BRIEFING NOTE

Agenda Item no. 9

TO: **Health Scrutiny Committee**
DATE: **13th November 2012**

RE: Walsall Surge Plan

Purpose

This document outlines the work which has been undertaken to prepare for the increased activity seen during winter and the implications and response needed for services which have been commissioned for the Local Health and Social Care Economy, on a temporary basis, to react and support that increase for Winter 2012-13, including main areas of concern.

Walsall Surge Plan

There are predictable surges in activity seen throughout the year, the largest, however, is that associated with the Winter months. Planning for Winter 2012-13 commenced in July 2012 to ensure that robust plans were developed given the expectation that Winter 2012-13 was likely to be a severe as that of 2010-11.

The Walsall Surge Plan contains the details of health and social care services which have been commissioned to manage these predicted increases in activity. It builds on the lessons learnt from previous years and for the short term, temporary, reactive measures which were implemented in response to those pressures at that time.

The 2012-13 Surge Plan, is an overview document which identifies the services which have been put in place for winter, such as the Out of Hours services during the holiday period for GP services, Dental emergencies, access to Pharmacies and the prevention work that has been undertaken with regards to Infection and additional placements to care homes.

The Surge Plan also draws a number of documents and toolkits together in one plan for the management o f the predicted surge in activity for this coming winter. It incorporates:-

1. The Walsall Council Social Care and Winter Resilience Plan from Walsall HealthCare NHS Trust, where short term plans used last year as well as plans for 11-12 which have been supported and funded for longer periods to enable pressures to be managed proactively.

2. The Key Issues and Escalation Plan identify where pressure points in the system have been identified and what is expected of different stakeholders, including social care, at different level of pressure in the system.

3. The Black Country Cluster Winter Plan, which identifies the key services provided across the whole of the Black Country Cluster and the process for escalating requests for support from the wider health economy across the Black Country.

The Surge Plan does not outline services in response to the loss of Mid Staffs A&E over night. The planning for this change in the availability of health resources in the West Midlands has been developed separately and plans to manage that are in addition to the services articulated within this Surge Plan.

Actions taken in addition to the “usual” mitigations has been around the Launching of the Work Streams in relation to Patient Flow and the Urgent and Emergency Care Improvement Programme in order for the foundations to be set for ensuring that there is appropriate and integrated patient flow throughout the patients journey in order to try and alleviate some of the pressures being experienced currently.

Key Highlights

- Increase footfall and ambulance conveyance presenting challenges in achieving performance targets
- Number of complex discharge patients and rate of admissions resulting in bed pressures which means that the additional ward available for 'winter' is not available
- Additional spot purchase beds for complex discharge and end of life patients have been commissioned with stringent criteria and support required from the community nursing services in place
- Increased pressure on Walsall Council Social Care and Inclusion budgets for residential placements and care packages.
- Increase in the number of out of area patients, particularly from South Staffs has further increased demand on bed resources with some delays in discharge
- Seeking reciprocal arrangements with other commissioners in the management of cross boundary patients
- Seeking reciprocal arrangements to support district nursing services providing intravenous antibiotics to non Walsall registered patients living in Walsall to facilitate timely discharge

Recommendations (if required)

The Health Scrutiny Committee are requested to:-

a) Note - the contents of the Walsall Wide Surge Plan 2012/13

b) Support - the adoption of the Surge Plan for management of increased activity across the Walsall Health Economy and be assured that appropriate measures have been put in place

Author
Wendy Godwin
Programme Manager Unscheduled and Planned Care
Telephone: 01922 602485

wendy.godwin@walsall.nhs.uk

Main Report

Background

The number of patients presenting at Walsall Manor Hospital's A&E department has been increasing year on year both by footfall and conveyance. The volume of activity has been affected by a number of issues including demographic increase, Mid Staffordshire effect as well as footfall and rate of conveyance.

The A&E, is planned to service an annual activity of 59,723 attendees for 2012-13, as of month 3 (June 2012) seen 18,897, 613 attendances over plan, with a predicted year end actual of 62,175 attendances, 2,452 over plan (source HCCS).

The opening of the Walk in Centre in the heart of Walsall has had limited discernible impact on the number of patients attending the A&E department.

The opening of the Emergency & Urgent Care Centre, to stream patients who present at A&E but who can be seen and treated by a primary care clinician became fully operational 24/7 in early November of 2011. The EUCC is constructed to service an annual activity of 16,000 with a year to date threshold of 14,470 since 2011 as of Month 4. It is believed that the underachievement in relation to the level of activity, has been as a consequence of a significant delay in the commencement of front line streaming in A&E, however it is intended that this will commence with a start date of 1st November 2012, the impact will be one of the key areas for evaluation in March 2013.

Escalation Management System

In order to reach level 3 all of the following areas in Table 1 must be met. As of April to 1st September 2012, WHT declared level 3, 72 times in total, that is 72 occasions in the last 153 days. Whilst the department can escalate and de-escalate between levels on an hourly basis or remain on a level 3 for several hours, on occasions the department has remained on a level 3 for more than 2 days which indicates significant pressures in the A&E department.

