

**Public Board of Directors**

**All reports MUST have a cover sheet**

<b>Subject:</b>	Winter Plan 2019/2020 – update on progress		<b>Date:</b> 28 <sup>th</sup> November 2019	
<b>Prepared By:</b>	Lisa Gowan, General Manager			
<b>Approved By:</b>	Simon Barton, Chief Operating Officer			
<b>Presented By:</b>	Simon Barton, Chief Operating Officer			
<b>Purpose</b>				
This paper sets out the progress made in the delivery of the Trust's winter capacity plan for 2019/20; it builds on the agreed papers to Board in August and November			<b>Approval</b>	X
			<b>Assurance</b>	X
			<b>Update</b>	
			<b>Consider</b>	
<b>Strategic Objectives</b>				
<b>To provide outstanding care</b>	<b>To promote and support health and wellbeing</b>	<b>To maximise the potential of our workforce</b>	<b>To continuously learn and improve</b>	<b>To achieve better value</b>
X			X	X
<b>Overall Level of Assurance</b>				
	<b>Significant</b>	<b>Sufficient</b>	<b>Limited</b>	<b>None</b>
Indicate the overall level of assurance provided by the report -		X		
<b>Risks/Issues</b>				
<b>Financial</b>	X			
<b>Patient Impact</b>	X			
<b>Staff Impact</b>	X			
<b>Services</b>	X			
<b>Reputational</b>	X			
<b>Committees/groups where this item has been presented before</b>				
Patient Flow Group – 26/11/19 Trust Management Team – 27/11/19				
<b>Executive Summary</b>				
<p>This is a further updated on the winter plan that Board has received updates on in the past 3 months. the aim of the winter capacity plan is to ensure patients see the clinicians they need in a timely manner along with reducing overcrowding in the Emergency Department. This will be achieved by ensuring 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.</p> <p>For winter 2019/20 this will be achieved through:</p> <ul style="list-style-type: none"> <li>• Safely avoid admissions</li> <li>• Safely create more capacity</li> <li>• Safely reduce length of stay</li> </ul> <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. 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 along with the LOS reduction will also need to deliver capacity and reduce demand.</p>				

**Winter Capacity Plan 2019/20**

**Objective**

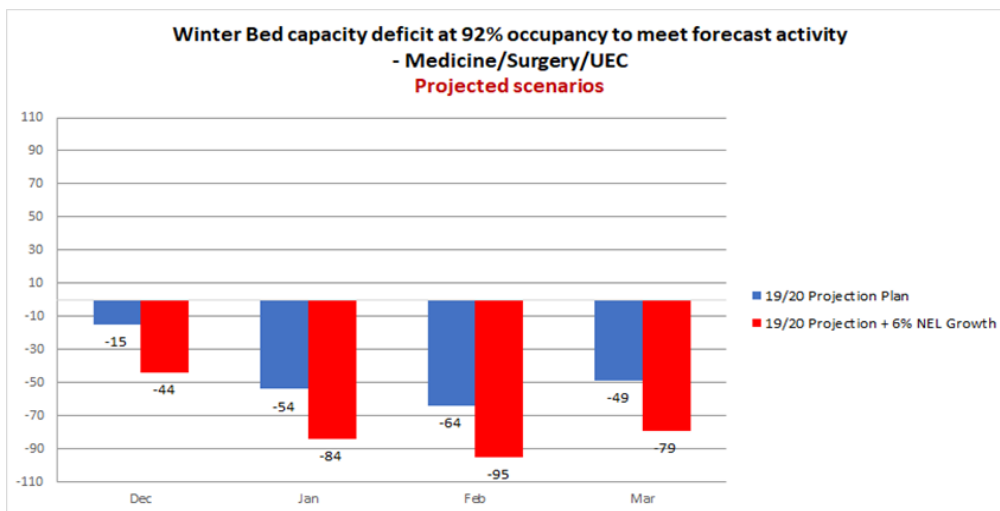
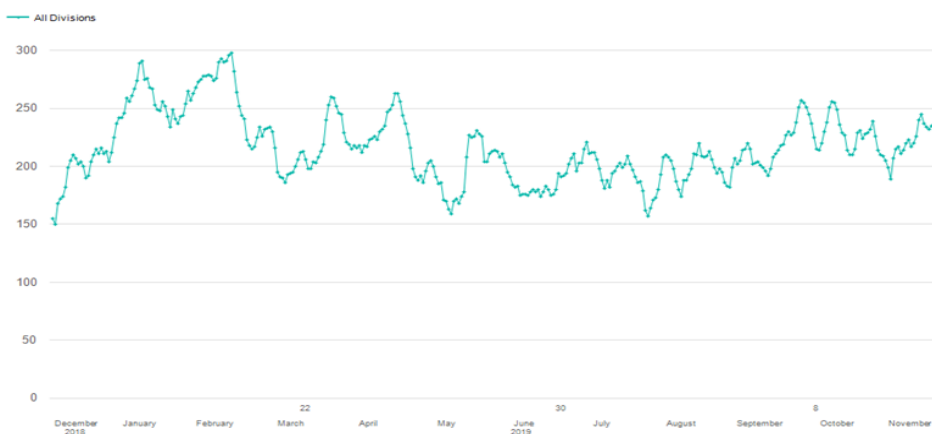
As a reminder, the aim of the winter capacity plan is to ensure patients see the clinicians they need in a timely manner along with reducing overcrowding in the Emergency Department. This will be achieved by ensuring there is sufficient capacity to meet demand, maintain patient safety and patient flow throughout the winter period. The key principle is to achieve a 92% bed occupancy rate on base wards.

