Bristol, North Somerset and South Gloucestershire Winter Plan 2018/19

Shaping better health

Contents

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Reviewer	Version No	Comments	Date
Megan O'Brien	0.1	First draft for discussion with Executive Director	06/04/18
Megan O'Brien	0.2	Narrative added in ahead of discussion with Executive Director	10/04/2018
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Dominic Moody	0.4	Communications information added	14/04/2018
Megan O'Brien	0.5	Seasonal Flu Response, Clinical Oversight and Reporting structure added	18/04/2018
Megan O'Brien Claire Thompson	0.6	Updates following discussions with Deputy Director of Commissioning	19/04/2018
Claire Thompson	0.7	Updates to all sections	19/04/2018
Megan O'Brien	0.8	Bed Capacity Gap section added in	23/04/2018

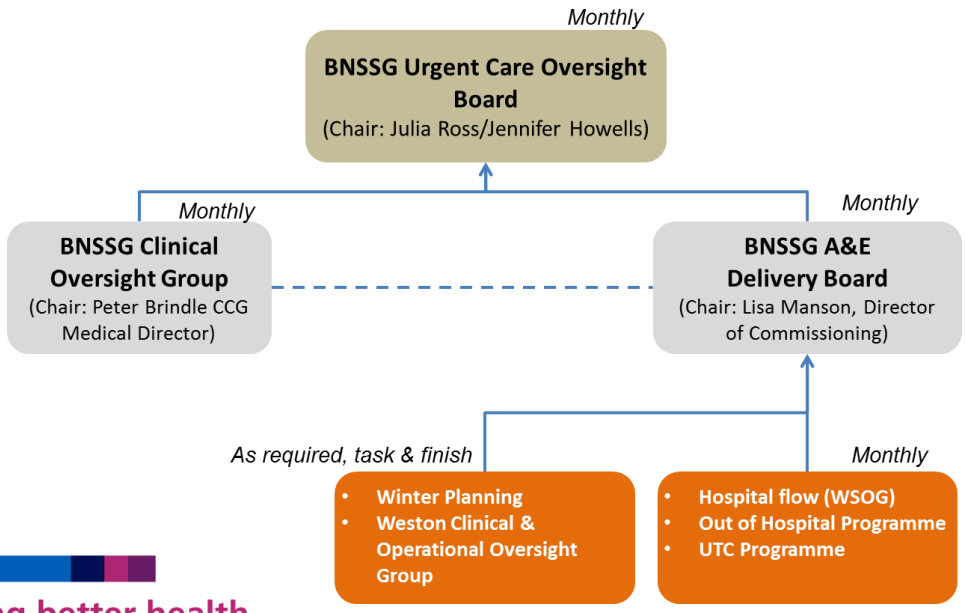
1. Introduction

This document forms the overarching Bristol, North Somerset & South Gloucestershire community winter plan. We know that seasonal pressures on health and social care services have increased in recent years and are determined that in 2018/19 partners will work more closely than ever before to ensure that patients continue to receive a high standard of urgent care services throughout the winter period. The BNSSG STP has matured in 2017/18 and has a shared foundation of aligned finance, activity and performance plans to support system wide plans for 2018/19.

This plan is focusses on key areas of risk to patient flow through the system and the system-wide mitigations for them. It is based on the collaboration of all BNSSG system partners.

Acute Hospitals	North Bristol NHS Trust
	University Hospitals Bristol NHS Foundation Trust
	Weston Area Health NHS Trust
Community Providers	Bristol Community Health
	North Somerset Community Partnership
	Sirona Care & Health
Local Authorities	Bristol City Council
	North Somerset Council
	South Gloucestershire Council
Other providers of urgent care services:	General Practice (in hours primary care)
	BrisDoc (out of hours primary care)
	Care UK (NHS 111)
	One Care (GP federation)
	South Western Ambulance Service (SWAST)
	Avon & Wiltshire Partnership Trust (AWP)

This 2018/19 plan is based on collective learning from all partners from 2017/18. The system wide oversight and governance of this planning is outlined below:



In line with 2018/19 operational planning for the STP we have aligned activity, finance and performance expectations for the period.

