

Bay Health &
Care Partners
delivering



BHCP Draft Winter Plan 20/21

Cumbria Scrutiny Committee 5th October 2020



Winter 2020-21 will present some difficult and unprecedented challenges:

- **Unpredictable Demand:** Risk of COVID related surges (acute presentation, clinical complications and secondary factors e.g. de-conditioning and impact on Mental Health)
- **Reduction in capacity:** across all sectors as a result of Infection Prevention, Social Distancing and Staff Sickness, Estate Limitations
- **Operating Environment:** Potential sudden changes in national guidance, flows of PPE, public expectation, changes to business, lifestyle and travel
- **'Normal' Winter Pressures:** Norovirus, Seasonal Flu, Respiratory Conditions, Adverse Weather and Flooding etc.
- **Fragility of the Regulated Care and Third Sector:** Sustainability of financial income and impact of COVID and other unanticipated factors on workforce

The Morecambe Bay system has developed a plan which spans three domains:

Whole System

- Tactical Decision Making
- System Escalation / Triggers
- Communications
- Flu Vaccination
- Mental Health
- Workforce
- 111 First

Out of Hospital

- Right Service First Time
- Admission Avoidance
- Intermediate Care upon Discharge
- Seacole (Community) Beds
- Streamlined Pathway for Urgent Mental Health conditions
- Discharge Planning
- Red Hubs / Home Visiting

In-Hospital

- Ambulance handovers
- Critical Care Capacity
- Capacity adjustments to become Covid secure
- Streaming & SDEC
- Enhanced weekend cover
- ED expansion plans
- 7 Day working

Tactical Decision Making

- Daily Incident Management Team Meetings with key stakeholders to ensure decisions can be made quickly
- Revised escalation plan with daily metrics to track the likely second surge of COVID and its impact on stakeholders

Capacity and Demand Planning

- Modelling tools developed to help plan Hospital / Out of Hospital capacity, ensuring we understand the level of work that can be delivered by the system
- Maximising use of non-face to face technologies (e.g. Video Calls, Telephone etc.) to reduce risks to patient and workforce
- NHS111 First – National scheme to reduce demand to A&E departments, right service first time, every time

System Workforce Resilience

- 7 day working to increase capacity and access for patients
- Ability to flex workforce capacity across the system (Mutual Aid), e.g. in therapy services
- Mutual aid across Lancashire and South Cumbria as a whole (Between organisations)
- Actions to support the health and wellbeing of our workforce
- Ensuring fast access to testing and PPE

A focus on Frailty and Respiratory

- 90% uptake of Flu vaccinations for NHS staff, vaccination support to the public, care homes and school children through primary care
- Maximising the impact of our Morecambe Bay Respiratory Network Programme
- Engagement in regional planning workshops on subjects such as Frailty

COVID Preparedness and Contingency Planning

- Mobilisation of our COVID “Red Hubs” in primary care as required

MH urgent Care Response

Right Service First Time

- Improved Pathways for Frailty and Respiratory
- Development of a Frailty Coordination Hub
- Maximising use of Urgent Treatment Centre's at Morecambe and Kendal (Including Ambulance Conveyance, Emergency Department referrals and Hot Clinics)

Admission Avoidance

- NWAS - Dedicated See & Treat Vehicle
- Falls Pickup Service across North Lancashire
- Acute Visiting Pilot (AVS) in Lancashire and Morecambe to become Business as Usual
- AVS to be Piloted in South Cumbria
- Increase REACT and Rapid Response utilisation and capacity
- Utilisation of North Lancashire Integrated Care Allocation Team (ICAT) to avoid admissions, via referrals from Primary Care, Community and NWAS

Intermediate Care & Discharge

- Expand Bay Wide ICAT/Discharge to Assess Services to 7 Days
- ICAT links to Frailty Co-ordination Service / Trusted Assessor
- Ensuring adequate crisis hours capacity and utilisation
- Increased support for Care Homes

Community Rehabilitation Beds

- Additional 30 beds at Risedale & Kendal Care Home

Mental Health

- Direct Conveyance to the Mental Health Urgent Assessment Centre (MHUAC) - Albert view @ The Orchard, Lancaster
- Direct Conveyance to MHUAC (Dane Garth @ Furness General Hospital)
- Develop Mental Health Support at Home
- Develop the Mental Health Crisis Line

Ambulance Handovers

- A&E estate works both sites to expand footprint
- Introduction of ambulance handover team at Furness General Hospital (FGH)

Critical Care Capacity

- FGH relocation of Intensive Care Unit (ICU) to increase capacity to 14 beds from 7.
- RLI conversion of bay on ward 37 to increase a further 7 ICU beds.

