



## System Resilience Planning Briefing

### Introduction

System resilience planning for the East Sussex Health economy is the remit of the East Sussex System Resilience Group (SRG). The blueprint for SRGs is set nationally and they are required to have membership from key partners across the health and social care system supporting the flow of patients across the whole system within the geographical boundaries of the local CCGs. Services for those East Sussex patients received outside the county are the responsibility of separate SRGs.

The role of the SRG is to ensure that plans from all partner organisations are co-ordinated and integrated to optimise the level and quality of health and social care services available within their Health Economy during periods of expected increased demand such as winter and other key periods throughout the year.

Resilience planning is focused on eight High Impact Interventions which are linked to mitigating pressures which affect system flow and provides oversight of system capacity and pressures across urgent and emergency care flows.

All SRGs submitted Draft Surge Plans to NHS England on 30 September 2015 as part of a national assurance process. The final versions were completed during October 2015 following the system review of escalation triggers and provider actions that inform management of increased pressure across all systems.

This paper outlines the planning approach to surge management and systems resilience for winter and other peak periods throughout the year. It notes:

- Assurance process for resilience planning across organisations.
- On-going monitoring and mitigation of risk across the health and social care system.
- Activity and resource planning as a system.
- Local escalation process and wider regional escalation.
- On-going national assurance reporting



## **Escalation and Surge Planning**

### **1. Introduction**

- 1.1. As part of demand and capacity management all health and social care systems are required to provide assurance for planning capacity throughout the year and ensure that any surges in demand are able to be managed safely and effectively.
- 1.2. NHS England established guidance for providing system oversight and assurance via Systems Resilience Groups (SRGs).
- 1.3. SRGs are required to have membership from key partners across health and social care supporting the flow of patients across the whole system.
- 1.4. The role of the SRG is to ensure that plans from partner organisations are co-ordinated and integrated to optimise the level and quality of health and social care services within the local health economy during periods of expected increased demand such as winter and other key periods throughout the year.
- 1.5. The aim of these plans is to ensure that planned or elective as well as urgent care services operate as effectively as possible all year round but also over the winter period. Resilience planning is focused on interventions which are linked to mitigating pressures which effect system flow and provides oversight of system capacity and pressures across urgent and emergency care flows.

### **2. Resilience planning**

- 2.1. System Resilience Groups were constituted in their current form in September 2014, when Urgent Care Working Groups were expanded to include resilience planning for all health care. Three SRGs (for East Sussex, Brighton and Hove, and West Kent) are responsible for the planning of services for East Sussex patients, recognising that over a third receive acute and/or Accident and Emergency Services outside the East Sussex area.
- 2.2. The East Sussex SRG meets monthly throughout the year and is chaired by Dr Susan Rae. The meetings are attended by senior managers and clinicians from the following.
  - East Sussex Healthcare NHS Trust
  - South East Coast Ambulance Trust for both 999 and NHS 111 services
  - East Sussex Adult Social Care
  - Sussex Partnership Foundation NHS Trust
  - Eastbourne Hailsham and Seaford, Hastings and Rother, and High Weald Lewes Havens CCGs
  - Integrated Care 24 for the GP Out of Hours service

**NHS** Hastings and Rother Clinical Commissioning Group

**NHS** Eastbourne, Hailsham and Seaford Clinical Commissioning Group

**NHS** High Weald Lewes Havens Clinical Commissioning Group



- Sussex Community Trust (SCT) (as the new provider of community services for HWLH CCG from 1 November 2015)
- NHS England

2.3. The Brighton and Hove SRG also meets monthly, chaired by the Brighton and Hove CCG Clinical Accountable Officer Dr Christa Beasley. Membership includes chief officer and/or senior executive representation from the following

- Brighton and Hove CCG,
- Horsham and Mid Sussex CCG
- **High Weald Lewes Havens CCG**
- Brighton and Sussex University Hospitals NHS Trust
- Sussex Community NHS Trust
- Sussex Partnership Foundation Trust
- South East Coast Ambulance Foundation Trust
- Brighton and Hove City Council
- West Sussex County Council
- **East Sussex County Council Adult Social Care**
- Integrated Care 24
- Independent sector care home representative
- Independent sector hospital representative
- HealthWatch
- NHS England
- NHS Emergency Care Intensive Support Team
- NHS Trust Development Authority
- Local Medical Committee

2.4. The West Kent SRG also meets monthly, chaired by the West Kent CCG Chief Operating Officer Gail Arnold. Membership includes chief officer and/or senior executive representation from the following

