

South West Hampshire Winter 2018/19 Summary Report – Southampton City CCG

Introduction

1. This paper outlines the Winter Resilience Plans for 2018/19 and summarises system performance over the Christmas period. It should be noted that the SUS data used for the graphs is only available until 31st December and New Year's data is not yet available.
2. South West Hampshire Operational Resilience Group (ORG) is a sub-group of the Accident & Emergency Delivery Board, responsible for planning and responding to periods of pressure in the local health and social care system. The area covered is Southampton City and the New Forest, as well as the area immediately surrounding Southampton to the North and East.
3. The following organisations send representatives to ORG:
 - a) University Hospital Southampton NHS Foundation Trust (UHS)
 - b) South Central Ambulance Service (SCAS)
 - c) Southampton Minor Injuries Unit (MIU)
 - d) SCAS Patient Transport Service
 - e) Partnering Health Ltd (PHL) – GP Out of Hours service
 - f) Southampton City Council (SCC) – Adult social care
 - g) Hampshire County Council (HCC) – Adult social care
 - h) Solent NHS Trust
 - i) Southern Health NHS Foundation Trust (SHFT)
 - j) Southampton Primary Care Ltd (SPCL)
 - k) West Hampshire CCG
 - l) Southampton City CCG
4. This paper will cover the below:
 - a) Planning
 - b) Execution
 - o Christmas Holiday period

Planning

5. ORG started planning for winter in September 2018, using the below principles:
 - Use data to drive planning and decision making.
 - Learning from previous years – what works well, what could have been done better
 - Organisational plans were shared with system partners so that the whole system was aware of each other's actions. All partners were specifically asked what support they expected from other providers, and what support they could give during escalation.
 - In advance of Winter 2018/19, the system escalation plan has been tested through the Pan-Hampshire Winter planning workshop held on 21 September (planned and hosted by SW Hampshire System) and a table-top exercise on 8 November 2018.
 - Monthly face-to-face ORG meetings kept the focus on planning for winter.

- STP wide planning meetings commenced with a shared Multi-system escalation plan adopted across the HIOW footprint and adoption of the HTVOPEL escalation plan (Hampshire and Thames Valley).
- Patient communication co-ordinated across the HIOW footprint, and a consistent message given out to call 111, try pharmacy first, and to raise awareness of primary care hubs.

6. Learning from the pan-Hampshire event included:

- Identifying a need to clarify the plan if ambulance queues occur at UHS. With the exception of this, providers demonstrated a clear understanding of the required actions to address escalating provider and system pressure and the interdependencies of providers to deliver this. As the exercise went on, it became clear that some scarce critical resources need to be managed at a HIOW level when pressure becomes very high.
- Plans to avoid ambulance queues at UHS include an additional 5 assessment bays for AEC/Frailty from January, additional ED Consultant shifts at weekends and evenings as part of a new rota, and enhanced senior managerial cover during weekends and evenings. It should be noted that historically UHS has not had any issues with ambulances queuing and this has continued to date this winter.
- The table-top exercise undertaken on 8 November was not scenario based but took the format of a 'critical friend' review of each system partner's escalation framework to ensure identified actions are taken at the right time and identify where there may be additional actions required. All system partners are represented at the ORG. This has led to amendments to the escalation framework.

7. As part of the winter planning the Urgent and Emergency Care programme of the STP identified 5 key risks across the system:

- a) Workforce
- b) Mobilising additional capacity (linked to workforce above)
- c) Influenza
- d) Severe weather
- e) Multiple system escalation

8. Although there were no official Winter Pressures funds available from NHS E, Southampton City CCG agreed to fund some winter pressure initiatives based on learning from last year. This included:

- a) Joint Integrated Discharge fund to rapidly remove blocks to discharge that is managed within the IDB in UHS
- b) Additional clinicians within 111 call centre to reduce ED attendances and conveyance rates
- c) Support for additional packages of care to support complex discharges from UHS
- d) Dedicated mental health liaison nurse within ED out of hours to increase the speed of screening and assessments.

