

## Urgent Care Winter Review

Governing Body meeting

24 May 2018

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<b>Purpose of Paper</b>	
To inform Governing Body members of the experiences of the urgent care system in Sheffield during Winter, the lessons learned and what actions will be undertaken in future	
<b>Key Issues</b>	
<ol style="list-style-type: none"> <li>1. Deterioration of the A&amp;E 4 hour target during winter and sustained through to May 2018</li> <li>2. Delayed Transfers of Care (DTC) continued to rise from October 2017 through to March 2018, putting pressure on the acute trust and impacting on patient flow.</li> <li>3. Delayed Ambulance Handovers at STHFT created pressures for the Ambulance Trust, which was also experiencing high levels of demand. This had a significant impact on the ability of the ambulance service to respond in a timely way to emergencies.</li> <li>4. It must be noted, however, that the system worked well together to try and ameliorate the impact, with the ambulance service placing staff at the front door of the Emergency department to assist in handover.</li> </ol>	
<b>Is your report for Noting</b>	
Yes	
<b>Recommendations / Action Required by Governing Body</b>	
The Governing Body is asked to consider the report on the recent experience of winter.	
<b>Governing Body Assurance Framework</b>	
To improve patient experience and access to care 2. To improve the quality and equality of healthcare in Sheffield Specifically the risks: 2.1 Providers delivering poor quality care and not meeting quality targets	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
None	
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>	
No, as this is a briefing paper with no changes to service delivery	

**Have you involved patients, carers and the public in the preparation of the report?**

No

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#### **1. Introduction**

The winter of 2017/18 was probably one of the toughest winters the NHS has experienced, with most parts of the NHS under immense and sustained pressure during the winter months. To put this into context, during the winter months there were (nationally) 1.3 million ambulance arrivals to Emergency Departments. This equates to *'an ambulance arriving every 15 minutes, 24 hours a day at all 137 trusts with major A&E departments'* (NHS Providers 'Mapping the NHS Winter' 2018). In addition, demand for services also saw an increase from previous years with 85,000 more emergency admissions than last year (NHS Providers 'Mapping the NHS Winter' 2018). Therefore, it can be seen that this winter posed significant challenges for all parts of the health system.

Despite this sustained pressure, nationally providers still managed to care for more patients than ever within the four hour target, with 160,000 more patients being seen within 4 hours compared to last year (NHS Providers May 2018). This is in part due to the dedication and resilience of the frontline staff and recognition of the sustained effort this workforce provided should be recognised.

On a local level Sheffield CCG developed with its providers a robust and cohesive winter plan that was implemented with good effect. There was a strong commitment from all providers and commissioners to work together to problem solve and come together at times of significant pressure. The openness and transparency of all providers during this winter period ensured that the right response could be gauged and delivered by the right provider(s) at the right time, ensuring overall system resilience.

#### **2. Sheffield Teaching Hospitals Foundation Trust (STHFT)**

##### **2.1. What Worked Well**

- Timely and effective communication with all commissioners and providers to ensure a Sheffield system response at times of acute pressure and demand;
- Winter funding was allocated to over 40 specific schemes and included contingency ambulance transport, Influenza Point of Care Testing (POCT), transfer nursing, enhanced weekend diagnostics, and additional pharmacy support;
- A big push on the front-line staff 'flu vaccination programme which achieved >71% coverage;
- By using enhanced data analysis to predict periods of operational and systems pressure, the Trust was able to try and match workforce with demand at critical times;
- Frontline staff commitment and resilience to on-going pressures within the emergency department was noted, with many staff making significant efforts to get to work in snowy conditions.

## **2.2. Lessons Learnt**

- Further efforts are needed to increase weekend resilience across STHFT's acute and intermediate care wards and ideally increase discharge volumes;
- Ambulance Handover processes require further input to enable a timely handover of patients and to free up the ambulance service;
- The Trust's Excellent Emergency Care Programme will focus for the next 12 months (very firmly) on significantly improving performance against the 4-hour threshold and patient flow;
- Finally, full roll-out of the system-wide DTOC strategy – full implementation of the 'three routes' out of hospital, under the mantra "why not home, why not today?".

