



# Adult Social Care and Health

## Operational Pressures Escalation Plan

Operational procedure reflecting Operational Pressures Escalation Level Framework and COVID-19 Hospital Discharge: Policy and Operating Model

Version: 1.1, June 2021

Security Classification: **OFFICIAL (PROTECT)**



## Contents

Version Control.....	4
1. Introduction .....	6
2. Aim and Objectives.....	6
2.1 Aim .....	6
2.2 Objectives.....	6
3 National Operating Framework.....	7
3.1 Operational Pressures Escalation Levels (OPEL) Framework .....	7
3.2 Hospital Discharge Service: Policy and Operating Model.....	8
Funding.....	9
Mental Capacity .....	9
4. Activation and Escalation .....	11
4.1 Status and Monitoring System.....	13
4.2 Indicators.....	13
4.3 Triggers .....	13
Staffing of Short-term Pathway Team.....	13
Integrated Care Centre / In House Provision Assessment Bed Availability .....	14
Case Load .....	14
Referrals .....	14
Kent Enablement at Home (KEaH) daily capacity .....	14
Discharge to Assess Pathway One: number of patients discharged yesterday .....	14
Discharge to Assess Pathway One: Total availability remaining against week capacity	14
5. Command and Control.....	14
5.1 Multi-Agency Groups.....	14
Whole System Escalation Teleconference Calls .....	14
Local A&E Delivery Boards .....	15
Discharge to Assess (D2A) Teleconference Calls.....	15
5.2 KCC Operational Pressures Escalation Group .....	15
6. Capacity and Demand Management Measures.....	16
6.1 Reducing Demand .....	16
Cold Weather and Heatwave Actions .....	16
Flu Vaccination .....	16
NHS 111 Directory of Service (DoS) Capacity Management Protocol.....	17
Admission avoidance.....	17
6.2 Increasing Capacity.....	17
Resource Planning .....	17
Staff Redeployment Process.....	17
Extended Access.....	18

Contracts outside framework.....	18
Supporting the Market .....	18
6.3 Maintaining through-put .....	19
Assessment Beds.....	19
Contracted Residential and Nursing Provision .....	19
6.4 End of EU Transition .....	19
7. Roles and Responsibilities .....	19
7.1 Directors of Adult Social Care (East / West) .....	20
7.2 Capacity Manager on Call.....	20
7.3 Service Manager – Short Term Pathway.....	20
7.4 Short Term Pathway Team Manager .....	21
7.5 Social Care Discharge Co-ordinator .....	21
7.6 Senior on Call.....	22
7.7 Purchasing Teams .....	22
7.8 In-house Provision .....	22
7.9 Service Managers – Promoting and Supporting Independence (PISI).....	23
8 De-escalation .....	24
Appendix 1: Overview of Operational Pressures Escalation Triggers .....	27
Appendix 2: Kent County Council Operational Pressures De-escalation Actions.....	30
Appendix 3: Local, Regional and National Roles and Responsibilities .....	32
Local A&E Delivery Board .....	32
Clinical Commissioning Groups .....	32
Joint NHS England / NHS Improvement Teams.....	32

## Version Control

Version Number	Revision Date	Status	Summary of Changes	Reviewed / Approved By
0.1	21/09/2020	Draft	1) Draft Plan published for consultation	Head of Directorate Business and Planning
0.2	25/09/2020	Draft	1) Draft Plan updated for presentation to ASCH Senior Management Team	ASCH Senior Management Team
0.3	01/10/2020	Draft	1) Updated to reflect feedback from ASCH Senior Management Team	
0.4	12/10/2020	Draft	1) Updated to reflect feedback from Kent & Medway Winter stress test	
1.0	28/10/2020	Approved	1) Draft prepared for presentation to ASCH Directorate Management Team	ASCH Directorate Management Team
1.1	18/06/2021	Approved	1) Update to section 3 reflecting financial support and funding flows (April 2021 to 30 September 2021) 2) Minor revision to section 6.2 accounting for potential staffing pressure in summer 2021	

# **PART 1: Background**

## **1. Introduction**

In October 2016 NHS England published the Operational Pressures Escalation Levels (OPEL) Framework with the aim of establishing a consistent approach to managing day to day variations in demand across the health and social care system as well as the procedures for managing significant surges in demand. Since this date, Kent County Council (KCC), Adult Social Care and Health (ASCH) Directorate has put in place plans to ensure that the Local Authority is prepared to respond to the increased needs and/or service demands as result of operational pressures and other periods of escalation across the Kent and Medway Health and Social Care System. Local plans are well established and embedded within day-to-day practice, building on operational experience from application of NHS England (South) Surge Management Framework which predates OPEL.

On 19<sup>th</sup> March 2020, NHS England published COVID-19 Hospital Discharge Service Requirement with the aim of maintaining enough capacity to support people who have acute healthcare needs due to coronavirus (COVID-19) in hospitals. These requirements were subsequently revised by the Hospital Discharge Service: Policy and Operating Model which was published on 21<sup>st</sup> August 2020. These sets of guidance set out actions to be taken immediately to enhance discharge arrangements and the provision of community support to enable faster rates of appropriate discharge from NHS beds for the foreseeable future. The Hospital Discharge Service Requirements acknowledge that supporting and sustaining social care will never be more vital to these efforts.

KCC ASCH Directorate responded to COVID-19 Hospital Discharge Service Requirement and subsequent Hospital Discharge Service: Policy and Operating Model by transforming the way Local Authority teams operate to support the safe and rapid discharge of those people who no longer need to be in a hospital bed.

This Plan describes how KCC continues to operate with the OPEL Framework against the backdrop of COVID-19 Hospital Discharge Service Requirement and Hospital Discharge Service: Policy and Operating Model.

This Plan addresses the Social Care Sector COVID-19 Support Taskforce recommendations published on 18<sup>th</sup> September 2020 and the government's ambitions for the sector with regard to safe discharge from NHS settings and preventing avoidable admissions, as set out in the Department of Health and Social Care, Adult Social Care Winter Plan 2020/21.

This Plan will continue to be updated as the end of the EU transitional period approaches, the Kent Operating Model and local multi-agency planning become clearer.

## **2. Aim and Objectives**

### **2.1 Aim**

The aim of this Plan is to ensure KCC Adult Social Care and Health Directorate responds appropriately to surges in demand across the Kent and Medway Health and Social Care System.

### **2.2 Objectives**

The objectives of this Plan are;

- To provide information about the national operating frameworks and services requirements
- To describe the monitoring and reporting arrangements in place to provide early warning of surge pressure

- To inform staff about the national, regional, and local processes and procedures to be used to manage a surge in demand
- To identify roles and responsibilities for services, teams, and individuals
- To describe the actions required in response to surge in demand

### 3 National Operating Framework

#### 3.1 Operational Pressures Escalation Levels (OPEL) Framework

The OPEL Framework provides a consistent approach in times of pressure, specifically by:

- Enabling local systems to maintain quality and patient safety
- Providing a nationally consistent set of escalation levels, triggers and protocols for local leadership forums to align with their existing escalation processes
- Setting clear expectations around roles and responsibilities for all those involved in escalation in response to surge pressures at local level (providers, commissioners and local authorities), by Directors of Commissioning Operations (DCO) and NHS Improvement sub-regional team level, regional level and national level
- Setting consistent terminology

Table 1: Operational Pressures Escalation Levels (National)

Operational Pressures Escalation Levels	
<b>OPEL One</b>	The local health and social care system capacity is such that organisations are able to maintain patient flow and are able to meet anticipated demand within available resources. The Local A&E Delivery Board area will take any relevant actions and ensure appropriate levels of commissioned services are provided. Additional support is not anticipated.
<b>OPEL Two</b>	The local health and social care system is starting to show signs of pressure. The Local A&E Delivery Board will be required to take focused actions in organisations showing pressure to mitigate the need for further escalation. Enhanced co-ordination and communication will alert the whole system to take appropriate and timely actions to reduce the level of pressure as quickly as possible. Local systems will keep NHS England and NHS Improvement colleagues at sub-regional level informed of any pressures, with detail and frequency to be agreed locally. Any additional support requirements should also be agreed locally if needed.
<b>OPEL Three</b>	The local health and social care system is experiencing major pressures compromising patient flow and continues to increase. Actions taken in OPEL 2 have not succeeded in returning the system to OPEL 1. Further urgent actions are now required across the system by all A&E Delivery Board partners and increased external support may be required. Regional teams in NHS England and NHS Improvement will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally. National team will also be informed by DCO/Sub- regional teams through internal reporting mechanisms.
<b>OPEL Four</b>	Pressure in the local health and social care system continues to escalate leaving organisations unable to deliver comprehensive care. There is increased potential for patient care and safety to be compromised. Decisive action must be taken by the Local A&E Delivery Board to recover capacity and ensure patient safety. All available local escalation actions taken, external extensive support and intervention required. Regional teams in NHS England and NHS Improvement will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally, and will be actively involved in conversations with the system. Where multiple systems in different parts of the country are declaring OPEL 4 for sustained periods of time and there is an impact across local and regional boundaries, national action may be considered.

