

Working in partnership with



# **Wiltshire Council Adult Social Care Winter Plan 2013-14**

**Draft 0.10**

## 1. PURPOSE OF THE WINTER PLAN

- 1.1. To ensure appropriate planning and processes are in place within Wiltshire Adult Care Services to respond to the rise in demand for community based services anticipated from November 2013 to March 2014.

## 2. WILTSHIRE COUNCIL'S WINTER PLAN IN RELATION TO THE WHOLE SYSTEM

- 2.1. The plan covers actions being taken across the county and thus relates to the B&NES, Swindon and Salisbury Urgent Care Networks. The plan will report to the Wiltshire Urgent Care Network.

- 2.2. The plan is written from both a provider and a commissioning perspective.

Wiltshire Council directly **provides**

- Information and signposting for people who may require a social care service
- Assessment and care management services in respect of people who require a service (3 hospital social work teams; 1 community hospital social work team; 4 locality teams; 1 community team for people with learning disabilities; 1 specialist safeguarding team)

Wiltshire Council **hosts and manages** a joint commissioned and jointly provided team of therapists, nurses and social workers supporting the STARR step-up and step-down beds across the county.

Wiltshire Council commissions a range of social care services that are available to the whole population, including:

- 4 Help to Live at Home contracts covering domiciliary care including reablement, housing based support
- Home from hospital scheme
- Live in care
- Planned night time care
- Specialist financial advice
- Telecare and a telecare response service
- An equipment service
- Care home placements commissioned through block contract arrangements with the Order of St John Trust
- Care home with nursing placements commissioned through block contracts with a range of independent providers across the county
- In addition to block contracts, care home placements are spot purchased to meet specialist needs across the county and, occasionally, out-of-county placements

- 2.3. Wiltshire Council is working in partnership with Wiltshire CCG on a Community Transformation Programme. This programme is focussing on the out-of-hospital

model of care for the frail elderly. The Council is participating in a number of pilot project, designed to provide evidence for the future model of care, but also expected to have an impact on reducing demand and increasing the flow through acute hospitals.

- 2.4. The status of the overall health and social care system is regulated closely all year. Within the acute hospitals, there is an agreed escalation process that declares periods of intensive pressure as 'red' or level 4, then 'black' or level 4, at which point escalation measures are implemented across the whole system to ensure safety and limit impact.

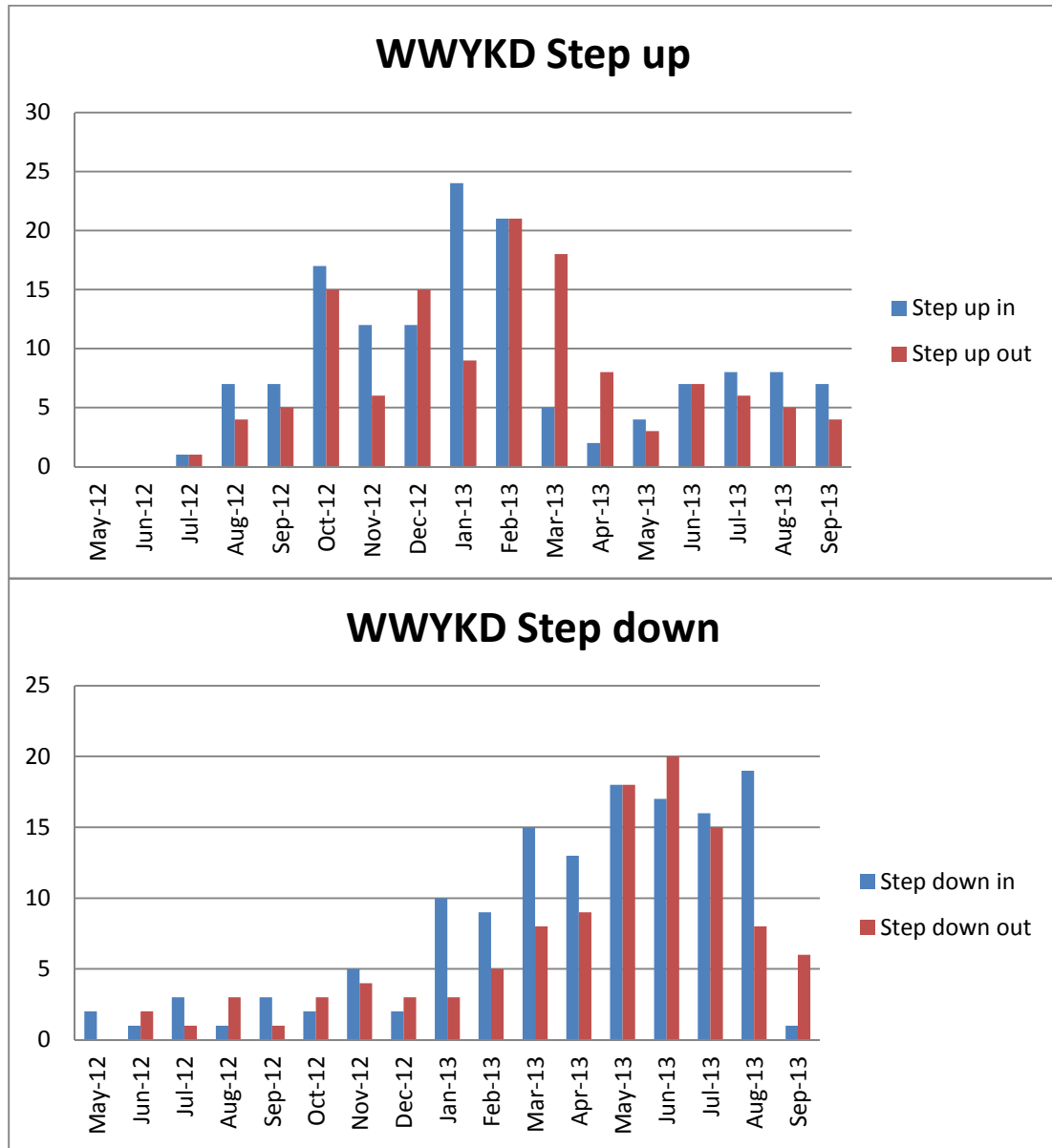
### **3. OBJECTIVES OF THE WINTER PLAN**

- 3.1. This Winter Plan outlines the strategy and actions for meeting the challenges of the forthcoming winter period in 2013/14. The main objectives are to:
- Assure the continuity and successful response of adult care services during periods of high demand and enable effective contingencies to be implemented in a planned and managed basis
  - Provide solutions that are not based on placements
  - Provide a strategic approach to demand & capacity management within the organisation by implementing new initiatives in time to deliver additional capacity to support the delivery of services to meet high levels of demand.
  - Ensure that social care teams have sufficient staff and access to care capacity and that commissioned social care providers, specifically Help to Live at Home services, have their own capacity management plans in place.
  - Undertake capacity planning across all hospital teams and STARR to ensure Council staff across Wiltshire can be used flexibly to support elements of the system depending upon priorities.
  - Ensure effective communication with staff including those of external providers where there are forecasts of increased demand or potential adverse weather events affecting service delivery to support service planning and caseload management.
  - Maintain effective flows and pathways of care to ensure that people receive care in the most appropriate setting and in a timely manner
  - Maintain performance against quality standards and key indicators and any agreed changes to these during periods of extreme pressures
  - Manage winter pressures within agreed budgeted levels.
  - Engage key staff to embed proactive winter planning across all services including non statutory services
  - Work collaboratively with other partners to ensure the winter plan meshes with other key providers including external providers to provide a coordinated and well managed response to winter pressures.

