HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
5 NOVEMBER 2018	PUBLIC REPORT

Report of:	North West Anglia NHS Foundation Trust	
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PREPARATIONS FOR WINTER 2018/19 IN OUR HOSPITAL

RECOMMENDATIONS
It is recommended that the Health Scrutiny Committee note the preparations for winter being made at Peterborough City Hospital, in conjunction with its local health system partners in primary care, mental health, community services and adult social care services.

1. ORIGIN OF REPORT

1.1 At the 17 September 2018 meeting of the Health Scrutiny Committee, the Trust was asked to provide a report on its preparations for the winter 2018/19 to assure it could meet the expected increase in demand for services.

2. PURPOSE AND REASON FOR REPORT

2.1 This briefing paper concerns winter planning arrangements for winter 2018/19 being taken forward by North West Anglia NHS Foundation Trust, working closely in collaboration with wider statutory system partners in Cambridgeshire, Peterborough and South Lincolnshire. These system partners meet each month at the A&E Local Delivery Board, chaired by the Trust Chief Executive. This paper covers the work to date, our learning from winter 2017/18, risks, hospital occupancy reduction plans, the Trust internal winter management and enhancement schemes, and provides an overview of governance and assurance arrangements.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Public Health and Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

System joint work to date

The North Alliance and South Alliance systems, which were created under the System Transformation Plan in order to better target delivery of care to patients, each produced written reflections on winter 2017/18. These informed an NHS England-sponsored regional event held on 26 April where public health analysis of the impact was shared, along with the East of England Ambulance Service Trust (EEAST) presentations on the experience of the ambulance service. This event was attended by representatives from Cambs and Peterborough CCG (C&PCCG), Cambridge University Hospitals NHS Foundation Trust (CUHFT), Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), Herts Urgent Care (HUC), Social Care and our Trust (NWAngliaFT). Together, we reflected and identified a number of key themes for our Winter Planning.

The Cambridgeshire and Peterborough system started meeting in June to develop the winter / peak pressures plan. The two main A&E Delivery Boards (from the North and South Alliance

groups) are overseeing the process, and have dedicated time to discussing preparations for winter. In addition, each individual organisation is developing its internal preparations for winter schemes and respective executives will be accountable for ensuring planned preparations remain on track.

Learning from 2017/18: Key Themes

Through the learning process described above, a number of key themes stand out as follows:

1. We admit 7 days a week and discharge patients 5 days a week: primary and community services need to be stronger over weekends, and discharge processes need to continue over weekends to avoid saturation within the Acute Sector on Mondays and Tuesdays.

2. We planned well for Festive/Bank Holidays and cold weather, but did not cope so well with the aftermath e.g. late surge in urgent referrals on Tuesdays, surge in respiratory patients after extreme cold snap.

3. We put a lot of effort into managing Delayed Transfers of Care, but need to get 'upstream' to address patients with longer lengths of stay (also known as 'stranded' patients); patients who are medically fit for discharge (MFFD); and rapid turnaround of frail older patients within 24-48 hours before they de-condition or home support arrangements become harder to re-start (all these contribute to reduced length of stay).

4. We purchased additional independent sector bed capacity at short notice with a financial premium: instead we need a joint planned approach with Local Authority colleagues, and clearer clinical oversight for patients.

5. We relied on whole system conference calls as the default escalation – this was not always a good use of our professional time – calls with fewer but most senior people on line working to a clear purpose would be more productive.

The above issues are compounded by well-known systemic problems which result in a lack of service capacity relative to demand:

- Widespread workforce gaps leading to reliance upon agency, bank and overtime
- Impact of population growth and ageing demographic resulting in higher service use, and greater acuity emergency admissions
- National outlier for level of DTOCs across Cambridgeshire and Peterborough
- Supply shortages for domiciliary care and care home places
- Service inconsistency and fragmentation/lack of integrated joint working
- Whole system is financially challenged.

What will be different for 2018/19

To improve, as a System we needed to address both our processes and our behaviours:

- **Anticipating Demand Surges:** Be better prepared for extreme cold events (and possibly another extended winter) with associated peaks in respiratory and other illnesses approx 1-2 weeks after the event. This means local providers flexing their staffing and other capacity (for example, the balance between planned and unplanned work) in anticipation of the peaks. In planning terms, it means running 'what if' scenarios. Similarly, anticipating and planning for post Bank Holiday impacts.

- **Changing Behaviours:** Be mindful of individual and organisational behaviours/cultures at times of peak pressure. We recognise our tendency to re-trench into organisations, instead of both seeking and offering support for partners. The regional HR directors attended a winter planning event on 14 August 2018 which focused on learning from winter, in particular behaviours across organisational boundaries.

