



## Wellbeing and Health Scrutiny Board 16 September 2015

### North West Surrey Urgent Care System Winter Resilience

#### Purpose of the report:

The urgent care system in North West Surrey faced increased challenge during the last winter. As a result of severe pressure both in A&E and for inpatient beds, Ashford and St Peter's Hospitals declared a Major Incident on 3<sup>rd</sup> January 2015. These issues were discussed by the Wellbeing and Health Scrutiny Board in the January and March meetings.

Following these discussions, the Wellbeing and Health Scrutiny Board requested a further update in September from system health partners, on the steps taken in the wake of the 2014/15 challenges to minimise the future need to declare an internal Major Incident. The Board also requested an outline of the actions taken to reinforce resilience of the urgent care system in North West Surrey.

#### 1. Introduction

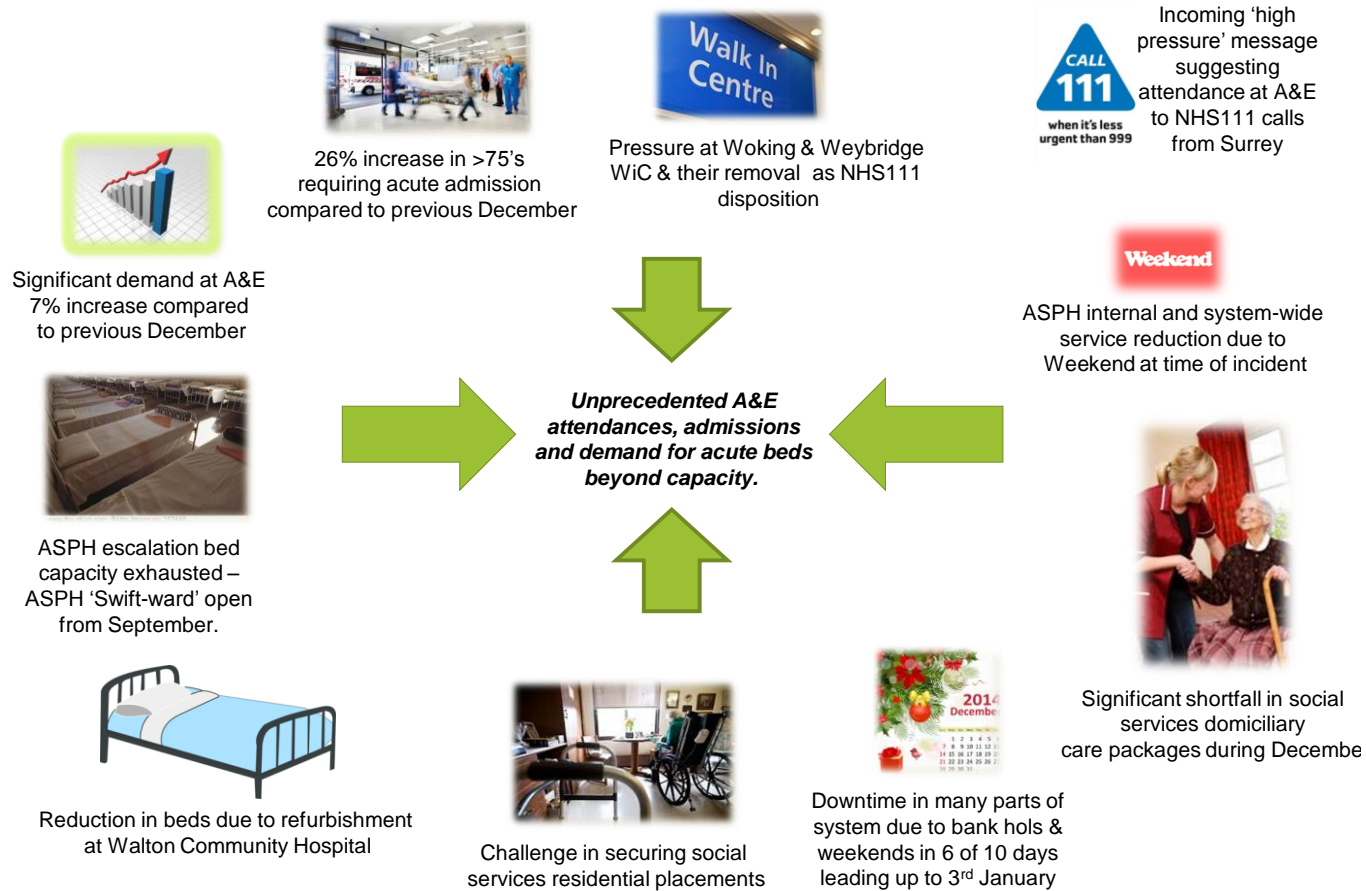
- 1.1 On Saturday 3 January 2015 Ashford and St. Peter's Hospitals NHS Foundation Trust (ASPH) declared a Major Incident as a result of severe pressure in terms of the volume A&E attendances and emergency admissions. This was subsequent to a period of sustained operational pressure on the whole urgent care system.
- 1.2 A thorough and meticulous process has been undertaken by the North West Surrey health and care system to ensure that the key causes of pressure over the 2014/15 winter period have been identified, with particular focus on the causes of the Major Incident on 3 January. A Root Cause Analysis (RCA) was undertaken at ASPH which fed into a system-wide RCA undertaken by North West Surrey Clinical Commissioning Group (NSW CCG). This was followed by a system-wide post RCA workshop again involving all system partners to identify solutions. These were then worked on in more detail through the System Resilience Group (SRG).
- 1.3 This paper now outlines:
  - The causal factors driving the pressure faced by the system and ASPH on 3 January 2015.

