

Torbay Adult Health Overview and Scrutiny Committee - Winter Plan

18 December 2025

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National Picture



Children being hit by 'most severe flu outbreak' since 2010



Dr Julie-Ann Maney says children are being hit hard by this year's flu strain



NHS patients being 'set up to suffer' this winter, nurses warn

An NHS England spokesperson said work to improve the situation would be made "much more challenging" by resident doctors going on strike in the run-up to Christmas - they're due to walk out from 17 to 22 December.

Wednesday 3 December 2025 05:13, UK



Hospitals facing unprecedented flu season, say NHS bosses



GETTY IMAGES



- Increasing cases of Flu and COVID-19
- Resident doctor industrial action
- Increasing ED attendances and hospital admission
- Cold weather

NHS England – Winter assurance

Objectives

Promote interdisciplinary collaboration

- Encourage collaboration between different health, social and third sector disciplines to improve patient care
- Facilitate networking opportunities to build stronger, professional relationships

Utilisation of data

- Identify opportunities to understand winter trends
- Promote the use of data across all sectors within health and social care

Explore opportunities within our communities

- Promotion of self care
- Encourage participation in vaccination drives and other public health initiatives
- Sharing of good practice and lessons learnt

Testing our system resilience

Winter Learning & Improvement Network (LIN)

Elective Purpose

To bring our clinical and operational leaders together to learn from each other and share best practice to further support delivery of the best and most effective care possible for patients

UEC Purpose

To bring clinical and operational leaders together, share best practice and drive improvement to further support delivery of the best and most effective care possible for patients

Mental Health Purpose

The focus for the mental health learning improvement network is to reduce the length of stay for adult mental health inpatients and significantly improve the community and crisis and acute mental health pathways across the NHS

Elective Aim

To work together to drive improvement with priority focus on increasing percentage of patients waiting <18 weeks for their first appointment in the wider context of elective recovery, and the three strategic shifts

UEC Aim

The aim is to reduce the proportion of beds occupied by long stay patients (7+days) by :

- Making care safer and patient experience better by increasing the adoption of evidenced best practice
- Maximising the value of patients' and clinicians' time and the productivity of services by tackling waste and addressing inefficient processes
- Focussing on Neighbourhoods, acute flow and community

Mental Health Aim

The aim is to reduce the median length of stay in adult mental health hospitals in the southwest by 1 day before April 2026

Elective Measurement

Increase percentage of patients waiting <18 weeks for their first appointment

UEC Measurement

Reduce the proportion of beds occupied by long stay patients (7+days) by

Mental Health Measurement

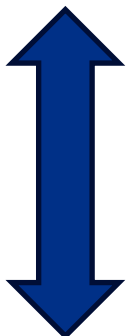
Reduce the average length of stay for adult mental health inpatients

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, Right to Treat (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.

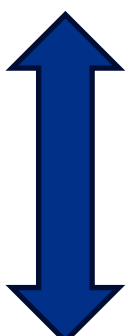
System Governance

System Escalation



NHS Cornwall and Isles of Scilly and NHS Devon

GOLD SYSTEM CALL

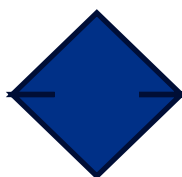


NHS Devon Finance, Quality and Performance Committee

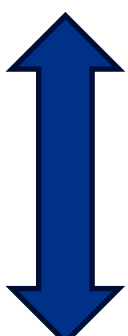
LOCALITY PROVIDER ESCALATION



DEVON ASSURANCE GROUP (WEEKLY)



SYSTEM CONTROL CENTRE [(SCC) DAILY]



