Report to a Meeting of the System Leadership Board

Date of Meeting:	1 November 2018			
Agenda No:	15			
Title of Report:	Winter Planning: 2018/19			
Author:				
Executive Lead:	Mandy Nagra, Interim Executive Chief Operating Officer			
Responsible Sub-Committee:	North Cumbria A&E Delivery Board			
Purpose*	To approve		For decision	
	For discussion		For information	X
Executive Summary:	Plans for the winter of 2018/19 has been built on the work done during 2017/18, as well as previous years, and evaluation of the impact of initiatives put in place during that time. Key actions that will be in place are as follows: • Continued close collaboration of all stakeholders in the system • Agreed OPEL Escalation Plans within organisations as well as a single plan operating across the whole health and social care system • Daily command and control to manage winter surge periods including a senior system-wide call at 8.30am each morning, including weekends, to agree any actions needed during periods of pressure. Representation from NCUHT, CPFT (inc mental health), Adult social care, CCG, NWAS and CHOC on Fridays in preparation for the weekend • Ensuring that good practice in patient flow is embedded across all parts of the emergency pathway, not just in isolated departments or wards to meet the requirements of the Keogh Review Transforming urgent and emergency care services: Safer, Faster, Better document (2015) ,the Good Practice Guide; Focus on Patient Flow (2017) and the NHSI Guide to Reducing Long Hospital Stays – June 2018. The focus for the 2018/19 Action on A&E project is embedding of SAFER and Red to Green across both the acute and community wards • The system is working more closely with both ambulance services and primary care in 2018/19 to monitor illness patterns in the local community and weather changes that may affect specific patient cohorts. • A detailed winter plan is included and is aligned with the requirements of both NHS Improvement and NHS England			

Winter Planning: 2018/19

North Cumbria A&E Delivery Board

Chair: Stephen Eames

Version:1.1

Overview of the North Cumbria System

North Cumbria A&E Delivery Board is coterminous with the current North Cumbria Strategic Transformation Plan area. The STP plans incorporate those agreed as part of the former North Cumbria Success Regime which were part of a broad community-wide consultation process.

North Cumbria A&E Delivery Board is identified within the STP as the group responsible for:

- oversight and delivery of effective urgent and emergency care services
- Delivering on the key urgent care standards and DTOC targets
- Delivery of STP plans related to urgent and emergency care services
- Developing plans for winter resilience and ensuring effective system wide surge and escalation processes exist
- Supporting whole-system planning and ownership of the discharge process
- Helping to implement action plans, particularly in the case of BCF Delayed Transfers of Care (DToC) plans where they could help align the discharge elements of A&E plans and DToC plans
- Agreeing deployment of any winter monies.

The Group comprises senior representatives from:

- North Cumbria University Hospitals NHS Trust
- Cumbria Partnership NHS Trust - Community and mental health service provider
- (there is now a single executive management structure overseeing these two Trusts)
- NHS North Cumbria Clinical Commissioning Group
- Cumbria County Council Adult Social Care
- Cumbria Health On Call – OOH service
- North West Ambulance NHS Trust – PES and NHS 111 provider
- GP representatives for primary care
- NHSE and NHSI representatives
- CNE UCN representative

North Cumbria is a primarily rural geographic area with a comparatively poor road infrastructure, particularly west to east. The population is 350,000 with above average health and social needs.

The local health system comprises:

- 2 DGHs – Cumberland Infirmary in Carlisle and West Cumberland Hospital in Whitehaven.
- a number of community hospitals that provide inpatient beds for step-up and step-down patients
- Urgent Treatment Centres in Penrith and Keswick
- A Primary Care Access Centre in Workington
- Cumbria Health On Call provides out of hours services from several sites – CIC, WCH, Penrith Hospital, Wigton Hospital
- 39 GP Practices

A key element of the STP programme is the development of eight Integrated Care Communities (ICC) which incorporate GP Practices, Community and Social Care services in a specific geographic area. Each ICC has a hub which is the point of contact to access ICC

services. These are newly in development and are increasingly the point of access to enable discharge of complex patients back into their community. Development of discharge pathways between the acute hospitals and the ICCs is part of plans to be implemented in time for 2018/19 winter.
North Cumbria is part of the " North Cumbria and North East Urgent Care Network". However, there are key differences for our area to the rest of the NE in that our provider for PES, NHS 111 and PTS is North West Ambulance rather than North East Ambulance. This creates some key differences in provision and requires North Cumbria to work across two area systems which increases complexity.
NWAS winter plans are developed NW wide in collaboration with Blackpool CCG as the lead commissioner. These are then circulated to, and shared with, Local A&E Delivery Boards. A summary of these plans are included in this document.

System-wide preparation
Plans for the winter of 2018/19 will build on the work done during 2017/18, as well as previous years, and evaluation of the impact of initiatives put in place during that time. A local winter debrief event took place on 3rd May and following that a winter planning event was held on 18th June 2018.

