


Agenda Item 5

| | | | |
|---|--------------------------------|---|-------------------------------|
|  Lincolnshire COUNTY COUNCIL <i>Working for a better future</i> | | THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE | |
| Boston Borough Council | East Lindsey District Council | City of Lincoln Council | Lincolnshire County Council |
| North Kesteven District Council | South Holland District Council | South Kesteven District Council | West Lindsey District Council |

Open Report on NHS Lincolnshire Integrated Board

| | |
|-----------|---|
| Report to | Health Scrutiny Committee for Lincolnshire |
| Date: | 15 March 2023 |
| Subject: | Urgent and Emergency Care Update |

Summary

This report on urgent and emergency care covers the topics of the Lincolnshire Winter Plan 2022/23; system co-ordination; pre-hospital care; ambulance handovers; discharge and flow in hospitals; and the national recovery plan and local response.

The reports concludes that progress has been achieved this winter despite the demand and challenges faced across the health and care system, but there is recognition that there is more to do. The report also states that this winter has demonstrated that by working collectively with a clinical risk-based focus, the NHS can begin to realise the ambitions and deliver a recovery plan for Lincolnshire that transforms and improves safety and experience across urgent and emergency care services for the population of Lincolnshire.

Actions Requested

To consider and comment on the report from NHS Lincolnshire Integrated Care Board on urgent and emergency care.

1. Background

This paper will outline the national and local approaches being taken to address the challenges and optimise the opportunities to improve safety and experience for all accessing urgent and emergency care services within Lincolnshire this winter and beyond.

Nationally the NHS and care sector has experienced unprecedented and sustained pressure over the last year which has been made more complex as a direct result of the Covid 19 Pandemic. Whilst the population is now living with Covid-19, its legacy remains challenging across the health and care sector. Staff have faced one of the busiest summers during 2022 ever, with record numbers of emergency department attendances, ambulance call outs and a further wave of Covid-19. Despite best efforts staff have not always been able to provide timely access for our patients in the way they would have wanted. Locally this position is mirrored across Lincolnshire and has continued into the winter months with workforce and operational pressures testing operational resilience across the entire urgent and emergency care pathway.

2. Lincolnshire Winter Plan 22/23

The Lincolnshire Integrated Care System Winter Plan was developed collaboratively and influenced by national best practice, guidance issued by NHS England and learning from previous winters within our system. It was developed within the context of a challenged health and care system that was experiencing significant levels of pressure and the continued impact of managing increased demand. This combined with constrained capacity due to infection prevention and control requirements, workforce issues and the rising cost of living, resulted in an unexpected, difficult summer, which meant those accessing urgent and emergency care services often had long waits and a poor experience. It was therefore recognised that winter 2022/23 would not be without significant risk and the ambition was to create a 'safer' winter that was clear about clinical risk and how that was balanced across the entire system.

The key ambitions outlined in the Lincolnshire Winter plan 2022/23 are:

1. Services and pathways effectively operating to manage demand and maintain patients at home wherever clinically appropriate to do so.
2. Where a community clinician has exhausted out of hospital resources and requires support from acute care, that this is (wherever clinically safe to do so) facilitated via assessment or specialty services.
3. Only patients who have an emergency need are managed within an emergency department. where they are conveyed by ambulance the system ambition is to eliminate handover delays longer than 30 minutes to support reduction in community risk.
4. Patients are supported to return usual place of residence following attendance or admission as quickly as possible through a pro-active integrated discharge approach across health and care.

Detail of the specific projects undertaken to address these key ambitions can be found within the attached Winter Plan, all actions are currently subject to evaluation and consideration for ongoing support as part of the development of the Lincolnshire Recovery Plan.

Despite the development of the Winter Plan the pressures experienced during this winter nationally and within Lincolnshire continued from the summer months. At a national, regional, and local level it was impossible to predict how typical winter infectious diseases would profile making planning a challenge. The twindemic impact of Covid and influenza along with other seasonal viruses such as Strep A, norovirus and scarlet fever, which has been at its highest since 1950, can be clearly seen within performance data. However, despite increased demand and those accessing services typically being more unwell or requiring more complex care, some improvements in performance have been seen across the urgent and emergency Care pathway, particularly in relation to ambulance handovers over 60 minutes since the winter peak and within discharge pathways. This in part is because of the additional services provided this winter through non recurrent funding and the commitment of all partners to different ways of working. The approach of enhanced coordination and a collective view on the prioritisation of services when demand exceeded capacity or as a result of workforce gaps enabled timely risk-based decision making owned by all system partners.

