AEDB, AEOG
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Report author's'	Chris Cashmore, Mari Gay
Title	Winter Plan 18/19

Executive Summary

The Worcestershire Health and Social Care winter plan has been in development since May 18 and has been influenced by national best practice, guidance issued this year and learning from the last two winters within our system. This winter plan further demonstrates an integrated approach to winter planning as one overarching plan for the entire system and focusses on some of the key risks across the system and how we can mitigate those risks.

This winter plan aims to achieve four outcomes

- Full implementation and benefits realisation of the planned urgent care and patient flow services that have commenced implementation in the last year – see "what our system looks like" pg 8
- Taking actions to ensure assessment areas remain functioning consistently to reduce front door delays
- Increasing capacity across acute and community services where required and as influenced by the new demand and capacity tool
- Enhancing further escalation processes and command and control across the system when required and at key points over the winter.

Despite extensive planning and demand and capacity analysis the COOs that meet weekly remain concerned that realistically the current plan will not reduce the bed occupancy on the WRH site sufficiently enough to see improvements in

- Over 1 hour ambulance delays
- Overcrowding in the ED and reduced corridor care
- Improvement in the EAS performance
- Functioning of assessment areas

This winter plan was agreed at AEDB to date on 23rd October. Chief Operating Officers across the system continue to review the effectiveness of the plan and will submit proposed changes to AEDB on 27th November 2018.

Worcestershire A&E Delivery Board

System Resilience Winter Plan

2018/19

Contents:

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1. An overview of the Worcestershire Health and Care System

1.1 Worcestershire has a population of 560,000 spread across an area of approximately 500 square miles, and benchmark highly for those residents aged sixty five and above. Major urban areas include the towns of Worcester, Bromsgrove, Kidderminster, Redditch, Evesham, and Malvern. It is in these areas that the majority of the population live.

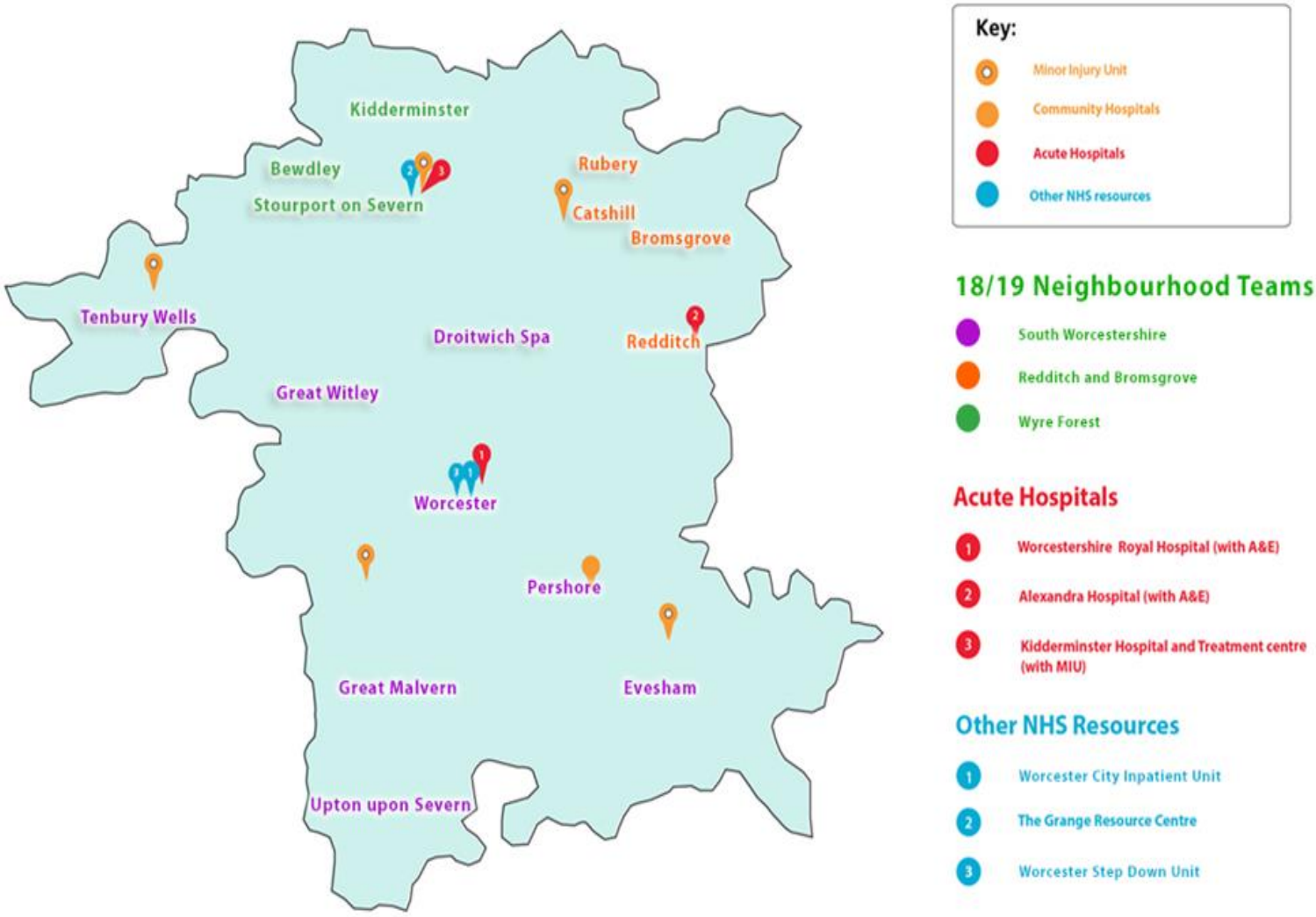
1.2 Three clinical commissioning groups (CCGs) serve Worcestershire; NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG. There is now one integrated management team across the three CCG's. They are clinically-led organisations responsible for planning health services based on the needs of their local communities, paying for the services that meet those needs, and monitoring the quality of the services and care provided to patients.

1.3 Worcestershire has three Hospitals which are part of Worcestershire Acute Hospitals NHS Trust (WAHT). The Trust provides a full range of acute and emergency hospital-based services from the Worcestershire Royal Hospital in Worcester and the Alexandra Hospital in Redditch, and also provide a smaller range of services from the Kidderminster Hospital and Treatment Centre.

1.4 Worcestershire Health and Care NHS Trust (WHCT) is the main provider of community and mental health services in Worcestershire. It delivers a wide range of services in a variety of settings including people's own homes, community clinics, outpatient departments, community inpatient beds, schools, GP practices and Minor Injury Units. The Trust also provides in-reach services into acute hospitals, nursing and residential homes and social care settings.

1.5 The community teams are now part of 14 Neighbourhood teams focused on maintaining people in their own homes. There are also over 300 registered social care services in Worcestershire provided by independent organisations. Social care is funded by the County Council where people are eligible for local authority support and social care supports discharge to assess pathways in the County to assist with patient flow. In addition there a range of voluntary services that provides support for older and other vulnerable people.

1.6 Worcestershire Hospitals, Resource Centres and GP surgeries



2. An overview of the winter planning process for 2018/19

2.1 This document outlines the winter plan for the Worcestershire Health and Care System from 1st December 2018 to 31st March 2019. The purpose of plan is to ensure:

- The Health and Care system is resilient throughout the winter period and provides safe and effective care for the local population
- Sufficient capacity is available to meet likely demands over winter
- Direction of patients/clients to most appropriate setting for care and treatment
- Safe and effective transfer of patients/clients within the system

2.2 Planning for winter 2018/19 commenced in May 2018 through the A&E Operational Group and the final plan will be agreed by the A&E Delivery Board in October 2018. The planning was designed to achieve the following objectives:

- Fast track or enhance existing aspects of the AEDB plan focussing on AEDB plan priorities (See attachment 1)
- Ensure delivery of our urgent care and patient flow system as it has been designed (see 2.3)
- Development of a full demand and capacity analysis for the system undertaken by Carnall Farrar to identify where to prioritise capacity within the Worcestershire System
- Identify specific winter initiatives designed to reduce demand or enhance capacity
- Undertake a detailed analysis of workforce across the system and agree an approach to workforce planning for the Winter 2018/19 period

Key principles throughout the plan are to ensure:

- Patients being treated safely in the right place
- Where appropriate, and available, seven day working is in place
- We work as a Health and Care system to avoid points of crisis, ensuring collaborative working and flexibility within/between providers, and across A&E Delivery Board Partners and balance the risk and escalation across the system in the interest of patient safety
- Effective system-wide communication of the plan to ensure understanding
- Learning from the escalation and deterioration in standards during the winter of 2017/18 is taken into account when developing initiatives and governance arrangements for winter 2018/19.

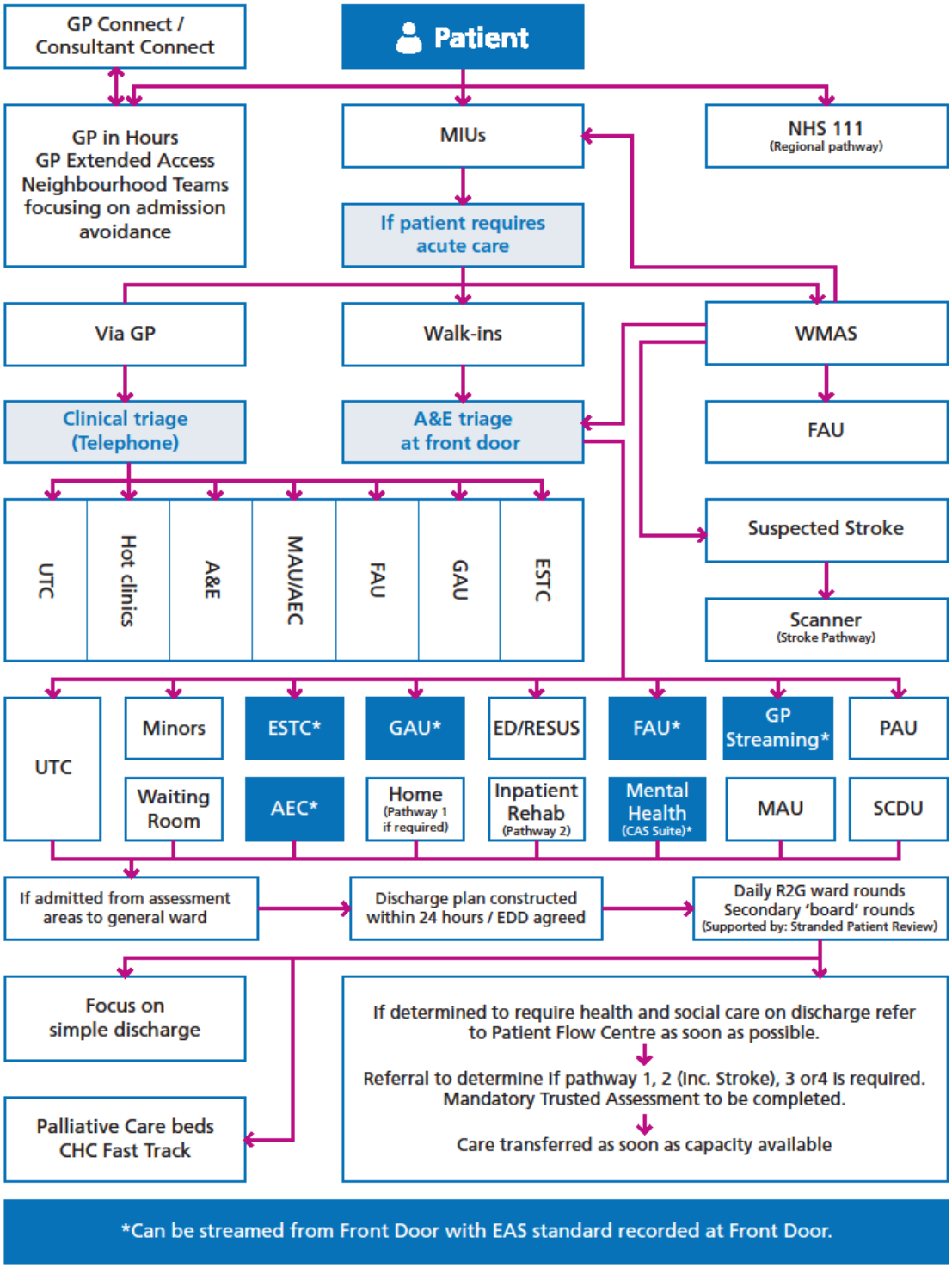
In developing the plan the following key questions have also been explored, to ensure resilience of the Health and Care System throughout winter:

- What additional type and volume of activity is expected over and above the summer period?
- What services are required to meet this additional demand?
- What additional capacity is going to be available to meet the additional demand?
- What other actions are being taken to ensure the Health and Care System can provide safe and timely care throughout the winter period?
- How will we measure the effectiveness of this winter plan throughout the period?
- What are the key risks and contingencies?

2.3

Worcestershire Urgent Care and Patient Flow System

What should it look like?



