

Board Meeting
4 February 2015

Executive Director: Nursing, AHPs and Unscheduled Care

SUMMARY PAPER - UNSCHEDULED CARE & WINTER PLANNING

This paper aims to summarise the key points in the full paper.

The relevant paragraph in the full paper is referenced against each point.

<ul style="list-style-type: none"> NHS Lothian's unscheduled care performance against the 4 hour standard for the month of December 2014 was 92.34% 	3.1.1
<ul style="list-style-type: none"> Overall NHS Lothian's performance against the 4 hour standard <u>during 2014</u> was 93.13% with the individual monthly performances outlined below. 	3.1.5
<ul style="list-style-type: none"> The overall number of Delayed Discharges across NHS Lothian has increased from 136 during April 2014 to 196 during December 2014 	3.4.1
<ul style="list-style-type: none"> The new Day Medicine and Medical Admissions Units have now opened. 	4.1
<ul style="list-style-type: none"> Work to create a new Surgical Assessment Unit, expand ARAU Beds and convert Trolleys to Day Medicine has now finished. 	4.2
<ul style="list-style-type: none"> The new Day Medicine 'Hotline' pilot began on 14 January. This hotline has been developed in partnership with local GP representatives and should enable front-door service to better plan daily medical workload. 	4.4
<ul style="list-style-type: none"> An update on NHS Lothian's LUCAP was submitted to the Scottish Government in September and <u>again on 23 January 2015</u> as part of the quarterly reporting process. 	5.1
<ul style="list-style-type: none"> A total of £3.6 million has been allocated this year to support winter planning although we continue to use a number of unfunded beds across the acute hospitals to support patient flow on a daily basis. 	6.1.2
<ul style="list-style-type: none"> A maximum of 114 winter beds are potentially available including up to 60 beds at Gylemuir House 	6.2.1
<ul style="list-style-type: none"> Overall there are more beds available than during last winter. Significantly a number of these beds are out with the acute hospitals and avoid use of substandard facilities. 	6.2.3
<ul style="list-style-type: none"> As winter ends in March 2015 all additional beds funded by <i>Winter</i> or other temporary funding will need to close. 	6.2.4

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NHS Lothian

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UNSCHEDULED CARE & WINTER PLANNING

1. Purpose of the Report

- 1.1 The purpose of this report is to provide the Board with an update on Unscheduled Care performance and our measurement against agreed national targets as well as an update on this year's winter planning approach.
- 1.2 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

