Midlands Partnership NHS Foundation Trust

Winter Plan 2018/19

DRAFT

SUMMARY

The purpose of this document is to describe the arrangements put in place by the Midlands Partnership NHS Foundation Trust to work collaboratively with partner organisations to support urgent and emergency care systems across Staffordshire and Shropshire, and maintain waiting times throughout the winter including the Christmas and New Year holiday period. This plan covers the main winter pressure period which will commence October2018 and continue to include Easter 2019. This plan will form part of the Staffordshire and Shropshire wide system plans and compliments key information from partner provider plans as well as whole community arrangements.

It is essential to note that this remains a live document which is subject to update and constant review and amendment throughout winter 2018/19.

INTRODUCTION AND BACKGROUND

The resilience of those working in the NHS and Social Care is especially tested throughout the winter period. Despite increased planning compared to previous years, the delivery of whole system urgent care across Staffordshire and Shropshire continues to present a significant challenge to all stakeholder organisations. Last year saw the postponement of non-urgent operations, the opening of escalation beds and an increasing focus to reduce patients with Delayed Transfers of Care (DToC). Despite these efforts, services remained full and the urgent care systems repeatedly failed to achieve the national target of seeing 95% of patients within 4 hours. The whole system plan to reform urgent care focuses on the following key programme areas:

- Demand management, admission avoidance and prevention
- Improving patient flow and processes

Clinical Commissioning Groups are responsible for ensuring that robust plans for managing winter pressures are developed, tested and coordinated with all partners within the local health community, including local authorities, general practitioners and independent sector providers.

This is the second year of a system-wide winter planning which has been developed to ensure that effective arrangements are in place to provide safe, high quality and responsive elective, urgent and emergency care over the winter period.

WINTER PLANNING PRIORITIES

The planning priorities for 2018/19 have been identified and set. This is:

1. **Reducing long stays in hospital - to reduce patient harm and bed occupancy**
   - *capacity will be created as surge*
   - *planning 7 day services*
   - *delivering 10% above baseline, and phased*
   - *reduction in stranded and super stranded patients across the system*

2. **Flu planning**

3. **National support and winter planning**

- *Demand and capacity plans*
- *Effective discharge processes*

- *Planning for peaks in demand over weekends and bank holidays*
- *Ensuring the adoption of best practice as set out in the NHS Improvement guide: Focus on Improving Patient Flow.*

In addition, the following Local Priorities have been identified:

- ***Medically Fit for Discharge (MFFD) and Green to Go (G2G) in UHNM (waiting information from Queen's Hospital)***

MFFD and G2G numbers are important measures of flow together with the length of time waiting for G2G. MFFD and G2G have improved significantly over recent months at UHNM from 220/110 respectively to an average of c130/65. The ambition of the system is to reduce MFFD/G2G to 110/50 for RSUH and 18/9 for County Hospital as it is anticipated that a sustained reduction in MFFD and G2G will allow sufficient capacity and flow. This is ambitious and will be challenging, requiring a collective effort from all system partners. MPFT are committed to supporting this ambition. MPFT will continue to participate in the review and escalation calls 3 times per day held at RSUH to support and address any areas of concern.

- ***On Call Arrangements***

MPFT has robust on call arrangement in place 24 hours a day, 365 days per year. This is

- 1 x Gold Commander
- 3 x Silver Commanders (Rotas cover North Staffordshire, South Staffordshire and Shropshire)

In addition senior operational leaders will be available to join escalation calls daily if required and command and control functions can be commenced throughout the period of winter.

PURPOSE OF THE PLAN

This plan and accompanying documents set out the MPFT proposed response for winter. The plan takes into account the current position of a newly formed organisation but acknowledges that this will be subject to review and change in line with organisation development, marketing campaigns, and flu preparation.

1. Reducing long stays in hospital - to reduce patient harm and bed occupancy

It remains a challenge to define the appropriate levels of demand for services; however historical trends suggest that an increase in 10% above baseline is required to meet the surge in winter.

MPFT aims to increase capacity in bed based, community and social care services to meet the demands of winter.

