ACH/18/87
Health and Adult Care Scrutiny
7 June 2018

WINTER PRESSURES 2017/18

Joint Report Head of Adult Commissioning (Devon County Council) and Director of Strategy (South Devon and Torbay CCG and NEW Devon CCG)

1. Recommendation

1.1 Scrutiny to note content of the Report.

2. Purpose

2.1 This report provides an update to report ACH/18/83, presented to the committee on 22nd March 2018.

2.2 The first section reviews activity and performance over winter, bringing in additional and updated information to cover the whole winter period of October 2017 to March 2018 and provides a comparison to the previous year, where available..

2.3 The second section provides a summary of the winter review held by the mult-agencyDevon Accident and Emergency (A&E) Delivery Board in March. This summarises what went well and what could be improved which informs the priorities for winter planning in 2018-19.

3. Executive Summary

3.1 For Devon wide services, 111 and out of hours primary care activity increased this winter. More modest increases in 999 incidents were seen, and increases in those treated on scene and conveyed to Emergency Departments noted. Call answering performance for 111 and hours lost to ambulance handover continued be issues however.

3.2 Taking a view of winter by locality, the following can be noted when comparing key metrics with last winter. Across providers, Accident and Emergency (A&E), Referral to Treatment (RTT) and diagnostics performance were issues as were cancelled operations.

	East	*North*	*South*	*West*
Accident and Emergency (A&E) activity	↔	↓	↔	↑
Minor Injuries Unit (MIU) or equivalent activity	↑	↔	↔	↑
A&E performance	↓	↓	↓	↓
Emergency admissions	↑	↑	↓	↑
Length of stay	↑	↑	↑	↔
Delayed Transfers of Care	↓	↓	↑	↔
Cancelled operations	↑	↑	↑	↑

3.3 Flu was a key issue impacting on winter performance, with a high number of confirmed cases in Plymouth, Torbay and Exeter. This is likely to account for the rise in emergency admissions across most sites. The severe weather in March, with two episodes of snow within 2-3 weeks, impacted on services: 111 and 999 call volumes increased and hospital attendance decreased during the bad weather, however in demand was experienced afterwards.

3.4 Although delayed transfers of care remained an issue through the year, the rate of delays in providers finished the winter impacting 3-5% of beds. Numbers of delays impacting people living in the in Devon County Council area increased during the late winter period but have significantly improved since 2016-17. The purchase of extra capacity over the winter had a positive effect on individuals awaiting person care packages, which dropped from 88 in October to 38 in March.

3.5 The Devon A&E delivery board partners reviewed their experiences over the winter, including what went well, what did not and priorities for 2018-19. Organisational arrangements, proactive workforce planning and some additional financial resources which supported extra capacity were highlighted as positives. Communications, capacity and demand planning, workforce planning to increase supply during escalation and business continuity plans were noted as issues which needed further attention for 2018-19. Other priorities included 7-day services, flu planning, enhanced integrated urgent care and improved pathways.

4. Urgent and emergency care over winter

4.1 Nationally, the NHS experienced a difficult winter – this is summarised in facts and figures below from NHS Providers, the body with represents NHS Trusts.

Their commentary suggests:

- The NHS was well prepared for winter, with plans and preparation starting much earlier than usual.
- Early indications were that capacity would be an issue, and that flu would be an additional pressure.
- Winter itself was characterised by erratic bad weather and from December demand for services increased significantly.
- Demand remained high and spiked in January, when admissions due to flu increased further.
- In response, the National Emergency Pressures Panel (NEPP) advised NHS Trusts to cancel all non-urgent elective operations and they relaxed mixed sex guidance.
- In February, Simon Stevens confirmed the NHS had experienced its most pressurised month in history, but the pressures continued right up to Easter at the end of March.

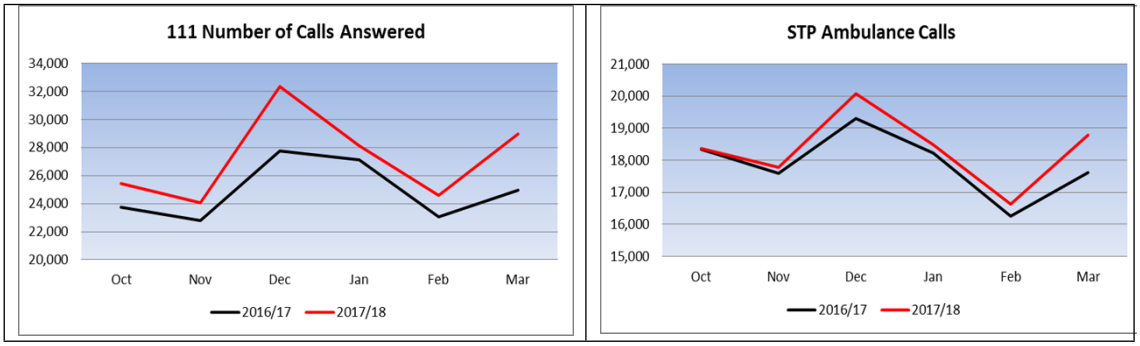
4.2 This section presents local information for the period October 2017 to March 2018 and covers:

- Calls to NHS 111 and 999
- A&E attendance and performance
- Out of hours primary care activity
- Emergency Admissions
- Length of stay in hospital
- Delayed transfers of care
- Cancellations of elective operations
- Referrals to treatment within 18 weeks
- Flu cases
- Impact of 'snow days'
- Adult social care assessments
- Residential adult social care
- Community based adult social care

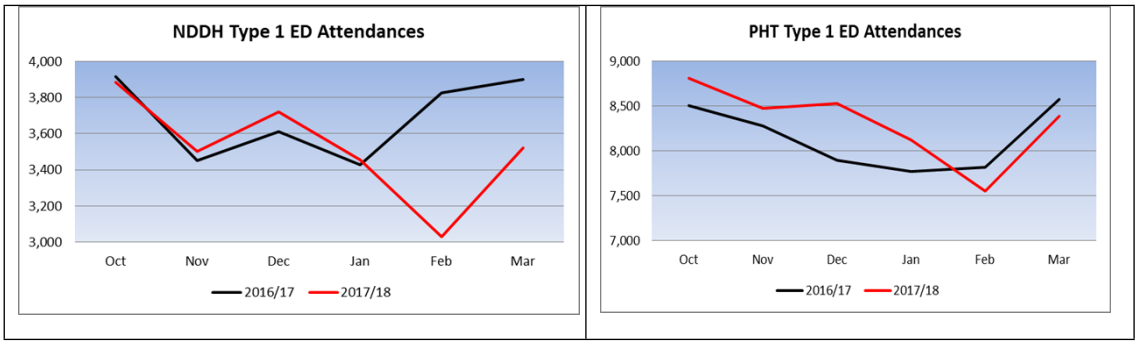
Unless otherwise stated, the NHS information relates to NHS providers and therefore covers the population they serve wherever they live:

