

# Lincolnshire SRG System Wide Winter Plan 2015/16

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## Lincolnshire SRG System Wide Winter Plan 2015/16

### Version Control Sheet

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author/Amended by
0.1		New Document	17.10.15	Sarah Stringer
0.2		Amendments made after consultation meeting with partners	28.10.15	Sarah Stringer
0.3		Amendments made with updates from partners	09.11.15	Sarah Stringer
0.4		Amendments made with updates from partners	20.11.15	Sarah Furley
0.5		Summaries of all embedded documents added at request of Health and Wellbeing Board + Contents inserted	24.11.15	Sarah Stringer

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## 1. Strategic Approach Statement

<b>Background</b>	It is an expectation of NHS England and the TDA that a robust system wide plan is in place for each winter. The System Resilience Group (SRG) must have assurance that all commissioners and provider's plans evidence both individual organisation and system wide congruence and resilience. This system wide plan builds on the lessons learned and history of recent years. This Plan provides an overview of the key strands of our operations and provides the framework for partner organisations to work together.
<b>Statement</b>	It is the expectation that the Lincolnshire SRG will take all reasonable steps to ensure that all organisations can maintain or return to business as usual after a disruption to business continuity, after a critical incident or after major incident/emergency. The Winter Plan is operationalised through our Lincolnshire Surge and Escalation Plan which has recently been through a refresh which describes in more detail the tiers and triggers of incidence and response.
<b>Responsibilities</b>	Compliance with the plan will be the responsibility of all members of the Lincolnshire SRG with each of their organisations.
<b>Training</b>	Directors/Managers across organisations will be responsible for ensuring that all appropriate staff have appropriate training in line with this plan.
<b>Dissemination</b>	All organisation's websites Via E-mail
<b>Resource implication</b>	Resources across organisations have been committed via SRG to ensure winter resilience.

## **Plan Interdependencies**

This Winter Plan 2015/16 should be read in conjunction with the following cross organisation documents:

- Major Incident Response Plan (IRPs)
- Multi Agency Pandemic Flu Plan
- Lincolnshire Surge and Escalation Plan
- Multi-Agency Adverse Weather Plan
- Local Transport Plan
- Individual Organisation Business Continuity Plans, Outbreak Plans, Infection Prevention Policies as appropriate.

We are clear locally about the expectations of NHS England and the TDA on our winter response, particularly in relation to:

- Preventative measures including flu campaigns and pneumococcal immunisation programmes for patients and staff
- Joint working arrangements between health and care – particularly to prevent admissions and speed discharge
- Ensuring operational readiness (bed management, capacity, staffing, bank holiday arrangements and elective restarts)
- Delivery of critical and emergency care services
- Delivery of out of hours services
- Working with ambulance services – particularly around handover of patient care from ambulance to acute trust and strengthening links with primary care and A&E
- Strong and robust communication across the system.

The Plan is underpinned by the principles of integrated emergency management (IEM):

- **Anticipate** – be aware of new hazards and threats facing the health economy.
- **Assess** – the hazards and threats for likelihood of occurrence and the impact.
- **Prevent** by taking a range of actions to limit the likelihood of occurrence, and the effects of any threats.
- **Prepare** by having appropriate planning arrangements and management structures.
- **Respond** by managing the immediate consequences of an incident or emergency.
- **Recover** by having plans to return to normal activity following an interruption.

At a high level, our response to winter is to ensure we:

- Minimise the risk to patients/service users during a period when the service is under increased pressure
- Maximise the capacity of staff by working systematically and effectively in partnership
- Maximise the safety of the public by promoting personal resilience e.g. seasonal flu vaccination, and choosing the right service through the communications campaign and community engagement processes
- Maintain critical services, if necessary, by the reduction or suspension of other activities.

## Distribution List

### NHS England

- Leicestershire and Lincolnshire Area Team

### TDA

### Public Health England

- PHE (Lincolnshire)

### Clinical Commissioning Groups

- Lincolnshire West Clinical Commissioning Group
- Lincolnshire East Clinical Commissioning Group
- South West Lincolnshire, Clinical Commissioning Group
- South Lincolnshire, Clinical Commissioning Group

### Lincolnshire Community Health Services NHS Trust:

- LCHS Chief Executive
- Chief Nurse/Director of Operations
- LCHS Trust Board (Directors)
- Emergency Planning Committee
- On-Call Director/Management Team (to form part of the on-call packs)
- General Managers (full cascade across staff).

### Lincolnshire Partnership Foundation Trust

- LPFT Chief Executive
- Director of Operations
- LPFT Trust Board (Directors)
- Emergency Planning Leads
- On-Call Director/Management Team (to form part of the on-call packs)
- General Managers (full cascade across staff).

### United Lincolnshire Hospitals Trust

- ULHT Chief Executive
- Chief Nurse/Director of Operations
- ULHT Trust Board (Directors)
- Emergency Planning Leads
- On-Call Director/Management Team (to form part of the on-call packs)
- Site Managers (full cascade across staff).

