

HEALTH SCRUTINY COMMITTEE
17 OCTOBER 2019
PLANNING FOR WINTER PRESSURES AND EMERGENCY PATHWAYS TRANSFORMATION
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

- 1.1 To review plans and preparations for managing winter pressures, including the implementation of the Emergency Pathways transformation.

2 Action required

- 2.1 To review Nottingham University Hospital NHS Trust's plans for managing winter pressures during winter 2019/20, and how the implantation of the Emergency Pathways transformation will contribute to the plans.

3 Background information

- 3.1 In 2017/18 the Committee spoke to representatives of Nottingham University Hospitals NHS Trust and East Midlands Ambulance Service NHS Trust, who had both issued alerts regarding their services in the post-Christmas period, about the reasons and context for those pressures; how pressures were dealt with, including the effectiveness of the implementation of winter pressures planning and business continuity planning; and lessons to be learnt for the future to minimise the impact on patients and patient outcomes. The Committee heard about the initial areas of learning from this period and areas of focus for the future including admission and discharge pathways, supporting the needs of an ageing population and community bed provision. Following this, the Committee decided to review system plans for winter 2018/19.
- 3.2 At its meeting on 18 October 2018, the Committee spoke to representatives from Nottingham University Hospitals and the A&E Delivery Board about winter pressures for 2018/19 and was provided with the following information:
- safety and quality remained top priorities regardless of the level of pressure. Although there was a national requirement for at least 95% of Emergency Department patients to pass through the department within 4 hours, the flow of patients through all services was important so good discharge co-ordination was vital;
 - not only did services have to cope with the primary condition for which patients were admitted to hospital last winter, but 25-30% of mental health issues were unknown prior to presenting at the Emergency Department, and the hospital was the patient's first point of contact with a medical professional;

- the A&E Board met weekly to prepare all providers for winter. The Board membership includes NUH Executive Leaders, NEMS, ARIVA, CityCare and other partners;
- a new process had been established of 'discharge to assess' where patients were well enough to be discharged, they were discharged home and then assessed for further care. This proved very successful in releasing hospital beds at times of extreme pressure;
- for winter 2018 an additional 116 acute beds were planned which equated to an extra ward, additional community based (care home) beds and 48 community run beds were prepared;
- the QMC 'front door' would be redesigned with regard to emergency and urgent care pathways;
- flu prevention and staying well would be promoted across the NHS and focus on 'home first' and 'help us help you' campaigns;
- the workforce was being asked how the hospital could help them to prepare for the demands of winter, including a staff flu immunisation programme (with incentives) for which take-up had been 50% in the first 2 weeks;
- further physical space and capacity was required at QMC for the demand on services. A national grant of £4.5m was enabling Floor A of the hospital to be modernised and expanded, including 30 additional cubicles, from 2020. Further development would be considered as part of the system wide clinical services strategy within the Sustainability and Transformation Plan;
- there had been some issues with the availability of the flu vaccine, but this was only a temporary issue and vulnerable groups were prioritised to receive the jab;
- with regard to recruitment and retention of the workforce, more regular recruitment was taking place across the system. There were approximately 40,000 nursing vacancies across the country, but NUH was doing everything possible to mitigate the impact on its services;
- as a training hospital, NUH tried to ensure that when nursing students undertook placements, the experience was as positive as possible and a good relationship was established to encourage them to apply to the hospital on qualification;
- an exit interview was held for staff leaving and asked the reason for leaving NUH. The most common reason was to join another organisation as there was so much choice available. Younger members of staff tended to move around quite a lot, seemingly to gather experience;
- there was a lot of promotion of the '111' phone number (as a pre-front door facility to NUH) for citizens to seek medical advice (from NEMS) prior to considering presenting at hospital. NEMS acted as care organiser and, in addition to offering appointments with a doctor, could refer to pharmacists, dentists and mental health services, including for emergency treatments;
- back-door services supported patients post-treatment and discharge and could be based in community hubs, but further work needed to be done in this area;

- NUH was taking part in the 'Building Better Health' scheme with officers enthusiastic to attend steering group meetings, as it provided an exciting opportunity to better understand the possibilities and work more closely with the voluntary sector.

