Seasonal Winter Plan 2018/19

Central Cheshire A&E Delivery Board

Working in partnership:
Mid Cheshire Hospitals NHS Foundation Trust
Cheshire and Wirral Partnership NHS Foundation Trust
NHS South Cheshire Clinical Commissioning Group
NHS Vale Royal Clinical Commissioning Group

Introduction

This paper will provide a reflection on winter 2017/18 as well as outlying the specific additional seasonal schemes that are being proposed as part of the Central Cheshire A&E Delivery Board winter planning process.

These additional schemes (along with existing rolling services) should enable the system to maintain the DTOC target of 3.5% and the additional requirement to reach and maintain a 90% four hour access target by September 2018 and 95% by April 2019, based on past levels of attendance and admission.

The total values of the schemes are £1,316m. The schemes will support the seasonal fluctuations in demand especially within the acute hospital setting. The plan is designed to allow the continuing delivery of safe and effective clinical services during the times of sessional fluctuation.

The required outcomes of winter planning are to ensure that:-

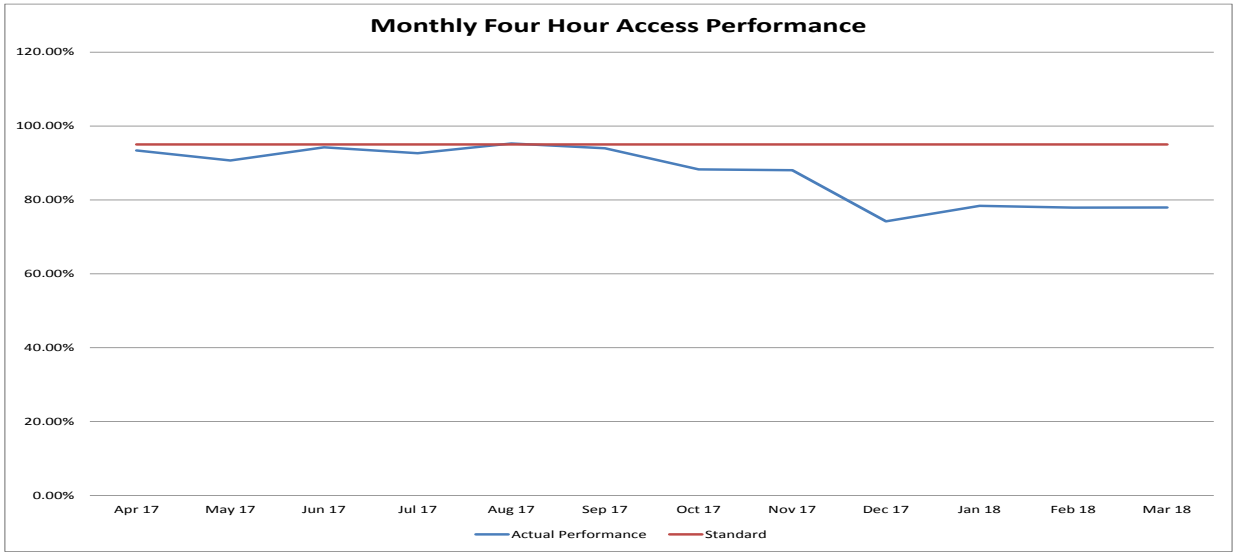
- A comprehensive winter plan is in place which recognises that demand on available services is likely to be at its highest level and identifies local areas of risk which need to be mitigated.
- The Trust's plan forms part of the overall local health and social care plans
- The provision of high quality services and excellent patient outcomes and experiences are maintained through periods of pressure.
- The impact of pressures on individual services, national performance standards and finances are managed effectively.
- A process is in place to meet the reporting requirements of NHS England and NHS Improvement.
- There are clearly quantifiable escalation arrangements in place with plans to provide additional capacity if required.
- Key risks and lessons learnt from previous years have been identified.