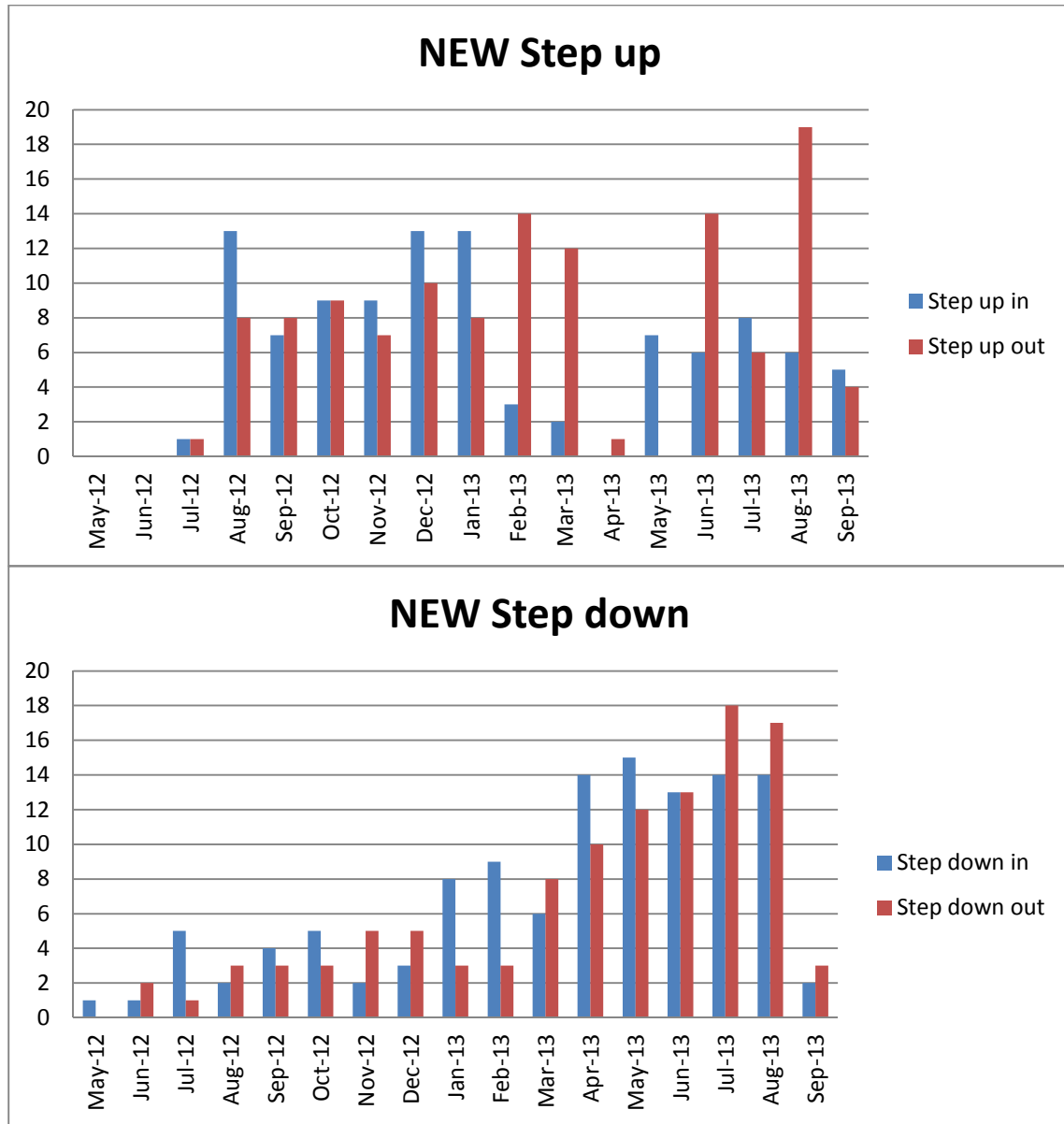
#### **4. DEMAND MANAGEMENT**

- 4.1. Demand from the acute hospitals follows predictable patterns – there is an increase in demand for social care services and increased activity including the week leading up to Christmas, first two weeks in January and in particular the first working Monday in January. January, February and April see the highest demand each year.
- 4.2. There has been a stark increase in demand for care home placements from hospital, in particular for older people with mental health needs, who often require specialist care home placements to deal with behaviours associated with dementia.
- 4.3. Demand for STARR services is less easy to predict. This is because the STARR scheme has been adapted during the year and criteria for using the service has changed.
- 4.4. Wiltshire Council has undertaken a review of activity over the last 12 months. Capacity modelling is being developed in conjunction with the CCG, for a new model of care. The first draft of this work will be available in October 2013, but will evolve over the winter period.

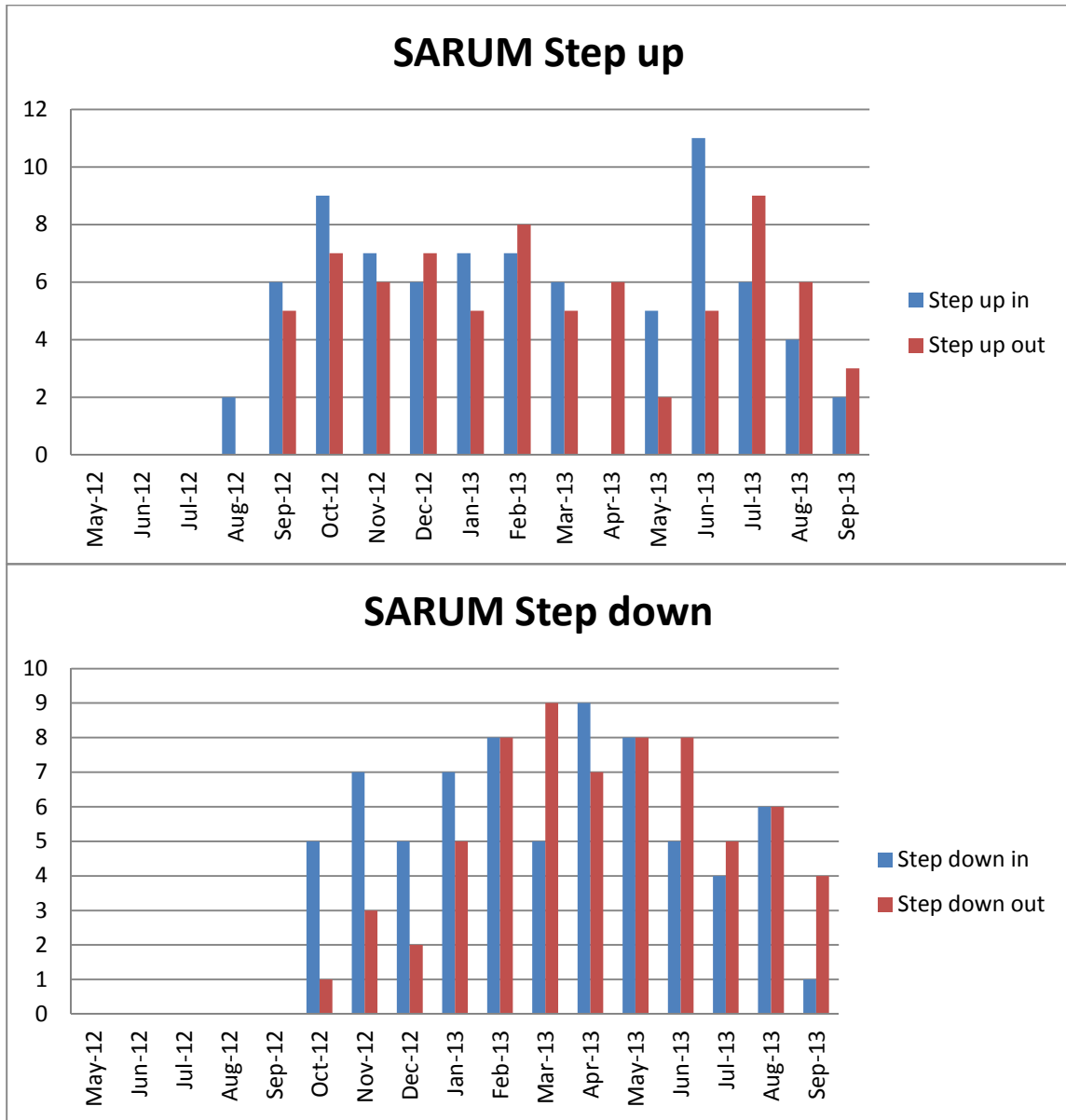
**Table – STARR Step up and Step down referrals – WWYKD CCG Group**



