



**Hampshire & Isle of Wight Integrated Care Board:
Urgent & Emergency Care Update**
Health and Adult Social Care Select Committee



Executive Summary

Winter is always a highly pressurised time for the NHS and this year has been particularly challenged as we have had to combine responding to the surge in demand on services with the impact of two the periods of industrial action by junior doctors either side of Christmas.

The period of high pressure has meant our providers have needed to prioritise those who have the most urgent need, meaning some patients have had to wait longer than we would like for care and treatment. It has also been necessary for some patients to have their operations or appointments rescheduled.

One of the biggest issues we see locally, and across the country, is managing the flow of patients in and out of hospital. The number of patients who no longer meet the 'criteria to reside' and have not yet been discharged from hospital has been increasing over the winter months, averaging 682 in January 2024, and this accounts for 19% of all beds across the Hampshire and Isle of Wight system

System partners have worked tirelessly and maintained consistent performance across same day emergency care, average length of stay, and 4hr emergency department performance, despite unprecedented emergency department attendances, and increases in non-elective admissions, and ambulance handover delays and response times.



Managing urgent care during winter months

We have been working with all system partners to ensure services have remained as safe as possible and have put in place a number of additional measures to fully utilise and increase available bed capacity, speed up the discharge processes, make best use of the staff available and to take preventative action to avoid people having to be admitted to hospital or attend the emergency departments. Some of the specific actions we have taken include:

- We have an Older Persons Same Day Emergency Care service, which is working effectively at bringing older patients into hospital from an ambulance, avoiding admission directly to the Emergency Department.
- Over one hundred escalation beds have been opened to create additional capacity.
- Same Day Access Hubs in primary care are in place for people with ambulatory sensitive conditions that should be treatable in the community, avoiding the need to be admitted to hospital.
- We are exceeding many of our targets on community support across the system, with our virtual wards are well used, with often over 300 patients supported over a two week period.
- Our Urgent Community Response services are working effectively, with over 85% of patients referred to the service receiving a response within two hours.



Managing urgent care during winter months

- In addition to the immediate and short-term actions we have taken, we also have a programme of work in place to implement plans for long-term sustainable improvement across the system. These focus on five key areas: primary local care, urgent and emergency care, hospital discharge, planned care and workforce. We recognise that we now need to go further and faster in making the necessary long-term improvements across these areas and this is now the focus for us as we develop our plan with partners for the new financial year.
- At the time of writing we are also planning for the next period of industrial action by junior doctors, that takes place from Saturday 24 February to Wednesday 28 February. These periods of industrial action have a particular impact on planned ('elective') procedures as it is necessary to reschedule those that are taking place during strike action to allow staff to be redeployed to other services. Cancer treatment continues to be prioritised during industrial action, however, and we are meeting the national targets for 28-day faster cancer diagnosis and 62 day cancer treatment.



Summary of performance metrics

- Ambulance response times** have increased for South Central Ambulance Service to 42 minutes for category 2 (30 minute target).
- There have been unprecedented **ambulance handover delays** in January 2024 across 30-60 minute and 60 minute+.
- Protocols are in place to enable patients to be brought into the emergency department rather than waiting in ambulances. Although this releases ambulance capacity it can also compound waits in the emergency department and onward flow through the hospital

KPI1

Category 2 Mean Response Times (30 minute target)

Provider	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	YTD Avg
SCAS	00:25:30	00:28:45	00:34:48	00:33:10	00:27:33	00:38:29	00:39:55	00:36:20	00:38:09	00:42:11	00:34:29
IOW	00:24:13	00:26:19	00:22:14	00:21:32	00:23:30	00:29:54	00:29:52	00:25:46	00:29:45	00:24:57	00:25:48

*NHSE Monthly Ambulance Quality Indicators (AQI)

KPI2

Ambulance Handover Delays 30-60

Provider	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
BNHH	87	89	45	85	92	119	126	143	170	163
RHCH	54	51	43	47	85	94	121	119	154	140
IOW	22	31	4	32	44	32	52	74	92	93
QA	462	372	160	490	614	699	639	480	596	644
UHS	157	166	216	297	295	337	352	257	299	301
ICB	782	709	468	951	1,130	1,281	1,290	1,073	1,311	1,341

