

# NCL Winter 2023/24 Planning Summary update to Joint HOSC

# Introduction

Winter 2022/23 has been 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. In this context, reducing ambulance handover delays has also been challenging especially in December 2022 when NCL experienced an increase in 60 minutes breaches. An update on handover times is provided further in this report.

Each year, the NCL winter planning process incorporates a review of the previous winter to identify learnings to help define what interventions are needed to continue or be implemented differently. This year's review includes learnings from the industrial actions. Outputs from this exercise will underpin the Winter 2023/24 Plan.

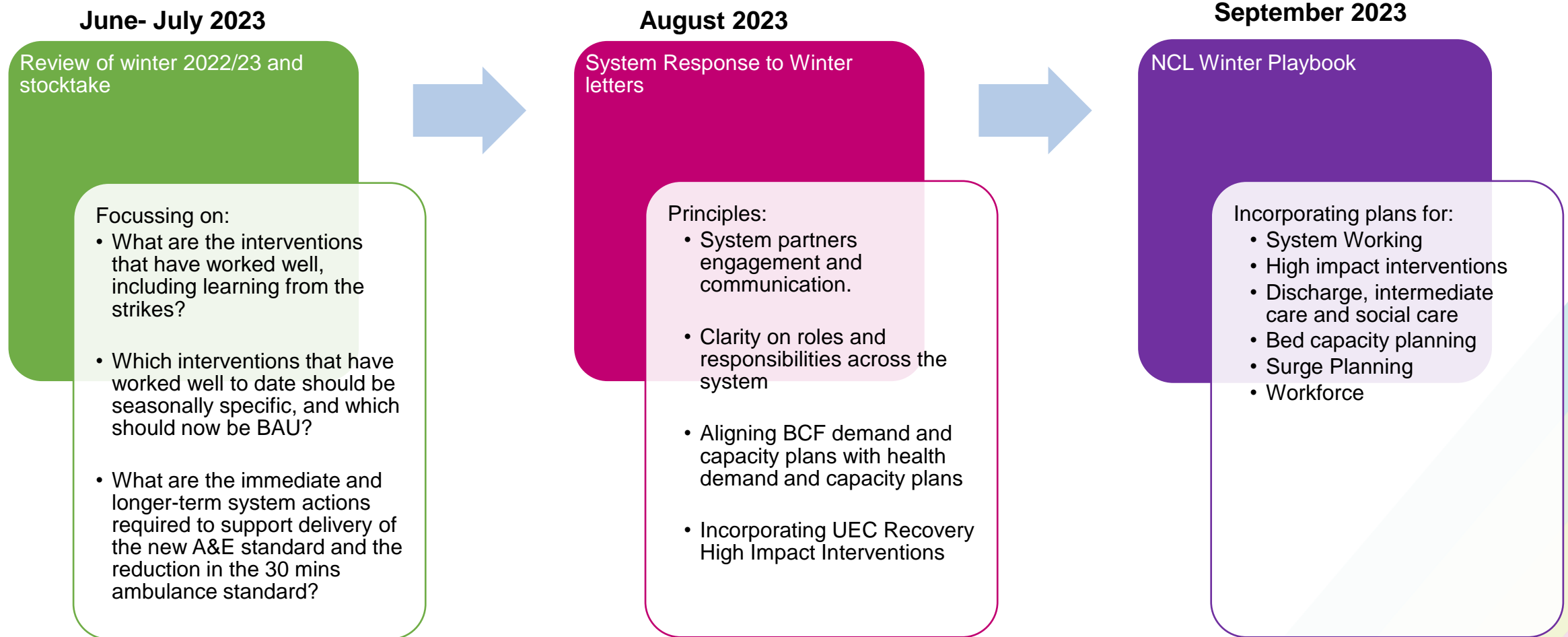
In addition, Health and Adult Social Care systems recently received national guidance to support planning for winter 2023/24. Headlines from the guidance can be summarised as follows:

