

Integrated Care Board

Date of meeting	8 November 2023
Title of paper	Resilience and Surge Planning – Winter 2023/24
Presented by	Professor Craig Harris, Chief Operating Officer
Author	Jayne Mellor, Director of urgent, emergency and planned care
Agenda item	13
Confidential	No

Executive summary				
<p>This paper provides assurance to the Integrated Care Board around the robust Urgent and Emergency Care governance framework in place to oversee the impact of various programmes of work linked to the Urgent and Emergency Care recovery plan and winter planning. It also summarises the winter planning reporting processes and requirements to NHS England.</p>				
Recommendations				
<p>The Integrated Care Board is requested to:</p> <ol style="list-style-type: none"> 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, place-based Urgent & Emergency Care Delivery Boards and the Lancashire and South Cumbria, Urgent and Emergency Care Collaborative Improvement Board. Receive further reports at Integrated Care Board meetings. 				
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 this paper, section 4.6
Are associated risks detailed on the ICB Risk Register?		✓		The risk outlined in the report at point 4.6 is detailed on the risk

				register of the Lancashire and South Cumbria Collaborative Improvement Board.
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	
Executive Management Team	31 October 2023		Approved	
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, Chief Operating Officer
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Integrated Care Board – 8 November 2023

Resilience and surge planning – winter 2023/2024

1. Introduction

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

- Urgent and Emergency Care recovery plan delivery and improvement
- Urgent and Emergency Care capacity investment funding
- Winter preparedness and resilience and surge planning as set out in the Urgent and Emergency Care national publication, ‘Delivering operational resilience across the NHS this winter’
- The revised OPEL (Operation Pressures Escalation Levels) Framework 2023/24, published in August 2023
- The governance structure in place to ensure oversight and assurance of Urgent and Emergency Care recovery and transformation.

2. Urgent and Emergency Care recovery

2.1 On 30 January 2023, the NHS and the government published a new blueprint to help recover Urgent and Emergency Care services, reduce waiting times, and improve patient experience. The two-year ‘Delivery plan for recovering Urgent and Emergency Care services’ aims to stabilise services and sets out two key ambitions for Urgent and Emergency Care recovery.

2.2 The current position for Lancashire and South Cumbria is outlined in the table below.

Table 1: Key ambitions and Lancashire and South Cumbria performance from 1 April 2023 to 30 September 2023

Key ambitions		April	May	June	July	Aug	Sep
76% of patients being admitted, transferred, or discharged from Emergency Departments within four hours by March 2024	Lancashire and South Cumbria	76.84%	77.59%	76.83%	77.49%	76.78%	75.94%
	North West	72.68%	73.08%	73.73%	73.00%	72.25%	70.58%
	England	74.56%	73.96%	73.34%	73.99%	72.98%	71.64%
Ambulance response times for Category 2	North West Ambulance Service	20m:36s	22m:02s	26m:30s	25m:22s	27m:19s	29m:07s

incidents to 30 minutes on average over 2023/24							
	England	28m:35s	32m:24s	36m:49s	31m:50s	31m:30s	37m:38s

2.3 Following the publication of the Urgent and Emergency recovery plan, the actions below have been progressed across Lancashire and South Cumbria:

- Urgent and emergency care strategy event held on 26 July 2023
- Place data packs developed and shared with system partners to support and inform winter and longer-term improvement plans
- Eight winter schemes mobilised utilising the urgent and emergency care capacity investment funding
- Winter 2023/24 planning submission to NHS England completed and winter place plans developed
- Longer-term place improvement plans in development
- Robust governance arrangements established via Resilience and Surge Planning Group and Urgent and Emergency Collaborative Improvement Board
- Two 'alternatives to emergency department' sessions have been held at each place to support development of pathways and improvements in July and August 2023
- Self-assessments completed as part of the universal support offer against the ten high impact interventions, identifying four key priorities for each place.

3. Urgent & Emergency Care capacity investment funding

3.1 Eight schemes across Lancashire & South Cumbria have been funded to provide capacity and resilience using this funding. The schemes include discharge to assess, home first, community beds, minor treatment centre, same day emergency care and virtual wards.

