

The background image shows an elderly patient with white hair lying in a hospital bed, wearing a nasal cannula. A healthcare worker with short blonde hair, wearing a blue uniform and a green lanyard, is smiling and looking at the patient. A large medical light is visible in the background.

# Overview Winter Plan 2018/19

# Purpose of the Winter Plan

- What are the key things we are trying to achieve?
  - Ensure that staff / patients have a improved environment through improving 'capacity' across the Trust and within the community to reduce bed occupancy on to average of 92%
  - Deliver the operating plan trajectory for 4 hour performance / Elective / Cancer
  - Reduce the number of ambulance delays over 15 minutes
  - Reduce the number of patients whose discharge is delayed
  - Reduce the number of outliers and patient moves out of hours
  - Deliver a whole system plan to manage winter through 'home first home today'
  - Reduce and contain the risks relating to Flu
- What are we going to do to deliver?
  - Increase bed capacity at QA
  - Reconfigure some of our bed stock to support the areas of most challenge
  - Increase capacity across the community in domiciliary care, fast track; continuing health care so that more care is delivered at home / community settings
  - Improve internal processes within the hospital to reduce delays and increase discharges

Its here...

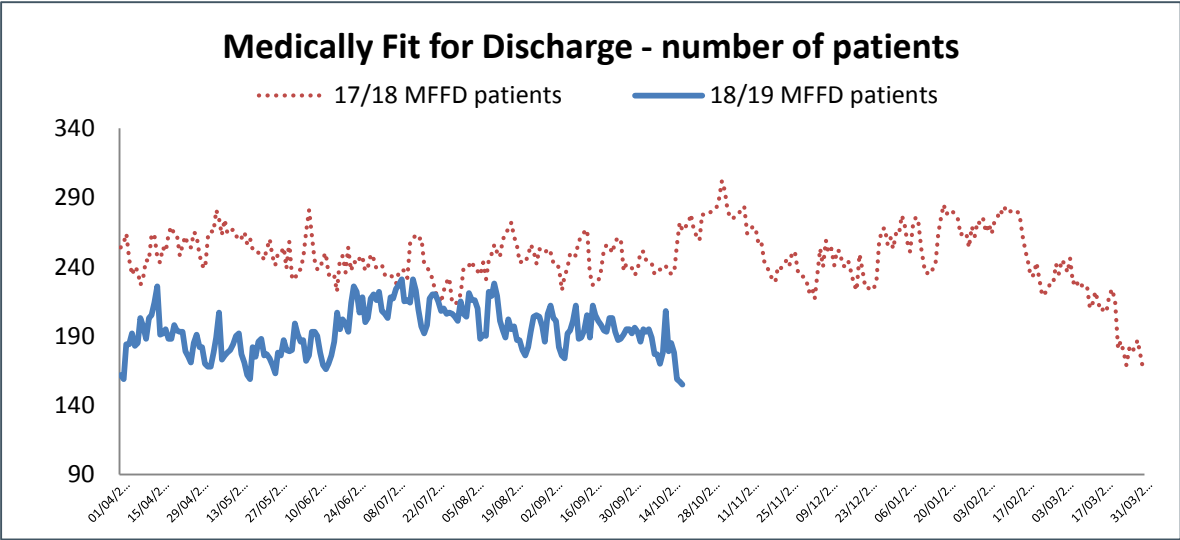
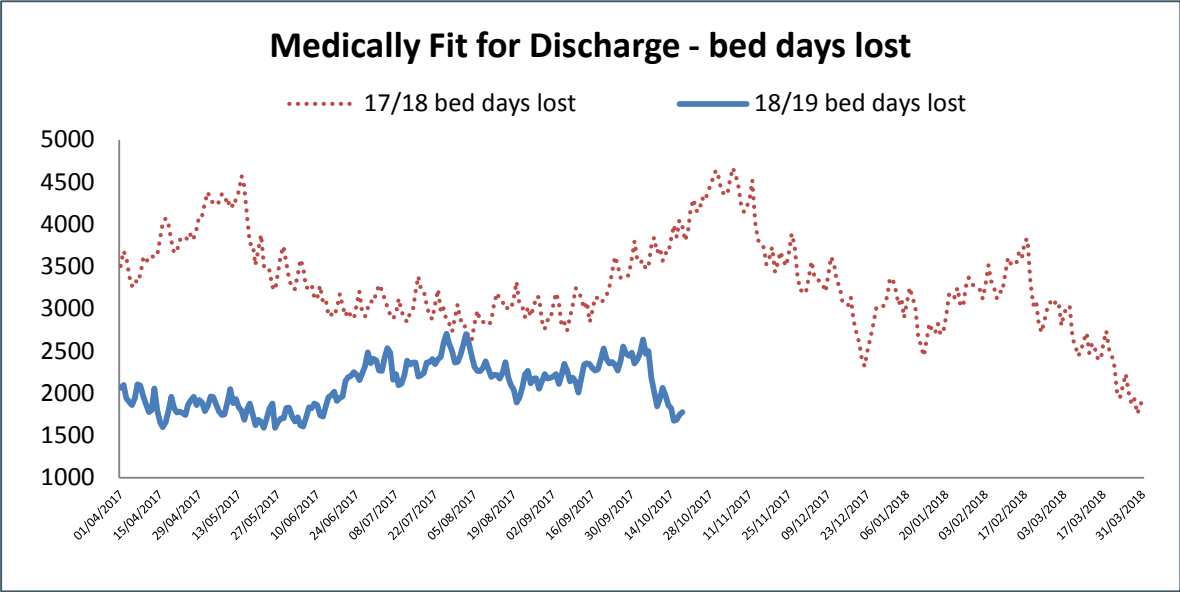


