

Committee Title: ADULTS AND HEALTH SELECT COMMITTEE

Date: 15th OCTOBER 2020

Title: SURREY HEARTLANDS WINTER REVIEW REPORT

Purpose of report:

This report is to inform the committee of the impact of winter 2019/20 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 2019/20 was again very challenging; the Acute Hospitals supported 182,428 attendances (all types) to the Emergency Department (ED) from December 2019 to March 2020. The overall attendance figures (all types) rise to +9.4% when comparing November to March 2018/19 to 2019/20. The greatest monthly growth (when compared to the same period in 2018) was in December at +20.4%. Lockdown was announced on 23rd March 2020, with attendances falling dramatically, leading to -21.9% when compared to March 2019.
- 1.2 ED 4-hour performance was under 95% and ranged between 75% (ASPH) to 84% (SaSH); due the dedication of staff across all agencies and partners, the Acute Hospitals performed above the national average for England of 75%. The overall performance in each Acute hospital improved with the introduction of lock down on 23rd March 2020, when attendance reduced significantly.

2. Report Summary

Please refer to the attached full report.

- 2.1 NHS '111' was consistently busy over the winter months, currently 50% of all NHS 111 callers are receiving a clinical contact, meaning calls are either receiving clinical assessment or are closed through contact with a clinician. March 2020 was the busiest month for NHS 111 - IUC with 23,782 callers needing further clinical advice. With the dramatic increase in overall numbers contacting NHS 111; calls answered within 60 seconds dropped to a low of just 12%. Since then call pick up times have recovered to 95.67%.
- 2.2 The 'Think 111 First' is a national programme, which is currently being developed across Surrey Heartlands. The programme has the primary objective of reducing waiting times in ED by offering 'bookable' appointments within the ED department or other areas of the Acute hospital should these be required; more often it is envisaged that the person will be offered support via other community services. These appointments will be booked via the NHS 111 service. Prior to booking advice and guidance will be provided as the person may be able to receive support from their Pharmacy or advice from the NHS 111 clinical team.
- 2.3 The overall ambulance attendance to ED figures rose to +5.3% when comparing November to March 2018/19 to 2019/20. The greatest monthly growth (when compared to the same period in 2019) was in February at +12.3%. Lockdown was announced on 23rd March 2020, with attendances starting to fall dramatically, leading to -3.1% when compared to March 2019.
- 2.4 Ambulance handovers achieved within 15 minutes of arrival to the Emergency Department have seen an overall improvement, particularly during the winter months from December 2019 to February 2020 when compared to 2018/19. This improvement is against a backdrop of increased ambulance attendances to ED for the same period. In March 2020, handovers within 15 minutes did drop to 31.5%; however have again improved with 43.6% reported in June 2020. A great deal of work has been undertaken by the Acute hospitals in relation to reducing the time ambulance crews wait in ED to hand over their patients to hospital nursing staff.
- 2.5 Handovers within 30 minutes have also improved when compared to 2018/19, with only February 2020 showing a 0.9% lower rate than the same month in 2019. In June 2020, 96.5% of handovers took place within 30 minutes of arrival to the ED.

- 2.6 Ambulance Diverts: Ambulance diversion to another Acute Hospital ED department is a strategy which is only ever deployed when the hospital requesting the divert is under very intense pressure. During the seven months from December 2019 to June 2020, there were 19 diverts requested, resulting in 4 patients being diverted. None of the border diverts resulted in patients being transported.
- 2.7 In respect of non –elective admissions, from November 2019 to March 2020, November 2019 saw a +0.5% increase, however admissions across Surrey Heartlands, when viewed collectively, started to fall from December 2019 (at -1.0), this was primarily due to enhanced services within the community. The most significantly reduction is in March 2020 at – 22.3% due to the pandemic.
- 2.8 Surrey Heartlands has had an overall increase of +3.2% in patient's stays of over 21 days when compared to last year's winter period. Whilst numbers were higher in March 2020 at 570, than in 2018/19; the response from all agencies, patients, families and communities to the government's request in the same month to create as many available beds as possible in order to respond the pandemic; numbers fell dramatically to just 195 patients in May 2020.
- 2.9 Support on discharge from hospital during the pandemic has accelerated the ambitions of the high impact change model. Further focus on discharge came with the publication of the COVID – 19 Hospital Discharge Service Requirements on 19th March 2020. The guidance was clear in that patients should not remain in hospital unless the person clinically requires hospital based care. The expectation is that patients ready to leave the hospital would transfer from the ward to a designated discharge area within one hour of the decision being made and then be fully discharged from hospital, within a total of 3 hours. This guidance remains in place.
- 2.10 General Practice has continued to see face to face appointments where it was safe and clinically necessary to do so through the establishment of hot/zoned sites. The pandemic accelerated the delivery of digital modes of contact for patients complementing the existing more traditional modes, such as telephone and face to face. Over 90% of the population have access to a practice website that allows for self-care, self-referral (to services such as IAPT) and to submit an 'online consulting' request to the practice about non-urgent issues.

