HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Health and Wellbeing Board
Date:	12 November 2015
Title:	Hampshire Health and Social Care Systems Resilience
Reference:	7055
Report From:	Director of Adult Services / Systems Resilience Groups in Hampshire

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1. Purpose of Report

1.1. The purpose of the report is to provide an update to the Hampshire Health and Wellbeing Board on the resilience of health and care system available for the people of Hampshire. For each System Resilience Group the report provides;

- A contextual overview;
- A summary of local system pressures
- Local performance;
- Actions being taken to address the impact of the pressures; and
- Preparations for winter 2015/16 to ensure resilience groups.

The report includes a section on NHS England oversight to describe plans for urgent and emergency care networks as well as a specific section on Adult Social Care for Hampshire.

1.2. Members of the Health and Wellbeing Board are asked to note the content of the report.

2. Contextual Information

2.1. National media attention between October 2014 and January 2015 highlighted that the health and care system had come under extreme pressure. This circumstance was due to a combination of factors including a surge in number of people affected by respiratory and other problems attending their local A&E units (an increase nationally of 8% over the same period in the previous year), a higher number of non elective admissions combined with demands to maintain productivity delivering planned procedures, whilst containing cost pressures including use of expensive agency staff and make savings, put trusts under exceptional pressure.

2.2. Locally across Hampshire the complex health and care system has been managed by partners working together to address the whole system challenges. We have moved to a position where the issues are known and actions to address these are jointly owned and are being co-ordinated more effectively.

2.3. The recent winter summit hosted by Hampshire County Council bought together key partners to assess our readiness for Winter 2015/16. In this forum Dr Ruth Milton, Director of Public Health drew on intelligence from the recently published NHS Atlas of Variation in Healthcare 2015[1] to inform the debate. As well as population demographics the information revealed the different health issues in each part of the system.

2.4. NHS England provided an overview of current performance and system resilience plans. The increased demand during summer months and four hour access performance of each provider were noted. Common strategic issues of workforce, capacity and finance and operational challenges of complex discharge and simple discharge pathways as well as reliable seven day discharges were highlighted

2.5. Following discussions key themes were identified. These have been subject to further discussions and an action plan has been produced for the system.

2.6. In this report Appendix 1 details sections for each of the four systems to update HWB members. There is also a section pertaining to the newly constituted Urgent and Emergency Care Network convened under the auspices of NHS England.

3. Conclusion

3.1. Although the whole health and care system across Hampshire experienced extreme pressure during the earlier in the year, partners have continued to act jointly and positively to respond to pressures. Some issues remain challenging such as the time required to increase care market capacity which has been a particularly difficult aspect of both care at home and residential nursing care.

3.2. There has been and continues to be a high level of support for the actions taken to manage and mitigate the whole system pressures. The pressures within the whole system, both in terms of volume and complexity of people’s needs, are expected to persist and will continue to require resources and management attention.

[1] http://www.rightcare.nhs.uk/index.php/atlas/nhs-atlas-of-variation-in-healthcare-2015/

Appendix 1: Systems Resilience Briefing Reports

North East Hampshire and Farnham Pages 4-9 – Author Joe Croombs, Frimley South System Resilience and Urgent Care Lead on behalf of Frimley South System Resilience Group

North and Mid Hampshire Pages 10-15 – Author Sharon Martin – Head of System Reform, North Hampshire CCG On behalf of North & Mid Hampshire System Resilience Group

South West Hampshire Pages 16- 20 Author Michaela Dyer, Director of Commissioning, West Hampshire CCG On behalf of South West Hampshire System Resilience Group

Portsmouth and South Eastern Hampshire Pages 21-25 Author Lyn Darby, South Eastern Hampshire Clinical Commissioning Groups On behalf of South East Hampshire System Resilience Group

NHS England Urgent and Emergency Care Network Page 26 Author Lucy Sutton, Associate Director for Clinical Senate and Strategic Networks NHS England (Wessex)

North East Hampshire and Farnham System Resilience Briefing Update – covering Frimley Park Hospital site of Frimley Health and surrounding areas

1. Purpose

1.1. The purpose of this report is to provide a summary of the system pressures within the Frimley South System Resilience Group, a summary of performance year to date, the key risks and action being taken to mitigate those risks.

2. Context / Geography

2.1. The Frimley South system is centred around Frimley Park Hospital Site of Frimley Health NHS Foundation Trust. The Frimley South System Resilience Group is chaired by Dr Peter Bibawy, General Practitioner, Governing Body General Practitioner and Urgent Care Lead, North East Hampshire and Farnham Clinical Commissioning Group. The group comprises of representatives from North East Hampshire and Farnham Clinical Commissioning Group, Surrey Heath Clinical Commissioning Group, Bracknell and Ascot Clinical Commissioning Group, Hampshire County Council Public Health, Southern Health NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, Surrey and Borders Partnership NHS Foundation Trust, Virgin Care, South Central and South East Coast Ambulance Services NHS Foundation Trusts, North Hampshire Urgent Care, Hampshire County Council, Surrey County Council and Bracknell Forest Council, voluntary services and patient representatives.

3. Summary of key system pressures and associated performance year to date

3.1. Activity Levels

3.1.1 The Frimley South system has seen variability in activity in relation to demand for services in Accident and Emergency Attendances, 999, delayed transfer of care, ambulance conveyances and calls to 111, as well as Non Elective admissions. For example, Frimley Park Hospital site Accident and Emergency attendances has increased by 1.4% when comparing quarter 1 2014/15 (28,621) with quarter 1 2015/16 (28,228). South East Coast Ambulance Services NHS Foundation Trust, has seen a 8% increase in Category A (Red 1) 8 minute response time activity when comparing quarter 1 2014/15 (3169) with quarter 1 2015/16 (3420). Whereas Frimley Health NHS Foundation Trust delayed transfers of care quarter 1, 2015/16 rate was 2.82% compared to 3.22% for quarter 1 2014/15. Which shows an improvement on the same time last year, however does not meeting the 2.5% stretch targets.

