

## Board of Directors Meeting in Public - Cover Sheet

<b>Subject:</b>	Winter 2018/19 Capacity Plan Update	<b>Date:</b> 20 November								
<b>Prepared By:</b>	Denise Smith, Deputy Chief Operating Officer									
<b>Approved By:</b>	Simon Barton, Chief Operating Officer									
<b>Presented By:</b>	Simon Barton, Chief Operating Officer									
<b>Purpose</b>										
To provide an update on the winter capacity plan for 2018/19		<table border="1"> <tr> <td><b>Approval</b></td> <td></td> </tr> <tr> <td><b>Assurance</b></td> <td></td> </tr> <tr> <td><b>Update</b></td> <td style="text-align: center;">X</td> </tr> <tr> <td><b>Consider</b></td> <td></td> </tr> </table>	<b>Approval</b>		<b>Assurance</b>		<b>Update</b>	X	<b>Consider</b>	
<b>Approval</b>										
<b>Assurance</b>										
<b>Update</b>	X									
<b>Consider</b>										
<b>Strategic Objectives</b>										
<b>To provide outstanding care to our patients</b>	<b>To support each other to do a great job</b>	<table border="1"> <tr> <td><b>To inspire excellence</b></td> <td><b>To get the most from our resources</b></td> <td><b>To play a leading role in transforming health and care services</b></td> </tr> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> </tr> </table>	<b>To inspire excellence</b>	<b>To get the most from our resources</b>	<b>To play a leading role in transforming health and care services</b>	X	X	X		
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X	X	X								
<b>Overall Level of Assurance</b>										
	<b>Significant</b>	<table border="1"> <tr> <td><b>Sufficient</b></td> <td><b>Limited</b></td> <td><b>None</b></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">X</td> </tr> </table>	<b>Sufficient</b>	<b>Limited</b>	<b>None</b>			X		
<b>Sufficient</b>	<b>Limited</b>	<b>None</b>								
		X								
<b>Risks/Issues</b>										
<b>Financial</b>	X									
<b>Patient Impact</b>	X									
<b>Staff Impact</b>	X									
<b>Services</b>	X									
<b>Reputational</b>	X									
<b>Committees/groups where this item has been presented before</b>										
None										
<b>Executive Summary</b>										
<p>Trust Board of Directors approved the winter capacity plan in August 2018. This paper provides an update on the plan, outlining progress against each of the schemes and highlighting any risks to delivery.</p> <p>The plan is focussed on delivery of the following key objectives:</p> <ul style="list-style-type: none"> <li>(i) Safely avoid admissions – all schemes on track</li> <li>(ii) Safely create more capacity – all schemes on track apart from the additional pharmacy support required for the increase in acute beds. Recruitment is still ongoing for these staff.</li> <li>(iii) Safely reduce length of stay – 3 schemes on track, 1 scheme removed as staffing is not available, 3 schemes are delayed due to staffing constraints and 3 schemes are at risk of non-delivery due to staffing constraints.</li> <li>(iv) Maintain operational grip and control – all schemes are on track</li> </ul> <p>The original cost of the winter capacity plan was £3.79m; however, due to slippage on some schemes and a reduction in costs on other schemes, this has been revised to £3.44m, a reduction of £353k.</p>										

## 1. Introduction

This paper provides an update on the Trust's winter capacity plan for 2018/19, outlining progress against each of the schemes and highlighting any risks to delivery.

### 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, which will be measured and reported on through the winter period, were set out as follow:

- (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 these are to be achieved through the delivery of the following key objectives:

- (v) Safely avoiding admissions
- (vi) Safely increasing our bed numbers available to medical patients
- (vii) Safely avoiding delays to patients care in hospital
- (viii) Maintain operational grip and control

## 2. Safely avoiding admissions

Scheme Description	Start Date	RAG rating	Progress update	Risks
1. Running <b>MDTs</b> for patients who have frequent ED attendances and admissions	Nov 18		Start date delayed to Nov 18 due to recruitment – now complete and scheme in place	None identified
2. Provide <b>patient transport</b> , 16:00 - 04:00, to avoid unnecessary overnight admissions	Mar 18		In place	None identified
3. Provide an <b>additional RN</b> to manage increased demand	Dec 18		Progressing as planned	None identified
4. Provide an <b>additional middle grade shift</b> , 7 days a week, 18:00 - 04:00, to manage increased demand	Ongoing		In place	None identified
5. <b>Increase AECU capacity</b> at the weekend (8 hours) through introduction of middle grade doctor	N/A		Unable to secure medical staff therefore scheme removed and replaced with scheme 7 (detailed below)	N/A
6. Moving the <b>Children's Assessment Unit (CAU)</b> to it winter model of opening	Oct-18		In place	None identified
7. Increasing the opening hours for the <b>Ambulatory Emergency Care Unit (AECU)</b> (replacing scheme 5.)	Sep-18		In place	None identified
8. Ensuring as many staff and patients as possible have their <b>flu jab</b>	Sep-18		As at 21 Nov 78% of front line staff have been vaccinated	None identified

