

Brighton & Hove HOSC
Winter Plan Update

14 October 2020

Summary of winter planning

- Winter plans have been developed by Local A&E Deliver Boards (LAEDBs) with input from partners across each system; local authority, providers and commissioners.
- Three place-based winter plans have been produced as in previous years.
- The overall purpose of the Winter plan is to ensure that the system is able to effectively manage the capacity and demand pressures anticipated during the Winter period (October 2020 to 31 March 2021). Ensuring local systems are able to manage demand surge effectively, maintain patient safety and support delivery of the relevant business plan objectives and locally agreed system improvements during this period.
- For 2020/21, the planning process has also considered the impact and learning from the current Covid-19 outbreak as well as plan for further possible outbreaks. As such, the capacity and demand modelling, surge escalation triggers and overall response will require review and ongoing refinement as further learning emerges over coming weeks and months.
- An ICS Winter Oversight and Assurance Group has been established and agreed governance for winter is in place. The plan will be considered for assurance by the Brighton and Hove CCG Governing Body in October and individual providers will assure their own plans through their respective boards.
- Based on current pressures and key winter risks, the high-level strategic priorities for the system and underpinning the winter plan include:
 - A single, Sussex-wide robust escalation framework aligned to Covid-19 Early Warning Indicators and embedded into SHREWD
 - Further efficiency and sustainability of MRD and long length of stay (LLOS) gains to maintain system resilience
 - Continuation of both in hospital and out of hospital models of care, including additional capacity to address the identified bed gap
 - Strengthened Mental Health escalation process and system-wide response to mitigate increase in demand

Objectives of winter planning

The objectives of the Winter plan are:

- To maintain patient safety at all times;
- To prepare for and respond to periods of increased demand, including any future increases in Covid-19 infections;
- To ensure that acute hospital bed occupancy is maintained at a level that ensures that patients who require admission to a hospital bed are able to be admitted in a timely way, thereby avoiding the risk of overcrowding in A&E and delays to ambulances being able to handover patients and respond to 999 calls;
- To ensure that community health services are maximised, e.g. improving length of stay and utilisation and increasing the number of patients who can be safely discharged home in a timely manner with care support. Effective use of community services during the winter period will support timely discharge from hospital and avoidance of unnecessary admission to an acute hospital bed;
- To avoid ambulance delays of over 30 minutes;
- To support delivery of the agreed local system performance trajectory in respect for the 4 hour A&E standard, the 18 week referral to treatment standard (in line with Covid-19 restoration and recovery plans) and Cancer waiting times standards;
- To continue to deliver a reduction in long length of stay patients by March 2021;
- To proactively prevent and manage infection control outbreaks or issues such as norovirus and influenza – including the influenza vaccination programme

