Sherwood Forest Hospitals
NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	**Bed capacity 2019/20**	**Date: 29th May 2019**	
Prepared By:	Simon Barton, Chief Operating Officer		
Approved By:	Simon Barton, Chief Operating Officer		
Presented By:	Simon Barton, Chief Operating Officer		
Purpose			
To provide an update to the Board on the bed capacity position for 19/20 along with assurance on the actions being taken to mitigate risk deficits		**Approval**	
		Assurance	✓
		Update	✓
		Consider	

Strategic Objectives				
To provide outstanding care	**To promote and support health and wellbeing**	**To maximise the potential of our workforce**	**To continuously learn and improve**	**To achieve better value**
✓			✓	✓

Overall Level of Assurance				
	Significant	**Sufficient**	**Limited**	**None**
	✓			

Risks/Issues	
Financial	
Patient Impact	✓
Staff Impact	✓
Services	✓
Reputational	

Committees/groups where this item has been presented before

Trust Management Team

Executive Summary

- The Trust has a material deficit in the delivery of 92% occupancy to deliver the 19/20 activity plan.
- This may become worse if activity remains above plan as it has in April 2019. Edge Health should be commissioned to update the mode monthly to demonstrate the actual position each month.
- Actions are described within the paper to safely avoid admission, safely improve effectiveness of throughput, and safely reduce longer stays that will place over the coming months.
- The winter plan has currently started the debrief phase and will be brought to Executive team in July and Board in August as a first draft with a final plan for approval in September.

Bed capacity 2019/20

One of the Trusts key risks for the coming year recognised within the Board Assurance Framework is that 'Demand will overwhelm capacity' – risk PR2. This paper describes the bed capacity position and some of the work to mitigate bed deficits within 2019/20.

Once the Trusts activity plan was known, as in 2018/19, Edge Health were retained to work with the senior operations team to pull together a broad view of what it meant for bed capacity for 2019/20.

The bed model is based on the following principles:

- High level view, noting this means it will not be perfect
- Demand is based on the Trusts agreed activity plan with commissioners
- Medicine/UEC/Surgery bed base taken as a whole, noting that the Paediatric, Gynaecology, ITU, Maternity and NICU bed bases cannot be flexibly used and are broadly 'ring-fenced'.
- Modelled at a 92% desired occupancy, noting that some days this will be higher and some days lower
- A required EAU LOS of 15 hours, again noting that some days this will be higher and some days lower

2018/19 bed capacity plan

Just as a reminder it is useful to look at what the model identified in the plan for 18/19 (figure 1). It broadly, based on the above principles showed a surplus in the first half of 2018/19 followed by a deficit in the second half, the majority of which was likely in quarter 4 and would be mitigated by the winter plan.

