

TRUST BOARD
31st October 2013

TITLE	Winter Plan
EXECUTIVE SUMMARY	The winter plan is presented for approval. The plan was previously reviewed and discussed by the Board in September.
BOARD ASSURANCE (Risk) / IMPLICATIONS	The Board needs to be assured that the Trust's winter plan is robust and fit for purpose. Failings in the plan could lead to enhanced risks to patient safety, quality and experience.
LINK TO STRATEGIC OBJECTIVE	The winter plan links to all Trust Strategic Objectives.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	Winter plan directly impacts on patients and the experience of the care they receive at the Trust.
EQUALITY AND DIVERSITY ISSUES	None identified.
LEGAL ISSUES	None identified.
The Trust Board is asked to:	Approve the winter plan.
Submitted by:	Valerie Bartlett, Deputy Chief Executive.
Date:	24 th October 2013
Decision:	For Approval

Winter Plan

Executive Summary

The Board are asked to approve the Winter Plan following discussion and challenge at the September meeting.

The lack of Social Care and Intermediate Care capacity will continue to be a risk for the organisation this winter; with elderly patients staying longer in an acute bed during the months of December to February/March inclusive.

The team may also wish to consider re-establishment of the community step-down beds (using winter monies) in order to reduce the number of patients who will inevitably block an acute beds during the forthcoming critical winter months.

Background

As a consequence of insufficient whole systems capacity (during winter 2012/3) ASPH experienced significant pressures (continuing through until June 2013); resulting a number of days where the Trust were forced to declare Business Continuity. Winter planning for the Trust this year is focused on improving patient/staff experience; ensuring existing resource and new initiatives are targeted to enable the Trust to be more resilient in both planning and response business continuity processes .