3.2 Monitoring processes have been implemented to measure the impact, key performance indicators and actual spend with trust colleagues. The ICB is currently undertaking a review and further detail will be provided in a future Board report.

4. NHS England tiered intervention

4.1 To further support Urgent and Emergency Care recovery, NHS England developed a national three-tiered system of intervention based on how far Integrated Care Boards are progressing towards the trajectories outlined in the Urgent and Emergency Care recovery plan.

4.2 The Integrated Care Board asked NHS England for details of the methodology used for applying its tiered intervention to enable proactive oversight. The following four metrics, weighted to reflect the two key Urgent and Emergency Care recovery ambitions set out in table 1 above, were used by NHS England to determine the tier status of each Integrated Care Board:

- 4 hours in emergency department (weight 0.33)
- Ambulance category 2 response mean (weight 0.33)
- 12 hours in emergency department from time of arrival (weight 0.17)
- Proportion of beds occupied by long stay patients of 14+ days (weight 0.17)

4.3 Each Integrated Care System in the country was assessed, in March 2023, against the four metrics and, approximately, the top 10% of 'most concern' were placed into tier 1, 20% into Tier 2 and the remaining 70% of systems were determined on track and as such were assessed as Tier 3.

4.4 In May 2023, it was confirmed that Lancashire and South Cumbria had been placed into Tier 3, as a system considered by NHS England to be 'on-track', and to receive the lowest level of intervention via the 'universal support offer' as outlined in section 5.

4.5 NHS England plans to review the metrics during quarter 4 of 2023/24 to determine whether any Integrated Care System has seen significant improvement or deterioration in performance, which may result in a change to their tier status.

4.6 The risk of Lancashire and South Cumbria moving from Tier 3 to Tier 2 or Tier 1, has been recorded on the risk register of the Lancashire and South Cumbria Urgent and Emergency Care, Collaborative Improvement Board and performance and mitigations continue to be monitored closely.

5. Delivering operational resilience across the NHS this winter 2023/24

5.1 The national approach for 2023/24 winter preparedness, published on 27 July 2023, is a key step to helping us achieve our two key ambitions for Urgent and Emergency Care recovery, and sets out the areas of focus to support systems to deliver operational resilience across the NHS.

5.2 Following notification of the Integrated Care Board's Tier 3 status, the 'NHS Impact' Urgent and Emergency Care recovery programme launched the national universal support offer in July 2023, which includes:

- A self-assessment against the ten high impact interventions
- Learning modules for the ten high impact interventions
- NHS impact website containing good practice guides and support forums
- iUEC recovery champions who will be supported to develop through training and peer to peer networking.

5.3 To note, no additional funding was provided to the system to deliver the universal support offer.

5.4 Nineteen iUEC recovery champions have been identified across Lancashire and South Cumbria, however it should be noted that Lancashire and South Cumbria Integrated Care Board has experienced some challenges with

communications from NHS England in relation to this programme. Discussions continue to ensure champions are able to access the support.

- 5.5 The director of urgent, emergency and planned care is working with NHS England's North West Urgent and Emergency Care Recovery Programme Board to inform the metrics, in terms of the requirements around the ten high impact interventions.

6. Winter 2023/24 planning submission to NHS England

- 6.1 As referenced in the last board report, the Lancashire and South Cumbria winter return was submitted to NHS England on the 11 September 2023.
- 6.2 Following a review and supportive check and challenge by the NHS England regional team, the Integrated Care Board was requested to refine the first iteration and a revised version was formally submitted to NHS England on 27 September 2023. North West regional team have informed the Integrated Care Board that the plan has been submitted to the national team and awaits formal sign off.

