

Sherwood Forest Hospitals



NHS Foundation Trust



*Newark and Sherwood
Clinical Commissioning Group*

Nottinghamshire Healthcare



NHS Trust



*Mansfield and Ashfield
Clinical Commissioning Group*

A&E Performance at Sherwood Forest Hospitals

Area Team Escalation Review
Friday 13th February 2015

Issues causing underperformance (recap)

- Breaches were mainly associated with ED occupancy, bed occupancy and availability of clinical decision makers across the clinical areas.
- ED attendances had risen later in the day and department occupancy was higher during the evening, resulting in more overnight admissions and diagnostic delays.
- There was a consistent net demand for beds, but discharges did not occur in time to match demand for admission beds early in the day.
- Length of stay was above average for the trust and variable against expected baseline by ward.

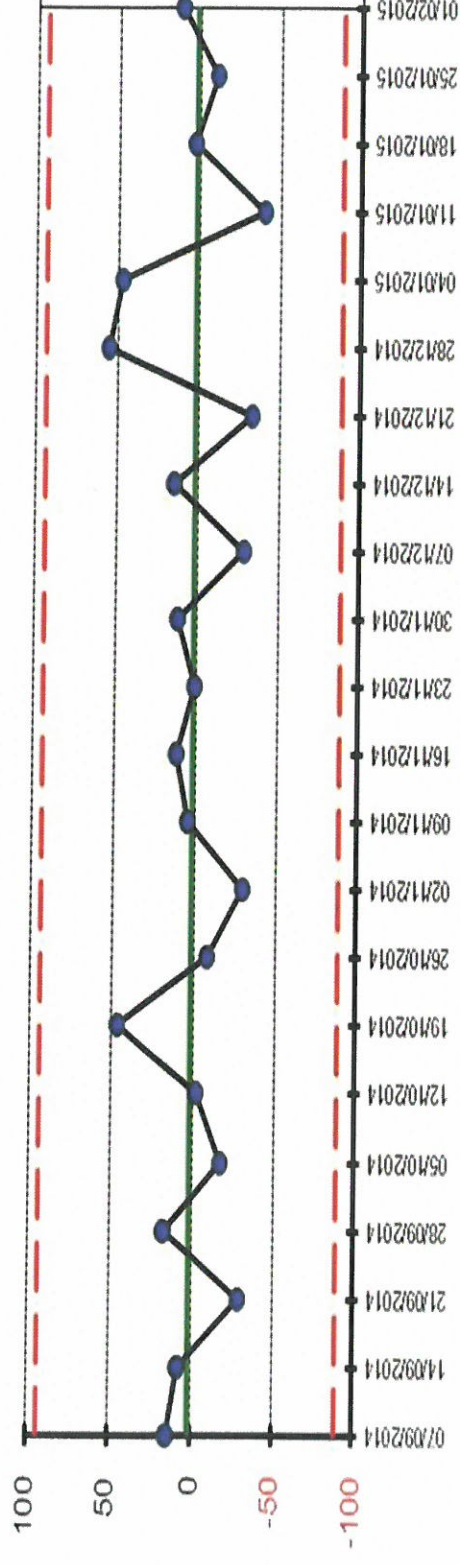
Did we implement the action plan

- Yes. Key actions implemented:
 - Acute Physicians & Middle grades in ED/CDU
 - Clinicians from base wards supporting EAU
 - Improved signposting & floor management
 - Acute physicians receiving calls direct from 4 practices
 - Board Rounds
 - Utilisation of the Discharge Lounge at weekends
 - Transfer to Assess

See Timeline of actual performance vs recovery trajectory for implementation and impact (slide 8)

