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NHS
Wye Valley
NHS Trust

WVT Winter Plan
2025/26

NHS England Expectations

Expectations of Boards and ICBs
Clear articulation in four key areas during Board-level review and approval:

1. **Learning from 2024/25 -** What are the lessons learnt from last winter that will make a tangible difference this year

2. **Mitigating Wider System Change -** Maintaining standards and manage risk across UEC and elective care pathways

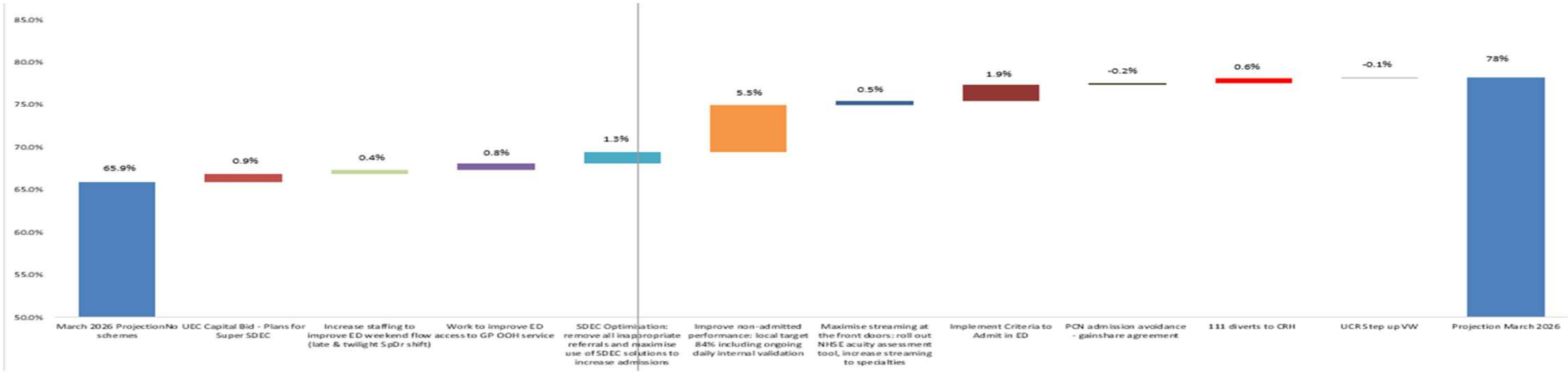
3. **Leadership Capacity – Appointing a Designated Winter Director** Each ICB and provider organisation must have a named Winter Director at Director level.

4. **Assurance on Delivery Impact - Board assurance** that plans are sufficient to mitigate the anticipated impacts of increased winter pressure, including surge and super-surge scenarios

ICS 2025/26 Priorities

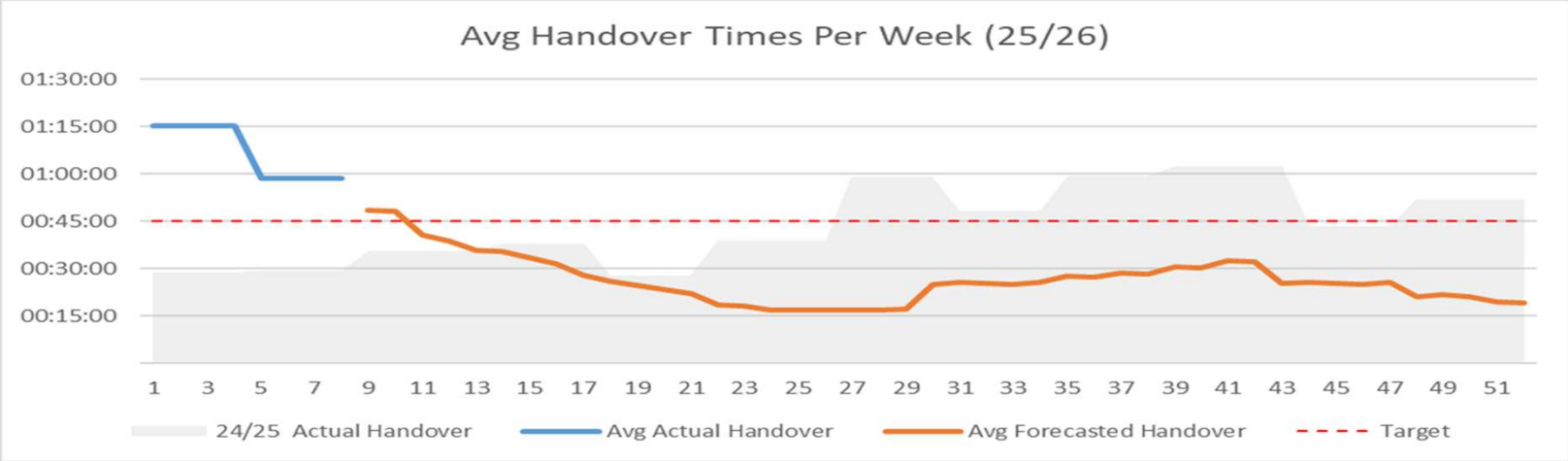
- Delivery of 30-Minutes Category 2 Mean Performance
- Delivery of 45-Minutes Maximum Ambulance Offload
- Delivery of 78% Emergency Access Standard Performance (EAS) by March 2026
- Improve the numbers of children see within 4 hours of arrival at the emergency department
- Reduce the percentage of patients waiting 12 hour's or over for admission or discharge to under 10%
- Reduce the numbers of patients waiting 24 hours or over for a mental health admission
- Reduce discharge delays / Returning to discharge to assess
- Eradication of Corridor Care

