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2011/12

NHS Rotherham Winter Plan

Incorporating The Cold Weather Plan for England 2011



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1. PURPOSE OF THE REPORT

This report sets out winter planning arrangements for health and social care in Rotherham including resources and capacity put in place to manage the impact of winter pressures which includes the Christmas and New Year holiday period. The report incorporates Rotherham's response to the National Cold Weather Plan 2011/12 issued in October of this year.

The Strategic Health Authority requires NHS Trusts to approve their winter planning arrangements at Executive Team Level and to provide assurance that all NHS organisations within our borough have reviewed their capacity and capability to manage any expected increase in demand for the Winter Period.

2. STRATEGIC FRAMEWORK

Local winter planning arrangements are formulated around 2 key frameworks.

2.1 NHS YORKSHIRE AND HUMBER WINTER PLANNING FRAMEWORK

The NHS Yorkshire and the Humber Winter Planning Footprint Framework (September 2010) sets out the responsibilities of PCTs in relation to winter planning. PCTs are expected to:

- Provide a leadership and co-ordination role to the local health community in planning for winter, supporting and working with organisations to ensure they have risk based plans in place to meet the challenges of winter.
- Ensure that organisations providing NHS Commissioned care fulfil their contractual duties in relation to both business continuity planning (capacity and capability, maintenance of critical services) and winter preparedness (sit rep reporting, escalation process)
- Ensure that the PCT's own escalation plans for dealing with pressures recognises the higher-level requirements of winter preparedness
- Take the appropriate management action where pressures in the local health system impact on service delivery.
- Ensure that there are clear protocols for the co-ordination of the health and social care economy in order to maximise the use of community bed capacity in liaison with local acute hospitals and any available local bed management system
- Monitor the impact of winter on vulnerable groups, such as children, dialysis patients, elderly, medical or physical dependency and mentally health patients.

2.2 THE NHS COLD WEATHER PLAN FOR ENGLAND

The NHS Cold Weather Plan for England sets out what should happen before and during severe winter weather in England. It spells out what preparations both individuals and organisations could make to reduce health risks and includes specific measures to protect at risk groups.

The cold weather plan depends on having well co-ordinated plans in place for how to deal with severe cold weather before it strikes, including the following essential elements:

- *Strategic planning* across partner organisations and at a national and local level to prepare for pressures on the health system. Also planning for future impact of climate change on winter weather and increasing energy efficiency measures.
- *Advance warning and advice during the winter months* through a Cold Weather Alert service based on Met Office forecasts. Also advice and information from the Department of Health for the public and health and social care professionals, particularly those working with at-risk groups.
- *Communicating with the public* encompassing general duties under the Civil Contingencies Act 2004, working with the media, raising awareness of how cold weather affect health and what preventative action people can take, and Keep Warm Keep Well campaign material.
- *Communicating with service providers* by helping GPs and community services to identify vulnerable patients, ensuring providers implement measures to protect people in their care, and to ensure staff are fit and well by supplying flu vaccinations to front-line health and social care workers.
- *Engaging the community* through providing extra help to those at risk as part of the person's individual care plan. Also additional help to signpost people who may be eligible to claim benefits.

Full detail of how the Cold Weather Plan for England is being implemented in Rotherham is explained under: 9. The NHS Cold Weather Plan for England – Rotherham .

3. LEADERSHIP AND CO-ORDINATION OF WINTER PLANNING

The leadership and co-ordination role set out in the NHS Yorkshire and the Humber Winter Planning Footprint Framework is carried out by Rotherham's Emergency and Urgent Care Network. The network incorporates senior management representatives from all urgent health and social care services in Rotherham. The remit of the network is to;

- To optimise the emergency and urgent care of all patients in the locality.
- Ensure that the patient perspective and quality of care are the priorities in planning emergency healthcare in the local health and social care community.
- To ensure a system wide care pathway approach to admission avoidance and discharge planning across the local health and social care community.
- To co-ordinate emergency health care across all organisations in a community
- To work with health and social care commissioners to determine priorities in emergency care
- To agree and develop local standards and protocols

The Rotherham Emergency and Urgent Care Network meets monthly and aims to ensure integrated and effective care pathways for patients with emergency and urgent care needs. This enables a whole system approach for unplanned care, including winter planning. The network receives reports from partner organisations on winter planning arrangements and pressures in the local health system. It co-ordinates remedial action planning.

4. LEARNING FROM WINTER PRESSURES 2010/11

Last winter presented the local health community with significant challenges. There was a severe weather event at the beginning of December when heavy snow affected the borough. This was followed by a busy bank holiday period, a significant outbreak of the swine flu virus and a follow-on outbreak of the norovirus at the hospital. Despite these pressures there was limited disruption of services. GP Practices in particular provided significant support during the periods of high demand and disruption. All service providers were able to remain open through the snow and ice and then maintained services during the holiday period.

Figure 1 shows the A&E activity for the period 5.12.10 to 16.1.11 during the last 3 years. It shows a significant spike in activity throughout the first half of January.

