Ashford and St. Peter's Hospitals
NHS Foundation Trust

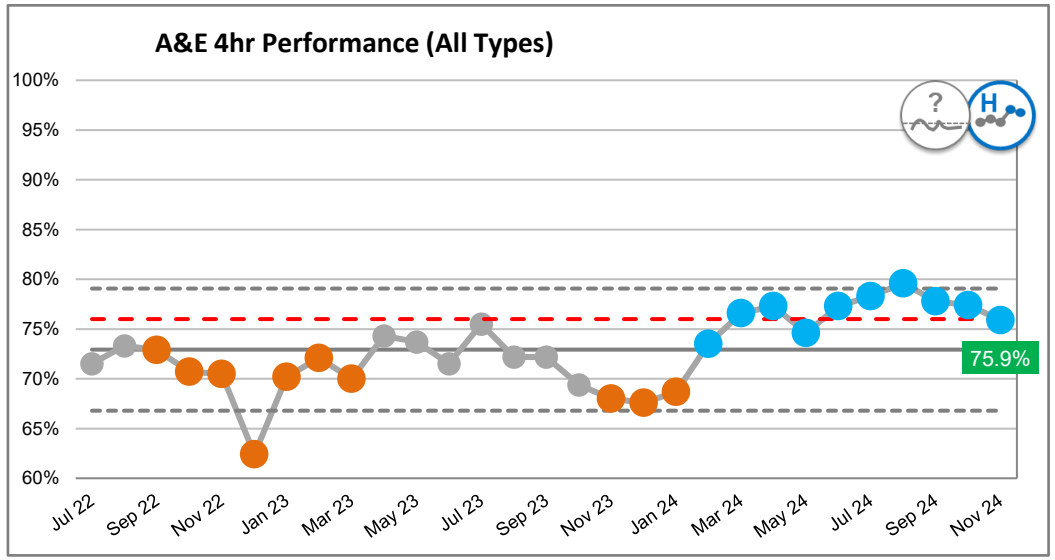
Update to Council of Governors on Corridor Care

