

Frimley South System Resilience Group (SRG)

**Winter Preparedness &
System Resilience Group Assurance
2015-16**

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Overview

- Reflections on 2014/15 winter
- What does the data say?
- Identified Risks
- Actions to Mitigate Risks
- Plans for 2015/16
- SRG Assurance
- Urgent and Emergency Care Networks
- ORCP
- Flu Prevention
- Communications
- Questions?

Reflections on 2014/15 winter

What went well:

- ✓ Coordination and communication within the system resilience group
- ✓ Strong relationships
- ✓ Sharing best practice and resource between providers
- ✓ Testing new approaches between primary and secondary care
- ✓ 24 hour mental health cover in A&E
- ✓ Crisis Cafe
- ✓ 7 day working for therapy staff and medical consultants
- ✓ Dedicated social care practitioner focusing on delayed patients
- ✓ Additional and extended primary care appointments
- ✓ Voluntary sector
- ✓ Rapid response in the community



Learning points:

- ✗ Continuing Health Care escalation and capacity
- ✗ Urgent care pressure on primary care
- ✗ Timeliness and capacity of interim care home placements
- ✗ Information sharing was not electronic
- ✗ People being admitted were not known to services



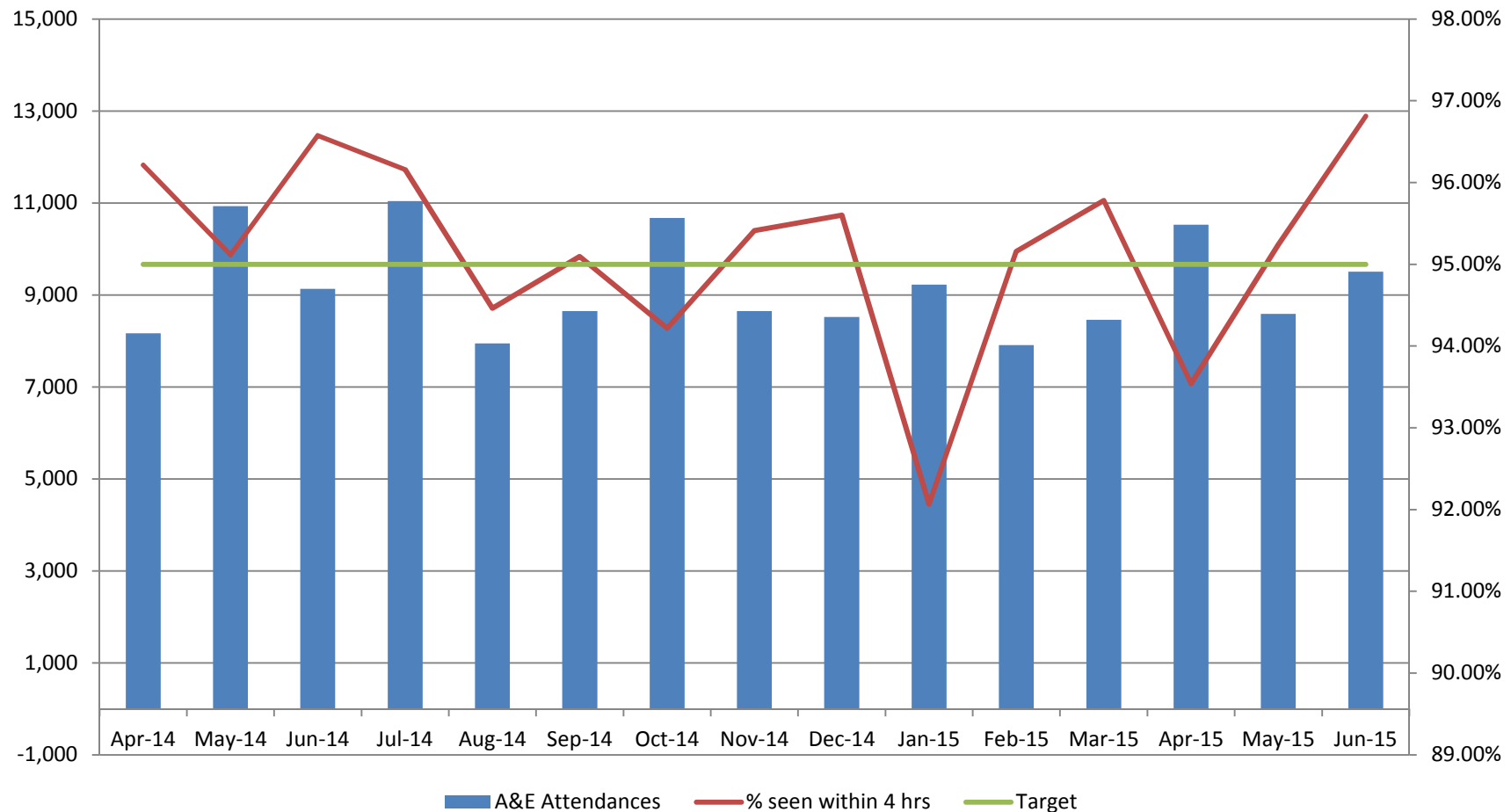
Ideas for 2015/16 winter

- Build on voluntary sector capacity
- Real time data and information sharing
- Increased community, interim, discharge to assess beds
- Continue daily reporting, conference call and Frimley on-site summit meetings
- Working with the public on alternatives to A&E
- Medical cover for discharge to assess beds
- Better use of pharmacists