The majority of schemes will be in place from 1st November 2018 to 31st March 2019. These dates cover periods of increase demand both on community and acute services

The seasonal schemes will be activated and stood down at different times depending on requirements. Some schemes will require fixed timescales, whereas others will be deployed when demand indicates they are necessary. All schemes will be monitored through the BCF Governance Group and Discharge Steering Group, overseen by the A&E Delivery Board

Performance during winter 2017/18

Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) is seen by regulators as comparatively performing well with regards to the four hour emergency access standard. However, performance against the four hour access standard deteriorated to 88% in October & November from a year to date position at the end of September of 93%. Performance took a stepped decline in December to March with December recording performance of 74%. Quarter four performance improved marginally to an average of 78% but well below the expected standard.

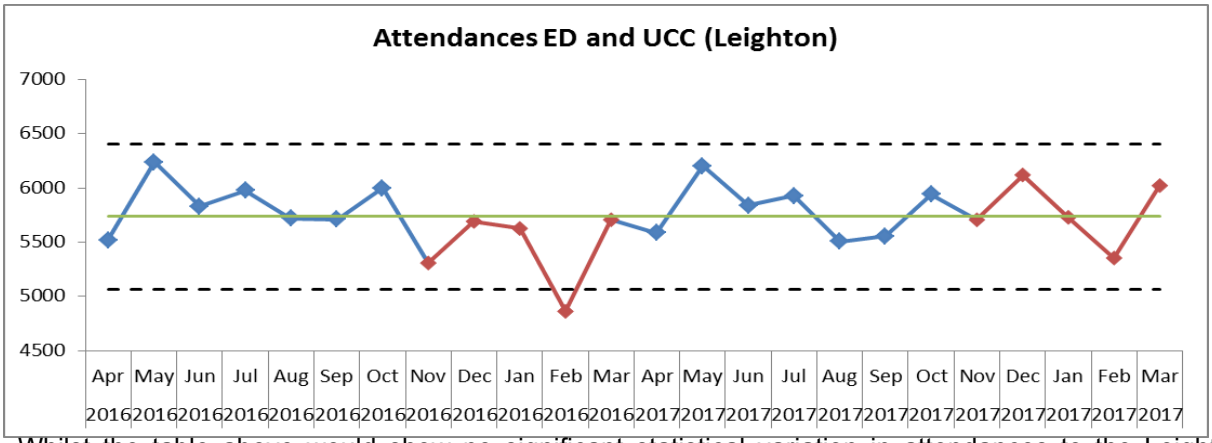


The performance and pressures during winter 2017/18 reflect the national picture and have been experienced against a rise in non-elective admissions at the Trust. In response to the increase in admissions the Trust opened escalation capacity which peaked at 66 beds in January 2018.

The Trust had a winter plan agreed via the A&E Delivery Board of £200k which did not include additional in-patient beds. A bid was submitted to NHSI for additional winter funding and this was approved in late December 2017, providing £1,020k funding to the Trust. This funding was spent on additional bed capacity both in hospital and in the community setting, where the Trust has worked with partners to open an additional 10 'Discharge to Assess' beds for the period 1st January 2018 to 20th April 2018. The Trust has also worked with local authorities to utilise some of the funding to ensure that domiciliary care is readily accessible for patient returning to their own homes.

Elective work was suspended in the Trust from Monday 18th December 2017 as a proactive measure to help free staffing and physical resources to manage non-elective flows and this resumed on Monday 29th January 2018. This measure was agreed in September 2017 so as to ensure elective patients were not scheduled or placed at risk of cancellation.

