

Health and Social Care Scrutiny Board

Winter Planning 2017/18



Coventry Accident and Emergency Local Delivery Group



Context

Last winter was a very challenging period for the NHS both nationally and across Coventry & Warwickshire.

The local system did work to ensure that residents and patients received high quality urgent care

However

- We did not meet national standards for waiting times at A&E,
- some long waits to place some people in beds from A&E,
- some delays on discharging people back home or into nursing, residential care
- some non-urgent treatments were delayed, and
- demand for services is still increasing.

In many ways these winter pressures have continued and parts of the system remain under pressure, and in order to meet the challenges of this winter we need to learn from the local experiences of last year, as well as learning from examples of best practice nationally.

Planning for Winter

Key priorities to address in winter planning

- To ensure that there is enough capacity across health and social care to meet the pressures of winter
- Ensuring the system delivers care at the most appropriate level for the needs of patients and supporting more people within the community
- Ensuring the system is prepared for dealing with common expected winter illnesses and severe weather events
- Having an operational resilience network that enacts actions plans at peak times through a robust escalation reporting and management process.

The overall system plan was coordinated through the Coventry and Warwickshire A&E Delivery Board, and operationally is the responsibility of the local Coventry A&E Delivery Board with senior officers from Health and Social Care.

In addition operation and escalation plans are in place across the system and by the end of November more detailed plans setting out what resilience arrangements are to be in place through the Christmas/New Year bank holiday and New Year.

Learning from 2016/17

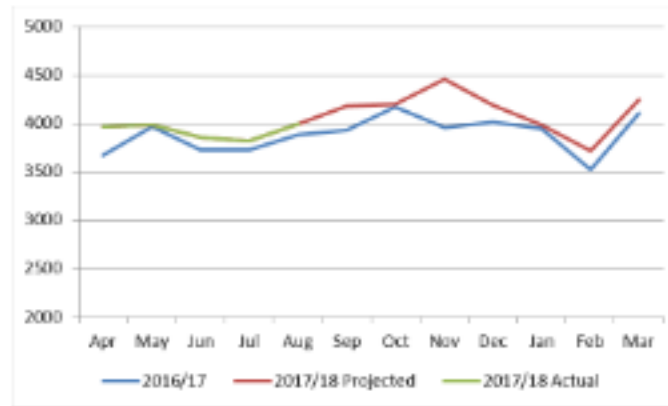
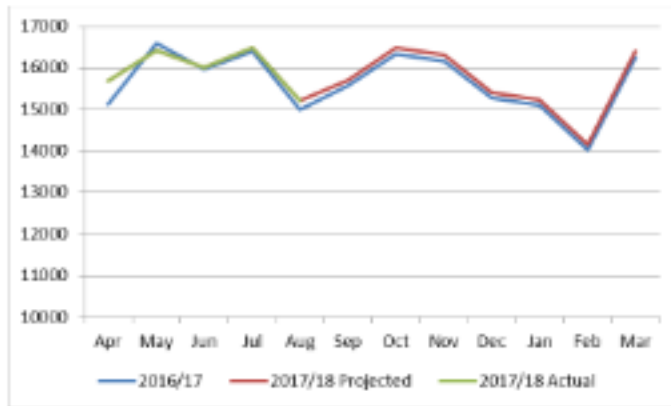
Following last winter an system wide urgent care winter debrief was held with the aim of capturing learning and what went well along with what could be further improved.

Key areas of learning arising from this exercise were:

- There are opportunities for greater collaboration across the whole Local Health Economy that could improve effectiveness
- Good work is being completed across the Coventry and Warwickshire footprint but this is not always shared hence opportunities for broadening good practice can be lost
- Processes vary across the whole Local Health Economy and benefits could be gained from standardising
- The potential contribution of key operational groups to resolving issues are not always realised i.e. Coventry & Warwickshire Urgent Care Forum (CWUCF)
- The focus on acute settings means the contribution of wider external and community based services are not always considered for the contribution that could be made to winter resilience.

Demand for A&E Services

Last year, activity to date and forecast activity for 2017/18 – UHCW



For UHCW this equates to an average of 190 additional admissions per month over last year.

Key operating issue for managing patients is bed occupancy, ideally for the system to operate effectively this needs to be 93%, currently bed occupancy is over 98% and extra contingency beds are being routinely used.

Getting to 93% bed occupancy equates to around 77 free beds. This is against the current position of over 98% bed occupancy and 30+ additional beds being open above standard bed base.

Key Actions

The Coventry & Warwickshire A&E Delivery Board's winter plan details specific actions required to be able to manage through winter, these are grouped around:

- **Primary Care** – additional weekend and evening appointments, the use of alternative approaches to delivering core services including telephone and online consultations, the use of Advanced Nurse Practitioners & Clinical Pharmacists.
- **Ambulance** - national pilot for the Ambulance Response Programme (ARP)
- **Local Authorities** - iBCF used to support Discharge to Assess and to support an increase in short term home support capacity to facilitate discharge.
- **Providers** – 8 High impact changes
- **Infection Control/Flu** - working with CCGs and GP practices to assist them in improving vaccination rates, and promoting flu uptake by front line staff.
- **Communication** - Increase flu vaccination take-up in the target groups, promotion of self-care, WICs, UCCs, NHS 111 and OOHs, and sign posting of these feeder organisations of alternatives, effective and targeted Social Media coverage.
- **Systems Escalation** - As pressures are identified alerts are cascaded out across the system, appropriate actions are taken to facilitate de-escalation at the earliest opportunity.

UHCW - Priorities

- Patient flow
- Discharge to Assess
- Trusted assessor
- Primary Care Streaming
- Rapid Triage in A&E ensuring that minors are being seen with 4 hours.
- Redesign of ED to implement Rapid Access to Assessment (RAT) for patients arriving by Ambulance
- SAFER fully implemented across the Trust.
- Red to Green (R2G) embedded across all wards.
- Integrated offer between Walk in Centre and ED, through joint Clinical Oversight
- Additional bedded capacity over the Winter
- Increased ED Staffing
- Focus on better management of patients attending ED with Mental Health Issues
- Focus on reducing bed occupancy