

**2021/22 System Seasonal Plan**

**Northern Lincolnshire A&E Delivery Board**

**Introduction**

The Northern Lincolnshire system comprises two CCG areas and a single acute trust provider spanning both CCG footprints. There are separate community, social care and mental health providers servicing each CCG area. The local population is diverse with pockets of deprivation and isolated communities both geographic and social. The area has relatively low levels of ethnic diversity, however ethnically diverse communities across the area require consideration in both service delivery and communications. Mental health and economic deprivation are key issues across the area and have been somewhat exacerbated by the impacts of the pandemic.

The Northern Lincolnshire System approach to planning for 2021/22 is to develop a seasonal plan that embeds the system improvements implemented through the response to the pandemic. This plan concentrates on the truly seasonal (resilience, escalation and surge) aspects, while also directly linking to Covid-19 system escalation plans. The system aims to support recovery and embed Covid-19 response into overall system operations and resilience.

This plan sets out the system approach to maintaining effective delivery of services, mitigating the impact of additional increased activity and acuity pressures during winter, providing clarity to the approach to routine inpatient elective work, and to keep people safe throughout the period in the context of Covid-19.

Our aims are:

* To provide safe, effective and timely care for our patients and population through delivery of restoration plans amidst any subsequent resurgence of the COVID-19 pandemic and anticipate demand on services throughout winter including flu pressures and potential RSV outbreaks.
* Return to normal activity levels for emergency and urgent care against the backdrop of continuing to increase elective capacity.
* To manage activity levels with a reduced workforce, acute bed capacity and the effect of the impact of infection control processes arising from Covid-19, Flu and RSV.
* Ensure the unique population health profile of our communities is considered in all areas of service delivery, with particular focus on tailored communications for our diverse communities.

**Governance**

The Northern Lincolnshire A&E Delivery Board provides strategic leadership across the health and care system, bringing together leaders of provider and commissioning organisations in order to prioritise and plan for winter. Winter planning is led by the A&E Delivery Board with specific responsibilities set out in Section 2 and member organisations in Section 3 of the A&E Delivery Board Terms of Reference.

Monitoring and oversight of the work directed by the AEDB is regularly reviewed by the newly formed System Improvement Group. The SIG has led on development of an overall system plan for Northern Lincolnshire and those actions form the basis of the winter plan. The SIG will continue to monitor against these system priorities and report by exception to the AEDB to escalate and resolve any issues.

Each participating organisation has its own plans for Covid-19 and Flu as well as business continuity, escalation and winter preparedness. This plan complements individual organisational plans and does not replace any of them.

The Yorkshire & Humber Local Resilience Forum considers responsibilities and expectations, preparedness and responses for Covid-19 and any other unplanned service disruption or activity surge. Business continuity resilience is also in scope of the overall assurance process.

The Cold Weather Plan for England is a framework intended to protect the population from harm to health from cold weather. It aims to prevent the major avoidable effects on health during periods of cold weather in England by alerting people to the negative health effects of cold weather and enabling them to prepare and respond appropriately. It recommends a series of steps to reduce the risks to health from cold weather. All organisations are expected to register with the Met Office Cold Weather alert scheme and ensure that there is an organisational cascade process to ensure the alerts and alert levels are recognised and responded to in a timely manner. Further, organisations are expected to review the national Cold Weather Plan for England and consider the recommendations for planning and the fit with the organisations own surge & escalation and/or business continuity planning.

The A&E Delivery Board will seek assurance of recognition and adherence to the requirements of EPRR and Cold Weather planning.

**Winter 2020/21 Review**

The emergency footing required for the management of the pandemic response and lessons learnt from that process are incorporated into this plan.

As previously, the system continued with the appointment of three senior responsible officers (SROs) to oversee the planning, operational management and escalation throughout winter.

The implementation of 2020/21 winter schemes was overseen by the AEDB on a fortnightly basis throughout winter. The scope of these schemes has changed in the pandemic response, however the progress and lessons learnt last winter have also been reflected together with Phase 3 planning.

Further work supported by ECIST has informed the development of the System Improvement Plan and the priority workstreams ahead of winter 2021/22.

