

Integrated Care Board

Date of meeting	13 September 2023
Title of paper	Resilience and Surge Planning – Winter 2023/24
Presented by	Professor Craig Harris, Chief of Strategy, Commissioning and Integration
Author	Jayne Mellor, Director of Urgent, Emergency and Planned Care
Agenda item	11
Confidential	No

Executive summary

The purpose of the paper is to provide an update on the status and progress of:

- Urgent and Emergency Care (UEC) Recovery plan delivery and improvement support, published 13 July 2023.
- The UEC national publication; Delivering operational resilience across the NHS this winter, published 27 July 2023.
- UEC Winter Incentive – operational measurement guidance, published 24 August 2023.
- UEC investment fund schemes.
- Lancashire and South Cumbria (LSC) Strategic redesign and improvement programme.

The national approach for 2023/24 winter preparedness sets out the areas of focus to support systems deliver operational resilience across the NHS; and is a key step to helping us achieve our two key ambitions for Urgent and Emergency (UEC) recovery:

- 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25.

The national guidance outlines four key areas of focus to help systems prepare for winter:

1. Universal Support Offer - continue to deliver on the UEC Recovery Plan by ensuring high impact interventions are in place.
2. Review of operational plan submitted in May 2023, and key lines of enquiry (KLOEs).
3. Effective system working across all parts of the system.
4. Supporting our workforce to deliver over winter.

In addition to the national guidance, a UEC Winter Incentive – operational measurement has been introduced for providers with Type 1 A&E to achieve better performance over the second half of the year, in return for receiving a share of a £150 million capital funding in 2024/24.

As part of the national guidance, NHS England have requested a review of the operational plan submitted in May 2023 and completion of a number of key lines of enquiries (KLOEs) to be submitted to region on 10 September 2023 and formal submission to NHS England on 11 September 2023.

Recommendations

The ICB Board is requested to:

- Note the content of the report.
- Accept the report as assurance that oversight of all associated requirements will be via the Resilience & Surge Planning Group and UEC Collaborative Improvement Board.
- Note that the ICB executives will receive updates monthly.

Which Strategic Objective/s does the report relate to:		Tick		
SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓		
SO2	To equalise opportunities and clinical outcomes across the area	✓		
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees			
SO4	Meet financial targets and deliver improved productivity			
SO5	Meet national and locally determined performance standards and targets	✓		
SO6	To develop and implement ambitious, deliverable strategies			
Implications				
	Yes	No	N/A	Comments
Associated risks	✓			As set out in the paper
Are associated risks detailed on the ICB Risk Register?		✓		
Financial Implications	✓			As set out in the paper
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date		Outcomes	
Not applicable	No applicable		Not applicable	
Conflicts of interest associated with this report				
Not applicable				

Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed			✓	

Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	

Report authorised by:	Professor Craig Harris, Strategy, Commissioning and Integration
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Integrated Care Board – 13 September 2023

Resilience and surge planning – winter 2023/24

1. Universal support offer – high impact interventions and recovery champions

- 1.1. On the 13 July 2023, the ‘NHS Impact’ UEC recovery programme was launched to support the use of evidence-based quality improvement methodology. This universal support offer has been developed to assist systems with customised improvement across the integrated UEC (iUEC) pathway.
- 1.2. Clinical and operational experts identified ten evidence-based high impact interventions, outlined in Appendix A.
- 1.3. System partners at place completed a maturity self-assessment against the ten high impact interventions, which was submitted to NHS England on 28 July 2023. The four priority interventions for each place are outlined below:

Place	Four priority HIs
Lancashire East/ Blackburn with Darwen/ ELHT	Frailty, Community beds, Intermediate care, Care transfer hubs
Central / Lancashire West/ LTH	Inpatient flow, Intermediate care, Single point of access, Virtual wards
Blackpool/ North – Fylde & Wyre/ BTH	Inpatient flow, Intermediate care, Care transfer hubs, Single point of access
South Cumbria/ North – Lancaster/ UHMB	Inpatient flow, Community beds, Intermediate care, Single point of access

- 1.4. Alongside completion of the maturity self-assessment, NHS England has commenced a number of online development sessions i.e. leading change, demand and capacity, learning from best practice and measure for improvement modules.
- 1.5. An opportunity of up to twenty champions for larger ICB was indicated within the support offer. LSC has identified nineteen iUEC recovery champions across places and system to support improvements for the priority interventions identified.

