NHS
Wiltshire
Clinical Commissioning Group

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 26 November 2013

For: PUBLIC session ☒ PRIVATE Session ☐

For: Decision ☒ Discussion ☐ Noting ☐

Agenda Item and title:	**GOV/13/11/10 Wiltshire Winter Plan**
Author:	Patrick Mulcahy Interim Associate Director for Commissioning Urgent care
Lead Director/GP from CCG:	Jo Cullen Interim Group Director for WWYKD Group Dr Steve Rowlands, Chair of Wiltshire Urgent Care Working Group
Executive summary:	The Winter Plan has been produced through widespread participation and engagement with all multi-agency health and social care stakeholder networks within the Wiltshire health and social care community. It has been compiled building on the advice contained within the NHSE Winter Planning Toolkit, using a capacity planning approach and incorporating what was learned from a review of performance last year. The approach in planning for this winter has been to further engage with the health and social care community either directly or indirectly by supporting neighbouring Clinical Commissioning Groups (BaNES and Swindon) as they develop their winter plans.
Evidence in support of arguments:	NHSE winter planning toolkit
Who has been involved/contributed:	WCCG Urgent care Working Group and local urgent care networks
Cross Reference to Strategic Objectives:	Priority 3 – unplanned care and frail elderly Priority 7 – Community services and integrated care
Engagement and Involvement:	This document has been reviewed by the NHSE area team and the CCG Executive
Communications Issues:	Communication plan included within document
Financial Implications:	As detailed within document and extrapolated from WCCG winter pressures budget, including directly funded to providers from NHSE

Review arrangements:	Delivery and monitoring will be via WCCG Urgent Care Working Group and participation in associate urgent care working groups from Swindon and BaNES CCG's
Risk Management:	Document contains commentary on delivery risks
National Policy/ Legislation:	NHSE winter planning toolkit
Equality & Diversity:	Service developments by providers take account of and operate within equality and diversity policies
Other External Assessment:	NHS England
What specific action re. the paper do you wish the Governing Body to take at the meeting?	The Governing Body is asked to approve the paper.

WILTSHIRE CLINICAL COMMISSIONING GROUP
HEALTH AND SOCIAL CARE COMMUNIITIES WINTER PLAN 2013/14

Contents

1 EXECUTIVE SUMMARY

This plan is a commissioning focussed system wide plan detailing the resilience into the urgent care system through Wiltshire as a response to NHS England: Improving A&E Performance Gateway Ref.00062. It should be read alongside the detail that is built into individual provider organisations plans and their associated appendices.

The health and social care providers have recognised the challenges they face in maintaining a quality service throughout 2013/14 and that an integrated approach to delivering whole system based changes is fundamental to successful delivery.

The management process put in place to support this change through the establishment of urgent care working groups, in both steering the delivery of provider winter plans and monitoring their progress over the next six months will be fundamental in provider recognition that the challenges are system wide and minimal patient benefit is gained if there is an absence of system integrity.

To that end the provider plans within the Wiltshire Clinical Commissioning Group area have been developed against a backdrop of shared ownership and peer review.

The aim of this report is to provide an overview of the system readiness.

Whilst every health and social care provider have been fully aware of the timetable mandated, the development of plans has occurred at a differing pace, and whilst they have followed an overall approach capturing the requirements within the NHS winter planning toolkit, all have delivered their plan with a slightly different approach. This lack of a prescriptive output has provided a degree of complexity in being able to provide assurance that every plan is suitable robust.

From a Wiltshire perspective we can be assured that;

- appropriate governance and management processes are in place to support the health and social care system throughout winter
- All providers are engaged with their most appropriate urgent care working group, aligned to a lead clinical commissioning group
- All provider winter plans have been produced based the toolkit guidance

However a number of **key risks** are noted

- A number of solutions contained within provider plans rely on additional recruitment of resources. This is often a time dependant function and lead in times may impact on their success
- This is the first year whereby NHS 111 has been operational throughout a winter period and there is a degree of nervousness in the system concerning their ability to support anticipated increased activity
- The ambulance service is entering winter from both a significant period of local underperformance and following a significant structural reorganisation.
- Provider capacity is limited and there have already been signs of increased activity prior to the traditional winter period causing local escalation within acute providers
- Full integration between health and social care providers is not system wide increasing the risk of system failure at times of pressure
- Not all provider plans have yet been submitted in a final form.

2 INTRODUCTION

The Winter Plan has been produced through widespread participation and engagement with all multi-agency health and social care stakeholder networks within the Wiltshire health and social care community. It has been compiled building on the advice contained within the NHSE Winter Planning Toolkit, using a capacity planning approach and incorporating what was learned from a review of performance last year.

The approach in planning for this winter has been to engage with the health and social care community either directly, or indirectly by supporting networks coordinated by neighbouring Clinical Commissioning Groups, and to develop the Winter Plan by building resilience into the system by focusing on three main aspects of the patient process

- Prior to A&E.
- Journey through the hospital.
- Discharge and out of hospital care.

3 LEADERSHIP

Wiltshire Clinical Commissioning Group are required to provide assurance to NHS England through the Wiltshire Urgent Care Working Group and the Governing Body, and through lead and associate commissioning arrangements, that winter planning is robust across the health community it serves. The Wiltshire Urgent Care Group will ensure effective delivery of the strategic and operational improvements initiated by the three area networks in Wiltshire that currently relate to each of the three District General Hospitals and the three semi-autonomous commissioning groups. The Wiltshire Urgent Care Working Group is chaired by the Clinical Chair of Wiltshire Clinical Commissioning Group and has executive representation from;

- Chair of each local urgent care working groups in Wiltshire
- Clinical Chair of each Locality Group in Wiltshire
- CEO or delegate of the following provider organisations
    - Great Western Hospitals NHS Foundation Trust. (GWH)
    - Royal United Hospital NHS Trust (RUH)
    - Salisbury NHS Foundation Trust (SFT)
    - Medvivo incorporating Wiltshire Medical Services (WMS)
    - Harmoni
    - South Western Ambulance Service NHS Foundation Trust (SWAST)
    - Avon and Wiltshire Partnership Trust (AWP)
- Director of Adult Social Care Wiltshire Council
- Programme Director for Community Transformation Programme
- Accountable Officer for Wiltshire Clinical Commissioning Group
- Chief Financial Officer for Wiltshire Clinical Commissioning Group
- Associate Director for Commissioning - Urgent Care
- Director of Commissioning NHSE Area Team
- Director Of Public Health - Emergency Planning
- Local Medical Committee Representative

Indirect engagement through local representation at urgent care networks has provided visibility of winter planning assumptions from additional health and social care stakeholders that include

- SEQOL
- Bath and North East Somerset Emergency Medical Services (BEMS)
- Arriva Transport Solutions

4 LOCAL CONTEXT AND INVESTMENT

There is significant pressure on Accident and Emergency Department within each of the three acute providers contracted within the wider Wiltshire area, with demand expectation predicted to increase through the traditional winter period. In addition ambulance service activity has increased over the volumes experienced in 2012/13 and whilst the introduction of the 111 service now seems to be at a position of operational stability, the nervousness of the whole health system to deliver a degree of interoperability remains.

The Wiltshire Clinical Commissioning Group recognises the complexity of investment in supporting equity of service provision and has ensured that where possible funding has been directed to appropriate providers to mitigate against any inequalities. In practice this has required the allocation of local headroom funding to ensure that patients within Wiltshire have access to the same type of services, albeit within a localised model, regards of which organisation providers the intervention. Additionally non elective threshold funding, planned investment and urgent care investments have been identified to supplement this financial strategy.

Royal United Hospital NHS Trust (RUH) was included in the allocation of the national fund of non-recurrent monies to support those health care systems and organisations which have been identified as at risk of poor A&E performance this winter to support the recovery and improvement plans for 2013/14.

BaNES Clinical Commissioning Group co-ordinated the RUH facing response, and Wiltshire Clinical Commissioning Group was involved in discussions and collation of the submissions, and setting out proposals for primary and community (health and social care) schemes to be considered. The clinical commissioning groups and RUH, through the BaNES Urgent Care Network plan to utilise an allocation of £4.4m. This investment plan provides a number of solutions including additional resources shared across acute, primary, community and social care to support the patient flow through the system.

As the RUH was the only acute provider covering the population of Wiltshire identified for this additional funding, Wiltshire Clinical Commissioning Group will also ensure that where appropriate, schemes currently funded under this initiative are supported with similar investment strategies for those patients cared for by other providers within the Wiltshire health community, such that those that access to services elsewhere within the area are not disadvantaged.

Wiltshire Clinical Commissioning Group, with BaNES Clinical Commissioning Group have supported £954K from non-elective threshold funds for the RUH business case based on the ECIST recommendations to support the front door, flow through the hospital and discharge processes specifically in the area of expansion of the emergency department and moving to 7 day working.

