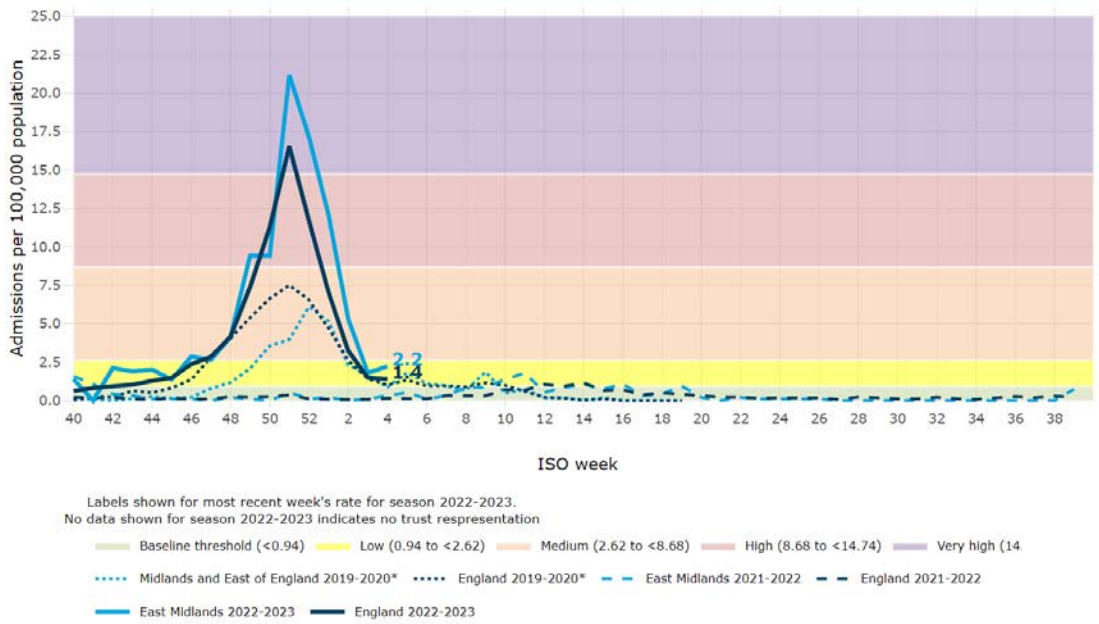
Integrated Care Northamptonshire

# Winter 22/23 – A Stocktake

20 June 2023

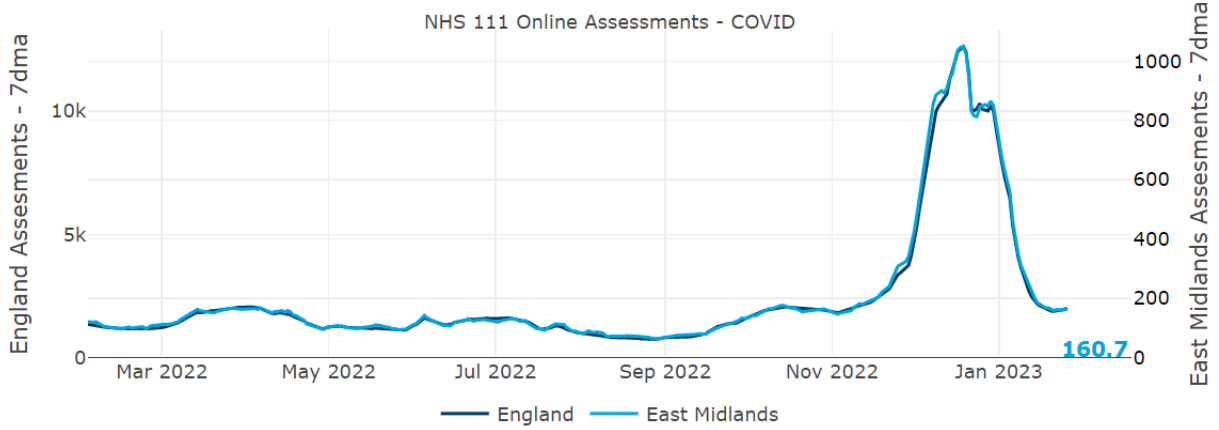
# An Overview of Winter

Northamptonshire
Integrated Care Board




**The Perfect Storm**

- Twindemic of flu and Covid, peaking on the same day – 29 December 2022
- Fastest rising rate of infection
- Strep A – highest since 1950



# An Overview of Winter

Northamptonshire Integrated Care Board

System saw sustained pressure across all services in November and December as a result of the ''Twindemic,' Strep A, Norovirus and Respiratory viruses.

Our bed model was based on 2021/22 flu levels. Flu admissions across the East Midlands were 21.17 admissions per 100,000 population (0.36 per 100,000 in 2021/22).

