



ADULTS AND HEALTH SELECT COMMITTEE

5 SEPTEMBER 2019

PREPARATIONS FOR WINTER PRESSURES

Purpose of Report:

To outline the impact and risks associated with winter pressures and the measures put in place by the whole System for mitigation and promotes resilience throughout the winter season.

To assure the Select Committee that appropriate measures are in place in preparation for seasonal winter pressures, ensuring that local people receive services at the right time in the right place and have the best possible outcomes.

Introduction:

The winter period can represent the most challenging times for local Health and Care Services. The anticipated winter challenges are no surprise to Systems every year. However, each year the Frimley Integrated Care System (ICS) have built upon the excellent work carried out as part of the Urgent and Emergency Care Delivery Plan implementation during the year in order to ensure all System Partners are in a state of readiness for meeting the varied challenges over the winter period.

The high Impact Change “mature” initiatives with integrated Health and Social Care teams working in partnership with Primary Care across Farnham and Surrey Heath within an embedded practice framework have produced better outcomes for residents, prevented hospital admissions, reduced length of stay and maintained good performance in relation to delayed transfers of care. Front line practitioners are empowered to make decisions at the right time, in the right place for all residents regardless of organisational boundaries.

We are proud of how the Frimley Health System continually commits to the robust planning required and delivers consistently when faced with increased demands and pressures.

It should be noted also that challenges to the System are experienced all year round including Easter, Bank Holidays and half term holidays and last winter (1st November 2018 – 29th April 2019), where specific plans are developed with Partners in order to ensure services are maintained throughout the whole of the year.

During last winter (1st November – 29th April 2019), with all of the planning put in place the System delivered the following performance:

Frimley Health	4 Hour Performance Target 95%	12 hour waits from Decision to admit	Ambulance Handover delays 1hr+ Target 30 mins max	Attendances to A&E (Patients)	Emergency Admissions (Patients)	Delayed Transfer of Care - DToC Target 3.5%
Nov-18	85.92%	0	13 patients	20451	6198	5.25%
Dec-18	87.24%	0	11	20418	6431	4.28%
Jan-19	82.68%	0	16	20115	6431	2.59%
Feb-19	81.10%	0	8	18765	5923	2.88%
Mar-19	83.33%	0	18	20727	6284	3.62%
Apr-19	79.57%	0	14	19889	5384	3.70%

Detailed below is the previous year as a comparison:

Frimley Health	4 Hour Performance	12 hour waits from Decision to admit	Ambulance Handover delays 1hr+	Attendances to A&E	Emergency Admissions	Delayed Transfer of Care - DToC
Nov-17	91.36%	0	Not available	19811	6029	5.18%
Dec-17	84.26%	0	Not available	20198	6421	4.64%
Jan-18	83.61%	0	Not available	20059	6285	4.14%
Feb-18	85.01%	0	Not available	17941	5666	3.68%

Mar-18	83.11%	0	Not available	20180	6333	5.18%
Apr-18	87.65%	0	Not available	19437	6215	5.28%

The Frimley ICS performance continues to be within the upper quartile nationally, signalling that interventions to keep residents living well in the community are working.

The experience was that patients were more acutely unwell when attending Emergency Department (ED) thus potentially staying longer in hospital. There were no patients who waited over 12 hours from their decision to admit during the winter months.

The number of delayed transfers of care has not increased to the levels other Systems have experienced nationally during winter and we have seen further improvements in this area over the year as part of our usual System Planning underpinned by effective partnership working and collaborative service planning.

Another difference for Frimley ICS System to other Systems during last winter was that it did not escalate to Operational Pressures Escalation Level (OPEL) 4 (Black) – the highest National Escalation Level over the winter period, whereas Systems elsewhere in the country have regularly escalated to System Level OPEL 4 (Black) which is triggered when the whole System is unable to meet the demands placed upon it and the capacity throughout the System is not available thus presenting safety issues.

Overall the Frimley System coped well during winter 18/19 and detailed below are the planning preparations and actions that were taken in order to maximise its resilience and ability to meet the winter challenges:

Effective Winter Planning

- 1.0 Winter Planning is underpinned by a cycle of continuous improvements, together with the prior year's targeted investment, evaluation of their impact and shared learning.