Winter 25 – 78% EAS Plan



Forecast 2025/26		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Predicted Attendances (main A&E)		6,119	6,295	6,382	6,479	6,378	6,393	6,767	6,485	6,675	6,134	6,071	6,863	77,041
Predicted Breaches based on current average daily		3,084	2,915	2,760	2,666	2,635	2,490	2,666	2,520	2,790	2,635	2,352	2,803	32,316
Total Attendances - All Types		**7,241**	**7,355**	**7,693**	**7,809**	**7,644**	**7,661**	**8,111**	**7,770**	**7,998**	**7,346**	**7,268**	**8,224**	**92,120**
Average Number of Attendances per day (main A&E)		204	203	213	209	206	213	218	216	215	198	217	221	211
Total	**Footfall reduction**	**0**	**0**	**0**	**0**	**170**	**215**	**220**	**225**	**230**	**235**	**235**	**235**	**1765**
	Breach reduction	**0**	**0**	**0**	**165**	**340**	**409**	**464**	**490**	**506**	**580**	**651**	**1043**	**4647**
Revised Attendances		**7241**	**7355**	**7693**	**7809**	**7474**	**7446**	**7891**	**7545**	**7768**	**7111**	**7033**	**7989**	**90355**
Revised Breaches		**3084**	**2915**	**2760**	**2501**	**2295**	**2081**	**2202**	**2030**	**2284**	**2055**	**1701**	**1760**	**27669**
Revised Performance (%)		**57.4%**	**60.4%**	**64.1%**	**68.0%**	**69.3%**	**72.1%**	**72.1%**	**73.1%**	**70.6%**	**71.1%**	**75.8%**	**78.0%**	**69.4%**
Quarterly Performance (%)				**60.7%**			**69.7%**			**71.9%**			**75.1%**	
Performance gain		**0.0%**	**0.0%**	**0.0%**	**2.1%**	**3.8%**	**4.6%**	**5.0%**	**5.5%**	**5.5%**	**7.0%**	**8.2%**	**12.1%**	**4.5%**
Planning Submission 2025/26		**68.3%**	**68.6%**	**69.6%**	**69.9%**	**70.6%**	**71.8%**	**71.0%**	**71.9%**	**70.2%**	**71.9%**	**75.7%**	**78.0%**	

Winter 25 – Ambulance Handover Plan



To	24/25 Actual Handover	Avg Forecasted Handover	Comments
06/07/2025	00:35:32	00:36:00	
03/08/2025	00:38:00	00:28:00	
07/09/2025	00:38:59	00:18:40	
05/10/2025	00:38:59	00:17:00	
02/11/2025	00:59:04	00:25:00	UEC capital works commence
07/12/2025	00:59:24	00:27:40	
04/01/2026	01:02:26	00:30:40	
01/02/2026	01:02:26	00:25:20	
01/03/2026	00:43:30	00:25:40	UEC capital works complete
05/04/2026	00:51:55	00:19:20	