3. System Coordination

A national initiative introduced a uniformed approach to system coordination and this key development, delivered at pace in Lincolnshire, went live on the 1 December 2022. The creation of a System Coordination Centre (SCC) across the Integrated Care Board footprint supported by the deployment of a data intelligence tool called SHREWD [Single Health Resilience Early Warning Database] aims to ensure the safest highest quality of care possible for the entire population by balancing clinical risk and decision making. It is led by clinical and operational leaders and ensures a consistent and collective approach to managing system demand and capacity as well as mitigation of risks.

The SCC operates from 8am – 8pm, seven days per week and has oversight of performance and delivery in real time using the data resilience system as the monitoring mechanism. This data includes:

- Number of people waiting within emergency departments and urgent treatment centres
- Number of people waiting a 999 or 111 response
- Number of ambulances dispatched
- Number of ambulances en-route to emergency departments
- Number of ambulances waiting to offload at Emergency Departments
- Number of beds available
- Number of discharges achieved

This data is available in real time and therefore escalation and actions can be taken in a timely and proactive way to support best practice across the Urgent and Emergency Care pathway. The aim of the SCC is to provide leadership and a point of escalation for system partners to resolve challenges and engender a learning culture with lessons learnt enabled through the improvement delivery leads embedded within the SCC. A dual function of the SCC is to help manage the complexity of the Lincolnshire Health and Care System while utilizing the unique insights from system level interactions to improve outcomes. Key areas are identified through data analysis and pre-empting trends to deliver system wide learning.

4. Pre - Hospital Care

Reducing unnecessary hospital admissions and managing people closer to home is a key ambition for the Lincolnshire. This will help ensure our population can access timely and responsive care that is not overwhelmed by unnecessary demand. Our out of hospital infrastructure includes, Virtual Wards, Urgent Community Response and Urgent Treatment Centres.

4.1 Virtual Wards

In 2022/23, all systems were required to submit plans to create virtual wards to provide support to patients over a period of time (more than crisis response) which includes specialist input or oversight. This virtual capacity supports patients in their own homes (or usual place of residence) with enhanced clinical support and remote monitoring, in order to avoid a hospital admission and the associated impact of an admission on a frail person. The remote monitoring with clinical support allows for both earlier supported discharge and admission avoidance. Currently the Lincolnshire system virtual ward provision covers six specialty areas as follows:

- Cardiology
- Frailty
- Respiratory
- Complex Neurology
- Acute Medicine
- Outpatient Parenteral Antimicrobial Therapy

Across these specialties the system currently has 126 virtual ward 'beds' available to manage appropriate patients at home. Occupancy levels in these virtual wards varies by specialty but on average over recent months has been between 67% and 76% overall. Virtual wards remain a key focus in the national Urgent and Emergency Care recovery plan with a national ambition to achieve 80% occupancy by September 2023. To date within Lincolnshire 870 people have benefited from our virtual wards by either being supported to stay at home as an alternative to hospital admission or discharged from acute care earlier than they might ordinarily have been.

4.2 Urgent Community Response

The two hour urgent community response service is an established service that provides assessment, treatment, and support to patients in their own home or usual place of residence who are experiencing a health or social care crisis and who might otherwise be admitted to hospital. Care is provided by a multi-skilled team including nurses, occupational therapists, physiotherapists, and therapy assistants who will undertake a holistic assessment of the patient's needs.

The Lincolnshire Urgent Community Response service operated by Lincolnshire Community Health Services NHS Trust (LCHS) is aimed at patients known, or suspected to be suffering, from a range of issues including:

- Fall or collapse – Where there is no apparent acute injury
- Found on the floor – Where the individual has been assisted off the floor and requires crisis response
- A sudden loss of mobility

- Sudden loss of function
- Sudden new acute confusion (post-medical review)
- Requirement for equipment needs (to prevent harm/avoid hospital admission)
- End of life care (in collaboration with existing palliative pathways)

At the last review of the service by the Urgent and Emergency Care Partnership Board (October 2022) working assumptions were that the service would reduce the demand on all aspects of the Urgent and Emergency Care pathway and the number of avoided admissions as a result of an Urgent Community Response intervention is currently expected to be in excess of 2000 per year and patient experience was positive

4.3 Urgent Centres (UTCs)

In Lincolnshire there are six UTCs provided by Lincolnshire Community Health Services NHS Trust at the following locations Lincoln, Boston, Louth, Gainsborough, Skegness, Spalding. In addition, there is a GP led Minor Injury and Urgent Care service in Sleaford provided by Sleaford Medical Group and a minor injury unit operated by North West Anglia NHS Foundation Trust (NWAFT) at Stamford and Rutland Hospital.

