

Portsmouth Hospitals NHS Trust Winter/Surg Plan 2013/14

Introduction

The purpose of this winter/surg plan is to ensure that Portsmouth Hospitals NHS Trust (PHT) is prepared and co-ordinated to respond to increased service demands during winter 2013 / 2014

The PHT Winter/Surg Plan has been determined in conjunction with relevant internal and external stakeholders, and in liaison with local CCGs and Social Care Providers. The plan is considered a 'live' document and will be updated to reflect additional service developments and service changes throughout the Winter/Surg period and to reflect decisions made during the Whole Health economy (WHE) weekly Surg Planning Conference Calls.

The NHS Winter Self Assessment Checklist assists in highlighting areas of risk that must be assessed and mitigated between partner agencies to ensure operational preparedness. All areas highlighted by the Self-Assessment Checklist have been covered in this Winter/Surg Plan

The advanced preparations focus around the following key areas:

- Operational readiness (e.g. capacity planning, staffing, Christmas and New Year)
- Escalation processes – both within the Trust and health system wide
- Effective working links between the ambulance service, primary care, community providers, the acute Trust and other key partners
- Preventative measure such as 'flu campaigns and Norovirus outbreak measures
- Communications

This winter plan aims to assure the continuity, and successful response, of essential services at times of increased demand. The plan proposes, and facilitates, contingency arrangements to be initiated on a planned and managed basis. The aim of the plan is to provide assurance that the Trust will be able to maintain service continuity

Assurance

The PHT Winter/Surg Plan seeks to provide assurance that the Trust has:

- Sufficient, overall capacity to meet above normal emergency demand during the winter months. Where the required level of capacity is not available, escalation measures will be put in place to elicit system wide support to ensure the safe continuation of services.
- Plans to source additional staff to be deployed to meet peak pressures.
- Plans to flex additional bed and service capacity as required to meet increased pressures
- Plans to ensure flow from the Emergency Department to avoid/limit ambulance queuing
- Clear effective communications across the Trust and the local health economy, with planned weekly WHE Surg Planning calls increasing to daily at key periods
- Clear and agreed internal escalation procedures, with pre-agreed triggers and links to agreed external escalation processes.
- Support for the implementation of the Trust Recovery Plan both Operational and Financial Work Streams
- An adequately staffed Duty Hospital Manager Team, functioning effectively with appropriate senior clinical and managerial support on a 24/7 basis

Accountability

Winter/Surg planning leads from all organisations across the WHE are responsible for leading, coordinating and implementing the necessary actions required, at an organisation level and across the local health system, to mitigate the impact of increased service demand, adverse weather conditions, Norovirus / influenza or other infection control outbreaks, and major incident / business continuity events. Plans are reviewed weekly on the WHE Winter/Surg Planning Conference Calls and their impact measured via the WHE Kitbag

Performance Management Tool. This process is overseen by the Integrated Urgent Care Board Chaired by Simon Holmes – Medical Director PHT which meets monthly, holding the local health system to account for the maintenance and delivery of services at all times

Escalation

The daily winter Sitrep is reported to the Department of Health via the TDA on a daily basis during the winter and is completed by the Business Intelligence Team with input and information from the Managing Director – Emergency Medicine CSC. The Sitrep covers numbers of ambulance delays, numbers of beds (including escalation beds) open and any other related winter issues such as the impact of adverse weather or infection control outbreaks.

The PHT Daily Operational Performance Meeting is attended by representatives from all CSCs and is chaired by the COO or OCD. This meeting allows operational level discussion about winter/surg pressures and problems within and external to the Trust the opportunity to find solutions

Weekly WHE Winter/Surg Planning conference calls are set up (daily at key times of extreme operational pressure) to request help from local health and social care partners to find solutions and to help each other across organisational boundaries.

Regular cold weather alerts are received by the Operations Centre, Trust Emergency Planning Lead and relevant others and are circulated as part of the regular daily operational plan – or as required if action is needed sooner.

