

Winter Planning 2020/2021

County Durham & Darlington Local
A&E Delivery Board
(CD&D LADB)

v1.9

What is in place?

CDDFT – ACUTE

- ED segregated pathways supported by Snr FoH decision making (COVID and Multi-specialty Area (MSA))
- Segregated COVID hospital pathways
- Senior Nurse 7 day matron model
- SDEC
- Protection of elective programme - Cancer Care Surgical Hub and ongoing collaborative working, ongoing use of Independent Sector up until Dec and potentially to March 2021
- Vocera live in UHND ED
- Overseas recruitment
- Enhanced on call support

CDDFT - COMMUNITY

- 7 day services
- First contact physio
- DN team support until midnight
- Community extended services; Crises, community wards, IC beds, Discharge Management

PUBLIC HEALTH

- Joint flu programme
- Cold Weather Plan

NEAS

- REAP Framework/Escalation policy
- Winter Plan
- Demand Management Plan
- On call arrangements in place
- Adverse weather plan
- Managed outbreak plans

OTHER JOINT WORKING

- Discharge Management Teams established system wide through teams, evidenced as good mechanism in managing discharge
- Discharge Pathways successfully implemented
- Trusted Assessor model now in place
- EHICH Steering Group
- Daily calls to care homes
- Operational support for accelerated discharge across Care homes

ADULT AND SOCIAL CARE

DARLINGTON

- Flexed use of Reablement Spot Beds
- Rapid Response Dom Care – 70hrs per week commissioned with a 2hr response & some night capacity
- Extra Reablement Packages
- Continued effective use of resources, moving staff to respond to pressure points
- Home from hospital - Care Connect
- 7 day social work assessment Weekend/Bank Holiday working over Xmas
- Increased Occupational Therapy support
- Continue to use Assistive Technology to reduce unnecessary admissions to hospital as well as supporting discharge
- Daily contact with all care home providers to identify any key issues
- Use of capacity tracker data to inform system wide position
- Local Staff deployment arrangements for Care Homes
- Regional Care Home Deployment Hub

DURHAM

- Continued effective use of resources, moving staff to respond to pressure points
- Communication to all DBC, ASC staff in ensuring pathway flow. All hospital/ community hospital discharges are a priority.
- DBC Adult Social Care, Social work interface at DMH, supporting communication between hospital and community colleagues
- Spot reablement community beds accessible across weekends /Bank Holidays, by Health and Social care as part of Trusted assessor.
- Assistive Technology – Lifeline
- Care Connect
- Rapid Response Dom Care - 7 days
- Re-ablement: Improved 7 days pathway
- Exploring increased ASC social work/OT availability
- Enhanced Health Care in Care Homes system wide strategic steering group
- Durham Care Academy have been actively recruiting staff for registered care providers since the start of the pandemic, with over 200 applications to date. Staff are available for employment by providers, inc care homes
- <http://www.durham.gov.uk/media/33110/County-Durham-Covid-19-Local-Outbreak-Control->

PRIMARY CARE

- Reporting of daily OPEL levels
- Direct booking for NHS111 appointments
- GP improved access provided 365 days per year, extended access

TEWV

- Daily monitoring of demand for acute liaison services with capacity to flex as needed
- Daily monitoring of demand for crisis services with capacity to flex as needed
- Proactive monitoring of community team caseloads across all specialties
- Trust wide flu vaccination programme well planned with vaccination offered to all staff. Take up rates increasing year on year
- Good staff management plans in place to ensure all teams have adequate cover through rosters
- 24/7 Crisis Service with hub and spoke model in place, leading to greater call handling capacity
- Single crisis number for whole Trust
- Acute Liaison services in place 24/7 with ability to flex capacity across acute sites depending on demand
- Daily monitoring of acute liaison KPIs (1 hour response time for A&Es) – currently performing well
- Close liaison between acute liaison and crisis services to minimise delays and re-work where admission to a TEWV bed from A&E may be required or where intensive home treatment may be helpful to prevent admission
- Close working with VCS to develop range of offers across wider crisis pathways
- Mechanisms in place to monitor any surge in COVID specific demand
- Mechanisms in place to re-establish business continuity arrangements as required for any further COVID waves

