BNSSG NHS Winter Plan – summary

September 2023

The national context: Winter guidance & BNSSG response

Action	Response
1. Continue to deliver on the UEC Recovery Plan by **ensuring high-impact interventions are in place**	Maturity matrix completed by all ICS partners. Support from NHSE universal offer requested for: 1) NHS@Home 2) Acute frailty 3) SDEC 4) ARI hubs 20+ 'Recovery Champions' nominated by the ICS and accessing webinar-based training.
2. **Completing operational and surge planning** to prepare for different winter scenarios	ICB scenario modelling completed. System review and input at Winter Workshop on 7th Sept. Submission to NHSE completed for 11th Sept alongside a numerical submission based on the BNSSG bed model.
3. **ICBs should ensure effective system working across all parts of the system**, including acute trusts and community care, elective care, children and young people, mental health, primary, community, intermediate and social care and the VCSE sector.	BNSSG Operating Plan delivery – metrics now included in UEC performance and project reports. System Control Centre in place and compliant with new national specification. Updated Operational Pressures Escalation (OPEL) Framework now published. System plan to double run alongside existing OPEL framework.
4. **Supporting our workforce** to deliver over winter	Staff flu and covid vaccination. established pathway for identifying patients at-risk of COVID-19 and flu in their care, including those who are immunosuppressed. NHS People Plan delivery.

Forecasting pressures on the system:
BNSSG acute hospital bed models – post-mitigation

	Sep	Oct	Nov	Dec	Jan	Feb	Mar
BRISTOL ROYAL INFIRMARY (BRI)							
Bed Surplus/Deficit Before Mitigation	-34	-36	-39	-31	-40	-63	-39
Total mitigations	24	27	30	34	47	47	47
Bed Surplus/Deficit After Mitigation	-10	-9	-9	3	7	-16	8
WESTON GENERAL HOSPITAL (WGH)							
Bed Surplus/Deficit Before Mitigation	-28	-28	-29	-27	-29	-40	-28
Total mitigations	11	13	15	16	23	23	23
Bed Surplus/Deficit After Mitigation	-17	-15	-14	-11	-6	-17	-5
BRISTOL ROYAL HOSPITAL FOR CHILDREN (BRHC)							
Bed Surplus/Deficit Before Mitigation	6	4	0	5	-3	-14	-5
Total mitigations	0	0	0	0	0	0	0
Bed Surplus/Deficit After Mitigation	6	4	0	5	-3	-14	-5
Southmead (NBT)							
Bed Surplus/Deficit Before Mitigation		-70	-78	-64	-68	-73	-76
Total mitigations		34	42	51	69	74	75
Bed Surplus/Deficit After Mitigation		0	0	0	0	0	0
Occupancy with mitigations		*97.1%*	*97.1%*	*94.5%*	*92.9%*	*92.9%*	*93.1%*

Acute beds as a currency are a proxy for 'flow' across the whole ICS – including capacity in general practice, community services, and social care. It is used by NHSE to assure plans.

The bed model is based on assumptions that monthly activity will be similar to 22/23 – which in comparison to previous years saw an unusually high increase in attendances and admissions over winter. A surge is therefore already assumed within the model.

Mitigations included in the plan are increased capacity from:
1) Virtual wards
2) Discharge to Assess
3) Acute transfer of care hubs

Note
- Changes to the P2/3 bed position and NC2R backlogs would further impact the position
- Stroke service transformation not included; further work required
- Post-mitigation assumes full delivery of transformation schemes with impacts as described in previous slide

Winter planning began at the start of the year

- BNSSG ICS committed record new, recurrent investment into urgent and emergency care (UEC) and 'Home First' services through the 23/24 planning round.

- These investment schemes are spread across the system and address 'front door', through flow, and 'back door' capacity, and address many of the 'high impact interventions'.

- Many ramp up and their impact peaks in the autumn months, in time for winter.

- Monitoring delivery takes place through the Operational Delivery Groups (UEC ODG and D2A Board).

