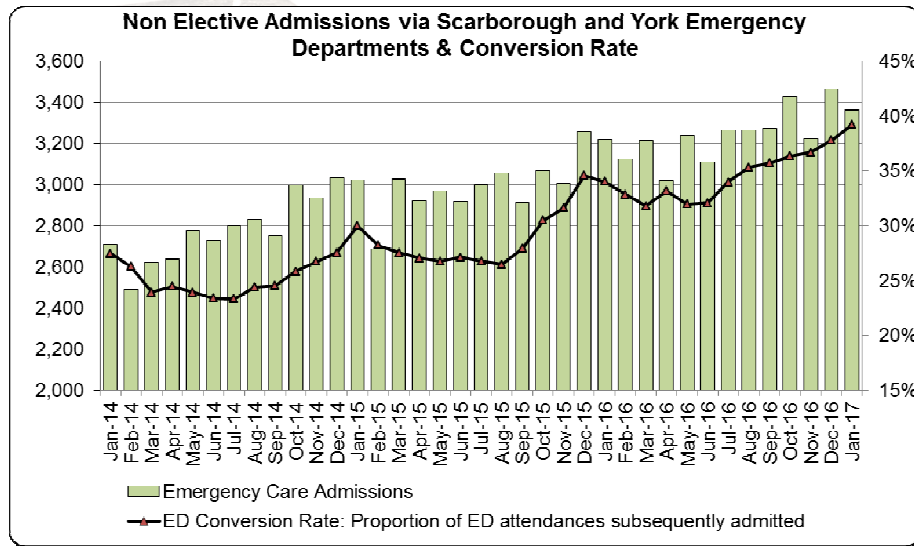


# Review of Winter 2016/17

April 2017

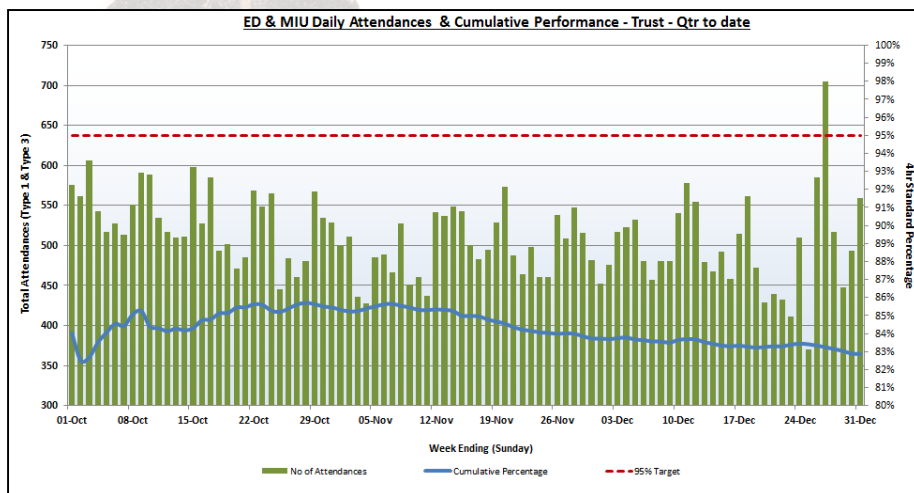


# Operational Context – approaching Winter



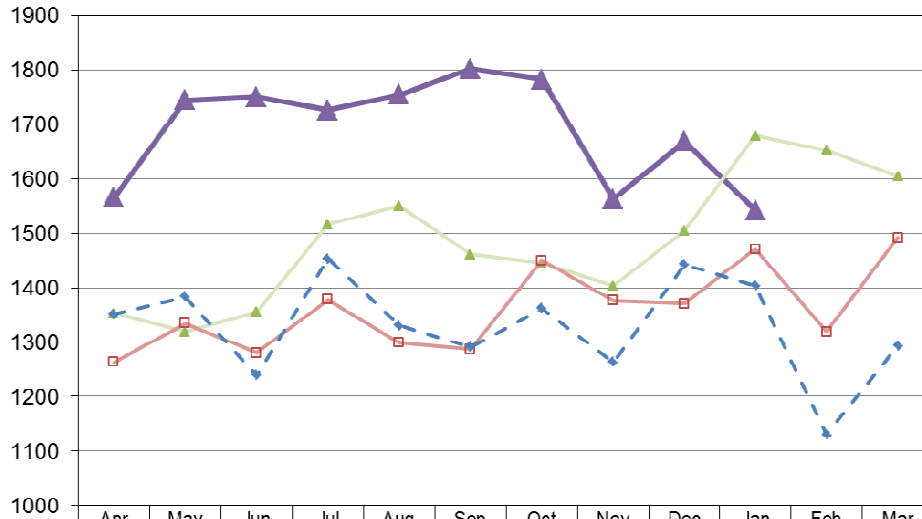
- Background of high bed occupancy and increased non-elective demand
- RTT pressure due to theatre staffing vacancies during the summer
- Bed modelling work identified a shortfall in the configuration of beds at Scarborough General Hospital, equivalent to one ward
- Escalation of issues to A&E Delivery Board – recognised limited assurance that system would be able to maintain performance standards.
- Strategic decision not to delay implementation of Assessment Units in order to support winter
- CQUIN to close Archways by end December and replace with community provision

## Q3 ECS performance



# Adult non elective admissions have risen **8%** (YTD) compared to 2015/16

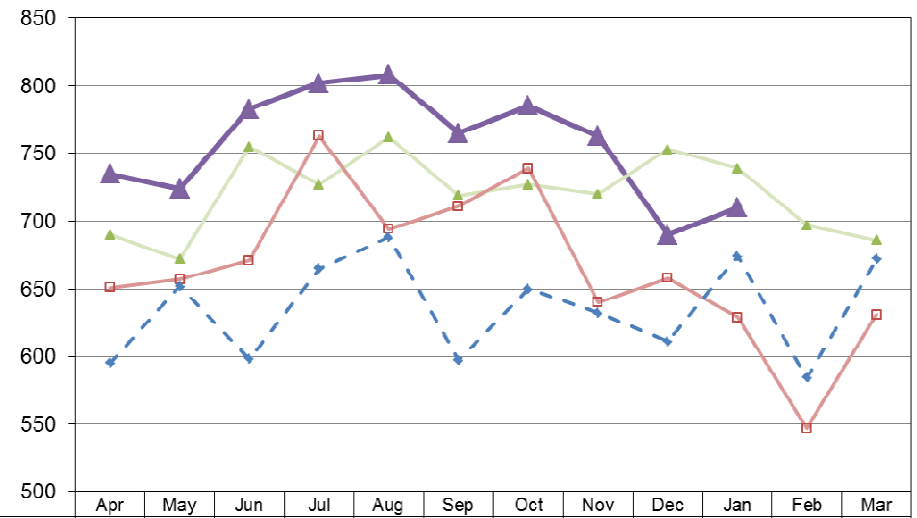
Non Elective Admissions - Medicine including Cardiology



Gen & Acute Medicine **+16%** with those admitted via GP **+19%** YTD.

General Surgery & Urology **+4%** YTD  
 Paediatrics **+14%** YTD  
 Elderly **+6%** YTD

Non Elective Admissions - General Surgery & Urology



# Winter Pressure 2017-18

- Nationally one of the most challenging winters, with lowest national performance against ECS since reporting began in 2004 at 85.1% in January 2017
- Mild climate with no extreme cold, snow or flooding
- Surge pressures over from Christmas Day to the New Year (footfall increase of 14% +522; ambulance increase 9% +123, compared to same period 2015-16)
- High patient acuity across both sites
- Staff sickness, in particular on bank holidays limiting options for additional cover
- Impact of Flu at both sites – flu cohort ward end of Jan
- System pressure across local and national providers reduced ability to divert