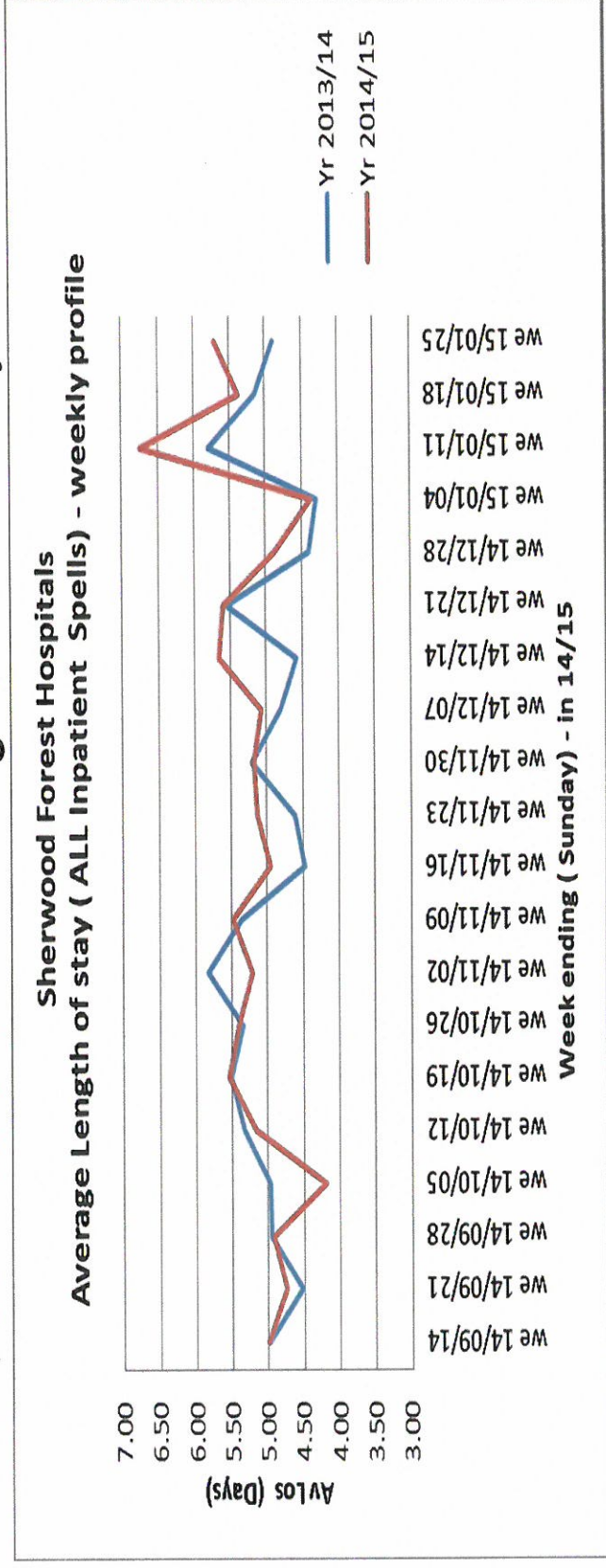
Why didn't we recover to plan? Flow (Net Admissions – Discharges)

- 100 more patients were admitted than discharged during the w/e 28.12 and 04.01
- This increased occupancy, and reduced bed availability and flow in the Trust.
- This led to the local system catching up in the first two weeks of January.



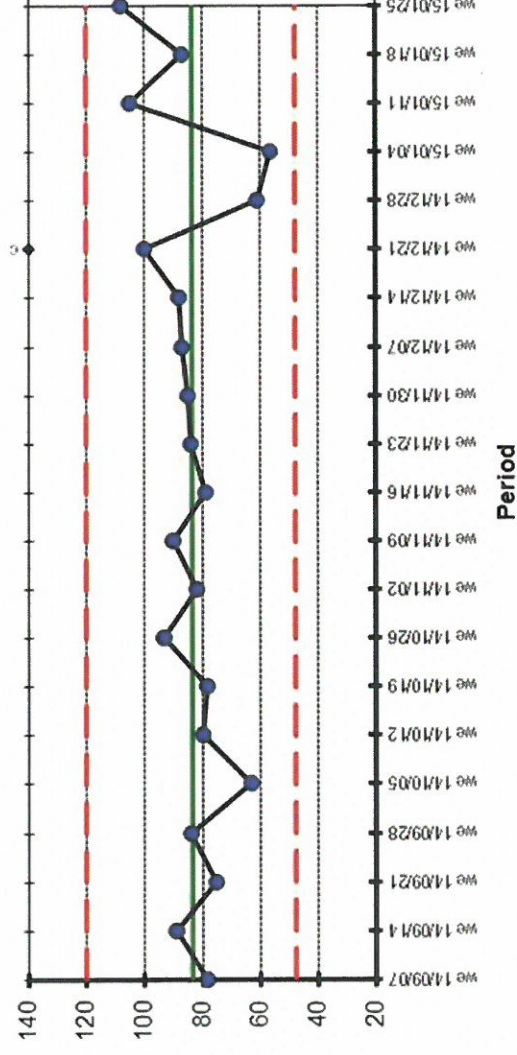
Why didn't we recover to plan? Flow (Length of stay)

- The lengths of stay for those patients being discharged in January were longer than the trust run rate and higher than the national average.
- This correlates with the reduced discharges w/e 28.12 & 04.01 and increased discharges/T2A activity in January.



