



ADULTS AND HEALTH SELECT COMMITTEE

15 OCTOBER 2020

PREPARATIONS FOR WINTER PRESSURES

Purpose of Report:

To review Winter 19/20 Plan and to provide an overview of Frimley ICS Programme for Winter 2020/21 including the work being undertaken to improve the take up of vaccinations for residents and NHS staff.

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

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

Introduction

1. The winter period can present the most challenging times for local Health and Care Services. The anticipated winter challenges are no surprise to Systems every year. However, this year the challenges have been further compounded with the COVID 19 Pandemic and the preparations for the UK Exit – End of Transition Year.
2. Each year the Frimley Integrated Care System (ICS) have built upon the excellent Partnership work carried out as part of the Urgent and Emergency Care Delivery Plan implementation during the year in order to ensure all System Partners are in a state of readiness for meeting the varied challenges over the winter period.
3. Integrated Health and Social Care teams working in partnership with Primary Care across Farnham and Surrey Heath have continued to support people in the community and produce better outcomes for residents, prevented hospital admissions, reduced length of stay and maintained good performance in relation to delayed transfers of care. Front line practitioners are empowered to

make decisions at the right time, in the right place for all residents regardless of organisational boundaries.

4. We are proud of how the Frimley System continually commits to the robust planning required and delivers consistently when faced with increased demands and pressures.
5. It should be noted also that challenges to the System are experienced all year round including Easter, Bank Holidays and half term holidays and indeed last winter (1st November 2019 – April 2020), where specific plans are developed with Partners in order to ensure services are maintained throughout the whole of the year.
6. Frimley Health Foundation Trust is one of the test Trusts for the New Clinical Standards; as a direct result of this the 4-hour Emergency Department (ED) performance target is no longer reported.
7. Due to the COVID 19 response, the definition of Delayed Transfer of Care (DToC) changed in mid-March 2020 and DToC reporting as it was known ceased. Up to this point DToC across Frimley Health Foundation Trust (FHFT) had improved when compared to 2018/19 and met the NHS target of 3.5% during all months except November 2019, and February 2020.
8. The System approach to Winter Planning combined with the reactive and flexible approach to the COVID 19 surge enabled the Frimley System to achieve the performance seen below:

Frimley Health	Total 12 hour waits from Decision to admit	Total Ambulance Handover delays 1hr+ Target 30 mins max	Average Attendances/day at ED (Patients)	Average Emergency Admissions/day (Patients)	Delayed Transfer of Care - DToC Target 3.5%
Nov-19	0	3	676	251	4.3%
Dec-19	0	15	670	245	3.0%
Jan-20	0	11	652	235	2.5%
Feb-20	0	2	6445	235	4.2%

Mar-20	0	5	487	170	
Apr-20	0	1	344	155	

Detailed below is the previous year as a comparison:

Frimley Health	4 Hour Performance	12 hour waits from Decision to admit	Ambulance Handover delays 1hr+	Attendances to A&E	Emergency Admissions	Delayed Transfer of Care - DToC
Nov-18	85.9%	0	13	20451	6198	5.2%
Dec-18	87.2%	0	11	20418	6431	4.2%
Jan-19	82.6%	0	16	20115	6431	2.5%
Feb-19	81.1%	0	8	18765	5923	2.8%
Mar-19	83.3%	0	18	20727	6284	3.6%
Apr-19	79.5%	0	14	19889	5384	3.8%

9. The Frimley ICS performance continued to be within the upper quartile nationally, signalling that interventions to keep residents living well in the community are working.
10. The experience last winter was that patients were more acutely unwell when attending ED thus potentially staying longer in hospital. There were no patients who waited over 12 hours from their decision to admit during the winter months.
11. The number of delayed transfers of care, though higher than targeted, has not increased to the levels other systems have experienced nationally during winter. Frimley as a system continued to focus efforts to ensure good flow and effective discharges were achieved through partnership working and collaborative service planning.
12. This year saw Frimley North System Escalate to OPEL (Operational Pressures Escalation Level) 4 from the 7th to 10th of January 2020. This was due to unusually high pressures on both Acute and Community beds in the

North. Frimley South System also felt these pressures but maintained a high of OPEL 3 during Winter 2019/20.

