

Torbay Adult Health Overview and Scrutiny Committee - Winter Plan

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Core Challenges

- **Year-round strain and "Summer in Winter" pressures:** Services face high demand continuously without enough recovery time between peak periods, worsened by seasonal events like extreme heat affecting hospital infrastructure.
- **A&E overcrowding and corridor care:** Emergency departments expect high volumes of patients, leading to long waits, ambulance handover delays, and patients treated inappropriately in corridors.
- **Bed shortages and high occupancy:** Hospitals continue running close to or above safe capacity limits, driven by difficulties discharging patients into social or community care.
- **Seasonal respiratory viruses:** Surges in seasonal illnesses like flu, COVID-19, RSV, and norovirus threaten to rapidly fill up capacity.
- **Staff vacancies and morale:** Tens of thousands of secondary care vacancies leave remaining clinical teams stretched thin while managing ongoing backlogs.

NHS England – Winter Objectives

Last winter was the best in 3 years for 4-hour performance and ambulance response times, despite an early flu season, a January norovirus peak and industrial action. That was the result of early planning and strong collaboration across health and care.

Capacity and Flow

- Expanding general and acute bed capacity and speeding up patient discharge processes to improve flow through hospitals.

Ambulance Services

- Keeping more ambulances on the road with increased deployed hours to reduce response and handover times.

Vaccination Campaigns

- Delivering seasonal flu, COVID-19, and respiratory syncytial virus (RSV) vaccinations to vulnerable groups and healthcare staff.

Alternatives to Admission

- Using virtual wards, urgent community response teams, and same-day emergency care to treat patients at home and prevent hospital admission.

System Coordination

- System coordination centres and 24-hour live data centres to manage surges in real time

Winter Learning 2025/26

Reported finding	Change for winter 2026/27	How delivery will be checked
Planning began later due to staffing capacity and identifying leads.	Confirm protected winter leadership and an end-to-end timetable, with evaluation scheduled now.	Named sponsor and delivery lead, protected capacity and dated readiness and review gates.
999 calls rose 3.9%; conveyances rose about 15%. Cat 2 daily average response times improved from 53.7 to 33.9 minutes.	Strengthen senior advice and admission alternatives while checking the consequences for hospital flow.	Review conveyance, referral acceptance, ED demand, admissions and internal waits together.
Operational time lost to handover delays fell 63.2%, but pressure transferred into internal escalation areas.	Joint SWAST and provider decisions on handover, corridor safeguards and discharge.	Monitor handover delay, corridor patient-hours, harm and escalation-bed use together.
No provider met the report's 78% four-hour target; twelve-hour performance improved unevenly and peak days remained difficult.	Test simultaneous surge and target providers with lower surge tolerance.	Site-level forecast variance, long waits and recovery after peaks; confirm current trajectories.
Discharge delays worsened across much of Royal Devon; Torbay data were unavailable for the historical comparison.	Create complete pathway-level discharge information and protect seven-day community, medicines and transport capacity.	Required versus actual discharges, discharge data by pathway and longest delays, with a data-completeness check.
226 mental-health ED delays over 24 hours were reported from 15 October to 31 March; 90 reached 48 hours or more.	Use daily acute–mental-health escalation linked to DPT flow meetings and LSW bed-flow/length-of-stay reviews; test crisis, liaison, Section 12 and suitable-bed contingencies.	Track waits beyond 24, 48 and 72 hours, named clinical plans and resolution; counts are nested, not additive.
Infections prevention and control (IPC) coordination improved; side-room capacity, out-of-hours antivirals/testing and fatigue remained issues.	Maintain proportionate IPC coordination, confirm seven-day advice and test out-of-hours pathways.	Readiness checklist, stock/fit-test assurance, pathway test results and outbreak-related capacity loss.
Storms disrupted staff travel and patient transport; some incident debriefs are ongoing.	Update emergency planning resilience and readiness (EPRR) plans, test transport and staffing contingencies and complete outstanding local resilience forum (LRF) learning.	Dated review and exercise register, action closure and tested contact chains.