Swindon Clinical Commissioning Group has collaborated with the Great Western Hospital Foundation Trust, SEQOL and Swindon Borough Council to produce a recovery and improvement plan to ensure that rapid and sustainable improvement in emergency and urgent delivery is achieved. Wiltshire Clinical Commissioning Group has representation at this level through the North and East Wiltshire locality and the urgent care commissioning lead.

Similarly an urgent care network group has been established by Wiltshire Clinical Commissioning Group through the Sarum locality with representation from Salisbury Hospital NHS Foundation Trust, Wiltshire Council, GWH IHCD and Medvivo WMS.

5 NHS WILTSHIRE CLINICAL COMMISSIONING GROUP URGENT CARE INVESTMENTS 2013/14

Group	Provider	Scheme	000's			Identified Funding Stream
			Rec	Non rec	Total	
All		Additional Social Workers	135		135	Headroom
		Acute Liaison service	237		237	Planned investment
		Weekend Cover for Social Workers in Acute Trusts	62		62	Planned investment
		Care Coordinators across Wiltshire	1,300		1,300	Planned investment
		SLA with Primary Care to increase presence in care homes	1,000		1,000	Planned investment
		SLA with Primary Care for Dementia Assessment	653		653	Planned investment
		Discharge Planning		287	287	Headroom
		Escalation Beds		566	566	Headroom
		Weekend Support for Clinical Teams		20	20	Headroom
		Rapid response service		186	186	Headroom
		STARR Beds - block and spot contracted.	1,606		1,606	Reablement
		STARR Therapy and Social Work staff	1,483		1,483	Reablement
		STARR GP Cover	210		210	Reablement
		STARR Nursing staff	95		95	Reablement
		STARR Mental Health Liaison	200		200	Reablement
		STARR enhanced payment for OSJ	83		83	Reablement
		STARR Transport for relatives	20		20	Reablement
		Trial short-term overnight care packages	40		40	Reablement
NEW	GWH	Expansion of the trauma coordinator role		64	64	Headroom
	GWH	7 day working within Diagnostics (pharmacy, Phlebotomy, Physiotherapy		169	169	Headroom
	GWH	Increased radiology hours at MIU's		118	118	Headroom
	CCG	Additional Capacity Primary Care		150	150	Headroom

	CCG/Council	Replacement Nursing/Residential Beds		350	350	Headroom
	GP	Improved Links with secondary Care Emergency services, have a dedicated phone line for use by ambulances service A&E	231		231	Planned investment
SARUM	SFT	Expanding Emergency Workforce		103	103	Headroom
	SFT	Winter PTS		40	40	Headroom
	CCG	Additional capacity in primary care		150	150	Headroom
	SFT	Interim Care ward (Estimated investment value)		650	650	Headroom
WWYKD	RUH	RUH Emergency Department Expansion		472	472	Non Elective Threshold
	RUH	RUH 7 Day Working		482	482	Non Elective Threshold
		Pharmacy support patients to care homes		16	16	Headroom
		Practice In-reach and Discharge support		213	213	Headroom
		Pharmacy support patients at home		16	16	Headroom
		Practice managed step up care home beds		208	208	Headroom
	SWASFT	PSVs to facilitate targeted HCP appointments and next day HCP admissions		80	80	Headroom
	CCG	Additional capacity in primary care		150	150	Urgent care
	Other	Redirection of primary care patients who self-present to ED		8	8	Urgent care
	RUH	Emergency Department additional Front door staffing		139	139	Urgent care
	CCG/Council	Replacement Nursing/Residential Beds		350	350	Urgent care
		Front door staffing support		178	178	Urgent care
	RUH	Front door assessment units (Medicine and Surgery)		98	98	Urgent care
	RUH	7 day working		220	220	Urgent care
	RUH	Support services : Clinical and Non Clinical		306	306	Urgent care
	Other	To increase the provision of hospital based mental health liaison [integrated currently		23	23	Urgent care

		within the acute hospital system]				
	Other	To increase the provision of hospital based mental health liaison		24	24	Urgent care
	WCHS	Lack of 7 day therapy in community hospitals		65	65	Urgent care
	WCHS	Delayed discharges to inadequate coordination of discharges		19	19	Urgent care
	WCHS	To support people to stay at home by providing an overnight service (		125	125	Urgent care
	WCHS	To support patients requiring dalteparin injections to self-manage		150	150	Urgent care
			7,355	**6,194**	**13,549**	

6 ADDITIONAL PRIMARY CARE SUPPORT FOR THE URGENT CARE SYSTEM

6.1 Group SLAs work plans 2013/14 including GP support to Care Home work

The 2013-14 Service Level Agreements have been agreed that support the delivery of a number of interrelated outcomes. In respect of winter planning these include, but are not limited to;

- Reduction in acute attendances
- Improved management of dementia patients within the community setting
- More patients cared for in the community, kept out of crisis and out of hospital
- Reduction in urgent admissions through implementing risk stratification, care coordinators, and care co-ordination for those patients at greater risk of non-elective admissions
- Improved management of patients in care homes, resulting in continuing reduction in emergency admissions to acute trusts from Care Homes
- More effective and efficient use of the full range of community beds
- Increased delivery of appropriate services locally i.e. patients managed by GP

Practices have continued to provide an additional level of support to care home residents at one of the three option levels of engagement. This pilot began in mid-2012-13, and a comparison of Q1 data for 12/13 and 13/14 shows a reduction in emergency admissions in registered patients from care homes.

6.2 Additional GP capacity at weekends

Additional funding has been directed to support and increase the resource of GP's at weekends. This programme will be tailored to the individual requirements of each locality. Within the WWYKD locality, GP's, using practice risk stratification information will provide input either directly or indirectly to this cohort of patients over a weekend. It is anticipated that this model of intervention will reduce the risk of patient failure that often results in a secondary care admission. In Sarum locality the investment is being used to support the GP led intermediate ward detailed within the SFT plan and the development of GP practices being open at weekends for patients; and within NEW locality they are exploring the potential to place a GP with a paramedic and operating a mobile response capability.

6.3 Risk Stratification Direct Enhanced Service

The NHSE has delegated responsibility of the design and management of this service. Practices undertake risk profiling and stratification of their registered lists on at least a monthly basis and will work with a care co-ordinator and take a multi-disciplinary approach to identify those patients ill or at risk of a hospital admission; and finally to work with and co-ordinate with other professionals the care management of that patient. In order for this to be completed the clinical commissioning group has procured the 'Devon Risk Tool' as well as recruited care co-ordinators from the GWH Integrated Community Health Directorate to provide a structured implementation of the service. All practices within area are signed up to use the 'Devon Risk Tool' and the process described.

6.4 Dementia Local and Direct Enhanced Services

This service is reward practices for undertaking a pro-active approach to a timely assessment of patients who may be at risk of dementia. The service identifies patient at risk of dementia, offers an assessment, a referral for diagnosis and finally support for carers. A list of 'At risk' patients are

specified in the service. All practices are signed up for the directed enhanced service and 56/57 signed up for the local enhanced service.

7 COMMUNITY TRANSFORMATION WORK PROGRAMMES

Underpinning the clinical commissioning group's vision for urgent and emergency care is the Community Transformation Programme – a partnership between the clinical commissioning group, Wiltshire Council and GWH community services. The longer term objectives of the collaborations transformation programme that is aimed at;

- Building an appropriate model for care closer to home
- Supporting the vision for social care in Wiltshire, to help people live independent lives, reducing dependency on care services and providing people with information and advice to be able to make choices and decisions about care and support when they need it.
- Creating a sustainable care system that is built around individuals and local communities which is GP led.
- Delivering a system wide model which can be viewed along three complementary areas - Primary Care Led Support, Community Support, and Rapid Response - each have their own requirements but will need to work seamlessly together.

In addition there are a number of joint health and social care developments

7.1 Step To Active Recovery and Return

The STARR scheme for step-up beds (supporting people who would otherwise be admitted to hospital) and step-down beds (supporting people when they need additional help when leaving hospital) has been running for 18 months, jointly commissioned by the Council and the CCG. STARR beds are commissioned from independent nursing homes, and people within these beds are supported for a maximum of 6 weeks by a multi-disciplinary team comprising of occupational therapists, physiotherapists, nurses and social workers. The scheme has access to specific mental health expertise from Avon and Wiltshire Mental Health Partnership NHS Trust. At any one time there are approximately 60 people in Wiltshire within the STARR Scheme.

7.2 Multi-disciplinary working with primary care

Twenty nine full and part time care coordinators have been recruited to support the frail elderly and patients with complex health needs. These practice based staff support the general practitioner and act as the primary point of contact for patients, ensuring that various health and social care services are joined up in providing packages of care to either maintain independence by preventing hospital admission, or by supporting early discharge from hospital. They are also providing a key role in risk stratification by identifying patients likely to be at risk of failing and implementing integrated care packages that reduce the potential reliance on secondary care intervention.

