NHS
Lincolnshire
Integrated Care Board

Lincolnshire Integrated Care System

Winter Preparedness

2022-2023



Executive summary

The Lincolnshire Integrated Care System (ICS) Winter Plan has been developed collaboratively and influenced by national best practice, guidance issued by NHS England and learning from previous winters within our system.

The health and social care system continues to experience significant levels of pressure and the continued impact of managing increased demand, COVID-19 and elective recovery has led to a challenging summer; particularly in the context of constrained capacity due to infection prevention and control (IPC), workforce issues and the rising cost of living.

We recognise that we need to ensure that services can respond to the increases in demand expected during this time. Resilience over winter can only be achieved through partnership working across the health and social care system. As partners of the ICS, we are committed to working together to manage these challenges.

The purpose of the Winter Plan is to highlight the predictions for winter demand and set out our planned response, with extra initiatives, capacity and information to manage the urgent care and patient flow pressures that the system will inevitably see. The plan is designed to supplement the ongoing improvements and developments in urgent care.

Urgent action is required to address the ambulance handover delays within the Lincolnshire system to ensure we meet agreed trajectories, and our residents receive the best possible care and experience.

This year we have focussed on the avoidance of patient harm by adopting an approach that focuses on clinical risk, as recommended by our clinicians at our clinical summit. Figure 1 shows the key risks associated with ambulance handover delays (aligned with NHSE clinical review of standards). These risks will be mapped throughout the document to illustrate the intended impacts. All risks are interlinked, therefore the addressment of one is likely to impact others.

Contents

1.Introduction

Integrated care is about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care.

We recognise the importance of all local health and care providers and commissioners working together to provide the best services we can. This document outlines our collective response to urgent and emergency care during anticipated peak times of demand to ensure patients get the safest, most effective, and efficient services.

This winter, we recognise that we require additional capacity to manage the number of patients that will require health and care. Other improvements are required to improve the access and timeliness of services, including immediate action to address the ambulance handover delays within Lincolnshire. As ambulance handover delays is a system priority, we are working to share the risk more widely to avoid the delays in care for those using our ambulance service and emergency departments (EDs). Our winter plan outlines the additional capacity we will create during the winter period and does not include any core services already been delivered across Lincolnshire.

System partners across Lincolnshire have been focussed on winter preparations since late summer and the following page details the work undertaken to date to ensure we develop robust plans to keep patients as safe as possible. Through this collaborative approach, the Lincolnshire system has agreed a clear and concise ambition to help orientate and guide all work during the winter period.

Within Lincolnshire, health and care is always delivered with a 'Home First' focus, however if this is not possible, residents can expect:

- Assessment for and access to admission avoidance services where they can be safely cared for without the need to be admitted to acute hospital care
- Where required a 999-ambulance response time that is in line with national targets and if conveyance to an acute hospital is required, ambulance handovers will be minimised and in line with agreed trajectories.
- When acute hospital admission is necessary, care will be optimised early by speciality and discharge will be within 24 hours of being declared medically fit. Where ongoing care needs have been identified, discharge may be to another suitable health or care facility or at home.

2. Context

The purpose of the winter plan is to communicate the Lincolnshire system approach for winter, the specific pressures that winter presents for our system and how we intend to mitigate them. Urgent and Emergency Care is under significant pressure across the country. Staff have faced one of the busiest summers ever with record numbers of Emergency Department attendances, ambulance call outs and a further wave of Covid. Despite our best effort staff have not always been able to provide timely access for our patients in the way they would have wanted. Winter 2022/23 is expected to bring additional demands with higher-than-average influenza rates, the return of norovirus outbreaks and a further wave of COVID19 with the potential for new variants as the population regains normal social activity. Lincolnshire have the following measures in place to address this:

- ✓ **Arrangement with primary care out-of-hours provider to prescribe flu prophylaxis to those meeting the clinical requirements.**
- ✓ **COVID19 Medicines Delivery Unit (CMDU) 7 days a week.**
- ✓ **Care home Infection Prevention and Control support including local outbreak management support.**
- ✓ **ICS wide Infection and Prevention Control group to share best practice, standardise approaches to guidance implementation, learn from outbreaks and monitor infection rates.**
- ✓ **Pre-winter review of learning from outbreaks in NHS providers to inform outbreak management practice.**
- ✓ **ICB engagement in all outbreak meetings across the system.**
- ✓ **Provider local policies and processes to maintain safe respiratory pathways and prevent the spread of infection.**

This winter it will be more important than ever to work as one system, we will not only have the pressure from both covid and influenza; we will also have the additional pressures as a result of the cost-of-living crisis which could enhance the pressure on health and other services. To address this, a Lincolnshire Task Force focusing on the rising cost of living and its social impact locally has been launched. The forum provides an opportunity to bring together a range of stakeholders to share their knowledge of the impact and support available for our population and communities. The Task Force continues to meet monthly to look at gaps and further actions stakeholders can take jointly

within Lincolnshire to support our residents struggling with the cost-of-living increases, with a focus on ensuring that the most vulnerable in our community are supported.

As we transition from a period of pandemic emergency response to pandemic recovery, the focus is increasingly on protecting those in society who continue to be more at risk of severe COVID-19 infection. To achieve this, a planned and targeted vaccination programme is considered more appropriate than a reactive vaccination strategy. The Lincolnshire COVID-19 vaccination programme has been very successful in ensuring good uptake across the system and has regularly been one of the best performing systems both regionally and nationally. Our work amongst our underserved communities and those with health inequalities has been used as an exemplar in regional briefings. The programme has successfully worked with all system partners to achieve this success.

Delivering a sustainable COVID-19 vaccination programme, is an essential mainstay of health prevention and therefore we will make vaccination services accessible to all eligible groups, including those affected by health inequalities by:

- ✓ **Ensuring there is sufficient capacity across the system to safely deliver a sustainable COVID-19 vaccination programme to the eligible population.**
- ✓ **Ensuring we have a skilled and competent workforce to deliver the programmes safely**
- ✓ **Develop a vaccination offer that provides convenience and ease of access across the system. This will include outreach sessions and focused work that addresses inequalities and harder to reach communities.**
- ✓ **Ensuring that the vaccination offer is consistent utilising a combination of fixed centres and roving/pop-up sites**
- ✓ **Develop contingency plans for periods of surged activity (for example new COVID-19 variant response)**
- ✓ **Develop a coordinated vaccination programme that incorporates co-delivery of other vaccinations when possible and that Makes Every Contact Count (MECC) by incorporating appropriate health advice/screening in line with the NHS Core20PLUS5 approach.**

The flu vaccination programme started in September for adults aged over 65 and those identified as at risk. All 82 practices will be offering flu vaccines with some practices offering them alongside Covid vaccines. Most practices will be offering the flu vaccine at practice level

with a small number offering them across the PCN footprint. There is an aspirational target for over 65s of 75% and for those under 65 who are risk of 65%.

