Health and Care Overview and Scrutiny Committee - Monday 24 July 2023

System Pressures

Recommendation

I recommend that the Committee:

a. Note the system pressures update for the Staffordshire and Stoke-on-Trent Integrated Care System (ICS) population.

Report of the Staffordshire and Stoke-on-Trent Integrated Care Board

Summary

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

1. Note the system pressures update for the Staffordshire and Stoke-on Trent population.

2. This report outlines:

   a. System Pressures over Winter 22/23
   b. Lessons Learned over Winter 22/23
   c. Our structure and UEC System Pressures
   d. Discharge update
   e. Next steps

Report

Background

System Pressures over Winter 22/23

3. Staffordshire and Stoke-on-Trent Integrated Care System (ICS) experienced several system pressures during 2022/23 that have affected the Urgent and Emergency Care (UEC) pathway.

4. The ICS developed a full system winter plan to manage Winter 22/23.

5. The Winter Plan was presented to the ICB Board in November 2022 (post review and scrutiny and Finance and Performance Committee, Quality and Safety Committee and all system partner public board meetings) for

approval. The plan was approved and was implemented in accordance with the principles and timelines outlined in the original document.

6. Whilst the ICS developed a robust Winter Plan, the position in Staffordshire and Stoke on Trent was challenged with high levels of pressure that echoed national reports. Cumulative factors contributed to the system declaring a Critical Incident on Thursday 29th December, stood down Thursday 12th January 2023.

7. Through the System Winter Steering Group and System MDT, the ICS continuously evaluated the live position of the urgent care system against the expected plan to understand the root causes of pressure. The plan operates in the currency of acute beds; however, the demand gap is closed using a variety of schemes ranging from acute beds to enabling schemes that impact demand on the bed base. There are three key components which exacerbated pressure beyond plan:

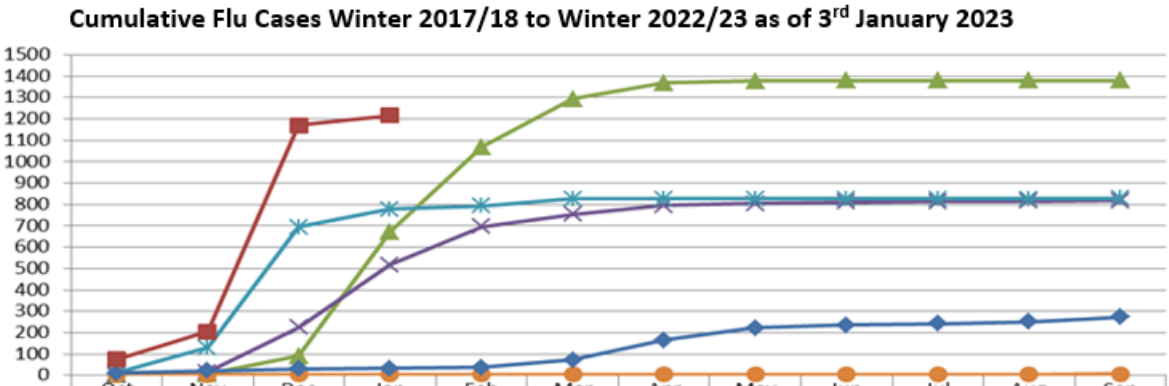
Workforce

a. For context, the overall sickness levels of core capacity ranged from 4% – 10.3% in December 2022 across the Health Economy, and vacancy rates have ranged between 8% – 24% across staffing groups.

Demand

b. The System Winter Plan demand was modelled utilising the flu predictions from 2017/18, where the system experienced high numbers of patients with flu which subsequently resulted in significant pressure; up until now this year was considered our worst flu year in terms of volumes. The difference from 2017/18 is that the pressure of the flu season currently being experienced started far sooner than previously experienced. The peak capacity across the system was planned to be delivered in January as per previous years, however the pressures started to build early November and was hitting previously seen peak levels in December as demonstrated below, which the system was not prepared for.

