

Council of Governors

Subject:	Winter Plan 2019/2020	Date: 12 th November 2019		
Prepared By:	Simon Barton, Chief Operating Officer			
Approved By:	Simon Barton, Chief Operating Officer			
Presented By:	Richard Mitchell, CEO			
Purpose				
This paper sets out the Trust's winter capacity plan for 2019/20; this has been developed by the Clinical Divisions following an extensive winter debrief.			Approval	X
			Assurance	X
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X			X	X
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
Indicate the overall level of assurance provided by the report -		X		
Risks/Issues				
Financial	X			
Patient Impact	X			
Staff Impact	X			
Services	X			
Reputational	X			
Committees/groups where this item has been presented before				
Patient Flow Group – 23/07/2019 Trust Management Team – 24/7/19 Trust Board – 4/8/19 and 3 rd September 2019				
Executive Summary				
<p>The aim of the winter capacity plan is to ensure patients see the clinicians they need in a timely manner and there is sufficient capacity to meet demand, maintain patient safety and patient flow throughout the winter period. The key principles is to achieve a 92% bed occupancy rate on base wards</p> <p>For winter 2019/20 this will be achieved through:</p> <ul style="list-style-type: none"> • Safely avoid admissions • Safely create more capacity • Safely reduce length of stay <p>The winter capacity plan is currently based 19/20 contracted activity plan and 6% growth as a scenario. If demand exceeds this growth this will put at risk timely access for patients.</p> <p>There is a currently a physical bed plan that will alone mitigate the bed deficit at planned activity levels (safely increase bed capacity). To meet a 6% growth in demand the Mid Notts 'Drivers of demand' work will need to mitigate some of this demand along with the LOS reduction schemes identified within the plan to more efficient manage time spent in a bed.</p>				

Winter Capacity Plan 2019/20

Introduction

This paper sets out the Trust's draft winter capacity plan for 2019/20; this has been developed by the Clinical Divisions following an extensive winter debrief that visited over 35 wards, services, and departments to gain their views on what worked, what didn't, and what can be improved for the coming winter. There is much more granular feedback at ward, service, department level that individual Divisions have incorporated in their plans.

Background

The aim of the winter capacity plan is to ensure patients see the clinicians they need in a timely manner and there is sufficient capacity to meet demand, maintain patient safety and patient flow throughout the winter period. The key principle is to achieve a 92% bed occupancy rate on base wards.

For winter 2019/20 this will be achieved through the delivery of the following key objectives:

- Safely avoid admissions
- Safely create more capacity
- Safely reduce length of stay

What level of access to timely care is expected in winter 2019/20?

Using access to emergency care and elective care as a marker of what is expected this winter, the plan is to deliver the agreed trajectory with NHS Improvement.

	December	January	February	March
Accident and Emergency	90.50%	90.00%	90.50%	93.00%
Handover delays (Mins) >30	197	312	269	251
Diagnostics	99.00%	99.00%	99.00%	99.00%
RTT	90.97%	90.75%	91.17%	91.20%
52+	0	0	0	0
62 Day GP Referral	82.14%	83.70%	85.47%	85.23%

However, a further key success metric for winter will also be the level of overcrowding in the Emergency Department as we know this is associated with increased risk for patients and dissatisfaction for staff. This will be measured as usual with the 'polling' of number of patients within the ED at certain points of the day.

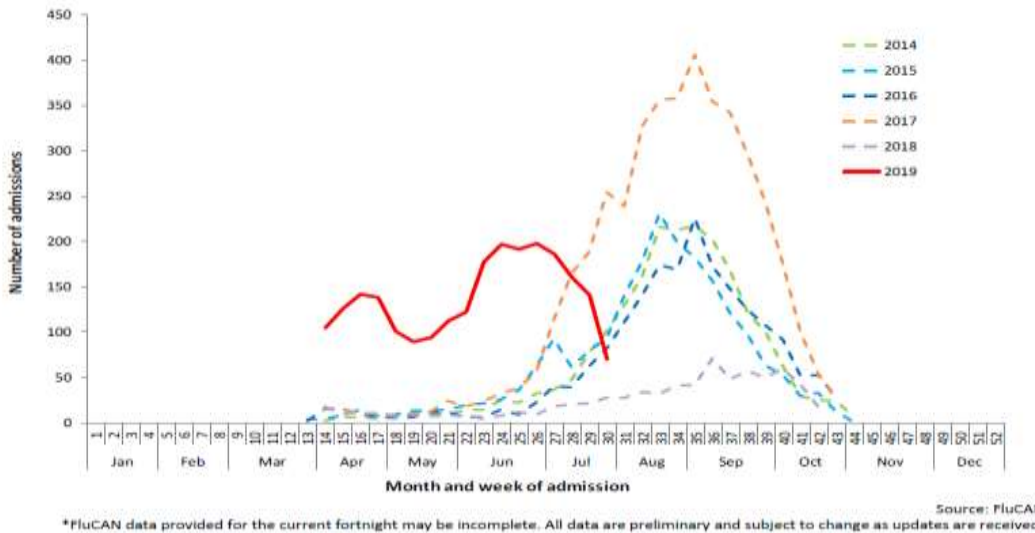
What level of demand is expected and what is forecast impact on bed capacity?

