

Healthier **Together**



Improving health and care in Bristol,
North Somerset and South Gloucestershire

BNSSG Winter Resilience Framework

Bristol City Council HOSC – 5 December 2022



National approach

- Winter plan is the next phase of the System Operational Plan for 2022/23
- The financial allocation for the South West is double per head of population compared to other regions
- The financial allocation for BNSSG ICB is in line with the Demand and Capacity Submission 22.7.22
- The intention that NHS England will only work through ICB

- A Board Assurance Framework is being developed which NHS E will monitor ICB delivery through
- Trajectories of the 6 key metrics will be monitored weekly

- The core metric for scheme delivery is Bed or Bed equivalent
- Target number of additional beds or bed equivalent is 490

- Assurance of wider winter initiatives is still required e.g. general practice access; CYP initiatives

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

	NBT	UHBW	System
Regional analysis of bed gap	159	173	331
Technical adjustments	50	19	69
Existing mitigations	74	78	152
Adjusted gap 1 ($a - (b+c)$)	35	76	111
Further mitigations identified	184	147	331
Adjusted gap 2	-149	-71	-220

Content of the winter plan

Ref.	Content	Key contributing plan	Responsible group	Programme Director
Winter performance trajectories and associated plans				
P1	111 call abandonment.	Sevenside/ PPG RAP	Sevenside ICQPM	Deb Lowndes
P2	Mean 999 call answering times.	SWAST EOC plan	SWAST AJCC	Jess Cunningham
P3	Category 2 ambulance response times.	<i>As P4 below</i>	<i>As P4 below</i>	<i>As P4 below</i>
P4	Average hours lost to ambulance handover delays per day	BNSSG Handovers Improvement Plan	BNSSG Handovers Improvement Group	Greg Penlington
P5	Adult general and acute type 1 bed occupancy (adjusted for void beds).	100 day challenge plan	Enabling Discharge	Lucy Parsons & Rob Presland
P6	Percentage of beds occupied by patients who no longer meet the criteria to reside.	D2A Business Case	D2A Board	Rosanna James
Winter schemes - within operational plan: to include beds delivered and financial tracking				
B1	D2A - community beds (142)		<i>As P6 above</i>	<i>As P6 above</i>
B2	Virtual wards		HT@H Planning Group	Rebecca Dunn
B3	Acute flow initiatives		<i>As P5 above</i>	<i>As P5 above</i>
B4	UHBW - SDEC expansion		TBD by respective DCOO	Lucy Parsons
B5	NBT additional ward L6		TBD by respective DCOO	Rob Presland
B6	NBT - SDEC expansion		TBD by respective DCOO	Rob Presland
B7	Integrated MH Emergency Service		MH WSOG	Sarah Branton
B8	D2A business case delivery (132)		<i>As P6 above</i>	<i>As P6 above</i>
B9	Stroke programme delivery		Stroke Programme Board	Rebecca Dunn
Wider winter schemes				
S1	OPEL 4+ action card incl. IPC		Winter Delivery Group	Greg Penlington
S2	CYP winter plan		CYP Urgent Care Group	Laura Westaway
S3	Primary care winter plan		GPCB Urgent Care Network	Jim Hodgson
S4	MH winter plan incl CAMHS		MH WSOG	Sarah Branton
S5	Immunisations plan		TBC	Debbie Campbell
S6	Adult social care plans		Commissioning Arrangements	Julie Kell
S7	Elective Recovery Plan		Elective Recovery Operational Group	Caroline Dawe
S8	Winter comms plan		Strategic Communications Group	Dom Moody
S9	Flu plan		BNSSG Flu Planning Group	Debbie Campbell
S10	System UEC transformation plans		UECC Steering Group	Kate Lavington
S11	Community pharmacy		ICB Meds Op Team	Debbie Campbell