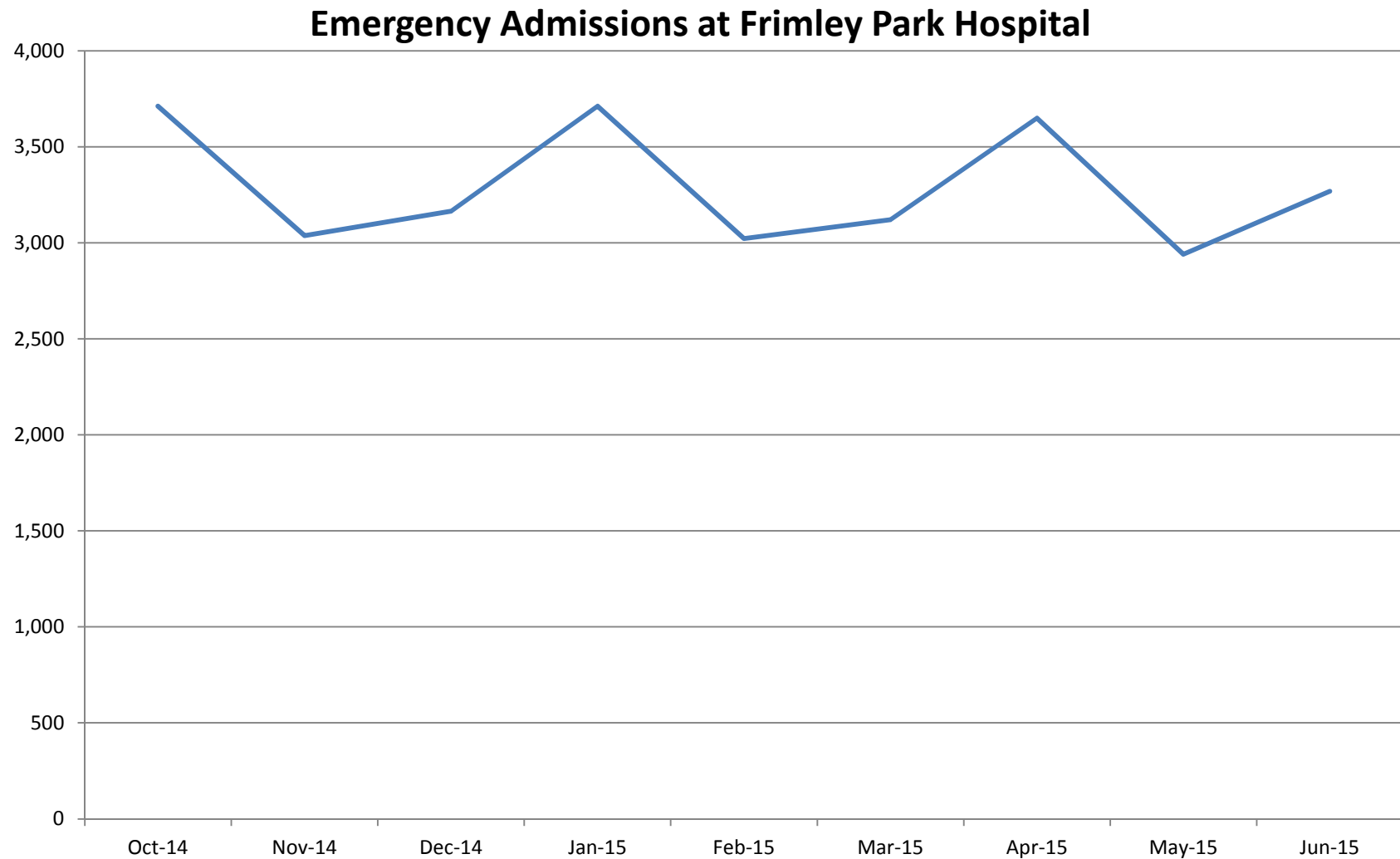


Summary of A&E Performance

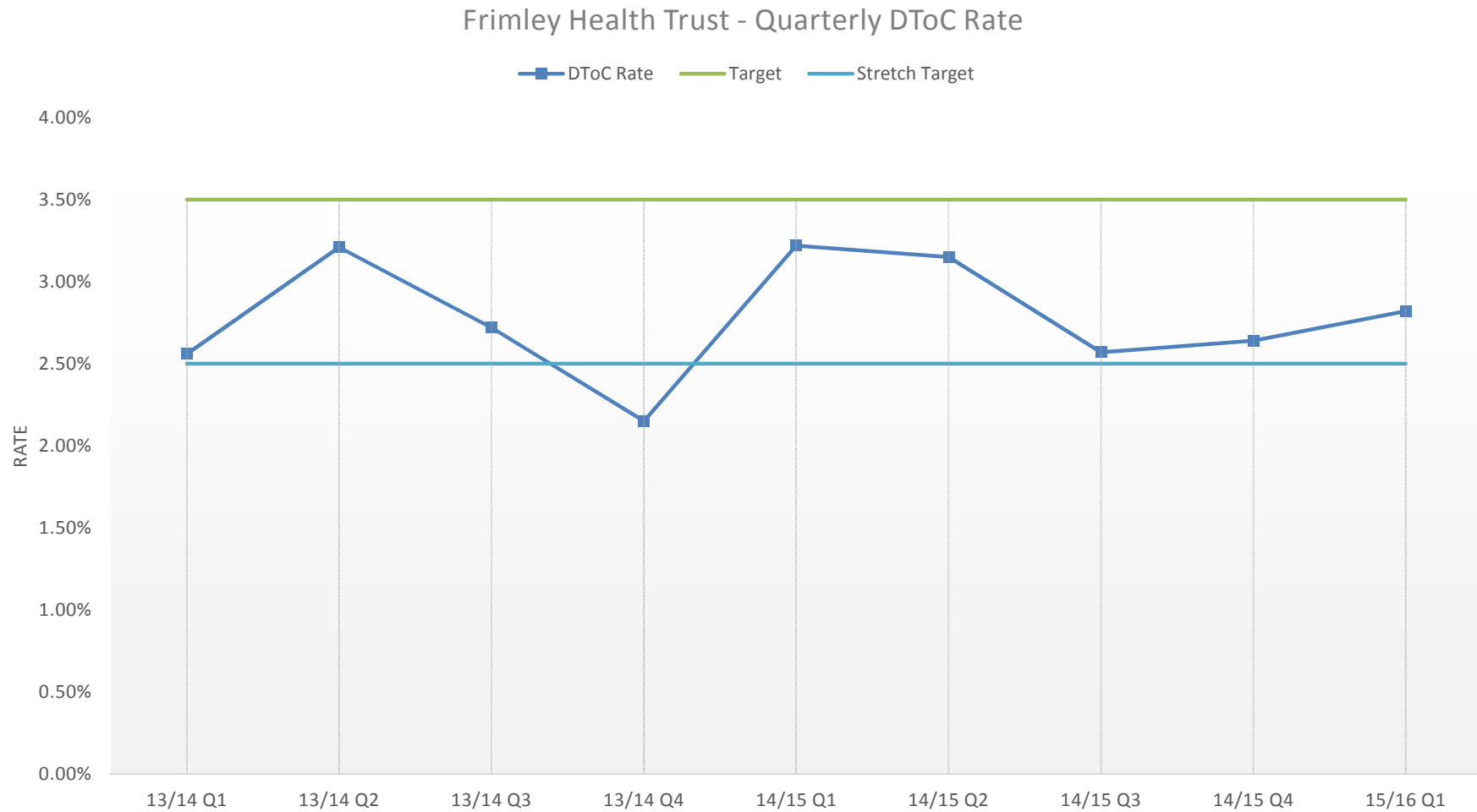
Frimley Park Hospital A&E Performance



Summary of Emergency Admissions



Summary of Delayed Transfer of Care (Rate)



What does the data tell us?

- Attendances did not increase significantly - 1.4% Q1 2014/15 compared to Q1 2015/16
- Increase in the level of acuity was experienced
- Fluctuating number of patients being admitted - 2,941 to 3,712 per month
- Fluctuating Delayed Transfer of Care rate – 2.57% - 3.22% per quarter
- Increasing number of patients in delay – 11 – 28 per week

Identified Risks – 2015/16

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

Actions to Mitigate 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
- Seeking to establish a Care Home vacancy register across Frimley System
- Effective, consistent and timely processes across Frimley System

Plans for 2015/16

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

SRG Assurance – 4 September 2015

An overview of SRG winter preparedness to include:

- Key actions to address particular issues from 2014/15
- Assurance regarding approach to winter 2015/16
- High risks and/or issues identified for 2015/16
- Operating Resilience Capacity Plan allocations 2015/16
- Action to address non-delivery of any eight high impact interventions (due by the end of October 2015)
