

Report to the NHS Somerset Integrated Care Board on 1 December 2022

Title: Somerset ICS Surge Plan	Enclosure D
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Version Number / Status:	0.3
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Summary and Purpose of Paper –

The Somerset System Surge Plan for 2022/23 aims to demonstrate that the ICS:

- Reflects a whole system approach to the delivery of services over the next year
- Is building upon the learning from the previous winter plan and surge events
- Understands the demand on all sectors and their dependency on one another
- Has a single escalation system and is explicit about the expectations of each organisation, particularly in periods of heightened escalation
- Will ensure that seasonal or Covid demand will not compromise patient care, experience and service standards
- Has robust policies and procedures in place to ensure that patients remain safe in our health and care services
- Has identified the potential risks and has actions in place to mitigate against them

It is to be noted that the Somerset Surge Plan is currently in draft form and will continue to be adapted locally throughout the winter and known periods of surge.

Recommendations and next steps

The Integrated Care Board are requested to **Note** the Somerset System Surge Plan for 2022/23.

Impact Assessments – key issues identified

Equality	Equality and diversity is at the heart of Somerset ICBs work, giving due regard to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it, in its functions including financial performance. The Somerset Surge Plan aims to ensure equity in access to services for all Somerset Residents, even during periods of surge.
Quality	The Somerset Surge Plan aims to improve the quality of service delivery for patients throughout the year.
Safeguarding	The Somerset Surge Plan aims to ensure safe patient care throughout the year. Where potential risks have been identified, actions are being enacted to mitigate against these risks.

Privacy	Not Applicable.			
Engagement	The Somerset Surge Plan has been developed through the Surge Planning Group and Urgent Care Operational Group which consists of a wide range of system stakeholders who work collaboratively on the Urgent Care work programmes.			
Financial / Resource	Financial and resource implications have been identified as part of the planning process.			
Governance or Legal	Not Applicable.			
Sustainability	Not Applicable			
Risk Description	Risks and mitigating actions have been identified as part of the planning process.			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
	N/A	N/A	N/A	N/A



Surge Plan 2022/23

A&E Delivery Board for System Wide Urgent and Emergency Care



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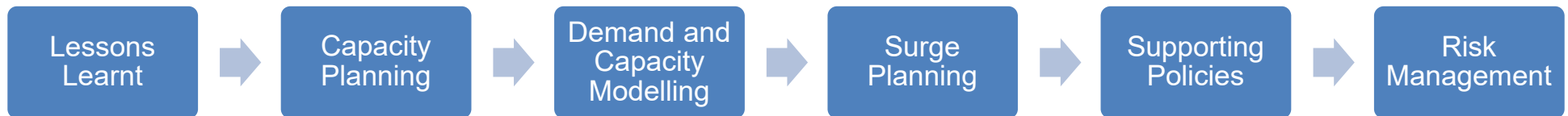
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Version Control

Version	Date	Comments
0.1	19 May 2022	First iteration for consideration with Surge Planning Group
0.2	22 July 2022	Second iteration with inclusion of the Draft Demand and Capacity Modelling
0.3	29 September 2022	Third iteration with Winter Schemes and revised Demand and Capacity Modelling

Introduction

This Somerset System Surge Plan sets out the arrangements for year round surge planning and service delivery from Summer 2022 – Easter 2023 for the Somerset urgent and emergency care system. The plan is structured as below:



The plan has been produced in collaboration with the main stakeholders and is owned by all members of the Somerset A&E Delivery Board for System Wide Urgent and Emergency Care.

The surge plan aims to demonstrate that the Somerset system:

- Reflects a whole system approach to the delivery of services over the next year
- Is building upon the learning from the previous winter plan and surge events
- Understands the demand on all sectors and their dependency on one another
- Has a single escalation system and is explicit about the expectations of each organisation, particularly in periods of heightened escalation
- Will ensure that seasonal or Covid demand will not compromise patient care, experience and service standards
- Has robust policies and procedures in place to ensure that patients remain safe in our health and care services
- Has identified the potential risks and has actions in place to mitigate against them

Introduction

Approach

The A&E Delivery Board have agreed to collaborate on an annual surge plan rather than just the usual emphasis on Winter. The plan will therefore focus on ensuring that we have the required capacity to deal with the demand that we are seeing within our system throughout the year. Our plan will also focus on planning for surge, further outbreaks of Covid, Paediatric Respiratory Syncytial Virus (RSV), Critical Care and maintaining our elective activity. Due to the unprecedented demands placed on our health and care services due to the outbreak of Covid, our planning this year needs to be more robust and take into account these additional factors.

Development of the Surge Plan

- All system partners have provided organisational leads who have been supporting the development of the plan and Surge Planning meetings takes place regularly
- The plan is then reviewed by the Somerset Urgent Care Operational Group before being signed off by the Somerset A&E Delivery Board
- Learning from last Winter and learning from Covid informs the plan which is in addition to learning from schemes that have been implemented to support admission avoidance and providing additional support and capacity
- The plan is also supported by individual organisational plans
- The plan is under constant review and development and identifies the actions that will maintain patient safety and clinical quality over the period of expected surge in demand throughout the year
- All system partners recognise that Summer 2022 until next year will be continue to be challenging with anticipated high demand, pressure on community and hospital capacity, and gaps in local workforce. The system is committed to working together to manage these challenges, learning from our experience of previous Winters and Covid

Winter Resilience

NHS England published a letter in August outlining the 'Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter'. ICBs are accountable for ensuring that their system providers and other partners deliver their agreed role in local plans and work together effectively for the benefit of the populations they serve. The letter defines six specific metrics that will be used to monitor performance in each system:

- 111 call abandonment
- Mean 999 call answering times
- Category 2 ambulance response times
- Average hours lost to ambulance handover delays per day
- Adult general and acute type 1 bed occupancy (adjusted for void beds)
- Percentage of beds occupied by patients who no longer meet the criteria to reside

There are also a set of core objectives to improve operational resilience:

Our collective core objectives and actions are to:

- 1) Prepare for variants of COVID-19 and respiratory challenges
- 2) Increase capacity outside acute trusts
- 3) Increase resilience in NHS 111 and 999 services
- 4) Target Category 2 response times and ambulance handover delays
- 5) Reduce crowding in A&E departments and target the longest waits in ED
- 6) Reduce hospital occupancy, through increasing capacity by the equivalent of at least 7,000 general and acute beds
- 7) Ensure timely discharge, across acute, mental health, and community settings
- 8) Provide better support for people at home, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.

Winter Resilience Team

Somerset ICB Approach

Somerset ICB have established a 'Winter Resilience Room' and team to co-ordinate our approach for winter across the Somerset system focusing on all aspects of operational delivery not just urgent and emergency care. The focus will be in two main areas:

1. Centralised daily reporting including a live data feed where possible to ensure there is real time reporting across the system so we know where the pinch points and pressures are escalating. This ensures we can have a proactive approach to supporting the system and not a reactive approach
2. Monitoring the actions that we need to have in place for winter to ensure we mitigate as much pressure as possible. As a team, we will be following up on actions and holding all system partners to account

Somerset ICB Incident Coordination Centre will be the single point of contact and ensures that we have a 7 day a week response. The Winter Resilience Team will be having daily huddles, briefing ICB directors and having weekly CEO/Exec Director level meetings across the Somerset system.

There will be rigorous monitoring in place from a national / regional / local perspective and the team will be co-ordinating all of the action plans that have been developed including 100 Day Discharge Challenge and the Ambulance Handover Improvement Plan. These have been combined into one overarching action plan.

Somerset ICB will be pulling in key individuals into the team on a 'as needs' basis from across the ICB and the system as subject matter experts.

Lessons Learnt From the Easter and Jubilee Bank Holiday Weekends 2022

Somerset NHS Foundation Trust (Acute)

What went well

- Discharge Lounge operated effectively (seven day a week service)
- Weekend ward rounds
- Discharged above predictions on three out of the four days
- Additional matron on site to check on wellbeing of ward and department teams
- Effective system wide working particularly with YDH

Perceived gaps for weekend and Bank Holiday working

- Reduced Discharge Team capacity
- Unable to discharge patients to normal place of residence in a care home – no access to managers at weekends
- Admission avoidance – no adult social care cover on a Sunday
- Patient transport provision – provider unable to meet demand
- Short notice staffing shortages
- Ward closures for infection control (Norovirus and Covid)
- Ambulance delays

What would fill those gaps?

- Scope potential to increase number of Discharge Team
- Potential to implement a system for cross cover of care home managers
- Having a seven day admission avoidance service
- Admission avoidance – now have adult social care cover on a Sunday
- Consistent intermediate care discharge capacity at the weekend

Lessons Learnt From the Easter and Jubilee Bank Holiday Weekends 2022

Yeovil District Hospital NHS Foundation Trust

What went well

- Clinical Nurse specialist cover over the bank holiday period – except palliative care
- iCARE week leading up to and immediately after the 4 day weekend.
- Positive drive on discharges leading up to the weekend – good flow out to intermediate care
- Great support from Ward Sister's & Matrons with challenging No reason to reside / pathway 0 patients
- Jubilee – beds available leading up to weekend therefore flow and ED performance maintained over weekend

Perceived gaps for weekend and Bank Holiday working

- Palliative Care CNS not on site but 24/7 telephone advice.
- Longer pharmacy cover during the day
- Lack of decision making on the day over the weekend by speciality teams
- Minimal engagement from Consultants with predicted discharge lists
- AP shift uncovered.
- Medical twilight started too late (12 midday) so delayed in getting to the wards for decision making re discharge reviews
- No contactable IPC cover (unable to get in touch with IPC at SFT for advice)
- Reduced PLT cover at night due to gaps in the rota & Sickness

What would fill those gaps?

- Discharge Hit Squad
- Predicted discharge list collated with Consultant engagement during ward rounds on the day before bank holiday
- Longer Pharmacy working hours on the wards
- Accessible IPC guidance
- Robust PLT service at night.

Lessons Learnt From the Easter and Jubilee Bank Holiday Weekends 2022

Somerset NHS Foundation Trust (Intermediate Care)

What went well

- SFT temporary deployed workforce assigned to D2A helped to enhance capacity
- Focused work with care homes to ensure available bed capacity well utilised. This involved a small number pre-agreed weekend admissions to care homes
- Focused work on freeing up D2A capacity ahead of the weekend
- Good D2a therapy cover
- CRS therapists supporting RRS
- VCS leading up to and during weekend/bank holiday

Perceived gaps for weekend and Bank Holiday working

- PW1 provider capacity at weekends / bank holidays is low
- Discharges from bedded units over weekends is minimal due to onward care/support not accessible
- Trusted assessor capacity
- Workforce challenges across pathways

What would fill those gaps?

- Recruitment targets set for PW1 providers to enhance weekend cover – unlikely to take effect by Jun B/H
- Use agency, incentives, bank where able to overcome workforce challenges
- Trusted assessor weekend capacity and care home decision makers needed at weekends/ bank holidays

Lessons Learnt From the Easter and Jubilee Bank Holiday Weekends 2022

Devon Doctors – Integrated Urgent Care Service

What went well

- We moved all prescriptions to the script queue to ensure the prescriptions were dealt with by the pharmacy team.
- All failed contacts were dealt with by an allocated clinician on shift.
- High acuity patients were allocated a clinical advisor.
- Clinicians were allocated to high priority queue.
- Utilising HVP for the visits.
- Lead CAS clinician streaming to the TC where the capacity allowed.
- Patient Safety calling was managed throughout by the 111 HA.
- Going out to the wider system to see what capacity they would have over the busy periods.

