

Nottinghamshire Urgent and Emergency Healthcare

Briefing for Nottingham Health and Adult Social Care Scrutiny Committee

April 2024

1. Introduction

The purpose of this paper is to provide an update on ambulance waiting times and the system-wide approach to addressing these.

2. Winter plan context

Nottingham and Nottinghamshire Integrated Care System (ICS) representatives have previously presented to the Nottingham Health and Adult Social Care Scrutiny Committee regarding our winter plan and the approach that we were taking to manage winter across the system.

The system winter plan was developed with colleagues across the Nottingham and Nottinghamshire system to triangulate the collective impact of all providers winter plans, ensuring alignment with national guidance, taking the learning from previous winters and also looking at best practice guidance. The plan describes clear governance structures and specific actions from each provider to navigate the challenges posed by winter demand. The plan emphasises a risk-based approach, identifying and addressing potential threats to the system.

The plan is overseen ultimately by the system Urgent and Emergency Care (UEC) Board (chaired by Nottingham and Nottinghamshire Integrated Care Board (ICB) Chief Executive), weekly by the UEC Programme Board and daily through our System Co-ordination Centre and our daily operational resilience calls.

The System Co-ordination Centre manages the day-to-day operational resilience of our health and social care teams and supports with escalations to ensure that we maintain effective escalation for all system partners as a whole to preserve system performance. Our System Co-Ordination Centre has been pivotal to supporting the system through challenges such as industrial action, hospital handover delays and the impact on ambulance crews' ability to respond to patients waiting in the community, and co-ordination of escalation actions across providers.

The actions and programmes of work being undertaken by the Nottingham and Nottinghamshire ICS in 2023/24, in response to the NHS England documents "Delivery Plan for recovering urgent and emergency care services"¹ and "Delivering operational resilience"², the Primary Care Recovery Plan³ and the Elective Recovery Plan⁴, will enable the Nottingham and Nottinghamshire ICS to respond better to the increased demands on health care services during the Winter period.

¹ [NHS England » Delivery plan for recovering urgent and emergency care services](#)

² [NHS England » Delivering operational resilience across the NHS this winter](#)

³ [NHS England » Delivery plan for recovering access to primary care](#)

⁴ [Coronavirus » Delivery plan for tackling the COVID-19 backlog of elective care \(england.nhs.uk\)](#)

Alongside these four documents, NHS England set out four areas of focus to enable systems to prepare for Winter:

1. Continue to deliver on the UEC Recovery Plan by ensuring high-impact interventions are in place.
2. Completing operational and surge planning to prepare for different winter scenarios.
3. ICBs should ensure effective system working across all parts of the system, including acute trusts and community care, elective care, children and young people, mental health, primary, community, intermediate and social care and the Voluntary, Community and Social Enterprise (VCSE) sector.
4. Supporting our workforce to deliver over winter.

We have worked collaboratively with all system partners throughout the winter period and have taken steps to reflect on actions that have worked well, putting in improvement actions quickly.

3. Operational delivery

It has been a challenging winter with two critical incidents, two major incidents and eight business continuity incidents to manage with system partners, alongside seven periods of industrial action and 30 days of industrial action managed across the system since September 2023. A summary of the industrial action, major incidents and critical incidents can be found in Table 1.

Table 1. Summary of the industrial action, major incidents and critical incidents

Date	Type of incident	Organisation
19 - 21 Sep	Consultants Industrial Action	All
20 - 23 Sep	Junior Doctors Industrial Action	All
02 - 05 Oct	Junior Doctors and Consultants Industrial Action	All
03 - 04 Oct	Radiographers Strike	All
23 Oct	Major Incident - Storm Babet	LRF
30 Oct	Critical Incident - Capacity and Flow	NUH
20 - 23 Dec	Junior Doctors Industrial Action	All
02 - 08 Jan	Major Incident - Storm Henk	LRF
03 - 09 Jan	Junior Doctors Industrial Action	All

03 Jan	Critical Incident - Capacity and Flow	System
24 - 28 Feb	Junior Doctors Industrial Action	All

A critical incident is any localised incident where the level of disruption results in a system partner temporarily or permanently losing its ability to deliver critical services, protect patient safety, or operate within a safe environment. This means to restore normal operating functions; we need to take special measures and additional support from other services and organisations⁵.

The decision to declare an incident is in response to a live situation of risk. A critical incident can last hours, days or even weeks in some circumstances. Critical Incidents can be confined to a single NHS organisation or be system-wide, i.e., affecting more than one NHS organisation.

