Harrow System Pressure Metric Report

February 2024

Harrow Borough Based Partnership

Supporting better care and healthier lives

Content

This report is intended to provide the Health Scrutiny Sub-committee with an update on demand and activity pressures in the Harrow health and care system during the winter period and progress on the measures planned by the Harrow Partnership to meet them.

The slides contain:

- System pressures update.
- Winter Improvement Plan update.
- Discharge Funding activity

System Pressures Update: February 2024

- Pressure on the health and care system peaked during the first week of January, when the post-Christmas surge in presentations and the Junior Doctors' strike impacted simultaneously.
- A&E attendances now average 2,170 per week, an increase on last winter's average attendance and a level that, pre-Covid would have been an unusually high peak in demand.
- Non-elective admissions to Northwick Park Hospital average 600 per week, as high as during the previous winter. Admissions peaked in the week before Christmas at 718.
- LAS Handover delays have reduced following stricter limits being placed on the time that ambulance crews will support patients at the hospital before handing over to A&E staff. One consequence of this has been an increase in long waits in A&E: the number of 12 hour waits in A&E has averaged 395 per week since October, compared to 313 during the previous winter.
- During November and December an average of 97% of beds were occupied; in addition, patients were routinely being 'boarded' ie managed on wards before beds became available for them.
- The number of people on social care caseloads post-discharge from hospital is now three times that in the pre-Covid period.
- Although health and care staff in the hospital and community, including primary care, have coped during this period we need to acknowledge and address the impact on patients, staff and services working under this level of pressure.

Summary of Key Issues in Longer Term Trends

System	Indicator (s)	Lead Provider	Current Position (See metrics schedues for details)	Longer-term Trend	Detail Slide
Covid	Weekly Covid Cases at Northwick Park Hospital	Northwick Park Hospital (LNWUHT)	The system is no longer monitoring Covid+ patients in hospital beds.	The last peak of cases, in March 2023, was 70 cases at one time, since when the number reduced through spring, Since the summer the number of cases was almost always been below 20.	N/A
Demand for Unscheduled Care	Accident and Emergency Department Attendances / Non-elective admissions at NPH	Northwick Park Hospital (LNWUHT)	Both A&E attendances and elective admissions are currently above /the average for last winter.	A&E admissions now average 2,170 per week, a level that, pre-Covid would have been a peak in activity. Non-elective admissions average approximately 600 per week.	7
Demand for Unscheduled Care	12 Hour A&E waits v LAS 60 minute Handover Delays	Northwick Park Hospital (LNWUHT)	There has been an average of 395 12 Hour A&E waits per week since October, compared to an average last winter of 313. There were fewer than 20 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 since Christmas have invariably exceeded 600 per week.	Discharges since October have averaged 679 against in the previous period of 481.	8
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 January (156) was lower than last year's winter average (178). The average number of discharged patients since October receiving support from social care was 327, 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 more than 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.	9