Bristol City Council Adult Social Care Mitigations 22-23

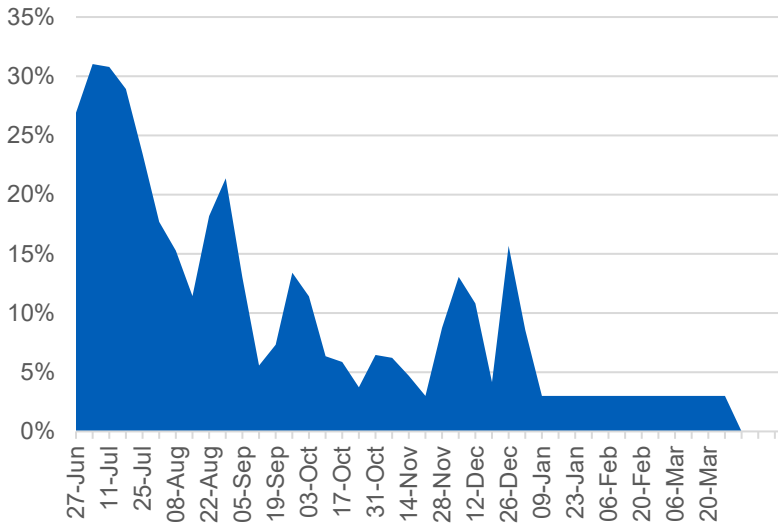
Scheme	Winter Provision	Impact	Timescale
Supporting care providers with sustainability, to manage cost of living pressures, including contract arrangements, rates	<p>Procomp pilot – electronic scheduling system to increase domiciliary care supply efficiency.</p> <p>Block contracts for P1 in place. Working closely to support sector with cost of living pressures.</p> <p>Proud to Care Recruitment campaign launched.</p>	Increase and maintain care supply	Ongoing
Increased and targeted Care Act Reviews to release care supply	Dedicated Reviews team undertaking targeted Care Act Reviews on specific cohorts. Av. 250 reviews per month. Currently focussed on home care packages, 3 months post reablement & Direct Payments to release capacity – maximising use of TEC and other options to promote independence	<p>Increase care supply</p> <p>Increase use of TEC</p> <p>Reduce Spend</p>	Ongoing
Increased investment in TEC (processes and capacity) to increase independence and investment in acoustic monitoring systems for care homes	Increased investment in TEC team 3 x offices in Reablement 1st Sept and additional installers in central TEC team to increase referrals. Bid for more from the latest NHSE digital bid made at BNSSG level.	<p>Increase P0 discharges</p> <p>Free Up home care</p> <p>Reduce admissions from care homes</p>	Early September
Invest in/review reablement services and increase integration between Sirona and LA reablement	LGA key service review of P1 and Sirona interface with BCC reablement inhouse provision to identify opportunities and barriers to closer working	<p>Increase P1 capacity and flow</p> <p>Improve P1 outcomes</p>	Ongoing
In-reach Social Workers supporting MDT discussions and complex discharge planning	4 x Social Care Practitioners based in Hospitals by end Sept – to increase P0 through linking up with community/ working with carers to support early discharge	Reduce LOS fro complex patients	End of September
Prioritising review of domiciliary care packages 3-6 months from getting a package directly from D2A	Identifying opportunities to reduce care hours where appropriate to allow the release of these hours back into the care market.	Increase care supply	Ongoing