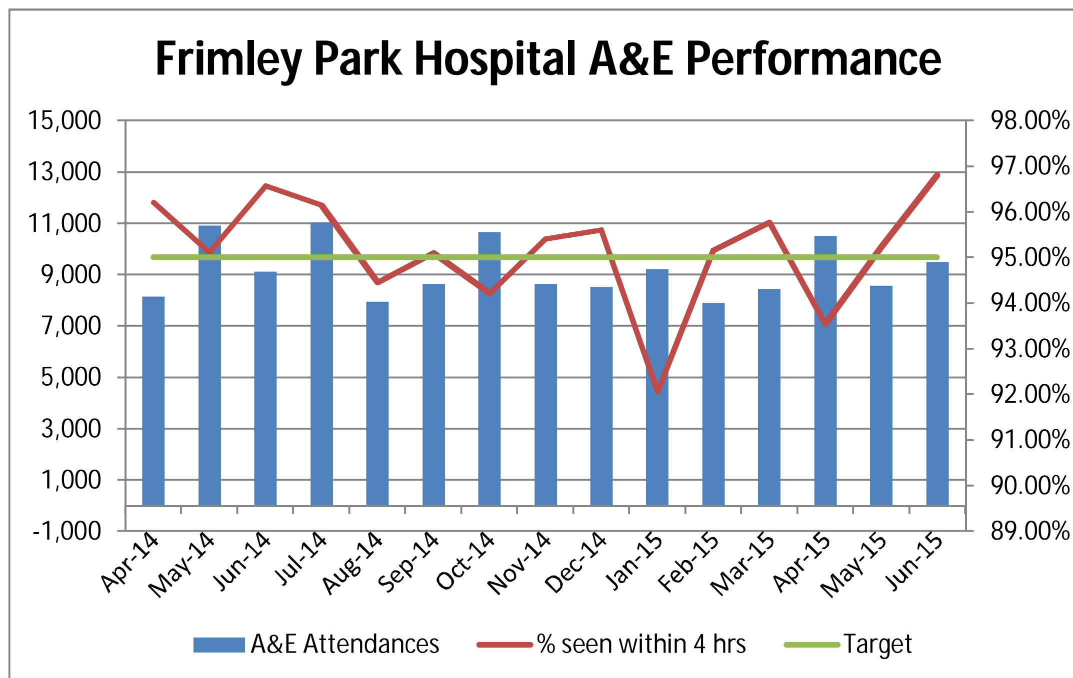
3.2. **Performance – Accident and Emergency**

3.2.1 Although Frimley Park Hospital site has performed well in national comparisons, performance has not consistently achieve the 95% standards for patients to be treated, admitted or discharged within 4 hours of arriving at the Accident and Emergency Department. Year to date performance is summarised below in Table 1 and Figure 1.

Table 1

Month	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Target	95%	95%	95%	95%	95%	95%
Performance	92.07%	95.16%	95.78%	93.54%	95.24%	96.81%

Figure 1



3.3. **Performance – Ambulance Conveyance (see Table 2 below)**

3.3.1 Performance for the whole of South East Cost Ambulance Service NHS Foundation Trust is shown below (this is not produced at System Resilience Group level). The Trust covers Brighton & Hove, Sussex, Kent, Surrey, and North East Hampshire. The non-delivery of this standard is being managed contractually.

Table 2

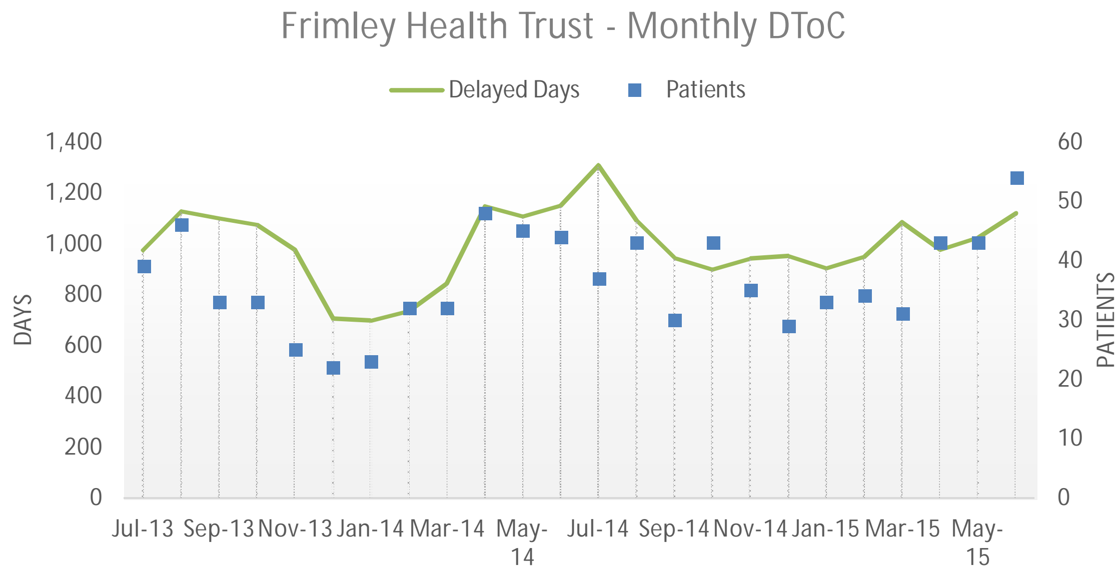
Patient Standard	Target	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Cat A calls within 8 minutes - Red 1	75%	76.4%	74.2%	76.8%	75.9%	74.4%	72.4%
Cat A calls within 8 minutes - Red 2	75%	69.9%	69.5%	74.9%	77.3%	76.0%	74.2%
Cat A calls within 19 minutes	95%	95.0%	94.3%	95.2%	96.4%	95.9%	95.0%

3.4. **Performance – Patients who are delayed transfers of care**

3.4.1 This issue is one of key concerns to the Frimley South System Resilience Group, and one of the highest system risk for the winter. The system has collectively agreed to focus on three key areas; Continuing Health Care discharges, Estimated Date of Discharge and simplify discharge processes across the three areas. These, with the actions referred to below regarding disharge to access capacity and social care capacity, are being taken to aim in the reduction of delays.

