



Winter Planning

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**Health and Well-being Board
November 2019**



Aims of the plan....

- 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
- Deliver the Trust's regulatory and contractual requirements including:
 - Improvement towards A&E 4 hour standard $c>90\%$
 - Sustained performance for delayed transfers of care
 - Reduction in Long Stay Patients (LSP) by 42% as per the nationally set target. Long Stay Patients are deemed to be any patient with a length of stay of 21 days or more.
 - Ongoing reductions in ambulance handovers so there are none greater than 1 hour
 - Ongoing reduction in ambulance patients diverted away from the hospital
- National flu campaign requirement to vaccinate at least 80% of Trust staff
- Deliver the plan within the available physical and financial resources available.



Context: Acute Service Pressures A&E Activity & RTT, incl. Cancer

A&E – Below standard performance

Apr- Aug 2019 compared to Apr-Aug 2018 our ED attendances are up 9.8% (DMH 13.1%; UHND 6.9%)

- Increased demand both sites
- Disproportionate number of ambulance arrivals into UHND (Compared to region), but going down in volume overall
- Increased acuity – Type 1s up 20% (in July), both sites but more notable in DMH
- Some increased in activity due from Friarage services changes
- Average daily admissions increased
- Growth in >65yrs
- Non-elective trauma has increased – putting pressure on all beds and elective programme

RTT –Below standard performance trust-wide

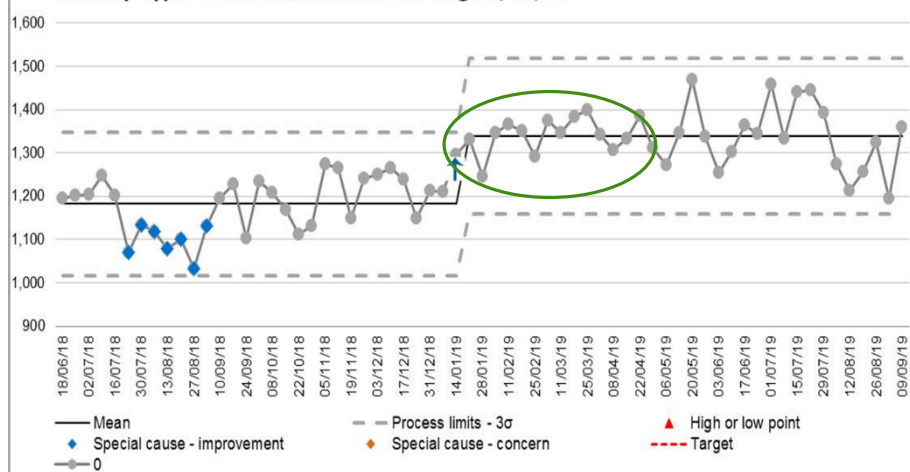
- Recovery plans in place at speciality level
- Important to protect elective programme and outpatient capacity



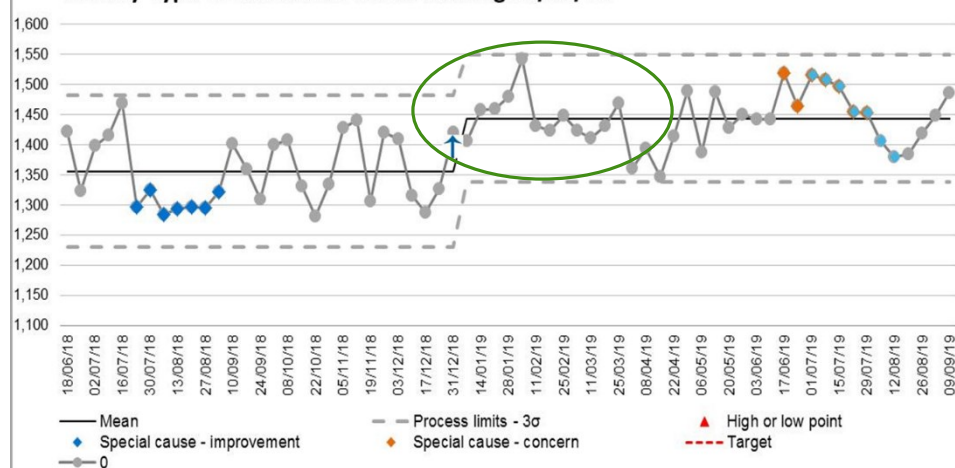
Step change in activity Jan through to Mar