Non-elective admissions demand for the Trust year to date is currently running above plan. SFH's current forecast is that non-elective admissions will be 4% above plan at year end. It would seem prudent at this time to plan for this in the winter capacity requirement, whilst recognising that action is required across the ICP to return to plan.

There are a number of measures being taken across the ICP to try to reduce this back to planned levels including the redesign of the 'front door' admission avoidance teams, the ICP led 'drivers of demand' work that should lead to key actions that the ICP can take to mitigate demand, along with work with the ED team to reduce variation in the daily admissions.

In addition to the known growing demand, the impact of flu for winter 19/20 is current risk. Microbiology advice there is a correlation between the Australian flu season and the UK one, albeit with variation at regional level.

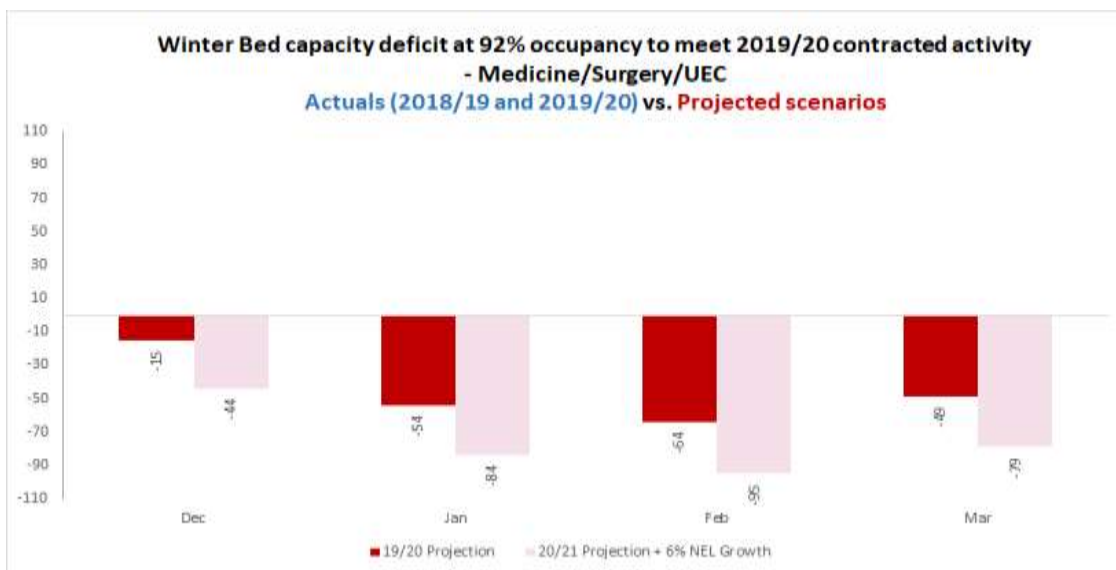
Figure 6. Number of influenza hospitalisations at sentinel hospitals, between March and October, 2014 to 2019 by month and week.*



The above shows the hospitalisations for flu in Australia up to the end of June compared to previous years (source: Australian DH). The flu is showing a different trend so far to previous years with earlier levels of hospitalisations and we will have to assess further as the season progresses, but this remains a risk to demand as in previous winters.

What impact will the forecast level of demand have on the bed deficit at 92% occupancy?

The chart below shows the bed deficit in meeting the contracted activity and +6% for the winter period at 92% occupancy, unadjusted for the winter capacity plan. The Trust has c.600 beds.



