

Winter Planning & Pressures Update

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What did we predict:

- 1) No increase in demand but..
- 2) Increase in age, complexity and frailty – and number of patients needing admission
- 3) Bed Model: Need for additional medical beds which would impact on surgical capacity – linked to improvement plans to improve process, length of stay and outlier numbers
- 4) Workforce challenges across the system

What's new?

- 1) Increase in demand in January specifically – in the Western system:
 - Primary Care reporting increased demand but no metrics
 - NHS111/Devon Docs reporting Christmas demand every weekend in January and surges on Mondays and Wednesdays
 - 8% increase in ambulance conveyances for Plymouth system
- 2) Additional workforce challenges across the acute linked to the changing pension and tax systems reducing uptake of shifts to cover vacancies, escalation and sickness.
Review of entire front door model planned.
- 3) Impact of sustained escalation on existing workforce
- 4) Increase in non-elective surgical demand

What are UHP doing?:

- ❑ **Quality and Safety:**
Revised Fundamentals of Care audit - review of quality metrics and outcomes –despite very challenging circumstances the review shows normal variation in relation to clinical risk indicators. However, it does not show the loss of comfort, privacy and dignity that patients experience when in a crowded department. During significant waiting room crowding, additional nurse for waiting area to review/assess put in place
- ❑ **Space:** Expansion to current Emergency Department in progress
- ❑ **Workforce:** £2.5m investment in workforce: Recruitment ongoing – medical recruitment challenging; Recruitment to nursing posts good but appointees need development and training to assume full roles.
- ❑ **Considering every option** for securing additional medical staff - Escalated rates and incentive schemes for medicine and nursing/support workforce + agency on/off framework
- ❑ **Review** of all medical consultant job plans to provide medical cover to hot floor. This may impact elsewhere.
- ❑ **Nurse Consultant-** Re-advertised for 3rd time
- ❑ **Tests of change** – to support minor illness presentations - in progress with 2 existing GPs but they only work 2 days per week. Further test of change planned with NHS 111 and Devon Doctors

What are UHP doing?:

- ❑ **Command Centre:** Integration of site with Tactical Control to coordinate and triangulate capacity and demand: Improvements include transport utilisation, stranded, extended length of stay, delayed transfers of care, internal delays due to cardiology and imaging...with more to do. Live red to green dashboard has been developed and currently being linked to electronic referral system.

- ❑ **Relocation of Minors plan:**
Our aim is to relocate minor illness/injury alongside primary care streaming and out of hours primary care support. This will enable us to change the 'front door' of minors. Space is a challenge and we are currently reviewing options.....

- ❑ **Imaging** - Additional Sunday Ultrasound for Surgical Assessment Unit in place