**Table – STARR Step up and Step down referrals – NEW CCG Group**

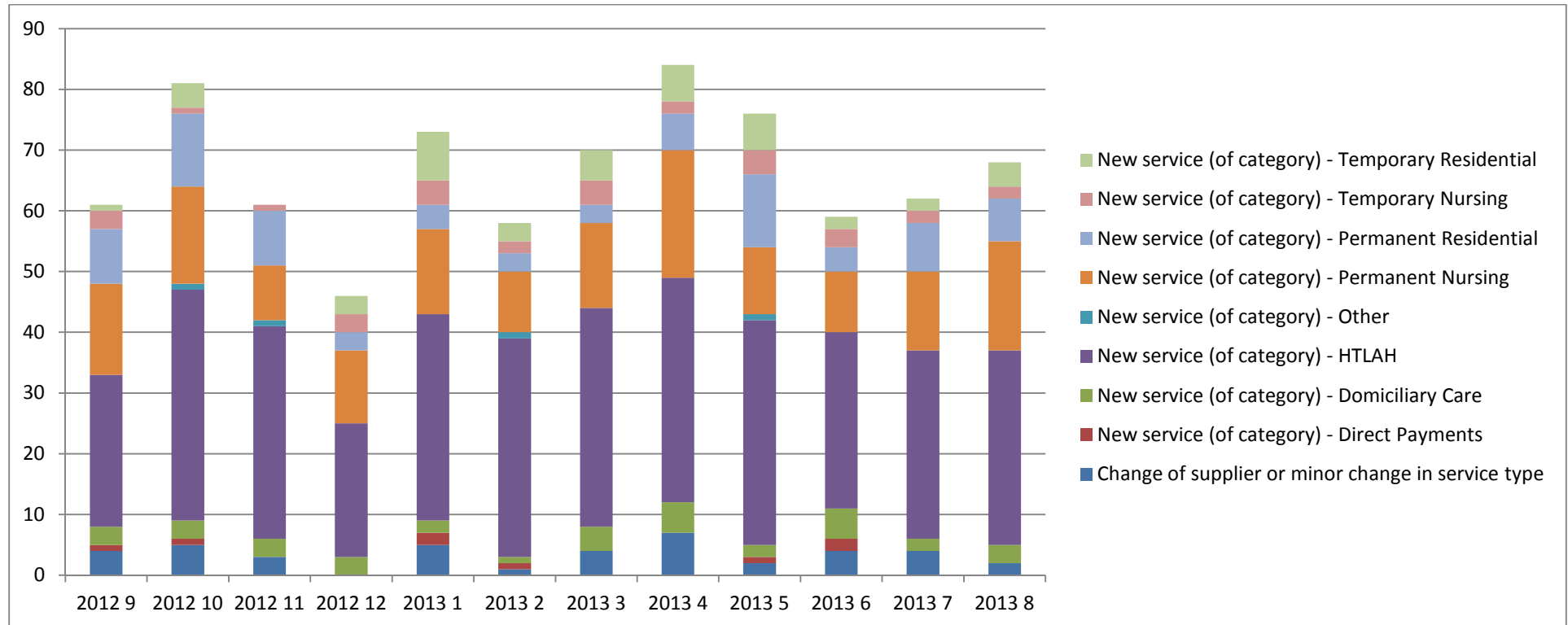


**Table – STARR Step up and Step down referrals – Sarum CCG Group**



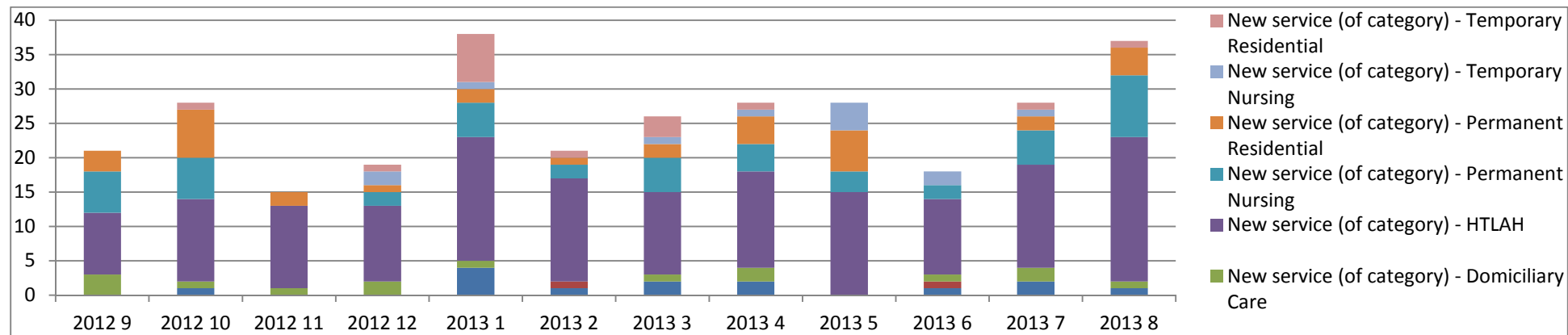
4.5. Wiltshire Council has undertaken a review of the provision of services generated by the hospitals over the last 12 months.

**Table –Services generated by Hospital Social Work Teams (GWH, RUH, SFT)**

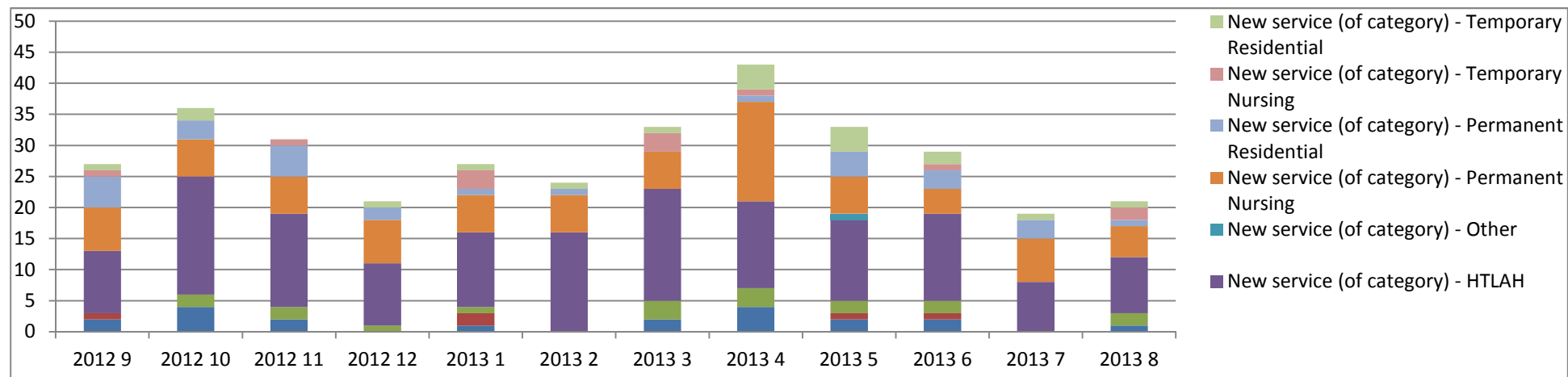




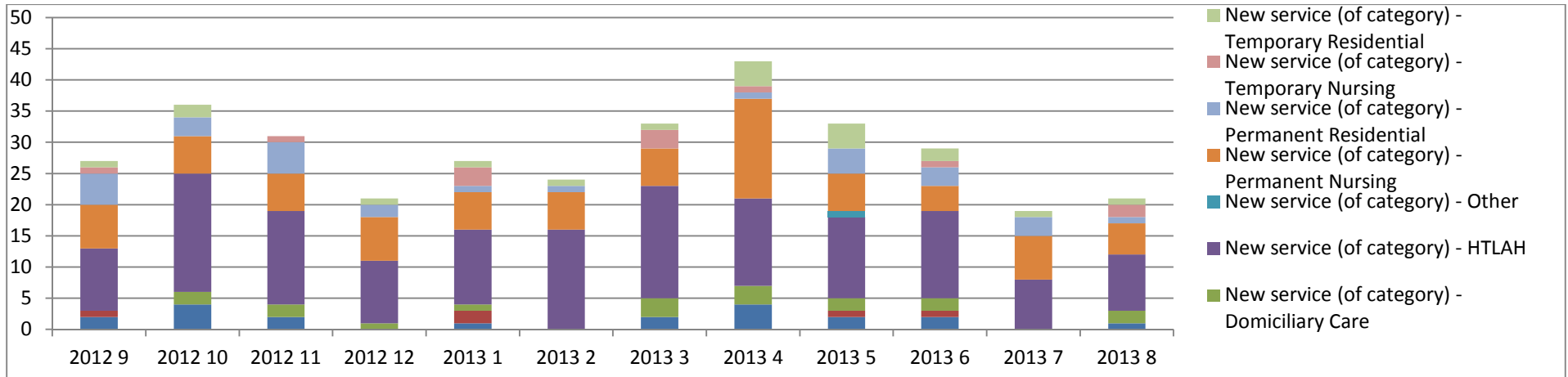
**Table –Services generated by Hospital Social Work Teams - GWH**



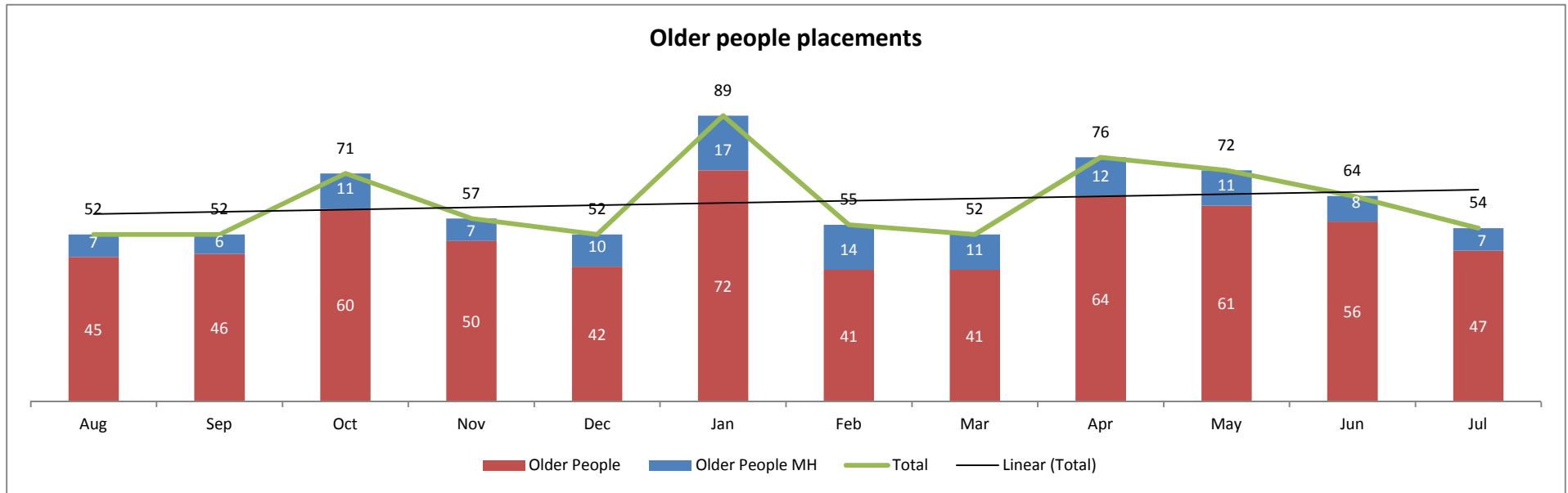
**Table –Services generated by Hospital Social Work Teams - RUH**



