

## South West Hampshire Winter 2019/20 Summary Report - Southampton City CCG

### 1. Aim of briefing

1.1. The aim of this report is to provide an early view on system resilience and performance in the local health and social care system for winter 2019/20. The paper will cover

- An outline of the winter resilience planning for 2019/20
- A summary of demand and performance over the Christmas period
- Early indications for 2019/20 Quarter 4 and next steps

1.2. It should be noted that the data used for this report is only available until 31<sup>st</sup> December 2019. January 2020 data is not yet available.

### 2. Winter resilience planning

2.1. The following principles have been developed to underpin the method of operation and ways of working.

- **Leadership and Decision-Making.** Managers at all levels must have the confidence to make decisions. Implicit in this is the requirement for managers to understand the bigger picture at both 1 and 2 levels above them. It is axiomatic that clear and concise communication is therefore required up and down the chain of command. This allows decisions to be made confidently and at the right level. 'Honest' mistakes must be tolerated and we should all be able to learn from them.
- **Empowerment at the Operational Level.** As a system, we should ensure that the right environment exists whereby we can let providers get on with their job. Operational staff must be given the time and space to solve problems and to do their job. We should minimise information and meeting requirements; use Single Health Resilience Early Warning Database (SHREWD) (or equivalent) as the first port of call to get information and to plan. There is little added value in Executives taking over the operational details.
- **Information and Intelligence.** All planning and procedures will be derived using historical data (min 3 years) and 'lessons identified' process. Operational management of pressure in local systems will rely on 'near-real time' info systems (for example, SHREWD). By doing this, operational managers can take pre-emptive action and time is not wasted collating data to use on system conference calls.
- **Anticipation at all levels.** System pressure is usually predictable and can normally be pre-empted in-hours; this should be the norm because these staff are in the best position to plan (rather than On Call personnel later during crisis). People should strive to plan ahead and take actions in advance of a situation deteriorating. Teleconferences (TCs) are generally pre-planned in advance of a crisis. It is easier to cancel a TC rather than set them up.
- **Consistency.** Standard Operating Procedures (SOPs) and the Escalation Framework have been developed to ensure that pressure is managed well. SOPs including agreed escalation frameworks need to be followed. There should be no deviation from agreed protocols without the risk and consequences being thought through in detail. It follows therefore that the decisions on proposed changes need to be taken by those who will

bear the most risk on their operations. Further, there needs to be a long lead time (hours) to implement any proposals in order to enable the operational staff to have a chance of enacting the change in a coherent manner.

- **Economy of Effort.** Managers at all levels need to ensure that they add value by the actions that they are taking; senior managers should resist the temptation to do the work of their subordinates. For example, senior managers should think carefully about the purpose and frequency of update meetings during a crisis and ensure that there are tangible outputs. Meetings need to be focused and output/action/product/results oriented; briefings should be brief.
- **Coordination, Control & Command.** Providers have routine actions that they take to support each other on a daily basis. This is normally managed between control rooms and should be seen as the default setting. When responding and managing pressure, we should guard against creating additional reporting requirements that impedes delivery at the operational level.

2.2. The winter resilience planning is the responsibility of the South West Hampshire Operational Resilience Group (ORG), which is a sub-group of the Accident & Emergency Delivery Board (AEDB).

2.3. The ORG are 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 (Eastleigh and Test Valley South), all of which feed into University Hospital Southampton NHS Foundation Trust.

2.4. The following organisations are represented at ORG:

- University Hospital Southampton NHS Foundation Trust (UHSFT)
- South Central Ambulance Service (SCAS)
  - 999
  - 111
  - Non-Emergency Patient Transport Service (NEPTS)
- Care UK - Southampton Urgent Treatment Centre (UTC)<sup>1</sup>
- Partnering Health Ltd (PHL) – supporting Integrated Urgent Care (IUC)
- Southampton City Council (SCC) – Adult Social Care
- Hampshire County Council (HCC) – Adult Social Care
- Solent NHS Trust – Community Provider
- Southern Health NHS Foundation Trust (SHFT) – Community & Mental Health
- Southampton Primary Care Ltd (SPCL) – Enhanced & Urgent Access Primary Care
- Southampton City CCG
- West Hampshire CCG

2.5. The ORG started long-range planning for winter in June 2019, drawing on the following principles:

- Use activity and performance data from the last three years to drive planning and decision making.

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<sup>1</sup> UTC at Royal South Hants Hospital site, in place since August 2019, previously Minor Injuries Unit (MIU)

- Take learning from previous years – what worked well, what could have been done better.
- All system partners share their organisational plans, so that all system partners are aware of each other's actions.
- All system partners clearly articulate what support they expect from other organisations, and what support they can provide to others during escalation.
- Monthly face-to-face ORG meetings to keep a focus and momentum on winter planning.
- Monthly multi-system planning meetings to refine and align surge and escalation plans across the Hampshire and Isle of Wight (HIOW) footprint.

2.6. Plans were scrutinised at local and HIOW level in advance of Winter 2019/20:

- A pan-Hampshire peer review of winter surge and escalation plans took place on 11th September 2019.
- The ORG completed a table-top exercise to test plans based on a case scenario from the previous winter on 12<sup>th</sup> September 2019.

