Surrey Heartlands ICS - Managing UEC Surge

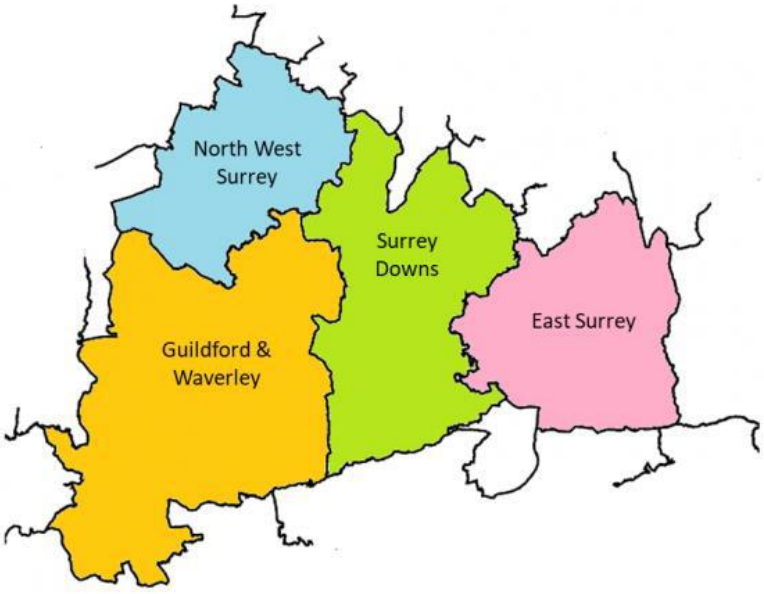
September 2022
FINAL

1. Introduction

1.1 The COVID-19 pandemic has had, and continues to place, an enormous challenge, not only in the number of people being admitted with Covid – but also the very high demand for all services across Primary Care; Community Services; Adult Social Care and our Emergency Services. In Surrey Heartlands, our focus remains on reducing elective and non-elective wait times; the quality of our services; reducing health inequalities and the well-being of our staff.

1.2 Surrey Heartlands ICS serves over 1,000,000 people within the areas of East Surrey, Guildford and Waverley, Northwest Surrey and Surrey Downs and accounts for around three quarters of the overall Surrey population. 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 There are 106 practices working within 24 primary care networks (PCNs); 4 acute hospital sites; 11 community hospital sites; 2 community service partners; 1 mental health partner including 3 inpatient units and 33 community sites; 1 upper tier local authority (Surrey County Council) operating adult & children's social services; 9 District/Borough Councils all working together in the newly formed statutory Integrated Care System. This report sets out an outline of the impact of 2021/22 winter pressures, along with the whole system measures put in place which provide mitigation and promote resilience throughout the upcoming winter season 2022/23.



1.4 This paper was written at the beginning of September 2022 and represents the situation at that point in time.

2. ICB restructuring/reconfiguration

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

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

2.2 The Integrated Care Partnership is a statutory committee jointly formed between the NHS Integrated Care Board and all upper-tier local authorities that fall within the ICS area (in Surrey this is Surrey County Council). This committee brings together a broad alliance of partners concerned with improving the care, health and wellbeing of the population, with membership determined locally.

2.3 The Integrated Care Board is a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the local NHS budget and arranging for the provision of health services in the ICS area. With the creation of Integrated Care Board, the previous Clinical Commissioning Groups (CCGs) have been abolished, with the majority of their statutory duties taken on by the new ICB.

2.4 Integrated Care System are made up of Place based partnerships: these partnerships will lead the detailed design and delivery of integrated services at a more local level. These partnerships involve the local NHS, local councils, community and voluntary organisations and other community partners with a role in supporting the health and wellbeing of the population, working closely with local people and communities.

2.5 Provider collaboratives is another feature of the ICS as they bring NHS partners together to achieve the benefits of working at scale across multiple places and one or more ICSs, to improve quality, efficiency and outcomes and address

unwarranted variation and inequalities in access and experience across different providers.

2.6 The Voluntary, Community and Social Enterprise (VCSE) sector is a key strategic partner in helping local systems shape, improve and deliver services. The sector also has a crucial role in developing and implementing plans to tackle the wider determinants of health – factors that play a key role in the root causes of poor health, such as pollution, poverty, education and housing.

2.7 The outstanding dedication, skill and commitment of all our Surrey Heartlands health and care workers, going above and beyond to rapidly respond to the flexing needs of the pandemic has in turn helped to strengthen our ICS partnership by removing the more traditional 'silo' working in favour of coming together as partners within one system. An example of this is that hospitals and community services are able to identify areas where system assistance is required and be confident that if partners can offer help, they will do so via mutual aid.

2.8 This strength of partnership, as part of what is now a formal arrangement led by the Integrated Care Board, will also assist with winter planning across Surrey Heartlands as we continue to bring together all our resources across health and social care to the benefit of the community through periods of increased demand.

2.9 **Surrey Heartlands ICS five health and care priorities:** As part of coming together as an ICB and building on the joint working already achieved as a mature ICS: the ICB have agreed that all partners will focus on five main objectives. Known as the 'Critical Five' these priorities will also help us recover waiting lists following the Covid-19 pandemic and support people to access the health and care they need. The first three objectives described below link directly into the delivery of the Fuller Stocktake (please see 2.10).

- Keeping people well – doing more to promote prevention and stepping in earlier to prevent people's health deteriorating; and, when people do deteriorate, making sure they understand how and where to get the urgent help they need.

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

2.10 **The Fuller Stocktake:** In November 2021, NHS Surrey Heartlands Chief Executive, Professor Claire Fuller, was asked by NHS England Chief Executive, Amanda Pritchard, to lead a review into integrated primary care – looking at what's working well, why it's working well and how the NHS can accelerate the implementation of integrated primary care (including general practice, community pharmacy, dentistry and optometry) across systems.

2.11 The result of the review was 'The Fuller Stocktake' which was published by NHS England on 26th May 2022, the recommendations from which will form a key part of our strategy going forward.

2.12 As part of the review, the team engaged with almost 1,000 people through workstreams, roundtables and one-to-one meetings, alongside over 12,000 individual visits to a dedicated engagement platform, and a real consensus emerged. What is not working in primary care is access and continuity, with frustrations shared by both patients and staff alike. What also emerged was a consensus on what the NHS and partners can do differently:

- Integrated neighbourhood ‘teams of teams’, need to evolve from primary care networks to work collaboratively to improve the health and wellbeing of the local population.
- Streamlined access to urgent, same-day care and advice from an expanded multi-disciplinary team, using data and digital technology to enable patients to quickly find the right support.
- Ensuring those who would most benefit from continuity of care in general practice (such as those with long term conditions) can access more proactive, personalised support from a named clinician.
- Taking a more active role in creating healthy communities and prevention by working with communities, making more effective use of data and developing closer working relationships with local authorities and the voluntary sector.

2.13 The formal establishment of Integrated Care Systems could not be timelier as a vehicle for collaboration, and this report clearly signals the need for primary care voice and leadership to be at the heart of local and national priorities. Finally, the report sets out a requirement for additional support from Government and NHS England, targeted most of all at fixing workforce supply, estates, and digital infrastructure.

2.14 Looking ahead, in Surrey Heartlands we will start to work with teams and partners to reshape our programmes of work to align to the emerging themes as well as our new Critical Five objectives. Our first three priorities – keeping people well through improved interventions and prevention; safe and effective discharge supported by an improved integrated community care environment; and high-risk care management, wrapping care around the most vulnerable – are all about delivery at place, and integrated neighbourhood teams will play a key role in how we do this.

3. Surrey Safe Care

3.1 During this period of recovery and moving back into ‘business as usual’ for both Elective and Emergency care, whilst maintaining a very strong focus on wait times for our patients, both Ashford and St Peter’s and Royal Surrey NHS Foundation Trusts launched, on 16th May 2022, a new electronic patient record system – known as Surrey Safe Care, setting the scene for joined up care across the county.

3.2 The system consists of a series of software applications that bring together and digitalise clinical and administrative data to replace paper-based records. The system, provided by Cerner Corporation UK, will improve processes and increase safety, efficiency and experience for patients.

3.3 Together, the two Trusts serve a population of approximately 800,000 people across six sites and a wider population of 1.3m for cancer services.

3.4 A shared system will bring a number of benefits for patients and the teams. Healthcare professionals from both organisations will gain immediate access to information about patients' care and treatments irrespective of where it was received, resulting in a more coordinated approach to effective and consistent care.

3.5 In addition to this, clinicians will be able to use the platform to make informed, data-driven decisions while ensuring patient confidentiality is safeguarded through the strongest national and international security measures for handling information.

3.6 Implementing an effective Electronic Patient Record like the Surrey Safe Care allows the Surrey Heartlands ICS Acute Hospital partners to meet the policy direction of provider digitisation guidance from NHS England and Improvement. This states that electronic patient records are essential "to support the recovery and sustainability of the NHS and care" whilst also contributing to the wider levelling up of delivery. The Surrey Safe Care programme targets £28.8m of financial benefits (to be delivered over 10 years), alongside safety benefits identified. These benefits will need managing in order to realise, with support needed to both define and clarify the mechanisms for the financial savings.

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

3.7 The implementation of Surrey Safe Care involved a major, digitally enabled transformational change and a huge volume of work has gone into getting the two Trusts prepared for the launch.

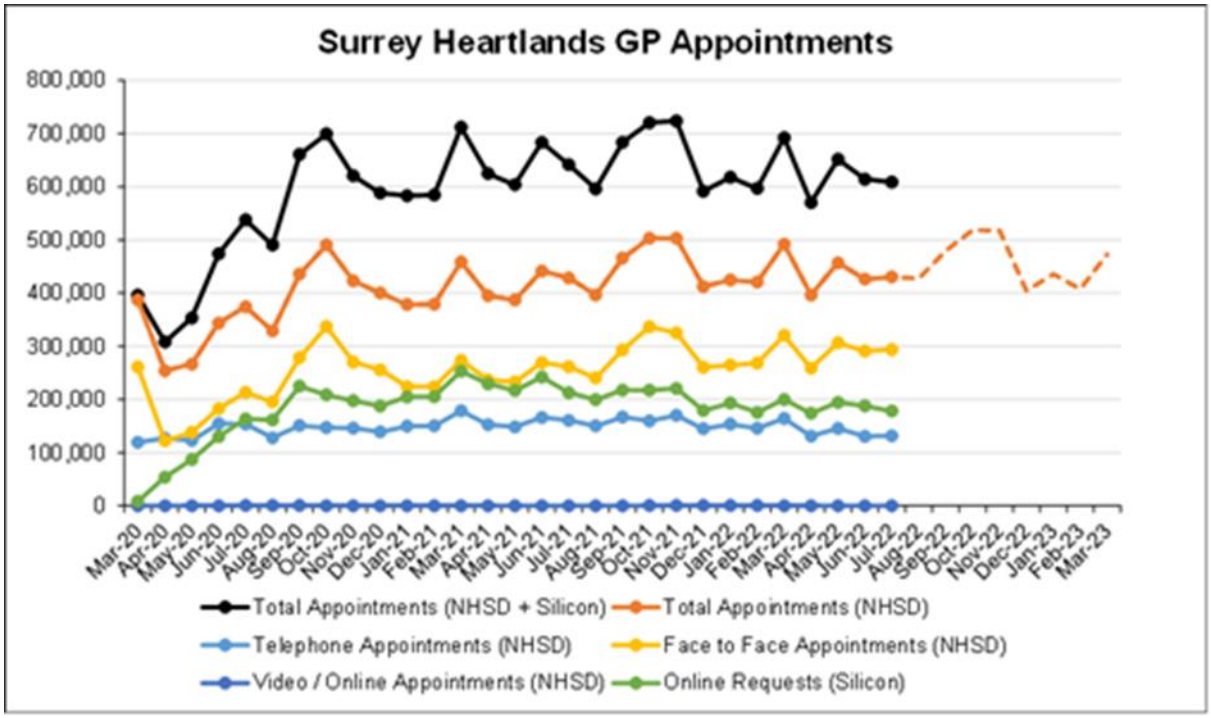
3.8 Whilst recognising the long-term benefits for patients and staff of a fully electronic patient record, it will be some weeks before we are able to provide fully validated data that reflects our system-wide position.

3.9 Please note that this report only includes validated data.

PART A – Managing UEC Surge

4. Primary Care Surge Preparedness

4.1 **Current Position**: The chart below shows data from NHS Digital (publicly available) and Silicon Practice (Surrey Heartlands main online consulting provider) from March 2020 to June 2022. It outlines the total appointments and then breaks this down further into the 'mode' (telephone, online, video) and shows the number seen face to face.



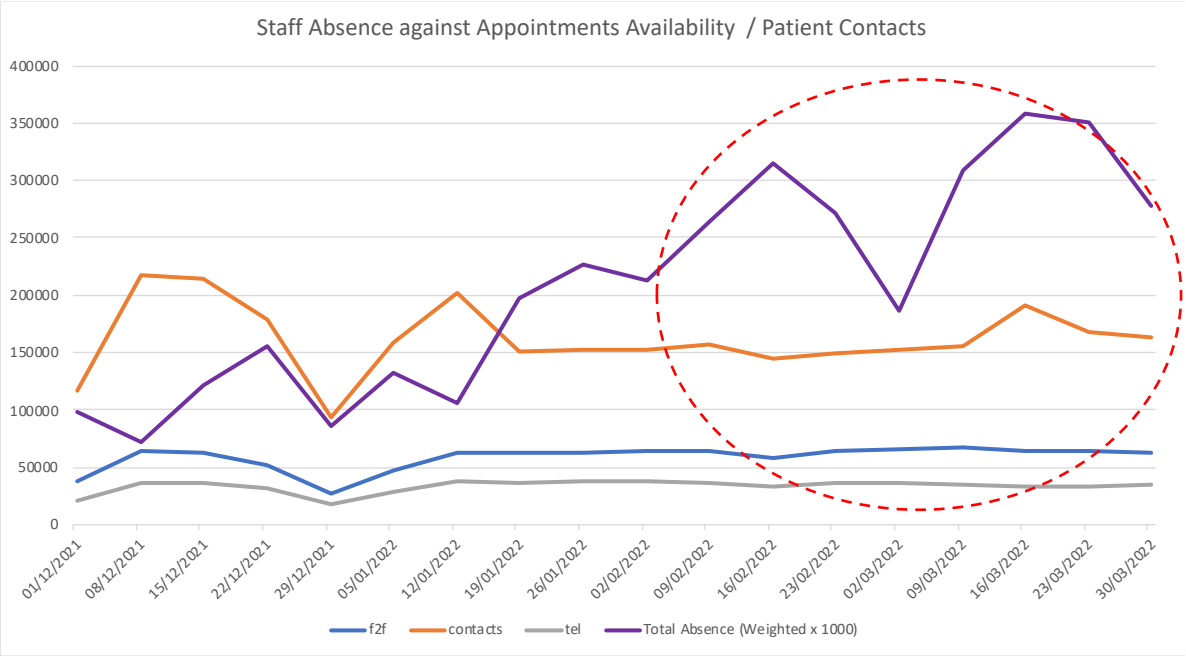
Financial Year	Total Appointments (NHSD)	Online Requests (Silicon)	Combined (NHSD + Silicon)
Fy-2018/19	4,940,790		
Fy-2019/20	4,919,930		
Fy-2020/21	4,535,146	2,078,077	6,613,223
Fy-2021/22	5,271,585	2,505,850	7,777,435
Fy-2022/23 Est.	*5,375,166*		

**NHS Digital outlines the data caveats associated with this data here: Appointments in General Practice - NHS Digital **

4.11 These charts outline that the total for the last full financial year (2021/22) of combined appointments and online contacts is **7.7m.** The previous year (2020/21) is at **6.6m,** which is an increase of 18% (these numbers do not take into account the delivery of the Covid-19 vaccinations).

4.12 It is important to note that Surrey Heartlands has one of the highest online utilisation rates across England resulting in **2.5m** online contacts/requests made during 2021/22. Our face-to-face consultations, whilst they dropped significantly during the first wave of Covid, have since recovered, and are higher than pre-pandemic levels.

4.2 **Staff Absences:** Coupled with overall increase in demand, General Practice has also seen a significant number of absences at the start of 2022 illustrated by the graph below. This shows that staff absences across General Practice increased by c.185% during the early part of 2022 and shown in the purple line in the chart below.



4.21 Winter Plan 2021/2022 – Winter Access Funding (WAF) had a positive impact on appointment availability generating additional capacity in the system by creating additional sessions, provided by portfolio GPs, to ensure appointment availability remained constant throughout times of absences and additional pressure.

4.22 Without the WAF, the working assumption would be that activity would decrease to mirror the emerging workforce challenges related to COVID absences. The ICS completed a robust evaluation process on the impact of the WAF and have worked the learning into our model for 2022/23.

4.3 **Achieving workforce expansion targets to support demand:** As at June-22 in Surrey Heartlands GP Practice Workforce there are a total of:

- 524 Full Time Equivalent (FTE) GPs (excluding GPs in Training Grade): This increases to 608.5 FTE GPs including those in training grade.
- 220.7 FTE Nurses
- 181.1 FTE Direct Patient Care Staff (DPC)
- 1,153.4 FTE Admin or Non-Clinical staff

4.31 Across Surrey Heartlands, the average number of GP FTEs per 100,000 population is 46, which is just above the England average of 45. For Nurses, the Surrey Heartlands figure is 20, which is lower than the England average of 27.

4.32 For Direct Patient Care staff, Surrey Heartlands has an average of 16 FTE per 100,000 population which is lower than the England average of 25 FTE. Admin and Non-Clinical staff average per 100,000 population is also lower in Surrey Heartlands at 102 FTE, whereas the England average is 118 FTE (Data Sources: NHSD General Practice Interactive Dashboard June 2022, NHSD GPW Bulletin Tables, Primary Care Data publication June 2022. Note: Practice level data only and excludes PCN workforce).

4.33 The challenges, including an ageing Admin and Nursing workforce, are being mitigated by working with PCN Educator teams, Surrey Training Hub and practices with succession plans being developed which includes increasing student nurse placements in Primary Care.

4.34 Surrey Heartlands will be focusing on maximising the full use of the additional funding that is going into General Practice workforce supply (Additional Role Reimbursement Scheme -ARRS) as set out in the Long-Term Plan. ARRS roles include Pharmacy Technicians, Social Prescribing Link Workers, Health and Wellbeing Coaches, Care Co-ordinators, Physician Associates, First Contact Physiotherapists and Dieticians.

4.35 Surrey Heartlands total additional roles recruited by 2024 will be 535 FTE. We are on trajectory and as at August 2022, **300 FTE** roles have been recruited to and are working across our Practices.

4.36 A flexible multi-disciplinary staff bank has been created which extends beyond GPs to include all primary care staff allowing easy deployment of staff to meet reconfigured demand. This will become the 'go to' staff bank for General Practice to share their own workforce and gain access to a wider GP pool of bank staff.

4.37 As of July 2022, 155 GPs have registered and completed the onboarding process for Lantum, the flexible GP locum pool for Surrey Heartlands. 83 Surrey Heartlands Practices have signed up to use the Lantum platform to help fill available locum opportunities. The uptake of the flexible locum pool has resulted in 1264 hours of clinical work being completed by registered GPs sourced through Lantum.

4.4 **Winter Preparedness:** There has been no confirmation of Winter Access Funding from a national perspective yet, however Surrey Heartlands has been preparing its approach on announcement of funding as set out below:

- **Practice Level Additional Appointment Capacity**
  - Each practice is offered up to an additional 15 sessions from October to March
  - This would potentially provide the system with up to 240 additional appointments per practice per week, if every additional session is utilised (based on 15 min appointments over a 4-hour session)

- **Fuller Stocktake implementation of urgent care demand hubs**
  - Each place is working with its Primary Care Networks to ensure overflow hubs are in place
  - This means that when a practice is at capacity on the day demand can be moved to other available resources such as a Walk-in-centre

- **At scale back office**
  - Menu of areas have been worked on to provide at scale delivery of some back-office functions such as administrative support to code hospital letters into clinical notes

- **Cloud Based Telephony**
  - Surrey Heartlands has been supporting all 104 Practices to move to Cloud Based Telephony since Autumn 2021. Currently 56/104 (53%) practices have moved and the remaining 48 will be transferred by March 2023.
  - The modernisation of these systems means that we move from analogue systems that limit the number of incoming/outgoing calls that can happen at any one time, to unlimited 'lines' available to patients wanting to contact the practice.
  - Patients can also be alerted to where they are in the queue and request a call back option if they don't want to wait. This will result in less drop calls and less patients abandoning their attempts to contact primary care.

- **General Practice Community Pharmacy Consultation Services (CPCS)**
  - CPCS will support practices in ensuring that patients are directed to the best area when requesting care, at the first point of contact.
  - Surrey Heartlands has been supporting practices in getting enabled and trained to refer patients to community pharmacy when appropriate
  - Currently 24/25 PCNs are active, with 75 practices actively sending referrals. As at 08/09/2022 there have been 2822 referrals sent to Community Pharmacy from General Practice.

- **OPEL – absence reporting**
  - Reporting staff absences to ensure we have a clear picture of any practices that may need additional support offered

4.5 **New Duties:** From April 2022, Surrey Heartlands became the delegated authority for Pharmacy, Optometry & Dentistry (POD). With the triple aim in mind of better health for everyone, better care for all patients and efficient use

of NHS resources, the opportunities offered to locally commissioning these services include the following include:

- Patient benefits: Joined up care, increased focus on prevention, early intervention, right care, right time, right place, holistic, multi-disciplinary approach to care and better step down care

- Equity: directly tackling health inequalities, reducing and removing organisational constraints and barriers and tackling variation

- Better value: improved management of patient demand, protecting and building workforce resilience, improved budgetary management

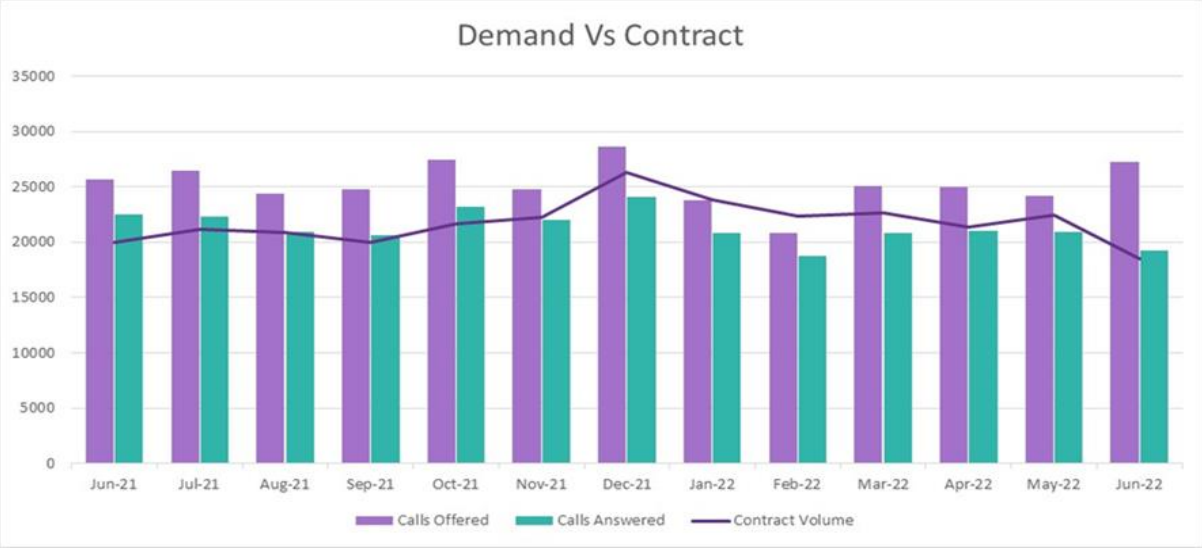
4.51 The above would be achieved by strengthening links with PCNs, Population Health Management and Public Health; fully aligning and localising approaches, advice and communications relating to staying well, through all primary care providers, particularly promoting the wider services offered by Community Pharmacies; along with developing local initiatives to improve patient access and experience.