*SCAS Daily Sit Rep - Direct Feed from SCAS BI Service

KPI3

Ambulance Handover Delays 60+

Provider	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
BNHH	43	58	18	17	13	90	84	169	121	174
RHCH	47	10	12	9	46	82	56	78	165	121
IOW	3	2	0	2	4	3	5	30	78	22
QA	645	683	199	553	755	1,065	1,095	714	1,132	1,283
UHS	12	18	18	37	41	64	108	75	112	135
ICB	750	771	247	618	859	1,304	1,348	1,066	1,608	1,735

*SCAS Daily Sit Rep - Direct Feed from SCAS BI Service



Summary of performance metrics

- **Emergency Department 4hr performance** has been maintained over the winter period with an aggregate position of 71.4% achieved in January 2024

Acute Trust Footprint (Mapped)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
PHU	-	-	76.6%	75.7%	77.4%	75.0%	72.5%	74.4%	73.6%	73.4%
UHS	78.1%	75.2%	78.9%	80.0%	79.5%	75.0%	73.7%	71.7%	73.9%	77.1%
HHFT	66.2%	70.9%	72.6%	71.9%	69.9%	64.0%	62.9%	59.5%	58.8%	60.9%
IOW	71.3%	71.8%	73.4%	68.7%	69.1%	69.0%	67.8%	69.6%	67.8%	65.3%
ICB	83.3%	83.2%	76.2%	75.7%	75.8%	72.2%	70.5%	70.0%	70.2%	71.4%

- There were 38,232 **emergency department attendances** in January 2024. Portsmouth Hospital University Trust saw the highest number of attendances with an average of 350 attendees per day in January 2024

KPI 6
ED Attendances (Type 1 Main ED)

Provider	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
HHFT	11,089	12,127	12,285	12,379	11,682	12,271	12,327	12,015	11,846	12,022
IOW	3,537	3,769	3,703	3,952	3,722	3,812	3,637	3,315	3,465	3,789
PHU	9,990	10,727	10,564	10,711	10,597	10,606	10,748	10,631	10,615	10,830
UHS	10,375	11,761	11,225	11,326	11,089	11,379	12,183	11,632	11,534	11,591
ICB	34,991	38,384	37,777	38,368	37,090	38,068	38,895	37,593	37,460	38,232

*NHSE Monthly Validated A&E Attendances Dataset

- The most common reasons for people attending emergency departments in Hampshire & Isle of Wight during January 2024 are: injuries (head, lower limb, upper extremity, face and lacerations), fever, breathlessness, vomiting, pain (abdomen, lower limb, eye, ears, and upper limb) and skin problems



Summary of performance metrics

- The **average decision to admit time** increased to an aggregate of 5 hours and 56 minutes and is over 5 hours longer in Isle of Wight Trust compared to University Hospital Southampton. In September 2023 there was a step-change (increase) across all acute Trusts

KPI7

Decision to Admit Time (avg)

Provider	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
HHFT	03:48:14	03:50:05	03:31:20	03:30:38	03:34:20	04:15:11	04:28:20	04:53:14	04:51:04	05:06:39
IOW	03:24:26	03:51:22	03:53:15	04:34:24	05:13:26	06:49:38	08:27:48	09:10:58	10:07:28	10:04:34
PHU	05:09:05	05:25:58	04:26:38	05:08:27	05:10:51	06:05:39	06:02:20	05:21:40	05:46:20	06:44:54
UHS	04:14:07	04:27:14	04:36:06	04:17:17	04:30:45	04:48:19	04:48:21	04:40:50	04:46:11	04:45:32
ICB	04:19:13	04:31:55	04:08:02	04:20:42	04:29:03	05:13:33	05:24:06	05:17:37	05:28:50	05:56:38

*Emergency Care Dataset (ECDS) - Time Intervals Since Arrival - Daily Average Decision to Admit

- The number of **non elective admissions (1+ day)** has consistently increased during the winter period, particularly at Hampshire Hospitals and Portsmouth Hospital Trusts.