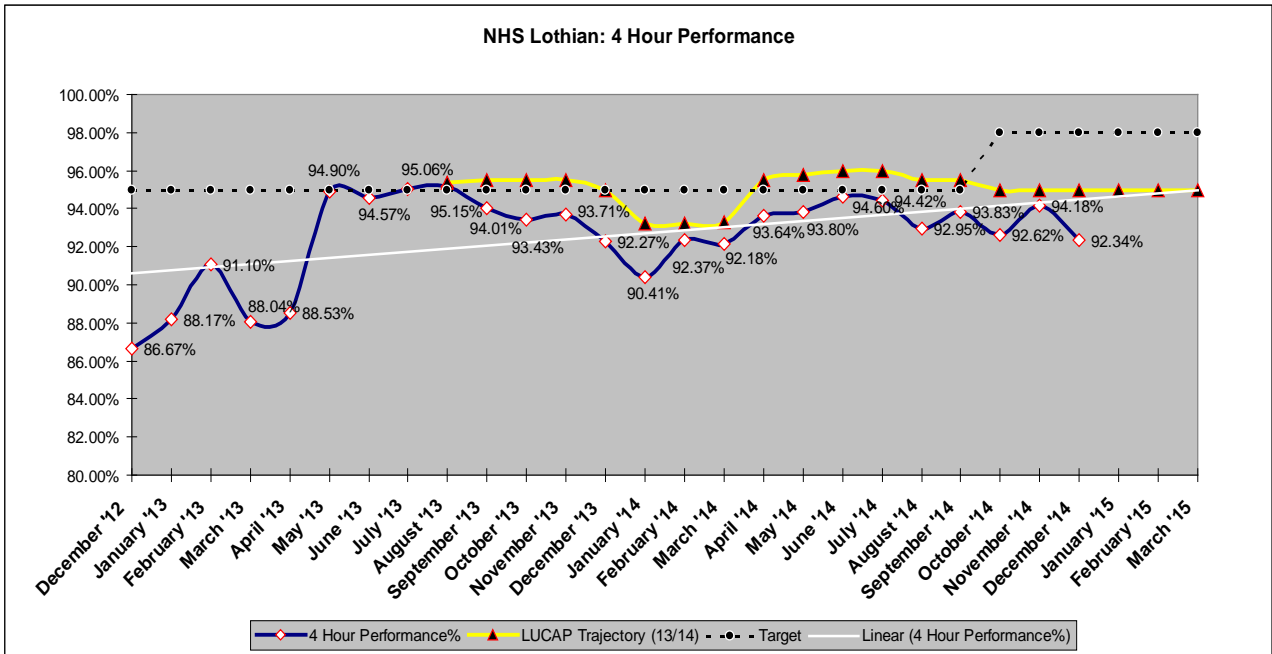
2. Recommendations

- 2.1. To note unscheduled care performance.
- 2.2. To note the additional resource dedicated to supporting effective service delivery during winter 2014/15, namely:
 - £3.6 Million to support winter planning
 - Additional bed capacity has been identified

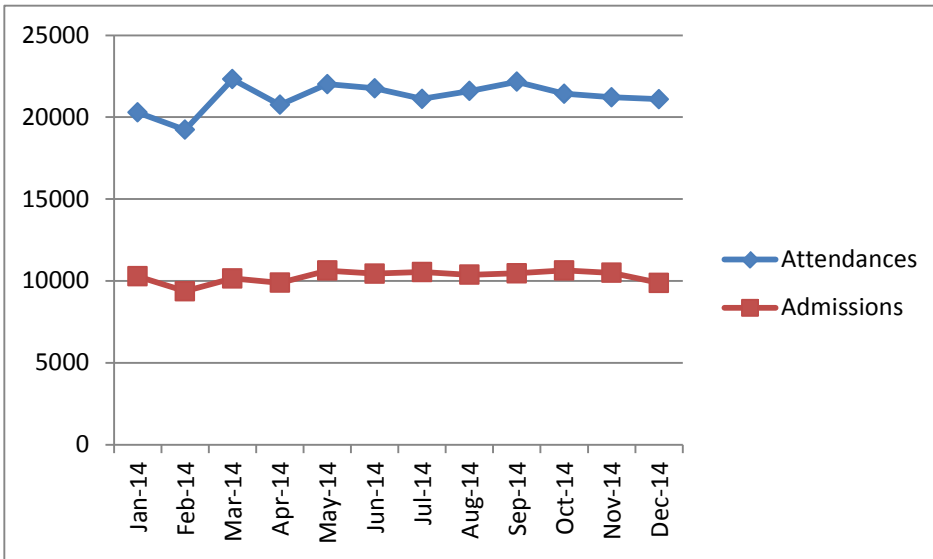
3. Performance

3.1 The 4 Hour Standard

- 3.1.1 NHS Lothian's unscheduled care performance against the 4 hour standard for the month of December 2014 was **92.34%** (94.08% during November).
- 3.1.2 The performance across individual sites for December 2014 was as follows (November figures are shown in brackets):
 - RIE – **92.27%** (94.51%)
 - WGH – **85.80%** (88.90%)
 - StJ – **92.63%** (94.34%)
 - RHSC – **97.64%** (97.40%)
- 3.1.3 The latest compliance data for NHS Lothian shows that our overall performance at the end of October falls short of the revised agreed LUCAP December 2014 trajectory of 95% [The national target is to achieve a minimal compliance rate of 95% as at September 2014 and 98% thereafter - See graph below.]



3.1.4 The number of admissions mapped against the total number of attendances per month during 2014, is shown in the following line graph. It shows that admissions have remained relatively constant throughout 2014.



