

System Resilience & Winter Planning

Learning From 2017/18 & Planning 2018/19

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LLR Health and Social Care System

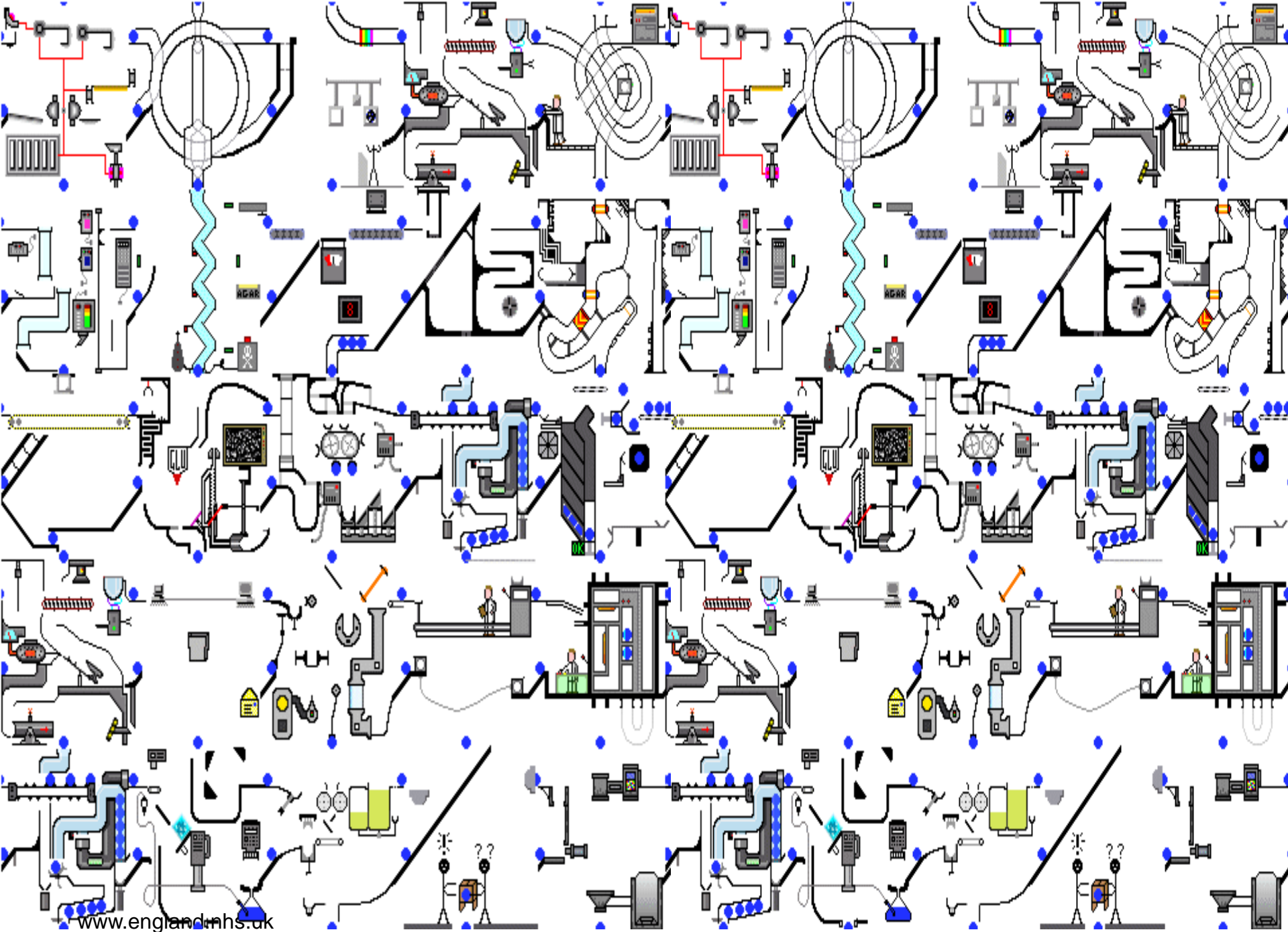
Health and Wellbeing Board

12th July 2018



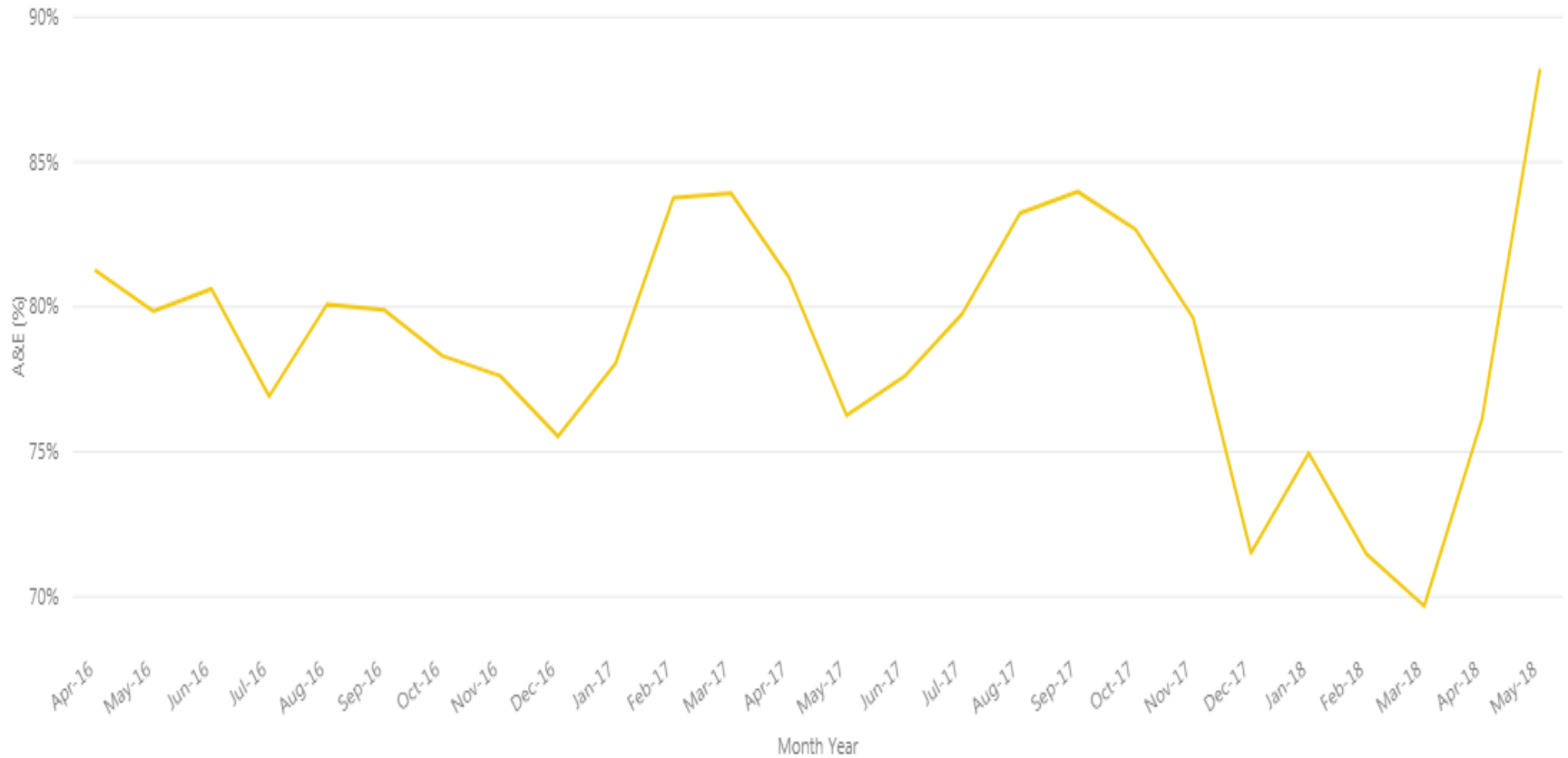
Winter Headlines

- A&E performance drops in Dec, Jan & Feb every year
- In 2017/18 winter pressures extended into May.
- Less patients attending A&E in winter compared to other times of the year
- There are increases in the number of older, arriving by ambulance and admitted patients in winter (higher case mix).
- Decreases in the number of younger, non-admitted patients in winter
- Performance decrease in winter is more pronounced for older patients
- Delayed Transfers of Care (DTC) doesn't increase.
- Evidence of flow issues entering A&E (ambulance handovers) and being admitted from A&E (trolley waits)
- Bed occupancy and length of stay also increase