3. Preparation for Winter 2022/23

The following preparatory work and actions have been completed during late Summer / Autumn 22 as preparation for winter:

- ✓ Late August Regional Demand & Capacity submissions for beds. The amount awarded to Lincolnshire has been confirmed as 6.08m. The Winter Oversight Group has oversight of delivery and spend and currently, as of 9th November 2022 the programme is overall on track.
- ✓ 31st August Regional winter event with early indications of national expectations
- ✓ 13th September Winter Resilience Oversight Group deep dive to consider current organisational plans, confirm challenge of winter money and opportunities to secure improvements across the urgent care system in readiness for Winter
- ✓ 7th October 2022 system UEC clinical summit which brought together key clinicians and senior officers from across the system to consider experiences, data, projected peaks, key areas of risks and identify areas for improvement
- On 18th October 2022, NHS E published a letter to systems 'Going Further on Winter Plans' specifically systems are asked to:
  - Implement a falls response service with full geographical coverage between the hours of 08.00 – 20.00, 7 days per week of community-based alternatives for double crewed ambulance response for level one and two falls.
  - Launch a System Response Centre by 1st December to co-ordinate the system and help balance risk.
  - Ensure support is available for High Frequency Users.
  - Decrease inappropriate conveyance from care homes to acute care
  - Realise potential of Virtual Wards and consider development of Acute Respiratory Hubs.

Our Clinical Summit, led by our ICB Medical Director, brought senior clinicians and officers together from across the Lincolnshire system to consider the key risks and opportunities to improve clinical care across the UEC pathway. Following the patient pathway, delegates heard from key clinical leaders from across the health and care system in Lincolnshire and worked collaboratively to identify core actions that need to be taken to minimise risk to patients accessing health and care. These 4 actions form the basis of our overall plan for winter detailed later in the document, but due to the importance and prominence of the clinical summit these are also highlighted below.

- ✓ **Simplify admission avoidance options on Directory of Service with only 2 access points for onwards referral (one for acute and one for community). GPs to have direct access to ULHT consultants for advice and direct admission to SDEC**
- ✓ **Care Home staff to be trained to administer IVs and rehydration therapy as previously agreed and to have access to senor decision makers via the Clinical Assessment Service (CAS)**
- ✓ **Achieve agreed trajectory for Virtual Wards (to include respiratory hub) and maximise opportunity to exceed agreed capacity**
- ✓ **Creation of system UEC Risk Register**

4. Capacity & Demand Modelling

We have undertaken detailed modelling of capacity and demand to test whether services can manage the winter pressures effectively, minimise ambulance handover delays, and excessive delays in the Emergency Departments including waits for admissions. This year's challenge has been made more complex with the post-pandemic recovery, compounded by significant increase in walk-in demand.

The capacity and demand modelling suggests three key areas of focus for our system during winter which are critical in ensuring our urgent care system is able to manage the aforementioned pressures:

- Demand Management to reduce unnecessary use of the acute trusts (prehospital) 
- Best practice for in-hospital Flow (in hospital) 
- Continued delivery of the Discharge Requirements (post hospital) 

Our key actions for the winter (detailed in section 4) have been developed against these three key areas to ensure the interventions are the right ones, that will be delivered at the right time and have the right impact to protect patient care during the winter period. In addition, further modelling work has been completed to assess the likely impact of these interventions. The interventions which have received additional fuding this winter are forecast to provide a potential of 158 equivalent beds (further detail can be found in section 5.5) However, this plan includes a former ambition to close 122 beds, as part of system transformation, as we move care closer to home, which may need to be re-opened during surge and escalation. Should the 122 beds be required for escalation, and the worst-case scenario demand modelling is realised, the potential bed gap could be up to 240.

Given this risk, predicting peaks in demand during the winter period is essential to further mitigate risks and system pressures. Currently the UK Health Security Agency (UKSA) is unable to predict what might happen during Autumn and Winter 2022 as there are too many unpredictable variables for the modelling to be of value. Once the Influenza season commences some short-term prediction may be available but essentially it is difficult to say for certain what demand profiles may be post pandemic. However,

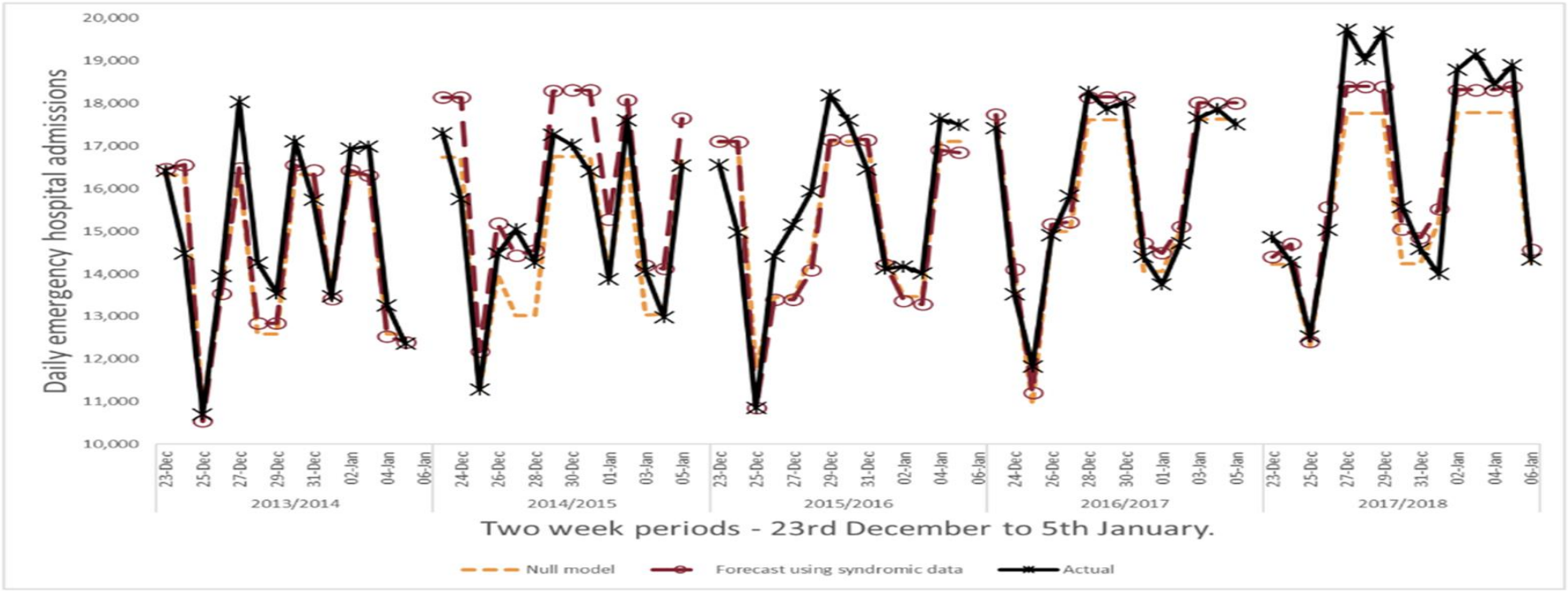
during the Lincolnshire Clinical Summit, colleagues from public health presented information in relation to syndromic surveillance. Syndromic surveillance presents a consistent annual pattern in relation to demand relating to respiratory illness and clearly shows

peaks in pressure from 23rd. December to 5th January each year. This indicates a need for additional primary and community care services to be available during the Christmas and New Year period to aid early identification and treatment of those with respiratory illnesses.

