Leicester Health and Wellbeing Board

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Title: Learning From Winter 2017/18

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1.0 Purpose of the paper or presentation

The purpose of this paper is to summarise the recommendations and learning from the winter period 2017/18, and outline the approach to better resilience and patient experience for 2018/19.

The Leicestershire, Leicester City, and Rutland (LLR) health and social care system are focusing efforts toward building greater and sustainable resilience across urgent and emergency care for our patients.

2.0 Recommendations for the board to consider

The Board is asked to:

- Note summary learning points from 2017/18;
- Note the priority focus being undertaken over the coming months;
- Agree to receive finer detail at the next meeting; and
- Engage and contribute to meaningful improvements and simulation exercises currently in planning phase for later this year (September and October).

3.0 Content

Summary Position

- Overall, evidence demonstrates the urgent care system has seen more patients outside of hospital this year than in previous years, however the activity levels for individual patients with multiple attendances has increased due to the nature of care needs – particularly for the older population.

- Pressures across the entire LLR urgent care system over winter resulted in deterioration of performance with the system struggling to cope with demand; 4hr standard delivery deteriorated significantly, particularly over February and March.

- Whilst the demand has increased, this demand largely reflects more activity, higher acuity, and increased cases amongst multi-morbidity patients (e.g. frail and elderly, respiratory, cardiac) as occurs every cold weather season.

- There were higher numbers of elective cancellations than in 2016/2017 as per national instruction, as well as exceptional levels of cancellations of urgent and cancer operations not seen in previous years.

- Ambulance services remained stretched and regularly at a high escalation level for the majority of winter; patient handover times declined over winter, from November through to March, although with fewer 1 hour+ waits than in 2016/2017, and fewer total lost hours.

4.0 Next Steps

Throughout winter 2017/18, colleagues within system partners have worked tirelessly to maintain safe levels of service for patients. With the winter period no longer representing a fixed set of months and extending through into April 2018, there is a clear need to instil a more resilient system amongst partners to cope for longer periods of relentless surge.

Principally, in order to better prepare and provide a more cohesive health and social care and service this next winter period for our patients and service users, a series of tactical and operational actions are underway to establish and maintain a strong and consistent focus to:

- Ensure clinicians, front-line staff, and patients and their families help shape improvements;
- Support better alignment of provider priority work plans toward greater and sustainable system resilience leading to winter 2018/19;
- Surface any gaps and mitigate risks;
- Understand benchmarked positions, increase business intelligence, and inform evidence-based decision making; and
- 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.

Key Areas of Focus (Tactical)

Based on the experience of past years and more recently 2017/2018, the key areas of focus 2018/2019 include:

1. Demand and Capacity Modelling and Alignment – (gaps and consideration of mitigating actions / ‘tip ins’ across the system to alleviate pressure from one provider to another);
2. Better understanding and alignment of system provider capacity, bed occupancy rates and triggers to enable best use of appropriate resource (acute, community, primary care);
3. UHL Rapid flow processes and reduce avoidable process delays;
4. Workforce capacity and capability;
5. Visibility of alternatives to admission within the community and to support rapid discharge;
6. Review and amendment to the system Operational Performance Escalation Level (OPEL) framework and thresholds;
7. Increased visibility of primary care and nursing/care home capacity, performance, and quality; and
8. Generally, knowing our numbers and using our resources wisely through regular assessment and review.