

Trust Board Meeting: Wednesday 11 September 2013

TB2013.106

Title	Winter Plan
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Status	For information
History	A report to the Board on plans for monitoring safe patient care over the winter period.

Board Lead(s)	Mr Paul Brennan, Director of Clinical Services			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. The paper sets out the Trust and wider health economy plans for delivering safe care over the coming winter period and actions to manage the expected increase in demand.
2. Details are provided on the proposed service developments prioritised by the Oxfordshire system for funding under the national Winter Funding Programme.

Recommendation

The Trust Board is asked to:

- Support the internal and Oxford Health NHS FT /Oxford University Hospitals NHS Trust integrated initiatives;
- Support the proposed development in Oxford University Hospitals NHS Trust, subject to confirmation of funding from the national Winter Pressure Funds;
- Note the proposed developments in Oxford Health NHS FT and Oxfordshire County Council.

Winter Plan

1. Purpose

- 1.1. This paper sets out the key actions being implemented by the Oxford University Hospitals NHS Trust in preparation for winter. In addition, the paper highlights action being taken by system partners and the integrated approach being adopted by Oxford University Hospitals NHS Trust and Oxford Health NHS Foundation Trust. The paper also identifies a range of initiatives the system has prioritised for funding support by the national Winter Pressure Fund.
- 1.2. The focus of the plan is to provide safe and responsive services to patients over the winter period alongside improving patient flow between services and seeking to ensure patients are managed in the most appropriate setting for their health and social care needs.

2. Actions to Improve Patient Flow in the Emergency Department (ED)

- 2.1. There are a number of essential nursing roles in ED: ED Coordinator; Patient Navigator; and, Queue Nurse that are instrumental in the management of patient flow. The evidenced based recommendations from both the NHS Emergency Care Intensive Support Team (ECIST) and Kings Fund Reports advocate the presence of a Shift Nurse Coordinator for Majors and a completely supernumerary nurse responsible for facilitating pathway management and sign posting. This role is locally referred to as the Patient Navigator. Currently this role only exists on the late shift and at times of peak pressure, converts to become the 'Queue Nurse'. The core function of the navigator is to take ambulance handover and signpost patients to existing and new pathways.
- 2.2. This role will be provided from 10am to 10pm seven days a week.
- 2.3. The role of the Emergency Admission Navigator is that of an expert clinician accepting calls from Primary Care and determining with them the optimal secondary care pathway. This will include best use of outpatient clinics, day hospital (or EMU) and inpatient settings across the sites. The addition of this dedicated role will replace the current arrangement to deliver this, via busy and non-expert registrars or SHOs who have a limited understanding of whole system health and social care services and no knowledge of available capacity.
- 2.4. When necessary the Emergency Admission Navigator will direct calls to immediate senior clinical (medical) support to pathway management including admission avoidance. Such input will come from the expanded consultant body of ED/EAU consultant, EMU/Geratology consultant and Interface Medicine consultant.
- 2.5. The creation of a Director of Services will enable the booking of same day and next day outpatient appointments optimising use of Rapid Access Services. In addition, it is envisaged that the Emergency Admissions Navigator would be able to broker access to services in the community via the Single Point of Access including the on-site Supported Hospital Discharge Service.
- 2.6. The Emergency Admission Navigator will be implemented and provide seven day week support.

- 2.7. The current Day Hospital at the John Radcliffe Hospital will be developed to provide an emergency ambulatory service for the frail elderly. This will operate as a same day service and will reduce the dispersal of patients throughout the medical ward by taking patients triaged directly from the Emergency Department (ED) and GP referrals, so bypassing EMU, for investigation and day treatment. The service will also provide next day follow-up outpatient appointments.
- 2.8. The aim of the service is to reduce the need for admission, and where admission is unavoidable, reduce length of stay by front loading investigations and information.
- 2.9. The Supported Hospital Discharge team will be enhanced to include a dedicated nursing team which will increase the potential patient population that can be managed in their home. This development aims to increase the current patient capacity of 60 patients to 80 patients per week therefore improving flow across the acute beds.
- 2.10. The baseline inpatient capacity has been permanently increased by 65 beds.

