

			Risk Rating	Organisational Response
ALL	Surge Capacity	✓	Yellow	<ol style="list-style-type: none"> 1. Open any unused internal acute capacity across all sites. 2. Open additional community bed capacity: <ul style="list-style-type: none"> -11 beds Runfold (Farnham) - 18 beds Calthorpe (Fleet) 3. Open agreed stage 1 escalation internally. 4. Open agreed stage 2 escalation internally - consider cancelling elective procedures. 5. Open super-escalation areas at risk.
	EU Exit - End of Transition year Readiness	✓	Green	<ol style="list-style-type: none"> 1. Existing Trust Business Continuity Plans. 2. Linked in with Surrey / Thames Valley LRF and LHRPs in relation to current risk assessment. 3. Awaiting confirmation of latest planning assumptions. 4. Trust has an established EU Exit working group made up of representatives from the 7 key EU Exit risk areas which can be reactivated upon receipt of items 2 & 3 above. 5. Trust has an existing EU Exit contingency plan which can be revised and activated as required.
	Workforce / Availability / Resilience and Well being	✓	Yellow	<ol style="list-style-type: none"> 1. Robust sickness absence reporting/coding related to covid now in place. 2. Primary and secondary role coding on healthroster - for quick and easy redistribution of staff. 3. Additional temporary staffing to be put in place to support phase 3 plan. 4. Recruitment operating 'normally' and interest in vacancies is high 5. New social media presence is raising FHFT profile – most viewed employers on 'Indeed' in the region. 6. New recruitment microsite popular with potential recruits. 7. Trust turnover is under 13% which is lower than it has been for some time and been on a downward trend for over a year now. We continue with plans to improve retention (People at Work Plan) and a group meets monthly to discuss and review actions.
Urgent and Emergency Care	111 First additional capacity to deliver 111 First		Green	<ol style="list-style-type: none"> 1. Implementation underway - direct booking (via Ad Astra) to be available from Dec 2020.
	ED - Mean wait Times	✓	Yellow	See line 22 UEC standards.
	Active DOS Profile in place & review completed	✓	Green	<ol style="list-style-type: none"> 1. Existing DoS under review for implementation Oct 2020. 2. Additional services in development - to be added to DoS.
	Core G&A Bed Capacity	✓		See hospital based care section
	Bed Escalation Capacity - Day to day	✓		
	Critical Care Capacity	✓	Green	<ol style="list-style-type: none"> 1. Escalation plans submitted to NHSEI and agreed. 2. Ability to increase ICU capacity from 24 to 60 if required - would impact on some existing G&A bed spaces). 3. Further super-escalation for ICU available if req - would involve cancellation of some elective workload.
	Ambulance Response Times (meeting targets) - increase in H&T, S&T, appropriate Conveyances			
	Ambulance Handovers	✓	Green	<ol style="list-style-type: none"> 1. Increase staffing to provide additional ambulance-line cover. Business case to be submitted for more ED staffing to support ambulance line handover and safety. 2. Decant areas being identified to be used in extremis.
	Alternative Pathways to conveyance		Green	<ol style="list-style-type: none"> 1. Access to specialty 'hot' clinics. 2. Access to SDEC - planned attendances.
	Ambulatory Care	✓	Green	<ol style="list-style-type: none"> 1. SDEC available 7 days a week. 2. Additional SDEC capacity to be available from Dec 2020. 3. Expand capacity for all areas: medicine, surgery & gynae.
	Safe and Effective Discharge Processes and timely coordination with Partners	✓	Green	<ol style="list-style-type: none"> 1. Roll out of internal consultant-led delayed discharge reviews. 2. Regular review at Directorate level of long-stay patients. 3. Check & Challenge of patients over 21 days. 4. Promote pre11am/pre-12pm discharges to help morning flow. 5. Review discharge lounge capacity and appropriateness of space.
	Admission Avoidance Pathways	✓	Green	<ol style="list-style-type: none"> 1. Implement 111 First across FHFT. 2. Improve and expand SDEC offering across both acute sites. 3. Virtual frailty ward for admission avoidance. 4. Availability of paed's hotline.
	Flu Delivery - Staff	✓	Green	<ol style="list-style-type: none"> 1. Robust OH flu delivery plan in place - offered to all staff. 2. Online training course available for RGNs to become local vaccinators.