What has happened this year...

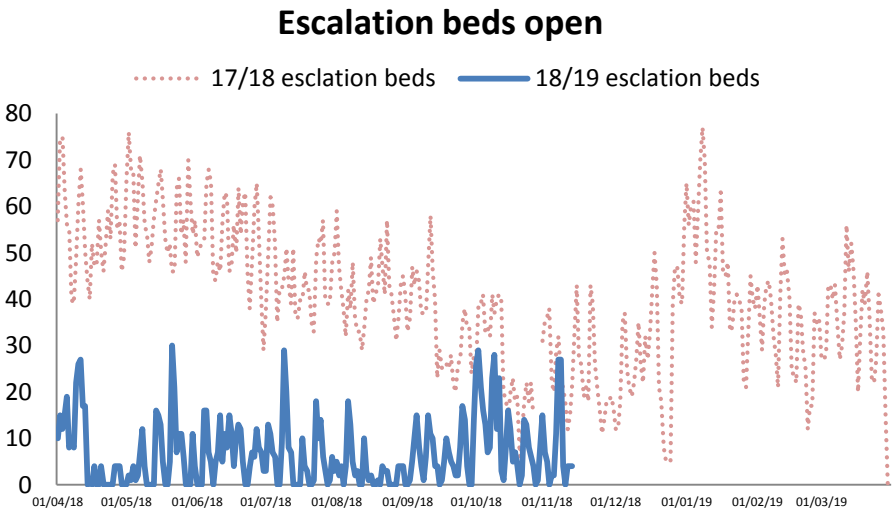
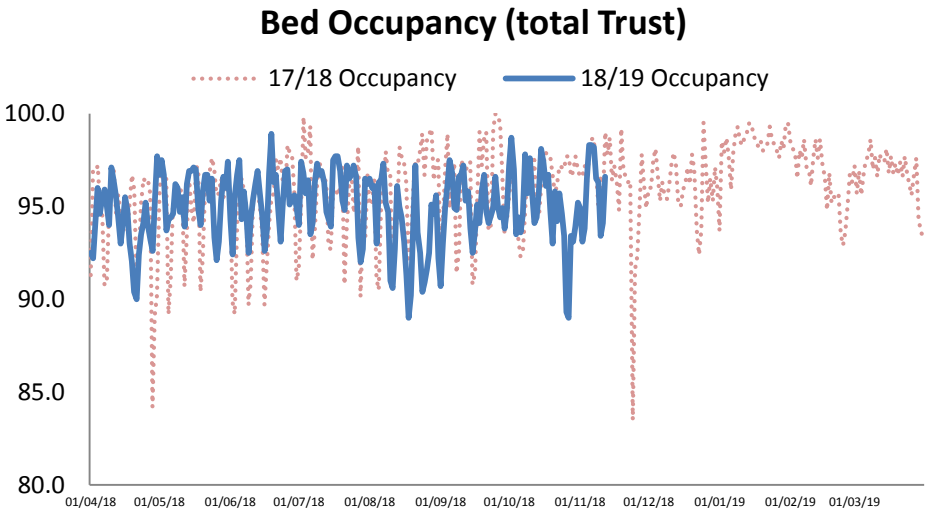
	OPEL 1	OPEL 2	OPEL 3	OPEL 4
2016	1%	15%	46%	38%
2017	0.5%	11%	48.5%	40%
2018 (year to 19/09)	17%	26%	43%	14%

