# Winter Resilience Plan Briefing

## October 5th 2016

## 1.0 SUMMARY

A detailed winter resilience plan including an evaluation of 13/14, 14/15 and 15/16 winter periods was presented to members of the Executive team on 21 September. The principles of the plan are to:

- Minimise adverse impact on patient experience/safety, elective activity and associated, income and performance.
- For adults and children with urgent care needs, provide a highly responsive service that delivers care as close to home as possible minimising disruption and inconvenience for patients.
- For those with life threatening emergency care needs ensure they are treated by people with the right expertise, and ensure processes and facilities are used to maximise the prospects of survival and good recovery.

This briefing has been produced to describe to the Board of Directors how Sherwood Forest Hospitals NHS Foundation Trust (SFH) will respond to increased surges and/or service demands during the winter period. For the benefit of the winter plan the period is defined as November 16 to April 17, this may be subject to extension if pressures emerge outside of this timeframe.

## 2.0 EVALUATION OF 13/14, 14/15 AND 15/16 WINTER PERIODS

The evaluation of the past three years demand and capacity over the winter periods has been briefly summarised below:

a) ED attendances are rising year on year (Graph 1 and Table 1).

**Graph 1**

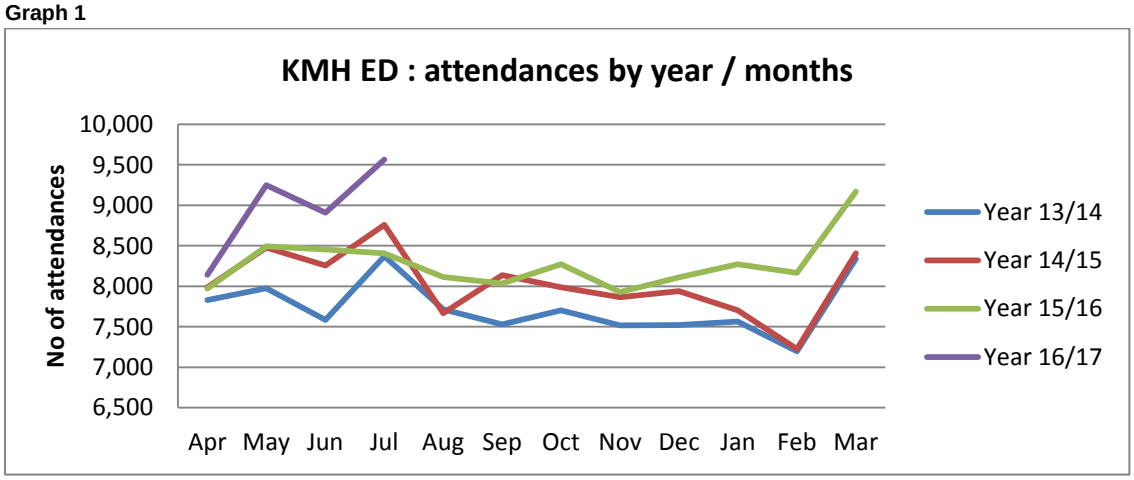



**Table 1**

| KMH | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | % difference from previous year |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Year 13/14** | 7,829 | 7,974 | 7,582 | 8,370 | 7,713 | 7,527 | 7,701 | 7,518 | 7,520 | 7,565 | 7,197 | 8,340 | |
| **Year 14/15** | 7,986 | 8,478 | 8,257 | 8,756 | 7,665 | 8,138 | 7,986 | 7,863 | 7,939 | 7,702 | 7,224 | 8,405 | ↑ **3.70%** |
| **Year 15/16** | 7,972 | 8,491 | 8,453 | 8,407 | 8,114 | 8,035 | 8,270 | 7,929 | 8,110 | 8,270 | 8,163 | 9,167 | ↑ **3%** |
| **Year 16/17** | 8,139 | 9,247 | 8,907 | 9,563 | 8,894 | | | | | | | | ↑ **7.7% (YTD)** |

