Emergency Pressures within Walsall health and social care:

Joint item CCG/WHT/LA

Purpose

The purpose of this report is to provide a description of the circumstances leading to the recent 'internal major incident' declared at Walsall Healthcare Trust, and to outline the key lessons learnt and how these are being taken forward alongside a comprehensive set of system wide initiatives

Context

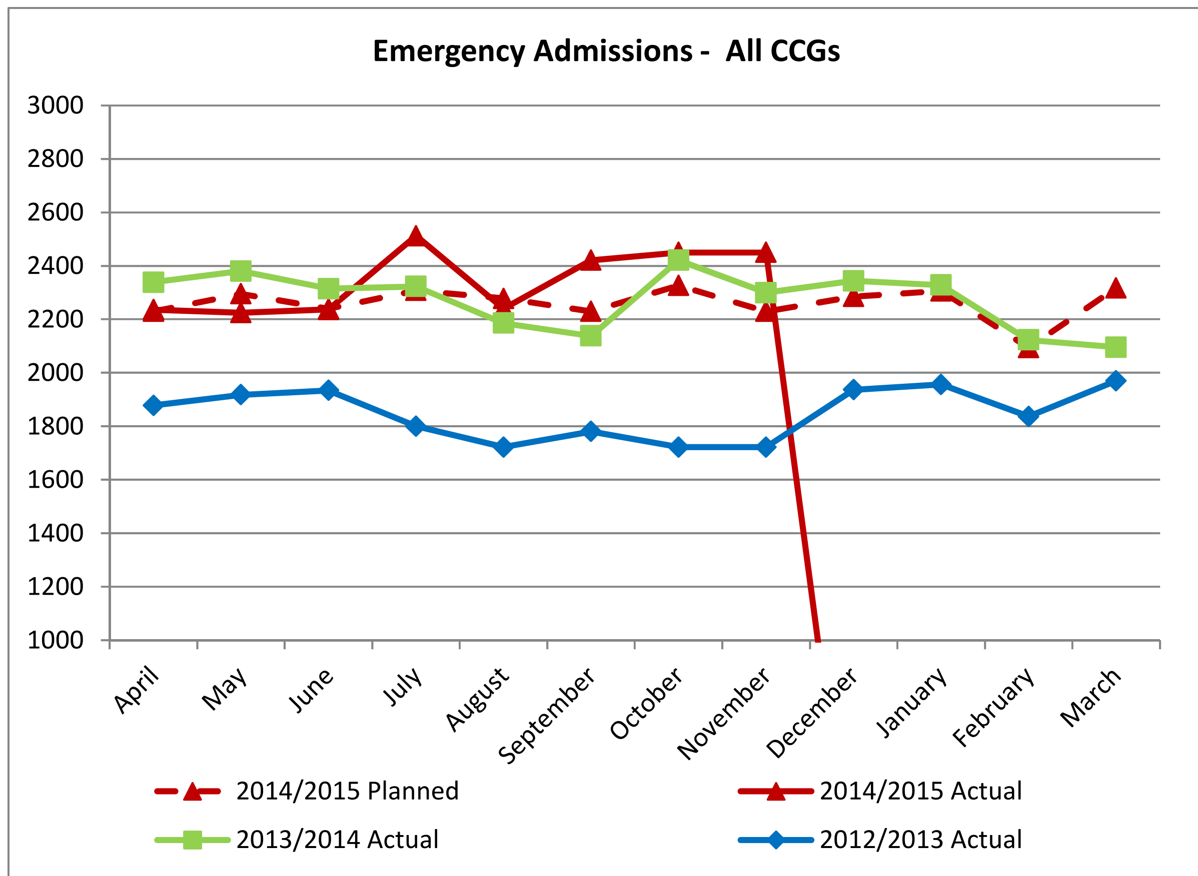
The local urgent care system across Walsall, which spans health and social care, has experienced rising pressure over a significant period of time. Consistent with the national picture, these pressures are felt across a range of adjoining services, including 111, ambulance service, General Practice, community nursing teams, residential and nursing homes, and most intensely at A&E and associated walk in centres of emergency care.