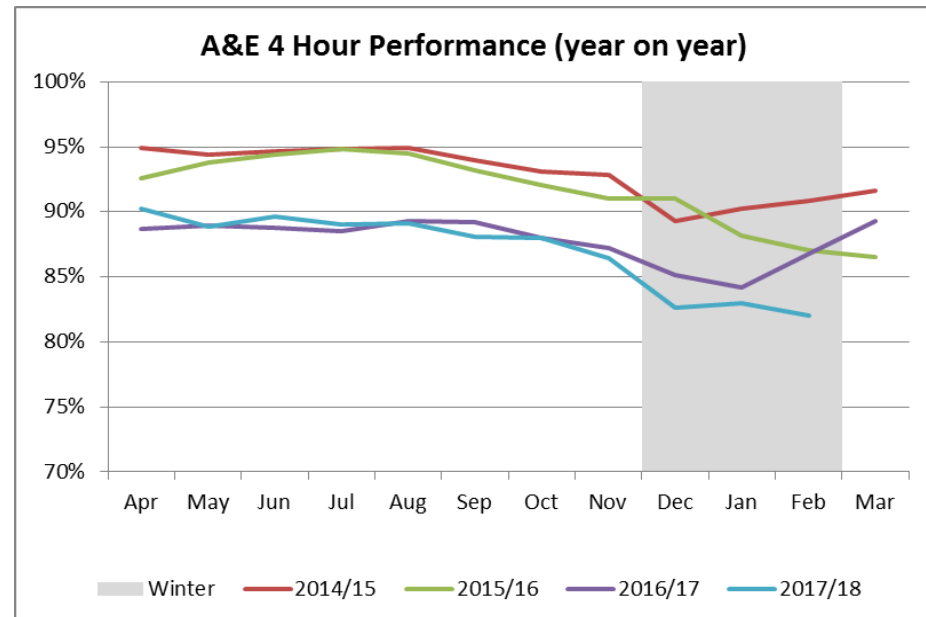
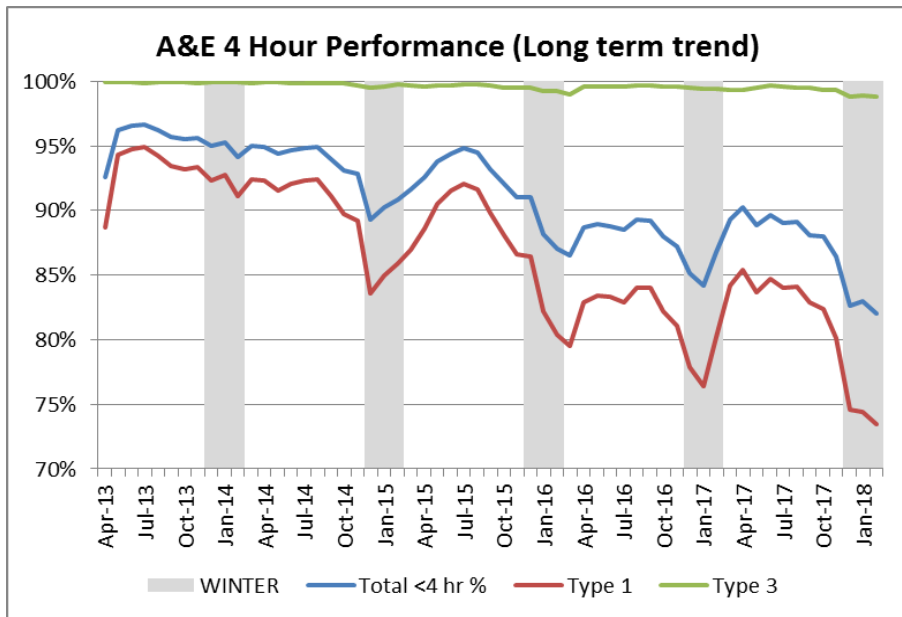