Performance Information

Figure 1

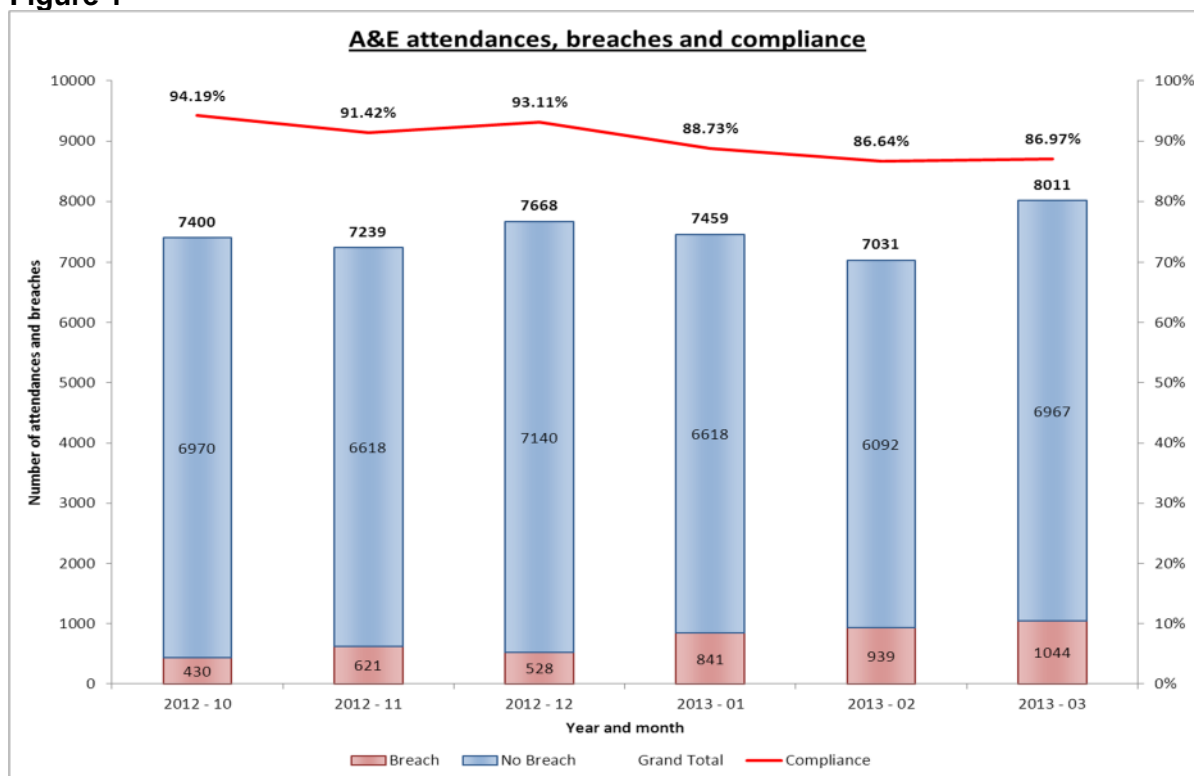


Figure 1 above shows variation in the Trusts ability to manage the 4 hours target; with significant peaks in demand during the winter months, resulting in a decrease in 4-hr performance.

Figure 2

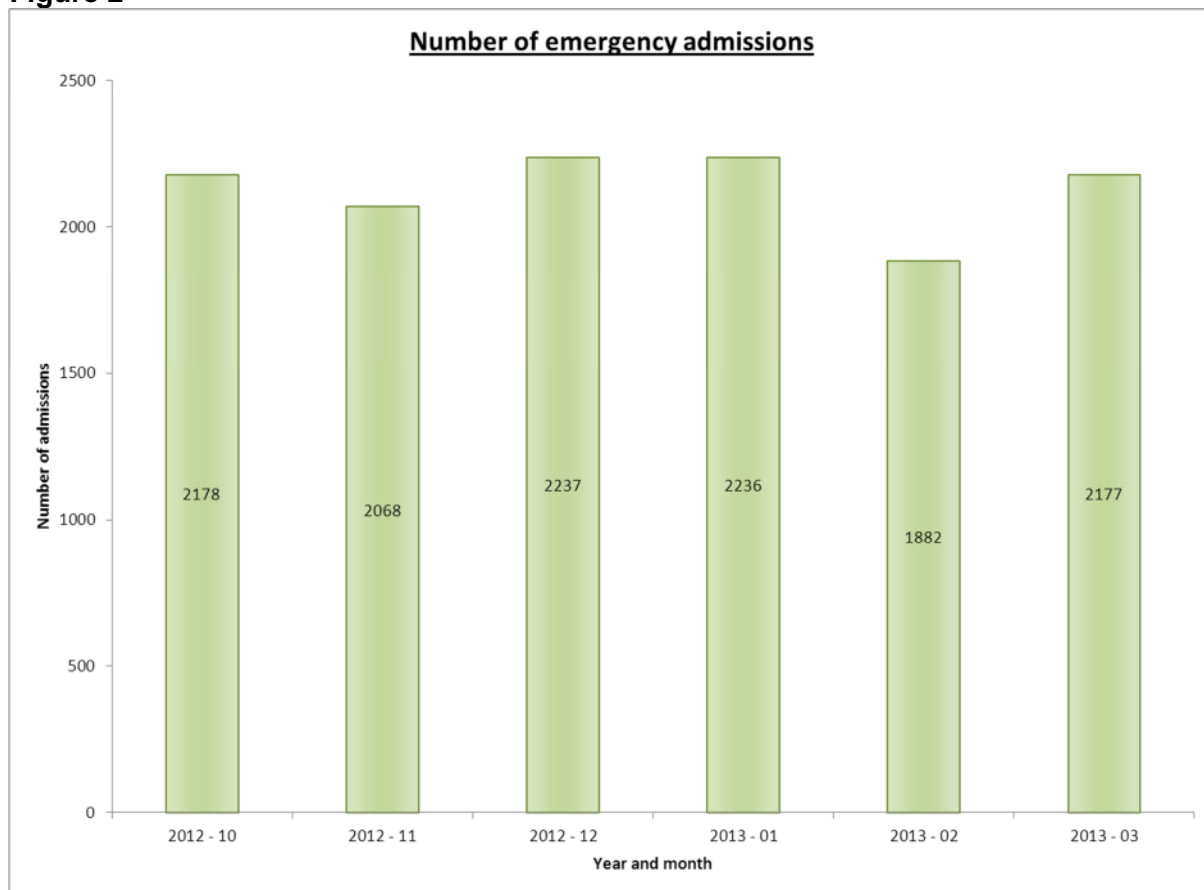


Figure 2 above shows some variation in the number of admissions. LoS & average age for emergency admission rose during these critical months

