

## Winter Plan 2015/ 2016

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7.7	2015-10-26	Update following publication of the NHS England and Public Health England Cold Weather Plan for 2015	RO	Draft

## Winter Plan – Key Points

- All staff are to be aware of the content of this plan and their associated actions at each Cold Weather Alert Level
- Pregnant women are this year included as a 'vulnerable' group
- Because the majority of the burden of cold-related ill-health occurs at moderate outdoor temperatures (from 4-8°C), there is now an increased emphasis on level 0 (year-round planning) and level 1 (winter preparedness and action) to protect 'at risk' population groups
- LDU Directors, Quality Leads, Senior Managers and Team Managers are required to sign up to receive Cold Weather Alerts. See Section 9 – Cold Weather Alert System for more information and instructions on how to sign up.
- Robust plans must be in place to ensure that, regardless of the weather disruptions being experienced, staff are able to report for duty as usual and are able to deliver critical inpatient and community services.
- All staff are to be aware of their own personal resilience and how to improve it. They are to ensure they have personal contingency plans in place to respond to events such as school closures.
- In the event that the weather has a significant effect on the Trust's ability to deliver services and ensure the continued care and safety of service users, the Trust will implement escalation procedures. Escalation reporting is through the normal routes. In conjunction with this, SitRep reporting will be implemented. Reference should be made to Section 16 and Appendix A for the SitRep template.
- 4 x 4 vehicles will be available for use to ensure continued care and safety of service users in the community. The mechanism for requesting access to these vehicles will be published on the intranet and to Managers when a Level 2 – Severe Weather forecast alert is issued. These vehicles are **not** to facilitate staff getting to and from their normal place of work.
- The Trust Emergency Planning pages (Winter Planning & Preparedness) on the intranet contain links to a number of useful websites including Weather actuals and forecasts, road gritting and traffic information maps.
- The Trust Emergency Planning pages (Winter Planning & Preparedness) on the intranet contain a couple of service user leaflets "Keep Warm Keep Well" and "Top Tips for Keeping Warm and Well". These are to be made available to service users and their carers.
- The Trust Emergency Planning homepage contains a leaflet for staff entitled "Planning for Emergencies – Personal Resilience". This should be made available to all staff.

Further winter / severe weather preparedness information and resources are available on the internet by following these links:

- [Trust Emergency Planning intranet site](#)
- [Get Ready for Winter](#)
- [Met Office Cold Weather Alerts](#)
- [Highway Agency – Traffic Information](#)
- [Public Health England – Winter Health Watch](#)
- [NHS Choices Winter Health](#)
- [Age UK](#)

*(AWP is not responsible for the content of external websites)*

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## 1. List of Abbreviations

A&E	See ED below
AMHP	Approved Mental Health Practitioner
CCG	Clinical Commissioning Groups
COPD	Chronic Obstructive Pulmonary Disease
CPA	Care Programme Approach
DGH	District General Hospital
ED	Emergency Department – <i>replaces Accident and Emergency</i>
ICC	Incident Control Centre (Jenner House – Trustwide)
ICT	Infection Control Team
IRC	Incident Response Centre (Locality Delivery Unit Specific)
LDU	Local Delivery Unit / Locality Delivery Unit
LHRP	Local Health Resilience Partnership
LPG	Liquefied Petroleum Gas
LRF	Local Resilience Forum
MH	Mental Health
MRSA	Methicillin Resistant Staphylococcus Aureus
PALS	Patient Advice and Liaison Services
SitRep	Situation Report
TIA	Transient Ischaemic Attack
WHO	World Health Organisation

## 2. Introduction

Preparedness for the challenges that winter and the holiday season may bring is important to ensure that safe, effective and quality services continue to be delivered throughout the year. Although Acute Trusts may experience a winter-related seasonal surge in demand due to increased illness and injury, historically this has not proved to be a problem for AWP. In actual fact, evidence demonstrates that demand falls within AWP over Christmas and New Year. January sees an increase in demand on Intensive Services and February sees an increase in demand for the Recovery Services. For this reason, the Winter Plan, (as far as practicable), is to use existing policies, procedures and protocols, with appropriate escalation to support them.

This Winter Plan will sit alongside partner organisations' emergency planning for access to specific services such as Section 11 Medical Services, and Local Authority AMHP services.

The Winter Lead within Avon and Wiltshire Mental Health Partnership NHS Trust is:

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## 3. Scope

This Winter Plan has been developed in order to ensure minimum disruption to mental health service delivery throughout the winter, and specifically, across Christmas and the New Year 2015 - 2016. This plan will link in with the Winter Plans of partner organisations, including the CCGs, Acute Trusts, Local Authorities and Ambulance Trusts.

The AWP Winter Plan is shared externally with NHS England Area Teams and is available through the Local Health Resilience Partnership to group members. Internally, the Plan is developed by relevant teams, shared through relevant Operations meetings and the Trust Resilience Group.

The LDU Management Teams are responsible for ensuring that all staff within their LDU understand the content of the Plan, their roles and responsibilities and the implications of the Plan.

Once ratified, the Winter Plan will be available on the Trust Intranet.

The Winter Plan also seeks to ensure that any risks to the health and safety of staff, Service Users and visitors are managed, in line with the Trust's Health and Safety Policies.

The Winter Plan is intended to highlight three main areas of mental health service provision for each Local Delivery Unit (LDU), namely:

- Emergency Mental Health Services,
- Community Mental Health Services and
- Inpatient Mental Health Services.

and to ensure that business continuity plans are in place to underpin these.

It is important that AWP is able to demonstrate plans that address the following key areas:

- Clearly defined escalation plans,
- Plans for the provision of additional capacity if required,
- Communication within the organisation and with partner organisations, as well as with Service Users and members of the public,
- Contingency plans for key risks during the winter.

#### **4. Monitoring & Audit**

The Winter Plan will be monitored throughout the winter by the Resilience Manager to ensure that any required updates are implemented and actions are taken. This will be done as part of the agenda of the Trust Resilience Group, which may convene an extraordinary meeting if required to manage any winter risks or hazards that may arise. In addition, the Resilience Manager will undertake horizon scanning and issue an early warning of potential disruption if necessary. Severe Weather warnings from the Met Office are received by the Resilience Manager and by all LDU Directors and Senior Managers to enable key actions and preparations to be taken. The Resilience Manager will ensure that the Executive Director on call is aware of Severe Weather warnings as necessary

The Winter Plan will be reviewed and updated as new guidance or best practice becomes available. The plan is shared with LHRPs, partner organisations and commissioning CCGs for peer review and inclusion in their winter plans.

#### **5. Responsibilities**

This Winter Plan will be informed by guidance from the Department of Health, NHS England and Public Health England, and requirements of the Clinical Commissioning Groups (CCGs). It is also informed by key directorates, LDUs and with input from key stakeholders. The Winter Plan will be disseminated throughout the organisation and to partner organisations so that information regarding winter planning is available to all persons who may require it.

The Chief Executive Officer is responsible for emergency preparedness within the Trust (delegated to the Acting Director of Operations as Accountable Emergency Officer), and for ensuring that all staff are aware of the Winter Plan and the actions required from them at each Cold Weather Alert Level.

It is the responsibility of each Executive Director to ensure that staff are aware of winter arrangements and how to access the Winter Plan should they require it, of relevant Human Resources Policies, local contingency plans for staffing, major incidents, flu and any other locally identified risk, and how to escalate issues swiftly and appropriately.

It is the responsibility of LDU Clinical and Managing Directors to ensure that all staff within their LDU know where to locate the Winter Plan, and understand the content and actions required of them at each of the alert levels. It is crucial that LDU staff are familiar with how to escalate issues to senior managers.

##### **5.1. Accountable Emergency Officer**

The Acting Director of Operations is the Executive Lead for Emergency Preparedness within the Trust. This role is delegated from the Chief Executive. The Accountable Emergency Officer will represent AWP at Local Health Resilience Partnership Strategic groups.

## **5.2. Acting Operations Director**

The Acting Director of Operations is also the Winter Lead and is responsible for ensuring the continued safe and effective delivery of mental health services throughout the winter period. The Acting Director of Operations is the Executive Flu Lead (delegated to the Resilience Manager) for the Trust.

## **5.3. Executive On-Call**

The Executive Director On-Call is responsible for communication and liaison with partner organisations in a period of crisis, and for representing the interests of AWP if a health community major incident is declared due to winter pressures. The Executive Director on call is also responsible for ensuring that they support other organisations where assistance is requested.

## **5.4. Medical Director**

The Medical Director or deputy is responsible for securing adequate and appropriate medical cover for Service Users and for ensuring continuity of medication provision from the pharmacy hub throughout the winter period, including liaison with Acute Trusts to provide medical care for physically unwell mental health patients where necessary.

## **5.5. Resilience Manager**

The Resilience Manager is responsible for the development of the Winter Plan and for co-ordinating AWP's emergency response if an internal significant incident or external major incident is declared. The Resilience Manager is also responsible for ensuring up to date seasonal flu plans are in place. The Resilience Manager will represent the Trust at Local Health Resilience Partnership Working Groups (LHRP), and other local networks as required.

## **5.6 Health and Wellbeing Manager**

The Health and Wellbeing Manager will work with Operations and Resilience to deliver a program of seasonal flu vaccinations and advice to all staff. The Health and Wellbeing Manager is the Seasonal Flu Planning Lead.

## **5.7 Head of Nursing & Infection Control Team**

The Head of Nursing, deputy and Infection Control Team are responsible for delivering infection control measures and advice throughout the winter period, and in particular will direct the management of infection outbreaks including ward closures and isolation where required, in liaison with partner organisations through AWP representation on the local networks.

## **5.8 Head of Human Resources**

HR will have plans and policies in place to enable staff attendance at work during inclement weather and to support staff redeployment as necessary to ensure continued service delivery.

# **6 Operational Readiness and Mental Health Service Provision during the Winter Period**

The Acting Director of Operations or deputy will link in with local partner organisations in order to ensure that clinical services to mental health patients are not unduly disrupted over the winter period.

AWP will continue to be represented at operational networks across the Local Resilience Forums, Health sub-groups, winter planning groups and the LHRP Groups across the region. AWP will participate in health community winter planning and surge exercises.

## **6.1 General**

Operational Directors and Senior Managers should be aware that the aggregation of increased staff sickness, holidays, adverse weather conditions delaying appointments / transfers etc., all put pressure on the care pathways for service users. Operational Managers need to consider this and be aware of how a decision in one part / area / service of the Trust can have a knock-on impact to others.

Operational Directors and Managers are, therefore, required to plan for building capacity in the system at a time when risk is increased.

- There will not be an increase in community staffing availability leading up to and for the duration of the Christmas and New Year period although every effort will be made to fill vacancies through the internal Bank. Reviews have demonstrated that increased staffing over Christmas and New Year does not significantly improve or enhance service delivery.
- All Operational Directors and Managers will constantly review the pressures on all areas of the services they offer and will take action to provide additional resources to pressure points within the available budget, and communicate any difficulties with resourcing to the Resilience Manager for inclusion in the agenda of any extraordinary Trust Resilience Group meetings that may be called.
- These issues will also be escalated through the on-call managers, who are available 24/7 and can call on additional appropriate resources.
- Staff cover will be available as normal through the Intensive Teams.
- All 24 hour services will be maintained as normal i.e. In-patient units & Intensive Teams
- All Recovery and CIT Teams will be staffed to normal bank holiday levels in the period between Christmas and New Year.
- Where applicable, day services will be provided as normal.
- Other arrangements will be made on an individual basis through individual care planning.
- All team members will identify potential vulnerable Service Users and/or carers and ensure that there is a robust care plan and care pathway in place. Individual care plans will identify the needs of Mental Health Service Users and care will be provided to meet those needs.
- Where applicable, AWP will work in partnership with acute Trusts, community health service providers, local authorities and other specialist organisations such as prisons to ensure that the mental health needs of Service Users are met.
- The care planning process will identify the best outcomes for Service Users. Issues may arise over funding. Placement into residential or nursing care must only be made on the completion of a full assessment and not be seen as a short term solution with long term consequences.
- Discussions will take place with the domiciliary care providers regarding their availability to take on any new work over the Christmas period. Individuals are identified through care plans and existing service providers.
- Managers will be available throughout the period to assist with the decision making process.
- All LDUs will ensure that, where there are critical activities, there are Business Continuity plans in place that support these in the event of failure. Any failure of critical activities should be communicated to the Resilience Manager for inclusion in the agenda of extraordinary Trust Resilience Group meetings or for potential activation of the Incident Management Team.
- All LDUs will ensure that staff are aware of on-call arrangements and are able to access guidance from senior managers 24 hours a day, including during bank holiday periods.
- All LDUs will ensure that staff are aware that they should continue to adhere to normal working practices during the holiday period, including compliance with health and safety regulations and HR policies and procedures.

## 6.2 Primary Care Liaison, Intensive and Recovery Services

Local Delivery Unit Directors are responsible for establishing operational protocols, and for ensuring the effectiveness and continuity of those protocols during peak periods of demand. This should be based on business continuity plans for each area, taking into account the business impact analyses that have been conducted to identify critical services.

Strong consideration will also be given to how the flexibility and swiftness of response of AWP services can affect partner organisations.