1. Circumstances and description of the pressures facing the acute Trust

Before providing an overview of the emergency pressures faced at Walsall Manor Hospital, it will be helpful to clarify definitions. NHS organisations declare a 'major incident' in the event of significant emergency pressure usually as a result of a major accident or incident that cannot be dealt with by a single organisation and that would require hospitals to co-operate to respond effectively. After a number of days of sustained emergency pressure (explained below), Walsall Healthcare Trust took the decision to operate as an 'internal major incident'. This structure supported the delivery of the actions taken to prioritise the treatment and discharge of emergency patients (opening overflow beds, bringing in extra staff, cancelling planned treatment to release staff and beds and using community teams to support discharge). The hospital did not close to admissions or ambulances, and because they were facing pressures of their own, activity was not diverted to other hospitals.

As members of the Scrutiny Committee will be aware WHT has been facing significant increases in emergency admissions for the last 2-3 years. The graph below shows the change that has taken place since 2012/13.

From early December the hospital experienced more admissions and fewer discharges than the previous year. The hospital therefore went into the holiday period with very few hospital beds. It was then very busy especially in the week after Christmas (4 days with over 90 emergency admissions per day) and saw discharges reduce to about half their normal rate (c. 30-40 a day from the base wards compared to c. 70 normally).



The Trust operated at the highest escalation level (Level 4 for 3 days over New Year and had high numbers of medical patients in surgical wards, all of our emergency overflow capacity open and many patients were experiencing very long waits for admission to a bed via A&E. On Monday 5th January, as explained above, the Trust took the decision to operate as an 'internal major incident'. As a result the Trust took a series of action to prioritise the safe care and discharge of emergency patients including:

- Calling in extra nursing and medical staff to assess patients;
- Staffing overflow areas;
- Cancelling outpatients and planned treatment to release time to prioritise emergencies;
- Using community teams to support discharge and keep people out of hospital.

By Wednesday 7th January, the hospital remained busy but had returned to Level 3 escalation and officially ended the 'internal major incident'. The Trust's new 30 bed ward opened on 12th January which has provided further extra capacity to support the hospital in treating more patients many of whom who are staying longer.

2. Identifying the major drivers

Seeking to fully understand the lessons that can be taken from the recent sustained escalation, leads from respective organisations have identified the major causes that in combination led to the circumstances building to the declaration of an internal major incident at the Trust. These are briefly outlined below and will be reflected within on-going and planned additional actions focused on urgent care improvements to performance and resilience.

Drivers identified -

- Rising attendance levels at walk in emergency care services including the co-located Urgent Care Centre
- Sustained increase in emergency admissions to the hospital
- Increasing difficulty discharging patients with more complex needs to community settings due to a combination of factors including-
  - Complexity of their needs (including mental health needs)
  - Limited range of services available in Walsall (limited nursing home capacity in particular)
  - Impact of the holiday period on the availability of services outside of the hospital.

3. Initiatives/ programmes being taken forward

The scale and intensity of the challenges facing our urgent care system are recognised as beyond the capacity of any individual organisation to resolve by themselves - concerted and co-ordinated action around a single improvement plan is required. Partners across the Walsall health and social care system are working together to plan and implement a programme of actions to improve our performance across the urgent care pathway, and taking this forward through the System Resilience Group (SRG).

Our teams have been working together to respond to meet the rising challenges and recognise that major progress is required. Our jointly agreed System Resilience Plan (SRP) is designed to ensure that we can make significant improvement before we reach the busiest winter period this year.

Our plan sets out our arrangements for undertaking this as follows:

- Assessment of the main causes of pressures in our system
- Development of a capacity and demand model which ensures our system aligned effectively to respond to demand including periods of surge in the system
- A prioritised programme of high impact actions for improvement
- A comprehensive resource plan to enable delivery
- Effective governance arrangements to ensure delivery of plan

The key schemes fall under three categories as described in outline below:

Managing demand away from the hospital

The CCG has invested central resilience funding and supplemented this with additional locally funded schemes to help to manage down acute attendance and reduce admissions that could be treated at lower settings of care.

