SHAPING OUR FUTURE
Cornwall and the Isles of Scilly Health and Social Care Partnership

SUMMARY REPORT		
SOF TRANSFORMATION BOARD	**9 October 2018**	**Item 5**

Title of report	**Cornwall & Isles of Scilly Winter Plan**
SRO	Chair of A&E Delivery Board, Kate Shields (Chief Executive RCHT)
Author(s)	Karen Kay, Urgent and Emergency Executive Lead for Cornwall & Isles of Scilly
Purpose of report	To provide the Transformation Board with a second draft Winter Plan for 2018 /19
Recommendation	**The Board is recommended to:** • Note the timeline for completion in line with NHSI/E expectations • Note the additional content including new sections on learning from Winter 2017/18, workforce, and mental health. • Note the inclusion in Appendix 3 of a detailed implementation plan • Note the place-holder for organisation–level response to bank holiday/early January surge
Engagement and Consultation Undertaken to Date	System-wide Senior Leadership Team for Health and Social Care providers and commissioners are the responsible group for the development of this plan. The plan has been reviewed by the Cornwall & Isles of Scilly A&E Delivery Board, some but not all of their feedback is incorporated into this version of the plan. Other consultation undertaken is set out below: • System-wide Winter Planning Workshop • NHS Kernow CCG Clinical Leadership Group • NHS Kernow CCG Quality & Performance Committee • NHS Kernow CCG Audit Committee
Next Steps	**The next steps are as follows:** • To engage all system partners at an operational level through scenario testing during October and November, in order to test the robustness and effectiveness of the plan; with a particular focus around our preparedness for flu and norovirus outbreaks and severe weather. • We are also partway through the process of testing the plan with individual organisations in the system. • Further development of system-wide severe weather plan and completion of the organisational and system-wide flu plan.

	• Submission of the plan to NHS England on 5th October 2018. • Refresh of the existing acute bed modelling assumptions to assess the impact of more recent service improvements. • Further work around demand and capacity modelling to better understand capacity constraints across the system in more granular detail. • Development of an accessible "plan on a page" for the purposed of communication. • Engagement with localities to develop locality versions of the Winter Plan, including the Isles of Scilly.
Financial implications	The UEC Transformation funding (£183k) has been allocated to three schemes which will be in place for winter, but will also form part of our longer term resilience plans. STF funding dependent on delivery of agreed trajectory.
Key Risks	• Availability of home care / residential care capacity • Impact of flu on workforce availability and bed closures • Implementing Discharge to Assess fully prior to Winter • Transport issues and the tender exercise for PTS • RCHT and UHP delivery of elective and emergency care standards
Disclosure Statement	The report draws on escalation levels in the two months prior to 16th February – a period of sustained operational pressure. Escalation triggers should be kept under review to ensure escalation and actions are appropriate to the level of risk to service delivery system-wide.
Equality and Diversity Statement	N/A

Version Controlling

Version	Date	Changes Made
1	19/09/2018	Version submitted to NHS England by Rab McEwan
2	19/09/2018	Addition of contributions from CFT – Julie Dawson & Sara Bailey
3	19/09/2018	Addition of contributions from RCHT – Jo Davis
4	20/09/2018	Addition of contributions from Tryphaena Doyle (section 4) & Tim Francis at Section 18 Formatting
5	20/09/2018	Input from Lisa Johnson
6	21/09/2018	Formatting & further addition from Karen Kay, Lisa Johnson, Sara Bailey & Tamsyn Anderson Inclusion of 'Hard Reset' analysis results at Appendix 2 Submitted to System Senior Leadership Team for comments.

Winter Plan 2018/19

1. Introduction

This plan sets out an integrated approach to service delivery across Cornwall and the Isles of Scilly (CIOS) over the winter months. All services will need to make special arrangements to anticipate and cope with changes in demand over the winter, but the 2017/18 winter period for CIOS was particularly challenging, not least as a result of a prolonged period of adverse weather at the end of February 2018. Up to this point CIOS had experienced chronic and prolonged overcrowding in the RCHT A&E Department, and patients endured lengthy waits and cancellation of elective treatment due to emergency pressures. The commitment of our A&E Delivery Board in March 2018 was never to go back to this level of compromised care. A range of measures were implemented in March 2018 via Gold Command oversight of a whole System 'Hard Reset' to restore safe health and care services. These measures will be reinforced/consolidated in advance of Winter 2018/19, but four common factors will continue to increase winter pressures locally:

- Norovirus
- Adverse weather conditions
- Seasonal illness such as flu and other respiratory illness
- Staff shortages due to the above.

At the same time, CIOS must do more to support delivery of cancer and elective care, which was compromised in 2017/18 due to emergency pressures. It goes without saying that at the time of year when illness and demand for health and social care are at their highest, there are more sick and vulnerable patients who need care in the community, putting extra pressures on our staff, carers, relatives, primary and community care.

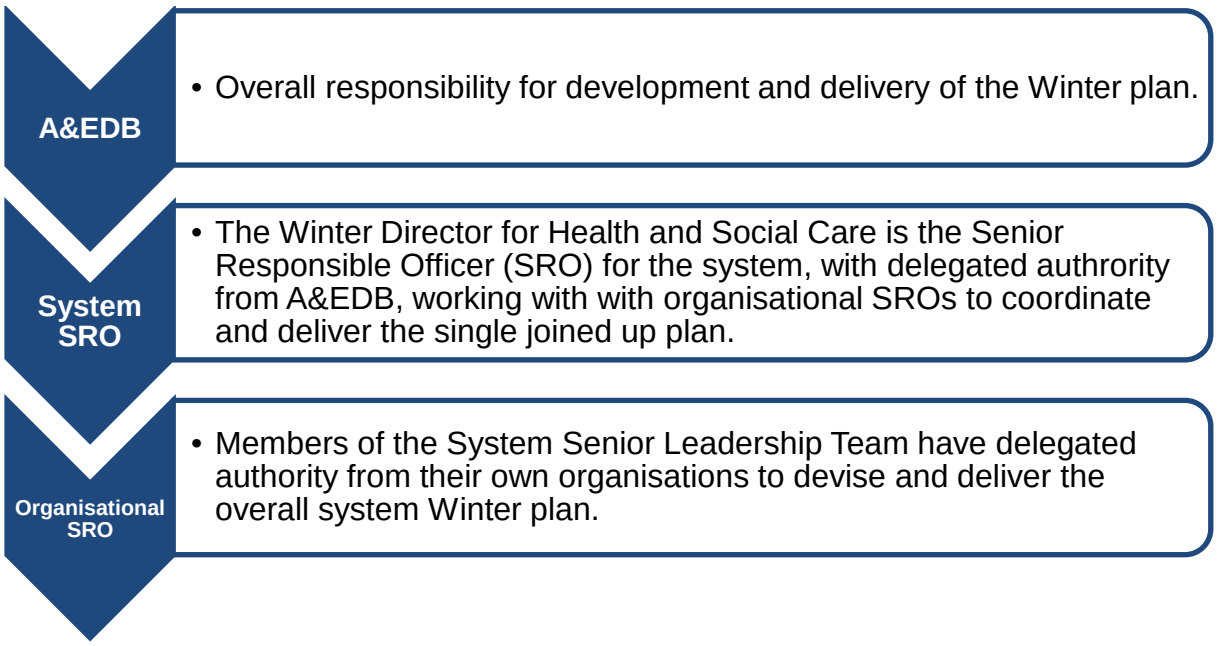
Our five key aims to deliver safe patient care over the winter months as a health and social care economy are therefore:

- To support people, families, communities and, primary, community, social care services and the third sector in their efforts to maintain people's independence, health and wellbeing in the community Hospital avoidance
- To keep people well and reduce their need for accessing services
- To, wherever possible, provide local support and services to prevent people from needing to travel, especially by ambulance, to the acute hospital setting
- To protect the sickest and most vulnerable people in our community by rapid assessment, treatment and discharge of all admitted patients – Provide rapid assessment, treatment and discharge of patients on the frailty pathway
- To protect our limited capacity for ambulatory assessment and specialist treatment from the adverse effects of overcrowding Hospital avoidance scheme
- To extend our services across 7 days, where possible within available resources, particularly diagnostics to support clinical decision making
- To maintain and protect a full cancer and elective surgery programme in the acute hospital sector.
- To deliver a new integrated Same Day Emergency Care Service
- To provide rapid assessment and treatment of patients (adults & children) with mental health conditions and timely discharge when their acute physical health needs have been met

2. Structure and Process

This plan is the aggregate plan for all services in CIOS and specific organisation contributions to the objectives are summarised in Appendix 1.

