Lincolnshire COUNTY COUNCIL Working for a better future		**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 behalf of NHS Lincolnshire Integrated Care Board

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 April 2024**
Subject:	**Urgent and Emergency Care Update following Winter 23/24**

Summary:

The Committee is invited to consider an update on urgent and emergency care from the NHS Lincolnshire Integrated Care Board (ICB), which details the actions being taken locally in response to the national *Delivery Plan for Recovering Urgent and Emergency Care Services* [*January 2023*] and update following winter 23/24. This report contains information relating to performance in relation to the National Delivery Plan following Winter 23/24 and highlights learning for future winter planning.

NHS Lincolnshire ICB's aim is to address the challenges and maximise the opportunities to improve outcomes for all people accessing urgent and emergency care services in Lincolnshire.

Actions Requested:

The Committee is requested to consider and note the information presented on urgent and emergency care.

1. Background

This paper sets out the national urgent and emergency care recovery plan and the local recovery actions being taken to address the challenges and maximise the opportunities to improve outcomes for all people accessing urgent and emergency care services during winter 23/24 and beyond. This paper follows the paper presented in October 2023 which described preparations for Winter 23/24 prior to the publication of the Lincolnshire Winter Plan for 23/24.

Nationally the NHS and care sector has experienced sustained pressure following the Covid-19 pandemic which impacted upon the health and wellbeing of the population. Lincolnshire experienced its busiest summer period in 2023 with further increased numbers of emergency department and urgent treatment centre attendances and high levels of demand across all services. This high level of demand continued through the winter months despite atypical prevalence of respiratory viruses and the relatively mild winter weather.

However, the ongoing periods of industrial action and associated recovery have continued to impact urgent and emergency care. As a result, it has not always been possible to provide timely access for our patients in the way we would have wanted to and has meant that some patients have experienced long waits and a poor experience. However, we have made some sustainable improvements, particularly in relation to ambulance handover delays and Category 2 ambulance mean response times.

2. National Recovery Plan

On 30 January 2023 the NHS published its *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 plan 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.

The recovery plan clearly articulates two main ambitions as follows:

I. **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.

II. **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.

In addition to these two 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.

The focus of the national recovery plan provided the framework for the required improvements detailed within the Lincolnshire Winter Plan 23/24 which is attached as appendix A.

3. Lincolnshire Winter Plan 23/24

The Lincolnshire Integrated Care System Winter Plan was developed collaboratively incorporating national best practice, guidance issued by NHS England and learning from previous winter periods. The development of the plan was supported through system clinical summits and winter planning sessions and was built on the winter submissions to NHS England and included re-based capacity and demand plans. Positive feedback was received from NHS England that the plan was the most connected they had seen and demonstrated Lincolnshire's strength in relation to system working.

Our ambition was to create a 'safer' winter that has robust oversight of clinical risk which was balanced across the entire health and care system. This followed a difficult summer of increased demand and the ongoing impact of industrial action. At a national, regional, and local level it was impossible to predict how typical winter infectious diseases would profile making planning a challenge. However, we planned for similar levels of Covid-19 related hospital admissions as the previous year, based on learning from the southern hemisphere we also planned for normal levels of hospitalisations due to influenza. During winter 22/23 we experienced the unexpected impact of scarlet fever, and while we did not know what might impact this winter, we planned for the impact of something unexpected and similar.

Fortunately, Winter 23/24 profiled in an atypical way from an infectious disease perspective, we have seen low levels of influenza and covid and we have not seen any unexpected profiling of any infectious diseases. We have however seen some peaks in demand during early Autumn and late Winter with overall high attendance amongst those with frailty and long-term health conditions. In addition, we have seen multiple flooding incidents across the county with associated impacts and several episodes of industrial action which is expected to continue for the foreseeable future. Despite these challenges we have seen some promising improvements in performance and system partners report an overall more positive Winter despite the ongoing increase in demand and Industrial Action.

4. Urgent and Emergency Care Performance

Following an initial review of Winter 23/24 which took place across the system in Mid-March there was consensus that the current Winter had 'felt better' for all partners and this was supported by improvement in some of the key performance metrics for Urgent and Emergency Care which in turn demonstrate improved care. Relationships across the system with the oversight of the Urgent and Emergency Care Leaders weekly meeting had enabled rapid decision making to implement and change plans without delay. Robust industrial action planning had mitigated any potential impact

and supported rapid recovery and overall, the system recovered from escalation quicker than in previous years.