2. Review of operational plan and key lines of enquiry (KLOEs)

- 2.1. The ICB submitted the operational plan in May 2023. NHS England has requested each system to review the plan, including whether the assumptions regarding demand and capacity remain accurate. Submission to regional and national teams is outlined in 2.6.
- 2.2. Guidance also requests ICBs to identify how we will mobilise additional capacity across all parts of the NHS should it be required e.g., high rates of influenza, Covid-19 and/or potential industrial action.
- 2.3. The ICB business intelligence team is consulting with respective colleagues to review the previous ICB submission, to assess the impact of local place plans to support operational resilience across the system over the second part of the year.
- 2.4. In addition to the review of the operational plan, systems are asked to consider six KLOEs to help shape the winter planning process locally:
 - 1) System-working
 - 2) High-impact interventions
 - 3) Discharge, intermediate care, and social care
 - 4) H2 numerical planning submission
 - 5) Surge plans
 - 6) Workforce
- 2.5. The UEC team identified key system and place leads to provide the required narrative for specific KLOEs. The responses will be reviewed to create a cohesive LSC system response which aligns to the operational plan trajectories.
- 2.6. The revised operational plan and KLOEs will be submitted in the required timescales set out by NHS England; submission to regional team on 8 September 2023 with formal submission to the national team on 11 September 2023.

3. Effective system working across all parts of the system

- 3.1. The ICB plays a vital role in system leadership and co-ordination to ensure effective working across all parts of the system, including acute trusts and community care, elective care, children and young people, mental health, primary, community, intermediate and social care and the voluntary community and social enterprise (VCSE) sector.

- 3.2. NHS England has developed a set of recommended winter roles and responsibilities to ensure clarity on the actions to be undertaken by each part of the system.
- 3.3. The roles and responsibilities for the ICB is outlined in Appendix B.
- 3.4. As part of the planning process, the document has been cascaded to system partners highlighting the roles and responsibilities required by partners.

4. Supporting our workforce

- 4.1. Systems are requested to continue to improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise, and to ensure continued supply through maintaining education and training.
- 4.2. LSC workforce leads are liaising with place partners to facilitate a response as part of the KLOEs.
- 4.3. As noted in 1.5 recovery champions have been identified across the system and will be invited to attend virtual development sessions, on-line, in areas of core improvement skills such as Leading Change, Demand and Capacity, Learning from Best Practice, Measurement for Improvement.

5. Timelines

- 5.1. The operational plan and KLOEs returns will be submitted to region on 8 September 2023 with formal submission to NHS England on 11 September 2023.
- 5.2. NHS England regional and national teams will provide supportive challenge of submitted plans over the subsequent two weeks and there will be an opportunity to re-submit plans (where necessary) on the 25 September 2023.

6. UEC Winter Incentive

- 6.1 UEC Winter Incentive – operational measurement guidance was published on 24 August 2023.
- 6.2 The guidance introduces the incentive scheme for providers with a Type 1 A&E to achieve even better performance over the second half of the year, in return for receiving a share of a £150 million capital fund in 2024/25.
- 6.3 Providers will be required to:
 - Have a Type 1 A&E department

- Achieve an average of 80% all-type A&E 4-hour performance over Q4 of 2023/24
- Complete at least 90% of ambulance handovers within 30 minutes from arrival of the ambulance during Q3 and Q4 of 2023/24 (with 95% or more handovers having a valid handover time)
- Improve performance in the above areas compared to winter 2022/23

6.4 The winter incentive guidance has been cascaded via Chief Operating Officers, Directors of Health and Integration across LSC and will form part of winter place plans.

7. UEC investment schemes

- 7.1. A standard operating procedure (SOP) has been developed to ensure robust mechanisms are in place for monitoring progress each month in relation to scheme deliverables, impact and actual spend.
- 7.2. A review at month 6 (from mobilisation) will be undertaken by ICB UEC and finance colleagues to ensure the schemes are delivering the anticipated key performance indicators.

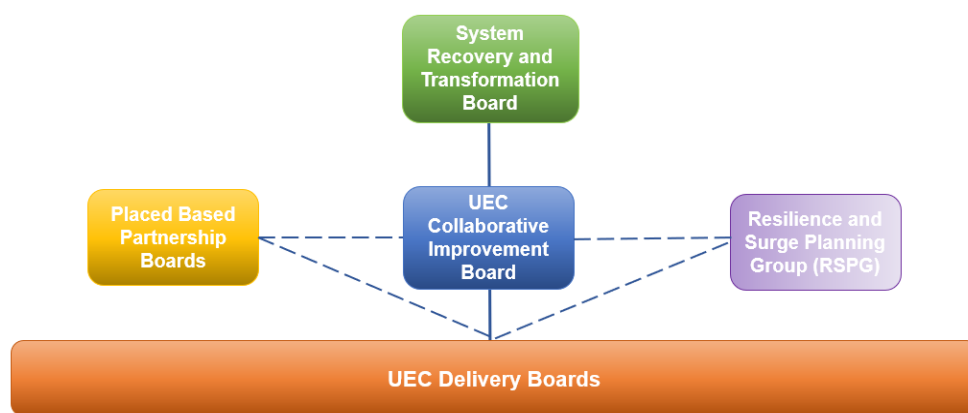
8. Strategic redesign and improvement programme

