

2018/19 Oxfordshire System Winter Plan

*Prepared by Systemwide Winter Planning Group
Approved by Integrated System Delivery Board
August 2018*

Oxford Health 
NHS Foundation Trust



South Central Ambulance Service 
NHS Foundation Trust

Oxford University Hospitals 
NHS Foundation Trust




Oxfordshire
Clinical Commissioning Group

Aim of the System Winter Plan

Winter period is 1 November 2018 to 31 March 2018

To ensure the Oxfordshire health and care system:

- is **Resilient** throughout the winter period - providing safe, effective and sustainable care for the local population
- has sufficient **Capacity** available to meet likely demands over winter
- is able to deliver **Care** for Patients/clients in the most appropriate setting
- ensures **Safe and Effective** transfer of patients/clients within the system
- Is able to **Achieve** national and local access targets and trajectories across the system

Home First Ethos

- Prolonged bed rest in older people can lead to substantial loss of muscle strength and physical activity. 10 days in a hospital bed (acute or community) leads to the equivalent of 10 years ageing in the muscles of people over 80.
- Patients' time is the most important currency in health and social care
#Red2Green #Last1000days #endPJparalysis
- 'No Wasting of Patient's Time' –
Unnecessary Waiting + Sleep Deprivation = Deconditioning

Our overarching aim is to prevent deconditioning and enable independence for older people in hospital.

Oxfordshire's Winter Plan

On a page

The Issues



The Risks

Demand risks

- Significant increase in flu
- Significant adverse weather event
- Significant supply chain issue

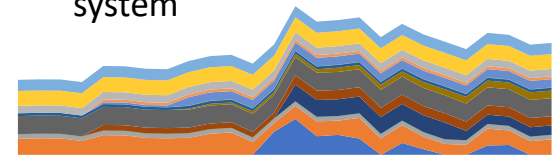
Capacity Risk

- Major provider failure
- Major staff shortages
- Significant business continuity issue

A shared business continuity approach to managing risks

The Actions

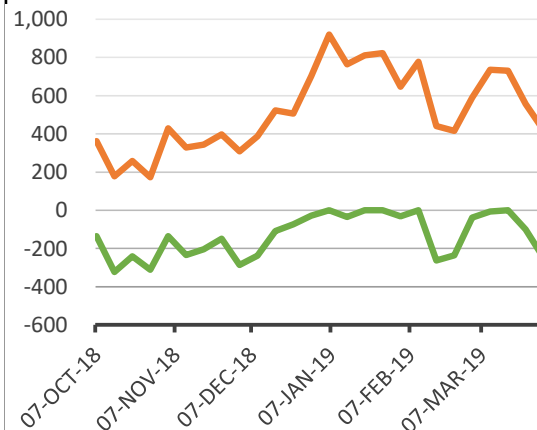
- Organisational winter plans
- Shared agreement
- An investment portfolio
- Projects to make the difference
- An integrated winter team to deliver and manage across the system



The Team

- A **winter director** coordinating a **single team** (OCC / OUHFT / OHFT / SCAS / OCCG) managing flow and performance across the health and social care system
- Seconded in staff, responsibility, and authority
- Operating **seven days** a week, 8 to 8
- The winter director accountable to chief executives and works with COOs across the system to **build trust and deliver outcomes**