Perceived gaps for weekend and Bank Holiday working

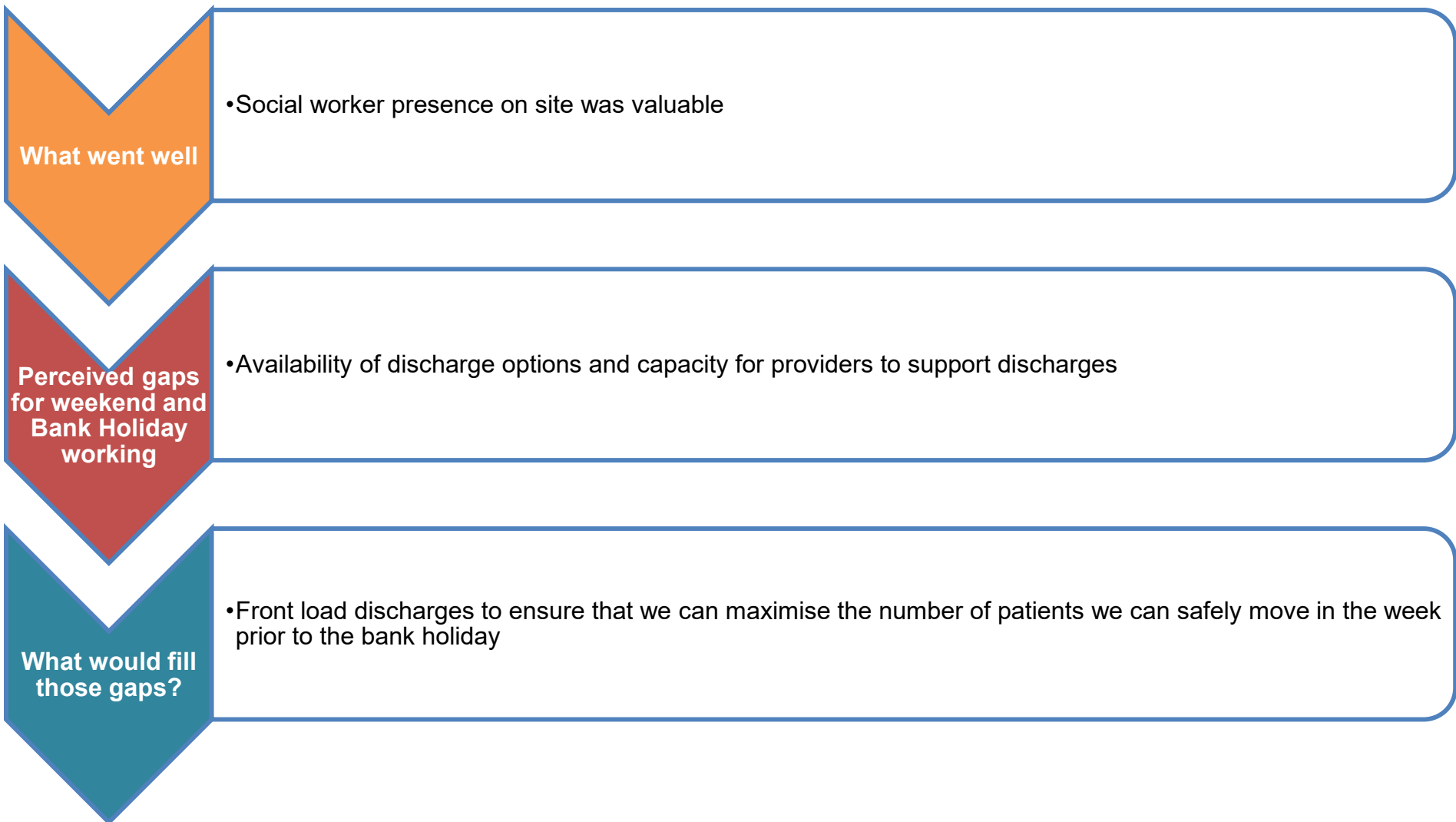
- All gaps could have a possible impact on the service as we have to move resource to fit the demand on the service. This is managed in real time.
- 111 – Saw very high clinical activity over the weekend, coupled with national contingency activations and CAS closures. This meant that our AHT was higher and our clinical queue increased. In order to keep our clinical queue safe further additional patient safety callers were scheduled, this ultimately has an impact on the front end resource and our ability to answer calls.

What would fill those gaps?

- Adjust some of the shift times and allocations
- Enhancements in place already
- Additional contacts to be made with the adjusted shift times
- Shifts being published in advance therefore are staff are able to plan their shifts more proactively
- Agency resource in real time and also proactively seeking help from the agency prior to the busy periods.
- 111 - SMT would be deployed onto the front line to assist with the demand.

Lessons Learnt From the Easter and Jubilee Bank Holiday Weekends 2022

Somerset County Council – Adult Social Care



Lessons Learnt From the Easter and Jubilee Bank Holiday Weekends 2022

South Western Ambulance Service NHS Foundation Trust (SWAST)

What went well

- Good levels of resourcing especially throughout the Jubilee BH WE
- Good levels of clinical support / 'Heat & Treat'
- Activity levels over Easter with a reduction seen on previous years over the key dates
- Reduction in handover delays on most days

Perceived gaps for weekend and Bank Holiday working

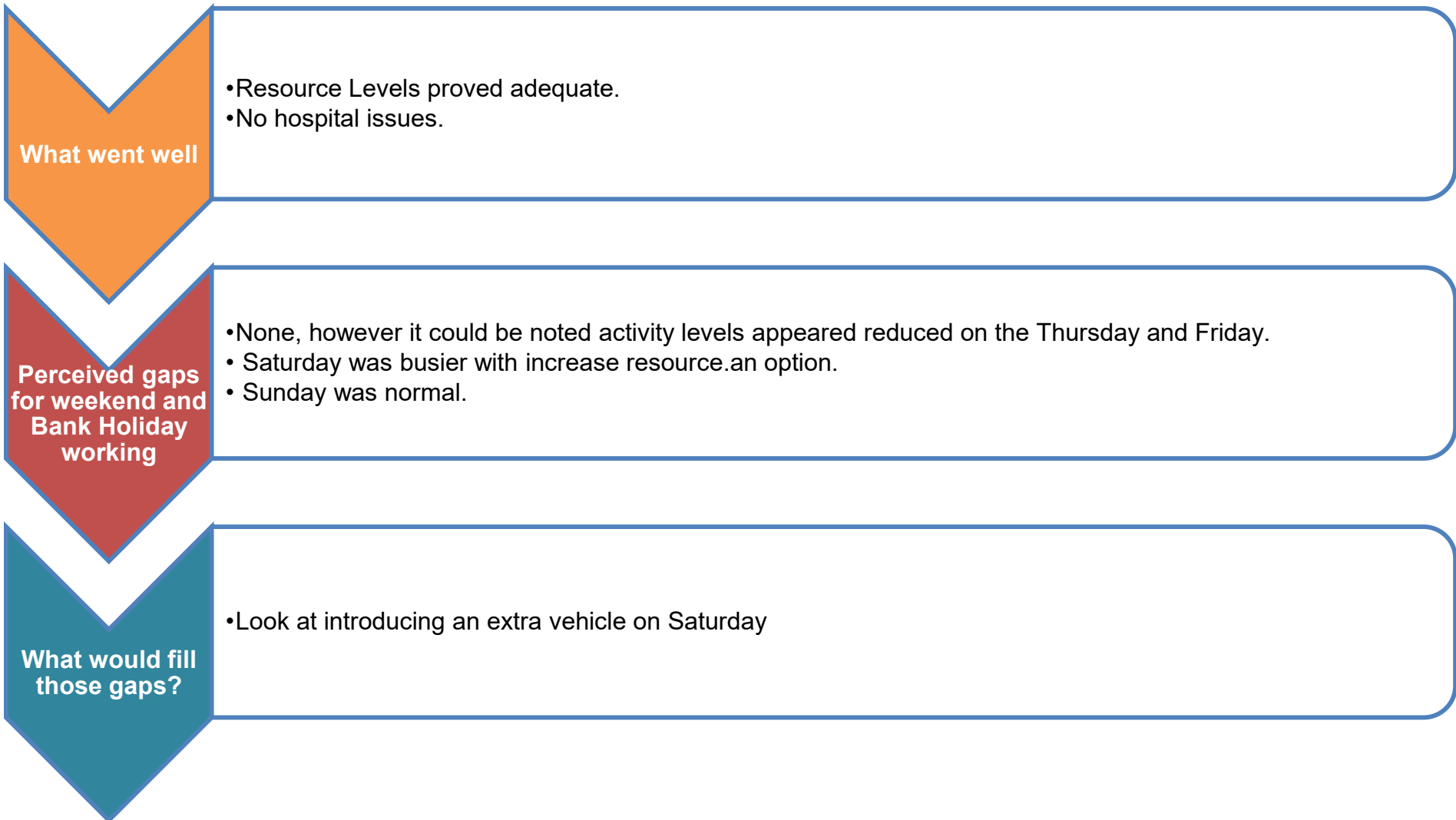
- Potential for short notice abstractions / workforce gaps
- Increased activity levels/demand especially over the Jubilee Bank Holiday Weekend

What would fill those gaps?

- Use of targeted overtime with incentives
- Additional agency resources.
- Increased resource availability through a reduction in handover delays

Lessons Learnt From the Easter and Jubilee Bank Holiday Weekends 2022

E-Zec



Priority Areas of Focus for 2022 / 23

Priority areas for the system to work together on for the next year are:

SFT	YDH	SWASFT	Devon Doctors
Admission avoidance initiatives – maximise every opportunity to prevent admissions (care homes, ASC, primary care, neighbourhood teams)	Improving ambulance handover delays – review processes and work with new HALO role	Reduction in over 15/30/60 minute handover delays	To continue to recruit to our full clinical FTE establishment.
Patient transport – escalation framework and business continuity, severe weather arrangements, capacity management	Continue to work with system to improve no reason to reside patient cohort and criteria led discharge	Improvement in response metrics (Category 1 & 2 Mean)	Utilise our TC bases and maximize appointments.
Understanding system performance (staff fill rates, service provision) monitoring (daily levels – sharing across system), availability (ASC, neighbourhood teams etc.) and maximising benefits (improving working together & shared risks)	Homelessness system piece of work – streamline pathways	Alternative Care Pathways / SDEC	To ensure our work force planning is robust and we have staffing in line with the current demand and that rota fill is prioritised to ensure we protect the wider system.
	Virtual wards – Frailty and Respiratory	Workforce recruitment/ retention and Use of volunteers	During periods of surge and escalation, we follow all EPRR actions.