3. National guidance for 2018/19 system resilience and winter planning

3.1 Supporting the delivery of elective and emergency care

The below paragraphs are statements from NHS E guidance in relation to Winter 2018/19 planning and priorities.

“Last winter was challenging and it is thanks to the efforts and dedication of hard working frontline staff, more people were seen in A&E and admitted or discharged within four hours every day than last year. We know there are ongoing demand challenges and we need to continue working towards achieving clinical standards over this coming winter.

Following the publication of the national planning guidance on 2nd February 2018 and the letter from Ian Dalton to trust chief executives on 18 April 2018, the focus has been on the development and delivery of annual demand and capacity plans. You are continuing to work with your system partners and regional directors to ensure ongoing refinement of your plans.

As a reminder, operating guidance asks you to deliver 90% performance against the four-hour operational target over winter with the majority of trusts expected to achieve 95% performance in March. Your plans also commit you to ensuring that the number of patients on an incomplete elective pathway will be no higher in March 2019 than in March 2018. As part of the long-term plan, we are looking at whether there are any ways to improve the standards, but throughout this year the NHS will continue to focus on the current standards for emergency and elective care.

To deliver, we understand that trusts will need to maximise the flexibility of the clinical workforce, enabling staff to respond to times of increased workload. Trusts should consider annualised clinical job plans, with capacity for amendment/ redeployment and effective, electronic systems of e-rostering and leave planning”.

3.2 Reducing the number of long-stay patients in hospital

The system also received guidance related to reducing long stays in hospital with the ambition to reduce the number of beds occupied by long stay patients by 25%, freeing up at least 4,000 beds nationally compared to 2017/18. The Worcestershire System Target is to be below **73** ‘super stranded’ patients. This In line with the systems previous work related to the development and implementation of Discharge to assess pathways and reduction in DTOCs achieved over recent years – the tools supporting this national guidance will be reviewed and the system will ensure adherence to best practice

3.3 Triaging patients away from A&E departments and admitted pathways

Further guidance reminded the system that the best performing A&E departments and hospitals owe their success partly to triaging patients into other pathways. These include:

- using primary care streaming for minor illnesses and injuries;
- consistently treating and discharging over 99% of non-admitted patients in less than four hours. This helps reduce risks of overcrowding that can otherwise be a safety concern
- managing up to 50% of acute medical referrals via non-admitted care pathways. This is often preferable for patients and reduces the pressures on in- patient beds.
- using front door streaming to appropriate services to reduce the congestion in the departments, to support appropriate patient moves before the EAS is breached and to support reduction in ambulance handover delays

3.4 Quality Assurance

It is a significant concern nationally and locally that during last winter, due to high levels of bed and emergency department occupancy arising from capacity issues and poor flow, patients continued to receive care in corridors and this has been the situation ongoingly during the summer this year on the WRH site. Whilst we will continue to advocate the use of the ED patient safety checklist the focus of our winter plan will be to reduce the need for corridor care and ambulance delays by

- delivering our streaming model to all assessment services
- maximising the use of all new assessment areas from the front door
- creating the capacity in the right place to meet demand in accordance with our demand and capacity tool

3.5 Healthcare worker flu vaccination

National guidance encourages achievement of higher levels of flu vaccinations for healthcare workers and in higher risk areas, trusts should also take robust steps to move quickly to 100% staff vaccination uptake, For the remainder of the system the workforce target is being set at a challenging **90%** to improve on last year's performance and reduce the risk of lost workforce hours
In addition there is a target of **90%** of all care home residents.

3.6 Primary care

Primary care plays a fundamental role in managing increasing demands over winter. By October 2018, everyone across the country will have more convenient access to GP services, including access to appointments during evenings and weekends, which will provide more than 9 million additional appointments nationally. This equates to an additional **1000** GP appointments per week locally within Worcestershire. This should reduce the impact on other parts of the system and reduce attendances at emergency departments.

As part of the work on extended access, this autumn, NHS England will have made available a tool for every general practice to measure appointment capacity and utilisation. This tool is designed to help practices better understand their demand and capacity, including over the bank holiday, Christmas and New Year periods.

Unlike in the previous two years when General Practice has been closed for a four day period, this winter will only see a two day closed period, with General Practice being opening directly before and after the two day festive period. This should help reduce some significant demand on ED and urgent care services.

ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices. It provides health and care professionals responding to that emergency with a summary of recommendations to help them to make immediate decisions about that person's care and treatment. ReSPECT can be complementary to a wider process of Advance Care Planning (ACP) or anticipatory care planning.

The plan is created through conversations between a person and their health professionals. The plan is recorded on a form and includes their personal priorities for care and agreed clinical recommendations about care and treatment that could help to achieve the outcome that they would want, that would not help, or that they would not want. ReSPECT can be for anyone at any time, but will have increasing relevance for people who have complex health needs, people who are likely to be nearing the end of their lives, and people who are at risk of sudden deterioration or cardiac arrest. Some people will want to record their care and treatment preferences for other reasons.

People with a ReSPECT plan in place are more likely to avoid unwanted and unnecessary interventions including hospital admissions, and allow people to be cared for and die in the place of their choosing. The ReSPECT process will be rolled out across the entire Worcester Health economy over the next six months.

3.7 Mental health

Urgent and emergency mental health services should be included in local planning by

- increasing capacity in community mental health crisis services, as well as alternatives to A&E that can provide a more suitable service for many people who would otherwise attend A&E,
- moving towards provision of 24/7 liaison psychiatry to provide safe care in A&E and general hospital wards, as well as preventing avoidable emergency admissions via A&E and facilitating earlier discharge,
- ensuring sufficient capacity in core community and acute mental health services so that people are able to access local beds when needed, and can be transferred from A&E in a timely manner.

4. Detailed winter plan requirements

4.1 All local level A&E Delivery Boards are required to submit comprehensive winter plans (covering from 01 December up to Easter). In addition to any local initiatives already planned or underway, this should cover the following key themes:

- Ensuring that good practice in patient flow is embedded across all parts of the emergency patient pathway, not just in isolated departments or wards as described in the Keogh Review's Safer, Faster, Better (2015) and The Good Practice Guide: Focus on patient Flow (2017).
- Collaborating with ambulance services and primary care to monitor illness patterns in the local community and weather changes that may affect specific patient cohorts. Escalate early in anticipation of demand surges, not in response to them.
- Focus on supporting care homes and the frail elderly.
- Front Door streaming within the Emergency Departments
- Good practice patient flow within hospitals
- Safe and effective discharge
- Better planning for peaks in demand over weekends and bank holidays

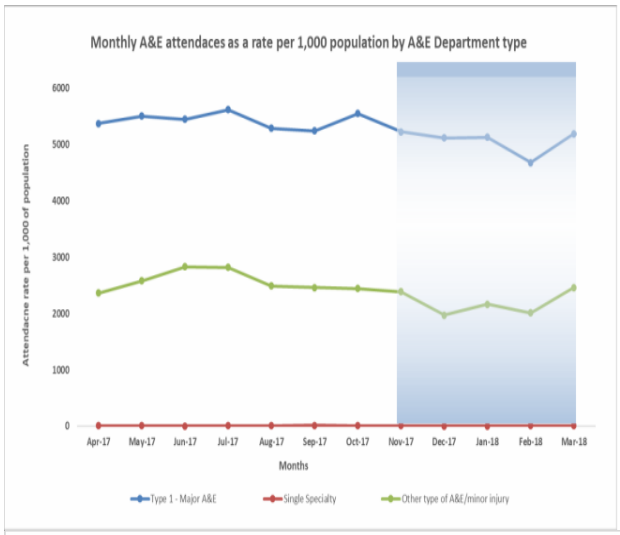
4.2 As part of the Worcestershire winter planning cycle an assessment of all of these priority areas has taken place, where already in place and achieved, will be monitored as part of the AEDB core business. In addition a review of the outcomes of winter 17/18 has been undertaken (see section 5) to assist in the development of this year's winter plan.

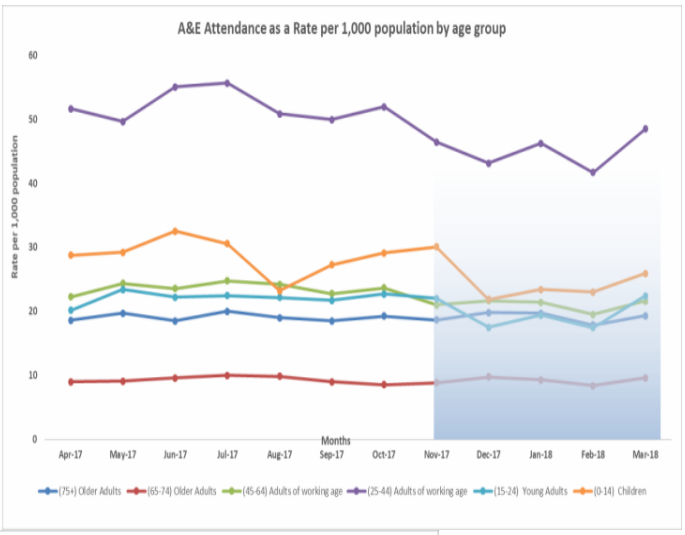
4.3 This winter plan focusses on the initiatives and capacity requirements required to be in place by December 1st 2018 to maintain safe patient care, to manage the impact of winter pressures and to support the achievement of the AEDB emergency standard trajectory.