- 1.1 Annually, there are a number of objectives that need to be met when planning for the forthcoming winter:

Key Objectives of the Systems winter planning

- Ensuring the System is resilient throughout the winter period - providing safe, effective and sustainable care for the local population

- The System has sufficient capacity available to meet the likely demands over winter
 - The System is able to deliver quality care for patients/clients in the most appropriate setting
 - The System is able to achieve national and local access targets and trajectories
 - That the System is compliant with winter planning, national guidance and also includes the Pillar Plan of urgent and emergency care
 - The System has learnt from previous winters locally and from other systems and applied best practice to service delivery to ensure safe and effective patient flow
 - The System promotes prevention and supports self-care, encourage residents to prepare for winter and cold weather
 - The System raises awareness amongst the public of the most suitable place to go for different levels of care
- 1.2 In addition to those key objectives for the System, there are national directives shared with Systems during the year around NHSE requirements for our winter preparation. Also as part of the winter planning process, the lessons learnt from the previous year's winter is incorporated within the Winter Plan and any current associated Plans such as the Surge and Escalation Protocol are reviewed in order to provide a robust Winter Planning Framework for the whole System.

Potential Risks and pressures identified for Winter

- 2.0 The potential risks were identified at the Frimley ICS Urgent and Emergency Care Delivery Board together with agreement of the mitigating actions in order to minimise the potential risks, they are detailed below:

Risk/ Issues	Mitigating Actions
A&E Performance – Achieving 90% consistently during Winter 18/19.	<ul style="list-style-type: none"> • Frimley Health have developed an A&E Recovery Plan that is part of the overall Urgent and Emergency Care Local Delivery Plan 18/19.
95% by March 19	This is being closely monitored at the appropriate Urgent Care Operational Group meetings and at the Frimley ICS Urgent and Emergency Care Board(LAEDB)
Workforce – including the Ambulance service, Social Care, Medics at the Acute Site in ED, Therapists (OT's)	<ul style="list-style-type: none"> • Recruitment campaigns ongoing • Use of Agency and Temporary Contracts • Looking at working across organisations regarding recruitment and rotation of staff

GP, Nurses, 111 call handlers	
Risks / Issues	Mitigating Actions
Care Home Capacity	<ul style="list-style-type: none"> • Focussing and supporting providers • Working in close partnership with Care Homes around Winter Resilience
Inpatient Beds	<ul style="list-style-type: none"> • Focus on reducing Length of stay for all patients discharge to assess • Focus on reducing Patients with Extended Stays • Focus on effective and timely discharges • Focus on Community beds Length of Stay • Admission avoidance • Agreement of Pathways that doesn't require admission
Elective Patients	<ul style="list-style-type: none"> • Ensure appropriate ring fencing of beds for Surgery • Appropriate planning to take into account Christmas and New Year Holidays • Focus on Length of stay in elective patients
Flu (individuals / Pandemic) for patients and staff	<ul style="list-style-type: none"> • Ensure maximise take up of Staff • Ensure patients are vaccinated • Ensure Social Workers Vaccinated • Ensure Care Home staff are vaccinated • Heightened and early Comms Messages
Workforce support	<ul style="list-style-type: none"> • Supporting Teams to work smarter not harder • Listening to their feedback around what is working and what isn't • Presenting the opportunities and initiatives • Strong leadership
Behaviour and public messages	<ul style="list-style-type: none"> • Strong Communication Plan – targeted campaigns • Continuous messaging • ED's informing patients alternative access
Appropriate Seven Day services available	<ul style="list-style-type: none"> • As part of the Urgent and Emergency Care Local Delivery Plans

Winter Plan 18/19

3.0 Areas of focus:

The additional pressures placed on the System over the Winter are wide and varied and often include increased attendances to the Emergency Department, increased admissions, ambulance activity including handover delays/ diversion, pressures in the community, particularly around capacity in Care Homes and packages of care, adverse weather and workforce issues all of which require advance planning and close monitoring across the whole System.

