Sherwood Forest Hospitals
NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Winter Pressures			**Date:** 21 March 2018
Prepared By:	Denise Smith, Deputy Chief Operating Officer			
Approved By:	Simon Barton, Chief Operating Officer			
Presented By:	Simon Barton, Chief Operating Officer			

Purpose

To provide an update on the current winter pressures and actions in place to manage these together with a summary of the winter debrief arrangements

Approval	
Assurance	
Update	x
Consider	

Strategic Objectives

To provide outstanding care to our patients	To support each other to do a great job	To inspire excellence	To get the most from our resources	To play a leading role in transforming health and care services
x				

Overall Level of Assurance

	Significant	Sufficient	Limited	None
		x		

Risks/Issues

Financial	x
Patient Impact	x
Staff Impact	x
Services	x
Reputational	x

Committees/groups where this item has been presented before

None

Executive Summary

The Trust, along with the rest of the NHS, has seen significant winter pressures on its hospitals due to increases in the acuity of admissions and ambulance arrivals over the winter period. This has had a detrimental impact on performance against the emergency access standards.

Inpatient capacity has been increased, in line with the winter plan, and additional actions have been taken to further increase medical inpatient capacity, including the cessation of routine, non-urgent inpatient surgery for a period of time. All clinically urgent, cancer and day case surgery has been provided as normal during the winter period and routine non-urgent inpatient surgery recommenced week ending 18 February 2018.

A table top winter debrief has been undertaken with a full winter debrief planned for April 2018. This will include a half day staff engagement session as well as a series of ward level ‘kitchen table’ conversations.

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WINTER PRESSURES & IMPROVING ACCESS TO URGENT AND EMERGENCY CARE FOR PATIENTS

FEBRUARY 2018

1. Introduction

This paper provides an update on the current winter pressures and actions being taken to manage these in order to maintain flow and patient safety. It should be read in conjunction with the SOF exception report on Emergency Care that provides an overview of the more general improvement work. In addition, the paper provides an outline of the winter debrief arrangements and a desktop summary of the winter plan to date.

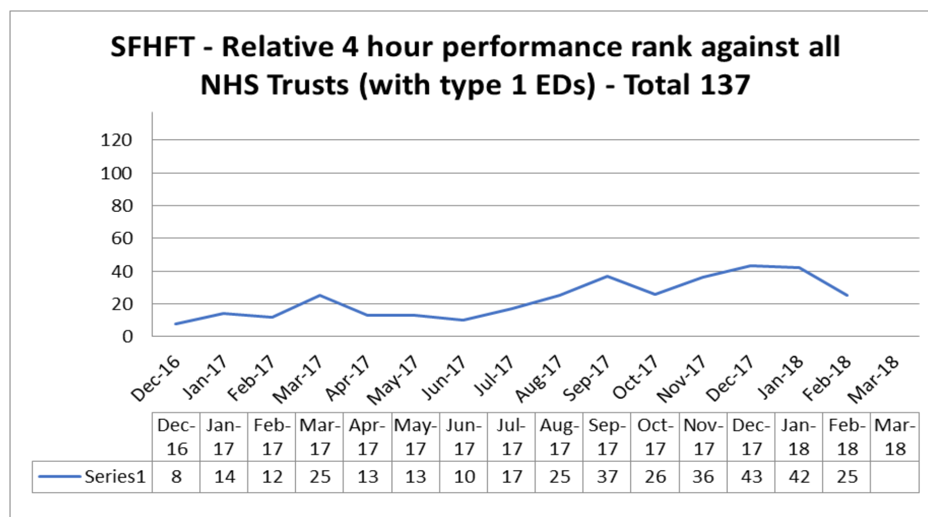
2. Performance

The Trust has seen an improvement in performance against the four hour standard with total Trust performance at 89%% in February 2018 compared to 87.2% in January 2018.

February 2018 – Emergency Care System performance		
All Type Performance: **89%** (Previous month – 87.2%) (Year to date – 92.7%)	% of attends to Majors/Resus **54%** (Previous month – 54%) (Year to date – 49%)	Bed Occupancy **98%** (Medical beds, all sites)
Discharges pre-noon **23.2%** (Best practice 30%)	Ave Daily Patients with an LOS > 7days (excl MCH & Newark) **211** (previous month – 206) (3 month average – 207)	Daily admissions via ED **81** (previous month – 81) (year to date ave – 78)

Figure 1 – February 2018 Emergency Access winter position

The NHS as a whole remained under significant pressure during February with the NHS overall at 85% and upper quartile performance at 87.4%. The Trusts national ranking for February was 25th out of 137.



