**Winter Plan 2017/18**

This document outlines the Trust’s operational plan to support acute services during the forthcoming winter, defined as the four month period December 2017 to March 2018 inclusive.

A number of schemes were implemented last winter to support acute patient flow; with additional financial resource enabling a dedicated Medical Expected Unit for GP referred patients, and a dedicated Ambulatory Care Unit. This year the plan is focused on how the organisation can use the resources it currently has at its disposal in a more efficient way to maximise capacity to support patient flow through this challenging time of year.

The Plan also contains detail on Swindon Community Health Services for the first time, reflecting the incorporation of these services into the Trust in 2017.

The plan is categorised into areas where the change will impact specifically, with category 1 (Front door) anticipated to have the most significant impact this winter, followed by categories 2-4, whose impact will be important and supportive. Details are listed below.

1. **Front Door Performance**

This category contains initiatives and developments that will directly impact on patient flow from the ED and 4 Hour ED performance, comprising workforce and service redesign.

2. **Increased Flow**

This category summarises initiatives and services that have been strengthened in recent months to secure expedited patient discharges throughout the day, with particular reference to morning discharges.

3. **Additional Capacity**

This category summarises plans to secure additional bed capacity for acute services during the winter period, with particular reference to the Holiday period.

4. **Longer Term Incremental Change**

This category relates to initiatives to secure reduced length of patient stay and to expedite particularly internal pathway delays. This work will extend well beyond the winter period, in terms of its embedding.
Category 1: Front Door Performance

1. **ED/UCC**

A. **ED Consultant Rotas – Timeline: November 2017**

Following ED activity reviews, it is clear that ED does not have its senior clinical decision makers on duty at times of heightened patient numbers which then impacts on the services ability to deliver 4 hour performance, particularly in respect of first assessment breaches of the standard. The Consultant team have agreed a new working pattern that increases Consultant cover in the evenings and at weekends, to provide greater resilience at times of peak activity. The introduction of senior led clinical assessment in Majors will also feature as part of the model. These changes should reduce routine breaches for reasons of first assessment at weekends and improve the quality of clinical decision making over 7 days. The new rotas will be in place by November 2017.

**Impact**

The changes will provide senior support at times of heightened pressure within the ED, which in turn should support improved performance against the 4 hour standard in relation to 1st assessment waits.

B. **Senior Led Assessment and Management – Timeline: November 2017**

Alongside the proposed consultant rota changes there is an accepted need for initial patient assessment within the ED to be led by senior clinicians at preferably consultant level. This creates a senior decision at initial point of contact and provides the Trust site team and medical bed base with an increased timeline within which to accommodate the patient within the 4 hour window.

C. **Minors Management – Timeline - Ongoing**

The need to avoid what is deemed avoidable 4 hour breaches has been reviewed by the department. The key pressure point for these relates to out of hours when the medical workforce, at a senior level reduces to one Registrar. For a 3 month period from October/November it has been agreed to fund an additional Registrar at night to reduce the Minors breaches, unless for clinical reasons. This arrangement will continue into the winter period.

D. **Urgent Care Centre (UCC)**

UCC Staffing requirements have been reviewed since the unit came under the management of the ED team. Significant changes to their triage process caused some initial performance issues but provided a better and safer clinical process within the department. Staffing has been increased to provide improved triage nurse cover and this has seen a stabilising of performance. Stronger links have been developed over the last 2 months with the ED team to allow better communication between the Nurse in Charge of ED and the UCC as well as direct access for UCC to the ED consultant/Medical Team if needed. The UCC will also benefit from the extended senior Consultant presence in the ED described above.

Work has now been completed on pathways between the unit and the early pregnancy unit and the next phase is to work with the Paediatricians to allow better flow of children from both UCC and ED to the Paediatric Assessment Unit which should be in place before November.
Surgical Pathways have also been reviewed in September to allow better direct access for UCC to the Surgical Assessment Unit for patients presenting with surgical problems.

2. **Acute Medical Unit**

A. **Medical Work Force – Redesign Timeline: End October 2017**

There is a requirement to change the Acute Physician rota to allow Consultant medical staff to be available later into the evening Monday-Friday reflecting the pattern of acute admissions. Alongside this will be the development of a Physician of the Day role, to allow for better management of the medical patient flow from ED to the AMU and then onto the base wards.

**Impact**

Better management of the medical patients’ admission process.

A clearly specified ‘go to’ Consultant during the day to ensure strong management of the medical take.

An improved cross over period between the on-call medical Consultant coming on shift and the acute physician going off shift.

