System preparedness for winter

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Winter 16/17: principles

 Winter plan & escalation plans (system and partner-level)

Reflects learning from previous winters

Mitigating risks

Main risks

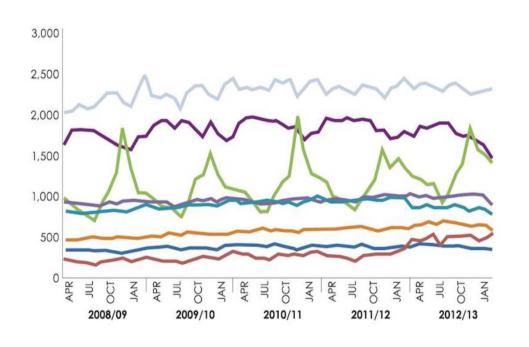
- Maintaining patient flow across the health and social care system
- Lack of domiciliary capacity
- Cold weather & associated spike in respiratory cases
- Influenza (flu)
- Staff retention and sustainability during the busiest months and major system change

Resilience monies £4m for 16/17

Priorities:

- Frailty service at QMC provides early intervention to frail older patients at the front door; including additional medical, nursing, therapists, community teams, community capacity – 'Home First'
- Enhanced primary care at the front door to reduce admissions
- More respiratory capacity

Seasonal variation of A&E admissions by diagnostic grouping



AVERAGE NO. OF DIAGNOSES FOR PATIENTS ADMITTED FROM A&E, BY AGE GROUP



Mandated areas of the plan

- Flu planning
- Adverse weather plan
- Communication plan
- Collaborative operational planning
- Outbreak plans D & V, Norovirus
- Focus on high risk groups & admission avoidance

Local flu strategy

Flu vaccination campaign launched October

Provider and community uptake target: > 75%

- Priorities for 16/17
 - Improving uptake in 2, 3 and 4 year olds, pregnant women and healthcare and social care staff
 - Financial incentive for providers

A multi-agency approach to communications

 Joined up communications campaign (proactive & reactive)

 Press releases and social media content scheduled throughout winter

Adapted locally to signpost to local services

Collaborative operational planning

Incl. social care and mental health services

Agreed daily SITREP (status) calls

Clear escalation & actions when a partner organisation is in red escalation

Norovirus/D & V

 Impact on bed closures both in the acute hospital and in community

 All providers have managed outbreak plans to avoid and contain any impact

Local Authority preparations for winter

TO FOLLOW