Figure 1: A&E activity

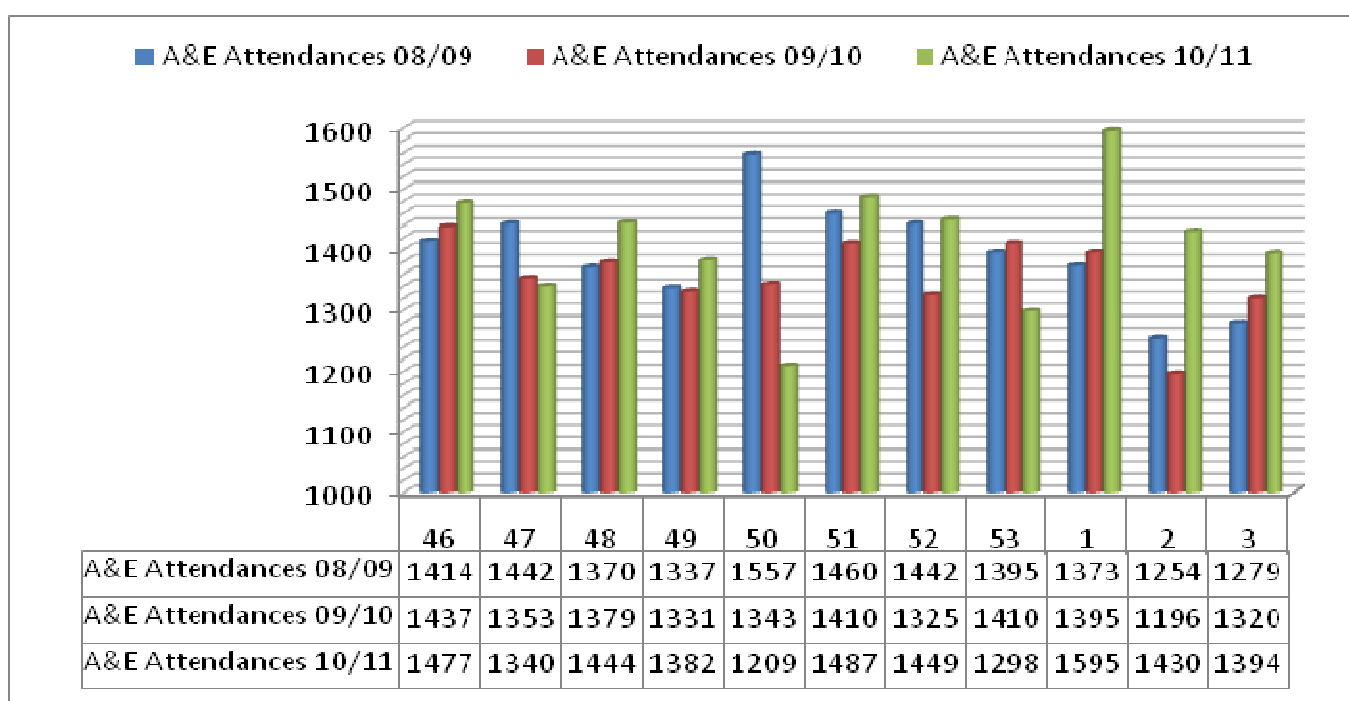


Table 1 shows the total number of attendances at A&E for Quarter 3 split by disposal.

Table 1: A&E attendances split by disposal

	No follow up	GP follow up	Admitted	Fracture clinic	Other	Total
Number	1477	1009	833	315	710	4344
Percentage	34%	23%	19%	7%	17%	

From Table 1 it can be seen that 57% of A&E attendances either received no follow up or were referred to their GP. This is the cohort that could have been diverted to the Walk In Centre.

GP services were subject to unprecedented pressure as a result of severe weather in December. GP practices went to great lengths to remain open through the snow and ice. They were able to maintain services during the holiday period and continued to deliver services in a hostile environment.

The bed status at Rotherham FT during the Christmas period was good. There was bed availability throughout the Bank Holiday weekend and A&E activity was lower than previous years, however, there were significant bed pressures after the New Year. Rotherham FT was running with 50 extra beds throughout the first half of January. Electives were cancelled for at least 3 days. Most of the extra demand for beds was coming through A&E. There was a significant increase in attendances and a greater proportion of these patients were admitted. Admissions were running at 22% to 26% during the first two weeks of January. This compares to 19% overall for Q3. There was substantial pressure on critical care beds with bed availability down to zero during peak demand periods.

Despite being under extreme pressure at times Rotherham FT only diverted patients on 2 occasions.

There were significant issues with the Walk in Centre during 2010/11. The Centre had to close on 7 occasions during the Christmas and New Year period because of spikes in demand. Activity levels for the Walk in Centre reflected those for A&E. There was a 23% increase in activity over the whole period. From Week 52 to week 2 there was a 45% increase in demand compared to the previous year. The spike in demand during early January reflects the situation at A&E.

5. MITIGATION ACTIVITY FOR 2011/12

NHS Rotherham carried out a full analysis of winter pressures in 2010/11. This report identified mitigating activity that had greatest impact and ensured these activities were formally built in for 2011/12.

5.1 INITIATION OF SURGE PLAN

The Surge Plan supports health care organisations to manage significant increase in demand in the event of a surge. The plan is invoked when:

- A service is so severely affected that it is unable to maintain its key functions without support from other service areas.
- The business interruption has affected more than one service and has potential to severely affect the overall key functions of the local health and social care community.

Initiation of The Surge Plan enables the following actions to be taken;

- It immediately reduces the threshold for admission to intermediate care, facilitating the discharge of patients who are medically fit but unsafe to return home
- Triggers interventions by community health services to support to the hospital discharge
- Places the Continuing Care Team on standby to carry out fast track social care assessments for patients waiting discharge
- Triggers the delivery of extra support from Rotherham MBC to fast track social care assessments, place patients in respite and initiate home care packages

Initiating The Surge Plan last year did assist Rotherham FT on hospital discharges. There was full co-operation from all of the local authorities support services.

5.2 EMERGENCY BED MANAGEMENT MEETINGS

Throughout the first two weeks of January Rotherham FT co-ordinated multi-agency bed management meetings. These provided an update on current bed status, specifically relating to critical care, paediatrics and A&E. The main aims of the meetings were to;

- Ensure there was significant capacity in intermediate care and Breathing Space
- Enlist the support of community health services on supporting secondary care
- Anticipate future pressures on the system such as staff sickness and hospital infections
- Identify patients who were fit for discharge and reasons for delays

These meetings provided a useful interface between service providers. There was good sharing of information and a breaking down of organisational boundaries. This multi-agency team was effective at ensuring that the hospital remained operational.

5.3 DAILY TELECONFERENCES

Last year NHS Rotherham co-ordinated daily teleconferences which brought together key stakeholders in the local health community. The main aims of the teleconferences were to;

- Inform stakeholders where there were pressures in the system
- Enlist community services support on maintaining secondary care services
- Ensure that community services focused on preventing hospital admissions

These conferences had a wider representation than the Emergency Bed Management meetings. They provided a useful source of information and helped commissioners to identify where support was required.

