

Surrey Heartlands ICS

Winter Review

2019/20

Date: September 2020

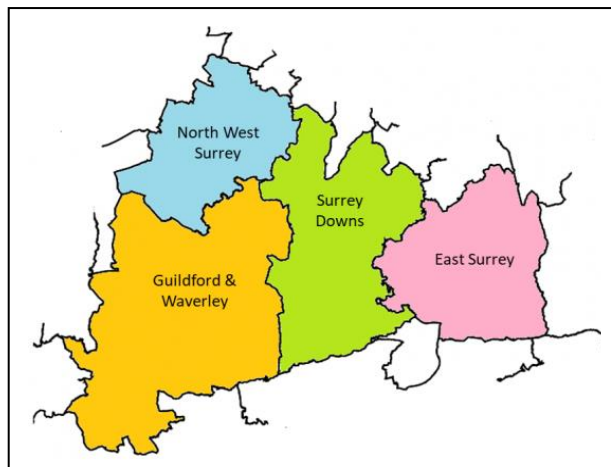
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1. Introduction

- 1.1 Surrey Heartlands ICS serves 850,000 people within the areas of East Surrey, Guildford and Waverley, North West Surrey and Surrey Downs and accounts for around three quarters of the overall Surrey population. The quality of primary care services in Surrey Heartlands is consistently high with only a handful of GP Practices needing to focus on local improvement following their CQC inspection. PCNs are rapidly developing and are actively implementing all elements of the new GP contract. The three of the four acute hospitals operating in Surrey Heartlands ICS are all rated 'Good' by CQC and one is rated 'Outstanding'. The mental health trust is rated 'Good'.



- 1.2 Surrey Heartlands shares many of the same challenges as other areas in the UK – an ageing population, increasing demand on services for vulnerable children and the significant pressure on public finances.
- 1.3 This report sets out an outline of the impact of 2019/20 winter pressures, along with the whole system measures put in place which provide mitigation and promote resilience throughout the upcoming winter season 2020/21.

Specific reference has been made to the following: -

- Monthly performance data against the '95% of attendees cleared within 4 hours' target for each Surrey Acute Trust for 17/18, 18/19, 19/20 (winters and summers – to spring 2020).
- An assessment of the probable factors (for example: additional pressures on the Emergency Department (ED) and ambulances) which lead to additional pressures on the system, providing assurances that there is advanced planning across the whole system to identify concerns and overcome issues.
- Details on the scale and effectiveness of capacity mapping locally and whether information is being effectively shared across the local health and care system.
- Details on how Acute Trusts and the wider system is implementing improvements that will be effective in increasing performance this coming winter in the following areas:
 - a. Public Health: 'flu' jabs

- b. Reducing attendance at ED
 - c. Integrated Adults and Health: effective working to facilitate patient discharge and therefore reducing delayed discharges.
- Impact of Covid (in relation to Urgent Care) and the lockdown during Quarter 1, 2020/21.

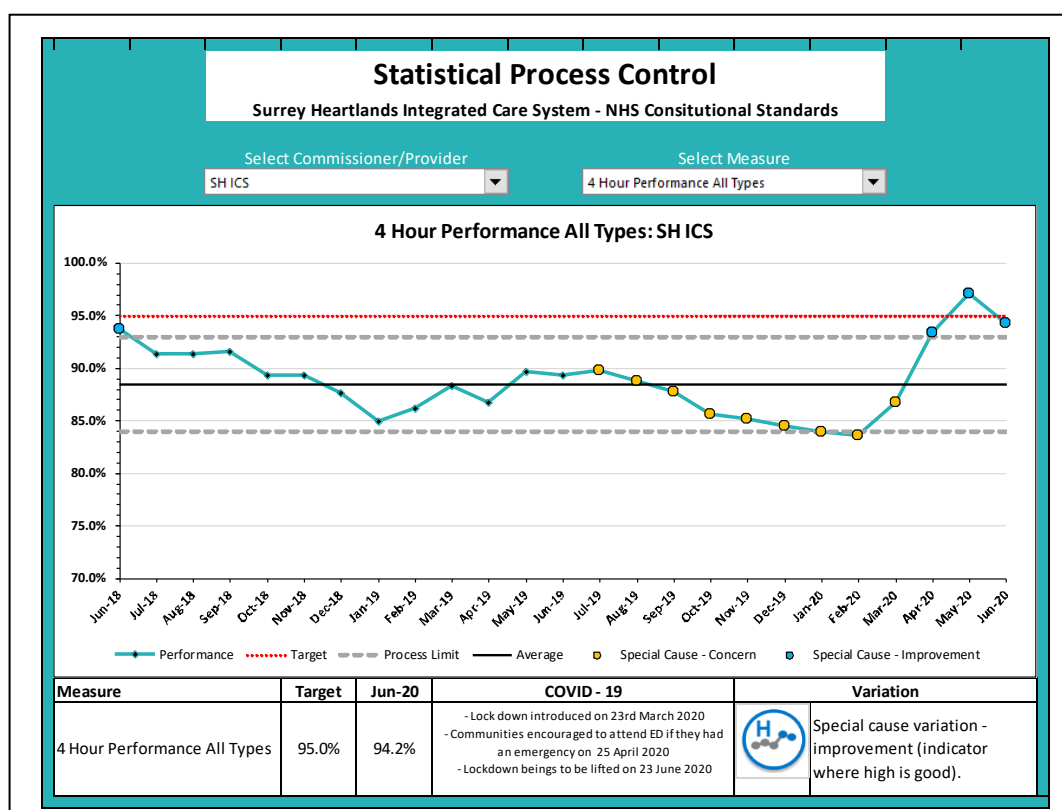
Section A – Winter / Spring Review 2019/20

2. Performance of the four-hour quality care indicator

2.1 The following information describes the year on year performance from June 2018 to June 2020. Meeting of the four-hour quality care standard has, for each of the four Acute hospitals within Surrey, continued to be a challenge over the 2019/20 winter period; the overall performance in each Acute hospital improved with the introduction of lock down on 23rd March 2020, when attendance reduced significantly. Whilst the lack of attendances raised concerns that people were not accessing healthcare when they required medical intervention; the improvement in performance does emphasize the correlation between high attendances and reduced performance.

2.2 Attendances are grouped into various 'Types'; -

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

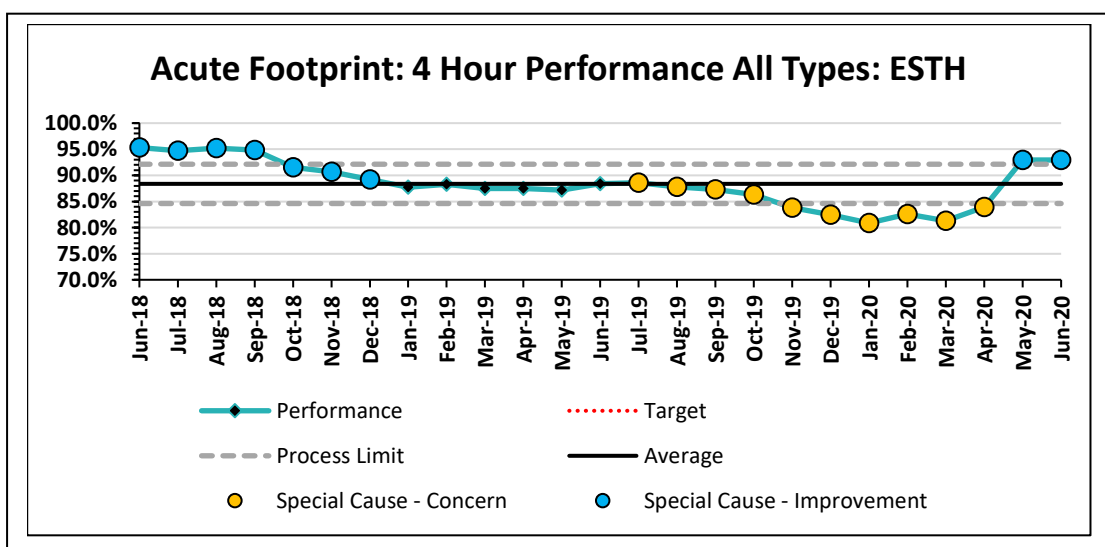
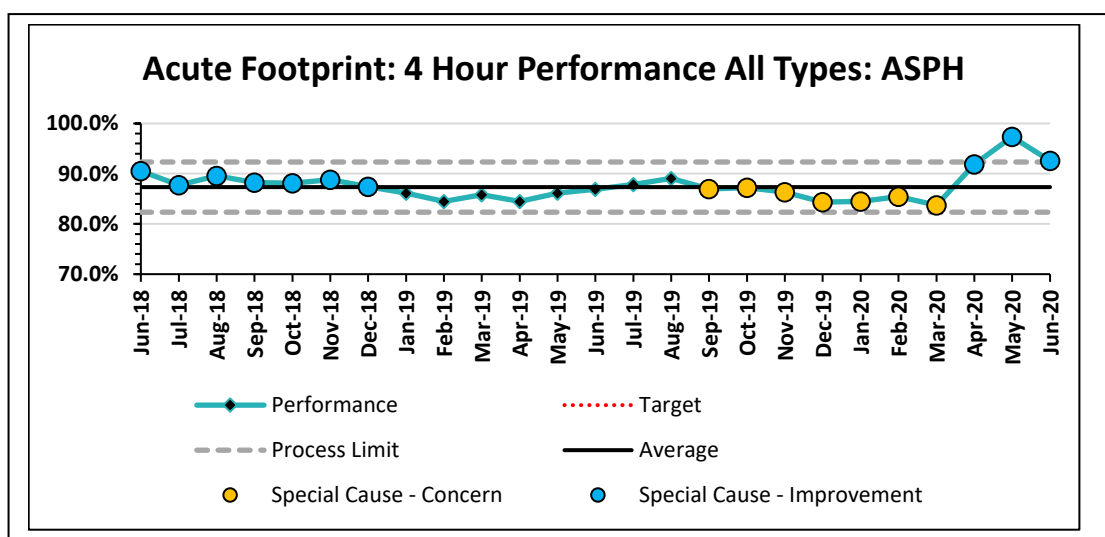


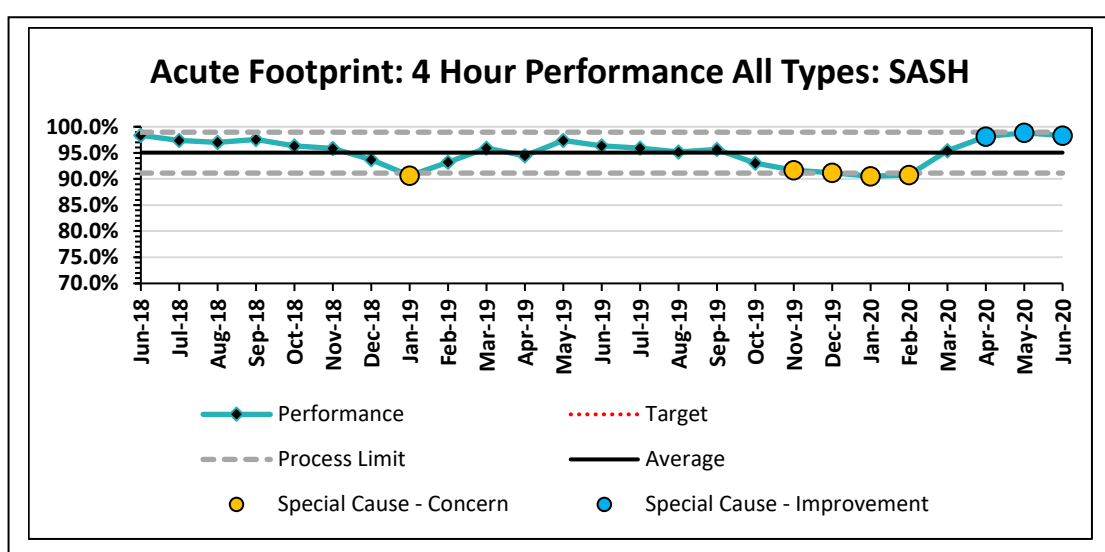
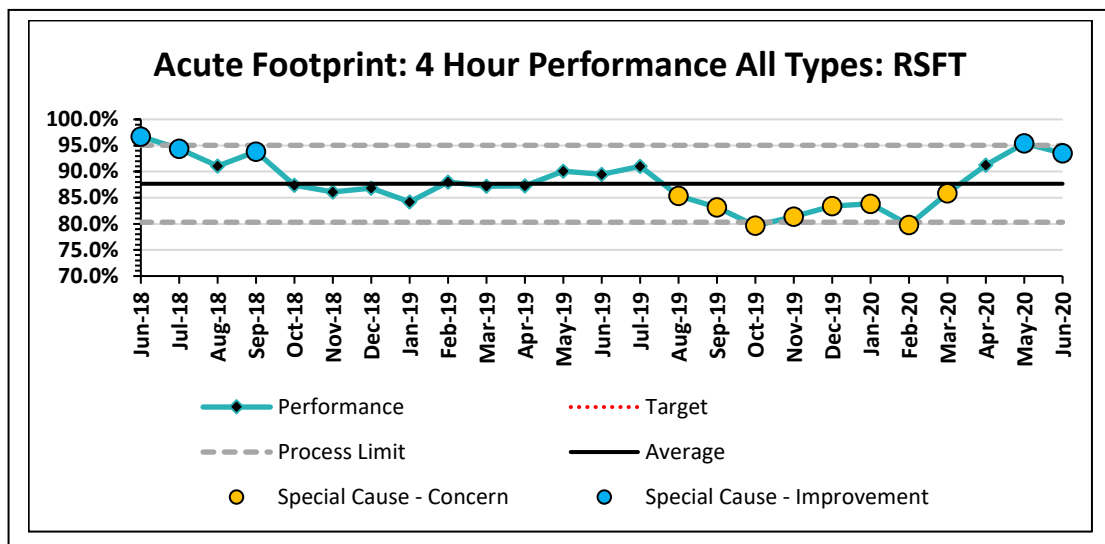
2.3 The graph above provides data from June 2018 to June 2020 for the combined performance for Surrey Heartlands: this includes Ashford and St Peters NHS Foundation Trust (ASPH); Royal Surrey Foundation Trust (RSFT); and the Sussex and Surrey Hospital (SaSH).

3. Assessment of 2019-20 Winter Pressures

3.1 When considering last winter (2019/20) in more detail; the activity analysis demonstrates that whilst the investment into winter 2019/20 resulted in the ED 4-hour type 1 performance per hospital being on or above the national NHSE average at 75%; the systems operated below the required 95% target throughout the winter period. Recovery of this position was fully achieved during Lockdown; however, as attendances and the impact of social distancing requirements within the Acutes and wider health system come into effect; performance once again starts to dip.

3.2 The following graphs show the individual hospitals performance – this includes attendances by residents who do not live in the Surrey Heartlands area and includes all types (Type 1 to 4 as described above). The greatest level of consistently good performance was experienced at SaSH.





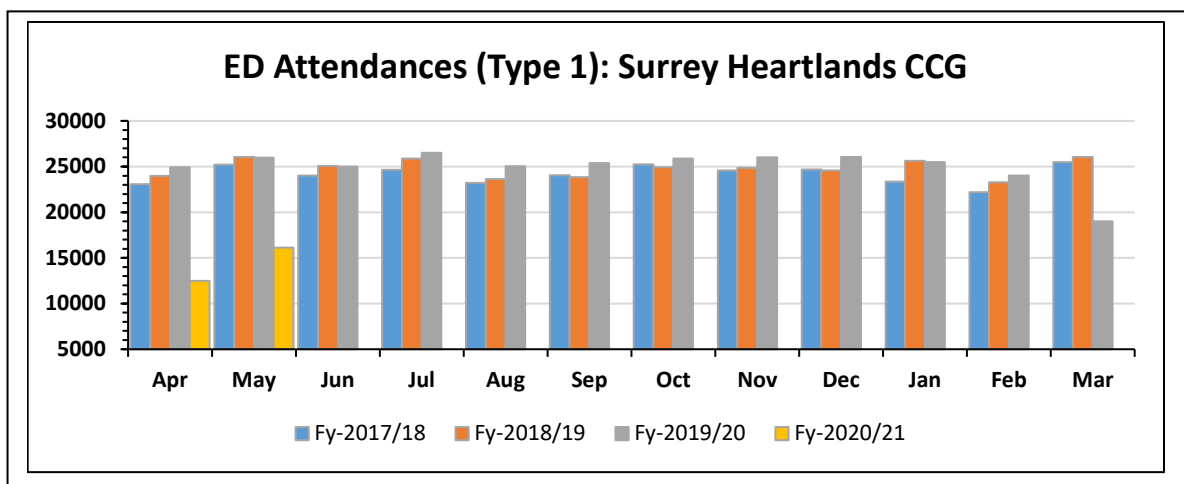
3.3 One of the key drivers of the improvement in the 4 hour performance indicator during quarter 1 2020/21 was the reduction in attendances to ED. All ED attendances reduced significantly at the commencement of the first wave of COVID to levels of all-time low volumes (i.e. special cause variation).

3.4 The table below demonstrates that all four Acute hospitals had more challenged performance that the previous year (2018/19); this winter all the Acute hospitals performance was either in line with or above the NHSE national average from November 2019 to March 2020.

A&E 4 Hour Performance (Type 1)				
Provider	Nov-18 to Mar-19		Nov-19 to Mar-20	
	Performance	Variance to NHSE	Performance	Variance to NHSE
ASPH	76%	-2%	75%	-0%
ESTH	86%	+8%	80%	+5%
RSFT	85%	+7%	81%	+6%
SASH	88%	+10%	84%	+9%
NHSE	78%		75%	

4. Demand and Capacity – Attendances

4.1 During the period from April 2019 to March 2020, the general trend has been one of growth in relation to attendances, with slight reductions experienced in May and June 2019; along with a very slight reduction in January 2020. The information below represents the numbers of Surrey Heartlands residents that have attended the Acutes Hospitals and clearly describes how ED type 1 attendances markedly reduced in March 2020 as lockdown was introduced.



4.2 The graph above is complemented by the actual type 1 attendance figures below (table A) and the percentage variation between years 2018/19 and 2019/20 (table B). The numbers described demonstrates a +0.5% growth when comparing 2018/19 to 2019/20; this is slightly below the national growth of +0.9%.

