

Supplementary agenda – Item 7

Adults and Health Select Committee

**Date & time**

Thursday, 10
October 2019 at
11.00 am

Place

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County Hall, Kingston
upon Thames, Surrey
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AGENDA

7 PREPARATION FOR WINTER PRESSURES

(Pages 5
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This supplementary agenda includes an addendum to the Surrey Heartlands Winter Preparedness Report

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Chief Executive

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Surrey County Council – Adults and Health Select Committee

Addendum to the Surrey Heartlands Winter Preparedness Report

Date: October 2019

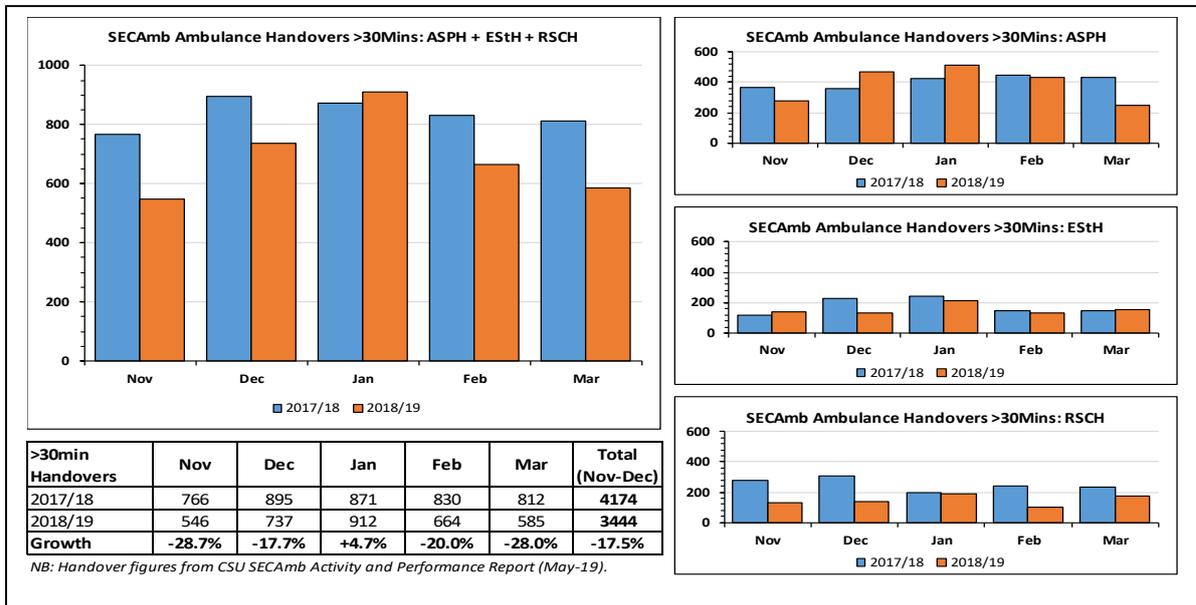
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1. Ambulance A+E Handovers

- 1.1 All the Acute Hospitals across Surrey Heartlands have been working very closely with the Ambulance service in relation to bringing down the time spent, after arriving at an Acute hospital, waiting to hand over the patient's care to an A+E member of staff.
- 1.2 Ambulance Handover working groups were set up, with each individual element that was creating a delay examined and a plan to address this area developed.
- 1.3 This intense period of work has led to significant, collective progress, resulting in an improvement of 17.5% over the winter period (2018/19) being delivered for ambulance handover of less than 30 minutes.
- 1.4 This reduction in handover times has been acknowledged and welcomed by the Ambulance service, who's staff have also contributed to this achievement. Work will continue to further reduce delays.
- 1.5 In relation to Police handover delays, there are often many other contributing factors to why the Police may have to stay on site for a longer period of time; this will partly include the initial reasons for their involvement.
- 1.6 The graph below shows the combined figures for Surrey Heartlands excluding SaSH.



The table below describes the figures for the individual hospitals from November 2018 to March 2019; this table includes SaSH.