### East Midlands Ambulance Service (EMAS)

### Lincolnshire County Council

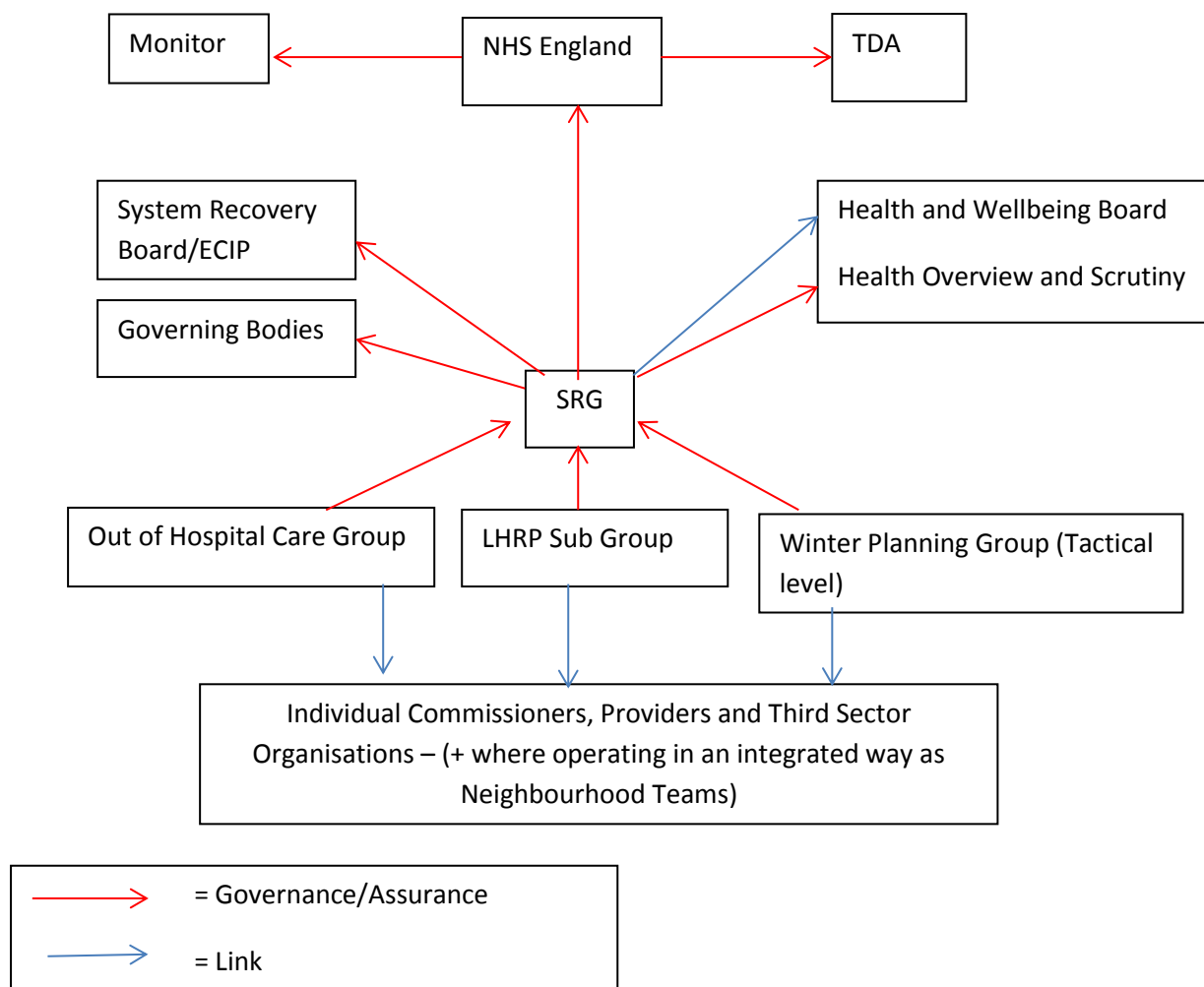
- Adult Care Services
- Children's Services
- Public Health
- Emergency Planning Unit/LRF/LHRP

### Care UK 111 Service

### Voluntary Sector

- Lincolnshire Care Association (LinCA)

## Governance and Assurance Links



## Future Proofing the Winter Plan

The work completed to deliver the Plan through the 2015/16 winter period will continue to be shaped by emerging local thinking and national information, for example ‘Transforming Urgent & Emergency Care Services in England’, Urgent and Emergency Care Commissioning Standards and the imminent Emergency Care Improvement Programme (ECIP) Reports for the SRG.



## 2. Anticipate

### 2.1 Cold Weather Plan

The national Cold Weather Plan provides advice for individuals, communities and agencies on how to prepare for and respond to severe cold weather. It is supported by the Met Office Cold weather Alert Service. The Service starts on 1 November 2015 and runs until the end of March 2016. Each member of SRG has been asked to ensure they are clear on their roles and responsibilities during periods of cold weather. The Surge & Escalation Plan developed for Lincolnshire sets out organisational responses and actions in detail such as identification of vulnerable patients and staff rotas.

The Cold Weather plan and its associated supporting documents (*“Making the Case: Why long-term strategic planning for cold weather is essential for health and wellbeing”* and action cards are available on the PHE website at [www.gov.uk/phe/cold-weather-plan](http://www.gov.uk/phe/cold-weather-plan), accompanied by a cover letter from the Department of Health, PHE, NHS England and the Local Government Association.

The Local Resilience Forum (LRF) Severe Weather Plan:

This plan details the escalation and likely actions following notification of a Severe Weather Event. It ensures that a consistent approach to severe weather is taken, linking specifically to other pre-existing plans, triggers and actions. Specifically regarding winter the plan details actions for cold weather/heavy snow risk and for storms and gales risk.

Triggers are coordinated from the NHS Winter Weather warnings cascaded from Public Health England via the Met Office, aimed at the Health Sector. The NHS Winter Plan levels are as follows:

Level 0 – Year round planning

Level 1 – Winter preparedness and action. 1st November – 31st March

Level 2 – Severe Winter Weather forecast – Alert & Readiness (Mean temperature of 2°C and/or widespread ice and heavy snow are predicted within 48 hours, with 60% Confidence).

Level 3 – Severe Weather Action (Severe winter weather is now occurring: mean temperature of 2°C or less and/or widespread ice and heavy snow).

Level 4 – Major Incident – Emergency Response declared by Central Government.

The Storms and Gales severe weather type does not have a plan written by another agency, and is the one weather type which may occur with little notice and significant community impact. The trigger for this event fits within the normal Met Office Severe Weather Warning methodology.

Different cells will be instigated at the LRF to coordinate response. This may include a requirement to enact the alternative fuel heating plan (for rural communities on heating oil/LPG supplies) and/or work with LCC Winter Maintenance teams.

## **2.2 Lincolnshire Surge and Escalation Plan**

The local health and social care economy has developed a Surge and Escalation Plan - with triggers which supports the system to ensure there is sufficient overall capacity to meet demand. This Plan includes the sharing of information across the system in the form of daily SITREPs and triggers the move towards daily teleconferencing. The associated Information Sharing Agreements (for business as usual and a separate ISA for at times of Major Incident) facilitate this process. The Plan supports both short-term and more sustained periods of escalation. The Plan was refreshed for 2015/16, and includes the following elements:

(a) A single definition of thresholds for escalation/de-escalation and trigger points for action across the local system.