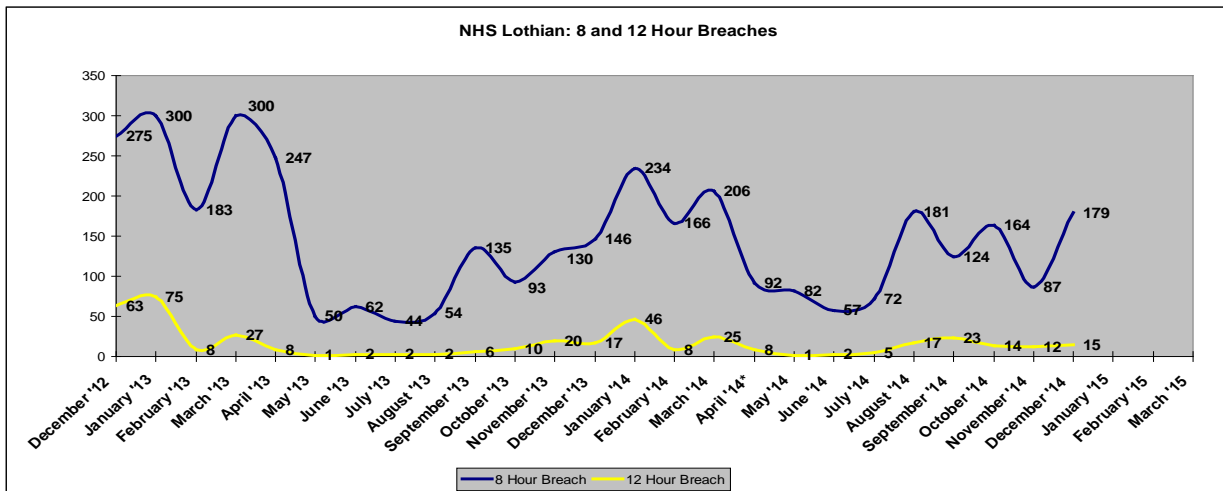
3.1.5 Overall NHS Lothian’s performance against the 4 hour standard during 2014 was **93.13%** with the individual monthly performances outlined below.

Month	Monthly %
January 2014	90.41%
February 2014	92.37%
March 2014	92.19%
April 2014	93.67%
May 2014	93.81%
June 2014	94.57%
July 2014	94.42%
August 2014	92.95%
September 2014	93.83%
October 2014	92.62%
November 2014	94.18%
December 2014	92.34%

3.2 8 and 12 Hour Breaches

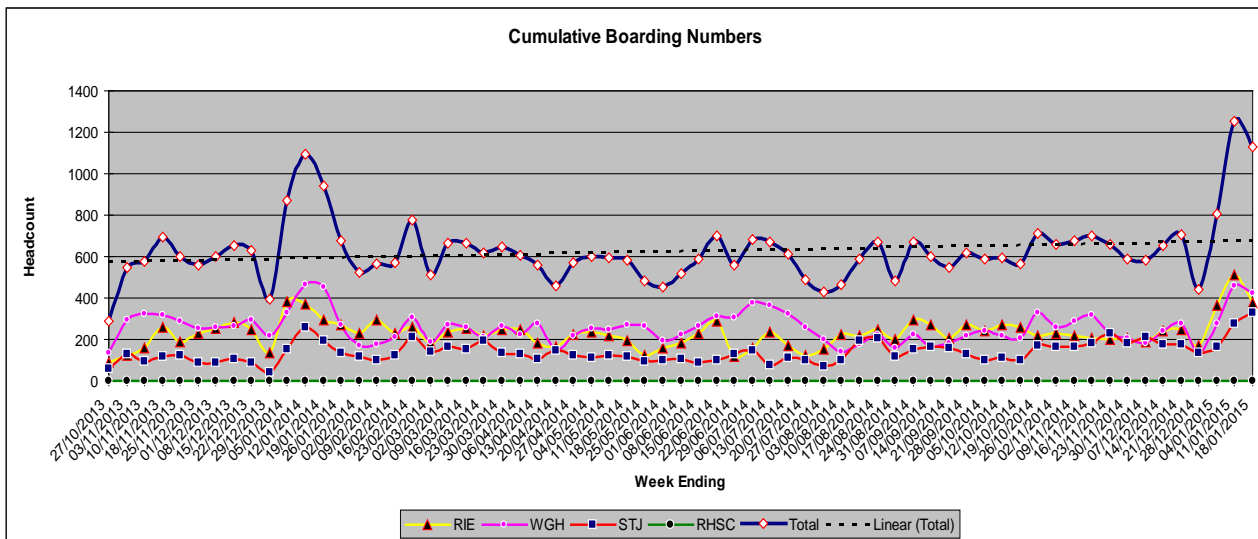
3.2.1 A key measure of patient safety and improved patient experience can be considered against NHS Lothian’s unscheduled care performance in terms of the number of 8 and 12 Hour Breaches.