Priority Areas of Focus for 2022 / 23

Priority areas for the system to work together on for the next year are:

Mental Health	Primary Care	Adult Social Care	Ezec
Implementation of the Somerset Dementia Wellbeing model to improve diagnosis and enhance support in the community for people with dementia and their carers to slow deterioration and prevent admissions	To work with system partners to on SDUC in accordance with the Fuller report.	Reviewing homecare delivery, working with providers to identify opportunities to expand the market and ensure that we can increase capacity alongside the significant increase that we have seen in demand.	Provision of Dedicated Discharge Vehicles to support MPH & Yeovil.
Planning for implementation of the NHS111 mental health offer (linked to FRS above)	Continuation of the embedding of the CPCS building on previous year successes.	Focusing on the Social Care reforms and the fair cost of care exercise for social care.	Support to recruitment to ensure levels are achieved.
Development of the mental health rehabilitation model, part of the CMHS transformation work, which aims to support people leaving services to sustainably live in the community		Working within the remit of the Proud to Care initiative to support recruitment and retention activities for the wider social care workforce	Resource and Activity modelling used to predict peak demand.
Development of a First Response Service (FRS) which will bring together crisis line, Home Treatment Teams and Crisis Safe Spaces			

Capacity Planning

Winter Schemes

A number of schemes have also been implemented across the Winter Period in order to support demand, capacity and discharge. These schemes include:

- Winter Surge Intermediate Care Beds and Workforce
- Virtual Wards - Heart Failure & Surgical Beds
- OPMH/Complex Needs Capacity
- Care Pods - Development of five temporary care pods each providing 200 hours of direct delivery
- 4.0 WTE Discharge Facilitators for Intermediate Care bedded units
- 1.0 WTE Social Work Practitioner in Primary Link
- Additional Patient Transport to support discharge and transfers
- Extension of Discharge Lounge opening times for Weekends
- Discharge facilitators available within Musgrove Park hospital

It is anticipated that this combination of schemes will deliver the below support, and mitigations have been included in the demand and capacity modelling for these schemes:

- Reduction in the number of patients not meeting criteria to reside, remaining in hospital or within the intermediate care service
- Reduction in Length of Stay
- Support the Ambulance Handover Trajectory with improved system flow
- Admission Avoidance
- Improved patient experience

Capacity Planning

Additional Schemes / Admission Avoidance

There are a multitude of additional services or schemes ongoing to mitigate demand, avoid admissions and to provide additional support to the system :

- **Care Homes** – Supporting TEPs and admission avoidance where possible
- **DoS** – Ensuring DoS is up to date for all Pathways and optimised to ensure best referral pathways are utilised
- **GP Community Pharmacist Consultation Service** – rolling this out successfully across Somerset to reduce low acuity GP appointments and pressure elsewhere in the system. To date, 59 of 64 practices are utilising the service with 16,750 patients referred since July 2021. This has increased the availability of appointments for patients presenting with higher acuity conditions across the system
- **Homeless/Rough Sleepers Nursing Service** – Providing support and engagement, and treatment for basic health checks, wound care, blood tests, help with medical appointments, advise and support with medication concerns, sexual health promotion, contraception, dental health, swabs, removal of stiches and confidential advice and advocacy.
- **Hospital Ambulance Liaison Officer (HALO)** – To assist with quicker flow into Hospital, to reduce ambulance handover delays and improve patient experience.

Capacity Planning

Additional Schemes / Admission Avoidance (*Continued*)

- **Mental Health Clinicians in the Hubs** – We have commissioned specific mental health support into the ambulance clinical hub reducing pressure on other parts of the mental health system, supporting patients by speaking to appropriate clinical staff members. We anticipate seeing a continued reduction in see and treat and see and convey for patients with mental health need by focusing on improving the offer at the hear and treat stage. There has been a significant proportionate reduction in ED conveyance for MH patients since implementation.
- **Somerset Ambulance Doctor Car (Previously GP 999 Car)**– seeing the more complex patient cohort and keeping them at home as much as possible. The new service provides near patient measuring capabilities will include blood ketone testing to enable detection/exclusion of diabetic ketoacidosis (and, importantly, initiate safe management in borderline threshold cases that may otherwise have been conveyed for hospital admission). Each RRV will have the ability to undertake an extended range of near-patient blood tests, enabled using the mobile Abbott iStat1 point-of-care blood testing platform in addition will be able to carry our POCUS ultrasounds.
- **Ubuntu Service** - is in place to support those people identified as having high intensity use of our emergency services. This is a partnership project where the principles of the service are to de-escalate issues by one-to-one coaching and support services. The Ubuntu Health Coach will act as an advocate for each patient, guiding them through the complex journey and multifaceted approach which has resulted in appropriate use of unscheduled care

Further work taking place across the system to support capacity is outlined in slides 17 – 37.

Capacity Planning

Think 111 First – Somerset

Somerset continues to promote 'Think 111 First' for people who need urgent care. This initiative was established in December 2020. Members of the public are advised to contact the NHS 111 service either through the telephone or online, at any time of day or night, to get medical advice and care and especially encourages people to contact 111, before attending A&E. This will help to ensure that people can safely receive the right care, in the most appropriate setting, whilst relieving pressure on hospital emergency departments.

Trained NHS advisors will ensure that people can quickly access advice and guidance on the right care for their needs – this could be self-care, going to a pharmacist, or through an appointment with a GP. If needed, experienced clinicians will make a referral directly to GP surgeries, Emergency Departments (A&E) Minor Injury Units and other urgent care services. For relevant calls referred into the local Clinical Assessment Service (CAS) enables healthcare professionals to advise those patients on the most appropriate healthcare service for their needs - potentially avoiding an unnecessary trip to hospital and links those patients to GP Out of Hours support be it home visit or treatment centre appointment.

Somerset Integrated Urgent Care Service, which NHS 111 forms part of, helps more people to benefit from early clinical assessment over the phone, or online and supports the NHS to manage the flow of patients when capacity in waiting rooms is much smaller than before, to maintain distancing and reduce the risk of infection whilst providing a good patient experience.

By contacting NHS 111 as the first point of contact people benefit from early clinical assessment, and if urgent, but not emergency care is needed, a defined arrival time slot will be provided – either within a Minor Injury Unit or A&E at Musgrove Park Hospital, or Yeovil District Hospital. For minor and routine healthcare needs, people are encouraged to self-care, contact their local community pharmacy or GP surgery in the usual way.

Capacity Planning

Think 111 First – Somerset (*Continued*)

The Somerset system has a 111 First Clinical Group which oversees the work for 111 First and reports into the Somerset A&E Delivery Board. This group continues to implement and refine the booking processes from the Somerset CAS to ED and MIUs in light of the forthcoming Booking and Referral Standard (BARS). The group also prioritises Same Day Emergency Care (SDEC) pathway development to increase the number of patients seen through these pathways, ensuring there is robust data to support this. Main areas of focus are:

- Continue to promote the use of NHS 111 as a primary route into all urgent care services through regular communications with the general public.
- Continue to develop communications for all health and social care colleagues so that staff are informed about the 111 First messaging and to be aware of alternative pathways through which patients can be referred be it SDEC, Urgent Community Response etc.as well as being aware of digital enablers to support direct booking of patients into these services.
- Ongoing review of Think 111 First in terms of a data dashboard alongside patient and staff feedback
- Maximising the use of booked arrival slots in A&E and MIUs and developing a trajectory to achieve the expectation that at least 70% of all patients receive a booked time slot to attend.
- Work with Digital colleagues to support implementation of BARS and additional functionality to support potential to broaden direct booking to other services (and by other providers).
- Support development of NHS 111 regional call handling capability including ensuring all pathways are reflected in the Directory of Service and that the local IUCS model remains including CAS validation.
- Support development of mental health IVR provision on NHS 111 for Somerset
- Working with our Urgent Community Response Service and CAS for referrals via NHS 111 (and 999) to ensure the process is robust
- Ensure all referral pathways have been opened up to other services from NHS 111/CAS and booking mechanisms are established where possible
- Continuation of the Integrated Urgent Care Service role of CAS clinical validation of NHS 111 (telephony and online) low acuity 999 and ED dispositions

Capacity Planning

Same Day Emergency Care (SDEC)

The Somerset System are involved in a Same Day Emergency Care (SDEC) Pilot supported by NHS England and Improvement, both nationally and regionally, with the aim of increasing the number of patients to SDEC, primarily through NHS 111, to ensure patients receive the most appropriate service for their needs. This will reduce ED attendances whilst improving patient experience.

The Think 111 First Clinical Group includes the SDEC workstream within its remit. The work is further supported by an SDEC / Somerset Primary Link group . This group is looking to develop SDEC more broadly than via NHS 111 alone and are working with primary care and SWASFT partners to increase the number of referrals into SDEC services.

Integrated Urgent Care (IUC) clinical validation of ED dispositions (from NHS111) is a key component to supporting Think 111 First: this, in turn, will support identification of SDEC-appropriate patients coming into the IUC Clinical Assessment Service (CAS). A business case to support ongoing IUC CAS validation and Think 111 First costs and a case to increase SDEC provision to 7/7 submitted by Somerset FT have been approved to support this work.

As at May 2022 referral rates from 111, nationally, via DOS data have been is at approx. 600 referrals a month which is equivalent to March 2021 position when national referral rates were ranging from 6 - 36 per week but mostly averaging between 10 -12 per week. The initial Somerset trajectory leads to 15 cases per month to be referred into each Trust's SDEC pathways. This is an initial trajectory mapped for planning purposes based on limited baseline data and is therefore subject to change. Further trajectories will be established as the work progresses and extended to include primary care and SWASFT as the work continues as well as monitoring metrics to discern levels of appropriate / inappropriate referrals.

Capacity Planning

Same Day Emergency Care (SDEC) (*Continued*)

In Scope:

- Admissions to hospital with a stay of less than one day
- Medical and surgical pathways
- Community ambulatory pathways
- Mapping out referral criteria
- Referrals from NHS 111 (via IUC CAS), in-hours primary care and SWASFT
- Ensuring compliance with current Information Sharing Agreement

Not in Scope:

- Think 111 First
- Emergency admissions to MAU and SAU (with a hospital stay of 1 or more nights)
- Other associated service developments / improvements including supporting and reinforcing multi-disciplinary clinical skillset within the IUC Clinical Assessment Service and expansion of SDEC pathways within Trusts

Capacity Planning

Clinical Validation

The Somerset IUC service now has well imbedded Enhanced Clinical Validation. The process is that all patients, be it via 111 telephony or online that have an ED or low acuity 999 disposition after assessment are validated by a non-NHS Pathways clinician. The downgrade rates with non-Pathways clinicians have been in the region of 90% and 70% for 999 and ED respectively.

This forms part of the core service system contribution and has been an ongoing priority since its inception in December 2020. This process ensures that the numbers of patients that are going to 999 and ED from the IUC service are appropriate.

In order to support this going forward, in the event of challenges in the rota, clinical resource will be moved from Triage where appropriate in order to ensure that this is maintained.

2- Hour Urgent Community Response

Two-hour urgent community response is in operation providing a clinically robust service county wide receiving referrals 08:00 – 20:00, 7 days a week.

Somerset Ambulance Docare also providing support in pulling from SWAST stack, linking with Rapid Response/UCR/Neighbourhood teams as needed. We are also working with SWAST and SWAST joint commissioners to achieve a “Pull” model, taking all 2-hour UCR appropriate patients directly from the stack to avoid the need for an ambulance call out. .

The two-hour crisis response is profiled on the Director of Services and operational.

Communications are circulated to front line staff to encourage referrals and shared internally via email. Data is being collected and gaps will be identified to enable promotion of more referrals

Capacity Planning

Hospital at Home (Virtual Wards)

The Somerset model of Hospital at Home will be a key component of the winter/surge capacity plan through the ability to manage patients outside of the hospital environment. This will be achieved through:

- Reducing length of stay and avoiding hospital admissions, releasing bed capacity
- Reducing A&E attendances
- Reducing Ambulance call outs
- Reducing GP appointments

The service will support both respiratory and frailty patients.

The service is still in development however the proposed trajectories see the service commencing with 10 virtual respiratory beds in September, building to 100 in March 23. The frailty Hospital at Home service will commence in November with 75 virtual beds building through the winter up to a maximum capacity of 140 in May 23.

Capacity Planning

Somerset NHS Foundation Trust – Acute

Accurate demand and capacity planning is the cornerstone of system planning to ensure there is sufficient capacity for the predicted levels of attendance and subsequent occupancy. Based on previous years planning it is probable several actions will be required:

- The potential requirement for a further 35-70 beds at the projected peak point required bed base
- To manage bed occupancy at 95% or below. This includes external and internal projects and schemes.
- The need to consider how the elective programme will be managed in line with national direction.
- The need to open escalation capacity in a safe and co-ordinated way.
- The requirement to staff adequately in advance any escalation capacity.
- The requirement to maintain patient flow through ED even during the peaks of demand.