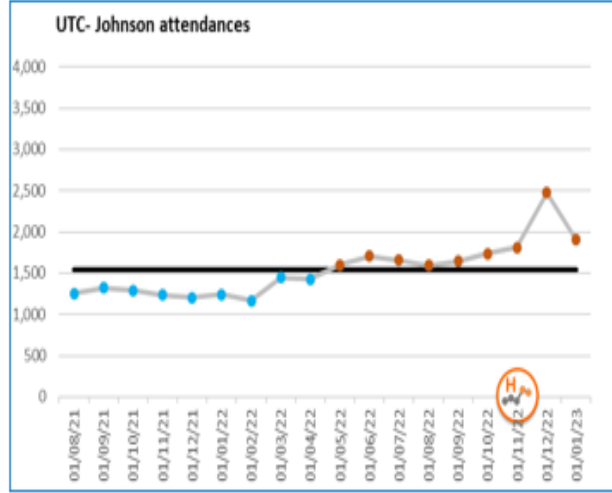
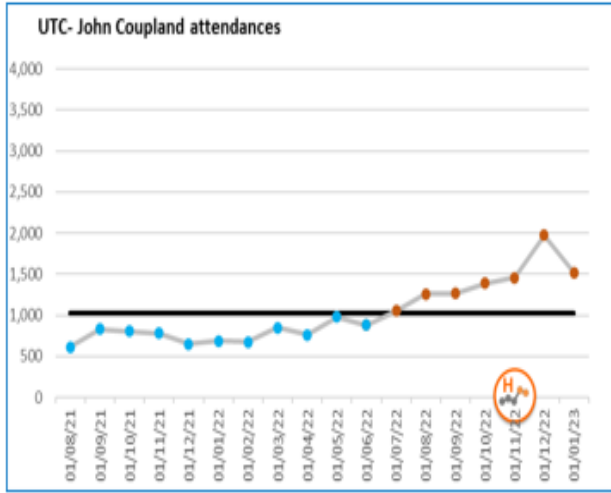
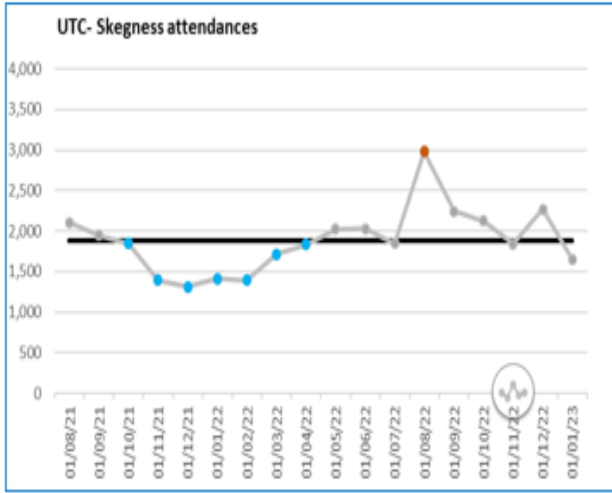
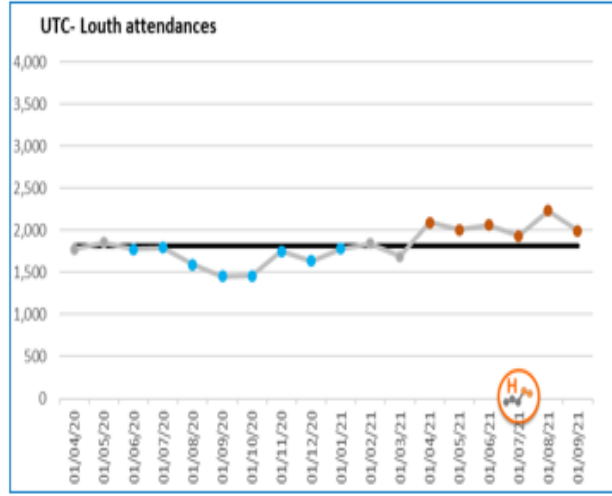
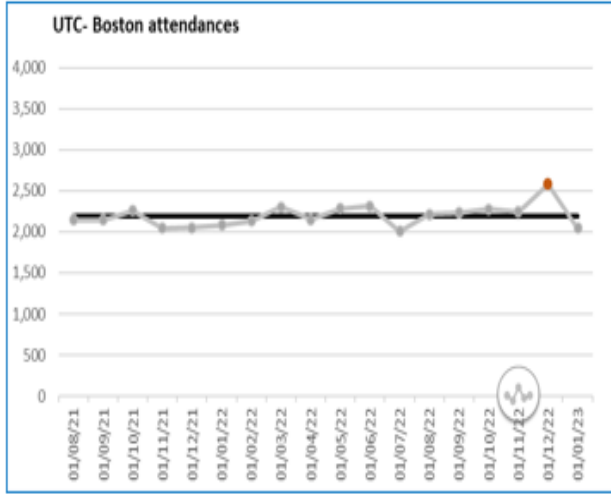
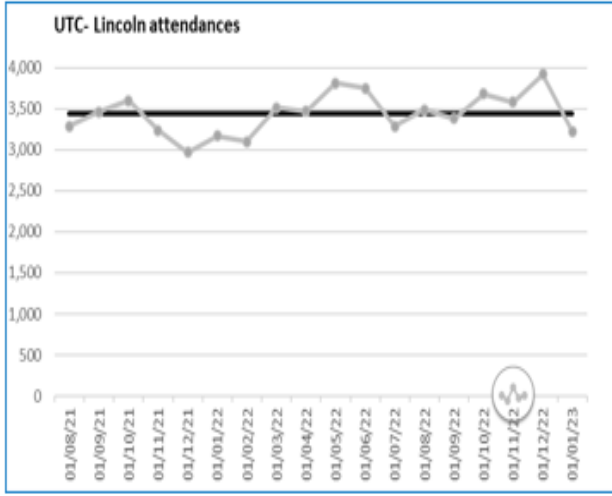
The standards for UTCs are set nationally and include the requirements to:

- Open seven days a week, twelve hours a day as a minimum
- See both booked and walk-in patients
- See both minor injuries and minor ailments
- See patients of all ages
- Have a named senior clinical leader supported by an appropriate workforce
- Have a basic consistent investigative/diagnostic offering on-site or with clear protocols if not on-site).
- Accept appropriate ambulance conveyance
- Have access to patient records and ability to send discharge information to partners
- Report Type 3 daily activity nationally

UTCs are an essential component of urgent and emergency care provision nationally and within Lincolnshire. Whilst numbers attending can be particularly low at some UTCs in the overnight period, they offer local access to urgent and emergency care to people who may be unable to attend a more centralised location both due to the rurality of the county and the levels of deprivation in some areas. We are aware that on a small number of occasions during the winter period of UTCs being closed overnight typically because of workforce supply issues. These decisions are only taken when all other options have been exhausted and based on the balance of risk across all services as per our winter plan.

Two of the UTCs are fully integrated at the front door of the emergency departments in Lincoln and Boston and the work undertaken at Lincoln to co-locate was highlighted nationally as best practice within the recently published NHS National Recovery Plan for Urgent and Emergency Care.

The monthly number of attendances at each of the six sites can be seen on the next page and demonstrates spikes in attendances during December 2022 when urgent and emergency care services collectively saw the highest demand this winter.



North West Anglia Foundation NHS Foundation Trust (NWAFT) provides Stamford minor injury unit, which operates Monday to Friday 9am until 5pm. The NHS Lincolnshire Integrated Care Board (ICB) has been engaged with NWAFT regarding the Stamford and Rutland Hospital development project for some time. Due to the clear national criteria that UTCs need to meet as outlined above the current minor injury unit at Stamford is unable to be classified as a UTC. However, the ICB will continue to work closely with NWAFT in relation to the minor injury unit service at Stamford and to ensuring that the local needs of the population are met.

4.4 Mental Health Urgent Assessment Centre (MHUAC)

Over the last three years increasing numbers of people suffering a mental health crisis have attended United Lincolnshire Hospitals NHS Trust (ULHT) accident and emergency (A&E) departments. A high proportion of people attending A&E in a mental health crisis do not have medical need to do so, the impact this has is increased footfall through the A&E department and increased wait times for people to be seen by a medical professional.

The decision to pilot a Mental Health Urgent Assessment Centre in Lincoln was taken in late November 2021 as part of winter pressures planning and the service was mobilised by 17 January 2022. It offers those that are medically fit in terms of their physical health a service that is away from A&E but still as responsive. The service offers rapid assessment of mental health need and an additional place of safety in an environment that is appropriate and calming. The benefits of the service were identified as lessened twelve-hour breaches in A&E, decreased footfall through A&E, improved patient and system partner satisfaction.

The Lincoln Crisis Team, Mental Health Liaison Service and the bed management team are also based within the same building. This has the added benefit of having all mental health urgent care services for Lincoln based together providing improved communication and improved collaborative working to improve outcomes for patients. The service also acts as a section 136 diversion to a place of safety when the 136 suite is full, therefore reducing footfall in A&E further.

The learning from this pilot will help inform further expansions of the service in other parts of the county.

