Surrey Heartlands ICS - Managing UEC Surge

September 2023

FINAL

1. Introduction

1.1 As an Integrated Care System (ICS), Surrey Heartlands takes collective responsibility for improving the health of the local population, managing resources (including money) and making sure services are high quality. The partnership covers most of Surrey, a population of around 1.2 million, as shown in the map below. The rest of Surrey (including the borough of Surrey Heath and parts of Farnham) are covered by the Frimley Health and Care system. Surrey Heartlands has long standing partnerships and collaboration with neighbouring ICS's from Southwest London to Hampshire (figure 1).

Figure 1

1.2 Surrey is one of the 20% least deprived counties in England, however about 9.1% (18,310) of children live in low-income families. Life expectancy for both men and women is higher than the England average.

1.3 Surrey Heartlands has an aging population. 2018 predictions estimate the population in Surrey will increase from 1,189,934 in 2018 to 1,227,467 in 2043. This prediction suggests the older population will increase. The increase in the population groups aged 45 and over in Surrey is likely to impact more on health and social care services due to increased risks of developing long term conditions and other needs; this impact will include the Urgent and Emergency Services e.g. Ambulance and the Emergency Departments.

1.4 Since 2017, Surrey Heartlands ICS has increasingly taken a Place-based approach to commissioning, partnerships, and service design in order to reflect the

unique qualities of Surrey's different towns and villages. These are not statutory organisations, but a way of working with increased collaboration through shared goals.

Figure 2

1.5 Surrey Heartlands Place-based partnerships or Alliances are Guildford and Waverley; East Surrey; North West Surrey; and Surrey Downs which collectively cover most of Surrey and involve the NHS, local government and other local organisations such as voluntary, community and social enterprise sector organisations and social care providers.

1.6 Across Surrey Heartlands there are 106 practices working within 24 primary care networks (PCNs); 4 acute hospital sites; 11 community hospital sites; 3 community service partners; 1 mental health partner including 3 inpatient units and 33 community sites; 1 upper tier local authority (Surrey County Council) operating adult & children's social services; 9 District/Borough Councils, all working together in the newly formed statutory Integrated Care System.

1.7 This report sets out an outline of the impact of 2022/23 winter pressures, along with the whole system measures put in place which provide mitigation and promote resilience throughout the upcoming winter season 2023/24.

1.8 This paper was written during August 2023 and represents the situation at that point in time. Please note that this report only includes validated data.

2. Surrey Heartlands Integrated Care Board – Plan on a Page

2.1 The Health and Care Act 2022 has established 42 ICSs across England. Each Integrated Care System has an NHS Integrated Care Board (sometimes referred to as an ICB) – in Surrey Heartlands our ICB is known as NHS Surrey Heartlands. The purpose of the ICB is to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Support broader social and economic development
- Enhance productively and value for money.

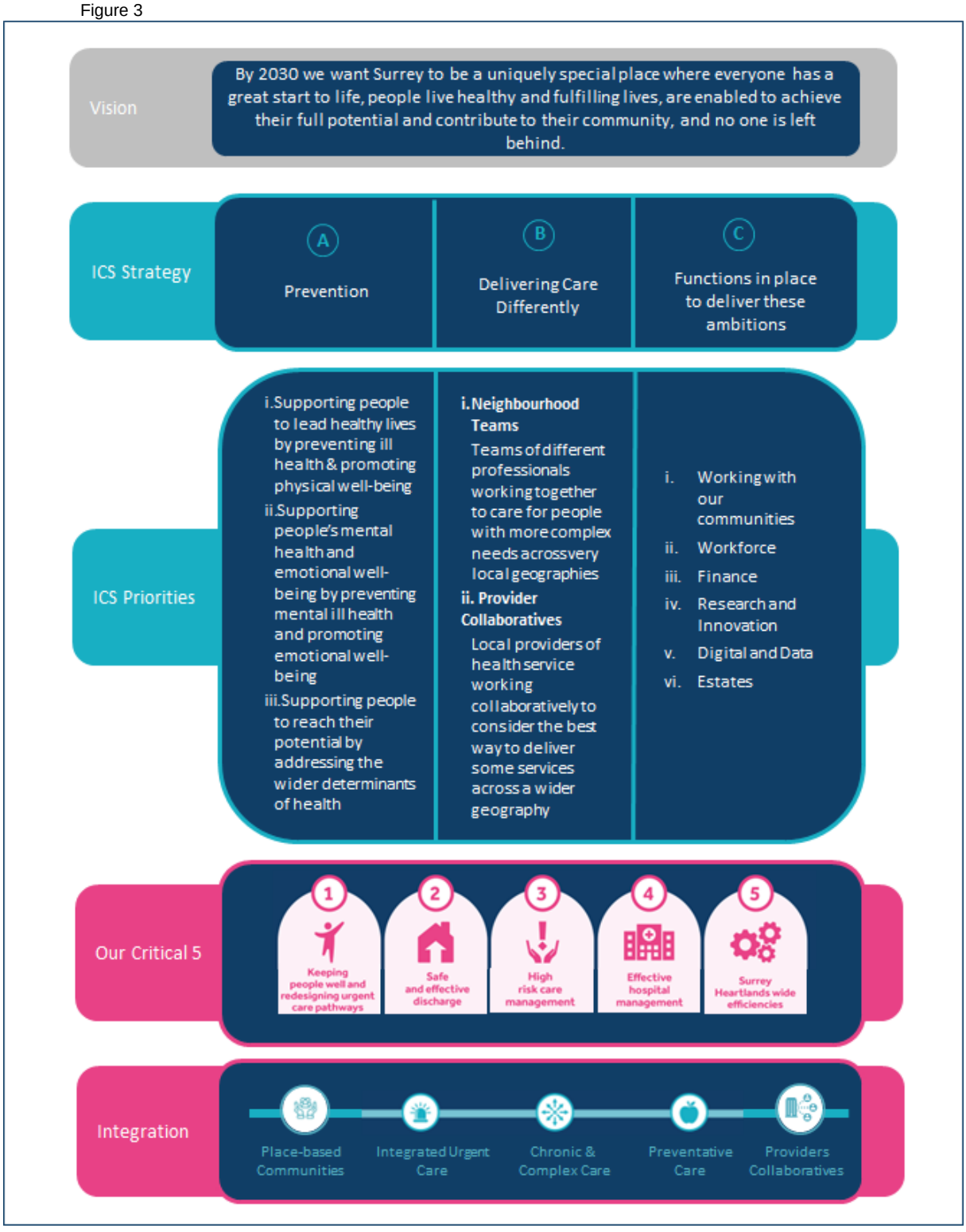
2.2 The ICB, as a statutory NHS organisation, is responsible for developing a plan for meeting the health needs of the population, managing the local NHS budget and arranging for the provision of health services in the Surrey Heartlands area; therefore, the ICB have agreed to focus on five main objectives: -

- Keeping people well – doing more to promote prevention and stepping in earlier to prevent people's health deteriorating; and, when people do deteriorate, making sure they understand how and where to get the urgent help they need.
- Safe and effective discharge – helping patients, their carers and families understand and safely navigate the options available to them from a much more joined up and improved community care environment.
- High-risk care management – making sure those who are most vulnerable receive the care they need in a coordinated and planned way.
- Effective hospital management – making best use of hospital resources to support patients safely and efficiently from the point of admission to discharge; this is also about delivering high quality care based on the 'Get it Right First Time' principles (a national programme designed to improve patient treatment and care through in-depth reviews of services and analysis of data/evidence).
- Surrey Heartlands-wide efficiencies – system-wide programmes that ensure we are working in the most efficient way - whilst maintaining high quality care - across areas such as diagnostics, clinical networks, more efficient use of our workforce, digital innovation, corporate and clinical

support services, financial management and how we use our estates and facilities.

2.3 Below is the Surrey Heartlands ICB 'Plan on a Page' which describes the organisations vision; main elements of the ICS strategy and priorities, along with the agreed 'Critical Five' areas of delivery.

Figure 3



2.4 The ICB continues to be supported by the outstanding dedication, skill and commitment of all our Surrey Heartlands health and care workers, continuing to deliver above and beyond in relation to this post- pandemic period and by bringing all our resources together in times of heightened pressures in support of individual members of staff, teams, departments, partners, areas and across the system.

3. Surrey Safe Care

3.1 During this period of continuing recovery and moving back into 'business as usual' for both Elective and Emergency care, the new electronic patient record system, "Surrey Safe Care" implemented at both the Royal Surrey and Ashford and St Peter's hospitals, continues to develop its level of stability and functionality.

3.2 The system, consisting of a series of software applications that bring together and digitalise clinical and administrative data, replaces paper-based records, is provided by Oracle Cerner and has been implemented to improve processes, along with increasing safety, efficiency and experience for patients.

3.3 Healthcare professionals from both organisations now have immediate access to information about patients' care and treatments irrespective of where it was received, resulting in a more coordinated approach to effective and consistent care.

3.4 In July 2022, NHS England commissioned a new Programme to carry out a new Digital Maturity Assessment. The programme will track the year-on-year progression of digital maturity across the NHS, providing the insight needed to ensure that digital transformation enables people to access the care they need quickly, easily and when it suits them.

3.5 Using global expertise in digital health transformation and subject matter experts from across the NHS; the programme developed, from the 7 dimensions of the 'What Good Look Like' Framework, a baseline set of 50 questions for local systems to self -assess progress. The results from the Digital Maturity Assessment were validated through a series of peer review sessions and workshops.

3.6 The implementation of the Surrey Safe Care system allows the Surrey Heartlands ICS Acute Hospital partners to work towards meeting the NHSE objectives in relation to digital maturity, the table below illustrates that Surrey Heartlands have attained a moderated overall score of 2 this year; and as the system usage matures it will support an improving picture year on year.

Provider name	Well Led	Ensure Smart Foundations	Safe Practice	Support People	Empower Citizens	Improve Care	Healthy Populations	Overall
ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST	4.0	3.4	3.0	2.7	1.9	2.5	2.5	2.6
ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	3.0	3.4	3.0	2.8	2.0	2.4	2.2	2.5

3.7 Continuing to improve workflow, processes and care pathways supported by the functionality within the application will support the Trusts towards the ten-year target opportunities of £28.8m

Benefit ID	Title	Ten-year total £m
B001	Average Length of Stay/ Admissions	5.463
B002	Locum & Agency spend	6.533
B005	Medicines Management	2.934
B006	Harm Free Care	8.218
B007	Physician Documentation	2.448
B008	Order Communications	0.73
B009	Nursing Documentation	2.477
Target opportunities		**£28.8m**

3.8 The implementation of Surrey Safe Care had initial challenges although, through reconfiguration and retraining, improvements have been made and the Trusts have transitioned from a recovery phase to one of optimisation.

3.9 Further to the implementation of the Surrey Safe Care system, additional functionality in the form of a Patient Engagement Portal is currently being implemented at all three acute Trusts. These portals will allow patients access to their hospital held information via the NHS App. With access to patient letters, appointments, diagnostic test results. Surrey and Sussex Hospitals went live during Quarter 2, with Ashford and St Peters and the Royal Surrey due to go-live in Quarter 4. This capability will further support improved patient experience, increased productivity and better flow.

PART A – Managing UEC Surge

4. Primary Care - delivering on the Fuller Stocktake

4.1 The ambition is to make it easier for people to access primary care services, particularly general practice. The focus of our work includes more appointments, recruiting to more roles and recover dental activity; this in turn supports the urgent and emergency care services.

"When I need it, I get the right care in the right place, and I don't have to wait too long."

4.2 Good primary care is the foundation of an effective health system for patients. When working well, it supports the early identification of serious illnesses and the management of chronic conditions, while also helping people to live healthier lives. To achieve this, two defined areas aligned to the Fuller Stocktake and NHS England's delivery plan for recovering access to primary care, have been identified:

- **Personalised Care for those who need it**: delivering care from a named health or care professional (using all disciplines in Health & Care).
- **Streamlined Access:** Expanding multi-disciplinary teams and providing flexibility to tailor services to local demands. Optimising data and technology to integrate siloed same day urgent care services.

4.3 Access challenges are being caused by an increased demand for services - both volume and complexity - combined with ongoing workforce pressures and reduced numbers of GPs. These challenges can lead to patients attending ED or other UEC services.

4.4 The system has a clear support offer (Figure 4) to general medical practice which includes the General Practice Development toolkit that aims to provide the insight as well as support to radically transform general practice and wider Primary Care services. This support package is in the form of teams, who will 'parachute' into practices/Primary Care Networks (PCN) to maximise spread and consistency.

4.5 Surrey Heartlands strongly believe that patients should always be able to receive the same, or an equivalent service, however they access their GP practice - be that digitally, telephone or by walking into the surgery.

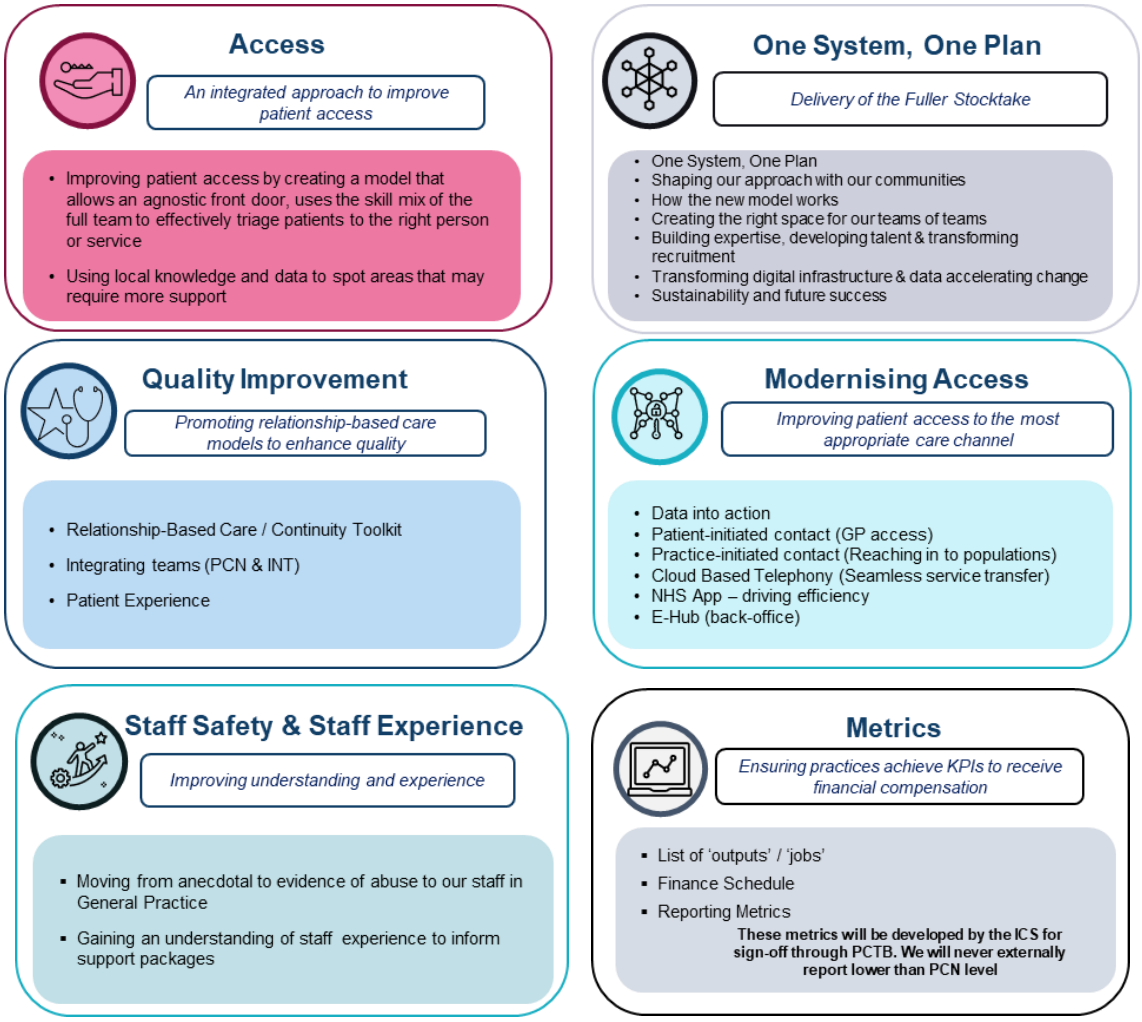


Figure 4 – General Practice Development Toolkit key components to transform the models of care and streamline the patient journey

4.6 **Improving Patient Access** – Surrey Heartlands have designed patient-initiated and practice-initiated models to find the most efficient and effective way for patients to access and be contacted by General Medical Practice (Figure 5). The models will incorporate technologies such as advanced telephony, cloud based systems with clinical system integration, and the NHS APP to ensure access to a wide range of services and support when people need it.

4.7 New GP surgery websites are being rolled out which will redirect patients into the NHS App / NHS website to complete these key patient journeys e.g. requesting an appointment, ordering repeat prescriptions or view test results as the first option. The aim is to encourage more people to access and use the NHS App more routinely,

helping patients to ‘self-serve’ information and access more services digitally if they choose to.

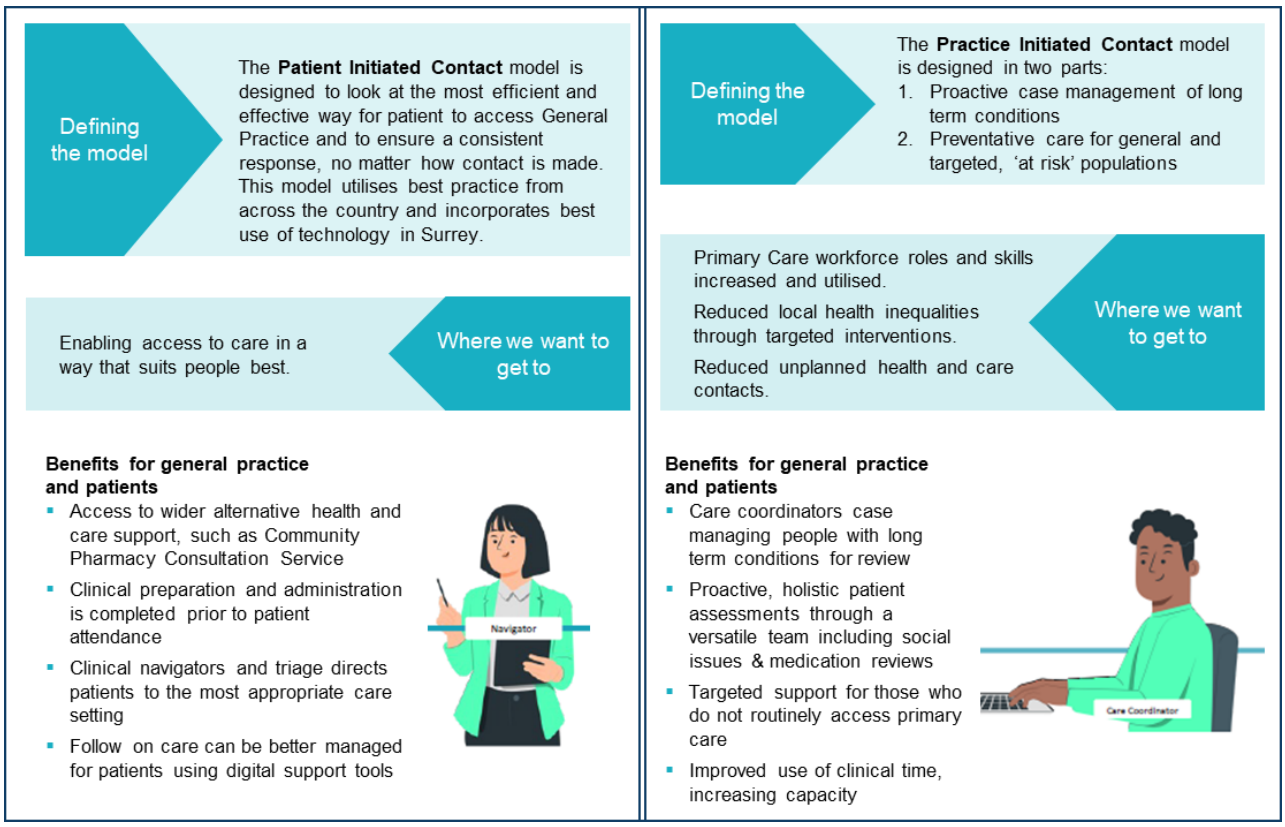


Figure 5 – patient and practice-initiated contact models

4.8 Surrey Heartlands has over 62% of GP patients aged 13+ registered with the NHS App; the highest of all ICBs in England and significantly higher than the national average of 52%. Promoting use of the NHS App and ensuring that as wide a range of services as possible are made available through it, are a key priority in the GP development toolkit. This new GP Online Consultation platform (Accurx) was deployed in May 2023 and interactions with the NHS App have increased as a result (Figure 6).

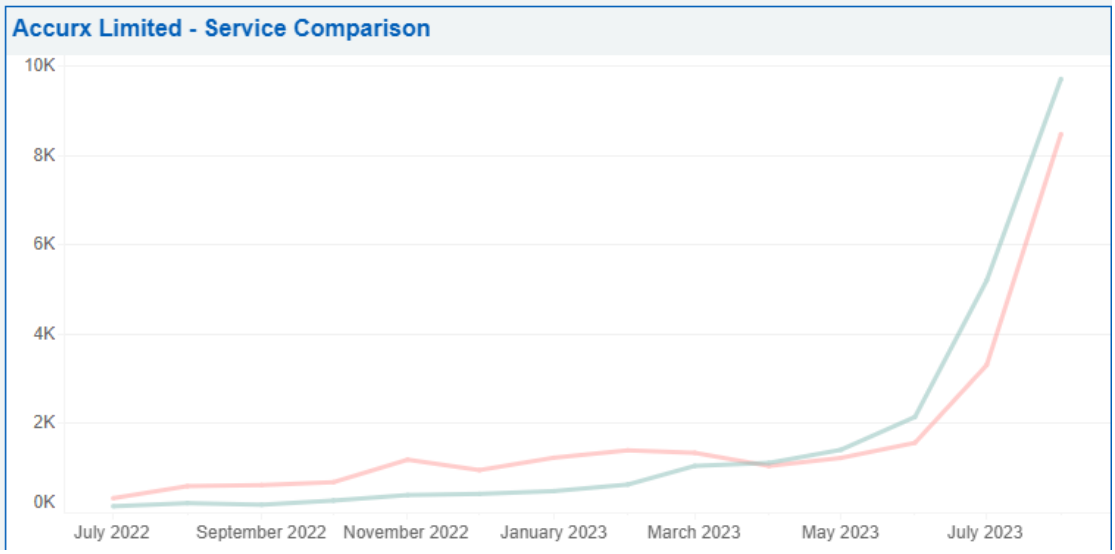


Figure 6 - interactions with the NHS App have increased.

4.9 **CASE STUDY**

Primary Care Networks – Growing Health Together works across East Surrey has seen primary and community health care workers, social prescribers, the county council, borough and district councils, VCSE groups and others collaborate - getting alongside communities to support, enable and promote citizen-led action and projects that create social connections and improve health and wellbeing - this includes, for example, community gardens, arts and music events and peer support groups.

4.10 Through the Community and Mental Health Transformation (CMHT) programme Surrey Heartlands are implementing General Practice Integrated Mental Health Services (GPIMHS). We are embedding teams into primary care networks through the NHS England early implementer CMHT funding, with full coverage achieved by 2023/24, across Surrey Heartlands.

4.11 Within each primary care network an integrated multi-agency GPIMHS team is deployed, including representation from health, social care, the third sector and people with lived experience of mental health needs. As well as supporting people to stay well and out of hospital, the programme supports people currently in secondary care mental health services who are stable and would be well placed to alternatively receive recovery focused and integrated mental health care services in primary care, with seamless 'easy in' and 'easy out' as required, and with a potential shared care arrangement. The workforce will be supported by the Surrey Training Hub to develop, retain, and attract primary care workforce through education and training opportunities to achieve our key delivery priorities.

4.12 The key delivery priorities to achieve the aims include:

- **Continuity of Care** – Reducing fragmentation and promoting joined up pathways including expanding multi-disciplinary teams in community pathways.
- **Patient Experience** – Gathering regular feedback to promote a proactive approach to the improvement in the ease of access to general practice.
- **Professional Integration** - aligning teams between PCNs and Integrated Neighbourhood Teams (INT).

4.13 **Community Pharmacy, Optometry & Dentistry –** Giving the ICSs responsibility for direct commissioning is a key enabler for integrating care and improving population health in line with the NHS Long Term Plan. It provides the flexibility to join up key pathways of care, leading to better outcomes and experience for patients, less bureaucracy and duplication for clinicians and other staff. Therefore, as part of empowering local decision making, NHS England (NHSE) set out the intention to delegate commissioning functions of Community Pharmacy, Optometry and Dentistry (POD) to all ICSs by April 2023; Surrey Heartlands became an early adopter and transitioned the services in July 2022.

4.14 By co-designing additional support and services Surrey Heartlands will better deliver the national contract, expedite recovery and aid retention issues in our dental practices and professionals (Figure 7).