As part of our normal responses to winter planning, the specific areas which were focussed on by the whole System are detailed below:

Areas of focus:
• Hospitals Demand and Capacity Plans
• Flexibility of Clinical Workforce
• Reducing the number of long-stay patients in hospital
• Enhanced winter support from Adult Social Care
• Community Providers – Ensuring adequate bed base
• Triaging patients away from the Emergency Department and admitted pathways to more appropriate pathways of care
• Minimise Ambulance Handover delays in the Emergency Dept.
• Maximising Healthcare worker / patients flu vaccinations
• Ensuring Primary Care is resilient and responsive
• Mental Health service provision
• Effective Communication with the Public

3.1.1 Hospitals Demand and Capacity Plans

The hospitals have developed their demand and capacity plans and focussed on patients length of stay and their discharge plans so that the bed occupancy is reduced so as to release inpatient beds to enable those people who require a bed are able to be admitted in a timely way and avoid prolonged stays in the Emergency Department.

3.1.2 Flexibility of Workforce

As part of each organisations business continuity arrangements, they reviewed their workforce capacity in order to ensure they had sufficient cover throughout the winter and have arrangements in place to maximise resources through flexible working.

3.1.3 Reducing the number of long-stay patients in hospital

Focussed actions around reducing the length of patient pathways has helped in ensuring that there was capacity available both in the acute and in community bed settings for patients.

The Hospitals have worked hard with Community and Social Care Partners in order to ensure patients with particularly long length of Stays were reviewed in order to identify suitable alternative care settings. These actions occurred on a day to day basis throughout the winter, we saw a number of patients being placed in interim beds, or discharged for their assessments to take place in their own homes. Evidence has shown is the most appropriate outcome for our patients.

3.1.4 Enhanced winter support from Adult Social Care

Workforce available seven days 8-8, flexible and immediate access to funding seven days:

3.1.4 a Continuing Health Care and Adult Social Care work in partnership to enable timely decision making for residents with Surrey Heath and NEH&F CCG providing flexible funding to support discharge to assess.

3.1.4 b A joint piece of work between East Berkshire CCG and Surrey County Council has been undertaken to ensure that residents of Surrey who are registered with a GP in East Berkshire receive equitable service provision. This is of particular benefit to residents living along the border in Windlesham, Englefield Green, Egham and Virginia Water.

Using the Better Care Fund, funding has been allocated to support three key areas They are:

1. End of life care services
2. Joint funding arrangements to support complex discharge from hospital
3. Intermediate care services to prevent hospital admission and facilitate discharge

To date, we have already commissioned additional End of Life Care services through Thames Hospice Care which started in June 2019.

This will mean that residents and their carers will not have to be concerned with identifying the right agency to support them at this very difficult time and improve the experience of care that they receive. It will also reduce the risk of unnecessary admission to hospital.

A joint funding protocol to support complex discharges from hospital has also been in place since April 2019. One example of this being utilised is of a gentleman supported back to his own home in Egham where further assessment of his needs could be continued and his longer term care arrangements finalised. This would have otherwise resulted in a prolonged stay in hospital.

3.1.5 Community Providers

Adult Social Care purchase in advance domiciliary care hours in preparation for winter to enable discharge home for patients for assessments to take place in their own homes. Flexibility within Better Care fund to enable purchase of nursing home beds as required for individuals.

3.1.6 Triaging patients in the Emergency Department and admitted pathways to ensure that people are assessed and treated in the most appropriate place to meet their needs in the most appropriate setting. Increasing Ambulatory Care provision was focussed on throughout the year to ensure patients were redirected out of the Emergency Department.

3.1.7 Minimise Ambulance Handover delays in the Emergency Department.

It has been nationally acknowledged that the number of ambulance conveyed patients handover delays of 60 minutes or more within the Frimley System is dramatically lower than other Systems nationally. There is an absolute focus by the Teams in the Emergency Department that crews are released safely and as promptly as possible

However, all ambulance conveyed patients are closely monitored and where necessary, the Hospital takes prompt action in deploying designated nurses to receive the patient should there be a potential for a delay in handing over to the main team in the Emergency Department. This then releases the ambulance crews to leave the hospital and get back “on the road” to respond to other emergency calls.