Key actions that will be in place are as follows:

- Continued close collaboration of all stakeholders in the system
- Agreed OPEL Escalation Plans within organisations as well as a single plan operating across the whole health and social care system
- Communications mechanisms –NCUH and NWAS data flows are currently being organised
- Daily command and control to manage winter surge periods including a senior system-wide call at 8.30am each morning, including weekends, to agree any actions needed during periods of pressure. Representation from NCUHT, CPFT (inc mental health), Adult social care, CCG, NWAS and CHOC on Fridays in preparation for the weekend
- Ensuring that good practice in patient flow is embedded across all parts of the emergency pathway, not just in isolated departments or wards to meet the requirements of the Keogh Review Transforming urgent and emergency care services: Safer, Faster, Better document (2015) ,the Good Practice Guide; Focus on Patient Flow (2017) and the NHSI Guide to Reducing Long Hospital Stays – June 2018. The focus for the 2018/19 Action on A&E project is embedding of SAFER and Red to Green across both the acute and community wards
- The system is working more closely with both ambulance services and primary care in 2018/19 to monitor illness patterns in the local community and weather changes that may affect specific patient cohorts.
- **Detailed Action Plan of winter initiatives and actions is in place and embedded at the end of this document together with a summary briefing of the main initiatives for focus this winter.**

Workforce

- Skill mix –ensure appropriate skill mix in all areas to release medical and senior nurse capacity for decision making. Utilise non-nursing roles to support nursing deficit.
- HCA role – All healthcare assistant staff in the Emergency Departments are trained in an utilising cannulation and venesection skills to support medical and nursing staff
- 5 Discharge Navigators now in post at CIC and 3 at WCH to support complex discharges and reduce delays. These will cover 7 days
- Clinical support front and back of house – additional senior decision makers at key and vulnerable times to ensure the team is well supported to deliver effective and efficient care.
- Therapists – skill mix to support nursing and medical teams. They will also lead the therapy ward (due to open 1 October 2018)
- Integrated Care Communities-see below for additional information. All core teams-500 staff will support 7 day working, longer hours to support the out of hours offer. Additional 100 staff in place to look after an increased number of patients at home , from Primary care, CPFT and Social care

Plans for improving A&E

- 4 hour standard – increased attendance levels during June/July have led to a reduction in performance against the 4 hr standard with the trajectory for both months not achieved. Action is being taken to improve processes within ED and to improve flow to the wards such as early and morning discharge targets, improving use of the discharge lounges. Changes have led to improved performance in September 2018 that are aimed to be sustainable over the coming months.
- Relaunch of the North Cumbria Nine via clinical leaders – the way we work in North Cumbria to ensure that patients allocated to specialities have their care progressed in an appropriate setting, by the right people and are not lodged in the Emergency Department.
- Introduction in August of Rapid Assessment and Treatment (RAT) to provide early senior assessment of undifferentiated 'majors' patients. This supports early diagnostic requests and guides juniors to decisions early. It also allows for the rapid discharge / onward referral of patients who do not need to be in the Emergency Department. Extremely positive impact. Staffing will be reviewed, ahead of Winter, to allow this service to be delivered across 7 days
- Reduction in minors beaches – reducing to a level where performance for 'minors' care is >98%. This is achieved with a dedicated stream and ensuring appropriate work is streamed out the department.
- Zero tolerance to corridor care – aim to avoid managing patients in corridors as far as possible by implementing the system-wide escalation plan, including a

full capacity protocol, supported by RAT and additional space in ED for ambulance turnaround.

- Primary care streaming at the front door – during evenings and weekends this is in place with CHOC, the out of hours service. We have 2 UTCs and a Primary Care Access Centre across the area which people local to those services and holiday visitors utilise. Additional CHOC clinic in place at WCH for Whitehaven practice patients can be utilised for ED patients where capacity allows. This will be expanded by November to deliver in-hours GP streaming for all patients attending the Emergency Departments. From 1 October 2018, there will be GPs located next to the RAT process, to ensure that there is 'pull' of patients from A&E. This will help ensure that flow improves and support minimum minor breaches too
- Reduction in handover delays – continuous improvement in place for taking handover and to reduce time taken to within the 15 minutes. A SOP has been developed and focus continues on preventing unnecessary conveyance to support. Handover times at both sites are reported daily into the senior system wide 8.30am call so are monitored closely. WCH handover times are normally around 15 minutes. CIC handovers have been longer in recent months but historically were good and work is in progress to return to this with a member of staff identified to take handovers on each shift. Average performance against the combined 30 minute handover & crew clear standard in August was 33:59 for CIC and 27:09 for WCH. NWAS Crews are supported Clear time averages in August were 8:28 minutes at WCH and 8:55 minutes at CIC so perform well within their 15 minute element of the combined standard.
- Effective ambulatory care pathways – there are now ambulatory pathways in place on both CIC and WCH sites with regular monitoring of volumes and activity to ensure referral is maximised. Extension to ambulatory care to 7 days planned for November. There is also a Home First service in place within A&E, at CIC and WCH. Therapy staffs assess and support patients to return home rather than admitting to hospital for non-medical reasons.
- Frailty – routine screening of all patients over 75 with a view to providing specialist frailty care and Routinely screening within two hours of presentation all older people (>75) for their prior degree of frailty using a validated tool -
- Physicians working in ED – Acute medicine step forward into ED to assess any medical or potential medical patients to identify potential alternative care environments.
- Introduction of a Clinical Educator role for trainees, ensuring that they are developed and supported in decision making and department management.
- Improving flow by extending flow coordination role to cover twelve hrs during the busiest periods; promoting focus on ensuring plans in place and chasing outstanding issues.

