Meeting:	**Brighton and Sussex University Hospitals NHS Trust** **Board of Directors**
Date:	**26th January 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. The initial good progress made by the Trust in November has been severely challenged by winter pressures, over the more recent period, reflecting challenges across the country.

The Trust experienced significant increases in emergency activity in December, with increases in ambulance conveyances, Accident and Emergency attendances and admissions. Notwithstanding the pressures experienced by the Trust and partners, work has continued to implement the system-wide Organisational Resilience and Capacity Plan, with further work planned to increase capacity across the system.

Examples include bringing a community in-reach team into the hospital to increase discharges and engaging in the new daily facilitated system calls (Alamac). Further work is ongoing to bring Newhaven Downs online as step down capacity for the Trust.

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

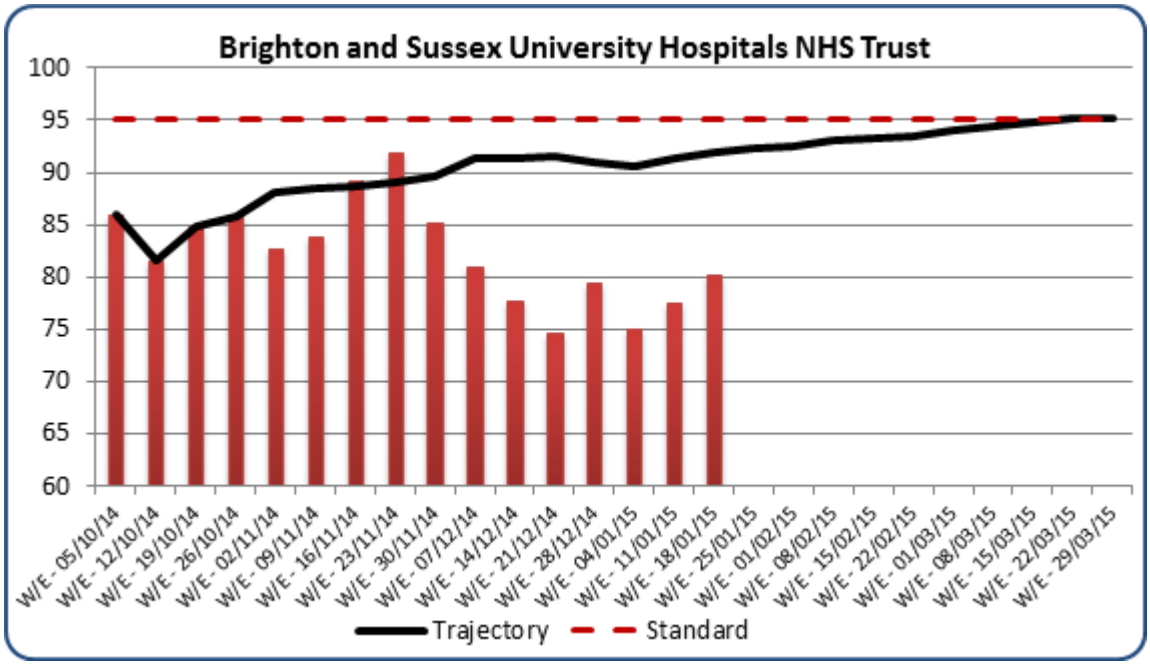
The Board is asked to note the contents of the Paper and support the direction of this programme of work.

Report to the Board of Directors, 26th January 2015
Emergency and Unscheduled Care

1. Introduction

The current change programme aimed at delivering consistent emergency care pathway delivery has faced significant challenges for a considerable time and this challenge was heightened through the latter part of December 2014 and into January 2015.

Whilst the general downward trend in performance improved briefly in November and early December the recent pressures have seen a return to that trend.



Current performance for the last three weeks is below the standard but has shown an upward trend (75%, 77% and 80%). Unfortunately the constant bed pressures have ultimately resulted in two 12 hour trolley waits. These have been declared and are being thoroughly investigated as Serious Incidents.

2. Emergency activity in December 2014

Despite a greater number of people being treated in the community and effective local alternatives to admission, compared to December last year emergency care has faced:

- a 54% increase in 111 activity
- a 5.3% increase in GP out of hours activity
- a 10% increase in ambulance conveyances at both sites
- a 5% increase in A+E attendances
- a 22% increase in hospital admissions

This reflects an increasing elderly profile and acuity in the patients presenting at hospital. Bed occupancy, which had already been over 90% since April 2014, rose to 97% in December.