WVT Plans

Areas of Focus 2025/26

The Valuing Patients Time 2025/25 plan has been designed by both clinical and operational leads, cross referenced to the UEC GIRFT checklist, aligned to the 2025/26 UEC planning submission and the ICS Sustainable Future Programme around Frailty (including EoL management). The programme focus areas include:

- Maximise Neighbourhood Health (as part of the successful national bid to be part of the first cohort of the national rollout)
- Ensure ED decongested
- Reduce non admitted breaches
- SDECs – increase capacity and improve flow
- Improve inpatients flow (Internal Professional Standards (IPS) & SAFER Care Bundle)
- Ensure partners progress discharge pathway delays with set targets for provider discharge delays
- Primary care admission avoidance

WVT Tier 1 reporting for UEC for Q3 and Q4 24/25
The NHS national Emergency Care Intensive Support Team (ECIST) support will be provided across areas of focus.

Introduction and Context

- Review of 2024/25 data completed.
- Debrief in May 2025 as part of Valuing Patients Time Workshops
  - Increased ED attendances – including
    - Increased Length of Stay for Admitted and Non-admitted
    - Increased Ambulance handovers over 60mins
    - Increased number of patients waiting >12hrs in ED
  - Increased Emergency Admissions
  - Reduced reliance on escalation beds
  - Boarding beds remain high across 24/35

- Valuing Patients Time workshops carried out in May, June and September, October with 22 “Learn or Launch” schemes beginning 16th June 2025 and 21 planned for 13th October

- Year to date – The Tests of Change have been designed to improve:
  - 4-hour EAS and 12hr Time in department in department performance
  - ED congestion
  - high use of TES
  - delayed discharges 1-3

Herefordshire / WVT UEC Scheme 25/26

Area	Key Action/Objective	KPI Impact
Care Closer to Home	111 ED dispositions to Community Integrated Care Hub [SPoA]	ED attendances
	Increase Call before Convey	ED attendances / Increase use of UCR
	Neighbourhood Health programme (National Submission success) Implementation of 6 core components	ED attendances / NEL Admissions
	Frailty PCN Community MDT for 65+yrs – aim to reduce 5 NEL admissions per day	ED attendances / NEL Admissions
	Increase Virtual Ward Step up / down bed occupancy [Frailty / Primary Care lead]	NEL Admissions / LOS
	Discharge follow up to prevent readmission	NEL Admissions / ED attendances
	Community Catheter pathway	ED attendances
	Establish ' care home forum ' to produce suite of actions focussed on reducing care home attendance to the Emergency Departments	ED attendances
	Roll out of Digital ReSPECT	ED attendances
Acute Floor	Nurse Navigation 12/7 – embed / educate / develop – internal and external pathway including increase streaming to Primary Care OOH	ED attendances / 4hr EAS / Ambulance Handover
	24/7 Pitstop Presence ensured there is a senior decision maker allocated to Pitstop all hours of the day	4hr EAS / Ambulance Handover
	Reviewing our Same Day Emergency Care capacity and criteria. Increase internal utilization of our SDECs and how we increasing capacity for external referrals from Primary Care , 111 and Urgent Community Response teams. Review current pathways and FUP activity UEC capital bid: Medical SDEC optimisation plans to increase capacity [Surgical / Frailty / Gynae	4hr EAS / ED attendances / NEL admissions
	Criteria to Admit: 4 question tool implemented in ED	4hr EAS / NEL admissions
	Radiology pathways review to improve CT & diagnostics reporting KPIs.	4hr EAS
	ED shift patterns re-aligned according to demand: increased end of week and weekend Spdr cover – in line with medical and nurse business cases to uplift staffing – additional Senior Decision making / support ahead of Winter 25	4hr EAS
	Benchmarking review / Internal Audits; Engage with colleagues in Foundation Group and regular "missed opportunities" audits for Call before Convey/ SDEC / Navigation	4hr EAS / Ambulance Handover / NEL admissions / ED attendances
	Review of Internal Professional Standards / Working Better Together ED and Specialities – based on GIRFT Clinical Operational Standards	4hr EAS / Ambulance Handover
	Implementation of NED / Exec led ED Safety Champion scheme	Quality focused on Ward to Board escalations / assurance