It is expected that local areas will operate Operational Pressures Escalation Level (OPEL) 1 when operating within normal parameters. At OPEL 1 and 2, operations and escalation are

delegated to the relevant named individuals in each organisation across the region. At OPEL 3 and 4 however, it is expected that there will be executive level involvement across the Area.

Local leadership forums are expected to;

- identify named senior individuals to lead on and manage the escalation and de-escalation processes at local level.
- establishes escalation triggers for each OPEL level appropriate to local environment
- ensure partner organisations maintain robust, up-to-date local escalation plans signed off at Board level which dovetail into up-to-date overarching system-wide plans and focus on early warning triggers
- ensure escalation planning forms an integral part of system resilience and winter planning for all partner agencies

### **3.2 Hospital Discharge Service: Policy and Operating Model**

The Hospital Discharge Service: Policy and Operating Model apply to;

- all NHS trusts,
- community interest companies and private care providers of acute, community beds and community health services,
- social care staff in England,
- health and social care commissioners

The Hospital Discharge Service: Policy and Operating Model place the responsibility on acute and community hospitals to discharge all patients as soon as they are clinically safe to do so. Transfer from the ward should happen within one hour of that decision being made to a designated discharge area. Discharge from hospital should happen as soon after that as possible, normally within 2 hours.

The Government has agreed the NHS will fully fund the cost of new or extended out-of-hospital health and social care support packages.

The Hospital Discharge Service: Policy and Operating Model introduced a discharge to access model across England. This model assumes that:

- 95% of people can go straight home on discharge:
  - 50% can go home with minimal or no additional support (Pathway 0)
  - 45% can go home with a short or longer-term support care package (Pathway 1)
- 5% of people will require residential or nursing care setting:
  - 4% require rehabilitation support (Pathway 2)
  - 1% require nursing home care (Pathway 3).

Acute hospitals are responsible for leading on the discharge of all patients on pathway 0. Providers of community health services lead on pathways 1-3. The model operates at least 8 am – 8 pm 7 days a week.

For 95% of patients leaving hospital this means that (where it is needed), the assessment and organising of ongoing care will take place when they are in their own home.

Within two hours of arriving in the discharge lounge, transport home, any volunteer and voluntary sector support and immediate practical measures, such as shopping and the heating turning on, is organised by the discharge co-ordinators for those who have no one else to do this.



A lead professional or multidisciplinary team, as is suitable for the level of care needs, visit patients at home on the day of discharge or the day after to arrange what support is needed in the home environment and rapidly arrange for that to be put in place. If care support is needed on the day of discharge from hospital, this is arranged prior to the patient leaving the hospital site, by a care coordinator.

Whilst acute and community health providers focus on discharge pathways Adult Social Care Services are expected to;

- Redeploy social work staff from the hospital setting to community settings to support discharged patients.
- Suspend need for funding panels for hospital discharge during the level 4 incident
- Establish 7-day working for community social care teams
- Deploy adult social care staff flexibly in order to avoid any immediate bottlenecks in arranging step down care and support in the community

### **Funding**

In May 2021, the UK government published Hospital discharge and community support: Finance support and funding flows. A national discharge fund has been provided via the NHS, for quarters 1 and 2 of 2021/22 (1 April 2021 to 30 September 2021), to help cover some of the cost of post-discharge recovery and support services / rehabilitation and reablement care following discharge from hospital. These financial arrangements apply for patients discharged or using discharge services during that time period.

Local systems must be in place to ensure adequate health and social care discharge services, operate seven days a week during quarters 1 and 2 of 2021/22, to ensure people receive the most appropriate care at home where possible. The national discharge fund can be used to fund discharge services covered by the hospital discharge programme seven days a week in quarters 1 and 2.

The government has agreed to fund, via the NHS, new or extended packages of care on discharge from hospital starting on or before 30 September 2021.

### **Mental Capacity**

Duties under the Mental Capacity Act 2005 still apply during this period. If a person is suspected to lack the relevant mental capacity to make the decisions about their ongoing care and treatment, a capacity assessment should be carried out before decision about their discharge is made. Where the person is assessed to lack the relevant mental capacity and a decision needs to be made then there must be a best interest decision made for their ongoing care in line with the usual processes. If the proposed arrangements amount to a deprivation of liberty, Deprivation of Liberty Safeguards in care homes arrangements and orders from the Court of Protection for community arrangements still apply but should not delay discharge.

# **PART 2: Response Plan**

## 4. Activation and Escalation

Health and Social Care organisation across Kent and Medway are expected to maintain robust, up-to-date local escalation plans signed off at Board level which dovetail into up-to-date overarching system-wide plans and focus on early warning triggers.

All local escalation plans should have clearly defined escalation triggers including (but not limited to) the triggers included in the OPEL Framework. Kent County Council has agreed the following indicative descriptions of pressure on Social Care services for each escalation level.

Table 2: KCC Escalation Levels

<b>Operational Pressures Escalation Levels for Kent County Council</b>	
<b>OPEL One</b>	<ul style="list-style-type: none"> <li>• The number of referrals received by KCC from Community Health providers after a discharge from an acute or community hospital is within normal expected level</li> <li>• KCC Short-term Pathway staffing levels are sufficient to meet current referral rate</li> <li>• KCC Short-term Pathway Service appropriately represented at Bed Management/Pathway 3 meetings were emerging issues can be discussed and actions agreed</li> <li>• There is capacity in the residential and nursing home market to accommodate the current demand for placements</li> <li>• There is capacity in the home care market to accommodate the current demand for care packages</li> <li>• There is capacity within the Kent Enablement at Home service for all eligible clients after discharge from acute or community hospital settings</li> <li>• Supporting Independence reviews are taking place at the end of Kent Enablement at Home service</li> <li>• There is capacity within the existing Assessment Bed service for all eligible clients at discharge from Community Health provision</li> <li>• The number of cases in the Promoting Independence triage workflow is within business as usual capacity</li> <li>• All Continuing Health Care Decision Support Tool Assessments are taking place within agreed policy timeframe</li> <li>• The number of referrals from rapid response / ICT is within normal expected level</li> <li>• All Care Act assessments following discharge from an acute or community health setting are completed within 3 to 6-weeks of discharge date</li> <li>• All reviews following KCC community Assessment Bed placement or short-term care package are taking place with 6-weeks of start date</li> <li>• All cases coming through Client Support Service that cannot be resolved at first contact are being review within an acceptable timeframe</li> <li>• Scheduled case reviews are completed as planned</li> </ul>
<b>OPEL Two</b>	<ul style="list-style-type: none"> <li>• In some areas number of referrals received by KCC from Community Health providers after a discharge from an acute or community hospital is above the normal expected level</li> <li>• In some areas, KCC Short-term Pathway staffing levels are not sufficient to meet current referral rate</li> <li>• KCC Short-term Pathway Service is not appropriately represented at Bed Management / Pathway 3 meetings were emerging issues can be discussed and actions agreed</li> <li>• In some areas there is insufficient capacity in the residential and nursing home market to accommodate the current demand for placements</li> <li>• In some areas there is insufficient capacity in the home care market to accommodate the current demand for care packages</li> <li>• In some areas there is insufficient capacity within the Kent Enablement at Home service for all eligible clients after discharge from acute or community hospital settings</li> <li>• In some areas, Supporting Independence reviews are not taking place at the end of Kent Enablement at Home service</li> <li>• In some areas there is insufficient capacity within the existing Assessment Bed service for all eligible clients at discharge from Community Health provision</li> <li>• In some areas the number of cases in the Promoting Independence triage workflow is above the normal expected level</li> <li>• In some areas, Continuing Healthcare Decision Support Tool Assessments are taking place outside agreed policy timeframe</li> </ul>