13. Overall the Frimley System coped well during winter 19/20 and detailed below are the planning preparations and actions that were taken in order to maximise its resilience and ability to meet the winter challenges:

Effective Winter Planning

14. Winter Planning is underpinned by a cycle of continuous improvements. Annually, there are a number of objectives that need to be met when planning for the forthcoming winter:

Key Objectives of the Systems winter planning

- Ensuring the System is resilient throughout the winter period - providing safe, effective and sustainable care for the local population
- The System has sufficient capacity available to meet the likely demands over winter including restoration and response following COVID First Wave
- The System is able to deliver quality care for patients/clients in the most appropriate setting
- The System is able to achieve national and local access targets and trajectories
- That the System is compliant with winter planning, national guidance and regional Framework and also includes the Work Plan for Urgent and Emergency Care Services
- The System has learnt from previous winters locally and from other Systems and applied best practice to service delivery to ensure safe and effective patient flow
- The System promotes prevention and supports self-care, encourage residents to prepare for winter and cold weather
- The System raises awareness amongst the public of the most suitable place to go for different levels of care
- The System is planning for the UK Exit – End of transition year on 31/12/2020

15. In addition to those key objectives for the System, there are National directives shared with Systems during the year around NHSE requirements for our winter preparation. Also as part of the winter planning process, the lessons learnt from the previous year's winter is incorporated within the Winter

Plan and any current associated Plans such as the Surge and Escalation Protocol are reviewed in order to provide a robust Winter Planning Framework for the whole System.

Potential Risks and pressures identified for Winter

16. Following a Frimley ICS Winter Planning meeting held between all the Frimley ICS Winter Planning leads a number of risks were identified. These risks have been reviewed. The risks detailed below were created from all of our Partners risks.

17. Inadequate Workforce

- Resilience of Clinical and Support staff given the demands over last 6 months. Staff are still trying to “recover” from First Wave of COVID.
- Sickness – absence of staff / closure of schools / caring for loved ones
- Isolating – Child Care impact
- Business Continuity impacts – service provision
- Impact on flow throughout the System, placing pressures on other Partners
- Mental wellbeing

18. Primary Care Resilience

- Workforce resilience
- Dependency on digital platform
- Flu vaccination delivery around the extended ask
- COVID Testing
- Comms – consistent messages to public in accessing services

19. Capacity across the System

Capacity from General Practice through to inpatient capacity (both Core and Escalation beds) to Community capacity have all been impacted upon over the last 6 months, which has reduced capacity in some areas and place more demand in other areas. This will have a knock-on effect on the flow through the System resulting in potential delays in discharge (acute and Community), increase in medically stable for discharge, ambulance handover delays to increase in demand to out-of-hours (OOH), Primary Care and ED.

20. Lack of testing the Population and the implications of the unmet need

- Inability to proactively manage Outbreaks, staffing impact isolating until results obtained, service provision to our patients by all Key Workers and beyond
- Frustration and loss of confidence by service providers in the process

21. Reliance of an effective Same Day Emergency Care model for the System

- Primary Care resilience
- Effective delivery of 111 First
- Minor Injuries
- Paediatrics
- Ambulatory Care

22. Multiple Responses / Returns at short notice to Region and National Teams

- Ability to respond within deadlines and meet request for details on time
- The subsequent competing demands re planning and actions required by teams who are coping with winter / day to day demands

This Year's Winter Plan 2020/21
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Areas of focus

23. In response to the Preparing for a Challenging Winter 2020/21 document that was published in July 2020 and System Wide Winter Planning the Frimley ICS Winter Plans for Winter 20/21 will be focusing on:

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

Hospitals Demand and Capacity Plans

24. As part of the COVID 19 response during 2020, the hospitals have developed their demand and capacity plans. Particular focus is on patient length of stay and their discharge plans so that the bed occupancy is reduced to appropriate levels. The release of inpatient beds enables those people who are acutely unwell and require a bed to be admitted in a timely way and avoid prolonged stays in the Emergency Department.

Flexibility of Workforce

25. As part of each organisations business continuity arrangements, they have reviewed their workforce capacity in order to ensure they have sufficient cover throughout the winter and have arrangements in place to maximise resources through flexible working. Work is currently being undertaken to reinstate the ICS Workforce Bureau that was in place during the COVID response in 2020. This Bureau will again support organisations facing particular staffing issues to ensure that urgent and routine services are maintained as clinically appropriate.

