Portsmouth Hospitals NHS
NHS Trust

TRUST BOARD PUBLIC – OCTOBER 2015

Agenda Item Number: 188/15
Enclosure Number: (4)

Subject:	Executive Summary to the Operational Winter Resilience Plan
Prepared by: **Sponsored & Presented by:**	Gavin Macdonald, Director of Operations for Unscheduled Care Carla Bramhall, Emergency Planning Liaison Officer Ed Donald, Chief Operating Officer
Purpose of paper	In preparation for Q3 and Q4, a Winter Planning Task and Finish Group was established in July 2015. The group has produced a detailed Winter Resilience Plan which describes the measures PHT will take to manage its response to the challenges associated with winter. This paper is an Executive Summary of the full plan which aims to provide the Trust Board with assurance of the planning process undertaken in preparation for Q3 and Q4, highlighting key issues with actions to support operational resilience over winter and a forecast on delivery of NHS Constitutional Standards during this period. The full Winter Resilience Plan is available on request from the Director of Operations for Unscheduled Care.
Key points for Trust Board members *Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals*	The Winter Plan addresses the following key issues: • NHS Constitutional standards and contracted activity • Bed modelling • Managing winter demand and capacity • Mitigation for the forecasted bed gap in Q4 • Planning services to meet and manage demand in Dec/Jan • Escalation Status triggers • Capacity and A&E triggers • Escalation actions • Command and control The modelling forecasts maintenance of safety, establishment of sustainable flow and delivery of all NHS constitution standards with the exception of cancer 62 day waits, if community partners are able to deliver additional community capacity along with actions PHT will take. Without system support, demand is forecast to be greater than available bed capacity for January and February 2016, with the other months likely to be on high escalation levels. In this situation PHT we will be unable to assure delivery of sustainable flow with an increasing risk that some NHS Constitution standards will not be met. The cost of running the additional 28 bed ward will be covered by the current cost of running the escalation capacity. Should it be necessary to open escalation capacity in addition to the 28 beds, it will be covered by PbR income and any excess costs associated with agency staff will need to be funded by the CCG.

Options and decisions required *Clearly identify options that are to be considered and any decisions required*	Approval of the winter plan in principle with final approval of the additional capacity options and funding arrangements to be taken at the Board workshop in early November 2015.
Next steps / future actions: *Clearly identify what will follow the Trust Board's discussion*	Final approval of the capacity options associated with the Winter Plan at the Board workshop in early November 2015.
Consideration of legal issues (including Equality Impact Assessment)?	
Consideration of Public and Patient Involvement and Communications Implications?	

Links to Portsmouth Hospitals NHS Trust Board Strategic Aims, Assurance Framework/Corporate Risk Register	
Strategic Aim	Continues to focus on the activity plan required to meet targets, financial resources available to each CSC, operational efficiency (LOS, bed utilisation, outpatient clinic efficiency, theatre utilisation, staffing ratios and skill mix) and the workforce required
BAF/Corporate Risk Register Reference (if applicable)	Capacity
Risk Description	
CQC Reference	

Committees/Meetings at which paper has been approved:	**Date**
Winter Planning Task and Finish Group for consultation	

EXECUTIVE SUMMARY

1. Purpose

The Winter Resilience Plan covers the following key elements:

- delivery of the NHS Constitutional standards and contracted activity
- capacity needed to support delivery
- options for the additional capacity needed
- escalation plan, including command and control arrangements to safely manage surges in demand

The plan will be delivered though Clinical Service Centres (CSC) at lower levels of escalation and supported though command and control at higher levels of escalation status. Planning for emergencies and continuity of business is described and will enable the recovery of the Trusts business critical services in the event of a minor/major event.

The Winter Plan describes the bed model for 2015/16 along with various admission avoidance and discharge schemes to help mitigate the risk for a forecasted bed gap, some of which are delivered by PHT and some that require support from partners.

2. Key Issues

2.1 Contracted Activity

The contract plan was to do less elective IP activity during known periods of higher, more complex non-elective activity and undertake higher levels of elective activity during Q1/Q2. Year to date, there have been challenges in general surgery, urology, oral and plastic surgery, resulting in each speciality being behind plan.

Additional elective activity to meet the contracted demand will be met through weekend working and if necessary the Independent Sector Treatment Sector (ISTC).

