

# Winter 2020/21 Planning System-Flow Assessment – North Cumbria 2020-21



This North Cumbria System Winter Plan aims to set out the key actions that organisations and the system are planning to deliver to strengthen our ability to manage winter pressures and improve the system on an ongoing basis, utilising the core aspects of challenge for delivery:

- Demand
- Capacity
- Workforce
- Exit flow
- External events & escalation

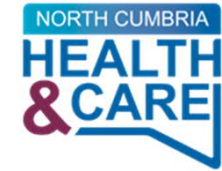
The plan does not set out in detail services, systems and processes already in place but primarily focusses on key additional or new developments being put in place.

Further detail will be available in individual organisational plans so this is not intended to be an exhaustive list.

Timescales and owners for each initiative will be included in organisational plans.

This plan will also link into a programme plan to be developed for the North Cumbria A&E Delivery Board which will pull together the main areas from the wider plans (eg. ambulance handover/ LGA recommendations/ Discharge Policy baseline assessment) and enable the Board to monitor progress and address challenges or delays.

# Winter 2020/21 Planning System-Flow Assessment – the challenge



Region: North East & North Cumbria – North Cumbria ICP

## Demand

- In what ways is North Cumbria working to reduce avoidable attendance/admission to hospital and social care?
- What are the key drivers of demand?
- How is North Cumbria expecting demand to be different this winter (compared to previous winters)?
- How is North Cumbria planning to manage any surge in demand this winter?
- How will North Cumbria maintain effective oversight of performance across the winter months?

## Capacity

- How is North Cumbria seeking to make maximum use of existing and potential capacity this winter, including any potential mutual aid?

## Workforce

- What steps is North Cumbria taking to maximise the utilisation and effectiveness of its permanent workforce?
- Where workforce gaps exist what potential contingency procedures can be invoked?
- What are the key workforce risks over winter? What mitigations are being put in place to reduce risk?

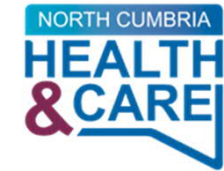
## Exit flow

- How is North Cumbria seeking to work together as a local system to support improved flow at system exit points?
- What lessons learnt from COVID-19 related to exit flow will be implemented/ maintained through this winter?

## External Events

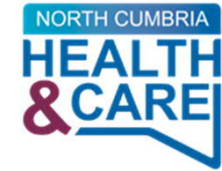
- What impacts are anticipated related to a 2<sup>nd</sup> COVID-19 surge?
- What impacts are anticipated related to flu?
- Does North Cumbria have an approved communications plan agreed?
- What are the plans for escalation ?

# Winter 2020/21 Planning – North Cumbria Risk Log



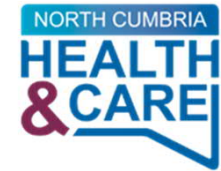
What are the top identified risks for North Cumbria ahead of winter?	What mitigating actions will be/have been put in place to reduce the risk ahead of winter?
<p>Demand:</p> <p>All sectors of the system may experience increased demand due to Covid/flu/adverse weather/ impact of delayed health-seeking behaviours and proximity of areas of urban deprivation to both Emergency Departments (EDs).</p> <p>Impact on other services such as elective care - recovering backlog from covid / due to increased urgent care demand</p>	<ul style="list-style-type: none"> <li>• All the normal activities remain in place such as Hear &amp; Treat /See &amp; Treat for Ambulance;</li> <li>• ICCs to continue to manage patients in the community,.</li> <li>• In addition NHS 111 First project in progress with planned go-live 24<sup>th</sup> November 2020. CHoC to support as local Clinical Assessment Service (CAS).</li> <li>• Delivery of significantly expanded flu vaccination programme with Programme Board oversight to clinically vulnerable, at risk and extended groups.</li> <li>• Enhanced Health in Care Homes work programme in place with ICCs, primary care and CCC supporting.</li> <li>• CNTW providing support to Cumbria Care home staff via the CNESS service (Care Home Education and Support Service)</li> <li>• CCC leading on building capacity and confidence with social care providers</li> <li>• Point of care testing (diagnostics) to be in place in EDs from September 2020</li> <li>• Ring-fenced elective beds/increase theatre capacity/use of Independent Sector for elective work in NCIC</li> <li>• Urgent Care App being implemented to improve awareness of current system position and ability to respond in a timely way.</li> <li>• Comprehensive comms approach including both Covid &amp; flu guidance</li> <li>• Falls prevention and frailty services development – in hospital &amp; community</li> <li>• CNTW - Rapid access to urgent &amp; crisis mental health services 24/7 – Freephone number</li> <li>• “Every Life Matters” collaboration.</li> </ul>