Key System Risks and Equality / Quality Impact Summary

Risk Area	Impact on Patient Safety and Quality	Equality / Operational Implications	Financial / Governance Impact	Mitigations
High Bed Occupancy and Flow	Increased corridor care, infection, prevention control risk.	Older and frail patients most affected.	Elective loss, Referral to Treatment (RTT) pressures.	Maintain occupancy ≤95%, expand virtual wards.
Ambulance Handover Delays	Higher harm from delayed care.	Rural and deprived areas impacted.	Reduction in system access, regulatory risk.	30-min Timely Handover Procedure, Hospital Ambulance Liaison Officer (HALO) role, right place, first time.
Workforce Fragility	Short staffing increases safety risk.	Disproportionate effect on carers, part-time staff.	NHS Professionals, locum and agency costs rise.	Staff vaccination, planning for surge rotas, wellbeing support.
Community Discharge Gaps	Deconditioning, prolonged length of stay.	Older people disproportionately delayed.	Higher bed occupancy, digressionary spend increase.	7-day brokerage, block-book step-down.
Data and Harm Escalation	Missed deterioration.	Possible bias focus on equality data.	Increased care cost, weak assurance.	100% data validation daily.

Torbay and South Devon NHS Foundation Trust

Our priorities for winter 2026/27

Our aim is to provide safe and timely care throughout winter, reduce long waits and corridor care and protect planned appointments and operations wherever possible.

Our plan focuses on:

- helping people receive the right care without being admitted to hospital
- supporting people to recover at home or closer to home
- helping people leave hospital promptly and safely when they are ready
- co-ordinating our services closely throughout periods of pressure
- supporting our workforce and reducing the impact of flu and other winter illnesses.

What we have learned from previous winters

Our planning for this winter reflects what we know makes the greatest difference when services are under pressure:

- making senior clinical decisions as early as possible
- providing more alternatives to an overnight hospital stay
- planning for discharge from the beginning of a person's stay
- coordinating hospital, community and social care support
- protecting planned and time-critical care wherever possible
- responding quickly when staffing, infection or capacity pressures change

This year we are strengthening same-day and community-based care, introducing new urgent care pathways and monitoring demand and capacity every day.