2.2 Current Performance compared to the NHS Constitutional Standards

Current performance compared to the NHS Constitutional Standards in set out in the Integrated Performance Report as part of the Board agenda. The 4 hour A&E standard remains behind the agreed trajectory. Challenges remain with the 62 day cancer standard and the number of patients with incomplete pathways as part of 18 weeks standard, driven by increasing demand. The winter plan aims to:

- improve performance for the 4 hour A&E standard to 90% in Q3 and Q4 as a minimum
- Consolidate delivery of all cancer standards and improve 62 day performance through an updated Urology recovery plan
- consolidate delivery of diagnostic waits
- consolidate delivery of RTT incomplete at Trust aggregate level while improving performance for admitted and non-admitted pathways in all specialities

2.3 Predicted bed deficit in January and February 2016

Based on the current capacity of 1084 beds and existing productivity levels, there is a predicted deficit in January and February 2016 of 42 and 50 beds respectively.

Month	October	November	December	January	February	March
Funded beds	1084	1084	1084	1084	1084	1084
Beds required	1083	1087	1078	1126	1134	1097
Deficit	+1	-3	+6	-42	-50	-13

2.4 Mitigating the bed capacity gap

There are a range of options that the winter plan group has worked through which are summarised in the table below.

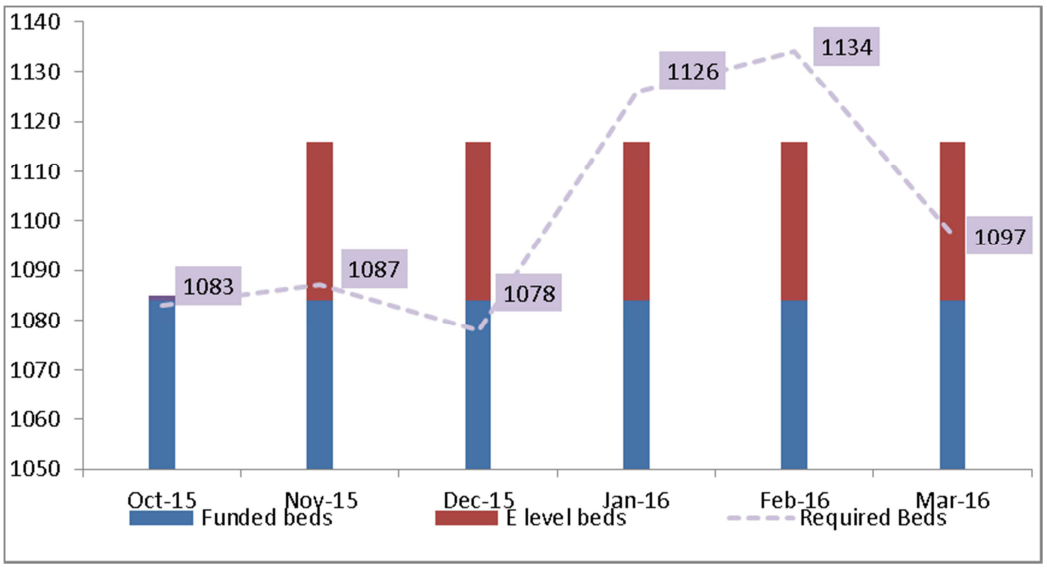
Scheme	Beds	Proposed date	Lead
Open ward E4 and expand SAU	32	November 2015	PHT
TQ at Home	16	December 2015	PHT with Southern
Discharge to Assess (DTA) Beds for Dementia	18	November/ December 2015	PCC and HCC
Total	66		

Given the risks associated with delivery of the community options, the Trusts current escalation capacity might need to be used in mitigation. In this case, the CCG will need to fund any excess costs associated with using this capacity.

3. Forecast

The modelling shows that if community partners are able to deliver the additional community capacity the Trust will be in a position to deliver the NHS Constitution standards and the associated contract activity.

Without system support, demand is forecast to be greater than available bed capacity for January and February 2016, with the other months likely to be on high escalation levels. If this happens, PHT will not be in a position to assure delivery of sustainable flow and with an increasing risk that some of the NHS Constitution standards will not be met.



4. Funding

NHS England has been clear that there will be no ORCP funding for 2015/16 because this has already been allocated in the CCG financial baseline.

The cost on running a 28 bed ward for 6 months is £1,716,848. The cost of running E4 ward will be covered by the current cost associated with the 20 escalation beds that have been open for most of 2015/16. This is a reduction in cost compared with the 2014/15 winter plan of c.£2m plus.

Should it be necessary to open the 20 bed escalation capacity in addition to ward E4, excess costs beyond tariff will need to be funded by the CCG.

An update on the funding arrangements for the community and PHT escalation capacity will be provided at the Board workshop in early November, along with a request for final approval to open the additional PHT beds required to support capacity needed over the winter months. Without the additional community capacity being approved, the risk is that PHT will open extra capacity that will then become blocked with more patients delayed in their discharge.