AWP will endeavour to ensure that safe, optimally swift, responsive and effective services continue throughout the winter period to minimise the risk of adversely impacting partner organisations.

## 6.3 Psychiatric Liaison and Rapid Response Arrangements

Arrangements are in place across all District General Hospital (DGH) sites in respect of urgent requests for mental health assessment through either:

- General hospital mental health liaison teams (where provided by AWP) - working hours vary across the Trust, managers should confirm mental health liaison team availability in advance with their local DGH
- Intensive teams – all out of office hours requests & referrals

A standardised process of mental health triage is in place at all DGHs, and this facilitates referral and subsequent assessment. Normal practices and procedures accessing relevant teams remain in place for the Christmas and New Year period.

Where commissioned, DGHs have access, via their respective mental health liaison teams, to AWP operational managers should there be a need to escalate response times or increase capacity. The on call senior manager can be contacted out of hours on the numbers AWP publishes on the weekly on call rota, a copy of which is provided to stakeholders.

Services provided vary from hospital to hospital, dependant on the services commissioned. For example, at University Hospital Bristol, AWP is only commissioned to provide a Consultant Psychiatrist; Mental Health Assessments are provided by Social Workers employed by the Local Authority, working in partnership with AWP. The request for a Mental Health Assessment is made by ED to AWP, AWP then cascade this request to the social workers. If a response priority is given by ED, this will also be communicated to the Social Workers.

If a priority is given by a hospital, AWP would attempt to respond to that priority based on capacity and availability. This service is provided by the Liaison and intensive teams.

Seven day working is provided at Weston General Hospital in Weston-Super-Mare and Great Western Hospital in Swindon by the AWP Intensive teams and their response is on a priority basis. AWP is not commissioned to provide 7 day working elsewhere.

**Clearly, to support hospitals with their 4 hour ED targets, early notification of a requirement to attend is essential. For example, if AWP are advised of a requirement to attend for an urgent MH assessment 3.5 hours into the 4 hour ED target, it would be unlikely that AWP would meet the target deadline. Therefore AWP would need to be advised of the requirement immediately post triage of a patient needing a MH assessment. To enable AWP to respond effectively, we require hospitals to inform the Intensive teams of the priority of the assessment on first contact. AWP will do its utmost to respond to assessment requests on a priority basis.**

## 6.4 Discharge Planning and Reducing Length of Stay

AWP remains cognisant of the pressure that acute and community partners experience during times of increased demand, and will ensure that a responsive and swift service is offered to all service users that require it, including those who are inpatients in acute Trusts. Where discharge planning has identified that a patient is likely to require

discharge from an acute Trust into an AWP facility, the appropriate Psychiatric Liaison service should be contacted as soon as possible to allow arrangements to be in place before discharge. Only patients medically fit and safe for discharge would be considered.

## **6.5 Emergency Mental Health Services**

- Service Users will access emergency mental health services in the same way as normal, using the usual referral routes.
- LDUs will monitor staffing levels in the same way as normal, ensuring that every shift is covered with sufficient staff to maintain a safe service. If it is possible that a shift will not be covered, this will be escalated to the appropriate manager so that staffing contingencies can be invoked, such as using bank staff or cross cover arrangements.
- It is the responsibility of the LDU Directors to ensure that there is sufficient staff cover over holiday periods.
- It is the responsibility of the LDU Directors to ensure that robust on call arrangements are in place, and that these have been communicated to the Resilience Manager.

## **6.6 Inpatient Mental Health Services**

- All LDUs will ensure that the CPA for each service user is up to date before the holiday season. This will ensure that decisions can be made in the best interest of each service user, with minimum delay, for example, if there should be a need to swiftly assess any person for discharge into the community.
- All LDUs will ensure that there are safe levels of staffing at each unit, and that, where there is a possibility that a safe level of staff cannot be maintained, this is escalated swiftly to senior management of the LDU.
- The Procurement team has ensured that supply chains are robust and that all major suppliers have contingency plans in place to cover their services in case of major incident.

## **6.7 Recovery and CIT Teams**

- Where temperatures are forecast to drop significantly, community teams are to ensure they cascade that information to the Service Users within their care. This is to ensure that the Service User and or carer is suitably warned and prepared for the low temperatures. For periods of extended low or sub-zero temperatures, community teams may be required, if necessary, to make more frequent checks on the wellbeing of the Service Users within their care.
- Recovery and CIT services will continue to accept referrals and manage these in the normal way.
- If there is an increase in demand which could lead to risk that Service Users are not seen within a safe period of time, this will be escalated to the senior management of the LDU.
- Service Users will be given information which will detail how to contact teams during the holiday period.
- Team leaders and managers will ensure that staff are aware of the Lone Worker Policy and are supported in adhering to it, including ensuring that positive mobile phone communication is possible (e.g., there is someone who the lone worker can call in to, and who will know the lone worker is missing if they fail to report in.)

## 6.8 Bath and North East Somerset LDU Specific Arrangements

BaNES LDU Winter Planning Lead – Liz Richards – Managing Director – [Lizrichards@nhs.net](mailto:Lizrichards@nhs.net)

<p>Plans for maintaining services through adverse weather such as heavy snow falls.</p>	<p>Implementation of Cold Weather Alert and DH Cold Weather Plan Actions for the Trust Winter Plan 2015/16. With reference to the B&amp;NES LDU Service Continuity Plan;</p> <ul style="list-style-type: none"> <li>• Critical Services should be maintained by moving staff from other services to those deemed critical,</li> <li>• Minimum safe staffing levels for all services should be continually monitored and maintained,</li> <li>• Inpatient and Crisis Services have the highest priority but reduction of inpatient numbers could be considered advantageous, where safe and appropriate, throughout the incident period by implementation of accelerated discharges,</li> <li>• Depending on circumstances, suspension of new admissions and use of alternative sites internal or external to the Trust should be considered,</li> <li>• Early Intervention, Community Mental Health Teams, Psychology Services and other Therapies Teams could either reduce or suspend their services to enable personnel to support the Critical Services,</li> <li>• Services which support the delivery of critical activities, functions or services must be maintained.</li> </ul>
<p>Details of partnership working with acute trusts, community health services and social care to support patients with complex needs in the community and during a hospital admission</p>	<p>The LDU has established partnership working with the local acute trust, for example, regular joint meetings re mental health liaison with the Royal United Hospital. There are established working relationships with community services. B&amp;NES has an integrated mental health &amp; social care service. We are working in partnership with St Mungo's. A Move on Worker was recruited to the Ward to help with the transition from Ward back to the community. Bids have been submitted for improving Crisis Care and Early Intervention in Psychosis – for Street Triage, Liaison for Older Adults, Personality Disorder, Community Support, Early Intervention and links to avoiding crisis.</p>
<p>Arrangements for maintaining service levels in event of pandemic / outbreak or high sickness levels</p>	<ul style="list-style-type: none"> <li>• Critical Services should be maintained by moving staff from other services to those deemed critical,</li> <li>• Minimum safe staffing levels for all services should be continually monitored and maintained,</li> <li>• Inpatient and Crisis Services have the highest priority but reduction of inpatient numbers could be considered advantageous, where safe and appropriate, throughout the incident period by implementation of accelerated discharges,</li> <li>• Depending on circumstances, suspension of new admissions and use of alternative sites internal or external to the Trust should be considered,</li> <li>• Early Intervention, Community Mental Health Teams, Psychology Services and other Therapies Teams could either reduce or suspend their services to enable personnel to support the Critical Services,</li> <li>• Services which support the delivery of critical activities, functions or services must be maintained.</li> </ul>

Details of capacity planning for potential increased demand for services including bank holiday and post bank holiday period	Team caseloads, bed capacity and delays to discharge are continuously monitored through regular multi-professional meetings.
Details of workforce plans to ensure service delivery including bank holiday, post bank holiday and adverse weather plans	Implementation of Cold Weather Alert and DH Cold Weather Plan Actions for the Trust Winter Plan 1015/16 as above. Workforce planning specifically around clinical team duty rotas for Xmas and the holiday period is currently in progress and will be finalised over the next month (e.g. Xmas duty rotas) Staff leave is planned, in the main, for the financial year 12 months in advance.
Evidence of modelling and increased capacity to respond to known peaks in demand over the holiday period particularly in relation to Emergency Department psychiatric liaison services.	Acute Hospital Liaison and Intensive teams in B&NES are 24 hour services
Details of plans to support reduced length of stay through timely discharge from acute trusts	The LDU will regularly liaise with the local acute trust through hospital liaison and management discussions to ensure timely discharge and transfer from the acute trust.
Details of arrangements agreed to ensure access to services and primary care cover for the Christmas/New Year holiday period and to identify and maintain vulnerable people in the community	Implementation of Cold Weather Alert and DH Cold Weather Plan Actions for the Trust Winter Plan 2015/16. Primary Care Liaison, Hospital Liaison, Care Home Liaison services and Intensive Services (rapid response) continue to operate as normal throughout holiday periods. Acute Hospital Liaison and Intensive teams are 24 hour services
Details of the psychiatric liaison and rapid response arrangements over the winter period and including arrangements for Christmas and New Year holiday period	Implementation of Cold Weather Alert and DH Cold Weather Plan Actions for the Trust Winter Plan 2015/16. Primary Care Liaison, Hospital Liaison, Care Home Liaison services and Intensive Services (rapid response) continue to operate as normal throughout holiday periods. Acute Hospital Liaison and Intensive teams are 24 hour services
Plans for specific additional support being made available for mental health clients (including alcohol and substance users) to support them in the community over the Christmas/New Year holiday period?	Implementation of Cold Weather Alert and DH Cold Weather Plan Actions for the Trust Winter Plan 2015/16.

## 6.9 Bristol LDU Specific Arrangements

Bristol LDU Winter Planning Lead – Sarah Branton – Managing Director -  
[sarah.branton@nhs.net](mailto:sarah.branton@nhs.net)

<p>Plan for the provision of mental health services</p>	<p>The Trust has a detailed Winter Plan which will be used within Bristol.</p> <p>Priority will be given to maintenance of all key 24/7 services, specifically in-patients at Callington Road, Southmead and Brentry, and the crisis response from the Bristol Crisis Team at Callington Road. The Crisis Team is going through a sectorisation process this autumn which will link it more effectively to the three localities within Bristol, and this will strengthen links to primary care and also South Bristol hospital.</p> <p>Discussions are occurring at present with UHB regarding increased Liaison resources from this winter onwards and ensuring close working relationship between the AWP Psychiatrists, UHB Liaison Team and AWP Intensive Team in order flex response if needed in or out of hours.</p>
<p>Plans for maintaining services through adverse weather such as heavy snow falls.</p>	<p>Standard AWP Winter preparedness and cold weather actions.</p>
<p>Details of partnership working with acute trusts, community health services and social care to support patients with complex needs in the community and during a hospital admission</p>	<p>AWP is an active partner in the Bristol Urgent Care Network and Better Care Fund and has developed shared plans with UHB, NBT, BCH and BCC.</p> <p>There is a UHB Steering group for Mental Health which plans for issues between AWP and UHB which will be the main vehicle for inter Trust liaison.</p> <p>In UHB and NBT, AWP have a Bristol and South Glos Later Life Liaison (Older People) Team including nurses.</p>
<p>Arrangements for maintaining service levels in event of pandemic / outbreak or high sickness levels</p>	<p>Service Delivery will be prioritised for emergency and urgent frontline services, particularly Bristol Crisis Team and inpatient wards.</p>
<p>Partnership working with acute trusts, community health services and social care to support patients with complex needs in the community and during a hospital admission</p>	<p>Continued close working relationships with Bristol City Council Social services regarding community work, Mental health Act Assessments, in-patient discharges – direct manager to manager contact occurs in working hours and between Intensive and EDT out of hours. Siting of AWP Psychiatrist now in Southmead is improving NBT links; Mental Health Steering Group, joint Psychiatrist-Liaison Nursing working, and senior manager interface will ensure close interface with UHB.</p>
<p>Details of capacity planning for potential increased demand for services including bank holiday and post bank holiday period</p>	<p>Winter Plan discussions have commenced across health system with options being explored for mental health reprioritisation of waiting admissions if extreme pressure on Acute Trusts.</p>
<p>Details of workforce plans to ensure service delivery including bank holiday, post bank holiday and adverse weather plans</p>	<p>If necessary staffing levels of wards and teams will be adjusted for any anticipated peaks in demand although at this stage none are expected.</p> <p>Full staffing levels prepared for all 24/7 services, including Bristol Intensive. For mental health, Police liaison is high priority with options being discussed for shared police – mental health staff working Street Triage The Section 136 Place of Safety at AWP ward in Southmead Hospital is now running. Assessment and Recovery teams are currently transitioning their services to the new service</p>

	model which will increase working hours across the week.
Evidence of modelling and increased capacity to respond to known peaks in demand over the holiday period particularly in relation to Emergency Department psychiatric liaison services.	<p>Psychiatric Liaison at UHB and NBT is provided by the acute Trusts with the exception of psychiatrists and Later Life nursing. AWP will discuss with UHB and NBT any required plans they have for adjusting staffing levels during the Christmas Period.</p> <p>Main Liaison Nursing responsibility rests with Acute Trusts UHB and NBT.</p>
Details of plans to support reduced length of stay through timely discharge from acute trusts	The Bristol Crisis Team acts as gatekeeper for inpatient admissions and facilitates early discharge. The team will operate over the Christmas period and liaise with wards as required regarding timely discharge.
Details of arrangements agreed to ensure access to services and primary care cover for the Christmas/New Year holiday period and to identify and maintain vulnerable people in the community	<p>The Shared point of Access within the Bristol Crisis Team will receive and respond to Primary Care Referrals as usual during weekends and Bank Holidays</p> <p>Bristol Crisis Team will work 24/7 over all holiday periods</p>
Details of the psychiatric liaison and rapid response arrangements over the winter period and including arrangements for Christmas and New Year holiday period	NBT and UHB provide liaison nursing. AWP liaison psychiatrist availability is being reviewed for the Christmas period.
Plans for specific additional support being made available for mental health clients (including alcohol and substance users) to support them in the community over the Christmas/New Year holiday period?	Bristol Crisis Team will be available 24/7 to provide Crisis support.