Can syndromic surveillance help forecast winter hospital bed pressures in England?

Fig 2

Example forecast using GP consultations for upper respiratory tract infection compared to null forecast model with no syndromic data.



doi: https://doi.org/10.1371/journal.pone.0228804.g002

This almost identical peak demand profile can also be clearly seen within EMAS modelling (appendix one) which predicts highest demand into both Lincoln County Hospital and Pilgrim Hospital, Boston occurring between 19th December and 1st January inclusive. Winter schemes detailed in section 4 will be fully operational during this peak time to minimise unnecessary conveyances and protect against handover delays where possible.

4.1 Bed modelling

As detailed, the system had previously agreed to close 122 beds across ULHT sites as part of system transformation. Modelling is therefore based upon this assumption for best case scenario with the full delivery of pathway improvements through our agreed winter schemes. In comparison, a worst-case scenario has been modelled which assumes continued use of the 122 beds as escalation beds with non-delivery of pathway improvements. The following metrics were used as a basis for the modelling which provides a prediction of what could happen during the winter period:

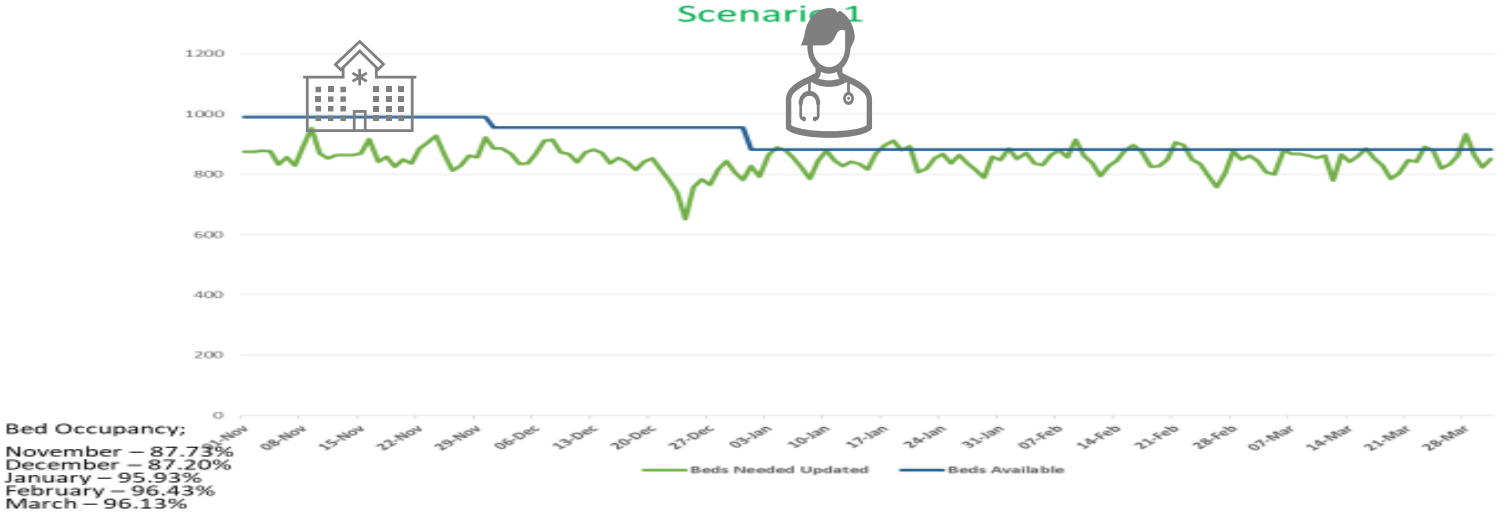
	Scenario 1	Scenario 2
Non-Elective Activity vs 20/21	100% + Additional variance currently being seen in past 3 months	100% + Additional variance currently being seen in past 3 months
Non-Elective Length of Stay	5.0 (recent average)	5.0 (recent average)
Elective Activity vs 20/21	100%	100%
Elective Length of Stay	2.8 Recent Average	2.8 Recent Average
Bed Occupancy	None-Elective: 92% Elective: 85%	None-Elective: 92% Elective: 85%
Winter Planning	Bed Reduction – 122 Beds (pathway improvements etc)	No Bed reduction (Pathway improvements not seen)

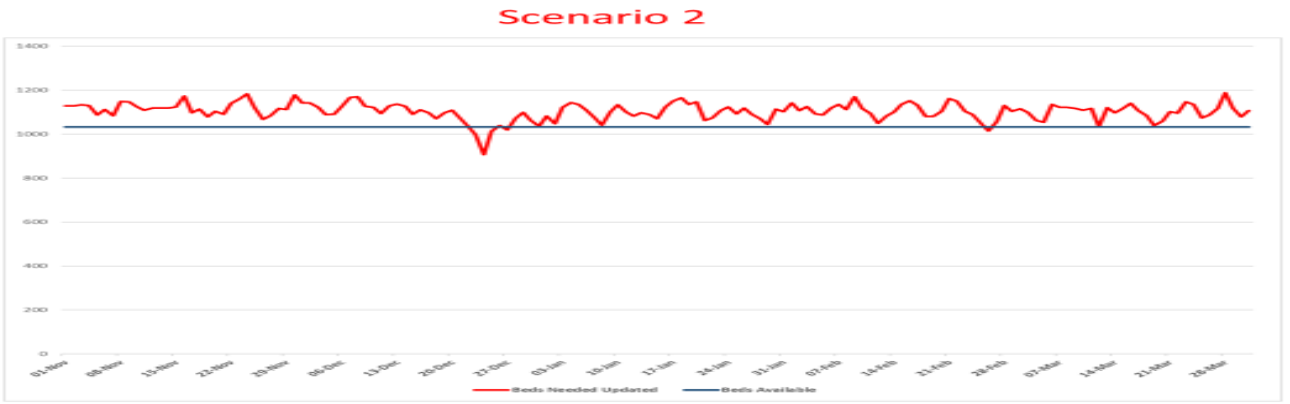
Both scenarios are detailed over the page. Scenario one demonstrates a favourable system position with only isolated peaks of demand above the number of beds available highlighting the absolute need to realise the benefits of all winter schemes. Scenario 2 highlights a position where demand is consistently above bed availability and reveals a potential bed gap of 240 beds across the winter period. This scenario is likely to lead to flow issues and result in significant numbers of 12-hour delays to admission within our Emergency Departments.

