

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

1 DECEMBER 2022

UPDATE ON IMPROVING PATIENT FLOW

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 the 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 this meeting.

Background

3. A Scrutiny Task Group looking at Ambulance 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. Appendix 1 provides an update on 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. To re-cap, 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 4,800 for the 111 service and 2,500 for the 999 service.
 - 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.
 - Ensure processes exist to prevent any ambulance having to wait longer than three hours to handover.
 - 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 need.
8. The national 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 / Urgent and Emergency Care (UEC) Urgent Actions

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 to March 2023, with all its agreed actions embedded into the overall Winter Plan.

11. In November 2022, the Worcestershire system agreed specific urgent actions within UEC to increase the speed of recovery and to realise the benefits of significant investment over the previous 12 months.

12. These areas of focus are:

a) **New capacity** – Successfully mobilise and open the first floor of the new Emergency Department (ED) building. This will maintain the extra Medical Assessment Unit (MAU) bed capacity and triples the capacity of Same Day Emergency Care (SDEC). As part of opening this new facility the current empty space will be turned into a minimum 29 bedded multi-speciality surgical assessment area. The first floor of the ED building will open by the end of December 2022, with the new ED opening in May 2023.

Current Position – The ICB Winter Director is supporting colleagues with the production of robust implementation plans covering set out above. NHS England has also offered to support the opening and transition arrangements, ensuring it is in line with best practice and the benefits are fully realised. There is a Workshop arranged for staff for the 1 December to agree and plan the Implementation Strategy.

b) **Front door streaming** – To finalise and implement a new front door streaming model and Standard Operating Procedure (SOP). This needs to include streaming to the new expanded assessment areas and direct admission rights for the ED consultants to these areas. Alongside this the SOP needs to include direct GP referral access through a single point of access to the new assessment units and to SDEC. WMAS also needs the ability to directly access SDEC. This will remove approximately 30% from the daily ED activity.

Current Position: As set out above, there is currently 8 hours per day cover for consultant lead front door streaming, with the aim of increasing cover subject to workforce challenges. There will be further refinement following the SDEC workshop on 1 December.

c) **Discharge** – Establish a command-and-control approach for discharge activity, with oversight by the ICB Urgent and Emergency Care Lead but owned by the Worcestershire Acute Hospitals NHS Trust and supported by system colleagues. The vast majority of this action will deliver much improved levels and consistency of simple discharges and early in the day discharge. Also to conclude the review of the Onward Care Team and the steps in the process for referring to complex discharge pathways to make it as lean and as quick as possible.

Current Position – The Discharge Command Hub was operational from 28 November.

d) **North Bristol Trust Model**– Undertake a review of the consistent implementation of the bed management processes in the hospital and the push from ED to Wards. This needs to be consistent across 7 days a week and be supported by improved focus on bed management across the Trust.

Current Position: Implementation has been reviewed. Challenges exist due to 1) boarding of patients 2) lack of assessment area space/utilisation. Linked to review of new capacity and SDEC / Front

Door streaming. Improvements in these areas will benefit the ability to successfully deliver against the NBT Model.

13. In October 2022, the Worcestershire system experienced 1,429 ambulance handover delays longer than one-hour, this is a 32% increase on the previous month, this deterioration in performance is a key driver for strengthening oversight and governance in the areas mentioned above.

Demand and Capacity 2022/23

14. 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.
15. For Worcestershire, the initial analysis (subject to further discussions during week commencing 28 November shows that subject to successful implementation of the Winter Schemes there is a balanced bed position. It is important however to quantify this against daily challenges within UEC. Some of these challenges can be overcome through delivery against the 'UEC urgent actions' as described above.
16. The full analysis and any mitigation will be considered by the ICS Urgent and Emergency Care and Community Services Programme Board.

