

Report to:	Public Board of Directors	Agenda item:	16
Date of Meeting:	26 September 2018		

Title of Report:	Summary of Winter Plan 2018/19
Status:	For Approval
<b>Board Sponsor:</b>	Francesca Thompson, Chief Operating Officer
Author:	Claire Croxton, Deputy Divisional Manager, Medicine
Appendices	None

## 1. Purpose of Report (Including link to objectives)

To update the Board of Directors on the 2018/19 of the RUH winter plan and how they link with the National winter planning priorities.

The document attached is a high level summary of the full Winter plan which has been approved at Management Board.

#### 2. Summary of Key Issues for Discussion

Lessons learnt from 17/18 have been incorporated into this year's winter plan, including the designation of an operational lead director, the deputy COO.

Following an RNHRD staff story at a recent Board of Directors, there is a revised approach to the mobilisation of therapists during the winter months.

The RUH AEDB is approving the system wide plan, led by BaNES CCG and includes the RUH actions as identified within this summary paper

#### 3. | Recommendations (Note, Approve, Discuss etc)

The Board is asked to note the new initiatives for 2018/19 and approve the summary of the winter plan, noting the risks to delivery.

### 4. Standards for Better Health (which apply)

#### 5. Legal / Regulatory Implications (NHSLA / ALE etc)

Trust Winter plan required by NHS Improvement & NHS England.

#### 6. Risk (Threats or opportunities link to risk on register etc)

Please see column 'risks to delivery' within the Winter plan summary.

### 7. Resources Implications (Financial / staffing)

- Substantive funding required for Emergency Department Flow Co-ordinator will be covered by underspend within other staffing resource
- Business case for additional medical staffing at weekends within Emergency Department – case to be approved within the Medicine Division
- SAU Refurbishment capital funding has been identified
- Electronic Capacity Management System business case approved in September 2018

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# 8. Equality and Diversity

All services are delivered in line with the Trust's Equality and Diversity Policy.

### 9. Communication

Internal communications will be required sharing updates of the winter plan such as Flu Planning and severe weather.

## 10. References to previous reports

2017/18 winter plan

# 11. Freedom of Information

Public.