- Redesign of rosters to reflect increasing demand. This includes continued developed of the ACP workforce to compliment medical colleagues and cross site working for Consultants.
- Redevelopment of mental health pathways (with police and ambulance colleagues) to ensure better system responsiveness to the needs of our most vulnerable patients and ensuring that and care is provided in the safest, most appropriate environment. This will be complete by 1 November 2018
- There is, and will continue throughout Winter, additional operation and clinical support every day (2-10pm) to support 'command and control' and ensuring that all patients have plans in place by 2 hours. (this has proven to be exceptionally effective in the previous weeks, as provides additional support to front line colleagues)
- Integrated Care Communities-the ICC model will impact on ED performance, throughout Winter, through continued admission avoidance through proactive community care ie MDTs are in place in every ICC to manage complex patients, frailty coordinators in place with specific best practice initiatives to prevent admissions through reduction in falls and improved contingency planning for people identified as frail through the EMIS Frailty Index
- Integrated Care Communities-resources in ED at both sites. CIC already has 2 therapists a day, 7 days a week 8am to 6pm who proactively screen and avoid admissions through direct access to community services such as care packages, step up to community hospitals, referral to third sector etc. This service will be fully operational at WCH by mid- October with an interim service now in place
- ICCs-supporting GPs to reduce avoidable admissions. Each ICC has a local hub which is supported by a Senior coordinator, support staff and a Professional of the day with access to a full community team and additional capacity to support more people at home. GPs are able to refer in to the hubs for all patients who require community services. In addition, there will be increased support within the Acute Trust to ensure easy access to community alternatives are made when GPs contact the Acute for advice about admission through integrated working of the Hospital ARC team and the ICC team who will triage and refer on to ICC resources . This will be a senior lead from the ICC supported by a hub coordinator based at each Acute site with full knowledge of ICC services working as part of the integrated on site Acute team. The Professional of the Day can provide a 2 hour rapid response service to referrals made in to the hub for all referrals from the acute or community providers.

Plans for improving hospital flow/reduction in bed occupancy

The aim will be to reduce bed occupancy >90% particularly during the period of Christmas and New Year. Actions to improve flow and thereby reduce occupancy are as follows:

- Reducing length of stay (LOS) with a focus on **stranded** and **super stranded** patients and achievement of expected reductions as per target to reduce by 24% from baseline by end of November 18. Target required by NHSE/I is 61 >21

days from baseline of 92 (internal target of 47). At week ending 27/07/18 performance was at 75. Information systems (Real Time) to ensure accurate and timely list of >7 & >21 days developed for circulation to key staff and to ensure embedded as part of ward systems

- Embedding of SAFER initiatives across all wards such as Green Star patients on all wards implemented by end of Sept 2018. Aim for 33% of daily discharges to be before 12 noon. Red to Green to be implemented as part of Real Time action plan.
- Back of House Support Team set up in August - The BoHST is a multi-professional and system response to intervene on issues affecting flow in the back of house wards; the team will utilise a specific rapid improvement model where critical pinch points (namely process, people, pathway and technology domains) and 'swarm' senior staff around these issues to effect rapid change. The team will meet each morning, at 8am/ 8.30 and review the impact of the previous day's actions (using the day sensitive metric and intelligence gathered from working with the teams) to re-enforce where change has been effective and to re-diagnose and re-intervene where actions have been less effective. The team will provide a weekly impact report that will be provided to the COO.
- Reconfiguration of Medical Receiving Units to facilitate rapid assessment and use of ambulatory services.
- ICCs are part of the Back of House support and as such, they can access alternatives for discharge packages eg providing IVs, use of the Hospital to Home service to bridge the gap while waiting for a long-term care package. The ICC staff on site are working with the wards to embed the access to the one number for all ICC hubs to enable easy access to local services across North Cumbria . This will be embedded ahead of Winter
- Therapy led ward starting 1 October 2018 at Cumberland Infirmary – This will support reduction in LOS and replicates a model that has been implemented at Gateshead Hospitals
- Additional mobile CT scanner during winter period - (7 days a week) at CIC from November 2018 – 31/3/2019. This will support both electives and Emergency care
- DTOC – improvements between health and social care which ensure effective flow out of hospital over 7 days. Significant focus on DTOCs over the past year due to high numbers of DTOCs historically. Newton Consultancy supported implementation of new systems and processes to improve performance. DTOC levels have been reducing significantly and continue on a downward trend. Significant improvement in Community Hospital DTOC through support from ICCs has resulted in more capacity for flow from the Acute Trust
- ICCs-home from hospital service in place for patients needing home care packages while these are awaited;
- Adult social care are undertaking improvements to reablement to release capacity

- Adult Social Care have completed procurement for shift based commissioning for home care services which should increase capacity by 550hrs and should be at full capacity from December.
- ASC presence in CIC at weekends enables early pick-up of new admissions requiring social care support for discharge. Referrals to ASC via STRATA enable monitoring of progress with discharge planning.
- Discharge to assess – Home First teams and Home from Hospital team work on a D2A basis.
- Processes being put in place for this winter to enable increase in DST assessments for CHC to be done in the community rather than hospital. Two CHC nurses appointed by CCG, part of whose role will be to support completion of DSTs in the community.
- 15 Care Home beds in Kingston Court commissioned as step-down beds to enable discharge to these while complex discharge arrangements to final place of care take place.
- As reablement capacity increases patients will be discharged with that team for assessment of home needs.
- Step down – there are a range of both health and social care beds for step-down as noted above, as well as the step down services such as Home from Hospital team, reablement and Community Rehab service (CRS). The new 8 integrated Care Communities (ICCs) will increasingly manage patients from their area out to the most appropriate service once the patient is medically fit
- ICCs-An improved pathway for transfer from acute to community hospital beds has been implemented during March/April 2018 with a single point of access and flow lead in place to triage and sort all referrals to the 8 Community Hospitals as part of an ongoing drive to improve these transfer processes. The central coordination of community hospital transfers reduces delays/duplication
- Trusted Assessor Arrangements – the 15 Kingston Court care home beds work on a Trusted Assessor basis similar to Newcastle RVI arrangement but with the assessor being employed by the care home and assessing patients on a daily basis Mon-Fri and arranging for transfer in to the Home Mon-Sun based on when patient is medically fit. Further investigation as to how Trusted Assessor can be implemented more widely will take place as part of the introduction of the Red Bag Scheme.
- Hospitals to keep their PAS up to date in real time enabling connected systems to provide a “live” bed state – currently arranging this with CNE UCN for use of the Urgent Care App this winter. A number of GPs have expressed enthusiasm for having access to this and once it is live in North Cumbria we will explore with ICC GP leads whether their Practices can supply a daily OPEL level on the App to indicate pressure levels within primary care