4. Hospital Handover Context

As part of the wider NHS recovery, the national Urgent and Emergency Care Recovery Plan included objectives to support patients being seen more quickly in emergency departments; with the ambition to improve to 76% of patients being admitted, transferred and discharged within four hours by March 2024, with further improvement in 2024/25. Performance of hospital handover times has deteriorated at NUH in recent months. In the Emergency Department (ED), the volume of patients attending and arriving by ambulance remains stable, however with the pressures on occupancy, timely outward flow from ED remains challenging and has been subject to delays. With no significant improvement in outward flow, the crowding in ED has increased significantly in recent months.

The interplay between restricted patient flow out of ED and acute medicine, increased crowding in ED and acute medicine and deteriorating hospital handover time has been a persistent feature in NUH. During and after industrial action, it has not been possible to effectively support crowded clinical areas: some patients have been moved to base wards (boarding) and some held by EMAS resulting in further deterioration in the time that ambulance crews can be released to respond to patients waiting in the community. The reduced ED footprint within the ED majors has constrained our ability to sustain crowded areas.

5. EMAS performance

As part of the wider NHS recovery, the national Urgent and Emergency Care Recovery Plan included objectives to address increasing response times across all ambulance services for Category 2 incidents. All ambulance trusts were asked to provide plans to increase capacity and manage demand to achieve a national Category 2⁶ response time of 30 minutes in 2023/24. EMAS developed a plan around three main pillars: Increasing Capacity, Managing

⁵ <https://www.england.nhs.uk/wp-content/uploads/2022/07/B0900-NHS-Emergency-Preparedness-Resilience-and-Response-Framework-version-3.pdf>

⁶ Category 2 ambulance calls are those that are classed as an emergency or a potentially serious condition that may require rapid assessment, urgent on-scene intervention and/or urgent transport.

Demand and Supporting Staff with associated contributory Category 2 response improvement trajectories with a Category 2 mean response time target of 39 minutes 49 seconds for the year.

6. EMAS wide update

Performance across all the ambulance response standards in January 2024 improved compared to December 2023, despite high activity and increased hospital handover delays. No national performance standards were achieved in January 2024.

As of the 31 January 2024, EMAS was not achieving the full financial year Category 2 improvement target of 39 minutes and 49 seconds, by two minutes and fifty-six seconds.

High demand and hospital handover delays have continued in January, with the third and fourth weeks in January being particularly challenging. Average hospital handover delays and hours lost were the highest so far this year, being substantially higher than forecast (directly impacting on the Category 2 performance).

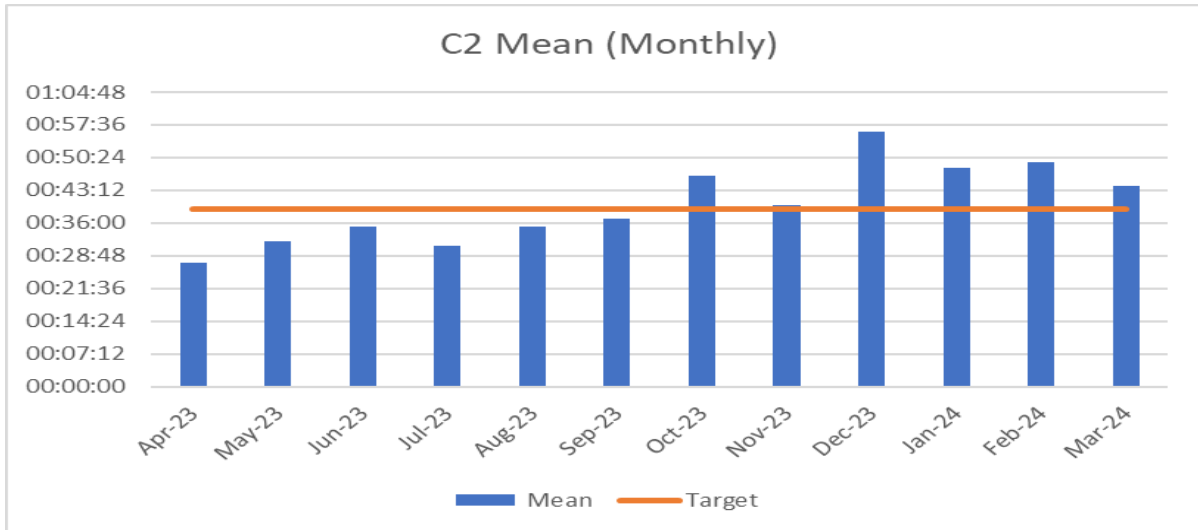
EMAS frontline resource hours remain high. There has been an increase in available hours through additional recruitment (EMAS exceeded its target to recruit 422 new frontline recruits during 2023/2024), a reduction of staff turnover (turnover has been below 10% since June 2023), overtime and the use of additional ambulance providers and the Trust is consistently outperforming the number of hours planned into the performance trajectory. Sickness has reduced in January, but still remains higher than the target.

