

Croydon Whole System Winter Plan 2019/20

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Partner Organisations

Age UK Croydon
 AT Medics
 Croydon Health Services NHS Trust
 Croydon GP Collaborative
 London Ambulance Service NHS Foundation Trust
 London Borough of Croydon
 NHS Croydon Clinical Commissioning Group
 South London and Maudsley NHS Foundation Trust

Throughout this document, the terms “Winter” and “Winter 2019-20” refer to the period Monday 4 November 2019 to Tuesday 31 March 2020.

This document provides a high-level overview of the Croydon Winter Plan with further detailed information on specific initiatives available through Microsoft Teams. The ‘Conversations’ tool provides an opportunity to ask questions in a semi-live environment. To be added to the Croydon Winter 2019-20 Team Site, please e-mail Darren.Cooper@swlondon.nhs.uk.

Executive Summary

The Croydon health and care system experienced severe challenge across the emergency care pathway last winter. Activity was in excess of plan, there were long waits for patients in ED with an impact on patient experience, poor performance against the four-hour standard, and long delays to ambulance handovers as well as adverse effect on staff morale. Performance has improved steadily throughout 2019/20 but remains fragile going into the winter period, particularly on the admitted pathway at Croydon University Hospital.

The Croydon Health and Care system has put in place a comprehensive High Impact Improvement Programme, with five executive-led programme areas that will:

- support our residents to maintain their independence for as long as possible in the community and attend hospital only when necessary;
- Maximise the benefit of urgent care services within the Croydon Urgent Care Alliance, and improve processes and pathways in the emergency department (including transforming UTC and the non-admitted pathway);
- transform models of care to increase the provision of same day emergency care and alternatives to admission, including a new acute frailty service;
- improve both hospital and wider system processes to ensure the timely transfer of patients from the acute setting either to home or to ongoing care; and
- Reduce both the number of mental health presentations at Croydon University Hospital, and how long mental health patients wait in ED for an acute mental health bed.

Winter initiatives have been identified and will be delivered through the High Impact improvement programme. Winter planning has been conducted on the principles of:

- optimising or increasing primary, community and out of hospital services in the first instance to support residents to live independently without requiring admission;
- Transform pathways to care for as many possible through ambulatory or same day emergency care services rather than simply admit;
- Where patients are admitted, making sure they don't spend longer than necessary in an acute inpatient bed. This includes reducing the number of extended stays of 21+ days and sustaining it at a level of 70 or fewer.

Using realistic forecasts of demand and the expected impact of initiatives, the Croydon system has made sure that there is sufficient primary, community, mental health and acute capacity available. Flexible inpatient bed capacity has been identified, and Croydon Health Services has signed-off a full capacity protocol to further support patient flow should bed availability become severely restricted.

A Winter Management Group – with multi-agency membership including from Croydon CCG, Croydon Health Services, Croydon Council, and SLAM – will oversee winter performance and delivery of this plan. This group will meet weekly from late October 2019 throughout the winter period.

Winter 2018/19 Review

Winter 2018-19 proved a significant challenge for the Croydon health and care system, with high activity levels, long waits in the emergency department and poor performance against the four-hour standard. A key feature of last winter was the opening Croydon University Hospital's new emergency department, which resulted in greater than expected activity (both conveyances and self-presentations), challenges with the new building, and need to embed new systems and processes for new environment.

Key learning from Winter 2018/19 (see *Appendix A: Croydon Winter 2018-19 Wash Up*):

- The planning process was robust, producing a comprehensive plan that outlined initiatives that addressed agreed areas of focus. However, implementation of these initiatives was poor.
- Clear lack of ownership of initiatives included in the plan and limited feedback from stakeholder in the development of the plan and reporting on implementation progress.
- The Winter Plan was too long – the provided precis was not well used.
- Planning for and opening of the new Emergency Department reduced CHS management capacity to support a system plan.
- Additional winter funding available was not effectively utilised due to lack of appropriate business cases to support approval of new initiatives (e.g. Transfer Team).

