

# NCL JHOSC

## Winter Resilience Update

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# Key Messages

- Winter 2022/23 is being experienced in the context of flu and respiratory illness (especially in children) and industrial actions. These have contributed to making this winter more challenging. Impact of the industrial actions on staffing capacity across NCL has been notable, with staff numbers significantly reduced.
- NCL has developed a High Impact Winter Action Plan to support our resilience during winter (Slide 4). The plan focuses on attendance and admission avoidance, improving flow and maximising discharges. Furthermore, we have increased capacity across the key focus areas (avoidance of attendances & admissions, improving flow and maximising discharges). In allocating winter funding, we have targeted additional resources based on analysis of attendance, admissions and delayed discharges across NCL Trusts and Boroughs.
- Moreover, NCL has taken a whole system approach to allocating additional winter demand/capacity funding and discharge funding. For example, we have invested in additional primary care at the front door of district general hospitals that we know experience high levels of emergency admissions – see Appendix 1. In addition, the Adult Social Care Discharge Fund and the Hospital Discharge Fund have funded c 24k hours of home or domiciliary care; c 18k hours of reablement alongside extra step down beds within community and mental health and extra block P3 placements and care packages.
- Additionally, NCL has implemented its System Control Centres (SCC) as supplementary support for winter pressures. The SCC is a valuable resource in NCL, in that it has visibility of operational pressures and risks across providers and system partners. It takes concerted action across the Integrated Care System (ICS) on key systemic and emergent issues impacting patient flow, ambulance handover delays and other performance, clinical and operational challenges
- Whilst we have made some notable improvements with hospital discharges e.g. increased our same day discharges, we have also experienced some challenges over winter. Factors contributing to these challenges include industrial actions, workforce challenges within health and social care together with increasing acuity and complexity of admitted patients.
- The ICS has continued to develop services in collaboration with partners to improve patient flow throughout winter and during periods of surge. An Example include the NCL Silver Triage Line - a consultant geriatrician advice and guidance telephone line available to LAS and NHS111 launched in September 2022. Over 400 calls have been made into the Silver Triage line from paramedics on scene and in care homes. Through the consultant geriatrician advice and guidance, 80% of the calls have resulted in patients being managed within the community and did not require conveyance. Other examples of similar projects are detailed further in this report.
- Finally, a review of winter 2022/23 will commence in March through April to identify learnings to help define what we need to continue doing or do differently next winter. Our approach is set out Slide 14. Final outputs will be incorporated into Operating Plan for 2023/24 as appropriate.