- Joined-up approach to planning across the health and care system this winter as a collective responsibility to ensure there are resilient plans in place for winter across health and care systems Further action needed in most areas to ensure that health and care systems' capacity plans address projected changes in demand over the winter period.
- Winter planning should emphasise the on-going improvements around reducing waiting times for patients and crowding in A&E departments including the **'Ten High Impact Interventions' (Slide 4)** as these will be key to improving resilience in winter
- Supporting our workforce to deliver over winter - Providers should also ensure that they have an established pathway for identifying patients at-risk of COVID-19 and flu in their care, including those who are immunosuppressed.
- NHS to review their operational plans for winter and plan for surge scenarios by 11<sup>th</sup> September 2023 in conjunction with social care partners.
- Local authorities to provide a summary description, aligned to NHS winter surge plans, of how they will ensure sufficient capacity to meet potential adult social care surges in demand over winter by 28 September 2023

The requirements from the guidance is being incorporated into the NCL 2023/24 winter planning process outlined on the next slide.

# Planning process for Winter 2023/24

The approach and timeline for the winter 2023/24 planning process is outlined below.



# Ten High Impact Interventions to support winter resilience

1. **Same Day Emergency Care:** Reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.
2. **Frailty:** Reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.
3. **Inpatient flow and length of stay (acute):** Reducing variation in inpatient care and length of stay by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.
4. **Community bed productivity and flow:** Reducing variation in inpatient care and length of stay by implementing in-hospital efficiencies and bringing forward discharge processes.
5. **Care Transfer Hubs:** Implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.
6. **Intermediate care demand and capacity:** Supporting the operationalisation of ongoing demand and capacity planning.
7. **Virtual wards:** Standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and improve discharge.
8. **Urgent Community Response:** Increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid unnecessary admission.
9. **Single point of access:** Driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time.
10. **Acute Respiratory Infection Hubs:** Support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.

# Update on actions to improve ambulance handover times

Whilst reducing delays in ambulance handover times has been challenging across NCL, continuous improvement continues to be a key patient safety focus area with regular review via our NCL Flow Operational Group, NCL Flow Board and local system-based A&E Delivery Boards. System actions that each hospital site is taking to improve performance in this area include;

- Patient cohorting in conjunction with LAS;
- Embedding proactive senior clinical handover leadership; and
- Enhancement of 'fit to sit' to reduce ambulance trolley waits.

Furthermore, NCL implemented the trial of a revised 'firmer' 45minute hospital handover protocol on 11 July 2023. The protocol sets out a series of actions that working closely with hospital staff, ambulance crews will take on arrival and 15minutes / 30minutes post arrival to ensure safe handover and rapid ambulance release. Key observations from the trial:

- In the 4 weeks that the 45-minute protocol has been trialled in NCL, there has been a significant improvement in the proportion of handovers occurring within 45 minutes (from 81% to 92%). The improvement has been particularly significant at NMUH, which has the lowest performance, but has seen a 27% point improvement in performance. The average time lost per handover has also improved (42% reduction) from 18 to 10 minutes.
- The 45-minute trial has led to improvements against the other handover standards, particularly the proportion within 60 minutes. There have been 6 delays of more than 2 hours in the last four weeks, compared to 72 in the previous four-week period.
- Improvements in hospital handover times continue to support ambulance CAT 1 and 2 response times with improvements noted across London in the last few weeks (CAT 1 av. 6.19mins vs 7min target / CAT 2 av. 26.52mins vs 18min target w/e 16 Jul).