In July BNSSG self-assessed its maturity against the national 10 high impact interventions

Self-assessment scores

(NB this chart will self populate when you complete the tables above)
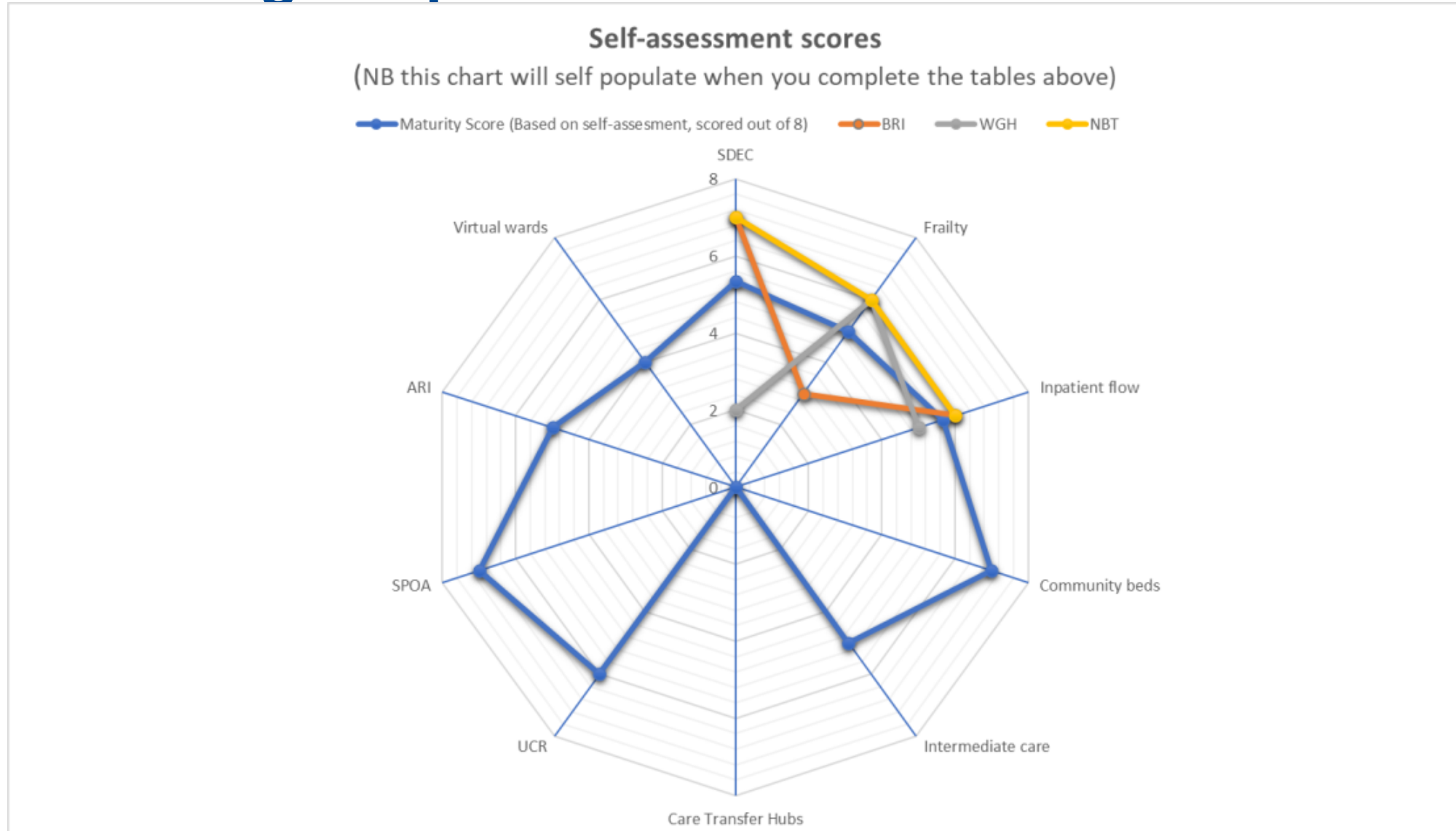
Summary of additional investment in winter schemes (1)