>30 Min Handovers		Nov	Dec	Jan	Feb	Mar	Total (Nov-Mar)
Hospital	Fy						
ASPH	2017/18	366	361	428	445	433	2033
	2018/19	275	467	510	432	250	1934
EstH	2017/18	119	230	243	146	146	884
	2018/19	142	134	213	130	157	776
RSCH	2017/18	281	304	200	239	233	1257
	2018/19	129	136	189	102	178	734
SASH	2017/18	470	753	726	752	511	3212
	2018/19	234	468	804	293	226	2025

2. Ambulance Diverts

- 2.1 Diverts only take place when a hospital A+E department is considered to be at risk of becoming unsafe, this is most often due to the department having already received a period of sustained high demand and/or an additional surge in demand.
- 2.2 The decision to request any divert of SECamb is only taken in conjunction with a total view of system capacity when a hospital trust has exhausted all other internal escalation action plans and patient safety at the front door is at risk of being compromised. Diverts are a very rare occurrence across Surrey Heartlands and only take place in extremist.
- 2.3 The reasons for a divert request may include: -
- an essential piece of equipment is broken
 - flooding or other infrastructure issues challenge bed capacity
 - staffing is unable to meet demand / manage patients safely
 - higher numbers than anticipated arriving in one surge of demand
- In each case the Acute Trusts will have worked through their internal escalation plans and actions before a divert of ambulance borne patients is considered.
- 2.4 The main 2 impacts are: -
- 1) to patients as this may affect the ability of the service to be able to respond to the next call coming in from the community.
 - 2) to the ambulance service as during a divert resources are displaced across the system.
- 2.5 Ambulance staff are not able to operate an informal diversion scheme. SECamb are working with partners across the wider region (Kent, Sussex and Surrey) to reduce the number of diverts taking place.

- 2.6 Figures regarding diverts have not routinely be recorded and shared. It should be noted that there are minimal requests for diverts across the Surrey footprint. Agreement has been reached for this level of reporting to be in place for winter 2019/20.
- 2.7 The priority for all providers is to maintain patient safety with all partners committed to working together to achieve this throughout periods of unexpected /surges in demand.

3. 4-hour quality standard

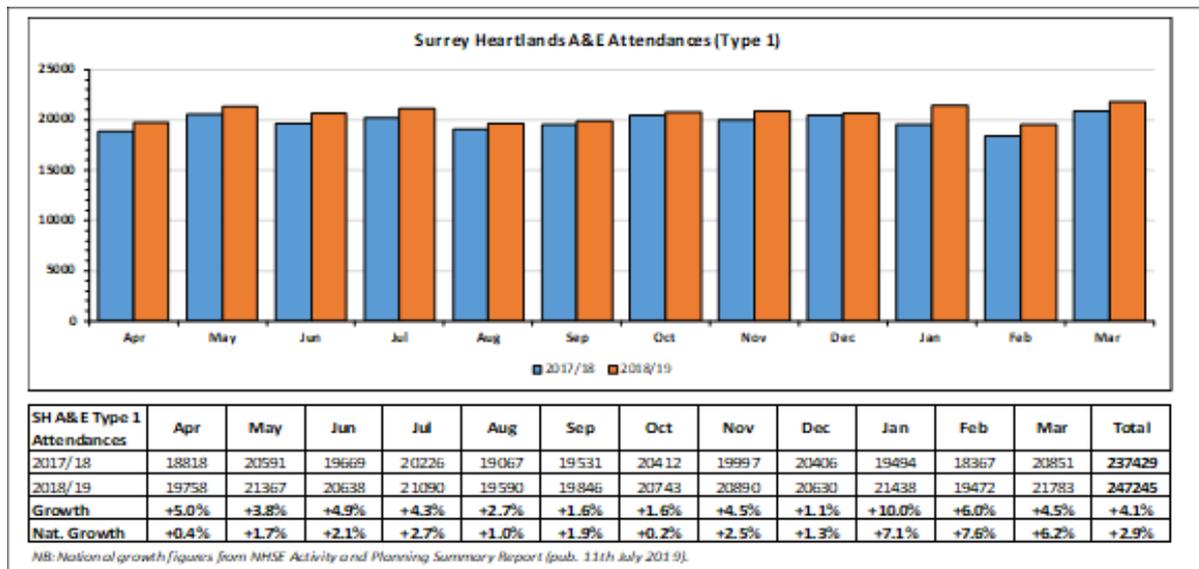
- 3.1 Since the introduction of the A&E access standard 15 years ago, there have been major changes in the practice of medicine and in the way Urgent and Emergency Care services are delivered. These include:
- The development of Urgent Treatment Centre's;
 - The introduction of NHS 111;
 - The creation of Trauma Centre's, Heart Attack Centre's and Acute Stroke Units;
 - Increased access and use of tests in A&E Departments;
 - The introduction of new Standards for Ambulance Services;
 - The increasing use of Same Day Emergency Care (SDEC) to avoid unnecessary overnight admissions to hospital.
- 3.2 The NHS Long Term Plan sets out how these services will be further improved, including the provision of direct booking of GP appointments from NHS 111 and the roll out of Same Day Emergency Care (SDEC). The current headline four-hour access standard is used to measure and report performance against one aspect of the Urgent and Emergency Care System. It has proved useful in focusing on flow in the hospitals, and permits comparison of individual healthcare organisations and health systems.
- 3.3 However, given the changing nature of Urgent and Emergency Care services, the current single standard only offers a limited insight into patient care, therefore a number of national pilot sites (the closest to Surrey Heartlands is Frimley Hospital) have been set up to field test the proposed Urgent & Emergency Care New Access Standards which are as follows:
- Time to initial Clinical Assessment in Emergency Departments and Urgent Treatment Centres (Type 1 and 3 A&E Departments).
 - Time to Emergency Treatment for critically ill and injured patients.
 - Time in A&E
 - Utilisation of Same Day Emergency Care.
 - Call Response Standards for 111 and 999.
 - Mental Health Urgent & Emergency Care Access Standards

