Surrey County Council – Adults and Health Select Committee

Surrey Heartlands Winter Preparedness Report

Date: August 2019

Version: FINAL

Contents

1. Introduction

1.1 This report sets out to provide an outline of the impact and risks associated with winter pressures, along with the whole system measures put in place which provide mitigation and promote resilience throughout the upcoming winter season. Specific reference has been made to the following: -

1.1.1 Monthly performance data against the '95% of attendees cleared within 4 hours' target for each Surrey Acute Trust for 16/17, 17/18, 18/19 (winters and summers).

1.1.2 An assessment of the probable factors (for example: additional pressures on A & E and ambulances delayed and diverted) which will lead to additional pressures on the system, providing assurances that there is advanced planning across the whole system to identify concerns and overcome issues.

1.1.3 Details on the scale and effectiveness of capacity mapping locally and whether information is being effectively shared across the local health and care system

1.1.4 Details on whether the NHS high impact interventions for urgent and emergency care improvement have been adopted locally.

1.1.5 Details on how Acute Trusts and the wider system is implementing improvements that will be effective in increasing performance this coming winter in the following areas:

a. Public Health: 'flu' jabs.

b. Reducing attendance at A&E

c. Integrated Adults and Health: effective working to facilitate patient discharge and therefore reducing delayed discharges.

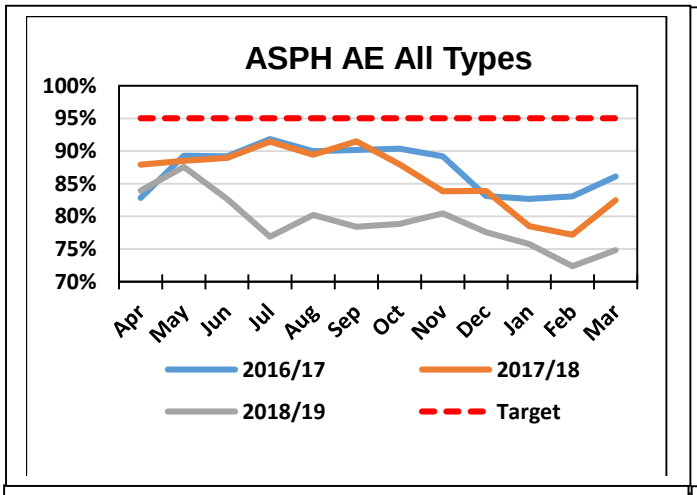
2. Performance of the four-hour quality care indicator

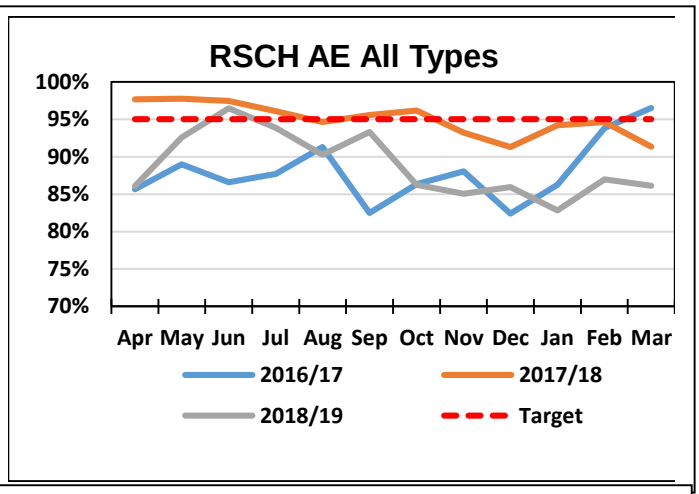
2.1 The following information describes the year on year performance from 2016/17 to 2018/19; here we are able to include Surrey and Sussex Hospital (SaSH) data. East Surrey CCG will be transferring to the Surrey Heartlands Integrated Care System (ICS) from July 2019 and the ICS are in the process of bringing together our reporting dashboards. Meeting of the four-hour quality care standard has, for each of the four Acute hospitals within Surrey, become far more challenging over the past 3 years. With all Acute hospital experiencing a reduction in performance particularly during the winter months.

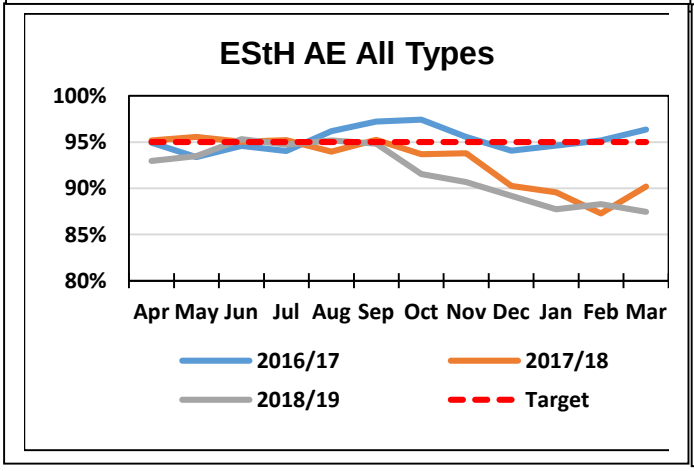
2.2 Attendances are grouped into various 'Types'; -

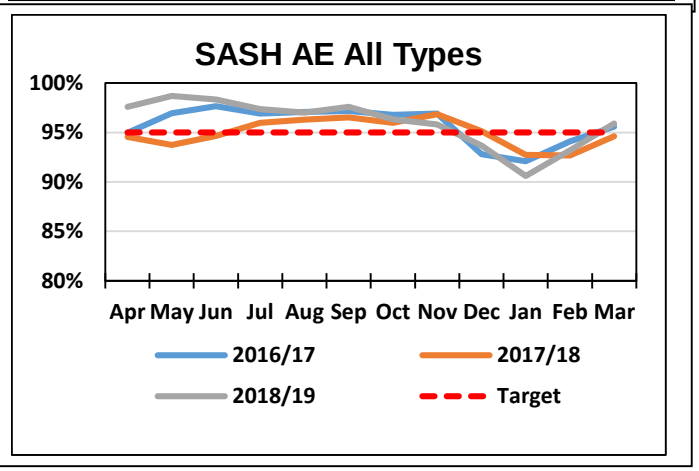
- Type 1 is attendance to an A&E department with a consultant led 24-hour service, full resuscitation facilities and designated accommodation for the reception of accident and emergency patients.
- Type 2 is attendance to an A&E department with a consultant led single specialty accident and emergency service (e.g. ophthalmology, dental) and with designated accommodation for the reception of patients.
- Type 3 and Type 4 are usually grouped together as this is attendance to an Urgent treatment; minor injury units (MIUs) or Walk-in Centres (WiCs).

The four graphs below provide data from April 2016 to March 2019 for Ashford and St Peters NHS Foundation Trust (ASPH); Royal Surrey Hospital (RSCH); Epsom and St Helier NHS Trust (EStH) and the Sussex and Surrey Hospital (SaSH).





