

Winter Planning across the Northern Care Alliance

31st October 24

Joint Health Scrutiny Committee

Summary

- The NCA Board agreed a winter plan spanning two years in October 2023.
- A winter checklist has been developed that reflects the winter plan including updates to national requirements for winter 24/25.
- The approach the Trust has taken does not necessitate a separate winter plan as the actions form part of the existing UEC Excellence programme, and the additional actions taken by Care Organisations in their localities with partners.
- The NCA has submitted assurance against the national requirements to the GM ICB.

Our winter planning checklist

Key aspects of care include;

- Fundamental standards of care
- Resilience plans and business continuity
- Plans for mutual aid including rotas for holiday periods
- Planning for discharge packages and care demand
- Implementation of Internal Professional Standards
- Site management plans including roles and responsibilities
- Maintenance of capacity including G&A beds, ambulance provision and Intermediate care, virtual ward
- Productivity of acute and community beds including reduction of LoS
- Continuing to develop services that shift care from acute settings to community for people with unplanned needs, admission avoidance and hospital discharge

Settings include

- Same Day Emergency Care SDEC
- Frailty
- Urgent Treatment Centre (UTC)
- In-patients
- Intermediate Care
- Community urgent care
- Single Points of access
- Virtual wards

NCA's Urgent Care Performance



Northern Care Alliance
NHS Foundation Trust

KPI		Apr-24	May-24	Jun-24	Jul-24	Aug-24
% Within 4 Hours	Plan	66.78%	67.95%	70.09%	71.47%	71.45%
	Actual	68.74%	66.11%	66.57%	66.41%	67.01%
	Var	1.96%	-1.84%	-3.52%	-5.06%	-4.44%
12 Hour Trolley Waits	Actual	782	901	1066	791	496
12 Hour waits as a % of ED admissions	Actual	10.3%	11.8%	14.7%	11.4%	7.4%
G&A Bed Occupancy (adult)	Plan	88.0%	88.9%	89.1%	88.9%	88.7%
	Actual	88.1%	87.6%	91.0%	88.9%	88.8%
	Var	0.1%	-1.3%	1.9%	-0.1%	0.0%
Virtual Bed Occupancy	Plan	58%	61%	64%	67%	70%
	Actual	59%	60%	67%	67%	60%
	Var	1%	-2%	3%	0%	-10%
Ambulance Handover Times (average mins)	Actual	23:15	22:07	24:47	23:26	21:01
Ambulance Handover Times (% in 30 mins)	Actual	81.2%	81.5%	78.4%	80.1%	84.3%

- UEC 4 Hour performance shows natural variation over recent months (stable performance)
- Type 1 ED Attends up by +3.0% for NCA
- Virtual beds occupied per head of population is above the national average
- In-patient flow benchmarks well against peers
- Mental health impact on ED waits – the change in GM Mental Health Out of Area Placements Policy has resulted in more 12 Hour ED waits