**Risk**

Implementation of the rota is via formal consultation, indicating reservations on the part of the Acute Physicians.

If the rota has to be pushed through, it may lead to the departure of some of the team which will make cover very challenging this winter.

Consultants will be provided until 7PM at least and there will be extended cover on certain days until 8pm dependent on agreed rota patterns.

B. **Unit and Patient Flow Re-design – Timeline: End October/Beginning November 2017**

In order to provide better provision of Medical Flow from ED there is a need for the AMU to become a true assessment unit and move the ‘decision to admit’ a medical patient from the location of ED to the Acute Medical Unit (AMU). In order to support this, it will be necessary to improve the environment which the unit operates. Immediately this will be through the creation of a waiting area for patients within the unit to cope with the anticipated increased patient volume in winter. Over time this will include a significant increase in the number of trolleys available within the unit.

**Impact**

This will allow the medical team to remain in one area to review the medical patients instead of being stretched between the AMU and ED.

It will give the Acute Physicians direct clinical ownership of the medical take list, and senior medical staff will assess patients referred to them and decide on specific medical management plans rather than automatic admission to the unit.
The above change will better mitigate breaches of the 12 DTA standard risk, as the DTA will take place on the assessment unit itself.

The establishment of a waiting area and expanded trollied area will generate additional capacity on the AMU increasing the ability of the unit to accommodate referred patients from ED within the four hour window.

**Risk**

These changes will significantly increase the volume of patients within the units at times of high pressure in particular at times of limited flow. The process and management of patients between the AMU and ED will have to be carefully managed.

Although 12hr DTA risks should be reduced the risk will not be completely removed because at times of significant pressure, the total volume of patients entering the organisation may create situations where medical patients are in large volumes in both the AMU and ED and so patients may have to be ‘post take’ in ED for safety reasons which could then create a 12hr DTA risk.

3. **Management of Acute Medical Admissions – timeline: from December 2017**

In order to support the On-Call medical teams, the Division is reviewing the feasibility of cancelling clinicians’ afternoon commitments during the winter months to provide a larger consultant team to manage the acute medical admissions of the day. This will specifically impact on the activities of Respiratory, Elderly Medicine and Endocrinology. If not feasible 5 days a week then consideration to focusing on pressure days (i.e Mondays), will be given.

**Impact**

This initiative would provide a further senior clinical decision makers to the acute medical team who can be directed to either the AMU/Kingfisher or ED directly to support in the clinical decision making process for the medical patients in response to Opel escalation levels High Intensity 3 and 4.

**Risk**

This can only occur when the team have a non-ward based clinical commitment on that afternoon.

It will have an impact on the RTT performance of these specialities during this period.

It may not be feasible to manage this for every day of the week.

4. **Surgical Assessment Unit and ED flow**

Since Winter 2016/17 the on-call surgical consultant job plans have been revised to ensure that surgeons are fully available throughout their on-call day and the morning following their on call period; this will provide enhanced cover for emergency theatres and the post-take ward round. It will also support senior review and decision making for ambulatory patients within the surgical assessment unit (SAU). A more consistent approach to hot clinics is being developed allowing patients to be discharged and return the following day for diagnostics and review. Work is on-going
to clarify patient pathways for ED to access this service and to standardise diagnostics support for hot clinics to reduce the time patients spend waiting.

Beyond the on-call cover further steps to cancel pm clinics could be taken at times of High Intensity OPEL 3 and 4 escalation to provide a second consultant into the afternoon session to support flow within the Surgical Assessment Unit. This would be balanced with the need to maintain fast track review of patients on a cancer pathway.
Category 2: Increased Flow

1. Medical Wards

A. “Golden Patient” Embedding and Improved Effectiveness – timeline: from September 2017

The “Golden Patient” process, under which patients who are expected to be discharged are identified prospectively at the previous afternoon’s board round has been in place since June 2017, and is designed to secure early patient transfer to the discharge lounge to decompress the ED. Responsibility for the patient identification process has been assumed by the discharge lounge team and continues to be refined. The aim this winter is to secure a higher volume of successful “Golden Patient” discharges before 10 am, through improved understanding of why patients identified as “golden” are not discharged in the morning or that day. It is appreciated there will be some patients whose medical condition will change overnight and a decision rightly made not to discharge. However, there are several potential discharges that currently ‘fail’ for no obvious clinical reason.

A regular snapshot of patients declared as “Golden” who are not discharged early will be undertaken to identify the failures in processes or systems that are contributing to the problem.