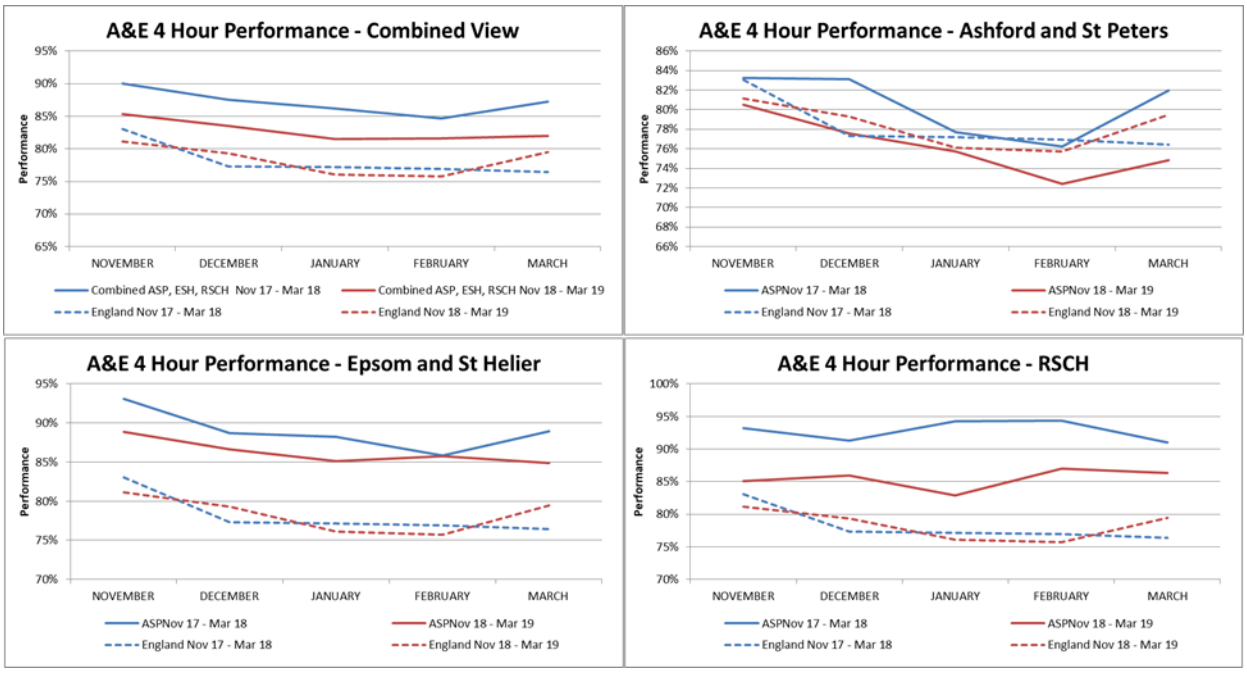




3. Assessment of 2018-19 Winter Pressures

3.1 When considering last winter (2018/19) in more detail; the activity analysis demonstrates that whilst the investment into winter 2018/19 resulted in A+E 4-hour type 1 performance per hospital being above the national NHSE average, the systems operated below the required 95% target throughout the winter period; recovery of this position has yet to be fully achieved across all areas.

3.2 Combined performance during the winter period of 2018-2019 was maintained above NHSE levels by 8.2% at 86.2%, this however represents a reduction on last year (2017/18) when Surrey Heartlands (excluding SaSH) tracked 9.6% above NHSE performance.

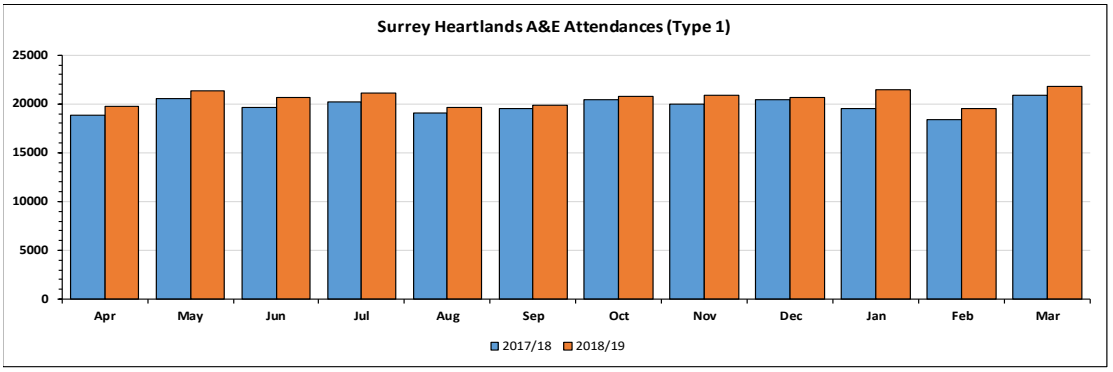


3.3 The table below demonstrates that Royal Surrey and ASPH both had the highest degree of challenged performance over winter 2018/19 compared with winter 2017/18; with the RSCH having the biggest variance. All four hospitals delivered over the NHSE national average from December to March.

A+E 4 Hour Performance across Surrey Heartlands	Dec 17 – Mar18		Dec 18 – Mar 19	
Area	**Performance**	**Variance to NHSE**	**Performance**	**Variance to NHSE**
Ashford and St Peter's Hospitals NHS Foundation Trust	80%	3%	75%	-3%
Epsom and St Helier University Hospitals NHS Trust	88%	11%	86%	8%
Royal Surrey County Hospital NHS Foundation Trust	93%	16%	86%	8%
Surrey and Sussex Hospital NHS Foundation Trust	89%	12%	87%	9%
England	77%		78%	

4. Demand and Capacity – Attendances

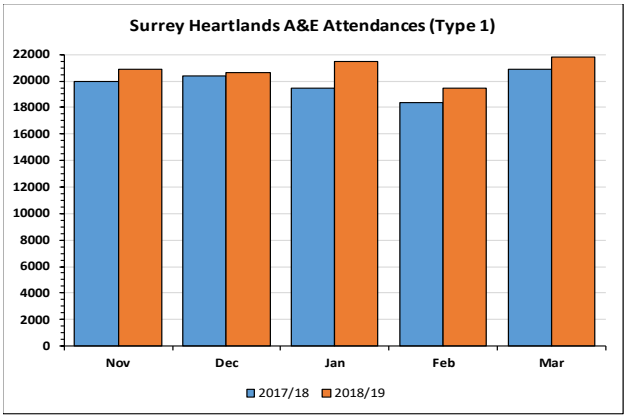
4.1 One reason for the challenge in meeting the national 4-hour target is the increase in demand, the sheer volume of people attending A+E has grown year on year. The graph below demonstrates a +4.1% growth when comparing 2017/18 to 2018/19; this is above a national growth of +2.9% and places our A+E's under additional pressure. The graph below represents the number of Surrey Heartlands (excluding East Surrey) residents that have attended the Acutes Hospitals.

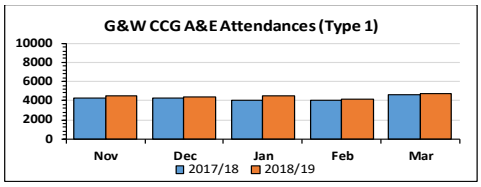


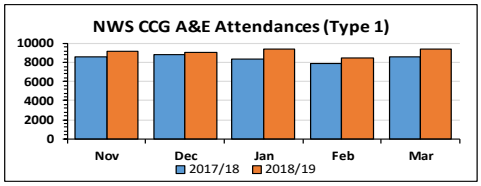
SH A&E Type 1 Attendances	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2017/18	18818	20591	19669	20226	19067	19531	20412	19997	20406	19494	18367	20851	**237429**
2018/19	19758	21367	20638	21090	19590	19846	20743	20890	20630	21438	19472	21783	**247245**
Growth	**+5.0%**	**+3.8%**	**+4.9%**	**+4.3%**	**+2.7%**	**+1.6%**	**+1.6%**	**+4.5%**	**+1.1%**	**+10.0%**	**+6.0%**	**+4.5%**	**+4.1%**
Nat. Growth	**+0.4%**	**+1.7%**	**+2.1%**	**+2.7%**	**+1.0%**	**+1.9%**	**+0.2%**	**+2.5%**	**+1.3%**	**+7.1%**	**+7.6%**	**+6.2%**	**+2.9%**

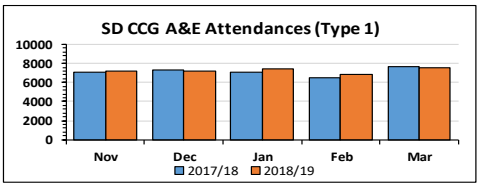
NB: National growth figures from NHSE Activity and Planning Summary Report (pub. 11th July 2019).

