

NCA Winter Preparedness 2025

Part 1 - Summary

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- Background

- This year the Chair and Chief Executive were required to sign off a Board Assurance Statement to ensure the Trust's Board has oversight that all key considerations have been met.
- The Assurance Framework required the NCA Board to be assured that winter preparedness plans have been developed with the involvement of partner organisations in the local health and care systems.
- Surges in demand can impact the organisation at different periods across the year. The most sustained period of demand is generally from October – March. This demand presents in waves and is largely driven by three key pathways; **paediatrics, respiratory and trauma**. Testing of the plans has included plans for increasing bed capacity to accommodate a 10%/20%/30% increase in demand for these pathways.
- Winter preparedness has focused on creating capacity to deal effectively and safely with additional demand recognising that winter escalation capacity is dependent upon our people availability.
- Keeping our workforce healthy and in work will be essential to delivery of our plan. Vaccination is the single best preventative measure against the flu virus that circulates each winter.
- Our plans have been developed with partners across our localities and with the North West ambulance service. The plan has been tested at a NW Region-led event and will be tested further at in an EPPR NCA exercise focussing on the key pathways where demand is likely to rise
- Preparation commenced in July 2025, the start of three staged submissions to NHSE and GM ICB. The plan is a 'live plan' which is reviewed and updated regularly.

Winter Priority Focus

- 3 pathways have been identified as key areas of impact for winter – Paediatrics, Respiratory conditions, Trauma.
- Analysis has been undertaken on the impact of these pathways on admissions and additional bed capacity requirements. (see end of slides)
- Care Organisations and localities have escalation capacity identified that are subject to further EPRR testing to withstand scenarios of capacity surge at 10/20/30%. Capacity plans include use of SDEC, Frailty SDEC, community respiratory hubs, outpatient 'hot clinic slots' and Hospital@ Home as well as in-patient escalation beds.
- Specifics against each of these priority areas are included in each Care Organisation plans and will be tested further at an NCA EPRR testing event on 29th September.
- Staff are our capacity in Winter and keeping them healthy and in work is key to our plan. A focus on vaccination, welcome back conversations, and delivering on the commitments we make through listening to staff feedback will be essential to maintaining and improving our absence rates during the winter viral illness period. Care Organisation management of annual leave and rotas over key peak period of demand will ensure our workforce capacity meets patient demand.
- Infection and Prevention and Control teams have a critical role to play over winter. As viral load increases, we need to adjust our capacity to meet that demand, focussing on managing transmissions and outbreaks within our hospitals which add further pressure to an estate that has a constraint on side rooms and isolation facilities.

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- Structure of the Plan

- The NCA plan is structured to take account of NCA wide actions, Care Organisation specific actions (inclusive of locally developed system plans), and those specific to corporate functions such as vaccination, Infection Prevention Control, Workforce wellbeing, and Diagnostics and Pharmacy.
- The plan is structured into the following;
 - **Planning and preparation activities and pre-winter implementation** – this includes services or interventions that have been put in place since the previous winter, and any data planning and prep that may have been done in your care Orgs or systems.
 - **Daily rigour** – these are the activities we have in place to manage flow and sites on a daily basis
 - **Escalation interventions** – this includes policies and activities we undertake when escalating/in escalation
 - **Scheduled developments** – these are being introduced over the winter period
- Following the NW Winter Aegis exercise on 8th September, additional themes and activities were identified where we could strengthen our plans and responses. This includes use of retrospective data to support surge prediction, and strengthening support for paediatrics.
- Further stress testing of the plans will take place across the NCA on 3rd October.
- Financial provision has been aligned to the winter plan, specifically for staffing of escalation areas when in high Opel scores and for our vaccination programme. Risks and mitigations have been outlined and continued attention must be paid to the actions outlined to control those risks.
- A full QIA and EIA has been approved by the Chief Medical Officer and Deputy Chief Nursing Officer.

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– Key Content

- **Vaccination** – We have established a target and plan to increase workforce flu vaccination rates by >18% this year, to 50%. Our midwives are actively engaged in offering our women who are >28 weeks pregnant the RSV vaccine to prevent respiratory syncytial virus which is a key cause of paediatric demand surge.
- We have modelled the **capacity and demand** based upon previous years to support our planning. Surge commencement dates are predictable and we have modelled bed capacity on 10/20/30% increase in admissions. Staffing in key areas and key roles have been expanded to cover Bank Holiday periods, and key winter months.
- A focus on **safe discharge** back to peoples own homes with community support forms significant content including reduction on Days Kept Away from Home, and a reduction in length of time in specific specialities of Respiratory, General Medicine and Geriatric Medicine.
- **Hospital at Home (virtual ward)** pathways are being expanded to include Flu, Paediatrics and Cardiology/Heart Failure, in the first instance.
- **Infection Prevention and Control** has a specific focus including strengthened support and visibility on our wards, our bed meetings, and weekend on-call. Our cohorting policies, daily patient reviews, microbiology and pharmacological support, staff hand hygiene and PPE are all key enablers to maintaining good patient flow, prevention of cross infection and reduced length of hospital stay.
- **Escalation policies and activities** to support surge demand are included including Full Capacity Protocol, increasing Long Length of Stay meetings, User of Mental Health Action Cards and increased Executive level safety meetings and resolution discussions with PCFT and GMMH are included.
- Admission avoidance through the use of **Call Before Convey** to support paramedics to make best use of admission options is established across all NCA localities and continuous monitoring and improvement of the scheme is ongoing.
- Increasing the use of the **Frailty/Same Day Emergency Care** is an essential part of our winter preparedness, as is the testing and implementation of a **Care By Appointment** model for people attending A&E with minor injuries, who can safely return to hospital the following day.
- Additional support to community based **Respiratory Hubs** is reflected, whilst these are delivered by primary care, they are a key part of surge management of Respiratory conditions, and the admission avoidance and discharge pathways for secondary care.

Leadership Responsibilities

Leaders (Who)	Responsibilities (What)
Chief Delivery Officer, Chief Officers and Operational teams	Overall accountability for Winter Plan execution. Through Chief Officers and operational teams ensure capacity plans in place to meet surge, align EPRR testing of plans and organisational support. Ensure good flow of patients through effective site management and escalation. Operational support to clinical teams and across key BH periods
Chief Medical Officer and Medical Leaders	Effective leadership of ward rounds and boards rounds, focussing on EDD and discharge decisions alongside admission avoidance and SDEC pathways. Assure medical rotas are aligned to meet patient demand
Chief Nursing Officer and Nurse/AHP leaders	Vaccination Plans, Infection Prevention and Control plans, supporting ward rounds and boards rounds, strengths-based care and criteria led discharge. Community nursing and AHP teams providing urgent response and step up care. Assure nursing rotas are aligned to meet patient demand
Chief of People and HR business partners	Good occupational health support and response to support staff back to work, timely management of employee related cases where staff not in work
Chief Digital Officer and Digital teams	Ensure digital projects over winter are well managed, delivered on time and with business continuity plans in place and well understood.
Chief Finance Officer and Finance teams	Ensure that winter response monies are identified within financial forecast, working with teams to manage and mitigate spend appropriately to align to finance plan delivery
** Executive with Place Based leadership roles to work with Chief Officers to ensure plans across locality are connected and aligned, act as a point of escalation for locality risks and issues	