## 6.10 North Somerset LDU Specific Arrangements

North Somerset LDU Winter Planning Lead – Suzanne Howell – Managing Director – [Suzannehowell@nhs.net](mailto:Suzannehowell@nhs.net)

<p>Plans for maintaining services through adverse weather such as heavy snow falls.</p>	<p>As per Service Continuity Plans. Separate gritting policies are in place alongside local arrangements with Maintenance provider</p> <p>With reference to the North Somerset LDU Service Continuity Plan;</p> <ul style="list-style-type: none"> <li>• Critical Services should be maintained by moving staff from other services to those deemed critical,</li> <li>• Minimum safe staffing levels for all services should be continually monitored and maintained,</li> <li>• Inpatient have the highest priority but reduction of inpatient numbers could be considered advantageous, where safe and appropriate, throughout the incident period by implementation of accelerated discharges,</li> <li>• Depending on circumstances, suspension of new admissions and use of alternative sites internal or external to the Trust should be considered,</li> </ul>
<p>Details of partnership working with acute trusts, community health services and social care to support patients with complex needs in the community and during a hospital admission</p>	<p>As normal working practice</p>
<p>Arrangements for maintaining service levels in event of pandemic / outbreak or high sickness levels</p>	<p>As per Service Continuity Plans.</p>
<p>Details of capacity planning for potential increased demand for services including bank holiday and post bank holiday period</p>	<p>Team caseloads, bed capacity and delays to discharge are continuously monitored.</p> <p>Inpatients units normal staffing IST would be normal working with PCL who will divert calls to IST over bank holidays. (All other North Somerset services do not offer an emergency response service)</p>
<p>Details of workforce plans to ensure service delivery including bank holiday, post bank holiday and adverse weather plans</p>	<p>Inpatient units and IST: normal staffing. Other services staffed in accordance to requirements and demands.</p>
<p>Evidence of modelling and increased capacity to respond to known peaks in demand over the holiday period particularly in relation to Emergency Department psychiatric liaison services.</p>	<p>A&amp;E Liaison and Intensive teams in North Somerset are contactable as per normal</p>
<p>Details of plans to support reduced length of stay through timely discharge from acute trusts</p>	<p>Dementia (A&amp;E) liaison is having an impact on length of stay in the acute trust and will be operating as normal.</p>

Details of arrangements agreed to ensure access to services and primary care cover for the Christmas/New Year holiday period and to identify and maintain vulnerable people in the community	As per Service continuity plans. Inpatients, Primary Care Liaison, A&E Liaison, and Intensive Services (rapid response) continue to operate as normal throughout holiday periods. . With PCL divert calls to IST over bank holidays and out of hours.
Details of the psychiatric liaison and rapid response arrangements over the winter period and including arrangements for Christmas and New Year holiday period	As per Service continuity plans. Inpatients, Primary Care Liaison, A&E Liaison, and Intensive Services (rapid response) continue to operate as normal throughout holiday periods. . With PCL divert calls to IST over bank holidays and out of hours.
Plans for specific additional support being made available for mental health clients (including alcohol and substance users) to support them in the community over the Christmas/New Year holiday period?	As per Service continuity plans. Inpatients, Primary Care Liaison, A&E Liaison, and Intensive Services (rapid response) continue to operate as normal throughout holiday periods. . With PCL divert calls to IST over bank holidays and out of hours.

## 6.11 Specialised and Secure Services Specific Arrangements

Specialised and Secure Services Winter Planning Lead – Paul Townsend – Managing Director – [p.townsend@nhs.net](mailto:p.townsend@nhs.net)

Plans for maintaining services through adverse weather such as heavy snow falls.	Services have winter plans in place. Where applicable, additional staffing (x 1) is built into rota planning. There is limited annual leave allowed over key periods e.g. Christmas and New Year. Half of the normal number of staff are granted leave. The services work and use flexible overtime as and when necessary. All staff are encouraged to have the flu jab. Services link to Trust 'bank' when there is potential increased usage. Managers prioritise clinical areas and move staff accordingly
Details of partnership working with acute trusts, community health services and social care to support patients with complex needs in the community and during a hospital admission	Not applicable
Arrangements for maintaining service levels in event of pandemic / outbreak or high sickness levels	Where applicable, additional staffing (x 1) is built into rota planning. There is limited annual leave allowed over key periods e.g. Christmas and New Year. Half of the normal number of staff are granted leave. The services work and use flexible overtime as and when necessary. All staff are encouraged to have the flu jab. Services link to Trust 'bank' when there is potential increased usage. Managers prioritise clinical areas and move staff accordingly
Details of capacity planning for potential increased demand for services including bank holiday and post bank holiday period	Not applicable
Details of workforce plans to ensure service delivery including bank holiday, post bank holiday and adverse weather plans	Where applicable, additional staffing (x 1) is built into rota planning. There is limited annual leave allowed over key periods e.g. Christmas and New Year. Half of the normal number of staff are granted leave. The services work and use flexible overtime as and when necessary. All staff are encouraged to have the flu jab. Services link to Trust 'bank' when there is potential increased usage.
Evidence of modelling and increased capacity to respond to known peaks in demand over the holiday period particularly in relation to Emergency Department psychiatric liaison services.	Not applicable
Details of plans to support reduced length of stay through timely discharge from acute trusts	Not applicable
Details of arrangements agreed to ensure access to services and primary care cover for the Christmas/New Year holiday period and to identify and maintain vulnerable people in the community	All services provide their usual cover - only inpatient services need to be covered during Bank Holiday periods
Details of the psychiatric liaison and rapid response arrangements over the winter period and including arrangements for Christmas and New Year holiday period	Not applicable

Plans for specific additional support being made available for mental health clients (including alcohol and substance users) to support them in the community over the Christmas/New Year holiday period?	<b>COMMUNITY FORENSIC LEARNING DISABILITIES:</b> as a Tertiary service the team does not provide this sort of support i.e. if service users need support with their mental health needs or substance misuse this comes from other teams
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## 6.12 Specialist Drug and Alcohol LDU Specific Arrangements

SDAS Winter Planning Lead – Paul Townsend – Managing Director –  
[p.townsend@nhs.net](mailto:p.townsend@nhs.net)

Plans for maintaining services through adverse weather such as heavy snow falls.	In relation to ensuring that FP10 prescriptions reach community pharmacies - we anticipate snow falls and send prescriptions in advance through the post or arrange our own delivery. Team managers ensure cover for our inpatient unit and community dispensing clinics by asking staff to cover each other in the event of being unable to get to their usual place of work.
Details of partnership working with acute trusts, community health services and social care to support patients with complex needs in the community and during a hospital admission	Not applicable
Arrangements for maintaining service levels in event of pandemic / outbreak or high sickness levels	The majority of SDAS services are 'routine'. We do not provide crisis services or emergency admissions. Our priority would be to keep the in-patient unit open, and continue to run out-patient clinics, if possible. Managers would prioritise clinical areas and move staff accordingly. If it were not possible to cover clinical delivery safely, alternative arrangements would be implemented e.g. use of other residential facilities, GP's, community pharmacies etc.
Details of capacity planning for potential increased demand for services including bank holiday and post bank holiday period	Not applicable
Details of workforce plans to ensure service delivery including bank holiday, post bank holiday and adverse weather plans	Not applicable
Evidence of modelling and increased capacity to respond to known peaks in demand over the holiday period particularly in relation to Emergency Department psychiatric liaison services.	Not applicable
Details of plans to support reduced length of stay through timely discharge from acute trusts	Not applicable
Details of arrangements agreed to ensure access to services and primary care cover for the Christmas/New Year holiday period and to identify and maintain vulnerable people in the community	Not applicable
Details of the psychiatric liaison and rapid response arrangements over the winter period and including arrangements for Christmas and New Year holiday period	Not applicable
Plans for specific additional support being made available for mental health clients (including alcohol and substance users) to support them in the community over the Christmas/New Year holiday period?	Support plans are discussed and agreed with service users for these times of year. Acer unit is offered as additional support for those service users identified as particularly vulnerable.  <b>EATING DISORDERS:</b> Additional support is not needed

	<p>within the service beyond what is already provided. To ensure adequate cover and care is provided, the team:</p> <ol style="list-style-type: none"><li>1. Restricts how many people can be on leave,</li><li>2. Ensures all care plans are up to date and covers any difficulties that can be predicted for the period,</li><li>3. Ensures contact numbers have been distributed as per individual care plans</li></ol>
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## 6.13 South Gloucestershire LDU Specific Arrangements

South Glos LDU Winter Planning Lead – Jenny MacDonald – Managing Director – [Jenny.macdonald3@nhs.net](mailto:Jenny.macdonald3@nhs.net)

Plans for maintaining services through adverse weather such as heavy snow falls.	As per Service Continuity Plans. Separate gritting policies are in place alongside local arrangements with Maintenance provider.
Details of partnership working with acute trusts, community health services and social care to support patients with complex needs in the community and during a hospital admission	As normal working practice S. Glos representation at Systems Flow Partnerships Meetings with CCG.
Arrangements for maintaining service levels in event of pandemic / outbreak or high sickness levels	As per Service Continuity Plans for all S. Glos areas
Details of capacity planning for potential increased demand for services including bank holiday and post bank holiday period	Whittucks Road and IST would be normal working. PCL will divert calls to IST. (All other S. Glos services do not offer an emergency response service)
Details of workforce plans to ensure service delivery including bank holiday, post bank holiday and adverse weather plans	Whittucks Road and IST: normal staffing. Other services staffed in accordance to requirements and demands
Evidence of modelling and increased capacity to respond to known peaks in demand over the holiday period particularly in relation to Emergency Department psychiatric liaison services.	Normal working: Whittucks Road and IST. Other services as staffed in accordance to requirements and demands
Details of plans to support reduced length of stay through timely discharge from acute trusts	As per normal working practices  In UHB and NBT, AWP have a Bristol and South Glos Later Life Liaison (Older People) Team including nurses.
Details of arrangements agreed to ensure access to services and primary care cover for the Christmas/New Year holiday period and to identify and maintain vulnerable people in the community	As above
Details of the psychiatric liaison and rapid response arrangements over the winter period and including arrangements for Christmas and New Year holiday period	As above
Plans for specific additional support being made available for mental health clients (including alcohol and substance users) to support them in the community over the Christmas/New Year holiday period?	Normal Working: Whittucks Road and IST. PCL will divert calls to IST during periods of not being open. (All other S. Glos services do not offer an emergency response service)

## 6.14 Swindon LDU Specific Arrangements

Swindon LDU Winter Planning Lead – Paula May – Managing Director –  
[paula.may1@nhs.net](mailto:paula.may1@nhs.net)

