

## BOARD OF DIRECTORS MEETING

<b>Agenda Item</b>	<b>P1-035-19</b>	<b>Date: 1<sup>st</sup> March 2019</b>						
<b>Subject /title</b>	<b>Sulby Ward Progress Report</b>							
<b>Author</b>	<b>Karen Kay, Deputy Director of Nursing</b>							
<b>Responsible Director</b>	<b>Sheila Lloyd, Director of Nursing and Quality</b>							
<b>Executive summary and key issues for discussion</b>								
<p>Due to a sustained period of low overnight bed occupancy, the 13 short stay beds on Sulby Ward have been temporarily closed as an overnight inpatient facility from 11<sup>th</sup> February 2019 for an 8 week period. During this time it will continue to be open as usual Monday to Friday 8am – 8pm.</p>								
<b>BAF Risk Reference</b>								
<p>SR10: Failure to continually support, lead and prioritise improved quality, operational and financial performance If we do not continually support, lead and prioritise improved quality, operational and financial performance we will not provide safe, efficient and effective cancer services</p> <p>SR4: The workforce with the right skills, in the right place, at the right time to deliver outstanding care If we do not have the right innovative workforce solutions, including education and development, we will not have the right skills, in the right place, at the right time to deliver outstanding care</p>								
<b>Link to CQC Regulations</b>								
Regulation 12: Safe care and treatment								
<b>Resource Implications</b>								
None								
<b>Key communication points (internal and external)</b>								
None								
<p>FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.</p> <p><b>Application Exemptions:</b></p> <ul style="list-style-type: none"> <li>• <b>Prejudice to effective conduct of public affairs</b></li> <li>• <b>Personal Information</b></li> <li>• <b>Info provided in confidence</b></li> <li>• <b>Commercial interests</b></li> <li>• <b>Info intended for future publication</b></li> </ul>	<p>Please tick the appropriate box below:</p> <table style="border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 40px; height: 20px; text-align: center;"> </td> <td style="padding-left: 10px;"><b>A. This document is for full publication</b></td> </tr> <tr> <td style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">X</td> <td style="padding-left: 10px;"><b>B. This document includes FOI exempt information</b></td> </tr> <tr> <td style="border: 1px solid black; width: 40px; height: 20px; text-align: center;"> </td> <td style="padding-left: 10px;"><b>C. This whole document is exempt under FOI</b></td> </tr> </table> <p><b>IMPORTANT:</b></p> <p>If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.</p> <p>Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.</p>			<b>A. This document is for full publication</b>	X	<b>B. This document includes FOI exempt information</b>		<b>C. This whole document is exempt under FOI</b>
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X	<b>B. This document includes FOI exempt information</b>							
	<b>C. This whole document is exempt under FOI</b>							

Equality & Diversity impact assessment		
Are there concerns that the policy/service could have an adverse impact because of:	<b>Yes</b>	<b>No</b>
Age		<b>x</b>
Disability		<b>x</b>
Sex (gender)		<b>x</b>
Race		<b>x</b>
Sexual Orientation		<b>x</b>
Gender reassignment		<b>x</b>
Religion / Belief		<b>x</b>
Pregnancy and maternity		<b>x</b>
If YES to one or more of the above please add further detail and identify if full impact assessment is required.		
Next steps		
Appendices		

### Strategic Objectives supported by this report

Improving Quality	<b>x</b>	Maintaining financial sustainability	<b>x</b>
Transforming how cancer care is provided across the Network		Continuous improvement and innovation	<b>x</b>
Research		Generating Intelligence	

### Link to the NHS Constitution

Patients		Staff	
Access to health care	x	<i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff support	
Quality of care and environment	x	<i>Being heard:</i>	
Nationally approved treatments, drugs and programmes		<ul style="list-style-type: none"> <li>• Involved and represented</li> <li>• Able to raise grievances</li> <li>• Able to make suggestions</li> <li>• Able to raise concerns and complaints</li> </ul>	
Respect, consent and confidentiality			
Informed choice		Fair pay and contracts, clear roles and responsibilities	
Involvement in your healthcare and in the NHS		Personal and professional development	
Complaint and redress		Treated fairly and equally	

## Sulby Ward Temporary Overnight Closure – Progress Report

### Situation

Due to a sustained period of low overnight bed occupancy, the 13 short stay beds on Sulby Ward have been temporarily closed as an overnight inpatient facility from 11<sup>th</sup> February 2019 for an 8 week period. During this time it will continue to be open as usual Monday to Friday 8am – 8pm.