	2017	2018
<a href="#">20-Oct</a>	OPEL 2	OPEL 1
<a href="#">21-Oct</a>	OPEL 3	OPEL 2
<a href="#">22-Oct</a>	OPEL 3	OPEL 2
<a href="#">23-Oct</a>	OPEL 3	OPEL 1
<a href="#">24-Oct</a>	OPEL 4	OPEL 2
<a href="#">25-Oct</a>	OPEL 4	OPEL 1
<a href="#">26-Oct</a>	OPEL 3	OPEL 1
<a href="#">27-Oct</a>	OPEL 2	OPEL 1
<a href="#">28-Oct</a>	OPEL 2	OPEL 1
<a href="#">29-Oct</a>	OPEL 2	OPEL 1
<a href="#">30-Oct</a>	OPEL 4	OPEL 2
<a href="#">31-Oct</a>	OPEL 4	OPEL 2
<a href="#">1-Nov</a>	OPEL 4	OPEL 2
<a href="#">2-Nov</a>	OPEL 4	OPEL 1
<a href="#">3-Nov</a>	OPEL 4	OPEL 1
<a href="#">4-Nov</a>	OPEL 3	OPEL 1
<a href="#">5-Nov</a>	OPEL 3	OPEL 2
<a href="#">6-Nov</a>	OPEL 3	OPEL 3
<a href="#">7-Nov</a>	OPEL 3	OPEL 3
<a href="#">8-Nov</a>	OPEL 3	OPEL 2
<a href="#">9-Nov</a>	OPEL 3	OPEL 2
<a href="#">10-Nov</a>	OPEL 3	OPEL 1
<a href="#">11-Nov</a>	OPEL 3	OPEL 1
<a href="#">12-Nov</a>	OPEL 3	OPEL 1
<a href="#">13-Nov</a>	OPEL 4	OPEL 1
<a href="#">14-Nov</a>	OPEL 4	OPEL 1