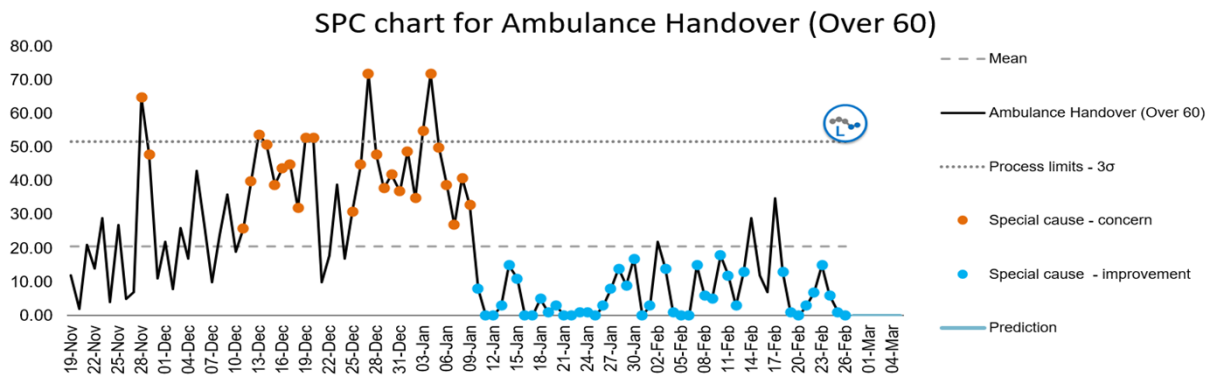
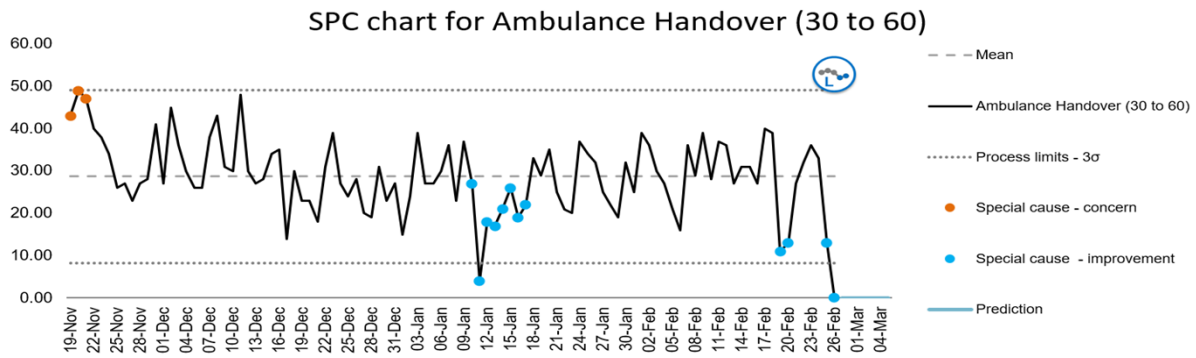
5. **Ambulance Handovers**

Achievement of the national Ambulance Handover targets has been a challenge both nationally and locally throughout 2022/23. The national requirement is for:

- pre-handover to be completed within 15 minutes, and
- post-handover to be completed within a further 15 minutes.

Therefore, ambulances should not be delayed at acute hospitals for longer than 30 minutes.

The SPC charts on the following page shows the number of pre-handover delays between 30 and 60 minutes, and a second chart shows those over 60 minutes.



There has been a significant improvement in over 60 minute delays since early January 2023 which supports ambulance crews to be released in order to respond to other patients in need, supporting management of the risk in community and reduces the risk of harm to our patients This improvement has been delivered by the whole system, as a result of a number of initiatives including but not limited to:

- Implementation of 'Breaking the Cycle' in acute hospital (where patients are regularly moved from the Emergency Department to wards) and includes early medical review and treatment of patients by senior clinicians' ambulance pre-handover, and the increase in availability of admission avoidance services within Emergency Departments as detailed in the Winter Plan
- Improvements within the discharge and flow pathways
- Availability of admission avoidance services for ambulance crews whilst in patient homes, for example Urgent 2-hour community response and direct admission to Active Recovery Beds.
- Real time confirm and challenge of all Category 4 ambulance conveyances by the System Coordination Centre.

6. Discharge & Flow

The Committee received a detailed paper in relation to the discharge and flow programme on 14 December 2022, therefore this paper will not duplicate that update. Since this paper the 'Breaking the Cycle 2' initiative launched in early December led jointly by health and social care. The improvement work is focussing on all providers responsible for capacity managed through the transfer of care hub with an over-arching aim of maximising all existing capacity and realising the benefit of the additional capacity put in place for winter funded through the national NHS winter monies, the national £500 million adult social care discharge fund via the Better Care Fund and the national £200 million discharge funding released in January to the ICB.

