

Surge Plan 13/14

Brighton and Hove LHE

V4

Contributing Organisations:

Brighton and Hove Clinical Commissioning Group (BHCCG)

Brighton and Sussex University Hospitals NHS Trust (BSUH)

Sussex Community Trust (SCT)

Brighton and Hove City Council (BHCC)

Sussex Partnership Foundation NHS Trust (SPFT)

South East Coast Ambulance Service NHS Foundation Trust (SECAmb)

Integrated Care 24 (IC24)

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1 Introduction

This surge plan sets out the expectations and contingency arrangements, agreed across the Brighton and Hove Local Health Economy (LHE), to ensure appropriate management of anticipated and unplanned peaks in demand. This includes the winter period.

Drawing on experience from previous years and work already underway via our improvement work programme, this plan includes a summary of:

- operational readiness across the LHE to meet demand;
- our key system priorities and actions including preventive strategies ;
- additional contingency arrangements identified after a review of lessons learnt from last year
- actions being taken against the 8 priority areas highlighted in the winter planning toolkit for 13/14.

2 Planning Context

All providers are expected to be able to demonstrate that they have:

- detailed projections of likely demand informed by historic patterns of activity, seasonal fluctuations and other factors such as the impact of significant service changes and prolonged holiday periods;
- robust plans in place to meet the expected levels of demand and to continue to meet all agreed contractual requirements, targets and service standards.

3 Operational Readiness

3.1 Leads

Across the LHE, each organisation has identified senior personnel who are the named surge planning lead (see Appendix 1). Due to the nature of the patient catchment area for Brighton and Sussex University Hospitals NHS Trust (BSUH), this includes the surge planning leads for the Crawley, Horsham and Mid Sussex and High Weald Lewes Havens Clinical Commissioning Groups. The surge plan for Crawley, Horsham and Mid Sussex CCGs is attached at Appendix 2.

3.2 Local networks for surge planning

The BSUH LHE Urgent Care Programme Board provides strategic leadership for surge planning across the system. The governance, membership and terms of reference for this group are attached at Appendix 3.

The Programme Board is supported at a local level by the Urgent Care Task Forces (UCTF) of which there are two – one for the north and south of the patch. Urgent Care

Task Force (South) meets fortnightly to oversee the operational delivery of the surge plan. From November the UCTF will meet weekly to maintain to provide a coordinated oversight of any emerging system pressures.

4 Learning from last year

The local health and social care system experienced a very long and difficult winter and system pressures continued well into the spring of 2013. System pressures were compounded by:

- the unplanned long term closure of some community rehabilitation beds
- lack of clarity for the public how to access urgent care
- loss of public confidence in GP out of hours and the start of the new NHS 111 service
- confusion over roles and responsibilities in systems management and escalation

This resulted in a deterioration of the 4 hour A&E standard, unprecedented levels of 12 hour trolley waits and declining performance hospital handover delays.

A number of diagnostic and lessons learned sessions have taken place to inform the development of this year's plan. Key areas of focus for this year include:

- A more effective means of ensuring that clinicians know about the range of good quality services which act as alternatives to hospital and how to access them.
- A greater focus on creating capacity in primary care to manage urgent care
- Planning in advance to flex community bed/home based rehabilitation resource to meet levels of demand
- Building resilience and spare capacity in core staff groups e.g. nursing
- More capacity in community urgent care services that have been proven to work e.g. community rapid response capacity
- More coordinated support for care homes e.g. access to out of hours social care support
- Better information sharing between professionals about patients and greater use of technological solutions to share basic information such as medication
- A more effective escalation system – with clarity around roles and responsibilities and pre-agreed actions that are appropriate to the problem.

5 Escalation and System Management

5.1 Local escalation processes

Following learning from last year, the Programme Board members are in the process of revising the current escalation process for the Local Health Economy. This process will be consistent with and aligned to the Surrey and Sussex Pressure Escalation Framework (see Appendix 4) and the Brighton and Sussex University Hospitals Patient Flow and Escalation Policy and Procedure (see Appendix 5).

The revisions will ensure that:

- Robust multi agency plans are in place for a range of scenarios including acute trust pressures and cold weather affecting the whole
- The plans describes clear local actions (that are agreed and planned in advance) for each level of escalation by organisation which are appropriate to the scenario being managed
- There is a degree of visibility in terms of actions taken by each organisation
- There is seamless transition from Level 3 Red escalation which will be managed within the LHE to Level 4 Black

This is underpinned by a system wide agreement that management of severe pressure is a whole system responsibility and organisations may need to accept and manage additional risk.

The current draft will be tested at a Sussex Crisis Simulation Exercise Workshop in late October.

In addition, the local system is working in conjunction with NHS England to support the role out of the Capacity Management System (CMS) by mid-October. This will provide transparency and consistent reporting in terms of acute hospital pressures.

5.2 Business Continuity and Incident Response

As Category 2 responders the CCGs have a legal requirement to co-operate and share relevant information with other Category 1 and 2 responders. In practice, CCG's are responsible for coordination of the local health system including hospital trusts, community and social care, and for 'local' health incidents within that area, and for supporting the NHS England Area Team (NHS E AT) in their coordination of response to larger pan-Sussex incidents. The CCG along with its local partners therefore maintains 24/7 on-call arrangements. The details of this are attached at Appendix 6.