**Demand and Acuity increases in winter**

During winter demand is expected to continue to rise (6% scenario for winter plan) and acuity increases leading to patients having a longer stay. This is show in figures 1 & 2.

A 6% scenario has also been looked which would see a much higher level of activity than the activity plan. 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.

Adult patients with Early Warning Score (NEWS 2) of 4 or more



## The plan and progress

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

The RAG rating of each scheme is based on the following:

Recruited to plan < 75%	Recruited to plan between 75% - 90%	Recruited to plan > 90%
-------------------------	-------------------------------------	-------------------------

### 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	Delivery RAG
				rating
ED consultant on a Saturday and Sunday 11am to 7pm		01/09/2019	31/03/2020	Green
Acute consultant Tues - Friday extended shifts		01/12/2019	31/03/2020	Amber
EAU mid shift RN 7 days a week		01/12/2019	31/03/2020	Green
Extend AECU junior Dr cover		01/12/2019	31/03/2020	Amber
ED RN & HCA on Sunday/Monday - days and nights		01/12/2019	31/03/2020	Green
Flu testing		01/12/2019	31/03/2020	Green
High Volume Service Users				Green
Children's Assessment Unit				Green

The progress on the implementation of these schemes is going well and it is expected that all scheme will start on time.

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 was expected to create 59 additional beds for additional medical admissions and increased acuity. It is felt that this is maximum number of additional beds that can be opened in terms of workforce constraints.

Progress is being made on the plans for the SFH element extra staffing for these beds, however given the tight and competing workforce supply this is an on-going process and will continue to be so during winter.

Safely Create more capacity				
Scheme	Additional Bed Impact (where relevant)	Start date	End date	RAG rating
Ashmere home support to complex MF complex discharges	26	01/11/2019	31/03/2020	Green
Winter Medical ward (12 beds with flex to 18 Mon-Weds) on Ward 33	12	01/12/2019	31/03/2020	Scheme Halted
Additional capacity on ward 53/54	7	01/12/2019	31/03/2020	Green
Ward 21 Nursing		01/01/2020	01/03/2020	Amber
Ward 21 Medical Cover	8	01/01/2020	01/03/2020	Red
Ward 31/32 outlier capacity Nursing		01/12/2019	31/03/2020	Green
Ward 31/32 outlier capacity Medical cover		01/12/2019	31/03/2020	Green
Out of hours additional medical staffing support		01/12/2019	31/03/2020	Amber
Ward 14 (for surgical female patients)	10	01/12/2019	31/03/2020	Green
Sconce ward	8	01/12/2019	31/03/2020	Green
Day case unit at weekends		01/12/2019	31/03/2020	Green
Children's ward surge capacity		01/11/2019	31/12/2019	Green
Equipment				Green

Some of this bed capacity has actually now opened during November given the pressures across SFH and the wider NHS seen in November. This includes the 10 beds on Ward 14 and 10 beds at Ashmere homes.

The residual bed capacity set to open is forecast to open on time. There are some risks associated with the medical cover to Ward 21, due to open on 2/1/2020 that the Division of Medicine are currently working on mitigating and are expected to be mitigated. As are there some risks with regard to the registrar cover that a plan is also being developed for in mitigation.

### 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	RAG rating
IDAT - Additional capacity		01/12/2019	31/03/2020	Amber
Top up & Bridging of POC services		01/12/2019	31/03/2020	Green
Pneumonia Nurse Specialist		01/12/2019	31/03/2020	Green
Earlier phlebotomy		01/12/2019	31/03/2020	Green
OPAT IV Home Therapy team		01/12/2019	31/03/2020	Green
Transport & Transport co-ordinator		01/09/2019	31/03/2020	Green
7 day therapy service				Amber

These schemes will have a 'bed equivalent' impact, supporting patients in the community and reducing the bed requirement time. All schemes are currently on track to be implemented on 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.

### **Forecast impact**

The bed deficit at 6% growth in admissions above plan is expected to be between 44-95 beds for the winter period, varying by month. There is a bed growth capacity plan that will be delivered of 59 beds. The residual bed deficit is expected to be delivered by other elements of the plan, particularly around reducing LOS. However, this remains a risk and is less tangible than additional bed capacity.

If the gap isn't bridged, occupancy will rise. Ultimately this will lead to overcrowding in the Emergency Department and non-delivery of the NHSI/E trajectory for access for this period.

### **System partners winter plans**

A winter pulse check was submitted to NHSE/I in late October. Within this the system has to quantify the number of beds being opened and support provided by partners. Some of the capacity that has been committed to by partners includes:

- Nottinghamshire County Council – a plan to support 10 extra patients per week over the winter period
- Nottinghamshire Healthcare Trust – Call for Care will accept a further 576 calls and respond to a 460 from October 2019 to March 2020 (19 per week). CURRT to accept a further 109 patients during this period (4-5 per week)
- Primary Care in Mid-Notts – extended GP hubs access capacity has been commissioned over the Christmas/New Year period.

A winter agreement has been sent to all A&E Delivery Boards by Pauline Phillip, the National Director for Emergency and Elective Care that highlights and quantifies the capacity that all partners will be delivering this winter, along with what they will be doing to support each other. This is expected to go to the AEDB on 6<sup>th</sup> December for sign off and submission.

### **Risks**

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

- Risks yet to be mitigated on some schemes, notably associated with medical staffing.
- Demand forecast fluctuations remain a risk that the system is attempting to mitigate through the Drivers of Demand work
- The extent of the capacity required from the delivery of winter plans of partners remains a risk and is being managed via A&E Delivery Board