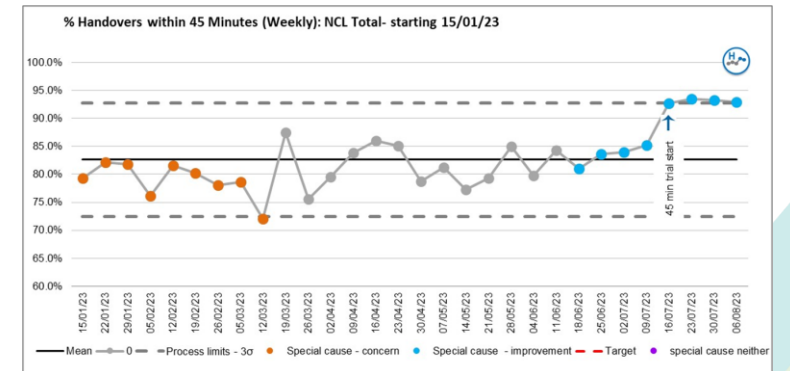
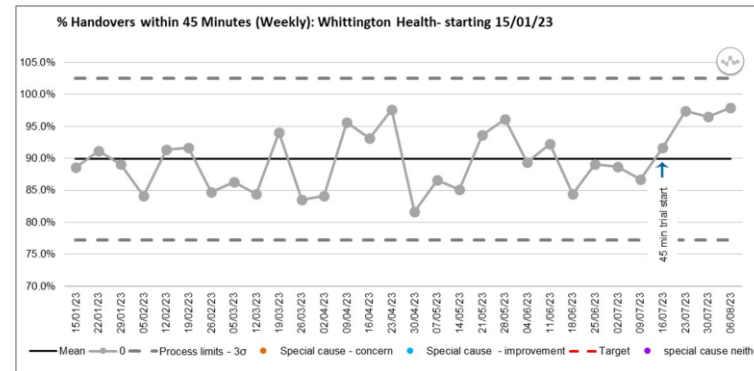
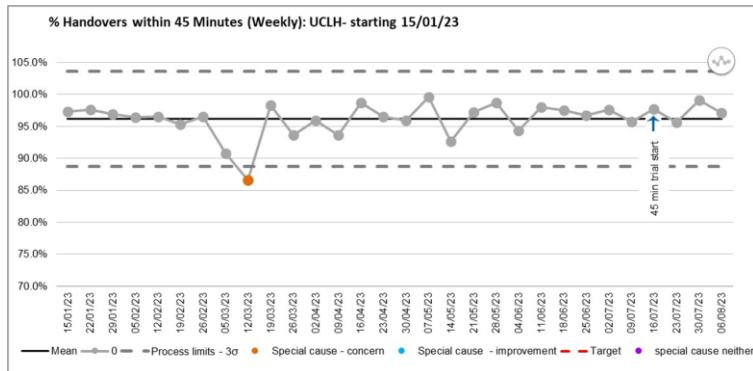
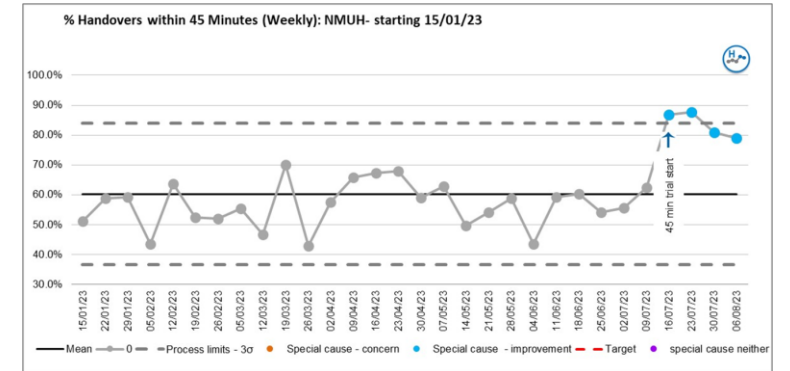
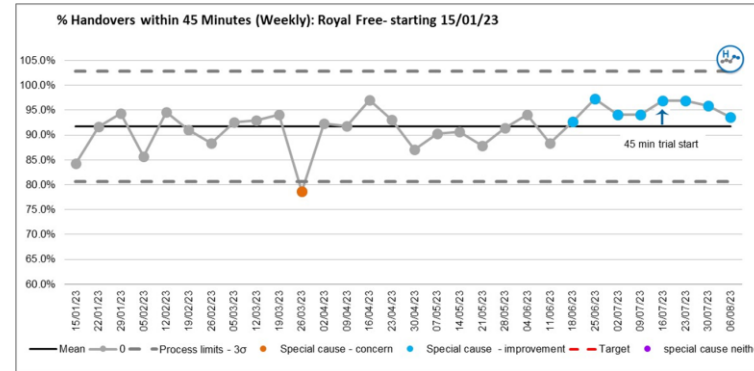
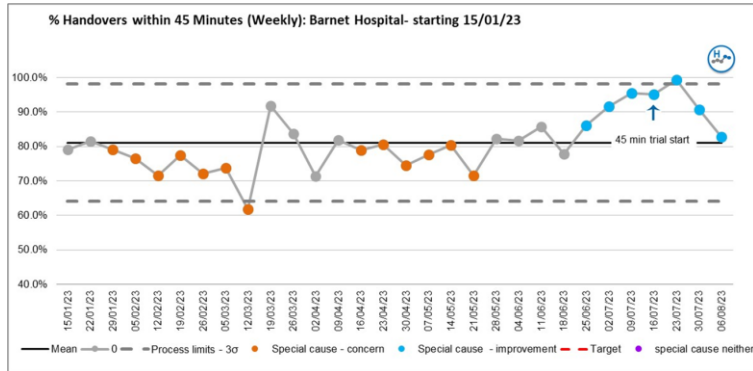
The trial will continue for a further 6 weeks during which an evaluation exercise will be undertaken in readiness for winter 2023/24. In the meantime, progress on the 45minute protocol will be monitored closely with regular review through the system operational flow group.

