Mid Yorkshire Hospitals NHS Trust
Winter Resilience Plan
2019/20

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Contents

1. PURPOSE

The preparation of a Winter Plan is a regulatory ask but is also considered to be an embedded principle of good practice to allow organisations and their health economises to be better prepared for the challenging winter months.

The five months from November 2019 to March 2020 contain a number of significant challenges to the health and social care economy and the Trust's ability to deliver safe, high quality patient care and meet the requirements of its regulators.

Learning from last winter's lessons, the focus both nationally and across the Mid Yorkshire footprint remains on facilitating further reductions to overall superstranded activity with the combined target for two years (17/18 – 19/20) adding up to a 41% reduction. The Trust's local ambition is to over deliver on this target to be in a favourable capacity position heading into winter.

The Trust is also currently one of 14 participating Trusts in the new Urgent and Emergency Care Standards pilot. This has seen the Trust move away from measuring performance in traditional '4 hour' terms to a composite set of measures designed to provide a narrative on both the Emergency Department as well as in hospital flow. The Trust has used its Quality Improvement System approach to identify and remove non-value add with primary focus being placed on the flow of patients out of the Emergency Department.

Non elective activity remains high. In order to reduce pressures on the 'front door', the Trust will continue to increase access for non-elective admission and assessment through routes outside of the Emergency Department with Same Day Emergency Care (SDEC) being a key enabler.

The months of November to March 2018/19 saw a 6% growth in activity on the previous year with a modest improvement in ECS performance of 0.3%. Conversion rate reduced by 1.1% with LoS reporting at 4.2 days for this period which is an improvement of 0.8% on the previous year.

2. AIM

The aim of this plan is to ensure that the organisation is able to maintain safety and minimise harm for our service users and ensure sufficient capacity within the health and social care economy to meet predicted demand during this period.

3. METHODOLOGY

In order to fully anticipate the potential challenges that winter 2019/20 may present, analysis of lessons learnt from last winter was undertaken including risk assessments and horizon scanning activities to identify periods of pressure requiring specific attention. This is in addition to the activities outlined in the Unplanned Care Programme for 2019/20 and day to day actions taken via the Trust's Daily Operational Meetings and related processes.

This forward planning falls into three main categories:

- Review of winter 2018/19
- Assessing likely demand
- Capacity and demand modelling

3.1.1. Review of winter 2018/19

The Trust conducted a winter debrief in May 2019. Reflection identified a number of areas of good practice that the Trust will build on in its preparation for the forthcoming winter.

3.1.2. Proactive preparation to temporarily increase the bedbase

Modelling identified that in order to manage the surge in demand associated with winter, the Trust would need a stock of additional beds (max. 137). A plan was put in place to proactively open additional capacity – delivered through the opening of an additional ward and the use of the Trust's Full Capacity Plan (FCP) at strategic points reducing the need for crisis capacity management.

3.1.3. Surge before outlying

Learning from winter 17/18, the Trust recognised that it was important to reduce outliers where possible. Strong evidence indicated that outliers were more likely to become superstranded patients due to the lack of continuity in their management. The focus for winter 18/19 was for Divisions to use local surge plans first, with patients only being outlied when it was no longer possible for either Division to work within its bedbase. The volume of outliers reduced by 43% relative to the previous year between November and March 19.

3.1.4. Improving systems and processes to reduce waste

A regular and programmed series of MADE events was pivotal in supporting the Trust to stem the growth in long stay patients seen the previous winter specifically associated with the Christmas period and the period immediately following this. Areas for improvement identified through these multiple events have been included as areas for improvement in this year's Unplanned Care Improvement Programme and will be embedded into the Integrated Discharge Team that the Trust is co-creating with its local authority partners.

3.1.5. Site based silver command approach to maintain the focus on SSP

The trust established a Director of Operations led silver command approach throughout the whole of winter, commencing in November with clear links to the winter room. This site based leadership approach provided assurance both internally and to system partners when the Trust escalated to higher levels of OPEL.

3.1.6. 7-day therapy on peripheral sites

The Dewsbury and Pontefract sites were supported by additional therapy at weekends allowing the service to extend its model to seven days. This additional support for patients played a key role in the Trust being able to reduce its length of stay in the Division of Medicine by 3% (0.2 days) throughout the winter period.

3.1.7. Improved communication with staff

The Trust set up a dedicated intranet page for winter providing a central holding place for all winter-related resources both internal and system-wide. The page provided staff with a daily update of the OPEL score and the associated action cards to enable staff to provide the required support particularly at times of escalated pressure.

3.1.8. Use of Interfacility transport

Additional support was co-ordinated through the existing contract with the Yorkshire Ambulance Service which allowed for a more robust service offer compared to the previous winter where separate providers were sought. The arrangement also allowed the Trust to flex crews between inter-site movement of patients and discharges increasing the crew offer in the stream with the greatest demand pressures. This was co-ordinated through the winter room lead each day.

3.1.9. Lessons identified from the winter review

The Trust experienced unprecedented ED growth in April 19 of 11.8% which led to a surge in admissions of approximately 732 patients between January and March 19. This coincided with the cessation of all additional staffing associated with winter and an IPC outbreak on the Dewsbury site that saw a good proportion of the bedbase closed for approximately four weeks.