The graph below plots NHS Lothian’s performance against both (Dec 12 – Dec 14).



3.3 Boarding of Patients

3.3.1 The following graph shows the number of patients ‘boarded out’ across the system for the period since October 2013. The trend indicates a steady increase over this period, largely due to the most recent spike in numbers. Note also the spike during the same period last year.



3.3.2 Information on boarding is currently undertaken on a ‘snapshot’ daily basis by the Site and Capacity Team. The primary function of this data is for daily operational use to support the safe management of flow and ensuring patients are safely under a consultant at all times.

3.4 Delayed Discharge Performance

3.4.1 The overall number of Delayed Discharges across NHS Lothian has increased from 136 during April 2014 to 196 during December 2014 – and is well above the figure recorded at the same time last year. Using the latest Monthly Census data, the following tables outline the delayed discharge numbers in more detail.

2014/15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Overall Total	136	173	185	177	210	178	195	164	196			
Edinburgh	97	133	139	133	147	114	151	108	141			
East Lothian	25	19	30	25	30	43	30	37	31			
Midlothian	7	13	11	13	18	10	3	8	8			
West Lothian	5	4	4	5	9	8	9	9	12			
Non-Lothian	2	4	1	1	6	3	2	2	4			

2013/14	April 2013	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Overall Total	107	121	109	129	112	133	155	131	155	164	142	156
Edinburgh	62	85	71	91	87	102	130	97	113	119	108	118
East Lothian	30	28	29	30	21	22	15	24	22	19	16	17
Midlothian	12	4	6	7	4	6	5	7	7	12	10	14
West Lothian	2	3	1	1	0	2	2	1	9	12	5	4
Non-Lothian	1	1	2	0	0	1	3	2	4	2	3	3

¹ Includes Non-Lothian patients

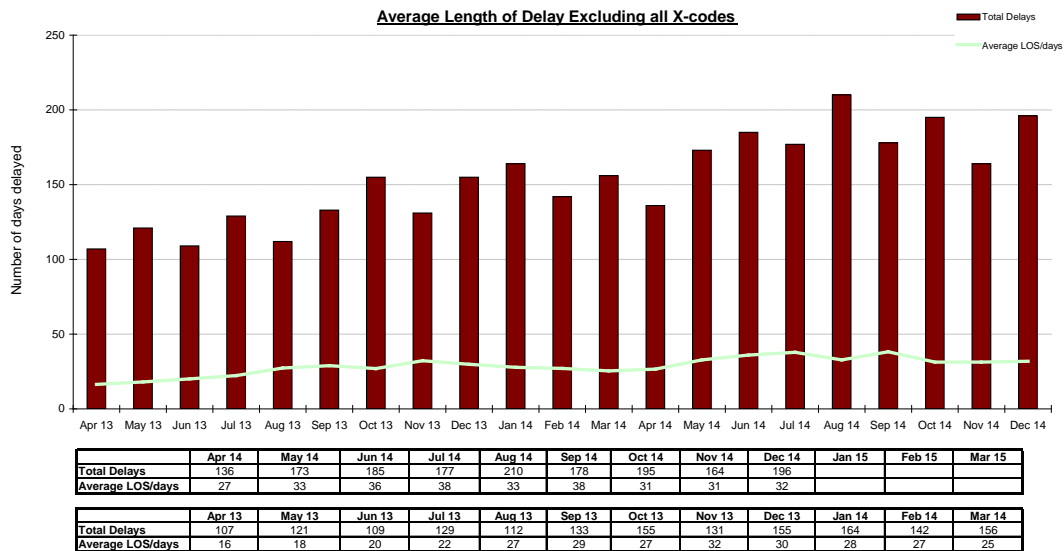
² Total excludes: 9, 24DX, 24EX, 25X, 26X, 42X, 46X, 51X and 100 ISD coded delays

3.4.2 Using the latest Monthly Census data (as at December 2014) the following table details the number and description of the delays by Council Area.