Frimley Health		Ambulance Handover delays 60 mins+ Target 30 mins max
Nov-18		13 patients
Dec-18		11
Jan-19		16
Feb-19		8
Mar-19		18
Apr-19		14

3.1.8 Maximising Healthcare worker / patients flu vaccinations

During last winter, no significant outbreaks of Flu were seen across the system;

Vaccination take up by patients from Surrey Heath CCG

Under 65's at risk	48.8%
Over 65	73.4%
All pregnant women	51.3%

Each Organisation were proactive in maximising of vaccination take up of their staff members, finding some innovative ways to reach the harder to reach Teams.

3.1.9 Ensuring Primary Care is resilient and responsive

A considerable amount of focus has been given around patients receiving the right care, in the right place, at the right time. Ensuring adequate Primary Care appointments has been a priority as well as ensuring Integrated Care Teams in the Community are maximised in terms of ensuring care remains as close to home as possible

Improved Access – 7 Day Service

Since 1st October 2018, Surrey Heath GP Practices have been providing seven-day access to General Practice outside of core hours (08:00 – 18:30 hrs) Mon – Fri –Practices delivered additional appointment capacity between 18:30 hrs – 20:00 hrs.

On Saturday mornings, a Hub model operates for the total population of Surrey Heath, hosted in turn by each Practice. Pre-bookable and same day appointments are offered between 09:00 – 12:00 hrs. On average, an additional 40 appointments were offered each Saturday and utilised.

On Sundays, an additional 12 GP Appointments are provided via a sub-contracted arrangement with NHUC (GP Out of Hours).

Surrey Heath CCG Funded Additional Appointment Capacity

Between 8th December 2018 and 27th April 2019, Surrey Heath CCG provided additional funding to enable the Surrey Heath GP Federation (Surrey Heath Community Providers Limited) to deliver an additional 12 x GP Appointments on each Saturday over that period.

This provided an additional 264 GP appointments above the capacity already delivered through ‘Improved Access’.

GP practices in Farnham

Between 21 October 2018 and April 2019, GP practices in Farnham saw an additional 3754 emergency “on the day” appointments which were specifically scheduled at times of known high demand. The months of January and February 2019 had the largest number of additional appointments; reflecting the increased demand over that period. Positive feedback confirmed that the appointments were particularly useful between the Christmas and New Year periods.

Farnham patients also benefitted from the same day visiting service utilising paramedics throughout the entire winter period. The service provided additional capacity for Primary Care and ensured the most appropriate Clinician provided care to patients.

Farnham GP practices provide additional emergency / same day appointments over 20 weeks from the 2nd December to the 17th April. Appointments were scheduled around known times of high demand - based on the GP practice’s “ALAMAC” data from 2018/19. The additional capacity

is delivered by a broad range of staff which could include GPs, Nurse Practitioners or other trained professionals e.g. physiotherapists, paramedics etc. Included in this additional capacity will be at least one protected appointment per winter resilience session to allow Accident & Emergency (A&E) to have the ability to book a patient into their GP practice – thus allowing A&E to re-direct patients back into primary care where more appropriate treatment can be given allowing A&E to prioritise more efficiently. Practices will also be required to review their practice business continuity plan and staff flu vaccination plan.

As happened last year 18/19 , NEH&F CCG and Surrey Heath CCG Communication Teams have met recently and are drawing up a Communications Plan for this years phased messages to the public.

The Impact

The additional appointment capacity on Saturdays were fully utilised and together with the revised improved access service which commenced in October 18 Practices have reported a good take up and the feedback from patients has been positive. In terms of the impact on ‘Winter Pressures’ the additional capacity at weekends has helped to alleviate pressure on Practice appointment demand on a Friday afternoon and Monday morning.

Specific Actions undertaken by Surrey Heath / Farnham Locality for winter 18/19

4.0 New GP Improved Access

GP Improved Access service commenced 01.10.18

- Saturday Hub service hosted by every Surrey Heath Practice (in rotation) introduced additional GP, Nurse, ANP and HCA capacity on Saturdays between 09:00 – 12:00 hrs
- Sunday additional GP Appointments (via NHUC) – currently only pre-bookable 09:00 – 17:00 hrs

Additional Winter GP Capacity commissioned on Saturdays between 22nd Dec and Easter 2019

- An additional 12 GP appointment slots every Saturday in addition to regular Improved Access capacity – fully utilised.