B. Safer Patient Placement (SPP)

This process allows the assessment units or ED to place a patient on a ward that has a definite discharge confirmed even if that patient is unable to go to the discharge lounge. This transfer is carried out in discussion with the ward in question prior to the movement of a patient to ensure they are in a position to receive the transfer. This results in patients being ‘sat out’ in non bed accommodation on the ward to enable admission of the SPP patient to the ward. This process is currently in its embedding phase but should be a well-established process before December.

C. Cardiology Specialist Nurses – timeline: January 2018

A team of cardiology specialist nurses will be recruited to enable more clinical focus on cardiology patients at the front door to either expedite their discharge or their inpatient pathway. Early review and intervention by experienced nurse clinicians will improve patient experience and length of stay. Access to cardiologist opinion / advice via the specialist nurse service will provide earlier decision making in the patients journey.

The nurses will also provide “hot clinic” support to review more straightforward cohorts of cardiology patients leaving the more complex to the cardiologists which will also reduce wait times for outpatient appointments.

2. Medicines Optimisation Pharmacy Teams

From September 2017, GWH will be launching the Medicines Optimisation Pharmacy (MOP) Teams across 4 acute medical wards as the first stage of transforming clinical Pharmacy services. MOP teams will consist of a Pharmacist, a Pharmacy Technician and a Pharmacy Assistant being available, and based, on the ward between 9am-5pm for all medicines related issues.

The introductions of MOP teams are based on a successful pilot and in line with NHSI ECIP improving medicines discharge principles. The expected benefits of MOP teams are to:
- Improve patient flow
  - Facilitating and processing of discharge prescriptions at ward level to reduce time taken
  - Starting the discharge medicines process at the start of the patients journey
  - Dispense all discharge medication at ward level utilising the full Pharmacy team
  - Having the MOP team part of the daily morning board round
  - Actively & seamlessly support concurrent initiatives including Safer patient placement, Golden patients and Integrated discharge service
  - Implementing the most efficient process involving the medicines discharge process

- Ensure patient safety
  - Improving medicines reconciliation rates within 4 hours of admission
  - Clinical review of high risk medicines & clinical interventions relating to prescriptions

- Ensure efficient use of medicines and reduce medicines waste
  - Optimising use of patients own medicines & ensure medication moves with patient during transfers
  - Reducing waste and unnecessary supply of medicines

The impact of the expected benefits will be measured through a series of KPI’s as part of the GWH governance process. MOP teams will also ensure that Pharmacy services are integrated into the ward clinical team. This enables a closer working relationship with ward clinicians to allow the medicines discharge processes to be improved which in turn will help with easing winter pressures.

3. Front Door Therapies

The Front Door Therapy Team comprises Physiotherapists/Occupational Therapists and assistants. The team has joint leadership from both professions. The team was previously two separate teams and has now commenced on an implementation plan to integrate and co locate. This will ensure a collaborative approach to patient care and facilitation of discharge. The main aim of the team is to concert their efforts into an admission avoidance service and interface with community services for Swindon, Wiltshire and out of area. The team function over a 7 day period within working hours.

Response to High Intensity Opel 3 – Timeline – September

- Increased triaging of Front Door areas (i.e AMU, ED, TOPSSU and SAU) throughout the day.
- Increase review of ibox delays for FD areas (SAU, TOPSSU).
- Continue to aim to refer patients to OT/PT/IDS before ward board rounds each morning with recommended discharge plan.
- Senior therapists to attend 13:00 site meeting daily. Hand over any barriers to discharge encountered by FDT.
- To liaise with back door therapists daily & prioritise caseload across the hospital if needed.

Response to Opel 4 – Timeline – September

As High Intensity Opel 3 and in addition to:

- Team meeting after triaging all areas (approx.. 8:30/9:00) to redistribute staff as required. Then again at 13:00 following MDT.
- Continue to rearrange non clinical tasks as appropriate. i.e. training supervision, meetings etc.
Request additional dect phones for improved communication between team and to improve referral process for the wards/units. – **Timeline – in place October 2017**

Dependent on available funding from Swindon Community a more balanced team could be achieved if the OT team commences weekend working. – **Timeline – Decision End of September 2017**

To train qualified OT’s (band 5 rotational post) to further increase pool of FD trained staff to pull on in times of escalation/as required. – **Timeline – in place September 2017**

Improve use and/or increase resource/availability of social work – **Timeline – in place September 2017**

4. **Paediatric Patient Flow**

All beds on Children’s ward to be open (maximum 22 beds). Acuity will be closely monitored and the staffing model flexed according. Robust staffing plans throughout the winter period will be in place to escalate additional resources early. Appropriate patients will be steered from PAU to Urgent Care and Walk in/’Hot Tot’ clinics to release capacity for patients referred from ED.

