

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
Board Sponsor:	Francesca Thompson, Chief Operating Officer
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Appendices	None

1. Purpose of Report (Including link to objectives)
<p>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.</p> <p>The document attached is a high level summary of the full Winter plan which has been approved at Management Board.</p>

2. Summary of Key Issues for Discussion
<p>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.</p> <p>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.</p> <p>The RUH AEDB is approving the system wide plan, led by BaNES CCG and includes the RUH actions as identified within this summary paper</p>

3. Recommendations (Note, Approve, Discuss etc)
<p>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.</p>

4. Standards for Better Health (which apply)

5. Legal / Regulatory Implications (NHSLA / ALE etc)
<p>Trust Winter plan required by NHS Improvement & NHS England.</p>

6. Risk (Threats or opportunities link to risk on register etc)
<p>Please see column 'risks to delivery' within the Winter plan summary.</p>

7. Resources Implications (Financial / staffing)
<ul style="list-style-type: none"> • 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

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.	

Summary RUH Winter Plan 2018/19 inc. National Winter Planning Priorities

			5 National Winter Planning Priorities								
Winter Plan Focus	Summary	Lead Division	Reduced +21 days LOS	Reduced DTOC	Senior Decision Makers	Ambulance Handovers	7 Day Working	New initiative for 18/19	Comments	Impact H/M/L	Risks to Delivery
Accident & Emergency	ED Flow Co-ordinator roles implemented	Medicine							Pilot currently; JD being reviewed	Low	
	Patient flow in ED incorporated into updated Escalation Policy	Medicine						Yes	Maximum Capacity Policy and Minors SOP for ED being implemented from Sept 2018	High	Escalation response, to support management 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
	Focus on non-admitted pathways within ED	Medicine						Yes	Minors Standing Operating Procedure being implemented from Sept 2018	Medium	
	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	
Primary Care & UTC	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	
	Improve GP shift cover	Medicine						Yes	Ongoing recruitment issues	High	Indemnity payments, Medvivo paying enhanced rates
	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 Patients	7 day Mental Health Liaison Team until midnight	Corporate								Medium	
	Developing Health & Independence Team in place	External						Yes	Providing support for homeless patients	Medium	
Critical Care Services	Part of formal Critical Care Network	Surgery								Medium	
	Trauma Unit status working with the Major Trauma Centre	Medicine								Medium	
	Pilot 7 day rehabilitation model in therapies	Surgery								Low	
Acute Medicine & Amb Care	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	
	Advanced Respiratory Physio on MAU in post	Medicine						Yes		Medium	
	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
SAU	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 proactive pull of paed emergency admissions	Women &								Low	
Specialist Emergency Admissions	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	
	Increase in MNP resource to provide cover 08:00 - 00:00, 7 days p week	Medicine						Yes	Cover for front door and ward	High	
	Fractured necks of femur patients directly admitted to Orthopaedic Trauma ward	Surgery							Affects Best Practice Tariff	High	

	Home First opportunities maximised for T&O patients	Surgery						Yes		Medium	
	Proactive pull from ED for Gynaecology related emergencies	Women &								Medium	
	Two additional MNPs for Haematology & Oncology	Medicine						Yes	Cover for front door and ward	High	
Frailty	Frailty Flying Squad in place 08:00 - 20:00, 7 days p week	Medicine						Yes	7 days p week from Sept 2018	High	
	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	
	Therapy teams to support planned 5x Super Discharge weeks for VP patients.	Medicine						Yes		Medium	
Senior Decision Makers	Medical take model will be changed, enabling a senior decision maker (consultant) to be present on MAU until 21:00, 7 days per week	Medicine						Yes	Due to commence in Q4	High	Clinical input, change to job plans
	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 ward areas	Medicine								High	
	All patients to be aware of the '4 questions'	Corporate						Yes	Promoted via HF, IDS, Twice monthly +21 day panels	Medium	
	EDD agreed for all Delayed Transfers of Care	Corporate								Medium	
	Daily tactical flow process in place across Medicine & Surgery	Medicine & Surgery						Yes	Identification of patients being discharged next day, diagnostic delays, specialist r/vs	Medium	Not all medical wards contributing
	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	
Site Management	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 from 08:00 - 16:00 before handing to on-call manager overnight	Med/Surg/W&C							Consultation with regards to cover for Bank Holiday provision to be undertaken	High	
	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
Escalation Policy	Trust Escalation Policy to align with OPEL escalation status levels plus implementation of ED Maximum Capacity Policy and an ED Minors SOP	Corporate						Yes	Maximum Capacity Policy and Minors SOP for Emergency Department being implemented from Sept 2018	High	Due to the triggers in the Policy, additional pressure may be placed on specialty teams 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	
	Trust escalation status updated four times a day	Corporate								High	
	Support services have planned and reactive actions	Med/Surg/W&C								High	
	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 implemented for system-wide escalation calls, training for staff ahead of winter	Corporate						Yes		Medium	
	Block booking of agency staff in place	Med/Surg/W&C						Yes		High	Unable to fill all shifts, high spend

[illegible]