University Hospitals Plymouth

Torbay and South Devon

Royal Devon

South Western Ambulance Service

Devon Partnership Trust

Livewell Southwest

Councils

Primary Care/GPs

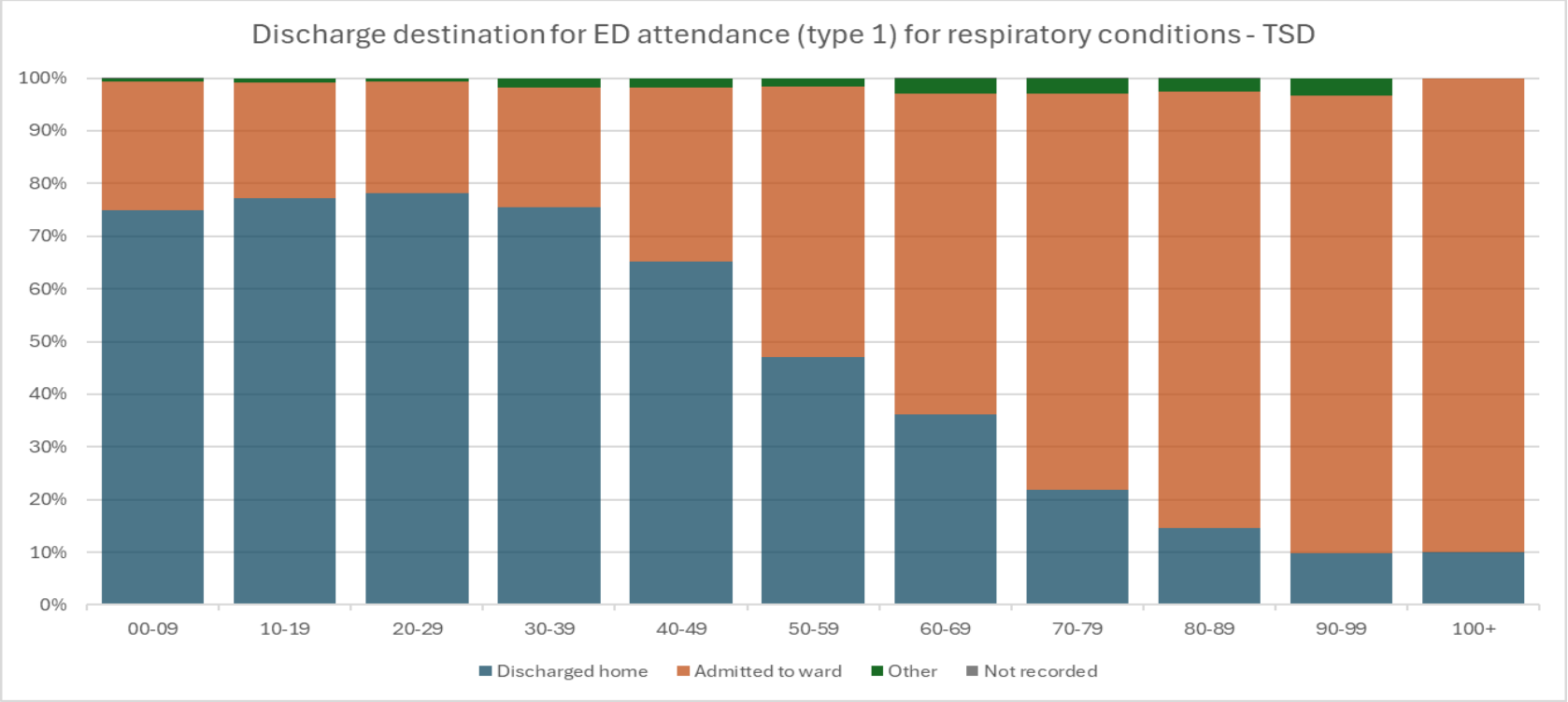
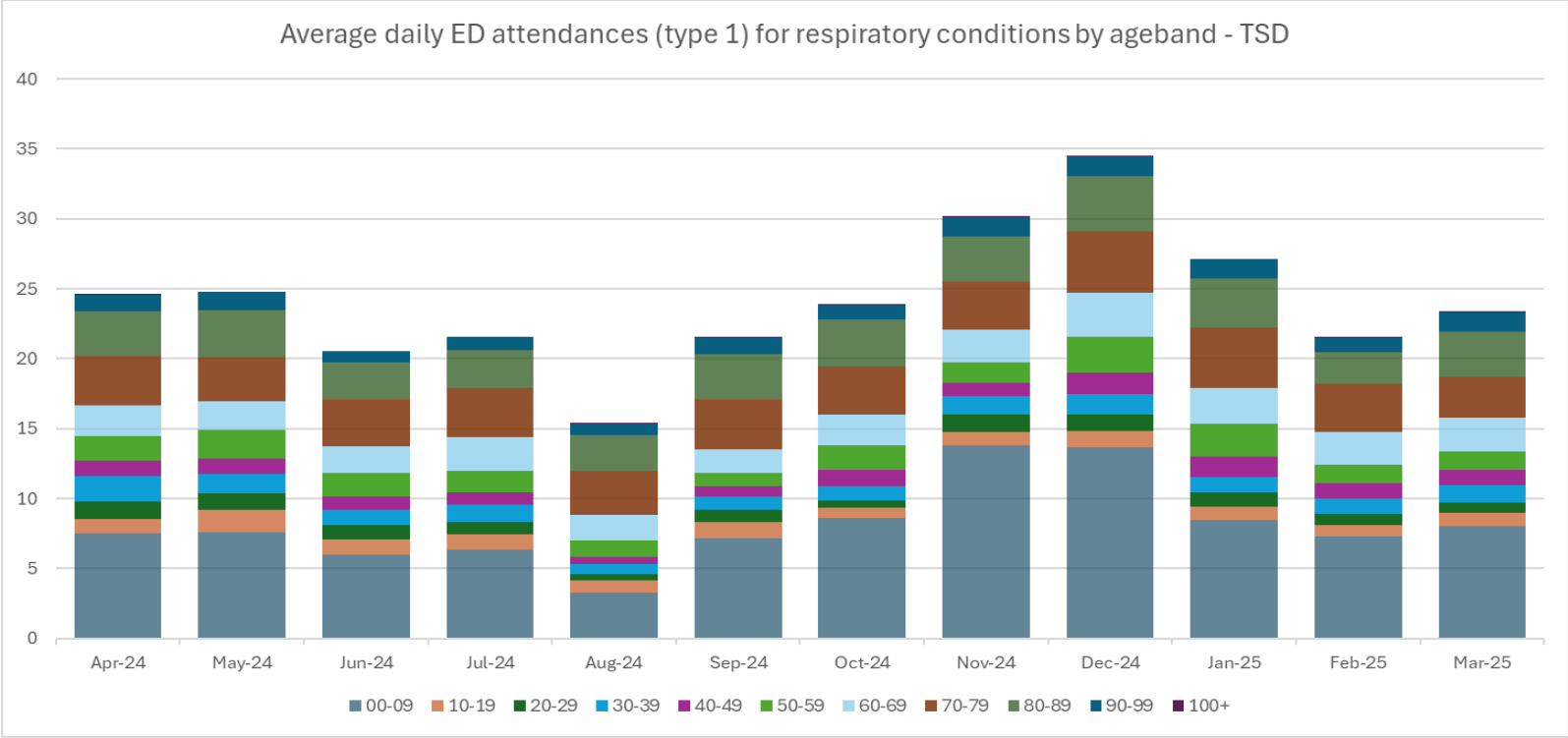
Torbay and South Devon NHS Foundation Trust – Overview