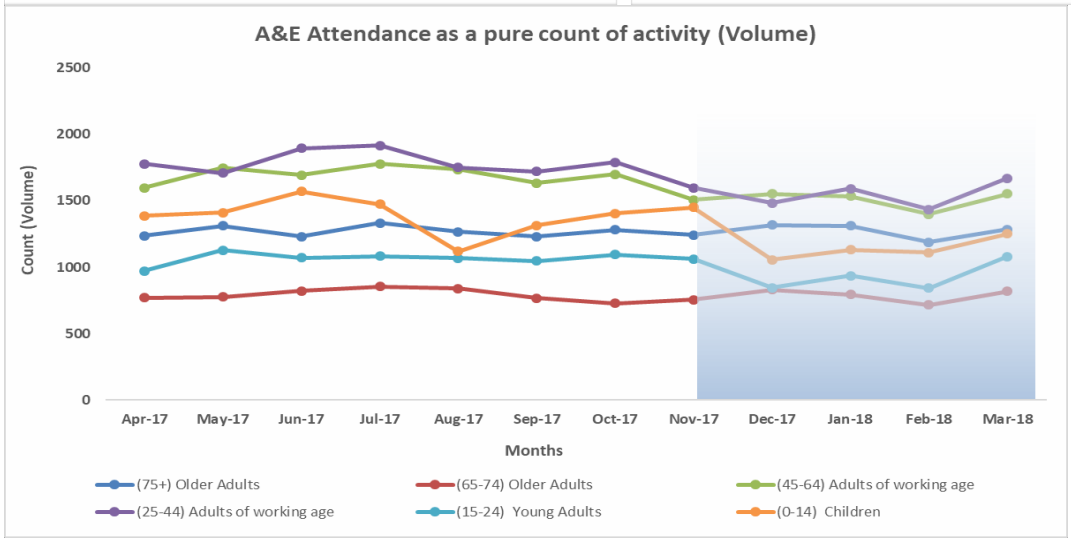
5. Review of Winter 2017/18

a. The graphs below highlight A&E activity, by CCG, for the period of 2017/18

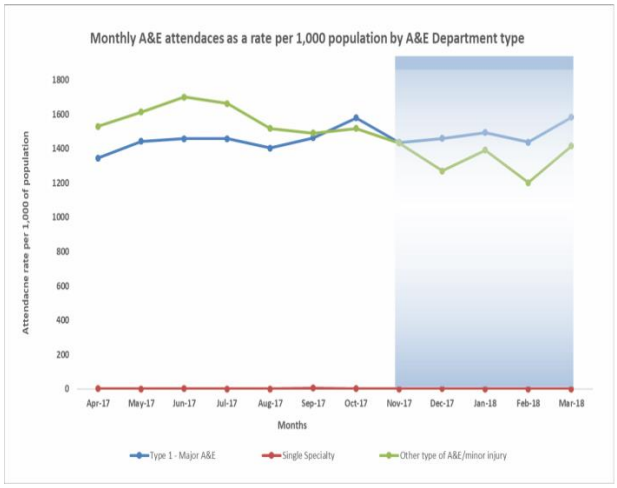
NHS South Worcestershire CCG

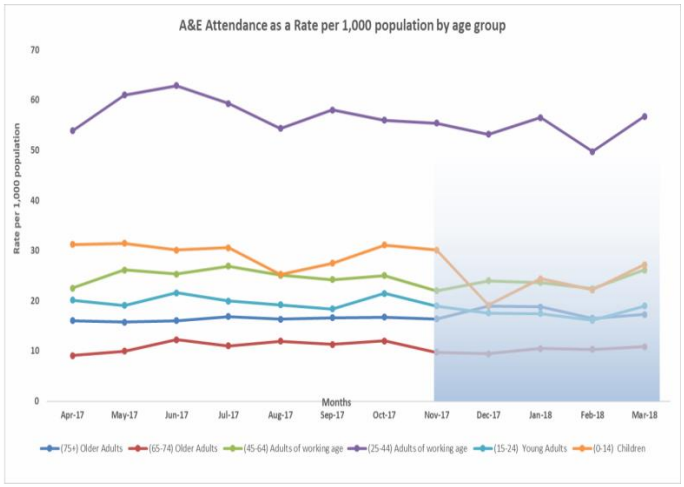


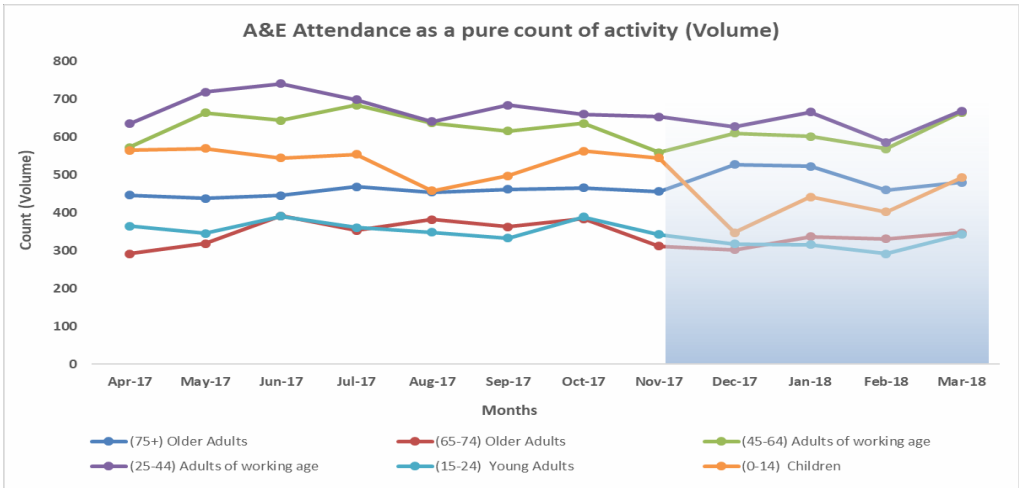




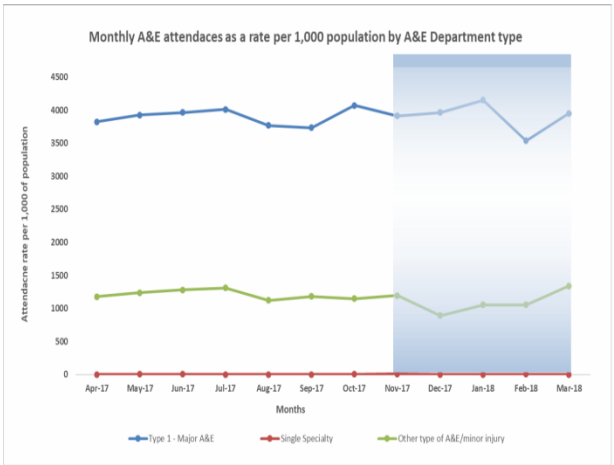
NHS Wyre Forest CCG

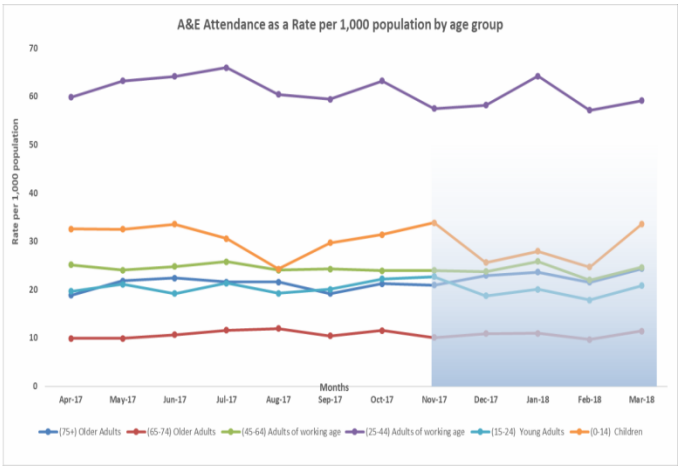


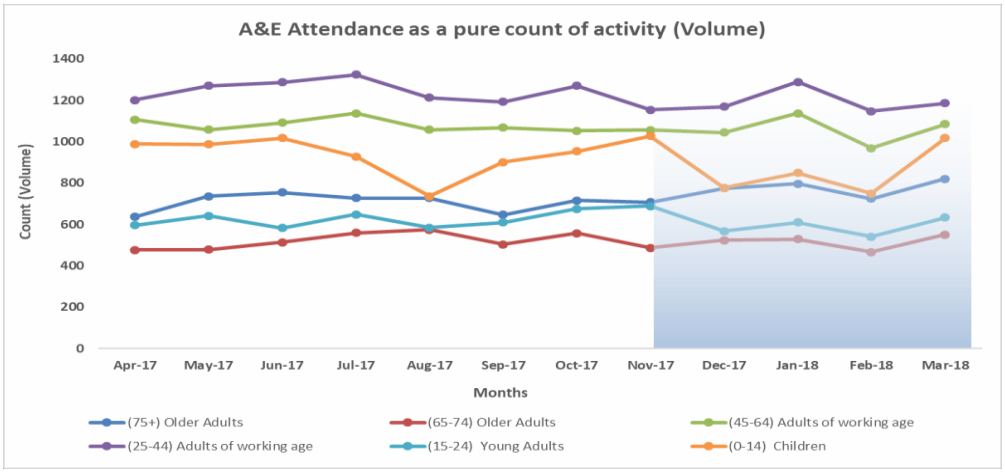




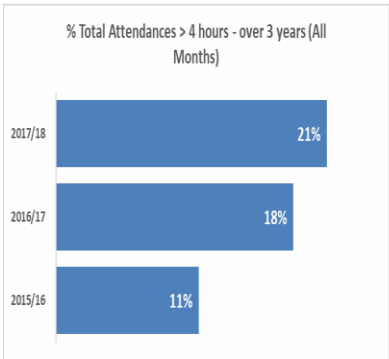
NHS Redditch and Bromsgrove CCG

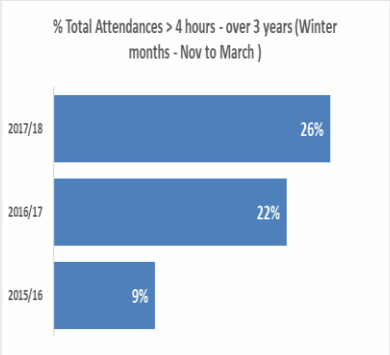


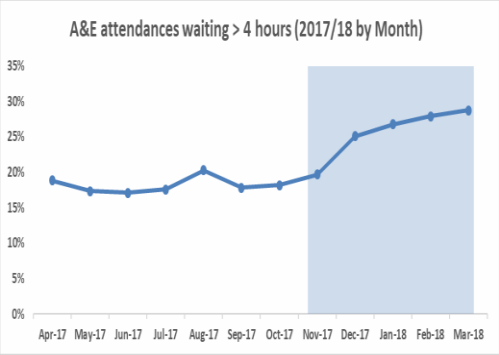




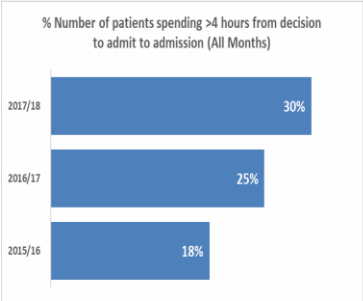
b. The graphs below highlight the increase in patients waiting over 4 hours in the A&E department during the winter months

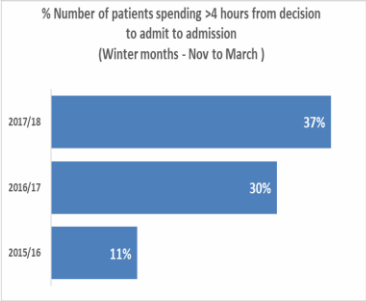


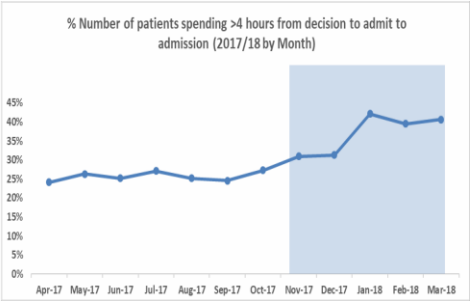




c. The graphs below show the number of patients waiting between 4 and 12 hours in the A&E department, again this shows a marked increase during the winter months





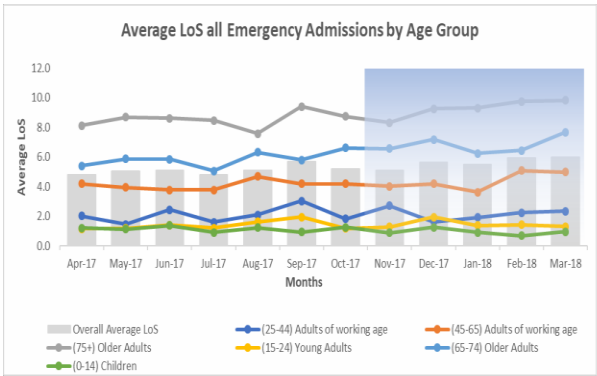


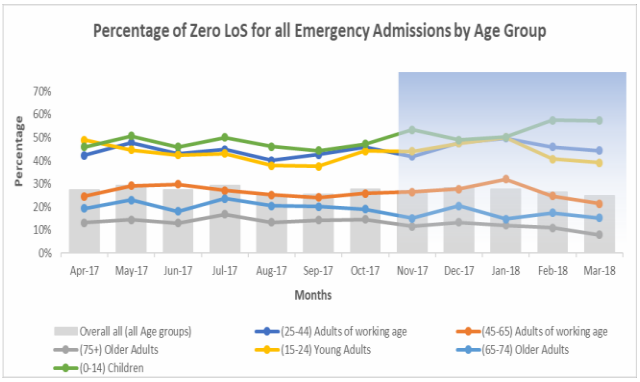
Measure	2017/1		2016/1		2015/16	
	Daily average		Daily average		Daily average	
	None winter	Winter	None winter	Winter	None winter	Winter
Total Emergency Admissions	128	126	125	127	88	27
Number of patients spending >4 hours from decision to admit to admission	33	47	27	38	18	3
Number of patients spending >12 hours from decision to admit to admission	0	1	0	2	0	0
% Number of patients spending >4 hours from decision to admit to admission	26%	37%	21%	30%	20%	11%
% Number of patients spending >12 hours from decision to admit to admission	0.04%	0.67%	0.09%	1.84%	0.02%	0.00%

d. The graphs below show the LOS data from the 3 CCG's. As expected there are significant increase in LOS / Admissions for patients over 65+over, there is also rises in LOS/ Admissions for those patients aged (45 to 65), although this statistic shows improvement in Wyre Forest.

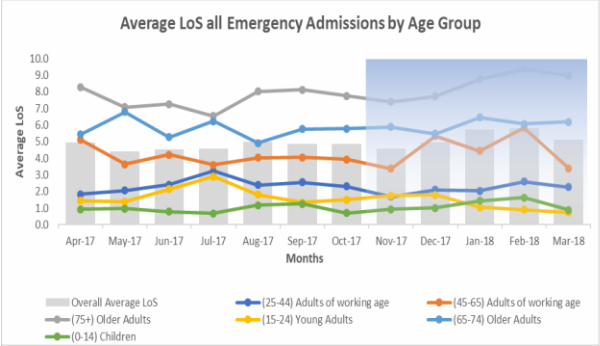
e.