Month	Daily Average of 12 hour delays to admission
Nov 2022	115
Dec 2022	81

To address this the system may need to consider some actions more focused on the short term than our longer-term transformation objectives. For example, within the bed modelling there is an assumption of a bed occupancy rate of 92%. The system may need to consider increasing the bed occupancy up to 100%. The impact of increasing bed occupancy rates is that flow would be significantly affected and waits within the Emergency Departments would be likely to increase further, this would be a fine balance of risk that would need careful managing at a system level.

Jan 2023	56
Feb 2023	88
Mar 2023	59



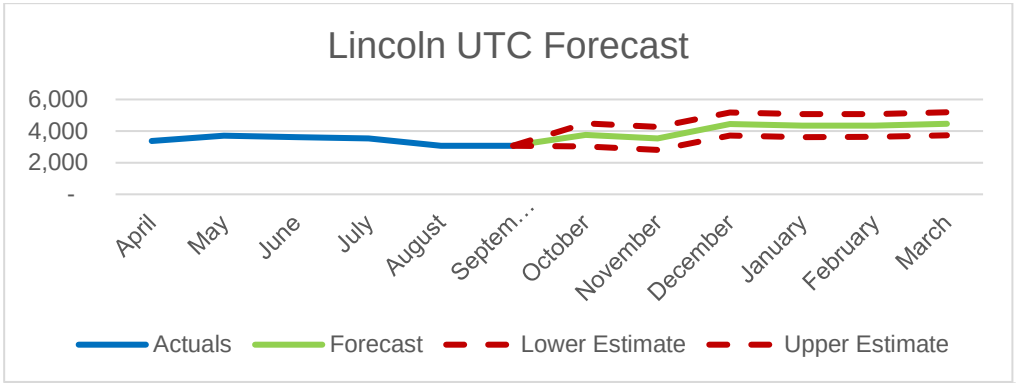


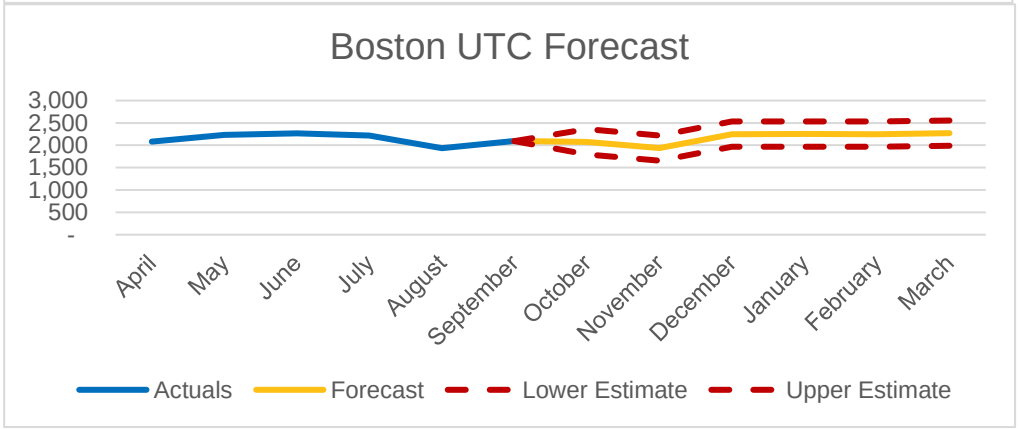
Bed Occupancy;
November - (108%)
December – (105%)
January – (106%)
February – (107%)
March – (107%)

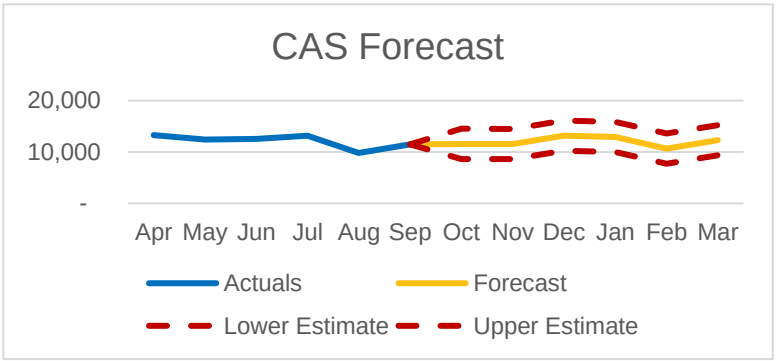
4.2 Community modelling

Modelling has been completed for both Urgent Treatment Centres (UTCs), the Clinical Assessment Service (CAS) and 2-hour Urgent Response Service as they are essential components of the urgent care pathway particularly focused upon keeping people away from Emergency Departments who do not need to be there.

Within our Urgent Treatments Centres activity for the first 6 months of the financial year across all sites was 80,517, this is a 4% increase compared to the same period in 21/22. Performance against 4-hour breaches was 93.14% for the period which is increased from 92.64% last year despite the increase in activity. The percentage of patients referred to A&E has remained at 9% and performance against the 15-minute clinical assessment rate has increased from 79% to 90% across UTCs







Clinical Assessment Service activity is forecast to increase over winter due to RSV, Covid and influenza predicted increases, with our Out of Hours sites at Grantham & Stamford to support increased booked appointment activity as well as Grantham providing an enhanced walk-in service to support the local ED to close overnight.

5.Improvement & Winter Schemes

During Autumn 2022, Lincolnshire secured an additional 6.08 million to support key schemes and improvements, this money is being utilised to fund some new schemes and support work that was previously underway to expedite its delivery. Through the work undertaken, as detailed in section 3, to prepare for Winter, a focused action plan has been developed which provides clarity of the work required to ensure our residents can access high quality and timely health and care during the winter period. This action plan has been structed across

key settings including, care homes, primary and community care, hospital care and discharge and key enablers, the action plan can be found in appendix 2.

5.1 Care Homes

- ✓ **Work with care homes to promote use of CAS, existing services & pathways & use of POC testing to reduce conveyances.**
- ✓ **Digital Tele Health to be fully deployed within care home settings to support conveyance avoidance**
- ✓ **Care Home staff to be trained to administer IVs and rehydration therapy as previously agreed**
- ✓ **Care Homes should have access to specialist nursing support to care for terminal patients in their preferred place of care**

Keeping people well at home is a key strategic component of the Lincolnshire 'Home First' strategy and that includes people where a care home setting is their own home. When those living in care homes become ill, staff should have swift access to health care support. In Lincolnshire we have a Clinical Assessment Service dedicated to care home staff where senior clinical advice can be accessed swiftly, this model has been in place for several years, but we will be taking the opportunity to ensure staff are reminded to use this rather than dialling 999 where appropriate. Similarly digital telehealth has also been available across Lincolnshire for several years but during this winter period we will ensure that this strategy is maximised to avoidance hospital attendance and admission where possible. Similarly, those living in a care home should have the same access to end of life specialist services to ensure they are able to die in their preferred place of care, again, this winter we will ensure everyone has this access as appropriate. In neighbouring counties Registered Nursing staff working in care homes can administer intravenous interventions including rehydration therapy, this ensures those living in care homes requiring this care do not need admission to hospital. This winter we will invest within a trial across 3 care homes within Lincolnshire to test this way of working, if successful this will be rapidly implemented across all eligible care homes.