Herefordshire / WVT UEC Scheme 25/26

Area	Key Action/Objective	KPI Impact
Inpatient Wards	Optimising Patient Flow through Acute and Community integrated Trust wide electronic bed management process	LOS / SAFER / CtR
	AMU – Re-Set – Criteria to Admit / Focus on 2-4day LOS / Consultant of the week trial	LOS / CtR
	Internal Professional Standards [IPS] – Working Better Together – Acute and Community Simplify and consolidate electronic discharge processes in relation to our Internal Professional Standards September VPT workshops to collectively refresh and co-design with wider clinical and operational teams / ECIST support Power BI Dashboard monitoring in place	LOS / SAFER / CtR
	Introduction of an Acute Surgical Unit - Reduction in wait times for admission and earlier commencement of treatment / Capital bid to expand elective recovery areas to support ASU / Surgical SDEC capacity	LOS / ED Congestion / Ambulance Handover
	Critical Care Revised standard operating procedure for the transfer of wardable patients to wards / Develop a proposal for ITU to accommodate outreach patients to provide additional surge and super-surge capacity	LOS
	Enhanced weekly Discharge reviews on target wards with Integrated Discharge Team and ACS [Herefordshire and Powys]	LOS / CtR
Clinical Support Services	Review escalation policy and use of escalation beds to include TES	LOS / ED Congestion / Ambulance Handover
	Improvement to Inpatient TTO turnaround time within 2 hours / Ensure ward based pharmacy service as first point of contact for discharges to aid patient flow	LOS / SAFER
	POCT for Respiratory Virus testing to achieve rapid diagnosis and aid early patient placement and appropriate treatment	LOS / ED Congestion / Ambulance Handover
	Community Diagnostic Treatment Centre - CDTC will provide the following additional imaging which will release on-site capacity to increase access to scan for ED/INP/SDEC to meet Diagnostic UEC KPIs	LOS / NEL Admissions
Discharge / D2A	Review of Care Act Assessment process to prevent D2A overstays to create flow in D2a provide services	LOS / CtR / Pathway 1-3 delays
	Increase Therapy support for D2A via BCF – Business Case	LOS / CtR / Pathway 1-3 delays
	Review Provider of last result process / Housing related Discharge support	LOS/ CtR / Pathway 1-3 delays
	D2A Dashboard – management of daily / weekly capacity and overstays across providers	LOS/ CtR / Pathway 1-3 delays

Herefordshire / WVT UEC Scheme 25/26

Area	Key Action/Objective
Increasing Risk Threshold	Training and Culture: • Develop cross-professional risk training (AHPs, doctors, nurses, social care). Multi-provider where possible • Expand training on positive risk-taking, RESPECT, frailty sensitive approach and end-of-life communication. • Population risk framing: Use the "Rule of Four" in education to show wider system impact; share patient stories in governance meetings; encourage clinicians to consider the "unseen patient."
	Clinical Practice: • Promote "Why not home, why not today?" reviews across all sites • Build cultures of support where juniors feel explicitly backed in discharge decisions • Strengthen access to urgent advice for end-of-life care needs. • Create supportive team cultures: Senior staff to model proportionate decision-making; use case-based reviews to normalise positive risk-taking. • Daily senior review equivalents: Extend beyond medical teams; senior therapists/nurses to review caseloads daily and reprioritize • Challenge defensive practice: Use governance meetings to explore where over-testing or prolonged stays increase risk • Holistic conversations: Mandate structured end-of-life/frailty sensitive discussions; train juniors with senior supervision; allow time for conversations that prevent future admissions.
	General: • Implement/strengthen SPOA with senior clinical oversight • Create supportive team cultures: Senior staff to model proportionate decision-making; use case-based reviews to normalise positive risk-taking • Community alternatives: Promote confidence in UCR and care home pathways; share updated service directories; embed anticipatory prescribing.
ICS Wide Schemes	Communications: • Develop Winter Communication campaign with three key themes • Staff Briefings – explaining the winter plan • What our system looks like – guide for healthcare professional • Conversations on End of Life (Patient Facing) • Re Launch and Launch of Home for Lunch, your better home programs
	Repeat Emergency Department Audits • Focussing on walk in demand and appropriate use of pre-ED/ Pre Hospitals services for ambulances
	Refresh Demand and Capacity models Update demand / capacity scenarios for winter covering acute , community , pathways with latest information/intelligence.
	ICS Wide Escalation Review escalation processes and review to ensure more pro-active approach, with key focusses such as reducing occupancy / preventing escalation (OPEL 4 Establish robust processes for out of area escalations (service or patient). Roll out SHREWD / SHREWD ACTION.