Current Context: Performance, Trajectories and Initiatives

	Aug			Sep			Oct	Nov	Dec	Jan	Feb	Mar
	Actual	Plan	Var	Actual	Plan	Var	Plan	Plan	Plan	Plan	Plan	Plan
All type A&E performance (national standard is 95%)												
2019/20	85.3%	86.1%	-0.8%	85.9%	87.7%	-1.8%	88.4%	87.7%	87.9%	86.1%	86.4%	90.3%
2018/19 Actual	85.0%			87.0%			85.1%	85.1%	80.6%	79.5%	85.6%	84.1%
Extended length of Stay (ELOS) - rolling 6-week average												
2019/20	98	84	14	89	78	11	70	66	70	63	55	52
2018/19 Actual	90			85			77	82	92	85	81	89
Over 30min ambulance Handovers												
2019/20	86.5%	93.1%	-6.6%	87.8%	95.0%	-7.2%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
2018/19 Actual	79.1%			83.4%			82.1%	76.4%	80.6%	75.8%	81.3%	87.1%

Three trajectories have been agreed: all type four-hour performance; extended length of stay; and 30-minute ambulance handover delays. Performance in Croydon is improving in all three areas as a result of the High Impact Improvement Programme, but the Croydon system is not currently achieving any of these trajectories. Modelling indicates that if extended length of stay was in line with trajectory, there would be sufficient beds available to deliver both the ambulance and four-hour trajectories.

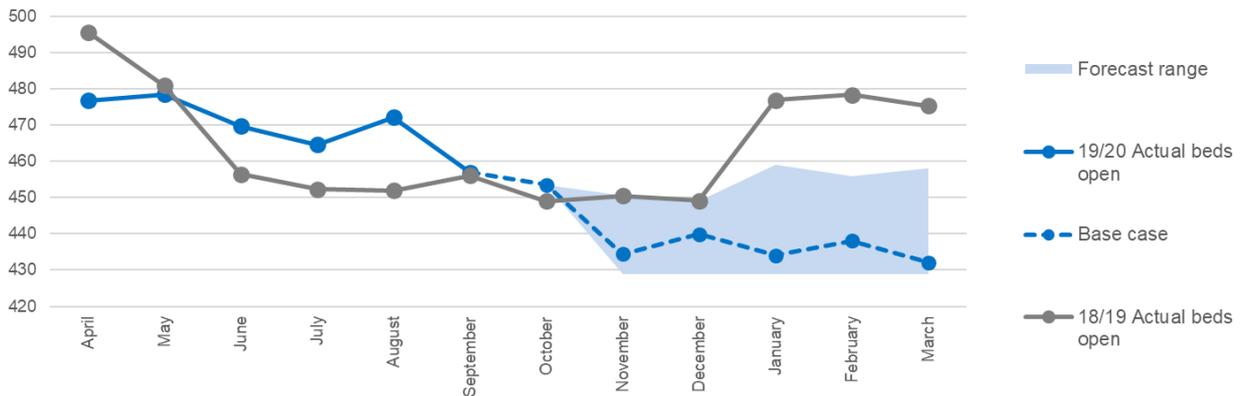
What has the impact been from recently implemented Out of Hospital initiatives?

The Economic Review of the Out of Hospital Business Case (March 2019) found that the changes made in 2018/19 to our community services have meant that people now receive more support to maintain their independences at home and more effective reablement care after they leave hospital. However, not all referrals through this process have been appropriate and the intensity of care packages needed has grown. New measures to monitor and control this have been put in place and work is underway to optimise our community offer to ensure services are accessed appropriately by those who need them.

Over 2,500 people are proactively identified and case managed through multi-disciplinary huddles a year, and thousands have been supported by the LIFE service post discharge. Intervention by the A&E liaison service have avoided thousands of admissions and 100s of people have received positive outcomes through the involvement of personal independence coordinators from the voluntary sector.

SYSTEM-WIDE DEMAND AND CAPACITY ASSESSMENT

Croydon Health Services: Demand and Capacity Bed Modelling



	Nov	Dec	Jan	Feb	Mar
18/19 Actual beds open	451	449	477	478	475
19/20 Trust bed plan	429	429	429	429	429
Most likely case required beds	434	440	434	438	432
Downside case required beds	451	449	459	456	458
Forecast range	22	20	30	27	29

Croydon Health Services NHS Trust has undertaken a bed forecasting assessment to understand the demand and capacity model for beds this winter. The trust has used NHSE/I’s Advanced Analytics forecasting tool to produce three models of ‘do nothing’ activity: an upside case, downside case and base (i.e. most likely) case. This has been overlaid with an upside, downside and base case prediction of the impact of various initiatives.