Table A SH CCG	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	23067	25207	24029	24650	23228	24042	25252	24592	24685	23345	22186	25487
2018/19	23976	26066	25086	25883	23632	23860	24916	24851	24593	25635	23276	26064
2019/20	24937	25977	24986	26513	25026	25373	25889	26014	26055	25483	24024	18997
2020/21	12490	16139										

Table B

SH CCG	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2018/19	23976	26066	25086	25883	23632	23860	24916	24851	24593	25635	23276	26064	297838
2019/20	24937	25977	24986	26513	25026	25373	25889	26014	26055	25483	24024	18997	299274
Growth	+4.0%	-0.3%	-0.4%	+2.4%	+5.9%	+6.3%	+3.9%	+4.7%	+5.9%	-0.6%	+3.2%	-27.1%	+0.5%
Nat. Growth	+6.9%	+1.2%	+2.2%	+4.0%	+5.9%	+5.7%	+4.3%	+4.7%	+5.6%	-0.7%	+0.3%	-26.8%	+0.9%

Data Source: NHSE Joint Activity Report, dated 9th July 2020

- 4.3 When focusing on the winter months, traditionally the busiest period, the overall attendance figures (all types) rise to +9.4% when comparing November to March 2018/19 to 2019/20. The greatest monthly growth (when compared to the same period in 2018) was in December at +20.4%. Lockdown was announced on 23rd March 2020, with attendances falling dramatically, leading to -21.9% when compared to March 2019.

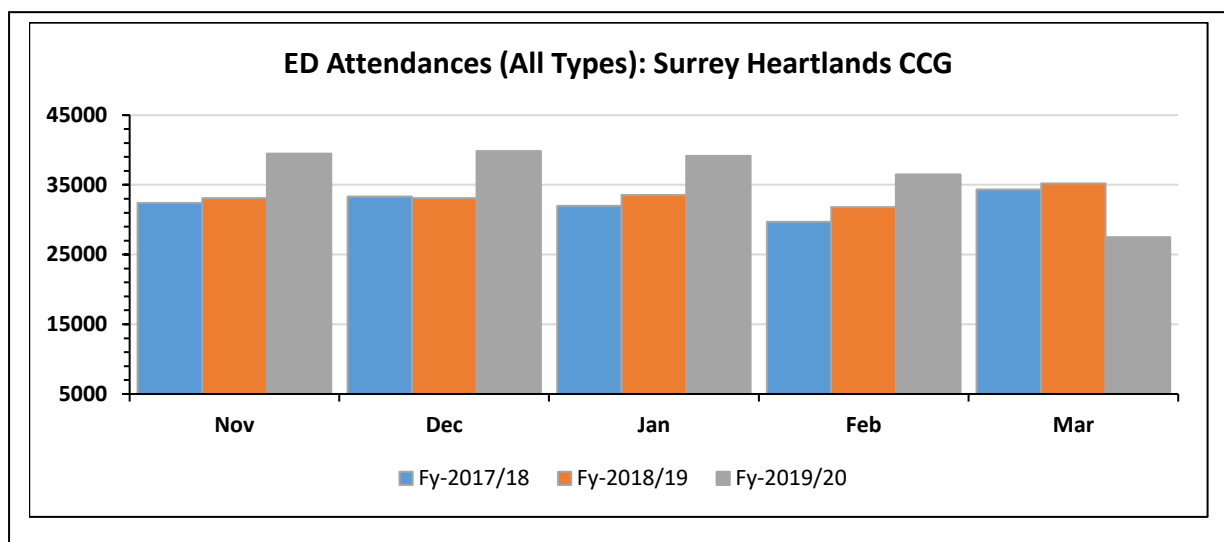


Table C – All types SH CCG	Nov	Dec	Jan	Feb	Mar	Winter
2017/18	32409	33305	31966	29700	34343	161723
2018/19	33080	33093	33562	31808	35200	166743
2019/20	39483	39846	39145	36467	27487	182428
% Var	+19.4%	+20.4%	+16.6%	+14.6%	-21.9%	+9.4%

NB: % Variance is 2019/20 vs 2018/19.

- 4.4 Since the first wave of COVID, demand on ED has partially returned to previous levels. However, available space in the Emergency Departments has reduced as a result of social distancing interventions. This has had an impact on queuing systems, waiting areas and flow through to the main hospitals.
- 4.5 During the first wave of COVID, fewer people with mental health problem presented to ED. These levels have gradually increased as restrictions have lifted and returned to Pre-Covid levels. The Acute Hospital based Psychiatric Liaison Services make approximately 900-1100 contacts each month. Capacity has remained consistent throughout, with the Psychiatric Liaison services supporting all ED referrals within 60 minutes.

5. Ambulance Attendances and Handover to ED staff

5.1 In respect of Ambulances attendances to ED, the graph below compares 2017/18, 2018/19, 2019/20 and includes the first quarter of 2020/21.

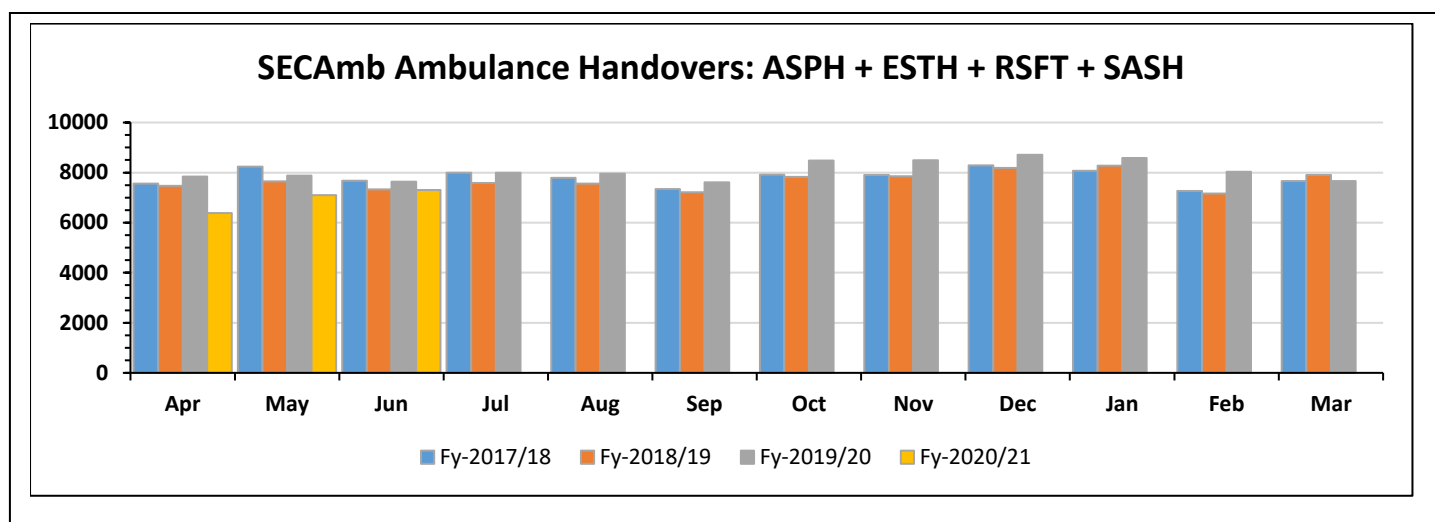


Table D

Handovers	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	7559	8234	7672	7990	7784	7343	7915	7911	8288	8068	7264	7657
2018/19	7467	7648	7326	7582	7565	7218	7824	7852	8191	8281	7159	7902
2019/20	7835	7884	7641	7994	7959	7612	8485	8489	8714	8588	8037	7657
2020/21	6379	7096	7302									

Data Source: SCW CSU SECAmb 999 Activity and Performance Reports

5.2 When focusing on the winter months (below), again traditionally the busiest period, the overall ambulance attendance figures rise to +5.3% when comparing November to March 2018/19 to 2019/20. The greatest monthly growth (when compared to the same period in 2019) was in February at +12.3%. Lockdown was announced on 23rd March 2020, with attendances starting to fall dramatically, leading to -3.1% when compared to March 2019.

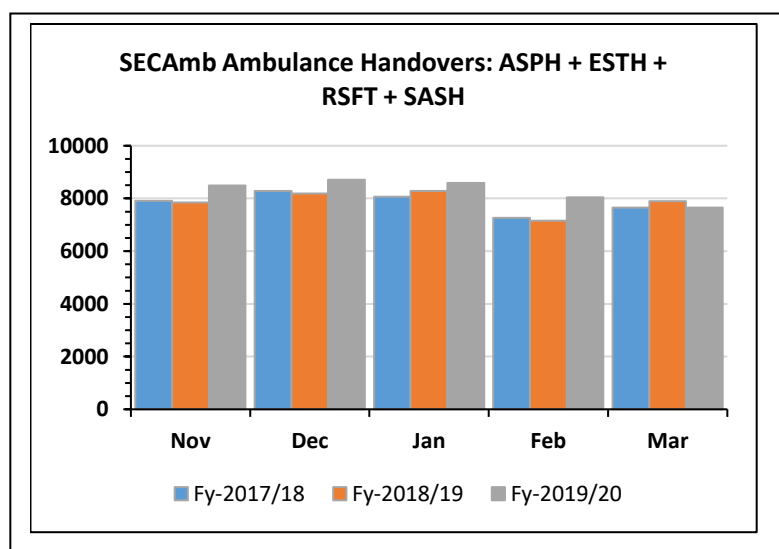


Table E Handovers	Nov	Dec	Jan	Feb	Mar	Winter
2017/18	7911	8288	8068	7264	7657	39188
2018/19	7852	8191	8281	7159	7902	39385
2019/20	8489	8714	8588	8037	7657	41485
% Var	+8.1%	+6.4%	+3.7%	+12.3%	-3.1%	+5.3%

NB: % Variance is 2019/20 vs 2018/19.

5.3 The figures below describe ambulance handovers achieved within 15 minutes of arrival to the Emergency Department; ambulance handovers have seen an overall improvement, particularly during the winter months from December 2019 to February 2020 when compared to 2018/19. This improvement is against a backdrop of increased ambulance attendances to ED for the same period (please see above).

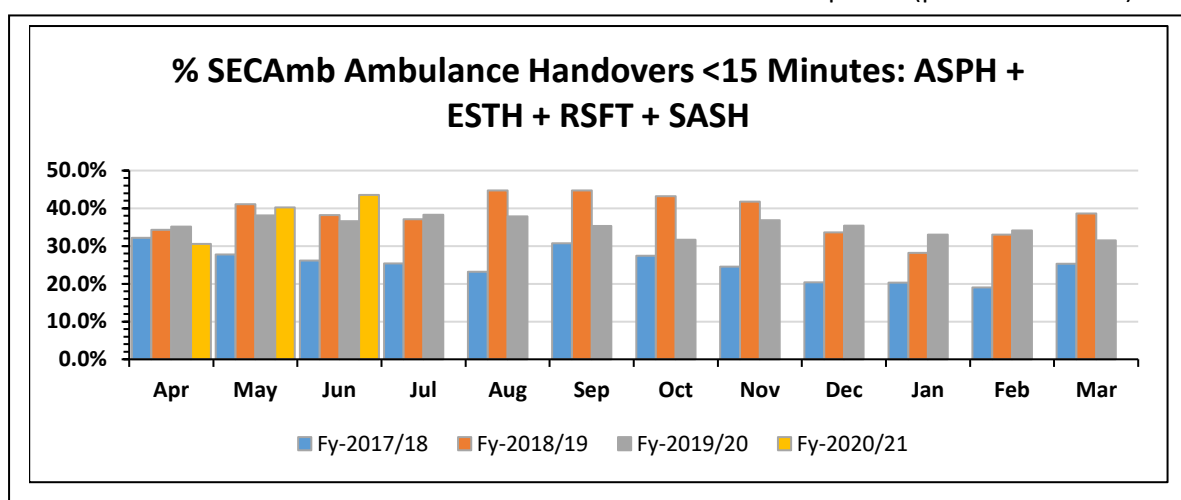


Table F % <15 Minutes	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	32.2%	27.8%	26.1%	25.4%	23.2%	30.8%	27.5%	24.5%	20.4%	20.3%	19.0%	25.3%
2018/19	34.3%	41.1%	38.2%	37.1%	44.7%	44.8%	43.2%	41.7%	33.6%	28.2%	33.0%	38.6%
2019/20	35.1%	38.1%	36.6%	38.3%	37.8%	35.3%	31.6%	36.8%	35.4%	33.1%	34.2%	31.5%
2020/21	30.6%	40.2%	43.6%									

5.4 Reduced ambulance handover times provide a very real benefit to the patient and the system as patients are able to be seen by the ED staff quicker, with the ambulance crew being able to leave the hospital faster and respond to the next call. Whilst both the ambulance service and all the Acute hospitals continue to strive to increase numbers of handovers within 15 minutes; the number of handovers within 30 minutes are also improving – a proportion of these handovers will have just missed the 15-minute target being recorded at 16 or 17 minutes.

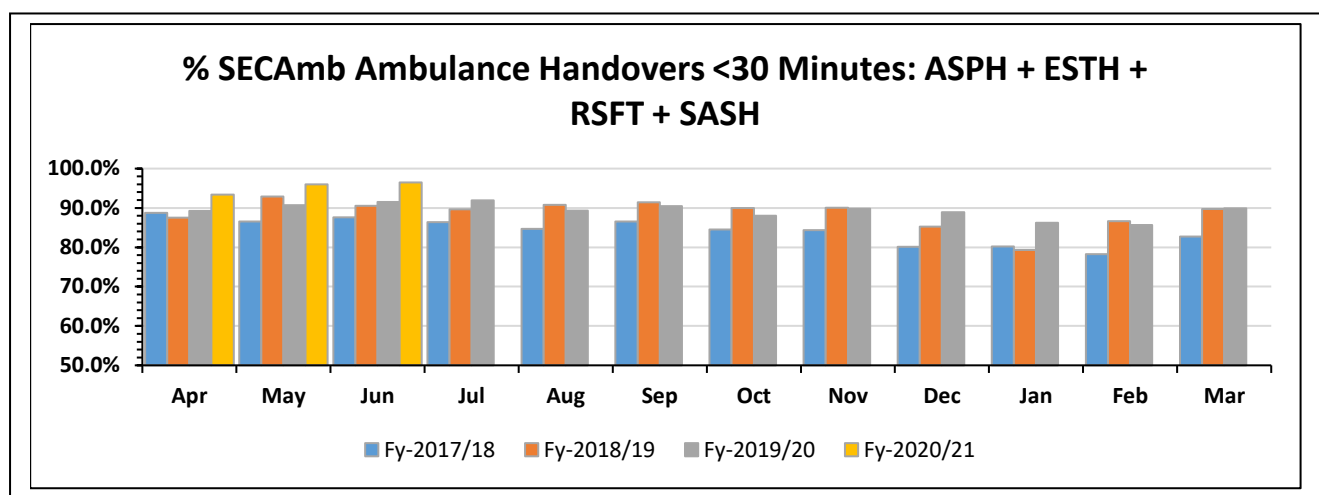


Table G % <30 Minutes	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	88.7%	86.6%	87.6%	86.4%	84.7%	86.5%	84.6%	84.4%	80.1%	80.2%	78.2%	82.7%
2018/19	87.5%	92.9%	90.5%	89.6%	90.8%	91.4%	90.0%	90.1%	85.3%	79.3%	86.6%	89.7%
2019/20	89.2%	90.7%	91.5%	92.0%	89.3%	90.4%	88.0%	89.8%	88.9%	86.3%	85.7%	89.9%
2020/21	93.4%	96.0%	96.5%									

5.5 Handover waiting times of over 60 minutes are also closely monitored, as handovers within 15 and 30 minutes improve; the number of patients waiting over an hour has reduced. From April to July 2020 the number of people recorded with a wait time of over 60 minutes, across Surrey Heartlands, has consistently been less than 10.

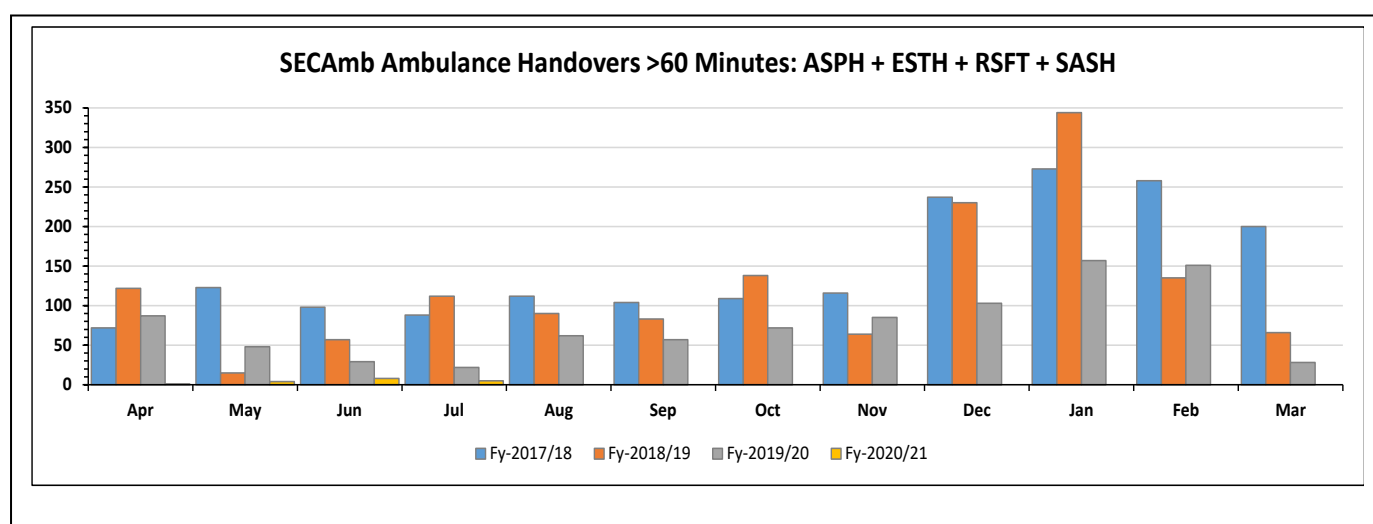


Table H

Handovers >60 Mins	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	72	123	98	88	112	104	109	116	237	273	258	200
2018/19	122	15	57	112	90	83	138	64	230	344	135	66
2019/20	87	48	29	22	62	57	72	85	103	157	151	28
2020/21	1	4	8	5								

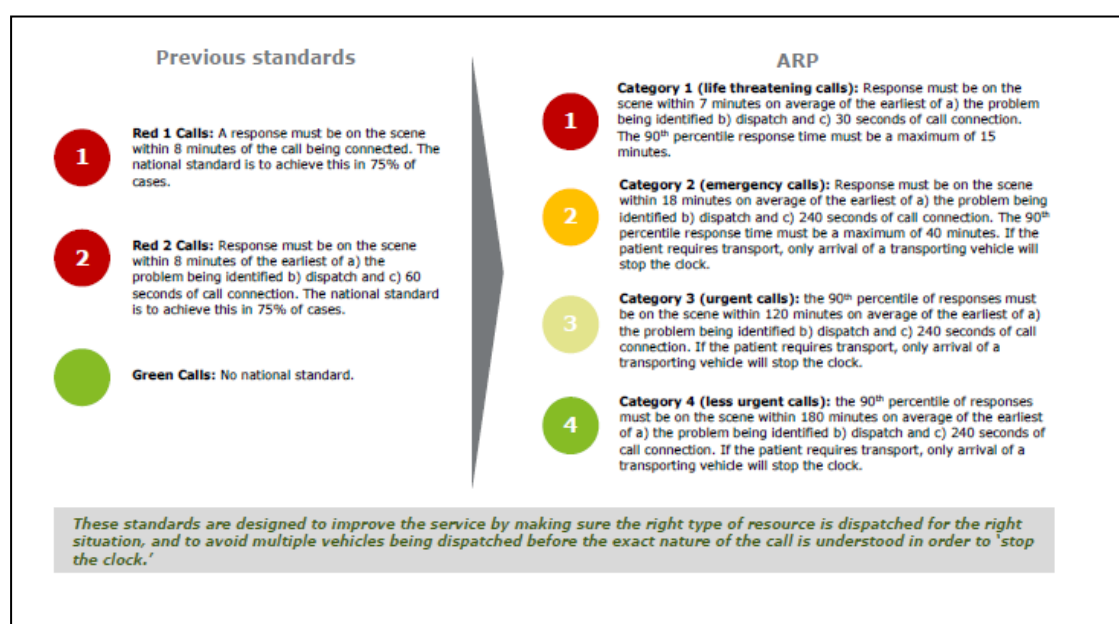
Data Source: SCW CSU SECamb 999 Activity and Performance Reports

- 5.6 These improved figures are as a result of a great deal focused work across all the Emergency Departments and the ambulance service resulting in improved communication, improved handover process' and has fostered excellent joint working – which is vital during periods of increased pressure within the NHS.