7.3 Transfer of Care

A pilot project has been in place at the Royal United Hospital NHS Trust involving adult social care, community health services and the Acute Liaison Service (run by Medvivo / WMS). The service tracks patients with potential complex discharge plans through the hospital and supports their

timely discharge quickly and effectively. Similar developments are underway within Great Western Hospital NHS Foundation Trust and Salisbury Hospitals NHS Foundation Trust.

7.4 Simple Point of Access

A simple point of access is being commissioned from November 2013 with a one hour rapid response service being provided by GWH community nurses and domiciliary support from Help to Live at Home. Initially this service will coordinate care delivery for professionals and will include access to;

- Assessments within one hour for patients needing urgent interventions and care who can remain at home
- Rapid response services and urgent equipment to avoid hospital admission
- Community bed-based services, where appropriate, including STARR beds
- Intravenous antibiotics
- Community-based therapy services
- Liaison with the patient's GP to manage clinical care at home

Evidence suggests that a rapid (1 hour) health and social care response to support people at home at a time of crisis will prevent unnecessary hospital admissions, reduce the need for STARR beds and long-term care placements.

8 PRIMARY CARE READINESS

Contractual processes for primary care over the winter period are outlined below. This plan builds on work carried in out in previous years in each CCG area and is intended to integrate with the Whole System Winter Plans produced by CCGs for 2013/14.

In order to provide assurance of primary care capacity over the winter period, NHS England Area Team for BaNES, Gloucestershire, Swindon and Wiltshire will:

- Write to all contractors (GPs, dentists and opticians) in October, to confirm the contractual requirements for the provision of service throughout the holiday period.
- Review Pharmacy service provision and confirm rotas, as appropriate, for the holiday period. This will take into account geographical cover provided by existing '100 hour' pharmacy contracts. Pharmacy contractors have already been written to regarding planned service hours, in line with the contractual requirements for this service.
- Collect and collate information about access over the holiday period from all contractors.
- Where analysis of the above information identifies issues, these are raised with practices in Oct/Nov through the contract management process.
- The final access information is published as a 'Holiday Period Pack' and distributed to all partner agencies. CCGs can include this as part of a wider health and social care winter planning pack, or it will be published by the Area Team as a 'Primary Care Holiday Period Pack'.

As a result of previous pandemic flu planning, all contractors have confirmed that they have contingency arrangements in place. This includes 'buddy' arrangements to enable business continuity: contractors will be asked to ensure that their 'buddy' group has been updated to reflect any recent contractor changes.

In writing to all contractors (see above), the Area Team will also ask that they review their contingency plans in the light of the Whole System Winter Plans being published for 2012/13.

Additional primary care medical access, through the EAPC Contracts, has been available in each of the four CCG areas since May 2009. This provides 8am - 8pm access to primary medical care for non-registered patients, 365 days a year. In Gloucestershire and Swindon this access is also available to the registered patients of the EAPC Contracts. The EAPC Contracts provide additional routine service capacity over the holiday period, allowing the Out of Hours Service to re-direct non-urgent patients to an alternative pathway.

The 100 hour pharmacy contracts mentioned above provide additional weekend and evening pharmacy capacity. Opening times for these contractors are monitored by NHS England Area Team, ensuring that exceptions are managed through the contractual process. Information with regard to the 100 hour pharmacies is included in information sent to partner agencies.

Pharmacy providers have already been contacted regarding their service hours over the holiday period. Applications for 'Change of Core Hours' will be considered together, wherever possible, in order to ensure that geographical cover is maintained. Consideration will also be given to ensuring geographical provision of other services commissioned from community pharmacy. A similar process is in place to consider requests for 'Change of Supplementary Hours', however, this is managed by negotiation, as there is no contractual mechanism to prevent these changes.

9 SUMMARY OVERVIEW OF THE HEALTH AND SOCIAL CARE COMMUNITY WINTER PLANS

Wiltshire Clinical Commissioning Group Urgent Care Working Group, through representation of members within other urgent care working groups and local urgent care networks has the potential to seek mutual assurance of winter planning from their health and social care stakeholder groups. However as Wiltshire Clinical Commissioning Group is uniquely placed in terms of the complexity of its health and social care providers it is appropriate that this paper provides an **overview** of these plans.

9.1 Salisbury NHS Foundation Trust (SFT)

SFT has used a predictor tool to assess the 2013/14 winter pressure points, utilising data from the previous two years. The trust is aiming to support the predicated peaks in non-elective demand whilst protecting elective activity by forward planning. A number of clinical areas have been identified to support escalation requirements against the predictor focusing on utilising day surgery for overnight patient management and a number of extensions to ward areas.

Agreed headroom funding to increase 'front door' staff will support the rapid assessment and management of the predicted increased number of presenting patients. In addition SFT are piloting a GP led intermediate care ward to support the appropriate step up patient assessed via the medical assessment unit as appropriate for non -acute bed based care and step down patients requiring slow stream rehabilitation.

A new integrated escalation plan is being put in place using agreed triggers and action cards with clear lines of communication between all stakeholders

Named winter planning leads have been identified who will work with colleagues across the local health and social care community. Staffing arrangements include additional staff for critical dates and the non-authorisation of annual leave for this period.

A daily reporting log of declared Delayed Transfers of Care and potential delays is shared with local providers with key actions identified to resolve issues. In addition the trust is introducing a review of all patients with a length of stay in excess of 14days.

SFT have a flu vaccination programme in place and anticipate the uptake to exceed the 75% marker

Key risks identified by the trust include;

- Managing the sustained increase in ED attendance
- Managing the increased acuity and volume of frail elderly admissions
- Impact on business continuity as a result of influenza and norovirus
- Change in Patient Transport Service provider
- Underutilisation of step up and step down beds

9.2 Royal United Hospital NHS Trust

The RUH has projected 4 hour performance over 2013/14 winter based on activity trends for the last 5 years and 4 hour performance based on the historical ratio of breaches to attendances. This planning has identified some specific periods when it has projected 4 hour performance will drop below 95%, noting that above 150 attendances there will be on average 2 breaches for every additional 10 attendances and that any sustained period of circa 200+ attendances will continue to impact the Trusts ability to sustain 4 hour performance at 95% target.

Recognising challenges that include the increased numbers of patients attending the Emergency Department, the increased length of stay due to the higher acuity of patients and the more complex discharge planning requirements required, the trust has undertaken a number of initiatives to improve the assessment and admission of emergency patients in the Accident and Emergency Department, Medical Assessment Unit and Surgical Assessment Unit. Not least, these include;

- The appointment to additional Consultants the ED department and the introduction Senior with a team (SWAT) based on the recommendation from the ECIST, that will operate a Rapid Assessment and Treatment model.
- ED co-ordinators and flow assistants who will ensure that the patient pathway experiences minimal delay and that any issues are expedited. Patient flow in accident and emergency is monitored and escalation criteria have been incorporated into the new RUH escalation policy to ensure a trust wide response to support patient flow out of ED
- Pending appointments the consultant medical cover for the Medical Assessment Unit will increase to 6.7WTE which will increase the physician cover from the current in week working hours (Monday – Friday 8am to 6pm).
- Increase in senior nurse capacity within ambulatory care will further enhance the signposting of patients referred by GP's
- The introduction of Emergency Surgical Assessment Unit is reducing length of stay, preventing inappropriate ED attendance and reducing admissions

Over winter 2013/14 the RUH plans to seek additional elective activity from other providers, while proactively reducing elective admissions at the RUH during periods of high non-elective demand. A 'Winter Timetable' for elective work will be enacted in advance with a shift from inpatient to outpatient activity. Elective and emergency beds are managed by the Clinical Site Management and bed management team with support from the clinical divisions and the trust's escalation policy has been reviewed and up-dated. At every escalation level the trust has developed an agreed action card for all key clinical areas.

Improved stakeholder integration has agreed a model whereby patients who are medically and therapeutically fit to leave the hospital is held as the 'Green to go' list. This is shared on a daily basis with community in-reach teams and reviewed at the three times a week meetings, including the weekly sit-rep meeting, allowing resources to be prioritised towards this cohort of patients to maximise the impact on patient flow.

The RUH has a number of urgent care projects, agreed with the ECIST, which will positively impact on RUH 4 hour performance by focusing on;

- Increasing senior assessment at the front door, rapid assessment and treatment in ED and creating more short stay pathways (Front Door)
- Improving patient flow through the hospital (Flow)
- Planning for discharge (Back door)

Key risks associated with non-delivery of a sustained 4 hour wait performance are;

- Recruitment uptake for urgent care projects is not achieved to timeline
- Increase in demand for non-elective care off sets the benefits of the additional resource
- Attendances increase resulting in ED pressure (Impact of NHS 111)
- Community capacity does not sufficiently support back door flow

9.3 Great Western Hospital NHS Foundation Trust – acute services

GWH have developed a predictor model for activity over winter and is modelling capacity against demand, with a focus on meeting peaks in un-planned attendances and admissions as well as planning and maintaining elective work.