Emergency admissions were 420 higher in KGH during November and December than what we had planned for.

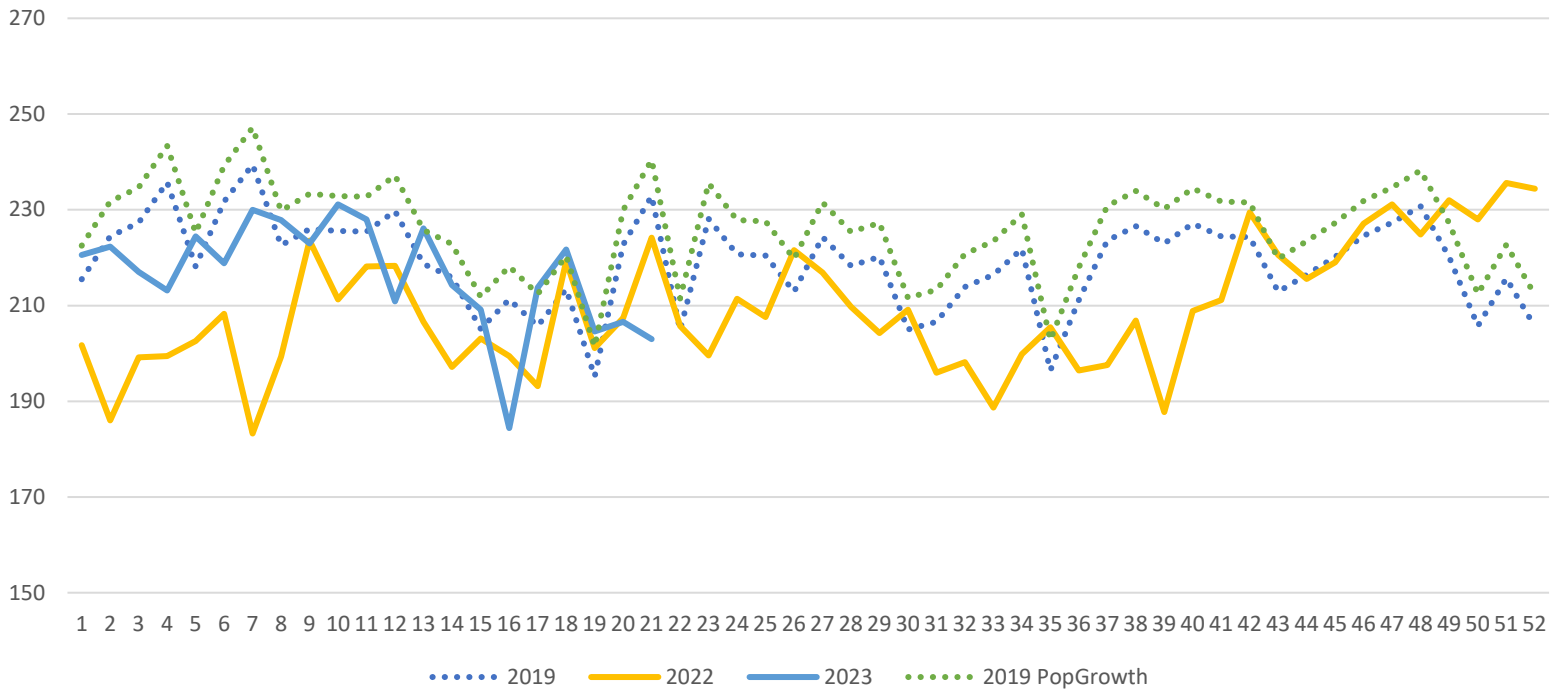
As a system we planned for a bed deficit of c145 beds in December, our revised modelling based on actual admissions showed that we needed 188. Our initial analysis suggests that our winter schemes mitigated c115 of the beds in December.

We were therefore reliant on escalation beds. Our highest in December was 56 beds on the 30 December (peaked on 7 January 2023 at 92 beds).

Critical incident was declared:

| | |
|---|---|
| NHFT | 5 January to the 9th January 2023 |
| NGH | 12-14 and 19 – 22 December 2022 and 27 December 2022 – 12 January 2023 |
| KGH | 5-8 and 19 – 22 December 2022 and 27 December 2022 – 12 January 2023 |

# Demand trends – ICS Level*




Demand in the first quarter was above 2022 due to the impact of flu but below both 2019 actual levels and the 2019 levels inflated for population growth. This has been reducing to at or below last years levels in the second quarter.

The population growth and forecast is currently based on ONS figures for consistency with National projections. It should be noted this is an underestimate of the actual levels of population growth in the County.

These patterns show historical, and current evidence of effective demand management and admission avoidance schemes.