The impact of the initiative has improved daily operational grip on flow across all parts of our system, including the demands placed on the providers from organisations outside of the Lincolnshire footprint. Other improvements include:

- Through the adoption of the daily evening huddle, we have improved communication across providers at operational leadership level, supported cross system learning and identified and resolved any constraints to flow onto the supported transfer of care pathways, looking for new and innovative solutions for our citizens.
- Learning from when it doesn't go to plan and identifying opportunities for system improvements into 2023.
- To date we have ensured that there has been continued flow and utilisation across all system capacity, moving demand across providers when necessary and sharing risk.
- Acknowledged and recorded the huge contribution and further potential in admission avoidance schemes based within Emergency Departments, both the LCHS Assertive in Reach team and the LRS reablement offer contribute daily an alternative to admission into the acute hospital but currently not recorded in the system methodology in collection of supported discharges.
- Provides system oversight on the demands on capacity provided by LCHS, LRS and the local authority from the acutes in neighbouring systems, with significant pressure being applied.
- Enabled the rapid response to new national asks, by working together the system were able to stand up an additional 71 beds in community settings and the supporting services within 72 hours of the national ask and release of the funding, with daily oversight provided by the huddle ensuring the system could meet the new daily reporting requests.

The initiative has now been adopted into business as usual, it has allowed increased senior visibility of constraints, actions to minimise demand failure and enabled insights into future resource prioritisation. System partners involved in discharge and flow are committed to continue this way of working, continuously seeking to improve how they work together collaboratively as system partners building on their shared success to date keeping patients at the centre, respect, no blame, and supportive approach.

7. National Recovery Plan and Local Response

On 30 January 2023 the NHS published a Delivery Plan for recovering urgent and emergency care services over the next two years that will improve both patients waiting times and patient experience. The document, which is available at [NHS England » Delivery plan for recovering urgent and emergency care services](#) describes how it will address key areas that will contribute to the required improvements:

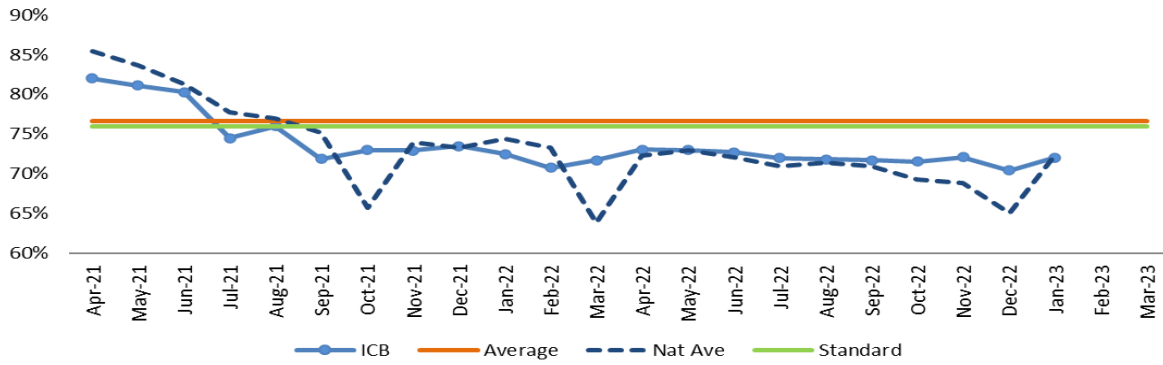
- **Increasing Capacity** to help deal with pressures on hospitals where 19 out of 20 beds are occupied, investing in more beds and ambulances but also maximising the use of existing capacity
- **Growing Workforce** to support the increase capacity and supporting staff to work flexibly
- **Improving Discharge** working jointly with all partners to speed up discharge from hospitals to help reduce the numbers of beds occupied but patients that are ready to be discharged, backed by investment and a new metric
- **Expanding and better joining up health and care outside hospital** new services or stepping up existing in the community including virtual wards so that people can be better supported at home for their physical and mental needs avoiding the need to attend Emergency Departments or be admitted.
- **Making it easier to access the right care** ensuring healthcare works more effectively for the public so people can more easily access the care they need, when they need it

Recovery for Urgent and Emergency Care requires improved integration of services with all partners across the NHS, Social Care and Voluntary sector which has been a significant strength for Lincolnshire over the last couple of years and places us in a good position to produce a deliverable Lincolnshire Recovery plan.

