NHS
Lancashire and South Cumbria
Integrated Care Board

Integrated Care Board

Date of meeting	17 July 2024
Title of paper	Urgent and Emergency Care Recovery and Winter Update 2023/2024
Presented by	Professor Craig Harris, Chief Operating Officer
Author	Jane Greenwood, Urgent and Emergency Care Senior Strategy Officer
Agenda item	13
Confidential	No

Executive summary

This paper provides an overview and update on the various programmes of work to support Urgent and Emergency Care recovery during 2023/24, winter pressures and lessons learned 2023/24 and Urgent and Emergency Care recovery for 2024/25.

Recommendations

The Integrated Care Board is requested to:

1. Note the content of the report.
2. Note the report as assurance that oversight of progress and all associated requirements will be via place-based Urgent & Emergency Care Delivery Boards and the Lancashire and South Cumbria Urgent and Emergency Care Collaborative Improvement Board.
3. Receive further reports at Integrated Care Board meetings.

Which Strategic Objective/s does the report relate to:		Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓
SO2	To equalise opportunities and clinical outcomes across the area	✓
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	✓
SO4	Meet financial targets and deliver improved productivity	✓
SO5	Meet national and locally determined performance standards and targets	✓
SO6	To develop and implement ambitious, deliverable strategies	

Implications

	Yes	No	N/A	Comments
Associated risks		✓		
Are associated risks detailed on the Integrated Care Board Risk Register?		✓		

Financial Implications	✓			As set out in the paper.

Where paper has been discussed (list other committees/forums that have discussed this paper)		
Meeting	**Date**	**Outcomes**
Not applicable.	Not applicable.	Not applicable.

Conflicts of interest associated with this report
Not applicable.

Impact assessments				
	Yes	**No**	**N/A**	**Comments**
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	

Report authorised by:	Professor Craig Harris, Chief Operating Officer

Integrated Care Board – 17 July 2024

Urgent and Emergency Care Recovery and Winter Update 2023/2024

1 Introduction

1.1 The purpose of the paper is to provide an update to the Board on the status and/or progress of:

- Urgent and Emergency Care recovery plan delivery and assurance for 2023/2024 and 2024/2025.
- Urgent and Emergency Care capacity investment funding 2023/2024 and 2024/2025.
- The status of the ten high impact interventions to support Urgent and Emergency Care recovery.

2 Urgent and Emergency Care Recovery Plan and 2023/2024 performance against the national ambitions

2.1 As referenced in previous reports, the delivery plan for urgent and emergency care recovery plan set out two key national ambitions; to deliver 76% performance against the four-hour standard by March 2024, and to improve category two ambulance response times to an average of 30 minutes over 2023/2024.

2.2 Lancashire and South Cumbria achieved the national target of 76% for four-hour performance during March 2024, despite a growth of 13.3% in A&E attendances when compared to March 2023. From a total of 42 Integrated Care Boards in England, Lancashire and South Cumbria is one of sixteen systems to achieve the four-hour national ambition.

2.3 For category two ambulance response times, Lancashire and South Cumbria achieved an average of 26 minutes and 11 seconds for 2023/2024 against the target of 30 minutes. Category two ambulance response times were achieved except for three months over the winter period. From a total number of 11 ambulance trusts in England, the North West Ambulance Service category two mean performance was ranked third in 2023/2024 placing the trust within the upper performance quartile. Additional detail on ambulance performance measures can be found within the integrated performance board report.

2.4 Whilst Lancashire and South Cumbria achieved the national ambitions for 2023/2024, there is recognition from across the system that performance needs to continue to improve further for the benefit of patients in terms of experience, safety, and quality of care, and to support the ongoing focus on recovery to align with the national priorities for 2024/2025.

2.5 Delivery of urgent and emergency care through winter 2023/2024 highlighted a number of key themes and opportunities for the system to consider ahead of 2024/2025 planning, in particular the importance of:

- proactive earlier planning and breaking the cycle of winter planning by having continuous place-based improvement plans that incorporate winter resilience.
- developing a more collaborative approach for the use of the urgent and emergency care capacity investment funding.
- identifying innovation/opportunities through place-based partnerships and the Urgent and Emergency Care Delivery Boards.
- recognising the requirement to not overcomplicate planning for winter and creating too many ideas.
- ongoing evaluation of schemes to demonstrate clear benefits, impact and return on investment.
- agreeing priorities with place directors which will focus on admission avoidance and contribute to the Urgent and Emergency Care improvement agenda.

2.6 NHS England North West are hosting a winter reflections event on 9 July in Manchester where the Integrated Care Board's Urgent and Emergency Care Team have been asked to present key findings and learning from winter planning 2023/24 in Lancashire and South Cumbria. This will include how our system has managed the winter challenges and met the two key national ambitions by investing in additional capacity for winter, such as acute frailty, community beds, home first, same day emergency care, discharge to assess, and through the implementation of place-based winter plans and initiatives.