				5 Nationa		ning Priorities					
Winter Plan Focus	Summary	Lead Division	+21 days	Reduced DTOC	Decision Makers	Ambulance Handovers	7 Day Working	New initiative	Comments	Impact H/M/L	Risks to Delivery
	ED Flow Co-ordinator roles implemented	Medicine							Pilot currently; JD being reviewed	Low	
	Patient flow in ED incorporated into updated Escalation Policy	Medicine							Maximum Capacity Policy and Minors SOP for	High	Escalation response, to support managemen
	,							l	ED being implemented from Sept 2018		of SOP to be confirmed by Divisional Teams
	FirstNet system optimisation group implemented	Medicine						Yes	Executive leadership	High	Delays in IT changes being implemented
	On-site support being provided from ECIP	Medicine						Yes	·	Medium	
	Modelling review of ED Observation Unit - Fit 2 Sit	Medicine						Yes	Awaiting reclining chairs	Medium	Gender compliance raised by CQC
A saidant O	Focus on non-admitted pathways within ED	Medicine						Yes	Minors Standing Operating Procedure being implemented from Sept 2018	Medium	
Accident & Emergency	Criteria-led discharge protocols within ED & Observation Unit	Medicine								Medium	
	Business case for increase in medical staffing at weekends	Medicine						Yes		High	Additional funding required
	SWAST review of +15 mins ambulance handovers	Medicine						Yes	Meeting in September with RUH & SWASFT	Low	Inaccurate data from SWASFT (June 2018)
	Pre-arrival screens for ambulance arrivals in place	Medicine								Medium	
	Focus on ensuring handover processes efficient	Medicine							Sustain position of 98% of handovers completed within 30mins	Low	Effective implementation of the ED Maximum Capacity Policy
	Process in place for requesting HALO	Medicine								Low	
	Co-located UTC managed by RUH with BEMS	Medicine						Yes	RUH & BEMS new service provider	Medium	GP fill rates
	Band 7 clinicians undertaking streaming	Medicine						Yes	ED & UTC band 7 practitioners streaming	High	
rimary Care &	Improve GP shift cover	Medicine						Yes	Ongoing recruitment issues	High	Indemnity payments, Medvivo paying enhanced rates
UTC	Referral directly from UTC into secondary services	Medicine						Yes		Medium	
	Clinical pathway redesign work underway	Medicine						Yes		Medium	
	Partnership work with co-located OOHs service	Medicine						Yes		Medium	
Vulnerable	7 day Mental Health Liaison Team until midnight	Corporate								Medium	
Patients	Developing Health & Independence Team in place	External						Yes	Providing support for homeless patients	Medium	
	Part of formal Critical Care Network	Surgery								Medium	
Critical Care Services	Trauma Unit status working with the Major Trauma Centre	Medicine								Medium	
	Pilot 7 day rehabilitation model in therapies	Surgery								Low	
	Consultant cover on MAU (M-F 08:00 - 19:00)	Medicine							New rota in place from Sept 2018	High	Consultant recruitment
	All GP calls received by senior clinicians in Amb Care	Medicine								High	
	7 day Medical Nurse Practitioner cover 08:00 - 20:00	Medicine								Medium	
Acuto	Advanced Respiratory Physio on MAU in post	Medicine						Yes		Medium	
Acute Medicine & Amb Care	Two additional consulting rooms opening	Medicine						Yes	Rooms opening Sept 2018, to support with Ambulatory Care, GP expected and Frailty	High	
	Daily front door huddles in place 7 days p week at 08:00 & 15:00	Medicine						Yes		Medium	
	Redesign of MAU area B - PDSA cycle commencing	Medicine						Yes	PDSA cycles due to commence Sept/Oct	High	Senior clinical input, weekend model
	Protection of SAU to allow ESAC to function & support direct admits	Surgery						Yes	Protection has been in place since May 2018	High	
	All GP calls received by Surgical Nurse Practitioner	Surgery								High	
	Pilot of GP expected T&O ambulant patients to go direct to SAU	Surgery						Yes	Pilot commenced in Sept 2018	High	Staffing levels on SAU, SAU redevelopment
	Similar plan being developed for ENT patients	Surgery						Yes	Microscope on order	Medium	
	SAU refurbishment commencing in 2019	Surgery						Yes	Temporary ward arrangements in place	High	Capital funding
Paeds	Paediatric Demand Management service in place (M-F 09:00 - 17:00)	Women & Childrens						Yes	Joint working with SWASFT	Medium	
	Childrens ward proative pull of paed emergency admissions	Women &								Low	
	Stroke patients directly admitted to Acute Stroke Unit	Medicine							Affects SSNAP and Best Practice Tariff	High	Bed availability on ASU
	Stroke service provides 7 day ward rounds & 7 day TIA service	Medicine							Affects SSNAP and Best Practice Tariff	High	
Specialist	Increase in MNP resource to provide cover 08:00 - 00:00, 7 days p week	Medicine						Yes	Cover for front door and ward	High	
Emergency Admissions	Fractured necks of femur patients directly admitted to Orthopaedic Trauma ward	Surgery							Affects Best Practice Tariff	High	