The Emergency Department has increased numbers of Consultants and Nursing staff (including additional ENPs) in place and is in the process of refurbishment that will improve and enhance patient flow in ED. The SEQOL Urgent Care Centre has recently reopened and this is expected to deliver a reduction in minors in ED. ED will continue with current best practice including; rapid assessment and treatment for majors (RAT); See and treat; direct admissions rights to specialties. SEQOL have implemented enhanced support to front door services to provide an increased focus on admission avoidance. New MDT processes are in place to speed up identification and transfer of patients to SEQOL services. E-requesting for x-ray will be in place in ED in December – this will speed up processes. Additional phlebotomy services will be in place over 7 days in front door services. Additional pharmacy support will be in place in front door services.

Ambulatory Care, Medical Assessment Unit, Surgical Assessment Unit and Paeds Assessment Unit will continue to take GP expected and direct admissions for assessment from ED. Medical Assessment Unit has new processes in place to allow all patients to receive an initial senior medical

assessment on arrival using a RAT model. Ambulatory Care, Medical assessment and Short Stay have additional Consultants and nursing staff in post. Surgical Assessment will increase hours of Consultant cover over 7 days.

Additional Consultants being recruited to for DOME. Daily board rounds across all wards. Weekend discharge process for medical wards in place. Additional ward clerks in place across 7 days to support flow. 35 additional beds allocated to care of the elderly. Pathway work underway for fracture neck of femur and general medicine. Extended Pharmacy and physiotherapy services over 7 days.

New multi-disciplinary and multi-organisational Single Point if Discharge will be implemented from November 2013. This will speed up discharge and reduce LoS. New processes in place for site bed management with a Matron appointed to lead and coordinate this.

Additional Trauma and Orthopaedics services planned over peak times to meet demand. Additional surgical beds x 7 available from October 2013.

Multi-agency action plan in place with focussed action on –

- Discharge Planning
- Board Round
- Real time patient status
- Out of Area discharges
- Discharges to community health and social care
- Patient flow information
- Escalation processes

Risks highlighted include:

- Recruitment of Nursing Staff
- Recruitment of Medical Staff
- Capacity in Community Health Services
- Capacity in Social care Services
- 7 day working not embedded across health and social care providers

9.4 GWH Integrated Community Health Directorate

Operational readiness will be supported by the multidisciplinary neighbourhood teams that provide community nursing, OT and PT to people living in their own homes (regardless of tenure). They are available 7 days a week, including Bank Holidays. Following evaluation of a pilot scheme a capacity demand and escalation tool is being implemented throughout the 11 neighbourhood teams in Wiltshire. To support this tool escalation action cards are being developed that will enable the neighbourhood teams to accurately and consistently report on current status and to be confident in the actions to take in order to increase their capacity, either in response to their own escalation or that of their main acute trust provider. This will be shared with the Access to Care provided by Medvivo / WMS who are operating a 'single point of access' for the health community.

For neighbourhood teams to effectively manage the risk of readmission there is a reliance on appropriate timely referrals being received from providers. In order to support this model Access to

Care (AtC) now have in-reach staff within each acute provider working with discharge liaison teams and social care partners. In addition a pilot scheme at RUH has supported a member of the neighbourhood team working in the hospital in improve the quality of transfer of care. Local adaptation of his model is being expanded to both GWH and SFT acute providers.

Additional services for older people have been developed across Wiltshire specifically targeted at frail older people, including the Care of the Elderly Physician support for GP's that provides telephone access, routine and urgent clinic appointment and support for complex patients being managed by neighbourhood teams. The development of the Wiltshire wide step up and step down beds will also be utilised by the neighbourhood teams.

The community hospital beds (81) will be used to support the needs of complex patients and to help maintain the flow through local and out of area acute hospitals. Access to these beds for step-down care is via AtC. In addition AtC have access to a further six nursing home beds, accessible in Malmesbury. The planning assumptions require community hospitals to ensure that length of stay for individuals is appropriate so that most people are discharged to their own home with equipment and care packages that reduce the potential for care home admission or re-admission to acute care. In order to enhance support Wiltshire Council have provided dedicated and enhanced levels of social care support to these wards and their patient cohort

The risks identified include

- Delayed Transfer of Care
- Management of patient choice impacting on patient flow
- Reduced discharges at weekends
- Challenges in meeting the escalation and management of people with longer than average length of stay

Historic data does not provide the ICHD with an overview of the uptake of last winter's flu campaign, other than at a nurse (29.3%) and PAM (48%) level. There is an awareness of the need to increase this uptake amongst staff and the directorate will be working closely with the occupational health service to deliver improvements. The directorate also expects to increase the vaccination uptake for patients on their caseload (800) and also the number referred by their general practitioner (just less than 200) as a response to practice populations is developed.

9.5 Wiltshire Council

The winter plan seeks to assure the continuity and successful response of adult care services during periods of high demand and enable effective contingencies to be implemented in a planned and managed basis. The plan covers actions being taken across the county and relates to the B&NES, Swindon and Wiltshire Urgent Care Working Groups. Wiltshire Council directly **provides** Information and signposting for people who may require a social care service and assessment and care management services in respect of people who require a service. In addition a number of services are commissioned that include;

- Help to Live at Home contracts covering domiciliary care including reablement, housing based support
- Home from hospital scheme
- Live in care
- Planned night time care

Wiltshire Council is also working in partnership with Wiltshire Clinical Commissioning Group on a Community Transformation Programme, focussing on the out-of-hospital model of care for the frail elderly. Wiltshire Council has reviewed the main components of the RUH escalation procedures and will implement the following actions to maintain social care capacity.

- Daily monitoring of capacity and Delayed Transfers of Care through Sitrep reporting
- Development of new escalation plans for senior managers for each level of escalation
- Participation in the agreed strategic conference calls across the whole system in Wiltshire, led by commissioners by a senior manager to ensure agreed actions are implemented in a timely way.

Wiltshire Council has also piloted weekend working supporting the access to step down beds and also specialist resourcing within the acute setting. Although results were inconclusive, prior to the implementation of 'winter pressure' initiatives within the RUH it is expected that weekend working will be influential as the RUH investments commence.

A capacity management system is in use for the STARR Scheme, with daily reporting of staffing levels, care home vacancies and referrals received and pending. The STARR scheme is used flexibly to respond to peaks in demand by

- Moving staff across the county and/or targeted at specific hospitals for in-reach as demand peaks
- Purchase of additional STARR beds can be purchased on a spot-contract basis, with agreement from the clinical commissioning group to use additional transferred funds as demand requires.
- Adjusting entry criteria to reduce system blockages

The winter plan details a number of initiatives that are in place to boost capacity, both in relation to directly provided assessment and care management services, and in respect of commissioned services. The effectiveness of many of these initiatives will depend upon the availability of clinical and therapy support in the community, and will work in conjunction with initiatives being commissioned by Wiltshire Clinical Commissioning Group and delivered by community providers (both GWH ICHD and Medvivo/WMS Access to Care).

9.6 South Western Ambulance Service NHS Foundation Trust

The trusts winter plan is structured around maintaining a consistently high standard of service delivery through the provision of quality patient care and the delivery of key performance indicators across the South West throughout November through to March which has traditionally seen pressures present due to increased activity, both in terms of demand and patient acuity.

Capacity management planning has been produced on a partnership basis internally and externally and builds on national plans in place to manage variations in demand through a process of escalation throughout the year, Resource Escalation Action Plan (REAP) The winter plan has been developed based on the past experiences, lessons identified and all relevant guidance from national and local sources and produced in the context of challenging performance issues in relation to the red and green call targets during periods of increased demand.

The trust will use a comprehensive report detailing activity both forecast and actual activity against performance with the REAP assessment being reviewed weekly at Director Group meeting. In

addition, a Gold Commander can recommend a REAP change to the Duty Director at any time in order to provide the necessary flexibility.

Through local arrangements with NHS and Social Care partners the trust, will ensure patients are referred to the most appropriate care with minimum delay which will support the maintenance of an efficient 999 response, including fast activation, effective resourcing, demand matching and dynamic deployment.

The Resource Operations Centre will ensure scheduling and planning of ambulance staff is carried out up to six weeks in advance and known absences covered by relief or overtime staff to maximise the resource requirement. The process of managing additional resource requirement will be through engagement with the independent /voluntary sector, who are able to provide additional capacity for responding to non-life threatening Health Care Professional calls.

Through the local clinical care networks, SWAST have been involved in discussions with primary care to spread the peak of urgent demand and protocols are in place to prioritise emergency demand through the NHS Pathways (NHSP).