Reducing the number of long-stay patients in hospital

26. Focussed actions around reducing the length of patient pathways have helped in ensuring that there is capacity available both in the acute and in community bed settings for patients.
27. The Hospitals work hard with Community and Social Care partners in order to ensure patients with particularly long length of stays were reviewed in order to identify suitable alternative care settings. These actions occur on a day to day basis throughout the winter, and as with last year a number of patients are placed in interim beds or discharged for their assessments to take place in their own homes. Evidence has shown this is the most appropriate outcome for our patients.
28. The benefits of the partnership working and processes around patients discharge are being locked in for the Winter of 20/21

Enhanced winter support from Adult Social Care

29. Social Care workforce is available seven days 8am-8pm and has flexible and immediate access to funding. In line with national policy, funding will be utilised to ensure timely discharge from hospital with assessments then taking place within a six-week time frame. Case numbers will be continually monitored to avoid backlog and there are plans to flexibly utilise ASC resource across NW Surrey if needed.

30. In previous years additional reablement resource has been commissioned over the winter period. This is now funded all year and will be utilised to support effective hospital discharge.
31. Continuing Health Care and Adult Social Care will continue to work in partnership to enable timely decision making for residents with Surrey Heath and Farnham providing flexible funding to support discharge and ongoing needs.

Community Providers

32. Adult Social Care will again purchase in advance domiciliary care hours in preparation for winter to enable discharge home for patients for assessments to take place in their own homes. Flexibility within the Better Care fund will enable purchase of nursing home beds as required for individuals.
33. Community bed capacity will be provided through care home beds sourced centrally by the Joint Central Placement Team where contracts and funding have been agreed. The community teams will also utilise step-up bed capacity at Farnham Hospital for when appropriate. Escalation bed capacity will be agreed jointly between Frimley Health and Partners to agree any additional community hospital beds that need to be opened and resource needed to manage flow.
34. Admission avoidance pathways are followed throughout the year and a two-hour response time with integrated partners is achieved via the community service SPA (Single Point of Access).

Triaging patients away from the Emergency Department and admission

35. Pathways are agreed to ensure that people are assessed and treated in the most appropriate place and that their needs are then met in the most appropriate setting. Increasing the Ambulatory Care provision has been focussed on throughout the year to ensure patients are redirected away from the Emergency Department when appropriate.

Minimise Ambulance Handover delays in the Emergency Department

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

37. However, all ambulance conveyed patients are closely monitored and where necessary, the Hospital takes prompt action in deploying designated nurses to receive the patient should there be a potential for a delay in handing over to the main team in the Emergency Department. This then releases the ambulance crews to leave the hospital and get back “on the road” to respond to other emergency calls. There were no Ambulance Handover Winter Trigger breaches this year in the Frimley system.

Frimley Health	Total Ambulance Handover delays 60 mins+ Target 30 mins max
Nov-19	13
Dec-19	11
Jan-20	16
Feb-20	8
Mar-20	18
Apr-20	14

Maximising Healthcare worker / patients flu vaccinations

38. Flu vaccination is one of the most important interventions to ensure that both staff and at-risk patients remain safe and well during any winter period. It is also therefore one of the most effective interventions to reduce pressure on the health and social care system during the winter. A comprehensive programme is planned in Farnham and Surrey Heath to ensure that as many people needing the vaccine receive it as possible.
39. Each organisation is acting proactively to maximise the vaccination take up of their staff members including clear communications and ensuring easy access for staff.
40. The CCGs are working with partners to find suitable ways to reach all groups in our communities and deliver a successful flu programme during the COVID pandemic. Vaccinations are being given in different locations to those normally used to allow at scale delivery to the increased numbers eligible this year as well as to ensure safety to health workers and patients.

For example, a “drive-through” model is being employed in Surrey Heath using the Blackbushe airport site.

41. General Practice, who deliver the majority of vaccinations, are being supported to ensure they have adequate stock of vaccine available. Local public communications are planned, in line with national messages, and particular focus is again being made to include carers and minority groups in the population.