The trust’s annual plan funds 429 beds over the winter period. However, the trust’s modelling shows this will only be sufficient in a best-case scenario. In a most likely scenario, the trust will require up to 10 beds above its base capacity, and 30 beds additional beds may be required in a worst case scenario.

The trust has a winter escalation ward (Fairfield 2) which provides a contingency of 23 beds above funded capacity. The trust has identified further escalation areas that could be used in extremis should this be required (as it was last winter); however, these are sub-optimal for inpatient care and their use will be avoided unless absolutely required to guarantee the safety of our patients. The trust has introduced a Full Capacity Protocol.

Community and Out of Hospital Capacity

Significant investment has been made in Out of Hospital services since last winter which has increased capacity and resilience of our community offer, building on previous work undertaken by One Croydon Alliance Partners to Transform Out of Hospital services.

Optimisation of Integrated Community Networks (ICNs) and LIFE

The Croydon system will increase the number of people at high and medium risk of admission who are managed by GP huddles to make sure their care needs do not escalate, avoiding the need to attend A&E and reducing hospital admissions.

The number of beds in our local LIFE intermediate care beds will increase from 16 to 20 over winter increasing capacity in both the North and South of the Borough. This will support more discharges from hospital of people who are unable to return home but who require intense period of reablement/rehabilitation that can be safely managed in the community.

Telemedicine in Care Homes

The newly rolled out telemedicine service provided by Airedale Hospital to support care homes will be operational this winter in 70 care homes. The service does not replace other existing services but will complement them, supporting our local Care Homes to keep their residents at home. A number of pathways have been developed with local services (LAS, NHS111, GP Out of hours) and the telemedicine provider to embed utilisation of the service and reduce conveyances of care home residents to CUH. Two additional pathways will be implemented over winter to facilitate safe hospital discharges and reduce re-admission rates to ED.

New Models of Care for End of Life and Falls

Community falls clinics will be rolled out across Croydon to proactively identify and manage people at risk of falls, undertaking falls and bone health assessments, providing interventions, advise and support to reduce their risk of a hospital admission due to a fall.

A new front door model will be implemented to identify End of Life patients in AMU and ED and assess where their care needs can be better met (hospital or community), reducing the number of avoidable admissions and reducing length of stay in hospital through early discharge planning.

Outpatient Parental Antimicrobial Therapy (OPAT)

The new OPAT Service is designed to provide IV antibiotic therapy in the community for patients with mobility issues who would usually receive care as part of an inpatient stay. Investment has been made to:

- increase capacity in community nursing to deliver the service; and
- proactively identify and optimise patients in AEC and hospital wards who could be switched to oral antibiotics or managed in the community instead.

Placements and Domiciliary Care

To support the placement process, a "Care Home Finder and Coordinator" has been recruited in May 2019 to join the Integrated Discharge Team on a pilot basis. The role has proved very effective and funding for this post has been extended to cover the winter period till the end of March 2019.

A new tracking system for existing block beds availability is being rolled out on Monday 28 October. Every Friday, bed availability will be shared with the Hospital Social Workers working on Saturdays. The tracker will be shared daily with A&E liaison and IDT.

In addition, the Council is reviewing the way block bed stock in the community is commissioned. A proposal to increase the number of block beds will be considered for Senior Management decision at the end of November. Pending agreement of this initiative and procurement, the proposal will create significant more capacity (over 400 additional beds) in the community for residential, nursing and mental health block beds. Although the full impact of this initiative is not expected until the tail end of the winter, some areas can be prioritised for winter such as expansion of convalescence beds.

Plans are also in place to explore how “simple” discharges from hospital can be supported during weekends during winter through increased access to Surecare packages of care. Options are currently being discussed to ensure clear processes and criteria are set for this initiative, to avoid the risk of failed discharges.

