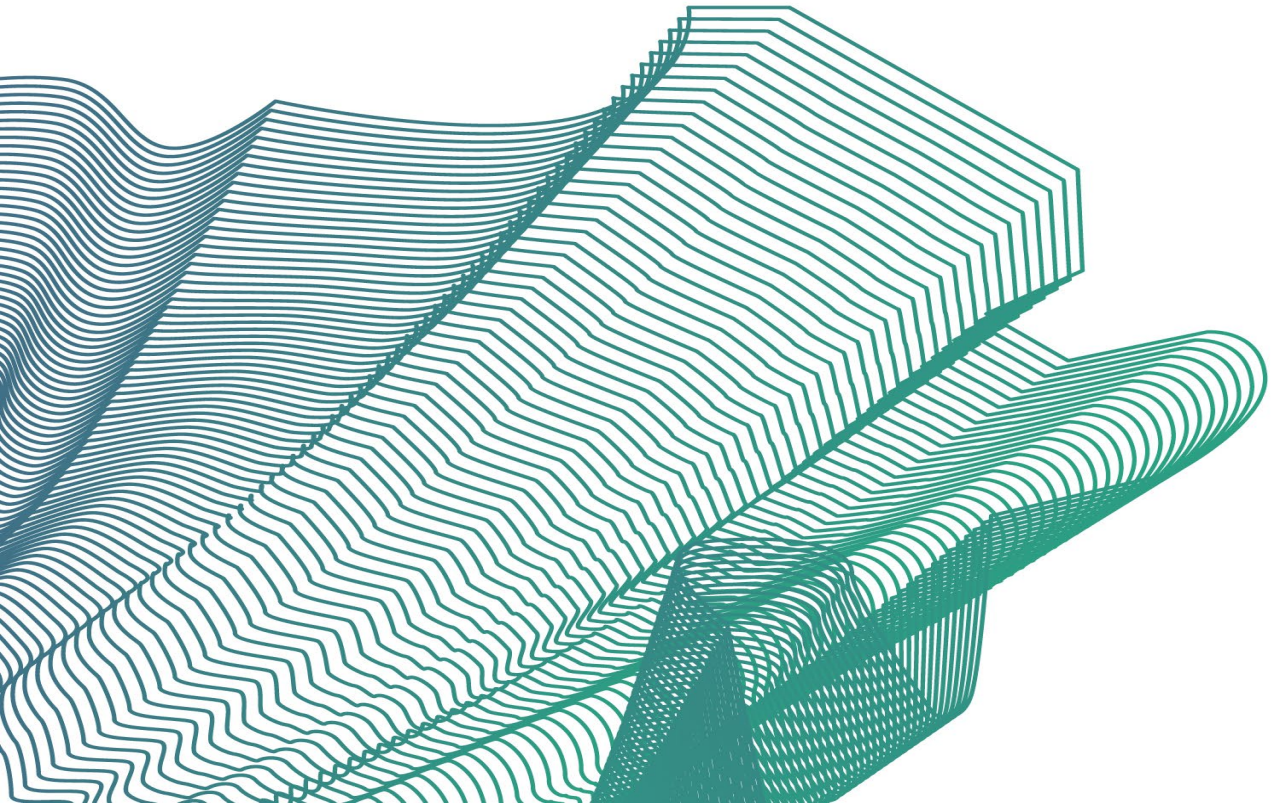
ROTHERHAM
INTEGRATED CARE PARTNERSHIP | HEALTH AND SOCIAL CARE

Rotherham Winter Plan 2025-6

Health and Wellbeing Board

November 2025



NHS
Rotherham
Clinical Commissioning Group
Rotherham, Doncaster
and South Humber
NHS Foundation Trust
The Rotherham
NHS Foundation Trust
Rotherham
Metropolitan
Borough Council
VoluntaryAction
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CONNECT
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Winter 2024-25

- Urgent and Emergency Care programme focussed on increasing out of hospital pathways as alternatives to avoidable conveyances and admissions and reducing discharge delays
- Additional monies were invested across Place to support system flow over winter utilising Section 75 Better Care monies and the national discharge fund
- Plus organisation investment by TRFT and RMBC