5. NHS 111 / Integrated Urgent Care Single Virtual Contact Centre

5.1 Practice Plus Group (PPG - previously Care UK) provides Surrey Integrated Urgent Care (IUC) services which is currently operating within year 4 of a 5-year contract. The Integrated Urgent Care Centre covers NHS 111 call answering, Clinical Assessment Services (CAS) and GP Out of Hours provision (including clinical contacts, base visits and home visiting).

5.2 Patient activity in NHS 111 has been consistently above planned levels nationally across the majority of the 2021/22 period, peaking at times in Surrey specifically, to around 30% above usual levels. Call arrival patterns at times have been sporadic and do not align to the usual historic trends, making resource profiling difficult to predict.

5.3 The initial increase has been due to a number of reasons such as the easing of lockdown measures, seasonal surges in Covid and in response to the national 'Think 111 First' directive and media campaigns. Since 2022, activity appears to be making a return to normal levels although as we approach the winter months, it is uncertain if this will continue (Please see graph below).



5.4 'Think 111 First' was 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. Across Surrey Heartlands, these appointments can now 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.

5.5 As with other national IUC Providers, PPG hold a challenged rota fill across all areas of IUC as per other service providers, coupled with monthly instances of national contingency which is unplanned and occurs when other services across the country are unable to meet demand. The new Single Virtual Contact Centre model will, in part, start to address this issue through the smoothing out of NHS 111 call taking across the Southeast region. NHS 111 capacity continues impact directly on KPI achievement across all Integrated Urgent Care providers. NHS England focus has prioritised improvements in NHS 111 access standards

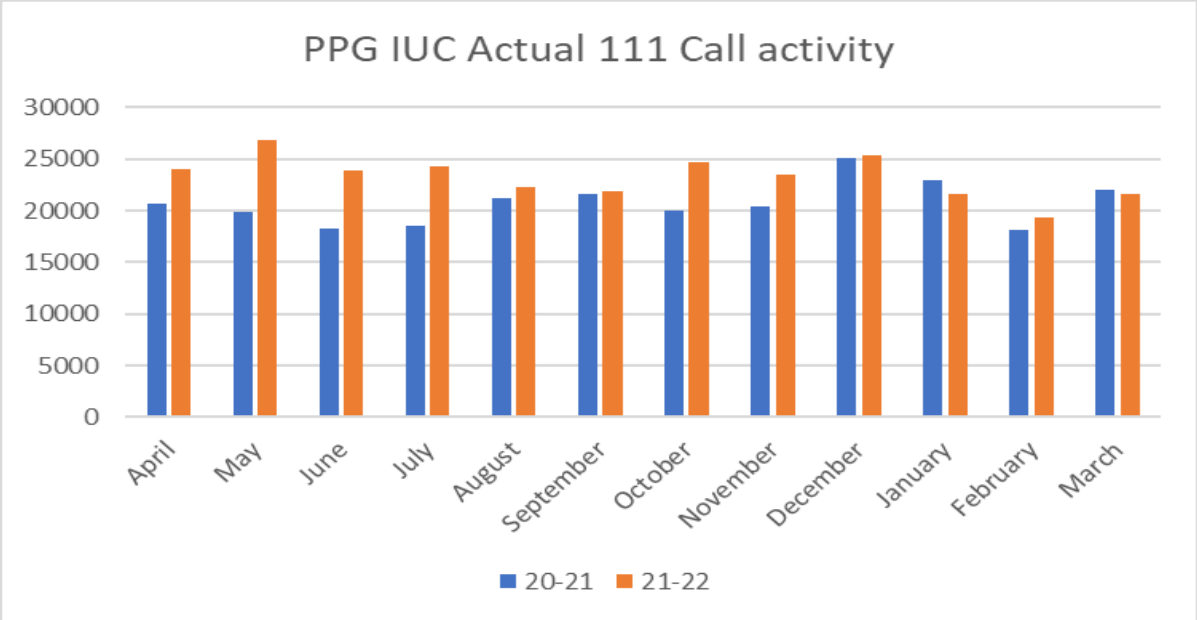
e.g. call answering and call abandonment, with central non-recurrent Service Development Funding being made available in year to support recovery in these areas and supplement staff recruitment and retention.

5.6 **NHS 111 winter preparedness**: in order to mitigate against the performance and operational issues, an action plan has been drawn up which aims to address the wider issues such as workforce and recruitment; with work continuing in relation to strengthening existing capacity across Health Advisor / Clinical advisors / Clinical Assessment Service staffing; along with plans put in place to mitigate against any forecasted shortfall. The operational ability to create daily flex to meet demand is being developed.

5.7 It is anticipated that this will positively impact on a wide range of KPIs which are built around response times, clinical assessment and validation and ability to call priority category patients back in a timely way.

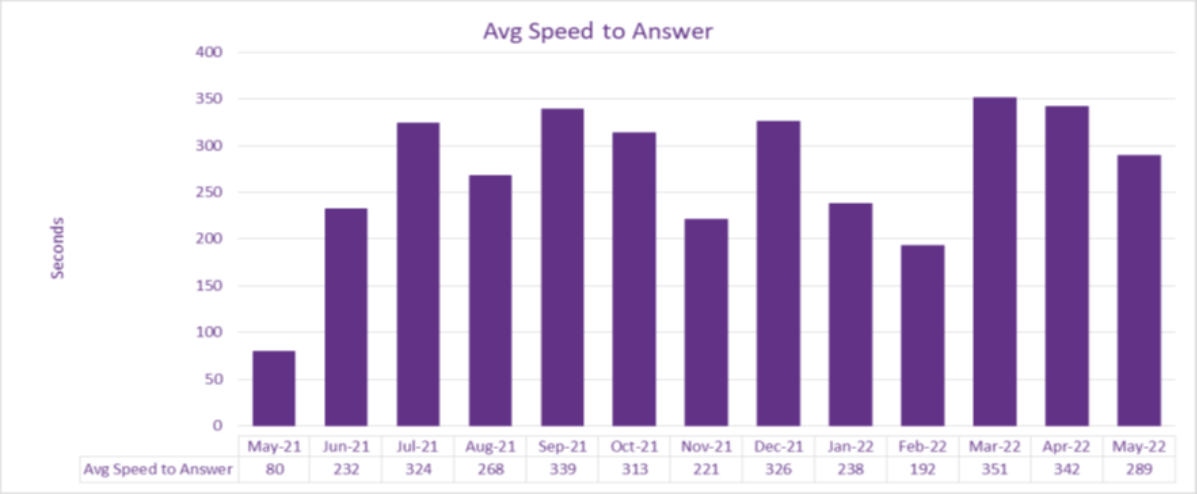
5.8 As the graph on the next page describes, activity has moved to a similar position for 2022 to 2021.

	April	May	June	July	August	September	October	Novembe	December	January	February	March
2020-21	20615	19835	18243	18545	21168	21659	20009	20457	25029	22985	18184	22022
2021-22	24039	26849	23820	24338	22240	21883	24664	23418	25300	21572	19347	21547

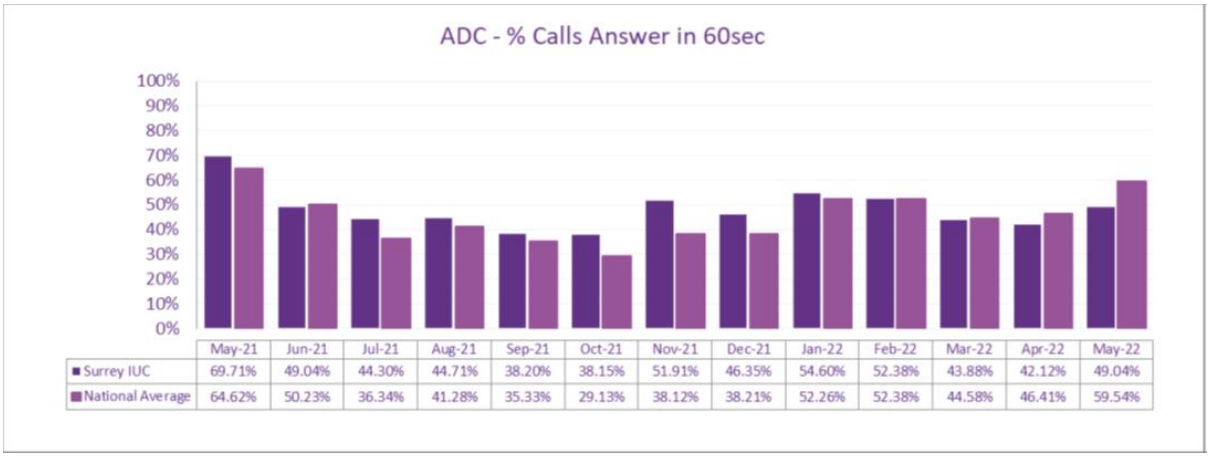


5.9 The NHS 111 service was previously required to answer 95% of calls within 60 seconds, as the information below shows, this Key Performance Indicator (KPI) is still reported but this has moved to the new KPI of Average Speed to Answer <= 20 seconds from 1st April 2022.

5.10 In terms of the KPI, the impact of higher demand and challenge to recruitment and retention are negatively impacting on their ability to achieve the required standards. As mentioned in the above paragraph, commissioners are working alongside PPG to track and monitor progress against RAP milestones and outcomes.



	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Avg Speed to Answer	80	232	324	268	339	313	221	326	238	192	351	342	289



	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Surrey IUC	69.71%	49.04%	44.30%	44.71%	38.20%	38.15%	51.91%	46.35%	54.60%	52.38%	43.88%	42.12%	49.04%
National Average	64.62%	50.23%	36.34%	41.28%	35.33%	29.13%	38.12%	38.21%	52.26%	52.38%	44.58%	46.41%	59.54%

5.11 As per the Integrated Urgent Care Commissioning Framework 2021, NHS England requires that NHS 111 call handling is delivered on a regional footprint

through the networking of services (Regional Call Networking (RCN)). In order to fully realise the efficiency gains associated with moving to a regional NHS 111 networked model, the intention is to have one single system across the country, partitioned into each area, known as the Single Virtual Contact Centre (SVCC).

5.12 For Surrey Heartlands, calls received through the SVCC platform will be considered as Southeast regional calls that can be assessed equally across any of the Providers that sit within the geography. Regional performance metrics have been introduced to focus on the proportion of calls abandoned (≤3%) and the average speed to answer calls (<20 seconds).

5.13 A single Coordinating / Lead ICS for NHS 111 in the Southeast has been agreed upon. NHS Surrey Heartlands has accepted this responsibility for the region and on behalf of Hampshire & Isle of Wight, Kent, Sussex, Frimley and Buckinghamshire, Oxfordshire and Berkshire West, supported by a collaborative, coordinating commissioning arrangement with all ICS and regional teams.

5.14 The ambition of the RCN & SVCC models is to better manage NHS 111 call handling, to prevent long call waits and aborted calls which has the unintended potential consequence of a patient self-presenting to an Emergency Department or calling 999. The aim is to ensure that patients across the region receive equity of service and receive the most appropriate care for their needs as close to home as possible.

5.15 The southeast region SVCC is planned to go 'live' in September 2022, this will follow an emulation exercise, a process of assurance against readiness and an evaluation against clinical call safety.

6. Community Services Transformation

6.1 As a system, work is underway to transform the services outside of hospital and across our communities in response to the continuous increase in demand; during the past few months Surrey Heartlands ICS have initiated an ambitious programme that aims to bring together different parts of the system to develop

a joint and co-ordinated approach to strengthen community provision. Our five focus areas include:

- Urgent community response
- Core community services
- Integrated community-based services
- Care homes and domiciliary care
- Prevention and independent living

6.2 Surrey Heartlands is using population health data to build the services around the identified needs of those who are most at risk due to complex or unstable health and social care status, whilst building the infrastructures to eliminate unheralded demand across the system. This will ensure people are empowered and supported in the management of their health needs. Unheralded attendances are where patients self-present at hospital and, in some cases, their needs would be better met by other services.

6.3 The transformation programme to build the infrastructure will bring together the 'sum of the parts' to offer coordinated and comprehensive urgent care. The ambition is to demonstrate incremental reductions in unheralded attendance, reduction in ambulance conveyance of category 3 and 4; using digital technology support assists people to expedite their recovery in their own homes. Working across neighbourhoods, the multi organisational relationships required to simplify pathways, reduce duplication and eliminate gaps have been established, which is building the capacity to deliver more care at home and improve hospital discharge.

6.4 Reimagining Intermediate Care: When a person deteriorates at home, or indeed someone at lower risk runs into difficulty, a timely and comprehensive response is required to ensure the person can remain safely at home. Surrey Heartlands have set out a model of intermediate care that encompasses a clear, simple access point with specific redirection pathways for NHS111, 999 and hospital ED Departments and that can mobilise the full range of health, wellbeing and care interventions necessary to keep someone safe and supported at home.

6.5 The Urgent Community Response (UCR) service development aims to support people to manage changes in their health and social care needs, within their home environment. This reduces conveyance to and admission from ED,

reducing use of hospital bed capacity. The Surrey Heartlands' Urgent Community Response (UCR) service which is committed to maintaining geographical coverage and delivering 2-hour response services from 8am-8pm every day. **Winter preparedness:** in supporting the system to deliver Urgent Care out of the acute environment; key workstreams are focusing on streamlining ambulance referrals into UCR, aligning the service provision with NHS 111 pathways and responding to people who experience a fall in a community setting and do not require Acute intervention.

6.6 Virtual Wards support patients, who would otherwise be in hospital, to receive the acute care, remote monitoring and treatment they need in their own home or usual place of residence. Surrey Heartlands is mobilising 172 'beds' by the end of December 2022, increasing towards a national ambition of 40–50 virtual beds per 100,000 population by March 2024. **Winter preparedness:** the deployment of these wards is increasing ahead of winter and pathways into the vitual wards are being simplified and communicated across partners organisations. Access to the vitual wards will be via UCR in the community and part of the step-down provision available following an acute admission. This care will be delivered by a multi disciplinary team who will identify the personalised health and care needs of each individual to provide wrap around services, with monitoring in place for a period of seven to ten days.

7. Streaming and Redirection

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

7.2 Data collected through mobilising the NHS Digital streaming and redirection tool at the front door of the Acute Hospitals in July 2021, showed us that activity levels have returned to pre COVID levels and suggested that up to 70.8% of people who continue to attend the Surrey Heartlands EDs could be seen elsewhere e.g. within an Urgent Treatment Centre or Minor Injuries Unit.

Therefore the 2022/23 priorities seek to build on this by introducing digital integrated capability at the front door to support streaming and redirection, with greater focus on optimising alternative services and ensuring that wherever people access healthcare that they receive the same offer across Urgent Care Services.

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

- **Phase 1:** Replacing the scheduling service used to provide Urgent & Emergency (UEC) direct appointment booking and implement a booking schedule where direct booking is not currently possible due to care connect compatibility. This phase has been implemented in three of the four acutes, with project plans for ASPH to go live mid-September.

- **Phase 2:** Integrate the new booking system of the NHS111 Provider scheduler into Trust UEC systems to eliminate administrative overhead and risk of transcribing patient details and referral documentation. This phase has been slightly delayed due to the Surrey Safe Care Project (please see section 3) in three of the four hospitals, with Epsom Hospital planned for for mid-September.

- **Phase 3:** "Any to Many" scheduling to support integration with the ED Streaming Service, internal referrals, onward referrals, to book appointments into multiple UEC schedules, including Urgent Treatment Centres, Same Day Emergency Care, Minor Injuries Unit, Walk in Centre, Community Pharmacy Consultation Service, Primary Care, and integration with Surrey Care Records. The streaming and redirection internal referral in Epsom General Hospital will go live in September, closely followed by the Royal Surrey Hospital. Referral to the Community Pharmacy Consultation Service (CPCS) will be available at both Epsom and Royal Surrey Hospitals by the end of September. SASH 'Go Live' for internal redirection will be mid-September, again followed closely by

the CPCS redirection. Streaming & Redirection internal referral at ASPH is aimed for mid-October. Integration with Surrey Care Record into the acutes EPR systems is aimed for mid-September.

8. '999' Ambulance Response

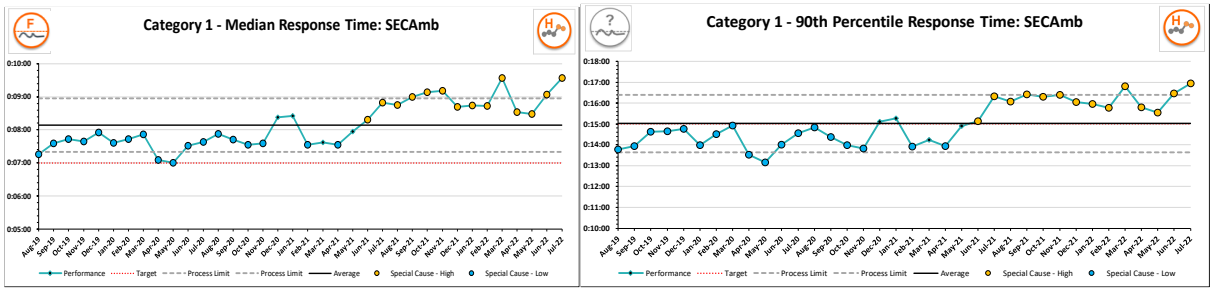
8.1 From 2017, Ambulance Trusts around the country have been using the following response time measures into their reporting, the main purpose of these standards is to ensure that the sickest patients get the fastest response and that all patients get the right response, first time. Response times (how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

There are 4 levels of response:

Category	Response	Average response time
Category 1	For calls to people with immediately life-threatening and time critical injuries and illnesses.	These will be responded to in a mean average time of seven minutes and at least 9 out of 10 times before 15 minutes (the 90th percentile).
Category 2	For emergency calls. Stroke patients will fall into this category and will get to hospital or a specialist stroke unit quicker because we can send the most appropriate vehicle first time.	These will be responded to in a mean average time of 18 minutes and at least 9 out of 10 times before 40 minutes (the 90th percentile).
Category 3	For urgent calls. In some instances, patients in this category may be treated by ambulance staff in their own home. These types of calls will be responded to at least 9 out of 10 times before 120 minutes.	These types of calls will be responded to at least 9 out of 10 times before 120 minutes (the 90th percentile).

Category 4	For less urgent calls. In some instances, patients may be given advice over the telephone or referred to another service such as a GP or pharmacist.	These less urgent calls will be responded to at least 9 out of 10 times before 180 minutes (the 90th percentile).

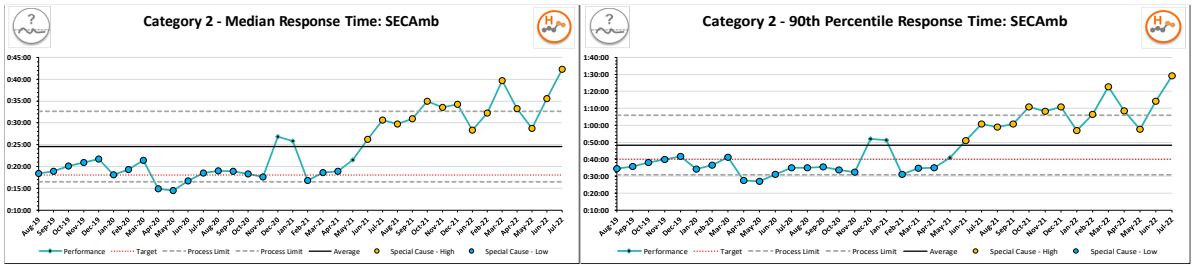
8.2 Performance against the required standards: SECAmb are commissioned to provide '999' services across Kent, Surrey, Sussex; along with the Surrey Heath, Northeast Hants and Farnham element of Frimley ICB. The graphs below outline performance from December 2019 to June 2020. The use of the 90% percentile target system is to assist in measuring performance across all ambulance trusts. Please note that the combined figures below cover all three counties.



Data Source: NHSE monthly 'Ambulance Quality Indicators' publications.

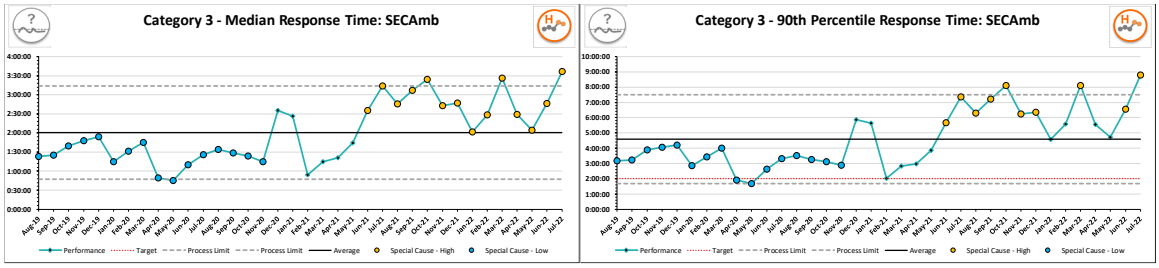
8.3 The graphs above show that when taking an average response time – between August 2019 to July 2022 the ambulance service did not meet the 7 - minute target; more recently the response time is between 8 and 10 minutes from June 2021. When considered on the 90% percentile – Cat 1 response times have been above the required target since June 2021.

8.4 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 August 2019 to April 2020 when response times generally improved until April 2021. Since then, wait times have increased due to high demand and reduced staffing levels as a result of Covid and vacancies. When considering the 90% percentile; the ambulance service has largely met the target of response within a maximum of 40 minutes until June 2021.

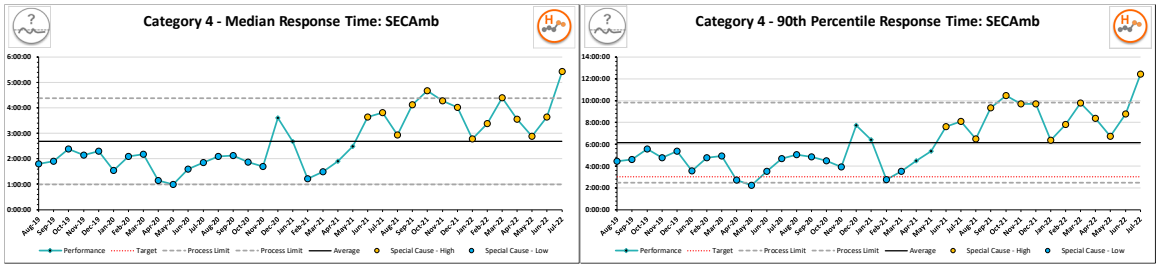


Data Source: NHSE monthly 'Ambulance Quality Indicators' publications.

8.5 Category 3 requires a response in 120 minutes, the graphs below show a similar picture to above as ambulances are diverted to the most vulnerable with life-threatening and time critical conditions. The Category 4 response time target is 180 minutes – as depicted in the graphs below, the ambulance service has experienced difficulty in meeting these targets during the period from June 2021 to July 2022.