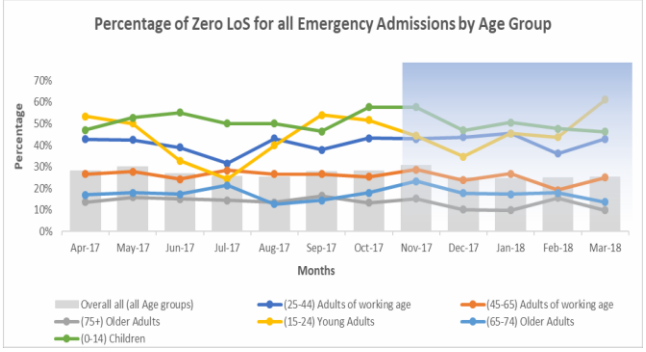
NHS South Worcestershire CCG



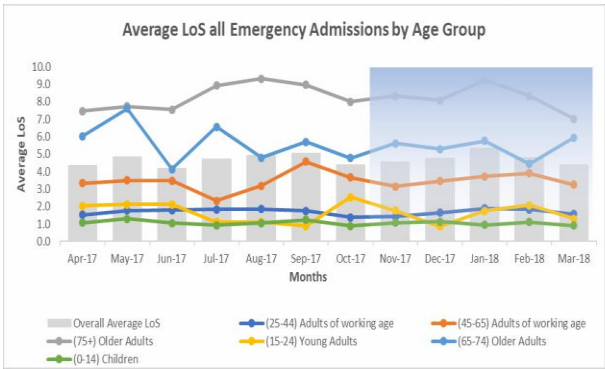


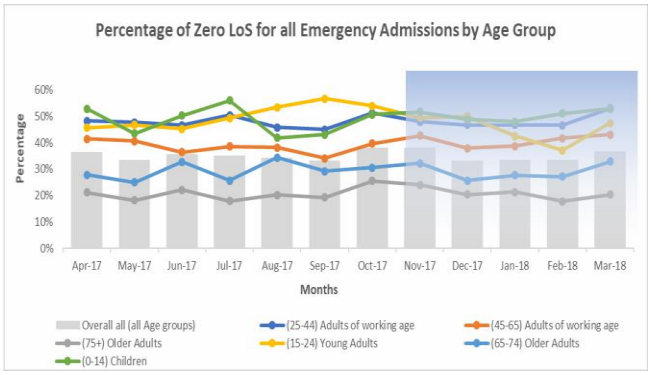
NHS Wyre Forest CCG





NHS Redditch and Bromsgrove CCG





f. EAS performance on the WRH reduced by 5% from 67% to 62% and performance on the Alex site reduced by 4% from 78% to 67% compared to Winter 2016./17, even though both sites had fully functional AEC services and the Alex site had a functioning Frailty unit which were not operational in Winter 2016/17

g. Although 12 hour breaches reduced by 226 compared to Winter 2016/17 there were still long waits throughout the period, this was highlighted by a significant increase in patients waiting between 4 and 12 hours, this figure increased by 1,358 compared to Winter 2016/17. The situation was made particularly worse by increased levels of occupancy at the WRH site, which was routinely over 100%

h. Activity Data for winter 2016/17 & 2017/18

	2016-17	2017-18	Diff
Attendances	72,127	74,053	+1,926
Breaches	15,536	18,936	+3,400
EAS %age	78.46%	74.43%	-4.03%
12hr	354	128	-226

i. Although EAS performance deteriorated compared to winter 2016/17 the below key points were identified as positive experiences during the winter 2017/18 period

- Improved system and working relationships
- Daily system calls and templates led to an improvement in the sharing of vital system information
- The addition of Evergreen 2 complementing Evergreen 1 at the Worcester site led to continued improvements in early discharge and prevented many patients from requiring complex pathways
- AEC performance, although not contributing to improving the '4 hour clock' did help relieve some pressure at the front door of the ED Departments

j. The key areas for improvement identified were:

- Too many reactive actions with little benefit in response to a crisis
- The full benefits of the initiatives developed were not delivered or maximised.
- System wide capacity was flagged as problematic and required analysis.
- Insufficient governance on a daily basis to manage escalation
- Insufficient system capacity to manage business as usual resulting in almost daily senior escalation to drive 'business as usual'

6. 2018/19 Worcester Winter Plan Initiatives

This section highlights the key winter initiatives for the whole system, commencing with system wide plans then highlighting key plans by organisations.

6.1 Demand and Capacity Planning

The Worcestershire health economy has engaged with Carnall Farrar to produce a system wide Demand & Capacity tool for winter 2018/19 and beyond. This is the first time that our system will have such a developed system for understanding how we meet demand. Key outcomes of this demand and capacity tool will include:

- Completed and validated 'do nothing' forecast of demand, capacity and flow for the Worcestershire system, to agreeing a 'one version of the truth' regarding demand and capacity in the system
- Support in prioritisation of change levers, taking into consideration return on investment, impact and effort for implementation.
- Modelled impact of change levers on demand, capacity and flow projections on a monthly basis for 2018/19
- Support in summarising a system plan for demand and capacity including demand side interventions, capacity changes and improvements to flow
- Handover of tool and plans to local teams, with clear definition of the targets and accountability for implementation, enabling the local teams to take forward the monitoring of delivery (See page 31, section 24 for final analysis).

6.2 Workforce

Worcestershire System partners have agreed to share workforce plans across the system which will enable a more robust and targeted approach to workforce planning this winter.

Health and Care Providers will review staffing levels for winter and agreed plans to ensure core services have appropriate cover, including over Christmas and New Year. A key risk to the winter plan is vacancy and sickness levels, particularly given the current caps placed by NHS England on the use of agency staff. The A&E Delivery Board will closely monitor key performance indicators relating to the workforce, to understand and mitigate any associated risks. A Workforce Task and Finish Group has been established to provide the system with assurance in relation to the 2018/19 workforce initiative.

The System has agreed the following:

- System partners will meet ahead of the Winter Period and develop a robust staffing strategy which will involve plans to temporarily 'swap' staff between partners where appropriate and also develop plans to schedule **20%** of corporate clinical roles supporting front line care
- To develop a long range forecast of staffing plans and initiatives for the winter period and beyond
- To develop a weekly staffing forecast covering all areas of our system

6.3 The Right Move

In July this year the system commenced 'The Right Move' exercise aimed at restabilising our system with predominate focus on supporting improvement in EAS performance through recognising the full benefit of system developments over the recent years. While 'The Right Move' did not result in improvement to EAS, the system has agreed to continue with the below key measures through the Winter Period:

- Continued reporting of Right Move metrics – which will be via the AEDB dashboard
- Command and Control within the ED department
- Acute Trust to fully embed front door streaming across the Trust
- Community in-reach to MAUs at both sites
- Reduction in time to wait for PTS for acute discharges and commitment to try to attain a three hour standard
- Continuation of the Integrated Discharge Team development
- Single management structure and senior oversight for pathway 1
- 50% of PFC discharges to be confirmed by 3pm the previous day

6.4 Neighbourhood Team Development – Urgent Visiting

During 2018 Neighbourhood teams have developed and they have one specific initiative this winter which is the investment in Neighbourhood plans with an aim to reducing **5** admissions per day across Worcestershire.

The neighbourhood teams will also develop a 'pull' model from the acute trust into community teams. On a daily basis details of patients over 65 who have been admitted in the previous 24 hours will be shared across neighbourhood teams who will then attempt to 'pull' patients out of the acute trust into community settings.

6.5 Falls Response Service

The falls response service will adopt a holistic approach for service users, responding and dealing with the immediate crisis and preventing A&E attendances where appropriate to do so.

The CCG has recently undergone a procurement exercise to secure a countywide provider of a Falls Response Service. Fortis Living Limited will be mobilised to commence service delivery from 3rd December. Subject to the number of calls being in line with estimates, this service has the potential to support a reduction in ambulance conveyances by **2844** per annum.

6.6 UTC Centre – Alexandra Hospital

As part of the FOASHW programme and since the publication of the NHS England Urgent Treatment Centre Standards and Principles, in July 2017, the urgent care system in Worcestershire has been exploring opportunities for the development of an Urgent Treatment Centre (UTC). Following various Options Appraisal processes and workshops it was agreed that we will pilot first UTC in the county at the Alexandra Hospital until April 2019.

Key Components of the Operating Model include

- A shared reception area and a nurse-led clinical triage that would then stream patients to the most appropriate setting – UTC or ED
- The UTC would operate 12noon to 9pm, 7 days a week. Operational hours will be reviewed at the end of the trial
- Operational hours has been based on current A&E heat maps and data on minor breaches
- The anticipated skills mix would be an ANP/Clinical Pharmacist between 12 and 4pm with a GP from 4pm to 9pm.
- The UTC would have a similar operational triage model to AEC with a timeframe set for the last patient to be seen in order to provide an efficient handover once the UTC closes at 9pm.

By implementing an UTC at the Alexandra Hospital it is believed that the following benefits will be achieved:

- Demand through ED will be better managed by redirecting minor injuries and illnesses to the UTC reducing attendances to ED
- Support towards improving EAS targets for the Hospital – data suggests that the majority of minor breaches at the Alexandra Hospital occur between 6pm and 12pm. By operating a 12 noon to 9pm model it is anticipated that these breaches could be reduced and potentially increase the EAS standard by an average of **2.76%** at the Alex site (based on data from August 2018)
- A clear and consistent approach to minor injury and minor illnesses
- Reduced urgent care admissions
- Improved access to urgent, unplanned care, whilst ensuring that the patient's on-going healthcare needs are met in the most appropriate setting

6.7 Multi-Disciplinary Accelerated Discharge Event (MADE)

Building on the success of MADE events last winter, during the months of **November, December and January** the Worcestershire system will hold system-wide MADE events commencing one week prior within the Health and Care Trust then commencing in the Acute Trust. The system wide event will run from the Acute Trust Site with a command and control approach throughout the system.

The dates for the November MADE events are: Week Commencing 5th November for Community and Week Commencing 12th November for the Acute Trust.

The dates for the December MADE events are: Week Commencing 10th December for Community and Week Commencing 17th December for the Acute Trust.

Acute Trust MADE events will be overseen via daily command and control processes via Sky 2.

6.8 Acute Trust Patient Flow Program

The Acute trust will implement its 'patient flow program' ahead of and during the winter period.

The Patient Flow Programme consists of 5 work streams. These are:

- Front work stream – focused on improving flow in the Emergency Department
- Middle work stream – centred around No Delays Every Day for all wards.
- Back work stream – focused on expediting complex discharges and reducing the numbers of stranded patients.
- Frailty work stream – will result in the development of a county wide service focused on avoiding admissions and reducing length of stay – as detailed in Section 6.11
- Bed Management work stream- will result in new more efficient ways of working for the operational teams.

<u>Middle Work stream – Key Deliverables</u>

- Consultant–led MDT board and ward rounds implemented and embedded
- Expected Date of Discharge set and clear clinical plans set for each patient
- Clinical Criteria for Discharge set for each patient
- Recording and monitoring of clinical and non-clinical delays to aid escalation and action on key causes of delay
- Improvement in EDS and TTOs done day prior to discharge
- Establishment of KPIs and measurement of improvement – Knowing How Your Ward is Doing

<u>Back Work stream – Key Deliverables</u>

- Passport for Discharge rolled out to all wards
- Structured long Length of Stay Reviews
- Introduction of the Whippet system to monitor referrals processes

<u>Bed Management Work stream Key Deliverables</u>

- Enable getting patients in the right place first time through 24/7 bed management with clarified roles and responsibilities
- Use of the bed capacity APP
- Review of bed management data and governance

(We are awaiting confirmation of potential bed day savings)

6.9 Acute Trust: GP Streaming

The acute trust will implement enhanced GP streaming at the WRH site. The streaming service aims to make care more efficient and take pressure away from emergency departments by having a primary healthcare professional "stream" patients coming through hospital doors, who can then refer them to primary healthcare or an emergency department. GP streaming service commenced in December 2017 on the WRH site. This service is currently split into two elements. A daytime service from 10am – 6.30pm which is delivered by the Worcestershire GP Federation with the ability to see 120 patients per week. This service is contracted directly by the Acute trust and is set to continue throughout winter 2018/19. This is then supplemented from 6.30pm to 10pm by the co-located Out Of Hours GP Service currently contracted by the CCG with Care UK. The Trust and Care UK have been piloting a new streaming model throughout July 2018 which will inform new ways of working to maximise the efficiency and effectiveness of this service throughout the winter months. The CCG will assist in working with providers in developing new models of operation during winter although

it needs to be recognised that the contract is due to change next year so more substantive changes can be made then,

6.10 Acute Trust: Front Door Streaming to assessment areas

The Acute trust will work to fully utilise Ambulatory Care Pathways at the WRH and Alex sites. The acute trust will work to fully utilise the Frailty unit at the Alex site. A business case to expand the countywide frailty service was approved by TLG in May 2018. This business case gained approval for an extended frailty assessment service to be implemented, providing cover 12 hours per day 7 days per week. Recruitment is on-going for this development and the plan is to implement an extended service by deploying a resilient and flexible workforce. There has been a subsequent reduction in the number of proposed posts and an acceptance that Advanced Clinical Practitioners (ACPs) can interchange with junior doctors, particularly SHOs whose posts are currently filled by locums. The business case approved the recruitment of ACPs to work interchangeably with junior doctors (SHOs). There is a plan for the service to become ACP led and replace SHOs in the medium to long term. While the service is in its infancy and the ACPs become established SHO cover will still be required. Recruitment of ACPs against the funds approved in the business case is now complete and conditional offers have been issued with anticipated commencement dates in November 2018. It is anticipated that the fully extended frailty service will be able to cover 12 hours per day, 7 days per week, from January 2019. **An agreed streaming process is required to be developed to support this change to practice.**

6.11 Acute Trust: WRH Surge Capacity

Aconbury Surge Capacity the old Evergreen ward in the Aconbury East building will be available to open from Mid-December till end of March and has the capacity of 28 acute medical beds following the completion of the link bridge. This ward will be used as a surge area for acute medical patients under a designated Standard operating procedure. The benefits of this scheme are achievable through the recent capital funding of 80K to provide Oxygen on the ward. However overall this provides 2 less beds on the WRH site than last year.

