

Local Members Interest

N/A

Health and Care Overview and Scrutiny Committee Monday 03 October 2022

System Pressures Update

Recommendation(s)

I recommend that:


The Committee to note the system pressures update for the Staffordshire and Stoke-on-Trent Integrated Care System (ICS) population.

Report of Name Portfolio Holder/Director/Partner/Other

Summary

What is the Overview and Scrutiny Committee being asked to do and why?

Note the system pressures update and delivery of actions for the Staffordshire and Stoke-on-Trent ICB population.



Report

1. Overview

- 1.1 Staffordshire and Stoke-on-Trent Integrated Care System (ICS) has continued to experience a number of system pressures during 2022/23 to date that have affected the Urgent and Emergency Care (UEC) pathway. The main challenges facing the ICS continue to be around workforce, demand, and acuity. The system is focused on ensuring disruptions to the Elective Care recovery plan are kept to a minimum as we work through the system pressures and actions within the UEC programme. Note, the pressure in UEC is both a local and national issue.
- 1.2 In December 2021, the NHS national incident level was once again raised to level 4, due to the increasing prevalence of the omicron COVID-19 variant. In addition, given the omicron pressures, public and emergency services in Staffordshire and Stoke-on-Trent declared a major incident due to the impact of coronavirus on the area in January 2022.
- 1.3 A further critical incident was declared at The University Hospitals of North Staffordshire NHS Trust (UHNM) prior to Easter due to workforce issues throughout Staffordshire and Stoke-on-Trent.
- 1.4 During the period of UEC pressures the system has sought to maintain and improve on its elective plan delivery, however, there have been unavoidable periods where elective work has had to be delayed due to staffing and capacity. Capacity in outpatient, diagnostic and theatre services have been impacted by the increase in COVID-19 cases and higher than normal staff absences along with an increase in demand from GP referrals, in particular clinically urgent referrals. Providers continue to prioritise according to clinical need while also bringing down very long waits.
- 1.5 Routine system oversight meetings involving system leaders are in place during weekdays and weekends to ensure the system is working collaboratively and supporting all partners.
- 1.6 Social Care remains consistently under pressure experiencing similar pressures to the NHS services around COVID-19 impact on care homes and severe workforce challenges which has reduced capacity in the market and across the county.
- 1.7 Workforce availability remains an area of challenge and risk. System-wide workforce planning continues in relation to delivery of the Winter Plan, operational plan workforce growth and agency reduction. It is acknowledged that the workforce numbers have not achieved planned growth, although recruitment activities have had successes there has been a significant number of people leaving the public sector nationally. In addition, a mandate has been issued on reducing agency spending: Staffordshire and Stoke-on-Trent target to reduce from £34m to £25m.
- 1.8 Workforce is a significant challenge to the UEC pathway however, the constraints are not restricted to the UEC portfolio, therefore the detail on the performance and mitigation are contained within the Performance paper.
- 1.9 Winter 2022/23 is predicted to be significantly challenging across the ICS, linked to the anticipated UEC/Covid/ Flu pressures underpinned by

workforce. A system approach to surge planning for winter is being developed which includes all partners in the UEC pathway. The approach is to develop a clear capacity plan and associated triggers. Given the elective care backlog it remains a system priority to maintain elective capacity over the winter period.

2. The system continues to work within the three following structures for UEC:

- 2.1 **Pre-Hospital.** This includes community-based care, primary care and ambulance service provision. The focus is to look after people in their own homes for as long as is clinically appropriate and look to provide alternative pathways that avoid hospital attendance.
- 2.2 **In Hospital.** This covers the work at the front door of the hospital through to the point of discharge. It is often referred to as 'managing the flow' through the hospital. It includes the management of the hospital site
- 2.3 **Discharge.** This workstream focusses on getting people to their usual place of residence as quickly as possible and supporting them to stay in their usual place of residence.

The UEC pressures and actions have been outlined below utilising this structure.

3. ICS Response to System Pressures

Urgent and Emergency Care

Pre-hospital

- 3.1 The ICS continues to maximise access to all non-Emergency Department (ED) pathways through a single access route which incorporates community pathways, including Urgent Community Response and Acute Respiratory illness, for all patients to support the reduction of ambulance handover delays.
- 3.2 Ambulance handover delays remain significantly high at acute sites. Royal Stoke University Hospital (RSUH) is one of 10 sites receiving support from the National NHS England (NHSE) team to reduce delays.
- 3.3 Ambulance handover delays are a symptom of the flow challenges throughout the health and care system, therefore a whole-system improvement response is required to address the issue.
 - i. Hours lost for Staffordshire and Stoke on Trent patients across all West Midlands Region hospitals (based on a 15 minute turnaround threshold) for April-June 2022 using West Midlands Ambulance Service (WMAS) data equated to 13,784. For UHNM specifically the total for the 3 months was 9,635.
 - ii. Ambulance conveyances to our acute sites remains below pre-pandemic level. Ambulance conveyances to UHNM and the University

Hospitals of Derby and Burton (UHDB) for the first three months of 2022/23 dropped to 18,453, a reduction of 5,539 on the 23,992 recorded for the April to June period in 2019/20, which equates to a 23.1% fall in ambulance conveyances. Overall, this equates to a drop of under 61 ambulances per day across the three sites.