Plus contributions to system schemes: D2A; virtual frailty ward

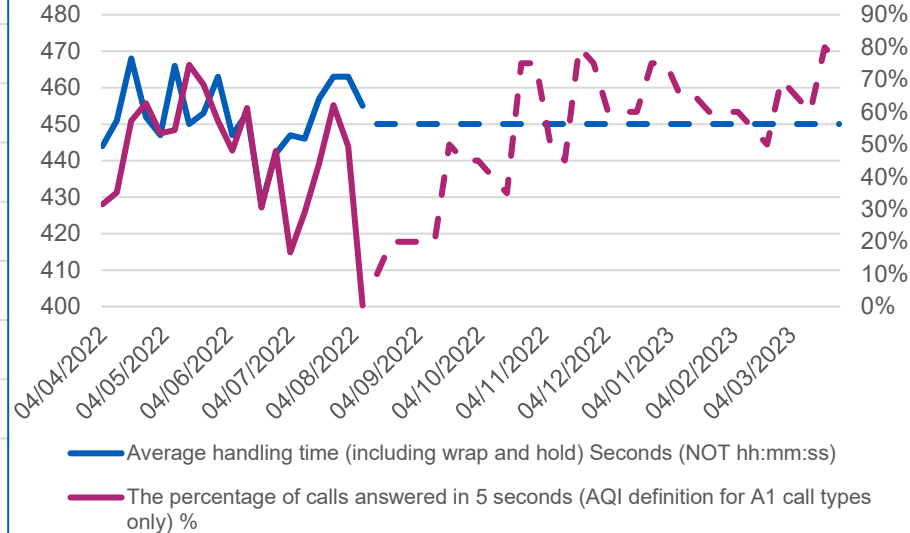
Forecasts for the 'winter six' metrics

NCTR trajectory in development

BNSSG 111 - Projected Abandoned %



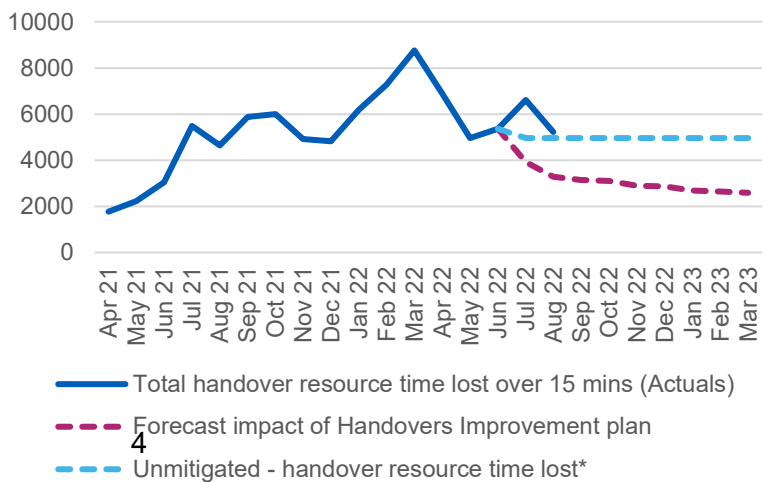
SW-wide mean 999 total call handling time



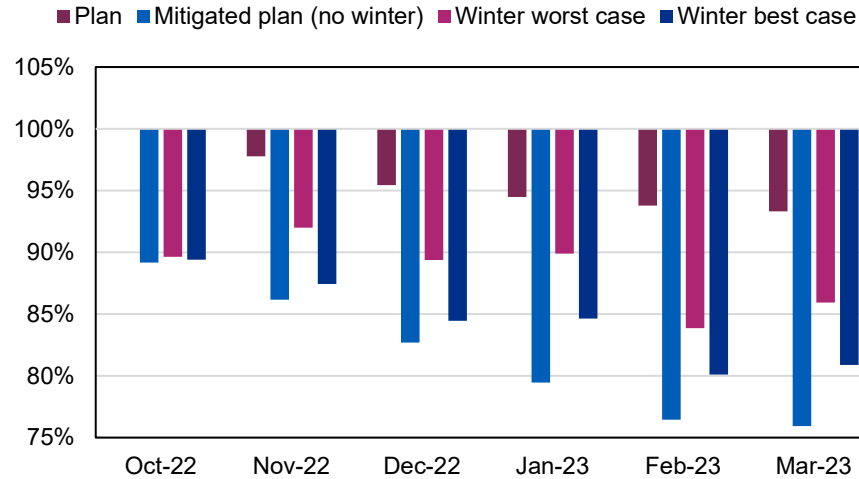
BNSSG Category 2 ambulance response times

Reporting Area - BNSSG	C2	
	Mean	90th
Q2	0:36:03	1:17:58
Q3	0:26:06	0:53:50
Q4	0:23:44	0:48:13

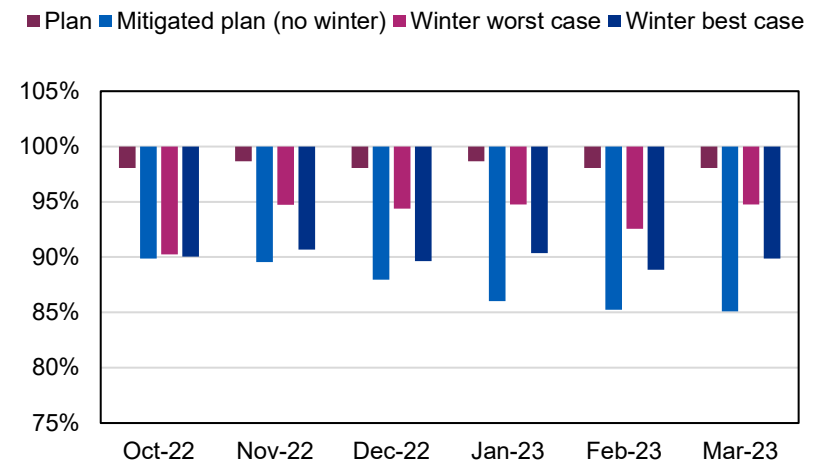
BNSSG ambulance handover delays forecast



