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City of Westminster

Committee Agenda

Title:	**Health & Wellbeing Board**
Meeting Date:	**Monday 16th December, 2019**
Time:	**4.00 pm**
Venue:	**Lord Mayor's Parlour - 19th Floor, City Hall, 64 Victoria Street, London, SW1E 6QP**

Members:

Councillor Heather Acton (Chairman)	Cabinet Member for Family Services and Public Health
Councillor Sarah Addenbrooke	RBKC - Lead Member for Adult Social Care and Public Health
Councillor David Lindsay	RBKC – Lead Member for Family and Children's Services
Councillor Nafsika Butler-Thalassis	Minority Group
Houda Al-Sharifi	WCC - Interim Director of Public Healt
Olivia Clymer	Healthwatch Westminster
Robyn Doran	Central and North West London NHS Foundation Trust
Bernie Flaherty	Bi-borough Adult Social Care
Toby Hyde	
Philippa Johnson	Central London Community Healthcare NHS Trust
Dr Naomi Katz	West London Clinical Commissioning Group
Detective Inspector Iain Keating	Metropolitan Police
Hilary Nightingale	Westminster Community Network
Dr Neville Purssell	Central London Clinical Commissioning Group
Darren Tully	London Fire Brigade
Jennifer Travassos	Housing and Regeneration
Angeleca Silversides	Healthwatch RBKC

Members of the public are welcome to attend the meeting and listen to the discussion Part 1 of the Agenda

Admission to the public gallery is by ticket, issued from the ground floor reception. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.

An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact the Committee Officer, Tristan Fieldsend Committee and Governance Officer.

Tel: 7641 2341; Email: tfieldsend@westminster.gov.uk
Corporate Website: www.westminster.gov.uk

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Director of Law in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

7. WINTER PRESSURES PLANNING **(Pages 5 - 36)**

The Board to receive an update on planning for winter pressures.

Stuart Love
Chief Executive
13 December 2019

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Chelsea Westminster AEDB

WINTER Delivery Agreement 19/20

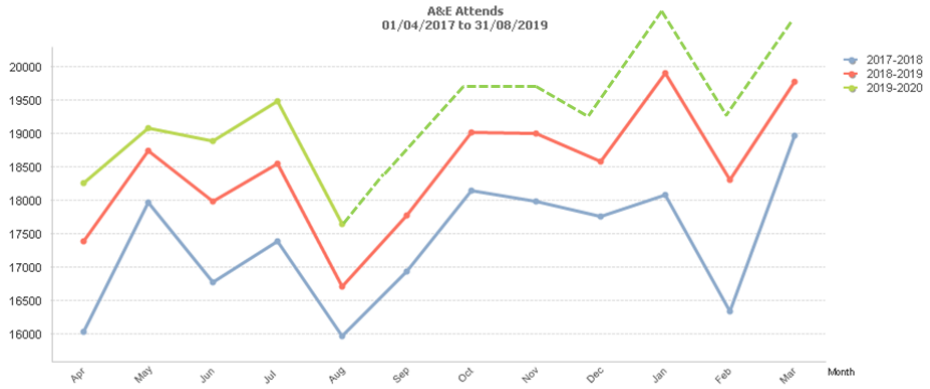
Executive summary:

This plan forms the Chelwest AEDB system winter preparation plan 19/20 and is a collaboration of system partners across both systems that sit around both the Chelsea and Westminster site and West Middlesex site. The plan provides detail on implementation against the NWL system priorities and aims to support operational resilience leading up to, and throughout winter. As a result, the plan aligned to the NWL Urgent Emergency Care priorities (UEC):

1. LAS Demand:
- 111 & LAS Clinical Hub direct booking to GP in-hours and Extended Access Hubs
- 111 ED and ambulance clinical revalidation - clinically reviewing ED DoS profiles to ensure codes are profiled to UTCs
2. A&E Type 1 attendances:
- High intensity user (frequent attenders)
3. A&E Type 3 attendances:
- UTC and WIC utilisation
4. NEL Short Stay Admissions
- Same day emergency care - Implement North West London SDEC minimum clinical standards and focus on 9 medical SDEC conditions to shift 1-2night activity to 0 night
- Frailty - go Live of front door MDT frailty model at each site to reduce A&E to 1+ LoS NEL admission conversion for 75+ cohort A&E Type 1 attendances:
5. NEL Long Length of Stay admissions:
- Reduce long length of stay admissions by 40%

1. Overview of system performance

In 2019/20, the Trust saw an increase in A&E and UCC attendances of 6.5% compared to the previous year, with a similar level of growth continuing in 2019/20. Forecasting therefore continues to suggest that the winter months will see a higher level and higher acuity of emergency attendances than has ever been seen before.



*does not include WM UCC figures

Despite this growth, the Trust has continued to perform well against the 4 hour unscheduled care target (95%). Although not reporting this performance nationally; it is our expectation

that we will continue to maintain a 95% achievement against the 4 hour target throughout the winter period as a minimum.

1.1 Finance

As in previous years, it is anticipated that the Trust will incur costs associated with ensuring that the Trust is appropriately staffed and has the capacity in place to meet demand over winter.

Additional funding has been identified for the Hounslow UCC to increase the shifts for GPs and Emergency Nurse Practitioners to support the overall increase in activity, including over winter. The service is currently recruiting additional staff.

The LAs have received specific additional winter monies which they have committed to enhance community capacity, including Home Care, reablement and bedded capacity.

While it is not clear whether additional funding will be made available during the winter period, it is important that the financial implications of winter pressures are recognised. Appendix 1 captures the expected cost pressures associated with winter for the Acute Trust.

No additional winter pressures funding has been identified or allocated to community health providers, including mental health providers. Should winter funding be made available, there are a number of service areas that would benefit from additional capacity to support admission avoidance, demand at the front door and speed complex discharges.

1.2 Key concerns for the system:

The continued rise in NEL attendances at Chelsea & Westminster NHS Trust has seen a continued rise in NEL attendances by 6.5% on average over the year to date. This continued rise will exert additional pressure on the system to deliver the efficiencies required to continue to deliver a safe system for patients. A number of winter initiatives are in place to manage demand in the urgent care pathway which includes LAS demand management programmes , implementation of SDEC on both sites and the enhanced capacity within the IUC to support ED and Cat 3&4 dispositions.

The greatest workforce pressures are seen within the A&E departments and the increasing difficulty to recruit middle grades as well as ensuring there is sufficient nursing workforce to maintain safe working. The Acute Trust has well developed detailed plans to mitigate the risks to ensure sufficient capacity over the winter period. There are also significant pressures within Adult & Social Care to maintain Domiciliary Care capacity over the holiday period and plans have been developed with providers to ensure that patient care is not compromised.

The system appreciates the risk that a reduction in flow and an increase in DTOCs presents to patients who are either waiting in A&E for a bed or waiting to be discharged to a more appropriate community setting for assessment. The system is committed to ensuring there is sufficient flow in the system and a reduction in DTOCs through the implementation of the discharge to assess pathways to ensure patients receive the right care at the right time in the right place.

The following plan provides the detail to support the system and ensure that the system pressures are managed effectively over the Winter period.

2. Winter Priorities 2019/20

The NW London Urgent and Emergency Care Board has been established to mitigate activity growth and control escalating costs. It has set the direction, expectation and timescale for the four A&E Delivery Boards and will hold local systems to account for delivery. The Urgent and Emergency care key strategic priorities are to expand and reform the range of emergency care services delivered across NWL. This work aims minimise variation, reduce demand and maximise value for money spent in NW London. These strategic priorities form the basis of our system winter plan for 2019/20.

2.1 Front Door schemes

Evidence suggests that the longer patients wait in the Emergency Department the greater risk there is to morbidity and mortality, and that 'boarding' (patients remaining in the department whilst waiting for a suitable inpatient bed to become available) is likely to increase length of stay, detract from overall patient experience and risk breakdown in communications because of the number of hand offs/transfers involved. Patients waiting in the Emergency Department for an inpatient bed also reduce the capacity in the department to see and treat patients, resulting in longer waiting times in the department and impacting on the ability of ambulance teams to unload patients.