- 8.1. Over the years, Lancashire and South Cumbria has developed and mobilised services to create surge capacity during winter periods, utilising non-recurrent national funding. However, there is recognition across the system that short term funding generates additional pressures, can add to workforce challenges and therefore does not allow systems to develop the necessary infrastructure to embed long-term improvements.
- 8.2. To build a sustainable and robust UEC system, a strategic approach to re-design is required to implement improvements over the next five years and beyond.
- 8.3. A 'UEC design day' was held on the 26 July 2023 to formally launch the strategic re-design and improvement programme supported and facilitated by Emergency Care Improvement Support Team (ECIST).
- 8.4. Representatives across place and system were in attendance including acute, social care, primary care, ICB, NWAS, providers, voluntary, care and social enterprise sector and citizens.
- 8.5. Via facilitated workshops by place, partners identified key priorities which will inform place plans.

- 8.6. In July and August 2023, ECIST delivered two ‘Alternatives to Emergency Departments’ (A-tED) sessions in each place with the aim of identifying opportunities for improvement at place and system.
- 8.7. The outputs from the workshops and A-tED sessions will inform place winter plans 2023/24 and support the development of the UEC five-year strategy and improvement plans.

9. Governance

9.1. The governance structure for UEC winter planning 2023/24 and our strategic re-design and improvement programme is outlined below:



9.2. The ICB has an established Resilience and Surge Planning group attended by system and place partners. This group oversees the development of robust resilience and surge plans, and assurance requirements outlined by NHS England.

9.3. Urgent and Emergency Care Delivery Boards (UECDBs) across LSC will deliver place winter plans and report to the UEC Collaborative Improvement Board which has been established.

10. Risks and mitigations

10.1. Risks and mitigations for individual schemes will be identified by scheme leads as part of the monitoring process.

10.2. Any risks highlighted in the KLOEs will be incorporated within the UEC risk log.

10.3. Any significant risks that emerge that are considered to have an impact on the delivery of the schemes and KLOEs will be escalated to the Board Assurance Framework or Corporate Risk Register.

11. Recommendations

11.1. The ICB Board is requested to:

1. Note the content of the report.
2. Accept the report as assurance that oversight of all associated requirements will be via the Resilience & Surge Planning Group and UEC Collaborative Improvement Board
3. Note ICB executives will receive updates monthly.

Ten high-impact interventions

1.	Same Day Emergency Care: Reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.
2.	Frailty: Reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.
3.	Inpatient flow and length of stay (acute): Reducing variation in inpatient care and length of stay for key iUEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.
4.	Community bed productivity and flow: Reducing variation in inpatient care and length of stay by implementing in-hospital efficiencies and bringing forward discharge processes.
5.	Care Transfer Hubs: Implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.
6.	Intermediate care demand and capacity: Supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab.
7.	Virtual wards: Standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and improve discharge.
8.	Urgent Community Response: Increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid unnecessary admission.
9.	Single point of access: Driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time.
10.	Acute Respiratory Infection Hubs: Support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.

ICB roles and responsibilities

- Ensure that the system winter operating plan incorporates all the high-impact interventions and actions for the entire health and social care economy. This should include specific operating actions for all system partners across acute, community, mental health, primary care as well as links with local authority services. Systems should ensure that plans reflect the needs of all age groups, including services for children and young people.
- Facilitate partnership working – ensuring that all system partners are pulling in the same direction to deliver a resilient system this winter, and appropriately manage risk to ensure that it is balanced across the entire system, ensuring all parts of the system are held to account for delivery of their responsibilities.
- Be accountable for the delivery of capacity in line with agreed 2023/24 ICB Operating Plan – including additional capacity identified via the winter planning exercise.
- Ensure that arrangements are in place to lead the system through winter – including:
 - Maintaining 24/7 oversight of system pressures through the System Co-ordination Centre (SCC)
 - Implementing the revised SCC specification to ensure appropriate structures, systems and process are in place to maintain operational oversight and delivery.
 - Implementing the revised Operating Pressures Escalation Levels (OPEL) Framework in a consistent manner across all acute sites as the key clinical safety indicator of system pressure.
- Leading the development of a comprehensive winter operating plan underpinned by a locally agreed operating model.
- Ensure infection prevention and control (IPC) colleagues are involved in winter planning and that they continue to be involved in responding to winter.
- Lead the liaison and engagement with the voluntary, community and social enterprise partners to ensure that they are fully engaged in winter planning and their support maximised.
- Ensure the continued workforce supply through early planning of actions to mitigate any loss of education and training during the periods of greatest winter service pressures.
- Lead the delivery of high-impact interventions (noted in Appendix A)