Main Reason	Description	Grand Total	
City of Edinburgh	11A - Awaiting commencement of post-hospital social care assessment	4	
	11B - Awaiting completion of post hospital social care assessment	10	
	24A - Awaiting place in Local Authority Residential Home	16	
	24C - Awaiting place in Nursing Home (not NHS funded)	35	
	24D - Awaiting place in Specialist Residential Facility for under 65 age groups	2	
	24F - Awaiting place availability in care home (EMI/Dementia bed required)	18	
	25D - Awaiting completion of social care arrangements -in order to live in own home	22	
	25DOT - Health OT assessed POC under 14hours	19	
	25E - Living in own home - awaiting procurement/delivery of equipment	1	
	25F - Specialist Housing Provision (including homeless patients)	11	
	67 - Disagreement between patient/carer/family and health/social work	3	
	City of Edinburgh Total	141	
	East Lothian	-	1
		11A - Awaiting commencement of post-hospital social care assessment	8
11B - Awaiting completion of post hospital social care assessment		3	
24A - Awaiting place in Local Authority Residential Home		2	
24C - Awaiting place in Nursing Home (not NHS funded)		11	
24F - Awaiting place availability in care home (EMI/Dementia bed required)		1	
25D - Awaiting completion of social care arrangements -in order to live in own home		2	
25DOT - Health OT assessed POC under 14hours		1	
25F - Specialist Housing Provision (including homeless patients)		1	
67 - Disagreement between patient/carer/family and health/social work	1		
East Lothian Total	31		
Midlothian	11B - Awaiting completion of post hospital social care assessment	3	
	24C - Awaiting place in Nursing Home (not NHS funded)	4	
	25F - Specialist Housing Provision (including homeless patients)	1	
Midlothian Total	8		
Non-Lothian	11A - Awaiting commencement of post-hospital social care assessment	1	
	24D - Awaiting place in Specialist Residential Facility for under 65 age groups	1	
	25D - Awaiting completion of social care arrangements -in order to live in own home	1	
	25F - Specialist Housing Provision (including homeless patients)	1	
Non-Lothian Total	4		
West Lothian	24C - Awaiting place in Nursing Home (not NHS funded)	1	
	25D - Awaiting completion of social care arrangements -in order to live in own home	11	
West Lothian Total	12		
Grand Total	196		

3.4.3 The total number of delays along with the average length of delay, by month, is illustrated in the following chart.

Average Length of Delay



¹Total Includes Non-Lothian
²Total excludes x-codes

4 New Medical and Surgical Models (WGH)

- 4.1 The new Day Medicine and Medical Admissions Units have now opened. This has allowed patients to be offered scheduled appointments earlier in the day with some booked to attend the day following initial referral. The new Day Medicine Hotline diverts patients directly to specialty services avoiding unnecessary stays in acute receiving. Work continues to develop this model
- 4.2 Work to create a new Surgical Assessment Unit, expand ARAU Beds and convert Trolleys to Day Medicine has now finished. The new ARAU Beds extension opened on 14 January adding an additional 10 beds to the Medical Admissions Unit.
- 4.3 The extension to beds enables the front-door to directly admit patients who will require an overnight stay in the assessment unit. This began initially for a handful of patients as tests of change were conducted to refine the process model. This has since been expanded as the front-door moves towards adopting this as a consistent pathway for every patient arriving into Medical Admissions.
- 4.4 The new Day Medicine ‘Hotline’ pilot began on 14 January. This hotline has been developed in partnership with local GP representatives and should enable front-door service to better plan daily medical workload.
- 4.5 The hotline schedules patients that would have otherwise arrived in an unscheduled fashion. This is an essential part of the new model and will push activity to earlier in the day when the hospital is better equipped to respond to demand. The hotline also diverts a number of patients direct to specialities thus avoiding unnecessary stays in Day Medicine or Medical Admissions.
- 4.6 Work continues with Bed Bureau and the Transport Hub to develop a system that better matches patient need to the range of transport options available through NHS Lothian.