Figure 3

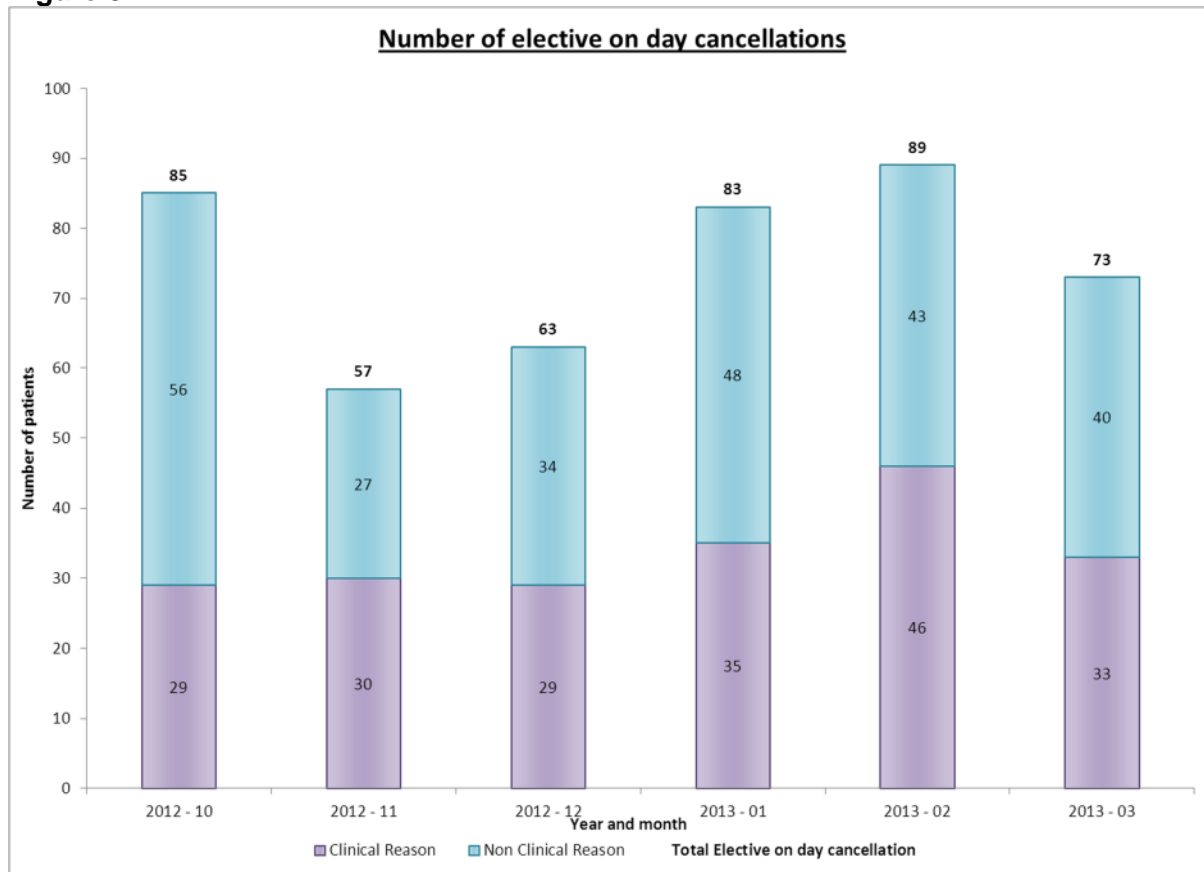


Figure 3 shows an increase in ‘on the day’ cancellations during Oct, Jan & Feb months. All non-clinical cancellations were due to capacity pressures.