In reach at Frimley Park Hospital – weekend service to support admission avoidance and discharge (Surrey and Hants)

- This had been business as usual since 2017. The In Reach service provides a 7 day a week service 8 – 8 Monday – Friday and 9 – 5pm Saturday and Sunday to support discharges and admission avoidance.

- They work at the “front door” to help to avoid admissions and triage in EDOU in order to ensure that admissions are appropriate and patients are ideally discharged back to their homes before an acute admission can take place.
- The In Reach service were reviewing and assessing patients’ needs and providing any necessary support. Initially, the review of data indicated approximately half of the patients assessed by In Reach were successfully discharged. A further half were admitted to Hospital. From reviewing the time of arrival in A&E to the time of referral to the in Reach Team would suggest that further work is required to support A&E staff to refer earlier.

4.1 Interim residential beds to support discharge

- For 2018 – 19 Surrey Heath did not commission any residential beds to support discharge, although arrangements were in place to do so if needed with one care home. As it was, no need was identified

4.2 Home Based Care to support discharge (Health & Social Care)

- This was led by the reablement team who provided an initial assessment and ongoing follow up and assessment ay 7 days and 14 days to right of care
- This was supported by physiotherapists (also available at each agency) to right size and long term planning to avoid subsequent Hospital admission and enable the person to go back to their own home for future planning. This includes support to care homes who were not initially accepting to take the person back due to a change/increase in needs
- Three care agencies provided additional capacity over 4 zones (to include Farnham) to support hospital discharges
- Patients were able to return home from hospital sooner with trusted support, and this year the service was able to support CHC patients also. From 1st Dec – 7th January 19, and this was subsequently increased and extended to the 5th May 2019 using additional government funding provided to local authorities nationally. For this entire period, there was 1600 hours of home based care available which supported 58 (to date) individuals to returning home and releasing acute beds or avoiding admission completely
- We had our usual twilight night service, and capacity from winter pressure and discharge to assess to support/enhance this service when required.

Escalation procedure developed to prevent delays due to funding decisions between Health and Social Care

- Team managers approved insertion of person onto the winter pressures scheme

4.3 Integrated Care Team Manager capacity released to work with all partners to maximise contribution of community services to avoid admission and prevent discharge delays

The aim of this service was to improve the Hospital interface and integrate the teams working within the acute, resulting in less disputes between patients, services and to overall improve the effectiveness and timeline of patient discharges. Improvements were made with regards to team communication, and work is ongoing to deliver improvements. Staff felt more supported by the integrated care teams and managers. The facilitation of patient discharges was also smoother and quicker.

Mental Health Service Provision

5.0 Mental Health Service Provision

As a Mental Health Trust, Surrey and Borders Partnership 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 – and seasonal variation can be less of a significant factor than it is for 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, SABP focus on winter pressures is trying to support Acute Trusts through maintaining performance through their Liaison services (amongst others).

Out of hours SABP have support for individuals in crisis through their single point of access and Safe Havens. 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 give 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.

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. 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. 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 SABP also provide CYP Havens (<https://www.cyphaven.net>) to support children and young people in crisis.

The obligations of Emergency Preparedness, Resilience and Response (EPRR) guidance and the Civil Contingencies Act 2004, SABP is required to plan for and respond to a wide range of incidents and hazards that could affect the health of the wider community and impact on the care of SABP inpatients and the delivery of health care services.

As a member of the Local Resilience Forum (LRF) SABP works with partner in the risk assessment of the hazards that are present in the county. These incidents such as fires on chemical sites, pandemic influenza and fuel disruption. While many hazards are present at any time of the year, winter presents specific risks which have been identified and mitigated.

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. We also have 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 each year to have an appropriate immunisation programme in place to support staff. Staffing levels are monitored on a daily basis on all of our wards, which form part of our daily hospital calls to all wards. The trust has a pandemic flu plan that would be operational in the event of a pandemic flu outbreak.

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 their partners and stakeholders to minimise any adverse seasonal effects on the delivery of our services.

Effective Communication with the Public

- 6.0 From the Autumn of 2018, the CCG promoted national messaging to support the “Help Us Help You” Campaign via its website, social media and staff intranet channels, as well as issuing press releases to the local media.