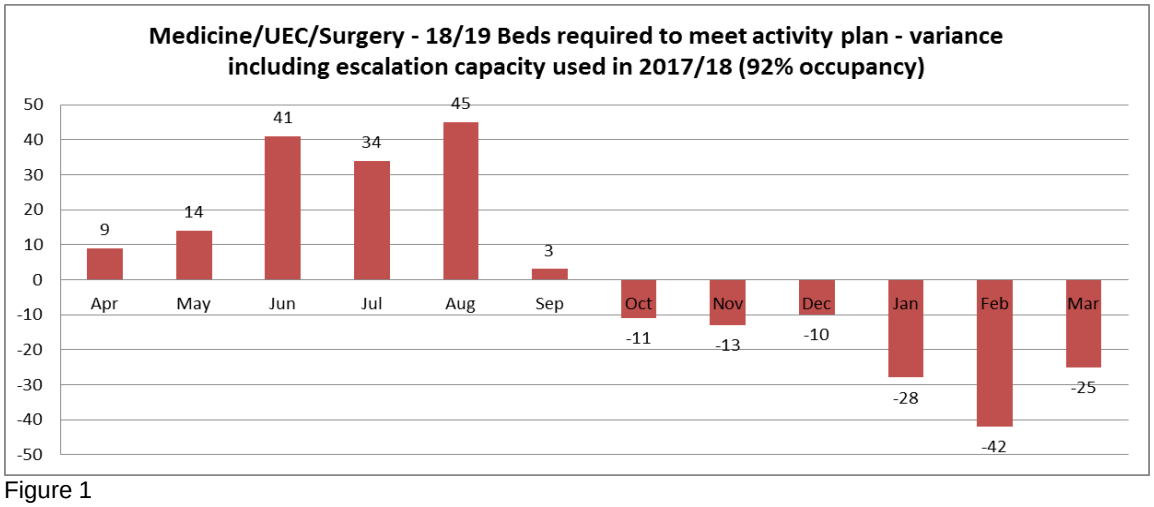

Figure 1

Actual 2018/19 and the bed capacity plan for 19/20 (adjusted for the 18/19 winter plan)

Figure 2 shows the following:

- **Blue bar** – shows what actually happened in 2018/19. The trend was slightly different to that in the plan shown in figure 1, but the deficits were mainly managed through efficiency and effectiveness and the winter plan. This led to patient access on the emergency pathway broadly being delivered in line or in excess of the NHSI trajectory each month (Green line). A key point to note would be that to deliver the trajectory the UEC/Medicine/Surgery bed base can tolerate a deficit as it saw a deficit in 8/12 months and still delivered the trajectory. This deficit would seem to be around -25 beds.

- **Red bar** - shows the bed variance of the current agreed activity plan for 19/20. In months 9-12 this has already been adjusted for the similar implementation of the winter plan as per 18/19.

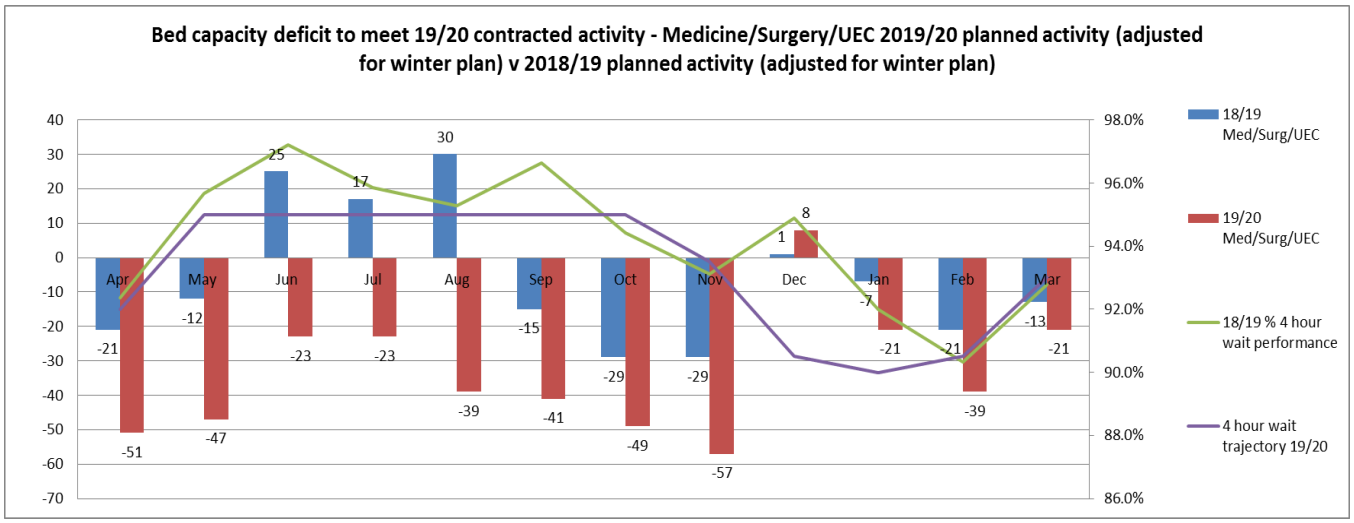

Figure 2

Issues and risks

- This could well be a best case as demand may grow beyond plan – it did in 18/19 and admissions are higher than plan in April and May 2019.
- A repeat of this year's winter plan will mitigate the plan but potentially not enough in February where something extra may be required.
- Deficits in August, September, October and November at present are higher than -25

What are the key actions to mitigate the deficit?

