Transforming health and social care in Kent and Medway

System Winter and Escalation Planning 2020-21 (winter planning)

Kent Health Overview & Scrutiny Committee

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan for our area.

Overview and Aims for Winter 2020-2021

A. The Kent and Medway Winter Operating Model is an operational document to articulate the whole system, multi-agency surge management and escalation plans for the Kent and Medway system during the winter period, specifically Monday 2nd December to Monday 5th April.

B. This winter will be unlike any other as we face the challenges of normal winter pressures, Covid-19 and Euro-Exit. NHSE/I have been clear in their expectations, which we share, that as much as possible we should avoid any suspensions of service (including elective care), keeping the range of services provided by the NHS open for the public. The degree to which we achieve this through this unique winter will be affected to a great degree by our arrangements for mutual aid across Kent and Medway.

C. In this context the Winter Operating Model must be a dynamic, shared model which seeks to:

   a. Harmonise planning, reporting and performance management across the Kent & Medway health system

   b. Align escalation (and de-escalation) triggers and processes across the system, built around the OPEL framework

   c. Empower local winter plans around the 4 acute Trusts (through the 4 Local A&E Delivery Boards) to ensure local collaborative work and mutual support, whilst ensuring these local arrangements are consistent with the Kent & Medway model

This paper outlines key elements of the Winter Operating Model and the Operating Model established across the system. Attached as Appendix A is a paper outlining the Capital Resource Allocation during the Covid-19 pandemic, some of which addresses winter management.

Winter plan summary

Kent & Medway Key Points

- K&M Winter Operating Model supported by 4 LAEDB Winter Plans and other plans
- 111 First and DAB rollout out pre-winter
- Increased Adult Critical Care capacity
- Maintenance of community capacity and no patients waiting for discharge overnight.
- Virtual Seacole model for post Covid rehab, resourced and monitored
- Support for care homes increased with aligned GPs for each
- Flu Vaccination campaign
- Primary care – seven day access
- Single Point of Access for mental health extended to 10pm Monday to Friday
- Mental health suite at DVH
- Five MIUs/WICs upgraded to Urgent Treatment Centres
- Ambulance handover plans agreed and used, Secamb Divert policy in place
- K&M wide Discharge to Assess and Trusted Assessor process in place
- Increased UTC and ED physical capacity
- EU-Transition plan in place

Projected Impacts

- 8% net reduction in ED attendances against 19/20 baseline
- 10% net increase in UTC attendances
- Maintenance of >21 and >14 day patient numbers through winter
- Maintenance of elective activity through the winter
- Flu vaccinations delivered to 100% of staff and 75% of designated population
- Maintain K&M aggregate ED performance >90%

Funding to support the NHS this winter

In previous years the NHS has been provided with designated **winter funding** but in 2020/21 and in the context of the Covid-19 pandemic, there is a revised financial framework for the NHS. Some key elements of this are identified below, which include sources of funding available to STPs that can support a range of work relevant to winter and to the maintenance of the full range of NHS services.

1. There is now no specific RESTART funding stream that can be deployed to support priority schemes
2. The Elective Incentive Scheme is available to support increases in activity over baseline. There is an accompanying risk should providers/K&M system deliver below the baseline level. Whilst it is more likely that the EIS is a cost to the system, if we do deliver over last years activity only 75% of tariff will be available to cover costs. The baseline and process for calculation and levy of fines/incentives is still to be resolved
3. The Hospital Discharge Programme is available to support programmes that meet the criteria set out in the Hospital Discharge Policy (21st August 2020).
4. COVID funds will now be constrained to within notified limits within the CCG allocation, but to be deployed on a system wide basis
5. Any other priority investments must be funded from within baseline resources – either from the CCG envelope, additional SDF allocations or the block allocations available to providers. Progressing schemes in this way may necessitate curtailing investment in other areas.

Appendix A describes the Capital Resource Allocation for Kent & Medway some of which also supports our management of winter.

Escalation Protocol and Mutual Aid

- Partners across the NHS have agreed triggers (based on the OPEL framework) for escalations in the event that a hospital or Trust faces excessive activity pressure (or pressures caused by other factors such as workforce issues).
- Acute Trusts, working with their local partners in the 4 ICP areas, will seek to maximise mitigations through local support and the use of Independent Sector provision before escalating to seek mutual aid (support from another K&M Trust). Mutual aid can support non-elective care or elective care or both.
- Only once the above measures have been exhausted will Trusts consider applying to temporarily suspend any services. Any such suspensions would have to be agreed by the Regional team of NHSE/I.

Flu Vaccination

A major flu campaign has been undertaken this year with so far better outcomes than in previous years.