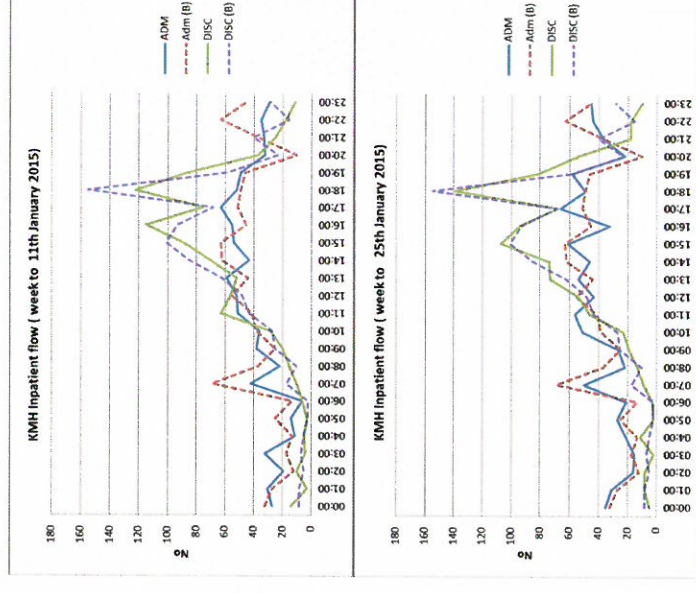
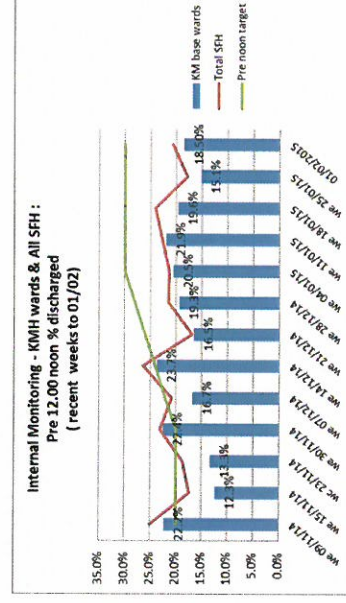
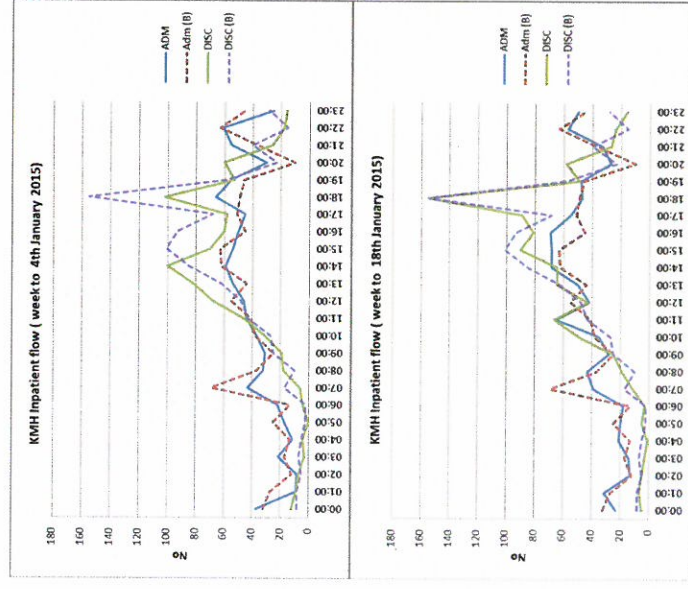
Why didn't we recover to plan? Flow (Discharges by wk with LoS >14d)

- This shows a reduction in the patients with a LoS >14d being discharged during the w/e 28.12 & 04.01
- This is in direct correlation with the reduced discharges in the same weeks and the increased LoS of those patients discharged in the first 2 wks of January.