All admission areas and criteria are reviewed to address balance of maintaining a COVID surge plan and the business-as-usual demands. Close management of infection outbreaks managed through early identification and isolation. Escalation plans are in place to manage predicted patient flow, capacity and demand with escalation beds identified for use in prioritised order.

Discharge remains a priority daily feature in all areas across the hospital with a focus on intermediate care, NCTR, CLD, JETT, OPAL and LLOS numbers as part of the admission avoidance schemes.

The acuity/dependency of patients is also monitored closely as this affects the type and amount of care required. If there are concerns regarding safe staffing following an assessment staff may be moved to that area.

Capacity Planning

Somerset NHS Foundation Trust – Acute *(Continued)*

Maintaining normal staffing levels planned with focus given to all high impact areas. Ward rounds are scheduled over the weekends. Staff rosters are regularly monitored to ensure adequate and appropriate staffing levels. The Trust has a safe staffing policy and a system for monitoring staffing daily. There is a process for escalating concerns and ensuring actions are taken so that services are safely staffed including informing the chief nurse of any areas of concern.

Support mechanisms are in place with on call rotas including strategic, tactical and clinical directors, operational managers and communication team. This ensures management support is available to deal with service issues and effective communications are maintained throughout this period. Usual on-call and out of hours arrangements for all support services will apply.

During the school holidays, pressures on the emergency department increases substantially, creating longer waiting times and putting more demands on emergency staff. All school holidays are normal working weeks with all areas of the hospital in full operation.

Twice weekly and prior to each school holiday Criteria to Reside events/reviews are scheduled to support flow around pressure points and adjust daily working practices to ensure that the right number of staff can do the right thing at the right time to support the safe, effective and timely discharge of patients.

7-day discharge lounge open seven days a week 08:00-19:00 increasing to 08:00-20:00 from July.

Capacity Planning

Somerset NHS Foundation Trust – Acute (*Continued*)

Winter Planning

- During the winter there are four holiday periods that have the potential to affect the operational service delivery. Each of these times has specific operational plans which are communicated in advance.
- A phased critical care escalation plan with a maximum of 18 ITU/HDU beds available has been developed
- Admission avoidance schemes, reducing variations in length of stay and improving discharge of patients may realise potential bed savings (43-115 beds). The failure of the admission avoidance and winter planning schemes to deliver the projected bed savings will contribute to the growing capacity pressures and routine activity cancellations.
- Risk assessed and patient experience impact assessed escalation beds – maximum 35 beds.
- A 5 day per week additional winter patient transport service ambulance commencing September has been procured. Currently trying to procure an increase to 7 days per week from November

Bed requirements including escalation beds

- Based on previous data bed modelling requirements have been assumed using pre-COVID levels and applying a phased growth of 6% elective/emergency growth and using a 95% occupancy 95% of the time for all beds model.
- The core bed capacity includes the requirements of the restorative elective surgery programme and the relocation of two services
- All predictions identify a baseline position and include the use of the identified and available escalation beds
- Predicted demand does not include any specific infection disease outbreak impacts
- Predicted demand does not include any wider system impacts such as ambulance diverts or reductions in provider service capacity

Capacity Planning

Somerset NHS Foundation Trust – Community

- Extra capacity is generated by putting teams into escalation – this process puts routine work on hold to adopt plans to in reach into the acute and community hospitals to expedite discharges
- Robust Flu Immunisation Programme in place
- Rapid Response service UCR response developments, including falls response service
- Hospital at Home will commence late autumn with test and learn phase trajectories already shared with colleagues at the CCG, this will include both frailty and respiratory models.
- Robust on call arrangements in place
- Neighbourhood managers supporting the wider neighbourhood work streams linked with primary care networks multidisciplinary team meetings in place and care home enhanced specification
- Integrated teams working across the 7 day period
- Intensive Dementia support Service countywide and links to crisis response and admission avoidance
- Minor Injury Service operating 7 days per week move to acute trust
- Daily sbar calls in for District Nursing Service and the Neighbourhoods to look at both capacity and demand. OPEL status is reported to the system and actions are taken to alleviate extreme pressure. Teams are working closely with system colleagues to support admission avoidance
- Review at times of escalation aspects of operational work can step down mandatory training meetings monitor sickness at neighbourhood level
- Somerset Intermediate Care service has developed surge pathway options such as D2A bed and reservists to cope with increased pressure. Continued work to offset D2A demand to VCSE.
- Long covid pathway in place

Capacity Planning

Somerset NHS Foundation Trust – Community (*continued*)

Community Staffing:

- Close management of the rotas and vacancy situation is in place and will continue to ensure early identification of potential pressures.
- Forward planning for staffing supported by block booking of bank and agency staff
- Vaccination programme in place .
- 7 day therapy service flexible model

Intermediate Care

- Flexible and agile bed model that has surge capacity built into the design has been proposed to the ICB ahead of winter – early decision required in order to staff
- 2nd Bedded Pathway Manager in post & 4.0 WTE discharge facilitator posts out to advert to reduce acute bedded delays and reduce length of stay within the bedded units
- Targeted work to reduce self funder delays – supported by legal team
- New D2A NHS workforce to supplement D2A provider capacity
- Continued growth of VCSE sector to offset intermediate care demand
- An enhanced Trusted assessor model has been proposed to reduce care home sourcing timeframes at the end of intermediate care pathways
- Growth of Rapid Response in line with UCR programme, including the fall response service
- Dedicated social care worker resource to RRS and SHCC to enhance diversion offer – advert out
- D2A beds used from previous winter built into BAU surge plans

Capacity Planning

Yeovil District Hospital NHS Foundation Trust

- Reviewing AEC pathways and staffing to stream away from front door, improved ED space and ensuring patients get their treatment in the right place.
- Need to review bed base due to essential safety work underway for the window refurbishment which will continue throughout the winter. This is a 6 bed closure.
- Maintain elective operating, providing there is no negative impact from unplanned admission
- Continue with Virtual Outpatient Activity
- System work to implement virtual wards for Frailty and Respiratory
- Increase capacity for discharge model to maintain low No Reason to Reside Numbers
- Implement criteria led discharge throughout the Trust
- Forward view staffing meetings in place
- Medical Leadership involvement in review of patients with LOS over 14 days
- Discharge lounge hours extended 0730-2000 Monday to Friday
- Early identification and progress meetings to be in place for internal winter planning. Aim to commence July 2022

Capacity Planning

Yeovil District Hospital NHS Foundation Trust (Continued)

Actions for key dates throughout the year

Actions	Summer Holidays	Christmas and New Year	Easter
Additional Ward rounds pre and post bank holidays	X	X	X
Review Outpatient activity for days surrounding to release consultants for ward reviews	X	X	X
Consider increased staffing <ul style="list-style-type: none"> • Medics OOH • Nursing staff for Escalation areas 	X	X	X
ICARE about Criteria to Reside week for operational flow focus – proceeding and post bank holidays	X	X	X
Review extra transport pre bank holidays	X	X	X
Review opening winter wards with Associated Professional teams		X	
Review Elective operating and temporary ward configuration for 2 week period – dependent on Elective Recovery work		X	
Review of Intermediate Care Staffing impacting on capacity	X	X	X

Capacity Planning

Somerset County Council

- Adult Social Care demand support measures are planned with the health and care system as a whole. Adult Social Care continue with its current way of sourcing long term care in order to maintain a timely transition from intermediate care to long term care if required.
- Better use of data and pipeline data. Using the hospital discharge data and pathway data to accurately predict future care needs provision plus predicting potential surges or over capacity before they occur.
- Resources are available 7 days a week to the front door areas of MPH and YDH to support admission avoidance
- Adult Social Care continue to have a presence in all of the acute hospitals as well as the Community Hospitals and Intermediate care pathways, they are active participants in the appropriate PDFs and ward walk arounds
- Adult social care continue to support the limited use of interim placements only for those individuals with significant cognitive impairment who can not be accommodated in Intermediate Care pathways currently, as well as interim escalation beds to support the system when under pressure. These will be supported with the relevant Mental Capacity Assessments and Best Interest Decisions completed to ensure the rights of the patient are met under the care act
- Adult social care are involved in all escalation calls as required and take actions as appropriate
- Adult social care join meetings to review cases, such as the recent meeting set up to discuss top 10 people waiting for an Intermediate care bed
- We regularly review and prioritise cases waiting for care who are in Rapid response or Intermediate care to free up capacity for that service as soon as possible
- Provider capacity is block booked as part of the Intermediate care model
- During the Christmas / New Year and Easter period 80% capacity is maintained in staffing in the acutes

Capacity Planning

Primary Care

- 64 practices in Somerset ran by 52 provider organisations
- There are workforce pressures in the primary care general practice workforce with regards to the numbers of GPs and practice nurses currently working.
- Capacity to see patients face to face will be reduced due to IPC requirements and the need to use PPE
- Potential for capacity to be increased by continuing with total triage models, utilising telephone triage and online consultations. These can take longer than a traditional face to face appointment but the problem is usually fully resolved. There is an expectation from NHSEI and DOH to see a return to a increased level of face to face appointments.
- Opportunity for cross practice working and/or cover. We have seen this as part of the COVID-19 response and this may be transferable to other areas of primary care demand.
- The capacity tracker now in place that is modelled on the OPEL system used by the rest of the system. This will be interactive and adjusted as necessary as it is embedded. GP appointment data is now also available at a CCG level and is able to show levels of appointments taking place although this currently can't be broken down to practice level and we are aware of limitations with the data.
- All practices have robust escalation plans to step up PAC sites should COVID-19 demand increase including an increase in other respiratory cases.
- The community pharmacist consultation service has provided additional capacity within primary care to address minor illness and conditions. The utilisation of this service for General Practice in somerset is expected to increase as we enter winter pressures.

Capacity Planning

Meddcare – Integrated Urgent Care Service (IUCS)

- Continue to work on demand and supply for Out of Hours Primary Care during the summer and will apply the necessary uplift to provide the required capacity during the winter period
- Peak days (Christmas Day, Boxing Day, New Year's Day) will have additional staffing to take account of the Bank Holidays (and associated weekends will also be subject to enhanced staffing)
- Additional capacity will be put in around known peaks in demand around the holiday period and winter months. This will include additional clinical and non-clinical staff resource including ANPs and other non-GP clinicians to support the delivery model. As there is no additional funding savings in summer months are required in order to support the winter rota.
- CPCS Community Pharmacist Consultation Service , commenced October 2019, will continue throughout summer and winter periods.
- Improve uptake of staff flu vaccination.
- Active recruitment with incentives where required and recognition of service delivery.
- Ongoing review of staff sickness and attrition.
- Support of agency mobilisation as and when required both clinical and non clinical.
- Review of all escalation markers and resilience planning and ensuring all Opel actions are followed.
- All staff training on contingency planning with dedicated table top exercises for assurance and review.
- Review of treatment centre fleet to support winter demand.

Capacity Planning

Meddcare – Integrated Urgent Care Service (IUCS) *(Continued)*

The overarching clinical strategy will look to support a shift to a more diverse clinical model. This will ensure that the 'right' clinical member of the team will look to support patients with their care. This will look to unlock capacity within the GP workforce.

Summer Holidays

- Modeling has been completed in order to support the known seasonal fluctuations in demand.
- Meddcare have implemented a clinical and non clinical summer incentives package in order to support better rota fill.
- Learning from Covid peaks factored into the modelling including end to end modelling.
- Extended period for the rota fill is open and staff have the availability to book in advance and plan.

