

Urgent and Emergency Care

System Winter Plan 2022

1. Our approach

This paper provides an overview of how local organisations are working together to meet anticipated urgent and emergency care needs this winter. It assimilates projections for healthcare demand, organisational actions to increase capacity and activity and shows the overall impact on our hospital beds. Our winter plan prepares us to respond effectively when people need to access urgent and emergency care. We are also working to increasingly prevent ill health and to anticipate care needs, shifting our focus to prevention as well as response. In future years, our plan will include more measures to prevent illness and crises happening in the first place, working alongside communities and primary care services.

Typically, pressures increase over the winter period because people are more likely to need admission to hospital or suffer winter illnesses. However, the level of pressure has been sustained and extreme in recent months, with many people working as if they were in the middle of a difficult winter for more than two years. This plan takes into account the current situation that front line teams are facing and builds in anticipated further mitigations for added service demands over the winter.

Organisations have put in place detailed plans to manage increased demand for their services and these have been brought together as a whole system plan¹. Additionally, our system-wide Demand and Capacity Group has developed scenarios of demand for services over the winter period; founded on current activity, previous winter demand increases, influenza levels in the southern hemisphere this year and likely COVID-19 infection rates².

Based on our projections of what will be required, we are putting additional capacity into many of our services, including hospital and community-based beds and increased care in home settings. We are also undertaking the Autumn vaccination programme for influenza and COVID-19 to prevent as many infections as possible. We are expanding services that can safely care for people outside of hospital and we are improving our ability to discharge people from hospital in a timely manner.

The ability of services to respond to demand levels is partly dependent on hospital / community bed and home support capacity. It also depends on the availability and skill levels of the workforce and operational processes within each organisation. A further factor is the ability of services to complete their care interventions and then work together so that people can move from one care setting to another as their needs change (known as flow). System flow is a key contributor to current service pressures, with delays and backlogs in accessing care at each point of care. The system winter plan combines actions in relation to each of these factors. All are inter-dependent in terms of overall impact and effectiveness of the plan. The table below shows the schemes that have been put in place or enhanced, over and above current services in 111, 999, general practice, community and mental health services, social care and hospitals³.

¹ Mitigation impacts will continue to be iterated in the coming weeks, as organisational positions change. The assumptions include all current plan schemes, but more are likely to be quantified and added to the model.

² This scenario is termed a challenging winter, as it has addition COVID-19 and influenza projections, with the potential for a 'twindemic'

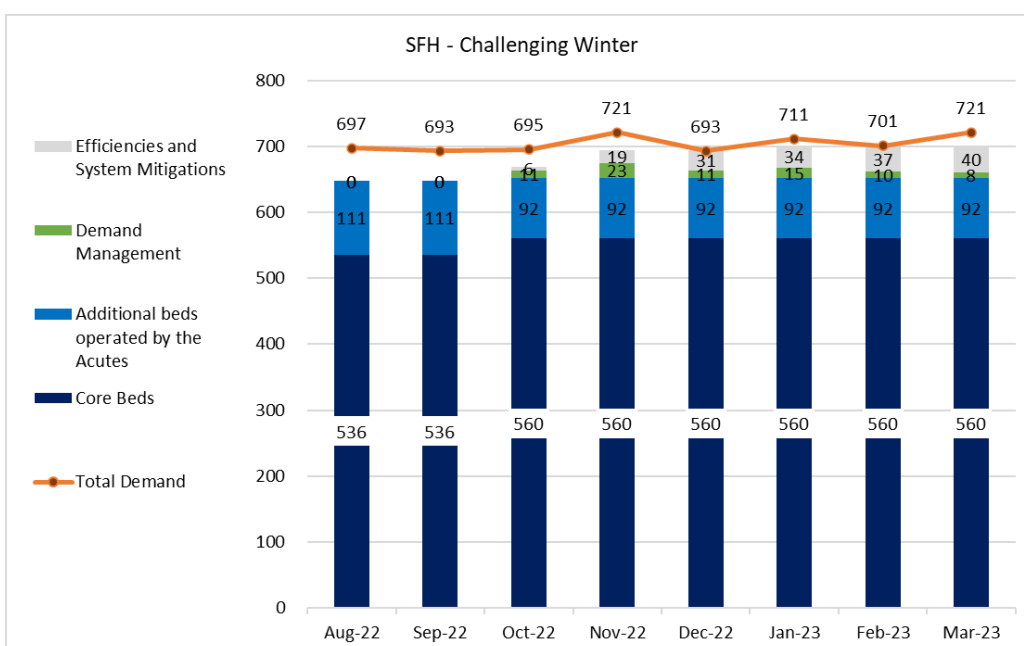
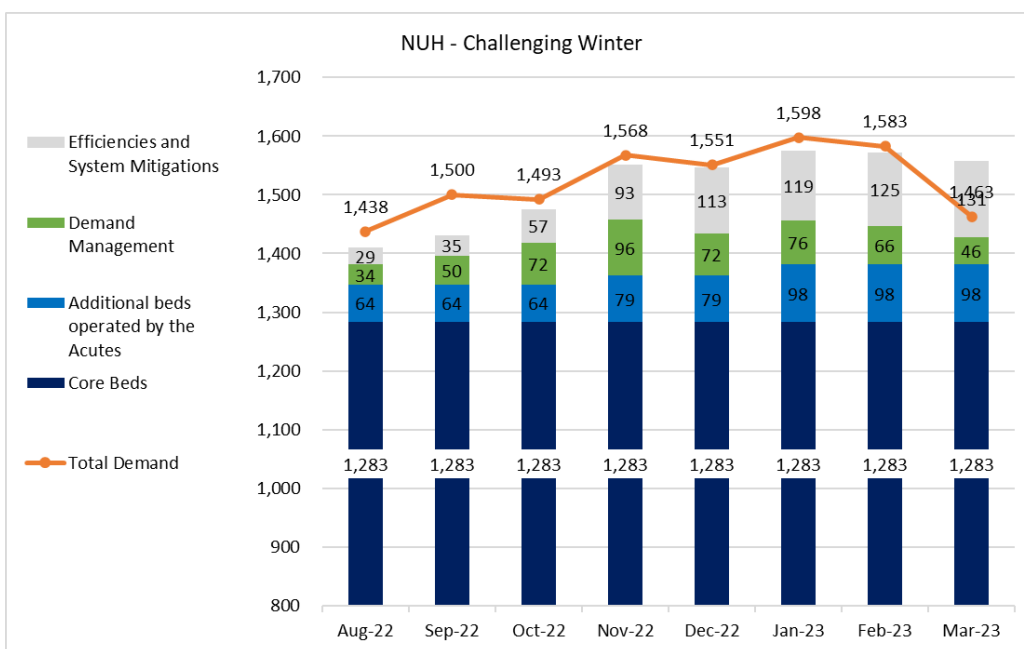
³ Each organisation has detailed plans, with many operational actions within them.