- Maidstone and Tunbridge Wells NHS Trust
- Kent County Council Public Health
- Kent County Council Adult Social Care
- Kent Community Health NHS Foundation Trust
- Kent and Medway Partnership Trust
- South East Coast Ambulance Trust
- Integrated Care 24
- **High Weald Lewes Havens Clinical Commissioning Group**
- NHS England

2.5 Papers and reports are submitted to NHS England as part of the national assurance framework.

**NHS** Hastings and Rother Clinical Commissioning Group

**NHS** Eastbourne, Hailsham and Seaford Clinical Commissioning Group

**NHS** High Weald Lewes Havens Clinical Commissioning Group



### **3. Planning Approach**

- 3.1. System Resilience planning takes the form of organisational submission of predicted activity and staffing resource to manage key services such as NHS 111, A&E, ambulance/999, GP Out of Hours and Intermediate Care/ reablement services.
- 3.2. Organisations remain individually accountable for capacity planning, however the SRG provides a forum where we can plan collectively for predicted surges in demand using a range of predictive tools and resources.
- 3.3. System partners review previous year's activity and take learning from schemes implemented through the SRG resilience funding.
- 3.4. They evaluate and review processes, services and individual pathways which have been adversely affected by increased demand and look to ensure any future risks are mitigated.
- 3.5. By this process System partners are sighted on all identified risks to service continuity and come together to formally agree how the funding to support resilience is targeted and monitored for impact.

### **4. Escalation**

- 4.1. East Sussex is recognised across the South Region as having a strong local system escalation process. This is a result of all partners working collaboratively to take a collective responsibility for addressing system pressures and ensuring patient safety remains at the heart of any decisions taken during periods of extreme pressure.
- 4.2. The local escalation process is reviewed each year and reflects how partners are able to trigger system escalation calls for support and actions from each partner. The local system escalation then aligns to wider system escalation during periods of sustained pressure across all urgent/emergency care systems and the process for supporting this is set out in NHS England guidance document Surge and Escalation management 2015.

### **5. System Risks**

- 5.1. The review of 2014/15 highlighted further planning was required in order to ensure capacity is accessible and ready ahead of peak periods such as Christmas and Easter these areas are mainly categorised as:



- The need to better plan for increasing discharge from hospital across seven days a week.
- The need to improve and strengthen prevention of admission pathways.
- The need to engage more closely with the private sector.

- 5.2. Staffing resource remains a significant risk for East Sussex across a number of disciplines. All providers of NHS services have been planning throughout the year to look at alternative resourcing or recruitment strategies, with short term contracts being identified as a particular difficulty when planning short term increases to particular services over winter
- 5.3. HR Departments are working collaboratively across organisations and across Sussex to share learning and implementing strict staff sickness and annual leave guidance to ensure staffing resource is optimised at peak periods through the year
- 5.4. There are weekly planning calls between NHS 111 and GP Out of Hours to provide assurance around staffing resource, planning of demand levels and mitigations of risk collectively across Sussex as this is a risk area recognised for all systems.
- 5.5. A number of schemes are being put in place to support capacity across the urgent care pathway, aligning CCG and County Council investment plans under East Sussex Better Together and seeking assurance around mobilisation of current planned increases such as crisis response and Joint Community Rehabilitation services

## 6. Schemes to support resilience

- 6.1 Winter investment totals £4.1m, £3.6m, and £6.6m across the East Sussex, Brighton and Hove, and West Kent systems respectively, and capacity is being put in place to address system risks identified through the planning process and gaps identified through the self-assessment against the eight high impact interventions.

### 6.2 Examples of schemes include:

- Funding additional community beds in Eastbourne area and 'escalation beds' in community units and across the acute sites to increase both acute and community urgent/ intermediate care bedded capacity. Staffing has been sourced through summer to ensure the beds are able to be opened and staffed safely.
- Additional intermediate Care beds in Crowborough Community hospital.
- Providing dedicated patient transport vehicles to each ESHT site seven days a week.
- Increasing therapy and social care assessment capacity across seven days a week in acute A&Es and community bedded units.