The Outcome



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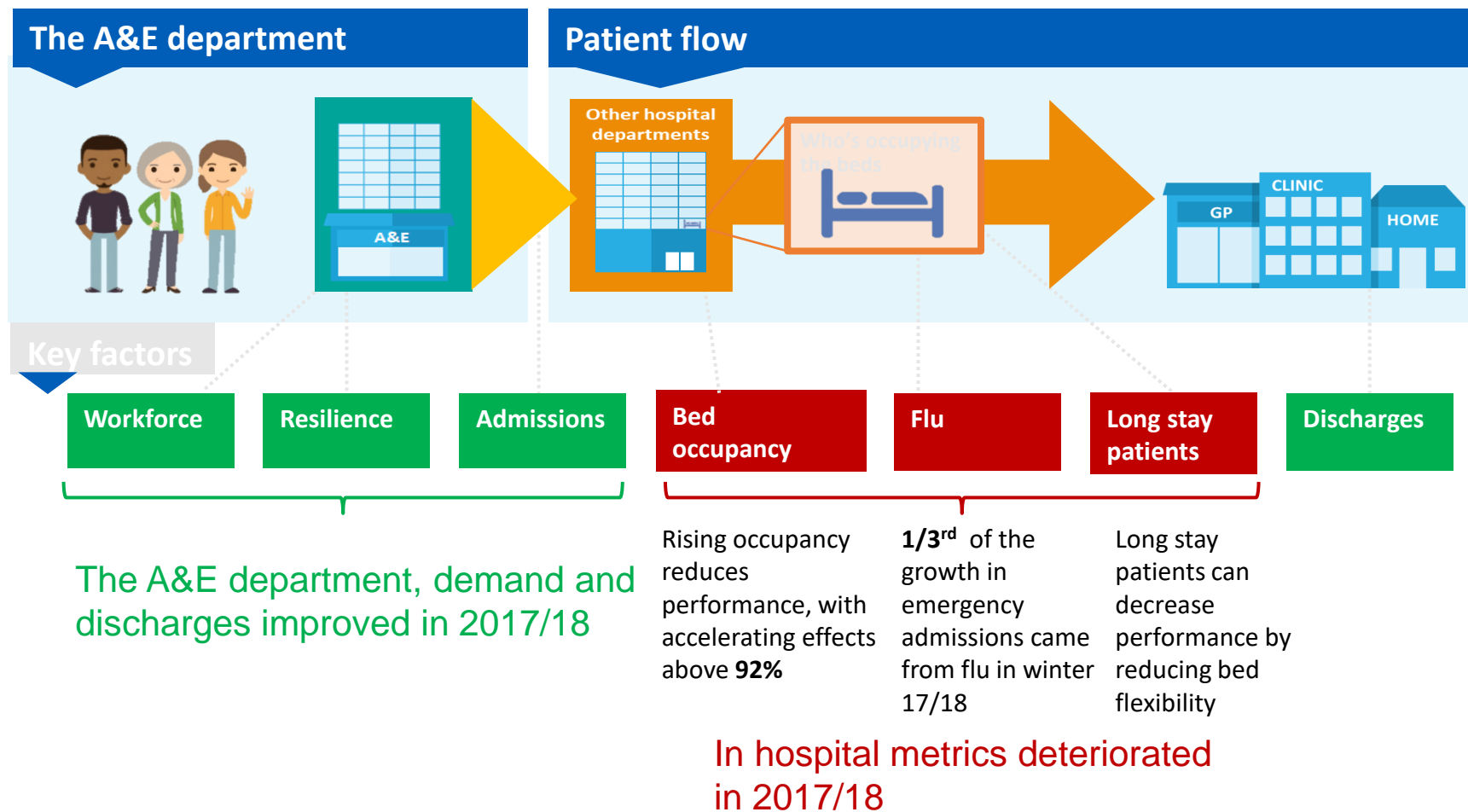


What is the size of the winter gap and what is driving this?