2. Our schemes

Preventing admission to hospital	In hospital assessment and treatment	Discharge from hospital and ongoing care
<ul style="list-style-type: none"> • Autumn COVID-19 and influenza vaccination programmes • Revised mental health crisis sanctuary model, with voluntary sector capacity to support statutory provision • Mental health expertise for 999 ambulance calls • Diversion of 111 ED dispositions through a Clinical Assessment Service and prevention of ED attendances • 111 direct bookings into primary care appointments, mental health helpline and text messaging • Alternative ambulance pathways, avoiding ED and going straight to relevant services • 2-hour urgent community response • Falls prevention, non-injury falls pathway and care homes pilots to reduce ambulance conveyances • Same day emergency care (SDEC) expansion • Hot clinics • High intensity user services and social prescribers in ED • Expansion of pulmonary rehabilitation services • Hydration in care homes 	<ul style="list-style-type: none"> • New acute mental health inpatient unit with additional 14 beds • Opening additional acute hospital bed capacity • Rolling deep clean programme to reduce healthcare associated infections • Maintain high standards for ambulance handover times • Review of internal triggers and protocols • Reverse bed chains to improve flow from ED into the hospital • Timely clinical decision making / eliminating delays • Review of support services cover for additional capacity / weekend discharges • Staffing level reviews • Direct commissioning of additional 'step down' capacity • Ward one over processes 	<ul style="list-style-type: none"> • Embed discharge to assess – discharge from a hospital bed with funded support and longer-term care assessments made at a more appropriate time • Development of discharge hubs to speed up discharge processes • Virtual wards with remote monitoring to reduce hospital admission / length of stay (frailty and respiratory) • Increased care home and home care capacity • 100 - day discharge challenge to improve processes across organisations • Maximise community bed utilisation and flow • Criteria led discharge • Fee uplift for homecare providers

3. Overall impact of the projected demand for hospital beds and our winter plans

Our demand and capacity hospital bed modelling shows projected demand and the system mitigations that are planned to bridge projected increases in demand and activity. The baseline assumes that delayed discharges will follow current trends, with some additional seasonal increases. The grey and green bars show the impact of confirmed winter schemes; based on activity trends, implementation phases and risk. The model also includes a risk-adjusted assessment of the impact of discharge and internal hospital schemes on length of stay. This is reviewed on a weekly basis at our system bed modelling group and will be a dynamic tool, with a report produced fortnightly for review by the Demand and Capacity Group. It will be regularly tracked against actual data points, as well as projected values as we go through the winter. Individual schemes will also be tracked in terms of their progress and impact through our ICS Urgent and Emergency Care Board.