Figure 1: Development and delivery structure for the CIOS Winter Plan



The planning timeline is summarised below in line with regional and national reporting deadlines:

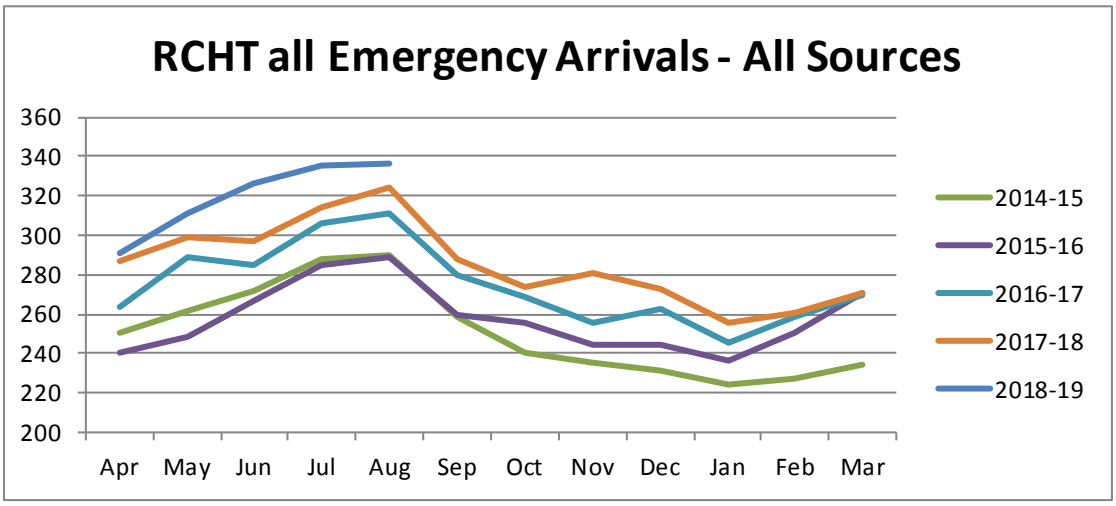
Table 1: CIOS planning timeline for Winter 2018/19

Date	Action
12th July 2018	High level system plan to AEDB identifying: 1. Learning from Gold Command and key themes for 2018/19 2. Top priorities for 2018/19 3. Changes from Winter 2017/18 High level plan submitted to NHSE/I for review and feedback
31 August 2018	• In-depth plans to NHSE/I for review against KLOEs
w/c 24 Sept 2018	• Winter preparedness exercise/workshop to stress test plans and our ability to manage surge.
5th Oct 2018	• Finalised Winter Plan submitted to NHSE/ NHSI
12th Oct 2018	• Review with NHSE/I and daily/weekly monitoring overseen by AEDB and SSLT.

3. Capacity and Demand

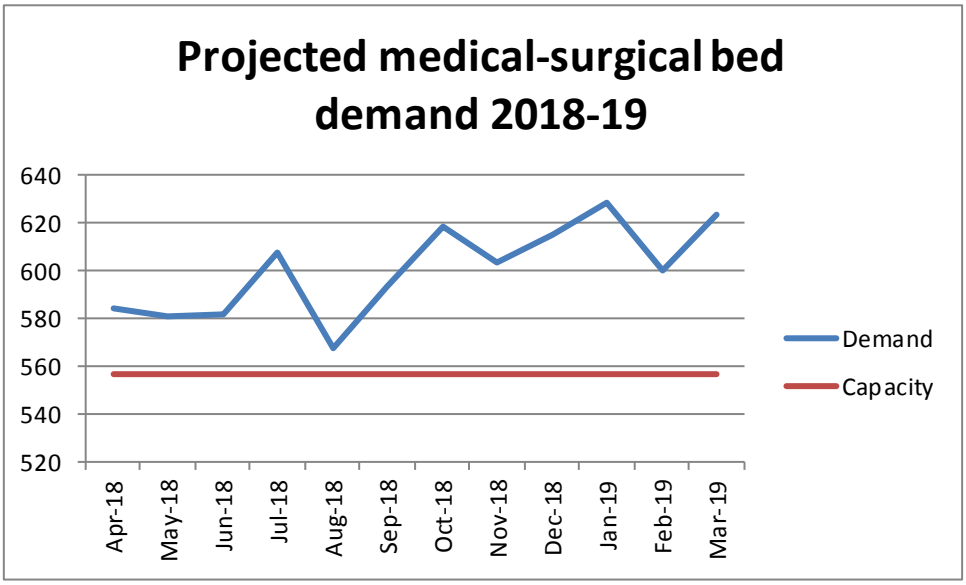
Figure 2 below shows how demand for emergency services has increased over the last two years in CIOS. This equates to an additional 14 emergency presentations per day since last year, 27 since 2016-17, and 52 per day since 2015-16.

Figure 2: All Emergency Arrivals at RCHT since 2014



Compared with Winter 2017/18, RCHT has -10 General and Acute beds in July 2018, due to closure of 10 beds on Kynance (a ward area previously used for DTOC patients, closed due to success of the CIOS Hard Reset). These will be re-provided ahead of the winter of 2018/19. Figure 3 summarises the outcome of historic 'bed modelling' carried out at RCHT, which expresses surges in demand as an increased requirement for emergency medicine beds at RCHT. We aim to supplement this analysis with a new approach to whole system capacity and demand modelling, which is currently underway, covering out of hospital capacity as well as acute hospital bed capacity.

Figure 3: Predicted demand for Medicine and Surgery Beds 2018/19



4. Learning from Winter 2017/18 and the 'Hard Reset'

Following the 'Hard Reset', a data-driven analysis was carried out to establish where the greatest impacts were felt within the system. There was also a system-wide workshop on 20th July 2018 to capture learning from last winter from clinicians and practitioners. Results from both are summarised in Appendix 2.

Informed by the above, the following actions will be continued/consolidated (a detailed action plan is in Appendix 3):

Alternatives to ED

- Centipede and Leg ulcer clubs being established across the county
- GP practices reception staff being trained in Active Signposting to free GPs up to focus on the people who most need their attention.
- 111 Online will be available for the first time this year
- 17 GP practices are offering an e-Consult service
- Improving Access to GP practice test and learn pilots will be, as a minimum, in place at St. Austell, the Three Harbours practices and all of Penwith.
- Clinical validation of 111 calls to 999 or ED
- Rapid Frailty Response service test and learn in Penwith
- Frailty Assessment Service pilot at West Cornwall Hospital Urgent Care Centre with access to short stay assessment beds
- Public messaging on alternatives to ED
- Extended GP access via GP clusters
- 'Wrap around' support for GPs to keep patients healthy/independent at home.
- 'Lab in a bag' point of care testing trial
- Increasing the number of people offered direct payments and personal health budgets
- Pharmacy Minor Ailments scheme to be extended for over 65s with UTIs
- New point of care testing kit will be in place at Camborne Redruth Community Hospital

Front Door/ ED

- A new integrated Same Day Emergency Care Service
- A new Ambulance handover SOP
- Admission avoidance MDT in ED (Adult Social Care, therapist, OWC nurse)
- Removal of the medical take and other 'GP expected' patients from ED
- Refreshed Internal Professional Standards in ED reinforced with clinical ownership
- A new ED escalation framework – lower thresholds for action
- Acute GP extended hours and service offer with greater focus on frailty admission avoidance
- Investment to reduce ED Wait To Be Seen, decision and treatment times
- Streaming patients to Out Of Hours GP service (Cudmore House).