Conveyance rates to hospitals from EMAS remained relatively stable in January 2024, although a number of hospitals experienced periods of sustained pressure which impacted on hospital handover times. There were as an average of over 728 additional hours lost in pre handover greater than 15-minutes each day (an average daily increase of circa 183 hours more each day compared to December).

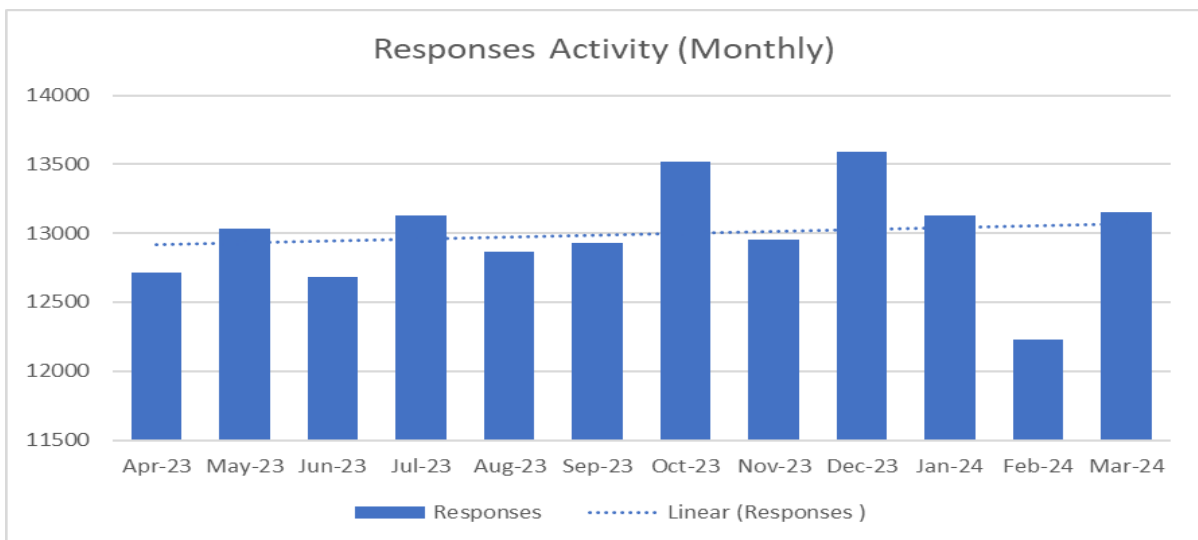
As resourcing and activity are within the modelled parameters for the Category 2 trajectory the biggest factor in the reduced performance was hospital handovers delays. A quarter of patients experienced prolonged waits in January 2024, a slight reduction compared to December. The proportion of patient safety incidents and serious incidents remains stable.

7. Nottinghamshire Divisional Performance

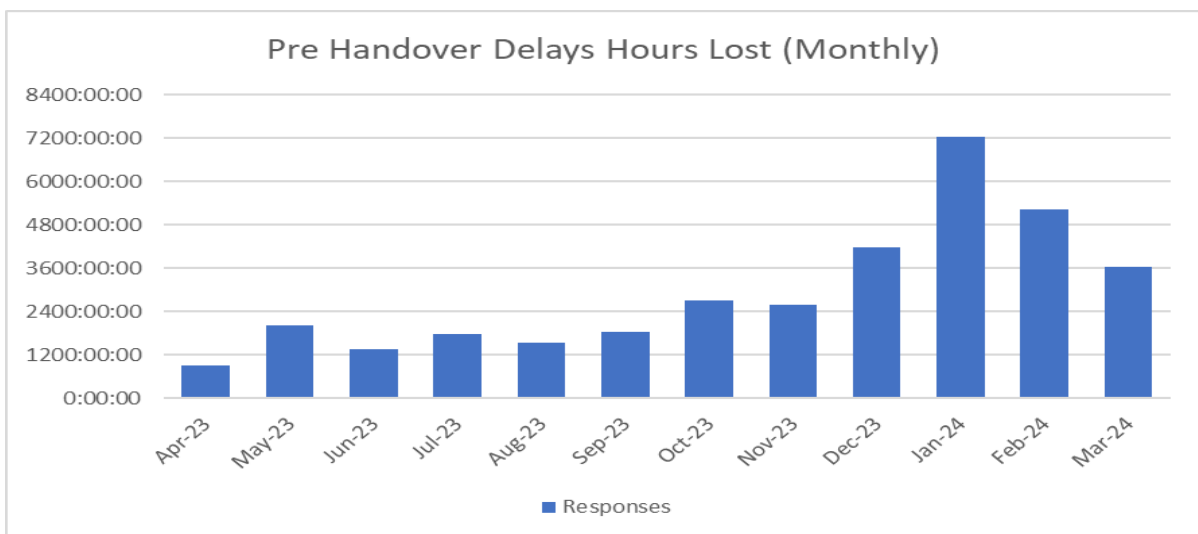
EMAS is commissioned and required to achieve the national ambulance performance standards across the East Midlands area (including the locally commissioned Category 2 improvement trajectory). EMAS is not commissioned, and therefore not resourced, to achieve the national standards for a county or city-based area. However, to aid discussions, the following data describes performance across the Nottinghamshire division.