6. CAPACITY AND CAPABILITY OF URGENT CARE SERVICES

NHS Rotherham and partner organisations have submitted their winter plans for 2011/12. These are summarised below.

6.1 NHS ROTHERHAM

NHS Rotherham co-ordinate all local SITREP reporting. SITREP reports are submitted by the Rotherham Foundation Trust. Exceptions are reported via NHS Rotherham to the Cluster Executive Lead for Winter Planning.

The Surge and Mass Discharge Plan has been reviewed and agreed for use by NHS Rotherham in collaboration with partner organisations. The plan is primarily based on supporting health care organisations to manage significant increase in demand in the event of a surge. The plan has been devised and agreed with partners and stakeholders. Once the surge plan has been triggered mechanisms will be put in place to increase patient flow.

The Partnerships Team has collated plans from the provider organisations in the health and social care community. Feedback so far indicates that most providers are fully prepared and resourced to meet the demands of the winter period. A winter contacts and information pack for staff will be circulated to partner organisations and will include details of service opening times over the bank holiday period and emergency contact details for all partner organisations.

QIPP and Reablement schemes have been developed over the autumn to help address winter pressures. These will help to support patients within the community, preventing avoidable hospital admissions and facilitating early discharge.

A Winter Single Point of Contact for patients has been set up to provide signposting, advice and triage for patients to try and reduce attendances at A&E. This will be run by Care UK who will be able to book appointments for patients at the WIC where appropriate.

6.2 ROTHERHAM FOUNDATION TRUST - HOSPITAL

TRFT's winter plan will be approved and signed off by their Board by November 2011. The plan will include any learning from last year. The TRFT winter plan (November 2011 to October 2012) includes internal and external sitrep reports and an internal escalation plan for surges in demand. The escalation includes Trust Command and Control Battle Rhythm. Supporting Guidance Plan for Severe Adverse Weather (snow) is included as an appendix of TRFT's winter plan.

A robust action plan has been developed following issues raised from last year in relation to bed pressures and the severe adverse weather.

Rotherham FT is confident that it will be able to respond to the demand over the winter. Contingency arrangements are in place to ensure urgent elective work will continue during times of unexpected pressure. There is an expected reduction in bed occupancy over the Bank Holiday period due to natural reduction in elective activity. The Trust has an escalation plan for In-Patient medical beds, and Accident & Emergency and Medical Assessment Unit within their Patient Flow Policy for Adults.

Regarding the threat of industrial action by staff, RFT services have Business Continuity Plans in place to manage and prioritise services due to loss of staff.

The Rotherham FT has a detailed Fuel Shortage Plan in place that can be invoked by the Command and Control Team as required. Work is currently on going in-relation to updating the Fuel Plan. This will consider staffing profiles and distance to work. It will set out clear guidance to staff on expectation regarding walking distances and responses during extreme weather conditions.

Rotherham FT has undertaken a reconfiguration of medical beds. The merger of the two existing Clinical Service Units (General Medicine and Healthcare for Older People) will accommodate up to 40 additional surge beds at times of peak demand. A robust policy is in place for opening these additional surge beds.

Finally Rotherham FT have redefined the terms of reference of their Discharge Strategy Group to include the prioritisation of admission avoidance as well as the coordination of effective discharge planning for complex patients.

6.3 ROTHERHAM FT – COMMUNITY SERVICES

Rotherham FT has worked closely with commissioners to reconfigure community health services so that they are better able to address winter pressures.

The Fast Response Service has been extended, providing a significant presence at A&E and B1. As part of the Alternative Levels of Care (ALC) work stream, the Fast Response service will lead on diverting patients at the point of entry to hospital into an alternative level of care. From November the Fast Response Team will have a base at A&E. Utilising Interqual the team will be able to identify those patients who do not require admission to hospital. They will co-ordinate the most appropriate level of care in the community and ensure safe hand-off to the relevant community services.

The in-patient service at Breathing Space will be open 24 hours a day, 7 days a week and will remain open over the Christmas bank holiday period. New protocols are currently being developed to ensure that Breathing Space is able to provide step-up support to patients who have been assessed by Interqual as not requiring hospital admission.

Rotherham FT Community Services have recently reconfigured their community nursing teams so that they are more responsive to the needs of patients at risk of hospital admission. District nursing teams have been merged with the community matron service to create locality based community health teams. These teams are GP facing, and realigned so that they are better able to support patients with long term conditions, particularly those in exacerbation.

Rotherham FT has also been working closely with commissioners to develop three Virtual Wards in Rotherham which will provide an alternative to hospital care. These wards will enhance care for people with multiple long term conditions and/or those at high risk of acute admission. They will do this by;

- Building on the current clinical case management role of Community Nurses
- Using risk prediction techniques to focus activity on preventing exacerbation and avoidable acute admissions;
- Diverting patients at A&E and MAU so that they can receive appropriate care at home
- Embedding Virtual Wards in multi-disciplinary teams across health and social care

The Rotherham Virtual Ward will be one of the vehicles used to reduce emergency admissions and shorten length of stay. It will ensure that Integrated Adult Community Health Teams in Rotherham are organised with the patient at the centre, using a seamless approach to delivering safe, effective personalised care. Patients who are registered onto The Virtual Ward will be cared for by competent multi- disciplinary teams in the right place, at the right time and in the right location. These teams will be based geographically around GP Practices.

The service will be expected to provide both planned and unplanned care with a focus on the prevention of unnecessary admission to hospital or facilitating a more timely discharge from hospital. Care will be provided in partnership with other health and social care professionals including services provided by the third sector and will be available for seven days a week.

Each Virtual Ward will be led by a community physician working alongside community matrons. The Virtual Ward will be supported by Fast Response, Community Health Teams, the Care Home Liaison Service and Intermediate Care Service.

6.4 ROTHERHAM MBC – ADULT SOCIAL CARE SERVICES

Rotherham MBC has worked closely with NHS Rotherham this year to reconfigure services so that they respond more effectively to winter pressures.

