# Agenda Item 8

# NHS

West Leicestershire Clinical Commissioning Group

## HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 8 NOVEMBER 2017

## REPORT OF WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP

# WINTER PLANNING

## Purpose of report

1. The purpose of this report is to provide an update on the winter planning process for Leicester, Leicestershire and Rutland (LLR) for 2017/2018.

## **Background**

- 2. Winter planning is an annual responsibility of health and social care organisations, in order to cope with the anticipated increase in demand for care as a result of weather conditions and seasonal illnesses.
- 3. Across the health and social care system, winter planning is co-ordinated to ensure that there are robust arrangements to cope with demand and surges in activity, and that agencies are working together to manage pressures to ensure that residents continue to receive safe and appropriate care.
- 4. Winter planning arrangements are led by the LLR A&E Delivery Board, supported by the Urgent and Emergency Care team hosted by West Leicestershire CCG. The UEC team have led a winter planning group responsible for pulling together the LLR plan, and the winter plan for 2017/2018 was submitted to NHS England on the 8<sup>th</sup> September. The full plan is attached as Appendix One.
- 5. From November onwards, daily system management calls and situation reporting (SITREPs) are initiated locally, and reported into the regional and national management system.

## Winter 2016/2017 and lessons learnt

6. Last winter was particularly difficult for the NHS as a whole, and for the LLR system. We undertook a review of winter arrangements with input from all agencies, which is summarised in the winter plan. This has been used to develop the winter planning approach for 2017/2018.

7. Key issues for LLR were:

• Very long ambulance handovers at Leicester Royal Infirmary (LRI) caused by poor flow in the Emergency Department (ED), and causing problems for the ambulance service in responding to calls from the public;

• Long waiting times in the LRI Emergency Department. Performance against the four hour wait target was 79.6% for the year;

• Inadequate capacity to cope with surges in demand following the New Year, contributed to by inaccurate demand and capacity planning in some agencies;

• Delayed discharge rates increased over winter, and in Leicestershire particularly, in the run up to Christmas and in quarter 4, partly as a result of the implementation of the new Help to Live at Home domiciliary care service.

#### Key changes for winter 2017/2018

- 8. In response to the lessons learnt, the following actions have been taken which should address some of the system pressures and risks to good care:
  - <u>Redesigned integrated urgent care system</u> including clinical navigation is proving successful in diverting patients away from ambulance and emergency departments;
  - <u>New Emergency Department at Leicester Royal Infirmary</u> which has led to a very significant improvement in ambulance waiting times at the ED. This was one of the key concerns over winter 2016/2017, however, UHL performance here is dramatically improved, having a great impact on patient experience and freeing up ambulance resources;
  - <u>Refreshed surge and escalation plans and director on call training across</u> <u>agencies</u> - We have reviewed and refreshed individual organisational and system plans since submission of the winter plan. This will be followed by Director on Call training for key agencies to ensure shared understanding of the surge and escalation policies, how they should work and how to manage in times of escalation.
  - <u>LLR Flu plan</u> there is now a system wide flu and infectious disease plan which sets out how the system will be co-ordinated in the event of a major outbreak, which supplements organisational plans for flu. There has also been a recent announcement that staff in care homes will be eligible for flu jabs, and this is being co-ordinated, with access via community pharmacy and general practice.
  - <u>Multi-agency discharge events</u> in addition to ongoing work to ensure that discharges happen in a timely way, there will be two concerted initiatives to accelerate discharge and free up hospital capacity, before and after the Christmas and New Year break. These follow best practice recommended by the Emergency Care Improvement Programme (ECIP).

- <u>Discharge improvement</u> In addition to the targeted events, routine discharge co-ordination has been improved in LLR, with the embedding of 'Red to Green' in both UHL and Leicestershire Partnership Trust, supported by weekly senior escalation meetings to review patients and themes delaying discharges. There is a revised, LLR wide DTOC reduction plan focussed on the key areas causing delays in our system.
- <u>Strengthened plans to manage activity</u> spikes on Mondays and after bank holidays. In response to experience over the Christmas and New Year period last year, as well as to manage regular weekly Monday 'surges' in demand, we have undertaken more analysis of demand trends, with actions to address these across all care settings. A specific action that is being developed for implementation in December is the 'patient passport' for at risk patients, to fast track them to clinical advice, visits or appointments with the relevant clinical service.
- <u>Improved demand and capacity planning</u>, with the learning from last January incorporated in organisational and system plans.

#### Feedback on the plan and assurance by NHS regulators

- 9. We have had informal feedback from NHS England that the LLR plan is well drafted and strong in that it contains all appropriate actions and arrangements that are expected of the health and care economy. However, we have not had formal assurance feedback from the national NHS E Emergency Care team, and given the status of the LLR urgent care system as a category 4 (i.e. most challenged) system, it is unlikely that LLR will receive a full assurance rating.
- 10. The A&E Delivery Board will have a continued focus on managing the pressures over winter, reporting into the LLR System Leadership Team. LLR is also under direct scrutiny from NHS England and Improvement as a lower performing system, and winter planning arrangements are reviewed via this process.

#### Circulation under the Local Issues Alert Procedure

None. The issue is County wide.

#### Officer to Contact

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