

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

17 OCTOBER 2022

UPDATE ON IMPROVING PATIENT FLOW AND WINTER PLANNING

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested a progress report on patient flow and winter planning, including how this will impact on ambulance hospital handover delays.
2. Representatives from NHS Herefordshire and Worcestershire Integrated Care Board (ICB) (which from 1 July 2022 replaced NHS Herefordshire and Worcestershire Clinical Commissioning Group), West Midlands Ambulance Service University NHS Foundation Trust (WMAS), Worcestershire Acute Hospitals NHS Trust (WAHT), Herefordshire and Worcestershire Health and Care Trust (HWHCT) and Worcestershire County Council (the Council) have been invited to attend the meeting.

Background

3. A Scrutiny Task Group looking at Ambulance hospital handover delays was carried out in November 2021 and since that time the Committee has monitored patient flow and the impact on ambulance hospital handover delays.
4. The Committee remains concerned about the situation in Worcestershire and has requested regular updates. Attached at Appendix 1 is up to date urgent and emergency care data reported previously to the Committee.

Introduction

5. Every year the NHS prepares for winter pressures in urgent and emergency care, by forecasting what the likely demand will be, developing schemes to mitigate that demand and improving on its coordination of escalation during high peak periods.
6. This year, drafting of the Winter Plan is entering its final stages, bringing together the demand and capacity analysis, the national urgent and emergency care assurance requirements, and ambulance handover improvement plan (Worcestershire). The plan covers the Herefordshire and Worcestershire Integrated Care System (ICS), referencing specific local issues as appropriate.

Capacity and Resilience

7. A national briefing outlined collective core objectives and actions to form part of the Winter Planning:

- Prepare for variants of COVID-19 and respiratory challenges, including an integrated COVID-19 and flu vaccination programme
- Increase capacity outside Acute Hospital Trusts, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter
- Increase resilience in NHS 111 and 999 services, through increasing the number of call handlers to 4.8k in 111 and 2.5k in 999
- Target Category 2 response times and ambulance handover delays, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged Trusts
- Reduce crowding in Emergency Departments (ED) and target the longest waits, through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services
- Reduce hospital occupancy, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway
- Ensure timely discharge, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '100 day challenge'
- Provide better support for people at home, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.

8. The briefing is explicit on the role for NHS Integrated Care Boards (ICBs) as accountable for ensuring that their system providers and other partners deliver their agreed role in their local plans and work together effectively for the benefit of the populations they serve.

9. Alongside the briefing, a new NHS England assurance framework has been published, requiring monthly updates by the ICB on progress to mobilise winter plan schemes and to continue with the urgent and emergency care improvements. This will be overseen by the ICS Urgent and Emergency Care and Community Services Programme Board, starting from this month.

Ambulance Handover Plan

10. As one of the most challenged systems nationally for ambulance handover delays over 60 minutes, partners across Worcestershire have engaged in the development of a plan to eradicate the delays. In line with the NHS England assurance framework, this plan has been reviewed and developed further to cover September 2022 to March 2023, with all its agreed actions embedded into the overall Winter Plan.

Demand and Capacity 2022/23

11. The demand and capacity analysis considers demographic growth, seasonal conditions, e.g. flu and operational pathway information, e.g. ring-fencing of elective care beds.

12. For Worcestershire, the analysis shows that before the winter schemes and best practice urgent care improvements are implemented there is a shortfall of 45 beds

required to effectively manage urgent care pressures. Work is almost finalised to analyse the impact of the winter schemes and improvement programmes to determine the capacity status for winter.

13. The full analysis and any mitigation will be considered by the ICS Urgent and Emergency Care and Community Services Programme Board.

Winter Schemes

14. Resources for the winter schemes have been announced. For the Herefordshire and Worcestershire system, a winter plan allocation has been identified. The total resource is divided into three ring-fenced elements (virtual wards, extra capacity and ambulance handover improvement). ICS partners have identified schemes likely to address winter pressures with immediate mobilisation, rather than urgent and emergency care transformation schemes that may require longer lead-in time before benefit realisation, again with the aim of addressing the bed deficits evident to date over the winter.