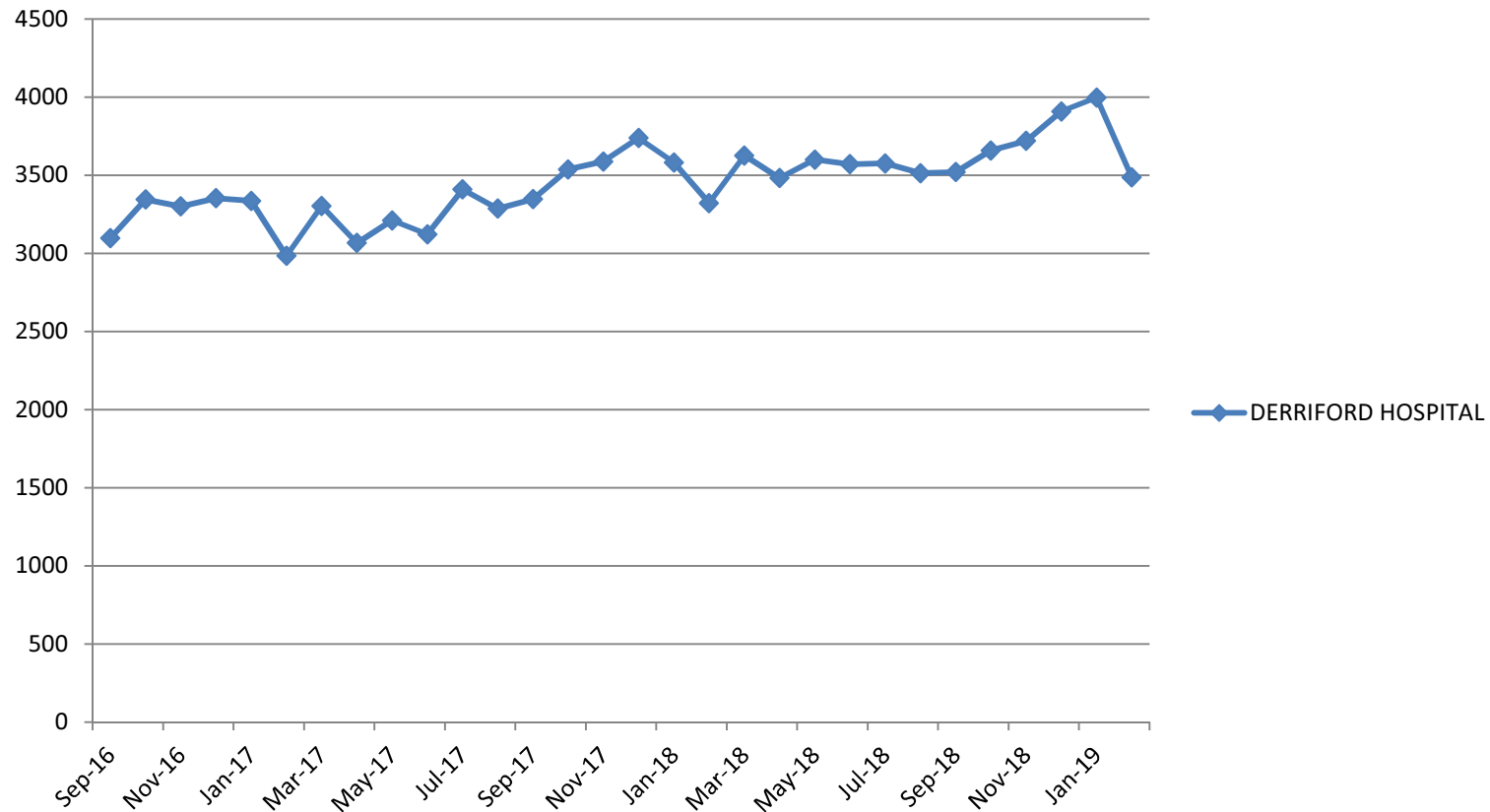
- ❑ **National Leadership Centre support**
In place and working alongside Emergency Department and executive team

