The BSW System Sustainability (Winter 2019/20) Plan

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Wiltshire System Sustainability (Winter 19/20) Plan

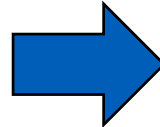Date: 19/09/19 (after A&E Local Delivery Board)

Version: 0.7

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System Sustainability (Winter 19/20) Plan

Services covered:

- Hospitals
- Primary care
- Mental health services
- Community services
- Social Services
- 999
- 111/IUC
- CCGs

Five Domains

1. Demand into services
2. Capacity of services
3. Service workforce
4. Exit flow from services
5. External events

19/20 Winter Plan assurance and signoff deadlines

Assurance process	Date
Wiltshire LDB (1st Draft Wiltshire Plan)	19th September 2019
Wiltshire Governing Body	24th September 2019
Health and Wellbeing Board	26th September 2019
STP 1st iteration of Key Lines of Enquiry (KLOE)	4th October 2019
Feedback from NHSE/I on STP plan	11th October 2019
Wiltshire LDB (2nd Draft / Signoff of Wiltshire plan)	15th October 2019
BSW Governing Body (Signoff of BSW Plan)	16th October 2019
STP submission of escalation plans and 2nd iteration of plan	8th November 2019

South Wiltshire Lessons learnt 18/19

What went well:

Minimal disruptive weather

Low Flu

Ambulance and ED 111/IUC outcomes within national tolerances (Medvivo)

Good fill rates for OOH shifts (Medvivo)

Successful implementation of 7 day working (Wiltshire Council)

Winter beds used effectively and supported flow???

Good relationship with OSJ homes management which helped flow

WH&C released c500 bed days back into the system through DTOC improvement compared to previous year

Additional PTS transport to support flow

Extra medical cover at the front door of the pathway

Opening of Laverstock in Feb-Mar 19 (SFT)

What didn't go well:

Unplanned opening of Laverstock (SFT)

7% increase in ED attendances (SFT)

Difficulty in planning activity/ acuity as becoming less predictable (SFT)

Care home demand in IUC for medication and death verification (Medvivo)

Mental health support in Local authority, SFT and WH&C care

Lost bed days waiting to assess (SFT, WH&C)

Legal disputes and patient choice creating delays (SFT)

Mis-match between demand and capacity

Escalation not always followed

Over worked staff with no emotional first aid

No impact/benefit to South Wiltshire from the Regional Winter Room

What are we planning on taking forward:

Focus on resilience not just winter

Undertake a deep dive on two days to track flow of patients to understand patients behaviour

Planning for armed forces days

Focus on mental health with increasing demand

Outputs from Demand and Capacity model from CSU

Work up early summer schemes to secure any winter resilience monies

Task group required around community pharmacy

Trusted assessor and development of relationships with homes an opportunity to be priorities

Review of escalation processes across partner organisations

Demand and capacity tool linked to escalation

Staff welfare

1. Demand into Services KLOEs

a) In what ways are systems working to reduce avoidable admission into hospital or other environments?

b) What are the key drivers of system demand and how well are these understood?

c) How will systems maintain effective oversight of performance across the winter months?

Primary and community plans

Area	Action	Changes	Date	Area	Impact
DOS	Review of DOS service ranking		Sep	BSW	
DOS	First contact Physio at MIU	New service	Sep	W	
DOS	Updated Profiles for Wilts MIU (when x-ray open)		Sep	W	Reduce ED attendances / conveyances
Care Home	CaTHEDRAL Care Home Project		Jul	W	Reduce 999 and ED attendances Reduce OOH visits
Care Home	Strengthen existing MDT to support community and care homes	Improve case management	Tbc	W	Reduce OOH Reduce 999 and ED attendances
Pharm	National community pharmacists consultation service	Replaces NUMSAS	Oct	BSW	Minor ailment management in community
WGPA	Alignment of Hours and proactive planning and preparedness for LTC/ Care Homes		Dec	W	Reduce OOH/ 999 / ED attendances
Wilcodoc	Kids Health Service	Seasonal service	TBC	W (S)	A&E / OOH attendances for Paediatrics
Wilcodoc	Homelessness Health Service	Health improvement	TBC	W(S)	Reduce 999 and ED attendances
111	111 Online IVR	Communication and awareness	Oct	BSW	Reduce 111 calls

