

## Winter plan 2016/17

<b>Trust Board</b>	<b>Item: 17</b>
<b>25<sup>th</sup> May 2016</b>	<b>Enclosure: M</b>
<b>Purpose of the Report / Paper:</b> To review winter 2015/16 and to set out proposals for winter 2016/17	
<b>For: Information</b> <input type="checkbox"/> <b>Assurance</b> <input checked="" type="checkbox"/> <b>Discussion and input</b> <input checked="" type="checkbox"/> <b>Decision/approval</b> <input checked="" type="checkbox"/>	
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<b>Financial / Resource Implications:</b>	A bid for winter resilience money will be submitted to the System Resilience Group (SRG)
<b>Link to Relevant CQC Domain:</b> <b>Safe</b> <input checked="" type="checkbox"/> <b>Effective</b> <input checked="" type="checkbox"/> <b>Caring</b> <input checked="" type="checkbox"/> <b>Responsive</b> <input checked="" type="checkbox"/> <b>Well Led</b> <input checked="" type="checkbox"/>	
<b>Risk Implications - Link to Assurance Framework or Corporate Risk Register:</b>	Strategic Objective 1
<b>Document Previously Considered By:</b>	The contents of the paper has been discussed in a number of forums and is the subject of ongoing discussion at the SRG. Any updates arising from the SRG on 19 <sup>th</sup> May will be provided verbally.
<b>Recommendations &amp; Action required:</b> The Board is requested <b>note</b> the contents of the paper and to authorise the actions proposed.	

## Kingston Hospital Foundation Trust- Winter Plan 2016/17

### Executive Summary

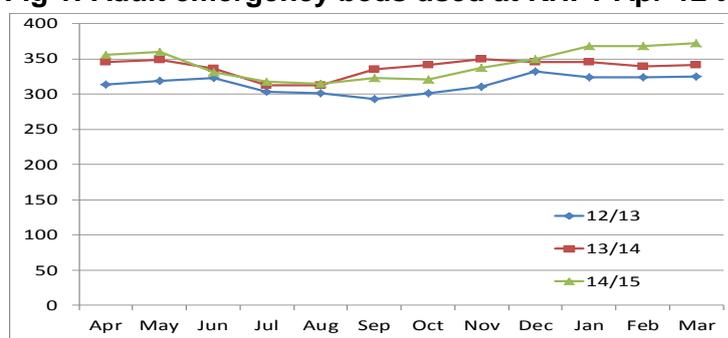
#### Purpose of the report

The purpose of this briefing is to outline the actions required to ensure that the impact of winter pressures in 2016/17 are minimised and that high quality care, positive patient experience and key operational objectives are maintained throughout this period. The paper will reflect on those successful strategies which were deployed in 2015/16 and will propose additional schemes for 2016/17.

#### Impact of winter pressures

- A tendency for a more complex/dependant case mix leading to an increase in length of stay (LOS)
- Reductions in timely discharge of patients due to increased demand for capacity in community/social care
- Risk of bed closures due to sustained infection (e.g. Norovirus)Outbreaks
- All of the above increases demand for bed capacity between January and May. (See fig 1.)
- Pressure on adult critical care and paediatric high dependency capacity across the network
- Unplanned absence of staff due to seasonal illnesses e.g. flu like symptoms and winter vomiting (Norovirus)
- Increase in ED attendances

**Fig 1: Adult emergency beds used at KHFT Apr-12 to Mar-15**



#### Learning from 2015/16

##### Successes

- Advanced planning for the opening of 16 beds on Claremont Ward, with the employment of a consultant to lead the ward, junior doctors, a ward sister and nursing staff. It is important to note however that additional funding through winter resilience monies was not secured for this and that it represented a cost pressure to the Trust.
- Robust plan for the period leading up to Christmas including the employment of additional resource from Kingston social care team
- Robust plan for the management of elective work in the period between Christmas and New Year and the first two weeks of January, including increased use of the DSU. This was managed daily by a senior manager.
- Daily management of delayed discharges at the bed meeting led by the Associate Director for emergency services.
- Improved collaboration between KHFT and Richmond and Kingston community and social care teams and in reach on AAU and ED.
- Use of GPs in ED, supporting the 'minors' patients.

- Collaborative working between medical, surgical, orthopaedic and gynaecology wards, to ensure maximum use of bed capacity and safe staffing levels.
- Additional medical support at weekends to ensure senior decision making in medicine.
- Ambulance assessment and handover in ED was effective.
- Funding to support the above schemes was not secured through winter resilience funding, most of which was channelled in community and primary care schemes which have not yet been evaluated.

#### **Areas for development**

- Continued heavy reliance on agency staff, particularly in ED where medical and nursing vacancies remained high
- Although a commitment was made between Kingston and Richmond to use their rehabilitation units flexibly, in practice this was not implemented.
- No progress was made in developing the 'trusted assessor' and 'discharge to assess' strategies
- Input from Kingston and Richmond was significant but less so from Merton and Sutton, Wandsworth and Surrey where escalation proved difficult.
- Messaging to the public about the availability of services in the community could have been stronger to reduce attendances to ED.
- Admission avoidance schemes deployed in the community/primary care did not reduce attendances to ED or admissions to hospital.

#### **Proposed strategy for 2016/17**

##### **Internal**

- Bid for funding to secure additional capacity during the winter period. This includes additional beds, clinical support services and new services e.g. frailty service in ED.
- Work with the commissioners to ensure a strong communications strategy as was used for the junior doctors' strike, including the availability of alternative access points to ED.
- Repeat the successes of 2015/16
- Implement a robust recruitment campaign to increase staff on the bank and to fill medical vacancies, particularly in medicine and ED.
- Design, build and open the clinical decisions unit in ED to be opened in Autumn 2016.

##### **External**

- Review critically the use of winter resilience monies in the community and primary care in 2015/16 and agree which should be supported going forward.
- Rapid implementation of 'discharge to assess' – enabling patients to be discharged home with support for assessment.
- Enhanced support to children and adults requiring psychiatric support from psychiatric liaison, home treatment teams and CAMHS.
- Identification of clear escalation policies with external partners.
- Development of a single service on site for social care to support all boroughs.

##### **Next steps**

It is proposed that the System Resilience Group be used to coordinate activities across health and social care and to critically evaluate those schemes which have shown to be effective and to agree any new actions for 2016/17. Locally it is proposed that the Chief Operating Office establish a task and finish group to develop a bid for resilience monies and to produce an internal plan for 2016/17.