A number of schemes will therefore be in place for the winter period to maintain patient flow through, and safety in, the Emergency Department. This includes an increased ambulatory care offering, providing an alternative setting to care in the Emergency Department, initiatives to ensure ambulance handover targets are maintained, and more robust plans for managing the increasing number of patients experiencing long lengths of stay whilst awaiting mental health beds.

a. Mental health Crisis:

CNWL overview of mental health transformational initiatives being implemented over winter (KCW)

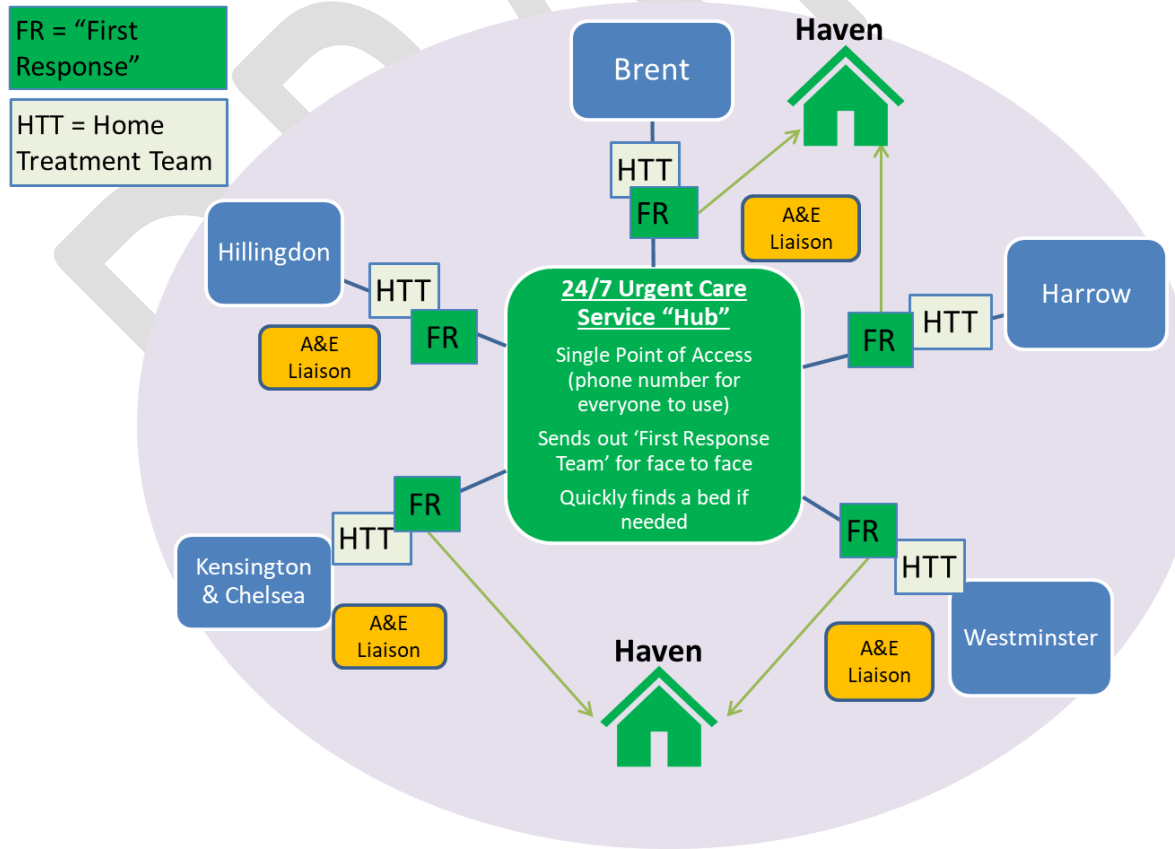
For 2019/20 CNWL has significant work underway to support long term improvements, in particular in urgent and acute mental health pathway, which will have some impact over winter and could be bolstered by additional winter monies if these were made available. CNWL is also scoping where it could rapidly mobilise additional short-term initiatives if mh-specific additional winter monies are made available from NHS England or the local system.

Initiative	Aim/benefit of initiative	Progress/timeline
New Urgent Care Service: dedicated senior operational leadership in Head of Urgent Care Service	Focussed operational leadership to support management of mental health patients with partners, dedicated resource for CNWLs London-boroughs urgent and acute pathway and a point of contact for partners on escalation	Appointed post, starts 18th November
New Urgent Care Service: borough level First Response Teams	Borough level First Response teams (new staff/additional capacity) who will enable 24/7 face to face assessment, standardise gatekeeping and ensure patients get the right care in the right place	Recruitment underway particularly for team leaders to be in place by beginning Jan

KCW Sanctuary Pilot based at the Gordon	The Sanctuary is a 12 week pilot service, based on the ground floor of The Gordon Hospital in what was the HBoS, commenced operations from 1st October 2019. It can accommodate up to three KCW resident patients for a maximum period of 18 hours each. The purpose of the Sanctuary is to provide a quiet and calm environment where a more considered period of assessment and care planning can take place in order to avoid an admission to hospital or protracted period of time spent in A&E	Pilot underway, commenced on the 1st October with potential to extend if successful and further resourced
Crisis Havens	Inner and outer borough alternatives to admission, focussed on a 'Haven' model to enable individuals with mental health problems to have choice, understand, take control of and manage their own mental health; particularly in times of crisis. CNWL is looking to run two 12month prototypes for these model to support system flow and providing patients with alternatives to admission. The spread of crisis alternatives in numerous forms is a commitment set out in the NHS Long Term Plan and in the mental health national implementation plan 2019/20 – 2023/24. The development of Crisis havens has proven an effective way of achieving this, by having alternatives to traditional services such as admission to an Emergency Department or onto the standard acute care pathway – examples of successful initiatives include the Sanctuary in Cambridge and Peterborough and Haven at the Cellar Trust in Bradford.	Out to tender, with planned timeline to identify provider and go live in year
Community Access Team development: Patient flow social workers and "reablement"(from NHSE community bid)	Initiatives to support flow and capacity through wards including: dedicated social worker in-reach into wards, working in a targeted way to achieve the best pathway out of hospital, maximising independence and choice for the individual and working in a solution focussed way to ensure that once ready, there are no barriers in place to an effective discharge; development of a reablement team who will also in-reach to acute wards to identify all patients with potential to move onto the rehab pathway but could have an alternative offer, and review those with LoS >30 days, provide external advice and challenge to avoid default to entering rehab pathway	Social workers advert closed last week, to be interviewed shortly; lead JD being developed

Core24 Liaison	Proposal to NHS England to enhance the distinct on-site liaison team within Chelsea and Westminster Hospital so it reaches Core24 compliance (as set out above) with specific staffing mix to meet local needs. The staffing mix builds upon the principles of the VAST model from Southampton, whereby our proposal includes band 3 and 4 vulnerable adults support workers as part of the on-site liaison team offering psychosocial interventions to patients – this elements of the proposal has been developed with clinical teams and accounts for specified patient and population needs identified in our frequent attenders CQUIN and by CQC. In line with outcomes seen elsewhere, it is expected these staff will (non-exhaustive): • Improved patient and carer experience of ED • Patients are helped to access community services, facilitating earlier intervention and reduction in frequent attendance • Facilitate safe discharge plans for vulnerable patients • Realised time in ED liaison clinicians, improving patient flow	Mobilisation asap on confirmation letter from NHSE England

Model being implemented:



West London NHS Trust overview of mental health transformational initiatives being implemented over winter

West London NHS Trust provides liaison psychiatry services to West Middlesex University Hospital (WMUH). The WLT CAMHS Alliance crisis team supports with paediatric liaison psychiatry referrals for patients aged under 16 years, and the general liaison team sees any patient aged 16 years and above. Crisis resolution and home treatment is provided by the 'CATT Tier 1' team each borough.