County Durham
and Darlington
NHS Foundation Trust

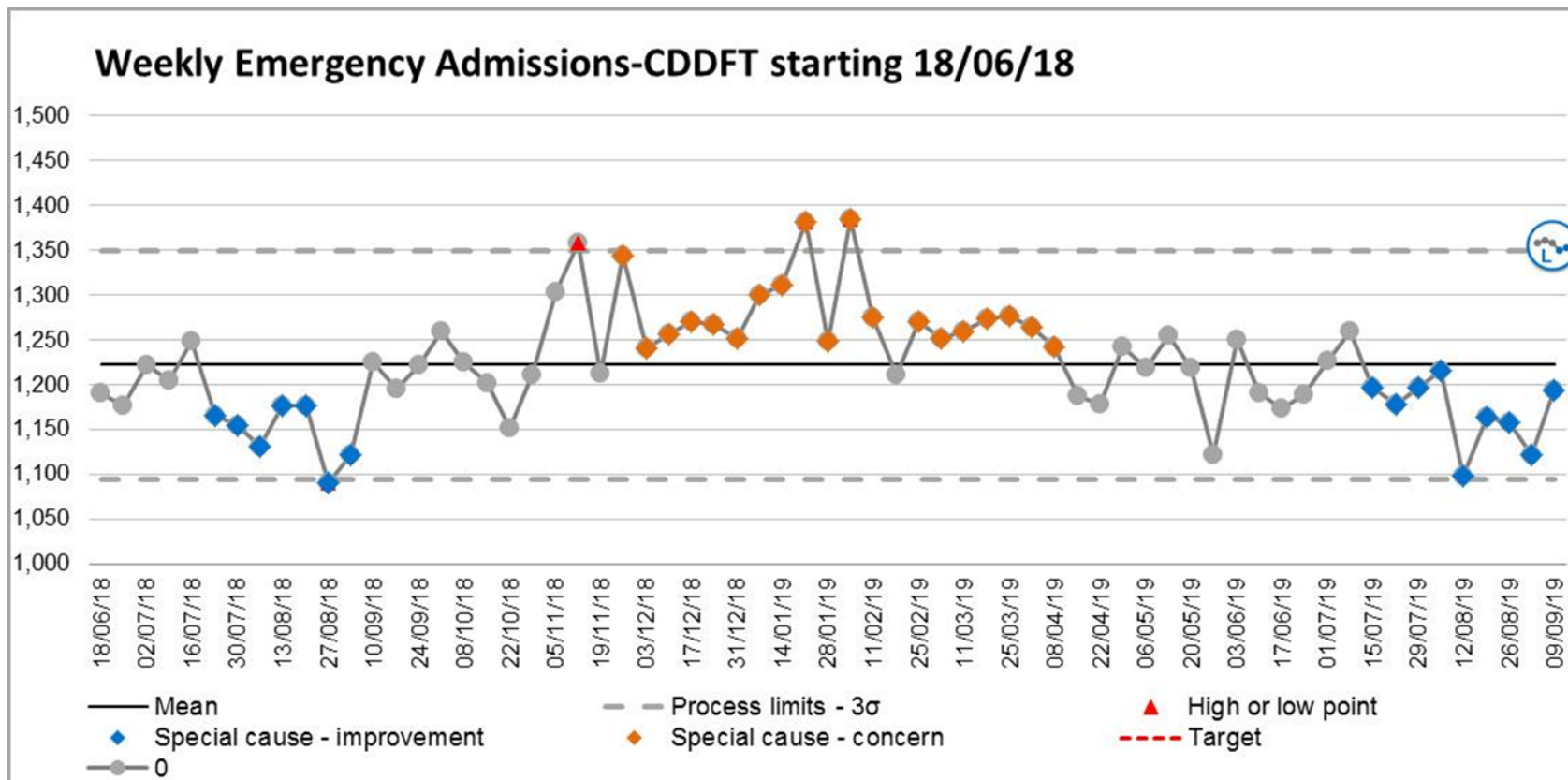
Weekly Type 1 Attendance-DMH starting 18/06/18



Weekly Type 1 Attendance-UHND starting 18/06/18



Same pattern with emergency admissions



System Response

- Developing our system winter plan
 - Opening up of resilience beds /escalation beds
 - Reduced elective programme (plans to increase capacity at BAGH)
 - Safe staffing plan
 - Proactive communications and awareness raising of other alternative services to ED
 - Enhanced service provision by all partners

- Launch of our Perfect Quarter Initiative.

This programme brings together all the lessons learned from previous initiatives, including Perfect Months, the Transforming Emergency Care programme and #nextstephome to maximise performance in ED and patient flow through the non-elective pathway.

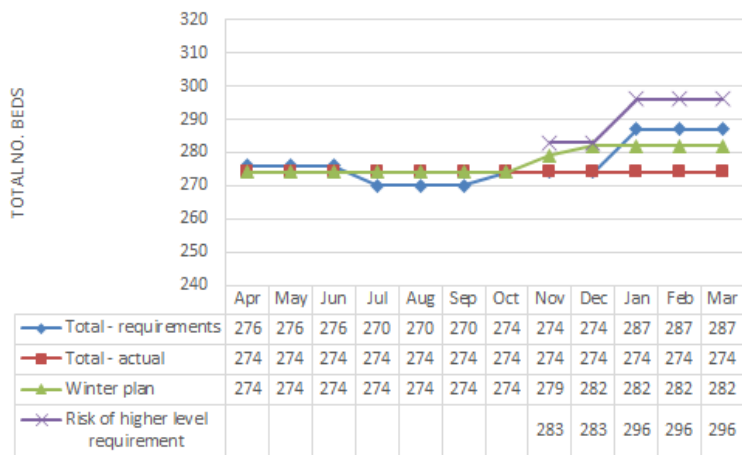
- Testing of partner BCPs
- Flu campaign