Winter Schemes 2024-5

Included

- Comprehensive vaccination programme co-ordinated across primary care, TRFT and the Council supporting vulnerable citizens, care homes and health and care staff
- Increased GP appointments including acute respiratory hub
- ‘PUSH’ community health and social care teams responding to non-critical 999 calls to reduce ambulance conveyances, including new respiratory and mental health pathways
- Increased capacity on the virtual ward
- Additional staffing resource including Consultant and resident doctor medical cover, therapy, social worker, enablement and portering resource
- Extended opening hours for Community Ready Unit with support to ensure timely medicines
- Extension of patient transport
- Home from hospital pathway to reduce waiting times
- Priority services identified for children with plans for temporary reductions elsewhere to support peak pressures
- Plans to ensure routine and emergency support for vulnerable children and family oversight
- Reduction in out of area mental health placements
- Robust mental health digital offer
- Rotherham safe space provided additional out of hours support for individuals in crisis
- Voluntary sector support through Age UK Hospital Aftercare Service, Urgent and Emergency Social Prescribers and NHS Responders providing post discharge medicine delivery service

Going into Winter 2025-26

Post winter/summer period

- Successful winter schemes embedded into business as usual
- £7M investment in new medical SDEC and ways of working
- Transfer of Care Hub co-located in the community setting
- High impact work/proactive care
- Increased capacity virtual ward, including remote tech
- Enablement waiting lists reduced from high of 66 to record low of 9, 13 Aug 25
- Impact of system flow roles
- 4 hour performance improving – 70%+
- NCTR metric improved, Metrics for 7, 14 and 21 day delays and discharges pre 5pm all compare favourably with the region and those with lower NCTR
- Understanding ED demand work to target and promote alternative pathways

Challenges

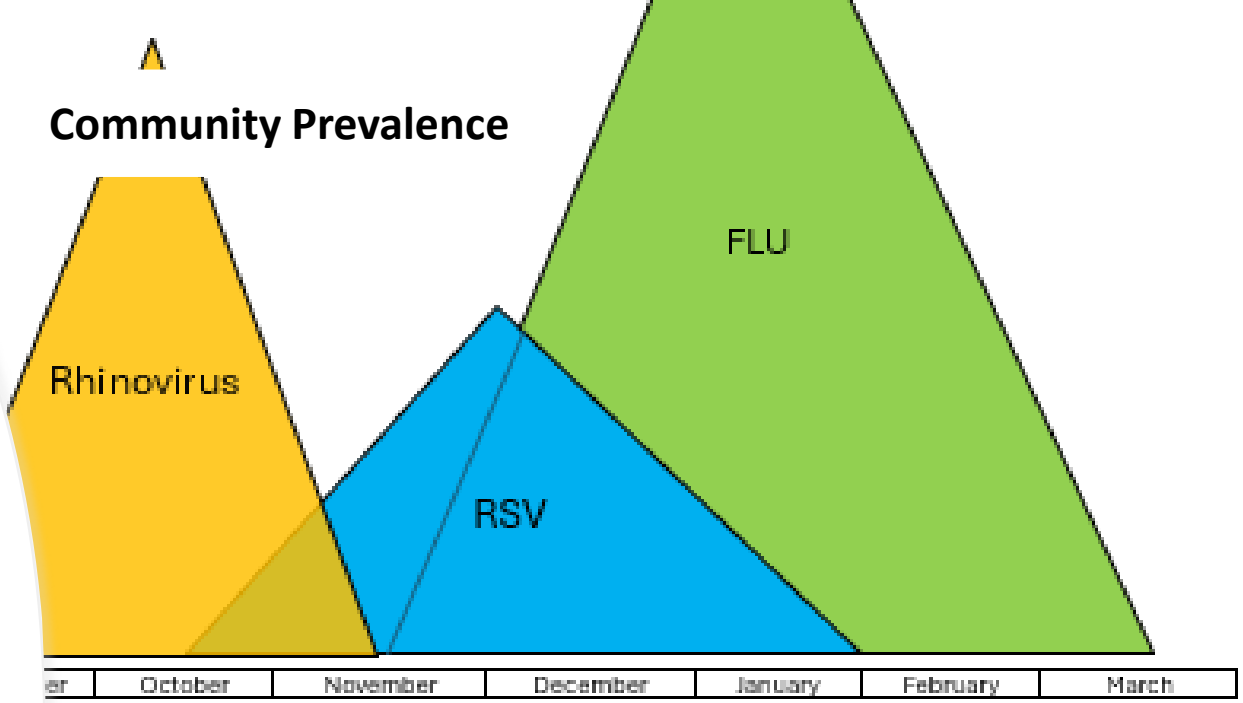
- Demand still high in community and ED
- High levels of acuity and complexity, reflecting Rotherham's aging population and demographic
- New ED attendance normal 300+, compared to c270s previously
- Playing out through system flow and pressure on discharge care co-ordination and community pathways
- Record high of 391 attendances 20 Oct 25
- Escalation beds remained open over the summer
- 30 surge beds open in October
- High levels of scrutiny
- Still work to do ….

