

Admission Avoidance:

- We introduced an x-ray car in November. The car has seen **67 patients so far and 90%** of these have been able to be treated at home conservatively. We have now rolled this out to east Cornwall. ITV covered this last week:
<https://www.itv.com/news/westcountry/2025-01-30/hospitals-x-ray-car-service-saves-700-beds-by-treating-elderly-patients-at-home>
- In addition to the existing 75 Acute Virtual Ward beds, additional **24 beds were opened in Community Frailty Virtual Wards in December** to cover the whole of Plymouth – recruitment lead in have limited the capacity available, currently at 24 beds but building up to 84 over the next 8 weeks
- New Same Day Emergency Care (SDEC) pathways commenced including Frailty, Neuro and Severe Colitis bringing us to **17 out of a planned 27 medical pathways**
- The X-Ray Car numbers are picking up with more progress anticipated with the introduction of a Gateway Hub trial from 3rd Feb in partnership with SWAST, ICB and LiveWell Southwest. The hub will take a multi-disciplinary team approach to patient co-ordination to facilitate more support in the community
- The Emergency Department End of Life Team was fully recruited during January and in addition to turning patients around from the Emergency Department, will be able to provide pre-conveyance advice and specialist support to End of Life beds in Mount Gould (currently at 4 beds with ability to flex to 6 if needed)

Dynamic Flow:

- Optimum complement of porters dedicated to imaging recruited to help reduce the waits for key diagnostics – MRI and Ultrasound are consistently ensuring **80% patients are seen within 24hrs and CT is making good progress**
- Successful trials of **expanding ambulatory Surgical Assessment Unit (SAU)** (by flipping a bay from 6th Nov) and having a **2nd Emergency weekend theatre operational**
- Medicine standard ward processes continue to be embedded working on extending Criteria Led Discharge beyond respiratory with General Medicine, Short Stay and Cardiology in progress
- Medicine standard ward processes continue to be embedded working on extending Criteria Led Discharge beyond respiratory with General Medicine, Short Stay and Cardiology in progress

Timely Discharge

- Formal closure of Discharge Assessment Unit (DAU) on 6 Jan allowed a release of staff to provide care through our virtual ward, inpatient wards and care coordination service and supported the initiative to get more patients ‘home first’ - **January saw the highest percentage of patients returning home on a “P1” pathway to date: 49.68% (22% last year)**. P1 = Discharge home/to usual place of residence (or to temporary accommodation) with health and/or social care and support
- Increased Pathway 1 capacity for additional winter demand
- Continue to improve our discharge processes through timely escalation of delays and simplification of discharge referral forms for wards
- Increase in early supported discharge for stroke patients and **increase in patients referred to our early supported discharge service from 57% to 71%**

UEC One Plan – Comparison to last winter period

Target	January 24	January 25 (comparison to Jan24)
% of patients seen and treated within 4 hours	53.9%	65.6% average in month
Ambulance handover delays	9257 hours	6919 hours in month
50 patients discharged by noon	25	27
Increase Virtual Ward occupancy to 75	32 patients (average in month)	53 (average in month) acute 11 Community Frailty
Reduce bed occupancy to 97%	98%	96.8%
Zero 8-hour ambulance delays	415 (total in month)	233 (total in month)



In December 2024, University Hospitals Plymouth NHS Trust was ranked the 4th most improved Emergency Department nationally based on last year’s achievements against the target to see and treat and admit/discharge patients within 4 hours of arriving, despite

- 13.8% of bed capacity utilised by patients with no criteria to reside in Dec-24 against an operating plan of 9.0%. This is the equivalent of 117 patients per day in the wrong setting of care
- significant rise in December to 20% above plan with year to date activity being 6.5% above plan and 6.1% above 2019/20 activity. Current analysis for Quarter 3 shows a 37% (+80) increase in Triage Category 1 attendances (Resus/Emergency) and a 43% (+2200) rise in Triage Category 4 attendances (non-life threatening)

This year we also didn’t pause elective work (planned operations) over the critical weeks of the winter peak, this was to ensure we maintained access for the populations planned procedures

We did need to call a critical incident due to unprecedented demand on the day and period leading up to 7 January, this was the It was the 1st critical incident we had called in 10 months and whilst it lasted 48 hours we saw our recovery much more rapid than we had experienced before and other hospital trusts in Devon and nationwide also called similar critical incidents during this period.

University Hospitals Plymouth NHS Trust
 Published by Plymouth
 October 31 at 1:02 PM

We are delighted to announce that the X-Ray Car pilot service, aimed at reducing unnecessary patient admissions to the Emergency Department, launched this week.

"We're really excited to get this service underway and know that it is the best thing for our patients who fall in the community," said Anne Hogg, Associate Medical Director for Integrated Care Pathways.