Ref.	Description		Lead Provider	23/24 revised financial plan (£k)	FYE (£k)	Peak bed impact (plan)	Progress on delivery (RAG):
	Urgent & Emergency Care						
U1	Same day Urgent Community Response expansion	Circa 25% expansion in same-day community nursing teams to respond to individuals with urgent needs who may otherwise deteriorate.	Sirona	-960	-960	10	Green
U2	System Clinical Assessment Service expansion	Increase in capacity of clinicians working within BNSSG 111 to further assess patients who would otherwise be routed to 999 or ED. Includes a move to 7-day working from October.	Brisdoc	-1,124	-1,424	9	Green
U3	SWAST access to Urgent Community Response service.	Embedding senior urgent care clinicians within the community call centre to triage and assess patients with urgent needs in the community who may benefit from the UCR service (above), particularly aimed at supported ambulance crews to access this pathway.	Sirona	-71	-221	6	Green
U4	Community Emergency Medicine Service (CEMS) introduction	Embedding senior ED clinicians within the ambulance service to respond to 999 calls (remotely and in person) for the most complex and frail individuals, to support community management of direct access to hospital pathways.	UHBW	-370	-370	2	Amber
U5	NBT Level 6 beds	Additional physical ward at NBT to support ability to continue elective programme alongside non-elective demand.	NBT	-4,539	-4,539	32	Green
U6	NBT Same Day Emergency Care expansion	Increase capacity in the SDEC service which front loads senior clinical review and diagnostics to avoid patients requiring multiple overnight stays.	NBT	-1,654	-1,654	16	Amber
U7	BRI Discharge lounge capacity	Increase capacity in the discharge lounge and introduce registered nurse cover to allow for wider range of patients to use the service. Allows beds to be made available earlier in the day on wards in line with expected demand, while discharge activities are undertake (transport, medication etc).	UHBW - BRI	-285	-570	8	Amber
U8	BRI SDEC		UHBW - BRI	-1,528	-2,037		
	BRI Medical SDEC	Increase capacity in the SDEC service which front loads senior clinical review and diagnostics to avoid patients requiring multiple overnight stays.		-879	-879	13	Green
	BRI Surgical SDEC	As above.		-609	-609	1.2	Amber
	BRI Cardiology SDEC	As above.		-550	-550	4	Amber
U9	Healthy Weston 2 (Phase 1& 2) (recurrent only)	Range of long term changes to WGH including a new frailty short stay unit, increases in SDEC, new hot clinics and improvements to emergency surgery provision.	UHBW -Weston	-1,900	-2,643	15	Green

Summary of additional investment in winter schemes (2)

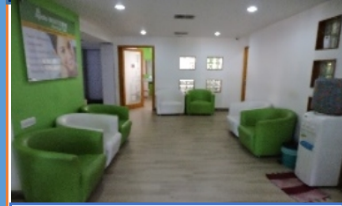| Ref.	Description		Lead Provider	Other Providers	23/24 revised financial plan (£k)	FYE (£k)	Peak bed impact (plan)	Progress on delivery (RAG):
	Home First							
H1	Discharge to Assess	Increasing community rehabilitation capacity in line with demand, with a focus on shifting towards home-based pathways (following a peer review of other ICS').	Sirona	Acute, LAs, VCSE	-5,562	-5,562	150	Amber
H2	Transfer of care hub	Increasing multi-agency capacity for discharge planning from hospitals including therapists, social workers etc.	NBT	Sirona, Social Care	-2,884	-2,884	25	Green
H3	TOC Hub	As above.	UHBW - Both	Sirona, Social Care	-2,900	-2,900	25	Green
H4	NHS @ Home expansion	Increasing 'virtual ward' capacity to support admission avoidance and earlier discharge using remote monitoring technology couple with community teams.	Sirona	Acute	-6,750	-7,275	92	Amber
H5	Ageing Well EHCH: NCHIP	Dedicated clinical team working through care homes to ensure up-to-date and quality care plans for those most at risk of admission.	NBT	Sirona, Primary Care	-700	-700	4	Green
H6	Ageing Well EHCH: Weston hub	Dedicated multi-professional team working directly with care home residents most at risk of admission.	Pier Health	Sirona, Primary Care	-600	-600	6	Green

Summary of additional investment in winter schemes (3)