- Mental Health Template
- Ambulance high impact interventions
- Supporting documentation, including SRG work plan, SRG Dashboard, governance arrangements, risk assessment, etc.

SRG Assurance – Next Steps

- Awaiting feedback from NHS England (Wessex) following 4 September 2015 SRG Assurance submission
- All organisations' winter plans requested by 9 September 2015
- SRG Clinical Operations Group review of winter plans – 15 September 2015
- Review ambulance high impact interventions and identify any risks or issues to be identified – 15 September 2015
- SRG review of SRG assurance submission - 29 September 2015
- Review of Surge and Escalation – October 2015
- Awaiting national communications update regarding National Communication Plan from NHS England – October 2015
- Awaiting KPMG capacity and demand modelling tool - TBC

Urgent and Emergency Care Networks

Purpose of the Networks:

- To improve the consistency and quality of urgent and emergency care
- Bring together SRGs and other stakeholders to address challenges that are difficult for single SRGs to address
- To coordinate, integrate and overseeing care by setting shared objectives for the Network where there is clear advantage in achieving commonality for delivery of efficient patient care (e.g. ambulance protocols, NHS 111 services)
- Provide support on areas where requirements are beyond the SRG footprint, and where there is advantage in uniformity in the provision of a standard of care
- To support SRGs by sharing approaches, good practice and tools

Urgent and Emergency Care Networks

- Frimley South SRG confirmed will interface with 3 Networks
- SRG leads attended Wessex initial meeting
- Awaiting details of Surrey and Thames Valley initial meetings

Next Steps:

- Review suggested Terms of Reference for Wessex Network
- Propose any advisors for Wessex Network
- Discuss at SRG – 29 September 2015
- Waiting for national route map

2015/16 Operational Resilience and Capacity Plan (ORCP) Allocation Overview

NHS England did not define a set process this year, therefore CCGs agreed to approach in the following way:

- CCGs have held conversation with lead providers to
 - agree approach
 - explain how the system will be supported
 - highlight how a number of projects/work that they agree need to be continued will be funded through other sources, if not through ORCP
- SRG Lead was the conduit for discussions with FPH site to ensure coordinated approach
- Proposal to SRG for review and asked to:
 - review recommended allocations
 - identify any gaps or issues
- CCG Governing Bodies to advise of final allocation and how issues/risk will be taken into consideration
- Organisations asked to outline metrics to be held account to for delivery