Any shortfalls in terms of demand versus capacity would result in hospital occupancy increasing above the planned 90-92% levels within the model and / or reduced capacity to reduce elective care treatment backlogs. There was a national announcement of further winter social care funding over the summer and associated schemes are scheduled to come into effect in line with the model from the end of November, pending clarity on national funding mechanisms. Should these funding assumptions change, there could be up to a 2% increase in bed occupancy in later winter months if all other factors remain constant.

Our experience shows us that mismatches in capacity and demand can arise because of peaks in demand (such as COVID-19 waves), flow issues, process issues and workforce shortages preventing timely interventions at points of care. Frequently, a combination of these factors cause increased pressure at points of care, often manifested as overcrowding and delays in our emergency departments. For example, length of hospital stay has increased locally and nationally in recent months and this has an impact on the overall availability of hospital beds. These issues are monitored closely within organisations and across the system and relate to both patient and hospital factors. Escalation and trigger actions are under review to strengthen flow and the use of our capacity further.

4. Discharge and flow from hospital into community settings when people require ongoing support and rehabilitation

Flow through our system is a key priority, since this is a significant contributor to overcrowding in our emergency departments, ambulance delays and delays getting onto the relevant ward when admission to hospital is required. Delayed discharges into home environments with supportive care result in people being less likely to maintain their independence in the longer-term and are a significant cause of system flow issues. Our analysis shows that a key constraint is the availability of home care and this has a knock-on impact on hospital and community service flow. This is a common problem across the country. Further detail on this aspect of the winter plan is therefore described in more detail.

We have been working together to understand what level of home care capacity is required to enable acute hospital discharges and recovery at home, enhance hospital flow and reduce risks and harm at all points of care. A discharge to assess business case has been approved, which builds a new model of care and the required capacity in pathway 1 (hospital to home with support). This increases capacity for hospital discharges from 214 per week to 302 per week by March 2023. We are now starting to see increases in activity levels as new capacity comes into effect.

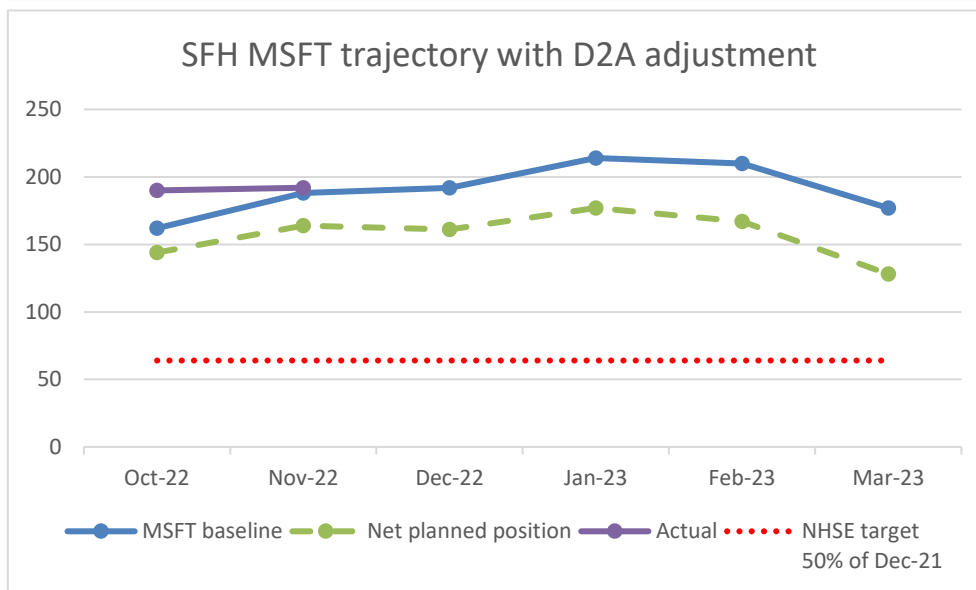
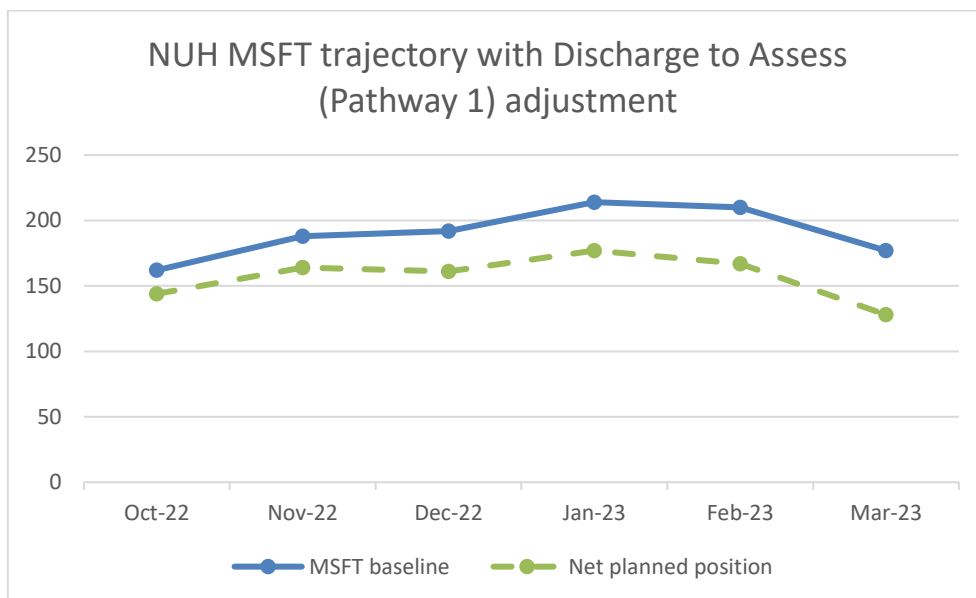
Summary	Weekly Demand being met met today (inclusive of temporary arrangements)	Demand met by proposal per week
Nottinghamshire Healthcare Trust	48	103
Nottingham City Council	21	40
Nottinghamshire County Council	81	90
CityCare	51	57
CCG / ICB	8	8
Total	209	297
Nottm County Council - EDASS	5	5
Total	214	302