Ensuring Primary Care is resilient and responsive

42. Resilient and responsive Primary Care is a key enabler for patients receiving the right care, in the right place, at the right time. Adequate availability of appointments in General Practice has been a priority and a number of schemes will be put in place to compliment the year-round initiatives to ensure sufficient capacity is available in the community to cope with the expected demand
43. Over the past few months the Covid-19 pandemic has significantly changed how general practice is delivering care, with many positive changes and benefits
44. This winter, appointments will be available through a combination of face to face, telephone and online access. Activity in General Practice is now back to pre-COVID levels but far more of consultations are delivered online or by telephone. The alternative methods of consultation will enable GPs, Practice Nurses and other health professionals to effectively and efficiently provide a responsive service whilst minimising risk and to fully utilise available staff if a second wave of COVID occurs.
45. Our winter plans for primary care have involved the development of a flexible approach to hot pathways (for suspected COVID patients) to provide appropriate responses to demand, that optimise the capacity available at any given time for core general practice. Enabling primary care to address backlogs as outlined within the NHS England Phase 3 requirements, and target work for vulnerable groups and to reduce health inequalities. At scale hot sites will be available over the winter period with potential to add additional sites if demand requires. This will enable continued focus on core routine services.
46. Across the Frimley system, our Primary Care Networks (PCNs) have recently confirmed plans to use funding to recruit an additional 150 new Allied Health Professional (AHP) roles by March 2021 to support multidisciplinary working and GP workload. The most popular new roles

being Clinical Pharmacists, Physician Associates, Social Prescribing Link Workers, Pharmacy Technicians and First Contact Physiotherapists.

47. Primary Care and Community Services will continue to provide a seven-day service throughout the winter period. Specific schemes based on successful impact last year will be utilised to create additional capacity and monitor demand.

Mental Health service provision

48. As a Mental Health Trust, Surrey and Borders Partnership Trust (SABP) are not acutely affected in the same way as hospital or community colleagues by the winter conditions. Demand for crisis response services is unplanned and unpredictable and seasonal variation can be less of a significant factor. However, it is also true to say that there is often an appreciable increase in demand late winter to Easter (January-April). As a result, SABP focus on winter pressures is to support Acute Trusts through maintaining performance through their Liaison services (amongst others).
49. Out of hours SABP have support for adults in crisis through their single point of access and Safe Havens. Safe Havens provide out of hours help and support to people and their carers who are experiencing a mental health crisis or emotional distress. An equivalent service is available for children and young people via the CAMHS (Child and Adolescent Mental Health Service) Single Point of Access or emergency duty team and the CYP (Children's and Young People's) Havens.
50. SABP have plans for maintaining service continuity during periods of severe weather. They also have agreed processes that aim to ensure that vulnerable people known to services are supported during periods of cold weather as required under the Department of Health Cold Weather Plan.
51. The Trust continues to conduct face to face appointments when it is appropriate but assessment and follow up appointments will generally be offered over the phone and by video call.

Effective Communication with the Public

52. As happened last year, North East Hampshire and Farnham CCG and Surrey Heath CCG Communication Teams have met recently and have published the Communications and Engagement Plan for Winter 2020/21. The Plan will follow and support the National Winter Campaign promoting:

- Helping Us Help You Stay Well This Winter,

- Flu,
 - 111 First,
 - Alternatives to ED,
 - The Impact of COVID 19,
 - How can our ICS workforce help.
53. The Winter Communications and Engagement Plan was launched in August 2020 and will run through to February 2021. Local reactive comms messages will continue to go out to focus on developing and localised issues.
54. From the August of 2020, the CCG has promoted National messaging to support the “Summer of Self Care” and Flu Vaccination Campaign via its website, social media and staff intranet channels, as well as issuing press releases to the local media

A Look Back at Winter 2019-20 and Specific Actions undertaken by Surrey Heath / Farnham Locality

The 19-20 Winter Plan

55. As has been shown from the preparations described in the previous sections, planning for winter builds on the services and schemes already in place. A key focus of the plan was embedding schemes and processes put in place during the previous winter as business as usual instead of seasonal incentives. Some additional initiatives were then implemented to provide additional capacity and flexibility to manage the expected increase in demand. A summary of elements of the implemented plan follows.

Frimley Integrated Care System

56. A system-wide project for all providers was put in place to focus on Length of Stay. It ran from the 1st October for 90 days, centred on three wards at both Wexham Park Hospital and Frimley Park Hospital to develop and support processes and good practice for staff in the safe and timely discharge of patients.
57. A system initiative for Care Homes was also delivered, the Hydrate initiative was implemented to raise awareness and result in reduced falls and UTIs (urinary tract infections) for Care Home residents. A Care Homes pharmacist also worked across Farnham and Surrey Heath to undertake medication reviews for care home residents to reduce hospital admissions.