# Aims and Objectives of the Winter Plan

**Ensure the Trust maintains effective service delivery throughout the Winter period**

**Maximise use of hospital and out of hospital services**

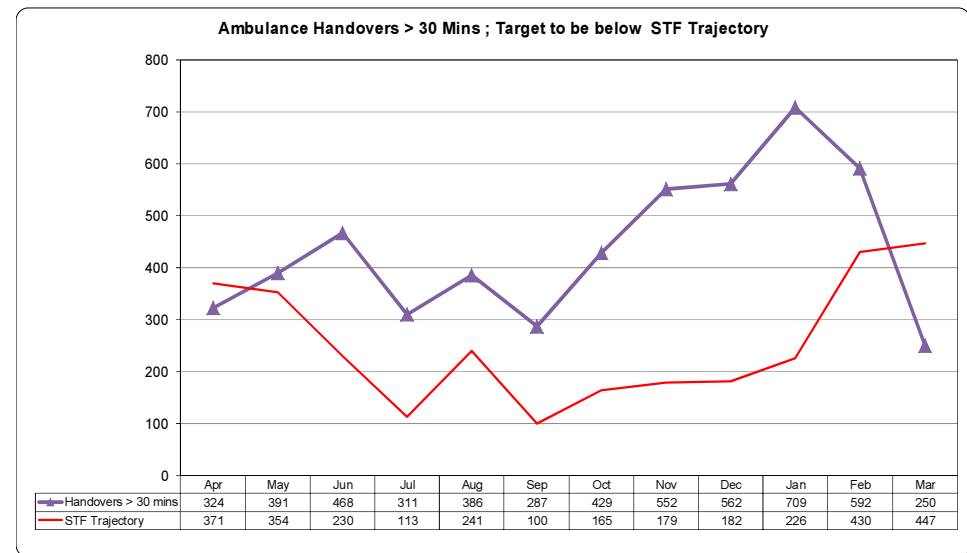
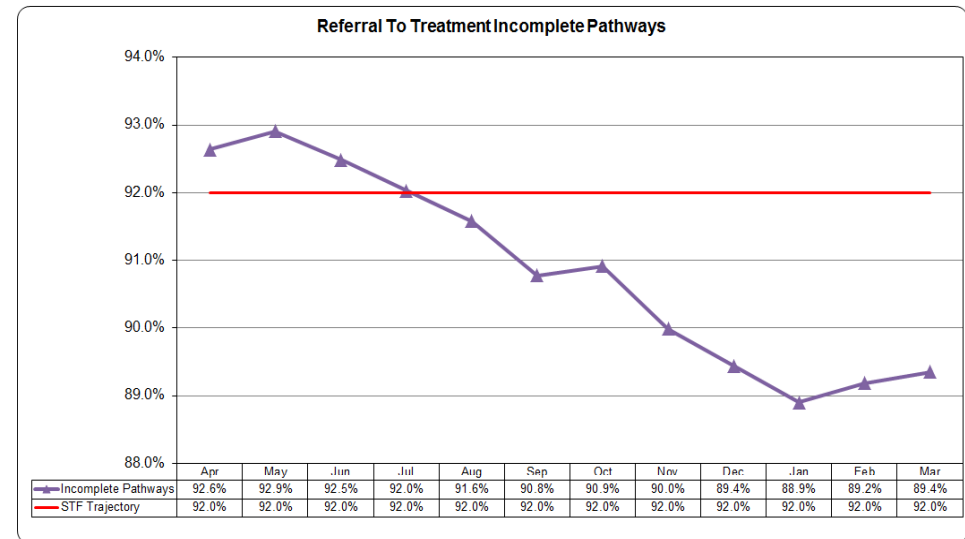
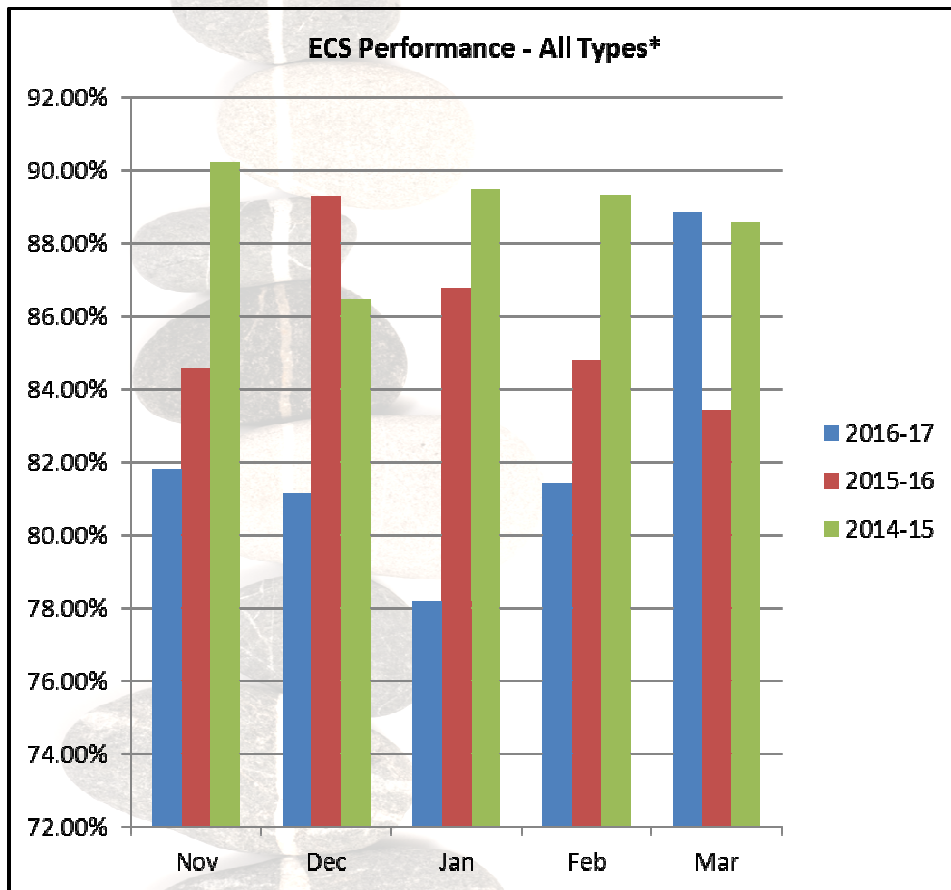
**Ensure there is a clear plan, communicated to all relevant staff**