Planning for 19/20 activities has, wherever possible funded initiatives substantively to avoid the reduction in staffing allocation traditionally associated with the end of the financial year. In addition, the Division of Medicine, with the support of the Trust's IPC lead have completed an in-depth scenario planning exercise to maintain good flow throughout our Hospitals in the event of another outbreak. The Trust has taken proactive measures to reduce the likelihood of another outbreak by commissioning a six-month deep clean process across all the wards at Dewsbury which completes at the end of October.

3.2. Assessing Likely Demand

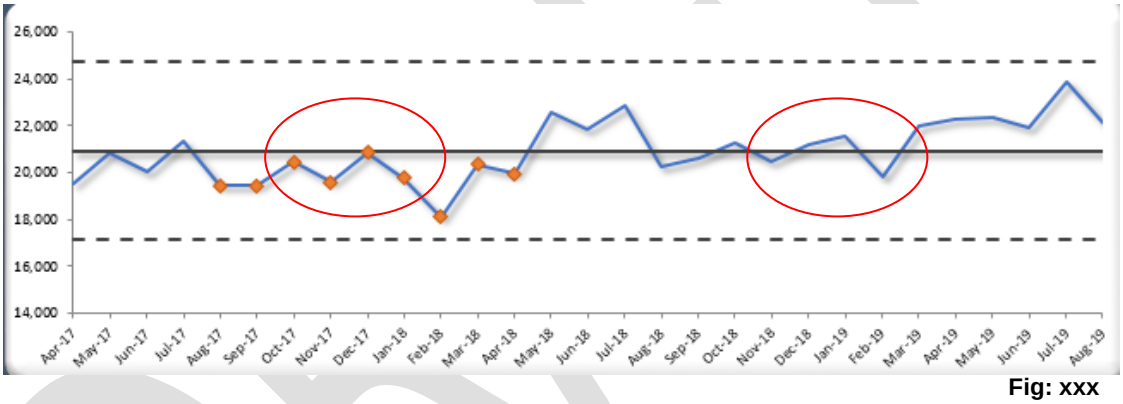
The Trust continues to engage with its system partners to reduce ED demand wherever possible. Winter 18/19 saw a reduction in attendances of patients 90+ of 13% (230 patients). Triangulation of Trust data with that held in the Connecting Care Hubs, jointly supported by the Care Closer to Home and Wakefield Local Authority identified that efforts to keep older patients out of hospital continued to show positive results.

Further efforts have been made throughout this year to enhance this model further. The newly formed Integrated Discharge Team which will be established on the 4th November 2019 will have direct links to the Hubs and will facilitate improved communication between primary and secondary care. These new links will provide a better infrastructure of support for care homes which it is hoped will avoid unnecessary attendances for patients in 24-hour care.
There has been limited progress this year to establish an Integrated Urgent Care offer as part of the Unplanned Care Programme. This will be mitigated by

commissioner investment into improved comms for patients needing to access urgent care services and better signposting of alternative offers which will include GP extended access, walk in centres and out of hours capacity. Uptake of these services will be monitored throughout the winter. In addition, commissioners have invested in technology that will provide a better, all rounded view of capacity in Primary Care.

Year to date activity is currently tracking 4.2% higher than in 18/19. The Trust will continue to engage with its system partners to progress the development of the integrated urgent care offer although it is unlikely that this will have any impact in time for winter 19/20.

The one defined route for demand management is a commitment across the MY system to reduce the volumes of patients presenting to the ED with a GP letter. Averaging 542 patients per month (the majority of these attending the PGH site), redirecting this cohort out of the ED and to the respective assessment area will reduce ED footfall while offering this patient group a more appropriate patient experience.



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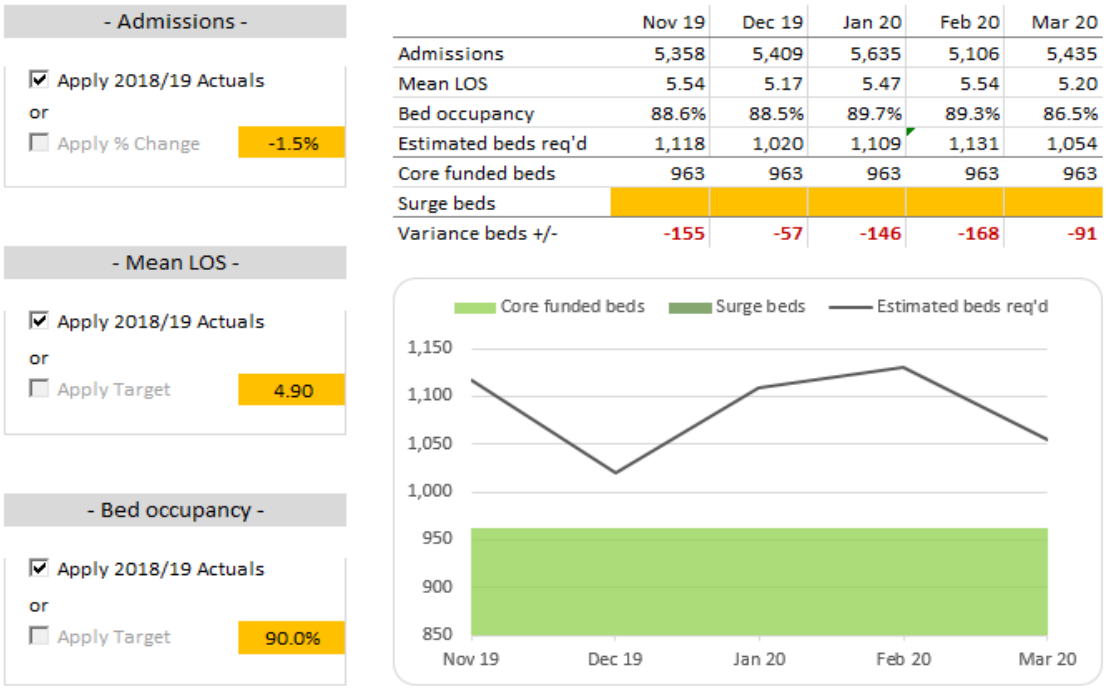
Internally, the Trust will focus on managing demand more effectively through direct access pathways primarily across medicine and frailty pathways.