(b) A new SRG Dashboard - supported by Arden and GEM CSU which provides SRG with system wide performance indicators, including cancer, planned care and mental health. KPI's are shown against plan trajectories and national standards.

(c) A tactical level team (telephone conferences as dictated by critical incident escalation level plus a supplementary weekly Thursday afternoon urgent care leads teleconference) will operationalise and monitor delivery of the Surge & Escalation Plan. The urgent care

leads group will provide identification, mitigation and escalation to the SRG of risks associated with delivery. The team will include all 8 partners and the communications team. In addition, a (face to face) working group met in the spring 15/16 to review performance and processes from winter 14/15 and include lessons learned in the refreshed 15/16 Surge and Escalation Plan. This working group had the same key partners.

(d) Developing plans with LMC and NHS England to obtain data from GP Practices on surges in demand which would be used for predicting potential system surge and also monitoring the impact of GP practice/pharmacy initiatives to support winter.

(e) Clarified who is responsible for prompting escalation and de-escalation/for what period, and ensuring an effective communications plan to ensure all partners are quickly aware of the change in status.

(f) A view on predicting and mitigating the impact of our winter actions on planned care. The SRG will monitor any impact and work to mitigate the impact on planned care pathways and ensure smooth restarts of patient activity. SRG will continue to assess the impact on referral to treatment standards (e.g.18 week performance) and work with CCGs to ensure that arrangements have been agreed to allow additional capacity to be introduced where necessary.

(g) Strengthening on site and on-call arrangements in all organisations to ensure a high quality of response and knowledge/competence. The Urgent Care Team will continue to collate on-call rotas from providers.

The daily Situation Report (SITREP) will be a key reporting tool through winter, and will enable the system to understand demand and capacity issues arising in partner organisations. This process is overseen by the Urgent Care Team and forms a key part of our escalation process through winter – as set out in the Surge and Escalation Plan.

Each provider uses the Surge and Escalation Plan to ensure it is delivering all appropriate responses in line with the escalation status. Across all health and care organisations the following tiers are agreed to and the triggers within each organisation for each level are detailed:

**Level 1 – Business as Usual**

**Level 2 – Business Continuity** - An incident or event that disrupts an organisation's normal service delivery, where special arrangements are required to be implemented, until services can return to an acceptable level. This could be a surge in demand requiring resources to be temporarily redeployed.

**Level 3 – Critical Incident** - Any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from others.

**Level 4 – Major incident** - Emergencies (major incidents) are defined in the EPRR framework and the Civil Contingencies Act as instances which present a serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented.

This also provides a vehicle for identifying processes and responses that need further strengthening. The system wide urgent care leads (via the weekly Thursday afternoon teleconference) supported by the Urgent Care Team will be responsible for initiating any operational changes needed and reporting them to SRG.

Capacity and demand intelligence is becoming increasingly available from all local providers, and is being reviewed across the health economy as part of our SRG Dashboard.

### 2.3 Seasonally related illness

It is reasonable to assume that there will be an increase in seasonally-related illness (principally gastrointestinal or respiratory illness) between November and March. Each SRG provider organisation has an Outbreak Plan which details processes for managing seasonally related illness linked to their business continuity plans. Public Health teams in Lincolnshire County Council working with Public Health England provide a range of oversight functions dependent upon the provider setting. The SRG has oversight of the Infection Control plan and will receive notification of any outbreaks.

As well as protecting against flu, the **NHS Stay Well This Winter campaign** will urge people over 65 or those with long-term health conditions, such as diabetes, stroke, heart disease or respiratory illness, to prepare for winter with advice on how to ward off common illnesses.

The NHS '**Stay Well This Winter**' campaign urges the public to:

- Make sure you get your flu jab if eligible.
- Keep yourself warm – heat your home to least 18 degrees C or (65F) if you can.
- If you start to feel unwell, even if it's just a cough or a cold, then get help from your pharmacist quickly before it gets more serious.
- Make sure you get your prescription medicines before pharmacies close on Christmas Eve.
- Always take your prescribed medicines as directed.
- Look out for other people who may need a bit of extra help over winter.

Public Health will circulate epidemiological information on disease outbreaks to system-wide Lead Nurses. These will be used by the system to monitor the seasonal illness position in the county.

The East Midlands Public Health England Communicable Disease Outbreak Management Plan and two action cards for Lincolnshire:

To summarise this plan does not cover routine communicable disease control activities undertaken by PH local teams, or specific major incidents such as a chemical attack or pandemic flu. It is for disease incidents where the threshold for internal management control by PHE is exceeded and the coordination of an Outbreak Control Team (OCT) is required.

A **communicable disease incident** can be defined as:

- Any incident involving communicable or infectious disease which presents a real or possible risk to the health of the public and requires urgent investigation and management.

An **outbreak** can be defined as:

- Two or more persons with the same disease or symptoms or the same organism isolated from a diagnostic sample, who are linked through common exposure, personal characteristics, time or location;
- A greater than expected rate of infection compared with the usual background rate for the particular population and period.

**Examples of communicable diseases** include:

- Single cases of rare or serious diseases such as diphtheria, rabies, viral haemorrhagic fevers or polio;
- Exposure of a susceptible group of people to a person with a serious
- communicable disease infection, especially where there are limited options for treatment;
- Suspected, anticipated or actual events involving the microbial contamination of food, water or the environment;
- Healthcare associated infections where there may be an actual or perceived risk to the general public;
- Outbreaks of zoonotic infection in animals which present a risk to human health;

- Outbreaks and epidemics originating outside the local area which threaten the health of the local population.

There are a number of key **activities** which are essential to effective communicable disease control. These include:

- Notification of cases;
- Routine (and enhanced) surveillance;
- Detection;
- Risk assessment;
- Activation of special management arrangements;
- Investigation;
- Coordination;
- Communication;
- Application of public health control measures.

