

<b>HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 7</b>
<b>2 JULY 2018</b>	<b>PUBLIC REPORT</b>

Report of:	North West Anglia NHS Foundation Trust
Contact Officer(s):	Stephen Graves, CEO

## **NORTH WEST ANGLIA NHS FOUNDATION TRUST – BED CAPACITY**

### **R E C O M M E N D A T I O N S**

It is recommended that the Health Scrutiny Committee note the current bed capacity and the impact that this is having on flow through the hospital.

#### **1. ORIGIN OF REPORT**

- 1.1 At the 12 March 2018 Health Scrutiny Committee the Trust was asked to provide a report on the following proposals and options for increasing capacity at Peterborough City Hospital and to include an update on the financial situation.

#### **2. PURPOSE AND REASON FOR REPORT**

This report provides an update on forecast bed requirements and the options being considered to meet this demand and to share the Trust's view of future demand and how we jointly meet this through demand management and additional beds.

- 2.1 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 Background**

The experience of recent years has identified that lack of bed capacity is one of the greatest challenges we face in providing safe, effective care. Too often we have to operate our hospitals at near capacity, which results in patients waiting too long in our Emergency Departments, and planned operations have to be cancelled to accommodate the additional emergency patients.

Delays to safe discharge is a contributory factor with the equivalent of more than one ward being occupied by patients who cannot get the social and health support they require at home. We continue to work with our partners to address this, but historically, gains in this area have been small and take a long time to deliver. Consequently, our recently approved clinical strategy includes the potential to build more beds in the Trust on both our Peterborough and Hinchingbrooke sites.

While this report focuses on Peterborough City Hospital, it is in the context of demand across the entire Trust catchment which includes Peterborough, Huntingdonshire, Fenland, South Lincolnshire and part of East Leicestershire.

## Demand

We have analysed bed use from September 2016 to August 2017, based on the age of the patient on both sites (Figure 1). This shows that 62% of PCH beds are occupied by patients in the over 65 age range.

**Figure 1 – NWAngliaFT hospitals bed use by age group Sep 2016 to Aug 2017**

Site	Age group	Bed days	% split	Beds
Hinchingbrooke	Under 65	24,664	30%	83
	65+	56,501	70%	190
<b>Sub-total</b>		81,165		273
Peterborough City and Stamford	Under 65	79,261	38%	264
	65+	129,903	62%	397
<b>Sub-total</b>		209,164		661
<b>Total</b>		<b>290,392</b>		

## Population growth

We have based our population growth estimates on the Cambridgeshire County Council Research Group (CCRG), and the Office for National Statistics for the other parts of our catchment. We have assumed the revised CCRG estimates which include planned housing development for the catchments of each of our sites, i.e. we have looked at the growth in the Peterborough City Hospital catchment separately from the Hinchingbrooke hospital catchment.

This shows that between 2016 and 2036, the total catchment population will grow by 19% for all ages, but by 61% in the over 65 population (Figure 2).

**Figure 2 – Forecast population growth for NWAngliaFT catchment 2016-36**

AGE	Pop est ('000)			% change		
	2016	2026	2036	2016-2026	2026-36	2016-36
0-64	667	730	728	10%	-1%	9%
65+	165	210	265	27%	26%	61%
All ages	832	939	993	13%	6%	19%

## Bed occupancy

Bed occupancy is a key factor in delivering safe and efficient care. NHS England has recommended that we plan for no more than 90% bed occupancy. We regularly operate at 100% and average 96% across the year. This does not allow for surges in demand and partly explains why too often patients wait too long in the Emergency Department until a bed becomes free.

Our future capacity assessment assumes that we reduce bed occupancy to 90%.

## Demand management

Various demand management schemes both within the Trust and in the community are necessary to improve patient experience. Most patients want to stay at home unless it is absolutely necessary for them to be admitted for hospital care.

Initiatives such as ambulatory care, the JET team and an increased focus on reducing Delayed Transfers of Care (DTOC) have all been introduced with the intention of reducing demand on hospital beds. However, admissions to non-elective beds with the subsequent occupied bed days have increased at a higher rate than was forecast.

We have assessed that by 2026, if there is no improvement in DTOC and demand continues in line with demographic growth, we will require an additional 192 beds at our PCH site.

### The impact of system wide changes impacting on our PCH site

Changes agreed as part of the Sustainability and Transformation Partnership will move some patients between our sites. Orthopaedic trauma inpatients will move from Hinchingbrooke onto our PCH site, while some stroke rehabilitation patients will move from PCH to Hinchingbrooke, which results in a net requirement for an additional 10 beds on our PCH site.

In Boston, they have difficulty recruiting paediatricians, and if that service were to close, we estimate that this will require another 6 children's and maternity beds on our PCH site, to accommodate the additional South Lincolnshire patients for whom Peterborough is the closest alternative.

### Summary demand

By 2026 we estimate demand for an additional 209 beds on our Peterborough site (Figure 3).