B&A CCG Allocation

Scheme Name/description	Allocation	Comments
Continuation of 2014/2015 schemes into April	£33,660	Not total amount as some already incorporated in full year effect of the schemes below
B&A CCG contribution to project management support and demand and capacity work	£45,000	
Communications mailshot and GP as Providers	£30,000	More focus on winter pressures messages.
Processes to minimise delayed discharge and good practice on discharge - voluntary sector	£36,000	Red Cross contract. Start up funded from 14/15 money. Service in place for full year effect starting April 15
Reach further to prevent flu and pneumonia in the population with particular attention to residential homes and carers	£20,000	Investment via the Bracknell care homes quality project for synergy and effective project delivery of outcomes
Seven day working arrangements- BACCG	£36,000	Continuation of successful in-reach matron role
Improve services to provide more responsive and patient-centred delivery seven days a week	£70,000	Additional posts in ICT to ensure 7 day discharges
Seven day working arrangements	£150,000	Increase to reflect additional need for placements and to maintain response for EOLC given peaks in demand
Social isolation - home from hospital	£10,000	Continue home from hospital starter packs and telephone follow up service
To reduce the need for urgent hospital admissions for people with dementia who have an infection/short term physical health problem	£50,000	Increase to reflect increased demands on CHMTOA team and the need to maintain response times. Lack of capacity has resulted in recent delays. Additional post to facilitate in-reach and continuity of care
Ambulance contribution	£21,000	Designated contribution
Psych liaison	40,000	

NEH&F CCG Allocation

Scheme Name/description	Allocation	Comments
Continuation of 2014/2015 schemes into April	£62,733	
FPH site flow improvement projects	£700,000	In final stages of development - require sign off from CCG then SRG
HALO and possible PP	£35,000	Plans being developed
NEH&F CCG contribution to project management support and demand and capacity work	£140,000	
Falls and fall prevention community project	£133,000	Already in place
Weekend in-reach service - provisional £10,000	£10,000	
Full year effect of red cross discharge support – voluntary sector	£18,000	
Primary Care	£66,500	<ul style="list-style-type: none"> • Direct Booking of appointments by A&E • Admissions avoidance – respiratory focus • Discharge support
Social Care	£66,500	7 day working Early effective discharge

SH CCG Allocation

Scheme Name/description	Allocation	Comments
SHCCG contribution to project management support and demand and capacity work	£65,000.00	SHCCG contribution to overhead costs
14/15 schemes April spend	£21,016.00	
FPH site flow improvement projects	£300,000.00	In final stages of development - require sign off from SHCCG then SRG
Weekend community nursing in reach service for 4 months over winter period	£20,000.00	
Falls prevention community service	£32,180.00	
Night time psychiatric liaison service (8pm-8am) & enhanced service for older age adults at weekends and increased day time capacity	£53,265.00	
CHC hospital interface role	£47,000.00	SHCCG contribution for pilot for all Surrey patients. Ongoing funding would require discussion with CCGs/business case.
SECAMB onsite support during busy periods to prevent handover delays	£17,000.00	Suggest budget to SECAMB to use throughout rest of year & not necessarily all in Dec-March e.g. other bank holidays.
NH interim beds	£30,539.00	

Flu Prevention

- Co-ordinated process for flu vaccination with majority undertaken in General Practice
- CCG vaccinations rates above the England average across all groups 2014/15
- CCG working with Public Health England to reduce variation and improve uptake in the under 65 at risk groups for 2015/16
- Occupational health programme for vaccinating staff which all staff are encouraged to attend
- Access to flu vaccination has been extended and is now available via community pharmacies to eligible patients aged 18 years and over
- Frimley Park Hospital have agreed to vaccinate pregnant women
- CCG undertaking an educational session with GPs to highlight uptake rates and identify ways to improve uptake and reduce variation

Communications

- Awaiting national winter messages campaign information
- SRG will work with SRG, Primary Care, Pharmacists, Councils, Care Sector, Voluntary Sector and other public services colleagues to ensure effective dissemination across the system
- National winter campaign dissemination
- Local communications to reinforce national messages
- Presentations to identified groups – e.g. Older Person's Forum
- Newsletters, website and on social media messaging
- Staff briefing – local and system