More detail on ambulance performance data are outlined in Slides 7 – 10.

# Next Steps

1. The NHS continues working closely with Local Authorities partners to ensure there are robust plans in place to meet demand. This builds on the work we are jointly undertaking to model demand and plan capacity.
2. As an outcome, there will be joint understanding of capacity and demand via the on-going BCF planning process which will be further refreshed in October 2023.
3. Furthermore, additional funding has been made available to Local Authorities to strengthen social care through the Market Sustainability Fund and each Local Authority has been asked to return a planning template to the DHSC in late September. This exercise will enable further joint discussions at both place and system level through the NCL Flow Board.
4. As part of continuous improvement of flow, we want to finalise the joint medium-term work on sustainable discharge (our joint programme to ensure the sustainability of discharge services across NCL).

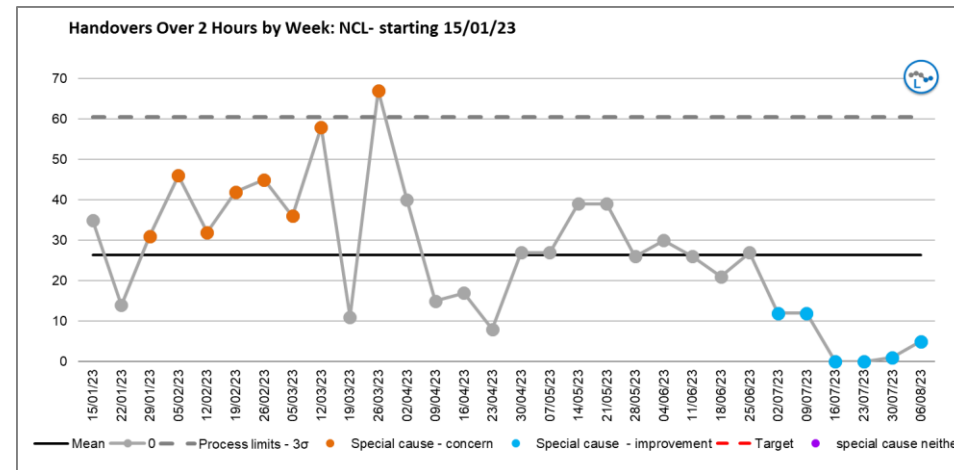
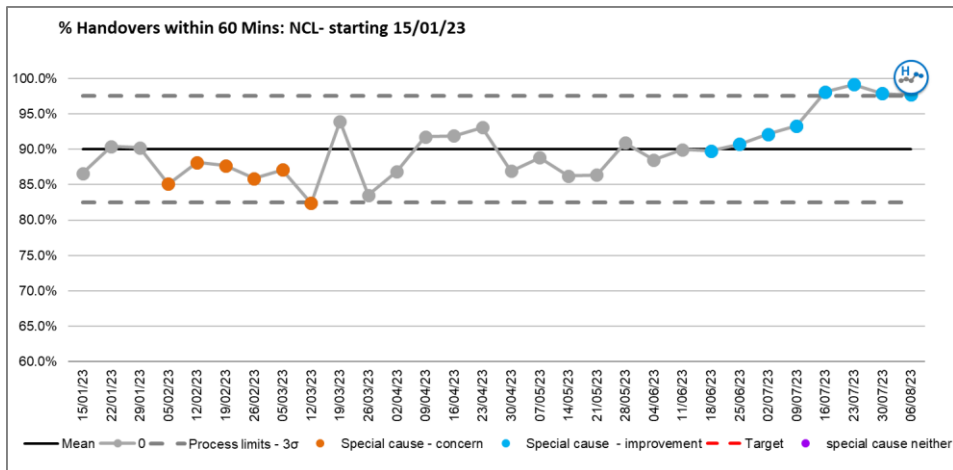
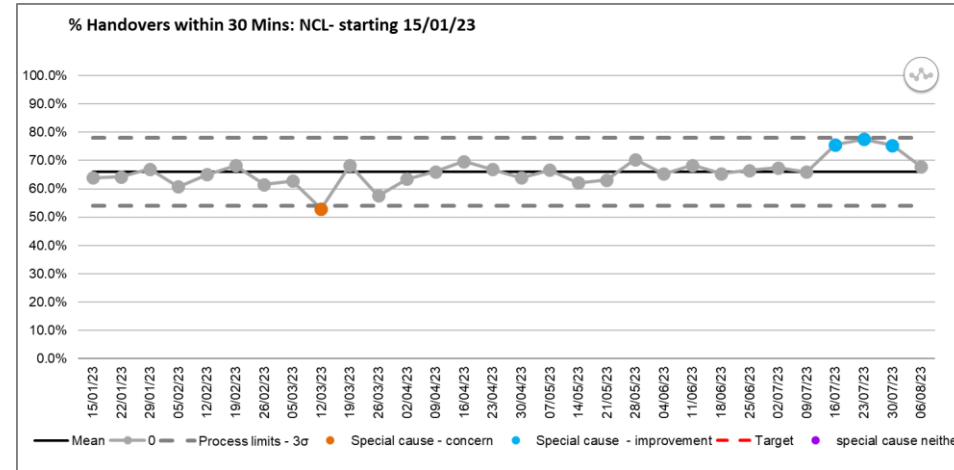
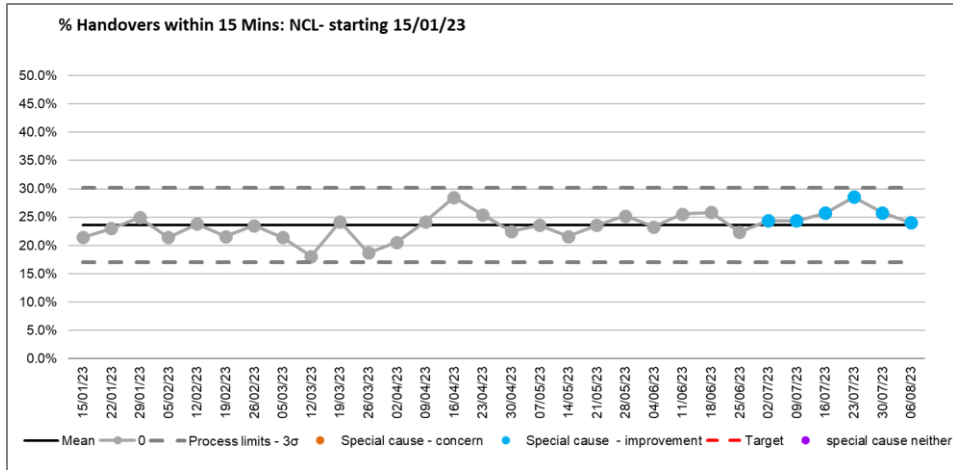
# % Handovers within 45 Minutes



	Pre Trial %	4wk Trial %	% Point Change
Barnet	79.5%	92.1%	13%
Royal Free	91.2%	95.9%	5%
NMUH	56.7%	83.6%	27%
UCLH	95.9%	97.4%	2%
WH	89.0%	95.8%	7%
<b>NCL Total</b>	<b>81.0%</b>	<b>92.0%</b>	<b>11%</b>