	Effective Frailty Pathways	✓	Green	<ol style="list-style-type: none"> 1. Full frailty service available across FHFT. 2. Good admission avoidance pathways in place for frailty. 3. Use of red bags and other initiatives to improve communication. 4. Connected Care available across FHFT - to improve communication between primary and secondary care.
	7 Day Services - where appropriate	✓	Green	<ol style="list-style-type: none"> 1. Produce and publish On Call Rotas by all Partners – "Home for Christmas" Plan. 2. Frailty cover 7 days of the week. 3. Review requirement for 7 day across all services and implement time-limited 7 day service where necessary (e.g. discharge teams). 4. Bolster senior OOH nursing presence.
Meeting U&E Care Clinical Standard Targets	✓	Yellow	<ol style="list-style-type: none"> 1. Roll out access to FHFT qlkview portal - with CRS data available. 2. Embed daily and weekly performance management processes within the ED departments. 	
Flu Vaccination at Risk Groups		Green	<ol style="list-style-type: none"> 1. Ongoing discussions about FHFT offering vaccines to vulnerable inpatient groups. 2. Communication of vaccines given through d/c letter. 	
Widens)	Primary Care Capacity - Additional Winter arrangements			
	Flu Vaccination - At Risk Group			
	Flu Vaccination - Staff			
	Front Line Hot/Cold site pathways incl OOH			

Primary Care (including OOH Pro	Escalation Capacity			
	Direct booking slots available from 111	✓		1. Implementation underway - direct booking (via Aadastra) to be available - but reliant on Symphony upgrade and implementation of aadastra.
	"See" and treat Children (0-18 yrs) - Urgent Care			
	Deliver at Place 4 winter Pathways: 1) RSV Bronch, Fever, Hot Pathway, D&V			
	Place - Healthier together platform - supporting parents with Advice and Guidance			
	Front line service provision for Hot Children			
	Rapid Support to Paramedics			
	Provision for At Risk Groups			
	Care Home support			
Long Term Conditions management				
Community Services incl Care Home beds and Dom Care	Assessment out of Hospital - D2A	✓		1. Pathways in place ERS@H and RR support to complex (3)
	Surge Demand - COVID 19	✓		1. Established business continuity plus additional escalation bed capacity 2. ICU escalation for Covid ready to be enacted.
	Surge Demand - Non COVID 19	✓		1. Established business continuity plus additional escalation bed capacity.
	Core Bed Capacity	✓		1. Community bed capacity increased to 74 with temp relocation of Calthorpe to Hale Ward.
	Escalation Bed Capacity	✓		1. Runfold beds increase to 21 (additional 10 beds) 2. Further super escalation beds on Calthorpe (18) 3. Core beds closed at WPH in advance of winter in order to create some escalation capacity. 4. Escalation capacity at FPH to include some of the 'spaced' bed areas - to reduce impact on elective surgery & phase 3 recovery.
	Admission Avoidance pathways	✓		1. Virtual frailty ward for admission avoidance - in planning stage.
	7 Day Services including Therapy and Medical input at weekend and Assessments	✓		1. Medical cover to continue 3. ERS@H therapy capacity in place 7/7 2. Therapy input to be integrated across FHFT community wards
	In reach Services	✓		
	Early supportive Discharge	✓		
	Domicilliary Care	✓		
	Specialist Community Nursing	✓		
	Rapid Response	✓		1. 2 hour response in place through ERS@H. Capacity increase proposed
	Minimising LoS when patient suitable for discharge	✓		1. Board rounds, 7/7 working and D2A pathways impeneted in community wards 2. ERS@H facilitated discharge
	Effective Frailty Pathways	✓		1. Already established. Consultant support to PCN MDTs, frailty out-reach.
Long Term Conditions Rapid Access	✓		1. Specialist practitioner access through community hub.	