Christmas / New Year and Easter

- Modeling has been completed in order to support the known seasonal fluctuations in demand.
- Learning will be taken from Easter, Jubilee, Summer, Christmas and New Year
- Increased rates for bank holidays
- Consider clinical and none clinical incentives
- Reaching out to the agency providers for more assistance

Capacity Planning

NHS 111

- Meddcare has a suite of EPRR and Business Continuity documents that set out how the business is to respond in times of operational pressure caused by service operation. This includes the impact of bad weather, utilities failure, IT failure, and loss of a site. There are appropriate response documents in place for each of the events, with escalation action cards to be followed by those in the operation and the Meddcare escalation protocol. These processes cover the actions of the CAS, Treatment Centres and Mobile Resources. The Business Continuity document sets out the priority that key resources will be allocated in the case of system failure, and ultimately how the service can run without access to its computer systems. These are subject to annual review by NHS England; the latest compliance rating is Significantly Compliant
- In the event of Practice Plus Group (PPG), on behalf of Meddcare, being unable to provide a 111 service, this will be escalated to the PPG national estate and then to national contingency in discussion with NHS England. We have reviewed the PPG Business Continuity and EPRR policies and can provide assurance that these are robust.
- The arrangements that are currently in place for 111 Online will be maintained as per the current business as usual processes. Due to the NHSE/I national campaign we are expecting an increase of circa 10% in demand, this is not yet quantified but taken from what we know of demand for this year added to predictive outbreaks. We have not yet received full data and therefore please note this is estimated.
- PPG provides the NHS 111 service within Somerset. This is delivered from the Bristol call centre. During periods of high demand PPG has the option of using their wider estate to support delivery.
- The PPG service is stress tested at a national level and submits weekly updates for both staffing and forecasted demand levels to NHSE/I. The mechanisms in place for streaming and call backs have been profiled and tested robustly.

Capacity Planning

South Western Ambulance Service NHS Foundation Trust

- Daily activity levels at both a CCG and Regional level modelled by the Forecasting and Capacity Planning Team based on previous data with change points, exceptional events, seasonality and trends to predict upper and lower limit total call volumes and incident responses with Covid 19 and other factors built in.
- Covid-19/Season Flu surge planning assumptions to include future peak period modelling as part of the SWASFT Surge Plan
- Organisational Escalation planning to include REAP (OPEL) and Surge levels 1-4
- Workforce & Recruitment planning to include predicted workforce turnover rates and increase in workforce numbers as part of any future investment plans.
- Workforce abstraction planning to support daily/weekly Operational and EOC resourcing levels to include use of overtime and incentivised payments.
- Workforce abstraction planning to support increased capacity over key periods such as Christmas and New Year 22/23.
- Deployment of additional resources including agency, volunteers and key partners (Devon & Somerset FRS) at peak times or during periods of escalation.
- Command structure in place at an Operational, Tactical and Strategic level supported by a 24/7 Trust Incident Manager, Trust Delivery Cell and a dedicated HALO within county.
- Additional conveying vehicle capacity to support future investment plans and periods of escalation with emphasis on response and conveyance.

Capacity Planning

E-Zec

- Demand modelling based historic activity, which will need to take into account the recent growth that has occurred since returning to a post-Covid business as usual, and the impact of reduced occupancy due to continued social distancing.
- Agree local system actions to support daily OPEL reporting via the demand management tool.
- Workforce and recruitment planning in place to ensure that establishment levels are maintained.
- Ensure annual leave levels are not exceeded throughout winter periods amongst road staff / management.
- Workforce shortfalls are to be managed through a combination of overtime, bank staff, and additional third party ambulance support.
- Continue to develop partnership working with the Somerset County Council Transporting Somerset team.
- Ensure fleet capacity reflects the requirements of the demand modelling.

Capacity Planning

Mental Health (SFT and VCSE)

- Demand modelling tool available (though noting some data issues) and being used routinely to understand areas of forecast future pressure.
- Additional capacity coming online as part of the Open Mental Health offer, including the ARRS mental health practitioners that will be based in primary care
- Recent escalation protocol has been developed and will be used routinely as part of the normal system escalation process, and includes specific actions dependent on level of pressure within the mental health system
- Workforce and recruitment planning is in place, to include annual leave profiling to ensure there is cover over the winter period (and historically this has been managed well). Working with VCSE partners to manage capacity as appropriate.
- Expanded our traditional winter pressures services so that they are available year round; this has helped with recruitment and retention and means that additional capacity is available for the winter period. This includes both our discharge service (“Next Steps”) and our Crisis Safe Spaces.
- Our Next Steps service will support with any bedded pressures; however, historically this has not been an issue, as evidenced by only rare occasions where a patient is placed out of area
- Activity benefits from an increased proportion of clinically appropriate patients being seen virtually.
- Also benefitted from additional funding via SCC into Open Mental Health and the COVID OMF allocation around mental health services.
- We have also recently commissioned specific mental health support into the ambulance clinical hub which will reduce pressure on other parts of the mental health system as well as emergency care

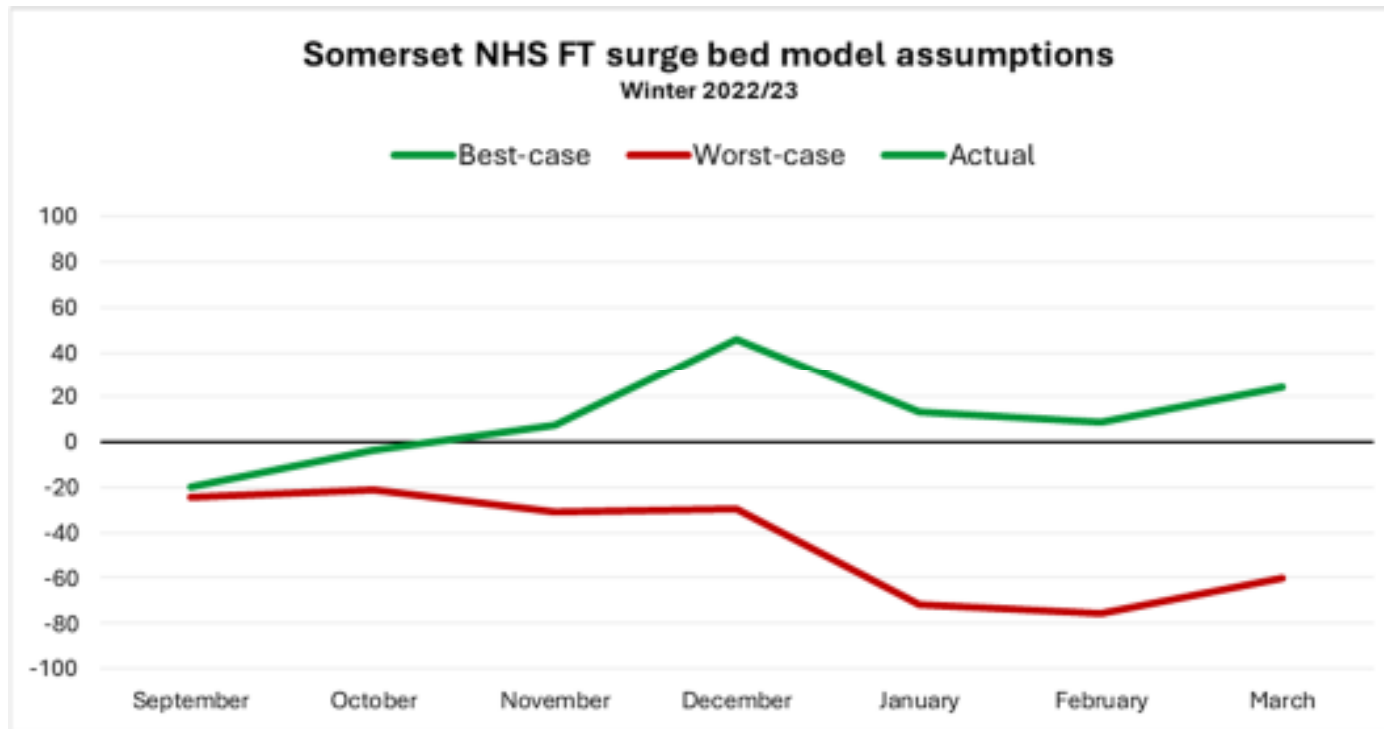
Demand and Capacity Modelling

The Demand and Capacity modelling is currently a work in progress. Discussions are ongoing to provide the most accurate model as possible. The current model is looking at:

- Demand is based on a 95% occupancy, 95th percentile assumption, with all beds available.
- Demand is based on recent historic activity, so has been trained on a very high baseline bed position. Therefore, pressures resulting from No Criteria To Reside, for example, will be baked into forecasted position. Model currently doesn't assume change in average length-of-stay from this position.
- Demand has been adjusted to account for bank holidays.
- Demand is 'live', and subject to change. Current demand forecast signed-off by Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust BI colleagues.
- Model provides outputs for both the Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust trust-wide position respectively.
- Mitigations are currently assumed on a 65/35 split, and reconciles with assumptions detailed across Demand and Capacity national return.
- Mitigations are assumed to achieve 100% of their savings.
- Mitigations calculated based on current financial year activity demand.

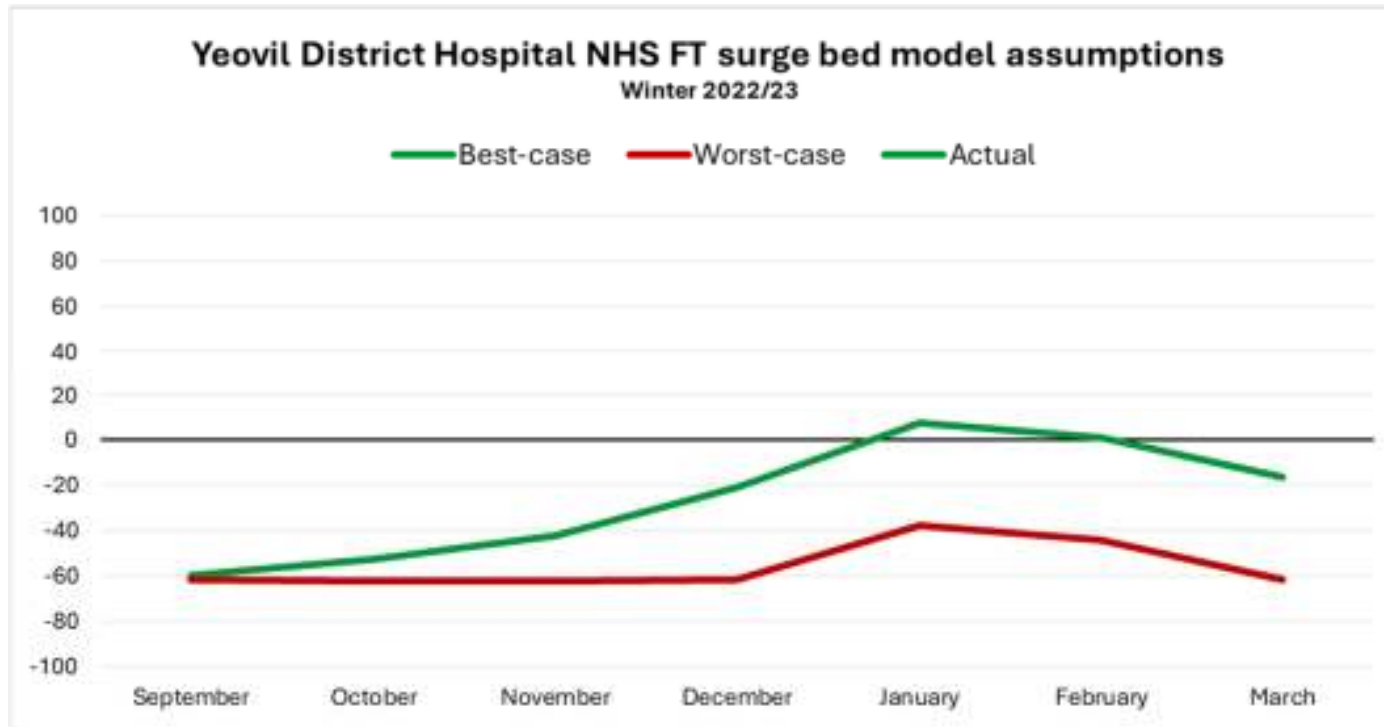
Slides 41 - 42 show the current model for Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust. Please note this is not the final product and remains under development.

