

Report Title	Winter Readiness and Plan		
Sponsoring Executive	Rachel Barlow, Chief Operating Officer		
Report Author	Rachel Barlow, Chief Operating Officer		
Meeting	Trust Board	Date	4 th October 2018

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

We will participate in external review of our readiness at the end October. The SWB A&E delivery board will review Christmas cover at its October and November meetings, given the distribution of festival days.

The Board is invited to discuss:

- What else is required to confirm assurance on preparedness for winter
- How risk mitigation plans will be tracked monthly
- What level of deviation may be considered acceptable without external escalation

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	<input checked="" type="checkbox"/>	Public Health Plan	<input type="checkbox"/>	People Plan & Education Plan	<input type="checkbox"/>
Quality Plan	<input checked="" type="checkbox"/>	Research and Development	<input type="checkbox"/>	Estates Plan	<input type="checkbox"/>
Financial Plan	<input checked="" type="checkbox"/>	Digital Plan	<input type="checkbox"/>	Other <i>[specify in the paper]</i>	<input type="checkbox"/>

3. Previous consideration *[where has this paper been previously discussed?]*

n/a

4. Recommendation(s)

The Trust Board is asked to:

- CONSIDER preparedness for winter pressures
- ACCEPT a positive recommendation from the executive
- AGREE when we would seek peer assistance

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register	<input type="checkbox"/>	Risk Number(s):				
Board Assurance Framework	<input type="checkbox"/>	Risk Number(s):				
Equality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 4 October 2018

Winter Readiness and Plan

1. Introduction

1.1 As the Trust are preparing for winter, this paper sets out the planning focus of the Trust and wider social care and health system for the winter period.

1.2 Winter can be a challenging period for a number of reasons including:

- Patient attendance and acuity presentation being higher than planned
- Urgent care demand impacting on the ability to continue in-patient elective treatment
- Infection outbreak
- Adverse weather

1.3 The Christmas and new period is likely to be particularly challenging this year as it falls with 7 out of 11 days between the 22nd December and the 2nd January being weekend or bank holiday days. Typical weekend health and social care services would not sustain emergency care demand or discharge flow unless 7 day working is put in place effectively for this period.

2. SWBH Planning

2.1 Patient attendance and acuity presentation being higher than planned. Our daily planning assumptions include:

Medicine planning daily assumptions	Winter	Summer Average summer performance
ED attendances daily	613	608 Averaged 602
Admission into inpatient medical beds	52	47 Averaged 43
Daily discharge rates from medicine	52	47 Averaged 80
LOS	6.83 days	6.76 days Actual = 8

2.2 The Medicine winter bed plan increases substantiated beds by 22 from 1st October 2018. In the main these are elderly care beds. The staffing is in place in the nursing rosters for this bed increase.

- 2.3 To manage within that substantiated bed base, a consistent and effective 'red to green' programme needs to be in place at ward level. The red to green approach identifies red days as non-value added delays in progressing care. This was implemented previously but has not been consistently sustained in medicine; there is good practice in community wards and surgery. Michelle Harris, Director of Operations for Medicine and Emergency Care is leading on a 5 week focus piece of work to establish ward led red to green, embedding local ownership and resolution of delays to progress care, supported by a multi professional cross cutting improvement group to support cross directorate resolutions to avoidable delays. The consultant of the week model is in place which is new compared to last winter; the medicine leadership team need to ensure we are optimising the opportunity of this leadership, planning and senior decision making capacity to support patient flow home or to a suitable alternative care setting aiming to reduce LOS by 1.2 days overall.
- 2.4 Schemes to avoidance of ED attendances include the growth in ambulatory care in medicine and surgery who combined see 50 patients a day from the ED's. Work over Q3 will see in place specific focus on avoiding up to 17 unnecessary nursing home attendances per site working with partners in WMAS, community and primary care to continue care in the homes with the right in reach support.
- 2.5 The new SMART (senior medical assessment review and treatment) model that goes live in October in both main ED's will introduce early review of patients who may need admission and senior decision makers will assess patients to have pathways to ambulatory care or directly to speciality assessment units, avoiding time in ED.
- 2.6 In Q3 the registrar ED rotas will change to have 2 registrars on a night shift. In November, the acute medicine rotas will include 2 registrars per shift providing resilience to senior decision making in acute medicine out of hours.

3. Urgent care demand impacting on the ability to continue in-patient elective treatment

- 3.1 Our planned care scheduling this year assumes a 3 week period of no elective in-patient work. When we activate this is flexibly in the production plan. The new 23 hours surgical unit has reduced the in-patient bed requirements for surgical patients to stay overnight in a bed which will protect the surgical elective work better than previous years.

4. Infection control and outbreak management

- 4.1 The Trust has an excellent record for flus vaccination, protecting staff and patients. Our flu campaign starts in October. The Trust infection control policies include outbreak management and preparedness. When these plans have been tested they have worked effectively.

5. Adverse weather

- 5.1 The Trust has an adverse weather policy that was activated in the previous 2 years for cold weather and floods. Again this plan was successfully activated and debriefs from both events have enabled learning and informed future preparedness.

6. 7 day services

6.1 The Christmas and new period is likely to be particularly challenging this year as it falls with 7 out of 11 days between the 22nd December and the 2nd January being weekend or bank holiday days. The Trust will put in place 7 day working to include:

- On site clinical and operational teams 7 days a week
- Additional imaging, cardiac catheter lab and emergency theatres to meet demand
- Additional support services such as transport and pharmacy
- Admission avoidance in ED for respiratory and frailty

7. System wide planning

7.1 The system wide planning to support the period from the 22nd December and the 2nd January will need to include:

- Social care
- WMAS
- Primary care
- Nursing homes
- Community services
- Voluntary sector

7.2 New approaches compared to last year that we anticipate that will help with patient outflow to nursing homes includes a trusted assessor model. With access rights to our transport booking system, this will enable a reduction in LOS. The social care partners have been asked to clarify the bed base that takes 7 day admission.

7.3 A risk workshop has been hosted by the CCG Urgent Care lead commissioner and a system wide winter plan will document service design and preparedness over that period. There is recognition this will be equivalent to a 7 day service model. The plan will be presented to the next A&E delivery board in October.

8. Conclusion and recommendations

8.1 The Trust Board are asked to consider the winter preparedness approach. The Trust has been selected for an NHSi winter preparedness assessment at the end of October which will validate plans against a set of key lines of enquiry. Recommendations from this will be considered for including in the winter plan.

Rachel Barlow
Chief Operating Officer
September 2018