Daily Consultant ward rounds with additional Consultant led critical ward rounds will be organised as required. Early discharges and bring back for review in the Registrar and Consultant PAU Clinics, will be put into place. Early discharges will be seen by the Children’s Outreach Nursing Service.

5. **Opel Escalation**

The Opel escalation arrangements have been reviewed to secure a more graduated response by senior clinicians and managers and the Trust executive in order to secure a stronger actions at Opel 3 and Opel 4 to maintain patient flow and safety. The escalated protocol comes in force in October 2017, and is attached to this report as an appendix.

6. **Extended Working**

Divisional managers and nursing staff (Band 7 and above) have been asked to alter their hours of working between December 2017 and March 2018 inclusive to source a manager and nurse to 8 pm Monday-Friday to support implementation of actions agreed to maintain patient flow and effective site management.

7. **Whole System**

A summary of the proposed investment in reablement services by Swindon CCG is attached to this plan.

In addition, the CCG has developed a system capacity mapping tool to provide intelligence as to community health and local authority service capacity onto which Medically Fit patients can be discharged. This tool will begin to inform Bronze and Silver meetings and will help secure both accountability for partner led patient discharges and the escalation to Gold process. The toll will be operational in early October.
Category 3: Additional Capacity

1. Private Patient Bed Availability to GWH

It is proposed that the 2016/17 plan is replicated where 8 beds on the Shalbourne Suite (40% of capacity) are utilised for NHS patients and income is transferred to the Shalbourne Suite to reflect this use of the beds. Shalbourne clinical admission criteria will remain the same as the current protocol. The Shalbourne Suite will provide representation at the 4pm site meeting to review bed occupancy and bed availability for the night plan. It is essential that 8 beds are maintained as the maximum usage of Shalbourne Suite beds and therefore the policy should be that 2 of these beds are empty at the 4pm site meeting to allow for avoidance of 12 hour DTA waits in ED overnight. There was an agreed process for rapid repatriation of patients with an estimated long stay. 8 beds must be maintained as the maximum usage of the Shalbourne Suite and may include relocation of the Ampney clinic activity.

![Actual Escalation NHS Utilisation of Shalbourne 2016-2017](image)

2. DSU Occupancy

It is likely that escalation into DSU will continue throughout the winter period with patient numbers in excess of the 7 agreed (see occupancy trend below). The Division have proposed a staffing model and recruitment plan which will reduce the reliance on bank and agency staff over the winter period making the area more predictably staffed and safer. Environment changes are continuing to ensure that catering and bathroom facilities are adequate. This necessitates the continued use of Recovery 2 as a day surgery second stage recovery which remains on the risk register (risk 1459).
3. **Paediatric Day Cases**

Given the sustained escalation position in DSU it is proposed paediatric day cases are managed differently this winter. All paediatric day cases will still be admitted via DSU but the recovery of longer stay day case paediatrics will go to the Children’s Unit for the period of their step down recovery. It is planned this will include:

- All Tonsillectomies
- All Adenoidectomies
- All Middle ear cases apart from Grommet insertion
- All Squint cases

Management of this will be via the Planned Care and Women’s & Children’s silver. This proposal will be submitted to Right Patient Right Place in September.

4. **Reduction in Elective Activity over the Holiday Period**

Reduction in elective activity is proposed to help support the requirement for medical outliers during times of particular pressure.

A **Christmas reduction plan:** it is proposed that this follows a similar model to that undertaken during Christmas 2016. It is unlikely that the impact on RTT performance or activity will be significant given this approach mirrors previous years and medical staff annual leave coincides with the reduction in activity. Patient criteria for Aldbourne ward and Shalbourne Suite are included in the appendix. Day surgery unit will be closed throughout the Christmas and New Year weekends unless required for escalation. Staff will be placed on stand-by to staff the New Year weekend for escalation space.