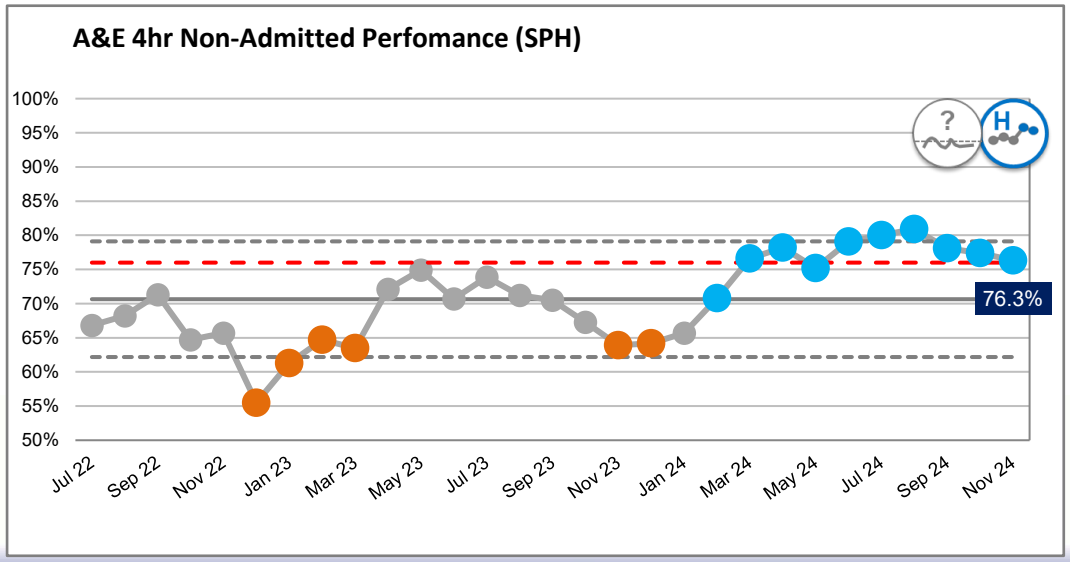
11th December 2024

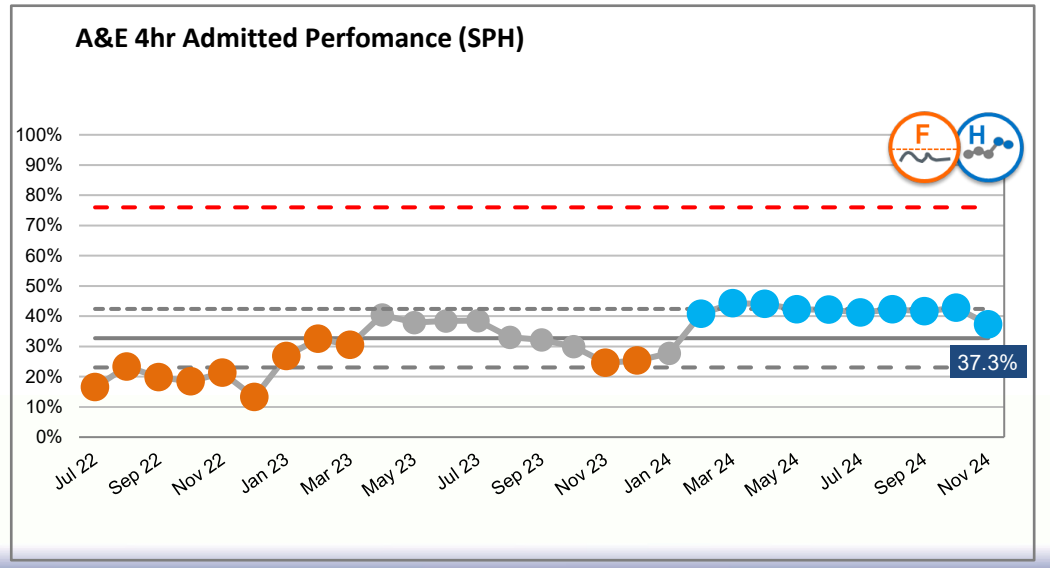
Patients first • Personal responsibility • Passion for excellence • Pride in our team •

Our Performance and it's composition

Ashford and St. Peter's Hospitals NHS Foundation Trust







Developing our Winter Response and Avoiding Corridor Care

- 3 half day seminars over the summer – transformation focus
- Senior Leadership Forum – Market Place event – developing our urgent care services across divisions
- Emergency Pathway Improvement Programme (EPIP) oversee improvement across all areas of the hospital
- D5 programme management supported by Transformation Team
- Fortnightly reporting to Trust Executive Board
- Full plan presented to Finance & Performance Committee and Quality of Care Committee this month