	<ul style="list-style-type: none"> <li>• In some areas, the number of referrals from rapid response / ICT is above the normal expected level</li> <li>• In some areas, Care Act assessments following discharge from an acute or community health setting are not being completed within 3 to 6-weeks of discharge date</li> <li>• In some areas, reviews following KCC community Assessment Bed placement or short-term care package are not taking place with 6-weeks of start date</li> <li>• In some areas, not all cases coming through Client Support Service that cannot be resolved at first contact are being review within an acceptable timeframe</li> <li>• In some areas, scheduled case reviews have been de-prioritized</li> </ul>
<p><b>OPEL Three</b></p>	<ul style="list-style-type: none"> <li>• County-wide number of referrals received by KCC from Community Health providers after a discharge from an acute or community hospital is above the normal expected level</li> <li>• County-wide, KCC Short-term Pathway staffing levels are not sufficient to meet current referral rate</li> <li>• KCC Short-term Pathway Service is not appropriately represented at Bed Management / Pathway 3 meetings were emerging issues can be discussed and actions agreed</li> <li>• County-wide there is insufficient capacity in the residential and nursing home market to accommodate the current demand for placements</li> <li>• County-wide there is insufficient capacity in the home care market to accommodate the current demand for care packages</li> <li>• County-wide there is insufficient capacity within the Kent Enablement at Home service for all eligible clients after discharge from acute or community hospital settings</li> <li>• County-wide, Supporting Independence reviews are not taking place at the end of Kent Enablement at Home service</li> <li>• County-wide there is insufficient capacity within the existing Assessment Bed service for all eligible clients at discharge from Community Health provision</li> <li>• County-wide the number of cases in the Promoting Independence triage workflow is above the normal expected level</li> <li>• County-wide, Continuing Healthcare Decision Support Tool Assessments are taking place outside agreed policy timeframe</li> <li>• County-wide, the number of referrals from rapid response / ICT is above the normal expected level</li> <li>• County-wide, Care Act assessments following discharge from an acute or community health setting are not being completed within 3 to 6-weeks of discharge date</li> <li>• County-wide, reviews following KCC community Assessment Bed placement or short-term care package are not taking place with 6-weeks of start date</li> <li>• County-wide, not all cases coming through Client Support Service that cannot be resolved at first contact are being review within an acceptable timeframe</li> <li>• County-wide, scheduled case reviews have been de-prioritized</li> </ul>
<p><b>OPEL Four</b></p>	<ul style="list-style-type: none"> <li>• The number of referrals received by KCC from Community Health providers after a discharge from an acute or community hospital is beyond business as usual capability County-wide</li> <li>• KCC Short-term Pathway is experiencing a critical staff shortage and is unable to meet current referral rate</li> <li>• Available capacity in the residential and nursing home market across Kent and Medway is exhausted</li> <li>• Available capacity in the home care market in Kent and Medway in exhausted</li> <li>• The Kent Enablement at Home service is unable to take on any new clients County-wide</li> <li>• There are currently no Assessment Beds available and the situation is unlikely to improve</li> <li>• The number of cases in the Promoting Independence triage workflow is beyond business as usual capability County-wide</li> <li>• Continuing Health Care Decision Support Tool Assessments have been suspended</li> <li>• The number of referrals from rapid response / ICT is beyond business as usual capability County-wide</li> <li>• All actions to ensure Care Act assessments following discharge from an acute or community health setting are completed within 3 to 6-weeks of discharge date have been exhausted</li> <li>• Reviews following KCC community Assessment Bed placement or short-term care package have been suspended</li> <li>• Supporting Independence reviews at the end of Kent Enablement at Home service have been suspended</li> <li>• Cases coming through Client Support Service that cannot be resolved at first contact are not being review within an acceptable timeframe; risks to client safety remain unresolved.</li> <li>• Scheduled case reviews have been suspended</li> </ul>

## **4.1 Status and Monitoring System**

The Single Health Resilience Early Warning Database (SHREWD) is used across Kent and Medway to provide online reporting to support decision-making and the operational management of the whole health and social care system.

The system allows immediate identification of pressures and delays in the system which means that conference calls are more focused and corrective actions are agreed from a position of knowledge, enabling decision makers to be proactive rather than reactive. It facilitates a collaborative whole health economy approach to working to reduce system pressures.

The system includes built in teleconferencing and action tracking functionality that acts as a paperless electronic audit system.

SHREWD is the default mechanism used by Kent County Council for sharing Operational Pressures Escalation with Health partners. All teams with access to the system update their indicators on a daily basis to ensure that the most up-to-date and accurate information is available to decision makers.

Within Adult Social Care and Health, the client system Mosaic is used to monitor operational pressure. Team Leaders and Service Managers use Mosaic to identify pressure points in their workflows, to inform the prioritisation of local resources and escalation, as appropriate, using this Plan as a guide.

Work is ongoing to develop indicators to support the implementation of this Plan including the number of people waiting for a Care Act assessments following discharge from an acute or community health setting 3 weeks after discharge date.

## **4.2 Indicators**

The KCC indicators currently reported using SHREWD are:

- Staffing of Short-term Pathway Team (%)
- Integrated Care Centre / In House Provision Assessment Bed availability
- KCC case load (per Area) – total case load currently managed by each Short-term Pathway Team
- Referrals (per Area) – total cases currently in Health provision pending assessment outcome
- Kent Enablement at Home (KEaH) daily capacity
- Discharge to Assess Pathway One: number of patients discharged yesterday
- Discharge to Assess Pathway One: Total availability remaining against week capacity

## **4.3 Triggers**

Trigger levels are set for each indicator and reviewed regularly to ensure status levels are appropriate.

A colour coding system applies to each indicator aligned to the OPEL Framework; Green for OPEL 1, Amber for OPEL 2, Red for OPEL 3 and Black for OPEL 4.

### **Staffing of Short-term Pathway Team**

When Teams are staffed at 70% and above allowing for sickness, annual leave and training the status is Green. When staffing falls below 70% and above 50% status is Amber. Red status is triggered when staffing falls below 50% and above 35%. The status of Hospital teams staffed below 35% is reported as Black.

## **Integrated Care Centre / In House Provision Assessment Bed Availability**

Assessment Bed availability is a product of the total number of beds at each location minus the current number of beds occupied.

This indicator has been included to provide at a glance availability information County-wide. Trigger levels have been set in line with Assessment Bed Occupancy.

### **Case Load**

Trigger levels for the Case Load indicator are currently under development.

### **Referrals**

Trigger levels for the Referrals indicator are currently under development.

### **Kent Enablement at Home (KEaH) daily capacity**

Triggers levels are set for Kent Enablement at Home to identify current capacity within the service to support clients discharged by acute/community hospitals. Indicators and thresholds provide improved granular detail across 9 KEaH operating patches;

- Black - no capacity
- Red - very limited capacity
- Amber - limited capacity
- Green - good capacity

### **Discharge to Assess Pathway One: number of patients discharged yesterday**

The following trigger levels are indicative and apply to West Kent only.

When the number of patients discharged yesterday is 6 or 5 the status is Green. When the number of patients discharged yesterday is 4 or 3 status is Amber. Red status is triggered when the number of patients discharged yesterday is 2 or 1. If no patients were discharged yesterday status is reported as Black.

### **Discharge to Assess Pathway One: Total availability remaining against week capacity**

The following trigger levels are indicative and apply to West Kent only.