3 2024/2025 Priorities and Operational Guidance – Urgent and Emergency Care

3.1 On 27 March 2024, NHS England published the 2024/25 priorities and operational planning guidance. The overall priority remains the recovery of core services and productivity following the pandemic.

3.2 For 2024/2025, the national objectives for urgent and emergency care are:

- Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025 (2023/24 target was 76%).

- Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25 (this target remains the same as in 2023/24).

3.3 Systems are also asked to reduce the proportion of waits over 12 hours in A&E compared to 2023/2024.

3.4 NHS England will operate an incentive scheme for providers with a Type 1 A&E department achieving the greatest level of improvement and/or delivering over 80% A&E 4-hour performance by the end of the year.

3.5 At the North West Chief Operating Officers meeting on the 10 April 2024, the regional team set out the minimum expected actions to address A&E performance through 2024/2025, as outlined in appendix A.

3.6 In addition to achieving the national objectives, NHS England request systems focus on three areas:

1) maintaining the capacity expansion delivered through 2023/2024.

2) increasing the productivity of acute and non-acute services across bedded and non-bedded capacity, improving flow and length of stay, and clinical outcomes.

3) continuing to develop services that shift activity from acute hospital settings to settings outside an acute hospital for patients with unplanned urgent needs, supporting proactive care, admissions avoidance, and hospital discharge.

3.7 Integrated Care Boards and their partner trusts are requested to work with wider system partners to develop plans to meet the national objectives and local priorities agreed by the Integrated Care System. To assist with the development of the system plan, NHS England has identified the most critical, evidence-based actions that systems and NHS providers are asked to take, in order to deliver the objectives. The UEC 5-year strategy and place-based improvement plans that are currently in development will support the delivery of the evidence-based actions.

3.8 Further detail on the requirements, and evidence-based actions, are provided in appendix B.

4. Urgent and Emergency Care Capacity Investment Funding 2023/24 and 2024/25

4.1 In February 2023, Lancashire and South Cumbria Integrated Care Board received £40.147m recurrent funding from NHS England to increase capacity and improve flow, to support delivery of the national urgent and emergency care recovery plan.

4.2 In 2023/24, nine schemes were supported utilising £28.355m. The investment supported a range of schemes including discharge to assess, home first, community beds, minor treatment centre, same day emergency care and virtual wards.

4.3 The remaining £11.792m supported the extension of five schemes to maintain capacity over the Easter and May bank holiday period and to enable the continuation of key services such as clinical assessment service, minor injuries unit, DVT and discharge to assess.

4.4 For 2024/2025, the Integrated Care Board confirmed revenue funding of £28.355m will be released to:

- create additional capacity (e.g., alternatives to emergency departments, support timely discharge).
- improve urgent and emergency care performance.
- improve patient experience and quality of care.
- deliver financial benefits.

4.5 A robust and collaborative engagement process was adopted to support the allocation of the funding, identifying high priority and high impact schemes both at place and system wide. This included two system wide workshops that were held in February and March 2024, along with place-based prioritisation activity taking place in between the workshops.

4.6 Following the second workshop on 15 March 2024, Integrated Care Board colleagues from urgent and emergency care and finance undertook a further assessment of the short-listed schemes on the 3 and 5 April 2024.

4.7 As part of the process to determine the final list of schemes, a number of schemes were identified to be potentially supported via alternative funding streams, and discussions with place partners will be held to scope opportunities to support the schemes.

4.8 Nineteen schemes were supported via the Commissioning Resource Group on 25 April 2024 and the total funding allocated, which equates to £21.231m, was ratified by the Integrated Care Board Executives on 14 May 2024. Examples of schemes supported include acute respiratory infection hubs, expansion of virtual wards, mental health schemes, voluntary community and social enterprise, and schemes to support admission avoidance and discharge. The value of these schemes ranges from £19,134 (lowest) to £4,140,000 (highest).

4.9 The balance of £7.124m will be used to fund schemes still being assessed, transitional or bridging funding to enable an effective exit of some of the schemes that were funded in 2023/2024, and to respond to seasonal pressures through the mobilisation of addition capacity later in 2024/2025 if required.

4.10 Key performance indicators, impact on urgent and emergency care performance, financial benefits, and spend will be monitored monthly; and providers will be reimbursed on actual spend up to the maximum allocations.

5. Additional Capacity Targeted Investment Fund for Urgent and Emergency Care 2024/25

5.1 £150m of national capital funding has been confirmed for 2024/2025 in order to support the national target to achieve 78% against the 4-hour waiting time performance metric.