# Handovers within 15, 30 and 60 Minutes (NCL Wide)

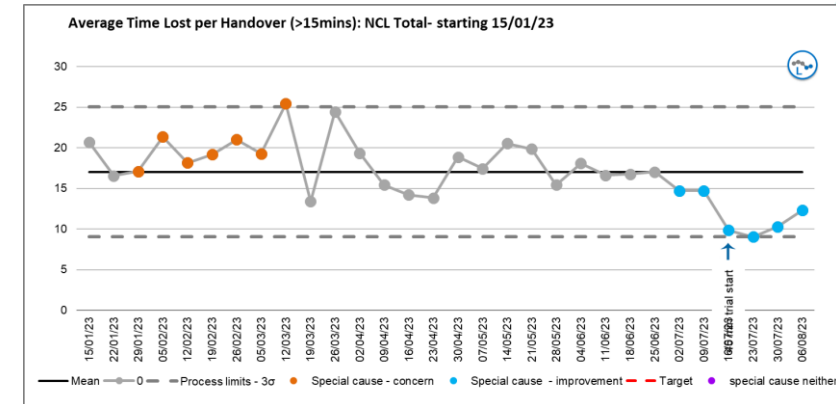
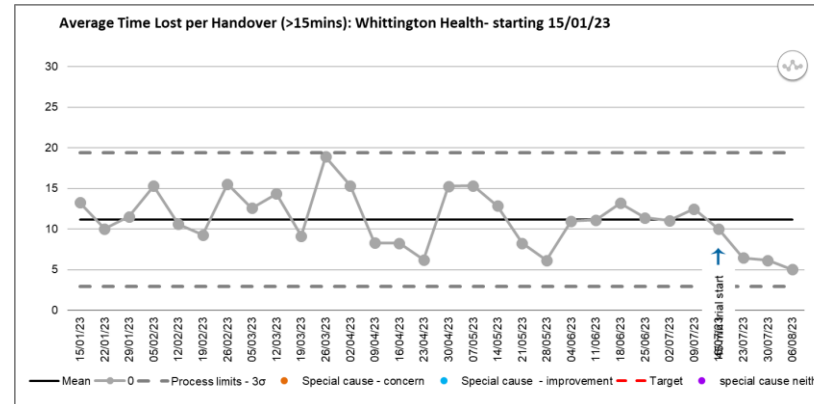
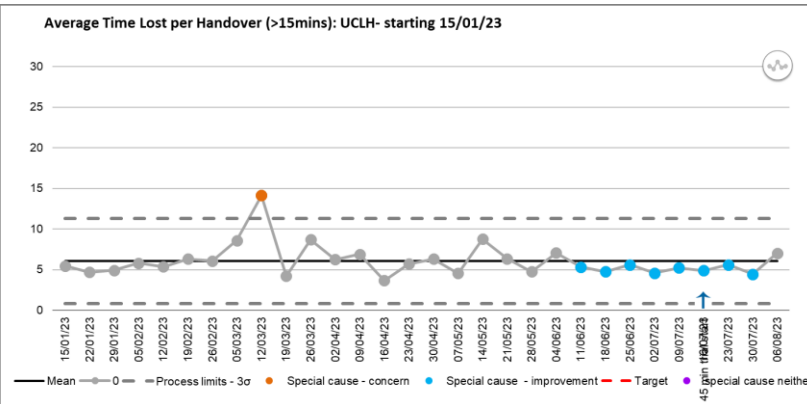
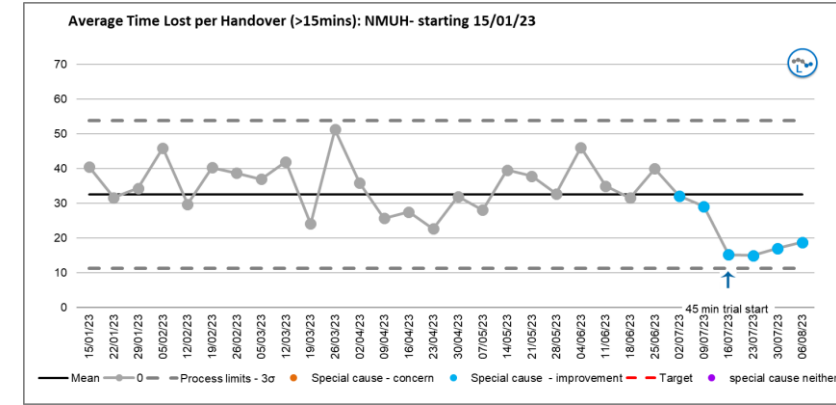