58. Social prescribing services became business as usual in 2019 and played a key role in actively assisting people to access Voluntary services to support their needs.

Frimley Park Hospital

59. Various initiatives to increase capacity and improve patient flow were implemented. This included the joint project creating a specific Surrey Heath ward in the hospital to facilitate links to the community teams and facilitate discharge. Business as usual schemes included rapid implementation of the SAFER Bundle throughout the hospital. This is a national NHS tool for improving patient flow and blends five elements of best practice that can be tailored to local circumstances. The hospital also committed to ensuring that all Patients have a planned and agreed date for discharge early in their stay (called EDD or expected date of discharge) and this was then used to effectively monitor patient stays to avoid delays.
60. Additional Ambulatory Care Unit provision was created, and the unit was available seven days per week and open bank holidays. This enabled more patients to avoid admission to the hospital by being able to access ambulatory pathways and return home the same day.
61. Frimley Park hospital continued to focus on ensuring a reduction in Ambulance handover delays including the development of an Escalation Protocol to facilitate this.

Community services including Adult Social Care

62. The established Integrated Care Teams continued to support people seven days a week in the community to maintain them in their place of residence, avoid unnecessary admissions to hospital and to support timely discharge if hospital admission was required.
63. Care for some was coordinated through weekly Multi-Disciplinary Team meetings in the community for people at high risk of admission, in crisis or with complex care management needs. This was operational across both CCG localities.
64. The In-Reach Team linked in with the hospital Frailty Unit and the Ambulatory Care Unit in order to ensure timely discharge for Patients. The In-Reach service provides a seven day a week service 8am-8pm Monday to Friday and 9am-5pm Saturday and Sunday to support discharges and admission avoidance. They work at the “front door” to help to avoid admissions and triage in Emergency Department Observation Unit (EDOU)

in order to ensure that admissions are appropriate and patients are ideally discharged back to their homes before an acute admission has to take place.

65. The community teams worked with the hospital to pro-actively 'pull' people who were medically fit for discharge (MFFD) out of hospital and back into the community, with emphasis on information sharing, joint assessment and care management – e.g. daily Community Team Calls (where not fully co-located), IRIS System calls, reviewing of Urgent Care Dashboard / GP Browser.
66. In Farnham there was co-ordinated and joined up working with the Paramedic Home Visiting Service (operational Mon to Fri 8am to 7pm). Also, additional funding for Enhanced Recovery and Support at Home to provide one additional member of staff to support weekend and Bank Holiday working (excluding Christmas Day and Easter Sunday). A second clinician was also funded from November to March to support winter pressures.
67. Surrey Equipment Service agreed to respond to any particular spikes in demand as and when these happen. The Provider ensured that all sub/peripheral stores were topped up to meet rises in demand.
68. Surrey County Council continued to work with East Berkshire CCG to ensure that residents of Surrey who are registered with a GP in East Berkshire receive equitable service provision. This is of particular benefit to residents living along the border in Windlesham, Englefield Green, Egham and Virginia Water. The focus was again on End of Life care services, joint funding arrangements to support complex discharge from hospital and intermediate care services.

Primary Care

69. Across the whole of North East Hampshire, Farnham and Surrey Heath, an additional 14,795 appointments were planned to be provided over a 20-week period from 2nd December 2019 to 17th April 2020. Each GP practice was also asked to protect at least one emergency same day appointment per winter resilience session to allow Accident & Emergency (A&E) to have the ability to book a patient into an appointment.
70. Direct booking from NHS 111 started in November for Surrey Heath Practices ensuring that the service was further supported with robust alternatives to A&E attendance.

71. Seven-day working for Primary Care was business as usual over the winter period. For example, Surrey Heath GP Practices provide seven-day access with appointments available Monday to Friday from 8am to 8pm. On Saturday mornings, a Hub model operates for the total population of Surrey Heath, hosted in turn by each Practice. Pre-bookable and same day appointments are offered between 9am-12pm and delivered by a range of GP, Nurse, AHP and Healthcare Assistant (HCA) capacity. On average, an additional 40 appointments were offered each Saturday and utilised. On Sundays, an additional 12 GP Appointments are provided via a sub-contracted arrangement with North Hampshire Urgent Care (NHUC) (GP Out of Hours provider).
72. In addition, GP practices in Farnham utilised improved data collection and monitoring, made available using the Primary Care module of Alamac. This allows GP practices to collect and report demand on a weekly basis. For 2019/20 there was the real drive to establish consistency in the use of Alamac to ensure its full potential for planning and System Resilience was achieved.
73. Farnham patients also benefitted from the same day visiting service utilising paramedics throughout the entire winter period. The service provided additional capacity for Primary Care and ensured the most appropriate clinician provided care to patients.