- Our priority is to ensure people can access safe care in the right setting
- Our planning began in July and our winter plan was submitted in September
- We have strengthened our internal processes since last winter, with responsibility shared by a new winter group comprising of clinical, community and operational representatives
- We're working as one health and care system and have planned for a challenging winter
- Increased demand for urgent and emergency care and ambulance services
- Flu and COVID-19 is already impacting our services – the peak is predicted before Christmas
- Five days of resident doctors' industrial action from 17 to 22 December
- Delivering our operating plan for 2025/26: financial requirements and elective recovery with no new winter monies

Torbay and South Devon NHS Foundation Trust - winter objectives

- Deliver the requirements of NHS England's urgent and emergency care plan
- Identify local challenges and risks for winter and develop mitigation plans
- Develop strategies to manage expected winter demand safely, ensuring patient waiting times, outcomes and experience are maintained
- Maintain delivery of our 2025/26 operating plan, including elective services, financial and productivity delivery
- Keep our people well and motivated, including a robust staff vaccination and communication campaigns
- Ensure our estate remains safe and accessible, including our community settings
- Deal effectively with any demand surge or other issues through effective site management, on call arrangements and contingency plans

Who is using our emergency department?



Spell Dominant Diagnosis (ICD)	Summer minima	Winter maxima	Total (ytd)	Increase	Average LoS	Bed impact
J101 : Influenza with other respiratory manifestations, seasonal influenza virus identified	0	64	175	64	3.0	6.1
J219 : Acute bronchiolitis, unspecified	3	42	148	39	1.4	1.8
J22X : Unspecified acute lower respiratory infection	19	69	418	50	5.8	9.4
J210 : Acute bronchiolitis due to respiratory syncytial virus	0	14	27	14	3.0	1.4
B349 : Viral infection, unspecified	16	47	330	31	2.6	2.6
J069 : Acute upper respiratory infection, unspecified	8	24	157	16	1.5	0.8
J440 : Chronic obstructive pulmonary disease with acute lower respiratory infection	25	49	398	24	6.7	5.2
J189 : Pneumonia, unspecified	20	41	307	21	7.9	5.4
J100 : Influenza with pneumonia, seasonal influenza virus identified	0	35	62	35	4.5	5.1
J459 : Asthma, unspecified	5	35	175	30	2.9	2.8
J181 : Lobar pneumonia, unspecified	76	140	1061	64	11.7	24.1
J09X : Influenza due to identified zoonotic or pandemic influenza virus						
T814 : Infection following a procedure, not elsewhere classified	11	34	236	23	2.9	2.2
J050 : Acute obstructive laryngitis [croup]	1	10	46	9	0.6	0.2
J441 : Chronic obstructive pulmonary disease with acute exacerbation, unspecified	11	26	175	15	5.0	2.4
I635 : Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries	8	16	131	8	14.8	3.8
S720 : Fracture of neck of femur	17	24	233	7	13.6	3.1
I639 : Cerebral infarction, unspecified	15	29	217	14	14.2	6.4
Estimated winter surge	235	699	4296	464	5.5	82.6

Winter plan summary



Medicine/Urgent and Emergency Care

- 1) Respiratory Support Unit
- 2) Respiratory front door support
- 3) Cardiology Front Door Support
- 4) Additional cath lab capacity
- 5) Additional Senior Medical Resource
- 6) Virtual Ward Maximisation
- 7) Emergency department rotas
- 8) Increase weekend ward cover



Families and Communities

- 1) 5% No criteria to reside target
- 2) Increase block book bed to 80% occupancy
- 3) Increase UCR 2-hour response to 94%
- 4) Community hospital LoS reductions
- 5) Maximise reablement bed capacity
- 6) Weekly LoS reviews
- 7) Virtual Ward
- 8) Frailty Unit