Local and national Covid-19 surge planning

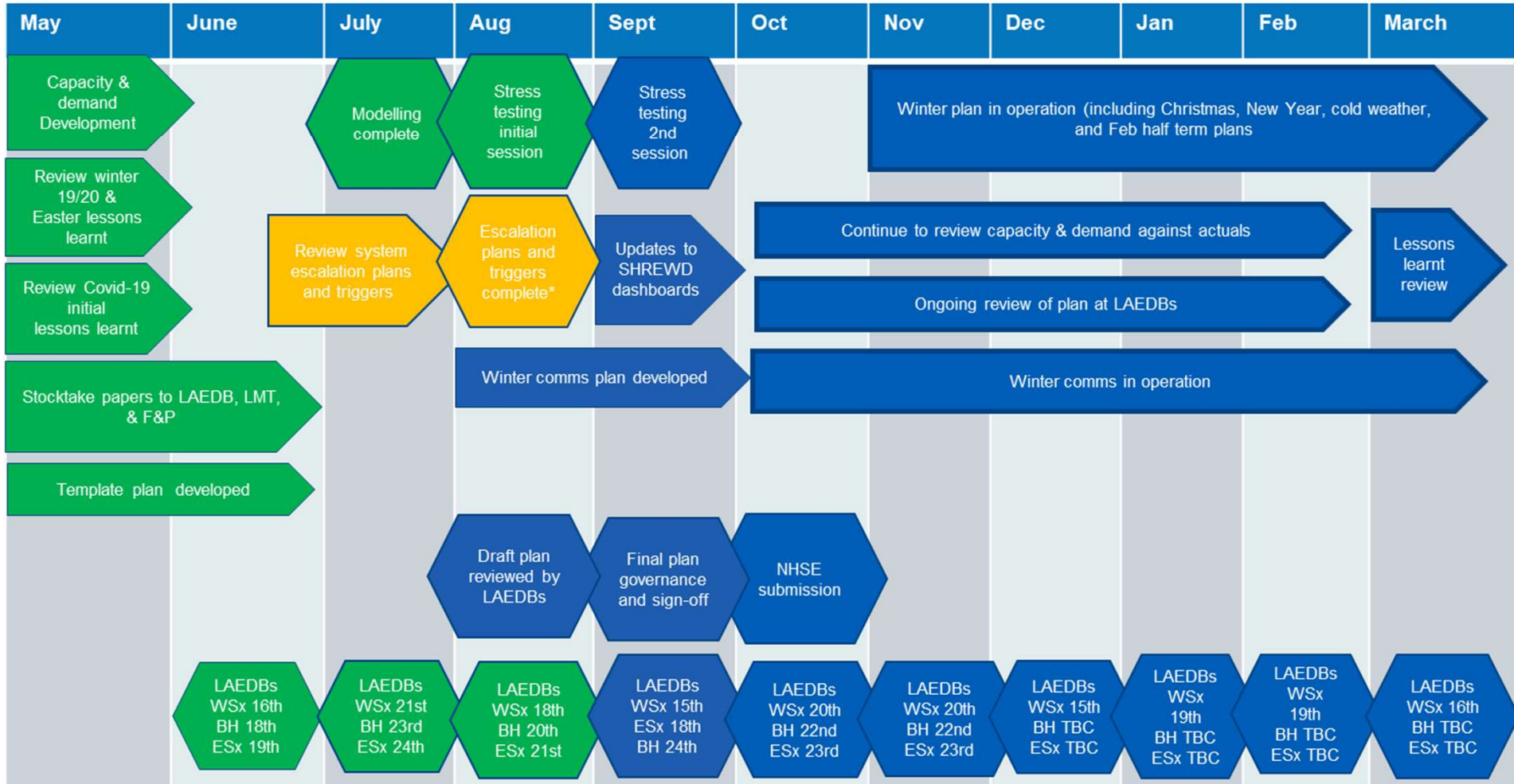
The Covid-19 Phase 3 letter released on 31 July 2020, outlines the expectation for preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid-19 spikes locally and possibly nationally. Including:

- Continue to follow good Covid-19 related practice to enable patients to access services safely and protect staff, whilst also preparing for localised Covid-19 outbreaks or a wider national wave
- Prepare for winter, including:
 - Sustaining current NHS staffing, beds and capacity, including use of independent sector capacity, Nightingale hospitals, and support to quickly and safely discharge patients from NHS hospitals through to March 2021.
 - Deliver a very significantly expanded seasonal flu vaccination programme
 - Expanding the 111 First offer
 - Maximise the use of 'Hear and Treat' and 'See and Treat' pathways for 999
 - Continue to make full use of the NHS Volunteer Responders scheme
 - Continuing to work with local authorities - ensure that those medically fit for discharge are not delayed from being able to go home as soon as it is safe for them to do so

In addition to these requirements, work is in progress across Sussex to ensure alignment of escalation frameworks across LAEDB resilience and surge arrangements with escalation based on early warning indicators related to Covid-19 incidence. This will enable a pre-emptive, robust and timely response to ensuring service provision meets the needs of local people.