# NCL High Impact Winter Action Plan

Key Issues		Key Actions	Oversight Forum	System KPIs
Front Door	Attendance avoidance (Primary care and low acuity A&E walk in)	<ul style="list-style-type: none"> <li>Development of regional 111 Single Virtual Contact Centre</li> <li>A&amp;E front door primary care streaming models implemented (NMUH including paediatrics, BH &amp; RFH sites)</li> <li>Implementation of revised national UTC/WiC service specification in progress.</li> <li>Actions to help reduce pressures associated with mental health attendances within emergency departments in place.</li> </ul>	NCL Flow Board via NCL Flow Operations Group (FOG)	<ul style="list-style-type: none"> <li>999 Call answering times (BAF) via NHS E</li> <li>999 CAT 2 response times (BAF) via NHS E</li> <li>Hospital handover delays (BAF) via NHS E</li> <li>No of primary care and mental health A&amp;E redirections</li> <li>UTC / WiC attendances</li> <li>12hr mental breaches in A&amp;E</li> <li>No. of DTAs in ED @ 08.00</li> <li>No. of Section 136 detentions</li> </ul>
	Reducing handover delays	<ul style="list-style-type: none"> <li>Sites using the new 45mins handover standard as a mitigating action to delays.</li> <li>All acutes sites have the facility to implement patient Cohorting in conjunction with LAS.</li> </ul>		
In Hospital	Improving Flow	<ul style="list-style-type: none"> <li>Protocols to support nurse led discharge in place</li> <li>Development of 7 day infrastructure and weekend handover protocols is being progressed.</li> <li>Early discharge planning protocols in re-establishment of discharge lounges developed and in use.</li> </ul>	NCL Flow Board via FOG	<ul style="list-style-type: none"> <li>Adult G&amp;A bed occupancy (BAF)</li> <li>Delays per pathway P1-P3</li> <li>Virtual ward occupancy</li> <li>2-hour UCR activity vs plan</li> <li>No of 2-hour referrals from LAS/111</li> <li>No of SDEC referrals from LAS/111</li> <li>No of CAT 3/4 conveyances to ED avoided</li> </ul>
	Admission avoidance	<ul style="list-style-type: none"> <li>Increase referrals to urgent community response service (LAS/111)</li> <li>Increase referrals to Same Day Emergency Care Services (LAS/111)</li> <li>Continue to implement SDEC Boost to fully maximise benefits</li> <li>Increase utilisation of silver triage/enhanced care in care homes</li> </ul>		
Out Flow	Optimising P1-P3 capacity & Early supported discharge	<ul style="list-style-type: none"> <li>Maximise community referrals via the ICE hub</li> <li>Fully maximise virtual ward capacity</li> <li>Further embed use of discharge lounge across all sites.</li> <li>Patients identified for discharge are fast tracked home or to discharge lounge before midday</li> </ul>	NCL Flow Board via FOG	<ul style="list-style-type: none"> <li>P2 bed occupancy</li> <li>Criteria to reside occupancy (BAF)</li> <li>No. of discharges reported Fri, Sat &amp; Sun</li> <li>No. of pre-midday discharges</li> <li>No of pre-5.pm discharges</li> </ul>
		<ul style="list-style-type: none"> <li>Discharges identified for the following day have patient transport booked</li> </ul>		

# Increasing winter capacity

NCL has taken a whole system approach to allocating additional winter demand/capacity funding and discharge funding. For example, we have invested in additional primary care at the front door of district general hospitals that we know experience high levels of emergency admissions – see Appendix 1

In allocating winter funding (including the Better Care Fund), we have targeted extra resources based on analysis of attendance, admissions and delayed discharges across NCL Trusts and Boroughs.

The Adult Social Care Discharge Fund and the Hospital Discharge Fund have funded **c 24k hours of home or domiciliary care; c 18k hours of reablement** alongside extra step down beds within community and mental health and extra block P3 placements and care packages.

## Adult Social Care Discharge Fund: activity funded

- **Pathway 1 capacity** – block homecare and reablement capacity mobilised across NCL – nearly 24k home or home care (hrs) and 18k reablement (hrs)
- **Pathway 2 capacity** - 17 extra P2 step down beds in Barnet to assist with flow
- **Pathway 3 capacity** – 34 block care home beds mobilised across NCL
- **Homelessness** - 7 extra accommodation units in place to support discharge for homeless patients
- **Mental Health** - 5 extra beds have been commissioned by Enfield and Camden. Other boroughs have the ability to spot purchase up to 5 beds to meet peaks in demand.

## £200m Hospital Discharge Fund: activity funded

- **Extra community and mental health step down capacity:** 67 block beds across Community (55) and Mental health (12) and 14 spot beds across NCL
- **Extra packages of care at home and Pathway 3 spot purchases:** the detailed activity breakdown is given below from January.

## Virtual Wards (VW)

- **108 Frailty VW beds** open across the system with 80%+ utilisation rates (plan of 96) -> 108 Frailty beds by Feb/March (working to overcome recruitment challenges).
- **10 paediatric hospital@home VW beds** open at Whittington, with a further 12 beds planned within NMUH system.
- **40 remote monitoring pilot beds launched in December** –16 in January, ramping up to 40 in Feb (plan of 50). Pilots will also inform procurement of a single NCL VW remote monitoring solution.
- **118 beds in total by December**, ramping up to 158 in Jan/Feb. Plus 79 Covid VW beds available since pandemic, with clinical redesign underway to convert to General Respiratory VW beds by Q4.