Attendance / Admission avoidance plans

Area	Action	Changes	Date	Area	Impact
UC@H	Access to equipment – direct access for UC@H		Oct	W	
UC@H	Access to ongoing care / dom. care after 72 hours	Case management / Ownership		W	Reduce delays and increase ability to support admission avoidance
HIU	HIU Service – Pilot B		TBC	W	Reduce 999 and ED attendances
NPT	Near patient testing in 3 Community Hospitals (wider support for Care Homes)	New, to enable quicker results to support decision making	NOV	W	Reduce IP&C
Falls	Medvivo response team support of SWAST non-injury falls;	More to support H&T and S&T	TBC	W	
999 / IUC	Conveyance check with CAS before ED		TBC	BSW/ W	
Mental Health	Enhanced Crisis Care		(Jan tbc)	BSW	Reduce ED attendance
Sarum West	SHARP scheme in Sarum West		TBC	W(s)	Prevent ED attendance / NEL admission

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Improved Access and Repeat Prescriptions

Wiltshire GP Alliance:

- Obtaining data on sources of avoidable calls from Medvivo – proactively supporting vulnerable residential homes or patient groups

- Provide best-practice guidance for practices to reduce prescription issues over Christmas

- Provide flexibility to practices on the provision of EA Services over Christmas to support proactive steps to reduce demands on OOH and Community Teams

- Impact - similar measures at Easter appeared to deliver:
    - 20% fewer calls per care home bed than Swindon & Bath
    - 30% fewer medication calls per '000 patients than Swindon & Bath

Adult Mental Health Services

- Increased demand to be Feb / March 2020

- Plan focuses priority to maintenance of all key 24/7 services, specifically inpatients at Green Lane Hospital and Fountain way Hospital sites

- New process with OOH BNSSG patients implemented to ring fence BSW beds. Also utilizing Warminster Crisis beds – managed by MIND

- Acute Hospital Mental Health Liaison Services (RUH, SFT, GWH) operate 9.00am-5.00pm, with some provision on bank holiday weekends.

  - SFT operates 8am-9pm Monday/Tuesday/Wednesday, 8-12 midnight, Thursday/Friday/Saturday/Sunday. When this service is not available, the Acute Hospital has a risk matrix which will be completed for all vulnerable service users and where indicated, a referral will be made to the North or South Wiltshire Intensive Services, available 24/7.

- Shared protocols have been agreed and developed for example DTOC reporting and Section 136.

- Out of hours Intensive teams interface with the EDT and the Police.

- Working with IUC provider for a Out of Hours Single point of access – planning for January 2020

South Wiltshire performance oversight

- Daily reporting

- South Wiltshire System Improvement calls (every Friday)

- Revised South Wiltshire Escalation Standard Operating Procedure (signed off at Wiltshire LDB 19.09.19)

- SHREWD Capacity Management system implemented (date tbc)

Wiltshire Community Demand and Capacity Tool (MIDOS)

Reviewed and updated fields in 2019. Covers:

- WH&C Community teams and hospitals all on MIDOS
- ICT Care Beds
- Medvivo UC@H
- Patient flow – pathway referrals
- OSJ to trial Care Home Capacity over Winter 2019/20 – date tbc

2. Capacity of services KLOEs

a) How are systems seeking to make maximum use of existing and potential capacity this winter?

b) How are systems seeking to balance increasing emergency demand with existing elective programmes?

c) Are systems confident that the number of residential care beds and domiciliary care packages available across winter (which could be commissioned on a given day) are sufficient to meet anticipated demand

d) Are systems confident that the number of community care beds open and staffed over winter is robust in terms of meeting anticipated demand

2019/20 Demand and Capacity planning assumptions

Key questions / Answers for 19/20 CSU modelling:

1. What should the non-elective bed capacity be for SFT?
2. What is the total range of non-elective hospital and out-of-hospital capacity required?
3. Is the current capacity of out-of-hospital services sufficient?