The Council has realigned the Intermediate Care Service so that it takes a greater proportion of referrals from Fast Response. Using Reablement Grant the Council has developed a bank of care enablers who can provide additional support to the residential service during peak demand periods. Working alongside RFT community health services Intermediate Care is also now able to take a different profile of patients who are at high risk of hospital admission. This reconfiguration should enable Fast Response to divert patients from A&E and B1 away from hospital and into an alternative level of care.

Rotherham MBC now has a substantial social work presence in Intermediate Care. Social workers are available to work alongside the Fast Response Service over the winter period. These social workers will help expedite discharge from A&E, CDU and the Medical Assessment Unit. As well as increasing bed availability during winter it will reduce admissions and increase likelihood that some admissions will only incur a short stay tariff.

In Intermediate Care, the capacity and number of beds is believed to be sufficient to meet the anticipated demand over the winter period and will admit patients as part of the ALC scheme.

Rotherham MBC have provided assurance that the hospital social work team has appropriate plans in place to ensure continuity of service during the winter period. The Council has performed well this year in terms of delayed discharges from hospital. Last winter, despite extreme pressure during early January there were no issues relating to delayed discharges. In fact Rotherham MBC worked closely with Rotherham FT to expedite the early discharge of a number of patients, helping generate additional capacity within the hospital.

6.5 GP, DENTAL AND PHARMACY ARRANGEMENTS

Arrangements are in place with GPs, Dentists and Pharmacists to ensure that people can access these services over the Christmas and New Year period. Pharmacy rotas have been completed and show a good spread of availability across the bank holidays. The Emergency Dental Service is also available for patients needing emergency dental treatment over this period.

6.6 CARE UK – URGENT CARE SERVICES

Care UK delivers the following urgent care services in Rotherham which are relevant to winter planning;

- GP Out of Hours Service
- The Rotherham Walk In Centre (WIC)
- The Winter Single Point of Contact

Care UK has worked with commissioners to identify compromises to Out of Hours and WIC functions through risk assessment. They have ensured that suitable and flexible contingencies are in place to minimise the impact of winter pressures to both staff and service users. Care UK has strategies in place to ensure that the appropriate levels of patient care are in place during pandemic, particularly in relation to flu. Care UK has a Winter and Escalation Plan that includes an escalation plan to mitigate changes in demand.

GP Out of Hours Service

Care UK has reviewed its workforce profiling and this will be higher than last year to cover expected increases in demand over the bank holiday weekends. They also have additional doctors on standby over this period that can be called on to give extra cover. Care UK has an escalation plan within their winter plan.

Walk in Centre

The Walk in Centre will be operating as normal. Last year the WIC had to close on a number of occasions due to volume of patients. Care UK has reconfigured the service so that it is more responsive to fluctuations in patient flow.

Previous problems with space in reception for patients have been addressed with the provision of an additional temporary waiting area for overspill patients. The WIC has introduced an appointments system for patients during periods of peak demand. This will reduce the likelihood of closure by spreading demand and reducing waiting area volumes.

The WIC will monitor call volumes and dispositions on a daily basis during the winter period. They will submit daily reports on total call activity, percentage triaged, face to face contacts and number of home visits. Care UK will monitor daily and weekly activity at the WIC and adjust workforce capacity to respond to predicted demand. For example if face to face activity increases and triage reduced, clinicians will be re-deployed to deliver more face to face support.

Rotas for call centre staff, drivers, receptionists and clinicians will be released 6 weeks in advance and continually managed to adjust workforce to meet both a rise and fall in activity and demand. If activity is higher than predicted then additional sessions or redeployment of resource will be implemented. Bank holiday staffing is based on previous year's activity, combined with recent trend analysis.

Last year one of the reasons for build up in the waiting area of the WIC was the relatively low turnover of patients at peak times. This year Care UK has introduced activity targets, which if achieved will reduce the likelihood of WIC closures this winter.

- Calls answered 12 calls per hour
- Triage GP calls answered 8 calls per hour
- Home Visiting GP 1 patient per hour
- WIC GP appointments 1 GP seeing 6 patients per hour
- WIC Nurse Practitioner appointments 1 NP seeing 4 patients per hour

Winter Single Point of Contact

Care UK has worked closely with commissioners to introduce a Winter Single Point of Contact. This pilot project aims to reduce demand for A&E and WIC services by triaging patients and providing appropriate self-help advice. The

Single Point of Contact is available 24 hours a day, 7 days a week from 1 October 2011 to 31 March 2012. It responds to urgent healthcare needs when:

- you need medical help fast, but it's not a 999 emergency
- you don't know who to call for medical help or you don't have a GP to call
- you think you need to go to A&E or another NHS urgent care service
- you require health information or reassurance about what to do next

The Single Point of Contact operates in accordance with the core principles set out in the national NHS 111 service specification:

- Completion of a clinical assessment on the first call without the need for a call back
- Ability to refer callers to other providers without the caller being re-triaged
- Ability to dispatch an ambulance without delay

Calls are answered by trained advisers, supported by nurse advisers and GPs, who assesses the caller's needs and determine the most appropriate course of action. Callers who can self care will have information, advice and reassurance provided. Those requiring further care or advice will be referred to a service that has the appropriate skills and resources to meet their needs. Callers facing an emergency will have an ambulance despatched without delay

The Single Point of Contact will provide management information to commissioners regarding the demand for and usage of services in order to enable the commissioning of more effective and productive service.

6.7 NHS DIRECT

NHS Direct have provided an overview of the arrangements put in place to meet the predicted increase in demand over the winter period 2011/12. The following mitigation activity has been put in place to manage fluctuations in demand.

Increasing the use of temporary staff – NHS Direct are continuing to work with agencies to provide flexible capacity for health and nurse advisors. The staff are fully trained by NHS Direct and can be quickly mobilised to deal with peaks in demand.

Maximising existing capacity – NHS Direct are offering additional pay incentives to encourage staff to take on additional hours and swap shifts. We have also increased the number of nurse advisors who can work from home either permanently or for short periods at peak times, and we are postponing all non-essential "off-line" activities.