**Table – Services generated by Hospital Social Work Teams – SDH**



**Table – total new placements made**



- 4.6. The increasing numbers of people requiring service is accompanied by an increasing acuity / dependency of patients discharged from acute hospitals. This can be evidenced by the increase in the average value of care packages made from hospital and the number of spot-purchased specialist placements made from hospital.

## 5. CAPACITY MANAGEMENT

- 5.1. At the Royal United Hospital, Bath, the review of escalation processes following the RCA report and ECIST review have identified good practice as well as areas for improvement in the management of the health & social care community capacity to support the whole system through the winter period. Wiltshire Council has reviewed the main components of the organisation's escalation procedures and will implement the following actions to maintain social care capacity:
- Daily monitoring of capacity and DToC through Sitrep reporting
  - Development of new Black, Red, Amber, Green escalation plans for all staff and managers to use for each level of escalation
  - Participation in the weekly strategic conference calls across the whole system in Wiltshire, led by commissioners by a senior manager to ensure agreed actions are implemented in a timely way
  - Improve access to services on a 7 day basis to improve flow – see pilot projects below
  - Development of the role of escalation and patient flow coordinator working across the hospital teams.
  - Use of the new Choice Policy across the organisation
- 5.2. **Weekend working** - Wiltshire Council has undertaken two pilots to evidence the value of weekend working.
- 5.3. The first of these weekend working pilots provided access to STARR step-down beds at weekends. The view taken by GPs in Wiltshire was that STARR step-up beds should not be accessed at weekends by the out-of-hours GP service. This pilot demonstrated almost no demand for STARR step-down referrals at weekends. The Council is currently working with the CCG to review the decision about step-up referrals, linked to the implementation of a Single Point of Access in October/November.
- 5.4. The second of these weekend working pilots was the provision of a social worker in an acute setting (Royal United Hospital) for 6 weekends in July/August. The results of this pilot are summarised in the Appendix below, but demonstrated that without the whole system taking a 7-day approach to discharge planning, there is limited value in having a social worker present in the hospital at weekends.

- 5.5. In tandem with weekend working pilots, the Council undertook a survey of care homes to identify barriers and potential incentives for care homes to take new referrals and undertake assessments at weekends. This survey indicated that care homes are prepared to accept new referrals and undertake assessments at weekends, but that there were concerns about risks to safety due to other services not being available at weekends. Care homes cited examples of problems with pharmacy, equipment availability, transport availability. This reinforced the results of the two pilots undertaken by directly provided services.
- 5.6. Wiltshire Council will continue to test and generate an evidence base for weekend working over the winter period, through participation in piloting a Single Point of Access and a rapid response service. This will be dependent upon staff availability and subject to consultation.
- 5.7. STARR Capacity Management - a capacity management system is in use for the STARR Scheme, with daily reporting of staffing levels, care home vacancies, referrals received and pending. The STARR scheme is used flexibly to respond to peaks in demand. For example:
  - STARR staff can be moved across the county and/or targeted at specific hospitals for in-reach as demand peaks
  - STARR beds can be purchased on a spot-contract basis, with agreement from the CCG to use additional transferred funds as demand requires.
  - Whilst it is important to maintain the flow through STARR beds, and minimise length of stay, the criteria for entry to a STARR bed can be adjusted if there are blockages elsewhere in the system – such as to cater for people awaiting complex care packages.
- 5.8. Based on the learning from the STARR management system and from the RCA at Royal United Hospital, a capacity management system is currently being introduced into the 3 hospital social work teams and will be in use from 1<sup>st</sup> November.
- 5.9. **Additional Capacity for Winter 2013-14**
- 5.10. A number of initiatives are in place to boost capacity, both in relation to directly provided assessment and care management services and in respect of commissioned services. These initiatives are summarised in the Action Plan attached.
- 5.11. The effectiveness of many of these initiatives will also depend upon the availability of clinical and therapy support in the community, and will work in conjunction with initiatives being commissioned by Wiltshire CCG and delivered by community providers (both GWH Community Services and Medvivo Access to Care).

In addition, the Council is recruiting to the hospital social work teams to increase management capacity over the winter period– a single team manager for each hospital social work team. A social care team dedicated to support the community hospitals in Wiltshire has also been in place since summer 2013 and funds have been made available to continue this arrangement over the winter period.

## Appendix 1 –

### Additional schemes in conjunction with Wiltshire CCG

| Scheme   | Detail  | Funding Stream           | Impact on Winter Pressures  |
|--|---|--------------------------|---|
| 10 Replacement Care Homes Beds – RUH patients          | Purchase of 10 additional care home placements over and above budgeted levels   | Winter Pressures 2013-14 | Reduced DToCs for people awaiting specialist placements                       |
| 10 Replacement Care Homes Beds – GWH patients          | Purchase of 10 additional care home placements over and above budgeted levels   | CCG Headroom Funds       | Reduced DToCs for people awaiting specialist placements                       |
| Short-term night care as an alternative to placements  | Purchase of additional night time care as required for people discharged from hospital. <b>This is a continuation of the 2012-13 scheme</b> | CCG transferred funds    | Reduced DToCs for people awaiting placements.                                 |
| STARR weekend cover                                    | Access to step-up and step-down beds at weekends, <b>This is a continuation of the 2012 -13 scheme</b>                                      | CCG transferred funds    | Reduced non elective admissions at weekends                                   |
| STARR in-reach to acute hospitals                      | Proactive pull of patients suitable for step-down bed   | CCG transferred funds    | Improve flow through acute hospitals/reduce pressures on long-term placements |
| STARR proactive management of Length of Stay and DToCs | Active monitoring of EDD in STARR beds. Weekly sitrep meetings.   | CCG transferred funds    | Improve flow through acute hospitals/reduce pressure on long-term placements  |
| Transfer of Care Teams                                 | Pilot and evaluate different models of discharge planning in each of the 3 acute hospitals, linked to the Single Point of Access pilot.     | Community Transformation | Improve flow through acute hospitals/ reduce pressure on long-term placements |
| Single Point of Access                                 | Pilot a single point of access to coordinate access to health services, rapid response social care and                                      | Community Transformation | To improve flow through acute hospitals and reduce                            |

|   |  |   |   |
|---|--|---|---|
|   | STARR  |   | pressures on beds in health and social care   |
| Rapid Response  | Pilot a rapid domiciliary response   | Community Transformation                                    | Reduce non elective admissions and reduce pressure on STARR beds  |
| Care coordination – multi-disciplinary working          | Pilot social care involvement in multi-disciplinary working with primary care – named social workers for each GP practice/care coordinator   | Community Transformation                                    | Reduce non elective admissions and reduce pressure on STARR beds  |
| Voluntary and Community Sector                          | Ensure VCS services are linked to the pilot for the Single Point of Access (e.g. Home from Hospital and Winter Warmth Services).<br>Ensure VCS services are linked to care coordination to provide low-level services to prevent hospital admissions | Community Transformation                                    | Improve flow through acute hospitals and reduce pressure on beds in health and social care.<br>Reduce non elective admissions |
| Additional management capacity                          | Dedicated team manager for each hospital social work team ( <i>1 additional manager post</i> )   | CCG transferred funds – to support community transformation | Improve capacity management. Improve flow   |
| Additional capacity for managing flow                   | Flow and escalation coordinator to be appointed  | CCG transferred funds – to support community transformation | Improve capacity management. Improve flow.  |
| Additional social work capacity for community hospitals | Specific social work staff allocated to support community hospitals  | CCG transferred funds                                       | Improve flow through community hospitals  |
| Care Home Selection – support for self funders          | Organisation to support self-funders with information and advice and choice of care home   | CCG transferred funds                                       | Improve flow through acute and community hospitals  |