Planned Care

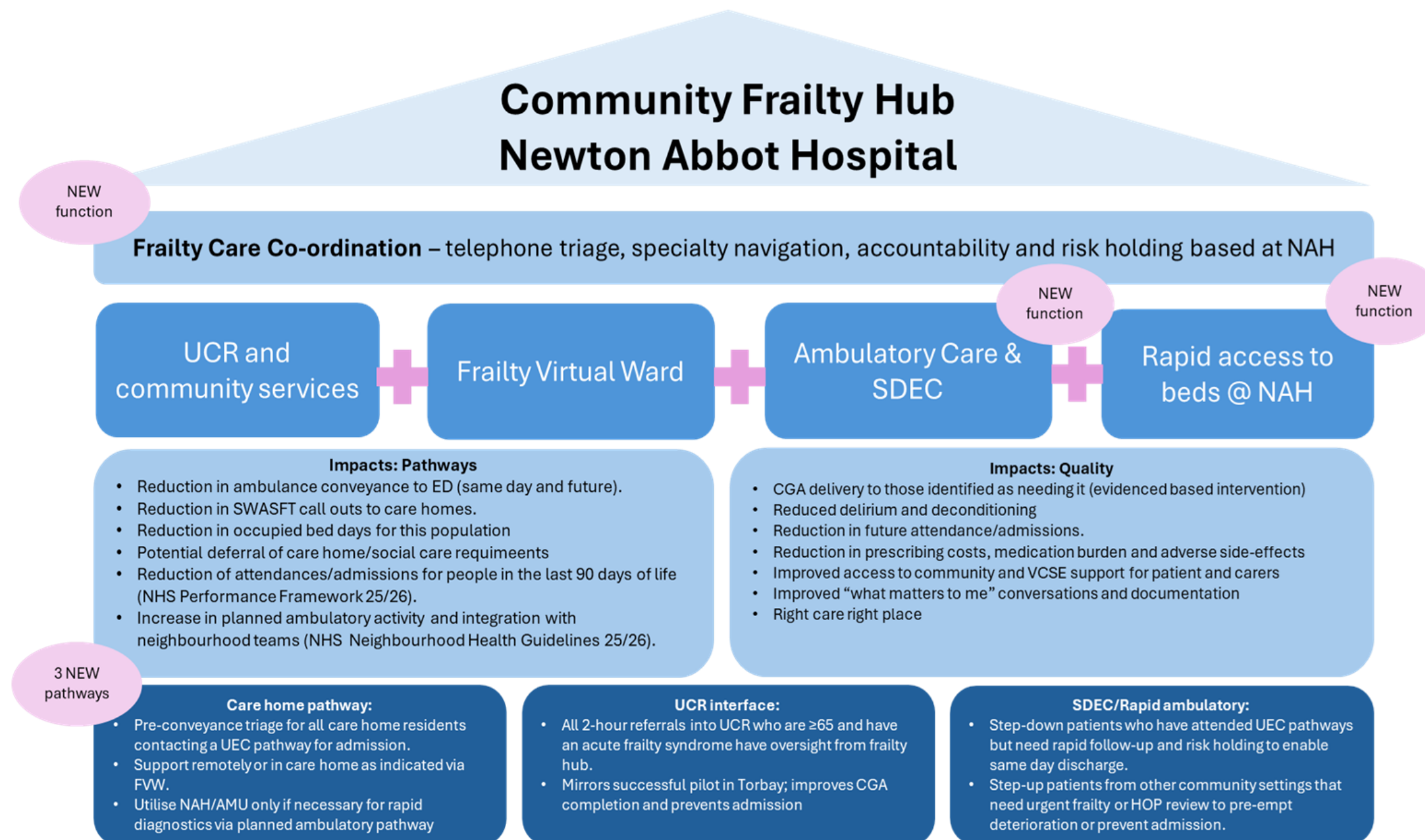
- 1) Trauma Plan for NOF
- 2) Orthopaedic escalation capacity
- 3) Fracture clinic focus
- 4) Radiology capacity
- 5) Point of Care Testing
- 6) Mortuary Capacity
- 7) Effective elective planning