- The staff uptake this year is between 40% and 60% across all of our NHS Providers, better than at this point in previous years (details will be available by the beginning of December)

- As at 25th October, for patient aged 65 and over, uptake across the Kent & Medway system delivered by GP Practices is much better than in previous years at this stage:

Integrated Care System	PCNs Uptake
East Kent ICP	60.80%
West Kent ICP	61.60%
Medway Swale ICP	54.70%
DGS ICP	56.30%

Care Homes

Plans

- Continue with EOL support in OOH service
- SECAmb to fully adopt use of MIG to access care plans
- Review frailty and specialist resource
- Use of digital platform to support access tp specialist review /OPD alternative
- Review response team required to manage outbreaks

Planned Outcomes

- Reduced conveyances to secondary care
- Increase number of EOL within own home
- Reduced impact of outbreaks

111 First

Plans

- Mobilise new 111 service and new CAS
- Revise DOS and agree protocols in line with 111 First principles
- Ensure interoperability is established with receiving services
- Go live with 111 First once the system is assured by Region
- Undertake patient engagement
- Implement communication strategy

Planned Outcomes

- 20% of unheralded ED patients to be manged through 111First
- Reduction of 10% in ED attendances
- Improved social distancing in EDs and UTCs
- Correct care setting based on patients' needs

Mental Health

Plans

- DVH - An upgrade of the mental health assessment room
- Mental Health Safe Havens have gone live, face to face. Four sites to ensure geographical coverage.
- MH Single Point of Access extended from 6m to 10pm Monday to Friday
- Discharge to Assess for Pathways 1 and 3 to be rolled out across K&M

Planned Outcomes

- To ensure that observation and safety is inline with Core 24 and social distancing requirements.
- All NHS staff can access enhanced psychological support
- 24/7 crisis support
- 7 day community services offering support by phone, SMS or video

Workforce

Plans

- Recruitment, development and retention of staff within Kent & Medway
- Mutual aid plan
- BAME risk assessments
- Consolidate services where able to maximise use of resource
- Develop shared competencies
- Review and possible enhancement of mental health support arrangements for front line NHS staff

Planned Outcomes

- Develop a system that is able to utilise staff to support resilient system

Dartford and Gravesham ICP Specific Plans

Plans

- To establish a unit at DVH able to treat the population's surgical ED patients similar to medical ED patients within the AEC framework, part of SDEC.
- Major Emergency Floor reconfiguration to meet demands of a 'covid winter'.
- Support Care Home relationships
- Medically Fit calls to continue every day to review patients for discharge including weekends
- GP out of hours streaming at front door
- Littlestone & Ellenor additional bed capacity
- Ellenor Care Home Support Team –extension
- Extend Virgincare - MDT Co-ordinators, Rapid Response service (therapy) and Community Geriatrician
- DGS Health - Primary Care Home Visiting Service to be extended
- DGS Health – Wound care to be extended

Planned Outcomes

- Home first to keep residents and patients safe and healthy at home, care homes and support
- Flu vaccination programme – work with primary care and Virgin Care for Housebound
- Safe care
- Reduction in ED attendances
- Maintenance of social distancing in all provider areas
- 14+ and 21+ stays minimised and DH discharge policy principles met
- Ability to respond to peak surge periods
- ED performance maintained >90%
- Ambulance HO delays minimised
- No corridor care
- No 12 hour breaches
- No EU-T disruption

East Kent ICP Specific Plans

Plans

- Investment into community UTC sites
- Predictive analysis and jt demand and capacity planning across system
- Review discharge pathways capacity and align to need; maximise Home First
- Finalise the delivery of Think111 First for 1st December 2020
- Review ED staffing to align to peak times of activity
- Increase Social care capacity to meet 2.5% uplift in demand
- Reduction in Respiratory admissions and LOS
- Reduction in rehabilitation LOS for Stroke and #NOF
- Implement assessment unit use against criteria
- Increase support to care homes
- Maximise acute and community frailty pathways and open FAUs on both acute sites
- Maintain > 21 days at no more than 60
- Capital investment into QE and QHH Eds
- Capital investment/refurb of respiratory wards on QE and WHH sites
- review hot floor flow on acute sites into 3 discreet areas

Planned Outcomes

- Safe care
- 30% overall capacity of UTC increase
- Maximise Home First Pathway diverting capacity from unsuitable bed placements
- Ability to respond to peak surge periods ie Mondays and late afternoons maintaining flow
- Reduction in LOS
- Reduction in number of super stranded
- Reduction in ED attendances
- Maintenance of social distancing in all provider areas
- 14+ and 21+ stays minimised and DH discharge policy principles met
- Ability to respond to peak surge periods
- ED performance maintained >90%
- Ambulance HO delays minimised
- No corridor care
- No 12 hour breaches
- No EU-T disruption