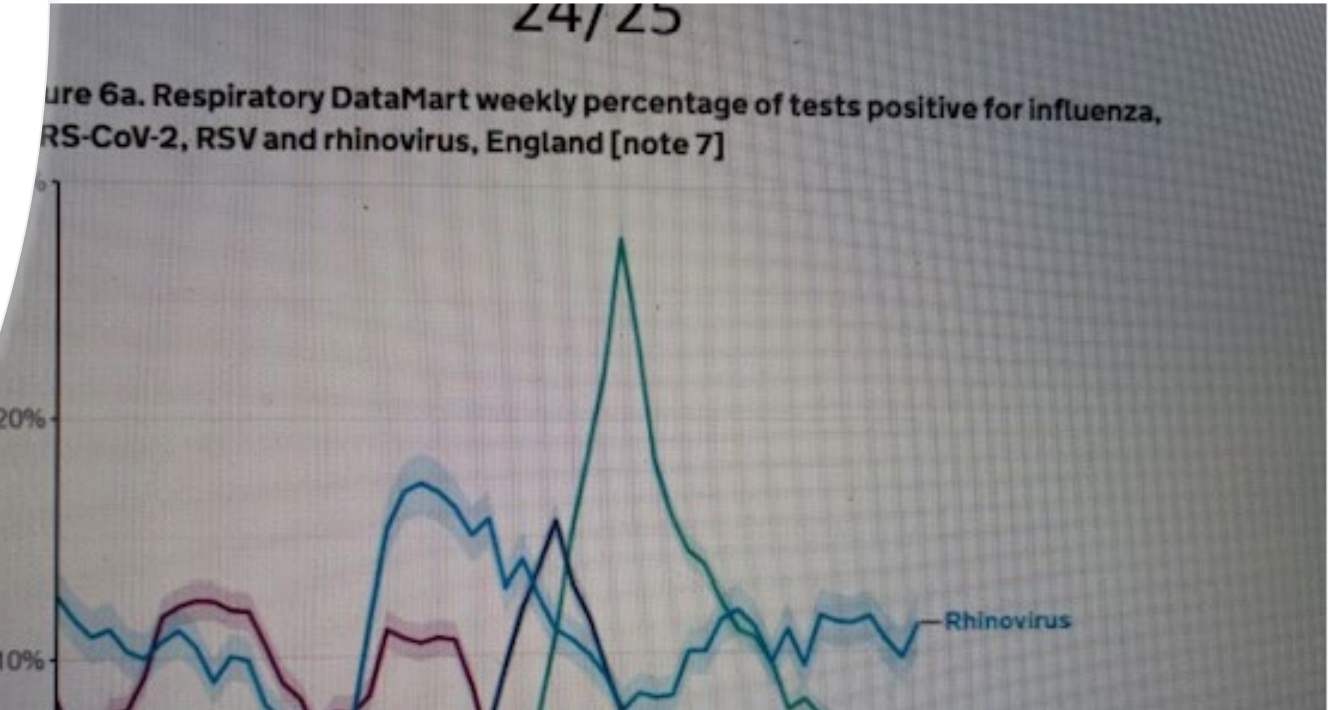
National Performance Metrics 2025-6

- Reduce ambulance wait times for Cat 2 (stroke, heart attack, sepsis and major trauma) from 35 minutes to 30
- Eradicate ambulance handover delays, max 45 minutes
- Ensure 78% of people who attend ED are admitted, transferred or discharged within 4 hours
- Reduce number of patients waiting over 12 hours for admission or discharge
- Reduce the number of people waiting over 24 hours in ED for mental health care
- Tackle discharge delays initially focussing on those over 21 days (14 and 7 days). Aim for complex discharge within 48 hours
- Increase the number of children seen within 4 hours

National Learning re Vaccinations 2024-5

- Importance of vaccination uptake to reduce attendances/staff sickness
- Plan for peaks based on southern hemisphere and monitor actual impact, with flexibility to adapt plans
- Need to build annual leave/staff sickness into plans
- Review IPC what has and hasn't worked and how connects with overarching plan
- Consider how staff vaccination programme can be incentivised