**Continue to run an effective elective surgical service**

**Support the achievement of the STP trajectories**

# Support the achievement of the STP trajectories

The Emergency Care Standard (4hour waits), Ambulance Handover and Referral to Treatment Times did not meet the expected trajectories. Diagnostic targets were maintained and Cancer 62 day treatment performance saw some improvement through to January.

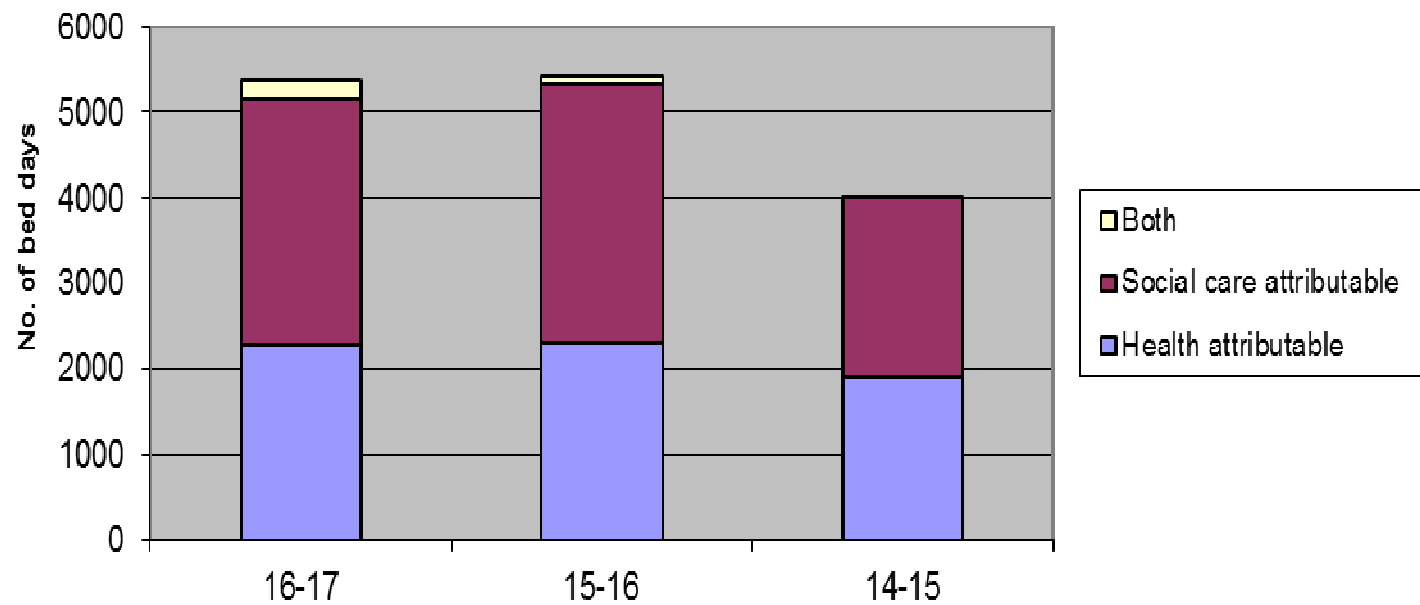


# Maximise use of hospital and out of hospital services

- High bed occupancy and outliers on both acute sites; however target of bed occupancy of 80% on Christmas Eve was met.
- Some patients experienced long waits, for ambulance handovers and within Emergency Departments
- Objective to improve utilisation of discharge lounge was achieved on both acute sites
- Reduction in bed days lost of delayed transfers of care compared to winter 2015-16, although remain high
- Due to staff sickness and unplanned escalation, additional staffing over and above that identified in the winter plan was implemented with a significant rise in bank and agency staff