When the total availability remaining against weekly capacity is between 42 and 35 the status is Green. When the total availability remaining against weekly capacity is between 34 and 15 the status is Amber. Red status is triggered when the total availability remaining against weekly capacity is between 14 and 6. If the total availability remaining against weekly capacity is between 5 and 0 status is reported as Black.

## **5. Command and Control**

A range of multi-agency and single agency groups exist to maintain oversight of OPEL and ensure timely actions are taken to de-escalate the health and social care system when needed.

### **5.1 Multi-Agency Groups**

#### **Whole System Escalation Teleconference Calls**

Multi-agency System Resilience / Whole System Escalation Teleconference Calls are established to anticipate and mitigate risk caused by operational pressures across each Health economy particularly those relating to capacity and transfers of care.

Teleconference calls are held and increased and decreased in frequency according to the operational pressures being faced by each site. The aim of the teleconferences is to:

- anticipating and mitigating risk caused by pressures across the Health Economy particularly those relating to capacity and transfers of care
- agreeing local actions to be taken, including communication with partners and the public on the current status of services
- provide updates to relevant stakeholders.

Whole System Escalation Teleconference Calls are attended by the Short-Term Pathway Service Manager and / or Short-Term Pathway Team managers during office hours, Monday to Friday. Out of office hours, during evening, weekends and public or bank holidays, a decision will be made by the Capacity Manager on Call as to whether the Senior On Call should attend at OPEL 3. At OPEL 4 the Capacity Manager on Call will join the call.

### **Local A&E Delivery Boards**

Local A&E Delivery Boards has been established to provide whole system oversight and leadership to drive improvement in A&E performance and ensure high quality Urgent Care Pathways for patients in the context of the Sustainability and Transformation Plan (STP).

Each Board includes representatives from Acute NHS Trusts, South East Coast Ambulance Service (SECAMB), Kent Community Health NHS Foundation Trust (KCHFT), Kent and Medway NHS and Social Care Partnership Trust (KMPT), Integrated Care 24 (IC24), NHS 111, G4S (patient transport) and Kent and Medway Clinical Commissioning Group. KCC is represented at each Local A&E Delivery Board by the appropriate Assistant Director for Adult Social Care.

Local A&E Delivery Board areas operate OPEL 1 when operating within normal parameters. At OPEL 1 and 2 operations and escalation is delegated to the relevant named individuals in each organisation across the A&E Delivery Board. At OPEL 3 and 4 senior involvement across the A&E Delivery Board is expected.

Operational Pressures meeting the criteria for OPEL 2, 3 and 4 are escalated to the respective A&E Delivery Board:

- East Kent – including William Harvey Hospital, Queen Elizabeth the Queen Mother Hospital and Kent and Canterbury Hospital
- West Kent – including Tunbridge Wells Hospital and Maidstone Hospital
- North Kent – including Darent Valley Hospital
- Medway and Swale – Medway Maritime Hospital

### **Discharge to Assess (D2A) Teleconference Calls**

Multi-agency Discharge to Assess (D2A) Teleconference Calls (sometimes referred to as DTOC Calls) are business-as-usual for health and social care services. The frequency of these teleconferences are agreed locally according to the operational pressures being faced by each site. The aim of the teleconferences is to maximise throughput and prevent bridging.

During office hours, Monday to Friday D2A Teleconference Calls are attended by Kent Enablement at Home, Purchasing, Social Care Discharge Co-ordinator and D2A Provider(s). Out of office hours, during evening, weekends and public or bank holidays, KCC is not represented at OPEL 1 or 2. Where the OPEL status is 3 or 4 a decision will be made by the Capacity Manager On Call as to whether the Senior On Call should attend.

### **5.2 KCC Operational Pressures Escalation Group**

On occasions when despite the application of local actions the pressure on capacity and the need to mitigate against the possibility of compromising patient care, requires additional

support from other service providers, including those which cross locality boundaries, the KCC Operational Pressures Escalation Group may be initiated.

The Group will be chaired by the Director of Adult Social Care (East / West) and will include Assistant Director(s), Capacity Manager On Call, Short-Term Pathway Service Manager(s), Head of Kent Enablement at Home, Access to Resources Manager and Commissioning Manager(s). The Group will consider current position, actions required to alleviate pressure and support required from other agencies.

The KCC OPEL status on SHREWD may be escalated based the Group's assessment of current pressures.

If necessary, the NHS 111 Directory of Service (DoS) Capacity Management Protocol will be activated based the Group's assessment of current pressures.

## **6. Capacity and Demand Management Measures**

The Local Authority has established a range of measures which contribute to reducing demand, increasing capacity and maintaining through-put within health and social care services.

### **6.1 Reducing Demand**

#### **Cold Weather and Heatwave Actions**

KCC Adult Social Care and Health has a well-established set of Plans designed to reduce the avoidable impact on health from periods of extreme weather. These Plans cover:

- Long term planning
- Seasonal preparedness
- Alerting and activation
- Response to severe weather

Cold weather and heatwave plans are inclusive of contracted providers and include public messaging.

#### **Flu Vaccination**

Considering the risk of flu and COVID-19 co-circulating this winter, the national flu immunisation programme will be essential to protecting vulnerable people and supporting the resilience of the health and care system.

All frontline health and social care workers should receive a vaccination this season. This should be provided by their employer, to meet their responsibility to protect their staff and service users and ensure the overall safe running of services. Employers should commission a service which makes access easy to the vaccine for all frontline staff, encourage staff to get vaccinated, and monitor the delivery of their programmes.

It is the ambition of the Department of Health and Social Care (DHSC) that 100% of frontline health and social care staff are offered the vaccine.

To support this, DHSC has procured additional national supply of the adult vaccine and will issue guidance in September on how and when this can be accessed.

The Authority has arrangements in place to encourage all frontline social care staff regardless of their risk status to be vaccinated against seasonal flu. Seasonal flu vaccination arrangements are publicised to staff through the Authority's intranet and staff communication channels.



Risk reduction awareness, information and education are key elements of the Authority's communication strategy through print media, online and directly with contracted providers, the community and voluntary sector.

### **NHS 111 Directory of Service (DoS) Capacity Management Protocol**

The NHS 111 Directory of Service (DoS) Capacity Management Protocol allows Health and Social Care providers to notify NHS 111 of service pressures and seek to reduce referrals by providing members of the public with other suitable options depending on need.

When services provided by KCC are experiencing pressure, new referrals from NHS 111 can be reduced by providing members of the public with other suitable options depending on need.

Social Care services provided by KCC have been categorised as Band B / C meaning that implementation of the protocol will have a medium / low impact the Health and Social Care System. As such, the protocol can be implemented without ratification by CCG Director on Call.

When indicated by the OPEL status level the Short-Term Pathway Service Manager or Capacity Manager on Call will take the following steps to activate the Protocol:

- a) Call NHS 111 on 01233 363020 to change the service capacity status
- b) Inform the CCG commissioning lead in hours or NHS Director on Call out of hours
- c) Review escalation status after 4 hours and if pressure remains repeat step A and B.

### **Admission avoidance**

KCC Adult Social Care and Health continues to support admission avoidance schemes designed to reduce the pressure on the health and social care system, promote independence and wellbeing, including:

- Crisis intervention
- Emergency / unplanned respite and support to carer breakdown
- Support to Rapid Response with personal care
- OT equipment
- Kent Enablement at Home (KEaH)

## **6.2 Increasing Capacity**

### **Resource Planning**

Locally agreed resource plans account for known periods of operational pressure such as holiday periods to ensure staff are in place ready to support when required.

Each service will prioritise workload and where there are excess resources, considering interdependencies, offer mutual aid to other service(s), to ensure continuity across the county in line with existing Business Continuity arrangements.

### **Staff Redeployment Process**

At times of pressure, the Short-Term Pathway Service Manager will notify the appropriate Assistant Director of additional resource requirements.

The Assistant Director will assess available resources within existing staff group and redeploy staff to alleviate pressure where appropriate.

Where existing resources cannot be redeployed, the Assistant Director will contact the Director of Adult Social Care (East or West). Where necessary the Director may make time limited arrangements.