Graph 1: Cumulative Flu Cases Winter 2017/18 to Winter 2022/23 as of 3rd January 2023



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2017/18	1	6	90	673	1068	1294	1369	1377	1379	1380	1380	1380
2018/19	0	16	225	519	696	753	795	804	810	813	815	817
2019/20	11	130	695	779	793	827	827	827	827	827	827	828
2020/21	2	3	4	4	5	5	5	5	5	5	5	7
2021/22	12	22	30	34	38	72	165	222	235	243	251	274
2022/23	76	205	1171	1216								

c. For reference, there was a 68% increase in the number of inpatients with Covid during the two-week period from December 16th – December 30th. During this time period there was also a 136% increase in the number of inpatients with flu and a 55% increase in the number of inpatients with RSV.

Supply

d. During the modelling phase it was identified that a number of acute beds were required during the peak surge period; it is worth noting the emphasis on acute beds. As to be expected, not all additional capacity can be delivered through the acute setting due to logistical issues and estate constraint. In addition, the system made a commitment where at all possible elective capacity would remain to ensure our patients received the planned care they needed as part of the elective recovery backlog.

e. If a non-acute bed is provided as additional capacity, it does not represent the equivalent of an acute bed given several factors including patient need, staffing, environment. Therefore, when modelling is undertaken, we build in assumptions to calculate an equivalent acute impact.

f. In its rawest sense, actual acute capacity accounts for 33% of the surge capacity planned.

Winter 2022/2023 Lessons Learned

8. As part of the ICS 22/23 Winter Planning process, articulated within the System Winter Plan, approved at ICB Board in November 2022, it was

agreed that a priority action would be to carry out a thorough assessment and review of the plans effectiveness in March 2023, with an emphasis on learning to inform 23/24 surge planning and beyond.

9. A Winter Plan – Lessons Learned workshop event was held on Thursday March 23rd, with invites to all constituent system partner organisations; the ICB, University Hospital North Midlands (UHNM), Midlands Partnership Foundation Trust (MPFT), North Staffordshire Combined Healthcare Trust (NSCHT), Staffordshire County Council, Stoke-on-Trent City Council, Totally/Vocare Urgent Care, West Midlands Ambulance Service (WMAS), University Hospitals of Derby and Burton (UHDB), NHS England – Midlands, and Primary Care providers.

10. The Lessons Learned event sought to present to partners key aspects of the System Winter Plan, and to facilitate discussion and debate regarding their effectiveness and how the system can utilise experience of this (and past) Winters to inform and strengthen Winter planning for 2023/24.

11. Key themes covered via the event are outlined below:

    a. Winter Plan Development Process and Delivery

    b. Workforce and recruitment

    c. System Escalation Planning and Clinical Risk Sharing

    d. System Critical Incident & Early Warning signs

    e. Test adherence to the ICS Leadership Compact

    f. Finance – 2022/23 allocation and spend & anticipated 2023/24 funding

    g. 2023/24 Opportunities

12. Summary of lessons learned:

    The key lessons and learning points are summarised with regard to the respective topics/themes but the primary points of learning include:

    a. Governance and approach to system planning was supportive.
    b. Commencing the surge/winter planning process earlier would be beneficial, ensuring mobilisation of supporting schemes and initiatives in advance of periods of increased demand and pressure.
    c. Earlier mobilisation of system workforce resources to support plans is recommended.

d. We need to target available resource (and recognition that resource is finite) toward high impact initiatives and schemes to realise greater efficiencies.
e. Implementation of agreed and recognised escalation triggers and metrics to underpin system response to escalated risk/demand/pressure.
f. We need a more upfront escalation plan detailing our escalated actions
g. Greater and more erudite engagement with staff pre-winter to mitigate issues relating to staff re-deployment and flexibility.
h. There was not a consensus that the System Leadership Compact was always adhered to.
i. Assessing the aims and objectives of System plans, beyond the currency of bed numbers and acute capacity would further improve the planning process and delivery.
j. Greater support and empowerment for clinicians and clinical leaders during periods of pressure, building upon the System Escalation Plan and system approach to mitigating clinical risk, is required to ensure management of clinical risk is equitable across the pathway and system partner organisations.
k. The collective EPRR skillset may be more appropriately placed to lead the system escalation plan.