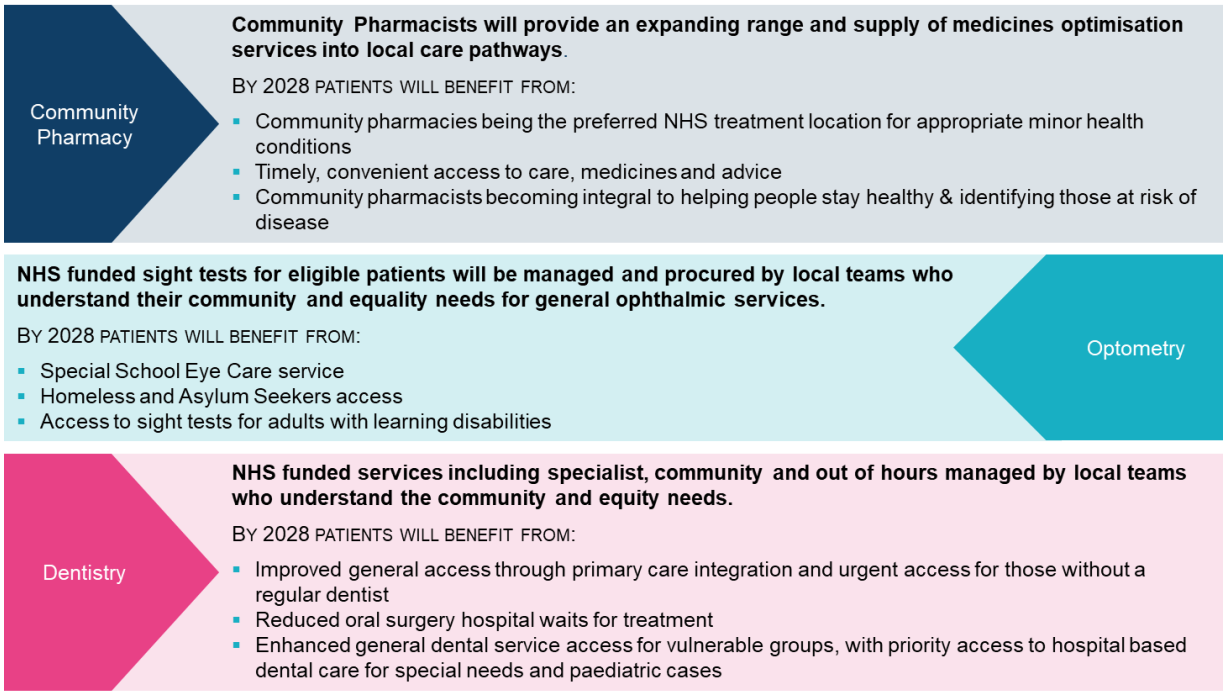


Figure 7 - Community Pharmacy, Optometry and Dentistry transformation focus

4.15 **Outcomes by 2028** - Greater local service provision to meet identified challenges in our neighbourhoods; expanded primary care offer at the walk-in sites, including same day emergency care pathways, integrated urgent care pathways such as virtual wards as part of care pathways and through the GP Development toolkit we will:

- Improve the sustainability of General Practice.
- Help practices manage urgent/on the day demand and ensure patients know, on the day of contacting their practice, how their request will be managed.
- Spread the adoption of the 'inbound & outbound' model.
- Understand demand through an extensive 'Data into Action' project.
- Tackle demand using our call handling/answering model (@sap) - scaling demand and administrative jobs where appropriate.
- Integrate the wider Primary Care family into our transformational programmes and build a strong and thriving out of hospital environment.

4.16 Reducing Health Inequalities - Neighbourhood teams focus on the specific needs of the community they serve to prioritise areas of prevention that will have greatest impact to improve health outcomes.

4.17 **Enhancing Productivity -** You can read find our five year Joint Forward Plan and Integrated Care Strategy on our website. Productivity will be enhanced via the following mechanisms:-

- Through the GP development toolkit Surrey Heartlands will re-engineer processes across the provider landscape.
- Streamlining responses through 'Making Every Contact Count' to maximise resources and reduce duplication.
- Increased offering of blood pressure and atrial fibrillation screening, alongside vaccinations, increases health protection and maximises resources.
- Increasing the use of multi-disciplinary teams optimises expert advice and care, streamlining care.

4.18 **Winter Preparedness Delivery Milestones 2023/24.** The milestones are as follows:-

- Engagement programme to consistently deliver care/services.
- Each provider operating on 'one solution' for advanced telephony to enable seamless movement of demand.
- Deliver a pilot scheme to scale the Surrey Heartlands @sap model (call handling/answering at scale).
- Development of cloud-based telephony core principles for all practices.
- Increased features and functions on NHS App to release GP capacity.

5. NHS 111 / Integrated Urgent Care Single Virtual Contact Centre & GP Out of Hours

5.1 Practice Plus Group provides Surrey Integrated Urgent Care (IUC) services. The Integrated Urgent Care Centre covers NHS 111 call answering, Clinical Assessment Services (CAS) and GP Out of Hours provision (including clinical contacts, base visits, and home visiting). This operating model is not consistent across all Providers in the country and affords Surrey Heartlands the benefit of both 'speak to' and 'face to face' resolution within a single contract.

5.2 The contract was awarded in 2018 and commenced on 28th March 2019. It is due to end on 30th March 2024. This means that the financial year 2023/24 is the final year of the core contract term. There is an option to extend and the intent to enter into these discussions has been confirmed by both the Provider and Surrey Heartlands as this offers an opportunity to scope & model service improvements, respond to the Fuller Stock take & outcomes from the forthcoming National NHS 111 Review.

5.3 **Performance and Activity:** Nationally, patient activity in NHS 111 fluctuated significantly in comparison to planned levels across the majority of the 2022/23 period. In Surrey, this was particularly evident during June and July 2022, with the increased demand driven largely as a result of hot weather. In December 2022, the increase in call volumes was due to the national outbreak of Strep A, scarlet fever and other group A strep infections, alongside increased awareness and vigilance amongst clinicians leading to a significant rise in scarlet fever notifications (please refer to Figure 8 below).

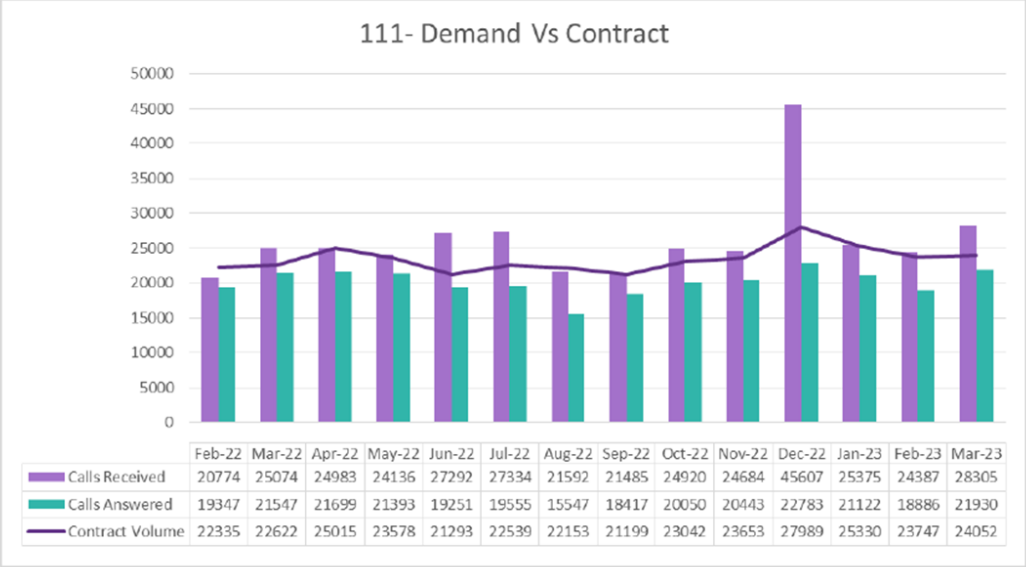


Figure 8 – NHS 111 Demand v. Contract

5.4 As seen in the previous year, call arrival patterns, at times, have continued to be sporadic and do not align to the usual historic trends, making resource profiling difficult to predict (figure 9).

Overall Call activity: 2022/23

	April	May	June	July	August	September	October	November	December	January	February	March
2021-2022	24039	26849	23820	24338	22240	21883	24664	23418	25300	21572	19347	21547
2022-2023	21699	21393	19251	19555	15547	18417	20050	20443	22783	21122	18886	21930

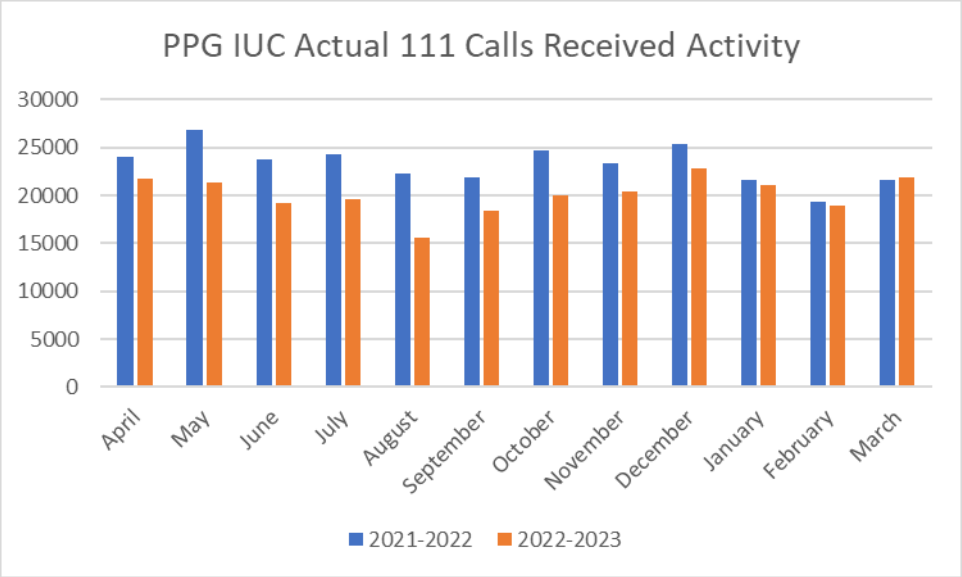


Figure 9 – overall call activity

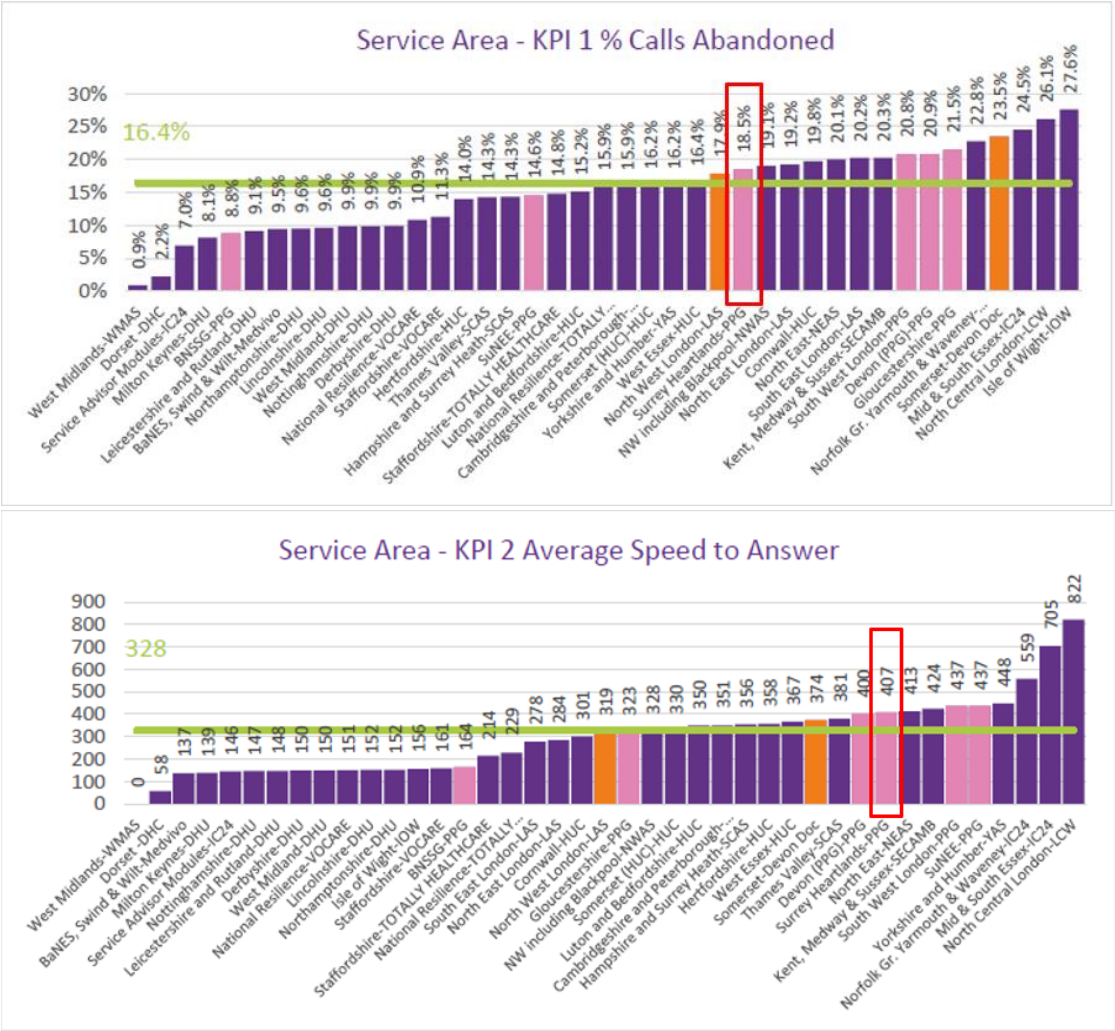
5.5 NHS 111 performance in Surrey remains challenged as with other parts of the region. Due to the onset of multiple instances of Industrial Action, it has been difficult to benchmark performance trends and metrics. However, significant improvements have been made in call handling times in NHS 111 with a small increase in clinician productivity. Average handling time has also improved and the Dorking Contact Centre rates is one of the best nationally in terms of recruitment, retention and welfare support of call handling staff.

5.6 Validation of 999 and Emergency Department (ED) cases remained constantly high throughout 2022/23 and continued to be above the national Key Performance Indicator and contracted level of 50%. As agreed with the ICB this activity remains a high priority area to support the wider system pressures.

5.7 In terms of contractual Key Performance metrics, the impact of variance in demand and legacy challenges to recruitment and retention, predominantly across clinical staffing, have had a negative impact on the ability to achieve the required standards on a sustained basis.

5.8 The NHS 111 service was previously required to answer 95% of calls within 60 seconds, as the information below shows, this Key Performance Indicator (KPI) is still reported, however this has moved to the new KPI of Average Speed to Answer <= 20 seconds from 1st April 2022.

***Figure 10 – Percentage of calls answered in 60 seconds and average speed to answer - M12 2022/23*.**



5.9 Commissioners are working alongside PPG to track and monitor progress against recovery actions and improvement outcomes. These include addressing wider issues such as workforce and recruitment; with work continuing in relation to strengthening existing capacity across Health Advisor / Clinical Advisors / Clinical Assessment Service staffing; along with plans put in place to mitigate against any forecasted shortfall. A dynamic operational ability to create the necessary flexibility to meet 'in day' activity demand surge is currently being implemented.

5.10 **'Think 111 First'** was a national programme with the primary objective of reducing waiting times in ED by offering 'bookable' appointments within the department or other

areas of the Acute hospital should these be required. As part of the service, further assessment by a clinician of an emergency treatment centre outcome, through NHS Pathways (the triage tool used in NHS 111) is embedded into core business.

5.11 Evidence has shown that this reduces the overall activity into emergency departments and the majority of those where outcomes cannot be changed are more clinically appropriate. SMS texting gives details of arrival times and further advice post call. The triage process will, where available, offer alternatives to ED by identifying lower acuity services through the Directory of Services (DoS), re-directing the patient accordingly.

5.12 Following the conclusion of the 'Think 111 First' programme, bookable appointments are now available into all Emergency Departments (ED) & Urgent Care settings across Surrey Heartlands and scheduling is on track to be extended into other alternatives to ED such as Same Day Emergency Care (SDEC) units.

5.13 During 2022/23 wider NHS strategy and policy work considered the role of NHS 111, alongside the wider healthcare system – providing insight and learning on a national and local basis. In addition, the Delivery Plan for Recovering Urgent and Emergency Care set out a commitment to "undertake an extensive review of NHS 111 services", which was subsequently launched in Q1 of 2023/24.

5.14 Building on this learning, service development and transformation has already commenced across Surrey Heartlands, in partnership with PPG as follows:

a. Clinical Assessment (validation) of Category 3-4 and Emergency Department dispositions are already in place, this reduces referrals into the acute care setting.
b. Health Care Professional and Care Home direct lines have been established and work is ongoing to improve reporting to understand utilisation, outcome, and impact on the wider system.
c. SMS texting - enhanced information is being provided to patients in regard to self-care, treatments, appointments and onward referrals; helping patients keep well at home which reduces repeat calls to NHS 111.
d. Mental Health Interactive Voice Response (IVR): A key objective of the NHSE Further Faster project was to have an IVR message at the front of NHS 111 to immediately identify people in a Mental Health crisis at the start of the journey. This has now been implemented. Data from the IVR option utilisation is being captured and analysed to provide an insight into

the patient use of this option, this will enable us to support with scoping options for future delivery during 23/24.

Further initiatives in 23/24 will focus on:

e. Pilot project to include validation for online activity – ensuring parity between the online NHS 111 experience with NHS 111 telephony.

f. Review of GP OOH to understand capacity, utilisation and resource requirements for optimal delivery. This will help us to focus on exploring opportunities for efficiencies; develop the transition of in and out of hours primary care, hospital discharge and intermediate care management through the home visiting service.

5.15 **2023/24 winter preparedness:** Following learning from last year, the residual pressures of Covid-19 and the surge in respiratory illness; winter preparation for 2023/24 has been strengthened as a result of the previous deployment of a number of national and regional contingencies that are now tried, tested and available to be stood up at short notice should the need arise. In addition, PPG plans are developed locally to support improving headline performance areas and access which are used to inform winter trajectories for staffing rotas and profiling in order to ensure capacity to respond. Specially these are focused on building resilience in NHS 111 call taking and supporting a safe reduction in the average call handling time (AHT), improvements are shown in Figure 11 below.

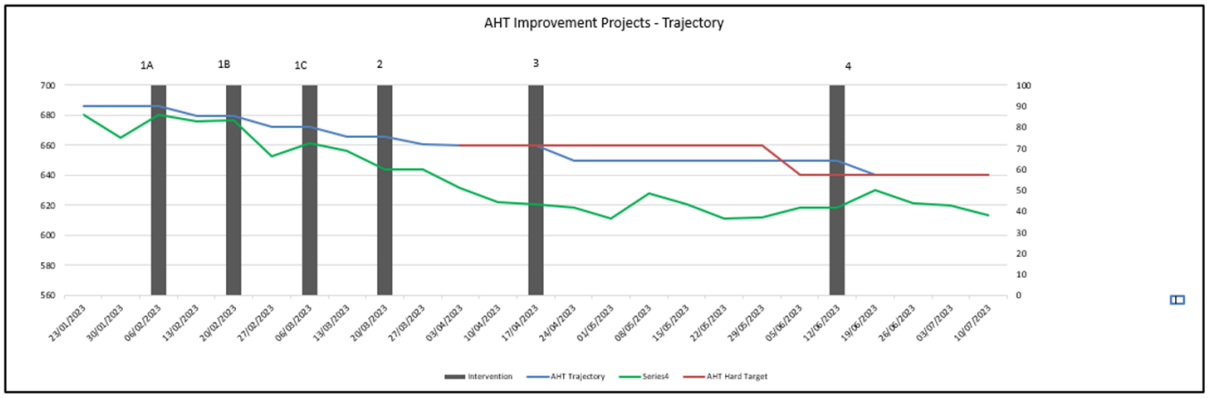


Figure 11 – AHT improvement projects trajectory

5.16 **National Patient Safety Calling:** PPG have a cohort of colleagues who are trained to conduct patient safety calling. Whilst this takes place as business as usual throughout the CAS & OOH service, in times of extremis there is the ability to step up the resource to ensure patient safety where clinical contact is delayed. The team contact patients to ensure there are no worsening symptoms and to manage patient expectations.

5.17 Work continues to focus on retention, recruitment and the ongoing wellness campaign provided for staff to secure appropriate and safe staffing levels. Significant attention has been given to enhancing clinical support through the implementation of a national home working scheme (which current accounts for circa 15% of the local clinical rota). This scheme reports an additional 100 clinicians in the national pipeline in preparation for Winter 2023/24 which will support clinical triage and assessment; this will help to mitigate unplanned spikes in demand. Furthermore, clinical validation is expected to be sustained throughout the winter period by optimisation of agency based clinical advisors. Out of hours coverage will be managed in a dynamic way to ensure clinics are open and available at the right time to meet patient demand.

5.18 PPG continue to ensure attendance at the system level System Operational Call (SOC) and resilience forums as required, with validation of 999 dispositions identified as a priority to ensure all ambulance call outs are appropriate.

5.19 Flu and Covid Vaccination programmes across PPG staff will commence in September 2023, with infection control protocols already established. The provision of the annual additional GP out of hours support to outbreaks in care homes has also been secured should this be required during the winter period.

5.20 As per the Integrated Urgent Care Commissioning Framework 2021, NHS England set out that NHS 111 call handling should be delivered on a regional footprint through the networking of services (Regional Call Networking (RCN)). This approach was intended to support an Integrated Urgent Care Single Virtual Contact Centre (IUC SVCC). In order to fully realise the efficiency gains associated with moving to a regional NHS 111 networked model, it was expected that there would be one single system across the country, partitioned into each geographical footprint.

5.21 For NHS 111 in the Southeast, Surrey Heartlands ICB was designated as SVCC coordinating / Lead ICB on behalf of Hampshire & Isle of Wight, Kent, Sussex, Frimley and Buckinghamshire, Oxfordshire, and Berkshire West, supported by a collaborative, coordinating commissioning arrangement with all ICS and regional teams.

5.22 The original ambition underpinning a regional call networking solution (Single Virtual Contact Centre) was to:

- recover performance and reduce call answering times,
- improve the quality and resilience in the NHS 111 service,
- reduce utilisation of national overflow and;
- introduce better equity across the regional patient population.

5.23 Following a decision in year by NHS England to mandate the NHS 111 call networking technical enablers only, rather than the full SVCC model, the programme was suspended while issues with the technical elements required were resolved.

5.24 The implementation of a regional call network model is now optional. However, as call handling remains a board challenge across all geographies it is apparent that collaborative ways of working are required to address the ongoing issues concerning NHS 111 call answering reduced performance across the Southeast. To this effect, Commissioners are working with their counterparts across partner ICS territories and with NHSE Regional colleagues to agree forward direction for 2023/24. While these decisions are being taken, capacity in the National Resilience provider is being utilised to stabilise response.

6. Community Services Transformation

6.1 Urgent Community Response (UCR) teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.

6.2 UCR services form a crucial part of the long-term vision for community care, as well as being a core part of a wider national focus on delivering more care in the community, they are the gateway to higher levels of care, linking in with other new and transformational service models including virtual wards.

6.3 Despite the pressures facing the whole health and care system, community providers have made significant progress in delivering UCR services as outlined in the NHS Long Term Plan and are meeting the national target to respond to 80 per cent of UCR referrals within two hours.

6.4 Surrey Heartlands are working to maximise the potential of UCR services by driving up the volume of calls by diverted to them from ambulance services, with Acute Consultants overseeing individuals personalised care, therefore increasing UEC capacity across systems.

6.5 Surrey Heartlands has progressed to enable more joined up care outside of the Acute Hospitals, whilst the teams are Multi-professional across Acute, Community and Ambulance Services with access into GP services. Figure 12 provides the overview of the ICB partners approach are taking to ensure equity across Surrey Heartland UCR services and demonstrates the role of the UCR as part of the urgent care system with Primary, Community and Acute Services.