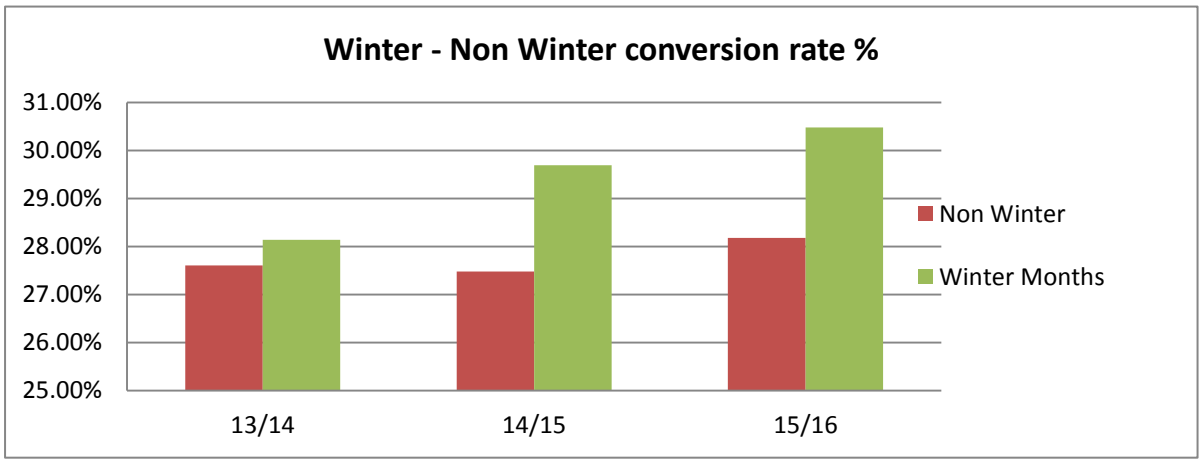
b) ED attendances remained relatively static August through to November with a slight spike in December. There is a further significant spike in March.

c) ED attendances to admission conversion rates rise significantly November to March (Bar chart 1 and 2).