Encouraging patients to go 'web-first' – NHS Direct have a suite of 40 online health and symptom checkers, which aim to shift telephone traffic onto the web. The online health and symptom checkers enable some patients to care for themselves without seeking telephone advice, and enable a shorter conversation with a nurse for those that do need additional advice on the phone via the 'click-to-call back' service.

Encouraging patients to contact us at less busy times – NHS Direct uses the telephone messaging and website to signpost callers with non-urgent enquiries to call in the daytimes, Monday to Friday.

6.8 YORKSHIRE AMBULANCE SERVICE

The Yorkshire Ambulance Service Winter Plan addresses the following key priorities;

- Protect and maintain operational performance plans in line with agreed performance trajectories for patient critical services
- Reduce hospital admissions through non conveyance and use of alternative pathways
- Ensure no patient, member of the public or member of YAS staff is put at risk
- Maintain optimum resource levels for critical clinical services
- Work with NHS partners to manage any demand increases effectively and efficiently.
- Invoke major incident plan and business continuity plans to maintain service delivery.
- Maximise fleet availability for frontline services and supply chain for critical services

Figure 2 sets out the key threats and risk is derived from the Yorkshire and Humber Regional Risk Assessment and information and intelligence available relating to long range weather forecasts and information on grit stocks.

Based on this risk assessment YAS's working strategy is to;

- Maximise resource capacity and capability over the period 1October 2011 to 31 March 2012
- Minimise the risks to staff safety through working time directive, occupational health support
- Monitor internal and external environments to anticipate any changes that have the potential to impact on operational activity
- Ensure all critical services business continuity plans have been reviewed and are fit for purpose
- Maximise resilience against the impact on our resource capacity from seasonal flu by increasing our staff uptake of seasonal flu vaccine
- Enact existing resilience plans when appropriate to do so e.g. Adverse Weather, REAP, Major Incident Plan.
- Maximise communications opportunities with staff, public and partner organisations
- Establish co-location at Ambulance HQ with SHA Emergency Preparedness Team to mitigate impact of changes within the NHS Structures.

Figure 2: Key threats and risks to YAS derived from the Yorkshire and Humber Regional Risk Assessment

ID	Threat	Likelihood	Impact	Risk	Direct impact – Department
1	999 activity and GP OOH activity will be on or above trajectory for the period of the plan and impact on delivery of 8 minute standard.	Probable	Significant	High	A&E, A&R,GPOOH
2	Staff non – attendance levels will increase	Probable	Significant	High	All Departments
3	Hospital Turnaround Times will increase at key hospitals	Probable	Significant	High	A&E
4	Severe weather e.g Snow, Freezing temperatures, Floods, Gales etc. will impact on the service periodically over the period.	Probable	Significant	High	All Departments
5	New NHS re-organisations impacts on coordination and communications	Possible	Moderate	Medium	All Departments
6	The lack of availability of grit and gritting of key routes for ambulance access	Possible	Significant	Medium	A&E, PTS
7	Staff welfare will be compromised at times over the period due to high demand, overtime commitments, increased stress levels	Probable	Moderate	High	A&E, A&R, GPOOH, PTS
8	Major Incident(s) could occur at some point of the period	Possible	Significant	High	A&E, A&R, PTS
9	Industrial Action of Public Sector workers inc. Ambulance Service Staff	Probable	Significant	High	Specific plan in place

6.9 PATIENT TRANSPORT

PTS have a clear understanding of daily activity levels for both routine and essential journeys. During periods of bad weather all reasonable plans will be implemented to deliver a business as usual service. If the disruption is severe and prolonged YAS will isolate and prioritise essential and urgent journeys which are estimated to be 990 journeys per day of which approximately 100 are awkward. These journey's will be agreed with the relevant acute trust. Additional 4x4 capacity will be deployed in Rotherham. YAS can respond and provide a flexible discharge service whereby ambulances can be diverted away from non essential PTS journey to clear bed capacity at RFT. The winter weather watch risk assessment will take into account local road conditions and inform PTS commissioners whether it is safe to undertake business as usual or only essential journey's . All PTS crews will be despatched double handed where there is a risk of not being able to fully access a property. The PTS BC plan has been reviewed and revised in September 2011 taking in lessons learnt from Exercise Starling (Winter 2010/11).

6.10 RDASH – MENTAL HEALTH AND LEARNING DISABILITIES

RDaSH will continue to operate services as normal over the winter period and they do not anticipate any additional pressures with increased demand for services over the winter period. They will initiate their business continuity plans in the event of severe weather. The Mental Health Crisis Intervention Team will continue to work the bank holiday period with the team supporting A&E as they do out of hours. RDaSH is aiming to increase uptake of staff flu vaccination from last year. They are also having discussions with TRFT to look at providing in-reach services for patients with mental health problems to expedite discharges.

6.11 CHILDREN'S SERVICES

Children's community services following April 2011 include The complex Care team, Health Visiting, School nursing, Children's Development Centre and Children's therapy teams. Business continuity plans are in place for winter pressures and these include up to date contact details for all staff employed. RAG rated plans are used to ensure essential work continues should we business continuity plans need to be instigated. The main areas of concern for the service would be inclement weather and high levels of sickness

Children's acute services form part of TRFT's winter plan. This includes guidance for management of acute bed shortages on the children's ward and has an escalation process for both bed shortages and concerns around nursing/medical staff shortages.

7. FLU IMMUNISATION PROGRAMME

Potential impact for flu is expected to be the same this year as for last year. All front-line NHS and RMBC employees whose role involves patient contact with the service users will be offered immunisations. Drop in sessions have been made available in various locations. Maternity services have agreed to vaccinate pregnant women during ante natal checks and children's services are included in the vaccination programme.

Work is ongoing with bereavement services and the crematoria in the event of an increase in activity. Processes have been put in place for this to be flagged with the crematoria and agreement has been made to relax paperwork where possible.