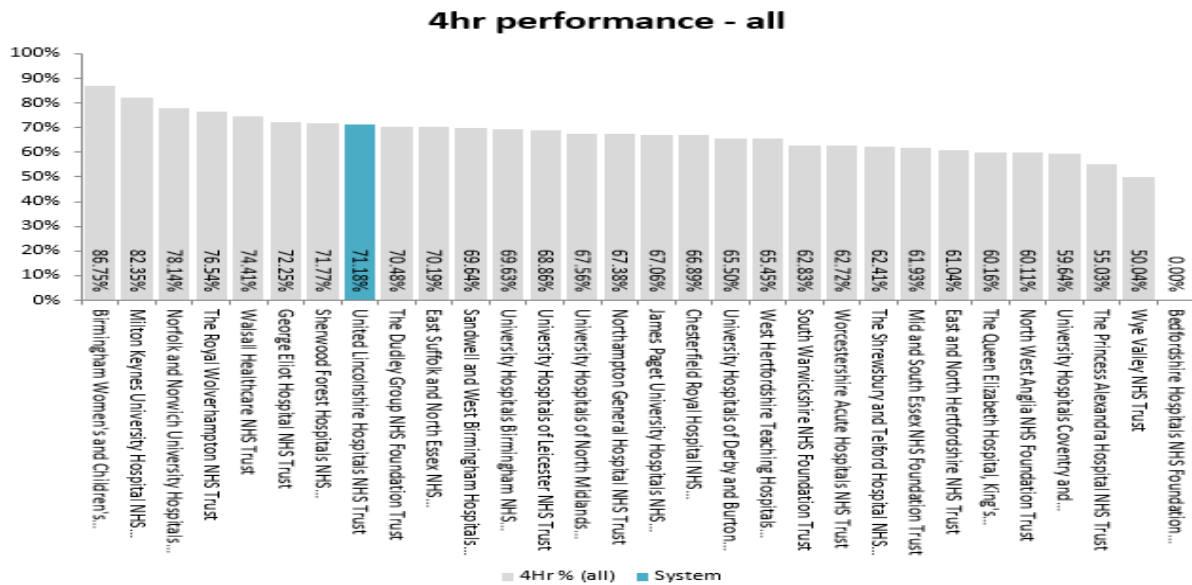
The recovery plan clearly articulates two ambitions which will be monitored moving forwards to determine success. These are as follows:

- **Patients being seen more quickly in emergency departments:** with the ambition to improve to 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- **Ambulances getting to patients quicker:** with improved ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25 towards pre-pandemic levels.

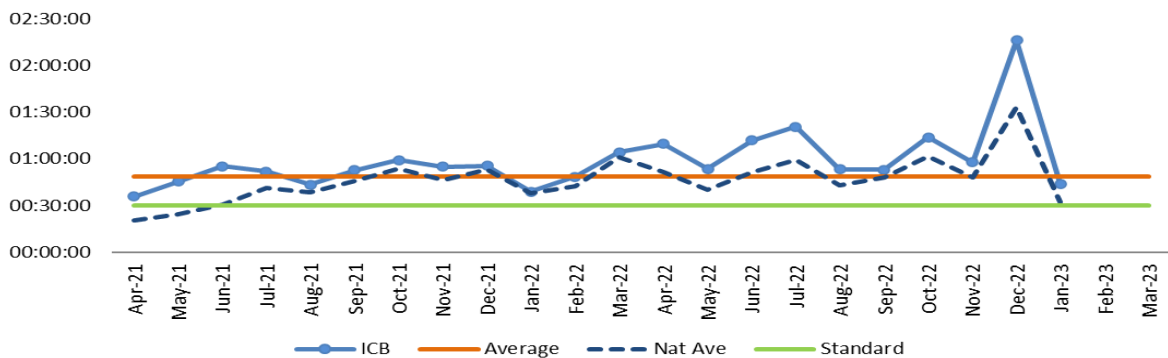
The ambition to treat and discharge or admit 76% of patients is a new target from 1 April 2023 recognising the recovery required on the current 95% target in place. NHS Lincolnshire ICB performance in respect of the number of patients being admitted, transferred or discharged within four hours has not achieved the 95% target in the last two years or the new 76% level since August 2021. However, NHS Lincolnshire ICB has been above or in line with the national average performance since March 2022, and also currently above the regional average of 66.7%.



When looking at all attendances at ULHT sites (including emergency departments and UTC attendances, Lincolnshire is currently in the top 25% for four-hour performance.