Bed Occupancy classed as clinically ready for discharge (% acute) – 8 Sep-24

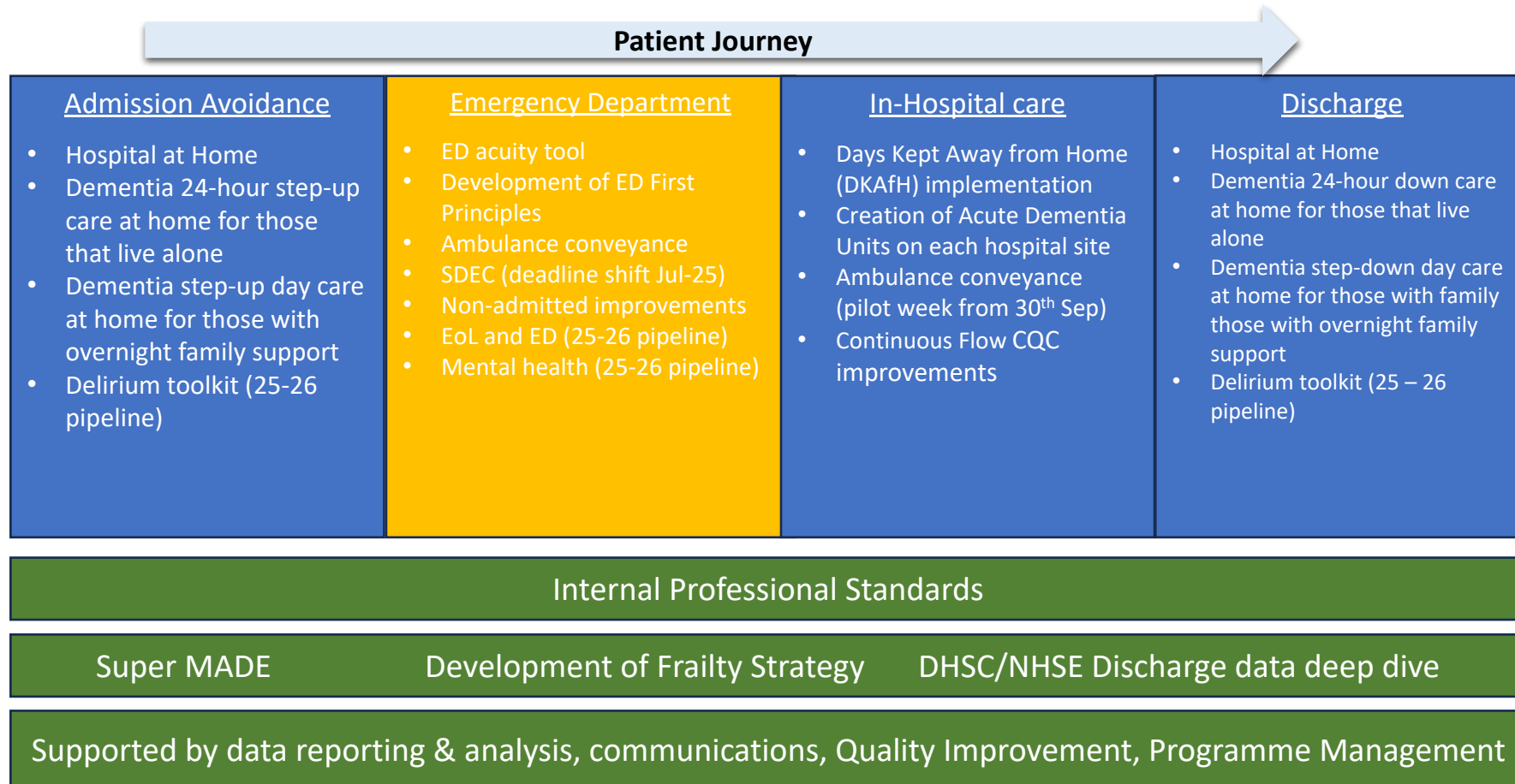


UEC KPI	NCA	National Quartile (Q1 is best)	England Average
% of Emergency beds occupied by +21 Day stays	4.9%	Q2	5.3%
NcTR as a % of Occupied Beds	17.7%	Q1	25.0%
G&A Adult Bed Occupancy	88.8%	Q2	92.3%

APPRECIATE
INSPIRE

Be the difference.

Urgent Emergency Care Excellence Overview



N.B. MADE is Multi Agency Discharge Event, NHSE is NHS England, DHSC is Department of Health & Social Care

UEC Plan Summary Update

System-wide Schemes Update

- Super MADE completed – High impact lessons learned to be reviewed and acted on (Sep-24)
- NCA-Wide SPoA (ambulance conveyancing) pilot
 - NCA-wide 5 days 10am to 10pm starting 30th Sep – also includes intra-hospital transfers
 - Lessons learned to inform business case – Impacts anticipated Q4, pending approval
- DKfAH & Dementia programme
 - Gaining traction and reducing avoidable stays in hospital - Continued rollout with incremental benefits across remainder of the year
 - Dementia Unit at ROH – (Impact in Q4)
- ED First principles (Impact starting in Q3)
 - ED Observational programme with QI collaborative approach (Oct)
 - Development of Internal Professional Standards (Oct)
 - Reliable Ed huddles and escalation (Oct)
 - Testing national ED acuity / triage tool – (Oct)
 - Non-Admitted internal performance target of 80% for Dec-24
- Increase virtual ward usage
- Review focussed on maximising community bed capacity. First step establishment of consistent dataset across localities. Discussion commenced on whole system benefits provided by dementia frontrunner programme reducing DTA bed demand.

Other Updates

- CQC review of ROH Medicine included Continuous Flow Model – Immediate improvement actions have been taken – NCA-wide operating model to be made based on final recommendations
- FGH ED phase 1 building work completed this month – benefits to flow and reducing corridor care expected from Oct-24
- Invited national GIRFT team to support clinical review of plans alongside use of SEDIT data
- North Tees go-and-see visit planned