This is in part due the introduction of the System Coordination Centre during late Winter 22/23. The Lincolnshire System Coordination Centre is highly valued nationally and we were one of the first systems in England to receive full accreditation and national approval. The fully embedded System Coordination Centre and operational leadership that it provides has supported more rapid de-escalation and increased visibility of system pressures with earlier opportunity for resolution and appropriate timing of strategic escalation.

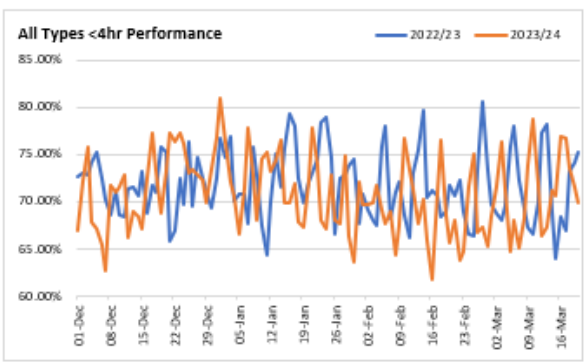
The System Co-ordination Centre will continue to operate from 8am – 8pm, seven days per week, and has oversight of performance and delivery in real time using a data resilience system as the monitoring mechanism. This data includes:

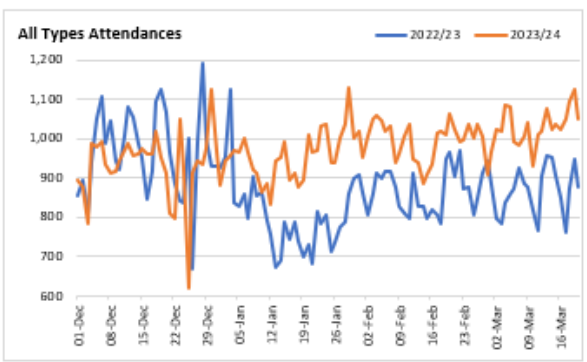
- acute hospital OPEL scores (ULHT, NLaG, NWAFT etc);
- ambulance provider resource escalation action plan and clinical safety plan level;
- category 1, 2 and 3 ambulance response times;
- NHS 111 performance and compliance with standards;
- ambulance-to-provider handover volume and handover intervals/mean;
- the number of patients in the emergency departments;
- the number and percentage of patients spending more than four and more than twelve hours in emergency departments from arrival;
- the current, prospective and potential acute hospital general and acute capacity;
- critical care capacity, to measure CRITCON status; and
- virtual ward capacity and occupancy.

4.1 Patients being seen more quickly in Emergency

The ambition to treat and discharge or admit 76% of patients was a new target from 1 April 2023, recognising the recovery required on the constitutional 95% target in place, and that ICBs are measured on the performance of the EDs and UTCs within their boundaries. The Lincolnshire plan to achieve 76% by March 2024 was based on all A&E and Urgent Treatment Centre activity within the system (ULHT & LCHS). All Types of activity performance for February 24 was 65.1% against a plan of 74.2%, in comparison, the Midlands performance was 69.5% and the England performance in February was 70.9%. Significant focus has been given to incremental improvements towards achieving this ambition during March against a backdrop of increased urgent care activity.

Despite overall increases in activity within both our Emergency Departments and Urgent Treatment Centres compared to the previous Winter, performance has remained at a similar level to last year and at points recently we have had individual days where the 76% 4-hour target has been achieved.