Winter plans

- There are established care pathways for WLT to work collaboratively with partners to support "high intensity users". This work focusses on assessing and providing MDT/multiagency care planning for a small group of individual which disproportionately utilise unscheduled care, including frail older adults. The SIM (Serenity Integrated Monitoring) project is running in conjunction with the Metropolitan Police in Hounslow. WLT will be committed to continue the support of the individuals who are currently under these scheme to reduce their health utilisation during winter period.
- Like many liaison sites, the bulk of emergency referrals, and our breaches of these response times, occur within 'twilight' hours and we know that staff feel more supported when working with 2 on shift at night. Currently, our liaison psychiatry services are only resourced to have one staff member working in the acute hospitals overnight. We have recently received transformation funding from NHS England to expand our Hounslow Service, based at West Middlesex University Hospital, to boost our night time staffing cover to two nurses who will maintain a good level of responsiveness to the needs of the Acute Hospital around the clock. In addition, Mental Health Act Assessments are often delayed due to lack of AMHP resource out of hours. The additional funding will also enable dedicated AMHP resource to West Middlesex University Hospital. We have also submitted a winter funding bid to expand to 2 nurses at night at Ealing and Hammersmith and Fulham liaison teams. We aim to achieve 95% of emergency referrals being seen within 1 hour, 95% urgent ward referrals seen within 4 hours and 95% routine ward referrals seen within 24 hours with these increased numbers of staff.

- It is common to see pressure on capacity in Mental Health Units over winter months, leading to delays in admission. The NWL sector has an agreed escalation protocol to involve stakeholders of appropriate seniority at an early stage to unblock delays when service users are kept in the Acute Hospital and Emergency Department for any lengthy period of time waiting for a bed at the Mental Health Unit. Where we have local mental health bed capacity, WLT will admit out of area patients to local beds temporarily, to reduce pressure on local Emergency Departments, in keeping with the London Mental Health Compact: https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2019/10/London-Mental-Health-Compact_June2019.pdf

- During more extreme scenarios, such as 'black alerts' where demand exceeds capacity at WMUH, WLT will work closely with WMUH staff to understand and respond to the increased clinical demand. In addition to the usual presence of staff from the liaison psychiatry team at the Emergency Department board rounds, we will base a senior liaison clinician in the Emergency Department to provide rapid advice to referrers. Liaison Psychiatry routinely prioritise the referrals from the Emergency Department and those in acute hospital inpatient wards who can be discharged on the same day.

- Across NW London (CNWL and WLT) a winter funding bid has been submitted for a 'Winter Resource Team' to work across crisis and home treatment and liaison psychiatry. This will increase the resource based in EDs for front end triage, supporting patients that require admission, and supporting and support to access alternative services.

- To enhance patient flow for ED patients requiring a mental health admission, a Winter funding bid for a dedicated out of hours senior bed manager based at WLT at b8a has been submitted. This role will prioritise MH bed finding for all age for the emergency and acute hospital system. This resource will also have a pivotal role to liaise with Tier 4 CAMHS and out of borough MH organisations to facilitate bed finding. This will create capacity for liaison psychiatry nurses to prioritise their face to face clinical work in ED. This will also enable senior oversight and gatekeeping of beds. As WLT has been identified by NHSI to share best practice to improve patient flow, there will be opportunities to share learning across the acute and mental health system via this post.

- August 2019, NHSE confirmed that a funding bid across NW London for crisis mental health transformation had been successful. This bid includes:

    a. A commitment for CRHT services to achieve high fidelity to the 'core' crisis model – underway
    b. A commitment to make CRHT function (currently CATT Tier 1) distinct from Brief assessment & Intervention function (currently CATT Tier 2) – on track in terms of making the two functions distinct by end of January 2020
    c. Increased staffing of the CRHT function through additional resource identified in the bid – 10 additional Band 6 roles across three boroughs – recruitment event being held on 23rd October 2019
    d. Augmented specialist older adult crisis expertise (1.5 WTE Older People's Consultant Psychiatrists) – agreement across the adult and older people services to progress through having dual trained Psychiatrists in each of the boroughs
    e. Improved 'alternatives to admissions' offers: A safe haven for Hounslow based at Brentford Lodge is being worked up to start at the end of January 2020 – discussions underway with Hounslow commissioner and local leads to agree the model details.

- We are working with LHP to develop a mental health response car. This is an initiative across NWL with LAS. Also happening across london (6 cars in total) A dedicated car with LAS and RMN will run 11am to 11pm 7 days a week. LHP want both trusts to second B7 nurses to the NW car. This is initiative has been tested in SEL and resulted in a 34% reduction in ED attendances. The timeline for this is the end of January 2020

- Patient flow through MH beds through additional Discharge Coordinators: In WLT the current inpatient discharge coordinator works to enable effective discharge planning. The roles are crucial to discharge planning and a key component in improving and maintaining optimal patient flow in the acute MH wards. Any initiative that improves patient flow in the MH inpatient wards will have a direct positive impact on the ability of the service to receive a patient where they have been deemed as requiring admission. This will reduce the potential for ED waiting time breaches due to lack of

available beds. We currently have one FTE discharge coordinator who is responsible for Ealing, H&F and Hounslow patients across all three WLT inpatient sites. Two additional discharge coordinator roles would provide support for timely safe discharge. In order to deliver the scheme, 2 wte 9-5 Monday to Friday, hospital based social workers could be appointed at band 7 to reflect the seniority and high expectations of the post. They would be an additional support to the care coordinators in the Recovery Teams, with the task of identifying patients suitable for discharge and facilitating those patients through the process. The discharge coordinators will also provide dedicated social care clinics to the wards, to reduce delays to discharge.

b. Same Day Emergency Care (SDEC)

NWL Ambition is:

- To reduce overnight NEL admissions (1-2 day LOS) and A&E attendances (18-74yrs) by increasing activity through ambulatory care pathways and optimising the ambulatory emergency care units.
- Ensure 100% of trusts are providing Same Day Emergency Care (12 hours day / 7 days week) by September 2019 with the aim of delivering 30% of non-elective admissions via SDEC by March 2020, and are providing a frailty service (70 hours a week) by December 2019.
- Introducing direct access pathways for LAS and GPs to reduce A&E attendances.
- To implement proactive frailty services which will avoid admissions by providing a holistic response for frail older people in the community and during time of crisis.

Chelsea & Westminster Trust:

During 2018/19, a business case for capital and revenue investment in Ambulatory Emergency Care (now referred to as Same Say Emergency care SDEC) was approved, covering both hospital sites. Capital works at the Chelsea site were completed in December 2018, and at West Middlesex are due for completion in November 2019. The expanded physical footprint provides capacity to allow for a 30% increase from 17/18 activity levels on the West Mid site and 50% on the Chelsea site.

There is now 08:00-20:00 service provision 7 days per week, with a set of standardised pathways in place, and a number of ‘hot clinics’ established with medical specialty teams to enable patients to be followed up in a more timely way.

Over the winter a number of initiatives will be in place to ensure utilisation of SDEC capacity and to divert patients from our Emergency Departments. These include:

- Increased offering to a wider range of conditions, e.g. mild to moderate asthma, further chest pain pathways
- Expansion of Hot Clinics to further specialties, including OAST clinics for frail older people who require rapid access to senior clinicians, which will be accessible by GPs and rapid response community teams.

- West London CCG is working in partnership with Hammersmith & Fulham and Central London CCGs to implement 'decide to admit' clinical decision making process to support the safe management of patients at home by accessing SDEC for same day urgent care , diagnostics and management plans to support patients to remain in the community , with support from rapid response and primary care.
- Agreement of pathway with LAS to take direct ambulance conveyances

It is anticipated that this increased utilisation will alleviate pressure in the Emergency Department as well as facilitating early discharges from inpatient wards.

c. Frailty:

The NWL ambition is to establish acute frailty services in emergency departments across NW London with the aims of identifying and managing older frail patients who require specialised frailty support as soon as possible. This will ensure frail patients are not admitted unnecessarily and be supported at home with full wrap around services. Target is to reduce 75+ rate of admission by 3%.

The Trust is looking to strengthen its MDT approach in the Emergency Departments, working with system partners to enable more people to go home directly from ED and therefore to avoid unnecessary admissions to an acute bed. We are currently piloting a number of different models and pathways particularly focused on older, frail patients that will inform how we develop a more dedicated front door service for winter and beyond.

Therapies pilot for fallers – West Mid

The aim of the pilot which commenced in August 2019, is to prevent inappropriate admissions by earlier identification and therapy assessment with the ED department at West Mid.

The pilot is staffed by a therapist 8am-4pm Monday to Friday which has been provided from within the existing staffing envelope. The model sees patients identified as a faller within 30 minutes and a full functional assessment undertaken, and initial results have identified that this has increased discharges from ED, avoiding admissions.