Discharge

- In January to May 2018 the North Cumbria system commissioned Newton Europe Consultancy to work with the system to improve the recording and management of DTOCs. This has provided additional manpower capacity to focus on areas of improvement such as accuracy of recording and effective reporting, identification of the key areas of delays requiring focus, detailed analysis and identification of potential solutions to delays.
- Both acute hospital sites have Integrated Discharge Teams to manage the discharge of patients smoothly. Daily 11am meetings have been instituted in which all patients identified as close to discharge are discussed, any actions needed to progress discharge are identified and allocated to the most appropriate member of the team. This process is continually refined and improved to ensure that it is as effective as possible by winter 2018/19
- Areas of service that have developed during the winter of 2017/18 but were not fully in place to have maximum impact were:
    - Home from Hospital – a service that supports patients awaiting packages of care or requiring short-term support in the home. This service is now fully in place across all of North Cumbria and is working well, managing on average 40 patients at a time.
    - Commissioning by NCUH of 15 beds in a Kingston Court Care Home next to Cumberland Infirmary. This contract commenced in mid-March 2018 and is an innovative arrangement that ensures that patients in these beds remain in the oversight of the CIC Discharge team until they are discharged from the Care Home to their final place of residence. NCUH provides therapy support to these beds and a link Matron to support the staff. Care Home staff are able to access NCUH training to improve their skills. This new service is commissioned for 1 year so will be in place and working most effectively throughout 2018/19 winter
- Other initiatives in place in 2017/18 will continue such as short-term social care beds in Cumbria Care residences for patients awaiting a social care placement and community health beds which are iBCF funded to take patients awaiting home of choice or other social care arrangements. These beds are overseen and managed by social care for access with the multi-disciplinary discharge teams reviewing patients for suitability to transfer into these beds. The community health beds are particularly aimed at patients suitable to be transferred from the community hospitals prior to their final discharge package/placement
- Development of ICC hubs and pathways over the summer has enabled a “pull” process to be in place for patients able to go directly home with support as described above
- Implementation of Realtime/STRATA link to enable efficient and timely social care referrals and tracking of progress
- Training in the Supporting People to Make Choices to Avoid Long Hospital Stays policy is to be undertaken to ensure that it is utilised appropriately

- Discharge lounges are in place in both CIC and WCH, and opening times will be extended to 7 days from the 1 November
- Discharge Navigators were introduced to the Integrated Discharge Teams last winter and their roles are now permanent, across 7 days.
- From 1 October 2018, there will be a specific team (inc ICC, acute and ASC) for the weekend too, to ensure that all discharges are identified and actioned over the weekend, to support capacity for the following week and overall improve flow

Plans for improving flu vaccinations

A comprehensive local flu strategy with a mechanism to monitor and performance manage provider and community uptake of vaccination.

The North Cumbria health and care system will follow the guidance from the NHSE Flu Vaccination Programme Delivery Guidance 2018/19 and the PHE/DHSC/NHSE letter of 26/03/18 regarding the national flu immunisation programme for 2018/19 which advises completing vaccination of at risk/eligible groups by November 2018 as far as possible. In addition:

North Cumbria

- The national target to achieve is 70% of staff and this was achieved and exceeded by NCUHT, CPFT, CCG and NWAST during 2017/18. The successful model utilised will again be instituted for the winter of 2018/19 .
- Local Comms will include vaccination awareness for both staff and the general population
- Cumbria County Council PH team provide support to Care Homes during outbreaks of flu
- The CCG leads on distribution of anti-virals where Care Homes have outbreaks of flu.
- PHE NW held an event in July 2018 to review last winters management of flu, particularly with regard to outbreaks in Care Homes, to identify what went well and what needed to be improved. Representatives from CCC PH team and NCCCG attended the event.
- Point of care testing will also be available within ED's

Regional

- Regional winter comms will include Flu vaccination awareness
- There is a well established regional seasonal Flu and adult immunisations programme board which is chaired by NHSE and meets monthly with CCG and provider partners representation.
- A comprehensive local flu strategy and plan has been developed with a mechanism to monitor and performance manage provider and community uptake of vaccination (linked closely with the UEC Operational group to ensure join up).
- Uptake of flu vaccination is monitored and shared with each CCG with regular messages and information shared with CCGs and Primary Care to increase uptake.
- Regional winter comms will include Flu vaccination awareness
- All FT's will need to provide assurance on their plans to Local Health Resilience Partnership by October 2018.

Plans for Improving integration, community services and primary care

- Admission avoidance schemes, including care homes – there are a range of schemes in place and planned. In Carlisle there is a Care Home team which supports all Care Homes with their patients and is available for advice and support when needed. NWAS have trained a number of Homes in use of the Manchester triage tool to assess the patient needs accurately when unwell. GP Practices in many parts of North Cumbria are linked to specific Care Homes.
- The new **Integrated Care Communities** will manage patients actively to remain in a community setting wherever possible.
    - There are 8 hubs with professional of the day in place. Each hub completes a daily review of the list of their inpatients sent to them by NCUH
    - There is also a link role in the acute embedding communication with the 8 hubs and supporting the flow of information
    - Senior support from the ICCs on site at CIC daily supporting the work on stranded and super-stranded patients
    - Specific initiatives to build on work already in place for frailty/falls, respiratory and cardiac patients are in progress for this winter to ensure services/ management in place to enable the patients to remain at home wherever possible.
    - Frailty Coordinators are being recruited to all 8 ICCs to support the cohort of frail patients in their area.
    - NWAS are linked into this work so that the Pathfinder schemes are able to integrate into this and link with the ICC hubs to avoid conveyance to hospital where possible. The pathways for paramedics to use to access ICCs are being agreed currently.
    - Work is also underway to enable GP referrals to be directed to ICC hubs to avoid admission to hospital where alternative arrangements would be clinically appropriate
    - Detailed data analysis is being undertaken to assess the impact of this work
- ICC Primary Care Transformation funding schemes will release capacity within general practice allowing GPs to work with ICC teams to avoid admission, facilitate earlier discharge and manage more patients at home. Schemes have been required to demonstrate how they will achieve this objective and activity targets have been developed to measure activity and to provide estimates of capacity generated within general practice. The schemes developed by practices broadly fall into three categories dependent on the specific workload pressure identified by practices within the individual ICC and will be in place for winter:

    - Management of home visits and assessment of frail elderly patients
    - Management of frequent attenders at GP practices specifically those with long term conditions and low level psycho-social needs.

- Management of home visit requests to practices and teams and need for better triaging of these

- Development of integrated services between health and social care in the out of hospital setting are based on implementation of the ICCs to support patients in the community as far as possible. Reablement and CRS work closely to ensure efficient use of both teams, and now share a common system
- Extended primary care access services in situ from 1 October 2018 with an additional 164 hrs of appointment time available in evenings/weekends. Evidence of impact will be used in planning winter coverage – Workington Primary Care Centre has provided extended access to that area for several years and has good attendance levels. This has been commissioned across the WNE Cumbria area by the CCG to with CHOC (OOH service), ICCs and Workington Health providing the services across North Cumbria. A range of data will be collected to monitor usage and ensure it is provided in areas of most need/take-up.
- Pharmacies across North Cumbria will continue to provide the Minor Ailments service as in previous years
- GP Practices and pharmacies should have Business Continuity Plans in place to ensure sustainable services during adverse weather – All GP Practices have BCPs in line with CQC requirements. National Pharmacy chains have centrally developed BCP plans adapted to local requirement in place. Local pharmacies have their own plans in place. The regular adverse weather that is experienced in Cumbria tends to mean that these plans have been well tested and updated from experience such as the floods in recent past winters.
- National Care Homes bed state – currently this is not utilised in North Cumbria as social care are part of Integrated Discharge Teams (IDT) and can access care home capacity directly utilising STRATA
- Care Home Collaborative – working on a range of care home initiatives:
    - the Red Bag scheme which is to be piloted in two Care Homes initially in September. The pilots will run for 6 weeks, facilitating time to learn lessons utilising the PDSA model prior to full rapid roll out of the scheme across the rest of North Cumbria.
    - React to Red – a pressure ulcer prevention campaign
    - Medicines optimisation in care homes – 1 wte pharmacist and 0.4wte technician appointed and will be trained in September to support medicines optimisation and anti-microbial stewardship in care homes
    - Use of STRATA as an electronic bed state tool/capacity tracker (among other uses) in care homes. Electronic care plans rolled out to 20 care homes in June 2018

Further details of collaborative operational planning with social services and mental health services.

- The North Cumbria health and care system has a good history of collaborative operational planning
- In preparation for the winter of 2017/18 the LADB set up a weekly operational group meeting. This has continued and will continue in order to prepare for and manage winter 2018/19. This is a multi-organisational group consisting of a core membership of NCUH, CPFT, ASC and CCG (CPFT provides both community and mental health services). Other organisations such as NWAS and CHOC are invited to attend when the initiatives/issues being discussed clearly relate to their areas. It was agreed however, that their regular membership was not a good use of their time.
- Four multi-agency sub-groups looking at specific areas of in and out of hospital flow are in place and meet weekly:
    - Acute access meeting that leads on admission avoidance such as NWAS pathfinder, ICC admission avoidance workstreams
    - An acute flow meeting that leads on in-hospital areas such as the delirium pathway, stranded patients, EDD standardisation and improvement, SAFER and Red to Green, Discharge Policy adherence , bed base commissioned outside hospital to reduce DTOCs, DSTs for CHC, Integrated Care Community links/pathways
    - An outflow meeting that leads on out-of-hospital areas such as Hospital to Home service, community hospital transfers, use of social care and community health beds, ICC discharge pathways
    - Bed demand and capacity group
    - All the above groups are multi-organisational
    - In addition in mid-August a multi-agency Back of House Support Team was set up at CIC which aims to proactively work on flow on a daily basis (see earlier section on Hospital Flow)
- An Integrated Discharge Team is in place on both acute sites with AHPs and social care involved
- A delirium service was commenced last winter which is now embedded as part of the system.
- 24 hour coverage of mental health liaison services in place, continued from winter 2017/18
- Mental Health Pathway for Carlisle and Eden Valley - Carleton Single Point of Access for mental health referrals. Can be utilised by NWAS as a pathfinder pathway.

Include plans for flexing capacity that can be increased in the event of winter surge, across the acute, community, residential / home care sectors and packages of care. This should include the agreed multi-agency triggers for extending and withdrawing this extra capacity.

- during peaks in demand Command and Control is instituted across the system. Senior level teleconferences are arranged as needed. All possible capacity is identified and actions to enable utilisation agreed. Actions will be agreed during the

daily 8.30am call and during prolonged periods of surge an 8am meeting at CIC with videoconference from WCH will be put in place to agree actions to manage the system and work towards de-escalation

- Full capacity protocol in place
- Routine elective in-patient surgery will be minimised during December 2018 and January 2019, although all urgent and cancer cases will continue. This will increase capacity during the two most pressured months:
    - Take down the orthopaedic ring fence at CIC between 1/12/2018 – 31/1/2019
    - Take down the orthopaedic ring fence at WCH between 20/12/2018 – 14/1/2019
    - Only operate on clinically urgent, patients on a cancer pathway at CIC and WCH between 20/12/2018 – 14/1/2019
- When needed escalation beds will be opened as safe staffing allows and patients will be admitted to wards as outliers where capacity is available
- Community hospitals to identify whether they can expand capacity
- Review of Social Care short-term bed numbers to establish any capacity to expand
- Kingston Court will take additional patients beyond the usual 2 per day in exceptional circumstances by agreement
- Review all community teams capacity especially hospital to home and reablement to see if any additional capacity could be created
- ICC teams to review their capacity to manage early discharge of patients in their area where medically fit. During times of pressure acute and community hospitals will work even more closely with them to review patients and expedite discharge where appropriate.