- **System Escalation Processes:** There was an overuse of whole system escalation conference calls involving all agencies and senior input as a response to pressure, taking place up to four times a day. All partners recognise that these were not necessarily an effective use of time. Whilst any local system partner may ask for a whole system escalation call, there needs to be a clear purpose, consideration of who needs to participate, and more use of bilateral or smaller group escalation calls.

- **Service (De)-prioritisation**. Develop community and social care escalation processes which cover (de)prioritisation of services in order to boost capacity for urgent care in times of peak pressure. This would enable a more planned response instead of a reactive crisis response.

- **Improved capacity planning linked to lower hospital bed occupancy levels:** During 2017/18, all our local hospitals were operating at or above 100% occupancy (often going beyond planned contingency beds, using ambulatory care or 'bedding down' in A&E). High occupancy levels impact on care with reduced flow and long waits for admissions, together with reduced efficiency for the hospital as a whole (outliers for example). The national target is 92% average bed occupancy and each hospital has developed plans to achieve this. Further work is taking place to improve capacity planning in the community sector, including 111 and GP Out Of Hours services. There is currently a lack of measurement of primary care capacity in hours, and also a need to agree how to obtain real time capacity information.

- **Seven Day Working:** In order to tackle the weekly cycle of capacity challenges it is necessary to strengthen weekend community services and discharge processes. Extended primary care access, in place from September 2018 will help, as will better integration between GP Out Of Hours, 111 and Extended JET services at weekends. Work is planned with domiciliary care and care home providers to overcome some of the barriers to weekend discharge.

- **Supporting early discharge/reducing length of stay:** There are compelling clinical and operational arguments to reduce length of stay, in particular for older frail patients. Hospitals have been set a new target to reduce the number of patients staying in hospital for over 21 days by 25% by December 2018. This will involve weekly multi-professional '*check & challenge'* sessions with ward nursing leads to understand and unblock barriers to discharge.

- **Discharge to Assess:** The Cambridgeshire and Peterborough CCG has been working with all local statutory partners to re-launch '*Discharge to Assess'* during Autumn 2018, recognising that the process needed significant improvement. Funding has been sought from NHS England to train staff and embed the new processes that aim to get people home safely and quickly once they are considered medically stable for discharging.

- **Managing Demand:** There are a range of demand management initiatives which have been previously discussed but include:

    - Hospital – Ambulance Liaison Officers (HALOs) commissioned for 2018/19 with an additional responsibility to educate crews on alternative pathways that can be used for patients that need not have been brought into the Emergency Department
    - Ambulatory Emergency Care – a new CCG-wide programme was launched in July with the aim of supporting improvement across the 3 main hospital sites. At NWAngliaFT this has involved extending the hours of opening, creating more emergency staff capacity in the afternoons and evenings to support ED. NWAngliaFT has also established a larger CODU (Clinical Observation & Decision Unit) serving the Peterborough ED patients who require a longer period of monitoring
    - JET review – the admission avoidance service was reviewed during July, with recommendations to extend the age criteria, strengthen triage and improve joint working with 111 and EEAST. All system partners are supporting these changes which are designed to reduce emergency transfers to hospitals. The Trust will work closely

in partnership with CPFT to support their planned reform of the Extended JET service, so as to deliver a reduction in NEL activity.

- GP – consultant liaison – both CUHFT and NWAngliaFT are working to improve availability of consultant advice available to GPs prior to urgent referral for hospital admission.
- Clinical review of 111 dispositions for Emergency Department needs to be increased: from September the Ely LUCS hub GPs will pilot this function in hours (the HUC clinical assessment service does this out of hours).

NWAngliaFT internal winter preparations / winter schemes

Area	High-level action and assurance
Bed occupancy schemes	
Reduction in hospital bed occupancy/expansion of bed base	• Additional 42 acute beds to be brought on stream by late December 2018 across PCH site in accordance with Trust plan to reduce bed occupancy to 92%, supported by NHS capital grant allocation; • Opening of up to 25 winter extra capacity beds HH site by Q4 • Opening of Surgical Assessment Unit PCH by Q4 • Daily management of bed occupancy levels across two main acute sites, involving targeted reviews of stranded and super-stranded inpatients, senior challenge at white board rounds, daily checks on inpatients from care homes, daily challenge on Delayed Transfers Of Care • Ongoing weekly Stranded Patient Multi-Disciplinary Team meetings continue to deliver on the Trust ambition to cut by 25% the number of inpatients staying longer than 21 days in an acute setting • The Trust has a Full Capacity Protocol which it will put in place where there is a prolonged surge in attendances.
Elective plans	
Reduction in elective activity	The volume of routine adult elective work which requires in-patient beds on the week following the bank holiday will be kept under close review. Activity will be reduced in advance of the peak festive bank holiday to ensure that operational bed occupancy level is optimised as far as possible. In order to deliver this our approach is twofold: • Planned reduction in elective activity during winter surge period, immediate run up to holiday/following holidays and through January 2019; • Deferred activity to be picked up once bank holiday pressures have abated. We will prioritise day case work along with trauma patients who are already in IP beds.
Silver Command	
Managing escalation	• The Trust's on-call Executive Director and Senior Manager On Call shifts are fully in place for both bank holiday weekends and will effectively manage the escalations as required across 24/7. Fully revised Senior Manager On Call rota, role competence and targeted training in place during 2018. The Chief Operating Officer will oversee

