

NHS Devon - 6 month update report on the recommendations from June 2022

A report from the County Commander for North and East Devon of the South Western Ambulance Service Foundation Trust

This report provides an update on the progress towards the recommendation made by the Health and Adult Care Scrutiny Committee's Spotlight review into [South Western Ambulance Service Trust Spotlight Review in June 2022](#).

Purpose of report

The Spotlight Review report in June 2022 by the Health and Adult Care Scrutiny Committee made a series of recommendations to Devon's health system. There is recognition of the overlap on many of the recommendations between Devon County Council, NHS Devon and South Western Ambulance Service NHS Foundation Trust (SWASFT). The recommendations were directed to relevant lead organisations, but it for the system as a whole to ensure these are effectively implemented.

The Committee requested an update on progress within six-months. This report therefore notes progress against the recommendation and provides an overview of the current system pressures and mitigations in place where the system is unable to progress on actions due to pressures locally, regionally and nationally.

Committee members are asked to note the contents of the report.

Progress against the recommendations

Recommendation	Response
<p><i>Recommendation 1</i></p> <p>That the Committee calls for a system wide commitment to improve average ambulance response times urgently.</p>	<p>Improving ambulance response times and handover delays is one of the highest priorities for the Devon system, alongside reducing waits for elective care. Leading this workstream is the senior responsible officer (SRO) Dr Nigel Acheson, the Chief Medical Officer for NHS Devon, supported by the Associate Director of Urgent Care, James Wenman (previously senior paramedic with 20 years' experience) as well as executive level leads in each of the localities. An ambulance cell meets fortnightly, bringing together managerial and clinical leads from localities, SWASFT and NHS Devon. The focus is on the ambulance handover improvement plans in each locality. The plan is reviewed regularly for impact and content reviewed to ensure that best practice is reflected. Examples of initiatives in the plans include enhancements to community urgent response services to respond to falls and the development of same day emergency care services to provide alternatives to SWASFT when there is a need to convey patients to hospital. SWASFT</p>

	<p>has shared a stocktake of same-day emergency care (SDEC) pathways across the south west with commissioners.</p> <p>While we continue our work to reduce handover delays, in order to mitigate the effect on response times, the south west ambulance commissioners have agreed a financial "risk share" with SWASFT which sees the ambulance service secure additional resources in the form of agency and overtime. However, it is worth noting that this additional capacity is still finite and in conjunction with SWASFT overtime is making up almost 20% of additional resource.</p> <p>Recognising the particularly challenging position for Derriford Hospital, the national team in NHS England are working intensively with the Trust on their improvement plan, with weekly meetings on impact. Additional resources have been made available to the Trust from the team, and these are also monitored by the national senior leads.</p> <p>Across the south west, a transformation plan has been agreed and work commenced in October 2022. The plan covers: alternatives for lower acuity calls including navigation of incidents to primary care services including urgent community response teams; access to clinical records to improve decision making; alternative acute (paediatrics - under 1s moving to under 5s, abdominal pain and low risk chest pain) and community pathways (falls and frailty). SWASFT are also in the process of refreshing their own service transformation plan, including enhancements in the emergency operations centre - clinical hub- to increase clinical input to incidents prior to dispatch.</p>
<p>Recommendation 2</p> <p>That an immediate priority for the Integrated Care System is to implement rapid improvement to reduce the current risk to patient safety delays in handover between ambulances and hospital emergency departments are causing.</p>	<p>NHS Devon and provider Trusts are funding SWASFT to put in place Hospital Ambulance Liaison Officers (HALOs) at acute hospitals. The role of the HALO is to facilitate a safe, effective and efficient handover between ambulance crew and Emergency Department staff and timely wrap up of ambulance crews. There are HALOs at Royal Devon and Exeter for 12 hours a day and 24 hours a day at Derriford and Torbay respectively. Funding for HALO capacity for 23/24 will be discussed in this year's contracting rounds.</p>
<p>Recommendation 3</p> <p>That work is undertaken with Devon's four acute hospitals to reduce the disparities in provision and improve the consistency of offer relating to emergency care that will</p>	<p>Torbay and South Devon NHS Trust</p> <p>The Trust has including:</p> <p>An ambulance cohort area</p> <p>An adjacent space out-of-hours to accommodate an ambulance cohort (a space in-hours) was unavailable. With the opening of the Acute Medical Unit, space was available to provide a permanent Cohort space and this is now in place to enable 6 ambulances to be offloaded.</p>

