NHS
Airedale
NHS Foundation Trust

Meeting:	Board of Directors			
Date of Meeting:	31st January 2018			
Report Title:	Winter Plan – Progress and Update including the Emergency Care Standard Exception Report for Quarter 3 2017			
Status: (tick one box)	Information ■	Discussion ☐	Approval ☐	Regulatory ☐
Classification	NHS Confidential	Yes ☐	No ■	
Lead Director	Stacey Hunter, Chief Operating Officer			
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Appendices	Appendix 1 – Winter Plan – Progress and Update including the Emergency Care Standard Exception Report for Quarter 3 2017			
Links to strategic objectives	Board Assurance Framework Reference and description		4.2 Performance Trajectories (compliance objective)	
Links to corporate risks	Corporate Risk Register Reference and description		2015-003 Failure to deliver the Emergency Care Standard at 95% for patients attending the Emergency Department	

Purpose of the Report

As agreed with the Board of Directors, this paper presents the Trust's performance in relation to the progress so far during winter, the delivery against the winter plan and the Emergency Care Standard for Quarter 3 2017. The report demonstrates that we have delivered against the performance trajectory submitted to NHS Improvement as part of our overall plan. It also highlights the factors that have prevented delivery of the standard at 95% on a consistent basis and the work that is on-going to sustain the performance required.

Key points for discussion

To acknowledge the impact of the winter plan, delivered against unprecedented demand for acute and emergency services plus the success of collegiate team working for patients admitted and discharged from Airedale Hospital and into on-going community care.

The Emergency Care Standard achieved for across the quarter was 92.58%.

Whilst the quarter position fell short of the nationally mandated standard, it was above the locally agreed STF trajectory for April of 91.7% and therefore the Trust will qualify for the performance element of the STF and was significantly better than the Regional and National average, placing Airedale in the upper quartile of Trusts in England.

As of the 24th January 2018 the Trust has confirmed 49 people who have Influenza A or B. Of this 40 people have needed to be admitted for inpatient hospital care due to the acuity of their illness.

The Flu Vaccination at 24th January is 72.89% (41 staff members required to be vaccinated to obtain 75% required by end of January)

The Board should also know that we are regularly briefing NHS Improvement of the current situation which provides the assurance to the public that we are discharging our duties to our regulator.

Recommendation
The Board should note and receive this exception report

Appendix 1 – Winter Plan – Progress and Update including the Emergency Care Standard Exception Report for Quarter 3 2017

1. Executive Summary

Every year, winter is a challenging time for health providers, in particular for those services associated with the delivery of the emergency care standard. Although at an early stage, it is important for the Trust Board know the current situation as well as providing assurance of the effectiveness of the winter plan so far.

An increase in demand for activity associated with acute and emergency has been a clear feature of winter so far, especially when comparing against the same period last year, (1st December to 15th January):

- ED attendances were 10.4% higher. In fact ED attendances during December were the highest on record for Airedale NHS Foundation Trust.
- Ambulance arrivals were 10.4% higher
- Non elective admissions were 1.49% higher.
- Average bed occupancy was 0.8% higher (but maximum number of beds occupied was actually 11 lower indicating the requirement for fewer escalation and surge beds)

Despite demand for acute and emergency services being higher than the previous year, (and in many cases highest on record), particular recognition should go to medical, nursing, and management staff in Airedale and community staff and social care, who have worked exceptionally well as a whole team, with particular focus on delivering the winter plan to improve patient care.

Because of this, over this period we can report:

- Breaches are 28% lower
- ECS is 4.55% better
- Medical sleep outs into surgical beds are 60% lower

All of the above have proven direct association with improved patient outcomes, including reduced mortality, reduced pressure ulcers and falls, reduced complaints and improved patient satisfaction.

2. Emergency Care Standard Exception Report

The Emergency Care Standard (ECS) achieved in quarter 3 was 92.58% which although is a breach of the nationally mandated 95% standard, it was within our locally agreed NHSI STF trajectory of 91.7%.