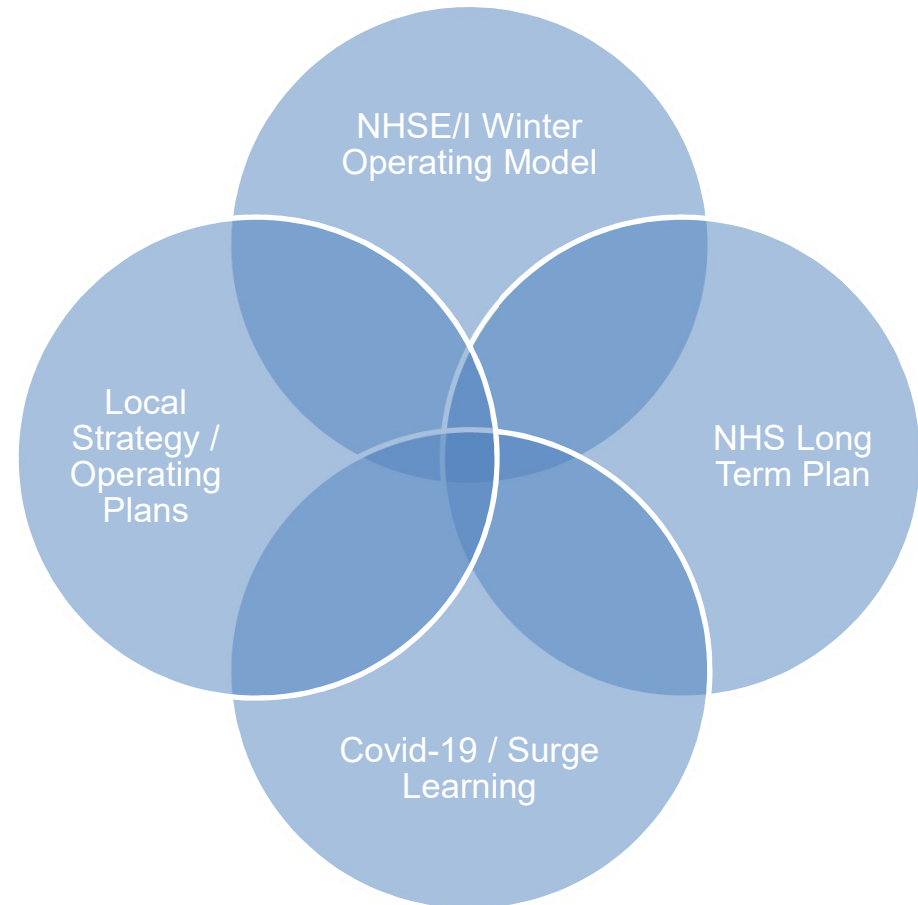
Critical Milestones

Milestone RAG Key



Assurance Process

- Winter plans will be reviewed through the system and Integrated Care System (ICS) governance framework and an ICS Winter Oversight and Assurance Group has been established to enable this
- A Red Amber Green (RAG) rating assurance framework will be used to demonstrate delivery against overarching requirements and key deliverables
- Winter plans will assured against the national Key Lines of Enquiry (KLoE) set out below, in addition to assessment of placed based plans and the Sussex wide plans in relation to Communications, Flu, NHS 111 and NHS 999



