

# Winter Update Report

# Winter Team Mandate

## **Agreed mandate for the winter team**

- A winter director coordinating an integrated (single) winter team comprising staff from (OCC / OUHFT / OHFT / SCAS / OCCG ) managing flow and performance across the health and social care system
- Team made up of seconded-in staff with the responsibility and authority over resources across the whole system (within delegated tolerances) including clinical, operational, commissioning, project and programme resources
- Operating seven days a week
- The winter director accountable to chief executives and works with COOs across the system to build trust and deliver outcomes
- Integrated approach to planning, daily escalation and delivery of urgent care flow

## **Activities to include:**

- Management of day to day escalation processes
- Monitor delivery of winter schemes, identify issues and risks, take mitigating action, escalate as required
- Team operating 8-8 7 days per week including out of hours/weekend
- Acts for the system with resource prioritisation focusing on system flow supporting all aspects of the system
- Develop key pathways (e.g. frailty, delirium, COPD)
- Activities to reduce length of stay
- Support HART implementation plan
- Oversee development and implementation of demand and capacity management tool

## **Expected outcomes:**

- Delivery of 4HH target
- Delivery of system winter plan
- Delivery of 92% bed occupancy
- OPEL – daily management of escalation, agreed predictive triggers, forward planning
- Coordination and prioritisation of system resources
- Development of long term approaches and processes which improve performance and support integration planning, escalation and delivery
- Demand and capacity management tool

# Daily/weekly activities

- Seven day cover “winter lead” role to support daily MADE/perfect weeks approach and associated KPIs/measures
- Leading daily escalation process - declaring system OPEL status and mobilising action/support from system partners (Winter lead)
- System representation in regional weekly assurance calls and management of weekly reporting (Joint Commissioning Lead for Winter)
- Leading coordination of actions/deployment of resources with neighbouring counties re out of area patients (Joint Commissioning Lead for Winter)
- Leading development of programme approach to winter schemes and monitoring delivery of winter schemes projects/reduction in length of stay relating to winter capacity (Winter Director/Joint Commissioning Lead for Winter)
- Leading development of multi agency prevention activities to provide care closer to home and to reduce emergency and urgent care demand (Winter Director)
- Leading proactive engagement with key stakeholders to deliver integrated solutions to system pressures (acute, community, commissioning, primary care, third sector) (Winter Director)
- Leading oversight of demand and capacity management tool – ensuring prototype fit for purpose and developing usability (Winter Director)
- Support winter communications/media enquiries (Winter Director/nominated org leads)

# Priorities January

*By end January:*

- Agreed a sustainable model for integrated 7/7 multi-agency discharge team agreed with system partners, clarifying commitment and resources, process and escalation, governance and oversight and weekly monitoring of key discharge pathways (capacity and capability to support discharge).
- Deliver weekly reporting and performance management of winter plan schemes against bed equivalencies and care hours
- Agreed improvement plan with timelines and resource implications to ensure DCMT meets day to day operational needs with forecasting/predictive capability to drive daily decision-making, and is used on a daily basis by system partners

# Priorities February - Mar 2019

By end March

1. Agreed sustainable model for an integrated 7/7 multi-agency *prevention* approach to maximise capacity and capability clarifying commitment and resources, process and escalation, governance and oversight and weekly monitoring of key prevention pathways (capacity and capability to support prevention).
2. Agreed common approaches to risk and discharge planning agreed across system partners
3. Outline strategy and plan for system urgent care pathways (medium and longer term)
4. Draft winter plan for 2019-20