8. WINTER COMMUNICATIONS PLAN

NHSR's communication plan for winter 2011/12 aims to give a fresh push to support a number of interrelated projects to encourage members of the public to seek the most appropriate urgent care according to their needs and in line with the current Choose Well framework.

The projects are;

- The new telephone number (SPC number) for patients to ring BEFORE they travel to A&E or the walk in centre which will eventually be replaced by the national 111 number. This will require an intensive campaign over the winter period.
- A more targeted approach to specific groups about A&E usage including those attending the department
- Enhanced and localised Choose Well materials for Rotherham population.

Therefore there are three distinct audiences;

1. Patients who are already in A&E or the Walk in Centre
2. Patients who are considering attending A&E or the WIC
3. General public

Aim

1. To reduce the number of A&E/WIC attendances

Objectives

1. Raise awareness of alternatives to A&E/WIC
2. To promote the new SPC number
3. To raise awareness of the acute work of the A&E department.

This will be done through a variety of media including leaflets, posters, facebook, twitter, radio and the local press. Further work will be done in liaison with TRFT to develop digital signage at the main hospital entrance to communicate waiting times, bedside TV videos and messages, and live waiting time feeds in waiting areas.

A regional bid has been made to the Warm Homes, Healthy People fund to develop a communications resource and strategy. This will ensure a consistent message is given to the public and staff. Further work will be done to develop and complete this strategy by April 2012.

9. THE NHS COLD WEATHER PLAN FOR ENGLAND – ROTHERHAM

NHS Rotherham has adopted the Cold Weather Alert System set out in the NHS Cold Weather Plan for England. The NHS Cold Weather Plan includes four alert levels, which are issued by the Met Office on the basis of either of two measures: low temperatures or widespread ice/heavy snow. Please note that the Cold Weather Plan for England was published in November 2011 and information given in the plan regarding how Rotherham is adopting this plan will require further development through joint work across the local health and social care community.

9.1 LEVEL 1: WINTER PREPAREDNESS – LONG TERM PLANNING/GENERAL PREPARATION

Level 1 includes long-term strategic planning activities that can take place throughout the year. It includes general winter preparedness, running alongside seasonal activities such as annual flu vaccination programme.

Responsibilities at Level 1

The following personnel will receive the Met Office cold weather alerts either directly from the Met Office or via their Emergency Planning Managers, SHA or Government Office and disseminate throughout their organisation to the most appropriate personnel.

The officers listed below will either action or instruct others to action the points as detailed for Level 1.

- NHS Rotherham Directors on Call
- NHS Rotherham Emergency Planning Manager
- NHS Rotherham Medicines Management Team
- The Rotherham Foundation Trust Corporate Lead for Business Resilience and Emergency Planning/Quality and Standards Manager/Group Nurse.
- Rotherham Community Health Services Directors on call
- NHS Rotherham Head of Communications
- RDaSH Emergency Planning Manager
- Rotherham Metropolitan Borough Council (RMBC) Emergency and Safety Team
- RMBC Neighbourhood and Adult Services
- RMBC Children and Young People's Service
- Care UK (Walk in Centre and GP OOHs)
- Yorkshire Ambulance Service
- PTS providers.

This level is in force throughout the winter from 1 November to 31 March and covers the activity that should take place to prepare for winter pressures. The Emergency Care network has been working with partners improve winter resilience. Rotherham MBC and Public Health are delivering a co-ordinated programme to support improved housing, heating and insulation. All partner organisations have flu vaccination programmes in place for staff working on frontline services. Finally multi-agency plans are in place to respond to surges in demand and frontline staff have started to identify those most at risk.

Alert trigger	Health, social care and local authorities	Community and voluntary sector	Individuals	Communications
This plan will require further development with partner organisations				
Level 1 Long-term planning (all year)	Organisations and professional staff work with partner agency staff <ul style="list-style-type: none"> • <i>Develop a shared understanding of excess winter deaths and what partners can do to reduce them</i> – Rotherham Affordable Warmth Strategy is currently in development. Application to Warm Homes Healthy People Fund for Rotherham to reduce Excessive Winter Death numbers during winter 2011/12. • <i>Identify those at risk from seasonal variations</i> – a list of examples of at risk groups is attached at Appendix 1. • <i>Improve winter resilience for those at risk.</i> • <i>Ensure that a local, joined-up programme is in place to support improved housing, heating and insulation</i> - Rotherham Affordable Warmth Strategy is currently in development. • <i>Assess responses to climate change issues – a reduction in carbon emissions and preparing for the expected health impacts</i> - Rotherham Affordable Warmth Strategy is currently in development. 	<ul style="list-style-type: none"> • <i>Develop a community action plan</i>- Community organisations will be involved in the development of the Rotherham Affordable Warmth Strategy. <p>NHSR is working with Age Concern to develop a community action plan for older people.</p>	<ul style="list-style-type: none"> • <i>Insulate your home and protect water pipes from freezing</i> • <i>Check your entitlements to benefits and local grants</i> <p>Patients will be encouraged to follow advice as identified in Keep Warm Keep Well campaign.</p>	<p>NHSR has set up a section on the NHSR website relating to winter health. This includes: Keep Warm Keep Well Affordable Warmth Hot Spots</p> <p>The information is aimed at practitioners and the public.</p> <p>A regional bid has been made to the Warm Homes, Healthy People fund to develop a communications resource and strategy. This will ensure a consistent message is given to the public and staff. Further work will be done to develop and complete this strategy by April 2012.</p>
Winter preparedness programme (1 November – 31 March)	Organisations <ul style="list-style-type: none"> • <i>Work with partner agencies to co-ordinate cold-weather plans</i> – The Rotherham Emergency Care Network is made up of representatives from partner agencies who 	<ul style="list-style-type: none"> • <i>Develop a community action plan</i> 	<ul style="list-style-type: none"> • <i>Find good information about health risks</i> • <i>Check your entitlements and benefits</i> • <i>Get a flu jab if you are in a</i> 	<p>Communications plan to support projects to encourage members of the public to seek the most appropriate urgent care according to their needs</p>