KPI5

NEL Admissions 1+ Days

Provider	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
HHFT	2,596	2,554	2,648	2,587	2,721	2,652	2,738	2,789	2,838
IOW	1,013	1,125	1,054	1,042	993	927	997	939	948
PHU	3,292	3,422	3,337	3,399	3,384	3,334	3,578	3,567	3,690
UHS	2,719	2,868	2,752	2,668	2,714	2,697	2,781	2,837	2,853
ICB	9,620	9,969	9,791	9,696	9,812	9,610	10,094	10,132	10,329

*Monthly SUS Data - Non Elective Episodes, 1+ Day LOS, Pbr extract current



Summary of performance metrics

- The **average length of stay (non elective stays 1+ days)** remained consistent at 7.7
- **Bed occupancy % (general and acute)** to 94.6%
- In January 2024, the **percentage of non elective activity treated as same day emergency care** fell by just under 1% to 36%. The target is 40% which was achieved by Hampshire Hospitals Trust

KPI 8

Average LOS (NEL stays 1+ days)

Provider	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	YTD Avg
HHFT	7.7	7.9	7.4	6.8	7.2	7.0	7.8	7.2	7.4	7.4
IOW	9.3	9.5	8.5	8.7	9.1	8.6	8.7	8.1	8.0	8.7
PHU	8.0	8.4	8.1	7.8	8.1	7.8	7.9	7.5	7.8	7.9
UHS	6.9	7.2	6.9	6.7	7.1	7.1	7.0	7.4	7.1	7.0
ICB	7.7	8.1	7.6	7.3	7.7	7.5	7.7	7.7	7.7	7.7

*MonthlySUSData - Non Elective Episodes, 1+ DayLOS, Pbr extract current

* Total Pbr Adjusted Length of Stay (days)/Pbr Episodes count

KPI 9

G&A Bed Occupancy (%)

Provider	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	YTD Avg
HHFT	96.0%	94.4%	91.1%	91.5%	93.9%	96.7%	97.3%	97.6%	95.5%	92.7%	94.7%
IOW	97.9%	96.6%	93.2%	93.1%	91.9%	94.0%	95.2%	95.5%	92.9%	91.5%	94.2%
PHU	96.4%	97.4%	97.2%	97.6%	96.8%	97.2%	97.0%	97.1%	94.8%	95.6%	96.7%
UHS	94.8%	96.4%	95.0%	94.1%	94.2%	95.6%	97.1%	97.7%	94.2%	96.0%	95.5%
ICB	95.9%	96.3%	94.6%	94.6%	94.8%	96.3%	97.0%	97.3%	94.6%	94.6%	95.6%

*UEC Daily SitRep, average Occupied Beds / Open Beds

KPI 10

Percentage of NEL activity treated as SDEC (40% aim)

Provider	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	YTD Avg
HHFT	38.4%	39.4%	38.6%	41.3%	39.1%	39.8%	38.6%	39.3%	40.6%	39.5%
IOW	28.2%	28.4%	28.1%	26.4%	27.3%	30.4%	27.8%	32.5%	30.0%	28.8%
PHU	35.8%	38.0%	40.6%	39.4%	39.9%	38.4%	38.3%	37.7%	35.3%	38.1%
UHS	35.7%	34.0%	33.7%	35.2%	35.9%	34.9%	37.0%	35.3%	33.7%	35.1%
ICB	35.8%	36.3%	37.0%	37.6%	37.5%	37.1%	37.1%	37.1%	36.0%	36.8%

*MonthlySUSData - Non Elective Episodes (Total) / Non Elective Episode 0 DayLOS



Summary of performance metrics

- Similarly to average decision to admit time, there has been a step-change (increase) in average **no criteria to reside not discharged by 11:59pm** from September 2023. In January 2024, Isle of Wight and University Hospital Southampton Trusts have both seen their highest numbers this financial year which has contributed to the highest aggregate position with 693 patients remaining in hospital unnecessarily

KPI 11

Average NCTR Not Discharged by 11:59pm

Provider	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
HHFT	174	169	146	149	156	162	162	168	164	170
IOW	61	59	56	59	63	71	60	71	70	73
PHU	211	198	204	205	192	232	221	215	199	215
UHS	181	188	196	197	194	205	207	210	201	235
ICB	627	614	602	610	605	670	650	664	634	693

*NHSE Discharge SitRep - average daily figures by month