THE ISSUES AND RISKS

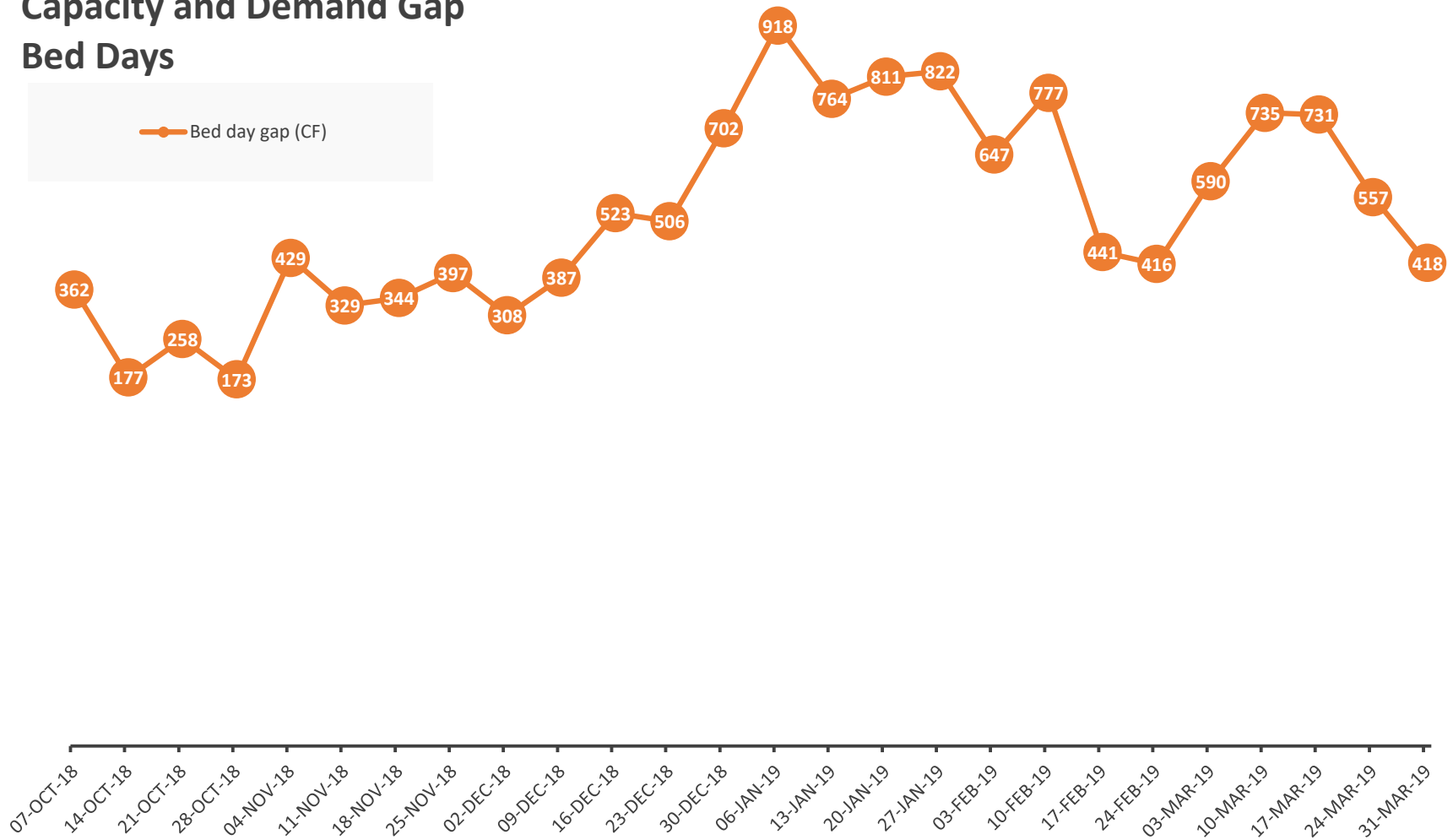
NHS Improvement Economic Review

Oxford: summary of factors affecting performance



The Bed Equivalent Capacity Gap Over Winter

Capacity and Demand Gap Bed Days



Key Risks

Demand risks

- Significant increase in flu
- Significant adverse weather event
- Significant supply chain issue

Capacity Risk

- Major provider failure
- Major staff shortages
- Significant business continuity issue

Business Continuity (Plan B)

- Agreement to bring together Business Continuity leads across organisations to plan responses to risks – so surges in activity for say snow, flooding, extensive flu
- The winter director will lead this in conjunction with the winter planning group.
- Shared responsibility and shared plans