6.12 Acute Trust: Discharge Lounge WRH

The Trust has commenced the construction of a new discharge lounge facility on the WRH site in July 2018. This will be complete by November 2018 with formal handover currently scheduled for 15th November 2018. The lounge can be accessed from 8am when the lounge staff will help support moving the patients from the wards. The lounge will have capacity **for 3 male and 3 female patients on beds at any one time and another 5 male and 5 female patients on chairs.**

6.13 Acute Trust: ALEX Surge Capacity

Six additional medical beds have already been opened on Ward 11 in preparation for Winter 2018/19. As part of phasing elective activity the Surgery division are working up a plan to temporarily **re-designate Ward 14 (19 beds) from surgical to medical ward for the duration from 21st of December 2018 to 29th of March 2019. To enable this change, 6 additional beds will be open on Ward 16 to maintain elective orthopaedic activity** during the Winter period.

6.14 Acute Trust: Elective Activity

Surgical activity undertaken on the WRH site is predominately classified as category one (urgent or cancer surgery). It is essential that this activity is protected, given the potential impact on patient safety and experience and performance against the cancer operational

standards. For the period commencing 17th December 2018 to 11th January 2019, the surgical division will reduce its theatre capacity by four lists per week scheduling circa 19 patients per week. In order to temporarily re-designate Ward 14 as acute medical wards. As mitigation the Surgery Division will be transferring further day case activity from the Alexandra Hospital to Kidderminster Treatment Centre and Evesham Hospital. For a three month period the Division will utilise an additional seven lists (across both sites) per week. The model assumes an additional 21 patients per week; over a 16 week period 294 cases would be undertaken. In addition to this the division is working with SCSD to scope the potential of increasing day case capacity at the Alexandra Hospital (Birch Unit) by extending the working day to 2100hrs (an extra 2 hours per day, Monday – Friday).

6.15 Acute Trust: COPD In-Reach and avoided admission

A business case to facilitate the best practice tariff for COPD has been approved and the recruitment of 3 WTE specialist nurses/physiotherapists is in progress. This will provide cover at both sites from 9am-5pm Monday to Friday and 9am-5pm on Saturdays on the WRH site. This additional service will facilitate an earlier discharge of up to 2 patients a week, as they can be reviewed at home next working day. The specialist team will act as a point of contact for GPs and neighbourhood community teams to discuss patients that could be cared for at home and thus avoid admittance.
An admission avoidance programme of work has been developed focussing specifically in Redditch and Bromsgrove during the winter months, with action plans for Neighbourhood teams with practices having the highest rates of admissions per weighted population.
Initiatives include:

- Telemedicine pilot –A cohort of 18 patients participating in this scheme with monitoring through WHCT colleagues which involves rapid response and treatment at home when exacerbation occurs
- Roll out of MyCOPD app – 2,000 mobile device app's have been secured and will be offered to patients suitable to the criteria
- Practices are being reminded to adhere to NICE guidance around the prescribing of Rescue Medicine packs to support patients with self-management
- New Patient Information leaflets have been developed
- Community Pharmacy Roadshow planned for late Autumn
- COPD Study Day for Practice Nurses to be held
- Weekly Hot clinic at PoWCH to support admission avoidance
- **Target reduction of 13 admissions per month**

6.16 Acute Trust: Heart Failure Pathway

Heart failure patients requiring I.V. diuretics are currently treated as in-patients. A business case for ambulatory care based model for this cohort of patients has been approved and recruitment has commenced. The cardiology department has identified ring fenced seating areas to deliver treatment in an ambulatory care setting. The model used will follow national best practice and will result in reduction in circa 700 bed days per annum which equates to **2** inpatient beds.

6.17 Acute Trust: Hospital from Home

A proposal has been scoped with Herefordshire and Worcestershire Fire Service to provide an enhanced home from hospital service to support safe early discharge of patients who may need additional help to settle them back home, but do not require Pathway 1. This service would help to expedite safe discharges before midday, 7 days per week. Herefordshire and Worcestershire Fire Service (H&WFS) have agreed to provide a 6 month service free of charge commencing from October 2018 which will enable us to identify the exact requirements of such a service in the future.

6.18 Acute Trust Pharmacy provision

Extended weekend discharge service

Saturdays – extended discharge service until 3.30pm. Sundays – additional discharge service 10.00am – 14.30pm.
Business case for substantive establishment for the extended service to be presented in September 2018.

Enhanced Christmas and New Year fortnight provision
24/12/18: Additional service both sites
26/12/18: Additional service both sites
27/12/18) late discharge service at WRH
29/12/18: Extended service at WRH
30/12/18: Additional service at WRH
31/12/18: late discharge service both sites
01/01/19: Extended service both sites
02/01/19 – 04/01/19: late discharge service at WRH.

6.19 Health and Care Trust: Surge Capacity

William Astley ward, Evesham is able to provide **16** extra surge beds for general rehab patients. Estates team are working with Matron and SDU Lead to develop detailed scheme with schedule of work, costs and programme, with a view to opening these beds on 1 December 2018, for a 3 month period. Plans also in place to provide 3 surge beds at Tenbury Community Hospital and 4 at POWCH, with a 24 hour lead in time (requires additional HCW staffing).

6.20 Health and Care Trust: 4 Complex Mental Health Beds

Through Urgent Care STP transformation and CCG monies **4** beds will be commissioned on a ring fence basis within the Health and Care Trust. These beds will help facilitate speedier transition of patients within the Acute Trust who have complex mental health needs and cannot be accommodated in Pathway 3 beds due to their highly complex nature resulting in a significant reduction in length of stay and release of bed days lost..

6.21 Heath and Care Trust: Demand and Capacity

The neighbourhood team will participate in twice daily teleconferences between Neighbourhood Teams and county council Urgent Promoting Independence (UPI) team, chaired by a senior manager to ensure Pathway 1 discharges are maximised.

6.22 Fast Track End of Life Improvements

The Worcestershire CCGs have recently commissioned a designated Care Home to support patients who chose to receive Fast-Track end of life care in a Nursing Home Setting. The contract has been awarded to The Lawns, Kempsey.

This will facilitate early discharge from Acute and Community Hospitals and remove the need for families to locate suitable Nursing Home accommodation.

A workshop is planned for 31st October 2018 to brief staff who refer in for consideration of Fast Track NHS Continuing Healthcare funding and the service will start on the 1st November 2018.

6.23 WMAS: *5

From December 2018 Paramedics on scene will be able to seek clinical advice from experienced local GP's by calling NHS 111 *5. Local GPs with knowledge of the area and the patient population will be able to provide appropriate advice and will seek to reduce inappropriate ED activity.

7. Mental Health Services for Winter 2018/19

7.1 A full range of mental health services is commissioned for the local population, consistently across the year. Specifically to support the Urgent Care System during winter the following services are available. The local Directory of Services contains all relevant mental health services.

The Mental Health Liaison service will be expanding its remit and taking referrals from the wards at both the Alexandra and Worcestershire Royal Hospitals. The trust are currently recruiting 1 WTE Consultant Psychiatrist and 4 WTE Band 6 Mental Health Nurses. The service will cover the wards Monday – Friday 0800-2000 hours and will carry a case load offering patients; assessments, regular reviews and advice to ward staff. The service will also provide training to the Acute Trust staff.

7.2 **Twenty Four Hour community-based crisis response**

Worcestershire Health and Care NHS Trust provide a Crisis Resolution Service to meet the needs of patients who are experiencing acute mental health crisis. All interventions provided by the service are short term, focused on the safety, wellbeing and empowerment of the Patient and their carer/family during the period of crisis. All treatments are based on appropriate assessment, which aims to ensure that the Patients' needs are met and that their carer's are also supported.

7.3 The Crisis Resolution Service is a twenty four hour service, 365 days per year, providing mental health assessments and support for individuals with urgent and acute mental health crisis. The team will remain involved with the Patient until the crisis has been resolved and/or arrangements are in place for their continuing care and management. In hours the Crisis Resolution Team will provide support and intervention to Patients aged between 17 ½ years and 65 years (or older if they continue to be with Adult Mental Health Services). Out of hours the Team will also accept referrals for assessment of people of all ages. Children and young person under the age of 17 ½ must be referred by a GP. Generally patients are referred by their GP, or through local A&E services, although the CRT does respond to requests from other services such as the police or ambulance service.

7.4 In addition there is a Crisis Assessment Suite within the Elgar Unit on the Worcestershire Royal Hospital site. People experiencing a mental health crisis who require an immediate response/assessment from mental health services, who do not need physical health treatment, will be diverted from A&E departments and conveyed directly to the suite by West Mercia Police or WMAS. A&E staff can also refer where patients access A&E independently or have been conveyed by police or ambulance services without contacting CAS. The CAS service is available to patients aged 18+.

7.5 Worcestershire has a health-based Place of Safety within the Elgar Unit on the Worcestershire Royal Hospital. The health-based Place of Safety, or Section 136 Suite, is for people detained under Section 136 of the Mental Health Act (legal powers police use to safeguard people with severe mental health problems) as an alternative to detention in police custody. The Elgar Unit has the capacity to manage all ages twenty four hours a day, seven days a week, with flexible provision around the suite and its family room.

8. Flu Immunisation Programme

8.1 The national Flu immunisation programme for 2018/19 was issued in March 2018 (gateway reference 2017863) and taken into consideration when developing local plans

8.2 The Worcestershire system as agreed a 90% target for workforce flu immunisation and a 90% target for residents in Care Homes

8.3 It is anticipated that NHS West Midlands will issue a localised 2018/19 Flu Plan

8.4 All key NHS health and care workers are required to have a flu vaccination. The national requirement is for at least 75% of key workers to be vaccinated.

8.5 Health and Social Care staff will be eligible for a free flu immunisation this season. Delivery will be the same as last year either from their own GP or via participating pharmacies.

8.6 Recognising the changes to this year's programme in relation to the vaccines and their availability. Adjuvanted trivalent vaccine (aTIV) will be available all 65s and over, quadrivalent vaccine (QIV) for 18 – under 65s at risk. The live attenuated influenza vaccine (LAIV) will continue to be used for the children's programme.

8.7 Vaccine Delivery for those aged 65 years and over using adjuvanted trivalent flu vaccine (aTIV) – There is only one licensed supplier in UK and therefore delivery will be different to standard years. GPs and community pharmacies will all receive 40% of their aTIV order in September, 20% in October and 40% in November. With the flu season often starting in December, with appropriate planning, all patients should be able to be offered protection before the start of the flu season. Further guidance is anticipated for any practices that have not ordered sufficient aTIV for their practice population.

8.8 QIV and LAIV delivery dates will be confirmed by the supplier.

9 Review of 2017/18 Flu Immunisation Uptake

9.1 Both WAHT and WHCT achieved the 2017/18 CQUIN by immunising >75% of staff. All three CCGs achieved >73% for the 65 years and over category which is just above the England average of 72.6% Compared to 2016/17. SWCCG saw an increase of 1.8%, RBCCG increase of 2% and WFCCG was the CCG with the highest % increase of 2.2%.

9.2 All three CCG's achieved >49.5% for under 56 years (at risk) which is just above the England average of 48.9%. All three CCG's achieved >48% for pregnant women which is just above the England average of 47.2% and West Midlands DCO of 45.3%.

10 Lessons learnt from Winter 2017/18 in relation to Flu immunisation

- Early recognition of symptoms paramount
- Early notification to PHE and CCG regarding suspected outbreak essential
- Prescribing and access to antivirals for treatment and prophylaxis
- Promotion of immunisations to social care staff and clear communication strategy
- Delay in immunising new residents to care homes admitted after initial round of immunisations
- Access to antiviral swabs and information within the influenza toolkit to complete swabbing
- The importance of a dedicated resource /Toolkit to support early recognition and support management with access via local website and sharing of national resources.

11 Plans to improve immunisation uptake for 2018/19 campaign

- Review monthly uptake feedback from NHS England
- Convene a Health economy flu group to support health economy working
- Communications plan re public messages using the communication toolkit 'Stay Well this Winter' campaign resources.
- Liaise and support where necessary WAHT and WHCT
- Target communications messages to lower uptake groups e.g. pregnant women and risk groups
- Liaise with Local Authority and Public Health re flu messages to other independent providers to include nurseries and day care.

- Continued development of local resources to target staff uptake in care homes
- Include flu information in GP Practice briefs /Practice Manager meetings/IQSP visits
- Letter to be sent to all residential homes with 'Statement of Assurance' re staff immunisation(from CCG and PHE) and measuring of uptake
- Immunisation statement included within care home contract
- Staff flu immunisation and measuring uptake is a component of care home Quality Assurance visits and will be monitored through the care home dashboard
- Care home resources issued via email and made available on local IPC website and care home portal
  - https://www.worcestershirehealth.nhs.uk/infection-control-service/nursing-care-homes/
- Importance of flu immunisation included in all IPC training to care home and GP staff
- Representation at the Herefordshire and Worcestershire Immunisation Forum.

12 Outbreak plans (D&V / Norovirus)

The CCG Infection Prevention Control (IPC) nurse supports the management of all care home outbreaks. Worcestershire Health and Care NHS Trust Nurse Consultant provides cover in absence with support from Public Health England (West Midlands).