## **Extended Access**

The KCC Out of Hours Service continues to provide a central point of contact during evenings, weekends and public and Bank Holidays.

Teams supporting discharge pathways operate extended access working 8:00am - 18:00pm Saturdays, public and Bank Holidays. Staff working out of hours are supervised by the Senior On Call and Capacity Manager On Call. On Sunday's the Capacity Manager On-Call is available.

The tasks of the Capacity Manager On-Call and Senior On-Call take a higher priority than any other work or social commitments. Staff on call, if contacted, must be able to devote their time and attention immediately.

Staff on call are eligible for Standby Duty Allowance in line with Terms and Conditions.

The County Placement Team, Business Delivery Unit provide a normal service during all public and Bank Holidays.

Supervisors in the Kent Enablement at Home Service are on duty on Saturdays, Sundays, public and Bank Holidays. They are able to reduce or close clients during the weekend thereby creating capacity.

## **Contracts outside framework**

Where necessary, KCC continues to negotiate individual contracts with providers, outside the framework, where this is required to meet the needs of the individual or where framework providers are unable to meet current demand such that maintaining through-put within health and social care services is compromised.

## **Supporting the Market**

The Authority continues to provide support to the market by:

- Circulating and promoting guidance to all social care providers, the voluntary and community sector
- Promoting the use of the PPE portal
- Providing access to emergency PPE through the Kent Resilience Forum
- Working with partners to encourage those who are eligible to access free flu vaccine
- Supporting providers to develop, review and update visiting policy in line with visiting guidance issued by the Director of Public Health
- Distributing additional funding to support implementation of infection prevention and control measures
- Monitoring market position through the capacity tracker and CQC survey

The social care providers most likely to be impacted by the implementation of Operation Fennel in response to adverse volumes of freight that is unable to leave the county via the Port of Dover or the Channel Tunnel, have been identified. The Authority continues to work with these providers locally on developing and assuring their business continuity arrangements.

The Authority has identified a range of factors which have the potential to contribute to staffing pressures across the care and support in the home market during summer 2021:

- easing of travel restrictions may result in more staff taking the opportunity to holiday abroad during the summer months
- the hospitality industry may recruit staff from the care industry with more attractive pay and conditions

- staff retention is a challenge due to exhaustion
- staff on zero hour contracts know they can gain employment easily again if they choose to take an extended break
- government workforce funding was lower than expected for the industry
- end of EU transition period may reduce the number of staff recruited from abroad.

The Authority maintains close working relationships with contracted and non-contracted providers to mitigate the potential risks identified in the short term. Partnership working between care providers to cover packages of care is well established.

### **6.3 Maintaining through-put**

#### **Assessment Beds**

County Placement Co-ordinators provide daily reports on progress of each assessment bed placement. The aim of the report is to reduce drift and increase throughput. Assessment bed placement exceeding 3-week period are escalated for immediate action.

On the eighth week of a twelve-week disregard period, providers are notified to allow sufficient time for arrangements to be made for discharge or funding to be agreed at the end of the disregard period.

#### **Contracted Residential and Nursing Provision**

Where system pressure has been exacerbated by lack of capacity in contracted provision of planned and emergency respite, assessment bed and long term residential and nursing care, this is escalated to commissioners for immediate action.

### **6.4 End of EU Transition**

The Local Authority has developed and maintains a range of measure designed to respond to the UK governments Reasonable Worst-Case Scenario (RWCS) for the end of EU transition. These measures sit outside this Plan but remain intrinsically linked:

- People in receipt of social care services who live in the areas most likely to experience transport disruption have been identified
- Providers of homecare services to these areas will co-operate to ensure those most in need receive care services
- Social Care staff will complete Care Act assessments within their own communities during significant periods of transport disruption
- Contingency planning forms part of individual care planning drawing on family, friends and neighbour support networks.

## **7. Roles and Responsibilities**

The roles and responsibilities of key staff are described below. Staff with specific roles and responsibilities should know where to go and what to do when this plan is implemented. A training programme is in place to support key staff in this regard.

All Social Care staff have a potential role in managing and responding to operational pressures.

This document is made available in a place to which all staff members have access. All staff should be aware of the plan and where the plan can be located.

Actions described to deescalate operational pressures will be triggered by the OPEL status of Kent County Council, the Area or region.

The roles and responsibilities of local leadership forum(s), Clinical Commissioning Group and NHS England are provided at Appendix 3: Local, Regional and National Roles and Responsibilities for ease of reference.

### **7.1 Directors of Adult Social Care (East / West)**

The leads for Operational Pressures Escalation are the Directors of Adult Social Care (East / West). The role and responsibilities of the Directors of Adult Social Care for Operational Pressures Escalation are fulfilled by the Capacity Manager on Call out of office hours.

The Directors of Adult Social Care (East / West) will:

- be informed of current OPEL status, capacity and demand through SHREWD
- receive updates provided by Assistant Directors, Short Term Pathway Service Managers and Team Managers
- seek assurance that actions required are implemented in accordance with agreed procedures
- where required, consider use of additional resources, or redeployment of existing resources in line with agreed Business Continuity arrangements
- initiate the KCC Operational Pressures Escalation Group, as and when required
- initiate discussions with health partners on use of available beds at community hospitals or funding options to support spot purchase of short-term placements.

### **7.2 Capacity Manager on Call**

The role and responsibilities of the Directors of Adult Social Care (East / West) regarding Operational Pressures Escalation are fulfilled by the Capacity Manager on Call from 17:00 on Friday to 08:00 on Monday, and during public and Bank Holidays.

The Capacity Manager on Call will:

- be informed of current OPEL status, capacity and demand through SHREWD
- receive updates provided by Assistant Directors, Short Term Pathway Service Managers and Team Managers
- seek assurance that actions required are implemented in accordance with agreed procedures
- where required, consider use of additional resources, or redeployment of existing resources in line with agreed Business Continuity arrangements
- activate the NHS Directory of Service (DoS) Capacity Management Protocol
- contact another manager and agree to exchange if they are unable to fulfil their rota slot

At OPEL 3 the Capacity Manager on Call will:

- decide if the Senior on Call should attend Discharge to Assess (D2A) Teleconference Calls
- decide if the Senior on Call should attend Whole System Escalation Teleconference Calls

At Opel 4 the Capacity Manager on Call will:

- attend Whole System Escalation Teleconference Calls

The Capacity Manager On Call can be contacted from 17:00 on Friday to 08:00 on Monday, and during public and Bank Holidays on the following telephone number: 03000 410200

### **7.3 Service Manager – Short Term Pathway**

The Service Manager – Short Term Pathway will:

- be informed of current OPEL status, capacity and demand through SHREWD
- receive regular updates from the Short-Term Pathway Team Managers
- attend A&E Delivery Board teleconferences, providing a position statement on behalf of the Local Authority to multi agency partners
- consider redeployment of staff resources, to alleviate pressure for a time limited period
- escalate resourcing pressures to the Assistant Director who will consider use of additional resources or redeployment of existing resources, in line with agreed Business Continuity arrangements across service area boundaries.
- initiate the KCC Operational Pressures Escalation Group, as and when required

#### **7.4 Short Term Pathway Team Manager**

Short Term Pathway Team Managers will ensure that all indicators are updated on SHREWD on a daily basis.

Short Term Pathway Team Managers will:

- be informed of current OPEL status, capacity and demand through SHREWD
- receive regular updates from the Social Care Discharge Co-ordinator
- update the KCC OPEL status on SHREWD based on the current indicators for KCC
- look to see whether clients in Community Hospitals or cared for by Community Health can be supported in their own home by Kent Enablement at Home on occasion when doing so will reduce pressure in the system and prevent escalation
- seek agreement to use contracted care in the home providers to facilitate discharge, bridging the gap until Kent Enablement at Home carers are available
- When KEaH has very limited or no capacity and notification to decline is received within 2 hours, progress to Purchasing and request commencement of enablement package within 2-week timeframe
- explore alternative capacity to bridge the gap when a care in the home package start date has been agreed but there are insufficient resources within Kent Enablement at Home
- consider the use of residential or nursing home placements from non-contracted providers and those in other areas where capacity is available
- attend Operational Teleconference Groups
- initiate the KCC Operational Pressures Escalation Group, as and when required

On occasions when discharges are delayed due to assessment bed availability, the Short Term Pathway Team Manager may alert Integrated Care Centres and in house provision to current pressures, to agree flexibility (in advance where possible) for accepting patients later in the day and prioritise referrals from Short-term Pathway.