A variety of **interventions** are available to the Outbreak Control Team in planning the response and controlling the identified risks. Brief summaries of the main types of intervention are provided below:

- Public information;
- Enhanced hygiene;
- Restriction of movement;
- Restriction of access;
- Decontamination;
- Vaccination
- Prophylaxis.

### 3. Assess

The work of the Out of Hospital Group (launched in October 2015, replacing the Transitional Care Sub-group) and urgent care leads (via the weekly Thursday afternoon teleconference) will contribute to the ongoing assessment of key risks to the delivery of the Winter Plan.

This risk assessment process is correlated to the work completed under the LHRP Risk Assessment Working Group (Community Risk Register hazards and threats). This resulting risk assessment outlines the hazards and threats for likelihood of occurrence and the impact.

#### Summary of identified risks to the delivery of the Lincolnshire System Wide Winter Plan

The risk assessment and mitigation plan attached as Appendix A sets out a current view of the risks and mitigating actions associated with delivery of this Winter Plan. The heat map below shows the current scoring for the risks identified.

Impact					
Catastrophic (5)			Workforce – seasonal illness Workforce – recruitment, retention and agency / locum availability		
Major (4)			Adverse weather, Seasonal illness	Bank Holiday cover, Managing demand and capacity –seven day working, Managing demand and capacity - flow Delayed discharges, Constitutional Standards	
Moderate (3)					
Minor (2)					
Limited (1)					
	Low (1)	Medium Low (2)	Medium (3)	Medium High (4)	High (5)
Likelihood					

SRG will monitor the actions monthly at their meetings to ensure all actions are being delivered, and challenge the system where they are not. The risks scores will remain and will only be revised when SRG has been assured that mitigating actions have taken place. SRG partners will ensure that any relevant risks are logged on their own organisation risk systems.



**4. Prevent - by taking a range of actions to limit the likelihood of occurrence, and the effects of any threats.**

#### **4.1 Public Information**

The provision of information to the public regarding services and accessibility is essential to ensure that we are able to more effectively manage demand through winter. CCGs across Lincolnshire have agreed to use the Winter Communications campaign in order to support demand reductions through winter. This work is being supported by the CSU. The communications messages will be tailored to the different audiences and the public communication campaign will be based on last year's Choose Well Campaign.

The Winter Communications campaign aims to:

- provide a consistent identity to promote the range of NHS services available to local communities;
- explain to the public how their local NHS services fit together;
- make it clear to the public that A&E and 999 services are for life-threatening and serious incidents only; and
- promote self-care and the use of high street pharmacies for common complaints.

To build on these aims, the Lincolnshire campaign will also:

- meet the needs, engage communities of interest to promote winter and Choose Well messages;
- work with voluntary and community sector organisations to promote awareness, patient education and acceptance;
- join up working across Lincolnshire to share best practice and enjoy economies of scale;
- focus on pressure points in the system, such as bank holidays and outbreaks of illnesses (e.g. flu) which put additional pressure on services;
- have the potential to be rolled out at any time of the year to support appropriate usage of urgent care services.

In addition it is crucial to understand that any communications campaign misses a crucial component if staff are not targeted to support and advise patients, and their friends/relatives. This will be included in the above campaign, and the SRG will have a key role in ensuring that we maximise the use of the campaign at all levels across our health and care economy.

During November 2015, the schedule of opening hours for services for the Christmas and New Year holidays across the health and care community will be agreed and published. The SRG will ensure that this information is shared across its partners, and will be seeking assurance that each organisation is sharing the information with its staff.

Communication Plan agreed across all agencies:

In summary the Communications Plan for Winter 2015/16 details the main communications messages all partner agencies will be promoting and the particular target audiences (elderly, parents of young children, carers, people who have long term health conditions). The plan details how agencies will promote the 'Stay Well This Winter' national NHS media messages.

The particular week by week plans include:

#### **November 2015**

23 Prevent flu with good hand hygiene

30 Feeling under the weather - speak to your pharmacy first

#### **December 2015**

7 Make sure your medicine cabinet is appropriately stocked this Christmas

14 Don't forget repeat prescriptions in time for Christmas

21 Get the right care in the right place for your child over Christmas and New Year

28 Take care, not antibiotics this Christmas!

### **4.2 Flu Prevention**

The National Flu Plan is a key element of the prevention agenda for winter. This plan sets out a coordinated and evidence-based approach to planning for and responding to the demands of flu across England taking account of lessons learnt during previous flu seasons.

It provides the public and healthcare professionals with an overview of the coordination and the preparation for the flu season and signposting to further guidance and information.

The plan includes responsibilities for: NHS England, Public Health England, Local Authorities, providers, CCGs and general practitioners. The SRG will test that it is a feature of partner organisation business continuity plans, as well as ensuring their operational plans allow for the identification of vulnerable groups (including those with a physical and learning disability) who need to be a particular focus of their vaccination programmes). NHS England and Public Health England have provided guidance to primary care on particular cohorts of patients in communities who need to be targeted

In addition, SRG will be seeking assurance that procedures are in place within community service providers (LCC, LCHS) for ensuring vaccination of the housebound patients and staff.

The national flu vaccination programme for children, which this year seeks to help over three million 2-6 year olds, as the programme is extended to children in school years 1 and 2.

For the first time, the youngest primary school children will be eligible to receive the free nasal spray vaccine, making this the largest school-based vaccination programme in England involving children in 17,000 schools.

As in previous years, the adult flu vaccine will also be offered for free to those in groups at particular risk of infection and complications from flu. The groups being offered the adult flu vaccine are:

- Pregnant women
- Those aged 65 or over
- Those aged under 65 with long-term conditions
- Carers

[www.nhs.uk/staywell](http://www.nhs.uk/staywell)

In addition, Lincolnshire County Council and NHS Providers/Commissioners have proactively contacted their own front line health and social care staff to promote the uptake of flu vaccination.