3.3 At its meeting on 22 November 2018, the Committee considered the proposals for the Emergency Pathways transformation, and was provided with the following information:

- the transformation schedule had been developed as a multi-faceted change programme in response to the increasing demands on the Emergency Department (ED);
- NUH regularly did not meet the national requirement for 95% of patients to pass through the ED within 4 hours and attainment against this target had been declining. This was a result of multiple and often unique factors, including the City's rapidly growing population of 1.2million being served by only one ED (when most other similar sized cities have more than one), having a Major Trauma Unit and Neurosurgery Section which attracted patients from further afield, and the national factor of an ageing population;
- winter 17/18 proved an exceptional challenge nationally with a significant increase in complex presentations. NUH reached 99.8% capacity which proved a serious strain on services and staff, so increased and more in-depth planning with partners for winter 18/19 started during the spring;
- challenges continued to increase and since April 2018, there had been 7.6% more emergency admissions and 3.9% more citizens presenting at ED than planned for;
- the Queens Medical Centre main building was 48 years old. In 2000 the ED was designed to facilitate 350-400 patients per day, but in 2018 regularly saw 600-650 patients per day. The construction methods used for the building had made it difficult to expand, but further physical ED capacity was required;
- having consulted staff, patients and other citizens, NUH compiled a business case to expand the ED by 50% by reconfiguring the existing space allocation within the building. Funding of £4.5m was approved from Central Government to undertake this work but, in addition to the physical changes, cultural and process changes, including improved ICT, were required to enable patients to move more quickly through ED, either to discharge or to move to the appropriate onward support. The improvement programme was scheduled to take 18 months and was at the 6 month point and was on schedule with the new ED anticipated to be opened on 19 December 2018;
- the whole 'front door' to 'back door' patient pathway and experience was closely examined and largely reconfigured to include integrated discharge and discharge to assess, to remove and prevent unnecessary delays, reduce the length of time patients spend in hospital (to a maximum of 3 weeks) and release bed space wherever appropriate. This included enabling appropriate nurses to discharge patients;

- NUH achieved the best ambulance handover times in the region and maintained a good relationship with East Midlands Ambulance Service (EMAS). However, in addition to the specialist units within the hospital, it is believed that this efficiency resulted in a further increase in ambulance admissions;
- several areas of individual interventions had been introduced such as the 'EDFit2Sit', 'EndPJPParalysis', 'Red2Green', and 'SAFER', some of which were devised within NUH and have since been adopted by hospitals nationally;
- clinical staff recruitment and retention was an issue nationally but NUH was actively encouraging culture change which would benefit patients, resources and also staff by improving the working environment. NUH was considered a fairly attractive employer within the region due to the additional specialist units and the prestige that this offered. Approximately 150 existing staff had been involved in a working group to help identify what changes NUH could make to provide an environment in which people wanted to work. One of the highest priorities identified was a 'calm and controlled environment', which was what NUH was aspiring to;
- the longer-term plan was for QMC to only have a single 'front door' for rapid access to urgent care through the Urgent Care Centre, to replace the 7 different admission units on site. This would include the ED, but the ED would not necessarily be the initial contact;
- a full review of the services and use of the City Hospital site was also being undertaken to examine how underutilisation and duplication of services could be prevented and ensure that the greatest efficiency across both sites was achieved;
- for the extension of the ED, neighbouring physical space was released by services, including the fracture clinic, being moved elsewhere so that work was not taking place around patients; although there were hoardings up in some areas. Some members of the Committee had accepted the offer to tour the ED development work and were pleased with progress;
- delays in discharge had consistently been blamed on the slow issuing of medication by the Pharmacy Section, but this had been scrutinised and it was found that once the information was received by the pharmacy, the turn-around for issuing medications was reasonable. The delay could be attributed to the time taken in registering the medication request and the IT systems processing that information before it appeared at the pharmacy. There was significant investment in NUH's ICT, but not all upgrades and system replacements could take place at the same time and so had to be carefully plotted and co-ordinated;
- front door mental health specialist services were the subject of complex commissioning arrangements and whilst changes to the way of working had been requested, with a lack of funding and capacity, the changes were not likely to be achieved in the immediate future. There had been 10 'treatment within 12 hours' breaches since January 2018 and 9 of these were due to primary or additional mental health issues which required assessment by mental health

professionals who, due to capacity, were not able to respond promptly.

- 3.5 Representatives of Nottingham University Hospitals will be attending the meeting to give a presentation and answer questions.

4 List of attached information

- 4.1 Presentation from Nottingham University NHS Trust.

5 Background papers, other than published works or those disclosing exempt or confidential information

- 5.1 None.

6 Published documents referred to in compiling this report

- 6.1 Reports and minutes of the Health Scrutiny Committee meetings held on 22 March 2018, 18 October 2018 and 22 November 2018.

7 Wards affected

- 7.1 All.

8 Contact information

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