	Major/Minor	April - September	October - March	Grand Total
0-18	MAJORS	7171	7491	14662
	MINORS	43008	45463	88471
19-65	MAJORS	28304	26137	54441
	MINORS	66768	58092	124860
66+	MAJORS	28282	29525	57807
	MINORS	14888	12945	27833
(blank)	MAJORS	13	10	23
	MINORS	8	5	13
Grand Total		188442	179668	368110

- The above table shows that overall there are less A&E attendances in the winter months than in other months (Apr-Sep), but the age group of 66+ on majors is higher as is the age group 0-18, therefore these could possibly be more complicated cases.
- When looking at the method of arrival into A&E the winter months also show an increase on arrivals by Ambulance which also points towards the patients having more complicated cases

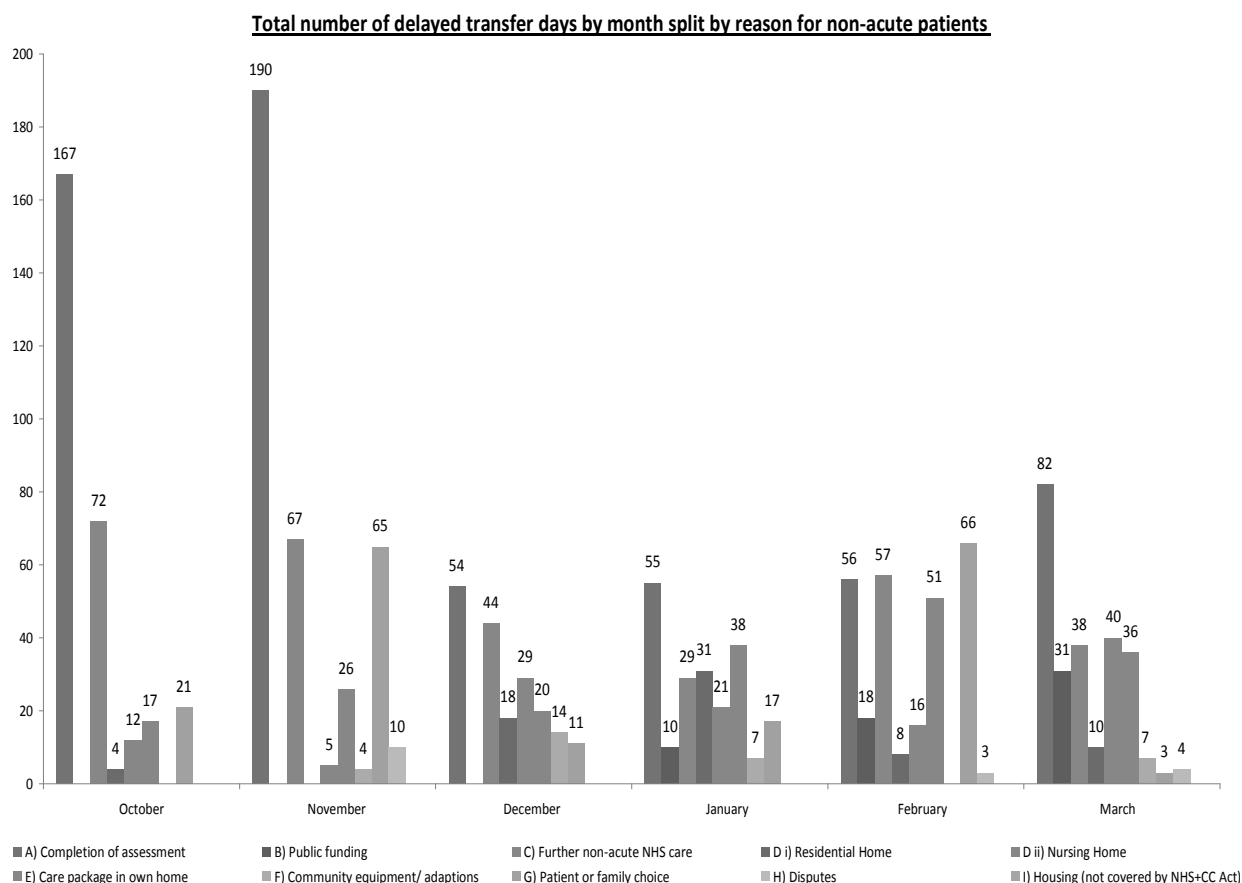
Figure 4 – Delayed Transfers of Care

Figure 4 shows an overall increase in delays associated to waiting Nursing homes, packages of care, public funding and NHS funded care

Initiatives to support capacity & demand during the winter months 2013/4

ASPH have a programme in place for maintaining key Trust performance targets; ensuring patient safety and improving patient & staff experience.

Adult A&E: - Increase Consultant OOHs cover to support senior decision-making. A&E are budgeted for 8 WTE and have a current establishment of 4.8 WTE Consultants. (By Jan 14 there will be an additional WTE). Plan to recruit additional interim/locum Consultants to support peaks in emergency winter demand

Senior Consultant Review: Plan to facilitate senior review of all patients 7 days per week; commencing Dec 13

Ambulatory Care Unit (ACU): Unit planned to open end of Oct, to support the assessment of ambulatory patients in order to reduce the number of patients presenting to minors (within A&E) and reduce inappropriate admission. The ACU will be lead by Medical Team; supported by A&E (Nursing).

Paediatric A&E – Temporary extension to unit to create additional capacity in order to facilitate an increase in assessment space within Paeds A&E. Recruitment of an additional x2 ED Paediatric Consultants to support senior cover 2– 10pm (weekdays) and alternate weekends. Planned to open Dec 13