1.1. Reporting Arrangements

This section will be updated to reflect reporting requirements once established, with a focus on reducing duplication and use of existing data services / system forums and consider establishment of a BNSSG winter room.

1.2. Timetable for 18/19 System Wide Resilience Plan

Date	Task	Responsible Owner	Updates	Status
ASAP	Circulate draft winter plan template	MOB / CT		complete
13-Apr-18	**WINTER PLANNING:** Share plan and timelines Bed modelling / activity profiles confirmed?	CT	17/04/2018: Draft template shared, timeline still to be circulated to winter planning group. Activity profiles to be received from providers on 20th April	ongoing
16-Apr-18	OOH Delivery Group – Confirm capacity and demand modelling for required community capacity	JK		ongoing
20-Apr-18	Providers to share and submit predictive dashboard with predicted activity profiles	All		ongoing
20-Apr-18	**WINTER PLANNING:** Share first draft of winter plan	MOB/CT		ongoing
23-Apr-18	A&E Delivery Board Sign Off for all updated documents and templates (excluding action cards)	KR		Not started
24-Apr-18	CCG Executive Team Sign Off – Winter Plan Sign Off	CT		Not started
27-Apr-18	**WINTER PLANNING:** Finalise plan	CT		Not started
30-Apr-18	**Winter plan SUBMISSION**	CT / MOB		Not started
01-May-18	BNSSG CCG Governing Body - sign off of BNSSG operational plan including Winter Plan	CT		Not started
04-May-18	Submission of projects to manage emergency admissions / reduce occupied bed days to STP	CT/Jon Lund		ongoing
04-May-18	Winter Planning Group Mock Call using updated templates	KR		Not started
10-May-18	**BNSSG Commissioning Exec:** Winter plan template on agenda for review	CCG		
14-May-18	STP Service Delivery Oversight Group receipt of prioritised emergency growth management plans	CT/Jon Lund		Not started
14-May-18	Refresh of predictive dashboard figures and staffing by each provider and to be returned by 14th May	All		Not started
21-May-18	**A&E Delivery board sign off** - updated OPEL 3 and 4 action cards (understand that these are working documents) Agreed community / LA / Acute metrics Surge and Escalation Plan (incl. Action cards for each org.)	MOB/KR/CT		Not started
31-May-18	CCG Tactical / Strategic Chair Training	CCG		Not started
June	System wide emergo exercise Mitigated bed model based on SDOG sign off	MOB/KR/CT		
01-Jun-18	Ideas templates to be submitted to CCG for review at Winter Planning following week - CCG to co-ordinate ideas onto one template	All		Not started
07-Jun-18	Review of submitted ideas templates at Winter Planning and order in preference for the system	All		Not started
14-Jun-18	**BNSSG Commissioning Exec**			
July	Updated winter plan based on mitigated bed model and outputs of emergo exercise	CCG		

03-Jul-18	**BNSSG CCG Governing Body**	**CT**		**Not started**
12-Jul-18	**BNSSG Commissioning Exec**	**CCG**		
07-Aug-18	**BNSSG CCG Governing Body**	**CT**		**Not started**
30-Aug-18	All providers to submit 2018/19 updated Internal Escalation, Infection Control, Adverse Weather and Flu Outbreak plans.	**All**		**Not started**
30-Oct-18	All plans / schemes / ideas to be implemented by 30th October ready for Winter on the 1st November 2018.	**All**		**Not started**

2. Review of 17/18

In March 2018 BNSSG CCG undertook a review with BNSSG partners to understand the impact and the system response to Winter 2017/18. There was good attendance from all providers in which each presented key themes and highlights of their experience of Winter 2017/18. We have taken feedback and learning from this event to build into plans for 18/19.