Robust plans for ambulance services and NHS 111 providers to deal with known activity peaks in demand across the winter period.

NWAS Winter Narrative for CCGs

- The strategic winter planning process for NWAS is already underway based on lessons drawn from experiences gained across the service over the recent winter period.

Paramedic Emergency Service (PES)

- Winter 2017/18 created significant challenges for NWAS across all parts of the organisation and now that NWAS and wider system experience has grown since the implementation of the Ambulance Response Programme (ARP) in August 2017, the resultant changes in dispatch and reporting systems are now more consolidated. Working closely with Lead Commissioners (Strategic Partnership Board), Local CCGs (Ambulance Area Commissioning Groups) and A&E Delivery Boards, performance against ARP standards can be closely monitored and shared. Given the delays experienced in responding to emergency calls over the winter, pragmatic solutions are being worked through in conjunction with a robust Performance Improvement

Plan to provide assurance that NWAS will be able to deliver against performance targets in a safe way based on an agreed set of deliverables and timelines. Key to this aim is a wide ranging strategy to ensure the appropriateness of all admissions and utilisation of all available care pathways. Packages of changes are already being implemented to consolidate recent improvements in performance which can only be achieved with whole system support in reducing A&E handover delays to 30 minutes, maintaining AVS response times to the agreed MOU offer and the ability of STP footprints to deliver services to a proportion of C3 and C4 patients within their catchments. Progress in these regards will be supported by changes to NWAS fleet disposition to increase the ratio of conveying ambulances to Rapid Response Vehicles (and consideration of Urgent Care Service consolidation), changes to the workforce model and emphasis on supporting measures around patient management (e.g. HCP requests, Calls from care homes, closer integration with NHS 111 and working with other partners).

- Pathfinder is in place in North Cumbria with the addition of ICC pathway this winter
- Hear & Treat in July 2018 for North Cumbria 9.4%, and See & Treat 21.6%

NHS 111 (NWAS):

- Based on almost three years of historical data, NW 111 is now able to accurately forecast demand in order to deliver improved roster efficiency and accuracy. Ultimately this will assist in delivering a more consistent and improved performance compared to previous winters. As with previous years, the week commencing 23 December 2018 is predicted to be the busiest of the year (forecast suggests demand may be up to 50k calls in week) with demand remaining high the following week and into January. To ensure the best roster cover NW111 reduce levels of managed shrinkage, such as annual leave and planned offline activities, for these key weeks.
- The improved accuracy of forecasts allow for more accurate recruitment planning for both Health Advisors and Clinicians.
- NW 111 already operates a diverse approach to delivery, with the aim of improving patient experience. NW 111 will utilise the delivery methods of the previous winter. This includes;
- Cold and Flu Pathways – this is delivered through IVR and represents more than 5% of NW 111 demand. Patients are presented with a range of self-care options as well as assessment, dependant on the needs of the patient.
- Streaming at front end of patients aged 5 and under and currently unwell – this is delivered through IVR and seeks to ensure patients five and under are managed, in the first instance by a clinician.
- Homeworking for clinical staff – to increase clinical numbers, especially on peak days, NW 111 operate homeworking. Clinicians can log on for key peak shifts at home.
- To ensure the maximum benefit from all of the available workforce over the peak days and winter overall, NW 111 will utilise non front-line staff, such as Pathways trained administrative staff performing front line call taking roles, Audit and

Governance Team members deployed into front line roles, increased senior management support and the ability to use front line managers working across a range of operational roles. Clinical Managers are also able to work additional hours from home (via homeworking technology).

- APAS service in place utilising CHOC to take early transfer of calls that would otherwise be referred to ED

NWAS PTS:

- PTS is now more fully integrated into system wide engagement with acute hospitals, AEDBs and commissioning partners across the region and it is this proactive engagement that will be pivotal in facilitating with partners, an effective response to activity peaks. When a potential activity is indicated, PTS is able to flex its resources to manage expected and projected levels of activity, using a range of core full time and bank staff, approved subcontractors and volunteer car drivers to be responsive to demand.
- Historical information is employed as part of wider Business Intelligence resources to plot demand requirements across the whole year, identifying key dates during the winter period specifically where additional hours can be profiled and targeted to meet expected surge in demand to support alleviation of wider system pressures.
- PTS staff and vehicles can be utilised further to assist PES in reducing admission, discharge and transfer pressures as and when required under Trust Resource Escalation Action Plan (REAP) level changes and during a Major Incident situations.
- Staffing levels are scrutinised at weekly service delivery to ensure that PTS can respond to changes in planned activities of hospitals/national directives in support of prioritising discharges and transfers. In order to maximise the effective use of such flex capacity, early notification and coordination from partners is essential to maximise availability.
- PTS provides all acute and commissioning partners with key contacts for escalation, providing a responsive line of communication during core business and in times of increased demand or system wide pressure.
- Similarly, requests from both internal and external partners for additional resources can be considered to be utilised in support of the management of expected or unexpected increases in demand.
- Monthly meetings with PTS are being recommenced following a gap in order to discuss and address local issues as they arise.