Briefly these schemes include:

1. Flu Campaign – targeting over 65s and at risk groups and front line health and social care workers as per the plans below
2. Risk stratification to identify at risk groups and ensure they have care plan reviews focused on managing their care within the community infrastructure
3. Over 75's initiative targeting medicine and care plan reviews to avoid acute admission
4. NHS 111 enhancements to services provided and directory of services to include local provision and access
5. Primary care access schemes - GP Practice and pharmacy based
6. Emergency and Urgent care centre – extension of streaming/triage service within ED to cover 8am to 6pm - Monday to Friday (Currently 2 to 6pm)
7. Community services redesign – delivery of new models of provision including community nursing in reach, single point of access for integrated cluster teams, Frail Elderly Pathway extension to cover week end and Bank Holidays, enhanced case management in residential care, additional staffing for evening and night service and enhanced medical cover for private nursing homes
8. Voluntary sector – voluntary sector coordinators working with South East Locality GP practices
9. Organising the trialling of additional out of hours crisis support for mental health to avoid breaches in A&E

Expanding and improving the capacity and utilisation of acute resources

The Trust has been pursuing three programmes of work to improve patient flow and deliver more care closer to home.

1. Additional capacity – use of all of the available hospital wards plus development of a new 30 bed ward (supported by national allocation to respond to the impact of Staffordshire changes).

2. Improved patient flow within the hospital including:

    a. Two (temporary) additional A&E consultants;
    b. Extended hours for Frail Elderly Team in A&E
    c. Introduction of ambulatory emergency care for medical patients;
    d. Re-launch of discharge planning process including use of estimated date of discharge;
    e. Increased diagnostic capacity (e.g. MRI);
    f. Better processes for discharge of patients to the available intermediate care services.

3. Care Closer to Home to avoid the need for hospital admission and reduce length of stay including:

    a. Additional community nursing staff;
    b. Extended Rapid Response Team capacity – double the capacity in December;
    c. Support for nursing homes to prevent admissions to hospital;

d. Working with GPs to support frail older people at highest risk of hospital admission.

Timely step down from acute into social care

Social care is pursuing a number of schemes, chiefly:

1. Redesign of in-house home care services to focus on short term intensive 'reablement' support with a target of 80% of patients to be living at home without care or support 91 days after discharge from hospital
2. Redesign of in-house home care service to incorporate rapid response service for hospital admission avoidance and support to frail elderly pathway
3. Additional therapy and care capacity to support the reablement and rapid response service (£750k recurring) to enable support for hospital discharge and frail elderly pathway
4. Additional social work capacity to Integrated Discharge Team in Walsall Manor
5. Re-commissioning of Swift Ward to 40 Discharge to Assess (DtA) beds in Nursing Homes with support team made up of social work, reablement, and therapy specialists to ensure majority of patients discharged to DtA beds are living at home 6 weeks after placement in DtA bed
6. Working with CCG clinical governance on market shaping and quality improvement of care home sector to reduce hospital admission from care homes and readiness for step down to support hospital discharge
7. Commissioning home from hospital scheme using volunteers and paid staff to support hospital discharge
8. Commissioning crisis support for carers scheme to avoid hospital admission at the point of carer breakdown

4. Summary & next steps

Pressure on the hospital and adjoining services is expected to continue for a number of months. The collective local system is required to press ahead with its agreed actions to provide greater resilience and robustness to cope with surges in demand.

Efforts are underway to maximise the impact from current actions through increased focus on –

- Reducing the numbers of medically fit patients delayed in hospital, and increasing the rate of churn within Discharge To Assess beds

- Embedding and strengthening ward based discharge planning processes including section 2's and 5's - especially on the high volume medical wards

- Repatriating South Staffs patients and freeing up beds currently blocked

- Improving rates of discharge from acute and community beds through deploying clinical/ professional expertise from across the system in different ways

As outlined above the drivers for recent performance are being analysed with a view to strengthening actions where it is considered they will best continue to underpin and improve performance.