6. Ambulance Response Times

- 6.1 In 2017, Ambulance Trusts around the country incorporated new response time measures into their reporting, this change followed the largest clinical ambulance trials in the world. The main purpose of the new standards was to ensure that the sickest patients get the fastest response and that all patients get the right response, first time.

- 6.2 Illustrated below are the previous standards and current standards:

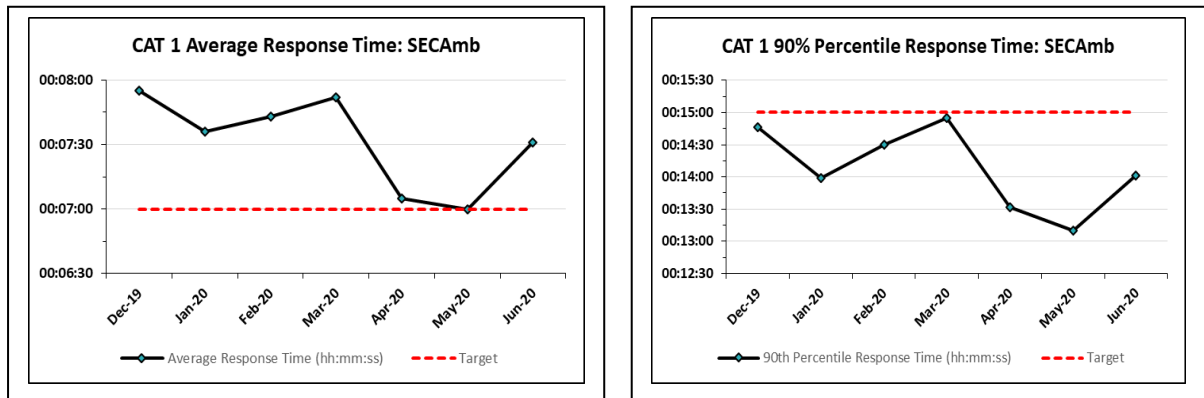


- 6.3 There are 4 levels of response:

- **Category 1:** This is a 7-minute response with examples including cardiac arrest, anaphylaxis, life-threatening asthma, obstetric emergency, airway compromise and cardiovascular collapse (including septic shock).
- **Category 2:** This is an 18-minute response with examples including patients with sepsis, myocardial infarction, CVA, acute abdomen, acute ischaemic limb, acute pancreatitis, major gastrointestinal haemorrhage and overdose requiring immediate treatment.
- **Category 3:** This is an 120 minute response for patients who require urgent admission to hospital. Examples in this category may be patients who require urgent investigations to inform ongoing care such as CT, MRI, Ultrasound or who need an urgent assessment by a specialist. Mental health emergency admissions and patients with respiratory conditions, or suspected fractures (not due to major trauma).
- **Category 4:** This is an 180 min response for all other patients who do not fit the above definitions and require admission to hospital by ambulance for ongoing care, but do not need to be managed as an emergency. Examples in

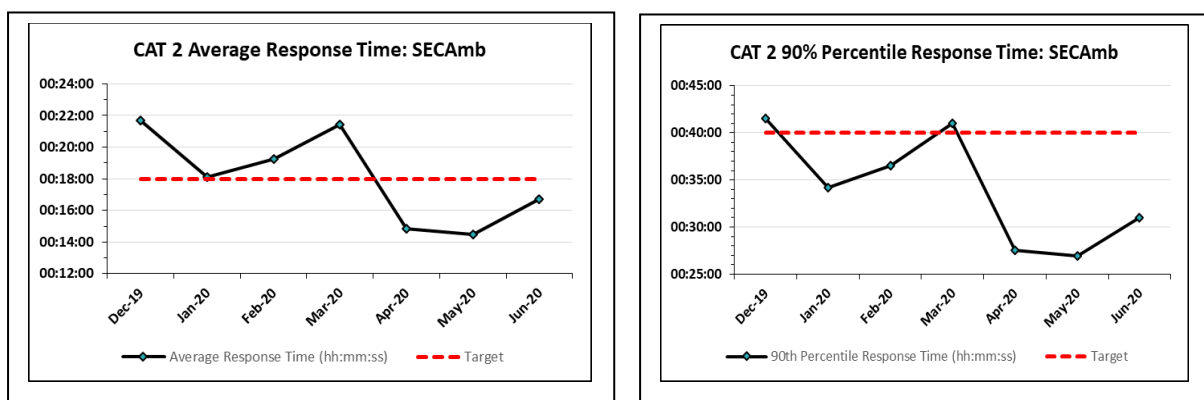
this category may be patients being admitted directly under specialty teams, as well as those being transported to emergency departments for further investigation and who do not require emergency investigation or treatment immediately upon arrival.

- 6.4 Performance against the required standards: SECamb are commissioned to provide '999' services across the Kent, Surrey and Sussex. The graphs below outline performance from December 2019 to June 2020. Please note that the combined figures below cover all three counties.

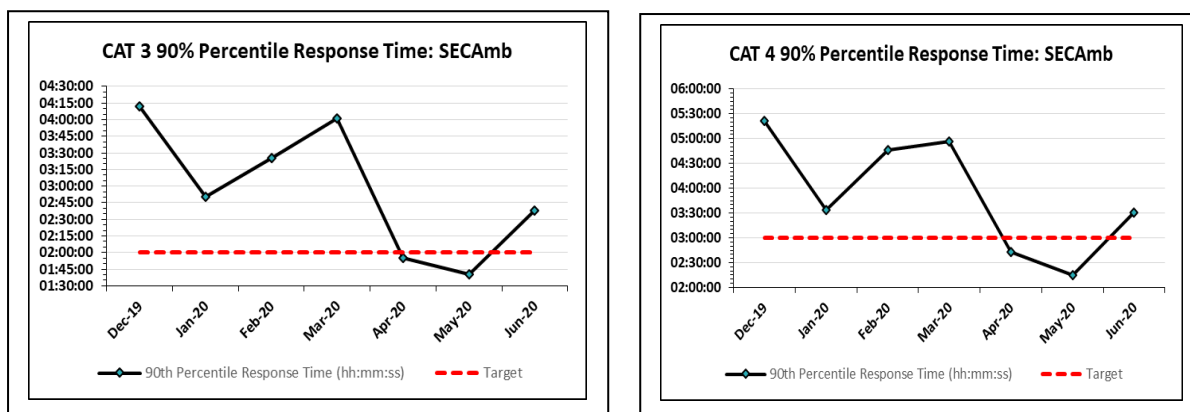


- 6.5 The graphs above show that when taking an average response time – between December 2019 to mid-May 2020 the ambulance service did not meet the 7 - minute target; however, response times do remain under 8 minutes. When considered on the 90% percentile – Cat 1 response times are under the required target.

- 6.6 The graphs below describe the Cat 2 response times; the target (as an average) of being on scene within 18 minutes was not being met from December 2019 to March 2020, however since April 2020 average response times have improved. When considering the 90% percentile; the ambulance service has largely met the target of response within a maximum of 40 minutes.



- 6.7 Category 3 and 4 is measured as a 90% percentile; with Cat 3 requiring a response in 120 minutes and Cat 4 in 180 minutes – as depicted in the graphs below, the ambulance service has experienced difficulty in meeting these targets during the period from December 2019 to mid-April 2020; and again, in June 2020 for Cat 4. The use of the 90% percentile target system is to assist in measuring performance across all ambulance trusts.



6.8 Ambulance services across the country continue to face challenges which directly impacts their performance, for example: -

- Staff Sickness:** Over the last 6-7 months, ambulance providers have been challenged with an increase in short term and long-term sickness. Performance continues to be impacted by reduced availability of front-line staff due to several factors including numbers of staff in self-isolation and staff with Covid-19 symptoms, coupled with an increase in non-Covid-19 related sickness.
- Workforce-** The ambulance service has a robust recruitment plan and are on target against their agreed trajectory, the '999' service is seeing an increase in activity and in order to mitigate the impact on performance, the trust are offering overtime shifts and increasing the private ambulance provider provision. There is an associated challenge around recruitment of Paramedics and workforce skill mix.
- Resourcing:** Fit testing for frontline staff on all types of disposable FFP3 masks supplied continues to improve resilience and ensure staff and patient safety are not compromised. The Trust has secured a supply of powered hoods for those who cannot be fit tested successfully.
- Long waits:** Governance processes have been embedded which act as a safety net, reviewing all incidents that result in 'long waits'. These processes identify any immediate clinical need in the live environment that allows prioritisation of the sickest patients. Additionally, they act to capture root cause, any harm or negative impact to the patient experience. The output of these processes is used to inform quality improvement, especially the triangulation of information with system partners whereby the long wait may not be within the services control and require end to end review.
- Performance Improvement Plan:** The service also has a dedicated performance improvement plan in place. This multi-disciplinary plan and its

outputs are being monitored by an internal Organisational Response Management Group. The plan looks to address the lost hours, those staff returning to work following a period of shielding, incentivising key shifts and sickness management.

7. Ambulance Diverts

- 7.1 Ambulance staff are not able to operate an informal diversion scheme. SECamb are working with partners across the wider region (Kent, Sussex and Surrey) to reduce the number of divers taking place.
- 7.2 Figures regarding divers have routinely been recorded for winter 2019/20.
- 7.3 The priority for all partners is to maintain patient safety with all partners committed to working together to achieve this throughout periods of unexpected /surges in demand.
- 7.4 Ambulance diversion to another Acute Hospitals Emergency department (ED) is a strategy which is only ever deployed when the hospital requesting a divert is under very intense pressure. When a hospital invokes diversion status, incoming ambulances are directed to other facilities.
- 7.5 In the short term, ambulance diversion provides 'breathing room' to the ED that requests the diversion, supporting the department to de-escalate and return to greater optimal functioning as staff assess and treat the overflow of patients. Divers are only requested in extreme circumstances and for short periods, generally two hours. This is because should a divert arrangement continue for an extended period, it can in turn increase the receiving hospitals pressures.
- 7.6 The reasons for a divert request may include: -
 - an essential piece of equipment is broken
 - flooding or other infrastructure issues challenge bed capacity
 - staffing is unable to meet demand / manage patients safely
 - higher numbers than anticipated arriving in one surge of demand

In each case the Acute Trusts will have worked through their internal escalation plans and actions before a divert of ambulance borne patients is considered.

- 7.7 The main 2 impacts are: -
 - 1) to patients as this may affect the ability of the service to be able to respond to the next call coming in from the community.
 - 2) to the ambulance service as, during a divert, resources are displaced across the system.
- 7.8 The main reason for avoiding divers is that it can increase travel time for the patient should they need to be transported longer distances to receive necessary treatment; (even when a divert is in place, patients in the most urgent need of hospital facilities will still be conveyed to the nearest Acute hospital). This increased travel time can

reduce the availability of ambulances for new calls for other patients awaiting emergency medical service. Importantly, it may also mean that families and friends may have longer travel distances when visiting with the patient being admitted to a hospital slightly out of area.

7.9 During the seven months from December 2019 to June 2020, there were 19 divers requested, resulting in 4 patients being diverted. None of the border divers resulted in patients being transported.

Month	Requesting Hospital	Type of Divert	Receiving Hospital	Number of Patients Diverted
December 2019	SaSH	Border Divert for paediatric patients on a treat and transfer basis	Royal Surrey Foundation Trust	0 patients diverted
	SaSH	Border Divert for paediatric patients only on a treat and transfer basis	Royal Surrey Foundation Trust	0 patients diverted
	SaSH	Border Divert for paediatric patients only on a treat and transfer basis	Ashford and St Peters Hospital	0 patients diverted
	SaSH	Border Divert for paediatric (Treat and Transfer basis) and adult patients	Royal Surrey Foundation Trust	0 patients diverted
	SaSH	Border Divert for paediatric (Treat and Transfer basis) and adult patients	Ashford and St Peters Hospital	0 patients diverted
	SaSH	Border Divert for adults	Royal Surrey Foundation Trust	0 patients diverted
	SaSH	Border Divert for adults	Royal Surrey Foundation Trust	0 patients diverted
	SaSH	Border Divert for adults	Royal Surrey Foundation Trust	0 patients diverted
	SaSH	Border Divert for adults to Ashford and St Peters	Ashford and St Peters Hospital	0 patients diverted
	ASPH	Full Specialist Divert for Trauma /Head injury and stroke – due to planned electrical outage in the imaging department.	Epsom General: Royal Surrey FT and Frimley	0 patients diverted
January 2020	SaSH	Border Divert	Royal Surrey Foundation Trust	0 patients diverted
	SaSH	Border Divert	Epsom General Hospital	0 patients diverted
	SaSH	Maternity divert to various hospitals on a case by case basis	ASPH; Epsom General: Royal Surrey FT and Frimley	0 patients diverted
	ASPH	Full Specialist Divert for PPCI	St Georges Hospital London	0 patients diverted
	ASPH	Border Divert for Adults	Royal Surrey Foundation Trust	0 patients diverted
	ASPH	Full Divert (all non ASHICE)	Royal Surrey Foundation Trust	4 patients diverted
February 2020	SaSH	Border Divert for Adult	Royal Surrey Foundation Trust	0 patients diverted

March 2020	SaSH	Maternity divert to various hospitals on a case by case basis	ASPH; Epsom General: Royal Surrey FT and Frimley	0 patients diverted
April		No requests for diverts received by SECamb	-	-
May		No requests for diverts received by SECamb	-	-
June 2020	ASPH	Full Specialist Divert for Trauma /Head injury and stroke – due to planned electrical outage in the imaging department.	Frimley General Hospital	0 patients diverted
			TOTAL Number of Diverted Patients	4

8. Demand and Capacity – Non elective admissions

8.1 Surrey Heartlands experienced an overall increase in non-elective (NEL) admissions, with a peak during April and May 2019; the rest of the year, to November 2019, continued to experience an increase in non-elective spells. However, numbers of admission markedly reduce in March, April and May 2020, during wave 1 of the pandemic.

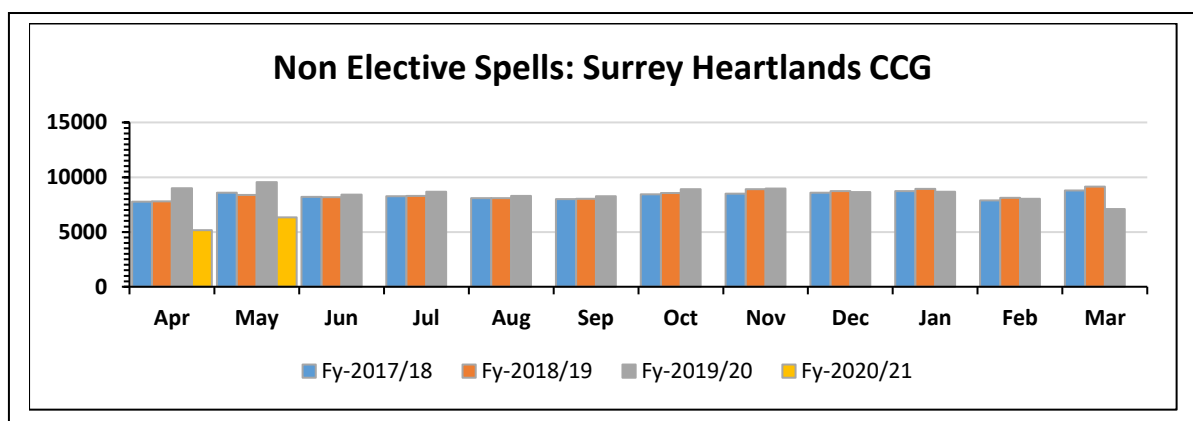


Table I SH CCG	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	7758	8591	8200	8277	8098	8004	8424	8506	8585	8726	7890	8782
2018/19	7793	8388	8166	8286	8091	8016	8563	8907	8740	8945	8117	9146
2019/20	9001	9536	8405	8686	8303	8273	8892	8954	8651	8658	8025	7108
2020/21	5167	6326										

8.2 The graph to the right and the table below provides greater detail in respect of non – elective admissions from November 2019 to March 2020.