SWAST: Ambulance
Handovers



University Hospitals
Plymouth
NHS Trust

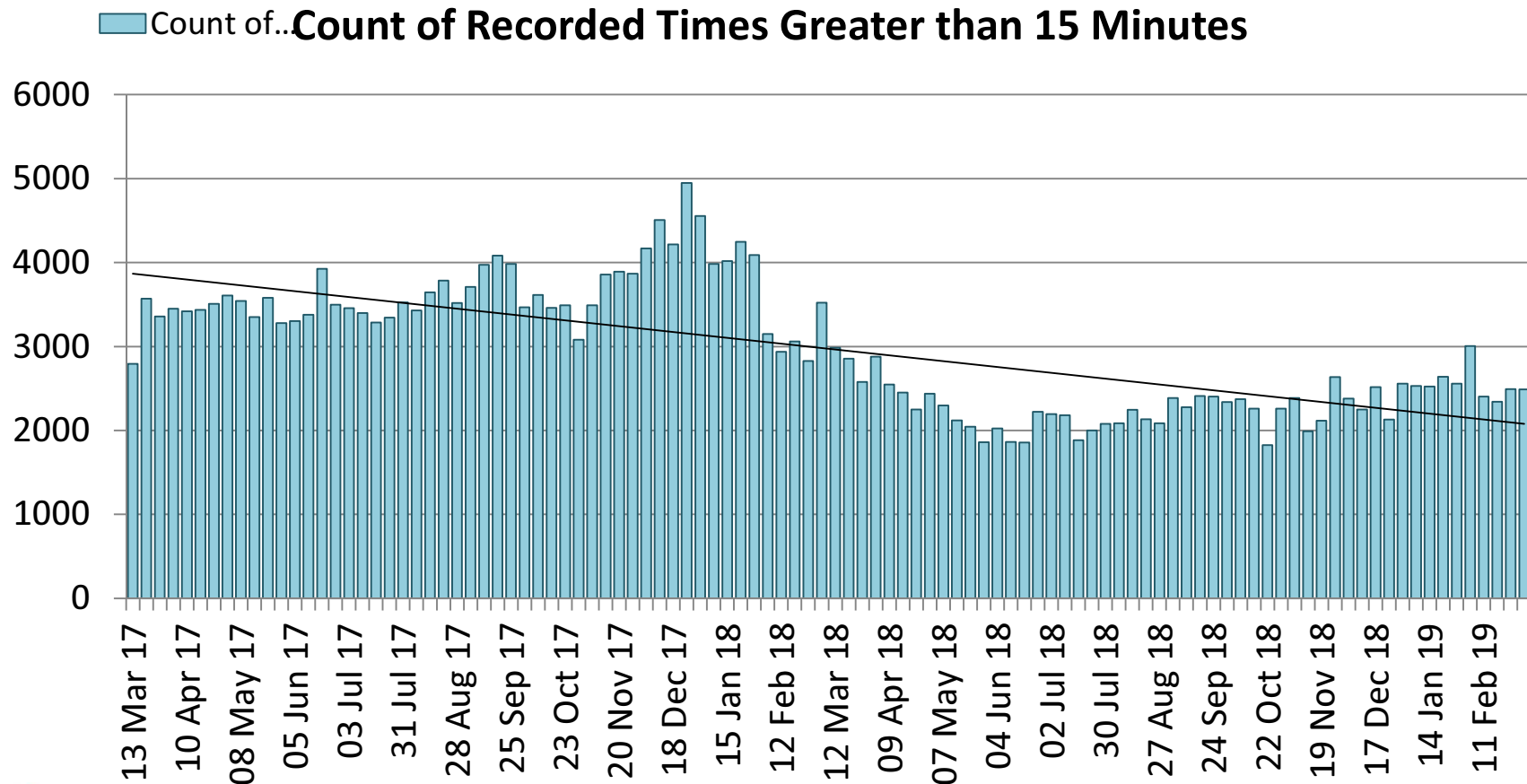
DERRIFORD HOSPITAL AMBULANCE HANDOVERS BY MONTH



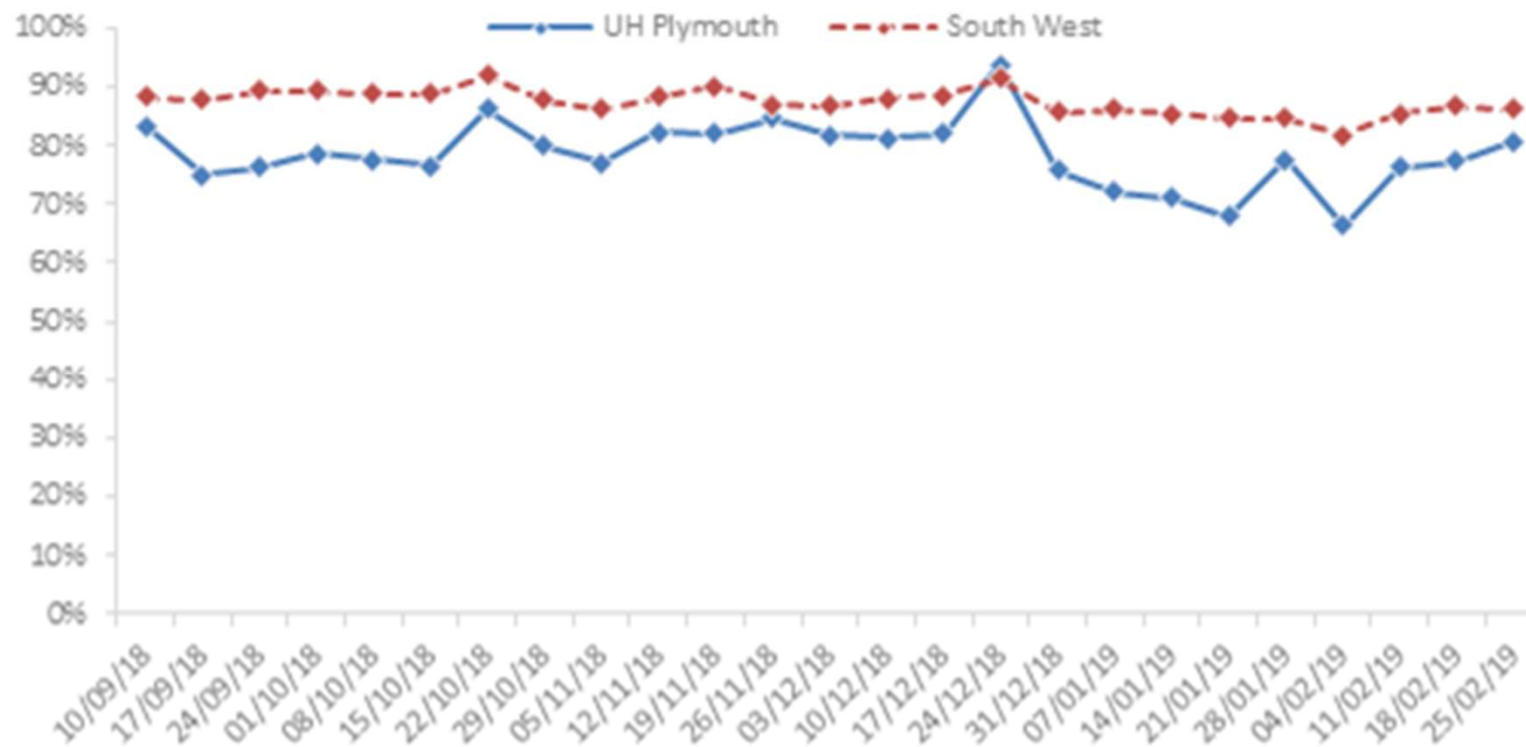
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Ambulance Handover Trajectory