5.2 Primary and Community Care

Keeping people well and out of hospital where clinically appropriate to do so is a key aim of our winter ambition during 2022/23. As such we have developed several actions to help realise this ambition.

- ✓ **Consistent Risk Stratification of patients to proactively identity and support those that are vulnerable and High Frequency Users**
- ✓ **Achieve agreed trajectory for Virtual Wards (to include respiratory hub) and maximise opportunity to exceed agreed capacity**
- ✓ **Simplify admission avoidance options on Directory of Service with only 2 access points for onwards referral (one for acute and one for community). GPs to have direct access to ULHT consultants for advice and direct admission to Same Day Emergency Care (SDEC)**
- ✓ **Expansion of Outpatient Anti-Microbial Therapy Service**
- ✓ **Additional Primary Care capacity to be available during Christmas & New Year demand**
- ✓ **Expansion of a falls response service with full geographical coverage between the hours of 08.00 – 20.00, 7 days per week of community based alternatives for double crewed ambulance response for level one and two falls**
- ✓ **Additional clinical staff to support triage and safety netting of those awaiting an ambulance**

Our Primary Care practices and Primary Care Networks (PCNs) have been asked to ensure that those that are vulnerable or are high frequency users have been risk stratified and an appropriate plan of care is in place to ensure hospital attendances and admissions are clinically appropriate and care is received in the community where possible. We will deliver on our commitment to further develop virtual wards, where patients can receive specialist led care within their homes. So far, we have launched virtual wards for cardiology, frailty, respiratory and complex neurology equating to 99 acute beds with a further ambition to achieve 116 by December 22. We will also explore how we can expand the trajectories further so more people can benefit from this model of care.

We heard clearly from our clinicians at our clinical summit that admission avoidance pathways need to be simplified and we will ensure that only 2 access points (one for community and one for hospital) are available for our primary and community care clinicians so that timely advice and interventions can be secured. Similarly, we will ensure that our GPs can have direct access to secondary care consultants and can admit into the same day emergency care unit as an alternative to sending people to the Emergency Department.

We will expand our outpatient anti-microbial service so more people can benefit from the service; this means that anyone requiring IV antibiotics that can safely be discharged from hospital will be able to return on an outpatient basis rather than staying in hospital.

As the capacity and demand modelling clearly indicates, we can expect to see increased demand across services during the Christmas and New Year period, our Primary Care Networks and GP Practices will work together to additional primary care support to ensure effective use of resources for minor illness.

We already have in place a commissioned service across Lincolnshire that responds when a person has fallen in their home as an alternative to an ambulance attendance. We will expand this service to cover 8am – 8pm daily and will further integrate this with East Midlands Ambulance Service and our Clinical Assessment Service to ensure the most clinically appropriate service attends to a person that has fallen.

When the ambulance service is busy, those waiting for an ambulance may find themselves within a queue system, to ensure safety and ongoing review of people awaiting an ambulance we will invest in additional clinical staff who support triage and help identify if a quicker response is required.

5.3 Hospital Care & Discharge

- ✓ **Implementation of 'Breaking the Cycle' for Non-Elective Flow at ULHT on 7th November 2022**
- ✓ **Additional Hospital Ambulance Liaison Officer (HALO) support to assist with ambulance off loads at acute sites**
- ✓ **Discharge to Assess, minimise all delays across Pathway 0 and achieve agreed trajectories**
- ✓ **Discharge to Assess, minimise all delays across Pathway one and achieve agreed trajectories**
- ✓ **Procurement of 60 additional recovery beds by November 2022 including funding for GP Support**

On 7th November 2022, ULHT implemented 'Breaking the Cycle' this is an approach consistently being implemented across England to move patients waiting beds to wards even if a bed space is not available. A safe and transparent algo-rhythm is in place to ensure patient safety and by ensuring that patients are cared for upon their specialist wards rather than often overcrowded Emergency Departments will ensure swifter specialist oversight, reduce length of hospital stay and enhance the patient experience.

To protect impact of ambulance handover delays we have also invested in additional Hospital Ambulance Liaison Officer roles (HALO) this winter, this means that individual crews do not need to always remain with patients awaiting emergency department care and if safe to do so patients can be cared for in a cohort by HALOs, HALOs also have an essential role in communication between the hospital and ambulance service.

Earlier in 2022 we launched our Integrated Discharge hubs across Lincolnshire. These hubs bring together key partners to help people with additional care needs to leave hospital earlier and operate 7 days per week on site at Lincoln County Hospital and Pilgrim Boston Hospital. A weekly system flow programme meeting (previously known as the flow cell) oversees all improvement work across the system for discharge & flow and provides the framework for the 100-day challenge which includes11 key initiatives used by the system to continue to drive improvement. To increase capacity for pathway one discharges (those requiring a short-term package of care) this winter we will specifically:

- ✓ Increase capacity in pathway 1 reablement, rehabilitation and recovery through the additional commissioning of 60 care homes beds
- ✓ Increase capacity within the health element of the pathway enabling increase in patient caseload to 70
- ✓ Additional home care reablement capacity commissioned via Lincolnshire Reablement Service increasing from mid-October to December 2022
- ✓ Our Local Authority will support prime providers with additional substantive workforce aimed at reducing delays in reablement transfers into long term packages of care and protecting Lincolnshire Reablement Service as reablement provider
- ✓ Adult Social Care will have brokerage support at weekends to support with request for home care packages
- ✓ Adult Social Care are increasing the use of interim beds to ensure people that are medically optimised can be discharge safely and timely from the acute and wait for their home care package to be available. Use of interim beds is monitored daily and patients transferred have their pathways overseen to ensure clear plans in place.
- ✓ Care Home Trusted Assessors (CHTA) are on-site 7 days a week to complete assessments on behalf of care homes to facilitate discharges to care homes.
- ✓ Three AGE UK schemes are being extended:
    - Age UK telephone support post discharge from ULHT
    - Discharge and home support buddies scheme
    - Hospital discharge recovery scheme providing one off payment for patients and carers enabling them to provide care and support not currently provided through existing NHS and Local Authority commissioned services to facilitate timely discharge home.