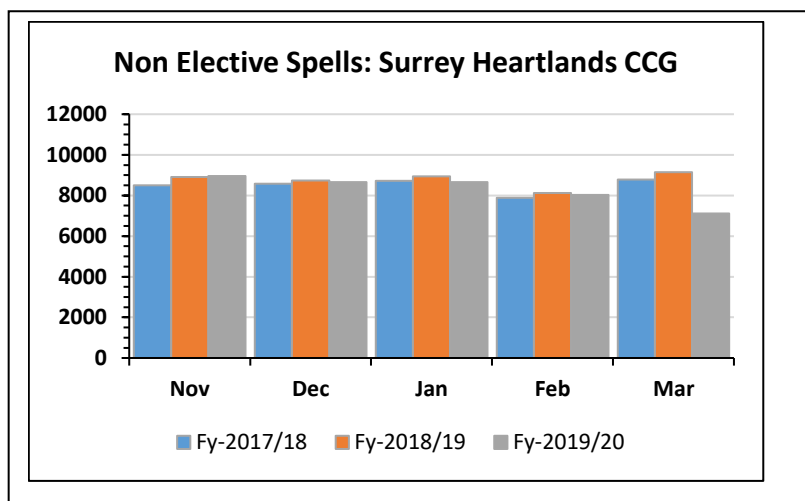


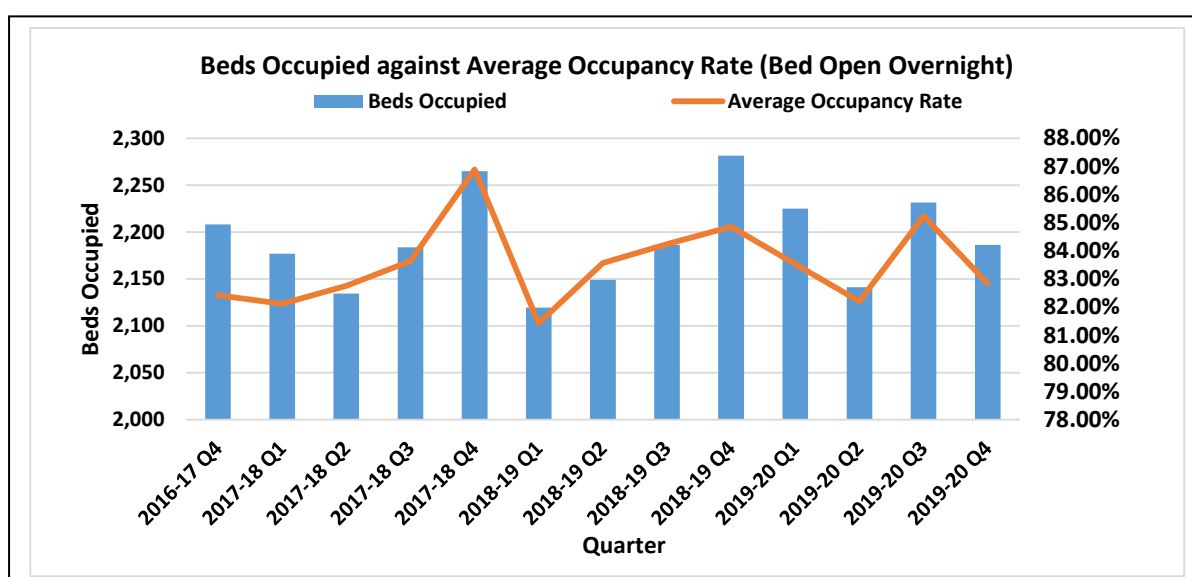
Table J SH CCG	Nov	Dec	Jan	Feb	Mar	Winter
2017/18	8506	8585	8726	7890	8782	42489
2018/19	8907	8740	8945	8117	9146	43855
2019/20	8954	8651	8658	8025	7108	41396
% Var	+0.5%	-1.0%	-3.2%	-1.1%	-22.3%	-5.6%

NB: % Variance is 2019/20 vs 2018/19.

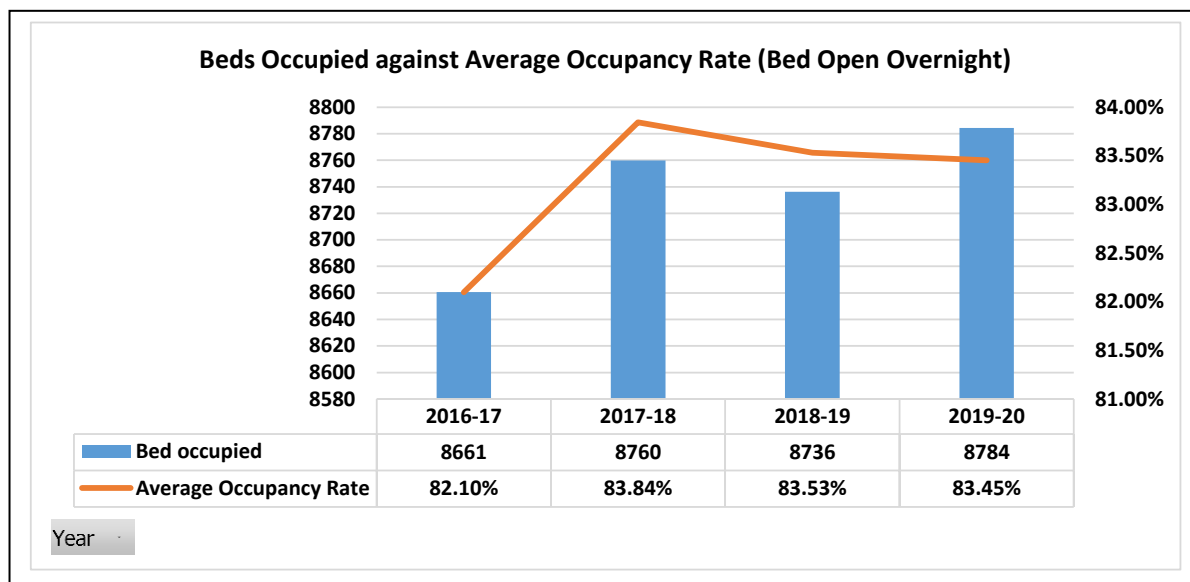
8.3 November 2019 saw a +0.5% increase, however admissions across Surrey Heartlands, when viewed collectively, started to fall from December 2019 (at -1.0), this was primarily due to enhanced services within the community. The most significantly reduction is in March 2020 at – 22.3% due to the pandemic.

9. Demand and Capacity - Acute Hospital Bed Occupancy

9.1 As described above Surrey Heartlands experienced an increase in non-elective (NEL) admissions for the majority of the year 2019/20. The graph below also illustrates these pressures; the first graph depicts beds occupied (per quarter) from Quarter 4 in 2016/17 to quarter 4 2019/20; with a spike in bed occupancy each winter.



9.2 This second graph demonstrates the year on year increase in bed occupancy from 2016/17 to 2019/20; the graph describes how there was a steep rise in bed occupancy from 2016/17 to 2017/18; decreasing slightly during 2018/2019 with a further rise experienced in 2019/20. This graph does not show 2020 quarter 1 – which saw a significant increase in bed availability as part of the response to the COVID – 19 pandemic.



10. Extended lengths of stay, over 21 days

10.1 During Winter 2019/20 (November to March) Surrey Heartlands has had an overall increase of +3.2% in patient's stays of over 21 days when compared to last year.

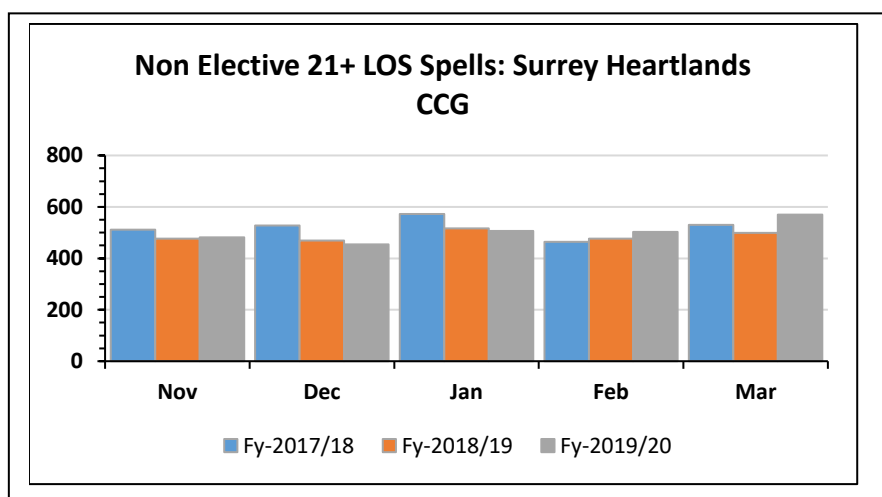


Table K - SH CCG	Nov	Dec	Jan	Feb	Mar	Winter
2017/18	511	528	573	464	530	2606
2018/19	476	469	517	477	499	2438
2019/20	482	454	507	503	570	2516
% Var	+1.3%	-3.2%	-1.9%	+5.5%	+14.2%	+3.2%

NB: % Variance is 2019/20 vs 2018/19.

10.2 However, when considering the figures across a 12 month period (April 2019 to March 2020) Surrey Heartlands has had an overall increase in patient's stays of over 21 days when compared to last year. Whilst numbers were higher in March 2020 than in 2017/18; the data below shows the response from all agencies, patients, families and communities to the government's request in the same month - March 2020 - to create as many available beds as possible in order to respond the pandemic; with numbers falling dramatically in April and May 2020.

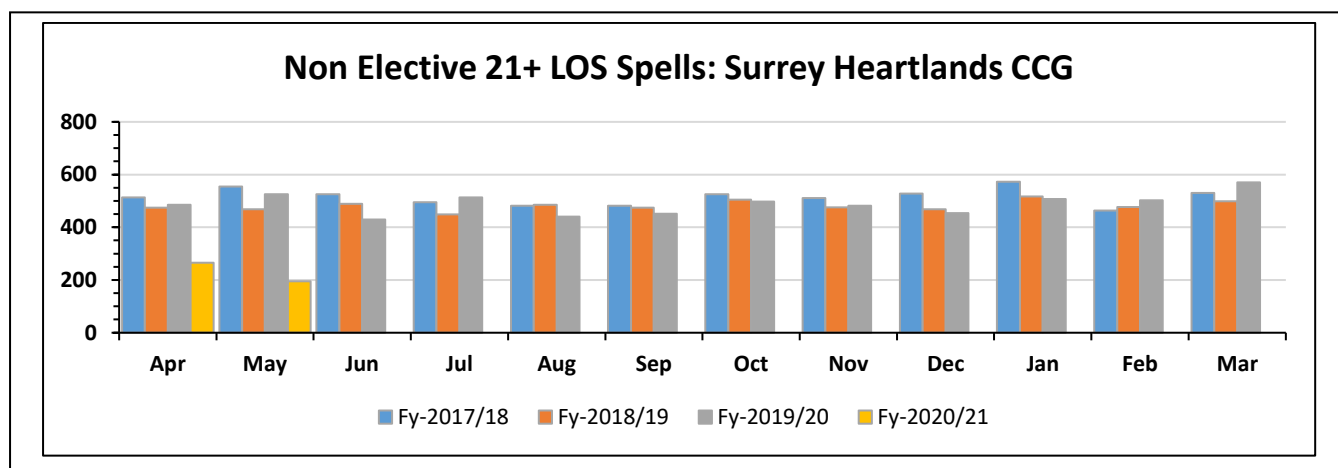


Table L SH CCG	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	513	555	526	495	482	482	525	511	528	573	464	530
2018/19	475	468	489	449	486	475	505	476	469	517	477	499
2019/20	486	526	429	513	441	452	497	482	454	507	503	570
2020/21	266	195										

11. Support on Discharge

11.1 Support on discharge from hospital during the COVID-19 pandemic has accelerated the ambitions of the High Impact Change model, which was developed nationally with the Association of Directors of Adult Social Services. Further focus on discharge came with the publication of the COVID – 19 Hospital Discharge Service Requirements on 19th March 2020.

11.2 This document set out the requirements for hospital discharge, with an implementation date of Thursday 19th March 2020. In order to ensure bed availability for patients needing to be admitted into hospital; the guidance was clear in that patients should not be staying in hospital unless the person clinically required hospital-based care.

11.3 The guidance built on the aims and objectives of the High Impact Changes and due to the urgency of the situation advised that all acute and community hospitals should discharge all patients as soon as the person was clinically well enough to leave the hospital. The expectation is that patients ready to leave the hospital would transfer from the ward to a designated discharge area within one hour of the

decision being made and then fully discharged from hospital, within a total of 3 hours. This guidance remains in place.

11.4 The ambition was to free up at least 15,000 beds nationally (England) by Friday 27th March 2020, with discharge flows maintained after that. The graphs above illustrate local adherence to this guidance with decreased bed occupancy from the end of March 2020.

11.5 The main areas of focus throughout the winter 2019/20 and spring 2020 were:-

- **Discharge to Assess** - For patients leaving hospital and requiring further support, arrangements were put in place to provide the assessment and organisation of ongoing care to be undertaken, preferably, in the persons own home.
 - For patients whose needs were too great to return to their own home suitable alternative arrangements were provided e.g. admission to the Community Hospital or local Care Home, with the aim of improving the person independence (whenever able to do so) and with the continued aim of supporting the person to return home. Should the person require long term residential or nursing home care – then support was offered to the person and their families to make the long-term choice as to where the person wished to reside.
 - The main question staff across the Acute and Community Hospitals, along with all short-term residential arrangements, were challenged to ask, in relation to discharging patients, was ‘Why not home, why not today’: keeping the goal of supporting the person to return to their own home, as soon as they were able, a key priority.
- **Early discharge planning** - All patients received a clinically led review twice daily; for patients who no longer needed to be in hospital and were therefore suitable for discharge; were allocated to a discharge pathway. On decision of discharge, the patient and their family or carer, and any formal supported housing workers were informed and kept informed of next steps (with the patients’ permission).
 - Community hospital discharges were also increased, with delays for the patient reduced by using the same approach and actions taken in acute settings. This included a daily clinical review of the plan for every patient; and all patients provided with an expected date of discharge (EDD) and fully involved with their discharge planning.
- **Trusted Assessments** - Staff have been trained to further support ‘Trusted assessments’ for patients in hospital from care homes, so they can return to their care home promptly. This approach supports all care homes with the new discharge requirements. Trusted Assessment is when one agency ‘trusts’ another agency to complete an assessment - this agreement is for pre-agreed access to certain services and is generally used when patients are transferring back to Residential Care.

- **Multidisciplinary team working** – as ‘Discharge to Assess’ developed throughout the winter and into the spring 2020; the community multi-disciplinary teams were strengthened so that many more visits to patients were undertaken within the persons own home on the day of discharge or the day after to arrange what support was needed in the home environment. If care support was required on the day of discharge from hospital, this was arranged prior to the patient leaving the hospital by a discharge coordinator. Whenever possible, visits were undertaken ‘virtually’, particularly during the period of lockdown.
- **7 day working** - Occupational therapy and physiotherapy delivery was enhanced to provide more robust cover over the 7-day period, with the positive impact of reducing the length of time a patient needed to remain in an acute or community hospital environment.
- **Voluntary / District and Borough Council support** – support from volunteers and the District and Borough across Surrey has been vital during winter 2019/20 and in particular during wave 1 of the pandemic. Volunteers and the District and Borough council staff have supported the discharge process; enabling patients to return directly home by providing a wide range of practical support which includes transport home; equipment e.g. key safes; along with safety checks and essential food shopping. This high level of joint working has been much appreciated across both health and social care.
- **Discharge destinations:** The data in the table below shows the discharge destinations for inpatients leaving Acute and Community Hospitals. The period reported is from 1st December 2019 - 30th June 2020. This activity data is for Surrey Heartlands ICS. *Please note that, at the time of compiling this report, RSFT had not submitted their data for June 2020.*

Table M Number of discharges - Data source: SUS		
Discharge Provider type	Discharge Destination -grouped	Total discharges
NHS Acute Trusts	Home	103,922
	Residential / Nursing home care	3,742
	Patient died	2,282
	Transferred to another NHS hospital provider e.g. Community Hospitals	2,119
	Data quality issue	251
	Transfer to mental health care	193
	Not applicable - patient discharged - however continued to receive support from the Acute	149
	Transfer to a Non-NHS run hospital	123
	Maternity pathway	66
	End of life care	47
	Return to Prison / secure environment	28
NHS Acute Trusts Total		112,922
Community Hospital	Home	2306
	Residential / Nursing home care	110
	NHS other hospital provider	80
	Data quality issue	15
	Transfer to mental health care	3
Community Hospital Total		2,514
Total Surrey for reporting period		115,436

12. Patient Transport Services (PTS)

12.1 Performance in relation to the Surrey Heartlands PTS has been strong and sustained during the COVID – 19 wave 1 pandemic response; both in operational delivery and within the contact centre. The PTS have deployed additional resource to support Surrey calls over the weekends and have been a key partner in the PTS Covid-19 Co-ordination centre. Weekly assurance calls were held to support the provider and the wider system.

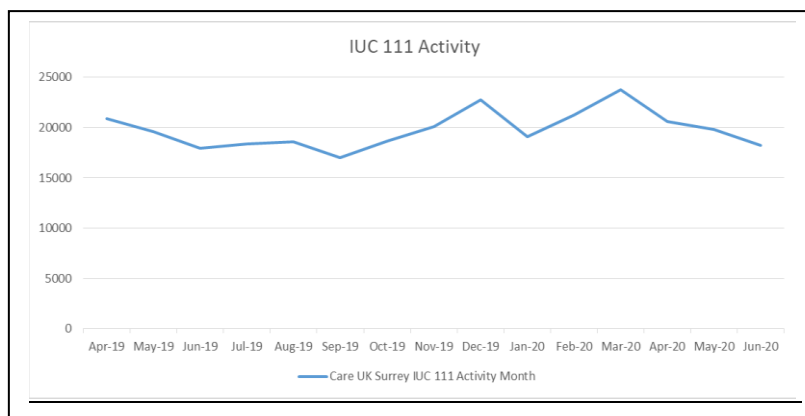
12.2 The table (table N) below provides an overview of activity during the period from December 2019 to June 2020. January 2020 was the busiest month, with fewest delays and a high level of support in the form of additional transport from the main service, along with Community Transports Busler / Hoppa.

Table N	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Number of pick-ups from home address within agreed timeframe – to OPD	1798	2608	2270	1429	502	517	796
	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Number of collections from OPD within agreed timeframe	2164	2172	2111	1816	739	757	1106
	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Delays to discharge due to transport (number of patients that didn't meet KPI)	264	166	344	293	127	52	52
	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Additional Transport provision provided via SCAS and Community Transports Busler / Hoppa	44	210	no crew available	120	127	136	134

13. Community Response – NHS 111 and the Clinical Assessment Service (CAS)

13.1 As with the PTS, weekly assurance calls have been undertaken to provide oversight and support to the NHS 111 provider over the period of the pandemic. As the graph below describes, both activity and performance has now recovered and is now more aligned to seasonal expectation. Recruitment is strong across the provider with all health advisor posts filled.

13.2 Currently 50% of all NHS 111 callers are receiving a clinical contact, meaning calls are either receiving clinical assessment or are closed through contact with a clinician.