Table 1 Quarter 3 2017 ECS

Period	Total Attendances	More than 4 Hours	% Under 4 Hours
Oct-17	5553	326	94.13%
Nov-17	5411	387	92.85%
Dec-17	5878	537	90.86%
Quarter 3 17/18	16842	1250	92.58%

By way of comparison the ECS for quarter 3 2016 was 89.20%, so Q3 2017 shows a 3.38% improvement over the same period last year.

Background and Summary

It is well recognised that the current National picture for the Emergency Care Standard continues to be a challenge for the vast majority (over 95%) of acute providers in England. Each Trust receives a daily ECS position across England from NHSI. The national ECS for Q2 was 87.5% and the Regional ECS for Q2 was 89.5%.The challenges facing the delivery of this standard are well documented and NHSE/NHSI have recently published "Delivering the Urgent and Emergency Care 9 Point Plan" to support system wide changes to improve ECS.

There is a North of England Improvement programme for this topic which our clinical leaders, managers and the Chief Operating Officer have attended. They are aimed at sharing best practice given all Emergency Departments face similar challenges. The Board will want to note that our Ambulatory Care work was recognised at one of these events and the clinical team asked to present and share their work with colleagues across the North of England.

The Clinical Director, Assistant Director of Operations and Matron for Urgent Care undertake detailed analysis of all the individual patients who have waited longer than 4 hours. This helps determine the underlying factors that have contributed to the failure to deliver.

Breach Analysis

Of the 1250 breaches of the 4 hour standard in Q3:

41% were due to delayed first assessment, **an 18% decrease** from previous months. The continued focus for improvement in this area relates to how the new model for the capital build (AAU due April 2018) and reduction of variation between individual consultant and nurse shift leaders.

29% were due to bed holds, a **50% increase** compared to previous months which is a reflection of current winter pressures, increased bed occupancy and additional escalation beds being opened. Of note – breaches due to bed holds are still lower than the same period last year (45% in Q3 2016)

30% were due to other reasons, no change from previous months.

Summary

From the above breach analysis the key difference between the ECS performance in Q3 compared to Q1 (94.07%) and Q2 (94.03%) is the increase in breaches associated with patients waiting for beds. If bed holds were at similar levels to those seen across Q1 and Q2 then the ECS would have been 93.95%.

Key themes:
Non elective demand during quarter 3 has shown an increase over the same period last year. This is a reverse of what has been seen in Q1 and Q2 where like for like demand showed a decrease in 2017 compared to 2016

1. Non elective admissions are **1.4%** higher.

2. ED attendances were **3%** higher over the quarter; of note ED attendances in December 2017 were the highest on record and were 10.5% higher than December 2016.

However, despite the above significant improvements which have contributed to the 3.38% improvement in ECS between Q2 2016 and Q2 2017, the ECS is still falling short of the 95% required standard.

The revised STF trajectory for Q3 and Q4 requires the ECS to be either at 90% for each month OR an improvement on the same month the previous year PLUS delivering 95% for the whole of March 2018.