Although it is seen as an employer's responsibility to protect staff from flu, LCC recognises that some social care providers may struggle to provide this. With that in mind, LCC has funded flu vouchers for contracted domiciliary care workers in the County; any surplus from the flu vouchers procured will be offered to contracted residential care homes for their staff.

The plans for communicable diseases (seasonal flu) are attached within section 2.3.

Multi-agency framework for pandemic influenza:

In summary the focus of the Multi-Agency Pandemic Influenza Contingency Framework is to address the roles, responsibilities, planning and response procedures for all organisations throughout Lincolnshire in preparation for and during an influenza pandemic. It is based on guidance published by the Cabinet Office, Department of Health and Public Health England and pays due regard to the duties and requirements defined within the Civil Contingencies Act 2004.

An influenza pandemic arises when a new strain of influenza virus emerges to which most people are susceptible. A new strain of virus is likely to transmit more easily to people if it contains genetic material from a human influenza virus. Important features of pandemic influenzas include:

- a) Ability to spread widely.
- b) Unpredictability.
- c) Likelihood of arising outside the UK and spread to the UK within as a little as 4-8 weeks.
- d) Likelihood of spreading rapidly once in the UK to all major population centres within 1-2 weeks, peaking possibly only 50 days from initial entry.

e) Possibility of subsequent waves of illness weeks or months apart.

The framework details the use of antivirals, specific guidance to schools and care homes, restrictions on public gatherings/use of public transport etc. The World Health Organisation (WHO) will identify at an international level the various phases of a pandemic influenza (i.e. Detection, assessment, treatment, escalation and recovery).

All agencies in Lincolnshire have collectively exercised in 2015 through Exercise Black Swan their respective influenza response plans. All NHS organisations have to report to NHS England through the Emergency Preparedness, Resilience and Response Core Standards their ability to respond to pandemic flu.

#### **4.3 Business Continuity Plans**

Business continuity plans are seen locally as a key vehicle for ensuring that quality and access to services is maintained through periods of system pressure and as the result of specific local circumstances and incidents.

Locally commissioners, through their contractual relationships with providers, ensure that business continuity plans are in place and up-to-date. All contracts held by Lincolnshire CCGs are based on the NHS Standard Contract. CCGs work closely with commissioners in Lincolnshire County Council on the commissioning of care home provision, reablement, home care and Wellbeing services. Again, the contractual standards for business continuity plans are a key element of the contract documentation. There are references throughout this Plan to the elements of business continuity plans which have a strong link to winter.

#### **4.4 Maximising the role of Neighbourhood Teams with the Voluntary and Community Sector**

Voluntary and community sector organisations play an essential role in maintaining contact with individuals and families through winter and promoting proactive self-care and informed choices. The delivery of contracts via Adult Care and Public Health commissioned services (such as the Wellbeing Service, the TED in East Lindsey initiative to combat loneliness and isolation) play a vital element in maintaining winter community resilience.

SRG partners will work through the developing Neighbourhood Teams to ensure that a range of Voluntary and Community Sector organisations are facilitated to participate, and ensure good communication channels exists to support potentially vulnerable individuals or families.

Neighbourhood Teams will work in a multi-disciplinary way to provide more joined up care. People will be treated and cared for closer to home where possible and will only be admitted to hospital when necessary. Neighbourhood teams are being developed to enable people to be:

- Supported to remain well, independent and safely at home
- Maintained as close to home as possible during a crisis
- Supported to return home quickly and safely following a stay in hospital
- Supported to experience a good death when at end of life

Neighbourhood Teams (NTs) are aligning themselves to be able to receive appropriate referrals from GPs, Clinical Assessment Service and Contact Centre. Referrals will be directed to Care Liaison Officers (CLO) for each of the neighbourhood teams during weekdays (9am to 5pm). Referrals via this pathway would usually require a multidisciplinary NTs service provision. Single discipline referrals will be directed via the current direct route to enable quicker response.

The contact point NTs referrals will be via Neighbourhood Team Care Liaison Officer (NT CLO). The NT Care Liaison Resource details the specific named Care Liaison Officers in each of the NT areas. The Proactive Care Board are still developing the CLO role and operating hours. A referral to NTs via this pathway will initiate a multidisciplinary joint care plan developed across core services and the wider NT (including voluntary and community sector) to manage their ongoing care and discharge. This pathway will support the reduction of unnecessary admission and attendance at Urgent and Emergency Care Centres. The pathway will also support and facilitate discharges from acute and community hospital beds in a timely manner to reduce DTOC. Cayder, a patient record system which is

accessible by the NTs members is being trialled currently to support the patient flow through this pathway.

SRG partners are fully participating in the implementation of a Clinical Assessment Service (CAS) which will become active in a phased plan from November 2015. This integrated service provided by LCHS, Care UK, EMAS, LPFT and ULHT will provide enhanced clinical assessment with a view to decreasing the number of attendances at A&Es.

## **5. Prepare - by having appropriate planning arrangements and management structures**

### **5.1 Maximising capacity**

It is essential to ensure that the whole health economy concentrates on maximising capacity to deal with any surges in demand. Within the Lincolnshire health and care economy focus has been on:

#### **(a) Additional Primary Care Capacity**

CCGs in Lincolnshire are already working with their membership organisations to ensure that each practice is:

- Striving to improve its access
- Ensuring that systems are in place to identify and discuss inappropriate A&E attendances with patients
- Working hard to ensure that patients are educated about the importance of self-care and the appropriate routes for accessing care in different situations.
- Effectively utilising any extended hours provision to support improvements in access
- Providing assurance to NHS England on the quality of business continuity plans and evidence that they have been tested.
- Ensuring they are taking all steps to reduce staff sickness through winter through maximising flu vaccinations for staff.
- Working with NHS England on any potential capacity and demand issues – particularly single-handed and small practices.

In addition CCGs are working with the LMC and NHS England to ensure that increasing demand in primary care is captured as part of the development of predictive modelling tools. CCG Governing Bodies have also worked with the LMC to identify new models of primary care provision at weekends – particularly Saturday mornings.