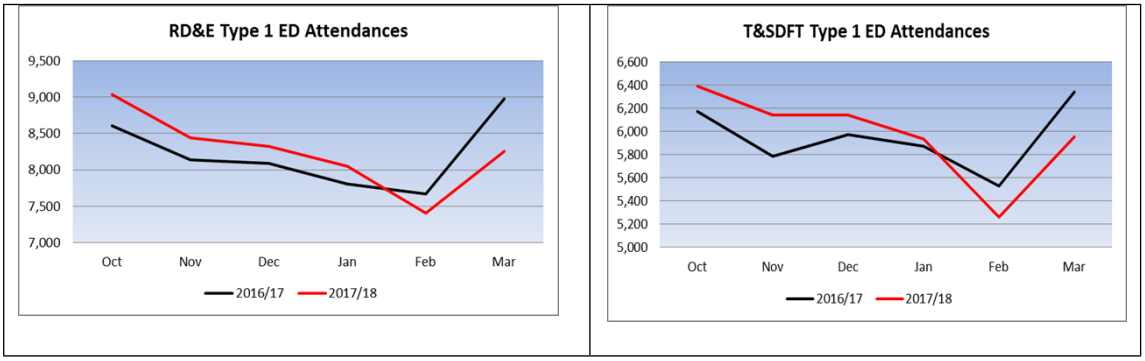
- University Hospitals Plymouth NHS Trust (UHP/PHT)
- Royal Devon and Exeter NHS Foundation Trust (RD&E)
- Northern Devon Healthcare NHS Trust (NDDH)
- Torbay and South Devon NHS Foundation Trust (T&SDFT)
- South West Ambulance NHS Foundation Trust (SWAFT)
- Devon Partnership Trust (DPT)
- Livewell Community Interest Company (Livewell)

4.3 **NHS 111 and 999** are, for many, entry points to the urgent and emergency care system. This winter saw a rise in calls to 111 of around 9%, and across the winter between 25k and 32k calls per month were answered. The rise in calls to 999 was a more modest 2.6%, with monthly call volumes ranging from 17k to 20k. More people with non-emergency conditions are calling 111, with those calling 999 generally doing so for more serious conditions. The Devon 111 service continued to experience difficulties with call answering performance, which worsened over the winter. This pattern has been seen across a number of other providers nationally although the rate of decline in Devon has been greater due to the scale of the rise in demand and difficulties recruiting and retaining call centre staff.

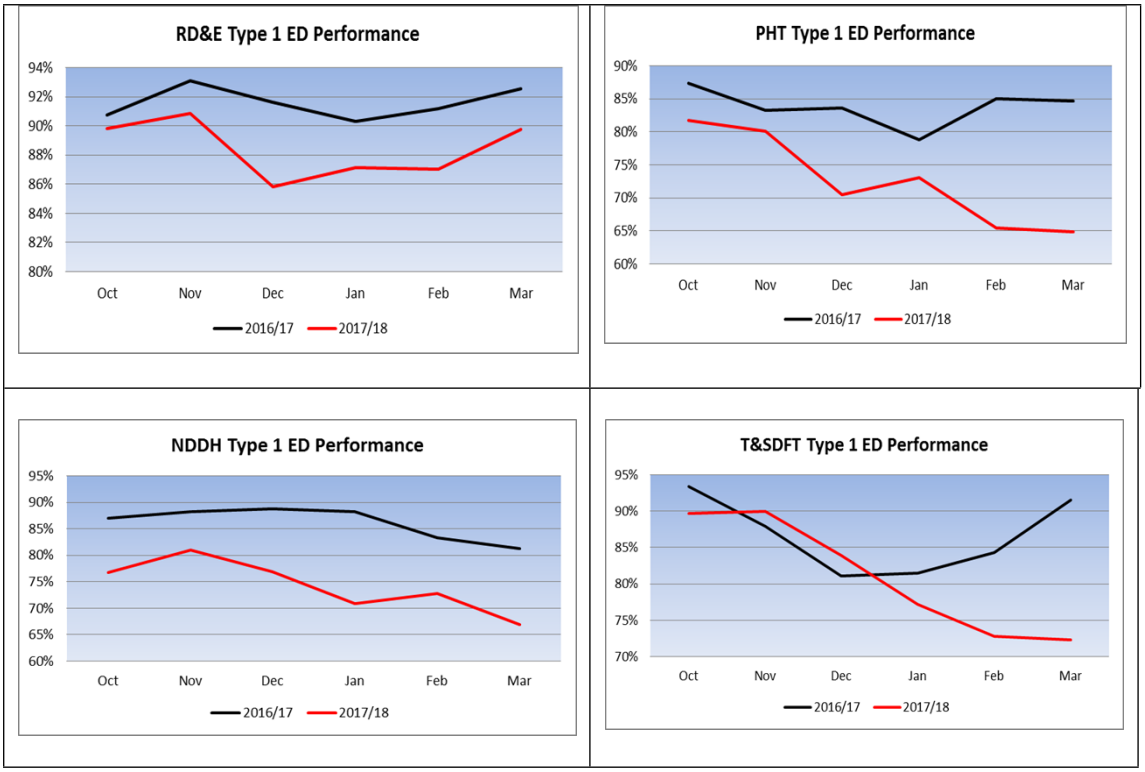


4.4 **A&E attendances** across the four acute providers showed a variable picture over winter in comparison to last year: there was a decrease in activity in North Devon of -4.6%, an increase of 2.1% in Plymouth and modest increases of around 0.5% at the RD&E and Torbay Hospital. Minor Injuries Units experienced increased attendances in Exeter and Plymouth and little change in North Devon and Torbay and South Devon.



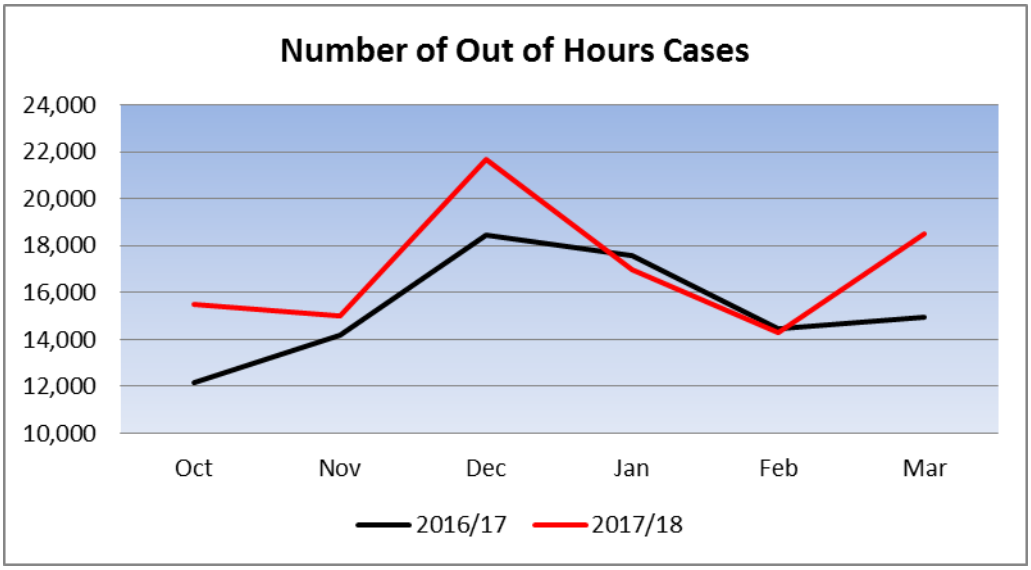


4.5 **A&E performance** across the same four providers also showed a variable picture, and with worse performance against the 4-hour wait standard than the previous winter. The RD&E maintained the best performance (range 86-91%), followed by Torbay (range 72%-90%), North Devon (range 67-80%) and Plymouth (range 65%-82%).