Finally, Brokerage, Placement and Hospital Social Worker teams will be available on the 27th of December, running at a 25% staff capacity.

Primary and Urgent Care Capacity

There are several Primary and Urgent care initiatives as part of the ongoing High Impact Improvement programme and additional projects to support safe and effective care over winter.

Accessing Appropriate Services

The Croydon system recognises that Urgent Care GP capacity (GP Hubs, Urgent Treatment Centre, GP Out of Hours) is being used for routine General Practice appointments (eg repeat prescriptions, dressing and stitch removal). Key initiatives to address this include:

- Improving utilisation of GP Extended Access across Croydon through: engagement with GP practices; technical updates; improved accessibility through NHS111; and patient education initiatives.
- Mapping urgent primary care capacity to demand following analysis of NHS111 data, including bookable appointments into the GP Hubs.
- Redirecting a small cohort of patients from the Urgent Treatment Centre into available capacity in the co-located GP Out of Hours service.

Protected 'On the Day' GP Appointments

There has been agreement in primary care to protect certain dates as bookable urgent appointments only at times of significant pressure. This will be on the 24th, 27th, 28th, 30th, 31st December and the 2nd of January and times agreed based on operational pressure closer to the time.

Self-Care and Pharmacy

In line with the South West London communication regarding self-care, we will explore a pilot of redirection from the Emergency Department for key illness presentations that are safe to be sign posted to the community pharmacy.

Mental Health Demand and Capacity

Through the High Impact Improvement Programme, the Mental Health Taskforce has been established with the aim of transforming mental health provision in the following areas:

- Developing a robust understanding of the demand in the Croydon system for mental health services.
- Community provision to avoid mental health presentations at ED, while also reducing admissions and lengths of stays through supporting higher acuity patients in the community.
- Producing an options appraisal for a Mental Health Assessment Unit on the CUH site to provide better care for those patients who do present in crisis.

In addition, as part of the introduction of the Mental Health Compact, a diagnostics report has recently been published following a deep dive audit. This will be reviewed by the Mental Health Taskforce, as well as Croydon AEDB, to identify key learning points on demand to allow a proactive approach through Winter 2019-20.

SUMMARY OF WINTER INITIATIVES

Title	HIIP Work-stream	Summary	Expected impact	Confidence	Impact
Out of Hospital and Community Initiatives					
Croydon Rapid Response Team	Right care, Right time, Right place	LAS referral to Rapid Response through: new blocked catheter pathway; LAS clinical hub referral pathway; engagement and education; 'Croydon community challenge' pilot.	<ul style="list-style-type: none"> • 20-30 LAS incidents per month for blocked catheters & 10 conveyances per month • Increase of 30 referrals per month & reduction of 30 ambulance conveyances 		High
Outpatient Antimicrobial Therapy Service (OPAT)	Right care, Right time, Right place	The OPAT Service is designed to provide IV antibiotic therapy in the community for patients with mobility issues who would usually receive care as part of an inpatient stay	<ul style="list-style-type: none"> • Phase 1: reduction in admissions (18 per month) • Phase 2: reduction of 1982 NEL bed days for the period November 2019 to March 2020 (from avoided admissions and earlier discharge) 		High
Croydon Care Homes: Telemedicine	Right care, Right time, Right place	<p>Optimisation of Croydon Telemedicine (Immedicare) model with 70 Care Homes in Croydon, focusing on increase appropriate utilisation.</p> <p>Currently pathways exist to support utilisation of the Telemedicine service for:</p> <ul style="list-style-type: none"> • LAS Crews who attend care homes to reduce conveyances; • LAS Clinical Hub for the transfer of appropriate calls to the Telemedicine service; and • NHS 111 to see appropriate calls to LAS transferred to the Telemedicine service for management. • GP Out of Hours Service <p>Over winter there will be two additional pathways put in place:</p> <ul style="list-style-type: none"> • Handover from ED to Care Homes • Handover from Discharge team to Care Homes 	<ul style="list-style-type: none"> • Reduction in callouts and conveyances by LAS • 100 admissions avoided to CUH (December 2019 to March 2020) • Reduced length of stay in hospital for residents requiring admission • Improved patient experience 		Medium