5.2 A national prioritisation and evaluation process will be undertaken to review the urgent and emergency care capital bids, schemes are required to outline benefits/impact on performance, deliverability, and cost.

5.3 In Lancashire and South Cumbria, four bids were submitted to NHS England regional team on the 30 April 2024 for consideration. A decision is awaited from NHS England.

6. Implementation Status of the recovery plan ten high impact interventions

6.1 The operational guidance for 2024/2025 requests that systems continue to make progress on the ten high impact interventions to support the delivery of the national objectives and key actions.

6.2 Development and progression of the required actions continues at place, with oversight via local Urgent and Emergency Care Delivery Boards and the system-wide Urgent and Emergency Care Collaborative Improvement Board.

6.3 The summary table on appendix C outlines the ten high impact interventions by Trust footprint and provides the position for June 2024 and in terms of the overall maturity status. It is worth highlighting that Acute Respiratory Infection Hubs are due to be implemented in 2024/25, a system-wide programme has been established to progress Single Point of Access and Intermediate Care is being developed through the Transforming Community Care portfolio.

7. Recommendations

The Integrated Care Board is requested to:

1. Note the content of the report.
2. Note the report as assurance that oversight of all associated requirements and delivery will be via place-based Urgent & Emergency Care Delivery Boards and the Lancashire and South Cumbria Urgent and Emergency Care Collaborative Improvement Board.
3. Receive further reports at Integrated Care Board meetings.

Jayne Mellor, director of urgent, emergency and planned care
3 July 2024

Appendix A

Minimum expected actions to address A&E performance through 2024/2025
NHS England North West Team

Action	Requirement
Breach validation	• Data analysis for 'time in department' shows that certain NW providers have larger cohorts of patients discharged from ED between 4-5 hours. • All providers should review their breach validation process to ensure that it is 'fit for purpose'. • What opportunities exist to enable these patients to be discharged before 4 hours?
Use of ED trackers	• Some NW trusts appear to have more forensic tracking of patients through their ED journey to ensure that decisions about patients' care pathways are made in a timely manner as possible. • Some trusts deploy staff as 'ED breach trackers' to track patients through ED and chase up decisions to ultimately determine within the four-hour window since arrival whether the patient will need to be admitted, require a period of extended observation on a Clinical Decisions Unit or other setting, or can be discharged back to usual place of residence.
Review of type 3 activity	• Trusts should set expectations of delivering Type 3 performance at a minimum of 95%, and ideally at 98%+. • This may require review of contracts with third party providers of UTCs where performance is not being delivered to these standards.
Alternatives to ED	• Trusts should be working with system partners to review urgent and emergency care pathways for patients and consider all opportunities to enable alternatives to Emergency Department. • This should equally include a focus on maximising the use and capacity of virtual wards, as well as 2-hour urgent community response services.
Back to basics	• Trusts should focus on getting the basics right, e.g., the five elements of the SAFER patient flow bundle. • Trusts should also aim to protect assessment areas/Same Day Emergency Care (SDEC) units from becoming bedded overnight (as this is ultimately counter-intuitive to supporting patient flow).

Appendix B

2024/2025 Priorities and operational planning guidance – Annex A

Section 2A: Urgent and emergency care (UEC) and urgent community services

Focus on three areas:

1. **Maintaining the capacity expansion delivered through 2023/24**

   With additional funding in 2023/ 24 made recurrent in 2024/25, we ask systems to:

   - maintain acute G&A beds as a minimum at the level funded and agreed through operating plans in 2023/24.
   - improve access to virtual wards by ensuring utilisation is consistently above 80%.
   - expand bedded and non-bedded intermediate care capacity to support improvements in hospital discharge and enable step-up care in the community.
   - maintain ambulance capacity and support the development of services that reduce ambulance conveyance.

2. **Increasing the productivity of acute and non-acute services across bedded and non-bedded capacity, improving flow and length of stay, and clinical outcomes**

   To improve flow and therefore waiting times and clinical outcomes we ask that you focus on reductions in:

   - admitted and non-admitted time in emergency departments.
   - the number of patients who are still in hospital beyond their discharge ready date, as well as the length of delay.
   - ambulance handover delays.
   - length of stay in community beds.

   Systems are asked to maintain clinically led system co-ordination centres to effectively manage risk and ensure that all trusts are consistently and accurately recording key metrics in the Emergency Care Data Set (ECDS), and the Ambulance Data Set; and sharing this data centrally to support delivery of new discharge metrics and the wider UEC recovery plan.

3. **Continuing to develop services that shift activity from acute hospital settings to settings outside an acute hospital for patients with unplanned urgent needs, supporting proactive care, admissions avoidance, and hospital discharge.**

We will continue to consolidate and integrate services that support admission avoidance and hospital discharge, and support ambulance response times, by treating people in the most appropriate setting for their level of need.