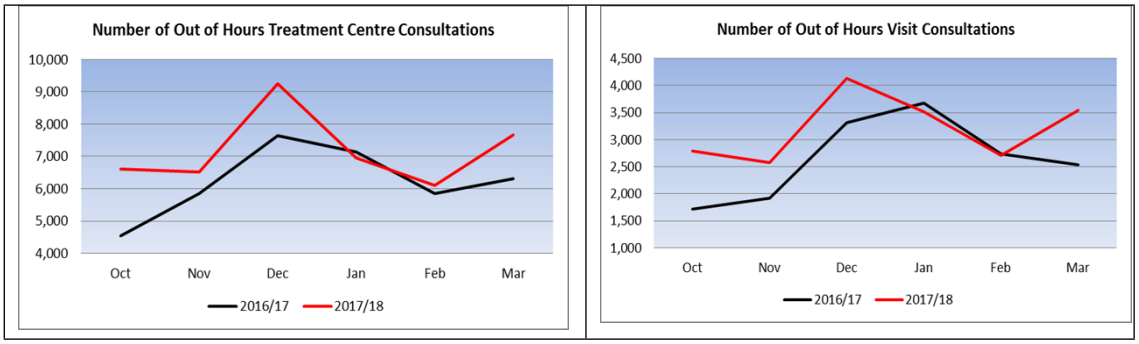
4.6 Out-of-hours primary care activity

Devon Doctors saw an increase of 10,186 cases (11%) across Devon during the winter period with significant increases in October of 3,337 (27%) when compared to the previous year.

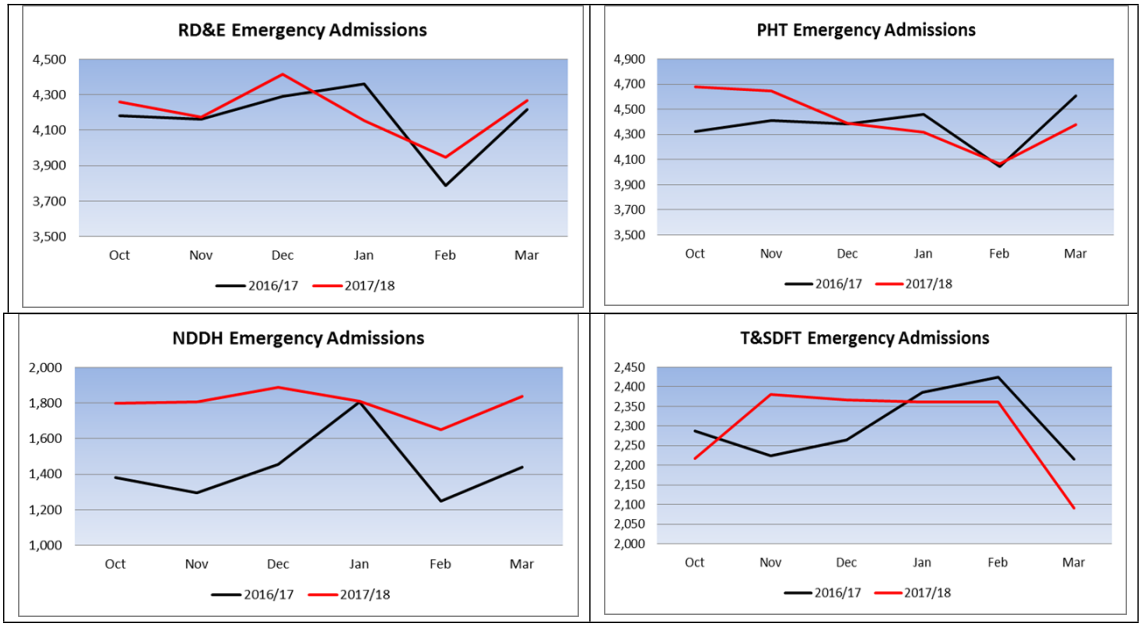


The number of patients seen by the Out of Hours Service at a treatment centre increased by 5,766 (15%) in comparison with last winter, again with a particular increase of 2,068 consultations in October which is a 45% increase on the previous October. The number of visits carried out by the Out of Hours

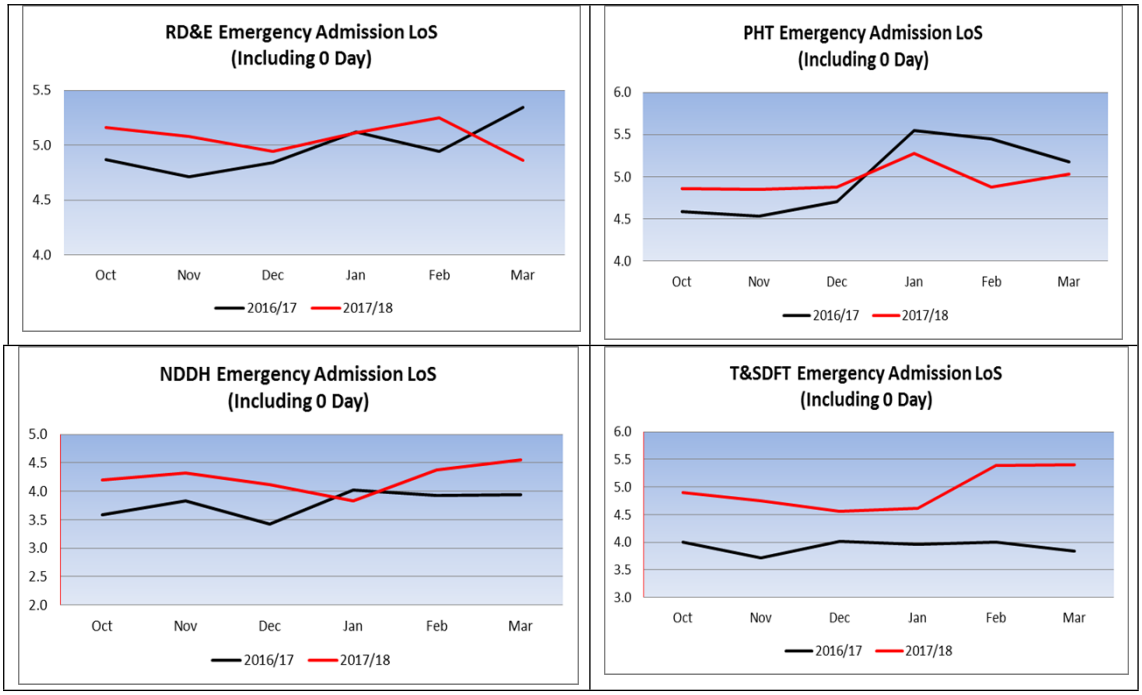
Service increased over the winter period by 3,375 visits (21%) with October seeing the most significant increase of 63%.



