

Title of Meeting:	NYCCG Governing Body	Agenda Item: 7.2	
Date of Meeting:	29 October 2020		
Paper Title:	Surge and Escalation Planning	Session (Tick)	
		Public	X
		Private	
		Development Session	
Responsible Governing Body Member Lead Wendy Balmain Director of Strategy and Integration		Report Author and Job Title Christian Turner Deputy Director Business Change & Planning	
Purpose (this paper if for)	Decision	Discussion	Assurance
			X
			Information
			X
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: No.			
Executive Summary			
<ul style="list-style-type: none"> Health and care system partners have been working together to respond to the demands which have been placed on organisations during the Covid pandemic. Services are now being restored across health (acute care, primary care, community care, mental health care, complex care and care for people with learning disabilities). In September North Yorkshire and York system partners submitted detailed plans to NHSE/I to show how capacity in acute settings (including mental health) could be safely restored back to 'pre-Covid' levels – the phase 3 recovery plans. The phase 3 recovery plan for North Yorkshire and York shows that NHSE/I recovery trajectory targets can be achieved subject to enactment of surge plans. Subsequent to submission of the phase 3 recovery plans NHSE/I have asked systems to consider different scenarios of demand for acute beds during a second wave of Covid. Partners are finalising their surge plans including the escalation and de-escalation actions that might be required to manage a peak in the second wave. Workforce is a consistent underpinning risk across second surge plans and mitigating actions to manage this risk must be prioritised across the system. 			
Recommendations			
The Governing Body is being asking to note:			
<ul style="list-style-type: none"> the progress being made by the CCG and other partners to implement recovery planning, prepare for winter and minimising the risk of a second wave of Covid, through a coordinated planning process 			
Monitoring			
Progress on recovery planning and implementation will be monitored through the North Yorkshire and York System Delivery Executive which is chaired by the NYCCG Chief Finance Officer.			

Any statutory / regulatory / legal / NHS Constitution implications	Recovery and surge plans are developed to maximise the availability of safe NHS services and minimise impacts on performance levels.
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.
Communication / Public & Patient Engagement	As part of the implementation of the recovery programme communications and public engagement will be undertaken within the workstreams.
Financial / resource implications	Financial costs associated with the phase 1 response have been funded through NHS England. Further expenditure, including capital, required for the delivery of phase 3 recovery and transformation will be discussed and agreed between the CCG and NHSE.
Outcome of Impact Assessments completed	Impact assessments will be undertaken where appropriate as part of the process of developing specific projects and workstreams. All NHS organisations in North Yorkshire have now appointed an executive level lead for health inequalities.

Christian Turner
Deputy Director Business Change and Planning

Surge and Escalation Planning

1.0 Background

Health and care system partners have been working together to respond to the demands which have been placed on organisations during the Covid pandemic. Over the summer health care providers began restoring the provision of all services across health (acute care, primary care, community care, mental health care, complex care and care for people with learning disabilities).

The process of restoring services has been made in line with national infection prevention and control (IPC) guidelines, and with the support of available local independent sector and voluntary sector capacity in order to be able to safely deliver non-Covid care pathways while existing with Covid.

This restoration work, co-ordinated through the North Yorkshire and York System Leadership Executive (NYSLE), now encompasses:

- Delivering plans to recover pre-covid levels of activity in the system
- Managing typical winter demand and system pressures
- Responding to a potential second wave (or surge) of Covid cases.

2.0 Recovery Planning

In September North Yorkshire and York (NY&Y) system partners submitted detailed plans and a comprehensive narrative to NHSE to show how capacity in acute settings (including mental health) could be safely returned back to 'pre-Covid' levels whilst also maintaining the safe, infection controlled environments which have been established. The period covered in the plans is from September 2020 through to March 2021 and is referred to as the 'phase 3 recovery plan', phase 1 being the initial emergency response and phase 2 being the switching back on of urgent clinical services during the summer.