Winter capacity plan to address this bed deficit

As described earlier, for winter 2019/20 the management of the bed deficit will be achieved through the delivery of the following key objectives:

- Safely avoid admissions
- Safely create more capacity
- Safely reduce length of stay

Safely avoid admissions

The table below shows the key schemes that will be taken by SFH to safely avoid admissions during the winter period. This builds upon the positive work already being undertaken by the Trust with regard to admission avoidance, particularly the work to ensure that 30% of admissions are dealt with as same day emergency care through the ambulatory care unit.

Safely avoid admissions			
Scheme	Bed Impact (where relevant)	Start date	End date
		ED consultant on a Saturday and Sunday 11am to 7pm	
Acute consultant Tues - Friday extended shifts		01/12/2019	31/03/2020
Additional Middle Grade to ED 7 days per week		01/12/2019	31/03/2020
EAU mid shift RN 7 days a week		01/12/2019	31/03/2020
Extend AECU junior Dr cover		01/12/2019	31/03/2020
ED RN & HCA on Sunday/Monday - days and nights		01/12/2019	31/03/2020
Flu testing		01/12/2019	31/03/2020
High Volume Service Users			
Children's Assessment Unit			

In addition to these schemes the AEDB and ICP Boards have agreed for the following action to be taken to reduce demand on the emergency department as part of the 'Drivers of Demand' work, including:

- Improvements in the streaming of patients from KMH ED to PC24
- Implementation of the IRRS model to reduce admissions within ED
- A review of the directory of services for NHS 111
- A review of community services support to GP first contact and the capacity of this
- Increased intervention for patients requiring drug and alcohol support
- A detailed outcome audit of ambulance conveyance to KMH ED

Safely create more capacity

This work focusses on creating additional SFH bed capacity across the system to meet the expected additional demand for medical admissions. At the height of winter it will create 58 additional beds (66 Mon-Weds) for additional medical admissions. It is felt that this is maximum number of additional beds that can be opened in terms of workforce constraints.

Safely Create more capacity

Scheme	Additional Bed Impact (where relevant)	Start date	End date
Transfer to assess home support to complex medically fit patients	20	01/11/2019	31/03/2020
Winter Medical ward (12 beds with flex to 18 Mon-Weds)	12	01/12/2019	31/03/2020
Ward 21	8	01/01/2020	01/03/2020
Ward 31/32 outlier capacity		01/12/2019	31/03/2020
Additional medical staffing support		01/12/2019	31/03/2020
Ward 14 (for surgical female patients)	10	01/12/2019	31/03/2020
Sconce ward	8	01/12/2019	31/03/2020
Day case unit at weekends		01/12/2019	31/03/2020
Children's ward surge capacity		01/11/2019	31/12/2019
Equipment			

Safely reduce length of stay

SFH has been successful in the continued reduction of length of stay for patients admitted to its hospitals. Continuing this will be critical in ensuring patients aren't delayed getting to the clinicians they need to see this winter. There are a number of schemes that will look to support this (listed below) such the provision of community IV service and additional support for care packages, as well as additional capacity for the discharge team.

Crucially, there will also be a process of reminding wards of the key policies and processes for escalation to ensure that patients aren't delayed due to internal delays or due to lack of clarity.

Safely reduce LOS

Scheme	Bed Impact (where relevant)	Start date	End date
IDAT - Additional capacity		01/12/2019	31/03/2020
Top up & Bridging of POC services		01/12/2019	31/03/2020
Pneumonia Nurse Specialist		01/12/2019	31/03/2020
Earlier phlebotomy		01/12/2019	31/03/2020
OPAT IV Home Therapy team		01/12/2019	31/03/2020
Transport & Transport co-ordinator		01/09/2019	31/03/2020
7 day therapy service EAU & SSU			

These schemes will have a 'bed equivalent' impact, supporting patients in the community and reducing the bed requirement time.

In addition to these schemes additional management and leadership support will be put in to ensure that the winter is well led and we have an operational grip on the best utilisation of capacity to manage demand.