NBT – G&A bed occupancy forecast



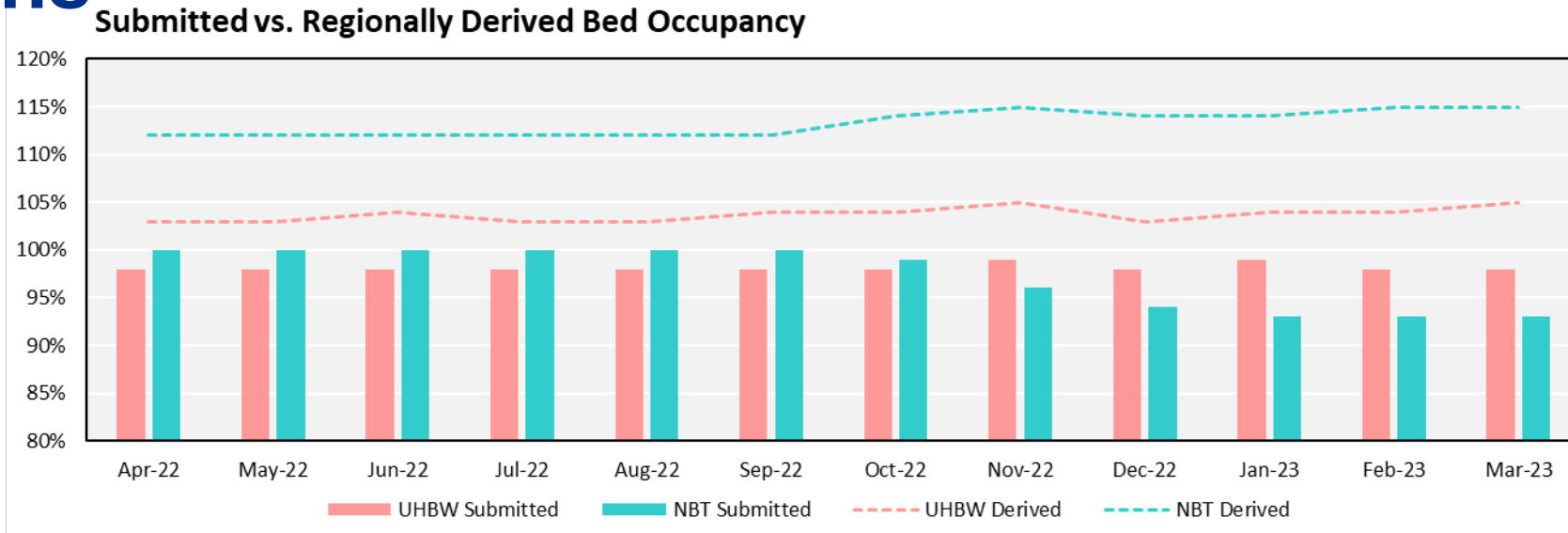
UHBW – G&A bed occupancy forecast



Schemes within our Operational Plan submission Sept. 22

Related Trust	Scheme details	Strategic Objectives (that scheme relates to)	Action (that scheme relates to)	Scheme Cost £000k's	Sept	Oct	Nov	Dec	Jan	Feb	Mar
UHBW and NBT	D2A/Community beds	To provide contingency to the D2A programme which takes effect from October 22 including the decommissioning of spot purchase beds.	To renew contracts by end September to continue current provision	4,359	142	142	142	142	142	142	142
UHBW and NBT	HT@Home /Virtual Wards	To support roll out of 'home first' culture, reducing dependency on beds in hospitals or care homes.	50 VW beds by June 2022 - achieved; 165 VW beds by December 2022 - on track; 165 VW beds by March 2023 - on track (Equivalent to 116 G&A beds due to increased longer LOS in VW.)	3,412	70	100	130	165	165	165	165
UHBW and NBT	Acute Efficiency/LOS improvement	Pump priming of clinical leadership and improvement roles to allow faster role out of best practice flow methodologies impacting on LOS.	End Sep recruitment of staff or backfill of staff into improvement and clinical leadership roles	699	2	2	6	10	16	20	24
UHBW	SDEC expansion UHBW -cardiology, medicine and surgical	Expansion of SDEC in cardiology, medicine and surgical to reduce admissions into beds and reduce numbers in ED	Clinical Model in place. Secondment of staff to run pilot; backfill of staff through recruitment	2037	0	0	0	17	17	17	17
NBT	NBT ward L6	Provides additional beds within the acute Trust as winter mitigation; further contingency to D2A implementation	Conversion of office space. Recruitment of staff through Agency, secondment and bank	4100	0	0	0	12	33	33	33
NBT	SDEC expansion NBT	Expansion of SDEC provision across both Surgical SDEC and Medical SDEC. This is aligned to national and regional priorities and a key lever in reducing ED pressure and admissions. Redirection of 25 patients a day from ED to SDEC.	Mixture of recruitment, seconding existing staff and backfilling their roles. Some staffing through bank/agency may be required to accelerate delivery. A pharmacist has already been identified and domestic resource can be reallocated from within current resource and backfilled.	1654	0	0	4	8	16	16	16