* NGH / KGH Combined Position, Calendar year, Av admissions per day by week, NHS Foundry Performance Overview Dashboard

# Out of Hospital

- Ageing Well programme of support and interventions built around PCN footprints – contributing to a real term reduction in unplanned hospital admissions for over 65s and in hospital attends – interventions include :
  - Frailty Leads released to undertake extended patient reviews
  - Integrated teams comprising staff from Adult Social Care, Community Health, Age UK, Northamptonshire Carers, Alzheimer's Society, Black Communities Together coordinated by PCN Project Lead
  - Long Term Condition peer support groups for Diabetes, Heart Failure, COPD and Dementia
  - Get Up and Go classes for people already at Frailty Level 5 and above
  - Countywide coordinated Befriending offer
- Well established 2hr UCR service operating 7am to 1am responding to 30 escalations per day with 90% success rate in recovering patient in place of usual residence – now able to respond to falls minor injury as well as falls non-injurious
- Nurse led remote monitoring hub 7am to 11pm supporting seven care homes and over 120 persons in their own homes
- Transformation programme to strengthen the SPOA for escalations and response linking multiple service elements with clinical triaging capacity and access to range of additional community responders from a range of partners (see next slide for further detail)

# Mental Health
## Acute Hospital Liaison & Community Crisis Alternatives

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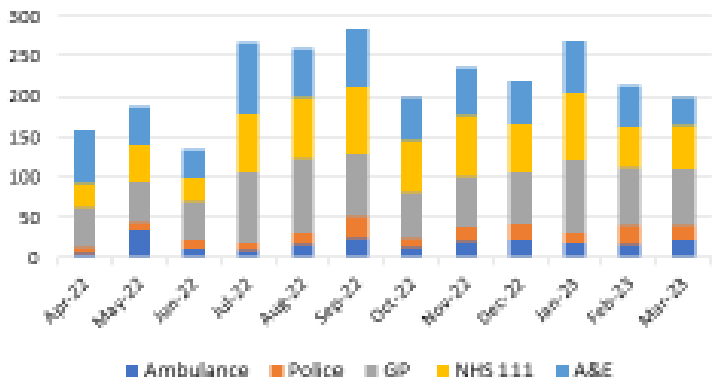
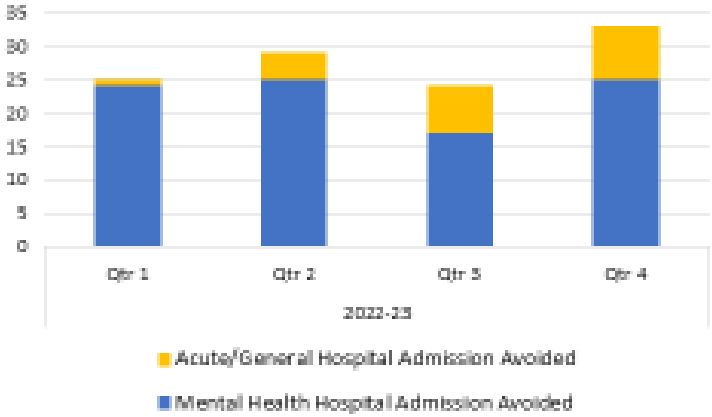
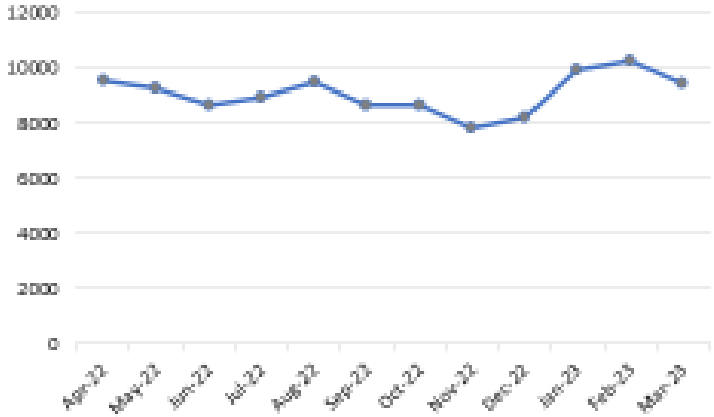
### Crisis Cafes - "Where would I have gone if a Crisis Cafe was not open?"