Table 1: RSCH number of patients over 75 in hospital

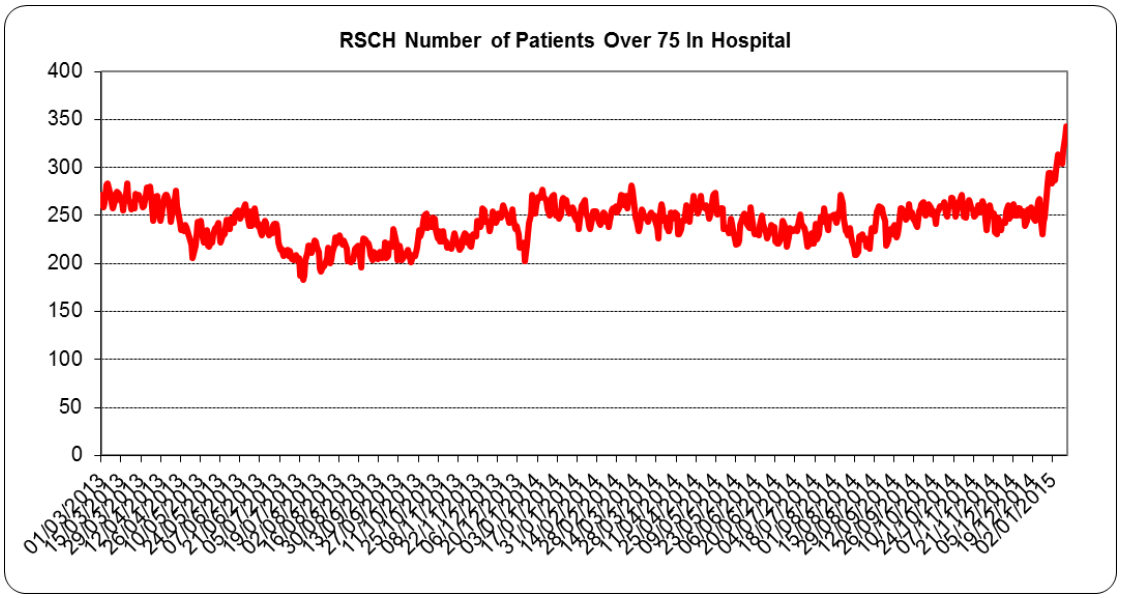
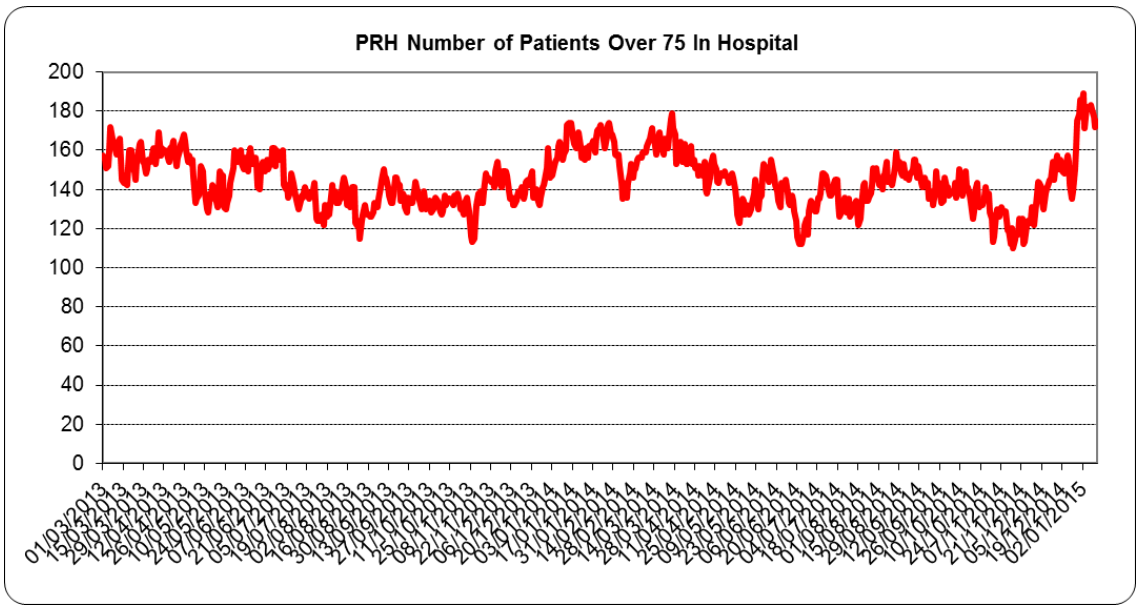
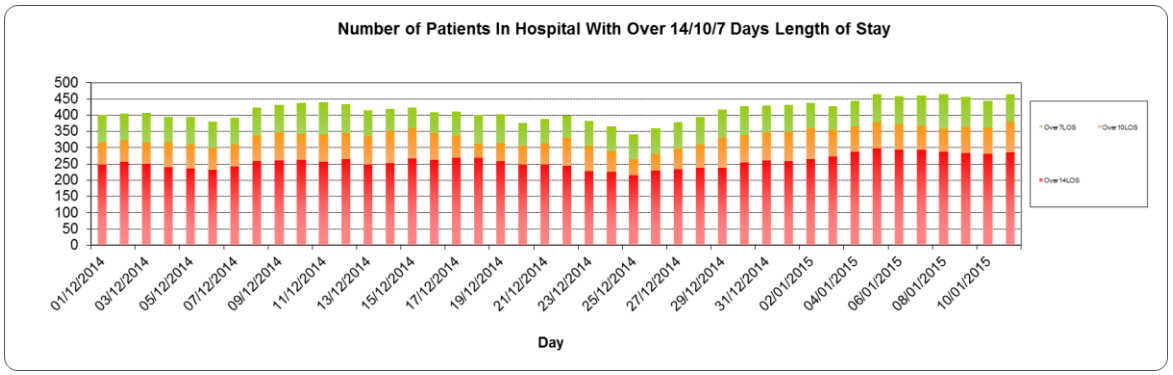


Table 2: PRH number of patients over 75 in hospital



In line with the acuity change we have seen a lengthening of Length of Stay (LoS) particularly in medicine and elderly care.