#### **7.5 Social Care Discharge Co-ordinator**

Social Care Discharge Co-ordinators will ensure that all indicators are updated on SHREWD on a daily basis.

Social Care Discharge Co-ordinators will:

- ensure that actions are implemented in accordance with the current OPEL status
- attend Discharge to Assess Teleconference Calls as required
- escalate resourcing pressures to the Short-Term Pathway Team Manager
- escalate any delays in acquiring a Kent Enablement at Home care package to the Short-Term Pathway Team Manager
- explore alternative capacity to bridge the gap when a care in the home package start date has been agreed but there are insufficient resources within Kent Enablement at Home

- consider the use of residential or nursing home placements from non-contracted providers and those in other areas where capacity is available
- alert In-house Provision to developing pressure to ensure actions are implemented to increase capacity and throughput.

### **7.6 Senior on Call**

The role of the Senior on Call is to provide management oversight of staff working during weekends and Bank Holidays.

The Senior on Call will:

- be informed of current OPEL status, capacity and demand through SHREWD
- ensure that actions are implemented in accordance with the current OPEL status
- authorise care packages above the recommended level of the Social Care Discharge Co-ordinator
- resolve any issues with regard to providers that may be experienced over the weekend
- escalate issues which remain unresolved including occasions when additional resources are required to the Capacity Manager on Call
- support the Capacity Manager on Call on Teleconference Groups by providing an up-to-date picture of the operational profile, pressures and actions taken
- oversee the initial investigation of any safeguarding concern raised by an Acute Trust or partners during the on-call period.

At OPEL 3 the Senior on Call will:

- attend Discharge to Assess (D2A) Teleconference Calls if directed to do so by the Capacity Manager on Call
- attend Whole System Escalation Teleconference Calls if directed to do so by the Capacity Manager on Call

### **7.7 Purchasing Teams**

County Placement Co-ordinators collate current availability of Integrated Care Centre / In House Provision assessment beds and update Assessment Bed Occupancy indicator on SHREWD daily. In addition, the County Placement Team maintain up-to-date details of vacant beds in older person's residential and nursing homes County-wide. This includes planned and emergency respite, assessment beds and long-term placements in residential / nursing care.

Purchasing Teams may negotiate individual contracts with providers, outside the framework (see Contracts outside framework). Rigorous processes are in place to ensure contracts outside the framework are only used when absolutely necessary; this may result in a delay to care package start date.

### **7.8 In-house Provision**

In-house residential and domiciliary provision will:

- expand capacity wherever possible when this action is triggered by the OPEL status
- consider use of agency staff to increase staffing capacity where necessary whilst limiting all staff movement between settings unless absolutely necessary to help reduce the spread of infection
- support the safe, but immediate discharge of patients

Kent Enablement at Home will:

- receive information from Registered Practitioners and Case Officers about potential care package requirements for clients at triage
- pre-plan resource requirements and identify any issues by exception the Short-Term Pathway Team Manager to be included in status reports
- For all referrals where a start date cannot be found in the next 24 hours inform the referrer with 2 hours of receipt
- Ensure that all eligible clients referred who cannot be accepted for a start date within 24 hours are followed up in the community

Registered Managers of In-house establishments will:

- ensure the vacant beds indicator is updated manually on a daily basis and increase this frequency to twice daily where indicated by the OPEL status
- prioritise referrals for clients on the hospital discharge pathway
- co-ordinate additional board rounds daily

### **7.9 Service Managers – Promoting and Supporting Independence (PISI)**

Service Managers will use Mosaic and Power BI reports to identify pressure points in their workflows on a regular basis:

- Cases in the Promoting Independence triage workflow coming through ARMS, KEaH and other referral sources
- Continuing Health Care Decision Support Tool Assessments within agreed policy timeframe
- Referrals from rapid response / ICT
- Reviews following Assessment Bed placement or short-term care package within 6-weeks of start date transferred from Short-term Pathways
- Supporting Independence reviews at the end of Kent Enablement at Home service
- Contacts received via Client Support Service at Step 1 and those being moved to Step 2
- Case reviews for contacts through Client Support Service that cannot be resolved at Step 2
- Scheduled case reviews

In response to operational pressure Service Managers will liaise with Team Manager to:

- Re-allocate work / cases across the PISI workforce
- Risk assess and prioritise contacts / reviews through Client Support Service
- Draw in resources from Social Work for complex cases
- Draw in resources from other client group specialism for a time limited period
- Where Continuing Health Care Decision Support Tool Assessments are taking place outside agreed policy timeframe, escalate issue to senior management
- Request prioritisation through Purchasing for Rapid Response referrals
- Increase the frequency of panels where the speed of decision making is contributing to operational pressure
- When KEaH has very limited or no capacity and notification to decline is received within 4 hours, progress to Purchasing and request commencement of enablement package within 2-week timeframe dependent on capacity
- Encourage light-touch / virtual MCA assessment for less complex cases
- Prioritize face-to-face MCA assessment for most complex / unfriended cases
- Prioritize review of cases coming through Client Support Service which cannot be resolved at Step 1 or Step 2
- Deprioritize Supporting Independence reviews at the end of KEaH package

- Deprioritize scheduled reviews
- Ensure that the Risk Register is updated and escalate concerns to Senior Managers

## **8 De-escalation**

The defined roles and responsibilities will be implemented according to the OPEL status of Kent County Council, the Local A&E Delivery Board Area or region with the aim of de-escalating operational pressures.

The OPEL status Kent County Council is informed by the indicators and triggers described above. The overall organisation OPEL status is updated on SHREWD by the Short-Term Pathway Service Manager on a daily basis according to available trend data for each indicator.

The OPEL status of each Local A&E Delivery Board Area is a product of escalation triggers across all partner organisations. The high-level triggers provide an overview across Health and Social Care organisations and are included as Appendix 1: Overview of Operational Pressures Escalation Triggers. Movement between each status level occurs in response to at least five escalation triggers.

For ease of reference for external organisations Kent County Council actions in support of the wider Health and Social Care economy are summarised at Appendix 2: Kent County Council Operational Pressures De-escalation Actions.

The Authority must ensure that scarce resources are used at an appropriate time and to best effect in support of the Health and Social Care economy. On occasion, the Authority may not respond to status level of wider Health and Social Care Economy where doing so would have no positive impact on it.

Each indicator will be maintained at a lower level, dependent on the current number of referrals, before the step down of appropriate actions. This will ensure that when the actions end the risk of returning to the higher status level is reduced.