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
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<tbody>
<tr>
<td>15/12/17</td>
<td>Last day for major orthopaedic surgery</td>
</tr>
<tr>
<td>21/12/17</td>
<td>Aldbourne ward to receive minor elective orthopaedic cases plus surgical and trauma patients – 24 beds.</td>
</tr>
<tr>
<td>21/12/17</td>
<td>Meldon, Trauma, Beech and Ampney wards be used for medical outliers as required.</td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
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<tr>
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</tr>
<tr>
<td>22/12/17</td>
<td>Closure of Shalbourne Suite and redistribution of staff</td>
</tr>
<tr>
<td></td>
<td>Closure of day surgery unit at the end of surgery</td>
</tr>
<tr>
<td>27/12/17</td>
<td>Reopen day surgery unit</td>
</tr>
<tr>
<td>29/12/17</td>
<td>Day surgery unit closes at the end of the day (staff available to support escalation</td>
</tr>
<tr>
<td></td>
<td>over the weekend if required)</td>
</tr>
<tr>
<td>30/12/17</td>
<td>Begin deep cleaning Aldbourne ward one bay at a time and only backfill with</td>
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<tr>
<td></td>
<td>Orthopaedic elective cases. Major joints unable to restart until ward completely</td>
</tr>
<tr>
<td></td>
<td>clear.</td>
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<tr>
<td>31/12/17</td>
<td>Ampney to continue to be used for medical outliers if required</td>
</tr>
<tr>
<td>02/01/17</td>
<td>Shalbourne Suite to reopen to support surgical patients from Beech ward – Beech</td>
</tr>
<tr>
<td></td>
<td>continues to be used for outliers if required.</td>
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<tr>
<td></td>
<td>Reopen day surgery unit</td>
</tr>
<tr>
<td>08/01/17</td>
<td>Restart major orthopaedic elective cases on Aldbourne (joints and spinal).</td>
</tr>
</tbody>
</table>

B. **Chemotherapy provision for Urology patients:** It is planned that the Division will explore alternative locations for the provision of chemotherapy to urology patients during Quarter 4; this service currently occupies an Ampney ward side room and this conflict has led to the cancellation of chemotherapy in previous years. The Shalbourne Suite is likely to be the only viable location for this activity.

5. **Trauma demand**

The division will closely monitor trauma demand through the trauma white board and proactively increase trauma capacity and convert elective sessions to trauma sessions if demand exceeds available theatre capacity. This is business as usual for trauma patient management.

6. **Increase in Savernake Bed Base – timeline: November 2017**

Discussions have begun with Wiltshire Community Services in relation to increasing the Savernake bed base from its current base of 25 to 34. This has the support of the DOME clinical lead but will require additional medical resource (1 junior) from GWH and 1 Nurse from Wiltshire to support this plan.
Category 4: Longer Term Incremental Change

1. Integrated Discharge Service (IDS)

The IDS has been in place since May 2017. The service has established itself but does have areas which have not been addressed due to the speed of its set up. It is therefore planned to review the team and then match workforce to activity. This review will be undertaken in conjunction with the Meridian Consultation review of discharge processes being undertaken by the Meridian consultancy firm. The review timeframe is summarised below:

Roles and responsibilities of IDS and ward based teams confirmed by 31st October 2017

Development of a Discharge Menu to support discharge options –by 15th September 2017 (1st draft)

Development of a discharge booklet to include direction of choice to enable teams to manage difficult conversations with family and carers –first draft circulated 30th August 2017

The IDS team’s Training Needs Analysis complete by 30th September 2017

Confirmation of required staffing establishment by 31st October 2017

Review of KPIs to measure the success of the team by 22nd September 2017

The intention is to ensure that the IDS is fit for purpose to facilitate and support both complex and simple discharge processes and enable earlier flow of patients.

2. Estimated Dates of Discharge (EDDs) – timeline: 25th September 2015

The Meridian Consultancy work will result in a clinically owned protocol to ensure accurate identification of EDDs on each ward and a means of measuring and securing compliance. This will improve the Trust’s prospective bed capacity planning and provide accountability for timely discharge at both ward and system level.

The approach will be piloted by volunteer medical wards in late September and rolled out on the basis of the pilot’s learning points.


Initial Roll Out of training in Red/Green analysis has begun (table below) and should be in place on each ward by 3rd November 2017.

Education of all clinical staff is required to embed the ethos of “red” days (i.e days in which a potential pathway is not advanced for internal reasons) is intended to secure reduced lengths of patient stay and earlier daily discharge. Some internal delays have already been identified and an action log has been developed to ensure this is shared and identify who will “own” improvement plan.

The Red-Green approach will help embed the Flow and Review aspects of SAFER and support the SORT ethos in respect of board rounds.
4. **Stranded Patients** – timeline: from mid-September 2017

Two workstreams derived from the Red/Green approach described above are in place.

