

**TRUST BOARD**  
**24 November 2016**

<b>Agenda item number</b>	6.2	
<b>Title of paper</b>	Winter Plan Summary	
Confidential		
Suitable for public access	x	
<b>Papers which this particular paper relates to?</b>		
<b><u>Strategic objective(s):</u></b>		
Best outcomes	x	To achieve the highest possible quality of care and treatment for our patients, in terms of outcome, safety and experience.
Excellent experience	x	
Skilled & motivated teams		
Top productivity		
<b><u>ASPH value(s):</u></b>		
Patients first	x	
Personal responsibility	x	
Passion for excellence	x	
Pride in our team	x	
<b>Executive summary</b>	The plan covers the key learning from last winter and gives an overview of ASPH preparedness for winter.	
<b>Recommendation:</b>	The Board is requested to review the plan, note the risks and approve the Winter Plan.	
<b><u>Specific issues checklist:</u></b>		
Quality and safety issues	x	Potentially if demand exceeds bed capacity or staffing insufficient to provide safe staffing levels.
Patient impact issues?	x	Poor patient experience due to extended waits for assessment treatment and admission or discharge
Employee issues?	x	Poor staff experience and morale if insufficient staff and high volumes of emergency attendances.
Other stakeholder	x	Local partner organisations plans not yet available.

issues?		
Equality & diversity issues?	x	None
Finance issues?	x	In part. Additional beds in Ashford are unfunded. There is a possibility that some central funding may be available.
Legal issues?	x	Potentially, dependent on demand and overall capacity that can be created to manage predicted surge in demand.
Risk issues?	x	See risks detailed in the paper.
<b>Author name/role</b>	Lorraine Knight Interim COO / Claire O'Brien, Head of Emergency Planning & Resilience	
<b>Presented by director</b>	Lorraine Knight Interim Chief Operating Officer	
<b>Date</b>	18 November 2016	
<b>Board action</b>	Review and approve	

**Ashford & St. Peters Hospitals NHS Foundation Trust**

**Winter Plan Summary**  
**16/17**

**Ashford & St. Peters Hospitals NHS Foundation Trust (ASPH)**  
**Winter Plan Summary 2016/7**

**Exec Summary**

The Winter Plan summary outlines factors fundamental to the delivery of effective service provision during the critical winter period including:

- Maintenance of core critical business
- Capacity including Staffing
- Whole Systems response to supporting predictable increase in demand
- Command and Control arrangements

The Plan also details tried and tested initiatives which support patient flow in the Trust during a time of predictable high demand and significantly reduced capacity.

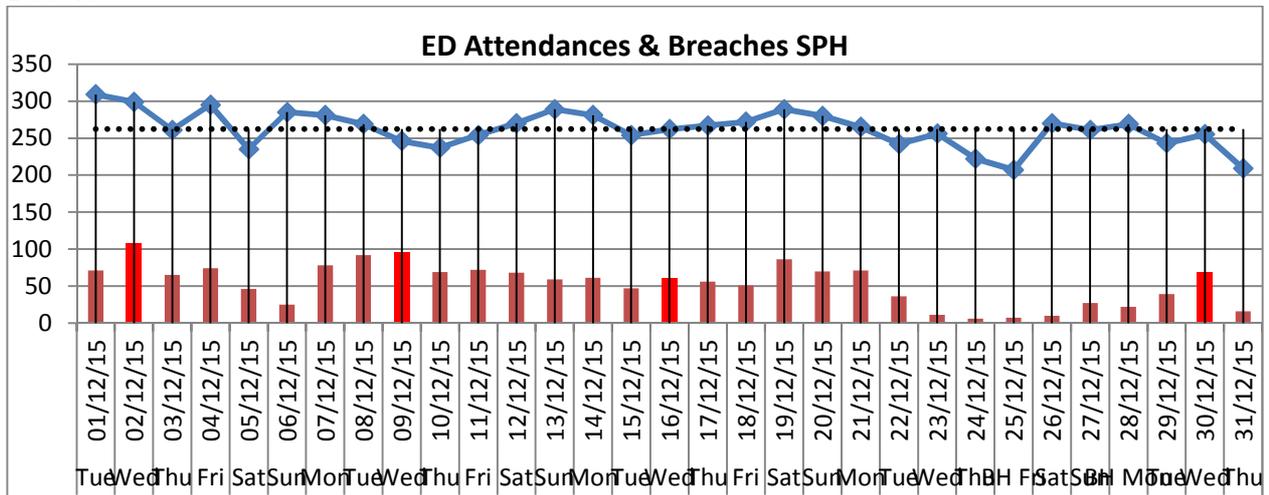
The Trust is required to submit a capacity plan to NHSI which covers the 19<sup>th</sup> December to 6<sup>th</sup> January which is approved by the Trust Board by 26<sup>th</sup> November. As a segment 3 Trust we are required to revise elective activity, cap occupancy levels at 85%, ensure there is physician presence throughout the period and undertake a 'perfect week' prior to a return to full elective activity.