Mental Health Service

74. The Surrey and Borders Partnership Trust (SABP) Crisis Line and Single Point of Access (SPoA) was open 24/7 and can refer directly to the SABP home treatment teams (HTTs) for a Rapid response assessment where needed, these teams ran their usual rotas 24/7 over the winter period. HTTs primary aim was to safely (and appropriately) support someone at home but when needed was able to utilise Safe Havens, HTT support (which may include access to Acute Therapy programmes) and Crisis Overnight Support Services (COSS Beds).
75. The People with Learning Disabilities Intensive Support Service (ISS) team supported people as an alternative to an admission, along with a similar function in Older Peoples Community Mental Health teams. Psychiatric Liaison Services were available in all Hospitals 24/7. SABP also provided CYP Havens (<https://www.cyphaven.net>) to support children and young people in crisis.
76. Out of hours, SABP have support for individuals in crisis through their single point of access and Safe Havens.

77. The obligations of Emergency Preparedness, Resilience and Response (EPRR) guidance and the Civil Contingencies Act 2004, SABP is required to plan for and respond to a wide range of incidents and hazards that could affect the health of the wider community and impact on the care of SABP in-patients and the delivery of health care services.
78. As a member of the Local Resilience Forum (LRF) SABP works with partner in the risk assessment of the hazards that are present in the county. These incidents such as fires on chemical sites, pandemic influenza and fuel disruption. While many hazards are present at any time of the year, winter presents specific risks which have been identified and mitigated.
79. SABP have plans for maintaining service continuity during periods of severe weather. As part of their plan, SABP has access to 4x4 vehicles and drivers to ensure continuity of care in the most severe of conditions. We also have tried and tested processes that aim to ensure that vulnerable people known to services are supported during periods of cold weather as required under the Department of Health Cold Weather Plan.
80. SABP begins staff flu planning in May each year to have an appropriate immunisation programme in place to support staff. Staffing levels are monitored on a daily basis on all of our wards, which form part of our daily hospital calls to all wards. The trust has a pandemic flu plan that would be operational in the event of a pandemic flu outbreak.
81. SABP has in place a media and communication response in the unlikely event of any significant reduction in service, which would support SABP in providing a response to any incidents occurring during the winter period.
82. SABP operates a robust On Call Manager and Director system to ensure that both tactical and strategic responses can be effectively managed 24/7 and in particular during out of hours periods.
83. SABP continues to work closely with all their partners and stakeholders to minimise any adverse seasonal effects on the delivery of our services.

Outputs of the Winter Planning Process

84. Outputs of the Winter Planning process 19/20 were as follows:

- All System Partners Winter 19/20 Plans were submitted and reviewed

- All System Partners New and embedded Winter Schemes were reviewed and checked for any mutual support required to maintain these schemes.
 - **“Countdown to Winter”** Plan produced – Activated (14.10.19 – 30.11.19)
 - **“Home for Christmas”** Plan produced – Activated (1.12.19 – 6.1.20)
 - Triggers for Winter Beds opening agreed with agreed support requirements from Social Partners agreed,
 - Christmas and New Year NHSE Assurance gained (20.12.19 – 6.1.20)
85. These Plans were tested in November 2019 via a System-wide Winter Confirm and Challenge meeting allowing all Partners to question and confirm supporting partners Winter Plans. A System Wide Winter Table Top Exercise also took place in December 2020, whereby all System Partners enacted their plans in a number of test scenarios.

