

Board of Directors Meeting in Public - Cover Sheet

Subject:	Winter 2018/19 Capacity Plan		Date: 21 August 2018	
Prepared By:	Denise Smith, Deputy Chief Operating Officer			
Approved By:	Richard Mitchell, Chief Executive			
Presented By:	Richard Mitchell, Chief Executive			
Purpose				
To outline the winter capacity plan for 2018/19			Approval	x
			Assurance	
			Update	
			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	x		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				
Trust Management Team 15 August 2018				
Executive Summary				
<p>This paper sets out the Trust's winter capacity plan for 2018/19; this has been developed by the Clinical Divisions and informed by an extended Trust Management Team meeting which included Divisional General Managers and Heads of Nursing as well as Clinical Chairs. The plan is focussed on delivery of the following key objectives:</p> <ul style="list-style-type: none"> (i) Safely avoid admissions - Six schemes have been identified at a cost of £577,332. (ii) Safely create more capacity - Seven schemes have been identified at a cost of £2,000,748 (iii) Safely reduce length of stay - Twelve schemes have been identified at a cost of £1,047,081 (iv) Maintain operational grip and control -Three schemes have been identified at a cost of £86,000. <p>The plan provides for 35 additional beds compared to winter 2017/18, of which 11 beds are at King's Mill Hospital. The planned opening / closure of additional beds is noted in the plan and agreed trigger points will be in place, with executive sign off, prior to beds being opened or closed.</p> <p>In the event of an influenza outbreak in winter 2018/19, a sum of £36,000 to maintain stock levels has been included in the plan.</p> <p>The total cost of the winter capacity plan is £3.79m; £2.34m funding has been set aside therefore the plan is not fully funded and a funding gap of £1.45m noted. However, the Trust is currently exploring alternative sources of funding to close this gap.</p>				

Introduction

This paper sets out the Trust's winter capacity plan for 2018/19; this has been developed by the Clinical Divisions and informed by an extended Trust Management Team meeting which included Divisional General Managers and Heads of Nursing as well as Clinical Chairs.

1. Background

The overarching aim of the winter capacity plan is to ensure there is sufficient capacity to meet demand, maintain patient safety and patient flow throughout the winter period. The key principles for the winter capacity plan are:

- (i) To have a maximum length of stay of 19 hours on the Emergency Assessment Unit (EAU)
- (ii) To achieve a 92% bed occupancy rate on base wards
- (iii) To create additional capacity, equivalent to one ward, over and above the capacity available during winter 2017/18

For winter 2018/19 this will be achieved through the delivery of the following key objectives:

- (v) Safely avoid admissions
- (vi) Safely create more capacity
- (vii) Safely reduce length of stay
- (viii) Maintain operational grip and control

This winter capacity plan is based on the 2018/19 activity plan; assuming demand is in line with the activity plan, the forecast 4 hour performance, as set out below, is expected to be delivered:

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
18/19 Forecast	92.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	93.6%	90.5%	90.0%	90.5%	95.0%
Standard	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

However, if demand exceeds the activity plan this will put at risk the 4 hour performance forecast.

2. Safely avoid admissions

Six schemes have been identified to safely avoid admissions, at a total cost of £577,332, these are:

Scheme Description	Start Date	End Date
1. Provide dedicated nursing support to High Volume Service Users	Oct-18	Apr-19
2. Provide patient transport , 16:00 - 04:00, to avoid unnecessary overnight admissions	Mar-18	Mar-19
3. Provide an additional RN to manage increased demand	Dec-18	Feb-19
4. Provide an additional middle grade shift , 7 days a week, 18:00 - 04:00, to manage increased demand	ongoing	ongoing
5. Increase AECU capacity at the weekend (8 hours) through introduction of middle grade doctor	Sep-18	Mar-19
6. Open CAU Mon - Fri, 14:00 - 21:00	Oct-18	on going

3. Safely create more capacity

Seven schemes have been identified to safely increase bed capacity, at a cost of £2,000,748; this includes all associated clinical support service costs such as pharmacy and therapy.

Scheme Description	Start Date	End Date
1. Day case unit to remain open at the weekend	Oct-18	Apr-19
2. Increase capacity on SSU from 32 to 40 beds (provides capacity for short stay, frailty patients)	Sep-18	May-19
3. Flex capacity on SSU from 40 to 43 beds (Sun night - Wed morning)	Jan-19	Feb-19
4. Convert w21 from elective orthopaedic ward to medical ward and increase from 16 beds to 24 beds	Jan-19	Feb-19
5. Convert 8 beds on each of w31 & w32 from surgical to medical	Oct-18	Apr-19
6. Provide 10 escalation beds on w14	Dec-18	Mar-19
7. Increase capacity on Sconce ward from 24 to 32 beds	Dec-18	Mar-19

In line with winter 2017/18, routine elective inpatient surgery is planned to cease for January and February 2019, this will enable the conversion of ward 21 from an elective orthopaedic ward to a medical ward. In addition, from October 2018 through to April 2019, wards 31 and 32 will each convert 8 beds from surgical to medical.

These schemes provide an overall increase of 35 beds compared to winter 2017/18, of which 11 are at King's Mill, 8 at Newark and 20 in the community; a summary of the bed base is included at Appendix A.

4. Safely reduce length of stay

Twelve schemes have been identified to safely reduce length of stay, at a cost of £1,047,081.

