Harrow Winter Improvement Plan and System Pressures Metrics

January 2024

Harrow Borough Based Partnership
Supporting better care and healthier lives

Winter Improvement Plan

The action plan on the three following slides was developed by the Harrow Borough Based Partnership to prepare the system for the Winter Period.

The planned actions aim to support the provision of high quality care in the community, the prevention of admission to hospital and safe and efficient discharge to the community once patients' acute needs have been met.

The actions that the system committed to complete in 2023 have been delivered and it is expected that those scheduled for January will also be completed as planned.

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Winter Improvement Plan Actions (1/3)

Action	Target impacted	Status	30 Nov	31 Dec	31 Jan	28 Feb	31 Mar
Implement Harrow Bridging Service	Reduce % of patients without C2R, not discharged	• **Spec and procurement complete.** • **Service commenced 16/11/23.** • **Service accepting all referrals from MDT but spare capacity – review of potential to manage wider cohort of patients.**	**Commenced**				
Harrow Multi-Agency Admission Avoidance Summit	Reduce ASC NEL admissions	**Multi-agency summit took place 09/11/23.**	**Action plan agreed.**				
Action plan to improve review of children attending hospital due to asthma	Reduce ASC NEL admissions	**Task and finish group established. Data analysis complete.**	**Action plan agreed.**				
Implement local escalation processes for discharge delays as described in the winter plan	Reduce % of patients without C2R, not discharged	• **Twice daily Discharge Hub / ASC MDTs established 09/10/23.** • **Three times weekly PL DTOC reporting to Partnership Leaders,**	**In place**				
Launch 'Radar' function of Harrow Frailty Dashboard to identify rising risk patients	Reduce ASC NEL admissions	**Risk stratification radar launched 02/11 for use by primary care to identify patients with rising risk of deterioration.**	**Complete**				

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Winter Improvement Plan Actions (2/3)

Action	Target impacted	31 October	30 November	31 December	31 January	28 February
Implement 2023/24 winter wellness scheme: Deliver Make Every Contact Count winter programme	Reduce ASC NEL admissions	**Public Health and Voluntary Action Harrow training programme started 06/11**	**Ongoing**			
Review pathway for discharge of patients in rehabilitation units	Reduce % of patients without C2R, not discharged	**MDT established. P2 NCTRs reducing.**	**In place.**			
Review processes for admissions from and discharge to care homes	Reduce % of patients without C2R, not discharged Reduce ASC NEL admissions		**Review complete 30/11**	**Finalise pathway between care homes and LNW virtual wards.**	Draft discharge pathway and SOP TBC 08/01/23.	Trusted assessor model to be developed.
Improve process for discharging patients from CNWL mental health beds to reduce delays	Reduce % of patients without No Criteria to Remain, not discharged	**Adult social care review pathway accelerated, Currently no patients whose discharge is delayed (03/01/23)**				
Secure access to clinical records across CNWL and Drug and Alcohol service provider.	Prevent admissions to secondary inpatient care	**CNWL data available to D&A team.** Further work to resolve IG issues for sharing of Drug and Alcohol Service data.				

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Winter Improvement Plan Actions (3/3)

Action	Target impacted	31 October	30 November	31 December	31 January	28 February	31 March
LNWHT winter inpatient beds Phase 1: open 33 beds up across NPH and EH from October Phase 2: open NPH SAU level 4 from November Phase 3: open 32 NPH AMU modular beds from March		Phase 1: 23 of 33 beds open	Phase 2: open 14 NPH SAU level 4 trollies		Phase 1: 33 of 33 beds open		Phase 3: 32 NPH AMU modular beds open
Digital solutions to support flow and discharges to improve monitoring of patient flow actions through Timely Care Hub and Optica	Reduce % of patients without C2R, not discharged	Continued working with CCS to develop the digital tools to interface with Cerner					
Increase daily discharges via NPH and EH Discharge Lounges	Reduce % of patients without C2R, not discharged	Daily process in place to review all discharges for suitability Daily review of confirmed and potential discharges with Divisional Teams					
REACH: 12 week pilot for ED Consultant to triage LAS call-in anticipation of preventing conveyance by offering A&G or diverting call to SPA for SDEC/other specialty alternatives. REACH will operate M-F, 1000-1800	Reduce ASC NEL admissions	12 week pilot commenced as of 11 Oct					
Increase conversion NPH	Same day emergency care: Reduced waits to be seen in ED Rapid Access Unit NPH		Converting NPH CDU D Bay to increase access to non-specific chest pain, needlestick injuries, hyperkalaemia and post CT KUB				

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Harrow System Pressures Metrics

The data in the following slides reflects the system position just prior to Christmas, a time when demand on health and care services is usually relatively low.