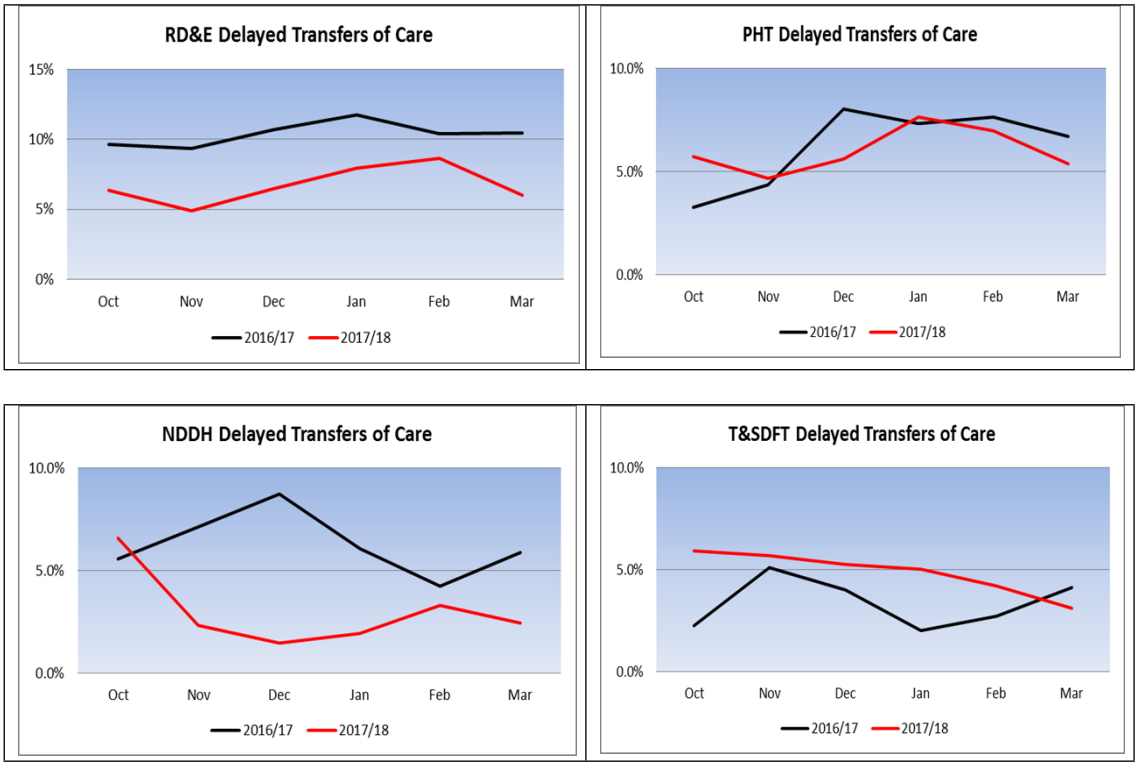
4.7 **Emergency admissions** to hospital rose across Devon by just over 2,500, a rise of 4% in comparison to the previous winter. The position varied by location: Torbay hospital was the only hospital which saw a decrease, North Devon reported a significant increase and there were more modest increases in the RD&E and Plymouth. Nationally and locally, the outbreaks of flu and complications in vulnerable patients, norovirus and cold weather all contributed to rises in admissions.



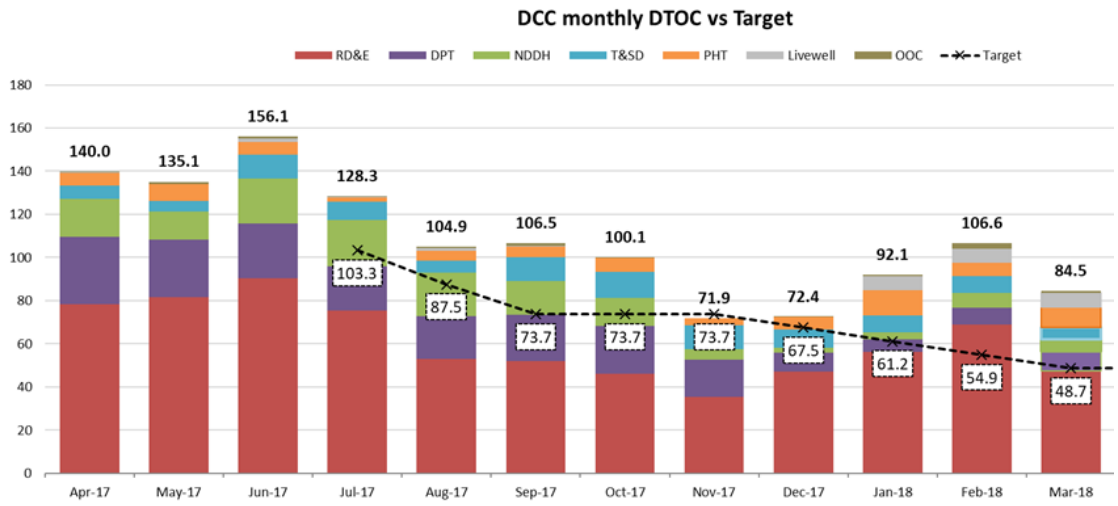
4.8 **Length of stay in hospital** following an emergency admission also showed an increase from the previous year across all providers. The increase in length of stay was particularly marked in Torbay. The rise in complexity and organising discharge for these patients contributed to this. The length of stay changed in Plymouth and in Exeter during the winter, reducing in December and February respectively. In North Devon however, it started to increase from January.



4.9 **Delayed transfers of care (DTOCs) -** measured by the number of delayed bed days as a proportion of all available bed days in acute and community hospitals - shows a general improvement over this winter. Both Plymouth and the RD&E ended the winter with rates of just over 5%, with both providers indicating rates which peaked at around 8% in January and February respectively. The position in North Devon improved dramatically from last year, ending the winter with a rate of around 3%, although it dropped even lower than this in December. The position in Torbay was worse than last year, although they did end the winter with a rate of approximately 4%.



Delayed transfers of care pertaining to residents of the Devon County Council area reduced over the course of 2017, dropping below the target set by NHS England in November, before rising again in the second half of the winter, with signs of improvement emerging after Easter. The integrated approach to person centred care encouraged by the use of Better Care Fund monies contributed to our performance being a significant improvement on the winter of 2016-17.



4.10 The number of last minute **cancellations of elective operations** for non-clinical reasons increased across Devon by 334 or 24% during the winter period. Until quarter 3, the position across Devon showed a slight improvement on the previous year, however the position deteriorated dramatically in quarter 4 due to the recommendation from the National Emergency Pressures Panel to cancel all except cancer and urgent elective operations in January and into the early part of February.