3.4 As well as testing the proposals above, the field trials will also consider whether there are any additional or different measures that could be recommended for management purposes, to ensure that the interests of all patients, including the most unwell and those requiring admission, are best served.

4. Attendances

4.1 The graph below shows that there has been a +4.1% growth when comparing 2017/18 to 2018/19; which is above a national growth of +2.9%.

4.2 The graph below represents the number of Surrey Heartlands (excluding East Surrey) residents that have attended the Acutes Hospitals.



4.3 System Transformation and Winter Plans all have areas of focus on reducing the number of people needing to attend A+E, this includes: -

- Working with a Primary Care Network in Surrey Downs to promote Improved Access and support via 111 and the Clinical Advisory Service, particularly for working age adults.
- Improved multi agency tailored response for those patients who have needed to be admitted to hospital on a very regular basis, with the aim of caring for the person within their own home for longer.
- Improved support to care homes including training, a care line via 111, visiting pharmacists, improved and secure communication channel via NHS Mail.
- Greater co-ordination regarding services which support people who have fallen.
- Increased support to those with a catheter; ensuring enhanced post discharge follow up.

- Review of current pathways in relation to patients with respiratory problems; promoting integrated care leading to the avoidance of hospital admissions whenever possible.
- Via the Locality Hubs – enhanced community response to avoid hospital or residential admissions.

5. Length of stay over 21 days

- 5.1 Surrey Heartlands has had a reduction in patients stays of over 21 days when compared to last year. However, this was below the national ambition of a 25% reduction for 2018/19. This year (2019/20) this ambition has been stretched to 40% to ensure capacity is increased to cope with demand, particularly over the coming winter.
- 5.2 Each area has plans in place to achieve the national ambition and progress is assured via the A+E Delivery Boards (please see main report).
- 5.3 These plans are tailored to the individual system; however, all will seek to reduce length of stay, for example, through: -
- increased availability of 7 – day services
 - greater availability of key staff to support patients and their families with discharge
 - an increase in weekend discharges
 - promoting the ‘Home First’ principle
 - greater oversight across the agencies involved in the person’s care in relation to length of stay with multi agency review of longer stay patients taking place once or twice weekly to support managing and reducing the person’s length of stay.
- 5.4 Information on the numbers of patients with a length of stay over 21 days is gathered weekly and reported to NHSE/I. This weekly report includes the number of patients that have stayed in hospital over 21 days; over 50 days and over 100 days. It should be noted that some patients are very unwell and do need to stay in an acute hospital environment for an extended period.