## Introduction

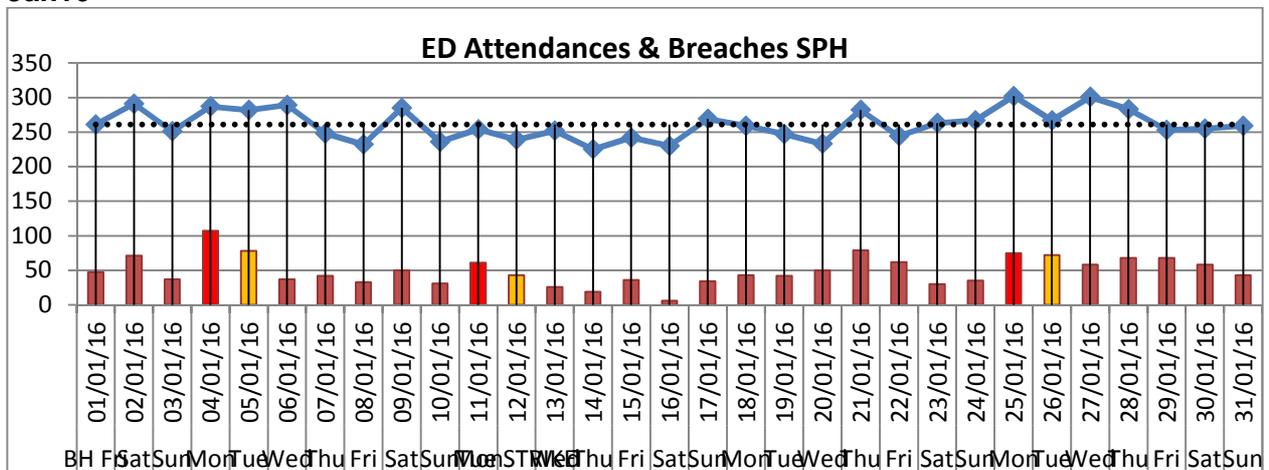
Ashford & St. Peters Hospitals NHS Foundation Trust (ASPH) experiences significant pressure during periods of high demand and reduced capacity (notably during extended holiday periods – winter and summer). During these period’s key performance targets, patient experience and staff morale are significantly affected. Winter monies are very limited this year and previous system resilience schemes which go some way to enhancing capacity during the Critical Holiday Period (CHP) will not be in place this year. The Trust plan describes the actions within our control which can be put in place to manage predictable surges in demand and reduced discharges throughout the period commencing 19<sup>th</sup> December - 16<sup>th</sup> January.

It is important that we learn from previous years in order to effectively plan for anticipated surges in demand. The following charts give some analysis for what are considered the more critical months during the winter period (Dec – Jan inclusive). The average numbers of admissions in Dec – Jan 15/16 were 62.5 per day; however, there were days where admissions were above 80. Conversion rates were between 25%-30%.

