

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
12 MARCH 2018	PUBLIC REPORT

Report of:	North West Anglia NHS Foundation Trust	
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WINTER PRESSURES

R E C O M M E N D A T I O N S
<p>It is recommended that the Health Scrutiny Committee:</p> <ol style="list-style-type: none"> 1. Note the increase in emergency activity at the hospitals run by North West Anglia NHS Foundation Trust 2. Support the plans for managing capacity pressures for the coming year

1. ORIGIN OF REPORT

1.1 The report is being presented at the request of the Health Scrutiny Committee.

2. PURPOSE AND REASON FOR REPORT

2.1 This report has been produced at the request of the Health Scrutiny Committee to update the Committee on the NHSE Ambulance Response Programme and the impact on Peterborough.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

3.1 This winter, our emergency departments at both Peterborough City and Hinchingsbrooke Hospitals have seen an increase in people needing emergency care. In the three month period Nov 17 – Jan 18 we recorded an increase of well over 10% in emergency admissions compared to the same three-month period last year. This activity growth is notably above our commissioner’s plans and our available physical bed capacity. Growth in emergency admission demand is particularly correlated to the A&E 4hr performance standard.

Admission avoidance schemes, such as the JET service, has grown in this time and we are diverting more patients to the Trust’s Ambulatory Care Unit in order to reduce emergency care activity in line with the System-wide Transformation Plan.

However, increased emergency admission pressures at ‘the hospital front door’ were compounded by an outbreak of Norovirus at Peterborough City Hospital which saw four wards closed to new admissions at its peak over Christmas. This meant there were even fewer beds available during such a busy time of year. The Trust takes a very vigilant and proactive stance at managing the risk of outbreaks and has an excellent team of infection prevention and control

professionals providing a 24/7 service. This, together with our high proportion of single ensuite rooms throughout the PCH site, we are well-placed to isolate and contain outbreaks optimally.

In addition, we saw increased sickness levels among our staff (despite 70% compliance with the flu vaccine campaign) and also experienced some difficulties in sourcing agency locum doctors for Emergency and Medicine and Acute and Specialty Medical areas, which meant some shifts ran with rota gaps, despite best endeavours to cover with agency staff. Staffing gaps receive constant attention from hospital managers and we have well-established escalation and real-time monitoring arrangements in place to underpin quality of care and safe staffing levels.

The number of patients whose discharge into another healthcare setting was delayed (DTC) were considerably higher than previously planned and agreed with commissioners – at peak times this amounted to almost four-wards-worth of patients (100 beds in total). This is a key result area for the health system partners to achieve together, requiring sustained inter-agency joint working. The Trust continues to support actions taken by other commissioner and community bodies to drive down the level of DTCs in our hospitals and throughout the winter period we have benefited from the NHS Regional Team oversight from the regulators.

The Trust led on a comprehensive system winter plan from early Autumn 2017 and took into account the learning from the previous winter. We established new services, such as the Community Front Door Team of acute therapists to help increase admission avoidance from A&E at PCH. The Trust also invested in creating 12 new additional acute beds which opened in December 2017. Actions agreed under the STP to reduce Emergency Care activity at the hospital are also supporting this activity. This includes:

- The Ambulance Service has increased its use of See and Treat and Hear and Treat and is regularly achieving its targets; this reduces ambulance journeys to hospital;
- JET has grown over the year and has increased the number of potential hospital admission avoided;
- The Trust's GP-Consultant phone has increased the hours it is available and more patients are being diverted to Ambulatory Care
- The MIU activity at the City Care Centre in Peterborough has increased notably during the year; as has MIU activity in locations such as Doddington;
- An Admission Avoidance Team – comprising Occupational Therapists and Physiotherapists – is supporting A&E and they are reducing the number of patients that need admitting.

Notably, the number of Ambulances has not increased since last year, but, based on clinical information from the Ambulance Trust, the acuity of the patients they are transporting is higher, on average. The presumption is because the less acute have been treated by the relevant services set out above.

Despite all the above, admission reduction schemes, admitted patient numbers has increased compared to last year. Over the year to the end of January 2018 the level of acute admissions has increased by 5%, but proportions of medical and surgical admissions over the last three months has risen by 14%. The increase is across all CCG areas but with some notable increases from the Lincolnshire population at Peterborough City Hospital (PCH).

All of the above were contributory factors towards our Trust's performance against the four-hour waiting time standard falling considerably short of the 95% target. This also resulted in 1,100 ambulance handover delays in December 2017 – although this improved to 700 in January 2018.

Our aim is to get patients to the right place at the right time, in order to ensure a good experience that can result in better clinical outcomes for our patients. That said, the A&E 4hr standard is regarded as a key system metric – indicating the importance to be placed on how well the wider health and social care community is functioning as a united system. We know there is much

improvement to be made to processes within our local system and since Christmas this has been our primary focus, working closely with statutory partner bodies.

We are also currently working to an in-house improvement programme with the support of an expert group of professionals who have a track record for supporting other hospitals to achieve improvements, plus the national *Emergency Care Improvement Programme* team. The aim of this recovery action plan is to help the Trust recover the A&E 4hr performance and then sustain that improvement as we head out of winter.

Key areas of focus:

- Recruitment of Emergency Department / Urgent Care staff at both our main acute operating sites, including some additional clinical and operational posts.
- Focused work to enable clinical leaders within our emergency and urgent care service to regain their control of waiting times and patient flow despite the stepped increase in demand and staffing challenges.
- Improving the way we manage our emergency care pathways by introducing more efficient processes, for example changes to our Medical Assessment Unit and more activity channeled through our Ambulatory Care services.
- Working with our health and social care partners across Lincolnshire, Cambridgeshire and Peterborough to reduce the number of patients with a delay to their transfer of care.
- Working with our Ambulance Trust colleagues to further reduce ambulance handover times by taking steps within the hospitals to speed up transfer of care and free up the paramedics. In support of this we are keen to ensure ambulance services are optimising alternatives to transfer to A&E Departments, where safe and practicable to do so.

Planning for future activity

The NHS Planning Guidance for the financial year 2018-19 has recently been published. It highlights that the NHS needs to plan jointly with all providers and commissioners to agree activity and service plans.

The guidance recognises that there will be an average 2.3% growth in emergency admissions and a 1.1% growth in A&E attendances – although Peterborough is forecast above average growth due to the growth in population. We will need to reflect this in our local plans. In addition, there is an expectation that elective activity will rise next year – a 4.9% growth in outpatient attendances, a 3.6% growth in elective admissions and a 0.8% growth in GP referrals.

Our Trust board is currently considering this guidance to understand the implications upon bed capacity plus the outpatients department.

4. CONSULTATION

4.1 N/A This report has been provided for information

5. ANTICIPATED OUTCOMES OR IMPACT

5.1 This report has been provided for information

6. REASON FOR THE RECOMMENDATION

6.1 This report has been provided for information

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 N/A

8. IMPLICATIONS

Financial Implications

8.1 N/A

Legal Implications

8.2 N/A This report has been provided for information

Equalities Implications

8.3 N/A

Rural Implications

8.4 N/A

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

9.1 N/A

10. APPENDICES

10.1 N/A