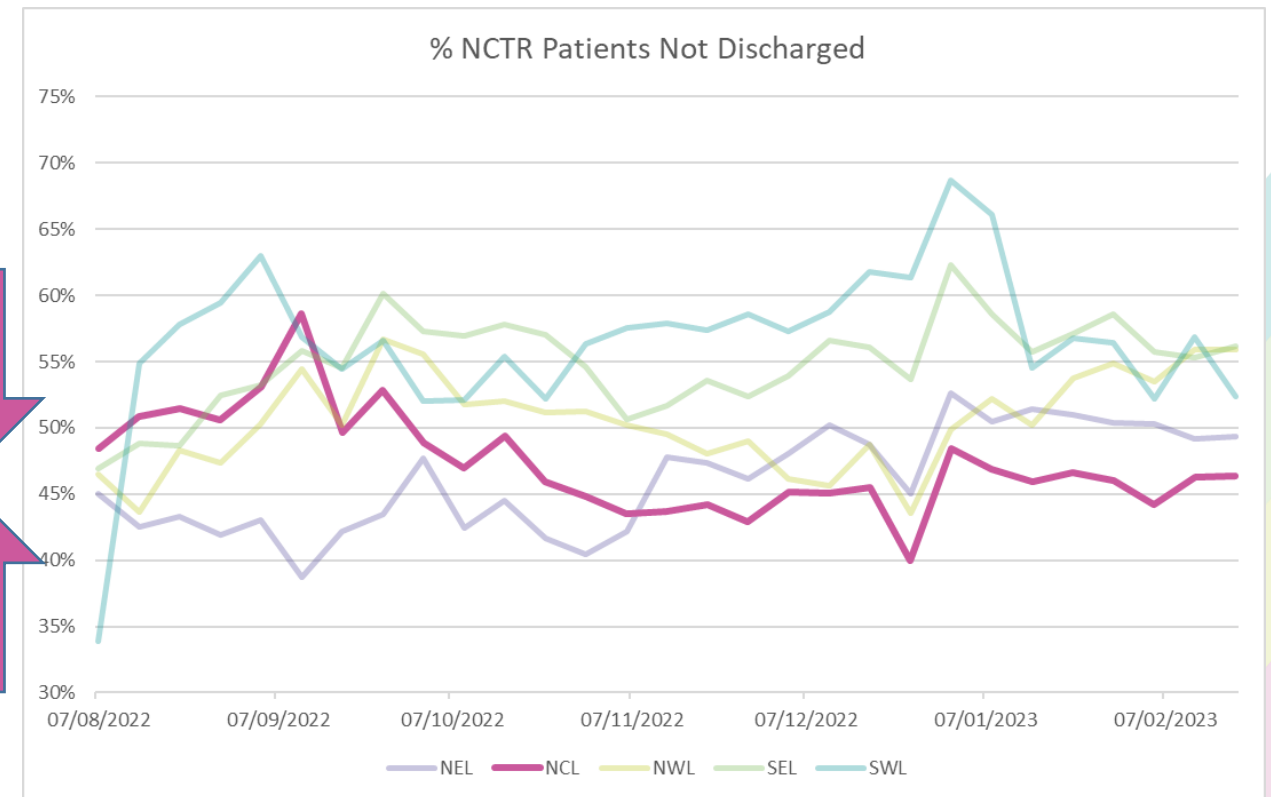
# Discharges – challenges this winter and mitigations

Ensuring timely discharge is a key priority for our system. We know people want to get home as soon as possible, and once acute care is no longer needed residents recover better and face less risk out of hospital. We also know we need to ensure hospital beds are freed up to admit residents in a timely way. Patients who no longer need to be in hospital are referred to as “no criteria to reside” (NCTR). The chart show NCL’s performance compared to London, where we have improved and sustained our performance.

We have faced a number of challenges over this winter. The key challenges and mitigations are outlined below:

- Funding is short term only so doesn’t build capacity
- Impact of strike actions on capacity
- Workforce recruitment remains very challenging and existing staff are pressured and tired
- Capacity for complex care home patients can be limited

- Close integrated working across all partners
- Additional short term funding across the NCL system
- Increasing % of discharges earlier in the day
- New pathways like Virtual Wards out of hospital, and preventing admission from rapid response



North Central Integrated Care System has continued to develop services in collaboration with partners to increase resilience and improve patient flow throughout winter and during periods of surge. The tables below summarise a number of service improvements and innovations that have been undertaken throughout 2022/23.