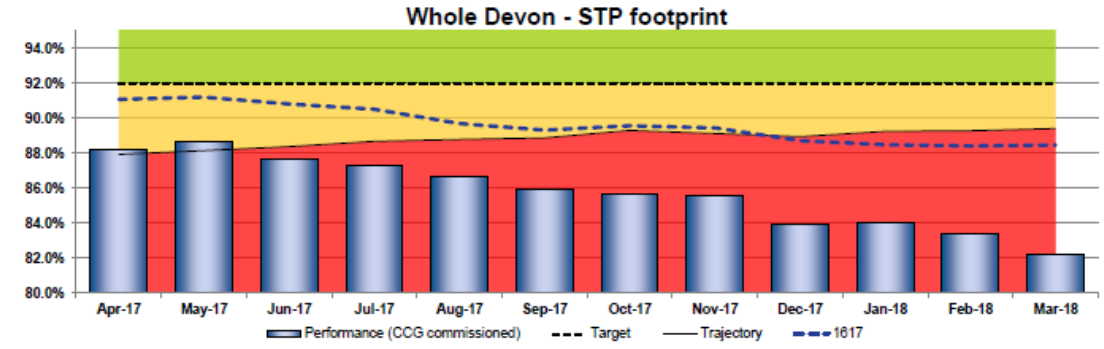
Org Name	Year	Values	DEC	MAR	TOTAL
RD&E	2016-17	Number of last minute elective operations cancelled for non clinical reasons	114	93	207
	2017-18	Number of last minute elective operations cancelled for non clinical reasons	114	194	308
NDDH	2016-17	Number of last minute elective operations cancelled for non clinical reasons	35		35
	2017-18	Number of last minute elective operations cancelled for non clinical reasons	41	34	75
PHT	2016-17	Number of last minute elective operations cancelled for non clinical reasons	457	517	974
	2017-18	Number of last minute elective operations cancelled for non clinical reasons	443	620	1,063
T&SDFT	2016-17	Number of last minute elective operations cancelled for non clinical reasons	110	79	189
	2017-18	Number of last minute elective operations cancelled for non clinical reasons	104	189	293
TOTAL	2016-17	Number of last minute elective operations cancelled for non clinical reasons	716	689	1,405
	2017-18	Number of last minute elective operations cancelled for non clinical reasons	702	1,037	1,739

4.11 Across Devon, the proportion of people being **referred to treatment** within 18 weeks dropped from 86% in October to 82% in March.

18-week RTT (incomplete pathway)

STP footprint

STP footprint	National target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Performance (CCG commissioned)	>92%	88.2%	88.7%	87.7%	87.3%	86.6%	85.9%	85.7%	85.5%	84.0%	84.0%	83.4%	82.2%
RTT total waiting list	63,732	65,771	66,819	58,876	59,473	61,487	63,553	64,862	63,796	63,599	63,636	64,360	66,234
Trajectory		87.9%	88.2%	88.4%	88.7%	88.8%	88.9%	89.3%	89.1%	88.9%	89.2%	89.3%	89.4%
NHS England		89.9%	90.4%	90.3%	89.9%	89.4%	89.1%	89.3%	89.5%	88.2%	88.2%	87.9%	



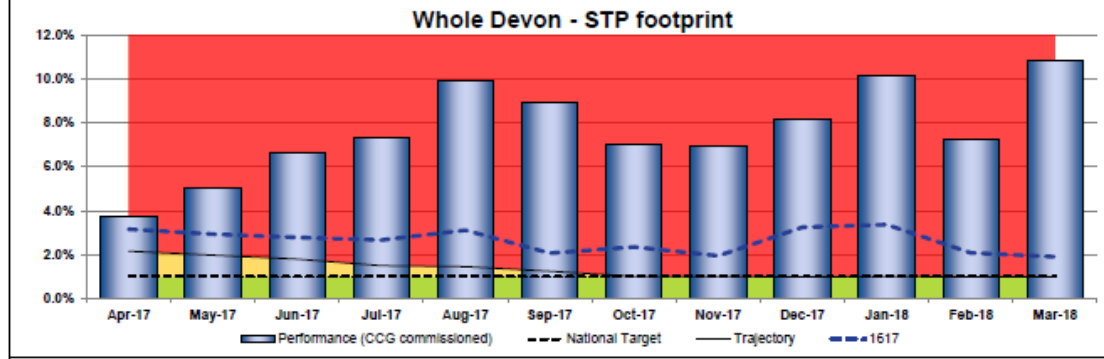
Comment: The STP level RTT position fell again in March from 83.4% to 82.2% as performance deteriorated at all providers. This is expected due to the impact of cancellations related to the periods of snow. NDHT saw the greatest fall in performance, from 79.7% to 76.9% although validation of RTT data continues prior to national reporting recommencing in June. UHP performance fell from 81.0% to 79.7% whilst the RD&E position reduced from 85.1% to 83.3%. TSDFT saw performance fall from 82.4% to 81.6%.
Over 52 week waits increased as expected in March with rises at all providers. UHP saw the highest level of breaches, rising from 85 to 108, whilst NDHT saw 48 breaches and TSDFT 33. RD&E breaches rose from 9 to 30.

The position for performance in respect of **diagnostics within 6 weeks** also deteriorated through the year, with 7% waiting more than 6 weeks in October and nearly 11% by March.

6 Week Diagnostics

STP footprint

STP footprint	National target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Performance (CCG commissioned)	>1%	3.8%	5.0%	6.6%	7.3%	9.9%	8.9%	7.0%	6.9%	8.1%	10.2%	7.3%	10.9%
Trajectory		2.2%	2.0%	1.8%	1.5%	1.5%	1.2%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
NHS England		1.8%	1.9%	1.9%	1.8%	2.2%	2.0%	1.7%	1.7%	2.2%	2.3%	1.6%	

