

<b>DECISION-MAKER:</b>	HEALTH AND WELLBEING BOARD		
<b>SUBJECT:</b>	SEASONAL PLAN 13/14		
<b>DATE OF DECISION:</b>	23 <sup>RD</sup> OCTOBER 2013		
<b>REPORT OF:</b>	DIRECTOR OF SYSTEM DELIVERY, SOUTHAMPTON CITY CLINICAL COMMISSIONING BOARD		
<b><u>CONTACT DETAILS</u></b>			
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#### STATEMENT OF CONFIDENTIALITY

None.

#### BRIEF SUMMARY

Every year organisations are required to develop seasonal plans, particularly for winter, to ensure business continuity and contingencies are in place for times of exceptionally high demand for local services. This paper summarises the key aspects of the 2013-14 Seasonal Plan.

#### RECOMMENDATIONS:

- (i) It is recommended that the plans for winter readiness, summarised in the report, be noted.

#### REASONS FOR REPORT RECOMMENDATIONS

1. The Southampton City Health and Well Being Board requested an overview of arrangements in Health and Social Care for Winter 2013/14.
2. CCG's have produced required plans in collaboration with partners and taking lessons learnt from previous winters; all provider plans are incorporated within the overarching plan.

#### ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None.

#### DETAIL (Including consultation carried out)

##### Introduction

4. Winter 2012-13 proved challenging – here and nationally - but locally our System Chiefs met to review the lessons learnt, supported a programme of transformational change and agreed to create additional, targeted capacity across all providers to support services over winter.

5. Last year the system experienced backlogs of patients occupying acute beds or downstream community beds because processes were not working effectively to help move them through. This in turn created queues in the Emergency Department (ED), sometimes preventing admissions and many times resulting in cancelled elective operations. The available capacity was not being used to best effect.
6. With the help of the national Emergency Care Intensive Support Team (ECIST) and the production of a Whole System Action Plan, our Unscheduled Care Programme has delivered many operational changes over the last six months to create more responsive, efficient and collaborative services aimed at keeping patients flowing smoothly through the system by having better channels of daily communication and shared working practices across organisations. Intense focus has been directed at improving operational practices at the “back door” of the hospital for complex patients who need support to facilitate their discharge. The aim has been to ensure that:
  - all patients who require an acute emergency bed can access an emergency bed when they need it;
  - patients who do not need an acute hospital bed are supported appropriately in the community;
  - patients who have made arrangements for an elective procedure are not cancelled on the day.
7. The 2013-14 Seasonal Plan is the operational blueprint for providers and commissioners that draws on all the system changes that have been implemented, pulls them together in an agreed escalation framework, with identified contingencies and business continuity plans, to ensure patient services are maintained safely and effectively. This year the CCG has worked in partnership with our colleagues in West and North Hampshire CCG’s and all providers across the patch to create a mutually-supportive approach to delivering a resilient, flexible and responsive plan and escalation framework. Importantly this year it includes the additional flex capacity agreed by System Chiefs which is already being put in place. The System Chiefs comprise NHS Chief Executives and local authority directors of adult social care.
8. The approach to the plan is underpinned by a joint approach to co-ordinating system resilience activities across the patch. The plan is due to be tested with a table top exercise to be run in the week commencing 7th October 2013. Adjustments will then be incorporated into the plan if required.
9. All providers have incorporated their individual organisational plans into one overarching plan, and contributed to the development of the agreed escalation framework and contingencies. Following positive early feedback in September, the finalised plan covering Southampton, Winchester and Basingstoke systems was submitted to the Wessex Area Team on the 30<sup>th</sup> September 2013.

## **Purpose**

10. The purpose of the Seasonal Plan is to set out the Southampton, Winchester and Basingstoke health and social care systems' shared plan to manage periods of high demand both day to day and during seasonal peaks of pressure. This will ensure that the appropriate arrangements are in place to provide co-ordinated, high quality and responsive services over the 13/14 period and beyond. The plan provides a particular focus on the winter 13/14 period, but also provides assurance for:
  - Day to day capacity management
  - System-wide capacity and situation reporting
  - Surge and escalation processes and tools
  - Seasonal and pandemic flu preparedness
  - Individual organisational plans and joint working
  - Communications and co-ordination
11. The Seasonal Plan is intended to be used by all organisations within the local health economy as a guide to the various systems and processes put in place to manage periods of high pressure, both day to day and associated with seasonality.

