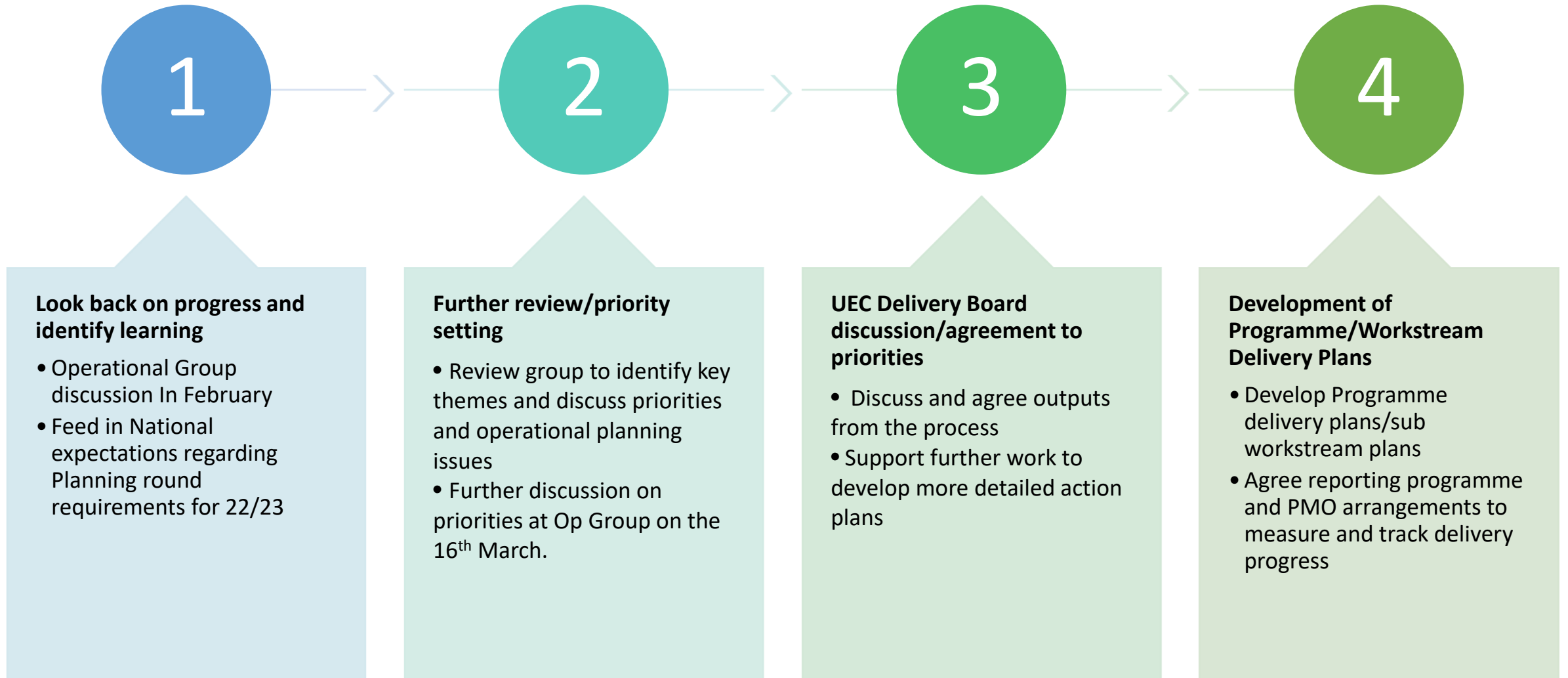


Urgent and Emergency Care Improvement Plan Priorities 22/23

UEC Improvement Plan Review development process



National Context : Operational planning guidance (22/3)

D. Improve the responsiveness of urgent and emergency care and community care – keeping patients safe and offering the right care, at the right time, in the right setting. This needs to be supported by creating the equivalent of 5,000 additional beds, through expansion of virtual ward models, and includes eliminating 12-hour waits in emergency departments and minimising ambulance handover delays.

- System leaders should continue to transform community and urgent and emergency care to prevent inappropriate attendance at emergency departments, improve timely admission to hospital for ED patients and reduce length of stay.
- Systems are therefore asked to:
 - Reduce 12-hour waits in EDs towards zero and no more than 2 per cent.
 - Minimise handover delays between ambulance and hospital, allowing crews to get back on the road and contribute to achieving the ambulance response standards:
 - eliminating handover delays of over 60 minutes
 - 95 per cent of handovers take place within 30 minutes
 - 65 per cent of handovers take place within 15 minutes.

National Context : Operational planning guidance 22/23

D2. Transform and build community services' capacity to deliver more care at home and improve hospital discharge

- **Virtual wards** – Systems are asked to complete comprehensive development of virtual wards by December 2023. By December 2023, NHSEI expects systems to have completed the comprehensive development of virtual wards towards a national ambition of 40–50 virtual wards per 100,000 population. Up to £200 million will be available in both 2022/23 and 2023/24 to support the implementation of systems' plans for this goal.
- **Urgent community response** – Maintain full geographic rollout and continue to grow services to reach more people extending operating hours where demand necessitates and at a minimum operating 8am to 8pm, 7 days a week in line with national guidance
- **Anticipatory care** – Systems need to work with health and care providers to develop a plan for delivering AC from 2023/24 by Q3 2022, in line with forthcoming national operating model for anticipatory care.
- **Enhanced Health in Care Homes** – Ensure consistent and comprehensive coverage in line with the national framework.
- **Community service waiting lists** – Systems must develop and agree a plan for reduction of community service waiting lists and ensure compliance of national sitrep reporting.
- **Hospital discharge** – As outlined in the H2 2021/22 planning guidance, the additional funding for the Hospital Discharge Programme will end in March 2022
- **Digital** – ensure providers of community health services, including ICS-commissioned independent providers, can access the local care shared record as a priority in 2022/23, to enable urgent care response and virtual wards.

