

Update on Winter Planning 2020-21

East Sussex Health and Wellbeing Board

Introduction (1)

- The purpose of this document is to outline the progress for the development of winter plans for 2020/21
- Plans are being developed by Local A&E Delivery Boards (LAEDB) with input from partners – local authority, providers and commissioners – across each system.
- Work undertaken locally will form the basis of a single Sussex wide plan, which provides an opportunity to:
 - Minimise duplication in local plans for key areas e.g. communications plans
 - Include LAEDB specific requirements to meet the needs of the local population i.e. plans from East Sussex Healthcare Trust and East Sussex Local Authority.
- The overall purpose of the winter plan is to ensure that the system is able to effectively manage the capacity and demand pressures anticipated during the Winter period (to 31 March 2021). Including local systems are able to manage demand surge effectively, maintain patient safety and support delivery of the relevant business plan objectives and locally agreed system improvements during this period.

Introduction (2)

- For 2020/21, the planning process has also considered the impact and learning from the current Covid-19 outbreak as well as plan for further possible outbreaks. As such, the capacity and demand modelling, surge escalation triggers and overall response will require review and ongoing refinement as further learning emerges over coming weeks and months.
- The final version of plan will be approved by the LAEDB at the end of September. The plan will be considered for assurance by the East Sussex CCG Governing Body in October and individual providers will assure their own plans through their respective boards.
- We are bringing this update to Health & Wellbeing Board for information

Objectives for 2020/21

The objectives of the Winter plan are:

- To maintain patient safety at all time;
- To prepare for and respond to periods of increased demand, including any future increases in COVID-19 infections
- To ensure that acute hospital bed occupancy is maintained at a level that ensures that patients who require admission to a hospital bed are able to be admitted in a timely way, thereby avoiding the risk of overcrowding in A&E and delays to ambulances being able to handover patients and respond to 999 calls
- To ensure that community health services are maximised, e.g. improving length of stay and utilisation and increasing the number of patients who can be safely discharged home in a timely manner with care support. Effective use of community services during the winter period will support timely discharge from hospital and avoidance of unnecessary admission to an acute hospital bed

Objectives for 2020/21

- To avoid ambulance delays of over 30 minutes;
- To support delivery of the agreed local system performance trajectory in respect for the 4 hour A&E standard, the 18 week referral to treatment standard (in line with COVID-19 restoration and recovery plans) and Cancer waiting times standards
- To continue deliver a reduction in long length of stay patients by March 2021
- To proactively prevent and manage infection control outbreaks issues such as norovirus and influenza – including the influenza vaccination programme

Key elements of the plan:

The winter plan outlines plans for:

- ✓ System capacity and demand modelling – including the combined impact of COVID-19 and winter activity
- ✓ Primary Care
- ✓ Social Care
- ✓ Community Services
- ✓ Acute hospital plans
- ✓ Mental Health
- ✓ 999 and NHS111 – including 111 First
- ✓ Business Continuity
- ✓ Impact of EU Exit
- ✓ Severe weather planning
- ✓ Winter Communications and Engagement
- ✓ Enhanced capacity requirements to meet the Christmas and New Year period 24th December -7th January 2020
- ✓ System Pressure monitoring and escalation response
- ✓ Risks to delivery and mitigating actions

Key Lessons Learnt Winter 2019-20

The following reflections were captured at the SHCP winter stocktake session held on 4th March 2020 and attended by system partners.

Things that went well

Good communication between all system partners and prompt resolutions to system issues

Improved ambulance handover performance

Reduction in cancelled electives

Streaming at the front door and Same Day Emergency Care (SDEC)

Improved Access in place

Long Length of Stay reduction programmes in place

Improved Discharge to Assess (D2A) pathways and criteria flex when needed

Good reporting; BI producing Resilience dashboards

NHS 111 & 999 and Patient Transport Service (PTS) staffing were profiled in line with robust forecasting.

The Haven at Mill View and single place to support Coastal patients had positive impact on Brighton and Sussex University Hospital Trust (BSUH), Sussex Police & South East Coast Ambulance (SECAmb)

System Director of Nursing managing infection control outbreaks during escalation, reporting outbreaks to wider system, aligned guidance and local arrangements.