<p>Plans for maintaining services through adverse weather such as heavy snow falls.</p>	<p><b>Staffing:</b></p> <ul style="list-style-type: none"><li>• Emergency planning lead to maintain an up to date staffing log and confidential contact details</li><li>• Team/service manager to respond to severe weather warnings and plan prior to known event, information will come from our Emergency Planning Department</li><li>• Manager to assess staffing requirements on a shift to shift basis</li><li>• Temporarily suspend low risk services, re-deploy staff to high/medium risk services</li><li>• Staff to walk to work where possible. If unable to walk to base, to walk to the nearest AWP base, if within reasonable distance</li><li>• Staff to use local transport</li><li>• Staff to car share</li><li>• Staff who cannot get their car out of the driveway/street, to report to team manager who will co-ordinate a work colleague to collect or, if required, arrange a local taxi</li><li>• When confirmed and operational, nominated local driver to collect staff members using local 4x4</li><li>• Manager to liaise with AWP Bank</li></ul> <p><b>Housekeeping Services</b> (regular cleaning of clinical/non-clinical areas, deep cleaning when required) - Facilities Winter Plan,</p> <p><b>Catering</b> (beverage and food supply for inpatient services):</p> <ul style="list-style-type: none"><li>• Confirm if each locality MD has access to Trust credit card in the event of unable to access essential supplies</li><li>• See Facilities Winter Plan, appendix 6, person responsible is Adrian Bolster</li></ul> <p><b>Waste Management</b> (clinical, non-clinical waste and recycling) - Facilities Winter Plan</p> <p><b>Laundry</b> (clean laundry for inpatient services):</p> <ul style="list-style-type: none"><li>• Facilities Winter Plan,</li><li>• Each inpatient unit to keep a winter supply of linen</li></ul> <p><b>Building &amp; Essential Services</b> (maintenance, emergency repair, power supply, heating, water supply, emergency lighting):</p> <ul style="list-style-type: none"><li>• Emergency PIT alarms/fire alarms/lighting/medical equipment supported by a battery backup.</li></ul> <p><b>Site Access</b> (heavy/first snow):</p> <ul style="list-style-type: none"><li>• Local supply of salt to be kept on site</li><li>• Snow removal contract in place</li></ul>
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	<ul style="list-style-type: none"> <li>• Gritting contract in place</li> <li>• Each site has a local supply of salt and snow shovels if required – local manager to co-ordinate local staff in clearing essential pathways</li> <li>• Facilities Winter Plan</li> </ul> <p><b>Pharmacy Supplies</b>(stock medication, CDs, individual psychotropic and physical meds):</p> <ul style="list-style-type: none"> <li>• All clinical areas to keep a winter stock of 1 week’s supply of stock drugs</li> <li>• Pharmacy Winter Plan</li> </ul> <p><b>Clinical Supplies</b> (dressings, blood taking, needles, decontamination kits, etc.):</p> <ul style="list-style-type: none"> <li>• All clinical areas to keep a winter stock of all essential clinical supplies</li> <li>• Procurement Winter Plan</li> </ul> <p><b>Transport</b> (detained and informal service users, clinical notes, specimens, internal post):</p> <ul style="list-style-type: none"> <li>• Facilities Winter Plan</li> </ul> <p><b>IT Services</b> (telephone, fax, email, RIO, essential drives):</p> <ul style="list-style-type: none"> <li>• All clinical areas to hold emergency individual patient health and social care folders</li> <li>• All essential clinical areas to have a BAT phone and to operate failure of IT systems protocol</li> <li>• IT Winter Plan</li> </ul>
<p>Details of partnership working with acute trusts, community health services and social care to support patients with complex needs in the community and during a hospital admission</p>	<p>Simon Manchip, Clinical Director working with the Swindon Strategic Resilience Group (coordinated by Swindon CCG) - Ongoing</p>
<p>Arrangements for maintaining service levels in event of pandemic / outbreak or high sickness levels</p>	<p><b>Preventative Measures:</b></p> <ul style="list-style-type: none"> <li>• Health awareness for all staff and service users</li> <li>• Full compliance with infection control procedures for staff and service users</li> <li>• Advice and provision of flu vaccine for all staff</li> <li>• Advice about flu vaccination for all service users</li> <li>• Identify vulnerable service users and advise and, where required, support the administration of the flu vaccination</li> <li>• Pandemic Flu Plan</li> </ul> <p><b>High Staff Sickness Levels:</b></p> <ul style="list-style-type: none"> <li>• Managed through BCP’s</li> <li>• HR Policies</li> </ul>
<p>Details of capacity planning for potential increased demand for services including bank holiday and post bank holiday period</p>	<p><b>Inpatient Services:</b></p> <ul style="list-style-type: none"> <li>• All inpatient units subject to minimum staffing levels which can be increased when clinically indicated</li> <li>• All inpatient units have a fixed number of beds with no capacity to increase</li> </ul>

	<ul style="list-style-type: none"> <li>All inpatient units available 24/7</li> </ul> <p><b>Community Services:</b></p> <ul style="list-style-type: none"> <li>Early Intervention and Recovery Teams provide services 9.00am-5.00pm, out of hours identified vulnerable service users will be referred to Swindon Intensive Service, who operate 24/7</li> <li>GWH Mental Health Liaison Service operates 9.00am-5.00pm, with some provision on bank holiday weekends in the morning. When service is not available, the GWH has a risk matrix which will be completed for all vulnerable service users and where indicated, a referral will be made to the Swindon Intensive Service, available 24/7.</li> <li>Swindon Intensive Service operates 24/7, providing access to service users currently open to local mental health services, under the care of SEQEL, primary care, GWH, Police, LA. During bank holiday periods, staffing levels are maintained.</li> </ul>
<p>Details of workforce plans to ensure service delivery including bank holiday, post bank holiday and adverse weather plans</p>	<p><b>Inpatient Services:</b></p> <ul style="list-style-type: none"> <li>All inpatient units subject to minimum staffing levels which can be increased when clinically indicated</li> <li>All inpatient units have a fixed number of beds with no capacity to increase</li> <li>All inpatient units available 24/7</li> </ul> <p><b>Community Services:</b></p> <ul style="list-style-type: none"> <li>Early Intervention and Recovery Teams provide services 9.00am-5.00pm, out of hours identified vulnerable service users will be referred to Swindon Intensive Service, who operate 24/7</li> <li>GWH Mental Health Liaison Service operates 9.00am-5.00pm, with some provision on bank holiday weekends in the morning. When service is not available, the GWH has a risk matrix which will be completed for all vulnerable service users and where indicated, a referral will be made to the Swindon Intensive Service, available 24/7.</li> <li>Swindon Intensive Service operates 24/7, providing access to service users currently open to local mental health services, under the care of SEQEL, primary care, GWH, Police, LA. During bank holiday periods, staffing levels are maintained.</li> </ul>
<p>Evidence of modelling and increased capacity to respond to known peaks in demand over the holiday period particularly in relation to Emergency Department psychiatric liaison services.</p>	<ul style="list-style-type: none"> <li>GWH Mental Health Liaison Service operates 9.00am-5.00pm, with some provision on bank holiday weekends in the morning. When service is not available, the GWH has a risk matrix which will be completed for all vulnerable service users and where indicated, a referral will be made to the Swindon Intensive Service, available 24/7.</li> <li>Swindon Intensive Service operates 24/7, providing access to service users currently open to local mental health services, under the care of SEQEL, primary care, GWH, Police, LA. During bank holiday periods, staffing levels are maintained.</li> </ul>

Details of plans to support reduced length of stay through timely discharge from acute trusts

- Swindon Intensive Service operates 24/7, providing access to service users currently open to local mental health services, under the care of SEQEL, primary care, GWH, Police, LA. During bank holiday periods, staffing levels are maintained.
- Swindon Intensive Service operates 24/7, providing access to service users currently open to local mental health services, under the care of SEQEL, primary care, GWH, Police, LA. During bank holiday periods, staffing levels are maintained.
- All Swindon inpatient services are supported by our local community mental health services, including Swindon Intensive Service, Swindon Recovery Service, Early Intervention Service, Primary Care Liaison Service, Swindon Therapy Service and Swindon Psychological Therapy Service. All these services work in full collaboration with LIFT, Local Authority, GWH and Wiltshire Police.

**Discharge planning procedures include:**

- Weekly ward bed management meeting in adult acute ward attended by inpatient MDT, independent housing providers and SIS
- Weekly capacity meeting attended by all service and team managers, and a Senior Housing Manager from the LA
- The LA Housing Department allocate a specific housing officer to each individual case to facilitate good communication and consistent planning in respect of a service user's housing needs, they regularly attend CPA reviews.
- The Recovery Team has a robust allocation of care co-ordinator system in place to aid and facilitate FED.
- The introduction of an integrated Facilitated Early Discharge (FED) initiative between SIS and Applewood Ward who review the ward status on a daily basis and pro-actively facilitate early discharges.
- Swindon Intensive Service (SIS) gate-keep all acute beds and where applicable offer a home treatment service.
- Applewood ward has agreed direct discharge arrangements with 2 housing providers, Canal House and Oak Lodge. Representatives from these providers attend the weekly bed management meeting.
- All admission wards have robust weekly ward review meetings and urgent review meetings can be called as required to support a FED
- All admission wards have a robust CPA process in place and work intrinsically with internal and external departments and agencies and, when required, urgent review CPAs can be called to support a FED.

	<ul style="list-style-type: none"> <li>• All Swindon residents have direct access to all acute and older adult beds. When required and only as a last resort, service users requiring admission into hospital will be referred a private sector bed.</li> <li>• Rehab services have a standard referral and admission procedure. When required there is a rapid referral/transfer in place.</li> </ul>
Details of arrangements agreed to ensure access to services and primary care cover for the Christmas/New Year holiday period and to identify and maintain vulnerable people in the community	N/A
Details of the psychiatric liaison and rapid response arrangements over the winter period and including arrangements for Christmas and New Year holiday period	<ul style="list-style-type: none"> <li>• Swindon Intensive Service operates 24/7, providing access to service users currently open to local mental health services, under the care of SEQEL, primary care, GWH, Police, LA. During bank holiday periods, staffing levels are maintained.</li> <li>• Swindon Intensive Service operates 24/7, providing access to service users currently open to local mental health services, under the care of SEQEL, primary care, GWH, Police, LA. During bank holiday periods, staffing levels are maintained.</li> </ul>
Plans for specific additional support being made available for mental health clients (including alcohol and substance users) to support them in the community over the Christmas/New Year holiday period?	N/A

## 6.15 Wiltshire LDU Specific Arrangements

Wiltshire LDU Winter Planning Lead – Denise Claydon – Managing Director – [deniseclaydon@nhs.net](mailto:deniseclaydon@nhs.net)

<p>Plan for the provision of mental health services</p>	<ul style="list-style-type: none"> <li>• The Trust has a detailed Winter Plan which will be used within Wiltshire.</li> <li>• Priority will be given to maintenance of all key 24/7 services, specifically in-patients at Green Lane and Fountain way Hospital sites.</li> <li>• There is a 24/7 crisis response from both North and South Intensive Teams.</li> </ul>
<p>Plans for maintaining services through adverse weather such as heavy snow falls.</p>	<p><b>Staffing:</b></p> <ul style="list-style-type: none"> <li>• Emergency planning lead to maintain an up to date staffing log and confidential contact details</li> <li>• Team/service manager to respond to severe weather warnings and plan prior to known event, information will come from our Emergency Planning Department</li> <li>• Manager to assess staffing requirements on a shift to shift basis</li> <li>• Temporarily suspend low risk services, re-deploy staff to high/medium risk services (see Resource Requirements, appendix 3)</li> <li>• Staff to walk to work where possible. If unable to walk to base, to walk to the nearest AWP base, if within reasonable distance</li> <li>• Staff to use local transport</li> <li>• Staff to car share</li> <li>• Staff who cannot get their car out of the driveway/street, to report to team manager who will co-ordinate a work colleague to collect or, if required, arrange a local taxi</li> <li>• When confirmed and operational, nominated local driver to collect staff members using local 4x4</li> <li>• Manager to liaise with AWP Bank</li> </ul> <p><b>Housekeeping Services</b> (regular cleaning of clinical/non-clinical areas, deep cleaning when required) - Facilities Winter Plan,</p> <p><b>Catering</b> (beverage and food supply for inpatient services):</p> <ul style="list-style-type: none"> <li>• Confirm if each locality MD has access to Trust credit card in the event of unable to access essential supplies</li> <li>• See Facilities Winter Plan, appendix 6, person responsible is Adrian Bolster</li> </ul> <p><b>Waste Management</b> (clinical, non-clinical waste and recycling) - Facilities Winter Plan</p> <ul style="list-style-type: none"> <li>• Laundry (clean laundry for inpatient services):</li> <li>• Facilities Winter Plan,</li> <li>• Each inpatient unit to keep a winter supply of linen</li> </ul>

	<p><b>Building &amp; Essential Services</b> (maintenance, emergency repair, power supply, heating, water supply, emergency lighting):</p> <ul style="list-style-type: none"> <li>• Emergency PIT alarms/fire alarms/lighting/medical equipment supported by a battery backup.</li> </ul> <p><b>Site Access</b> (heavy/first snow):</p> <ul style="list-style-type: none"> <li>• Local supply of salt to be kept on site</li> <li>• Snow removal contract in place</li> <li>• Gritting contract in place</li> <li>• Each site has a local supply of salt and snow shovels if required – local manager to co-ordinate local staff in clearing essential pathways</li> <li>• Facilities Winter Plan</li> </ul> <p><b>Pharmacy Supplies</b>(stock medication, CDs, individual psychotropic and physical meds):</p> <ul style="list-style-type: none"> <li>• All clinical areas to keep a winter stock of 1 week's supply of stock drugs</li> <li>• Pharmacy Winter Plan</li> </ul> <p><b>Clinical Supplies</b> (dressings, blood taking, needles, decontamination kits, etc.):</p> <ul style="list-style-type: none"> <li>• All clinical areas to keep a winter stock of all essential clinical supplies</li> <li>• Procurement Winter Plan</li> </ul> <p><b>Transport</b> (detained and informal service users, clinical notes, specimens, internal post):</p> <ul style="list-style-type: none"> <li>• Facilities Winter</li> </ul> <p><b>IT Services</b> (telephone, fax, email, RIO, essential drives):</p> <ul style="list-style-type: none"> <li>• All clinical areas to hold emergency individual patient health and social care folders</li> <li>• All essential clinical areas to have a BAT phone and to operate failure of IT systems protocol</li> <li>• IT Winter Plan</li> </ul>
<p>Details of partnership working with acute trusts, community health services and social care to support patients with complex needs in the community and during a hospital admission</p>	<ul style="list-style-type: none"> <li>• Care home Liaison</li> <li>• Medvivo out of hours link to Intensive services</li> <li>• Wiltshire Council /Amps</li> <li>• On Call Consultants Psychiatry/section 12</li> <li>• Wiltshire Police</li> <li>• Street Triage</li> </ul>
<p>Arrangements for maintaining service levels in event of pandemic / outbreak or high sickness levels</p>	<p><b>Preventative Measures:</b></p> <ul style="list-style-type: none"> <li>• Health awareness for all staff and service users</li> <li>• Full compliance with infection control procedures for staff and service users</li> <li>• Advice and provision of flu vaccine for all staff</li> <li>• Advice about flu vaccination for all service users</li> <li>• Identify vulnerable service users and advise and, where required, support the administration of the flu vaccination</li> <li>• Pandemic Flu Plan</li> </ul> <p><b>High Staff Sickness Levels:</b></p> <ul style="list-style-type: none"> <li>• Managed through BCP's</li> </ul>