## **3. Sheffield Children's Hospital Foundation Trust (SCHFT)**

### **3.1. What Worked Well**

- SCHFT was able to maintain consistent performance in excess of the 95% 4 hour target, despite winter pressures, and the Trust is among the top-performing children's trusts nationally;
- Communication through the winter operational structures with all providers was consistent and worked well.

### **3.2. Lessons Learnt**

- SCHFT aim to continue to utilise GP streaming at peak times of demand.

## **4. Ambulance Services- Yorkshire Ambulance Trust (YAS)**

### **4.1. What Worked Well**

- YAS utilised accurate analysis in order to predict peak demand during the winter months, which therefore allowed the correct skill mix of staff to be deployed at the right times with the right vehicle;
- The ambulance service and the Acute trust (STHFT) had previously agreed a joint 'Hospital Handover Procedure';
- YAS were able to implement the HALO role when necessary to support the acute trust (STHFT) during peak times of demand and pressure;
- There was good communication between all providers and commissioners to ensure prompt problem solving;
- Joint Working Operational Command Structures (when implemented) worked well.

### **4.2. Lessons Learnt**

- There is a need to continue to plan for increased 999 ambulance demand for patients with a higher level of clinical need in Sheffield;
- To be resilient in times of system pressure and develop jointly (with STHFT) improved ambulance handover times;
- To recognise that there is a growing demand for Ambulance IFT (Intra-facility Transfers) journeys in Sheffield and conjointly (with the Acute Trust, STHFT) understand the type of demand.

## **5. Social Care**

### **5.1. What Worked Well**

- The discharge process from hospital to home worked well, with 40% more patients being discharged between October and December 2017 compared to the same period last year;

- Staffing capacity within the home-based re-ablement service (STIT) was more flexible both to ensure that the period between Christmas and New Year was fully staffed and to provide resilience within the workforce;
- Funding from the Improved Better Care Fund (iBCF) was used to set up a number of innovation schemes to increase capacity and reduce DTOC (Delayed Transfers of Care), thereby helping to ease pressure on the system as a whole.

## **5.2. Lessons Learnt**

- The local authority aim to work hard with independent sector homecare providers to increase flow over the holiday period, using iBCF funding to provide incentive where necessary.

## **6. Community Services (STHFT)**

### **6.1. What Worked Well**

- The extension of working hours of the Front Door Response Teams (FDRT) at STHFT at weekends allowed additional patients to be discharged home from the Accident & Emergency (A&E) department. The Active Recovery team also deployed a 'twilight' shift of two staff until midnight in A&E from the week beginning 26 February 2018.
- Community teams worked together to deliver timely, safe and effective care e.g. District Nurses and Community Therapy teams. Staff worked flexibly outside team boundaries, putting patient needs first.
- Community nursing teams supported the delivery of patient 'flu vaccinations to housebound patients utilising 'flu fridges available in nurse bases, which ensured that patients who needed the vaccines received them.
- Dedication, flexibility and commitment of staff (both from the acute and social care setting) was apparent throughout the winter period.

### **6.2. Lessons Learnt**

- There is a need to review the availability of vehicles to transport staff or patients in the trust (STHFT); for example, estates, the GPC (GP Collaborative) in the daytime (currently an underutilised resource) and especially during adverse weather conditions.
- There is a need to continue to improve methods of working; for example, agile working, technology, in-reaching into acute and community bases, piloting of a medicines management assistant and internal rotation from acute services to community for therapy services.

