Meeting:	**Brighton and Sussex University Hospitals NHS Trust** **Board of Directors**
Date:	**23rd February 2015**
Board Sponsor:	**Amanda Fadero, Director of Strategy and Change**
Paper Author:	**Rick Strang, Director of Operations (Emergency Care)**
Subject:	**Urgent Care Transformation**

Executive summary

This report updates the Board on progress within the Emergency Care pathway.

After a difficult late December and early January reflecting nationally recognised winter pressures the Trust was looking to push-on with its longer term recovery plan which had started well in early November.

However, a significant Norovirus outbreak on the PRH site and a plateauing of the improving late January performance leave the organisation once more in a challenged position.

Links to strategic objectives	Best and Safest Care √
Identified risks and risk management actions	Patient safety and experience; performance against the 4-hour A&E standard; organisational reputation
Resource implications	To be worked through within the Directorates
Legal implications	Not applicable
Report history	Previous reports on Emergency and Unscheduled Care have been made to the Board of Directors monthly in 2014 and 2015.
Appendices	None

Action required by the Board

The Board is asked to note the contents of the Paper and support the direction of this programme of work.

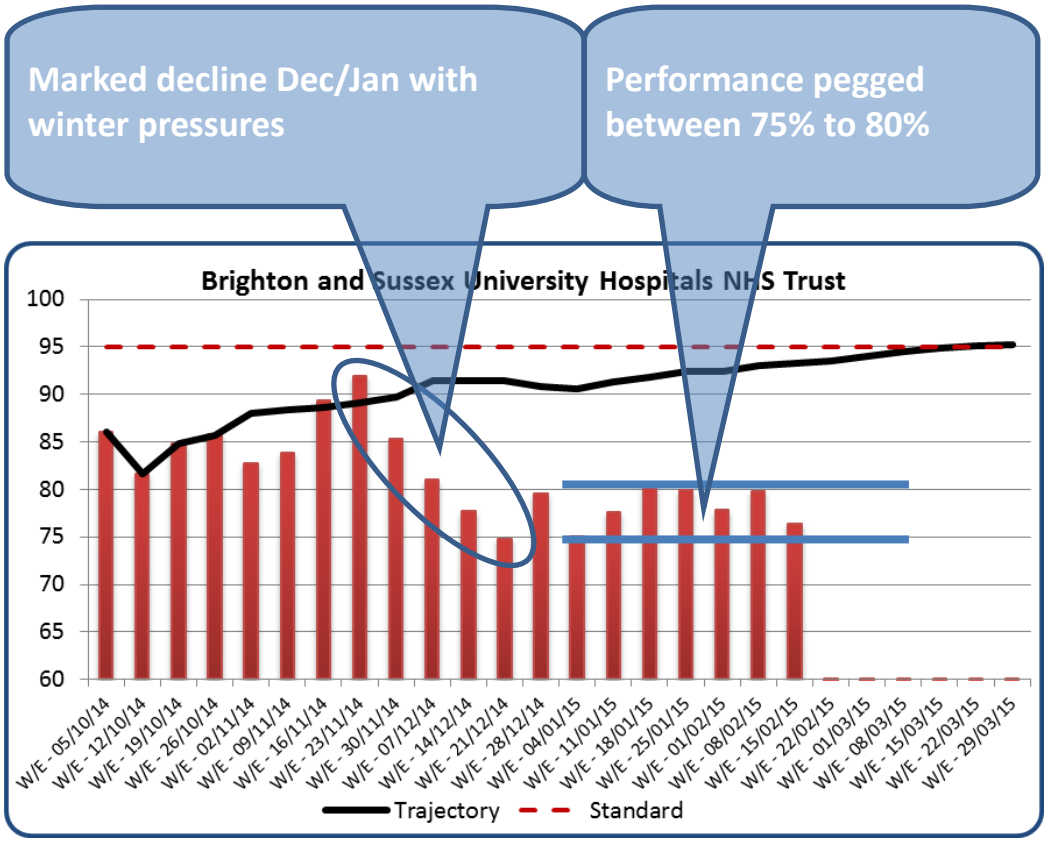
Report to the Board of Directors, 23rd February 2015
Emergency and Unscheduled Care