## **Day to Day Management and Surge and Escalation**

12. One of the main themes from both the shared learning event in June and feedback at system resilience meetings was around the need for consistency of escalation in the system. The challenge was twofold:
    - A need to improve the practice of sharing and communicating information relating to capacity in a consistent manner.
    - A need to clearly define the process of escalation, including triggers and contingency actions
  13. These challenges have been addressed as follows:

*Daily System Dashboard*

A daily Systems Dashboard was created in mid-July 2013. The format is pictured in Appendix 1. All providers feed in their daily capacity figures and statuses to a central inbox; the information is put into this dashboard and shared widely within the system usually before midday every day. The aim of this is to provide an "at a glance" picture of how the system is functioning each day, and to encourage proactive action and conversation between organisations around how they may act to support each other, especially at times when pressure is increasing.
  14. *Daily Complex Discharge Meetings*
- University Hospitals Southampton NHS Foundation Trust now runs a daily complex discharge meeting out of the Integrated Discharge Bureau (IDB), with representation from acute, local authority and community partners. The purpose of this meeting is to provide a platform and structure for information relating to patients requiring a complex discharge, who might be requiring

multiple services, to be shared and recorded on a daily basis. The aim is to maximise the flow of patients through services and reduce delays, and to ensure that patients who are cared for in the right place at the right time.

15. *Escalation Framework*

Using the NHS England (South) Escalation Framework as a basis, a bespoke escalation framework has been developed for use within our local health economy. This has been developed with input from all organisations across our local health economy including the acute and community trusts, the ambulance service, the local authorities and 111 and out of hour's services.

The framework features two major components:

- Trigger points for escalation
- Contingency actions to be taken by each organisation once an escalation level has been reach

16. In order to encourage ownership of the framework, both the trigger points and contingency actions were provided by and developed in consultation with the system resilience leads of each organisation. By using this approach, it is expected that all organisations will be well prepared in the event of escalation, and that escalation will become more consistent across the system.

*System Resilience Conference Calls*

17. It was recognised that conference calls in the past have been lengthy and added little value to the situation at hand.
18. In response to this we have refreshed the conference call contact lists to ensure the correct people are contacted in the event of escalation. In addition a standard conference call agenda is available to ensure that participants have the correct information to make a difference to the system. The standard agenda, coupled with some swift chairmanship should ensure the conference calls are focussed and efficient.

*On Call*

19. To further support the joint approach endorsed by system resilience and seasonal planning, and to support the new joint on call arrangements, the on-call pack has been refreshed to cover both the Southampton and Mid Hampshire systems. This will be distributed during October 2013.

**Seasonal Preparedness**

20. This section of the plan describes the extra processes and arrangements put in place to assist in the management of the pressured winter period and beyond. It has been largely informed by the lessons identified in the joint winter learning event that was held in June.

### *Forward Planning and Coordination Conference Calls*

21. It was felt that the system would benefit from a bi-weekly conference call during the peak of winter pressure. These would take the form of a post-weekend check-in to debrief and escalate any blocks encountered over the weekend for resolution, and a pre-weekend check in to ensure the system is prepared for the weekend and any specific requests for support can be made. The aim is to ensure that the system is looking about 10 days ahead to anticipate and deal with pressure.
- In response to the feedback, this has been extended to include primary care out of hours and 111 as important partners in the system.

### *Extra winter capacity in the South West System*

22. Learning identified in the joint workshop was formulated into specific Winter Pressures Projects, and submitted to System Chiefs to apply for funding in August 2013. System Chiefs approved several projects which included:
- Access to quick response taxi provision for people who are ready for discharge and provided with all practical discharge arrangements
  - Two full time Continuing Healthcare (CHC) nurse assessors, working Monday to Friday to be based within the acute hospital's Integrated Discharge Bureau, to enhance robust discharge processes.
  - Increase the staffing levels of the Children's Outreach Assessment & Support team (COAST) from November 2013 to March 2014, to take referrals directly from GP's and reduce acute hospital admissions.
  - One off purchase of additional equipment to support care and support plans for people in the community
  - Training and support for suspended nursing homes, helping to re-open them in the city and provide management training and leadership skills to avoid further suspensions
  - SCAS to operate an additional discharge vehicle during core hours to support the Acute Trusts and the pull of discharges and transfers back into the community.
  - A modular build adjacent to the existing ED to facilitate the provision of a Geriatric Assessment space to support rapid assessment of frail elderly patients who attend ED or Acute Medical Unit (AMU)
  - Enhancement of Mental Health intervention in ED at weekends (psychiatry liaison), to promote prompt and effective decision making for patients whose mental health requires assessment is deemed to be urgent
  - Spot purchasing of additional capacity for non-weight bearing patients, when required, to allow for an improvement in the discharge process. This will allow patients' non weight bearing and rehabilitation needs to be managed in a nursing home environment more suitable to their needs, rather than in the acute Trust.
  - Commissioning of three residential reablement placements from a specialist dementia care home to provide care for people with dementia who have some potential to return home but who are unable to achieve that potential in an acute or community hospital.
  - To staff 8 additional rehab beds at Lymington Hospital (Wilverley 1) and an additional 5 beds in Lymington's Medical Assessment Unit (MAU).

### *Flu Planning*

23. Every provider has its own Infection Prevention and Control Policies, and Outbreak Plans which will be used to manage localised outbreaks. Public Health colleagues are leading local campaigns and have a robust plan for the uptake of vaccinations across the community. In addition, uptake of flu vaccinations within providers will be monitored.