"We are really pleased at what this service will offer from a patient perspective. Having had a fall or having..." See more



NEWS

Home | InDepth | Israel-Gaza war | US election | Cost of Living | War in Ukraine | Climate | UK | World | Business

England | Local News | Devon

Enhanced end-of-life care aim for Devon project



More beds have been made available at Mount Gould Hospital, for end-of-life care patients

John Ayres | George Thorpe

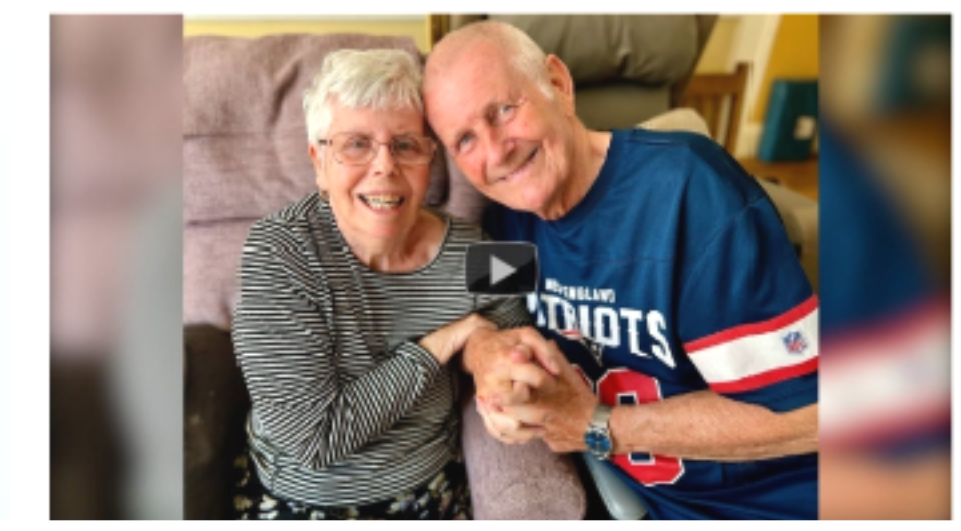
Specialist teams caring for older people at home

The Healthy Lives Partnership (Livewell Southwest and University Hospitals Plymouth) are working together to implement a new Community Frailty Virtual Ward (CFVW) model across Plymouth, West Devon and South Hams. The first locality team 'Plymouth North' is now live, with five other teams set to launch by April 2025.

The development of a CFVW builds upon an existing model of integrated community services across Livewell. University Hospitals Plymouth and primary care. It will expand Livewell's current community frailty input, meaning they will be able to deliver **comprehensive geriatric assessments (CGA)** at a much larger scale and manage a higher level of acuity and complexity in the community.

The assessment includes a physical, functional and psychological assessment, as well as a medication review, optimisation of their long-term conditions, and discussion around advanced care planning. From this, the team will work together to deliver the care, which may include coordination of care and onward referral to other specialist services.

Couples like Rod and Barbara are an example of how this approach is already working and how expansion will benefit more people with frailty. Barbara has a neurological condition called Progressive Supranuclear Palsy and needs round the clock support. 83-year-old Rod is her main carer and their wish is to stay together in home. [\[Click Read more to continue\]](#)



Derriford Hospital's x-ray car service saves hundreds of beds by treating elderly patients at home

WEST COUNTRY | DERRIFORD HOSPITAL | PLYMOUTH | HOSPITAL | Thursday 30 January 2025 at 9:10pm

Marina Jenkins
 Journalist, ITV News West Country



Watch Marina Jenkins' report on the x-ray car service launched in Devon



How can Virtual Wards help my patients?

Acute Pathway Case Studies

	75 year old male with heart failure	New AF, known dementia	Given IV frusemide and b-blocker	Daily monitoring of weight, pulse and BP	
	78 year old female with cellulitis	Poor mobility, Known Parkinsons Disease	Iv Antibiotics changed to oral	Daily monitoring of symptoms and observation	Blood tests and review of photos taken by community staff
	85 year old male with hyponatremia	Lives in a care home due to severe frailty	Treated with antibiotics for a UTI	Omeprazole and diuretics stopped	Follow up with repeat bloods

Key Messages

- Only call 999 when someone is seriously injured or ill and their life may be at risk. For example, if someone is unconscious, not breathing or is bleeding heavily.
- If an ambulance has been arranged for you, please only call back if the patient's condition worsens or you wish to cancel the ambulance
- Go to NHS 111 online if you need medical help or advice, or you are unsure about whether you should go to hospital; you can also phone 111
- Please check local hospital trust websites for information on Minor Injury Units and Urgent Treatment Centres. Further information can be found here: [Health Pressures – One Devon](#)
- Play your part by taking simple steps during the cold weather to look after yourselves and loved ones, checking in on vulnerable family members and neighbours. Wrap up warm, wear sensible footwear in icy conditions and make sure your medicine cabinet is well-stocked.
- Please pick up loved ones who are ready to be discharged from hospital.
- Make use of community pharmacies, which can advise on minor illnesses and provide medications. : [Find a pharmacy – NHS \(www.nhs.uk\)](#)