

TRUST BOARD REPORT IN PUBLIC – 30TH November 2017

Winter briefing 1 - Operational management of winter – NHSE and NHSI expectations and communication

1. SASH Response

Local Winter Teams

- A hospital doctor, nurse and operating manager who are accountable for the management of urgent and emergency care and who have a direct relationship with the CEO.
 - Des Holden Medical Director
 - Fiona Allsop, Chief Nurse
 - Angela Stevenson, Chief Operating Officer

- A local cross-system winter operations team, consisting of the following roles, with sufficient capacity released to operate the joint local arrangements and at a level of seniority sufficient to commit organisational resources:
 - A senior manager responsible for UEC in the CCG.
Gareth Howells, Director of Delivery East Surrey CCG
Rachel Harrington, Chief Operating Officer, Horsham and Mid Sussex CCG
 - Local Authority Social Care Director – nominated by the Local Authorities.
Mark Howell, Director of Adult Operations, West Sussex County Council
Steven Porter, Area Director for East Surrey, Surrey County Council
 - Community Provider Senior Operational Lead.
Val Frost, Chief Operating Officer First Community Health Care
Kate Pilcher, Director of Operations Sussex Community Foundation Trust

The CCG Leads will coordinate and lead this group to ensure a rapid response to situations as they arise and will formally report to the AEDB on a monthly basis, the next scheduled meeting being on 7th December 2017.

The team are specifically focused on:

- reduction of occupancy rate in acute and community hospitals through targeted management of Delayed Transfers of Care in accordance with the agreed trajectory
- flow in acute and community hospitals by ensuring sufficient capacity and contract arrangements to deliver no less than 15* community discharges each day across 7 days, from SASH as per the system escalation plan.

2. Local Escalation Plans

Clinical escalation will need to ensure that:

- All patients who are to be admitted have a timely 'Decision to Admit' to ensure they do not need to remain in the ED for any longer than is clinically necessary.
- Patients are not cared for on hospital corridors.
- Escalations beds have the necessary staffing and equipment to ensure safe care.
- 12 hour trolley waits in the ED never happen.
- Patients do not wait more than 15 minutes in ambulances before being handed over to the hospital.
- The hospital can manage increasing demand because of flu, norovirus, etc.

We have a clear and robust set of plans including the SASH System Escalation Plan, SASH Escalation Policy and the SASH Influenza Control Policy that detail what actions we will take in anticipation and response during times of significant pressure both as a system and within the hospital to ensure that patients do not wait in the Emergency Department longer than necessary, are not cared for in hospital corridors and which detail the necessary staffing and equipment need to

maintain safety in escalation beds. In addition we have Norovirus, C-Diff and Flu Management guidance sheets which we circulate regularly to all staff.

We have plans in place to improve ambulance handover turnaround time and have instigated a process of increased internal incident reporting.



SASH System
Escalation 201718.pdf



Escalation Policy -
2017 Final.docx



Influenza Control
Policy - Nov 2017 .doc

Angela Stevenson
Chief Operating Officer
November 2017