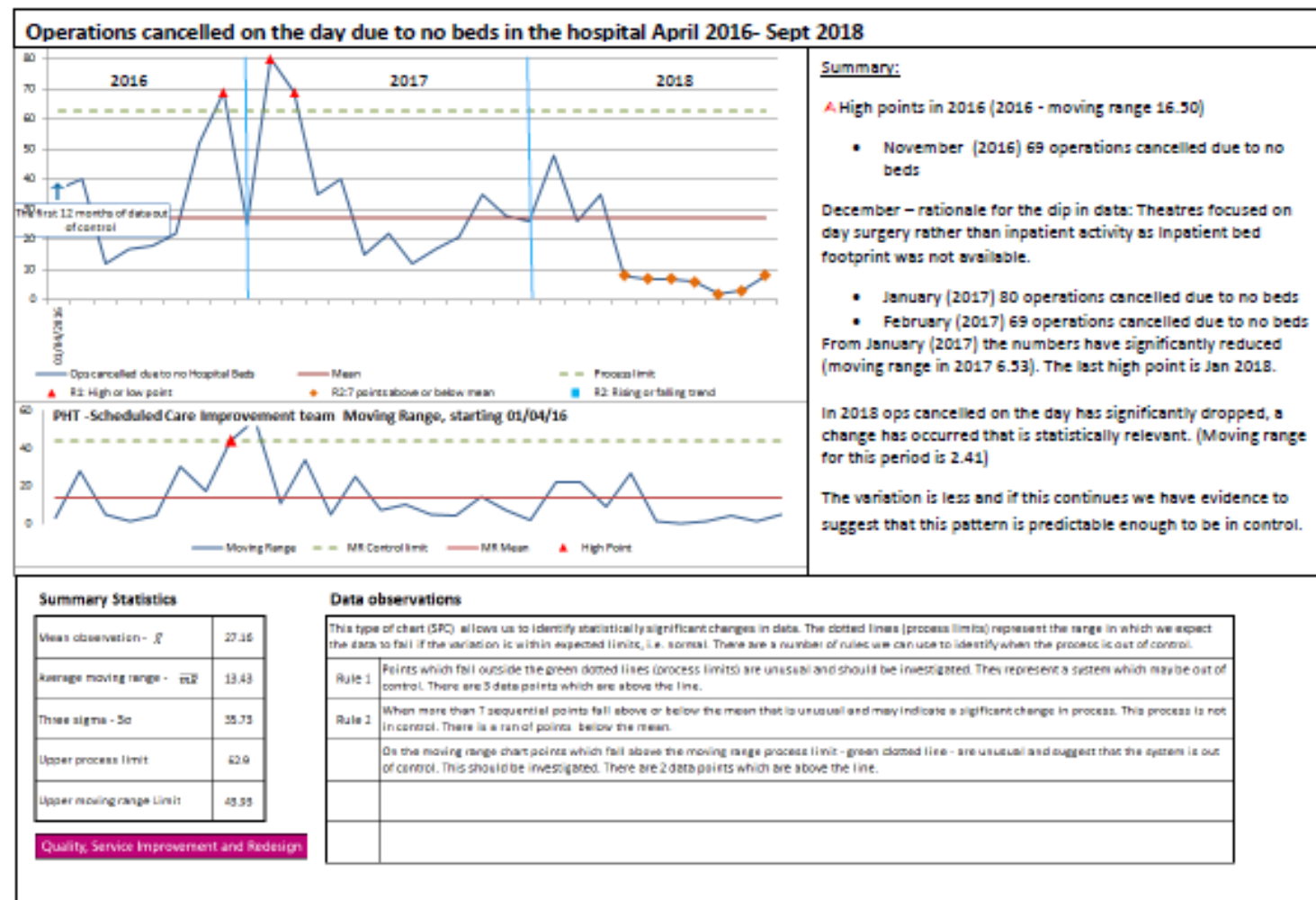
What has  
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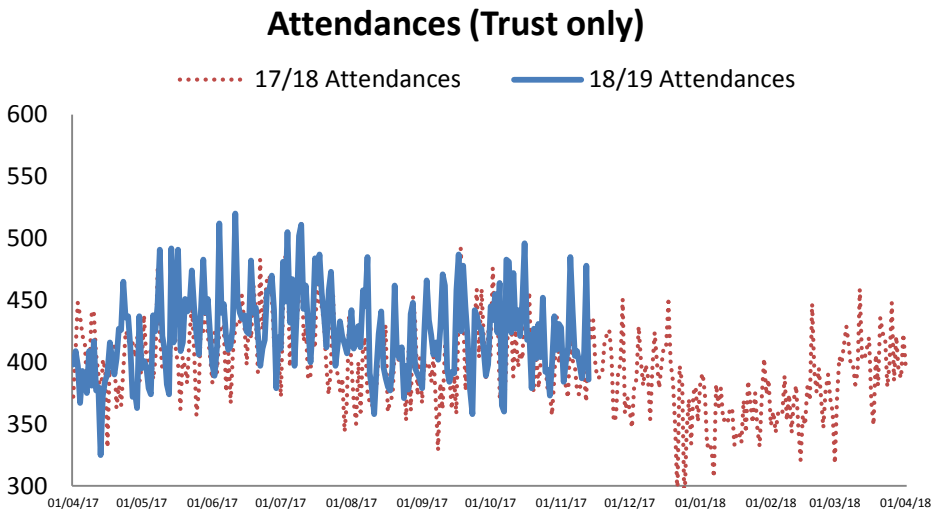
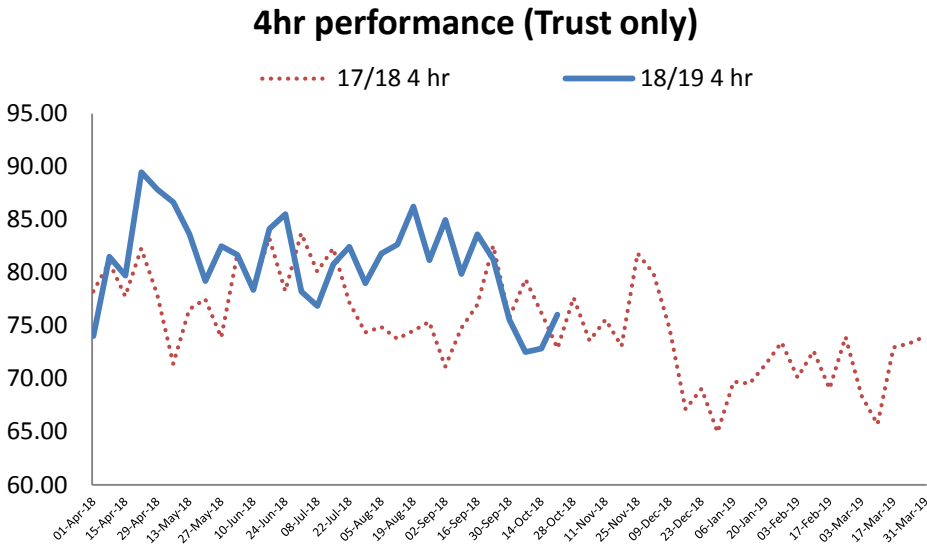