### Dec 15



### Jan 16



Following the establishment of the new Local A&E Delivery Boards, it has been agreed across the South Region that the new Boards plans will be integrated in winter preparedness. These plans are expected to include the 5 mandated initiatives and build in urgent care recovery plans.

**Initiatives** (relevant to acute providers):

- **Streaming:** Develop Primary care Stream to manage patients presenting with minor illness &/or chronic illness
- **Improved patient flow** – Safer bundle
- **Discharge:** Improving patient discharge from hospital by providing an evidence base of good practice – D2A

The Board should note that these initiatives are being implemented and are key elements of the Urgent Care Improvement Programme.

**NHSE - Statements of principle to support winter preparedness**

NHSE	System
Plans for flexible capacity that can be increased in the event of winter surge, across the acute, community, residential/home care sectors and packages of care. This should include the agreed multi agency triggers for extending and withdrawing this extra capacity	Limited confidence that there will be any system capacity outside of ASPH capable of being able to be flexed. The system is working to full capacity most days. It is likely that ASPH will have to manage 'flexing capacity' by use of beds at AH
Plans for how Primary Care will work with the rest of the system to support the management of flow, particularly on Bank Holidays and out of hours	CCG
Robust plans for ambulance services and NHS 111 providers to deal with known activity peaks in demand across the winter period	SECamb/NHS 111
A comprehensive local flu strategy with a mechanism to monitor and performance manage provider and community uptake of vaccination.	The Trust will be promoting the uptake of the Flu vaccine to staff and relevant frailty groups. The Trust will commence pandemic group meetings from end Oct 2016
An adverse weather plan which includes the clinical impact of cold weather and snow and also the impact on business continuity	The Trusts Adverse weather plan includes business continuity arrangements in the event of snow/ice/other in order to maintain business continuity
Plans for cascading advance warnings and briefings with a focus on admissions prevention amongst high risk groups	Internal & external communications
System wide escalation plans in line with the new national framework with agreed local multi agency triggers. These triggers should include	System wide escalation triggers ASPH Patients Flow Plan

both escalation and de-escalation

Plans/processes for system- wide operational sitrep/ early warning & escalation reporting	Daily Sitrep reporting including exception reporting
Collaborative operational planning with social services and mental health services	LAEDB – Table top exercise December to test multi agency plans
CCG, Provider and Local Authority on-call arrangements to include an executive level Managed outbreak plans to avoid (and contain) any D&V/norovirus impact	LAEDB – ASPH Director rota in place As per the Trusts Infection Control/Outbreak plans
A multi-agency proactive and reactive communications plan to promote appropriate use of local services.	LAEDB – Daily Alamac conference calls
Focus on high risk groups and admissions avoidance best practice.	Trusts admission avoidance/D2A/Rapid Response Team
A mechanism to test these arrangements ahead of the winter period.	LAEDB Table top multi-agency exercise 17 <sup>th</sup> Oct 16, further exercise planned for 7 <sup>th</sup> December

### **Maintenance of Core Critical Business**

In an attempt to mitigate the predictable capacity deficit (whilst attempting to maintain core critical business) the following plans will be in place and are described below. It should be noted however that some of the details are still being worked through at the point of writing and the Trust has not yet had access to the plans of some system partners.

### **Staffing**

Reduced staffing (during the Christmas/New year period) is likely to put additional strain on Trusts ability to staff existing ward and escalation areas (particularly the use of escalation capacity at Ashford Hospital (AH)). Plans to address this include,

- Reduction in allocated leave
- Robust leave planning for all clinical staff
- Reallocate staff from Dickens ward during the CHP to Wordsworth Ward (WWW)
- Use of non-clinical staff (including volunteers) to enhance support to wards and other clinical areas

### **Consultant Cover**

The MSK division now have a Consultant of the week model in place with daily ward rounds and all day ward cover. Dedicated Consultant ward rounds are in place in TASCC. Attending Consultants are in place for Paediatrics and Neonates. Consultant cover in medicine will include daily Consultant ward rounds throughout the period. The normal on-call Consultant cover will be in place on bank holidays and supplemented by discharge registrars. Cardiology COE and Gastro will

provide ward rounds on bank holidays as normal. Acute medicine ward rounds on AMU are also covered.

