

REPORT TO: HEALTH OVERVIEW AND SCRUTINY PANEL

DATE OF MEETING: THURSDAY 22 FEBRUARY 2018

SUBJECT OF REPORT: WESTON AREA HEALTH NHS TRUST – WINTER PRESSURES AND PERFORMANCE

TOWN OR PARISH: ALL

OFFICER PRESENTING: JAMES RIMMER, CHIEF EXECUTIVE

KEY DECISION: INFORMATION AND DISCUSSION

RECOMMENDATIONS

Members are asked to note the content of this report which provides an update on winter pressures and performance within Weston Area Health NHS Trust.

1 SUMMARY OF REPORT

The Trust has faced a challenging few months, with 5 outbreaks of Norovirus reported in December 2017 affecting 65 patients and 13 staff. The wards were closed for 57 days in total with the loss of 243 bed days.

2 CURRENT SITUATION

Weston, along with the rest of the NHS, is struggling with the number of unwell patients who need to be admitted. In order to cope with this, the Trust has instigated a number of measures to respond to the increased pressures.

- Additional staff including **Physiotherapists, Pharmacists, Porters, Housekeepers, Doctors and Nurses.**
- We have **cancelled outpatient clinics** to increase medical staff availability for the wards.
- We undertake **regular reviews of staffing** and have implemented a number of **urgent clinics**, along with **over the phone advice and guidance** to avoid admissions.
- We have increased the number of **ward rounds** and have **cancelled all non-patient focused meetings.**
- We have had support in **purchasing additional care home beds** to enable more discharges.
- We are caring for patients in escalation capacity including the **Day Case Unit, Waterside Ward and Ashcombe Ward.**

3 ACTIONS TAKEN TO IMPROVE FLOW THROUGHOUT THE HOSPITAL

There have been several key elements to improving flow. Some were directed to issues identified by the Care Quality Commission (CQC) Warning Notice, but there has also been work on implementing primary care streaming as well as changing the ward configuration to better represent the needs of our patients.

3.1 Actions Taken as a Consequence of the CQC Warning Notice

There have been a number of key actions taken to improve performance. These include:

- Improved capacity meetings
- Enhanced escalation processes
- S.A.F.E.R. (**S**enior review, **A**ll patients to have a discharge plan, with a focus on **F**low, discharges to happen **E**arly in the day and long stay patients to be **R**eviewed)
- Management support to board rounds
- Review and redesign of the Medical Assessment Unit
- Refresh S.A.F.E.R. on all adult non-assessment wards
- Use of S.A.F.E.R. on assessment units
- Review of the opening hours and function of the Ambulatory Emergency Clinics
- Implement a pathway for GP direct admit to the Medical Assessment Unit
- Develop alternative pathways for direct admission, e.g. Fractured Neck of Femur and Stroke
- Redesign Front Door Model to direct patients to the most appropriate resource
- Use of the Clinical Decision Unit to ensure that A&E has access to observation beds
- Process for accessing the A&E corridor
- Appropriate use of oxygen, suction and electricity in the A&E corridor and to review the corridor process

These actions led to a significant improvement in the A&E 4 hour performance, which can be seen in the table below. It highlights the changes in performance, comparing 2015/16, 2016/17 and 2017/18 performance against the 4 hour target. As can be seen there has been a significant improvement in this year's performance.

Period	Quarter/Annual (YTD) Performance			
	This Year	Last Year	2 Year Prev	Variance**
	2017/18	2016/17	2015/16	%Change
Q1	87.63%	84.85%	89.00%	2.78%
Q2	89.92%	80.74%	93.85%	9.18%
Q3	84.82%	68.79%	86.33%	16.03%
Q4				
YTD	87.22%	76.50%	86.63%	10.71%

3.2 Implementing Primary Care Streaming

NHS England (NHSE) guidance asked that all A&E Departments have primary care streaming in place for winter 2017. Primary care streaming uses community staff (GPs or Advanced Nurse Practitioners) to ensure that patients with minor illnesses are seen by appropriate practitioners with a clear focus on discharging directly from the A&E Department wherever possible.

There was £842,000 allocated by NHSE to support changes to the estate at Weston General Hospital to support primary care streaming. From 30 October 2017 we have implemented a 7 day, 12 hour service staffed by Advanced Nurse Practitioners. This service is currently seeing a limited number of patients but the activity will increase following completion of work on the new front door for primary care streaming. Further work is being undertaken to the A&E Department to ensure that the current Minors area has greater clinical flexibility build in.

The New ED Primary Care Streaming Facility



3.3 Changing of the Ward Configuration

Demand and capacity planning indicated a need to realign the wards to better suit the needs of our patients.

Key changes that have been implemented include:

- An MAU and Clinical Decision Unit adjacent to the A&E to increase the number of patients who are discharged within one day;

- An increase in the number of respiratory beds to accommodate an increase in respiratory patients;
- An expansion of the number of short stay medical beds to reduce the time that patients have to stay in hospital;
- Movement of SAU patients to Steephom Ward and AEC – this will ensure that those patients that are only requiring a fast review can be seen in the AEC to reduce demands on beds; and
- A temporary transfer of 9 surgical beds for medical patients.

There have been many positive changes across the 10 months. It is important that we now focus on embedding the good practice. This will be the focus for the next 2 quarters to ensure that the Trust benefits from the changes already made.

4 AUTHOR

James Rimmer, Chief Executive