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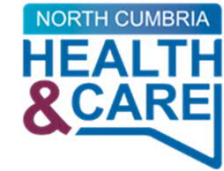
What are the top identified risks for North Cumbria ahead of winter?	What mitigating actions will be/have been put in place to reduce the risk ahead of winter?
<p>Capacity (1) :</p> <p>System experienced significant capacity pressures during winter of 19/20 prior to Covid-19. Restrictions imposed by Covid (infection prevention measures) increase the risk of insufficient capacity during surge.</p>	<ul style="list-style-type: none"> <li>• SDEC (Same Day Emergency Care) in place from Sept 2020 in CIC (phase 1) and expanded in November 2020.</li> <li>• Capital bids to improve capacity at CIC &amp; WCH successful so estates work to be undertaken to support ED and critical care surge capacity, including implementation of a CPAP bay – continuing positive air pressure to support patients with breathing difficulties.</li> <li>• Operational Pressures Escalation Levels (OPEL) to be reviewed to ensure alternative options for surge are available and in place to support emergency care.</li> <li>• Ward 5 to be opened at WCH during periods of escalation if funding/staffing allow</li> <li>• Implementation of national hospital discharge policy across the system</li> <li>• Use of Discharge Lounges at weekends as well as during week</li> <li>• Establishing criteria-led discharge</li> <li>• Development of mental health A&amp;E service and expansion of psychiatric liaison services in progress through CNTW</li> </ul>

# Winter 2020/21 Planning – North Cumbria Risk Log



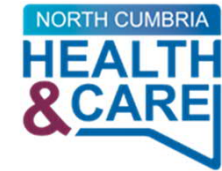
What are the top identified risks for North Cumbria ahead of winter?	What mitigating actions will be/have been put in place to reduce the risk ahead of winter?
<p>Capacity (2) :</p> <p>System experienced significant capacity pressures during winter of 19/20 prior to Covid-19. Restrictions imposed by Covid (infection prevention measures) increase the risk of insufficient capacity during surge.</p>	<ul style="list-style-type: none"> <li>• Primary care plans in place to increase Red Centre capacity if/when required</li> <li>• CHoC can increase capacity to support ED during surge</li> <li>• CCC commissioning beds in the community for Covid +ve patients where person not able to receive support and rehabilitation in their usual place of residence</li> <li>• Interim beds already in place and ASC short-term placements process for temporary residential placements awaiting home care packages</li> <li>• Use of capacity tracker to identify and utilise care home capacity.</li> <li>• ASC Review existing care packages to release capacity where appropriate</li> <li>• ASC working with domiciliary providers to improve availability in key geographical areas</li> <li>• NWS use of upskilled PTS crews &amp; student paramedics on bank contracts to increase 999 capacity if required (eg further Covid spike)</li> <li>• NWS PTS have secured increased third party resources to bolster capacity</li> <li>• Review of local transport capacity to support discharges, especially for evenings/weekends/discharge to assess.</li> </ul>

# Winter 2020/21 Planning – North Cumbria Risk Log



What are the top identified risks for North Cumbria ahead of winter?	What mitigating actions will be/have been put in place to reduce the risk ahead of winter?
<p>Workforce:</p> <p>North Cumbria has difficulty recruiting to key areas and professions such as medical and nursing.</p> <p>Large number of vacancies currently across primary, secondary and care home sectors.</p>	<p>Need to ensure current staff are able to work effectively and maximise potential recruitment to positions that there is success recruiting to.</p> <ul style="list-style-type: none"> <li>• Staff flu vaccination programme underway</li> <li>• Robust staff covid testing programme in place</li> <li>• Processes to ensure sufficient PPE for staff in all sectors in place</li> <li>• Recruitment of domiciliary and reablement staffing underway</li> <li>• ICCs have increased HCP (Home Care Practitioner) workforce capacity</li> <li>• HALO (Hospital Ambulance Liaison Officer) to be employed in CIC A&amp;E.</li> <li>• NWAS recruiting additional staff for NHS111 First implementation</li> <li>• ASC reviewing social work capacity, with new structure in place in November to better align it to the needs of the system and government policy.</li> <li>• CNTW extending some 5 day services to 7 day working, to increase flexibility of service</li> </ul>