4.2 When focusing on the winter months, traditionally the busiest period, the attendance figures rise to +5.1% when comparing November to March 2017/18 to 2018/19. This is set against a national growth of +4.9% for the same period.







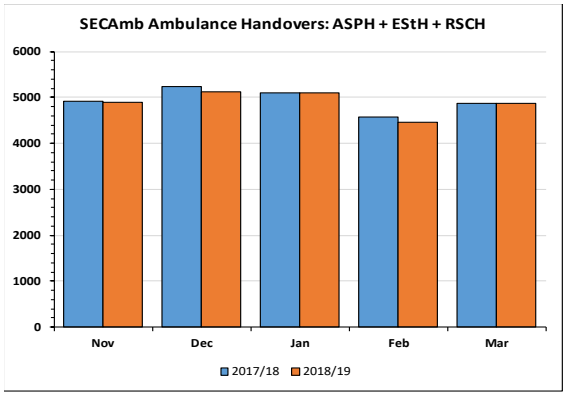


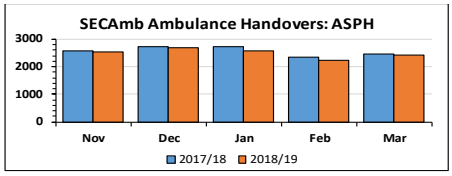
SH A&E Type 1 Attendances	Nov	Dec	Jan	Feb	Mar	Total (Nov-Dec)
2017/18	19997	20406	19494	18367	20851	**99115**
2018/19	20890	20630	21438	19472	21783	**104213**
Growth	**+4.5%**	**+1.1%**	**+10.0%**	**+6.0%**	**+4.5%**	**+5.1%**
Nat. Growth	**+2.5%**	**+1.3%**	**+7.1%**	**+7.6%**	**+6.2%**	**+4.9%**

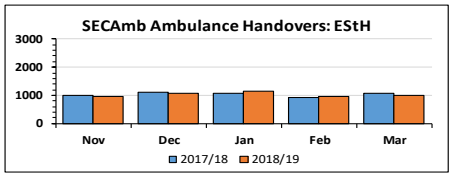
NB: National growth figures taken from NHSE Activity and Planning Summary Report.

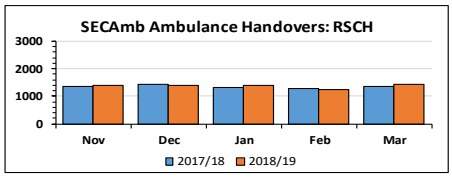
5. Ambulance Attendances and Handover to A+E staff

5.1 In respect of Ambulance attendances to A+E, the graph below again compares winter 2017/18 with winter 2018/19. The numbers indicate a reduction of 1.0% 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.







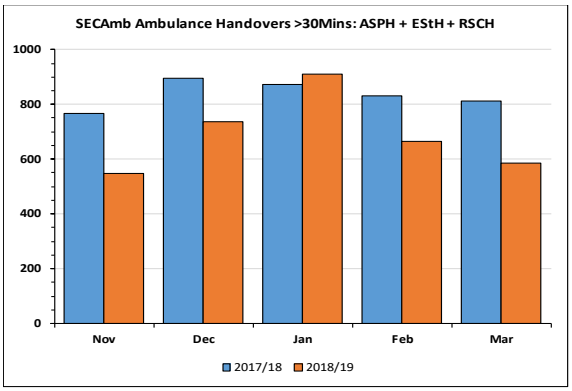


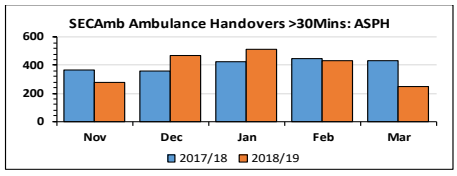
Ambulance Handovers	Nov	Dec	Jan	Feb	Mar	Total (Nov-Dec)
2017/18	4919	5228	5109	4574	4877	**24707**
2018/19	4895	5134	5110	4454	4864	**24457**
Growth	**-0.5%**	**-1.8%**	**+0.0%**	**-2.6%**	**-0.3%**	**-1.0%**

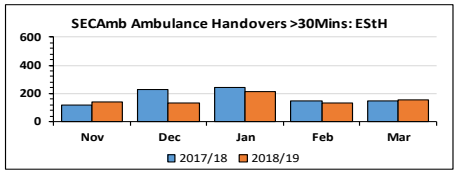
NB: Handover figures from CSU SECAmb Activity and Performance Report (May-19).

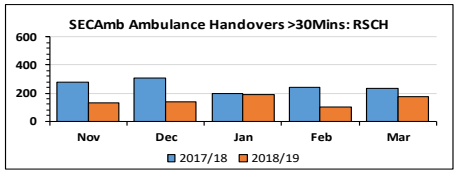
5.2 A great deal of work has been undertaken by the Acute hospitals in relation to reducing the time ambulance crews wait in A+E to hand over their patients to hospital nursing staff. Again when comparing the winter period 2017/18 to 2018/19; a significant, collective improvement can be seen with an improvement of 17.5% being delivered for ambulance handover of less than 30 minutes.

5.3 This provides real benefit to the patient and the system as patients are able to be seen by A+E staff quicker, with the Ambulance crew being able to leave the hospital and respond to the next call.









>30min Handovers	Nov	Dec	Jan	Feb	Mar	Total (Nov-Dec)
2017/18	766	895	871	830	812	**4174**
2018/19	546	737	912	664	585	**3444**
Growth	**-28.7%**	**-17.7%**	**+4.7%**	**-20.0%**	**-28.0%**	**-17.5%**

NB: Handover figures from CSU SECAmb Activity and Performance Report (May-19).

5.4 SaSH have seen Ambulance arrivals increase by 3.5% between winter 2017/18 and winter 2018/19; 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).

6. Ambulance Diverts

6.1 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.