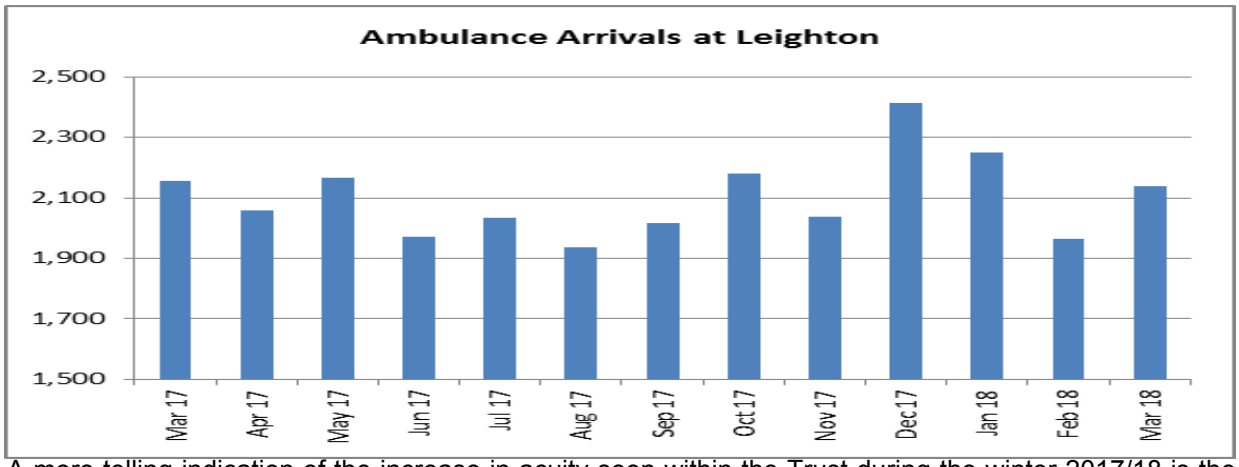
During December 2017 and January 2018 the Trust saw the highest recorded level of ambulance conveyances, ED attendances (at the Leighton site), and non-elective admissions.



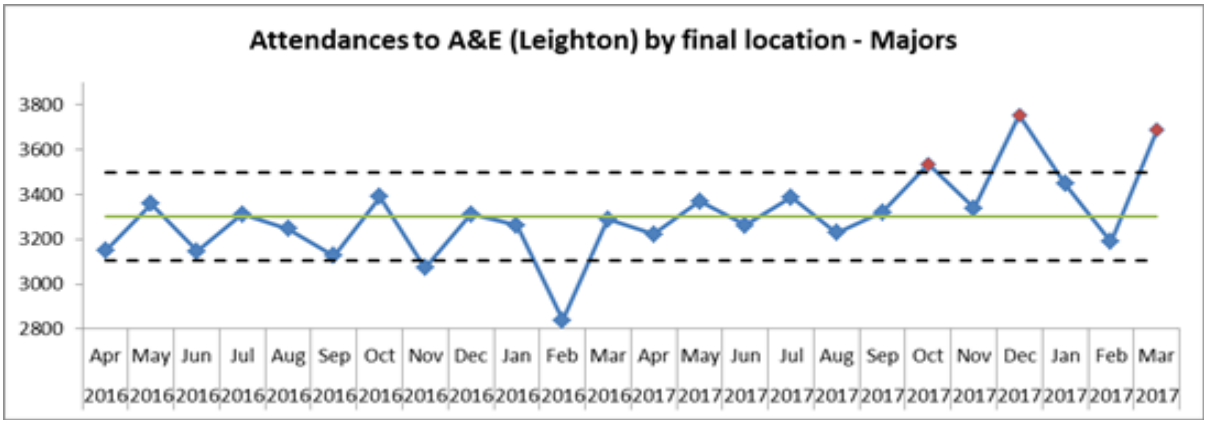
Whilst the table above would show no significant statistical variation in attendances to the Leighton Hospital site during 2017/18, there is a marked change in the number of presentations during winter 2016/17 compared to winter 2017/18. Summer attendances above the average are expected and are

evidenced to be of a lower acuity and classified as attendances to the minor's area within the Emergency Department.