Role / Response	OPEL One	OPEL Two	OPEL Three	OPEL Four
<b>Registered Managers / Team Leaders</b> In-house Provision	Business as usual	Business as usual	<ul style="list-style-type: none"> <li>Consider the use of agency staff at in house residential units to increase capacity if necessary</li> <li>Short Term Pathway residential provision to increase admission rate on a daily basis where it is safe to do so and escalate any issues for resolution.</li> <li>Update vacant beds indicator twice daily.</li> <li>Co-ordinate additional board rounds daily</li> </ul>	<ul style="list-style-type: none"> <li>Continue with Level Three Actions.</li> </ul>
<b>Kent Enablement at Home Locality Organisers</b>	Business as usual	<ul style="list-style-type: none"> <li>For all referral where a start date cannot be found in the next 24 hours inform the referrer with 2 hours of receipt.</li> <li>Ensure that all eligible clients referred who cannot be accepted for a start date within 24 hours are followed up in the community</li> </ul>	<ul style="list-style-type: none"> <li>Continue with Level Two Actions</li> </ul>	<ul style="list-style-type: none"> <li>Continue with Level Three Actions</li> </ul>
<b>Short Term Pathways Senior Practitioner / Social Care Discharge Co-ordinator</b>	Business as usual	<ul style="list-style-type: none"> <li>Work with families to identify suitable options to facilitate through-put.</li> <li>Consider use of residential or nursing home placements from non-contracted providers and those in other areas where capacity is available.</li> <li>When a care in the home package start date has been agreed but there are insufficient resources within Kent Enablement at Home explore alternative capacity to bridge the gap.</li> <li>Where KEaH are unable to commit to a start date in next 24 hours, assess and refer to Purchasing for a care package.</li> <li>Represent KCC at Length of Stay (LOS) meetings.</li> </ul>	<ul style="list-style-type: none"> <li>Continue with Level Two Actions.</li> <li>Alert In-house Provision to developing pressure to ensure actions are implemented to increase capacity and throughput.</li> <li>Consider use of residential or nursing home placements from non-contracted providers and those outside Kent and Medway.</li> <li>Ensure Shrewd is updated twice daily by 10.30 am and again between 14:00 and 15:30</li> </ul>	<ul style="list-style-type: none"> <li>Continue with Level Two and Three Actions.</li> <li>Represent KCC at Multi-Agency Conference calls</li> </ul>
<b>Short Term Pathway Team Manager</b>	Business as usual	<ul style="list-style-type: none"> <li>Represent KCC at Multi-Agency conference calls.</li> <li>Represent KCC at Medically Fit / Length of Stay (LOS) meetings.</li> </ul>	<ul style="list-style-type: none"> <li>Prioritise work to facilitate hospital discharge where it is safe to do so.</li> <li>Consider use of residential or</li> </ul>	<ul style="list-style-type: none"> <li>Continue with Level Two and Three Actions.</li> <li>Represent KCC at Multi-Agency Conference calls.</li> </ul>

Role / Response	OPEL One	OPEL Two	OPEL Three	OPEL Four
			nursing home placements from non-contracted providers and those outside Kent and Medway.	
<b>Service Manager</b> (Short Term Pathway)	Business as usual	<ul style="list-style-type: none"> <li>Consider temporary redeployment of staff across Area</li> <li>Represent KCC at Multi-Agency conference calls.</li> <li>Represent KCC at Medically Fit / Length of Stay (LOS) meetings</li> <li>When KEaH has very limited or no capacity and notification to decline is received within 2 hours, progress to Purchasing</li> </ul>	<ul style="list-style-type: none"> <li>Continue with Level Two Actions.</li> </ul>	<ul style="list-style-type: none"> <li>Continue with Level Two and Three Actions.</li> <li>Implement Service Business Continuity Plans as appropriate.</li> </ul>
<b>Service Manager</b> (Promoting Independence, Supporting Independence)	Business as usual	<ul style="list-style-type: none"> <li>Re-allocate work / cases across the PISI workforce</li> <li>Risk assess and prioritise contacts / reviews through Client Support Service</li> <li>Draw in resources from Social Work for complex cases</li> <li>When KEaH has very limited or no capacity and notification to decline is received within 4 hours, progress to Purchasing</li> </ul>	<ul style="list-style-type: none"> <li>Increase the frequency of panels where the speed of decision making is contributing to operational pressure</li> <li>Draw in resources from other client group specialism for a time limited period</li> <li>Deprioritize Supporting Independence reviews at the end of KEaH package</li> <li>Deprioritize scheduled reviews</li> </ul>	<ul style="list-style-type: none"> <li>Continue with Level Two and Three Actions.</li> <li>Implement Service Business Continuity Plans as appropriate.</li> </ul>
<b>Assistant Director / Capacity Manager on Call</b>	Business as usual	<ul style="list-style-type: none"> <li>Consider temporary redeployment of staff from Adult Community Team to Short-Term Pathway to manage increased referrals or fill temporary gaps in staffing resource</li> </ul>	<ul style="list-style-type: none"> <li>Consider the temporary redeployment of staff from across Area boundaries to manage increased referrals or fill temporary gaps in staffing resource</li> <li>Represent KCC at Multi-Agency conference calls</li> </ul>	<ul style="list-style-type: none"> <li>Continue with Level Two and Three Actions.</li> <li>Represent KCC at Multi-Agency Conference calls.</li> </ul>
<b>Director of Adult Social Care (East / West)</b>	Business as usual	Business as usual	<ul style="list-style-type: none"> <li>Discuss with health partners use of available beds at community hospitals or funding options to support spot purchase of short-term placements</li> <li>Discuss with health partners joint funding opportunities to alleviate short-term pressures</li> </ul>	

## Appendix 1: Overview of Operational Pressures Escalation Triggers

Escalation Level	Acute Trusts	Community Care	Social Care	Primary care	Other issues
<b>OPEL One</b>	<ul style="list-style-type: none"> <li>• Demand for services within normal parameters</li> <li>• There is capacity available for the expected emergency and elective demand. No staffing issues identified</li> <li>• No technological difficulties impacting on patient care</li> <li>• Use of specialist units/beds/wards have capacity</li> <li>• Good patient flow through ED and other access points. Pressure on maintaining ED 4 hour target</li> </ul>	<ul style="list-style-type: none"> <li>• Community capacity available across system.</li> <li>• Patterns of service and acceptable levels of capacity are for local determination</li> </ul>	<ul style="list-style-type: none"> <li>• Social services able to facilitate placements, care packages and discharges from acute care and other hospital and community based settings</li> </ul>	<ul style="list-style-type: none"> <li>• Out of Hours (OOH) service demand within expected levels</li> <li>• GP attendances within expected levels with appointment availability sufficient to meet demand</li> </ul>	<ul style="list-style-type: none"> <li>• NHS 111 call volume within expected levels</li> </ul>
<b>OPEL Two</b>	<ul style="list-style-type: none"> <li>• Anticipated pressure in facilitating ambulance handovers within 60 minutes</li> <li>• Insufficient discharges to create capacity for the expected elective and emergency activity</li> <li>• Opening of escalation beds likely (in addition to those already in use)</li> <li>• Infection control issues emerging</li> <li>• Lower levels of staff available, but are sufficient to maintain services</li> <li>• Lack of beds across the Trust</li> <li>• ED patients with DTAs and no action plan</li> <li>• Capacity pressures on PICU, NICU, and other intensive care and specialist beds (possibly including ECMO)</li> </ul>	<ul style="list-style-type: none"> <li>• Patients in community and / or acute settings waiting for community care capacity</li> <li>• Lack of medical cover for community beds</li> <li>• Infection control issues emerging</li> <li>• Lower levels of staff available, but are sufficient to maintain services</li> </ul>	<ul style="list-style-type: none"> <li>• Patients in community and / or acute settings waiting for social services capacity</li> <li>• Some unexpected reduced staffing numbers (due to e.g. sickness, weather conditions)</li> <li>• Lower levels of staff available, but are sufficient to maintain services</li> </ul>	<ul style="list-style-type: none"> <li>• GP attendances higher than expected levels</li> <li>• OOH service demand is above expected levels</li> <li>• Some unexpected reduced staffing numbers (due to e.g. sickness, weather conditions)</li> <li>• Lower levels of staff available, but are sufficient to maintain services</li> </ul>	<ul style="list-style-type: none"> <li>• Rising NHS 111 call volume above normal levels</li> <li>• Surveillance information suggests an increase in demand</li> <li>• Weather warnings suggest a significant increase in demand</li> </ul>