	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Series1	8	14	12	25	13	13	10	17	25	37	26	36	43	42	25	

Figure 2 – 4 hour wait relative performance

There were no 12 hour breaches in February 2018 and the revised escalation process to mitigate against long waits in ED is now well embedded.

18.7% of ambulances had a delay over 30 minutes on the EMAS (non-CAD extra) data, this shows an improvement of 6.7% on December despite seeing a similar level of ambulance arrivals per day.

3. Demand

A&E attendances compared to winter 16/17 are broadly similar at KMH ED. Attendances at both PC24 and Newark UCC are up on previous years. However, the proportion of patients that are majors or resuscitation room patients remains high at 54% in February, compared to 49% year to date.

The rolling average of ambulance arrivals increased steadily from mid-November 2017 reaching a peak in early January 2018. The rolling average has started to see a minimal reduction towards the end of February.

Admissions during February remain high although below the December / January peak. Flu admissions have stabilised and a reduction in newly diagnosed patients has been seen.

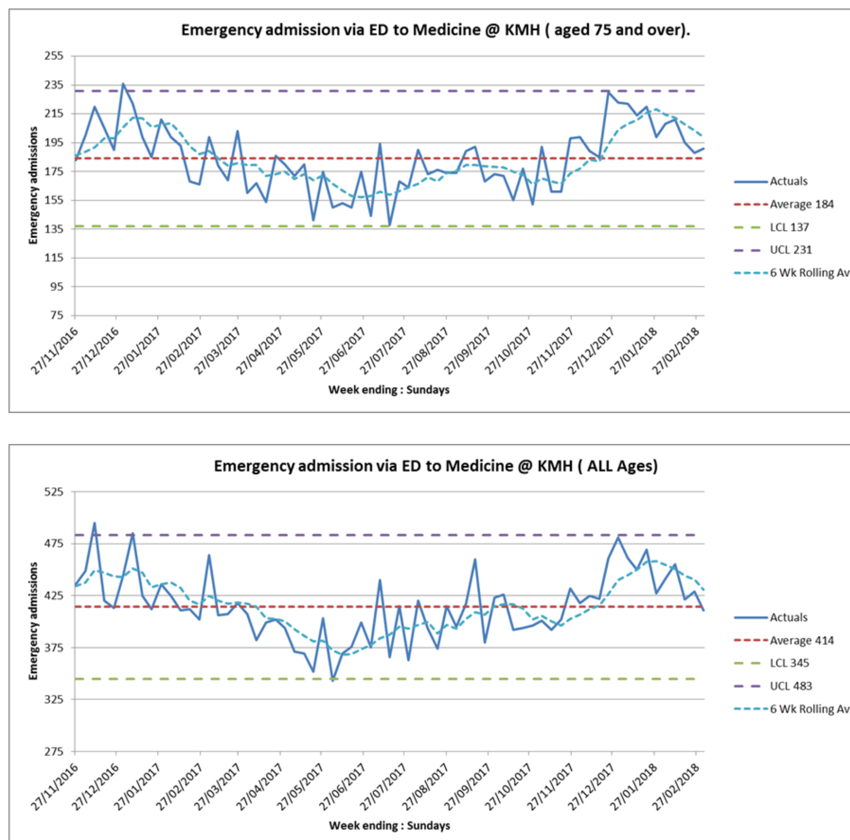


Figure 3 - Emergency admissions via ED to Medicine at KMH

The overall number of patients with a length of stay over 7 days has remained relatively static since mid-January.

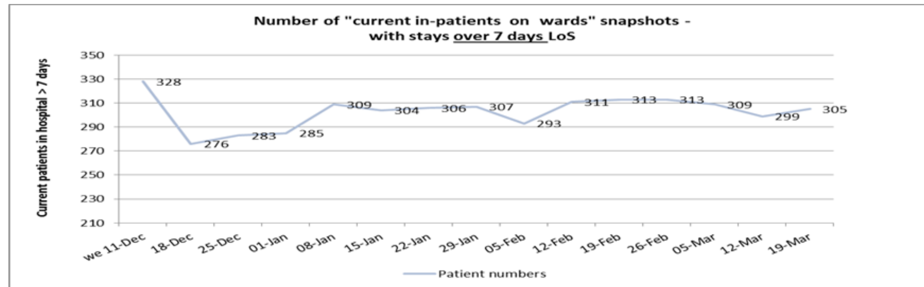


Figure 4 - Number of inpatients on all wards with LoS over 7 days

4. Capacity

In line with the Trust winter plan, inpatient capacity has increased over the winter period at both the Kings Mill and Newark Hospital sites with all flex capacity currently open. This is shown below and shows that there were broadly a similar number of general acute beds open against 16/17, although there were 23 less beds in February due to additional capacity being opened in February 2017.