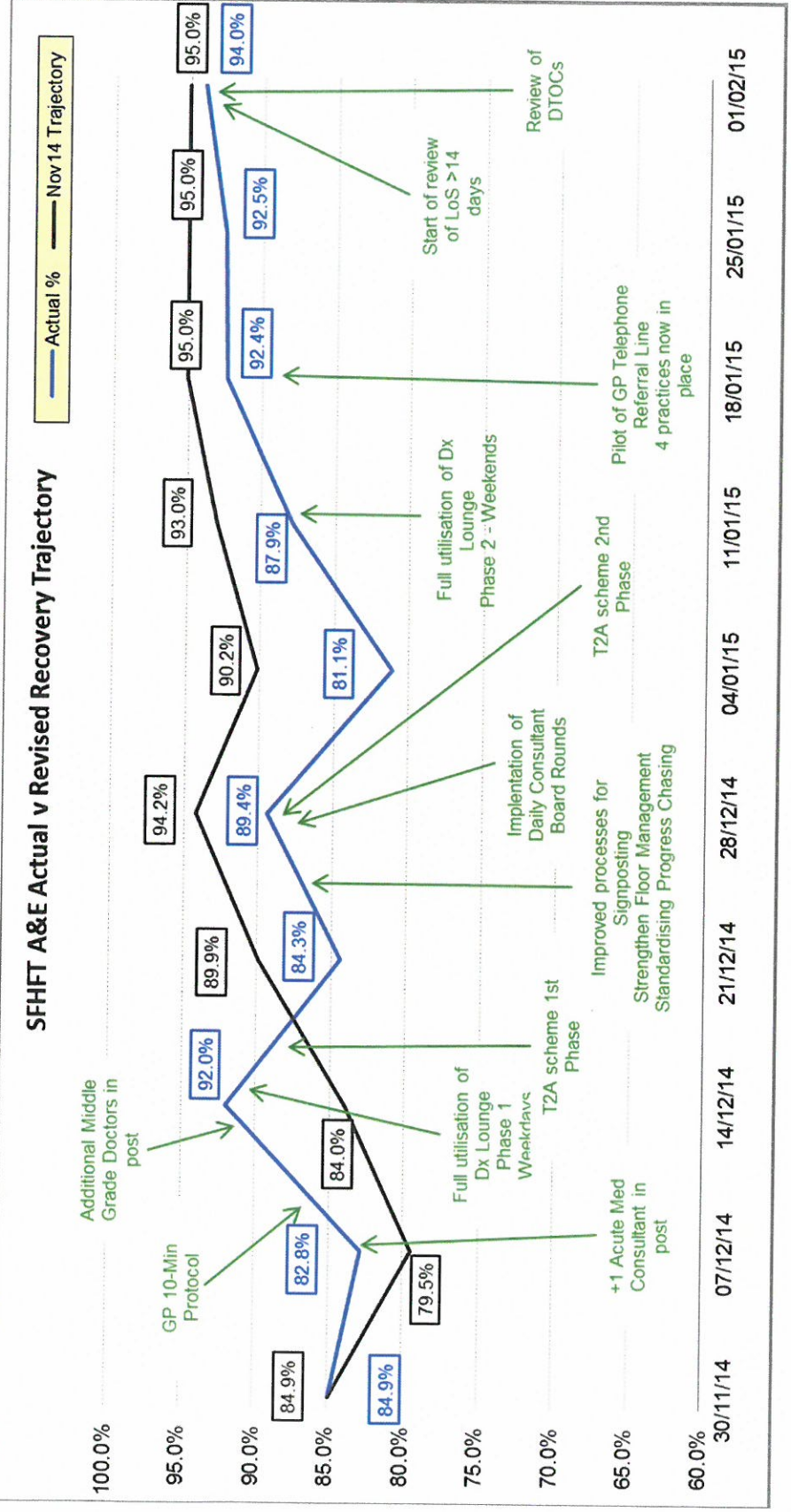
Why didn't we recover to plan? Flow (Admission/Discharge profiles unchanged)

- The profile of admission and discharge times is largely unchanged from the w/e 26.10 baseline.
- The majority of patients are still discharged at 3pm & 6pm
- Admissions are higher than discharges in the morning and late evening.
- % of discharges in the morning has not exceeded 22%.