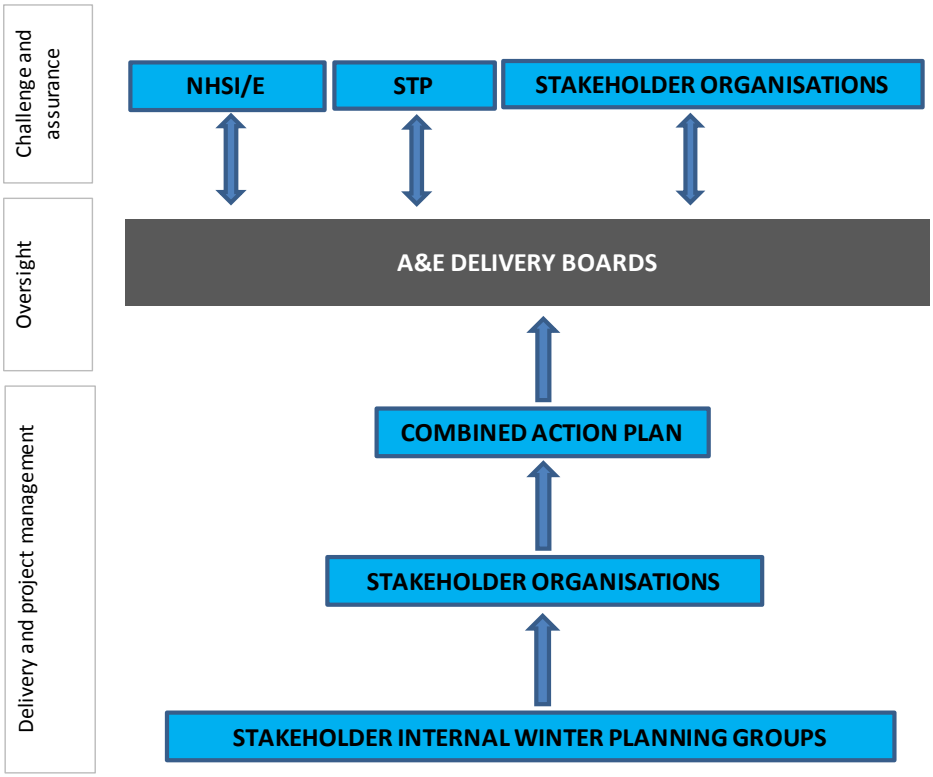
	production of Trust Festive Plan and sign off on all rota cover for both sites. • NWAngliaFT produces the daily OPEL forms to alert the CCGs and region as to our bed position and emergency demands; we will continue to take full responsibility for these matters throughout the winter surge period • NWAngliaFT will contribute to/comply with any system bank holiday plans and join in either system or regional escalation calls as required including daily Trust reporting to Winter Room from 12 Nov through to Easter 2019
Support services	
Ensuring sufficient services to support operations	The following key support services will be in place: • Physio have a robust weekend service that will also run on bank holidays over festive period • Occupational Therapy will provide the usual weekend service on all days, including Community Front Door Team for ED • Dietetics will have their usual on-call on all days • Inpatient pharmacy will open every day on weekend hours plus the on-call service • ED Radiology will provide the comprehensive imaging and normal out of hours services will be available across all modalities • Our Family and Integrated Support Services Division will appoint designated Senior Manager each day as point of contact to address and resolve all diagnostics / support service issues as they may arise
Infection control	
Managing infectious patients	• Infection control resource will be on duty and/or on-call 24/7 to inform, advise and monitor re outbreaks as and when reported or detected; all Trust Site Managers and Senior ManagersOn Call will adhere strictly to the guidance on infection prevention and control measures at all times
Service Operations	
Managing patient flow	• The Chief Operating Officer will take the executive lead 24/hrs for all aspects of managing patient flow, supported by Directors On Call, Senior Managers On Call and Site Senior Managers. Both PCH and HH sites will be fully staffed with operational managers, matrons, deputy matrons, bed flow managers and the additional staff as required so that the focus can remain on daily review of admission rate, actual level of discharges, the resolution of issues and any blockers to discharge. • Daily review of need to open up Trust extra capacity bedded areas and comply with Outlier Procedure as necessary • An additional member of management staff will either be on duty or nominated standby per Clinical Division to troubleshoot and provide extra management oversight through the festive plan period/peak holidays