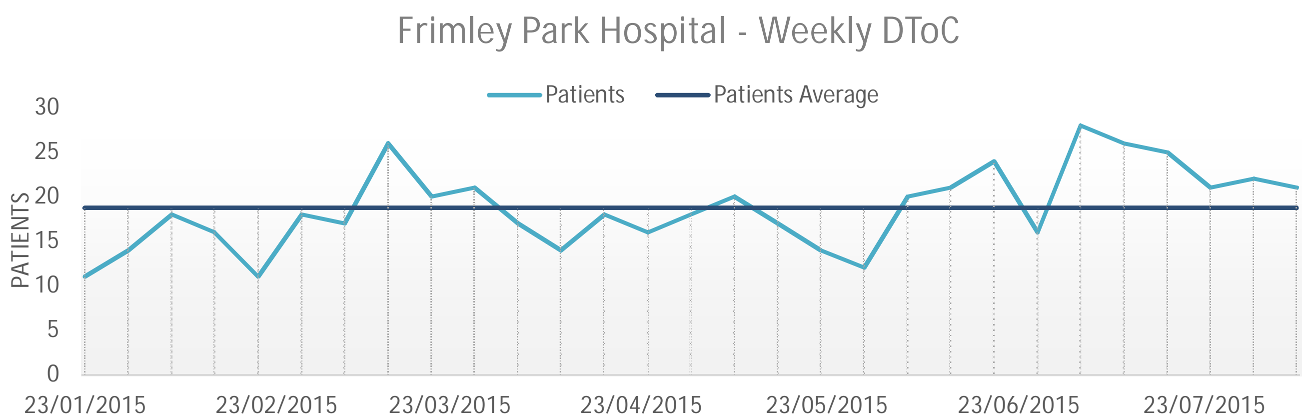
Numbers of patients delayed, and the bed days asssociated with that, continue to fluctate as seen on Figure 2 and 3 below.

Figure 2



Please note that these are at Trust level, Frimley Park Hospital site specific information being sourced.

Figure 3



4. Actions to improve performance and patient care, and maintain sustainability

4.1. Whole System Work Plan

The Frimley South System Resilience Group has an agreed work plan that was developed following review of 2014/15. This is reviewed at each meeting and has identified leads for each of the eleven workstreams:

a) SRG management
b) Clinical Operational Group
c) Workforce
d) Discharge
e) Out of Hospital Care
f) Review of patients with cardio / respiratory problems
g) Public engagement and education

h) IT interoperability and Information Sharing
i) Falls and falls prevention project
j) Ambulatory Care Sensitive Conditions
k) Urgent Care Strategy

4.2. Risks and issues identified for 2015/16

4.2.1 The key risks identified for 2015/16 include:

- Unprecedented/unplanned demand e.g. effectiveness of the flu vaccine last year
- Workforce capacity including 7 day working
- Information Technology, Interoperability and Information Sharing
- Delayed transfers of care
- Care at home and care home capacity and ability to respond quickly
- Helping the public understand the range of options available as alternative to accident and emergency department
- Re-admissions

As part of the eight high impact changes review it was agreed to focus on delayed transfer of care and 7 day working.

4.2.2 Action agreed to mitigate against these risks**:**

- Working with the public to highlight safe alternatives to accident and emergency and hospital admission
- Seeking to promote communities looking after each other
- Focus on preventative, proactive care
- Statutory services working together to make every contact count
- Seeking to develop more consistent 24/7 access on discharge to domiciliary and care home services
- Social Care demand and capacity
- Seeking to establish a Care Home vacancy register across Frimley System
- Effective, consistent and timely processes across Frimley System

4.2.3 Good progress has been made identifying key risks however sustained focus is needed to take forward the higher risk issues, for example workforce, interoperability and delayed transfer of care and these will link with the work being undertaken by the North East Hampshire Primary and Acute Care Systems Vanguard, local programmes & projects in other Clinical Commissioning Group areas and Urgent and Emergency Care Networks as these develop.

4.3. Preparing for Winter 2015/16

4.3.1 Preparations for this coming winter include:

- More joined up acute and community working
- 7 day working in the acute, community and social care
- Integrated Care Teams
- Falls prevention
- Additional discharge to assess capacity with medical support

- Operational resilience plans in place
- Increased voluntary sector investment
- Trusted assessor
- Trusted discharge project with Care Homes
- Flu vaccination uptake improvements
- New mental health crisis support
- Improved alcohol service

4.3.2 Frimley South System Resilience Group has requested assurance from all partners and a copy of their winter plans. Colleagues are working on updating their plans and these will be reviewed by the newly established Clinical Operational Group to identify any risks, opportunities and how these may be mitigated against or utilised across the system.

4.3.3 The Frimley System has an established daily system reporting process that is instigated during high peak times. However, following learning from last year it was agreed to continue this throughout the year to keep visibility of flow through the system. The status of each organisation is based on the agreed Frimley System Surge and Escalation Plan, which was reviewed in October 2015 to cross reference with the recent NHS England (South) Surge Management Framework to ensure alignment.

4.3.4 To support early identification of possible areas of concern, the Frimley South System Resilience Group has been utilising the Frimley Park Hospital Urgent Care Dashboard to highlight risk areas. However the group is aware that this is limited to acute metrics and thus we are in the process of developing a Frimley System Dashboard. This will be an iterative process and we benchmark with other System Resilience Groups, once NHS England's System Resilience Group Assurance process has been completed and best practice outcomes shared.

North and Mid Hampshire System Resilience Briefing Update - covering Hampshire Hospitals NHS Foundation Hospital (Winchester, Basingstoke and Andover)

1. Purpose

1.1 The purpose of this report is to provide a summary of the system pressures within the North & Mid System SRG, a summary of performance year to date, the key risks and action being taken to mitigate those risks