3. Proposed Developments linked to the Winter Pressure Fund

- 3.1. Consultant Geriatrician cover in ED and EAU seven days a week from 8am to 4pm.
- 3.2. Replacement of a middle grade ED post at the Horton with a consultant.
- 3.3. Consultant Physician cover in MAU at the Horton seven days a week.
- 3.4. Consultant Surgeon cover in SEU at the John Radcliffe seven days a week.
- 3.5. Provision of additional seven day a week Paediatric ENPs.
- 3.6. Direct employment of GPs to triage and manage patients in ED seven days a week from 4pm to 9pm.
- 3.7. Increase EAU and MAU capacity of 10 spaces.

4. Proposed Developments by system partners linked to the Winter Pressure Fund

- 4.1. Oxford Health NHS FT provision of additional Emergency Care Practitioners to support GPs in hours to provide urgent response for home visits for patients at risk of admission.
- 4.2. Oxford Health NHS FT escalation capacity in community beds to enable an additional 12 beds to be opened at times of peak activity.
- 4.3. Oxford Health NHS FT Emergency Department 111 Navigator taking responsibility for 111 calls to seek to minimise referrals to ED.
- 4.4. Oxford Health NHS FT increase in District Nurse capacity to support post-acute and end of life care at home.
- 4.5. Oxfordshire County Council/Oxford Health NHS FT increased provision of community Occupational Therapy resource to assess patients at point of discharge to improve the flow of patients and reduce delays in the discharge pathway.

- 4.6. Oxfordshire County Council/Oxford Health NHS FT increasing community equipment and response rate to avoid admissions to hospital.
- 4.7. Oxford Health NHS FT EMU provision at Witney, John Radcliffe and the Horton.
- 4.8. Oxfordshire County Council to commission additional domiciliary care capacity.
- 4.9. Oxfordshire County Council provision of additional social work capacity to provide improved response for assessments and seven day cover.
- 4.10. South Central Ambulance Service provision of additional ambulance capacity in both the emergency service to improve GP urgent conveyance times, and the patient transport service to support evening and weekend discharge and acute to community bed patient transfers.
- 4.11. South Central Ambulance Service provision of senior clinical managers in ED to support patient flow and ambulance release.

5. Oxford University Hospitals NHS Trust/Oxford Health NHS FT Joint Initiatives

- 5.1. To recruit an interface medicine workforce to support the development of Emergency Medical Services at Witney, the John Radcliffe and the Horton. The interface physicians will be jointly appointed but employed by Oxford Health NHS FT.
- 5.2. Development of Emergency Medical functions at the John Radcliffe and the Horton to extend and change existing services to ensure an effective interface with current acute and community clinical pathways. The key objective is to provide a robust and rapid assessment of patients and where clinically appropriate ensure patients can be taken home with same day support to avoid admission.
- 5.3. Additional input from the Single Point of Access and Discharge Planning Team where community nursing, therapy and/or social care assessment is needed to support the rapid turnaround of patients in ED and EAU.
- 5.4. Shared caseload management across the Oxford Re-ablement Service and the Supported Hospital Discharge Service.
- 5.5. Oxford Health NHS FT/Oxford University Hospitals NHS Trust senior management rota to deploy resources across both organisation and act as a senior escalation for both Trusts. The rota'd person will be empowered to direct resources across both organisations to safely equalise demand across the system.

6. Recommendation

- 6.1 The Trust Board is asked to:
 - Support the internal and Oxford Health NHS FT /Oxford University Hospitals NHS Trust integrated initiatives;
 - Support the proposed development in Oxford University Hospitals NHS Trust, subject to confirmation of funding from the national Winter Pressure Funds;
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Mr Paul Brennan, Director of Clinical Services
September 2013