Agenda item 9

# NHS Coventry & Warwickshire ICB
# NHS Herefordshire & Worcestershire ICB
# Public Meetings in common

Wednesday, 18th November 2026 9:30am
held virtually via MS Teams

## Spotlight: UEC (Urgent & Emergency Care) and Winter Preparedness

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| **Presented by** | Dr Will Taylor – Chief Medical Officer | | | |
| **Author** | Urgent Care Strategic Commissioning Team | | | |
| **Purpose of paper** | ☐ | Approval | ☒ | Assurance |
| | ☐ | Endorsement | ☐ | Discussion |
| | ☐ | Decision | ☒ | Information/noting |
| **ICB Applicable:** | ☒ | C&W ICB | ☒ | H&W ICB |
| **Recommendations** | The Boards of NHS Coventry and Warwickshire ICB and NHS Herefordshire and Worcestershire ICB are asked to:<br>• Note the Cluster wide approach to UEC improvement<br>• Note the current UEC performance position across the ICB cluster.<br>• Note the winter planning, delivery and oversight arrangements in place across the ICB cluster. | | | |

### Executive Summary

Both ICB areas within the Cluster have established Urgent and Emergency Care (UEC) strategies that meet all national requirements, providing a clear framework for coordinated improvement and delivery across the Cluster with the ambition of providing the safest UEC services for the population in the most appropriate setting possible. Transformation and improvement of UEC services are a core part of the ICBs' commissioning responsibilities. As work progresses through the commissioning cycle and evaluation of the commissioned services takes place, the improvement programmes continuously evolve and focus on improving urgent care services for patients.

Shared Cluster priorities include implementation of no more than 45-minute ambulance handovers to Accident & Emergency (A&E) departments, a continued focus on eliminating corridor care in the hospitals, improving patient flow and reducing bed occupancy in the hospitals supported by strengthened oversight and surveillance.

Following a period of increased demand over the summer, in line with the rest of the country, the Cluster has been preparing for Winter and the usual demands of increased infections and even further demand pressure.

## National UEC Programme Targets

There are a range of national ambitions in place which form part of the key strategic deliverables for urgent and emergency care service delivery and Neighbourhood Health – which is a national programme to enhance out of hospital services related to prevention and integration. These ambitions and targets jointly support overall improvement in UEC.

| UEC Targets | Primary Care & Neighbourhood Health Targets |
|---|---|
| Category 2 average response times:<br>average 18 mins, 90% <40 mins by 2029 | Same day appointments – 90% for all clinically urgent patients by March 2027 |
| Ambulance handovers: 100% within 45 mins | Urgent Community Response: 70% < 2 hours |
| A&E 4-hour waits:<br>>82% by Mar 2027, 85% by 2029 | 10% reduction in non-elective admissions and bed days for frailty and End of Life by 2029 |
| A&E 4 hour waits within Urgent Treatment Centres (UTC): ≥95% | Reduction in flat growth of non-elective admissions for high priority cohorts |
| Emergency Dept 12-hour waits:<br>year on year improvement | Fewer Category 3 & 4 ambulance conveyances |
| Elimination of corridor care | |
| Emergency Department 24 hour waits for Mental Health pathways | |

To support achievement of these ambitions and targets, UEC national policy and guidance forms part of the overall assurance of local urgent care delivery across our Providers, with oversight of local progress against these directives supported by our UEC Programmes Boards.

Recent examples of the key areas of focus are shared below, with a sitrep update for each.

| Standards | Cluster Sitrep |
|---|---|
| **Martha's Rule ED Roll-out**<br>**September 2026**<br><br>NHS England » Implementation of Martha's Rule in emergency departments | All Emergency Departments (ED) are expected to have completed implementation by the end of March 2028.<br>The UEC Team will discuss implementation with acute providers following publication of the additional instructions. |
| **NHS Model Discharge Pathway**<br>**July 2026**<br><br>NHS England » Model discharge pathway | Model includes '7 principles' and 'core elements' but not excessively prescriptive.<br>Model being discussed and reviewed in system UEC Boards where there is collaborative work with social care partners and established joint commissioning arrangements for discharge pathways<br>ICBs to consider current discharge-related programme arrangements and how these can be best consolidated to take account of the new Model Pathway |
| **NHS Model Emergency Department**<br>**February 2026**<br>NHS England » The Model Emergency Department: high performing urgent and emergency care pathways | The guidance covers five key principles of clinical care in the ED and outlines an Extended Emergency Medicine Ambulatory care (EEMAC) model of care.<br>Updates and monitoring of progress to come through system UEC Boards |
| **NHS Model Acute Pathway**<br>**February 2026**<br><br>NHS England » The Model Acute Pathway: standards for care of acutely unwell patients in their first 72 hours in hospital | Key themes relate to senior clinical decision-making, care co-ordination, right care place and time, 7-day working and accurate capture of decisions and activity.<br>A Regional Learning Improvement Network (LIN) has been set up. All cluster's acute providers are joining the acute frailty workstream and will have to report on progress made<br>Model being discussed and reviewed in system UEC Boards |
| **GIRFT Corridor Care Improvement Guide, March 2026**<br><br>Corridor-Care-Improvement-Guide-Final-March-2026-V2.pdf | Red lines (1) <45min ambulance handover (2) zero >24-hour ED waits (3) Trust Full capacity Protocol include clear and explicit limits re use of corridor care<br>Guidance also covers corridor care definitions and examples; guidance re SPOAs, HALOs, ambulance handovers, capacity and demand reviews, ED assessment and processes, inpatient care, admission avoidance plus leadership<br>To be considered in conjunction with the GIRFT UEC Clinical Operational Standards, NHS Model ED and Model Acute Pathways. |