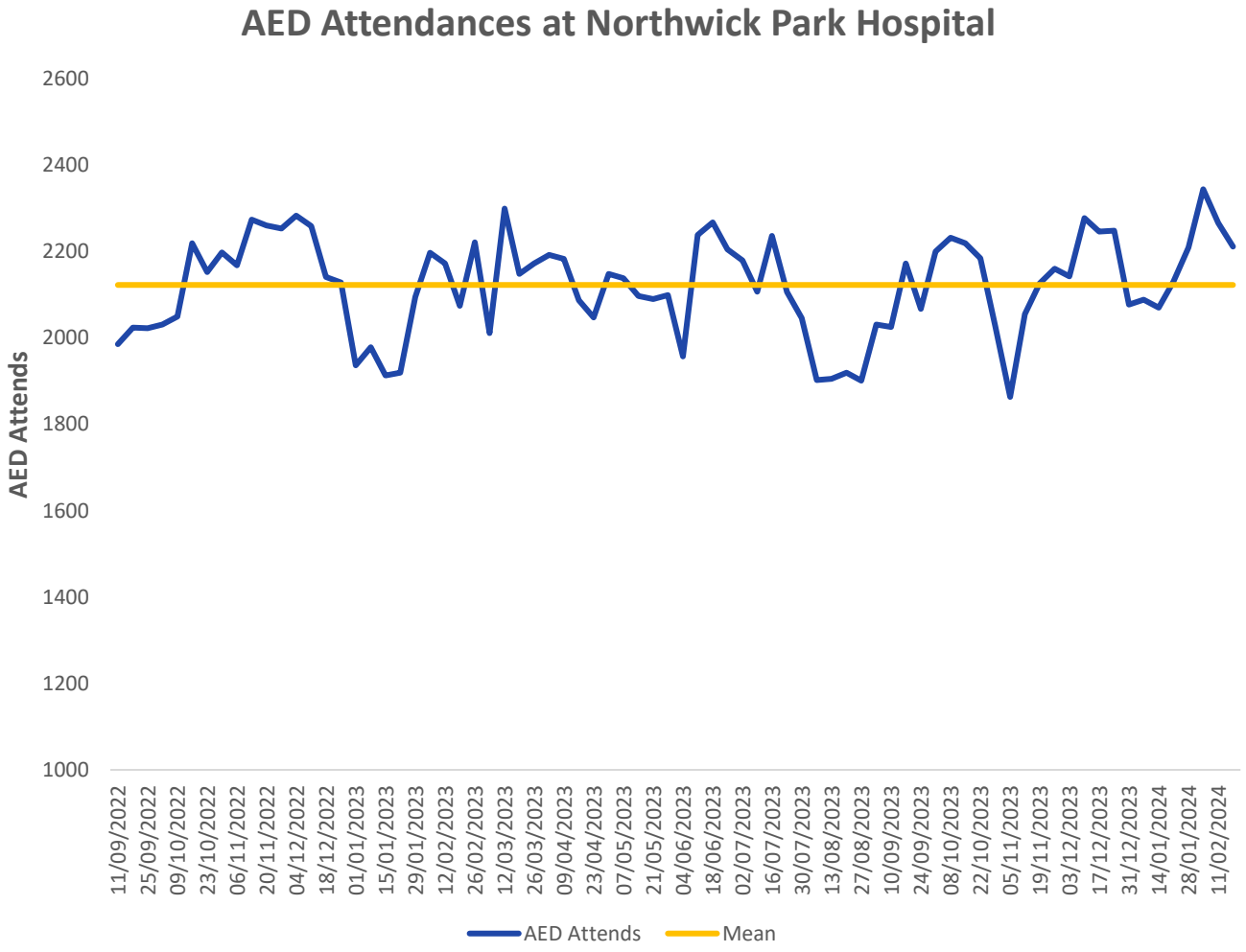
Harrow System Pressures Metrics (1/2)