What have we done so far

THE ACTIONS

Learning from Winter 2017/18

- Building on work already started in 2017/18 we aim to further strengthen our Home First approach
- There are further opportunities to improve flow out of hospital through a person-centred approach focussed on people's strengths and capital. Using the learning from the Age UK work in short stay wards and Red Cross Pilot in ED.
- We can continue to make significant improvements from and high quality and consistent MDT approaches and our approach to long stay patients (e.g. OCC-OH work in community hospitals and OUH-OCC work around stranded patients)
- System focus on long stay patient approach

Review of 2017/2018 initiatives

Scheme	ED attendance	Admission avoidance	Length of Stay	Continue
Flu Vaccinations for Social care workers-new scheme to provide vaccination to key workers in social care, care homes and domiciliary care	✓	✓		✓
Improving Nutrition – to improve nutritional support to care home through increased dietician support	✓	✓		✓
Increase in Hours of Provision – to provide additional appointments during the winter period.	✓	✓		X
Increasing Flu Vaccinations for at risk groups	✓	✓		✓
NHS Urgent Medicine Supply Advanced Service (NUMSAS); Repeat prescription supply via community pharmacy to reduce the burden on emergency care services of handling urgent medication requests.	✓			✓
Minor Ailment Scheme to provide care and support through community pharmacy NHS Urgent Medicine Supply Advanced Service (NUMSAS). Repeat prescription supply via community pharmacy to reduce the burden on urgent and emergency care services of handling urgent medication requests.	✓ ✓			✓ ✓
North East Oxfordshire Training Pilot for non-registered staff – increased training provided to support patients and to recognise the deteriorating patient.	✓	✓		complete
Medication Review – to reduce inappropriate polypharmacy and review patients at risk of admission	✓	✓		✓
Minor Ailment Scheme to provide care and support through community pharmacy	✓			✓
Patient Group Direction for Urinary Tract Infection Management supplied by pharmacy	✓			✓
SOS Bus – stationed in the centre of Oxford to respond to alcohol related incidents and minor injuries.	✓			✓

Review of 2017/2018 initiatives

Scheme	ED attendance	Admission avoidance	Length of Stay	Continue
Specialist Continence Prescribing Service – a specialist service to provide increased support to patients	✓	✓	from Jan 19	✓
Patient Transport Service support to ED – additional support to support discharge and transfer patients home.			✓	✓
200hrs of Contingency care – to provide additional domiciliary care capacity to support the HART team			✓	X
Care Home Support Service – to focus support on discharge and supporting discharge of more complex patients.			✓	✓
Community Hospital Home Leave-with virtual beds held on each ward to support early supported discharge from community hospitals.			✓	✓
Complex Discharges – to improve this process for patients and commissioning of additional capacity to support these patients			✓	✓
Hospital at Home – collaborative working to improve patient pathways.	✓	✓	✓	✓
Therapy Support to HART – to increase reablement support				within contract
Third sector Initiative to develop a model to provide alternative support to patients to reduce social admissions.		✓		✓STP funds
Trusted Assessor – improved liaison and communication to ensure timely discharge.			✓	✓
Short Stay ward			✓	✓
Stranded patients			✓	✓
Staffing premium payment		✓	✓	✓
Age inclusive s136 suite	✓	✓		✓
Crisis café/sanctuaries	✓	✓		TBC

Organisational Winter Planning

- Each partner organisation (OUHFT, OHFT, OCC, SCAS) have in place detailed winter operational specific to their organisations and focused on their areas of work.

