NHS
Isle of Wight
NHS Trust

NHS
Hampshire, Southampton and
Isle of Wight
Clinical Commissioning Group

ISLE of WIGHT COUNCIL

Operation Reset

Summary Review and Outcomes & Action

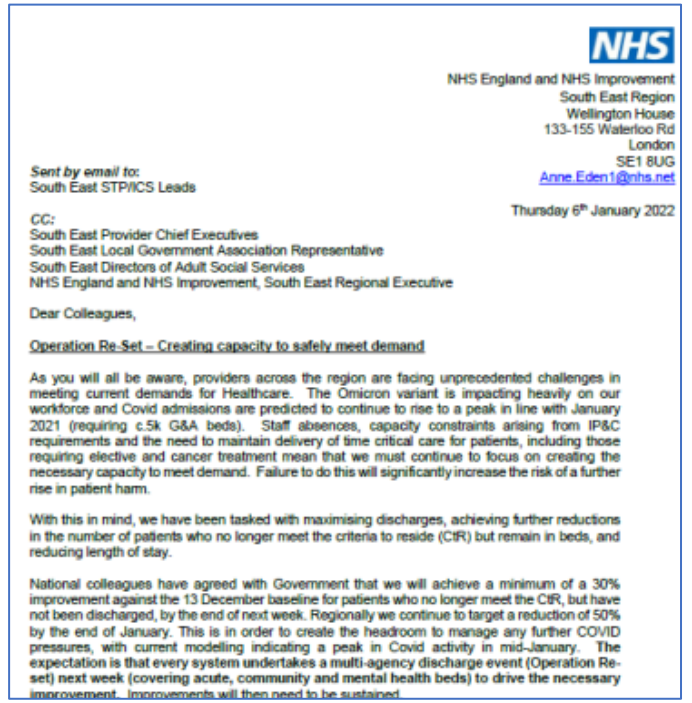
Isle of Wight Health and Care System

January 2022

1 Introduction

Operation Re-Set – Creating capacity to safely meet demand

- 6th January 2022 a Regional NHS England / Improvement Letter was received from Ann Eden highlighting the ongoing operational pressures and impact on patient care.
- System impact includes routine winter pressure, the emerging impacts of the Omicron Variant of COVID on top of the existing fatigue and resource constraints of the workforce. Whilst also continuing to deliver the Elective Recover Programme
- The need to maximising discharges was highlight, achieving further reductions in the number of patients who no longer meet the criteria to reside (CtR) but remain in beds, and reducing length of stay
- Critical to the success of our Re-set approach will be a truly multi agency, multi-professional approach.
- The aim was to deliver the following NHSE/I objectives;
  - Reduce the IW baseline (38)* Medically optimised by 30% by the 14th January (26)
  - Reduce the IW baseline (38)* Medically optimised by 50% by the 14th January (19)



NHS

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Sent by email to:
South East STP/ICS Leads

Thursday 6th January 2022

CC:
South East Provider Chief Executives
South East Local Government Association Representative
South East Directors of Adult Social Services
NHS England and NHS Improvement, South East Regional Executive