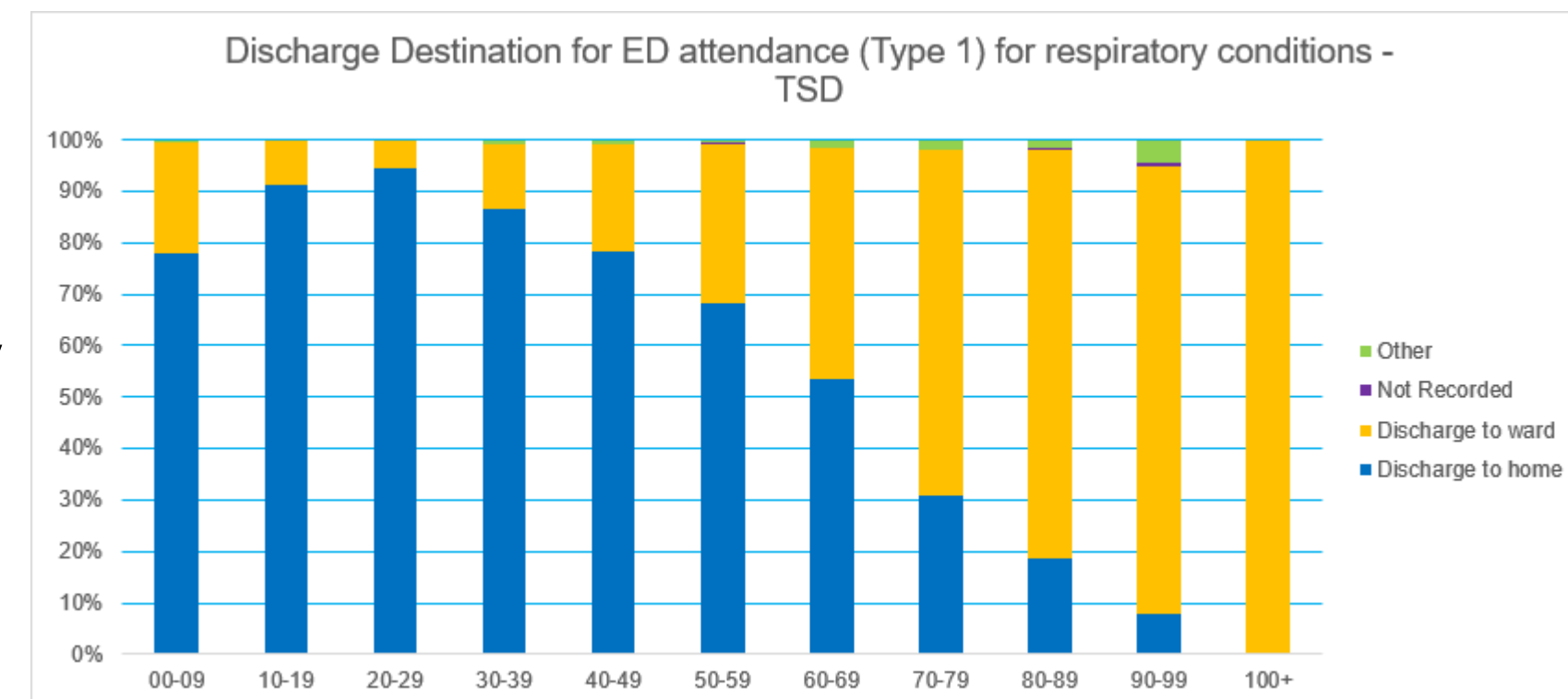
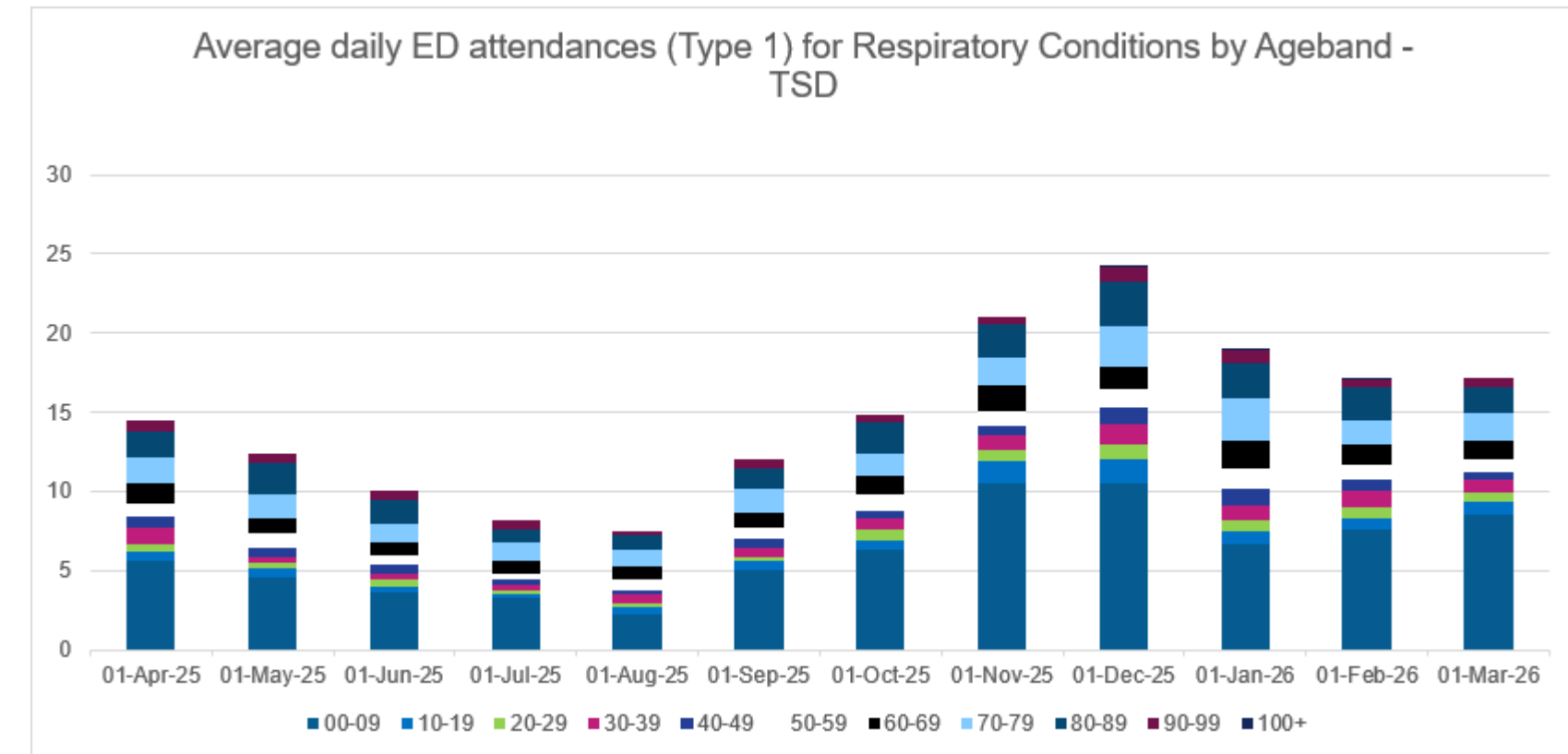
Understanding demand for emergency care

Demand is not evenly spread across our population or throughout the year.