Title	HIIP Work-stream	Summary	Expected impact	Confidence	Impact
Croydon Care Homes: NHS.Net and CMC Access	Right care, Right time, Right place	Continued support for care homes in accessing NHS.net and Co-ordinate my Care.	<ul style="list-style-type: none"> Improved care planning. Improved patient experience. Advanced care planning reducing avoidable admissions to CUH. 		Low
Community DVT Pathway	Right care, Right time, Right place	Community DVT pathway for bed-bound patients that could be managed in the community.	<ul style="list-style-type: none"> Improved patient experience. Small reduction in emergency department activity. 		Low
Non-Weight Bearing Pathway	Right care, Right time, Right place	Development of a pathway for medically fit patients who require a period non-weight bearing, usually following a lower limb fracture, but who are unable to return home.	<ul style="list-style-type: none"> Reduction of Length of Stay in hospital for approximately 15 patients a year. Improved outcomes for patients 		Low
Community Falls clinic	Right care, Right time, Right place	Management of people who are at risk of falls in the community through a more proactive and preventative approach. This is a pilot.	<ul style="list-style-type: none"> Reduced risk of a hospital admission due to falls for approximately 50 people over winter. Improved patient experience and decreased falls Potential reduction in incidents for falls for LAS 		Low
Community Pharmacy	Right care, Right time, Right place	Improved access to self-care and advice for minor illness through community pharmacies.	<ul style="list-style-type: none"> Potential decrease in emergency department activity 		Medium
Croydon Intermediate Care Service	Right care, Right time, Right place	Four additional intermediate care beds available over winter. These will be brought online as required. The total capacity in the community will increase from 16 to 20.	<ul style="list-style-type: none"> Decreased length of stay and DToC. Small decrease in admissions through Rapid Response use of LIFE beds as step-up. 		Medium
Optimisation of multi-agency huddles	Right care, Right time, Right place	Increase the number of people at risk of a hospital admission, who require management by existing GP huddles.	<ul style="list-style-type: none"> 292 additional admissions avoided, and earlier discharges Increased weekend discharges 		Medium
Urgent care initiatives					
Redirection to GP Out of Hours	UEC	Out of Hours has identified unused capacity on site at Croydon University Hospital and could accommodate 10 referrals between 18:30 and 23:59.	<ul style="list-style-type: none"> Redirection of 10 patients per day into OOH GP (100 per month) Decreased pressure on UTC staff Increased performance Increased patient experience 		Medium

Title	HIIP Work-stream	Summary	Expected impact	Confidence	Impact
Match capacity to Urgent Primary Care Demand	Right care, Right time, Right place	Last winter 250 people were directed to the Croydon university site between 8am and 8pm with a primary care need. Whilst the Urgent Treatment Centre is a primary care facility there is ample capacity across Croydon to see patients in a booked appointment.	<ul style="list-style-type: none"> Decrease in CUH Site attendances between 8am and 8pm (c250 per month) Decreased pressure on UTC and Out of Hours GP 		Medium
Urgent Care Activity Management	Right care, Right time, Right place	Ensure patients self-refer to most appropriate services for their needs (eg for repeat prescriptions, dressings routine GP appointments)	<ul style="list-style-type: none"> Decrease in pressure on Urgent Care services for routine primary care needs. 		Medium
Non-Admitted Pathway Improvement	UEC	Redesign of non-admitted pathway to three streams (minor illness, minor injury, moderate illness), and improvement in workforce roles (eg innovative use of AHPs) and workforce deployment (eg rota process, effective working with GP collaborative)	<ul style="list-style-type: none"> Improved patient experience Improved 4-hour performance Improved productivity Improved staff experience 		Medium
GP Enhanced Access Improvement Plan	UEC	Increase utilisation of GP enhanced access	<ul style="list-style-type: none"> Decrease in use of Urgent Care GP Hubs for standard primary care needs – up to 1,800 appointments per month (though this is likely to be gradually achieved). Decreased pressure on UTC Decreased pressure on Out of Hours GP 		Low
Primary care capacity	UEC	Blocking out GP capacity for core periods for on the day bookings during periods of anticipated pressure over the Christmas and New Year period.	<ul style="list-style-type: none"> Decreased inappropriate attendances at CUH site on specified dates, if implemented. Decreased pressure on urgent care services on specified dates (GP Hubs, GP Out of Hours). 		Medium
Reducing 111 CUH dispositions	UEC	NHS111 validate ED dispositions to ensure these are appropriate for the needs of the patient. During periods of challenged staffing in the UTC, NHS 111 can also validate UTC dispositions, ensuring only appropriate patients attend the CUH site, with others being directed to other urgent care services.	<ul style="list-style-type: none"> Decreased inappropriate attendances at UTC during periods of challenged UTC staffing. 		Low