	G&A Beds open 17/18	G&A Beds open 16/17	Variance
Dec	629	631	2
Jan	629	635	6
Feb	629	652	23
Mar	629	627	-2

Figure 5 – Core and escalation inpatient bed capacity

The ability to open extra medicine beds this winter was compromised by the paramount need to ensure safe nurse staffing levels. Therefore, more medical patients were treated on other wards as outliers, whilst being supported by the medical and discharge teams. There is national evidence that this increases length of stay. The number of medical outliers, over and above the planned increase in medical beds for winter, has reduced significantly during February and is expected to remain broadly within winter plan bed numbers for March and April.

EAU (Emergency Assessment Unit) capacity – the EAU is the main admitting ward for all admissions to medicine from ED. Following the closure of 12 (52 to 40) beds on EAU in June 2017 due to concerns over nurse staffing levels, the unit has not been able to meet demand on a daily basis. This has been grossly exacerbated in winter as admissions have increased. Work is being progressed with UEC to divert as many admissions into the Ambulatory Emergency Care Unit (AECU) to ensure patients are only admitted to EAU when absolutely necessary. This is being addressed via the *'Start Right'* work stream led by Dr Ben Owens.

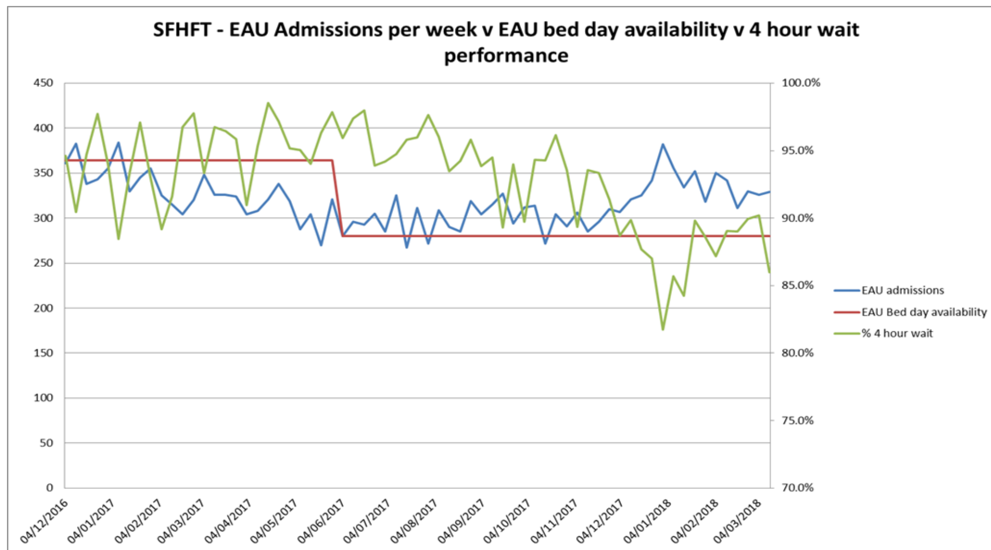


Figure 6 - EAU Admissions per week v bed availability

External capacity – decommissioned 'Transfer to Assess' beds, which have slowly been reducing since January 2018, has created delays along a number of external pathways.The Trust is now seeing a more material increase in the delayed transfer of care (DTOC) levels above the 3.5% target level but with an overall high level of occupancy this cannot be coped with as well as it previously has. This is being picked up via the A&E Delivery Board chaired by the Chief Executive and via the daily 'hub' meeting where all patients with a LOS >7 days are reviewed.

5. Process

Weekend discharges in medicine – this winter admissions via ED to EAU have not materially reduced at weekends, yet discharges do materially reduce with about 50-60% of the weekday discharge rate, coupled with the fact that EAU has a much tighter demand and capacity has exacerbated this problem as the bed capacity on EAU would support the hospitals by managing demand over the weekend within UEC. Work is underway to trial a discharge team within medicine for the weekends and this is forecast to start at Easter weekend, but greater work is required with partners around weekend discharges.