Winter Investment

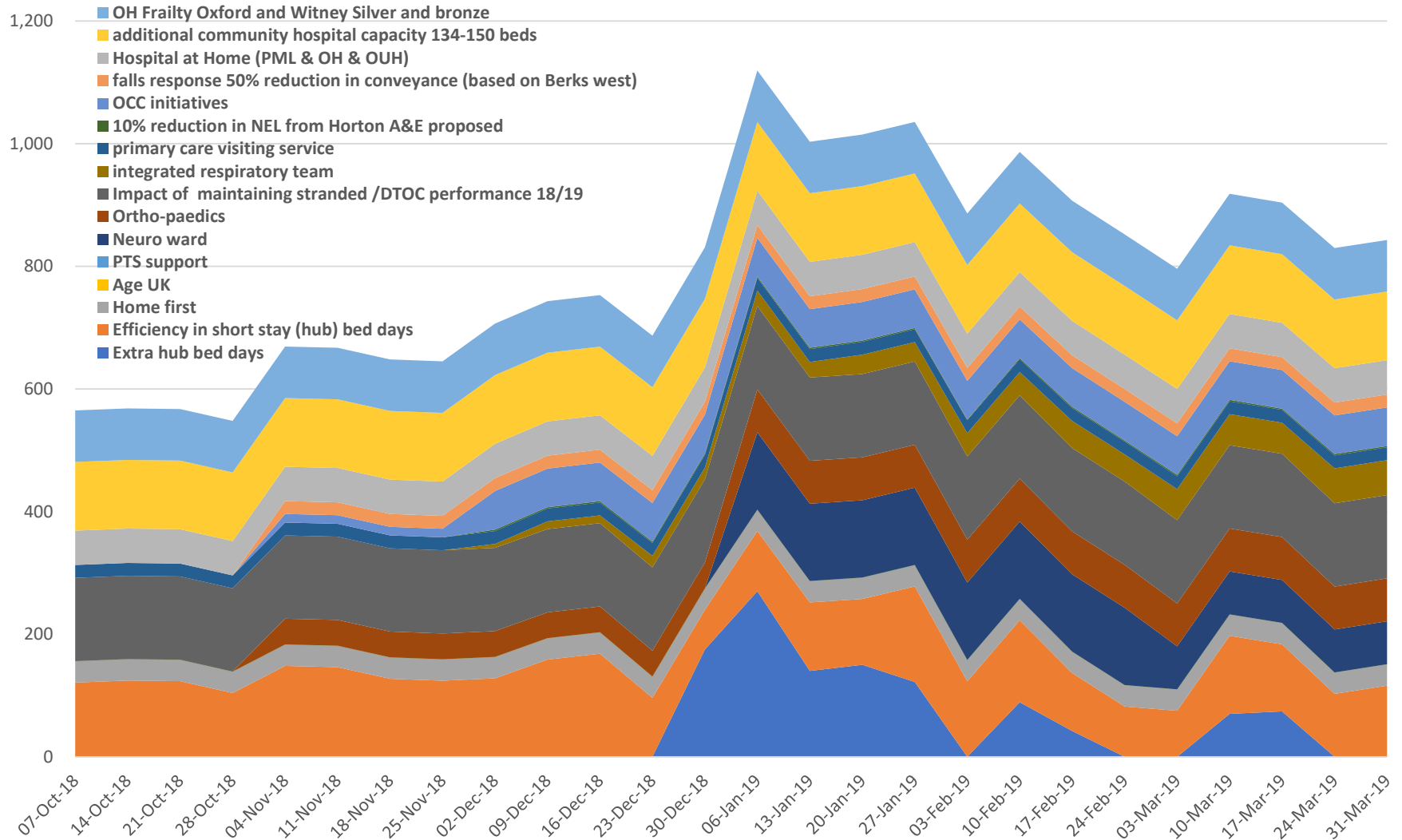
- In line with NHSE /I Operating Plan guidance there is the expectation that funding is included within baseline.
- The majority of the 18 specific projects delivering change are in organisations baseline funding
- An **additional £700k** has been identified to further support winter within OCC/CCG Pooled Budget.
- The winter planning group is recommending the following projects are funded to deliver additional support over winter 2018.
- This is on the assumption funding is for **actual spend from November 2018 only**, and is subject to the control of the winter team
- If there is additional funding our next priority is ongoing delivery of the **mental health safe haven (£70k)**
- This has been signed off by the Integrated System Delivery Board

Project	Cost
SOS Bus	25,191
Mental Health Safe Haven	30,000
Scale up of Primary Care Visiting Service	40,640
Transport Support to ED and discharge	92,000
Enhancements to home care flow	100,000
VCS Discharge Support (AGE UK)*	60,000
Home First expansion	200,000
Bed Purchase (mid case procurement)**	152,000
	699,831