Data Source: NHSE monthly 'Ambulance Quality Indicators' publications.



Data Source: NHSE monthly 'Ambulance Quality Indicators' publications.

8.6 SECAmb have put in place a comprehensive Improvement Plan following recent CQC inspections. This plan not only responds to the requirements of CQC, but also outlines the fundamental 4 key priority areas which will drive transformation across the organisation and deliver ongoing performance improvement. SECAmb and ICB partners are collaboratively working together through structured governance, to focus on reducing demand, improving access to alternative care provision and strenghtening the interfacing

dependancies across other services within the SECAmb footprint e.g. Mental Health.

8.7 Reducing demand: SECAmb have enhanced the Trusts ability to undertake predictive modelling and forecasting in order to implement the necessary profiling and skill mix to meet the response time standards. 2022/23 targets have been developed to demonstrate a reduction in demand for on-scene attendance by increasing the number of people supported through 'Hear and Treat'. This will have a direct impact on Category 3 and Category 4 activity, freeing up resource to respond to the higher acuity time critical patient calls.

8.8 SECAmb will look to continue to build upon Emergency Medical Advisor (EMA) resourcing which has demonstrated improvements in recruitment and training, which are now coming to fruition. New staff are undergoing mentoring, with shifts scheduled at times where EMA resourcing is particularly challenged. NHS 111- ambulance validation and referral rates are consistently strong, minimising dispatch to incidents where appropriate.

8.9 Efficiency & Utilisation: Focus has been placed on both virtual operational response and physical operational response; the intention is to stabilise available resource capacity on a 24/7 period basis, ensuring safe staffing levels and operational capability to respond to demand changes.

8.10 Increasing Capacity: SECAmb have a comprehensive workforce transformation plan in place which focusses on:

- shared visibility of the workforce plan, safe staffing levels, demand changes and forward trajectories
- wellbeing and welfare initiatives to provide staff support and sickness absence management
- retention to focus on why people leave, succession planning and career progression
- organisational development planning for current and future years
- wider system demand on paramedic workforce
- to support delivery at pace.

8.11 For field operations, SECAmb will prioritise recruitment of staff and will recruit critical care paramedics to establishment. In addition, the Trust has committed to continue with the increased Private Ambulance Provision secured over the 2021/22 winter period and has planned to achieve an overtime rate of 7.6% over the year, inclusive of bank staff. SECAmb will focus on delivery of Key Skills training to catch up from 2 years of freeze during the pandemic. Coupled with SECAmb's Clinical Education Strategy, which will build on the work commenced in 2019 to provide the very highest level of education and training to current and future SECAmb staff, this approach will bolster available operational resources with a view to creating further capacity required to respond to Category 1 and Category 2 patient calls.

8.12 Nationally, ambulance trusts and their staff continue to remain under severe pressure, with the majority of Ambulance Trusts operating at their highest level described as REAP (Resource Escalation Action Plan) Level 4.

8.13 The findings of the CQC inspection undertaken in February 2022, which considered in particular management and leadership, as well as the Emergency Operations Centres (EOCs) and NHS 111 service, has now been published. The Trust received an overall rating on well-led as 'inadequate' with recommendations made that SECAmb is placed in the Recovery Support Programme. During the inspection CQC identified a requirement for further checks, which have been on-going throughout August and the Trusts overall rating suspended until these are completed. The initial report outlines a series of 'Must' and 'Should' actions which have been compiled into an action plan and with oversight of this across various system fourms, including regional Recovery Support Programme.

8.14 There are a number of programmes on-going:

- Incident and harm governance improvement plan: Serious Incidents - initial process mapping completed, future state in development with engagement from Quality Leads within the ICB and other systems to aid development.

- Patient Experience Group: Restarted and chaired by the Executive for Quality & Nursing. Attendance and engagement from external partners.

- Medicines Management Deep-Dive: From the 7 actions produced by the medicines deep dive, there has been development of a business case to support one of these actions. Further work expected to underpin all outputs from this deep dive.

- Quality Dashboard: Work being undertaken to structure which metrics are applicable to quality dashboard in line with the improvement journey.

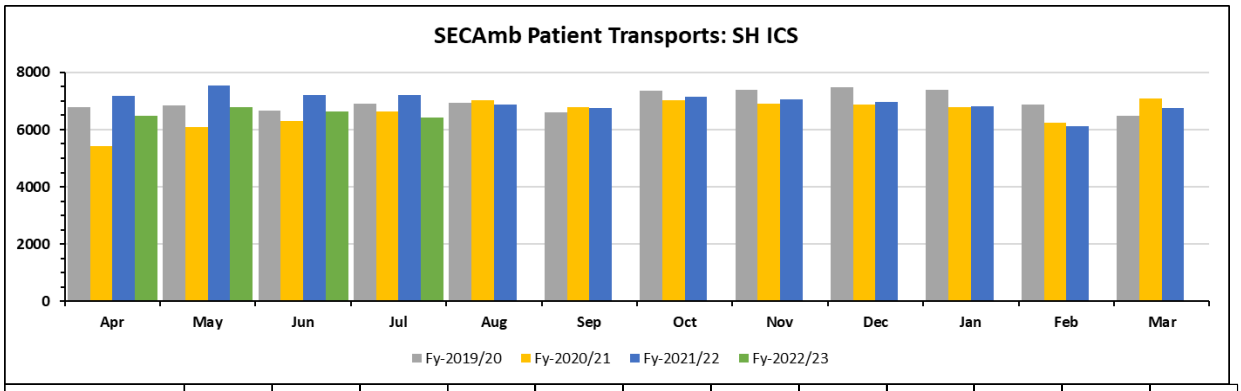
- Quality Governance: New Quality Governance Group launched in July 2022. New Clinical Senate Group in development – that will report to Executive Management Board.

8.15 In addition, an important campaign – 'Until it Stops' – is being rolled out to address inappropriate behaviours and culture in order to implement long lasting changes across the organisation.

9. Ambulance Conveyances

9.1 Throughout 2021/22, ambulance conveyances were fairly static when compared to 2019/20, however wider attendance numbers (please see below) are now higher than pre-pandemic norms; highly congested ED's have a direct impact on the department's ability to complete ambulance handovers in a timely fashion, this may be due to staff available and actual physical cubicle or trolley space. This has led to an increase in over 60-minute handovers.

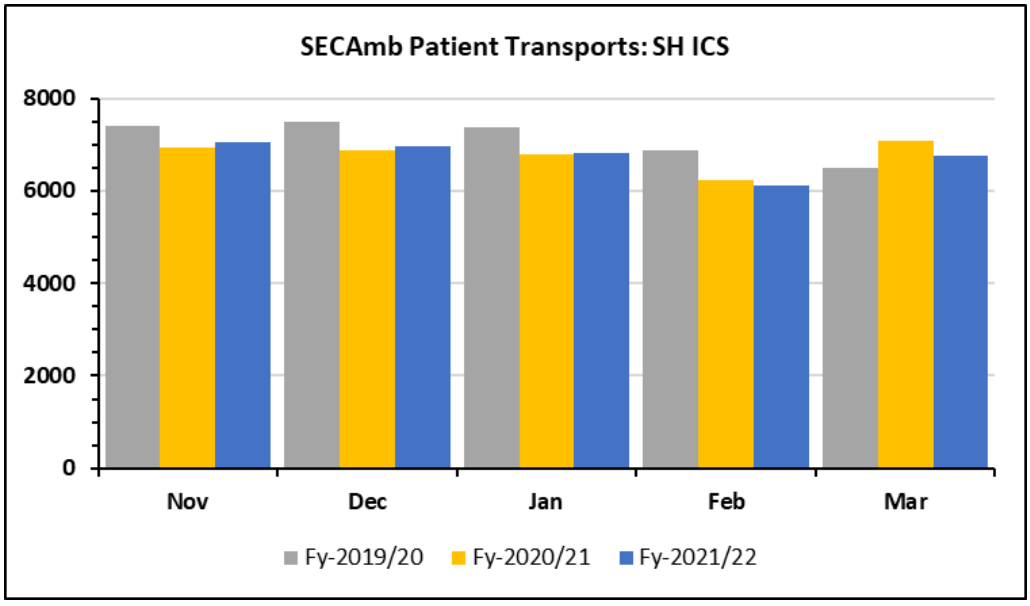
9.2 In respect of Ambulances attendances to ED, the graph below compares 2019/20, 2020/21, 2021/22 to July 2022.



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

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

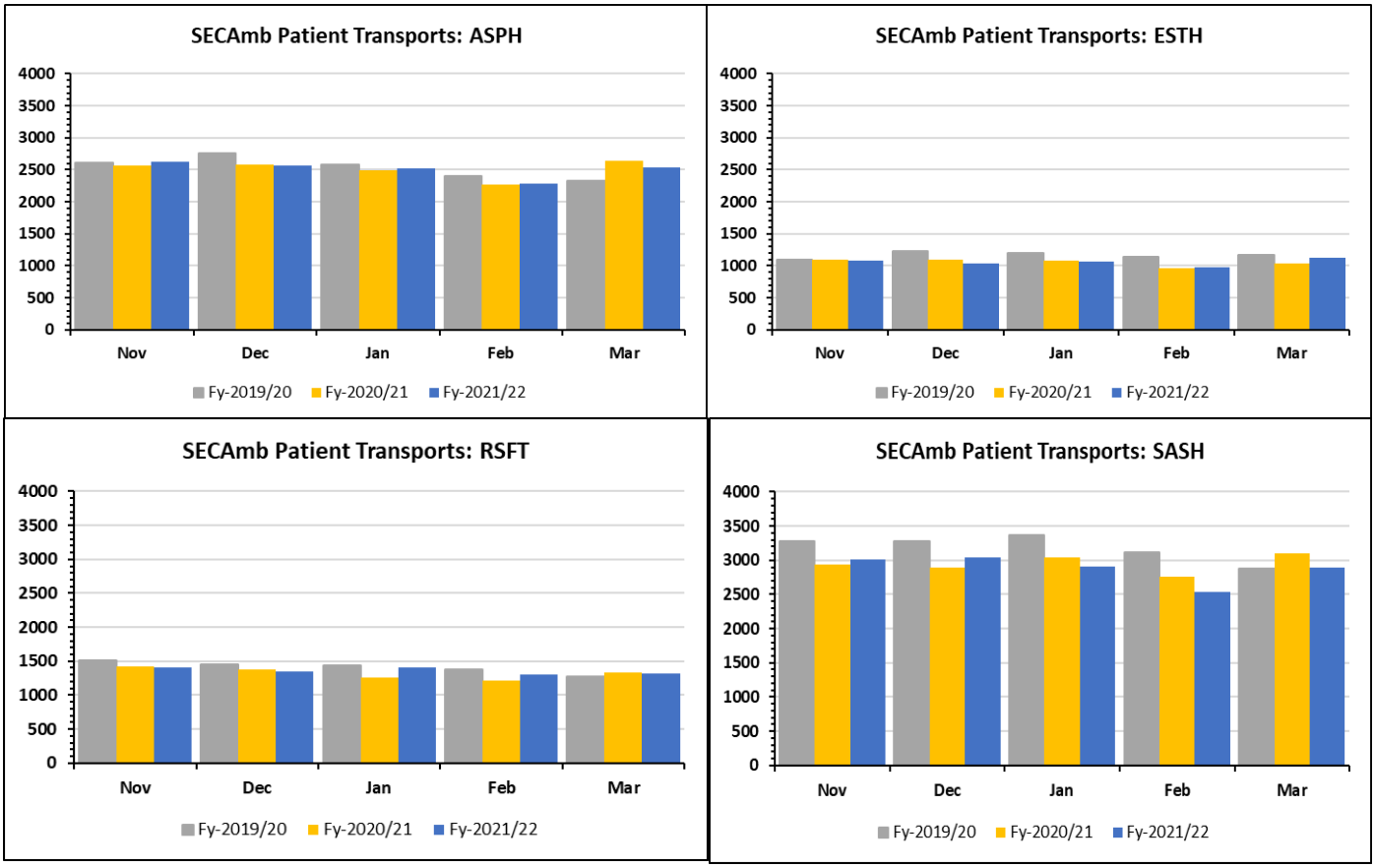
9.3 When focusing on the winter months, the overall attendance figures (all types) have decreased by 5.4% when 2021/22 is compared to 2019/20. Whilst the combined figures show a decrease in ambulance attendances; there was an increase of 4.2% increase in March 2022.



Handovers	Nov	Dec	Jan	Feb	Mar	Winter
2017/18	6902	7191	6991	6337	6598	**34019**
2018/19	6874	7133	7148	6187	6891	**34233**
2019/20	**7398**	**7488**	**7388**	**6890**	**6489**	**35653**
2020/21	6922	6862	6784	6231	7075	**33874**
2021/22	**7054**	**6963**	**6829**	**6125**	**6760**	**33731**
% Var	**-4.6%**	**-7.0%**	**-7.6%**	**-11.1%**	**+4.2%**	**-5.4%**

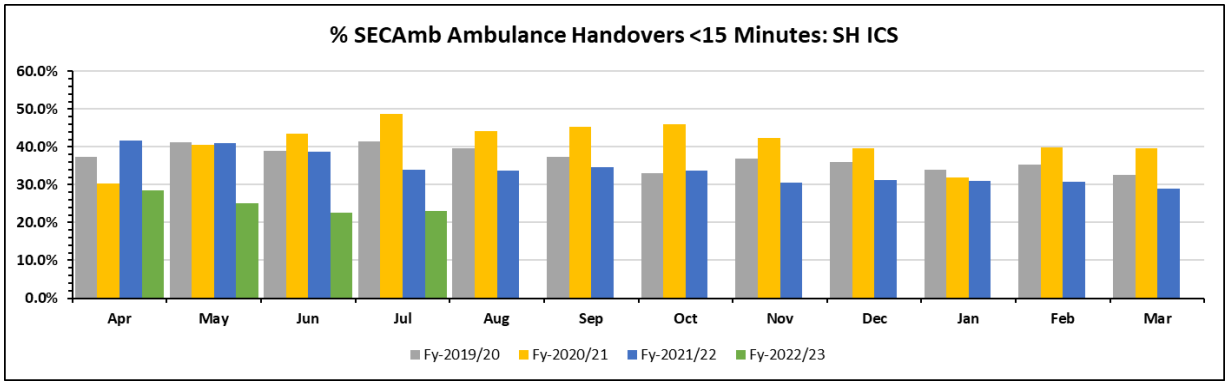
NB: % Variance is 2021/22 vs 2019/20.

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



10. Ambulance Handovers

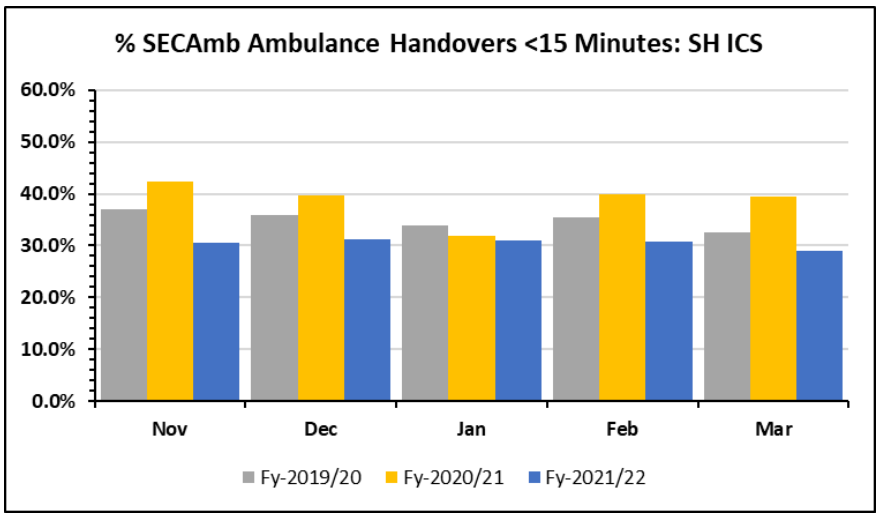
10.1 Whilst both the ambulance service and all the Acute hospitals continue to strive to increase numbers of handovers within 15-minutes (please see the graph below); with a proportion of these handovers just missing the 15-minute target by being recorded at 16 or 17 minutes; the more recent general picture is that the numbers of handovers taking place under 15-minute is now reducing; whilst the 30-minute and 60-minute handover times have increased; this is again due to overall demand and issues with wider system flow e.g. facilitating timely discharges.



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

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

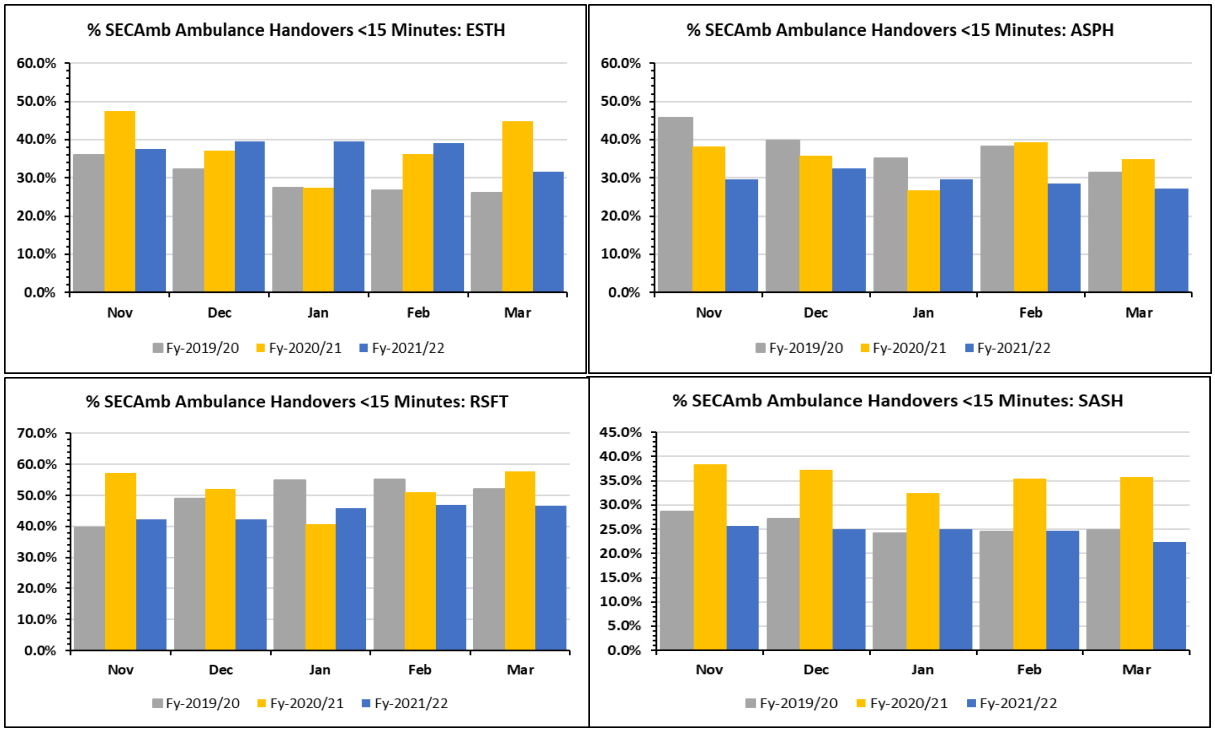
10.2 The figures below describe ambulance handovers achieved within 15 minutes of arrival to the Emergency Department during the winter months between November 2021 to March 2022 for the ICS as a whole and for each of the acute hospitals across Surrey Heartlands.



10.3 When comparing the data between 2-19/20 and 2021/22 winter period there is a -4.6% reduction in the number of hamdovers completed with 15 minutes (please refer to the table below).

% <15 Minutes	Nov	Dec	Jan	Feb	Mar	Winter
2017/18	25.3%	20.7%	20.7%	18.6%	25.2%	**22.1%**
2018/19	44.8%	35.6%	29.9%	35.2%	41.2%	**37.3%**
2019/20	37.0%	36.0%	34.0%	35.4%	32.5%	**35.0%**
2020/21	42.3%	39.7%	31.9%	39.8%	39.5%	**38.7%**
2021/22	30.5%	31.2%	31.0%	30.8%	28.9%	**30.5%**
21/22 vs 19/20	**-6.5%**	**-4.8%**	**-3.0%**	**-4.6%**	**-3.6%**	**-4.6%**

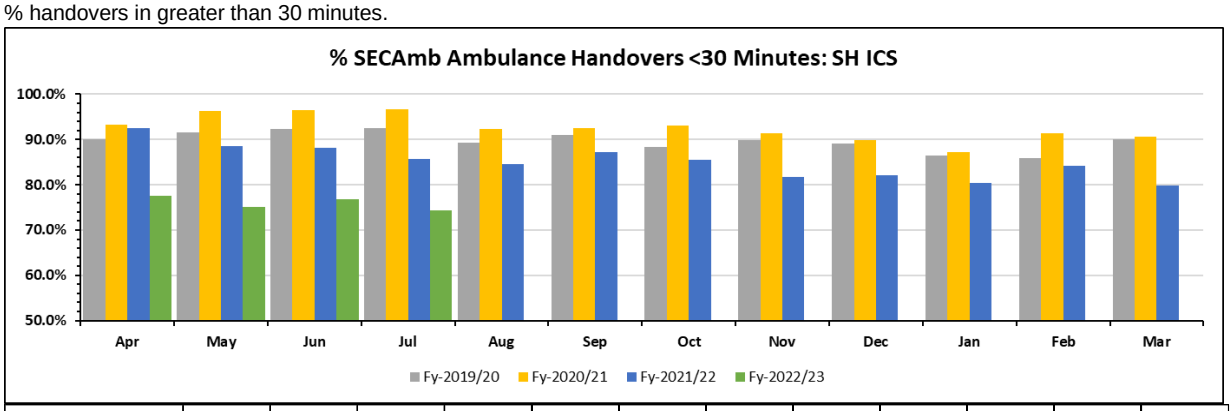
10.4 The following graphs provide a Place based breakdown of the above information for each of the acute hospitals.



10.5 The graphs below describes Ambulance handovers from April 2019 to July 2022; as numbers of handovers within 15 minutes have decreased; the corresponding number of over 15 and over 60-minute handovers have increased, particularly since April 2022; again this is due to increased pressures within the system, with the April 2022 to July 2022 figures being greater than the previous 5 years for the same period. Each hospitals figures are different, this is due to a number of reasons, for example, the size of the Emergency Department, the number of ambulances arriving each day and at

certain times of day, the availability of ward beds to receive admissions from the ED and levels of staffing.

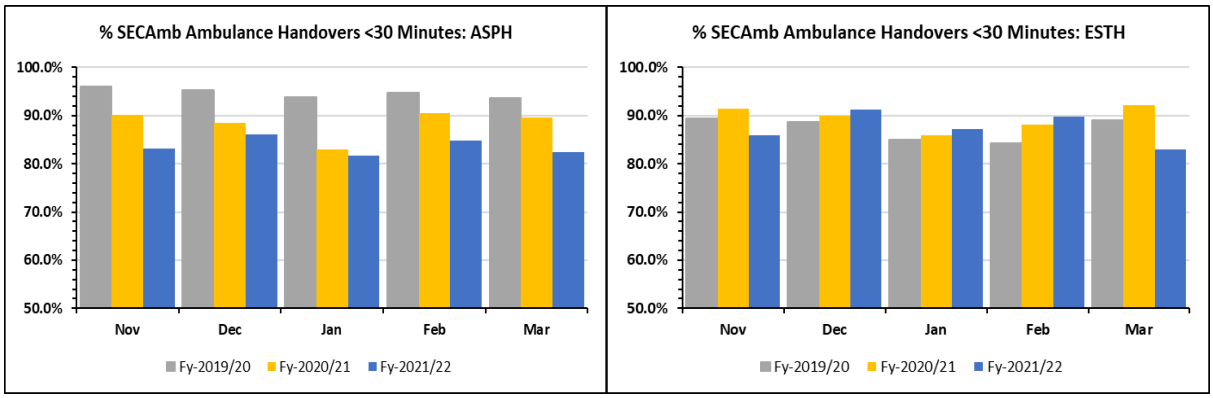
% handovers in greater than 30 minutes.