This paper predominantly focusses on what SFH can control in terms of action. Outside of the winter plan, at this stage additional bed capacity isn't being planned to mitigate the deficit. This is mainly due to a workforce shortfall, predominantly in nursing, and therefore an inability to staff the additional beds.

Therefore, there are key actions required to mitigate the deficit identified below. It is difficult to quantify directly the gains for each action in mitigation, although this may become more apparent over time, but it will be more an aggregation of the gains from each action. The winter plan is currently started the debrief phase and will be brought to Executive team in July and Board in August as a first draft with a final plan for approval in September 2019.

Safely avoid and reduce admissions to plan

- **Integrated Rapid Response Service** – this is a joint programme with partners to redesign the 'front door' at Kings Mill ED with regard to the admission avoidance. A redesign workshop is due to take place on 3rd July to redesign the new model of service and what capacity is required for this service to refer into from ED. The aim would be to have a new model in place in August 2019.
- **Continued development of Same Day Emergency Care (SDEC)** – the Trust meets a lot of best practice guidance for SDEC and this has been leveraged well in the past year the ED and the Ambulatory Emergency Care Unit has been tasked with streaming 15 more patients a week. In addition to the work on AECU, SAU has a positive track record in

admission avoidance and work has commenced to further utilise SDEC pathways within the surgical service.

- **High Volume Services Users (HVSUs)** – during 2018/19 this programme avoided 294 non-elective admissions. The aim is to double the capacity of the service which will avoid a further 200.
- Although not directly described within this bed capacity risk, the development of Childrens Assessment Unit within the Paediatric service is significantly reducing unnecessary admissions.
- **'Drivers of demand'** – the ICS has commissioned work across Nottinghamshire on the key drivers for the increasing demand on both SFH and NUH. This analysis, led by Dr Haynes, is due to report at the end of June and will provide further insights to inform additional plans to manage demand in a more effective way that via admission.

Safely improve the effectiveness of throughput

Using the NHSI model hospital analytical work has been undertaken to understand the specialties were opportunity may exist to further improve length of stay. However, it is critical that this is intelligently applied given that the actions on admission avoidance will statistically push LOS up as it takes short stay admissions out of the hospital, it should also be acknowledged that a proportion of the LOS position in key medical specialties is driven by patients who are long stay and/or delayed transfers of care.

However, there are model of care opportunities to integrate better into community services as well how the hospital is set internally to deal with variation. This work will dovetail with the best value reviews led by the CFO.

Earlier safe discharge for longer stay patients

40% reduction trajectory – all Trusts have been asked by NHSI for trajectories to reduce the number and bed usage of patients who have been inpatients >21 days. This would also involve the need for the ICP to deliver on a 3.5% delayed transfers of care rate. The key actions being taken involve the daily discharge hub involving partners being led by the CCGs and including weekly review of over 14s and 21s by clinical team, as well as a weekly review of all patients >21 days by the Chief Operating Officer. This will be supported by the implementation of a discharge PTL (DPTL) once made available. This system is now operational.

Conclusion and recommendations

- The Trust has a material deficit in the delivery of 92% occupancy to deliver the 19/20 activity plan
- This may become worse if activity remains above plan as it has in April 2019. Edge Health should be commissioned to update the mode monthly to demonstrate the actual position each month.
- Actions are described within the paper to safely avoid admission, improve effectiveness of throughput, and reduce longer stays that will place over the coming months
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