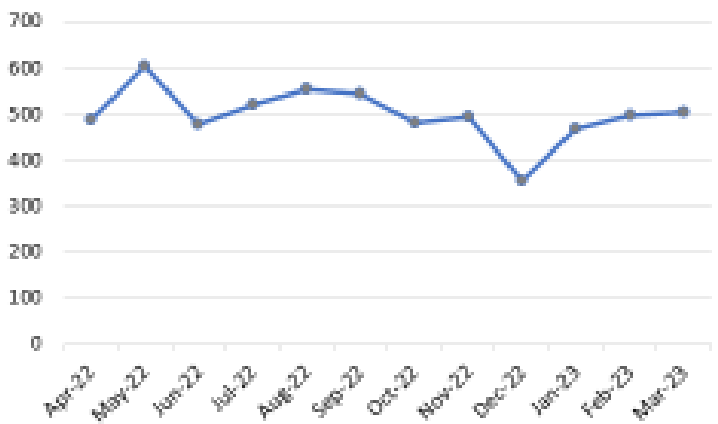

### Crisis Houses (Hospital Admissions Avoided)



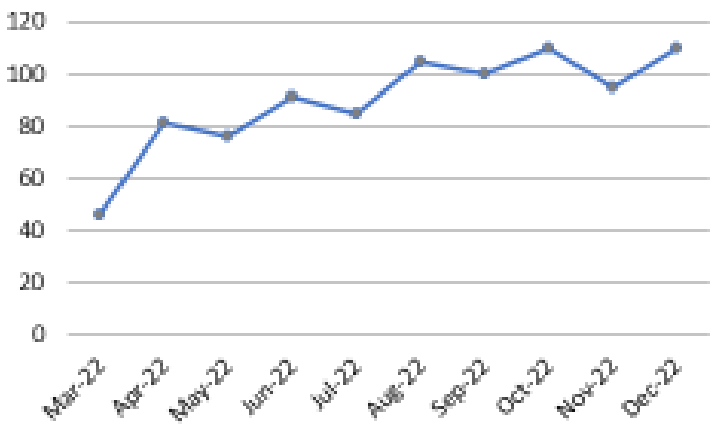

### Call volumes to the Integrated Response Hub




### Referrals to Acute Hospital Liaison Services




### Adult Mental Health A&E 12-Hour Breaches




### Mental Health Ambulance (Crisis Response Unit)

- Vehicles procured and fitted to specification
- Initial team recruited (including nurse prescriber, peer support worker and Carer Support Worker)
- Going live in June 2023

- Initially taking referrals from EMAS only (plans to extend to Police colleagues, other stakeholders).
- Response within 1 hour
- Designed to reduce EMAS conveyance and A&E presentations for mental health, as well as recovery-focused outcomes for service users and carers.

# Mental Health
## Bed Flow and Out-of-Area Placements

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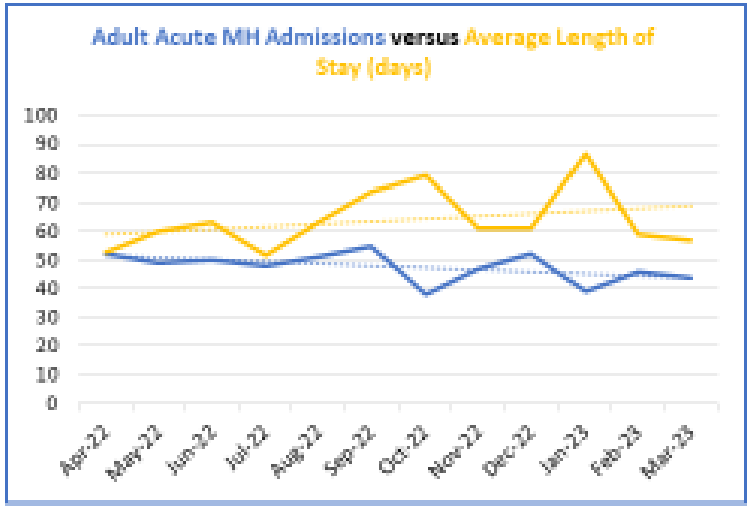
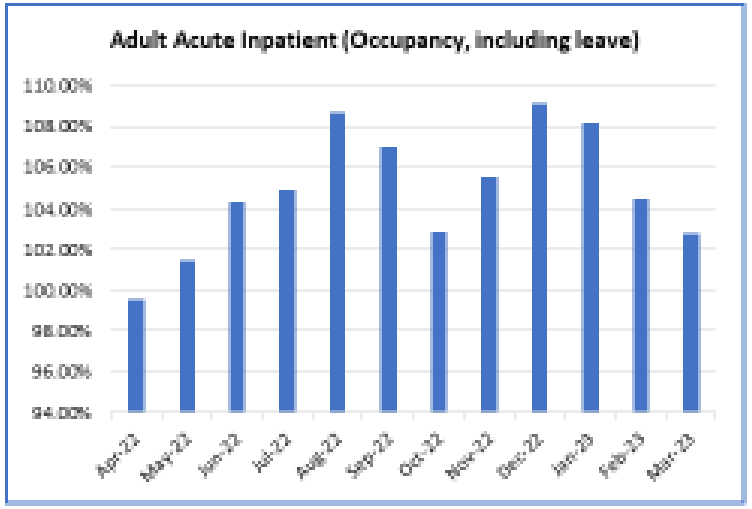
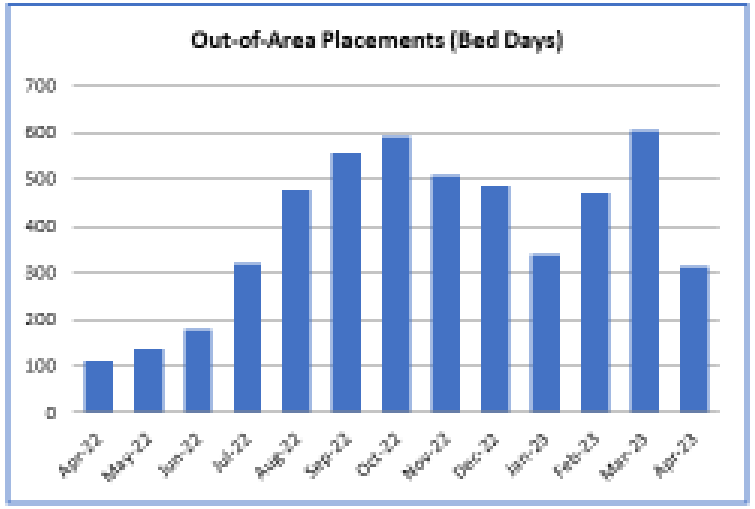