# Winter 2020/21 Planning – North Cumbria Risk Log



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<p>Exit Flow:</p> <p>Long term challenges in ensuring and enabling effective discharge flows – multi-factorial causation.</p>	<ul style="list-style-type: none"> <li>• Discharge to Assess (D2A) to be rolled out rapidly. Initial D2A patients discharged at end of August 2020. Case managers to be put in place to enable full implementation. This development is a key focus for delivery this winter.</li> <li>• Discharge Team being reviewed to develop a “pull” rather than “push” model</li> <li>• Cumbria Voluntary Service (CVS) Health &amp; Welfare Telephone Support Service to continue through winter.</li> <li>• Fast-track end of life care support service in place</li> <li>• Baseline review against National Discharge Policy published in August 2020 and actions to address non-compliant aspects identified and being implemented.</li> <li>• CCC &amp; NCIC to agree how best to implement Trusted Assessor arrangements for care homes and home care discharges – roles being recruited to support discharge pathways 1,2,and 3</li> <li>• SPA ( Single Point of Access ) being put in place across all ICCs</li> <li>• Adult social care short term and long term restructures to support SPA</li> <li>• Complex case team established in NCIC</li> <li>• EMI (Elderly Mental Infirm) capacity to be reviewed with alternative options</li> </ul>

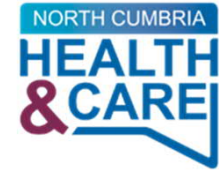
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<p>External events:</p> <p>Prolonged surges due to eg. Covid/flu /adverse weather will increase pressures on demand/capacity</p>	<ul style="list-style-type: none"><li>• Cumbria Local Outbreak Control Plan coordinated by Cumbria County Council agreed and in place.</li><li>• Covid Strategic Command structure ready to stand up on a regular basis when required through Cumbria Local Resilience Forum(LRF)</li><li>• All organisations have their own Adverse Weather Plans and there are system-wide plans in place through the LRF. 4x4 capacity via CHoC and MOU's</li><li>• Mutual Aid facilities with partners in the north east, in the north west and in Scotland for in extremis situations to be further explored</li></ul>

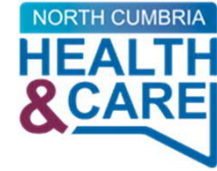


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What are the top identified risks for North Cumbria ahead of winter?	What mitigating actions will be/have been put in place to reduce the risk ahead of winter?
<p>Escalation - Capacity/ability to cope with surges of activity – both due to normal winter variation and due to further outbreak of Covid-19</p>	<ul style="list-style-type: none"> <li>• NCIC reviewing surge escalation triggers for EDs and wards to ensure clarity. CCC also reviewing to support development of a system dashboard.</li> <li>• System review of OPEL triggers required.</li> <li>• NCIC and NWAS working together to agree ambulance handover delay triggers &amp; actions</li> <li>• NWAS have capacity to use elements of PTS service and paramedic students during periods of escalation</li> <li>• Discussion on ability to divert during period of surge to take place</li> <li>• Exploring increased use of the Urgent Care App to support rapid action in escalation</li> <li>• Ensure mechanisms for system-wide escalation such as through the 8.30am daily calls are in place and clearly understood</li> <li>• Ensure relevant staff in each organisation understand the actions agreed for their service in response to OPEL 1/2/3/4</li> <li>• System to agree any specific actions required in addition to normal escalation measures needed for significant Covid outbreaks</li> </ul>

# Winter 2020/21 Planning – North Cumbria Further Support



Is there any further support to winter planning that could be provided to North Cumbria by either the NENC regional/national team?

Ensure consistent messaging on NHS 111 First across all of North Region - both NE & NW around north Cumbria go live date for late November.

Clarity on available funding to support service developments required to manage winter escalation and should a further Covid spike take place.

We will consider the best approach to potential use of mutual aid at times of extreme surge.

# Winter 2020/21 Planning – North Cumbria Acronym buster



## NHS Speak

### Organisations:

NC CCG – NHS North Cumbria Clinical Commissioning Group  
NCIC – North Cumbria Integrated Care NHS Foundation Trust  
CNTW – Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust  
CCC – Cumbria County Council  
NWAS – North West Ambulance Service  
CHOC – Cumbria Health on Call  
CIC – Cumberland Infirmary Carlisle  
WCH – West Cumberland Hospital  
ASC – Adult Social Care  
ICCs – Integrated Care Community  
LRF – Local Resilience Forum

### Details:

ED – Emergency Department  
PTS – Patient Transport Service  
CHESS - Care Home Education and Support Service  
CAS – Clinical Assessment Service  
SDEC - Same Day Emergency Care  
SAFER – A practical tool for supporting patient safety and more effective discharge. It uses Senior review, All patients get a discharge date.  
Flow through the hospital. Early discharge. Review – multi-disciplinary team  
CPAP – Continuing Positive Air Pressure to support patients with breathing difficulties.  
SPA - Single Point of Access  
HALO - Hospital Ambulance Liaison Officer  
D2A - Discharge to Assess  
MOU – Memorandum of Understanding  
OPEL - Operational Pressures Escalation Levels (goes from 1-4)  
EMI – Elderly Mental Infirm