6. Capacity Mapping

- 6.1 Surrey Heartlands Data Platform created across NWS, Surrey Downs and Guildford and Waverley provides system oversight, highlighting any available resources and any system flow issues – where additional support may be needed to ensure patients access the right service at the right time.
- 6.2 The systems are able to collect and collate information which can be used in presenting and triangulating data – this is vital in helping teams to understand performance trends and describe the system operating status.
- 6.3 The objective and detailed information generated creates the foundation for system calls and reports that can be used on a daily basis.

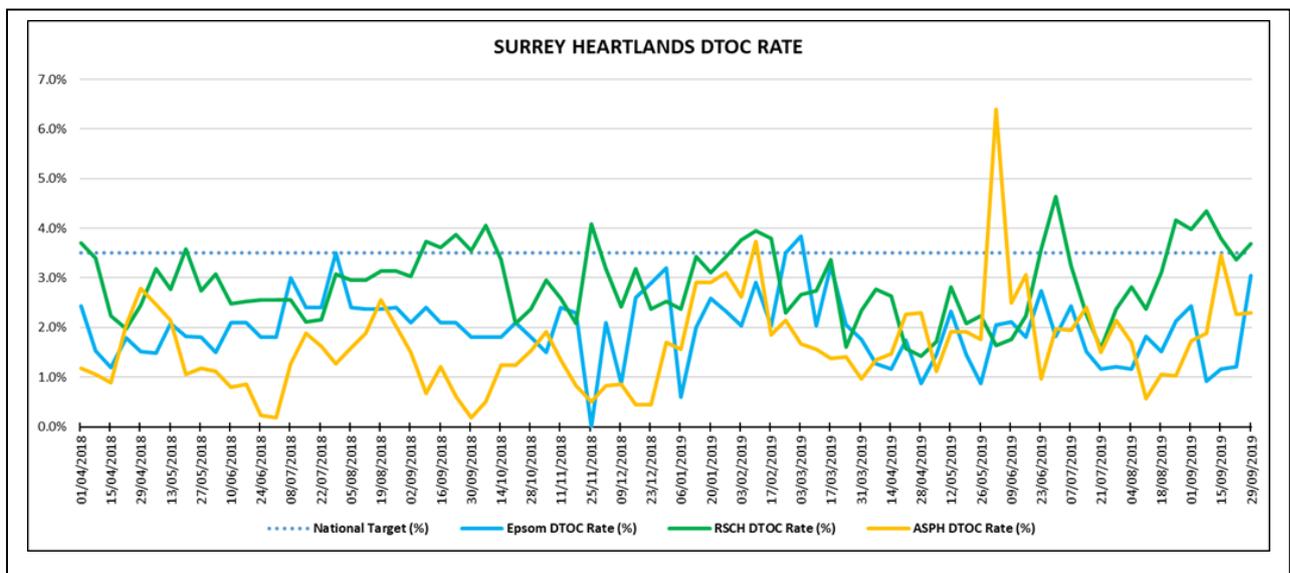
- 6.4 The database informs the system in their preparation for holiday and winter periods by ‘looking back’ to previous busy periods and analysing how the system responded.
- 6.5 This wider system information is complemented by the individual acute hospitals predicative analysis, which considers the previous 6 weeks of activity and projects this forward so the hospitals have a predicted demand for each day.
- 6.6 The database does not hold information in relation to patients outcomes; however will highlight, as numerical information only, where onward transfers are delayed and the reasons for this.