Weekly Activity Trajectory Shown Per Month								
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
48	55	62	68	75	82	89	96	103
21	23	26	28	30	33	35	38	40
81	82	83	84	85	87	88	89	90
51	52	53	53	54	55	56	56	57
8	8	8	8	8	8	8	8	8
209	220	231	242	253	264	275	286	297
5	5	5	5	5	5	5	5	5
214	225	236	247	258	269	280	291	302

11 22 33 44 55 66 77 88

The business case calculated the direct impact of increased pathway 1 capacity on delayed discharges from hospital, with increasing impact as more capacity takes effect. However, there isn't a standalone cause and effect relationship between pathway 1 capacity and reductions in delayed discharges from hospital because there are lots of different causes of delayed discharges. Capacity for home care following discharge is one key cause of delayed hospital discharges, but other internal and external factors and processes come into play and are significant. Discharges for people with ongoing care needs are in the minority in terms of overall hospital discharges, so a greater impact on overall flow will be achieved by looking at all discharge processes. We have therefore brought teams together to reduce all causes of discharge delays and have introduced hospital discharge hubs to streamline processes between different services and settings.

Taking all of this into account, our organisations have worked together to forecast the likely impact of the additional pathway 1 capacity on the levels of delayed hospital discharges (over 1 day). We will monitor this on a weekly basis and additional actions will continue to be taken to reduce delayed discharges further. Estimated impacts for NUH and SFH are shown below.



5. Plan impact and delivery

Our plan brings together the efforts and expertise of all parts of our local NHS and care system. It includes a broad range of actions in many different care settings. There are no single solutions that will resolve the level of pressure on our urgent and emergency care services. Great care has been taken to make our assumptions as robust as possible, but they are plans rather than predictions and there are many interdependencies that could affect how the system works together over the winter. We will monitor impact and progress very regularly.

National and local evidence and metrics are emerging concerning delay-related patient harm. We have analysed the impacts of serious incidents across the system and will introduce clinical delay-related harm measures into our plan monitoring processes. We will also track impacts on staff and will continue staff wellbeing offers.

Risks to delivery of the plan include workforce availability, ongoing support needs at home (reducing outflow from the additional pathway 1 capacity into step down services), infection outbreaks requiring beds to be closed to new admissions, impacts on reducing elective care backlogs, inclement weather, industrial action and health impacts associated with the increased cost of living.

However, we can take additional steps to monitor and manage risks as they arise. We will put in place a System Control Centre to ensure a consistent and collective approach to managing system capacity, demand and clinical risk. This will work closely with organisational operational controls to coordinate and mitigate pressures across the system. We also have defined escalation levels, with additional triggers as levels of pressure and delays increase. We have interim care home placements that we use to support flow from hospitals when people need somewhere to recuperate from the acute phase of their illness.

We have also learnt from previous critical incidents and have adapted operational processes as a result. We work closely together to understand and escalate actions when organisations experience high levels of pressure. We have daily operational calls, whereby partners can take supportive actions to pre-empt further pressure building up. Examples include ambulance diverts and staff redeployment. There is a high level of commitment to work across organisations to respond to increased winter demand and a strong spirit of collaboration.

Our plan is based on robust analysis and a comprehensive set of actions across all organisations. We will closely monitor implementation and impacts of the plan for the population that we serve, recognising that all elements are important and all have a part to play in the overall effectiveness of our plan.

Amanda Sullivan

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