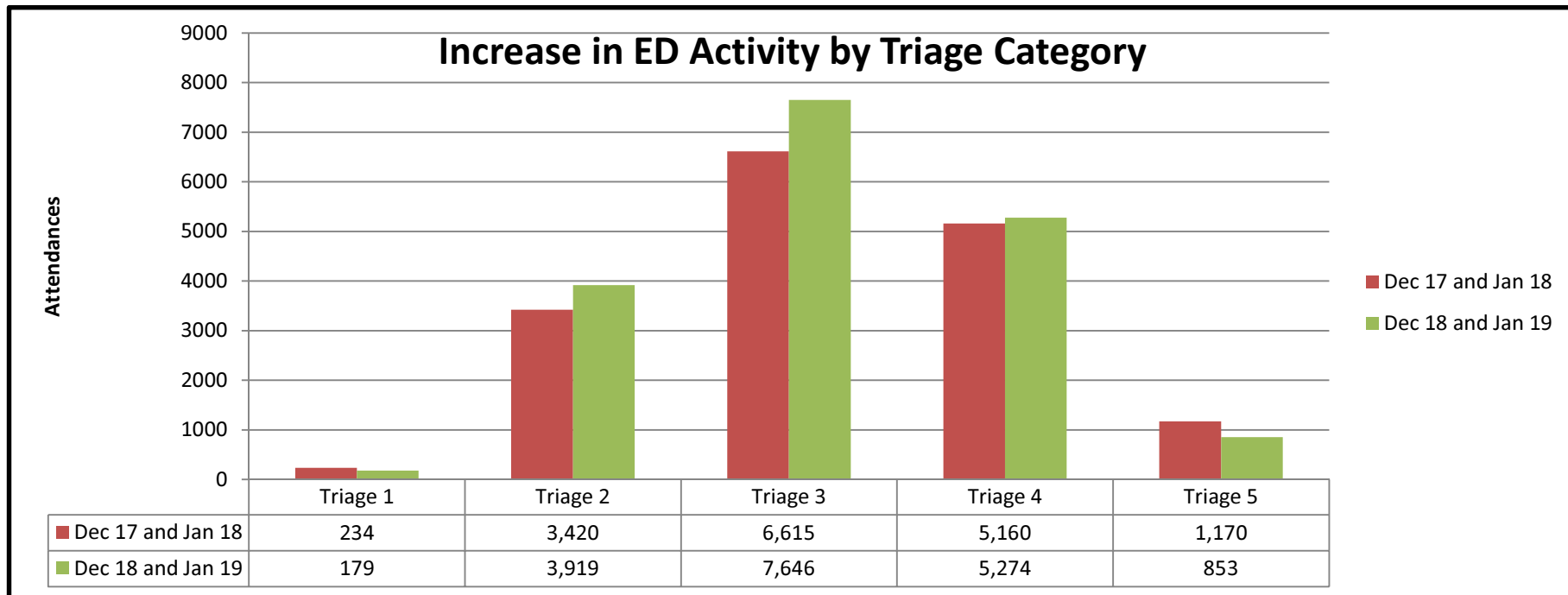


4 hour performance:



Comparing Winter 2018 and Winter 2019 – Triage

Largest movements in Triage categories 2 and 3 – Total movement of 1,530 in these two categories – 15% growth in triage 2 and 16% in triage 3 – 8% growth overall



Comparing January 2019 to 2018 and 2017 – Attendances

| | 65+ | 75+ | 85+ | Total Pts Aged 65+ | Total Pts | % pts aged 65+ |
|---------------|------------|------------|------------|-----------------------------------|------------------|---------------------------|
| Jan-17 | 771 | 800 | 585 | 2,156 | 7,744 | 28% |
| Jan-18 | 887 | 888 | 649 | 2,424 | 8,099 | 30% |
| Jan-19 | 961 | 961 | 713 | 2,635 | 8,900 | 29% |

Although there is no growth in the percentage of >65 attendances there is an obvious increase in volume so a proportionate increase in > 65s

The Bed Model

Used by UHPNT to understand future bed requirements.

Has been used by the Trust as part of winter planning and has underpinned the Winter Plan.

Model driven by two drivers –

- Admissions and length of stay