Alert trigger	Health, social care and local authorities	Community and voluntary sector	Individuals	Communications
This plan will require further development with partner organisations				
	<p>work together to share plans and to improve winter resilience. See 3. Leadership and co-ordination of winter planning.</p> <ul style="list-style-type: none"> • <i>Work with partners on risk reduction awareness (eg flu jabs for staff), information and education – annual campaign by NHS Rotherham and partner organisations to encourage uptake of flu jabs for both staff and for the public identified as ‘at risk’.</i> • <i>Plan for winter surge in demand for services – The following organisations have Winter Plans in place to cope with a surge in demand for services and these have been shared through the Emergency Care Network:</i> <ul style="list-style-type: none"> ▪ The Rotherham Foundation Trust Winter Plan 2011/12 (includes community services) See 6.2 and 6.3 Rotherham Foundation Trust. ▪ The Rotherham Surge and Rapid Discharge Plan See 6.1 NHS Rotherham ▪ Care UK (Walk in Centre and GP OOHs) See 6.6 Care UK – Urgent Care Services. ▪ NHS Direct See 6.7 NHS Direct ▪ Yorkshire Ambulance Service See 6.8 Yorkshire Ambulance Service ▪ RDaSH (business continuity plan) See 6.9 RDaSH. ▪ There are plans to reconfigure community services and some social care services for winter resilience – 		<p><i>risk group</i></p> <ul style="list-style-type: none"> • <i>Insulate your home and protect water pipes from freezing</i> • <i>Look out for vulnerable neighbours</i> 	<p>and in line with the current Choose Well framework. See 8. Winter Communications Plan.</p>

Alert trigger	Health, social care and local authorities	Community and voluntary sector	Individuals	Communications
This plan will require further development with partner organisations				
	<p>Alternative Levels of Care, Virtual Ward, GPs in A&E, Winter Single Point of Contact and realignment of Intermediate Care. See 6.3 Rotherham FT – Community Services and 6.4 Rotherham MBC – Adult Social Care Services.</p> <p>Professional Staff</p> <ul style="list-style-type: none"> • <i>Identify those at risk on your caseload</i> – staff will be asked to consider how they will identify patients who are considered at risk. In Rotherham the key vulnerable groups will be: <ul style="list-style-type: none"> ▪ Patients who require renal dialysis ▪ Patients undergoing cancer treatment ▪ Patients who are currently on a community matron or district nurse caseload. ▪ Patients known to Breathing Space. ▪ Patients in the community on a 'virtual ward. 			

9.2 LEVEL 2: ALERT AND READINESS

Level 2 is declared when the Met Office forecasts a 60% risk of severe winter weather in one or more defined geographical area in the days that follow. This usually occurs two to three days ahead of the event. A Level 2 alert will be issued when a mean temperature of 2°C is predicted for at least 48 hours, with 60% confidence, and/or widespread ice and heavy snow is forecast, with the same confidence.

Responsibilities at Level 2

The following personnel will receive the Met Office cold weather alerts either directly from the Met Office or via their Emergency Planning Managers, SHA or Government Office and disseminate throughout their organisation to the most appropriate personnel.

The officers listed below will be responsible for dissemination or action:

- NHS Rotherham Directors on Call
- NHS Rotherham Emergency Planning Manager
- NHS Rotherham Medicines Management Team
- The Rotherham Foundation Trust Corporate Lead for Business Resilience and Emergency Planning/Quality and Standards Manager/Group Nurse.
- Rotherham Community Health Services Directors on call
- NHS Rotherham Head of Communications
- RDaSH Emergency Planning Manager
- Rotherham Metropolitan Borough Council (RMBC) Emergency and Safety Team
- RMBC Neighbourhood and Adult Services
- RMBC Children and Young People's Service
- Care UK (Walk in Centre and GP OOHs)
- Yorkshire Ambulance Service
- PTS providers.

Local health community organisations will be required to communicate alerts to staff and make sure that they are aware winter planning arrangements. NHS Rotherham will send out appropriate media messages to raise awareness on what actions the public should take. Professional staff will have identified those most at risk and be preparing service response to those patients.

Alert trigger	Health, social care and local authorities	Community and voluntary sector	Individuals	Communications
This plan will require further development with partner organisations				
<p>Level 2 Alert and Readiness 60% risk of severe cold in the following days</p>	<p>Organisations</p> <ul style="list-style-type: none"> • <i>Communicate public media messages.</i> • <i>Communicate alerts to staff and make sure that they are aware of winter plans – ensure CRIP reports (includes Met Office Alert) are forwarded to relevant organisations.</i> • <i>Implement business continuity – all partner organisations to initiate the appropriate stage of their business continuity plans and winter plans. Staff to be on alert.</i> <p>Professional staff</p> <ul style="list-style-type: none"> • <i>Identify those most at risk – community nursing teams to identify and prioritise patients on their current caseload. Renal and cancer patients requiring transport for treatment to be identified and procedure followed for snow clearance. Key vulnerable groups as identified by NHS Rotherham are set out under Level 1.</i> • <i>Check client's room temperature if visiting – all health and social care staff working in the community.</i> 	<ul style="list-style-type: none"> • <i>Keep an eye on people you know to be at risk.</i> <p>NHSR is working with Age Concern to develop a community action plan for older people.</p>	<ul style="list-style-type: none"> • <i>Stay tuned into the weather forecast and keep yourself stocked with food and medications.</i> • <i>Check ambient room temperatures.</i> • <i>Make sure that you get any benefits to which you are entitled.</i> 	<p>Public health information is available on the internet through the 'Live Well' website and the 'Winter Watch' website.</p> <p>A section is available on NHSR's webpage with information for staff and patients to keep up to date with developments.</p> <p>A regional bid has been made to the Warm Homes, Healthy People fund to develop a communications resource and strategy. This will ensure a consistent message is given to the public and staff. Further work will be done to develop and complete this strategy by April 2012.</p>

9.3 LEVEL 3: SEVERE WEATHER ACTION

A Level 3 alert is issued when the weather described in Level 2 above actually happens. It indicates that severe winter weather is now occurring, and is expected to impact on people's health and on health services.

