

Committee Title: ADULTS AND HEALTH SELECT COMMITTEE

Date: 11th OCTOBER 2019

Title: SURREY HEARTLANDS WINTER PREPAREDNESS REPORT

Purpose of report:

This report is to inform the committee of the impact of winter 2018/19 on the Surrey Heartlands system, including reference to previous winter pressures; and to describe the whole system measures being put in place to promote resilience throughout the upcoming winter period.

1. Introduction

- 1.1 Winter 2018/19 was again very challenging for the Surrey Heartlands system; whilst the area did not experience extended periods of severe weather; the Acute Hospitals (excluding SaSH) supported 104,213 type 1 attendances to A+E from November 2018 to March 2019.
- 1.2 This represents a 5.1% growth in attendances, which is above the national growth across England of 4.9% for the same period.
- 1.3 A&E 4-hour performance was under 95% at 86.2%; although thanks to the careful planning and the dedication of hard working front line staff across all agencies and partners, the Surrey Heartlands Acute Hospitals (including SaSH) performed above the national average for England of 78%.

2. Report Summary

Please refer to the attached full report.

- 2.1 Patients will continue to be able to contact '111' and, from March 2019, the Clinical Assessment Service (CAS) which provides specialist support to patients in navigating local services with the assistance of a multidisciplinary Clinical Assessment Service (CAS). The CAS will also support health professionals working outside hospital settings e.g. staff within care homes, assisting them in making the best possible decision about how to support patients closer to home and potentially avoid unnecessary trips to A&E.
- 2.2 Ambulance Attendances: the system saw a decrease of 1% (from November 2018 to March 2019) in ambulances arriving in A+E, which suggests that the combined SECamb approach of 'Hear and Treat' and 'See and Treat'; along with a greater number of patients being supported either in their own homes or admitted directly to a community hospital is having a positive effect.
- 2.3 A great deal of work has been undertaken by the Acute hospitals in relation to reducing the time ambulance crews wait in A+E to hand over their patients to hospital nursing staff. When comparing the winter period 2017/18 to 2018/19; a significant, collective improvement can be seen with a 17.5% improvement being delivered for ambulance handover of less than 30 minutes. However, SaSH have seen Ambulance arrivals increase by 3.5% between winter 2017/18 and winter 2019/20; significant work between SECamb and the Trust enabled a reduction in handover delays during the summer of 2018/19, surges in attendances in January 2019 resulted in an increase in handover delays when comparing winter on winter (with performance quickly improving in February 2019).
- 2.4 Ambulance Diverts: Ambulance diversion to another Acute Hospital A+E department is a strategy which is only ever deployed when the hospital requesting the divert is under very intense pressure. When a hospital invokes diversion status, incoming ambulances are directed to other facilities.

Diverts are a very rare occurrence across Surrey Heartlands and only take place in extremist.

- 2.5 After a year on year increase from 2015/16, bed occupancy decreased slightly during 2018/19 to an average occupancy rate of 83.53%, principally due to the multi-agency focus on improving more timely discharges for patients with a stay in hospital of over 7 days and over 21 days.
- 2.6 Capacity Mapping: The individual Surrey Heartlands 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. The objective and detailed information generated creates the foundation for system calls and reports that can be used, ongoing, on a daily basis. It also informs the systems in their preparation for holiday and winter periods by ‘looking back’ to previous busy periods and analysing how the system responding.
- 2.7 High Impact Change model – this nationally developed model provides a practical approach across eight system changes which assists with reducing delayed discharges. Joint health and social care interventions for urgent and emergency care are progressing well with five of the eight domains rated as established, two areas are rated as mature and one with having plans in place.
- 2.8 Increasing seasonal flu vaccination levels is vital in protecting patients and staff; this also contributes to minimising additional unnecessary demands on healthcare services during the winter period. During the Autumn and Winter of 2018/19, none of the three CCG's i.e. Guildford +Waverley, Surrey Downs and North West Surrey met the national ambition of 75%, with slightly less (recorded) take up of vaccinations when comparing 2017/18 to 2018/19. The campaign to increase vaccination take up will commence in earnest in October 2019; again being fully supported by national and local communications.
- 2.9 GP Improved Access - A total of 49,419 appointments were offered across Surrey Heartlands, excluding East Surrey, from August'18 to March '19. Generally, the numbers of 'Did Not Attend's' (DNAs) remained well below 10% and the

numbers of unbooked appointments reduced as the winter progressed. In East Surrey, the service went live on 3rd April 2018. However, from August 2018 to March 2019 a total of 9944 appointments were offered, although 460 were DNAs and 2016 were unbooked.

- 2.10 The Surrey Heartlands Communications Plan supports targeted messaging out to the wider community particularly in relation to how the person may seek help and support without needing to attend A+E; messages are also tailored to each areas system escalation alerting the public to how busy their local hospital is.
- 2.11 All the Acute Hospitals are engaged in focused areas of delivery to prepare for any sustained surge in demand, particularly over the winter period. The focus will be on maximising same day emergency care; reducing length of stay, particularly hospital stays over 21 days and in improving timely discharge. Workforce reviews are also being undertaken, with consideration given to how available capacity is able to best meet demand.
- 2.12 Surrey and Borders Partnership (SABP) - As a mental health trust, demand for crisis response services are often unplanned and unpredictable; seasonal variation can be less of a significant factor than it is for the Acute Trusts. SABP focus on winter pressures is in trying to support Acute Trusts through maintaining performance via the Psychiatric Liaison services. Out of hours the SAPB have support for individuals in crisis through their single point of access and Safe Havens.
- 2.13 Surge and Escalation Planning - Review of the whole system approach to surge and escalation within urgent care is currently being undertaken to agree a standardised approach going forward, this includes robust escalation process' for Surrey Heartlands level support to help de-escalate local ICP systems that are experiencing challenges to their urgent care pathway.

3. Governance

- 3.1 The Surrey Heartlands (SH) main vehicles responsible for the delivery of urgent care across the area are the Integrated Care Partnership (ICP) Local Accident & Emergency Delivery Boards (LAEDBs) of North West Surrey, East Surrey and Guildford & Waverley; along with the Surrey Downs System Resilience Group (SRG) – which links to the Sutton ICP LAEDB. Through these groups each of the systems put in place their plans, with some schemes being established across Surrey Heartlands to ensure that the systems were well prepared to manage sustained surge pressures.
- 3.2 Overarching assurance is provided by the ICP's to the Surrey Heartlands Quality and Performance Board and onward to the System Oversight and Assurance Group (SOAG); with the strategic Surrey Heartlands work plan complementing and supporting local delivery. The Urgent and Emergency Care Network (UECN) provides the opportunity for system support and development.

4. Recommendations:

- 4.1 The Committee is requested to note the preparations for winter 2019/20 set out in this paper.
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Report contact: Karen Thorburn,
Director of Performance,
Surrey Heartlands ICS

Contact details: email: Karen.Thorburn@nhs.net

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