There is also more work to do to make sure those people requiring no ongoing support can leave hospital as quickly as possible (pathway 0). This work is overseen by the ULHT Urgent and Emergency Care Improvement Programme which consists of a 1-year rapid

implementation approach to improving current position, followed by a transformational programme of work aligned to the Integrated Improvement plan until 2025. Specifically, this will:

- ✓ Increase capacity, flow and discharge through the Emergency Departments, Urgent Treatment Centres and Same Day Emergency Care by March 2023
- ✓ Maximise the Same Day Emergency Care Pathways across the Trust by March 2023
- ✓ Treat all patients in the correct setting, receiving the right care. Reducing hospital length of stays and reducing time to discharge to the right setting by March 2023.

5.4 Enablers

- ✓ **Deployment of SHREWD and launch of System Control Centre on 1st Dec 2022 to direct balance of risk across the system**
- ✓ **Creation of system Urgent & Emergency Care Risk Register**

System Control Centres (SCCs) are being introduced across England to ensure the safest highest quality of care possible for the entire population across every area by balancing the clinical risk within and across all acute, community, mental health, primary care, and social care services. Led by senior clinicians and operational leaders, the Lincolnshire SCC will ensure a consistent and collective approach to managing system demand and capacity as well as mitigation of risks. It will facilitate collaboration through senior system level operational leadership and will deliver:

- Visibility of operational pressures and risk across providers and system partners
- Concerted action across the ICS on key systemic and emergent issues impacting patient flow, ambulance handover delays and other performance, clinical and operational challenges
- Dynamic responses to emerging challenges and mutual aid
- Efficient flows of information.

Funded through the additional winter monies secured by the system, we collectively agreed to purchase the SHREWD resilience data management platform which will allow real time visibility of whole system data. This will deploy in early December 2022 and will provide the 'flight deck' visibility for the system and allow the SCC to appropriately act in relation to increased risk and demand.

Following our clinical summit, we have developed a system Urgent and Emergency Care risk register and whilst acknowledging this will be evolutionally the UEC Partnership Board agreed the first version in November 2022.

5.5 Extra Bed Capacity

As detailed in section 4, funding received for winter 2022/23 equates to 158 equivalent acute beds across Lincolnshire, how this is derived from each applicable scheme can be seen below. It is worthy of note that schemes already delivering transformational change across Lincolnshire, such as Virtual Wards, are also measured by equivalent acute beds but are not included in the table below.

Scheme	Capacity Equivalent to Acute Beds (FYE)
Discharge to Assess Pathway 0 Discharge to Assess Pathway 1	Recurrent capacity equivalent to 122 acute beds
Hospital Acute Liaison Officers (HALO)	Potential equivalent of 1 acute bed
HART – increased community care capacity	Potential equivalent of 16 acute beds
Outpatient Antimicrobial Therapy service expansion	Potential equivalent of 13 acute beds
Additional IFT capacity and triage	Potential equivalent of 1 acute bed
Integrated discharge hub increased capacity	Potential equivalent of 3 acute beds
EMAS additional clinical input for those awaiting an ambulance	Potential equivalent of 2 acute beds
<u>Additional schemes to contribute to additional capacity:</u> •Implementation of SHREWD •Additional primary care during peak periods •Active recovery beds including primary care, therapy, and social work support	

6. Workforce

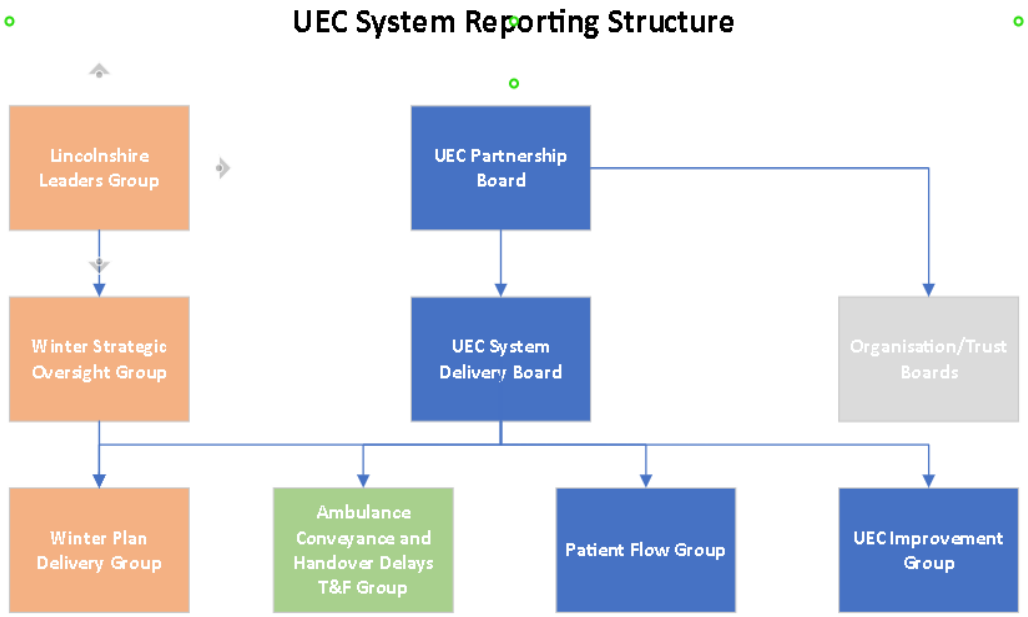
We are considering workforce through two lenses as part of the winter planning, firstly how our workforce feel, particularly when under pressure and making sure they have the right support to remain well and in work and secondly how we will move our workforce around where needed if critical services are understaffed. This is particularly a risk in relation to a possible nursing strike which could see large numbers of the workforce being absent.

Keeping our staff well this Winter is part of supporting residents and patients across the system. All organisations are putting a strong emphasis on the importance of having wellbeing conversations with team members to support their physical and mental health and signposting them to our collection of services across the system where necessary. We are providing the following support to our people:

- ✓ **Leadership development of managers to ensure that they are having the right conversations with their teams and signposting appropriately.**
- ✓ **Flu vaccination will be made available to all eligible staff via our Hospital Hubs, via GP, or Pharmacy**
- ✓ **COVID vaccinations to front line teams across the system.**
- ✓ **Continuing to operate a hybrid way of working which includes, for those that can, a mixture of working from home and office based.**
- ✓ **Our system Wellbeing Hubs, provided by our Mental Health Trust have a range of support from financial wellbeing to mental health support and ideas for physical activity.**
- ✓ **Each organisation has an Employee Assistance offer which staff can access as well as Occupational Health.**
- ✓ **We have a number of cultural ambassadors, Mental Health First Aiders and Mentors across the system who are all offering their support for one-to-one conversations where needed.**

We have a Memorandum of Understanding in place across the Lincolnshire health and care system which allows the sharing of workforce across individual organisations. This was used successfully within the Covid pandemic and would be utilised again to mitigate against any potential industrial action threats.

