## SUMMARY REPORT

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<thead>
<tr>
<th>TRUST BOARD</th>
<th>1 December 2016</th>
<th>Agenda Number: 11</th>
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<tbody>
<tr>
<td><strong>Title of Report</strong></td>
<td>Winter Plan 2016/17</td>
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<tr>
<td><strong>Accountable Officer</strong></td>
<td>Richard Best – Chief Operating Officer</td>
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<td><strong>Author(s)</strong></td>
<td>Ella Stracey – AD Transformation, RCHT</td>
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<td><strong>Purpose of Report</strong></td>
<td>To provide oversight and assurance to RCHT Board on the current position of the system wide winter plan.</td>
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| **Recommendation** | The Trust Board is recommended to:  
- Receive assurance that there has been a robust approach to the system wide winter planning arrangements;  
- Be assured that the on-going development, refinement and delivery of the plan will be closely monitored and progressed through the A&E Delivery Board;  
- Receive a progress update at the Board meeting in January 2017. | |
| **Consultation Undertaken to Date** | Winter planning has been discussed regularly at the Trust Management Group during October and November 2016, including an extraordinary meeting on 19th October 2016. This paper incorporates issues discussed at these meetings. The A&E Delivery Board Winter Sub Committee has been reviewing the winter plan on a weekly basis. | |
| **Date(s) at which previously discussed by Trust Board / Committee** | This is being presented for the first time in relation to this year’s winter’s plan. | |
| **Next Steps** | The A&E Delivery Board will oversee the on-going development and refinement of the winter plan.  
A set of KPIs will be carefully monitored to assess the impact of the plans being put in place, and additional measures will be considered as required.  
An update will be received at the January 2017 Board meeting. | |

### Executive Summary

This paper sets out the system wide planning taking place to ensure health and social care services are prepared for the inevitable winter pressures.  
This work is being overseen by the A&E Delivery Board, chaired by the Trust’s Chief Executive.  
There is good system wide collaboration, with detailed plans being developed to manage winter pressures, although these are not currently sufficient to fully mitigate the risks facing
The Trust has developed a set of nine outcomes to be prioritised in terms of its internal contribution to winter planning, which reflect the complexity of issues being managed within available resources. These outcomes, and the plans to deliver these, have been worked up in close consultation with senior clinical colleagues.

Given the work that has already taken place to respond to the increased activity levels experienced over many months, there are now limited options for the Trust to further increase its capacity (due to space, staffing and resources), and therefore there is a significant focus on the work taking place to minimise avoidable admissions and reduce the current levels of delayed discharges. This leaves a level of risk that cannot be fully mitigated, and will be carefully monitored on a daily basis to ensure that patients remain safe and performance levels are optimised.

<table>
<thead>
<tr>
<th>Financial Risks</th>
<th>All available contingency and the initial operational capacity reserve has been utilised, and therefore any unplanned additional cost may compromise the yearend financial outturn.</th>
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<tbody>
<tr>
<td>Key Risks</td>
<td>There is a significant risk to safety and performance if the actions in the plan are not fully implemented. A capacity gap for beds still remains at RCHT and this does put the RTT and ED performance at risk. The identified actions do not currently fully mitigate all the operational risks but assurance can be taken that the whole system is sighted to the risks and is working on further mitigations.</td>
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<td>Disclosure Statement</td>
<td>N/A</td>
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<tr>
<td>Equality and Diversity Statement</td>
<td>The system wide winter plan will support the care of older people by promoting care at home, reducing time in hospital and swifter discharge processes.</td>
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Winter Plan 2016/17

1. Introduction

This paper is to provide the degree of assurance currently available with regard to the whole system actions for Winter 2016/17. The Winter Plan builds on existing measures to maintain resilience in the Cornwall Health and Social Care system and should provide the Board with clarity of key additional actions for the winter period.

The Winter Plan covers from now through to the end of March 2017 but many of these actions will be on-going to improve resilience. In our operational plans there was no additional capacity or resources specifically for winter, but £1.8m was made available to improve flow and create additional capacity, particularly to ensure the Trust was ready for winter. Most of the proposed schemes did not proceed, but some of the investment was re-directed to Theatre Direct developments and the establishment of a permanent Integrated Discharge Ward model. The bed models do account for predicted increased in non elective activity and a predicted increase in length of stay, which will increase pressure on occupancy and the need for whole system working.

The actions in the plan also reflect the key topic areas of learning from the review of the 2015/16 Winter Plan:

- reflecting the increase in demand for Medicine from November to March, and not just focusing on the 2 week Christmas period;
- improving understanding of the impact on expenses and financial control totals;
- increasing our assurance of the impact of working with our system partners to reduce the delayed transfers of care;
- the improved management and communication of medical workload including the co-ordination with elective work;
- better planning of work to optimise use of St Michaels Hospital;
- reducing the over reliance on internal RCHT efficiency and develop more whole system working;
- understanding the rise of ED attendances.

