

### Appendix 3 – winter plan requirements

All local A&E delivery boards are required to submit comprehensive winter plans (covering from 01 December up to Easter). In addition to any local initiatives already planned or underway, this should cover the following key themes:

#### Wider system preparation

- Ensuring that good practice in patient flow is embedded across all parts of the emergency patient pathway, not just in isolated departments or wards. Refer to the Keogh Review's Safer, Faster, Better (2015) and the Good Practice Guide: Focus on patient Flow (2017).
- Collaborating with ambulance services and primary care to monitor illness patterns in the local community and weather changes that may affect specific patient cohorts. Escalate early in anticipation of demand surges, not in response to them.
- Focus on supporting care homes and the 350,000 older people who live in them including:
  - Assessing compliance with the BGS Guide on Care Home Medicine (more information available [here](#)) and addressing any gaps that are identified
  - Implement the principles of the 'red bag scheme' (see NHS E new care models website) across care homes ensuring that residents details, vital health information, supplies of medicine, and a change of clothes accompany residents who are admitted to hospitals.
  - Consider commissioning a tele-health service similar to the Airedale model to reduce 999 calls & ED attendances for care home residents

#### Front door

- Focus on processes in A&E departments to prevent avoidable breaches, particularly amongst 'minors' and non-admitted patients referred for specialist assessment. Effective and adequately resourced command and control is essential.
- Ensure there is a clear process for primary care referrals (including OOH) to acute specialities to bypass ED. There should be alternatives to immediate referrals, including 'hot' clinics.
- Ensure EDs have sufficient clinical input from surgical and clinical specialities

#### Flow

- Implement the **SAFER Patient Flow Bundle on every ward**. Implementing SAFER reduces stranded patient numbers and reduces deconditioning that results from prolonged hospital stays
- **Monitor and manage 'stranded patients'**. Use 'mini-MADE' (Multi-agency discharge events) events early when stranded patient numbers rise, rather

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than as an urgent measure during escalation. It is essential to identify the number of stranded patient that should trigger the mini-MADE.

- **Monitor and manage occupancy levels**, with regular reporting to boards

### Discharge

- **Implement the *Eight High Impact Changes for Managing Transfers of Care***
- **Ensure that health and social care ‘discharge capacity’** (workforce, beds, equipment, funding) is modelled so it can meet daily demand, including variation, across the whole of winter.
- **Commission additional home-care packages now to support ‘discharge to assess’**. Systems that have done this find that CHC delays and social care DToC’s are reduced. This additional capacity can be realised before winter and used for surge.
- **Implement a ‘placement without prejudice’ process**. When a patient has been identified as potentially requiring CHC, he/she is discharged to an appropriate environment out of hospital while the assessment and decision is made. A local agreement should exist between the CCG and local authority specifying which party will initially pay for the care or placement. If CHC is agreed, the costs should be met by the CCG backdated to the date of discharge.
- **Use the [trusted assessor guide](#)**, which NHS Improvement will publish imminently, designed to support hospitals, primary and community care and local councils deliver trusted assessment as a key part of the High Impact Change Model described in Chapter 2 of the Five Year Forward View Next Steps document.

### Better planning for peaks in demand over weekends and bank holidays

- **Demand and capacity planning needs to have been conducted and tested before the end of October**. This will help local systems to work together more closely to meet workforce demands during peak periods and avoid outbidding each other for locums working during the winter period.