<u>Creating Capacity as Surge</u>

The additional beds opened on Scotia Ward to support the winter pressures 2017/18 will be closed by 31st July 2018; the ward will stop admitting week commencing the of 23rd July and it will close on 31st July 2018. Currently Scotia Ward has a cohort of palliative and assessment/rehabilitation patients. The palliative patients will return to Dale Hall on Chatterley Ward, along with the associated palliative care trained staff and any additional other staff will be moved across the site to support with the current vacancy factor.

The work to close the ward has commenced. A review of the patients on Scotia Ward has been completed to understand the discharge requirements and timeframes to ensure that they have a planned exit strategy for the 31st July. This review commenced week of 2nd July as part of the Community Hospitals Multi-Agency Discharge Event.

Within this review the aims are to:

- Determine the exit strategy of all patients
- Facilitate the transition of palliative patients to return to Chatterley Ward
- Manage the cohort of beds across the sites to ensure that patients are appropriately placed up until the point of Scotia Ward closing (for example utilising Scotia Ward for those patients already on the Haywood site but with a known exit date)

Escalation Capacity

The community hospital provision is a valued service and meets the needs of those individuals who are unable to return home. There are currently 102 rehabilitation beds.

Brighton House	25
Chatterley	25
Grange	32
Jackfield	20

The MPFT increased escalation capacity for winter in addition to the 102 rehabilitation beds:

Area of escalation	No of beds	Planned date of opening
Scotia In-Patient Ward	10 beds	(TBC)
Milford Ward	12 beds	3rd Dec 2018
Scotia Day Case Unit	3 beds	7th January 2019

****This will need to be agreed and funded***

This would take the total number of beds to 127 (an increase of 24%).

To increase to this number of beds additional staff from the therapies and social work teams would need to be recruited to ensure continued flow and prevent long stays in hospital. The community hospitals have 7 day medical cover (9am – 5pm) with robust OOH's arrangements via SDUC.

A discharge lounge will be operational from September 2018 – April 2019 for any patients in a community hospital bed who are being discharged back to home this will enable early

release of beds to prevent transfers of patients to community hospitals earlier in the day and aid UHNM flow.

Home First Capacity

The 'Home First' (HF) Discharge to Assess service is central to ensuring safe and timely discharge, admission avoidance and system resilience. The 7 day service, which has been implemented incrementally over the last year, focuses on patients who are clinically optimized and no longer require an acute hospital bed but may have ongoing care and support needs. Patients are discharged to their own home, where appropriate, or another community setting where assessment for longer-term care and support needs can be undertaken in the most appropriate setting and at the right time.

Jointly commissioned clinical and nursing resources, social care support and provision of nursing, residential, therapy support, reablement and domiciliary care, aim to deliver improved outcomes for patients and a more efficient use of resources across the local health and social care economy. The model aims to ensure timely discharge of patients from hospital with home being the first option for the majority of people. Home First has a fully integrated multidisciplinary discharge team (Track and Triage) which enables swifter acceptance and discharge to and from the service utilising a 'Trusted Assessor' approach.

Due to the infancy of the service and its reporting dataset, comparable data for winter is not available therefore the demand and capacity modelling is based upon the currently commissioned hours; based on this assumption MPFT will provide an additional 10% (834) HF care hours across Staffordshire.

The plan for winter is to achieve the 10% increase in hours by 1st December 2018. This will be an incremental growth, month on month to achieve the commissioned capacity.

Further detail to support the incremental increase including any financial impact is currently being developed.

The additional capacity will be delivered through the following key actions:

- continued implementation of the long-term plan to provide the required number and skill mix of staff needed both immediately and to ensure sustainability in the future
- improvements in productivity to extract as much value as possible from available spending (currently well in progress via wok with Meridian Productivity Ltd to increase staff / patient face-to-face time);
- to outsource any capacity gaps through sub-contract arrangements
- paid overtime to Home First workers once they have worked over and above their contractual hours (rather than once they have worked 37.5 hours in any one week). This proved very effective in increasing capacity, and was attractive to staff last winter. This is more cost effective than using agency staff and it provides continuity for the people using the service.