7. High Impact Change Model

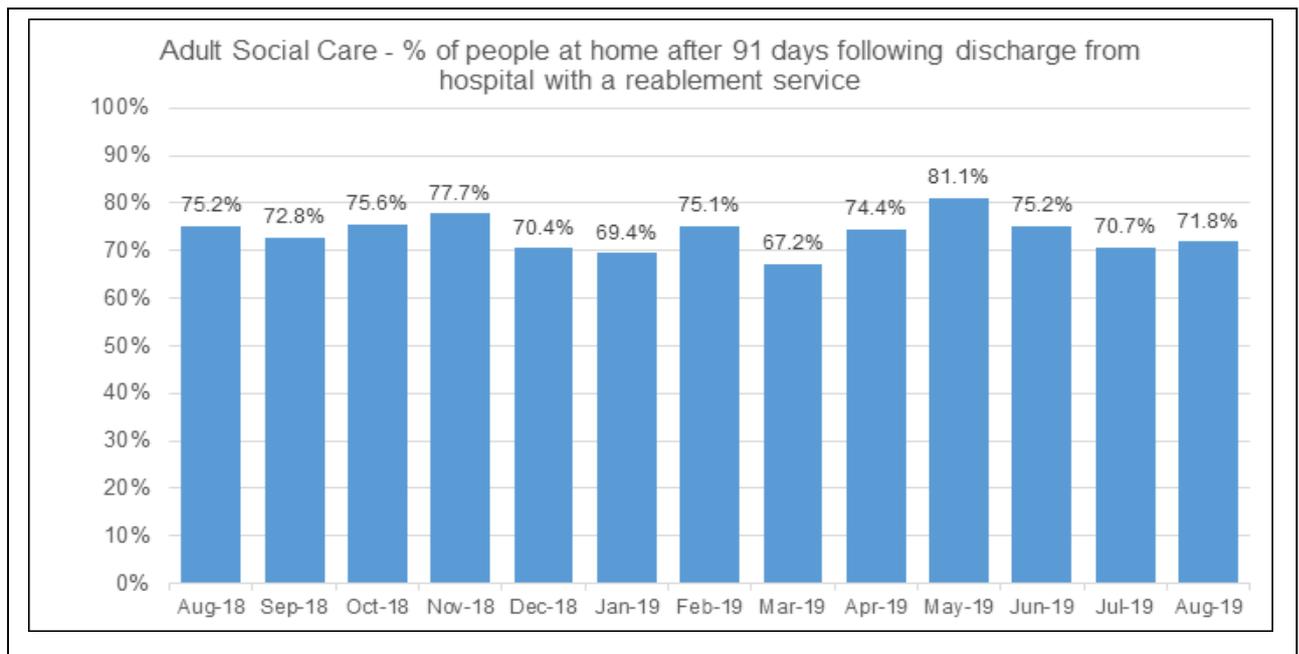
7.1 The high impact change model, developed nationally with the Association of Directors of Adult Social Services, provides a practical approach to help support transfers of care from hospital. The model identifies eight system changes which will have the greatest impact on reducing delayed discharge:

- early discharge planning
- systems to monitor patient flow
- multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector
- home first/discharge to assess
- seven-day services
- trusted assessors
- focus on choice
- enhancing health in care homes.

7.2 The High Impact Changes contribute to reducing delay in discharge. The table below provides details on Delayed Transfer of Care, describing how the Surrey Heartlands system predominantly remain under the required target.



7.3 Patients outcomes are measures by Adult Social Care for all patients who have received Reablement. The graph below demonstrates that the vast majority of Surrey residents, during the period between August 2018 to August 2019; who have received Reablement services, remained at home after 91 days.



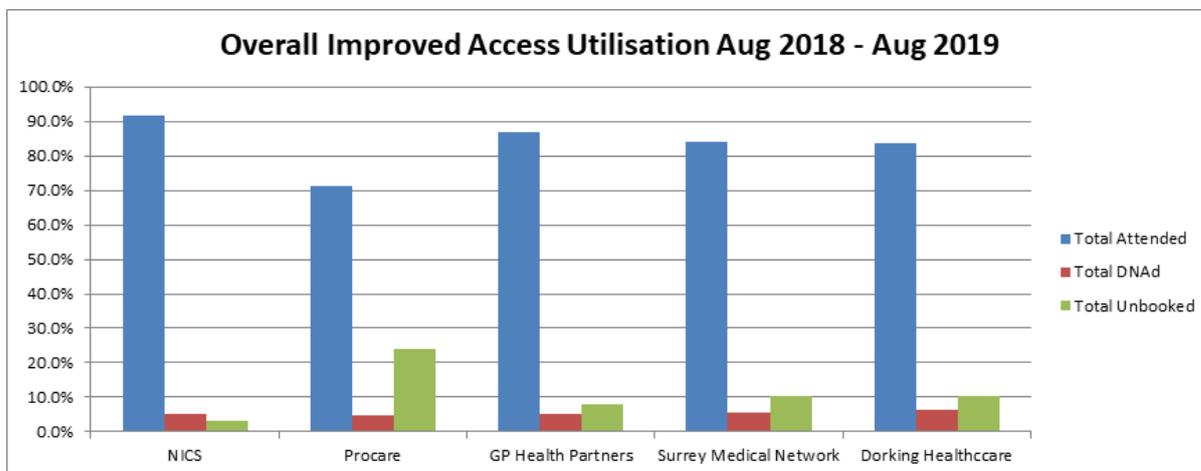
8. Improved GP Access

8.1 Improved GP Access provides the utilisation of appointments within each of the areas, the skill mix and an analysis of the Christmas Week periods effect on appointment uptake.