- Actions taken to reduce the risk of re-occurrence and strengthen overall urgent care system resilience.

**2. The causal factors driving the pressure faced by the system and ASPH on 3 January 2015.**

2.1 Causal factors driving the extreme pressure faced by ASPH on 3 January are summarised in the diagram below.

**Root causes to system pressure causing Major Incident at ASPH**



2.2 A number of contributory factors were identified that added to the totality of the challenge experienced at the time of the Major Incident, these are summarised in the diagram below.

## Contributory Causes & Further Lessons



Reduction in primary care due to 6 bank holidays & w/ends in 10 days leading to incident with reduce/no primary care



Challenges of system coordination - some provider escalation actions not shared with wider system (NHS111 & Walk-in Centre escalation actions).



Effectiveness of Community step down capacity limited due to ability to secure appropriate GP cover for all beds



Reduction in CHC due to 6 bank holiday & w/ends which did adversely affect patient flow through the system



Accuracy of individual provider activity predictions & lack of system-wide commitment to agreed common Christmas break activity projections



Reduced effectiveness of National flu vaccine nationally believed to be a driver to increased admissions



Some solutions such as expansion of Rapid Response capacity not identified until after the incident rather than planned in advance



Limited effectiveness of some 2014/15 winter resilience schemes with some minor schemes not in place

### **3. Key system changes to strengthen system resilience**

3.1 The key changes being implemented across the NW Surrey health system as a result of these findings are outlined below.

#### **3.2 Robust system understanding and surge prediction.**

Through its partnership with Alamac, all urgent care system providers within the North West Surrey system have been collecting, sharing and discussing key individual and system performance metrics on a daily basis. Using these metrics a daily call enables 'front-line' partners to objectively assess where they are today and think differently about where they could be tomorrow. This daily collection of system performance information is allowing a thorough understanding of critical factors ('cause measures') within the system that drive efficient performance ('effect measures'), and has established greater ability to predict when the system is becoming challenged and take early proactive action, and recover more rapidly.

As the collection of metrics and sharing of local knowledge continues, resilience will increase through providers taking preventative action to mitigate both predicted pressures within their own organisation, and by supporting partner providers.

Additionally as a greater period of historic data is collected, Alamac will work with the system to forecast performance based on key operational metrics such as likely number of A&E attendances, acute admissions and system wide discharges two weeks in advance. This ensures greater system resilience as providers have time to take mitigating action. A number of the resilience initiatives identified for this coming winter therefore are planned in a way that enables providers to respond flexibly to predicted pressure.

Extended holiday periods such as the Christmas to New Year break and Bank Holiday weekends, have historically tested system resilience. Deploying resilience initiatives at this period is also an integral part of this year's resilience planning.

#### **3.3 Application of Operational Capacity and Resilience funding.**

This year Operational Capacity and Resilience (OCR) funding of approximately £1m has been allocated by NWS CCG through the System Resilience Group (SRG) based specifically on projects that provide 'resilience' to the system at periods of peak pressure. All projects funded for this coming winter have a proven evidence base through the RCA, and most are linked to the Department of Health's Eight High Impact Resilience Interventions.

#### **3.4 Additional community rehabilitation beds.**

NWS CCG has funded an additional six community hospital rehabilitation beds for a period of up to two months this coming winter. A proportion of

this time will be focused over the Christmas break period; the remainder will be used as system projections indicate.