## Operations cancelled on the day due to no beds ...





What has  
happened this  
year...



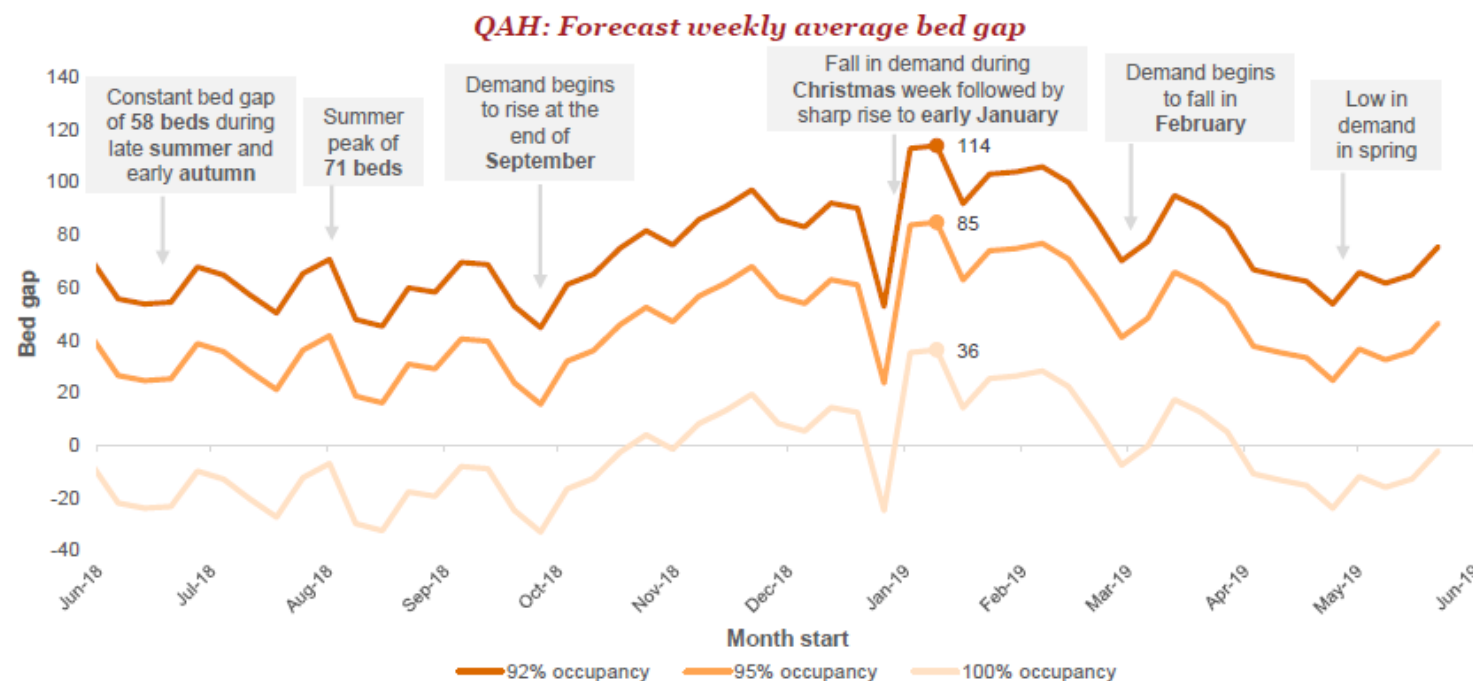


### Winter Plan – overview

- Capacity - 92%
  - System wide plan
  - Internal plan for extra capacity
    - Additional bed stock (A6)
    - Increase in medical beds (by about 18 beds on D7)
    - Additional CT Scanning capacity
- System & Process
  - Improved Internal Process ( home first; R2G; board rounds; AEC)
  - Enhanced 7 day working with on site divisional cover
  - Increase simple discharges
    - EDD
    - Early Birds