3.3. Capacity and demand modelling

The Trust is taking a fresh approach to capacity and demand modelling in winter 19/20. While this will not negate the need to use additional capacity throughout key points in the winter months, data modelling completed identifies that focussing on reducing length of stay by 0.5 days is likely to deliver a significantly better return than opening additional capacity alone. Most of the Trust's winter initiatives for this year have been developed around the drive to facilitate a reduced overall LoS.

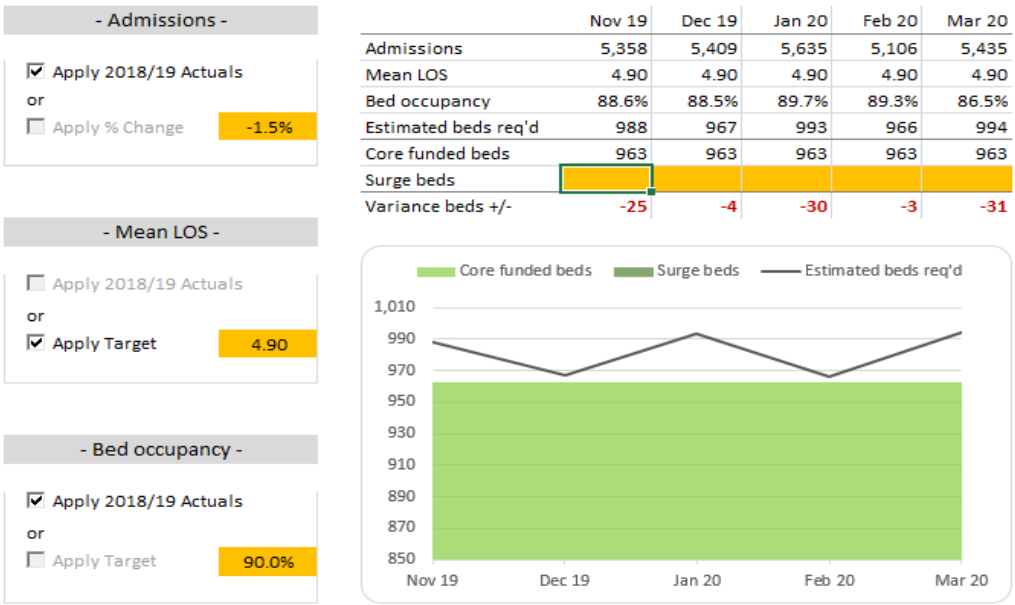
The chart outlined below identifies the additional capacity requirement for the Trust were admissions, length of stay and occupancy to remain equal to winter 18/19. The requirement for November, January and February is higher than the Trust is able to facilitate through the use of its full capacity plan.



	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Admissions	5,358	5,409	5,635	5,106	5,435
Mean LOS	5.54	5.17	5.47	5.54	5.20
Bed occupancy	88.6%	88.5%	89.7%	89.3%	86.5%
Estimated beds req'd	1,118	1,020	1,109	1,131	1,054
Core funded beds	963	963	963	963	963
Surge beds					
Variance beds +/-	-155	-57	-146	-168	-91

Fig: xxx

The same chart is reprovided with an assumed LoS reduction of 0.5 days. Delivering this reduction will dramatically reduce the Trust's dependancy on additional capacity. In planning for winter 19, the Trust recognises that facilitating this reduction while challenging will also be important for staff and patients, as it will provide the Trust with a significantly better opportunity to manage activity within its core bedbase thereby providing a better staff to patient ratio.



	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Admissions	5,358	5,409	5,635	5,106	5,435
Mean LOS	4.90	4.90	4.90	4.90	4.90
Bed occupancy	88.6%	88.5%	89.7%	89.3%	86.5%
Estimated beds req'd	988	967	993	966	994
Core funded beds	963	963	963	963	963
Surge beds					
Variance beds +/-	-25	-4	-30	-3	-31

Fig: xxx

3.4. Supporting the delivery of winter 19/20

The Trust will build on lessons learnt last winter in deploying its activities for this year. Priority has been given to activities associated with length of stay reduction.

- Leadership and communications
- Patient Flow
- Site Specific Silver Command
- ED Processes

3.4.1. Leadership and communications

Feedback from staff indicates opportunity to improve operational engagement in the Trust's plans for winter. As part of its winter preparedness, the Trust will invest in its Band 6 and Band 7 leaders to promote Trust-wide engagement in the activities being prioritised. A detailed plan is currently being scoped out but is expected to include:

- Roadshows to act as a briefing mechanism to ensure widespread awareness of the Trust's winter activities. This forum will also ensure that staff obtain detailed understanding of the mechanisms being put in place to support both internally and also wider across the system.
- Winter intranet page acting as a focal point for all winter related activities including relevant Standard Operating Procedures and external agency contacts where relevant.
- Interactive communication with staff to allow for a live discussion on winter and provide the Trust an opportunity to be sighted on and readily act on staff feedback in line with Organisational values.