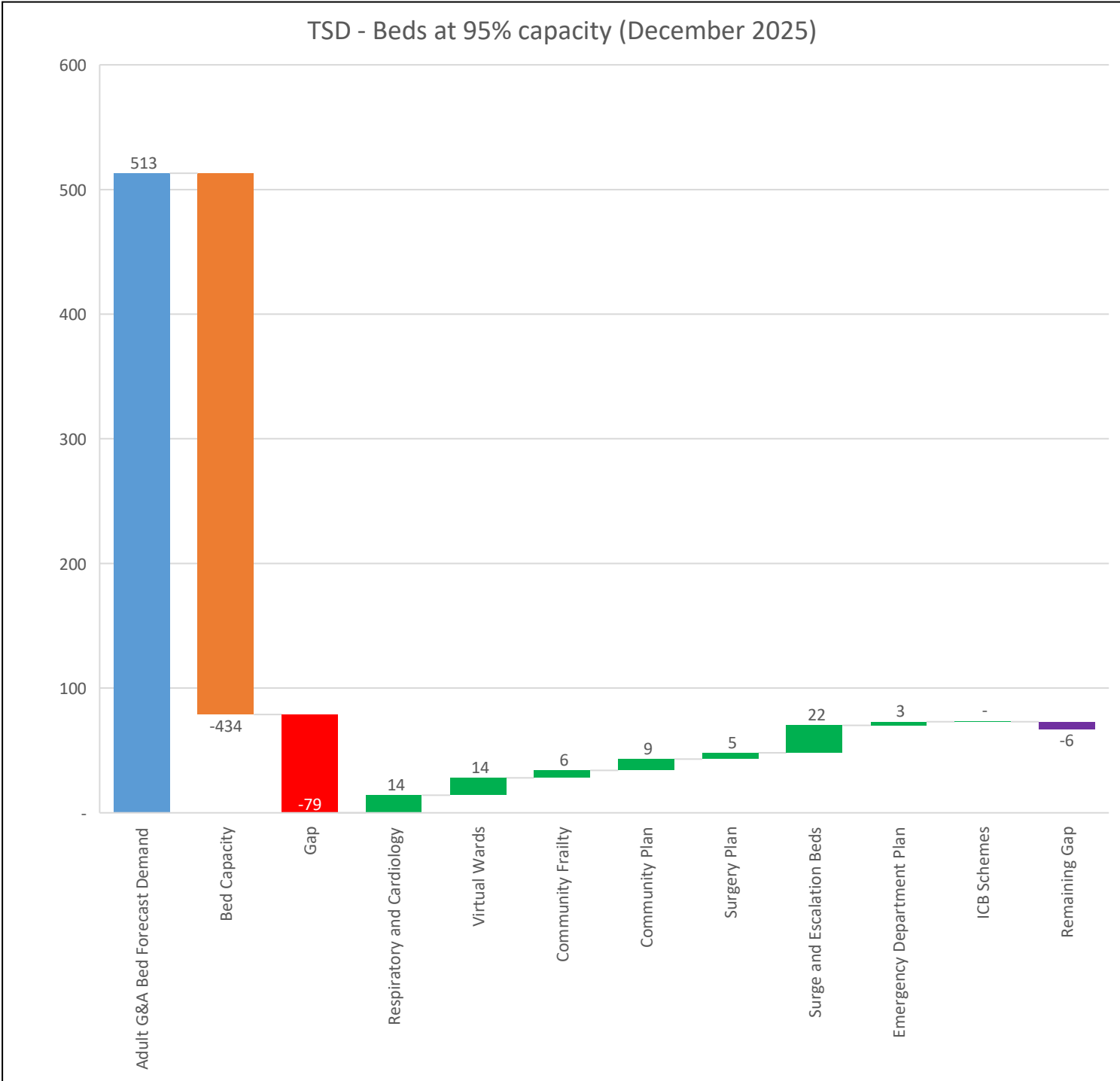
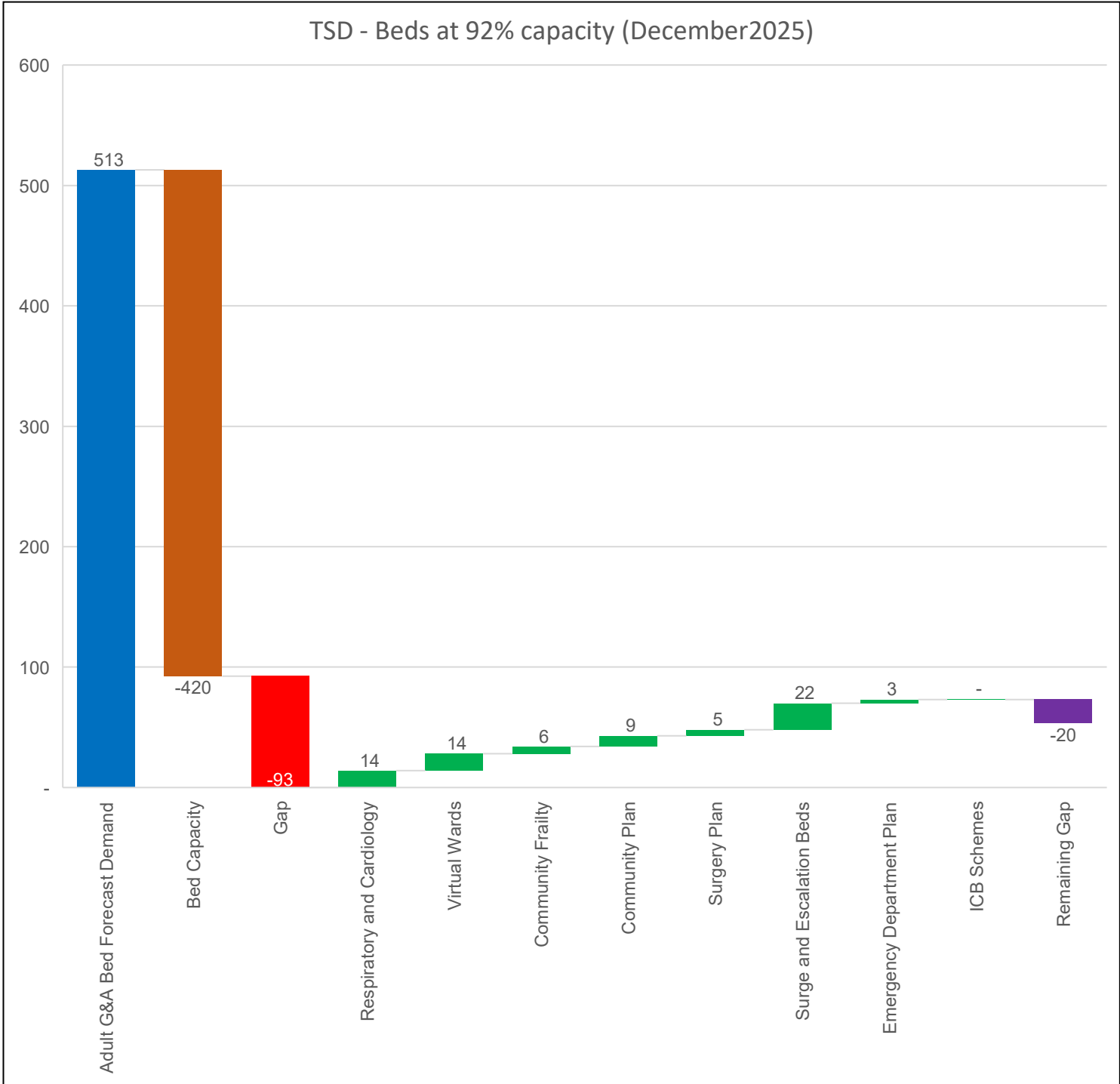
Site Operations