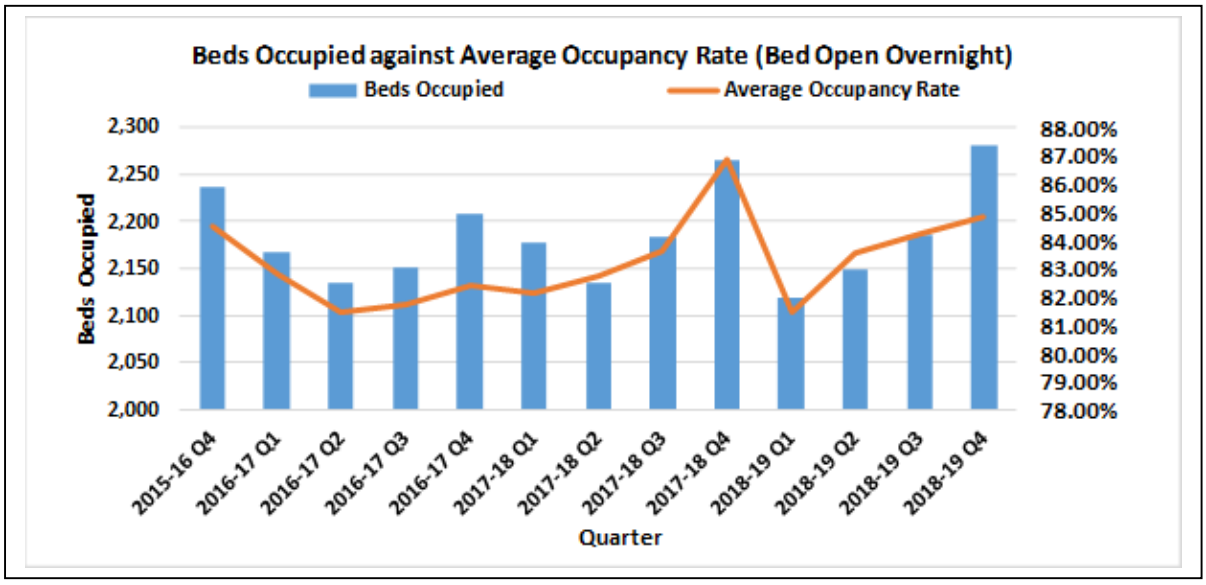
6.2 In the short term, ambulance diversion provides 'breathing room' to the A+E that requests the diversion, supporting the department to de-escalate and return to greater optimal functioning as staff assess and treat the overflow of patients. Diverts are only requested in extreme circumstances and for short periods, generally two hours. This is because should a divert arrangement continue for an extended period, it can in turn increase the receiving hospitals pressures.

6.3 The main reason for avoiding diverts is that it can increase travel time for the patient should they need to be transported longer distances to receive necessary treatment; (even when a divert is in place, patients in the most urgent need of hospital facilities will still be conveyed to the nearest Acute hospital). This increased travel time can reduce the availability of ambulances for new calls for other patients awaiting emergency medical service. Importantly, it may also mean that families and friends may have longer travel distances when visiting with the patient being admitted to a hospital slightly out of area.

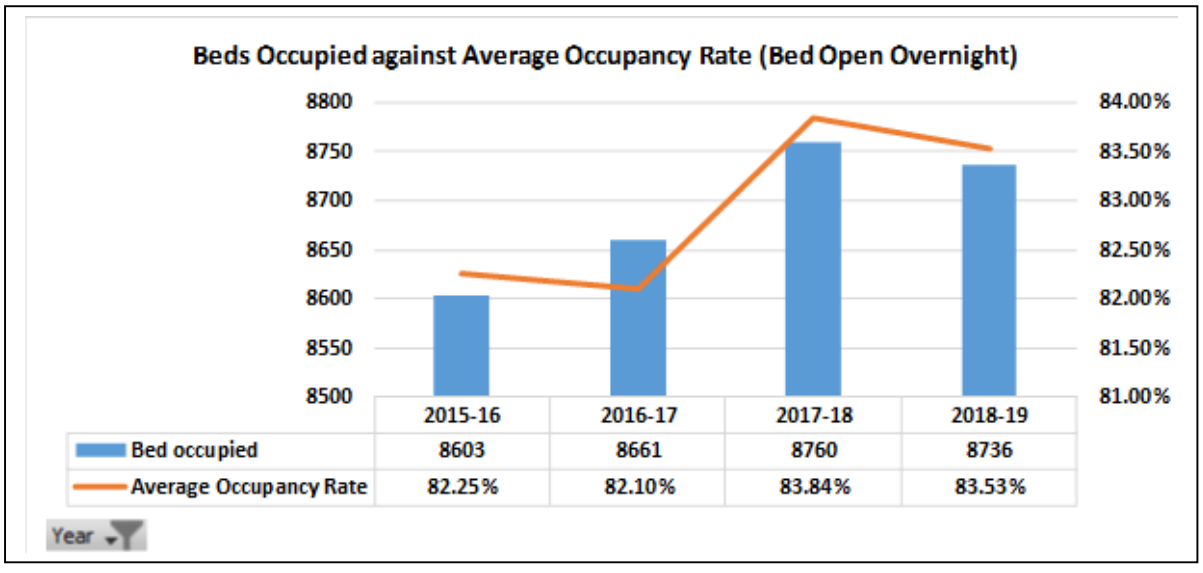
6.4 Diverts are a very rare occurrence across Surrey Heartlands and only take place in extremist.

7. Demand and Capacity - Acute Hospital Bed Occupancy (including SaSH)

7.1 The NHS has seen a 6.8% increase in conversion from type 1 activity compared with last year and a 24.2% increase over the past five years. The total number of emergency admissions have increased by 5.9% compared with last year and 20.8% over 5 years; Surrey Heartlands also experienced an increase in Non-elective (NEL) admissions. The graph below highlights these pressures; the first graph depicts beds occupied (per quarter) from Quarter 4 in 2015/16 to quarter 4 2018/19; with a spike in bed occupancy each winter (quarter 4).

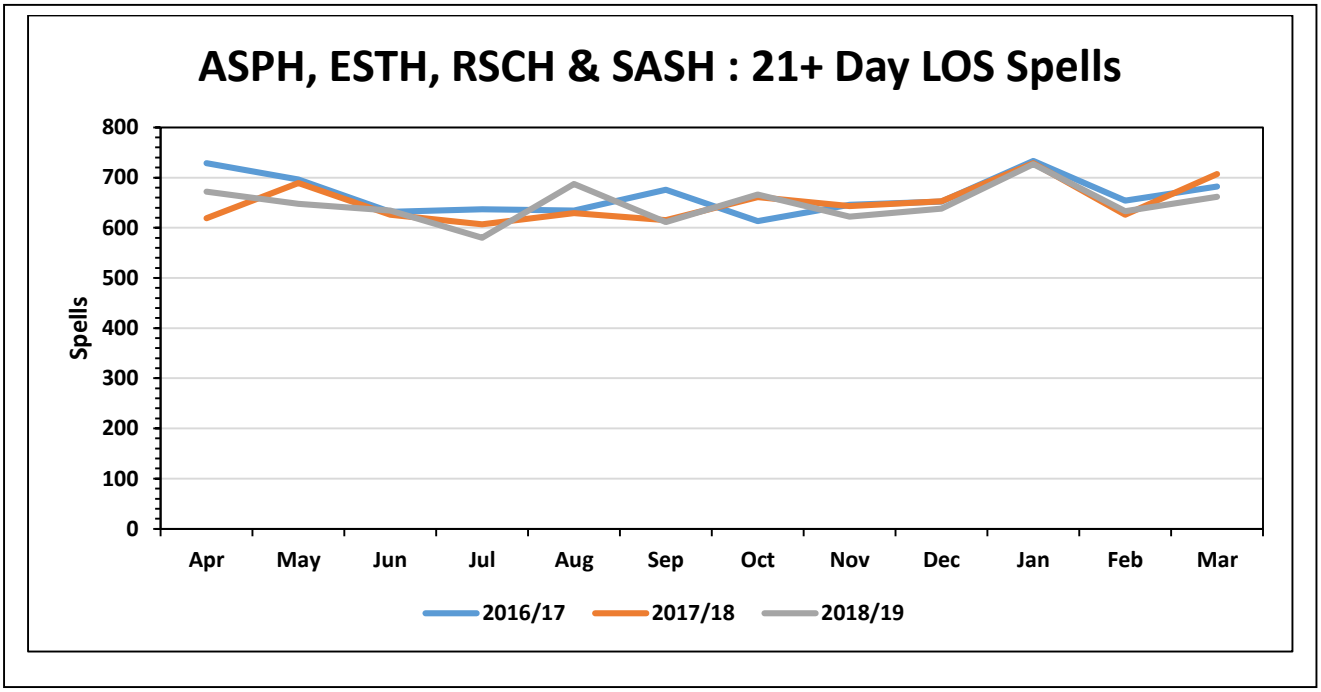


7.2 This second graph demonstrates the year on year increase in bed occupancy from 2015/16 to 2017/18; only starting to decrease slightly during 2018/2019 with further multi agency focus on improving more timely discharges for patients with a stay in hospital of over 7 days and over 21 days.