Place Integrated Care	Discharge Capacity Planning (incl complex)			
	Integrated Care Delivery			
	2 Hour Community Response			
	Intermediate Care			
	Voluntary Sector Support			
	Vulnerable Patients management			
	Admission avoidance			
	Support to care homes			
Mental Health	24/7 Response			
	Adult Safe Havens			
	Children Safe Havens			
	Core Bed Capacity			
	Older people Capacity			
	Childrens and Young People Services			
	7 day services			
	Rapid Response - ED			
	Rapid Access			
	Specialist MH Perinatal			
	Wellbieng and Suppott			
	Psycholocial therapies			

	Primary Care Mental Health			
	Adult MH community services			
Elective Care	Backlog Activity	✓		<ul style="list-style-type: none"> 1. Phase 3 recovery plans in place. 2. Full use of independent sector - with robust exit strategies where appropriate. 3. Further support with Diagnostics (radiology) required to meet plan - relocatable CT requested from NHSEI. 4. Weekly activity performance reviews in place. 5. Phase 3 'dashboards' created for monitoring against targets.
	Capacity Planning	✓		
	Extreme Escalation Planning	✓		
	Effective Discharge Planning	✓		<ul style="list-style-type: none"> 1. Improve discharge to care homes – use POC testing to accelerate discharge. 2. Embed trusted assessor to reduce burden on care home attending/calling FHFT.
	Appropriate Referrals	✓		<ul style="list-style-type: none"> 1. A&G in place where appropriate. 2. CAS/RAS set up across most clinical areas to prevent inappropriate referrals being
Hospital Based Care	LoS reduction	✓		<ul style="list-style-type: none"> 1. Re-launch Alamac SAFER principles from 19/20 Winter. 2. Ensure that accurate LOS data is available at Directorate and ward level. 3. Build LOS review into the bi-weekly performance review. 4. Performance is reliant on community partners enabling the discharges dn following the new discharge guidance. 4. Ensure local ownership of LLOS reviews - with consultant-led RCA process undertaken for +21 days. 5. Performance is reliant on community partners enabling the discharges dn following the new discharge guidance.
	Same Day Emergency Care	✓		Included in the UEC section.
	Critical Care Capacity Planning	✓		See comments above on line 12. ICU and Crit Care are the same thing.
	ICU Capacity Planning	✓		
	ED Capacity Planning and effective Pathways	✓		Included in the UEC section.
	MFFD	✓		<ul style="list-style-type: none"> 1. Internal processes in place to accurate monitor MFFD and escalate issues. 2. System escalation calls in place to highlight delays. 3. Weekly exception report reviews in place to look at most complex cases.
	SAFER Principles adopted and sustained	✓		1. Finish Train the Trainer on wards, embedding SAFER Bundle - plan in place.
	Effective Frailty Services	✓		See line 20 above.
	Management of High Intensity Users	✓		1. Review Frequent Attenders to identify any gaps in services and take action to address through FHFT UEC Board.
	Minimise Reattendances / Readmissions	✓		1. Review readmissions to identify any gaps in services and take action to address through FHFT UEC Board.
	Effective System Working			<ul style="list-style-type: none"> 1. Continue engagement with Primary Care regarding patient flow via the Clinical Interface Committee. 2. Ongoing dialogue through the elective and urgent care boards.
ICS Flu Planning	Staff Vaccination	✓		As above in line 19.
	Flu identification of at risk / vulnerable groups?			
	At Risk Groups Vaccinations			
	Outbreak Response	✓		<ul style="list-style-type: none"> 1. Existing FHFT Infection Outbreak policy available. 2. Outbreak management in line with policy and advice from IPC. 3. Depending on covid position - response might be altered. 4. Isolation capacity identified. 5. Rapid discharge rounds conducted by senior consultants to create inpatient space (where appropriate).
	Comms Plan			
	Staff vaccination monitoring			
	Vaccination Take up Monitoring			
Comms	NHSE Campaigns	✓		<ul style="list-style-type: none"> 1. Plans in place to respond fully to current NHSE requirements - Flu vaccinations - Phase 3 - 111 First
	Targeted Local Campaigns			
	Reactive Messaging			
	ED Avoidance / alternative messages	✓		<ul style="list-style-type: none"> 1. Traffic light leaflets available to signpost patients to the right service. 2. Working together with ICS to deliver comprehensive comms strategy.
	Place Comms including Local Authority Messaging			
	Partners Winter Comms Plan	✓		
	Voluntary sector engagement			

	Non Emergency Patient Transport	✓	