



Report of Sue Jacques, Chief Executive, County Durham and Darlington NHS Foundation Trust

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 The purpose of this report is to update members of the Health and Wellbeing Board on the System's Winter Plan 2020/21

Executive summary

- 2 Over the last few month's members of County Durham and Darlington Local A&E Delivery Board (LADB) have been working on compiling the System Winter Plan for 2020/21.
- 3 The plan is based on each organisation's recovery and reset plans following the first wave of COVID-19, which take into account the need to continue with the full restoration of services, whilst managing winter pressures and the risk of a second COVID surge and/or local outbreaks.
- 4 The plan contains a combination of mitigations to be able to continue to provide safe levels of service provision against the plan risks which are amplified this year by COVID.
- 5 There are tried and tested internal processes in place across all partner organisations to keep the position throughout winter under review on a daily and weekly basis, with clear routes of escalation to the LADB to be able to rapidly take action to address any exceptional circumstances or issues that may arise.
- 6 Work is still ongoing to develop further mitigations and mutual aid responses across the Integrated Care Partnership (ICP) and Integrated Care System (ICS) footprints, working with NHS England and the North East Commissioning Support Unit.
- 7 Additional guidance also continues to be released which will be incorporated in the plan.

Recommendation(s)

- 8 Members of the Health and Wellbeing Board are recommended to:
- (a) Receive the plan for assurance that a System Winter Plan has been put in place to protect services over the winter period and that there is robust daily oversight.
 - (b) Note the increased levels of risk in relation to the winter period, given the combination of winter pressures and COVID.
 - (c) Note that work is still ongoing to agree mutual aid responses across the North East and Cumbria Integrated Care System, and LADB partners continue to be rapidly responding to new guidance being released.

Background

- 9 The System's Winter Plan is refreshed every year, building on learning from previous years and taking into account new requirements, services, developments and opportunities.
- 10 This year's refresh has been quite different, having to take account of COVID-19 and the requirement to put in additional plans and mitigations to protect the system from both winter, and the ongoing pandemic.
- 11 All organisations, following the first wave of the pandemic, have incorporated winter into their reset programmes.
- 12 A number of system wide planning sessions across County Durham and Darlington, and the rest of the North East region, has brought those plans together and partners have jointly addressed identified risks and gaps in the overall plan.
- 13 There is now a system wide plan in place, and work is ongoing to develop mutual aid responses at ICP and ICS levels.

Key objectives

- 14 The objectives of the winter plan aim to:
 - (a) Ensure the system is able to effectively respond to winter and COVID-19 pressures.
 - (b) Optimise all available system capacity, enhancing community service and primary care provision and care home support.
 - (c) Maintain the highest standards of patient safety and patient experience.
 - (d) Sustain high levels of performance in Urgent and Emergency Care Services, similar to those that have been experienced during the Pandemic i.e. >90% of patients seen within 4 hours.
 - (e) Implement the Hospital Discharge Service Policy (new guidance from September 2020).
 - (f) Minimise ambulance handover delays.
 - (g) Enhance mental health support for patients and local populations.
 - (h) Protect elective care as far as possible given the accumulation of appointment delays and high number of patients waiting for their operation following COVID-19 wave 1.
 - (i) Continue to provide essential support to all key workers.
 - (j) Promote and ensure high levels of uptake of the Influenza vaccination.

(k) Maintain COVID-19 testing capacity.

Summary of plans

15 There are a number of initiatives as part of the plan that will help manage and mitigate anticipated system pressure over the next six months.

(a) Optimising capacity

- Ongoing offering of extended access in primary care
- ‘Hot clinics’ ready to be stepped up if required. These are for any symptomatic patient presenting /relating to COVID-19 care to enable other sites to continue to see routine patients.
- Launch of Talk Before You Walk (TBYW) on 19 October 2020, encouraging patients to contact NHS 111 to be directed to the most appropriate service which may not be the Emergency Departments.
- Community extended services.
- Additional re-ablement packages.
- Rapid response domiciliary care.
- Development of the Care Home Capacity Tracker providing good visibility of capacity and pressure, with daily check in calls with all homes.
- Additional G&A beds to cope with increased demand, and to allow a sustained protection of elective beds.

There is an expectation that systems put plans in place throughout winter to continue the restoration of all services, including the elective care position, as set in the Phase 3 Planning Guidance issued by NHSEI.

The Independent Sector in the region continues to contribute to this programme of work, dedicating outpatient and operating capacity to the NHS until end March 2021.

- Enhanced provision of Same Day Emergency Care (SDEC).
- Step up plan for additional crisis or liaison capacity.

(b) Optimising uptake of flu vaccination.

(c) A Task and Finish Group is up and running to roll out the latest discharge practice guidance, aiming to avoid any delays to patients being transferred to their next destination regardless of where that is.

