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<b>Date</b>	Tuesday, 15 January 2019
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<b>Title of paper</b>	<b>Winter Preparedness update 2018/19</b>
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<b>Confidential</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input checked="" type="checkbox"/> Items are only confidential if it is in the public interest for them to be so

**The Governing Body is asked to:**

Confirm it is **assured** that the NW London winter preparedness plans are appropriate, noting that they have been considered and approved in detail at the NW London Shadow Quality and Performance Committee on 6 December 2018 and the NW London Joint Committee on 6 December 2018.

**Summary of purpose and scope of report**

This paper provides an overview of the winter preparedness plans that have been developed by each of the local systems across NW London: Chelsea and Westminster Hospital NHS Foundation Trust, The Hillingdon Hospitals NHS Foundation Trust, Imperial College Healthcare NHS Trust and London North West Healthcare NHS Trust).

This paper updates the NW London CCGs Governing Body on winter preparedness across North West London (NW London) for 2018/19, and provides an overview of how as a Health and Care Partnership, we are planning to mitigate the winter pressures and deliver the national ambitions set out by NHS England earlier this year, including:

- **Reducing extended lengths of stay** by reducing the number of beds occupied by long stay patients by 25%
- **Development of an ambulatory emergency care (AEC) service** so that all acute hospitals provide ambulatory emergency care at least 12 hours a day, 7 days a week by September 2019.
- **Minors patients breaches reduction** so that actions are undertaken to ensure the delivery of a reduction in the number of minors patients who breach the 4 hour A&E waiting time standard down to zero.
- **Improving ambulance handovers** so that 100% of patients arriving at an Emergency Department by ambulance are handed over within 30 minutes of the

ambulance's arrival; all handovers between ambulances and Emergency Departments must take place within 15 minutes with none waiting more than 30 minutes by 30 September 2018.

- **Implementing effective demand management schemes** in out of hospital services to support the management of flows into emergency care services in hospitals

#### **What are the benefits of this project?**

Each of the four systems across NW London have been working collaboratively to ensure that extensive planning is undertaken before winter to make sure that our local systems have planned the right capacity (beds and workforce) and resilience across urgent and emergency care services; ensuring that the residents of NWL get the possible care with the best possible outcomes throughout winter 2018/19.

#### **Patient, staff and stakeholder engagement**

Winter planning has been informed by workshops with system leaders and partners including provider and CCG senior management teams, including provider chief executives and local authority leaders throughout 2017.

Last year's winter debrief sessions were made up of senior representatives across the A&E Delivery Board including acute, mental health, community, Integrated Urgent Care (IUC) and ambulance providers, and CCGs and local authority. Winter debrief sessions informed the winter planning for 2018/19

#### **Jargon buster**

**Ambulatory Emergency Care (AEC)** - A way of managing a significant proportion of emergency patients on the same day without admission to a hospital bed

**Integrated urgent care (IUC)** - Combines NHS 111 and GP out of hours, providing people with access to urgent health services 24 hours a day, every day of the week, simply by making a free call to NHS 111.

**Directory of Services (DoS)** - A central directory that is integrated with NHS Pathways (the triage system used by 111) and is automatically accessed to find the most appropriate service for the patient.

**Intermediate Care** - A wide range of services aimed at keeping you at home rather than in hospital, or helping you to come home early from hospital after illness or injury.

**Urgent Treatment Centre** - Somewhere you can go for urgent medical assistance from a GP or nurse for those that do not clinically require A&E.

**Capacity Management System** - A web based system that allows you to view bed

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occupancy levels

**Pathway** - When the way that a particular illness or condition should be managed is set out in writing, including the process of care and what is expected to happen. This should be based on best practice.

**Non elective admission** – Unplanned, often urgent admission (often via A&E when a patient is admitted at the earliest possible time)

**Care plan** - Written plan after you have had an assessment agreed with the patient, setting out what your care and support needs are, how they will be met (including what you or anyone who cares for you will do) and what services you will receive.

**Delayed Transfer of Care (DTOC)** A patient that is medically fit for discharge and ready to leave a hospital or similar care provider but is still occupying a bed.

**Quality & Safety**

The quality and safety measures identified and put in place are:

- Reductions of clinical risk in urgent and emergency care and ensuring patients have access to timely urgent or emergency care when required.
- NW London winter plans ensure winter preparedness in order to meet current urgent and emergency care operating plan requirements.
- NW London winter plans outline escalation processes and additional bed capacity to reduce congestion or overcrowding in A&E.
- Ensuring patients contacting 111 have timely access to clinical advice, where they can be assessed, given advice or directed to a local service that most appropriately meets their needs.
- Flu vaccination will ensure we protect our staff and patients.

**Equality analysis**

No negative impact to equalities has been identified within this report.

**Finance and resources**

There is unresolved financial risk between Trusts and the CCGs resulting from additional beds open this winter (capital funded by NHS Improvement).

Risk	Mitigating actions
1. Unexpected weather event/prolonged sub-zero temperatures resulting in increased demand for emergency services, and causing transport challenges for staff getting into work	1. Contingency plans in place

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<p>2. Infection outbreak resulting in reduced available workforce, loss of bed capacity, reduced bed capacity; risk to admission; poor A&amp;E performance</p>	<p>2. All acute, community and mental health providers, and LAS have plans in place to vaccinate frontline staff ahead of winter (3 Dec). Infection control management has been implemented in accordance with Trust guidelines. Public campaigns have been undertaken to encourage self-care where appropriate to keep flu out of hospitals.</p>
<p>3. Surges in demand from LAS can impact flow in the A&amp;E department</p>	<p>3. Out of hospital</p> <ul style="list-style-type: none"> <li>• primary care extended hours in place;</li> <li>• *6 care homes campaign to increase utilisation of 111 clinical advice;</li> <li>• increased coverage of care pulse to improve discharge;</li> <li>• additional HomeFirst capacity to reduce Length of Stay (LoS);</li> </ul> <p>Winter resilience tested at table top on 9, October 2018.</p>
<p>4. Risk of increased revenue costs to CCGs resulting from additional beds open at Imperial this winter (capital funded by NHS Improvement).</p>	<p>4. Risk is captured in the risks and opportunities section of the monthly Imperial finance pack and remains under continual review.</p>

**Attached documents**

NW London winter preparedness 2018/19

**Conflict of interest**

None identified.

**Governance, reporting and engagement**

*Provide a brief overview of where this paper – or work in developing it – has been discussed. Signpost to where in the paper more detail on this can be found.*

Name	Date	Outcome and where in the report can you find out more
NW London Shadow Quality and performance Committee	6 December 2018	Discussed and Approved
NW London Shadow Joint Committee	6 December 2018	Assured