	<ul style="list-style-type: none"> <li>• HR Policies</li> </ul>
Partnership working with acute trusts, community health services and social care to support patients with complex needs in the community and during a hospital admission	<ul style="list-style-type: none"> <li>• Although not integrated, continued close working relationships with Wiltshire Social services regarding community work, Mental Health Act Assessments, in-patient discharges</li> <li>• Direct communication between LA and AWP workers within hours supported by managers.</li> <li>• Shared protocols have been agreed and developed for example DTOC reporting and Section 136.</li> <li>• Out of hours Intensive teams interface with the EDT and Police.</li> </ul>
Details of capacity planning for potential increased demand for services including bank holiday and post bank holiday period	<p><b>Inpatient Services:</b></p> <ul style="list-style-type: none"> <li>• All inpatient units subject to minimum staffing levels which can be increased when clinically indicated</li> <li>• All inpatient units have a fixed number of beds with no capacity to increase</li> <li>• All inpatient units available 24/7</li> </ul> <p><b>Community Services:</b></p> <ul style="list-style-type: none"> <li>• Early Intervention and Community Mental Health Teams provide services 9.00am-5.00pm, out of hours identified vulnerable service users will be referred to North or South Wiltshire Intensive Services, who operate 24/7</li> <li>• The 3 DGH Mental Health Liaison Services (RUH, SDH, GWH) operate 9.00am-5.00pm, with some provision on bank holiday weekends.. SDH operates 9- 5, 7 days a week. When service is not available, the DGH has a risk matrix which will be completed for all vulnerable service users and where indicated, a referral will be made to the North or South Wiltshire Intensive Services, available 24/7.</li> <li>• North and South Wiltshire Intensive Services operate 24/7, providing access to service users currently open to local mental health services, primary care, DGH, Police, LA. During bank holiday periods, staffing levels are maintained.</li> <li>• The 3 DGH Mental Health Liaison Services operate 9.00am-5.00pm, with some provision on bank holiday weekends in the morning. When service is not available, the DGH has a risk matrix which will be completed for all vulnerable service users and where indicated, a referral will be made to the North or South Wiltshire Intensive Service, available 24/7.</li> <li>• North and South Wiltshire Intensive Services operates 24/7, providing access to service users currently open to local mental health services, primary care, DGH, Police, LA. During bank holiday periods, staffing levels are maintained.</li> </ul>
Details of workforce plans to ensure service delivery including bank holiday, post bank holiday and adverse weather plans	<p><b>Inpatient Services:</b></p> <ul style="list-style-type: none"> <li>• All inpatient units subject to minimum staffing levels which can be increased when clinically indicated</li> </ul>

	<ul style="list-style-type: none"> <li>All inpatient units have a fixed number of beds with no capacity to increase</li> <li>All inpatient units available 24/7</li> </ul> <p><b>Community Services:</b></p> <ul style="list-style-type: none"> <li>Early Intervention and Community Mental Health Teams provide services 9.00am - 5.00pm, out of hours identified vulnerable service users will be referred to Wiltshire Intensive Service, who operate 24/7</li> <li>Wiltshire Intensive Service operates 24/7, providing access to service users currently open to local mental health services, under the care of, primary care, DGH, Police, LA. During bank holiday periods, staffing levels are maintained.</li> </ul>
<p>Evidence of modelling and increased capacity to respond to known peaks in demand over the holiday period particularly in relation to Emergency Department psychiatric liaison services.</p>	<ul style="list-style-type: none"> <li>The 3 DGH Mental Health Liaison Services operate 9.00am-5.00pm, with some provision on bank holiday weekends in the morning. When service is not available, the DGH has a risk matrix which will be completed for all vulnerable service users and where indicated, a referral will be made to the North or South Wiltshire Intensive Service, available 24/7.</li> <li>North and South Wiltshire Intensive Services operate 24/7, providing access to service users currently open to local mental health services, primary care, DGH, Police, LA. During bank holiday periods, staffing levels are maintained.</li> </ul>
<p>Details of plans to support reduced length of stay through timely discharge from acute trusts</p>	<ul style="list-style-type: none"> <li>North and South Wiltshire Intensive Service operates 24/7, providing access to service users currently open to local mental health services, , primary care, DGH, Police, LA. During bank holiday periods, staffing levels are maintained.</li> <li>All Wiltshire inpatient services are supported by our local community mental health services, including North and South Wiltshire Intensive Service, Sarum CMHT, NEW CMHT, WWYKD CMHT, Early Intervention Service, Sarum, NEW and WWYKD Primary Care Liaison Services, North and South Wiltshire Therapy services Wiltshire IAPT Service, Wiltshire Care Home Liaison Service All these services work in full collaboration with Wiltshire Council, GWH, RUH AND SDH DGH's and Wiltshire Police.</li> </ul> <p><b>Discharge planning procedures include:</b></p> <ul style="list-style-type: none"> <li>Daily review of ward bed management meeting in all wards attended by inpatient MDT and Intensive teams who review the ward status on a daily basis and pro-actively facilitate early discharges.</li> <li>Weekly capacity meeting attended by all service and team managers, The CMHT'S Team have a robust allocation of care co-ordinator system in place to aid and facilitate FED.</li> <li>North and South Wiltshire Intensive Service gate-keep all acute beds and where applicable, offer a home treatment service.</li> <li>All admission wards have robust weekly ward review meetings and urgent review meetings can be called</li> </ul>

	<p>as required to support a FED</p> <ul style="list-style-type: none"> <li>• All admission wards have a robust CPA process in place and work intrinsically with internal and external departments and agencies and, when required, urgent review CPAs can be called to support a FED.</li> <li>• All Wiltshire residents have direct access to all acute and older adult beds. When required and only as a last resort, service users requiring admission into hospital will be referred a private sector bed.</li> </ul>
Details of arrangements agreed to ensure access to services and primary care cover for the Christmas/New Year holiday period and to identify and maintain vulnerable people in the community	N/A.
Details of the psychiatric liaison and rapid response arrangements over the winter period and including arrangements for Christmas and New Year holiday period	<ul style="list-style-type: none"> <li>• North and South Wiltshire Intensive Services operate 24/7, providing access to service users currently open to local mental health services, , primary care, DGH's, Police, LA. During bank holiday periods, staffing levels are maintained.</li> </ul>
Plans for specific additional support being made available for mental health clients (including alcohol and substance users) to support them in the community over the Christmas/New Year holiday period?	N/A.

## 7 Joint Arrangements

The Resilience Manager will link in with emergency planning colleagues at partner organisations, ensuring that plans are compatible with those of our partners. The plan will also be shared through the Local Health Resilience Partnership Working or Tactical Group. In particular, where there are shared sites, the Resilience Manager will liaise with emergency planning leads from partner organisations on site.

## 8 Demand and Capacity Management

Where there is a risk of an increase in demand for mental health services, e.g., over the Christmas or New Year period, LDU's will assess this risk, based on historical demand modelling to ensure that the proposed service provision is adequate.

If demand threatens to outstrip capacity, escalation plans will be activated with the aim of increasing capacity. This may be achieved by measures such as accelerated and supported discharge in to the community.

It should be noted that partner organisations such as acute Trusts may experience heavy demand, and that AWP may have difficulty accessing physical medical care for Service Users. If the admission criteria of acute Trusts are raised as a result of surge, AWP may find it even more difficult to access physical medical care and may therefore need to provide a higher level of physical care than is normally offered. This should be undertaken as part of a clearly recorded decision making process involving the Nursing Directorate, Medical Directorate, senior management of the relevant LDU and the appropriate clinical teams.

When a "Cloud on the Horizon" incident is detected (such as an outbreak of infection, or severe adverse weather) this will be communicated to the Executive Director on call by the Resilience Manager.

**Note:** Historically, evidence demonstrates that demand for mental health interventions for service users in the community declines over Christmas and New Year and doesn't increase again until the early part of January for Intensive Services and February for Recovery Services.

### 8.1 Periods of Surge in Acute and Community Sectors

Where there is increased demand for acute or community healthcare, such as during outbreaks or epidemics of illnesses such as flu, Norovirus or other winter bugs, AWP does not traditionally experience a surge in demand on services. There is some limited impact if a service user in the community is usually cared for by a person who becomes ill. This is managed at a local level by Recovery Team.

Where demand has escalated to the extent that the local health economy is working together to manage demand and capacity, AWP will participate fully in teleconferences when invited to do so, to ensure that the Trust is doing all that can be done to support partners through the period of escalation.

## 9. Cold Weather Alert Service

The Cold Weather Alert service is provided by the Meteorological (MET) Office in conjunction with the Department of Health, Public Health England and NHS England. The Cold Weather Alert service operates from 01<sup>st</sup> November to 31<sup>st</sup> March. During this period, the Met Office may forecast periods of severe cold weather on the basis of low temperatures, widespread ice and / or heavy snow.

All LDU Directors, Quality Leads, Senior Managers and team managers are to sign up for these alerts by registering at <http://www.metoffice.gov.uk/health/yourhealth/cold-weather-alerts> and request to be added to the Cold Weather Alert distribution list for the South West. All recipients of these alerts are required to cascade the alert to team members and to ensure these cascade arrangements are robust. Additionally, the Resilience Manager will post the alerts into the Announcements section of the Emergency Planning intranet pages.

## 9.1 Cold Weather Alert Levels

The Cold Weather Alert service comprises five levels: Level 0 (year-round planning) and Levels 1 to 4. Each alert level triggers a series of actions.

<b>Level 0</b>	<b>Year-round Planning – All Year</b>
<b>Level 1</b>	<b>Winter Preparedness and Action Programme – 01 November to 31 March</b>
<b>Level 2</b>	<b>Severe Winter Weather Forecast – Alert and Readiness.</b> Mean temperature of 2°C or less and/or widespread ice and heavy snow are predicted within 48 hours, with 60% confidence.
<b>Level 3</b>	<b>Response to Severe Winter Weather – Severe Weather Action.</b> Severe winter weather is now occurring: mean temperature of 2°C or less and /or widespread ice and heavy snow.
<b>Level 4</b>	<b>Major Incident – Emergency response.</b> Central Government will declare a Level 4 Alert in the event of severe or prolonged cold weather affecting sectors other than health.

## 9.2 Level 0: Year-round planning to reduce harm from cold weather

This emphasises that year round planning is required to build resilience and reduce the impact of cold weather. This level of alert relates to those longer-term actions that reduce the harm to health of cold weather when it occurs (e.g. housing and energy efficiency measures, and long-term sustainable approaches to influence behaviour change across health and social care professionals, communities and individuals).

These measures can also address other important health, sustainability and inequalities issues, such as addressing fuel poverty, building community resilience, providing employment opportunities, reducing carbon emissions, and the burden on health and social care services.

## 9.3 Level 1: Winter preparedness and action

Level 1 is in force throughout the winter from 1 November to 31 March and covers the moderate temperatures where the greatest total burden of excess winter death and disease occur. This is because the negative health effects of cold weather start to occur at relatively moderate mean temperatures (4-8°C depending on region) and there are normally many more days at these temperatures each winter.

Actions described at this level should be taken throughout the winter to protect and improve health. Preparations should also be in place to protect health and ensure service continuity in the event of severe cold, and for episodes of heavy snow and/or widespread ice.

## 9.4 Level 2: Alert and readiness

Level 2 is triggered when the Met Office forecasts a 60% chance of severe winter weather, in one or more defined geographical areas for a period of at least 48 hours. Severe winter weather is defined as a mean temperature of 2°C or less and/or widespread ice and heavy snow are forecast.

Although there are usually fewer days at these low temperatures, the risk of negative health impacts increases as the temperature falls. Reactive action to prevent harm to health and manage business community by services would be proportionately more important were we to experience an extremely cold spell for a prolonged period. Aside from cold temperatures, snow and ice are associated with an increase in injuries and severe disruption to services.

## 9.5 Level 3: Severe weather action

This is triggered as soon as the weather described in Level 2 actually happens. It indicates that severe winter weather is now happening, and an impact on health services is expected.

## **9.6 Level 4: National Emergency**

This is reached when cold weather is so severe and/or prolonged that its effects extend outside health and social care, and may include, for example, transport or power or water shortages; and/or where the integrity of health and social care systems is threatened. At this level, multi-sector response at national and regional levels will be required.

