

Winter Plan 2017/18

Trust Board	Item: 10
Date: 27th September 2017	Enclosure: F
Purpose of the Report: To present a summary of the Winter Plan 2017/18 submitted on behalf of the Kingston, Richmond and Surrey Downs Local A&E Delivery Board to NHS England.	
For: Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/>	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	
Legal / Regulatory / Reputation Implications:	
Link to Relevant CQC Domain: Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
Link to Relevant Corporate Objective:	Strategic Objective 1 Corporate Objective 4
Document Previously Considered By:	
Recommendations: The Board is asked to note the status of the Winter Plan for 2017/18, which has been submitted to NHS England and that the Trust is working with partner organisations through the A&E Delivery Board to deliver those actions in the plan.	

Winter Plan 2017/18

Introduction

1. The Kingston, Richmond and Surrey Downs Local A&E Delivery Board submitted the Winter Plan for 2017/18 to NHSI on 8th September 2017. There remain a number of key areas for the Local A&E Delivery Board, most especially in the Discharge and Flow areas. The plan is currently being tested, including a financial assessment of the implications of opening additional capacity.
2. Last winter was challenging for the NHS in the Kingston and Richmond and Surrey Downs Local A&E Delivery Board area. For short periods of time some local services were overwhelmed in various parts of the system. Front line staff showed fantastic commitment and professionalism in response to growing pressures, but the situation was known to be unsustainable. A number of initiatives were new and worked well.
3. It is clear that in some areas demand has continued to grow since then and lessons learnt from last year have been incorporated into the plans being developed to ensure that patients receive safe and effective care from a well co-ordinated local health and social care system in 2017/18. The overall focus of the plan is to work together to manage the inevitable peaks in the most appropriate way; with the most effective use of professionals and minimising attendance and admission to hospital where possible.

National guidance

4. National guidance sets priorities in the following areas:
 - 4.1. Demand and capacity plans across the system
 - 4.2. Front door processes and primary care streaming
 - 4.3. Flow through the Urgent and Emergency Care pathway
 - 4.4. Effective discharge processes
 - 4.5. Planning for peaks in demand over weekends and bank holidays
 - 4.6. Ensuring the adoption of best practice as set out in the NHS Improvement guide: Focus on Improving Patient Flow

Summary of the Plan

5. Key parts of the Local A&E Delivery Board's plan for Winter 2017/18 are:
 - 5.1. Maintain the walk in/urgent facilities as last year with current good coverage and enhance with full Urgent Streaming service at KHFT. This aims to keep the overall numbers as at Winter 2016/17 and see a reduction in minors at KHFT
 - 5.2. Increase the physical capacity in KHFT Emergency Department (ED) (both Urgent care streaming and Majors and Resus)
 - 5.3. Provide redirection of patients from the Urgent Treatment Centre
 - 5.4. Aim for a maximum of 20 "New patient booking in" per hour in A&E to manage operational flow
 - 5.5. Aim for a maximum of 350 patients per 24 hour with a conversion rate of 20% to 24% to admission
 - 5.6. Achieve 92% bed occupancy across the adult bed stock in KHFT
 - 5.7. Enhance the Ambulatory Emergency Care Service
 - 5.8. Manage the sub-acute beds in a coherent way across the system including medically optimised patients in 30 beds at KHFT
 - 5.9. Utilise 20 nursing home beds in Richmond for earlier discharge/step up

- 5.10. Integrate the weekly review of beds at Teddington Memorial Hospital, Tolworth Hospital and medically optimised KHFT ward. Identify agreed protocol for utilisation together and increased flexibility options in times of pressure
- 5.11. Introduce full GP led urgent care streaming model at KHFT
- 5.12. Provide a 7 day frailty service across all boroughs including social care input
- 5.13. Repeat community In reach model across 7 days as used in 2016
- 5.14. Provide increased Physician senior decision making at weekends
- 5.15. Establish an integrated choice protocol with joint escalation plans
- 5.16. Introduce a revised discharge to assess model
- 5.17. Introduce a trusted assessor model
- 5.18. Strengthen escalation process including partner response and full capacity protocol
- 5.19. Recruit staff to support the opening of Claremont Ward from December 2017 and make advanced provision for the support of Coombe Wing to manage the urgent/cancer elective programme
- 5.20. Make provision for additional paediatric nursing and medical staff to respond to the increase in activity arising from the Bronchiolitis season (usually November and December)
- 5.21. Enhance support to ED from the child and adolescent mental health team

Key Objectives for 2017/18

- 6. The overall objective is to deliver a safe and responsive urgent and emergency service across the various places where patients may access services. The operational objectives are therefore:
 - 6.1. Identification and best use of additional bed capacity and planning for empty beds before Christmas to allow for the surge in activity following Christmas
 - 6.2. Identification of additional staff - all professionals to support the additional capacity
 - 6.3. Ensuring consistency of staff in the escalation areas
 - 6.4. Maintaining the elective programme at KHFT
 - 6.5. Assessing, diagnosing and treating patients early in the pathway, thereby avoiding the need for an overnight length of stay
 - 6.6. Managing increased numbers in ED
 - 6.7. Ensure optimal use of capacity across the health economy including rehabilitation beds, care at home etc, thereby facilitating timely discharge from the hospital.
- 7. There are a number of areas where the Local A&E Delivery Board may need assistance from wider than Local A&E Delivery Board's footprint, as follows:
 - 7.1. Reduction in levels of reporting and agreement on reporting mechanisms to avoid duplication of effort, particularly at weekends.
 - 7.2. Agreement on and adherence to shift capped agency/bank rates for key posts
 - 7.3. Revenue to support the additional costs incurred in winter plan delivery (additional acute/community beds/ weekend working/ higher cost placements)

Conclusion

8. The Kingston, Richmond and Surrey Downs Local A&E Delivery Board has worked together to review and learn from the Winter of 2016/17 and to draw on best practice and the winter checklist to develop a plan for Winter 2017/18. All organisations are focused on working together to deliver safe and sustainable care in what is anticipated to be a challenging time.
9. There are a small number of key areas for further work. The plan is currently being tested, including a financial assessment of the implications of opening additional capacity.
10. The Board is asked to note the status of the Winter Plan for 2017/18, acknowledging that there are still issues to be resolved over the next few weeks.