Estimated daily bed numbers 2019/20 by LoS band, Non-elective & elective, All wards

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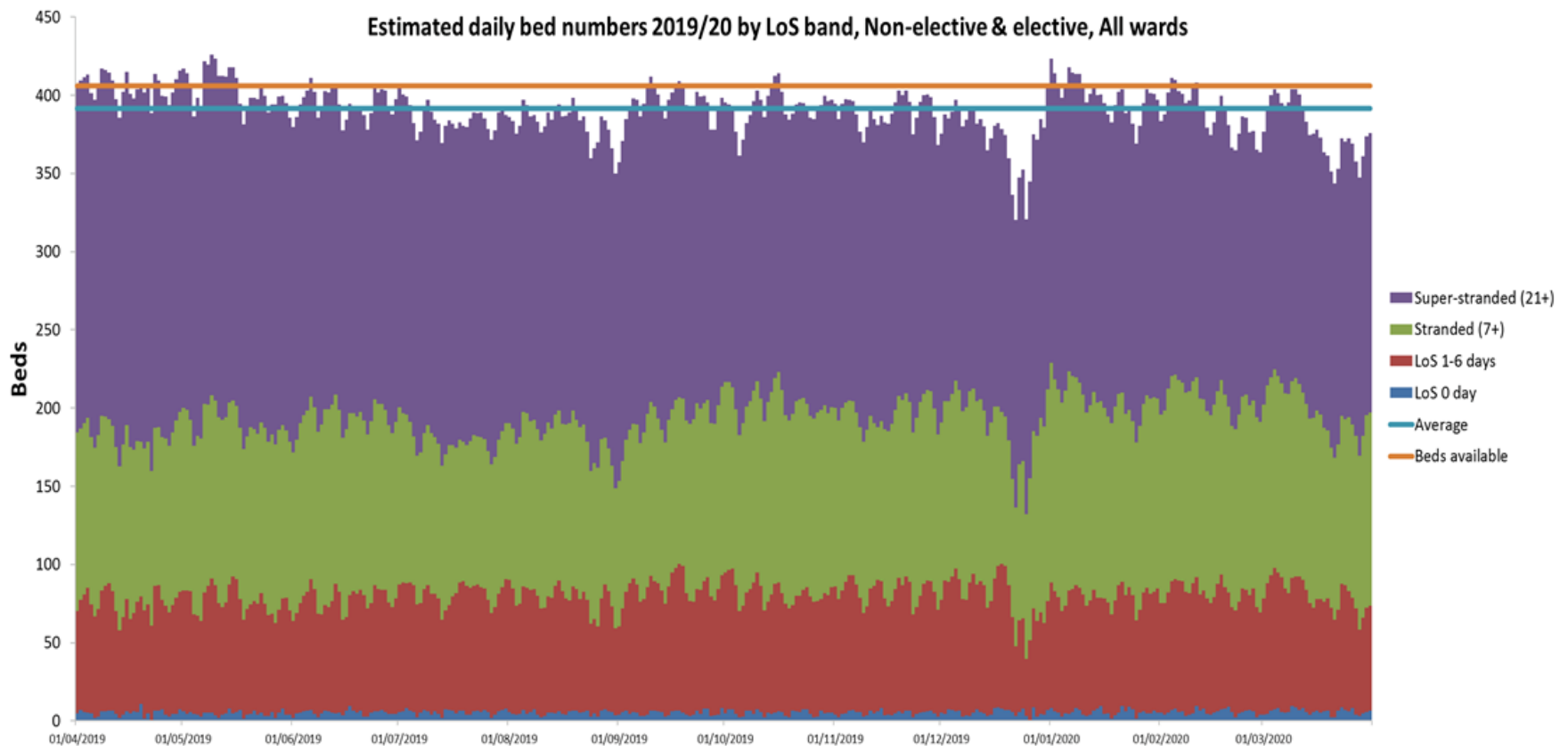
Summary & next steps being taken forward for assurance

- Proposed Length of Stay reductions more than offset the impact of planned attendance/admission growth on bed numbers **if the plans deliver.**

- The resultant modelled bed reductions are significant overall and are **projected to impact positively on Q4.**

- The profile of bed usage seen in 18/19 could be reviewed in respect of whether it's representative and hence whether it's suitable for projecting the 19/20 profile.