Internal base ward flow –Much of the work in this area fits in the *'Todays work today'* work stream (led by Dr Anne-Louise Schokker) which is about improving the timeliness of discharge both for patients and the flow of the hospital – including discharges pre-noon, use of the discharge lounge, transport, focussed board rounds and other key process work. The use of the discharge lounge is progressing well as shown in Figure 8 but still requires a little more consistency. The number and proportion of patients who are discharged pre-noon is also increasing and was 27% for February.

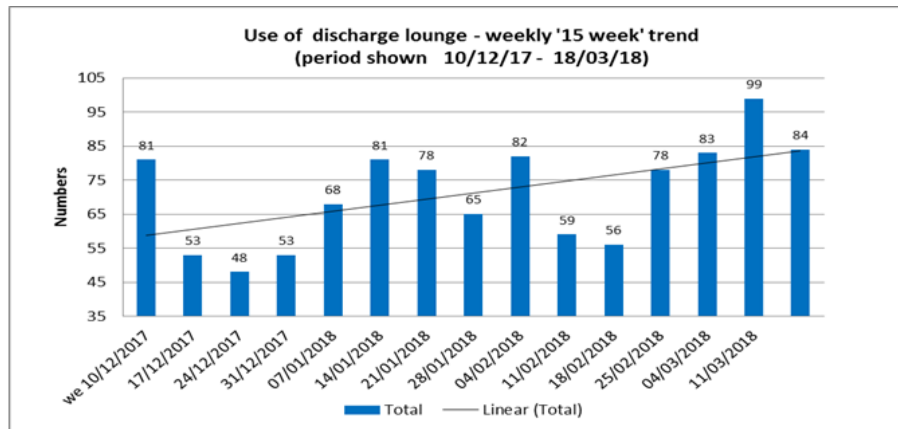


Figure 7 - Discharge Lounge usage – King's Mill

Operations control systems – much of this work is coming to an end with a completed standard operating procedure for the flow meetings as well as systems for escalation of long waiting patients, although the Trusts formal escalation policy is currently under review.

6. Governance and leadership of improvement programme

The above areas that are the root causes of lower than 95% performance; these are addressed through the Patient Flow Group, reporting to the Executive Team, via 3 work streams:

- **'Start right'** (led by Dr Ben Owens) – maximising ambulatory care, EAU demand and capacity
- **'Todays work today'** (led by Dr Anne-Louise Schokker) – 'Red to Green', Board rounds, PDDs, criteria led discharge, discharge transport , TTOs, planning ahead
- **'Length of stay'** (led by Dr Steve Rutter) - >7 day stays reduction, visibility of delays/medically fit, internal delays and escalation. The integrated discharge group will feed into this which will lead on the work associated with the 'Intensive Recovery Roadmap'.

7. Winter debrief

Demand & Capacity

Much of commentary with regard to demand and capacity is dealt with in sections 3 & 4 of this report that shows an increase in the number of ambulance arrivals and admissions but with minimal change in the number of ED attendances at KMH compared to last winter. There has been an increase in the acuity of patients, particularly frail older patients, and in admissions of patients diagnosed with flu.

The winter plan for 2016/17 provided for an additional medical ward, over and above the Trust core bed stock; this was also included in the original winter plan for 2017/18. However, the Trust was unable to safely staff the additional medical ward for winter 2017/18 therefore a revised winter plan had to be developed in the approach to winter. The final winter plan for 2017/18 provided for an increase in medical bed capacity through the expansion of ward 14 (gynaecology) and re-designation of beds across wards 31 and 32 from Surgery to Medicine. This plan delivered a broadly a similar acute bed number as 16/17 in 17/18 with the exception of in February where there were 23 less beds.

The Trust has in place a 'buddy' ward system and this ensures that all medical patients have a daily senior physician review and management plans are in place. However, the 'outlier' model to is not as optimal as an additional medical ward in terms of length of stay as daily medical staff reviews take place in the afternoon, once patients on medical base wards have been reviewed, and additional resources, such as therapy staff and discharge teams, have to work across a number of areas.

In addition, in line with national guidance in January, all routine, non-urgent surgery ceased from the New Year in order to maximise inpatient capacity for non-elective medical and surgical demand. This enabled the Trust to utilise ward 21 (elective orthopaedics) for medical patients for a 7 week period.

All decisions to increase or flex the use of inpatient capacity are taken in a planned way by Gold on Call based on the predicted number admissions and daily demand for medical beds. The transfer of patients from a medical base ward to an outlier ward is undertaken in line with the Trust Patient Outlier Policy; this requires that only suitable patients, who meet the criteria agreed in the Patient Outlier Decision Making Tool, are transferred.