The phase 3 plan lays out the monthly activity trajectories through to March 2021 across the main hospitals to meet the monthly targets set by Simon Stevens in July 2020. These are summarised below:

	Monthly Activity Recovery Trajectory Targets (as a percentage of corresponding activity in 2019/20)						
	Sept 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Electives	80%	90%	90%	90%	90%	90%	90%
Day cases	80%	90%	90%	90%	90%	90%	90%
First Attendances	100%	100%	100%	100%	100%	100%	100%
Follow-ups	100%	100%	100%	100%	100%	100%	100%

The phase 3 plan for North Yorkshire and York shows that these trajectories can be achieved with some support from the independent sector subject to significant surge activity. The plans anticipate typical additional winter pressures and ongoing demand from covid patients.

Initial planning has been predicated on prioritising cancer and urgent/emergency care pathways and maintaining safe, segregated capacity. Phase 3 recovery plans for cancer will continue to be developed over winter during a possible second surge of Covid cases.

The plan also articulates the importance of strong out of hospital care (primary care, community care, social care) in keeping patients safe and well at home to avoid unnecessary referrals. Good out of hospital care also enables patients to be safely and quickly discharged from hospital to free up capacity. Our shared commitment will continue to be 'home first' by default, using discharge to assess as the framework for streaming people into the right location to meet their needs.

Key out of hospital elements in the recovery plan include:

- Hot pathways implemented across primary care
- Increased virtual wards in the community including rehabilitation to support new discharge process
- Thirty additional beds, nursing and residential, commissioned to support effective discharge across North Yorkshire.
- Out of hours strengthened in Scarborough
- Development of primary care Opel escalation system underway
- On-going work to develop additional phlebotomy clinics to support urgent diagnostics, routine care and health checks
- Wave 1 Covid laptops still in place to support remote working, video consultations and online consultations for General Practice
- Joint system coordinators in place to ensure discharge command centres functioning 7 days a week

3.0 Planning for a second surge in Covid-19 cases

Subsequent to submission of the phase 3 recovery plan NHSE/I have asked systems to consider different scenarios of demand for acute beds during a second wave of Covid and the possible consequential impact on hospital activity. It must be emphasised the scenarios provided were not forecasts but different situations ranging from minimal demand less than what has already been built into the recovery plan through to higher levels and peaks.

An initial modelling exercise was carried out by hospitals using the scenarios and now all partner organisations are finalising their surge plans. To complete these plans clinicians will also consider the escalation and de-escalation actions that might be required to manage a peak in the second wave of covid during the winter period, while ensuring as much of the planned non-covid care restored to date continues to be delivered alongside emergency, urgent and cancer care.

The North Yorkshire and York Silver Command Group will collectively review these plans in late October so that there is a clear understanding of how surge plans will be enacted across the system. This will minimise unexpected impacts and maximise opportunities for mutual aid.

In addition presentations have been made by all Integrated Care Systems (ICSs) to the NHSE/I North East and Yorkshire regional team to consider risks related to managing a second wave in a number of key areas as follows:

- Patient care - safety, governance, social care and infection prevention and control measures
- Workforce capacity
- Demand – winter pressures and urgent & emergency care
- Demand – critical care and capacity planning
- Primary Care – links to vaccination plans influenza and COVID-19
- Testing – links to acute flow, discharge flow and workforce
- Pharmacy – links to dual running and EU Exit
- Procurement, PPE and logistics
- Recovery – links to restoration, maintaining services and independent sectors
- Cyber preparedness and digital resilience – links to business continuity

Workforce is a consistent underpinning risk across these 10 areas including the uncertain impact of self-isolation (directly and indirectly including childcare) and the risk of staff fatigue/burn out. Mitigating actions to manage these risks will continue to be prioritised across the system.

4.0 Recommendations

Governing Body is asked to note:

- the progress being made by the CCG and other partners to implement recovery planning, preparing for winter and minimising the risk of a second wave of Covid, through a coordinated planning process.