In Sussex, the multi-agency response to a major incident is likely to be coordinated by a 'Strategic Coordination Group', facilitated by Sussex Police at Police HQ, Lewes.

Within this, health operates at a pan-Sussex level via the NHS England Area Team, (NHS E AT), which coordinates links and response arrangements with all provider trusts, CCG's, Public Health England and major health partners, and provides a multi-agency link to the Sussex Resilience Forum. Sussex Health planning is strategically led and coordinated by the nationally mandated 'Local Health Resilience Partnership'. The Sussex LHRP is co-chaired by a Sussex Director of Public Health and the NHS E AT Operations Director.

Brighton and Hove City Council (BHCC) as a Category 1 responder maintains a duty 'Gold' director and has a Civil Contingencies Team with an on-call officer. The PH directorate includes a Resilience Manager who advises on health protection and multi-

agency resilience issues for the community of B&H, provides a resilience service to B&H CCG and who works in partnership with the LA Civil Contingencies Team.

All main providers including BSUH, SCT, SPFT and BHCC also have full major incident plans underpinned by internal escalation processes.

5.3 *Flu Pandemic Planning*

Sussex Resilience Forum maintains a multi-agency Pandemic Flu plan for Sussex, which is currently being updated by the SRF pandemic planning group, under the leadership of the PHE centre. Recent multi-agency planning guidance for pandemic influenza suggested that 'local' flu plans need to continue to be agreed to support the overarching plans regarding provision of anti-viral collection points within local health economies (LHE's). The SRF group, including PHE and the NHS England Area Team are now awaiting updated health planning guidance for pandemic influenza to come from NHS England.

Public Health and the CCG are leading a city-wide planning group for Pandemic Influenza for the Brighton and Hove LHE that will ensure that each agency plans is able to effectively respond to the threat of flu pandemic across the LHE and cover all issues from the provision and coordination of antiviral collection points, to procedures detailing the vaccination of staff and vulnerable groups in the event of a pandemic.

5.4 *Cold weather and snow contingency*

All key providers within the LHE are required to have comprehensive cold weather and adverse weather plans. The Sussex Resilience Forum ensures there is an agreed multi-agency procedure for responding to all types severe weather events via its Adverse Weather Response Framework (Appendix 7).

In preparation for this winter, the memorandum of understanding for the Brighton and Hove transport hub has been refreshed involving all key partners. Triggers for mobilising the hub have been clarified along with providers own responsibilities regarding business continuity.

The BHCC Highways Winter Service Plan is attached at Appendix 8. This includes:

- The establishment of a winter maintenance service from 1 November until the end of March which will operate 24 hours a day, 7 days a week
- Plans for salt gritting the main network in advance of road frost, ice or snow
- the provision of salt/grit bins at outlying ungritted roads
- In prolonged snowfall, plans for snow ploughing and pavement clearance.
- Arrangements for road closures in conjunction with the police if they become impassable or road conditions become hazardous

This year's National Cold Weather plan is expected in Mid-October 2013. It is expected that the Met Office will continue to circulate cold weather and adverse weather alerts to all Civil Contingencies Act Category One responders, via Emergency planning Officers and on-call staff. At the CCG, the Resilience Manager will inform the CCG On-Call Manager.

SECAmb, BSUHT, SPFT, SCT & BHCC (including ASC) etc. will all be aware of such alerts via their EPO's and on-call staff, and should have planning and Business Continuity arrangements in place to ensure that Health professionals are adhering to the requirements of the National Plan, in checking on and where necessary, making arrangements for patients who may be vulnerable to the effects of cold weather.

The Council operates a duty officer system. The CCG has received and accepted assurance via the Brighton and Hove Resilience Manager from the Civil Contingencies Manager at BHCC that communications procedures between the Duty Officer, Civil Contingency Manager and Senior Directors during 'Out Of Hours' are robust and adequate.

Due to changes to the NHS this year, the CCG resilience Manager is seeking resolution to two issues which remain unclear:

- Whether NHS E AT will be informing all B&H Pharmacies (as well as GP Practices)
- Whether Brighton and Hove Adult Social Care will inform all Brighton and Hove care & nursing homes or only the ones they contract with.

If these issues are being managed, then the CCG will only be responsible for alerting other providers such as IC24 and local 3rd sector responders. A winter planning meeting has been timetabled for 10 am on Friday 9th November 2013 in order to give local agencies time to plan following release of this year's National cold Weather Plan.

Last winter a number of schemes were implemented as part of the Brighton & Hove Warm Homes Healthy People Programme 2012-13. The aim of the partnership was to reduce local excess winter deaths, the impact of cold homes on the health of local people and fuel poverty. The impact of these schemes has been evaluated however it is unclear as yet whether any central funding will be available consequently provisional plans are being made for funding/no funding scenarios.