2.1. Key highlights of what went well

A review of winter 17/18 took place as part of the BNSSG winter wash up. There were a number of key points and highlights identified which will be built into plans for 18/19. All providers identified key highlights internally; these can be found within the appendix

The key highlights for BNSSG as a system were:

- The set up and use of the community heat map for the BNSSG system
- The improvement and process of recording DTOCs
- Focus on the out of hospital programme
- Clear delineation of system management and escalation – triggers allowed for openness and transparency across the system
- Process put in place to manage flu outbreaks in care homes
- GP practices putting in some additional services – however there is a need to robust evaluation regarding the impact this had to support future planning

2.2. Lessons Learnt

Each provider identified lessons learnt from their organisation and BNSSG as a system identified the main lessons learnt for the system. Below outlines the key lessons and actions to take forward to support winter in 18/19, these are:

Key lessons learnt	Actions going forward
The need to utilise the data we have on the system escalation call	The CCG have now created a new call template for the system management call which will be automatically populated with Alamac data and picks out the key triggers for the system to enable the call to focus on actions rather than sitreps
Ensure data is inputted in a timely way ahead of calls and meetings	
Adverse weather process needs to be strengthened through co-ordinated communication	LHRP have completed an adverse weather wash up and policies / procedures will be updated accordingly

Flu outbreak process is in place but needs time and support to embed this in 18/19	Include in emergo exercise for 18/19
Incomplete mitigation of beds shortfall and mobilisation delay for some schemes	Bed shortfall identified by April 18 rather than in Q2 and mitigations in hand; improved system oversight through Urgent care Oversight Board linked to STP
Difficulty of mobilising extraordinary actions to address poor flow at times of OPEL 4	Identification through emergo of additional escalation actions, improved capacity planning across the system and sign up from all partners
Multiple requests from regulators / commissioners	Improved planning between regulators, commissioners & providers ahead of winter to streamline management and oversight of the system

3. Winter Plan for 18/19

As a system we are committed to holding and reducing, where possible levels of emergency growth by ensuring patients are able to access same day Urgent Care locally through enhancing self-care, primary care and other non-acute options.

3.1. Capacity and Demand

The health community has developed a predictive tool to support daily understanding of urgent care demand, as below. This has been developed as a way to identify and mitigate capacity risks and also as an operational tool for weekly review at the winter planning group, to understand which parts of the system are operating in line with planning assumptions and which require further system wide support.

3.2. Key BNSSG Schemes

The STP task and finish groups on emergency growth management have identified a series of schemes to address demand and length of stay which will be key components of our delivery in 2018/19. The list of all schemes is provided below and the detailed delivery plan is being developed.

- IUC CAS
- NHS 111 Online
- Primary care improved access re-specification
- LES recommissioning
- Integrated care bureau
- CHC
- Trusted assessor
- Acute admission avoidance extension (REACT & equivalent)
- Community admission avoidance extension (Rapid & equivalent)
- Care Homes project
- Optimising social care flow (Newton Europe outputs)
- Rehabilitation pathways (including stroke, neuro)
- Falls response service
- High impact users
- Hot clinics and advice & guidance
- Community infusion service
- Integrated frailty
- COPD community management
- Psychiatric liaison

3.3. Unmitigated & Mitigated Scenario

Healthier Together

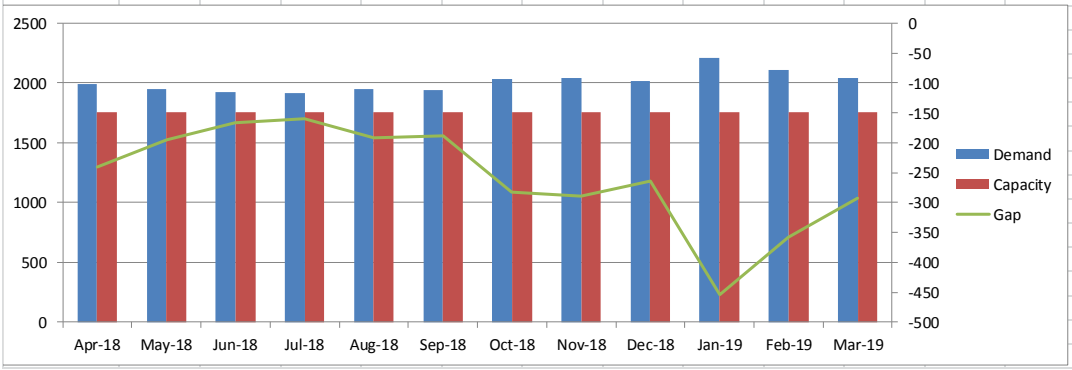
Whole System Bed (and Bed Alternative) Capacity and Demand Model