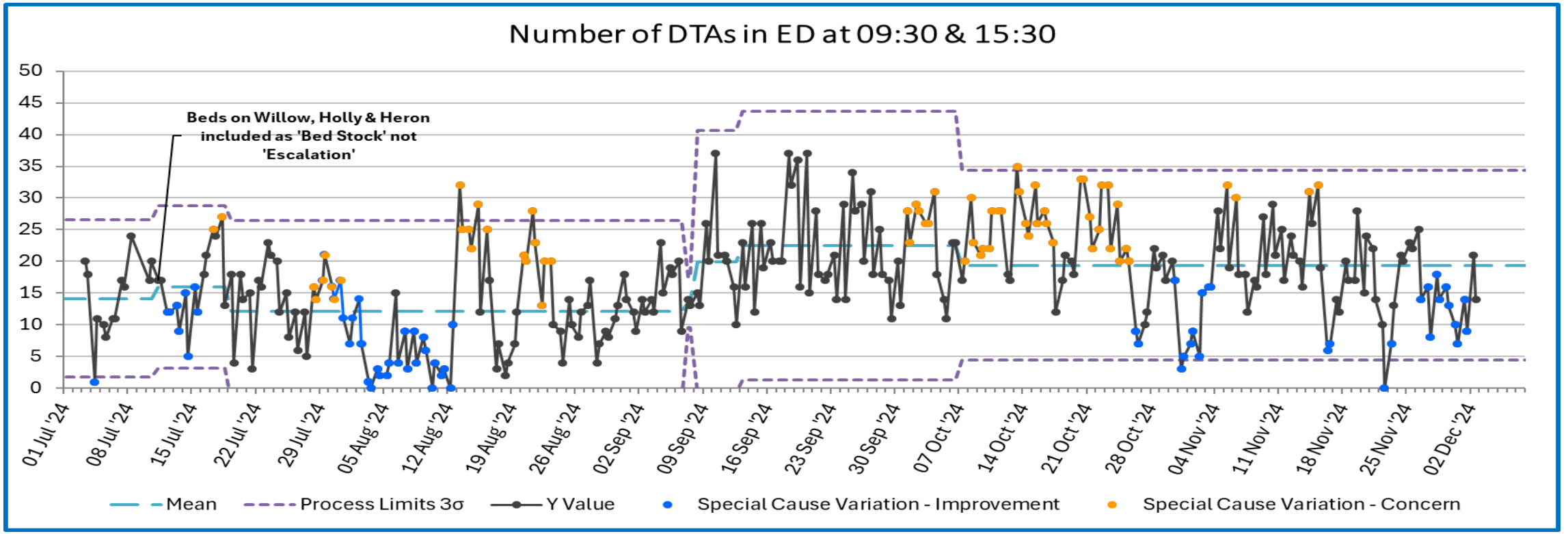
Winter Planning (to support the elimination of corridor care)

- Trust-wide Winter Planning action plan aimed to reducing unnecessary admission, improving inpatient length of stay or facilitating earlier discharge. Key projects include;
  - Complex discharge improvements (Transfer of Care hub)
  - Discharge 101 study sessions
  - Creation of Ambulatory Care Centre to support ambulatory pathways and reduce length of stay
  - Additional orthopaedic Specialist Registrar of the Day to support ward flow and discharge
  - Creation of daily trauma lists at Ashford
  - Extension of Same Day Emergency Care opening hours to meet/exceed national standards
  - Transfer of elective activity from St Peters to Ashford Hospital where possible to support emergency flow.
  - Get Up, Get Dressed, Get Moving initiative to promote independence
  - Mental Health mind and body programme

Developing a new plan for respond to pressure on inpatient beds and in our Emergency Department