<h3>Monitoring and Assurance</h3>

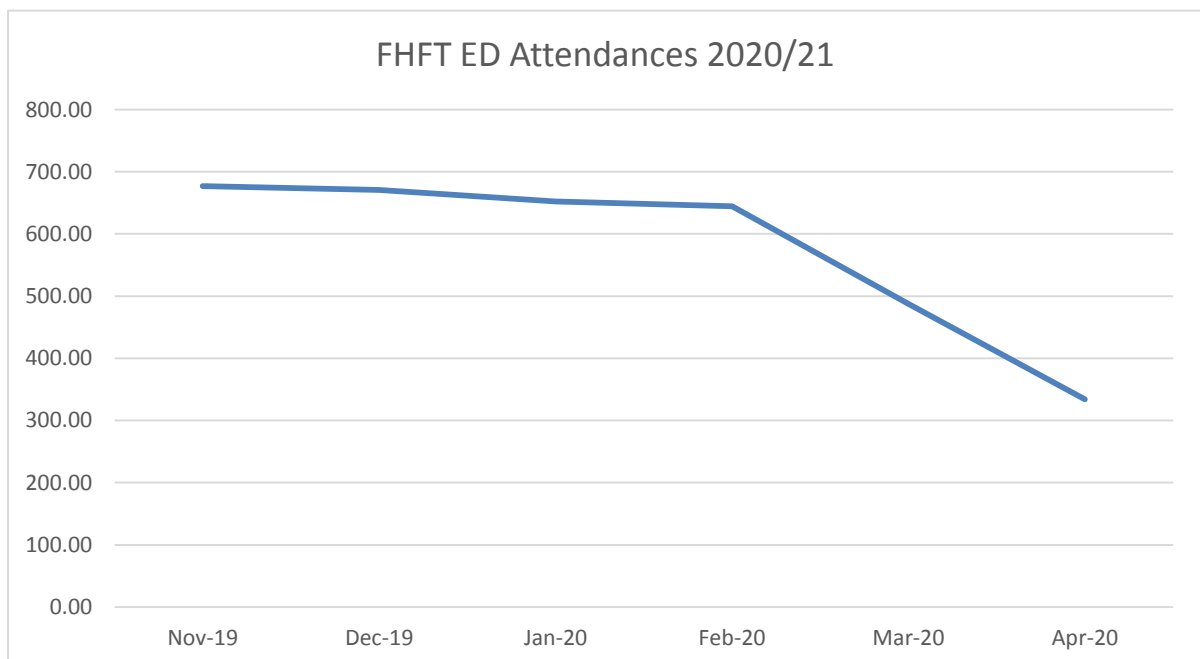
86. In addition to the national reporting and assurance processes within the Frimley System, there is a monthly Urgent & Emergency Care Board which oversees the performance across the System and monitors the implementation of the Winter Plan.
87. The Urgent & Emergency Care Board reports directly into the ICS Leadership Group where performance is monitored, and assurance obtained from partners. As business as usual, we do monitor on a day to day basis the Escalation levels of our System partners through the ALAMAC Reports electronically produced each day this includes the Sitreps of what capacity is available in community services etc and the other surrounding System Escalation Levels so that we can pre-empt any potential border issues for our System.
88. As a matter of course, any escalation or significant pressure expected or experienced, the response by the System from our partners is very agile and responsive.
89. Specifically, in relation to our Winter Plans, an assurance meeting was held where a peer review took place attended by all System Partners to review all of their Organisational Winter Plans. The overall Plan was then signed off by the Frimley ICS Urgent & Emergency Care Board.
90. Also, a Confirm and Challenge submission with NHSE was undertaken for our 19/20 Plan. Frimley System were commended on a number of occasions for their robust comprehensive content for the whole System.

91. The System is extremely fortunate in terms of having continued maximum engagement from all partners and a Table Top Exercise of the Winter Plan was held in November 2019, where full and detailed exploration of the Plans in place in scenario based situations were tested.
92. For 20/21 Plan, it is felt that much of the day to day activities and additional Business Continuity arrangements have been fully tested during the System wide COVID 19 response and so a separate ICS Workshop will not be held this year. However, the CCGs have participated in a number of LRF Exercises across our Region.
93. The Urgent and Emergency Care Leads for the ICS System will dial into weekly NHSE assurance conference calls where performance will be discussed and assurance sought.
94. A number of Winter measures were monitored and reported to NHSE on a daily basis, one of those were the A&E Attendances.

Winter Performance / Findings following Winter Review 19/20

19/20 Performance

95. During the winter 2019/20, attendance to A&E did not see any sustained increase and remained comparable to the previous year. The main difference this year was the COVID 19 Response. This saw ED attendances drop sharply from early February through to April. This is shown in the graph below.