8. Extended lengths of stay, over 21 days

8.1 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. Each area has plans in place to achieve the national ambition and progress is assured via the A+E Delivery Boards (please refer to the Governance section below).



9. Capacity Mapping

9.1 Surrey Heartlands, working with partner agencies, have created a data platform which provides a numerical overview of the system and how it is operating – it should be noted that no patient identifiable information is stored within the system. This oversight helps teams and systems to identify where the pressures are e.g. within A+E or perhaps the number of people waiting for specialist assistance in arranging discharge; this information enables staff to create daily, rapid interventions which support individual patients and the wider system flow. This information is able to be shared across, not only the local system, but also on a wider Surrey Heartlands footprint.

9.2 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. 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.

9.3 A great deal of work is currently underway, or has been completed in relation to modelling demand for Winter 2019/20. As one example, the Royal Surrey use the following methodology: -

9.3.1 Model developed based on activity from previous 12-month period, factoring in;

- Actual number of overnight bed days used per month for elective admissions, non-elective admissions, and other admissions that impact adult acute bed stock
- Reduced to a daily number indicating average daily occupancy (at midnight)
- Growth options applied at elective/non-elective level including predicted growth, and actual growth on previous year

9.3.2 Interventions quantified based on direction from divisions, including;

- Length of stay reduction at specialty level
- Admission avoidance
- New models of working, e.g. ambulatory care services
- Additional bed stock – including both additions to core and escalation capacity
- Elective activity reduction

9.3.3 Output indicates approximate average daily occupancy (at midnight) with interventions applied, indicating the impact of each intervention, and factoring in where pressures prevent full ambition of interventions being met

10. High impact change model

10.1 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.

10.2 The table below provides details on how the joint Local Authority and NHS High Impact interventions for urgent and emergency care improvement have been adopted locally.

High Impact Change	Progress
Early discharge planning Rated as Established	Each area has plans in place to support early discharge once the patient is ready to leave the acute hospital; East Surrey have dedicated home based care in place, along with joint leadership roles across health and social care to support the CHC Discharge to Assess (D2A) process; with additional resource being commissioned within the community. Both SaSH and RSH have programmes in place to actively promote discharge planning so patients are not delayed in leaving the hospitals; SaSH programme is entitled 'Let's Get You Home' and RSCH 'One Home Today' – which also supports patients in getting up and dressed when able and as soon as possible during the person's hospital stay – this all assists with supporting timely discharge. In NWS and Surrey Downs a focus on increased access via the Locality Hubs is being developed, along with closer working with the Primary Care Networks. All areas are improving their response and service to those people who have experienced a fall. Also in NWS, Community Hospitals are prototyping the use of GPs on the wards which is supporting discharge; a new role of Clinical Care Co-ordinator based at the acute has also been introduced to identify patients that may require further support within the Community hospital earlier; along with integrating In-reach matrons, social care and therapist in A&E to create a '# one team' approach providing alternative pathways to admission.
Systems to monitor flow Rated as Mature	All areas are supporting flow by having senior representation from all system partners working with the collective aim of identifying and delivering the required actions to improve flow, maximise discharges, reduce the number of patient with extended length of stay, identify and manage any challenges and risks. Each area has also increased their oversight of system flow via data platforms which provide numerical information and support the multi-agency system calls, when they are required. The set of metrics within the data platform is able to inform the systems where the pressures are being experienced and where there is capacity; this then assists and supports decision making in relation to focused interventions which supports de-escalation.

MDT Discharge Teams Rated as established	Across Surrey Heartlands there has been further work in ensuring that as many people as possible are able to have their CHC assessments completed outside of the hospital environment; along with joint working with voluntary groups and the local District and Borough Councils. Each area continues to promote inter-disciplinary and cross agency working which supports communication and in ensuring that post discharge arrangements are in place with fewer delays. This is further supported by daily multi-disciplinary meetings and daily system calls (as required), which will continue throughout winter to maintain focus on system flow. One approach also includes 'walking the floor', undertaking joint Community and ASC visits to each ward.
Home First - Discharge to Assess (D2A) Rated as Established	Increasing the number of people, who would have normally stayed in hospital for longer, are now receiving care at home; by bringing together the different agencies, all with an emphasis on getting people home, rather than transferring to Residential Care has ensured that the Delayed Transfer of Care (DTOC) figures have generally remained below the NHS target of 3.5%.
Seven Day service Rating Established:	Each area has improved their 7-day working, for example, Adult Social Care are providing assessments and support with discharges at the weekends, with the number of weekend discharges now increasing. In previous winter periods, investment has been made into providing extra home care support to ensure people are able to return home as soon as they are able. Work is being undertaken so that SECamb are able to have direct access to 'step up' beds within the Community Hospital in NWS. However, more can be done to discharge people from the Acute hospitals at weekends. The number of discharges to the community each day has consistently increased, however is not in line with demand. Opportunities for improvement include developing the following: - • Criteria led discharge • 7 day working by all teams • Increased number of weekend transfers to residential and nursing homes

Trusted Assessors Rated as Plans in place	Trusted Assessment is when one agency 'trusts' another agency to complete an assessment - this agreement is for pre-agreed access to certain services and is generally used when patients are transferring into short term or Intermediate Care services on discharge from hospital. Each area has committed to continue to expand trusted assessment processes between acute and community based services; potentially with a single assessment form which in turn supports an integrated care model, again leading to an increased number of discharges.
Focus on Choice Rated as Mature	Increased focus on choice and providing better information for example via the East Surrey Wellbeing Advisor service which is now fully implemented to support discharges; this has also supported the low numbers of delays attributed to patient choice. Work continues in providing more information to patients and their families earlier in the persons stay in both Acute and Community hospitals.
Enhancing Health in Care Homes Rated as Established.	All areas have seen significant reductions in people living in Residential and Nursing home needing to attend hospital; this is due to additional assistance being put in place to support care home staff. For example, pharmacists visiting care homes to support with medicine management; establishment of a Care Home phone line which provides staff with direct phone advice from clinicians at any time of day; increased staff training to upskill staff and provide improved signposting along with more integrated working; the roll out of NHS Mail into care homes (providing a secure way of transferring patient information, with the appropriate consents, between settings) has improved communication.