Escalation Level	Acute Trusts	Community Care	Social Care	Primary care	Other issues
<p><b>OPEL Three</b></p>	<ul style="list-style-type: none"> <li>• Actions at OPEL 2 failed to deliver capacity</li> <li>• Significant deterioration in performance against the ED 4 hour target (e.g. a drop of 10% or more in the space of 24 hours)</li> <li>• Patients awaiting handover from ambulance service within 60 minutes significantly compromised</li> <li>• Patient flow significantly compromised</li> <li>• Unable to meet transfer from Acute Hospitals within 48 hour timeframe</li> <li>• Awaiting equipment causing delays for a number of other patients</li> <li>• Significant unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow</li> <li>• Serious capacity pressures escalation beds and on PICU, NICU, and other intensive care and specialist beds (possibly including ECMO)</li> <li>• Problems reported with Support Services (IT, Transport, Facilities Pathology etc) that can't be rectified within 2 hours</li> </ul>	<ul style="list-style-type: none"> <li>• Community capacity full</li> <li>• Significant unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow</li> </ul>	<ul style="list-style-type: none"> <li>• Social services unable to facilitate care packages, discharges etc.</li> <li>• Significant unexpected reduced staffing numbers to under 50% (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow</li> </ul>	<ul style="list-style-type: none"> <li>• Pressure on OOH/GP services resulting in pressure on acute sector</li> <li>• Significant, unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow</li> </ul>	<ul style="list-style-type: none"> <li>• Surveillance information suggests an significant increase in demand</li> <li>• NHS111 call volume significantly raised with normal or increased acuity of referrals</li> <li>• Weather conditions resulting in significant pressure on services</li> <li>• Infection control issues resulting in significant pressure on services</li> </ul>

Escalation Level	Acute Trusts	Community Care	Social Care	Primary care	Other issues
<b>OPEL Four</b>	<ul style="list-style-type: none"> <li>• Actions at OPEL 3 failed to deliver capacity</li> <li>• No capacity across the Trust</li> <li>• Severe ambulance handover delays</li> <li>• Emergency care pathway significantly compromised</li> <li>• Unable to offload ambulances within 120 minutes</li> <li>• Unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow is at a level that compromises service provision / patient safety</li> <li>• Severe capacity pressures on PICU, NICU, and other intensive care and specialist beds (possibly including ECMO)</li> <li>• Infectious illness, Norovirus, Severe weather, and other pressures in Acute Trusts (including A&amp;E handover breaches)</li> <li>• Problems reported with Support Services (IT, Transport, Facilities Pathology etc.) that can't be</li> </ul>	<ul style="list-style-type: none"> <li>• No capacity in community services</li> <li>• Unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow is at a level that compromises service provision / patient safety</li> </ul>	<ul style="list-style-type: none"> <li>• Social services unable to facilitate care packages, discharges etc.</li> <li>• Significant unexpected reduced staffing numbers to under 50% (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow</li> </ul>	<ul style="list-style-type: none"> <li>• Acute trust unable to admit GP referrals</li> <li>• Inability to see all OOH/GP urgent patients</li> <li>• Unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow is at a level that compromises service provision / patient safety</li> </ul>	

## Appendix 2: Kent County Council Operational Pressures De-escalation Actions

Action	OPEL 1	OPEL 2	OPEL 3	OPEL 4
Business as usual	✓			
Review existing clients using assessment beds with a view to 'Step Down' creating capacity.		✓		
Work with families to identify suitable options to facilitate through-put		✓		
Ensure Shrewd is updated daily before 10.30		✓		
Work with families to identify suitable options to facilitate safe discharge whilst waiting for a care package start date.		✓		
Consider use of residential or nursing home placements from non-contracted providers and those in other areas where capacity is available		✓		
When a care in the home package start date has been agreed but there are insufficient resources within Kent Enablement at Home explore alternative capacity to bridge the gap.		✓		
Represent KCC at Medically Fit / Length of Stay (LOS) meetings.		✓		
Consider temporary redeployment of staff from Promoting Independence / Supporting Independence Service to Short-Term Pathway to manage increased referrals or fill temporary gaps in staffing resource		✓		
Consider temporary redeployment of staff from Adult Community Team to Short-Term Pathway to manage increased referrals or fill temporary gaps in staffing resource		✓		
For all KEaH referral where a start date cannot be found in the next 24 hours inform the referrer with 2 hours of receipt.		✓		
Where KEaH are unable to commit to a start date in next 24 hours, assess and refer to Purchasing for a care package		✓		
Where Continuing Health Care Decision Support Tool Assessments are taking place outside agreed policy timeframe, escalate issue to senior management		✓		
Consider the use of agency staff at in house residential units to increase capacity if necessary			✓	
Short Term Pathway residential provision to increase admission rate			✓	

Action	OPEL 1	OPEL 2	OPEL 3	OPEL 4
on a daily basis where it is safe to do so and escalate any issues for resolution.				
Update vacant beds indicator twice daily.			✓	
Co-ordinate additional board rounds daily			✓	
Use contracted or non-contracted care providers to bridge the gap if Kent Enablement at Home has insufficient capacity.			✓	
Alert In-house Provision to developing pressure to ensure actions are implemented to increase capacity and throughput.			✓	
Consider use of residential or nursing home placements from non-contracted providers and those outside Kent and Medway.			✓	
Ensure Shrewd is updated twice daily by 10.30 am and again between 14:00 and 15:30			✓	
Prioritise work to facilitate hospital discharge where it is safe to do so.			✓	
Increase the frequency of PISI panels where the speed of decision making is contributing to operational pressure			✓	
Deprioritize Supporting Independence reviews at the end of KEaH package			✓	
Deprioritize scheduled reviews			✓	
Consider use of residential or nursing home placements from non-contracted providers and those outside Kent and Medway.			✓	
Consider the temporary redeployment of staff from across Area boundaries to manage increased referrals or fill temporary gaps in staffing resource.			✓	
Discuss with health partners use of available beds at community hospitals or funding options to support spot purchase of short-term placements.			✓	
Use non-contracted home care and care home providers if necessary.				✓
Implement Service Business Continuity Plans as appropriate.				✓

## **Appendix 3: Local, Regional and National Roles and Responsibilities**

### **Local A&E Delivery Board**

All providers should:

- Maintain timely updating of local information systems that monitor pressures in their patch
- Ensure all trust level pressures are communicated regularly to all local partner organisations, and
- communicate all trust level escalation actions taken (e.g. opening escalation beds)

Acute providers should:

- Investigate at a senior (executive or nominated deputy) level the reasons for diverts (last resorts) and identify and apply the lessons to prevent reoccurrence.
- Liaise with local ambulance services over pressure levels affecting EDs and address issues including increased ambulance handover times etc.

### **Clinical Commissioning Groups**

CCGs should:

- Keep in touch with the day to day situation across the patch and be aware of any developing issues. This includes information on community services, mental health etc.
- Maintain oversight of the A&E Delivery Board area (including social care system) and monitor receipt of hot/ cold/ flooding alerts and ensure appropriate actions are taken in response.
- Agree the measures taken by commissioned partners to address increased demand for NHS services.
- Broker agreements across the patch and ensure mutual aid is available if required to re-balance pressures (e.g. acute and community services). If there is protracted failure to reach a conclusion favourable to patient care, NHS England may intervene to help reach a resolution.
- Liaise with bordering CCG/ CSUs on any issues which may impact upon their own pressures, and advise NHS England if there are any actions that cannot be taken locally in partnership.
- Commission additional resources (beds, staff etc.) and ensure local CCG demand management initiatives are working during times of surge.
- Ensure the NHS 111 Directory of Services (DoS) is kept up to date in respect of any changes to community capacity.
- Ensure a full investigation and debrief takes place following a system-wide escalation to level 4, share findings with all A&E Delivery Board partners, and ensure actions are implemented to prevent reoccurrence.

### **Joint NHS England / NHS Improvement Teams**

- Maintain arrangements to review daily pressure across the NHS.
- Put a process in place to inform providers of relevant alerts.
- Provide advice and guidance to CCGs on the handling of escalating situations.
- Where applicable locally NHS England to be informed of any agreed diverts.
- Agree reporting requirements at a local level.
- Ensure that communication protocols are followed if pressures affecting Trusts outside of the local area are likely to impact across boundary and vice versa.
- Implement coordination arrangements as pressure levels increase across agreed thresholds (agree thresholds).



- Ensure that 'lessons learned' events are held locally and updated plans reflect the actions identified and agreed.
- Inform NHS England regional operations and communications colleagues of system pressures.
- Inform NHS England regional team regarding system-wide escalation to OPEL 3 or 4 and actions being taken.