### **3.5 Additional Rapid Response capacity.**

The RCA identified that the additional capacity within the Rapid Response service that came online after the incident, played an important role in facilitating discharges out of ASPH. In recognition of the impact that increasing the capacity of the Rapid Response service had on overall system flow, NWS CCG are working with Virgin Care to agree a change to the previous core contract. This will allow Virgin Care to flex capacity up above previously funded levels at times of pressure. This contractual ability to flex up quickly is essential to year-round resilience.

In addition to the above, through OCR funding, Rapid Response capacity will be increased by a further 15 patients for up to two months. Part of this capacity increase will be targeted at the Christmas break and subsequent period. The remainder will be drawn upon as flexibly as possible in response to predicted pressure surges. The increase in service will also support admission avoidance, keeping some patients out of hospital completely.

### **3.6 Step down / recovery beds to support Social Care placement challenges.**

During the last winter in order to support the challenge of obtaining Social Services residential care placements, Adult Social Care and NWS CCG jointly funded an additional five beds in care homes for patients awaiting Social Care support that would have otherwise been in hospital. NWS CCG has invested a further £175,000 in 2015/16, and rolled this scheme out to cover up to 20 beds in total across North West Surrey. This capacity is flexible with care home providers across North West Surrey able to offer bed capacity to the scheme as and when it becomes available.

In addition to the above, the NWS CCG has allocated an additional £60,000 to fund up to a further 20 beds in care homes during the winter, to ensure acute beds are released from those patients awaiting Social Service placements. Historic analysis indicates a proportion of this additional capacity will be required through December, the remainder will be deployed flexibly across the winter period to support system surge and pressure. Actions are underway to sign up a significant number of homes to the scheme prior to the winter.

Adult Social Care procurement and commissioning staff are meeting with providers of Nursing and Care homes to discuss the on-going challenges the Local Authority has to commissioning at a competitive but fair market rate including partnership arrangements to support prevention of attendance and admission and discharge pathways to and from hospitals.

Adult Social Care has also recruited two additional full time Social Care Development Coordinators based at ASPH to improve relationships locally with care homes. This will also serve to improve responsiveness

and opportunity for seven day discharges into these services including packages of care, more effectively.

Adult Social Care has also held a county wide provider “Think Tank” event at Whitley to discuss with the market and understand how they can work in partnership to respond to the demands and challenges the whole system face including recruitment, skills gaps, strategic objectives, community engagement and budgets.

### ***3.7 Domiciliary care.***

NWS CCG is proposing to allocate a further £50,000 to support Social Services to incentivise domiciliary care providers to support during holidays and periods of surge. These incentives will focus on delivering a guaranteed level of capacity with providers to respond to requests for packages of care over the holiday periods where demand has previously been high. This will be flexible and can be used as demand predictions dictate, to mitigate against capacity shortfall and system pressure.

In addition to support the normal demand for domiciliary packages of care, the North West Area has increased its number of domiciliary care providers and continues to build on this. Commissioning managers and social care development coordinators are engaging with these providers to share the whole system challenges and inviting them to suggest how they will support to meet these.

Commissioning managers are working with existing voluntary sector partners to ensure their current service provisions are utilised in full and flex these across seven days. Opportunities will be shared with all stakeholders to ensure they are maximised. Further work on this is planned with the district and borough councils.

A county wide Domiciliary Care “Think tank” has been held, and a local plan of market engagement has been developed.

### ***3.8 Social Services care worker.***

System analysis (through partnership with Alamac) of patient flow during the winter identified issues regarding the referral and pick up for locality teams to assess and arrange services to support discharge from Rapid Response and Recovery/step down beds. This impacted the system wide flow. As a result NWS CCG has supported Surrey County Council Adult Social Care by investing a further £20,000 in an additional Case Worker for six months this coming winter. This will enable earlier identification of patients in the step-down/ recovery beds and the Rapid Response service therefore ensuring patient flow is maintained.

### ***3.9 Supporting 7-day working at St Peter’s Hospital.***

A finding of the RCA was the restriction in inpatient flow through ASPH at bank holidays and weekends of the Christmas break period. ASPH have identified core elements of service that will ensure patients are well managed and timely discharge decisions can be made each day

throughout the period. These are being additionally funded by NWS CCG during this coming winter.

Additional elements of service to be put in place this winter at ASPH include additional imaging and reporting capacity, extended pharmacy cover, additional A&E nursing shifts and increased medical support across wards, A&E and the Older Persons Assessment and Liaison (OPAL) service. The time frames targeted range from four weeks to particular bank holidays and weekends based on historic analysis of pressure at ASPH.