96. Other measures that were monitored closely over Winter 2019/20 were:
- Ambulance handover delays over 60 minutes,
 - 12-hour waits in the Emergency Department from decision to admit,
 - Delayed transfer of Care,
 - National Alert/Escalation Status.
97. During the winter, the number of ambulance delays over an hour were kept to a minimum. Whilst there were a number of isolated over 60-minute Handover Breaches no NHSE Winter triggers were breached for over 60-minute handovers (above 10 over 60-minute Handover Breaches in 24 hours).
98. The National Alert Status for the Frimley North System did escalate to OPEL 4 level for one week in January during a period of exceptional pressure on Bed capacity within both the Acute and Community setting. Frimley South did not escalate to OPEL 4 at any time over Winter. This was very different situation in other Systems who regularly escalated to OPEL 4.
99. The findings of the formal Review of the Winter Plan 19/20 with all System Partners are as follows:
- The System did not experience any bad weather that impacted majorly on capacity for the whole of Health and Social Care,
 - Up to the outbreak of COVID 19, Seasonal Flu / Infection Control Issues were lower this winter and thus did not impact on flow,
 - Whilst Patient attendance remained relative to previous year's acute bed capacity was lower, with both Acute and Community Partners indicating that patient acuity had risen this year, with the patient requiring lengthier stays before becoming medically stable, and more complex packages of care to support the discharge and keep the patient at home,
 - Excellent partnership working particular during January – Community Bed delays minimal,
 - Social Partners and FHFT agreed triggers and the support that would be required for the opening of additional Winter Pressure beds,
 - Frimley Park opened 10 additional Community beds (Virgin Care) on a scaled approach from 4th of January to the 14th January,
 - Hale Ward (winter Pressure beds) remained closed this year. This was the First time in 3 years where Hale wards Winter Pressure beds were not opened.
 - Partners have bridged Packages of Care, provided mutual and cross boarder support to avoid delays in a patients discharge

- Community Partners reported a higher acuity and complexity of patients being discharged from the Acute, requiring higher levels of support and longer periods of rehabilitation.

Flu vaccination

100. Vaccination take up was generally good in the different eligible cohorts and compared well nationally. Specific achievement in 19-20 for target groups included:

Target Group	Surrey Heath	Farnham	Comment
Patients aged under 65 years and in a clinical risk group	47%	47.3%	Though not achieving the 55% target we were 3 rd and 4 th highest in the South East
Patients aged 65 years and over	75.4%	75.4%	Farnham and SH were 2 of only 3 areas in the SE to achieve the 75% target
Pregnant women	49.3%	56.7%	Farnham was the only area to achieve the 55% target
GP Practice Frontline Healthcare Workers	67.5%	78.6%	

101. During last winter there were no significant outbreaks of Flu seen across the system.

Conclusions

102. The System Partners all planned extensively for Winter 19/20 and the System “coped” well last year having some excellent services / pathways in place for our patients as an alternative to a hospital admission. The feedback was that the System was very responsive last year.

103. We will continue this year building on the good practice and improved services / pathways we have within our System, particularly by locking in the

benefits from the changes to practice during the COVID 19 response in order to place us in the best possible position for the forthcoming winter.

104. Included in our Winter Plan for 20/21, we will be planning for the UK Exit end of the Transition Year and seeking assurance from System partners in respect of various areas such as workforce, supplies, rotas and Business Continuity,
105. Confirmation was previously received around supporting EU Nationals to complete applications and to date no risks have been identified around specific issues within Organisations in terms of workforce.
106. Lessons have been learnt from last winter and we will progress at pace in finalising this year's Winter Plan and expect the Winter Plan to be signed off in October 2020 at the Frimley ICS Urgent & Emergency Care Board.
107. This year there will be further planning elements such as Covid 19 recovery and response to a potential Second Wave and also the potential implications in relation to the UK Exit end of the Transition Year.

Recommendations

108. The Committee is recommended to:
 - a) Note the plans put in place by the System Partners for 20/21 Winter Plan together with the risks associated with winter pressures and the mitigating actions
 - b) Acknowledge the outcomes of winter 19/20
 - c) Be assured of the measures put in place by the whole System for mitigation which promoted resilience throughout the winter season
 - d) That preparation for winter 20/21 is already significantly progressed.

Next steps

Complete the Frimley ICS Winter Plan 20/21

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Sources/background papers:

Frimley ICS inter Plan 20/21

Frimley ICS Winter Plan 19/20

Frimley ICS Winter Review Report 19/20