

# South Tees Hospitals

NHS Foundation Trust

<b>Meeting / Committee:</b>	Board of Directors	<b>Meeting Date:</b>	29 October 2013
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<b>Title:</b>	Winter Plan 2013-14
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<b>Purpose:</b>	To provide assurance to the Board of Directors that the trust is prepared to respond to the challenges faced during winter 2013-14.
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<b>Summary:</b>	In accordance with national guidance the Trust has reviewed its current operational arrangements to ensure that it is compliant with recommended good practice. The winter plan for 2013-14 builds on lessons learnt from previous years and seeks to ensure that high quality, safe arrangements are in place to support all patients during the anticipated surge in winter activity.
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<b>Prepared By:</b>	Donna Jermyn Emergency Planning Manager	<b>Presented By:</b>	Susan Watson Operational Services Director
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<b>Recommendation:</b>	The Board is asked to note the preparations that have been made for winter 2013-14.
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<b>Core Standard:</b>	i.e. Safety – C1, C2, C3 and C4
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<b>Implications (Please mark an X)</b>	Legal	Financial	Clinical	Strategic	Risk & Assurance
		X	X	X	X

## Winter Plan 2013 – 14

### 1 Introduction

Like all other NHS organisations South Tees Hospitals Foundation Trust (STHFT) is required to produce an annual winter plan. The plan needs to ensure that any surge in patient activity brought about by winter pressures is managed effectively, enabling the patient to have a safe journey through the system whilst ensuring that they receive care and treatment in a timely and appropriate way.

As documented in last month's winter planning report, a significant amount of work has been undertaken in the past year to understand the pressures experienced by the trust in winter 2012–13. A wide range of service changes have been implemented to ensure operational resilience during the winter period which allow a number of competing priorities to be managed effectively. These include:

- Sustaining delivery of the 4 hour A&E target
- Delivering the volumes of elective activity to achieve the 18 week target
- Managing a significant increase in emergency admissions

The purpose of this plan is to provide assurance to the Board and commissioners that STHFT is prepared for the challenges faced during the 2013 – 14 winter period

### 2 Key challenges

The challenges identified in previous winters include:

- A tendency for a more complex / dependent case mix leading to an increase in length of stay and a subsequent reduction in capacity;
- Reductions in timely discharge of patients due to increased demand from the trust and primary care for capacity in community / social care;
- Increased demand for acute services due to higher levels of infection within the community
- Bed closures due to infection outbreaks, e.g. Norovirus;
- Increase in medical outliers, cancelled operations and ambulance handover delays;
- Pressure on adult and paediatric critical care capacity across the network;
- Increase in unplanned absence of staff due to seasonal illnesses e.g. flu-like symptoms and Norovirus;
- Adverse weather resulting in difficulty in discharging patients and affecting staff getting to and from work.

### 3 NHS England Winter Planning Checklist

NHS England requires that eight areas of concern are addressed and preparation assured as part of our winter planning arrangements. These include:

- Operational readiness (bed management, capacity, staffing, management of surge)
- Out of hours arrangements
- Handover of patient care from ambulance to acute trust
- NHS / social care arrangements
- Ambulance Service / Primary Care / A&E links
- Critical Care services
- Communications
- Preventative measures

### **3.1 Operational Readiness**

There has been extensive analysis of the bed requirements on the JCUH site resulting in the creation of 50 additional beds (currently only 45 because of an unplanned closure in the division of surgery). Contracts have been agreed for additional elective capacity in the independent sector which should release approximately 20 beds in the period Jan – Mar 2014. Discussions are still ongoing to provide additional non-elective capacity in the independent sector to support general rehabilitation and stroke rehabilitation which should release an additional 26 beds in the period Jan – Mar 2014.

There are no plans to increase bed capacity at FHN following discussions with the local CCG and agreement that additional capacity in the community was the priority.

Divisions have prepared plans which detail how they will maximise capacity and staff availability over the winter period, how they will manage an increase in activity (surge), divisional business continuity arrangements and the mitigating actions that have been put in place to address the key challenges.

The standard operating procedures for bed management have been recently reviewed. These provide an operating framework for bed capacity and patient flow and detail clear processes for creating additional capacity and patient criteria in relation to the outlying patient at both acute hospital sites.

The daily admissions predictor tool is being updated for JCUH and FHN. This is used by the corporate bed management team to inform capacity planning and management on a daily basis. This is a well-established process which is embedded in day-to-day operational management. Work is progressing with the North East Ambulance Service (NEAS) to develop a similar approach to predicting ambulance arrivals.

### **3.2 Out of hours arrangements**

There are robust 'on call' arrangements in place for all specialties across the organisation. There is a corporate director (gold command) and divisional manager (silver command) on call 24 hours a day, 7 days a week who can be contacted via the trust switchboard.

### **3.3 Handover of patient care from ambulance to acute trust**

The trust continues to work with ambulance colleagues to improve the timeliness of the handover of patient care. This process is monitored via a shared information system, which logs the arrival of the ambulance and records the handover time of all patients arriving at our A&E department. Weekly and monthly reports are received from NEAS and Yorkshire Ambulance Service (YAS) demonstrating the performance of both the JCUH and the FHN.