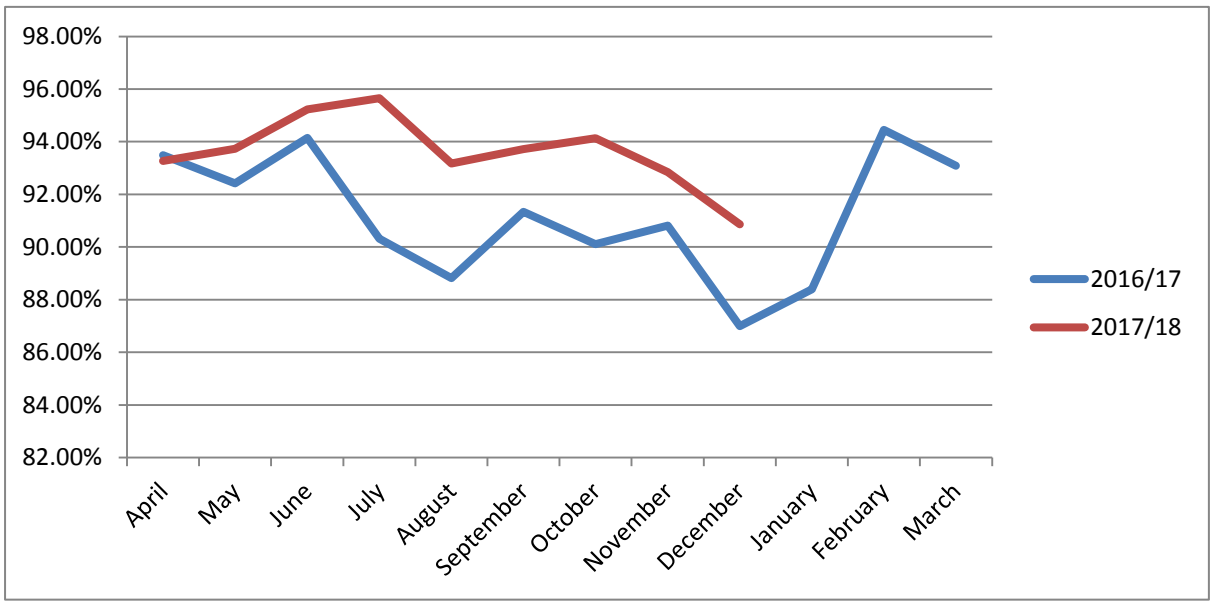
Table 2 – STF ECS Trajectory

Month	**ECS**	**STF Requirement for 2017/18**
Oct-16	**90.11%**	**>90.11%**
Nov-16	**90.82%**	**>90.82%**
Dec-16	**86.99%**	**90.0%**
Jan-17	**88.39%**	**90.0%**
Feb-17	**94.45%**	**>94.45%**
Mar-17	**93.08%**	**95.0%**

ECS performance comparison by month

Shows on average a 2.37% increase on previous year (min -0.22% and max 5.34%).

(STF trajectory is 90% each month OR meets the previous year's ECS whichever is the higher)



Further Challenges Impacting on the achievement of 95%

- Activity and demand for urgent and emergency spells appears to be increasing
- Implementation of **SAFER** bundle which is an evidenced based tool for managing patient flow .This is strongly dependent on a stable and sustained nursing workforce across in-patient wards and strong nurse leadership. Nurse vacancies and pressures are making consistent delivery challenging. The Executive Team have agreed to focus communications and interventions during the month of November to deliver the improvements required to ensure this tool is being implemented consistently in all areas.
- Risk of inability to fill the additional out of hospital beds due to patient admissions criteria plus insufficient capacity of patient transport services to meet additional demand – We are challenging the criteria the care homes apply and have recently increased PTS capacity.
- Discharges at weekends, especially on Sunday. The Head of Nursing for surgery leading work roll out introduce criteria led discharge which will improve discharge rates at weekends.
- Gaps in medical rotas and over reliance on locum and bank staff at key hours
- Flu outbreak. There have been 31 positive patients who have been screened for flu, a number of which have required an in-patient bed.

Further actions required to ensure we meet the required trajectory for Q3 and Q4, especially March 2018

Workforce pressure for both medical and nursing teams continue to provide significant challenges in delivering consistent off duty cover for ED. This is particularly an issue between 17:00-21:00.

The latest analysis of consultant variation indicates that variation appears to have reduced. Previous months as reported in the Q3 Trust Board exception report showed that three consultants were outside the expected SPC control. Between February and December this has reduced to one consultant showing outside of the expected SPC control. This is being managed by the Clinical Director for emergency care with support from the Deputy Director of Operations and Medical Director.

3. Winter Progress so far

As mentioned in section 1, demand for acute and emergency care over winter has been unprecedented, but is does appear that this Trust has coped better than most. Demonstrable team-work has already been highlighted as one of the main contributors but mention must also go to a clear, deliverable and realistic winter plan, (submitted to September Trust Board). The list below, although not exhaustive, provides insight into progress so far and areas that have really supported patient care:

1. Escalation Beds. These have been opened as per winter plan across wards 5,18,7 and 1 (36 beds). We have also had to utilise super-surge capacity on ward 20 (up to 14 beds) between 2nd and 10th January). Feedback from the team's is positive in respect of whilst it is challenging to have additional capacity open to meet peaks in demand , the plan has worked well and patients have been kept safe and the vast majority still reporting a positive experience despite the pressures. The levels of team work amongst our staff and our partner colleagues are worthy of specific reflection and recognition