Expected winter problem has been reported both internally and externally since early summer 2018.

The Bed Model

What the model has told us we need – Medical beds

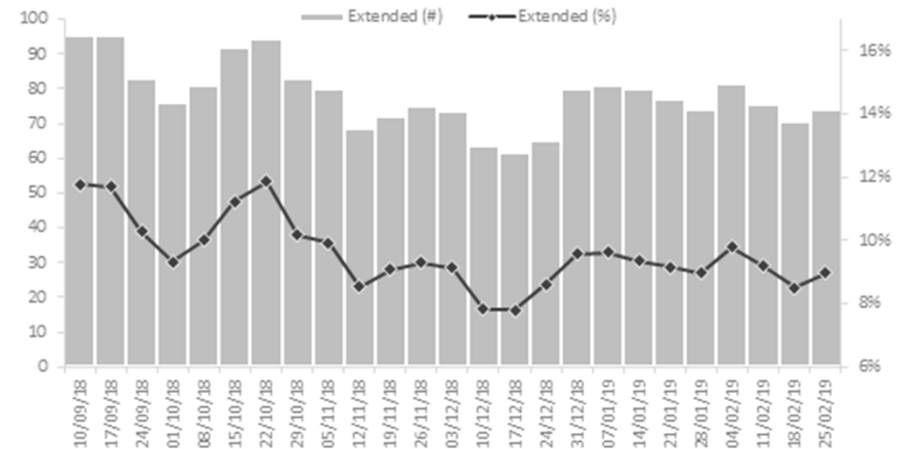
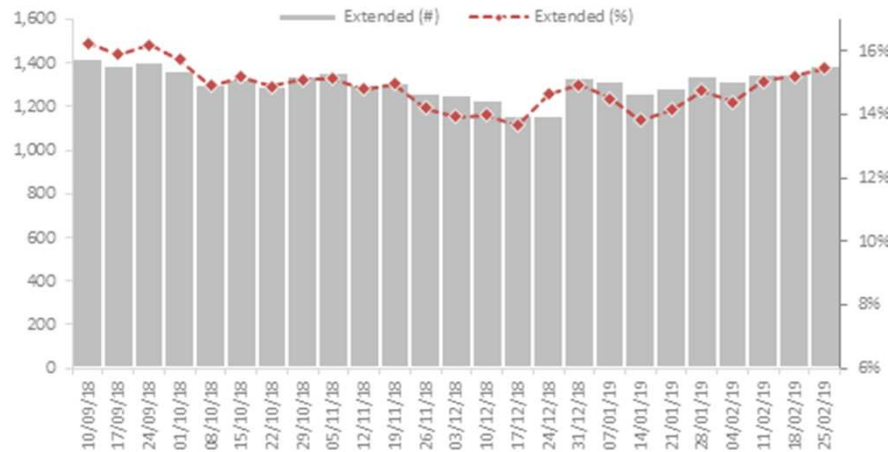
| | Admissions | | LoS | | Beds | |
|--------|------------|--------------|----------|--------------|----------|---------|
| | Elective | Non Elective | Elective | Non Elective | Required | Deficit |
| Jan-18 | 142 | 2400 | 4.24 | 7.28 | 626 | -134 |
| Feb-18 | 140 | 2238 | 4.57 | 7.21 | 643 | -151 |
| Mar-18 | 136 | 2415 | 3.28 | 6.97 | 600 | -108 |
| Apr-18 | 144 | 2246 | 3.68 | 6.32 | 531 | -39 |
| May-18 | 176 | 2454 | 3.69 | 6.24 | 555 | -63 |
| Jun-18 | 198 | 2360 | 3.78 | 5.96 | 534 | -42 |
| Jul-18 | 191 | 2387 | 3.18 | 6.36 | 550 | -58 |
| Aug-18 | 157 | 2302 | 3.52 | 6.56 | 546 | -54 |
| Sep-18 | 171 | 2186 | 3.82 | 6.70 | 550 | -58 |
| Oct-18 | 185 | 2365 | 3.42 | 6.13 | 528 | -36 |
| Nov-18 | 185 | 2330 | 3.24 | 6.28 | 548 | -56 |
| Dec-18 | 147 | 2360 | 3.46 | 6.24 | 532 | -40 |
| Jan-19 | 185 | 2539 | 3.56 | 6.50 | 596 | -104 |