13 Lessons learnt from Winter 2017/18 in relation to Norovirus/Gastroenteritis

- Early notification to PHE and CCG regarding suspected outbreak/s essential
- Obtaining stool samples to support diagnosis
- Maintaining clear and accurate records of outbreak progress
- Challenges around isolation
- Challenges around environmental decontamination
- Obtaining timely information from homes – only having 1 person who can update Infection Prevention Control proved challenging
- Providing the correct and accurate information in a timely manner

13.1 The following proactive and reactive actions are in operation as part of business as usual and have helped to inform planning for 2018/19.

- Hold/attend outbreak meetings if appropriate. CCG IPC lead attends local outbreak meetings –WAHT /WHCT outbreaks
- IPC Nurse (CCG) Liaise with local PHE re outbreak management across the County and provides PHE daily updates via email
- Local IPC Nurses/team manage outbreaks locally- this involves distribution of electronic resources , daily (sometimes more frequent) contact with affected areas and guidance and support
- Support given to all homes re length of closure and when deep cleans and be undertaken. Advice given on deep cleans
- Daily countywide communication via email re homes/ wards affected by D/V Norovirus
- Annual proactive distribution of resources via email to all care homes across Worcestershire
- Working with CCG communications team regarding local public messages and use of social media to promote awareness
- Distribution of PHE/CCG IPC resource folders to all care homes containing local contact details and general IPC information
- Use of Worcestershire health website – resources made available and link shared with all homes via email, via care homes newsletter and via the care home portal
- Outbreak recognition and management is incorporated into all IPC training delivered to care home staff. This is delivered via CCG and by WHCT IPC team under an SLA with CCG. Also assurance that this is also delivered at WHCT and WAH mandatory training to all staff

- All care homes are visited by IPC following notification of an outbreak. This includes a walk round the home and a summary report is given to care home manager outlining good practice and recommendations for improvement. This includes a debrief of any lessons learnt re notification, management etc.
- Development of a local sample protocol for care homes/primary care as a component of the Outbreak Toolkit
- Updating current resources/ posters for care homes re prevention, notification and management.
- Liaising with PHE re any new national resources for the community setting
- System in place currently for all care homes to notify receiving hospital / units of patients admitted to hospital/A&E. this is via a form –' Infection Risk assessment' that accompanies the patient to ensure patients are isolated appropriately. Also notifies WMAS.
- Risk assessment tool in place at WAHT re discharge of patients to care homes from a ward closed due to suspected or confirmed Norovirus
- Both Worcestershire Acute Hospitals NHS Trust and Worcestershire Health and Care NHS Trust have dedicated outbreak policies.

14 Christmas and New Year Plans

14.1 The A&E Delivery Board and Operational group will review Provider plans for the Christmas and New Year period to ensure core services will be available throughout this period, and that they will be appropriately staffed. Detailed planning will take place through the A&E Delivery Operational Group, up to January 2019 to ensure system resilience during this key period. System management arrangements {Section 15.0} will be enhanced in the period leading up to, during, and after Christmas and New Year, to ensure system resilience throughout this key period, recognising the national evidence review outlined in Gateway 03926 and local experience in Worcestershire over the last few years.

15 System Management Arrangements

The Health and Care System will enhance system wide operational management arrangements, to ensure that system management is co-ordinated during the winter period. With acknowledgment of the national and regional process for winter resilience a **Worcestershire system wide winter room**, with dedicated resource to support reporting functions and an agreed standard operating procedure in place, will be responsible for coordinating system wide functions on a daily basis. However it will be a STP version with Herefordshire. This will deliver the same benefits as last winter with an agreed standard operating procedure and senior executive escalation leads to take overall lead of the system when at EMS level 4 or more than 1 12 hour breach recorded.

15.1 In addition to the usual system teleconferences held between operational managers**, the twice daily system wide call at 11am and 3pm will continue, led by the CCG. If not required during this period, this will be a CEO/AO decision.**

15.2 The A&E Delivery Board will introduce a **weekly Urgent Care planning forum for Directors of Operations of all A&E Delivery Board partners to ensure a collaborative approach to system management and to agree the system wide operational plan for the week ahead.**

15.3 The Group, which will meet until 31st March 2019, will review agreed KPIs on a weekly basis to ensure delivery of key standards of service delivery and issues will be escalated to A&E Delivery Operational Group and A&E Delivery Board or CEO/AO's as appropriate.

15.4 An On-Call system operates in Worcestershire to ensure clarity about system leadership twenty four hours a day, seven days a week. This is currently being finalised and will be available at the end of October.

16 Escalation Management Plan and Operational Pressures Escalation Levels Framework - OPEL (subject to confirmation from NHS England of implementation for Winter 18/19)

16.1 The Worcestershire system wide Escalation Management Plan has recently been revised and will continue to support the system for the winter period of 2018/19.

16.2 This policy formally sets out the operational management arrangements when part(s) of the Health and Care System experience pressure, over and above business as usual. Formal trigger points are set out in the plan, with agreed actions that each partner, and the wider system, must take to maintain patient safety and quality of care. Four levels of escalation occur, one being the lowest form of escalation, and four being the most severe.

16.3 De-escalation will occur as quickly as possible and the policy will only be used in accordance with agreed triggers. A&E Delivery Operational Group will keep the policy, and its use, under review.

17 Business Continuity arrangements

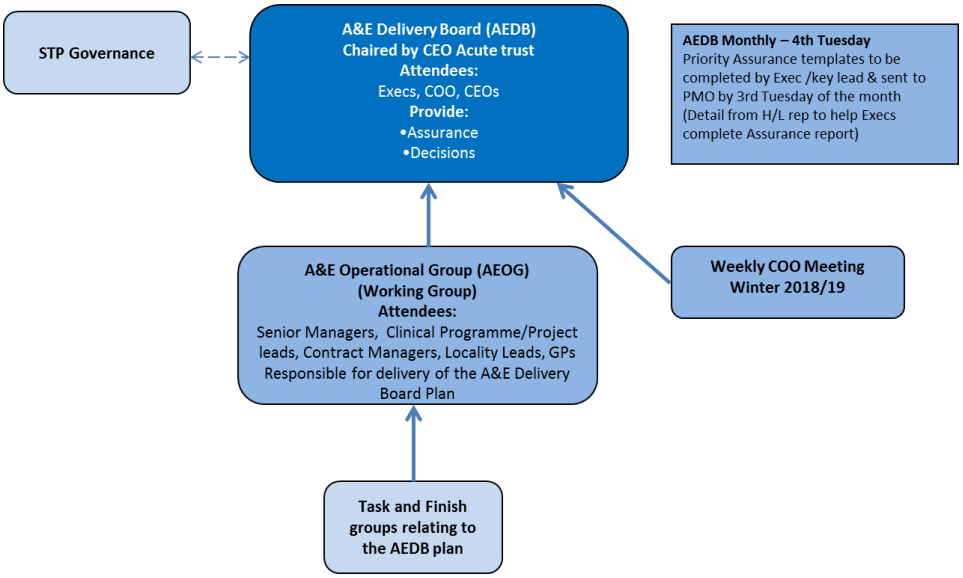
17.1 All organisations that have direct patient input such as the Health and Care Trust and Acute will produce a Cold Weather plan in line with the national plan once this has been released by Public Health E in mid-October. These plans will have all the necessary action cards in them linked to the national alerts which are received by those that require them.

17.2 The Worcestershire System is currently operating the Public Health England / NHS England Cold Weather Plan which is in the process of being updated for Winter 18/19 and will be adopted locally upon release.

18 A&E Delivery Board Governance Arrangements

18.1 The Worcestershire A&E Delivery Board has strategic responsibility for ensuring that the local system has robust plans for delivery of Health and Care across Worcestershire, consistently throughout the year, in accordance with National Health and Care standards, and in compliance with statutory frameworks. The A&E Delivery Board is not an organisation in its own right, and is made up of membership from statutory organisations across the Health and Care System. Chief Executives/Officers provide strategic leadership to the local Health and Care System, through the A&E Delivery Board and are supported by an A&E Delivery Board Operational Group, who manages delivery of the Urgent Care Plan, including the Winter System Resilience Plan.

18.2 AEDB governance arrangements were implemented in August 2016, and are summarised below.



19 Governance Arrangements for Winter 2018/19

19.1 The A&E Delivery Board Operational Group and the A&E Delivery Board will review the Winter Plan on an ongoing basis, and at least once a month formally at A&E Delivery Board and A&E Delivery Operational Group meetings**.** As described in 7.1 there will, and are likely to be, enhanced system monitoring on a daily and weekly basis. **In addition to the performance indicators outlined in this plan further indicators will be agreed at the October 2018 AEDB meeting and will include a mixture of quantitative and qualitative measures.**

20 Resources

20.1 100% commissioned capacity through Health and Care contracts and Better Care Fund Contracts must be available throughout the winter period and this will be monitored weekly

20.2 Resources have been identified between commissioning organisations for the additional initiatives identified in section 6.

21 Communications

21.1 The national campaign is 'Help Us Help you', a new single unifying campaign brand that builds upon the success of last year's 'Stay Well' campaign. The local plan will be in line with the integrated national marketing campaign.

21.2 The overall aim of the winter communication plan is to:

Ensure that people who are most at-risk of preventable emergency admission to hospital are aware of and, wherever possible, are motivated to take those actions that may avoid admission this winter.

21.3 The 'Help Us Help You' campaign focuses on reciprocal relationship between public and NHS. The various messages are delivered by a health care professional as they naturally bring authority to the message and seeing it come from a person, rather than the NHS, brings warmth and reassurance to communications too. The target audience for 'Help Us Help You' is segmented into the following groups:

- Older people (65+)
- People with long-term conditions
- Parents of children under 5

- Informal carers

21.4 There are three pillars to the Winter Communications Plan:

- **Prevention** - focus on changing public behaviour to help prevent pressures on the urgent and emergency care system during the winter period, e.g. flu vaccinations for children and vulnerable patients, promotion of pharmacy for advice, NHS 111, GP extended access appointments etc.
- **Prepared** - build awareness among staff and public of the work that the NHS is implementing to be prepared for the winter period, raising confidence in the plan and ability to cope under pressure, e.g. GP urgent visiting scheme, GP streaming, home from hospital scheme etc.
- **Performance** - ensure the health and care system responds to all reputational issues associated with performance during the winter period in a co-ordinated way, making use of quantitative information where available, e.g. number of GP appointments available, MIU waiting times etc.

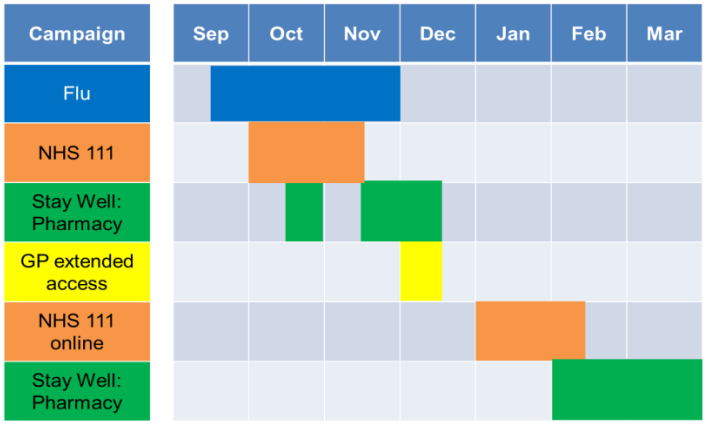
21.5 Research indicates that including reference to 'A&E' within messages to the public (e.g. highlighting demand and encouraging use of alternative services) only increases demand on A&E. As part of the Winter Communications Plan all partners are committed to excluding any reference to A&E in their proactive messages.

21.6 The CCG leads on all reactive system-wide communications for winter planning on behalf of the local health economy and will work with all partners in the event of any urgent communications plans that need to be devised and implemented.

21.7 Providers lead on all reactive communications for their respective organisations and will work in a co-ordinated manner with their local health economy partners.

21.8 The Worcestershire A&E Delivery Board will co-ordinate communications across the Health and Care System in relation to winter planning to ensure consistency of approach. The CCGs' Head of Communications will work closely with Communications Teams across the local health economy to ensure that the local system complies with the national campaign and uses all appropriate opportunities to communicate with staff and the public.

21.9 The national timeline for campaign activity is as follows:



Local communication activity will take place in line with national campaign timescales to maximise the opportunity for message reinforcement (there is the expectation for national TV advertising in 2018/19 to support the enabling campaigns). Locally there will be increased focus on promoting GP extended access appointments as well increasing awareness among

staff and public of the work that the NHS is implementing to be prepared for the winter period, raising confidence in the plan and ability to cope under pressure.

21.10 There will also be a focused effort this year on health and social care staff, emphasising the importance that we all work together as a system to ensure that we perform better this coming winter. The aim will be to foster a feeling of the system coming together to support each other, highlighting some of the key initiatives taking place to support patients and staff during peaks in demand and supporting staff awareness of an overall 'winter plan' and some of the steps that we are taking. This activity will include on site briefings for staff, fortnightly updates highlighting the work taking place, case studies, promotional literature and social media packs to support staff champions in delivering messages.