Performance Trend

Org Name ● UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

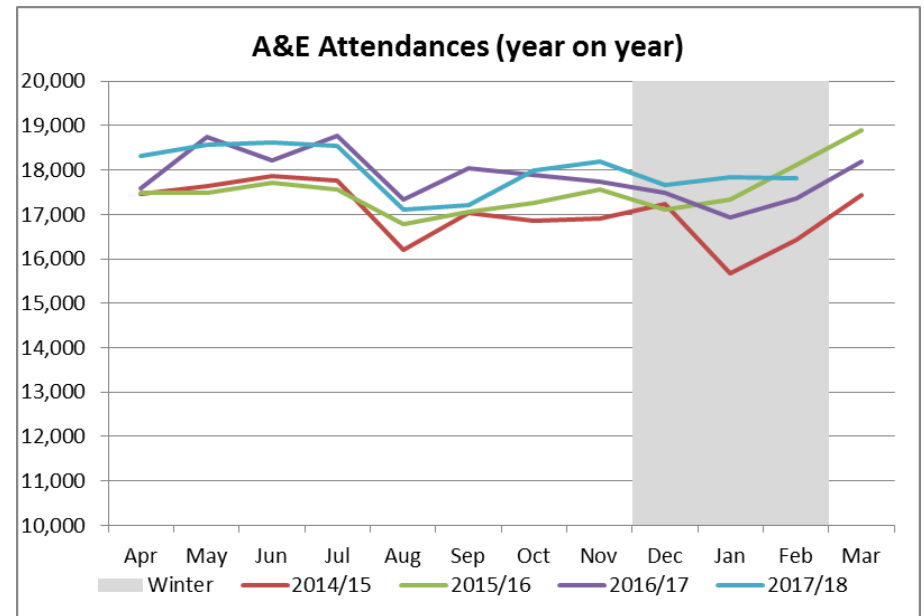
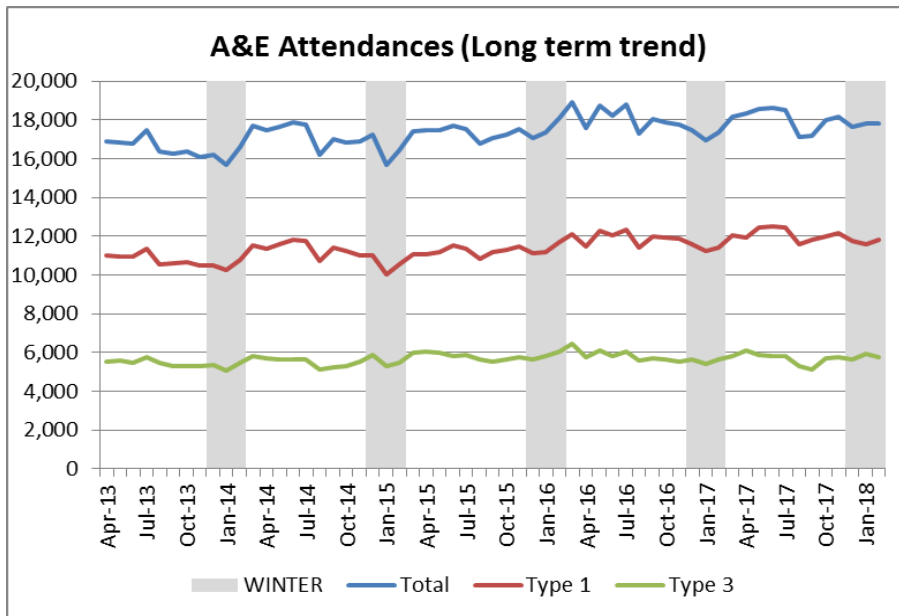