<p>aide ambulance queue management, including the implementation of a triaging model similar to the Rapid Patient Assessment and Triage model adopted at the Royal Devon & Exeter Hospital.</p>	<p>Increased boarding of patients on ward areas when appropriate and available following infection control guidance. Increase the size of the discharge lounge to enable earlier movement of patients out of ward bed stock. Focus on earlier discharge (30% of discharges before midday). Introduce a weekend discharge team to increase overall discharges throughout the weekends. Rapid assessment model already in place - Rapid assessment of patients and working collaboratively with SWASFT to enable patients to be cohorted. Rapid assessment of patients who are waiting in ambulances to enable care progression (diagnostics) to be completed</p> <p>University Hospital Plymouth There is currently estates work needed to create the RAT space within ED that is planned for mid-January.</p> <p>The current triage model is that there is an ambulance nurse who is one of our senior ED nurses who triages all arrivals by ambulance and we also have an HCA allocated that will undertake investigations such as ECG and bloods etc for patients still in vehicles.</p> <p>There is an escalation process for any concerns whilst patients are outside to highlight any deterioration and need for any actions to be taken. The medical team will assess / clerk in the ambulances and any imaging required will also be requested / done as required.</p> <p>Royal Devon University Hospital Northern & Eastern The Rapid Patient Assessment and Triage model adopted at Royal Devon's Eastern site (Exeter) has now been implemented at their Northern one in Barnstaple. This is facilitated by a nursing hub and a Rapid Assessment and Triage room with a dedicated consultant.</p>
<p>Recommendation 4</p> <p>(a) That there is a more consistent Minor Injury Unit offer across the County as a priority, with regular service hours and a minimum standard for procedures carried out,</p>	<p>This is a priority for the NHS Devon and the use of other existing community provision is being explored to provide more consistent opening hours for minor injury in the community. Providing regular service hours are the three Urgent Treatment Centres across Devon, providing consistency.</p>

(b) That there is a new campaign to educate people in Devon about how to access medical services. This should include an online interactive map about wait times so that residents can access information on services in real time to bring greater clarity to the public as to how they access both urgent and non-urgent medical support including mental health support.

There are regular and targeted campaigns throughout the year in the following priority areas:

1. Think 111 First – choose well and behaviour change campaign to encourage contacting 111 before attending ED, or visit 111 online
2. Flu and COVID-19 booster vaccination – Increase uptake in all groups and added messaging on measure in place to keep people safe, limit exposure, etc. Increased focus on outreach and health inequalities.
3. GP access – promotion of enhanced access, different models of care, face-to-face/telephone and online access
4. Early discharge – system-wide campaign to support early discharge from hospital and improve flow
5. Inequalities – focus on seldom heard groups working with local communities and community champions to undertake engagement and insight work, ensuring services are inclusive, translated, and easy read documentation. Support to access services and information outside of digital platforms, particularly for people with learning and/or physical disabilities.
6. Digital offer – online and video consultations, NHS app, ORCHA health and wellbeing app library, HANDi paediatric app and links with RSV
7. Mental health - support available for people, especially as we approach Christmas and New Year, and launch of 24/7 crisis lines, as well as crisis cafes and IAPT services
8. Pharmacy and self-care – promoting the GP community pharmacy consultation service (CPCS) for minor illness, raising awareness of pharmacy services, and the new local self-care campaign “Treatment starts at home”

Activity

- Regular Think 111 First advertising on radio, social media, digital screens in various outdoor advertising across the county (key element of summer campaign, for both visitors and residents)
- Digital marketing means we can target the highest users who walk in to ED – this year we plan to use MOSAIC profiling to do this
- Briefing stakeholders
- Health inequalities cell and outreach team for vaccination and planned targeting
- Targeting parents of primary care school children with messages about HANDi app – through Primary Times magazine, social media, health visitors and children’s centres
- Promotion of online consultations, ORCHA health and wellbeing app library and NHS App through ongoing campaigns

