

Trust Board



Gateshead Health
NHS Foundation Trust

Report Cover Sheet

Agenda Item: 15

Date of Meeting:	30 th October 2019			
Report Title:	Winter 19-20- Summary report			
Purpose of Report:	To provide an overview of the plan for Winter 19-20 and assurance to the Board of Directors that contingency plans are in place to meet increased seasonal demand.			
	Decision: ☐	Discussion: ☐	Assurance: ☒	Information: ☐
Trust Goals that the report relates to: (Including reference to any specific risk)	Goal 2 All the services we deliver will be good or outstanding when assessed against being safe, effective, caring, responsive, and well-led. Goal 3 In all locations and settings of delivery, our patients will experience excellent, timely and seamless care that meets their individual needs. Goal 4 All our services will have a high safety culture in which openness, fairness, accountability and learning from high levels of incident reporting and mortality reviews is the norm. Goal 5 All our services will be effective: we will reduce unwarranted variation, ensure our practice is consistent with recognised best practice 7 days a week, and improve outcomes for patients. Goal 6 We will have an engaged and motivated workforce living the values and behaviours of the organisation, and who are responsive and adaptive to the changing needs of our environment. Goal 7 We will deliver value for money and help ensure the local health and care system is sustainable and well led.			

Recommendations: (Action required by Board of Directors)	The Board are asked to receive this support report as assurance of the winter contingency planning.
Financial Implications:	The plan identifies increased expenditure as a result of increase in activity and response to increased seasonal demand
Risk Management Implications:	The report identifies potential risks to the organisation if demand predictions do not align with plan
Human Resource Implications:	The report highlights the need for an increase in workforce to manage the increase in seasonal demand and bed capacity
Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	Objective 1 All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers. Objective 2 The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments. Objective 3 Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve.
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Winter Plan 2019-20

Assurance Report for Finance and Performance Committee and Board of Directors

1. Introduction

The 2019/20 winter plan has been compiled following a number of winter debriefs and winter planning sessions.

The draft winter plan has been discussed regularly at Corporate Management Team (CMT) meetings to review the emerging proposals and agree the approach for responding to the challenge of winter pressures this year. This has taken account of national and local winter planning guidance.

This paper summarises the output from those discussions, identifies the key aims, the actions being taken to meet our objectives, key remaining risks and our approach to managing these.

2. Aims of the Winter Plan

The key aims of the winter plan are to:

- Ensure the trust has the ability to respond effectively and quickly to increased seasonal demand
- Maintain the highest standards of patient safety and patient experience
- Effective use of resources available

3. Delivering the Aims of the Winter Plan

a. Responding to increased demand and creating extra capacity

During the winter months the trust expects to see more patients attending A&E and those who are admitted can often have a longer length of stay due to their clinical conditions. As a result the core bed base is unlikely to be sufficient to accommodate demand.

The performance team has provided support to the winter planning team by modelling the anticipated number of beds required in the period from November to April under a range of scenarios reflecting differing levels of demand (low to high). After discussion CMT agreed to develop its winter plan based on the available estate and the workforce to staff extra bed capacity. CMT recognises that these are assumptions and there is a risk that in the case of a more difficult winter, there are likely to be periods when demand is higher than that suggested by trend and this would result in an increased bed need beyond the plans that have been created.

This will be dealt with on an ad hoc basis using the trust's existing emergency planning arrangements.

To respond to the expected demand for beds the following escalation programme has been developed (Table 1)

Table 1:

Winter bed capacity	Baseline	Model*	Phase 1 Nov-end March					
	310	344						
Ward 4			4					
Ward 6			8					
Ward 9			3					
Ward 14			5					
Ward 14a			2	Phase 1 Variance				
	310	344	+22	-12	Phase 2 Dec-Feb			
Ward 12					Up to +16	Phase 2 variance		
	310	374	+22		+16	-26	Phase 3 Jan	
Ward 14a							24	Phase 3 variance
	310	386	+22		+16		+24	-24

*low demand scenario

Opening these additional beds during the winter months requires financial support, an increased workforce and will impact on the elective programme during the period of peak demand. These issues are addressed below. Every effort has been made to identify physical bed capacity to match anticipated demand and to align ward staffing to this. The senior nursing teams are continuing to work on the identification of staff that will support the opening of the 16 additional beds on ward 12.

At the peak of forecasted activity, there is a shortfall of 24 beds, with ward 12 included in the plan, if as a result of staffing ward 12 is unable to open consistently, then the shortfall increases to 40 beds at the low demand scenario

Elective programme

Responding to surge in medical patients at the peak period from 26 December – 19 January will be accommodated by cancelling the elective surgical programme for these three weeks. Capacity will be retained for daycase surgery, cancer, urgent and trauma cases. The plan involves changing the function of an elective orthopaedic ward (ward 26) with a conversion to trauma care, resulting in the orthopaedic trauma ward (ward 14a) being available for Medical Patients (Boarders).

It will be essential that the ward configurations and bed numbers are resumed as per plan to be able to restart the elective programme and reduce and further adverse impact on patient experience and RTT.