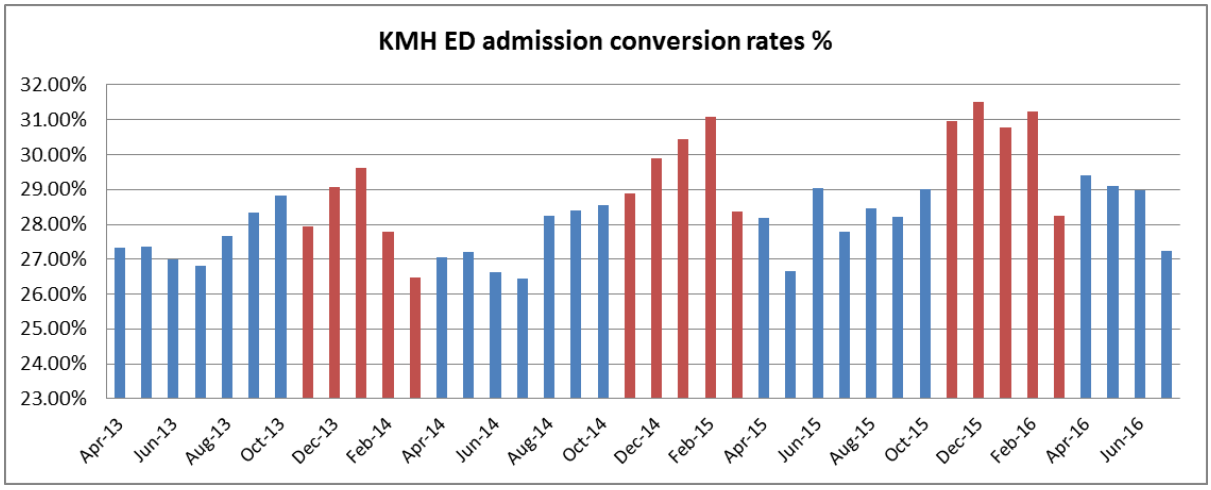


Author: Roz Howie, Deputy Chief Operating Officer

**Bar chart 1**



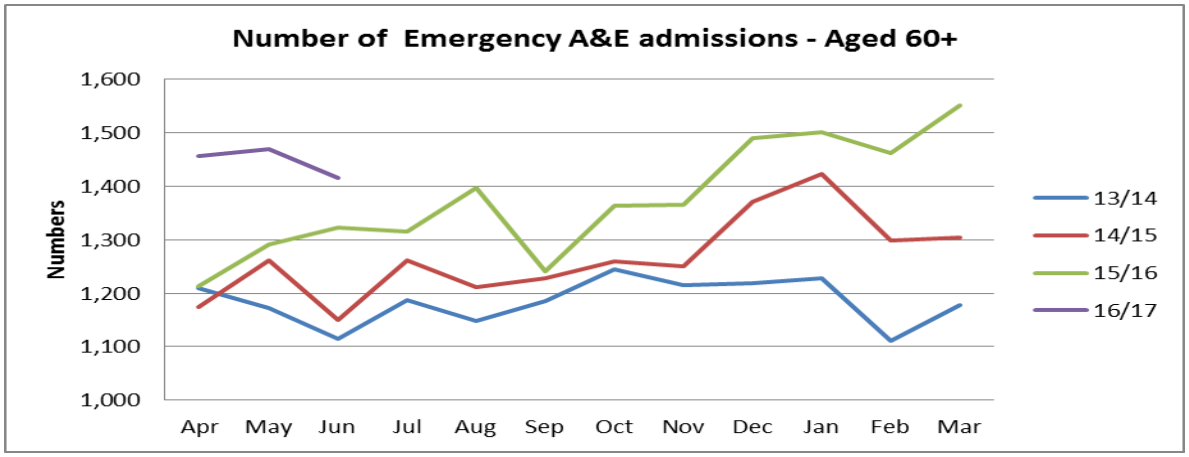

**Bar chart 2**




d) Patient acuity increases November to March.

e) Adult admission spikes are predominant in patients over 60 years of age and respiratory patients (Graph 2 and 3)

