

Board of Directors Meeting in Public

Subject:	Winter Pressures	Date: 25 January 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.			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				
<p>The Trust, along with the rest of the NHS, has seen significant pressure on its hospitals due to increases in admissions, attendances and ambulance arrivals over the Christmas and New Year period. Performance against the emergency access standards has deteriorated.</p> <p>In line with national trends, seasonal flu levels have continued to increase, to date there have been 170 confirmed cases of flu across the Trust. The infection control and prevention team work closely with the capacity and flow team to ensure patient flow is maintained and the infection control risk of flu managed.</p> <p>Inpatient capacity has been increased, in line with the winter plan, and additional actions have been taken to further increase medical inpatient capacity, this has included the cessation of routine, non-urgent inpatient surgery.</p> <p>Actions are in place to manage the winter pressures, including daily senior review of all inpatients, forward planning of discharges and close working with health and social care partners to manage plans for patients who are medically fit for discharge.</p> <p>Capacity and flow meetings take place 5 times each day and a revised escalation process is in place for any patient who is in the Emergency Department for 8 hours from decision to admit.</p>				

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.

1. Performance

The Trust has seen a deterioration in performance against the four hour standard with total Trust performance at 86.4% in December 2017 and Kings Mill Hospital performance at 79.8% for the same period.

There were seven 12 hour breaches in December, these occurred at times of medical bed pressures with exit block from the Emergency Department.

Average ambulance handover times for December were 26 minutes at Kings Mill Hospital and 18 minutes at Newark Hospital; across the Trust 24.58% of ambulance handovers took place within 15 minutes and 32% of ambulance handovers took over 30 minutes.

2. Demand

Whilst there has been no real increase in A&E attendances compared to last year, there has been an increase in the proportion of majors and resus patients since Christmas.

The number of ambulance arrivals has also increased over the winter period and there is some evidence that a number of these ambulances are from out of area.

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.

In line with national trends, seasonal flu levels have continued to increase, to date there have been 170 confirmed cases of flu across the Trust. The infection control and prevention team work closely with the capacity and flow team to ensure patient flow is maintained and the infection control risk of flu managed.

3. 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.

4. Actions taken

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, all routine, non-urgent inpatient surgery ceased from the New Year in order to maximise inpatient capacity for non-elective medical and surgical demand. All urgent and cancer surgery has continued as planned and day case surgery has been maximised. This has enabled one of the surgical wards to convert into a medical ward, thereby creating capacity for a significant proportion of the medical outliers.

Since 2 January 2018 all patients have received a daily senior 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.

Since Christmas, a daily review of the plans for all patients who are medically fit for discharge takes place with health and social care partners; this is to expedite discharge and ensure utilisation of all available health and social care capacity across the system.

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

The Board of Directors time out session on 18 January had a detailed discussion regarding Urgent and Emergency Care.

Alongside this, from 2nd January a substantive Chief Operating Officer and Divisional General Manager for Urgent & Emergency Care are in post.

5. 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 Trust has remained on 'black' escalation status since Christmas with associated actions in place in line with the escalation policy. This includes flow and capacity meetings five times daily, chaired by the Chief Operating Officer, focussing on immediate actions required to maintain patient flow throughout each 24 hour period.

Easter is 9 weeks away and will require robust planning as usual encompassing learning from this Christmas and New Year period.

6. Summary

As anticipated, the Trust has experienced an increase in demand over the winter period; this has been exacerbated with the incidence of influenza and norovirus. Whilst these pressures are expected to continue for the remainder of the winter period, the Trust is maintaining safe patient care and managing patient flow on a daily basis.