



Winter Plan Delivery

Improving Urgent and Emergency Care

Our plan for 2023/24

Flow in

Ensuring people get to the right place for their care first time

- Expanding our same day emergency care pathways 
- Increasing use of virtual wards to prevent the need for admission 
- Expanding community-based urgent treatment services for adults and children 
- Opening permanent ambulance escalation units 
- Improving equitable access to care through our health inequalities programme 

Flow through

Improving our processes and increasing capacity

- Doubling discharge lounge beds to 12 and maintaining the 12-bed pre-transfer unit 
- Creating new wards and a respiratory support unit at GH 
- Increasing the medical bed base and improving use of paediatric beds at the LRI 
- Improving length of stay through criteria-led discharge & internal process improvement 
- Introducing enabling technology such as e-beds & e-portering 

Flow out

Ensuring safe and timely discharge

- Increasing the number of community hospital beds 
- Embedding UHL's care home model 
- Increasing re-ablement support for people in their own homes 
- Enhancing the Trusted Assessor role to support discharge planning 
- Increasing use of virtual wards following a hospital admission 

Implementing the plan

Aim	Mitigation	Last winter	This winter
Ensuring people get to the right place first time for their care	Expanding same day emergency care pathways by Dec 23	Same day emergency care units at LRI	Same day emergency care units at LRI + Glenfield
	Expanding community based urgent treatment services by Dec 23 (1)	9,756 appts provided for acute respiratory infection within primary care	10,028 appts provided for acute respiratory infection within primary care
	Expanding community based urgent treatment services by Dec 23 (2)	1,909 appointments made available to support people accessing community walk in centres / urgent treatment centres	3,889 appointments made available to support people accessing community walk in centres / urgent treatment centres
	Opening permanent ambulance escalation unit by Sept 23	Temporary unit in place with 18 spaces	Permanent unit in place with 16 spaces
Improving processes and increasing capacity	Creating 2 wards & a respiratory support unit at Glenfield by Jan 24		Respiratory support unit open & 1 ward 28/2/24

Implementing the plan

Risk	Mitigation	Last winter	This winter
Improving processes and increasing capacity	Improving length of stay by Dec 23	4.46 days for emergencies	3.90 days for emergencies
	Increasing medical bed base at the LRI by Jan 24	UHL bed base 1671	UHL bed base 1714
	Increasing community hospital beds by 52 by Jan 24	25 additional beds opened by January 23	A further 27 beds opened by 15 th January 24
Increasing safe and timely discharges	Embedding the community care home model	Ashton care home bed open by January 23	Grace Dieu ward opened by 18 th January 24
	Increasing reablement support by Dec 23	Capacity increased – 205 average patients delayed across LLR	Capacity maintained – 216 average patients delayed (increase of c25 for county)
	Enhancing the Trusted Assessor role to support discharge planning	Disparate teams across health and care since COVID	Integrated discharge team on site at the LRI
	Increasing use of virtual wards to support discharge by Dec 23	110 virtual ward beds, with 56% utilisation	155 virtual ward beds, with 80% utilisation

Key issues

'General winter'

Festive break

Storm Henk /
-10` cold spell

Industrial action

Increasing admission
rates from ED over
planning assumptions
(+8%)

Delays to local
authority funded care
(+25 delays /day)

Key performance stats – 23/24

- Primary care provided 667,939 appointments in Dec, with 73% of these face to face
 - ED attendances have ranged between 650-850 per day, with an average of 750 patients / month streamed to alternative, booked services in 23/24
 - EMAS Ambulance average handover position 23/24 is 36 mins 11 secs
 - EMAS Category 2 mean response time 23/24 is 40 mins
 - ED 4hr performance mean 23/24 is 56%
 - Bed occupancy mean 23/24 is 91%
- We recognise that some of these metrics will have deteriorated in winter 2024, for example:
 - EMAS handover time for January is 67 mins
 - 68 patients/day were waiting in ED for a bed at 8am compared to 46 patients/day in January last winter
 - Increases in medically optimised for discharge patients awaiting packages of care

Key performance stats – 23/24

Whilst performance remains challenging, we have been better performing in every area up when compared to winter 22/23, with the exception of admissions and specific discharge pathways

Measure	Dec 22/23	Dec 23/24
Ambulance Hours lost	5796	3621
Category 2 response time	2 hours 40 mins	60 mins
EMAS conveyance rate	40%	39%
ED attendances	21599	21744
ED 4 hour performance	63%	73%
Childrens ED attendances	7331	5749
Delays to discharge – UHL	26%	22%
Virtual ward occupancy	23%	79%

Key actions in January to improve patient experience

Key actions taking place include:

Inflow

- Increasing urgent treatment centre capacity – mixed economy model of walk in and streaming capacity increased from 112 slots daily to 155, with additional on mon - tues
- EMAS > DHU pathway for cat 3-5 management agreed with SOP in place to safely pass 3-4 calls over hour, negating need for conveyance
- 30 GP's have expressed an interest in supporting in ED, 3 have started w/c 08/01

Flow

- Expanded SDEC at LRI and Glenfield Hospitals December 2024 - ~15 spaces (UHL)
- Clinical model of care for ambulatory patients being re-assessed with additional GP support to discharge safely into community
- Clinical model of care for MIAMI being re-assessed to look at a GP-led model of care, increasing throughput of unit to support flow

Outflow

- Opening Coalville community capacity across the week 9-12/01 – 15 beds (LPT)
- Opening Glenfield single ward 28/02 – 18 beds (UHL)
- Opening Gracedieu community capacity W/C 15/01 – 18 beds (UHL)
- Increasing transport provision for transfers (UHL and ICB)
- Continued pathway 0 focus (to build on 650 a month increase in discharges) (UHL)

Key plans for 24/25

Whilst there has been progress, we recognise there has been significant risk on our UEC pathways this winter and we must continue to improve in 2024.

Rising admission rates through ED

- Fundamentally review model of care for frail patients and those with long term conditions
- Fully embed criteria to admit model of best practice
- Consider consolidating and expanding UTC options – capital and revenue implications of c£9m

Discharge improvements

- Quality improvement programme for process improvements e.g. patients home by lunch and to ensure they leave on the right pathway
- Fully implement the model of Intermediate care across LLR with a 'Home First' ethos – costs of c£1.5m