- emergency department use rises among older age groups
- older people are more likely to need complex assessment and support from several services
- respiratory illness makes up a greater proportion of demand during the winter period
- these pressures affect the emergency department, hospital beds, community services and the support people need to return home.

What this means for our plan

We are focusing additional support on frailty, respiratory illness, same-day care and alternatives to admission, while working with partners to help people recover safely at home.



What we are doing differently this winter

- **Right care:** senior clinicians will review people earlier so that decisions about their care can be made promptly.
- **Right place:** where it is safe and appropriate, people will receive assessment, tests and treatment without needing to stay in hospital. This includes same-day emergency care, specialist support for older people living with frailty, virtual wards and urgent care at home.
- **A safe return home:** planning for discharge will begin early. We will work with patients, families, carers and our partners so people can return home, or move to the right place of care, as soon as they are medically ready.
- **Working together when services are under pressure:** senior teams will monitor demand and capacity every day, with clear arrangements for responding quickly when pressure increases.

How we are strengthening services for winter

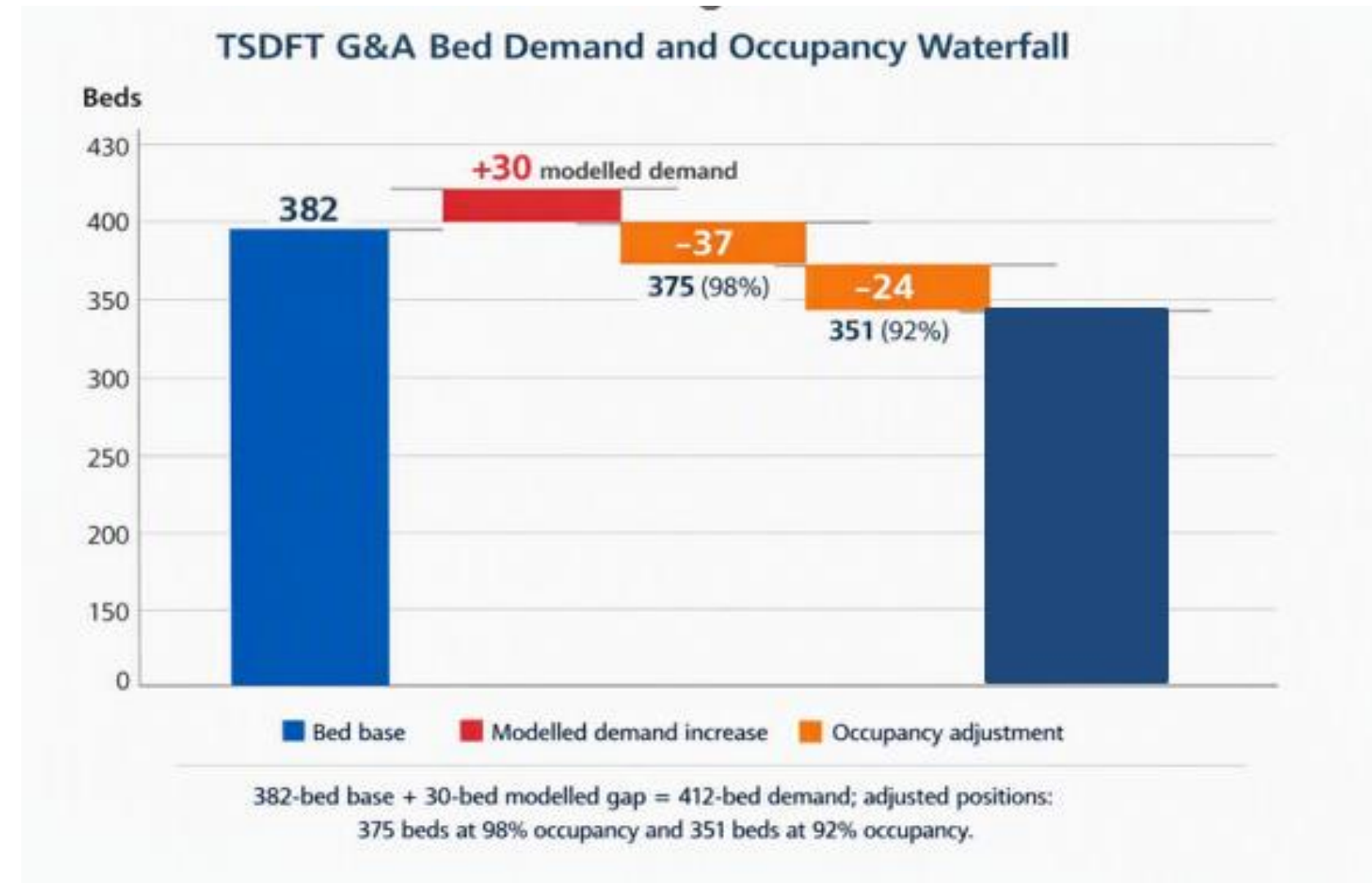
- **At the hospital front door:** earlier assessment and more opportunities for people to receive care without being admitted
- **Alternatives to a hospital stay:** rapid access to clinical advice, tests and treatment through same-day, specialist and community services
- **Frailty and community care:** helping more people receive care and recover closer to home
- **Protecting planned care:** maintaining planned appointments, operations and time-critical treatment wherever possible
- **Safe and resilient services:** planning for staffing, staff wellbeing, vaccination, infection prevention and service continuity throughout winter