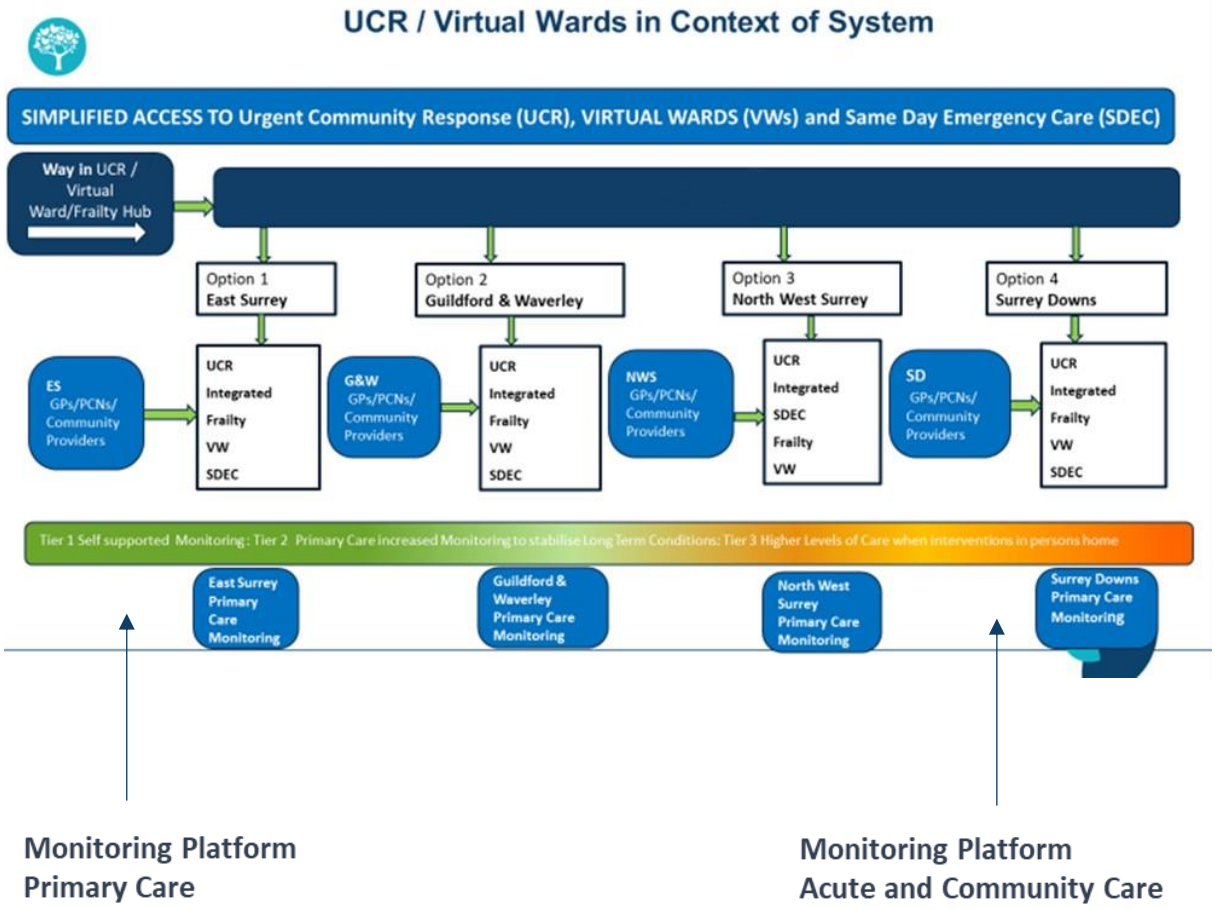


Figure 12 – Virtual wards as system partners

6.6 **UCR Standards** – UCR Services are available across Surrey Heartlands with the operational hours being between 8am – 8pm. The national target of all referrals receiving a response within 2 hours is set at 80%, this is currently being achieved across the ICS. Please see Figure 13.

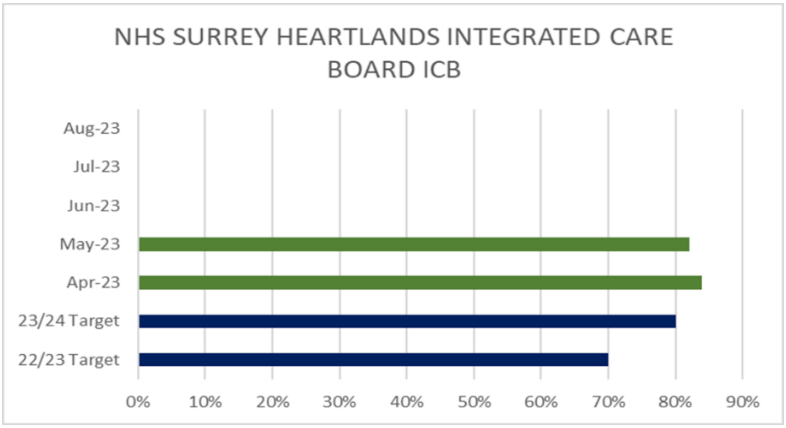


Figure 13 – the national target of all referrals receiving a response within 2 hours set at 80%

6.7 There are 9 clinical conditions (shown in Figure 14) which all UCR services are required to provide services for as standard; this standard is being met across Surrey Heartlands. The next step is to increase the number of ambulance service referrals to reduce conveyance where care can be delivered outside of hospital.

Date for completion of all 9 clinical conditions/needs being part of 2-hour UCR across if not already Yes (Please specify date for completion if No)		Falls	Decompensation of frailty	Reduced function/ deconditioning/ reduced mobility	Palliative/ End-of-life crisis support	Urgent equipment provision	Confusion/ Delirium	Urgent catheter care	Urgent support for diabetes	Unpaid carer breakdown which if not resolved will result in a health care crisis for the person they care for
Surrey Heartlands		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Figure 14 – the 9 clinical used in UCR

6.8 **UCR Referrals** - UCR services are currently working in collaboration with Southeast Coast Ambulance Services (SECAmb) to increase the number of referrals categorised as non-life threatening and classed as category 2 & 3 category. Figure 15 below illustrates the baseline in April 2023.

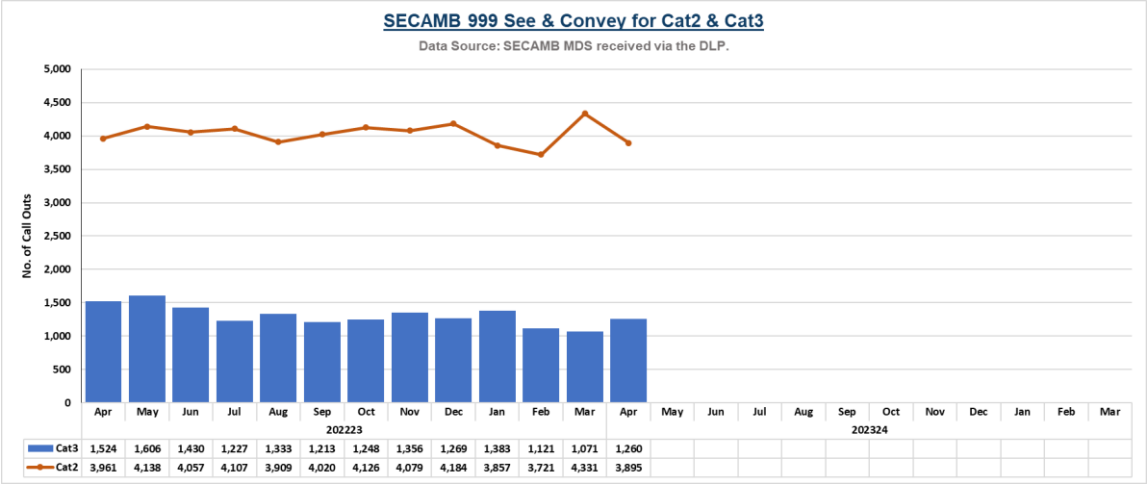
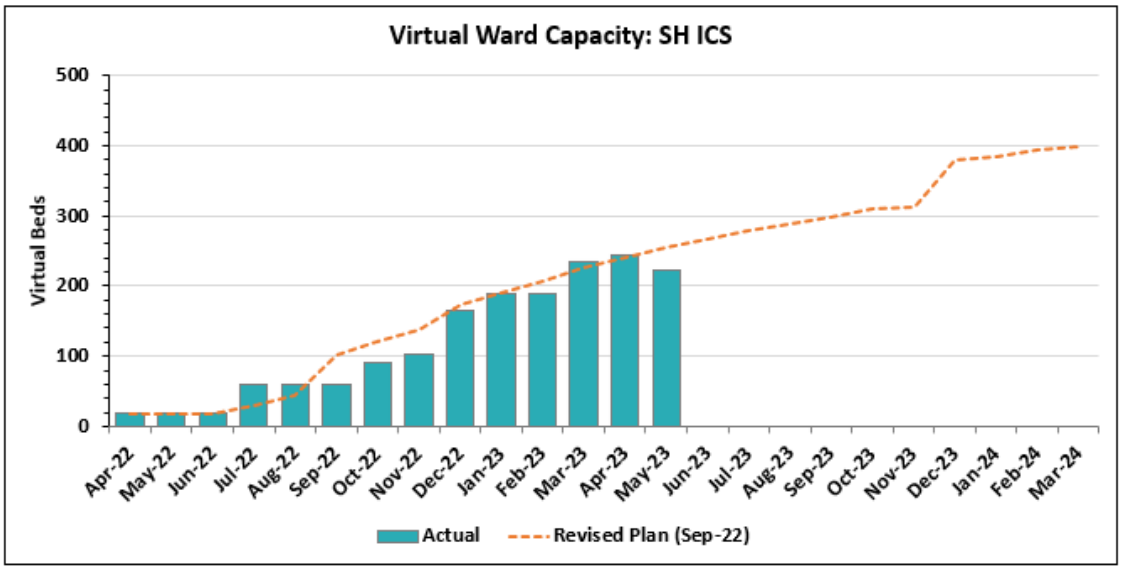


Figure 15 – UCR referrals into SECAmb

6.9 **Winter Preparedness** - actions to increase referrals by SECAmb are in train, this will enable SECAmb and UCR to deliver a 2-hour response to people who may have waited longer for an ambulance response; this means that the multi-disciplinary team can commence interventions sooner and where possible provide higher levels of care to people outside of Acute Hospitals.

Actions in 23/34 to increase UCR Referrals	Outputs	Outcomes for Service Users	Impact on the system
UCR/SECAmb operational staff working across SECAmb/UCR in all Places	Enable decisions across the organisational teams	Receive the right care the first time	Release ambulances to respond to those with the highest needs
Information sharing agreements being signed by UCR Providers	To enable those who require Cat 3 and 4 to be reviewed by UCR/SECAmb	Receive the right care in their place of residence	Reduce conveyance when alternatives to ED are available

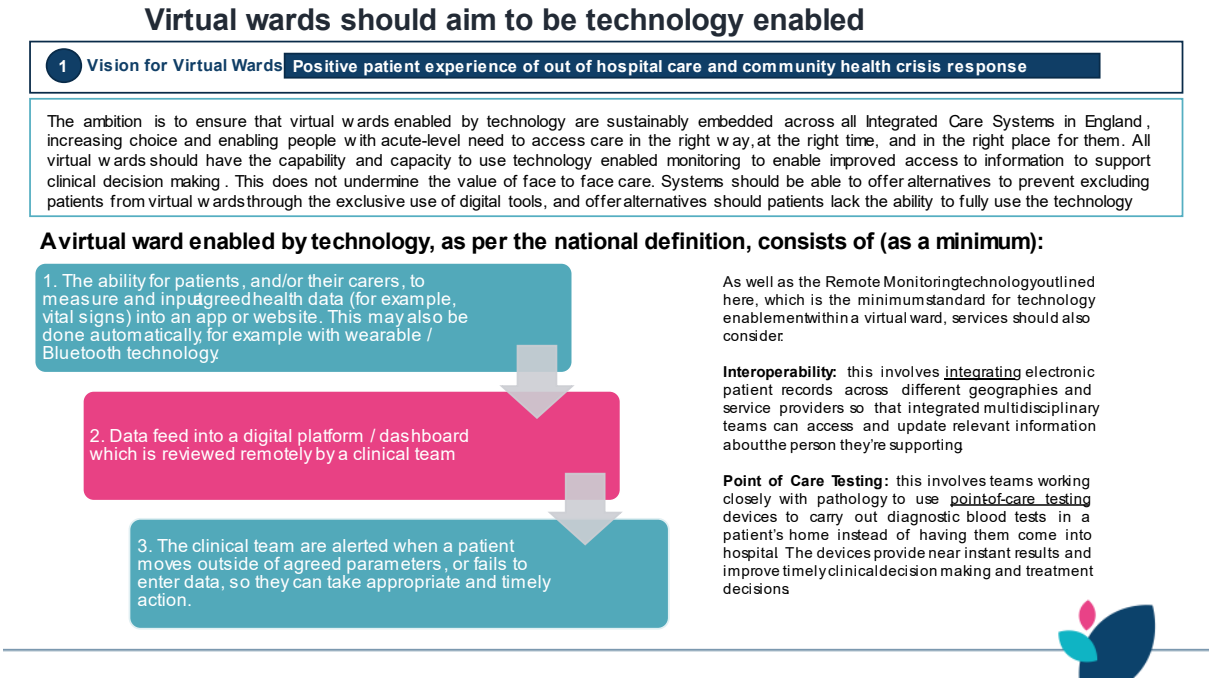
6.10 **Virtual Wards** - the number of Virtual Ward beds to be delivered are 40 beds per 100,000 population. Surrey Heartlands currently has 220 beds, with the ambition to deliver 400 beds in the first 2 years of the programme, The key to expanding the delivery will be the introduction of technology. This is planned for 2023 Q3 and Q4. Provision has been made to ensure that those who are at risk of digital exclusion have the provisions necessary and support is being secured to address risk of health inequalities.



Source: Virtual Ward ICB Sitreps

6.11 **Virtual Wards** will be enhanced by enabling technology to support higher levels of care being delivered across the system through the Integrated Transformation programme; Figure 16 below describes the project, its ambition, outcomes and deliverables.

Figure 16



7. Streaming and Redirection

7.1 Surrey Heartlands ambition to reduce wait times across Urgent and Emergency Care services is supported by providing a streaming and re-direction service; this means that people attending the EDs will be supported by a healthcare professional in answering questions in relation to their health via the NHS digital triage tool and from the information given, the patients will be 'streamed' to the right service within the hospital or re-directed to more appropriate primary and community services; the primary aim of this service is to take pressure away from the emergency departments and reduce wait times for our patients.

7.2 A streaming and redirection tool has been implemented across Surrey Heartlands at the front door of the ED's. The overarching project objective is to implement a strategic Surrey Heartlands UEC scheduling service for booked and unheralded activity to significantly reduce the administrative burden on clerical staff and provide clinical teams with the ability to either stream (onsite) and redirection (off site) to the most appropriate service for the patient's needs.

- **Phase 1:** Replacing the scheduling service used to provide Urgent & Emergency (UEC) direct appointment booking and implement a booking schedule where direct booking is not currently possible due to care connect compatibility. This phase has now been implemented in all four acute trusts as ASPH went live in Autumn 2022; this booking scheduling service is available for the Emergency Departments, Minor Injury Units, Walk in Centres and Urgent Treatment Centres.

- **Phase 2:** Integrate the new booking system of the NHS111 Provider scheduler into Trust UEC systems to eliminate administrative overhead and risk of transcribing patient details and referral documentation. This is progressing with the Royal Surrey Hospital integrating by the end of October 2023.

- **Phase 3: "**Any to Many" scheduling to support integration with the ED Streaming Service, internal referrals, onward referrals, to book appointments into multiple UEC schedules, including Urgent Treatment Centres, Same Day Emergency Care, Minor Injuries Unit, Walk in Centre, Community Pharmacy Consultation Service, and Primary Care. The streaming and redirection internal referral in Epsom General Hospital went live in September 2022, closely followed by the Royal Surrey Hospital. However due to ongoing operational pressures both sites

paused streaming and redirection. Epsom General Hospital recommenced the programme in February 2023, and the Royal Surrey are currently still paused with a proposed re-start date set for this autumn. SASH streaming and redirection went 'live' in March 2023 redirecting to both Caterham Dene MIU and Crawley UTC. ASPH are currently seeking to embed streaming and re-directing into their Recovery Action Plan. Referral to the Community Pharmacy Consultation Service (CPCS) is currently in development and the integration with the Surrey Care Record into the Acutes EPR systems is now live.

8. '999' Ambulance Response

8.1 SECAmb are commissioned to provide '999' services across Kent, Surrey, Sussex; along with the Surrey Heath, Northeast Hants and Farnham element of Frimley ICB.

8.2 From 2017, Ambulance Trusts around the country have been using the following response time measures into their reporting, the main purpose of these standards is to ensure that the sickest patients get the fastest response and that all patients get the right response, first time. Response times (how quickly a response reaches the patient) are measured from the time the 999 call is connected to the Emergency Operation Centres. These targets are set nationally and apply to all ambulance services in England and Wales.

There are 4 levels of response:

Category	Response	Average response time
Category 1	For calls to people with immediately life-threatening and time critical injuries and illnesses.	These will be responded to in a mean average time of seven minutes and at least 9 out of 10 times before 15 minutes (the 90th percentile).
Category 2	For emergency calls. Stroke patients will fall into this category and will get to hospital or a specialist stroke unit quicker because we can send the most appropriate vehicle first time.	These will be responded to in a mean average time of 18 minutes and at least 9 out of 10 times before 40 minutes (the 90th percentile).

Category 3	For urgent calls. In some instances, patients in this category may be treated by ambulance staff in their own home. These types of calls will be responded to at least 9 out of 10 times before 120 minutes.	These types of calls will be responded to at least 9 out of 10 times before 120 minutes (the 90th percentile).
Category 4	For less urgent calls. In some instances, patients may be given advice over the telephone or referred to another service such as a GP or pharmacist.	These less urgent calls will be responded to at least 9 out of 10 times before 180 minutes (the 90th percentile).

8.3 **Response times -** The delivery plan for recovering urgent and emergency care published in January 2023 set clear aims to deliver a health system that provides more and better care in people's homes, gets ambulances to people more quickly when they need them, sees people faster when they go to hospital and helps people safely leave hospital having received the care they need. Within the plan, a key target has been set for 2023/24 with regards to Ambulance Services:

- Improved ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25 towards pre-pandemic levels.

8.4 A detailed plan has been developed and agreed that will enable SECAmb to meet the requirements of 2023/24, through a number of approaches including, but not limited to:

- Improved resource allocation.
- Maintenance of handover delays at 18mins.
- Rota review and;
- Ambulance conveyance reduction to ED through the optimisation of urgent and community pathways and referrals.

8.5 Whilst these are ambitious objectives, they are manageable, building on the good work started in 2022/23 and in response to the winter preparedness work from last year.

8.6 Achievement against the standard Ambulance Response Performance (ARP) targets remains a challenge, however notable progress was reported across 2022/23 specifically with respect to C2 mean response times, which remain on a positive trajectory of improvement.

8.7 **Winter Preparedness –** the winter plan priorities will be formalised using planning assumptions around demand potential and associated Trust activity forecasting. Regarding escalatory processes, the Trust continues to apply its Surge Management Plan (SMP) and changes dynamically by minute/hour across each 24-hour period. This mechanism enables dynamic decision-making to mitigate clinical risk, particularly when demand outstrips resources. The Resource Escalation Action Plan (REAP) level sits alongside the SMP and is reviewed weekly based on several factors, including activity demand, operational resourcing, levels of abstractions, performance, and other system factors, considering each acute system's Operational Performance Escalation Level (OPEL) status.

8.8 System engagement follows a standard weekly pattern with an NHSE call on a Friday morning, and then Regional Calls as required. The Trust works closely with its partners, including the four ICSs, to ensure it provides timely and useful information to the public ahead of and throughout the winter period, and to explain the challenges faced by the ambulance service. This involves communicating with stakeholders, including the public.

8.9 **SECAmb Improvement plan -** SECAmb have put in place a comprehensive Improvement Plan following the most recent CQC inspections which placed the Trust into the Standard Oversight Framework Tier 4. SECAmb have been working closely with system partners over the past year via the National Recovery Support Programme which had focused specifically on leadership and culture improvement. A significant amount of work has been conducted with the Trust now working towards exit criteria.

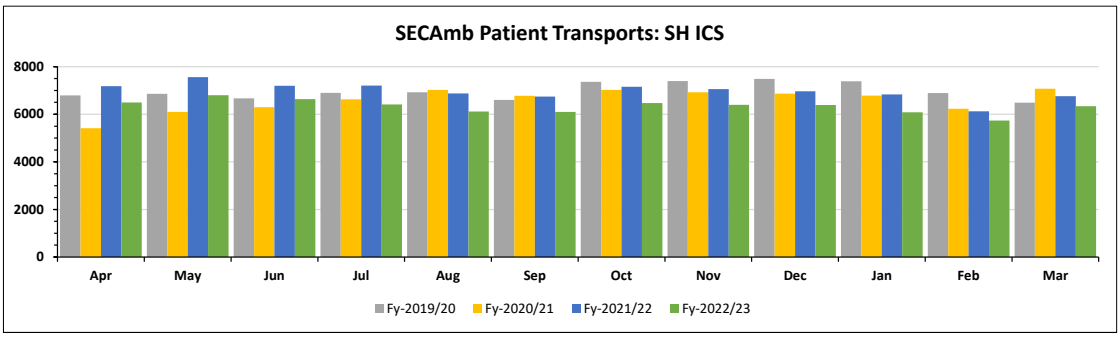
8.10 **'999' Ambulance Commissioning & External Governance -** Surrey Heartlands assumes coordinating commissioning responsibilities on behalf of the associate ICB partners. Recent and prioritised focus has been to ensure collective governance arrangements are right sized and fit for purpose. Three key forums have subsequently been agreed and these focus on contract and performance management (via Contract Review Meetings), clinical quality assurance and patient safety via the ICS Collaborative for Clinical Quality and strategy and transformation (via the SECAmb Strategic Commissioning Group. A collaborative Chief Executive Forum holds ultimate accountability and decision-making powers.

8.10 Please refer to the Southeast Coast Ambulance Service NHS Foundation Trust: Winter Preparedness 2023/24 report for further information and data.

9.0 Ambulance Conveyances

9.1 Ambulance conveyances have remained, throughout the 12-month period from April 2022 to March 2023 at a lower level than the previous year, however overall attendance numbers (please see below) remain high, with ED's becoming highly congested on a daily basis.

9.2 In respect of ambulances attendances to ED, the graph below compares 2019/20, 2020/21, 2021/22 and 2022/23. The table provides figures going back to 2017/18, which indicates a sustained period of improvement as alternative home or local community-based services have continued to develop.

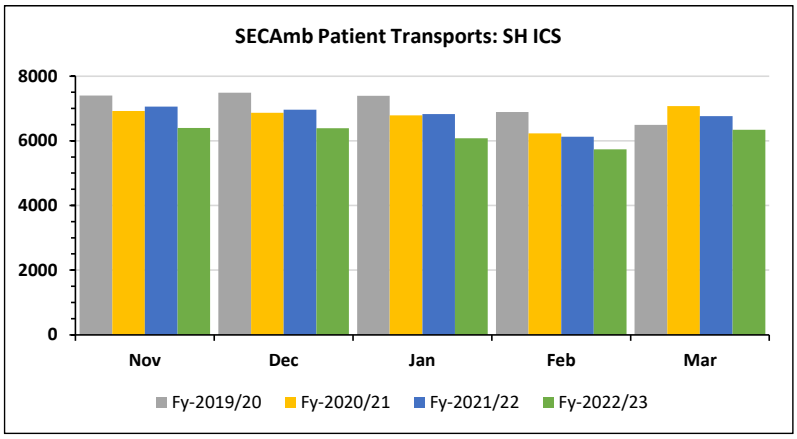


Handovers	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	6620	7204	6738	6997	6885	6441	6881	6902	7191	6991	6337	6598
2018/19	6510	6666	6417	6565	6582	6300	6774	6874	7133	7148	6187	6891
2019/20	6792	6856	6667	6897	6923	6606	7359	7398	7488	7388	6890	6489
2020/21	5414	6102	6296	6623	7023	6772	7021	6922	6862	6784	6231	7075
2021/22	7183	7556	7195	7208	6876	6742	7158	7054	6963	6829	6125	6760
2022/23	6497	6799	6634	6411	6118	6095	6474	6398	6388	6081	5736	6342

Data Source: SCW CSU SECAmb 999 Activity and Performance Reports
Data Source: SECAmb Contract Monitoring Reports

9.3 When focusing on the winter months, the overall ambulance attendance figures (all types) have decreased by 13.2% when 2022/23 is compared to 2019/20 (pre-pandemic).

The 2017/18 and 2018/19 figures are also provided below and demonstrate that ambulance winter month attendances have also fallen on a sustained basis.