5.5 *Diarrhoea and vomiting / norovirus*

A joint LHE plan is in operation to ensure there is consistent management of infection control across acute, primary and community settings. Specifically this includes a good practice agreement and joint discharge and referral documentation to highlight infection control status and risk to prevent inadvertent spread of infection and unnecessary closure of capacity (please see appendix 9)

All Short Term Service community beds provided by Sussex Community Trust and/or jointly with BHCC have a common evidenced based policy to manage infectious outbreaks. This builds on work progressed last winter and includes a daily contact from a specialist infection control nurse during an outbreak who can access immediate advice from the consultant in infection control and liaison with the Health Protection Agency. The aim of this approach is to ensure timely decision making and clinical accountability for closure; equality for patients and efficient safe reopening that is aligned with BSUH who have infection control management and monitoring policies in situ, supported by daily reporting processed.

6 Prevention

6.1 *Immunisation of at risk groups*

The CCG is engaged with all key agencies to ensure preparedness for the 2013/14 flu season, and to improve the local uptake of the flu vaccine. Last year Brighton and Hove achieved an uptake of 69% for over 65s and 50.5% for under 65s in at risk groups.

This year, the responsibility for commissioning flu vaccination programmes has passed to the NHS Area team, and we maintain close contact with them through our public health links.

The CCG has recognised that the efforts last year were not as successful as we wished, and has now agreed to fund further investment through enhancement of the Directly Enhanced Service which should provide additional nursing staff to target people who are housebound and who are most likely to miss out through their mobility problems.

Building on work from last year, the Area team is maintaining the vaccination programme in key hospital settings for patients with long term conditions. The target group this year is patients undergoing renal dialysis.

Monitoring of vaccine ordering in primary care is being carried out by the NSH Area Team, and we are looking for their assurance that the process is working successfully, and are ready to support them if specific problems emerge

Flu publicity will be led by Public Health England and Brighton and Hove City Council with a national campaign being distributed locally.

6.2 *Immunisation of frontline staff*

Main providers with the system are expected to deliver a significant improvement in staff vaccination rates this year moving towards a compliance rate of 75% for 2014. Last year's rates were as follows:

Organisation Name	% of vaccinated health care workers involved in direct
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	patient care
Sussex Community NHS Trust	28.5%
Sussex Partnership Foundation Trust	39.5%
Brighton and Sussex University Hospital NHS Trust	30%
East Sussex Hospitals NHS Trust	27.1%
South East Coast Ambulance Service	40.8%

Staff vaccination programmes are in place across local provider organisations. Although uptake will be monitored by NHS England, we are also planning to monitor local providers via the Urgent Care Task Forces and Performance and Quality Boards. In particular we will be seeking assurances that providers have:

- Sourced sufficient levels of vaccinations based on an assumption that uptake rates will increase significantly this rather than last year's outturn
- Developed appropriate improvement plans that are over and above actions taken last year and informed by best practice e.g. use national resources such as NHS Employers Flu Fighters materials

Working in partnership with the local authority, we are also encouraging all Care Homes with Nursing to vaccinate their residents this year.

The City Council has made arrangements with the Healthy Living Pharmacies for their directly employed frontline staff to be offered vaccination. The negotiated rate per vaccine will also be available for staff of other private health and social care organisations if their employers chose to use the service. The communications teams from the various organisations will be working jointly to promote the programme.

6.3 Targeted intervention for at risk groups

This year's surge plan includes targeted intervention for a number of identified at risk groups:

- Targeted support for homeless hostels in the city to prevent admission and facilitate discharge from hospital
- Targeted training and education support for care homes in the city to encourage use of community alternatives to ringing 999 and
- Dedicated social care and mental health capacity in Integrated Primary Care Teams
- Roll out of IBIS for key at risk patient groups – COPD, dementia, end of life, mental health and falls

- A respiratory nurse in A&E to provide liaison with community respiratory teams and expedite discharge
- 7 day a week rapid access clinics

7 Capacity in Key Services

7.1 Joint system plans

The system around the BSUH catchment area are working together to deliver a joint improvement plan, following recommendations from ECIST, which aims to support sustainable delivery of the 4 hour A&E standard and also reduce the number of avoidable non elective admissions and A&E attendances. The improvement plan focuses on a number of key work streams including:

- Creating capacity in primary care to manage urgent care demand
- Anticipatory care i.e. coordinated and structured care of high risk
- Reducing avoidable ambulance conveyances
- Improving access to urgent care services e.g.
- Reducing avoidable admissions to hospital alternative community pathways e.g. shortness of breath, IV antibiotics
- Redesigning community short term services and integrating bed, community and community urgent care services

The local system has also agreed a range of investments from local social allocation and reablement resources and national surge planning monies. The detailed schedule is available at Appendix 10.

7.2 Primary Care

GP's will continue to provide primary medical "essential services" between 8.00am and 6.30pm Monday to Friday, excluding public holidays. Outside of these hours the CCG commissions an out of hours GP service located at the Royal Sussex County Hospital. NHS 111 acts as the entry point for patients

Individual GP practice business continuity (and flu) plans will be checked individually with practices. This will identify any practices whose plans are not up to date or robust and will also focus on practice 'buddying' arrangements specifically designed to ensure service continuity, particularly for single handed and small GP practices.