Older Persons Assessment Liaison Team (OPAL) - Older Persons Assessment & Liaison Team is planned to commence in Oct 13. This service will support the early assessment (Medical, functional and cognitive) of patients presenting with Frail Elderly care needs to A&E. The Team will comprise, Elder care Consultant, Therapist, Social care, ICT, Psych liaison, Pharmacy, & Dietician). The service will provide an in-reach to MAU/MSSU/A&E; planned to run from 10-6pm

Planned Care –

The Trust is currently profiling all 18 week activity in order to assess areas of risk. Appropriate elective activity will be front loaded in order to reduce the number of elective cancellations during the critical winter months. Day Case activity (on both sites) will be prioritised in order to reduce cancellations on the day due to no inpatients capacity

Transfer of activity from SPH – AH

Aim: To alleviate the demand for inpatient beds at St Peter's whilst optimising capacity and resources at the Ashford site. Priority will be given to:

- identifying activity where patients currently stay for 1 night when the procedure should really be a day case
- Improving existing theatre utilisation
- Ensuring cancelled lists are picked up by another speciality
- Running three session days in day surgery to facilitate extended operating days
- Exploring potential to run operating lists on a Saturday
- Increase ward capacity to take on the additional activity via 23 hr ward, supported by nurse led discharge.
- Increase medical and anaesthetist cover at Ashford hospital to support transfer of activity
- Extended Theatre sessions at SPH

Elective Activity – Runnymede Hospital:

Selected elective activity (one night stays) will be operated on at the Runnymede during Jan 14 to reduce demand on inpatients bed capacity, thereby reducing on the day cancellations (Gen Surg, Gynae, Ortho, other)

Re-launch of the Surgical Assessment Unit (SAU):

By Oct 13 SAU will become a Surgical Assessment and Short-Stay unit (**SASU**). The Unit will take GP referrals directly; functioning as an assessment & short-stay unit for Patients' LoS up to 48hrs.