22 Monitoring and Evaluation of Winter

- Weekly monitoring of the detailed AEDB dashboard and the system winter initiatives via the weekly COO meeting with escalation where targets are not achieved requesting urgent improvement plans
- Use of the Carnall Farrar tool to understand demand and capacity over the winter period and the impact of any further change levels
- To support the system in evaluating the winter plan the CSU will be undertaking a 'live' evaluation process monitoring all aspects of the winter plan

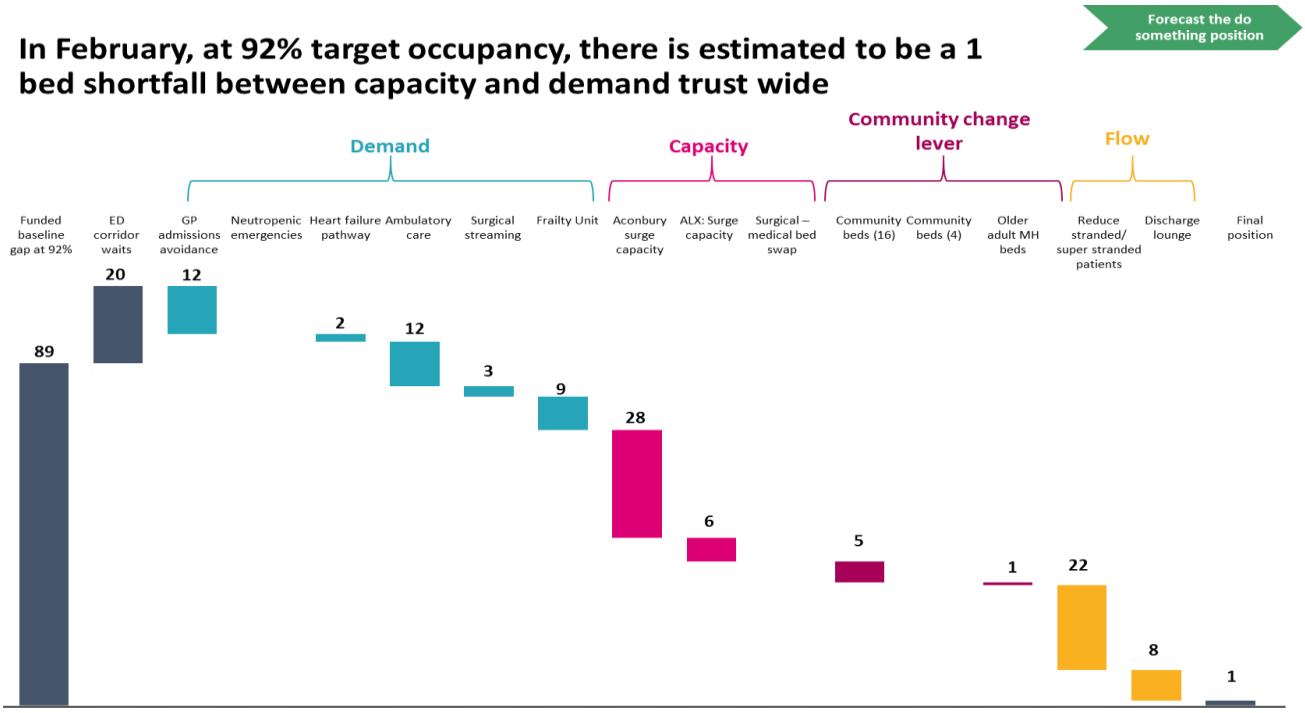
23 Risks and Contingencies

Key risks and mitigating actions are summarised in the following table, to be managed through a formal A&E Delivery Board Risk Register, and reviewed by A&E Delivery Operational group and A&E Delivery Board on monthly basis.

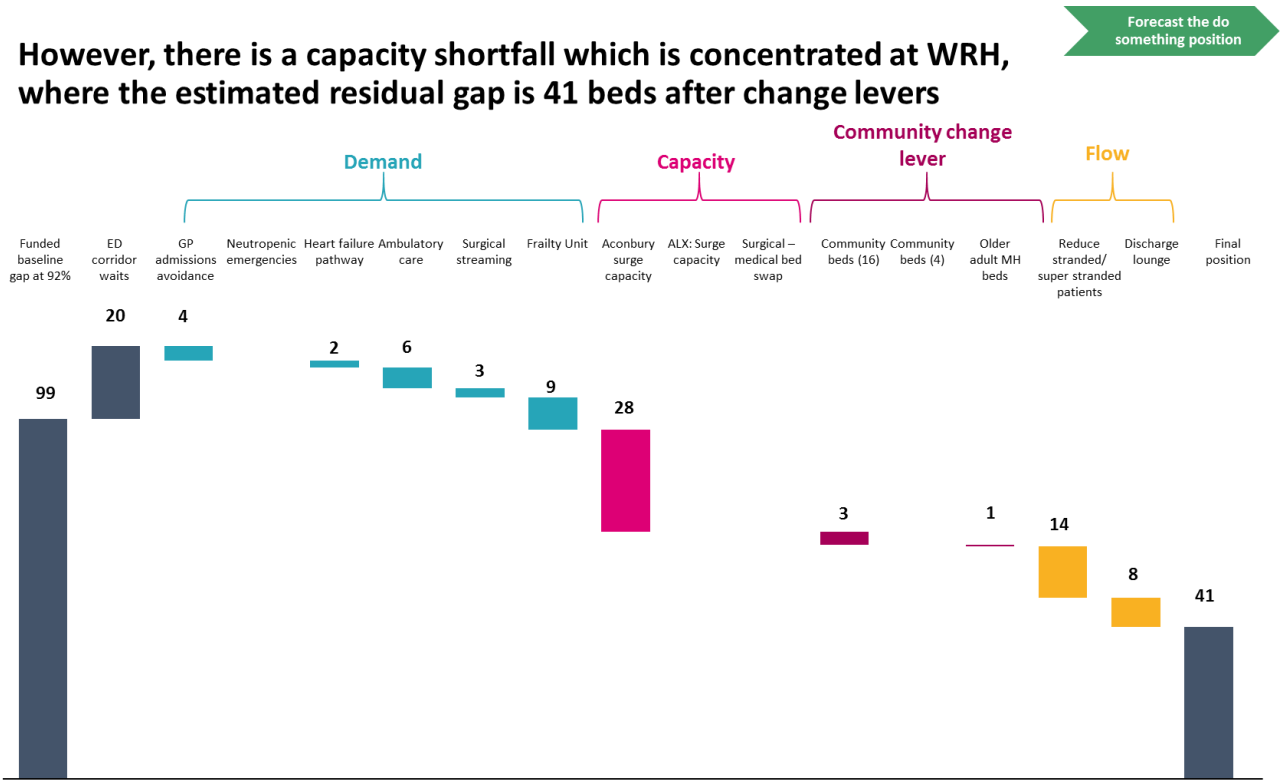
	Key Risks	**Mitigating Actions**
1	Sickness and vacancy levels across the Health and Care System to be as low as possible, and appropriate staffing cover to be in place seven days a week. Agency caps introduced nationally during 2017/18 for NHS Providers present a key risk to delivery of the winter plan.	A&E Operational Group to keep Provider plans under review through KPIs.
2	90% of key worker to be vaccinated as part of Flu Immunisation programme	Statutory organisations to ensure delivery
3	Maximising flow of simple and complex discharges on a daily basis	Daily and weekly system operational reviews to unblock any delays. Three system-wide MADE events during the period November to January.
4	Seven day working to support flow	Statutory providers to manage service delivery and A&E Operational Group to review at least monthly
5	Acute and Community Hospital Delayed Transfers of Care (DTOCs) and Patients Medically Fit for Discharge (MFFD) to be as low as possible	Daily and weekly system operational reviews to unblock any delays.
6	Ensuring Social Care resilience to support flow from Acute and Community Hospitals throughout winter, and particularly Christmas and New Year	County Council to keep under close review and implement mitigating actions as required

7	Bed Occupancy/Bed Stock as part of provider plans, to support flow, including surge/core capacity	Statutory providers to manage service delivery and A&E Operational Group to review at least monthly
8	Ensuring collaborative working between partners during periods of intense pressure	Weekly Executive meetings to agree system wide plans, and regular Chief Executive oversight through A&E Delivery Board.
9	Ensuring Care Home, Residential Home and Domiciliary Care capacity throughout winter to support complex discharges from the Acute Sector	County Council exploring commissioning of block contract to ensure availability of domiciliary care
11	Maintaining capacity to deliver elective care throughout the winter period in accordance with agreed trajectories – at risk if admission avoidance plans, acute sector patient flow and complex discharge plans are insufficient	A&E Operational Group, Elective Care Committee and AEDB to keep under close review and ensure action taken to mitigate presenting risks
11	Delivering Accident and Emergency Departments four hour standard to agreed trajectory- at risk if admission avoidance plans, acute sector patient flow and complex discharge plans are insufficient	A&E Operational Group and A&E Delivery Board to keep under close review and ensure action taken to mitigate presenting risks
12	Resources may be insufficient to meet demand throughout winter	Some organisations will proceed at risk to ensure winter resilience and A&E Delivery Board will review overall position on regular basis
13	Enhanced ambulatory care and the Frailty Unit at the Alexandra Hospital may not be implemented at the Acute Trust rapidly enough to support delivery of winter resilience	Acute Trust to manage service delivery and A&E Delivery Operational Group and CCG urgent care PMO to review at least monthly

24 Table of Demand and Capacity analysis and Predicted Benefits of winter initiatives 18/19 (Carnall Farrar)



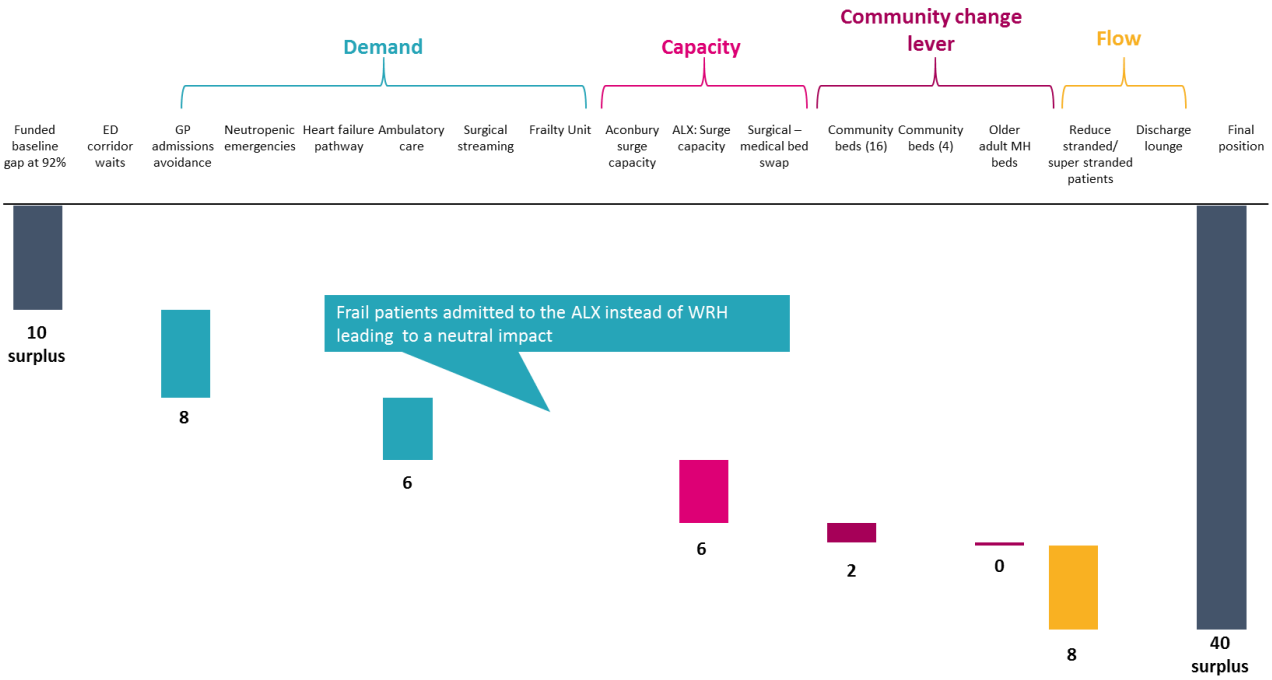
This is a snapshot of one month and does not take into account any increases in elective capacity required to meet contract levels.



This is a snapshot of one month and does not take into account any increases in elective capacity required to meet contract levels.

Forecast the do something position

At ALX, the change levers will likely create further capacity, leading to an estimated surplus of 40 beds



This is a snapshot of one month and does not take into account any increases in elective capacity required to meet contract levels.