## 1. Pre-dispatch senior clinical decision maker pilot

A London Ambulance Service (LAS) pre-dispatch senior clinical decision maker pilot was launched in February 2023. The pilot will see 5 NCL clinicians on the LAS clinical hub rota to help ensure patients are being referred into the right service, at the right time and into the right clinician. The aim being to reduce ambulance dispatch to ED and increase referrals to community and alternative pathways. In the short-term, key measurables will focus on referral numbers to alternative pathways, failed referrals, Cat2 conveyances, and ambulance dispatch after clinical assessment, all of which will be assessed through weekly evaluations.

## 2. New clinical handover protocol

NCL ICS in conjunction with LAS has supported the development of an agreed clinical handover protocol, which was enacted in January 2023 across all provider sites. The protocol outlines the process that will take place where there is not sufficient capacity within the Emergency Department to allow for handover as soon as possible (noting the existing national 15minute standard). A significant element of the process focusses on ensuring Cohorting arrangements are in place . All NCL providers now have Cohorting in place and are operational. The protocol outlines that when cohorting reaches maximum capacity and if there are still patients waiting to be handed over (where expansion of cohorting is not possible), then patient handover / trolley should be cleared at 45 minutes following clinical discussion between the provider and LAS.

## 3. Transfer of CAT3/4 patients from NHS111 to LAS

A pilot was launched in April 2022 to transfer all CAT 3/4 ambulance dispositions from NHS111 to LAS. Within NHS111, dispatch to LAS is made when waiting time for clinical validation exceeds 30 minutes, which minimises their clinical risk. This a national 111 standard and common across all providers. Once a patient is in the dispatch queue then there is no further opportunity to call or review the patient and they are effectively waiting for an ambulance to arrive. In LAS, the risk is managed on the basis that it is often better for patients to receive a telephone triage, which at times can take longer than 30 minutes, than wait 2-3 hours for an ambulance with no clinical assessment. It is anticipated that this will result in approximately 250 fewer dispatches will be made per week. A review of the pilot will be undertaken in March 2023.

Reducing  
ambulance  
conveyance  
and improving  
hospital  
handover



## 1. Virtual eye pathway

It is recognised that there are several system challenges relating to equitable access to urgent eye care services across London, with calls to NHS111 not always directed to the most appropriate service, which can result in long waits and a poor patient experience. Based on analysis between July 2021 and July 2022, NHSE outline that approximately 70% of NHS111 calls across London that could have been seen in an eye hospital were referred to general Emergency Departments (ED).

Moorfields currently operate a video consultation platform within their A&E department. A pilot was launched in February 2023 to enable direct referral from NHS111 into this model. It is expected that approximately 80% of patients referred will be managed with advice, remote prescription, general practitioner referral, direct referral to hospital subspecialty services or diversion to a local eye unit.

## 2. Referral to Same Day Emergency Care

NHS111 and Whittington Hospital are undertaking a one month pilot to offer directly bookable appointments from NHS111 to Same Day Emergency Care (SDEC) services from 28 February 2023. The pilot will focus on medical type presentations with the aim of reducing referrals to ED. If successful, the intention would be to expand the pilot across all hospital sites across a greater range of presentations.

## 3. Increasing staffing levels

Constraints within the NHS111 call handling workforce is a recognised significant national issue, with providers experiencing continually high vacancy and turnover rates. Following conversations between the NCL Covid Vaccination Workforce team and our NHS111 provider, arrangements have been confirmed to utilise the existing pool of reservist staff to support the NHS111 Service Advisor call handling. This role will primarily support the management of minor injury, dental and repeat prescription calls and cover periods of highest pressure, including weekday evenings (16.00 – 23.00), weekends and Monday mornings.

The Covid vaccination workforce team has already identified over 30 reservist staff keen to participate. Training will take place over a 2week period following staff compliance checks. The use of reservist staff within NHS111 offers a number of benefits, including: greater scope and flexibility to support in-year NHS111 staffing constraints; opportunity for bank staff to further develop and broaden their skills and experience; and opportunity for staff to take on substantive Service Advisor roles or, with advanced training, Health Advisor roles.