Integrated Community Response Service (ICRS) pilot in ED – West Mid

The Trust and ICRS started a pilot on 9th September of trialling an integrated team at the front door of ED at West Mid. This has involved a therapist/nurse from the ICRS service being present in the ED between 1pm-7pm 7 days a week. Working alongside the Trust's therapies team they are aiming to discharge 2 patients home a day directly from ED where ICRS can provide follow up care for the patient in their own home.

The pilots are feeding into the wider Hounslow Integrated Care Partnership workstream on addressing the Urgent Care demand both in ED and the Urgent Care Centre at West Mid.

Frailty Team in-reach into A&E:

To support frailty at the front door, the Frailty Nurses at both sites will now be in-reaching into A&E to support the early assessment of frail older patients attending A&E and being admitted to hospital. We currently have an Older adults nurse 2 days per week at Chelsea and Westminster and 3 days per week at West Middlesex, as we currently have 1 WTE

equivalent band 7 across both sites. Future plans include access to Geriatrician and introduction of frailty into the Same Day Emergency Care services

Step up from acute front door

A step up pathway has been developed from the Acute Trust front door to intermediate care beds, across the tri borough. This will support provide an opportunity for patients who are not acutely unwell but require a period of rehabilitation in a bedded unit, as they unsafe to return home. This pathway will provide an alternative to hospital admission and support rapid recovery and return home.

d. LAS Handover performance at Chelsea & Westminster:

- **Chelsea & Westminster Site:**
  - **15 mins:** Performance in September (63.6%) which is meeting the trajectory
  - **30 mins:** Performance in September (99.0%) which is meeting the trajectory

- **West Middlesex Site:**
  - **15 mins:** Performance in September (56.7%) which is meeting the trajectory
  - **30 mins:** Performance in September (97.6%) which is meeting the trajectory

Actions being taken to support delivery of handover targets:

- The Emergency Department Service Lead is responsible for the clinical handover protocol of the Emergency Department (ED). In July 2018 the C&W ED introduced a new handover protocol in conjunction with LAS which included a more streamlined process of the clinical handover, offloading of the patient, and administrative handover including the pin.
- That patients can go straight to UCC wherever possible.
- That where appropriate Health Care Professionals have been made aware of ambulance waiting times for non-life threatening conditions and asked to consider the use of other transport where they deem this suitable.
- Where possible, patients are offloaded directly into hospital cubicles with timely handover and offloading.
- All members of the senior clinical team are aware of the fit to sit guidance and how to appropriately use this. The Nurse in Charge and the Registrar/Consultant in charge will assess the patient from the handover and determine where best to allocate them, whether that be to majors, resus or the urgent care centre.
- There is a robust administrative process in place for booking patients in and aim to do this in a timely manner, working with the LAS and other ambulance crews.
- Staff are aware of the importance of clinical handover when attending either an assessment area or an outpatient department.
- There is a clear policy for the timely escalation of handover delays with established warning and trigger responses, which includes escalation through the Nurse in Charge/Consultant in charge, the non-clinical managers, the clinical site team, and the executive oncall team.
- All patients are brought into the department to be offloaded to avoid patients being kept in an ambulance outside a hospital.

e. High Intensity users:

- High intensity user schemes meet NW London requirements for consistency, with care plans developed on CMC and enacted across the system
- Care plans for high intensity users are shared across local primary, community, London ambulance and acute organisations on Co-ordinate My Care (CMC), through NW London data sharing agreements and patient consent
- Local systems demonstrate the success of their HIU schemes in reducing hospital attendances, in line with NW London requirements.

<u>The West London CCG programme</u>

- This Primary care facing and is working with high intensity users as identified by LAS and ED attendances who have attended more than 6 times in 6 months
- It is based in the community, working with GP's, MCMW case managers and other community services via MDT meetings and development of care plans on CMC.
- The initial target group for the programme (50 patients) has annual ED attendances of between 15 and 90 and include patients who have complex profiles of multiple physical, mental and social conditions

<u>Hounslow:</u>

- CMC care plans are being initiated for patient's identified as high intensity users and enacted across the system.
- Care plans for high intensity users are shared across local primary, community, London ambulance voluntary sector and acute organisations on Co-ordinate My Care (CMC), through NW London data sharing agreements and patient consent
- Hounslow have set a frequent attenders MDT where patients flagging as HIU are discussed and care plans and actions are initiated. These actions are fed back to primary care to discuss with patients. Outcomes are monitored on a monthly basis.
- Approximately 7 patients are reviewed per month.
- Links have been developed with Imperial to ensure a consistent approach for patients that present to more than one site.

f. UTCs

- Reduce variation in the way urgent treatment centres (UTCs) operate, with best practice implemented through adherence to national and London standards and clear/effective referral pathways. The way information is recorded and reported is increasingly consistent across NW London
- Enforce London standards for streaming including the use of NEWs score. Fewer than 6% of patients are referred to the emergency department (ED) following treatment in a NW London UTC and 6% of patients are re-directed to primary care
- The UTC has a robust streaming process in place and is working to implement a more formal redirection process for patients who could be more appropriately seen in Primary care by supporting patient to register or directly booking them into the West London Extended access hubs either at Violet Melchett or St Charles or for West Middlesex Hospital one of the 5 locality hubs located at Gill Medical Centre, Feltham, Skyways Practice in Great West Locality, Heart of Hounslow, Brentford Health Centre or Holly Road Medical Centre, Chiswick. The UTC is also enabled to book into in hours GP appointments for all practices in Hounslow.

- Direct booking from NHS 111 into UTC appointment slots is in place across NWL. Currently live status for Urgent Treatment Centres is 7 of 9 electronic booking / 2 of 9 manual

2.2 ELOS:

A long stay patient is defined as an adult patient who has been in an acute bed for 21 days or longer. There is strong evidence that long stays in hospital lead to patient deconditioning, harm to patients and unnecessary additional demands on health services. The aim is to therefore discharge patients as soon as they no longer will benefit from acute hospital care, ideally to their original place of residence.

Delayed Discharges result in poor experience and greater risk for the patients concerned and prevents others accessing appropriate care settings for treatment in a timely way

The Long Length of Stay target (LLoS) is to reduce the number of patients staying 21+ days across all 4 NWL providers by 40% (for each system) by March 2020 from March 2018. Performance of delivery is measured against daily SitRep reporting. Alongside this, all 4 NWL providers submit a weekly Discharge Patient Track List (DPTL) which is a local stocktake of the number of patients occupying beds for more than 21+ days and the reason for the extended stay (broken into internal causes and external delays) – the DTPL is a system review tool to identify recurring causes of delays and blockages.

Current position: For the trust, latest data illustrates steady reduction of 27% out of the 40% which demonstrates strong system commitment to achieve the reduction target but week-on-week reduction is required to maintain this achievement.

	Baseline	Ambition	Target reduction	Current DPTL Performance	Reduction achieved (DPTL)	Sitrep Performance	Reduction achieved (Sitrep)	Reduction remaining (Sitrep)
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	145	87	40%	111	23%	106	27%	13%
NWL	725	435	40%	538	26%	540	26%	14%

System action plan to deliver ELOS trajectory:

a. Daily Board & Ward Rounds

To ensure that robust plans are in place for all inpatients a daily, morning board or ward round is required across all inpatient wards. Through use of Red2Green data it has been identified that there is not consistently a senior medical decision maker at all board rounds, and this can delay decision making and discharge planning.