Due to Christmas falling on a Sunday, it is essential for ward rounds to take place Friday 23<sup>rd</sup> and Christmas eve and for the maximum number of discharges to take place throughout that week to try to achieve 85% occupancy, which will be challenging. The divisions are currently planning for this.

Junior doctor rotas being finalised in all divisions and gaps sent to bank.

Staffing rotas for clinicians, managers and support services are available on the T Drive.

### **Critical Care**

Improved Critical Care staffing levels are enabling the High Dependency Unit to remain open as normal. This will improve the clinical management for level 2+3 patients.

### **Emergency Department**

In preparation for the winter period ED should have use of the current chapel area from January, which will increase the Clinical Decision Unit capacity within the department by five beds. It is however recognised that there will be risks to being able to staff this area. A queue nurse will be available to support the off-loading of ambulances. The doctor rota is in place and has a few middle grade gaps which the team are confident will be filled.

### **Ambulatory Emergency Care Unit**

This unit will remain open as normal Monday to Friday to support flow and reduce the volume of patients in ED. This service will be extended to cover weekends and bank holidays.

### **Theatres**

Theatres at St Peters will close to routine elective activity between, 25 Dec – 3rd Jan 2017 inclusive. All cancer surgery and urgent inpatient elective surgery will continue on the St Peters site. Additional trauma capacity will be provided by using empty elective theatres if required to support flow.

Elective surgery will continue to take place through the Ashford Day Surgery Unit and main theatres which will not impact on the St Peters bed base. The divisions are reviewing the demand for paediatric lists. Emergency theatres (including trauma) will continue throughout. Bariatric surgery will continue, using BMI beds if available. Increased elective activity will resume W/C 16<sup>th</sup> January after the 'Perfect Week'.

### **Outpatients**

Fracture clinics will continue throughout the holiday period. Additional slots are in place to provide the extra capacity required due to bank holidays.

Paediatric clinics scheduled as standard excluding bank holidays. Rapid access clinics available between Christmas and New Year. Other clinic activity will continue as normal.

### **Paediatrics, Neonates and Maternity**

Annual leave minimal in Paediatric nursing. Supervisor of midwives and midwifery manager cover in place. Community midwifery service in place throughout. Antenatal clinic scheduled for bank holiday.

### **Pharmacy, Radiology, Therapies**

Additional cover in place to support the acute pathway and additional hot seat reporting in Radiology.

### **Opening Additional Capacity**

It is anticipated that the beds currently open on the Ashford site will be empty week commencing 19<sup>th</sup> December. This will provide 20 beds, which can be used to support flow at St Peters. These beds will be used incrementally from 27<sup>th</sup> December. Staffing rotas are being developed. The Integrated Care Bureau (ICB) will identify an operational lead daily to attend rounds on the Ashford

site to facilitate timely discharges. ASPH will identify a Consultant, Senior Nurse and Senior Therapist to be based additionally on the Ashford site to facilitate discharges. In addition, beds will be in place to facilitate the move of the stroke service from January.

### **Command & Control**

The Chief Operating Officer (Supported by the Divisional leads) has overall responsibility for surge planning and implementation of the Winter Plan. The established hospital process for assessing pressure on services is via daily operational capacity meetings. This will become the Command & Control for the co-ordination of actions/incident management. The command centre will be set up from 19<sup>th</sup> December and a rota of senior managers is in place. This will continue until 9<sup>th</sup> January.

Additional management cover to improve resilience is being provided by service managers and extends into the evening and weekends. On-call senior support managers will be on site during this period. Additional Twilight Site Team member will support patient flow during predictable peaks in demand.

Additional Conference calls (OOHs) will be coordinated as appropriate and system wide Alamac calls will be held daily. Sitrep reporting to NHSE (by exception) will be co-ordinated by the CCG.