### **Christmas and New Year**

Assurance has been sought via NHS England teams on Christmas and New Year opening in GP practices and pharmacies. As such:

- A full listing of negotiated opening hours for pharmacies will be available in late November 2015 which will be communicated with the public.
- NHS England wrote to all GP Practices to advise them that they would expect practices that normally operate extended hours on a Saturday, to provide these on Saturday 26th December and 2nd January. However this position has now changed nationally and practices will be offered the opportunity to re-provide these Saturday sessions within a 2 week period.

Over these holiday periods it is anticipated that all organisations will reduce the amount of activity undertaken in none essential services in order to provide critical services. Staffing will be reduced accordingly and therefore reallocated to cover escalation in other services and to aid cross-agency support.

### **(b) Acute Care**

There are plans in place aimed at three benefits;

- to minimise hospital admission (hospital avoidance)
- to improve the flow of patients out of A&E into the hospital and through the hospital and,
- to reduce delayed transfers of care (DTOC) to release hospital beds.

The schemes supporting these three benefits are as follows;



Scheme	Benefits			When implemented
	Admission avoidance	Improve flow	Reduce DTOC to release hospital beds	
Increase therapy services in ULHT	X	X	X	Service already implemented until end of March 2016
Additional Physician to provide telephone advice to GPs referring into Grantham Hospital	X	X		Service already implemented until end of March 2016
Clinical Navigation (advanced nurse practitioner) at Lincoln and Pilgrim Hospital A&E Departments	X	X		Service started at Pilgrim Hospital with plans to start at Lincoln Hospital prior to Christmas. Both services running until the end of March 2016
Seven day pharmacy service in ULHT		X	X	Service started until the end of March 2016
Additional hospital beds (escalation beds) in ULHT		X		Service started. Funded until the end of March. Numbers of beds will be flexed depending on demand
Additional Discharge Team members in ULHT			X	Service started at Lincoln Hospital, starting at Pilgrim and Grantham Hospitals on 1-12-15
Increased number of porters in ULHT		X		To be implemented at times of surge in demand
Increased number of housekeeping staff in ULHT		X	X	To be implemented at times of surge in demand
Additional reporting capacity for MRI and CT scans in ULHT		X		Service started until the end of March 2016
Frailty Service at Lincoln Hospital and Pilgrim Hospital	X	X	X	Service started until the end of March 2016
Advanced Care Practitioners in Orthopaedic, Surgical and Respiratory care in ULHT	X	X		Started until end of March 2016
Two additional Consultants in A & E at Pilgrim Hospital	X	X		Recruitment challenges; funded until the end of March 2016
Mobile technology to support two areas; Discharge Team at Pilgrim Hospital and EMAS handovers in A&E at Lincoln Hospital		X		Implemented

### (c) Planned Care Activity over winter

With the expected increasing demand from emergency admissions over winter, many acute hospital trusts plan to reduce planned care activity during peak months of demand such as January and February. This is managed by “front loading” in-patient elective (surgical) activity through early or later months in the year. ULHT and Peterborough Hospitals have agreed this plan. It should be noted that day cases and outpatient appointments will

continue unaffected throughout this period; it is the in-patient elective care activity that will reduce.

#### **(d) Transitional Care (Intermediate Care), Reablement and Home Care Capacity/Facilitated Discharge Teams**

The CCG Urgent Care Team have planned and profiled demand throughout the year to take into account seasonal and demand variation. There are a number of projects that require delivery from across SRG partners to ensure the optimising of patient flow (of both simple and complex discharges), and to ensure there are minimal delays in discharge across acute and community settings. Work is underway to create fully functioning 'discharge hubs' in each of the acute hospital sites where multi-agency community teams actively 'pull' people out of hospital.

Lincolnshire CCGs are proactively working with providers of social care (for reablement and home care capacity), continuing health care (CHC) and community services to ensure that transitional care services are able to cope with additional demand through winter and that a discharge to assess policy is facilitated.

This work is being coordinated by the Out of Hospital Group as well as working with providers on assessing current deficits and looking at strengthening services through winter. The local capacity management system (Cayder) is being explored to ensure visibility to SRG of transitional care capacity including delays in transfer of care to other settings, and demand coming through single points of contact across the county.

Since January 2014, Continuing Health Care Panels meet Tuesday, Wednesday and Thursdays to facilitate timely decision making in relation to Funded Nursing Care and Continuing Health Care eligibility for placements.

The Lincolnshire Community Health Services Winter Plan 2015-16 details the specific responses and offer this organisation can make this winter. This includes the roles of the LCHS contact centre, LCHS staff roles within Neighbourhood Teams, Urgent Care Teams (rapid response and out of hours services), LCHS Clinical Navigators within A&E's to help divert patients, integrated discharge hubs in hospitals to fulfil the 'discharge to assess' policy and LCHS teams lead role in coordination of transitional (intermediate) care.

Education/training offers to care home staff, telehealth, the role of LCHS run community hospitals and urgent care centres are also detailed within the plan.

### **(e) Local Authority Plans**

The Local Authority has a critical role in ensuring that the system is able to cope through winter. Particular aspects are ensuring:

- Delivery of elements of the Adverse Weather Plan
- All Local Authority clients receiving critical care at home are identified and included in their business continuity plans.
- They are working with NHS England to ensure delivery of the National Flu Plan through their Public Health Teams.
- Delivery of their local infection control duties through the Public Health Teams.
- Business continuity plans are in place and tested in relation to care home providers.
- Processes are in place for timely spot purchasing of additional care home capacity if needed – linked to the Surge & Escalation Plan.
- Strong communication between Public Health Teams and NHS England in relation to delivery of emergency resilience.
- Lincolnshire County Council Adult Care participates in the SRG Winter Planning and Out of Hospital Groups and participates in teleconferences as required.
- The Emergency Planning Teams are in place to aid in the coordination of stand up processes for Critical Incidents (use of Incident Coordination Centre, additional logistic support, teleconference coordination) to respond to surge and escalation issues.