- Increasing medical registrar cover weekends across acute wards to improve seven day discharge processes.
- Increased radiology capacity.
- Funding ambulance services to support acute sites at times of severe pressure which affect handover delays.
- Increasing Emergency Nurse Practitioner posts to support swift clinical triage and minors assessment in A&E.
- Ongoing commitment to mental health schemes including developing crisis pathways between 999 ambulance crews and specialist mental health support.
- A series of Admission Avoidance initiatives in the Havens area (which reports high numbers of Accident and Emergency attendees) including a Roving GP to increase primary care capacity and public information campaigns.
- Specific work over the Christmas period to ensure primary care is available for patients, and nursing care home 'ward rounds' to prevent potential admissions over the holiday period.

6.3 Approximately 20% of East Sussex patients, and over a half of High Weald Lewes Havens CCG patients, receive acute and/or emergency services as part of the Brighton and Hove Health Care economy, which has been failing for some time to meet a number of performance targets, including four hour A and E waits. This has resulted in significant input from a number of organisations, including NHS England, the Trust Development Authority, the Emergency Planning Improvement Programme, and Brighton and Hove, Horsham and Mid Sussex, and High Weald Lewes Havens CCGs. Daily teleconferences are held to monitor the urgent care system in Brighton and action taken as a result, and Unscheduled Care Improvement Plan has been agreed, and is monitored fortnightly, by an operational group and monthly at a strategic level by the Brighton and Hove SRG (the call and meetings attended by High Weald Lewes Havens CCG from East Sussex). Broadly the activity within this plan falls into three different categories.

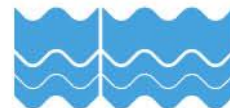
- Prevention of emergency admissions to hospital, such as the provision of community geriatricians, and a primary care resource at the front of Accident and Emergency, to reduce pressure on the acute system
- A range of measures within the two hospitals (RSCH and PRH, Hayward's Heath) to improve patient care and flow, ensuring the only patients on wards are those who need acute hospital care.
- Improved discharge procedures to move patients out of hospital and into intermediate care or preferably their own homes as soon as clinically appropriate, including increased Adult Social Care Capacity and additional intermediate and sub-acute beds.

The impact of these interventions is supported by a monitoring system called *Alamac*, which provides a daily snapshot of performance based on data from a range of organisations.

**NHS** Hastings and Rother Clinical Commissioning Group

**NHS** Eastbourne, Hailsham and Seaford Clinical Commissioning Group

**NHS** High Weald Lewes Havens Clinical Commissioning Group



- 6.4 Plans are in development to ensure closer liaison with the private sector home care and care home market to address the issue of their current inability to assess and commence new interventions at weekends.
- 6.5 The majority of schemes are currently being mobilised ahead of the peak activity with implementation dates ranging from November to 1 December 2015.

## **7. Identification of Vulnerable Persons and continuity of service**

- 7.1. Adult Social Care have reviewed processes to ensure persons who are vulnerable within the Community are identified and information for these priority cases shared with the provider services to ensure that should business continuity be enforced these individuals will be given a continuity of service. These include adults who have a current Safeguarding Adults at Risk (SAAR) alert, but may live with or have an independent carer, as well as individuals who live alone and are isolated.
- 7.2 As part of the business continuity plans for health services, caseloads must be reviewed and vulnerable patients identified to ensure consistency of service provision during periods of adverse weather. Advanced Community Nurse Practitioners are integrated with the Community Nursing service to provide support to this process.

## **8. Adverse weather planning**

- 8.1 All health and social care systems in Sussex system follow the national Cold Weather Plan for England and Wales (NHS England 2015).
- 8.2 The CCGs are supportive of the Sussex Emergency and Preparedness Group plans to provide a County wide tactical team which will be called into operation via the Escalation process and Gold Resilience. This team will implement coordination of transportation issues such as access to 4x4 vehicles across the County should snow or severe weather require their use.
- 8.3 Priority areas for gritting have been agreed with the County Council and these include the access to both ESHT hospital sites. Priority areas have been identified such as the Minor Injury Units based at Lewes, Uckfield and Crowborough and Walk in Centres in Hastings and Eastbourne. Requests have been made for grit to be made available for estates use at each of the Community Hospital sites and staff to be informed of their responsibilities to support management of entrances and car parks during out of hours times.



## 9. Conclusion

- 9.1 Robust planning processes are in place in all three SRGs responsible for the delivery of services received by East Sussex patients. Where these services are delivered outside the county area, joint representation by the relevant organisations ensures a joined up approach.
- 9.2 The committee will be aware that these plans come on the back of what has been widely reported as the most difficult winter on record for the NHS, and that health and social care systems are likely to face similar challenges in 2015/16. Mitigating processes are in place for every identified risk, to ensure that whenever the system comes under extreme pressure patient safety is not compromised.