### Background

The Trust opened a Clinical Decisions Unit (CDU) on 15<sup>th</sup> October 2018 to enable improved (walk in) access for our patients and this new model of care has been well received by both patients and staff. Further improvement work to reduce unnecessary length of stay for all patients has also commenced.

The above initiatives have contributed to a very low bed occupancy on Sulby ward, i.e. consistently reduced numbers of patients requiring overnight stay and frequent ad hoc night closures. This has resulted in the transfer of patients and staff to our other inpatient wards. Ad Hoc closures have impacted both patient and staff experience with patients and staff being moved to other inpatient wards.

Nursing staff are utilised efficiently and effectively across all of our wards, to keep our patients safe and to support patients being treated and cared for in the right place, by the right staff, at the right time. Patients requiring overnight stay will automatically be admitted to either Mersey or Conway ward.

### Assessment

Bed occupancy across all 3 inpatient wards is consistently monitored and reviewed. The figures below illustrate a 10 month picture of occupancy rates measured at 11am and 2am.

The data below show the occupancy by ward for the 3 wards (source: Board IPR)

Average Occupancy	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
11 am Conway	75%	82.8	69.0	85.4	84.0	78.2	71.3	78.0	75.0	68.0	80
11 am Mersey	75%	66.2	64.9	77.6	74.5	68.0	75.3	66.3	69.0	72.0	85
11 am Sulby	75%	27.2	36.0	44.5	80.8	73.6	82.0	70.2	49.0	48.0	60
2 am Conway	75%	83.7	69.2	85.0	84.1	77.9	72	78%	75.4	69.0	80
2 am Mersey	75%	64.8	63.0	76.0	73.8	67.0	74.5	66.5	69.7	70.0	84
2 am Sulby	75%	17.1	14.8	26	33	34.1	42	32	18.9	14	33

## **Analysis of bed occupancy**

The figures demonstrate average bed occupancy of 26.4% for Sulby ward overnight across the 10 month timeframe, which equates to just over 3 patients staying per night.

In comparison both Conway (26 bed) and Mersey (25 bed) Wards across the same timeframe, have average overnight bed occupancy figures of 77.4% (20 patients) and 70.9% (17.5 patients) respectively.

The data also supports the ability to accommodate Sulby overnight occupancy, within Mersey and Conway wards.

### **Sulby Ward : 90 day deep dive**

A more detailed assessment across a 90 day timeframe has also been undertaken. This revealed the ward had been closed on an ad-hoc basis overnight on 30 occasions, resulting in a maximum of 5 patients moved each time.

## **Conclusion**

Sulby ward will continue to operate as a short stay day care facility between the hours of 8am – 8pm, Monday to Friday for an 8 week period. During this time there will be no change to Sulby planned day activity. Patients receiving overnight chemotherapy regimens will be admitted to the appropriate tumour based ward. The Patient Flow team will continue to support and coordinate planned admissions as well as actively manage discharge planning and bed utilisation.

This change will be monitored and reviewed over the next 8 weeks by our senior leadership teams. Towards the end of this 2 month period, a longer term proposal will be considered, taking into account the new models of inpatient care post 2020.

## **Communication**

The Deputy Director of Nursing will continue to work closely with both the trust communication and PALs teams. This will ensure standardised, appropriate key messages continue to be disseminated to patients and staff.

## **Recommendation**

The Board are asked to note the contents of this report.