### **Perfect Week**

This is being planned for 9<sup>th</sup> January prior to any increase in elective activity. The date is dependent on the availability of system partners.

### **What else are we doing differently this year?**

The Trust has instigated a number of key initiatives this year to support more effective response to predictable surges in demand. These include:

- Review of the Patient Flow and Escalation Plan – full review of escalation triggers and responses including Protracted Black Alert and ensured compliant with most recent OPEL guidance
- 7-day senior clinician review of patients
- Urgent Care Centre (UCC) utilised to support triage/management of ambulatory patients
- Daily review of divisional discharge and weekend plans
- Extended opening times for the Discharge Lounge during weekend and bank holidays.
- AECU service in place with extended opening hours
- Discharge 2 assess service in place to move patients more rapidly to other care settings
- Rapid response service being re-instated in ED at weekends
- Weekend GP cover reinstated to Walk in Centres at weekends
- An additional Preparing for Winter day is being scheduled for early December
- 5 general Orthopaedic beds opened in Ashford

A high level timetable detailing activities and dates can be found in Appendix 1.

### **Associated corporate plans supporting winter response;**

#### **Flu and Outbreak Plans**

The Trust has a targeted programme for Flu vaccination for staff. Fortnightly Outbreak meetings commenced from Oct 16 to monitor outbreaks. In the event of any outbreak the Infection Control team will work alongside the microbiology team to ensure coordinated surveillance.

#### **Adverse Weather Plan**

This plan is in place and includes guidance for staff; local travel/accommodation options, vulnerable groups and estate management.

### **Mortuary Capacity**

Additional 24 spaces commissioned during December, plus improved scrutiny by Surrey Pathology Services (SPS) for whole system mortuary capacity and demand including early Trust escalation triggers.

### **System Partners**

Detailed plans from system partners have not yet been shared. We understand that Virgin Care will provide Rapid Response as normal and will notify us of community bed capacity in the usual way. The ASPH plan has been constructed in the knowledge that there will be decreased capacity for home care, moves to nursing or residential homes and community beds.

### **Risks**

The main risks to the Trust plan and mitigation are detailed below:

Insufficient capacity to meet surges in demand in particular when stroke services move to ASPH in January – consider placing additional patients on wards, use of AECU space for inpatients, consider use of Urology unit, open additional beds in Ashford, set up a larger stroke rehabilitation service in Ashford.

Insufficient nursing or medical staff due to sickness – Divisional Chief nurses and Operations Directors to assess requirements across divisions and move staff to provide safest cover possible, fill gaps through bank to maintain safety or agency as a last resort.

Reduction in discharges due to lack of care workers, reduced access to community, nursing and residential home beds – plans being developed to provide additional capacity at Ashford.

Insufficient system resilience due to winter planning funding not being available – work with system partners and CCG to manage demand

### **Summary**

This paper describes the high-level trust plan to assure the Board that planning is well underway. A more detailed set of plans for each division is available.

**The Board are requested to review the plan, note the risks and approve the Winter Plan Summary prior to sending to NHSI.**

## Appendix 1

### High Level Timetable

<b>Date</b>	<b>Plan</b>
7 <sup>th</sup> December	Multi agency Planning for Winter Day.
12 <sup>th</sup> - 18 <sup>th</sup> December	Stroke rehab moves to larger ward.
19 <sup>th</sup> – 24 <sup>th</sup> December	Command centre set up. Normal theatre activity. Increased discharge rounds. Close Chaucer annex in Ashford 20 beds. Close Heron annex – 5 beds.
26 <sup>th</sup> December – 1 <sup>st</sup> January	Selected theatre activity at Ashford. BMI beds for bariatric surgery. Cancer and urgent elective surgery only. Open Chaucer annex beds incrementally.
2 <sup>nd</sup> January – 15 <sup>th</sup> January	Perfect week takes place. Some elective paediatric surgery if demand. Does not impact on emergency flows.
16 <sup>th</sup> January onwards	Plan to increase volume of elective activity.