Capacity adjustments to be come Covid secure

- Supports the delivery of 85% occupancy levels
- WGH surgical (Day surgery to WGH) and diagnostic capacity expansion (MRI)
- 32 additional G&A Beds at FGH through consolidation of 3 High level care areas
- RLI inpatient bed capacity (Medical Unit 1 circa 75 beds) and frailty pathway improvements

Enhanced weekend cover

- Discharge team to support weekend discharges
- Additional medical cover

Streaming & SDEC

- Direct streaming pathways from A&E to ambulatory care, frailty and surgery, and paediatrics

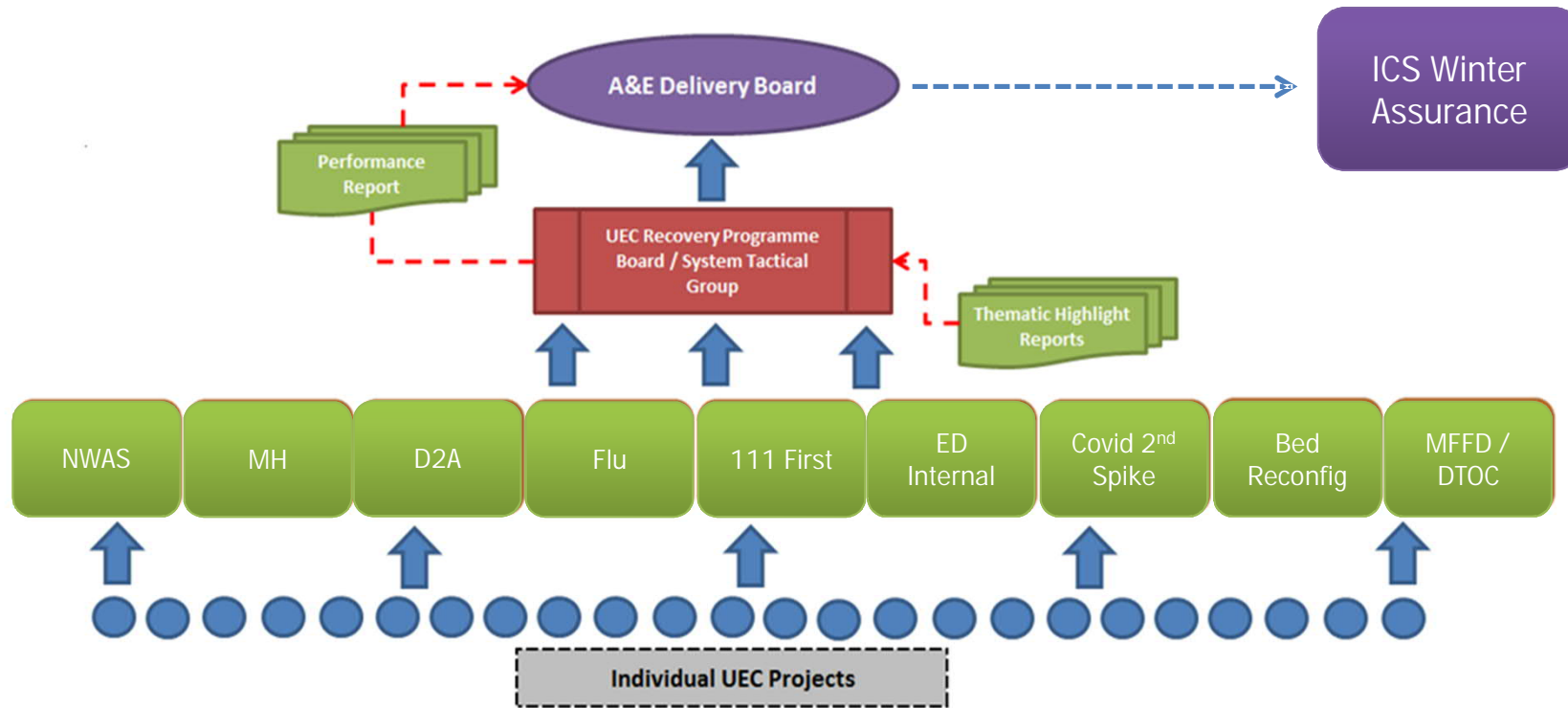
A&E Expansion plans as part of July 8th Bid

- RLI - Conversion of fracture clinic space adjacent to the main A&E into expanded minors unit (x5) and waiting areas (x8) for adults and paediatrics.
- RLI - Conversion of old ward space into combined observation unit for watershed conditions
- FGH - Conversion of current Ambulatory Care Unit to provide dedicated assessment space and relocation of cubicles to provide extra acute assessment improved flow and a more Covid secure environment (x6 waiting areas and x7 cubicles)

Winter 2020/21 Planning Risk Log



Region: North West		A&E Delivery Board: Morecambe Bay Health and Care Partnership	
What are the top four identified risks for the AEDB ahead of winter?	What mitigating actions will be/have been put in place to reduce the risk ahead of winter?	Please RAG rate mitigating actions in terms of risk to delivery, i.e. GREEN = low risk to delivery/very achievable; RED = high risk to delivery/dependent upon multiple factors/stakeholders to ensure delivery	
2 nd Covid Surge – during winter pressures of Seasonal Flu and Respiratory conditions	<ul style="list-style-type: none"> • Development and Implementation of System Winter Plan. • Implementation of Phase 2 and 3 Guidance. 	RED	
Financial Risk of Revenue and Capital Investment Applications not being successful	<ul style="list-style-type: none"> • Explore re-prioritisation of existing capital plans 	RED	
Workforce – impact on sickness rates, capacity, track and trace and childcare following potential closures.	<ul style="list-style-type: none"> • Ensure Staff Health and Wellbeing 	RED	
Brexit Impact	<ul style="list-style-type: none"> • Recommence Brexit Planning Group. • Maintain Brexit on UEC Network Agenda. 	RED	



- Tactical Group to oversee programme delivery
- Single Winter Exception Highlight / Performance Report tabled to AEDB
- ICS assurance via mandated templates and through AEDB Reporting
- ICS assurance templates to be submitted late September/October tbc

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Thank You