The decision to go to a Level 4 is made at national level and will be taken in light of a cross-Government assessment of the weather conditions, coordinated by the Civil Contingencies Secretariat (Cabinet Office).

## 10 Cold Weather Alert Level – DH Cold Weather Plan Actions

<b>Level 0</b>
<b>Year-round planning - All year</b>
<ul style="list-style-type: none"><li>• Ensure that you are engaged with local EPRR and other strategic arrangements.</li><li>• Ensure that your organisation can identify those most vulnerable to Cold Weather and draw up plans for joined-up support with partner organisations.</li><li>• Agree data-sharing arrangements within information governance principles.</li><li>• Assess the longer-term implications of climate change; reduction in carbon emissions; and sustainability for longer-term business continuity.</li><li>• Consider how to best mobilise and engage voluntary and community sector organisations and support the development of community emergency plans.</li><li>• Make sure that staff have identified all those vulnerable to cold weather and that arrangements are in place to support and protect them appropriately.</li><li>• Work with staff on risk reduction awareness, information and education. Encourage staff to be vaccinated against flu before winter starts</li><li>• Ensure that the business continuity plan includes severe winter weather. Plan for a winter surge in demand for services</li><li>• Consider carers' needs and support they can continue to give</li></ul>

<b>Level 1</b>
<b>Winter preparedness and action programme - 1 November to 31 March</b>
<ul style="list-style-type: none"><li>• Ensure that Cold Weather alerts are going to the right staff and that appropriate actions are agreed and able to be implemented, especially to protect vulnerable Service Users.</li><li>• Make sure that staff have identified all those vulnerable to Cold Weather and that arrangements are in place to support and protect them appropriately.</li><li>• Ensure staff are undertaking appropriate home checks when visiting service users, e.g. room temperature, medications and food supplies.</li><li>• Work with partner agencies to coordinate Cold Weather Plans. Ensure data-sharing and referral arrangements are in place.</li><li>• Work with partners and staff on risk reduction awareness, information and education.</li><li>• Provide a flu vaccination programme to all front-line staff and encourage staff to be vaccinated.</li><li>• Ensure that there is a business continuity plan for severe winter weather and plan for a winter surge in demand.</li><li>• Work with local authority teams to identify accident hotspots on pavements or roads, advise on gritting priorities to prevent accidents, and ensure access by utilities and other essential services.</li><li>• Identify those at risk on your caseload and make necessary changes to care plans for high-risk groups.</li></ul>

- For those with multiple agency inputs, ensure that the key worker is clearly identified and care plans consider measures to reduce risk from cold weather.
- Work with individuals at risk, their families and carers to ensure that they can take actions to protect themselves from the effects of severe cold, including warm clothing, warm food and drinks, keeping active as much as they are able within the context of their care plan.
- Ensure that there are clear arrangements for 'signposting' those at risk service users to other services (e.g. home insulation schemes, benefits entitlements) when identified in 'clinical' situations or consultations. Use the Keep Warm Keep Well booklet for up to date patient information and advice.
- Ensure that Service Users are aware of, and take advantage of, flu and other vaccination programmes.
- Use the resources available to you for raising awareness of the health risks associated with winter weather and cold housing (for example, pharmacists have a key role in reminding people to have sufficient medicine and can help with preventive medicines management)

## Level 2

**Severe winter weather is forecast - Alert and Readiness** - Mean temperature of 2°C and/or widespread ice and heavy snow is predicted with 60% confidence

- Continue level 1 actions
- Communicate alerts to staff and ensure that locally agreed CWP actions take place, especially those to protect vulnerable patients and Service Users.
- Consider prioritising those most vulnerable and provide daily contacts/visits and implement care plans.
- Ensure staff are undertaking appropriate home checks when visiting service users, e.g. room temperature, medications and food supplies. Ensure that they have at least one room which meets recommended room temperatures.
- Ensure carers are receiving appropriate advice and support.
- Ensure urgent signposting for those at risk (e.g. in cold housing) to appropriate services
- Continue to remind service users of the actions they can take to protect themselves from the effects of severe cold
- Consider how forecast weather conditions may impact on your work and make appropriate arrangements
- Make sure you and your teams are prepared for an influx of weather-related injuries and illnesses
- Activate business continuity and emergency plans as required. Activate plans to deal with a surge in demand for services.

### Level 3

**Response to severe winter weather – Severe weather action** - (Mean temperature of 2°C or less and/or widespread ice and heavy snow)

- Communicate alerts to staff and ensure that locally agreed actions take place, especially those to protect vulnerable patients and Service Users.
- Implement local plans for contacting the vulnerable.
- Consider daily visits or phone calls for high-risk individuals living on their own who have no regular contacts.
- Ensure carers are receiving appropriate advice and support.
- Implement plans to deal with surge in demand
- Implement business continuity arrangements
- Ensure staff can help and advise Service Users
- Other actions as per Level 2
- Maintain business continuity

### Level 4

**Major incident – Emergency response** – *Central Government will declare a Level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health*

- All Level 3 responsibilities must be maintained during a Level 4 incident.
- Implementation of national emergency response arrangements by central Government.
- Continue to implement business continuity arrangements
- Continue actions as per Level 3 unless advised to the contrary

## 11 AWP Cold Weather Alert Level Actions

### 11.1 Level 0 – Year-round Planning

#### Year-round planning

- The Resilience Manager will actively engage in Cold Weather planning across the health community.
- LDU's are to ensure that they can rapidly identify those most vulnerable to Cold Weather and draw up plans for joined-up support with partner organisations to ensure the safety of the Service Users.
- Agree relevant data-sharing arrangements within information governance principles.
- Assess the longer-term implications of climate change; reduction in carbon emissions; and sustainability for longer-term business continuity.

### 11.2 Level 1 – Winter Preparedness and Action

#### Winter preparedness and action programme - 1 November to 31 March

- LDU Directors and Senior Managers are to ensure that they are signed up to receive the Cold Weather Alerts by registering at <http://www.metoffice.gov.uk/health/yourhealth/cold-weather-alerts> and request to be added to the Cold Weather Alert distribution list for the South West.
- LDU Directors and Senior Managers are to ensure that robust procedures are in place to disseminate Cold Weather Actions to appropriate teams and staff and that relevant actions are agreed and able to be implemented when a Level 2, 3 or 4 Alert / warning is received to ensure service continuity and that vulnerable Service Users are protected.
- Highlight specific team / LDU risks and concerns about cold weather and service delivery and mitigate against them

#### Staff

- Ensure staff are aware of the contents of the Winter Plan and related advice.
- Ensure staff are aware of the 3 closest trust units / sites to their home address. This can easily be identified by visiting <http://www.awp.nhs.uk/about-us/teams-locations/>
- Cold Weather Alerts are issued by the Met Office. All LDU Directors, Senior Managers and team managers are to sign up for these alerts and ensure a robust process is in place for cascading these warnings to all staff.
- Team Managers are to ensure that the contact details they hold for their staff are up to date.
- Team Managers are to work with staff to develop their own personal resilience to severe weather (resources and info in the emergency planning section of the intranet)

- Work with staff to create and commit to one of three groups:
  - Those who, in the event of public transport not running and were unable to drive into work, would walk into their base,
  - Those who would lift share and with whom,
  - Those who could and are authorised to work from home.

### **Service Users**

- LDU Directors & Team Managers are to discuss, plan and document:
  - How the safety of Service Users (inpatient and community) can be maintained in severe weather,
  - Core critical services that must be maintained regardless of the weather,
  - How the base / team office can be staffed and services delivered,
  - How service users vulnerable to cold weather can rapidly be identified to ensure appropriate visits or contacts,
  - How stocks of essential supplies and medication can be maintained – plan for up to 5 days disruption to deliveries,
- Ensure a robust mechanism is in place to cascade cold weather warnings to service users and their carers,
- Ensure service users have sufficient medication to last them for an extended period of cold weather,
- Implement regular review of Service User records to identify vulnerable Service Users and agree contingency plans for community visits:
  - Ensure these vulnerability assessments include environmental or social need as well as fuel poverty,
  - Ensure arrangements are in place to protect and support vulnerable service users,
- Ensure a joined up approach to care provision with other care providers (Local Authority, Social Workers, carers). Agree who will provide what care and how. Ensure this is documented.
- Ensure Service Users, their carers and family are aware of the dangers of cold weather, cold housing and how to keep warm. Ensure they are aware of Keep Warm Keep Well - <https://www.gov.uk/government/publications/keep-warm-keep-well-leaflet-gives-advice-on-staying-healthy-in-cold-weather>.
- For service users with multiple agency inputs, ensure that the key worker is clearly identified.
- Ensure that there are clear arrangements for 'signposting' those at risk service users to other services (e.g. home insulation schemes, benefits entitlements) when identified in 'clinical' situations or consultations.

### 11.3 Level 2 – Severe Weather is Forecast

#### Severe winter weather is forecast – Alert and readiness

(Mean temperature of 2°C and/or widespread ice and heavy snow is predicted, with 60% confidence)

- Communicate alerts to staff and ensure that locally agreed Winter Plan actions take place, especially those to protect vulnerable Service Users and ensure continuity of service delivery.
- Implement local actions for the vulnerable. Consider how to maintain regular contact as required,
- Ensure staff undertake appropriate home checks when visiting Service Users, e.g. room temperature; medications and food supplies
- Ensure that rooms, particularly living rooms and bedrooms, are kept warm (see below)
- When making home visits, be aware of the room temperature in the household and be able to advise on recommended room temperatures. (For the Vulnerable, the WHO recommends an indoor temperature of 21°C for the living room and 18°C for all other occupied rooms)
- Consider carers' needs and the support they can continue to give.
- Activate business continuity arrangements and emergency plans as required.
- As appropriate, contact those most at risk and implement care plans.
- Know how to signpost Service Users onto other services, especially those at high risk.
- Remind Service Users of the actions they can take to protect themselves from the effects of severe cold.
- Prepare to monitor care pathways and modify as necessary.
- For service users with visits scheduled over the next few days – consider bringing those visits forward on a priority basis
- Ensure service users and their carers are aware of the possibility that their appointments / visits may be rescheduled and how to contact the service in an emergency
- Consider how forecast weather conditions may impact on your work – and make appropriate arrangements. Consider public transport, walking to work, lift sharing, working from a base or unit closer to home as a last resort. Remember that nurseries, child care and schools may close as a result of the weather and make appropriate care arrangements (neighbours / friends / relatives).

## 11.4 Level 3 – Response to Severe Winter Weather

### Response to severe winter weather – Severe weather action

(Mean temperature of 2°C or less and/or widespread ice and heavy snow)

- IMPLEMENT LOCAL PLANS TO ENSURE STAFF ARE ABLE TO GET INTO WORK.
- Ensure salt / gritting of slippery surfaces.
- Communicate alerts to staff and ensure that locally agreed actions take place, especially those to protect vulnerable patients and Service Users.
- On a local basis, implement local plans for prioritising visits and / or phone call contact with vulnerable service users.
- Consider daily visits or phone calls for high-risk individuals living on their own who have no regular contacts.
- Ensure those service users who weren't an immediate priority for visits or phone calls aren't forgotten and are moved up the priority list as appropriate.
- Where necessary, ensure carers are receiving appropriate advice and support.
- Ensure staff can help and advise Service Users
- Ensure regular assessment of the impact of the weather on care pathways and flag areas of concern to team managers
- Monitor service users and ensure they are able to contact us
- Heavy snow fall can bring down power lines. Be aware of local power failures, the impact of power failures and ensure the welfare of affected service users.
- Other actions as per Level 2
- Maintain business continuity

### Inpatient Sites

- IMPLEMENT LOCAL PLANS TO ENSURE STAFF ARE ABLE TO GET INTO WORK.
- Ensure salt / gritting of slippery surfaces
- Review staff resilience and understand the associated vulnerabilities
  - Who can get in to work and how
  - For those who are unable to make their own way into work, consider alternative methods of getting them into work or alternative staffing solutions.
  - Consider the necessity to accommodate staff who are unable to get home
  - Plan for the impact of school closures on staffing levels
- Consider accelerated discharge of suitable service users to community teams

- Consider necessity of declaring internal significant incident and requirement for a significant incident response

## 11.5 Level 4 – Major Incident – Emergency Response

### Major incident – Emergency response

***Central Government will declare a Level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health***

- All Level 3 responsibilities must be maintained during a Level 4 incident.
- Implementation of national emergency response arrangements by central Government.
- Continue to implement business continuity arrangements
- Continue actions as per Level 3 unless advised to the contrary

## 12 The Impact of Cold Weather on Health

The impact of cold weather on health is predictable and mostly preventable. Direct effects of winter weather include an increase in incidence of:

- Heart Attack
- Stroke
- Respiratory Disease
- Influenza
- Falls and injuries
- Hypothermia.

Indirect effects of cold weather include mental health illnesses such as depression, and carbon monoxide poisoning from poorly maintained or poorly ventilated boilers, cooking and heating appliances.

### 12.1 Hypothermia

Hypothermia happens when a person's body temperature drops below 35°C (95°F). Normal body temperature is around 37°C (98.6°F).

Hypothermia can quickly become life-threatening and should be treated as a medical emergency.