1 – review of patients on Medically Fit list with a IDS over 7 days – to develop a weekly “silver” meeting to manage lengths of patient stay which are partner dependent. The new model of meeting has commenced.

2 – review of inpatients with LOS over 14 days not on the Medically Fit list. A weekly meeting to be attended by ward staff (nurse in charge) to discuss LOS. The weekly meeting will be chaired by the Medical Director and will commence in September. The meetings will comprise a “Stranded Patient Panel” designed to query and unblock delayed patient pathway through clinically led discussion and actions.

Those patients on the medical list with a LOS>7 days will be reviewed each week as part of a “silver meeting” and plans put in place for these patients at this meeting.

Those patients who are not on a medically fit list with a LOS>14 days will be reviewed on the ward they are on by the medical director and the ward team to discuss any specific issues around the patient that need resolving. The aim is to begin this process in mid-September.

**Conclusion**

The Hospital Winter Plan therefore seeks to implement a series of initiatives to improve resilience and to generate additional capacity to meet the anticipated significant increase in acute admissions between December 2017 and March 2018 inclusive.
Swindon Community Health Services
Winter Plan for 2017/18

This plan sets out how Swindon Community Health Services (SCHS) will put in place additional measures to prepare for winter, and implement escalation actions when GWH is in OPEL 3 and 4. It describes the anticipated impacts of those measures and escalation actions, and how they will positively affect the overall patient flow across services.

The implementation of this plan needs to be managed alongside Community OPEL Status and so there will be a supporting winter plan for community services.

Content:
1. SWICC
2. Community Nursing
3. Community Therapy/Acute OT
4. Community Equipment
5. Older Person’s Pathway
6. On Call Managers

1. Swindon Intermediate Care Centre (“SWICC”)

1(a): Defined criteria for admission

SWICC is a 60 bedded intermediate care service, with two wards – Forest Ward and Orchard Ward.

Swindon Community Health Services and the unscheduled Care Division are working towards developing more robust transfer pathways from the acute site to SWICC wards as follows:

- Forest Ward (30 beds) - A dedicated rehabilitation ward: Stroke pathway, orthogeriatric patients, vascular pathway, younger people requiring active rehabilitation, some neurological rehabilitation.

- Orchard Ward (30 beds) - As a step down ward for older patients who are medically fit, but still require therapy or nursing care to facilitate safe discharge.

All patients to be proactively identified using defined criteria to avoid the situation where there are empty beds in Orchard. Proactive identification of appropriate patients will free-up beds in the hospital for higher acuity patients and ensure those patients with need for additional discharge planning to return home.

Criteria for Orchard Ward:

- Deemed medically fit for transfer with clear medical plan for discharge
- Post take – reviewed by a medic and where appropriate CGA
Registered with Swindon GP
✓ Requiring 24 hour nursing care
✓ Further therapy and Social care interventions to support discharge plan
✓ If diagnosis of dementia/delirium – liaison needed with Geriatrician and SwICC GP
✓ Not end of life care
✓ Consent gained

NB: This criteria specifies that patients being admitted onto Orchard Ward should have had a post-take medical review. This will ensure that a comprehensive medical assessment will have been carried out before the patient is admitted to Orchard Ward. This reduces the risk of patients with undiagnosed medical needs being admitted to SWICC, resulting in avoidable acute transfer.

OPEL 3 / 4

When the acute hospital is in OPEL 3/4 the criteria for admission to Orchard will be relaxed to ensure optimal bed occupancy across GWH and flow is maintained safely.

In OPEL 3/4 the admission criteria for Orchard Ward with agreement of Community ad or a Head of Service will include:

- Patients on the waiting list for Forest rehabilitation to transfer to any available beds on Orchard Ward until a bed becomes free on Forest Ward.
- Patients with agreed and planned next day discharge if no-one on waiting list and beds are available in SWICC
- Out of Area patients with prior agreement of Swindon CCG to release the Swindon Commissioned capacity AND agreement of OoA CCG’s to pay Bed Day rate
- EoL care for patients with preferred choice to die in hospital where appropriate to move the patient
- Patients on NWB pathway
- Patients awaiting nursing home / residential home placement
- Patients awaiting start of PoC
- Patients awaiting housing / adaptations
1b) SwiCC Liaison Nurse

From August 2017, and continuing across the winter period, SCHS has identified additional nursing resource to create a “SWICC Liaison” nurse, 3 days a week.