Whilst overall admission rates reduced over 2022-23, length of stay increased. System efforts for MDT Discharge Planning started to produce reductions in LOS since January 23.

Occupancy rates increased to coincide with spikes in LOS. However, due to reductions in LOS since January, Occupancy rates have begun to decrease alongside.

Surges in occupancy (Q2 & Q4) caused surges in OAP Bed days directly after. Partnership working with independent sector, continued MDT Discharge Planning & strengthened crisis alternatives are beginning to provide the solution.

# Summary Acute Provider Indicator Table

Data for the QTR up to end of **Mar-23**

Emergency Care Improvement Support Team
Safer, faster, better care for patients

| Name | Northamptonshire STP - KETTERING GENERAL HOSPITAL |
|---|---|

Select trust here

This dashboard has been designed to look at two areas of analysis ; historical, looking at data over the past two years and relative performance, looking at the most recent quarterly data and comparing this with the rest of the country. The relative performance will be shown in quartiles (the colour scale shown to the right). For each metric, the colours will be according to whether high performance is good (4hr performance) or not desired (bed occupancy). The data has also been split into different areas of an acute provider.

Challenged performance?
Most
Least

| Primary care (ICS ONLY) / population data | |
|---|---|
| Deprivation | 5.52 |
| Average age | 44 |
| %75+ ED attendances | 17.96% |
| % Mental health attends | 3.59% |
| % pop. catchment attending ED | 33.27% |
| % Good overall exp. at primary care | 69.42% |
| % satisfied with appointment | 72.15% |
| % Good exp. of booking | 55.16% |

| 111 data | |
|---|---|
| % abandoned > 30 seconds | 4.48% |
| % answered in 60 seconds | 42.42% |
| % call back in 20 | 23.90% |
| % recommended to attend A&E | 9.35% |
| % Ambulance dispatch | 13.58% |
| % recommended to contact Primary Care | 25.48% |
| % calls triaged dealt with by any clinician | 38.47% |

| Delay related harm | |
|---|---|
| Estimated number of patients with delay related harm (past 12 months) | 207 |

| Ambulance data | |
|---|---|
| 30-60 minute handover delays (growth) | 5.95% |
| 60+ minute handover delays (growth) | 207.41% |
| Total handover delays (% of amb attends.) | 23.84% |
| Ambulance conversion rate % | 53.99% |
| Avg. investigations (amb only) | 5.72 |
| Avg lost ambulance hours per ambulance | N/A |
| Total lost ambulance hours in QTR | 846 |
| Cat 2 response time mins. (ambulance trust) | 45 |

| Demand data | |
|---|---|
| ED attendances (year growth) | 3.39% |
| Ambulance attends (year growth) | -6.40% |
| Walk in attends (year growth) | 7.61% |
| % ambulance (against total attends.) | 27.27% |
| Paediatrics (year growth) | 7.66% |
| % multiple attendances | 3.84% |

| Crowding (patients in department) | |
|---|---|
| Patients in department at midday (growth) | 54.95% |
| Patients in department at midnight (growth) | 42.16% |

| Hospital EM flow measures | |
|---|---|
| % treated within 60 mins | 57.75% |
| 4hr performance % | 100.00% |
| 12hr performance % | 91.37% |
| Conversion rate | 23.26% |
| EM admissions - ED (year growth) | -12.96% |
| EM admissions - All (year growth) | 0.68% |
| *Avg acuity score* | 4.37 |
| APD6 | 577 |