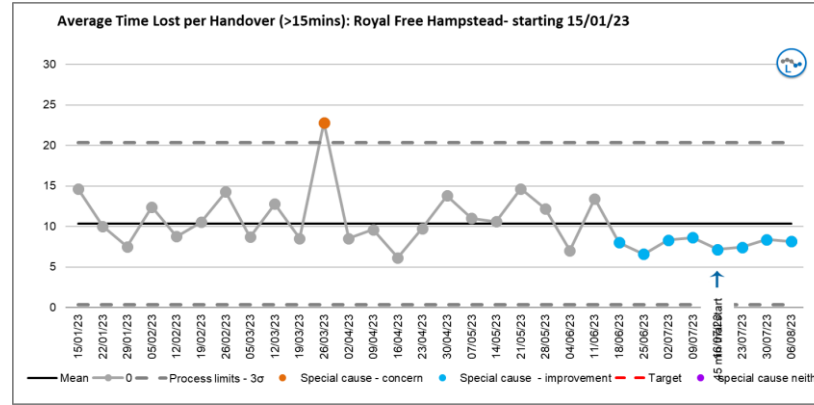
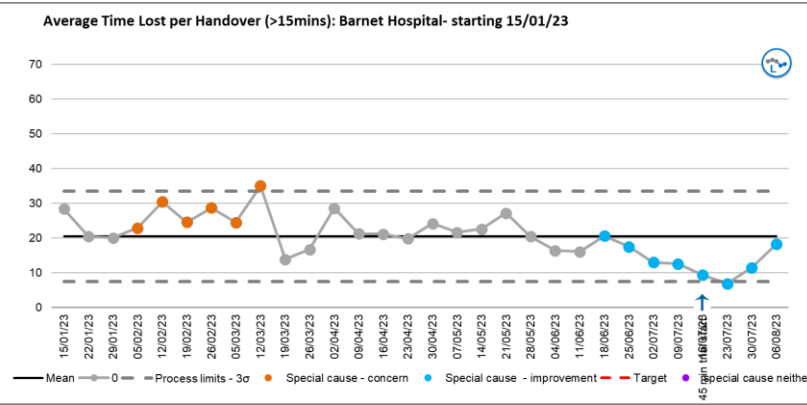
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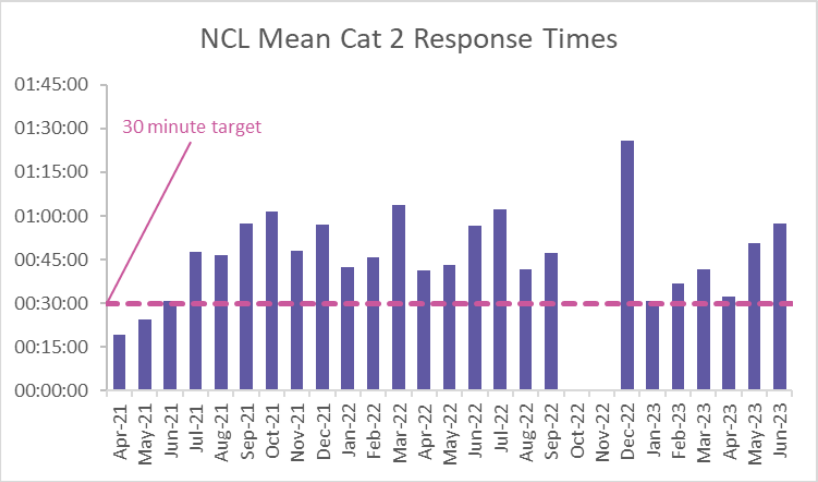
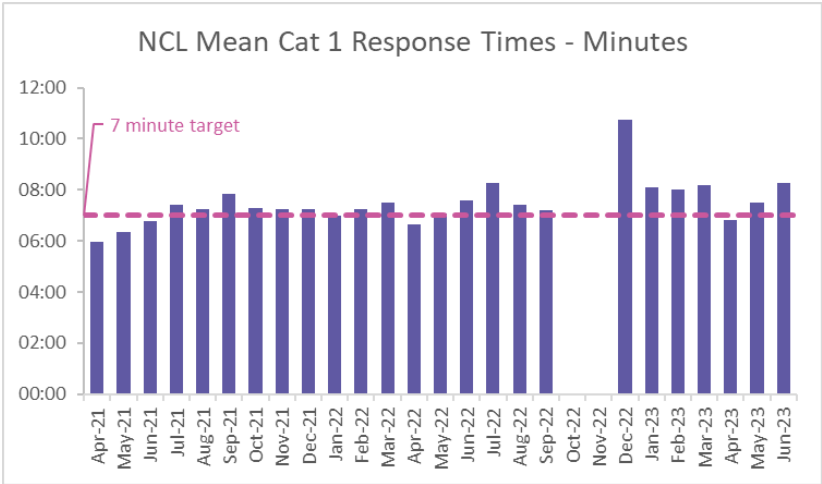