The Medical Business unit are reviewing the Outpatient activity in January with the aim to front load clinics before the festive period, in order to free up senior medical staff during the peak period in January 2020.

b. Maintaining Patient Safety and Patient Experience

In developing the winter plan every effort has been made to ensure that the quality of care patients receive during the winter months is consistent with that delivered throughout the

year. The medical director and director of nursing have been fully engaged in the development of the plan and have supported the proposals made.

The implementation and monitoring of the winter plan is managed through the Trust Resilience meeting, which increases in frequency during the winter period. The day to day management continues through the site huddles.

Flu planning

Each year the trust is expected to deliver a level of flu vaccination that protects both the workforce and our patients. The annual flu campaign has commenced based on learning from previous years and is making good practice towards the national standard despite a delay in the delivery of vaccines which is a national issue. Uptake figures are circulated to managers on a weekly basis.

c. Support the Wider North East Urgent and Emergency Care System

The trust operates as part of a complex, multi-organisational clinical and social care system. We are active members of the North East Urgent and Emergency Care Network and the Newcastle Gateshead Local A&E Delivery Board. By working as part of this integrated system the trust is able to share its own good practice and learn from others. Assessment of the trust's front of house services against national and regional good practice guidance indicates that we have in place all of the required high impact actions.

As part of this wider clinical community we will offer mutual aid to those who request it subject to the capacity of our own services and there being no detriment to the quality of care we offer our patients. Equally we will request mutual aid if we are in need subject to having undertaken a number of specific management actions.

4. Financial Investment to Support Winter

The winter plan for 2019/20 is broadly similar to the plan in place for last winter i.e. ward 6, extra surgical beds and reduction in the elective programme. As the plan in most respects similar to last year there is an assumption that the majority of the expenditure is in control totals of Medicine, surgery and CSS. An indicative breakdown of spend is attached at appendix 1. The risk associated with this is that the "winter" pressures appears to have commenced earlier than modelling with all Trust in the region under significant pressures since early October.

5. Workforce

Ensuring an appropriate level and skill-mix of staffing is an essential part of a comprehensive and proactive approach to winter planning. The trust has a structured programme of recruitment throughout the year and this takes account of the additional requirements during the winter period.

a. Nursing and Allied Health Professionals (AHPs)

The number of qualified nurses the trust has been able to recruit in year does not meet the projected need to increase the bed capacity. Non ward based nurses are also supporting the wards over the winter period, which is an established part of our winter planning arrangements. The number of therapists has been increased to support the rehabilitation needs and the reduction in length of stay project. For the winter period last year a revised pay point for qualified nurse was introduced and it is planned to report this for winter 19/20 to increase the uptake of bank shifts and reduce potential expenditure for agency staff.

b. Medical

An essential part of matching staff to demand is to ensure sufficient medical staff are available to respond in a timely manner. This has been addressed by identifying the consultant cover of ward 12 (from gastroenterology team) with extra junior Doctor support.

6 Facilities team

Facilities team plans for winter will be responsive to the increased level of activity and the additional risks during this period. Facilities will look to provide additional front line staffing specifically within the response team for winter period within Domestic services.

The pre-existing escalation plan will continue to link with existing Trust command and control structure. Learning from last year's plans identified the advantages for deploying additional Vocera units to ensure timely and accurate communication to front line supervision to integrated between the Trust and QEF.

Additional support within porters will be required with a review of the need to reintroduce a twilight shift to support activity late evening.

Contingency stocks for linen and laundry will be increased to provide a level of resilience for adverse weather.

Medical engineering and medical devices will need to be guided with clear details on expected patient numbers and requirements to ascertain additional demand for medical devices.

Depending on the prevailing weather conditions the Facilities team will implement the Winter Maintenance Plan/Adverse Weather Plan to deploy resources in accordance with the agreed Plan priorities.

7. Community

As part of the ongoing transformation programme within the community Business unit the following proposed initiatives will be in place for winter 19/20:

- Formation of one Rapid response service combining existing services- which will increase capacity to prevent admissions and support discharge
- Roll out mobile EMIS within Locality teams- will provide access to records whilst on visit to reduce duplication, reduces the need for clinical staff to return to base for record keeping

8. Operational Management

To ensure all operational staff work consistently and in accordance with agreed policy the OPEL checklist have been updated to include clearer roles and responsibilities and attendance at site huddles. Awareness raising sessions have been arranged for the on-call management teams and a review of the frequency of on-call periods.

a. Internal System Control

Following a review of communication processes a new daily and weekly structure has been put in place to ensure all staff receives the information they need in a timely and co-ordinated way. Bed management and patient flow meetings will take place each day at 09.30, 12.00, 15.00 and 17.30 with a handover to and from the night site team at 20.00 and 08.00.

Command and control protocols are in place as per the OPEL checklists.