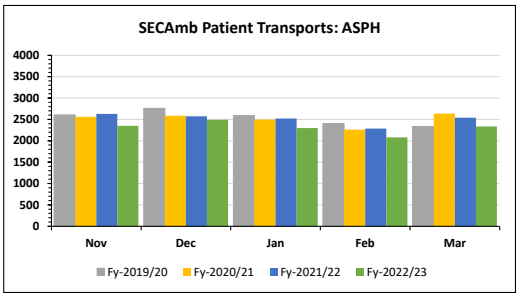


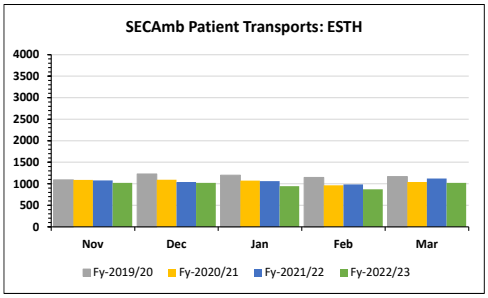
Source: SECAmb Contract Monitoring Reports

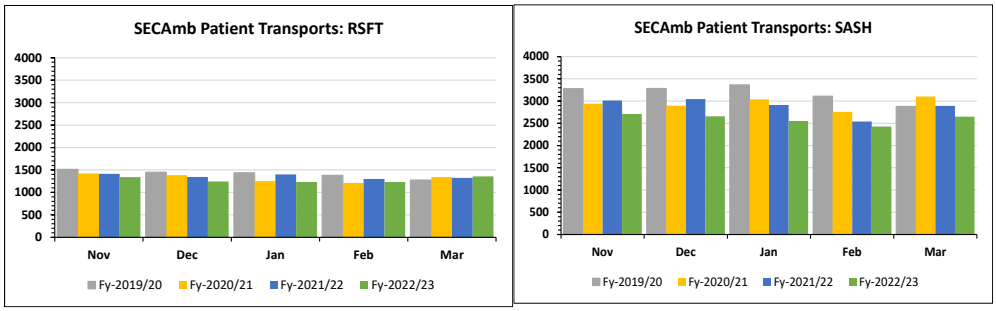
Handovers	Nov	Dec	Jan	Feb	Mar	Winter
2017/18	6902	7191	6991	6337	6598	**34019**
2018/19	6874	7133	7148	6187	6891	**34233**
2019/20	**7398**	**7488**	**7388**	**6890**	**6489**	**35653**
2020/21	6922	6862	6784	6231	7075	**33874**
2021/22	7054	6963	6829	6125	6760	**33731**
2022/23	**6398**	**6388**	**6081**	**5736**	**6342**	**30945**
% Var	**-13.5%**	**-14.7%**	**-17.7%**	**-16.7%**	**-2.3%**	**-13.2%**

NB: % Variance is 2022/23 vs 2019/20.

9.4 The following graphs provide a Place based breakdown of the above information for each of the acute hospitals.



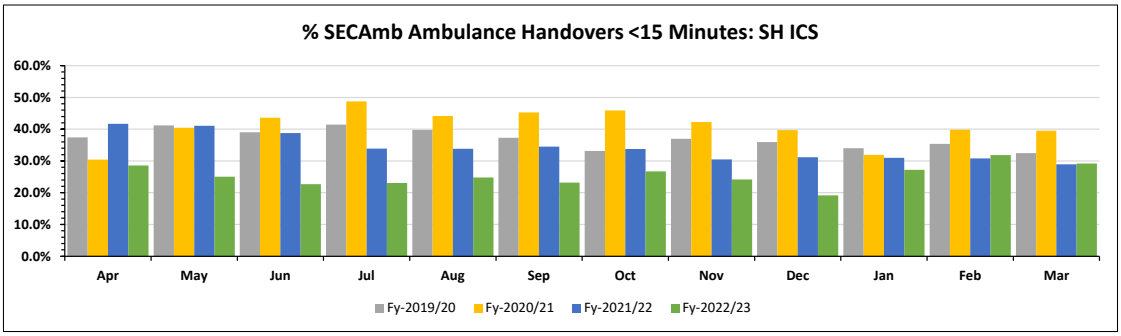




Source: SECAmb Contract Monitoring Reports

10. Ambulance Handovers

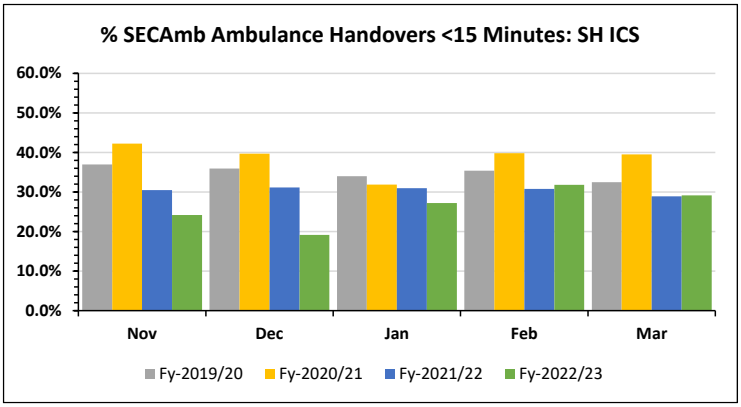
10.1 Whilst both the ambulance service and all the Acute hospitals continue to strive to increase numbers of handovers within 15-minutes (please see the graph below); with a proportion of these handovers just missing the 15-minute target by being recorded at 16 or 17 minutes; the more recent general picture is that the numbers of handovers taking place under 15-minute continues to be fewer than prior to the pandemic; congested ED's as shown above directly influence the department's ability to complete ambulance handovers in a timely fashion, this may be due to staff available and actual physical cubicle or trolley space. Whilst the 30-minute and 60-minute handover times have increased; this is again due to overall demand and issues with wider system flow e.g. facilitating timely discharges.



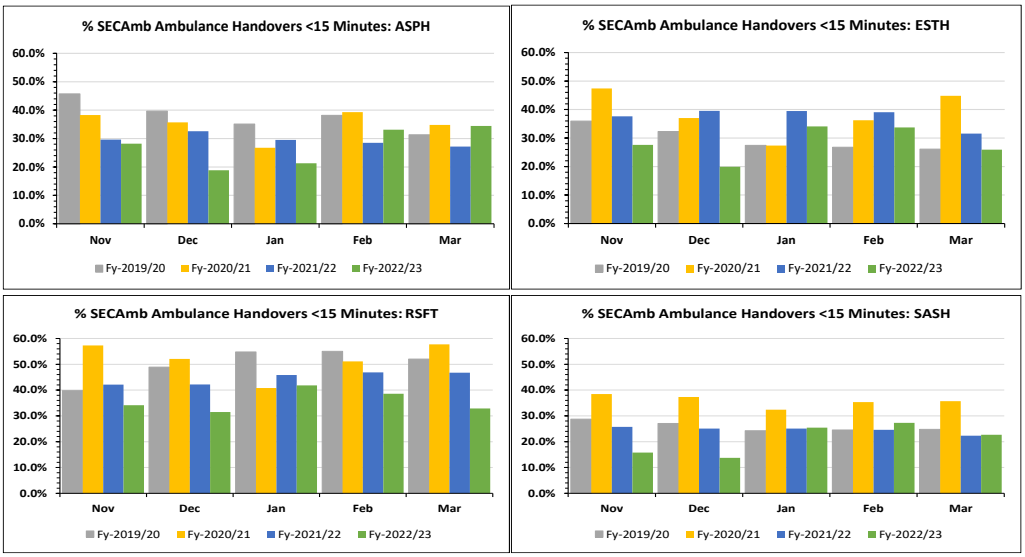
% <15 Minutes	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	33.2%	28.9%	26.7%	26.3%	24.2%	32.3%	28.8%	25.3%	20.7%	20.7%	18.6%	25.2%
2018/19	35.6%	43.4%	40.0%	38.4%	47.4%	47.9%	46.6%	44.8%	35.6%	29.9%	35.2%	41.2%
2019/20	37.4%	41.2%	39.0%	41.4%	39.7%	37.3%	33.1%	37.0%	36.0%	34.0%	35.4%	32.5%
2020/21	30.4%	40.4%	43.6%	48.8%	44.2%	45.3%	45.9%	42.3%	39.7%	31.9%	39.8%	39.5%
2021/22	41.7%	41.0%	38.8%	33.9%	33.8%	34.5%	33.7%	30.5%	31.2%	31.0%	30.8%	28.9%
2022/23	28.6%	25.0%	22.7%	23.0%	24.8%	23.2%	26.7%	24.2%	19.2%	27.2%	31.9%	29.2%

Data Source: SCW CSU SECAmb 999 Activity and Performance Reports
Data Source: SECAmb Contract Monitoring Reports

10.2 The figures below describe ambulance handovers achieved within 15 minutes of arrival to the Emergency Department during the winter months between November 2022 to March 2023 for the ICS as a whole and for each of the acute hospitals across Surrey Heartlands.



10.3 The following graphs provide a Place based breakdown of the above information for each of the acute hospitals.

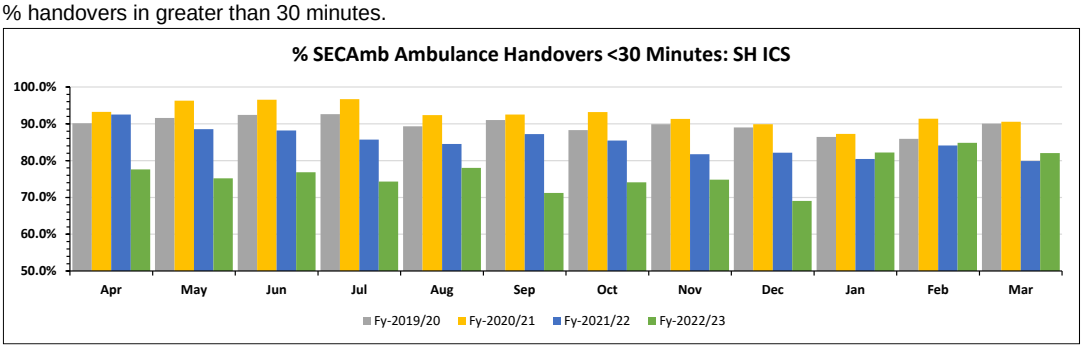


10.4 When comparing the data between 2019/20 and 2022/23 winter period, there was 35% ambulance handover achieved within 15 minutes in 19/20 and 26.2% in 22/23, which is a reduction is 33%. Please refer to the table below.

% <15 Minutes	Nov	Dec	Jan	Feb	Mar	Winter
2017/18	25.3%	20.7%	20.7%	18.6%	25.2%	**22.1%**
2018/19	44.8%	35.6%	29.9%	35.2%	41.2%	**37.3%**
2019/20	37.0%	36.0%	34.0%	35.4%	32.5%	**35.0%**
2020/21	42.3%	39.7%	31.9%	39.8%	39.5%	**38.7%**
2021/22	30.5%	31.2%	31.0%	30.8%	28.9%	**30.5%**
2022/23	24.2%	19.2%	27.2%	31.9%	29.2%	**26.2%**
22/23 vs 19/20	**-12.8%**	**-16.8%**	**-6.8%**	**-3.5%**	**-3.3%**	**-8.8%**

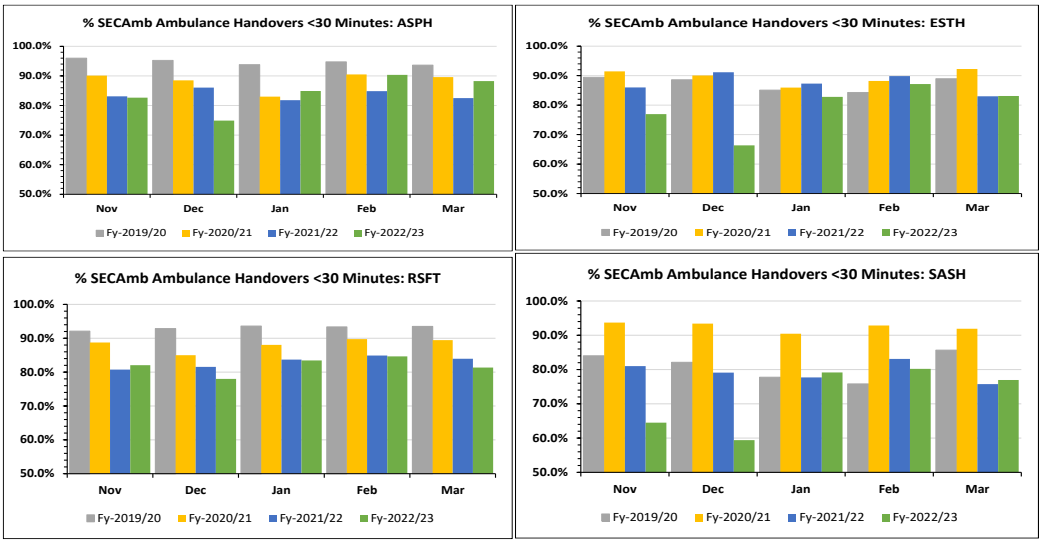
10.5 The graphs below describes Ambulance handovers from April 2019 to March 2023; as numbers of handovers within 15 minutes have decreased; the corresponding number of over 30 handover has also increased; with more people experiencing waits of over 30 or 60-minute (see below); again this is due to increased pressures within the system. Each hospitals figures are different, this is due to a number of reasons, for example, the size of the Emergency Department, the number of ambulances arriving each day and at certain times of day, the availability of ward beds to receive admissions from the ED and levels of staffing.

% handovers in greater than 30 minutes.



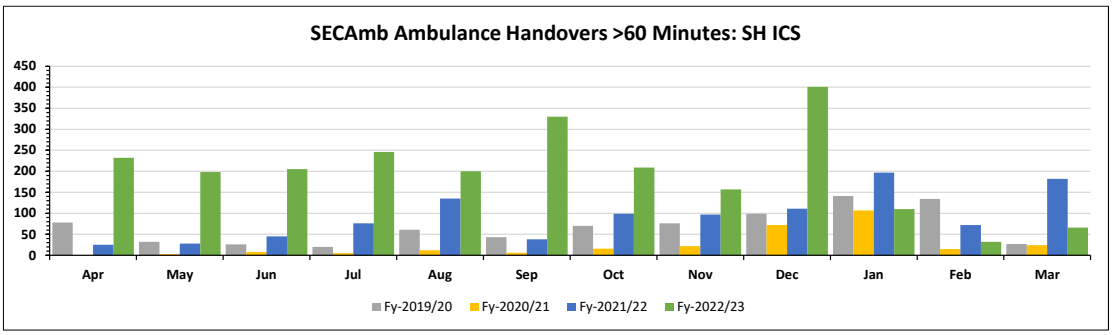
% <30 Minutes	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	88.7%	86.7%	87.9%	86.4%	84.5%	86.8%	84.9%	83.8%	80.3%	80.6%	77.3%	82.2%
2018/19	87.6%	93.3%	90.7%	89.6%	90.7%	91.7%	90.4%	90.7%	85.0%	79.0%	86.6%	90.5%
2019/20	90.1%	91.6%	92.4%	92.6%	89.3%	91.0%	88.3%	89.9%	89.0%	86.5%	85.9%	90.1%
2020/21	93.3%	96.3%	96.5%	96.7%	92.3%	92.5%	93.2%	91.3%	89.9%	87.2%	91.4%	90.6%
2021/22	92.5%	88.6%	88.2%	85.7%	84.5%	87.2%	85.4%	81.7%	82.1%	80.4%	84.1%	79.9%
2022/23	77.6%	75.2%	76.8%	74.3%	78.0%	71.2%	74.1%	74.8%	69.1%	82.2%	84.8%	82.1%

10.6 The following graphs provide a Place based breakdown of over 30 minutes handovers for the winter period (from November to March) for each of the acute hospitals.



10.7 The graphs below describe the over 60-minute Ambulance handovers from April 2019 to March 2023. It should be noted that there has been a marked improvement from January and February 2023 as, when compared to the same period in 2020, fewer over 60-minute handover were experienced across Surrey Heartlands.

Number of handovers greater than 60 minutes



Handovers >60 Mins	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	72	122	93	81	108	95	93	114	203	239	244	192
2018/19	107	13	54	112	85	78	136	61	222	327	128	59
2019/20	78	32	26	20	61	43	70	76	99	141	134	27
2020/21	0	3	8	5	12	6	16	22	72	107	15	24
2021/22	25	28	45	76	135	38	99	97	111	197	72	182
2022/23	232	198	205	246	200	330	209	157	401	110	32	66

10.8 The main reasons for the delay in handovers are:-

- Staffing – lower levels of staffing due to sickness or, more recently Industrial Action, means that staff are needing to care for the patients already in the ED, whilst receiving handovers for arriving patients. Each Acute prioritises staffing the ED, with additional staff sourced from the Staffing Bank and from other wards. However, covering sickness is an ongoing challenge due to wider shortages of staff.

- Ambulances arriving in 'batches', for example 4 or 5 ambulances arriving at once, again requiring ED staff to be available to support handover. SECAmb do try to provide a more evenly spaced attendance of ambulances, however due to the needs of the community, this is not always possible.

- High occupancy within each of the Acutes – lack of bed availability at the time when each patient is ready to be transferred from ED to the ward causes a build-up of patients in the ED waiting for beds. A main contributor to these ED waits is the wait times being experienced by patients who no longer need to receive care within an Acute Hospital environment. Delays in discharges are due to a number of factors including availability of domiciliary care and the care home provision at the point of discharge.

10.9 Improving handover times remains an important target as timely handovers provides a real benefit to the patient and the system as patients are able to be seen by ED staff quicker, with the Ambulance crew being able to leave the hospital and respond to the next call.

10.10 However, improvements are being constrained by the sustained pressure on ED, which continues to being heavily impacted by lack of flow through and critically out of the acute hospitals.

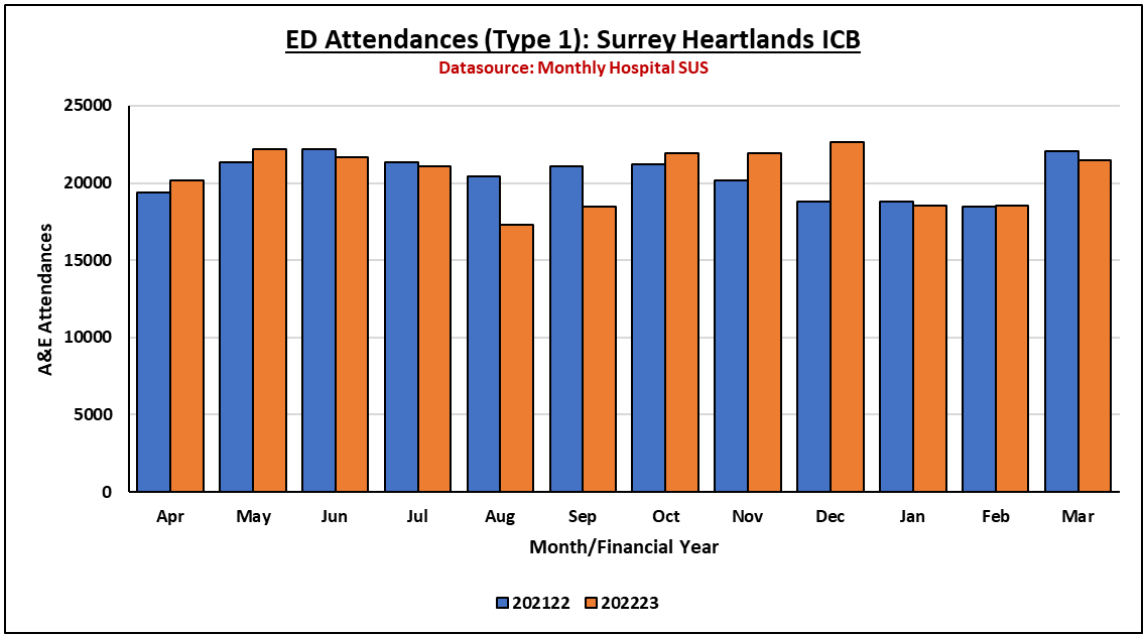
11. Emergency Department Attendances

11.1 While some systems have experienced reductions in ED attendances, Surrey Heartlands continues to experience high pressure across all areas of UEC delivery in both primary and secondary care. 2019 Model System data (pre-pandemic) showed that Surrey Heartlands ICS has the highest rate of ED attendances across all ICSs. As we continue to experience peaks in demand in relation to the pandemic and general growth in attendance, managing this activity continues to be impacted by workforce issues e.g. sickness and the need for staff to isolate, along with the required infection prevention and control measures; which in turn have constrained the capacity within the system to manage this demand.

11.2 Attendances are categorised into '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 centres (UTC); minor injury units (MIUs) or walk-in centres (WiCs).

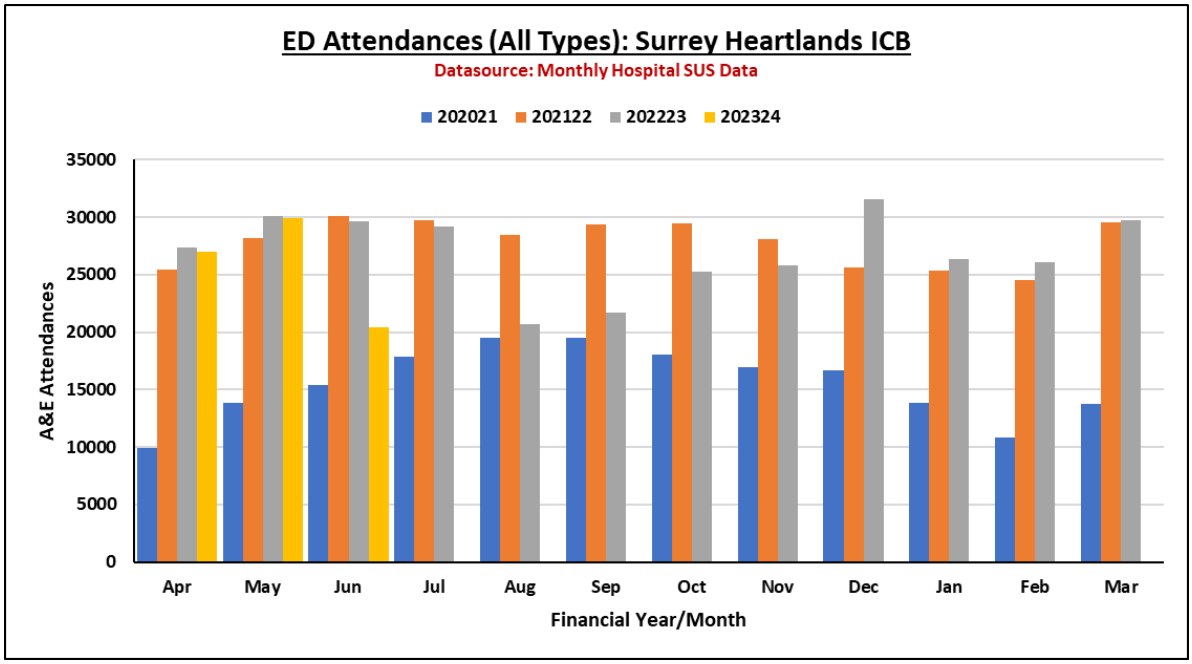
11.3 During the period from April 2022 to March 2023, Type 1 attendance numbers were similar to the previous year with a +0.29% growth. The graphs below represent all Surrey Heartlands Patients regardless of provider.



SHICB	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
202122	19374	21321	22161	21365	20445	21050	21199	20156	18771	18775	18449	22072	245138
202223	20165	22162	21656	21103	17307	18452	21900	21938	22634	18554	18508	21470	245849
Growth	3.92%	3.79%	-2.33%	-1.24%	-18.13%	-14.08%	3.20%	8.12%	17.07%	-1.19%	0.32%	-2.80%	0.29%

Datasource: SUS

11.4 The numbers of attendances have a major impact on wait times; the more congested the Emergency Department (ED) becomes, the greater the risk of 4 or even 12 hour waits. The ED attendances (all types) across Surrey Heartlands (shown below) highlights that our Emergency Departments have been under sustained pressure since December 2023; with this pressure continuing into the spring, until there is a reduction in attendances in June 2023. The graph and table below show both Type 1 and Type 3 attendances combined, again showing a period of growth when compared to 2021/23.