- 3.4 Call volumes for NHS 111 continue to be above the pre-pandemic level; the national and local direction supports the population to call 111 as the first point of contact where patients have an urgent need. Given the sustained increase, there has been a pressure on call volumes particularly with call abandonment rate. This has seen significant improvement in-year.

4. Actions in Response to System Pressures

- 4.1 A series of additional and extraordinary actions have been developed and deployed. As a result, the level of 1 hour handover delays have seen a 35% reduction during August at RSUH and a 3% reduction at County Hospital. Whilst conveyances are reduced from pre-covid levels, there is a marked increase in the acuity of patients that are presenting to Emergency Departments.
- i. A rapid improvement week took place in North Staffordshire prior to Easter. The Community Rapid Intervention Service (CRIS) team supported paramedics to navigate alternative community services, prior to patients presenting at ED. Social Care, North Staffordshire Combined Healthcare NHS Trust (NSCHT) and High Volume Users were also present throughout the week ensuring patients could be diverted from ED into an alternative community pathway and avoid admission.
 - ii. Further Rapid improvement weeks have taken place, identifying additional key improvement areas across the system which are carried forward and established as business as usual.
 - iii. Focus upon increasing the level of WMAS referrals directly to CRIS through enhanced collaborative Multi-Disciplinary Team (MDT) approach whereby collectively teams target those waiting an ambulance response.
 - iv. Cohorting capacity within the ED increased to support up to 6 patients at any one time.
 - v. Increased capacity for Virtual Wards, supported by £3.9m national funding. 130 Virtual Ward beds expected to be mobilised by December 2022.

- vi. NHS 111 enhanced their clinical validation to reduce the number of ED and ambulance referrals, along with targeted work with care homes to direct these referrals to CRIS.
- vii. NHS 111 call abandonment has seen significant improvement with an increased number of 111 call handlers. Staffordshire now has one of the lowest rates of call abandonment nationally in June 2022 with call handler volumes increasing.

5. In-hospital

- 5.1 Whilst ambulance handover delays are managed within the pre-hospital programme, the system recognises the interdependency with in-hospital. Ambulance handover delays impact the emergency department, particularly with cohorting.
- i. A&E 4-hour target performance remains challenging for all acute providers locally and nationally.
 - ii. There have been a high number of 12-hour trolley breaches across the system post-winter.
 - iii. Bed occupancy has increased at all acute trusts across general and acute and Critical Care beds as the COVID-19 surge impacted on bed availability.
 - iv. Queen's Hospital in Burton continues to experience very high occupancy in their Emergency Department which has had an impact on both ambulance handover delays and performance. There is a trend of high walk-in attendances from the afternoon going into the evening.
 - v. UHNM ED has seen a level of reduction in Type 1 attendances since the end of June and whilst RSUH are within an acceptable range of the predicted volumes as supplied by the Regional Capacity Management Team they are still significantly below the numbers reported for 2019/20. County Hospital is tracking in-line both with predictions and with pre-COVID attendance levels.

6. Actions in Response to System Pressures

- i. Integrated Front of House at RSUH utilising MDT approach across partners. The data indicates that the frailty cohort will be the biggest impact. The aim is to ensure patients are supported in their own home wherever possible and partners work collaboratively to achieve this as opposed to patients being admitted to the bed base.
- ii. Cohorting capacity has been increased and assertive boarding carried out twice a day to support the decompression of ED; also initiated within community hospitals.

- iii. Enhanced streaming options and capacity implemented to support direct transfer from ambulances to the Same Day Emergency Care (SDEC) unit.
- iv. Relocation of portals within the RSUH ED, facilitated by two base ward moves and the maintaining of on-site modular capacity to create additional ambulance offload capacity and internal efficiencies
- v. Targeted approach to support frequent attenders through community and mental health services.
- vi. Additional workforce deployed by all partners to maintain flow.
- vii. Additional interim bed capacity stood up within the community (26 beds) to support hospital flow.
- viii. Additional ward capacity will be onboarding in a phased approach across October 22 to March 23 as part of the winter plan surge capacity.