Dear Colleagues,

Operation Re-Set – Creating capacity to safely meet demand

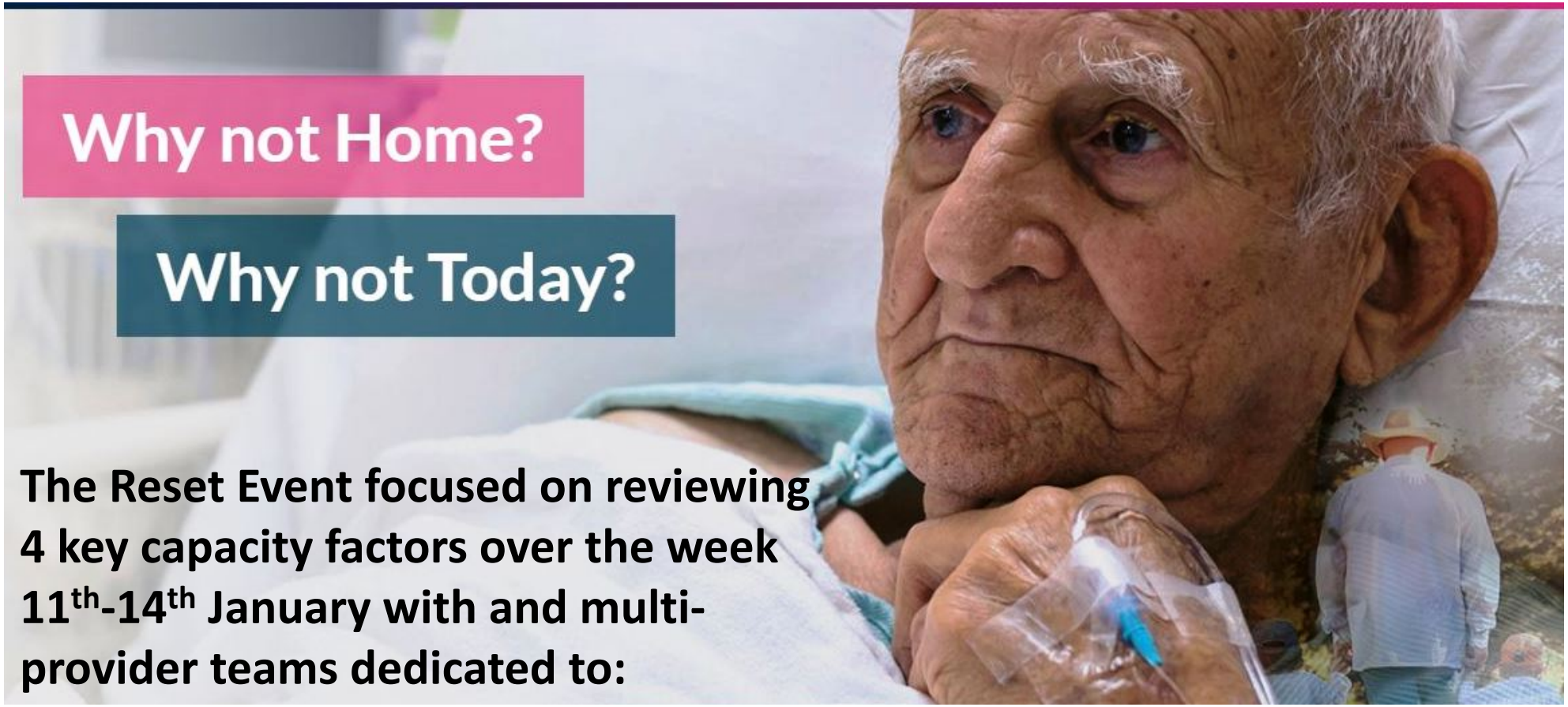
As you will all be aware, providers across the region are facing unprecedented challenges in meeting current demands for Healthcare. The Omicron variant is impacting heavily on our workforce and Covid admissions are predicted to continue to rise to a peak in line with January 2021 (requiring c.5k G&A beds). Staff absences, capacity constraints arising from IP&C requirements and the need to maintain delivery of time critical care for patients, including those requiring elective and cancer treatment mean that we must continue to focus on creating the necessary capacity to meet demand. Failure to do this will significantly increase the risk of a further rise in patient harm.

With this in mind, we have been tasked with maximising discharges, achieving further reductions in the number of patients who no longer meet the criteria to reside (CtR) but remain in beds, and reducing length of stay.