The capacity challenge

Demand is expected to exceed our available core beds.

Running continually at or close to full capacity makes it harder to admit people promptly, avoid corridor care and respond safely to a sudden increase in demand.

We cannot address this pressure by adding hospital beds alone. Our plan focuses on reducing avoidable admissions, providing more same-day and community care and helping people return home safely as soon as they are ready.



How we will manage the capacity risk

Our plan is designed to reduce the pressure, but it does not remove every risk.

We will:

- monitor demand, staffing, bed availability and discharge delays every day
- increase senior oversight when pressure rises
- use additional capacity where it is safe and staffed to do so
- expand same-day and community alternatives to admission
- work with health and care partners to resolve barriers affecting people's return home
- monitor whether the adult social care transition is creating any additional pressure or delay
- protect planned and time-critical care wherever possible
- escalate pressures that cannot be resolved by one organisation alone

The winter plan and the adult social care transition will need to be managed together, particularly where they affect discharge and care at home.

Adult social care transition and winter

This winter falls within the transition period for the current Section 75 arrangements.

Adult social care services in Torbay will continue under the current arrangements throughout winter 2026/27.

We are working with Torbay Council and NHS Devon to maintain continuity of care and effective day-to-day working.

We will monitor any effect on hospital discharge, community capacity, staff and people receiving care.

Any emerging risks will be managed through the winter and transition arrangements.

The contractual arrangements are changing, but the need for health and social care to work together remains.

What is already in place and what happens next

- Changes in our emergency department are helping more people to be assessed and treatment without being admitted to hospital. Early results show an improvement of around seven percentage points in four-hour performance.
- The Harbour at Newton Abbot Hospital provides specialist assessment, urgent care and diagnostic tests for older people living with frailty, offering a safe alternative to hospital admission where appropriate.
- We have introduced a same day appointment priority service at Newton Abbot Urgent Treatment Centre and are recruiting additional colleagues to help reduce the time people are waiting to be seen
- New urgent care pathways bringing services together on the Torbay Hospital site are due to open on 15 October
- Last year, 58% of our colleagues received their flu vaccination. This year's staff vaccination clinics open on 01 October and we are aiming to improve on last year's uptake by at least 2.5%

How we will know whether the plan is working

Throughout winter we will monitor:

- emergency department waiting times and corridor care
- admissions to hospital
- use of same-day and community alternatives
- bed occupancy and length of stay
- the number of people waiting to leave hospital
- the reasons for delays, including any linked to health or social care capacity
- planned care cancellations
- workforce sickness and flu vaccination uptake
- patient safety and experience

We will review emerging pressures with our partners and adjust our response as circumstances change.

General Practice in Torbay

- NHS Devon aims for high levels of access and experience for patients, working with the 116 GP practices in Devon and other stakeholders
- Patients can access GP practices services by making contact either online, by telephone or in person at the practice
- There is no additional funding for primary care this winter, but practices are delivering higher than national average access for patients
- Torquay Primary Care Network (PCN) are delivering the acute care service funded by NHS Devon. This provides additional same-day primary care for people with an urgent and necessary need, testing new models of care.