| Admitted care (specialty based) | |
|---|---|
| Medical EM 0 day LoS % | 31.77% |
| Medical short stay (<=2 nights) LoS % | 50.60% |
| Medical EM LoS (exc 0 day LoS) | 9.36 |
| Medical EM 0 day Opportunity | 18.83% |
| Surgical EL Daycase rate % | 89.84% |
| Surgical EM LoS | 3.96 |
| Surgical EM 0 day LoS % | 21.09% |
| T&O EL daycase rate % | 69.52% |
| T&O EM LoS | 10.76 |
| T&O EM 0 Day LoS % | 7.18% |

| Outcome metrics | |
|---|---|
| Bed Occupancy % | 97.77% |
| Current Qtr long stay (7+ days) | 49.78% |
| Current Qtr long stay (14+ days) | 27.47% |
| Current Qtr long stay (21+ days) | 15.87% |
| Growth in long stay (7+ days) | 2.32% |
| Growth in long stay (14+ days) | -5.73% |
| Growth in long stay (21+ days) | -14.17% |
| Beds per 1000 population | 1.65 |
| Weekend discharge ratio | 59.00% |
| Weekend discharge ratio (7+ pts.) | 43.41% |
| Pre-midday discharges | 12.62% |

| Discharge data (only collected at provider level) | |
|---|---|
| % not CTR | 12.15% |
| % discharged on pathway 0 | 97.89% |
| % discharged on pathway 1 | 0.00% |
| % discharged on pathway 2 | 1.72% |
| % discharged on pathway 3 | 0.39% |
| % discharged before 5pm | 58.88% |
| % discharged home | 99.49% |

**Staff survey results**

| Look forward to work | Trusted to do job | Enough staff | Unrealistic time pressure | Career opportunities |
|---|---|---|---|---|
| 47.63% | 88.12% | 23.34% | 39.47% | 49.06% |

## Population data

# KGH Complex Discharge Flow

## KGH Complex Pathways Flow

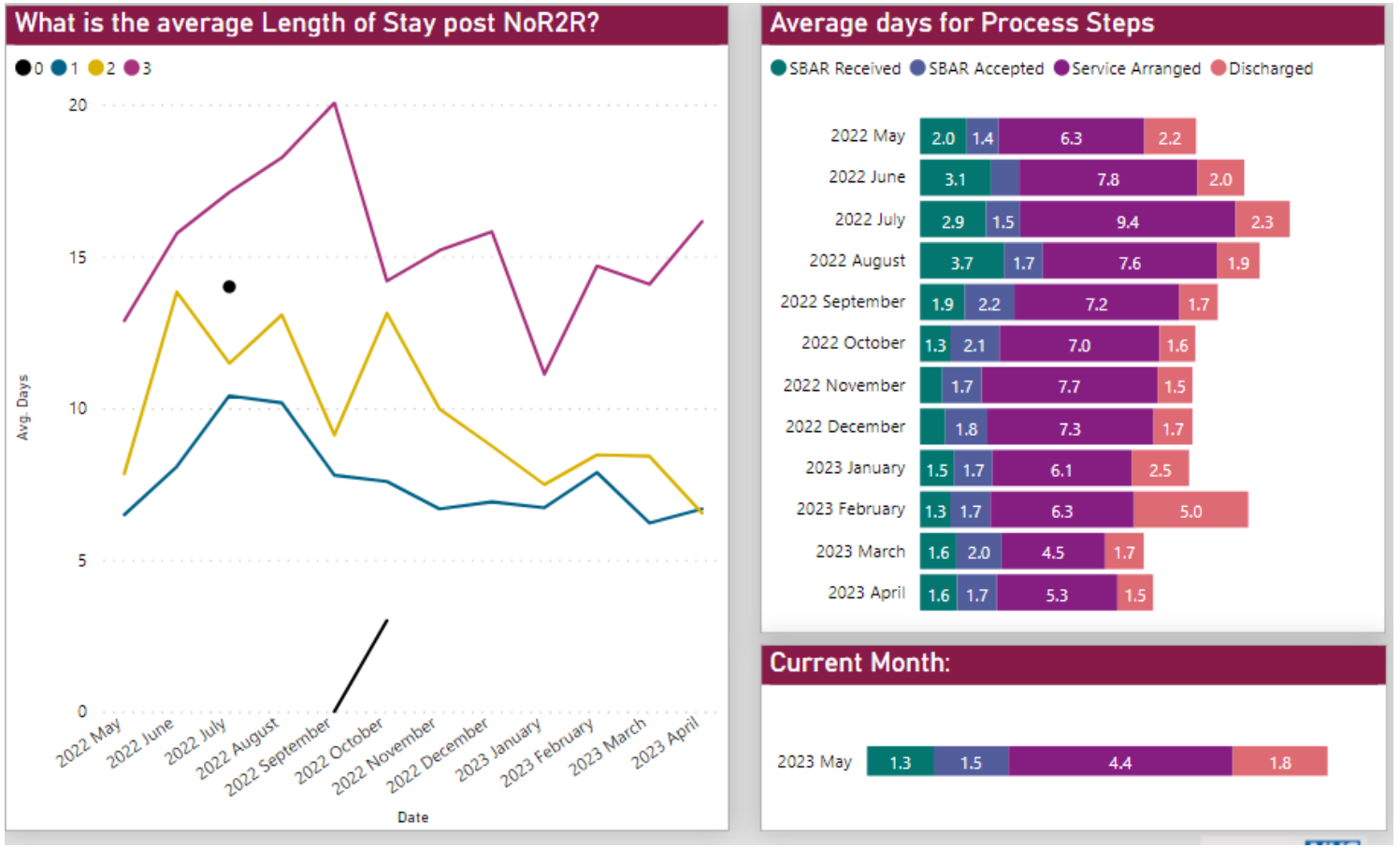
- Since January 2021 (21.2 days), we have seen the average number of days from NR2R to discharge significantly reduce. This is a result of strong partnership working across all agencies
- **Further opportunities are as follows:**