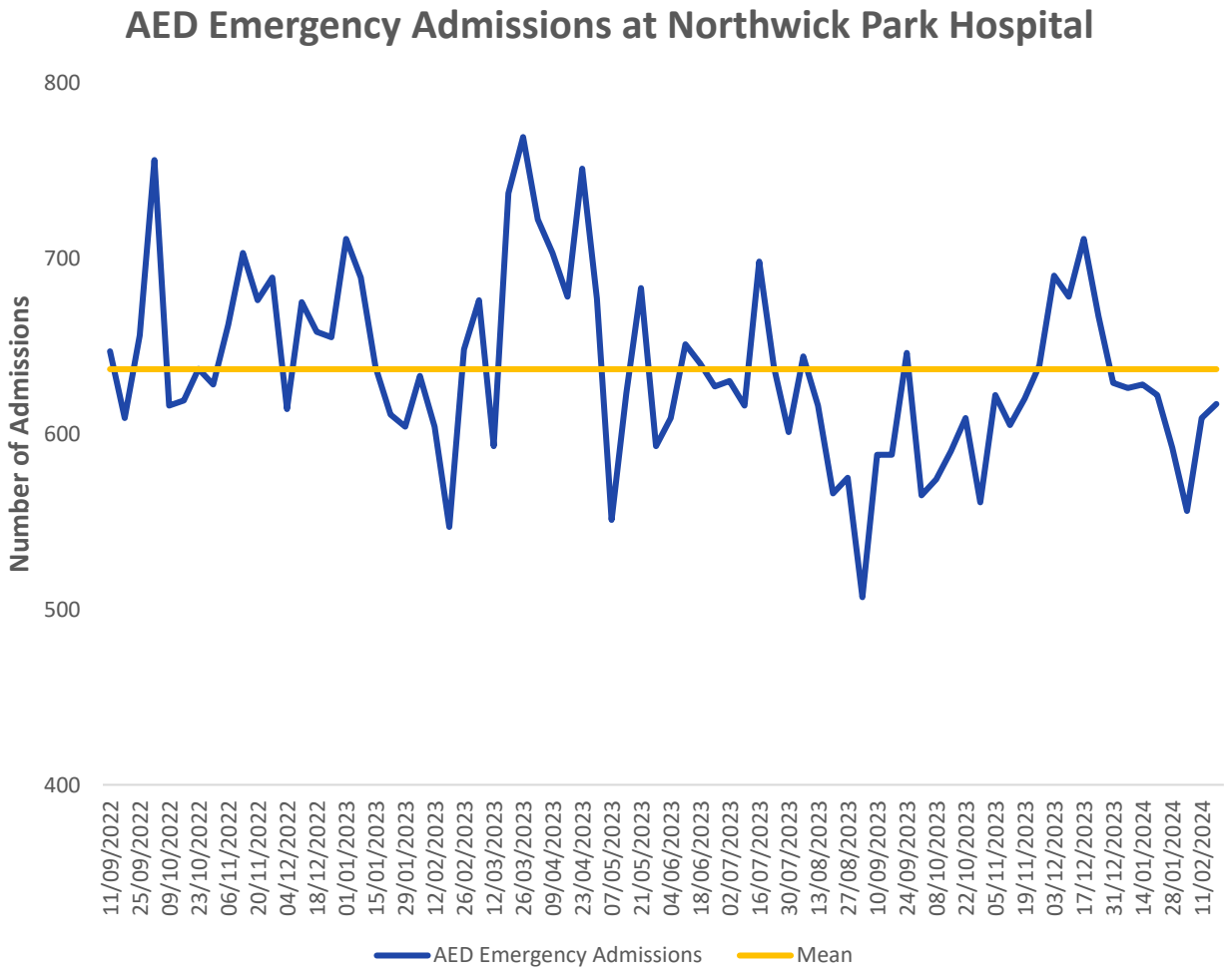
	System Indicators	Cohort	Frequency	Data Period	Current Period	Previous Period	Context	
Success of Prevention Measures								
1	Autumn Campaign - Covid vacc uptake	Harrow	Weekly	WE 18/02	35.79%	35.79%	NWL uptake	27.5%
2	Autumn Campaign - Flu vacc uptake	Harrow	Weekly	WE 15/02	40.03%	38.96%	NWL uptake	36.0%
Demand pressure								
6	AED Attends	NPH	Weekly	WE 18/02	2211	2266	Avg over last winter (Oct 22 - Apr 23)	2,139
7	AED Attends Paeds	NPH	Weekly	WE 18/02	353	381	Avg over last winter (Oct 22 - Apr 23)	546
8	UTC Attends	NPH	Weekly	WE 18/02	1463	1499	3 mth avg	1,314
9	AED Emergency Admissions	NPH	Weekly	WE 18/02	617	609	Avg over last winter (Oct 22 - Apr 23)	642
10	Community/District Nursing - Visits completed (in hours)	Harrow	Weekly	WE 17/02	1,594	1,599	Avg over last winter (Oct 22 - Apr 23)	2,321
11	Community/District Nursing - Rostered staff (in hours)	Harrow	Weekly	WE 17/02	1,290	1,280	Avg over last winter (Oct 22 - Apr 23)	1,843
12	No hospital discharges in month that required social care input	Harrow	Monthly	Jan-24	156	174	Mar '20 Avg	178
13	No of patients being worked with by social care	Harrow	Monthly	Jan-24	349	348	Mar '20 Avg	91
14	MH Liaison AED Referrals	Harrow	Weekly	WE 18/02	75	89	Avg over last winter (Oct 22 - Apr 23)	33
15	MH Liaison AED Referrals - 1 hour response	Harrow	Weekly	WE 18/02	93.2%	90.9%	Avg over last winter (Oct 22 - Apr 23)	62%
16	MH Liaison Ward referrals	Harrow	Weekly	WE 18/02	19	32	Avg over last winter (Oct 22 - Apr 23)	60
17	MH Liaison Ward referrals - 24 hour response	Harrow	Weekly	WE 18/02	93.8%	85.7%	Avg over last winter (Oct 22 - Apr 23)	85%
18	Rapid Response - Visits completed (in hours)	Harrow	Weekly	WE 17/02	332.75	342.75	Avg over last winter (Oct 22 - Apr 23)	330
19	Rapid Response - Rostered staff (in hours)	Harrow	Weekly	WE 17/02	379.5	460.0	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	Dec-23	103	102	3 mth avg	91
26	Covid Related 111 Calls	Harrow	Weekly	WE 11/02	58	78	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 13/02	5	4	4 wk avg	6