**Figure 3- Demand summary**

	Beds	
	2018	2026
Peterborough City and Stamford Hospitals		
Baseline	658	
90% bed occupancy and demographic growth		+192
System wide changes (stroke, orthopaedic and paediatrics)		+16
Total change		+208

### Meeting the demand

Clearly we have considered the worst case scenario with no impact of schemes to reduce demand. For example, it is hoped that the assumption of no reduction in DTOC is significantly underestimating the impact of proposals to achieve this.

In this scenario, we have identified potential space for 187 additional beds on the PCH site with further options to be explored on other sites.

There are opportunities to create additional bed space by making better use of existing wards, converting fourth floor offices into wards, and increasing the use of our existing wards.

We are about to open converted space in our Medical Assessment Unit which will create an additional nine beds. We also have the potential to develop a surgical assessment unit and Clinical Observation and Decision Unit which will create an additional 5 bed capacity.

Conversion of some side rooms into three bedded bays has successfully increased our bed capacity at relatively low cost, and we have found our generously sized four bedded bays have space to comfortably fit one additional bed. If we continue these conversions, this could provide up to an additional 88 beds.

We are able to reconfigure the women and children's wards to create six additional beds to meet the demand which may arise from children's services at the Boston Pilgrim hospital.

The current management offices on the fourth floor were originally designed as wards. With investment they can be converted into wards with the same configuration as the 32 bed wards on the floor below, providing 64 beds.

More patients who would have been admitted to emergency beds in the past are now being treated in ambulatory care and we have future plans to increase the specialties working in this

way.

While planned care beds represent a much smaller proportion of our total beds, we have identified areas where we can increase the day case rate which will free up more inpatient beds. As part of our strategy we are considering whether we can increase the planned activity on our Hinchingbrooke site where this is appropriate for patients, particularly those who currently come to Peterborough from our Huntingdonshire GP practices.

The potential additional beds are summarised in Figure 4 below which would deliver all but 21 of the required beds.

**Figure 4 - Potential bed expansion**

Peterborough City Hospital	Beds
Convert side rooms into three bed bays and four bed into five bed bays	88
Establish new Surgical Assessment Unit and CODU	5
Convert management offices on fourth floor into 2 x 32 bed wards	64
Women and maternity ward reconfiguration	6
Increase ambulatory care	5
Planned inpatient to day case	5
Move Hunts planned inpatient to Hinchingbrooke	5
Medical Assessment Unit expansion	9
Total	<b>187</b>

### **Long stay patients and DTOC**

National recognition of the negative impact on patients and their families of delayed discharge, has led to recent instruction that health and social care partners should prioritise reduction in DTOC to 3.5% and the number of long stay patients before this coming winter.

The Trust and our partners are committed to delivering these targets, and in so doing will release the equivalent of 32 beds which more than meets the forecast bed requirement.

### **Summary**

If we assume the worst case for bed demand we have the required beds through a combination of reconfiguration of the existing space, some movement of beds and working to keep people in their homes where appropriate. The Trust will work with increased effort with our system partners to reduce demand while making the best use of the available space on our Peterborough site.

If any of these schemes are proved to be too costly or are not feasible when considered in detail, there are alternatives available. Although the City Care Centre is not run by our Trust, it represents good quality estate which is not used to the maximum for inpatient activity.

## **4. CONSULTATION**

- 4.1 The Trust clinical strategy which describes much of the contents of this paper was considered in public at the May Trust Board, and is publicly available on the Trust website. Given the capacity ideas are relatively new which have not yet been fully worked up, there has been no specific public consultation to date.
- 4.2 The options for bed capacity which could require consultation if they were progressed:
  1. As part of the STP proposals, while the transfer of stroke rehabilitation from Peterborough to our Hinchingbrooke site would reduce demand on our PCH site, and potentially provide improved patient experience on a dedicated rehabilitation unit.
  2. The potential move of some planned procedures for patients living in the Huntingdonshire area to the Hinchingbrooke site would have minimal impact on travel time for patients living

to the south of the area from Yaxley to March.

Commissioners will need to consider the implications of these proposals and provide a report for the Scrutiny committee to consider at the appropriate time.

## **5. ANTICIPATED OUTCOMES OR IMPACT**

- 5.1 The committee is asked to note the progress to date in identifying the forecast demand for hospital care, and the options considered to both reduce demand and increase the number of beds.

As partners in the system, we will work together to reduce demand on the hospitals with a particular focus on reducing bed days through earlier discharge and admission avoidance. This is a responsibility shared by both health and social care partners.

## **6. IMPLICATIONS**

### **Financial Implications**

- 6.1 While some of these schemes to increase bed capacity are already in progress, such as the conversion of side rooms and expansion of MAU, some will require very significant capital expenditure. The only access to capital funding is through the national Sustainability and Transformation Fund. Bids for this are being submitted on an STP basis this July and we will await the outcome

## **7. BACKGROUND DOCUMENTS**

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

- 8.1 None

## **9. APPENDICES**

- 9.1 None

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