7. Launch of a new OPEL framework

- 7.1 NHS England published a revised OPEL (Operation Pressures Escalation Levels) Framework 2023/24 in August 2023.
- 7.2 Lancashire and South Cumbria Integrated Care Board, through its System Co-ordination Centre (SCC), is currently leading a piece of work, through a task and finish group with representation from relevant partners from our system, to implement this new framework consistently across the Lancashire and South Cumbria system in November 2023.
- 7.3 In addition to a new methodology for calculating OPEL levels, as outlined in Appendix A, which will allow for greater differentiation of hospitals under pressure, the new framework mandates a series of action cards to be implemented at each of the OPEL levels both by the hospital Trust, and by the wider health and care system. These incorporate a range of prescribed actions aimed at reducing the pressure on the hospital and safely improving flow within the hospital and will be supplemented by locally agreed actions as the SCC and partners work through the implementation, for example a revised approach to tactical/silver command arrangements to ensure a more consistent and effective response to local system pressures.
- 7.4 In addition, the updated SCC guidance for winter 2023/24 clarifies the role of the SCC in co-ordinating a response across the full Lancashire and South Cumbria system to reduce risk in individual Trusts where there is potential to provide support from other providers within the system.
- 7.5 To strengthen these arrangements, the Integrated Care Board is in the process of recruiting a senior role with corporate responsibility for the command, control

and leadership of system flow across all parts of the Lancashire and South Cumbria health and care system.

8. Governance and assurance

- 8.1 The governance structure for Urgent and Emergency Care winter planning 2023/24 recovery and our strategic re-design and improvement programme is set out at Appendix B.
- 8.2 Work has commenced on developing a five-year Urgent and Emergency Care strategy for the system which will be underpinned by place-based improvement plans. To date, the following actions have taken place which will support breaking the cycle of reactive winter planning:
- Urgent and emergency care vision has been agreed with system wide partners
 - Place priorities agreed for inclusion in the improvement plans
 - Agreement reached to develop a five-year urgent and emergency care strategy and improvement plans which should be presented to the Board in Quarter 4 of 2023/24.
- 8.3 The Integrated Care Board has an established Resilience and Surge Planning group. This group oversees the development of robust resilience and surge plans, including the Urgent and Emergency Care capacity investment funding as referenced in section three above and other winter assurance requirements outlined by NHS England.
- 8.4 Since the last Integrated Care Board meeting, the Lancashire and South Cumbria Urgent and Emergency Care Collaborative Improvement Board has been established, and the first meeting was held on 22 September 2023. The Urgent and Emergency Care Collaborative Improvement Board will provide oversight of the Urgent and Emergency Care recovery plan and winter delivery requirements, including:
- Place based Urgent and Emergency Care improvement plans
 - 10 high impact interventions
 - Urgent and Emergency Care capacity investment
 - Development and implementation of the five-year Urgent and Emergency Care strategy.
- 8.5 It is proposed that an 'Advise, Assure, Alert' report will be utilised by the Urgent and Emergency Care Collaborative Improvement Board for informing the, Integrated Care Board system recovery and transformation board, NHS England North West Urgent and Emergency Care recovery programme board, in terms of assurance and delivery of key programmes of work.
- 8.6 Refreshed Urgent and Emergency Care Delivery Boards (formerly A&E Delivery Boards) are now in place, with responsibility for delivery of place winter plans and place Urgent and Emergency Care improvement plans. It is intended that the 'Advise, Assure, Alert' process will be replicated across the four Urgent and

Emergency Care Delivery Boards for reporting into the Urgent and Emergency Care Collaborative Improvement Board.

- 8.7 The membership for Urgent and Emergency Care Delivery Boards and Urgent and Emergency Care Collaborative Improvement Board consists of key place-based and system-wide leaders who will support the development and delivery of winter and improvement place plans. For example, the Urgent and Emergency Care Collaborative Improvement Board includes Trust Chief Operating Officers, Directors of Health and Care Integration, Directors of Adult Social Care, Chief Executive Officer Citizens Advice– Blackpool, ICB Directors, Area Director of NWS.