# 2018/19 System PWC Capacity Review

***At 92% occupancy, QAH would have an avg. bed gap of 71 beds during summer and 114 beds during winter***



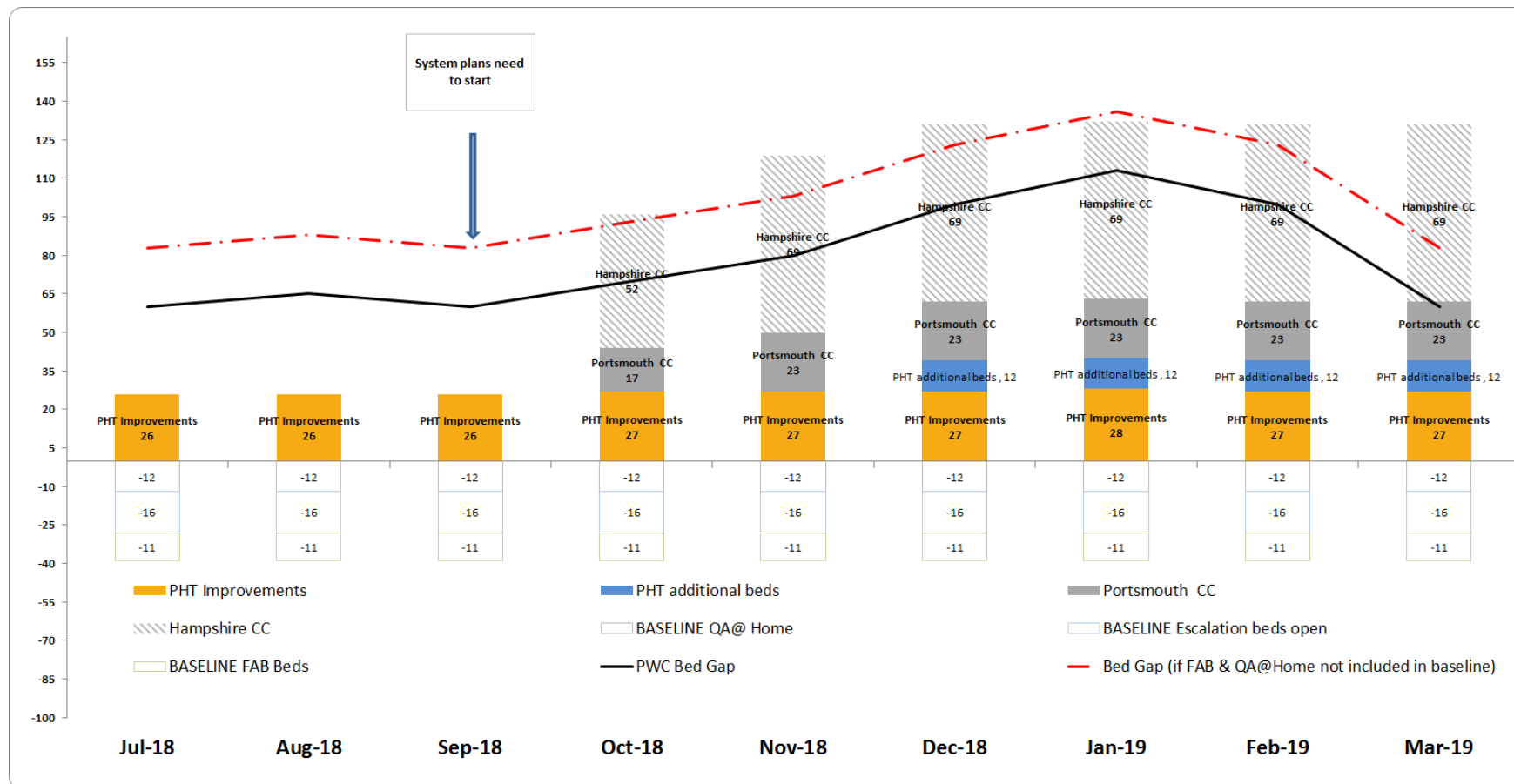
Forecast bed gap (at 92% occupancy)	Q1 (Apr-Jun 18)	Q2 (Jul-Sep 18)	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)
Average bed gap	65	58	80	95
Peak bed gap	109	71	97	114

Source for demand: PAH SUS Data January 2016 – June 2018. Source for capacity: PHT Daily Sitreps used for capacity data beyond 1<sup>st</sup> November 2017 up to 6<sup>th</sup> June 2018 - 1,013 beds including 16 escalation beds. Paediatric beds (44) excluded from both capacity data sources.  
Source for population growth: ONS growth by CCG and age band (0-17, 18-64, 65+).