The Medical bed base used is 496, beds.

Although we have had 139 more medical arrivals in January compared to last January, the bed position has compared favourably because of decrease in medical LoS from 7.28 to 6.50.

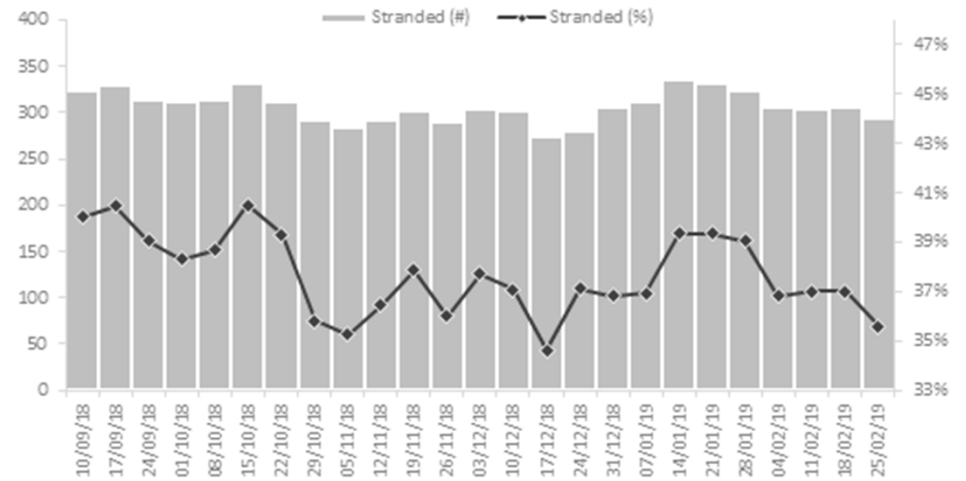
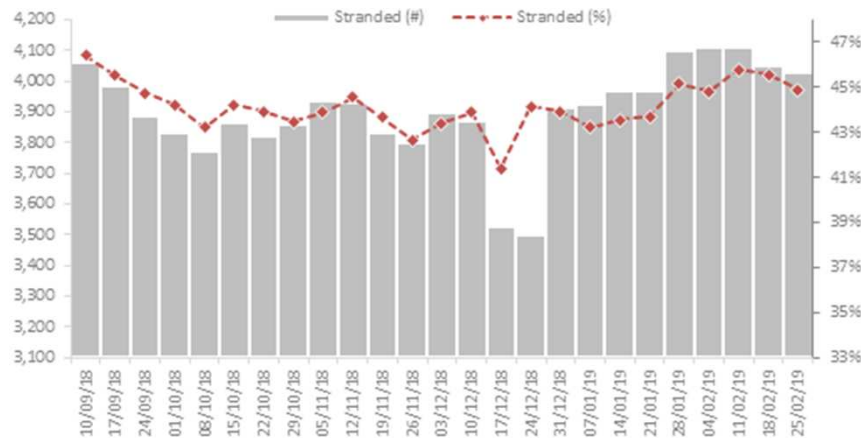
If we compare January to December the contrast is stark – An additional 179 patients (6 a day), all staying an average of over 6 days – this equates to an extra two wards of patients!!