(d) There is a myriad of support packages and services in place

- 24/7 mental health support line

- The development of a standard, regional self-monitoring tool for wellbeing for use across our whole population. The aim will be to normalise responses and match care and treatment, when required, with the appropriate level of need.
 - Cancer Services Helpline established during wave 1, which can be increased if needed.
 - Various employee resilience and support programmes such as provision of psychological support to staff, creation of a Wellbeing Hub to support and encourage self-help and to provide tools, interventions and advice to staff, through staff reviews and appraisal processes all staff receive a wellbeing conversation.
- 16 The plan has been developed in the context of being able to continue to safely provide optimum levels of elective care and diagnostic activity in line with NHSEI Phase 3 Planning guidance and in support of recovery.
- 17 It has also been essential to plan in parallel a range of actions in response to the pandemic across all sectors, such as:
- (a) access to appropriate levels of PPE, equipment and other consumables
 - (b) increased isolation capacity within Critical Care
 - (c) embedding of new processes, such as segmented management of patients based on clinical risk and priorities.
- 18 Durham and Darlington Local Resilience Forum (LRF) continues to be integral to winter/COVID Pandemic planning, and tracking and forecasting activity.

COVID planning

- 19 Specifically in relation to the ongoing management of the COVID incident a number of actions were initiated/ put in place during Wave 1. These will remain.
- 20 A number of regional developments were put in place during the first wave, including:
- (a) The stepping up of the well-established regional Critical Care Network to provide daily intelligence and hold regional oversight to ensure there was sufficient capacity to cope with demand.
 - (b) The Nightingale Hospital was also established during Wave 1, situated in Sunderland, with a Managing Director appointed. The facility is readily available should demand require it, subject to deployment of a workforce.

- 21 More recently the Lighthouse Lab is being developed to support increased testing capacity for the region.

Main implications

- 22 The plan has been developed on the basis that winter pressures are likely to be amplified this year, presenting a higher level of risk than in previous years. The key risks include:
- (a) Increased levels of staff absence, due to COVID, Test and Trace, seasonal flu and the pressures of work, directly impacting on all health and social care service provision.
 - (b) 2nd and 3rd Waves of COVID driving up demand above anticipated levels, directly impacting on emergency and urgent care performance and the elective care programme.
 - (c) Increased incidence of mental health arising from the impact of COVID and lockdown.
 - (d) Reduced capacity in care homes, care sector due to COVID.
 - (e) Reduced transport capacity due to social distancing to support hospital discharging.
 - (f) Reduced bed capacity due to:
 - the requirement to safely isolate and cohort patients presenting with infectious diseases including COVID, Norovirus, VRE, which results in the temporary closure beds.
 - long turn-around times to obtain COVID test results to support the transfer of patients from assessment areas to a relevant base wards/ cubicles.
- 23 The plan aims to mitigate the risks described and should any of these materialise at unprecedented levels, escalation will firstly be made to the Local A&E Deliver Board (LADB) and then subsequently to the Central/ South ICP to secure additional actions and mutual aid.
- 24 Regional system oversight as in previous years will be provided by NHSEI and the regional surge team (NECS) operating as a triumvirate in a single virtual winter room. They will undertake a daily performance function and manage all regional correspondence. The LADB will maintain local system oversight and the LRF will continue to remain an integral partner in the ongoing incident response.

Conclusion

- 25 The most optimal plan has been developed using the physical and workforce resources that are available to ensure as safe as a provision of services as possible throughout the winter period. The system has been developed iteratively and was approved by the LADB in October.

- 26 Whilst the plan puts the system in a strong a position as possible to cope, it is unknown how COVID demand will impact, and this remains the sole significant risk to the overall plan.
- 27 Internal processes are in place across all partner organisation on a daily and weekly basis to keep the position throughout winter under review and for action to be taken in a timely manner to address any exceptional circumstances or issues that may arise.
- 28 It will remain the responsibility of the LADB to keep appropriate levels of oversight of the system and if necessary activate appropriate escalation to respond to circumstances beyond the capacity of the local system to deal with.

Background papers

- Implementing phase 3 of the NHS response to the COVID-19 pandemic, 7 August 2020, Publications approval reference: 001559

Other useful documents

- Other documents are embedded within the Winter Plan, Power Point document attached as Appendix 2.
- County Durham and Darlington Flu Board update attached as Appendix 3

Author

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Appendix 1: Implications

Legal Implications

N/a

Finance

Winter financial planning is aligned to each partner organisations own plans.

Consultation

N/a.

Equality and Diversity / Public Sector Equality Duty

Social and Health Inequalities is a key feature of organisational reset plans.

Climate Change

N/a

Human Rights

N/a

Crime and Disorder

N/a.

Staffing

The plan is inclusive of organisation staffing plans and associated risks.

Accommodation

N/a

Risk

The plan is inclusive of key risks

Procurement

N/a

Appendix 2: Winter System Plan and Flu Update



CDD LADB Winter
Plan 2020-21 v9.pptx

Appendix 3: Flu Update

Attached as a separate document