Critical to the success of the service is the identification of 'right patient, right time'. MPFT remain committed to working with system partners, as part of the continuous improvement process and STP UEC plan to create faster flow through services and improved patient experience.

Social Work Capacity

In terms of the additional capacity for social care assessment, MPFT will look to provide

7 day a week cover where discharge to assess is not embedded (ie the out of county hospitals and some additional support into Queen's), in addition to this MPFT would look at additional capacity to work on a Monday and a Friday to ensure the appropriate level of flow is maintained. There are also some additional capacity requirements around the beds; any expansion of social care assessment function, for it to be successful and provide effective 7 day flow, is dependent on LA Brokerage and care homes admitting patients 7 days a week.

Any increase in capacity, bed based or community will require additional resource to respond to demand. MPFT has a responsibility in the assessment of the social care needs of individuals at:

- UHNM (RSUH & County)
- Queens Hospital, Burton
- Good Hope
- Walsall
- Royal Wolverhampton
- Russells Hall

There are some differences in the current provision of social care. In the north there is 7 day assessment cover in the acute hospital. In the south the provision remains on a Monday-Friday basis. Over winter, the plan is to increase the Social Care presence making the service more responsive to the needs of partners (the exact requirement will be confirmed following further discussions with HR and finance. This will need to be contractually agreed and funded via Commissioners).

Therapies

MPFT are undertaking a review with AHP's to strengthen the current provision. There are currently different models in place across services in relation to therapies. To ensure effective flow and improved outcomes for patients, any increase in service provision also requires an increase in therapy resource. This will include weekend therapy provision. There is 7 day therapy support in Home First and Brighton House but currently more limited weekend therapy support at the Haywood which will need further review.

Haywood Walk-in Centre (WIC)

The WIC is able to increase its opening hours to meet expected demand in winter if required. The planned extension would be:

- To extend the opening hours until midnight
- To open at 08.00hrs Sat & Sun

This is will need to be agreed and funded

Mental Health

There are currently acute trust schemes in South Staffordshire that would need to be extended to cover the service over 7 days in both County Hospital & QHB that would be in line with the evidence base for CORE 24 staffing as endorsed by the 5 year forward view for mental health:

1. Increase Liaison Mental Health cover at QHB – Increased availability outside current weekday hours to cover 7 days for liaison mental health cover for ED and ward activity, this would include dedicated Consultant Psychiatrist input and specialist skills and knowledge in the field of substance misuse and support for

people with dementia.

2. Increased Liaison Mental Health cover at County Hospital - Increased availability outside current weekday hours to cover 7 days for liaison mental health cover for ED and ward activity, this would include specialist skills and knowledge in the field of substance misuse and support for people with dementia

3. Extended hours for the existing 7 day Liaison Mental Health cover at Princess Royal Hospital Telford – increased availability from 8pm to 2am 7 days per week

Increase availability of specialist older people's mental health services and support out of hours, including to nursing/care homes to support admission avoidance, this service is currently commissioned over weekdays and would need to be extended to cover 7 days Increased availability out of hours of specialist mental health nurses to in-reach into care homes to avoid admissions to both acute and mental health trusts. In addition it would provide and outreach service for people in care home beds with EMI needs who are placed there through D2A by ensuring care homes will receive outreach support to manage behaviours reducing re-admission rates to Acute Trusts.

Reducing stranded and super stranded across bed based services

The 'stranded patient metric' is defined as the number of beds occupied by patients who have been in hospital 7 days or more, this definition was designed for acute hospitals, therefore for community hospitals/escalation beds the stranded patient metric will be defined as any patient who has been in a community bed (community hospital or CCG escalation bed) for more than 28 days.

The vast majority of patients who require on-going bed based services following an acute stay are over 65 years of age. These older adults are at greater risk of deconditioning – losing muscle power, strength and abilities due to restricted mobility. A prolonged bed based stay can mean the difference between independence and complete dependence.

It is imperative to enable patients to leave hospital as soon as they are able by providing the support they need to continue their recovery at home and return to their previous routines and activities.