- The modelling suggest **large capacity gaps for community pathways**, particularly for pathway 2, which may warrant further investigation

- The model has the potential to play in the impact of acute bed day reductions on community demand, **but these assumptions need to be owned by the system**

What does it mean for SFT operationally ?

- Option 1 – DTOC 14 and normal winter
  - Laverstock for 2 months in Q4

- Option 2 – winter growth 4% (Flu)and DTOC at 14
  - Laverstock Q3 and Q4 (Q1) + 4 beds

- Option 3 – winter growth 4% (Flu) and no DTOC improvement (average)
  - Laverstock Q3 and Q4 + 10 beds

- Option 4 – No increased winter growth and no DTOC improvement (average)
  - Laverstock Q3 and Q4 + 6 beds

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Other Acute initiatives

Salisbury **NHS**
NHS Foundation Trust

- Continue to develop pathways to avoid GP expected patients going to ED

- Develop pathway for patients to go to Shaftsbury beds if commissioned

- Working with council on strength based model

- Alignment of physio lead services with Wiltshire Health and Care

- Development of outreach service to avoid admissions with PCNs and WH+C

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What next

- Working with WH+C to streamline therapy services

- All winter initiatives being implemented

- Laverstock plan to open on 1st Feb

- Weekly winter resilience meetings start 1st Oct

- Calculate impact of options on planned care

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Wiltshire Council Winter Plan DRAFT

- 25% of our Pathway 3 customers go to permanent placement when they have potential to return home or could benefit from a community based or smaller domiciliary care package.

- This causes three issues:
  - Poor customer experience and outcomes
  - An additional cost to the system –a quarter of Pathway 3 customers shouldn't be in permanent residential care
  - Unnecessary use of permanent beds

- The proposed Winter plan is based on a strengths based approach to social care assessment that no long term decision are made in a crisis and on acute ward.

- Detailed business case being produced which will include number of beds, domiciliary care hours to be procured and staff support required

Prior to this sign off, all schemes are proposals only

Scheme	Capacity
Discharge to assess beds; Nursing home beds identified for use of each acute hospital. Individuals move to care home prior to care act assessment being completed	30
Bridging/reablement domiciliary capacity; Block hours to be purchased from private market and allocated for use to each acute. Aim to provide support while long term decision are made at home	800 hours
Optimising care program; Community OT in reach to each acute. Intervention prior to long term funding decisions being made regarding moving and handling based packages of care and potential adaptations	One per acute system
Additional Social Work Capacity to support D2A beds and bridging capacity	3
Implement new brokerage escalation strategy based on hospital escalation	End Oct 19
Strengths based innovation sites based in all hospitals (Partners 4 Change)	By 02/20
Trusted Assessment; phased into trusted assessment and trusted assessor. Business case for expanding trusted assessment from south Wiltshire and recruiting trusted assessors being developed	Business case by 10/19

Please note that the resource described above is for the entire Wiltshire system and a proportion will be allocated to each acute hospital.

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Other Discharge/Back door capacity plans

Area	Action	Change	Date	Area	Impact
ICT	Implement new 1 decline ICT bed process	Avoid 2nd decline, spot purchase quicker	TBC	W	Reduce Acute and Community DTOCs
WH&C	Non Weight bearing pathway	Support from Care Homes	TBC	W	Reduce Community DTOCs
WH&C	Delirium Pathway	New Pathway	TBC	W	Reduce community DTOCs
	Caring relative scheme – Six Penny Handley	Capacity and understand potential to roll out in rural areas	TBC	W	
	Age UK home from hospital scheme	Understand Capacity/ Resource Agree timeframe for rollout at GWH	TBC	W W(n)	
CHC	EOL fast tracking CHC	EOL providers	Nov	W	48hr turnaround – Reduce DTOCS by 2-5 days
WH&C	Additional 6 Bassett House beds			W	Reduce pathway 1 discharges for North system

3. Service Workforce KLOES

a) What steps are systems taking to maximise the utilisation and effectiveness of their permanent workforce?

b) Where workforce gaps exist what potential contingency procedures can be invoked?

c) What is the current system fill-rate and what steps are being taken to improve this if necessary?