o HOD workstreams are now integrated into BAU, with oversight from the HOD steering group, with the exception of Criteria led discharge & frailty where there are more opportunities.

o Flow from NHFT Pathway 2 beds. LOS in NNC pathway 1 services is 16.5 Days Average for reablement north.

o LOS in pathway 2 (Thackley Green SCC) 34 days Brokerage changes will improve the resilience of brokerage and the time taken to arrange pathways

o Access to Nursing home for complex patients particularly for those with undiagnosed dementia.




**April 2023 days to discharge by Pathway**

P1 – 6.68 days

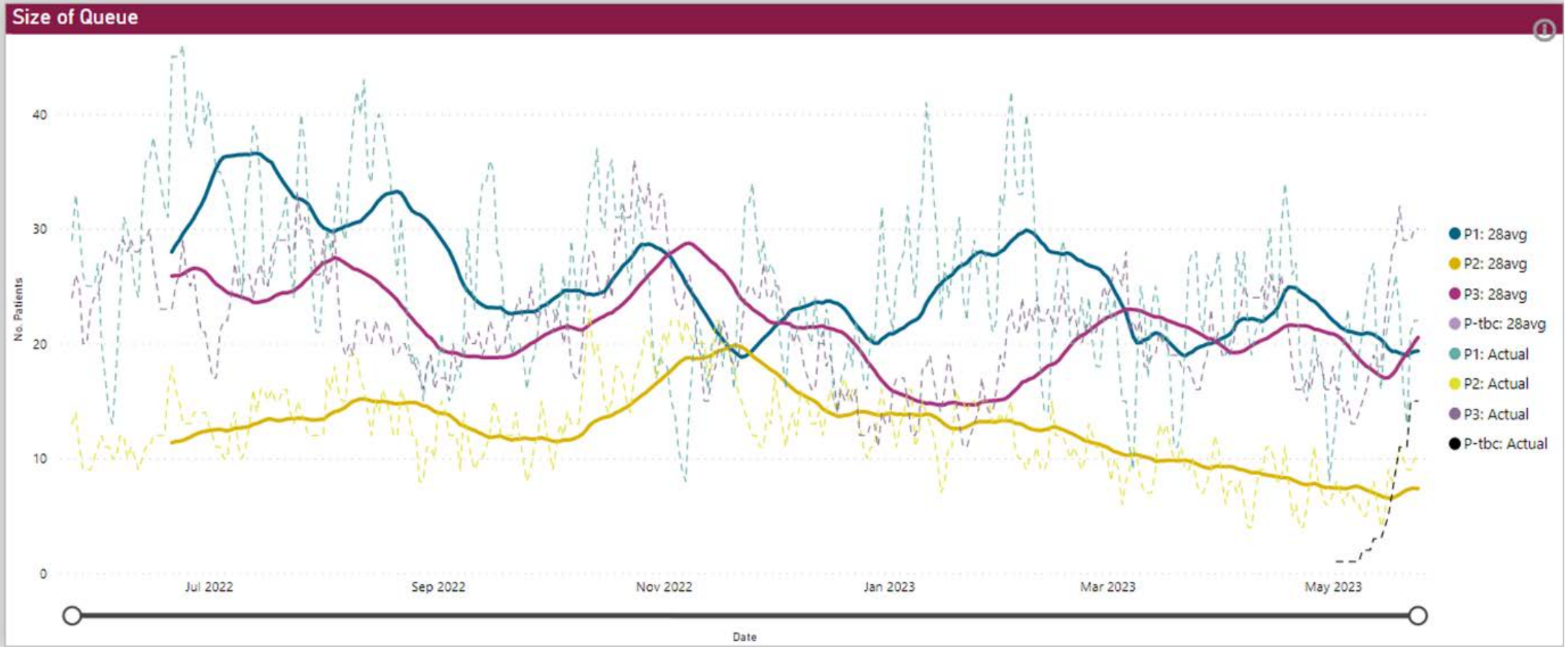
P2 – 6.55 days

P3 – 16.5 days

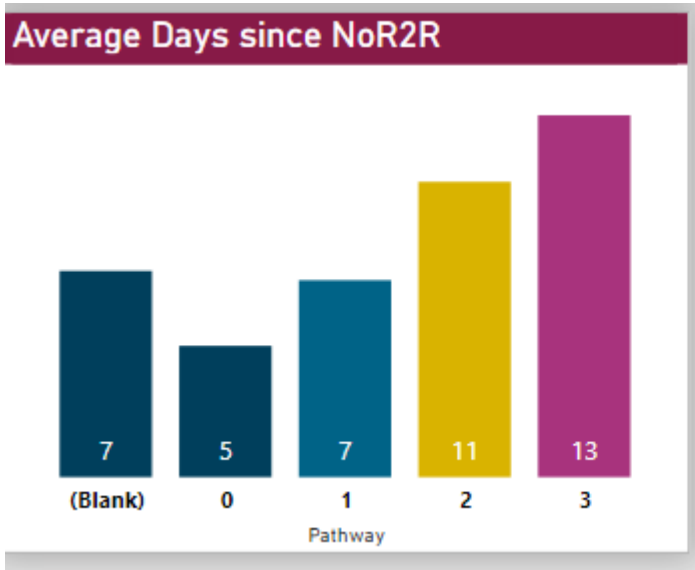
# KGH Queue size

## KGH Complex Discharge || Queue Size

Chart to understand how the queue behaves for each pathway over time. Dark solid lines show a rolling 28-day average for each pathway, dashed lines show the number of patients waiting daily for each pathway.



# KGH Where and how long are people waiting (snap shot 24/05)




**Live Partner Allocation**

| Allocated Partner | | 0 | 1 | 1/OD X1 | 1/QDS X1 | 1/QDS X2 | 1/TDS X1 | 1/TDS X2 | 2 | 3 |
|---|---|---|---|---|---|---|---|---|---|---|
| | 15 | 9 | | | | | | | | |
| ASC | | | | 1 | 3 | 6 | 1 | 1 | 4 | 12 |
| ASC West | | | | | | | | | | 1 |
| CHS | | | | | | | | | | 14 |
| Delirium | | | | | | | | | | 2 |
| MRE | | | | | | | | | 6 | |
| OOC/LEIC | | | 3 | | | | | | | |
| RN/ICT | | | 6 | | | | | | | |
| RW/ICT | | | 1 | | | | | | | |