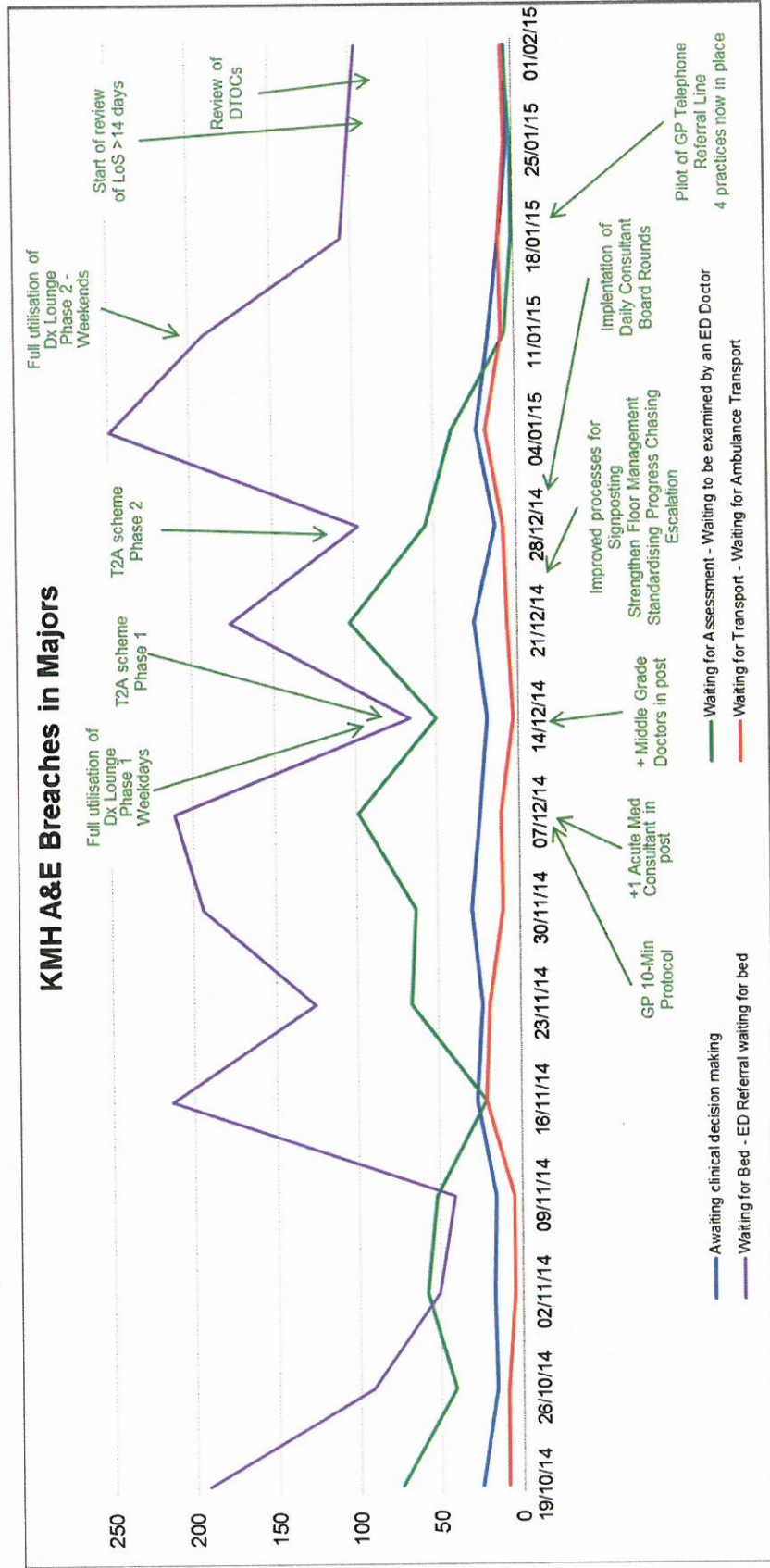
Performance vs Recovery Trajectory

- However, implementation of the plan has led to improved performance.
- Actual performance trend has mirrored the trend of the trajectory.