The Walk-in Service at the Brighton Station GP led health centre is operated by Care UK, offers an 8am -8pm service everyday including Christmas and Bank Holidays. This includes a sexual health consultations/emergency contraception service that is open from 8am -7 pm. These services are well advertised locally.

Historic patterns of demand in Brighton and across other sites run by Care UK show that the Christmas and New Year period do not present a high demand. However, planning for additional staffing is contained within the company's contingency plan and includes pulling staff from sites nearby in Portsmouth and Wandsworth. Contact details for Care UK, in the event of escalation due to adverse weather or other situations, are contained in the on call information for the CCG on call managers.

This year's plan has a greater focus on creating capacity in General Practice to manage urgent care demand. Initiatives supported by the national A&E/surge funding include:

- The piloting of Dr First or similar systems in 6 practices across Brighton and Hove
- Saturday and Sunday morning pop up walk in clinics supported by access to practice systems
- Practice sign up to a set of urgent care standards e.g. a commitment to respond to a call from a consultant within 30 minutes
- A Primary Care Navigator role in A&E supported access to practices systems and/or Summary Care Records
- Continued development of the Urgent Care Dashboard and encouraging greater use by practices

We are also working with primary care to develop a range of specific actions to implement as part of the local escalation process which may include:

- Sending out an all practice e-mail on use of alternatives to A&E when the hospital is at "red"
- The cancellation of pre booked training sessions when the hospital is on "black"
- The development of metrics that measure business of primary care urgent care in primary care by examining same day appointments, telephone contacts and visits offered on a daily basis by a manageable number of volunteer indicator practices
- The development of a menu of appropriate responses that GP practices could make when the hospital is "black", including extra opening hours, telephone triage, cancelling routine clinics or appointments to increase urgent care capacity.

Local dentists will provide core services as per contract. This includes additional 'in-day' access slots procured during 2010, targeted at our areas of highest need. Emergency Dental Services are provided 7 days a week, including all bank holidays. Information with regarding the Emergency Dental Service will be included in all local winter communications plans.

Brighton and Hove is well serviced with 59 community pharmacies spread throughout the City. The majority are open until at least 6.30pm weekdays. Two pharmacies

(Weston's Pharmacy, Lewes Road, and Ashtons Pharmacy, Seven Dials) are open from 9am-10pm 365 days a year. The pharmacy at Sainsbury's, West Hove, has a 100 hour per week contract. Although many pharmacies do have reduced opening hours on the Christmas and New Year bank holidays – Weston's and Ashtons are both open all day with Sainsbury's, West Hove, and Boots, North Street, still available on most days, apart from 25th December.

All pharmacies have contingency plans and arrangements in place to ensure a service can still be provided even in times of adverse weather conditions.

7.3 Out of Hours

Integrated Care 24 (IC24) have appropriate contingency plans in place to ensure primary care out of hours and out of hours nursing services can be maintained and meet expected increases in demand over the winter period. Historic patterns of activity are routinely tracked and staff levels planned accordingly, including all bank holidays.

Additional capacity plans focus on extra clinicians during predicted busier shift times such as early evenings and daytimes at weekends and bank holidays.

Capacity and demand are reviewed routinely on Mondays at locality corporate meetings and on Thursdays at Operations Conference Call. Emergency meetings of the EMT are held if demand exceeds capacity and thereafter at daily conference calls throughout the crisis period.

All IC24 cars are fitted with winter tyres at the start of October for the winter period and wheel chains available. Brighton has the use of 3 cars, 2 of which are 4x4 as well as the access to 4x4 assistance. IC24 are seeking to collocate some of their 4x4 vehicles at the Royal Sussex County site. There are 7 other cars in use for the oohs period within the East Sussex Locality

GP out of hours will also continue to support:

- A redirection pathway from adult and paediatric A&E
- A weekend review clinic which is bookable by health professionals.

The out of hours nursing service operates from 8pm to 8am 7 days a week including Tuesday 25th December and Wednesday 26th December and Tuesday 1st January 2013. Staff are not permitted annual leave during the long Christmas Bank Holidays and are aware that that the service may request flexibility over other leave arrangements.

Additional night sitting and 'pop in' capacity will be in place via the out of hours nursing service to provide additional support to Community Rapid Response Service (CRRS) and to facilitate discharge from A&E.

A number of other services operate out of hours. Where these are directly accessible by the public they are linked into the NHS Pathways Directory of Service as a potential disposition for NHS 111. This includes:

- Professional Support Line (for clinician urgent care referrals)
- Community Short Term Services – bed and community based rehabilitation
- Community Rapid Response Service
- Independence at home (in-house homecare service)
- Hospital Integrated Discharge Team (including social care)
- GP led health centre
- Roving GP (operating until 9pm weekdays)
- Social workers aligned to Community Rapid Response Service/Carelink to provide emergency and out of hours social care

7.4 Services preventing admission

All community services will as a minimum be provided in accordance with planned activity levels and contractual requirements. Certain key services will be bolstered with additional capacity funded by A&E improvement/surge funding.