# Service improvement and innovation

## NCL Silver Triage line

A silver triage service - consultant geriatrician advice and guidance telephone line available to LAS and NHS111 was launched in September 2022. Over 400 calls have been made into the NCL Silver Triage line from paramedics on scene in care homes. Through the consultant geriatrician advice and guidance, 80% of the calls have resulted in patients being managed within the community and did not require conveyance. The line is currently live 9:00 – 17:00 with agreement to expand the cohort of patients to include those aged 65+ living in their own home (Clinical Frailty Score 6+) from January 2023.

## Frailty Pathway

Frailty pathway development focused on 'frailty cars' as an addition to the current infrastructure. A co-designed proposal has been developed that will include falls, silver triage/care homes, and elements of LAS category 3 and 4 calls through a 'pull' approach. A pilot was launched in February 2023 across Barnet and Enfield with nursing/therapy staff from Urgent Community Response teams for 2 cars to manage up to 14 incidence per day (8:00 – 8:00 7 days a week).

## Emergency Department(ED) missed opportunity audit

A missed Opportunity Clinical Audit (supported by NHS England) level was undertaken at North Middlesex University Hospital in January 2023. The audit focused on the aspects of care driven at a system with the aim of identifying patients that are not on the correct pathway and as a result of their attendance at ED. The audit followed the standard Clinical Audit cycle with a focus on measuring current patient care through systematic review of this care given against explicit criteria. The route into the system for the patient on the ED Pathway is variable. Entry points can include Primary Care, NHS111, Urgent Treatment Centre (UTC), 999 or self-referral. The audit results will provide evidence to support improvements such as the development of new pathways, improving access to existing pathways and support feedback to 111. There may also be intelligence to support new pathways being developed. The audit outcome report is expected to be completed by end February 2023. Once finalised, the report will go through the relevant ICB governance for consideration of further roll-out across all providers. The timeline for this process is yet to be confirmed; however it is anticipated to be end April because of the frequency of these meetings.

# Impact of Industrial Actions

To date, NCL has been affected by a total of 8 industrial actions involving the London Ambulance Service (LAS) , Great Ormond Street Hospital as well as University College London Hospital on account of Royal College of Nurses (RCN) and Physiotherapists on account of Chartered Society of Physiotherapists. In preparation, NCL devised a plan to facilitate coordination of actions to ensure safety of patients and staff during the strike period. Planning focused on the following key elements:

- Additional capacity was in place across all services lines (acutes, community, mental health, primary care, NHS 111 & maternity ) on the day of the strike
- Command & Control structures were implemented for all services with senior Gold clinicians on the shop floor of hospital sites
- NCL operational and Gold executive level meetings to assess the on-going impact of agreed actions with decisions taken to refine as required with support from system leaders

Impacts and key learning points from these strike actions can be summarised as follows:

- Demand/activity increased in the subsequent 24 hours following the strikes rather than the day of the strike for all services with the exception of mental health.
- Increases in LAS ‘hear and treat’ rates on strike days (an average of 14% to 40% on 21<sup>st</sup> December strike) driven by adjustments to existing operational protocols as part of mitigation planning.
- LAS pre-dispatch senior clinical decision maker pilot launched in February 2023 was initiated as a result of the enhanced LAS/111/GP integration on strike days. As described in previous slides, the pilot will see 5 NCL clinicians on the LAS clinical hub rota to help ensure patients are being referred into the right service, at the right time and into the right clinician.
- Intensity of planning meetings and its impact on staff. For example, there were 5 check ins throughout the strike days (0830, 1000, 1230, 1600 and 2030), to ensure the agreed minimum staffing levels were maintained and that patients were safe.
- Lack of adequate staffing numbers to run services fully has contributed to low performance in areas such as hospital discharge.
- The system was well prepared for all the strikes, however there is concern that the exercise is not sustainable for staff well-being or from a cost perspective.

There is further LAS strike action planned for 8 March 2023 and a BMA junior doctors strike from 13 to 16 March. The ICS will enact the NCL system industrial action plan with a focus on increasing capacity across all services.