### **3.10 *Development of Locality Hubs.***

The model for the Locality Hubs continues to be developed with the support of providers and GPs through the Professional Reference Group and the Mobilisation Group. An 'interim' model is being developed which will start ahead of the Woking Hub opening in November and will use Woking Community Hospital as a base. The impact of this proactive and reactive management of this patient cohort in Woking will further support system resilience.

### **3.11 *Additional paramedic practitioners.***

The RCA identified significantly reduced rates of ambulance conveyance to hospital during December and January, which was positively driven by escalation measures within SECamb.

In order to proactively replicate this for the forthcoming winter, NWS CCG has funded an additional paramedic practitioner seven-days a week between November and March. This will enable NWS CCG to assess the full impact of this invention, with a view to commissioning substantively in the long term. This additional practitioner will be directed specifically to calls where their advanced skills mean they are likely to be able to treat the patient at home. This practitioner will also serve as a source of advanced clinical advice to local crews and will reduce conveyance rates for patients they are called to by an estimated ten percent.

### **3.12 *Actions to support greater treatment of patients at home by ambulance crews.***

A finding from the RCA was that pressures arose from unprecedented demand both at A&E and for acute hospital beds. A key challenge for the health system this coming winter is how this demand can be managed, with patients being supported effectively at home. Supporting ambulance crews to more ably treat patients at home without the need for conveyance to hospital, is also part of the Department of Health's Eight High Impact Resilience Interventions.

To this end, NWS CCG has embraced the use of South East Coast Ambulance's (SECamb) Intelligence Based Information System (IBIS). IBIS is an information portal which allows health professionals to upload information about their patients, which is then available to ambulance



crews on scene should they be called to that patient. The use of this system is being driven by NWS CCG in three main ways:

### **3.12.1 Primary care upload of IBIS records.**

The CCG has invested in incentivising GPs across NWS to upload care plans to IBIS for those patients they identify as at high risk of having an ambulance called to them. Since April 2015, NWS CCG has funded the upload of over 5,000 records to the IBIS system.

In the month of June the conveyance rate of patients in NWS with a care plan on IBIS was 21% lower than for those without a record (46% compared to 67%). Before the coming winter NWS CCG plans to support the upload of a further 2,000 patients to the IBIS system. North West Surrey CCG now has the highest number of patient records uploaded to IBIS system in the South East of England.

### **3.12.2 ASPH upload of information to IBIS.**

As part of the Commissioning for Quality and Innovation (CQUIN) contracting arrangements for 2015/16, NWS CCG and ASPH have agreed to further support the upload of information to the IBIS system. Through this arrangement, from October 2015 ASPH will upload the discharge summary of high risk patients. This will support crews and complement other information uploaded.

Through this CQUIN, ASPH are also uploading care plans specifically for patients known to be high attenders to A&E.

### **3.12.3 Support from SECamb for optimum use of IBIS.**

In 2015/16 NWS CCG through CQUIN contracting arrangements, has agreed with SECamb that they will further support the use of IBIS in North West Surrey. Through use of the information reporting capacity of the IBIS system, SECamb can identify where crews haven't accessed an available IBIS record when they have been on scene with a patient. The CQUIN contract in place provides a financial incentive to ensure that all crews use the IBIS system where records are available.

Secondly this CQUIN contract arrangement also requires SECamb to identify new patients at risk of further conveyance to hospital, and pass this information to the CCG/appropriate GP for creation of an IBIS record to support the management of that patient on scene in future.

## **3.13 Increased primary care provision.**

There will be increased primary care provision over the winter period. NWS CCG is investing in three additional GPs each day from 20<sup>th</sup> December through to the 4<sup>th</sup> January (excluding 25<sup>th</sup> December). It is likely these will be based in Weybridge and Woking community hospitals and Ashford Hospital. This is a known period annually where access to primary care is significantly reduced.

This initiative will be supported by a communications programme to make patients aware of this additional service over the Christmas break period, messaging and links from GP practice telephone systems, as well as signposting from NHS111 and the GP Out of Hours service.

### **3.14 Support to residential homes.**

A significant proportion of the increase in admissions (especially in the over 75 year old cohort) during the last winter were from care homes. To support the care home sector in coping with increased complexity, and reducing more avoidable complications NWS CCG has invested £320,000 in 2015/16 in the development of a year round multi-disciplinary care home support team.