In Hospital (Acute and Community)

- Early specialty review in MAU
- OPAL beds in MAU
- Single MFFD list for acute & community Hospitals with daily review & targeting stranded & super stranded by Community Heads of Patient Flow

- Ward rounds of ‘not Medically Fit For Discharge’ patients over 7 day Length Of Stay by consultant/GP/ nurse
- Extra therapy staff at weekends
- OWC team 7 days: weekdays increase resilience / resourcing; weekends – core plus one CFT nurse; two social workers; plus one admin.
- Voluntary Sector increased role in hospital setting

After hospital / In Community

- A new provider contract and ‘dynamic purchasing’ system to increase home care capacity, backed by a system wide service expansion plan to support the ‘home first’ principle.
- Commitment to 50 Care Home beds for ‘step down’ with 7 day assessment & admission, pending equivalent increase in capacity for home care
- Suspension of patient choice of community hospital beds to free up acute beds
- CCG and Council buyer and brokerage available at weekends
- Additional non-emergency patient transport 1400 – 0200
- Access to Volunteer Cornwall support as required.
- Additional medical cover in Community Hospitals at weekends (will also release Cornwall 111 out of hours GPs to provide more timely assessments on the phone, at home and in treatment centres)

System-Wide

- Keeping People Well / Winter Wellness Campaign
- Increasing flu vaccination uptakes for individuals in at risk groups
- Increasing flu vaccination uptake amongst health and care workforce
- Public messaging on flu vaccination & general infection control
- Trials of “My COPD” app
- Fire service offering health checks to assess for risk of falls
- Trials of Multi-agency, multi-professionals team meetings supporting individuals with a high risk of acute admission and using person-centred care planning approach

5. Escalation

Bronze, Silver and Gold Command management structure has been implemented with clear triggers for escalation. Triggers for the highest levels of system escalation (Operational Performance Escalation Level, “OPEL” 4) are largely driven by escalation in RCHT. RCHT triggers were set lower than other comparable Trusts, resulting in frequent escalation to OPEL 4 (78% of the time in the winter of 2017/18 compared with the benchmark of 2% nationally). This reduced sensitivity and specificity of escalation triggers contributed to a more limited whole system response to OPEL 4 – CIOS had become inured to the highest escalation level. The triggers for escalation to OPEL 4 have been ‘recalibrated’, to improve sensitivity and the system response. The revised framework is included in Appendix 1. The revised escalation framework for CIOS includes new triggers (using ambulance handover times as an early trigger for action), and daily system-wide Bronze level meetings to review, intervene and avoid escalation.

6. Surge Plans

There is a predictable surge in Acute Hospital demand following the Christmas and New Year Bank Holidays and at other times over the winter, which are managed with effective coordination and implementation of surge plans. Plans for ensuring the appropriate management of patients during this period are summarised at organisational level in Appendix 4. Increased capacity to manage surge includes:

Acute Hospital Capacity

- Extra medicine specialty ward rounds in the first two weeks of January
- Extended Pharmacy hours
- Additional therapies input to ambulatory assessment areas
- Improved patient flow measures including: Protected assessment areas, triage away from ED at times of extremis and protection of the minors workflow in ED.
- 10 G&A beds on Kynance ward, RCHT
- Transfer of cold elective orthopaedic surgery from RCH to St Michaels Hospital
- Orthopaedic trauma Unit and hand trauma unit to reduce LOS in ED and RCHT inpatient beds
- Elective pacing for the first two weeks in January 2019 (no routine inpatient admissions to RCH)

Home Care Capacity

- Increased 'block-booked' home care capacity, backed by a system wide home care service expansion plan to support the 'home first' principle, and Care home beds in reserve for step down of patients if needed.

Admission avoidance measures after people have arrived at Royal Cornwall Hospital Treliske

- Extended Ambulatory Emergency Care including:
  - Broader scope and more patients seen in SDEC at RCHT
  - Consistent implementation of a front door Frailty Model (Older Persons Assessment and Liaison service and Comprehensive Geriatric Assessment in SDEC) at RCHT

7. Primary Care

- **Working at Scale:** All GP Practices across CIOS are now part of a local clusters or practice networks. These clusters are working together to develop and implement plans improving access to General Practice, supporting cluster-wide practice resilience, and improved pathways of care.

- **Investment:** To enable this, the CCG has invested £1.7m over the 2017-19 financial years, to support practices to improve resilience across four main areas - urgent care demand and operational resilience; improving pathways of care (Diabetes, Cardiology and MSK); improving patient access to evening and weekend appointments; and working together clinically at scale to deliver services and provide mutual aid.

- **Improving Access:** By October 2018, 100% of the CIOS population will be able to access additional general practice appointments in the evening and weekends. The

additional capacity and range of service being delivered will be confirmed by September 2018.

- **Wrap-Around Support:** As part of improving access, practice clusters and the GP Federation across CIOS, are working up proposals for the development of 'wrap around' services to support practices to better manage patients in the community and avoid hospital admissions. These include an urgent home visiting service; frailty assessment and management in West Cornwall Hospital; direct access for care homes to the integrated urgent care service; and working with the hospital to have access to specialist telephone advice and support, or community based O/P clinics, e.g. respiratory and geriatric medicine.

- **Operational Escalation:** The CCG has implemented locality based contacts for practices to alert system partners with issues that are affecting day to day operational resilience. Practice level business continuity plans are being reviewed, with learning from last year's severe weather along with recent flooding incidents being used to detail a clearer operating procedure for escalating and managing the impact of incidents in general practice. The SOP will be shared when drafted and approved by the Primary Care Development Group.

- **Flu Vaccinations:** Together with NHS England and out Local Medical Committee, the CCG is supporting Practices and the Local Pharmaceutical Committee to increase the provision of flu vaccinations to their populations.

- **Pharmacy Provision:** 24-hour emergency Pharmacies will continue to be commissioned, alongside ongoing commissioning of a minor ailments services at Pharmacies, and emergency repeat medications services.

8. Reducing Length of Stay, Stranded Patients & Delayed Transfer of Care

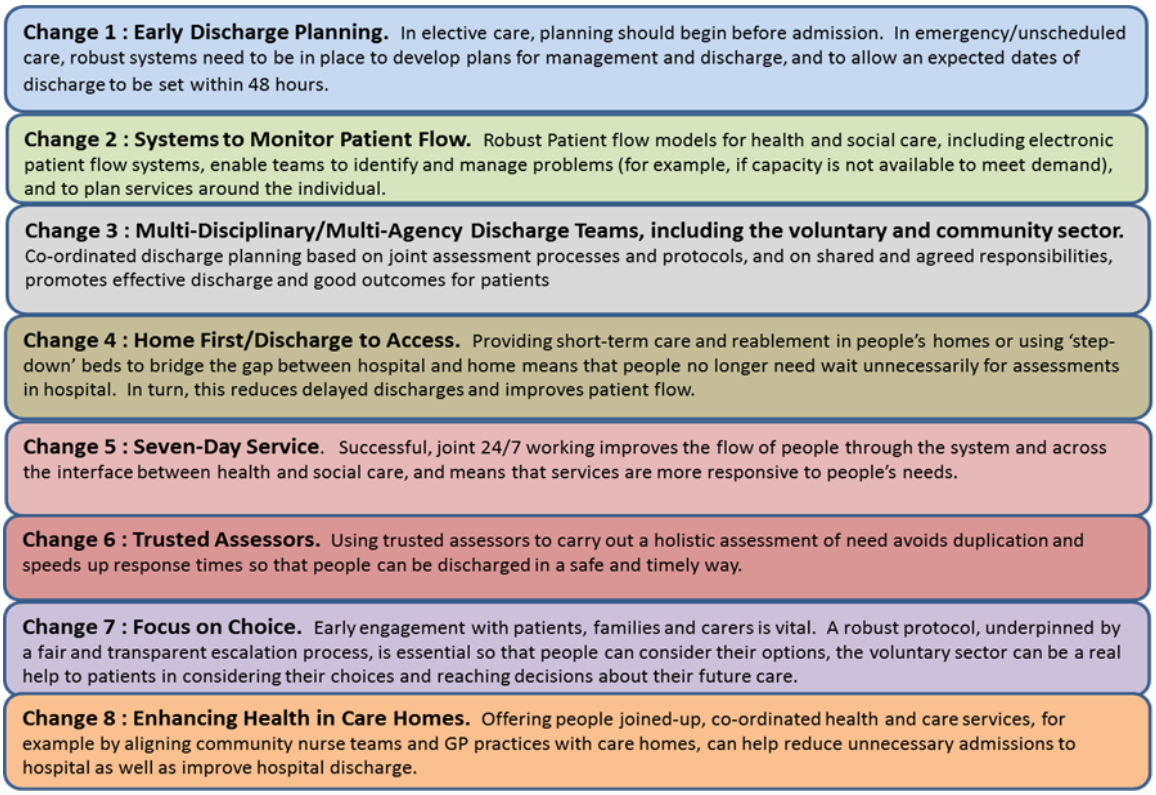
Reducing bed occupancy is a significant lever in maintaining flow from ED for patients who require admission. The clinical imperative is to minimise ED overcrowding, eliminate care in corridors, and to keep the number of patients outlying on other wards to a minimum.