Scenario:	DO NOTHING
Bed Type:	TOTAL

Please use following key parameters

Occupancy Rate:	95% (Weston 92%)
Acute Hospital activity:	exclude Intensive Care, Children's (BRHC); Maternity (501 & 560); zero LoS incl Day Case, (Weston includes)
Community activity:	exclude Social Care funded capacity; Continuing Healthcare and Funded Nursing Care
Mental Health activity:	exclude Mental Health bed Capacity & Demand

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Demand	1992	1949	1921	1913	1946	1942	2036	2044	2016	2209	2113	2046
Capacity	1752	1753	1755	1753	1754	1754	1754	1755	1752	1754	1754	1754
Gap	-240	-196	-166	-159	-192	-188	-282	-289	-264	-455	-358	-292



The position above is based on individual organisational bed modelling across the system. It is a summary indicative position based on a theoretical model rather than an absolute position; work is ongoing to test upside and downside scenarios, and there is a process through the Service Delivery Oversight Group to identify and prioritise schemes to address the shortfalls.

A mitigated position will be presented in future iterations of this document.

3.4. Contingency Plans

These will be further developed based on the mitigated position

4. System Management and Escalation

4.1. Daily System Management and Escalation Calls

The BNSSG system has a well-rehearsed system of patient flow pressure monitoring and management. We have undertaken a comprehensive refresh of system management process, and will be continually reviewing the effectiveness of system management and escalation procedures. BNSSG have taken agreed clinical safety indicators to derive hospital OPEL levels which will trigger system management and escalation procedures.

The system management and escalation policy, along with standard operating procedures are provided within the appendices.

5. Local Plans

5.1. Care UK - 111

5.2. Out of Hours

5.3. Acutes

5.4. Community

5.5. Local Authority

5.6. Primary Care

6. Communications

6.1. Communications aims – Winter 2018/19

System communication aims for 2018/19 are:

- To change public behaviour to help prevent pressures on the urgent and emergency care system during the winter period.
- To build awareness of the work that the NHS is implementing to be prepared for the winter period.
- To ensure the health and care system responds to all reputational issues associated with performance during the winter period in a co-ordinated and credible way.

6.2. Key Messages

The key messages we will seek to communicate are:

- We anticipate another challenging winter but the NHS is well-versed in planning for winter pressures and we have a good track record locally of preparing for winter.
- Planning for this year started at the end of last winter, with the preparation of joint winter resilience plans between hospitals, community health services and social care services setting out where extra resources would be needed over winter.
- The public can help the local health and care system to cope with winter pressures by taking steps to keep themselves well, such as taking up the flu jab when offered and seeking advice at the first sign of illness.
- People can also help by using the right service for their needs and seeking advice from NHS 111 and local NHS websites if unsure.
- Prompt discharge from hospital is an especially high priority for the local health and care system during the winter period and people can support this by making sure that loved ones in hospital are helped to return home as soon as they are fit and able to do so.
- To break the cycle of pressure on services in the long term, we are improving the quality of care closer to home and changing the way the NHS deals with emergencies.

6.3. Key Audiences / Stakeholders

As in previous years, our priority audiences are:

- Older adults and people with long-term health conditions
- Parents of young children
- Pregnant women
- Carers

We will also target the following groups as key intermediaries and sources of information for patients and public.

- GPs
- Pharmacists
- Acute and community provider staff
- Care home staff.

6.4. Approach

Our approach will be aligned with national (NHS England/PHE) communications plans and priorities for winter 2018/19 and will support and amplify the established national 'Staywell' campaign which aims to reduce avoidable emergency hospital admissions by encouraging those at risk of winter illness to take simple steps to stay well.