## Appendix 2 – Winter Pressures Action Plan

| Area                       | Objective  | Actions   | Lead  | Timescale     |
|----------------------------|--|---|-------|---------------|
| <b>Demand Management</b>   | In conjunction with the CCG, develop a strategic approach to understanding demand, including the development of triggers to activity levels over the winter                          | Continue to monitor activity levels and indicators of demand from the hospital social work teams and STARR. Implement a daily capacity management system in hospital social work teams from November 2013 | DE    | Ongoing       |
|                            |  | To contribute to the community wide RCA exercises as required and implement lessons learnt from RCA exercises in 2012   | CH    | Ongoing       |
| <b>Capacity Management</b> | To ensure effective use of existing capacity through streamlined and integrated processes. Evidence-base any requirement for additional capacity during periods of increased demand. | Additional management capacity for hospital social work teams to manage escalation, capacity planning and demand management.  | CH    | October 2013  |
|                            |  | Implement capacity management early warning tool in hospital social work teams and STARR (See Appendix 6)   | CH    | October 2013  |
|                            |  | Additional coordination and monitoring capacity to support the flow of patients from hospital, reduce DTOCs and support hospital escalation processes. Appoint additional post for 6 months.              | CH    | November 2013 |
|                            |  | Clarify the escalation procedures for all senior/middle managers. Set protocol for actions (Action Cards) that can be taken in escalation out of hours. (See Appendix 4)                                  | CH/SG | Oct 2013      |



| Area | Objective | Actions   | Lead  | Timescale     |
|------|-----------|---|-------|---------------|
|      |           | Within the CT Programme, undertake pilot for improving flows and pathways for discharge in Royal United Hospital  | CH/AO | Oct 2013      |
|      |           | Within the CT Programme, undertake pilot for improving flows and pathways for discharge in Great Western Hospital   | CH/AO | Oct 2013      |
|      |           | Within the CT Programme, undertake pilot for improving flows and pathways for discharge in Salisbury District Hospital  | CH/AO | Oct 2013      |
|      |           | Within the CT Programme, undertake a pilot for a Single Point of Access to simplify pathways, reduce inappropriate admissions and support the 3 acute hospitals discharge teams with discharge planning   | CH/AO | Nov 2013      |
|      |           | Within the CT Programme, undertake a pilot for Rapid Response domiciliary care service providing 1 hour response to prevent inappropriate admissions  | AO    | November 2013 |
|      |           | Implement Care Home Selection Services. Support to self funders with information and advice and support to choose a care home   | SG    | December 2013 |
|      |           | Review STARR step up/step down service. Changes for winter period to include <ul style="list-style-type: none"> <li>• Inreach to 3 acute hospitals</li> <li>• Offer of service availability at weekends via Single Point of Access</li> <li>• Active management of Length of Stay and delayed transfers of care in STARR</li> </ul> | SG/CH | November 2013 |



| Area                           | Objective  | Actions   | Lead          | Timescale |
|--------------------------------|--|---|---------------|-----------|
|                                |  |   |               | Board     |
| <b>Business Continuity</b>     | To provide effective contingency planning that can assure a continued successful response from priority services and maintain necessary support to known vulnerable people in the community. | Service Director/Head of Service Operations to implement council's policy in relation to severe weather, if required.       | DM            | Ongoing   |
|                                |  | Testing the robustness of service Business Continuity plans and identification of vulnerable service users                  | Service Heads | Nov 2013  |
|                                |  | Raise staff awareness of IT (home working, Lync etc) to increase flexible working   | Service Heads | Nov 2013  |
|                                |  | Developing a communications plan to provide timely communication and information for staff and service users                | CH            | Nov2013   |
| <b>Infection Control</b>       | To minimise the risks of a norovirus outbreak and ensure effective management and speed of recovery if there is an outbreak.   | Ensure all providers have an infection control plan in place (contract monitoring process)                                  | NG            | Oct 2013  |
| <b>Excess Winter Mortality</b> |  | Work in partnership with the Winter Warmth Campaigns and promote information via all services                               | NG            | Ongoing   |
| <b>Staffing</b>                | To ensure that all staff are able to use   | Linked to the corporate business continuity plan, ensure back office staff can be used flexibly to cover priority services. | Service Heads | Ongoing   |

| Area                               | Objective   | Actions  | Lead          | Timescale                                   |
|------------------------------------|---|--|---------------|---|
|                                    | their skills and work flexibly to respond and maintain priority services.   | Use SAP system to record staff qualifications, training and competencies to support flexible deployment to cover priority services               | Service Heads | Ongoing                                     |
|                                    |   | Proactively encouraging all front line staff to have the flu vaccination   | Service Heads | Sept/Oct 2013                               |
|                                    |   | Agreeing minimum staffing levels during school half terms and the Christmas /New Year period across all services                                 | Service Heads | One month in advance of each holiday period |
| <b>Leadership &amp; governance</b> | To provide senior leadership to ensure the effective management of winter plans and the mitigation of organisational and service risks. | The Service Director (Operations) being accountable to the senior leadership team for the delivery and performance management of the winter plan | DM            | Sept 2013                                   |
|                                    |   | Regular reviews of the Winter Plan at HoS Operations Meetings and Senior Leadership Team meetings.   | DM            | Sept 2013                                   |
|                                    |   | Monitor costs and expenditure for winter pressures and Community Transformation initiatives  | SG            | Nov 2013                                    |

### Appendix 3 – Report on RUH Weekend Working Pilot

|  | Week 1<br>Saturday<br>13/7 | Week 1<br>Sunday<br>14/7 | Week 2<br>Saturday<br>20/7 | Week 2<br>Sunday<br>21/7 | Week 3<br>Saturday<br>27/7 | Week 3<br>Sunday<br>28/7 | Week 4<br>Saturday<br>3/8 | Week 4<br>Sunday<br>4/8 | Week 5<br>Saturday<br>10/8 | Week 5<br>Sunday<br>11/8 | Week 6<br>Saturday<br>17/8 | Week 6<br>Sunday<br>18/8 |
|--|----------------------------|--------------------------|----------------------------|--------------------------|----------------------------|--------------------------|---------------------------|-------------------------|----------------------------|--------------------------|----------------------------|--------------------------|
| How many patients referred at 'front door'                           | 0                          | 0                        | 1                          | 1                        | 0                          | 0                        | 0                         | No cover                | 0                          | 0                        | 0                          | No cover                 |
| How many patients were enabled to return home from the 'front door'  | 0                          | 0                        | 0                          | 1                        | 0                          | 0                        | 0                         |                         | 0                          | 0                        | 0                          |                          |
| How many patients were referred from MAU?                            | 0                          | 0                        | 0                          | 0                        | 0                          | 0                        | 0                         |                         | 0                          | 0                        | 0                          |                          |
| How many patients were enabled to return home from MAU?              | 0                          | 0                        | 0                          | 0                        | 0                          | 0                        | 0                         |                         | 0                          | 0                        | 0                          |                          |
| How much of your time did you work jointly with ATC                  | ?                          | ?                        | 4hrs                       | 1.5 hours                | 1.5 hours                  | 1 hour                   | ½ hour                    |                         | 1.5 hrs                    | No ATC                   | No ATC                     |                          |
| How many referrals came from the wards?                              | 0                          | 0                        | 0                          | 0                        | 0                          | 0                        | 0                         |                         | 0                          | 0                        | 0                          |                          |
| How many patients did you visit on the wards?                        | 0                          | 0                        | 0                          | 1                        | 1                          | 2                        | 2                         |                         | 0                          | 0                        | 0                          |                          |
| How many relatives did you meet with?                                | 0                          | 0                        | 0                          | 0                        | 0                          | 0                        | 0                         |                         | 0                          | 0                        | 0                          |                          |
| How many phone calls did you make or receive?                        | 0                          | 0                        | 0                          | 2                        | 1                          | 0                        | 1                         |                         | 0                          | 0                        | 0                          |                          |
| How many people visited the social care office and how did you help? | 0                          | 0                        | 0                          | 0                        | 0                          | 0                        | 0                         |                         | 0                          | 0                        | 0                          |                          |
| Were you able to contact other agencies if needed?                   | No                         | NA                       | NA                         | Yes                      | Yes                        | No, STARR                | Yes                       |                         | internal                   | internal                 | NA                         |                          |
| How much time did you spend doing your carefirst/documentation?      | 0                          | 0                        | 2 hours                    | Yes                      | Yes                        |                          |                           |                         | 2 hours                    | 2 hours                  | 2 hours                    |                          |
| Any other comments/activity for the weekend?                         | Own caseload work          | Own caseload work        | Own caseload work          | 3.5 hours info gathering | Info sharing 2hrs          |                          |                           |                         |                            |                          | Own caseload work          |                          |

## **RUH Social Care Weekend Working Pilot Summary**

### **How many patients referred at 'front door'**

The 'front door' staff did not make referrals directly to social care. Social Care staff attended A&E and found that there were between 1-8 Wiltshire patients.