To help to reduce the number of stranded and super stranded patients in beds the following actions will be taken by MPFT:

Action	Impact
Daily board rounds on Community Hospital Wards	waits are identified and effectively managed by the team
Weekly MDTs in escalation beds	waits are identified and effectively managed by the team
Weekly reviews of stranded patients	Maintain focus and escalate challenges/barriers
Daily conference calls across community and bed based services	To review performance and identify current and potential challenges/barriers in the services
Planned monthly MADEs across services	Create a multi-disciplinary approach to support improved flow

Flu planning

The Local Flu Plan sets out a co-ordinated and evidence-based approach to planning for and responding to the demands of flu across the NHS England Shropshire and Staffordshire, taking account of lessons learnt during previous flu seasons. It will aid the development of robust and flexible operational plans by local organisations and emergency planners within the NHS and local government. It provides the public and healthcare professionals with an overview of the co-ordination and the preparation for the flu season and signposting to further national guidance and information.

The purpose of the local plan is to (a) provide a robust, locally coordinated and evidence based framework to planning and delivering the seasonal flu programme for 2018/19; and (b) develop a proactive action plan which seeks to improve uptake in all eligible groups.

In 2018/19 the ambition of the flu plan is to ensure that:

- Actively offering flu vaccination to 100% of all those in eligible groups (this will include offering all in-patients the flu immunisation on admission)
- vaccinating at least 75% of those aged 65 years and over
- vaccinating at least 75% of healthcare workers with direct patient contact
- improving uptake for those in clinical risk groups, particularly for those who are at the highest risk of mortality from flu but have the lowest rates of vaccine uptake, such as those with long-term liver and neurological disease, including people with learning disabilities or children, a minimum uptake of 40% has been shown to be achievable in pilots conducted to date. As a minimum uptake levels between 40% and 60% to be attained and uptake levels should be consistent across all localities and sectors of the population
- providing direct protection to children by extending the annual flu immunisation programme and also cutting the transmission of flu across the population
- monitoring flu activity, severity of the disease, vaccine uptake and impact on the NHS
- prescribing of antiviral medicines in primary care for patients in at-risk groups and other eligible patients under NHS regulations and in line with NICE guidance
- providing public health information to prevent and protect against flu
- managing and implementing the public health response to incidents and outbreaks
- ensuring the NHS and PHE are well prepared and have appropriate surge and resilience arrangements in place during the flu season.

Each provider and CCG has a flu vaccination plan in place and the CCGs have agreed a scheme in order for practices to write formally to ‘at risk’ patients, in order to maximise the Influenza vaccination uptake rates.

There is an internal campaign to encourage staff to have a flu vaccination, this includes:

- Drop in clinics
- Intranet Articles to promote uptake

- Increasing the number of vaccinators across the organisation

We need to add our response ie targeted campaign to vaccinate all staff through drop in clinics, flu champions and team based programmes. The campaign includes Infection Control and team based vaccinators and Trust wide communications to raise awareness and improve update.

In community services through working closely with colleagues in Primary Care vulnerable housebound patients will be identified and plans agreed for the vaccination of these patients.

In Community Hospitals and Brighton House long stay patients will be offered vaccination and during the flu period all new admissions meetings the criteria will be offered the vaccination to minimise the risk of further spread.

Escalation Cards

The winter plan for 2017/18 linked the escalation cards to the EMS triggers which was implemented and monitored. These are Trust wide action cards which set out the expectations of services in times of surge, increased demand or reduced capacity. These will be reviewed and updated for 2018/19 in line with organisational changes.

Weather Plans

As with all community services inclement weather can be of significant issue for staff and patients. MPFT has guidance for staff to ensure the safety and continuity of service to vulnerable patients. This includes links with the Civil Contingencies Unit and is linked with the National Cold Weather plan.

Workforce

To provide 7 day working for services over winter will require a change in service provision. Before any consultation commences the Joint Staff Partnership need to be notified, this is too late for July and there is no JSP in August, so a separate meeting will need to be convened. There would also need to be a comprehensive Equality Impact Assessment on the staff groups affected.