As well as the actions previously described to reduce attendance and admission (flow in), the following actions to reduce length of stay in acute and community and improve timely and effective discharge (flow out) are expected to contribute to reduced bed occupancy.

Improving patient flow and Discharge to Assess (DTA):

We aim to audit our current practice against the 8 ‘high impact changes for improving transfers of care’ illustrated below ahead of the Winter, and implement key best practice arrangements that are not being delivered consistently in CIOS:

Figure 5: High Impact Changes for Transfers of Care



The audit and implementation plan will form part of the wider AEDB Urgent & Emergency Care Plan, and will highlight changes to be delivered before Winter 2018/19. Changes that are expected to have the greatest impact prior to winter are summarised in Appendix 3.

9. Ambulance Handover Delays

The South Western Ambulance Service NHS Foundation Trust (SWAST) and Royal Cornwall Hospitals Trust (RCHT) have worked together to give all staff clear instructions to ensure effective, collaborative working at the interface between our services. NHSE SWASFT and RCHT support the following local principles to improve the 'handover' of patients from ambulances to RCHT and reduce time wasted for ambulance crews off the road;

- No patients will be held on ambulances.
- There is zero tolerance on handovers greater than 60 minutes.
- 95% of ambulance handovers will complete within 15 minutes or less.
- Average handover times to be monitored during weekly meetings
- RCHT to validate delays greater than 30 minutes and escalate as appropriately

Handover delays will be eliminated in line with national expectations - RCHT and SWAST have developed collaborative joint ambulance handover guidance to manage any handover delays and ensure timely escalation. The joint handover guidance provides triggers and actions for periods of surge. The impact on access, ambulance movements and staffing shortages are monitored jointly with clear lines of responsibility for escalation.

The following actions will support internal flow and reduce handovers delays:

- Use of NEWS score to communicate at the front door and prioritise patients
- Implementing a 'Fit to sit' policy
- Ambulance 'meet and greet' administrative support to register patients as soon as they arrive
- RATS team with increased flexible triage capacity for times of high demand
- Cohorting patients for admission in a designated space in the event of overcrowding in ED
- Early communication to the general public to inform of pressures on services and request that they use all alternative resources.

The CCG has coordinated a joint investigation with RCHT and SWAST reviewing last winter's handover delays and identified learning from incidents. One outcome was the requirement for earlier whole system escalation, and this has been built into RCHT escalation framework and the joint handover guidance.

A range of measures will be in place before Winter 2018/19 with SWAST including:

- Digital record sharing
- SWAST to have access to clinical advice from both ED and Acute GPs
- Ambulance crews to have near patient testing capability for influenza, thus reducing the likelihood of infecting ED / ward before the patient is transported
- We will stress test our divert procedures and ensure correct processes are being applied and monitored.

10. Integrated Urgent Care Services

Cornwall 111 Integrated Urgent Care Services (IUCS) has robust business continuity and EPRR plans in place. These have been tested in December 2017 with a live Directory of Services failure which was successfully contained by following the business continuity process. There was also a telephony failure exercise on the 20th July 2018 to ensure telephony continuity plans are robust. The IUCS EPRR plan has been signed off and endorsed by NHS England as robust and more than compliant; and IUCS have a dedicated EPRR lead who is highly experienced through the fire service and who works closely with NHSE to ensure we are compliant.

The IUCS service has plans in place for adverse weather, pandemics and many other scenarios. All have been signed off through a very robust governance process and are accessible by all staff. These have been through numerous Boards and committees and signed off by Royal Cornwall Hospital Trust (RCHT) as the main contract holder for the IUCS service.

IUCS have the ability to scale staff up and down in particular with clinicians. Board members act as our fail safe, in our Clinical Assessment Service in Cudmore House, if all other avenues fail to increase the clinical resource. IUCS has a small bank and agency contingency which IUCS use as and when required. The agency supplies the service with the same clinicians for consistency as they know the geography, systems and processes.

Regular meetings and calls are held with NHSE for Cornwall 111 telephony demand and staffing in particular at peak times of the year.

NHS111 Online went live on the 18th July 2018 in Cornwall. Through a very planned approach this will be phased and at the current time only a small amount of services will be

available through the app. NHS Kernow CCG and IUCS have worked closely with NHS Digital to negotiate a robust STOP criteria to enable IUCS to switch the service on and off if an increase to demand is seen within the Cornish system.

The IUCS service is in the process of becoming the owner of the Directory of Services for Cornwall. This will enable the service to be managed locally and any issues to be addressed locally. The start date is currently targeted at mid October 2018.

The IUCS service supplies data and updates regularly to NHSE, NHS Digital, NHS Kernow CCG, RCHT, Senior Leadership Team and the A&E Delivery Board. All continuity/EPRR/escalation plans have been shared with KCCG and are defined within the overall system winter plans. All plans are regularly reviewed as part of our service readiness reviews.

11. Out of Hospital Commissioned Services

Commissioners in Cornwall have committed to using available resources in order to meet the presenting challenges in the delivery of services that improve health, care and wellbeing for the population of the county. As such, strategic work has been prioritised to support the Urgent Care element of the health and care system in the context of increasing demand, seasonal challenges, and the struggling acute sector hospital trust.

Cornwall Council and NHS Kernow CCG have jointly commissioned additional Home Care equating to an additional 2,100 hours of care (supporting approximately 168 additional people both in hospital and in the community). This capacity is expected to be in place by the end of October 2018, subject to the market response. Cornwall Council have also committed to continue commissioning the 50 Critical Care Beds until the end of March 2019, to be utilised for stepping down patients who have completed their hospital phase of care and are awaiting home placements.

The Council has also commissioned a longer term piece of strategic work with an external strategic partner o increase capacity in the reablement service. This is expected to create capacity in a phased way during winter and into summer 2019.

12. Severe Weather

In early March 2018, Devon and Cornwall suffered from a severe weather event that tested the NHS ability to maintain the delivery of essential healthcare services to the community. All partner agencies in CIOS contributed to the post-incident reviews and revised Severe Weather Plans to ensure fitness for purpose should it be required to be implemented in the winter of 2018/19 or in subsequent years. The commitment of staff across CIOS was praised as they went above and beyond to ensure the delivery of essential health and care services to the community. Similarly, appreciation was expressed for the work and support received from the Devon and Cornwall 4x4 Volunteers and Multi-Agency partners.

The RCHT plan was revised to provide a better strategy for dealing with:

- Staff stranded at work and their welfare requirements
- The request, booking and utilisation of 4x4 transportation and hotels

- Command and Control issues (particularly at SMH & WCH)

This adverse weather incident also gave the Trust an opportunity across all departments to test their Business Continuity Plans for delivery of Critical Services.

The wider health and care community has specific local operational level plans to reduce the risks to health from cold weather which are guided by and build upon '*The Cold Weather Plan (CWP) for England: Protecting health and reducing harm from cold weather'*. This sets out public health and wellbeing impacts and what should happen before and during periods of severe cold weather in England. It spells out what preparations both individuals and organisations can make to reduce health risks, and includes specific measures to protect at-risk groups.

A cold weather alert service operates in England from 1 November to 31 March each year. During this period, the Met Office will issue alerts which may forecast periods of severe cold weather, on the basis of either of two measures; low temperatures of 2°C or less; and/or heavy snow and ice. The cold weather alert service comprises of five levels (levels 0-4). Each level aims to trigger a series of appropriate actions which are detailed in the operational plans for the NHS and social care.