Winter Plan Key Risks and Mitigations

Identified Risk	Mitigations
<p>Covid-19 related surge: There is a risk that there will be a second wave surge resulting in system fragility and potentially impacting on patient safety and delivery of restoration and recovery trajectories.</p>	<p>Demand and capacity planning has modelled reasonable scenarios and plans to close this gap identified. Covid-19 phase one schemes have been reviewed as part of the Covid-19 stocktake exercise and schemes recommended to continue to sustain community capacity. A Sussex Monitoring Group is established to develop early warning mechanism and local outbreak management plans.</p>
<p>Critical care capacity: There is a risk that critical care capacity will be insufficient to manage normal winter demand and a second wave Covid-19 surge and that this will impact on restoration trajectories.</p>	<p>A Critical Care system surge and capacity plan has been agreed. Monitoring and management of critical care capacity at system level to manage Covid-19 related surge. A Regional/Cross border Escalation Plan will be in place alongside access to SE Critical Care Surge hubs and commissioned critical care transfer resource. This includes work with Surrey and Frimley to agree how we will use critical care capacity to manage demand as it arises across the three ICS systems</p>
<p>Workforce: There is a risk to the resilience of the health and care workforce during the winter months. Existing workforce pressures are likely to exacerbated by requirements for shielding and self-isolation, staff resilience and increase levels of sickness absence.</p>	<p>Risks assessments for at risk staff completed across the system and workplace environments adapted to be Covid-19 secure where possible. The delivery of staff flu vaccination programme. Redeployment and PPE protocols established and in place to deal with surge periods. Sussex ICS mutual aid mechanisms in place.</p>
<p>Staff, key worker and Patient testing: There is a risk that NHS and non-NHS key workers will not be able to access testing, which will extend periods of staff absence related to Covid-19 or that patients will not be able to access timely testing.</p>	<p>A Sussex ICS Testing Prioritisation Framework has been developed. Pillar 1 capacity and demand modelling developed to inform the above. Re-establishment of provider in house staff testing capacity. Sussex Central Booking Hub to facilitate and prioritise access for key workers. Targeted deployment of mobile testing units</p>

Winter Plan Key Risks and Mitigations

Identified Risk	Mitigations
<p>Public Behaviour: There is a risk that patients may be reluctant to access face to face services during a Covid-19 surge and local lock down scenario potentially impacting on health outcomes and delivery of restoration trajectories</p>	<p>Extensive system wide communications and engagement plan and a single system access policy in development.</p>
<p>Residential and Care Home fragility: There is a risk of outbreaks and closures in residential and care home settings.</p>	<p>Care home enhanced support in place delivered by PCNs, medicines management team and community services. Care Home Support LCS in place for primary care support, prior to the introduction of the Enhanced Health in Care Homes DES scheme in October 2020. Care home fragility and issues are monitored managed and coordinated by a dedicated joint care home cell including provision of PPE. Stock take of care homes in progress to consider areas / homes where additional focus may be required.</p>
<p>Mental Health: There is a risk of increased Mental Health demand as a result of Covid-19. Unmet surge mental health activity will impact on quality and patient experience in addition to placing pressure on A&E impacting negatively on system flow</p>	<p>Detailed mental health demand and capacity planning has been completed. Increasing Mental Health workforce and reconfiguration of services to support the front door. Mental health escalation framework, triggers and actions to support resilience. A weekly Sussex ICS Mental Health Resilience group established.</p>
<p>Medically Ready for Discharge (MRD) delivery: There is a risk that the system will not sustain the discharge trajectories assumed in the modelling to protect acute bed capacity.</p>	<p>A community-led Executive MRD Task and Finish Group has been established to oversee the development and delivery of MRD improvement plans. Modelling and work-up of proposals to secure additional community capacity to support discharge is underway, relating to “Home First” discharges and bedded community capacity.</p>
<p>NHS111 First: There is a risk that the funds allocated to support rollout may be insufficient to enhance the NHS111-CAS to the degree required to deliver targeted benefits</p>	<p>Proceed with ESHT as fast follower at pace; share lessons learnt across other Trusts in parallel; confirm NHS111 capacity requirements following full service mobilisation; commissioning group established to manage pan-Sussex elements and contractual levers; collaboration across systems to provide a collective response</p>

Winter plan – next steps

Action required	By When	Status
Winter plan stocktake paper to LAEDBs, LMTs, and F&Ps	May – June 2020	Completed
System development of Winter plan	May – August 2020	Completed
Place based stress testing of initial draft plan	August 2020	Completed
Sussex wide stress testing of revised plan	September 2020	Completed
Review and sign-off final plan	September 2020	In progress at time of writing
NHSE submission	01 October 2020	Not due at time of writing
Monitoring of plans and actuals against planning assumptions	October 2020 – February 2021	Not due
Monthly Winter plan progress report and review at LAEDBs	October 2020 – February 2021	Not due
Detailed operational plan for Christmas and New Year confirmed	November 2020	Not due
Winter lessons learnt stocktake	March 2021	Not due