Lincolnshire County Council Adult Social Care Winter Plan:

This plan covers essential services to support the out of hospital pathways and flow out of acute hospitals. This includes:

- promotion of the flu vaccination scheme,
- the role of home care and reablement providers,
- the support for hospital based social work teams by community teams,
- public messaging,

- 7 day working of operational staff and 7 day teleconferencing only if the relevant escalation levels are reached (as per the Surge and Escalation Plan).

#### **(f) Critical Care**

The Management of surge and escalation in critical care services: standard operating procedures for adult critical care, paediatric intensive care, burns services, adult and child respiratory extra corporeal membrane oxygenation (ECMO) are found at:

<https://www.england.nhs.uk/commissioning/ccs/>

These national level plans operate on a tiered level of response from Level 0 to Level 3. A critical care network across the country operates to deliver critical care and the plans detail how these services are triggered via Emergency Preparedness, Resilience and Response (EPRR) routes and interface with locally delivered services. The appropriate REAP (Resource Escalation Action Plan) Action Cards for relevant agencies are detailed. For adult critical care, where ULHT face capacity issues in their own adult ITU, they will liaise directly (on a consultant to consultant) basis with the Critical Care Network for adults (to include access to ECMO beds).

#### **(g) East Midlands Ambulance Service/NSL**

EMAS are a key member of our local SRG. The current SRG dashboard includes EMAS performance and includes a focus on turnaround. This provides a tool by which the economy can understand capacity and demand and how the ambulance service works as part of the local system through periods of escalation.

The EMAS Seasonal Plan 2015-16 Lincolnshire Division details the:

- Availability of Fleet and equipment (the division has a max output of 66 Double Crewed Ambulances and 37 Fast Response Vehicles)
- Increase in emergency, urgent and hospital discharge/call demand (the key
- anticipated dates of surge based on previous year's history)
- Increase in hospital turnaround times (Due to increase in activity across the health economy, there will be an increase to crew turn-around times at acute Hospital units).

- Increase to staff sickness levels (adjustments made to rotas)
- Outbreak of pandemic influenza
- Pressure from external agencies
- Adverse weather (redeployment of patient transport services staff to A&E transportation, use of volunteer staff, use of Hazardous Area Response Teams etc).

NSL who deliver patient transport services are also a key member of our local SRG.

NSL Winter Plan – in principle NSL have agreed to provide additional discharge crews over the winter period, this is being negotiated via contracts with the next meeting planned for the 2<sup>nd</sup> December.

#### **(h) Care UK – 111**

The SRG Dashboard includes performance data for 111 and through the contractual process commissioners will ensure that 111 escalation plans are clear in terms of their communications into the system. The contractual route will also provide commissioners with the opportunity to test business continuity plans during times of surge, as well as daily information relating to demand and performance which will support the prediction of potential peaks in demand.

The Urgent Care Team is working with Care UK to ensure the updating of the Directory of Services (DOS) for 111 - with additional capacity commissioned and clear communications with partners via the implementation of the CAS.

The Care UK (NHS 111) Winter Plan details their plans for call volume forecasting, bank holiday modelling (peak demands for 111 services), for filling staff rotas through additional recruitment/incentives for staff and added resilience through networking cover between different call centres across the UK.

## **(i) Mental Health Support**

The Lincolnshire Partnership NHS Foundation Trust's Winter Plan describes how the trust will continue to support the health and care system by offering the following core services: -

- 24/7 Crisis Team for the county of Lincolnshire providing response, intervention and treatment for patients with an urgent mental health need. The service is accessed by the LPFT Single Point of Access (telephone number is 0303 123 4000).
- Psychiatric Liaison Service for the county. The new multi-disciplinary MHLS will be based at Lincoln, Grantham, Boston and Peterborough acute hospitals and will take referrals of patients from acute trust staff and also undertake case-finding to deliver rapid assessment of mental health needs. The team will be Consultant led, operating a mixture of specialty aligned/embedded posts in A&E and Care of the Elderly Medical wards with further peripatetic specialist mental health liaison staff who proactively visit all other inpatient areas. Phased rollout is now underway in collaboration with each hospital site and it will be operational during November and December.
- Child and Adolescent Service self-harm pathway providing service into the accident and emergency departments to support patients and families.

## **6. Maximising the availability of staff**

### **(a) Sickness absence**

Each partner organisation will be aware of the impact increased sickness absence has on its ability to deliver high quality services during the winter months.

It is expected that there will be an increase in sickness absence due to flu and each partner organisation, being cognisant of this fact, should be working to deliver a flu vaccination campaign for their frontline staff, and other staff critical to its operations. Provider uptake rates for flu vaccine will be considered by the SRG as part of overseeing delivery of this Plan

## **(b) Industrial Action**

Each of the SRG partner organisations has developed business continuity plans through which it will test a range of scenarios which impact on the availability of key staff. These plans include scenarios dealing with the impact of industrial action.

## **(c) Working in Different Ways**

ULHT and LCHS are working together to deliver a joint Therapy Professional workforce in light of high vacancy rates in both organisations.

Organisations are continuing to develop their clinical leaders, recognising our workforce as our greatest resource and developing staff to work in a dynamic, changing environment. As health and care system we are empowering them to make autonomous decisions at the time e.g. to prevent delays in patient care, which maximise efficiency and productivity and drives service improvement

Organisations are proactively working within the context of Lincolnshire Health and Care (LHAC) to design better ways of providing essential services, with access to safe, high quality services closer to home and avoiding admissions to hospital.

In addition to this, the absence of staff caused by other absences should be considered by the all partners, for example adverse weather, school closures etc. Each provider is aware of and has an adverse weather plan or process that supports staff to deliver its activities. Provider Business Continuity Plans should also cover staff absence that reaches a critical level.

SRG partners are ensuring that annual leave planning has taken place to ensure that staffing levels are maintained and capacity is maximised.

## **7. Excess winter deaths and Wellbeing**

Public Health with partners and providers aim to reduce excess winter deaths and improve well-being, and are adopting the DH high impact interventions to address winter deaths and target vulnerable people in local communities. Partner agencies will be working to support

the implementation of the proposed NICE guideline ‘Excess winter deaths and morbidity and the health risks associated with cold home’, targeting vulnerable people.