This includes urgent community response (UCR), virtual wards, acute frailty services, intermediate care, and Same Day Emergency Care (SDEC).

Systems are also asked to:

- continue to make progress on the 10 UEC high impact initiatives.
- ensure that patients with mental health needs and CYP are explicitly included in the plans to recover services.
- expand coverage of high intensity use services as a cost-effective intervention to both manage A&E demand and address health inequalities.

Appendix C

Implementation status of the ten high impact interventions

Key: 0-2 early maturity, 3-5 progressing maturity, 6-7 mature, 8 benchmarkable maturity (these are NHS England definitions). Each of the ten high impact interventions has eight requirements to achieve which indicates the level of maturity. Green highlighted boxes are the priority areas for each place.

Ten High Impact Interventions	Blackpool/North - F&W/BTH				East Lancs/ BwD/ELHT				Central/LTH				South Cumbria / North - Lancaster /UHMB		
	Dec-23	Feb-24	Apr-24	Jun-24	Dec-23	Feb-24	Apr-24	Jun-24	Dec-23	Feb-24	Apr-24	Jun-24	Dec-23	Feb-24	Apr-24	Jun-24
Same day emergency care	8	7[1]	7[1]	7[1]	7	7	7	6[2]	7	7	7	7	7	7	8	8
Acute Frailty Services – ward processes	6	6	6	5[3]	7	6[4]	6	6	6	6	7	7	6	6	6	6
Acute Hospital Flow	4	4	4	6	7	7	7	7	6	6	7	7	4	4	5	5
Community bed productivity and flow – ward processes	7	7	7	7	6	6	6	6	7	7	8	8	2	2	2	2
Care transfer hubs	4	4	3[5]	3[5]	6	6	6	6	4	4	4	4	4	4	4	4
Intermediate care	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Virtual wards	6	6	7	7	7	7	7	7	6	6	6	6	5	5	5	7
Urgent community response	7	7	7	7	7	7	7	7	8	8	8	8	5	5	5	5
Single point of access	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Acute respiratory infection hubs [6]	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Footnotes:

1) **Blackpool Teaching Hospitals NHS Foundation Trust - Same Day Emergency Care** - GP Pathway remains in place to ensure that patients referred that are not suitable for SDEC are directly admitted to AMU. In times of escalation, bed capacity on AMU can be challenging however, generally, there remains a strong process of allocating beds to GP admissions ahead of their arrival. Due to pressures across the wider Trust with flow, the SDEC unit has continuously been bedded on several occasions. A number of admissions from SDEC reflect the pressures with acuity across the site in recent weeks. A new technical solution to streamline the e-discharge process (via Nexus NPR) commenced on 29th April and delays to e-discharge has significantly improved, and this is monitored on a daily basis.

2) **East Lancashire Hospital NHS Trust – Same Day Emergency Care -** Due to extreme pressures the Older Peoples Rapid Assessment (OPRA) unit has been escalated into overnight with frail elderly patients seen by the team and require an overnight stay but no acute beds to admit to. This is not daily but has been necessary in times of extreme pressure.

3) **Blackpool Teaching Hospitals NHS Foundation Trust – Acute Frailty Services –** New acute frailty unit provision launched March 2024 with current service provided weekdays 9am – 5pm. Plan is to work towards national requirement of 12 hours per day of acute frailty provision which due to workforce constraints is likely to involve a component of non-medical model of care. Additional plan to work towards wider access from primary, community and NWAS services within the next 12-18 months. A number of wider developments are in place to support frailty, this includes the development of frailty virtual ward, the community frailty service supporting virtual board round in the Acute Frailty Unit and frailty training available across the Trust.

4) **East Lancashire Hospital NHS Trust – Acute Frailty Services** – The OPRA unit has returned to its original footprint. In April 2024 68.38% of patients stay on the unit was < 8 hours and in May this reduced to 61.61%. Pressures in ED, acuity of patients and bed pressures have impact on the ability to deliver 80% of patients seen and discharged in less than 8 hours. More funding for workforce would be required to extend operational hours.

5) **Blackpool Teaching Hospitals NHS Foundation Trust - Care transfer hub** (CTH) – Current challenges include service demand and staffing capacity – 593 referrals received in April which is an increase month by month for support with discharge. Home First slots are due to increase by June 2024 following delays in recruitment. Ongoing improvement plans to maintain NMC2R under 10%, allocate patients to appropriate discharge pathway within 24 hours, discharge on pathway 1 within 24 hours of NMC2R (currently 2.3 day due to care availability), and over 95% of Home First patients remain at home.

6) **Lancashire and South Cumbria Respiratory Access Hubs (ARI) –** ARI hubs are one of the nineteen schemes to be allocated urgent and emergency care capacity investment funding, as outlined in point 4.8.