13.3 The table below provides the information above in a numerical format.

Table O

Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
	20888	19625	17956	18397	18624	17012	18656	20126	22782	19109	21234	23782	20615	19835	18243

13.4 The NHS 111 service is required to answer 95% of calls within 60 seconds, the information below shows, with the increase in demand in the early stages of the pandemic and lockdown, call answered times also increased markedly when compared to 2018 / 19.

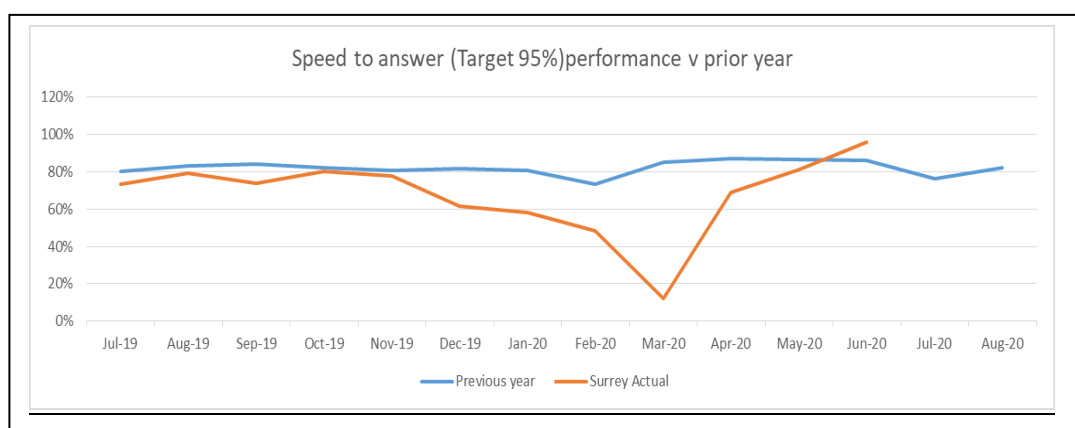


Table P

Month	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
	73.28%	79.39%	73.79%	80.21%	77.75%	61.71%	57.96%	48.30%	12.00%	69.03%	81.15%	95.67%

14. Community Response – Primary Care

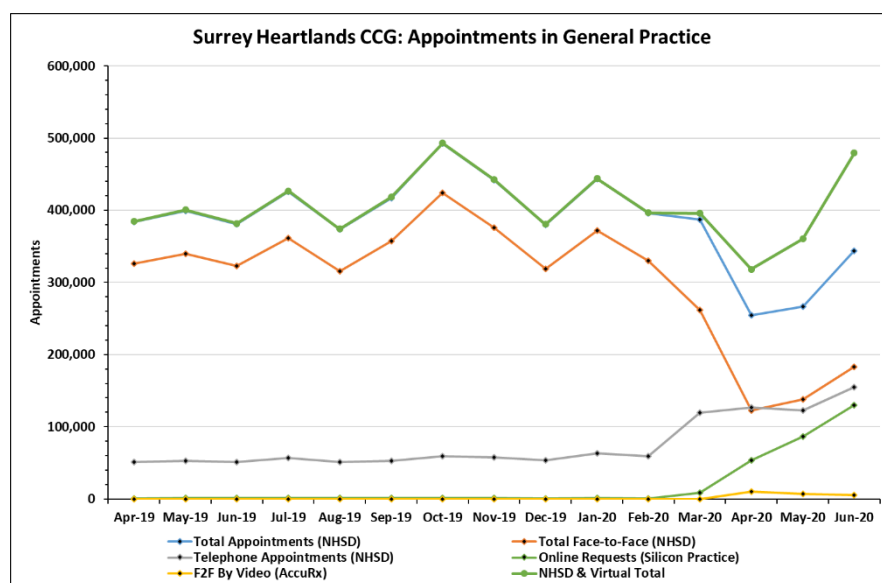
14.1 General Practice has continued to see face to face appointments where it was safe and clinically necessary to do so through the establishment of hot/zoned sites.

14.2 The pandemic accelerated the delivery of digital modes of contact for patients complementing the existing more traditional modes, such as telephone and face to face. Over 90% of the population have access to a practice website that allows for self-care, self-referral and to submit an 'online consulting' request to the practice about non-urgent issues.

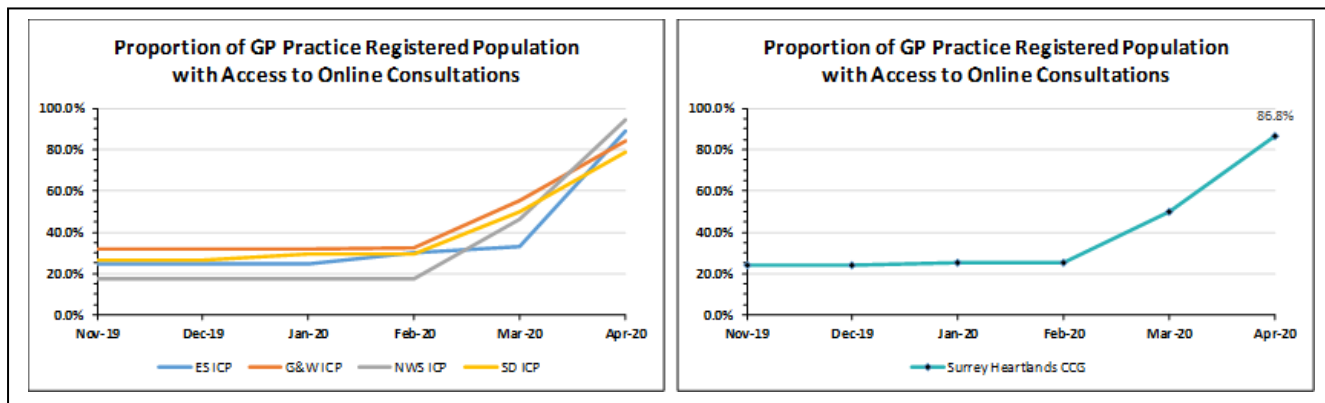
14.3 The response times set in most practices for online services is 48hr (with many offering a quicker turnaround), and patient feedback from recent Surrey Healthwatch research has been very positive regarding both the practice websites and the improved digital access.

14.4 In addition, a recent Surrey Heartlands citizen panel survey from July 2020 highlighted that only 2% of respondents stated they did not want to use any digital services and nearly 71% saying they had already used one or more digital services and the remainder indicating that they would be willing to.

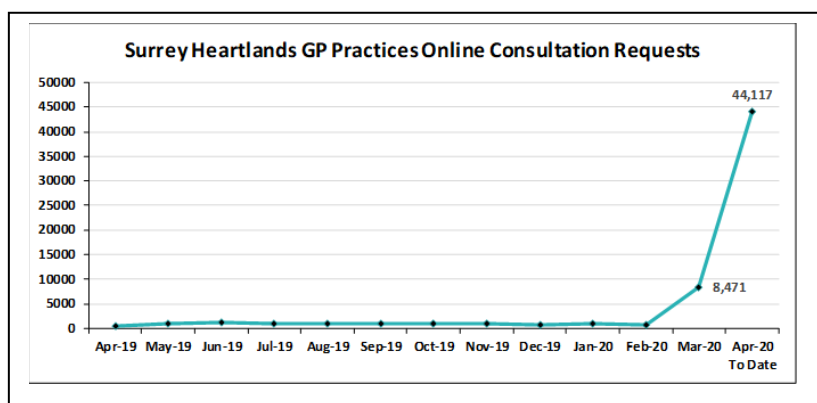
14.5 The following chart shows NHS Digital & Virtual appointment activity. In April 2020 the total appointments reduced by ~40% compared to the monthly average of the previous 12 months.



14.6 The graphs below show in more detail the proportion of Surrey Heartlands practices that were able to offer online consultations during the winter period from November 2019 to April 2020; please note the sharp increase from 25% in February to 86.8% in April 2020, this provided vital patient contact during lockdown.



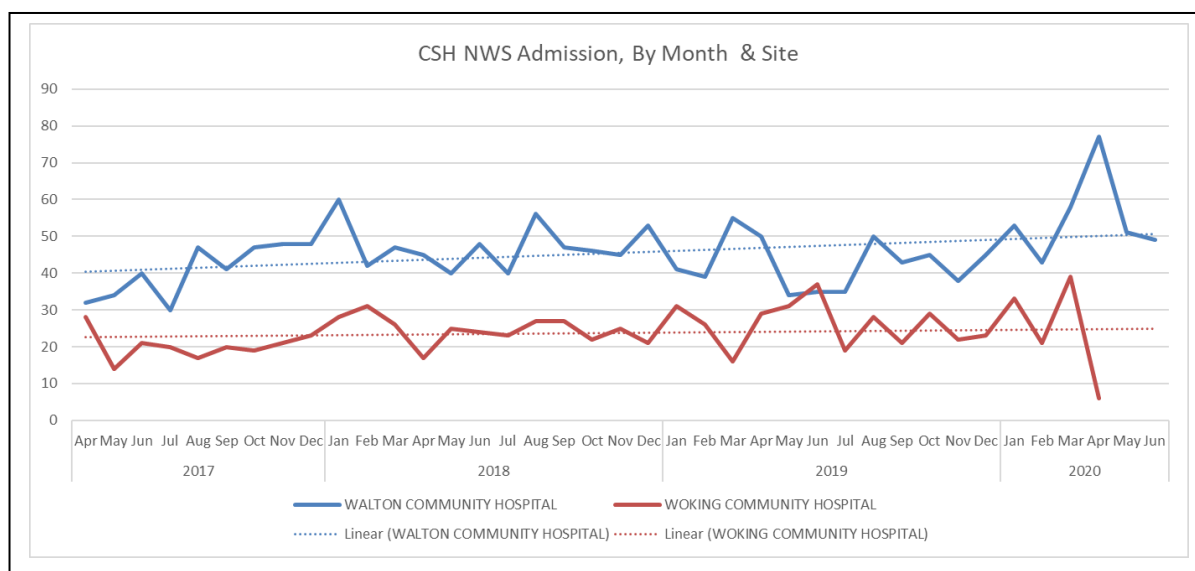
14.7 As availability of online consultations increased so did the number of patients requesting a consultation via the online arrangements. The graph below describes minimal take up prior to the COVID – 19 pandemic; with requests building from 8,471 in March 2020 to 44,117 in April 2020.



15. Community Response – Community Hospitals

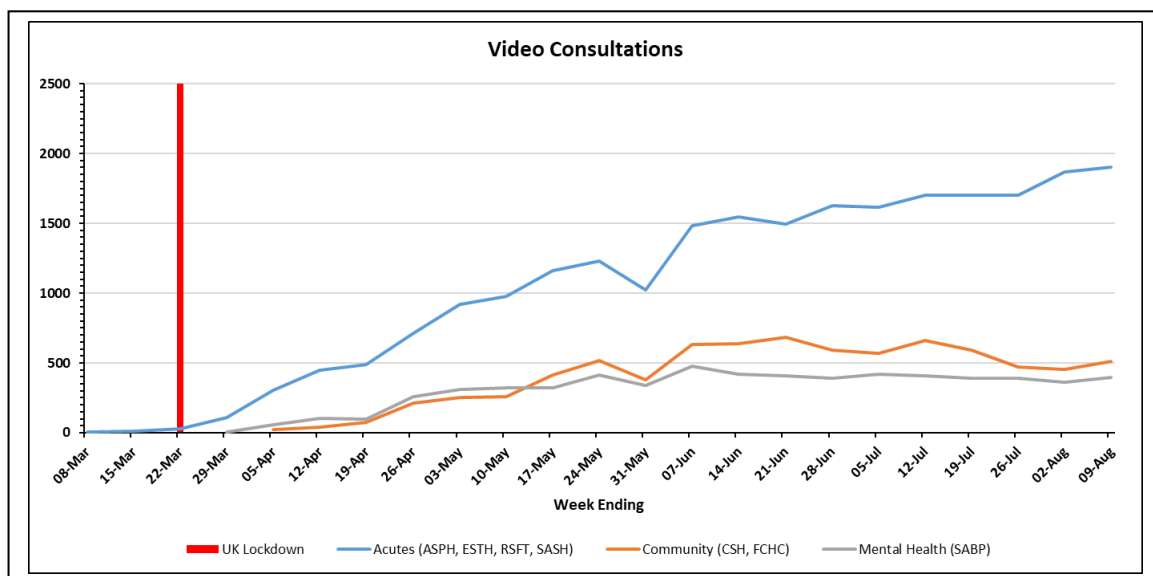
15.1 The information presented below is in relation to the North West Surrey Community Hospitals and provides an indication in relation to wider ICS community hospital activity.

15.2 The graph below demonstrates the steep rise in activity that was delivered in March and April 2020 in support of increasing bed availability within the Acute hospitals during the height of the first wave of the pandemic.



16. Community video consultations

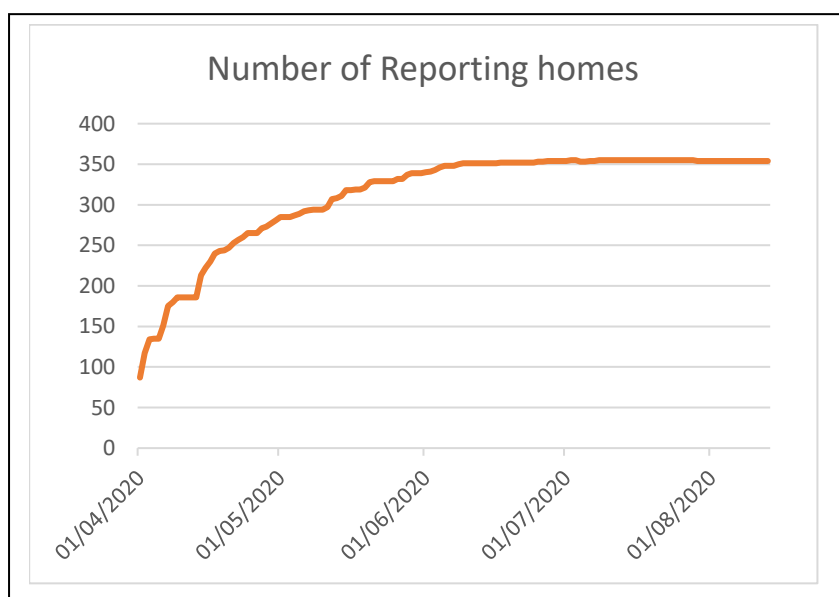
16.1 Video consultations also increased across the Acute Hospitals, Mental Health service and the community. From 23rd March 2020 there has been a steady increase in numbers of video consultations until 7th June 2020, when both community and mental health service numbers began to level off and decrease. However, the Acute hospital numbers have continued to grow throughout this period.



Data Source: Weekly provider datasets and emails

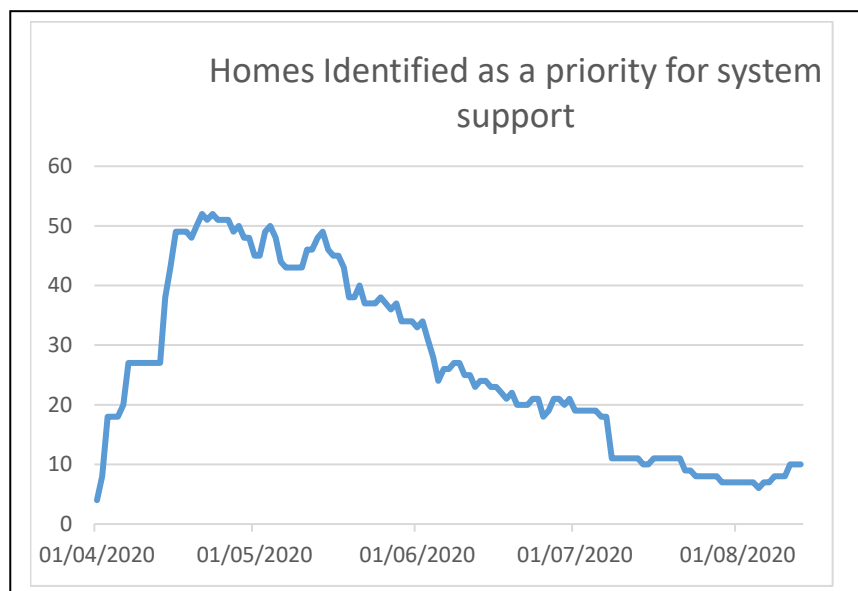
17. Enhancing Health in Care Homes

17.1 NHS Capacity Tracker: the NHS Capacity Tracker is a web based portal primarily designed to support minimising delayed transfers of care by enabling Care Homes to instantly share their live bed state, in turn enabling hospital discharge teams and other stakeholders to rapidly find available nursing and residential beds. The NHS Capacity Tracker also provides a function whereby care home and domiciliary providers can alert the NHS to presenting issues e.g. where increased numbers of staff have to self-isolate. The provider has complete control over their declarations and also in how often they update their information in the Portal; however daily updates are preferred as they reflect the most up to date status possible.



17.2 The graph to the left depicts the rapid engagement by care home providers in using the NHS Capacity Tracker to report vacancies and issues (when they arise) Surrey Heartlands has a total of 370 residential and nursing homes, of which 350 (as at 1st August 2020) are regularly reporting via the tracker. Care homes are incentivised through the national Infection Control grant funding to update the tracker on a regular basis.

17.3 The graph to the right depicts a sharp rise in April 2020 of care homes being identified as a priority for support, this is largely due to providers utilising the NHS Capacity Tracker to flag requests for support to the NHS and partners – there was already an identified need prior to 1st April 2020 in relation to additional support during COVID-19 wave 1. However, since the middle of May – the number of homes identified as requiring system support has been steadily reducing.



17.4 Integrated Care Partnership (ICP) Care Leads and the Adult Social Care (ASC)

commissioning team have worked with the National Tracker team to improve data quality and encourage more frequent reporting. Data is used at local and national level to understand how effectively any identified outbreaks are being controlled and the support needed by care homes. COVID reports from the Tracker are reviewed locally by ICP Care Leads and community matrons. Surrey County Council creates daily reports from the Tracker, via Local Government Inform, for the ASC senior leadership team; these reports are also shared with ICP Care Leads. The Tracker data feeds into Surrey's Public Health prioritisation dashboard.

17.5 **NHS Mail:** NHS Mail provides the ability to safely share residents' data and queries with doctors, nurses and GPs involved in the persons care and also enables all those involved to receive more timely responses. It provides a secure email which can also connect the home to pharmacists, dentists and anyone else in health and care who also has NHS Mail. This is completed with the all the appropriate permissions from the resident in relation to sharing information. For those on the network, NHSmail can be accessed from mobile devices as well as desktops and includes a full directory of all users, as well as collaboration tools such as Microsoft Teams.