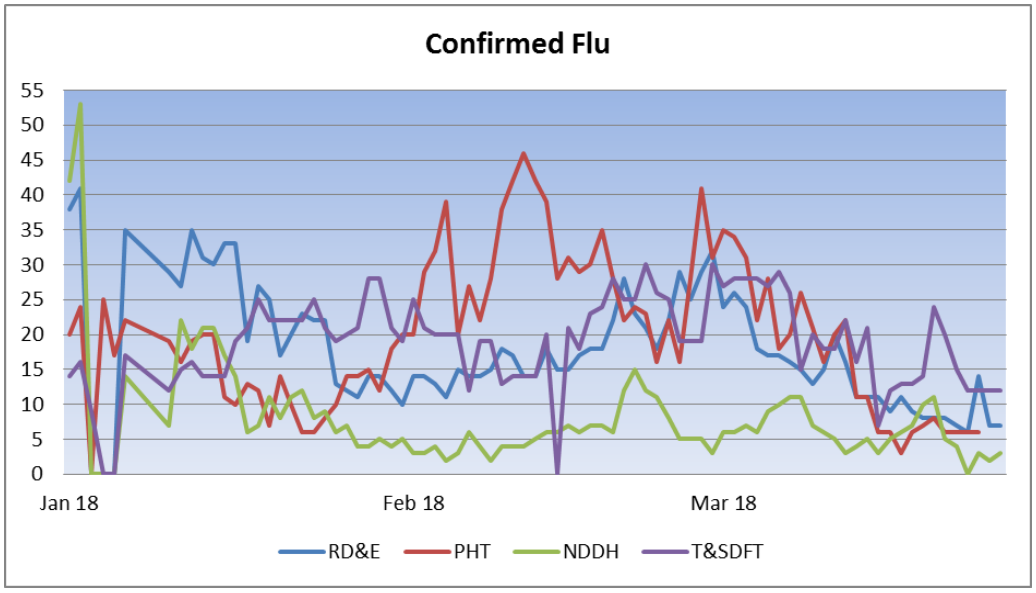


Comment: STP level performance worsened in March, with the percentage of breaches moving from 7.3% to 10.9%, the highest level seen in 2017/18. All providers saw an increased level of breaches
Following improvement in February the NDHT position deteriorated sharply in March from 16.3% to 23.3% due to high levels of breaches in MRI, endoscopy and CT. UHP also see a rise in breaches, increasing from 8.5% to 12.3% with MRI, endoscopy and ultrasound the main problem areas. The TSD breach rate increased from 3.1% to 8.9% with CT, MRI and endoscopy seeing the highest numbers of breaches. RD&E performance remained relatively static at 5.7%, although endoscopies continue to be a pressure area but with sustained improvement against MRI and sleep study breaches

4.12 Confirmed **flu cases** across Devon were one of the key issues for additional workload in urgent and emergency care over winter. This pattern was reported nationally and was worse than in 2016-17 when the outbreak was only classified as “moderate”. Most cases were reported in Plymouth, closely

followed by Torbay and then Exeter. However, when considering the size of the hospital and the bed base, the impact at Torbay would have been significantly greater. The uptake of flu vaccinations across Devon was like the national picture with relatively good uptake amongst those aged 65 and over, but it was below 50% for all other groups at risk, including pregnant women and children. Efforts will need to continue to improve this, a priority in the 2018-19 winter planning work plan.

RD&E	PHT	NDDH	T&SDFT
1,464	1,605	656	1,548

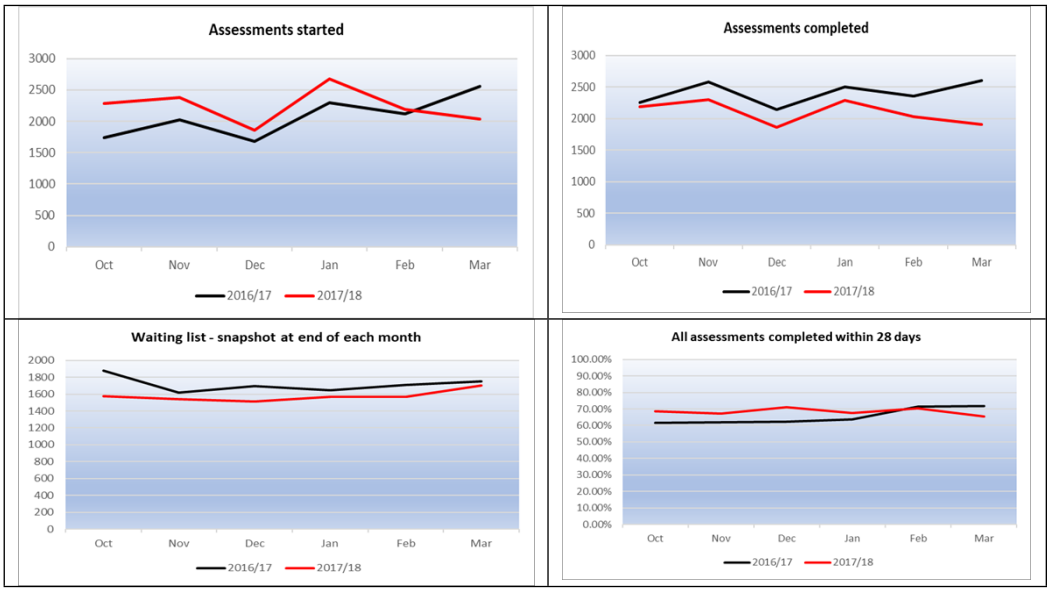


4.13 At the end of February and into March, Devon experienced two episodes of **severe weather "snow days**". The effect generally showed a marginal drop in the number of A&E attendances when the weather was worst, and an increase in activity following the bad weather. Calls to 111 and 999 increased as patients could not access normal health services and were often in receipt of health advice over the phone. Maintaining sufficient staff to handle calls proved a challenge for both providers. There were many examples across all sectors of staff making exceptional efforts to maintain care during difficult times, with many staff walking to or staying overnight at work.

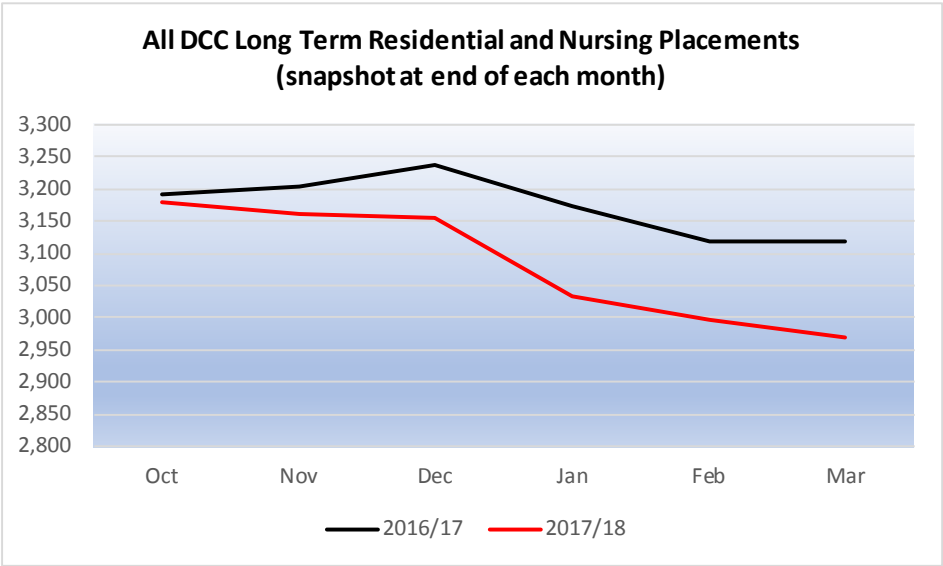
	Wednesday 28/02/2018	**Thursday 01/03/2018**	**Friday 02/03/2018**	Saturday 03/03/2018	Sunday 04/03/2018	Monday 05/03/2018	Tuesday 06/03/2018
ED Attendances	761	**524**	**600**	832	965	1,035	887
Emergency Admissions	458	**351**	**282**	334	349	491	524
111 Calls	621	**680**	**919**	2,132	2,004	840	751
999 Calls	586	**579**	**604**	683	696	744	606

	Saturday 17/03/2018	**Sunday 18/03/2018**	Monday 19/03/2018	Tuesday 20/03/2018	Wednesday 21/03/2018	Thurday 22/03/2018	Friday 23/03/2018
ED Attendances	**806**	**706**	801	938	936	847	888
Emergency Admissions	**345**	**298**	406	453	461	475	500
111 Calls	**1,589**	**1,369**	725	662	641	648	646
999 Calls	**590**	**580**	560	588	595	583	596

4.14 Similar volumes of **adult social care assessments** have been started and completed in the winter of 2017-18 when compared with 2016-17 with waiting lists marginally lower and timeliness slightly worse this than the previous winter. However, assessments are prioritised according to acuity of need and circumstances of the person involved, and those relating to people in hospital fit for discharge are prioritised.