3.4.2. Patient Flow

The testing of the new Urgent and Emergency Care standards has allowed for a fresh approach to patient flow. The focus on flow will commence in the Emergency Department with a clear commitment to reduce overall length of stay in the ED for both admitted and non-admitted patients. The Trust will continue to build on now embedded principles of SAFER and Red2Green to support overall patient movement throughout the Hospital. The Trust is prioritising the following activities:

ED Length of Stay

The Trust has made significant progress since the pilot went live in October with waits over 12 hours reducing by 70% between May and August 19. Data available from GIRFT indicates that there is a marked increase in mortality for patients whose length of stay exceeds six hours. From the 2nd October 2019, the Trust will bring its internal threshold down to 10 hours with further reductions expected over the coming year. Reducing overall LoS will also avoid overcrowding which will further support the Trust's commitment to improving patient and staff experience.

Decision to Admit (DTA) to bed in 1 hour –

One of the Trust's internal enablers as part of the pilot, the Trust has made steady progress on this measure between May and August. The current baseline is 39% with plans in place (including an RPIW event in September/October) to improve on this further.

Elderly Same Day Emergency Care (SDEC) –

Although performance against the ECS for patients over 80 improved last winter relative to winter 17/18, there was widespread agreement that patients in the Emergency Department continued to wait longer than they should to access ward based care. The Elderly SDEC which opened its doors on the 23rd September will provide more timely access to specialist care for this patient group. Supported by an in-reach model, there will also be an opportunity to discharge patients straight from the Emergency Department with social support where required coordinated through the Connecting Care Hubs in Wakefield and the KILT model in North Kirklees. The Unit will also provide earlier inpatient capacity for those patients requiring a short stay admission.

Direct Admission to Ward / Assessment -

Building on the model established on the Dewsbury site in October 2018, the Trust will see the direct access model established on the elderly wards at Pinderfields Hospital. With over 80% of all 80 year olds arriving to the Emergency Department by ambulance, this model will divert patients away from the ED with prompt access to the assessment unit and subsequently admission should this be required. The model will go live at the end of October 2019. Patients self-presenting to the Emergency Department will have equitable access through the elderly SDEC service.

The model will be expended further in acute medicine through direct access for paramedic crew. Connected to the Trust's GP operations line, paramedic crew will have an opportunity to directly engage with the Trust's clinicians. Patients deemed to require hospital assessment will be brought directly to the Trust's Ambulatory Emergency Centre (AEC). This initiative is likely to go live in the new calendar year and is currently in planning phase.

Managing Elective activity –

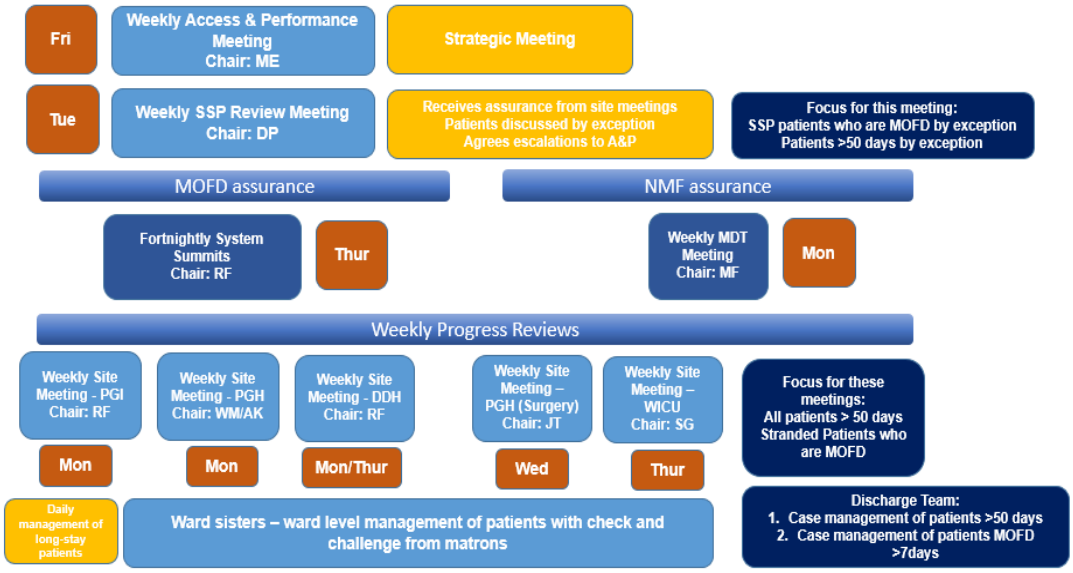
The Trust will curtail its elective operating programme in December and January to provide more capacity for acute admissions.

Maintaining a conversion rate below 21.5% –

Despite the ongoing rise in ED attendances, the Trust has been able to reduce its overall conversion rate. These efforts will continue into winter 19/20. It must be noted that because of the increasing denominator, this has not necessarily meant less admissions to the bedbase.

Multi-Agency Discharge Events (MADE) –

The Trust now has a robust governance approach to the management of superstranded patients. Progress has been made on daily management of this group of patients. There is a clear and understood narrative on challenges preventing patients from being discharged and significantly better use of the Trust's 'Moving on Policy'.