A daily PHT Hospital Escalation Status is sent to the WHE Partners throughout the year following the 0945 Ops Meeting giving external partners the best chance to escalate early and widely within the local health community to secure an active response to severe operational pressure in the hospital. These actions are detailed in the Fareham and Gosport, Portsmouth & South Eastern Hampshire CCGs Whole System Escalation Levels and Actions Plan

Fareham and Gosport, Portsmouth & South Eastern Hampshire CCGs Whole System Escalation Levels

GREEN	<p>LEVEL 1: PATIENT FLOW MANAGEMENT – The local health economy capacity is such that partner organisations are able to maintain patient flow and are able to meet anticipated demand within available resources.</p> <p>Commissioned levels of service will be decided locally</p>
AMBER	<p>LEVEL 2: MITIGATION OF ESCALATION – The local health economy is starting to show signs of pressure. Focused actions are required in organisations showing pressure to mitigate further escalation. Enhanced co-ordination will alert the whole system to take action to return to green status as quickly as possible.</p>
RED	<p>LEVEL 3: WHOLE SYSTEM COMPROMISED – Actions taken in Level 2 have failed to return the system to Level 1 and pressure is worsening. The local health economy is experiencing major pressures compromising patient flow further urgent actions are required across the system by all partners.</p>
BLACK	<p>LEVEL 4: SEVERE PRESSURE AND FAILURE OF ACTIONS – All actions have failed to contain service pressures and the local health economy is unable to deliver comprehensive emergency care. There is potential for patient care to be compromised and a SIRC is reported by the system (led by CCG commissioners in accordance with the South Central SHA SIRC guidance).</p>

Decisive action must be taken to recover capacity.

Communications

The Trust Communication Team are prepared to work across WHE Partners and local media agencies to provide communication the local area concerning staying well and keeping out of hospital during winter. Specific Comms will be tailored if required to support the Infection Control Team as required if an out break is suspected or confirmed. The Comms Team also have in place robust plans to keep internal, including Carillion FM Services and external stakeholders informed in the event of severe weather to support the Trust's Business Continuity Plans

Severe Weather Planning

Severe Weather Alerts are received from the Met Office by the Operations Centre, Trust Emergency Planning Lead and relevant others via email and disseminated via the Operations Centre detailing the potential for severe winter weather and triggering action(s) as required

Arrangements for managing the consequences of severe weather are documented in the business continuity plans for each department. Carla Bramhall, recently appointed to the role of Business Continuity Lead is currently reviewing all CSC Business Continuity Plans, to obtain assurance on the resilience of locally held and Trust Wide plans (HR, Transport, Carillion FM Services, Procurement etc) these will then be added to this plans as required

Infection Control

The Trust has a strong Infection Prevention and Control Service which provides a walk round surveillance on a twice a day basis and also monitors infection control concerns via Vitalpac. At times of heightened alert, such as during an infection control outbreak within the Trust, the Infection Prevention and Control Team will provide a presence at the daily operational meetings at 0945hrs, 1230hrs and 1700hrs. There is also an on call service which can be accessed via the Hospital Duty Manager 24/7

The Trust Infection Prevention and Control Team will be able to provide advice on the risk assessment of patients due to be discharged to care homes / residential settings from wards/areas affected by suspected or confirmed viral gastroenteritis. The aim is to ensure effective infection control measures are in place without any unnecessary delays to discharge.

Infection Prevention and Control Policies to support Winter/Surg Planning can be accessed via the Trust's Intranet Site

Scheduled Care

The management of the 18 weeks target continues to be a challenge for PHT and it is essential that Winter/Surge pressures do not impact on achievement of the RTT and Cancer Recovery Plans

The Trust's Operational Framework and Escalation Policy for the management of beds and escalation areas over the winter period must reflect the need to protect elective bed stock. The framework will seek to balance the need to protect elective capacity with the requirement to continue to manage peaks of unscheduled care demand and the impact of Norovirus, flu and adverse weather conditions.

The weekly Waiting List Assurance meeting will scrutinise progress against the Trust's 18 weeks/RTT performance and manage any variation from agreed targets

A & E Recovery Monies

A & E Recovery Monies allocated to the WHE make up part of the Winter/Surg Planning allowing additional services to be provided to support the increased demands of winter. The successful bids were as follows:

Funding agreed	Service Provision	Lead Organisation
£307,172.00	Additional experience sr Clinical staff in ED over the weekends	PHT
£300,000.00	Integrated Urgent Care Centre in ED	CCG
£140,000	Additional weekend Psch support for ED	Solent
£210,000	Continuing Healthcare /integrated provision between health and social care	HCC/DOM care/
£160,000	Community Assessment lounge	Southern, Solent