The Liaison nurse will:

- Work collaboratively with IDS and nursing and medical teams to identify patients who meet the admission criteria and increased number of discharge and transfers before 2pm
- Proactive review of Ibox delays; SBC list; front door wards (must be post take); IDS liaison;
- Focus on Jupiter/ Woodpecker/Teal/TOPSSU).
- Participation in Teal/TOPSSU MDT’s.
- Complete the screening tool for acceptance for Orchard Ward
- Liaise with Orchard Ward/Discharge coordinator on patients TCI
- If uncertain of any patients to link with ward manager/Matron or Head of service
- Review of all failed transfers to identify cause and introduce additional measures to prevent re-occurrence working with ward managers and site team
- Update discharge planners for SWICC to feed into silver calls and IDS
- To ensure ward and site and sighted on all expected OOH activity
- To link with discharge planners and work together to gain flow in and out of SWICC
- To link with community services/matrions

Implementing and reviewing the success of the above is being driven by the Older Person’s Pathway Group – a group working across directorates in the organisation to improve flow for older patient through the system.

GWH OPEL 3/4 Escalation:

- Increase liaison service to 7 days*
- Extend Swicc Discharge co-ordinator Service to include week end working*
- Increase medical cover at week ends*

* Additional cost to CHS so agreement with Associate Director/Director of Strategy required

1c): Engagement with GWH site and whole system communication

- On a daily basis the SWICC DC coordinators ring into the Silver call (Patient Flow/IDS) to share SWICC’s position and flow.
- The SwiCC Clinical Matron (or delegated ward manager) will attend the 1200 Site Meetings
- The SwiCC liaison nurse will attend the 1200 site meetings.
- SwiCC Matron will attend Friday 1600 site meeting
- Head of Service will join weekly Silver meetings (or as agreed ToR)
**GWH OPEL 3/4 Escalation:**
- CHS Senior Manager presence on site
- Associate Director CHS to attend all Gold calls / meetings (as per agreed ToR)

**1(c): Community Matrons providing in reach support to Orchard Ward**

From December Community Matron will provide additional clinical support to Orchard Ward 2 days a week. The matron will work with ward teams and community colleagues to support discharge back into the care of the Community services and reduce LoS

**GWH OPEL 3/4 Escalation:**
- Daily review by Community matron
- Head of Service led MDT review to increase discharges to achieve Community OPEL 1

**EVIDENCE**
Monitoring of Community Bed OPEL Status will provide assurance or identify need for additional actions / mitigation
- No. of Patients waiting for Swicc bed maintained at OPEL 1 / 2
- % of beds occupied byDtoC is maintained at OPEL Status 1/2
- 48Hr Discharge forecast is maintained at OPEL Status 1 / 2
2. Community Nursing

2(a): Community Matrons ‘in reach’

Ensuring the Community Matrons are aware when their patients are in the hospital

- **Front door – Community Nursing**

  SCHS has a Band 7 nurse working in partnership with the front door therapy team. Commencing at the start of August 2017, and continuing across the winter period, a defined part of this staff member’s role is to liaise with Community Matrons if any patient under the care of the Community Nursing team presents at the front door.

- **Access to Medway for Community Matrons, COPD and EoL teams**

  SCHS is currently investigating an informatics solution to support the Community teams to be aware when their patients are admitted to either SWICC/ acute wards. We are investigating with IT potential solutions and the associated cost of these ie access to Medway and White Boards for SwICC and Community Matrons/ specialists.

  If feasible, from September 2017 (or the earliest opportunity thereafter), the Community Matrons and LTC Specialist teams will be expected to access to Medway on a daily basis to:

  - Review the daily list of admitted patients to check whether any patients known to them have been admitted;
  - Review the records of patients known to them whilst they are under the care of SWICC/ the acute hospital (speciality wards will be targeted as priority); and
  - Review the medically fit list.

  Where appropriate, the Community Matron will liaise with the Consultant, ward team and IDS to discuss the patient and coordinate the discharge plan for the patient.

- **Contributing to white boards and pulling patients from wards**

  Once the Community Matrons have access to Medway, they will be able to make notes on the patient white boards. Notes made by the Community team onto the white board will provide additional insight into patients’ clinical history, care packages and support. For example, a ward might be waiting for a patient’s oxygen saturation level to rise to 96%, prior to deeming them medically fit, and ready for discharge, when, in fact, the patient may have lived with sats of 80% for the prolonged period of time. If the Community Matron is able to alert the ward to this type of information through the white board, then this will facilitate discharge at the earliest appropriate opportunity and maximise flow. The ward can also liaise with the Community team more easily to secure support for the discharge.