	• NWAngliaFT has confirmed full support to EEAST for their ambulance divert and ambulance load levelling protocols, which will help to minimise ED over-crowding at times of surge
Discharge planning	
Maximising discharges	• Hour-to-hour/day-to-day management of the emergency admission/discharge ratio on each site, with resultant action planning by Capacity Meeting attendees led by Chief Operating Officer/Senior Manager On Call/Site Team. • Daily discharge target to be set and delivered with reference to Trust Capacity Management & Escalation Plan, where appropriate • Trust-led plan to promote and embed the *SAFER* care bundle and optimal use of ***Red2Green*** across both acute sites as from October 2018 • Trust Discharge Team support available each day across the weekend to maintain the discharge process, including option to have weekend conference calls to ensure that external capacity is maximised and utilised. At the weekend, the Senior Manager On Call and Site Senior Managers are available, if required, to support on site; Community Front Door Team cover available 7 days a week for admission avoidance/frailty. • The Trust discharge lounge will be staffed on Mon-Fri at the PCH site and Mon/Thurs/Fri at the Hinchingbrooke site (opening October 2018). • Trust to relaunch Criteria-Led Discharge across both sites to promote the ability for non-medical staff discharges at weekends • System-wide comprehensive Delayed Transfer of Care reduction action plan remains in place, supported by NWAngliaFT and all other local Chief Officers
Staffing	
Ensuring safe staffing	• Trust ward staffing rotas will be closely reviewed and signed off by matrons during October. Trust priority will be for any nurse bank/existing substantive staff to be booked to cover any planned shortfalls owing to vacancy factor or sickness. Line by line review of medical staffing rotas to be completed during November and signed off by Chief Operating Officer. Senior management will work to minimise reliance on last minute agency nurse staffing or locum doctors not known to the Trust. Family and Integrated Support Services Division to review all therapy, support and diagnostic staffing plans as part of festive plan. • Trust is committed to delivering strongly against the Healthcare worker flu vaccination ambition for the upcoming winter and we are tracking uptake on a weekly basis towards the goal of 100%

3.1 **Governance map of winter planning and accountabilies**

Each statutory system partner is committed to organising their own internal winter planning groups, but then to also come together as a wider partnership to ensure we are in an optimal position for system-wide resilience. The organisations that come together to form our system partnership are each committed to bringing on stream additional services and enhanced levels of cover during the winter period, even though there has been minimal extra winter revenue set aside to help boost resilience. Where an organisation has committed to a specific action, the lead executive or senior manager representing that organisation then attends the system joint working meetings to update on progress or unexpected challenges/recovery actions. A simple diagram to map the governance arrangements is below.

NWAngliaFT has been holding internal winter planning meetings since early summer 2018 and these will continue until mid-December. These meetings are chaired by the Chief Operating Officer and include senior representation from all key hospital services and departments – other system partners are also welcomed to contribute and offer feedback. As part of our internal preparation we have modelled our bed occupancy through winter and taken into account our winter schemes as part of the internal bed capacity plan. This predictive data has been shared with the CCG and regional colleagues through the winter assurance process. The C&PCCG takes the lead in holding other organisations to account for delivery commitments and each of the two A&E Local Delivery Boards oversee the completion of a composite System Winter Plan. This is well advanced for the NWAngliaFT system and is inclusive of South Lincolnshire winter arrangements.



In addition to local monitoring of delivery against the organisational winter schemes and system winter plan, the Trust has also committed to giving assurance about our winter preparations to the regional oversight team and the NHSE Winter Room. A highly detailed assurance template seeking detailed information about our performance against plans has been assembled for submission by late October 2018 and an inspection visit to road test our plan is scheduled to the Trust for early December 2018.

4. CONSULTATION

4.1 This report is for update purposes only

5. ANTICIPATED OUTCOMES OR IMPACT

5.1 This report is for update purposes only

6. REASON FOR THE RECOMMENDATION

6.1 n/a

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 n/a

8. IMPLICATIONS

Financial Implications

8.1 As a local health system we know there will be financial implications associated with managing the additional actions required for winter planning and delivery. There has been no confirmation of any additional funding from NHS England.

Legal Implications

8.2 None

Equalities Implications

8.3 None

Rural Implications

8.4 None

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

9.1 None

10. APPENDICES

10.1 None