2. Context / Geography

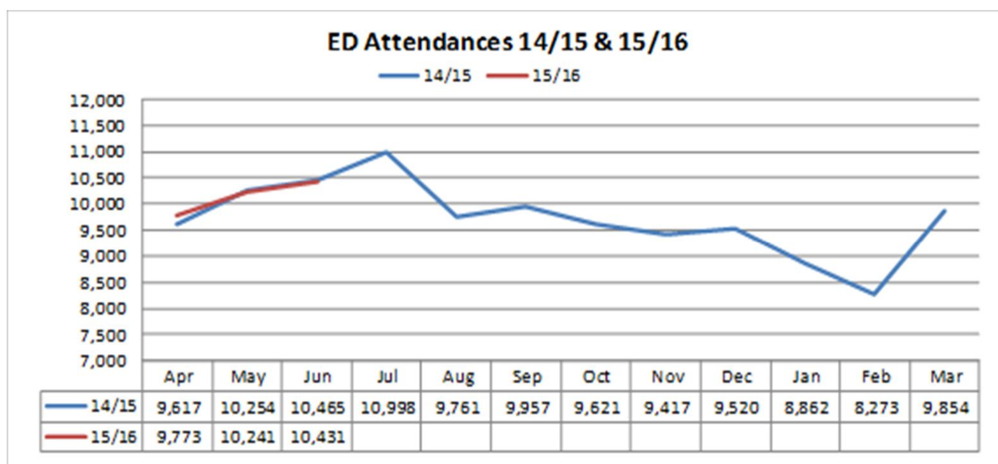
2.1 For context, the North and Mid system is the system centred around Hampshire Hospitals NHS Foundation Trust (HHFT). Sites include Winchester, Basingstoke and Andover War Memorial Hospital. The System Resilience Group is chaired by Graham Wallis, North Hampshire CCG Interim Accountable Officer and also includes West Hampshire CCG, Southern Health NHS FT, South Central Ambulance Service (SCAS), Out of Hours provider, Primary Care providers as well as Hampshire County Council.

3. Summary of key system pressures and associated performance year to date

3.1 Activity Levels

3.1.1 Figure 1 below indicates The North & Mid system demand has seen a marginal increase in attendances to the Emergency Department (ED) in quarter 1 this year compared to quarter 1 the previous year. However, this is a 13% increase on quarter 4 (January, February and March 15)

Figure 1



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
14/15	9,617	10,254	10,465	10,998	9,761	9,957	9,621	9,417	9,520	8,862	8,273	9,854
15/16	9,773	10,241	10,431									

3.1.2 The main system pressure in terms of activity relates to length of stay – with significant a rise in length of stay in both the acute and community hospital system, and high numbers of medically fit patients being delayed either waiting for social care support or NHS re-ablement services. This is being demonstrated by considerable rises in "excess bed days" across the system (where patients stay longer than the nationally recommended average) and has a poor impact on patient care.

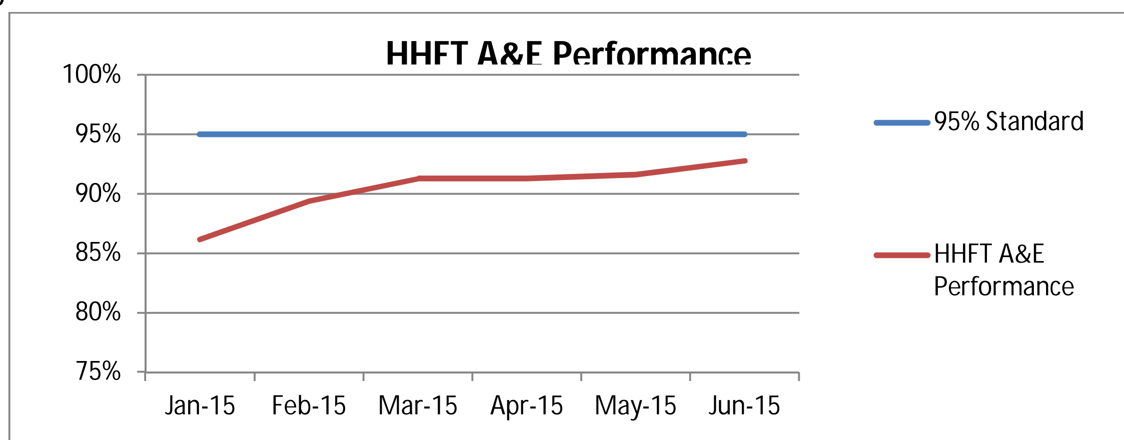
3.2 Performance – Accident and Emergency

3.2.1 Table 1 and Figure 2 below indicate the system has not consistently achieved the 95% emergency access standard for patients to be treated, admitted or discharged within 4 hours of arriving at the Accident and Emergency Department. Year to date performance is summarised below.

Table 1

Month	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Target	95%	95%	95%	95%	95%	95%
Performance	86.19%	89.41%	91.26%	91.26%	91.62%	92.77%

Figure 2



3.3 Performance – Ambulance Conveyance

3.3.1 Table 2 indicates performance for the whole of South Central Ambulance Trust is shown below – this is not produced at SRG level. Members will note deterioration in June and July that is being managed contractually.

Table 2

Patient Standard	Target	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15
Cat A calls within 8 minutes - Red 1	75%	75.54%	71.41%	75.54%	76.67%	75.59%	72.70%	67.75%
Cat A calls within 8 minutes - Red 2	75%	76.75%	75.30%	76.54%	76.54%	76.14%	74.54%	70.87%
Cat A calls within 19 minutes	95%	96.09%	95.86%	95.69%	95.66%	95.22%	94.43%	93.65%

3.4 Performance – Medically fit patients who are delayed transfers of care (DToC)

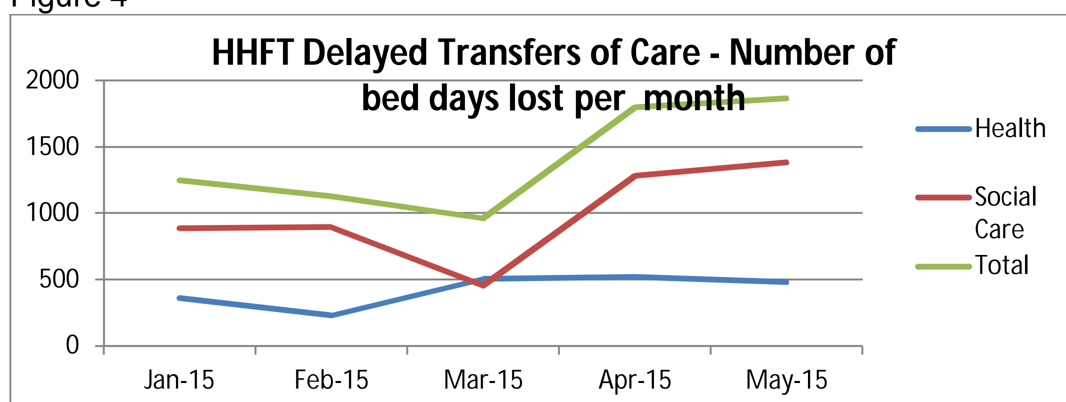
3.4.1 As stated above, this issue of delays is the key concern to the SRG, and is the highest system risk for the winter. The system has collectively agreed it needs to support an average of 35 patients per week (15 for BNH and 20 for RHCH) with “complex” needs to be supported in an appropriate environment. Numbers of patients delayed, and the associated bed days, have increased

significantly as seen on graphs below. The most significant factor is for people waiting for social care placements (see Table 3, Figure 4 below).