Across Torquay, Paignton and Brixham there are 10 GP practices. These practices work as part of 3 Primary Care Networks (PCNs)

GP practice	Primary Care Network
Brunel Medical Practice	Torquay PCN
Chelston Hall Surgery	Torquay PCN
Croft Hall Medical Practice	Torquay PCN
Southover Medical Practice	Torquay PCN
Chilcote Surgery	Baywide PCN
Compass House Medical Centre	Baywide PCN
Pembroke House Surgery	Baywide PCN
Corner Place Surgery	Paignton and Brixham PCN
Mayfield Medical Centre	Paignton and Brixham PCN
Old Farm Surgery	Paignton and Brixham PCN

General Practice Activity

GP appointments July 2026

PCN	% clinically urgent appointments seen on the same day	% patient seen within 2 weeks
Baywide PCN	79.90%	84.70%
Paignton & Brixham PCN	77.40%	80.70%
Torquay PCN	87.30%	90.20%
Torbay Total	80.90%	85.50%
Devon	81.50%	81.30%

PCN	Total Number of Appointments	Appointments per 1,000 weighted population
Baywide PCN	39,931	705.0
Paignton & Brixham PCN	24,533	585.1
Torquay PCN	31,742	650.1
Torbay Total	96,206	652.7
Devon	848,959	657.5

General Practice Patient Survey Results

PCN	Patients reporting their overall experience of the GP Practice was good	Easy to contact GP practice on the phone	Easy to contact GP practice using their website	Easy to contact GP practice using the NHS App
Baywide PCN	83%	40%	62%	56%
Paignton & Brixham PCN	65%	35%	54%	54%
Torquay PCN	75%	45%	57%	57%
Devon	79%	59%	62%	55%
National	77%	57%	58%	54%

We are working with providers representative and their statutory committees on several schemes across General Practice such as, community pharmacy and dental to support enhanced access to services for patients over winter.

Community Pharmacy in Torbay

There are 23 community pharmacies in Torbay

Each pharmacy provides core services (e.g. dispensing medicines, advice for self care, repeat dispensing services, disposal of unwanted medicines) with contractually agreed opening hours

Provision is enhanced by additional services commissioned and provided in support of meeting local need

- Pharmacy First (5,221 consultations April-August 2025)
- Hypertension service (3,111 consultations April-August 2025)
- Contraception service (627 consultations April-August 2025)
- Delivery is solidly above our target to increase provision by 40% since 2024/25



South Western Ambulance Service (SWAST)

System Coordination to Manage Pressures

1. Executive Management Group leads delivery, with weekly winter reviews and escalated approaches when pressure rises.
2. Clinical Safety Plans and assessments to provide a clear risk-based escalation route across operations and clinical teams.
3. Joint SWAST–provider action activates the Timely Handover Protocol before 45-minute (30mins from 1 Jan 27) breaches.
4. The plan deploys 50,000 conveying hours each week;

South Western Ambulance Service

Assurances That Residents Are Supported

1. Clinical Safety Protocol Level 4 protects the highest-acuity patients through risk-based dispatch and clinical prioritisation.
2. Additional Emergency Operations Centre (EOC) clinicians expand senior advice and Hear & Treat, keeping suitable patients safely at home.
3. At peak pressure, non-patient-facing clinicians, corporate teams and operational managers are redeployed to frontline priorities.
4. Whole-Trust escalation connects to daily system coordination and locality/provider escalation calls.
5. Call answering has remained very resilient in periods of peak pressure through 2026.

South Western Ambulance Service

Managing Waiting Times

1. Category 2 response is modelled at 28–33 minutes, building on last winter's improvement from 53.7 to 33.9 minutes.
2. Devon deploys 111–116% of planned resource through the three-week festive period from 15 December, above the 50,000-hour weekly trust wide baseline.
3. EOC clinicians maximise Hear & Treat while senior operational managers reduce unavailable hours and protect flow.
4. The Timely Handover Protocol and 30-minute escalation trigger joint action before delays reach 45 minutes.
5. Performance reviews align response, conveyance, handover, Emergency Department(ED) demand, admissions and corridor pressure.