Figure 6: Cold weather alert levels

Level 0	**Year-round planning** *All year*
Level 1	**Winter preparedness and action programme** *1 November to 31 March*
Level 2	**Severe winter weather is forecast – Alert and readiness** *mean temperature of 2°C or less for a period of at least 48 hours and/or widespread ice and heavy snow are predicted, with 60% confidence*
Level 3	**Response to severe winter weather – Severe weather action** *Severe winter weather is now occurring: mean temperature of 2°C or less and/or widespread ice and heavy snow.*
Level 4	**Major incident – Emergency response** *Central Government will declare a Level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health*

RCHT ensures that these cold weather alerts are received by our estates department and all Senior On-Call Managers who may be on duty when such an event occurs. The RCHT Severe Weather Plan v5.5 is accessible from this link:

http://intranet.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/ChiefOperatingOfficer/EmergencyPlanning/SevereWeatherPlan.pdf

It aims to ensure that the Trust can still continue to provide critical services to the community during a severe weather incident. The Estates department has a separate plan that specifically deals with ensuring the safety of patients, staff and visitors on Trust property and for the provision of a safe working environment. This plan covers the clearance of snow and ice during periods of inclement weather.

13. Patient Transport Services

CIOS experienced transport disruption during the severe weather incident of March 2018, and the Business Continuity Plan for non emergency patient transport services (NEPTS) did not maintain provision sufficient to meet demand. We have also remodelled demand over the winter period and confirmed that our current available capacity does not allow for sufficient flex in periods of high demand, and there are specific times where increased capacity is required.

The NEPTS provision will continue to be supplemented with separately commissioned resources to ensure effective discharge of patients during the evening and at weekends. Continued provision of a high dependency crew based in ED throughout the winter period will alleviate some pressure where demand for NEPTS ambulance provision exceeds capacity later in the day. The resource will operate 1800 – 0200 daily and the site team will liaise with the NEPTS office throughout the afternoon to assess best use of the resource.

Our non-emergency patient transport (NEPTS) provider is working with system partners to minimise delays in transporting patients to and from acute and community hospitals. A system workshop was held on 24th July at which we agreed four priorities to reduce waste and therefore increase capacity and reduce delays within existing resources:

- Reduce bookings for inappropriate vehicles by improving information about access to a patient's property (esp. steps), mobility and capacity.

- Increase vehicle occupancy to average 1.5 patients per vehicle (in other areas an average occupancy of 1.8 patients per vehicle in comparison to 1.1 patient per vehicle in Cornwall). This allows for rurality and will release 20% additional capacity. This will be achieved by:
    - Better vehicle planning by reducing 'on the day' bookings and moving to booking the day prior to discharge
    - Re-enforcing the 'baggage allowance' for each travelling patient with wards supporting patients in the lead up to discharge to reduce the amount of personal effects that need to be transferred with them on discharge or sending belongings on afterwards.
    - Using the lowest mobility transport means possible, using stretcher only where clinically ESSENTIAL (as each vehicle can take only one patient on a stretcher but can take up to 4 patients in chairs).
    - Transport office batching journeys where possible to reduce duplicate trips to same location
    - Reduce empty vehicle journeys by increasing back to back booking, starting first with ensuring High Dependency Vehicles travelling between Trusts are occupied both outbound and inbound.

- Reduce crew times off the road by reducing handover times (similar to the approach to reducing SWAST ambulance handover delays) by:
    - Wards ensuring patients are ready to go by booked time.
    - Crews working to a 15 minute handover window.

- Ensure hourly capacity matches demand profile to minimise delays by:
    - Completing a review of hourly demand and capacity and identifying mismatches
    - Considering options for moving patterns of demand and/or profiling of provider capacity

Demand and capacity modelling is underway to inform a further workshop in October to identify mismatches in demand and capacity profiles and agree mitigating actions.

14. Flu Plans

Last year only 53% of staff were inoculated for influenza across CIOS. There were staff concerns about efficacy of the vaccine last year, and low take up nationally in the campaign. We are aiming for significantly higher uptake of the vaccine this year. The programme will start in October 2018, and we aim to conclude the initial programme by 1st December 2018. Learning from last year is that there was some benefit from extending vaccination on a targeted basis into January 2018. Additional efforts to increase take up of the vaccine will include establishment of Flu 'Hubs' at all of our sites, for example a flu team at RCHT will do 'Walk Arounds' targeting high risk groups in A&E, MAU, theatres, paediatrics and oncology. Special sessions will be provided at Junior Doctors and other front line staff training sessions, and regular drop in flu jab clinics will be organised. There will be regular night shift staff sessions – early am and late evening starts. Flu champions will also inoculate staff in wards and other Depts.

System-Wide Improvement

Acknowledging that there is some fragmentation in accountability within the Flu programme a local system plan will be delivered with the following three objectives:

- Reduce avoidable attendance at and admission to hospital
- Reduce staff sickness absence
- Reduce the number of beds closed due to infection

Strategy

A programme of education and myth-busting will target:

- The public
- Primary Schools
- Healthcare staff in:
    - Primary care
    - Secondary care
    - Community care
    - Home care

A new NICE guidance document on increasing Flu vaccination uptake is currently in draft for consultation. The key messages will be drawn from this resource.

15. Communications

Learning from our Communication strategy last winter and the Hard Reset is that the public in CIOS respond positively to strategic, proactive, local communications via a range of media including social media. Our Communications teams devised and implemented a targeted public engagement programme in March, which achieved very good exposure, and we believe it helped to reduce minor injuries attendances at ED, and helped with patient acceptance of our decision to suspend choice of community hospital. We aim to take a similar approach to this Winters Communications campaign, to ensure that there is a consistent and clear message being communicated. Four themes/messages were pushed consistently over the period:

- To provide public information and influence public behaviour in a way that prevents unnecessary hospital attendance
- To provide clear information about the services available this winter to keep people safe, well and out of hospital
- To provide clear information to health and care workers about the action they can take this winter to keep people safe and well.
- To reassure the public and all stakeholders that the entire health and care system is working together to keep patients safe and well during high demand.

16. Workforce

A range of actions ahead of winter will ensure that our workforce is able to respond better to changing demand across the system.

- A new provider contract and 'dynamic purchasing' model to increase home care capacity, backed by a system wide service expansion plan to support the 'home first' principle.
- Use our medical workforce differently to support sub-acute care in community hospitals and deliver local clinical triage of 111 calls
- For any staff who are working differently through winter, ensure they have:
    - Honorary contracts in place
    - Appropriate clinical supervision arrangements
    - Clear governance arrangements, discussed with stakeholders in advance to identify and resolve issues
    - Experience of covering across in advance of Winter
- Replicate the successful 'Winter Pool' used last winter for other staff groups, block booking agency staff and deploy across the system.
- Set revised annual leave guidelines across the system at times when we know availability of bank and agency is reduced
- Set incentives across the system to attract and retain staff, avoiding inflationary/competing tactics
- Earlier pre-planning for 100% rota fill when we know we have short notice sickness absence.
- Our Integrated Urgent Care Service will increase clinical capacity for out of hours care and the 111 provider Vocare will implement a full rota review, moving resources from weekday shifts to weekends and bank holidays.

17. Mental Health

Given the growth in emergency presentations with mental health problems, CIOS has a programme of investment prioritising crisis care, home treatment and 24/7 assessment and support for people with mental health conditions including:

- A Street Triage function with neighbourhood mental health and police support.
- Extending the successful Crisis café initiative across Cornwall for a further year.
- A 12 bedded 'rehab/step down' unit (Cove Ward) commissioned to ease local flow and capacity and stop all non-specialist Out Of Area placements as of 1/4/2018. Early evidence demonstrates positive impacts with reduced LOS cross acute MH pathway and increased acute MH bed availability and rehabilitation units will work in tandem with the ward to maintain flow and deliver best outcomes
- An 'all age' Crisis Café (10yrs upwards) is fully operational and will extend across Cornwall to reduce crisis, avert admission, provide alternatives for D&C Police and build community resilience.
- Additional MH in-reach & outreach support to RCHT, SWASFT and existing crisis teams (CPFT), to be co-located with Psych Liaison (CORE24 team) to provide 24/7 emotional support to vulnerable individuals, safe and timely transport home for those FFD, reduce unnecessary SWASFT call-outs and to provide early intervention to avert ED presentations (go-live 1st November)
- CORE24 (access to Liaison psychiatry)
- Perinatal Mental Health, IPS and 'Beyond Places of Safety service development proposals are awaiting funding decisions
- Community grants secured for 18-19 development of community dementia/memory loss support groups/memory cafes
- A multi-agency (health, social care, police, fire, voluntary sector) Dementia Partnership Board has been established to develop Dementia Action Alliances and Dementia Friendly Communities.