Table 1 EMS Triggers

Trigger 1	No capacity available in A&E
Trigger 2	No capacity in assessment units for at least 2 hours
Trigger 3	No gender specific adult beds available for at least 2 hours
Trigger 4	Any patients waiting over 6 hours from arrival time
Trigger 5	Approved by Trust Executive (Add name in notes)
Trigger 6	No resuscitation bays available, all used for critical care

In August 2012 in response to concerns about capacity and performance response times in achieving the 4 hour wait in A&E WHT produced a report to the Strategic Health Authority outlining the following;

- The main key area of on-going risk that has been impacting on performance is the continuing capacity challenges being experienced despite being in the 'summer season' where predictably pressure on the system is normally reduced.

This has been as a result of the higher rate of ambulance conveyance as well as an increase in footfall and a greater rate of unplanned admissions as a consequence Table 2, with the average length of stay being 2-5 days

Table 2 Admissions from A&E

	YTD Apr – July	Full Year Apr-Mar	**w/e Sun 22/7/12**	**w/e Sun 29/7/12**	**w/e Sun 5/8/12**	**w/e Sun 12/8/12**
2012/13	5,667	-	348	316	328	285
2011/12	4,894	15,060	259	242	251	246

- Much focus from senior teams have been placed in micro managing each patient in order to maximise their flow through the system safely.

  With a higher number of patients with complex discharge needs has resulted in the additional 'winter' bed stock remaining in use, throughout the period and therefore the usual 'flex' in available beds to respond to surges in activity over the winter period is not being available

Actions taken in addition to the "usual" mitigations has been around the Launching of the Work Streams in relation to Patient Flow and the Urgent and Emergency Care Improvement Programme in order for the foundations to be set for ensuring that there is appropriate and integrated patient flow throughout the patients journey in order to try and alleviate some of the pressures being experienced currently.

Walsall Healthcare NHS Trust - Acute Hospital

The Emergency Department at Walsall Manor Hospital will be available on a 24 hour, 7 day a week basis as usual. A number of additional initiatives are planned for winter 2012/13 which are detailed in the Winter Pressures, Resilience, Re-ablement and Integration Programme and will be published by the Trust shortly. These initiatives include:-

Pre-Admission/Admission Avoidance
- Additional A&E and AMU consultants (as part of the Substantive Medical Workforce Review)
- Weekend Ward Rounds by Consultants
- Additional Nursing support to IV Therapy at Home
- Day & Evening Frail Elderly Pathway Discharge Coordinators
- Additional District Nursing
- Temporary Additional Inpatient Capacity – both Medicine and Surgery (Trauma)
- Changes to the model of care on AMU, including Short Stay beds
- Focus on Short stay, rapid turnaround for Care of the Elderly
- Planned Care Elective Surgery "Surge Plan"
- Increase in Step Up patients on the SWIFT Discharge Suite

Discharge Management and Enablement
- 7 day working – End of Life care
- Continued Alert for admission of Community caseloads patients

Clinical and other support
- Additional Clinical Support services
- Additional portering

Contingency Planning

- Prioritise vulnerable Children's community services
- Identification of Community Child health services which could be postponed if capacity reduced
- Mortuary facilities
- Management of Norovirus – robust plans / prevention escalation

Intermediate Care

The domiciliary intermediate care is supported by effective partnership working with Social Care and ensuring that patients who could manage in their own home with the additional of a package of care are appropriately enabled to do so.

GP referrals into the Intermediate Care Team works effectively for step up patients to avoid admission to hospital and where additional beds are required these are spot purchased. The number of beds available to 'spot purchase' has been increased in order to facilitate the discharge of complex patients including additional beds

The Intermediate Care Team also provide the IV therapy at Home service which has been capped at 6 patients previously due to capacity within the team. Additional resources have been made available and the number of patients who will be able to be given IV at home has been increased to 12.

Discharge Pathways

There are existing teams within the Provider services which enable patients to be discharged with additional support. The Intravenous antibiotics pathways are being supported to have a greater capacity enabling patients to be discharged home while on intravenous antibiotics, rather than remaining in hospital.

Early supported discharge, an element of the COPD pathway, facilitates patients returning home with additional support after having an exacerbation of their respiratory condition.

The Integrated Discharge Team will coordinate the complex discharges ensuring that all the care packages required are in place, the IDT will also act as gatekeepers for the Swift Discharge Suite to ensure that appropriate patients are on the unit.

A further business case supporting complex discharge pathways has been developed outlining the next phase of development as of October 2012 onwards and implementation progress is monitored via the unscheduled programme board

Summary

Walsall Healthcare Trust has struggled to achieve the Urgent and Emergency Care Performance standards particularly in August, due in the main part to unprecedented demand and additional actions have been put into place in order to further manage the systems including the need for additional pressure on Social care budgets for residential placements and packages of care to support complex discharge
This has resulted in managerial and clinical focus being maintained on a constant basis. Assurance can be given however; that the focus and constant effort is on ensuring the successful <u>safe</u> delivery of what is required month on month and that this will continue over the winter months as progress on delivering the Surge plans for 2012-13 take place.
NHS Walsall and the CCG do not underestimate the impact around the level of effort and proactive management that is being required by the hospital but we are jointly continuing to actively ensure all possible mitigations are identified and planned for on an on-going basis in order to ensure sustained improvements and more resilience in the system within which we operate with progress being monitored via the Unscheduled Programme Board and the Senior Management team.