Below is a proposed timescale based upon a start date of 1st October for 7 day working. This will be for AHP and Social Work roles:

Date	**Activity**
w/c 23th July 2018	Commence consultation with affected staff and Trade Unions
27th August 2018	Close consultation on proposed seven day working.
w/c 27th August 2018	Consider representations and queries. Response to the Consultation and issue any changes.
30th August 2018	Issue letters advising changes to contract

1st October 2018	Seven day working pattern commences

Recruitment remains challenging around the Home First service and nursing posts given the competition from other NHS organisations and private providers. The Trust continues to work with the external recruitment provider to expedite the selection process for those successful applicants going through the employment checks process. Rolling adverts are being utilised to aid a speedier recruitment and selection process, recruiting managers are requested to review/interview candidates as and when applications are made rather than waiting for specific closing dates and pre-scheduled interview programmes.

The Trust will be visiting a number of Job Fairs at Universities over the coming months in order to seek to attract newly qualified nursing staff to work at the Trust. The service does not currently utilise bank staff in the Home First workforce and options around this are being explored within the Care Groups. The pool of flexible workers, both qualified and unqualified registered at the former SSSFT Trust will increase the availability of workers to the service going forwards to cover any sickness absence, this is not something that has previously been available.

The Trust will also look to increase the availability of flexible workers through an internal recruitment campaign whilst being mindful of the working time directive and the health and wellbeing of staff already employed in a full time role within the Trust. An advert for flexible Health Care Support workers is currently live on NHS Jobs and there are plans to expand the number of adverts across all professional groups in order to address agency spend.

The Trust will be tapping in to the national nursing recruitment campaign launched on the 4th July to celebrate the 70th Birthday of the NHS and using the Careers social media accounts and the expertise of the Trust's Communication Team to point candidates towards the employment opportunities within the Trust. In addition to the above opportunities for employment within the Home First service are being promoted through leisure centres radio across the County, and we are looking to use the information screens in doctors surgeries, that will enable us to target the areas with most need.

The learning and development programme is being reviewed and revised, including the time allocated for shadowing in some areas where this is appearing to be more lengthy, to ensure that the workers are available at the earliest opportunity, whilst having the correct skills to undertake their duties safely. We are in discussions with an NHSi approved care agency and exploring opportunities for them to be able to provide domiciliary workers to the Trust under a master vend arrangement, these discussion are also part of a wider remit to expand the existing master vend arrangement for all clinical roles across the new Trust ensuring we engage workers at the most competitive rates wherever possible.

Retention has been identified as an issue within the Home First workforce one of the main reasons cited is the shift patterns, these are being re-visited by the E-Rostering Team, together with Meridian and operational managers to see if there is a more efficient and effective roster that can be implemented that better supports the work life balance of the workers and therefore aids retention of their skills whilst recognising the needs of the service. Exit data and Listening Into Action data will be examined over the next few months to establish any other areas of dissatisfaction and an OD plan developed based on the results.

The contract with the outsourced recruitment provider SBS ends in October, moving the recruitment and selection process to an in-house service will give greater control and flexibility over the recruitment process and allow for team resources to be flexed to meet demands in recruitment to posts.

Information is collated on a weekly basis and vacancies monitored through the Programme Board, a specific workforce workstream, reporting in to the Programme Board is being established to support the recruitment, development and retention of this workforce and more closely monitor progress towards a full establishment.

Key risks & mitigation to delivery

- **Market forces impact on Recruitment**

  Mitigation: Identifying high risk areas where demand could outreach capacity, alternative solutions are being identified and internal actions are currently being explored to reduce the risk

- **Inability to flow patients through Home First**
  Mitigation: Additional recruitment, working with partners to monitor and report the situation, daily escalation via CCGs

- **Retention issues with AHPs and Social Care staff as it may be that staff leave rather than accept 7 day working. The therapy services are already identified as "hard to recruit" posts.**

  Mitigation: Good communication and consultation with staff could reduce the risk

- **Moving to a 7 day working pattern without further investment in staffing levels would clearly not in itself improve capacity**

  Mitigation: additional funding would be required to increase staffing

- **Market forces impact on availability of temporary staff**

  Mitigation: Identifying high risk clinical areas where demand could outreach capacity, which could impact on safer staffing levels, alternative solutions are being identified and internal actions are currently being explored to reduce the risk