Agenda Item 12

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

REPORT TO TRUST BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Denise Smith, Chief Operating Officer	Decision		High	Med	Low
	Discussion		✓		
	Information	✓			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Sarah Jones, Deputy Chief Operating Officer	Strategic				
	Operational	✓			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
			Hospital Management Board September 2019 Trust Board of Directors September 2019		
CQC Domain: (safe, caring, effective, responsive, well-led)	Safe, Responsive, Well-led				

Meeting Date: **29 October 2019**

Report Title: **Winter plan 2019/20**

PURPOSE:

This paper provides a financial breakdown of the costs of each of the schemes included in the winter plan for 2019/20.

SUMMARY:

The September 2019 meeting of the Trust Board of Directors approved the winter plan for 2019/20. The plan is focussed on the delivery of the following key objectives:

(i) Safely avoid admissions
(ii) Safely create more capacity
(iii) Safely reduce length of stay
(iv) Maintain operational grip and control

There are a number of schemes to deliver each of the key objectives and the total cost of the plan is **£378,437**.

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
	✓	✓			✓

RECOMMENDATION/S:

Trust Board is asked to note the financial breakdown of each of the schemes in the winter plan.

1. Introduction

This paper provides a financial breakdown of each of the schemes included in the winter plan for 2019/20.

2. Background

The September 2019 meeting of the Trust Board of Directors approved the winter plan for 2019/20. The overarching aim of the winter plan is to ensure there is sufficient capacity to meet demand, maintain patient safety and patient flow throughout the winter period. For winter 2019/20 this will be achieved through the delivery of the following key objectives:

(i) Safely avoid admissions
(ii) Safely create more capacity
(iii) Safely reduce length of stay
(iv) Maintain operational grip and control

Trust Board requested a financial breakdown of each of the schemes included in the plan be provided.

Weekly winter plan mobilisation meetings commenced during week commencing 21 October 2019, these are led by the Associate Director of Urgent and Emergency Care Improvement.

3. Safely avoid admissions

Five schemes have been identified to safely avoid admissions, at a total cost of **£190,815**; the breakdown of these costs is detailed at Appendix A.

4. Safely create more capacity

The Trust currently has all available bed capacity open and occupied, therefore there is no option to increase the overall bed capacity for winter. However, the Trust plans to create additional medical bed capacity during the winter period through the conversion of surgical beds to medical beds. There are no identified costs identified with this.

5. Safely reduce length of stay

Three schemes have been identified to safely reduce length of stay, at a total cost of **£84,567**; the breakdown of these costs is detailed at Appendix B.

6. Maintain operational grip and control

Three schemes have been identified to maintain operational grip and control of patient flow, at a total cost of **£103,055**; the breakdown of these costs is detailed at Appendix C.

7. Summary

The Trust has identified the pay and non-pay costs associated with scheme in the winter plan as detailed at Appendices A – C.

8. Recommendations

The Trust Board is asked to note the financial breakdown of the winter plan schemes and the mobilisation of the plan through weekly operational meetings.

Appendix A Safely avoid admissions

Scheme	Workforce	Pay costs (per month)	Non-pay costs (per month)	Total Cost	Operational Dates
Increase the opening hours of **AEC** at the weekend to provide 12 hours, 7 days per week	2 x B6 6.5 hours per day, 7 days per week	9,368		56,205	Oct - Mar
Introduce **respiratory nurse** into ED and AZs to avoid admissions and reduce readmissions	N/A	-		-	Nov - Mar
Introduce **cardiac assessment nurse** into ED and AZ to avoid admissions and reduce readmissions	N/A	-		-	Nov - Mar
Provide an **additional ED middle grade shift**, 7 days a week, 16:00 - 00:00, to manage peaks in demand	Locum Agency	25,000		125,000	Nov to Mar
Extend **RATs** cover at weekends from 14:00 – 18:00	2 x B6, 4 hours per day	1,922		9,610	Nov - Mar
				190,815	

Appendix B Safely reduce length of stay

Scheme	Workforce	Pay costs (per month)	Non-pay costs (per month)	Total Cost	Operational Dates
Extend the d**ischarge lounge** opening times to include weekends	3 x B5 and 4 x B2, 10 hours per day	5,159		30,955	Oct - Mar
Provide **ward-based pharmacist** on the medical assessment zone and short stay ward to facilitate pre-noon discharges	1.00 wte Locum Pharmacist (Band 8a)	7,800		39,000	Nov - Mar
Create a **weekend discharge team** (16 hours per weekend)	1 x middle grade and 1 x junior doctor, 08:00 - 16:00	2,922		14,612	Nov - Mar
				84,567	

Appendix C Maintain operational grip and control

Scheme	Workforce	Pay costs (per month)	Non-pay costs (per month)	Total Cost	Operational Dates
Additional **Clinical Site Manager** shift to maintain patient flow (17:00 – 23:00)	1 x B5, 6 hours per day, 7 days per week	2,720		16,320	Oct - Mar
Introduce **point of care testing** in the emergency department and medical assessment zone	N/A		9,000	45,000	Nov - Mar
Introduce **transfer team** to reduce delays in internal handover process	1 x B5 and 1 x B2, 8 hours per day, 7 days per week	8,347		41,735	Nov - Mar
				103,055	