* plus £80k of STP funding for a total of £140k

** this is the mid case, a best case scenario on procurement could deliver a £391k saving

Making the difference



A system team

- A **winter director** coordinating a single team managing flow and performance across the health and social care system
 - Operating **seven days** a week, 8 to 8
 - The winter director accountable to chief executives and works with COOs across the system to **build trust and deliver outcomes**
 - The integrated team acts for the system not for the individual constituent organisations
 - The integrated team take responsibility for delivery
 - Members of the team work exclusively to deliver performance across the whole system
 - The team needs to be largely self-sufficient and over time will share team responsibilities across organisational and (where appropriate) practitioner boundaries.
 - The team will have deployable resources to manage flow which will be delivered from winter plan investment and prioritisation of business as usual
- Provides an integrated approach to planning, daily escalation and delivery of urgent care flow on behalf of the system to achieve performance of
- **4 hour trajectory and no 12 hour trolley waits**
 - **No ambulance handovers over 30m**
 - **Super-stranded reduction trajectory (inc. current level 2 escalation)**
 - **Better Care Fund DTOC trajectory and local target to achieve 3.5%**
 - **Delivers the winter plan**
 - **Supports the development of a longer-term approach to integration planning, escalation and delivery of urgent care beyond winter.**
 - **Manages system risk**
 - **Reports daily and longer-term learning**
 - **Shares good news stories and improves practice.**

Communications Plan

- The communication teams from OCCG, OHFT, OUHFT and OCC are working together to support the production and delivery of the Oxfordshire's Winter Communications plan.
- The plan aims to support Oxfordshire's System Winter Plan objectives and to ensure that people are aware of and take action to keep well and help avoid an admission this winter.
- Activities tie together national initiatives, including the NHS England '**Help us, Help you**' campaign, which includes information on self-care and sign posting and the national seasonal flu campaign, with a focus on encouraging targeted groups to ensure they have their flu immunisation.
- A proactive approach to media is being developed and media partnerships explored to maximise positive coverage; this will be supported by a team of 'spokespeople' from across the system.