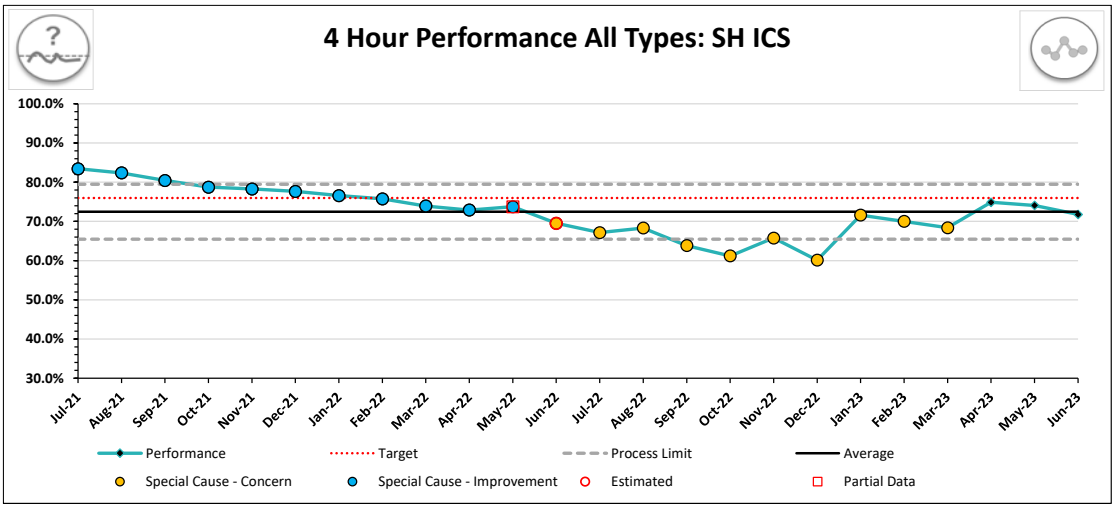


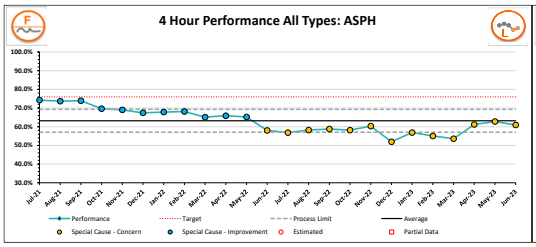
SHICB	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
201819	13606	14794	14270	14535	13678	14485	15605	12980	12927	13382	12247	13640
201920	19134	21755	20527	25002	23579	23484	23682	23418	23778	23057	21649	16476
202021	9889	13886	15364	17906	19547	19540	18066	16921	16648	13883	10861	13781
202122	25417	28196	30086	29703	28436	29390	29460	28057	25664	25328	24543	29516
202223	27349	30123	29649	29163	20705	21721	25242	25792	31554	26349	26116	29724
202324	26972	29927	20394									

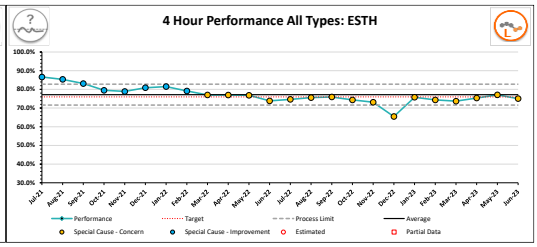
12. Performance of the 4-hour quality indicator

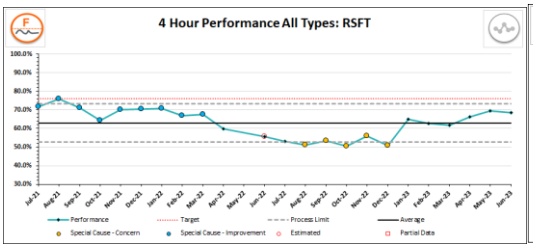
12.1 The following information describes the year-on-year performance from July 2021 to June 2023. Meeting of the four-hour quality care standard has, for each of the four Acute hospitals within Surrey, continued to be increasingly challenging, in line with the national picture; with a new required national benchmark of 76%, set in January 2023 and to be delivered by 2024. Surrey Heartland did meet the revised target in February 2022, however since then performance deteriorated further to 60% in December 2022. During Quarter 4, performance did improve with the system operating at 72% or above from April 2023. The primary reasons for not meeting the 4-hour quality standard remain primarily due to attendance numbers; increase in the number of people who no longer need to be cared for within an Acute hospital; staffing issues e.g. securing cover for short notice sick leave and impact of the recent periods of Industrial Action.

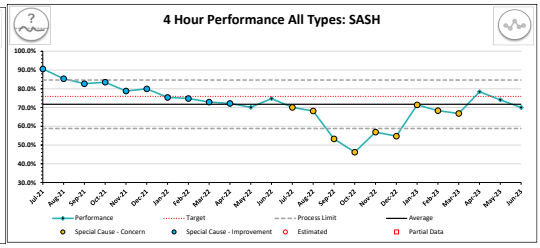
12.2 The graph below provides the combined Surrey Heartlands 4–hour (All Types) performance data from July 2021 to June 2023: this includes Ashford and St Peters NHS Foundation Trust (ASPH); Royal Surrey Foundation Trust (RSFT); Sussex and Surrey Hospital (SaSH) and Epsom General Hospital. The second set of graphs describe performance for the individual Acute Hospitals over the same period.





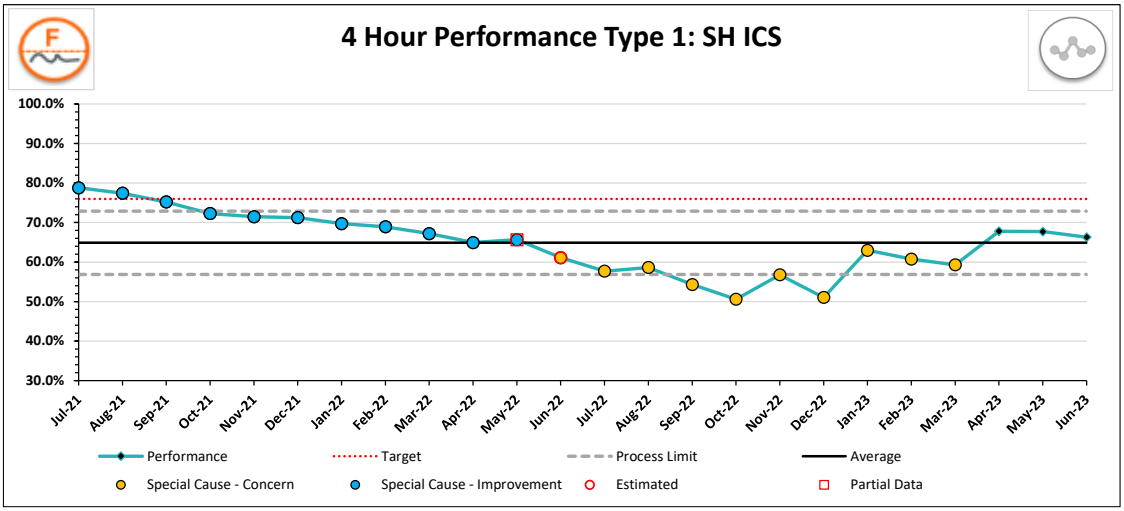


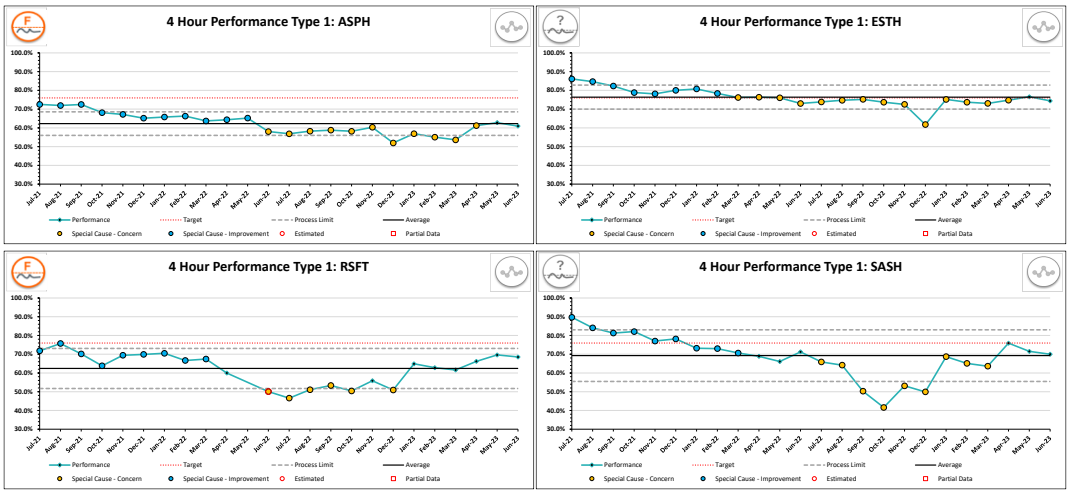




12.3 When considering Type 1 attendance (this is attendance to an ED department with a consultant led 24-hour service, full resuscitation facilities and designated accommodation for the reception of accident and emergency patients); the data reveals that performance deteriorated from July 2021 to October 2022; after which there has been steady improvement.

12.4 Type 1 performance drops significantly after May 2022, recovering during Quarter 1 2023 (again shown at an ICS and individual Trust level).





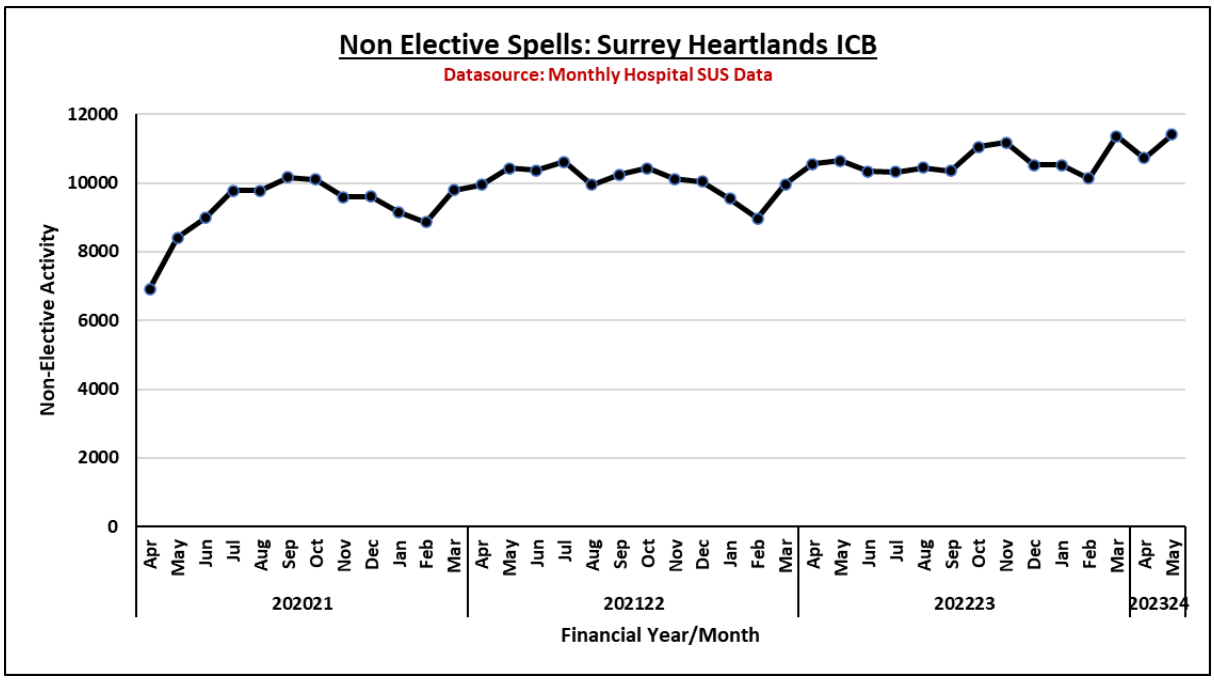
12.5 It should be noted that the graphs above show the combined ICS position, and this includes attendances by residents who do not live in the Surrey Heartlands area.

12.6 The table below demonstrates that all four Acute hospitals had more challenged performance when comparing 2019/20 winter months to the same period in 2022/23. The NHSE national average from November 2019 to March 2020, when compared to November 2022 to March 2023 has significantly fallen from 72% to 55%. However, whilst work continues to improve ED wait times, it is noted that Surrey Heartlands is generally performing better than year on year the NHSE national average.

A&E 4 Hour Performance (Type 1)								
Provider	Nov-19 to Mar-20		Nov-20 to Mar-21		Nov-21 to Mar-22		Nov-22 to Mar-23	
	Performance	Variance to NHSE	Performance	Variance to NHSE	Performance	Variance to NHSE	Performance	Variance to NHSE
ASPH	75%	+3%	74%	-2%	66%	+5%	56%	+1%
ESTH	80%	+8%	86%	+10%	79%	+18%	71%	+16%
RSFT	81%	+10%	88%	+13%	69%	+8%	59%	+4%
SASH	84%	+13%	91%	+16%	74%	+13%	60%	+5%
NHSE	72%		75%		61%		55%	

13. Non-elective Admissions

13.1 Surrey Heartlands experienced an overall increase in non-elective (NEL) admissions, with maximum numbers experienced during October and November 2022 and again during March, April and May 2023. Non- elective admissions are now predominantly over 10,500 per month across Surrey Heartlands ICS.



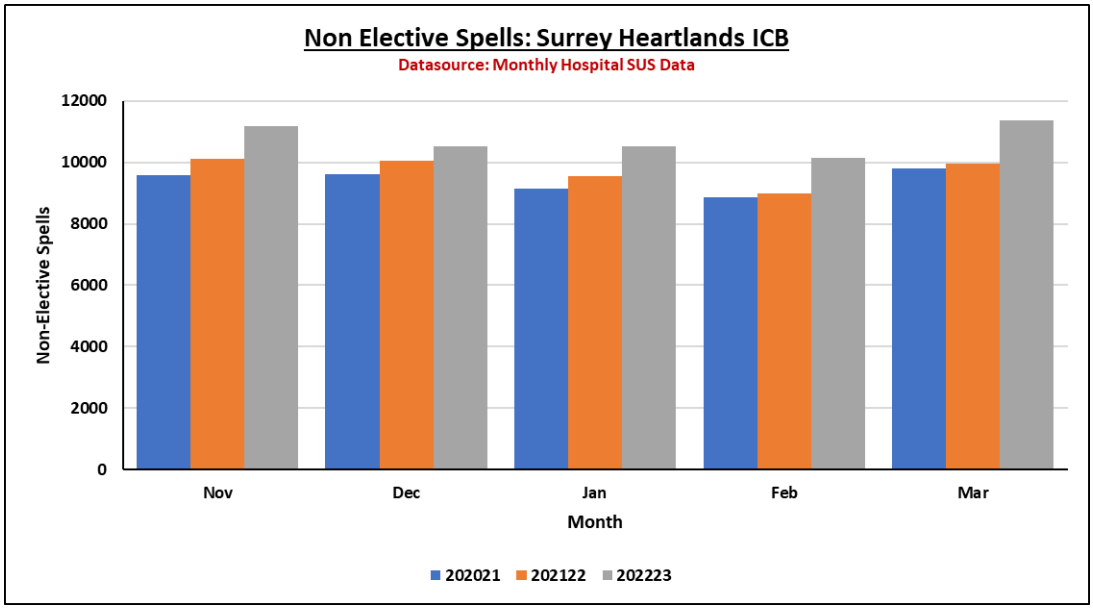
SHICB	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
201819	8006	8682	8347	8288	8107	8191	8678	8831	8724	8914	8037	8877
201920	10572	11392	10757	11034	10630	10629	11243	11107	10963	10973	10181	9225
202021	6914	8406	8991	9772	9772	10164	10099	9593	9607	9149	8859	9793
202122	9942	10430	10366	10614	9946	10250	10428	10119	10044	9546	8976	9960
202223	10552	10652	10332	10318	10447	10349	11051	11178	10523	10526	10137	11356
202324	10721	11413										

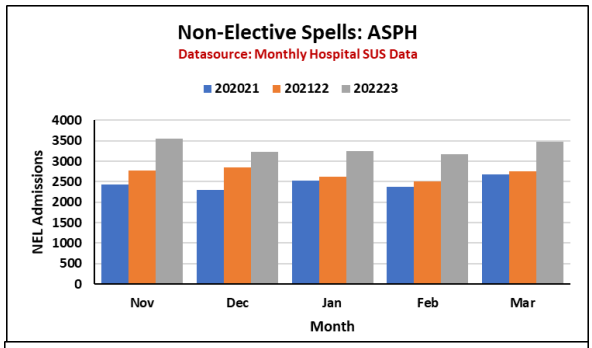
Source SUS - Please note that these figures represent all Surrey Heartlands Patients regardless of provider

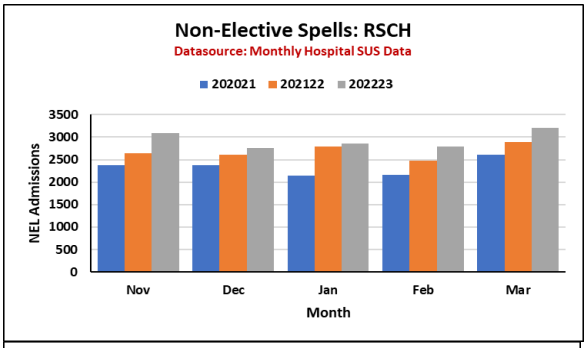
13.2 The following graphs provide an ICB view for the winter period (November to February), followed by an Acute Hospital breakdown of non-elective admissions;

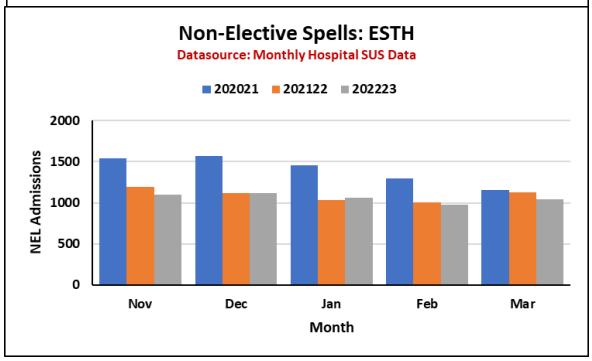
overall non- elective admissions reduced by circa 2% over the same period when 2022/23 is compared to 2019/20. It should be noted that the March comparison is not included due to commencement of the Covid – 19 pandemic, which had an immediate impact on admissions, creating an anomally in the data.

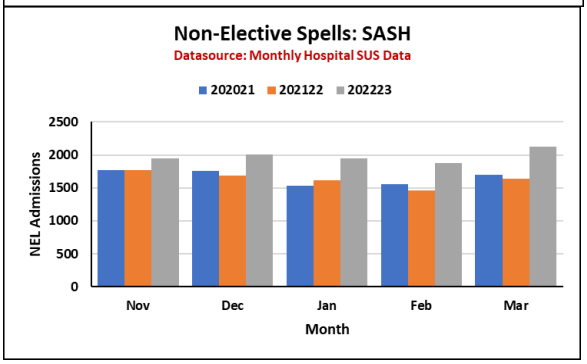
SHICB	Nov	Dec	Jan	Feb	Mar
201819	8831	8724	8914	8037	8877
201920	**11107**	**10963**	**10973**	**10181**	**9225**
202021	9593	9607	9149	8859	9793
202122	10119	10044	9546	8976	9960
202223	**11178**	**10523**	**10526**	**10137**	**11356**
% Var	0.64%	-4.18%	-4.25%	-0.43%	





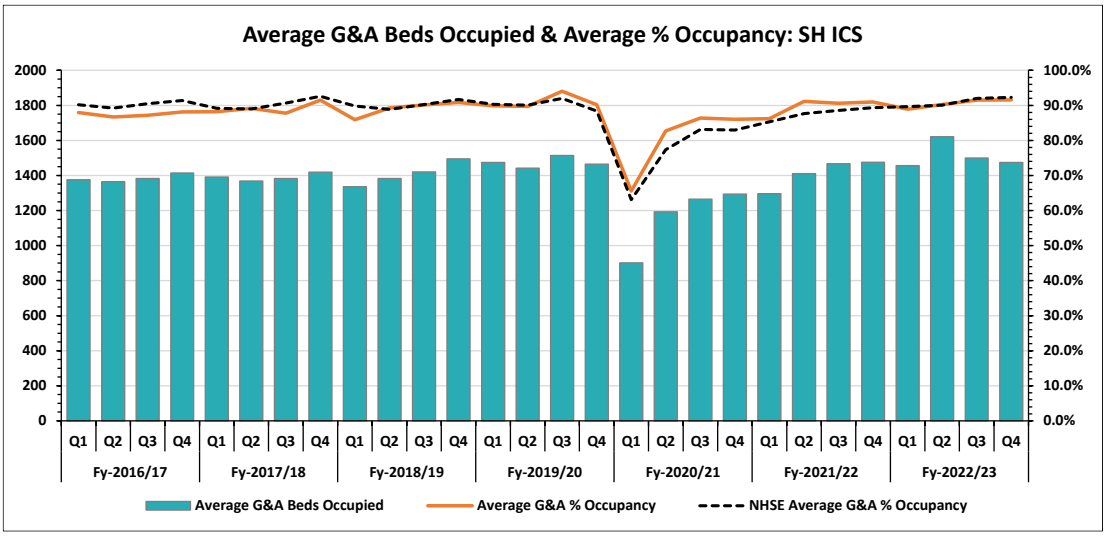






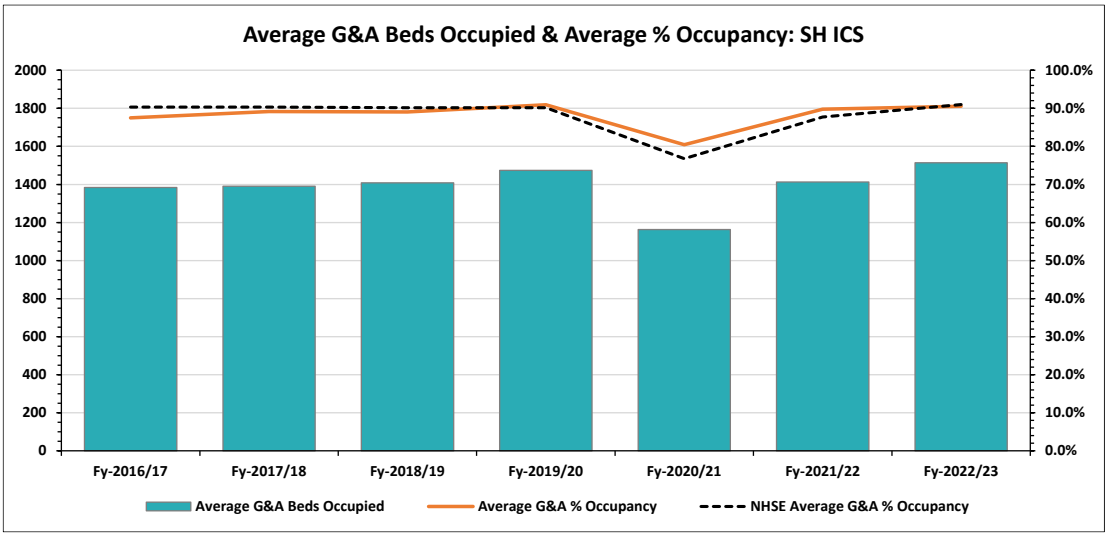
14. Acute Hospital Bed Occupancy

14.1 As described above Surrey Heartlands experienced a steady increase in non-elective (NEL) admissions since lockdowns eased. The graph below also illustrates these pressures; the first graph depicts beds occupied (per quarter) from quarter 4 in 2016/17 to quarter 4 2022/23; with a spike in bed occupancy each winter (quarters 3 and 4). It should be noted that the amber line demonstrates percentage of beds occupied, ideally this should be at 90% or under to enhance flow through ED and the wider hospital. However, the system has returned to pre-pandemic occupancy of over 90% since 2021 quarter 2, with this trend continuing throughout 2022/23.



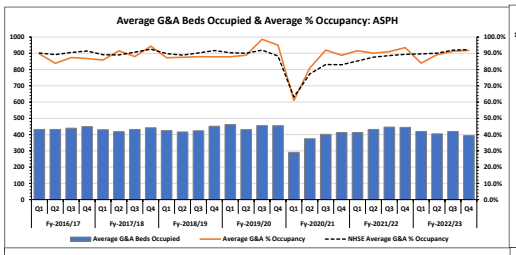
Data Source: NHSE quarterly 'Bed Availability and Occupancy' publications (based on KH03 provider submissions).

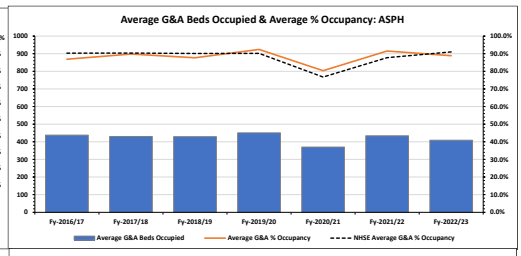
14.2 This second graph demonstrates the year-on-year increase in bed occupancy from 2016/17 to 2022/23; with a decease during 2020/21 due to the pandemic and again sharply increasing during 2021/22, with this continuing into 2022/23.

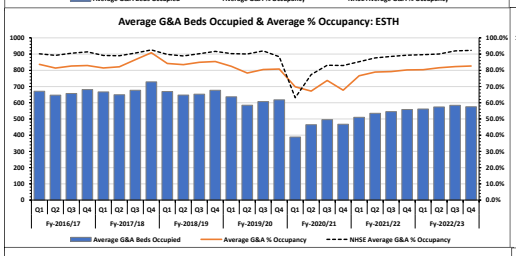


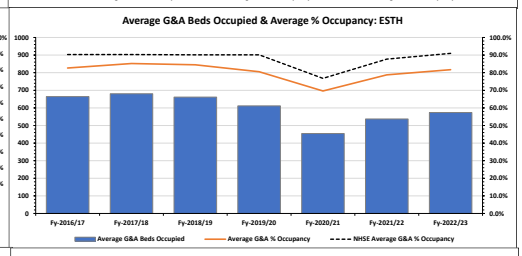
Data Source: NHSE quarterly 'Bed Availability and Occupancy' publications (based on KH03 provider submissions).

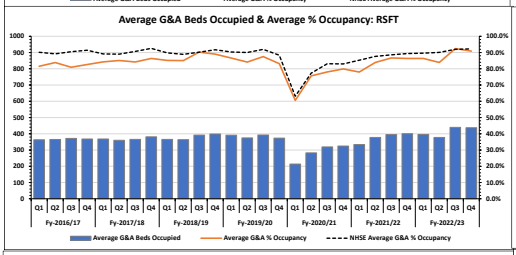
14.3 The following graphs provide a breakdown of the occupancy levels for each of the Acutes; presented by quarter and as an annual percentage.