Demand and Capacity Modelling



Month	Forecast demand*	Core acute beds capacity (G&A) + escalation**	Core acute beds surplus/shortfall	Mitigations (Best-case scenario)								Core beds + Mitigations surplus/shortfall	Worst-case Core beds surplus/shortfall	Actual	
				IC Surge Beds (P2 & P3)	OPMHN/Complex Needs Capacity	Virtual Wards inc. Operational Plan	Virtual Wards additional beds (HF, Surgical + 6)	UCR Falls Service	IC Workforce Support	A&EDB Schemes	Demand			Core acute beds surplus/shortfall	
September	645	621	-24	-	-	4	-	-	-	-	-20	-24	622	-1	
October	642	621	-21	4	-	4	-	2	4	3	-4	-21			
November	652	621	-31	8	-	13	-	2	8	6	7	-31			
December	651	621	-30	14	3	13	16	8	13	9	46	-30			
January	693	621	-72	14	3	22	16	8	13	9	13	-72			
February	697	621	-76	14	3	22	16	8	13	9	9	-76			
March	681	621	-60	14	3	22	16	8	13	9	24	-60			

Demand and Capacity Modelling



Month	Forecast demand*	Core acute beds capacity (G&A) + escalation**	Core acute beds surplus/shortfall	Mitigations (Best-case scenario)								Core beds + Mitigations surplus/shortfall	Worst-case Core beds surplus/shortfall	Actual	
				IC Surge Beds (P2 & P3)	OPMHN/Complex Needs Capacity	Virtual Wards inc. Operational Plan	Virtual Wards additional beds (HF, Surgical + 6)	UCR Falls Service	IC Workforce Support	A&EDB Schemes	Demand			Core acute beds surplus/shortfall	
September	402	340	-62	-	-	2	-	-	-	-	-	-59	-62	345	-5
October	402	340	-62	2	-	2	-	1	2	1	1	-53	-62		
November	402	340	-62	4	-	7	-	1	4	3	3	-42	-62		
December	402	340	-62	7	1	7	9	4	7	5	5	-21	-62		
January	378	340	-38	7	1	12	9	4	7	5	5	8	-38		
February	384	340	-44	7	1	12	9	4	7	5	5	1	-44		
March	402	340	-62	7	1	12	9	4	7	5	5	-16	-62		

Key Surge Plans

Covid Surge Plans

Somerset Foundation Trust:

Continuous review of care areas maintaining a scalable surge capability with the ability to escalate the blue zone should there be a surge in the number of confirmed or suspected COVID+ve patients. Scalable trigger actions have been developed to allow a consistent and cohesive reactive response. All patients are reviewed by medics and IP&C. COVID negative patients are stepped down with ongoing review of predicted admissions.

Yeovil District Hospital:

Covid Trigger plans incorporated as part of trust surge planning, Surge escalation plan available on request.

South Western Ambulance Service NHS Foundation Trust:

A SWASFT Covid Surge plan is in place and regularly reviewed with key actions relating to demand, escalation and other key issues.

Key Surge Plans

Paediatric Plans

There is a systemwide group which is looking at managing acute condition in children to limit demand on urgent care. The focus of this has been initially on the main 6 acute conditions which CYP are admitted for and the digital offer SiDER and HANDI-AP.

In addition as part of the CYP transformation programme we have clinical leads (primary and secondary care) in addition to a specialist nurse working through the asthma care bundle which has a focus on training and education in primary care and education settings.

Somerset Foundation Trust:

An integrated model has been developed for supporting a stepped increase to capacity in response to the projected respiratory illness demand, particularly RSV, the preservation of the standard clinical pathway for critically ill children and emergency, general and specialist services.

Yeovil District Hospital:

- RSV surge triggers being agreed to feed into YDH Surge Escalation Plans incorporating bed capacity and Enhanced Care nursing
- Additional training and upskilling of ICU and Paediatric staff to accommodate higher level of nursing requirements
- Review of Equipment completed and Oxygen supply to ward to support increased demand confirmed
- Paediatric ward participate in three times daily bed meetings for urgent/daily issues

Key Surge Plans

Critical Care

Somerset Foundation Trust:

All beds will be flexed meaning that location will not dictate levels of care. Increased activity could be supported by reducing other routine activity (e.g., elective / non-urgent surgery and outpatient appointments).

Yeovil District Hospital:

Escalation plan, May 2021 v1

		Surge stage 1	Surge stage 2	Surge stage 3	Surge stage 4
Level 3 critical care patients Based upon the 11 bed floor plan (NB. No funding secured for 11th bed at present)	Trigger	Initial COVID pts requiring ICU.	7 COVID patients (total of L3+L2). Cold side of ICU 4 beds available for 'negative/cold patients'	>7 COVID patients (L3+L2) and more than 11 in total requiring ICU – Double up as appropriate	>7 COVID patients (L3+L2), no mutual aid available and no further double up available. Entire ICU goes hot as unable to cohort on Hot Side.
	Action	If 1 patient use Isolation Room 7 first. Room 1 to 7 available as side rooms for COVID +ve or suspected Covid, Flu other transmissible infection patients. Close the partitions, negative airflow to Hot side and split the staff	If more than 6 Covid or infective patients, doubling up is potential in some of rooms 2-7. ICU Staffing – redeploy reserve staff to ICU from other areas – theatre, academy etc. Open ECRU and identify patients suitable to transfer Consider if patient suitable for Room 1 also – but not able to give negative pressure ventilation.	Double up COVID +ves with +ves on Hot side in Rooms. –ves with -ves in Bays 8-11 on Cold side. NB. Patients with indeterminate result stay as single occupancy. Open up Surgical High Care Bay on 7A Request Mutual aid from the region. If available transfer COVID or Non-Covid patients to SW regional beds as appropriate.	Theatres open as Cold ICU 4 Beds in Recovery or Theatre 4 – whichever is most appropriate at the time. And RSV Stage 3 +

COVID patients = those with a +ve test

Suspected Covid patients need to remain 1 patient per room

Flu Plans

Organisation	Named Lead	Flu Plan Summary	Vaccine Order Details
Somerset NHS Foundation Trust	Val Yick	<p>A Flu action plan for 2022/23 has been created with the aim to offer a vaccine to 100% of healthcare workers, with a minimum uptake rate of 70% for frontline healthcare workers. Vaccinations are planned to commence in October 2022.</p> <p>To manage flu in conjunction with other respiratory infections including COVID-19 and RSV, the trust will treat patients along respiratory pathways, this will include testing for COVID-19, Flu and RSV depending on clinical presentation. Planning may need to vary depending on the levels of other infections.</p>	8800 QIV 450 AQIV
Yeovil District Hospital NHS Foundation Trust	Yvonne Thorne	<p>Staff Flu vaccination plan will be in place before end of August ready for programme to start in October 2022. Aim to ensure a 100% offer, with goal of 70-90% uptake (CQUIN CCG1). This includes all staff with patient interaction.</p> <p>Patient flu vaccination programme being discussed, plan to offer to MFFD patients before discharge to place of residence</p>	2800 QIVc vaccines for the 18-65 staff group. This is cell grown (small 'c') and so avoids the usual issues for vegans and/or egg allergic 100 aQIV vaccines for the >65 staff group

Flu Plans

Organisation	Named Lead	Flu Plan Summary	Vaccine Order Details
Somerset County Council – Adult Social Care	Dave Partlow	Adult Social Care employees are actively encouraged to participate in the flu programme, Staff are asked to organise vaccination through local means and where necessary to reclaim any costs incurred through expenses. SCC also actively engage with the provider market through a variety of promotional communications, web page emails, and webinars to support the vaccination of care staff and vulnerable service users across the entirety of social care	
Meddcare	Sarah Zanoni	The organisation is in the process of reviewing the previous plan with a view to redrafting, taking into account the current circumstances (Covid / RSV). Also reviewing process for staff access to flu vaccination and Covid booster.	
South Western Ambulance Service NHS Foundation Trust		The Trusts 22/23 Flu plan is currently being developed, which will form part of the Escalation and Surge plans for the winter. SWAST have a planned roll-out starting in September/October and will be looking to coordinate with any autumn covid-19 'Booster' that may be required. The Trust will be ordering sufficient vaccine for Flu, this year, to accommodate all subcontractors, students and CFR.	6000 Units
E-Zec	Mike Howell	E-zec will fund any requested Flu vaccination	N/A

Communications Planning

NHS Somerset CCG Communications team will work with providers to develop, identify and maximise opportunities to communicate appropriate options for accessing healthcare during periods of surge demand.

The communications team will work with colleagues in providers across West Essex to ensure a joined-up and consistent approach this year. This will include an appropriate range of channels to communicate the key messages around access to services, including CCG and partner websites, partners' newsletters and publications, local community groups, the local media and social media.

Key messages will be adapted but will fit within the Help Us Help You and Choose Well campaigns. Key messages and activity will be co-ordinated via the ICS system communications leads meetings. The meetings have representative from partners across the system including Devon Doctors and NHSEI SW communications team. These meetings will be stepped up to more regular intervals, if required, during periods of surge demand.

Key messages will be agreed via the ICS system communications lead meeting and will focus on specific positive actions the public can take to support. We will also ensure we align messages to national and regional campaigns and messaging.

Existing campaigns will also be reviewed, ensuring messaging supports surge demand key messages. A decision will be taken, via the ICS system communications lead meeting, whether there is a need to pause other planned public communications to focus on surge demand messaging.

Surge communications plans will be aligned, where appropriate, to our Warning and Informing communications plans and our escalation framework. The CCG escalation framework highlights our approach and key messages.

Annual campaigns include: Summer communications plan, Winter communications plan including flu planning, and the Covid-19 vaccination communications plan.

Communications Planning – Flu Vaccination

An annual Somerset flu communications plan is developed each year. This plan coordinates the system-wide engagement and communications for the flu vaccination programme. This strategy will support the effective operational delivery of the flu immunisation programme across Somerset.

The communications campaign for flu will be integrated, in line with the wider Somerset Winter Pressures campaign.

The aim of the plan is to ensure that flu messaging is clear across Somerset. Communications activities will support and extend the reach of the national flu campaign across the county, whilst sharing specific targeted messages that help to meet the challenges and priorities within our local system.

It sets out approaches to achieve maximum flu vaccination rates for the target groups and people working in health and social care. The strategy sets out how our system will actively engage with our population and how we will evaluate this, with a focus on seldom reached groups to maximise uptake.

Planning and delivery of the Somerset flu communications is led by Somerset CCG and is managed via the ICS system leads communications team meetings. Partnership working across the Somerset system will be key, to ensure that all elements of our flu planning are strengthened and aligned. This group will jointly develop and implement an evolving detailed tactical communications plan to ensure that clear, consistent messaging can be shared to maximise awareness and uptake of the vaccination programme.

Communications messaging and activities will reflect national messaging with a local focus when required. This plan will be reviewed and updated as guidance and further information becomes available.