UEC Improvement Plan 22/23

- The vision for urgent and emergency care in STW remains that it is focused on continuing to transform our services into an improved, simplified and financially sustainable 24 hour/7-day model; delivering the right care, in the right place, at the right time for all our population.
- The STW UEC Improvement Plan will focus on three specific work stream areas:
 - Pre-Hospital
 - Hospital Improvement and Flow
 - Discharge
- The plan has been developed following a review of the 21/22 UEC Improvement Plan and incorporating learning from winter 21/22 and the Covid19 pandemic response
- The review work has been led by the UEC Operational group.

UEC Operational Group reflections/look forward

Headlines

- UEC improvement is now seen as a critical system issue with a high degree of 'common purpose'
- Ambulance handover delays, ED Flow and effective discharge remains a significant system issue.
- Ensuring sufficient outflow/alignment of community services remains a key challenge.
- Securing improved acute capacity and flow is a high priority although there is an underlying shortfall in overall capacity across the system (beds/community resource)
- Capacity and Demand work has progressed and extended to look at community capacity as well as in-hospital
- Establishing same day emergency care for medicine and surgery (new estate and workforce)
- Single point of access pilot has made an encouraging start and can be built on
- Overall-need to sharpen areas of focus for 22/23 and ensure we robustly track progress

Pre-hospital

- Alternatives to hospital admission : build additional community capacity and be more stretching in relation to current schemes-coverage & expanding urgent 2-hour crisis response services
- Need to better measuring performance of pre-hospital services
- Develop overall pathway/s modelling (pre-in-post hospital setting)
- Integration of frailty response with primary/community services
- MPFT Hospital avoidance service

Hospital improvement

- Preventing crowding in ED
- Explore Frailty offer at the front door
- Creation of the Acute Floor at RSH site
- Develop and implement direct access pathways
- Addressing demand and capacity gap which will remain after modular ward in place
- Improvements in Acute Discharge processes

Discharge

- Improvements in acute ward processes, discharge earlier/weekends and resolving MFFD levels as a system wide priority
- Maximize use of Virtual Wards
- Reset and Transformation of care sector capacity

Cross-system issues

- Review of ageing well summit actions
- Further workforce modelling needed to set out workforce requirements
- Development of performance dashboards for subject areas/monitoring against new standards
- Demand and capacity modelling; predicting when will demand will exceed capacity
- Use of Improvement tools to help us plan and improve flow

STW UEC Priority Transformation Programmes (22/23)

Pre-Hospital

Screening, redirection and reducing delays

Single Point of Access (SPA) development

111 Improvements

New direct access pathways

Enhanced provision for high intensity users

Redesign of Pre-hospital Integrated Urgent Care:

Development and commissioning of new model of care

Hospital Improvement

Enhanced capacity and reconfiguration

Acute medicine footprint (PRH/RSH),
ED refurbishment
32 bedded ward, Trauma/Frailty assessment, Vulnerability suite
Discharge hubs (PRH/RSH)
Discharge ward (PRH)

Improving Flow

ED redirection/ Acute discharge processes incl failed discharges/patient journey facilitators/integration of therapies

Direct access pathways

Trauma/Frailty & SDEC e-referrals

Compliance with new ED standards

Discharge

Appropriate system discharge provision

Develop joint commissioning strategy for P2/P3 community capacity/market development

Review of re-ablement care

Enhanced integrated discharge team (7 Day working/TOM)/alignment with community services

Improving Flow

implementation of MADE action plans, DTA model development/criteria led discharge/FFA review, revised pathways

Linked programmes

Local care programme

Enhanced 2-hour crisis response coverage/A2HA

Virtual Ward rollout (COVID/Resp/Frailty/other)

Enhanced care In care homes

Anticipatory care model development

System demand and capacity modelling

Mental health (Adults and CYP)

Primary care development

Place based integration

Digital development

22/23 UEC Improvement Plan : Next steps

Governance

- Finalise SROs for each programme area including lead organisational arrangements for programme areas to ensure the effective distribution of leadership arrangements
- All Programme SROs to determine and establish any sub-workstreams/task and finish groups to support programme delivery
- Governance rigor : 22/23 plan needs to have a renewed focus on tracking progress on delivering our ambitions, improvement trajectories and assessing the impact of improvement initiatives



Delivery Planning

- Delivery Plans to be produced and signed off by the end of May
- Programmes/workstream areas to identifying any resource issues or risks to delivery
- Adoption of focused action plan approach to each workstream (templated : delivery milestones, trajectories and measures (metrics) of improvement.
- Define any further plans to support UEC for Digital/Workforce/primary care/demand and capacity etc.
- Secure resource from system partners to support delivery supported by system leadership



Programme reporting/PMO support

- Develop a revised reporting dashboard for all workstream areas linked to clearly targeted measures of effectiveness
- Reallocate or secure additional dedicated PMO support to enable more effective tracking and reporting on delivery progress
- Agree a forward programme of review areas in line with the UEC operational group reporting cycle
- Receive Regular Local Care/Primary care updates via the UEC Operational Group