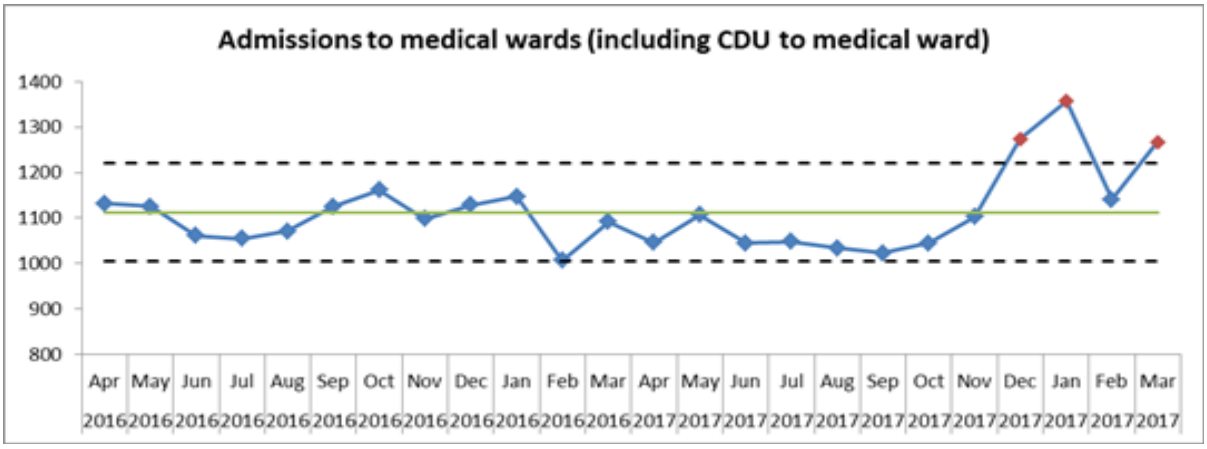
The increase in attendances in winter 2017/18 corresponded with a stepped increase in acuity. The initial marker of the increase in acuity was seen in the increased number of ambulance conveyances to the Trust. The increase is illustrated in the table below.



A more telling indication of the increase in acuity seen within the Trust during the winter 2017/18 is the location of patients treated within the department. The table below illustrates a step change in the location that patients were seen and treated within the department. It should be noted that the majors department consists of ten cubicle spaces and during November 2017 to March 2018 the Trust treated an additional 1,600 patients when compared to the same period in 2016/17 within the ten cubicles. The increase in patients treated within the major's cubicles was equivalent to a 10% increase.



The increase in acuity seen within the Emergency Department was mirrored when admissions were reviewed. The Trust has seen a statistical variation in admissions from the Emergency Department to inpatient wards.



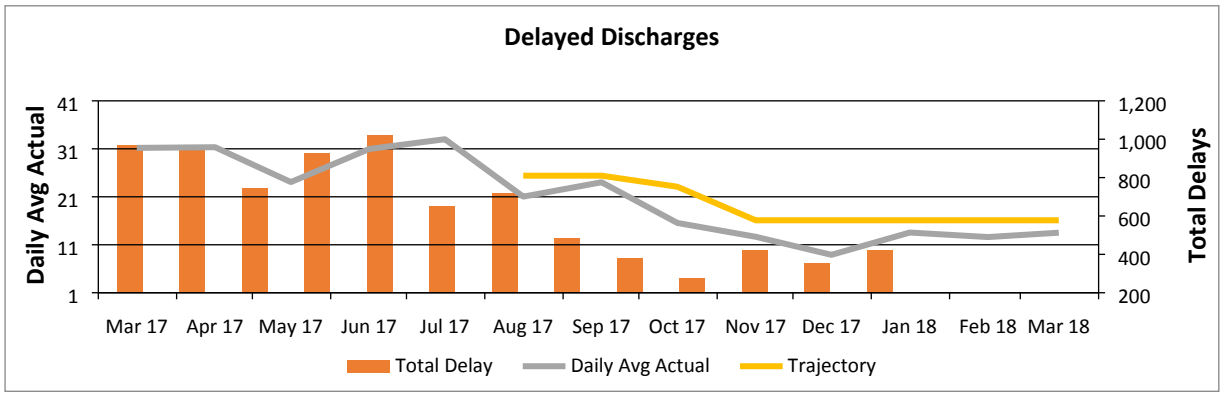
During December 2017 until March 2018 the Emergency Department admitted an additional 800 patients compared to the same period in 2016/17. The increase in admissions from the Emergency Department equated to just under 20%