2.7. Learning and feedback from the pan-Hampshire peer review and table top exercise helped further shape and refine the Southampton and South West Hampshire 2019/20 Winter Plan:

- At the pan-Hampshire event, the plan was peer-reviewed by North Hampshire CCG. It was well received, and the main feedback was a suggestion to increase the focus on what community and voluntary sector could do to support the system.
- The table-top exercise was based on a scenario from winter 2018/19, testing the plan against a situation of severe weather and prolonged pressure over the New Year period continuing through to March. Key learning points included a need for more detailed planning on severe weather and preparations for January, identifying early warning signals to pro-actively trigger system calls at known times of pressure, and increasing flexibility of capacity across the system.
- The plan was subsequently updated and signed off by AEDB on 2<sup>nd</sup> October 2019.

2.8. As part of the winter planning process, the Urgent and Emergency Care Programme of the HIOW STP identified 6 key risks, and 5 key priorities across the system to be covered with winter plans:

- Risks:
  - Noro virus outbreak
  - Influenza
  - Severe weather
  - Demand above forecast
  - Workforce capacity
  - Brexit
- Priorities:
  - Plan for a longer duration of 'winter'
  - Admission/attendance avoidance
  - Rehabilitation and reablement 'flow'
  - Public communications through an aligned media campaign
  - New initiatives with a plan-do-study-act approach

2.9. Winter Pressures funds (£1.3 million) were made available by system partners to Southampton and South West Hampshire in November 2019. A total of 16 schemes were funded across the system. Selection was based on agreed criteria, learning from previous years, and expected impact on attendance/admission avoidance or discharge and flow. Selected schemes included:

- An Advanced Practitioner Therapist to bolster Community Independence Service, to support admission avoidance
- Weekend Community Therapy provision at the Royal South Hants Hospital, to support discharge and flow.
- A Social Worker in the SCAS ambulance call centre, to prevent ambulance dispatch and conveyance to hospital.
- Additional Discharge to Assess beds, to support discharge and flow.
- Enhanced community in-reach to UHSFT, to support discharge and flow.
- Enhancement of homecare packages, to support discharge and flow.
- Extension of 'SHREWD Escalation' (IT solution for visibility of real time system pressures) to facilitate communication and issue resolution, and support discharge and flow.
- Additional medical support to the UHSFT Emergency Department (ED), to bolster capacity and support admission avoidance.
- System wide patient communication - 'Use the Right Service' - co-ordinated across the Southampton CCG and Hampshire CCG footprint to provide a consistent message around choosing the right service, to support ED demand management.

### 3. Demand and performance over the Christmas period

3.1. Between 18<sup>th</sup> December 2019 and 31<sup>st</sup> December 2019, Southampton City CCG demand compared to the same time period over last two years was as follows:

Activity/performance	2019/20	2018/19	2017/18
Calls to 111	3,428 (+27% vs 2018/19)	2,701	3,248
UTC attendances	1,338 (+30% vs 2018/19)	1,032	1,206
ED attendances	2,402 (+21% vs 2019/19)	1,984	2,104
Ambulance conveyances to ED	1,125 (+9% vs 2018/19)	1,034	1,054
Non-elective admissions to UHSFT	1,101 (+8% vs 2018/19)	1,018	1,018

3.2. All urgent and emergency care activity for Southampton City CCG patients was higher over the Christmas period compared to the same period last year. It should be noted that A&E activity has been higher than previous years for the last 12 months, and this is not unique to Southampton.

3.3. Daily performance against the 4-hour access target at UHSFT improved during the Christmas period compared to previous months in 2019/20, but was below the same time period last year,

broadly in line with the national average (averaging 83.1% across the period compared to 91.7% last year). The average was brought down by the weekend of the 28<sup>th</sup> and 29<sup>th</sup> December 2019, when performance fell to below 70% on both days. Performance over 90% was achieved on just one day (24<sup>th</sup> December 2019) compared to 16 days during the same period last year.

- 3.4. Ambulance handovers remained minimal at UHSFT, with good process in place and consistently good performance irrespective of demand. There were 2 handovers over 60 minutes during the period, compared to 3 last year, and these were due to complexity of patient rather than process issues.
- 3.5. There were a number of beds closed due to Norovirus during the period, up to 20 on some days, compared to none during the same period last year.
- 3.6. There was an increase in flu cases at UHSFT towards the end of December 2019. Flu vaccination uptake and PHE GP consultation data was reviewed at ORG on 9th January 2020. The system has planned for a spike in flu presentations mid-February 2020.

#### **4. 2019/20 Quarter 4 (January to March 2020)**

- 4.1. Due to the timing of this paper and the availability of data, this report focuses only on the Christmas 2019 period. Throughout January and in to February, demand on Urgent and Emergency Care services remains high, continuing at a level seen now for the last 12 months, following a step-change in January 2019.
- 4.2. A full report examining 2019/20 winter pressures, operational resilience, and the effectiveness of the plan will be carried out by the ORG in June 2020, once all the data is available. This analysis, and lessons identified, will form the basis of planning for next winter.