### **How many patients were enabled to return home from the 'front door'**

Of the 1-8 Wiltshire patients attending A&E there was only one patient who returned home on the same day, the 'front door' staff had already made arrangements for this patient, no social worker input required.

### **How many patients were referred from MAU?**

For the period of the pilot there were between 11-18 Wiltshire patients on MAU. No referrals were made by MAU staff.

### **How many patients were enabled to return home from MAU?**

No patients were supported to return home from MAU during the pilot weekends. There was a mix of patients who were receiving services at home, but at this point patients were not fit enough to return home.

### **How much time was joint working with ATC**

This varied from ½ hour to 4 hours. There was one day when there was no social care cover and another day with no ALT cover. However for all the days when social care and ATL were on site, they always linked with each other.

The social worker also worked with the Dementia Lead, DAT and DATE.

### **How many referrals came from the wards?**

No referrals came directly from the wards. The question needs to be asked if ward staff were aware that they could refer at the weekends?

**How many patients were visited on the wards?**

Over the 6 weekends, there were 6 patients visited on the ward. Please see other comments

**How many relatives were met with?**

None, please see other comments.

**How many phone calls were made or received? Were other agencies contactable if needed?**

Phone calls were minimal, many being contacting care homes or internal contacts at RUH, so no issues were found there. However the one weekend when a STARR referral was required was the weekend STARR suspended their weekend service.

**Providers**

The telephone number provided for Enara is only operational Mon-Fri 9-5pm. There was also no response from mobile numbers and no voicemail facility therefore unable to contact Enara. There was also an out of hours numbers was available for Providers but clearly they were not contactable.

**How many people visited the social care office and how did you help?**

None, see other comments.

**How much time was spent completing carefirst/documentation?**

The most common figure for Carefirst activity was 2 hours, this could have included the workers own caseload work.

**Any other comments/activity for the weekend?**

RUH professionals were pleased to see social care staff present at the weekends. However referrals to social care from RUH staff indicated that they were not aware of weekend availability and this did not change over the six weeks of the pilot. To improve referral rates at weekends there would need to be increased publicity of weekend cover.

Relatives seen/visitors to the social care office - weekend working is new to the HSW staff, development in these areas could be progressed with understanding of what is achievable at weekends both from HSW team, RUH staff, patients and relatives.

Working in partnership with



Social care staff did find information gathered at weekends useful for later caseload work.

General culture change required for social care and RUH staff, to move weekend working forward successfully.



Appendix 4 Escalation Action Cards

Description of hospital escalation status

| <b>Status</b> | <b>Definition</b>   |
|---------------|---|
| Green         | Normal working  |
| Amber         | Persistent excess pressure requiring additional management action to address demand/congestion                |
| Red           | Severe and/or prolonged excess pressure requiring support from external agencies to address demand/congestion |
| Black         | The Trust is in a critical position and the Emergency Department (or other department) is clinically unsafe   |

## HOSPITAL ON GREEN STATUS

| Actions for Operations            |   |
|-----------------------------------|---|
| <b>Hospital Team Staff</b>        | Normal working<br>Assessments within agreed timescales<br>Recording within agreed quality/timescale parameters<br>Discharge within agreed timescales<br>Report blockages to Team Manager  |
| <b>Hospital Team Manager</b>      | Normal working<br>Discharge within agreed timescales<br>Daily capacity monitoring and management<br>Discharge meetings and conference calls as required (minimum weekly)<br>Report blockages, issues to Head of Service Operations  |
| <b>STARR Team Staff</b>           | Normal working<br>Assessments within agreed timescales<br>Recording within agreed quality/timescale parameters<br>Discharge within agreed timescales<br>Report blockages to Team Manager  |
| <b>STARR Team Manager</b>         | Normal working<br>Discharge within agreed timescales<br>Daily capacity monitoring and management<br>Report blockages, issues to Head of Service Operations<br>Twice-weekly in-reach to acute hospitals (pilot)<br>Referrals prioritised as per STARR criteria               |
| <b>Placement Team</b>             | Normal working<br>Prioritise referrals from hospital<br>Daily monitoring of care home vacancies<br>Tracking system and exit plan for all interim placements<br>Report blockages/delays to Team Manager<br>Report blockages/delays over 2 days to Head of Service Operations |
| <b>Head of Service Operations</b> | Normal working<br>Attend sitrep meetings as required<br>Weekly reporting of DTOCS to Service Directors  |
| <b>Service Director</b>           | Normal working<br>Weekly monitoring of DTOCS  |

| Actions for Commissioners                                   |   |
|---|---|
| <b>Commissioning Team (Older People)</b>                    | Normal working<br>Monitor provider status (e.g. safeguarding alerts) and capacity issues<br>Report issues to Head of Service Commissioning and Operations |
| <b>Head of Service Commissioning</b>                        | Normal working  |
| <b>Head of Service, Performance, Health &amp; Workforce</b> | Normal working<br>Weekly monitoring of DTOCS  |
| <b>Service Director</b>                                     | Normal working<br>Weekly monitoring of DTOCS  |

| Actions for Out of Hours       |                |
|--------------------------------|----------------|
| <b>EDS</b>                     | Normal working |
| <b>On Call Head of Service</b> | Normal working |

## HOSPITAL ON AMBER STATUS

Amber status refers to:

| Actions for Operations            |  |
|-----------------------------------|--|
| <b>Hospital Team Staff</b>        | As Green +<br>Maximum flexible working as requested by Team Manager<br>Daily updates to team manager for conference calls, as required<br>Maximise use of interim placements   |
| <b>Hospital Team Manager</b>      | As Green +<br>Communicate Amber Status to Head of Service Operations and Head of Service Commissioning<br>Alert Head of Service Operations to any issues regarding staffing<br>Monitor and report early signs of blockage to Head of Service Ops<br>Daily conference calls, as required<br>Work with Discharge Liaison Team to identify priorities for discharge<br>Maximise use of interim placements |
| <b>STARR Team Staff</b>           | As Green +<br>Targeted in-reach to acute hospitals as requested by Team Manager<br>Increase frequency of in-reach visits<br>Referrals as per normal STARR target group/criteria  |
| <b>STARR Team Manager</b>         | As Green +<br>Organise targeted in-reach to acute hospitals.<br>Organise increase frequency of in-reach visits<br>Referrals as per normal STARR target group/criteria  |
| <b>Placement Team</b>             | As Green +<br>Targeted priority to hospital discharges as required<br>Report any care home assessment/admission delays over 2 days to Head of Service Commissioning<br>Maximise use of interim placements  |
| <b>Head of Service Operations</b> | As Green +<br>Ensure teams are fully-staffed<br>Address any urgent staffing issues<br>Consider temp increases to staffing of hospital teams and resource team?<br>Consider staff additional hours?   |
| <b>Service Director</b>           | As Green   |

| Actions for Commissioners                                   |   |
|---|---|
| <b>Commissioning Team (Older People)</b>                    | As Green +<br>Escalate any care home assessment delays with care home managers<br>Escalate any HTLAH delays with provider |
| <b>Head of Service Commissioning</b>                        | As Green  |
| <b>Head of Service, Performance, Health &amp; Workforce</b> | Authorise use of CCG Winter Pressure placements (RUH, GWH) as required  |
| <b>Service Director</b>                                     | As Green  |

| <b>Actions for Out of Hours</b> |                |
|---------------------------------|----------------|
| <b>EDS</b>                      | Normal working |
| <b>On Call Head of Service</b>  | Normal working |

## HOSPITAL ON RED STATUS

| Actions for Operations            |   |
|-----------------------------------|---|
| <b>Hospital Team Staff</b>        | As Amber +<br>Prioritise workload to focus on hospital discharge and prioritise assessments for less complex/speedy discharges<br>Cancel meetings and non-urgent training (at discretion of Team Manager)<br>Daily sitrep information to Team Manager   |
| <b>Hospital Team Manager</b>      | As Amber +<br>Communicate Red Status to Head of Service Operations, Head of Service Commissioning and STARR Manager<br>Daily conference calls, as required<br>Daily sitrep information to Heads of Service Ops and Commissioning<br>Prioritise team workload to focus on discharge, i.e. cancel meetings and non essential training, and prioritise assessments for less complex discharges<br>Identify and escalate any issues causing delay to Head of Service Operations<br>Link with STARR team to maximise capacity of STARR beds/minimum assessment required  |
| <b>STARR Team Staff</b>           | As Amber +<br>Increase frequency of in-reach visits   |
| <b>STARR Team Manager</b>         | As Amber +<br>Organise increased in-reach visits<br>Relax STARR admission criteria to accept people requiring interim placement or waiting HTLAH or NT input  |
| <b>Placement Team</b>             | As Amber +<br>Targeted priority to hospital discharges as required<br>Twice daily sitrep information to Heads of Service Ops and Commissioning as required (to meet conference call requirements)<br>Report any assessment delays to Heads of Service Ops and Commissioning   |
| <b>Head of Service Operations</b> | As Amber +<br>Inform Service Directors of red status<br>Inform Out-of-Hours on-call manager of red status<br>Inform EDS of red status<br>Participate in conference calls as required<br>Pull staff from other teams as required to hospital teams/placement team<br>Prioritise discharges from community hospitals to release capacity for transfers from hospitals as required<br>Resolve issues from hospital teams and inform Heads of Commissioning/Service Directors of any care provider blockages that cannot be resolved<br>Consider staff additional hours<br>Placement decisions to be taken outside of funding panel<br>Maximise use of interim placements<br>Increase support at home to prevent admissions |
| <b>Service Director</b>           | As Amber +<br>Check availability of Service Directors/Heads of Service for out-of-hours escalation calls and inform EDS and on call Head of Service<br><br>Participate in weekend/evening conference calls as required and obtain information to inform Head of Service Operations on next working day  |