- Community Response Teams saw a significant increase in referrals and were able to support a greater proportion of patients at home
- Overall LoS decreased slightly from 6.1 last winter to 5.9, however this is largely accounted for by the 17% increase in 0 length of stay due to use of the assessment units








# Maximise use of hospital and out of hospital services

Delayed Transfer of Care (Nov-Feb)





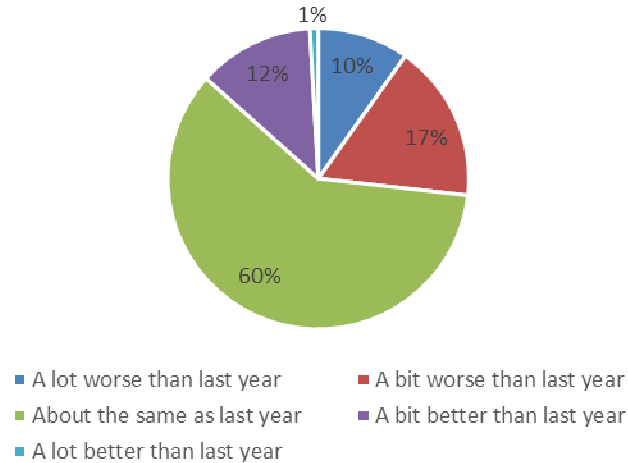
# Continue to run an effective elective surgical service

November - February	Overall surgical activity compared to 2015-16	Proportion of day case work compared to 2015-16
<b>Trust</b>	0.6% increase 	4.4% increase 
<b>Scarborough</b>	3% decrease 	1.9% increase 
<b>York</b>	1.96% increase 	=
<b>Bridlington</b>	7.1% increase 	13.2% increase 

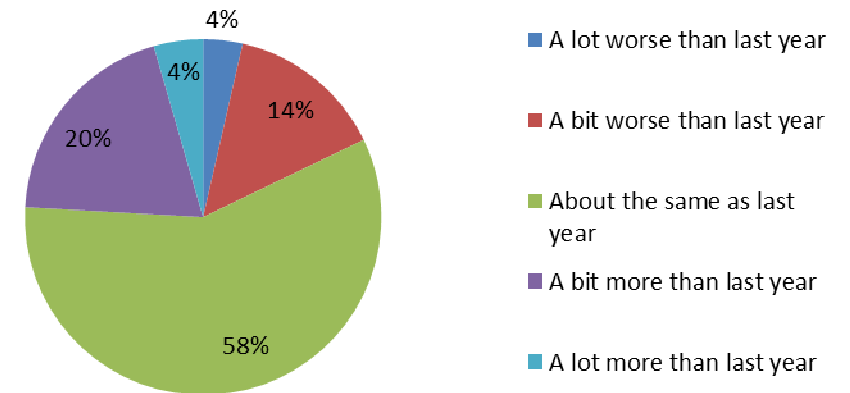
- Short notice cancellations due to bed pressures were significantly higher than 2015-16 with 528 compared to 337 total short notice cancellations Oct 15- Feb 16
- £1.567m improvement in income generation from elective and non-elective activity compared to 2015-16