Additional Inpatient Capacity during winter 2017/18

The increase in non-elective admissions resulted in the Trust opening up additional in-patient beds. The escalation areas were provided on:

- Ward 15 – 32 beds – Closed on 25.4.2018
- Ward 11 – 17 beds – Returned to function as the Surgical Ambulatory Care Unit on 20.3.2018
- Planned Admissions Unit – 17 beds – was used as escalation on eight occasions and has now returned to function as the Planned Admissions Unit

As a result of positive partnership working, the Trust (and Central Cheshire System) continues to have one of the lowest Delayed Transfers of Care (DToC) rates in the country. As is illustrated within the table below.



Performance During April 2018

All metrics associated with non-elective flow have rebalanced during April 2018 with the exception of admissions from the Emergency Department which is still showing an increase of 20% when compared to April 2017. Despite the continued pressure on inpatient capacity from Emergency Department admissions the Trust closed its remaining escalation ward on 25.4.2018.

It should be noted that the Trust is now managing patient flow with 32 less acute inpatient beds and 15 less community beds when compared to April 2017. The resulting impact is higher inpatient occupancy

than the Trust would have planned and although performance against the four hour access standard has increased to above 81% it is still far short of the Trust's expectation.

Schemes for Winter 2018/19

Partners (via the A&E Delivery Board) have reviewed the 2017/18 schemes in relation to deliverability, effectiveness and patient outcomes. The proposed schemes for winter 2018/19 have been developed following feedback from the A&E Delivery Board. The submission on plans for winter 2018/19 is required earlier than previous years and as such discussions are still ongoing regarding some further investment within Primary Care and Mental Health. Any investment within these two areas would require a disinvestment from the schemes listed below. It is envisaged that a final winter plan be agreed by all partners at the A&E Delivery Board in May 2018.

The proposed schemes below specifically support the achievement and maintenance of the four hour access standard, admission avoidance, care closer to home and a continued compliance with the DTOC standard.

Scheme	**Discharge to Assess Packages of Care**
Value of Investment	180K
Period Active	December 2017 – March 2018
Implementation Lead	**Local Authority**
Summary Detail	This scheme will support early discharge of patients require complex packages of care and those who are delayed due to care package start dates both within MCHFT and the community step down bed provision

Scheme	**Discharge to assess additional spot purchase beds**
Value of Investment	£328k
Period Active	December 2018- March 2019
Implementation Lead	**VR and SC CCG**
Summary Detail	Additional spot purchase capacity to support access and flow and enable patients to be assessed within a community bed environment. Including in the total spend is additional medical cover and therapy support as required from Primary Care and CCICP.

	British Red Cross Transport & Enhanced Support at Home
Value of Investment	£45,000
Period Active	December 2017 – March 2018
Implementation Lead	**MCHFT**
Summary Detail	The British Red Cross will extend the existing Monday to Friday service to weekends and Bank Holidays for the period December 2017 to March 2018. The British Red Cross Service reduces admissions through preventative support and readmission of service users by following up individuals post discharge. The service transports patients to their normal place of residence directly. This links into the BRC Support at Home team who provide a telephone check and further support as appropriate, including a basic and time limited package of care. This element is funded through the Local Authorities. The funding from the Acute Trust is purely for the transport and initial settling in element. Additional signposting is provided as required. For example, facilitating transport to the falls prevention workshops, Age UK or other Local Authority support schemes.

Scheme	**Non-Emergency Transport**
Value of Investment	£32k
Period Active	November 2017 – March 2018
Implementation Lead	**MCHFT**
Summary Detail	. This scheme will enable additional transport provision to be put in place to support increase demand for discharges and earlier in the day discharge this supports a better and joined up transport approach for patients.