Medway and Swale ICP Specific Plans

Plans

- Reviewing the system OPEL status to improve system recovery time
- Redefine the senior lead escalation calls.
- Agree actions and triggers that will enable earlier escalation and support swifter system recovery
- Agreeing extraordinary actions & mutual aid arrangements
- Use of SHREWD for escalation
- Embed phase 1 Think 111 First & implement phase 2
- ED Phase 3 build
- Expand SDEC
- Revised site management
- Proactive management of medically optimised patients and transfers of care
- Increase in community / social care capacity
- Swale rapid response redesign
- Trusted assessor
- Increase in home from hospital support
- Launch the Frailty Unit within MFT
- Sustaining the system MFFD/IDS model
- Increase flow to SDEC, Swale MIU and MedOCC
- Active monitoring of use of alternative pathways
- Ensuring senior clinical oversight in ED
- Continued focus on DToCs and MMFD
- Communication and escalation review.

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Planned Outcomes

- Safe care
- Reduction in ED attendances
- Maintenance of social distancing in all provider areas
- 14+ and 21+ stays minimised and DH discharge policy principles met
- Ability to respond to peak surge periods
- ED performance maintained >90%
- Ambulance HO delays minimised
- No corridor care
- No 12 hour breaches
- No EU-T disruption
- Patients streamed to the most appropriate urgent care service
- Improved utilisation of acute and community services

West Kent ICP Specific Plans

Plans

- Joint MTW and west Kent KCHFT demand and capacity planning
- From October, two UTCs at the front door of the local EDs at Maidstone and Pembury sites
- Sevenoaks MIU transition to UTC, whilst maintaining Covid-19 compliancy requirements.
- Capital for UTC appointments booking system
- Direct booking from 111 into UTC, SDEC and ED
- Direct booking from 111 to Community Urgent Care services, including Home Treatment and Rapid Response services
- Further strengthening of the Home First Programme, including social care
- Increased space for AFU Hot Clinic at MGH, IT Equipment including Medic Spot for Triage at both sites
- Staffing to meet 7 day working, including Therapies
- Opening a winter escalation ward
- Improvements to oxygen infrastructure pipework

Planned Outcomes

- Further improved or maintain current good ED performance
- Improved integration and collaboration of services
- A safe and quality urgent care offering in west Kent
- Increase in the numbers of patients treated at home or closer to home
- Further reduction of ambulance conveyances and handover delays
- Reducing delays to treatment by patients seeing right person first time
- Increased proportion of patients who are placed on planned ambulatory care pathways
- Decreased overall length of stay for patients who have had an emergency admission
- Reduction in ED attendances
- Maintenance of social distancing in all provider areas
- 14+ and 21+ stays minimised and DH discharge policy principles met
- Ability to respond to peak surge periods
- No corridor care
- No 12 hour breaches
- No EU-T disruption

EU Transition Plans

Plans

- Shared operational readiness structure and multi-agency planning at local, regional and national level
- Exercise strategy (Lundy) and Bi-national planning
- System and operational plans developed, linked to joint risk and threat assessment
- National assurance on supply chain
- Impact modelling

Planned Outcomes

- Reduced adverse impact on health and care system, workforce and patient care
- Reduced adverse impact on availability of critical supplies (both from within EU and deliveries from elsewhere in UK in to Kent)

OPERATIONAL MODEL

Surge and Escalation Framework - Roles

Winter and surge

Winter Director

- Responsible for planning and implementation of the winter operational response
- Attends all LADBs
- Not responsible for day to day operational direction / or non-surge related issues pertaining to Covid or EU-Exit

Operational Commander

- Responsible for overseeing and directing the LHEs and service team response on a day-to-day basis
- Co-ordination of all winter/surge and seasonal flu related reporting

ICP Facing Commissioning Teams & LADBs

- All queries and performance challenges relating to winter pressures, surge, seasonal flu, weather or routine Covid response
- Coordination with ICP providers

COVID and EU Exit incidents

Strategic Commander

- Responsible for Covid and EU-Exit planning and implementation and leadership of other unplanned incidents
- Not responsible for winter operational response or surge

Incident Commander

- Responsible for managing unplanned issues that require the CCG major incident plan or business continuity plan to be invoked; as well as responding to multi-agency issues through TCG and SCG

Incident Managers

- Provide central co-ordination, support and reporting for Covid, EU Exit and any other incidents

Operational Control Centre

- Oversees both the planned winter/surge programme and any incident response
- Jointly led by an Operational Commander and an Incident Commander

Operating Model