Title	HIIP Work-stream	Summary	Expected impact	Confidence	Impact
In Hospital initiatives					
Support and Challenge Teams	Leaving Hospital	A team comprised of senior consultant, senior nurse and senior manager has been assigned to each adult inpatient ward area. These teams are supporting ward staff to develop QI plans to improve emergency flow.	<ul style="list-style-type: none"> • Reduced length of stay. • Improved performance against ELoS trajectory. • More discharges earlier in the day. • Fewer transfers out of hours. • Improved staff and patient experience. 		High
Out of hours clinical leadership	UEC	Additional on-site senior clinical leadership from 4pm-12am	<ul style="list-style-type: none"> • Improved out of hours support for teams • Improved patient experience • Improved 4-hour performance 		High
Workforce pastoral care	UEC	Supporting the workforce through periods of significant pressure: clinical psychologist available to staff; staff pulse survey to identify quick changes that could be made to improve staff experience; wellness programme; increased security presence in A&E; increased use of volunteers to support clinical staff.	<ul style="list-style-type: none"> • Improved workforce wellbeing and resilience 		High
Acute frailty service	Models of care	Adoption of front door frailty service, learning from two week 'frailty fortnight' pilot held in end of September/start of October.	<ul style="list-style-type: none"> • Potential reduction of 300 admissions and 2360 bed days • Improved patient experience and quality of care • Decreased time in ED • Reduction in re-attendance and readmission • Reduction in admissions 		High
Paediatric short-stay unit	Models of care	A Paediatric Short Stay Unit (PSSU) opens on 4th November 2019 based near ED with admissions via Paediatric ED only. PSSU will be used to place children and young people who need longer to receive medication or be assessed but are not suitable for formal admission. Children going through PSSU are expected to leave after a stay of a few hours.	<ul style="list-style-type: none"> • Safer care of young people. • Improved 4-hour performance (c. 200 breaches per month avoided) • Reduction of crowding within the Emergency department. 		High

Title	HIIP Work-stream	Summary	Expected impact	Confidence	Impact
Increased Palliative Care Capacity	Models of care	Expanded capacity of Palliative medicine to help embed new front door support model - focused on AMU and ED to prevent End of Life admissions and reducing length of stay through early discharge planning.	<ul style="list-style-type: none"> • 16 admissions avoided for EoL patients • Improvement in patient and family experience • Increased confidence amongst staff 		Medium
SDEC and Acute Medical Pathway programme	Models of care	Croydon Health Services is both a member of the Same Day Emergency Care Accelerator Programme and one of five pilot sites for the Acute Medical Pathway Programme, looking at system-wide acute pathway improvement.	<ul style="list-style-type: none"> • Reduction in CUH ED activity. • Reduction in admissions • Improved patient experience. 		Medium
Ambulance exemplar programme	UEC	Croydon hospital is part of the ECIST ambulance handover accelerator site which includes: peer learning; QI approach; reduced length of stay in department	<ul style="list-style-type: none"> • Improved safety for patients awaiting an ambulance • Improved handover performance • Improved patient experience 		Medium
Mental Health initiatives					
Mental health in ED taskforce	Mental Health	Options appraisal underway for mental health assessment capacity to avoid long waits in ED while waiting for MH bed to become available. Other actions include strengthening escalation processes, and increased community provision to both avoid MH presentations and reduce MH LoS.	<ul style="list-style-type: none"> • Reduced MH presentations at CUH site • Reduced wait in ED for MH bed • Improved staff and patient experience in ED 		Medium

REGIONAL WINTER PLANNING REQUIREMENTS

Full Capacity Protocol

Croydon has agreed its Full Capacity Protocol, and this will be available for use from w/c 21 October 2019.