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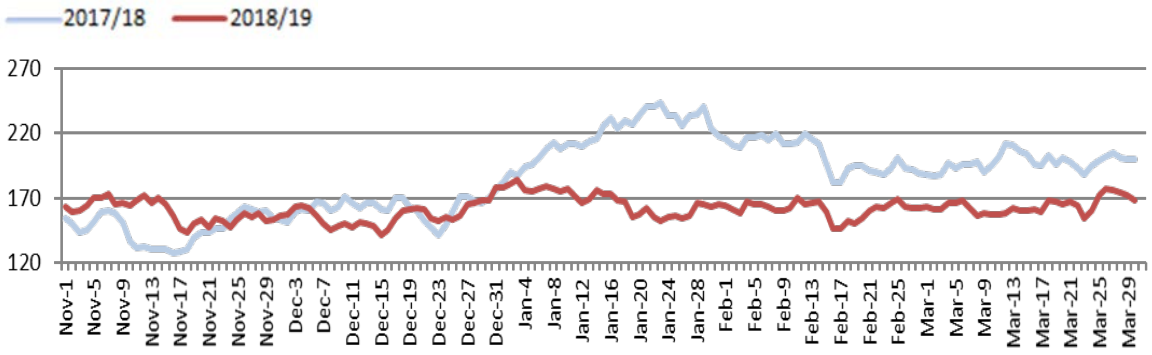
The Trust will also deploy a series of MADE events between October and February to ensure that overall volumes of superstranded patients can be maintained at around 100. The events will be scheduled as follows:

- Week 21st October – Extraordinary MADE event

With executive and senior support, this week is pivotal to the Trust being able to start the winter season on a good footing. With current levels of SSP registering at 150 patients, the aim with the support of system partners will be to deliver the remaining reduction required to meet the target for 19/20. This event has also been scheduled in advance of Brexit (31st October 2019) and half term (week commencing 28th October 2019).

- Early December – PGH / Early January - DDH

Two strtaegically diarised events last year prevented the bulge in long stay patients observed the previous winter. Similar arrangements will be put into place this year with the pre-Christmas event scheduled at Pinderfields to create acute capacity and the post-Christmas event at Dewsbury specifically to target medically optimised patients accumulated over the Christmas period.



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- February 2020 – Site to be determined

The final scheduled event will be based on the site with the greatest pressures at the time but again will be scheduled in the week preceding half term.

Supporting leadership development in the Patient Flow Team

There is recognition that strong leadership within the patient flow team is an enabler to safe patient care and good performance. The Trust is looking to make sure that staff within this team are supported with the appropriate development in this respect. The detail of this approach is still being scoped but will include use of System 1 to support more timely flow decisions and greater focus on patients identified as potential discharges.

3.4.3. Site Specific Silver Command

Grip and control will be facilitated through daily site specific silver command. Each site will be led by a nominated Director of Operations.

The silver command structure will also ensure that daily discharge ambitions can be met supporting with recovery action where daily activity is not sufficient to meet expected demand. This will be supported through the introduction of seven-day therapy cover on both peripheral sites. This model has now been funded substantively.

3.4.4. ED Processes

This will be the first winter for the Trust using the new performance principles being tested. Focus for the ED team will be on the following principles:

- **Maintaining a mean time in Department of below 200 minutes**

Performance throughout the pilot to date has been well within these limits with average performance ranging between 170 and 175 minutes. The mean will now be subdivided further into admitted and non-admitted to allow for a more granular understanding of blockages and appropriate action planning.

- **Increasing the % of patients being assessed within 15 minutes**

Earlier assessment is not just a marker of good patient experience but also allows the Department to stream patients more promptly out of the ED. Current performance is at 64% having improved from 58% in May.

- **Time to clinician/NP in an hour**

Timely access to a clinician will support earlier decisions to admit and therefore movement out of the Department. The baseline for this remains low at 52% with room for improvement particularly over the winter.

- **Monitoring of waits for Mental Health patients**

Now a key requirement under the pilot principles, the Trust has daily monitoring of waiting time for patients presenting with a mental health complaint. The data will also provide more insight into the numbers of patients requiring admission to an acute bed for comfort and safety while an appropriate mental health bed is located. This will be supported by the 'Escalation for Mental Health Waits SOP' developed last year.

3.4.5. Management of night time activity and co-ordination of medical staff

There is scope to better improve patient flow out of hours when cover is offered via on-call rotas. Discussions are underway to explore a hospital at night type model where jobs are co-ordinated via a co-ordinating role. This would allow medical staff at night to be directed to jobs on the basis of acuity.

Proposals are being developed to include establishing a hospital-wide night time handover meeting to ensure that there is Trust-wide understanding of any hospital pressures, prioritisation of appropriate task and deployment of resources to support robust patient flow.

4. WINTER INVESTMENT

The Trust has benefitted from £755,000 designed to support operational delivery throughout winter. Additional funding has also been made available via Adult Social Care in Wakefield which will supplement the above. As already outlined, the focus of all funded activities will be to support a reduction in length of stay.