Over the winter period, outpatient activity will be adjusted to ensure that a consultant or registrar is able to attend daily ward rounds, supporting earlier discharges and patient flow.

b. Internal Flow - Delayed Discharges and Long Stay Patients

A number of initiatives will be used to help identify those patients who, with proactive management, will achieve a reduced length of stay:

- Daily senior led ward board rounds ensuring accuracy of EDD and recording of Red:Green.
- Red2Green is now embedded into daily routines on all adult wards – to continue at >80% recording with the aim to reach 100% recording by August 2019. Paediatrics have just introduced this and aim to achieve 80% recording by August 2019.
- Develop method to record and capture resolution of red day by September 2019.
- Develop action plans to resolve the more frequent red days with involvement of external agencies where appropriate.
- Timely Care Huddles providing a daily review of individual delays and focus on resolution on the same day where appropriate with representatives from all those area that can support.
- Weekly review of the twenty patients with the longest stay in each hospital and proactive management of any blocks to their patient journey
- Implementation of link manager role at the West Mid site to support reduction of complex discharges, increase the number of before midday discharges and reduce after 5pm discharges.
- Plans/process to review Long stay patients
    - Weekly ELOS review of all patients 14+days
    - Utilising the NHSi ELOS workbook
    - Additional review of hospital based Top 20

- Daily sitreps received from local acute partners and monitored regarding Delayed Transfers of Care (DTOCs), and engagement with daily DTOC calls with WMUH
- Reintroduce monthly senior officer led MADE events co-chaired by Acute/CCG leads with system partner representation including adult and social care, mental health and housing.
- System wide MADE to include all acute, community and step down intermediate care beds.

c. <u>Discharge to Assess:</u>

Chelsea & Westminster site:

<u>Home First (Pathway1)</u>

- Improved integration of frailty front door model with community teams to support early discharge home via Home First.
- CIS attending the golden hour on AAU to improve the understanding of types of pts that can be discharged home with HF.
- CIS & ASC improved working relationships to ensure pts who require reablement are discharged via HF and the need for reablement is assessed at home and onward referral made by CIS.

<u>Intermediate care bedded rehabilitation (Pathway 2)</u>

- Commissioned an enhanced service specification with the provider to deliver average LOS of 21 days, 7 day transfers between 8am and 6pm.
- Transfer from acute beds within 24hrs of referral.
- Rapid change process being implemented to deliver changes by October 2019.

<u>Integrated health & social care pathway for patients with more complex needs (Pathway3)</u>

- Work has been undertaken over the summer with tri borough CCGs and tri borough LAs to develop an integrated health and social care pathway, with the default as home rather than a bed, for more complex patients.
- An overnight care pathway for patients who require support overnight as well as care during the day and have more complex needs have been agreed.
- Patients who have very complex clinical and nursing needs will be transferred to interim Nursing Home beds where the assessment of their long term care needs will be completed.
- Funding has been identified from both Local authorities and CCGs to support the provision of care at home.
- Additional assessment capacity is also being funded through LA's winter planning monies to support assessment of care needs at home..
- Plan to go live in mid-November with anticipated rollout across the elderly and medical wards by January.
- Additional investment has been made, by bi borough LA, with additional reablement, occupational therapy ,social work and home care capacity to support the discharge to assess pathway.(see appendix 5 for detail)

West Middlesex site:

The Hounslow model was agreed in principle with an initial 2 week pilot to be commenced at the beginning of October 2019. The pilot was relatively successful and feedback from staff and patients was positive. Expectation is that a business case is formulated to allow this tpo progress to a more robust model by November 2019.

<u>Development of integrated discharge – Hounslow and Richmond</u>

- HRCH Single Point of Access (SPA) in place (administrative referral management function with limited clinical support) 7 days a week
- Multi-disciplinary, multi-agency (community health and social care) duty triage teams in place for ICRS, CRS and RRRT with a focus on admission avoidance and hospital discharge, who can arrange rapid assessment, care packages and interventions
- Community Recovery Service and Community Nursing representatives within pilot of Integrated Discharge Team at WMUH from 1st October 2019
- ICRS moving to telephone only referral to increase timely clinical discussion and decision making.
- Joint initiatives with Kingston Hospital and WMUH to further develop and extend Discharge to Assess (Home First) pathways including Pathway 3 from WMUH for patients potentially requiring continuing healthcare to receive early home-based care through ICRS.
- Ongoing work looking at the development of an integrated discharge team across Kingston, Richmond and East Elmbridge to increase the number of patients discharged home, reduce length of stay and numbers of stranded and super-stranded patients
- Continued funding of CRS Plus reablement increase in hours provision with widening of criteria and therapy referrals, up to 910 hours from 410 hours a week
- Project with WMUH Syon ward therapists to pilot direct therapy referrals to CRS reablement to increase D2A referrals and reduce delays, rather than hospital therapists referring via the social work team
- Community Intra-Venous Therapy pathway in place with Chelsea and Westminster Out Patient Antibiotic Therapy (OPAT) team in Hounslow, preventing unnecessary hospital admissions and early discharge

- Urgent home visits service with Hounslow GP Federation, commencing in Feltham Primary Care Network
- Community matrons taking a lead in locality network MDT meetings and supporting multi-agency complex care planning

d. 7 day discharge:

Current average weekend discharges at Chelsea & Westminster site 67 and 80 at West Middlesex site. System partners are committed to supporting an increase in weekend discharges over the winter period through the following actions:

- Greater focus on 7 day discharge at board rounds.
- Continued senior support to each site, 7 days per week with increased demand over winter, particularly out of hours, on-site cover is required from the senior management team during weekends and evenings.
- This was put in place during winter 18/19 in the form of the 'Senior Nurse on Site' model providing senior nurse cover on each site until 21:00 on week days, and from 09:00 – 17:00 at weekends. Following the success of this initiative, the model will be continued during winter 19/20 and will run separately and in addition to the Senior Manager On Call (SMOC) and Director On Call (DOC) Rotas.
- Communication re access to community services available over the weekend and bank holidays provided to all wards. Services include : including CIS home first resource and community rehab; and community nursing.
- We are also working with intermediate care bed provider (CLCH) to deliver a 7 day discharge pathway and hope to shortly resolve a medical staffing/medication transcribing to allow for weekend transfers
- Monthly monitoring of weekend discharges at ward level at AEOPs Board.
- 7 day social workers in place since 2017 to support access to reablement and home care.
- Bi borough have invested in additional reablement capacity specifically to facilitate weekend discharges
- Local Authorities are working with Home Care providers to be able to pick up new referrals at a weekend.

2.3 LAS demand

- Re-triage of Cat 3 and Cat 4 ambulance dispositions via the NWL Integrated Urgent Care service is on trajectory for 90%, resulting in over 5,000 reduced ambulance dispatches across NWL per year.
- Improved access to DN community services across the tri borough through the implementation of a single number and clinical triage process whereby all referrals that are clinically appropriate to be managed in the community, will be accepted and referred to the most appropriate team. The pathway will help to mitigate rejected LAS referrals from rapid response teams and prevent some district nursing patients from being conveyed to the ED (e.g. catheter issues).
- Implementation of the Clinical hub referral pathway to rapid response teams for non-injured fallers. This will support unnecessary dispatch of ambulances.

- ICRS Hounslow will continue with their shadowing scheme to increase knowledge of paramedics of the service with an aim to increase referrals

2.4 Care Homes:

The Care Home work across West London is focused on:

- reducing demand on LAS demand by ensuring that Care Homes are accessing alternatives such as NHS111 *6 , community services such as rapid response and district nursing
- reducing extended LOS and DTOCs by working with care Homes to accept transfer 7 days a week for existing patients.
- improving the quality of discharges back ot care homes to reduce readmissions and unsafe discharge
- improving trust across sectors and organisations through the development and roll out of the trusted assessor programme

	Initiative	Actions	Date
1	**Development of Trusted Assessors**	• Joint working with care home managers to support safe discharge. • Development of Trusted Assessors for Interim beds - Farm Lane Interim Bed: Chelwest - All x4 nurses are set up and implementing TA approach. MOU being developed and for sign off by each organisation. - Garside Interim Beds: Chelwest - Delays in implementation due to changes in management at Garside, to be escalated via Regional Manager and Central London CCG as Commissioning lead to implement as a priority.	10/2019 – on-going
2	**7 day discharge**	• Development of agreement with care homes and the acute to accept existing residents back 7 days a week - 5 days or less; discharged without a care home manager visit - 5 days or more; reviewed before discharge • Clear links with the trusted assessor work • Share the Imperial and Chelwest safe discharge process with care homes, including the inclusion of Care homes in follow up meetings • Encourage Care homes to report unsafe discharges to the hospitals • Promote the community services offer and the discharge to assess pathways	10/2019 – on-going