Key risks identified by the trust include;

- Trust predictive tool does not account for severe weather / extreme pressure surges so difficult to predict demand in extremis
- Fleet pressures when core resourcing in place and increased resources required to meet surge pressures
- Severe weather impact on trusts ability to respond to patients

9.7 Harmoni (NHS 111)

The plans presented takes account of the uncertainty surrounding the forecast activity level since the implementation of NHS 111 services nationally and locally and details the actions which are undertaken as a matter of course to maintain Business As Usual status, which include;

- Rigorous scheduling of frontline staff to meet forecasted call volumes
- The use of part time and agency health/clinical advisors to manage peaks in demand
- Helping staff get to work during inclement weather
- Proactive use of the welcome telephone messaging to manage patients' expectations on waiting times.
- Proactive monitoring of symptoms, such as colds and flu and diarrhoea and vomiting, which may prelude increased pressure
- Managing support from external suppliers to maintain systems and facilities provision
- Rapid internal messaging to all staff to advise and update on national and local pressures within NHS111 and wider healthcare communities.

The plan recognises the anticipated increase in call volumes progressing through winter and a programme of recruitment for additional staff has been implemented that will provide through October 12 new staff and through November 17 and 36 new staff in two cohorts. This will deliver additional resourced hours to meet most of the demand, with additional capacity required for the Christmas period being met through the removal of holiday and training allowances. In addition Harmoni will look to overtime incentive schemes.

The Harmoni occupational health service will be providing flu vaccination clinics across the country from November dividing the sessions by region and service stream with patient facing employees being targeted in the first instance. This will be supported by a communications campaign via the internal magazine and Eureka web based staff information service, encouraging staff uptake and general guidelines on how to look after yourself in the winter.

9.8 Medvivo / WMS

Medvivo WMS provide two key services to the local health community, provision of an Out of Hours service to Wiltshire based practices and the delivery of a Single Point of Access and Acute Trust Liaison service, (collectively referred to as Access to Care AtC) In addition local short term agreements are in place for Medvivo WMS to retain the onward management of calls received from health care professionals (HCP's).

Following triage calls are passed to WMS from NHS 111 with a disposition already assigned: this may include an appointment at a Primary Care Centre, a home visit by an experienced clinician or self-care advice. Primary Care Centre appointments are available at:

- Chippenham Community Hospital;
- Trowbridge Community Hospital;
- Warminster Community Hospital;
- Salisbury Hospital NHS Foundation Trust;
- Savernake Community Hospital;

AtC provides a single point of access for the Wiltshire health community and supports the health and social care community in managing winter pressure by offering clinicians the opportunity to refer via the call centre in order to access alternative pathways to secondary care, by supporting timely discharge to release acute capacity and by providing an overview of the 'whole system'.

Typically, the most pressurised period for OOH providers is over Christmas and New Year. In previous years, the most challenging part has been managing the call volumes which often reach over two thirds higher than that of a busy winter Saturday. Whilst this will not be managed directly, it is anticipated that the impact will flow through to the OOH service. Activity within AtC has been consistent over the previous two years with Christmas day traditionally very quiet with additional resource required to cope with demand on Christmas Eve and New Year's Eve. Throughout the rest of the winter period, demand reflects that within the wider health and social care community.

Medvivo has undertaken analysis of demand against last year's activity for the winter months for all of its service delivery areas that has contributed to the predictions for activity over the 2013 / '14 winter period and takes into account 'whole system' demand including historical non-elective activity (emergency department attendance / admission), length of stay and referrals to primary care, all of which have an impact upon patient flow throughout the pathway. All of Medvivo's service delivery areas have been primed to ensure staffing levels are optimised for those dates associated with high demand. Annual leave for staff has been reduced during the critical periods and staff training will be abandoned should contingency dictate.

Frontline health and care workers will be offered the seasonal flu vaccine at the same time as the first clinical risk group as they are at increased risk of infection and of transmitting that infection to vulnerable patients.

Medvivo recognises its responsibility to maximise staff participation in the vaccination programme and has developed plans for eligible frontline staff to access vaccinations locally. Medvivo will ensure that access to the vaccine is as easy as possible and to support this has trained a number of clinical staff to administer the vaccine. A variety of access points will be offered to avoid any perceived barriers to vaccination including a variety of times to coincide with shift working for out of hours staff.

9.9 Avon and Wiltshire Mental Health Partnership NHS Trust

A standardised process of mental health triage is in place at all DGHs, and this facilitates referral and subsequent assessment. Normal practices and procedures accessing relevant teams remain in place for the Christmas and New Year period. Where commissioned, NHS trusts have access via their respective mental health liaison teams, to AWP operational managers should there be a need to escalate response times or increase capacity. Seven day working is provided at Weston General Hospital in Weston Super-Mare and Great Western Hospital in Swindon by the AWP Intensive teams and their response is on a priority basis. AWP is not commissioned to provide 7 day working elsewhere. To support hospitals with their 4 hour ED targets, early notification of a requirement to attend is essential, ideally immediate post triage.

AWP remains cognisant of the pressure that acute and community partners experience during times of increased demand, and will ensure that a responsive and swift service is offered to all service users that require it, including those who are inpatients in acute trusts. Where discharge planning has identified that a patient is likely to require discharge from an acute trust into an AWP facility, the appropriate psychiatric liaison service will ensure appropriate arrangements to be in place before discharge.

9.10 Arriva Transport Solutions Limited (ATSL)

"Arriva Transport Solutions Limited" (ATSL) has recently been awarded the contract for Non-Emergency Patient Transport Services in Gloucestershire, BaNES, Swindon and Wiltshire. The new service will commence on 1st December 2013.

ATSL are contracted to provide a flexible and responsive service and should have the ability to react to changing circumstances/demands. They will use local and central control and service delivery teams (with personnel on-site at key points of care) who co-ordinate the service and respond to emerging situations. They will use a transport planning system and real-time GPS vehicle tracking to plan the best scheduling and allocation of vehicles and re-plan routes and reschedule crew work patterns when required (e.g. severe weather) to minimise disruption to patients. As they will be operating multiple contracts in the same area they will have the ability to pool contingency vehicles and move resources if required.

Wiltshire Clinical Commissioning Group, along with neighbouring Clinical Commissioning Group's, are continuing to work with the incumbent non-emergency patient transport provider (SWAST) to ensure a smooth transition of the service up to and prior commencement of the contract.

10 ASSESSMENT OF PROVIDER WINTER PLANS

The whole system development of winter plans has increased visibility, scrutiny and challenge to the process. This, supported by the robust methodology of the urgent care working groups and the oversight from the Area Team has provided stakeholders with an opportunity to develop plans based on a mutual understanding of planned system changes being implemented and an appreciation of the interdependency of provider actions, not only in the planning but also in the provider escalation response. Whilst difficult to apply a rigid assessment to provider plans, there is value in being able to suggest an overview of 'readiness' following a review of documents that have been submitted. To that end the following criteria have been subjectively applied;

- Is there evidence within provider systems to manage capacity demands?
- Will provider investments be fully resourced in terms of staffing?
- Is there evidence of whole system working in key areas of patient flow management?
- Is there visibility on whole system reporting and escalation processes?
- Is there recognition of whole system working to support admission avoidance?

A value score of 1, 3 or 5 against each of these criteria has been applied with a score of less than 8 giving a 'green' outcome; a score of 9 to 17 giving an 'amber' outcome and a score of over 17 giving a 'red' outcome.

Whilst this value is subjective it is useful to provide an overview to the urgent care working group of system readiness.

Providers	Is there evidence within provider systems to manage capacity demands	Will provider investments be fully resourced in terms of staffing	Is there evidence of whole system working in key areas of patient flow management	Is there visibility on whole system reporting and escalation processes	Is there recognition of whole system working to support admission avoidance	Score
SFT	1	3	1	1	1	7
RUH	1	3	1	1	1	7
GWH acute	1	3	1	1	1	7
GWH ICHD	1	3	1	1	1	7
Wilts Council	1	3	1	1	3	9
SWAST	3	3	3	1	3	13
Harmoni	3	3	3	1	3	13
Medvivo	1	1	1	1	1	5
AWP	5	3	3	3	5	19

11 TIMELINE OF WINTER READLINESS SCHEMES

The winter plans developed by providers catalogue a number of service redesign and investment projects either directly or indirectly supported by commissioner investment and other funding streams. These investments have either a specific organisational based benefit or form part of a wider benefit to the whole health and social care system.