### 3. Safely increasing our bed numbers available to medical patients

Scheme Description	Start Date	RAG rating	Progress update	Risks
1. <b>Day case unit</b> to remain open at the weekend	Nov 18		Start date deferred to Nov as surgical demand was managed within existing bed base	None identified
2. Increase capacity on <b>SSU</b> from 32 to 40 beds	In place		Capacity flexed from 32 to 40 beds as required throughout 2018/19	None identified
3. Flex capacity on <b>SSU</b> from 40 to 43 beds (Sun night - Wed morning)	Jan 19		Progressing as planned	None identified
4. Convert <b>ward 21</b> from elective orthopaedic ward to medical ward and increase from 16 beds to 24 beds	Jan 19		Progressing as planned	None identified
5. Changing the use of beds across <b>wards 31 and 32</b> to create medical bed capacity	Oct 18		In place. From Dec-18 ward 32 will convert to a medical ward in its entirety and ward 31 will remain a medical ward	None identified
6. Provide 10 female elective surgical beds on <b>ward 14</b>	Dec 18		Progressing as planned	None identified
7. Increase capacity on <b>Sconce ward</b> from 24 to 32 beds	Dec 18		Progressing as planned	Start date assumes estates work is completed on time
8. Therapy services for additional beds	See ward start dates		Progressing as planned	None identified
9. Pharmacy services for additional beds	See ward start dates		Additional staffing not yet secured - recruitment ongoing	Significant risk of additional staff not being available – any additional resources would therefore rely on additional hours of existing staff

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; the bed base is summarised as follows:

Division	Core	Escalation	Total
UEC	72	11	83
Medicine	268	48	316
Surgery	98	0	98
MCH	64	0	64
Newark	24	8	32
T2A	0	20	20
<b>TOTAL</b>	<b>526</b>	<b>87</b>	<b>613</b>

Increase in acute beds 18/19	<b>11</b>
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Total increase in beds 18/19	<b>35</b>
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#### 4. Safely avoid delays to patients care in hospital

Scheme Description	Start Date	RAG rating	Progress update	Risks
1. Additional <b>patient transport</b> to support discharge (15 hours per week)	Oct 18	Green	In place	None identified
2. Extend the <b>Discharge Lounge</b> opening times to from 21:00 to 22:00	Nov 18	Green	In place	None identified
3. Implement a revised <b>frailty pathway</b> , enabling direct admission from ED to SSU	Dec 18	Yellow	Delayed - additional Consultant not yet secured – internal cover arrangements being put in place	Will not progress if internal cover arrangements are not in place
4. New <b>COPD / Pneumonia</b> pathway	N/A	Red	Pneumonia element of this scheme removed as staffing not available	N/A
	Oct 18		COPD element delayed due to staffing constraints – existing staff are providing a 7 day service through additional hours	Will not progress if staff are unable to offer additional hours
5. New <b>Syncope</b> pathway	Dec 18	Red	Staffing not yet secured - pathway to be provided through existing staffing working additional hours	Will not progress if staff are unable to offer additional hours
6. <b>OPAT</b> service to provide IV antibiotics at home	Jan 19	Yellow	Delayed – internal staffing solution in progress	Will not progress if internal staffing solution not secured
7. New <b>DVT</b> pathway for more complex DVT patients	N/A	Black	Scheme removed – unable to secure staffing	N/A
8. <b>Weekend discharge</b> team - 15 hours per week (6 weeks over winter)	Nov 18	Yellow	Progressing as planned for 6 peak weekends – staffing dependent on additional hours being worked and not yet confirmed	Will not progress if staff are unable to offer additional hours
9. Increase <b>IDAT / EDAS</b> capacity	Jan 19	Red	EDAS unable to extend service IDAT – options being explored to secure additional staffing	Will not progress if additional staffing not secured
10. Ward based <b>Pharmacists</b> in the 2 high risks areas, EAU & SAU - 7 days a week.	Oct 18	Red	Unable to secure additional staffing – recruitment ongoing	Scheme unable to progress if additional staff not secured
11. <b>7 day therapy service</b> to SSU and orthopaedics	Ongoing	Green	In place	None identified
12. Commission 20 <b>T2A beds</b> in the community	Dec 18	Yellow	T2A beds secured. Operational policies in development. GP medical cover in progress Community nursing and social care input to be confirmed	Scheme unable to progress if medical, community nursing and social care staff are not in place

## 5. Maintain operational grip and control

Scheme Description	Start Date	RAG rating	Progress update	Risks
1. Additional <b>Duty Nurse Manager</b> shift to support patient flow	Nov 18		In place	None identified
2. Additional <b>ED RN</b> on a Monday (day and night) to maintain flow at times of peak demand	Nov 18		Progressing as planned	None identified
3. <b>IPC</b> on call	Oct 18		In place as required	None identified

## 6. Financial summary

The original cost of the winter capacity plan was £3.79m; however, due to slippage on some schemes and a reduction in costs on other schemes, this has been revised to £3.44m, a reduction of £353k. The Trust continues discussions with the CCG regarding access to STP transformation funding.

## 7. Summary

The Trust has made good progress in implementing the winter capacity plan with the majority of schemes designed to safely avoid admissions, increase medical bed capacity and maintain operational grip progressing as planned.

The key risks to delivery are for the schemes designed to safely reduce delays to patients care in hospital. The risks to delivery of these schemes are as a result of staff not yet being secured, however recruitment for these schemes is ongoing.

## 8. Recommendations

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