Theme	Scheme Detail	Period covered	WTE	Costs	Total Costs
Reducing LoS by tackling superstranded patients facilitating effective discharge. Particular focus will be devoted to facilitating hospital flow at weekends reducing current discharge deficits.	Therapy staffing to support wider provision of 7-day services Trust-wide (PACE, DACE, Ward 8)	Dec - March	2.0 WTE Band 6 (OT)	40,845	**92,333**
			2.0 WTE Band 6 (Physio)	40,845	
			1.0 WTE Band 3 (TI)	10,643	
	Additional TTO cover at PGH, DDH 7 days a week 12 hours a day	Nov - March	3.0 WTE Prescribing Pharm	84,542	**130,302**
			(Monday to Friday 09:00 - 17:00 pm) 1.0 WTE FY2 doctors	45,760	
	Opening an additional 26 beds at DDH to support winter flow	Nov - March	1.0 WTE (10 PA) Locum Consultant	88,838	**740,292**
			2.0 WTE (40 hrs per week) junior doctor cover	128,750	
			13.49 WTE RGN, 17.21 WTE HCA, 2 WTE TNA, 1.85 WTE A&C. Plus non-pay	522,704	
TOTAL					**962,927**

Fig: xxx

5. RISK ASSESSMENTS FOR WINTER 2019/20

5.1. Weather

The 2017/18 winter was cold with the UK mean temperature around 1.4C below the seasonal average of 5C. Precipitation was above average by 96% at 317mm and sunshine during winter 2017/18 had with 191 hours recorded.

To date the UK has continued to experience seasonal variation against previous averages, throughout spring and summer of 2018 the Central England Temperature being recorded as above average every month.

Winter 2017/18 saw extremes of temperature with sustained periods of temperatures below freezing with snow and ice impacting on the health economies across the region. These periods of adverse weather conditions saw an increase in ED attendances for injuries and illnesses related to weather. A full review of the trust response to ice and snow has been undertaken and a revised trust response plan is being produced.

The long range computer models have yet to predict an accurate or stable weather pattern for this coming winter and it is likely that it will be late in September when the first long range forecasts suggest a greater level of intelligence. A long-range forecast will be included once available.

What we do know so far is that the models suggest that the favourable conditions should continue through till late December, but pressure modelling for the NAO (North Atlantic Oscillation) suggests an increased likelihood of an El Nino weather event developing through the winter which may suggest warm wet periods beyond this point – the general view appears to be that the probability of a of moderate temperatures with high risk of storms.

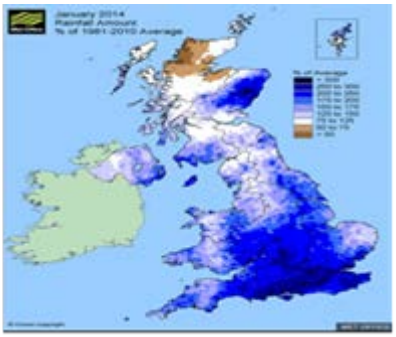

Fig 10: Long and short range weather forecasts

However the winter weather is suggesting that whilst seasonal temperatures are yet to indicate a significant problem for health conditions that there is an ongoing and increased risk of high rainfall, with the Met Office suggesting that long range forecasting indicates a similar rain fall pattern to that of 2014 which saw widespread flooding. Whilst this doesn't have the same impacts on a number of the longer term health conditions that cold weather does during winter, the impact on wider systems and vulnerable people will need to be overseen in conjunction with all multi-agency partners as wider intelligence develops.

5.2. Seasonal Influenza & Vaccination programme

The impact of flu on the population varies from year to year and is influenced by changes in the virus that, in turn, influence the proportion of the population that may be susceptible to infection and the severity of the illness. High levels of influenza activity were seen in the community in the UK in 2017 to 2018, particularly in April with influenza A (H3N2) the dominant circulating virus for the majority of the season.

The impact of influenza A (H3N2) was predominantly seen in older adults, with a consistent pattern of outbreaks in care homes noted. In addition, admissions to hospital and ICU/HDU particularly amongst older adults were observed. An increase general practice attendances in relation to influenza was seen during week 01-04 2018 (medium impact in England and Wales and low in Northern Ireland and Scotland).

Peak admissions to hospital and ICU were higher than seen last season. Levels of excess all-cause mortality were elevated particularly in the elderly, but were lower than the 2014/15 season in which influenza A (H3N2) also dominated.

The Southern Hemisphere influenza season for 2018/19 has seen a decrease in reported and confirmed cases compared to 2017/18 and a return to normal influenza season figures reported so far. The Australian health system is reporting low to moderate numbers of influenza numbers. Reports of a rise in H1N1 cases in addition to the H3N2 strand being of particular note. The southern hemisphere influenza season has seen a widespread cohort of patients affected by the outbreak which again has not been mirrored in the Northern Hemisphere over recent years.

The vaccination strands have been proposed by the World Health Organisation (WHO) and will contain both an A type Michigan/45/2015 strain (H1N1) and A type Singapore/16-0019/2016 strain (H3N2) – as well as B type Colorado/06/2017 and B type Phuket /3071/2013. With the predominant strains seen in the Southern Hemisphere included within this year's Northern Hemisphere vaccine, the plan to vaccinate staff and high risk groups must remain a significant priority. PHE have issued the National Flu immunization program letter's identifying groups and immunization programs for 2018/19.

The Trust achieved a 70.8% uptake of vaccination last year across the organisation which was an increase on the previous year.