Roving GP/Intermediate care medical cover (provided by IC24) has a substantial number of shifts covered by salaried GPs to ensure continuity of care and robustness of service delivery. Additional sessional GPs are available to provide cover where needed. The service is able to flex according to activity as the RGP and ICS GP can support each other and provide contingency. As part of the surge funding, the operating times of the roving GP will be extended until 9pm on weekdays to more closely align with those of the CRRS.

The **Community Rapid Response Service (CRRS)** functions 7 days a week until 8pm. This service provides a 2 hour urgent assessment and intervention service to prevent admission to hospital for up to 3 days. Surge funding is being used to provide additional capacity within the service to take an additional 5 referrals per day and to more effectively respond to peak periods of demand e.g. Fridays.

Age UK (Brighton and Hove) work closely with CRRS to support patients for up to 2 weeks, when they are in crisis. They provide general care as well as a sitting service 7 days per week. The plan is to increase the capacity of this service to respond to the anticipated winter surge demand from CRRS. This additional capacity will also support patients waiting for packages of care in their usual place of residence, and thus enable patients to be discharged from both an acute bed and/ or the CRRS (which provides support for up to 72 hours) in a timely and safe way.

The **Integrated Primary Care Teams (IPCTs)** which support clusters of practices to proactively manage patients with long term conditions is now well established. Since last winter, the service has increased nursing, therapy, social care management and

mental health nursing capacity. The service also has a target of getting 500 anticipatory care plans on the IBIS system by mid-November.

The **Professional Support Line** (PSL) is the single point of access for all community urgent services and operates 8am to 8pm 7 days a week. Further assurances are being sought from the current provider, SECAMB, on plans to ensure robust service delivery over the winter period.

The **Rapid Access Clinic for Older People** (RACOP) provides multi-disciplinary consultant led geriatric assessment to prevent hospital attendance and / or admission as well as support timely discharge from an acute bed. The surge funding will increase capacity within the service and enable specialist dementia support.

7.5 Acute Hospital Services

BSUH have well established mechanisms in place to flex bed capacity up and down to meet demand, but there is a clear limit to the maximum capacity that can be open. Clinical operation reviews of predicted and actual demand progress take place three times a day. An operational look forward monitors all capacity issues and plans for the following week on all aspects in demand on capacity. This includes the management of mismatches between elective and emergency demand. A rolling 6-week emergency admission predictor is used; and this predicts the position one week ahead for planning and is supported by the implementation of a real time bed state that monitors patient flow, and is expected to be fully operational in 2013.

Duty rotas will be completed 6 weeks in advance of the Christmas/New Year period. Annual leave will be tightly managed and a rota is developed to use minimal agency staff over the period. Regular recruitment into nursing vacancies has resulted in a reduction of vacancies and consequent use of agency staff. A full on call rota is in place providing 24/7 cover by all professional groups as required is in place, especially from support services e.g. Pharmacy service, Therapy staff, Pathology services, Imaging.

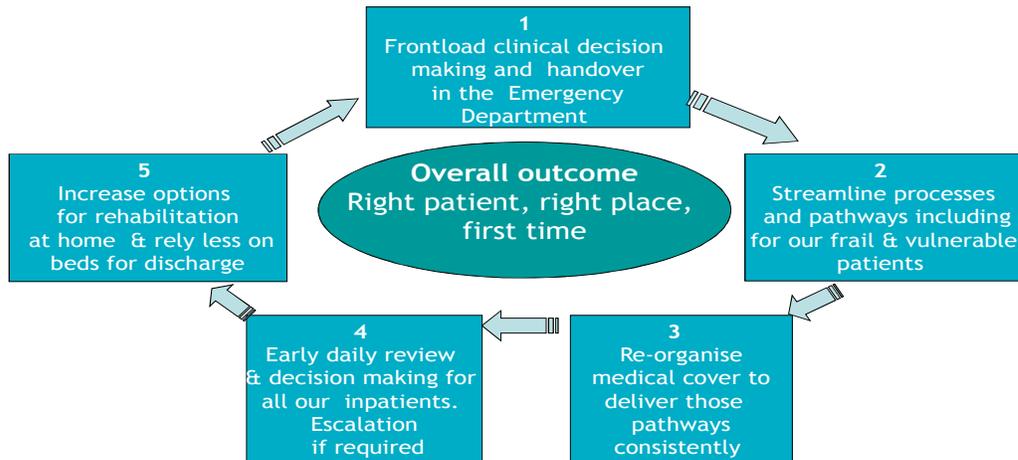
Elective admissions over Christmas and New Year period will be reduced over Bank holidays but otherwise will continue as normal. Planned trauma lists will be increased over this time, to meet the usual peak in capacity demand.

Arrangements are in place to continue the management of elective work and to maintain the achievement of the 18 week target including:

- A weekly (Wednesday) 18 week meeting to monitor performance and implement agreed actions
- A reduction in waiting time for first outpatient appointment allowing greater flexibility in the remainder of the 18 week pathway
- Alternative providers identified to take patients from existing waiting lists identified as required

In the event that the 18 week target was at risk a Recovery Group would be formed to agree and monitor a plan to regain performance.