Scheme Description	Start Date	End Date
1. Additional patient transport to support discharge (15 hours per week)	Oct-18	May-19
2. Extend the Discharge Lounge opening times to from 21:00 to 22:00	Nov-18	Mar-19
3. Implement a revised frailty pathway , enabling direct admission from ED to SSU	Oct-18	Apr-19
4. COPD Team / Pneumonia Team - next day review of new admissions	Oct-18	Apr-19
5. Syncope pathway	Oct-18	Apr-19
6. OPAT service to provide IV antibiotics at home	Nov-18	Apr-19
7. DVT service for more complex DVT patients	Nov-18	Apr-19
8. Weekend discharge team - 15 hours per week (6 weeks over winter)	Sep-18	Apr-19
9. Increase IDAT / EDAS capacity	Oct-18	Apr-19
10. Ward based Pharmacists in the 2 high risks areas, EAU & SAU - 7 days a week.	Oct-18	Mar-18
11. 7 day therapy service to SSU and orthopaedics	Oct-18	Mar-18
12. Commission 20 T2A beds in the community	Dec-18	Mar-19

5. Maintain operational grip and control

Three schemes have been identified to maintain operational grip and control of patient flow, at a cost of £86,000.

Scheme Description	Start Date	End Date
1. Additional Duty Nurse Manager shift to support patient flow	Nov-18	Mar-19
2. Additional ED RN on a Monday (day and night) to maintain flow at times of peak demand	Nov-18	Apr-19
3. IPC on call	Oct-18	Mar-19

In addition, provision has been made to ensure stock levels of influenza associated products can be maintained in the event of an outbreak, this is at a cost of £36,000.

6. Financial summary

The total cost of the schemes identified is £3.79m and £2.34m funding has been set aside, leaving a shortfall of £1.45m. However, the Trust is currently exploring alternative funding sources which may close this gap.

Bed capacity schemes	£ 2,228,778
Non-bed capacity schemes	£ 1,562,384
Total	£ 3,791,162

Funding available	£ 2,342,242
-------------------	-------------

under / over	-£ 1,448,920
--------------	--------------

of which are 18/19 costs	£ 1,033,161
--------------------------	-------------

7. Summary

The Trust has developed a comprehensive winter capacity plan, building on schemes put in place during winter 2017/18 and identifying additional capacity compared to last year. The schemes have been developed by the clinical Divisions, with input from the Executive team, and have been subject to a confirm and challenge process.

8. Recommendations

The Board is asked to approve the winter capacity plan for 2018/19.

Appendix A Bed Base

BED BASE WINTER 2017/18

Division	Ward	Core	Escalation	Total
UEC	EAU	40	0	40
	Wd 36 (SSU)	24	16	40
		64	16	80

Surgery	Ward	Core	Escalation	Total
	Wd 11	24	0	24
	Wd 12	24	0	24
	Wd 21	0	0	0
	Wd 31	16	0	16
	Wd 32	16	0	16
	Day Case Unit	16	0	16
		96	0	96

Medicine	Ward	Core	Escalation	Total
	Wd 14b	0	10	10
	Wd 21	0	16	16
	Wd 22 Gastro / Gen Med	24	0	24
	Wd 23 Cardiology	23	0	23
	Wd 24 Cardio, Haem	16	8	24
	Wd 31	0	8	8
	Wd 32	0	8	8
	Wd 34 Diabetes	24	0	24
	Wd 41 Subacute rehab	24	0	24
	Wd 42 Respiratory	24	0	24
	Wd 43 Respiratory	24	0	24
	Wd 44 Respiratory	24	0	24
	Wd 51 HCOE	24	0	24
	Wd 52 HCOE (Woodland Ward)	24	0	24
	KSRU Stroke	29	0	29
		260	50	310

TOTAL ACUTE BEDS	420	66	486
-------------------------	------------	-----------	------------

Newark MCH	Ward	Core	Escalation	Total
	Sconce	24	4	28
	Chatsworth	16	0	16
	Oakham	24	0	24
	Lindhurst	24	0	24
	TOAL COMMUNITY BEDS	88	4	92

TOTAL BEDS	508	70	578
-------------------	------------	-----------	------------

BED BASE WINTER 2018/19

Division	Ward	Core	Escalation	Total
UEC	EAU	40	0	40
	Wd 36 (SSU)	32	11	43
		72	11	83

Surgery	Ward	Core	Escalation	Total
	Wd 11	24	0	24
	Wd 12	24	0	24
	W14b	0	10	0
	Wd 21	0	0	0
	Wd 31	12	0	12
	Wd 32	12	0	12
	Day Case Unit	16	0	16
	88	10	98	

Medicine	Ward	Core	Escalation	Total
	Wd 21	16	8	24
	Wd 22	24	0	24
	Wd 23 Cardiology	23	0	23
	Wd 24 Cardio, Haem	24	0	24
	Wd 31	12	0	12
	Wd 32	12	0	12
	Wd 34 Diabetes	24	0	24
	Wd 41 Subacute rehab	24	0	24
	Wd 42 Respiratory	24	0	24
	Wd 43 Respiratory	24	0	24
	Wd 44 Respiratory	24	0	24
	Wd 51 HCOE	24	0	24
	Wd 52 HCOE (Woodland Ward)	24	0	24
	KSRU Stroke	29	0	29
		308	8	316

TOTAL ACUTE BEDS	468	29	497
-------------------------	------------	-----------	------------

Newark MCH	Ward	Core	Escalation	Total
	Sconce	24	8	32
	Chatsworth	16	0	16
	Oakham	24	0	24
	Lindhurst	24	0	24
Community	T2A	0	20	20
	TOAL COMMUNITY BEDS	88	28	116

TOTAL BEDS	556	57	613
-------------------	------------	-----------	------------

INCREASE IN ACUTE BEDS 18/19	11
-------------------------------------	-----------

INCREASE IN TOTAL BEDS 18/19	35
-------------------------------------	-----------