

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.

1. Performance

The Trust has seen deterioration in performance against the four hour standard with total Trust performance at 87.2% in January 2018 (86.4% December 2017).

January 2018 – Emergency Care System performance		
All Type Performance: 87.2% (previous month – 86.4%) (year to date – 92.8%)	% of attends to Majors/Resus 54% (previous month – 52%) (year to date – 49%)	Bed Occupancy 94%
Discharges pre-noon 22% (best practice 30%)	Ave Daily Patients with an LOS >10 days (n/i MCH & Newark) 145 (previous month – 133) (year to date – 120)	Admissions via ED 2517 (previous month – 2552) (year to date ave – 2471)

Figure 1 – January 2018 Emergency Access winter position

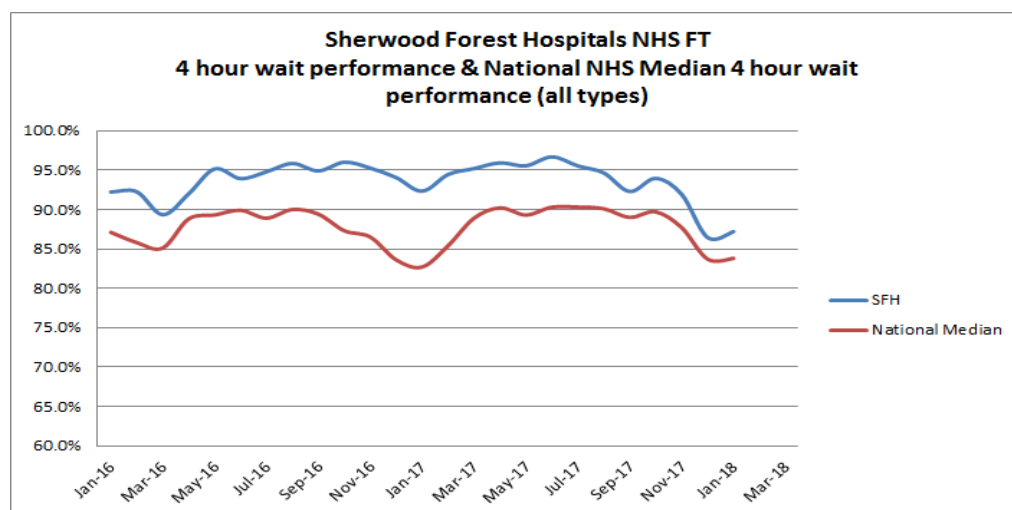


Figure 2 – 4 hour wait trend against NHS national median

The NHS as a whole is under significant pressure as shown in the deterioration in the median position. The Trust was 3.4% above the NHS median in January compared to 2.7% in December, but remains below the historic variance delivered. The Trust has remained an upper quartile performer within Midlands & East.

There were no 12 hour breaches in January (7 in December), despite similar levels of pressure and the new escalation process to avoid such breaches has bedded in well.

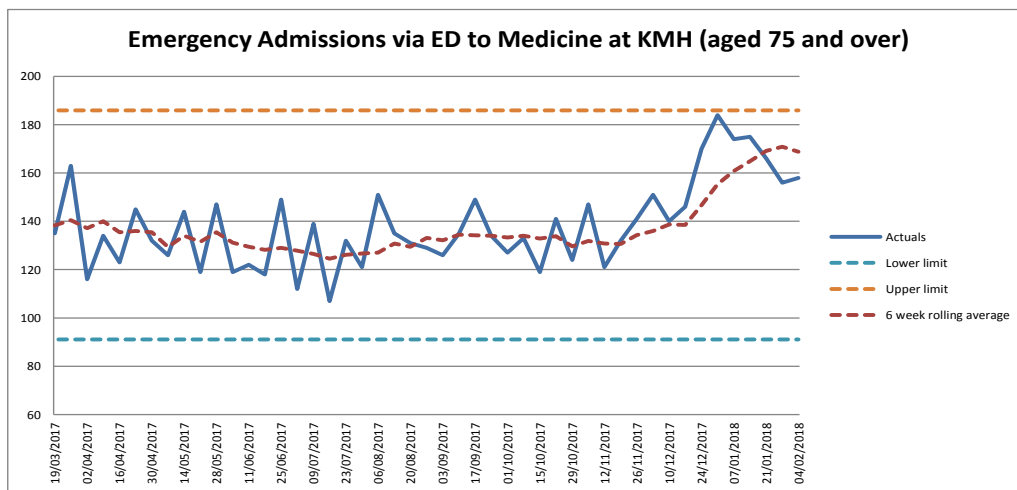
25.6% of ambulances had a delay over 30 minutes on the EMAS (non-CAD extra) data, this showed an improvement of just under 3% on December despite seeing a similar level of ambulance arrivals. Arrivals have been 11% up on the rolling annual average.