- 1) 7 Day senior site operations cover
- 2) CSM Winter Briefing and Away Day
- 3) On Call Manager Rotas
- 4) Surge and Escalation Plan
- 5) Additional escalation space opened
- 6) Staff vaccination programme
- 7) EPRR business continuity planning

Torbay and South Devon – Winter Plans



Winter plan bed model



Torbay and South Devon NHS Foundation Trust - Winter achievements so far

- Our new Timely Handover Protocol with South Western Ambulance Service NHS Foundation Trust launched in October to ensure people who arrive at our emergency department are admitted quicker.
- The Harbour, our new service at Newton Abbot Hospital, provides specialist frailty care, holistic assessments, urgent care and diagnostics for older people who are living with frailty to receive care in the community as a safe alternative to a hospital admission.
- Phase one of the £14.2million expansion of our emergency department has been completed and will increase capacity and reduce the time people are waiting for urgent and emergency care.
- People waiting for treatment are being seen and treated quicker. We're the 13th best performing trust in England for 18 week waits (Referral to Treatment times) and our performance continues to improve – from 63.3% in April to 70.4% in September.
- 51.4% of our staff have received their flu jab (the highest performing NHS trust in Devon) and our roving vaccinators continue to offer it to everyone during day and night-time shifts

Torbay and South Devon - High Intensity Use (HIU) programme

- British Red Cross (BRC) commissioned by NHS Devon to deliver the High Intensity Use (HIU) programme.
- Model supports people who access services more than expected within an approach that is de-medicalised, de-criminalised and person-centred.
- Evidence shows that unmet needs often cause a decline in health. Using a holistic approach to identify and address these wider determinants of health, BRC support people to build resilience.
- Everything is strengths based allowing long term conditions outcomes to be achieved for the individual, and as a by product there are often reductions in Urgent and Emergency Care and Secondary Care activity
- British Red Cross are commissioned to achieve 40% reductions in activity across HIU cohorts; A&E attendances, hospital admissions and conveyances. Seeking to achieve improved wellbeing, more in control and increased activation.
- To prepare for winter, the HIU Team reminds clients about the importance of flu and COVID-19 vaccinations and submitting prescriptions on time. They reinforce that A&E and 999 should be used only for emergencies and encourage clients to stay connected with their GP and community services, especially mental health support.
- The Team has increased telephone check-ins due to rising isolation and loneliness among clients.

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 October 2025

PCN	% patient requests managed on same day	% patient requests managed within 2 weeks
Baywide PCN	49.2%	79.2%
Paignton & Brixham PCN	32.9%	72.5%
Torquay PCN	47.5%	81.6%
Torbay Total	44.2%	78.1%
Devon	37.8%	71.1%
England	38.8%	75.1%

During October 2025, Torbay practices delivered 114,408 appointments (770.2 appointments per 1,000 patients); this is 25% (approximately 23,000 pro rata) higher than the England average

GP appointments April to October 2025

PCN	% patient requests managed on same day	% patient requests managed within 2 weeks
Baywide PCN	55.7%	85.6%
Paignton & Brixham PCN	38.0%	78.9%
Torquay PCN	52.2%	89.4%
Torbay Total	50.0%	85.0%
Devon	43.3%	78.5%
England	43.4%	80.7%

During these seven months, Torbay practices delivered 617,362 (4,154.8 appointments per 1,000 patients); this is 21% (approximately 107,000 pro rata) higher than the England average

NHS app – there is an “easy to contact practice using the NHS app” response in the annual GP patient survey:

GP practices in	% respondents saying practice is easy contact using the NHS app
Baywide PCN	39.1%
Paignton and Brixham PCN	47.0%
Torquay PCN	55.4%
Torbay total	46.9%
Devon	50.1%
England	49.0%

General Practice Patient Survey Results - Good overall experience of GP Practice

GP practices in	Patients reporting their overall experience of the GP Practice was good
Paignton & Brixham PCN	75%
Baywide PCN	74%
Torquay PCN	73%
Devon average	79%
England average	75%

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

System Coordination to Manage Pressures

1. Executive Management Group oversight with twice-weekly winter touchpoints.
2. Clear Clinical Safety Plans (CSP) and Emergency Operations Centre (EOC) 58 escalation frameworks.
3. Joint escalation with hospitals to avoid 45-min breaches.
4. Resourcing plan: 50,000 conveying hrs weekly (+ festive uplift).
5. New initiatives: Escalation lead, improved handover processes.

South Western Ambulance Service

Assurances That Residents Are Supported

1. Clinical Safety Plans Level 4 ensures highest-acuity prioritisation.
2. Additional Emergency Operation Centre clinicians - increase Hear & Treat rates.
3. Non-patient-facing clinicians redeployed during peaks.
4. Corporate escalation ensures whole-Trust response.
5. Strong call answering with mitigations in high-risk weeks.