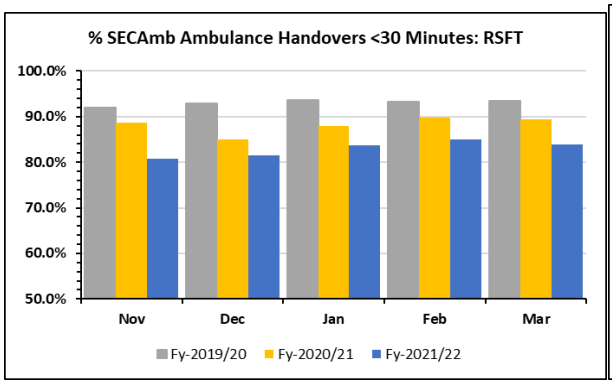


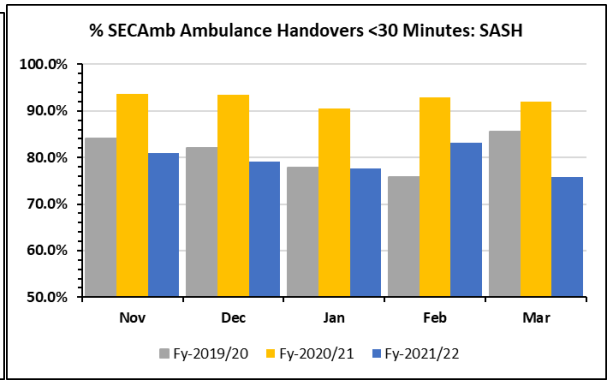
% <30 Minutes	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	88.7%	86.7%	87.9%	86.4%	84.5%	86.8%	84.9%	83.8%	80.3%	80.6%	77.3%	82.2%
2018/19	87.6%	93.3%	90.7%	89.6%	90.7%	91.7%	90.4%	90.7%	85.0%	79.0%	86.6%	90.5%
2019/20	90.1%	91.6%	92.4%	92.6%	89.3%	91.0%	88.3%	89.9%	89.0%	86.5%	85.9%	90.1%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

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

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

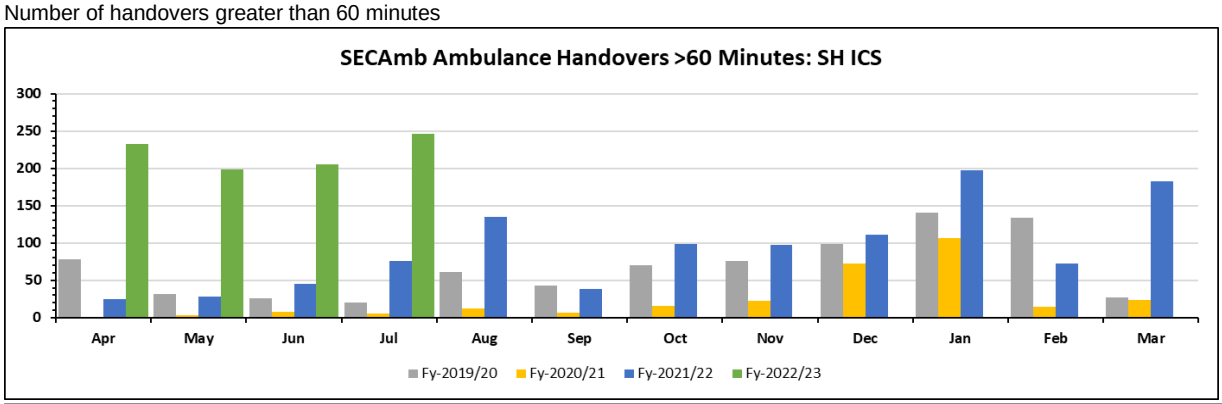






10.7 The graphs below describe the over 60-minute Ambulance handovers from April 2019 to July 2022.

Number of handovers greater than 60 minutes



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

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

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

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

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

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

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

10.10 The main operational actions are:-

- All acutes have ambulance handover improvement plans

- All acutes now meeting with ambulance service on regular basis to discuss and improve handover

- All acutes reviewing best practice for ambulance handover

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

11. Emergency Department Attendances

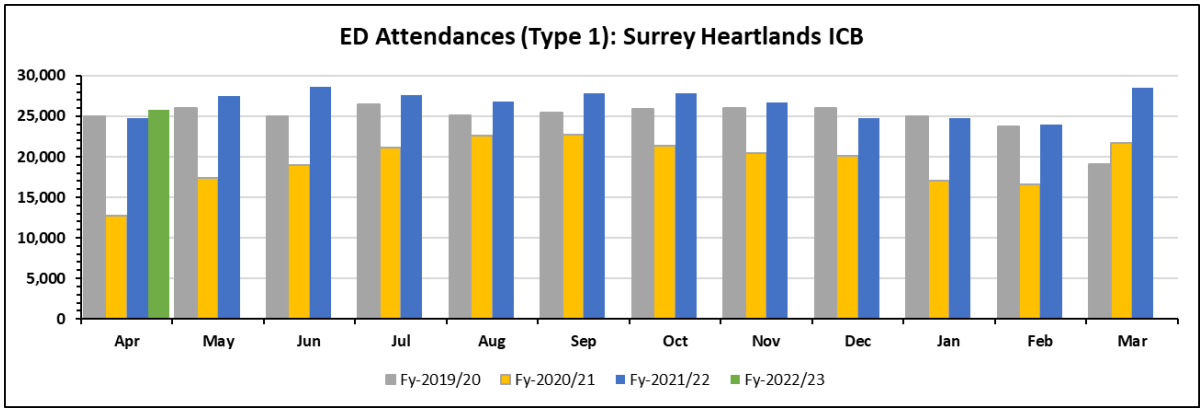
11.1 While some systems have experienced reductions in ED attendances, Surrey Heartlands continues to experience high pressure across all areas of UEC

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

11.2 Attendances are categorised into 'Types':

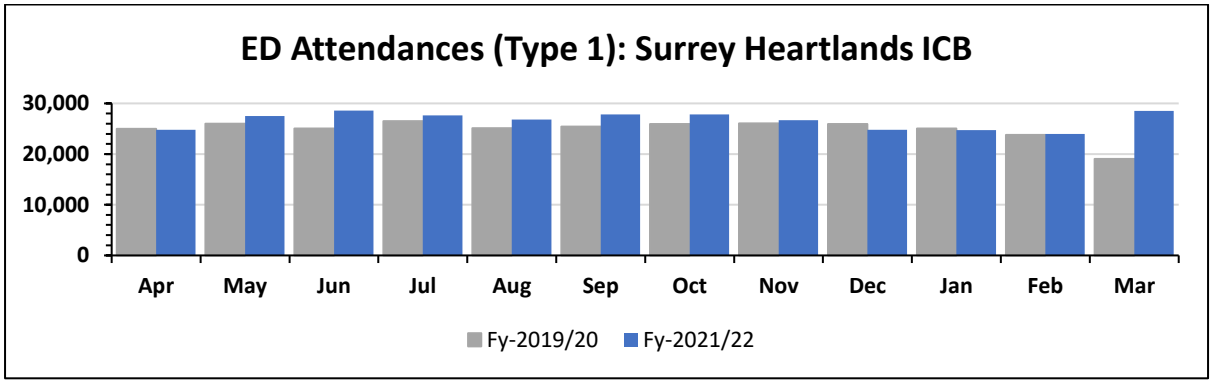
- Type 1 is attendance to an A&E department with a consultant led 24-hour service, full resuscitation facilities and designated accommodation for the reception of accident and emergency patients.
- Type 2 is attendance to an A&E department with a consultant led single specialty accident and emergency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

11.3 During the period from April 2019 to March 2020, the general trend has been one of growth in relation to attendances. The information below clearly describes how ED attendances markedly reduced in March/ April 2020 and January / February 2021 as lockdowns were introduced (marked in red in the table below).



SH ICB	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	23,067	25,207	24,029	24,650	23,228	24,042	25,252	24,592	24,733	23,362	22,245	25,501
2018/19	23,989	26,092	25,136	25,906	23,663	23,915	24,941	24,877	24,621	25,675	23,320	26,087
2019/20	24,955	26,013	25,020	26,501	25,098	25,431	25,950	26,056	25,962	25,020	23,778	19,045
2020/21	12,688	17,348	18,966	21,089	22,584	22,690	21,410	20,487	20,115	17,017	16,581	21,718
2021/22	24,799	27,541	28,576	27,644	26,791	27,808	27,844	26,716	24,798	24,714	23,976	28,543
2022/23	25,828											

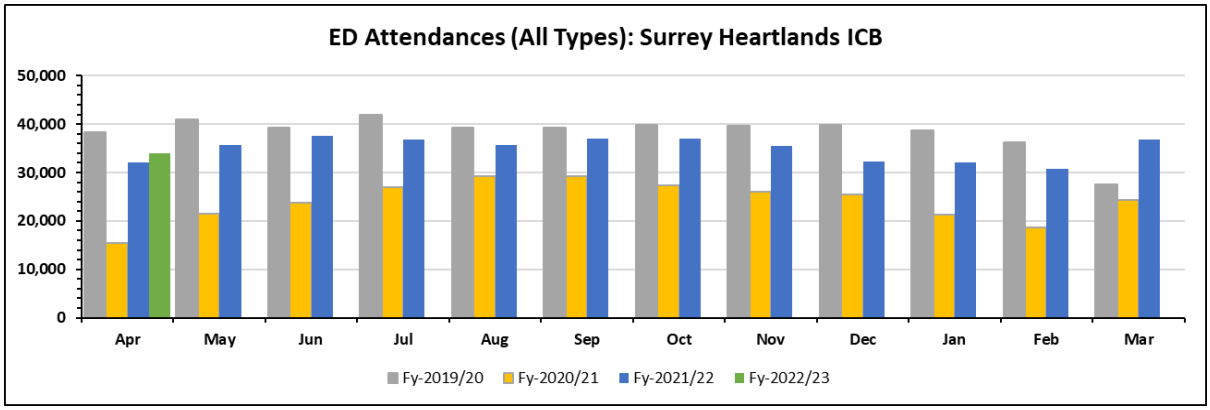
11.4 Due to the pandemic, the system experienced lower levels followed by spikes in activity; the graph below describes the changes in demand from 2019/20 (pre-pandemic) to 2021/22. The graph is complemented by the actual attendance figures which includes the percentage variation. The numbers described demonstrates a +7.0% growth when comparing 2019/20 to 2021/22; this is significantly higher than the national growth of -0.0%. The graphs above and below represent the numbers of Surrey Heartlands residents that have attended the Acutes Hospitals.



SH ICB	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2019/20	24,955	26,013	25,020	26,501	25,098	25,431	25,950	26,056	25,962	25,020	23,778	19,045	**298,829**
2021/22	24,799	27,541	28,576	27,644	26,791	27,808	27,844	26,716	24,798	24,714	23,976	28,543	**319,750**
Growth	**-0.6%**	**+5.9%**	**+14.2%**	**+4.3%**	**+6.7%**	**+9.3%**	**+7.3%**	**+2.5%**	**-4.5%**	**-1.2%**	**+0.8%**	**+49.9%**	**+7.0%**
Nat. Growth	**-6.9%**	**+0.1%**	**+6.1%**	**-1.6%**	**-0.7%**	**+1.7%**	**+0.9%**	**-3.9%**	**-10.9%**	**-8.3%**	**-4.8%**	**+37.6%**	**-0.0%**

Data Source: NHSE Joint Activity Report, dated 11th August 2022

11.5 The numbers of attendances have a major impact on wait times; the more congested the Emergency Department (ED) becomes, the greater the risk of 4 or even 12 hour waits. The ED attendances across Surrey Heartlands (shown above) highlights that our Emergency Departments have been under sustained pressure since April 2021; with this pressure continuing throughout the recent summer months. The graph and table below show both Type 1 and Type 3 attendances combined, again showing a period of growth when compared to 2019/20.

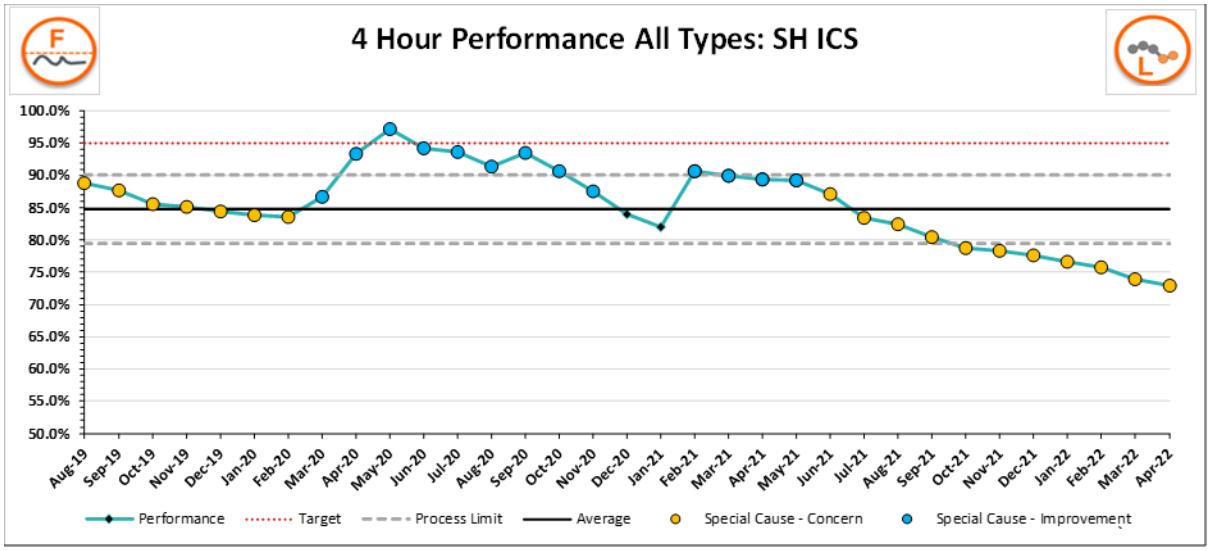


SH ICB	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	32,534	35,199	33,850	33,775	31,528	31,859	33,393	32,409	33,228	31,983	29,759	34,357
2018/19	32,361	34,857	33,621	34,638	32,445	32,255	33,331	33,091	33,099	33,566	31,835	35,197
2019/20	38,371	40,979	39,205	41,831	39,326	39,332	39,774	39,584	39,773	38,670	36,192	27,567
2020/21	15,459	21,410	23,703	26,991	29,318	29,231	27,352	26,012	25,468	21,273	18,612	24,346
2021/22	32,024	35,720	37,491	36,841	35,655	37,062	36,983	35,447	32,341	32,048	30,766	36,783
2022/23	33,908											

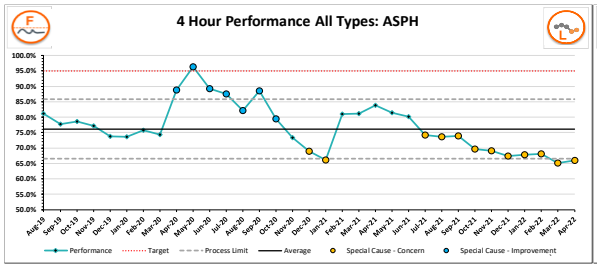
12. Performance of the 4-hour quality indicator

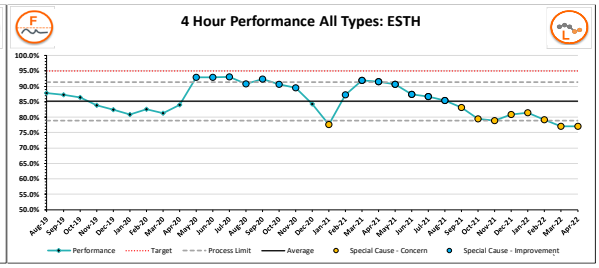
12.1 The following information describes the year-on-year performance from August 2019 to April 2022. Meeting of the four-hour quality care standard has, for each of the four Acute hospitals within Surrey, continued to be increasingly challenging, in line with the national picture. Since June 2021, performance has continued to deteriorate, primarily due to the increase in attendance numbers; increase in the number of people who no longer need to be cared for within an Acute hospital; staffing issues e.g. securing cover for short notice sick leave (with numbers having spiked recently due to Covid).

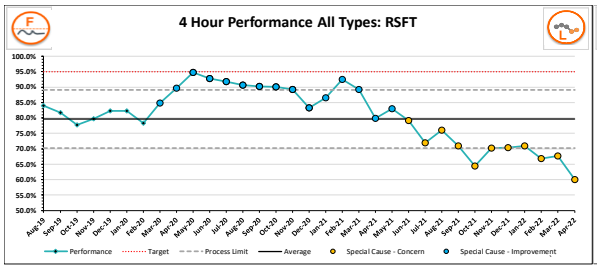
12.2 The graph below provides the combined Surrey Heartlands 4–hour (All Types) performance data from August 2019 to April 2022: this includes Ashford and St Peters NHS Foundation Trust (ASPH); Royal Surrey Foundation Trust (RSFT); Sussex and Surrey Hospital (SaSH) and Epsom General Hospital. The second set of graphs describe performance for the individual Acute Hospitals over the same period.

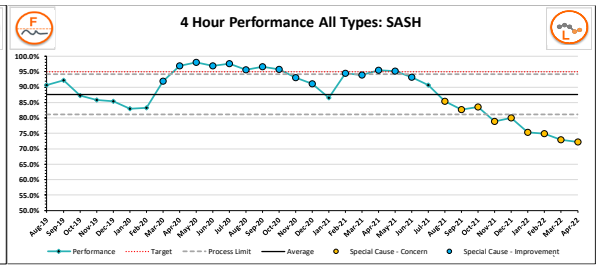


Acute Trusts (All Types A&E Performance):





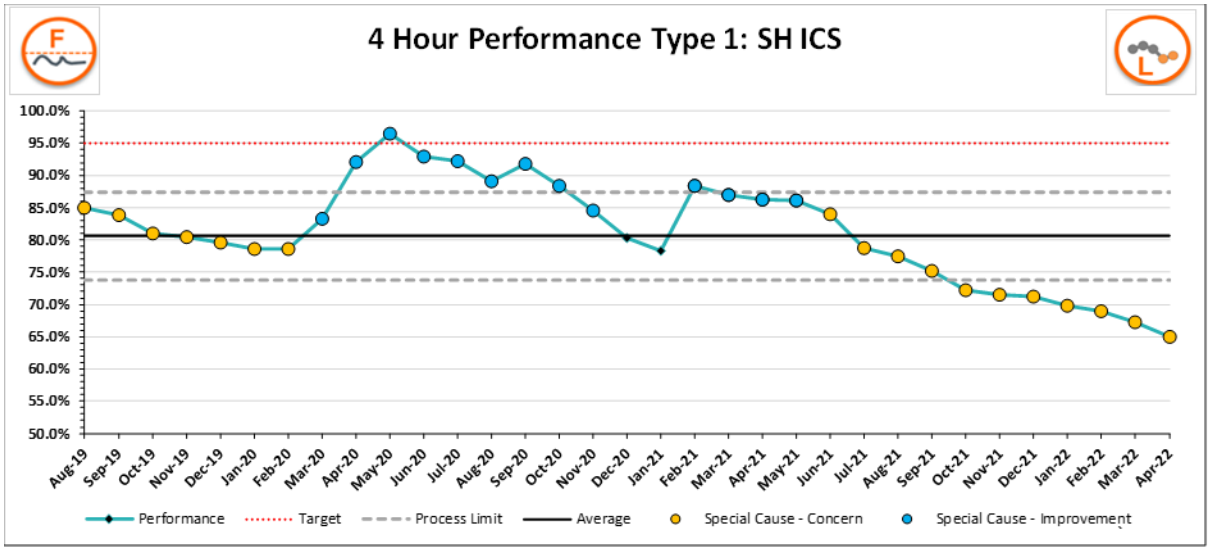




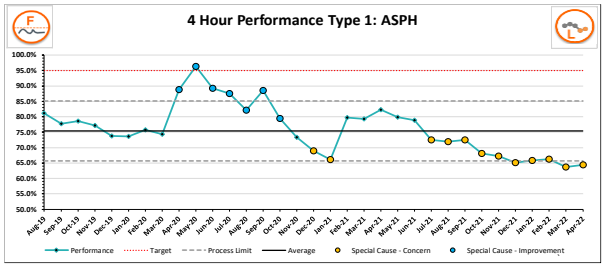
12.3 When considering Type 1 attendance (this is attendance to an ED department with a consultant led 24-hour service, full resuscitation facilities and designated accommodation for the reception of accident and emergency patients); the data reveals that performance improved during March 2020 to May 2021. The key driver of the improvement in the 4-hour performance indicator during this period was due to the reduction in attendances to ED. All ED attendances reduced

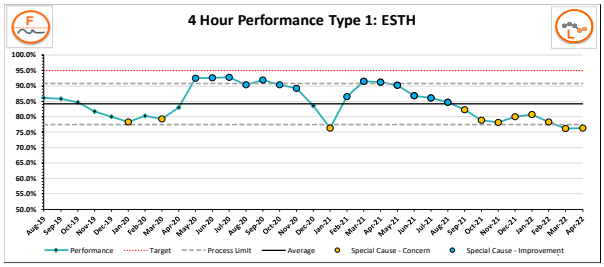
significantly at the commencement of the first and second waves of Covid and this has been noted on the graph as a special cause variation.

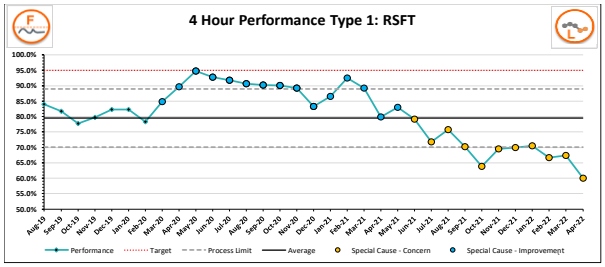
12.4 Type 1 performance drops significantly after June 2021 and has yet to recover (again shown at an ICS and individual Trust level).