| Actions for Commissioners |            |
|---------------------------|------------|
| <b>Commissioning</b>      | As Amber + |

|   |  |
|---|--|
| <b>Team (Older People)</b>                                  | Communicate Red status to relevant HTLAH and care home providers<br>Address urgent provider issues with care home/HTLAH senior managers<br>Highlight unresolved issues to Head of Service Commissioning  |
| <b>Head of Service Commissioning</b>                        | As Amber +<br>Communicate Red status to relevant HTLAH and care home providers and request urgent support, including relaxing of assessment criteria if applicable<br>Address urgent provider issues with care home/HTLAH senior managers<br>Request care homes  |
| <b>Head of Service, Performance, Health &amp; Workforce</b> | Participate in daily conference calls as required<br>Authorise use of CCG Winter Pressure placements (RUH, GWH) as required  |
| <b>Service Director</b>                                     | As Amber +<br>Check availability of Service Directors/Heads of Service for out-of-hours escalation calls and inform EDS and on call Head of Service<br><br>Participate in weekend/evening conference calls as required and obtain information to inform Head of Service Operations on next working day |

| <b>Actions for Out of Hours</b> |   |
|---------------------------------|---|
| EDS                             | Pass any urgent calls from acute hospitals on to relevant Service Director or Head of Service (likely to be CH, LS or SG), as notified by Service Director  |
| On call Head of Service         | Be aware of red status<br>Any calls relating to acute hospitals should be directed to the relevant Service Director or Head of Service (likely to be CH, LS or SG)<br>Service Director or relevant Head of Service will participate in weekend/evening conference calls as required and obtain information to inform Head of Service Operations on next working day |

## HOSPITAL ON BLACK STATUS

| Actions for Operations            |   |
|-----------------------------------|---|
| <b>Hospital Team Staff</b>        | As Red +<br>Cancel all meetings/training, as authorised by Team Manager<br>Twice daily sitrep information to Team Manager for conference calls<br>Support rapid discharge to STARR as required  |
| <b>Hospital Team Manager</b>      | As Red +<br>Communicate Black Status to Head of Service Operations, Head of Service Commissioning and STARR Manager<br>Cancel all meetings/training<br>Twice daily conference calls, as required<br>Twice daily sitrep information to Heads of Service Ops and Commissioning<br>Assess risk levels for moving people out of hospital who have not had full assessment (e.g. MC and BI issues) and inform Head of Service Ops<br>Call in evening/weekend/bank holiday volunteers (as previously identified)  |
| <b>STARR Team Staff</b>           | As Red  |
| <b>STARR Team Manager</b>         | As Red +<br>Call in evening/weekend/bank holiday volunteers (as previously identified)  |
| <b>Placement Team</b>             | As Red +<br>Record any additional placements authorised by Heads of Service and/or Service Directors<br>Call in evening/weekend/bank holiday volunteers (as previously identified)  |
| <b>Head of Service Operations</b> | As Red +<br>Prioritise all work to support hospital(s) as required<br>Decisions in relation to risk levels for moving people out of hospital who have not had full assessment (e.g. MC and BI issues)<br>Cancel non urgent meetings/training<br>Inform Service Directors of Black status<br>Identify management support for any evening/weekend working<br>Inform Out-of-Hours on-call manager of Black status<br>Inform EDS of Black status<br>Regular updates to Service Directors, including outcome of risk assessments for discharges<br>Identify funding gaps for spot placements |
| <b>Service Director</b>           | As Red +<br>Identify named person to participate in evening/weekend conference calls as appropriate<br>Maintain awareness of any high risk discharge decisions (e.g. that may result in complaints or legal action)<br>Consider additional temporary staffing above budgeted levels if required<br>Consider use of spot placements above budgeted levels  |

| Actions for Commissioners                |  |
|--|--|
| <b>Commissioning Team (Older People)</b> | As Red   |
| <b>Head of Service Commissioning</b>     | As Red +<br>Communicate Black status to relevant HTLAH and Care Home Providers<br>Request that providers suspend usual agreements and timescales to conduct provider assessments, based upon principle of urgent provision |

|   |   |
|---|---|
| <b>Head of Service, Performance, Health &amp; Workforce</b> | As Red +<br>Ensure clear lines of communications between Operations and Commissioning<br>Ensure clear lines of communications with CCG  |
| <b>Service Director</b>                                     | As Red +<br>Identify named person to participate in evening/weekend conference calls as appropriate<br>Communicate Black status to Corporate Director<br>Consider use of spot placements above budgeted levels<br>Request joint funding agreements with CCG for any additional placements |

| <b>Actions for Out of Hours</b> |   |
|---------------------------------|---|
| EDS                             | Pass any urgent calls from acute hospitals on to relevant Service Director or Head of Service (likely to be CH, LS or SG), as notified by Service Director  |
| On call Head of Service         | Be aware of Black status<br>Any calls relating to acute hospitals should be directed to the relevant Service Director or Head of Service (likely to be CH, LS or SG)<br>Service Director or relevant Head of Service will participate in weekend/evening conference calls as required and obtain information to inform Head of Service Operations on next working day |



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**Appendix 5 – Risk Register**

| Risk Ref | Risk description including the effect of the risk  | Which winter plan objective is threatened by this risk | Existing controls  | Original score |             |       | Actions required to mitigate risk   | Progress against actions   | Current score |             |       | Change in score | Acceptable Risk Score | Risk Owner | Review date |
|----------|--|--|--|----------------|-------------|-------|---|--|---------------|-------------|-------|-----------------|-----------------------|------------|-------------|
|          |  |  |  | Likelihood     | Consequence | Score |   |  | Likelihood    | Consequence | Score |                 |                       |            |             |
|          | People are delayed in hospital waiting for large packages of care due to inability of HTLAH to meet demand | Frail elderly delayed in hospital                      | 1. Contract management.<br>2. Contractors can sub contract | 3              | 4           | 12    | 1. Ensure robust contract management.<br>2. Winter planning discussions with HTLAH providers<br>3. Robust use of EDDs to allow providers to plan.<br>4. Use of STARR beds for people waiting large PoCs | 1. Ongoing.<br>2. Winter plan meeting scheduled in October.<br>3. Monitored through DTOC Task and Finish Group.<br>4. Ongoing, as required | 3             | 3           | 9     | Decrease        |                       |            |             |

|  |   |                                   |  |   |   |    |   |  |   |   |    |          |  |  |  |
|--|---|-----------------------------------|--|---|---|----|---|--|---|---|----|----------|--|--|--|
|  | People are delayed in hospital waiting for care home placements due to lack of appropriate care home beds | Frail elderly delayed in hospital | 1. Contract management.<br>2. Spot purchase of specialist placements                       | 4 | 4 | 16 | 1. Identify alternative beds (e.g. OSJ Respite/self funder beds). 2. Purchase additional beds with NHS Funds (10 for RUH; 10 for GWH). 3. Use of STARR Beds for people waiting for placements (if hospital is in escalation). | 1. NG in discussion with OSJ.<br>2. Underway.<br>3. Ongoing, as required | 3 | 3 | 9  | Decrease |  |  |  |
|  | People are delayed in hospital waiting for care home placements due to budgetary constraints              | Frail elderly delayed in hospital | 1. Management of placements within existing budgets  | 4 | 4 | 16 | 1. Use HTLAH/Overnight care as alternative to care home placements. 2. Use STARR beds to reable people to return home   | 1. Ongoing.<br>2. Ongoing  | 4 | 3 | 12 | Decrease |  |  |  |
|  | People are delayed in hospital due to shortage of hospital based social workers                           | Frail elderly delayed in hospital | 1. Prioritisation of workloads.<br>2. Flu jabs. 3. Management of annual leave arrangements | 2 | 4 | 8  | 1. Appoint additional locum staff 2. Daily capacity management/monitoring 3. Move community-based social workers as required  | 1. Underway.<br>2. Underway.<br>3. Ongoing, as required                  | 1 | 4 | 4  | Decrease |  |  |  |