NHS England produced a timetable to coordinate the targeting of specific at-risk groups for the Flu Vaccination Campaign and the CCG used its social media and website to promote this.

As part of the Winter Plans and Christmas Plans, before the Christmas and New Year period, the Communications Team worked with the CCG’s System Resilience Team and Primary Care Team to develop and publicise material on the availability of NHS111, Pharmacy and GP services on key dates over the festive break. In the space of a few days this reached near 4,000 local people and was “shared” many times.

The CCGs messaging were coordinated to reflect the NHS national campaign, promoting the availability and usage of NHS111, both the phone and online services, and also the benefits of using local Pharmacy Services.

Outputs of the Winter Planning Process

- 7.0 Outputs of the Winter Planning process 18/19 were as follows:

- A Winter Checklist for 18/19 was completed by all System Partners in order for Frimley ICS Urgent and Emergency Care Delivery Board and System Partners to assure themselves that there is robust winter planning being prepared for and being undertaken for winter 18/19.
- U&E Care Transformation Funding Bids amounting to £249,000 – 3 Schemes were Approved and implemented
- **“Countdown to Winter”** Plan produced – Activated (15.10.18 – 30.11.18)
- **“Home for Christmas”** Plan produced – Activated (1.12.18 – 7.1.19)
- Social Care Winter Allocation – Agreements reached
- Christmas and New Year NHSE Assurance gained (18.12.18 – 7.1.19)
- U&E Care and Mental Health NHSE Assurance Templates submitted to NHSE

These Plans were tested in November 2018 via a System wide Winter Plan Table Top Exercise, whereby all System Partners enacted their plans in the given test scenarios.

Monitoring and Assurance

- 8.0 In addition to the national reporting and assurance processes within the Frimley System, there is a monthly Urgent & Emergency Care Delivery Board (LAEDB) which oversees the performance across the System and monitors the implementation of the Winter Plan.

The U&E Care Delivery Board reports directly into the ICS Leadership Group where performance is monitored, and assurance obtained from partners.

As business as usual, we do monitor on a day to day basis the Escalation levels of our System partners through the ALAMAC Reports electronically produced each day this includes the Sitreps of what capacity is available in community services etc and the other surrounding System Escalation Levels so that we can pre-empt any potential border issues for our System.

As a matter of course, any escalation or significant pressure expected or experienced, the response by the System from our partners is very agile and responsive.

Specifically, in relation to our Winter Plans, a Confirm and Challenge Workshop was held where a peer review took place attended by all System Partners to review all of their Organisational Winter Plans. The overall Plan was then signed off by the Frimley ICS Urgent & Emergency Care Delivery Board.

Also a Confirm and Challenge submission with NHSE was undertaken for our Plan / Frimley System and have been commended on a number of occasions for their robust and detailed / comprehensive content for the whole System.