UHBW	UHBW additional laparoscopic equipment SBCH and replacement ENT surgical items for FESS	Greater efficiency and turnaround of patients resulting in more daycase activity, reducing LOS and impact on beds as well as more flex in booking	Purchase of equipment		0	0	0	0	0	0	0
AWP	Integrated MH Emergency Service	Reduce unnecessary acute Trust admissions/LOS through delivery of an enhanced and integrated model of service under the integrated access hub (999 and 111 mental health services). Enhanced and integrated community response - to support individual to remain well in their communities; Integrated mental and physical response - supporting individuals with alternative location response and pathways	Whole system approach with support from SWASFT/AWP/NBT & BRI Psychiatric Liaison/BrisDoc/Avon and Somerset constabulary/Second Step and St Mungo's. Procurement of vehicle in 6w and will test proof of concept for MH ambulances; model designed around 'lift and shift' approach of existing staff and appealing rosters to incentivise overtime/bank for fast mobilisation in line with NR funding.	1026	0	0	15	15	15	15	15
NBT	Escalation beds	1. Presentational/technical changes between Apr and Jun Op Plan	Technical adjustment - planning returns do not include escalation beds as they are not part of core G&A stock, however, the use of these beds explain some of the difference between the plan and sitrep figures. Note that we do not plan to access the same level of escalation capacity throughout the year as we did in May 2022, given the need to protect and increase elective capacity	821	50	50	50	50	50	50	50
UHBW	Escalation beds	1. Presentational/technical changes between Apr and Jun Op Plan	As above.	0	19	19	19	19	19	19	19
NBT	D2A plan	2. System Transformation added in Jun Op Plan	Existing mitigations - these mitigations are already assumed within trust plans, but as mitigations only and thus will not be factored into the bed deficit calculation. Mitigations include our D2A programme, Stroke Programme, HT@Home	0	21	27	33	40	48	56	74
UHBW	D2A plan	2. System Transformation added in Jun Op Plan	As above.	0	11	15	19	22	26	31	34
UHBW	D2A plan	2. System Transformation added in Jun Op Plan	As above.	0	8	10	13	16	18	21	25
UHBW	Stroke programme - impact of NS community team and SARU.	2. System Transformation added in Jun Op Plan	As above.	0	1	2	2	6	9	11	11
TBC	Other - D2A reconciliation	2. System Transformation added in Jun Op Plan	As above.	0	2	2	4	4	6	8	8