Table 3

Area	Metric	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Bed Days Lost, Total	DTOC (Total)	1749	1710	1149	2322	2310	2247

Figure 4



4 Actions to improve performance and patient care, and maintain sustainability

4.1 Whole System Action Plan (WSAP)

4.1.1 The SRG has a fully developed whole system action plan which includes the actions required across the system to improve performance and sustain services, and has clear accountabilities for each partner. There are six workstreams within the WASP:

a) Leadership, governance and capacity planning
b) Operational resilience
c) Transforming urgent and emergency care services
d) i) Acute and ii) community hospital care, and complex discharge
e) Mental health
f) Cancer

5. High risks and issues identified for 2015/16

5.1 There are two principle risks identified for 2015/16, requiring full action where appropriate underpinned by contractual remedies notices, which are in relation to:

a) complex discharges and in particular the availability of packages of care
b) ED performance at HHFT, both CCGs are currently working with HHFT to ensure a robust recovery action plan is in place

5.1.1 Actions being taken to address complex discharges and in particular the availability of packages of care:

- Pan Hampshire risk summit with attendance from all parties to agree what action can be taken to return to the trajectory submitted as part of the Better Care Fund risk sharing agreement. In particular to address gaps in availability of domiciliary care packages
- System actions is committed to ensure that the key metric of 35 complex discharges per week from HHFT is achieved
- To reduce family choice delays, a new policy on patient and family choice has been developed and been implemented across the SRG area from June 2015
- HCC is currently leading a review of the CHC process across Hampshire, focussing initially at Basingstoke and then Winchester. One of the objectives of the review is to reduce the number of CHC checklists currently being carried out
- Winchester Live at Home 'Welcome Home' Project **-** This pilot project is intended to provide practical and emotional support for vulnerable older people, on admission to and discharge from, hospital. It will specifically target those without family/friends who are isolated and may benefit from ongoing support from the voluntary sector, helping them to continue to live in their own homes with an improved quality of life.
- Opportunities for Community Pull Model - workshop held in July with representatives from HHFT, SHFT and Hampshire County Council. The main objective of the workshop, amongst others, is to bring stakeholders together to define, develop and agree what the Community Pull Model is and what it should look like.

5.1.2 Actions being taken to address ED performance at HHFT

- HHFT has investigated an 'Enhanced Recovery at Home' model which will enable 20 patients to be taken out of each site into a single service managing these patients at home. It is envisioned that this will enable HHFT to utilise the released capacity to improve flow through ED and AAU.
- To support ED across both sites with improving efficiency and faster up assessment, HHFT is implementing 'Point of Care' testing within the department. This will be in place and operational by the end of Quarter 3.
- HHFT is recruiting into vacancies and over the coming three months have a number of new staff starting within unscheduled care across both EDs. In the short term, HHFT continues to employ locums to cover the remaining medical vacancies and have recently appointed substantively into two Major Advanced Practitioner (MAPs) roles to support service delivery at BNHH. In addition to these resources, HHFT is employing additional hospital paramedic staff to support timely ambulance handover in ED
- HHFT has established new rapid access clinics for elderly care at BNHH to reduce admissions and enable early supported discharge for patients who require follow up monitoring. HHFT is working with the community Integrated Care Teams to maximise use of these clinics.
- HHFT has now embarked on a major transformation programme supported by Unipart which includes the following programmes focussing on the non-elective pathway:
    - The Emergency Department Internal Efficiency Programme will focus on the RHCH ED to build on the work undertaken within the BNH ED. Following the programme in Basingstoke, significant improvement

and efficiencies have been realised within the department which have supported the on-going improvement in performance. HHFT will now implement the same programme in Winchester.
    - The Frail and Elderly Care Programme – focussing on implementing a new model of care for admissions for non-elective patients who are 80+ years in order to release 14,000 bed days annually.
    - The Care Pathway Programme - focussing on reducing the extended length of stay for medical patients aged 65+ years by improving how the pathway is managed in order to release 11,000 bed days. This programme will form part of the integrated care programme with support from community health, primary care and social services.
- Both CCGs are working with HHFT to ensure they are assured that capacity planning for the winter is adequate, and elective and urgent care plans are aligned

6. Preparing for Winter 15/16

6.1. There is an Operational Resilience Group (ORG) in place that leads on seasonal planning and reports to the SRG. Each provider has been requested to submit their winter plans for 2015/16. These will then inform the Southampton, Winchester and Basingstoke Seasonal Plan. This plan provides assurance for:

- Normal escalation and capacity management
- System-wide capacity and situation reporting
- Seasonal and pandemic flu preparedness
- Prevention and health protection
- Managing Critical Care capacity
- OOH arrangements
- NHS and Social Care joint working
- Communications and co-ordination

6.2. The two CCGs are working together to assess any key risks within these plans, and ensure any appropriate actions are taken.

South West Hampshire System Resilience Briefing Update – covering Southampton, and south west Hampshire and surrounding areas

1. Purpose

1.1. The purpose of this report is to provide a summary of the system pressures within the South West (SW) System Resilience Group (SRG), a summary of performance year to date, the key risks and action being taken to mitigate those risks

2. Context / Geography

2.1. For context, the SW system is the system centred around University Hospitals Southampton NHS Trust (UHSFT). The SRG is chaired by Heather Hauschild, West Hampshire CCG Chief Executive and also includes Southampton City CCG, Solent NHS Trust, Southern Health NHS FT, Ambulance and Out of Hours providers as well as Hampshire and Southampton Local Authorities.

3. Summary of key system pressures and associated performance year to date

Activity Levels

3.1. The South West system is managing to buck the national trend in relation to demand for services – demand for Accident and Emergency Attendances, 999 SCAS conveyances and calls to 111, as well as Non Elective admissions, is all relatively equal to activity levels seen last year and the system is not seeing significant growth.