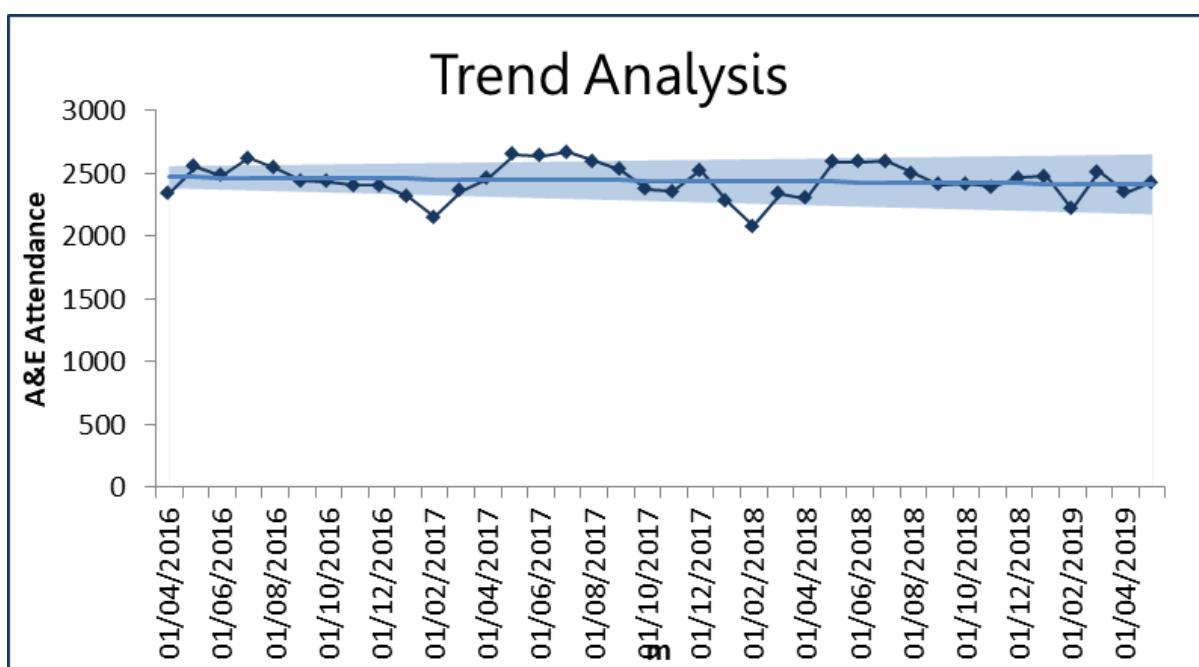
The System is extremely fortunate in terms of having continued maximum engagement from all partners and a Table Top Exercise of the Winter Plan was held in November 2018, where full and detailed exploration of the Plans in place in scenario based situations were tested.

The Urgent and Emergency Care Leads for the ICS System dial into weekly NHSE assurance conference calls where performance discussed and assurance sought.

A number of Winter measures were monitored and reported to NHSE on a daily basis, one of those were the A&E Attendances.

Winter Performance / Findings following Winter Review 18/19

Please find detailed below the A&E attendances for Surrey Heath Patients (all Hospitals, but mainly at Frimley Park Hospital) for the period 2016 – 2019:



During this winter, attendance to A&E have not seen any sustained increase in attendances. Over the Christmas and New Year period, there was the expected increase seen.

Another measure reported on daily to NHSE was the 4 hour target, please find in Annex 1 the A&E Performance against the 4 hour target (Target 95%) for the period from 2016 – 2019.

Other measures that were monitored closely were ambulance handover delays over 60 minutes, 12 hour waits in the Emergency Department from decision to admit, delayed transfer of care and the National Alert/ Escalation Status.

During the winter, the number of ambulance delays over an hour were kept to a minimum and were noted by NHSE to be dramatically lower than anywhere else in the region or in fact nationally. There were no 12 hour delays from decision to

admit. Delayed Transfer of Care national target of 3.5% were achieved in January and February.

Hear & Treat and See & Treat processes aim to avoid inappropriate conveyance to the Emergency Department and ensure patients receive the correct treatment at the correct location. Some Hear & Treat is delivered via NHS Pathways via the 999 call system and other Hear & Treat is undertaken via clinicians working in the Emergency Operations Centre who assess 999 calls and offer advice over the phone.

See & Treat is where clinicians attend patients face to face and treat them at the location and then either leave them with advice should they worsen or refer them to another pathway for their care. The care pathway will differ dependant on the patient's condition and what pathways are available in their area. All ambulance Trusts carry out Hear & Treat and See & Treat to varying degrees.

The SCAS Urgent Care Pathways work stream aims to deliver more pathways of care to increase Hear & Treat and See & Treat and avoid Emergency Department attendances.

The National Alert Status for the System, did not, at any point during the winter escalate to OPEL 4 level, this was very different situation in other Systems who regularly escalated to OPEL 4.

The findings of the formal Review of the Winter Plan 18/19 with all System Partners are as follows:

- Excellent partnership working – Community Bed delays minimal and improved flow seen
- No Mental Health capacity (inpatient) issues during Christmas and New Year, causing delays to patients pathway
- Bad weather did not majorly impact on capacity for the whole of Health and Social Care and flow up to end January 19
- Flu / Infection Control Issues were lower this winter and thus did not impact on flow
- Frimley Park opened 10 beds (Virgin Care) (27th Dec) which did help with patient flow
- An additional 21 Hale Ward Community Beds were opened early January 19
- Partners have bridged Packages of Care to avoid delays in a patients discharge
- No issues in Care Homes reported in relation to staffing issues

- Delays reported in assessments and admissions being accepted in Care Homes in the week leading up to Christmas and the week in between Christmas and the New Year
- Higher acuity of patients attended post New Year in the Emergency Departments thus placing them under some increased pressure.