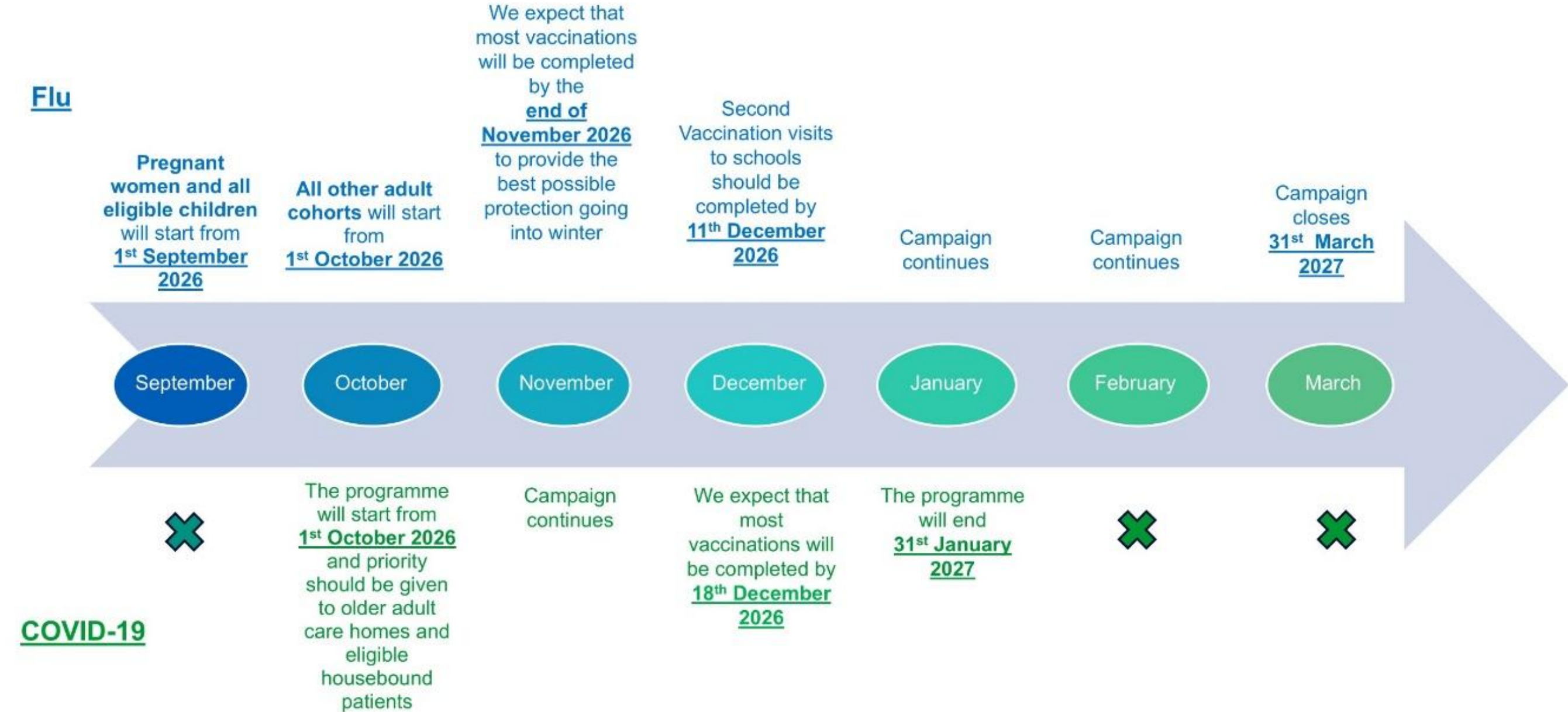
South Western Ambulance Service

Managing & Communicating Care Pathways

1. Daily forecasting and system touchpoints refresh pathway availability, ED pressure and community capacity.
2. Enhanced EOC clinical cover provides remote assessment, senior advice and more Hear & Treat.
3. Safely redirect suitable lower-acuity calls to available primary, community and same-day alternatives.
4. SWAST and providers coordinate handover, corridor safeguards and discharge action through daily escalation.
5. Pathway assurance reviews referral acceptance, non-conveyance, ED arrivals, admissions, delay and harm.

Vaccinations – Winter Timeline

Autumn/Winter 26 - Timeline



RSV and **Pneumococcal** vaccinations are offered all year round but have increased focus during the winter period

Vaccinations – Communications and engagement

Communication channels

- National media
- Local media
- National and Local Booking Systems
- Communications Toolkit shared with stakeholders includes posters, case studies and press releases
- Stakeholders to promote vaccination communications through their channels
- Stakeholders include GP, Community Pharmacy, Schools, Trusts, Councils and Voluntary Sector.

Audiences

- NHS Staff
- Healthcare workers, carers and unpaid carers
- School-aged children
- Pregnant women
- Children aged 2 and 3
- People in clinical risk groups
- People who are immunosuppressed and their household contacts
- People aged 65+, and people aged 75+

Activity 2026/27

Working towards a significant increase in frontline healthcare worker uptake across the cluster working closely with NHS trusts and providers

Supporting public vaccination uptake through a multi-channel campaign combining content, targeted digital amplification, hyperlocal targeting, print and out-of-home activity.