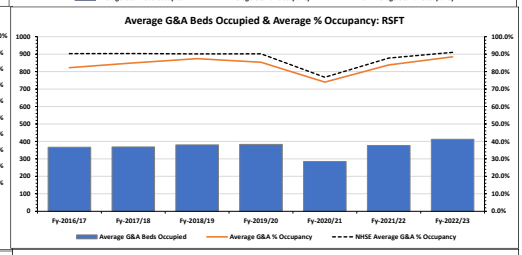


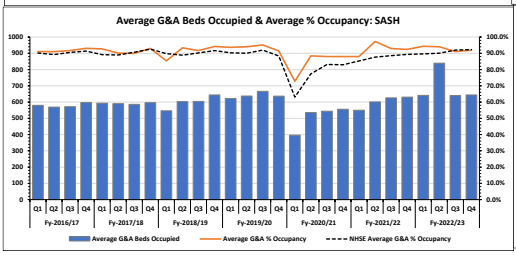


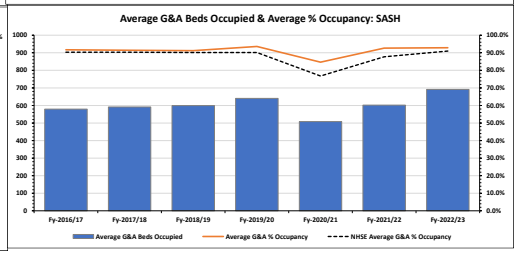












15. Length of Acute Hospital Stays Over 21 Days

15.1 Receiving timely care within hospitals and being able to be discharged as soon as the patient is ready to leave an acute hospital environment is not only better for those individuals, but also helps to free up beds for other patients and eases pressure on ED and other parts of the system such as the 999-ambulance service. To help reduce longer lengths of stay, hospital ward staff are guided by five principles when planning care:

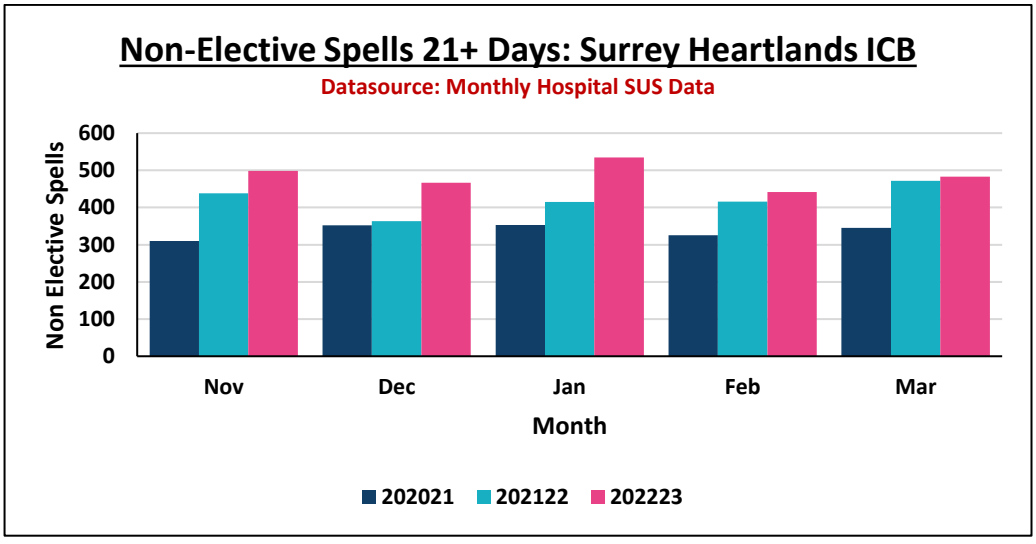
- Planning for discharge from the point someone is admitted and ensuring that plan is shared with the whole team and the patient.

- Involving patients and their families in discharge decisions and explaining to them the benefits of leaving hospital at the right time.

- Identifying frail patients as soon as possible and making a specific plan for their care.

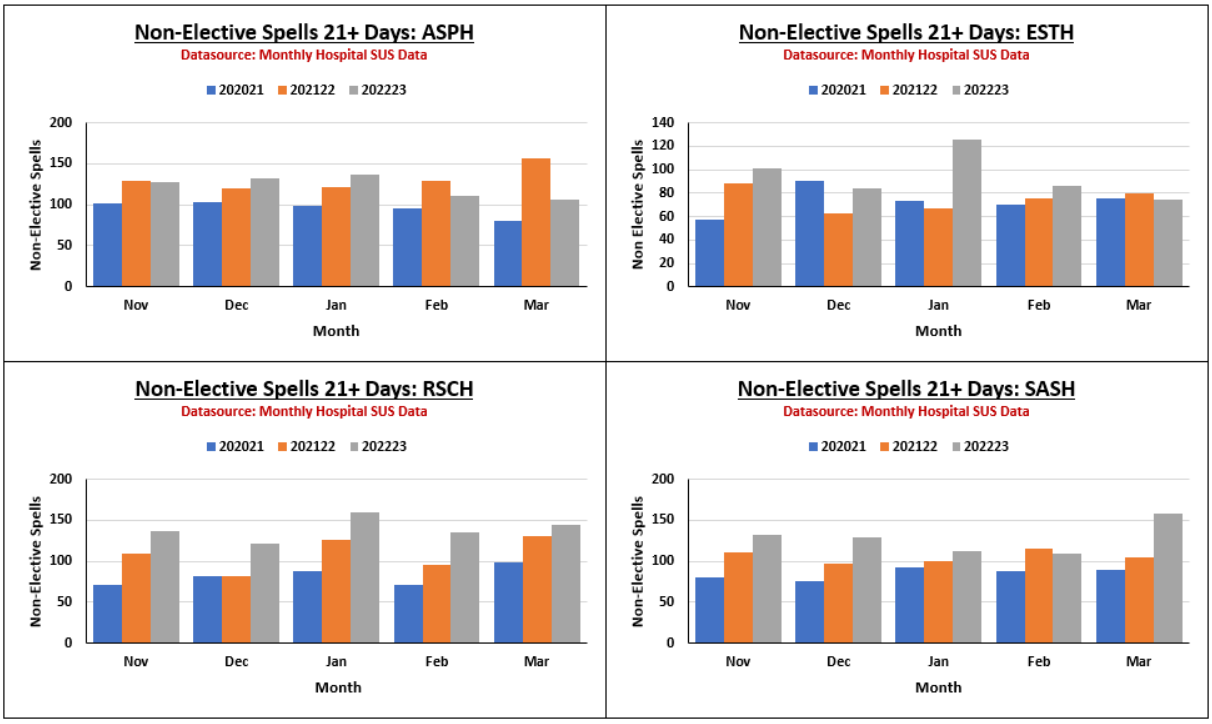
- Having weekly multi-disciplinary team reviews for all longer stay patients, and;
- Encouraging a 'home first' approach, which means assessing people at home where possible for longer term care needs.

15.2 During the winter periods from November to March 2020 to 2023; numbers were at the highest in January 2023; the data below shows that the numbers of patients remaining in hospitals over 21 days, whilst lower than January 2023, remain higher than for the same period in previous years. The following graphs provide a breakdown of the over 21-day length of stay (LOS) for each of the Acutes from November to March for both the ICB and for each of the Acutes.



SHICB	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
201819	301	310	321	284	325	300	316	292	315	337	294	324
201920	395	442	374	454	386	388	432	413	387	432	430	496
202021	233	180	201	228	243	311	326	310	352	353	325	345
202122	312	293	332	340	321	391	391	438	363	415	416	472
202223	490	447	456	434	480	466	476	498	467	535	442	483
202324	444	473	427									

Datasource: SUS - Please note that these figures represent all Surrey Heartlands Patients regardless of provider



15.3 Daily monitoring of long length of stays: this takes place in each of the Acute and Community partners – with each patient being reviewed and actions for partners agreed/followed up. Those patients who have experienced long waits are escalated at Place level and then at the ICS System Operational Call for wider system resolution regarding barriers to discharge – with mitigation agreed, this can be at an operational level; with more strategic actions referred to the ICS Director of Urgent Care and System Resilience. ICS oversight is provided via the ICS UEC Committee.

16. Hospital Discharges

16.1 Challenges remain in relation to securing timely, safe and appropriate discharge arrangements for both adults, including older people. Our approach to these challenges is to continue to have consistent and regular oversight of discharge performance, which is monitored at the Discharge and Care Home Cell; with risks and issues being escalated to the Surrey Heartlands Urgent and Emergency Care Committee.

16.2 Local Partnerships are the key element to ensuring involvement and on-going stakeholder engagement in the continued improvement of the discharge pathways. District and Borough council representatives regularly attend the Local Joint Commissioning Group meetings throughout the year and are actively engaged on communities and prevention work. East Surrey has established the East Surrey Prevention and Communities Board, which has facilitated strong, effective place-based partnerships including engagement with local residents, the voluntary and community sector, and other social care providers and additional local service providers.

16.3 Surrey Heartlands' Better Care Fund demand and capacity plan for intermediate care and supporting narrative for 2023/24 identified the following pressures:

- The situation has been very fluid and influenced by a number of factors including availability of care, acuity of patient, declared operational pressures escalation level (OPEL) of hospitals.
- Challenges in securing timely, safe and appropriate discharge for arrangements for adults and older people with challenging behaviour.
- Self-funders, out of county placements and complex needs placements cause delays, which also impacts on flow through the hospitals.

16.4 **Hospital discharges - winter preparedness**: the following actions are being undertaken:

- Surrey Heartlands commissioning arrangements are being reviewed to ensure that robust arrangements are in place to be able to swiftly flex services as demand requires.
- Using commissioning activity to minimise potential voids in discharge services.

- Continuing to expand Surrey Heartlands 'Home First' services.

- Developing a joint approach to supporting the discharge (from general acute hospitals) of people with mental health issues who are under 65.

- Surrey Heartlands have multidisciplinary team working in place which supports early discharge planning and we are seeking to further enhance 7-day discharges. As an example, voluntary / District and Borough Council services provide a wide range of practical support which includes transport; equipment e.g., key safes; along with safety checks and essential food shopping to enable discharge.

16.5 In Surrey, approximately 65% of patients awaiting discharge are self-funders, with Surrey Heartlands providing support in a number of ways:

- Adult Social Care fund six weeks of home-based reablement support to all patients (regardless of funding status) preventing the need for care home/escalation of care which could delay discharge.
- Three of the Surrey acute NHS Trusts (Royal Surrey Foundation Trust, Surrey and Sussex Healthcare Trust, and Epsom and St Helier University Hospital Trust) run the Care Home Select (CHS) programme. Once patients are identified as self -funders and having capacity, the hospital engage CHS to identify a suitable care home on behalf of the families and arrange the placement.

17. Non-Emergency Patient Transport Service

17.1 Most people should travel to and from hospital independently by private or public transport, with the help of relatives or friends if necessary. NHS-funded patient transportation is reserved for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery.

17.2 In Surrey Heartlands, the non-emergency patient transport service (NEPTS) across East Surrey, Guildford & Waverly and Northwest Surrey is provided by South Central Ambulance Service (SCAS). This contract does not include transport for renal dialysis patients which is undertaken by Epsom and St Helier Hospital Trust (as well as NEPTS for Surrey Downs). The current contract expired in 2022/23 and is currently operating within a one-year permissible extension period.

17.3 **Performance and Activity:** For 2022/23 the SCAS contract was agreed at 92% of 2019/20 activity. At month 12, year to date activity reported 91.6% of 2019/20 activity.

17.4 SCAS have faced some challenges across the year specifically with regards to the recruitment of call handlers, resulting in some areas of performance being below the contracted Key Performance Indicator (KPI) targets. Further difficulties have arisen in the ability to recruit at some NEPTS operational bases e.g. Addlestone. Despite this, operational performance has been good across the year and the service has predominantly achieved the required operational targets.

Performance 2022/23

Parameter	Threshold	Values	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
On the day Journey Requests. % of Patients collected within 120 minutes of collection time.	Year 1 ≥80% 85%	Surr02A No. Journeys	1,428	1,462	1,475	1,502	1,443	1,376	1,473	1,380	1,365	1,285	1,213	1,417
		Surr02A KPI Hit	1,084	1,168	1,189	1,250	1,173	1,146	1,191	1,065	1,115	1,061	973	1,133
		Surr02A KPI Performance	75.90%	79.90%	80.60%	83.20%	81.30%	83.30%	80.90%	77.20%	81.70%	82.60%	80.20%	80.00%
Advanced bookings collection Journeys % of Patients collected within 60 minutes of booked collection time.	≥85%	Surr02B No. Journeys	2,223	2,445	2,282	2,343	2,696	2,554	2,548	2,743	2,304	2,244	2,352	2,592
		Surr02B KPI Hit	1,960	2,195	2,085	2,194	2,483	2,356	2,312	2,403	2,062	1,938	2,050	2,254
		Surr02B KPI Performance	88.20%	89.80%	91.40%	93.60%	92.10%	92.20%	90.70%	87.60%	89.50%	86.40%	87.20%	87.00%
Advanced Bookings, arrival time at clinic. % of patients to arrive on time at clinic, no earlier than 90 minutes prior to their planned appointment time.	≥85%	Surr02C No. Journeys	1,939	2,200	2,073	2,176	2,489	2,421	2,346	2,547	2,079	1,878	2,126	2,359
		Surr02C KPI Hit	1,751	1,928	1,849	1,970	2,273	2,095	2,054	2,099	1,773	1,578	1,825	2,004
		Surr02C KPI Performance	90.30%	87.60%	89.20%	90.50%	91.30%	86.50%	87.60%	82.40%	85.30%	84.00%	85.80%	85.00%
% of patients to arrive on time, for appointments where timeliness is essential - e.g. Physiotherapy, Special Imaging, Radiotherapy, MRI etc.	95%	Surr02E No. Journeys	381	418	395	506	638	529	512	532	518	345	427	465
		Surr02E KPI Hit	347	383	363	474	596	480	473	459	474	292	381	416
		Surr02E KPI Performance	91.10%	91.60%	91.90%	93.70%	93.40%	90.70%	92.40%	86.30%	91.50%	84.60%	89.20%	89.50%
Telephone pick up - % of call pick up within 60 seconds	95%	Surr01D1 No. Calls answered	3228	3503	3407	3589	3723	3752	3564	3962	3230	4106	3860	3,926
		Surr01D1 KPI Hit	2189	2272	1966	2456	2529	2035	1843	2069	2251	2638	2460	2,027
		Surr01D1 KPI Performance	67.81%	64.86%	57.70%	68.43%	67.93%	54.24%	51.71%	52.22%	69.69%	64.25%	63.73%	51.63%

17.5 **Service Improvement:** Following the publication of the National NEPTS Review, a new national framework has been developed comprising of five core components: more consistent eligibility; improved wider transport support; greater transparency on performance; a path to net zero carbon emissions; and improved procurement and contracting.

17.6 Commissioners have been working with SCAS to help improve call answering and other performance standards through encouraging Health Care Professional bookings to be made via the online portal and reviewing Eligibility Criteria where possible learning from approaches taken during the pandemic. Regular meetings are held across Acute Trust footprints to identify and resolve operational issues.

17.7 Furthermore, SCAS have been undertaking a green sticker pilot at Royal Surrey County Hospital specifically for outpatients. This has allowed hospital outpatient staff to identify patients using NEPTS and helped crews identify people for pick up for their outbound journeys after appointment. This pilot has been noted as successful, particularly with respect to improved patient experience, the good feedback received

from service users and hospital staff. SCAS will be looking to roll this out across all Surrey acute trusts within 2023/24.

17.8 **Winter Planning 2023/24:** Monthly assurance meetings are on-going to support the provider and the wider system. These are in addition to the daily System Operational Calls, where there is an update on the current OPEL level of each trust and any 'on the day' issues like staff sickness & broken-down vehicles. SCAS has been a supportive partner during times of industrial action and in the subsequent periods of recovery. Using lessons learnt from these instances and drawing on the ongoing work to assess collectively how activity demands can be more effectively and safely managed, SCAS will be deploying winter resilience plans to support periods of pressure anticipated across Q3 and Q4.

17.9 Winter 2022/23 saw the ICB and SCAS work together to fund and provide dedicated discharge crews for Surrey Heartlands acute trusts, with these crews being unplanned resources for more efficient, on the day discharge planning/movements. These crews concluded in March 2023.

17.10 **NEPTS Procurement:** Across 2022/23 and 2023/24 Surrey Heartlands and partner organisations have come together to shape and design services for those who use NEPTS transport, with a view to implementing a new service that responds to the National review and local engagement. This work has included families of users, carers and colleagues who book and manage services to ensure a new NEPTS for Surrey meets the growing and changing demands placed upon it. Through the NEPTS Procurement programme, Surrey Heartlands has been able to:

- realise a shared vision and commitment to providing a patient centred service that holistically addresses the NEPTS needs of Surrey citizens.
- review what works and challenge the design of current services to identify where they can be improved and transformed, now and in the future under new contract terms.
- build upon the national service specification to design the optimal localised service model for Surrey citizens which equally fulfils the requirements of ICS providers booking and managing transport provision.

17.11 The new NEPTS model for the ICS brings together NHS eligible patient transport across the single ICB footprint, incorporating but not limited to discharge, outpatient,

specialist (e.g. bariatric), hospice, community and renal dialysis journeys, along with mental health secondary and tertiary journeys. The model responds to the National NEPTS Delivery Framework through the inclusion of a booking and coordination 'hub', signposting for financial support and the introduction of a longer-term contract.

17.12 Focus groups have been held across the year with Trust staff and the ICS, service users and patient groups including hard to reach patient sectors/service users taking the information gained to develop a new NEPTS specification. All events and work conducted is publicly available through a dedicated website.

17.13 The ICS launched its NEPTS tender launched 17th April 2023 with a view to launch a new Service in April 2024.

18. Support to Care Homes

18.1 Surrey Heartlands and Surrey County Council lead a Care Home and Discharge Cell on a monthly basis, the Cell is supported by the Care Home Operational Group which has a focused workplan working towards greater integration to wrap care around care home residents. The Surrey Care Association work with the Cell and Care Home Operational Group to ensure the care home sectors voice is embedded into our work.

18.2 In Surrey, Hospital Discharge Funds were utilised with other funding such as the Better Care Fund (BCF), to commission block contracts for pathway 2 referrals. These delivered a mixture of step-down, reablement and rehabilitative wrap-around care to ensure as many people as possible were supported to return home in a timely manner.

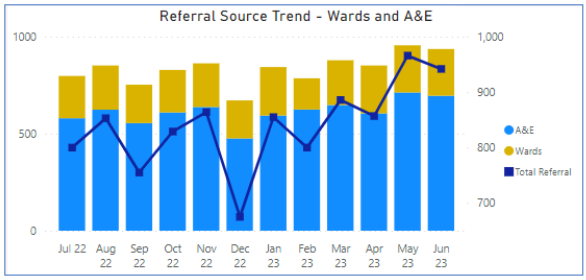
18.3 Initially, the emphasis was placed on short-term care, therapeutic input on site and goal-orientated provision to support the following outcomes:

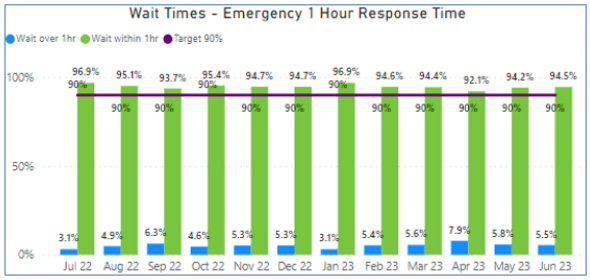
- Reducing length of stay of acute admission for individuals.
- Ensuring the individual is discharged on the day that it is determined that they are ready to leave the hospital.

- Supporting the individual through a strength-based approach to return to the quality of life they had prior to their most recent admission or at least reduce dependency on longer-term care.

19. Mental Health Surge Preparedness

19.1 All Acute Trusts in Surrey Heartlands are supported by 24/7 Psychiatric Liaison Services. These services work efficiently and effectively to have consistently responded to approximately 800 referrals per month. As the graphs below indicate performance is of an excellent standard with a response time within 1hour of referral in Emergency Departments; this exceeds the expected standard for every month of the year with no decline in performance during the winter. Therefore, the service is well placed to respond this winter.





19.2 Paediatric Liaison Nurses are in place within every Acute Trust and supplemented by Crisis Support Services from SABP Children and Young People's Services, which is part of the Surrey Mindworks Alliance. Young People will be seen in a timely fashion and daily SitReps also indicate consistent performance and volumes throughout the year (there is some variation in line with the academic year).

19.3 Mental Health winter preparedness: All Community Services will operate as normal over the winter period and attention is always paid to ensuring that leave is managed to ensure sufficient staff for any working day. The Safe Havens (operated in partnership between voluntary sector partners and SABP) are open every day of the year and Home Treatment Teams operate 24/7, 365 days a year, along with the Single Point of Access. Where there are Bank Holidays consideration is given to the caseloads in our community services and people should be seen appropriately to reduce the risk of a presentation or mental health crisis during Bank Holidays.

19.4 SABP and Community Connections have put in place a Home First service as part of the ongoing Flow programme, this aims to identify people at a higher risk of a mental

health relapse in their own homes and proactively visit them to seek to avoid ED attendance and the need for a Mental Health Acute inpatient admission. Early evaluation indicates that this approach to identifying cohorts of people who may benefit from more targeted community-based interventions is having some initial impact.

19.5 Richmond Fellowship employment advisors are already embedded within Community Mental Health Recovery Services (CMHRSs) to support people with mental health needs into employment and/or to help them remain in employment. Given the strong correlation between poverty, unemployment and poor mental health, this service will become even more essential for those facing increased hardship due to the ongoing cost-of-living crisis.

19.6 The GP Integrated Mental Health service (GPimhs) provides an integrated mental health team working within Primary Care. It is currently 'live' in 90% of the Primary Care Networks across Surrey Heartlands and will be rolled out across all sites by November 2023, giving extra resilience for the winter period. Where a GPimhs service is in place an independent evaluation indicates a number of benefits in that support is offered by mental health services within neighbourhoods and GPs experience less referrals that are 'bounced' back to primary care (a 22% reduction). Therefore, the development of the GPimhs service should support increased primary care resilience.

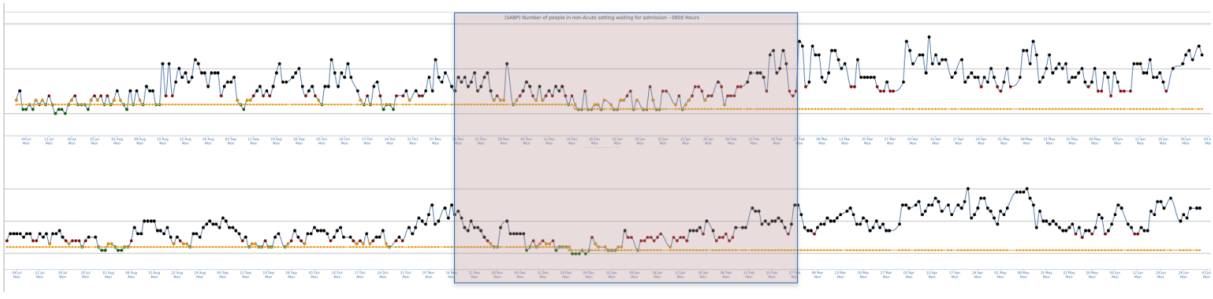
19.7 As part of the Surrey mental health transformation, work is ongoing to continue to roll out a 'One Team' approach by integrating CMHRS alongside GPimhs, Primary Care, Social Care, and wider Voluntary, Community and Social Enterprise (VCSE) services. The first phase reduced waiting times for psychological therapies by 24%, and 20% more social care needs have been identified for vulnerable individuals with mental health needs. As the 'One Team' approach avoids the need to refer via the Mental Health Single Point of Access, the likelihood of being bounced between providers and pathways is also reduced. The independent evaluation shows a 17% reduction in GP referrals into the SABP Single Point of Access which means clinical time and capacity can be utilised elsewhere.

19.8 The main challenge we face this winter is that demand remains significantly high, along with occupancy levels, therefore the service does not have the immediately available capacity to meet demand. This is the reasons why people remain in Emergency Departments or in the community while they await admission into an acute Mental Health bed. The service is also experiencing high levels of section 136

(an emergency police power detailed in s136 of the Mental Health Act), this means that there is also limited available capacity within the health-based places of safety (HBPOS). This adversely impacts on Surrey Police as officers have to remain with the patient until a bed is found.

19.9 When demand is high bed flow can be difficult to optimise due to the average length of stay in mental health beds and the challenges of discharging people; audits show that approximately 20-25% of people will be medically for discharge, but not able to be discharged. Due to the fact that bed occupancy rates nationally (and within SABP) tend to be in excess of 95% there are always only a few available beds at any one time. Therefore, discharges have to be created to facilitate admissions and this means that people may wait in all settings (including Acute Hospital Trusts) until beds become available.

19.10 SABP utilise an OPEL methodology and, along with other key partners in Surrey Heartlands, attend the System Operational Call. OPEL scores tend to be 3 or 4 and this is indicative of the daily pressure within the Mental Health system. The graphs below indicate the number of people waiting in the community for beds (top line) number of people waiting in Acute Trusts for Mental Health beds (bottom line). The shaded period indicates the winter months (Nov-March). There is no evidence that there is increased demand in winter compared to other months (although mental health demand as a whole appears to be increasing).