Ref.	Description		Lead Provider	23/24 revised financial plan (£k)	FYE (£k)	Leading indicator(s):	Progress on delivery (RAG):
Investments with non-bed impact							
U10	Carousel Project - Children's Hospital	Significant increase in children's ED physical capacity and staffing including GPs, to manage minor acuity patients.	UHBW - Children's	-654	-654	ED waiting times at the children's hospital.	Green
U11	Community Acute Respiratory Infection (ARI) Hubs	Introduction of dedicated community sites via Primary Care Networks for managing patients with acute respiratory conditions away from general practices.	Primary Care	-600	-600	We will develop robust impact and evaluation to measure the impact of the hubs on system flow, patient outcomes and workforce.	Amber
	SWAST additional capacity	Additional ambulance crews in place to manage winter demand and maintain response time standards despite increased time lost handing patients over to hospitals. Based on performance in 22/23.	SWAST	-2,900	-2,900	Ambulance response times: Category 1 and Category 2.	Green
	SWAST additional capacity for handover delays	As above.	SWAST	-2,000	0	As above.	Green

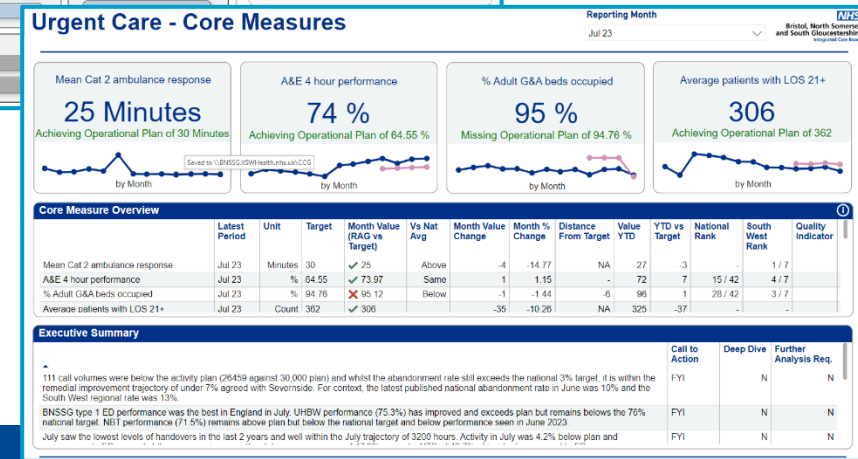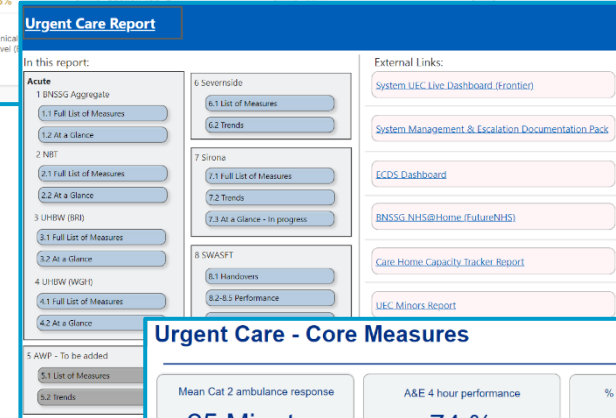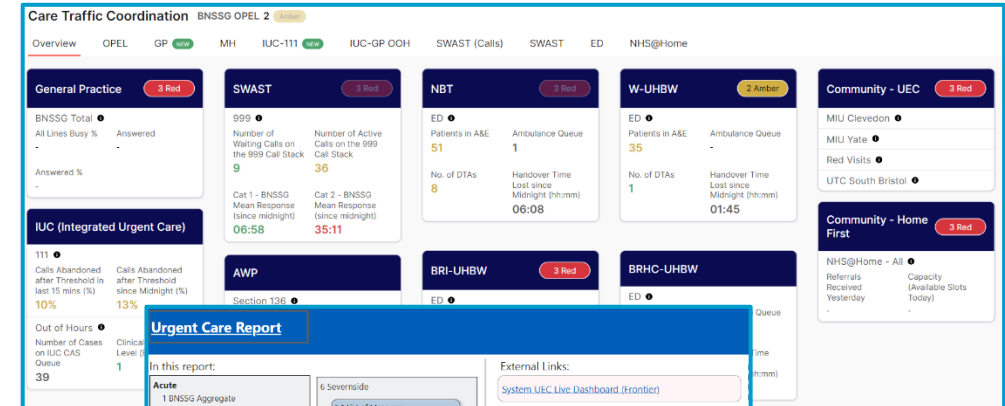# Urgent & Emergency Mental Health Winter 2023/24