	Home First consent with a second of TOO	Currer -	1	<u> </u>	V	Τ	NA = -1:	Γ
	Home First opportunities maximised for T&O patients  Proactive pull from ED for Gynaecology related emergencies	Surgery Women &			Yes		Medium Medium	
	Two additional MNPs for Haematology & Oncology	Medicine			Yes	Cover for front door and ward	High	
	Frailty Flying Squad in place 08:00 - 20:00, 7 days p week	Medicine			Yes	7 days p week from Sept 2018	High	
Frailty	Fast log onto the First Net IT system in ED	Corporate			Yes		Medium	
•	Pilot providing MNP working across Nursing & Residential Homes in B&NES	Medicine			Yes	Pilot working with two Homes in B&NES	Medium	Limited resource
RNHRD	Violet Prince ward will provide 14 escalation beds for two week Christmas & NY period	Medicine					Medium	
KNHKD	Therapy teams to support planned 5x Super Discharge weeks for VP patients.	Medicine			Yes		Medium	
	Medical take model will be changed, enabling a senior	Medicine			Yes	Due to commence in Q4	High	Clinical input, change to job plans
	decision maker (consultant) to be present on MAU until 21:00, 7 days per week							
	Implementation of Clinical Criteria for Discharge	Med/Surg/ W&C			Yes	Increase the number of discharges at the weekend	Medium	
	Dashboard monitoring with regards to length of stay	Medicine			Yes	Triumverate ownership	Medium	
	Clear process around management of patients on outlying	Medicine				·	High	
	ward areas							
Senior	All patients to be aware of the '4 questions'	Corporate			Yes	Promoted via HF, IDS, Twice monthly +21 day panels	Medium	
Decision	EDD agreed for all Delayed Transfers of Care	Corporate					Medium	
Makers	Daily tactical flow process in place across Medicine & Surgery	Medicine &			Yes	Identification of patients being discharged	Medium	Not all medical wards contributing
		Surgery				next day, diagnostic delays, specialist r/vs		
	Implementation of twice monthly Super Stranded Panel audit with system partners	Corporate			Yes	Representation from community providers, IDS, matrons, therapies	High	
	Senior CCG staff identified to support unblocking delays inc. weekly escalation calls/meetings	External			Yes		High	
	Discharge pathways collated on Millennium	All Divisions			Yes	Weekly monitoring of input at ward level	High	
	Daily bed planning reporting and/or meetings held 07:00, 09:00, 13:00 & 16:00	Corporate					High	
	Divisional Specialty Managers to attend in OPEL 3 & 4 as well as Divisional Manager in OPEL 4	Med/Surg/ W&C					High	
	Critical Care representative at each meeting	Surgery					High	
	7 day Matron cover in place with Matron on-site at weekends	Med/Surg/				Consultation with regards to cover for Bank	High	
Site	from 08:00 - 16:00 before handing to on-call manager	W&C				Holiday provision to be undertaken		
Management	overnight							
Wanagement	Matron on site until 20:00 M-F to add support and guidance around staffing levels	Med/Surg/ W&C					High	
	Collection of daily discharge data against each wards agreed 'Right Patient Right Bed Ambition'	Corporate				Commencing in Sept 2018, data being collected daily by Site Team	High	
	Electronic Capacity Management System	Corporate			Yes	Full project in place Dec 2018, Go-Live to commence Feb 2019	High	Complex change management project requiring detailed process mapping and training across the Trust
	Trust Escalation Policy to align with OPEL escalation status levels plus implementation of ED Maximum Capacity Policy	Corporate			Yes	Maximum Capacity Policy and Minors SOP for Emergency Department being implemented		Due to the triggers in the Policy, additional pressure may be placed on specialty teams
	and an ED Minors SOP					from Sept 2018	1	and assessment areas
	A Clinically Led Full Hospital Protocol.	Corporate			Yes	First full winter of Protocol being in place	High	Nursing levels on wards
	Protection of SAU to allow ESAC to function & support direct admits	Surgery			Yes	Protection has been in place since May 2018	High	
	Pierce Annex (8 beds) added to Escalation Policy	Surgery			Yes	Eye Unit removed from Policy	High	
Escalation	Trust escalation status updated four times a day	Corporate					High	
Policy	Support services have planned and reactive actions	Med/Surg/					High	
. 01104		W&C						
	Internal resilience testing including internal significant incident planned	Corporate					High	
	Partake in regional mass casualty resilience exercise	Corporate			Yes	Exercise taking place on 19th Sept 2018	Medium	
	Strategic Leadership Training for on-call managers & directors	Corporate			Yes	Training commencing October 2018	Medium	
	SOP inplemented for system-wide escalation calls, training for staff ahead of winter	Corporate			Yes		Medium	
	Block booking of agency staff in place	Med/Surg/			Yes		High	Unable to fill all shifts, high spend
	1	W&C						