Plans for managing peaks in demand over weekends and bank holidays

- Horizon scanning is in place through NEAS and NWAS demand predictors, Met Office weather alerts and the bed predictors to forecast peaks in demand
- Bespoke and detailed system wide plans are developed for Bank Holiday periods and periods of anticipated peak demand. This ensures additional capacity is made available across the system to deal with increased activity

- Additional command and control support put in place and available over bank holiday periods
- Reviewing evening and weekend private transport arrangements to assess what improvements can be made
- Voluntary sector (Red Cross) will support over Winter, particularly mornings and weekends. ICC's will also support these transfers, to support movement of patient etc on arrival

Cumbria Health On Call (CHoC)

- Acute Patient Assessment Service – early transfer of potential ED cases from 111 and transfer of suitable 999 cases
- Direct calls from HPF's, Care Homes, Patients on Care Plans, Mental Health wards, Community Hospitals, Prison
- Paramedic Pathfinder Scheme (AVS)
- Direct referrals from A & E and PCAS departments
- Video consultations to reduce need for patient to travel
- Triage of patients includes not just GP and nurse but also pharmacist availability
- Treat 89% of cases, refer average of 3% to ambulance, 4% to A&E/ambulatory care, 4% for admission

System wide escalation plans in line with the national framework with agreed local multi-agency triggers. These triggers should include both escalation and de-escalation.

Local

- The North Cumbria Health System has system wide OPEL Escalation Framework to ensure effective patient flow and escalation across and through the health system. In addition to this a number of incident specific escalation frameworks have been developed to deal with specific risks to patient flow and patient safety. The system wide Norovirus Escalation Plan has been successful over the last 2 winters in minimising the impacts of norovirus and ensuring a system wide response is in place to reduce and control its occurrence. In addition to this the Nursing Escalation Framework aims to ensure appropriate escalation and resolution of nursing shortages across the North Cumbria Health system.
- Within the Acute Trust new standardised OPEL Triggers are being embedded to align levels with the standard across the North East and Cumbria – these triggers will be embedded in a revised, more robust Patient Flow, Escalation and Full Capacity Policy.
- Daily, senior level 8.30am calls Monday to Friday enable early warning and escalation as needed. Actions and owners are identified and a further call or calls later in the day are agreed as needed. During weekends and Bank Holidays this call takes place at 10am
- During periods of prolonged surge 8am meetings at CIC with videoconference from WCH are instituted to agree actions and plans needed across the system to work towards de-escalation

Regional

- Both Provider and Commissioning organisations across North Cumbria and the North East have plans in place which include triggers for both escalation and de-escalation built on the national standardised OPEL framework (Operational Pressures Escalation Levels 1-4)
- Work will be undertaken to review the existing escalation framework based on NHS England guidance and plans will be revised in line with this for both systems and individual organisations ready for winter 2018/19
- NECS, on behalf of 11 CCGs works with NHS England and NHS Improvement in adopting a whole systems approach to co-ordinating and facilitating the communication and management of pressures across the whole health and social care system including both commissioners and providers across North Cumbria and the North East.
- This is achieved by using situation reporting, system wide communications via teleconferencing and the winter planning and surge management website, liaising with all providers to ensure compliance with winter plans and escalation frameworks.
- NECS ensures CCGs are informed of high levels of sustained activity and pressures, and works with CCG colleagues to resolve any problems which affect service delivery.
- During periods of sustained pressure, NECS communicate with Cumbria and the North East NHS England and NHS Improvement Teams about pressure points and mitigating actions to CCGs.
- Flight deck web portal provides up to date information in the day to day management of surges across the North East.
- Excellent relationships with Northumbria and Newcastle Hospitals and collaborative working and support over Winter

CCG, Provider and Local Authority on-call arrangements to include an executive level.

- NCUH have a Silver On-Call Rota, additional clinical roat as well as a Site Coordinator 24/7 on site to deal with issues as they arise.
- CPFT have a Bronze and Silver On-Call Rota to ensure that there are senior decision makers and subject matter experts available to deal with issues in a timely and effective manner
- CPFT and NCUH now operate a single Executive Team across both organisations and so also run a single Gold On-Call rota across both organisations. This enables a more coordinated approach across the acute and community footprint.
- The CCG has a Director on call rota
- Cumbria County Council has an on call rota
- NWAS have a similar gold/silver/bronze on call system across their whole NW area
- CHOC have an on call Director rota
- At weekends and BH's there is a daily 10am call for the on call team to identify and address any challenges in the system.

An adverse weather plan which includes the clinical impact of cold weather and snow and also the impact on business continuity

Local

- All organisations have their own Adverse Weather Plans and there are system-wide plans in place through the LRF.
- Cumbria is experienced in dealing with adverse weather and a range of learning is currently being embedded following the "Beast from the East" period of disruptive weather across the North East and Cumbria – this includes improving processes for identifying vulnerable individuals at the earliest opportunity so that care can be prioritised.
- A staff handbook is in place offering travel advice and winter preparedness advice for staff in the acute and community Trust
- A number of MOU's are in place with between 4x4 providers and health organisations. This ensures that key members of staff can be transported into work and that community staff can reach patients most in need.

Regional

- At a national level NHS England Cold Weather plan provides trigger levels and examples of good practice for organisations to implement
- Individual health and social care providers put in place their own adverse weather and business continuity plans detailing trigger points and appropriate actions to be put in place when required
- Provider organisations are required to provide copies of their adverse weather and business continuity plans to NECS for sharing on the surge management and winter website across the health and social care economy

Plans for cascading advance warnings and briefings with a focus on admissions prevention amongst high risk groups

Local

The Urgent Care App will be rolled out to all who wish to use it this winter to enable them to be aware of current pressures in acute and ambulance and to take appropriate and agreed actions in response.