5 LUCAP

- 5.1 An update on NHS Lothian's LUCAP was submitted to the Scottish Government in September and again on 23 January 2015 as part of the quarterly reporting process. The final quarterly update is required in March 2015.
- 5.2 Following NHS Lothian's Local Unscheduled Care Action Plan (LUCAP), submission to the Scottish Government, a total of £1,120k has been provided to NHS Lothian in support of unscheduled care.
- 5.3 A further sum of £1050k (non-recurring) has also been received from the Scottish Government to specifically support initiatives in partnership with local councils to tackle our discharge from hospital performance.

6 Winter

6.1 Winter funding/ allocation of resource

- 6.1.1 For the purposes of Planning in NHS Lothian, 'winter' is defined as January, February and March 2015.
- 6.1.2 A total of £3.6 million has been allocated this year to support winter planning although we continue to use a number of unfunded beds across the acute hospitals to support patient flow on a daily basis. These cost pressures are reflected in the acute unscheduled care budget overspends.
- 6.1.3 Considerable reviews of current models for unscheduled care across NHS Lothian have been undertaken in the past year. This has involved reviewing front door models of care at our acute hospitals, the roll of out of community frailty models to reduce re-admission, analysis of patient flow systems and tackling Delays.
- 6.1.4 An evaluation of our current capacity against increasing patient demand and to plan our approach, with our healthcare partners has enabled NHS Lothian to build on its current capacity and capability in supporting safe, effective and person centred care.
- 6.1.5 However key challenges remain, in particular our performance against the 4 hour Emergency Access standard, boarding of patients and Delayed Discharge. As winter progresses, these issues are likely to be heightened.

6.2 Winter Capacity

- 6.2.1 The following outlines the additional winter beds that are available to NHS Lothian this year. This includes the additional capacity at Gylemuir House that opened on 5 January 2015.

Site	Bed Numbers
St Johns (Ward 15)	12 (18 if required)
Western General (Ward 15)	26
RHSC.	10
Available Nursing Home Capacity	60
TOTAL (Winter 2014-15)	108 (114)

6.2.2 The above is on top of the additional bed capacity that has been created and come on stream in the last year. This is outlined in the table below.

Site	Bed Numbers
Royal Infirmary, Edinburgh	31
Step Down (City of Edinburgh Council)	52
Step Down (East Lothian Council)	20
Milestone House	12
Total additional capacity	115

6.2.3 Overall there are more beds available than during last winter. Significantly a number of these beds are out with the acute hospitals and avoid use of substandard facilities. Should further bed capacity be required then substandard facilities may require to be used. There is no further funding available to open these beds so this will increase the over-spend in Unscheduled Care. The need to open this bed capacity would be escalated by the Director of Unscheduled Care and the decision taken by the Acute Recovery Group.

6.2.4 As winter ends in March 2015 all additional beds funded by *winter* or other temporary funding (as well as those opened on an unfunded basis) will need to close and remain closed as funding is not available via the 2015/16 financial plan. To achieve this, significant improvement in patient flow processes is required and we may have to tolerate some deterioration in the 4 hours emergency access target.

7 Key Risks

7.1 The failure to deliver against the 4 hour emergency care access standard, particularly throughout the winter period will compromise patient safety and experience.

7.2 High numbers of patients with delayed discharges will impact on hospital flow, performance and patient safety and experience.

7.3 The need to deal with current demand and capacity issues while also securing the necessary additional capacity (beds/ workforce) for winter 2014-15

7.4 The impact on bed footprint as a result of Norovirus/Infection Control issues during winter.

7.5 The financial impact of winter, especially if the additional bed capacity, is beyond that recognised in the current financial plan.

8 Risk Register

1.1 Risks are noted within the NHS Lothian corporate risk register for Unscheduled Care.

1.2 Risk Registers are now in place for Unscheduled Care on each acute hospital site and at a corporate level.

9 Resource Implications

9.1 The Scottish Government has released additional investment (£2.17M) to NHS Lothian in support of our ongoing commitments within LUCAP and for tackling issues of delayed discharge

9.2 The resource implications for unscheduled care, including winter, are regularly reviewed with Finance colleagues and through Unscheduled Care

9.3 The anticipated costs of supporting services during winter are currently estimated as £3.6 M.

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