Digital				
	NHS mail accounts created	Care Homes Declined	Training Offer	NHS mail accounts in use
NWS ICP	90%	1%	100%	0%
GW ICP	84%	7%	100%	0%
SD ICP	73%	1%	100%	0%
ES ICP	42%	0%	100%	0%

17.6 Teams across Surrey Heartlands have been working with individual providers resulting in an overall Surrey Heartlands NHS mail coverage of 72% (as at 13th July 2020) - which the breakdown for each ICP being depicted above.

17.7 Clinical Liaison Support: Residents in care homes can experience difficulties accessing the right care at the right time. Surrey Heartlands ICS, responding to the national initiative to improving the clinical input into a residential or nursing home, has achieved 100% coverage of all care homes: with a GP or clinical lead from the community health services being identified for each home within the Surrey Heartlands ICS. The Clinical Lead provides a co-ordinated point of clinical leadership across primary care and community health services and acts as a point of contact for issues related to NHS services, including PPE and infection control advice. The Clinical Liaison also co-ordinate weekly check ins, development of personalised care planning and access to pharmacy support for residents; however, the Clinical Lead is not medically responsible for the care of individual residents, that continues to be the role of a resident's own GP.

17.8 IPC Training – Surrey Heartlands have put in place a programme of training and support which is aimed to complement the skills and experience that care homes already have and to help staff feel more confident that they:

- have established the correct infection control measures that will protect staff and residents.
- are using Personal Protective Equipment according to national guidance including the safe “donning and doffing” of that equipment.
- are able to test staff and patients who are experiencing signs of Covid-19.

17.9 A total of 170 training sessions have been provided and as part of the training sessions, support with testing was offered to the service. This was either testing of staff and residents or training for staff on how to carry out testing. The aim was to support care home staff in delivering testing in a safe and effective way throughout the pandemic, during the recovery phase and any subsequent outbreaks.

17.10 Communications with Care

Homes: In April 2020, Surrey Heartlands instigated a weekly Adult Care newsletter, emailed to all care providers, as a key mechanism to pass on essential local and national information to the care sector, with topics including PPE, Testing, Infection Control training and supporting staff and resident wellbeing. The newsletter is managed and produced on behalf of Surrey Heartlands by Surrey Care Association.

COVID-19 support and advice for care homes

CONCERNED ABOUT AN OUTBREAK?
If more than one symptomatic resident, inform PHE South East, Surrey and Sussex Health Protection Team.
• phes@phe.nhs.net
☎ 0344 225 3861 - option 3 (Mon-Spm weekdays)
☎ 0844 967 066 (Out of hours)

PPE
Use usual suppliers. If unable to get PPE supply from usual suppliers, e-mail the Local Resilience Forum (LRF).
• ppe@surreycc.gov.uk
If LRF supply not available, contact the PPE National Supply Distribution Service.
☎ 0800 915 9944 (Mon-Fri 9am-5pm)

SINGLE POINT OF ACCESS FOR COMMUNITY SERVICES
North West Surrey
☎ 0330 726 0333 • ch.pareferrals@nhs.net
East Surrey
• fch.carehomes@nhs.net
Surrey Downs
☎ 01442 137 966 • esh.athomeservice@nhs.net
Guildford & Waverley Community Coordination Centre
☎ 01483 362 020 • nch.gov.co@nhs.net

NHS 111
Rapid access to a clinician.
☎ 111+5
Direct Dial Number - temporary use only during COVID-19 crisis.
☎ 0203 402 1209

TESTING
Apply for testing kits for residents and staff (symptomatic & asymptomatic).
• www.gov.uk/guidance/coronavirus-covid-19-getting-tested
Still not found the information you need?
• www.surreycc.gov.uk/coronavirus-testing
• syheartlandscg.testing@nhs.net
Care home worker with symptoms
Register for a test within 24 hours of developing symptoms and beginning self-isolation.
• https://surrey.trustwide.live/

BEREAVEMENT SUPPORT
Cruse accept self-referrals or referrals from services about people needing support/counselling following bereavement.
• www.cruse.org.uk

CONTACTING A GP
GP practices are open as normal, many offer improved digital access including online video consultations.
• Non-urgent issues - refer to the practice website to email with your non-urgent questions.
• Urgent issues - phone the practice.

TRAINING
Swabbing competency assessment - for staff who test residents and staff.
• www.genp.org/carehomes
Face-to-Face training - available around IPC/PPE. It can be delivered in your garden/courtyard.
• syheartlandscg.testing@nhs.net
Echo and Zoom video conferencing
• Training for care professionals, RNs and managers - infection control, ethical decision making, managing fever, delirium, dementia and nutrition, bereavement support for residents and families.
• https://form.jotform.com/20683406148544

PRESCRIBING ADVISORY DATABASE
• https://surreyccp.res-system.net/PAD/Guideline/Detail/6339

MENTAL AND EMOTIONAL WELLBEING
Healthy Surrey offers a range of mental and emotional wellbeing support and online training.
• www.healthysurrey.org.uk/professionals/covid/information-and-self-care/carer
Surrey Virtual Wellbeing Hub offers a range of interactive activities.
• https://virtualwellbeing.healthysurrey.org.uk/
Health and Care Worker hotline
☎ NHS (frontline) 0300 131 7000 ☎ Text FRONTLINE to 85258 (7am-11pm, daily)
☎ All other keyworkers 116 123 ☎ Text KEYWORKER to 85258
v1.0 revised 2 June 2020

18. Surrey Heartlands Mental Health Services

18.1 The Psychiatric Liaison service is a team of mental health professionals who have specific expertise in helping people who may have mental health problems which can cause complications for their physical healthcare. Each of the Acute Hospitals across Surrey Heartlands are now supported by the Psychiatric Liaison service, with teams based within each of the hospitals.

18.2 Over the winter 2019/20 the service' activity increased from 1,520 contacts on average per month to 1,927. During the first month following COVID-19 lockdown (April 2020) the total activity was at its lowest, even when compared to the same period last year. The following two months (May - June 2020) saw activity recover and was observed to be higher than in the same period last year (May – June 2019). In June 2020, activity peaked and exceeded numbers observed during winter months.

18.3 The activity in May and June was driven by an increase in both follow up assessments (reviews) and referrals. However, it's worth noting that the assessment and referral numbers dropped by 56% in the first month after lockdown (please see Table Q).

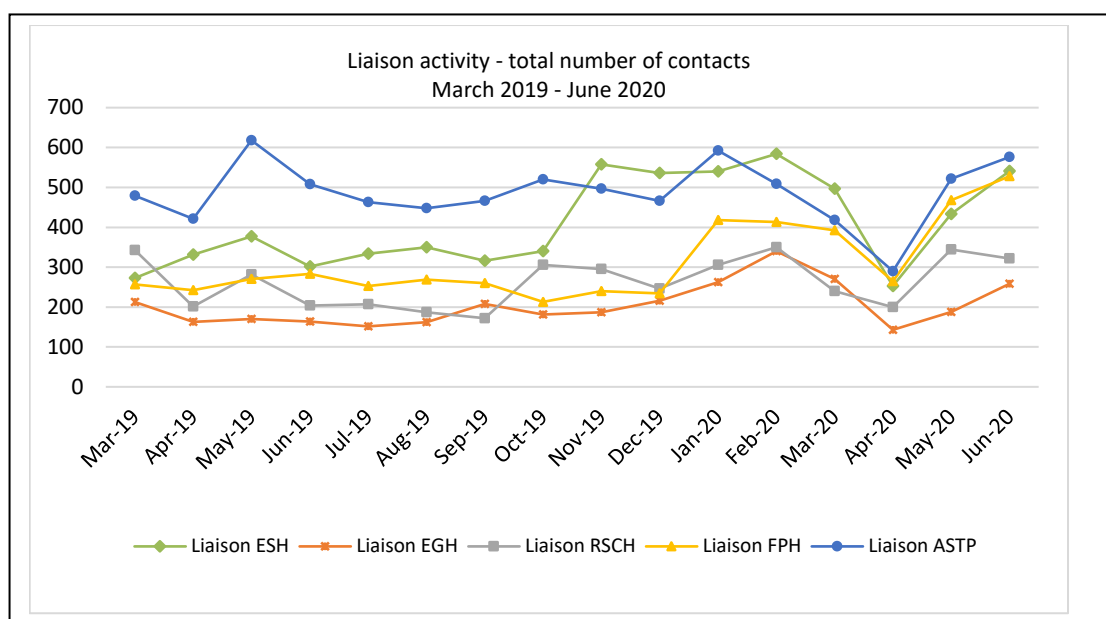
Table Q. Liaison Service activity March 2019 – June 2020.

										Winter 19/20 ->				Covid-19 ->		
	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Referrals	949	943	1072	951	943	936	959	938	937	817	993	1023	800	590	934	1045
Follow up assessments	616	415	645	510	466	480	463	622	840	881	1125	1173	1017	561	1021	1180
Total activity (contacts)	1565	1358	1717	1461	1409	1416	1422	1560	1777	1698	2118	2196	1817	1151	1955	2225

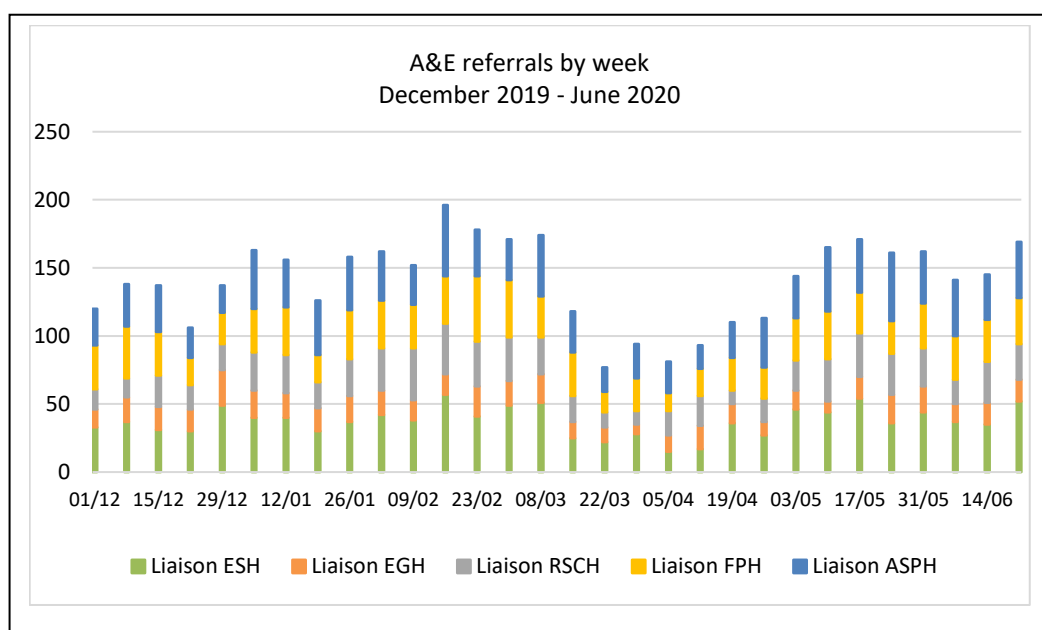
18.4 After the increased service provision to the Psychiatric Liaison Service, the activity at Epsom has increased by 28% and was mainly driven by a larger number of assessments (reviews) being completed. As mental health services become more visible in the general hospitals; an increase in referrals across the hospital is experienced; please note that referral rates from ED have remained fairly consistent. At Epsom General; the Psychiatric Liaison Service hours increased – prior to this the service closed at 10pm until 8am with patients presenting during these hours not seeing the liaison service. This increase in hours naturally allowed the Mental Health services to see this group of patients and explains the 28% increase at Epsom.

18.5 Over the months with the imposed lockdown, the activity, in relation to the total number of contacts dropped and continued to remain below the monthly average until June (please see graph below).

Total activity by team March 2019 – June 2020.



18.6 The number of ED referrals also dropped significantly following lockdown, however activity recovered in May and June (please see graph - below). The drop down in numbers was observed across all Liaison teams.

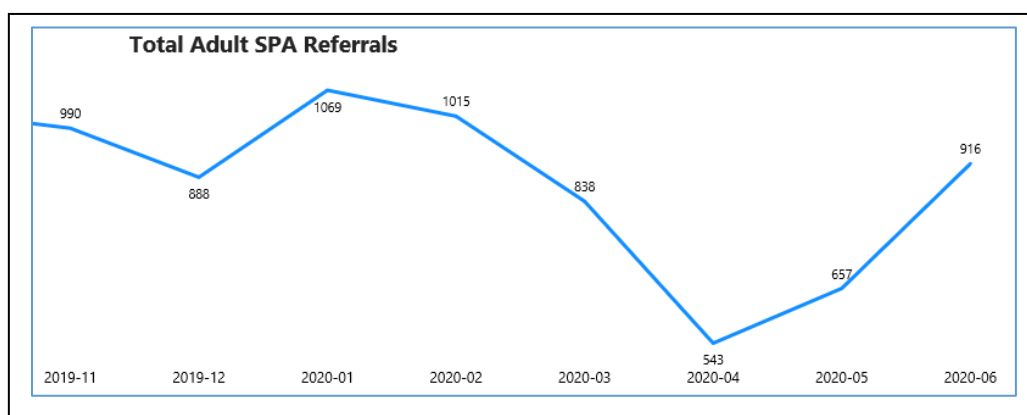


18.7 **Mental Health Emergency Assessment Unit (MHEAU).** In response to phase 1 of the COVID pandemic, the mental health services set up, as a temporary measure, a 24-hour emergency assessment unit with the aim of reducing the number of people presenting to the Surrey Emergency Departments. The unit remained in operation from 10th April 2020 to 28th May 2020.

18.8 The MHEAU was set up originally at the Abraham Cowley Unit, St Peters Hospital site; however, was transferred to Farnham Road in Guildford - with a view that, when people with MH concerns arrived at the General hospital, they could be re-

directed to the MHEAU; this approach complemented the mental health community services. People with Mental Health issues followed the over-arching trend of the general population and didn't attend the Emergency Department. This led to there being the lowest number of ED Mental Health referrals ever seen and, in turn, meant that there were very few people to divert to the MHEAU. As a result, the MHEAU was underutilised for the vast majority of the time with only approximately 1 - 2 patients arriving there every 24 hours. In total the Assessment unit received 70 referrals over the course of two months (April & May).

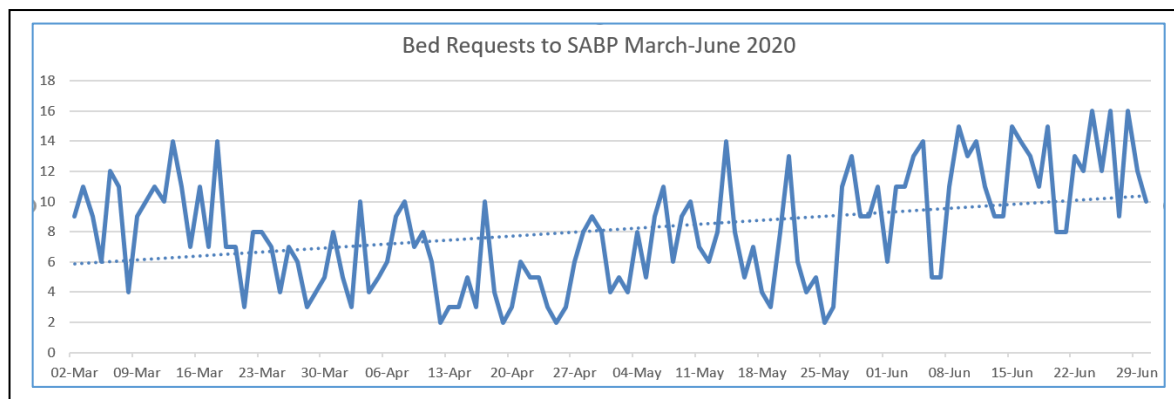
18.9 Mental Health Service single point of access: the single point of access (SPA) into mental health services across Surrey Heartlands has assisted the community, along with health and care staff, to better navigate the service – resulting in more timely responses to referrals; and people being able to access the right element of the service, first time. The graph below shows how activity reduced during lockdown, and is again increasing to pre-Covid Levels.



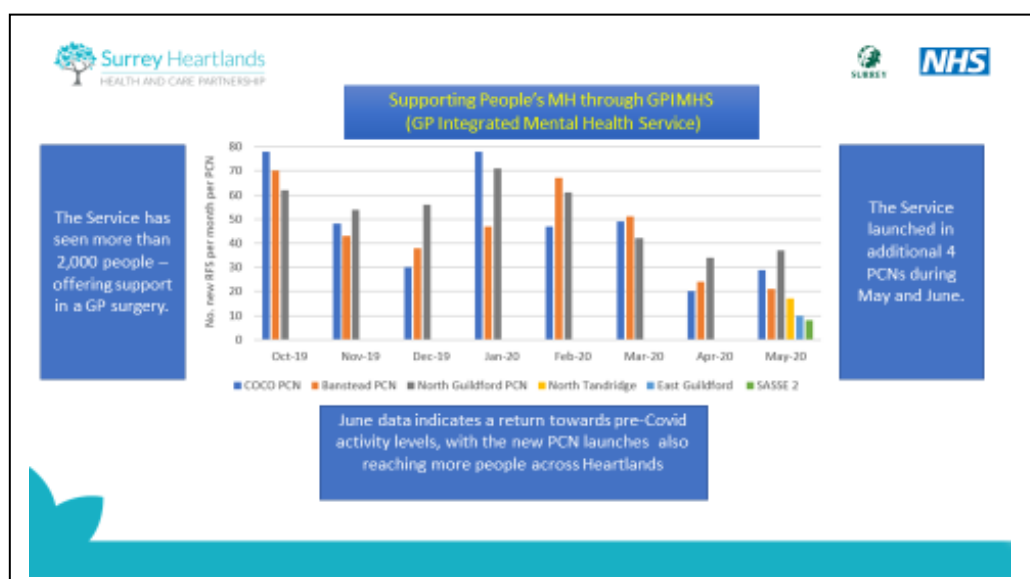
18.10 However, Mental Health services experienced an increase in calls from people in crisis, with staff being redeployed from other services to support the crisis line. The average talking time increased over this period from an average of 7 minutes to between 9 and 10 minutes which indicated that people who called the crisis line were requiring more support and presentations were more complex. In July, Mental Health Services, received their highest number of calls ever to the service (4028), when compared to 3526 calls in May and 3509 calls in June 2020.