Table 3: Length of stay in hospital



The increase in A/E attendances has been matched by a rise in ambulance attends across both sites.

Dealing with peaks in demand is always challenging, particularly given the constricted nature of our emergency departments and the poor physical infrastructure in parts of the RSCH site in particular. In recent weeks additional escalation space has been required and has been delivered. This has resulted in areas not specifically designed as inpatient wards being pressed into use such as Endoscopy, Ansty Ward and 6A Day Case ward which in turn has had an effect on the elective pathway.

3. Staffing

Unfortunately during this time of increased activity, high rates of staff sickness right across the system have also occurred. This has compounded longer term problems with recruitment and ability to fill bank shifts For example, in December around 40% of available shifts were out to cover through agency/bank and we were only able to cover around 60% of these shifts.

The frequent attempts by SECAMB to introduce a new policy of "immediate handover" at A&E departments across Kent, Surrey and Sussex if a set number of crews have been waiting more than 45 minutes also proved challenging and became something of a distraction for already pressed ED teams at times. Rather than accepting this unilateral policy, we have continued to work closely with SECAMB colleagues in managing the flow of patients into our hospitals. The HART crew (Hazardous Area Response Team) were deployed on two occasions at RSCH, thereby releasing crews to return to calls in the community.

It should also be noted that at times of increased stress, some of our effectiveness and efficiency is decreased. This does mean that it is harder to consistently move on at pace with new ways of working at times of extreme operational pressure. Staff morale is a key factor and with the national focus on A&E coming to the fore, supporting our staff remains a key issue that we are maintaining as a high priority so that they, the wider hospital and public have the most up to date and accurate information about the current situation and what we are doing to address it going forward.

4. Organisational Resilience and Capacity Plan

Notwithstanding these considerable challenges we have been implementing our ORC Plan with enhanced admission avoidance teams in the community, increased community and hospital bed capacity and the introduction of new ways of working including expansion of the hospital rapid discharge team for frail people, discharge to assess in the community and a GP in the emergency operation centre to support ambulance crews.

We have delivered 28 out of a suggested requirement for 47 additional acute beds. We have recruited 81 out of 109 planned additional doctors, nurses and allied staff.

We continue to accelerate new ways of working such as hospital at home and discharge to assess which will ultimately release acute capacity by reducing length of stay. A recent audit carried out by BSUH demonstrated that an effective Hospital at Home service would release 42 beds, equivalent to 1.5 wards, across the hospitals' catchment area. We have secured the on-going support of ECIST and NHS Elect to support us in our transformational programmes.

Whilst there has been excellent collaborative work with our external partners, their in-reach team being a prime example, their ability to rapidly flex up and adjust to the required volumes remains challenged. The knock-on effect from that has been an increase in Medically Fit for Discharge (MFFD) numbers (up 29%) as this larger cohort of acutely unwell patients converts to discharge ready patients needing community and social services care. There are also those who no longer need acute care but do need some ongoing sub-acute support. Taken together this means discharges versus admissions (the latter having spiked up although over the whole year admissions are not up significantly) are not in balance hence the pressure on the Emergency Department whilst patients are held waiting for a bed.

Temporary incentive schemes have been introduced to increase bank staffing uptake and thus offset staffing shortages with some positive results.

As a consequence of system wide discussions held in response to the current increase in emergency pressures across BSUH, the proposal that a short-term additional 40 bedded ward is opened at Newhaven Downs to provide essential capacity to help relieve pressure on the BSUH site has been progressed. It is proposed that the ward would initially be staffed to provide 20 beds with a planned expansion to a maximum of 40 beds following initial mobilisation. The provisional operational opening date for Newhaven Downs is the end of February with staff recruitment being the prime driver. A further 10 community step down beds are being phased in from 28th January. This additional capacity has been commissioned by Brighton and Hove CCG and is being delivered by Sussex Partnership Foundation Trust.

The opening of this facility is planned in addition to the range of additional escalation capacity opened at BSUH, and in the Community, which is detailed in the ORCP plan, and replaces some of the planned additional on-site bedded capacity that was originally planned on the BSUH site to provide additional capacity.

5. Conclusion

In the midst of a national challenge to emergency care it is unsurprising that Trusts already facing huge challenges of their own are vulnerable. Nevertheless, the underpinning work required to deliver sustainable change to the pathway within BSUH has continued despite the pull of immediate operational challenges. This has been a credit to our staff who have continued to look beyond the immediacy of the current pressures to focus on the proactive infrastructure and pathway changes required to increase the organisation's resilience in the face of a growing emergency care demand.

Rick Strang
Director of Operations (Emergency Care)
January 2015