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	Therapy weekend cover and on-call rotas in place	Medicine						Medium	
	Radiology weekend service	Medicine						High	
Staffing	ED Consultant rota to provide a higher weighting of clinical sessions during peak times	Medicine				Yes	Rota being reviewed for Q3 & Q4	High	
	Expansion of Home First capacity with 10 RSWs in post Sept 2018, and CCG area expansion plans approved	Corporate				Yes	CCG plans dependent on recruitment	High	CCGs unable to recruit
	Neurology MNP now in post	Medicine				Yes		Medium	
	Robust planning ahead of all holiday periods	Med/Surg/						High	
		W&C						_	
	Additional planning for pre-Christmas flow week through IDS and ward teams in therapies	Corporate				Yes		Medium	
Holiday Planning	Additional operational planning in place for October half term period and February junior doctor handover	Med/Surg/ W&C						High	
	Enchanced junior doctor cover over Bank Holidays exc. Christmas Day	Med/Surg/ W&C						High	
	Reduction in elective theatre capacity in Q4	Surgery					Increases bed base for non-elective activity	Medium	RTT achievement, income
	IDS team undertake daily review of all 21+ patients	Corporate				Yes		High	
	Establishment of daily, patient level reporting for all CCG	Corporate				Yes		Medium	
	areas and discharge pathways  Daily review by Matrons of +5 & +7 day patients	Med/Surg/				Yes		Medium	
7 day Working	Pharmacy support to optimise medicine management	W&C Women &						Medium	
	Focus continues around discharge before 10:00 and early pull	Childrens Med/Surg/				Yes	Weekly task and finish group focusing on 10	High	Small numbers of discharges identified
	from assessment areas	W&C					by 10		previous day
	Consultant in ED until midnight	Medicine						High	
	FAST transport solutions contract in place for inpatient transfers and discharge	Corporate						High	
	Work with Somerset to share performance issues	Corporate						Low	
	Continuation of CCG funding for Home First vehicles	Corporate						Medium	
Transport	Continuation of work with AGE UK to support discharge planning	Corporate						Medium	
	FAST to source 4x4 vehicles during winter period	Corporate				Yes	Learning from Winter 2017/18	Medium	
	Option with FAST to use three different types of crew - ACAs, EMT and paramedic	Corporate				Yes		Medium	
	Provision of a car service with an EMT crew is being scoped	Corporate				Yes		Medium	
	Business Continuity Plan in place to provide guidance when normal business activities have been affected by severe	Corporate						Medium	
Severe	weather for patients and staff								
Weather	If plan activated, Command & Control will follow	Corporate			-	V	Learning from Winter 2047/62	Medium	
Procedure	Co-ordination templates for accomodation and transport in place	Corporate				Yes	Learning from Winter 2017/18	Medium	
	Severe cold weather action cards being drafted	Corporate				Yes		Medium	
	Influenza Policy in place	Corporate						High	
	Flu vaccination offered to all staff from September	Corporate					Eligible patients can get vaccine at their GP	High	Lack of uptake by staff
Flu Planning	Vaccination campaign being co-ordinated by Occupational Health Team	Corporate						Medium	
	Parry ward will act as the Trust's Flu cohort ward	Medicine					Opening triggers being reviewed	High	
	Infection Prevention & Control policies in place	Corporate						High	
	Infection issues reviewed at site meetings	Corporate						Medium	
	All wards visted every morning M-F by team	Corporate						Medium	
	In an outbreak, decision making regarding cleaning brought forward so decisions known by 13:00	Corporate						High	
Infection	Outbreak meetings held twice daily M-F when there are areas closed. In addition to clinical site meetings.	Corporate						High	
Control	Infection control on-call arrangements inc. Microbiologist at weekends & BH between Oct - March	Corporate						Medium	
	Infection Control to support decision making re; isolation of patients to ED/MAU/SAU	Corporate						Medium	
	List of patients in side rooms and their infective status	Corporate						Medium	
	Rapid testing C-Diff, Norovirus & Flu	Corporate						High	
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