8.2 Timing of appointments:

- Weekday provision of access to pre-bookable and same day appointments to general practice services during evenings (after 6:30pm) – to provide an additional 1.5 hours a day;
- Weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays;
- Ensure proposed distribution of Services is based on utilization rates that reflect the need for services across the week.

8.3 As depicted below, Improved GP Access offered 97,014 appointments during the period August 2018 (from each organisations 'Go Live' date) to 31st August 2019 and continues to show good take up of appointments, generally over 80%; along with very low numbers of appointments which were booked and then the person did not attend (DNA's).



9. Staff Influenza Vaccinations

9.1 The table below provides the percentage of staff in each of the Acute hospitals, along with Ambulance and Mental Health services, that received a flu vaccination during the period 1st September 2018 to 28th February 2019 (cumulative recorded data). This information is available via Public Health England.

NHS TRUST	Vaccine uptake (recorded) % (2017/18)	Vaccine uptake (recorded) % (2018/19)
Ashford and St Peters NHS Foundation Trust	72%	75%
Epsom and St Helier University Hospitals NHS Trust	71.7%	75.1%
Royal Surrey Hospital NHS Foundation Trust	71.2%	55.8%
South East Coast Ambulance Service	69.3%	78.7%
Surrey and Borders Partnership NHS Foundation Trust	54%	47.6%
Surrey and Sussex Healthcare NHS Trust	71.2%	67.5%
National take up	68.7%	70.3%

10. Communications Plan

- 10.1 The 2019/20 winter campaign will mirror the national campaign messages (Stay Well This Winter), to reinforce messages at a local level in relation to staying well and where to access help and advice if needed.
- 10.2 The communications plan includes four main elements, which will be delivered as part of a phased campaign being delivered to all age groups:
- Flu
 - Promoting the role of pharmacists
 - Promoting extended access
 - NHS111 as a source of advice for urgent issues out of hours
- 10.3 Surrey Heartlands Communication plans are co-ordinated via the multi-agency Health and Well-being Board.
- 10.4 Messages, which include encouraging the take up of flu vaccinations, will go out via various channels e.g.:-
- Healthy Surrey website
 - <https://www.healthysurrey.org.uk/your-health/seasonal-advice/winter>
 - Surrey Information Point website
 - Social media channels including Twitter and Facebook
 - Surrey 'Winter Wellness Toolkit' for professionals
 - Partner organisation websites
 - District and Borough Resident Magazines
 - Surrey Matters e-newsletter
 - Intranet sites (for internal colleagues)
 - Face to face through BAU contacts with residents/patients
 - Posters/leaflets
 - Local press (to be defined by each stakeholder)
 - Customer services teams
 - Environmental Health; Housing Officers; Care & Repair teams
 - Radio - BBC Surrey, Eagle Radio, Radio Jackie, Radio Susy
 - TV - BBC Surrey; Meridian
 - Local Councillors (as ambassadors)
 - Health and Social Care Professionals (as ambassadors)
 - Parish Councils
 - Residents Associations
 - Community websites e.g. Eagle Radio Community pages, Surrey Residents Network
 - Voluntary sector
 - Community Transport Carriers
 - Libraries
 - Community Connectors
 - Community/social centres
 - Social housing providers

11. EU Exit

- 11.1 All partners are working to support NHS staff from overseas and have been doing so for some months.
- 11.2 As part of each agencies preparation for EU departure, a review of EU staff numbers is undertaken.
- 11.3 For example - Surrey Heartlands CCG's have completed this review (please see table below). All staff have been contacted directly and offered support / directed to the settlement process, should they chose that option.

CCG	Dec 2018	Sep 2019
North West Surrey	5	2
Surrey Downs	10	7
Guildford & Waverley	2	2