2. Winter Plan Approach

This year’s Winter Plan has been developed and led by the newly established A&E Delivery Board representing the whole of the Cornwall Health and Social Care including some Voluntary Sector organisations. The Board is chaired by the CEO of Royal Cornwall Hospitals NHS Trust. In preparing the plan the group has kept to the principles of, wherever possible, providing care to avoid unnecessary admissions and maintain people’s independence and to ensure where secondary care is required that it is effectively delivered and people move swiftly to a lower setting of care eg, home. It is a major step forward for the system that we have the collective bodies working on one plan.
For Royal Cornwall Hospitals NHS Trust there are 9 key outcomes that are being prioritised:

- Achieve full partner buy in to system plan
- Improve patient flow
- Keep maternity redevelopment on track
- Optimise use of RCHT facilities
- Continue development of Lowen Ward
- Limit financial impact (recognising there are no extra resources)
- Enable emergency standard at 85%
- Protect RTT performance
- Preserve elective surgery capacity

To achieve these outcomes, the A&E Delivery Board have developed three key themes of work:

- Supporting people to stay at home;
- Providing efficient care at the Acute Hospital;
- Supporting people at home upon discharge.

To support delivery of these, there will be a joined up communication plan led by representatives of the whole system. The A&E Delivery Board and its Sub Committee provide oversight on a weekly basis to deliver the plan.

3. Supporting people to stay at home

The purpose of these actions is to improve access to advice, support and care in the primary care and community setting in order to avoid unnecessary admissions for patients.

In this section, there are five actions with confirmed start dates. There are a further eight actions still to deliver in the next few weeks.

Kernow CCG have identified and agreed to implement four schemes to support admission avoidance this winter. The schemes are described below:

- Four additional clinical pharmacists will be undertaking care home medication reviews from the week commencing 5th December. The benefit for patients will be realised when clinical pharmacists identify necessary changes to medication in the care home setting and consequently avoid an unnecessary hospital or GP attendance.

- An additional community pharmacist is being implemented as a joint post with RCHT. This post will be in place week commencing 23rd January and the benefit for patients will be admission avoidance in much the same way as the four posts above.

- Increased access to minor ailment schemes with Pharmacists commenced in the week commencing 21st November. This scheme allows Pharmacists to prescribe drugs to treat four common and minor ailments direct from community pharmacies. This benefits patients by providing them with quick access to treatment and it frees up GP and urgent care capacity for other patients. Whilst the scheme has already commenced, there is a need to increase uptake through improved communication of the service.
Extended access to GPs for winter has already commenced in Camborne, Redruth and Helston. These are areas where many frail, elderly patients are referred from and the aim of the scheme is to help avoid unnecessary admissions to hospital through the provision of greater access to advice and support in primary care.

The out of hours GP service will also be implementing the following scheme to support patients to stay at home:

- An additional Urgent Care Practitioner (UCP) has been agreed for the out of hours GP service. The additional resource will be available on Friday, Saturday and Sunday nights from the week commencing 5th December. The UCP will be available to carry out house visits with the benefit of providing advice and treatment in the patient’s home rather than requiring them to attend the GP surgery or acute hospital.

The following schemes continue to be worked up and start dates are yet to be confirmed. They respond to the growth in A&E referrals from NHS 111 and GPs Out of Hours. Improved resource here will significantly help A&E.

3.1 NHS 111 and 999 services:
- Increase the number of 111 A&E referrals receiving a secondary review
- Increase GP triage in 999 call hubs, including remote GP support
- Increase use of patient support vehicles/ taxis to support conveyances earlier in the day
- Agree admission avoidance pathway with Acute GP Service

3.2 CFT
- Pilot OT working with 999 crews one day per week to help prevent attendances
- Community matrons supporting high risk patients to prevent avoidable admissions.

3.3 Cornwall Health - Out of hours GP service:
- Implement a care home admission avoidance line.

3.4 NHS Kernow:
- Commence a North Kerrier GP home visiting pilot to support admission avoidance.

4. Improved Acute flow

The overarching purpose of the acute flow actions is to ensure that when a patient does require acute care, they are treated effectively and efficiently to enable them to transfer home or to a place where they can receive onward care. This approach brings benefit to patients by providing better care, reducing their length of stay to only the essential timeframe and thus avoiding harm from inactivity or avoidable exposure to infection risks.

There are only limited options to increase the bed stock at RCHT that do not compromise ward environment improvements, or safer staffing levels. The following actions have been agreed for implementation by the Acute Trust:
• Continue with the important ward development work which will promote a better environment for our patients on Lowen Ward and within midwifery and neonatal services.

• Protecting RTT performance by preserving elective capacity – In order to maintain RTT into Quarter 4, the medical escalation beds will be concentrated in three locations with all other surgical capacity being protected/ring-fenced. This will be kept under close review.

• Post-operative trauma patients will be moved to St Michael’s Hospital to free up bed capacity to maintain complex, long wait orthopaedic patients that need to be operated on at the Treliske site. In addition weekend working at St Michael’s Hospital will be continued throughout winter to deliver lost activity on the Treliske site as a result of bed pressures.