Plans for Winter

Ongoing developments linked to Reset Programmes - living with COVID

Acute and Community

- Increase in G&A Bed Capacity c28% (Expansion of specialty frailty pathway into Bishop Auckland Hospital)
- Critical Care Bed escalation, cubicle development
- Expansion of Same Day Emergency Care (SDEC) activity, reducing admissions
- Frailty Care, front door assessment (DMH)
- Embedding of 7 day integrated discharge management (commenced during COVID)
- Further transition to a sustained 7 day working model
- Step up options into Community Hospital beds
- Additional diagnostic equipment ie CT scanner to support flow through ED
- 7 day specialist palliative nursing care
- Flu vaccination – more housebound delivery

NEAS

- Talk before you Walk (North pilot)
- Plans for improving flu vaccinations
- trained Health Advisors working within alternative roles (i.e. support services) will be called upon to assist
- Senior Health Advisors, who, during periods of pressure, can take 999 and 111 calls
- Clinicians are also trained across NHS 111, 999 and Primary Care telephone assessment, this clinical workforce can be flexed across support for ambulance dispatch safety management,

PRIMARY CARE

- Working with CCGs - plan to improve increase in flu vaccination uptake
- From 31st July each Care Home will be aligned to a Primary Care Network (PCN)
- To access “enhanced care” residents in the care home have to re-register with the aligned PCN
- PCNs will work as part of MDT with community services, pharmacy, mental Health and LA
- Structured medication reviews
- Social prescribing link workers
- Care navigation
- DVT pathway
- paramedic clinical support

TEWV

- Improved processes for access prior to COVID has led to reduced waiting times – exploring how this can be extended and sustained including development of Access +/-PCN level capacity
- Significant learning within IAPT re different ways to manage capacity to minimise waits – will be critical to sustain with predicted increases in demand
- Backlog management – modelling underway to help local planning/contingency management
- System-wide – revisiting RCRP initiatives; working with PCNs, VCS, wider system to prioritise early intervention and improved pathways
- LRF HIA analysis and TEWV modelling – predicting activity
- New ways of working – embedding learning from lockdown
- Implementation on track for 24/7 mental health support line across Durham and Darlington (commissioned prior to the pandemic). Builds on the mental health support line in place through NEAS from April. Recruitment should be complete by end of July
- Ability to step up additional crisis or liaison capacity, but this may risk drawing from community services. Contingencies being discussed internally

Plans to manage surge in activity

DARLINGTON

- Exploring increased ASC social work/OT availability
- The Darlington Rapid Response is a service that is able to operate flexibly and respond to a surge in domiciliary care discharges over and above (if required) the available hours of 70 per week.
- Residential and Nursing Care Home occupancy levels and vacancies are closely monitored on a weekly basis– any significant reduction in capacity over the bank holiday weekend will be escalated to senior management.
- Establish processes and protocols now in place, as evidenced during the covid pandemic, allowing, among others areas, redeployment of staff into key areas
- EHiCH
- Infection Control Fund support

DURHAM

- 3x per week data collection from all front-line social care providers – managed by Integrated Commissioning Service
- OPEL Tool for RAG rating providers
- Financial Support package for providers, covering occupancy and additional COVID19 costs
- Significant system input into registered social care providers, particularly care homes – Commissioning, IPCT, care home liaison team, DN's, Practice Improvement etc
- Advice, guidance and support package