- 2.11 Support to the wider Care Sector and in particular Care Homes has been a particularly focus during Spring 2020. A number of initiatives have been successfully delivered, these include:
- **NHS Capacity Tracker:** the NHS Capacity Tracker is a web based portal primarily designed to support minimising delayed transfers of care by enabling Care Homes to instantly share their live bed state, in turn enabling hospital discharge teams and other stakeholders to rapidly find available nursing and residential beds. Surrey Heartlands has a total of 370 residential and nursing homes, of which 350 (as at 1st August 2020) are regularly reporting via the tracker.
 - **NHS Mail:** NHS Mail provides the ability to safely share residents' data and queries with doctors, nurses and GPs involved in the persons care and also enables all those involved to receive more timely responses. Teams across Surrey Heartlands have been working with individual providers resulting in an overall Surrey Heartlands NHS mail coverage of 72% (as at 13th July 2020).
 - **Clinical Liaison Support:** Surrey Heartlands ICS, responding to the national initiative to improving the clinical input into a residential or nursing home, has achieved 100% coverage of all care homes: with a GP or clinical lead from the community health services being identified for each home.
 - **IPC Training** – Surrey Heartlands have put in place a programme of training and support which is aimed to complement the skills and experience that care homes already have. A total of 170 training sessions have been provided and as part of the training sessions, support with testing was offered to the service.
 - **Communications with Care Homes:** In April 2020, Surrey Heartlands instigated a weekly Adult Care newsletter, emailed to all care providers, as a key mechanism to pass on essential local and national information to the care sector, with topics including PPE, Testing, Infection Control training and supporting staff and resident wellbeing. The newsletter is managed and produced on behalf of Surrey Heartlands by Surrey Care Association.
- 2.12 Each of the Acute Hospital across Surrey Heartlands are now supported by the Psychiatry Liaison service, based within each of the hospitals. Over the winter 2019/20 the service' activity increased from 1,520 contacts on average per month to 1,927. During the first month following COVID-19 lockdown (April 2020)

the total activity was at its lowest, even when compared to the same period last year. The following two months (May - June 2020) saw activity recover and was observed to be higher than in the same period last year (May – June 2019). In June 2020, activity peaked and exceeded numbers observed during winter months.

- 2.13 In response to phase 1 of the COVID pandemic, the Mental Health Emergency Assessment Unit was set up a 24 hour emergency assessment unit, as a temporary measure, with the aim of reducing the number of people presenting to the Surrey Emergency Departments. The unit remained in operation from 10th April 2020 to 28th May 2020. In total, 70 referrals were received over the course of two months (April & May). Requests for in-patient care have increased as lockdown phases/messaging eased, from an average of 6 requests per day to more than 10 requests per day. Mental Health services are also being ‘wrapped’ around the person by providing mental health support from an integrated service with GP Practices, seeing more than 2000 people.
- 2.14 Paediatric emergency admissions to the Surrey Heartlands Emergency Departments peaked in 1,841 October 2019. Again the area experienced the pattern of increased admissions during the autumn and a significant reduction at the beginning of Lockdown.
- 2.15 In relation to Mental Health, the CAMHS ‘Single Point of Access’ referrals fell in March, reaching 294 from 916 in February 2020. Since the easing of lockdown there has been an increased need for Children’s crisis assessments following presentations to the ED – over 100 assessments.
- 2.16 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 2019/20, the four ICPs provided flu vaccinations between 68.4% (for East Surrey) and 73.7% (for Guildford and Waverley) to those eligible.

- 2.17 In relation to staff flu vaccine uptake, the table provides the percentage of staff in each of the Surrey Heartlands

NHS Trust 2019/20 Target = 75%	Vaccine uptake (recorded) 2018/19	Vaccine uptake (recorded) 2019/20
Ashford and St Peters Foundation Trust	75%	78.8%
Epsom and St Helier University Hospitals NHS Trust	75.1%	70.1%
Royal Surrey NHS Foundation Trust	55.8%	79.5%
South East Coast Ambulance Service	78.7%	76.2%
Surrey and Borders Partnership NHS Foundation Trust	47.6%	76.0%
Surrey and Sussex Healthcare NHS Trust	67.5%	75.1%
Regional take up	63.2%	73.7%
National take up	70.3%	74.3%

Trusts. This information is available via Public Health England.

- 2.18 The Surrey Heartlands Seasonal Urgent care and Escalation 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 ED; messages are also tailored to each areas system escalation alerting the public to how busy their local hospital is and have been reviewed in light of the pandemic to ensure consistency of messaging.
- 2.19 Surrey Heartlands ICS has developed an Urgent Care Model which identifies likely demand, capacity, admissions and discharge rates by week until February 2021. The model uses historical data to predict non-elective admissions and applies a range of assumptions depending on the scenario (e.g. 2nd wave, minimal Covid impact). Various phases are considered, including the possible impact of decreased admissions due to a 2nd wave of Covid, the planned return to higher than normal 19/20 levels, and seasonal activity for Flu and Norovirus. This, along with national modelling is supporting current planning activity.
- 2.20 Surge Planning (includes winter 2020/21) - Surrey Heartland ICS are undertaking a number of programmes of work to continue to build resilience within our urgent care services and prepare for extended periods of surge in demand, this includes the winter period.

3. Governance

- 3.1 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 and Kingston

ICP LAEDB's. 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 in relation to Urgent Care is provided by the ICP's to the Surrey Heartlands Surge and Winter Workstream Board and onward to the Recovery Board with the strategic Surrey Heartlands work plan complementing and supporting local delivery. Two additional Boards have been formed, these are the 'Seasonal Flu' Board and the 'Think 111 First' Board. These Boards also work through EP RR (Emergency Preparedness, Resilience and Response) groups to ensure a cohesive approach.

4. Recommendations:

- 4.1 The Committee is requested to note the preparations for winter 2020/21 set out in this paper.
-

Report contact: Karen Thorburn,
Director of Performance,
Surrey Heartlands ICS

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

This page is intentionally left blank