28a	Delayed Transfers of Care - Pathway 0	NPH - Harrow	Weekly	WE 13/02	16	8	4 wk avg	14
28b	Delayed Transfers of Care - Pathway 1	NPH - Harrow	Weekly	WE 13/02	16	12	4 wk avg	18
28c	Delayed Transfers of Care - Pathway 2	NPH - Harrow	Weekly	WE 13/02	11	20	4 wk avg	11
28d	Delayed Transfers of Care - Pathway 3	NPH - Harrow	Weekly	WE 13/02	15	12	4 wk avg	10
	Delayed Transfers of Care Total	NPH - Harrow	Weekly	WE 13/02	58	52	4 wk avg	52
28e	Delayed Transfers of Care - Unstated Pathway	NPH - Harrow	Weekly	WE 13/02	3	2	4 wk avg	7
39	Community Equipment Delays	Harrow	Monthly					
40	Enhanced Frailty service - Current Caseload	Harrow	Monthly	Dec-23	187	189	6 mth avg	191
41	Enhanced Frailty service - Step ups	Harrow	Monthly	Dec-23	63	76	6 mth avg	68
42	Enhanced Frailty service - Step down	Harrow	Monthly	Dec-23	63	64	6 mth avg	65
System Stress								
56	Hospital Capacity Status	NPH	Weekly	WE -13/02	FCP	FCP	% of weeks FCP over last winter (Oct 22 - Apr 23)	83%
57	12 Hour AED Waits	NPH	Weekly	WE -04/02	433	404	Avg over last winter (Oct 22 - Apr 23)	313
58	LAS Handovers - No. of 60 min Breaches	NPH	Weekly	WE -18/02	15	17	Avg over last winter (Oct 22 - Apr 23)	103
59	Community/District Nursing - No. of visits deferred once	Harrow	Weekly	WE -17/02	179	136	Avg over last winter (Oct 22 - Apr 23)	4
60	Community/District Nursing - No. of visits deferred more than once	Harrow	Weekly	WE -17/02	22	4	Avg over last winter (Oct 22 - Apr 23)	1
61	Rapid Response - No. of referrals with a 2 hour response time	CLCH	Weekly	WE -17/02	65	68	Avg over last winter (Oct 22 - Apr 23)	69
62	Rapid Response - Initial visits not completed within 2 hours	CLCH	Weekly	WE -17/02	5	4	Avg over last winter (Oct 22 - Apr 23)	2
63	Rapid Response - No. of referrals rejected due to capacity	CLCH	Weekly	WE -17/02	0	0	Avg over last winter (Oct 22 - Apr 23)	0
64	Community Services Sickness Absence	Harrow	Weekly	WE -17/02	1.1%	0.0%	Avg over last winter (Oct 22 - Apr 23)	3.9%