**Appendix 6**

| Area                   | Organisation       | Metric   | Trigger | 01/10/2013 | 02/10/2013 | 03/10/2013 | 04/10/2013 | 05/10/2013 |
|------------------------|--------------------|--|---------|------------|------------|------------|------------|------------|
| Demand                 | RUH HSW team       | Referrals  |         |            |            |            |            |            |
|                        | GWH HSW team       |  |         |            |            |            |            |            |
|                        | SFT HSW team       |  |         |            |            |            |            |            |
|                        | Community HSW team |  |         |            |            |            |            |            |
|                        | STARR              |  |         |            |            |            |            |            |
| Staffing               | RUH HSW team       | Staffing issues affecting service delivery                                 | Y/N     |            |            |            |            |            |
|                        | GWH HSW team       |  | Y/N     |            |            |            |            |            |
|                        | SFT HSW team       |  | Y/N     |            |            |            |            |            |
|                        | Community HSW team |  | Y/N     |            |            |            |            |            |
|                        | STARR              |  | Y/N     |            |            |            |            |            |
| DToC                   | STARR              | DToCs  |         |            |            |            |            |            |
|                        | RUH                |  |         |            |            |            |            |            |
|                        | GWH                |  |         |            |            |            |            |            |
|                        | SFT                |  |         |            |            |            |            |            |
|                        | Community          |  |         |            |            |            |            |            |
| WCC Green list numbers | RUH HSW team       | numbers of customers who are ready for discharge, but not yet on DToC list |         |            |            |            |            |            |
|                        | GWH HSW team       |  |         |            |            |            |            |            |
|                        | SFT HSW team       |  |         |            |            |            |            |            |
|                        | Community HSW team |  |         |            |            |            |            |            |
|                        | STARR              |  |         |            |            |            |            |            |

## Appendix 7

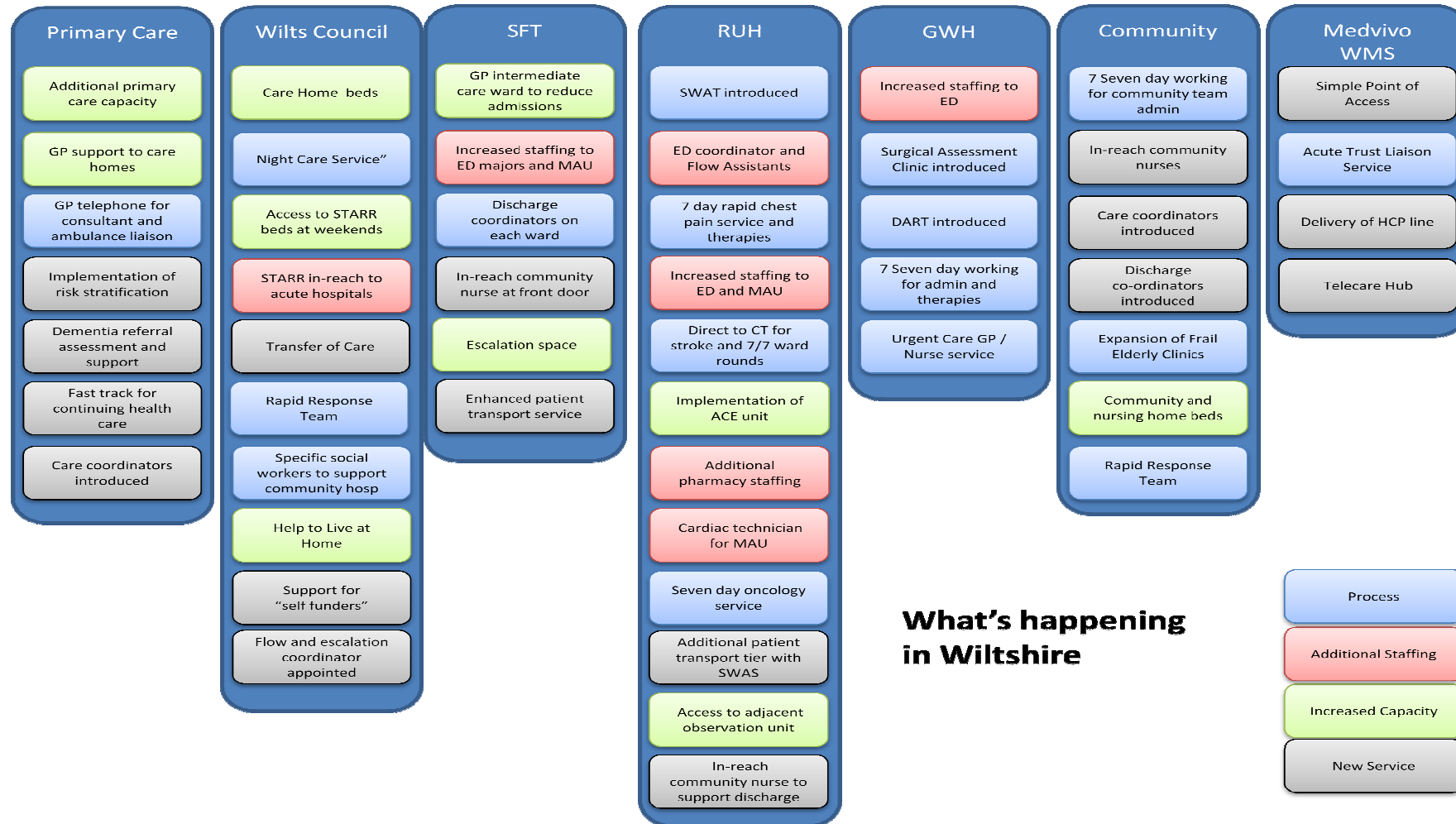
### Glossary

|                  |  |
|------------------|--|
| <b>A&amp;E</b>   | Accident and Emergency Department of acute hospitals   |
| <b>ATC</b>       | Access to Care – Single Point of Access for professionals accessing healthcare services (provided by Medvivo)                      |
| <b>ATL</b>       | Acute Trust Liaison Teams – Access to Care staff who in-reach to the 3 acute hospitals   |
| <b>B&amp;NES</b> | Bath and North East Somerset CCG (Lead Commissioners for Royal United Hospital, Bath   |
| <b>CCG</b>       | (Wiltshire) Clinical Commissioning Group   |
| <b>DTOC</b>      | Delayed Transfer of Care – health or social care related   |
| <b>EDS</b>       | Emergency Duty Service (Social Care out-of hours)  |
| <b>GWH</b>       | Great Western Hospital, acute hospital in Swindon  |
| <b>HTLAH</b>     | Help to Live at Home service   |
| <b>HWS</b>       | Hospital Social Work   |
| <b>MAU</b>       | Medical Assessment Unit in acute hospital  |
| <b>NEW</b>       | North East Wiltshire locality of the Wiltshire Clinical Commissioning Group (Great Western Hospital -facing)                       |
| <b>NT</b>        | Neighbourhood Team – Community Health services   |
| <b>OSJ</b>       | Order of St John Care Home Trust, residential homes on block contract to Wiltshire Council   |
| <b>POC</b>       | Package of Care at home  |
| <b>RCA</b>       | Root Cause Analysis  |
| <b>RUH</b>       | Royal United Hospital, Bath, acute hospital in Bath  |
| <b>Sarum</b>     | South Wiltshire locality of Wiltshire Clinical Commissioning Group (Salisbury District Hospital-facing)                            |
| <b>SFT</b>       | Salisbury Foundation Trust (Salisbury District Hospital), acute hospital in Salisbury  |
| <b>STARR</b>     | Step to Active Recovery and Return. Intermediate care beds jointly commissioned by Wiltshire Council and Wiltshire CCG             |
| <b>WWYKD</b>     | West Wiltshire, Yatton Keynell and Devizes locality of Wiltshire Clinical Commissioning Group (Royal United Hospital Bath-facing). |

### Initials

|           |  |
|-----------|--|
| <b>AO</b> | <b>Programme Manager, Strategy &amp; Commissioning</b>     |
| <b>CH</b> | <b>Carolyn Hamblett, Head of Service, Operations</b>       |
| <b>DE</b> | <b>Debbie Elliott, Programme Lead, Health Partnerships</b> |
| <b>DM</b> | <b>Debbie Medlock, Associate Director</b>                  |
| <b>JC</b> | <b>James Cawley, Associate Director</b>                    |
| <b>NG</b> | <b>Head of Service, Strategy &amp; Commissioning</b>       |
| <b>SG</b> | <b>Head of Service, Strategy &amp; Commissioning</b>       |

**Appendix A – summary of projects across the whole system in Wiltshire**



## Version Control

|                      |   |
|----------------------|---|
| <b>Version</b>       | <b>Draft 0.10 Amended to include glossary and chart of projects</b>     |
| <b>Date</b>          | <b>24.11.2013</b>   |
| <b>Author</b>        | <b>Sue Geary</b>  |
| <b>Circulated to</b> | <b>Service Directors, Wiltshire CCG</b>                                 |
| <b>Notes</b>         | <b>Circulated to CCG Urgent Care Lead 25<sup>th</sup> November 2013</b> |