11. Influenza Vaccinations

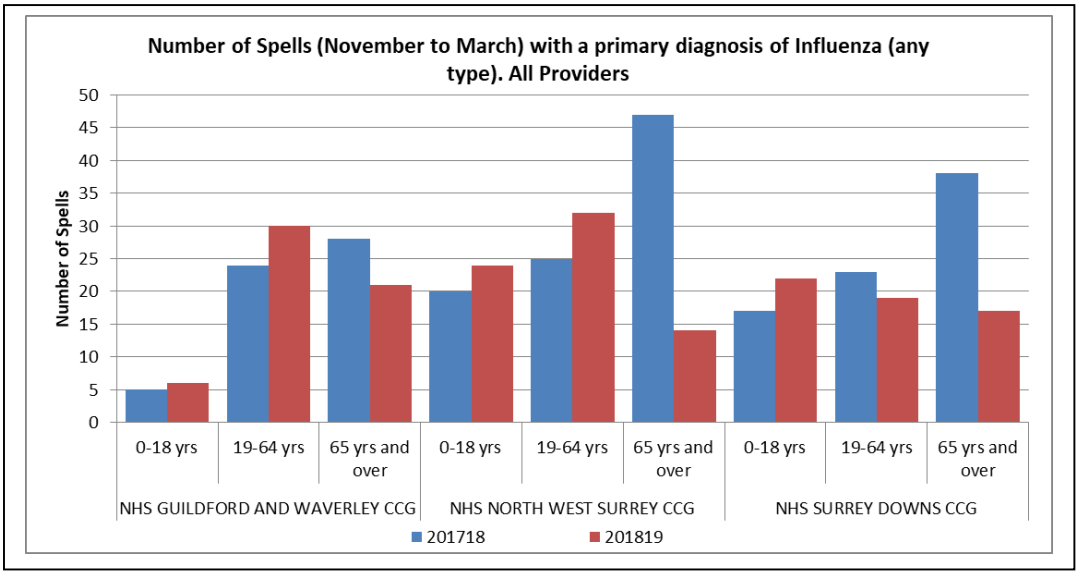
11.1 During the Autumn and Winter of 2018/19, none of the three CCG's i.e. Guildford and Waverley, Surrey Downs and North West Surrey met the national ambition of 75%, with slightly less (recorded) take up of vaccinations when comparing 2017/18 to 2018/19. The campaign to increase vaccination take up will commence in earnest in October 2019; again being fully supported by national and local communications.

CCG	September 2017 to January 2018 65 years and over			September 2018 to January 2019 65 and over		
	Patients registered	Number vaccinated	% Vaccine Uptake	Patients registered	Number vaccinated	% Vaccine Uptake
NHS GUILDFORD AND WAVERLEY CCG	41698	30590	73.4	42366	30753	72.6
NHS NORTH WEST SURREY CCG	63188	44167	69.9	63760	43745	68.6
NHS SURREY DOWNS CCG	60218	41220	68.5	61088	40771	66.7

11.2 Whilst there was a 54% reduction in the Non – elective (NEL) spells (admissions) of patients with a primary diagnosis of flu this year compared with last year (please see below); the system is now preparing for increased numbers this coming flu season – however this can be mitigated by people seeking advice from their Pharmacist and GP and receiving the vaccination should this be appropriate for them.

11.3 Vaccinations are free to the following members of the public:

- ✓ all children aged two to ten (but not eleven years or older) on 31 August 2019
- ✓ those aged six months to under 65 years in clinical risk groups
- ✓ pregnant women
- ✓ those aged 65 years and over
- ✓ those in long-stay residential care homes
- ✓ carers
- ✓ close contacts of immunocompromised individuals



12. Assurance and Winter Planning

12.1 Assurance in reducing attendance at A&E, along with effective integrated working to facilitate patient discharge and therefore reducing delays in discharge, particularly through the winter period is provided via the individual system AEDB's. It should be noted that this year's planning also includes robust planning for leaving the EU in which ever form that takes. The following represents the main areas of activity in preparing for the coming winter: -

12.2 **111 and the Clinical Assessment Service (CAS);** Care UK have been commissioned, since March 2019, to provide support to patients in navigating local services with the assistance of a multidisciplinary Clinical Assessment Service (CAS) that is part of the wide integrated NHS 111 provision. The CAS provide specialist advice and onward referral as required. 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.

12.3 **GP – Improved Access:** Surrey Heartlands CCG's are currently delivering their Extended Access services through their GP Federations, six in total: -

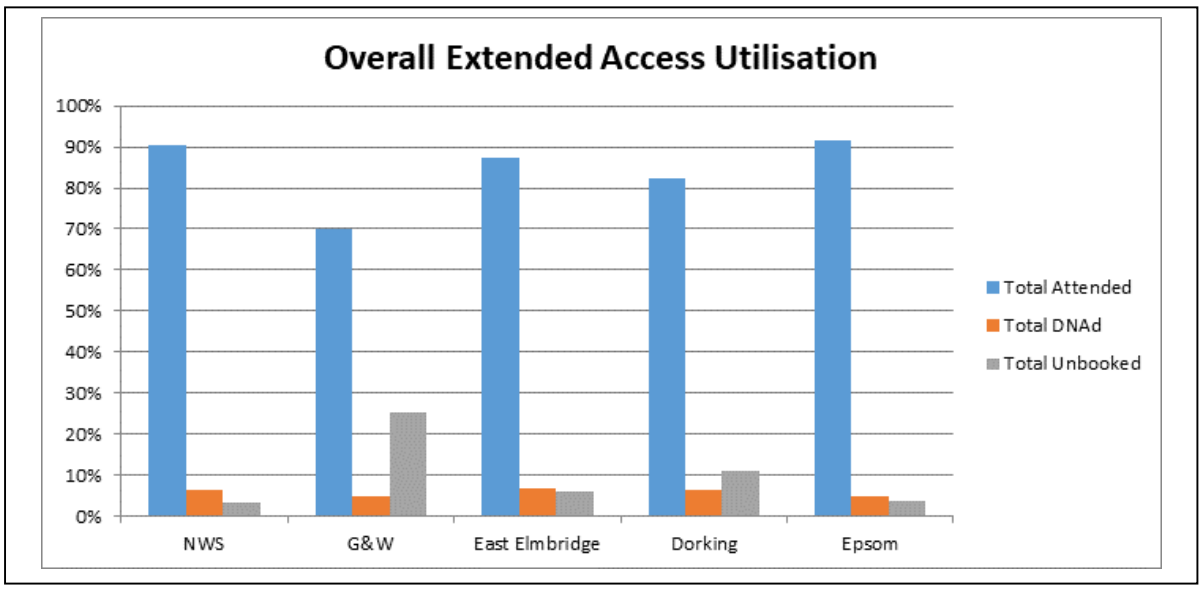
- North West Surrey: North West Surrey Integrated Care Services (NICS) Limited
- Guildford and Waverley: Procare Health Services Ltd
- Epsom: GP Health Partners (GPHP)
- East Elmbridge: Surrey Medical Networks Ltd (SMN)
- Dorking: Dorking Health Care (DHC) Ltd
- East Surrey: Alliance for Better Care Ltd (ABC)

12.3.1 The model has proven effective, with each of the federations being able to test and implement their own model, across geographic areas, providing a tailored service to each area different demographic need. The model 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.

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.

12.3.2 A total of 49,419 appointments were offered from the above sites, excluding East Surrey, from August'18 to March '19 with staggered 'go live' dates; Procare from 6th August; NICS from 20th August, with all others from October 1st 2018. Generally, the numbers of Did Not Attend's (DNAs) remained well below 10%, and the numbers of unbooked appointments reduced as the winter progressed. The following table provide a breakdown of appointments attended; the DNAs (Did Not Attend) and the number of appointments not booked (excludes East Surrey). 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.



12.4 **Ambulance Handovers: -** Whilst the wait times for both the patient and for ambulance staff have improved dramatically in recent months in relation to many more handovers taking place within 30 minutes of ambulance arrival. Further work is underway to stretch the ambition to all ambulance handovers taking place within 15 minutes of arrival. This will provide timely transfer to A+E staff for the patient and allow the ambulance crew to respond to the next call sooner.