18. Elective Activity

Elective activity was dramatically curtailed in the winter of 2017/18 due to emergency bed pressures at RCHT, and it was harder in CIOS than other parts of the country to then reduce the waiting lists due to limited alternative providers nearby. Minimising the risk of harm to patients on the waiting list for treatment was a significant driver in the CIOS whole system hard rest in March 2018. The aim is to plan for a full elective programme for as long as possible this winter. RCHT will, where appropriate, maximise theatre utilisation and beds at WCH and St Michaels to make provision for emergency capacity at Treliske. Theatre maintenance is NOT timed to coincide with the festive bank holidays. There will be a planned period of 'elective pacing' where inpatient activity will be reduced to cancer and urgent cases only at RCH. The time-period for this pacing is to be confirmed.

19. Evaluation

Progress on the Winter Plan will be monitored by the Cornwall & Isles of Scilly A&E Delivery Board, including monitoring of expenditure (see Appendix 3), and the effectiveness of interventions. We will evaluate the effectiveness of the winter plan and actions taken over the winter in Q1 of 2019/20 to ensure lessons and learned and to support planning for the following year. We will also contribute to evaluation of regional and national planning for winter.

Appendix 1: RCHT Capacity Management (Changes highlighted in red)

SHAPING OUR FUTURE
Cornwall and the Isles of Scilly Health and Social Care Partnership

Escalation Framework

PATIENT SAFETY RATED (HIGH TO LOW)	CRITERIA	GREEN (default)	x	AMBER (Escalation if 5 triggers met)	x	RED (Escalation if 5 triggers met)	x	BLACK Escalation if 7 triggers met	x
1	**Ambulance handover delay**					One ambulance unable to handover to ED within an hour of arrival		Two or more ambulances unable to handover within an hour	
2	**Receiving care in the ED corridor**					Less than 5 patients receiving care in the ED corridor		5 or more patients receiving care in the ED corridor	
3	**Length of wait to be seen in ED**	Less than 1 hour		1-2 hrs		2-3 hrs		Over 3 hours	
4	**Critical Care/CCU capacity**					No level 2 or 3 bed available for any potential admission		Level 2 or 3 patient outside of Critical Care/CCU without admission plan	
5	**Staffing levels (RNs)**	No gaps – next shift		< 4 gaps		4-8 gaps		>8 gaps	
6	**Medical bed occupancy**	80-85%		86-89%		90-92%		93% or more	
7	**Escalation Beds Open**							Escalation Beds Open (Newlyn)	

	CRITERIA	GREEN	x	AMBER	x	RED	x	BLACK	x
8	**Elective Cancellations**					Cancellation of cancer and/or urgent patients on the day		Cancellation of cancer and/or urgent patients on the day	
9	**Number of patients waiting for inpatient beds in ED, AEC or St Mawes Lounge**	0 waiting more than 4 hrs		Less than 3 patients waiting more than 4 hrs		More than 3 patients waiting more than 4 hrs or 1 patient waiting over 8 hrs		> 5 patients with no plan waiting over 4hrs and >1 patient waiting over 10hrs	
10	**Business Continuity Event (defined as IT or utilities failure/severe weather event)**					Incident affecting key services but with quick resolution or affecting non-critical service with immediate resolution unlikely		Incident affecting a significant area of the site with immediate resolution unlikely	
11	**Outliers (including any additional capacity in use)**	<10		10-25		26-39		≥40	
12	**Ward closures due to infection**			Less than 2 bays closed on different wards		2 or more bays on different wards closed		2 wards closed	
13	**Admissions higher than discharges**			For preceding day		2 days in a row		3 days in a row	
14	**Total number of discharges (assess at 12.15 and 16.00 hrs only)**	100 or more planned, later or query discharges		75-99 planned, later or query discharges		50-74 planned, later or query discharges		0-49 planned, later or query discharges	
15	**Number of reportable delayed discharges and community bed waiters**	Less than 15		16-25		26-39		40 or more	

Appendix 2: Notes of Cornwall & IOS System-wide Winter Planning Workshop 20 July 2018, 1.00 – 3.00pm and summary of findings from data analysis following the 'Hard Reset'

STRENGTHS	WEAKNESSES
➢ Our focus on the patient and positive outcomes ➢ Collaborative working ▪ shared understanding of priorities and goals ▪ Positive approach and change in attitude ▪ System-wide financial responsibility (money didn't get in the way) ▪ Improved utilization and turnover in Community beds and processes ➢ Additional clinical capacity across system ▪ Front-door link ups between ED/therapy teams/social worker – CGA ▪ Investment in Care Home beds ➢ Communications ▪ to patients in advance of winter ▪ to staff securing their understanding ▪ Enhanced communications with non-clinical services e.g. Mitie ➢ Workforce ▪ Call to action resonated with staff ▪ AHP weekend working ▪ Extending roles/working differently to aid patient flow ▪ Red to green diagnostics teams together to sort delays ▪ Working differently e.g. cleaners from Falmouth transferred to RCH ▪ Volunteers (4x4 drivers) ▪ Continuity of GP services in adverse weather (no other county had so few practice closures) ➢ Improvements in infection control co-ordination across agencies ➢ Facilities Plan ▪ Additional logistics – portering/couriers etc. ➢ Gold Command ➢ Full Capacity Protocol for escalation	➢ Our escalation response failed so we needed Gold command ▪ huge challenge/pressure on senior leaders in all organisations ▪ Gold command is not sustainable and should not be the response to escalating pressure ➢ Adverse weather in CIOS is more rare so our response is less well tested in the breach

OPPORTUNITIES	THREATS
➢ Keeping people well o Locality infrastructure to keep people at home/independent, extend the scope and speed of access to home based services, Public health campaign – exercise, keep well, social prescribing ➢ Patient experience o Nursing homes to share their understanding of patients “at their best”, o Assess risk better by asking What matters to the person ➢ Flu vaccinations/CCG Flu Plan (Lisa/Georgina/Laura to liaise) o Educating staff (learning from RCHT division with highest rates of engagement) ➢ Collaborative working o Build on last year’s trust, shared vision and integrated working o On-call team collaborate and cross cover – promotes understanding and skill mix o Adult Social Care and Cornwall Care safety net if home care unavailable o Voluntary sector working in multi-agency multidisciplinary locality teams ➢ Avoid Gold command – promote ‘business as usual’ o A new escalation framework with early triggers for action ➢ Communications o Communications to patients re: discharge arrangements to clarify expectations and what patients ➢ Triage, triage, triage! o Validation of 999/ED calls, clinical triage of 111; we demonstrated this is effective ➢ 7 Day Service – identify gaps from last year ➢ Workforce o Talent Acquisition Manager to coordinate cross organisation recruitment (20% vacancy in community nursing). o county-wide staffing contingency o Early work to facilitate cross cover (IT access, honorary contracts etc.) ➢ Social Care transfer is an out of hours role in other counties not just on call. ➢ OT Risk assessment – transfer from acute hospital into community – good framework (can be circulated). Good structure to inform decision making. ➢ Voluntary sector – alternative models of care e.g. night sitting service, high intensive service, 111 input to screen out callers, patient and participation groups. ➢ Community capacity – using beds earlier for sub-acute care; MIUs could be enhanced and system wide plan – where need beds etc. ➢ Re-profile transport provision/capacity – meeting w/c 23/7/18 ➢ Acute GP role in admission avoidance to be extended GPs can be involved in flow. ➢ Use surgical capacity for increased medicine admissions	➢ We already know we don’t have enough home care capacity ➢ Adverse weather (Summer and Winter) o School closures/impact on workforce o Transport infrastructure – service out to tender ➢ No additional funds for 2018/19 winter plan ➢ Infection prevention and control co-ordination - staffing ➢ IT and governance restrictions ➢ MIU temporary closure due to staffing gaps and infrastructure issues ➢ Insufficient medical staff to use Beds in community hospitals for sub-acute care. ➢ Mental health/CAMHS/drug alcohol/safeguarding patients attending ED and needing complex service provision. ➢ Frequent attenders/”known to services” patients – better understanding and care of patients required. ➢ Default to Gold Command as a safety net