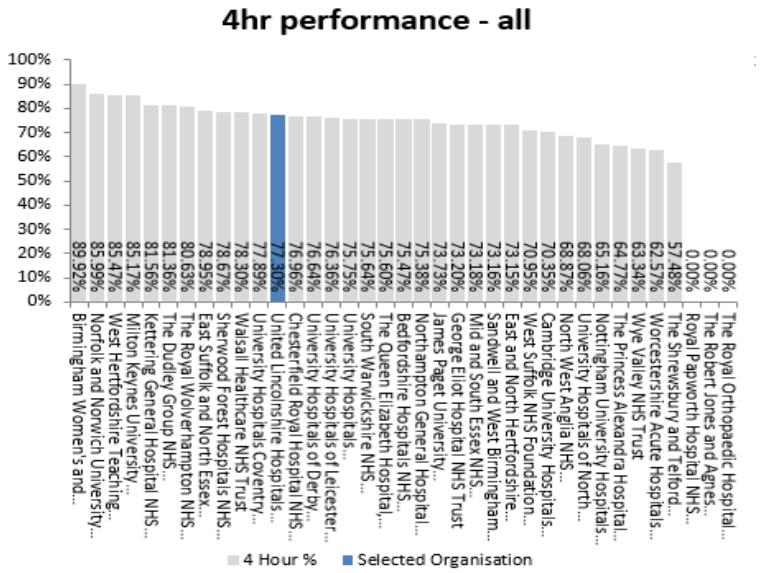




From a patient experience and quality improvement perspective, the number of patients initially seen by a clinician within 60 mins has been increasing and the number of patients that experience very long waits has been reducing. As a result of the focused 4-hour performance work a further reduction of 140 less patients experienced a long wait in March 24 compared to February 24.

When compared with the wider Midlands and East Regions the Lincolnshire System ranks in the top third of providers for 4 hour performance.

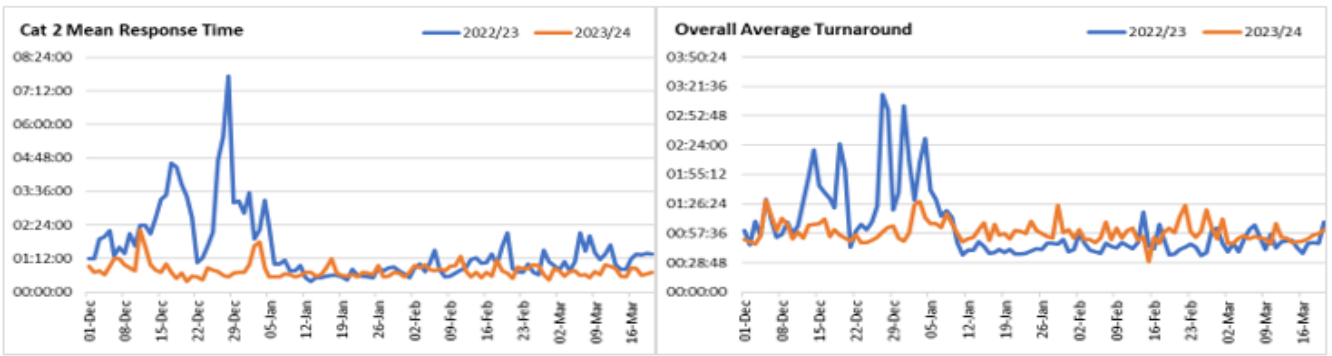
4hr performance weekly rank (all Types)	
Region	National
12 / 37	48 / 126



4.2 Ambulances getting to patients quicker

The 30-minute mean response time for Category 2 incidents for Lincolnshire ICB remains over 30mins, however considerable work has been undertaken to secure improvements in response times by all partners to ensure ambulance handovers are completed in a timely manner to enable effective community response and flow within hospital and community settings is optimised.

As a result, the data below shows, that despite managing industrial action and the impact on service provision, the system, this Winter, did not see the same December spike in Category 2 mean response times and handover delays as compared to last year.



There has also been a significant improvement in long handover delays, for example a 92% reduction in 4-hour handover delays at ULHT sites, which has had a positive impact on the number of lost hours to ambulance crews due to ambulance handover delays during Winter 23/24. This ensures that patients in the community can be responded to in a timelier manner. Acknowledging that a proportion of Lincolnshire patients will naturally be conveyed to Northern Lincolnshire & Goole Hospitals NHS Trust (NLaG) and North West Anglia Foundation Trust (NWaFT) the 4 hour performance and the ambulance handover times are reviewed at the Urgent and Emergency Care Partnership Board with colleagues from both of those trusts joining. In February 2024, average handover times at ULHT were 59mins, at NLaG they were 1hour 29mins and at NWaFT they were 1hour 14mins.

Improvements in handover delays have contributed to a reduction in the overall mean response time for Category 2 incidents in Lincolnshire and during Winter 23/24 the Category 2 mean response time for Lincolnshire was typically less than the overall EMAS Trust average. For example, in February 24, the Lincolnshire ICB position was 47:39 mins compared to the EMAS Trust mean of 49:45 mins.