Scheme	**Additional acute Escalation Ward**
Value of Investment	£600k
Period Active	November 2018- March 2019
Implementation Lead	**MCHFT**
Summary Detail	During 17/18 additional escalation beds were opened these were originally unplanned and opened late December causing some concerns. During 18/19 partners will add additional acute bed capacity in a controlled way with the right staff and D2A processes embedded, this should enable early discharges, the right staffing support and better patient outcomes. It will also reduce the need for additional community spot purchase capacity resulting in lower 24hr care admissions

Scheme	Additional ED Staffing
Value of Investment	£25k
Period Active	November 2018 – March 2019
Implementation Lead	MCHFT
Summary Detail	There will be additional staffing in the EDFD to support access and flow, both qualified staff and HCAs.

	IDT & Social Care Input to ACU, AMU, Short Stay (incl Pharmacy)
Value of Investment	£15,000
Period Active	November 2017 – March 2018
Implementation Lead	Sarah Vaneeathan
Summary Detail	The scheme would put a Band 6 experienced IDT nurse in to work with the ACU, AMU and Short Stay Medicine areas seven days a week 9am to 5pm, to identify patients suitable for early discharge with appropriate home support or transfer community bed. Currently, there is not input from this team directly at the front of house and this aims to prevent patients remaining in hospital and requiring transfer to inpatient medical wards to access social and intermediate care services.

Scheme	**Additional Medical Staff in ED**
Value of Investment	£25k
Period Active	November 2018 – March 2019
Implementation Lead	**MCHFT**
	Additional medical staff will support early clinical assessment and discharge to reduce ED delays. The medics will work within ED to support patients to flow and early clinical decisions. In addition to this the GPOoHrs lead is looking to implement a MoU with nurses to triage 111, primary care streaming.

Scheme	**Consultant weekend Sessions**
Value of Investment	£25k
Period Active	November 2018 – March 2019
Implementation Lead	**MCHFT**
Summary Detail	This scheme will support 7 day discharge at a senior clinical level to ensure that patients are discharged in a timely manner over 7 days The doctor will be separate to the routine medical team and focus on reviewing patients identified as potential discharges, completing the necessary discharge documentation and increasing the number and timeliness of discharges from the hospital at a weekend to free up bed capacity for admissions. This scheme worked well over 17/18 reducing DTOC as well as ensuring weekend flow.

Scheme	**Additional Therapy Input**
Value of Investment	£25K
Period Active	November 2018 - March 2019
Implementation Lead	**CCICP**
	Additional therapies to work across the EDFD including the frailty ward to support safe early discharges working closely with Social workers and IDT, as well as ensuring appropriate care plans in place for patients stepping down either home or into a D2A bed from MCHFT.

All the above schemes will compliment all the existing social care, primary care and secondary care services that are already in place, and work closely with community advanced Nurse Practitioner in particularly around the frailty pathway, as well as utilising extended GP access, linking with the GP care Home scheme and the 5 care communities

Financial Impact

The Overall budget for 18/19 proposed schemes is £1,316m.The table below gives a breakdown of this, highlighting some additional monies which have already been utilised to support additional capacity that did not cease on the 31st March. This was primarily inpatient escalation beds and the frailty pathway.

Funding	£'000
System Winter Monies	1,000
Cheshire East Council iBCF	480
Cheshire West and Chester Council iBCF	166
Frailty Pathway (Quarter 1)	(40)
Inpatient Beds (Month 1)	(290)
Total (approved at AEDB in May 2018)	**1,316**

Expenditure against the schemes identified earlier in the paper will take a phased approach, as is illustrated within the table below.

