

Health and Care System Critical Incident and Winter Plan

Briefing for Nottinghamshire Health Scrutiny Committee

November 2022

1 Introduction

This briefing aims to provide an overview to the Health Scrutiny Committee on the definition of a Critical Incident and response in relation to system pressures. The briefing outlines the impact in relation to the Winter Plan and introduces the concept of System Control Centres. A more detailed update will be provided in the Committee meeting.

2 What is a Critical Incident?

Under the NHS Emergency Preparedness, Resilience and Response framework¹, there are 3 types of incidents which include business continuity, critical and major incident.

A Critical Incident is defined as any localised incident where the level of disruption results in an organisation temporarily or permanently losing its ability to deliver critical services; or where patients and staff may be at risk of harm. It could also be down to the environment potentially being unsafe, requiring special measures and support from other agencies, to restore normal operating functions. A Critical Incident is principally an internal escalation response to increased system pressures/disruption to services.

A Critical Incident can be at an organisational or system level, depending on the scale and nature of the incident and in all cases, NHS England are formally notified and monitor the situation through regular situation reports. The decision to call a system critical incident is made with all partners, along with agreement on the strategy and aims.

3 How has our system responded

Over the past 12 months the system has declared two critical incidents (26th July to 1st August and 28th September to 5th October) due to the extent of pressures and these have been driven by slightly different factors taking into consideration acuity of admissions, impact of COVID infection rates, staffing levels, ambulance turnover which is also linked to pressures in Emergency Departments (ED).

In all cases, it is essential that the system maintains and where possible increases the level of flow through all sectors and this therefore requires a balanced approach that considers the knock on effect throughout. A Strategic Command Group attended by all partners is established to lead the response to the incident and to take into consideration the impact and level of risk being held across all partners. The approach is supported by an agreed strategy for the Critical Incident. As an example, the health strategy for the Critical Incident in September/October included the following:

- To provide a multi-agency response that recognises the pressure points across all partner organisations

¹ https://www.england.nhs.uk/wp-content/uploads/2022/07/B0900_emergency-preparedness-resilience-and-response-framework.pdf

- To provide a structured response with the intention of impacting on flow into Trusts and expediting discharges
- To take action recognising the impact of a higher level of complex discharges in order to mitigate harm across wider pathways
- To provide a system wide agreed approach to risk thresholds in order to minimise the risk of patient/individual harm
- To reduce pressure on ED across both Trusts and effectively managing the risk to ambulance turnaround times
- To protect activity for elective waiting lists, including long waiters through an appropriate balance and management of risk

At the point that a critical incident is declared, authorisation is provided to implement certain actions and, through the Strategic Command Group, further priorities are established. The types of mitigating actions can include the following and as mentioned are considered in relation to the context of the incident and the capability and level of risk across partners:

- Implementation of communication strategy to the public and across all NHS and social care services
- Commissioning additional interim bed capacity in care and residential homes
- Realigning teams and resources to activities that increase discharges
- Opening up additional beds in Trusts
- Cancelling non-urgent elective activity in the hospitals
- Moving resource from routine community services to prioritise those that support both discharges and ED and admission avoidance
- Targeted actions to create discharges i.e. in-reach by care homes to identify residents who may be fit for discharge
- Review of packages of care for all discharges
- Increasing capacity in primary care through extended hours

The critical incidents have been followed by de-briefs, both in the moment to enable rapid learning (hot) and retrospectively which involves more developed feedback (cold). These have helped to identify actions that can be incorporated into business as usual as well as those that support response.

4. The Winter Plan and System Control Centre

Lessons learnt from the critical incident have been incorporated into the winter plan and/or have validated the planned mitigating actions. In particular, the critical incident provided insight into what actions may be carried out at an earlier escalation point in order to avoid the system reaching the highest level on the Operational Pressures Escalation Level² scale (OPEL 4). A summary of winter plan mitigations include:

- Additional capacity and interim beds in care homes
- Investment in P1 services across health and care providers
- Improved D2A processes and establishing three discharge hubs
- Opening additional acute beds
- Schemes to provide additional capacity in health community services and home care
- Effective demand and capacity modelling

In addition, there are actions being taken through our Place Based Partnerships on supporting our local communities in keeping well which includes aligning with the strengths of the District and Borough Councils. Admission avoidance schemes are also being progressed at pace and

² <https://www.england.nhs.uk/publication/operational-pressures-escalation-levels-framework/>

include proactive care and self-management through GP Practices and Community Pharmacies, urgent community response, expanding virtual wards and working with care homes to reduce the need to admit to hospital and EMAS referrals to the falls team for non-injury falls.

As well as the winter plan, and since the presentation of this to the Health Scrutiny Committee, the Integrated Care Board will be establishing a 24/7 System Control Centre. It is expected that the System Control Centre will maintain real time visibility of operational pressures and risks across providers and system partners, concerted action across the system on key systemic and emergent issues impacting patient flow, ambulance handover delays and other clinical and operational challenges, dynamic responses to emerging challenges and mutual aid and efficient flows of information.

4 Recommendations to Nottinghamshire County Council Health Scrutiny Committee

It is recommended that the Health Scrutiny Committee:

- Note the contents of this briefing.
- Note that a further update will be provided at the meeting.