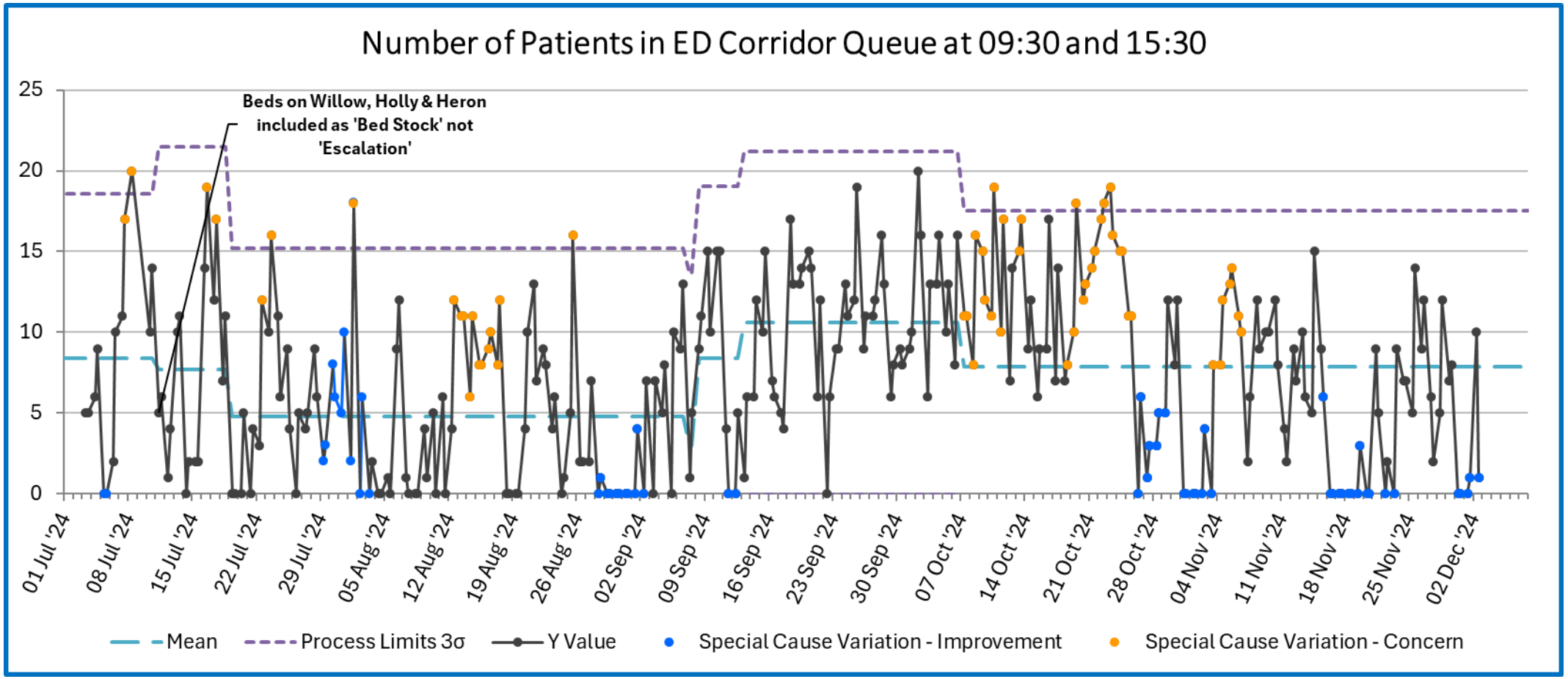
- Launch of the completely new Operational Pressures Escalation Level (OPEL) Plan. This is the plan which describes the Trust response to emergency pressures such as those seen in winter. Key components include;
  - Role definitions and Protocol led escalation
  - Hospital-wide flow and capacity policy to avoid conflicting pathways
  - Triggers for increased opening hours of pharmacy
  - Afternoon board rounds – close of play wash-ups
  - Triggers for senior clinical presence on site out of hours
  - Re-arrangement of non-clinical time (all staff)
  - Protocol and triggers for cancellation of elective work
  - Identification of surge/super-surge capacity/onboarding
  - Criteria for identification of patients to outlie outside of specialty and divisional beds

Patients with a Decision to Admit (DTA) in ED



This graph charts the average number of patients every day who have been clinically assessed as requiring a hospital admission, but for whom no beds are currently available, so they are waiting in the Emergency Department (possibly including the corridor).

The reason for this is due to lack of flow into the wards, although the reasons why this can be difficult are multifactorial. The solution therefore requires a whole hospital response. The graph demonstrates recent improvement as winter planning actions start to deliver.


Number of Patients in ED Corridor Queue at 09:30 and 15:30
Beds on Willow, Holly & Heron included as 'Bed Stock' not 'Escalation'
25
20
15
10
5
0
01 Jul '24
08 Jul '24
15 Jul '24
22 Jul '24
29 Jul '24
05 Aug '24
12 Aug '24
19 Aug '24
26 Aug '24
02 Sep '24
09 Sep '24
16 Sep '24
23 Sep '24
30 Sep '24
07 Oct '24
14 Oct '24
21 Oct '24
28 Oct '24
04 Nov '24
11 Nov '24
18 Nov '24
25 Nov '24
02 Dec '24
Mean
Process Limits 3σ
Y Value
Special Cause Variation - Improvement
Special Cause Variation - Concern