The 2018/19 vaccination campaign has already begun, with our Occupational Health teams running peer vaccination trainings from the beginning of August through to late September. The formal vaccination programme will start around the 1st October which will see ward and clinical areas visited as well as pre-bookable appointments offered to all Trust staff. Peer vaccinators will be available in each area to support the uptake of flu vaccination even during periods where staffing is challenged or there is a peak in demand.

Last year's flu outbreak was the most significant for seven years. The advice and compliance requirements from NHS England have increased considerably for this year with Trusts being asked to:

- Complete a best practice checklist for health worker vaccination publishing a self-assessment against these measures in Trust board papers before the end of 2018
- Ensure that in areas deemed higher risk staff not wishing to be vaccinated confirm this to their clinical director or head of nursing
- Publish performance against vaccination in public board papers by February 2019 including areas designated as higher risk.

A seasonal outbreak group has been established and will identify the process for the management of this during winter 2018/19. This group will, with the support of the Occupational Health team oversee the roll out of this year's vaccination programme.

The Trust, in conjunction with its WYAAT (West Yorkshire Association of Acute Trust) is also looking to procure influenza POCT (Point of Care Testing) kits which proved extremely valuable in isolating the right groups of patients last year. Regional procurement is expected to drive a better price.

Although the flu season this year is not expected to be as severe as that experienced in 17/18, winter planning will be proactively planning for the designation of a bespoke seasonal outbreak ward. This would accommodate flu patients should an outbreak occur.

There were multiple periods in 17/18 where patient flow through the Dewsbury Hospital bedbase was halted due to multiple D&V outbreaks making a ring-fenced approach more preferable. Discussions are ongoing with the 'DIPC' on the best approach to facilitate this.

Community conversations are also ongoing with Infection Prevention colleagues to support care homes to accept residents back to their bed bases even during periods of outbreak (whether hospital or care home).

A detailed comms plan can be found in section 8..

5.3. EU Exit

The Trust is fully compliant with national expectations in regards to preparedness.

6. PATIENT FLOW

It is expected that existing approaches to the management of patient flow through our Hospitals will continue throughout the winter period as outlined in

the Trust's OPEL framework. This will include the application of the reverse boarding policy.

Reverse boarding is applied where wards have identified patients for definite discharge. The preferred approach will continue to be transfer of these patients to the Trust's discharge lounges. Where this is not possible patients will continue to be managed for a short period of time on the ward. This may therefore result in a temporary increase of patients above the ward's funded capacity but will only be used where the discharge is definite and for maximum periods of two hours. This is expected to provide the Trust with additional opportunity to decompress its Emergency Departments.

6.1. Weekend & Bank Holiday Arrangements

The Trust arrangements for the Christmas and New Year period as well as key dates over the winter period and in the lead up to winter will be finalised by 31st October 2018.

The principle for managing this period will be that the Trust will aim to run "enhanced" services on the days pre or post a Bank Holiday period irrespective of whether these are weekend dates or not. Clinical cover will be focused on those high demand clinical services and tailored to meet predicted periods of high demand.

6.2. Executive oversight and actions to respond to winter

The Trust will continue to provide executive leadership 24/7 throughout the winter period.

The winter room will be managed by a senior manager 8am to 5pm Monday to Friday with executive chaired meetings through the day at OPEL 3. Executive operational managers will also chair the weekend meetings.

6.3. Proposed meeting structure for winter Ops Room 19/20

A number of changes will be made to the daily meeting timetable building on lessons learnt from winter 18/19:

- The 07:20 Patient Flow Team meetings remain the same with both sites participating via conference call.

- The 08:30 safety briefings are for the operational leads and coordinators from assessment areas and divisions to provide a status update and to confirm actions required to maintain flow throughout the Trust. These are internal meetings. SMOC should feedback any concerns or key actions from previous night.

- The 10:30 DoP silver/tactical meeting commences internally at 10:15 to allow for a detailed internal review before system partners join the call at 10:30. This meeting will be chaired by an executive.

- The 14:30 safety briefings are for the operational leads and coordinators from assessment areas and divisions to provide a status update and to confirm actions required to maintain flow throughout the Trust. These are internal meetings.

- The 17:30 meeting has moved to 1630 to allow sufficient time for further actions to be completed. This meeting will also serve as handover to the Exec on-call (EoC) and the Senior Manager on Call (SMOC). This meeting will be chaired by an executive.

- The 19:20 Patient Flow Team meetings remain the same with both sites participating via conference cal. The SMOC and EoC will join these calls.

- There is a proposed 22:30 OOH conference call to agree any plans required for the night in conjunction with SMOC and EoC.