National priorities for 2025-6	Rotherham Plans
Improve vaccination uptake and reduce sickness	Targeted plans to increase citizen/staff vaccination rates in primary care, public health and TRFT. TRFT aiming for 5% increase Joint working to target areas of high foot fall for over 75s/immunosuppressed. Staffing/resources based on Southern Hemisphere – peak from New year /Feb and national data. Staff wellbeing support and targeted rotas to cover annual leave/sickness
Improve access to primary care	Additional primary care appointment including Acute Respiratory Infection Hub – early opening Improved booking including on-line/app booking Additional local winter monies for PCNS
Increase the number of people receiving urgent care in primary, community and mental health settings including UCR and virtual ward	High impact respiratory, diabetes and proactive care pathways including highly complex frail patients Community based multi-disciplinary co-located Transfer of Care Hub to reduce avoidable conveyances, admissions and discharge delays through referral, triage and allocation to community pathways Investment in enablement to embed D2A pathway and release capacity for UCR and virtual ward Expansion of the virtual ward including remote tech to support 'amber' acuity including SDEC hypertension Community X Ray pilot for care homes Enhanced mental health offer – safe space, crisis support, on-line/text support
Meet the 45 minute ambulance handover standard	W45 live from September
Improve flow through hospitals including meeting 4 hour performance and ambulances standards, reduce 12 hour and discharge waits	ACT/RMBC service re-design service improvements – releasing capacity Additional medical, clinical staff and porters to support periods of high demand Increased capacity for care co-ordination /timely decision making via TOCH New single referral form to streamline processes and reduce delays Improved process for out of area discharges Extended transport hours Reduced TTOs and Age UK TTO delivery service
Set local targets to improve discharge times	Discharge trajectory across pathways. Review of system flow in community bed base. New dashboard and system escalation process.
Reduce lengths of stay for those requiring overnight emergency admissions	Understanding demand in ED targeted action plan Medical SDEC opened July 2025 reducing need for overnight admission, new paperless processing Extended/consistent SDEC opening

New Roles Supporting Patients, Families and System Flow

Flow capacity manager

Mrs T wanted to go home after a spell in hospital, but ward staff raised concerns regarding her safety at home due to her declining mobility, refusal to accept an increased care package, and preference to sleep on a recliner sofa instead of a profiling bed.

A Mental Capacity Assessment (MCA) determined that Mrs T lacked capacity to fully understand her own needs and the risks associated with returning home without additional support.

The System Flow Capacity Manager arranged and chaired two Best Interest Meetings to ensure effective multi-agency collaboration. Attendees included Mrs T's daughter, the Occupational Therapist, Ward Staff, Therapy Team, Mental Health Social Worker.

A home assessment was completed, and the property was deemed suitable, with recommendations for equipment to support discharge and Mrs T's future independence. Mrs T's GP practice agreed to provide ongoing medical and well-being input.

Recognising the wider impact on the family, the System Flow Capacity Manager acknowledged the daughter's stresses and arranged community support through Age UK and Social Prescribing to offer emotional and practical assistance.

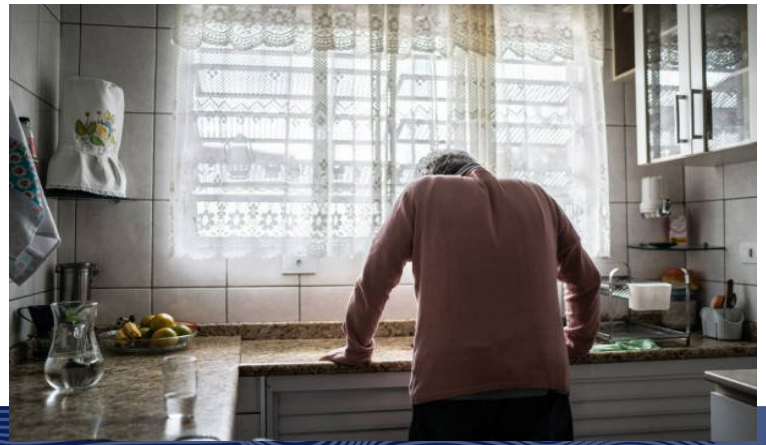
Mrs T is continuing to make good progress with the support of therapy and other services