The above chart shows for Nottinghamshire where the target is for the C2 mean (monthly).



The above shows the level of responses for Nottinghamshire Division of EMAS (monthly).



The above shows the level of hours lost to hospital handover delays in Nottinghamshire.

The NHS England Ambulance Response Programme was introduced in 2017 after an extensive review of how ambulance Trusts should respond to patients. It was anticipated that Category 2 calls would account for 48% of each Ambulance Trusts activity, however in Nottinghamshire, this currently accounts for 49.5% of our total demand.

Overall demand in Nottinghamshire increased by 1.61% between 2022 and 2023, however for the same period reviewed for the activity charts within this report (1st Feb to 12th March), we have seen an increase of 13.5% compared to the same period in 2023. This is a small period of data capture, and we would anticipate the yearly increase in demand would be in line with the previous two years, however this demonstrates the level of activity the division faces during the winter period. This increase in demand is split proportionally across the division.

The Nottinghamshire Division of EMAS regularly reviews how we respond to patients, one of our latest initiatives is to introduce two Specialist Practitioner Hubs, one in the South of the division and one in the North. Specialist practitioners are paramedics with additional skills, one of these skills is to provide enhanced telephone triage. Specialist Practitioners are able to review patients waiting for an ambulance response, offer clinical advice and assess if there is a more appropriate pathway available. Specialist Practitioners are also available to respond to 'see and treat' patients.

8. UEC Flow Action Plan

Due to this challenged position over the winter months in relation to hospital handover times at NUH, the system has developed a collaborative improvement plan working together to support NUH staff to be able to accept a clinical handover from ambulance crews in a timely and effective way.

Key elements of this plan include:

- The Trust is participating in an NHS England Midlands "100 Day Challenge" with weekly meetings to improve the 4 hour wait performance and expects to experience a level of improvement in these metrics over the coming weeks.
- Same Day Emergency Care (SDEC) capacity is also in the process of being increased and reorganised – this will increase the numbers of patients who can be treated without the need to be admitted and therefore support the performance on our emergency department.
- Virtual Ward capacity increased in January to 195 beds – offering a further route for patients to leave hospital. Work continues to release more capacity for step up virtual ward beds with Community Providers. Occupancy of Virtual Wards increased from 81.7% in December to 99% in January
- Strong clinical focus on 12 hour delays in ED, taking learning from other Trusts' implementation of "Continuous Flow Models";
- Increased clinical review of the Emergency Operations Centre call stack for Nottingham and Nottinghamshire patients to support all possible alternative pathways;
- NUH Emergency Department to identify a clinician each day to oversee hospital handover delays.

- Further system work on improving hospital discharges and patient flow, with significant progress having been made on the accuracy of discharge and reasons for delay across the system.
- The implementation of care transfer hubs, now operating 6-days a week.
- Focus from the System Discharge Board on addressing discharge issues, with a prioritisation of securing the right care home capacity for the medium term.

The national NHS England 'Getting It Right First Time' (GIRFT) team have recently visited NUH and their report provides 6 areas to focus on for improvement. A monthly monitoring meeting will be held with the GIRFT team to ensure progress is being made. We are demonstrating progress against this collaborative plan and EMAS, NUH and the ICB continue to work closely together in order to track and refine the plan in response to the daily challenges. Plans and performance are monitored at the Ambulance Turnaround Group, with oversight at the Urgent Emergency Care Delivery Board.

9. Recommendations

Nottingham Health and Adult Social Care Scrutiny Committee is asked to note the contents of this report.