12.5 **High Impact Changes: -** continued delivery of the High Impact Changes via the individual areas System Transformation plans will also support reduced attendance at A+E; reduced length of stay and improved discharge.

12.6 **Surrey Heartlands Communications Plan**: - this 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 – again advising people to contact 111 or go to the pharmacy or GP for advice; whilst reiterating the importance of calling 999 and /or attending the hospital A+E in cases of emergency.

12.7 **Epsom and St Helier NHS Trust (ESTH) -** Like other Trusts in Surrey Heartlands, ESTH has seen an increase in activity and acuity presenting to both emergency departments. As a consequence, the Trust has undertaken a focussed piece of work and identified key actions to manage this increase, particularly over the winter months. The focus will include improving time to first assessment in A+E, timely transfer of patients referred for speciality assessment, and maximising same day emergency care. This will be further supported through a comprehensive work force review to ensure that workforce capacity matches demand.

12.7.1 The Trust requested the support of the NHSE Emergency Care Intensive Support Team (ECIST) to review existing systems and processes within the Emergency Department and acute medicine pathway. Following review, a number of additional recommendations have been identified that will positively impact the emergency pathway. These recommendations will be incorporated into a wider Trust level action plan.

12.7.2 The Trust has made significant improvements in reducing the number of long length of stay patients occupying inpatient beds and is currently on target to meet its year end trajectory. Length of stay improvements have been supported through a week-long multi-agency discharge event on both hospital sites with further week-long events planned throughout the winter period (pre and post-Christmas). The Surrey Downs and Sutton focussed urgent and integrated care programme will continue over the winter period. The programme includes 7 work streams focussed on admission avoidance and a reduction in length of stay.

12.8 **Ashford & St Peter's NHS Foundation Trust (ASPH) -** ASPH have developed an Emergency and Urgent Care Transformation Programme with 6 key work-streams:

- **Workforce –** aim to improve patient care on the urgent and emergency care pathways by changing the staffing model
- **Bed Capacity –** to develop increased bed capacity on the St Peter's Hospital site through additional beds and improving use of spare capacity on the Ashford site
- **Flow and Discharge –** Making every day count and reducing delays in patient pathways by supporting staff to deliver improvements in patient flow and discharge
- **Models of care –** To improve patient care on the urgent and emergency care pathways by improving the models of care for patients, which will ensure patients are seen at the earliest opportunity by the right professional in the right place
- **Emergency Department Operational Process –** To improve the operational processes and patient flow, supporting activities within A+E and trust wide
- **Improving surgical urgent care pathways –** To improve the operational processes and patient flow for patients with a surgical presentation

12.9 **Royal Surrey NHS Foundation Trust (RSH)** – RSH have identified the following as part of their winter planning: -

- **Daily identification of patients** ready to leave the hospital with ward based case managers fully involved.

- **Multi-disciplinary meetings** occurring daily - which include partners from ASC & CHC – this meeting also informs the daily DTOC submission.
- **Weekly multi agency meeting** to discuss discharge support to those patients with very complex needs and /or those patients that are ready for discharge and have had a longer stay in hospital (over 21 days).
- **Additional onsite support** has been commissioned by RSH to support sourcing appropriate placements & packages of care for self-funded patients.
- **Daily conference call** with partners to support same day discharge on Home 1st D2A pathway & step down to Community Hospital beds.
- **Out of Hospital CHC assessment pathway** - this provides ongoing support for 2 weeks so that CHC assessments are able to be undertaken outside of the acute environment.
- **Trusted assessment** in place for patients returning to care homes.

12.10 **The SaSH system** have seen a significant rise in A&E activity for the first three months of 2019/20 compared to previous years' activity levels for the same period. A deep dive into the system wide activity was held on 23rd July 2019, in order to better understand flows and identify any particular areas requiring focus in order to aid the mitigation of the risk for a continuation of growth in attendances. The actions from this deep dive are focusing on directing conveyances to appropriate settings and improving access for self-presenters to alternative pathways. Key lines of enquiry are understanding the growth in order to be able to address key areas of growth.

12.10.1 The IDT management board is an integrated group that focuses on delivering a 40% reduction in those patients staying over 21 days in SaSH by March 2020.

The areas of focus for this work stream are;

- Discharge to Assess: Both local authorities are piloting this approach, to reduce length of stay in the hospital and improve outcomes for patients.
- Integrated Discharge Model - The SaSH IDT team are expanding their focus from discharges to front door admission avoidance and discharge planning. Community providers have been piloting their presence at the front door and the next step is to recruit discharge coordinators to develop a front door team.
- System flow and integration - This work stream focuses on improving flow through Multi Agency Discharge Events (MADE), Delayed Transfer of Care (DToC) management and longer stay patient reviews.
- Internal operational flow - Actions taken by SaSH internal team to manage flow including improved management of actions following ward reviews of patients with longer lengths of stay to support the persons discharge.
- Patient Choice - This applies to patients in both acute and community beds and is offering choice earlier to support better discharge conversations and step patients down to a more appropriate setting as soon as the person is ready to leave the hospital.

12.11 **Surrey and Borders Partnership** - As a mental health trust, SABP are not acutely affected in the same way as Acute trust colleagues by the winter conditions. Demand for crisis response services is unplanned and unpredictable; seasonal variation can be less of a significant factor than it is for the Acute Trusts. However, it is also true to say that there is often an appreciable increase in demand late winter to Easter (January-April). As a result, the focus on winter pressures is trying to support the Acute Trusts through maintaining performance through our Liaison services (amongst others). Out of hours there is support for individuals in crisis through the single point of access and Safe Havens.

12.11.1 Safe Havens provide out of hours help and support to people and their carers who are experiencing a mental health crisis or emotional distress. There are five Safe Havens open in town centre locations across Surrey and north east Hampshire. They are open evenings, weekends and bank holidays and are designed to provide adults a safe alternative to A&E when in crisis (please see https://www.sabp.nhs.uk/our-services/mental-health/safe-havens for detailed opening times). Each Safe Haven is staffed by a mental health practitioner from Surrey and Borders Partnership and two trained Safe Haven workers. Peer support from people with lived experience of mental health issues is also increasingly available.

12.11.2 The SABP Crisis Line and Single Point of Access (SPoA) is open 24/7 and can refer directly to the SABP home treatment teams (HTTs) for a rapid response assessment where needed, these teams are planned to run their usual rotas 24/7 365 a year. HTTs can support people at home and this will not vary seasonally. As part of their Gatekeeping function they will determine whether they can safely (and appropriately) support someone at home.

12.11.3 In addition to Safe Havens and HTT support (which may include access to Acute Therapy programmes) HTTs are also able to utilise Crisis Overnight Support Services (COSS Beds). These are not a direct alternative to inpatient admission (as they should not be used if someone needs an Acute Bed) but can be used to support people in crisis.

12.11.4 The People with Learning Disabilities ISS team can support people as an alternative to an admission, along with a similar function in Older Peoples Community Mental Health teams. Psychiatric Liaison Services are available in all Hospitals 24/7 (apart from Epsom which does not run the service between midnight and 8am).
SABP also provide CYP Havens (https://www.cyphaven.net) to support children and young people in crisis.

12.11.5 SABP have plans for maintaining service continuity during periods of severe weather. As part of their plan, SABP has access to 4x4 vehicles and drivers to ensure continuity of care in the most severe of conditions. There are also tried and tested processes that aim to ensure that vulnerable people known to services are supported during periods of cold weather as required under the Department of Health Cold Weather Plan. SABP begins staff flu planning in May to have appropriate immunisation programme in place to support staff. Staffing levels are monitored on a daily basis on all of the wards, which form part of the daily hospital calls to all wards.