2. Flu cases have been higher than those seen in previous years. Although not a pandemic it has left the hospital under pressure at times, especially capacity for critical care and respiratory beds.
   Total number of patients screened so far = 93
   Total number of positive cases = 41
   Total number of positive cases that required an in-patient admission = 37
   As of 24th January the number of inpatients with flu is 8

   The Flu Vaccination at 24th January is 72.89% (41 staff members required to be vaccinated to obtain 75% required by end of January)

   This continues to be monitored closely as whilst currently at levels that we are managing, public health doctors are still predicting the peak to be towards the end of Jan/middle of February 2018.

3. The weather. This has been much colder than previous year's with a number of days when black ice caused slips, trips and falls which resulted in unpresented presentation to ED (more than 200 arrival at ED on 9 separate days throughout December 2017, compared to one in December 2016)

4. Delayed Transfers of Care (DToC) and delays. DToC shows an improvement over last year. Average of 5 per day (1.5% of beds occupied) with a maximum of 10 per day (3.1%). This compares favourably with last year when for the same period the average per day was 8 per day (3.4%) with a maximum of 13 (3.9%). Patients with a length of stay over two weeks averaged 95 (29% of the bed base). This compares favourably to the same period last year when the average was 107 (32% of beds occupied). This can be attributed to continued access to out of hospital care provision

plus the introduction of the Multi-Agency Integrated Discharge (MAID) Team who are co-located in the hub and who deal with referrals for patients requiring complex discharge in a much more timely way than previously.

5. Winter Room. The successful co-ordination of silver command actions has been done from the winter room which is led by the Assistant Director of Operations of the day with support from the bed/site manager, Heads of Nursing, bronze commanders, pharmacy, therapists, community teams, social services and diagnostics. These arrangements have worked very well.

6. Governance. NHSE have set up a National Emergency Pressures Panel, chaired by Pauline Philip, the National Director for Urgent and Emergency Care. A&E Delivery Boards are required to have Daily conference calls with area teams to highlight any exceptions in the region along with actions taken. Locally, our own A&E Delivery Board have organised daily conference calls with cross providers which feed up to Regional and then to National level.

7. Increased utilisation of ambulatory care during peak times (25% increase) which has provided significant support to the Acute Medical Unit's pressures as well as safe and effective care for an increased number of individual patients.

Additional Winter funding

The delivery of the Emergency Care Standard remains a key priority for trusts and significant resource in terms of staffing is focused on its delivery, not least the fact that the Department of Health has provided the Trust with some additional funding. Tranche 1 (£424,000) which is to be utilised for schemes that have already been implemented over and above budgeted establishment and Tranche 2 (£450,000) for further schemes in support of the ECS. Although there is a lack of clarity at present as to the deployment and utilisation of Tranche 1 and 2, this funding does come with a condition of achieving an ECS of 93.91% throughout Q4 2018 and a number of schemes have been forward to support the delivery of the ECS, including:

	Scheme
1	Additional HCSW in ED
2	Additional Dr in ED weekends
3	Additional Dr in ED weekdays
4	Additional Dr on base wards at weekends
5	Spot purchase Out of Hospital beds in Craven.
6	Additional HCSW on ACU
7	Additional ACP hours on ACU

4. Conclusion

Whilst this paper outlines the obvious challenges during winter, despite demand and increased acuity and volume of sick patients including rising levels of flu, our winter plan has held up well so far. There are with some clear examples of colleagues internally and externally working effectively as a team demonstrating high levels of collaborative and cohesive ways of responding to the increased needs of the local population. Whilst it should be acknowledged that patients did wait longer than 4 hours in our ED, patient safety and experience was maintained, there were no 12 hour trolley breaches and no patients waiting on corridors.

As the Board will be aware the winter arrangements will remain in place until the end of March 2018 as per the plan. Future updates will be provided to the Board of Directors by exception.


Airedale
KEELHAM