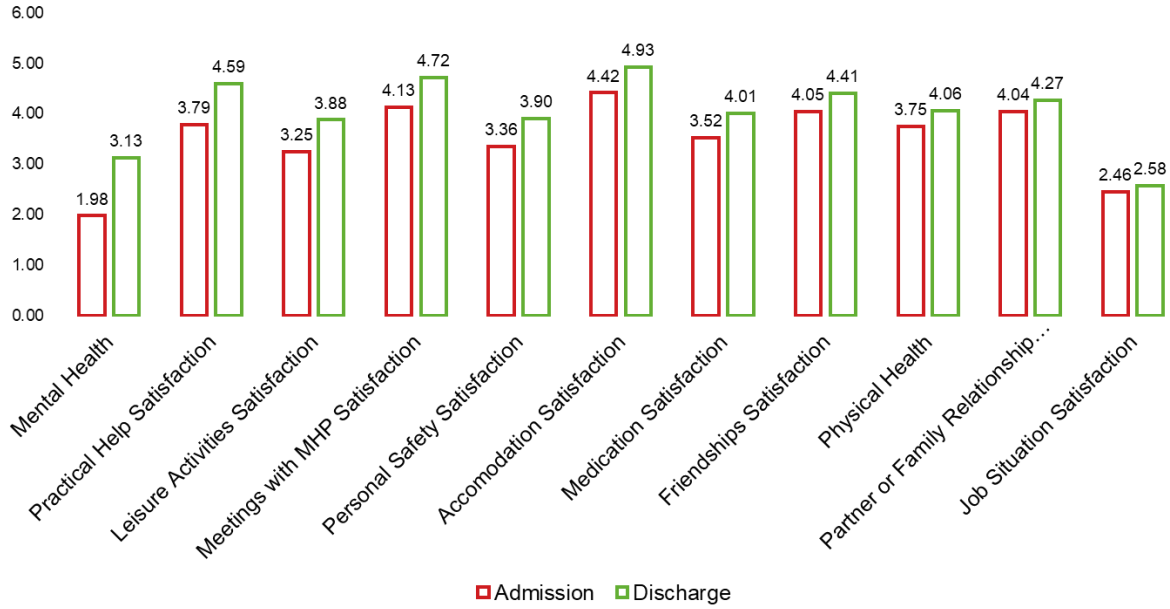


19.11 SABP (and key partners) have a programme of flow work that has ensured that whilst the hospital site in Chertsey is closed due to a rebuild programme, beds have been contracted with a number of other local Mental Health hospitals to ensure there is good availability this winter. Through our Flow Programme SABP have weekly MADE meetings for every ward and this involves adult social care leads. VCSE partners offer in-reach co-ordinators who will also support people out of hospital and back home to try and reduce length of stay. A discharge hub has been set up on the main hospital site to bring together discharge co-ordinators, adult social care and VCSE reps to

help plan discharges across all organisations. The main focus of our Flow Programme is to achieve a higher rate of discharges every week – and to work with partners to resolve some of the barriers to discharge and societal stigma that makes discharges from mental health acute beds particularly challenging in some instances.

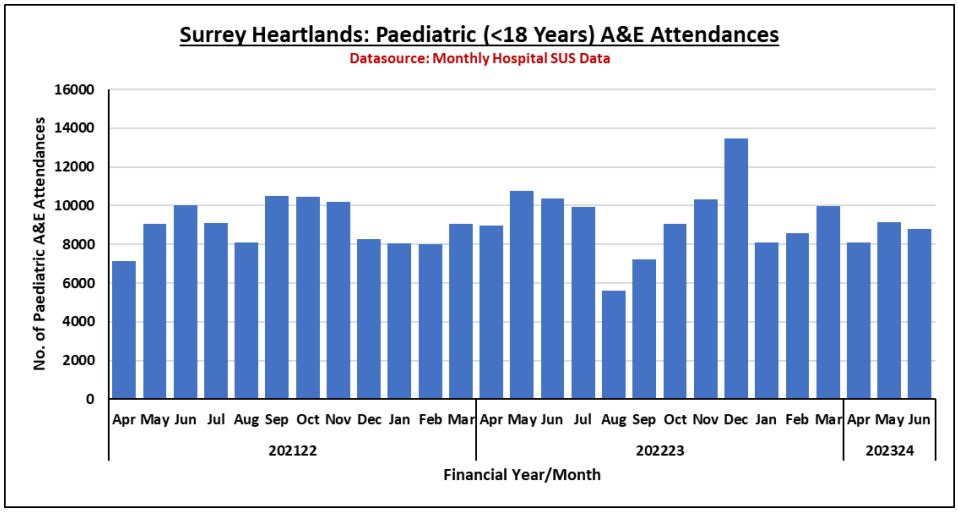
19.12 Nonetheless, like all Mental Health Trusts, overall bed occupancy will remain high and so OPEL methodology (and support from system partners to enable, facilitate and accelerate discharges) will be critical. SABP work with system partners to implement OPEL actions and can mobilise Cell support meetings (through the work of the Surrey Heartlands UEC team) and apply principles detailed in documents like the Mental Health and Accommodation Policy to resolve issues and address barriers if flow becomes particularly compromised.

19.13 In December 2022, The Retreat (a Crisis House service operating in partnership between SABP Home Treatment Team services and a supported living provider) opened. This provides an opportunity for a short stay in a non-hospital setting to ameliorate a mental health crisis. It has proved to have had some value for people who present at a Surrey Heartlands Emergency Department as a stay at The Retreat can be offered (if appropriate) as a safe alternative to returning home. This avoids some people waiting in Emergency Departments as this alternative can be swiftly provided. A universal outcome measure (DIALOG) indicates an improvement against all domains for people who present in mental health crisis and then have a short stay at The Retreat, please refer to the graph below.


6.00
5.00
4.00
3.00
2.00
1.00
0.00
1.98
3.13
3.79
4.59
3.25
3.88
4.13
4.72
3.36
3.90
4.42
4.93
3.52
4.01
4.05
4.41
3.75
4.06
4.04
4.27
2.46
2.58
Mental Health
Practical Help Satisfaction
Leisure Activities Satisfaction
Meetings with MHP Satisfaction
Personal Safety Satisfaction
Accomodation Satisfaction
Medication Satisfaction
Friendships Satisfaction
Physical Health
Partner or Family Relationship…
Job Situation Satisfaction
Admission
Discharge

20. Acute Paediatric

20.1 Paediatric Emergency Department attendances continued to climb from August 2022 to a peak in December 2022, when, very sadly and across the nation several children's died due to Group A Streptococcus; this understandably led to a sudden increase in the number of children attending the emergency departments.



Source: SUS - Please note that these figures represent all Surrey Heartlands Patients regardless of provider.

20.2 Longer term work in relation to admission avoidance has commenced and is considering admission rates for other conditions, along with potential pathways which could reduce admissions. This work will also look at staffing in the longer term.

20.3 A plan to restore elective care recovery for children and young people is being developed in line with the NHS England national campaign. This will co-exist alongside plans for winter pressures.

20.4 **Winter planning for acute paediatrics**: This has already begun and a fortnightly paediatric cell is working through plans for winter. This will report directly to the Urgent and Emergency Care Committee. Planning focuses on 2 key priorities: managing capacity and staffing. Currently there are a number of vacancies across paediatric nursing which are anticipated to be filled in September 2023 when new nurses qualify. However, this also coincides with the time when admissions start to rise.

PART B – Surrey Heartlands Covid and Flu Vaccination Programmes

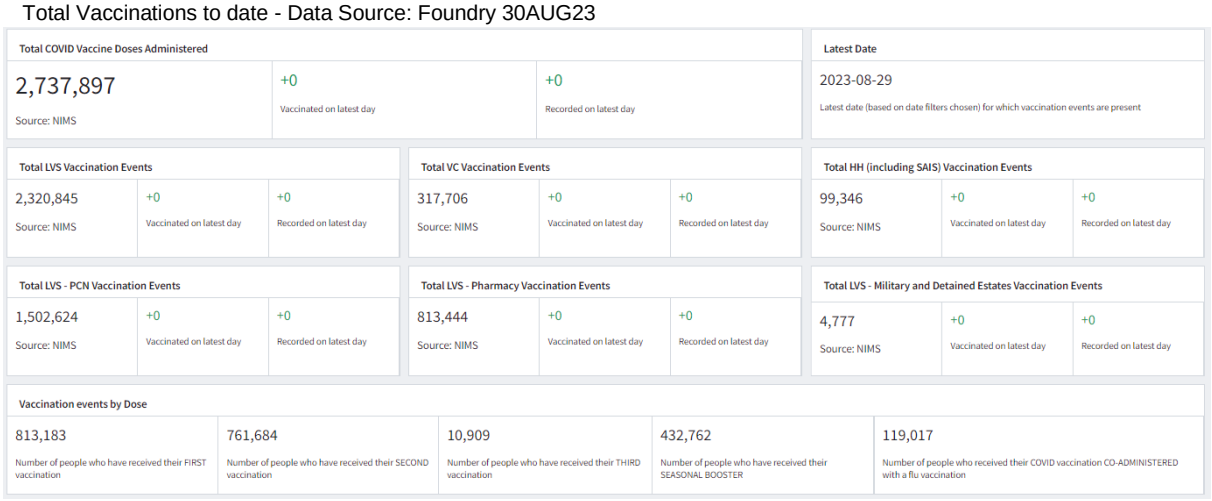
21. Covid 19 (C-19) and Flu Vaccination Programme

21.1 Surrey Heartlands continues to have a strong delivery of C-19 vaccinations with over 2.7 million vaccines administered since the start of the C-19 pandemic across the system. A System Vaccination Operations Cell (SVOC), otherwise known as the Vaccination Programme Team, has been established within Surrey Heartlands, in line with national guidance, to effectively co-ordinate and manage the operational service delivery, clinical oversight, communications and data insights between vaccination providers, other delivery partners and wider ICS Stakeholders. In 2023 the Vaccination Programme became seasonal with vaccinations offered in Spring and then again as part of an Autumn/Winter vaccination campaign.The Operating Model is revised by SVOC to ensure delivery is through a financially viable model, with a sustainable workforce and optimisation of NHS/Local Authority estate. The Surrey Heartlands operating model is aligned to NHSE national plan and focuses on:

- Increase uptake in all communities.
- Address unwarranted variation.
- Provide equality of access as a baseline.
- Support the 'Making Every Contact Count' approach.
- Take a Value for Money approach.

21.2 In August 2023, NHSE provided further guidance around the need for the co-administration of C-19 and Influenza vaccinations across the forthcoming Autumn/Winter C-19 and Influenza vaccination programmes 2023. This approach to co-administration and timing maximises clinical protection, and therefore the resilience of health and care services over the winter months when C-19 and Influenza are most likely to be prevalent. To support this directive, Surrey Heartlands will continue to deliver a C-19 & Influenza Steering Group which brings together Surrey Heartlands ICB with vaccination providers and representatives from Public Health and District & Borough Councils to ensure we benefit from lessons learnt from previous campaigns, understand any interdependences, and develop an integrated approach across the system where appropriate.

Total Vaccinations to date - Data Source: Foundry 30AUG23



21.3 To further drive engagement for the C-19 vaccine and reassure those residents who may be reluctant to take the vaccine, Surrey Heartlands have developed an ongoing geo-targeted comms approach to those populations where uptake has been lower, promoting both the benefits of the C-19 vaccination and how someone can book a vaccination appointment through the National Booking System (NBS). We've also provided on-the-ground comms via the Equity Development Manager, Public Health's community outreach workers and District & Borough Councils. Alongside, relevant and engaging creatives, designed with low uptake cohorts in mind, have also been created to further drive engagement and uptake as well as radio advertisement and adverts in local newspapers. For Autumn/Winter 2023, comms to support the co-administration of C-19 and Flu will be created.

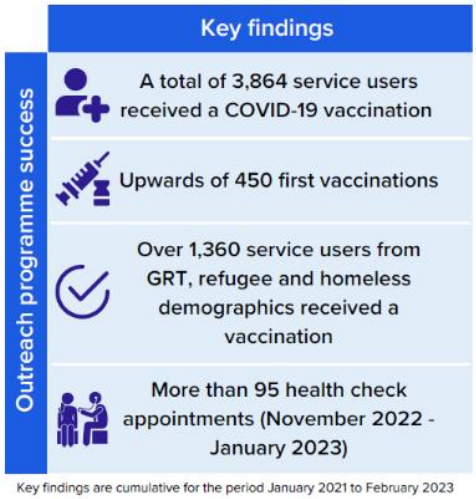
21.4 The Surrey Heartlands Vaccination Programme is currently reviewing the C-19 Operating Model to ensure that Autumn/Winter 2023 demand and capacity meets population expectations against those eligible cohorts for vaccination as set out by the JCVI; those groups are:

- Residents in a care home for older adults
- All adults aged 65 years and over
- Persons aged 6 months to 64 years in a clinical risk group, as laid out in the Immunisation Green Book, COVID-19 Chapter (Green Book)
- Frontline health and social care workers
- Persons aged 12 to 64 years who are household contacts (as defined in the Green Book) of people with immunosuppression
- Persons aged 16 to 64 years who are carers (as defined in the Green Book) and staff working in care homes for older adults.

21.5 Work has been undertaken with Local Vaccination Sites provided through Primary Care, Community Pharmacies and by linking into the Regional Vaccination Leads to establish demand profiles, cost implications, risk and opportunities for co-administration. The C-19 Operating Plan will then be updated, which includes Place/ Neighbourhood based demand profiles and uptake by selected cohorts based on previous C-19 campaigns. Based on JCVI guidance, the Autumn Booster Campaign commenced on the 11th September 2023 with Housebound and Care Home Residents being prioritised as per national guidance.

21.6 Even with the work on demand profiling, there is a risk that a new variant (variant BA.2.86 'Pirola') will cause increased activity above the modelled demand profile; to mitigate against this the Surrey Heartlands Vaccination Programme Team will work with NHSE to identify new variant risk and implement surge planning as required.

21.7 Since December 2022, Surrey Heartlands has been focused on delivering C-19 vaccinations via an Outreach Programme to our most vulnerable cohorts who may not be registered with a GP Practice and/or are not otherwise able to access healthcare services including immunisation; these include Gypsy, Roma & Traveller, the Homeless, Refugee & Asylum Seekers and those in Domestic Abuse Centres. Our Outreach Programme has been aligned to the forthcoming National Immunisation Strategy and its primary focus has been to close the gap as far as possible on vaccination uptake by addressing hesitancies and providing access, as well as looking for Making Every Contact Count (MECC) opportunities to generally improve the health of these communities. MECC activity has included NHS Health Checks, BP, AF & BMI checks, Social Prescribing, Hemoglobin A1C, other vaccinations and healthy conversations around smoking, alcohol, pregnancy and mental health. Key Outreach findings are as follows:



21.8 **Local approach towards the seasonal Flu programme** - as of 28th February 2023, Surrey Heartlands had delivered ~525k Flu vaccinations within the 2022/23 Seasonal Flu Vaccinations campaign. Flu cohorts trended close to or just below the expected trajectories with those aged 65+ showing the strongest uptake. Although the smallest cohort, those Health & Social Care Workers (H&SCW) eligible under the Enhanced Service (ES) had the lowest uptake versus expected trajectory, with low uptake said to be based around several hesitancies which included vaccine fatigue alongside the C-19 vaccination.

Please see table below.

Cohort	Patients Registered	No. Vaccinated	Uptake %	Uptake Ambition	Vaccs. to Reach Uptake Ambition
2 year olds	11,212	6,199	55.3%	59.9%	517
3 year olds	11,949	6,969	58.3%	61.8%	411
Aged 65 and over	203,569	163,797	80.5%	82.7%	4,626
At Risk Groups	363,330	260,055	71.6%	74.3%	9,779
Patients With Learning Disability	16,290	6,630	40.7%	44.1%	553
Pregnant Women	9,775	4,065	41.6%	42.8%	119
H&SCW eligible under the ES	185	83	44.9%	66.3%	40
Carers (16-U65s)	15,422	7,042	45.7%	50.7%	784
Under 65 at risk	133,474	70,640	52.9%	56.2%	4,372
Grand Total	**765,206**	**525,480**	**68.7%**	**71.5%**	**21,693**

Data Source: IMMFORM 28-FEB23

21.9 **The National Immunisation Strategy**: The Secretary for Health had stated that a National Vaccination Service is required to support Primary Care recovery. In preparation for this, Surrey Heartlands Vaccination Programme are working with NHSE regional colleagues, Primary Care representatives and the Director for Public Health to support the strategy which is expected to be published in 2023. As a consequence, Surrey Heartlands implemented a Flu and Covid Steering Group which looks to understand interdependencies, co- administration and learn from best practice aligned to the JCVI guidance. The steering group will also oversee both Flu and Covid vaccination programme plans and delivery, offering the community co-administration of both vaccines as able and in line with the persons choice.

21.10 The NHS influenza immunisation programme 2023 to 2024 will include the following additional cohorts:

- those aged 65 years and over
- those aged 6 months to under 65 years in clinical risk groups (as defined by the Green Book, chapter 19 (Influenza))
- pregnant women
- all children aged 2 or 3 years on 31 August 2023
- primary school aged children (from Reception to Year 6)
- those in long-stay residential care homes [footnote 1]
- carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person
- close contacts of immunocompromised individuals
- frontline workers in a social care setting without an employer led occupational health scheme including those working for a registered residential care or nursing home, registered domiciliary care providers, voluntary managed hospice providers and those that are employed by those who receive direct payments (personal budgets) or Personal Health budgets, such as Personal Assistants

21.11 To note, secondary school-aged children will be offered immunization through the school age immunisation service. Secondary school children will be offered vaccination as far as it is possible to do so, with primary schools and lower years 7, 8 and 9 being prioritised, and older ages offered vaccination once an offer has been made to younger children and subject to vaccine availability. This will be commissioned via the school age service specification.

21.12 Those providers administering the flu vaccination are encouraged to align the delivery of flu with other commissioned vaccination programmes for which the patient may be eligible and where it is clinically acceptable, operationally feasible, and where the patient consents – for example, co-administration could be considered for Covid-19, shingles, pertussis, or pneumococcal vaccines.

Part C – Surge and Escalation Planning

22. Modelling Demand and Capacity

22.1 Surrey Heartlands ICS continue to use an Urgent Care Model which identifies likely demand, capacity, admission and discharge rates by week until March 2024. The model uses historical data to predict admissions and applies a range of assumptions depending on the scenario (e.g. increase in Flu or Covid admissions). A number of variables are included in the modelling; these are able to be changed and updated as required. The baseline also considers the return to higher-than-normal 2019/20 activity levels, and seasonal activity for Flu and Norovirus. This, along with national modelling, is supporting current planning activity.

22.2 Modelling demand is a key feature of Surrey Heartlands ongoing surge planning, with the day to day operational 'grip' being supported by the system wide senior leads daily System Operational Call (SOC) which promotes utilisation of all system resources during periods of surge. The ambition to reduce wait times from arrival needs to be set in the context of number of people attending ED.

23. Surge and Escalation Planning

23.1 The ICS Surge and Escalation Plan describes the combined ICS response to surges in demand, along with the individual Place based access to locally agreed additional escalation capacity; further actions in relation to adverse weather or an increase in ED attendances due seasonal flu / Covid -19 / Norovirus. Break planning for the Christmas/New Year period is also undertaken. A single plan which builds resilience and provides the architecture for the ICS Mutual Aid Protocol, along with underpinning the Surrey Outbreak plan.

23.2 The Surge and Escalation Plan is reviewed by UEC partners each year in May and from this the Plan is refreshed in time for the next winter period. The draft plan gains assurance from NHSE; the UEC Committee and the Quality and Performance Committee, with revisions being made until a final version is agreed and the plan ratified.

23.3 In summary, the plan utilises national, regional and local modelling from learnings in previous years demand, previous RSV (Respiratory Syncytial Virus) outbreaks and surges in numbers of patients with Covid -19 / Flu to create a system approach to planning, capacity, and response at times of escalation. This is a shared approach

with all key organisations agreeing the content and methodology, the organisations include:

1. The four Places: Guildford and Waverley, Northwest Surrey, Surrey Downs and East Surrey.
2. Southeast Coast Ambulance Service NHS Foundation Trust
3. Surrey and Borders Partnership- NHS Trust
4. Practice Plus Group
5. NHS England South (Southeast)
6. Surrey County Council - Adult Social Care

23.4 The Surge Plan includes clear escalation process for adult, paediatric and mental health services and considers in-depth:

- Sustainable Corporate Governance.
- Integrated Care System Executive Governance.
- Sets out the risks and triggers for escalation and mutual aid.
- Sets out minimum expectations at each level of escalation.
- Clarifies roles and responsibilities.
- Sets consistent terminology / definitions.
- Defines communication processes e.g. through agreed the ICS System Operations Call (SOC).

23.5 The Urgent and Emergency Care Early Warning System (EWS) continues to support the system as it contains triggers and actions supported by the modelling. Triggers encompass all elements of the local health and social care system, Primary Care, Secondary Care, Community and Local Authority providers associated actions in times of surge, detailing those services that are required to alter or change configuration and planned levels of activity. The EWS will remain under review and subject to change as the peak seasonal demand unfolds.

24. Funded Place UEC Surge Schemes

24.1 Over the winter of 2022/23 there was significant system pressures. This resulted in at the peak:

- An additional 200 escalation beds
- Boarding of additional patients across the acutes
- High levels of corridor care in the Surrey Heartlands ED (this is where patients, once they have been clinically assessed as needing a inpatient bed, 'wait' within an ED corridor (which is screened off) until a bed can be released in the main hospital by another patient being discharged). Those waiting in a corridor continue to receive care. Corridor care is only provided in extremise.
- Challenged ambulance handover performance that impacted on Ambulance response times.

24.2 During this year Surrey Heartlands received a non-recurrent demand and capacity allocation of £4.85m which has funded additional Place based and Mental Health schemes (please note that Epsom General Hospital received their demand and capacity funding via their lead commissioner which is Southwest London), please refer to Table 1.

Table 1 – 2023/24 Winter Surge Programmes:

Programme	Deliverable
Increased number of 'Step down' beds in the community across general and mental health services	To improve flow out of the Acute General Hospitals.
Reducing incidence of Flu in Care Homes	PPG To deliver anti-virals within care homes should there be an outbreak influenza during weekend and Bank Holidays
Increase in Virtual Ward capacity	To aid in redirection and streaming away from ED and increase discharge rates
Additional Community staffing to support Acute Hospital Discharges	To provide additional staff capacity, which includes additional GP hours, Frailty Hub that supports admission avoidance and flow out of the hospitals.
Expansion of the Emergency Assessment Unit with the Royal Surrey Hospital	To improve streaming and flow of patients from the Emergency Dept. reducing the risk of incidents of corridor care.
Additional allocation to Guildford and Waverley's - My Care My Way Neighbourhood scheme	Improved Integration and development of locally empowered Neighbourhood Teams to better support people with multiple complex needs.
64 bedded modular ward to be built at SaSH	To support flow across the Acute hospital
Improve and expand Surrey and Borders Partnership Mental Health based places of safety with safe waiting places.	To reduce demand on the Acute Hospitals and improve patient experience.

25. System Oversight

25.1 The Surge and Escalation joint plan is underpinned by comprehensive system oversight, which in turn supports decision-making in times of extreme system pressure by linking the Surge and Escalation Plan to the Urgent Care Data Repository held within Alamac and to the 'live' position data held in SHREWD. By reviewing this information, the system is able to both identify key triggers and early warning triggers with which to evoke a proactive response, rather than reactive. This single plan negates the need for individual Place based winter plans.

26. UEC Communications plan

26.1 Partners continue to work closely across the ICS Comms and UEC teams to increase communications activity at times of sustained system pressure. These well-established protocols include the activation of the Opel Communications Plan, which triggers additional communication activity to increase the flow of messages and support the wider system during periods of significant pressure.

26.2 The activation of this plan results in an increase in social media activity (linked to data insight where available e.g., targeted messages to parents following an increase in paediatric ED attendances), specific and targeted information being shared through our networks, website updates and collaborative work with broader system partners to amplify key messages and enhance their reach to achieve greater impact.

26.3 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 ED; messages are also tailored to each Place system escalation alerting the public to how busy their local hospital is – again advising people to contact NHS 111 or attend a pharmacy or GP for advice; whilst reiterating the importance of calling 999 and /or attending the hospital ED in cases of emergency.

26.4 In addition to the operational comms support provided in response to surges in demand, work is already underway to develop a comprehensive winter communications and engagement plan to support our wider system winter planning, supported by funding to deliver effective and targeted paid for activity.

26.5 The Winter Communications Plan is being developed as a joint plan that will be owned by the Surrey Health and Wellbeing Board Communications Group, which is a subgroup of the Surrey Health and Wellbeing Board. Bringing together and co-

ordinating the winter communications activity of all partners will increase reach and outcomes, enabling us to reach more residents and communities across Surrey Heartlands, with partner agencies supporting and amplifying elements of the campaign and key messages. Greater co-ordination will also reduce duplication and ensure we are speaking to Surrey residents with 'one voice' as we work together to support our response to winter.

26.6 The Communications and Engagement Plan will set out the key communications objectives for winter and detail the communications and activity that will be delivered in key phases, linked to specific workstreams (including winter immunisations, carers, community engagement etc), working with system partners.