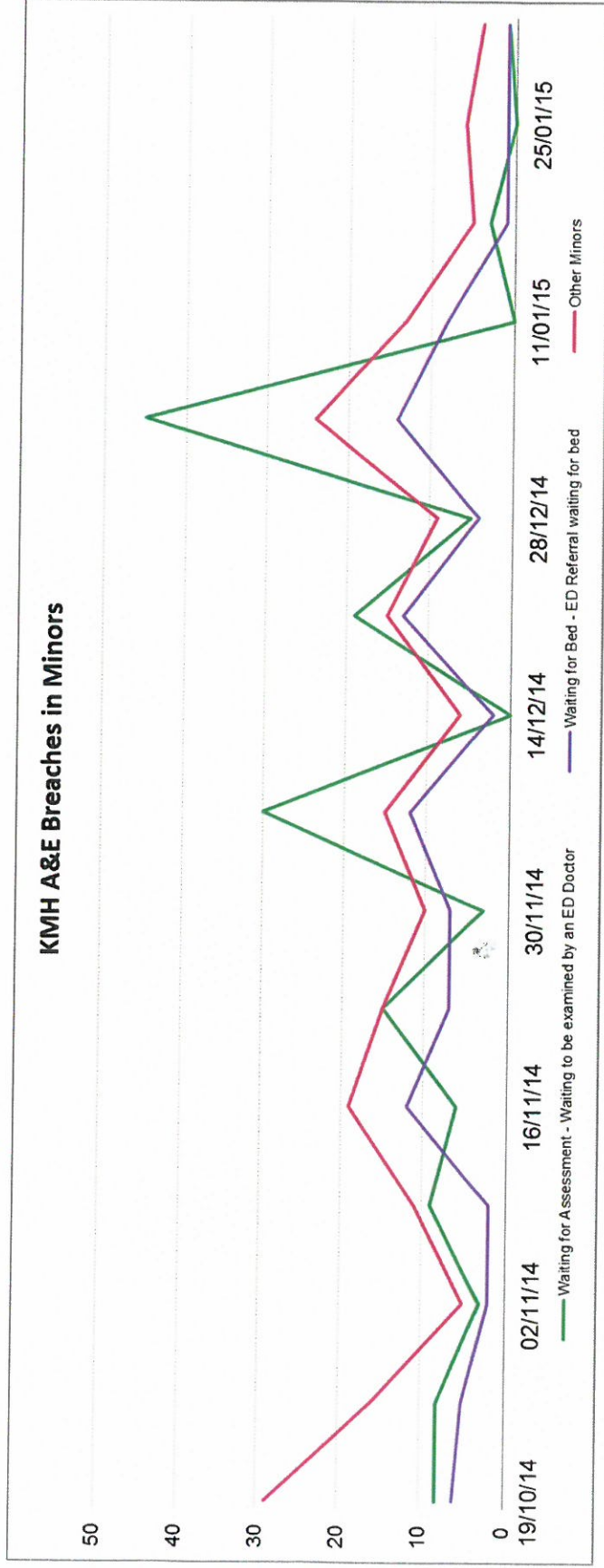


Performance vs Recovery Trajectory

- Implementation of the plan has also reduced breaches caused by waits for a bed and an examination by a Dr.