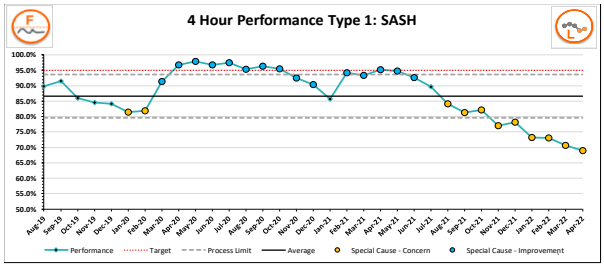


Acute Trusts (Type 1 A&E Performance):









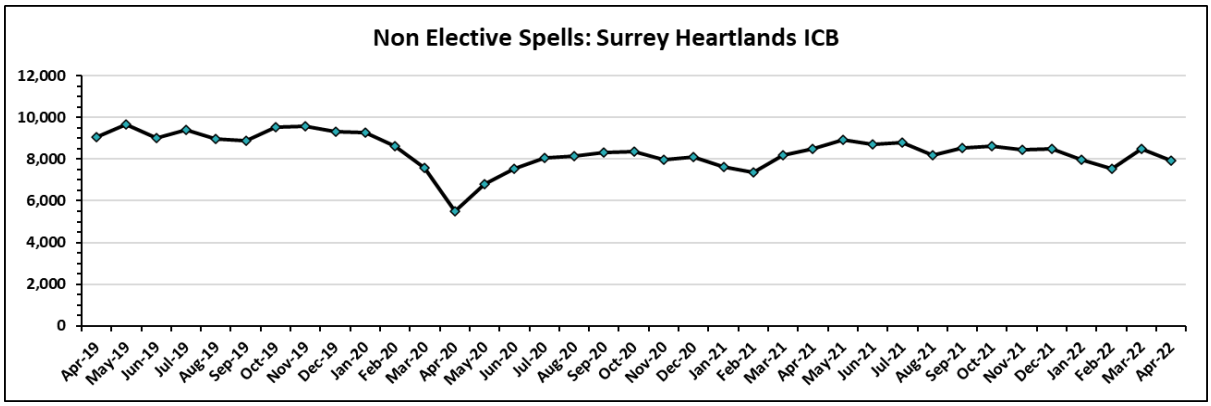
12.5 It should be noted that the graphs above show the combined ICS position, and this include attendances by residents who do not live in the Surrey Heartlands area.

12.6 The table below demonstrates that all four Acute hospitals had more challenged performance when comparing 2019/20 winter months to the same period in 2021/22. The NHSE national average from November 2019 to March 2020, when compared to November 2021 to March 2022 has significantly fallen from 72% to 61%. However, whilst work continues to improve ED wait times, it is noted that Surrey Heartlands is generally performing better than the NHSE national average.

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

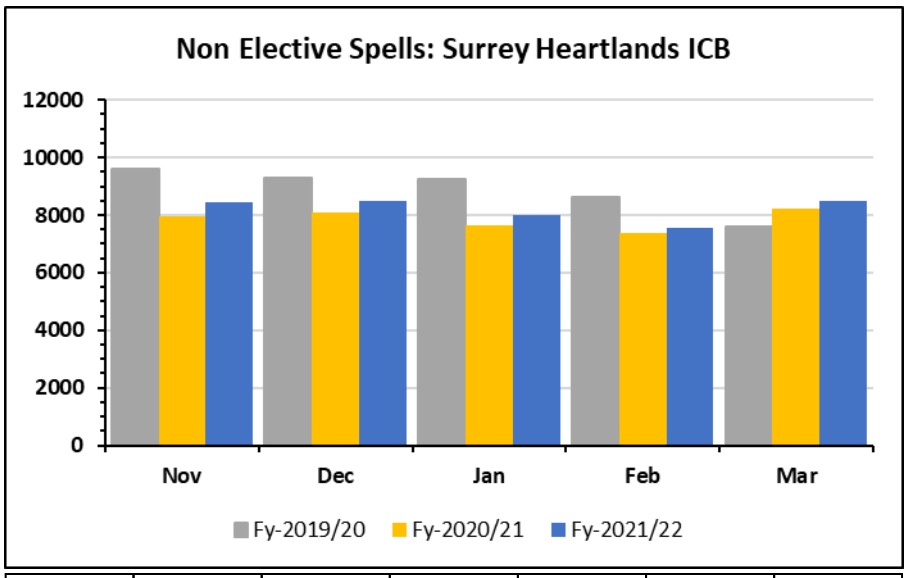
13. Non-elective Admissions

13.1 Surrey Heartlands experienced an overall increase in non-elective (NEL) admissions, with maximum numbers experienced from April 2019 to February 2020; since lockdowns eased the number of admissions steadily increased and are now predominantly over 8,000 per month across Surrey Heartlands ICS.

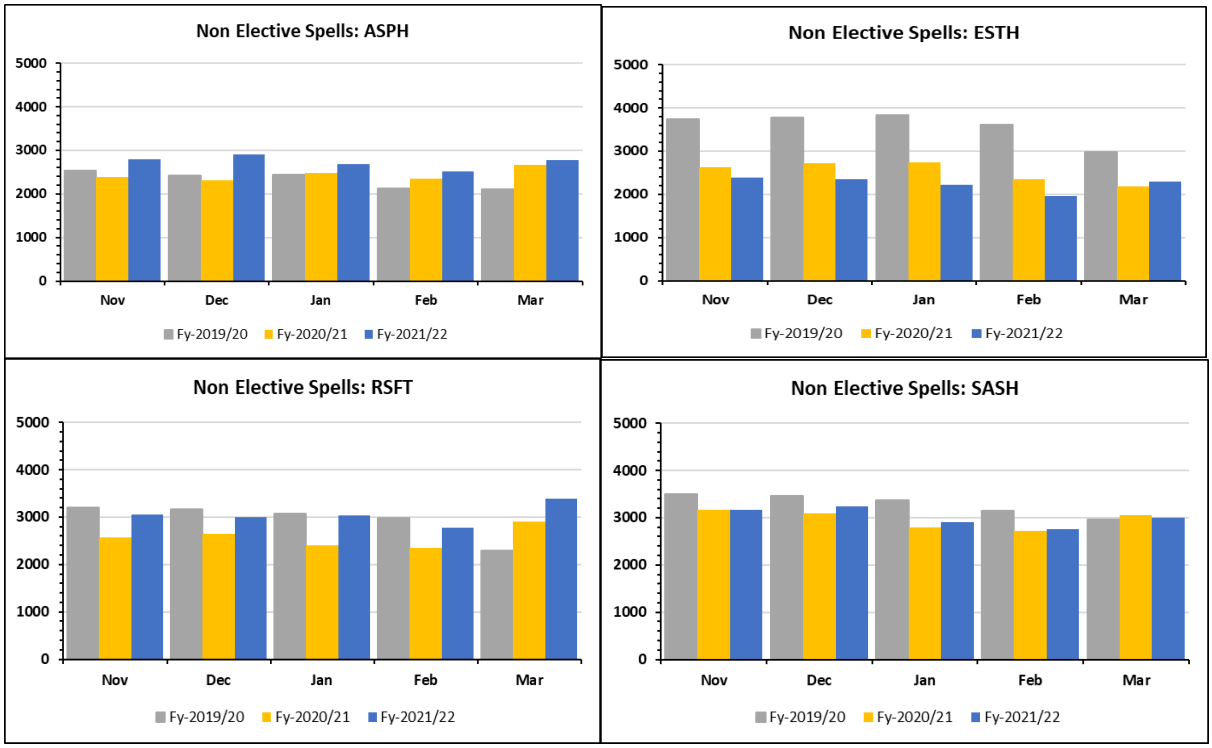


SH ICB	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	7,756	8,586	8,195	8,276	8,096	8,002	8,425	8,504	8,582	8,725	7,881	8,777
2018/19	7,791	8,390	8,164	8,281	8,088	8,017	8,564	8,906	8,740	8,945	8,115	9,148
2019/20	9,054	9,682	9,015	9,392	8,967	8,904	9,550	9,591	9,299	9,253	8,625	7,598
2020/21	5,512	6,798	7,534	8,076	8,165	8,322	8,370	7,975	8,084	7,636	7,361	8,201
2021/22	8,499	8,935	8,730	8,801	8,179	8,550	8,627	8,441	8,483	7,989	7,538	8,508
2022/23	7,914											

13.2 The following graphs provide an ICB view for the winter period (November to March), followed by an Acute Hospital breakdown of non elective admissions; overall non- elective admissions reduced.by 1.1% over the same period when 2021/22 is compared to 2019/20.

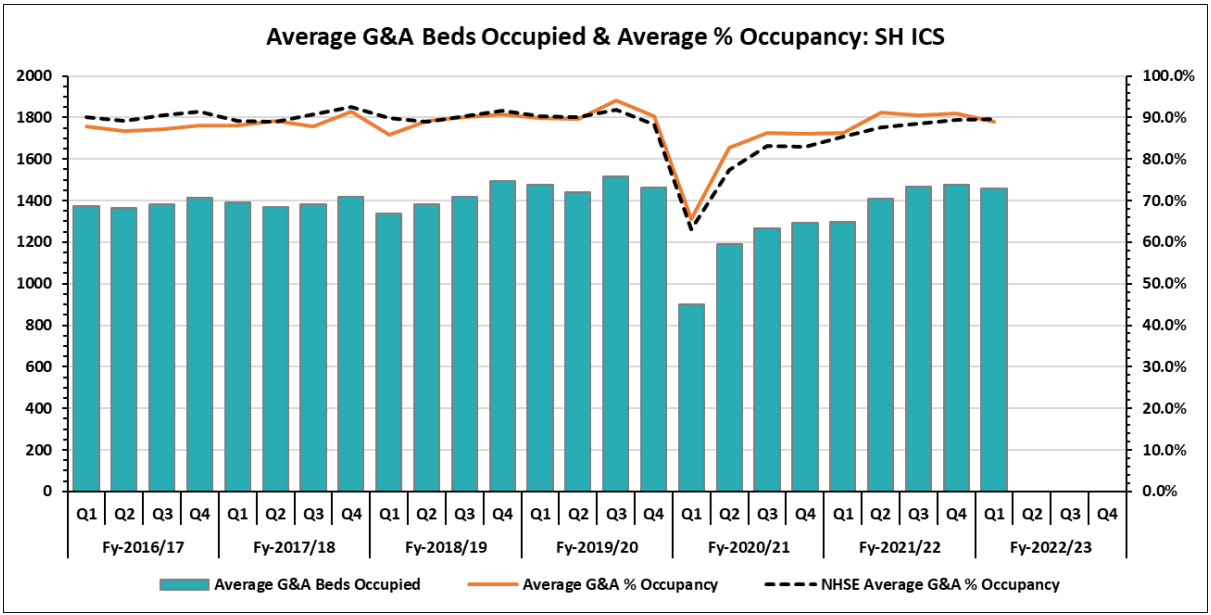


SH ICB	Nov	Dec	Jan	Feb	Mar	Winter
2017/18	8506	8585	8726	7890	8782	**42489**
2018/19	8907	8740	8945	8117	9146	**43855**
2019/20	**8954**	**8651**	**8658**	**8025**	**7108**	**41396**
2020/21	7975	8084	7636	7361	8201	**39257**
2021/22	**8441**	**8483**	**7989**	**7538**	**8508**	**40959**
% Var	**-5.7%**	**-1.9%**	**-7.7%**	**-6.1%**	**+19.7%**	**-1.1%**



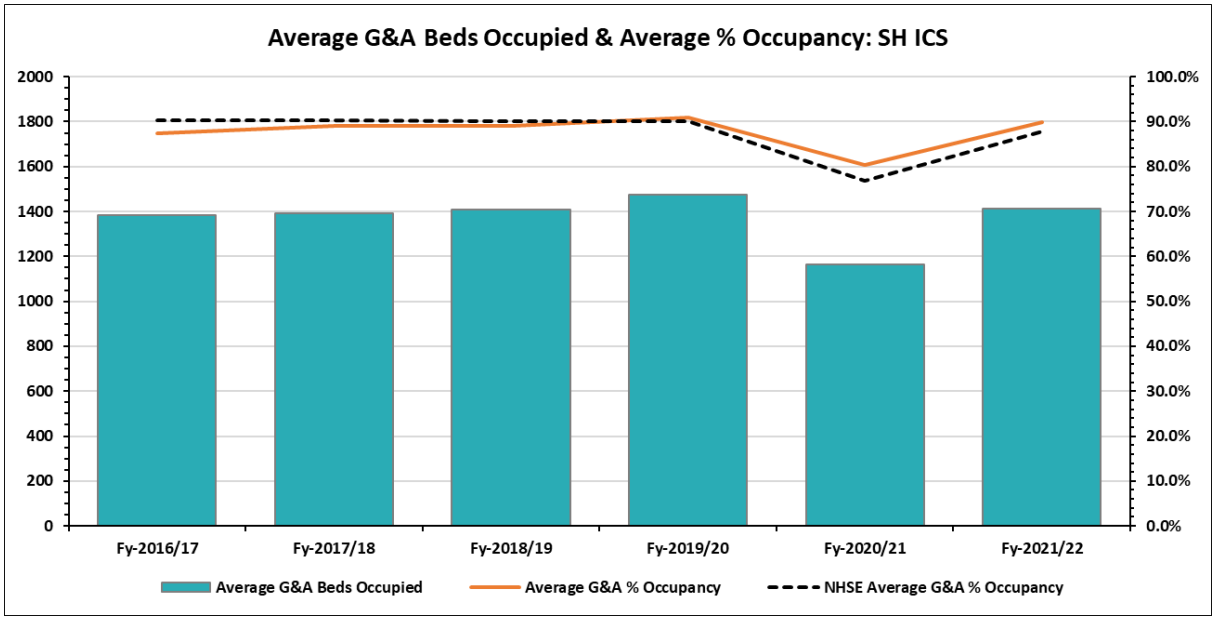
14. Acute Hospital Bed Occupancy

14.1 As described above Surrey Heartlands experienced a steady increase in non-elective (NEL) admissions since lockdowns eased. The graph below also illustrates these pressures; the first graph depicts beds occupied (per quarter) from quarter 4 in 2016/17 to quarter 1 2022/23; with a spike in bed occupancy each winter (quarters 3 and 4). It should be noted that the amber line demonstrates percentage of beds occupied, ideally this should be at 90% or under to enhance flow through ED and the wider hospital. However, the system has returned to pre-pandemic occupancy of over 90% since 2021 quarter 2.



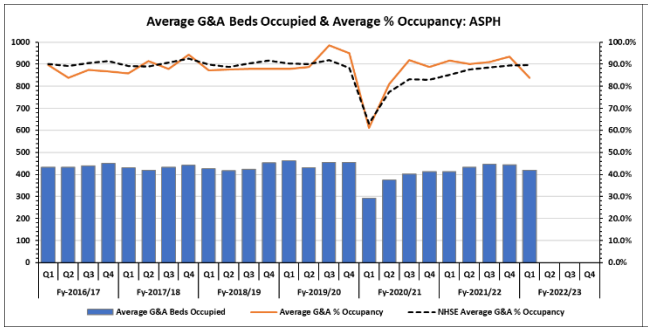
Data Source: NHSE quarterly 'Bed Availability and Occupancy' publications (based on KH03 provider submissions).

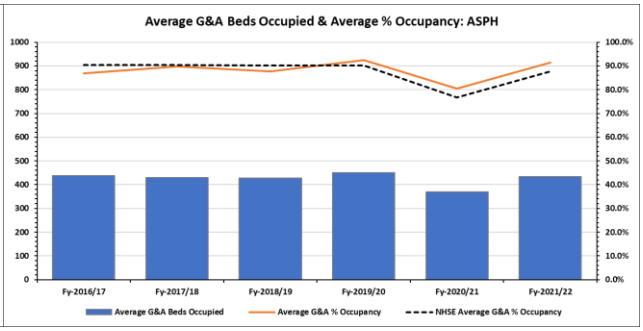
14.2 This second graph demonstrates the year-on-year increase in bed occupancy from 2016/17 to 2021/22; with a decease during 2020/21 due to the pandemic and again shapely increasing during 2021/22.

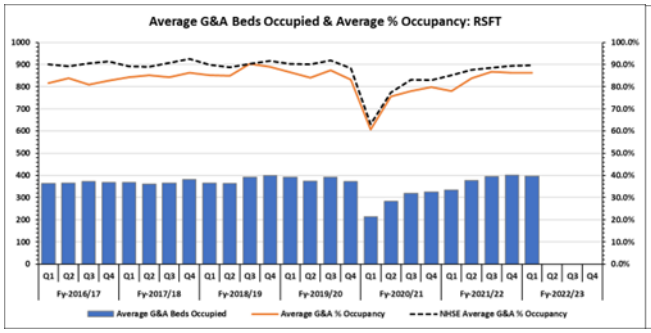


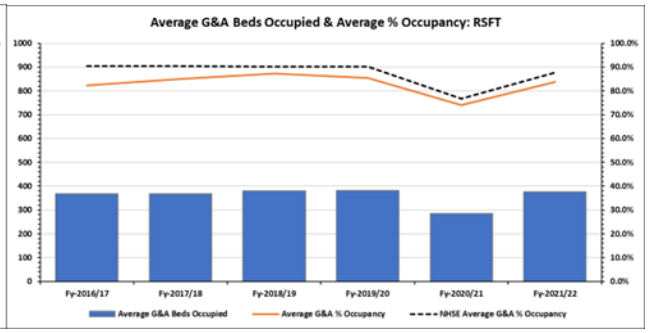
Data Source: NHSE quarterly 'Bed Availability and Occupancy' publications (based on KH03 provider submissions).

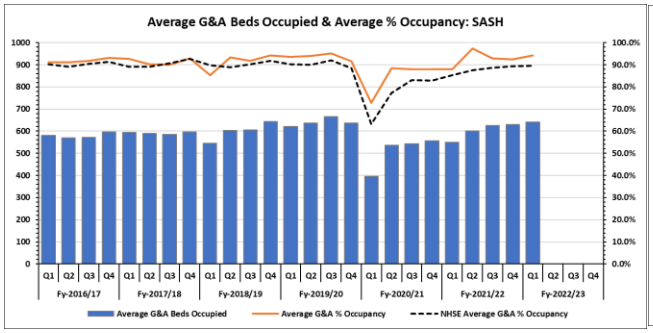
14.3 The following graphs provide a breakdown of the occupancy levels for each of the Acutes; presented by quarter and as an annual percentage.

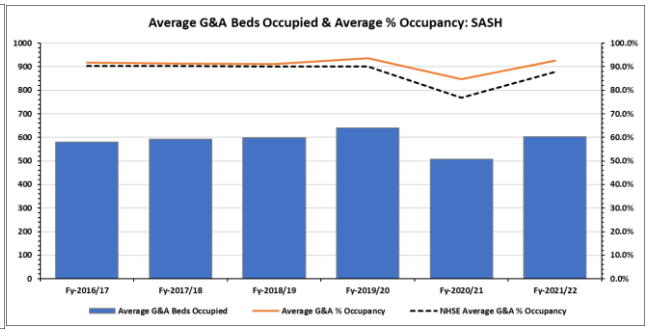


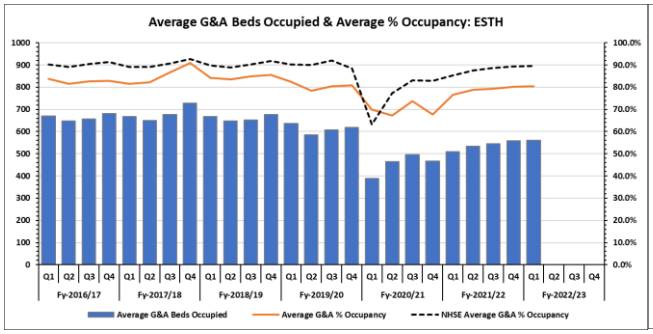


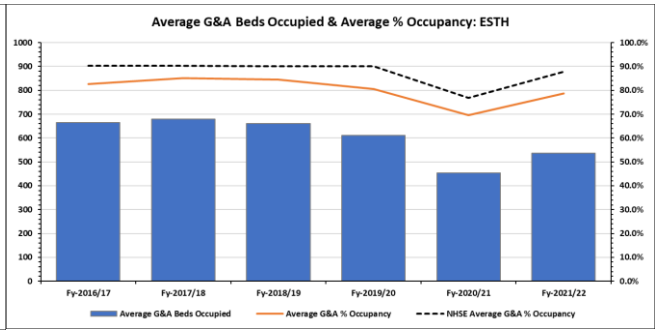










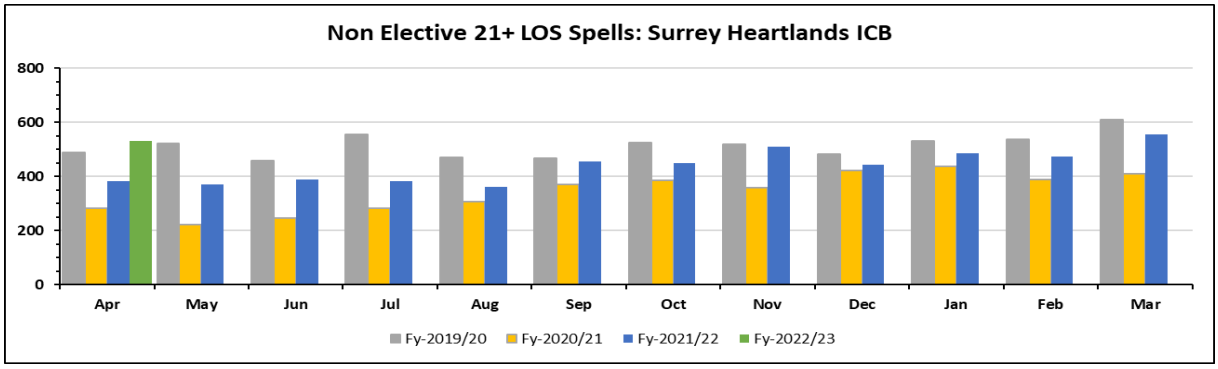


15. Length of Acute Hospital Stays Over 21 Days

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

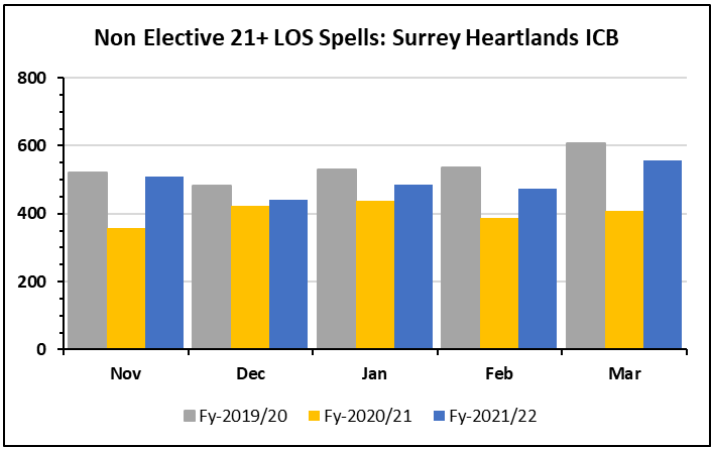
- Planning for discharge from the point someone is admitted and ensuring that plan is shared with the whole team and the patient.
- Involving patients and their families in discharge decisions and explaining to them the benefits of leaving hospital at the right time.
- Identifying frail patients as soon as possible and making a specific plan for their care.
- Having weekly multi-disciplinary team reviews for all longer stay patients, and;
- Encouraging a 'home first' approach, which means assessing people at home where possible for longer term care needs.

