

Meeting / Committee:	Board of Directors	Meeting Date:	25 June 2013
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This paper is for:	Action/Decision	Assurance	Information
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Title:	Winter Planning 2013 - 14
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Purpose:	To brief the board of directors on the actions being taken to prepare the trust for winter 2013-14.
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Summary:	<p>The paper provides an outline of the key actions being taken to ensure the trust is prepared for the surge in demand expected over the winter months on all sites including:</p> <ul style="list-style-type: none"> • Reviewing physical and workforce capacity on all sites • Joint planning with social services • Joint working with urgent care boards on Teesside and in North Yorkshire • Service improvement • Staff vaccination programme • Escalation and mutual aid processes • Communications
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Prepared By:	Susan Watson Operational Services Director	Presented By:	Susan Watson Operational Services Director
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Recommendation:	The board is asked to note the work that is being progressed to ensure the trust is well prepared for the expected surge in activity in winter 2013-14
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Implications (Please mark an X)	Legal	Financial	Clinical	Strategic	Risk & Assurance X
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Winter Planning 2013-14 Briefing Paper for Board of Directors

1. Introduction

Winter planning is part of the annual cycle of trust activities and the board is expected to assure itself that appropriate measures have been put in place to ensure that the trust is ready and able to respond to the predicted surge in activity that occurs between October and March each year.

In winter 2012-13, although all national guidance was implemented, the trust experienced significant pressure which caused a number of concerns: there was a rise in outlying patients caused by surge in activity combined with insufficient support for patients on discharge; ambulance queues caused by an overall increase in ambulance demand and insufficient bed capacity; an increase in elective cancellations as a result of medical patients located in surgical beds.

At the May meeting the Board approved the opening of additional capacity on the JCUH site to address some of the shortfall identified in the analysis of the issues contributing to the winter challenges.

This paper looks beyond the JCUH bed capacity requirements to a more holistic approach to winter planning and describes the work that is being undertaken around the JCUH, the FHN and community services to ensure that all aspects of winter planning and preparedness have been accounted for.

This is presented as work in progress. An update on progress will be brought to the August meeting of the board and the final assurance of winter preparedness presented at the October meeting when it is expected national guidance for 2013-14 will be available.

2. Capacity

Considerable work has been done over recent months looking in particular at capacity at the JCUH but also considering the FHN and community hospitals.

a. JCUH

Analysis of the JCUH issues indicates that the hospital is currently approximately 110 beds short of anticipated winter demand. To address this board has already approved the opening of 50 additional beds. Further work is ongoing to identify potential alternative capacity provided by other agencies.

The need to ensure an appropriate level of junior medical/nurse practitioner time has been identified as a specific capacity constraint and work is in hand to review this.

b. FHN

The FHN will shortly complete a reconfiguration of bed based services. Once complete this will allow better assessment of the service requirements. It is anticipated that there will be a need for some additional winter capacity and a business case will be developed to support this.

c. Community

In 2012-13 the community division lost capacity for a number of reasons. Every effort is being made to ensure that all beds are open throughout the winter months and patient flow is maximised to ensure these are used effectively.

3. Multi Agency Working

Winter planning is a multi-agency challenge and the trust continues to work closely with colleagues in CCGs, Local Authorities and the ambulance services to ensure all systems are as effective as possible.

a. Urgent Care Boards

NHS England has recently issued guidance requiring all areas to have urgent care boards in place. Locally we are working with 2 boards: the South Tees board run by the CCG and feeding into the Teesside board and the North Yorkshire board. We are represented at both by the director of operational services, the directorate manager for A&E and a consultant. No recommendations have yet emerged from this work.

b. NEAS

The North East Ambulance Service (NEAS) ran a workshop last winter looking at opportunities to improve patient pathways. A report has recently been issued and we are reviewing this for any additional learning. A follow up work shop will be held later in the summer which we will participate in.

c. Social Services

We have expressed our concern to the Social Service teams for Middlesbrough, Redcar and Cleveland and North Yorkshire regarding the level of social worker cover provided over the Christmas and New Year periods in 2012-13. We are awaiting advice from all three services in terms of the cover to be provided this year.

d. Mutual Aid

Mutual aid most frequently refers to the times when one hospital seeks support from another because it is unable to meet the surge in demand being placed on it. Most commonly this is a request from or to another hospital to accept GP referrals for a period of time. We plan to work through the urgent care boards to agree the approach that will be taken in 2013-14.

4. Service Improvement

Throughout 2012-13 and now in 2013-14 we have been working through the Improving Patients Pathway programme to improve our patient pathways, to streamline care and to integrate services better across primary, secondary and community care.

As a result of this work there are some new services in place and others being developed and assessed which will support the trust in responding to demand. These include:

- a. Rapid access service (community) – this service is aimed at reducing the number of admissions to hospital by intervening quickly when a
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- GP identified a problem. It can also be used to support discharge of certain patient categories.
- b. Integrated community Care Team (ICCT) – also known as the virtual ward this programme is run by the community division but owned by the CCG and seeks to keep patients with known long term conditions at home for longer before an acute admission is required
 - c. Case managers – this pilot has been aimed at improving the in-hospital planning of a patients discharge ensuring that all appropriate services have been booked and put in place in a timely manner. Evidence suggests that the number of “delayed discharges” (ie patients medically fit for discharge but still in the hospital) is now falling.
 - d. Rapid Process Improvement Workshop (RPIW) – the first RPIW to be run by the trust will take place in July looking at the interface between front of house services (A&E/AAU) and other specialties with a view to encouraging improved patient turnaround
 - e. Discharge workshops – a series of 23 improvement workshops is being undertaken with every ward in the trust looking at a standard approach to discharge and seeking ways to improve the patient experience and speed the process
 - f. Increased therapy input – a number of schemes have been running with services redesigned to ensure that therapy input is targeted to the right groups of patients at the most appropriate time (eg in A&E)

5. Staff Flu Vaccination

Every year, in accordance with national good practice, we run a staff flu vaccination programme. Last year 64.5% of staff were vaccinated against a target of 70%. This year we will seek to ensure that at least 70% of staff are vaccinated and sufficient vaccines have been ordered to support this approach. The detailed planning group has already met to begin the preparation for this year’s campaign.

6. Communication and Management

Communication is a key feature in the effective planning for winter. To ensure that the senior leadership is fully engaged in this work there have already been discussions at a number of meetings and the detailed work plan will also be reported monthly to the management group with more frequent reporting if concerns are raised about progress.

The plan is owned by the director of operational services and will be programme managed by the assistant emergency preparedness officer.

A more detailed internal communication plan will be developed over the next few weeks to keep staff apprised of the work being done to minimise disruption to services over the winter months.

Externally the trust is in regular contact with a number of agencies regarding winter planning and is working closely with them to ensure a whole system approach is communicated to professional agencies and the public.

7. Workplan

The detailed workplan is emerging and is attached for information at Appendix 1. It is expected that this will develop further – in particular the specific requirements associated with the community division winter plan have not yet been included.

8. Conclusion and recommendations

The board is asked to note the work that is taking place to ensure the trust is prepared for a surge in demand during the winter months.