South Western Ambulance Service

Managing Waiting Times

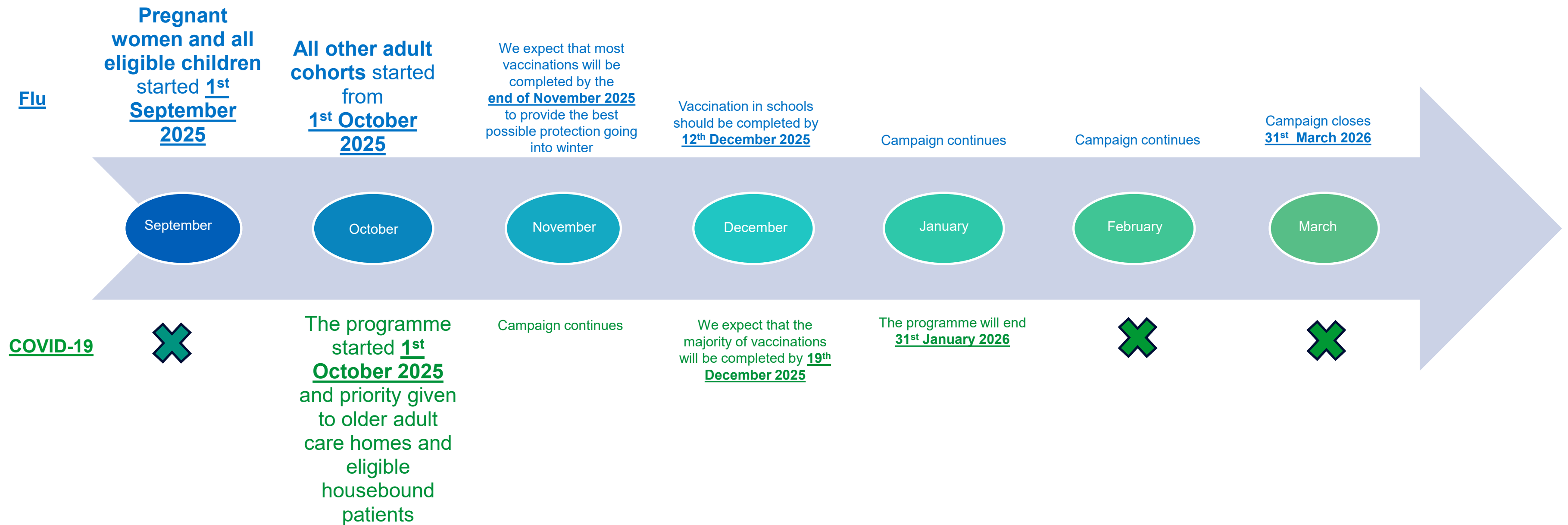
1. Modelling enables Category 2 performance of 28–33 mins.
2. Additional weekly resource hours planned for peak months.
Current Devon resourcing plan between 111% and 116% for the 3-week festive period commencing 15 December.
3. Actions to maximise Hear & Treat and reduce delays.
4. Operational managers support flow and reduce unavailability.

South Western Ambulance Service

Managing & Communicating Care Pathways

1. Forecasting informs pathway optimisation.
2. Enhanced Emergency Operation Centre (EOC) clinician presence for appropriate remote care.
3. EOC58 ensures safe redirection of lower acuity calls.
4. Daily system touchpoints update pathway availability.
5. EOC communicate ED pressures and alternative routes.

Vaccinations – Winter Timeline



Vaccinations – Communications and Engagement

Public Communications

- 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.

Targeted Communications

- NHS text, emails and letters to eligible individuals
- Schools text and emails to parents
- Clinicians to promote with inpatients and outpatients
- Digital marketing and outdoor advertising to target parents of young children, clinically vulnerable, Health and Care staff and diverse communities.
- Case studies to target clinically vulnerable and staff.

What's Different in 2025/26

- GPs have been asked to focus on Respiratory Syncytial Virus (RSV) vaccination for 75-79s, pneumococcal vaccinations for respiratory patients and COVID-19 vaccinations for immunosuppressed patients.
- Education events have been held with care home managers, at nurseries and in other community settings
- Commissioning of flu vaccinations via Community Pharmacies for 2–3-year-old for the first time
- Trusts will increase their focus on clinically vulnerable patients by asking clinicians to have vaccination conversations with their patients
- Trusts will ensure vaccinations are available at outpatient clinics, including at respiratory clinics, and before discharge
- From November, a request to GPs to have a clinical discussion with unvaccinated clinically vulnerable patients which may be supported by the outreach team
- Increased vaccination education offers to staff in Trusts
- Trusts had a second push campaign aimed at staff during November

Vaccinations – Uptake at week ending 7/12/2025

- Comparatively the Devon system is seeing a good level of uptake and is tracking at very similar levels to last year.
- Public facing comms switches to ‘don’t give the gift of flu for Christmas’ w/c 24th November with refreshed, radio, digital and social media messaging to encourage eligible people to get vaccinated. In excess of 50,000 flu vaccination appointments are available across Devon and there are no reported issues/complaints about access.
- PCNs and Community Pharmacies in Torbay have clinics and appointments available until mid-December and continue with housebound and school visits. Clinics are run by the outreach team to provide additional capacity in areas of low uptake and to target underserved communities.