3	**System meetings; CCG and LA, EHCH**	• 3B LA and CCG care meetings to identify and manage issues across both contracts. • Attendance at NWL Enhanced health in care homes meeting to support/ implement NWL schemes. • Support delivery of NWL locally • Inclusion of care homes management in service development • Attendance at sanctuary meetings to promote system working	06/2019 – on-going
4	Rapid work streams with Sanctuary: safe discharge, personalised care and DOLS	• Identify care homes and work streams with Sanctuary (Safe discharge: Westmead and Personalised care: Princess Louise. • Identify scope of the work stream • Identify the process at the care home; including gaps • Review good practice • Share improved process with the remainder of the Sanctuary care homes • Discuss and potentially implement good practice at CareUK homes	09/2019 – on-going
5	EOL	• Review model of care and the community based offer • Promote use of 111*6 • Promote use the EOL videoconferencing facilities in the designated care homes	09/2019 – on-going
6	Falls work stream	• Develop the falls working group across the 3B with cmmrs and providers • Review the existing falls pathways • Identify gaps and training needs • Develop a joint pathway to increase use of the falls services • Promote the falls pathway to care homes to increase usage	10/2019 – on-going
7	Access to community services	• Promote community services and the care home offer • Support community services to meet care homes to develop relationships e.g. CIS • Promote the primary care out of hours offer and by GP bypass numbers • Promote the My care my way team to support care home managers	On-going
8	Training schedule based on LAS callouts	• Promote digital RASD training to all care homes • Develop and implement the training schedule across care homes	09/2019 – on-going
9	111*6	• Promote the use the service to increase utilisation	On-going

The Care Home work across Hounslow is focused on:

- Ensuring all residents residing in either a care, nursing, residential or extra supported accommodation* to have in place a completed care plan – 1st April 2019 – on-going
- Ensuring all residents residing in either a care, nursing, residential or extra supported accommodation* to have in place a completed Coordinate My Care 1st April 2019 – on-going
- All residents have the appropriate consent agreement in place, to receive immunisation vaccinations i.e. Flu and Shingles 1st September 2019 – 28th February 2020
- Ensuring all high risk complex residents are included in monthly MDT and/or palliative care review meetings through practice support from PCPC . 1st April 2019 to on-going
- Responsible practice to ensure internal processes and plans are in place within the home and surgery to facilitate the health care management of high risk patients over the weekend1st April 2019 to on-going

2.5 NWL Integrated Urgent Care Update – October 2019

NWL IUC service has been working with both national and regional colleagues in NHS England providing assurance of rota fill for both Care UK and LCW through weekly calls with providers and the collection of data through a weekly template submission which measures demand and capacity planning by hour. This submission is then reviewed by IUC leads and then submitted to NHSE. Over the winter period staffing rotas for both call advisors and clinical staff are uplifted by 10%, with an uplift of 15-20% during identified high pressure days. NWL providers also have a call balancing arrangement in place. Providers escalate to NHSE when their answered in 60 seconds performance drops below 70%. Call balancing is then provided across London providers if capacity is available.

NHS 111 Emergency Department (ED) outcomes clinically validated
Since 2nd Sep19 a pilot has been in place across NWL to further clinically validate ED outcomes generated in NHS 111, within the LCW. The pilot is focussed on “illness” ED outcomes only on the basis that “injury” ED outcomes often require face to face services and are directed to Urgent Treatment Centres. Early indications are that around 20% of ED outcomes are directed to primary care.

NHS 111 Category 3 & 4 Ambulance outcomes clinically validated
Further clinical validation of NHS 111 generated Category 3 & 4 Ambulance outcomes is in place across NWL, currently 82% category 3 & 4 outcomes are validated, with the aim of achieving 90% across NWL by December/January for both providers. 67% of these calls are then downgraded and sent to another service.

Clinical Navigator
The IUC has a Clinical Navigator role, overseeing clinical queues and ensuring patients are directed to the most appropriate clinical resource.

Directory of Services

As part of a review of the Directory of Services (DoS) across NWL since Oct-18, several pieces of work have been completed to:

- Ensure consistent Clinical Pathways / align DoS returns across NWL for key services
- Review DoS instructions
- Ensure that the most appropriate service returns first
- Inform gap analysis for commissioners
- Additional of clinical navigator

Key work has included:

- Contacting all services listed on the DoS and confirming key information
- Reviewing the ranking strategy (which services appear first) and aligning this across NWL
- Adding maternity services
- Allowing UTCs in neighbouring boroughs to return on the DoS (pan London request)
- Reviewing UTC and ED profiles and ensuring consistency across NWL
- Reviewing the mental health SPA profile
- Reviewing the Rapid Response profiles
- Monthly DoS report being produced for commissioners / providers to show gap analysis

3. Operational planning for Winter 2019/20

3.1 Surge management

NWL CCGs have set up a surge hub co-ordinating winter pressures and actions across health and care partners (inc CCGs, primary care, mental health, social care, community care, and acute care sectors); ensuring appropriate responses to pressures are in place at system level and facilitate mutual aid where required. Proposed daily rhythm from the November 2019:

Time	Actions	Comments
9:15am – 9:30am	Provider data sent through to surge hub	
9:45am	NW scorecard circulated	Scorecard of key information - Triggers
10:00am	Surge call – reporting pressures by exception and triggers	All healthcare organisations (plus CCGs and social care)
10:30am	Any data omissions resolved and escalation trigger information completed from surge call notes	
10:55am	NHSE scorecard circulated	Surge action notes circulated (by 12am)
12:00pm	AEDB surge escalation meeting if required	Surge escalation framework to be reviewed and consulted with providers
12:00pm-16:30pm	In hours surge escalation to be managed by the surge management teams	
16:30pm	On call update to be shared with on call director and SRO by 16:30 each day	

Briefing on medium term actions and emerging issues to be reviewed on a weekly basis.

As part of the NWL surge function weekend including bank holiday assurance plans are received and reviewed across NW London. This includes a review of on call across providers and CCG to ensure senior support to the system is in place.

See Appendix 1 for the system surge management and escalation.

3.2 Improved senior support to site, 7 days per week

With increased demand over winter, particularly out of hours, on-site cover is required from the senior management team during weekends and evenings.

This was put in place during winter 18/19 in the form of the 'Senior Nurse on Site' model providing senior nurse cover on each site until 21:00 on week days, and from 09:00 – 17:00 at weekends. Following the success of this initiative, the model will be continued during winter 19/20 and will run separately and in addition to the Senior Manager On Call (SMOC) and Director On Call (DOC) Rotas.

3.3 Increased support to Hospital @ Night

A review of A&E attendances and performance over the 24 hour period shows that there is a particular pressure on A&E and subsequent admissions during the 'twilight' period from 18:00 – 00:00. Whilst medical and nursing rotas have been adjusted to ensure that staffing models are matched to demand, it is acknowledged that increasing activity will require an increase in staffing in some areas to maintain safety and performance during the winter period.

Through the Trust's 24/7 Hospital group, a review of out of hours service provision has been conducted, taking into consideration known gaps in the Critical Care Outreach Team. This has identified areas where additional support will be needed to the Hospital @ Night team as follows:

Chelsea site

- A second clinical site manager will be required during night shifts working in a clinical nurse practitioner role to support the medical team in the absence of a fully established CCOT team
- An additional junior doctor will be required in the Emergency Department on a twilight shift to match the anticipated increase in attendances

West Middlesex site

- It is recognised that the Emergency Department has a number of gaps in the senior middle grade rota that will not be filled during the winter period. As in previous years, additional middle grade staffing will be provided from specialty teams to be based in the Emergency Department to review specialty referred patients; with a twilight surgical SpR in place Monday to Friday, and the continuation of the 18/19 pilot of a dedicated paediatric SpR in the ED at night.

3.4 Escalation Beds

As the winter period sees an increased number of non-elective admissions, it is anticipated that escalation beds will need to be opened on both sites to cope with this demand.

On Chelsea site, the order in which escalation beds will be used is as follows:

- Rainsford Mowlem Ward 12 beds
- Nightingale Ward 18 beds
- Kobler Day Care 4 beds
- Kobler Day Care open to 7 beds (recognising impact on Chemotherapy delivery)

On West Middlesex site, escalation capacity is limited by a lack of physical space.

During previous winters elective bed capacity on the West Middlesex site was converted non-elective beds, and this is also planned for 19/20.

From 1st December, 10 beds in Day Surgery Unit will be converted to non-elective beds and will be managed under the Planned Care Division. Alongside this, 16 beds in Syon 1 will be transferred from Planned Care to the Emergency and Integrated Care Division. These beds will be managed and staffed by Medicine as part of their bed base, rather than being managed as an 'outlier' model.