This level of interdependency and complexity adds a degree of risk in maintaining system wide visibility of when specific system changes become real. To support this an summary programme is provided below that shows the anticipate date of service delivery

11.1 Timeline table

	Schemes	In place	Sep	Oct	Nov	Dec	Jan
1	SLA with Primary Care to increase presence in care homes						
2	SLA with Primary Care for Dementia Assessment						
3	Improved Links with Secondary Care Emergency services, have a dedicated phone line for use by ambulances service A&E						
4	STARR Beds - block and spot contracted						
5	STARR Therapy and Social Work staff						
6	STARR GP Cover						
7	STARR Nursing staff						
8	STARR Mental Health Liaison						
9	STARR enhanced payment for OSJ						
10	STARR Transport for relatives						
11	Additional Social Workers						
12	Acute Liaison service						
13	Pharmacy support patients to care homes						
14	Care Coordinators across Wiltshire						
15	Rapid response service						
16	Redirection of primary care patients who self-present to ED						
17	Replacement Nursing/Residential Beds						
18	Practice In reach and Discharge support						
19	Additional capacity in primary care						
20	Additional capacity Primary Care						
21	Replacement Nursing/Residential Beds						
22	Pharmacy support patients at home						

12 RISKS

The resilience of the health and social care system to deliver a consistent high quality response to the needs of its population throughout the traditional winter period is predicated by the recognition, ownership and shared management of system risks. The Wiltshire Urgent Care Working Group will be the responsible body for maintaining oversight of system risks and where required, supporting appropriate mitigating actions by stakeholders. Whilst it is expected that each provider adopt their established methodology for day to day delivery of their winter response, associated high level risks will be recorded and reported on a system wide basis

12.1 Risk Log

Risk Ref	Risk description including the effect of the risk	Existing controls	Original score			Actions required to mitigate risk	Progress against actions	Current score		
			Likelihood	Consequence	Score			Likelihood	Consequence	Score
WMS 01	Inability to transfer care from the newly formed Rapid Response Team to Neighbourhood Teams & HTL@H providers leading to decreased availability of Responders	No existing controls, new project	*4*	*4*	*16*	Assurance of a timely response from NTs, HTL@H providers. HTL@H providers to establish what additional resource is available to support project, very little extra capacity available		*4*	*4*	16
WMS 02	Impact of NHS 111 on activity profile. The risk therefore is that demand will outstrip supply. Excess and / or fluctuant demand ~ difficult to predict level of increased activity. (Modelling exercise assists but remains an inexact science).	Demand profiling undertaken, per hour of day by day of week, based on previous years' activity.	*3*	*4*	*12*	Full analysis undertaken based on limited information available. Provision of additional capacity and strengthening of existing systems and processes.(See Operational Winter Action Plan / Resource Plans) Participation in teleconference calls initiated at times of increasing pressure, prior to 'crisis' occurring.		*3*	*4*	*12*
GWHA01	No bed capacity because GWH Acute cannot discharge patients who are 'Green to Go' out of acute care and into community health services	GWH Acute escalation plan with RAG triggers enabling partner engagement to manage discharges within existing capacity. Wiltshire Patients - additional beds opened in community hospitals.	*4*	*4*	*16*	Review criteria for transfer to community health services, particularly at times of escalation. Analyse capacity for community health service provision over the winter period to understand if capacity actually meets demand.	Discussions underway.	*4*	*4*	*16*

Risk Ref	Risk description including the effect of the risk	Existing controls	Original score			Actions required to mitigate risk	Progress against actions	Current score		
			Likelihood	Consequence	Score			Likelihood	Consequence	Score
GWHA02	No bed capacity because GWH Acute cannot discharge patients who are 'Green to Go' out of acute care and into social care services	Daily patient lists from both Swindon & Wiltshire. Lists reviewed by wards and patient flow team working in liaison with social care to expedite discharges. Flexibilty by Wiltshire Council for use of STARR beds as step-down whilst waiting assessment.	*4*	*4*	*16*	CEO and Swindon CCG Accountable Officer are in discussion to resolve social care capacity and commissioning of assessment beds	Discussions underway.	*4*	*4*	*16*
GWHA03	Reduced bed capacity of negative impact on patient flow that will slow discharge and reduce admission avoidance due to delays in implementing IT improvements	Ward Managers and Patient Flow Team are reviewing patients to establish current status on a daily basis and sharing information with community health and social care. IT improvement being scoped - outcome of scoping due early November.	*4*	*4*	*16*	Improving process for daily senior medically led white board rounds on all wards in order to improve daily knowledge on patient status	Board rounds checklist produced. Associate Medical Directors and Clinical Leads leading implementation with Consultants and Juniors.	*4*	*4*	*16*
GWHA04	GWH Acute will continue to experience significant pressures on Sundays, Mondays and Bank Holidays as a result of reduced service provision at weekends and on Bank Holidays	Headroom funding from Wiltshire CCG (no funding from Swindon CCG) for 7 day working for therapy, pharmacy, phlebotomy and ward clerks. Bank Holiday planning in GWH Acute for 'Business as Usual' for key services to support unscheduled care. Additional discharge doctor in GWH Acute at weekends.	*5*	*4*	*20*	Matron and manager rotas being developed for weekends. Weekend medically fit discharge pro-forma being reviewed.	Actions being progressed	*5*	*4*	*20*

Risk Ref	Risk description including the effect of the risk	Existing controls	Original score			Actions required to mitigate risk	Progress against actions	Current score		
			Likelihood	Consequence	Score			Likelihood	Consequence	Score
GWH ICHD 05	Unable to recruit to vacant posts and posts identified as necessary for winter pressure	Agency and bank usage	*4*	*5*	*20*	Immediate recruitment program		*4*	*5*	*20*
GWH ICHD 06	Under achieve staff vaccination	regular reminders to staff to book appointments for vaccination and to report vaccination by their GP	*3*	*3*	*9*	Develop vaccination action plan to include accessible sites, staff to vaccinate teams, use GP offersMonitor staff vaccinations		*3*	*3*	*9*
GWH ICHD 07	delays in approval of winter pressure bids, complex organisational structures fr delivery and misunderstandings about bid content t and outcomes reduce the likelihood of service being delivered effectively	regular contact with CCG about bids and outcomes required	*5*	*4*	*20*	formal response from CCG with realistic objectives for providers		*5*	*4*	*20*
GWH ICHD 08	H2L@H lack of provision		*5*	*4*	*20*	work with social care to monitor and report		*5*	*4*	*20*
GWH ICHD 09	Medequip unable to meet demand in a timely way	Incident reporting	*5*	*4*	*20*	monitor and report		*5*	*4*	*20*
GWH ICHD 10	New patient transport presents a risk during handover period	Incident reporting	*5*	*4*	*20*	Monitor patient flow		*5*	*4*	*20*

Risk Ref	Risk description including the effect of the risk	Existing controls	Original score			Actions required to mitigate risk	Progress against actions	Current score		
			Likelihood	Consequence	Score			Likelihood	Consequence	Score
RUH 11	Recruitment for Urgent Care Projects		*3*	*4*	*12*	Weekly review of progress at RUH Winter Investment Group. Prompt advertising of posts. Where we are unable to recruit to fixed term posts agency locum will be explored		*3*	*4*	*12*
RUH 12	Increase in demand for non-elective care off sets the benefits of the additional resource		*3*	*4*	*12*	Urgent Care Working Group to review key community wide daily/weekly metrics. Monitoring of demand by whole health community through Urgent Care Network meeting		*3*	*4*	*12*
RUH 13	Attendances increase resulting in ED pressure (Impact of NHS 111)		*3*	*4*	*12*	Monitoring of demand by whole health community through the Urgent Care Working Group and Urgent Care Network meetings.		*3*	*4*	*12*
RUH 14	Community capacity does not sufficiently support back door flow		*4*	*4*	*16*	Robust winter planning by all community providers, with system wide leadership from Urgent Care Board.		*4*	*4*	*16*
RUH 15	Flu Pandemic threatens business continuity		*3*	*4*	*12*	Flu plan reviewed and in-place for the RUH. Community wide Flu response would be led by Public Health and CCGs. Urgent care network to risk assess all organisations flu plans as part of Community Winter Plan.		*3*	*4*	*12*

Risk Ref	Risk description including the effect of the risk	Existing controls	Original score			Actions required to mitigate risk	Progress against actions	Current score		
			Likelihood	Consequence	Score			Likelihood	Consequence	Score
RUH 16	Reduction of DTOC levels at the RUH is not achieved.		*4*	*4*	*16*	RUH has established a 'Green to Go' project, working on a number of areas. (To date improved performance cannot be sustained) Wiltshire has established a DTOC review group to lead on Wiltshire wide plans.		*4*	*4*	*16*
SFT 17	Insufficient SFT bed capacity (including escalation) to manage acute non-elective demand	Daily DToC log/management	*4*	*5*	*20*	Escalation status cards triggering community team/social care actions	Awaiting definition of community /social socal response to acute triggers	*3*	*4*	*12*
		Daily sitrep/optimised whiteboards				Appropriate use of STARR	Awaiting access criteria during escalation			
		Optimised discharge planning through whiteboards etc				Planned opening of escalation areas	Escalation beds to be opened from mid Nov			
		Escalation reporting				Planned reduction of elective workload at peak non-elective times	Pre-planned 'quiet weeks' to allow fo high non-elective volume.			
SFT 18	Adverse weather impact	Adverse weather plan	*3*	*3*	*9*	Secure additional access to 4x4s and staff transport plan	Vehicles identified./funding requires confirmation	*2*	*3*	*6*
SFT 19	Norovirus outbreak (or similar) resulting in closed bays/wards	Infection control processes	*3*	*3*	*9*	No additional actions - standard IC process		*3*	*3*	*9*
SFT 20	Flu outbreak	Infection control processes	*2*	*3*	*6*	Staff vaccination programme	Commenced 8 Oct	*2*	*2*	*4*