Consistency checking with the new NICE Guidance on Excess winter deaths and morbidity and the health risks associated with cold homes leading to the inclusion of **pregnant women as a ‘vulnerable’ group**.

Lincolnshire County Council Public Health is proactively delivering Affordable Warmth (Responders to Warmth) schemes this winter, and maximising referrals from primary care through single points of access.

The NHS, Adult Care and District Councils, with support from the voluntary and community sector, are identifying vulnerable patients and proactively targeting them with the following interventions to increase their resilience against the cold – particularly in relation to:

- Annual flu and pneumococcal vaccine
- Annual medicines utilisation review (MUR) and follow up support for adherence to therapy
- Full environmental assessments (including; equipment, telecare, insulation, support groups, access and transport)
- Assessment for affordable warmth interventions
- Regular review of benefits entitlement and uptake
- Assessment and support to prevent falls (Wellbeing Service)
- Promotion of healthy lifestyle and personal health promotion plan to include physical activity, hydration and nutrition – Every Contact Counts.
- Referral to telehealth/telecare,
- Addressing loneliness
- Referral for talking therapies (IAPT) for stress/low mood

## **8. Respond - by managing the immediate consequences of an incident or emergency**

The local health economy has acknowledged that peaks and troughs in demand and capacity fluctuations are no longer a purely “winter” phenomenon and have relevance all year



round. Additionally various mechanisms have existed historically to manage these issues depending on the cause of the fluctuation e.g. increased demand on acute services, adverse weather, pandemic influenza.

The SRG has recognised the benefits and need for the development of a single, year round, system wide surge and escalation plan. Our refreshed Surge and Escalation Plan details the arrangements and procedures that SRG partners in Lincolnshire will utilise in the event of surge and capacity issues, irrespective of cause, affecting one or more partner in order to sustain the provision of high quality responsive care. Within this plan, escalation trigger levels, actions and responsibilities are clearly defined and shared amongst key stakeholders.

Lincolnshire on-call directors are responsible for both proactive and reactive management of capacity issues (surge and escalation or winter planning) and therefore will be involved in the management of critical incidents and major incidents, taking a lead role where these incidents affect patients registered to a Lincolnshire GP and a supporting role for patients in the wider area.

NHS England will lead (command) the response to wider area incidents and emergencies and take a strategic overview of surge and escalation issues, providing support to CCGs where it can add value.

#### **9. Recover - by having plans to return to normal activity following an interruption**

During the winter period the health and care economy will, through the SRG, review and learn continually to ensure that the highest quality care can be provided locally.

The SRG is aware that there is an increased likelihood that planned activity may be displaced by the potential actions taken locally. Therefore our SRG will ensure effective monitoring in order to manage the potential risks to patients should services need to be deferred. Our refreshed Surge and Escalation Plan includes refreshed arrangements for escalation and de-escalation and link to escalation communications outside Lincolnshire. This plan will be formally tested in winter to ensure as a system we are meeting Emergency Preparedness

Resilience and Response (EPRR) standards. A formal post-winter debrief session will be planned in April 2016.

## 10. Key Contacts

The following people can be contacted regarding the local plans in partner organisations.

Name	Title	Contact
<b>EMAS</b>		
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Appendix 1 – Risk Register

Risk Ref	Date Raised	Risk Description	Likelihood	Impact	RAG	Mitigating Actions
1	17-10-15	<b>Adverse Weather Conditions</b> – Current assessment is that there is no current information or relevant warnings of adverse weather conditions	3	4	12 A/R	The Met Office weather warning system will be monitored and utilised to anticipate and communicate short and medium-term threats which may be posed by the weather.
2	17-10-15	<b>Seasonal Illness</b> – Current assessment is that there is a “normal” expected level of viral illness (respiratory and gastrointestinal) during winter months. Last year, there was minimal seasonal illness.	3	4	12 A/R	Link with Public Health to utilise and monitor health protection and public health information using increase in prevalence in primary care as a local trigger. Links to communications team of public information and media messages.
3	17-10-15	<b>Workforce / Seasonal illness</b> - High risk that seasonal illness will further reduce staffing levels which are not resilient due to high vacancy rates	3	5	15 R	All partners have flu campaigns planned for front line staff. Business continuity plans in place for adverse weather affecting staffing
4	26-10-15	<b>Workforce – recruitment, retention and agency / locum availability</b> All organisations are reporting challenges recruiting staff and variable fill rates from agencies. The critical areas for vacancies are ULHT Nursing and therapies, some medical specialities (ED) and also therapy vacancies in LCHS.	4	5	20 R	The LETC has a programme of work in relation to nursing & midwifery (and ULHT are doing international recruitment again); in addition the LETC will add a system wide bank/agency plan to their next Workforce & OD programme group meeting.
5	17-10-15	<b>Bank Holiday Cover</b> – Christmas falls over four days incorporating a weekend. Risk of reduced staffing and high demand	4	4	16 R	Link with area team to ensure publication of pharmacy and practice opening times over the Christmas/New year period. Providers producing staff rotas. NHS 111, CAS and OOH have contingency in place for extra capacity.
6	17-10-15	<b>Managing demand and capacity –seven day working</b> ULHT has experienced a high level of sustained pressure throughout the year and continues to experience pressures on Mondays and	4	4	16 R	Winter monies will be used to increase capacity where required; several ULHT schemes are specifically focused on weekend working for pharmacy, therapies, medical staff

		Tuesdays				
7	26-10-15	<b>Managing demand and capacity - flow</b>	4	4	16 R	Constitutional Standards Recovery Plan has multiple initiatives addressing this risk
8	17-10-15	<b>Delayed Discharges -</b> Delayed discharges have been an issue all year but always become more problematic over Winter and Bank Holidays	4	4	16 R	Constitutional Standards Recovery Plan has multiple initiatives addressing this risk
9	17-10-15	<b>Constitutional Standards -</b> Poor performance in A&E has not been isolated just to the winter period	4	4	16 R	As above plus media campaign to help patients "stay well" this winter