By Comparison, the EMAS Lincolnshire Division CAT 2 mean response time in February was 47.40 which means that any Lincolnshire patients just outside of our northern and southern borders also experienced the same wait time.

4.3 Bed Occupancy

The United Lincolnshire Hospitals NHS Trust occupancy rates have been on average at or below 92% since March 2023, apart from a peak in early Autumn and during Feb / March 2024, although it is important to acknowledge that there have been escalation beds open for this period, increasing the overall number of beds available. At the end of March 2023 Lincolnshire acute bed occupancy wa sin line with regional rates.

Bed occupancy has remained in line with last year, although, it is worth noting that we had more acute beds open at points last year so maintaining occupancy this year was more challenging. We were able to reduce the acute bed base slightly and increase the winter community bed base in line with our strategic aim of care closer to home, as well as the success of initiatives such as virtual wards and active recovery beds. We commissioned 91 additional community beds during Winter 23/24, 20 more than the previous Winter, including 70 activity recovery beds, 10 spot purchase complex care beds and 11 community hospital escalation beds. The number of Active Recovery Beds required in 24/25 is being reviewed currently, including potential winter surge from December 2024. Community Hospital bed occupancy over this winter has at points been above 95%, supporting flow from the hospital and into other community services.

4.4 Pre - Hospital Care

There remains a system focus on reducing unnecessary hospital attendances and admissions and supporting people closer to home is a key ambition for Lincolnshire. This ensures that our population can access services best suited to meet their needs and protects emergency care capacity for those with emergency needs. Our key out of hospital services for Winter 23/24 included Virtual Wards, Urgent Community Response, NHS 111 and Clinical Assessment Service, Acute Respiratory Hubs, and our new Health Care Professional Single Point of Contact.

4.4.1 Virtual Wards and Urgent Care Response

In 2022/23, all systems submitted plans to create virtual wards to provide support to patients in their own home who would otherwise have required acute hospital care. Patients are cared for at home with enhanced clinical support and remote monitoring, to avoid a hospital admission and the associated impact of an admission. 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
- hospital at home

During Winter 23/24 we increased our Virtual Ward beds from 127 to 172 and during the Dec and January period occupancy was near 90%

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 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;
- a patient 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); or
- end of life care (in collaboration with existing palliative pathways)

This service also rapidly evolved during the Winter 23/24, during quarter one of 23/24 the service supported 386 contacts compared with 455 patient contacts during January 24 alone. Utilisation of this service increased significantly over the winter period and into the last quarter of 23/24.

4.4.2 NHS 111 & Clinical Assessment Service

During 2023/24 the NHS 111 contract was re-procured for full regional provision, and the new contract mobilises on the 9th April 2024. For Lincolnshire there will be no change in provider as the Lincolnshire incumbent provider DHU Healthcare were successful in securing the new contract through competitive tender. As part of this new service commencement, we will ensure more

patients complete their assessment and receive a response and advice within their first call to NHS 111, reducing the need for multiple calls with different services within the system.

The NHS 111-service model includes non-clinical call handlers who, using an algorithm software, determine whether the caller needs to access a service and if so, which type of service within what timeframe. The number of Lincolnshire calls to the NHS 111 service has remained relatively stable.

The NHS 111 service can access the Lincolnshire services through use of the national Directory of Services (DoS) which is managed locally to profile our Lincolnshire service provision. This means that patients can be signposted to or directly booked into a range of our local services. Where a patient calling NHS 111 needs an urgent or emergency ambulance, the service can automatically place the patient in the East Midlands Ambulance Service (EMAS) 999 dispatch queue. The 111 service can also pass Lincolnshire patients through to the local Clinical Assessment Service (CAS) for further clinical triage to support the patient into a local service and avoid an ambulance dispatch, and A&E attendance and possibly an admission.

The Lincolnshire CAS supports patients who come through the 111 service to access a range of local community services including virtual wards, two-hour urgent community response, home visiting and some more specialist services. The Lincolnshire CAS takes more than 10,000 calls per month to support patients to remain in their own homes.

