



# Winter Plan -2017/18

## **Key Drivers:**

- ED performance linked to our financial income – high value and weighted towards March 2018
- National standards set for all Partners
- National standards and Good Practice for Hospital Flow – 9 key standards for partners to deliver (4 targeted at acute Hospitals)
- Some, but limited additional winter monies – 200k for the whole of Humber Coast and Vale STP
- Enhanced role of A&E Delivery Board to drive local system plans
- Additional scrutiny and overview from NHSI

## **Key risks**

- Workforce availability
- Commitment and financial support from partners
- Ability of partners to mobilise system plans ‘in time’
- Ability to create the capacity required

## **Work to date:**

- A&E Delivery Board Workshop – August 2017
- Continued work with Partners
- Final submission 13<sup>th</sup> of October
- Directorate level planning and submission of plans
- System wide actions with partners

# Update and Risk Assessment - System Response

Key Standard	October 12th 2017	Comments
Front Door Streaming	Trust has strong and developing model on both sites	Bid for additional resource to support warm transfers from ED to front door primary care Increased focus on non admitted breaches
Patient Flow 92% bed occupancy Trusted Assessor 7 day discharging SAFER principles	Key areas of achieving 92% occupancy, Trusted Assessor and 7 day discharging are key workstreams (already in place). SAFER embedded on some wards, continue to work with directorates to embed on all wards Focus on non admitted breach numbers for both sites	High risk if out of hospital solutions are not delivered across our community and residential settings by system partners Nurse staffing levels inadequate to provide winter wards Medical Director, Chief Nurse and COO have prioritised delivery of SAFER principles
DTOC – maximum 3.5% occupancy	Both LA's are challenging this target. Both escalated to national BCF committee	CYC committed 300k to support additional social work support and capacity at weekends
Mental Health – support for ED	Model being developed for York Not as rigorous for Scarborough - Risk	Improved options for the York site as part of successful business case (Core 24)
Enhance NHS 111 provision	Workforce constraints	Additional capacity at risk due to workforce constraints
Primary care – extended access and capacity	No firm commitments to take this forward	High Risk – financial and capacity constraints
Care Home Support	Trust working with system partners developing work with care homes	Key part of YTH strategy
Urgent Treatment Centres	Scarborough – strong model. York meets most of the standards	Work ongoing to develop model on both sites
Ambulance Response Times	YAS part of a national pilot. Working towards standards	Continue to develop working arrangements and identify opportunities for collaboration and improvement

# Internal Focus - Key Actions to improve ECS Performance

## (1) Focus on non admitted breaches

- Understanding Non Admitted breach profile
- Each 4 non admitted breaches equates to 1.5% impact on Trust performance against the ECS
- Prioritisation of EPIC role
- Redesign of ED footprint – Use of Observation Bay for rapid access to the Frailty Team.

## (2) Focus on Flow out of ED

- Role and admitting times for AAU
- Increased presence and rigour to support hospital flow
- Development and implementation of Operational Matrons to support patient flow, decision making and timely discharge

## Internal Focus on Out of Hospital Care

- Invest in additional capacity - Community Response Team
- Invest in capacity to support a night sitting service
- Invest in support to care for patients who can have IV antibiotics administered at home
- CCGs to invest in capacity to support assessments for continuing health care, 'out of the acute bed base'
- Local Authority to achieve a maximum of 3.5% acute bed days attributed to delays for adult social health care
- In reach to care homes to support care and avoid admissions to ED

## Internal Focus on 'Flow'

- No additional winter ward on either site
- Open up assessment areas 24/7 from January 2018 (Scarborough)
- Planned use of elective orthopaedic capacity for medical admissions – January 2018 (York)
- Curtail elective activity January/February and focus on day case surgery where possible
- Additional ambulance capacity to support prompt discharge
- Refocus the work of the operational flow team with support from operational matrons