Proposed Scheme	November	December	January	February	March	Total
Inpatient Beds						
Additional Inpatient beds (32 beds) for Escalation	120	120	120	120	120	600
Out of Hospital Provision						
Discharge to Assess PoC Spot Purchase	20	40	40	40	40	180
Discharge to Assess (24 Beds) Spot Purchase		82	82	82	82	328
Workforce Increases						
Additional ED Staffing - Qualified & HCA via Bank	*5*	*5*	*5*	*5*	*5*	25
Additional Integrated Discharge Team Personnel	*2*	*2*	*2*	*2*	*2*	10
Transfer Team Shifts	*4*	*4*	*4*	*4*	*4*	20
2 x Additional SHOs in ED 24/7	5	5	5	5	5	25
Consultant Sessions Weekend	5	5	5	5	5	25
Pharmacy extended hours	1	1	1	1	1	5
Additional Therapist Input	*5*	*5*	*5*	*5*	*5*	25
Discharge Support						
British Red Cross Transport & Support @ Home	5	5	5	5	5	25
Non-Emergency PTS		8	8	8	8	32
Contingency						
Monthly Total	172	282	282	282	282	1,300

Investment in Primary Care and Mental Health

The table below details additional funding streams outside of the £1.3m to support investment in primary care and mental health services.

Additional Funding Streams	£'000
Primary Care Transformation Support Funding of £1.50 per head of population / up to £439,400 was approved by Governing Body in April 2018. This money has been set aside for Care Communities to bid against. Schemes which support primary care resilience over the winter period will be given a high priority	439
Mental Health Investment monies to the value of £1.45m were agreed by Governing Body in autumn 2017. The expectation is that schemes will be implemented in Q3 and provide additional resilience over the winter period	1,450

Better Care Fund

In addition to the above proposed schemes for 18/19, there are five ongoing schemes in place that are part of the wider BCF, these are care homes assessments, care package retention over seven days, Care sourcing team, additional social care staff to support D2A process, Care market sustainability. All BCF schemes are monitored monthly to ensure that they support the four national BCF targets. The CCGs are also jointly contracting care home and care at home provision. By October 2018 there will be a single contract and specification in place which will further help sustain the independent market and increase capacity.

Governance Structure

All 2018/19 schemes will be monitored monthly through Discharge Steering Group and updates provided to the BCF Governance Group an A&E Delivery Board. The A&E Delivery Board having the authority to agree any recommended changes within the financial allocation or scheme delivery.

It is envisaged that daily reporting to both NHSE and NHSI will continue over winter 2018/19. The system had a robust process for approving at executive level the daily sitrep submissions across seven days.

Communications Strategy

The winter schemes will need to be communicated to all partner organisations within the local health economy and internally, all relevant departments will need to be briefed on the schemes, implementation and expectations. A full winter communications plan will be developed for the wider health economy and the partners will also participate in the development of the plan and subsequent reviews.

Risk Management

A number of risks have been identified with the seasonal plan. These are shown in the table below along with mitigating actions are included.

Risk	Mitigation
Failure to identify winter funding to support minimum required schemes and enhanced acute and community services during Winter 2018/2019	The current funds that are available are £1.316m the system is part of a CEP therefore any additional funding may not be achievable
Failure to recruit the required number of staff to cover additional inpatient escalation capacity from November	Some temporary staffing and agency usage will be required to staff the number of beds identified, although recruitment will start in quarter one 2018/19
Failure to commission 24 community spot purchase beds within 3 Nursing homes	Commissioners will work with the Local Authority and care providers to ensure additional 24 block capacity for spot purchase arrangements
Failure to recruit the required number of additional staff for other schemes – ED, Medical Staff etc.	Additional hours will be offered to ED staff for the extra shifts. Additional shifts for middle grades in medicine will be put out to existing staff. These will all be offered in the summer to plan for November 18 implementation and will also explore locum / agency support
Failure to ensure Rapid care is commissioned by an external care agency	The CCGs will work with the Local Authority to ensure additional provision is in place to support November 18 implementation
No additional Mental Health capacity	The CCGs are working with the Mental health providers to ensure implementation of the 5YFV investment as well as redesigning the third sector dementia offer

Safety Measures

The Trust does not hold ambulance crews on arrival to the ED, which enables NWAS colleagues to be able to respond promptly to emergency calls within the community. If there is not sufficient space within our majors area (ten cubicles) then patients may wait to enter the department on a corridor. The corridor is staffed by a registered nurse, technician or healthcare assistant depending on patient acuity. The department monitors the acuity within each area and will actively move patients between the major's cubicles and the corridor to ensure timely medical intervention.

