

-REPORT TO: Health & Social Care Policy & Performance Board
DATE: 25th November 2025
REPORTING OFFICER: NHS CM – Halton Place Director
PORTFOLIO: NHS Strategic Commissioning
SUBJECT: Urgent Care Improvement
WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 To provide the Board with an update on the urgent care improvement programme and report on current performance against national standards resulting in the continued focus of resources and effort on driving improvements.

2.0 RECOMMENDATION: That the Board:

- 1) supports the ongoing urgent care improvement programmes that aim to reduce pressures in the acute hospital setting and improve overall patient care and experience for local people; and**
- 2) continues to have oversight on the key improvement metrics to ensure progress towards the standards and seek assurance that Halton residents are being treated within an efficient and effective health system.**

3.0 SUPPORTING INFORMATION

- 3.1 The urgent care improvement programmes continue to be driven within each local hospital system with oversight from NHS Cheshire and Merseyside, NHS England Northwest Region and NHS England National Team. Both Warrington and Halton Hospitals NHS Foundation Trust and Mersey and West Lancashire Teaching Hospitals NHS Trust have seen challenged urgent and emergency care performance over the past year and have been classified at Tier 1 status, receiving additional support from the national Emergency Care Improvement Support Team (ECIST) and other external agencies.
- 3.2 Key sentinel metrics are used to monitor performance, supported by a wide range of indicators, primarily focused on the acute hospitals and A&E departments, but recognising the contribution that out of hospital and social care services provide as part of the overall system programmes.
- 3.3 All indicators are reported daily and although at times the standards are met, performance can be inconsistent. Therefore, driving the improvement programmes is critical to improving performance which will positively impact

on patient outcomes.

Week ending 12/10/2025					
Sentinel Metrics	Standard	Upper limit	C&M	W&H	MWL
Ambulance Handover Times	15 mins	45 mins	28.5 mins	24.14 mins	26.08 mins
A&E Time to Triage	10 mins	15 mins	13.6 mins	12.5 mins	9.1 mins
A&E 4 hour	95%	78%	52.30%	51.00%	64.00%
A&E 12 Hour	10%	20%	19.20%	22.00%	20.20%
Corridor Care	0		14	13	13
Non-Criteria Reside to	15%	20%	21.40%	25.90%	22.50%

- 3.4 Currently, A&E 4-hour performance remains below the national standard, indicating continued pressure on emergency departments.
- 3.5 Mersey and West Lancashire Teaching Hospitals NHS Trust is progressing several key actions to improve the flow and performance within A&E including:
- Ambulance reception team fully established to reduce the time from arrival to booking in enabling faster triage and handover;
 - Re-instating GP streaming reducing the time for assessment and treatment of non-admitted patients;
 - Tracking of longer waiting patients to ensure actions are undertaken that could prevent a 12-hour breach;
 - Increased speciality consultant presence for senior assessment and decision making;
 - Increased promotion amongst ambulance crews to improve the utilisation of the Care Coordination Hub to avoid the need to present at A&E;
 - Dedicated focus on hospital flow between 8am and 10am to increase morning patient discharges and allow patients in A&E to be admitted to the bed base.
- 3.6 Warrington and Halton Hospitals NHS Foundation Trust has smaller bed base than Mersey and West Lancashire Teaching Hospitals NHS Trust and several of their challenges are the result of high bed occupancy at 101% most days.

- Warrington also has a significant improvement work programme within A&E
- 3.7 including:

- Introduction of a new streaming/triage model to assess patients earlier and move them to the appropriate team;
- Introduction of a discharge decision unit within A&E to improve assessment and treatment of non-admitted patients;
- A focus on paediatric cases in A&E to reduce breaches;
- Additional evening staffing to manage the increase in demand and reduce overnight waits;

- From 29th October, the introduction of the “Blackburn come back model” to reduce the number of patients waiting all night in A&E by offering them a timed slot in the morning;
- Undertaking a 6 week missed opportunities audit with the ambulance service to support the streaming of patients to alternative services;
- A focus in the over 21 day super stranded patients on the wards.

3.8 The wider system is also progressing a range of actions to support the work of the hospital trusts by reducing avoidable attendances at A&E and supporting timely discharges from hospital once a patient is medically optimised. This wider system work programme includes:

- Single point of access for paramedics to transfer patients to the community as an alternative to ED, if they are appropriate to be cared for in their own home. This programme has been running since the end of September and there is an expectation that the numbers of patients managed in this way will grow as the scheme matures.
- A “push model” from the North West Ambulance Service call stack is being rolled out in November 2025 for patients where an urgent community response is more appropriate than an A&E attendance. Providers are working on the IT technical issues to allow electronic transfer of cases which will enable ambulance crews to be freed up to deal with more urgent cases more quickly.
- Urgent Community Response standardisation across C&M is being developed to ensure they are all able to offer the level of service suitable for Primary Care, Community and NWS to divert patients, and to have capacity and capability within local neighbourhoods to assess and treat patients in their own home, where appropriate.
- A development programme to enable standardisation of Urgent Treatment Centres across Cheshire and Merseyside. This is a programme to review functions and appropriate staffing structures to optimise the service model across Cheshire and Merseyside.
- A programme to reduce inappropriate care home conveyances to A&E by ensuring wraparound enhanced care home offers are available to support residents in their home, as unnecessary hospital episodes often cause deterioration in this group of patients.
- Discharge to access, with reablement first, remains the focus for social care discharges to reduce care home packages and reduce the lead time with assessments on the ward before discharge.
- Assessment of need at an earlier opportunity within the hospital admission, with early engagement with families to agree discharge plans in advance.
- Home first principles with direct referral to intermediate care, reducing the assessment of need being undertaken in the acute wards which often do not reflect the patient’s needs in the same way as they are in their own home.
- Greater offer to care arrangers sourcing beds, with short term additional settlement support as required
- Use of Trusted Assessors to describe the patients’ needs rather than their presentation on the acute ward. Introduction of a dementia trusted

assessor on the Whiston Hospital site to support with complex need assessments.

- Reduction in the length of stay in intermediate care beds and reablement at home to maintain capacity and flow throughout the system.

4.0 POLICY IMPLICATIONS

4.1 There are no identified impacts on policies.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 There are increased discharges to social care services with higher acuity that are contributing to pressures on the intermediate care and care home budgets for both the local authority and the NHS.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

None.

6.2 Building a Strong, Sustainable Local Economy

None.

6.3 Supporting Children, Young People and Families

None

6.4 Tackling Inequality and Helping Those Who Are Most in Need

None.

6.5 Working Towards a Greener Future

None.

6.6 Valuing and appreciating Halton and Our Community

None.

7.0 RISK ANALYSIS

7.1 The reporting of risks within the UEC improvement program are managed by the C&M UEC Board.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 No issues have been identified within the programme.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF
THE LOCAL GOVERNMENT ACT 1972**

9.1 None under the meaning of the 'Act'.