13. Summary of key actions

Key actions and outputs of the session are outlined for reference below:

a. Ensuring that the behaviours described within the System Leadership Compact are at the forefront of system working and supporting individuals to speak-up when these are not adhered to, recognising that this constitutes an area for improvement across the system.
b. Surge/winter planning to commence in April 2023 (significantly earlier than previous).CEOs to collectively support EPRR leads to further develop the System Escalation Plan, including risk sharing.
c. System agreement re financial allocation for 2023/24 is required urgently - to underpin development of Surge plans.
d. System work to ensure Workforce and recruitment activities are aligned to Operational plans and commence in advance of winter to enable mobilisation and implementation of surge actions and schemes.
e. Wider expansion of the System Workforce Hub, to ensure Social Care coverage.
f. Engagement and advanced working with Primary Care to support surge plans.
g. Greater involvement and input from voluntary care and other sectors in future planning.
h. Qualitative assessment of Winter/Surge plan schemes/initiatives to be undertaken.

i. Development and definition of System Outcome and Early Warning metrics to underpin planning.
j. Refresh of the System Bed Model with updated 2022/23 data.
k. Greater involvement of other system portfolios; e.g. End of Life, Frailty.
l. Wider sharing, acknowledgement, and adoption of the System Escalation plan to ensure partner buy-in.
m. Assessment of priority and high impact schemes to be undertaken and prioritisation of highest impact initiatives to be confirmed.
n. Engage with workforce and patients to gather a richer understanding around high impact schemes

14. As part of ICS development of Portfolios, the Urgent and Emergency Care (UEC) Portfolio has revised its governance structure to work within five key areas:

a. **Access**. 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.

b. **Non-Elective Improvement Programme**. 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.

c. **Integrated 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.

d. **Transformation**. This workstream focuses of the designation of Urgent Treatment Centres to ensure that SSOT has a consistent and simplified offer for access to UEC.

e. **Surge**. This work programme focuses on the strategic

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15. As per the revised governance structure, the UEC portfolio has developed a UEC Improvement Plan that aligns to the National UEC Recovery Plan. See appendix link.

16. The SSOT UEC Improvement Plan submitted as part of the System Operational Plan, is compliant with the metrics set out:

a. 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
b. Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25 towards pre-pandemic levels.

17. Despite an Improvement Plan that is demonstrating improvement, the UEC System is facing new challenges with industrial action impacts and the protection of elective capacity.

Current Performance

18. **111**: May recorded 1074 calls received per day within the Staffordshire area which is down 1.4% on the previous month. Call abandonment rose to 7.22% in May from 5.52% the previous month but remained below the national average of 11.7%. Calls answered within 60 seconds fell slightly to 74.14% but remains significantly above the national average of 59%. Calls receiving Clinical input continued to trend downward, falling once again to 34.79% of calls for May, above the Midlands average but below the national average of 42.33%.

19. **Ambulance Activity**: Category 2 Mean Response by WMAS crews across the Staffordshire area reflected the impact of increased pressure within UEC, by increasing to above the national 30-minute target to 31 minutes 54 seconds.

20. EMAS crews also reported degraded response times with an increase of just under 1 minute. May's handover performance was impacted by increased UEC pressure which resulted in increases of 60-minute handover delays at all sites.

21. Royal Stoke recorded a 109% increase in 60+ minute handover delays over April, County Hospital a 15% increase, and Burton Hospital a 113% increase. Inevitably, time lost (over 30 minutes) by WMAS vehicles at both UHNM and Burton rose, from 581 in April to 1346 in May, whilst EMAS recorded a further 72 hours lost by their vehicles at Burton.

22. **ED Activity**. UHNM – ED Attendances rose by 11.5% over the previous month of April and were over 1000 more than the average for 2022/23. Due to increased pressure within UEC beginning on the 9th May all time-based metrics reported a degraded performance for May, but there were encouraging signs through the start of June for an improving position. Even with the degraded performance the average wait for an initial assessment was below the 15-minute target. 4hr ED Performance decreased, on the back of the increased system pressures, reducing to 69.3% from 70%.

23. Burton – The Average Time to Initial Assessment for May increased by just under 1 minute, to reach 26 minutes and 59 seconds, which is the 2nd lowest wait of the last 14 months. Whilst this remains above the 15-minute national target the minimal growth at a time of heightened pressure should be noted. Both of the 'Time in ED' metrics also recorded minimal increases, with those being discharged on average in just over 3 1/2 hours. 4hr ED Performance improved to 62.2%, the highest of the last 14 months, in the face of increased handover delays, higher attendance numbers, increasing numbers of 12-hour breaches and emergency admissions

24. **Medically Fit For Discharge (MFFD)**. Average MFFD patient numbers at Royal Stoke were consistently below 100 throughout May, whilst County Hospital remained below 30. The monthly average for May fell slightly to 113.