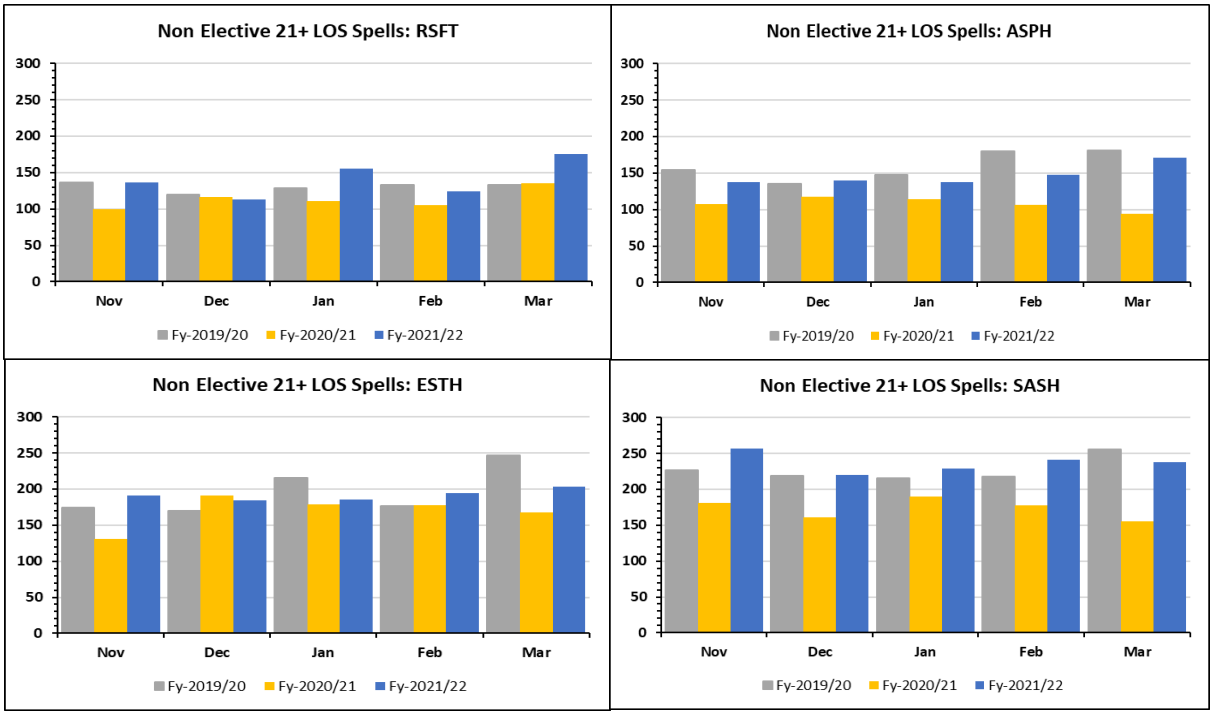
15.2 During the period from April 2019 to April 2022, numbers were at the highest in March 2020; the data below shows that due to the response from all agencies, patients, families and communities to the government's request in the same month - March 2020 - to create as many available beds as possible in order to respond the pandemic; numbers fell dramatically in April and May 2020. However, since September 2021 numbers of patients staying hospital over 21 days has again increased.



SH ICB	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	513	556	526	495	482	482	527	510	529	573	461	528
2018/19	475	468	489	449	486	476	506	476	470	517	477	500
2019/20	487	521	458	555	469	468	525	520	483	531	536	608
2020/21	282	223	246	281	306	371	384	359	422	438	388	408
2021/22	382	369	388	382	362	455	450	508	442	484	473	556
2022/23	530											

15.3 The following graphs provide a breakdown of the over 21-day length of stay (LOS) for each of the Acutes from November to March for both the ICB and for each of the Acutes.





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

16. Hospital Discharges – the 100-day challenge

16.1 Building on the support for discharge from hospitals during the COVID-19 pandemic and discharge to assess processes; a new 100 - Day Discharge Challenge was launched in June 2022 in order to ensure bed availability for patients needing to be admitted into hospital. The challenge was made to all Integrated Care Systems (ICS) as the NHSE Discharge Taskforce found that there is still significant variation between hospitals and systems, resulting in a number of patients staying in hospital when they no longer need to. The challenge builds on the previous aims and objectives of the High Impact

Changes, the work of the taskforce and the learning taken from the 14 NHS pilot sites.

16.2 As a result, there is a need to codify and systematically implement changes across England to ensure consistency and drive improvements for the benefit of patients, carers, and families. The following 10 best practice initiatives have proven to improve patient flow through the system and NHS Surrey Heartlands is currently working through all 10 at a place level, coordinated by the ICB to ensure all initiatives have been implemented to improve discharge processes.

- Identify patients needing complex discharge support early
- Ensure multidisciplinary engagement in early discharge plan
- Set expected date of discharge (EDD), and discharge within 48 hours of admission
- Ensuring consistency of process, personnel and documentation in ward rounds
- Apply seven-day working to enable discharge of patients during weekends
- Treat delayed discharge as a potential harm event
- Streamline operation of transfer of care hubs
- Develop demand/capacity modelling for local and community systems
- Manage workforce capacity in community and social care settings to better match predicted patterns in demand for care and any surges
- Revise intermediate care strategies to optimise recovery and rehabilitation.

16.3 To deliver against the 10 initiatives Surrey Heartlands has engaged with key leaders from the NHS, local government and other relevant local partners who

will collaboratively work together to make a significant difference in facilitating discharge and improving care for patients.

16.4 A number of the initiatives are directly within the control of NHS and NHS-funded provider organisations and generally Surrey Heartlands is in a good position to enhance these. The leadership teams in place; ensure there is focused executive and clinical leadership from medical, nursing and allied health professional colleagues. Our approach to the challenge was to have consistent and regular oversight of discharge performance, which is monitored at the Surrey Heartlands Urgent and Emergency Care Clinical Network and the Surrey Heartlands Urgent and Emergency Care Committee.

16.5 The 30th September marks the end of the official 100 Day Discharge Challenge, however Surrey Heartlands ICB is committed to driving best practices forward via the forementioned groups to ensure patients who no longer meet the 'criteria to reside' (in hospital based care) can benefit from a more timely discharge from hospital and be cared for in more appropriate settings, releasing the much-needed capacity within acute providers and optimising a full and quicker recovery for our patients.

16.6 Multidisciplinary team working is already quite strong in places across Surrey Heartlands whilst other areas would benefit from this being strengthened. Another of the above initiatives suggests 7-day working; and whilst Surrey Heartlands has in place some 7-day working arrangements; namely in occupational therapy and physiotherapy services; it is felt this can be enhanced further to promote 7-day discharges.

16.7 Voluntary / District and Borough Council support has been superb over recent years supporting discharge processes and promoting patients to be able to return directly home by providing a wide range of practical support which includes transport; 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 and has reduced length of stay in the Acutes.

16.8 The main areas of focus throughout the winter 2022/23 and spring 2023 will be:

- To ‘discharge to recover and assess’ patients for longer term support. This is for any patients leaving hospital who require further support. Temporary arrangements will be 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 are too great to return to their own home suitable alternative arrangements will be provided e.g. admission to a Community Hospital or Local Care Home, with the aim of improving the persons independence.

- For those who require long term residential or nursing home care – then support will be offered to the person and their families to make the long-term choice as to where the person wished to reside.

- To discharge plan early - all Surrey Heartlands patients in hospital are receiving a daily clinically led review (some areas this is done twice daily) and patients who no longer need to be in hospital are allocated to a discharge pathway. On decision of discharge, the patient and their family or carer, and any formal supported housing workers are informed and kept informed of next steps (with the patients’ permission).

- Community hospital discharges are expected to increase which will help with acute discharge flow. Delays for patients will be reduced by using a similar approach as the acute settings in respect of choice and at least once daily clinical / therapy review of patients. All patients transferred to a community setting will be informed of an expected date of discharge (EDD) and be fully involved with discharge planning.

- Trusted Assessments – this is an area Surrey Heartlands providers will need to focus on. The approach, once in place and working well, will support care homes with timelier assessments. A ‘Trusted Assessment’ is when one agency ‘trusts’ another agency to complete an assessment on their behalf - this agreement is generally used when patients are transferring back to Care homes.

- Virtual wards provision has been gathering momentum and Surrey Heartlands ICS Operating Plan identifies the role of the virtual ward in supporting alternative care for those who are able to return to their usual place of residency, but who are on a recovery trajectory. Pathways will be integrated with existing services and admission criteria will be based on existing evidence and NICE Guidance to support safe effective referral into virtual wards. At present Surrey Heartlands has in place Respiratory Wards, Frailty Wards with a 'care home virtual ward' being tested that operates with full oversight from Clinicians and the UEC Committee to monitor provision effectiveness.

17. Non-Emergency Patient Transport Service

17.1 South Central Ambulance Service (SCAS) provide Non-Emergency Patient Transport Services (NEPTS) to patients with a clinical need for NHS funded transportation to and from premises providing NHS Healthcare and between NHS Providers.

17.2 Performance in relation to the Surrey Heartlands NEPTS contract has been strong and sustained with consistent operational delivery. As with most NHS providers, staffing for their contact centre has been a challenge and SCAS have found it difficult to recruit staff which has impacted on the call contact centre performance (please see table below), although it should be noted that these are not emergency calls. The provider has put in place a number of actions to help improve performance such as a rolling call handler advert, implement a 'refer a friend scheme', remote working for call handlers across the virtual platform, and adhoc schemes to incentivise staff.

17.3 Monthly assurance meetings are on-going to support the provider and the wider system, in addition to the daily SOC meetings where there is an update on the current OPEL level of each trust and any 'on the day' issues like staff sickness & broken-down vehicles. A service transformation programme has commenced with the aim of improving and developing the patient transport service within Surrey Heartlands and responds to the recent national Review of Non Emergency Patient Transport services. This involves wider engagement with patients and partners across the system to help scope the changes and

improvements needed in line with national guidance and local recommendations.

Parameter	Threshold	Values	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	YTD
On the day Journey Requests. % of Patients collected within 120 minutes of collection time.	Year 1 ≥80% 85%	Surr02A No. Journeys	1,544	1,383	1,387	1,370	1,331	1,311	1,208	1,195	1,480	1,419	1,380	1,432	16,440
		Surr02A KPI Hit	1,354	1,141	1,166	1,115	1,115	1,033	936	835	1,261	1,253	1,168	1,185	13,562
		Surr02A KPI Performance	87.70%	82.50%	84.10%	81.40%	83.80%	78.80%	77.50%	69.90%	85.20%	88.30%	84.60%	82.80%	82.49%
Advanced bookings collection Journeys % of Patients collected within 60 minutes of booked collection time	≥85%	Surr02B No. Journeys	2,448	2,268	2,591	2,347	2,010	2,367	1,972	2,260	1,886	2,157	2,257	2,170	26,733
		Surr02B KPI Hit	2,249	2,020	2,288	2,055	1,807	2,012	1,681	1,833	1,716	2,039	2,098	1,932	23,730
		Surr02B KPI Performance	91.90%	89.10%	88.30%	87.60%	89.90%	85.00%	85.20%	81.10%	91.00%	94.50%	93.00%	89.00%	88.77%
Advanced Bookings, arrival time at clinic. % of patients to arrive on time at clinic, no earlier than 90 minutes prior to their planned appointment time.	≥85%	Surr02C No. Journeys	2,208	2,033	2,328	2,021	1,703	2,094	1,670	1,933	1,590	1,854	2,049	1,840	23,323
		Surr02C KPI Hit	1,984	1,813	2,074	1,824	1,529	1,765	1,457	1,612	1,437	1,696	1,849	1,605	20,645
		Surr02C KPI Performance	89.90%	89.20%	89.10%	90.30%	89.80%	84.30%	87.20%	83.40%	90.40%	91.50%	90.20%	87.20%	88.52%
% of patients to arrive on time, for appointments where timeliness is essential - e.g. Physiotherapy, Special Imaging, Radiotherapy, MBI etc	95%	Surr02E No. Journeys	525	417	454	354	255	297	216	304	246	371	353	244	4,036
		Surr02E KPI Hit	479	386	423	330	230	258	196	264	223	347	334	220	3,690
		Surr02E KPI Performance	91.20%	92.60%	93.20%	93.20%	90.20%	86.90%	90.70%	86.80%	90.70%	93.50%	94.60%	90.20%	91.43%
Telephone pick up - % of call pick up within 60 seconds	95%	Surr01D1 No. Calls answe	4471	4727	5315	5070	4425	4496	4054	4610	3730	3493	3746	3,812	51,949
		Surr01D1 KPI Hit	4027	4045	4354	4254	3649	3257	2837	3307	3110	1790	2396	1,652	38,678
		Surr01D1 KPI Performance	90.07%	85.57%	81.92%	83.91%	82.46%	72.44%	69.98%	71.74%	83.38%	51.25%	63.96%	43.34%	74.45%

18. Support to Care Homes

18.1 At the start of the pandemic in 2020, government provided funding to the NHS to pay for out of hospital care and to support people being discharged from hospital. SCC set up a temporary spot purchase list of providers with a Care Home Memorandum of Understanding (MOU) in place which secured placements quickly to facilitate discharge from hospital. Since the government funding ended on 31 March 2022, Surrey Heartlands Integrated Care System (ICS) and Frimley ICS have continued funding during the period of 1 April – 30 June 2022.

18.2 Surrey County Council and health partners are now agreeing a discharge model and funding arrangements for September 2022 onwards in line with the Hospital Discharge and Community Support Guidance published in March 2022. https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance

18.3 Surrey Heartlands promotes collaborative working between health, social care, the voluntary and community sector, and care home partners to enhance the health and wellbeing of residents living in a care home and to support care home staff and providers.

18.4 There are supportive meetings and networks in situ that has developed a shared work programme across all Surrey Heartlands Places and Surrey County

Council to ensure people living in care homes maintain their independence as far as possible by reducing, delaying or preventing the need for additional health and social care services. Individual places have set their strategic priorities which all include reducing unplanned hospital admissions and enhancing training for staff.

18.5 Practice Plus Group (PPG) run a Star line which is a telephony menu option for providing rapid access to additional clinical support for Care Homes and Paramedics. The advice line is accessible via *6 and this is a 24/7 advice line available to both Health care Practitioners (HCP) and non-HCP who work in care homes offering fast access to a senior CAS clinician. This essentially allows the caller to bypass the operational front end of NHS 111 and get straight through to a clinician in a timelier manner.

18.6 By enabling Primary Care Networks, Surrey Heartlands will have designated teams co - located within neighbourhoods, to extend models of personalised care, embed enhanced health in care homes and develop a consistent set of diagnostic tests. At Place level this will bring together teams that will promote admission avoidance and timely discharges from all Surrey Heartlands bedded facilities including urgent community response, virtual wards and community mental health crisis teams.

18.7 These teams will proactively identify and target individuals who can benefit from interventions by co-ordinating vaccination programmes, screening and health checks in accordance with national standards.

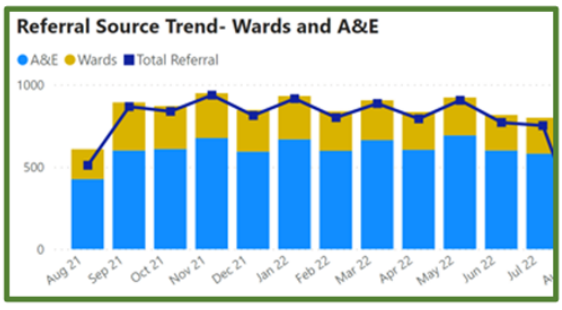
18.8 Surrey Heartlands ICB have agreed with PPG the delivery of an additional ‘On Call’ GP to support outbreaks of flu within care homes from 26th November 2022 to 31st March 2023. The provision will be in place for the out of hours’ arrangements for the administration of anti-viral medication should there be an outbreak of influenza within a Care Home situated in Surrey Heartlands ICB: PPG will supply an On-Call GP/ANP to visit any Surrey Heartlands Care Homes with suspected influenza cases that may require treatment or prophylaxis.

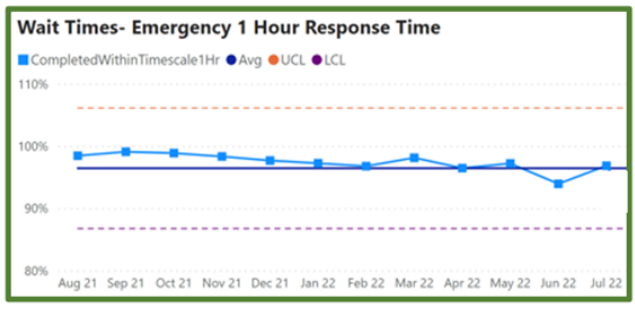
18.9 ‘Older people with complex mental health needs’ specifically refers to people over 65 with mental health conditions including dementia, functional mental health problems and behaviour that challenges. This is a key Surrey Heartlands challenge as there are limited availability to specialist assessment and treatment beds; the Community Mental Health Teams are also stretched with providing ongoing support to an increasing number of care homes. A task and finish group set up in April 2022, sought to identify barriers and challenges preventing care homes from accepting and/or providing ongoing support to older residents with complex mental health needs. The group are seeking to ensure provision of adequate support and training to care homes in identifying mental health related problems in their resident population and managing people with complex mental health needs. The group also aims to mitigate against placement breakdown and to speed up hospital discharge through a step-down model. Through this work, a specialist provider working group was established to support care homes in understanding patients’ needs and have support when needed on an adhoc basis.

18.10 Surrey Heartlands will ensure a coherent communication strategy is in place and work includes bringing 80% of care home providers up to required levels of capability.

19. Mental Health Surge Preparedness

19.1 All Acute Trusts in Surrey Heartlands are supported by 24/7 Psychiatric Liaison Services. These services work efficiently and effectively to have consistently responded to approximately 900 referrals per month. As the graphs below indicate performance is of an excellent standard with response time within 1hr of referral in Emergency Departments close to 100% with no notable variations over the winter months. Therefore, the service is well placed to respond this winter.





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

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

19.4 SABP and Community Connections are piloting a 'Recovery & Connect' service within Elmbridge, Guildford and Tandridge CMHRSs over the Autumn and Winter 2022. The service involves non-clinical specialist community care teams employed by Community Connections providers working assertively and intensively in an outreach capacity, with individuals who are identified through meetings with and referrals from CMHRS. The anticipated benefit is that individuals are supported to access crisis support more appropriately and build resilience in managing their own mental health. This model is being field tested to explore the impact on reduction of admissions and readmission to inpatient rehabilitation units.

19.5 Richmond Fellowship employment advisors are already embedded within CMHRSs to support people with mental health needs into employment and/or to help them remain in employment. Given the strong correlation between poverty, unemployment and poor mental health, this service will become even more essential for those facing increased hardship due to the cost-of-living crisis over winter 2022.

19.6 The GP Integrated Mental Health service (GPimhs) provides an integrated mental health team working within Primary Care. It is currently live in 15 PCNs

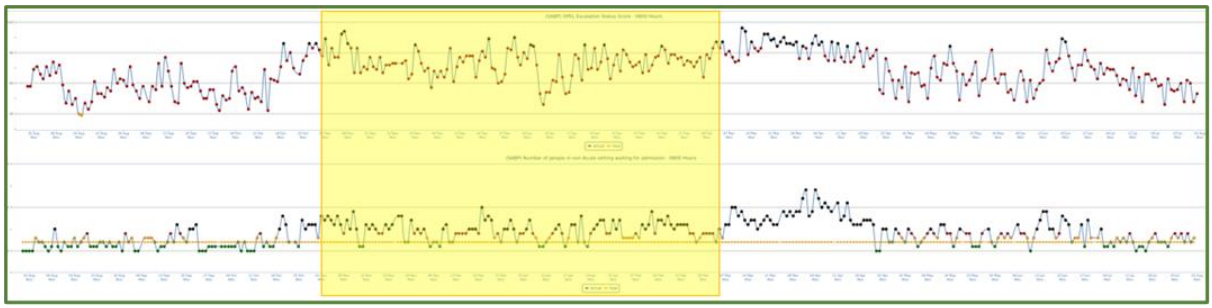
across Surrey Heartlands and due to be rolled out across all sites by December 2022, giving extra resilience for the Winter period. The average number of monthly referrals to the GPimhs service is 427 which we expect to grow as the model matures and embeds during the remainder of 2022/23. 97% of people are seen within 4 weeks. Where a GPimhs service is in place we have seen a 24% reduction in referrals to the adult mental health Single Point of Access.

19.7 As part of the Surrey mental health transformation, work is ongoing to test and spread a 'One Team' approach in Epsom by integrating CMHRS alongside GPimhs, Primary Care, Social Care, and wider VCSE services. The first phase of the testing of the 'One Team' integrated pathway for routine referrals between primary and secondary care has been successful and is now being rolled out across Surrey Heartlands during remainder of this year (2022) into early 2023, helping to build resilience for the winter period. Emerging data has shown that the 'One Team' approach has reduced waiting times for people needing to step up for specialist interventions by 50%, it has reduced waiting times for psychological therapies by 24%, and 20% more social care needs have been identified for vulnerable individuals with mental health needs. As the 'One Team' approach avoids the need to refer via the Mental Health Single Point of Access the likelihood of being bounced between providers and pathways is also reduced. An independent review of the model is currently underway.

19.8 The main challenge and reasons why people remain in Emergency Departments links to bed flow into (and out of) Acute Mental Health beds. If there are high volumes of admissions needed or high levels of s136 (an emergency police power detailed in s136 of the Mental Health Act) this creates a high level of demand. When demand is high because of the ALOS (average length of stay) in mental health beds and the challenges of discharging people (audits show that approximately 20-25% of people will be medically for discharge, but not able to be discharged) bed flow can be difficult to optimise. Due to the fact that bed occupancy rates nationally (and within SABP) tend to be in excess of 95% there are always few available beds at any time. Therefore, discharges have to be created to facilitate admissions and this means that people may wait in all settings (including Acute Hospital Trusts) until beds become available.

19.9 SABP utilise an OPEL methodology and are involved in daily Surrey Heartlands UEC/SOC calls. OPEL scores tend to be Red/Pre-Black and this is indicative of the daily pressure within the Mental Health system. The graphs below indicate the overall adult OPEL score (top line) and number of people waiting in Acute Trusts for Mental Health beds (bottom line). The shaded portion of the image details the months November to February. The following can be noted:

- There is no obvious winter pressure with high OPEL scores through the spring and spikes during summer and autumn.
- There appears to be a broad correlation between an increase in OPEL scores and people waiting in Acute Trusts – indicative of the pressure and challenges to admit people into beds.
- The increase in OPEL scores can be more pronounced and marked than the increase in adults waiting in Acute Trusts. This might indicate that effort is placed upon bed finding and keeping flow through Acute Trusts.



19.10 SABP (and key partners) have a programme of flow work that has reduced the amount of OAPS and have contracted with a number of other local Mental Health hospitals to ensure there is good bed supply this winter (whilst the hospital site in Chertsey is closed due to a rebuild programme). Nonetheless, like all Mental Health Trusts overall bed occupancy will remain high and so OPEL methodology (and support from system partners to enable, facilitate and accelerate discharges) will be critical.

19.11 Plans are in place with a care provider to create a Crisis House (in partnership with Home Treatment Team services) that should offer a meaningful alternative

to a Mental Health bed for a particular cohort of people. The people likely to benefit from this support may also choose to attend ED when in a Mental Health crisis and so this may have a particular system benefit.

19.12 Mental Health services use of digital tools - within Surrey we have a number of examples of this. For example:

- TIHM (SABP.nhs.uk) – a remote monitoring service (principally for people with dementia) enabling people to stay at home and reduce potential for an ED visit.

- The use of Attend Anywhere for Virtual Safe Havens Safe Havens: Surrey and Borders Partnership NHS Foundation Trust (SABP.nhs.uk);

- The use of Limbic to support people to make IAPT referrals Refer yourself: Mind Matters - NHS Talking Therapies: Surrey and Borders Partnership (mindmattersnhs.co.uk) & Silver Cloud as an online offer.