Valuing Patients Time – Herefordshire D2A

D2A Board- monthly oversight	Integrated Board with partners from system- monitor commissioned D2A services and drive improvement
Discharge delays – daily monitoring	Monitored daily for Herefordshire, Powys, Worcs, Shropshire and others by IDT management team Daily meeting with Hfdshire partners to review delays Weekly silver call with Herefordshire and Powys to review delays Fast track/CHC delays escalation direct to ICB Other counties- escalation via ICB if no plans

Discharge targets by pathway

Target	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Weekly
Current	45	50	47	53	54	30	25	305
	47	49	50	54	53	30	30	314
P0	41	42	41	45	46	24	28	268
P1	4	5	5	5	5	4	2	30
P2	1	1	2	2	1	1	0	8
P3	1	1	2	2	1	1	0	8

Valuing Patients Time – Clinical Support

WVT Community Diagnostic Treatment Centre,

CDTC will provide the following additional imaging which will release on-site capacity to increase access to diagnostics for ED/INP/SDEC. Opened **29th September 2025**

CDC Modalities	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Acute Priorities
MRI	+338	+246	+187	+272	+246	+246	ED, SDEC and IP: Highest demand for MRI Head, Spines, MRCPs
MMPR (Prostate)	+46	+40	+35	+42	+40	+40	Existing MMPR 12 pwk retained to support 48hr pathway
CT	+1352	+1176	+1060	+1029	+979	+955	ED, SDEC and IP: Highest demand for CT Head, Thorax/Abdo/Pelvis, CTPA, Cervical Spines. CT3 to deliver CTCA at WVT (pts currently travelling to WHAT/UHB) *needs BC to increase operating hours of CT3 to meet anticipated demand*
TLHC				+173	+173	+173	TLHC (low dose contrast CT) new pathway from Jan 26, all activity would be delivered at the CDC, therefore no acute impact to from this new demand
USS	+225	+196	+170	+202	+196	+196	ED and IP : Highest demand Abdo, Renal/Pelvis, Lower Limb Doppler
TVUS (PMB)	+419	+364	+328	+380	+364	+364	Direct access to PMB pathway live from Acute Aug 25, the activity will be moved to CDC

CDC **slippage plan** started delivering **June 25**, as a result:

- **NOUS impact is mixed**, with modest success in **SDEC**
- Supporting a **sustained increase in CT**, helping with growing demand, **ED and SDEC CT** exams showing strong growth
- Boosted **MRI throughput**, particularly where prior suppression existed with **INP MRI** showing the largest gain

4 new Consultant Radiologists have started in post, with induction in progress. This will help towards the capacity required to **report these additional exams**. TATs will need to be closely monitored.

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Powys ASC & Health Plans

Increased assessment capacity & domiciliary care

Increased Domiciliary Care

Paying retainers

Work with providers to understand barriers to picking up packages in rural areas and develop retainer framework to maintain workforce capacity and secure packages for discharge.

Enhanced brokerage capacity

Review and refresh of dynamic purchasing system to improve response, capacity and performance of contracted domiciliary care providers. All terms and conditions reviewed. More detailed terms and conditions and KPIs. Increased control to leverage the market.

Increased Assessment Capacity

Expansion of Hospital Team

To increase from September the Social Work capacity in Hospital Team by 5 workers. This will expand the remit to include community hospitals as well as DGH's increasing the effectiveness of the D2A pathway and availability of 7-day coverage where needed. Dedicated ward and MDT support including at Ready to Go Home Units.

- Reduction of those awaiting Social worker allocation
- Reduced number of days delayed
- Reduction in numbers awaiting assessment by social care.

Trusted Assessment

Develop Trusted Assessor pathway with external providers. This will be facilitated by a dedicated project officer in partnership with colleagues in PTHB.

Methodology successfully piloted in two residential care homes now ready for scaling.