Communications toolkit used data to inform media. Effective flu communications.

Key Lessons Learnt Winter 2019-20

The following reflections were captured at the SHCP winter stocktake session held on 4th March 2020 and attended by system partners. Please be aware that actions may not reflect subsequent learning from Covid-19. Ongoing review of Covid-19 learning in progress to inform plan development

Areas for improvement	Actions taken / to be taken
Paediatric demand in November/December	<ul style="list-style-type: none">Paediatric capacity and demand modelling to be reviewed, including impact of Respiratory Syncytial Virus (RSV)Review of pathways for the Royal Alexandra Childrens Hospital (RACH) undertaken, and consideration of actions for alternative models of care to support ongoing management of likely demands in progress
Workforce challenges both underlying and seasonal	<ul style="list-style-type: none">BSUH to continue recruitment plans.East Sussex Hospitals Trust (ESHT) to complete deep dive into conveyances to confirm time trends and to inform required changes in rotas/workforce distribution.West Sussex community provider to hold recruitment events.Brighton and Hove Adult Social Care (ASC) to look at recruitment for weekend community staff rota.SECamb will consider how incentives are communicated to staff and provide clarification of additional/overtime shifts available and remuneration.
Impact of Covid-19	To be confirmed

Key Lessons Learnt Winter 2019-20

Areas for improvement	Actions taken / to be taken
Mental Health (MH) Delayed Transfer of Care (DToC) and ECRs	<ul style="list-style-type: none"> • System wide MH DToC escalation • LOSAG calls now review ECR's • Internal Out of Area reduction plan in place with improvement trajectory • MH breach guidance re-iterated to all system partners • Capacity gaps review across Sussex Health and Care Partnership
OPEL escalations still inconsistent	Review system escalation plan for 20/21.
Long Length of Stay (LLoS) challenges in BSUH and Western Sussex Hospitals Trust (WSHT) systems	<ul style="list-style-type: none"> • Standardise process for Estimated Discharge Date (EDD) setting & ward rounds • Ensure consistent use of Board Rounds • To Take Out (TTO) medication processes too complex • Ensure adequate Discharge Co-Ordinator cover on medical wards
HomeFirst pathway capacity	<ul style="list-style-type: none"> • Demand/ capacity for HomeFirst to be aligned • Continued support of Discharge to Assess (D2A) improvement work • Review of D2A beds, process and capacity, including how the beds can be used • Introduce process to review D2A LoS and escalate any delays • Regular check in calls between West Sussex County Council (WSCC) and Sussex Community Foundation Trust (SCFT) re. HomeFirst

Key Lessons Learnt Winter 2019-20

Areas for improvement	Actions taken / to be taken
Capacity & demand mismatches despite modelling and planning	<ul style="list-style-type: none">• Nervecentre live bed state in place to support operational delivery at ESHT• B&H IA capacity to be included on SHREWD• Manual inputs on SHREWD to ensure robust tracking of data feeds
Organisational plans not delivered, under-delivered, or later than planned which adversely affected capacity	<ul style="list-style-type: none">• System wide performance and accountability via Integrated Care Partnerships (ICPs) to be progressed.• Escalation and monitoring of late/no scheme delivery
Poor weekend discharges	Review seven day working and weekend discharge planning
Acute repatriations Out Of Area (OOA)	Review Repatriation Policy with other acute providers and relaunch
Special communications activity to be in line with the rest of NHS	Special communication activity planned with schools through council ahead of launch of wider winter comms campaign, so we are in line with the rest of NHS

Local & National Covid-19 Surge Planning

The COVID-19 Phase 3 letter released on 31 July 2020, outlines the expectation for preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally. Including:

- Continue to follow good Covid-related practice to enable patients to access services safely and protect staff, whilst also preparing for localised Covid outbreaks or a wider national wave
- Prepare for winter including by:
 - Sustaining current NHS staffing, beds and capacity, including use of independent sector capacity, Nightingale hospitals, and support to quickly and safely discharge patients from NHS hospitals through to March 2021.
 - Deliver a very significantly expanded seasonal flu vaccination programme
 - Expanding the 111 First offer
 - Maximise the use of 'Hear and Treat' and 'See and Treat' pathways for 999
 - Continue to make full use of the NHS Volunteer Responders scheme
 - Continuing to work with local authorities - ensure that those medically fit for discharge are not delayed from being able to go home as soon as it is safe for them to do so