Medical Assessment Unit (MAU) & Medical Short-Stay Unit (MSSU)

These units support Senior decision-makers including, Medical Consultant (on-call) and designated Medical Consultant covering MSSU in the on-going management of patients in & out of hrs; facilitating patient flow and reduction in inappropriate admission. There are plans to change the current rota to create Consultant over-lap during the peaks mid afternoon

Alternatives to Admission: Medicine are looking to support the SpRs in accessing alternatives to Admission including the potential to utilise a nurse to work alongside the on-call SpR; supporting alternative pathways to admission.

Escalation Capacity A Medical ward – Swift will be used as escalation capacity. This resource will be used initially to support essential capital works to facilitate additional capacity within surgery; in preparation for winter months. This area will be available from Dec and will require full nursing, therapist and Dr cover

Trauma & Orthopaedics

- Additional Ortho-geri Middle Grade to cover ward work (Tues - Sat)
- Working to reduce LoS of patients with chronic pain or physio requirements.
- Trauma clinic: Additional Fri afternoon clinics to be run during winter months to support predicted peaks in trauma referrals Fracture clinics are being increased at SPH.
- NOFs pathway being reviewed
- Hot Clinics for soft tissue injury available between 9-1pm

Pharmacy

Extended working day – 7 days a week (increased weekend cover to support discharge in high demand areas including MAU. SAU, MSSU + A&E.

Gynae Assessment Unit (GAU)

Plan to pilot use of 2 beds within Kingfisher ward to support the assessment of Gynae emergencies

Senior Support Management

Proposed change to on-call arrangements to support OOHs site management issues during peak times. The senior team will work closely with the Clinical Site Nurse Practitioner (CSNP Team) & A&E to ensure early escalation and in order to reduce delays in assessment, improve patient flow, reduce ambulance wait times and improve OOH general resilience

Diagnostics

Radiology: Recent change to outsourcing for radiology reporting will enable release (in hrs) of manpower in order to reduce delays in reporting

Therapies

Week day cover to 6pm, including extended ward cover weekend working. Focus on admission avoidance and discharge of patients from A&E, SAU & MAU and wards. During the winter months there will be additional x2 Therapists (front end), covering a staggered shift basis 8-4pm & 10-6pm to support admission avoidance/early assessment. The current Ortho and Respiratory PT will be designated to be on-site (not just on-call) to support acute and ward referrals

Associated strategies to support Winter Resilience

Cold Weather & Snow Plans

The Trust has recently updated its Snow Plan which supports the coordination of on-site gritting, use of 4-wheel drive vehicle access and on-site accommodation for staff unable

to travels during extreme weather conditions

Flu Pandemic

Implementation Strategy – supported by Occupational Health.

Infection Control

On-call and extended working day to support the management of Diarrhoea and vomiting / novo-virus outbreak

Staffing

Working flexibly across divisions to support peaks in demand and escalation, including redeployment of staff working in outpatient depts/specialist services to inpatient ward escalation areas.

Partnership working

Social Care & ICT

Social Services/ICT will continue to offer 7 day working; reducing delays in assessment and supporting early discharge. There will be an additional senior manager on-call to support complex discharges including authorisation for funding interim and long-term nursing/residential homes. There will be no additional, ICT, Re-ablement or nursing home capacity during the winter months

Nursing/Residential Home transfers

ASPH are working closely with Social care to reduce delays in assessment of clients returning to Nursing/residential homes. The discharge team will also support on-going assessment for new clients transferring to local homes

Community Hospitals

The Trust will continue to utilise all rehab capacity within the community hospitals & at Ashford hospital– 7 days per week

Transport

SECamb will continue to provide local PTS transport provision to support transfer and discharge of patients. Waiting detailed capacity plan for winter arrangements. Designated ambulance for winter months to facilitate OOH transfer of appropriate patients; coordinated by the site team

Psyche Liaison Service

Increase OOHs cover for Psyche Liaison Services during Winter Months to cover a Twilight service to A&E. (8pm-2am)

Joint Escalation Arrangements

Proposed new IT database - Capacity Management Scheme - (CMS). This system will help to monitor acute pressures in order to equalise demand across the patch. Internal escalation capacity management plan; already in place

Recommendation: The Board are asked to approve the winter plan.