Performance vs Recovery Trajectory



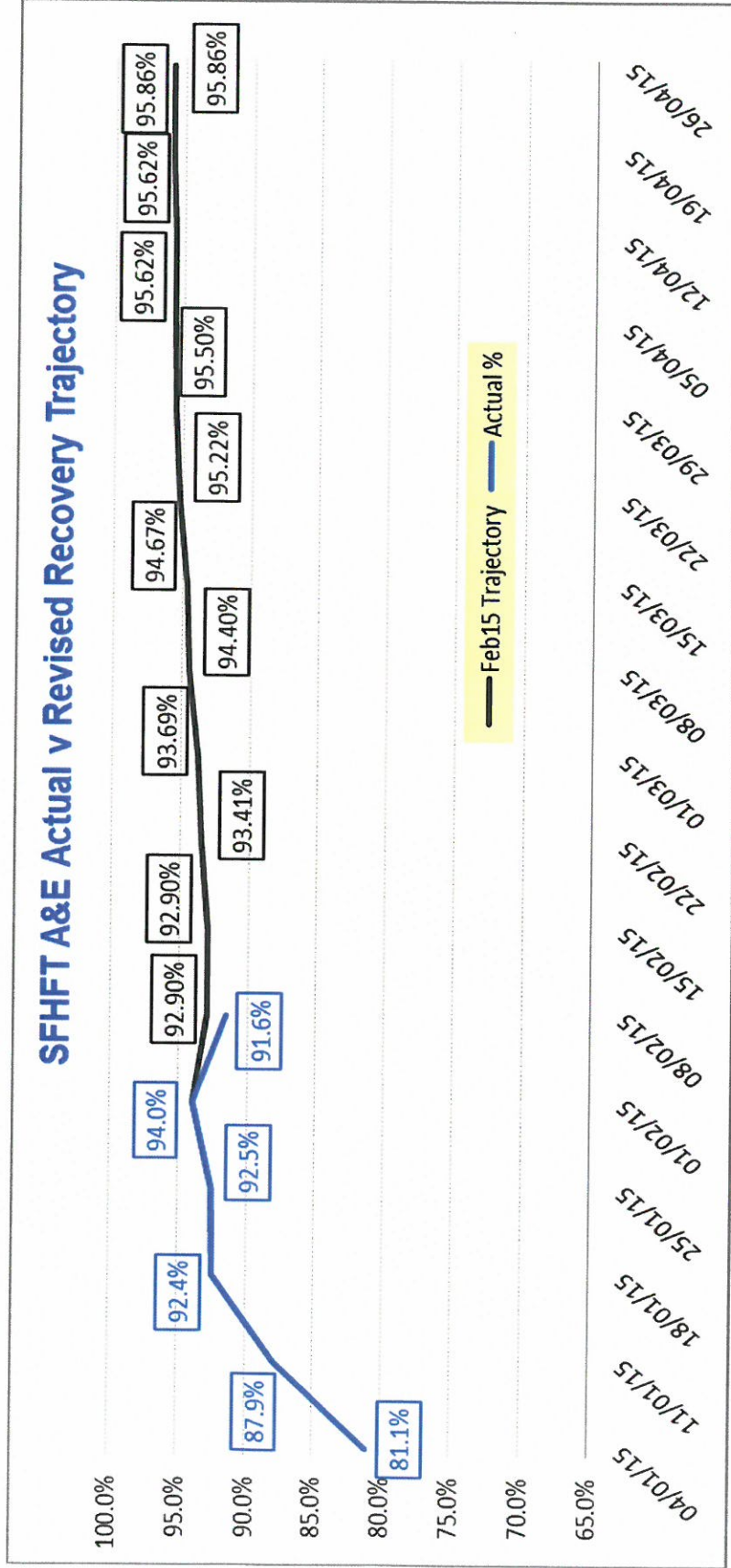
Revised Recovery Trajectory

- All things remaining equal, the Mid Notts system intends to be compliant with the national standard for ED for the w/e 22.03.
- The table below highlights the key actions and their intended impact on reducing breaches.

Local to	M'stone Deliver	SCHEME	08/02/2015	15/02/2015	22/02/2015	01/03/2015	08/03/2015	15/03/2015	22/03/2015	29/03/2015	05/04/2015	12/04/2015	19/04/2015	26/04/2015
Feb15 Trajectory			92.9%	92.9%	93.4%	93.7%	94.4%	94.7%	95.2%	95.5%	95.6%	95.6%	95.9%	95.9%
Calculation of Phase 2 Trajectory														
Total		Based on average between 05/01 to 01/02	2534	2534	2534	2534	2534	2534	2534	2534	2534	2534	2534	2534
Breaches		Based on average between 05/01 to 01/02	200	200	200	200	200	200	200	200	200	200	200	200
Adjusted Breaches (after savings)		Adjusted for the estimated saved breaches below	180	180	167	160	142	135	121	114	111	111	105	105
Savings														
ED	Feb	Refreshed streaming criteria & GP in PC24 - removing minor breaches	0	0	10	10	12	15	20	20	22	22	24	24
ED	Feb	Additional Consultants in ED	0	0	0	7	7	7	7	14	14	14	14	14
ED	Mar	Nurse referrals to EDU (saving 1/day)	0	0	0	0	2	3	5	5	6	6	7	7
Beds	Feb	Review of patients LoS > 14 days what 21 & 35 focus	20	20	20	20	20	20	20	20	20	20	20	20
Beds	Mar	Increase in CHP Assess Team - from 2 to 6 WTE	0	0	0	0	0	0	0	0	0	0	0	0
Beds	Mar	GP Referral Telephone Line (saving approx 1 adm/day)	0	0	3	3	3	5	8	8	8	8	8	8
Beds	Mar	Community Assessor (saving 3 adms/day - 1-2 breaches/day due to beds)	0	0	0	0	2	3	5	5	5	5	5	5
		Section 2 & Section 5	0	0	0	0	12	12	14	14	14	14	14	14
		Total Savings	20	20	33	40	58	65	79	86	89	89	95	95