	<ul style="list-style-type: none"> • Regular media coverage on local TV, radio and new with signposting • Supporting trusts with localised messages on MIU and UTC <p>Think 111 First campaign</p> <p>Localised campaign developed and launched in 2021, with materials designed based on local insight, adapted for both residents and visitors</p> <ul style="list-style-type: none"> • This included a business toolkit with graphics, videos, case studies, etc • Based on our Think 111 First programme, our priority target audiences are: <ul style="list-style-type: none"> - Visitors - Parents of young children - Men under 40 • These are the highest numbers of ‘unheralded’ attendances to ED across our trusts. • Use MOSAIC data to analyse ED attendances in each area and develop targeted materials in line with methodology for the identified groups • Increase 111 campaign activity using local materials, targeting residents over winter <p>There is also a part of the Community Urgent Care programme focused on technology and advances to improve accessibility of services across Devon. The ICB are working with the Quicker app development team at University of Exeter to understand the opportunities of expanding this. There is also the 111 navigation service online and on the phone which provides quick and accurate advice of the currently available services based on the need at a given time.</p>
<p>(c) That the system recognises the valuable role that Minor Injury Units have in managing demand and subsequently put greater effort into keeping Minor Injury Units open. All Minor Injury Units to have alternative staffing plans such as emergency staffing by paramedics and trained first aiders.</p>	<p>The NHS England national direction is to review minor injury units and work towards a community-based response through pharmacy, primary care, and other community services.</p> <p>The system recognises the value of minor injury units and aims to keep them open wherever possible. However, there is a national and local shortage of trained workforce, which impacts this.</p> <p>If MIUs are required to close, there are contingencies in place for minor non-urgent care to be delivered by the three Urgent Treatment Centres across Devon which have extended hours and every effort is made not to close these centres.</p>
<p>Recommendation 5</p>	<p>There is ever closer working between health and social care from a workforce perspective. We now have the Devon International Recruitment Alliance recruiting from overseas for</p>

(a) That there is better system wide working under the Integrated Care Partnership to develop improved career pathways and greater parity of pay, conditions and esteem for all those working in caring positions wherever in the system they are employed or commence their career in care.

our hospitals, community teams, SWASFT and most recently adult social care. We have recruited over 800 new colleagues from overseas in the past 16 months and are at the start of the social care campaign which will bring 175 overseas colleagues into our social care system to work in care homes, housing with support and domiciliary care settings. 2022 saw us deliver a successful pilot where Livewell Southwest recruited over 70 new colleagues on behalf of 9 social care independent sector providers with the commitment that Livewell will keep in touch with these colleagues and will facilitate a career into health if that is the path they wish to take in the future.

Plymouth City Council have created a similar style of operation which again has been successful in finding new entrants into the social care market.

The Devon County Council adult care and health workforce team has co-ordinated Proud to Care campaigns across Devon over 10 years and is also working through Job Centre Plus offices and other community locations to introduce new candidates into care settings. In the final quarter of 2022, this led to over 30 new entrants to the social care market.

We are currently working on a business case to spread the Livewell Southwest, Devon County Council and Plymouth City Council to work out across the whole of Devon.

Work is ongoing in 2023 to explore the opportunity for social care colleagues in the independent sector to take on additional responsibilities through new, hybrid roles, which will improve outcomes for people, achieve efficiencies and potentially improve pay for those staff involved. To assist with this, we have recently been awarded £700k from Health Education England to move the upskilling of social care staff forward more swiftly. We are the only system in England to receive this funding and is testament to the strong relationships built by Local Authority senior leaders with the Department of Health and Social Care.

This is important work since we do not have the finances to pay higher salaries in social care to reduce the different between health and social care employment packages.

Additionally Health Education England continues to fund a co-ordinator for Trainee Nurse Associates into adult social care which will provide a career pathway for 10 new entrants in 2023 in care homes in the DCC area. Discussions are opening about extending this approach across Devon.