Care Home Trusted Assessment

Patient Story

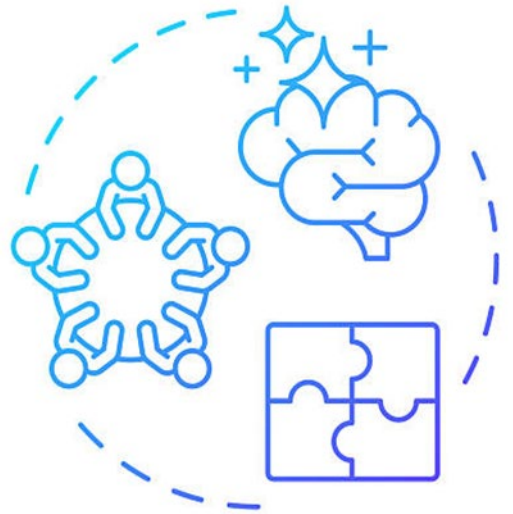
Mr TD admitted on medical grounds. Has dementia and safeguarding issues. Although he had displayed challenging behaviours, he had become introverted whilst his wife, newly diagnosed with dementia, was becoming increasingly violent and aggressive towards him. She had refused to accept him back home.

The TA carried out an assessment liaising with the wider family including providing advice for support in relation to the mother's escalating care needs and 24 hour care was agreed. The TA liaised with Byron Lodge who accepted the referral without visiting. Discharged the next day with an estimated saving of £690 from bed days saved.



Organisation Development, Communications and Engagement

- Whole system working together to support right care, time, place and reduce pressure on individuals/teams
- Targeted organisational development work
- Champion roles
- Comms and engagement plan with national, SY ICB and local plans aligned
- Local comms informed by understanding ED demand analysis



Governance and Assurance

- Urgent and Emergency Care Group
- RPET/RMBC & TRFT assurance
- Place Board
- Health and Wellbeing Board
- ICB Board Assurance: NHSE Requirement
- Health Select Committee
- National KLOEs
- Winter resilience scenario testing

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Risks and Issues

Area	Risk Description	Anticipated Impact	Mitigation Plan
A&E Attendance	Following unprecedented levels of demand in 2024-25 attendances continue to increase at the current rate.	ED overwhelmed, increased waiting time, patient harm and breaches. Staff burnout. Increased admissions due to poor decision making.	Development of alternative pathways to ED eg x-ray pilot, virtual ward, prevention, enablement, improved access to primary care, seasonal ARI hub. Expanded SDEC offer. Additional medical and clinical staffing including twilight shifts and porters;
Ambulance handovers	Failure to meet handover targets	Crews delayed, reducing response capacity	YAS co-located in ToCH for alternative pathways, project Chronos, PUSH acceptances 45 minute protocol implemented from 2 September.
Acute Bed Occupancy	Insufficient capacity to meet demand.	Patients backed up in ED/SDECs and short stay outliers, corridor care, patient harm.	Increased capacity/extended operating hours in SDECs.
Primary Care Access	There is a perceived, or real, lack of primary care appointments	Patients present at ED	Investment in additional GP appointments and ARI hub, (with flexible start/end dates) Understanding ED demand project: analysis of attendances targeted action plan.
Community Services	Process and system changes due to implementation of the ToCH leads to unintended consequences. Insufficient capacity in the required pathways, particularly P1 Community commissioned bed base does not meet length of stay KPIs.	Patients are not tracked through into the community	Phased implementation, OD and training sessions, comms and engagement plan Follow up checks on a risk basis Assurance dashboard to oversee delays by pathway Streamlined MDTs with full partner membership. Improved referral form for complex discharges also used for enablement referrals. More flexible resource in ToCH to allocate according to need. Investment to support D2A. UEC priority project to review community system flow. streamlined process, deep dive into delays by bed base. Targets for reduced length of stay.
Adult Social Care	The adult social care re-design is delayed. Insufficient capacity in the required pathways.	Delays to the implementation of ToCH Delays to the discharge of patients or capacity to remain in community settings.	Re-design implemented. ToCH co-location August 2025 completed.
Industrial Action	On-going Resident Doctor action with potential for others to take action	Reduced capacity. Increased delays/risk of patient harm Increased work load for those not taking IA	Contingency planning based on previous experience/national requirements
ICB re-organisation	National guidance has indicated ICBs to continue to be system co-ordinator for UEC plans in 2025-6 Reduced capacity /loss of skills/knowledge may impact on ICB's ability to deliver	System co-ordination at Place and SY level Decisions regarding funding may cause delay	Support for UEC /winter planning has continued National guidance is that ICBs will continue to be responsible for this in 2025-6 In year impact to be reviewed when structure/timing confirmed with appropriate contingencies put in place including prioritisation of work loads