A checklist for opening escalation areas safely has been agreed and must be used when opening escalation beds, and can be found on the Trust intranet:

http://connect/EasysiteWeb/getresource.axd?AssetID=28380&type=Full&servicetype=Attachment

3.5 Daily DTOC calls with community partners

These to occur daily with involvement of CCG and LA partners, as below:

- West Mid
  - West Middlesex Hospital, Percy House, Seminar Room - Dial in 02033114567, PIN 931900
  - All DTOC and NDTOC patients at West Mid with partner dial in for Hounslow and Richmond boroughs
- Chelsea
  - Bamborough Meeting Room/Integrated Care & Discharge Meeting Room' Lower Ground Floor. 020 3311 4567 then conference code 134561 followed by #.
  - All DTOC and NDTOC patients at Chelsea with partner dial in for Triborough and Wandsworth boroughs.

3.6 Timely repatriation of patients from HASU

It is expected that the Stroke Units (Nell Gwynne and Kew Wards) will continue to successfully be managed by the stroke teams. It is essential that discharges are balanced with the admissions required from the HASU. In previous years, when capacity allows, it may be required that the stroke units take out of area stroke patients to ensure the HASUs remain functional at times of high demand.

3.7 Phasing of Elective Activity

There is a risk to elective activity on both sites due to the potential of increased emergency admissions.

The risk on the Chelsea site is mitigated by day case elective admissions being managed through the current allocated surgical elective beds which are used exclusively for this cohort of patients only. In severe pressure elective day case patients can be managed through the treatment centre recovery areas. There is no planned phasing to reduce elective admissions on the west Middlesex site.

The risk on the West Middlesex site pertains to the emergency admissions requiring admission to the only physical escalation space in the Day Surgery Unit. To support this the current elective capcity which is booked over 5 days (Mon-Fi) will be booked over 6 days (Mon-Sat), this will support the need to use Day Surgery for emergency admissions.

At the West Middlesex site known emergency admission days and times, the elective bookings will be amended to ensure a higher proportion of day care patients rather than patients requiring elective overnight stays.

The planned HDU/ITU admissions will be scheduled to ensure only one per day per site, this will support the need for emergency HDU/ITU admissions Monday to Friday.

4. Infection Prevention & Control

Supply of beds was affected by Norovirus at Chelsea and Westminster Hospital during May 2018; a total of 10 patients, 23 staff and 3 visitors/relatives were symptomatic with diarrhoea and vomiting. Twelve outbreak meetings were convened during the outbreak which lasted from 2nd to the 24th May. The IPC team visited the ward at least once a day to ensure that the recommended control measures were being followed. The team provided support, advice and feedback where practice needed to be improved, and education as required. There was a delay in identifying that there was an outbreak on the ward and therefore an 'outbreak decision tree' was developed by the IPC team which will help staff to identify outbreak situations sooner. This document will be available on the trust intranet.

No further outbreaks were reported due to D&V and Norovirus in 2018/19.

4.1 Influenza

The Trust has a comprehensive seasonal flu plan for 2019/2020 covering aspects relevant to patients, visitors and staff. Each winter staff are offered the flu vaccination to protect them from contracting the predicted circulating virus strains and transmitting it to vulnerable patients, as well as family and friends. Although not mandatory like certain other vaccines for clinical staff, we strongly encourage all staff to get the flu jab each year as part of their duty of care to patients. The CQUIN (Commissioning for Quality and Innovation) target covering 2018/19 was to immunise 75% of frontline healthcare staff and this target was exceeded - 81%. For the year 2019/20, the target is to immunise 80% of frontline healthcare workers.

There is also a plan to immunise inpatients over 65 years or those who meet the risk factor criteria and maternity patients will be offered flu immunisation as part of their antenatal care.

The Trust will continue to use on-site influenza testing for patients which is predicted to speed up patient diagnosis and have a positive impact on bed management and cross infection rates. Over the 2018/19 flu season there were three clusters of hospital acquired flu. The availability of rapid flu testing was valuable in rapidly containing transmission.

5. Primary Care Access (100% coverage 7 days 8am to 8pm)

The current coverage of extended access to primary care in evenings and weekend is 100%.

100% of GP Access hubs are meeting the national core requirements excluding the two core requirements that are currently not possible to meet at a national level. These are:

1. % hubs where patients are able to book via patient online
2. % hubs with roll-out pending national tool (monitoring utilisation)

Local advertising is planned prior to Christmas to encourage use of these hubs and 111. In hours booking is also enabled in all practices with one slot for direct booking in the morning and one in the afternoon.

Priorities this winter:

- Ensure that extended Hours Hubs are open every day throughout Christmas and New Year period - Increase availability of 111 direct booking on Bank Holidays, as pre-booked appointments are less likely to be used.
- West London CCG – now live with NHS111 direct booking into in hrs GPs slots (2 slots/ day per practice).
- Continue to fund a large number of appointments outside of core hours to be accessed from patient's own GP practices.
- Encourage GP practices to use NHS England's tool for measuring appointment capacity and utilisation which has been integrated into System One
- Support **NWL communications** to ensure availability of services in West London are promoted through all available channels
- Raise awareness of the **2018/19 Winter Indemnity Scheme** which allows any additional indemnity to be funded if incurred as a result of GPs providing additional extended hours/out of hours/unscheduled care sessions in Winter

6. Business Continuity

The Trust has business continuity strategies and plans in place to deal with a range of challenges that might affect services and functions at any time – this includes staff shortages, denial of access, failure in technology and loss of utility. These plans enable a response to a disruptive challenge to take place in a coordinated manner including processes for recovery and restoration of essential functions and services.

Strategic and tactical level business continuity plans have been established. The roles and responsibilities of individuals are detailed and the recovery priorities summarised. The following of these plans will assist recovery, ensuring a return to business as usual in as timely a manner as is possible.

If operational activities were adversely impacted, without appropriate business continuity arrangements in place, the Trust could be considered not to be adequately prepared. This lack of preparedness could lead to a missed opportunity to mitigate poor resilience. Legislative measures and the main tools linked to business continuity are noted below:

- Civil Contingencies Act 2004. *http://www.legislation.gov.uk/ukpga/2004/36/contents*

- Emergency Preparedness, Resilience and Response (Trust Intranet) (containing multiple documents). *http://connect/departments-and-mini-sites/eprr/*

7. Weather

The Trust has a comprehensive Cold Weather Plan which comes into force on 1st Nov annually. The latest version can be found here - http://connect/departments-and-mini-sites/eprr/cold-weather/. Our Cold Weather Plan contains trigger points and associated required actions for all Trust staff, including Estates and PFI partners.

At the time of writing Public Health England have not produced their annual advice. Once this has happened our plans will be modified to reflect such guidance.

8. Communications

Sector wide communications plan review in progress with staff, patients and partners to ensure it remains up to date and commissioning of third sector include clear messaging to the population.

NWL Winter Communications Plan:

Objectives

- To educate about self-care during winter
- To encourage people to use alternatives to A&E and 999 when appropriate:
    - To encourage the use of local pharmacies
    - To increase the awareness of NHS 111
    - To inform people about improved access to GP and nurse appointments
- To increase the number of people getting their flu vaccination.
- To remind patients with repeat prescriptions to make sure they have enough medication over the Christmas period.

Timeline

The NW London campaign will support that campaign although many of our messages will run throughout the season, focussing on target audiences.