111 Mental Health Clinical Assessment Service	Crisis @ Night	Urgent Assessment Centre	Professionals Response Line	999 Mental Health Responses
Developing 24/7 Response via 111 for any individuals needing urgent/crisis mental health support & advice – integrated with physical health response (CAS/OOH GPs)	Delivering 10pm-8am UAC, Community assessment & home treatment, POS & Acute Trust ED In reach Crisis response for assessment	Developing Pre-Hospital Integrated location based assessment & intervention response as part of Crisis @ Night as alternative conveyance point to ED and community based responses for individuals in crisis	24/7 Response, advice and guidance available by telephone for police, ambulance and other emergency and urgent care responses at scene	24/7 Response via 999 including – integrated with emergency services/physical health: • MH Desk – inc PLO • RRVs/MH Ambulances • Rapid Engagement Workers

Overseeing system performance

Tackling performance issues as they arise is managed by the new, nationally-defined System Control Centre, including a daily System Flow Meeting 7 days a week.

System tools available:

- New real-time 111, 999, mental health (s136) & ED metrics plus forecasts – within Frontier platform

- Daily data across all providers available to understand trends and root causes – within ICS PowerBI

- Refreshed processes to align monthly validated reporting with the NHS Operating Plan – in formal ICS reporting

BNSSG's System Control Centre

ID	National requirement	Section	Requirement Met	BNSSG Compliance
SCC – PE 1	SCC has identified board-level executive member and is supported by a Senior Responsible Officer (or equivalent).	4.2	Yes	SCC Executive lead and SRO: Lisa Manson
SCC – PE 2	SCC has sufficient resource to deliver day-to-day function in line with national operating model between 0800 & 1800 hrs.	5.2, 5.3 and 6.2.6	Yes	Mon-Fri 0800-1800: SCC delivered by UEC Performance Team (x3 team members). OOH and weekends: ICB on-call rota (strategic, tactical and call support). System clinical on call rota also in place 24/7.
SCC – PE 3	The ICB will ensure that they either have SCC room leadership with active clinical registration (GMC, NMC or HCPC), or an operating structure that enables input from senior clinicians in the ICB	5.4	Yes	System clinical on call rota in place 24/7 with role card descriptor, including a range of ICB clinicians.
SCC – PE 4	SCC Director on-call cover is in place between 1800 & 0800 hrs.	5.5	Yes	SCC director and tactical on-call cover 24/7, including out of hours and weekends. During in hours (0800-1800) they are on-call, however the SCC is managed by the UEC Performance Team.
SCC – PR 1	The SCC can demonstrate board-level presentation of SCC operations to the specification set out in the specification.	4.4	Yes	Lisa Manson SRO, ICB Board Member. SCC updates are provided as part of wider Winter assurance plans to various boards and committees and required.
SCC – PR 2	The SCC has membership of relevant clinical governance and quality assurance forums as required.	4.5	Yes	Lisa Manson is a member of the ICB Putcomes, Quality and Performance Committee. Work is live with the System Quality Group with a project to quantify and compare clinical risks in different parts of the system to inform SCC and provider decision making.
SCC – PR 3	SCC's role and responsibility are clearly laid out in system escalation and governance frameworks, including but not limited to surge management, ambulance handover process and incident management.	4.6	Yes	This information is detailed in the SCC System Management and Escalation policies and SOPs; which are available on Frontier (https://bnssg.my.faculty.ai/home) within document storage and published in the BNSSG ICBs on-call pack. In the event of an incident the BNSSG ICB Incident Response Plan (IRP) details additional responsibilities for the individual roles within the SCC. The IRP is available in the BNSSG ICBs on-call pack.
SCC – PR 4	SCC has an SOP in place that captures the daily operational cadence and reflects roles and responsibilities under the OPEL Framework. This will include the upload of the ICB OPEL onto the NHSE national database.	6.1 and 6.2	Yes	This information is detailed in the SCC System Management and Escalation policies and SOPs; which are available on Frontier (https://bnssg.my.faculty.ai/home) within document storage and published in the BNSSG ICBs on-call pack. This includes OPEL action cards for the system and providers, and standard cadences for system calls which occur 7/7 at 11am. This information is also outlined in the BNSSG ICBs on-call system management and escalation training slides.
SCC – PR 5	SCC will have SOPs to track, assure and validate submissions to NHS England national and regional teams as specified.	6.2	Yes	The SCC has an NHSE returns tracker and log in place. Data quality controls are in place for provider OPEL submissions, the metrics for which are updated every 6-12 months.
SCC – PR 6	SCC will maintain appropriate records in line with the NHS England's Corporate record management policy.	6.2.4	Yes	The SCC adheres to the BNSSG ICBs Records Management Policy, which aligns with the NHSE policy. This includes inbox management, note taking and action log tracking.
SCC – PR 7	SCCs will provide 7-day cover in-line with the regional/national operational model between 0800 and 1800 hrs, with a provision contained within a localised SOP to increase cover as required.	6.2.6	Yes	Mon-Fri 0800-1800: SCC delivered by UEC Performance Team (x3 team members). OOH and weekends: ICB on-call rota (strategic, tactical and call support). System clinical on call rota also in place 24/7. This is reviewed during periods of escalation or incident management. This information is detailed in the SCC System Management and Escalation policies and SOPs; which are available on Frontier (https://bnssg.my.faculty.ai/home) within document storage and published in the BNSSG ICBs on-call pack.
SCC – PR 8	SCC has real time digital software and a process to monitor in real time, the minimum key metric set detailed in section 7.2.1 to 7.2.10 to allow rapid identification of risks and required intervention. These will also be accessible to the DOC and relevant clinical support for the SCC.	7.2	Yes	The BNSSG System UEC Live Dashboard (Frontier) includes real time feeds for a number of providers across the system including SWAST, 111, AWP, acute trusts, NHS@Home and GPOOH. Frontier is accessible to the whole system, and has been promoted with all members of the ICB and provider on-call teams.
SCC – PR 9	SCC must have digital software that can add or evolve 'wider' system pathway metrics as part of real time process.	7.3.1	Yes	The ICB, through the Care Traffic Coordination Centre programme, is adding additional system pathway metrics including GP data, NCTR, UTC/MIU statuses, and social care data.
SCC – PR 10	SCC digital software must be accessible through both 'desktop' and mobile devices.	7.3.2	Yes	Frontier is available on both desktop and mobile devices.
SCC – PR 11	SCC digital software must have the capability to set notifications that alert / notify when pre-determined thresholds or parameters have been breached.	7.3.3	Yes	This is captured in the specification for CTCC and available in the Frontier system via Superset technology.