Extended Length of Stay South UHP



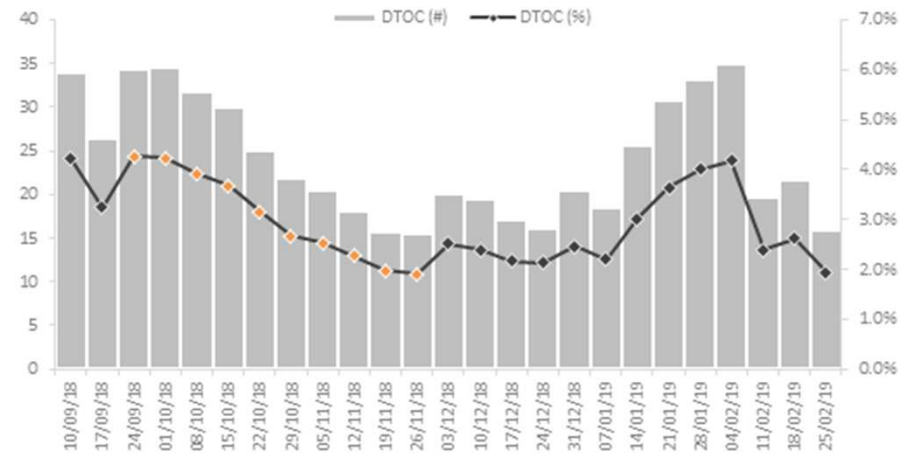
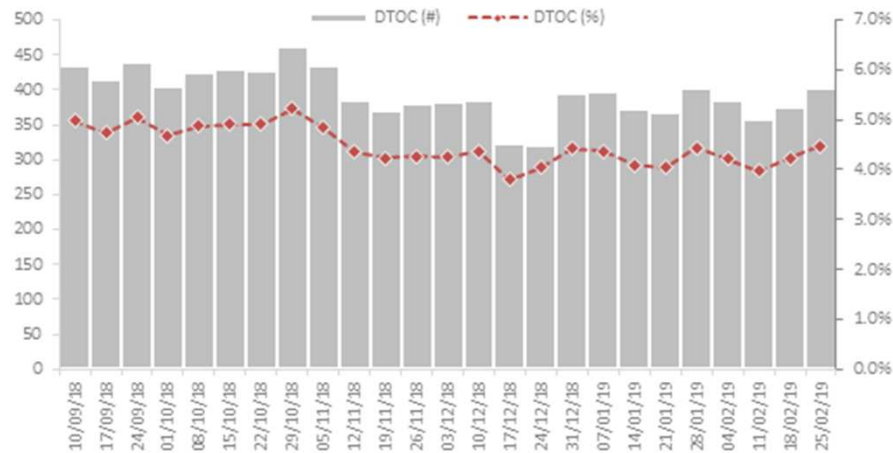
Stranded South

UHP



DToC South

UHP





University Hospitals
Plymouth
NHS Trust

Working to meet the Emergency 4 hour position:

External Challenges:

- Primary & Community Care: (Workforce, ICM and Demand)**
- Integrated Urgent Care: (Workforce and Demand)**
- South West Ambulance Service Foundation Trust**