15. The process has commenced to implement the schemes that support the ring-fenced elements, with the ICB overseeing delivery and achievement of the outcomes in line with the seven schemes identified below:

Scheme	Lead	Start	Detail
Accelerated flow and discharge	WAHT	1/11	Additional pharmacy capacity, Emergency Department transfer teams, discharge coordinators, Stroke Rapid Artificial Intelligence; Long Length of Stay Matron, Intravenous (IV) Therapy at home additional capacity
Additional Capacity	WAHT	Live	New AMU Open, Post ED Ready to Proceed Unit Open, New Pathway Discharge Unit Open (options appraisal underway to determine best use of capacity)
Handover Delays	WAHT	1/10	Adoption of North Bristol Push Model, cohort area, front door streaming
Out of Hospital Alternatives	HWHCT	1/11	Extended hours at MIUs and Urgent Community Response in-reach, extra surge capacity open during the winter in community hospitals
Escalation beds	Wye Valley Trust	1/9	Additional acute bedded capacity to support ambulance diverts to Hereford (Herefordshire)
Virtual wards	WVT/ HWHCT	1/11	Delivery of care at home, using remote care

North Bristol / 'Push Model' implementation

16. This way of working, originally developed at the North Bristol NHS Trust and since used in a number of other hospitals, was implemented in September by the Acute Trust. The model was initially introduced on the Worcestershire Royal site only, to support the wider work going on to reduce ambulance handover delays, ease pressure on the Emergency Department (ED) and improve patient flow.

17. The model requires a minimum number of transfers of patients in each 24-hour period from the ED to the hospital's medical and surgical assessment units and from those assessment units to the hospital's base wards. These ward transfers need to be balanced by at least an equivalent number of discharges - either simple (Pathway 0) discharges or discharges on a defined pathway of care, with all transfers and discharges managed in the safest, most timely way possible.

18. While the model has delivered some improvements, further work is being done by WAHT and system partners to ensure that it is fully embedded at Worcestershire Royal, with plans also being discussed on how to introduce it at the Alexandra Hospital as well.

Risk

19. Ambulance handover delays, long waits in Emergency Departments while waiting to be admitted and challenging discharge performance is impacting on the system. Recognising that winter pressures is likely to compound this further results in a high-risk winter plan with significant challenges to improve patient experience and patient outcomes, enhance hospital flow and improve working conditions for staff.

20. The high-level risks are:

- Workforce – Ability to attract additional roles required for the schemes and the current workforce position and resilience
- Market availability – care home responsiveness to the demand for additional nursing beds
- Integration – incorporation of the schemes into the existing urgent and emergency care service model requires staff awareness of the available schemes.

21. Due to the significance of the risk across the system, partners in Worcestershire are undertaking a risk-based, integrated assessment that will identify the risk sharing required and align to the mitigation in the winter plan.

Governance

22. The winter plan is expected to go to the ICS Urgent and Emergency Programme Board for system-wide agreement. During October, the plan will then be presented at Worcestershire Executive Committee and to ICB Strategic Commissioning Committee for sign-off. A winter plan key performance metrics dashboard has been developed to support the monitoring of the impact of the plan. Each partner has been asked to ensure that operational policies and escalation protocols have been reviewed and updated.

Purpose of the Meeting

23. The HOSC is asked to:

- Consider and comment on the information provided
- Determine future scrutiny needs.

Supporting Information

Appendix 1 – Urgent and Emergency Care data pack

Contact Points

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Background Papers

In the opinion of the Proper Officer (in this case, the Democratic Governance and Scrutiny Manager) the following are the background papers relating to the subject matter of this report:

Agenda and Minutes of the Health Overview and Scrutiny Committee on 8 July, 9 May and 9 March 2022, 18 October 2021, 27 June 2019, 14 March 2018 and 11 January 2017

[All agendas and minutes are available on the Council's website here.](#)