Post Hospital

7. Discharges from Hospital and Social Care

- 7.1 High numbers of patients in hospital who are Medically Fit for Discharge (MFFD) are a result of increased complexity of patient need on discharge and increased fragility within the care home/domiciliary market.
- 7.2 Social care continues to see an increase in patients requiring long term care, limited Dementia Nursing capacity, increasing number of care packages and delays for patients awaiting discharge home with community support.
- 7.3 The average number of MFFD patients at our main acute provider remained between 100 and 120 throughout June with a gradual increase being seen each week up to 31st July to between 120 and 140.
- 7.4 Patients awaiting Home First have continued to rise throughout the year into the summer. In Staffordshire this number is now slowly reducing.

8. Response to System Pressures

- 8.1 Midlands Partnership NHS Foundation Trust (MPFT) has carried out an independent review supporting the system with improvements in discharge pathways. Following this a specification for a whole system review of discharge process and decision making is underway.
- 8.2 Staffordshire County Council have invested further in the domiciliary care market and are developing a new in-house Home Care service to take Provider of Last Resort (POLR) activity from Home First; this will enable Home First to increase to same day discharge timescales from hospital.

- 8.3 Within the Winter Plan, national funding received to support the increase of outsourcing to POLR.
- 8.4 The 100 Day Discharge Challenge has been completed against the 11 initiatives identified in the High Impact Change and submitted to NHS England. The establishment of flexible surge workforce capacity has been identified as an exemplary area.
- 8.5 Joint quality improvement work with UHNM is ongoing to streamline the discharge processes. Standardised work is being piloted across inpatient wards and Track and Triage.
- 8.6 Working with D2A care home providers to source additional D2A rehab capacity. 26 beds have been outsourced.
- 8.7 Increase sourcing spot-purchase care home beds over the winter period.

9. Learning from previous bank holidays, critical incidents and spikes

- 9.1 The ICS collates a resilience plan moving into bank holiday periods and partners work together to ensure clear and robust plans are in place to support the Urgent Care system. Learning identified from both the critical incident in April and bank holidays include:
 - i. Clear incident focus allowed all partners to manage immediate solutions and those that would aid recovery into the following weeks.
 - ii. Daily ICS calls (supported by NHSE) during the week prior to a bank holiday, reviewing current position and agreeing planning same day and into the next day.
 - iii. Senior leads had oversight of the position by hour, supported by the Single Health Resilience Early Warning Database (SHREWD).
 - iv. Coordination was key for operational teams with the ability to communicate the agreed actions to all partners.
 - v. Clear mitigations and routes of escalation are in place.
 - vi. Improved collaboration and partnership working was evident.
 - vii. The level of internal preparations and those of external partners supported increased flow and resulted in an improved ICS position.

10. Winter Planning

- 10.1 The ICB has commenced planning in advance of the winter period and is leading on a system approach to surge planning which encompasses all partners in the UEC pathway including a clear capacity plan and associated triggers. Workforce constraints remain the biggest risk to winter and the system workforce plan underpins the capacity plan.
- 10.2 Analysis has been undertaken to understand the potential demand over winter with the following assumptions being built into the capacity analysis:

- i. Full elective programme continues as per 2022/23 plan submission;
 - ii. The bed gap assumes a worst-case scenario that non-elective demand, flu and COVID-19 all peak at the same time. Should we be in this position this will present complexities from a cohorting perspective;
 - iii. Assumed non-elective demand levels of 2019/20 and achieve 92% occupancy;
 - iv. Mitigating schemes have been converted to an equivalent bed number for the purposes of demonstrating mitigation against the bed deficit. Schemes have been broken down in to three sections of the UEC pathway: pre-hospital, in-hospital and post-hospital.
 - v. The residual gap is linked to the further work quantifying front of house gains, care home in-reach, and additional acute bed capacity, along with efficiency schemes.
- 10.4 The ICB has received £5.7m funding for capacity schemes. These focus on additional:
- i. Ward based capacity within the hospital including integrated front of house offer
 - ii. D2A provision in the community
 - iii. Resource to outsource POLR.
- 10.5 The plan has been built utilising the principles of the ICB's culture commitment. All partners have worked together through a multi-disciplinary approach to build the plan and will continue to do as it is mobilised and continually monitored. Updates will be reported weekly with highlight reports going monthly to the UEC Board, System Finance and Performance Committee and System Quality and Safety Committee; the latter two are sub-committees of the ICB Board.

11. Link to Strategic Plan

N/A

12. Link to Other Overview and Scrutiny Activity

N/A

13. Community Impact

N/A

14. List of Background Documents/Appendices:

N/A

Contact Details

Phil Smith, Chief Delivery Officer, Staffordshire and Stoke-on-Trent Integrated Care System

Report Author:	Phil Smith
Job Title:	Chief Delivery Officer, Staffordshire and Stoke-on-Trent Integrated Care System
Telephone No.:	07900292927
E-Mail Address:	phil.smith@staffsstoke.icb.nhs.uk