3.2. However, the main system pressure in terms of activity relates to length of stay – with significant rise in length of stay in both the acute and community hospital system, and high numbers of medically fit patients being delayed either waiting for social care support of NHS re-ablement services. This is being demonstrated by considerable rises in "excess bed days" across the system (where patients stay longer than the nationally recommended average) and has a poor impact on patient care.

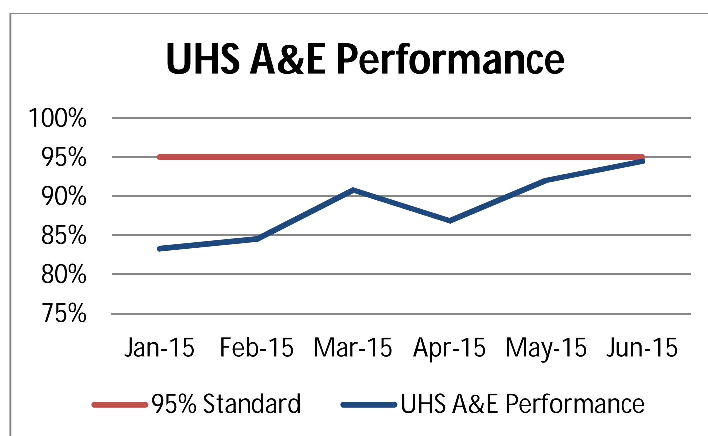
3.3. **Performance – Accident and Emergency**

3.3.1 The system has not been able to consistently achieve the 95% standards for patients to be treated, admitted or discharged within 4 hours of arriving at the Accident and Emergency Department. Year to date performance is summarised below in Table 1 and Figure 1.

Table 1

Month	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Target	95%	95%	95%	95%	95%	95%
Performance	83.31%	84.50%	90.80%	86.94%	92.08%	94.49%

Figure 1



3.4. **Performance – Ambulance Conveyance**

3.4.1 Performance for the whole of South Central Ambulance Trust is shown below in Table 2 – this is not produced at SRG level. Members will note deterioration in June and July that is being managed contractually.

Table 2

Patient Standard	Target	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15
Cat A calls within 8 minutes - Red 1	75%	75.54%	71.41%	75.54%	76.67%	75.59%	72.70%	67.75%
Cat A calls within 8 minutes - Red 2	75%	76.75%	75.30%	76.54%	76.54%	76.14%	74.54%	70.87%
Cat A calls within 19 minutes	95%	96.09%	95.86%	95.69%	95.66%	95.22%	94.43%	93.65%

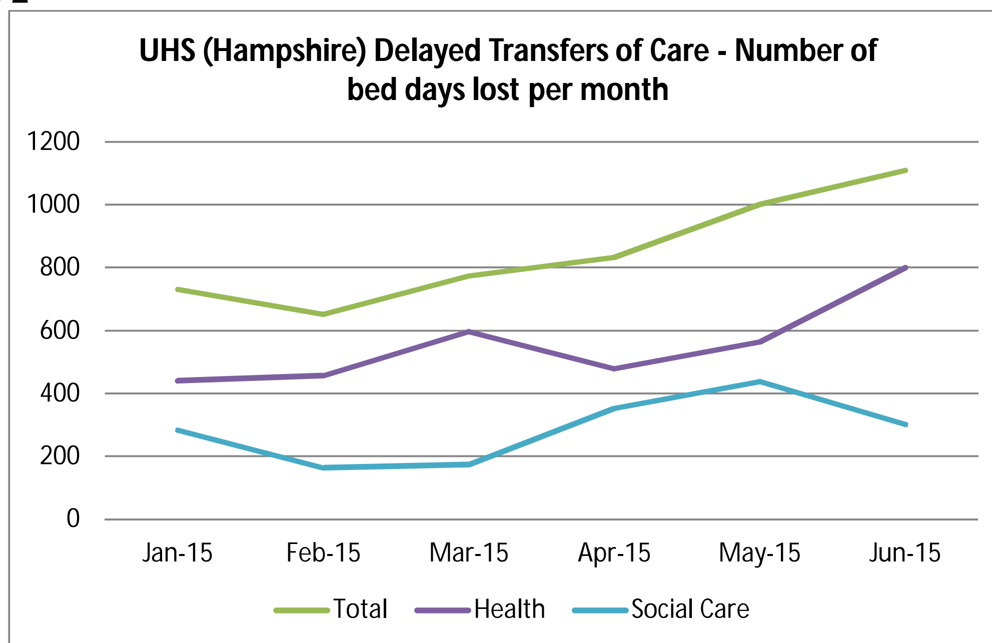
3.5. **Performance – Medically fit patients who are delayed transfers of care**

3.5.1 This issue is one of key concern to the SRG, and is the highest system risk for the winter. The system has collectively agreed we need to support 26 patients with “complex” discharges a day to leave UHSFT, and to be supported in an appropriate environment, and we are not achieving that. Numbers of patients delayed, and the bed days asssociated with that, have increased significantly as seen on graphs below in Figure 2. and Table 3.

Table 3

Area	Metric	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Bed Days Lost, Total	DTOC (Total)	731	652	774	833	1003	1110

Figure 2



4. Actions to improve performance and patient care, and maintain sustainability

4.1. Whole System Action Plan

The SRG has a fully developed whole system action plan which includes all the actions required by the system to improve performance and sustain services, and has clear accountabilities for each system. There are five work streams within this:

a) Capacity planning
b) Operational Resilience
c) Urgent Care Network and Models of Care
d) In Hospital Care
e) Complex Discharge.