BNSSG Winter Vaccination Programme

- BNSSG is planning for both flu and covid co administration where possible.

- Primary Care Networks will be visiting care homes to vaccinate both staff and residents and providing practice-based clinics which can be accessed by staff. Programme staff will also provide workforce if required.

- The programme has worked on robust communications with local authority partners, ensuring staff know how to access vaccinations.

- The national grabajab site will also have staff vaccination information.

BNSSG winter 2023/24: Communications approach Oct - Mar

Objective	Campaign focus	Tactics
Promote vaccination uptake	Covid and flu campaigns (public and staff)	• BNSSG health and care staff 'Take control' campaign • Amplify national 'Winter strong' campaign via PR, social media, on-site promotion • Community partnership and engagement/outreach
Support people to access 'right care first time'	Self-care and pharmacy	• PR, social media, on-site promotion • Amplify national Pharmacy First campaign • Winter illness advice on ICB website • Self-care app promotion inc Handi paediatric
	Primary care access (multidisciplinary team / care navigation)	• PR, social media, on-site promotion • Amplify national 'Meet Team GP' campaign • Practice channels (websites, waiting rooms)
	NHS 111 (inc mental health crisis)	• Amplify national NHS 111 online campaign 'Get to the help you need' • PR, social media, on-site promotion • Targeted social media advertising
	Health literacy / system navigation	• Service guide on ICB website 'Which NHS service should I use?' • Multilingual 'Choosewell' leaflet distribution to health and care settings
Promote timely discharge	'Home first'	• PR, social media • In-hospital promotion targeting families/carers