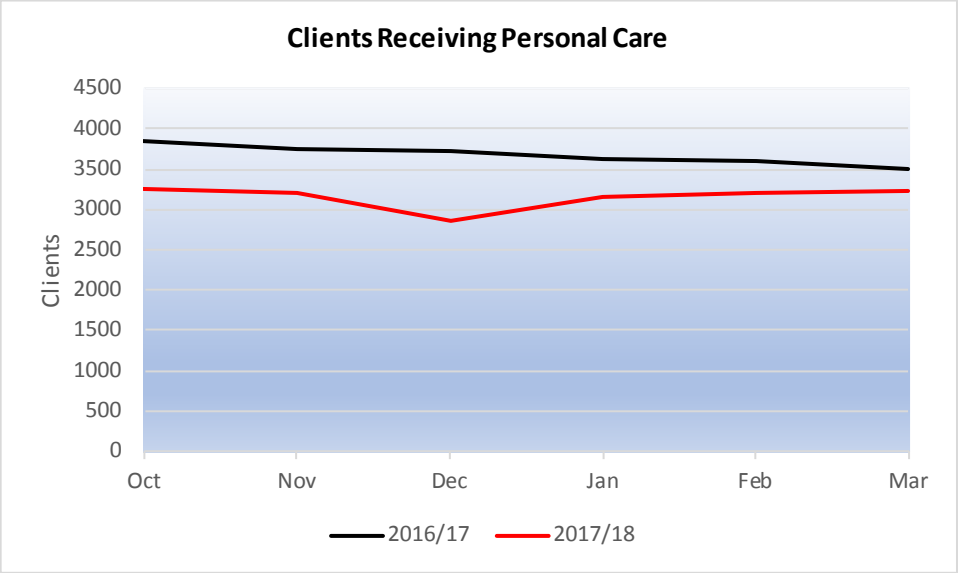


4.15 The severity of the winter and higher prevalence of related infectious diseases such as influenza is illustrated by the increased mortality of the frail elderly, in particular those living in **residential and nursing care**, with overall numbers supported by the local authority reducing far more significantly in the winter of 2017-18 than in 2016-17.

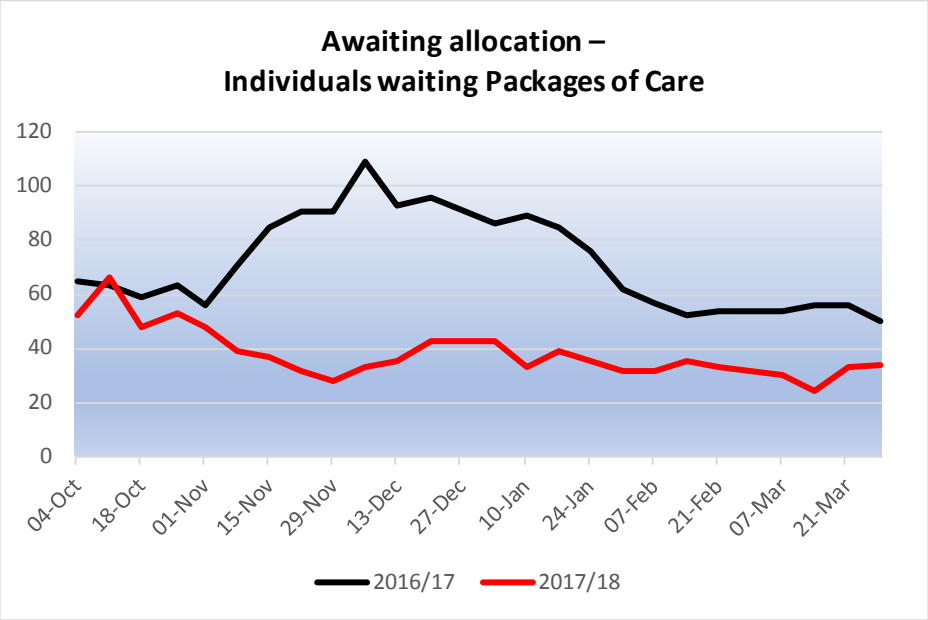


4.16 Although the number of clients receiving **personal care** and the number of hours of personal care being arranged by Devon County Council has been reducing over the last 24 months due to more emphasis being put on reablement services, technology enabled care and other approaches that

promote people's ability to live independently, the number of recipients over the 2017-18 winter has remained more-or-less static. The winter challenge is not one of increased volume but increased change with more people ending packages, starting packages and having changes to packages than at other times of the year.



Importantly, the number of individuals awaiting allocation of personal care is significantly less this winter than in the previous year. Contingency arrangements keep people safe where individuals are awaiting care to be agreed.



This has contributed to the proportion of delayed transfers of care attributable to social care being well below average in Devon with all agencies continuing to work together to ensure access to health and care services is timely and sufficient however they are funded.

5. Review of winter plans and preparation for next year

5.1 The Devon A&E delivery board undertook a “deep dive” at their April meeting. Each provider in Devon was asked to summarise what went well, what could have been improved and key learning for next winter.

5.2 Those represented included:

- Devon County Council Adult Social Care
- Devon Doctors Ltd.
- Devon GP practices
- Devon Partnership NHS Trust
- Livewell South West
- North Devon Healthcare NHS Trust
- University Hospitals Plymouth NHS Trust
- Royal Devon and Exeter NHS Trust
- South Western Ambulance Services NHS Trust
- Torbay and South Devon NHS Trust

The narrative below provides a high-level summary of key points from Devon provider plans and the summary&E Board Chair.

6. Summary of what went well over winter

6.1 Most providers noted that organisational arrangements worked well, including on-call systems and specific bed/winter management teams were established across Devon. Control meetings were held 7 days a week, with good engagement from a range of sectors and providers.

6.2 Workforce planning successes included:

- Annual leave planning to ensure workforce supply was in evidence. Some organisations, for example the ambulance service, already have leave embargos and plan to widen these next year.
- Additional staff were planned to support urgent and emergency care flow in acute hospitals and in particular Emergency Departments. Medical and nursing teams were supported by additional therapy and pharmacy staff.
- Incentives were used by most organisations to improve staffing levels.
- The flexibility and willingness of staff was noted repeatedly. Some providers, for example Devon Doctors and South West Ambulance, offered flexible working options including remote call answering and triage to provide additional capacity.
- Devon Partnership Trust ran a particularly successful flu campaign for front line health care workers, achieving 65% uptake overall, and 75% in in-patient facilities.