National colleagues have agreed with Government that we will achieve a minimum of a 30% improvement against the 13 December baseline for patients who no longer meet the CtR, but have not been discharged, by the end of next week. Regionally we continue to target a reduction of 50% by the end of January. This is in order to create the headroom to manage any further COVID pressures, with current modelling indicating a peak in Covid activity in mid-January. **The expectation is that every system undertakes a multi-agency discharge event (Operation Re-set) next week (covering acute, community and mental health beds) to drive the necessary improvement. Improvements will then need to be sustained**

* – baseline contested as lower than usual quarterly average of 52 cases under usual system constraints

2 Planning and approach for a successful event



The Reset Event focused on reviewing 4 key capacity factors over the week 11th-14th January with and multi-provider teams dedicated to:

1. **Regaining Independence and Community bed capacity**
2. **Mental Health Capacity**
3. **Same Day Emergency Care** and **Acute Admissions Unit** – 0-2 day pathways
4. **Medically Optimised patient in acute beds**

2 Planning and approach for a successful event

- Local System leaders rapidly adapted local system review plans to meet the specifications of the NHS England / Improvement requirements outlined in the letter.
- A four day event was coordinated to take place between Tuesday 11th – Friday 14th January 2022.
- The event was centred around the Trust Conference room but with the facility for virtual participation of all element.
- The event was clinically led and cover a number of service areas, processes and pathways including the **National Objectives**:
    - reducing inpatients who no longer meet the criteria to reside and those patients with a length of stay 0-2 days
    - Impact to reduce MO by 30%,
    - Optimise rapid discharge and support increased capacity

The Key Focus of reviews included:

- Those patients listed as Medically Optimised and not meeting the criteria to reside, patients within the Community setting including Community Unit, rehabilitation and regaining independence services – Adelaide, Goulding's, Hartford Care and Outreach Service, and;
- Those patients with a length of stay 0-2 days and within a AAU pathway
- Those patients on a MH inpatient pathway reduction of LOS and community team case load review

2 Planning and approach for a successful event

The P's of the week

Through out the week the system adopted a series of 'P' focus points and this was embraced and added to throughout the week;

- **People**
- **+**
- **Process**
- **+**
- **Place**
- **+**
- **Partnerships**
- **+**
- **Policy**

= Performance

2 Planning and approach for a successful event

Key Local Objectives for the Operation Reset week:

Daily 'drum beat' to seven day working to increase pace of daily discharges over the entire week to **free up capacity and prevent bottlenecks**.

- **Reduce the level of medically optimised by 30%** by the 14th January
- **Reduce the level of medically optimised by 50%** by the 31st January
- **Agree to a single Medically Optimised figure for the day**, which will be used consistently by all partners
- Increase number of discharges to **12 before 12 midday**
- **Optimise virtual ward** capacity >85% capacity
- **Commence AAU ward round at 08.30**
- **SDEC to see an average 12** patients per day
- **Reduce DTA's** in Department to <5
- **Reduction in Length of Stay** of 10% required

3 Theme Of Challenge – Summary level

Review and Actions

- Over the course of the week 471 patients were reviewed by the 4 teams. Of these 67 acute medically optimised patient were reviewed for onward care/discharge.
- 396 individual actions were identified ranging from minor quick wins to larger pathway and process changes. A large quantity of the actions were identified and actioned during the week.
- Each team developed a short, medium and system action plan to address the key themes that emerged across the four teams:
  - **Behavioural/Cultural paternalistic approach to care.**
  - **Earlier Discharge planning (on admission).**
  - **Inconsistency at weekends.**
    - Access to Enabling support teams – Staff highlighted the high impact on those areas delivering patient/personal care when there is less consistent levels of enabling support is available
  - **Lack of Packages of Care and Short Term placements.**
  - **Internally developed 'work arounds' build in delays.**
  - **Escalation** – ward staff feel disempowered to escalate.