The Trust has implemented the ED Safety Checklist to be completed for all patients within the majors and resus area. The department's supernumerary Coordinator is in regular communication with the Clinical Site Manager.

The coordination of the site is overseen by a Capacity Director who is responsible for planning and overseeing patient flow from the ED / Assessment Units to base wards and escalation areas. The progress of every patient on escalation wards and medical outliers is reviewed daily by the site team to ensure discharge dates are known and tracked. There is a Floor Manager of the day for each Division, which is a Band 8A or above Senior Manager or Matron.

The Trust is in the final stages of increasing out of hours presence from a senior nursing and operational management perspective. The changes will be embedded before the winter period of 2018/19.

The Trust has developed a Full Capacity policy. The policy has been approved by the A&E Delivery Board and is currently being written into the Trust's comprehensive escalation policy.

The Divisional Heads of Nursing and Matrons meet at 1pm to go through staffing for the next 24 hours and any concerns are escalated to the Director of Nursing & Quality or Deputy Director. The staffing plans are confirmed at the 2:30pm site meeting and are held in the site office at 5pm. These staffing plans include contingency plans in case of late sickness.

Capacity & Demand

Hospital capacity and demand plans for the period November 2018 to March 2019 have been completed based on average demand for the same period over the last three years. As the activity information at the beginning of this paper would illustrate, demand in 2017/18 was a step change from previous years. The capacity and demand plans will continue to be developed during quarter one to ensure they reflect changes seen specifically in 2017/18 which we assume to reoccur.

The table below illustrates demand, capacity, including community beds and overall resulting occupancy.

Week Ending	04/11/2018	11/11/2018	18/11/2018	25/11/2018	02/12/2018	09/12/2018	16/12/2018	23/12/2018	30/12/2018	06/01/2019	13/01/2019
Beds occupied at midnight	2853	2902	2861	2860	2849	2853	2893	2615	2861	2977	2974
Required Beds	408	415	409	409	407	408	413	374	409	425	425
Beds Required for 92%	443	451	444	444	442	443	449	406	444	462	462
Bed Stock	406	406	406	406	406	406	406	406	406	406	406
Additional Beds - acute	32	32	32	32	32	32	32	0	32	32	32
Additional Beds - Comm.	0	0	0	0	5	10	15	20	20	24	24
Total Beds	438	438	438	438	443	448	453	426	458	462	462
Avg % Net Beds	93.06%	94.66%	93.30%	93.29%	92.93%	93.05%	94.35%	92.00%	93.30%	97.10%	97.00%

Week Ending	20/01/2019	27/01/2019	03/02/2019	10/02/2019	17/02/2019	24/02/2019	03/03/2019	10/03/2019	17/03/2019	24/03/2019	31/03/2019
Beds occupied at midnight	2982	2977	3009	2986	2937	3012	2990	2960	2895	2929	2910
Required Beds	426	425	430	427	420	430	427	423	414	418	416
Beds Required for 92%	463	462	467	464	456	468	464	460	450	455	452
Bed Stock	406	406	406	406	406	406	406	406	406	406	406
Additional Beds - acute	32	32	32	32	32	32	32	32	32	32	32
Additional Beds - Comm.	24	24	24	24	24	24	24	24	24	24	24
Total Beds	462	462	462	462	462	462	462	462	462	462	462
Avg % Net Beds	97.27%	97.11%	98.15%	97.39%	95.79%	98.24%	97.51%	96.53%	94.43%	95.54%	94.91%

Conclusion

Winter 2017/18 was very challenging for the Central Cheshire A&E Delivery Board system. The planning and certainty regarding funding to support winter 2018/19 has commenced earlier than in previous years. It is therefore envisaged that schemes will continue to be developed to ensure a robust winter plan for 2018/19. There will be regular updates to the A&E Delivery Board regarding progress of the winter plan 2018/19