£835k of the surge funding allocated to BSUH will be used to improve and enhance practice enabling delivery monitoring by means of mile stones, measurable KPIs. The schemes are closely linked to the ECIST work for which there are five key work streams



BSUH are working with key stakeholders in the system to ensure a robust plan for the forthcoming winter. This will draw on experience from previous years and ensure there are plans in place to meet the expected levels of demand. A dashboard of performance and process measures is in place and in use to provide assurance around progress to the wider system. The dashboard looks at both key performance and safety and quality indicators. This work will continue at pace and alongside other initiatives to improve quality, safety and dignity.

BSUH will provide timely updates in relation to performance and the impact that the monies is having on our patients. There will be agreed named staff that will be responsible for ensuring that the impact is measureable and reported.

Escalation plans have been updated and circulated with clear actions taking in to account previous years and experiences.

6.1.1 Single Sex Compliance

BSUH is compliant with the Government's requirement to eliminate mixed-sex accommodation, except when it is in the patient's overall best interest, or reflects their personal choice.

Patients who are admitted to the hospital will only share the area where they sleep (i.e. section or bay of a ward) with members of the same sex, with same-sex toilets and

bathrooms close to their bed area. Sharing with members of the opposite sex will only happen when clinically necessary (for example in our Critical Care units) or when patients actively choose to share (for example in the Sussex Kidney Unit.)

BSUH will also set up an audit mechanism to make sure that it effectively classifies any of its reports and will publish the results of the audit in the annual Quality Account.

6.1.2 Critical Care

Critical care networks and communication processes are in place.

Bed capacity for HDU has increased this year to 8 beds at RSCH. Transport and escalation plans are fully in place and used regularly. SECAMB responds to requests for critical care transfers (inter hospital) as an emergency response based on the needs of the patient. The critical care facilities on both sites are used flexibly to meet the demand.

7.6 Learning Disabilities and Mental Health

The extended break over the Christmas and New Year period can result in vulnerable people becoming isolated. Contingency plans will be in place for such individuals and these are available through e-CPA (SPFT electronic clinical recording tool) which is available to all SPFT staff including those working in the Crisis Resolution Home Treatment (CRHT) service, A&E Liaison staff, Assessment and Treatment Service, Enhanced Brighton Urgent Response Service, Assertive Outreach and the Living well With Dementia Service.

Both Mill View and the Nevill Hospitals will be operating at full capacity across the winter period for the provision of adult and older people with mental health problems.

The Assessment & Treatment Services operate normal working hours 9-5 Mon to Friday, (except BHs). The Assertive Outreach Team (AOT) operates extended hours for identified clients.

CRHT & A&E Liaison operate 24/7, as is access to on call consultants and Approved Mental Health Professionals. The Enhanced Brighton Urgent Response service is fully operational and available 24/7 working from Mill View Hospital between 8am- 8pm and outside of these hours from the RSCH.

The Living Well with Dementia Service is available 7 days a week 8am-8pm for people with dementia.

The Lighthouse (service for personality disorders) operates 7 days a week.

When 'normal' bed capacity is full there are agreed escalation plans e.g. leave beds, urgent clinical reviews, and accelerated discharge with support from CRHT. In-patient wards are identified as priority, with professional leads providing clinical interventions.

The Brighton and Hove Wellbeing Service is open Mon - Friday 9am to 5 pm, closed weekends and bank holidays. There is a facility for this service to respond to respond to priority referrals within 5 days of referral.

The Brighton & Hove Memory Assessment Service is open Mon- Fri 9-5 closed weekends and bank holidays.

Staffing capacity is planned according to previous activity levels, to ensure adequate staff are in place. The main risk to the service is staff sickness, in this event the community services would need to concentrate on priority referrals, and routine referrals would take longer to be seen which may end up in a breach in waiting to be assessed / treated.

Across all Mental Health services, in adverse weather situations e.g. snow, vulnerable people are visited at home and non-clinical staff are redeployed to provide ancillary functions.

7.7 Ambulance Services - 999 and PTS

SECAMB operate a nationally recognised REAP (Resource Escalation Action Plan) system, incorporating six levels of escalation which triggers actions based on system pressures. This is attached at Appendix 11. The REAP level is kept under constant review by the operational management team.

SECamb will expect to receive as much notice of adverse weather through its Contingency Planning and Resilience Department. The system in place captures all the severe weather warnings from whichever source and sends them through to the single point of contact (SPOC) email (CP&R@secamb.nhs.uk) or the SPOC Tactical Advisor number (0773900765). The on-call Tactical Advisor will then deal with the alert in the most appropriate manner. Should the alert relate to pre-warning telecons then these will be attended to by the SECamb representative and will promulgate the actions throughout SECamb. Notice of weather concerns could trigger the standing up of Mission Control along with preparedness and distribution of in-house 4x4 vehicles along with the procurement of additional 4x4 capability if required.

The Resourcing Escalatory Action Plan (REAP) will form the backbone of the Trusts response; as part of the REAP procedure an Emergency Operations Centre (EOC) on day surge process has been established that will provide the Trust with short notice capability to surge several vehicles. This system has been enhanced since the introduction of the single Computer Aided Dispatch (CAD) which enables deployment across SECamb.