Where people do need urgent care, we will support them to choose the most appropriate service for their needs, with a comprehensive local information campaign, distributed online and through community settings, detailing options for urgent care and when to use them.

Communications will be planned and delivered in partnership with a BNSSG resilience communications working group bringing together health and care communication leads from across the local system.

A system-wide communications protocol is in place that sets out the responsibilities and expectations of system partners in relation to communication handling during periods of escalation.

We will work with system managers and partner communications leads to co-ordinate media responses on escalation issues and ensure that the system responds to all reputational issues associated with performance during the winter period in a co-ordinated and credible way.

6.5. Evaluation

We will work with NHS England to support evaluation of the national campaign where appropriate and will work with system management leads and the BNSSG communications working group to adjust and refine local messaging, as required, over the course of the winter period.

7. Resilience Planning

7.1. Flu Management Plan

This flu management plan relates to the management of Seasonal Influenza. Also included in the appendices are preparedness and response detail for isolated outbreaks in season, pandemic, and out of season outbreaks.

The majority of influenza outbreaks occur during the influenza season when levels of circulating influenza are epidemiologically significant for the Chief Medical Officer (CMO) to issue their alert authorising the prescribing of antivirals in primary care FP10 prescription.

Frontline health and social care workers have a duty of care to protect their patients / service users from infection which includes getting vaccinated against flu. As well as protecting themselves, vaccination reduces the risk of them passing the virus to vulnerable patients, staff and to family members. Vaccination of healthcare workers with direct patient contact against influenza has been shown to significantly lower rates of influenza-like illness, hospitalisation and mortality in the elderly in healthcare.

7.1.1. Seasonal Flu Preparedness

BNSSG CCG

The impact on commissioning from a prolonged and widespread seasonal flu, is mainly staff not being able to work due to being ill themselves or having to provide care to dependants. Each service within BNSSG CCG should have an understanding of their priority functions and how these are continued to be delivered during staff shortages that last for a significant period within their service level business continuity plans. Those staff who are not ill, but are having to provide additional caring duties (due to school closures etc.), would be supported by more than usual opportunities for working from home; and most of our staff have the arrangements in place and equipment to do so. Working from home could also be used to reduce the risk of cross-infection in the event of an outbreak.

This year, as in previous years, BNSSG CCG are offering staff the opportunity to get immunisation with an influenza vaccine, free of charge, during the 2018/19 influenza season as a precautionary measure.

Our business impact analysis identifies the prioritised activities for the organisation which must be restored between 24 hours and five working days.

Plans identify how staff for redeployment to deliver these would be identified and redeployment facilitated.

Our BNSSG escalation arrangements detail the response and organisational responsibilities to management of surge in activity.

All our providers have flu vaccination programmes in place for their frontline healthcare staff with a target (CQUIN) of 70% uptake. In addition to staff vaccinations, community services have vaccination plans for housebound patients and AWP has made provision for both inpatient and community services users to have their vaccinations within their service. All three local authorities have plans in place to vaccinate their staff.

GP practices vaccinate at risk patients as per national guidance and target. This includes residential/nursing/care homes as per the Care Homes LES in place. This monitored by PHE/NHSE and CCG will offer support with regards to poor performing practices when identified. The seasonal flu vaccination is offered from end of September till February. Specific communications have been issued to all care homes within BNSSG as part of the Care Home Toolkit. Last year communications were issued to all practice managers on the importance of vaccinating care home residents this will continue to be the case in 18/19.

7.1.2. Seasonal Flu Response

BNSSG CCG response to surge in activity due to high occurrence of seasonal flu will be managed through the organisation's 24/7 system resilience arrangements as detailed in the BNSSG escalation policy. The CCGs' on-call rota now includes both Strategic and Tactical On-call to support a system wide multi-agency response, but also to ensure additional resource that can be deployed in a situation when staff numbers might be reduced. In hours the Strategic and Tactical on call staff are supported by additional resource from identified senior managers.