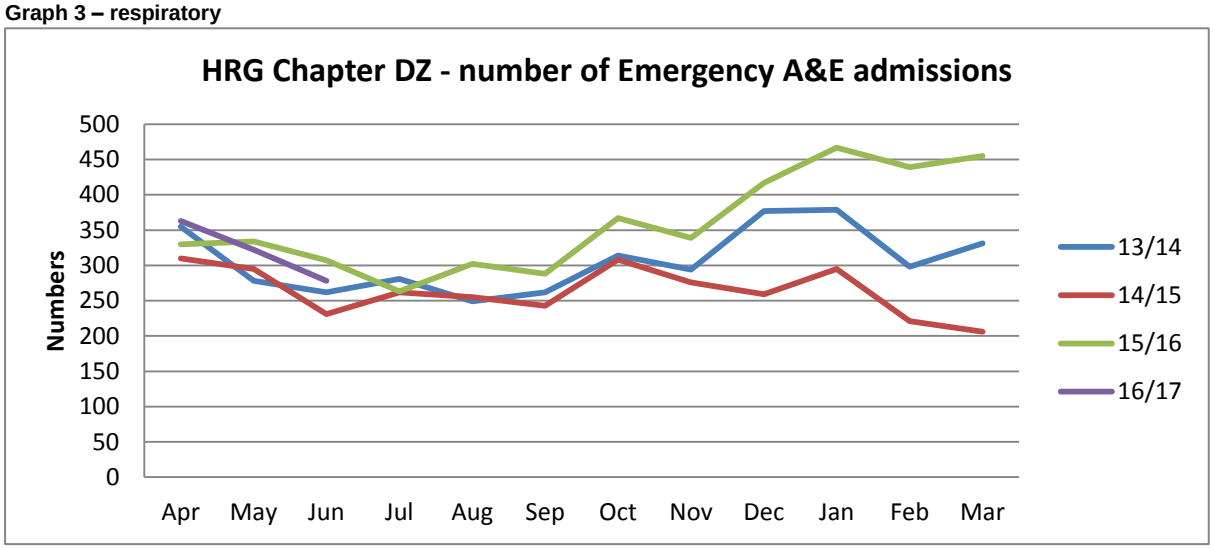
**Graph 2 – over 60's growth**





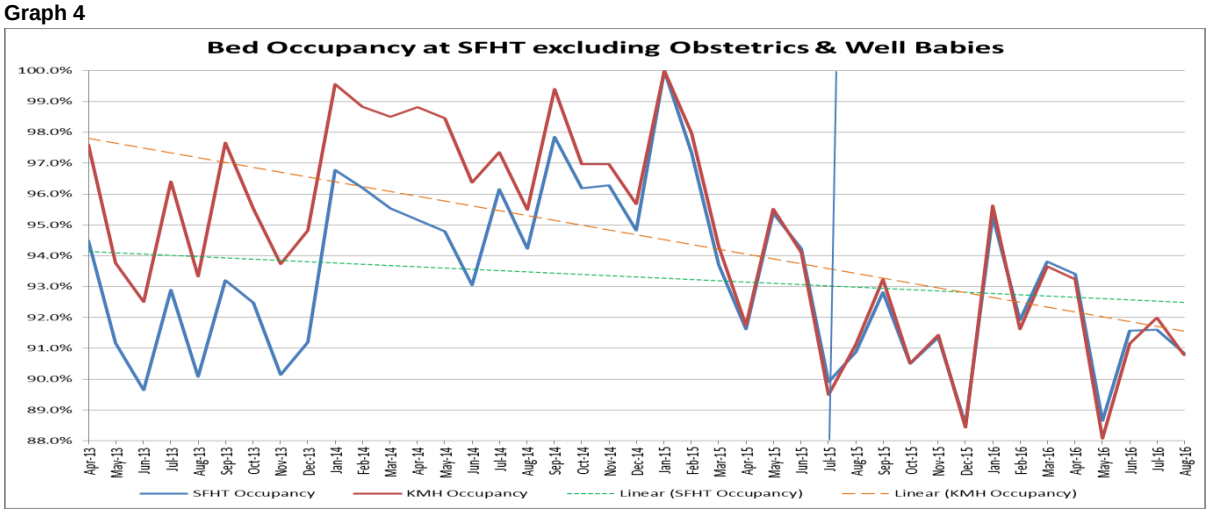

Author: Roz Howie, Deputy Chief Operating Officer

**Graph 3 – respiratory**




f) Paediatric admissions spike in December for respiratory illnesses.
g) Bed occupancy increases January through to April (Graph 4).

**Graph 4**




Additionally, work on Length of Stay (LOS) and forecasting for capacity shows that:

h) Zero day LOS numbers are increasing year on year both within CDU and the main hospital (Table 1).