7.Governance and Escalation



The ICS Urgent and Emergency Care Partnership Board has strategic responsibility for overseeing the development and mobilisation of robust winter capacity and resilience plans. To ensure adequate governance controls are in place we have reviewed the governance structure in readiness for winter.

Lincolnshire has a system-wide escalation management plans which sets out the operational management arrangements when part(s) of the Health and Care System experience pressure, over and above business as usual. Formal trigger points are set out in the plan, in line with the Escalation Management System, with agreed actions that each partner within the system must take to maintain patient safety, quality of care and expedite patient flow in a proactive as well as a reactive way. There are four levels of escalation:

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
PLANNED OPERATIONAL WORKING	MODERATE PRESSURE	SEVERE PRESSURE	EXTREME PRESSURE

Triggering of levels 2-4 result in each organisation taking steps to de-escalate the pressures. Each system will use an operational, tactical, or strategic level of meeting to bring people together to focus on improving the position.

This escalation plan sets out the procedures across the ICS to manage day to day demand and any significant surges by having a clear escalation and de-escalation plan where every system partner knows what they should be doing and when, taking responsibility for their individual and organisational actions and contributing to a shared risk management approach across the system.

8. Risk Management

As agreed at our clinical risk summit a system Urgent and Emergency Care risk register has now been developed and is overseen by the UEC Partnership Board. The Winter Plan Delivery Group has ownership of the specific risks in relation to the Winter Plan and these are detailed below.

Risk	Mitigations
That the modelling assumptions around demand are further impacted by infections and acuity.	Modelling of impact and projections to be monitored routinely for early warning
That the system capacity and demand model does not accurately identify gaps or pressured service areas/ periods	System information analysts collectively developing a single Capacity and Demand model with system agreed assumptions
That workforce constraints will mean the system is unable to recruit to deliver the planned changes and will rely on agency staffing and could exacerbate the risk around our inability to maintain safe staffing and service resilience across the whole system	Workforce and people team support as part of the winter oversight group, to deliver plans in respect of recruitment
Maintaining delivery of domiciliary and residential care to meet demand to support timely discharge	Discharge and flow plans in place to increase the level of capacity available Active recovery bed procurement and implementation
Inability to offload ambulances in a timely manner impacting on ability to respond to emergencies in community	System ambulance handover and conveyance Task & Finish group Revised ambulance handover plan including acute full capacity protocol pilot
Sub-optimal discharge outcomes for patients due to supported discharge capacity resulting in alternative discharge destination	Plans include health and care in-reach to patients who are discharged to an alternative setting to their originally identified pathways.
The system may not be able to effectively manage the conflict between dealing with system recovery and the winter demand	Establishment of a System Control Centre to monitor both elective and non-elective performance routinely for early warning

9.Communication

We have developed a specific communications plan for Winter 2022/23 which has been agreed by our UEC Partnership Board. The plan builds upon previous plans and aims to coordinate the joined-up communications work already happening across Lincolnshire into a single point of reference for stakeholders. Many of the messages will be based upon national guidance from NHS England and focus on empowering and engaging people with self-care, staying well and choosing the right service, at the right time These messages run throughout the year with strong emphasis on calendar events which have the potential to increase demand on our local health services.

Inn Lincolnshire we will:

- ✓ Speak as one local Lincolnshire voice & seek to influence behaviour through behavioural change/ social marketing techniques
- ✓ Signpost alternatives when Emergency Departments and Urgent Treatment Centres are busy
- ✓ Assure our residents that the NHS is open for business
- ✓ Promote self-care and the use of pharmacy
- ✓ Ensure that mental health is part of our key messaging

In addition we have developed a range of specific messaging we will use when the difference OPEL levels are reached as detailed in the table below:

OPEL ONE	Promote self-care & Use your Pharmacy Promote NHS 111 online & NHS 111
OPEL TWO	Promote self-care & Use your Pharmacy Promote NHS 111 online & NHS 111
OPEL THREE	Increased promotion of actions from OPEL One and Two How to access services locally Discharge messaging internally across the system
OPEL FOUR	Increased promotion of actions from OPEL One, Two and Three Call for staffing support across the system Paid targeted social media

10. Conclusion & Evaluation

The Winter Plan will be monitored via our governance routes and operationally, daily, through the System Control Centre activities and specifically via:

- ✓System oversight through the UEC Partnership Board and associated sub governance groups
- ✓Weekly monitoring of the Winter Plan initiatives via the weekly Winter System Oversight Group with escalation where targets are not achieved requesting urgent improvement plans.
- ✓Weekly monitoring of UEC KPIs across the ICS
- ✓Ongoing monitoring of Demand and Capacity to understand performance and delivery over the winter period and the impact of any further change levels.
- ✓Use of the SHREWD System to support daily oversight by the System Control Centre.

We will review the plan early next year to ensure we can identify the learning and impact.

Appendix One

Predicted EMAS activity at Lincoln County Hospital

EMAS predicted top 15 dates | Predicted Busiest Dates based on 01/11/2021 to 31/03/2022 | Busiest Dates (2020_2021)

Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed
01/11	02/11	03/11	04/11	05/11	06/11	07/11	08/11	09/11	10/11	11/11	12/11	13/11	14/11	15/11	16/11	17/11	18/11	19/11	20/11	21/11	22/11	23/11	24/11	25/11	26/11	27/11	28/11	29/11	30/11
73	71	80	76	77	82	88	72	73	82	84	79	76	77	79	87	77	86	72	74	81	64	56	87	86	71	78	80	72	81
96	94	90	98	78	86	93	87	83	90	95	72	74	82	82	92	75	94	79	67	85	80	80	86	76	86	72	74	70	67

Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
01/12	02/12	03/12	04/12	05/12	06/12	07/12	08/12	09/12	10/12	11/12	12/12	13/12	14/12	15/12	16/12	17/12	18/12	19/12	20/12	21/12	22/12	23/12	24/12	25/12	26/12	27/12	28/12	29/12	30/12	31/12
68	65	68	70	66	73	80	77	74	69	77	81	57	66	79	62	69	81	83	85	89	79	84	68	69	81	70	78	58	90	73
69	94	80	86	88	100	80	77	93	84	72	87	75	73	69	78	79	72	83	82	74	78	80	71	92	86	93	75	82	90	74

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue
01/01	02/01	03/01	04/01	05/01	06/01	07/01	08/01	09/01	10/01	11/01	12/01	13/01	14/01	15/01	16/01	17/01	18/01	19/01	20/01	21/01	22/01	23/01	24/01	25/01	26/01	27/01	28/01	29/01	30/01	31/01
85	74	73	74	76	79	68	72	78	73	83	70	80	66	73	82	71	63	74	77	72	76	79	68	96	67	77	82	76	78	75
91	74	69	79	78	65	81	70	75	87	70	79	90	81	74	75	72	78	71	74	73	75	76	75	75	77	82	76	93	75	79

Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue
01/02	02/02	03/02	04/02	05/02	06/02	07/02	08/02	09/02	10/02	11/02	12/02	13/02	14/02	15/02	16/02	17/02	18/02	19/02	20/02	21/02	22/02	23/02	24/02	25/02	26/02	27/02	28/02
74	83	62	66	78	69	83	78	76	75	74	69	67	63	87	68	69	60	62	82	59	68	63	75	69	73	88	66
87	76	81	59	89	84	74	78	71	77	59	61	64	85	69	64	82	70	68	81	73	76	71	84	92	64	78	78

Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri
01/03	02/03	03/03	04/03	05/03	06/03	07/03	08/03	09/03	10/03	11/03	12/03	13/03	14/03	15/03	16/03	17/03	18/03	19/03	20/03	21/03	22/03	23/03	24/03	25/03	26/03	27/03	28/03	29/03	30/03	31/03
70	62	63	63	80	79	63	80	76	75	67	57	81	76	64	72	63	56	72	62	68	60	72	65	67	73	65	17	39	71	69
91	90	77	73	81	80	83	84	93	86	75	85	87	73	82	75	86	77	77	74	81	77	75	101	76	83	88	89	101	88	67

Predicted EMAS activity at Pilgrim Hospital, Boston

EMAS predicted top 15 dates | Predicted Busiest Dates based on 01/11/2021 to 31/03/2022 | Busiest Dates (2020_2021)

Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed
01/11	02/11	03/11	04/11	05/11	06/11	07/11	08/11	09/11	10/11	11/11	12/11	13/11	14/11	15/11	16/11	17/11	18/11	19/11	20/11	21/11	22/11	23/11	24/11	25/11	26/11	27/11	28/11	29/11	30/11
54	42	58	64	51	60	56	51	52	58	55	50	58	55	49	60	50	41	52	63	43	63	69	41	52	48	49	54	58	46
47	56	53	56	50	61	60	63	53	61	61	39	55	56	55	54	66	65	49	49	52	67	55	57	57	58	52	51	59	49

Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
01/12	02/12	03/12	04/12	05/12	06/12	07/12	08/12	09/12	10/12	11/12	12/12	13/12	14/12	15/12	16/12	17/12	18/12	19/12	20/12	21/12	22/12	23/12	24/12	25/12	26/12	27/12	28/12	29/12	30/12	31/12
44	53	53	38	55	55	55	61	58	50	48	48	55	62	56	55	57	48	56	63	67	55	48	52	42	56	64	59	60	49	52
53	64	57	54	55	62	65	61	53	57	62	60	56	48	59	59	51	46	67	51	40	39	59	66	47	59	53	74	64	47	60

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue
01/01	02/01	03/01	04/01	05/01	06/01	07/01	08/01	09/01	10/01	11/01	12/01	13/01	14/01	15/01	16/01	17/01	18/01	19/01	20/01	21/01	22/01	23/01	24/01	25/01	26/01	27/01	28/01	29/01	30/01	31/01
56	42	50	55	49	53	36	57	52	53	49	52	58	51	52	54	58	62	48	48	47	61	55	58	54	55	50	45	45	61	51
63	77	63	68	66	60	50	50	65	64	50	62	49	54	68	55	49	53	50	61	60	64	54	53	52	56	56	46	41	59	53

Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue
01/02	02/02	03/02	04/02	05/02	06/02	07/02	08/02	09/02	10/02	11/02	12/02	13/02	14/02	15/02	16/02	17/02	18/02	19/02	20/02	21/02	22/02	23/02	24/02	25/02	26/02	27/02	28/02
56	55	56	47	54	51	57	56	58	53	44	46	55	59	55	44	53	57	64	44	51	53	66	61	56	51	60	49
62	63	64	54	62	59	64	51	65	63	50	60	57	61	72	47	55	60	53	55	61	67	64	52	49	56	58	55

Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri
01/03	02/03	03/03	04/03	05/03	06/03	07/03	08/03	09/03	10/03	11/03	12/03	13/03	14/03	15/03	16/03	17/03	18/03	19/03	20/03	21/03	22/03	23/03	24/03	25/03	26/03	27/03	28/03	29/03	30/03	31/03
45	63	53	49	47	63	63	61	49	50	52	51	46	49	53	48	53	54	45	42	52	56	58	49	39	40	45	67	66	58	45
63	62	67	53	52	63	60	61	72	64	66	67	61	58	59	63	70	72	49	57	60	60	59	59	55	53	69	57	64	73	61

Appendix Two	Winter Resilience Group	Clinical Summit	Winter Resilience Letter	C&D monies	Action Owner	On / Off Track
Care Homes						
Work with care homes to promote use of CAS, existing services & pathways & use of POC testing to reduce conveyances.	√		√		Wendy Martin	
Digital Tele Health to be fully deployed within care home settings to support conveyance avoidance	√				Wendy Martin	
Care Home staff to be trained to administer IVs and rehydration therapy as previously agreed		√			Wendy Martin	
Care Homes should have access to specialist nursing support to care for terminal patients in their preferred place of care		√			Reva Stewart	
Primary & Community Care						
Consistent Risk Stratification of patients to proactively identity and support those that are vulnerable and High Frequency Users		√	√		Sarah Jane Mills	
Achieve agreed trajectory for Virtual Wards (to include respiratory hub) and maximise opportunity to exceed agreed capacity		√	√		Anne – Louise Schokker	
Simplify admission avoidance options on Directory of Service with only 2 access points for onwards referral (one for acute and one for community). GPs to have direct access to ULHT consultants for advice and direct admission to SDEC	√	√			Reva Stewart, Simon Evans & Sarah Jane Mills	
Expansion of Outpatient Anti-Microbial Therapy Service	√	√		√	Simon Evans	
Additional Primary Care capacity to be available during peak xmas / new year demand		√		√	Sarah Jane Mills	
Implementation of a falls response service with full geographical coverage between the hours of 08.00 – 20.00, 7 days per week of community based alternatives for double crewed ambulance response for level one and two falls.			√		Reva Stewart	

Additional clinical staff to support triage and safety netting of those awaiting an ambulance				√	Sue Cousland	
Hospital Care & Discharge						
Implementation of Clinical Vision for Non-Elective Flow on 7th November 2022	√				Simon Evans	
Additional HALO support to assist with ambulance off loads at acute sites	√			√	Sue Cousland	
Discharge to Assess, minimise all delays across Pathway 0 and achieve agreed trajectories	√			√	Nikki Pownall	
Discharge to Assess, minimise all delays across Pathway one and achieve agreed trajectories	√			√	Nikki Pownall	
Procurement of 60 additional recovery beds by November 2022 including funding for GP Support	√			√	Nikki Pownall & Afsaneh Sabouri	
Enablers						
Deployment of SHREWD and launch of System Response Centre on 1st Dec 2022 to direct balance of risk across the system	√		√	√	Rebecca Neno	
Creation of system UEC Risk Register		√			Wendy Martin	

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