Operating Pressures Escalation Levels (OPEL)

Good surge management happens when health and social care partners come together to resolve pressures taking a system-wide perspective. The Croydon system has been working very closely together for a number of years now and there are strong and effective relationships in place to solve short term surge in parts of our system for the benefit of our whole population.

The Croydon System has adopted the national [Operational Pressures Escalation Levels \(OPEL\) Framework](#):

Operational Pressures Escalation Levels	
OPEL 1	Expected four-hour performance is being delivered. Croydon system capacity is such that organisations are able to maintain patient flow and are able to meet anticipated demand within available resources. Additional support is not anticipated.
OPEL 2	Four-hour performance is at risk. Croydon system is starting to show signs of pressure. Croydon Winter Management Group to take focused actions in organisations showing pressure to mitigate the need for further escalation. Enhanced co-ordination and communication will alert the whole system to take appropriate and timely actions to reduce the level of pressure as quickly as possible. Croydon system will keep NHSE/I colleagues at sub-regional level informed of any pressures, with detail and frequency to be agreed locally. Any additional support requirements will also be agreed locally (if required).
OPEL 3	Four-hour performance is being significantly compromised. Croydon system is experiencing major pressures compromising patient flow, and these continue to increase. Actions taken in OPEL 2 have not succeeded in returning the system to OPEL 1. Further urgent actions are now required across the system by all partners, and increased external support may be required. Regional teams in NHSE/I including the Regional Director will be made aware of rising system pressure, providing additional support as deemed appropriate and agreed locally. Decisions to move to system level OPEL 4 will be discussed between the joint Trust CEO and Place Based Leader for health, and South West London system leadership. This will also be agreed with the Regional Director, or their nominated Deputy.
OPEL 4	Four-hour performance is not being delivered and patients are being cared for in an overcrowded and congested department. Pressure in the Croydon system continues and there is increased potential for patient care and safety to be compromised. Decisive action must be taken to recover capacity and ensure patient safety. If pressure continues for more than 3 days an extraordinary AEDB meeting will be considered. All available local escalation actions taken, external extensive support and intervention required. Regional teams in NHSE/I will be aware of rising system pressure, providing additional support as appropriate and agreed locally, and will be actively involved in conversations with the system. The key question to be answered is how the safety of the patients in corridors is being addressed, and actions are being taken to enable flow to reduce overcrowding. The expectation is that the situation within the hospital will be being managed by the hospital CEO or appropriate Board Director, and they will be on site. Where multiple systems in different parts of the country are declaring OPEL 4 for sustained periods of time and there is an impact across local and regional boundaries, national action may be considered.

Delivery of the winter plan and the system response to winter pressures will be overseen by the multi-agency Winter Management Group. In addition, winter surge management is now a standing agenda item for the weekly Leadership Huddle, a meeting between the executive directors at NHS Croydon CCG, Croydon Health Services, Croydon Council, SLAM and other partners in the One Croydon Alliance.

Potential for Mutual Aid

The Croydon Health and Care system will fully participate in any Mutual Aid initiatives agreed across south west London.

WIDER SYSTEM WINTER PLANS

Croydon CCG Flu Plan

The key objectives of Croydon's system-wide flu plan are for partners to work in partnership to ensure local delivery of national and regional plans, ambitions and targets. Activities of system partners include:

- Review 2018/19 multi-agency flu plan, ensuring up-to-date contact details and all key partners are included.
- Participation in NHSE seasonal flu teleconference through 2019/20 season, to review local data, flag any local issues and to communicate any potential issues with delivery of the programme to the local providers and where possible help co-ordinate mitigating actions.
- Create an issue log to highlight problems encountered to use as a learning tool for next year's campaign.
- Work with system communication teams to ensure key messages related to delivery of the seasonal influenza programme are delivered to local providers, patients and the public in a timely fashion.