A&E Attendances and Admissions at Northwick Park Hospital





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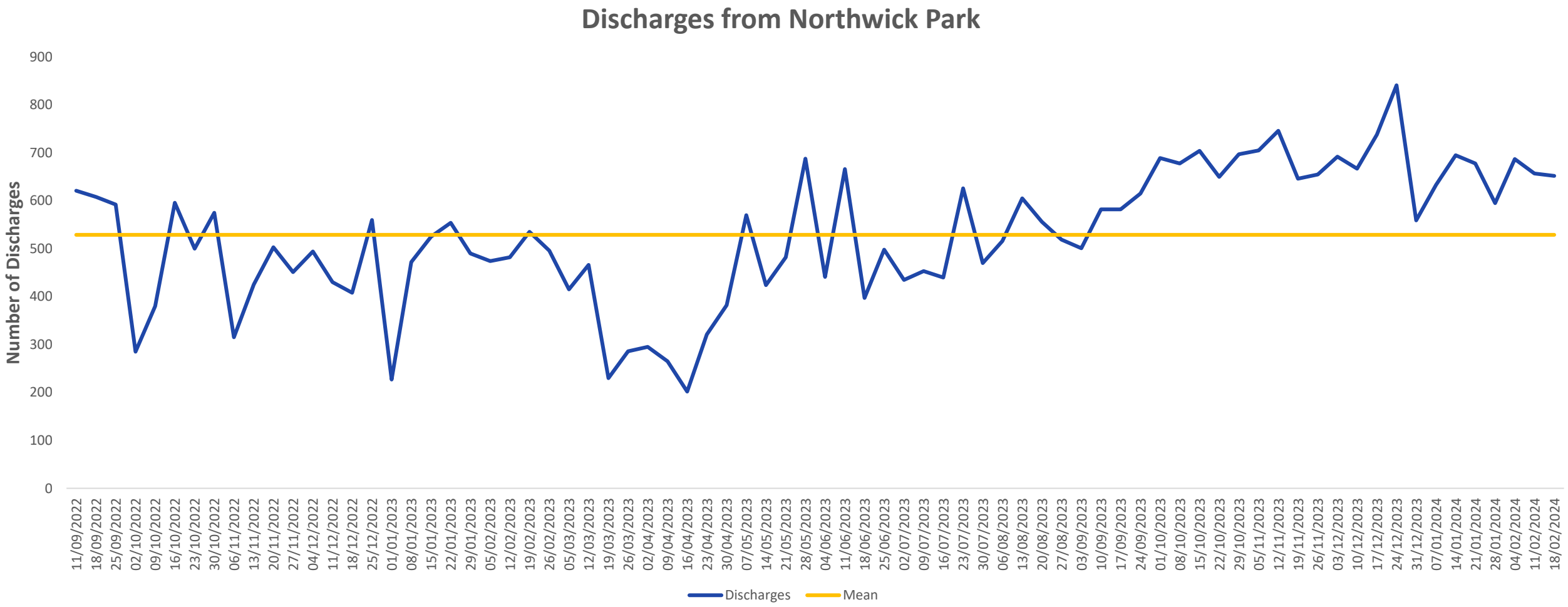
Discharges from Northwick Park Hospital



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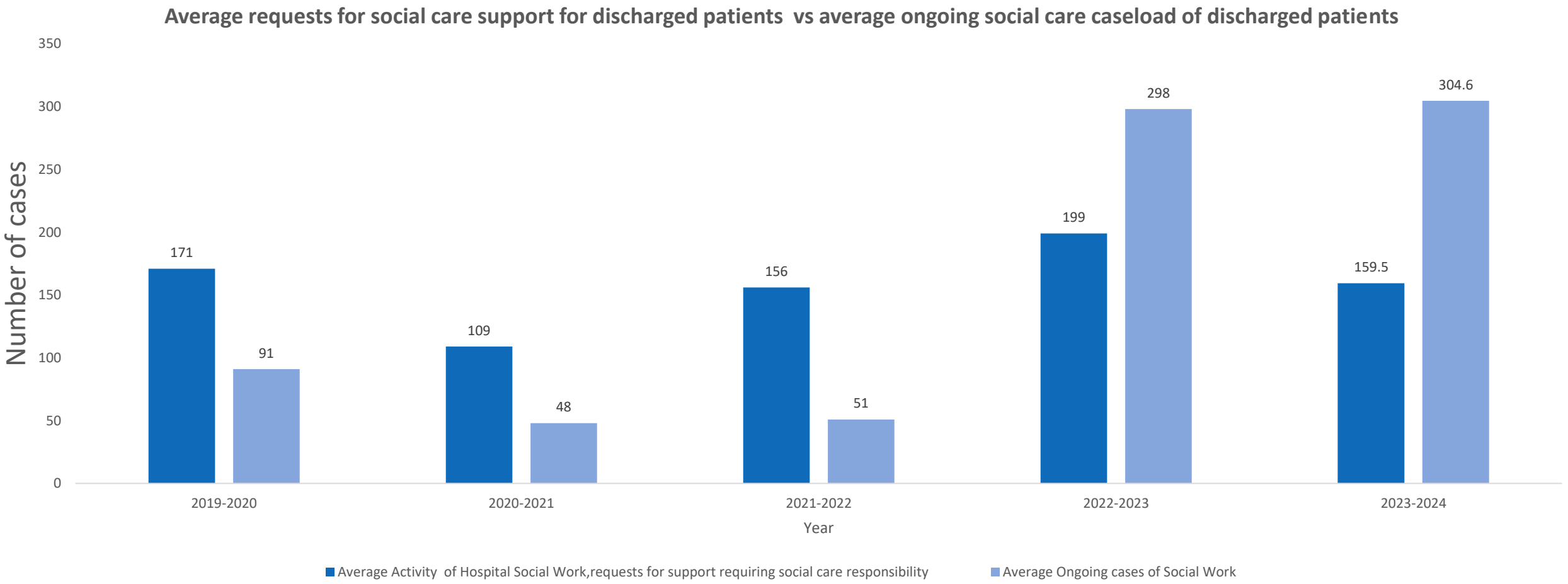
Social Care Support for People on Discharge from Hospital



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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 the final quarter of 2023/24 will also be completed as planned.