The plan will be produced in the context of the NHS England and Improvement South West Regional Flu Communications Plan, supporting the national NHS Winter Pressures Campaign Plan and the national Public Health England (PHE) Flu Immunisation Plan.

Supporting Policies

There are four key areas that have been highlighted as a potential concern throughout the year; Transport, Severe Weather, Influenza Pandemic and Infection Prevention and Control. Slides 50 – 54 outline the work that is being undertaken to support the system around these key areas.

Transport

Discussions are underway with E-zec with reference to increasing current NEPTS ambulance capacity to reflect increased activity levels as well as to prepare for winter demand – historic activity will be used to inform the process. The below will be reviewed and updated as these discussions progress:

- The Trusts have confirmed that their ambulance support vehicle support will be extended and a procurement exercise will then follow to secure resource through the winter period
- Resourcing tools showing daily /weekly RAG scoring of capacity vs demand will recommence for Transporting Somerset (car service) and continue for E-zec
- Transporting Somerset continues to commission taxis fitted with bulkheads, which provide sufficient capacity and create resilience in the event of a further Covid-19 outbreak.
- Limited leasing by SCC of X2 ambulances vehicles to support standing down of volunteer drivers and to support E-zec with lower need wheelchair users (through Covid-19)
- Winter resilience - Five 4X4s vehicles in Bridgwater, Yeovil, Frome, Glastonbury and Taunton. Four drivers in each depot have received relevant training in relation to driving in snow/ice conditions and each vehicle has an emergency kit on board, including foil blankets, torch, shovel and de-icer.

Supporting Policies

Severe Weather Procedures

Commissioners and provider organisations receive severe weather warnings, weather alerts and forecasts from the Met Office. This information is also cascaded to organisations on the operational escalation calls to ensure that the required actions are undertaken.

The Cold Weather Plan for England was published in October 2018 by Public Health England and is reviewed annually but has remained unchanged and represents the most current guidance ([Cold weather plan for England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/744211/cold-weather-plan-for-england-2018.pdf)). Organisations have each reviewed their plans to ensure that they align with the national guidance and action cards are utilised depending on the alert level that is in place. The UK Health Security Agency (UKHSA; formerly Public Health England) formally launch the cold weather alert period at the end of October and issue any updated guidance.

There is a Local Health Resilience Partnership (LHRP) Severe Weather Plan in place which incorporates all the elements of heatwave, flooding, and cold weather. This plan is periodically reviewed to ensure it reflects the latest guidance and incorporates any learning from recent incidents including snow. The LHRP and Somerset work programme includes severe weather and the LHRP participates in the Avon and Somerset Local Resilience Forum Severe Weather Group which includes all Category 1 responders.

Organisations in Somerset have confirmed that they have their own severe weather plans in place as part of their winter resilience planning, to deal with adverse weather conditions. The aim of these procedures is to maintain safe staffing levels to manage any increase of trauma patients presenting through the Emergency Department or Minor Injury Units.

Supporting Policies

Severe Weather Procedures *(continued)*

The Somerset Health and Social Care Emergency Planning Group has worked together to develop a 4x4 transport protocol which sets out how the co-ordination of, and access to, 4x4 resources during extreme weather conditions would be managed in Somerset. The protocol is reviewed each year to ensure it aligns to the LRF and organisational plans.

The Standard Operating Procedure for Somerset Health Partners for Requests for 4x4 Transport during Severe Weather has been collectively drawn up by the members of the 4x4 Task and Finish Group. The aim of the document is to co-ordinate access to 4x4 transport support for providers and commissioners of NHS care when their local business continuity arrangements have been exhausted and their ability to deliver critical front-line services is impaired. This aim will be achieved by fulfilling the following objectives:

- act as a liaison point with the ASLRF which will identify specific transport resources which could be used by commissioners and providers of NHS funded care
- Somerset ICB to act as single point of contact and co-ordinating hub for health partners in Somerset
- outline review arrangements (including feedback and debriefing), following a period of high activity levels or feedback by any party.

To bolster this, a number of staff have received 4x4 driver training, supported by a contract with a local business, to supply 4x4 vehicles.

Supporting Policies

Severe Weather Procedures *(continued)*

Exercise Glacier was held in January 2019 to test the Somerset transport command, control and communication arrangements during a severe weather incident, and the SOP was further tested by a live event of severe snow on 30 January 2019. On that occasion a decision had been taken during the LRF Operational Link teleconference to maintain a watching brief and not to stand up the LRF Transport Cell at that stage, so the CCG On-call Director agreed that requests for 4x4 support should be co-ordinated by the CCG Somerset Transport Cell, directly with Wessex 4x4. The LRF Logistics Cell protocol was revised and tested by the LRF and partners in December 2019 and is a resource that can be activated to support with the response to severe weather incidents. The Somerset SOP will be further refined and reviewed by the Somerset Emergency Planning Group to take account of the current Covid-19 restrictions and the transition into the Integrated Care System (ICS) and then exercised again later in 2022.

The Somerset Health Partners periodically issue communications to raise awareness for 4x4 drivers to come forward and volunteer to support organisations either through Wessex 4x4 or locally. The aim is to both build resources within the voluntary sector and provide a local pool which can be verified in advance and contacted as spontaneous volunteers in the event of a severe weather episode.

The heatwave and summer preparedness campaign becomes effective on 1 June annually, supported by the Heatwave Plan for England ([Heatwave Plan for England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/424242/Heatwave-Plan-for-England-2019-2020.pdf)) and a number of informative flyers. The flyers are published on the ICB website to give advice and guidance to the public on actions to take to mitigate the effects of extreme heat. The ICB is also signed up to the Met Office Extreme Heat warning alerts which increase awareness of the negative impacts of heat on the health.

Supporting Policies

Influenza Pandemic

The ICB Pandemic Flu Plan outlines the actions required by NHS Somerset to provide a primary health response to the population of Somerset in the event of an actual or anticipated flu pandemic. The plan has been updated to reflect the learning from Covid19, and is flexible and adaptable to manage a range of scenarios. During an influenza pandemic, the ICB provides support to Somerset County Council Public Health team, who would lead and coordinate the response. There is also work being planned and developed for the ICS to deliver an integrated health protection response to manage critical outbreaks.

Infection, Prevention and Control (IPC)

The CCG IPC Team will maintain outbreak management functions during winter 2022/23 in collaboration with UKHSA, somerset PHE and Adult Social Care. The team will remain operational 5 days a week providing support and advice to Primary and Secondary Care and Care Homes. The support will be increased to 7 days a week as required in response to the local / regional / national picture. IPC Team will continue to work in collaboration with somerset Public Health Team with outbreak management in line with agreed system outbreak protocols, ensuring all reported outbreaks are managed and supported in line with national guidance.

The IPC Team continues to provide specialist advice to all stakeholders within the Somerset System through public information, education and following the Somerset Infection Prevention and Control Annual Plan.

Supporting Policies

Contained in the following slides are short summaries of the policies in place that will support each organisation throughout the year. A copy of these policies are available upon request.

Somerset NHS Foundation Trust

- **Seasonal Flu Plan** –comprehensive plan outlining the response and containment phases. As in previous years the Trust will have a comprehensive flu vaccination programme which will commence with the first vaccinations at the beginning of October 2022 with a target of 75% uptake.
- **Severe Weather Plan** –plan linked to the Met Office warning system with command, control and co-ordination processes fully detailed.
- **Communicable Diseases Plan** - provides staff with information for the appropriate care of patients with a communicable disease. Detailed procedures of control, as set out in published best practice and in compliance with national legislation are cited.
- **Escalation Plan** - incorporates the escalation status setting, bed capacity and emergency department trigger points, and associated escalation action plans. This plan enables the Trust to deal effectively with fluctuations in demand and capacity so that it can manage associated clinical risk within acceptable limits.
- **Business Continuity Plan** - provides a framework for the Trust to respond to any crisis, whether foreseen or unforeseen. The plan consists of the arrangements, procedures and documents for reference in the event of a major incident or serious interruption to the Trust's business.
- **Q3 & Q4 Surge Plan** - includes the arrangements for planning for the winter period for 2022/23 whilst considering the ongoing and potentially spiking impacts of coronavirus. Focussed on three key elements; admission prevention; resilience under increased pressure; scheduled and unscheduled care demand
- **Critical Care Escalation Plan** - ensures that the Trust can respond to those patients requiring Level 2 or Level 3 critical care by increasing the overall critical care capacity of the Trust during an outbreak

Supporting Policies

Yeovil District Hospital NHS Foundation Trust

- **Pandemic Illness Plan** in place to reflect learning from Covid-19. The plan clearly sets out lines of action and responsibility relating to the Organisational response to pandemic illness and the associated effects on staff and services. Used as a outline for Covid-19 response with good effect.
- **Annual Flu Vaccination campaign** will be in place from October to February. To be lead by Clinical Projects Lead. Staff Flu vaccination plan will be in place before end of August ready for programme to start in October 2022. Aim to ensure a 100% offer, with goal of 70-90% uptake (CQUIN CCG1). This includes all staff with patient interaction.
- **Severe Weather Plan** in place with good system links. A planned exercise will take place to test this with particular reference to severe winter weather.
- **Trustwide Business Continuity Planning** reviewed during Summer 2020. Clear BC plans for key areas that recognises key risks that include loss of staff, disruption to transport networks etc.
- **Patient Flow Escalation Plans** – in place for in and OOH actions for key areas
- **Surge Escalation Plans** – in place for in and OOH actions for key areas

Supporting Policies

Somerset County Council

- SCC Public Health Team are Deputy Chairing the Somerset System Flu group to drive the flu agenda across the Somerset system. As an organisation, we will also be leading the SCC flu group to ensure that we have an effective flu vaccination programme to vaccinate frontline health and social care staff.
- Somerset County Council Civil Contingencies Unit will continue to plan for and help the response to severe weather.
- Somerset County Council Public Health will lead on Test and Trace for Covid19, and will lead any necessary response to local outbreaks.
- Adult Social Care and the Care Sector Board will drive and monitor the use of infection control grant funding, with a particular focus on protecting staff and preventing staff spread across multiple settings of care.
- Adult Social Care continues to provide a range of support to the care sector in relation to Covid and wider service impacts.
- Adult Social Care continues to support providers to maximise vaccination uptake and to mitigate as far as possible, the impact of mandatory vaccinations.
- Adult Social Care also chairs the Operational and Strategic Care Provider Groups, pulling the care sector together to review operational and strategic ambitions and to work through challenges that we face to agree system resolutions.

Supporting Policies

Primary Care

- All practices have robust IPC policies in place following national guidance to ensure that patients needing to be seen on site can be seen safely and staff are kept safe.
- All practices have business continuity plans in place. This is a contractual and CQC requirement and should cover all areas where there is a risk to the delivery of services including adverse weather conditions, staff sickness, disease outbreaks, loss of premises etc.
- These have been reviewed following the COVID-19 outbreak and have been thoroughly tried & tested including the use of innovative digital solutions.

Meddcare (Integrated Urgent Care Service)

- **Business Continuity Plan** in place to support ongoing provision of company as result of major event. The plan informs of stakeholder providers and contact details.
- **Emergency Preparedness, Resilience and Response Policy** to define roles and responsibilities with subsequent actions to be taken in response to emergency/pandemic situation.
- **OPEL escalation** (OOH) to define what measures are to be taken and by whom as a result of increased in demand for service.
- **Pandemic Flu Plan** sets out lines of action and responsibility relating to the Organisational response to pandemic illness and the associated effects on staff and services and support to system partners.