25. **Discharge pathways**. Staffordshire and Stoke-on-Trent continue to see circa 70% of patients discharged from hospital without any support (Pathway 0), following an emergency admission. The national expectation is that 80% of patients should be discharged through pathway 0. Work within the Integrated Discharge programme is seeking to improve this metric by streamlining discharge processes through an integrated model of care. It is expected that this model will reduce delays in the discharge process subsequently reducing the risk of de-conditioning whilst awaiting discharge.

Update on Discharge (Provided by Staffordshire County Council, Dr Richard Harling)

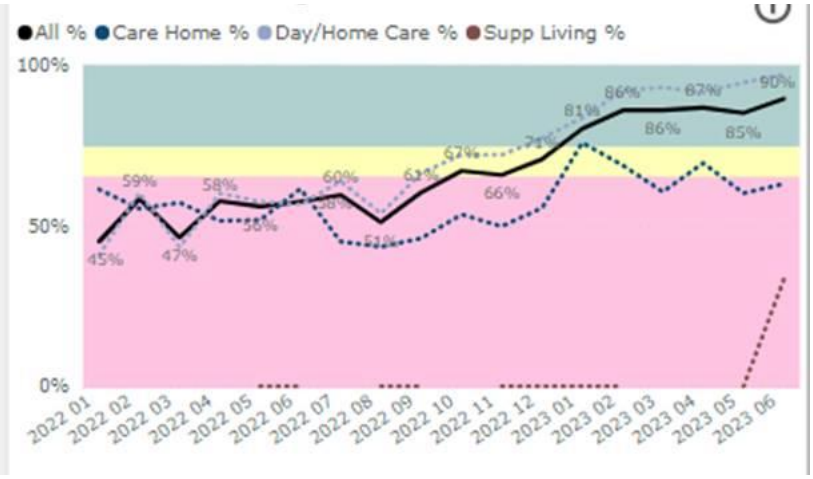
26. Staffordshire has fully integrated 'discharge to assess arrangements' in place. Those people who require reablement, rehabilitation and support after an acute hospital stay are referred to MPUFT's 'Track and Triage' team to determine the most appropriate service – either Home First, community hospital or an NHS temporary care home placement.

27. The Council is rarely required to assess people's adult social care needs or find them services whilst they are in an acute hospital bed. The number of people waiting for adult social care across all of the seven main acute hospitals serving Staffordshire is typically zero to two.

28. The Council focuses on arranging timely assessment and ongoing care if necessary for people who need longer term support after their period in 'discharge to assess' services. The majority of referrals are from Home First for people who need assessment and ongoing home care.

29. In recent months the care market has been operating well and there have been minimal delays in finding services. At June 2023 90% of all referrals from the urgent care pathway were sourced to target timescales, with these being 2 days for acute hospitals, 7 days for Home First and community hospitals, and 28 days for NHS temporary care home placements, as shown in Figure 1. Performance is monitored in real time with management action to address breaches of target timescales where necessary.

Figure 1: timeliness of sourcing of care services from urgent care pathway



Next Steps

30. A collaborative system governance structure is in place and will continue to drive the UEC Improvement Plan.

31. Surge Planning for 23/24 is already underway, utilising a refresh of the predictive bed modelling tool.

32. The System UEC Strategy that has recently been agreed through the UEC Board will develop and co-produce the strategic delivery plan with partners and patients by Autumn through the System UEC Strategy Group

33. Our System Control Centre, that continually manages operational pressures, will continue to operate with all system partners to ensure daily visibility of system pressures are shared and owned by all.

Link to Strategic Plan

34. N/A

Staffordshire County Council

Link to Other Overview and Scrutiny Activity

35. This is an update to the UEC System Pressures paper accepted on Monday 19th September

List of Background Documents/Appendices:

NHS England » Major plan to recover urgent and emergency care services

2023/24 Operational Plan (icb.nhs.uk)

Contact Details

Report Author:	Phil Smith
Job Title:	Chief Delivery Officer, Staffordshire and Stoke-on-Trent Integrated Care System
Telephone No.:	07900 292927
E-Mail Address:	phil.smith@staffsstoke.icb.nhs.uk