SECamb operate NHS Pathways in all 3 EOCs which enables more patients to receive a more appropriate response, providing advice or more local services to be used to conclude episodes of care over the telephone, at the patient's home or at an alternative treatment centre other than an acute setting. It is anticipated that utilisation of this

triaging tool which is linked to a directory of locally available services will reduce A&E attendances. Alongside this SECAMB have additional clinical advice/support within the EOC's and has contingency plans to increase the numbers of clinicians at times of increased demand along with expanding the conditions where advice can be provided.

Additionally SECAMB are implementing a number of projects which support the system wide programme to reduce the number of avoidable conveyances to A&E:

- Supported conveyances –providing additional support to ambulance staff in their decision making regarding whether to convey a patient into secondary care or whether the patient can be supported at home through primary or community care services. This support would be provided by a senior clinician from the Secamb control room.
- Using the IBIS system i.e. loading care plans onto the IBIS system to help them to manage the patient in the community, where clinically appropriate rather than automatically conveying them to hospital.

SECAMB have in-house 4x4 vehicles with patient carrying capability and these can be supplemented with additional hired in vehicles if required. All trust ambulances have snow tyres fitted as standard and these can be further enhanced with the addition of 'snow shoes'.

Patient Transport Services

It is SECAMB's intention to provide a reliable and responsive patient transport discharge service to the acute trusts as commissioned. Plans have identified that when there is a demand for discharges, due to adverse weather, there is also a corresponding reduction in out-patient activity, therefore PTS capacity to key patient groups, including discharges should be maintained. The PTS managers with geographic responsibility for the particular area work with the local providers to identify and agree priorities and manage demands.

The PTB provides a central screening, booking and coordination centre for Sussex. This service is available for all PTS requests including out patient appointments, discharges, admissions etc. In addition the PTB organises the repatriation of patients any where in the country or from anywhere in the country back to Sussex.

The PTB is centrally based in Worthing with 85% of staff living within 15 minutes walking distance it is able to operate as LHE central transport Hub for non emergency transport coordination. The PTB can be contacted via email or through 0300 111 21 31. We also have a dedicated discharge line which will be used in the event of adverse weather conditions 01903 890651.

The PTB also has on site coordinators currently based at Chichester, Brighton and Eastbourne however should they not be able to get to their designated sites they also

have the capability to work from home with full access to the PTB booking service and phones linked into the dedicated discharge line.

PTB and PTS managers will monitor performance and responsiveness of service while maintaining close links with colleagues in the acute trusts, particularly when the health system is challenged, on an hour by hour basis if necessary.

Access to reliable PTS remains a concern for the LHE and despite work to review current arrangements it is unlikely these will deliver any material benefits in time for winter. Plans are therefore in place to secure additional dedicated private vehicles via surge funding to support BSUH and discharges to and from community STS beds.

7.8 Hospital Handovers

Whilst progress has been made in validating handover data, both BSUH sites continue to experience significant levels of handover delays. The surge plan includes funding to support improvement including Hospital Ambulance Liaison Officers at both sites and a nurse post to greet ambulances in the Princess Royal A&E.

Performance is being closely scrutinised at the BSUH Single Performance Conversation and the Urgent Care Programme Board however SECAMB and BSUH have yet to:

- reach agreement on governance arrangements and triggers for instigating cohorting in the A&E departments
- present a comprehensive joint plan that assures commissioners performance will improve.

7.9 NHS 111

Only superficial winter plans have been received from SECAMB regarding the NHS 111 service. Commissioners have been advised that the full winter plan will not be available until the end of October. The plan, as provided, does not provide any assurance about the service's ability to manage surges in demand, in particular over the peak holiday period. This concern is being formally raised with the provider via the lead contracting CCG.

7.10 Access to intermediate care and social care

Community Short Term Community Short Term Services (CSTS) are accessed by clinicians and professionals across Brighton and Hove via the Professional Support Line. CSTS will be provided in accordance with planned activity levels and contractual requirements.

Services will flex their staffing within existing resources to cover bank holidays and weekends ensuring that 'pinch points' are reduced as much as possible. Surge funding and the winter contingency from the Social Care Allocation are being used to provide additional capacity in key services including:

- 7 day a week social work resource aligned to the CRRS to be used flexibly when patients are in crisis. Importantly the social workers will be able to ensure patients are supported when they require adult health and social care services.
- Additional homecare capacity to supplement CSTS ensuring there are enough homecare workers available to respond rapidly to peaks and troughs across winter across 7 days of the week
- increased capacity and availability of community equipment access 08.00-20.00 for 7 days per week
- a dedicated discharge vehicle for CSTS to support patient flow from an acute bed to CSTS and if required from CSTS to another care setting a dedicated discharge vehicle will be available for CSTS patients
- additional CSTS beds available through the winter surge with flexible admission criterion and a particular focus on dementia or cognitively impaired patients, and access to appropriate rehabilitation facilities.