This team will comprise a community matron covering care homes in each GP locality with access to community pharmacy, physiotherapy, mental health nursing, dietetics and speech and language therapy. The team will work with the leadership of the GP practice associated with the relevant care home to provide:

- Holistic assessment and care planning
- Medications reviews and management
- Rapid access to clinical advice
- Visits in urgent situations
- Training and support to care home staff to improve general standards of care
- Dissemination of consistent good practice, common documentation and approaches to clinical care
- MDT meetings with General Practice, possibly at a locality level or with a cluster of practices
- Advance Care Planning
- Influenza and Pneumococcal Vaccinations

The care home support team will come into operation by October 2015, and will initially target those homes perceived to be the most challenged and/or with the highest levels of acute sector activity.

### **3.15 Escalation, surge planning daily system leadership.**

In advance of this coming winter each provider will have revised escalation plans which will have been peer reviewed by the SRG, and synergised with other system providers. The North West Surrey whole system escalation plan will be reviewed and will include a predetermined, and pre-agreed, set of escalation actions which can be immediately deployed in periods of high pressure.

There will be improved system management capability, which will be achieved through the daily system calls led by Alamac and supported by system-wide data collection.

In October NWS CCG will lead a system-wide table top winter planning exercise involving all providers, to test revised escalation plans and resilience initiatives.

### **3.16 System Resilience Group.**

This System Resilience Group (SRG) meets fortnightly and has representation from all providers involved in the provision of urgent care across North West Surrey. This group reports to the NWS Cabinet (chief executives of NWS CCG, ASPH, Virgin Care and Surrey Country Council Social Care).

A number of changes will be made to this group which will provide increased support to the coordination and assurance of system resilience. These include:

- Widening membership to recognise the value of particular CCG functions and organisations in the delivery of increased system resilience and system coordination. To include CCG contracting & performance, CCG primary care representative, CCG communications representative, voluntary care sector and co-opted public health representation.
- Creation of an SRG Resilience Risk Register to ensure highest risks are escalated appropriately (within and across organisations) and are formally reviewed regularly by the system.
- Renewed focus on resilience through consideration of 'emerging pressures' by all organisations at every meeting.
- To include an overview of, and support to, North West Surrey's flu vaccination programme.

### **3.17 System recovery plans & Alamac.**

ASPH, supported by providers across the system, are working to deliver robust recovery plans to sustainably deliver the 95% four hour A&E operational standard by the end of 2015. This improved performance will support the resilience of the urgent care system overall.

NWS CCG engaged with Alamac in June 2015 on behalf of the whole North West Surrey urgent care system. Alamac are a commercial organisation expert in supporting challenged urgent care. Alamac support the system to collect performance information across the whole urgent care system, and use this information to coordinate providers through daily phone calls. They then support focused work and redesign where significant system or process issues are identified.

Having this robust supporting infrastructure in place, as well as Alamac as an established leader in the field of system-wide urgent care performance improvement, will ensure further support to system resilience and performance.

## 4. Conclusions

- 4.1 The North West Surrey urgent care system has invested considerable effort in understanding the causes of the severe capacity challenges during the last winter which culminated in ASPH declaring a Major Incident on 3rd January 2015.
- 4.2 During the winter of 2014/15 the majority of providers in the urgent care system were under increased pressure. The escalation actions and service challenges of a number of providers served to exacerbate the demand (patient attendances) and inpatient bed capacity shortfall challenges faced by ASPH.
- 4.3 A number of changes to system and process have been identified and are being implemented with individual providers and across the health system to ensure greater coordination during pressure, and synergy in planning in advance of known 'break' periods.
- 4.4 The North West Surrey health system has taken an evidence based view to commissioning decisions to ensure resilience over the coming winter. A robust Operational Capacity and Resilience Plan has been constructed which is in the process of formal sign-off within NWS CCG.

## 5. Public Health Impacts

- 5.1 Effective timely urgent care is essential to the health of North West Surrey residents. The actions outlined in this paper outline how the NWS urgent care system both plan to manage demand and expand capacity to ensure a resilient system that meets the needs of the local population.

## 6. Recommendations

- 6.1 The Board are asked to receive this paper noting the actions taken to ensure increased resilience of the urgent care system through the forthcoming winter.

## 7. Next steps

- 7.1 The actions outlined in this paper are being implemented across NWS CCG and provider partners. Progress is monitored through the SRG which reports directly to the NWS Cabinet.

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**Sources/background papers:**

- Printed minutes- Thursday 08-Jan-2015 10.00 Health Scrutiny Committee
- Root Cause Analysis Investigation Report, North West Surrey Clinical Commissioning Group, July 2015.