**Covid-19 Response Review**

During the COVID-19 response the system has had to rapidly design and implement new services to support safe and timely patient care, whilst ensuring staff are working within safe environments. This demonstrates that the system is able to flexibly respond to significant pressure with innovative service provision and response.

The improvements to integrated system working and clinical oversight during the pandemic response have been incorporated into ongoing processes including improved real-time reporting of system pressures via Radir and increased oversight of escalation processes through improved system wide engagement at all levels via AEDB, SIG and HCE.

**Seasonal Plan for Winter 2021/22**

The first draft of this plan was reviewed by the A&E Delivery Board at the meeting on 11th August 2021, and the final version was developed in partnership across the system and signed off by the A&E Delivery Board in line with national timescales. System partners have supported system resilience planning through attendance at workshops where the system tested plans. Learning from these workshops is incorporated into this plan.

**System oversight and framework for escalation**

Winter 2021/22 will see a repeat of the rigorous approach to the operational command and control arrangements designed to maintain operational effectiveness throughout winter and will continue to be led by three SROs that are the nominated leads for the day to day management of winter.

The A&E Delivery Board SROs for Winter 2021/22 are:

* Shaun Stacey Chief Operating Officer, NLaG
* Helen Kenyon Chief Operating Officer, NELCCG
* Alex Seale Chief Operating Officer, NLCCG

The framework used in 2020/21 was reviewed to ensure fitness for purpose in the context of Covid-19 in terms of surge capacity, new ways of working and risk to staffing. The A&E Delivery board will review any escalations actions from the System Improvement Plan at each A&E Delivery Board meeting, where it is a standing agenda item.

Where SRO calls are required during periods of escalation, these will include SROs from all partner organisations in addition to the System SROs. The system wide SROs will work together to best manage staffing levels during what are known to be peak periods of pressure as well as during periods of escalation.

The provider organisation nominated SROs are:

Community Services: NL Shaun Stacey, COO NLaG

NEL Jane Miller, CEO Care Plus Group

Local Authority: NL Wendy Lawtey, Head of Social Care, NLC

NEL Bev Compton, Director of Adult Social Care, NELCCG

Mental Health: NL Wendy Fisher, Interim Care Group Director NL, RDaSH

NEL Mike Reeve, CEO Navigo

The priority areas for the 2021/22 winter plan are comprised of key areas of focus and related workstreams:

* A&E Front End Improvement Plans.
* Redirection Pathways from A&E.
* Ambulance Handover.
* Community step up/step down capacity.
* Mental Health provision.
* Primary Care access.
* AEDB/ SIG Enablers and Performance Oversight.

Workstreams included in the 3 areas of focus in summary are:

* Think 111 First (TBYW)
* Diversionary pathways
* UTC/ Primary Care Hubs
* Conveyance avoidance
* Out of hospital urgent care (community, primary care, social care, mental health)
* Ambulance Handover
* Same day emergency care
* Capacity and demand management
* Vaccination Plans (Flu & Covid-19)
* Workforce wellbeing, resilience and mutual aid
* Discharge to Assess and Length of Stay
* Regular review of Directory of Services information to reflect real time service provision

Building on the experience from Covid-19 and the system transformation undertaken at pace and reflecting on system reviews including ECIST work and A&E audits a System Improvement Plan has been developed and will be taken forward at system level with the AEDB acting as a point of escalation where there are specific system issues that we may need to come together on to resolve.

Recent A&E demand is above plan including a notable increase in ambulance arrivals. Further pressure is expected as a result of Covid-19, flu and RSV, and early indications are that there is an increase in attendance of minor presentations pre-winter 21/22 with a return to pre-Covid attendances or above. Pressure is expected to be significant this winter period and the system is working to mitigate the impact that could have on managing waits to be seen. The workstreams in place to mitigate these risks are detailed in the System Improvement Plan.