18.11 The SPA is a critical function within the mental health service and regarded as an essential service; therefore, members of staff continued to work from the office base, with increased social distancing. Support to call handlers was provided by having at least one senior member of the team at the base to assist with decision making. This has worked well and ensured the safety of people using this element of the service, along with providing timely responses.

18.12 Requests for mental health in-patient care (a useful proxy measure of activity) have increased from pre-Lockdown levels. Numbers increased as lockdown phases/messaging eased, increasing from an average of 6 requests per day to more than 10 requests per day.



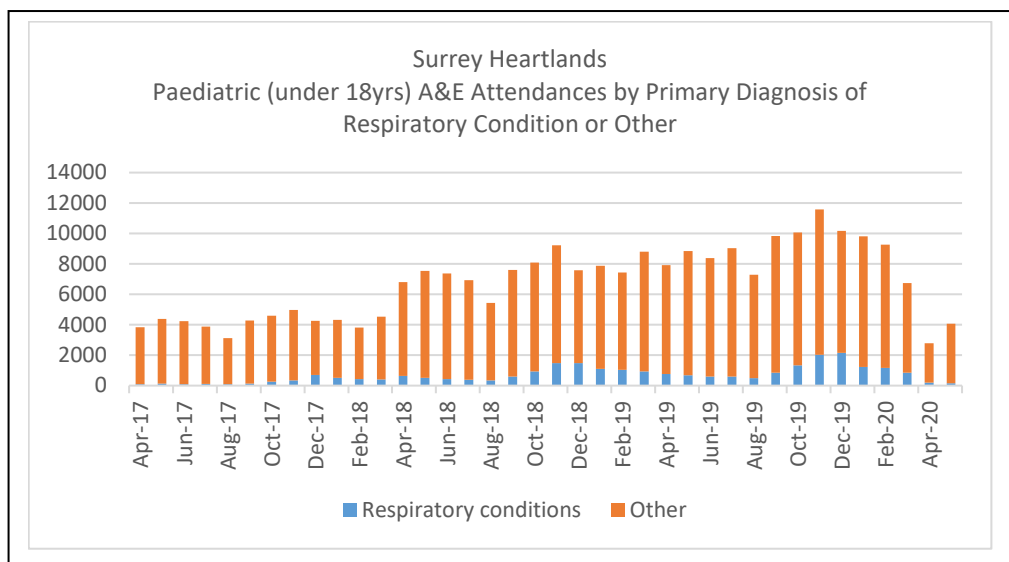
18.13 The slide below demonstrates the progress made in wrapping Mental Health services around the person by providing mental health service from an integrated service with GP Practices, seeing more than 2000 people.



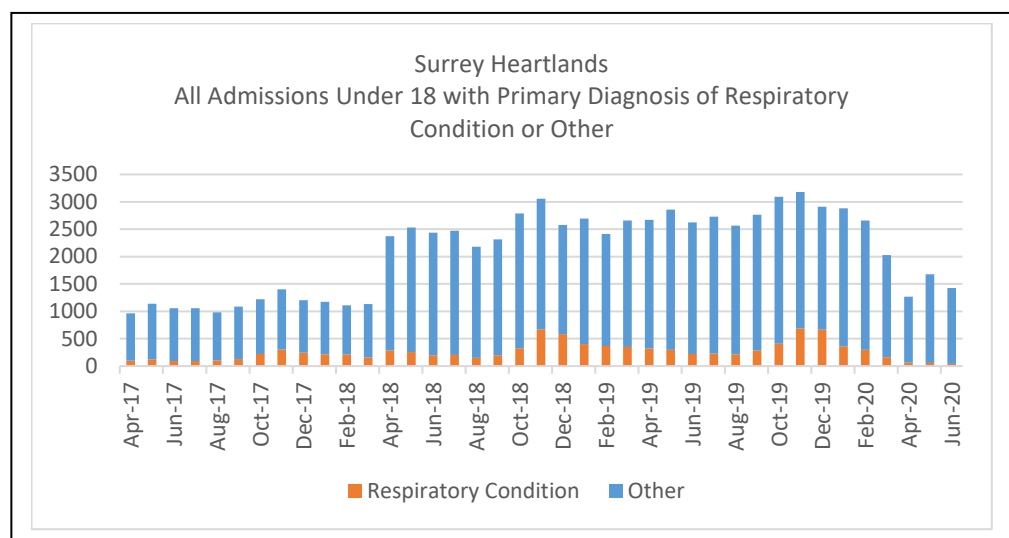
19. Children's Service

19.1 During the period from April 2017 to May 2020, the general trend has been one of growth in relation to Paediatric attendances, with significant reduction experienced in April 2020 due to Lockdown. The graph below also demonstrates the seasonal variation of respiratory presentations each autumn, lasting 6 to 8 weeks. This is due to an increase in viral illness' which may lead to Bronchiolitis.

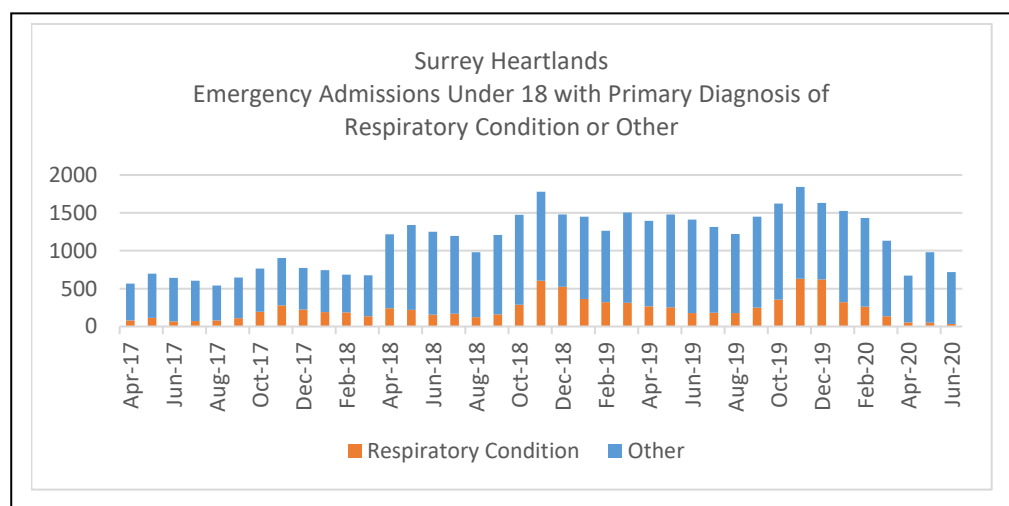
19.2 It is during this period that the Acute hospitals may request support from other hospitals in the form of a Border divert or acceptance of patients on a 'Treat and Transfer' basis – however it should be remembered that these actions are only taken in extremis to ensure the person receives the care they need in a timely fashion.



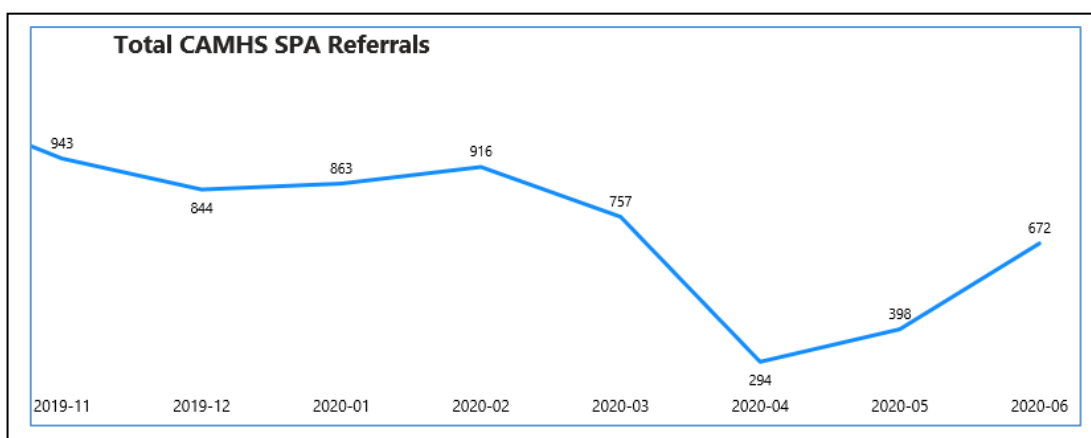
19.3 As attendances have increased since 2017, so have Paediatric admissions to the Acute Hospitals; again, the numbers decrease significantly in April 2020, with a corresponding increase in May 2020.



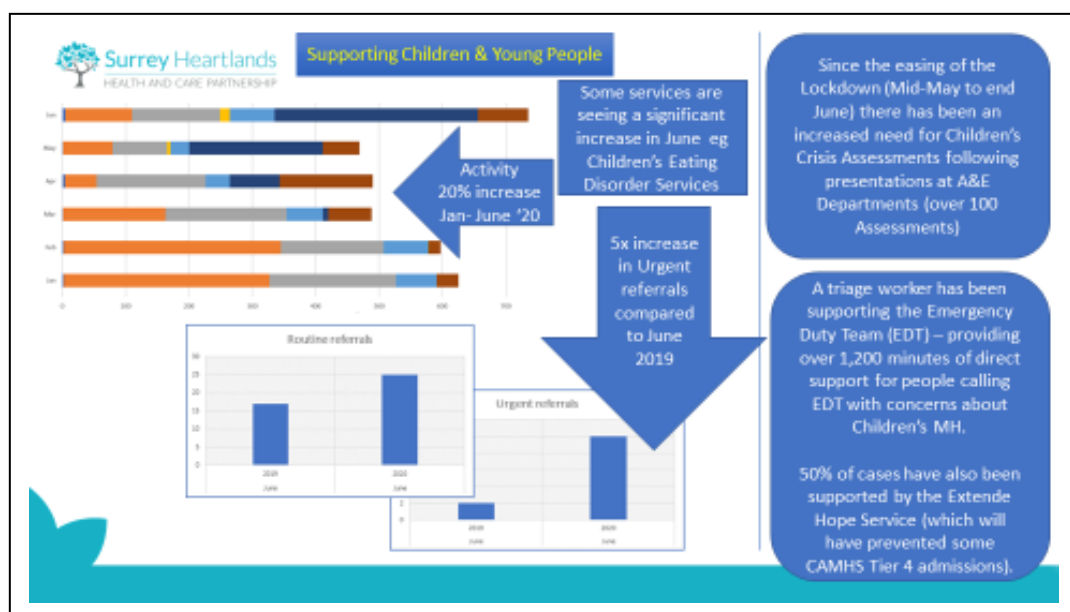
19.4 The graph below illustrates the Emergency admissions to the Surrey Heartlands Emergency Departments from April 2017 to June 2020. Again depicting the pattern of increased admissions during the autumn and a significant reduction at the beginning of Lockdown.



19.5 In relation to Mental Health, the CAMHS 'Single Point of Access' referrals are shown below for the period November 2019 to June 2020; numbers fell in March, reaching 294; however, referrals increased during the 1st quarter of 2020.



19.6 The slide below describes activity in relation to supporting children and young people; there has been a 20% increase in activity from January to June 2020, both in routine and urgent referrals; since the easing of lockdown there has been an increased need for Children's crisis assessments following presentations to the ED – over 100 assessments.



Section B – Surrey Heartlands Flu Vaccination Programme

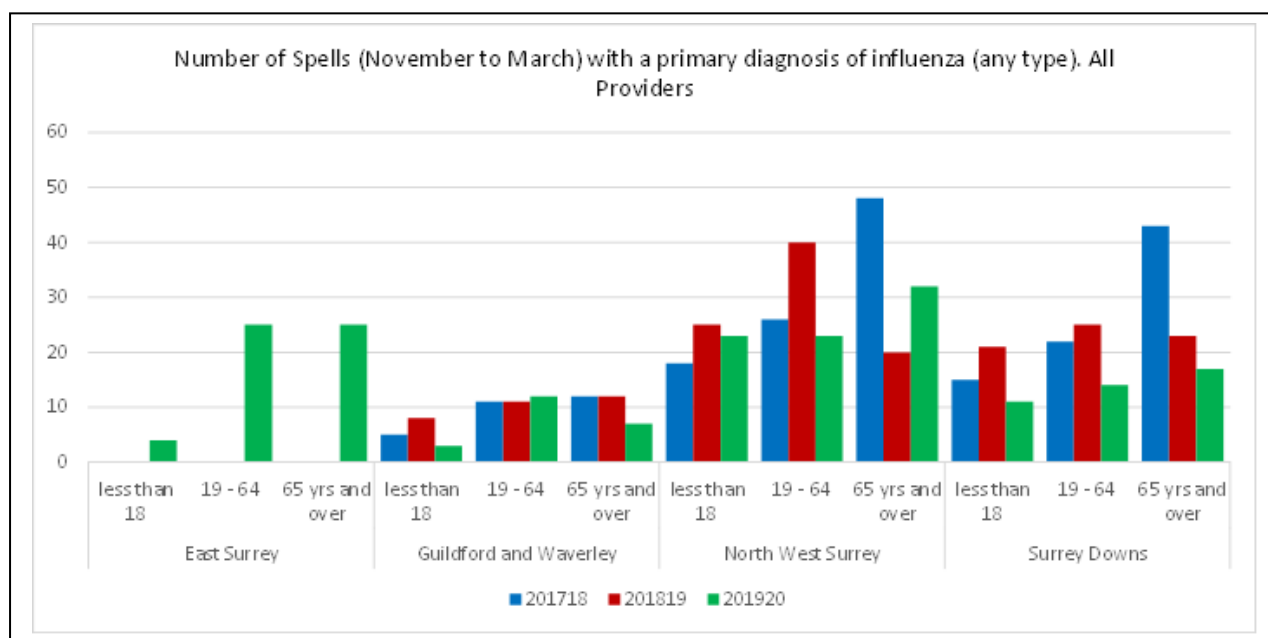
20. Influenza Vaccinations

20.1 During the autumn and winter of 2019/20, Guildford and Waverley and Surrey Downs have shown improvement on vaccination levels for the over 65years group. North West Surrey levels remained the same as the previous year (2018/19); with East Surrey demonstrating a very slight reduction in recorded numbers.

CCG	September 2017 to January 2018 65 and over			September 2018 to February 2019 65 and over			September 2019 to February 2020 65 and over		
	Patients registered	Number vaccinated	% Vaccine Uptake	Patients registered	Number vaccinated	% Vaccine Uptake	Patients registered	Number vaccinated	% Vaccine Uptake
Guildford and Waverley	41698	30590	73.40%	38367	28139	73.3	43061	31757	73.7
North West Surrey	63,199	44,167	69.90%	63752	44114	69.2	64708	44767	69.2
Surrey Downs	60,218	41,220	68.50%	59072	39842	67.4	61972	43259	69.8
East Surrey	31,747	22,097	69.60%	32512	22287	68.6	32991	22555	68.4

Source: <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-winter-2019-to-2020>

20.2 The number of people admitted to acute hospitals as non – elective (NEL) admission (spells) with a primary diagnosis of flu this year (2019/20) was far lower when compared to 2018/19 (please see below). All areas and all age ranges show reduced admission numbers, the only exception being those 65 years and over in North West Surrey. Whilst the admission rate was above 2018/19, North West Surrey did not exceed the 2017/18 reported numbers. Please note East Surrey data only available for 2019/20 at this time.



20.3 The system is once again preparing for increased numbers this coming flu season; greater pressure will be experienced in the Acutes as social distancing measures are set to continue for the foreseeable future. However, admissions to hospital can be mitigated by people seeking advice from their Pharmacist and GP and receiving the flu vaccination should this be appropriate for them.

20.4 The 2020/21 groups eligible for the NHS funded flu vaccination programme includes (with an expectation of at least 75% uptake):

- ✓ 2 – 3 years olds
- ✓ School age with the addition of year 7 (aged 11 at or on 31st August 2020)
- ✓ Pregnant woman
- ✓ Those 'at risk' with underlying health conditions.
- ✓ Over 65-year olds
- ✓ Shielded patients and their household contacts (new)
- ✓ 50 – 64-year olds (new – from November 2020)
- ✓ Healthcare workers and Social Care workers – the target for this group is that 100% of staff will be offered that vaccine. This target is not mandated.

20.5 The extended eligibility criteria will require Surrey Heartlands ICS to deliver one of the biggest vaccination programmes ever undertaken. The learning from this planning will also inform any future mass vaccination for COVID – 19.

20.6 The Surrey Heartlands Flu programme for 2020/21 opened in June 2020, the plan has now being finalised and describes Surrey Heartlands robust response to the challenge of meeting the enhanced delivery of the seasonal flu vaccination programme in order to reduce attendance' to the Acutes, along with avoiding increased take up of Social Care home support and avoidance of admissions to Residential and Nursing homes. This programme will again being fully supported by national and local communications; with the advice that everyone, in all the eligible groups, should respond to the invitation from their GP to receive a Flu vaccination when this is received.

20.7 **Flu vaccinations and attitudes towards the vaccination:** Local quantitative research has been undertaken via the Citizens' Panel. The survey was commissioned by the Surrey Heartlands Health and Care Partnership Comms and Engagement Team. It was completed by 762 Surrey residents aged 18 and over, most of whom live in the Surrey Heartlands area of the county. 50% of the survey respondents had previously received a flu vaccination and held favourable attitudes towards vaccination.

20.8 Barriers to attending a flu vaccination appointment tended to be centred on time, availability and location of appointments. Similarly, the main factors which might prevent people from getting vaccinated against the flu were focussed on the inconvenience of getting an/to the appointment, cost of the vaccine and any potential side-effects.

20.9 The most trusted sources of information for vaccinations are scientific experts and doctors and nurses. Comments about vaccinations on online forums and social media were most likely to have been viewed by respondents in the 18-34 age band. Across all age groups, information provided online, in print or face to face direct from schools, the NHS and GP practices are the preferred routes people would like to receive vaccination information. The preference for self-accessing vaccination information online increases with education attainment level, and decreases with age.

21. Staff Influenza Vaccination

21.1 The table below provides the percentage of staff in each of the Acute hospitals, along with Ambulance and Mental Health services, that received a flu vaccination during the period 1st September 2019 to 29th February 2020 (cumulative recorded data). This information is available via Public Health England.

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

21.2 Surrey County Council attends the ICS Seasonal Flu Programme Board and as part of the local authority campaign, communications are being sent out to promote the free flu vaccination under the national NHS Flu Programme to those **eligible groups** (residents) and to the Surrey County Council workforce e.g. frontline staff, the care workforce, carers.