## **7. Primary Care**

### **7.1. What Worked Well**

- The CCG put in place a Locally Commissioned Service between December 2017 and March 2018, which secured an extra 17,000 general practice appointments. This was in addition to the extra primary care capacity offered via Sheffield's extended access satellite units, which ensured sustained Bank Holiday service provision over the Christmas period.
- The extended access satellite hubs (operated by Primary Care Sheffield (PCS Ltd)) offered double the usual amount of appointments from 6pm – 10pm weekdays and were also available at weekend. Where the capacity was not fully utilised, PCS offered and worked with the GP Out of Hours service to ensure that patients were

not kept waiting for long periods of time and that clinical advice was available in a timely way.

- The good working relationship between the GP Out of Hours and the hubs allowed close partnership working to occur, easing some of the pressure felt by the GP Out of Hours service.

## **7.2. Lessons Learnt**

- In order to improve the utilisation of the hubs to their full extent, Sheffield CCG needs to identify ways in which the NHS 111 service is able to stream patients directly to the hubs rather than straight to GP OOH. These discussions are underway and have identified some I.T issues that may prevent this fully being implemented.
- There has been recognition that closer alignment and partnership working between the GP Out of Hours, Hubs and Walk in Centre is required to ensure more efficient use is made of daily capacity and also the local GP workforce.
- The Primary Care system needs to consider how (as a system) it could provide a joined up pathway for both 'In' (or core) hours and 'Out' of hours access to urgent primary care.

## **8. Mental Health Services – Sheffield Health and Social Care Trust (SHSCT)**

### **8.1. What Worked Well**

- Expansion of the mental health liaison service in A&E, in line with CORE24 standards, saw an increase in the level of support and responsiveness to patients with acute mental health needs. There were no reports through the local escalation processes of undue delays in A&E due to mental health service issues during winter.
- The Liaison service has supported discharge processes with follow ups in people's homes for those patients discharged from acute hospitals over the weekend with co-morbid mental health needs.
- The Single Point of Access service introduced in late December 2017 (to deliver better co-ordination and response for people presenting in mental health crisis and reducing inappropriate attendances at A&E) worked well, aided by the rapid pace of mobilisation and coverage over the 24/7 period.

### **8.2. Lessons Learnt**

- SHSCT will aim to stabilise pathways that have been developed during the winter months and implement and embed learning from 'what worked well'.

## **9. Future Actions**

- The Acute Trust (STHFT) fully recognises the impact of hospital and system-wide flow as a key determinant of 4-hour performance. As such, guided by the Excellent Emergency Care Programme and with the support of the Service Improvement Department, the development of ambulatory care models and the expansion of assessment unit facilities (MAC, SAC, SFU) will deliver more timely admission of patients from ED with a view to securing their assessment and safe discharge in the shortest possible timeframes.
- The Local Authority aim to further promote the "Why not home, why not today" ethos through the system, to ensure a joint strategic vision.
- The Local Authority will aim to understand the staffing and skill mix required during key bank holidays

- SHSCT will aim to ensure that the Mental Health development plans for 2018-19 have a clear focus on building the scope and effectiveness of the crisis care pathways across Sheffield.
- SHSCT will maintain and build a continued joint working with other portfolios and providers to ensure Mental Health pathways integrate with the rest of the urgent care system.

#### **10. System resilience and transformation.**

- The UECTDB (Urgent and Emergency Care Transformation Delivery Board) will oversee the lessons learnt and ensure that the future actions are implemented within the appropriate timescales.
- Also, the CCG has already hosted a 'learning from winter' session which was attended by all key city-wide partners, with the aim that much of the operational learning will be incorporated into the city's 2018-19 winter plan. In addition, where transformational requirements have been identified these will be discussed at the next UECTDB on 16 May 2018, which will be held as a workshop to develop the city's plan going forward.

#### **11. Action for Governing Body / Recommendations**

The Governing Body is asked consider the report on the recent experience of winter, provide comment and support the UECTDB in developing a Sheffield city-wide plan for a resilient winter response.

Paper prepared by Dr Sue Berry, Senior Quality Lead (Urgent Care)

On behalf of Brian Hughes, Director of Commissioning and Performance

11 May 2018