Data driven analysis of effectiveness of the Hard Re-set.		
Major change (positive) during GC	**Minor/ equivocal positive change during GC**	**No quantifiable change or got worse**
ED 4hr performance	Activity referred to primary care from ED	AEC activity
All ED supporting quality indicators, especially trolley waits, time to decision and time to treatment		Patient transport discharges remain steady and earlier in the day no discernible difference; no difference in failed discharges which are small numbers
Crowding in ED (NB: ED attenders lower than predicted but due to moving medical take which happened prior to GOLD)		STEPS referrals received remains variable and number of delays are increasing
RCHT Stranded (i.e. 7+LOS) and Super-stranded (i.e. 21+LOS) patients, with an even greater impact on 30+ day LOS		Acute care at home – number of patients and new referrals
Discharges from RCHT to other providers (mainly community hospitals) and nursing homes and from CFT to community		Acute GP clinic activity (calls and seen in clinic) compared to annual average
Hours lost to ambulance handover delays		Overall emergency arrivals (not exclusively through ED)
RCHT Bed occupancy		999 demand and conveyance rate
Patients medically fit for discharge		RCHT LOS (because discharged high number of long LOS patients)
Complex discharges from RCHT		Elective activity
Patients to acute stroke unit within 4 hours		Morning discharge
Community bed availability		Weekend discharge (with the exception of 7 day plus weekend discharges in the first 3 weeks of GC)
Community hospital LOS		ED conversion rate at Treliske
Elective cancellations (SITREP definition)		IUCS indicators (very positive but not as a result of GC)
Length of stay on AMU		
DTOCs		

Appendix 3: Winter Action plan extracted from CIOS Urgent and Emergency Care Plan

Winter Action Plan
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Appendix 4: Surge plans for Christmas bank holiday and early January peak (organisation level)

Currently under development

Winter Action Plan

02 October 2018

Plan

Progress Update

Priority	Risk/Issue	Deliverable	Actions required to complete deliverable by 01/12/2018	Planned Impact	Date Due	Delivery/Liklihood of Impact	Progress against Planned Impact	Barriers/Risks to delivery of full impact
1	**Overcrowding in ED**	Clinical validation of 111 calls to 999 or ED by senior clinicians Link to priority 1	Confirm the optimum timing of the service for maximum benefit (if not 24/7). Confirm impact on OOH services Agree training needs for the clinicians Decide if Acute GPs should be redeployed for this purpose	Reduce the number of cat 3 and 4 ambulance requests and referrals to ED by 50% 999 dispositions - reduce to 10% ED dispositions - reduce to 5%	31-Aug-18	Risk not yet Mitigated - Partial Realisation of Action	Ongoing	
1	**Overcrowding in ED**	Optimise use of community beds for frail, complex patients Link to priority 2	Refresh pathways for step down ahead of Winter 2018/19. Build on Step up in WCH/CRCH	Reduced acute hospital LOS for complex frail patients . Reduced superspell (need to establish baseline and agree target reduction)	30-Sep-18	Partial Mitigation of Risk - Full Potential not Realised	Ongoing	
1	**Surge in Service Utilisation/Demand**	Home Care - capacity to match demand	New contract and Dynamic Purchasing System in operation to meet current and anticipated demand	Reduce DToCs awaiting Care home placement	08-Jun-18	Risk Mitigated - Full Potential of Action Realised	Complete	
1	**Surge in Service Utilisation/Demand**	Care Homes capacity to match demand, and contingency in the event of home care capacity gap	Block contract 60 Care Home beds with 7 day assessment and admission for step down (critical care beds)- continued availability until sufficient home care to meet demand- available for both health and social care clients	Reduce DToCs awaiting PoC	12-Jul-18	Risk not yet Mitigated - Partial Realisation of Action	Ongoing	
2	**Increased attendances/Overcrowding in ED**	Improved MH Crisis response Link to priority priority 6	Increased resources, and clearer processes for ED 24/7 psych liaison and Social Worker assessment and transfer	reduced inappropriate admissions, reduced crowding in ED. CORE 24/7 service meets all operational standards as per service specification	01-May-18	Risk not yet Mitigated - Partial Realisation of Action	Ongoing	
2	**Increased attendances/Overcrowding in ED**	Extended Acute GP service	Extended Acute GP hours at peak times to offer rapid frailty assessment service initially for over 90s with view to same dady turn around		01-Nov-18	Partial Mitigation of Risk - Full Potential not Realised	On Track	
2	**Increased attendances/Overcrowding in ED**	Extended Acute GP service	Extended Acute GP hours at peak times to offer rapid frailty assessment service initially for over 90s with view to same day turn around. Lab in a bag equipment also in place	Reduction in admissions for over 90s and other age groups in time	01-Nov-18	Partial Mitigation of Risk - Full Potential not Realised	On Track	
2	**Surge in Service Utilisation/Demand**	Extended Medical Cover in community hospital over Christmas and New Year	Extended Medical Cover in community hospital over Christmas and New Year	Improved quality of care and experience in Should benefit Cornwall 111 and Out of Hours service by freeing up GPs to undertake triage and home visits rather than attendign Community Hospitals	Christmas and New Year period	Partial Mitigation of Risk - Full Potential not Realised	On Track	
2	**Increased attendances/Overcrowding in ED**	Direct to specialty pathways bypassing ED and emergency assessment areas	Revised trauma, hand trauma and general surgery emergency pathway for ED walk in attends	Reduce ED overcrowding, reducing duplicate assessments, reduced admissions/LOS	30-Sep-18	Risk not yet Mitigated - Partial Realisation of Action	Ongoing	
2	**Increased attendances/Overcrowding in ED**	SDEC - Maximise Ambulatory care	Increase volume and scope of SDEC setting target numbers seen and discharged		30-Apr-18	Risk not yet Mitigated - Partial Realisation of Action	Overdue	
2	**Decreased Patient Safety**	Staffing to deliver WTBS & DTA times consistently & meet 4hr std overnight	Additional middle grade doctor capacity rostered during hard re-set to be added to permanent establishment & resourced.	Reduced WTBS by ED dr Improved time to decision eliminate minors breaches	19-Apr-18	Risk Mitigated - Full Potential of Action Realised	Complete	