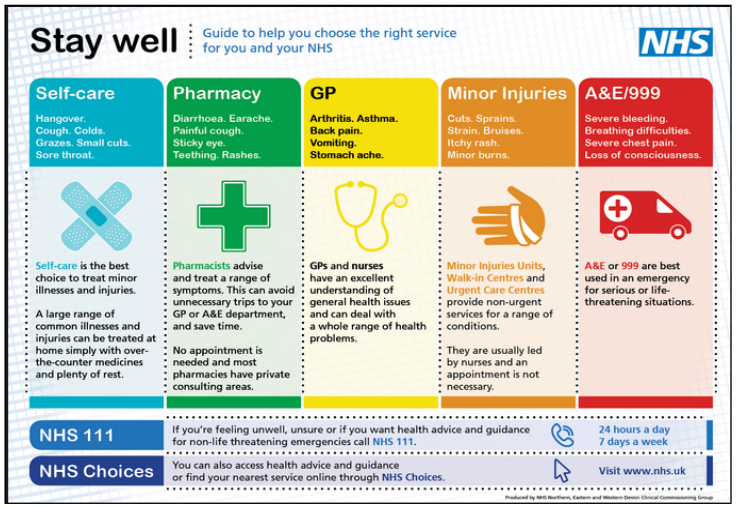
6.3 Some additional financial resources were made available from NHS England, albeit relatively late into the winter period. The funding was used to support a range of initiatives including additional beds, a GP frailty visiting service, liaison psychiatric support and, primary care acute visiting services, with a particular focus on care homes.

6.4 Extra capacity in personal care was made available across DCC, with an extra 820 hours (approx. 2%) of personal care purchased from November 2017 to February 2018. The outcome of this was a substantial reduction in individuals awaiting allocation of packages of care over the winter. It was

noted that market resilience during the severe weather incidents was excellent.

6.5 Additional beds could be made available across the system, including mental health beds (Psychiatric Intensive Care Unit and acute) and medical escalation beds. Admission assessment facilities were in place across all acute hospitals, which had an important impact on reducing numbers and crowding in Emergency Departments and supporting same day emergency care where suitable and appropriate.

6.6 A co-ordinated winter communications campaign worked well and included themed activities by week/month as well as the general promotion of initiatives including “Choose Well” and the NHS Quicker app, which shows real time activity and waiting times in EDs and community urgent care facilities.

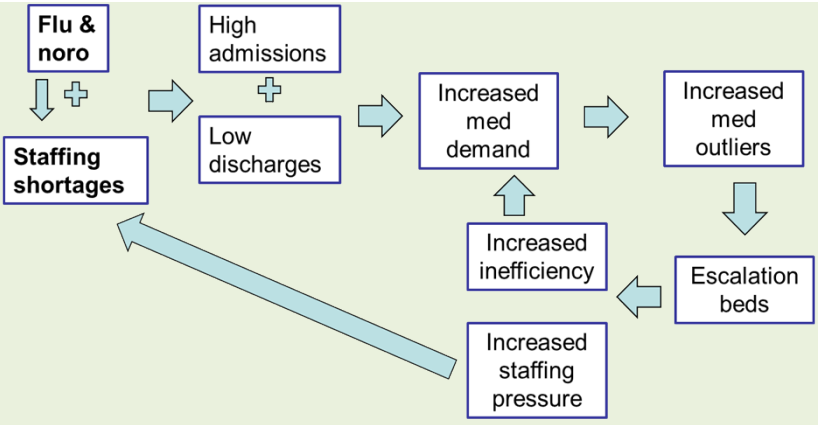


7. Summary of issues/areas for improvement

7.1 Communication across partners could be further improved, as could joint capacity and demand planning.

7.2 The nursing home sector continues to challenge with de-registration an issue, and workforce challenges for nursing staff a key factor. The Proud to Care campaign has gained national prominence in its efforts to promote careers in health and care and Devon County Council is working on a capital programme to attract investment in new nursing homes where capacity is, or is projected to be, needed. There are also questions on whether the “promoting independence” message is universally understood and working fully although it is acknowledged this involves a long-term cultural shift.

7.3 Increases in demand were noted across the system, as described in more detail in the activity/performance sections of this report. High attendances at hospital and admissions, alongside lower discharges and staffing shortages, combined to make for a difficult situation on many days. This diagram from the Royal Devon and Exeter Trust describes the situation well:



7.4 Workforce challenges persisted over the winter, with most providers struggling to ensure sufficient numbers of staff were available to meet predicted or actual demand. Higher levels of sickness were reported, including those with flu like symptoms. Agencies were used to fill shifts in many cases, a costly method of ensuring availability. Shift fill in the 111 service – call advisors and clinicians – persisted as an issue over winter.

7.5 Acute providers noted a range of issues of concern including the need to cancel elective surgery, medical outliers, Emergency Department crowding, 12-hour trolley breaches and long length of stay. The ambulance service saw a steep rise in the number of hours lost to hospital handover.

7.6 The severe weather in March tested most organisations emergency plans to breaking point. Most of them worked well, although a need for improved co-ordination was noted by most through Incident Control Centres (ICCs) and a focus on the timelier availability of 4x4 vehicles, if required.

8. Priorities for 2018-19

8.1 A recurring theme from the winter review was the need to start planning much earlier. As an example, adult social care leads are planning to hold a primary provider workshop with statutory agencies in May. The co-ordination and connection of plans across agencies needs to improve further.

8.2 There is a need to consider how to manage fluctuations in demand and determine which services may be able to be stood down, to deploy staff elsewhere to meet surge demand. Adult social care are actively pursuing this and the concept of a “winter hospital” has been proposed in South Devon and Torbay, which will include planning a more timely elective pause.

8.3 Seven-day services has been highlighted locally, and elsewhere, as having a significant impact on avoiding prolonged periods of escalation and surge following weekends/bank holidays. 7-day services, particularly in the community, were identified as one of the key reasons for success in the Cornwall “GOLD” command system reset. The Devon board has received a presentation from Cornwall and are currently working through the opportunities which can apply to Devon.

8.4 The A&E delivery board has agreed a set of priorities which will inform a work plan for winter 2018-19.

8.5 A number of providers identified a number of schemes they would enact for winter, or which had been so successful they will continue as business as usual. They include:

- Admission assessment units;
- Single point of contacts/discharge;
- Emergency Department streaming to primary care;
- Additional GPs during peak times;
- Clinical validation of Emergency Department and low-acuity ambulance outcomes from 111;
- Planning how and when escalation beds would be used;
- Near patient testing.

2018-19 Devon Winter Plan Priorities

- *Demand and capacity profiling;*
- *A shared approach to risk assessment and prioritisation;*
- *Workforce planning strategies to ensure the workforce is available across known busy periods;*
- *A consistent approach to escalation declarations and actions taken as a result;*
- *Pro-active management of flu including learning from DPT frontline health care workers campaign;*
- *Enhancing the role of the Integrated Urgent Care Service (including 111) to support demand across the emergency care system in particular;*
- *Repatriation of people from specialist services;*
- *Improved pathways into specialist mental health services.*

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Devon County Council

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South Deon and Torbay CCG and
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Electoral Divisions: All

Cabinet Member for Adult Social Care and Health Services: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

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LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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BACKGROUND PAPER DATE FILE REFERENCE

Nil