## What does this plan look like across the system

- Significant increase in domiciliary care hours/ week (around 1200 hours across the system)
- increased timeliness to access CHC assessments ( discharge assessment tools) in both Portsmouth and Hampshire
- increased provision for community beds for Continuing Healthcare needs assessments
- increased on site presence for community teams to deliver home first, through a integrated Hampshire based team (early September)
- Fast Track service delivered through Marie Curie – went live early September for home care
- Increased access to fast track community beds (17 in total)

# System & PHT plan to bridge the Gap

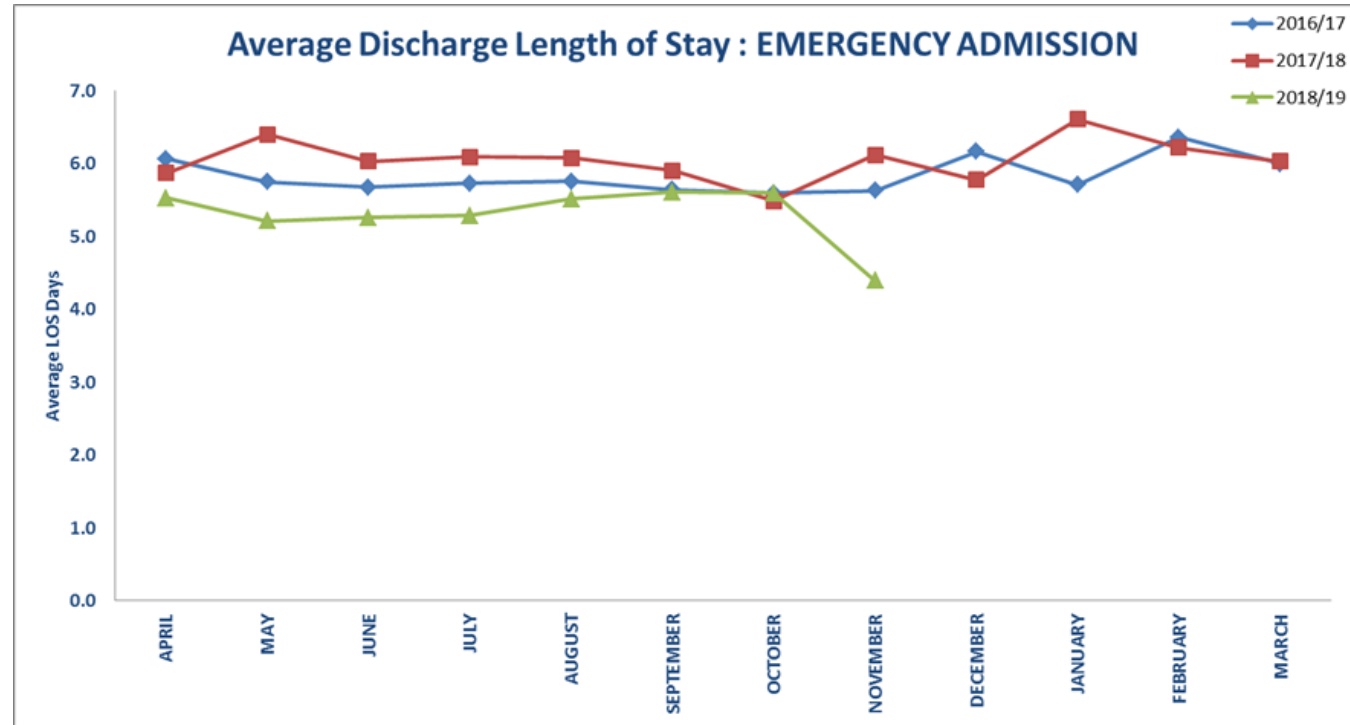


Assumes full and timely delivery of all system capacity as per diagnostics summary  
 PHT additional capacity in Discharge lounge converted to increase A6 by 12 beds.  
 Zero escalation beds in use.  
 MFFDs at 90 with a 25% reduction in super stranded by mid-November