# Average Time Lost (Mins) per Handover



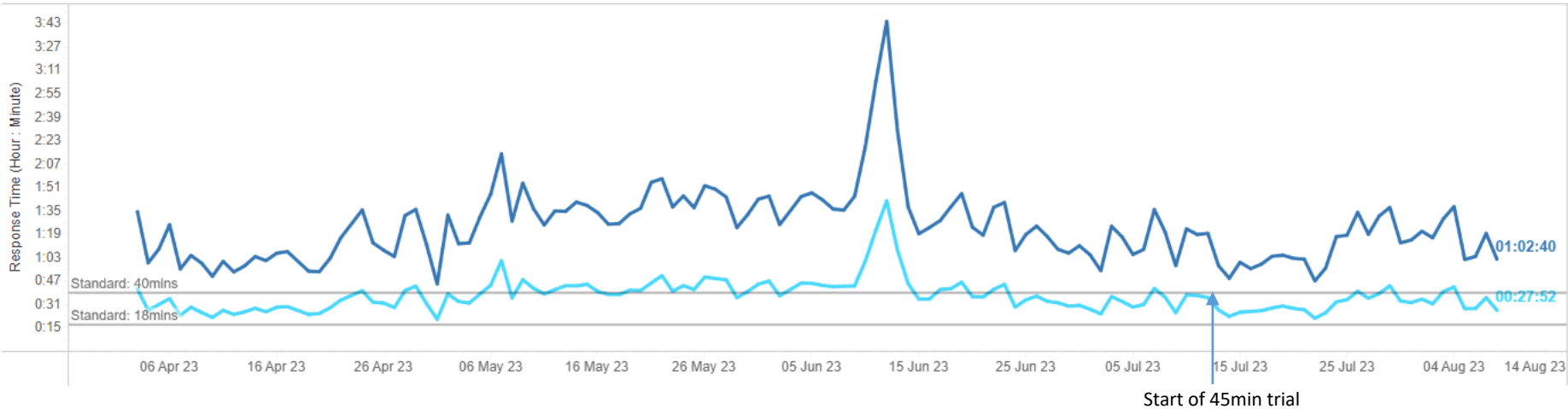
	Pre Trial Average (Mins)	Trial Average (Mins)	% Change
Barnet	21.7	11.5	-47%
Royal Free	10.7	7.8	-27%
NMUH	34.5	16.5	-52%
UCLH	6.2	5.5	-10%
WH	11.8	6.9	-41%
<b>NCL Total</b>	<b>18.0</b>	<b>10.4</b>	<b>-42%</b>

# Ambulance Response Times



- NCL-specific Ambulance Response Times data is not yet available to the ICB for the trial period.
- June’s mean Category 1 and Category 2 response times were over the revised standards.
- London-wide daily Category 2 daily data for the last month does show some improvement, but NCL-specific data would be needed to show the impact of the trial locally

**LAS-Wide Category 2 Mean (Light Blue) and 95<sup>th</sup> Percentile Daily Response Times**



Sources: Monthly data from LAS Contract Management Report; Daily Data from Daily Ambulance Dashboard – NB unvalidated data