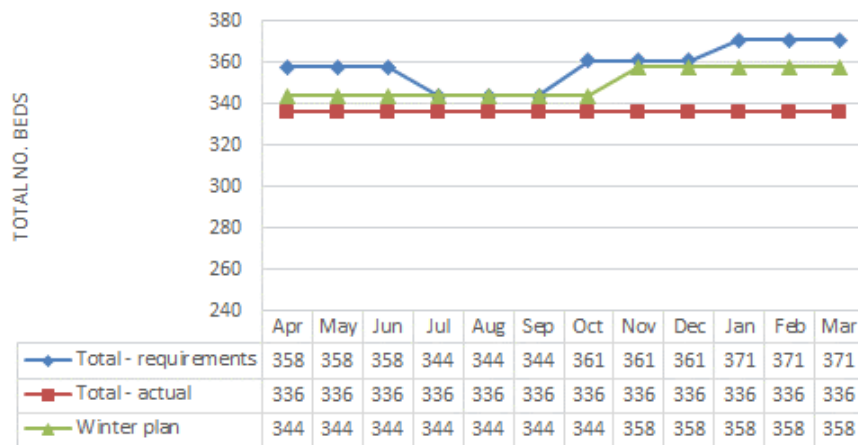


Additional bed capacity

DMH BED REQUIREMENTS



UHND BED REQUIREMENTS





Reduced elective programme

- **The elective programme will be reduced to Cancers and Urgents from w/c 23 December for three weeks.**
- **There are plans to increase surgical capacity for Trauma and Orthopaedics at Bishop Auckland Hospital as soon as works can be complete. Recruitment has already commenced. This will help post winter and with winter recovery of the programme.**
- **To date the Trust has experienced a series of service disruptions to the elective programme and there is an ongoing risk that planned recovery could be disrupted further due to winter pressures.**
- **Current planning for the surgical programme is to reopen from 13 January 2020, but restrictions may need to be retained for a longer period and this will be dynamically assessed.**



Safe staffing

- **Work is ongoing to finalise the staffing plan.**
- **Recruitment is ongoing to secure both qualified and unqualified nurses and the medical workforce.**
- **Support is being secured from the corporate nursing team and opportunities are being created for non-clinical staff to volunteer their support on the wards. This could be to support with nutrition and sociable eating, helping to make beds, collect scripts or engage in social conversation with patients.**
- **Development of a package of support for staff**
 - Weekly payment for bank only staff maintained and substantive staff reverting back to monthly
 - Robust approach to health and well-being making use of all tools available to support staff in personal and team resilience.
- **Pool of HCAs to provide enhanced care for patients**
- **Use of bank and agency nurses**



Safe staffing – Medical workforce

- IMS Consultant Resilience Team in place to oversee Medical Beds on Ward 17 (UHND) and the 18 allocated beds from surgery (DMH).
- Plans to stand down all other clinical activity for that week.
- Borders outside of the resilience wards will be managed by the base wards as normal process -buddy arrangements. It has been agreed through the Clinical Implementation and Review (CIR) group of consultants on each site that for winter the resilience team will look after all or any boarders if there are any.
- The Physician of the Day (POD) will be responsible, as per current arrangements, to review any patients in Day Surgery or Gynae beds at Weekends, noting that this pulls them away from AMU if additional resource cannot be secured.
- Appointment of six Junior doctors to predominantly support Ward 17 in UHND and the Allocated surgical beds in DMH as part of resilience team and aiming to source 7 day cover.
- Subject to funding an availability the additional cover will be sought:
 - 7 day cover of resilience ward ie extra consultant on weekends for 5 hrs (0800-1300) to cover wards / AMU.
 - Additional Consultant to provide Senior Consultant review hours into ED and later into the evening on AMU/RAMAC.
 - Additional junior twilight shift in ED

As a minimum additional cover is being sought for 26-31 December and 1-5 January as a minimum.

System Response

- Significant investment c£2million in to mobilising winter schemes
- New/ enhanced services:
 - Community Rehabilitation Team, currently recruiting (contribute to reducing LoS and freeing up acute bed capacity)
 - Increased Same Day Emergency Care (SDEC) activity
 - Embedded IC+ service from July 2019, with stand alone overnight nurse service from September 2019
 - Introduction of COPD App to support self-care/management
 - Consultant Connect to facilitate Urgent Care Advice for GPs- requires evaluation
 - Trusted assessors via brokerage service
 - Extra re-ablement packages and additional spot purchase step up/down beds
 - Increased social work (assessment officers)
 - Extended primary care appointment availability bank holiday dates



Areas of ongoing work:

- Iterative safe staffing plan
- Performance forecasting
- Financial plan
- Communications strategy
- On-call arrangements
- Revised and strengthened approach to escalation
- Health and Well-being - support to front-line teams



Next steps

- **LADB – 18th October**
Review of all partner winter plans
- **Finalise system's responses to winter plan**
- **Review and act on the work of the UEC Summit to further influence shape winter mitigation**