TEWV

- Implementation on track for 24/7 mental health support line across Durham and Darlington (commissioned prior to the pandemic). Builds on the mental health support line in place through NEAS from April. Recruitment should be complete by end of July
- Ability to step up additional crisis or liaison capacity, but this may risk drawing from community services. Contingencies being discussed internally
- Daily lean management in place in all services to allow timely responses and decision making across service areas
- **Internally**
- Daily Lean Management and regular report outs – timely and rapid escalation of any issues
- Emergency Planning/Business continuity arrangements being reviewed to capture learning from COVID
- Key theme is ability to quickly step back up activity and different ways of working if needed
- **Externally**
- Lessons from COVID – importance of triangulation of multi agency intelligence to pre-empt possible issues
- Making best use of system wide structures and comms flows

CDDFT

- Elective pacing
- OPEL
- Major incident –emergency planning
- Opening of identified escalation wards (BAH & Community)
- Talk before you Walk (subject to pilot and funding)

LADB Escalation Plans

- Escalation plans are in place to provide operational, tactical and strategic responses.



Microsoft Word
Document

Escalation Plans – specific to COVID

Primary Care

- Designated “hot clinics” ready to be stepped back up in primary care if required, any symptomatic patient/patient presenting relating COVID related care would attend here and free up other sites to see routine appointments
- COVID Virtual ward
- County Durham Primary Care Pandemic Plan developed at PCN level – this sets out clear contingency plans should some sites need to close due to staffing levels across the PCN
- Ongoing review of current OPEL Framework

LAs

- Mutual Aid from staff in wider system in place for providers in crisis (most likely care homes) – dom care, day services staff. Nursing cover has been arranged via CDDFT in emergency situation only
- Financial Support package for providers, covering occupancy and additional COVID19 costs
- Significant system input into registered social care providers, particularly care homes – Commissioning, IPCT, care home liaison team, DN’s, Practice Improvement etc
- Advice, guidance and support package

TEWV

- Detailed forecasting and modelling work complete within Trust, linking to HIA, which will help us plan for any surge in advance of winter.
- Cohorting arrangements for wards across all specialties in place and can be stepped up/down
- Embedded processes re PPE
- Community team RAG rating of caseloads to allow more segmented management of clinical risk established
- Site management arrangements across 7 days can be stepped up/down as required
- Specific support to care homes and the wider system in terms of managing mental health demand but also supporting staff

Acute & Community

- Stepped increased of COVID wards/beds within segregated pathways
- Critical Care Expansion plan in support of increased isolation areas.
- Sustained two ED pathways – COVID and non-COVID
- Step down of routine activity (pending volumes) ie elective surgery, outpatients, step up of enhanced respiratory and critical care teams and wider ward teams
- Opening up of resilience wards in BAH and in the community

NEAS

- An FFP3 respirator should be worn by frontline staff when carrying out a potentially infectious aerosol-generating procedure. Where a patient is known/suspected to have an infection spread via the aerosol route or when caring for patients known/suspected to be infected with a newly identified respiratory virus.

Plans for Winter 2020/21

Plan risks

Risk	Current mitigation	Residual Risk
Activity peaks to/above pre-covid levels	<p>Communications campaign to use UEC services appropriately</p> <p>Extended primary care access</p> <p>All available physical bed capacity has been identified and every effort being made to recruit staff to support these.</p> <p>Elective pacing</p> <p>OPEL</p> <p>Major incident –emergency planning</p> <p>Opening of identified escalation wards (BAH)</p> <p>Talk before you Walk (subject to pilot and funding)</p>	H
Second/ third Wave of COVID 19	<p>Pandemic plan (See COVID headline related surge actions)</p> <p>Step up use of community beds usage and bring into action identified escalation wards (BAH) to support additional segregated pathways</p>	H
Risk of insufficient staffing /staff burnout during the winter pressures and increased staff absence due to work pressures/flu /COVID (also leading to loss of bed capacity)	<p>Health and well-being programmes actively promoted and made available</p> <p>Rolling recruitment of Qualified Workforce throughout the year, including overseas recruitment.</p> <p>Working to 1:8 ratio (nursing)</p> <p>Daily assessment of safe staffing and prospective view of staffing. Maximum number of additional beds to be opened to minimise impact on workforce.</p> <p>Resilience training and team support</p> <p>Robust flu vaccination programme</p>	H