Uptake for week ending 7/12/25

	FLU Sept start for pregnant and children. 1 st Oct start for all other cohorts	Increase from previous week	AW25 – AW24 YOY Uptake % Difference	COVID 1 st of Oct start for all cohorts	Increase from previous week	AW25 – AW24 YOY Uptake % Difference
National uptake	49.61%	1.50%	↑+0.50%	55.87%	0.87%	↓-4.24%
Regional uptake	58.05%	2.10%	↑+0.86%	66.04%	0.80%	↓-4.05%
Devon uptake	58.39%	2.01%	↑+0.88%	65.84%	0.89%	↓-2.25%

Uptake by Local Authority	Flu VVEs	Eligible Population	% Uptake	Covid VVEs	Eligible Population	% Uptake
Torbay	46,982	87,568	53.65%	15,407	25,912	59.46%

System Comms Campaign

A system approach - 2025/26

A professionally developed joined-up system approach, informed by data, insight from previous campaigns and national NHS England messaging. Informed by behavioural science – our messages are crafted with behaviour change in mind. Note that shifting people's behaviour often takes time as people form new habits. Running from September 2025 to March 2026, the approach will focus on:

- Encouraging people to think Pharmacy First or to contact 111 to ease the pressures on ED and GP services
- Encouraging uptake of winter vaccinations
- Promoting support and resources to parents of young children
- Giving people information so they can make good decisions about staying safe over the winter period

Winter priority areas

1. Think Pharmacy First
2. Winter vaccinations - Flu, Covid-19 and RSV
3. Using 111 - as an alternative to ED departments
4. Online access - NHS app, 111 online
5. Mental health - local support accessing 111
6. Stay Well - how to look after yourself at home, stay well and stay warm messaging
7. MIU and UTC access - localised messages tailored to each locality relevant to local offer

Planned activity (includes, but not limited to)

- Local Pharmacy First campaign promotion, focusing on the conditions that Pharmacy First treat for conditions most likely to occur in winter
- Targeted digital marketing and social media across all priority messages
- Paid outdoor and radio advertising across Devon
- Print advertising to mitigate digital exclusion
- Working with system partners, stakeholders, media, local organisations and VCSE to maximise messaging through existing channels
- Local AI-backed insights promoting the experience of Pharmacy First and other service experiences
- 'Maria and Mel' – GP social media influencers promoting winter messaging
- Winter messages and digital marketing to feature on the My Health Devon webpages
- Mental health campaign activity to promote access to 111
- Regular briefing for stakeholders – MPs, OSC, Healthwatch, etc

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**

NHS
Devon

Seven common conditions
now treated by your pharmacist.



“ 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

Your
health
matters
Help us
help you

nhs.uk/thinkpharmacyfirst

Shingles?

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

Think pharmacy first.
nhs.uk/thinkpharmacyfirst

Your
health
matters
Help us
help you

**Have
something
to look
forward to**

NHS

**Get closer
to nature**

NHS

Better
Health
every mind
matters

**Make sure
you're protected
this autumn**

**COVID-19 vaccination this
autumn will be offered to**

Adults aged
65 and over
Residents in a
care home for
older adults
Individuals
65 months
years in

Dr Maria & Dr Mel - Following
Risks - 21 Jan - 0

Fevers

Dr Mel, GP

Dr Maria & Dr Mel

When your child has a fever, it can be hard to know what's normal and when to worry. In this video, we'll break it down: what's okay, what to watch out for... See more

UK Government

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.**

**View your
hospital appointments
in the NHS App**

NHS
App



TALKWORKS
IMPROVING YOUR MENTAL AND PHYSICAL WELLBEING

HERE TO HELP YOU GET BACK ON TRACK

TALKWORKS is a free, confidential talking therapy service. We're here to help you feel better again by giving you the tools and techniques to improve your mental wellbeing.

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TALKWORKS.dpt.nhs.uk

FirstResponse
mental health crisis • 24/7

Livewell
South West

Experiencing a mental health crisis?

CALL 111

select the **mental health** option

Urgent Treatment
Centre

Get to the help you need

Use 111

If you need urgent
medical help.
**Call, go online or
use the NHS App.**

NHS

111 Help us
help you

الذهاب إلى الصيدلية أولاً

يمكن للصيادلة الآن تقديم العلاج أو وصف بعض الأدوية عند الحاجة لسبب حالات شائعة من دون الحاجة إلى زيارة الممارس العام

- 1 التهاب الجيوب الأنفية (البالغين والأطفال بعمر 12 سنة فما فوق)
- 2 التهاب الحلق (البالغين والأطفال بعمر 5 سنوات فما فوق)
- 3 الهريس النطاقي (البالغين بعمر 18 سنة فما فوق)
- 4 آلام الأذن (الأطفال من عمر 1 - 17)
- 5 القوباء أو الحصف (البالغين والأطفال بعمر سنة واحدة فما فوق)
- 6 عضة حشرة ناقلة للعدوى (البالغين والأطفال بعمر سنة واحدة فما فوق)
- 7 التهاب المسالك البولية (النساء بعمر 16 - 64)

عبدول
صبيح محمدي
فيلسوف
(Gloucestershire)

فم
بزيارة
الصيدلي
ساعة
نساء

اكتشف المزيد:
nhs.uk/thinkpharmacyfirst



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