Winter schemes

17. 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.
18. 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	Live	Additional pharmacy capacity, Emergency Department transfer teams, discharge coordinators, Stroke Rapid Artificial Intelligence; Long Length of Stay (LLOS) Matron, Intravenous (IV) Therapy at home additional capacity November 22 Update:

			<ul style="list-style-type: none"> • LLOS Matron's recruited. Discharge Coordinators in place. • Additional pharmacy hours in situ. • Other posts in recruitment phase. <p>The impact of all posts associated with improving flow will be monitored via the Discharge Command Hub.</p>
Additional Capacity	WAHT	Live	<p>New AMU Open, New Pathway Discharge Unit Open</p> <p>November 22 Update:</p> <ul style="list-style-type: none"> • New SDEC floor opening during December. Impact and monitoring will be via the outcomes of the SDEC workshop on 1/12
Handover Delays	WAHT	Live	<p>Adoption of North Bristol Trust (NBT) Push Model, cohort area, front door streaming</p> <p>November 22 Update:</p> <ul style="list-style-type: none"> • NBT model in place • Front Door Streaming in place <p>Additional UEC urgent actions designed to ensure best practice delivered across all above initiatives</p>
Out of Hospital Alternatives	HWHCT	Live	<p>Extended hours at Minor Injury Units (MIUs) and Urgent Community Response in-reach, extra surge capacity open during the winter in community hospitals</p> <p>November 22 Update:</p> <ul style="list-style-type: none"> • MIU additional hours extended until March 23 • Additional 6 community beds open, taking total to 251 • Daily in-reach into outstanding ambulance calls via the UCR in place. Currently reducing ambulance demand by circa 7 cases per day
Escalation beds	Wye Valley Trust (WVT)	Live	<p>Additional acute bedded capacity to support ambulance diverts to Hereford (Herefordshire)</p> <p>November 22 Update:</p>

			<ul style="list-style-type: none"> Operational for Winter 22/23
Virtual wards	WVT/HW HCT	1/11	<p>Delivery of care at home, using remote care</p> <p>November 22 Update:</p> <ul style="list-style-type: none"> Plans being formalised to ensure operational for Winter 22/23

19. In addition to usual winter pressures, cost of living pressures this winter may cause even more people to experience a deterioration in their health, with forecasts suggesting more people needing health and care services and support. A system-wide response is needed to this, and Worcestershire County Council is taking the following preventive actions to help people keep well this winter, including:

- a) Preventive activities to delay the impact of ongoing needs to improve quality of life, reduce the impact of needs at the earliest possible stage, and prevent needs and issues before they happen. Resources such as the 'Reablement Team', 'Here2Help' and 'Neighbourhood teams' are actively working to this delay, reduce and prevent model.
- b) Continued support to facilitate complex discharges from hospital through effective use of the intermediate care service and the onward care team.
- c) Here2Help community support service will deliver e.g., food parcels to individuals needing support as well as those who are socially isolated being linked with local resources. This is part of a broader preventative offer that forms part of the front door into adult social care, which is being developed into a long-term service to support residents with early support, advice, and information, using a variety of methods, to promote independence.

20. Worcestershire Here2Help website also provides a repository of different resources to help people through this winter:
<https://www.worcestershire.gov.uk/here2help>. Help and advice is available for issues such as food and supplies, money worries, keeping warm and warm spaces.

North Bristol / 'Push Model' Post implementation

21. While the model has delivered some improvements, further work is being done by the Trust 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.
22. The UEC urgent actions are designed to ensure this model is operating in-line with best practice. The additional SDEC capacity will be a further aide to improving effectiveness of this model.

Governance

23. The winter plan is expected to go to the ICS Urgent and Emergency Programme Board for system-wide agreement. During November/December, the plan will then be presented at Worcestershire Executive Committee and to ICB Strategic Commissioning Committee for sign-off.
24. 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

25. The HOSC is asked to:

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

Supporting Papers

Appendix 1 - Urgent and Emergency Care Data Pack

Contact Point

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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 17 October, 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.](#)