Hypothermia is usually caused by being in a cold environment. It can be triggered by a combination of things, including being exposed to the cold for a long time – this can be outdoors in cold conditions, in a poorly heated room or being in cold water.

When your body gets cold it will try to prevent losing more heat by:

- shivering (which keeps the major organs at normal temperature)
- restricting blood flow to the skin
- releasing hormones to generate heat

However, these responses use up energy and may not be enough to maintain body temperature if you're exposed to the cold for a long time.

When the body runs out of energy, it gradually begins to shut down. Shivering stops and your heartbeat starts to slow.

The symptoms of hypothermia can vary depending on whether it is mild, moderate or severe. The severity of hypothermia is determined by how low your body temperature has become.

#### **Mild hypothermia**

The early symptoms of hypothermia are often recognised by a parent or carer. This is because hypothermia can cause confusion, poor judgement and a change in behaviour which means the affected may not realise that they have it.

If someone has mild hypothermia (generally with a body temperature of 32-35°C), the symptoms aren't always obvious but they can include:

- constant shivering
- tiredness
- low energy
- cold or pale skin
- fast breathing (hyperventilation)

### **Moderate hypothermia**

Moderate cases of hypothermia (generally with a body temperature of 28-32°C) can include symptoms such as:

- violent, uncontrollable shivering (although shivering can stop completely at lower temperatures as the body is unable to generate heat)
- being unable to think or pay attention
- confusion (some people don't realise they're affected)
- loss of judgement and reasoning (someone with hypothermia may decide to remove clothing despite being very cold)
- difficulty moving around
- loss of co-ordination
- drowsiness
- slurred speech
- slow, shallow breathing (hypoventilation)

### **Severe hypothermia**

The symptoms of severe hypothermia (a body temperature of below 28°C) can include:

- unconsciousness (comatose)
- shallow or no breathing
- weak, irregular or no pulse
- dilated pupils

The individual may in fact appear to have died. However, under these circumstances the individual must be taken to hospital in order for it to be decided whether they have died, or are in a state of severe hypothermia. If this is the case, advanced medical intervention may still be able to resuscitate them.

### **WHEN TO SEEK MEDICAL ATTENTION**

**IF YOU SUSPECT HYPOTHERMIA, SEEK MEDICAL ATTENTION. IF YOU SUSPECT THAT SOMEONE HAS SEVERE HYPOTHERMIA, DIAL 999 IMMEDIATELY TO REQUEST AN AMBULANCE. SEVERE HYPOTHERMIA IS LIFE THREATENING.**

## **12.2 At Risk Groups**

The following are examples of sub-categories, as well as living conditions and health conditions, which may place people at risk:

- over 75 years old
- otherwise 'frail' and/or socially isolated older people
- children under the age of 5
- pre-existing chronic medical conditions such as heart disease, stroke or transient ischaemic attack (TIA), asthma, chronic obstructive pulmonary disease (COPD) or diabetes
- pregnant women (due to the potential impact of cold on foetus)
- learning difficulties
- assessed as being at risk of, or has had, recurrent falls
- housebound or otherwise low mobility
- living in deprived circumstances
- living in houses with mould

- fuel-poor (needing to spend 10% or more of household income on heating the home)
- elderly people who live alone and do not have additional social services support
- the homeless or people sleeping rough
- other marginalised or socially isolated individuals or groups.

### 12.3 Tips for Staying Healthy Over Winter

- **Get your flu jab!**
- **Keep warm** - Heating your home to at least 18°C/65°F in winter poses minimal risk to your health when you are wearing suitable clothing (see below). Use room thermostats or other heating controls if you have them or a room thermometer. Keep your bedroom window closed on a winter's night. Breathing in cold air can increase the risk of chest infections. Fit draught proofing to seal any gaps around windows and doors. Make sure you have loft insulation. If you have cavity walls make sure they are insulated too. Insulate your hot water cylinder and pipes. Draw your curtains at dusk to keep heat generated inside your rooms. Make sure your radiators are not obstructed by furniture or curtains.
- **Look after yourself and check on older neighbours or relatives** to make sure they are safe, warm and well. Layer your clothing whether you are indoors or outside. Clothes made from cotton, wool or fleecy fibres are particularly good and maintain body heat. Wrap a scarf around your mouth to protect your lungs from the cold air and wear good-fitting slippers with a good grip indoors and shoes with a good grip if you need to go outside. Don't delay in getting treatment for minor winter ailments like colds or sore throats. Visit your local pharmacist for advice on treatment before it gets worse so you can recover quicker. When you're indoors, try not to sit still for more than an hour or so. Get up, stretch your legs and make yourself a warm drink. Make sure you have spare medication in case you are unable to go out.
- **Food is a vital source of energy** - which helps to keep your body warm. Try to make sure that you have plenty of hot food and drinks throughout the day. Aim to include five daily portions of fruit and vegetables. Tinned and frozen vegetables count toward your five a day. Stock up on tinned and frozen foods so you don't have to go out too much when it's cold or icy.
- **Get financial support** - There are grants, benefits and sources of advice available to make your home more energy efficient, improve your heating or help with bills. It is worthwhile claiming all the benefits you are entitled to and to access these before the winter sets in.
- **Have your heating and cooking appliances checked** - Get your heating system and cooking appliances checked and keep your home well ventilated. Use your electric blanket as instructed and get it tested every three years. Never use a hot water bottle with an electric blanket. Do not use a gas cooker or oven to heat your home; it is inefficient and there is a risk of carbon monoxide poisoning and this can kill. If you are not on mains gas or electricity make sure that you have a sufficient supply of oil, LPG or solid fuel to avoid running out in winter. Contact your water and power suppliers to see if you can be on the Priority Services Register, a service for older and disabled people.

## 13 Communications

The AWP Communications team works closely where appropriate with the communications teams of partner organisations to ensure that messages are consistent across the Local Health Economy. Reference should also be made to [Appendix B – Communications Winter Plan](#)

### 13.1 Communication with the Public

- The Trust has a duty to inform and advise members of the public where there is an actual or potential incident.

- Communication with the media and members of the public will be managed by the Communications Team, with the assistance of the PALS team. Relevant information and guidance will also be posted on the Trust external website.
- Communication with partner organisations and members of staff will be managed by the Executive Director on Call and the communications team.
- Where temperatures are forecast to drop significantly, community teams are to ensure they cascade that information to the Service Users within their care. This is to ensure that the Service User and or carer is suitably warned and prepared for freezing temperatures. For periods of extended low or below zero temperatures, community teams may be required, if necessary, to make more frequent checks on the wellbeing of the Service Users within their care.

## **14 Escalation Procedures**

### **14.1 Internal Escalation**

- When a risk to service delivery is identified locally, this will be immediately escalated to the team leader, manager and in turn the LDU Director responsible for the area. If it becomes necessary, the LDU Director will escalate to the Acting Director of Operations or the Executive Director on call as appropriate.
- The team leader should consider whether the risk has the potential to become a severe adverse incident. If it does, then this will be escalated using the usual published procedure.
- If there is a possibility that this could result in severe disruption to normal service delivery, then this should be escalated to the Executive Director on Call.
- Where there is a possibility that the disruption could impact people or organisations outside the Trust, the Executive Director on Call will escalate the issue to the relevant Clinical Commissioning Group and other relevant partner organisations and stakeholders as appropriate. This will be achieved through the relevant NHS England Area Team Local Health Resilience Partnership.
- All incidents or potential incidents will be managed in accordance with existing policies and procedures and if necessary the Significant Incident Plan, the Trust Health and Safety regulations and guidelines, and all relevant frameworks which govern and support service delivery.

### **14.2 On Call Senior Decision Makers**

As per the requirement of the Civil Contingencies Act 2004 and the NHS England Emergency Preparedness Framework 2013, where organisations are required to: “ensure appropriate senior level command and decision making 24/7”, AWP has several tiers of on call senior decision maker rotas:

- Clinical – SHO, Jnr Dr and Consultant medical staff on call rotas
- LDU – Adults, Liaison and Later Life and Specialised and Secure Services on call rotas and
- There is an Executive Director on call rota.

Apart from the Clinical Rotas, all other rotas are combined into a single Trustwide on call rota which is published weekly on a Friday, with updates as necessary. This rota and subsequent updates is disseminated both internally and externally to key stakeholders. All rotas are published on the Trust Intranet.

### **14.3 External Escalation**

As a provider of specialist mental health services, the support that can be provided to Acute providers who are experiencing Winter Pressures and have entered escalation is limited. However, all escalation is as per the requirements of the NHS South of England Escalation Framework.

This framework states *“This framework provides a consistent and co-ordinated approach to the management of pressures in NHS South of England’s acute and emergency care systems, where local escalation triggers have already been applied and yet the pressure on capacity and the need to mitigate against the possibility of compromising patient care, require additional support from other service providers, including those which cross Clinical Commissioning Group (CCG) boundaries. The framework is designed for managers and clinicians involved in managing capacity and patient throughput at a time of excess demand on NHS emergency and acute care services. The aim of this document is to provide a practical working reference tool for all parties, thereby aiding co-ordination, communication and implementation of the appropriate actions in each organisation.”*

1. *Use of this escalation framework is triggered where a Local Health Economy (LHE) experiences pressure such that despite all actions by the whole system to reduce that pressure external assistance is needed*
2. *This should be only in the most exceptional circumstances*
3. *Each system must define and agree triggers, actions, roles and responsibilities throughout the escalation process including those which trigger a request for external assistance*
4. *The point at which an LHE deems that external assistance is required must be clearly defined and fully understood by all relevant clinicians and managers*
5. *Only when all de-escalation measures have been exhausted, will organisations act from a position of last resort in response to the most unusual and exceptional pressures to access capacity beyond LHE boundaries. In such circumstances decisions must be made with the overall best interests of patients and service users as the top priority*
6. *The trigger for request for external assistance will be the declaration by the LHE of whole system Black status*
7. *The implementation of external support must be agreed by all relevant parties, following which the LHE shall inform its own patch.*
8. *Contact with NHS South of England will be initiated and maintained by the executive director on call for the lead commissioners of the LHE*
9. *Following a divert the LHE to which assistance was given must raise a Serious Incident Requiring Investigation (SIRI) and undertake a full investigation, root cause analysis and lessons learnt exercise.*

#### **14.3.1 Escalation Teleconferences**

As providers approach escalation level pressures and throughout escalation, Local Health Economy escalation teleconferences will take place at regular intervals. AWP Locality Operational Managers are required to join these teleconferences and fully participate, with a focus on what AWP can do to reduce the pressures being experienced by other providers.

#### **14.3.2 Amber Escalation**

At **AMBER Escalation Status**, Commissioners will “Co-ordinate communication of escalation across the local health economy (including independent sector, social care and mental health providers)”. As a result of this Mental Health providers are required to:

- Expedite rapid assessment for patients waiting within another service,
- Where possible, increase support and/or communication to patients at home to prevent admission.

#### **14.3.3 Red Escalation**

At **RED Escalation Status** actions which may be taken to mitigate pressure prior to (and with the intention of avoiding) further escalation, Mental Health providers are required to:

- Review all discharges currently referred and assist within whole systems agreed actions to accelerate discharges from acute and non-acute facilities wherever possible,
- Increase support to service users at home in order to prevent admission.

#### 14.3.4 Black Escalation

While this Escalation framework is aimed primarily at Acute Hospitals, when these providers have declared **BLACK Escalation Status**, there are a number of actions which, during escalation are relevant to Mental Health providers:

- Mental Health providers will “*Continue to expedite discharges, increase capacity and lower access thresholds to prevent admission where possible*”
- Acute providers may request “*The placement of mental health staff in A&E as this may be highly appropriate*”. It would therefore not be unreasonable to expect such a request if this arrangement is not already in place. AWP would attempt to meet this request if it is possible within normal service provision and capacity without adversely impacting on AWP service provision.

## 15 Command and Control

### 15.1 Situation Reports (SitReps)

Where the weather is such that it is causing significant operational pressures, the SitRep process will be initiated. Operations will communicate the requirement to initiate SitRep reporting. This requires SitReps to be submitted, one per site or Team if not site based. SitReps should be sent to [awp.emergencyplanning@nhs.net](mailto:awp.emergencyplanning@nhs.net) by 09:00 every morning. A SitRep template can be found at [Appendix A - AWP Trust Situation Report \(SitRep\)](#).

Where necessary, SitReps will be shared with partners via the published Local Health Resilience Partnership (LHRP) escalation arrangements.

### 15.2 Trust Response

Where the demand on services or impact of weather is such that staff are unable to manage the local response, the Chief Executive Officer, Executive Director on call or a nominated deputy may convene the Trust Resilience Group or activate the Trustwide Incident Control Centre (ICC) at Jenner House as appropriate to direct, coordinate and support the response. In the event that the Trust Incident Control Centre is activated, it may be necessary to activate Locality Incident Response Centres as detailed in LDU Service Continuity Plans. The requirement to activate LDU Incident Response Centres will be communicated by the Executive Director on call or the Resilience Manager.

## 16 Staffing Problems

At any time when staffing levels reduce (regardless of the cause), to a point where the safety of service users or staff could be compromised or when the Trust’s ability to deliver commissioned activities is in jeopardy, the most senior member of staff available **MUST** escalate the issue to the relevant UNIC or Manager.