26.7 Encouraging uptake of the flu and Covid-19 vaccines for eligible cohorts will be central to our winter communications campaign, where high take up of vaccinations within these groups has a direct influence on reducing admissions during the winter months. This element of the winter campaign will include a wide range of communications activity, including more targeted activity in areas of lower uptake.

Part D – Electives

27. Elective Recovery

27.1 Surrey Heartlands continues to maintain a very strong emphasis on wait times for our patients; services have been working on delivering the Recovery Plan; this work is now transitioning to 'business as usual' whilst remaining focused on ensuring those who are most clinically in need receive the health interventions that they require as soon as possible.

28. Elective Activity

28.1 Surrey Heartlands ICS comprises three Acute Trusts; Ashford and St Peter's Hospitals NHS Foundation Trust (ASPH); Royal Surrey Foundation Trust (RSFT) and Surrey and Sussex Healthcare NHS Trust (SASH). In addition, the population of Surrey Downs use Epsom and St Helier University Hospitals (ESTH) which sits within Southwest London. Both ASPH and SASH span two main sites. All of whom provide elective care and cancer services for the local population.

28.2 Waiting time targets have long been a part of the NHS performance requirements, however following the disruption and delays caused by the pandemic, the focus has been on addressing and reducing the number of patients waiting for treatment.

28.3 Prior to the Covid pandemic, most patients were seen and treated within 18 weeks of their referrals. During the pandemic, waiting lists grew as services were reduced to redirect resources and keep the general public safe from risk of infection.

28.4 NHS England (NHSE) set out an ambition to reduce the volume of patients waiting long periods for elective care. Apart from patient choice and some allowance for complexity, the following timescales were set:

- By March 31st 2022 no patient should wait over 104 weeks (2yrs)
- By March 31st 2023, no patient should wait over 78 weeks (1.5yrs)
- By March 31st 2024, no patient should wait over 65 weeks (1.25yrs)
- By March 31st 2025, no patient should wait over 52 weeks (1 year)

28.5 Five specialties make up around 42% of the total elective waiting list. These specialties tend to deliver a higher volume of routine procedures and therefore these patient groups can wait longer than those in other specialties. The specialties are:

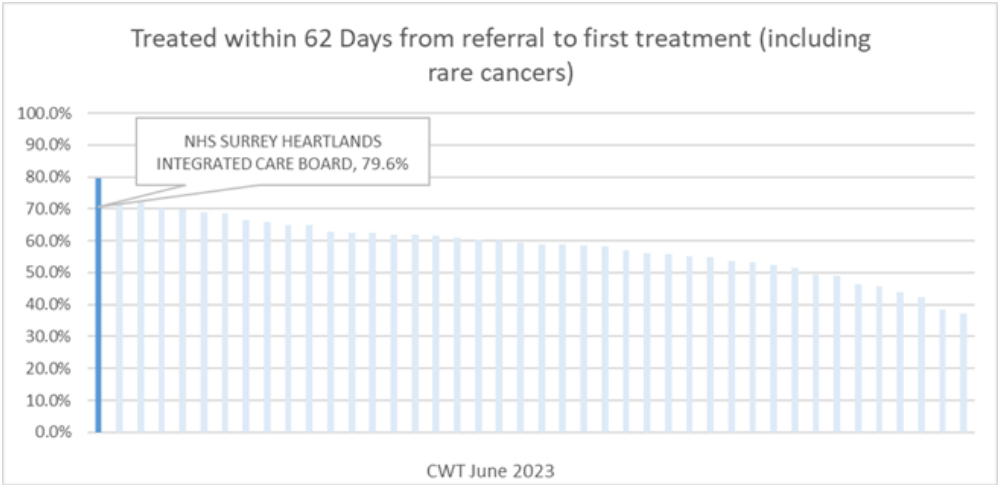
ophthalmology, orthopaedics, ENT (ear, nose and throat), gynaecology and oral surgery.

28.6 During 2022/23 there have been a few patients waiting over 104 weeks for their treatment. These have predominantly been due to patient choice.

28.7 Surrey Heartlands is now focusing on ensuring that all those waiting long periods without a first appointment booked are given an appointment date by the end of October 2023 where possible. This will apply to those patients who would be expected to reach 65 week wait by the end of March 2024 if they are not treated beforehand.

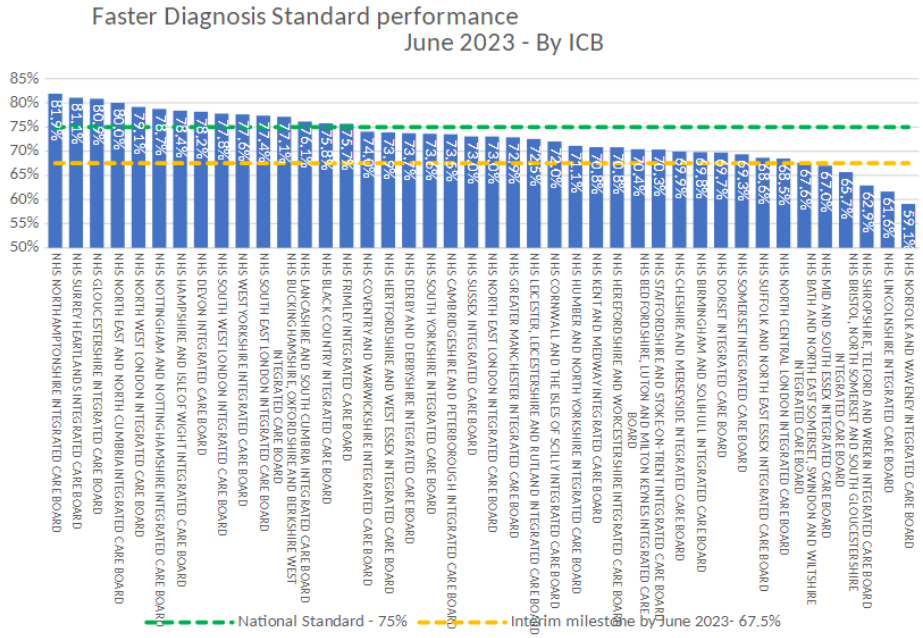
28.8 **Cancer 62-day performance -** Patients on a cancer pathway are one of Surrey Heartlands highest clinical priorities. The national target is that patients should receive their first cancer treatment within 62 days (2 months) of GP referral. Cessation of diagnostics and treatments during the first wave of the pandemic led to a large increase in the number of patients waiting longer for treatment, with upper and lower gastro-intestinal and urology being challenges. Addressing this backlog of patients has been a top priority for Surrey Heartlands. Working with Surrey and Sussex Cancer Alliance, all our providers have placed significant effort into ensuring that patients are treated as soon as possible.

28.9 Surrey Heartlands continues to perform well against the main cancer waiting time standards. In June 2023 Surrey Heartlands performed best nationally against the treatment within 62 days standard, as shown by the graph below.



28.10 Surrey Heartlands ranked 2nd nationally for performance against the Faster Diagnostic Standard (FDS), which stipulates that patients referred with suspected

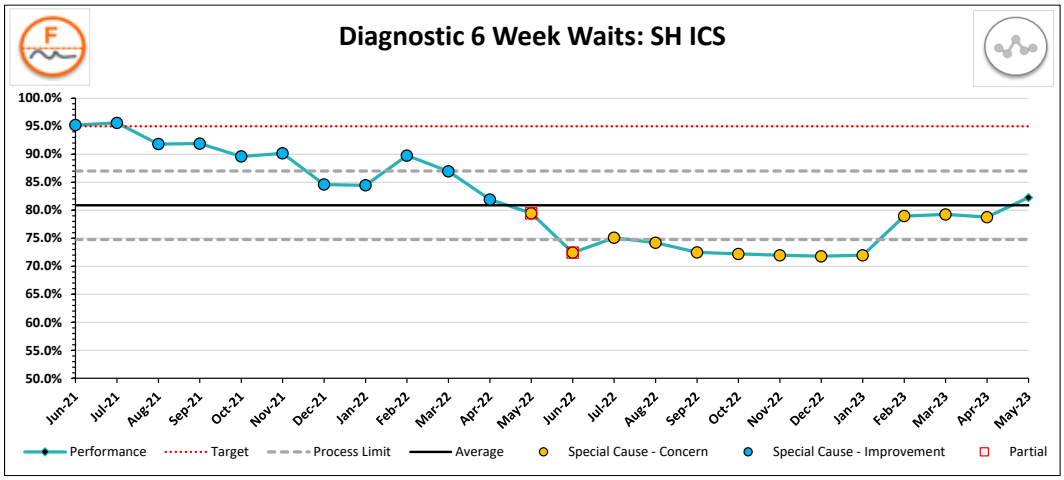
cancer should be diagnosed and given a confirmed diagnosis within 28 days of their referral.

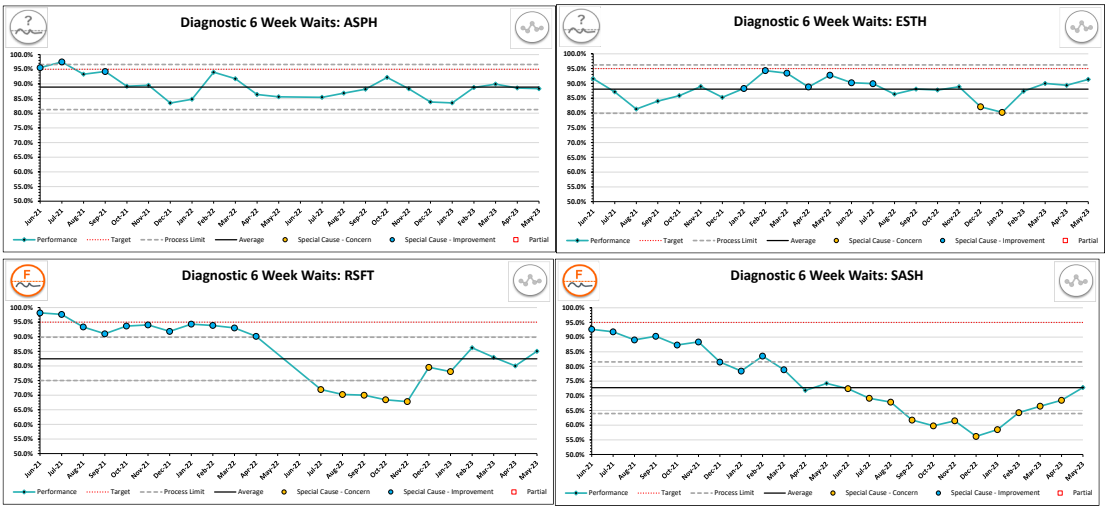


29. Diagnostic performance

29.1 Endoscopies were a key driver of long waits at the beginning of the pandemic. Endoscopy services were affected by COVID-related infection prevention and control protocols, making the return to pre-COVID levels particularly challenging. However, Surrey Heartlands has focussed on solutions such as Faecal Immunochemical Test (FIT) plus creating capacity across the system. This has led to a significant improvement and reduced waits for patients on this pathway. (FIT tests are a new, markedly improved test that requires a single faecal (poo) sample which can detect the presence of very small quantities of blood in a sample).

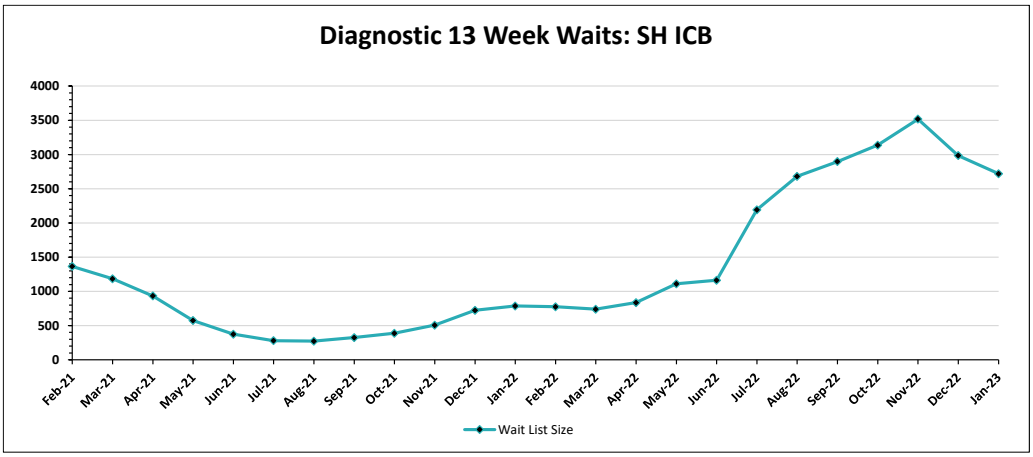
29.2 Surrey Heartlands (and many other systems) saw a significant rise in referrals for breast and skin when COVID restrictions were lifted. Some of the increase was due to promotional campaigns as part of our effort to identify patients who did not present during lockdown. There was also a significant increase in referrals for lower gastrointestinal conditions following the death of Dame Deborah James (Bowel Babe), who was a high-profile campaigner for bowel cancer and lived locally within Surrey Heartlands.





Source: NHSE Diagnostic Waiting Times monthly publications

29.3 In July 2021 there were 280 (1.3%) people on a diagnostic waiting list who had been waiting more than 13 weeks (which was comparable to pre-Covid levels of around 312 (1.5%)). Since then, there has been quite a significant increase and as of January 2023 this was at 2,720 (8.8%).



Source: NHSE Diagnostic Waiting Times monthly publications

29.4 Surrey Heartlands is currently ranked 10th out of 42 for diagnostic waits more than 6 weeks. We are performing better than the Southeast (SE) Region and national average.

30. Elective Care Actions taken

30.1 At the end of January 2023 each system underwent a challenge session with NHSE SE region regarding the long waiting patients and overall elective recovery position. Surrey Heartlands was praised for its comprehensive understanding of the issues and robust plans to recover elective services.

30.2 In February 2023, the NHSE SE region undertook a deep dive into Surrey Heartlands cancer performance and services. The feedback from that session was that they felt we had a good operational oversight and control over delivery of services and were doing well in managing the recovery programme. The areas of focus highlighted were endoscopy and histopathology, which are already part of the core recovery plan within Surrey Heartlands.

30.3 NHSE have linked systems who are facing capacity difficulties in the same or similar specialties, to work on the solutions collaboratively.

30.4 The Surrey Heartlands elective care team hold weekly meetings with trusts to review long waiters and provide support to help reduce this.

30.5 Trusts undertake regular meetings with their teams to ensure they are fully sighted on all long waiting patients and any challenges associated with getting dates agreed. This is the case for both elective and cancer patients.

30.6 All three trusts have made good progress with validating their lists and are confident that they don't have any duplicates in the systems. This validation process is now embedded within trusts, to ensure they are confident the data they are working with is as clean as possible.

30.7 Surrey Heartlands and all three provider trusts will continue to scrutinise the data, in detail, at a specialty level and put in place processes and support as needed to maintain and improve the level of progress.

30.8 The ICS will continue to work closely with the Surrey and Sussex Cancer Alliance to support improvements in cancer care and performance. Some of the work that has been carried out in partnership with the SSCA includes:

- Endoscopy and lower gastrointestinal improvement projects in progress, pre assessment standardisation commenced with ASPH.
- LGI FIT standard operating procedure being updated through discussions with primary and secondary care, to reflect British Society of Gastroenterology guidance.

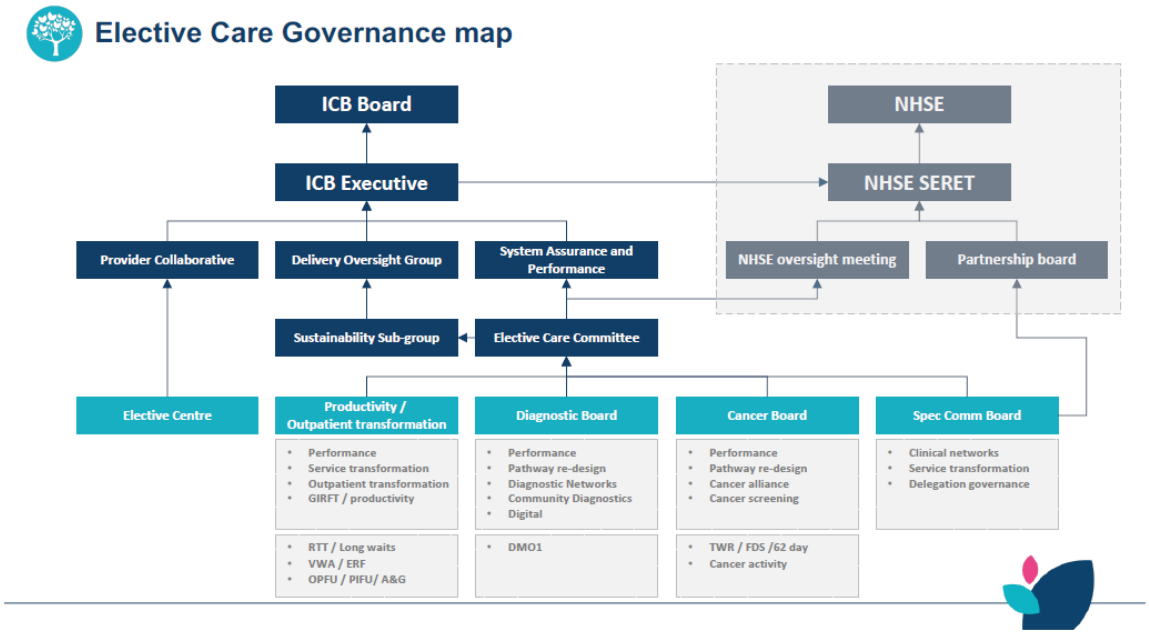
30.9 **Winter Preparedness:** Surrey Heartlands is focusing effort on expanding surgical capacity at Ashford Hospital, part of Ashford & St Peters. This site does not have an ED and therefore benefits from the absence of non-elective (unplanned) admissions. The additional capacity will be available for all surrounding trusts to utilise where necessary.

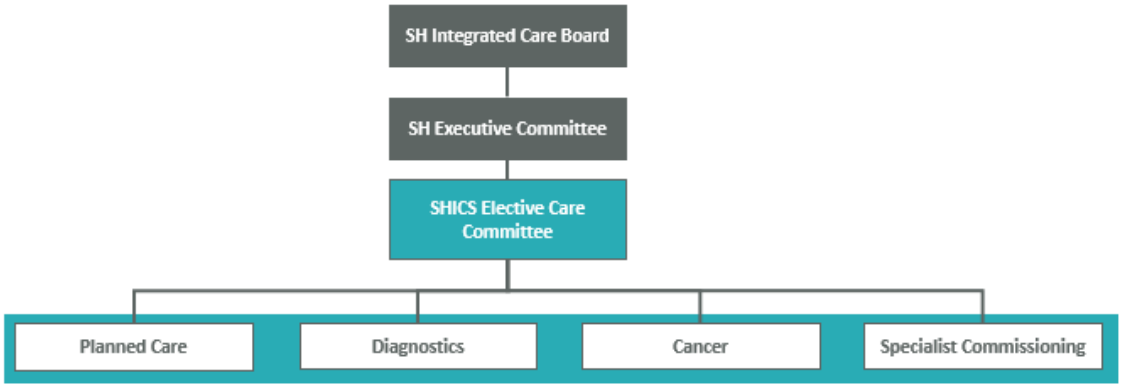
30.10 In addition to the expansion of surgical capacity, Surrey Heartlands is leading a number of systemwide transformation schemes to help reduce demand and enable patients to be seen in the right place at the right time.

31. Elective Governance

31.1 As well as the acute trusts, independent sector partners supporting elective recovery are assured quality teams. Partners supply quality performance reports monthly, or quarterly, which include RTT, cancer wait times, patient safety, clinical audit, clinical governance and patient experience monitoring data which are reviewed at quarterly meetings. Established processes for notifying Serious Incidents and other concerns are in place. Concerns and risks to quality are escalated through the Elective Care Committee to the ICS Executive and Integrated Care Board, and, where required, through the Surrey Heartlands Quality and Performance Committee.

31.2 Below is the system governance structure in place to monitor and assure against elective recovery and performance, including cancer and diagnostics.





Part E - Assurance

32. System Assurance

32.1 Daily assurance in relation to system pressures is sought via the ICS System Operational Call (SOC); partners share their position statements and from these pressures are identified and actions agreed across the ICS to support a system wide response, with a collaborative approach taken to managing system escalation. A principle aim of the call is to ensure that, as partners, we have enacted the ICS Surge and Escalation Plan, carrying out agreed actions and ensured a system wide response to share the risk across the system.

32.2 Outputs and issues can then be escalated internally to the ICS Executives and also to Region via the Regional Operational Call.

32.3 Work continues to improve system oversight by further developing the ICS UEC data platform, e.g. with the addition of mental health flow data, which provides a numerical overview of the system and how it is operating. This oversight helps teams and systems to identify where the pressures are e.g. within ED 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.

32.4 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 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 responded.

32.5 A comprehensive surveillance reporting system has been put in place to understand and track bed capacity across the system. These trackers are available at Trust level and are used by the system to monitor daily changes over time and indicate if and when Trusts are approaching the trigger point. They are read in conjunction with more timely operational information obtained through urgent care processes already in place to allow the system to respond on the day. The system relies on daily bed capacity updates from Trusts and is aligned with an agreed Mutual Aid process, ensuring the system is able to track real time situations and seek support from other partners within the system and other ICSs as needed.

32.6 Mutual aid is also a feature of the SOC daily meeting, as strategic partners are able to state whether they are able to offer or are in need of mutual aid. This early ICS system conversation means that wider support to mitigate system risks are sought and agreed earlier in the day which leads to more timely interventions.

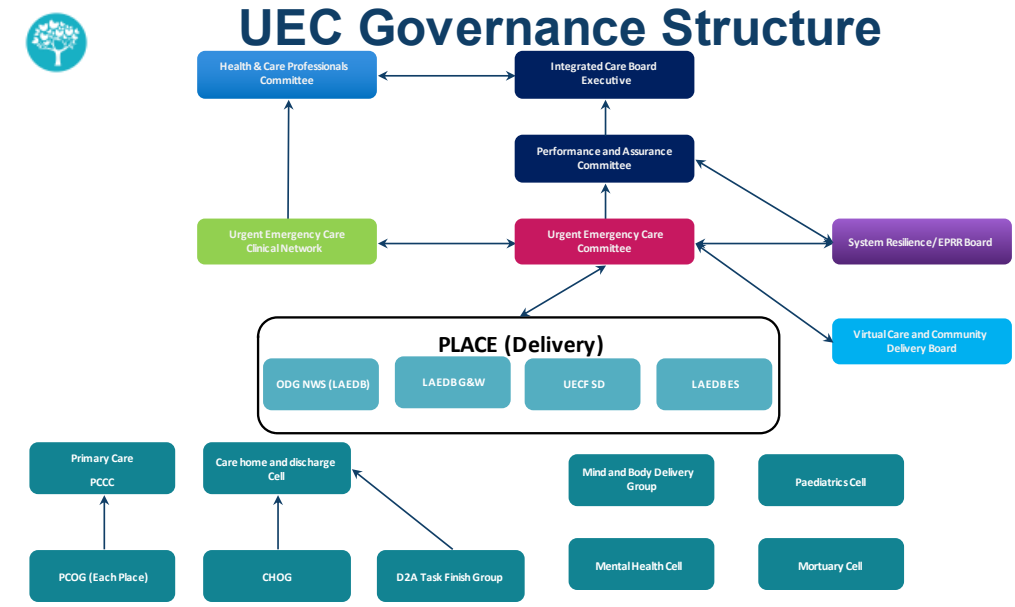
33. UEC Governance

33.1 As a mature Integrated Care System (ICS)**,** Surrey Heartlands has developed strong partnerships across all areas of UEC delivery through a three-year UEC strategy and an ICS UEC Committee to oversee its delivery and monitor performance.

33.2 The Surrey Heartlands ICS main vehicles responsible for the delivery of urgent care across the area are the Place based Local Accident & Emergency Delivery Boards (LAEDBs) of Northwest Surrey, East Surrey and Guildford & Waverley, along with the Surrey Downs Urgent Care Forum – which links to the Sutton and Kingston Place based 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.

33.3 Overarching assurance in relation to Urgent and Emergency Care (UECC) is provided by the LAEDB's to the Surrey Heartlands ICS UEC Committee and onward to the Performance and Assurance Committee and the Integrated Care Board.

34.4 The UEC Committee has created a number of working group to take forward key deliverables e.g. across Mental Health, Paediatrics, Discharge and Care Homes.


UEC Governance Structure
Health & Care Professionals Committee
Integrated Care Board Executive
Performance and Assurance Committee
Urgent Emergency Care Clinical Network
Urgent Emergency Care Committee
System Resilience/EPRR Board
Virtual Care and Community Delivery Board
PLACE (Delivery)
ODG NWS (LAEDB)
LAEDBG&W
UECF SD
LAEDBES
Primary Care PCCC
Care home and discharge Cell
Mind and Body Delivery Group
Paediatrics Cell
PCOG (Each Place)
CHOG
D2A Task Finish Group
Mental Health Cell
Mortuary Cell

END

This page is intentionally left blank