1. Introduction

Significant winter pressures through the latter part of December 2014 and into January 2015 created a marked downturn in performance. This had however begun to show some consistent recovery through the latter part of January but February has not seen a continued upturn and has in fact presented a range of challenges that played into the existing vulnerabilities of the Trust. The most significant of these was the outbreak of Norovirus at the Princess Royal Hospital week commencing 8th February.

2. Performance

The week leading up to the winter downturn had been promising. Getting performance back on track in February had been a priority although the first weeks of the month proved challenging. It is evident that performance improvement has plateaued and there are indications that a further seismic shift in service delivery would be required to re-ignite the recovery drive.



3. PRH Norovirus

The first notification was on Sunday 8th February and by Tuesday morning the virus was prevalent on three wards (Pyecombe, Balcombe and Ardingly) with further episodes appearing. Additional cases were also noted on Ansty Ward and New Timber Ward. All elective work at PRH was reviewed and much of it cancelled other than a few cases which were delivered through Albourne Ward which remained

open. With the medical bed base now under severe threat Cardiac and Stroke patients, where clearly identified by SECAmb crews and were re-directed to RSCH.

By Thursday 12th February treat and transfer support to PRH was insufficient to maintain flow. At 16:00 a full closure of PRH to admissions was enacted. With the outbreak at its apogee with 115 beds closed across four wards (Balcombe, Pyecombe, Ardingly and Ansty) as well as 55 patients and 35 staff affected and further isolated cases on almost every other ward at the site a "Significant Incident" was formally declared to NHS England, CCGs and all external providers, in particular SECAmb. A clinical senate led by the Clinical Director for the Acute Floor in conjunction with the Lead ED Consultant and Acute Physician carefully reviewed the position and agreed that the PRH site would not be able to support continued medical admissions whilst so much of the capacity is closed due to norovirus.

PRH could however support walk in attendances of both adults and children with the expectation that these patients would be able to go home after assessment and treatment. Resuscitation facilities for immediate life threatening conditions were maintained throughout.

A full divert of ambulance attendances and of GP medical expected patients away from PRH was secured with the support of our external partners.

RSCH took the brunt of diverted traffic and subsequently found itself under severe pressure through until late Monday pm. Assistance was sought for periods from East Sussex HealthCare Trust, Surrey and Sussex NHS Trust and Western Sussex Foundation Trust and we were grateful for their support.

Staff and teams coped well but were under severe pressure. Additional staffing teams were brought in over the weekend period. Despite this however there were long delays at times for ambulance offloading and the bed stock was severely challenged. During the month, a number of patients regrettably waited for longer than 12 hours for a hospital bed following a decision to admit during periods of exceptional pressure. A full review of each case is being undertaken so that lessons for the whole system can be identified and actioned.

By Monday afternoon (16th February) Balcombe Ward was cleaned and re-opened and PRH was able to start taking admissions with the system reverting to a more normalised state by 18:00.

A detailed report describing the clinical progress and infection control aspects of the Norovirus outbreak will follow.

4. SECAmb Immediate Handover Policy

On Tuesday 10th February SECAmb implemented their "Immediate Handover" policy for the first time in the Trust. Exit block from ED created overcrowding issues in the department and subsequent SECAmb delays offloading. Whilst active management of the position ameliorated the immediate risks the continued arrival of patient by ambulance created significant pressure and increasing handover delays. A local partners' conference call at 16:00 failed to provide an immediate solution and a broader region-wide call to be chaired by NHSE was set for 18:00. However, at 17:30 SECAmb pressure to respond to calls was overwhelming and they implemented their immediate handover policy, releasing five crews from the hospital that could then respond to the growing number of held 999 calls. At that point ED had 25 patients waiting to access majors cubicles under joint care with SECAmb. The departure of

the SECAmb staff created a temporary care issue for the patients left in the department and two further arriving ambulances were assessed and held outside of the ED for 10 minutes whilst additional support was found to maintain more optimal staff to patient ratios.