Performance



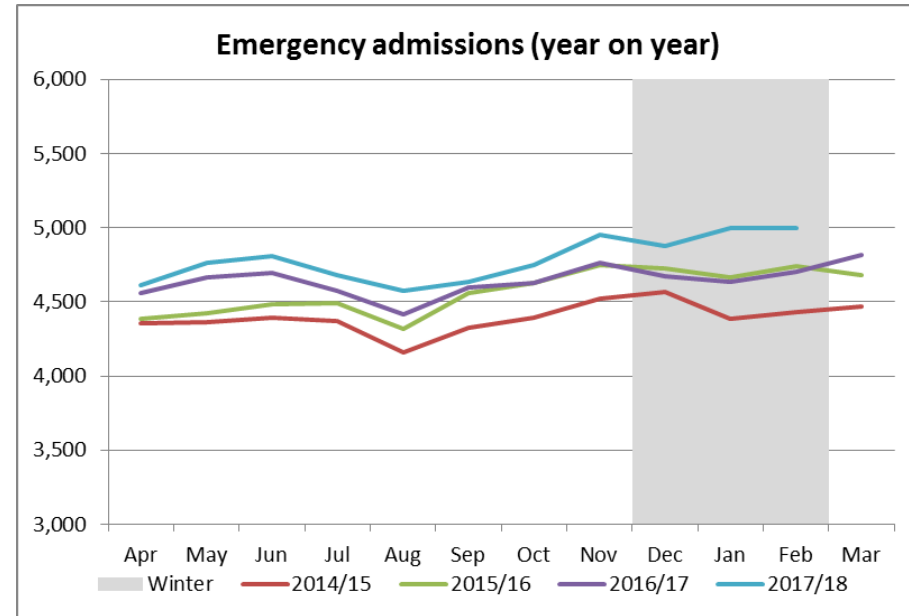
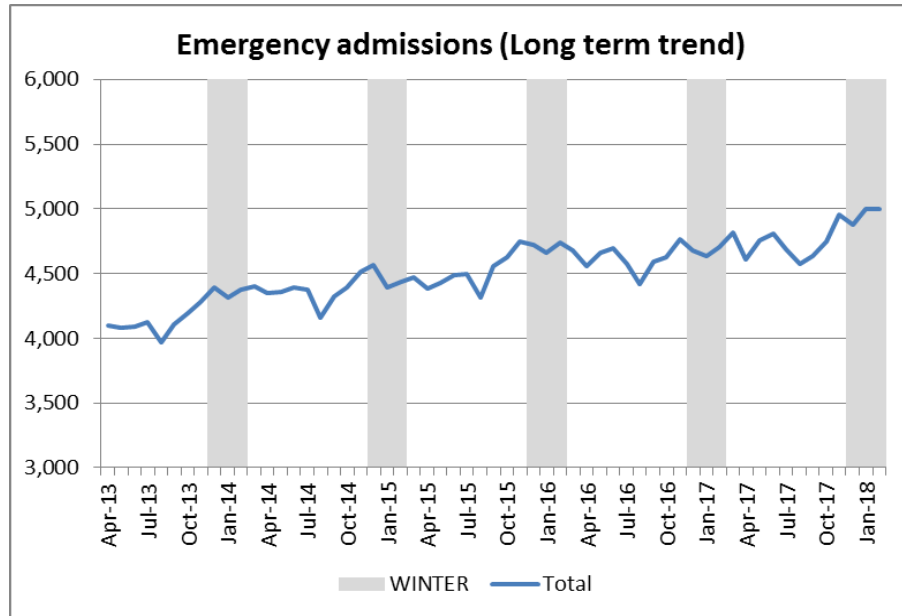
- Clear decrease in performance in Dec, Jan & Feb
- March varies, sometimes performance improves, sometimes it stays low
- On average performance in winter is 4.2% lower than the rest of the year
- This year has seen the largest decrease in winter of 6.2%
- 2013/14 saw a smaller decrease when overall performance was higher

Attendances



- Attendances decrease in winter
- Usually highest between March and July
- 3% lower attendances in winter

Emergency Admissions



- There has been a long term rising trend
- Emergency admissions rise in winter
- 3% higher on average in winter

Key Variables

- **Adverse Weather**
 - Variable planning, assurance, and delivery.
- **Workforce & Skill Mix**
 - Pace of response to surges in demand during periods of high staff Sickness/ Absence.
 - Ensuring the right capacity and capability.
 - Contingency and succession planning, including Trust to Trust.



Winter Planning 18/19 Desired Results

- **Enable improved and sustained quality of care and treatment for patients throughout heavy periods of surge or operational pressures.**
- Establish visible system resilience.
- Support better alignment of priority work plans toward greater and sustainable system resilience leading to winter 2018/19.
- Surface and mitigate risks.
- Understand benchmarked positions, increase business intelligence, and inform evidence-based decision making.
- Utilise desktop and simulation exercises during September and October to:
 - test demand and capacity modelling predictions,
 - enable mitigation activity,
 - highlight any system funding gaps/needs, and
 - systematically review winter surge plan strengths/weaknesses for continuous improvement.



Major Focus On...System Resilience

Characteristics

- A patient or service user's crisis is not a system or provider's crisis.
- Maintains stability.
- Recognises the complexities and influential factors (within and external).
- Can absorb, recover, and learn from variation in demand.
- Mitigates risk and resolves issues



LLR Timeline (c 120 working days)

England

May / June

- Engagement and Learning from 2017/18; strengths, areas for improvement, gaps
- Priority planning and short, medium gains
- Data Analysis and Evidence

July

- EPRR Exercise 'Boudica' – Simulation Exercise
- IUEC Rapid Improvement Workshop 1
- Demand and Capacity Insight Position
- Patient Group and Primary Care Focus

August

- OPEL Threshold and process revision/refresh
- IUEC Rapid Improvement Workshop 2
- Metrics for Outcomes
- Risk Share / Gap Visibility

September

- **Simulation Exercise – Wake Up 1**
- **Patient Journey Scenarios**
- **AEDB and Partner Agreement**
- **Plan Submission**

**October /
November**

- **Simulation Exercise – Wake Up 2**
- **Readiness Assessment**
- **IUEC Rapid Improvement Workshop 3**
- **Assessment and Review / Escalation SRG**