9. Place winter plans

- 9.1 Place-based winter plans have been developed through local collaboration and will continue to be iterative plans throughout winter, as they may be adjusted to respond to local needs and pressures.
- 9.2 A range of initiatives are included in the plans to help manage the expected winter pressures, for example:

Central/ Lancashire West/ LTH
Development of a community care hub to improve navigation of patients across system
Finney House
Acute frailty unit
ED triage with 2-hour urgent community response (UCR)
Blackpool/ North – Fylde & Wyre/ BTH
Transfer of Care Hub - Blackpool care home finding service
Expansion of Acute Frailty Unit to 24 beds
Pilot with GP practices to encourage use of rapid response team as an alternative to Same Day Emergency Care.
Home First
Ward 4 – intermediate care beds
South Cumbria/ North – Lancaster/ UHMB
Whole System Flow Programme: initial priorities agreed are single point of access, joint service directory (whole system) and visibility of system data.
Increase direct Same Day Emergency Care pathways via the directory of services (DoS) and re-launch NWS pathways
Care home in-house Flu/Covid vaccination pilot
Discharge to Assess
Minor Treatment Centre at Royal Lancaster Infirmary
Lancashire East/ Blackburn with Darwen/ ELHT
Albion Mill intermediate care unit: phased approach to improvements and growing capacity.
Integrated Urgent Care resilience and capacity to manage demand
Priority Wards Rapid Improvement Programme.

- 9.3 All places have initiatives around expanding virtual wards and 2-hour urgent community response (UCR). In relation to virtual wards, utilisation in September averaged 45% against the national target of 80% by the end of

September. Place based action plans specifically on maximising the use of virtual wards have been developed and are being implemented. Therefore, like many systems, Lancashire and South Cumbria is on an improvement journey and we are starting to see an increase in utilisation – October is currently within a range of 55% to 60%. For 2-hour urgent community response (UCR), Lancashire and South Cumbria exceeds the volume of target referrals and response times (94% within 2 hours against the national target of 70%) are the fifth highest in the country.

- 9.4 Our vaccination programmes are being rolled out across our places, as we know the rise in flu, seasonal viruses, respiratory illness and potentially coronavirus over winter will also put extra pressure on our health and care system.
- 9.5 Also, trusts and the Integrated Care Board are working together on a winter communication and engagement campaign. The campaign seeks to obtain blanket coverage of key messages across the system and is engaging at place to maximise impact. The campaign focusses on, prevention, avoiding hospital admissions, signposting to the appropriate support or services 'first time', and encouraging self-care, for example self-care videos have been promoted for common ailments and promoting patients to ensure they have sufficient medication to manage their condition
- 9.6 The delivery, effectiveness and any revision of place-based winter plans will be overseen by local Urgent and Emergency Care Delivery Boards.

10. Recommendations

- 10.1 The Integrated Care 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, place-based Urgent & Emergency Care Delivery Boards and the Lancashire and South Cumbria, Urgent and Emergency Care Collaborative Improvement Board.
 3. Receive further reports at Integrated Care Board meetings.

Jayne Mellor

24 October 2023

OPEL parameters and scoring range

OPEL parameter	Score						
	0	1	2	3	4	5	6
Mean ambulance handover time	<15 min		15–30 min		>30–60 min		>60 min
ED all-type 4-hour performance	>95%	76–95%	60–76%		≤60%		
ED all-type attendances	≤2%	>2–10%	>10–20%		>20%		
Majors and resuscitation occupancy (adult)	≤80%		>80–100%		>100–120%		>120%
Median time to treatment	≤60 min	>60–90 min	90–120 min		>120 min		
% of patients spending >12 hours in ED	≤2%	>2–5%	>5–10%		>10%		
% G&A bed occupancy	≤92%		>92–95%		>95–98%		>98%
% of open beds that are escalation beds	<2%	2–4%	4–6%		>6%		
% of beds occupied by patients no longer meeting criteria to reside	≤10%		>10–13%		>13–15%		>15%

Reference - NHS England: Operational Pressures Escalation Levels (OPEL) Framework 2023/24, Version 1.0, August 2023, Publication reference: PRN00551. [OPEL Framework 2023/24 \(england.nhs.uk\)](https://www.england.nhs.uk/publication/opel-framework-2023-24/)

OPEL score and corresponding level

Aggregated OPEL Score	OPEL	Clinical Risk	Response
0–11	OPEL 1	Low	See OPEL action card (and local policy/ protocols)
12–22	OPEL 2	Medium	
23–33	OPEL 3	High	
34–44	OPEL 4	Very High	

Urgent & Emergency Care Governance