The flu vaccine targets have been altered this year to encourage greater uptake with the target for over 65's, at risk groups and pregnant women increasing to 75% Pharmacies are being encourage to support GP practices in administering the vaccine. This will also be the first year of the Childrens Flu Programme covering children aged 2-3.

The flu surveillance that was previously completed by the Health Protection Agency has transferred to Public Health England. Their reports are now received directly into our systems resilience inbox and will be cascaded through the daily dashboard.

### *Provider Business Continuity and Seasonal Plans*

24. As part of the planning exercise, all provider Trusts have shared their individual business continuity and/or seasonal plans, which have been incorporated into the overarching Seasonal Plan document.

### **Communications**

25. The NHS England (South Region) communications team are working on behalf of CCGs to ensure a coordinated and consistent approach to communications at times of peak demand. This will include using a range of channels such as NHS and council websites, materials such as leaflets, partners' newsletters and publications, local community groups, the local media and social media to communicate key messages around how the public should access services and where to access information and advice, this will often be based on the Choose Well concept. During winter we will ensure that messages are consistent with these developed nationally through the 'Get Ready for Winter' campaign led by the Cabinet Office. Southampton City CCG, West Hampshire CCG and North Hampshire CCG are currently discussing a joint communications campaign for this winter. Further meetings are occurring to progress this into early October.

### **Conclusion**

26. The CCG believes the local South West System has made significant improvements to partnership working since last winter, that additional flex capacity agreed by System Chiefs will provide earlier access to contingencies, that a clear media campaign will help people identify where they need to go to seek the care they need, and that new daily processes and shared information will help deliver proactive and responsive services to meet fluctuations in demand. This does not mean there is any complacency as the winter is expected to be tough, given pressure on resources in all provider organisations; however it does signal that partners are prepared and supported to work together in the best interests of our patients.

## RESOURCE IMPLICATIONS

### Capital/Revenue

24. None.

### Property/Other

25. None.

## LEGAL IMPLICATIONS

### Statutory power to undertake proposals in the report:

26. N/A

### Other Legal Implications:

27. None.

## POLICY FRAMEWORK IMPLICATIONS

28. None.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:

All

### SUPPORTING DOCUMENTATION

#### Appendices

1.	Daily System Blackboard
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#### Documents In Members' Rooms

1.	None
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#### Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.
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No

#### Other Background Documents

#### Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

1.	None	
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Report Tracking

VERSION NUMBER:

2

DATE LAST AMENDED:

04/10/2013

AMENDED BY:

Martin Day

Appendix 1

Daily system blackboard

Daily System Dashboard Friday 27/09/13 11:30										
System Status - Southampton, Winchester and Basingstoke										
<b>G/A/R/B</b>										
Weather		No weather alerts have been issued								
Acute										
UFS	Status		Breaches this week		147	Y'day complex caseload (active section 5)		137		
	Y'day attendances	?	Handover Compliance	84%	Excess Turnaround	06:11	Notes			
RCH	Status		Breaches this week			Y'day complex caseload (active section 5)				
	Y'day attendances	99	Notes							
BNH	Status		Breaches this week			Y'day complex caseload (active section 5)				
	Y'day attendances	132	Notes							
Community										
Solent	Rapid Response		8-12 slots	16	12.-14	5	14.-18	15	18.-22	7
	Community Nursing		Virtual Ward Use		Notes: RRT have no capacity for evening calls. Community Nursing has reduced staffing and high pt dependency.					
	RSH		Beds	9	Delays	0	Notes: 2 discharges today			
	Western (SNRU)		Beds	0	Delays	3	Notes: 0			
	Brownhill		Beds	3	Delays	0	Notes: 0			
Southern	Community Care Teams (inc RR)		Notes							
	Lymington		Beds		Delays		Notes			
	Romsey		Beds		Delays		Notes: CLOSED FOR REFURBISHMENT			
	Fordingbridge		Beds		Delays		Notes			
	Abbey		Beds		Delays		Notes			
	Brendoncare		Beds		Delays		Notes: 0			
	Alton		Beds	0	Delays		Notes			
Ambulance										
SCAS (REAP)			3	Notes						
Social Services										
Hants	Staffing		Notes							
	Reablement Beds	1	Notes: 1xFlemming House							
City	Community Team Staffing	77%	HDT Staffing	72%	CCFS Staffing	70%	Sourcing Care Packages	Within 72 hrs		
	Social Services Beds	?	Brownhill beds	Avail	SIPs	11	Notes			
OOH's - Weekend Only										
Out of Hours		Fri	Triage	89%	PCC	100%	HV	100%	Notes	
		Sat	Triage	96%	PCC	96%	HV	100%	Notes	
		Sun	Triage	94%	PCC	98%	HV	100%	Notes	
111 - Weekend Only										
111	Sat	Handler	110%	Clinician	102%	Notes				
111	Sun	Handler	119%	Clinician	107%	Notes				