Admission Avoidance Pathways

Scheme	Overview
Virtual Ward	Primary Care MDT identification and active management of 0.5% highest risk frailty population. Standardised reporting now developed and contracted for, with further work ongoing to establish consistent approach across Clusters. Includes care home support and Treatment Escalation Plan development.
Fracture liaison	Newly developed function, Consultant led, with aim to support improvement in bone health management
Frailty clinics	Consultant and GPsI clinics commenced to review patients with complex multi-morbidity and chronic health conditions.
Step up admissions	GP admission direct to PTHB community hospitals

Same Day Urgent Pathways

Scheme	Overview
Single Point of Access (SPOA)	Originally developed from the existing flow hub, a clinically resourced SPOA is under development. Expectations are for soft launch in September, with all community urgent care referrals for treatment, admission and community management being directed through this service.
Community frailty service	A mixed model across the Cluster footprints, these teams join up the responsive care needs for frail patients in the community, drawing together the existing community teams to wrap comprehensive community assessment and treatment planning around patients with escalating needs.
Falls response	An existing Tier 1 offer via St Johns Ambulance is being extended to include Tier 2 falls assessment and response via existing community teams including reablement and Nursing.
MIU development	Recognising the need to extend the capability & capacity of the existing services, a clinical lead is in place to support continued skills and service development for the service.
Community Reablement	Now formally separated from the community enablement offer, the team has been heavily recruited to, with increased capacity across all clusters.
Community Nursing	Now standardised across all Clusters, with a7 day 8-8 offer across all teams, the service has increased capacity at weekends, is due to commence a pilot for a number of community Matron roles and is to provide the refreshed offer around IVOPAT across Powys.

Discharge Pathways

Scheme	Overview
RTGHU	The Health Board have elected to retain these temporary changes, utilising the two locations as areas to deliver care to patients stranded and awaiting transfer to onward care. The units have been developed to optimise independence, reduce the risks for hospital acquired functional decline and to maximise flow from acute hospitals.
Community Reablement	In addition to the community functions referenced in the Same Day Urgent Pathways, the Health Board have further developed the offer around step down care in Glan Irfon and Cottage View, in order to maximise discharge flow.
IVOPAT	Following temporary cessation of this function, a pathway is in development that is supported by PTHB medicines management and microbiology, that will support the re-commencement of this pathway. Expected to launch in September, the expectation will be to retain secondary care prescribing, with delivery via the community Nursing teams of the Health Board.
Digiflo & Board Rounds	With a strengthened focus on community hospital inpatient flow, the adoption of the R2G principles, Board rounds to be included in a newly refreshed GP SLA and a strengthened DLO team, improved flow can be expected across the PTHB bed base.
Trusted assessor - D2RA & BI	Further developing the offer of our embedded Care Transfer Coordinators, the adoption of Trusted Assessor processes across our teams has further increased the capacity and support to our PCC colleagues.

Winter 25 – Workforce (planning & wellbeing)

- A modelled Workforce Plan for 2025/26 in place designed to ensure workforce resilience, flexibility, and wellbeing throughout the winter period, in line with NHSE requirements. The plan is structured around key strategic themes

    - Surge Planning scenarios with Emergency Preparedness, Resilience and Response [EPRR] support to key On Call and Operational roles across the Trust
    - Executive Leadership
    - Health and Wellbeing
    - Vaccination Uptake
    - Flexible Working
    - Recruitment
    - Real-Time Workforce Intelligence

Staff Wellbeing and Vaccination; To support staff during the winter period, the Trust will launch a comprehensive Winter Wellbeing Campaign, including:

- Access to mental health support
- Designated rest and recovery spaces
- Provision of hot meals and hydration stations

Additionally, the Trust have plans in place to ensure high uptake of flu and COVID-19 vaccinations among staff to protect both workforce and patients.

Winter 25 – Risks

- On going use of Temporary Escalation Spaces (TES) to maintain flow and reduce ED congestion
- Impact of Acute Floor estates work to deliver increase SDEC / Ambulatory capacity – planned work Oct 25 to Feb 26
- Maintaining high levels of Elective activity / Ring fenced Elective capacity
- Powys:
  - UEC admissions avoidance schemes not mirroring English pathways e.g. Same Day Emergency Care
  - No D2A in place leading to increase Pw 1-3 delays
- Competing priorities over winter period – Elective Vs Non-elective – delivering financial plan whilst ensuring patient safety
- Successful implementation of transformation schemes

Thank You
Questions?