NWAS circulate the ROCC to relevant staff such as commissioners, EPRR staff, which identifies upcoming events that may cause additional pressure, weather warnings and other information that may impact on activity. NEAS circulates a similar report.

Local comms are agreed and implemented including for example frequent and regular social media usage providing health care and healthy living messages and information on accessing appropriate services/ location of services. Local media such as television and radio are used for medical staff such as GPs to provide information to the general public.

The CCG comms team emails to all GPs/GP Practices to alert them to high levels of pressure on the acute sites and to advise that any patients needing admission may experience long waits. Once the Urgent Care App is live in North Cumbria GPs will be encouraged to download and use it to be aware of levels of pressure in the system.

Regional

The plasticine people campaign will continue on a regional basis for 2018/19 focused on best use of urgent care/A&E/NHS 111 services. This year the campaign will be refreshed to ensure messages from any surge activity last year are incorporated into the suite of materials.

The aim of the campaign will be to raise awareness in the most effective way to influence people's decisions about best use of health services, and significantly change use of urgent care services across North Cumbria and the North East

A multi-agency proactive and reactive communications plan to promote appropriate use of local services.

Local

- The local system links closely with local system partners, the regional and national comms campaigns.
- The Comms teams across the system work closely together to agree, co-ordinate and amplify winter comms campaigns
- Regular and frequent social media messages regarding Choosing Wisely and other self-care messages. Information regarding service options – use of pharmacies, UTCs etc
- National resources expected soon for local campaign
- Publicising availability of Child Health App
- Plans to utilise the opportunity of Self-Care week in November for self-care messages
- Use of clinicians to provide health care and service use advice through local radio, television, newspapers and local newsletters

Regional

The plasticine people campaign will continue on a regional basis for 2018/19.

The aim of the campaign will be to raise awareness in the most effective way to influence people's decisions about best use of health services, and significantly change use of urgent care services across the North East.

The campaign will run for 12 months, mapped against peak surge activity at key times of the year. It will dovetail with the integrated, national winter campaign agreed by NHS England, Public Health England and DH to deliver planned locally tailored communications activities during the winter period.

The campaign will continue to be used as part of surge management and delivering against the insight developed as part of the behavioural analysis work into the views and behaviours of urgent and emergency care.

Campaign objectives

- Provide and educate patients about NHS services
- Encourage the most appropriate NHS service is chosen

Target audience

Activity for the campaign is split as follows:

- Winter activity: From November to end of April (to take into account of Easter)
- Summer activity: July and August
- Bank Holidays: from Thursday up to Tuesday after a Bank Holiday

Managed outbreak plans to avoid (and contain) any D&V / norovirus impact.

- Diseases, such as Influenza and Norovirus are more predominantly wintertime illness, with Norovirus increasing late autumn or early winter. Public Health England (PHE) will continue to publish Norovirus outbreak reports and these will be actively monitored throughout the period
- Cumbria has an agreed escalation policy for outbreaks of Norovirus which is utilised in a similar manner to OPEL levels – ie. Triggers with agreed actions.
- Each organisation also has their own outbreak plans which have been approved at Board level
- The CCC PH team support Care Homes during outbreaks of norovirus or flu

A mechanism to test these arrangements ahead of the winter period.

Local

- A system-wide winter plan testing exercise will be undertaken on 27th September 2018. This year, in order to offer a more robust test of the plans and the assumptions the plans are built upon, the exercise will be split into a system wide operational exercise for general winter awareness (27th September) and a deep dive systems leaders exercise where the plan will be placed under intense scrutiny and testing.
- Learning from this event will shape the final version of the Winter Plans for 2018/19

Regional

- A System Masterclass for the North East and North Cumbria is scheduled to take place in September 2018 where it is proposed testing the plans in place for Winter 2018/19 as part of the event.

How much money has gone into contract baselines by scheme?

- Urgent Care is part of the wider STP agreements for spend. There is no additional funding allocated specifically for winter/urgent care.
- However, an additional £500,000 is being spent on usage of 15 Kingston Court Care Home beds for one year – March 2018 to March 2019, with additional CCG funding to provide the primary care cover for these beds, and an OT provided by NCUHT to support these beds
- £900k winter funding is available across CNE UCN area. UCN to agree how to spend most effectively across the whole area.
- There is no residual funding

What services have been decommissioned?

- During winter of 2017/18 the system piloted an Integrated Flow pilot in Carlisle to provide in particular additional therapy services and an NWAS vehicle to enable admission avoidance at weekends. This service was poorly utilised over the winter and was not cost-effective. It was therefore stopped.
- Currently the system is reviewing the community health beds commissioned as part of the iBCF as their use is limited due to the nature of the beds (residential rather than nursing) and the access requirements.

Is there any intention to review the current position in September / October 2018 in advance of winter?

- The system has weekly operational meetings during which progress with winter plans and preparation is closely scrutinised
- The September A&E Delivery Board will review progress and assurance with winter plans
- The 27th September Winter Preparedness event will test the plans and there will be an additional smaller preparedness event for key staff overseeing winter planning.
- The 8.30 daily calls review current performance and during September/October should performance not be improving as expected then necessary actions will be agreed to improve the position
- The Trust board will review plans regularly

Provide details of any risks and mitigating actions identified for winter 2018/19.

The major risks to managing winter effectively remain the same as for 2017/18:

- Insufficient staff due to vacancy factor and inability to recruit; or due to staff absence (sickness, bad weather etc). Currently 20% vacancy factor in primary care in North Cumbria
- Insufficient capacity during unexpected peaks in demand
- Significant infectious disease outbreaks
- Significant and prolonged periods of adverse weather


Copy of Winterplan 18-19 v1.7 140818.x


Winter Plan Briefingwithdata 0609