Core activity includes 21 content articles, hosted across Cornwall Live, Devon Live and Plymouth Live, with each article tailored towards a specific priority cohort.

Targeted amplification through Facebook, Taboola and InYourArea, using our audience insight from previous years' campaigns and postcode-level targeting to help with relevant messaging.

Also includes out-of-home advertising across Devon and Cornwall, as well as seven supporting print articles and inserts.

System Communications Campaign

A system approach - 2025/26

A coordinated, system-wide communications and public engagement approach is being developed jointly by the communications teams at NHS Devon and NHS Cornwall and Isles of Scilly Integrated Care Boards to support winter planning across the South West Peninsula.

Key aims:

Keep people well: Increase public understanding and uptake of the actions that prevent avoidable illness and deterioration over winter, particularly among higher-risk groups.

Support appropriate use of services: Enable people to make confident, informed choices about where and when to seek help, increasing use of the most appropriate services and reducing avoidable pressure on urgent and emergency care.

Maintain confidence in the NHS: Sustain public and staff confidence through clear, credible communications that demonstrate how the NHS is preparing for winter, responding to pressures and continuing to provide safe, effective care

2026/27 priority areas

Vaccination: increasing uptake of flu, COVID-19, RSV and other eligible vaccination offers, with targeted activity for groups where uptake is lower.

Prevention: helping people reduce the risk of winter illness, deterioration and avoidable admission through practical advice on staying active, eating well, keeping warm, infection prevention and looking after mental wellbeing.

Service access: helping people use the right route first time, including the NHS App, pharmacy, general practice, NHS 111 online and phone, mental health crisis support and emergency care when needed.

Planned activity (includes, but not limited to)

Print and broadcast media- planned regional media moments supported by local press releases, case studies

Social media and digital- regionally-produced paid and organic assets for vaccination, prevention and service access, with local versions for priority audiences

Influencers – identify local influencers to work with on specific campaigns and messaging.

Advertising and marketing- a blend of paid social, digital display, search, online video, local radio,

Face-to-face engagement - local systems and partners to deliver conversations in trusted settings,

Direct communication to priority groups - targeted messages to people at higher risk of winter illness or avoidable admission, using GP text messages, NHS App notifications, letters or calls where appropriate

Partnership work - including local authorities, VCSE partners, Healthwatch, community pharmacies, primary care networks, social care, housing, care providers, schools, universities, major employers

Staff and stakeholder communications - regular briefings, cascade materials, intranet content, staff social media packs, partner newsletters

Think pharmacy first.

If needed, your pharmacist can now provide some prescription medicine, without seeing a GP.



**Insect Bite • Sinusitis • UTI • Shingles
Impetigo • Earache • Sore Throat**



Seven common conditions now treated by your pharmacist

VACCINES HELP PROTECT YOU AND YOUR BABY

Pregnant women are eligible for the flu, RSV and whooping cough vaccines. Speak to your midwife or GP practice. nhs.uk/pregnancyvaccinations

STAY STRONG. GET VACCINATED.

Experiencing a mental health crisis?

CALL 111

select the mental health option

Get to the help you need

111.nhs.uk

Sinusitis?

If needed, your pharmacist can now provide some prescription medicine, without seeing a GP. Twelve years and over.

Think pharmacy first.

nhs.uk/thinkpharmacyfirst

Help us help you

FOLLOW

Dr Maria & Dr Mel

“ I booked online, on a Sunday for a same day appointment at Tesco, and was seen within ten minutes of my arrival. The pharmacist was brilliant and got me the medication I needed. 100% would use again! ”

Paul S
East Devon

Need urgent help for a mental health crisis?

Call 111 and select the mental health option

View your hospital appointments in the NHS App

Protect your festive season with a flu vaccine

Don't let flu ruin your fun

Get to the help you need

111.nhs.uk

How can OSC members help

Vaccinations

Uptake of most vaccines is typically lower in Torbay than in Plymouth or Devon local authorities. We are increasing comms messaging across all media.

A comprehensive vaccinations comms toolkit is shared with local authorities to support engagement with community and voluntary organisations.

How can OSCs help with vaccinations?

- Please promote vaccinations within your communities
- Any help to identify new groups that may reach into underserved communities, would be appreciated.

Encouraging people to stay well

As part the winter “stay well” campaign

- Please share messages about Pharmacy First, 111 and general winter health advice