Regional bed modelling, known mitigations & further mitigations



	NBT	UHBW	System	Notes
<i>a</i> Regional analysis of bed gap	159	173	331	<i>Multiply plan EL + NEL admission volumes by average LOS only</i>
<i>b</i> Technical adjustments	50	19	69	<i>Escalation capacity that is not recorded within core bed stock, but does mitigate</i>
<i>c</i> Existing mitigations	74	78	152	<i>Impacts of D2A, Stroke, H@H already factored in as mitigations to trust plans</i>
<i>d</i> Adjusted gap 1 (<i>a - (b+c)</i>)	35	76	111	<i>Regional gap of 331 minus technical and existing mitigations</i>
<i>e</i> Further mitigations identified	184	147	331	<i>Mitigations submitted to region, inc. virtual ward, NBT level 6, community beds</i>
<i>f</i> Adjusted gap 2	-149	-71	-220	

Total 552 beds saved through technical, existing, and new mitigations creates a system bed surplus of 220 based on operational plan activity submissions and basic regional bed modelling

How does the bed requirement change if we experience a 'bad winter'?

			Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Surplus / Deficit	Plan (region)	UHBW	- 194	- 171	- 179	- 192	- 195
		NBT	- 184	- 161	- 166	- 169	- 174
		System	- 378	- 332	- 345	- 361	- 369
	Mitigations (all)	UHBW	244	244	244	244	244
		NBT	308	308	308	308	308
		System	552	552	552	552	552
	Plan post mitigation	UHBW	50	73	65	52	49
		NBT	124	147	142	139	134
		System	174	220	207	191	183
	Scenario 1 with mitigations	UHBW	- 12	- 5	- 44	- 39	- 72
		NBT	64	76	28	55	21
		System	51	71	- 16	16	- 52
	Scenario 2 with mitigations	UHBW	23	32	- 44	- 39	- 72
		NBT	98	110	28	55	21
		System	121	142	- 16	16	- 52
	Scenario 3 with mitigations	UHBW	19	35	11	7	- 11
NBT		95	112	86	97	78	
System		114	147	96	104	66	
Scenario 4 with mitigations	UHBW	36	53	11	7	- 11	
	NBT	111	128	86	97	78	
	System	148	181	96	104	66	

The base position is the bed deficit described by the regional analysis

The mitigations achieve a 552 bed saving is realised in full (NB – assumed impact from Nov-22 for modelling purposes)

Each scenario shows the revised bed position based on the additional beds required and includes the benefits of the mitigations.

In the operational planning scenario (which assumes no additional impact beyond 5% covid) – there is a bed surplus post mitigation at both trusts throughout the period

In scenario 1 – the worst case scenario – NBT have a moderate surplus, whilst UHBW have a moderate deficit

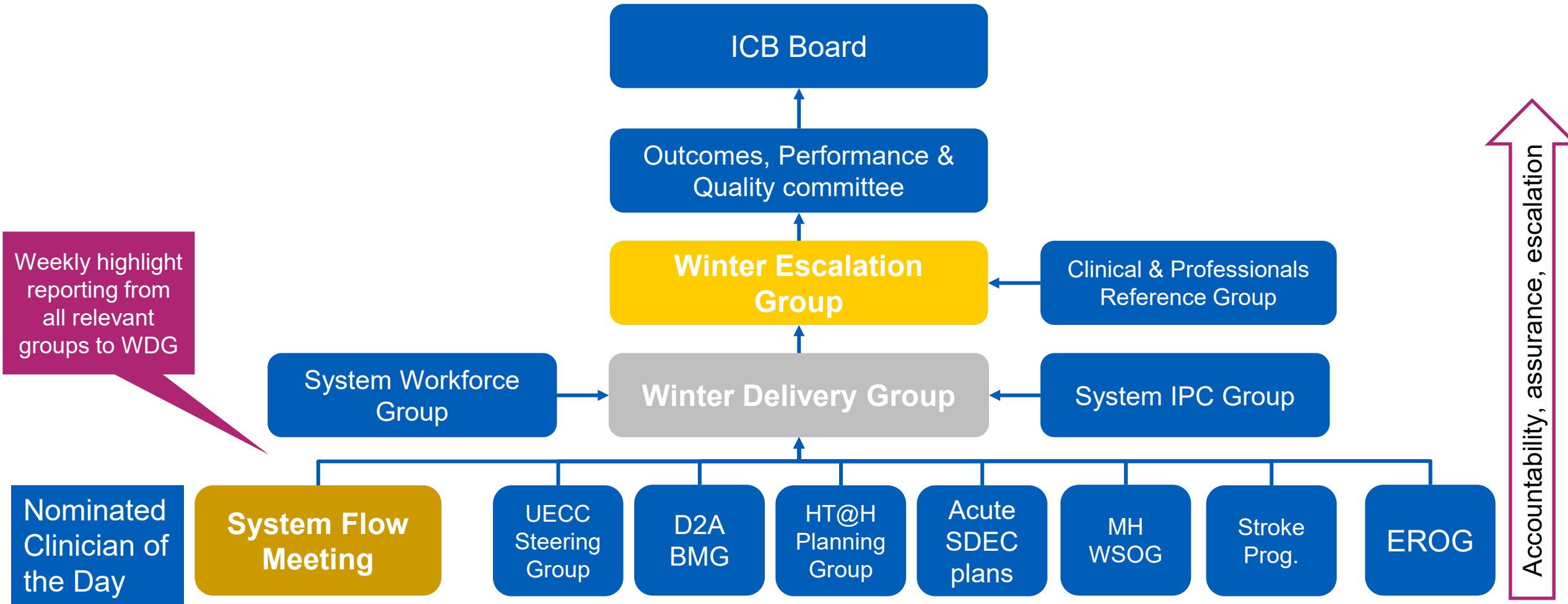
In Scenario 4 – the best case winter scenario – there is only a deficit at UHBW during March-23