- Phase one (October – November): Vaccinations and staff communication
- Phase two (November – February): 111, GP access and self-care

Key messages

- HELP US HELP YOU this winter
- Don't let a cough or cold slow you down this winter – be prepared and stock up your medicine cabinet
- Keep 999 and A&E for emergencies only
- If you are worried about an urgent medical concern, call 111 and speak to a fully trained advisor for help and advice.
- Visit your pharmacist for help and advice at the first sign off illness
- Get your flu vaccine to protect yourself and those around you / Protect your child with the nasal spray flu vaccine could be free for your child
- GP and nurse appointments are available in NW London seven days a week between 8am and 8pm. Ask your surgery for more information

Audience involvement

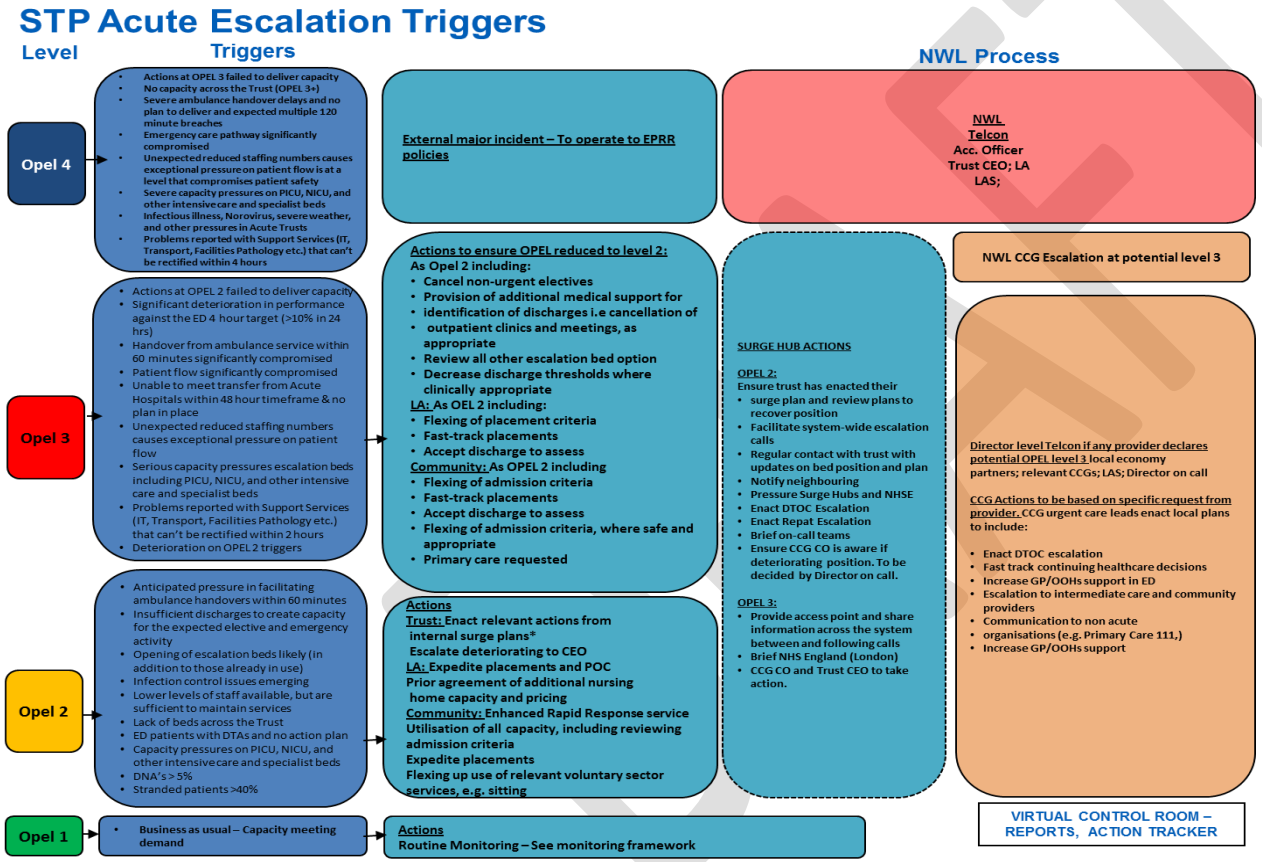
- NHS England has worked with the public to develop this year's campaign.

We are working in partnership with our local CCG colleagues and Trusts who are feeding in the needs and views of their residents

9. System Risks and issues – see appendix 3 and 4

Appendix 1:

NWL draft 1920 v1.pptx



Appendix 2: KLOES

ChelWest KLOEs v3.xlsx

Appendix 3: Regional risks register for Chelsea& Westminster

regional Risk register - C&W AEDB v 5 281(

Appendix 4: Winter System Flow diagram

AEDB Winter System Flow Diagram - CWHT

Appendix 5: RBKC and Westminster LA winter plan 19/20

Bi borough winter plan 1920.docx

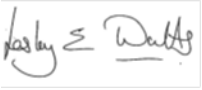
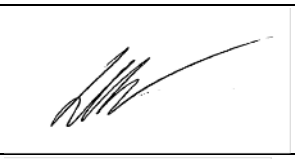
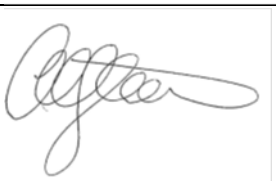
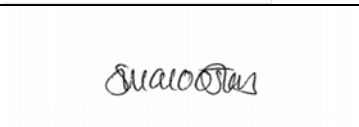
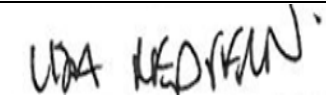
Appendix 6: H&F LA winter plan 19/20

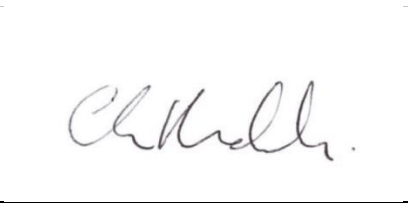
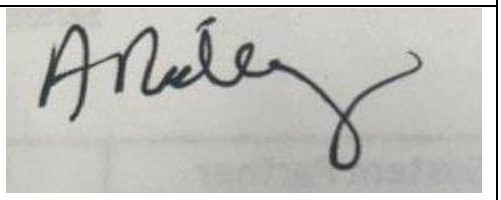
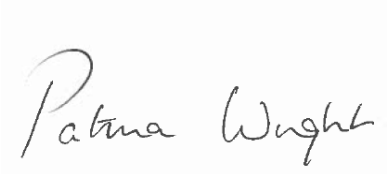
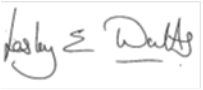
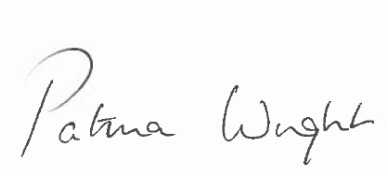
Winter Plan 1 0 LBHF 1920.xlsx

Appendix 7: Hounslow LA winter plan 19/20

LB Hounslow Winter Plan 2019-2020.docx

Chelsea & Westminster AEDB: Winter Delivery Agreement 2019/20

System Partner	Organisation name	Name & Position	Signature
AEDB Chair	Chelsea & Westminster NHS Foundation Trust	Rob Hodgkiss – Chief Operating Officer	
Trust Chairs and Chief Executives	Chelsea & Westminster NHS Foundation Trust	Lesley Watts – Chief Executive Office	
CCG Chairs and Accountable Officers	West London CCG	Luoise Proctor – Managing Director	
	West London CCG	Dr Andrew Stedden – Chair	
	Hounslow CCG	Susan Roostan– Managing Director	
	Hounslow CCG	Dr Annabel Crowe - Chair	
Directors of Adult Social Services	Royal Borough of Kensington & Chelsea	Bernie Flaherty - Bi-Borough Executive Director of Adult Social Services	
	Borough of Westminster	Bernie Flaherty - Bi-Borough Executive Director of Adult Social Services	
	Borough of Hammersmith & Fulham	Lisa Redfern - Executive Director of Adult Social Services	
	Borough of Hounslow	Mun Thong Phung Director, Adult Safeguarding, Social Care and Health	

CEO Mental Health Trust	Central and North West London NHS Foundation Trust (CNWL)	Claire Murdoch – Chief Executive Officer	
	West London NHS Health Trust	Carolyn Regan, Chief Executive, West London NHS Health Trust	
CEO Community Interim Support	Central and North West London NHS Foundation Trust (CNWL)	Claire Murdoch – Chief Executive Office	
CEO Community Partner	Central London Community Healthcare NHS Trust (CLCH) Hounslow and Richmond Community Healthcare	Andrew Ridley- Chief Executive Officer Patricia Wright Chief Executive	 
CEO UTC/UCC	Chelsea & Westminster NHS Foundation Trust Hounslow and Richmond Community Healthcare/Greenbrook	Lesley Watts – Chief Executive Office Patricia Wright Chief Executive	 
CEO 111	London Central West (LCW) CareUk	Tonia Culpin – Chief Executive Office Martin Green – Chief Executive Office	 pp

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