Further data will become available between the submission of this report and the meeting of the Health and Wellbeing Board, which will cover the first week after New Year, when the health and care system usually experiences a surge in demand.

Early indications (Wednesday 3rd January) are that the combination of a surge in demand and the impact of the Junior Doctors' Strike is having a severe impact on services.

A briefing on the latest position will be prepared for discussion by the Board.

The final slide contains a summary of some longer term trends that have emerged in 2023. These include a significant increase in the number of A&E attendances and a very large increase in the number of people receiving social care support after discharge from hospital.

Harrow System Pressures Metrics (1/2)

	System Indicators	Cohort	Frequency	Data Period	Current Period	Previous Period	Context	
Success of Prevention Measures								
1	Autumn Campaign - Covid vacc uptake	Harrow	Weekly	WE 24/12	34.84%	34.85%	NWL uptake	27.0%
2	Autumn Campaign - Flu vacc uptake	Harrow	Weekly	WE 21/12	38.15%	37.85%	NWL uptake	33.3%
Demand pressure								
6	AED Attends	NPH	Weekly	WE 24/12	2248	2246	Avg over last winter (Oct 22 - Apr 23)	2,139
7	AED Attends Paeds	NPH	Weekly	WE 24/12	409	444	Avg over last winter (Oct 22 - Apr 23)	546
8	UTC Attends	NPH	Weekly	WE 24/12	1432	1582	3 mth avg	1,314
9	AED Emergency Admissions	NPH	Weekly	WE 24/12	667	711	Avg over last winter (Oct 22 - Apr 23)	642
10	Community/District Nursing - Visits completed (in hours)	Harrow	Weekly	WE 23/12	1,673	1,654	Avg over last winter (Oct 22 - Apr 23)	2,321
11	Community/District Nursing - Rostered staff (in hours)	Harrow	Weekly	WE 23/12	1,558	1,455	Avg over last winter (Oct 22 - Apr 23)	1,843
12	No hospital discharges in month that required social care input	Harrow	Monthly	Oct-23	147	147	Mar '20 Avg	178
13	No of patients being worked with by social care	Harrow	Monthly	Oct-23	337	337	Mar '20 Avg	91
14	MH Liaison AED Referrals	Harrow	Weekly	WE 24/12	63	73	Avg over last winter (Oct 22 - Apr 23)	33
15	MH Liaison AED Referrals - 1 hour response	Harrow	Weekly	WE 24/12	90.2%	83.3%	Avg over last winter (Oct 22 - Apr 23)	62%
16	MH Liaison Ward referrals	Harrow	Weekly	WE 24/12	34	33	Avg over last winter (Oct 22 - Apr 23)	60
17	MH Liaison Ward referrals - 24 hour response	Harrow	Weekly	WE 24/12	72.2%	63.6%	Avg over last winter (Oct 22 - Apr 23)	85%
18	Rapid Response - Visits completed (in hours)	Harrow	Weekly	WE 23/12	200	360	Avg over last winter (Oct 22 - Apr 23)	330
19	Rapid Response - Rostered staff (in hours)	Harrow	Weekly	WE 23/12	147.75	391	Avg over last winter (Oct 22 - Apr 23)	390
20	No of referrals to drug and alcohol service							
21	Urgent referrals to drug and alcohol service							
22	No of referrals to Housing for homeless patients with MH issues							
23	Urgent referrals to Housing for homeless patients with MH issues							
24	People contacting LA about Damp / Mould	Harrow	Monthly	Nov-23	104	69	3 mth avg	76
26	Covid Related 111 Calls	Harrow	Weekly	WE 24/12	147	110	Avg over last winter (Oct 22 - Apr 23)	69

Harrow System Pressures Metrics (1/2)