12.11.6 SABP has in place a media and communication response in the unlikely event of any significant reduction in service, which would support SABP in providing a response to any incidents occurring during the winter period.

SABP operates a robust on call manager and director system to ensure that both tactical and strategic responses can be effectively managed 24/7 and in particular during out of hours' periods. SABP continues to work closely with all partners and stakeholders to minimise any adverse seasonal effects on the delivery of our services.

13. Winter Planning 2019/20

13.1 Each area is working to finalise their Winter Plan 2019/20; along with the initiatives already described within this paper, this will be completed during September / October. The following provides the main areas of delivery required to support the wider system with the anticipated increase in demand: -

13.2 **Flu preparedness**; Collaborative work is being undertaken by primary care commissioners, contractors, providers and medicines management to oversee the delivery of the flu vaccination programme. This is to ensure the quantities and supply of vaccines are audited and sufficient and in line with Public Health Guidelines.

13.2.1 To ensure standardised messages are provided, Surrey Heartlands are supporting practices in advertising and encouraging uptake of the flu programme. Work is also being carried out with Public Health England and providers to enhance the management and uptake of vaccinations by patients.

13.2.2 The staff flu programme has commenced with planned vaccines being administered for staff across multiple providers.

13.3 **Winter campaign – communications plan;** 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. It will also include focused activity that will target specific groups, linked to the overall Surrey Heartlands campaign objectives. The communications plan includes four main elements, which will be delivered as part of a phased campaign:

- Flu
- Promoting the role of pharmacists
- Promoting extended access
- NHS111 as a source of advice for urgent issues out of hours

13.4 **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:

- Robust escalation process for Surrey Heartlands level support to help de-escalate local ICP systems that are experiencing challenges to their urgent care pathway
- Review of the current escalation matrixes within the acute hospitals with the aim to create a universal escalation matrix that clearly defines each hospital's current position so that wider system responses can be more effectively co-ordinated

- Review of the daily system call, its effectiveness and how it can better impact on escalation
- Refinement of daily system numerical data management, to give clearer insight as to local escalation as well as provide opportunity to track improvements to the local systems
- The Surrey Heartlands system is progressing with new reporting mechanisms to support NHSE reporting of system status throughout the winter period 2019/20.
- Utilise Surrey wide collaborative approach to surge management to share regionally
- Full utilisation of all community beds and wider community service capacity.
- Avoidance of ambulance delays of over 30 minutes
- To support delivery of the agreed local system performance trajectory in respect of A&E.
- To deliver a 40% reduction in long length of stay patients by March 2020;
- To ensure system DTOCs are no greater than 3.5%, with SaSH stretching this target to 3%.
- NWS are working with SECamb to provide dedicated falls and frailty pathways into community services

13.5 **A+E Delivery Boards** - A&E Delivery Boards meetings occur monthly to support the enhancement of system performance monitoring and resilience. The terms of reference and membership of AEDB are regularly reviewed to ensure the effectiveness of the board in line with the new ICP's.

13.6 **Discharge to Assess and Trusted Assessor -** As part of the individual ICP priorities, out of hospital care is a key focus. This area of work includes discharge to assess which involves a collaborative multi – agency pathway to expedite discharge. The aim is to embed a discharge to assess model in all areas ahead of winter to support inevitable pressures seen across the system during this season. A Trusted Assessor model is also continuing to be rolled out and supports the joint working with Care Homes which is both an ICP and national priority. SaSH AEDB are launching their home first pilot schemes to increase the use of non-bedded capacity for people that can go home; along with supporting a reduction in length of stay for people who are self-funders and seeking placements. In NWS the discharge coordinator role, based in the community hospitals, is being developed; also staffing will be increased to meet capacity demand and a consultant has been appointed across both acute and community.

13.7 **Ambulance Service – South East Coast Ambulance Service (SECamb) -** Recognising the continued increase in pressures on the wider health system over the past few winters, in line with the NHSE operational priorities; SECamb will continue to engage with the wider NHS through the A&E Delivery Boards and collaborative ICP/ICS/STP sessions in order to influence and shape local initiatives, whilst continuing to focus on delivering 999 and 111 core services safely and timely. While planning for this period SECamb will continue to engage with and seek assurance from the CCGs and acute hospitals that their plans have sufficient capacity to manage surges in demand.

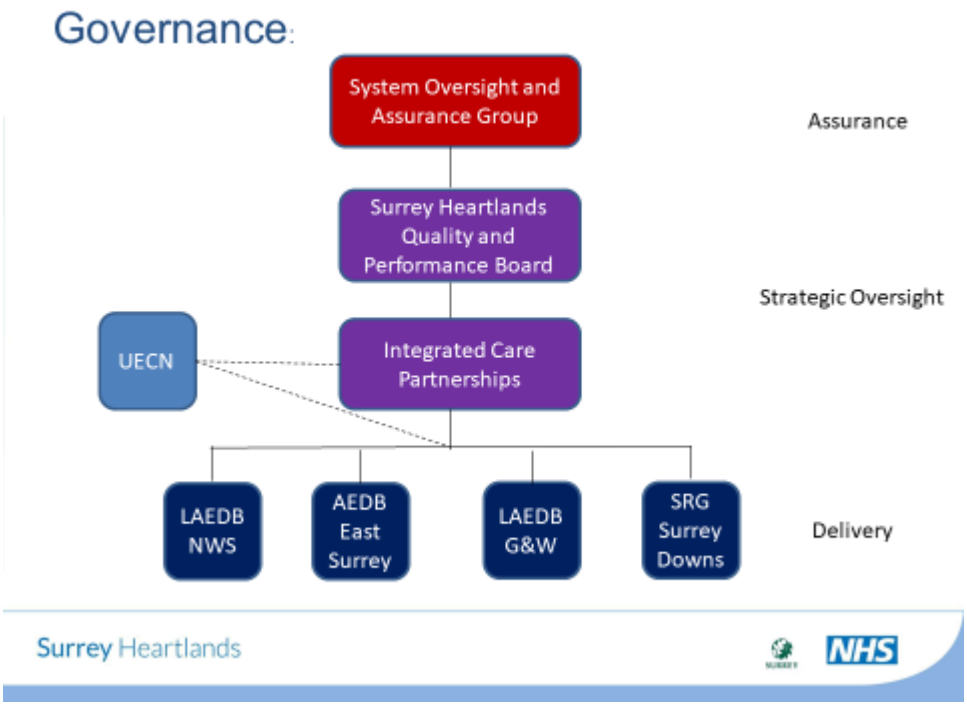
13.8 **Urgent Integrated Care / 111/ Out of Hours GP service** - Seasonal rota adjustments in place to meet expected increase in demand; NHS 111 Online to be promoted further. Full business continuity arrangements also in place, with support available for surges in demand across the networked four Care UK call centres.

13.9 **Patient Transport Services** - Workforce will be planned in line with the known increased demand that is inevitable over the winter period – there will be full rota coverage going into the winter months, including a review of current rotas to ensure the increased weekend requirements are covered. In order to mitigate against the known increase in demand, the service is supporting the Acute with system wide calls and ensuring capacity challenges are escalated appropriately. Reporting requirements will be reviewed as appropriate to support the hospitals

14 System Transformation Governance

14.1 The Surrey Heartlands (SH) main vehicles responsible for the delivery of urgent care during 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.

14.2 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.



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