All services within CSTS have developed clear escalation plans and policies to cover likely issues such as cold weather, snow, capacity issues, and the closure of CSTS beds

7.11 Social care joint arrangements

Adult Social Care is a core member of the weekly Urgent Care Task Force. All the Brighton and Hove system plans incorporate actions related to social care and local authority services commissioned and include:

- Management of reduced capacity and staffing over winter (including use of care crew/ relief staff)
- Management of planned annual leave for the winter and Christmas period (includes new Annual leave booking protocol)
- Flexibility between directly provided 'bed' services to ensure maximum efficiencies
- Clear onward pathways being developed to independence at home (homecare) to support Community Short Term Services and rapid response service
- ASC to participate in Transport Hub to support movement of critical staff and access to vulnerable service users when severe weather significantly disrupts transport systems in the city.
- Increased levels of homecare capacity accessible 7 days a week, and improved access to home care through reviewing current processes.
- Increased access to care home capacity (including nursing) 7 days a week

- Information and intelligence related to available care home capacity accessible to BSUH 7 days a week

Good processes are in place to support timely hospital discharges including rapid access to packages of homecare, 7 days a week access to assessment services, care pathways for housing issues.

Social work teams will be covering short term services over the Christmas week to avoid delays in assessments and applications for care provision. There should be normal cover over 24th, 27th and 28th.

8 Communications

The CCG has developed and implemented a comprehensive public campaign to improve awareness of where they should go if they are unwell or have an accident and to try and encourage people with less serious problems to use services other than A&E. We are working closely with BSUH and neighbouring CCGs to make sure we have a coordinated approach to this campaign.

At this year's PRIDE event we, with the help of SECAMB, St John Ambulance and LGBT HIP, handed out 3000 flyers all over the city telling people the exact location of the Brighton Station Health Centre and the main pharmacies. We have distributed similar information at Sussex and Brighton Universities Fresher's Weeks with adverts in student papers and presence at Fresher's fairs.

The campaign, themed around celebrating the everyday heroics of people using the health system correctly, will include short animated films to be shown in key locations, a mobile phone optimized web site and game; and radio and bus stop advertising. Click here to go to the site - . www.wecouldbeheroes.nhs.uk.

Flu publicity will be led by Public Health England and Brighton and Hove City Council with a national campaign being distributed locally. The Cold Weather Plan is also being launched by Public Health England alongside a communications toolkit to support local work on the Keep Warm, Keep Well theme. Alongside messages for the public, the CCG is developing a mobile enabled web based directory of urgent care services. This will be available to local GPs and other clinicians in the city. We have held a networking event with BSUH clinicians and community services to develop a greater understanding of the range of community alternatives in the city. We are seeking to replicate this session with GPs and care home providers.

9 Key Risks and Mitigation

Risk Area	Risk Score	Mitigation	Adjusted Risk Score
Sustainable delivery of 4 hour A&E standard	20	<p>Continued scrutiny of delivery of ECIST plans by acute trust via local assurance group</p> <p>Ensuring focus on key risk areas affecting performance e.g. surgical pathways, timely discharge, mental health etc.</p> <p>Continued oversight and leadership by members of Urgent Care Programme Board supplemented by operational focus at weekly Task Force meetings</p>	12
Ability to make best use of surge money in a sufficiently timely way to impact on winter	16	<p>Prioritisation of surge money on key risk areas.</p> <p>All bidders required to complete project plans and provide regular update on progress</p> <p>Close monitoring of use by UCPB to ensure programmes are delivering on time and achieve desired impact</p> <p>UCPB to determine use of slippage money</p>	12

Risk Area	Risk Score	Mitigation	Adjusted Risk Score
Lack of effective escalation policy	16	<p>Rewrite of local policy to align with Surrey and Sussex policy to include:</p> <ul style="list-style-type: none"> • Robust multi agency plans for a range of scenarios including those affecting the whole system • clear local actions (that are agreed and planned in advance) for each level of escalation by organisation which are appropriate to the scenario being managed • a degree of visibility in terms of actions taken by each organisation • seamless transition from Level 3 Red escalation which will be managed within the LHE to Level 4 Black. <p>Testing at Sussex Crisis Simulation Exercise Workshop in late October.</p> <p>Implementation of CMS to provide transparency and consistent reporting in terms of acute hospital pressures.</p>	12
Ability of PTS to meet demand and capacity over winter period	16	<p>Review of current contract and escalation to provider of key issues by lead commissioner.</p> <p>Sourcing PTS capacity from independent sector providers to support discharge from hospital and to expedite discharge from CSTS beds</p>	12

Risk Area	Risk Score	Mitigation	Adjusted Risk Score
Ability of NHS 111 to meet demand and capacity over peak periods	12	Lead commissioner has formally written to provider requesting comprehensive surge within 2 weeks.	12
No improvement in hospital handover performance	16	Implementation of HALO role and PRH nurse from surge funding. Continued scrutiny of handover improvement plans by local assurance group and SPC.	12
Non delivery of flu immunisation targets for provider staff	12	Monitoring of providers by NHS E Monitoring of local providers via the and Performance and Quality Boards. In particular we will be seeking assurances that providers have: <ul style="list-style-type: none"> Sourced sufficient levels of vaccinations based on an assumption that uptake rates will increase significantly this rather than last year's outturn Developed appropriate improvement plans that are over and above actions taken last year and informed by best practice e.g. use national resources such as NHS Employers Flu Fighters materials 	9