## PHT – Capacity Releasing Actions

		Actual Beds/ Virtual Beds
<b>ED Development</b>	<ul style="list-style-type: none"> <li>Creating a Frailty Assessment Unit</li> </ul>	0
<b>Additional bed capacity</b>	<ul style="list-style-type: none"> <li>Re-provide discharge lounge and create 12 additional beds on A6.</li> <li>A6 will become uro/gyane ward with 2 separate wings (male and female) but run as 1 unit</li> <li>Urology moves from D7 to A6 and D7 becomes 100% medicine which gives medicine c18 more beds</li> <li>Avoids normalising escalation areas as in previous winters, creating a better and safer environment</li> </ul>	12
<b>LoS Reduction/ internal improvements</b>	<ul style="list-style-type: none"> <li>10 beds on A6 will stay MOPRS</li> <li>30 beds across other surgical specialties will be designated for Medicine which should enable direct flow from AMU, reduce the number of moves, allow more timely access</li> <li>Autumn Sprints x 6 to focus on                             <ul style="list-style-type: none"> <li>Discharges by 10.00 midday &amp; 4pm</li> <li>Use of EDDs</li> <li>Reduction in stranded patients (over 7 days)</li> </ul> </li> </ul>	20

Heading towards  
5.1 (LoS  
currently 5.4)



## Additional Capital Investment (Capacity)

- Temporary CT scanner to support improved access to Diagnostics for all patients ( inpatients / cancer / clinically urgent)
- Additional 12 beds to support the reduction in the Trusts need to use outlying / escalation beds ( and further supported by the increased capacity out in community)
- Support to FIT patients in ED by providing a focused area for FIT team to work within, with additional support from partners
- Modular Discharge Lounge
- Access to IT system that supports admission avoidance through a joined up information platform



## Learning from last year...Planning for 5.1 days LoS

- Additional therapy and discharge co-ordinator support to ensure timely assessment as part of the new Frailty Intervention Unit in ED as part of the process that supports early intervention from the FIT team ( to prevent admission)
- Additional support to AMU / ED to speed up the timelines of transfers – this supports the summer sprint work that is focused on ensuring that patients who are allocated beds are transferred and the bed filled within 30 minutes( speed up transfer times)
- Ensuring that, Medicine has the ability to flex capacity as part of the winter plan to provide specialty input into ED / AMU 7 days a week ( prevent admission)
- Re-organisation of medical ward bed base to support ‘nurse led units’ and allow Medical resources to be allocated to support outlying wards ( improve timeliness of review)
- Working with the surgical clinical teams to refine the process that identifies outliers for surgery with the matrons from surgery taking a more involved approach (improved safety of decision making)
- Autumn sprints looking at improved process within pit stop to improve time for assessment for those clinical unwell; enhancing the ward based reviews to maximise R2G
- Access to Transport earlier / later in the day that allows for direct allocation from out Operations centre

## Managing Flu

- Vital learning and wash-up from 2017/18 lessons
- Flu preparedness meetings well underway
- Targeted flu vaccination campaign launched in September and ongoing, including extensive communications and engagement
- Point of care testing being evaluated
  - will provide 30 minute turnaround v 24-36 hours
  - To support safer and more efficient decision making to support cohorting and discharge
  - Ops team will run table top simulations with infection control and care group reps to rehearse our actions for spikes in flu demand and cohorting (during November)

## Staff & Resilience

- Clear communications about department/care group plans and how each individual member of staff can help that plan
- Recruitment drives to ensure our staffing position is as robust as possible
- Cross-system winter communications plan includes personal resilience messages running prior to winter alongside normal flu messaging
- Individual mail drops of 'self help' advice to all staff BUT please look after each other
- More structured support on site seven days a week
- Flu Jab!

## Communication Plan.

- Launch of Winter Plan - Trust Leadership Team
- Cross-system winter communications planning group held by PHT with co-ordinated, partnership approach to communications
- Drop in sessions hosted by Chief Operating Officer Paul Bytheway
- Divisional Meetings to communicate local plans
- Proactive campaigning with media plan (including social media)
- Themed communications ie flu, Help Us To Help You
- System wide messages
- Extensive internal communications and engagement
- Stakeholder updates