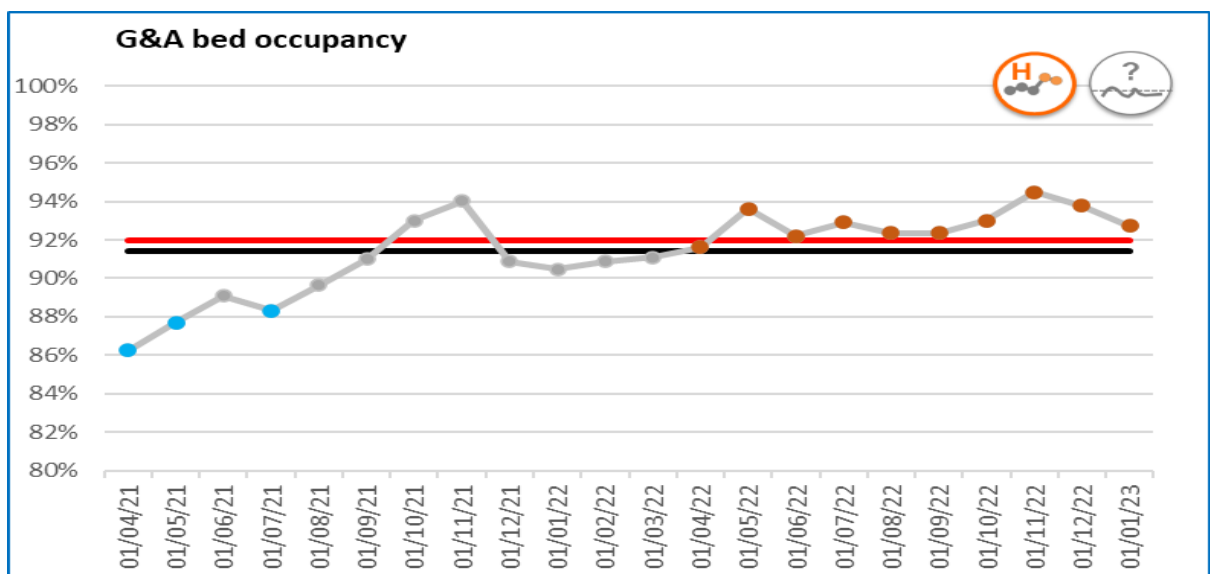


Following a spike in response times in December 2022, the time taken to respond to category two incidents reduced to 43 minutes in January 2023. This is below the average response time since April 2021 and the best response times since August 2022. Pre-pandemic levels for Lincolnshire were above 30 minutes; 41 minutes in January 2019 and 30 minutes 36 seconds in January 2020.



In addition to these ambitions, the National Recovery Plan highlights that there is a well-established link between high acute bed occupancy rates and poor emergency department performance. Where hospitals are busy it becomes more difficult to ensure that patients get the care they need and can lead to longer time spent in emergency departments which impacts the ability for timely ambulance handovers. Nationally bed occupancy has routinely been above 95% and there is a national ambition to reduce this to the 92% level which is safer and more efficient.

ULHT last achieved a 92% bed occupancy for general and acute beds in April 2022, however prior to this the rate was consistently under 92% including through winter 2021/22. This winter occupancy peaked in November 2022 at 94.5% and has been on a declining trajectory since. In January 2023 bed occupancy was just above 92% at 92.7%.



This year at ULHT a new 2,000 square metre resuscitation department (RESUS) was opened in the emergency department where patients will be taken if they need life-saving treatment immediately. It contains eight treatment cubicles, all fitted with patient hoists and the latest equipment needed to provide life-saving support for patients. This is the latest phase in the transformation of the emergency department at Lincoln County Hospital. The first phase saw a £3.5 million new UTC built alongside the existing emergency department in March 2021.

The NHS is currently in its annual planning cycle and for urgent and emergency care significant focus is being given to evaluating the work undertaken this winter to establish what worked for Lincolnshire so that we can carefully prioritise interventions and improvements that meet the needs of our population and deliver the required elements of recovery plan. High level system milestones, to develop the Lincolnshire urgent and emergency care vision and strategy and deliver the recovery plan are in place.

8. Consultation

This is not a direct consultation item.

9. Conclusion

Considerable work and progress have been achieved this winter despite the ongoing demand and challenges faced across the health and care system, but we recognise that there is more to do. However, this winter has demonstrated that by working collectively with a clinical risk-based focus we can begin to realise the ambitions and deliver a recovery plan for Lincolnshire that truly transforms and improves safety and experience across urgent and emergency care services for our population within Lincolnshire.

10. Appendices

These are listed below and attached to this report.

| | |
|------------|---|
| Appendix A | Lincolnshire Integrated Care System – Winter Preparedness 2022-23 |
|------------|---|

11. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Rebecca Neno, Deputy Director, System Delivery, NHS Lincolnshire Integrated Care Board, who can be contacted by e-mail at Rebecca.Neno@nhs.net

This page is intentionally left blank