2. 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 January, compared to 52% in December and 49% year to date.

The number of ambulance arrivals has also increased by around 11% over the winter period against the rolling annual average.

Admissions remain high although have fallen slightly from the first week in January. The growth has mainly been in medicine and for older patients. Some of this is related to admissions with the flu which was prevalent in January and but is starting to reduce in prevalence now.



There has been an increase in admissions since December with a corresponding increase in the number of patients with a length of stay over 10 days and over 20 days. In addition, the number of delayed transfers of care is also rising.

Inpatient 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. In addition, there have been up to 37 medical outliers over and above the planned increase in medical beds for winter (26 beds).

Actions taken

The SOF exception report has more detail on the actions being taken to return the emergency care access position to previous levels seen within the Trust in the medium term. However, the following actions have been taken during January to support improved access during these winter pressures.

The Trust has had a real focus on ensuring and maintaining the quality and patient experience for patients who have waited in the ED by ensuring safety rounds in ED, and taking care of patients care

and comfort needs. There has also been the usual focus on individualised patient care and to ensure discharge from the hospitals is safe.

In line with national guidance in January all routine, non-urgent inpatient surgery ceased from the New Year in order to maximise inpatient capacity for non-elective medical and surgical demand, this has continued into February as demand for inpatient beds have remained high. The Executive team took a decision on 13th February to restart elective planned surgery in an incremental approach from 16th February. All urgent and cancer surgery has continued as planned and day case surgery has been maximised.

Since 2 January 2018 work has continued with regard to daily senior medical review to ensure management plans are being progressed and discharges expedited. Daily discharges are forecast and managed on a patient by patient basis through the use of 'predicted date of discharge' (PDD); there is also a focus on booking transport at least a day in advance and transfer of patients to the discharge lounge to ensure ward capacity is available as early as possible in the day. Patients are also being identified the day before for discharge that are then discharged in the morning of the following day. Additional transport capacity has been added to ensure that patients do not experience delays in being discharged due to transport.

The Divisional General Manager for Medicine is leading a daily review of all patients in acute beds longer than 7 days working with external partners to ensure patients are progressed to onward care that they may need.

Staff from across the whole Trust has been exceptional during this period and has worked very flexibly and extraordinarily hard to care for patients.

Escalation

A revised escalation process is in place 24 hours a day. This requires escalation from Silver to Gold for any patient who is in the Emergency Department for 8 hours from decision to admit together with an overview of the plan to transfer the patient as soon as possible. Further escalation takes place at 10 hours from decision to admit if the patient remains in the Emergency Department and at this time the Chief Executive is also informed.

The 5 times daily capacity and flow meetings continued to be chaired by the Chief Operating Officer to ensure senior oversight on the actions taken.

Easter is 7 weeks away and will require robust planning as usual encompassing learning from this Christmas and New Year period. The first session to support Easter planning took place with the Divisions on 15th February and the final Easter plan will be complete for Executive team sign off on 13th March.

Summary

The Trust has experienced an increase in demand over the winter period; this has been exacerbated with the incidence of influenza and norovirus. Additional actions have been taken over and above the winter plan to cope with this increase in demand including the postponement of planned inpatient surgery, although this is now partially recommencing. Pressures are expected to continue for the remainder of the winter period and the Trust is maintaining safe patient care and managing patient flow on a daily basis.