Plans for Winter 2020/21

Plan risks

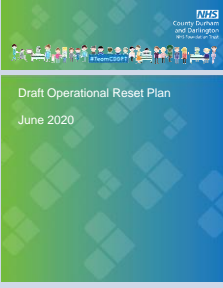








Risk	Current mitigation	Residual Risk
Delay of funding to support capital schemes in relation to critical projects including ward and ITU expansion, Elective Surgical Units, SDEC, Endoscopy and CT scanner	<p>Developments critical to reset programme</p> <p>Key schemes prioritised to secure funding (both capital and revenue)</p> <p>Robust project management of all schemes</p> <p>Timely recruitment in support of scheme go live dates</p>	M
Increased incidence of mental illness arising from impact of COVID-19	TEWV undertaking modelling exercise to evaluate impact. Work just being completed now (end of June) through internal modelling and via the D&D Health Impact Assessment to understand the COVID-specific impact on mental health services and mental health demand. Plans for winter may need to be adapted to reflect anything that arises from that work.	tbc
Unknown Flu volumes	Planning for flu activity in line with last three years average.	M
Ongoing reduced capacity of discharge transport to maintain social distancing	<p>Temporary transport solution in place to transfer HRW patients</p> <p>Reduced need for transport in outpatients due to move to a %age of e-consultations in support of switching to discharge activity.</p>	H
Risk of transfer of patients to Care home due to COVID	<p>Build confident in testing</p> <p>Capacity tracker shows isolation capability and capacity.</p> <p>Daily calls with Care Homes.</p>	M

Plans for Winter 2020/21

Testing of plans – strengthening of plans for multiple care home failure

Risk	Current mitigation
Care home failure	<p>1 Commissioning</p> <p>Capacity Tracker and daily contact with care homes to identify potentially vulnerable care homes so that early action can be taken and will support them in gaining access to agency/bank staff</p> <p>Further review of the Contingency Plan previously submitted to the ICB to take account of multiple failures to avoid patient harm and admissions to acute sites</p> <p>The Contingency Plan to cover i) containment ii) support from Integrated Commissioning, IPC and PH Teams iii) workforce support iv) temporary moves to other care homes v) use of Community Hospitals</p> <p>Action Cards setting out contacts and the escalation and response process will be produced for and communicated to Emergency Duty, Patient Flow and On Call Teams</p> <p>2 Workforce</p> <p>Process of deployment support of CDDFT registered workforce into care homes</p> <p>A list of adult social care staff list based on skills and experience to be deployed to support care homes</p> <p>Wider pool of support being identified by partners who could offer support e.g. GPs, TEWV</p>

Detailed documents for reference

CDDFT	Public Health Cold Weather Plan	Primary Care OPEL Framework	Adult and Social Care Durham	LADB OPEL	ICP OPEL
	<p>Cold weather plan deadline for sign off is 11 October</p>  <p>Adobe Acrobat Document</p>	 <p>Microsoft Word Document</p>	<p>Included in the cold weather plan</p>	<p>Document under review</p>  <p>Microsoft Word Document</p>	<p>Work in progress</p>
NEAS	Communications	Darlington PCN Flu Contingency	Adult and Social Care Darlington	Regional Flu Programme	TEWV summer/winter preparedness plan
 <p>Microsoft PowerPoint Presentat</p>	<p>TBYW to be added</p>  <p>Microsoft PowerPoint Presentat</p>	 <p>Microsoft Word Document</p>	 <p>Microsoft Word 17 - 2003 Document</p>		 <p>Adobe Acrobat Document</p>