P1 has the largest numbers but shortest average days since NR2R, where as P3 (DTA) remains our longest pathway. Lack of nursing home provision in market is slowing pace of pathway 3 Discharge on d2A to nursing homes (CHC D2A) with a high proportion of people being tracked in discharge cell and in Superstranded meetings. This cohort is considerably slower than remainder of Pathway 3 discharges into Residential Care homes.

# NNC Pathways Pathway 1: Maintaining Reablement Flow and Access

- Tuvida  has helped maintain flow in the Reablement service, with c. 25 starts per week on average, and a length of stay of c. 16.5 days (see right), and maintaining the effectiveness of the service

- In addition to Pathway 1, 32% of this Reablement capacity is used to support people from the community and admission avoidance

- NNC and NHFT have worked well together co-ordinating capacity, with NHFT's ICT team being introduced to the TuVida service, and no backlog on ICT exits awaiting reablement

- Reablement north have undertaken and completed Training for Falls urgent community response work in March April 22/23 – Have lifted 10 no injury falls to date with razer chair – modelling in 2023 pathway 1 to roll out and enable Reablment North to respond to non injury falls via rapid response.

# NNC Pathways Pathway 2

**Pathway 2**

- Thackley Green SCC, and external P2 provision has provided P2 including the use of wrap around therapy to ensure we are maximising independence.

- Pathway 2 Social care reablement beds (Pathway 2 SCC)  have good outcomes with 66% of all people leaving Social care reablement beds going home

- A targeted Single Handed care Team has been used to maximise independence and reduce longer term care and support needs, the aim where appropriate to reduce from 2 to 1 Carers, this not only enables better outcomes for people  but protects capacity and flow in TuVida and Reablement.