BNSSG CCGs will lead the system response through joint assessment of risks and prioritisation of services in accordance to need; redeployment of staff across the local area as appropriate, and purchasing additional bed and mortuary capacity as appropriate. CCGs will closely monitor service activity as well as support the continuity of services as far as is practicable as well as promoting a return to normality and the restoration of any disrupted services at the earliest opportunity.

Provider's arrangements for responding to surge in activity due to flu will be managed through overall surge and escalation arrangements. Flu prevalence is a trigger in OPEL and is identified in the daily system management (Alamac) calls and the prioritisation actions (cancelling out patients/elective/accelerated discharge/supporting care homes in admission avoidance) have been agreed.

GP or NMP will prescribe antiviral on FP10. Pharmacy obtains stock via wholesaler and dispenses FP10. Medication then supplied to patient.

The BNSSG system level desk top exercise to test our preparedness and response due to a surge in seasonal influenza will take place in early December.

CCG will pay for the antivirals via the prescribing budget. CCG will pay for flu vaccine for adults >65 yrs and at risk; PHE pays for flu vaccine for children.

BNSSG CCGs (and our local health and local authority partners) seasonal flu campaign (based on PHE/NHSE campaign materials) starts on 12 October 2017. An additional CCG press release with quotes from each Clinical Chair will be issued end of October. This campaign will have a significant presence within our social media and the 'stay well' materials have been distributed to GP practices and children's centres across BNSSG.

Uptake of BNSSG providers

Provider	Target	W/C 05/11/18	W/C 12/11/18	W/C 19/11/18	W/C 26/11/18	W/C 03/12/18	W/C 10/12/18
UHB	70%						
NBT	70%						
WAHT	70%						
BCH	70%						
Sirona	70%						
NSCP	70%						
AWP	70%						
Care UK	70%						
SWASFT	70%						

7.2. Infection Control Outbreaks

7.3. Adverse Weather

7.4. LHRP

8. Quality and Patient Safety

As outlined in section 1, the BNSSG system has revised urgent care governance arrangements and has created a single senior clinical group for the oversight of the quality and safety of the urgent care system. This Clinical Oversight Group approach was used to good effect as part of planning the temporary overnight closure of Weston Area Health Trust A&E department. The group will be responsible for oversight of the system safety and clinical quality, paying particular attention to front line service staffing resilience (including measures to manage staffing risks across providers) and the performance of acute providers against key system-derived safety metrics as outlined below:

Ref	Target	Description	Measure	Frequency
1	A nominated consultant safety lead and documentation that safety is an agenda item on team meeting papers	Daily safety huddle (with nursing & medical attendance	YES/NO	Daily
2	Monthly governance meeting		YES/NO	Monthly
3	% of incidences reported per 100 attendances		%	Weekly
4	Evidence of systematic and active learning from incidences	monthly thematic review and bulletin	YES/NO	Monthly
5	Risk register up date with active risk management	Monthly governance meeting	YES/NO	Monthly
6	Evidence of Mortality and Morbidity engagement by all staff	Monthly M&M meeting	YES/NO	Monthly
	total deaths in ED		n	Monthly
	% deaths reported using RCP mortality tool		%	Monthly
	numbers of deaths recorded as RCP 1 or 2		n	Monthly
7	Robust process for results management		YES/NO	Annual
8	Regular meeting of ED junior staff with Educational Supervisors		YES/NO	Quarterly
9	Information, policy and patient pathways clearly available to all ED clinical staff		YES/NO	Quarterly
10	Handover happening at each shift change using ABCDE approach		YES/NO	Weekly
11	Involvement in RCEM audit and local audit programme		YES/NO	Quarterly
12	% majors patients with SHINE documents completed		%	Daily
1	% time most senior doctors in department is a locum		%	Weekly
2	Hours of consultant agency as a percentage of rosta provision		%	Weekly
3	Hours of junior doctor agency as a percentage of rosta provision		%	Weekly
4	Hours of nursing agency as a percentage of rosta provision		%	Weekly
5	Hours of ENP agency as percentage of rosta provision		%	Weekly
6	Median time to initial assessment	(for all patients)	mins	Daily
7	Median wait for treatment for all patients	(Using time to arrival to treatment start time)	mins	Daily
8	Mean DTA waits	(Using decision to admit and attendance disposal)	mins	Daily

The following metrics are included in the metrics monitoring clinical oversight and safety. These are now incorporated into BNSSG system management and are captured daily, and if the resulting measure triggers any organisation to be OPEL 4, or if the system OPEL level is 3 or above, then a system management call will be instigated. Providers can also request a system management call in the eventuality that a call is required but not triggered through the below mechanism.