GWH OPEL 3/4 Escalation:

As this is over and above current provision, there will be no additional resource at OPEL 3/4
Daily reports will be provided on patients identified for CM led discharge
Community Nursing will provide details of capacity for EOL, Community IV and urgent follow up visit.
2(b): Acute and Community Occupational Therapy

- Continuous review of staffing levels with advance planning of cover with annual leave, Christmas and weekend rotas.
- Daily morning meeting to review caseload pressures
- Review delays on Ibox and with Discharge Planning Team
- Team Lead attendance at Silver meeting
- Representation at all board rounds (Mon-Fri)
- Close links with Social Work, Discharge Planning, IDS and Physio, completing joint assessments as able to reduce duplication and provide quicker discharge decisions
- Ensuring pro-active assessments take place to reduce number on the caseload being MFFD
- Thinking differently about how we can facilitate discharges using single-handed equipment and alternative services rather than using standard care packages
- Only complete essential assessments in the Acute environment, all others to be carried out in the home/ referred onto community services. Home to Assess model to be followed

GWH OPEL 3/4 Escalation:

- Team Lead support clinically on wards
- Team Leads to attend site meetings if required
- Utilise support from community colleagues if able
- Reorganise training and supervision if safe and appropriate to do so
- Cancel/send apologies to non-essential meetings
- Use of Bank staff for weekend shifts to ensure better staffing in the week*
- Review of weekend service and best use of staffing*

* Additional cost to CHS so prior agreement with AD or Director of strategy

3. Community Equipment (Integrated Community Equipment Store)

The important role that the Integrated Community Equipment Store plays in supporting patients is well recognised and regarded. The team is renowned for going above and beyond to ensure patients receive equipment in a timely manner to enable them to “come home”, live independently for longer or receive vital pain relief towards the end of their lives.

All discharges delayed due to equipment / home line/ minor adaptations to be escalated to Community Head of Service for review
GWH OPEL 3/4 Escalation:

The limiting factor for this service is often the capacity the deliver equipment especially over 7 days

Subject to Joint Equipment Board approval on (06 09.2017) SCHS will put in place a system to call in extra drivers when demand for equipment deliveries is under pressure.

And if this system is exhausted and demand is still over capacity SCHS will use couriers to prioritise and ensure end of life equipment is delivered the day it is requested and telehealth units are delivered within a same day period.

4. SPA/ Rapid Response and Community Intermediate Care Team

From October 2017, the SPA call handling centre will be moving to Orbital to be co-located with the Community team. Once the SPA moves to Orbital, it will be enhanced by clinical staff from the Rapid Response and Community Intermediate Care (“CICT”) to provide clinical input at the earliest opportunity. It is hoped that will support patients to self-manage, or trigger an urgent visit where one is required – preventing potential for deterioration and or admission

Furthermore, the clinical input into SPA from October 2017 will provide an informed interface for SWAST. SCHS has reached an agreement with SWAST that if SWAST attend a patient’s home and it becomes apparent that they have a set of community nursing notes in their home, SWAST will ring in to the SPA/clinical hub to discuss the patient. As a result of these discussions, it might be that the Community team can offer the patient the care they need at home, avoiding the ambulance conveying the patient to the front door.

5. Older Person’s Pathway

SCHS contributes to the work of the Older Person’s Pathway Project Group. The aim of this group is to review the flow of older patients into and out of the hospital, ensuring that patients are cared for in the most suitable place – and as much as possible out of hospital or in an ambulatory care setting. The actions applicable to SWICC and the community are described within the embedded document.

2(b): Promotion of the “GotD” phone line to the Community Nursing team

There is already a Geriatrician of the Day or “GOD” phone line available to healthcare professionals Monday – Friday. However, this is rarely used by members of the community nursing team who have concerns about their patients.

In September 2017 the Head of Community Nursing will share the use and purpose of the GotD phone line to community nursing staff. Based on a few examples that have recently been reported,
it is hoped that engaging with the Geriatricians for specialist advice will enable the community team to support patients in their usual place of residence without the need for admission

6. On Call Managers

SCHS already has an established 24/7 on call process with 24 hour community services. If there is requirement for presence for the community leadership team over the weekend due to pressure across the whole system this will be agreed in readiness for this to happen on the Thursday prior to the weekend.

GWH OPEL 3/4 Escalation:

- In Escalation 3/4 the on call manager (or member of the senior SCHS team) will attend site meetings on Friday at 4pm
- We will scope the options for having more senior decision makers on duty across the weekend during the winter period.