Forecast the do something position

As a number of the fixed term winter change levers are removed from the system, the bed shortfall reoccurs across summer based on projected activity level, estimated bed gap and assumed impact of change levers

Date	"Funded baseline" gap[1]	Change lever impacts: Demand	Capacity	Community capacity	Flow	Total	Remaining gap
November 18	(79)	5	6	-	7	18	(61)
December 18	(76)	9	15	6	23	53	(23)
January 19	(106)	34	34	6	30	104	(2)
February 19	(109)	38	34	6	30	108	(1)
March 19	(96)	38	34	6	30	108	12
April 19	(82)	38	6	-	30	74	(8)
May 19	(80)	38	6	-	30	74	(6)
June 19	(77)	38	6	-	30	74	(3)
July 19	(83)	38	6	-	30	74	(9)
August 19	(88)	38	6	-	30	74	(14)

Forecast the do something position

There is a disproportionate acute bed requirement across the two sites with no requirement to 92% occupancy at ALX based on projected activity level, estimated bed gap and assumed impact of change levers

Key:
Red text = shortfall
Green text = surplus

Date	Worcester Royal Hospital			Alexandra Hospital		
	"Funded baseline" gap[1]	Impact of change levers	Remaining gap	"Funded baseline" surplus	Impact of change levers	Remaining surplus
November 18	(92)	10	(82)	13	9	22
December 18	(90)	37	(53)	14	16	30
January 19	(109)	76	(33)	3	28	31
February 19	(119)	78	(41)	10	31	41
March 19	(111)	78	(33)	15	31	46
April 19	(99)	46	(53)	17	28	45
May 19	(97)	46	(51)	17	28	45
June 19	(98)	46	(52)	21	28	49
July 19	(106)	46	(60)	23	28	51
August 19	(102)	46	(56)	14	28	42

Appendix 1

Worcestershire A&E Delivery Board Plan

In addition to the specific winter plan initiatives as described above, the below table highlights the key areas of work agreed to form part of the AEDB Plan. These work streams highlight key work-streams which are in addition to the specific initiatives for winter. The Priority initiatives are highlighted in RED, GREEN sections are complete.

No.	Initiative	Intended outcome / 2018-19 Ambition	Lead
1	Demand and Capacity Modelling	Demand and Capacity Modelling. The production of a D&C tool for the Worcestershire system for Winter 2018/19 and beyond.	Exec - Mari Gay, Ops - Chris Cashmore
2	A&E Delivery Board Performance data re-set	AEDB improvement in accuracy and consistency in reporting AEDB defined metrics. Outcome: Develop agreed set of urgent care performance data and clearly defined coding for AEC, Primary Care Streaming and frailty assessment unit. Assuring accuracy in reporting of all AEDB key metrics.	Exec - Mari Gay, Ops - Chris Cashmore
3	Re-launch of AEDB	To provide an environment for challenge with focus on the whole system and opportunity for strategic discussion with operational issues supported by impactful data	Exec Michelle McKay / Mari Gay
4	Implementation of the Worcestershire System Re-set – Actions.	To re-calibrate the Worcestershire system with a 10 day focus on patient flow. Outcome: To re-calibrate the Worcestershire system with a 14 day focus on internal/external measures. Following the event to embed agreed best practices within the Worcestershire system.	Michelle McKay / Mari Gay
5	WHIPPET Implementation of App	Implementation of the 'WHIPPET' patient flow app across the Worcestershire system. Outcome: The successful implementation of the app across the Worcestershire system to become the single system used to monitor complex patient flow. The further development of the APP to assist partners across the system in managing complex patient flow more effectively.	Ops - Kevin Dockerty
6	Implement NHS111 star 6 into the Worcestershire Care Home sector	Care Homes have immediate access to a clinician resulting in a reduction of care home conveyances Target to be agreed when evidence from regional work and first month of local data available	Exec – Mari Gay, Ops - Sarah Knight
7	*5 – NHS 111 improving access to GP advice for Paramedics on Scene	Reduction in ED attendances through Paramedics having access to GP advice while on scene through NHS 111	Exec- Mari Gay Ops - Mike Beak
8	Enhance NHS 111 by maintaining 50%+ the proportion of 111 calls receiving clinical assessment in 2018	50%+ triaged 111 calls receive clinical assessment throughout 2018/19 50%+ by end of March 2018 and maintained throughout 2018/19	Exec - Mari Gay, Ops - Mike Beak

9	Access to enhanced NHS 111 services to 100% of the population, with more than half of callers to NHS 111 receiving clinical input during their call. Every part of the country should be covered by an integrated urgent care Clinical Assessment Service (IUC CAS), bringing together 111 and GP out of hours service provision. This will include direct booking from NHS 111 to other urgent care services.	In March 2019, 100% of the population have access to an integrated urgent care Clinical Assessment Service (IUC CAS)	Exec - Mari Gay Ops - Mike Beak
10	By December 2018 there will be a clear system in place across all STPs for booking appointments at particular GP practices and accessing records from NHS 111, A&Es and UTCs supported by improved technology APIs and clear standards. By 2019, NHS 111 will be able to book people into urgent face to face appointments where this is needed	50% of UTC and IUC/CAS that have appointment booking capability by 31 May 2018 Increase the number of patients who have consented to share their additional information through the extended summary care record (e-SCR) to 15% By 31st March 2019, NHS 111 will be able to book >30% of people, that have been triaged, into a face-to-face appointment, where this is needed	Exec - Mari Gay Ops - Mike Beak
11	Roll out NHS 111 online to 100% of the population	Implementation of the NHS 111 Online service to 100% of the population by July 2018.	Exec - Mari GayOps - Mike Beak
12	Enhance integrated primary care and community care appropriate admission avoidance -	To contain growth in emergency admissions and reduce the variation in emergency admissions rates across practices in Worcestershire - aim to reduce 5 GP led admissions per day	Exec - Ruth Lemiech Ops - Nisha Sankey
13	Roll out of consultant connect to 9 specialties and delivery of associated hot clinics	Reduction in attendances and emergency admissions Outcome: Reduction in attendances and emergency admissions	Exec - Suneil Kapadia Ops WAHT Robin Snead , CCG Caroline Salmon/Jane Gordijn
14	Implement the new ambulance service response time standards	Work with local Ambulance Trusts to ensure that the new ambulance response time standards that were introduced in 2017/18 are met by September 2018.	Mark Docherty
15	Achieve standards for reduction of ambulance handover delays	All handovers between ambulance and Emergency Departments must take place within 15 minutes with none waiting more than 30 minutes by 30 September 2018. Reduction in ambulance handover delays and cohorting of patients at WRH and ALX sites. To share the load between WRH and ALX sites proactively and effectively.	Exec - Mark Docherty, Inese Robotham Ops - Robin Snead, Clinical Lead - Jules Walton
16	Deliver a safe reduction in ambulance conveyance to EDs	By March 2019, commissioners and providers will be expected to deliver a safe reduction in ambulance conveyance to emergency departments against their newly established 2017/18 baseline using the new AQI definitions. This reduction should be in line with agreed targets to be set for April 2018 as part of the CQUIN.	Mark Docherty Mike Beak
17	All services to be designated as Urgent Treatment Centres meet the new standards and operate as part of an integrated approach to urgent and primary care by December 2019	By March 2019, commissioners and providers will ensure that all services to be designated Urgent Treatment Centres in 2018/19 (in line with trajectory to be agreed Q1 2018/19) meet the new standards and operate as part of an integrated approach to urgent and primary care.	Exec - Mari Gay, Ops - Andrea Guest

18	Development of admission avoidance strategy for COPD patients in R&B - based on area being an outlier for admissions	Reduced hospital admissions Reduced ED attendances	Exec - Mari Gay, Ops - Andrea Guest
19	Reduction in frequent attenders particularly the cohort who attend 10 or more times in a year	MDT focussed approach to develop enhanced care plan aiming to reduce attendances by patients who are known to attend regularly Outcome: Reduction in frequent attendances through improved methods of working by WRH and the neighbourhood teams. Regular sharing of attendances/admissions information to the neighbourhood teams and clear demonstration that neighbourhood teams are adopting a pull approach from the Acute Trust into the community.	Exec – Mari Gay Ops (Robin Snead / Mel Roberts)
20	Continue to progress implementation of the Emergency Care Data Set in all A&Es	Implementation of the Emergency Care Data Set (ECDS) in all Type 1 and 2 Trusts by 30 June 2018 Implementation of the Emergency Care Data Set (ECDS) in UTCs by 31 December 2018	Exec - Inese Robotham, Ops - Robin Snead
21	Continue to work towards the 2020/21 ambition of all acute hospitals having mental health crisis and liaison services that can meet the specific needs of people of all ages including children and young people and older adults; and deliver Core 24 mental health liaison standards for adults in 50% of acute hospitals subject to hospitals being able to successfully recruit.	Deliver Core 24 mental health liaison standards for adults in 50% of acute hospitals subject to hospitals being able to successfully recruit.Continue to work towards the 2020/21 ambition of all acute hospitals having mental health liaison services that can meet the specific needs of people of all ages including children and young people and older adults	Exec - Mari Gay, Ops - Jenny Dalloway
22	Agree and implement Streaming at the front door of both WRH and ALX ED Departments	Only patients requiring ED to go through ED. Improved 4hr performance due to decreased ED demand Outcome: Production of a front door streaming SOP covering both sites and referencing all the services available as per "what should our system look like". Implementation of front door streaming, resulting in improved 4 hour performance.	Exec Inese Robotham / Robin Snead
23	Streaming to Primary Care	Improvement in front door streaming to daytime GP. Outcome: On established metholodogy, daytime GP is 50% to 60% utilised based on 20 minute appointment slots. Increase utilisation to circa 90% on a regular basis.	Exec - Inese Robotham, Ops - Robin Snead
24	Develop an ambulatory emergency care (AEC) service on both Acute sites	Provision of AEC at least 12 hours a day, 7 days per week by 30th September 2019 75% (12 hours per day, 7 days per week) by September 2019	Exec - Inese Robotham, Ops - Robin Snead
25	Development an acute frailty service at the Alexandra hospital site as part of the county wide frailty strategy	Provision of an acute frailty service in all adult type 1 EDs at least 70 hours a week by 31 December 2019. 75% (70 hours) by the end of March 2019	Exec - Inese Robotham, Ops - Donna Krukow
26	Surgical Ambulatory Care will be in place at the Worcester Royal site	Surgical assessment and diagnostics work be in place avoiding unnecessary admission	Exec - Inese Robotham, Ops - Robin Snead

27	Heart Failure Ambulatory Care Service to be developed at the Worcester Royal site	Heart Failure assessment and treatment will be in place as a day case	Exec - Inese Robotham, Ops - Robin Snead CCG Lead: Jane Gordijn
28	Every A&E and ePrescribing pharmacy will have access to extended patient data either through the Summary Care Record or local care record sharing services	95% of ED that have access to Mental Health Crisis plan, EoL plans and GP record (e-SCR or Local) by 31 December 201895% of e-prescribing pharmacy will have access to extended patient data through e-SCR or local care record sharing services	Exec - Mari Gay,Ops - Inese Robotham
29	Access to primary care records, mental health crisis and end of life plan information available in 40% of A&Es and Urgent Treatment Centres	95% of Wave 1 UTC should have access to Mental Health Crisis plan, EoL plans and GP record (e-SCR or Local) by 31 December 2018.	Exec - Mari Gay, Ops - Inese Robotham
30	Continue to improve patient flow inside hospitals through implementing the "Improving Patient Flow" guidance. No delay everyday processes will be embedded within the acute trust Continual Stranded Patient Process needs to be in place as per agreed protocol	Implementation of effective, real time demand management system 100% of general acute wards to have no delay everyday fully implemented 100% of patients on adult general wards to have an EDD 33% of discharges before midday Compliance with weekend discharge targets Analysis of Stranded codes monthly	Exec – Inese Robotham Ops - Robin Snead
31	Ensure that 85% of all assessments for continuing health care funding take place out of hospital in the community setting	Ensure that fewer than 15% of NHS continuing healthcare full assessments take place in an acute setting.	Exec - Lisa Levy
32	Age UK supporting simple discharges	Fully utilisation of the Age UK service that is currently commissioned by WCC. Acute trust to review daily those waiting pathway 1 to determine if Age UK is an alternative.	Exec - Richard Keble
33	Free up 2,000 - 3,000 acute hospital bed days to reduce DTOCs by implementing the High Impact Change model	Continue to make progress on reducing delayed transfers of care (DTOC), reducing DTOC delayed days to around 4,000 during 2018/19, with the reduction to be split equally between health and social care.	Exec - Mari Gay, Ops - Chris Cashmore
34	Development of an integrated discharge team	To develop an integrated discharge team to improve the management of the most complex patients within the Acute Trust.	Exec - Mari Gay, Ops - Chris Cashmore
35	Develop a new pathway for complex older mental health patients felt to be unsuitable for Pathway 3 - this is an addition to existing discharge to assess pathways	To reduce bed days lost from highly complex mental health/dementia patients unsuitable for discharge to assess pathway 3	Exec - Lisa Levy Ops - Elaine Carolan, Jenny Dalloway