

System escalation Planning – Update 2019/2020

(Winter planning)

Kent Health Overview & Scrutiny Committee







Aims for 2019/2020 system escalation

- a) Build on the improving performance from 2018/2019 and implement outstanding actions from 2019 debrief (reported to HOSC June 19).
- b) Harmonise planning, reporting and performance management across the health services in Kent and Medway; including implementing the revised OPEL* framework.
- c) Align system escalation (and de-escalation) triggers and actions across Kent and Medway.
- d) Ensure system escalation plans are aligned with the Kent and Medway's' EU Exit plans and assumptions.

*(OPEL) Operations Pressures Escalation Levels



Summary time line for system escalation planning

Activity	Time scale	Due date	Status
Kent and Medway	1 month	11 June 2019	Complete
whole system review			
of winter 2018/19			
Map UEC and EU Exit	2 months	31 July 2019	Delayed
programmes to system			National EU Exit
escalation plan			requirements yet to be
development			defined
Harmonise Plan	2 months	30 August 2019	Complete
template and surge			
and escalation triggers			
across Kent and			
Medway			
Review national KLOEs	1 month	30 August 2019	Complete
Work with KCC and	1 month	30 September 2019	On track
Medway Council to			
ensure health and care			
plans align			
Update SHREWD and	2 months	27 September 2019	On track
performance metrics			
and functionality			
Submit System	1 week	13 September 2019	Complete
Escalation Plans and			
STP overarching plan			
Regional "check and	3 weeks	27 September 2019	On track
challenge"			
Plan adjustments	1 week	4 October 2019	On track
Plan "go live"		28 October 2019	



Winter transformation money

- The 2019/2019 plans are underpinned by approaches to both achieve system efficiencies through existing resources as well as schemes that will lever change through additional investment.
- The STP submitted a bid on behalf of the Kent and Medway System for central winter transformation money.
- The bid was composed of programmes from across the system and that fulfilled the following criteria:
 - ☐ Built on existing work with positive delivery potential
 - Any spend would have benefit beyond winter 2019/20 and would become business as usual
 - ☐ A programme would cover an ICP area.
 - ☐ Are contained in a local health QIPP plans
- The bid was successful and 100% monies awarded.



Winter transformation schemes

Name of the scheme	Description
Kent and Medway IUC digital enabler programme. Delivers priority - 1,2,3,5,6,12	This programme is for: UTCS, primary care, improved access an alternative providers; and it entails IT Enablers to ensure delivery of IUC across Kent and Medway Dedicated resource to support the rollout and mobilisation of direct appointments across Kent and Medway DAB capability rolled out across relevant endpoints; providers aware of and signed up to relevant IG agreements to support sharing patient information; common understanding and buy in to develop and share advance care plans. A entire reconfiguration of the Kent and Medway Directory of Service to enable full benefits of CAS including direct booking. This programme will equalise the current landscape
CAS clinical oversight programme. Delivers priority - 1,2,3,5,10	Enhanced GP oversight, that builds on the current rota, into the interim CAS as well as additional clinicians (frailty nurses, geriatricians, mental health nurses) put into the interim CAS's. • Additional clinical availability Thurs, Fri and Sat (approx 60hrs/w). The remuneration rate will be made at the same level as OoH
Harmonising policies and protocols programme. Delivers priority - 3,5,8,	This programme will seek to harmonise or create single clinical pathway policies or protocols for: Roll out of the Kent and Medway universal divert policy. Adopt a single handover protocol between SECamB and Acute, Community and UTC providers. Map and agree a system-wide Acute admission criteria (taking the learning from the EU Exit resilience programme).



Winter transformation schemes

Name of the scheme	Description
Support to roll-out the 'improving patient flow' programmes across all acute's. Delivers priority - 8,9,10,11,12	Providing a dedicated response within the STP to oversee and support • the deployment of the national 'improving patient flow' programmes and • aligning local A&E DBs around a common performance framework. This work has begun in some locations but is not consistent across the STP geography.
Pneumonia pathway roll out Delivers priority - 2,5,11, 12	This programme will focus on patients with pneumonia: • being admitted to hospital when they could be cared for in the community • who require admission to hospital due to the severity of their condition not being discharged back into the community in a timely manner. This will enable patients normally attending or being conveyed to A&E with a level of pneumonia to be treated in the community (Score of 0 or 1 on the CURB scale). It will prevent unnecessary A&E attendance and admission - wait times often resulting in increased risk of infection and hospital admission. This work has started in East Kent.
e-prescribing and repeat dispensing programme. Delivers priority - 6	This programme will focus on driving the sustainable uptake of Kent and Medway GPs to deliver e prescribing and repeat dispensing. This has an impact on primary care attendances as well as OOH and 111 calls and activity. This programme will link with the provision of additional community prescribers programme as well as supporting the emerging PCNs



Additional actions for the 2019/2020 winter and links to the wider UEC programme

- There are a number of activities being developed that go beyond the system escalation plan but that will have an impact on the systems ability to cope with the additional pressures winter brings. For this reason they have been included in the system escalation planning.
- These include the following programmes and were included in a letter from Glenn Douglas in July 2019. A full programme description will be produced and a system tracker developed to ensure delivery is managed effectively:
 - Ambulance handover delays (this includes a project to develop hospital lead HALOs)
 - Length of time in ED (reviewing best practice and developing a Kent and Medway professional standard for ED)
 - Flow and discharge remedies
 - Urgent Treatment Centre model development and procurement
 - Developing a Mental Health Urgent & Emergency Care model
 - 999 performance (Cat C)
 - Data and analysis



Example UEC pathway - demonstrating interlocking of individual programmes