Regular meetings take place between the A&E teams and the ambulance operational management teams, to discuss any issues and ensure a smooth transfer of care for the patient from one organisation to the other. During periods of peak demand there can be delays in receiving patients into the A&E departments. Work continues with the A&E teams, corporate bed management team and clinical divisions to ensure the system flows as smoothly as possible.

The current North East Ambulance to Hospital Handover Policy is currently under review to ensure it remains fit for purpose.

### **3.4 NHS / Social Care Arrangements**

There have been significant developments with the interface with social care. Documentation has been streamlined between health and social care across Teesside and North Yorkshire. On

Teesside and at the Rutson ward, improved social care arrangements will ensure a social care assessment is undertaken within 72 hours at community hospitals rather than the 28 days required by statute.

All wards across all hospital sites are participating in discharge workshops to ensure that processes are clearly understood and to identify opportunities for improvement.

All social services have indicated that access to social services will be available over the Christmas and New Year period which has historically challenged hospital services.

### **3.5 Ambulance / Primary Care / A&E links**

The trust is participating in 2 Urgent Care Boards. Membership includes all key stakeholders from health and social including the appropriate clinical expertise. They provide an important forum of mutual accountability of all partners in the local urgent care system as well as identifying local solutions to optimise the delivery of urgent care. In the management of winter pressures they are ideally placed to review and respond to the full range of data concerning the local urgent care system and ensure that processes are in place to monitor and react to any potential hotspots, thereby avoiding unnecessary escalation.

### **3.6 Critical Care Services**

The trust is an active member of the North East Critical Care Network and works well in providing mutual aid across the area. The Network has an Adult Critical Care Escalation Plan (ACCEP) and a Paediatric Critical Care Escalation Plan (PCCEP) to ensure that there are effective response arrangements in place across the North East and North Cumbria in the event of unplanned increases in demand for critical care.

### **3.7 Communications**

The Winter Plan will be cascaded throughout the organisation and available on the Trust intranet site.

There is a Winter Planning folder in the "Allusers" fileshare. This contains all the relevant winter planning documents, guidance and relevant policies and protocols for ease of access. Relevant staff will be notified each time a document is added.

Throughout the winter period the trust will participate in local teleconferences as required. The frequency will be dependent on the local pressures being experienced.

### **3.8 Preventative Measures**

The Secretary of State for Health has asked for an improvement on the seasonal influenza vaccination rates for healthcare workers involved with direct patient care. This is because the flu vaccine not only protects staff, their families and their patients; it also reduces the risk associated with absenteeism during a busy period of the year.

The trust staff flu vaccination programme commenced on 1 October 2013. Plans are in place to deliver the flu vaccine to all front line and support staff using a similar approach to last year. The occupational health team is aiming to vaccinate 75% of eligible healthcare workers. There has been a promising start to the programme with 39% of staff taking up the vaccination in the first 2 weeks.

The designated flu vaccination page on the trust intranet site has been updated and includes links to information on the vaccine, vaccination timetables and myth-busting flu facts.

## **4 Escalation**

The Divisional Managers have reviewed the trust's current NEEP plan. Representatives from the trust attended a regional winter tabletop exercise for health and social care organisations on 15 October 2013 to test the alignment of local NEEP plans. A further internal winter tabletop exercise is planned for 25 October to test our NEEP plan before it is formally approved by Management Group.

The trust's cancellation protocol has also been updated following discussion with the chiefs of service.

## **5 Winter Reporting Arrangements**

Daily SITREP reporting will commence on Monday 4 November and will be reviewed at the end of February 2014. As in previous years UNIFY2 will be used for reporting local winter pressures. Acute trusts are required to have arrangements in place to ensure that the SITREP is signed off and submitted by the 11.00 deadline each week day.

- The SITREP will be completed by the information department using the information from the daily bed state. It will then be emailed to the deputy director of operational services for final sign off
- In the absence of the deputy DOPS, the director of operational services will sign off the SITREP
- In the absence of both, the SITREP will be signed off by the Emergency Planning Manager

## **6 Monitoring**

Each winter the organisation tracks a number of key indicators to support its operational planning. Many of these are reported daily and are available to all members of the management group and divisional managers. A set of key management indicators will be reported each month to the board of directors and management group. These have been extended to include community measures and will include:

- Non-elective admissions at the JCUH and FHN
- A&E activity at the JCUH and FHN
- Minor injury unit activity
- Ambulance turnaround times
- Medical and surgical outlying patients
- Hospital occupancy – all 9 sites
- Elective cancellations
- Delayed discharges due to social care reasons
- Bed closures

## **7 Conclusion**

In conclusion, the Trust has addressed national and regional guidance and has put in place a number of more local initiatives based on learning from winter 2012-13 and designed to support the anticipated surge in demand over the winter months.

**N.B. Divisional winter plans can be found in the supplementary information pack Agenda item 8.1.**