**Table 1**

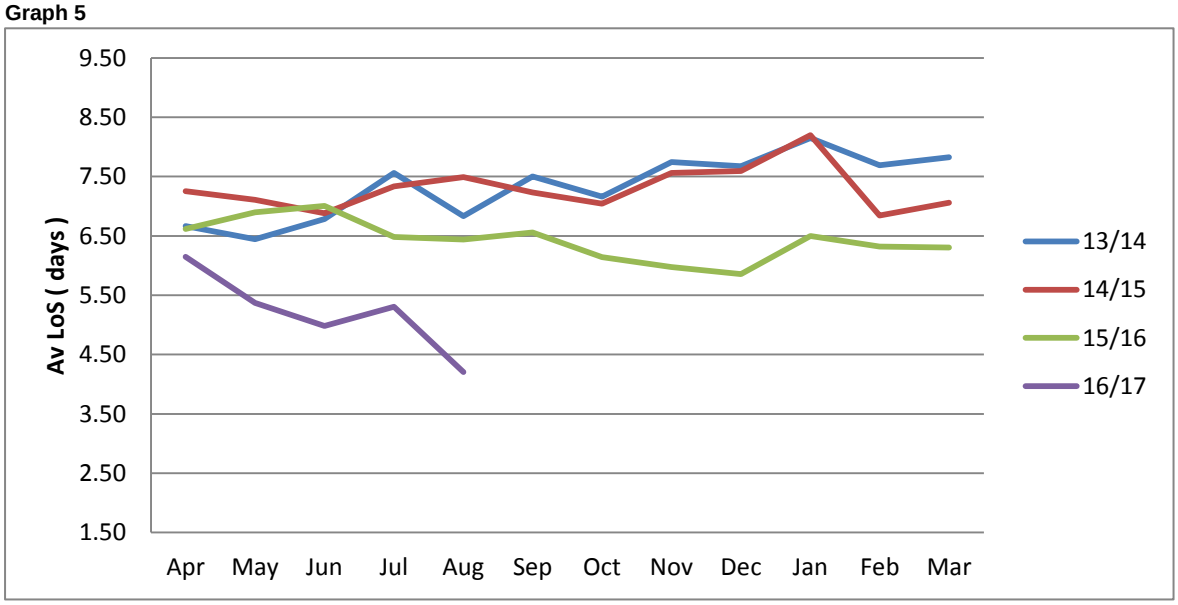
| | Number of Emergency A&E based admissions - zero day stays ( All Ages) | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Years | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Percentage increase |
| 13/14 | 421 | 450 | 435 | 462 | 447 | 412 | 389 | 393 | 424 | 436 | 406 | 503 | |
| 14/15 | 462 | 519 | 531 | 514 | 466 | 478 | 517 | 533 | 510 | 511 | 543 | 604 | 19.50% |
| 15/16 | 522 | 556 | 579 | 664 | 622 | 621 | 667 | 698 | 707 | 618 | 649 | 623 | 20.01% |
| 16/17 | 596 | 703 | 651 | 627 | 578 | | | | | | | | 7.20% |

i) Overall LOS has decreased over the last 18 months but some specialities remain above benchmarked rates (Graph 5).



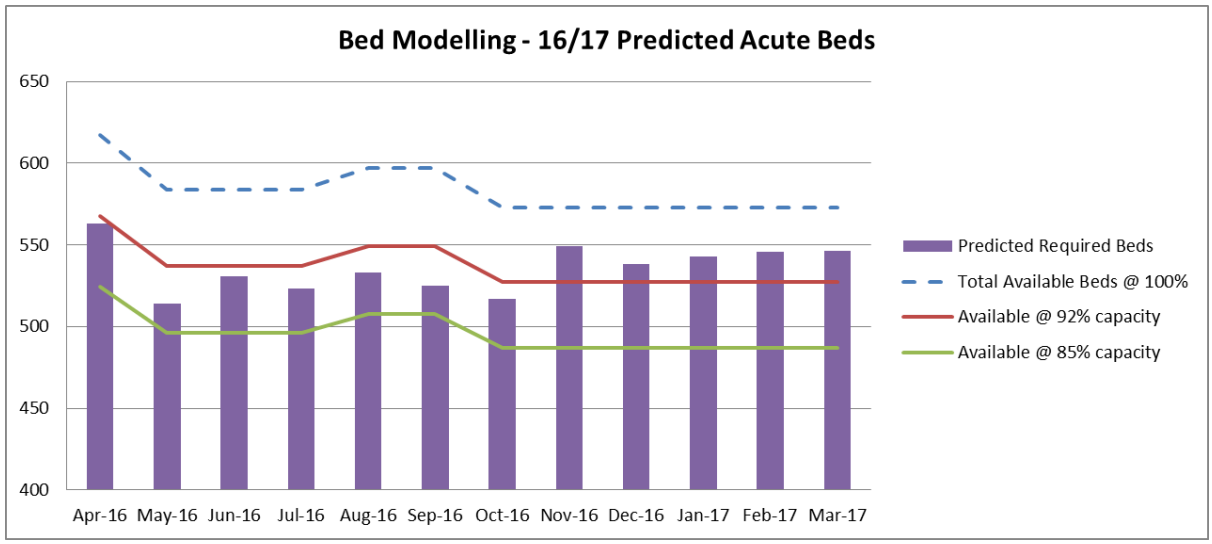
Author: Roz Howie, Deputy Chief Operating Officer