Safe nurse staffing levels this winter

Throughout the year the Trust reviews all nurse staffing levels twice daily to ensure that staffing levels are within the parameters set out in the Safer Staffing Standard Operating Procedure. The Trust Board of Directors receive a monthly report detailing all under and overfill of rotas together with any breaches in minimal staffing levels, this information is also available on the Trust website.

As noted above, the original winter plan was revised to ensure that safe nurse staffing levels could be maintained on all wards throughout the winter period. With the exception of one occasion for 24 hours during the adverse weather conditions of w/c 5 March, the overall inpatient bed stock has not been increased from the 629 in the winter plan. Instead, the inpatient capacity has been flexed between medical and surgical specialties in order to manage the medical admissions.

Figure 15 shows the nurse staffing fill rates for the past 12 months. A 'red' rating is where the actual staffing level breaches the 80% safe staffing levels. Where any ward has a red rated fill rate immediate actions must be taken to return to safe staffing levels. As shown in fig. 15, the Trust reported five red ratings since October 2017 with none in January or February 2018.

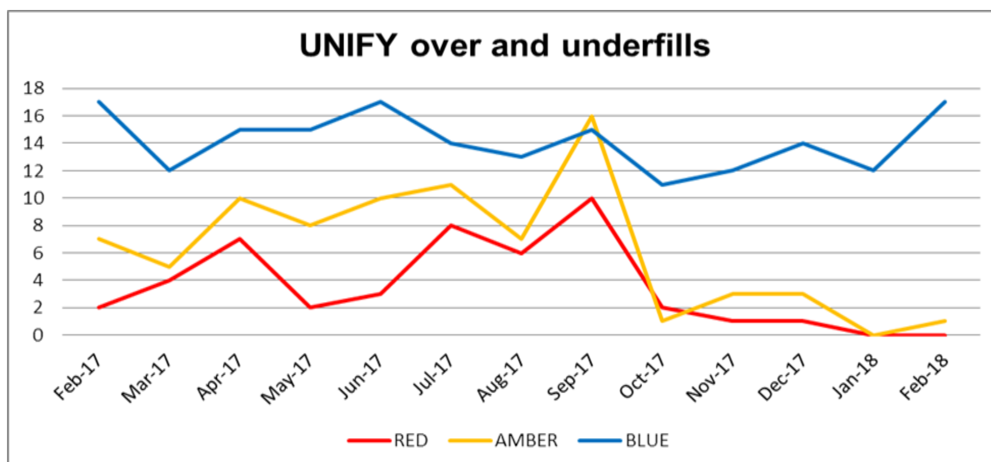


Figure 8 – Nurse staffing fill rates

Red rating	*actual staffing level is below the accepted 80% level*
Amber rating	*staffing fill rate is less than the accepted 90%, but above 80%*
Blue rating	*actual staffing figures are greater than 110% fill rate*

Adverse weather over winter

There have been two periods of adverse weather this winter, the first from 28th February to 3rd March, and the second on 17/18th March. The Trust managed these incidents in line with the national adverse weather policy and cold weather plan. However, initial learning and feedback from staff suggests it would be beneficial for the Trust to develop a local cold weather plan, incorporating the management of elective activity and communication during adverse weather.

Staff commitment

It is acknowledged that the 2017/18 winter period has been particularly stressful and demanding for the NHS. The Trust has seen sustained peaks in demand over a number of weeks and this has placed huge operational pressures on many groups of staff. In addition, the two periods of adverse weather created further challenges. Despite this, staff have shown exemplary resilience and commitment to maintaining patient safety and flow.

8. Summary

The Trust has experienced a more sustained increase in admission demand over the winter period largely caused by higher patient acuity and the incidence of influenza, notably but not exclusively in older people. A winter plan was put in place which had a similar number of beds as in 16/17 (aside from February) but the extra beds were surgical beds meaning that it was not as optimal as additional medical beds. The EAU has proved to not be able to meet demand due to its reduced bed base and there has been some reductions in external bed capacity to the hospital.

The interim debrief shows that safe staffing was in place during this period, but that the Trust should develop a local plan to manage adverse weather.

Additional actions were put in place, over and above the winter plan, to manage this increase in demand and these will remain in place until the end of April 2018 to ensure the Trust maintains safe patient care and patient flow on a daily basis.