University Hospital Bristol		North Bristol Trust		Weston Area Health Trust	
(UHB) Number of Patients Queuing in ED Corridor at 1000	<= 1	(NBT) Number of Patients Queing in ED Corridor at 1000	<= 2	(W) Number of Patients Queuing in ED Corridor at 1000	<= 0
(UHB) Number of Patients in ED with DTA at 1000	<= 5	(NBT) Number of Patients in ED with DTA at 1000	<= 5	(W) Number of Patients in ED with DTA at 1000	<= 3
(UHB) Resus Capacity at 1000	>= 3	(NBT) Resus Capacity at 1000	>= 3	(W) Resus Capacity at 1000	>= 3
(UHB) Number of Patients Currently in ED at 1000	<= 12	(NBT) Number of Patients Currently in ED at 1000	<= 30	(W) Number of Patients Currently in ED at 1000	<= 20
(UHB) 12hr Breaches Currently in the Department at 1000	<= 0	(NBT) 12hr Breaches Currently in the Department at 1000	<= 0	(W) 12hr Breaches Currently in the Department at 1000	<= 0
(UHB) 4hr Breaches Currently in the Department at 1000		(NBT) 4hr Breaches Currently in the Department at 1000		(W) 4hr Breaches Currently in the Department at 1000	
(UHB) BRHC OPEL Status	<= 1				
(UHB) Number of Ambulance Handover Delays >60mins at 1000	<= 0	(NBT) Number of Ambulance Handover Delays >60mins at 1000	<= 0	(W) Number of Ambulance Handover Delays >60mins at 1000	<= 0
(UHB) Urgent Operations Cancelled (due to lack of capacity) at 1000	<= 0	(NBT) Urgent Operations Cancelled (due to lack of capacity) at 1000	<= 0	(W) Urgent Operations Cancelled (due to lack of capacity) at 1000	<= 0
(UHB) Elective Operations Cancelled (due to lack of capacity) at 1000	<= 0	(NBT) Elective Operations Cancelled (due to lack of capacity) at 1000	<= 0	(W) Elective Operations Cancelled (due to lack of capacity) at 1000	<= 0
(UHB) Number of Escalation Beds Open at 1000	<= 0	(NBT) Number of Escalation Beds Open at 1000	<= 0	(W) Number of Escalation Beds Open at 1000	<= 0
(UHB) Number of Outliers (excluding paediatrics) at 1000	<= 10	(NBT) Number of Outliers (excluding paediatrics) at 1000	<= 1	(W) Number of Outliers (excluding paediatrics) at 1000	<= 5
(UHB) % of Beds Closed Due to Infection Control (as a % of total G&A beds) at 1000		(NBT) % of Beds Closed Due to Infection Control (as a % of total G&A beds) at 1000	<= 1	(W) % of Beds Closed Due to Infection Control (as a % of total G&A beds) at 1000	<= 0
(UHB) % of Beds Closed Due to Infection Control That Are Empty (as a % of total G&A beds) at 1000	<= 0	(NBT) % of Beds Closed Due to Infection Control That Are Empty (as a % of total G&A beds) at 1000	<= 0.5	(W) % of Beds Closed Due to Infection Control That Are Empty (as a % of total G&A beds) at 1000	<= 1
(UHB) G&A bed occupancy for acute hospital / community beds at 1000	<= 92	(NBT) G&A bed occupancy for acute hospital / community beds at 1000	<= 90	(W) G&A bed occupancy for acute hospital / community beds at 1000	<= 85

9. Risk Log

10. Appendices