• A new medical take model and ED model is being developed to be implemented in phases from December. It will ultimately mean a greater proportion of expected patients going straight to medicine and avoiding waits in ED. It will impact positively by freeing up ED capacity, reducing ambulance waits, promoting ambulatory care and starting medical pathways in a more timely and efficient way. This focus on safer placement of patients, getting the right patient to the right ward and the Early ‘pull’ from wards to free up the Medical Assessment Unit, will require wards to discharge some patients before 10am.

• Additional transport is being sourced for Friday, Saturday and Sunday nights from January – March 2017. The aim is to ensure that discharges are timely and delays due to transport are minimised.

Other measures already in place include the consolidation of senior nurse meetings until 31st March 2017 to enable them to focus on the management of frontline care, a detailed daily capacity plan from mid-December to mid-January; and continued system wide weekly de-escalation meetings to focus on resolution of delayed discharges.

There is also significant work taking place to increase the influenza vaccination rate for frontline staff to build staff resilience over winter, as well as protect our patients.

5. Supporting people at home after Discharge

The purpose of the actions in this section is to highlight actions that improve support for patients after discharge from hospital. The benefit for patients will be that they are re-enabled more quickly and are supported to live as independent lives as possible. The outcome will be a better quality of life with a reduced risk of readmission.

• Cornwall Partnership Foundation Trust has already started to implement a new service called Discharge to Assess (D2A). There are three pathways within D2A:
  
  o Pathway 1 – identifies patients within 72 hours of admission and provides 2 weeks of re-enablement support to patients in their homes. The benefit is a reduced length of stay and support to maximise reablement in their own homes.
  
  o Pathway 2 – supports patients in community hospitals through a re-enablement programme. The aim is to get patients fit enough to be discharged from community hospitals with a lower level of support required at home.
  
  o Pathway 3 – supports patients in care home settings temporarily to improve their strength and independence with a view to reducing their reliance on packages of care or permanent residential/nursing care wherever possible.
Cornwall Council has implemented a new funding arrangement to help patients and families to fund their care, and facilitate timely discharge. Free care home placements for two weeks or a £10/day contribution toward packages of care will be offered to all people who are in an acute bed and are over 75 years old.

Cornwall Council also plans to offer personal budgets to families who can take time off work to care for their relatives. This will help to breach some of the gap in care package capacity and will benefit patients by enabling them to be cared for by family members. The provisional start date for both of the Council schemes is the 19th December 2016.

The following actions still have start dates to be confirmed but are expected:

- Opening 7 additional beds for escalation in the community hospital at Camborne. This action is dependent on medical cover being identified. CFT, RCHT and the GP services are working up options for staffing this area.

- Redeployment of council nurses to support care homes. This option is being scoped by the Strategic Director for Children, Families and Adults in the Council.

### 6. Keeping Patients Safe

Existing governance structures will be used to ensure the oversight of quality and safety during the winter period:

- Continuation of the work of the nursing and governance collaborative meeting and weekly incident theme review;
- Review of all potential serious incidents by the Medical and Nurse Directors;
- Oversight of all complaints and incidents by the Director of Nursing;
- Weekly monitoring of quality indicators in the Emergency Department (care rounding; pain scoring; observation scoring; documentation);
- Monitoring of nursing quality indicators;
- Twice daily nurse staffing meetings;
- Regular bed meetings with review of any safety issues.

### 7. Governance and Communications

Governance and delivery of the plan is overseen by the A&E Delivery Board. Progress is being reported on a weekly basis to the A&E Delivery Board Sub Committee, in order that additional/alternative mitigation can be put in place as required. Key KPIs are being established covering a range of data including admission numbers, delayed transfers, outliers and progress on D2A.

A critically important part of the execution of the winter plan is good communication. It is imperative that the actions in the whole system plan are communicated effectively both internally for staff and externally for the public. A communications plan is being developed by the A&E Delivery Board Sub Committee with contributions from the Heads of Communication for all partner organisations. Communications will be targeted throughout winter to ensure people seek treatment at home in the first instance and only access acute care when all other options have been considered and ruled out. Similarly it will be important that members of staff are clear on the aims of the winter plan, and the implications for their practice.
8. Funding

All plans need to be delivered within existing budgets as there are no additional resources/available contingency.

9. Conclusion

There remains some risk as there is still a shortfall in acute beds required and existing high delayed discharges; however options are limited within the Trust due to space, staffing and resources. The plan promotes care for patients across the whole system and has been developed collectively by senior leaders across the health, social care and voluntary section under the governance of the A&E Delivery Board, and with strengthened clinical engagement.

There is further work required to ensure delivery of existing actions and implementation of actions not yet started. The responsibility for confirming these actions sits with the executive leads for each organisation.

10. Recommendations

The Trust Board is recommended to:

- receive assurance that there has been a robust approach to the system wide winter planning arrangements;
- be assured that the on-going development, refinement and delivery of the plan will be closely monitored and progressed through the A&E Delivery Board;
- Receive a progress update at the Board meeting in January 2017.