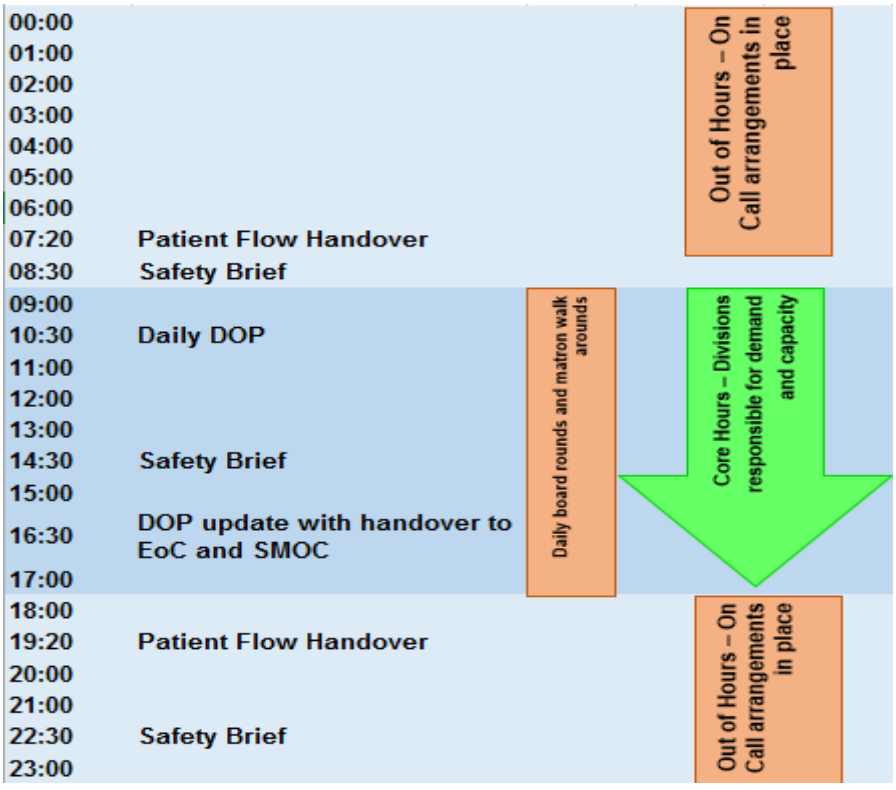

Fig: xxx

7. BEDS AND UTILISATION OF THE FULL CAPACITY PLAN

In order to return to its full funded core capacity, the Trust will open beds on the Dewsbury site that are currently closed as follows:

Wave 1	Wave 2	Wave 3	Wave 4

- Ward 6 Dewsbury providing 26 beds – To open Wednesday 6th November.

- The Trust will once again this year follow the principle of 'surge before outlying'. The decision to invoke the full capacity plan will be taken by an executive direction after appropriate risk assessments have taken place. It is expected that the Trust will invoke FCP to avoid escalation to a higher level of OPEL. In all cases, it is expected that operational efforts will be made to de-escalate out of the additional beds within a period of 24 to 48 hours. Waves 3 and 4 of the Full Capacity Plan will be deployed in exceptional circumstances and when the Organisation is at significant risk of escalating to OPEL 4 or experiencing ongoing and extended pressures at OPEL 3. Assessment areas will be protected wherever possible to maintain flow out of ED.

This will be deployed in the following order:

Wave 1 FCP PGH – Total bed capacity: 27

Wave 2 FCP PGH – Total bed capacity: 15

Wave 3 FCP DDH – Total bed capacity: 27

Wave 4 FCP – Total bed capacity: 14

AAU = 2 A1 = 2 A2 =1 20A = 2 31A = 2 33 = 2 34 = 2 42 = 2 43 = 2 44 = 2 45A/B = 4 Gate 40 = 4	AAU = 2 A1 = 1 31A = 1 32 = 1 32A = 1 33 = 1 34 = 0 42 = 2 43 = 1 44 = 2 45 A/B = 3	Ward 2 = 7 Ward 8 = 13 Ward 9 = 1 Ward 10 = 6	Endoscopy = 5 Elderly SDEC = 5 GPRU = 4

8. - COMMS PLAN FOR THE FLU CAMPAIGN

The following activities will be undertaken to support the more operational communications that is anticipated will be undertaken within individual clinical service groups.

It is also recommended that a sense of accountability around the vaccination is generated within clinical service groups and that senior nursing management lead by example.

Channel	Message	Key audience	Timescales	Responsible	Status
MY Bulletin Intranet homepage	Call for recruitment of peer vaccinators and dates of peer vaccinator training	Clinical staff	August/ September	Communications/OH	Complete and ongoing
MY News	Awareness of flu campaign starting in October and encouraging staff to take up the vaccine	All staff	August edition October edition	Communications/OH	Complete To prepare
Screensavers	Encouraging staff to be flu fighters and to attend the vaccination sessions	All staff	Late September/ October and ongoing	Communications	Ready to make live
Intranet homepage	Encouraging staff to attend the vaccination sessions, with link to session dates on	All staff	October	Communications	To prepare

Channel	Message	Key audience	Timescales	Responsible	Status
	the Flu Fighters page of the intranet				
MY Bulletin	Weekly piece re dates of vaccination sessions	All staff/clinical staff	September to December	Communications	When dates of vaccination sessions are arranged.
MY News	Encouraging staff to attend vaccination sessions, myth busting, to include photos of Trust Board having their flu jab	All staff	October edition	Communications	To prepare
Flu fighters intranet page/Trust intranet homepage	Weekly update of uptake figures on intranet via Jab-o-meter to encourage further uptake	All staff	Oct/November and onwards	Communications/OH/Design & Print	To prepare
MY Bulletin/intranet homepage	Ongoing reminder of sessions and how to access them, update of jab-o-	All staff	October onwards	Communications/OH	To prepare

Channel	Message	Key audience	Timescales	Responsible	Status
	meter				
Photos of staff having their flu jab, vaccinators visiting areas	To encourage uptake of the vaccine	All staff	October onwards	Communications/OH	To prepare
Social media	Photos of staff with 'I've had my flu jab' poster	Members of the public	October onwards	Communications	To prepare
Social media	Flu facts about the importanc e of the jab to encourage the public to get protected	Members of the public	October onwards	Communications	To prepare