Extreme Weather Policy

Croydon Health Services NHS Trust's Extreme Weather Policy will be socialised across the Trust in the early part of Winter to ensure that staff are aware of the policy and prepared in advance of any period of extreme weather.

Local and SWL Communications Plan

The winter campaign looks to embed the behaviour change aspirations, encouraging people to:

- take preventative steps to stay well over winter
- take care of themselves and loved ones if they do fall sick
- go to the most appropriate place of care where necessary

Our added focus this year as approved by the Croydon A&E delivery board will be on:

- Increasing uptake of the flu vaccines
 - Focus this year on children aged 2 & 3, "super-spreaders", and adults aged over 65
- Increasing pharmacy usage

Additionally, we will be promoting the use of NHS 111 and booked appointments or enhanced/extended access to relieve pressures at the three urgent care hubs, and in turn reduce pressure on Croydon's A&E.

London Ambulance Service Winter Plan

LAS winter plan is expected to be signed-off on 1 November, and will be made available via Microsoft Teams (see cover sheet) in due course.

South London and Maudsley Winter Plan

For 2019/20, SLAM has put in place a number of recurrent and sustainable service developments to support managing winter pressures. Details are available via Microsoft Teams (see cover sheet)

KEY RISKS AND MITIGATIONS

RISK DESCRIPTION	AIM /RAG	MITIGATION	RAG
Activity at CUH ED exceeds expectations, impacting performance against the 4-hour standard and the ability to deliver safe care to patients.	M	<ul style="list-style-type: none"> • Range of Out of Hospital initiatives to avoid attendances, admission and support earlier hospital discharges • Maximising utilisation of primary and urgent care capacity to alleviate pressure at the front door • Ensure flow from ED through increased SDEC and ambulatory pathways. 	
LAS conveyances exceed expectations leading to poor performance against Ambulance Handover standards.	M	<ul style="list-style-type: none"> • Improved communication and partnership working with LAS to maximise the use of ACPs, including CHUB referrals away from CUH (eg Rapid Response and Telemedicine). • Explore “Discuss before Convey” for care homes with Immedicare. • Seek additional peer support through the Hospital Handover Exemplar Programme. 	
Discharges from CUH at lower rates than anticipated, leading to an increase in ELoS patients and reducing patient flow through the hospital.	M	<ul style="list-style-type: none"> • Focus on reducing beds lost to ELoS to improve patient flow (eg Support and Challenge Teams). • Increase in activity of Out of Hospital initiatives to facilitate admission avoidance and hospital discharges (eg OPAT). • Additional capacity and support in the short-term from social care (initiative TBC) 	
Issues with supply / strain matching of flu vaccinations leads to infection control issues and reduced bed capacity.	M	<ul style="list-style-type: none"> • Robust monitoring and response to infection control issues will allow for proactive management of the bed stock. 	
Inability to shift working day forward will lead to problems with untimely discharge, bed availability, impacting patient flow negatively.	M	<ul style="list-style-type: none"> • Increase priority of Support and Challenge Team initiative to facilitate earlier discharges from inpatient wards. • Implementation of the Full Capacity Protocol when in extremis as a result of DTAs building up in the department overnight. 	
Existing staffing gaps and recruitment exacerbated by sickness.	M	<ul style="list-style-type: none"> • Impact of overseas nursing recruitment (with nursing fill rates the most challenged) in December. • In highly challenged situations, senior clinical staff (Matrons, Heads of Nursing, Therapists, Corporate Clinical staff) to support operational delivery. 	
NHS 111 provider unable to improve performance in line with recovery plan.	A	<ul style="list-style-type: none"> • Close working with the SWL Commissioners to anticipate significant problems caused by continued poor performance will allow for preparation. • Focus on maximising communication channels to Croydon residents to facilitate them making the right choice for their care needs. 	
Failure to embed new initiatives which require significant behaviour change in time for winter, resulting in pathways not being resilient and not delivering expected benefits.	M	<ul style="list-style-type: none"> • Continued work to support change management approaches during implementation • Use whole system approaches to support behavioural changes e.g. through commissioning, contracting, quality reviews, communication • Proactive oversight of the implementation of Winter Plan initiatives will allow shifting focus to more robust pathways with the highest impact to minimise impact of fragility. 	