21.3 Surrey County Council staff will be offered a paid for flu vaccination, primarily through Community Pharmacy. Any member of staff who is not eligible for the free NHS vaccine is able to procure a vaccine from a local chemist and, should their local chemist not be part of the scheme, then members of staff will be able to claim for the cost of the vaccine. It is estimated that 75% of staff may **not be eligible** for the free NHS flu vaccine and will take up the offer of a Surrey County Council paid for vaccine. All staff will be encouraged to get their flu vaccination by end of December 2020. However, the scheme is available until March 2021.

21.4 Recording of uptake by staff will be monitored through the SAP Portal self-logging functionality set up for the flu vaccines, so anyone who has been vaccinated can log this on their employee profile, regardless of whether it was an NHS vaccine or a vaccine paid for by Surrey County Council. Vaccine uptake data for 2018/19 and for 2019/20 is unavailable as this was not collected nor requested for that time.

21.5 Whilst staff are strongly advised to take up the offer of receiving the seasonal flu vaccination (when clinically appropriate to do so) this request is not mandatory. This year the aim is to ensure 100% of health and social care staff are offered the flu vaccination, reasons for declining will also be requested, with this information further informing the Staff vaccination campaign.

22. Pneumococcal Vaccination

22.1 Pneumonia can be very serious; the pneumococcal vaccine protects against serious and potentially fatal pneumococcal infections and is known as the pneumonia vaccine. Pneumonia can affect anyone, however some people are at higher risk of serious illness and so it is recommended that they receive the NHS vaccination (as advised by their GP).

22.2 These include:

- Babies – babies are routinely vaccinated as part of the childhood vaccination programme.
- Adults aged 65 and over are offered the pneumococcal polysaccharide vaccine or PPV.
- Anyone aged from 2 years to 64 years with a health conditions that increases their risk of infection.
- Anyone at occupational risk e.g. welders.

22.3 The table below provides an overview of the work undertaken in providing the PPV. Please note the date of the report (the 'date of extraction') is June 2020. It should be noted that 79.8% of people eligible in the over 75 years group have received the vaccination.

PPV Vaccination Numbers Surrey Heartlands ICPs	Age Range	Number of patients registered on day of data extraction eligible for vaccine	Number of eligible patients who received the Pneumococcal (PPV) vaccine at any time	% who received PPV at any time	Of which number of eligible patients who received the Pneumococcal (PPV) vaccine in 2019/2020	% who received PPV in 19/20	Number of eligible patients who declined at any time	% declined at any time
North West Surrey ICP total number of practices = 38	Between 65 to 69 yrs	16145	6727	41.7%	1203	7.5%	262	1.6%
	Between 70 to 74 yrs	16100	10379	64.5%	494	3.1%	155	1.0%
	75 yrs and over	29018	22907	78.9%	311	1.1%	166	0.6%
Surrey Downs ICP total number of practices = 30	Between 65 to 69 yrs	15437	6321	40.9%	1400	9.1%	259	1.7%
	Between 70 to 74 yrs	15703	10235	65.2%	710	4.5%	169	1.1%
	75 yrs and over	28160	22301	79.2%	438	1.6%	180	0.6%
Guildford & Waverly ICP total number of practices = 20	Between 65 to 69 yrs	10588	5002	47.2%	826	7.8%	143	1.4%
	Between 70 to 74 yrs	10925	7505	68.7%	312	2.9%	71	0.6%
	75 yrs and over	19393	16153	83.3%	192	1.0%	52	0.3%
East Surrey ICP total number of practices = 16	Between 65 to 69 yrs	7649	3362	44.0%	533	7.0%	111	1.5%
	Between 70 to 74 yrs	7578	4904	64.7%	258	3.4%	64	0.8%
	75 yrs and over	12708	9841	77.4%	166	1.3%	81	0.6%
Surrey Heartlands Total	Between 65 to 69 yrs	49819	21412	43.0%	3962	8.0%	775	1.6%
	Between 70 to 74 yrs	50306	33023	65.6%	1774	3.5%	459	0.9%
	75 yrs and over	89279	71202	79.8%	1107	1.2%	479	0.5%

Section C – Surge and Escalation Planning 2020/21 (Inc. Seasonal Variation – Winter)

23. Surge and escalation planning

23.1 Modelling Forward for Urgent Care - Surrey Heartlands ICS has developed an Urgent Care Model which identifies likely demand, capacity, admissions and discharge rates by week until February 2021. The model uses historical data to predict non-elective admissions and applies a range of assumptions depending on the scenario (e.g. 2nd wave, minimal Covid impact). Various phases are considered, including the possible impact of decreased admissions due to a 2nd wave of Covid, the planned return to higher than normal 19/20 levels, and seasonal activity for Flu and Norovirus. This, along with national modelling is supporting current planning activity.

23.2 Surge Planning (includes winter 2020/21) - Surrey Heartland ICS are undertaking a number of programmes of work to continue to build resilience within our urgent care services and prepare for extended periods of surge in demand, this includes the winter period. Outlined below are the details of the current programmes and specific projects.

Programme	Deliverable
Strategic Winter Planning	<p>Winter Planning Strategic Exercise took place on 20th August. This exercise involves all partners who contribute to or deliver elements of care within the ICS, along with attendance from surrounding partners including Frimley ICS, to support joint working. This was the first time that such an event has been delivered via 'Teams' across Surrey Heartlands.</p> <p>The learning from the ICS exercise was fed into the LRF exercise which took place on 27th August 2020.</p>
Seasonal Flu Plan	<p>The Surrey Heartlands ICS Seasonal Flu plan has been finalised which describes a robust response to the challenge of meeting the enhanced delivery of the seasonal flu vaccination programme needed to reduce the numbers of people feeling unwell due to 'flu; reducing Acute hospital attendances/admissions; along with minimising take up of Social Care home support and Residential and Nursing home admissions. Consideration of different approaches in delivering the vaccine which take into consideration of social distancing and the need to enhance the service to increase accessibility e.g. to people who are homeless.</p>
Think 111 First	<p>'Think 111 First' is a national programme with the primary objective of reducing waiting times in ED by offering 'bookable' appointments within the ED department or other areas of the Acute hospital should these be required; more often it is envisaged that the person will be offered support via other community services. These appointments will be booked via the NHS 111 service. Prior to booking advice and guidance will be provided as the person may be able to receive support from their Pharmacy or advice from the NHS 111 clinical team.</p>

Programme	Deliverable
ICS Surge and Escalation Plan	<p>The ICS Surge and Escalation Plan describes the combined ICS response to surges in demand, along with the individual ICP access to locally agreed additional escalation capacity; additional 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.</p> <p>A single plan which builds resilience and provides the architecture for the ICS Mutual Aid Protocol, along with underpinning the Surrey Outbreak plan and the Ethical Clinical Decision-Making Framework which guides and supports difficult decision-making.</p> <p>EU exit, preparations for the ending of the transition period, is led by the Surrey Heartlands ICS EPPR team, reference to EU Exit is made within the Surge and Escalation Plan should this be a causal factor of surges experienced in Quarter 4 2020/21.</p>
System oversight and assurance	<p>This joint plan underpins system oversight and supports decision-making in times of extreme system pressure, linking the surge plan to the Urgent Care Data Repository held within Alamac. It will identify key triggers with the ICPs to evoke a proactive response, rather than reactive. This single plan negates the need for individual place-based ICP Winter plans. ICS Urgent Care system oversight is provided by the ICS Associate Directors of Urgent Care Assurance.</p> <p>Production of a daily ICS report, which reflects the ICP, ICS and regional position. This review includes a daily 'look back', provision of current position and 'look forward' to any emerging system flow issues.</p> <p>Extending scope of the daily report to include system wide oversight of the community resources availability and flow, Care Homes and Hospices via the NHS Capacity Tracker; Primary Care and the voluntary sectors contribution (as able); ultimately providing the opportunity to seek out possible options for mutual aid and connects the systems.</p> <p>Deployment of web-based dashboards, accessible anywhere are currently used across Surrey Heartlands to share the 'live' position in relation to ED activity. This information now includes all the Surrey Heartlands Acute Hospitals and is refreshed every 10 minutes.</p> <p>Development of three additional 'pages' within the web-based dashboard:-</p> <ul style="list-style-type: none"> - General and Acute capacity including Critical Care; - Paediatric capacity; - Mental Health bed capacity <p>to include the OPEL score Critical Care and Paediatrics.</p>

Programme	Deliverable
Consistent generation of OPEL Status	ICS support all partners in calculating and declaring their OPEL position via an agreed ICS scoring mechanism, which is further influenced by the individual partner's functionality. Greater partner visibility of individual service OPEL status through roll-out of web-based dashboards, fed directly from the repository and the daily Surrey Heartlands ICS report. Primary Care will also be offered inclusion into this scheme with OPEL assessment potentially being completed at a PCN level.
ICS Urgent and Emergency Care Strategy	Preparation of an ICS Urgent and Emergency Care (UEC) strategy, incorporating local place base ICP deliverables.

24. Covid-19 capacity constraints

24.1 All the Acute and Community Hospitals are observing the IPC and Social Distancing guidance, with direct impact on available beds, particularly within the Acute hospitals, leading to the following:

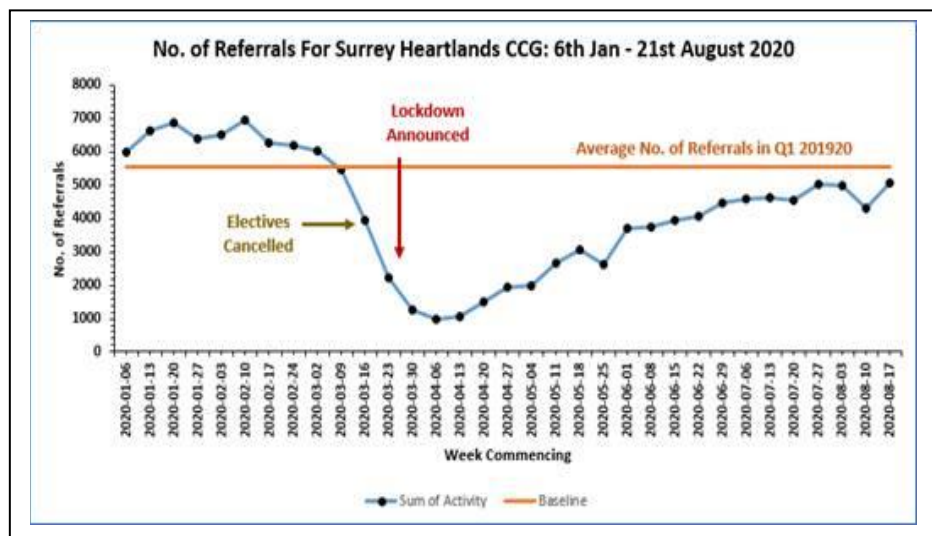
- ASPH has increased core bed capacity by 14 (to a total of 475), however there are no additional escalation beds available. To meet a further surge in demand, other acute hospital services would need to accommodate further admissions e.g. by utilising In-Health and Urology, increasing number of discharges or in supporting people to return home from the ED with community support.
- RSFT have reduced bed capacity from 433 to 405. Escalation plans include opening the Guildford Borough Ward. Beds will increase again slightly to 415 from November 2020 to March 2021; however, there are no additional escalation beds available, with the hospital principally relying on increasing number of discharges or in supporting people to return home from the ED with community support during periods of surge.
- SaSH have 493 core beds, with 26 escalations beds. It should be noted that whilst escalation beds are available – these numbers represent a net loss of 48 beds due to zoning and spacing; again, the above strategies will be put in place at times of surge.

24.2 All EDs are experiencing an increase in attendance, with the 10th August 2020 representing one of the highest days of attendances so far this year. IPC and social distancing requirements are being fully adhered to, leading to further pressure within ED waiting rooms, which have effectively been halved in capacity. To counter this a number of initiatives are being explored, such as patients being asked to wait in their cars (after being triaged and risk assessed). EDs are scoping provision of bookable appointments for patient to return in a more planned way; ED waiting areas have been increased by increasing their footprint and utilising other areas.

24.3 Additional steps are being considered in the ED assessment process such as phone call to the person's car to call them into see the ED Doctor/ Nurse Practitioner. New processes are impacting negatively on and / or slowing flow through ED. As pressures increase throughout the coming months, there remains the risk that 4-hour performance target will be comprised.

25. Impact on Elective services

25.1 Surrey Heartlands ICS has four acute hospitals, all of which have made significant progress in restoring elective services, although challenges remain in relation to Infection Prevention Control (IPC) measures which reduces efficiency of operation. The number of referrals to the Acute hospitals dropped significantly during lockdown, however activity has been increasing since mid-May 2020, as illustrated in the chart below and is close to the Q1 baseline for 2019/20. Recovery will continue throughout the Autumn 2020. The electronic referral service (eRS) is now fully operational and the data reflects this. The graph below shows 90% of total referrals as a small percentage of referrals are completed by paper for specialist mental health and community referrals.



Section D— Assurance, Communications and Governance

26. Assurance

26.1 Bed Capacity and Mutual Aid Processes: Surrey Heartlands, working with partner agencies, have created a data platform which provides a numerical overview of the system and how it is operating – it should be noted no patient identifiable information is stored within the system. 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.

26.2 The systems are able to collect and collate information which can be used in presenting and triangulating data – this is vital in helping teams to understand performance trends. The objective and detailed information generated creates the foundation for system calls and reports that can be used, ongoing, on a daily basis. It also informs the systems in their preparation for holiday and winter periods by 'looking back' to previous busy periods and analysing how the system responding.

26.3 A comprehensive surveillance reporting system has been put in place to understand and track bed capacity across the system. The system relies on daily bed capacity updates from Trusts and is aligned with agreed Mutual Aid process, ensuring the system is able to track real time situation and seek support from other providers within the system and other ICSs as needed.

26.4 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.

26.5 As with ED departments, social distancing interventions have affected capacity in the main hospitals and Trusts are pro-actively managing their bed configuration so that they can respond flexibly to growing demand while adhering to social distancing guidelines.

27. EU Exit

27.1 Updated reasonable worst-case planning assumptions are still awaited in relation to the impacts that may arise as a result of the end of the transition period for EU Exit, which is 31st December 2020.

27.2 Updated guidance has been issued by Government for healthcare commissioners and providers to prepare for EU Exit. This focusses on three main areas: supply chain (especially medicines and medical products); business continuity, and; workforce. The Surrey Heartlands CCG is working with healthcare and multi-agency partners to ensure that appropriate preparedness is in place to manage any local impacts. From an operational perspective, this will be managed through the CCG virtual Incident Coordination Centre that is currently coordinating Covid-19 pandemic response arrangements as well as the predicted additional winter demand pressures.

28. Surrey Heartlands Communications Plan

28.1 Communications and engagement strategy for 2020/21 has been further developed by Surrey Heartlands partners, in collaboration with the Surrey Health and Wellbeing Board communications sub group. This strategy is currently being implemented and includes a range of channels including a media and social media campaign, internal communications, stakeholder uptakes, use of digital media, primary care communications, events and roadshows, as well as targeted communications for clinical staff, at risk flu groups and other key audiences.

28.2 Escalation element of the plan links comms messages out to the community linked to individual ICP escalation status, thereby providing pre-agreed comms messaging in times of high system escalation.

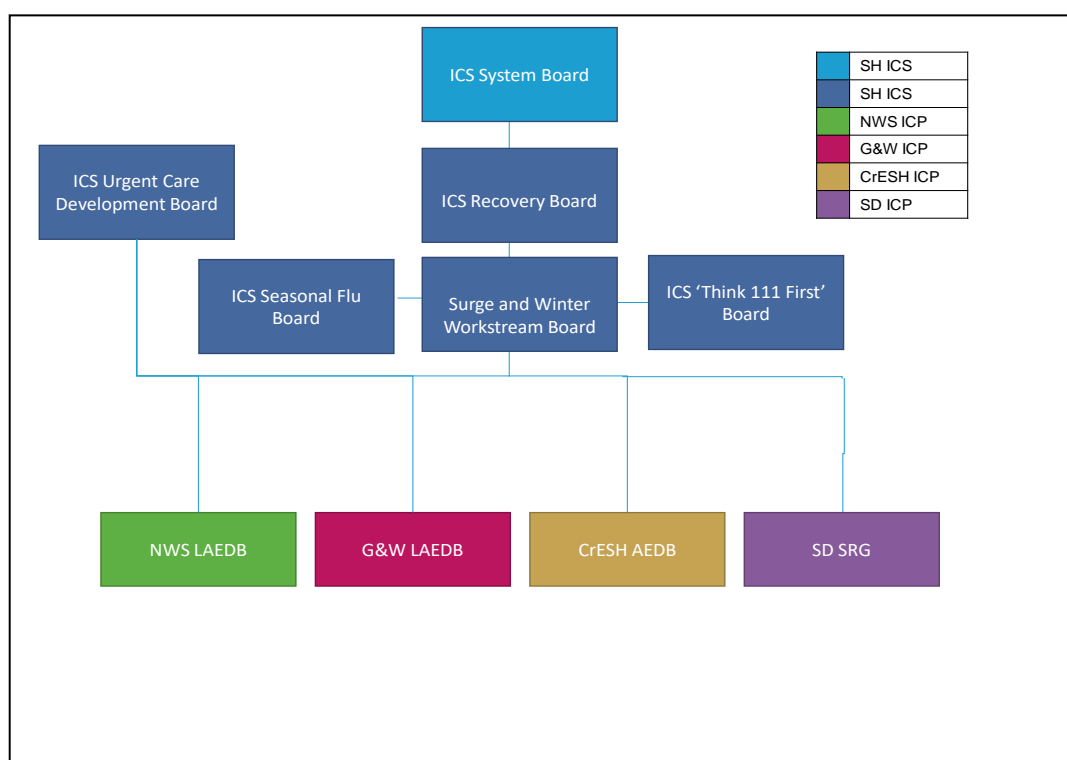
28.3 The plan supports targeted messaging out to the wider community particularly in relation to how the person may seek help and support without needing to attend ED; messages are also tailored to each areas system escalation alerting the public to how busy their local hospital is – again advising people to contact 111 or go to the pharmacy or GP for advice; whilst reiterating the importance of calling 999 and /or

attending the hospital ED in cases of emergency. The plan has been reviewed in light of the COVID pandemic and by further developing communication out to all sectors of our society.

29. System Restoration, Recovery and Reform Governance

29.1 The Surrey Heartlands (SH) main vehicles responsible for the delivery of urgent care during across the area are the Integrated Care Partnership (ICP) Local Accident & Emergency Delivery Boards (LAEDBs) of North West Surrey, East Surrey and Guildford & Waverley, along with the Surrey Downs System Resilience Group (SRG) – which links to the Sutton and Kingston ICP LAEDB's. Through these groups each of the systems put in place their plans, with some schemes being established across Surrey Heartlands to ensure that the systems were well prepared to manage sustained surge pressures.

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



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