Responsibilities at Level 3

The NHS Rotherham Director on call/Director of Public Health and the NHS Rotherham Emergency Planning Manager working with other health partners listed above at Alert Level 1 and Level 2 plus Rotherham Metropolitan Borough Council will:

Alert trigger	Health, social care and local authorities	Community and voluntary sector	Individuals	Communications
This plan will require further development with partner organisations				
Level 3 Severe weather action	Organisations <ul style="list-style-type: none"> • <i>Activate plans to deal with a surge in demand for services.</i> All partner organisations to initiate/continue the appropriate stage of their business continuity/winter plans. Consider initiation of Surge and Rapid Discharge Plan. See 6.1 NHS Rotherham. • <i>Mobilise community and voluntary support.</i> Support will be requested from voluntary groups as outlined in TRFT's Plan for Severe Adverse Weather (Snow). See 6.2 and 6.3 Rotherham Foundation Trust. To provide first aid, routine welfare support, transport, rescue and emotional support. Voluntary groups will also be mobilised to assist with snow/ice clearance from driveways of patients attending for renal dialysis. • <i>As appropriate, contact those at risk (visit, phone call) daily.</i> Community nurses to contact patients on their current workload. Breathing Space to contact patients considered 'at risk'. Community staff to contact patients on 'virtual wards'. PTS to contact patients needing transport for renal dialysis and cancer treatments. • <i>Communicate public media messages.</i> • <i>Ensure staff can help and advise clients.</i> Ensure staff are aware of cold weather health risks and are able to advise clients how to protect against them, including 	<ul style="list-style-type: none"> • <i>Activate community action plan</i> – this will include volunteers to clear driveways/paths for renal patients. <p>NHSR is working with Age Concern to develop a community action plan for older people.</p>	<ul style="list-style-type: none"> • <i>Clear pavements.</i> • <i>Set daytime room temperature to 21° C</i> • <i>Set bedroom night-time temperature to at least 18°C</i> • <i>Dress warmly, eat well</i> • <i>Check those you know are at risk.</i> 	<p>A section is available on NHSR's webpage with information for staff and patients to keep up to date with developments.</p> <p>A regional bid has been made to the Warm Homes, Healthy People fund to develop a communications resource and strategy. This will ensure a consistent message is given to the public and staff. Further work will be done to develop and complete this strategy by April 2012.</p>

Alert trigger	Health, social care and local authorities	Community and voluntary sector	Individuals	Communications
This plan will require further development with partner organisations				
	<p>hospitals, care, residential and nursing homes. The Renal Unit will liaise with patients to identify patients at risk of not being able to attend for dialysis.</p> <p>Professional staff</p> <ul style="list-style-type: none"> • <i>Signpost clients to appropriate benefits.</i> • <i>Maintain business continuity.</i> 			

9.4 LEVEL 4: MAJOR INCIDENT

A Level 4 alert indicates that many parts of the country are experiencing exceptionally severe winter weather and the conditions are affecting critical services. Such weather conditions are likely to have significant impacts not only on health, but also on other sectors and critical infrastructure. A cross-governmental response may be required, however, some actions can be taken by the health sector.

Health and social care services will ensure that Level 3 actions continue during the emergency period. Measures will be taken to ensure that local healthcare providers that are most vulnerable to extreme winter conditions can continue to operate, for example adequate clearing of snow and gritting to ensure safe emergency access. During extreme conditions, it is not only high-risk groups that may be at risk. Therefore further risk appraisals will be made as to how the wider population is likely to be affected. The Department for Communities and Local Government's Resilience and Emergencies Division will support the co-ordination of a cross-sector response to the period of extreme winter weather. In the event of a major incident being declared, all existing emergency plans and procedures will apply and NHS Rotherham will activate its Emergency Plan and Emergency Management Arrangements to set up the incident room/ emergency centre.

Alert trigger	Health, social care and local authorities	Community and voluntary sector	Individuals	Communications
This plan will require further development with partner organisations				
Level 4 Emergency Response Exceptionally severe weather or threshold temperatures breached >6 days	Level 4 alert declared by central government Response likely to involve: <ul style="list-style-type: none"> • National government departments • Executive agencies • Public sector, including health sector • Voluntary sector At all levels	<p style="text-align: center;">NATIONAL EMERGENCY ACTION</p> <p style="text-align: center;">Multi-agency response required and co-ordinated by central government</p> <p>Response by Health:</p> <ul style="list-style-type: none"> • Activate major incident plan. • Consider setting up an emergency centre. • Consider setting up a help line if appropriate. • Liaise with TRFT re mortuary capacity. • Be aware that reception centres may be set up. • If not already done, activate business continuity plans for commissioner and contractors. • Set up a multi-agency meeting chaired either by the Local Authority or the police. • A silver meeting with NHSR should be convened to assess the situation with a reporting structure from GPs, pharmacists, TRFT, GP out of hours and mental health services re staff, resources, caseload and travel. • Liaise with the Local Authority regarding vulnerable groups. • Lists of renal and cancer patients requiring assistance with snow/ice clearance to enable them to attend for treatment will be sent to the gritting department/voluntary groups (process currently being agreed). • Consider fuel supplies, heating and lighting, travel and staff rotas and workforce analysis. • Liaise with council regarding road clearance and safe routes. <p>Also to consider:</p> <ul style="list-style-type: none"> • Livestock food and milk supplies. • School closures. • Water shortage re burst/frozen water pipes. 		

APPENDIX 1 – AT RISK GROUPS

Over 75 years old

Frail

Pre-existing cardiovascular or respiratory illnesses and other chronic medical conditions

Renal and cancer patients undergoing treatment

Severe mental illness

Dementia

Learning difficulties

Arthritis, limited mobility or otherwise at risk of falls

Young children

Living in deprived circumstances

Living in homes with mould

Fuel poor (needing to spend 10% or more of household income on heating home)

Elderly people living on their own

Homeless or people sleeping rough

Other marginalised groups