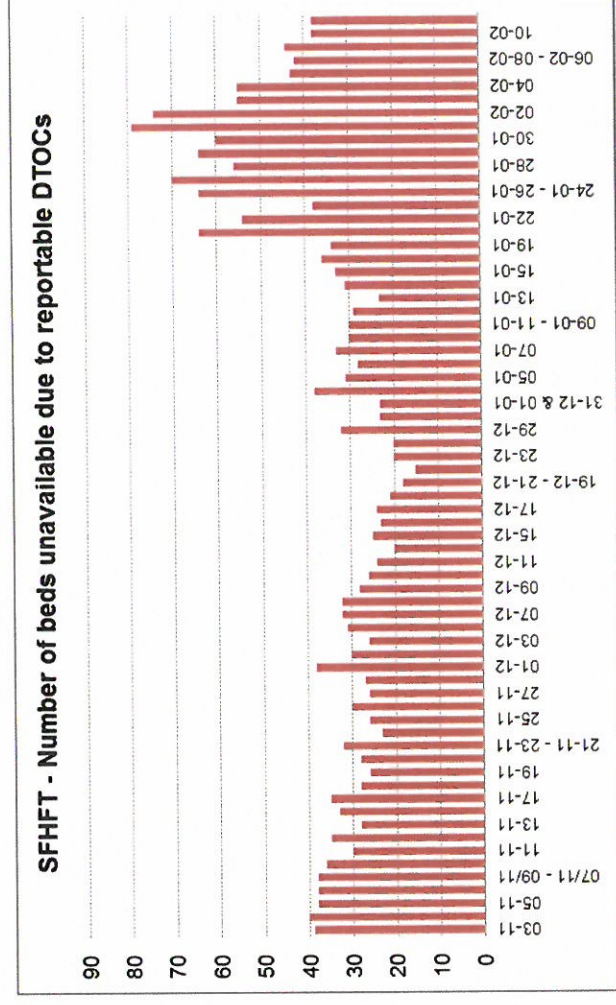
21 : Supposed to be that
 35 : Behav
 Additional Mitigations:
 System Governance in new monitoring & evaluation :

Revised Recovery Trajectory



DToC's

- The recovery action that will have the most significant impact on reducing breaches is the reduction of DToC's.
- Integrated discharge resource concentrating on discharging patients from W35 and W21 now. To be extended to W41 next. Further wards to follow (based on longest LoS metrics).
- Trust Integrated Discharge team proactively managing wards on all >14d LoS's



RTT Recovery

Headlines from Trust recovery submission to MONITOR:

- Incompletes – BL compliant for February reporting.
- Admitted – BL compliant for March reporting.
- Non-Admitted – BL compliant for April reporting.
- Delivery of BL sustained post recovery.

Standard	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015
Admitted Pathway	87.45%	87.21%	90.20%	90.43%	91.26%	91.39%
Non-Admitted Pathway	90.69%	87.44%	88.12%	95.03%	96.35%	96.43%
Incomplete Pathway	91.26%	92.97%	93.77%	94.40%	94.62%	94.71%

RTT Recovery

Incompletes:

- All specialties to be compliant with national standards for March reporting.

Admitted:

- With the exception of Orthopaedics, all specialties to be compliant with national standards for April reporting.

Non-Admitted:

- With the exception of Orthopaedics, all specialties to be compliant with national standards for May reporting.

Orthopaedics:

- To be compliant with all 3 national standards by September reporting.