The actions

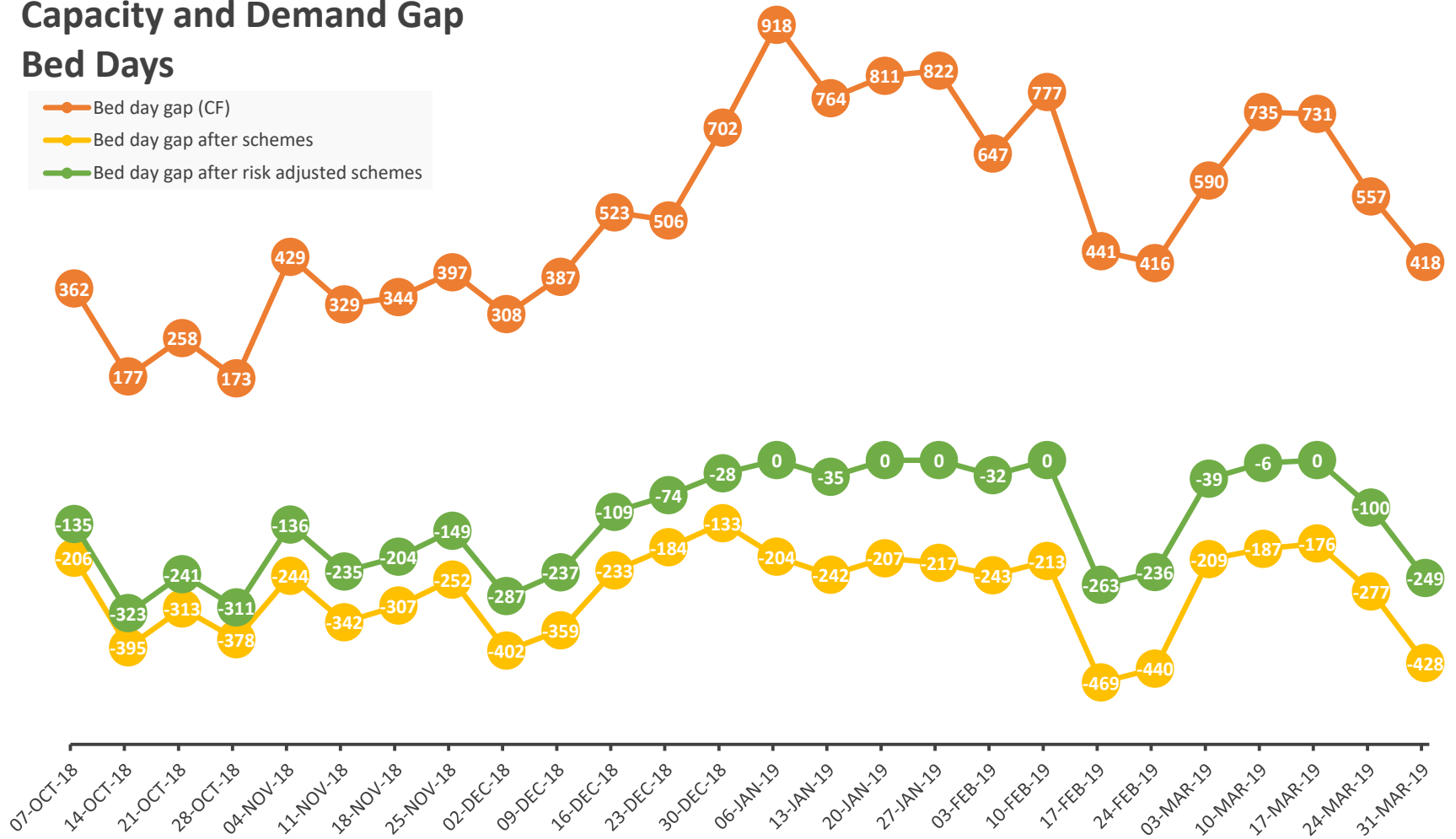
- **Tehmeena Ajmal appointed as the Winter Director** and system now doing enabling work to support scope of control and team membership from each organisation
- There is **system agreement on the target** to create the required bed equivalent capacity to support the Oxfordshire system for winter 18/19
- We have **system assurance on the bed equivalency impact** included within the plan and there is system commitment to close this gap.
- Through the system winter group a number of **out of hospital initiatives** have been developed and agreed which will provide further capacity and an investment portfolio
- Continued rigour and **CEO oversight on the Stranded patient work**
- **Collective responsibility** for delivery across the system with Organisational winter plans
- A clear **communications plan**

What have we done so far?

THE OUTCOME

The Gap Over Winter

Capacity and Demand Gap Bed Days



And questions

THE WHOLE PLAN

Oxfordshire's Winter Plan

On a page

The Issues



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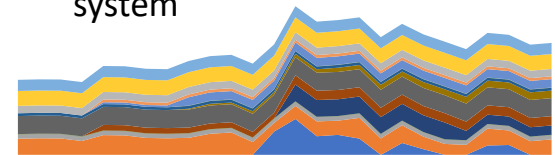
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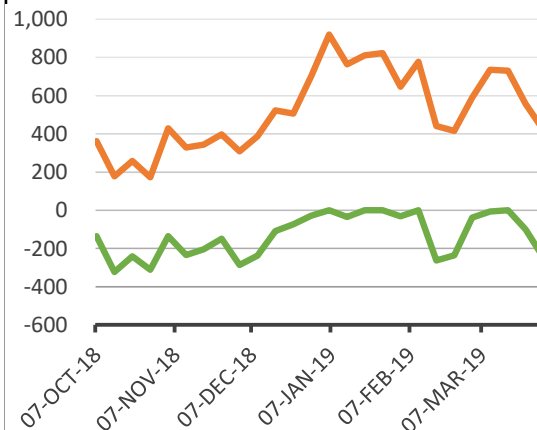
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