**Agenda Item: 04**

**Report to:** Governing Body

**Date of meeting: 28/10/2021**

**Date paper distributed: 21/10/2021**

**Subject: Winter Plan 2021/22**

**Presented by: Helen Kenyon**

**Previously distributed to: N/A**

**STATUS OF THE REPORT *(auto check relevant box****)*

**Decision required** [ ]

**For Discussion to give Assurance** [x]  *(Only if requested by Committee member prior to meeting)*

**For Information** [x]

**Report Exempt from Public Disclosure**  [x]  No [ ]  Yes

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| **PURPOSE OF REPORT:** | To inform the Governing Body of the CCG’s Winter Plan; to update the Governing Body on the work done and planned for as part of winter planning and the approach to monitoring and escalation of winter pressures and escalations. |
| **Recommendations:** | The Governing Body is asked to note and accept the contents of this report. |
| **Clinical Engagement**  | None required.  |
| **Patient/Public Engagement** | None required. (*where appropriate – how has the* [*NEL Commitment*](https://www.northeastlincolnshireccg.nhs.uk/get-involved/) *been implemented*) |
| **Committee Process and Assurance:** | **Documents reviewed and approved by Helen Kenyon as Senior Responsible Officer, sent for approval and ratification at AEDB and Governing Body.**  |

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| --- | --- | --- | --- | --- |
| **Link to CCG’s Priorities** | * Sustainable services
* Empowering people
 | [x] [ ]  | * Supporting communities
* Fit for purpose organisation
 | [x] [x]  |
| **Are there any specific and/or overt risks relating to one or more of the following areas?** | * Legal
* Finance
* Quality
* Equality analysis (and Due Regard Duty)
 | [ ] [ ] [ ] [ ]  | * Data protection
* Performance
* Other
 | [ ] [ ] [ ]  |

**Provide a summary of the identified risk**

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|  |

**Executive Summary**

The AEDB and System Improvement Group have developed a winter plan and System Improvement Plan in partnership with provider partners.

The winter plan and System Improvement Plan are attached and a brief outline of the approach to winter planning and management/ escalation of pressures is attached in the outline paper.

Please see:

1. Supporting paper below under this cover sheet – page 3 onwards

2. Winter Plan 2021/22

3. System Improvement Plan

**Winter Plan 2021/22 – Supporting Paper**

**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 Group at each A&E Delivery Board meeting, where it is a standing agenda item.

**System Actions**

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.

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

**Identified Risks**

|  Key risks | Mitigation |
| --- | --- |
| 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 PlanRapid 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 |
| Neighboring System Pressure – usual winter pressures in neighboring systems and potential for COVID outbreaks in those systems.  | Plans across the system consider impact of outbreaks in neighboring systems and mitigation of risks posed by pressure in neighboring systems and potential requirement for mutual aid. |