How we will coordinate and oversee delivery

Winter Escalation Framework



BNSSG Winter Escalation Framework



BNSSG Winter Escalation Framework

Group	Members	Summary	Chair	Frequency	Replaces
Integrated Care Board	All CE's ICB INEDS ICB Executive	Oversight of the 6 Key Metrics	Jeff Farrar	Monthly	
ICS Chief Executive	All ICS	To be a point of escalation for the System	Shane Devlin	As Required	
Winter Escalation Group	COO's & DAS's Open invite for CMO/CNO/CFO* HRDs*	Escalation channel for deviations from Winter Plan that require executive input.	Lisa Manson	Weekly	COO's
Winter Delivery Group	Deputy COO's & Deputy DAS's	Oversight of all contributing programmes to Winter Plan – monitoring and mitigations	Caroline Dawe	Weekly	TBC
System Flow Meeting	Site Managers/ Operational leads/ key programme leads	Data driven focus on daily metrics that influence Winter Plan e.g. referrals to virtual wards; supported by targeted Action Card	Greg Penlington	Daily @ 11	Daily system call – and focus on verbal sitreps

Communications approach

- System-wide campaign working in partnership across communications teams
- Taking a bespoke approach to targeting audiences within BNSSG, but making use of national assets to provide consistency and best value for money where possible
- We'd welcome your support in sharing messaging with your constituents – we can share details as our campaign is rolled out over the coming weeks



Covid-19 seasonal booster update

Cohort	BNSSG Booster eligibility	BNSSG approx. uptake
75+	83,977	86%
65-74	82,124	81%
50-64	165,869	51%
At-risk (16+)	104,531	42%

Notes about uptake data:

- At-Risk (16+) cohort will include some people reported in the age specific cohorts (50+).
- Data includes unvalidated Covid-19 only data, rounded up/down to nearest percentage.
- People aged 50-64 have only been invited since 15 October.

* Aggregated uptake against all eligible groups in BNSSG is 61%

- Working to a deadline for Autumn Boosters of 11 December – we are currently ahead of trajectory.
- Have visited all care homes and housebound co-administering Covid and flu vaccine.
- Some ‘vaccination fatigue’ - working system-wide to support colleagues in health and social care to get vaccinated.
- Maximising Access work continues and will not stop when Autumn Booster campaign ends – have given over 41k people in outreach settings, so far.
- Won HSJ Award for Improving Health Outcomes for Minority Ethnic Communities – recognising work of cross-system team in improving equity of vaccine access.
- Please support by continuing to promote vaccination as first line of defence.

Covid booster communications

- Flu & Covid-19 vaccination film: [YouTube](#) link (NHSE using for national campaign)
- Public-facing film and social media launching this week.
- Local Flu & Covid-19 Q&A addressing concerns in 10 languages plus [British Sign Language](#).
- Outreach clinic support and focus on pregnant people.
- Behavioural change campaign pilot to encourage first dose uptake of Covid-19 vaccine in Weston.