Risk Ref	Risk description including the effect of the risk	Existing controls	Original score			Actions required to mitigate risk	Progress against actions	Current score		
			Likelihood	Consequence	Score			Likelihood	Consequence	Score
SFT 21	New PTS contract from 1 Dec (Arriva) causes delay to patient discharge	Arriva contract internally communicated	*3*	*3*	*9*	Retain some local support to Arriva contract (e.g 'sweep' service)	In progress	*2*	*3*	*6*
WC 22	People are delayed in hospital waiting for large packages of care **due** to inability of HTLAH to meet demand	1. Contract management. 2. Contractors can sub contract	*3*	*4*	*12*	1. Ensure robust contract management. 2. Winter planning discussions with HTLAH providers 3. Robust use of EDDs to allow providers to plan. 4. Use of STARR beds for people waiting large PoCs	1. On-going. 2. Winter plan meeting scheduled in October. 3. Monitored through DTOC Task and Finish Group. 4.Ongoing, as required	*3*	*3*	*9*
WC23	People are delayed in hospital waiting for care home placements due to lack of appropriate care home beds	1. Contract management. 2. Spot purchase of specialist placements	*4*	*4*	*16*	1. Identify alternative beds (e.g. OSJ Respite/self funder beds). 2. Purchase additional beds with NHS Funds (10 for RUH; 10 for GWH). 3. Use of STARR Beds for people waiting for placements (if hospital is in escalation).	1. NG in discussion with OSJ. 2. Underway. 3. On-going, as required	*3*	*3*	*9*
WC24	People are delayed in hospital waiting for care home placements due to lack of funding for care home beds	1. £1 out-£1 in policy.	*4*	*4*	*16*	1. Use HTLAH/Overnight care as alternative to care home placements. 2. Use STARR beds to enable people to return home	1. On-going. 2. On-going	*4*	*3*	*12*

Risk Ref	Risk description including the effect of the risk	Existing controls	Original score			Actions required to mitigate risk	Progress against actions	Current score		
			Likelihood	Consequence	Score			Likelihood	Consequence	Score
WC25	People are delayed in hospital due to shortage of hospital based social workers	1. Prioritisation of workloads. 2. Flu jabs. 3.Management of annual leave arrangements	*2*	*4*	*8*	1. Appoint additional locum staff 2. Daily capacity management/monitoring 3. Move community-based social workers as required	1. Underway. 2. Underway. 3. On-going, as required	*1*	*4*	*4*
	Winter Demand Planning requires additional capacity to cope with the increased demand which results in additional Health Advisor Recruitment	There are induction/training programmes in place for w/c 4th November 2013	*3*	*3*	*9*		HA are currently being recruited for the Training Programme on 4th November Agency have been contacted to recruit a cohort of temps	*3*	*3*	*9*

13 ASSURANCE ON NHSE LIST OF ACTION

13.1 Handover of patient care from ambulance to acute trust

The provision as per the national standard contract, with locally agreed tariffs, is included in all Acute Trust contracts for delayed handover of patient care from ambulance to acute trusts.

Where ambulance handover delays occur, SWAST will invoice the lead commissioner for the acute hospital trust in question (providing relevant backup documentation) based upon agreed national tariffs.

13.2 NHS 111 and OOH Delivery and Resilience

The local provider of NHS 111, Harmoni, has been subject to a prolonged period of rectification since soft launch in February 2013. With improved and sustained improvement in performance, Wiltshire Clinical Commissioning Group is supporting the service moving through checkpoint process with Full Service Commencement and Public launch on 28th October 2013. Close performance monitoring prior to this date had been put in place, and this will continue to be closely monitored after this period to ensure a robust and clinically safe service operates at the front end of the urgent care system.

As further mitigation of clinical risk, Wiltshire Clinical Commissioning Group will maintain the health care professional telephone line through Medvivo WMS which commenced in March 2013 as part of the local commissioner managed contingency plans. This provision takes calls from providers such as nursing homes, paramedics, ED, MIU, pharmacies and hospital labs (for OOH abnormal test results) and is available to identified EOL patients to ensure that high risk and vulnerable patients groups are given direct access into the OOH service and medical advice.

13.3 Wiltshire Clinical Commissioning Group Resilience and Business Continuity Plans

Under the EPRR framework Wiltshire Clinical Commissioning Group is required to maintain a single point of contact 24 hours per day, 7 days per week, 365 days each year and ensure that robust escalation procedures are in place such that if an NHS funded provider has a problem (rather than an immediate emergency or significant incident), the locally-agreed route for escalation (whether out of hours or during normal working hours) is available.

Key provider issues will be managed by their locality based commissioning staff, including escalation, with provider organisations during normal working hours. Appropriate actions should be taken to manage situations and in doing so provide support and confidence to providers, and address the current and potential situations which may therefore be averted out of hours.

A review of the current on-call information is near completion and this will include action cards providing a clear escalation route. It is also expected that as provide organisations finalise their own winter plans that provider based escalation / action cards that will form part of the final document will be included within the clinical commissioning group on-call information. This will provide an increased level of awareness for the on-call team in understanding the provider escalation processes and will act as a check list that agreed actions have been completed.

As surge in health and social care capacity becomes more common within the provider system the challenge for Wiltshire Clinical Commissioning Group throughout the traditional winter period and

beyond, is to have in place a robust, reliable and simple process whereby senior managers have access to a high level report that provides an overview of the escalation status of the key health and social care providers.

Building upon joint work undertaken with BaNES in managing the development of provider plans responding to NHSE requirements of assurance of escalation management Wiltshire Clinical Commissioning Group will be developing a Huddle© software application space. Huddle is a share point application for enterprise collaboration and document management in the cloud. BaNES Clinical Commissioning Group have developed a performance matrix which we are able to access and we would look to either ensure that our providers outside the BaNES Clinical Commissioning Group area mirror these data capture requirements, or produce something localised. This is currently being discussed within the clinical commissioning group and how best to ensure that the senior team have visibility of the daily provider status. This data and information wil also be provided to our on-call team.

Wiltshire Clinical Commissioning Group will participate within the Operational Performance Management Framework developed by BaNES and shared across common providers. This will support a shared understanding of both local and system wide escalation. We are also in discussions with colleague sat SFT to ensure that the principle of whole system data gathering and reporting is adopted

13.4 Critical Care Services

No local acute provider acts as a Major Trauma Centre. Local ICU /NICU network arraignments for are in place to support capacity challenges and in addition Salisbury Hospitals NHS Foundation Trust will expand into theatre space if required (need to check RUH and GWH)

13.5 Flu vaccination

The current annual influenza vaccination programme aims to reduce the impact (morbidity and mortality) of flu in high risk groups eg those over 65 and in clinical risk groups. In 2012 the Joint Committee on Vaccination and Immunisation (JCVI) recommended that the seasonal flu programme should be extended to include all children aged 2 to under 17.

A phased introduction to the childhood influenza programme started on 1st September 2013, in the first year of the programme, flu vaccine will be offered to all 2 and 3 year old children (primary school children will be offered in x7 pilot areas)

Under the NHS reforms, responsibility for flu immunisation has changed and this year's flu plan has been published jointly on behalf of NHS England, the Department of Health (DH) and Public Health England (PHE). The plan supports a co-ordinated and evidence-based approach to planning for the demands of flu across England.

The objectives of the flu programme is to minimise the health impact of flu through effective monitoring, prevention and treatment, NHS England via commissioning will ensure the

- Active offering of the flu vaccination to 100% of all those eligible groups including health & social care workers
- Monitoring flu activity and vaccine uptake
- Provision of public health information to prevent and protect against flu

- Co-ordinate & mobilise NHS resources should they be required in response to incidents and outbreaks of flu
- Via the Local Health Resilience Partnership (LHRP) will help ensure the NHS is well prepared and has appropriate surge & resilience arrangements in place during the flu season

Commissioning of all National immunisation and screening programmes will be undertaken by Area Teams (AT), where new programmes (eg children's flu) have been agreed through 'Section 7A amendments, the Screening & Immunisation Team (SIT) will introduce the changes in line with guidance from and supported by the National Programme Teams in PHE

The Screening and Immunisation Team will be responsible for ensuring that screening and immunisation services that are commissioned by NHS England Area Team meets the national service specifications as set out as part of the Section 7A agreement:

The NHS England AT, as the commissioner will drive quality, improvement and support providers to develop action plans, overseeing progress and using contractual routes to address any issues around provision

The staff flu vaccination uptake rates for 2012/13 for all NHS health care providers in the BGSW area are detailed below:

Area	Lead commissioner	Staff flu vaccination uptake (%)
BaNES	NHS BaNES	52.2%
Gloucestershire	NHS Gloucestershire	32.5%
Swindon	NHS Swindon	50.1%
Wiltshire	NHS Wiltshire	60.5%

13.6 Communications

Given the geographical closeness of Wiltshire and Bath and North East Somerset Clinical Commissioning Groups and commonality of providers and patients, it is proposed that a joint communications strategy, specifically for winter planning, is developed. However, acknowledging there are differences between the Clinical Commissioning Groups the actions and messages within it will reflect the variations between the CCGs whilst remaining supportive of the operational plans.