The UNIC or Manager will then attempt to resolve the shortage locally. Where this is not possible, the following is to be implemented:

### 16.1 During normal office hours

Any staffing issues which cannot be resolved locally using usual procedures should be escalated to the Resilience Manager on 01249 468 086. The Resilience Manager will then escalate these issues internally in an attempt to identify alternative solutions, such as temporary redeployment of office based staff or redeployment of staff from other Localities. The team, unit or ward experiencing the problem will provide:

- Number of staff required
- Details of qualifications or experience preferred
- Role that unqualified staff could undertake
- Where the staff are required

- Time the staff are required and how long for

## **16.2 Out of office hours**

Staffing issues will be escalated to the relevant on call manager. In the event that the on call manager cannot resolve the issue, the on call manager will escalate the issue to the Executive Director on call.

## **16.3 AWP Bank**

In the event of extreme weather conditions the Bank office will implement the Trust policy for inclement weather conditions. This may result in a reduced service by the Bank office. Specific details from the bank office will be posted on the AWP bank web page.

# **17 Infection Control**

## **17.1 Norovirus / Diarrhoea and Vomiting**

During the winter months of October – April, hospitals regularly experience outbreaks of vomiting and/or diarrhoea. These infections can occur at any time of the year; however they are more prevalent during winter months. In many cases the aetiology of the outbreak cannot be determined, although most are caused by viruses such as the Norovirus. The Trust Head of Nursing and Infection Prevention and Control is responsible for ensuring that infection control standards in the Trust are upheld and staff are trained and compliant with regard to Standard (Universal) Infection Control Precautions.

Day to day advice & management of outbreaks for AWP wards is through the Service Level Agreement with the General Hospital Infection Control Team (DGH ICT); unless the AWP IC Team is called in for a specific reason.

The responsibility for local management of inpatient infection control is delegated to the AWP IC Nurse in each area, providing advice and support to inpatient unit staff to ensure that infection control requirements are adhered to. All staff receive training in infection control during Induction, as well as with their MOT training day every two years. Hand Hygiene (light box) training is undertaken on a yearly basis for the required staff members. Updates and reviews of training can also be taken as e-learning.

The Head of Nursing and IP&C and AWP IC nurses regularly attend Infection Control meetings across the AWP / Commissioning CCG / Public Health Department. The Trust utilises an NHS England advised Management Pack (for the Outbreak of D&V and suspected Norovirus) in place to direct the response to a D&V / Norovirus outbreak.

An alcohol based hand rub solution is available on entrance/exit to Wards, and in Clinic Rooms, to permit staff to disinfect visually clean hands. Non-alcohol based solutions are available. Where it is not possible to have hand rubs on the wall due to safety concerns, staff can have a small bottle on their belt toggles so that they are able to access this safely. However, alcohol based solutions are not effective against Clostridium Difficile spores or Norwalk Virus, and hands must be washed with soap and water in these circumstances.

## **17.2 Seasonal Influenza**

AWP has developed a seasonal flu vaccination programme for frontline healthcare staff and staff working in partnership with AWP such as relevant member of staff employed by organisations such as Local Authorities.

- Two nurse vaccinators are being recruited from Bank to provide this year's vaccination service. Appropriate training will be provided by the Lead Nurse.
- The Health and Wellbeing Manager and the Resilience Team have been tasked with identifying where additional vaccination clinics can be held, in an attempt to make it more convenient for staff to attend for vaccination.
- The seasonal flu vaccination programme runs from the beginning of October to the beginning of December and clinics will be held at various locations across the trust.
- Clinics will have a combination of booked appointments and drop in sessions.

- There will be mobile vaccination sessions that take the vaccine to staff.
- A peer to peer vaccination model is being utilised.
- The 24 hour single point of contact telephone number, used so successfully over the last three years for taking bookings from staff for clinic appointments will be utilised again this year.
- Local site managers have a remit to publicise clinics and encourage maximum uptake.

Running in parallel with the vaccination programme, a communications strategy to publicise the programme and increase both awareness and uptake will be implemented. This strategy includes leaflets attached to pay slips, a range of publicity posters, emails and articles on the trust intranet advertising the clinics. FAQ's will also be available in the hope of dispelling some of the myths and concerns surrounding seasonal flu vaccinations.

Sickness levels and reason for sickness will be closely monitored to evaluate the effectiveness of the Seasonal Flu vaccination programme

## 18 Transport & 4x4 Vehicles

Given the largely rural area within which AWP staff and Service Users live and work, heavy snow falls can pose a significant challenge to get to work or out to see community based service users. To mitigate this risk, the Estates and Facilities Team have procured a number of 4x4 vehicles and trained a number of staff to enable them to drive safely and appropriately. These vehicles will be made available to staff where appropriate. Service Managers / Senior Managers on call are able to authorise the use of these vehicles, which can be booked through the usual transport booking line.

These vehicles are a finite resource and while there is one vehicle in the West and one in the East of the region, there will be delays in getting this vehicle to you. The delay will clearly be longer if it is already in use.

The Trust does have the ability to request the assistance of Wessex 4 x 4; however their vehicles are only for use in dire emergencies when life is at risk. Any mileage travelled by Wessex 4 x 4 on AWP business is chargeable. It must be recognised that Wessex 4 x 4 may already be tasked on other duties and therefore may not be able to respond in a timely fashion. Should all other internal 4 x 4 capability fail and, **only if life is at risk**, the Resilience Manager should be contacted on 01249 468 086 to request Wessex 4 x 4 respond. Senior Managers / Service Managers **MUST NOT** contact Wessex 4x4 direct.

## 19 Key Issues for Winter Planning

### 19.1 Support Services and Supply Chain

- Directorates and departments which provide support services to operational service delivery will have a Service Continuity Plan in place, which identifies critical activities.
- Where there is an identified critical activity, this should be supported by a contingency plan which will mitigate the risk of failure.
- When a failure of a critical activity occurs, this should be escalated to the Executive Director on Call for information, and the contingency / service continuity plan should be activated.
- Where there has been a failure of the supply chain, the supplier should be contacted and their contingency plan activated so that supply continues. If this is not possible, local solutions should be sought. If the issue is not resolved locally and there is a potential that this could lead to service disruption, the senior management of the LDU or Directorate should be informed.

## 20 Identified Risks

### 20.1 Evacuation

In the winter, extra care should be taken to move people swiftly to a place of safety so that their exposure to adverse weather or very cold conditions is limited as far as is reasonably practicable.

### 20.2 Personal Injury

There may be an increase of slips and falls due to icy conditions in winter. Extra care should be exercised.

### 20.3 Staff Illness and Unplanned Absence

The likelihood of a loss of staff through illness is considered to be possible with the impact being considered as moderate, or major in the case of an epidemic situation. In particular, it may be more difficult to cover absence over the festive period or during severe adverse weather.

Plans for dealing with a Flu Pandemic identify, as a model, that up to 40% of staff may be absent from work at any one time. The likelihood of this is considered to be possible with the impact being major.

Other infections such as MRSA may also have a bearing on work patterns. Each LDU will require contingency plans to clarify how managers will deal with staffing levels during infection outbreaks such as this.

### 20.4 Weather

The likelihood of severe weather through wind, rain, snow and freezing conditions is considered to be almost certain. In such cases the impact upon Service Users, locations and the Trust generally, may vary depending on how widespread the weather conditions are. However, as a general rule it is considered that the impact will be moderate.

Severe weather such as snow may prevent access to and from a location, blocking staff, suppliers, visitors and Service Users from entering or exiting the site. The risk of injuries due to slips and falls is considered to be probable. Continued and/or prolonged bad weather may prevent or delay deliveries of essential equipment and supplies. In this case it may be considered that the impact is major.

Staff are to be reminded of the [Policy on Attendance During Inclement Weather or Major Disruption to Transport Links](#) so that they are aware of their rights and responsibilities during such disruption.

In the event of extreme weather conditions such as heavy snow, local Sites and Units have arrangements in place to ensure the site and unit remain safe and accessible.

Reference should be made to the relevant Policies and Procedures available on Ourspace at <http://ourspace/StaffServices/FtoJ/HealthSafety/Pages/Slipstripsandfalls.aspx>. Sites and Units undertake Winter Safety Assessments in August and more details can be found within the Health and Safety intranet pages.

For periods of extended low or below zero temperatures, community teams are required to make more frequent checks on the wellbeing of the Service Users within their care to ensure they are managing with the cold, have appropriate countermeasures in place and are using them e.g. heating, wrapping up well, hot food and drinks.

## 21 Conclusion

AWP intends to manage the winter period in the same way as any other period, with heightened awareness to specific risks that may occur.

The main risks that are more likely to affect the Trust during the winter period include severe adverse weather conditions and difficulties with staffing due to local outbreaks of infection.

There is also a risk that the festive season may affect the mental health of some vulnerable people, however, this has always been planned for and managed within resources successfully in the past.

The Trust will follow the Significant Incident Plan if any of the risks materialise into a major incident, or the Serious Adverse Incident Policy if this should be more appropriate. The CPA has been implemented to ensure that the Trust is aware of the status of its Service Users and can best respond to meet their needs.

With the contingency and continuity plans in place to address potential interruptions to service continuity, AWP will continue to deliver high quality mental health services to the community.

## **22 References**

Department of Health, NHS England & Public Health England Cold Weather Plan 2015  
NHS Winter Self-assessment Checklist  
AWP Seasonal Flu Plan 2015  
AWP Significant Incident Plan  
AWP Locality Service Continuity Plans.

## Appendix A – Situation Report (SitRep)

**Use this standard template to collect and report incident information to ensure a consistent methodology across the Trust.**

**Note: Please complete all fields. If there is nothing to report, or the information request is not applicable, please insert NIL or N/A.**

<b>Organisation:</b>	Avon and Wiltshire Mental Health Partnership NHS Trust	<b>Date:</b>	
<b>Name (completed by):</b>		<b>Time:</b>	
<b>Telephone number:</b>			
<b>Email address:</b>			
<b>Authorised for release by (name &amp; title):</b>			
<b>Locality:</b>			
<b>Base:</b>			
<b>Ward / Service affected:</b>			

<b>Type of Incident (Name)</b>	
<b>Details of Incident:</b>	
<b>Impact / potential impact of incident on services / critical services, activities or functions and service users</b>	
<b>Impact on other service providers</b>	

<b>Mitigating actions for the above impacts</b>	
<b>Impact of business continuity arrangements</b>	
<b>Media interest expected or received</b>	
<b>Additional support required from the wider Trust</b>	
<b>Additional comments</b>	
<b>Other issues</b>	
<b>AWP Incident Management Centre contact details:</b>  <b>Name:</b> <b>Telephone number:</b> <b>Email:</b>	

## Appendix B – Communications Winter Plan

### a) Objectives

In dealing with winter specific issues the internal and external communications and engagement teams will support LDU management, who are responsible for communicating with their teams, and operational colleagues, who are responsible for communicating with the service users they support. The aim of the internal and external communications and engagement teams will be to:

- Promote internal understanding and awareness of winter related issues and their impact on services,
- Support the delivery of operational information for staff such as impact on travel to work, requests for volunteers to stay on site in extreme conditions, business continuity and safety messages, for example, by promoting these messages on Ourspace,
- Support staff in communicating with service users in the event of any disruption to normal services by, for example, publishing information on the Trust website or direct mail to service user groups.

### b) Approach

The internal and external communications and engagement teams will work closely with the Resilience Manager, locality management and operational staff, including involvement coordinators to identify and promulgate key messages. They will also liaise, where appropriate, with communications teams of stakeholder and partner organisations to ensure that messages are clear, consistent and complement general awareness activity undertaken by health and social care community.

The Trust Board and senior management team will be appropriately briefed

The frequency of information communicated will match the severity of any problems.

### c) Delivery

Communication channels will vary according to the winter issue, the locality and the severity of the problem and some overlap in messaging occurring.

Communications will support the delivery of the above objectives externally by:

- Crafting and ensuring compatibility with messaging by the health and social care community
- Using its media contacts to promote relevant messages (especially via local radio)
- Publishing information on the Trust website and on its social media channels.
- Ensuring stakeholder groups (e.g. service user groups, carer groups, volunteers, charities) are also advised of actions being taken, as appropriate,
- Highlight built-in translation function of the Trust website in order that messages reach our communities

Communications will support the delivery of the above objectives internally by using our intranet (Ourspace), email, noticeboards, face to face and incident specific messaging to:

- Communicate underlying issues, the severity of any alerts, steps being taken by the Trust to support service delivery, general advice that should be given to service users and reminders of where updated information can be obtained.
- Highlight examples of good practice and responses “above and beyond the call of duty” so as to recognise staff achievements in going the extra mile to overcome difficulties caused by any winter issues.
- Communicate the content of the Winter Plan and its availability

### d) Seasonal Flu

Alongside the winter communications plan, the team will support efforts to maximise seasonal flu vaccinations by promoting the safety message of staff vaccination; highlighting the important

role vaccination plays in continuity of service delivery; the logistics (e.g. timing, location and booking procedures of clinics) of vaccination programme.

**Internal Communications and Engagement Manager**  
**External Communications and Engagement Manager**  
**September 2015**