# Staff views

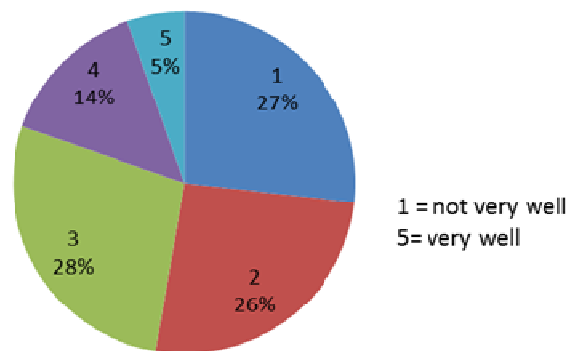
Compared to last winter, how well do you think we managed elective patients?



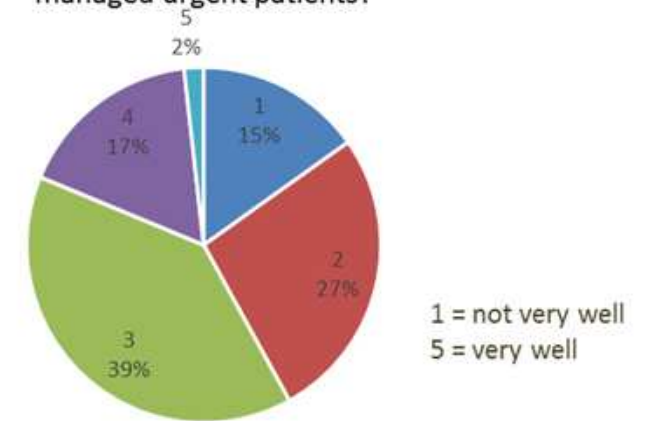
How do you think the additional staff cover made a difference to patient care compared to last year?



How well was the winter plan shared and communicated?



Compared to last year, how well do you think we managed urgent patients?



# Headlines from Winter 2016/17

**Back drop of mounting pressure through increasing non-electives and high bed occupancy**

**Challenging performance position coming into winter for ECS, RTT and Cancer**







**Surge pressures and high acuity in presenting patients, combined with high staff sickness levels over the bank holiday period impacted severely on ambulance handover and waiting times**

**Discharge processes and Delayed Discharges hindered hospital flow**

**Maintained electives and urgent cases through maximising Bridlington and York sites**

**Dedication and quality of care from staff**

# Overview – Trust

Measure	Summary
<b>ED Attendances (decrease related to UCCs)</b> (Nov, Dec, Jan, Feb, Mar)	6% decrease 
<b>Non Elective Admissions (excl Paediatrics &amp; Maternity)</b> (YTD end Mar)	7% increase 
<b>ED Attend to admit conversion rate (Oct – Mar)</b>	5% increase 
<b>Bed occupancy</b>  (March 2017 Vs March 2016)	<b>Scarborough</b> 94.25% (2017) 94.77% (2016) 
	<b>York</b> 92.5% (2017) 91.5% (2016) 
<b>Delayed transfers (Acute) (Oct – Mar)</b>	5.3% decrease Lost bed days: 5,763 (2017) 6,086 (2016) 

# Learning for Winter 2016/17

**Discharge  
focus: SAFER,  
supported by 7  
day working**

**Embed and extend  
Assessment  
capacity on both  
sites**

**Maximise out of  
hospital and  
community capacity  
to support acute  
discharge**

**System winter  
and surge  
planning**

**Maximise  
Bridlington and day  
case surgery at  
East Coast**

**Improvements to  
timing of plan and  
communication**