# UEC Recovery Plan

The recently published Operating Plan incorporates a delivery plan for recovering urgent and emergency care and focusses on:

1. Increasing capacity (additional beds and new ambulances)
2. Growing the workforce
3. Speeding up discharges from hospitals
4. Expanding new services in the community including virtual wards
5. Helping people access the right care, first time.

NCL is responding to the priority areas in the Operating Plan by taking these initial first steps:

- All providers have submitted plans to deliver the 76% A&E 4 hour standard by March 2024.
- Developed plans for additional capacity (General & Acute beds)
- Developing virtual ward capacity to support admission avoidance and timely discharges. NCL is working towards:
  - Increasing the daily number of over-night admissions avoided from an estimated 8 per day in April 2023 to 17 per day by December 2023.
  - Increasing utilisation of virtual wards to a minimum of 80% by September 2023
- Improved quality and consistency of Urgent Community Response services, with a minimum standard of 70% against the 2 hour response standard being achieved
- Set out a Care Homes Programme which aims to reduce non-elective admissions by 30 per month
- As next steps, we are undertaking a gap analysis. This will be followed by the development of a detailed delivery plan which will be monitored via the NCL Flow Operations Group (FOG) and overseen by the NCL Flow Board.

# Review of Winter 2022/23

The approach and timeline for reviewing winter 2022/23 is outlined below.

## March – April 2023

Winter reviews session by AEDBS and Silver Cells to include evaluation of winter schemes monitored via BAF

- What went well and what were the enablers of the schemes?
- What didn't work well and what were the barriers for implementation?
- Learnings - What will we continue, stop or change?

## May – June 2023

Consolidate reviews, share learnings and clarify priorities for winter 2023/24

- Identify common themes, risks and opportunities and risks
- Agree priority actions/areas of focus
- Understand interdependencies

## June – September 2023

Implementing priorities for winter including consolidation of existing schemes

- Working through actions and developing schemes for winter 2023/24
- Agree timescales, risks and mitigations
- Clarify financial envelope as appropriate

## Assurance Process



# Appendices

# Appendix 1 – Winter BAF investment in capacity

A&E Delivery Board	Scheme Description	Funding Source (£k)		
		Demand & Capacity	Virtual Ward	Total (£k)
NMUH	Escalation Beds / Improving Flow Infrastructure	2,400		2,400
NMUH	Paeds Discharge at NMUH	295		295
NMUH	Additional Community Capacity (P1-P3)	884		884
NMUH	Virtual Ward		1,236	1,236
NMUH	Primary Care system support (type 3 capacity, Frequent attendees etc.)	553		553
<b>Total NMUH A&amp;E System Support</b>		<b>4,132</b>	<b>1,236</b>	<b>5,368</b>
RF	Escalation Beds / Improving Flow Infrastructure	2,250		2,250
RF	Barnet Site Weekend Discharge Support (therapy, pharmacy, DC doctors, porters, SW)	500		500
RF	Additional Community Capacity (P1-P3)	1,458		1,458
RF	Virtual Ward		1,001	1,001
RF	Primary Care system support (type 3 capacity, Frequent attendees etc.)	845		845
<b>Total RF A&amp;E System Support</b>		<b>5,053</b>	<b>1,001</b>	<b>6,054</b>
UCLH	Escalation Beds / Improving Flow Infrastructure	700		700
UCLH	Additional Community Capacity (P1-P3)	585		585
UCLH	Virtual Ward		1,513	1,513
UCLH	Primary Care system support (type 3 capacity, Frequent attendees etc.)	285		285
<b>Total UCLH System Support</b>		<b>1,570</b>	<b>1,513</b>	<b>3,083</b>
WH	Escalation Beds / Improving Flow Infrastructure	500		500
WH	Additional Community Capacity (P1-P3)	380		380
WH	Virtual Ward		673	673
WH	Primary Care system support (type 3 capacity, Frequent attendees etc.)	317		317
<b>Total WH System Support</b>		<b>1,197</b>	<b>673</b>	<b>1,870</b>
NCL Wide	Virtual Ward		440	440
<b>Grand Total</b>		<b>11,952</b>	<b>4,863</b>	<b>16,815</b>