



Leicester, Leicestershire
and Rutland

Preparing for winter 22/23

October 22

A proud partner in the:



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Health and Wellbeing Partnership



How is the winter plan constructed?

- Build detailed whole-system demand model needed for ‘safe winter’,
- Build detailed whole-system capacity model of current capacity across health and care and add where this capacity *should be* if flow were optimal
- Cross reference gaps with recommendations from Sturgess / Missed Opportunities review / 100 day discharge challenge / CQC
- Agree priority evidence-based interventions and mitigate gaps using monies allocated to system, whilst meeting the eight requirements set out in the winter letter
- Agree triggers / actions for ‘critical’ scenarios such as elective take down



What do we need to deliver: Eight areas of national focus

- 1) Prepare for variants of COVID-19 and respiratory challenges, including an integrated COVID-19 and flu vaccination programme.
- 2) Increase capacity outside acute trusts, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter.
- 3) Increase resilience in NHS 111 and 999 services, through increasing the number of call handlers to 4.8k in 111 and 2.5k in 999.
- 4) Target Category 2 response times and ambulance handover delays, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.
- 5) Reduce crowding in A&E departments and target the longest waits in ED, through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services.
- 6) Reduce hospital occupancy, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway.
- 7) Ensure timely discharge, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '100 day challenge'.
- 8) Provide better support for people at home, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.



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Winter priority actions by collaborative

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Primary Care Collaborative

Ref	Key Deliverable	Actions (high level)	Estimated potential impact	Lead / Collaborative	Managerial / Clinical accountable lead	Timescale
W1	Targeted COVID and Flu vaccination programme	Increase uptake of flu and COVID vaccinations to > 70%, with a targeted focus on equity and high risk groups	(0 to prevent double count with admission avoidance)	LLR Vaccination Board / Primary Care Collaborative	Kay Darby / Caroline Trevithick	Jan 31 st 2023
W2	Robust risk management of high risk respiratory patients	Risk stratify, identify and case manage respiratory patients most at risk of acute admission, linking to community RSV clinic and virtual ward pathway	(0 to prevent double count with admission avoidance)	Primary Care Collaborative	Arlene Neville / Dr Louise Ryan	Dec 31 st 2023
W14	Efficient and effective GP > acute referral pathway	Implement GP to consultant telephone discussions for all but immediate life threatening referrals as per Sturgess recommendations	10 beds	Primary Care Collaborative	Sarah Smith / Dr Sulaxni Nainani	Dec 31 st 2022
W15	Right size UTC walk in capacity	Assess and implement increase in UTC walk in capacity at Merlyn Vaz and Westcotes / assess impact of increasing Loughborough	volume of appts and walk-in % tbc	Primary Care Collaborative	Sarah Smith / Dr Nick Glover	Oct 31 st 2022

Home First Collaborative

Ref	Key Deliverable	Actions (high level)	Estimated potential impact	Lead / Collaborative	Clinical accountable lead	Timescale
W6	LPT step down capacity	Open one ward at LPT	18-24 beds	Home First Collaborative	Nikki Beacher / Dr Sudip Ghosh	Sept 9 th 2022
W7	Pathway 1 capacity increase	Understand gap in workforce, identify funding & agree recruitment timescales	24-50 beds	Home First Collaborative	Fay Bayliss / Dr Ricky Inamdar	100% of staff in post by Dec 31st 2022
W8	Utilise all Pathway 2 capacity	Assess utilisation and unblock usage of spot purchasing	10 - 30 beds	Home First Collaborative	Fay Bayliss / Dr Ricky Inamdar	Sept 30 th 2022
W17	Efficient and effective admission avoidance service	Expand Unscheduled Care Hub to encompass all admission avoidance for non-life threatening cat 2+ calls	20 beds	Home First Collaborative	Kerry Kaur / Dr Nicky Dosanjh	
W20	Efficient and effective admission avoidance service	Mobilise and increase utilisation of > 200 virtual ward beds in key specialties	68-95 beds	Home First Collaborative	Kerry Kaur / Dr Nicky Dosanjh	Specialty specific plans through 2022/23

Acute Care Collaborative

Ref	Key Deliverable	Actions (high level)	Estimated potential impact	Lead / Collaborative	Clinical accountable lead	Timescale
W5	UHL capacity	Design and implement pathway and model of care for UHL@Ashton Open additional capacity at LGH Discharge lounge at GGH	24 beds + 16 beds + discharge lounge spaces	Acute Care Collaborative	Rachel Marsh	Ashton – complete Aug 22 LGH – complete 14/09
W11	Pre-transfer Unit	Design and implement model of care for the pre-transfer unit at the LRI	12 beds in ED	Acute Care Collaborative	Vivek Pillai	Expected December 22 (12 week lead time)
W12	Implement rapid push model from ED	Assess and implement the North Bristol Model of care across UHL LRI and CDU	---	Acute Care Collaborative	Vivek Pillai	Late Sept 22 (parts implemented early September)
W13	Efficient and effective ED/SDEC pathways	Implement ED/SDEC improvement plan	~10 beds	Acute Care Collaborative	Julie Dixon	Dec 31 st 2022
W16	Right size UTC walk in capacity	Extend MIAMI opening hours to midnight and increase utilisation to 125-150	---	Acute Care Collaborative	Sarah Taylor	Oct 31 st 2022
W18	100 day discharge challenge	Implement an efficient and effective discharge process within providers to enable simple discharges by 5pm and 85% of complex discharges same day	5-10 beds	Acute Care Collaborative	Robin Binks	Oct 31 st 2022

Other

Ref	Key Deliverable	Actions (high level)	Estimated potential impact	Lead / Collaborative	Clinical accountable lead	Timescale
W3	Robust IPC / risk management across the system	Design and implement an IPC risk management strategy across health and care to enable the spread of risk across the system whilst maintaining safety for patients	---	Chief Nurse Forum / HETCG	Caroline Trevithick	31 st Oct 2023
W4	Safeguard high risk patients from respiratory exacerbation due to fuel poverty	Implement fuel poverty plan in areas of high deprivation	(0 to prevent double count with admission avoidance)	Health Inequalities Board / Primary Care Collaborative	Mark Pierce / Dr Louise Ryan	Dec 31 st 2023
W9	Increase in 999 call handling capacity	Increased call handling establishment by 70 WTE, increasing to establishment of 210	+70WTE	EMAS lead commissioner	---	210 WTE by Dec 31 st 2022
W10	Increase in 111 call handling capacity	Increased call handling establishment by XX WTE, increasing to establishment of XXX	+XXWTE	DHU lead commissioner	---	XXX WTE by Dec 31 st 2022
W19	Efficient and effective discharge process for mental health pathway	TBC		Mental Health Collaborative	Justin Hammond / Dr Graham Johnson	Oct 31 st 2022



How will we measure success: Six key national metrics

1. 111 call abandonment to national standards
2. Mean 999 call answering times to national standards
3. Category 2 ambulance response times to national standards
4. Average hours lost to ambulance handover delays per day to national standards
5. Adult general and acute type 1 bed occupancy (adjusted for void beds)
6. Percentage of beds occupied by patients who no longer meet the criteria to reside (agreed locally)

Deliver against these will support delivery of the elective delivery plan



Conclusion

- We have six weeks to make a difference
- We have a winter plan and we are strengthening it
- Some metrics are improving
- Our joint working is improving
- This winter is likely to be exceptionally tough
- Will engage with Healthwatch and CQC in mid October
- We need to be aware of all risks this winter.