System wide capacity and ability to flex during times of escalation is integral to this System Plan. The ability to increase capacity or move available capacity and resource into other parts of the system is a challenge. Whilst capacity/demand planning can be done in advance for periods of expected pressures, the ability to prioritise the movement of resources across the system at very short notice is more challenging and is more effective with timely information, a collaborative approach and clear escalation protocols. This year this will be supported by:

* An OPEL framework that supports pressures in any part of the system.
* The established daily regime of both operational and Executive level calls as triggers are reached and where there are any early warnings.
* The full roll-out of the RAIDR tool to further improve the system wide intelligence and pressures arising as well as the weekly dashboard for overall system oversight (this dashboard can be produced more frequently as required by system escalation).
* System Escalation Plan and Covid-19 Outbreak Control Plan

There is an increased requirement going into winter for system partners to understand the pressures within their partner organisations and be clearly sighted on escalations across the system to ensure that support is flexed to provide support and mutual aid. This relies heavily on early intelligence and early warning signs being acted on. It is more important than ever that intelligence is shared widely and early to enable action to be taken by the system.

The schemes throughout this plan have been designed to reduce attendances and admissions as well as support early discharge. For these periods the A&E Delivery Board will ensure that it is collectively sighted on the demand capacity profiles for all parts of the system and will review any gaps in order to mitigate risks.

In advance of periods where increased demand is expected, consideration will be given to organisations with regularly planned protected learning time to ensure that any program of learning with potential to exacerbate issues with service capacity is either suspended or mitigated with a plan for reduced risk of impact.

A number of elements of the overall winter plan have been selected and tested. From a resilience perspective a focus on a specific scenario that applies to both acute trust sites simultaneously and further a focus on escalation procedures and how this aligns to the OPEL triggers and response framework under the revised system-wide monitoring and reporting arrangements is appropriate. A virtual tabletop exercise involving system partners was held in October. Learning from this exercise has been captured in this plan.

Further the system has considered at all levels the impact of the wider Transformation Agenda on delivery of winter plans at local level. The SROs will continue to review the potential impacts of Transformation on the local health and care economy and individual partner organisations, as well as staff and the public. To a large extent this will be mitigated by significant attention to communications plans across the system with a particular focus on staff and the public. As always staff wellbeing is at the centre of all system planning and delivery.

**Identified Risks**

| Key risks | Mitigation |
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| COVID – Reduction of 129 beds in acute due to COVID requirements (Pods and isolation etc), anticipated increased admissions as well as the requirements around recovery and restoration. Potential impact on management of critical care beds | Capacity and demand planning and Place level work ongoing with regard to attendance & admission avoidance, D2A processes and community support detailed in the System Improvement Plan  Rapid COVID testing implementation to support reduction in days in isolation for inpatients.  Use of private provider in NEL and Goole site for surgery other than that which requires critical care facilities. |
| Length of Stay | The ECIST supported work on discharge to assess supported early and regular identification of patients for discharge, and D2A pathways in line with the new policy will support timely discharge.  Enhanced discharge consultant over weekends, extended discharge lounge opening, support staff enhancement and continuation of SAFER approach in NLaG. |
| Localised outbreaks of Covid-19 – impact on both workforce and demand | Outbreak plans are at place level and are aligned to HCV outbreak management plans. |
| Flu/ Covid-19 vaccination – Increased ambition for flu vaccination, and risk of Flu complications and admissions during winter. | Being planned at place level and each place has developed vaccination plans.  Looking at innovative options for increasing vaccination rates. Engagement with Primary Care started to identify vulnerable groups for immunisation.  Communication Plan to include public advice on uptake messages.  Public Health to play a leadership role in supporting increased uptake across staff and public. |
| Finance – costs associated with locum, agency nursing, doctors and additional community and social care response. | Potential for increased staff absence due to sickness or isolation. Use of agency staff whilst necessary to maintain service delivery could have a financial impact on system partners. |
| Severe weather e.g. Snow, Freezing temperatures, Floods, Gales etc. will impact on service periodically over the winter | Adverse weather guidance.  Local planning groups planning for the need for winter vehicles in community.  LRF plans and coordination with CCG |
| Neighbouring System Pressure – usual winter pressures in neighbouring systems and potential for COVID outbreaks in those systems. | Plans across the system consider impact of outbreaks in neighbouring systems and mitigation of risks posed by pressure in neighbouring systems and potential requirement for mutual aid. |

**Communications Plan**

A Winter Comms Plan is in development for 2021/22, across the A&E Delivery Board system and will combine national and local messages around winter, Flu and COVID.