The calls into CAS are a combination of patient and health and care professional calls, as CAS provides the CAS crew on-scene service and the CAS for care homes service. These two services support our ambulance crews and our care home staff to access alternative services to avoid ambulance conveyance, accident and emergency attendance and potential hospital admission where other more suitable services are available. Our Health Care Professional Single Point of Contact (SPA) pilot was launched in December 2023 with the aim to support a wider range of health and care professionals to keep people at home wherever possible and safe to do so. This will in turn help primary care colleagues who will be able to determine more quickly, which alternative service could support their patient's need and access it in a timelier manner. We will be expanding this pilot during 24/25 and will then complete a review of the total CAS service inclusive of the Health Care Professional function.

4.4.2 Acute Respiratory Infection Hubs

During Winter 23/24 we have piloted 10 Acute Respiratory Infection hubs available within 4 Primary Care Network (PCN) footprints across Lincolnshire. Referral into the Acute Respiratory Infection Hubs were made by GP Practices in the main where additional clinical support was required, and an acute attendance could be avoided. An evaluation of the impact is currently underway; however, this needs to be within the context of an atypical winter from a seasonal virus perspective which meant overall a lower prevalence of respiratory viruses were circulating compared to previous winters.

5. Discharge and Flow

The Discharge processes for patients admitted into hospital can be complicated and can involve several different system partners to facilitate a safe and timely discharge. In Lincolnshire discharge

and flow forms a significant part of the Urgent and Emergency Care system programme and delivered through the Urgent and Emergency Care governance.

One of the ten high impact interventions within the national Urgent and Emergency Care recovery plan is the implementation of transfer of care hubs. All patients who require a period of support on discharge are managed through the care transfer hubs based on the acute hospital sites. We have 2 care transfer hubs in Lincolnshire, one at the Lincoln County Hospital and one at Pilgrim hospital staffed and supported by system partners involved in pulling patients out of the acute to the most appropriate care setting for the next steps in their recovery. The hubs started in their current form in June 2022 and in 2023 were referred 8,673 patients, averaging over 24 new referrals every single day, operating 7 days a week, 365 days a year. January 2024 has been the busiest month to date since we started with 942 referrals received into the hubs – averaging 29 referrals per day.

The new national discharge metric is classed as an official statistic in development but has been published on the government website since December 2023 and is part of the UEC recovery plan commitments. It measures the number of additional bed days in total that patients have remained in an acute hospital when no longer meeting the criteria to reside averaged over a month. The data feeds have been tested for several months and the Lincolnshire data submission has been classed as submitting acceptable data to be published. The average number of days that a patient in ULHT waits between their Discharge Ready Date and the actual day of discharge was 4.9 Days in January, this is better than the national average which was 6.2 days in January and an improvement on our position last winter. Additionally, 77.6% of patients were discharged from hospital on a date that matches the date recorded as no longer meeting the Discharge Ready Date.

There has been investment in discharge capacity throughout 2023/24 both through the Urgent and Emergency Care allocation and the Better Care Fund (BCF) Discharge and Flow allocation. In 2023/24 this funding was used to support the capacity growth within specific areas particularly for those patients on pathway one who require additional support following an hospital stay. This included investment in the LCHS Discharge to Assess Service, Libertas reablement service, HART (Hospital Avoidance Referral Team) capacity and the short-term implementation of Homelink (hosted by ULHT) which supports acute health discharges into the community where additional support is required to manage health needs. In addition, as previously described investments within community bed base including additional Active Recovery Beds have also been made, all with the aim of helping patients move as quickly as possible from an acute bed once medically fit to do so.

6. Conclusion

Considerable work has been undertaken, and progress achieved in 2023/24 and during the Winter period we have continued to see the impact of this on performance. However, there is still significantly more to do to ensure a timely, seamless, and connected urgent and emergency care pathway for our patients. The Urgent and Emergency Care System programme manages risks, issues, and provides assurance on delivery to the Urgent and Emergency Care Partnership Board, which reports into the Integrated Care Board (ICB) System Delivery and Performance Committee as a sub-committee of the board. The Urgent and Emergency Care strategic Leaders Group and Clinical Reference group provide strategic and clinical leadership to the programme and oversee the clinical risk associated with the programme of work.

The urgent and emergency care system programme delivery will continue to ensure that the Lincolnshire ambitions are realised to transform and improve safety and experience across urgent and emergency care services for our population within Lincolnshire.

6. Appendices – These are listed below and attached to the report.

Appendix A	Lincolnshire Winter Plan 23/24

7. 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 Clair Raybould, Director for System Delivery, NHS Lincolnshire Integrated Care Board.