Conclusions:

9.0 The System Partners all planned extensively for Winter 18/19 and the System “coped” much better this year having some excellent services / pathways in place for our patients as an alternative to a hospital admission. The feedback was that the System was much more responsive this year.

We will continue this year building on the good practice and improved services / pathways we have within our System, in order to place us in the best possible position for the forthcoming winter.

Included in our Winter Plan for 19/20, we will be including planning for the EU Exit and seeking assurance from System partners in respect of various areas such as workforce, supplies, rota's and Business Continuity,

Confirmation was previously received around supporting EU Nationals to complete applications and to date no risks have been identified around specific issues within Organisations in terms of workforce.

The Planning directives are in line with NHSE guidance issued in December 2018 and all subsequent additional information received.

Lessons have been learnt from last winter and we will progress at pace in finalising this year's Winter Plan and expect the Winter Plan to be signed off in October 19 at the Frimley ICS Urgent & Emergency Care Delivery Board.

Recommendations:

10.0 The Committee is recommended to:

- a) Note the plans put in place by the System Partners for 18/19 Winter Plan together with the risks associated with winter pressures and the mitigating actions
- b) Acknowledge the outcomes during winter 18/19
- c) Be assured of the measures put in place by the whole System for mitigation which promoted resilience throughout the winter season
- d) That preparation for winter 19/20 are already significantly progressed.

Next steps:

11.0 Complete the Frimley ICS Winter Plan 19/20

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Sources/background papers: Urgent and Emergency Care Delivery Plan 18/19. Frimley ICS Winter Plan 18/19. Frimley ICS Winter Review Report 18/19.

Appendix 1

A&E Performance – 2016 – 2019 (Frimley Health FT Trust, Frimley Park, Wexham Park)

Trust - combined

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Target
A&E													
% admitted or discharged within	93.7%	95.2%	92.9%	90.0%	88.5%	95.9%	94.9%	91.3%	88.7%	84.7%	91.2%	91.4%	>=95%

Frimley Park

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Target
A&E													
% admitted or discharged within	94.1%	93.7%	90.3%	87.1%	91.2%	95.3%	95.6%	91.1%	93.3%	85.6%	93.8%	93.8%	>=95%

Heatherwood & Wexham Park

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Target
A&E													
% admitted or discharged within	93.2%	96.5%	95.4%	92.8%	86.0%	96.3%	94.1%	91.5%	84.5%	83.8%	88.8%	89.3%	>=95%

Trust - combined

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Target
A&E													
% admitted or discharged within	92.3%	90.2%	91.3%	91.56%	90.4%	90.7%	94.2%	91.4%	84.1%	83.6%	85.0%	83.1%	>=95%

Frimley Park

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Target
A&E													
% admitted or discharged within	95.4%	92.3%	94.0%	91.7%	93.0%	90.1%	93.8%	91.8%	84.2%	85.0%	89.5%	84.9%	>=95%

Heatherwood & Wexham Park

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Target
A&E													
% admitted or discharged within	89.3%	88.3%	88.6%	91.4%	87.8%	91.3%	94.6%	90.9%	84.0%	82.3%	80.7%	81.4%	>=95%

Trust - combined

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Target
A&E													
% admitted or discharged within	87.6%	88.0%	89.9%	90.80%	90.1%	89.6%	89.1%	85.9%	87.2%	82.5%	81.1%	83.3%	>=95%

Frimley Park

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Target
A&E													
% admitted or discharged within	92.1%	90.9%	92.5%	94.5%	91.2%	91.8%	91.6%	88.5%	91.1%	83.2%	83.4%	87.4%	>=95%

Heatherwood & Wexham Park

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Target
A&E													
% admitted or discharged within	83.4%	85.2%	87.6%	87.2%	89.0%	87.6%	87.2%	83.4%	83.5%	81.9%	78.9%	79.1%	>=95%