The 18:00 conference call secured a partial SECAmb divert to Western Hospitals (patients West of Hove) and East Sussex Hospitals (patients East of Newhaven) from 19:00 to 22:00. This offered the necessary respite to restore flow to the ED.

Additional beds were secured and further escalation established. By 22:00 normal operating had returned and flow was restored. There was a further conference call at 22:00 and the divert was stood down.

Operational and board level discussions continue with SECAmb to explore this policy, which the Trust's clinicians feel is unsafe and likely to pose a notable increase to risk for patients in the ED.

5. Mitigating Actions

Noting the events in 2, 3 and 4 above there is an absolute recognition that the Trust must urgently secure further acute bed space. This has been noted in previous reports and longer term work is under way but the Trust's lack of resilience to swings in admissions and any event creating a rise in admissions is notable. With this in mind the securing of the Newhaven Downs beds is an absolute priority.

A report on progress with staffing for medical, nursing and therapy posts are expected by the end of the month. These will be assessed with a likely option proffered of an early phased opening supported by staff cross covering from BSUH. The creative use of our incoming batch of 150 overseas nurses may be one option offering them a less pressured introduction to nursing work in the UK.

The Trust has also at various points, flexed a further 60 escalation acute beds into the system. These include:

- 6 in Endoscopy
- 8 in 6A Day Case
- 6 in Theatres Recovery
- 28 on Ansty Ward
- 4 in the Sussex Rehabilitation Centre (SRC)
- 5 ward beds (extra beds on individual wards)
- 3 in the Surgical Assessment Unit (SAU)

Replacing these ad hoc beds with a more formal shift of services or securing additional capacity on site will be key as we leave February and head into March.

Parallel to this there is the requirement for an immediate review of our services on the RSCH site to determine if one or any could be moved offsite to deliver the required immediate delivery of acute care beds. On that basis a meeting was convened to look at possible options for change that could be implemented quickly to deliver additional acute capacity on the site.

A long list was debated to deliver a short list of possible options that can be presented to the Board in due course. There was a reasonable demand through the discussion for all teams to perform smarter and for cultural change to be developed within the organisation to deliver efficiencies. Initiatives requiring additional focus included:

- Revisiting and promoting the work from Evergreen
- Achieving 7 day working, and
- The values and behaviours work currently underway.

Whilst compelling it is evident that these “soft” changes are longer term deliverables requiring considerable influencing and change management input over a period of months and possibly years. Whilst critical to the long-term sustainability of performance they are unlikely to offer an immediate solution to mitigate our current clinical risks and resilience vulnerabilities.

Further to this, as an integral part of the Business Planning process this year, a full demand and capacity plan has been developed to secure options for rebalancing the bed base across both of our sites. This work is also being undertaken across the system to ensure our capacity requirements are aligned and matched to capacity on the community.

6. Conclusion

Whilst this month’s board paper outlines some very challenging issues and describes unscheduled care at times at the full stretch of its capacity it is notable that staff morale and commitment remains measurably better than it was some months ago. There is a continued belief that real change will come and that the current drive to re-align services and job plans to meet the needs of patients 24/7 has an ongoing momentum. We must continue to hold our nerve, do what is right for our patients and deliver swiftly on our stated aims set out in November 2014. The 10 point plan was a short term boost to energise the overall ORC plan and consisted of elements from the ORCP drawn down and identified as suitable for accelerated delivery. As such they have changed and evolved and in some instances been more of a catalyst for other actions rather than a solution in themselves.

Rick Strang
Director of Operations (Emergency Care)
February 2015