3 Theme Of Challenge – Summary level

Short term priorities

- **Definitions and common understanding**
  - MOFD/CtR/medically ready
- **Widely recognised, owned and understood escalation processes**
- **Clear set of KPIs** & level of expectations around discharge processes
- **Earlier – Earlier - Earlier**
  - Assessments earlier in the day
  - Work with patient earlier
  - Empower staff, so they feel able to ask for help 'earlier'
  - Care plans completed earlier
  - Discharges before 12

Long term priorities

- **Infrastructure:** Commonly recognised and accessible 'live' information
- **Workforce and Culture**
  - Seven Day Provision
  - Align therapy workforce to optimise flow
  - Greater and equitable access to voluntary sector
  - Shift in management of clinical risk
    - Over care planning/prescribe
    - Good enough and safe enough is the key
    - Supporting patient/family to take ownership
    - Manage family expectations

4 Individual Team actions – Summary level: Team 1

Community bedded capacity Review - Next Steps / Lessons Learnt:

- System wide cultural issue – risk averse nature and paternalistic approach.
- Need to facilitate shift to 7 day services
- Need a review of Acute Therapy in ED and AAU
- Patients are deconditioned and of higher acuity when admitted into community settings – increasing support needs are required.
- Need to assess and mitigate a lack of capacity in community therapy in order to provide intensive rehab in peoples own homes. Work needed to drive bedded care review to enable home first approach.
- Ensure consistent therapy input into reablement bed settings
- Opportunity through UCR programme to ensure high intensity users are supported to improve patient outcomes
- Assess how deteriorating patients from community bedded settings could benefit from direct access to diagnostics.
- Maximise the value of the Discharge Co-Ordinator role and looking at implementation of roles across all community settings.

4 Individual Team actions – Summary level: Team 2 & 4

Acute SDEC, AAU and Ward reviews - Next Steps / Lessons Learnt

- **Increased Partnership working** with other agencies to maximise opportunities for system flow – ASC, Age UK, Inter facility transfers
- Assess and improve a number of **highlighted process improvements** - including End of Life Care & **setting of ACPs**, **Multi-agency support at the emergency floor, Nutrition input, Site processes**
- Performance actions and opportunities and ambitions include;
  - 12 discharges before 12
  - Increase in ECS %
  - 95% non admitted performance
  - Reduction in time waiting for response to ICRs
  - Increase in usage of virtual ward
  - Ability to run SDEC
  - Stroke 4hr performance – ensuring timely discharge for available capacity
  - Protecting elective pathways

4 Individual Team actions – Summary level: Team 3

Mental Health - Lessons Learnt:

- Need to **improve visibility** and offer of Peer Support Team
- **Assess DTOC's relating to patient refusal** on accommodation and how these can be safely managed
- There is a **lack of appropriate on-island dementia provision delaying return of off island placements**
- There is a **gap in provision around community respite** for service users which would prevent crisis admissions
- **Increase 3rd Sector support** for both person in emerging crisis & providers to negate the need for admission
- **48/72hr community plan for person in emerging crisis** – what can be offered to providers to prevent admission.
- **Shared care plans (internal)** – essential that there is input from all areas to be effective.
- **Internal process review** required regarding action follow up.

High level positive – 36 Potential discharges profiled for January – This would provide a huge decrease in bed occupancy

5 Local Delivery System Action Plans and next steps

- **MINI MADE in Care Home settings** – ASC lead to be supported by system – dates TBC
- **MINI MADE at weekend** to clarify opportunities and potential gaps at weekends (05/06 February)
- **Schedule lessons learnt event in February** where future event dates and LDS oversight and governance will be agreed.
- **Embed processes** – support from Hampshire and Isle of Wight CCG System to regularly hold similar events.
- **Increase already established links** with partnership organisation – build on successful relationship building of the Operation Reset event.
- Further **development of the Island need/capacity around specialist care** and where we need clear escalation of pathway to mainland
- **Escalation channels** to be assessed, agreed and communicated

6 Outcomes / Achievements demonstrated – from 14/01/22 to present

Key Local Objectives for the Operation Reset week:

- **Reduce the level of medically optimised by 30%** by the 14th January
  - The national trajectory target of 27 was always going to be challenging and the system reported 64 medically optimised patients by the 14th - Onwards care capacity constraints remain a challenge
- **Reduce the level of medically optimised by 50%** by the 31st January
  - The national trajectory target of 19 was not achieved and the system reported 69 medically optimised patients by the 31st.
  - Onwards care capacity constraints remain a challenge
- **Agree to a single Medically Optimised figure for the day**, which will be used consistently by all partners
  - Agreed that the figure reported within the national daily sitrep is the consistent figure. Operational updates are necessary through the day but for reporting
- **Increase number of discharges to 12 before 12 midday**
  - Early discharge was evident during the week with numbers approaching double figures for discharge – reporting is developing to include this measure within system dashboards
- **Optimise virtual ward** capacity >85% capacity
  - Virtual Ward and Oximetry at home capacity (100) remains **under utilised at approx. 50%,** although appropriate cases are being signposted

6 Outcomes / Achievements demonstrated – from 14/01/22 to present

Key Local Objectives for the Operation Reset week:

- **SDEC to see an average 12** patients per day
  - **SDEC has remained open since Operation Reset which is a success**. A performance review of SDEC is in progress to establish the successful benefits of being able to maintain this service. **Numbers treated not currently reported**
- **Reduce DTA's in Department to <5**
  - Between the 1st - 11th of January as at approximately 08.30 each morning there were an average 12.6 patients with a 'Decisions to Admit' in the Emergency Department.
  - **Between 12th – 31st January 2022 as at approximately 08.30 each morning there were an average of 4.1 patients with a 'Decisions to Admit' in the Emergency Department.**
- **Reduction in Length of Stay** of 10% required
  - **The was an immediate reduction in average Length of Stay of those in hospital following the event** but it is recognised that there is an increasing level of delays for the cohort of medically optimised awaiting onwards care

6 Outcomes / Achievements demonstrated
– from 14/01/22 to present

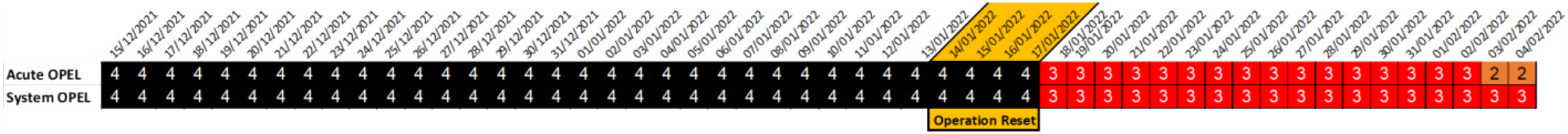
Other Key Outcomes from the Operation Reset week:

- **A&E 4 hour access performance has increased through out the remaining period of January following the Reset event**

- **Alverstone Ward was de-escalated as a contingency emergency ward and prepared for recommencement of the Elective Orthopaedics programme from Monday 17th January**

- **The Acute and System OPEL levels have de-escalated from OPEL 4 to OPEL 3.**

- **Acute further deescalated to OPEL 2 at the beginning of February**



Implementation Projects

- **Improved data tracking: Dashboard**
  - Bed occupancy %
  - DTOC
  - Leave beds
  - Total acute caseload/bed utilisation including HTT as 'virtual ward'

- **Admission prevention – CRHT pathway improvement**
  - Shared care plans (with ASC) using IDT principles
  - Deployable ADM avoidance capacity:
    - 48/72hr crisis packages community plan for person in emerging crisis – what can be offered to providers to prevent admission.
    - Crisis House to address gap in provision around community respite for service users which would prevent crisis admissions
    - Increase 3rd Sector support for both person in emerging crisis & providers to negate the need for admission; expansion of Safe Haven (Ryde)
    - A2I, HTT

- **Improved grip and control: operational management**
  - MADE cycles
  - Solent shared learning
  - Operational Daily Huddles
- **Flow**
  - Enhanced MDT
  - DTOC's relating to patient refusal on accommodation and how these can be safely managed
  - Housing
  - Specialist placements

- **Mainland Dementia placement avoidance**

Next Steps

- **Schedule lessons learnt event in next 2 weeks** where future event dates will be agreed – w/c 14th February
- **Embed process** – support from Trust and System to regularly hold similar events.
- **Increase already established links** with Adult Social Care & Housing.
- Further **development of the Island need/capacity around specialist housing/facilities and placements**.