4.2. High risks and issues identified for 2015/16

There are two principle risks identified for 2015/16, which all have full action plans and where appropriate underpinned by contractual performance notices are in relation to:

c) complex discharges and in particular the availability of packages of care
d) ED performance at UHS and in particular slippage on a number of key actions within the RAP

4.2.1 Actions being taken to address complex discharges and in particular the availability of packages of care:

- Pan Hampshire risk summit with attendance from all parties to agree what action can be taken to return to the trajectory submitted as part of the risk sharing agreement, and in particular, address gaps in domiciliary care packages

- The SRG is committed to ensuring that the key metric of 26 complex discharges a day from UHS is achieved
- A recruitment process is underway to appoint a manager to oversee the Integrated Discharge Bureau at University Hospital Southampton, jointly appointed and managed by UHS with the support of all partners
- To reduce family choice delays, a new policy on patient and family choice has been developed across the SRG area and is currently in the process of being approved
- The CHC process and checklist is currently being reviewed to make this more streamlined
- A 'Home for Lunch initiative' is in place to speed up the pace of discharges, noting that the key flow metric the system manages is discharge before 2pm, in order to maintain flow across the system
- West Hampshire CCG is implementing the Core Bed Offer model to improve flow into community beds by having universal admission criteria (including D2A) in place whether care is provided in a community hospital or nursing home
- Southampton CCG is implementing an integrated rehab and reablement service to support more proactive discharge

4.2.2 **Actions being taken to address ED performance at UHS**

- UHS are focusing on three key priorities – specifically relating to the need to move workforce staffing rotas to appropriately match patient demand, with changes to the rota to ensure 24/7 consultant presence 4 days a week from November
- The CCGs are working with UHS to ensure they are assured that capacity planning for the winter is adequate, and elective and urgent care plans are aligned

4.3. **Preparing for Winter 15/16**

There is a well-established Operational Resilience Group (ORG) in place that leads on seasonal planning and reports to the SRG. Each provider has submitted their winter plans for 2015/16 and these have been shared with the ORG in order to ensure that everyone is aware of each other's plans and actions. CCGs are working together now to assess any key risks within these plans, and ensure any appropriate actions are taken

A key development for 2015/16 has been the introduction of SHREWD (Single Health Resilience Early Warning Database) by both West Hampshire and Southampton CCGs on behalf of the local system for a one year trial. This will enable a flow of information through the local system and to identify issues and trends earlier and to automatically send alerts when triggers have been reached.

South Eastern Hampshire and Fareham and Gosport System Resilience Briefing Update – covering Portsmouth, south eastern Hampshire, Fareham and Gosport

1. Purpose

1.1. The purpose of this report is to provide a summary of the system pressures within the Fareham and Gosport and South Eastern Hampshire Urgent Care Board (F&G SE UCB), a summary of performance year to date, the key risks and action being taken to mitigate those risks. Within the Fareham and Gosport and South Eastern Hampshire system the UCB fulfils the role of the System Resilience Group.

2. Context / Geography

2.1. The F&G SE UCB is centred around Portsmouth Hospitals NHS Trust (PHT) as the main acute provider. The Urgent Care Board is chaired by Dr Jim Hogan, Portsmouth CCG Clinical Chief Officer and also includes Portsmouth CCG, Solent NHS Trust, Southern Health NHS FT, South Central Ambulance Service (SCAS) and Out of Hours providers as well as Hampshire and Portsmouth Local Authorities. The system serves more than 650,000 people and has a wide urban and rural geographical coverage.

3. Summary of key system pressures and associated performance year to date

Activity Levels

3.1. In Portsmouth there has been a continued rise in demand in urgent and emergency care across the whole system, from increasing attendances at Emergency Departments to increased demand on the GP In and Out of Hours Service. Whilst this growth remains lower than the increases seen nationally the imperative to transform the whole urgent and emergency care pathway from end to end to create a sustainable solution is clear.

3.2. The challenges for Portsmouth and South East Hampshire have been identified as:

- Ageing population with increasing needs;
- Health inequalities between localities;
- Higher and increasing use of hospital based services and community bed based services (e.g. elective);
- Demand for resources are outstripping those available therefore high impact interventions are needed if the health economy is to be sustainable in the future;
- Minimal growth in financial allocations and funding to shift to social and primary care.

3.3. **Performance – Accident and Emergency**

3.3.1 The system has unable to consistently achieve the 95% standards for patients to be treated, admitted or discharged within 4 hours of arriving at the Accident and Emergency Department. Year to date performance is 83.02% with the current quarter performance at 84.18%.

3.4. **Performance – Ambulance Conveyance**

3.4.1 Performance for the whole of South Central Ambulance Trust is shown below – this is not produced at UCB level. Members will note deterioration in June and July that is being managed contractually.

Table 1

Patient Standard	Target	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15
Cat A calls within 8 minutes - Red 1	75%	75.54%	71.41%	75.54%	76.67%	75.59%	72.70%	67.75%
Cat A calls within 8 minutes - Red 2	75%	76.75%	75.30%	76.54%	76.54%	76.14%	74.54%	70.87%
Cat A calls within 19 minutes	95%	96.09%	95.86%	95.69%	95.66%	95.22%	94.43%	93.65%

3.5. **Performance – Medically fit patients who are delayed transfers of care**

3.5.1 This issue is one of key concern to the UCB, and is the highest system risk for the winter. The system has collectively agreed we need to support around 26 patients with “complex” discharges a day to leave PHT, and to be supported in an appropriate environment combined with over 100 ‘simple’ discharges.

4. **Actions to improve performance and patient care, and maintain sustainability**

4.1. Whole System Action Plan

4.1.1 The UCB has a fully developed whole system action plan which includes all the actions required by the system to improve performance and sustain services, and has clear accountabilities for each system. There are four high level workstreams within this as illustrated in Figure 1 and Table 2 below:

Figure 1

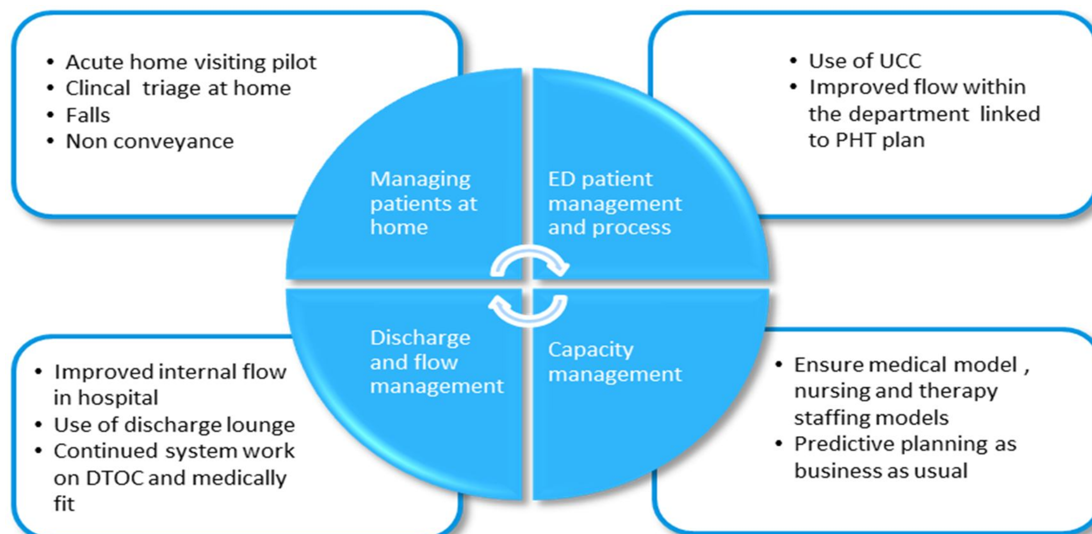


Table 2

Focus area	Challenges	Work required to address this
Managing patients at home	• Growth in over-65 attendances • Cumulative week long pressures leading to a challenging weekend and start to the week.	• Solent and SHFT community provision focus on frailty model • Links with vanguard programme and the ongoing development of both Trusts Rapid response provision and community Heart failure and Respiratory services. This includes chronic disease management and frailty model. • Falls prevention programme • Non-conveyance • Nursing and residential home non-conveyance • Acute Home Visiting Pilot
Non-Elective Admissions	• 3.9% growth in over 65s medical admissions	• Improved use of the UCC • The Frailty Interventional Team (FIT) operating with the community partners and primary care to prevent admission • Better management of alcohol, substance misuse and Mental Health patients

Focus area	Challenges	Work required to address this
ED Patient management and process	• 7.7% increase in the LOS of over-65 medical patients • Discharge processes need to be aligned with all partners	• Need to drive the Medically fit patients to <30 • Improved use of discharge lounge • Improved internal flow within the hospital • Complex Dementia provision post-acute admission • Discharge home first to assess model
Capacity and demand	• Peaks and troughs in demand are predictable but staffing and capacity need to be pre-emptively aligned to this in advance	• Use of a predictive set of tools for the system to fully evaluate capacity and demand needs all year round as routine practice rather than only during bank holidays

4.2. High risks and issues identified for 2015/16

4.2.1 There are a number of principle risks identified for 2015/16, which are fully cited on by the system. The working groups underpinning the Urgent Care Board are focusing on the actions to mitigate these risks and ensure full compliance with the plan. The key risks include:

- A whole system plan that relies on the relationships between partner organisations for delivery. There is a risk that organisational priorities will compete with the priorities in delivering this plan.
- Clinical leadership and senior clinical staff will need to be actively involved in both delivery and monitoring. There is a risk that they will not be fully engaged.
- The system plan requires the system to operate "smarter" predicting and responding to surges in activity. This has been a recognised area of challenge.
- Actions within this plan will not have the desired impact and there is slippage.
- The challenges facing Local Authorities in securing care from Private Providers.

4.3. Actions being taken to mitigate these risks:

- The pan Hampshire risk summit with attendance from all parties agreed actions to return to the trajectory submitted as part of the risk sharing agreement, and in particular, address gaps in domiciliary care packages
- The UCB is committed to ensuring that the key metric of complex and simple discharges each day from PHT is achieved and two work streams

over seen by the Urgent Care Transformation Director will lead on establishing standardises processes and pathways to facilitate this.

- PHT are focusing on three key priorities – specifically relating to the need to move workforce staffing rotas to appropriately match patient demand, with changes to the rota to ensure 24/7 consultant presence 5 days a week
- The CCGs are working with PHT and the system to ensure they are assured that capacity planning for the winter is adequate, and elective and urgent care plans are aligned
- The UCB is undertaking a system wide self-assessment on the 8 high impact changes to further identify immediate and longer term actions to support delivery.
- Strong performance management through the contract arrangements.

4.4. Preparing for Winter 15/16

4.4.1 The Urgent Care Improvement Groups supports resilience planning and reports to the UCB. CCGs are working together now to assess any key risks and ensure any appropriate actions are taken. A table top escalation exercise was held with the system and each organisation's escalation plans have been circulated so that the system is fully aware of each other plans.

NHS England Update on Urgent and Emergency Care Networks

This briefing outlines changes that result from the recent Urgent and Emergency Care Review.

Following the Urgent and Emergency Care Review, the formation of System Resilience Groups (SRGs) and the pressures experienced last winter, Urgent and Emergency Care Networks are in the process of being established. These will operate strategically covering footprints of 1-5 million people and a network is being established across Wessex. The purpose of the Urgent and Emergency Care Network (UECN) is to improve the consistency and quality of urgent and emergency care by bringing together SRGs and other stakeholders to address challenges in the urgent and emergency care system that are difficult for single SRGs to address in isolation. The aim is to achieve resilience and efficiency in the urgent care system through coordination, consistency and economies of scale (e.g. agreeing common pathways and services across SRG boundaries, an integrated 111/OOH service, consistency in the use of escalation frameworks).

The first meeting of the Wessex UECN took place on 3 September 2015 and in the first instance, prior to determining membership, brought together SRG Chairs and CCG Accountable Officers. One of the first actions determined nationally. This stocktake will bring together the common challenges that SRGs are facing and where network-wide partnership working will support improvements in service provision across health economies. These areas include commissioning at scale integrated 111 and OOH services and the interoperability to achieve this; reducing levels of delayed transfers of care to improve patient flow through improving access to domiciliary care packages and care home beds; further developing demand and capacity planning across whole systems; improving access to diagnostic services; developing strategic responses to challenges in workforce and primary care; and defining consistent pathways of care.

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

Hampshire safer and more secure for all:	no
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	no
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	no
Corporate Improvement plan link number (if appropriate):	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document	Location
None	

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;

b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;

c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionally low.

1.2. **Equalities Impact Assessment:**

This is a covering report which appends resilience plans for the each individual systems resilience groups that have been put in place, therefore this section is not applicable to this covering report.

2. Impact on Crime and Disorder:

2.1. Not applicable

3. Climate Change:

a) How does what is being proposed impact on our carbon footprint / energy consumption?

b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

Not applicable