SFT workforce planning

- 7/7 Consultant ward round cover on all specialties for January (aim to extend into February)
- Additional F1/F2 ward cover Saturday and Sunday (mid December through to end of March)
- Additional Trust Grade weekend cover (0900-1400 to support wards)
- Additional x 5 SHO agency cover doctor across medicine (January to April)
- Pharmacy support to MAU at weekends (January to March)
- Additional twilight and weekend ward clerk cover on MAU
- Additional therapy support across medicine in January
- Additional B5 in AMU night shift to allow safe management of overnight patients in AMU

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Provider workforce assurances – TO BE CONFIRMED

- IUC (including NHS 111) Winter rota
  - Including Christmas and New Year cover

- WH&C
  - Fully recruited to rehab support workers in South (Pathway 1)

4. Exit flow from Services

a) What mechanisms are in place for systems to understand and minimise high impact users?

b) How are systems seeking to work together to support improved flow at system exit points?

5. External Events

a) Are systems working with their EU Exit teams to understand anticipated impacts related to Brexit?

b) What system impacts are anticipated related to extreme weather?

c) What system impacts are anticipated related to flu and other infectious diseases?

d) Do systems have approved communications plans agreed?

EU Exit and impacts

- Individual provider planning and self assessments during 19/20

- NARU request for SWAST Mutual aid to South East Ambulance service for 6 weeks for 20 staff and officer and increasing call handling capacity in the hubs

- Planned BSW wide Health and Care EU Exit Workshop (11th Oct)

  - To explore any vulnerabilities highlighted as part of the 'temperature check' and board submissions and to undertake related scenario testing.

  - To sense check command and co-ordination and individual systems and as an alliance.

Extreme weather plans

- Adverse weather – business continuity and contingency plans in place

- National/ Regional modelling of cold weather from 18/19

BSW Influenza Planning

- led by Sharren Pells across BSW
- What is known so far 2019/20:
- ✓ Dominant strain Influenza A (H3N2) with some Influenza B later in the season
- ✓ Vaccine deliveries delayed until October
- ✓ The school flu immunisation programme extended to now include year 6, which means all children from aged 2 to 10 years old will now receive a flu vaccine
- ✓ The clear and effective reporting mechanism within the systems will be maintained to ensure outbreaks and bed-closure status are effectively and timely communicated.
- ✓ The Communication Teams across BSW are developing a communication plan including key messages in response to outbreaks information to primary care and community care providers an outbreak alerts from providers to public

19/20 Communication plan

- BSW overarching plan (Lead = Dom Hall)
  - Aligned to national communication plan. Draft plan expected w/c 16th Sept

Winter Pressures Campaign Plan 2019/20

	Apr 2019	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 2020	Feb	Mar
Public												
NHS 111							■					
Flu Vaccination						■						
Winter Preparedness								■				
GP Access									■			
Pharmacy Advice											■	■
Staff												
Reducing Long Stays					■	■	■	■	■	■	■	■
Staff Flu Vaccination					■	■	■	■	■	■		

- Wiltshire plan: Localised Wiltshire plans - TBC
  - MIDOS patient search function on CCG Internet pages: http://www.wiltshireccg.nhs.uk/local-services

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Clinical Commissioning Group

Non-Emergency Patient Transport

E-zec medical has developed a comprehensive winter pressure and snow plan incorporating the following policies and standard operating procedures:

- Emergency Preparedness

- Emergency Planning Resilience and Response

- Carriage of Patient Transport Services Patient Mobility Risk Management

- Serious Incidents