- The creation of the Surrey Virtual Wellbeing Hub to connect people to available courses to support good mental health (often provided by VCSE organisations) Find a session - Surrey Virtual Wellbeing (healthysurrey.org.uk)

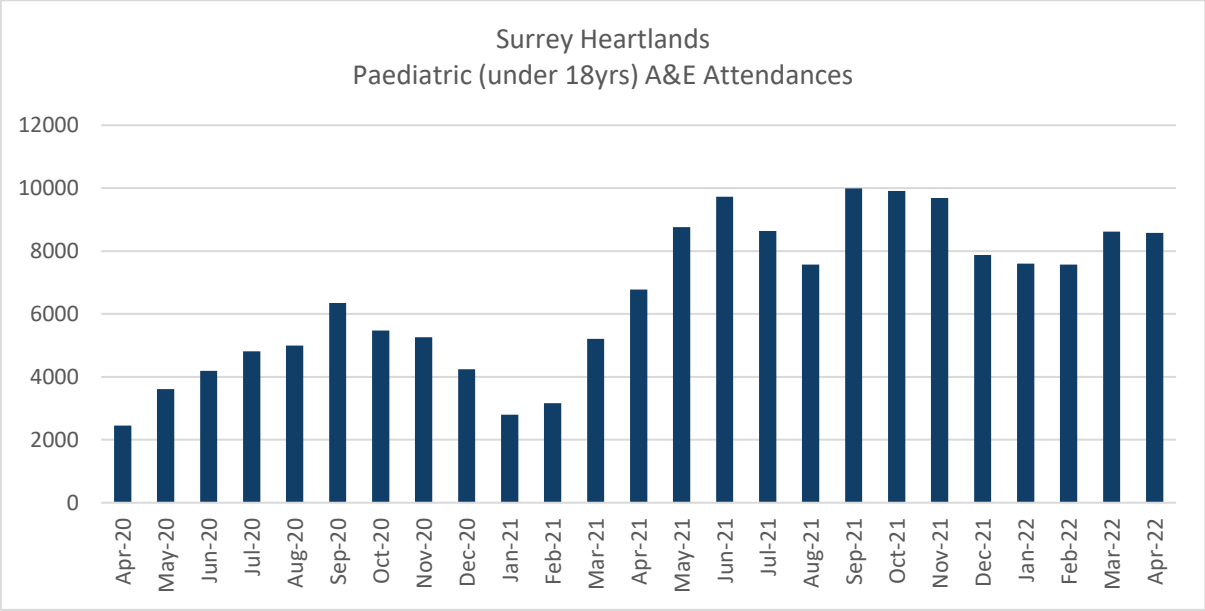
- The integration of Primary care and mental health services through the GPIMS project, integrating data and streamlining processes between sectors.

20. Acute Paediatric

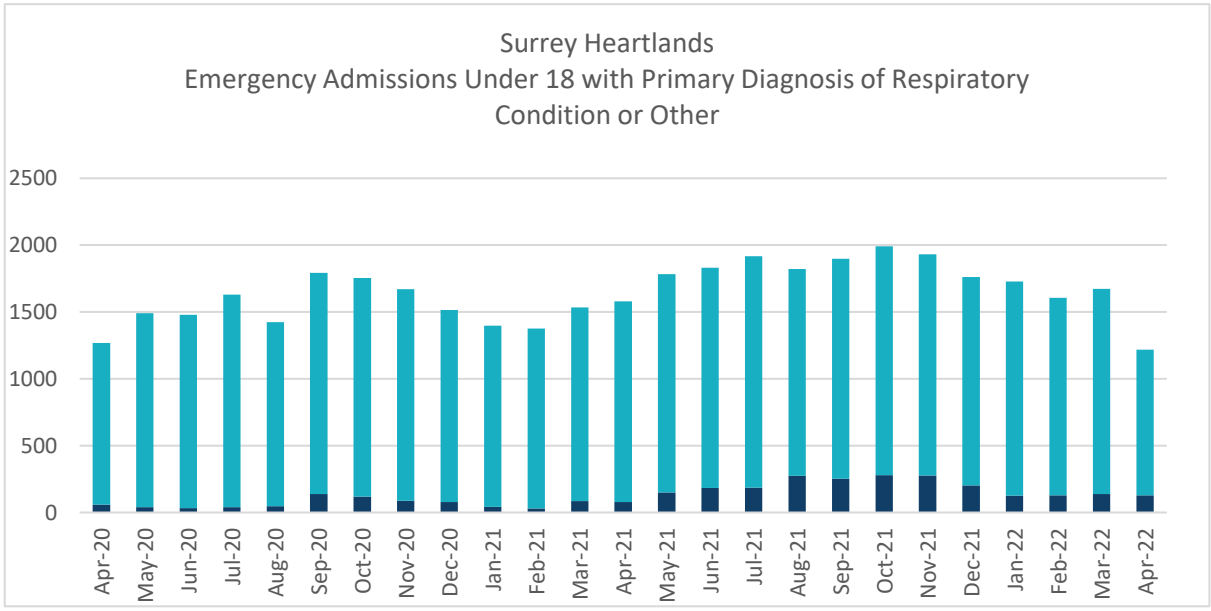
20.1 From April 2017 to May 2020, the general trend was one of growth in relation Paediatric attendances at ED, with significant reduction early 2020 due to lockdown. The sustained attendance rates have continued with some seasonal variances.

20.2 We anticipate that high levels of activity will continue. We will also be working with Place to understand why numbers are increasing and to identify more local

solutions to address this, with the provision of appropriate care and advice for parents for children with minor illnesses in the community.



20.3 Paediatric admissions to Acute Hospitals continue to reflect seasonal variances of respiratory illnesses and remain high. During periods of peak activity, hospitals may request mutual aid from other hospitals, although these actions are only taken in extremis. Our current planning is based on higher levels of activity, and we are currently reviewing last year's plans and working with Acute providers and the South Thames Paediatric Network to understand what actions / mutual aid worked well.



PART B – Surrey Heartlands Covid and Flu Vaccination Programmes

21. Covid 19 (C-19) Vaccination Programme

21.1 Surrey Heartlands has maintained a strong position with C-19 vaccination delivery providing over 2.2 million vaccines since the C-19 pandemic started. Our operating model structure has been revisited to ensure delivery is through a financially viable model, with a sustainable workforce and optimisation of NHS/Local Authority estate. In 2022/23, Surrey Heartlands has implemented a Flu and C-19 Steering Group to ensure we benefit from lessons learnt, understand any interdependences and develop an integrated approach where appropriate. Aligned to the national plan, the Covid -19 Operating Model focus is to:

- Increase uptake in all communities
- Address unwarranted variation
- Provide equality of access as a baseline
- Support and pilot 'Making Every Contact Count' approach through BP and pulse checks
- Take a Value for Money approach

21.2 To further drive engagement for the vaccine and reassure those residents who may be reluctant to take the vaccine, we've developed a geo-targeted comms approach to those populations where uptake has been lower, promoting both the benefits of the Covid-19 vaccination and how someone can book a vaccination appointment. We've also provided on-the-ground comms via the Equity Development Manager and Public Health's community outreach workers. Alongside, relevant and engaging creatives, designed with low uptake cohorts in mind, have also been created to further drive engagement and uptake.

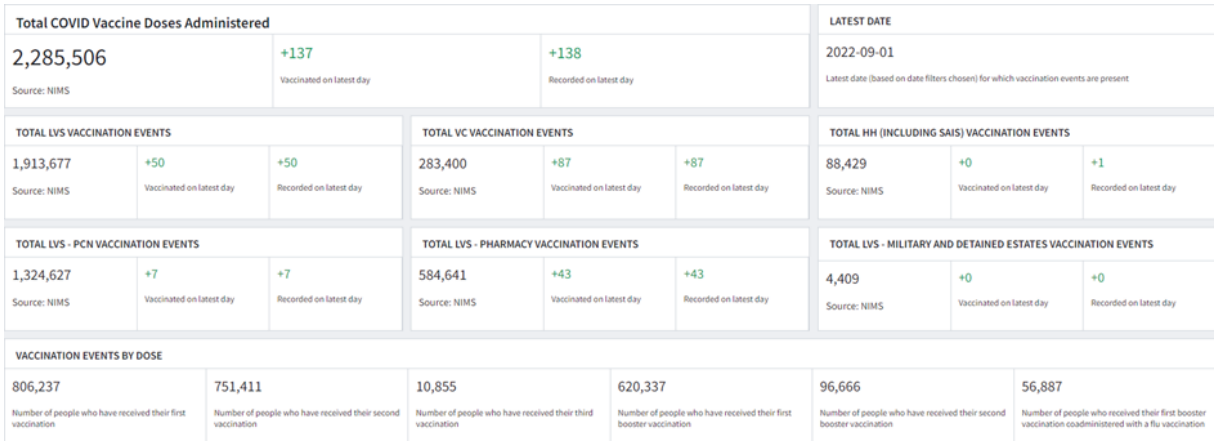
21.3 The Surrey Heartlands Mass Vaccination Programme has been reviewed to ensure that autumn demand and capacity meets population expectation. Work has been undertaken with Local Vaccination Sites, the Vaccination Centre and by linking into the Regional Pharmacy Lead to establish demand profiles, cost

implications and risk. As a consequence, the Covid-19 Operating Plan has been updated, which includes Place/ Neighbourhood based demand profiles as well as recommending piloting a 'Making Every Contact Count' approach so that people receiving a BP and pulse checks will also receive their Covid vaccination; this offer is expected to commence at the end of October 2022.

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

21.5 Based on JCVI guidance, the Autumn Booster Campaign commences on the 5th September 2022 with cohorts 1-9 being asked to come forward at staggered intervals. Housebound, Care Home Residents and Care Home Staff cohorts will be prioritised as per national guidance.

Data Source: Foundry



22. Local approach towards seasonal flu programme

22.1 As of 3rd March 2022, Surrey Heartlands had delivered ~590k Flu vaccinations within the 2021/22 Seasonal Flu Vaccinations campaign. Flu cohorts trended close to or above the trajectories, with the exception of 50-64 (53% against a trajectory of 75%) and the Immunocompromised – Close Contact cohort (46% against a trajectory of 75%). The 5-16year cohort tracked just below trajectory

at 53%, however showed significant improvement in uptake compared to the same period in the previous year (~30%). Please see table below.

Data Source: IMMFORM 03-Mar

Cohort	%Target	% Uptake	Uptake	Population
Age 65+	85%	82%	175,300	213,748
Age 50-64	75%	53%	114,300	215,533
Aged 2 to 3 years	70%	59%	13,667	23,564
School (Aged 5 to 16 yrs)	70%	53%	83,500	163,148
Flu at risk (6 months to 64 yrs)	75%	55%	97,800	180,931
Care Home Residents	n/a	85%	5,877	10,310
Frontline Healthcare Workers	85%	62%	16,020	30,226
Social Healthcare Workers	85%	65%	19,119	29,414
Household Contacts of Immunosuppressed	75%	46%	32,507	70,450
Immunosuppressed	75%	84%	26,209	31,353
Pregnant	75%	42%*	500	1,015

22.2 The National Immunisation Strategy: In January 2022 the Secretary for Health stated that a National Vaccination Service is required to support Primary Care recovery. In preparation for this, Surrey Heartlands Mass Vaccination Programme are working with NHSE regional colleagues, Primary Care representatives and the Director for Public Health to support the strategy which is expected to be published later in the year. As a consequence, Surrey Heartlands implemented a Flu and Covid Steering Group which will look to understand interdependencies, co- administration and learn from best practice aligned to the JCVI guidance. The steering group will also oversee both Flu and Covid vaccination programme plans and delivery, offering the community co-administration of both vaccines as able and in line with the persons choice.

22.3 The NHS influenza immunisation programme 2022 to 2023 will include the following additional cohorts:

- those aged 50 to 64 years old, not in clinical risk groups (including those who turn 50 by 31 March 2023). The offer of seasonal influenza

immunisation will be extended to healthy 50 to 64-year-olds later in the season, from 15th October 2022.

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

Part C – Surge and Escalation Planning

23. Modelling Demand and Capacity

23.1 Surrey Heartlands ICS has developed an Urgent Care Model which identifies likely demand, capacity, admissions and discharge rates by week until March 2023. The model uses historical data to predict admissions and applies a range of assumptions depending on the scenario (e.g. increase in Flu or Covid admissions). A number of varables are included in the modelling; these are able to be changed and updated as required. The baseline also considers the return to higher-than-normal 19/20 activity levels, and seasonal activity for Flu and Norovirus. This, along with national modelling, is supporting current planning activity.

23.2 Modelling demand is a key feature of Surrey Heartlands ongoing surge planning, with the day to day operational 'grip' being supported by the system wide senior leads daily System Operations Call (SOC) meetings which promotes utilisation of all system resources during periods of surge. The ambition to reduce wait times from arrival needs to be set in the context of number of people attending ED with Covid and then go onto require admission, currently the modelling shows a continuing and sustained number of 'waves' of re-infection which impacts the level of activity seen.

23.3 However, it should be noted that traditional modelling approaches and projections based on last years performance may not fully correlate to the rising issues in 2022/23. There is a wealth of information (e.g. Faculty of Public

Health) that indicates that the impact of the cost of living crisis / rising inflation and a possible recession will lead to an increase in demand and poorer mental health.

24. Surge and Escalation Planning

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

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

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

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

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

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

24.5 The Plan also describes how the System prepares for events, including Winter Pressures, this includes elements such as:

- Sets out the demand and capacity modelling across:-
  - Acute beds
  - Critical Care beds (Oxygen, Continuous Positive Airway Pressure-CPAP and Ventilated)
  - Provision of Oxygen ($O^{2)}$ across Trusts
  - Independent Hospital capacity availability and utilisation
  - ICP Community /out of hospital capacity – Hospice, community hospital, Care Homes
  - Workforce (Acute) – including disproportionate effect on BAME staff community
- Tracking and surveillance of demand and capacity
- Identification of caps in capacity and supporting decision making

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

25. Funded Place UEC Surge Schemes

25.1 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
Paeds Transfer service for ICS currently funded at risk	Capacity funding bid to provide system Paeds transfer service for winter 22/23
SCAS PTS additional resource for all acutes	Provider discharge resource for patient transports
Paediatric and Care Home Virtual Facetime	Limiting requirement for face-to-face interventions to increase capacity.
WSP Modelling	Triangulate system modelling with statistical modelling across the whole Southeast Region.
Reducing incidence of Flu in Care Homes	PPG To deliver anti-virals within care homes should there be an outbreak influenza during weekend and Bank Holidays
Increase in UTC capacity	To aid in redirection and streaming away from ED and reduce admission rate
Case Management Digital solution	To improve discharge processes - part of the Royal Surrey transformation programme.
Transport Flow Manager	To support flow - part of the Royal Surrey transformation programme.

Programme	Deliverable
Enhance Paediatric services at SASH increasing capacity.	To provide additional capacity, redirection and inteventions for Peadiatrics due to current limited capacity
Community Front Door Expansion/Admission Avoidance	Community front door service in reach to ED "pulling" patients out of the acute providing wrap around care in the persons place of residence. Proposal will strengthen and expand MDT - 7 days / extended hours
Consultant support to Paramedics/ Ambulance crew	Oncall Consultant input available by phone/video conferencing to aid crew decision making To agree patient care plan and next steps Proposal will enable smooth redirection of patient to Urgent Community Response / Vitual Wards services
Enhance active complex case management in the community	Reducing risk of going into hospital/ supporting step down from acute linking to Virtual Ward Strengthening proactive care coordination across all neighbourhoods Consultant support and inreach to PCN and Care homes for both crisis support and proactive case management

26. System Oversight

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

26.2 Extending the scope of the daily report to include system wide oversight of the community resources availability and flow, including Primary Care, Adult Social Care, Care Homes and Hospices, ultimately provides the opportunity to seek out possible options for mutual aid and to connect partners.

27. UEC Communications plan

27.1 Partners work closely across the ICS Comms and UEC team to increase communications activity at times of sustained system pressure and have well established protocols in place. This includes the activation of the Opel Communications Plan, which triggers additional communication activity to increase the flow of messages and support the wider system during periods of significant pressure.

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

27.3 This plan supports targeted messaging out to the wider community particularly in relation to how the person may seek help and support without needing to attend ED; messages are also tailored to each Place system escalation alerting the public to how busy their local hospital is – again advising people to contact NHS 111 or attend a pharmacy or GP for advice; whilst reiterating the

importance of calling 999 and /or attending the hospital ED in cases of emergency. The plan for 2022/23 is currently under review continuing to develop communication out to all sectors of our society.

Part D – Electives

28. Elective Recovery

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

29. Elective Activity

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

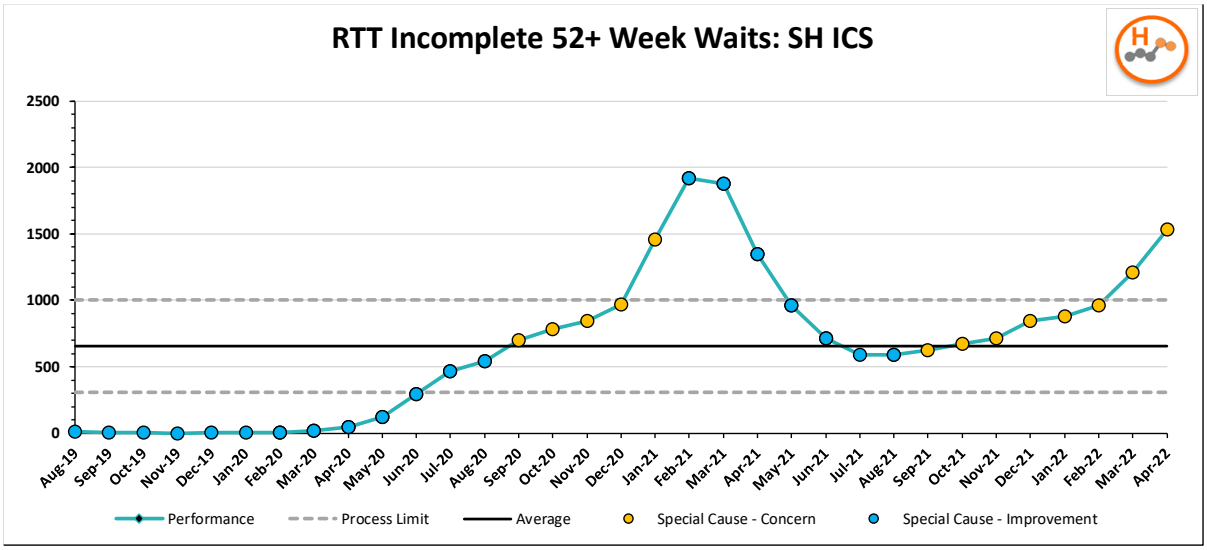
29.2 The high levels of emergency activity can compromise the ability to maintain elective care for patients and Surrey Heartlands ICS will continue to work closely with Regional NHS England colleagues in the delivery of achievable levels of activity that have started to impact on the long waits that developed during the pandemic. Winter planning for electives is a priority and plans are underway to risk stratify patients to prioritise treatment, including P2 patients and cancer patients.

29.3 Referral to Treatment (RTT): Work continues in relation to reducing the number of patients waiting long periods of time for diagnosis and treatment; restoring and improving services remains a major priority for Surrey Heartlands. We have and continue to prioritise where longer waits are associated with higher clinical risk or poorer outcomes. All planned patients are reviewed and allocated a clinical priority based on their past medical history and planned procedure; the patients are also followed up regularly in relation to any changes to the persons

clinical risk as we continue to combine time waited with clinical priority to ensure that we actively manage patient risk and treat the most vulnerable patients.

29.4 Surrey residents continue to have shorter waiting times than the majority of the country. The following figures are for Ashford & St Peters, Royal Surrey and Surrey & Sussex Hospitals combined to form the ICS position.

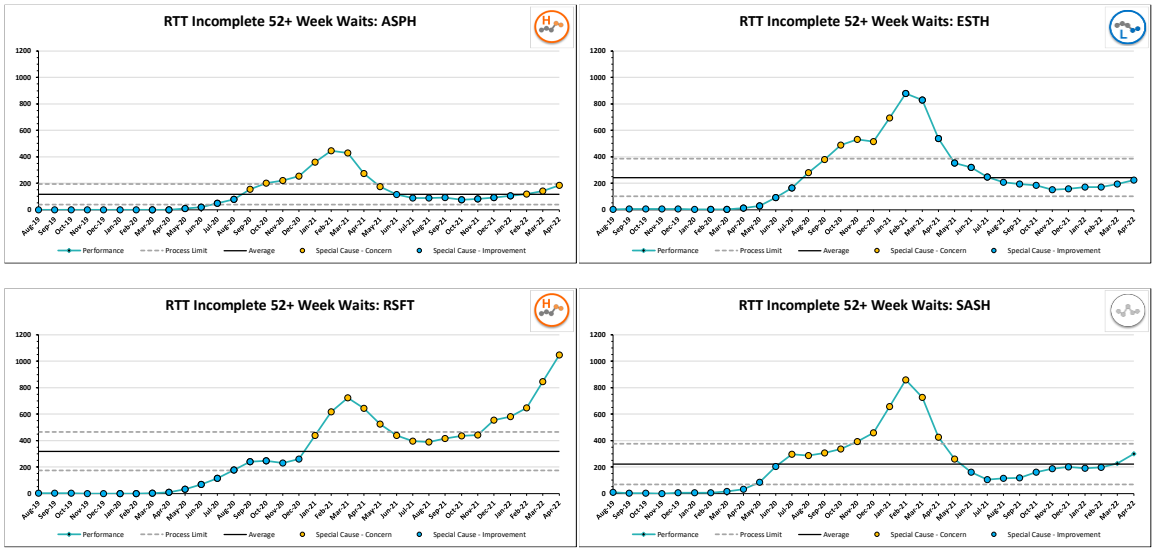
29.5 Whilst excellent progress was made in relation to the 52 weeks wait times from May 2020 to July 2021 with the volume of patients who have been waiting more than 52 weeks for treatment reduced from a peak of 1,900 to 600. The numbers from July 2021 have increased to 1,500 in total; this represents ~1.5% of total wait list, with all three acutes currently being above their planned trajectories. Our ambition continues to be to return to the pre-pandemic level of no more than 10 people waiting, at any one time, for over 52 weeks.



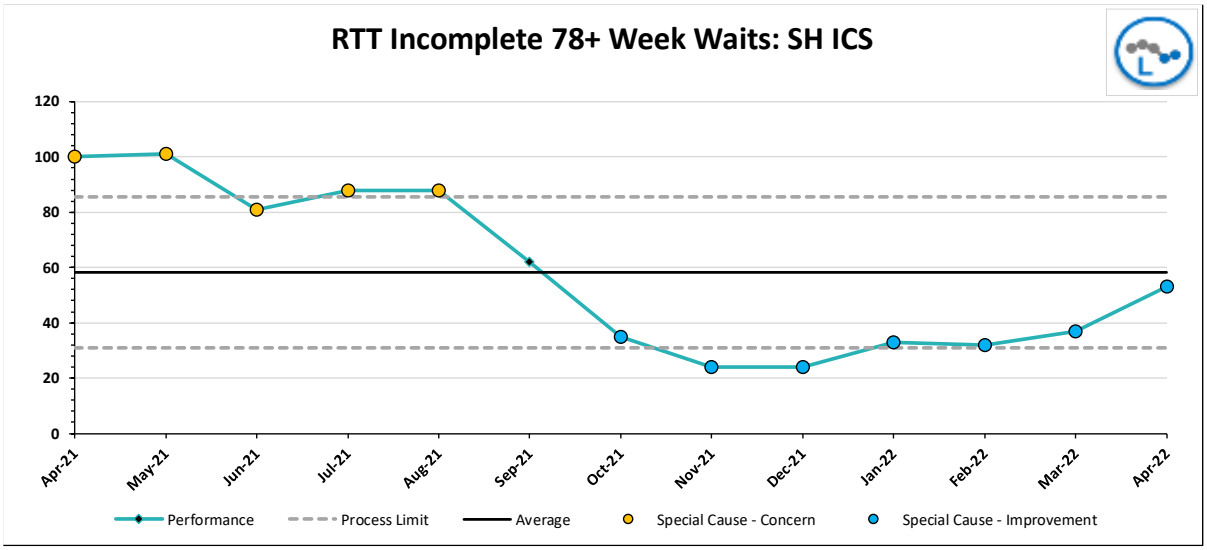
Source: NHSE monthly 'Consultant-led Referral to Treatment Waiting Times' publications.