**Graph 5**




**Please note that in line with the length of stay reductions 92 beds have been closed between April 15 and May 16 (12 beds were re-opened in January 15/16).**

j) Bed modelling indicates a need for at least a further 22 beds if LOS targets are achieved (part of cost improvement plan – CIP - See below).




| Indicator | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Available Beds @ 100% | 617 | 584 | 584 | 584 | 597 | 597 | 573 | 573 | 573 | 573 | 573 | 573 |
| Available @ 92% capacity | 568 | 537 | 537 | 537 | 549 | 549 | 527 | 527 | 527 | 527 | 527 | 527 |
| Available @ 85% capacity | 524 | 496 | 496 | 496 | 507 | 507 | 487 | 487 | 487 | 487 | 487 | 487 |
| Predicted Required Beds | 563 | 514 | 531 | 523 | 533 | 525 | 517 | 549 | 538 | 543 | 546 | 546 |
| | | | | | | | | | | | | |
| Shortfall against 92% available | 5 | 23 | 6 | 14 | 16 | 24 | 10 | -22 | -11 | -16 | -19 | -19 |

## 3.0 INITIATIVES

The Executive Team agreed the following initiatives will be piloted or implemented to achieve the reduction of LOS:

a) Respiratory Assessment Unit (pilot) – supports LOS reduction plans and reduces ED admissions by an estimated 7%.

b) Frailty Assessment Unit (pilot) – supports LOS reduction plans and reduces ED admissions by an estimated 5%.

The Executive Team agreed the following initiatives will be implemented to support fluctuations/surges in demand over winter:

a) Increase the use of the Clinical decision Unit (CDU) with an expansion of staffing to minimise the demand on beds for patients that do not need to be admitted to wards (the bed modelling above excludes zero LOS) – approximately 50 less patients will be admitted into the main ward with a zero LOS. Further modelling is required following the introduction of further ambulatory pathways and outpatient antibiotic therapy services.
b) Enhance flow at a weekend by opening the Discharge Lounge on Saturday between 10.00 and 16.00 ensuring beds become available earlier.
c) Increased Paediatric Consultant and nurse presence in ED – currently ran as a pilot with 50% fewer patients admitted to ward 25 with a 1 day LOS.
d) Increase the ward bed base compliment by 24 beds in respiratory and Healthcare of the older person (HCOP) over the winter period.
e) Opening the Day Surgery unit at weekends flexibly (depending upon demand) – to continue elective surgery if there is a need for medical outlying (equates to 4 beds if required).

## 4.0 RISKS

There are a number of risks associated with the plan:

1. System wide actions are not undertaken resulting in increasing delayed transfers of care and ED attendances beyond predictions.
2. Acuity of patients is higher this year and more patients need to be admitted.
3. LOS reductions are only partly achieved as part of the CIP – modelling shows that if LOS reductions further additional beds would be required.

## 4.1 MITIGATION

Mitigation against any of the above would include the following in addition to the initiatives described in part 3:

1. Work with system wide partners to identify ways in which ED attendances are reduced/remain static, admissions can be avoided and delayed transfers of care delays are reduced.

2. Open a second 24 bedded ward.

3. To enable further 4-12 medical outliers in surgery will require more detailed planning and significant additional resources. This includes: expanding emergency operating 5 until 9pm, 3 days per week to increase number of procedures operated on each day reducing pre-operative stays in non-elective patients and reconfiguring surgery.

## 5.0 RECOMMENDATIONS

The Board is asked to note how SFH will respond to increased surges and/or service demands during the winter period. The Board is also asked to note the risks and mitigation associated with this plan.