£200,000	In reach support	Solent (and Southern Health)
£110,000	Cams Ridge	GP alliance

PHT/CSC Plans to support Winter/Surg Peaks in Demand

Staffing Resource	Lead	Timeline
Additional 3 rd ED Consultants on Sat & Sun 1100 – 1900	Emergency Medicine CSC MD	Completed
ED Consultant shift pattern altered to extend on site presence until 0000 Sat & Sun	Emergency Medicine CSC MD	Completed
Nursing rotas over holiday periods overseen by Deputy Director of Nursing	Deputy Director of Nursing	Monthly
Vacancy factor across CSCs reduced with the commencement of newly qualified RNs prior to the commencement of winter	CSC Heads of Nursing	01/10/13
Paediatric nursing staff who work annualised hours flexed up to provide additional capacity across paediatric team	W & C Head of Nursing	As demand requires
Respiratory High Care to increase staff to open up to 10 beds (usually 6) during periods of increased demand	Medicine Head of Nursing	As demand requires

Twilight and weekend cover planned for increase in Radiology Demand over and above extended day over and following Festive Period	MD Clinical Support CSC	20/12/13
Discharge Planning		
Roll out of Nurse Led Criteria for discharge	CSC Heads of Nursing	10/13
Additional Consultant discharge round Sat & Sun across Medical Wards	Chief of Service Medicine CSC	Completed
Develop and agree SOPs with external partners to reduce number of medically stable patients in acute beds	Matron for Discharge	10/13
Link nurses from MAU and MOPRS to work robustly with Community In Reach Team to expedite 'community triaged' patients from acute beds	Emergency Medicine and MOPRS Heads of Nursing	Completed
Additional transport requested for key periods of demand	Matron for Discharge	30/11/13
Capacity within complex Discharge Team to be increased across Medicine and MOPRS Wards	Medicine Head of Nursing	30/10/13
Establish Outlier SHO and Nurse/Case Manager Team to ensure early review & discharge of outliers	Medicine Head of Nursing	31/10/13
Additional cardiology Procedure Lists to be timetabled across Festive Period and early Jan to expedite discharge (21st & 28th Dec and 4th & 11th Jan)	MD MOPRS & Medicine CSC	10/11/13
Review IDB process, Terms of Reference, Chair & meetings to ensure maximum impact	MD MOPRS & Medicine CSC	10/10/13

Severe Weather Contingency		
Policy updated and disseminated	Business Continuity Lead	Commenced – date extended to 20/11/13
Establish a group email for Met Office Updates & implement dissemination process	Business Continuity Lead	Completed
Communications Plan to support refreshed. New technology i.e. Twitter added to reach maximum audience	Director of Communications	Completed
HR to re issue staff guidance expectations to attend work in severe weather	HR	31/10/13
MSK CSC Plan updated to reflect changes to CSC and patient pathway	MKS GM/Head of Nursing	20/10/13
Links with internal & external partners (Carillion, Portsmouth City & Hampshire County Council, Highways Agency) refreshed to ensure robust preparations in place	Business Continuity Lead/PHT Estates Lead/Carillion	Commenced – date extended to 20/11/13
Flu Planning		
Flu Plans in place from each CSC to ensure maximum uptake of vaccination	OH/CSC MDs	12/10/13
Weekly tracking of uptake in place – for dissemination across CSC Management Teams	OH	Weekly till Dec 2013
Clinical staff within each CSC being trained to undertake vaccinations within CSC	OH/CSC Heads of Nursing	Commenced 20/09/13
OH Team has a planned rota of out reach clinics to Trust wide clinical areas	OH	Completed

Prioritisation being given to front line clinical staff	OH	n/a
Robust Communication Programme to support	Director of Communications	Completed – will be reviewed throughout Flu Campaign
Pandemic Flu Plan refreshed	Infection Control Team	Completed
Update trainers on Fit Testing for masks	Infection Control Team	20/10/13
Additional capacity		
Bed rebalancing including additional winter beds in final draft (linked to Newton Bed Managing Workstream)	COO	20/10/13 tbc
Finalise and implement winter bed capacity plan – including staffing	Director of Nursing	20/10/13 tbc
Open winter bed capacity	Director of Nursing	30/10/13
Additional clinic slots to be allocated to emergency patients daily across all specialties	Chief of Service Medicine CSC	20/10/13
Commence additional Ambulatory Sensitive Conditions Pathways within MAU	Chief of Service Emergency Medicine CSC	01/11/13
Increase in diagnostic capacity over winter period with extended working until 2000 across Radiology department	MD Clinical Support CSC	As demand requires
Pharmacy Locums to provide additional cover over the weekends	MD Clinical Support CSC	As demand requires