Costs and staffing

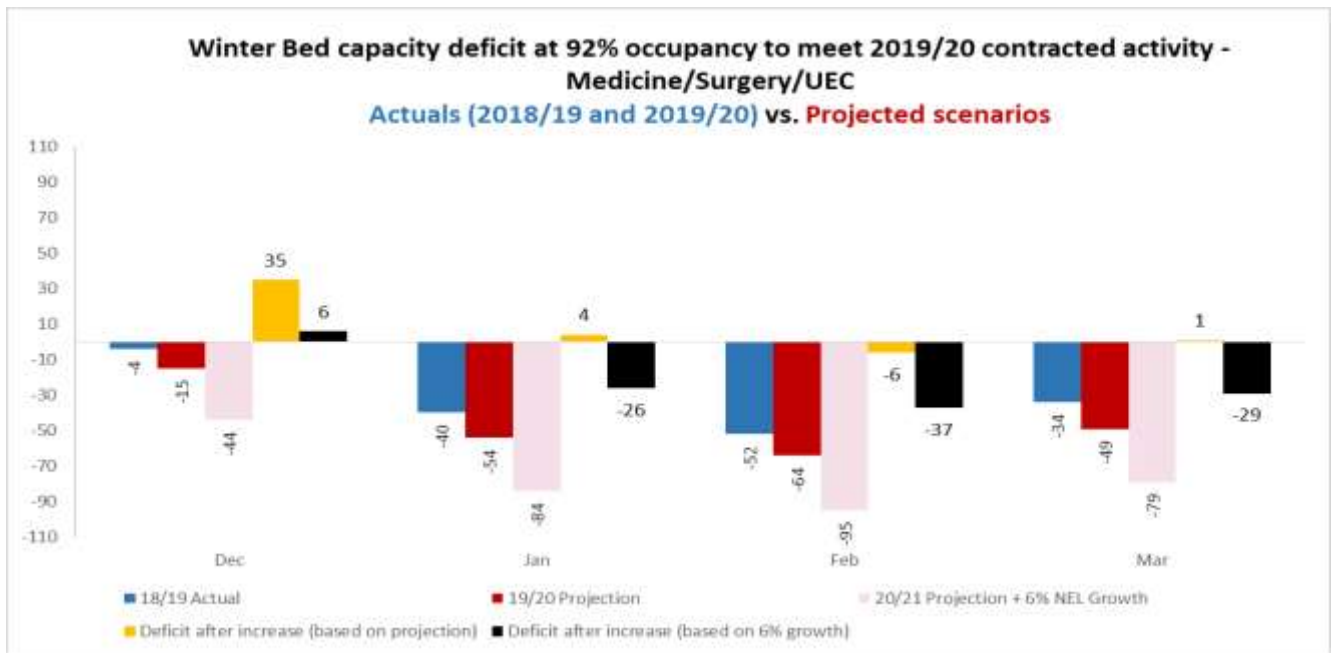
These schemes represent a £2.4m investment into winter by SFH, but this is crucial to yield a safe winter for patients and ensure that colleagues are being supported to provide the best care they can.

The Divisions have detailed staffing plans that show the WTE required for each scheme and this will be tracked through the Patient Flow Group, the Trusts Management team, and then will be reported to Board of Directors monthly as part of the SOF performance report in the run up to December to provide assurance that the plan is on track for delivery.

Forecast impact of the plan

Edge health has refined the bed modelling for winter. Following the implementation of this plan, the adjusted bed position would be as shown in the below chart which shows the bed deficit for each of the main winter months if activity is at predicted levels. The ‘safely increasing capacity’ element of the winter plan would alone largely mitigate this bed deficit in this scenario (orange bar).

A 6% scenario has also been looked which would see a much higher level of activity. In this scenario there would still be a bed deficit of around a wards worth of activity. This would be mitigated by the work on the ‘Drivers of demand’ and other schemes internal and external to the Trust that will more efficiently reduce LOS, thereby reducing the demand for beds. Most of these schemes are within the ‘Safely Reducing LOS’ elements of the plan and work is being undertaken to quantify the actual bed impact of these schemes.



Risks

There continue to be a number of risks to the delivery of the plan that require mitigation, where possible.

- Staffing is the most concerning risk in terms of the required number of Nurses, Drs and AHPs to safely staff this plan. A detailed staffing plan has been developed by all Divisions and progress will be reported to Board of Directors monthly as part of the SOF performance report in the run up to December to provide assurance that the plan is on track for delivery.

- Demand forecast fluctuations are a risk
- The winter plans of partners are due to be presented by each member of the Integrated Care Provider at the AEDB on 4th September so whilst work is underway the full plans will be clearer then.

Next steps

- Detailed communication of the plan throughout the organisation
- Continued refinement of the scheme costs, although the winter reserve will only fund costs where spent
- The operational delivery of the plan starts immediately via the Patient Flow Group and the Trust Management team

Simon Barton
Chief Operating Officer
August 2019