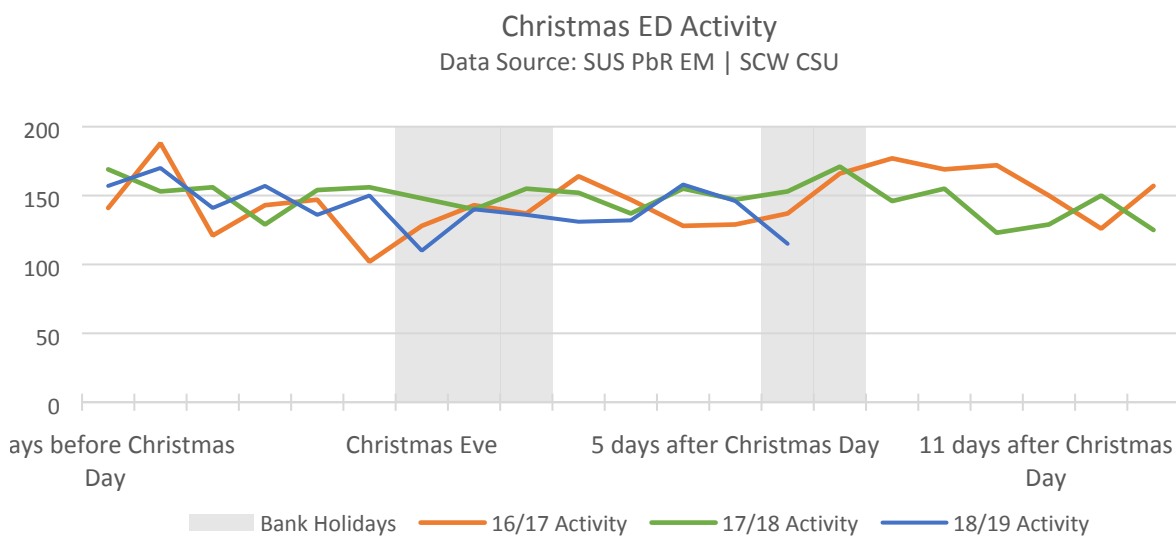
- e) Enhanced primary care capacity in the hubs to reduce demand on urgent and emergency services and increase resilience in primary care

Execution

9. **Christmas Holiday period.** Over the period, for Southampton City CCG, between 18th December 2018 and 31st December 2018, the system saw:

- a) 1,013 ambulance conveyances to A&E; 4% lower than in 2017/18 which saw 1,054 conveyances but 2.6% higher than 2016/17 which saw 987 conveyances
- b) 2,701 calls to NHS111; 16.8% lower than in 2017/18 which saw 3,248 calls and 1.4% lower than 2016/17 which saw 2,738 calls
- c) 1,030 non-elective admissions to UHS; 1.2% higher than in 2017/18 with 1,018 admissions, but 2.6% lower than in 2016/17 with 1,057 admissions
- d) 1,979 A&E attendances; 5.9% lower than in 2017/18 which saw 2,104 attendances and 1.2% higher than in 2016/17
- e) 1,027 MIU attendances; 13.9% lower than in 2017/18 which saw 1,193 attendances and 3.8% lower than in 2016/17
- f) Delayed transfers of care (DTOCs) data is only available up until Nov 2018. A combined target across West Hampshire CCG and Southampton City CCG to achieve 40 DTOCs in UHS by Christmas Eve was set and the system achieved 44, this is the lowest daily figure recorded by the Integrated Discharge Bureau (IDB). This low figure has not been sustained with figures rising into January.

10. A&E attendances for Southampton City CCG patients were slightly lower than last year over the Christmas period and very similar to the levels seen in 2016/17. This decrease was seen across ambulance conveyances, calls to NHS 111 and MIU attendances. Non-elective admissions remained very similar to last year with a very slight increase of 1.2%.



11. The overall 4 hour performance for UHS improved significantly over the Christmas Period compared to the same period last year. Performance was over 90% on 16 days compared to just 5 days for the same period last year.
12. **New Year's Weekend Pressure.** Last year, 2017/18, the system came under severe pressure, with urgent care demand at very high levels. Although patient flow had been maintained very well, consistently high A&E attendances and ambulance conveyances, which peaked on New Year's Day, put significant strain on all healthcare providers across the HIOW footprint. This dip in performance was not seen over the New Year period this year, 2018/19, and was in part due to the better resilience seen in neighbouring trusts as well over this period.
13. **Jan –Mar 19.** This report focuses only on the Christmas 2018 period, due to the timings of writing this paper. Towards the end of January and into February the system has been under some considerable pressure and this has been reflected across the rest of the HIOW footprint and nationally. It is too early to draw any firm conclusions but in part this will have been due to milder weather in December and the early part of January, the onset of flu being delayed and a recent increase in norovirus present in the community and within the hospitals.
14. The ORG will produce a full report of Winter Pressures for the June ORG once all the data is available. This analysis will form the basis of planning for next winter.

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