2	Surge in Service Utilisation/Demand	Implement SAFER bundle on all acute and community hospital wards	Set internal RCHT standards for all pt transfers and monitor progress	reduced LOS, reduced crowding in ED	30-Apr-18	Risk not yet Mitigated - Partial Realisation of Action	Ongoing	
3	Increased attendances/Overcrowding in ED	West Cornwall Hospital Frailty Assessment Service with access to short stay assessment beds in place	Extended offer at WCH Urgent Care Centre for same day frailty assessment from GPs and therapists with last resort access to short stay assessment bed.	Reduced ambulance conveyances from West Cornwall Hospital catchment area to Treliske ED.	01-May-18	Partial Mitigation of Risk - Full Potential not Realised	On Track	
3	Increased attendances/Overcrowding in ED	Rapid frailty response at home in place in TR26, TR27 and wider georgraphy in the West Integrated Care Area (exact geography to be determined in September 2018)	New service offer to 999 in place from 14/08/18 initially for TR26 and TR27 rolling out to bigger geographies every 8 weeks. SWASFT will be able to have clinician to clinician discussion with local community teams and agree handover with 1 hour response time to prevent conveyance for clinically appropriate people	Reduced ambulance conveyances from TR26 & TR27 and other postcodes in time to Treliske ED.	14-Aug-18	Partial Mitigation of Risk - Full Potential not Realised	On Track	
3	Increased attendances/Overcrowding in ED	Camborne Redruth MIU and Primary Care Centre operating Urgent Treatment Centre Model	Point of care testing equipment installed Fractured Neck of Femur pathway in place Changes to GP shifts Changes to Dressing clinics to reduce demand on MIU/primary care centre Extended x-ray til 10pm UTC model operational	Reduced ambulance conveyances from CRCH catchment to Treliske ED	31-Oct-18	Partial Mitigation of Risk - Full Potential not Realised	On Track	
3	Surge in Service Utilisation/Demand	Extended Access to Primary Care (100% coverage for evenings 7/7)	Confirm the level of service needed at a practice and cluster level	100% population access to bookable routine appts 6pm to 8pm weekdays and Weekends Admission avoidance/deferred	01-Oct-18	Partial Mitigation of Risk - Full Potential not Realised	On Track	
3	Increased attendances/Overcrowding in ED	Frequent attenders MDTs in ICCs? Role for front door primary care involvement	Monthly MDT meetings established starting in August 2018 to put in place care plans and alerts	Reduced ED crowding and exit block	31-Aug-18	Risk Mitigated - Full Potential of Action Realised	Complete	
3	Surge in Service Utilisation/Demand	Provide additional home care capacity from 1st December 2018 Linked to priority 2	Expansion in Generic Support Worker workforce by 5 WTE	Improved flow, reduced ED crowding	30-Nov-18	Risk not yet Mitigated - Partial Realisation of Action	Ongoing	
3	Surge in Service Utilisation/Demand	Home Care - capacity to match demand	Expansion in Home First and STEPS (D2A) capacity (1,000 people seen pa)	Improved flow, reduced ED crowding	30-Nov-18	Partial Mitigation of Risk - Full Potential not Realised	On Track	
3	Surge in Service Utilisation/Demand	Home Care - capacity to match demand	Capacity and demand analysis to assess any gap in home care provision	To assess the output of dynamic purchasing system, including block booked capacity and predict any unmet need	30-Sep-18	Risk not yet Mitigated - Partial Realisation of Action	Ongoing	
3	Patient Flow Delays	Outpatients Antimicrobial Treatment service	Acute Care at home expanded to include more IV therapies needs CFT operational lead		01-Dec-18	Risk not yet Mitigated - Partial Realisation of Action	Ongoing	
3	Increased attendances/Overcrowding in ED	Staffing to deliver WTBS & DTA times consistently & meet 4hr std overnight	Advanced Nurse Practitioner rota to be sustainably staffed and implemented in ED, weekend overnight cover to be prioritised.	Reduced WTBS by ED dr Improved time to decision eliminate minors breaches	19-Apr-18	Risk not yet Mitigated - Partial Realisation of Action	Ongoing	
3	Increased attendances/Overcrowding in ED	Improved performance on Emergency Access Standard focussing on minors and non-admitted breaches	Escalate and manage specialty in-reach response No specialty expected pts in ED Separate minors workstream 24/7 Real time tracking of LOS in CDU Junior Dr workflow review and streamline ED streaming to SDEC increased to meet agreed target	Reduced WTBS by ED dr Improved time to decision eliminate minors breaches	30-Sep-18	Risk not yet Mitigated - Partial Realisation of Action	Ongoing	
3	System Escalation	Redefined Bronze, Silver and Gold command & control structure	Operating model, role definitions & names agreed and incorporated in new Escalation Framework.	Escalation and action at an early stage	09-Aug-18	Risk not yet Mitigated - Partial Realisation of Action	Ongoing	

3	**Patient Flow Delays**	RCH stranded patient reduction to target levels maintained	Senior clinician consistent challenge/review of stranded pts not MFFD	Reduce longest LoS Improved patient flow	19-Apr-18	Risk not yet Mitigated - Partial Realisation of Action	Ongoing	
3	**Patient Flow Delays**	Implement 7 day working for OCT, soft FM, therapies, transport, care come assessment and buying and Psych Assessment.	OWC social worker - recruit additional capacity to consistently and sustainably staff rota at weekends for plus 2 social workers		30-Sep-18	Risk not yet Mitigated - Partial Realisation of Action	Ongoing	
3	**Patient Flow Delays**	Early Speciality review in MAU	SOP for 15 min specialty review agreed and operational with exception reporting on compliance by specialty and time/day to inform resource requirements	reduce % of MAU patients over 48 hrs	19-Apr-18	Risk not yet Mitigated - Partial Realisation of Action	Ongoing	
3	**Patient Flow Delays**	Reduced LOS for cardiology inpatients	Deliver the 1 day turnaround std for in-patient echo		07-Sep-18	Risk not yet Mitigated - Partial Realisation of Action	Ongoing	
3	**Patient Flow Delays**	Implement SAFER bundle on all acute and community hospital wards	Rolling relaunch of the SAFER bundle across RCHT and CFT, reporting ward-based metrics for improvement, delivering criteria led discharge	reduced LOS, early am discharge, reduced stranded and super stranded pts	31-Aug-18	Risk Mitigated - Full Potential of Action Realised	Complete	
4	**Surge in Service Utilisation/Demand**	Enhanced Minor Ailments Scheme	Extend Minor Ailments Scheme to see people with Urinary Tract Infections over 65	More people over 65 with UTIs assessed and treated closer to home. Fewer presentatioins to primary care, Type 3 A&Es and ED. Fewer calls to 999	01-Dec-18	Partial Mitigation of Risk - Full Potential not Realised	On Track	
4	**Increased attendances/Overcrowding in ED**	Social Prescribing Project	Partnership supporting social prescribing activity to people keeping them active and engaged in their community	Developing resilience in individuals and social networks of support in communities to reduce hospital admissions	31-Oct-18	Partial Mitigation of Risk - Full Potential not Realised	On Track	
4	**Increased attendances/Overcrowding in ED**	Rapd acess clinics / appts for key specialties	To confirm next day access to hot clinic slots in key specialties, for health care workers (prioritising access by referrer)	Admissions avoided, reduced ED crowding, WTBS by ED doctor improved, earlier decision time	30-Sep-18	Risk not yet Mitigated - Partial Realisation of Action	Ongoing	
4	**Increased attendances/Overcrowding in ED**	Volunteer Cornwall staff member in Integrated Urgent Care Centre for 12 months	Volunteer works with team to assess calls to see if people can be supported in Community or different transport solutions utilised instead of ambulance.	Reduction in admissions and ambulance use	30-Sep-18	Risk Mitigated - Full Potential of Action Realised	Complete	
4	**Increased attendances/Overcrowding in ED**	Provide additional home care capacity from 1st December 2018 Link to priority 2	Expansion in Acute Care at Home workforce by 3 WTE	Improved flow, reduced ED crowding	30-Nov-18	Risk Mitigated - Full Potential of Action Realised	Complete	
4	**Patient Flow Delays**	Outpatients Antimicrobial Treatment service As above	OPAT service to begin with existing staff and recruit to B5/6 development roles		01-Dec-18	Risk Mitigated - Full Potential of Action Realised	Complete	
4	**Patient Flow Delays**	Outpatients Antimicrobial Treatment service As above	Early Supported Discharge for patients on long term IV antibiotics First 3 pathways		31-May-18	Risk not yet Mitigated - Partial Realisation of Action	Ongoing	
4	**Surge in Service Utilisation/Demand**	Promotion, mobilisation and networking of volunteers in communities.	Increase the register of people willing to support health and care and get engaged in community activities.	Increasing in providing support in person's home reducing demand on UEC.	01-Dec-18	Partial Mitigation of Risk - Full Potential not Realised	On Track	
4	**Surge in Service Utilisation/Demand**	Develop and coordinate VCS input to Locality Integrated Care structure	Improved collaboration between VCS organisation and with public sectgor health and care bodies.	Increase in capacity in communities for care and support at home thus reducing demance on public services, includes social prescribing.	01-Dec-18	Partial Mitigation of Risk - Full Potential not Realised	On Track	
4	**Communications Planning**	Develop and implement a system Winter comms strategy and plan	Key messages and all agency stakeholder comms strategy agreed		30-Sep-18	Risk not yet Mitigated - Partial Realisation of Action	Ongoing	

4	**Patient Flow Delays**	Transport - to enable timely discharge from ED and from acute and community hospitals	review of transport demand and capacity to better match peaks in activity		30-Sep-18	Risk not yet Mitigated - Partial Realisation of Action	Ongoing	
5	**Surge in Service Utilisation/Demand**	111 online	Pilot goes live	self help enabled & reduced demand on 111 telephone service	18-Jun-18	Partial Mitigation of Risk - Full Potential not Realised	On Track	
5	**System Escalation**	Clincal system leadership role for best deployment of resources	Clinical Reference Group to agree a CIOS rota with a Senior Doctor/Nurse empowered to advise amd make decisions for the system, incl OOH		30-Sep-18	Risk not yet Mitigated - Partial Realisation of Action	Ongoing	
5	**Patient Flow Delays**	CCG buyer and CC Brokerage operational at weekends	Permanent weekend working for CCG buyer and joint cover with CC Brokerage		30-Sep-18	Risk not yet Mitigated - Partial Realisation of Action	Ongoing	