	System Indicators	Cohort	Frequency	Data Period	Current Period	Previous Period	Context	
Pathway Efficiency								
27	Delayed Transfers of Care – Community Beds (P2)	Harrow	Weekly	WE 26/12	11	10	4 wk avg	9
28a	Delayed Transfers of Care - Pathway 0	NPH - Harrow	Weekly	WE 26/12	7	7	4 wk avg	15
28b	Delayed Transfers of Care - Pathway 1	NPH - Harrow	Weekly	WE 26/12	12	16	4 wk avg	8
28c	Delayed Transfers of Care - Pathway 2	NPH - Harrow	Weekly	WE 26/12	8	8	4 wk avg	5
28d	Delayed Transfers of Care - Pathway 3	NPH - Harrow	Weekly	WE 26/12	5	2	4 wk avg	4
	Delayed Transfers of Care Total	NPH - Harrow	Weekly	WE 26/12	32	33	4 wk avg	37
28e	Delayed Transfers of Care - Unstated Pathway	NPH - Harrow	Weekly	WE 26/12	3	2	4 wk avg	11
39	Community Equipment Delays	Harrow	Monthly					
40	Enhanced Frailty service - Current Caseload	Harrow	Monthly	Nov-23	189	195	6 mth avg	192
41	Enhanced Frailty service - Step ups	Harrow	Monthly	Nov-23	76	65	6 mth avg	69
42	Enhanced Frailty service - Step down	Harrow	Monthly	Nov-23	64	72	6 mth avg	66
System Stress								
56	Hospital Capacity Status	NPH	Weekly	WE -26/12	Green	FCP	% of weeks FCP over last winter (Oct 22 - Apr 23)	83%
57	12 Hour AED Waits	NPH	Weekly	WE -24/12	187	198	Avg over last winter (Oct 22 - Apr 23)	313
58	LAS Handovers - No. of 60 min Breaches	NPH	Weekly	WE -24/12	1	18	Avg over last winter (Oct 22 - Apr 23)	103
59	Community/District Nursing - No. of visits deferred once	Harrow	Weekly	WE -23/12	15	60	Avg over last winter (Oct 22 - Apr 23)	4
60	Community/District Nursing - No. of visits deferred more than once	Harrow	Weekly	WE -23/12	0	0	Avg over last winter (Oct 22 - Apr 23)	1
61	Rapid Response - No. of referrals with a 2 hour response time	CLCH	Weekly	WE -23/12	58	80	Avg over last winter (Oct 22 - Apr 23)	69
62	Rapid Response - Initial visits not completed within 2 hours	CLCH	Weekly	WE -23/12	2	10	Avg over last winter (Oct 22 - Apr 23)	2
63	Rapid Response - No. of referrals rejected due to capacity	CLCH	Weekly	WE -23/12	0	0	Avg over last winter (Oct 22 - Apr 23)	0
64	Community Services Sickness Absence	Harrow	Weekly	WE -23/12	1.1%	2.3%	Avg over last winter (Oct 22 - Apr 23)	3.9%

Summary of Key Issues in Longer Term Trends

System	Indicator (s)	Lead Provider	Current Position (See metrics schedules for details)	Longer-term Trend
Demand for Unscheduled Care	Accident and Emergency Department Attendances / Non-elective admissions at NPH	Northwick Park Hospital (LNWUHT)	Both A&E attendances and non-emective admissions are currenty above /the average for ast winter.	A&E admissions now average 2,100 per week, a level that, pre-Covid woud have been a peak in activity. Non-elective admissions average approximately 600 per week.
Demand for Unscheduled Care	12 Hour A&E waits v LAS 60 minute Handover Delays	Northwick Park Hospital (LNWUHT)	There were 397 12 Hour A&E waits last week compared to an average last winter of 313. There were no 60 minute LAS handover delays compared to an average last winter of 103.	LAS managing patients at the hospital in stationary ambulances when capacity was not available in A&E resulted in long handover delays and poor LAS response times. This approach changed in June 2023 and the result has been very few handover delays and a sharp increase in 12 hour waits in A&E.
Hospital Discharge	Hospital Discharges	Northwick Park Hospital (LNWUHT)	Discharges in most recent week from NOPW ere 655 against an average over the last year of 503.	Since August discharges have been above 600, compared to an average for 12 months of 503, peaking at 746 earlier in December.
Social Care Demand	Patients discharged needing social care support v those remaining on social care caseload	LB Harrow Adult Social Care	The number of patients leaving hospital requiring social care support in October (147) was lower than last year's winter average (178). Thr average number of discharged patients in September and October receiving support from social care was 425, compared to last winter's average of 298.	Although the number of patients discharged from hospital requiring social care support has not increased since 2019/20, the number continuing to receive support in 2022/23 and 2023/24 has increased from fewer than 100 to approximately 300. Although the full explanation of this change will be complex, the move to earlier discharge is a significant factor in this increase in demand for social care.

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