In addition to these requirements, work is in progress across Sussex to ensure alignment of escalation frameworks across LAEDB resilience and surge arrangements with escalation based on early warning indicators related to Covid-19 incidence. This will enable a pre-emptive, robust and timely response to ensuring service provision meets the needs of local people

Key Risks and Mitigations

REF	DESCRIPTION	IMPACT 1-5	LIKELIHOOD 1-5	RAG	MITIGATIONS
1	<u>Covid Surge</u> There is a risk that there will be a second wave Covid surge resulting in system fragility and potentially impacting on patient safety alongside the risk to delivering restoration and recovery as planned.	4	3	12	<ul style="list-style-type: none"> · Development of Early Warning Mechanisms and local outbreak management plans at a system-response level · OPEL escalation framework to be revised to include Covid triggers and manage response 'COPEL' · Robust provider Red / Green capacity plans inclusive of social distancing requirements
2	<u>Demand and Capacity</u> There is a demand and capacity risk given the unknown impact of a Covid second wave coinciding with flu and other infection control surges. This will place extreme pressure on system; risking quality and safety, patient experience and operational performance.	4	3	12	<ul style="list-style-type: none"> · Demand and capacity modelling completed with in-built assumptions and worse-case scenario modelling · Covid phase one schemes recommended to continue in order to sustain community capacity to support flow · Model identifies the residual gap and mitigations are identified to close the acute and community bed gaps
3	<u>Workforce</u> There is a risk to the resilience of the fragile health and care workforce during the winter months. Existing workforce pressures are likely to be exacerbated by requirements for self-isolation, burnout and sickness/shielding.	3	3	9	<ul style="list-style-type: none"> · Risk assessments for at risk staff completed across the system and workplace environments adapted to be Covid-secure where possible · Redeployment and PPE protocols established and in place to deal with surge periods
4	<u>Residential and Care Home Fragility</u> There is a risk of outbreaks and closures in residential and care home settings.	3	3	9	<ul style="list-style-type: none"> · There is established enhanced Care Home support in place, delivered by community partners · Care Home fragility and issues are monitored, managed and coordinated by a dedicated joint care Care Home cell including provision of PPE
5	<u>Mental Health</u> There is a risk of increased Mental Health demands as a result of Covid. Unmet surge mental health activity will impact on quality and patient experience in addition to placing pressure on A&Es and negatively impacting on flow.	3	3	9	<ul style="list-style-type: none"> · Increasing Mental Health workforce and reconfiguration of services to support the front-door · Development of Mental Health escalation framework and triggers · Established weekly senior oversight on Mental Health flow and actions · Potential use of independent sector for bedded capacity

Next Steps

Action required	By When	Status
Winter plan stocktake paper to LAEDBs, LMTs, and F&Ps	May – June 2020	Completed
System development of Winter plan	May – August 2020	In progress
Place based stress testing of initial draft plan	August 2020	Completed
Sussex wide stress testing of revised plan	10 September 2020	Not yet due
Review and sign-off final plan	September 2020	In progress
NHSE submission	01 October 2020	Not yet due
Monitoring of plans and actuals against planning assumptions	October 2020 – February 2021	Not yet due
Monthly Winter plan progress report and review at LAEDBs	October 2020 – February 2021	Not yet due
Detailed operational plan for Christmas and New Year confirmed	November 2020	Not yet due
Winter lessons learnt stocktake	March 2021	Not yet due

Conclusion

- Winter 2020/21 will be a challenging period with the combined impact of 'normal' winter activity, potential influenza and norovirus activity exacerbated by the ongoing threat of further Covid-19 peaks.
- Plans are therefore focussed on mitigating these challenges, building upon existing arrangements in place, and maintain a focus on patient safety
- There are a number of lessons that have been identified that informed the development of the plan for this winter.
- The ongoing development of a whole system approach to capacity and demand planning for winter will significantly strengthen our response
- It is also important that as a system we effectively support our staff during the challenging winter period
- An update on full winter plans will be provided at the Health and Wellbeing Board in December 2020