Pharmacy allocated to winter ward when opened and to support additional flex beds in use	MD Clinical Support CSC	As demand requires
Additional hours in Pathology to match increase in demand	MD Clinical Support CSC	As demand requires
Paediatric Unit works flexibly over winter to accommodate increase in demand and uses A8 Surgical ward to outlie medical pts. CAU accommodates Day surgery cases.	W & C Head of Nursing	31/10/13
Additional critical care beds opened to accommodate increase in demand with emphasis of escalation process to ensure transfer ready patients are pulled form ITU in a timely fashion	MD CHAT CSC	01/11/13
Additional Consultant capacity in Children's Assessment Unit to support increase in respiratory attendances/admissions	MD W & C CSC	Flexible within Job Plans to meet increase in demand
Profiling of electives over the Festive Period to accommodate increase in emergency admissions	Surgery CSC MD	01/12/13
Escalation Processes		
Internal PHT Policies currently being reviewed	Business Continuity Lead	20/10/13
Timings & format of Operations Meetings re arranged to reflect Escalation Policy	Emergency Medicine CSC MD	SMT for approval 10/13
Patient Flow Teams re organised to support Trust Recovery Plan	Emergency Medicine CSC MD	30/10/13
Daily performance matrix measures agreed (Kitbag)	COO/Emergency	Completed

	Medicine CSC MD	
Weekend planning process reviewed	Emergency Medicine CSC MD	Completed
Portsmouth and South East Hampshire Whole Systems Escalation and Actions Document agreed by all parties – including escalation to Black	Emergency Medicine CSC MD	Completed
Dissemination to On Call Directors and OOHs Teams	Business Continuity Lead	10/10/13
Weekly/daily WHE Tele conferences arranged to reflect peak periods of demand/escalation	Emergency Medicine CSC MD	Completed
Christmas/New Year & early January Senior Management rotas completed to ensure maximum cover	CSC MD Team	30/10/13
Agree process for completion of daily Sitrep	Emergency Medicine CSC MD	Completed
Infection Prevention and Control		
Infection Control Team to refresh surveillance, education & plans to support an increase in Norovirus	Infection Control Team	20/10/13

PHT Trust Recovery Plans

As well as the Winter/Surg Plans the Trust Recovery Plan demonstrates a number of new or redesigned services/actions being introduced or enhanced to support safe and timely flow across the Unscheduled Care Pathway and will in turn create capacity at times of peaks in demand

Unscheduled Care: front door and process - Key Actions
Convert MAU to AMU receiving all medically expected/triaged patients and incorporate re-established medical take
Increase 7-day consultant cover for ED proportionate to demand
Ensure specialty consultant rounds start at 0800 7- days per week
Adapt junior doctor working patterns for the totality of medicine (inc MAU) to deliver 7-day working and a 24/7 medical take
Extend provision of Ambulatory Assessment capacity through MAU with input/contribution from medical specialties
Implement Integrated Urgent Care Centre
Create capacity in MAU to commence new services with the reduction of Medically Fit /Community patients 'pulled' from acute beds by Solent and Southern In Reach Team commencing 1 st Oct

Rebalance beds between medicine and surgery
Improve visibility of bed state real time across the hospital
Develop policy on outlying versus escalation beds

Unscheduled Care: Back Door - Key Actions
Ensure that all patients have a clear documented and communicated Medical Plan
Ensure there is a clearly documented and communicated Estimated Day of Discharge (EDD) for every patient
High quality information on social circumstances of patient to be gathered on admission to help with the identification of complex discharges
Improve education and training of staff in relation to patient discharge
Improve quality of MDT information
Improve ward referral process and response to referrals
Improve the management of the IDB PTL

Roll out of criteria led discharge
Additional morning consultant discharge lounge at weekends
Working with and holding partners to account