	<p>Finally the LoveCare programme, which has been developing over the last two years, continues to look at a range of approaches that can build recognition and reward for independent sector adult social care staff. This includes:</p> <ul style="list-style-type: none"> • new models of care and ways of working (linked to the hybrid roles action above) • work with our economic development colleagues to try to bring additional investment into the sector in recognition of its important role in economic development • digital and technology solutions to enhance the outcomes for people, enhance business efficiency and improve working arrangements for staff • and non-pay related actions such as public recognition, training and development <p>This work continues to attract national attention and discussions are on-going with the Department of Health and Social Care and other governmental departments to find new ways of working together to address the workforce challenge</p>
<p>(b) That an investigation is undertaken of how Technology Enhanced Care Services and other alternative working practices may enable care to be delivered more efficiently and effectively to all who need it.</p>	<p>There are a number of routes that the system have used already and will be continuing to progress over the next few months. These include:</p> <ul style="list-style-type: none"> • Virtual online 24/7 access to a clinician for care homes – already in place in Plymouth & West Devon but will be expanded across county. • Implementation of Continuous Glucose monitoring to all Type 1 diabetics (will be implemented early 23/24 year, planning now) • Oximetry@Home now in place • Enabling ‘push’ referrals to urgent community response services by SWASFT and 111 (work in progress)
<p>Recommendation 6</p> <p>That the emerging Primary Care Strategy for Devon prioritises the GP role in social prescribing as a key factor in improving health outcomes, reducing pressure on SWASFT and wider health systems.</p>	<p>NHS Devon is heavily committed to Social Prescription. Each of the county’s 31 Primary Care Networks employ at least one Social Prescriber, Community Connector or Health Coach. There are currently 66 employees within the system with one of those three roles. 60% are employed through a sub-contracting arrangement with local VCSE partners and 40% are directly employed by the PCN.</p> <p>NHS Devon has also recently made a substantial investment in the JOY App making it available to Social Prescribers across the whole system. The JOY App speaks directly to System One and EMIS and supports four specific functions.</p> <ol style="list-style-type: none"> 1. It enables the GP to directly refer to the Social Prescriber 2. It provides a case management system for the Social Prescriber to track the patient’s journey 3. It builds a marketplace of local community assets and

	<p>4. It provides a data dashboard.</p> <p>This will enable us to track Social Prescribing across the county and provide a reliable data set to prove it effectiveness.</p>
<p>Recommendation 7</p> <p>That Devon’s acute hospitals provide a separate space in close proximity to emergency departments for those people presenting with mental health issues.</p>	<p>Under the Mental health Learning Disability and Neurodiversity Provider collaborative, the Mental Health Urgent Care Workstream is leading system work to ensure that those who present in Mental Health crisis are able to access the right support at the right time.</p> <p>There are a number of community delivered provisions that are located either close to district general hospitals or in areas where analysis of quantitative data indicates needs. These include alternatives to emergency departments, crisis cafes and home treatment teams/assertive outreach teams.</p> <p>For some of those presenting to our local acutes, this may be due to presenting with both medical and mental health needs; equally, some people do present to ED with mental health needs only. Within all the district general hospitals, there are mental health teams or pathways that enable a mental health assessment/response to be accessed e.g. Psychiatric Liaison, children and young people crisis teams etc.</p> <p>Where necessary, the medical needs aspect are led by the acute hospitals, and the pathways complement. The physical and psychological environment within local EDs/acutes for those presenting with mental health needs is being maximised by capital bid opportunities. Over the next 3 years for example, funding has been agreed to develop a bespoke space on the Torbay hospital site; Royal Devon Eastern and Northern have received funding to convert spaces within their ED and/or paediatric wards. At Royal Devon Northern, there is a dedicated separate room within the emergency department known as the ‘blue room’ for people presenting with mental health issues. The space has been purposely built to accommodate patients presenting with mental health issues.</p> <p>In Plymouth, there was a dedicated space for those with mental health and as part of the building work that has commenced/due to commence, the local mental health provider has been working closely with the teams to consider the needs of those with mental health and how previous environments can be enhanced.</p>

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