Supporting Policies

NHS 111

- PPG's EPRR and Business Continuity Plans are part of a continuous cycle of improvement. This is why we stick to the national best practice guidance of having at least an annual review date on all EP policies if not sooner.
- The NHS England Level 4 response to the Coronavirus pandemic saw PPG activate its EPRR and Business continuity plans to assist with this response during the autumn and winters of 2020, 2021 and into the early part of 2022. This included a range of measures including establishment of a Command and Control structure and enhanced engagement with local health partnership working during times of extreme surge.
- All plans are reviewed and updated following activities such as risk assessment, testing & exercising, live plan activation or changes to national guidance.
- During the 2021/2022 EPRR core standards assurance process PPG's EPRR and Business continuity plans were assessed by both commissioners and NHS England and were found to be 100% fully compliant with national EPRR guidance with several areas held up as examples of best and notable practice.

Supporting Policies

South Western Ambulance Service NHS Foundation Trust

Flu Plan 22/23

This plan is currently in development and will look at local and regional best practice from 2021-22 to deliver the organisational and national immunisation targets for seasonal flu across the SW region in 2022-23. This will be coordinated centrally and delivered at a local county level with the County Commander responsible for the plan and the overall vaccinate rate compliance. The regional and national targets for vaccination are still to be confirmed however increased take up of the vaccine was seen in 2020/21.

Infection, Prevention & Control Policy

The Trust is committed to creating robust systems of infection prevention and control, based on a comprehensive infection prevent and control policy. This policy is a live document and is subject to constant review based upon identified risks. Continual infection control audit allows areas of good practice to be promoted, whilst systematically identifying areas where improvements are necessary. The infection control work is underpinned by robust and comprehensive infection prevention and control processes and procedures. An annual infection prevention and control programme is developed for each financial year to set a programme of work for that year.

Command Policy

This policy aims to ensure that SWASFT has an integrated approach to command and the management of incidents and core Trust activity. It is designed to ensure that all levels of commander are trained to the same level and understand and discharge their responsibilities consistently. It also aims to provide a shared perspective amongst commanders to help deliver the best possible response to any particular emergency / incident and to improve the best possible outcome for the patient's involved. Each of the command grades (Strategic, Tactical, and Operational) are trained in line with the National Occupational Standards, NHS England EPRR Core Standards for Command and Control, the Joint Emergency Services Interoperability Principles and the criteria described in the national ambulance command and control guidance.

Supporting Policies

South Western Ambulance Service NHS Foundation Trust (*continued*)

Escalation Plan

Ambulance Trust Providers are committed to providing the highest level of patient care to the public including times when it is experiencing capacity pressures and periods of high demand. This Escalation Plan provides a consistent and coordinated approach to the management of the Trust during times of pressure including excess demand and supports capacity management across the emergency and urgent care divisions.

Within the plan 4 levels of escalation will be utilised within the REAP (Resource Escalation Action Plan) which aids ambulance services to integrate into the wider NHS surge or escalation framework and OPEL levels. These levels will be used to determine what actions are necessary to protect the core services and supply the best possible level of service with the resources available. REAP will be reported nationally as well as being utilised within the Trust dynamically each day to guide escalation planning.

REAP is designed to 'be informed' by any disruptive challenges and 'to inform' internally and to the wider NHS, and other partner agencies, of the pressures facing the organisation. The considerations and actions contained within 'the REAP' are designed to assist in protecting staff, patients and the organisation and should be viewed as a guidance in challenging situations.

The REAP should be used dynamically and the appropriate actions considered either by just one county or trust wide depending on the situation. Actions within one county may not affect the overall REAP level but allow for appropriate actions to be taken within the Trust to prevent further escalation.

Within the escalation plan there are also Surge Levels 1-4 to manage periods of high activity and significant waiting calls with thresholds at 100 – 150 – 200 incidents regionally with a number of key actions to deescalate as quickly as possible.

Supporting Policies

South Western Ambulance Service NHS Foundation Trust *(continued)*

Business Continuity Strategy

Business Continuity Management (BCM) is a statutory requirement for the Trust to deliver in an effective and robust manner. The short-term objective of a Business Continuity Management System is to ensure that during disruption at least the 'priority' services may continue with minimal impact and patient care is maintained. The longer-term objective of a Business Continuity Management System is to ensure that the Trust can resume normal services as quickly as possible in the aftermath of any disruptive challenge or emergency situation.

Business Continuity Plan

The SWASFT Business Continuity Management Programme provides the framework within which the Trust can comply with the Business Continuity requirements of our patients and stakeholders by aligning the Business Continuity Management Programme with ISO22301:2012. Business Continuity Management has been established to ensure the Trust can continue to deliver a minimum level of service to our patients and stakeholders in the event of any disruption. This plan will be activated in response to an incident causing significant disruption to normal service delivery, particularly the delivery of priority activities.

Supporting Policies

E-Zec

- Business Continuity Plan – Provides a framework to ensure that ordinary functions can continue to the extent required in the event of any disruption.
- Winter Pressures & Snow Plan – Provides a framework for the management of a significant weather event such as snow.
- Escalation Process (Insufficient Resources to Meet Demand) - This procedure provides overarching guidance to staff and managers in relation to ensuring that resources are available so that high risk and priority patients can be conveyed to and from treatment facilities.
- Infection, Prevention and Control Policy - The purpose of the policy, together with the associated local safe practice guidelines, is to state the infection control systems; describe the evidence-based clinical and decontamination practices to be adopted by colleagues; and to facilitate infection prevention, control and safety systems being incorporated into every facet of service delivery.

Risk Management

Each organisation has identified their own risks. Below are the risks that will have an impact on the whole urgent and emergency care system.

Risk	Examples	Likelihood	Consequence	Score
Safety	Crowding Ambulance response times Cancellation of urgent surgery	4	5	20
Patient experience (performance)	Long waits Sub-optimal environment of care Patients deconditioning	4	5	20
Workforce	Colleague harm Morale/engagement Higher vacancies	5	4	20
Patient Transport	Impact on flow	4	3	12

In addition there is a risk that this winter brings further waves of covid, flu and other high demand. This would enhance the risks and increase the importance of system mitigation.

Risk Management

The following risks and issues have been detected regarding plans being put in place for anticipated surge and execution of the plans. Mitigating actions have been identified along with the level of risk.

Risk / Issue	Mitigation	RAG Rating
Somerset Foundation Trust		
Continued workforce shortages across the system (including home care) – fatigued workforce	Ongoing recruitment drives, focus on wellbeing strategy to support teams and build resilience	Yellow
COVID further wave or spike	Review COVID surge plan linked to OPEL actions Developing bed modelling response plan Critical care escalation plan developed Increase the nursing workforce in adult critical care Postpone routine elective surgery and outpatient appointments	Red
Additional capacity required longer than period of winter	Proactive management of length of stay. Ensure zero tolerance on patient delays. Flexible deployment of staff to enable additional ward capacity to open longer.	Red
Patients remaining in hospital who no longer require acute care	Proactive management of patients who no longer require acute care with daily escalation on individual cases by the Integrated Discharge Team	Yellow
Trajectories for intermediate care not delivered – Reduction in delayed discharges not realised	Monitoring of trajectory	Yellow
Poor patient experience	Whole Trust aim to minimise non-clinical patient moves	Yellow
Continued workforce shortages across the system (including home care) – fatigued workforce	Ongoing recruitment drives, focus on wellbeing strategy to support teams and build resilience	Yellow

Risk Management

The following risks and issues have been detected regarding plans being put in place for anticipated surge and execution of the plans. Mitigating actions have been identified along with the level of risk.

Risk / Issue	Mitigation	RAG Rating
Somerset Foundation Trust <i>(continued)</i>		
Unable to keep patients safe by moving them from ambulances and through ED	Admission avoidance schemes Robust escalation processes Maximising use of same day emergency care	
Number of admissions exceeds plan	Invoke Critical Capacity Plan Escalation to CCG Alternatives to admission managed by the Integrated Discharge Team and Single Point of Clinical Access	
Loss of capacity for prolonged periods of time due to adverse weather, staff absence, norovirus	Escalation plan Winter weather plan Business Continuity plans	
Demand exceeding capacity – risk to elective recovery plan	Admission avoidance schemes, Additional weekend working to support flow Whole Trust focus on timely discharge planning including use of the discharge lounge	
Potential for increased agency usage	International recruitment programme Block booking of bank and agency staff to fill vacancies. Incentivised pay rates at specific times Reductions in average length of stay have offset a sharp increase in hospital admissions.	
Potential pressure from other systems to support if we improve our position		

Risk Management

The following risks and issues have been detected regarding plans being put in place for anticipated surge and execution of the plans. Mitigating actions have been identified along with the level of risk.

Risk / Issue	Mitigation	RAG Rating
Yeovil District Hospital		
High level of over 21 day length of stay and patients waiting for care at alternative providers	Intermediate care	Yellow
High Numbers of those with No Reason to Reside	<ul style="list-style-type: none"> 7 day working for Intermediate Care Review of SW access 	Yellow
Infection Control New Guidance – Increasing use of side room’s for those Clinically Extremely Vulnerable	TBC - Impact Currently Under review	Green
RSV - Level 2 + paediatric capacity	RSV trigger plan	Green
E.D Capacity/ Overcrowding	E.D Trigger and Escalation process in place	Yellow
Ambulance Handovers	E.D Trigger and Escalation process in place	Yellow
Potential Covid Ward Outbreaks	Risk Assessments, Action Cards, Staff and Patient Swab monitoring and Step Down processes in place	Green
Window refurbishment	Loss of 6 beds on a rolling programme for 1 year+	Yellow
Workforce – general wellbeing, sickness, burnout	Rota reviews where possible, Trust wide focus on supporting wellbeing, daily/weekly rota reviews for proactive bank/agency usage when safety is compromised. Robust staff influenza vaccination programme	Yellow
Bed Capacity	Refer to Patient Flow Escalation Plans	Green

Risk Management

The following risks and issues have been detected regarding plans being put in place for anticipated surge and execution of the plans. Mitigating actions have been identified along with the level of risk.

Risk / Issue	Mitigation	RAG Rating
Adult Social Care		
Staffing being compromised through sickness or other issues	<ul style="list-style-type: none"> The social care workforce is based in various services/ teams and can be flexed according to priority need We also recruit locums to cover hard to fill posts. 	
Provider capacity	<ul style="list-style-type: none"> This is block booked to support Intermediate care however there are pockets of the County where capacity to support people post Intermediate care is critical. Commissioning are working to enhance this market and care alternatives are offered as appropriate Reviews are undertaken of current care packages to identify where reductions could take place to free up capacity Cases awaiting care are regularly reviewed to ensure package size is still appropriate 	
Mandatory vaccinations for care home staff. Potential for pressure on workforce if not vaccinated	Work with partners closely regarding best way to ensure roll out of vaccine in co-ordinated way to lessen impact upon workforce	

Risk Management

The following risks and issues have been detected regarding plans being put in place for anticipated surge and execution of the plans. Mitigating actions have been identified along with the level of risk.

Risk / Issue	Mitigation	RAG Rating
South Western Ambulance Service NHS Foundation Trust		
Call stacking	REAP and Surge actions	Red
Hospital Handover breaches	Hospital handover SOP and deployment of HALOs	Yellow
Meddcare		
Sickness due to Covid wave	Covid secure working environment. Vaccine programme.	Yellow
Rota fill challenges	Increased rates of pay at bank holidays. Incentives schemes to attract workforce into the rota.	Yellow
High levels of demand (either from Covid or other seasonal pressures)	Modeling has been completed and staffing has been adjusted accordingly during known periods of seasonal pressure.	Yellow
E-Zec		
Resource provision.	Currently recruiting into vacant and additional ACA positions	Red
3 rd Party Support	SCC are utilised at the moment.	Yellow