29.6 The second set of graphs describe performance for the individual Acute Hospitals over the same period.

Acute Trusts:



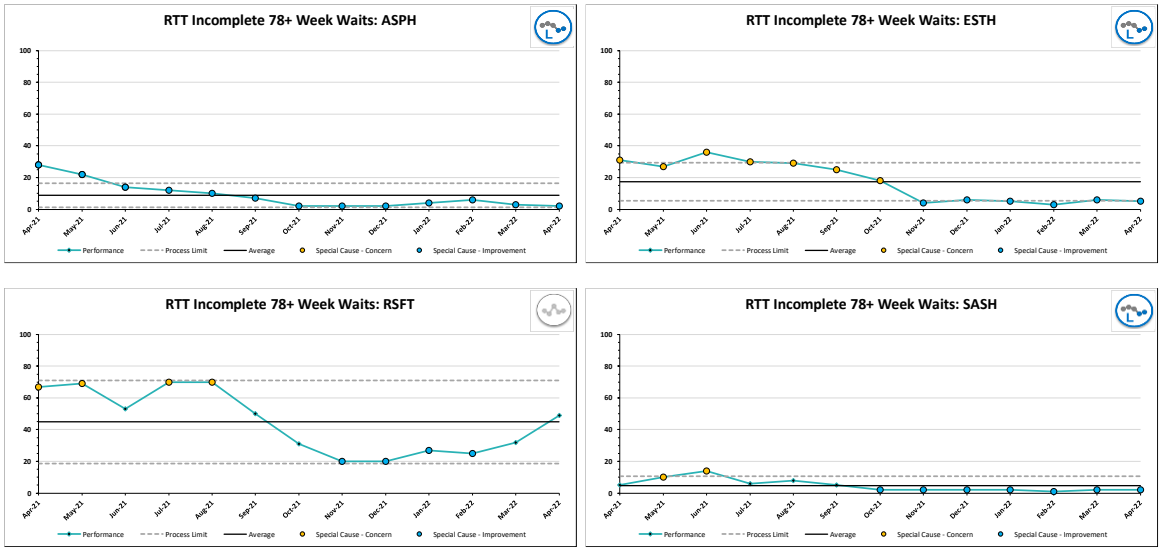
29.7 Since December 2021 there has been a month on month increase in the volume of patients waiting over 78 week, with Surrey Heartlands ICS currently having 52 patients, who have waited over 78 weeks. These patients are being actively managed operationally by the individual Acute Trusts, with oversight provided by the Surrey Heartlands Elective Care Committee.



Source: NHSE monthly 'Consultant-led Referral to Treatment Waiting Times' publications.

29.8 The second set of graphs describe performance for the individual Acute Hospitals over the same period.

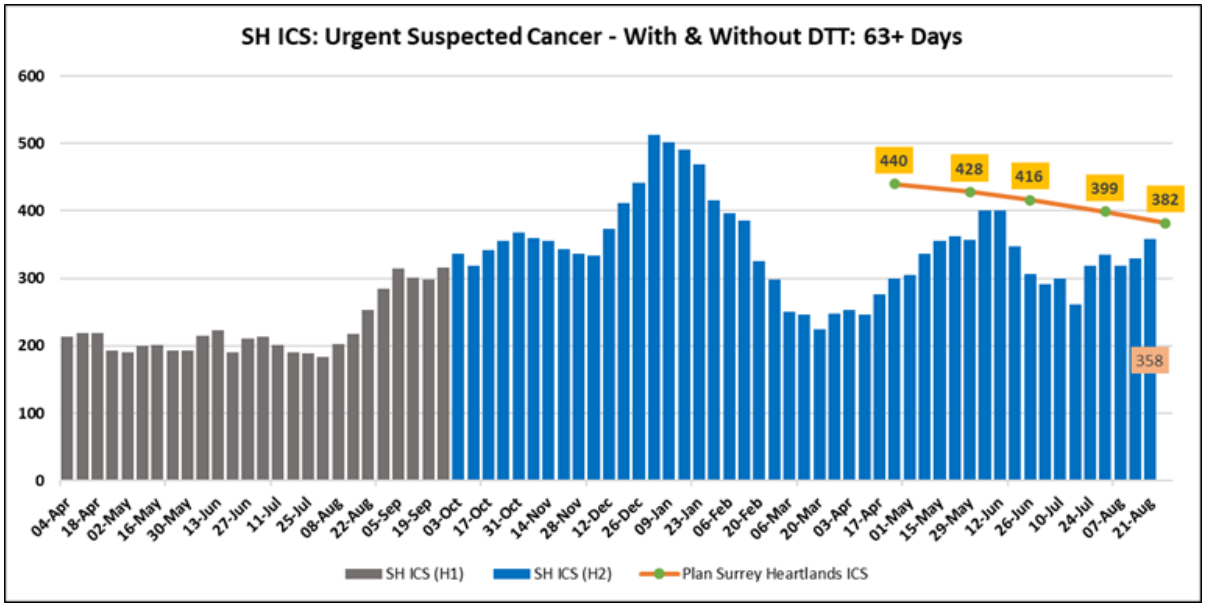
Acute Trusts:



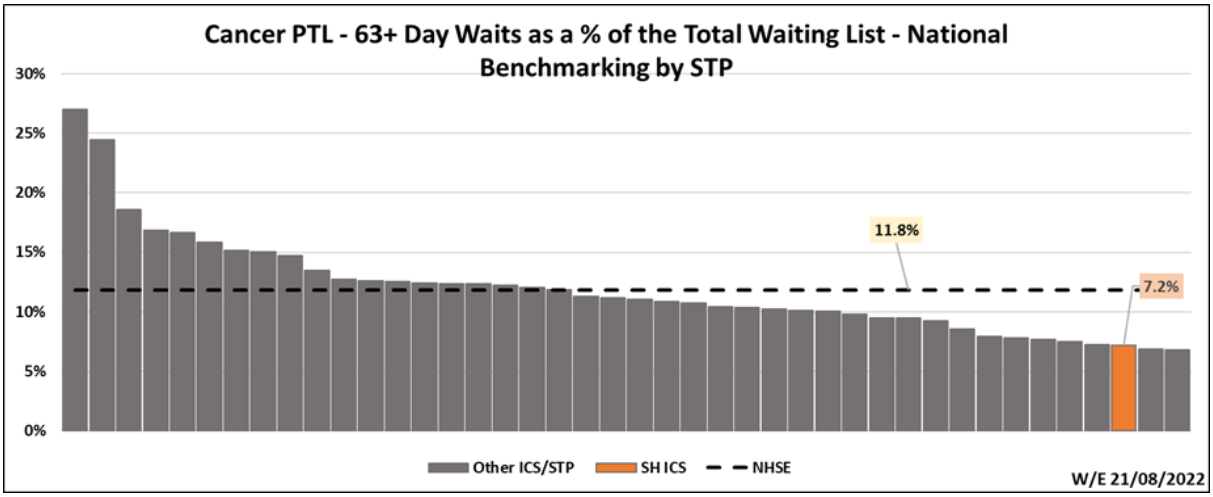
29.9 Many systems have patients waiting over 104 weeks for planned care; Surrey Heartlands has only 1 patient currently waiting this length of time; again, the system is working hard to ensure that nobody should need to wait for 2 years for required treatments. Surrey Heartlands ICS is working with provider organisations to create standardised patient pathways for high volume conditions. By reducing variation, we will enable our workforce to work more flexibly and reduce inequities in waiting times across our system.

29.10 Patients on a cancer pathway are some of the highest clinical priorities. Due to the cessation of diagnostics and treatments during the first wave, along with increased demand has led to a large backlog of patients waiting longer for treatment. Addressing this waiting list remains and will continue to remain a top priority for Surrey Heartlands ICB. Working with Surrey and Sussex Cancer Alliance, all our partners continue to place significant effort into ensuring that patients are treated as soon as possible. The majority of those waiting long periods largely have benign diagnoses, with some patients choosing to delay treatment or are on complex pathways. The total number of people on the Surrey Heartlands cancer wait list is 6,712 at 21st August 2022.

29.11 Surrey Heartlands continues to perform well against the 62 day target, however, the number of people waiting for longer than 63 days has been increasing from April to June 2022. Despite this increase, performance remains good with 358 people waiting (as at 21st August 2022) compared to a projected maximum of 382. Please note that this metric relates to Urgent/ Suspected Cancer with and without discision to treat (DTT). This is a subset of the total number of 63+ day waits on the Cancer Patient Tracking List as it excludes referrals for non-site-specific symptoms.



29.12 Whilst Surrey Heartlands, at 7.2%, is performing better than the England average of 11.8% and ranks 2nd out of the 6 ICS's in the South East region for the lowest number of 63+ day waits; our clinicians and support staff remain dedicated in working to reduce waiting times for all our patients.



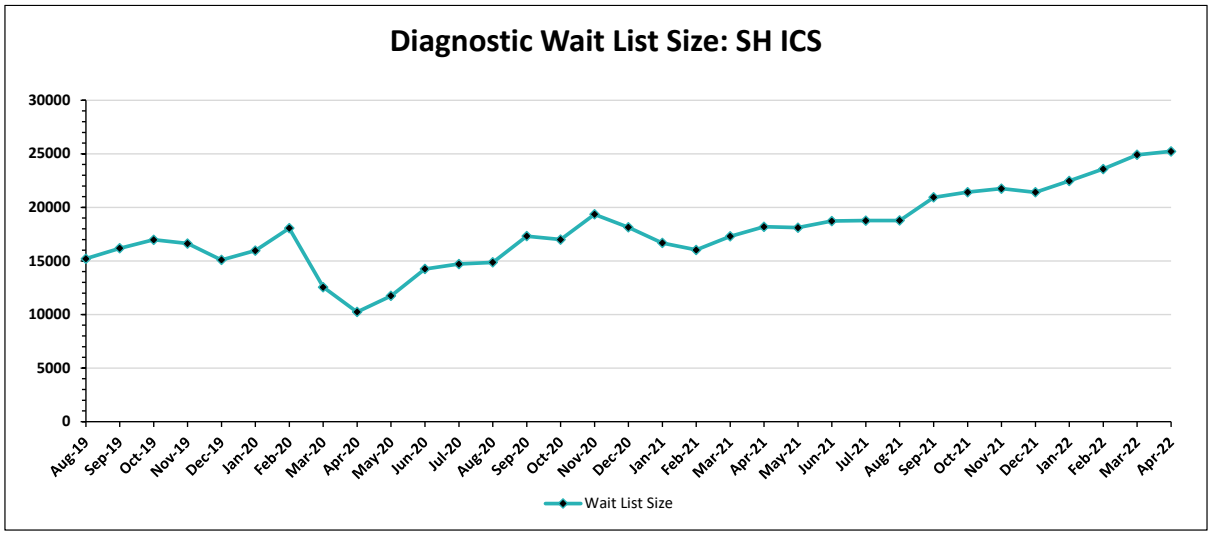
Data Source: Surrey & Sussex Cancer Alliance PTL Summary as at 21-Aug.

29.13 People on the cancer waiting list who have been waiting over 104 days for treatment, reduced from a peak of 445 in June 2020 to 48 in August 2021; this increased again to 99 in August 2022. Work continues to reduce these further with the aim of returning to pre-Covid levels of approximately 30.

29.14 The system has recovered its 28-Day Faster Diagnosis position and has been compliant against the 75% target since February 2022, with performance for May 2022 at 80.5%. This performance is expected to slip slightly in the summer months due to an unprecedented rise in referrals for some types of cancer, following the deaths of high-profile individuals.

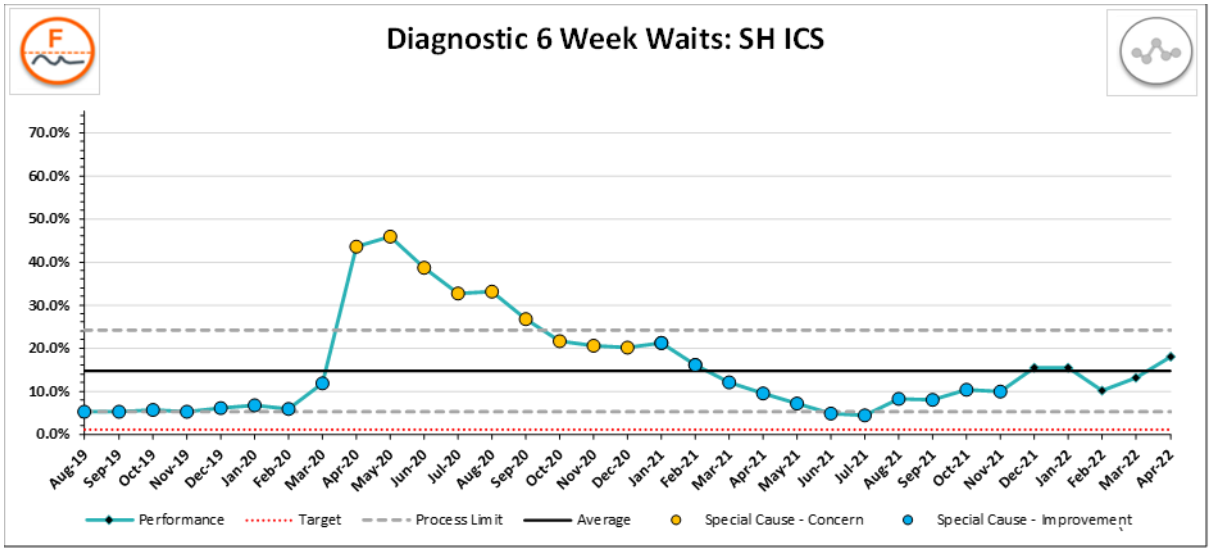
29.15 Work continues in relation to reducing the number of patients waiting long periods of time for diagnosis and treatment. All planned patients are reviewed and allocated a clinical priority based on their past medical history and planned procedure; the patients are also followed up regularly in relation to any changes to the person's clinical risk.

29.16 The total diagnostic wait list size has been increasing since December; in April 2022 the wait list size was 25,000, an increase of approximately 9,000 since February 2021.



Data Source: NHSE monthly 'Diagnostics Waiting Times and Activity' publications.

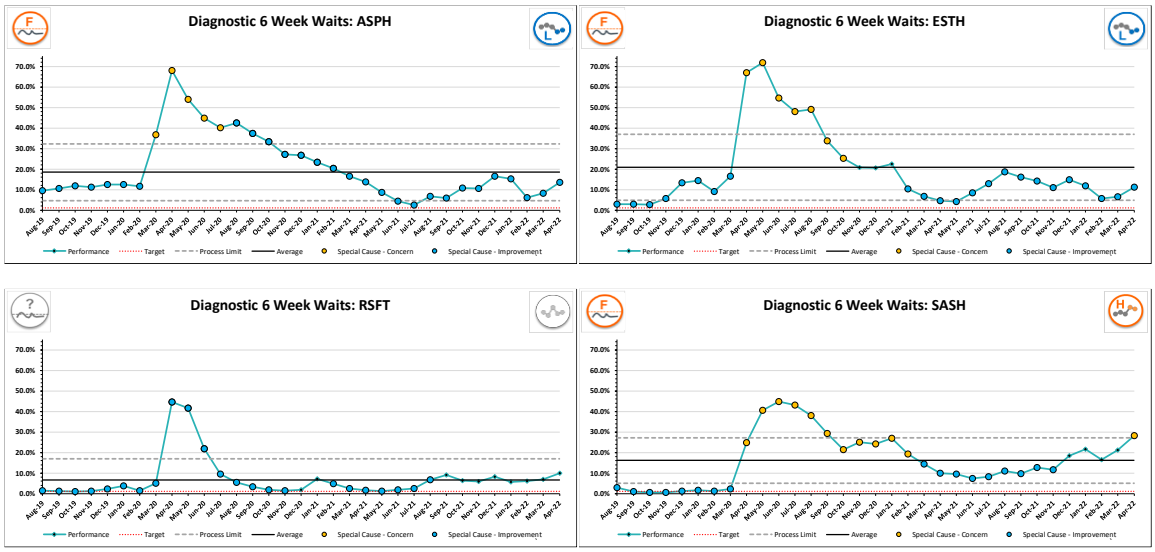
29.17 People waiting longer than 6 weeks significantly decreased from January 2021, however the percentage in relation to the 6-week target increased to 18% in April 2022; this is after reducing at the beginning of February 2022 to 10%.



Data Source: NHSE monthly 'Diagnostics Waiting Times and Activity' publications.

29.18 Below are the individual hospital 6-week diagnosic waiting list numbers.

Acute Trusts:



29.19 The system has refreshed the activity and performance plans for 2022/23 with the trajectories to further recover elective services and plan for winter pressures being agreed by NHSE/I.

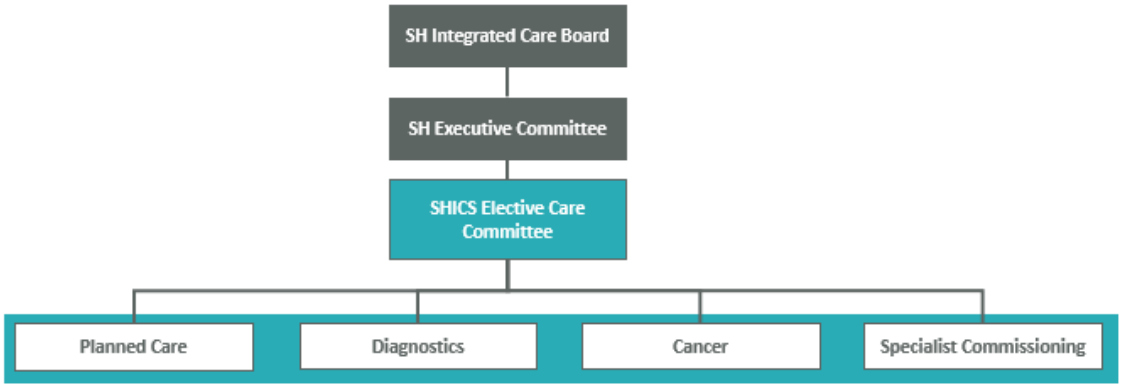
29.20 Surrey Heartlands is actively involved in the National Diagnostic programme. Part of this programme focuses on establishing Community Diagnostic Centres – which deliver additional diagnostic capacity to patients outside of an acute hospital setting. The National Diagnostic Team have supported the Surrey Heartlands ICS business cases for establishing these centres in Woking and Milford, with a further business case underway for the East Surrey area.

29.21 Endoscopy capacity was hit hard through the pandemic as staff were redeployed to ICU. The pressure for endoscopy services has continued to mount following the death of Dame Deborah James earlier this year. Working alongside the acute trusts we have a recovery plan that incorporates long and short-term solutions.

30. Elective Governance

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

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



Part E - Assurance

31. System Assurance

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

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

31.3 Work is ongoing to continue to improve system oversight by further developing the ICS UEC data platform which provides a numerical overview of the system and how it is operating. This oversight helps teams and systems to identify where the pressures are e.g. within ED or perhaps the number of people waiting for specialist assistance in arranging discharge; this information enables staff to create daily, rapid interventions which support individual patients and the wider system flow. This information is able to be shared across, not only the local system, but also on a wider Surrey Heartlands footprint.

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

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

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

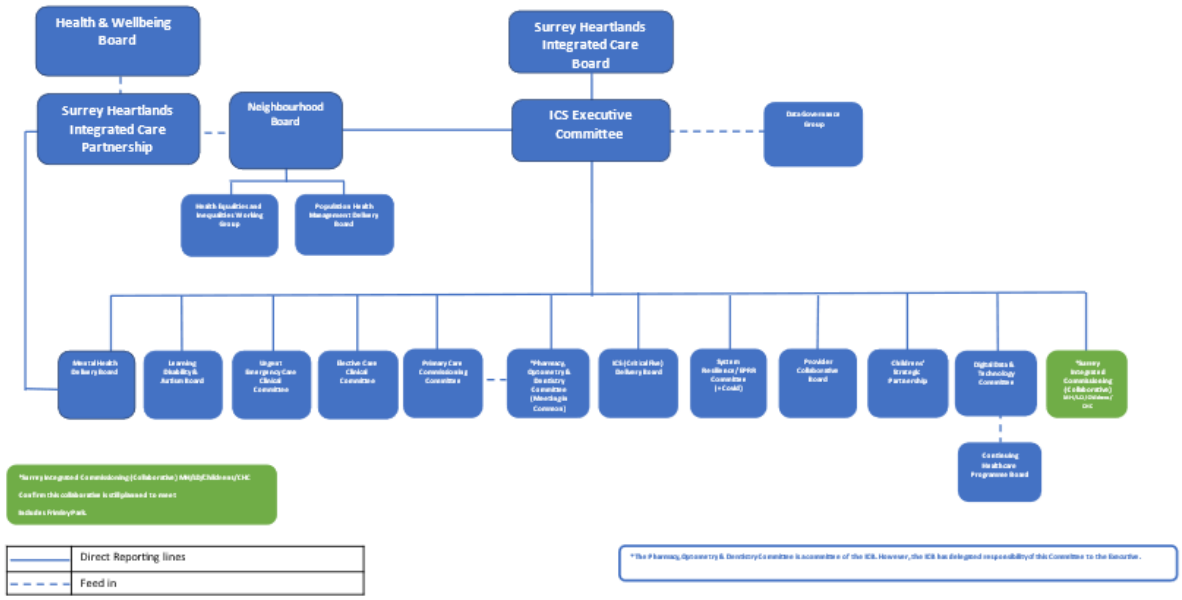
32. UEC Governance

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

32.2 The UEC Committee has created four delivery groups, which report directly to the Committee, and focus on Same Day Urgent Care within both the Acute Hospitals and the Community, Integrated Urgent Care (as part of NHS 111), Focusing on Discharge; along with working with GPs in identifying those at high risk of needing urgent hospitalisation and putting in plans to prevent or reduce admissions. The actions and deliverables from these groups will together support the delivery of reduced numbers of people waiting longer than 4 hrs in ED.

32.3 The Surrey Heartlands ICS main vehicles responsible for the delivery of urgent care across the area are the Place based Local Accident & Emergency Delivery Boards (LAEDBs) of Northwest Surrey, East Surrey and Guildford & Waverley, along with the Surrey Downs Urgent Care Forum – which links to the Sutton and Kingston Place based LAEDB's. Through these groups each of the systems put in place their plans, with some schemes being established across Surrey Heartlands to ensure that the systems were well prepared to manage sustained surge pressures.

32.4 Overarching assurance in relation to Urgent and Emergency Care is provided by the LAEDB's to the Surrey Heartlands ICS UEC Committee and onward to the ICS Executive and Integrated Care Board.



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