9. Communication

a. National and regional

As in previous years there will be a national publicity campaign both targeted at informing the general public about what they can do to use clinical services effectively.

b. Local initiatives

Over recent weeks the Trust has used its social media platforms to communicate to the public with regard to choosing the most appropriate service for urgent and emergency care. It is planned that this will continue during the winter period.

10. Risk Assessment

In developing a plan for winter seasonal surge there is always a level of risk given the range and number of assumptions that need to be made. CMT believes that in recommending the winter plan for 2019-20 it has identified the key risks and has either put plans in place to respond to these or to mitigate their effects should they materialise.

The key risks considered are identified in the table below.

Table 2: Summary of Remaining Winter Risks

Area of Risk	Objective Affected	Mitigating Action Taken	Residual risk
Potential that patient numbers exceed the levels of demand planned	• Patient safety • Meeting demand	All available physical bed capacity has been identified and every effort made to recruit staff to support these. In the event that demand exceeds identified the escalation process requires the on-call service line manager and director to take decisions based on staffed bed capacity and the planned programme. Where necessary this may include decisions to reduce the elective programme or to seek mutual aid.	H
Risk that insufficient qualified staff are recruited and retained to meet the anticipated need or that during the winter period seasonal viruses take their toll on staff affecting numbers	• Patient safety • Meeting demand	Every effort has been made through the year as part of a rolling recruitment programme to attract as many qualified staff as are needed. More use is being made of AHPs where recruitment is not as challenged as qualified nursing. All wards will be assessed for safe staffing levels on a daily basis. staffing plans are updated at site huddles. All staff are encouraged to have their flu vaccination to reduce the risk of illness.	H

Risk that the national access targets will not be met and STF funding lost	- Contractual obligations - Delivering financial balance	Every effort has been made to ensure that the trust has the physical and staffing resources to allow it to meet the national 4hour standards and local ambulance handover targets. Investment in the patient flow team and discharge capacity is specifically targeted at ensuring patients are moved through the system to support the front of house teams. The full capacity protocol and the 6 identified escalation beds will be used when clinically appropriate to do so in order to help provide beds to Performance escalation meetings will be held as required to ensure organisational effort is targeted at delivery of the targets.	H
Risk to the elective programme (increased medical outliers and reduced elective activity) and impact on RTT.	Patient access	In planning the winter capacity every effort has been made to ensure sufficient medical capacity to support anticipated demand but there remains the potential for periods of peak demand to impact on the elective programme.	H
Increased costs of providing capacity and associated financial risk	Delivering financial balance	All proposals have been scrutinised by CMT and agreed to be critical to the delivery of the winter programme.	H
Risk that to cover any increased level of staff sickness additional costs will be incurred through bank or agency costs	Delivering financial balance and quality	All staff are encouraged to have their flu vaccination. Policies are in place to minimise risk of spreading infection among staff but beyond this there is little pre-emptive action that can be taken.	H

11. Conclusion and Recommendation

CMT is satisfied that a comprehensive and robust winter plan has been developed using the physical, workforce and financial resources that are available. It is recognised that there remain a number of significant risks and where possible mitigating actions have been taken. Processes are in place on a daily and weekly basis to keep the position through the winter under review and for action to be taken in a timely manner to address any issues that arise.

The Board of Directors is asked to accept this winter plan for 2019-20 and to approve the expenditure plan that supports it.

Appendix 1

WINTER 19/20 - ADDITIONAL COSTS					
AREA	BED NUMBERS		PERIOD	TOTAL ADDITIONAL COST NOT IN FORECAST	
	SUBSTANTIVE	WINTER BEDS		ASSUMPTIONS	
WARD 4	30	+4	NOV - MAR	£88,915 BASED ON AVERAGE COST PER BED FROM 18/19	
WARD 6	16	+8	NOV - MAR	£14,471 PAY COSTS BASED ON ESTABLISHMENT REQUIREMENT FOR 24 BEDS LESS CURRENT ESTABLISHMENT	
WARD 9	36	+3	NOV - MAR	£84,317 BASED ON AVERAGE COST PER BED FROM 18/19	
WARD 12	0	+16	DEC - FEB	£153,511 PAY COSTS BASED ON NURSING STAFFING MODEL FOR 16 BEDS	
WARD 14	16	+5	NOV - MAR	£25,536 BASED ON AVERAGE COST PER BED FROM 18/19	
WARD 14A	24	+2	NOV - MAR	£10,214 BASED ON AVERAGE COST PER BED FROM 18/19	
WARD 14A CONVERTED TO WINTER WARD	0	+24	JAN	£0 ASSUMED NO ADDITIONAL COST TO COVERT 24 TRAUMA BEDS TO WINTER BEDS	
QUALIFIED BANK SPEND (INCREASE TO £17 RATE)			NOV - MAR	£34,984	
SURGERY FORECAST				-£45,000	
MEDICINE FORECAST				£0	
OCCUPATIONAL THERAPISTS				£0 SWTE BAND 5 OVERESTABLISHMENT - ALREADY IN RUN RATE & FORECAST FYE	
TOTAL ADDITIONAL COST NOT IN FORECAST				£366,948	