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				

Winter Improvement Plan Actions (2/3)

Action	Target impacted	31 Oct	30 Nov	31 Dec	31 Jan	28 Feb
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.**	**Discharge pathway and SOP confirmed**.	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.				

Winter Improvement Plan Actions (3/3)

Action	Target impacted	31 Oct	30 Nov	31 Dec	31 January	28 Feb	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				

Discharge Funding Activity

- Although Bridging Service activity is below plan the service continues to take all patients deemed to be appropriate by the multi-agency MDT.
- Demand for reablement and home care is below plan, resources are being redirected to fund additional bedded care.

Recent Discharge Funding Activity

Scheme	Description		08/01/2024	22/01/2024	05/02/2024	19/02/2024
P1 Bridging service	Bridging Service continues to promptly supprt the discharge of every patient referred by multi-agency MDT.	Plan Patients	*60*	*60*	*60*	*60*
		Actual	43	41	32	53
Block Beds	Temporary step down beds from hospital to enable discharge and assessment before long term care needs are finalised	Plan Beds	*8*	*8*	*8*	*8*
		Actual	8	8	8	8
Residential / Nursing Beds	3 long term beds reflecting the increase in residential and nursing placements following discharge.	Plan Beds	*3*	*3*	*3*	*3*
		Actual	3	3	3	3
Support for Hospital Discharges	Additional staff employed in hospital and social work practice teams to ensure prompt / timely discharge	Plan Workforce	*3*	*3*	*3*	*3*
		Actual	3	3	3	3
Reablement	Additional hours purchased from community provider.	Plan Hours	720	720	720	720
		Actual	194	391	343	400
Home Care	Additional hours purchased from community provider.	Plan Hours	540	540	540	540
		Actual	209	78	156	122
Residential / Nursing Beds	There has been an increase in the number of discharges to bedded care which will mitigate the reablement / home care activity.	Plan Beds	*6*	*6*	*6*	*6*
		Actual	6	6	6	6

Harrow Bridging Service Scope

Service Provider	Name: Elite Specialist Care
***Service Description**:* Brief description of the service.	The Bridging Care Service is designed to meet the short-term adult social care and support needs of people that no longer require acute treatment within hospital and are identified as Medically Fit for Discharge for safe return home via 'home first' Pathway 1. The service will therefore support delivery against requirements for effective and timely hospital discharge. The objective of the service is to facilitate same day discharge from Northwick Park Hospital NHS Trust for people identified as being medically fit and provide care and support for up to 7-days to ensure that identified care needs are meet while also maintaining individual safety and wellbeing.
***Referral process**:* Steps or information on how to make a referral	All referrals into the Service will come from the Integrated Discharge Team IDT at the Hospital. Referrals by any other route or through any other process must not be accepted without the express written consent
***Exclusions**:* Any specific exclusions or limitations	• People who have been admitted to and require care and support at the point of discharge from an acute hospital that is not Northwick Park Hospital NHS Trust. • People who do not reside within the boundary of the London Borough of Harrow. • People who do not have a registered Harrow GP and live outside of the boundary of the London Borough of Harrow. • People that lack capacity. • People that require nutritional support through feeding tubes (such as PEG, RIG) and supervised feeding where there may be a risk of aspiration. • People identified as unable to weight bear and are unable to assist or cooperate with transfers and/or repositioning. • People identified as having palliative care needs.
Service Hours: Days and Hours of Operation	**Opening Days:** 7 days/per week **Opening Times:** 7am - 9.30pm, including all Bank Holidays

Other Harrow Local Authority Discharge Schemes

Other Harrow discharge schemes:

- Block Beds – interim step down support to enable prompt discharge whilst establishing ongoing assessed social care support requirements.
- Residential/Nursing Beds – increased capacity to enable support for those no longer able to live independently post hospital discharge.
- Support for Hospital Discharges (workforce) – increased social work / occupational therapy / brokerage capacity to enable timely assessments to support discharge process as a 7 day service.
- Reablement – short term support (up to 4wks) to provide support to return (if possible / where appropriate) to pre hospital admission independence.
- Homecare – interim support (up to 4 wks) to provide assessment of long term ongoing social care assessed support requirements.