At a national and local level, the focus for external health communications during the winter period is to increase public and patient understanding of which NHS service is most appropriate for a healthcare need. NHS England will support NHS local activity through its own communications channels including working with national media.

For internal audiences the strategy will focus on raising awareness of the care pathways and services available and how patients and the public can be signposted to them. In addition it will also aim to ensure staff are aware of the system wide approach to winter planning and how they can support and facilitate it.

13.6.1 External Messages

The messages;

- To choose the service most appropriate to the healthcare need and
- How to access those services,

This will be delivered in a variety of ways.

They can be delivered using established traditional channels such as media releases, websites, posters and leaflets to communicate and engage with patients and public. However, the plan will also advocate more innovative and audience specific approaches such as radio advertising, social media and adverts in public spaces such as bus shelters. Using a range of communications methods means there is more chance of appropriate messages reaching their target audience and being successful.

If the messages are successful in raising awareness then they may also change behaviour. A lack of knowledge or understanding of local health services can often be the driver for people choosing their local Emergency Department as their first port of call for help or care. This in turn causes capacity issues in the urgent care system because people are attending inappropriately.

The national director of Acute Episodes of Care, Professor Keith Willetts said in September 2013 that 15 to 30 per cent of people who turn up to be treated at a hospital's Emergency Department could have been seen at their GP practice. However, the information is complex and needs to be repeated and made easily accessible to have the desired impact of diverting people who do not need to attend A&E to alternative services. It is also important that clinicians – GPs, community teams, ambulance staff and acute clinicians – reinforce the messages as part of a whole system "patient education" approach. This has potential to relieve pressure on A&E which will be of benefit to patients and the health economy as a whole.

As part of the strategy a proactive media relations plan will be in place to brief the local media about arrangements for the winter, with key dates and events and to raise awareness of public information issues.

A reactive media relations plan has also been designed as part of the strategy to handle ad-hoc media interest and any adverse incidents, with options for a robust out of hours communication arrangements, identified spokespeople and clear procedures for briefing any untoward incidents and national/regional media interest.

The proposed internal communications plans will be designed to keep staff fully informed about preparations for winter and what support is available from other departments and agencies, along with mechanisms in place to report up any problems or issues faced.

13.6.2 Internal communication channels

Routine staff communication channels such as intranet email distribution lists, newsletters etc. will be used to provide routine winter plan messages to staff.

Where urgent communication is required, the following channels will be used to communicate to staff:

- 'All staff' emails
- Screen savers
- Intranet.

Electronic media consideration needs to be given to alternative methods such as social media, podcasts etc.

13.6.3 External communication channels

The Communications team will work closely with the Area Tea, NHS England and local partners to ensure messages to the public on our website are consistent and co-ordinated. Bespoke messages pertinent to each hospital may also be considered.

The importance of instant social media messaging cannot be understated. All media releases and stakeholder communications could be promoted via Facebook and Twitter pages.

13.6.4 Stakeholder Communication:

CCG stakeholder newsletters could provide a routine communication channel to keep providers and GP practices to date with winter planning and preparedness. The online GP portals will also be utilised and a GP practice distribution list is also available for urgent communication.

It is vital that information is properly co-ordinated and shared to avoid the emergence of different or even contradictory messages. All media activity will be co-ordinated by the Communications team. Messaging will be consistent and key site specific messages will be communicated to the media following agreement with the Winter Planning Emergency Lead. Should it be necessary to issue press statements/comments in the absence of the Communication team is important to let everyone else know what statements are being made / interviews are being given, preferably in advance of any release to the media.

Any large emergency will result in widespread public interest and concern and consideration will be given, in conjunction with NHS England to meet the need for additional public information material to address specific issues and support the media communications process It should be anticipated that any large volume of requests for information could overwhelm any organisation and its day to day communications functions. The Communications team will ensure that the Intranet end external websites are updated regularly.

13.6.5 The communication campaign

The communications campaign will be comprised of the following messages:

- **Do not come to A&E with vomiting and diarrhoea** – to advise patients that they should return home and consider alternative treatments rather than enter hospitals and other healthcare settings with these symptoms
- **Walk-in Centre and MIUs** – concerted promotional effort to raise awareness of these services and to clearly explain how to access them
- **Choose the right treatment at the right time** - to explain that other healthcare services are available, and when to access these services, i.e.

    - A&E is for life-threatening emergencies only
    - Use the MIUs / Worcester Walk-in Health Centre for minor injuries
    - Visit your GP for minor illnesses and long-term conditions

- Choose a pharmacist for advice and help
- Telephone support with NHS111
- Self-care, treat at home.

Wiltshire Clinical Commissioning Groups will work closely with provider organisations and other appropriate to help reduce the pressure on A&E services.

13.6.6 Campaign Period

The campaign will cover the following period November 2013 to March 2014. The plan will be reviewed and extended to include further communication and marketing activity for the winter period. This will include promoting the flu vaccination and messages to prevent slips, trips and falls.

It is difficult to directly link a reduction in visits to A&E to this campaign, as there are a number of other developments within the NHS which can contribute to an increase or decrease in A&E activity, such as re-configuration of urgent care services and extreme weather conditions.

The following can however be measured:

- Public awareness and understanding of the NHS services in their local area
- Public awareness and support for the Choose Well message
- Hits to on-line information e.g. Choose Well pages, or Facebook sites etc.
- Media coverage of key messages (e.g. about NHS services in local area; how to Choose Well etc.)
- Feedback from stakeholders (e.g. through patient groups etc.)
- Levels of staff understanding via feedback through line managers and staff briefings
- Levels of business continuity in times of adverse weather

13.7 Winter Planning Leads

In addition to the membership of the Urgent Care Working Groups and their respective Urgent Care Networks from whom a significant cohort have responsibility to ensure delivery of the winter response the following contact details from health and social care providers are noted.

Name	Title	Organisation	Email	Telephone
Patrick Mulcahy	Associate Director of Commissioning – Urgent Care	Wiltshire CCG	patrickmulcahy@nhs.net	07515 880256
Gill May	Executive Nurse	Swindon CCG	executivenurse@swindonccg.nhs.uk	07747 565905
Dominic Morgan	Urgent Care Network Programme Lead	BaNES CCG	dominic.morgan1@nhs.net	07840 678086
Kate Hannam	Chief Operating Officer	SFT	kate.hannam@salisbury.nhs.uk	07710 332621
Hilary Shand	Director of Operations,	GWH	hilary.shand@gwh.nhs.uk	07920 244876
Sheila O'Shea	Nurse Advisor, Community Development	GWH ICHD	sheila.oshea@gwh.nhs.uk	07769 243368
Michelle Reader	Director of Quality and Performance	Medvivo	Michelle.reader@wms.nhs.uk	07833 696231
Clare O'Farrell	Divisional Manager Medicine	RUH	clare.o'farrell@nhs.net	01225 825397
Sarah Hudson	Emergency/Urgent Care Programme Manager	RUH	sarahhudson@nhs.net	01225 826293 07813199479.
Carolyn Hamblett	Head of Service, Adult Care (Operations)	Wiltshire Council	Carolyn.hamblett@wiltshire.gov.uk	07919 304675
Julie Hankin	Clinical Director – Wiltshire	AWP	Julie.hankin@awp.nhs.uk	07881 501690
Bill Bruce-Jones	Clinical Director - BaNES	AWP	w.bruce-jones@nhs.net	07768 177020
Sue Brooks	NHS 111 Service Director	Harmoni	Sue.brooks@harmoni.co.uk	07880 314489
Alex Findlay	Business Development Manager	SWAST	Alex.findlay@swast.nhs.uk	07787 521372

13.8 Additional documents

Additional document available on request are;

- Salisbury NHS Foundation Trust winter plan and supporting appendices
- Royal United Hospital NHS Trust winter plan and supporting appendices.
- Great Western Hospital NHS Foundation Trust winter plan, including the Integrated Community Health Directorate and supporting appendices.
- Wiltshire Council winter plan.
- South Western Ambulance Service NHS Foundation Trust winter plan and supporting appendices
- Harmoni winter plan and supporting appendices
- Medvivo Group Limited winter plan
- Avon and Wiltshire Mental Health Partnership NHS Trust winter plan
- Operational Performance Management Framework (BaNES)