


# Agenda Item 5

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of NHS Lincolnshire Integrated Care Board

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>4 October 2023</b>
Subject:	<b>Urgent and Emergency Care Update</b>

**Summary:**

The Committee is invited to consider an update on urgent and emergency care from the NHS Lincolnshire Integrated Care Board (ICB), which details the actions being taken locally in response to the national *Delivery Plan for Recovering Urgent and Emergency Care Services [January 2023]*. This report contains information on all aspects on the urgent and emergency care, including accident and emergency departments, urgent treatment centres and NHS 111.

NHS Lincolnshire ICB's aim is to address the challenges and maximise the opportunities to improve outcomes for all people accessing urgent and emergency care services in Lincolnshire.

**Actions Requested:**

The Committee is requested to consider and note the information presented on urgent and emergency care.

## 1. Background

This paper sets out the national urgent and emergency care recovery plan and the local recovery actions being taken to address the challenges and maximise the opportunities to improve outcomes for all people accessing urgent and emergency care services within Lincolnshire this winter and beyond.

Nationally the NHS and care sector has experienced sustained pressure over the last two years, following the Covid-19 pandemic. Lincolnshire has experienced its busiest summer period in 2023 with further increased numbers of emergency department and urgent treatment centre attendances and high levels of demand across all services.

The ongoing periods of industrial action and associated recovery have further impacted urgent and emergency care. As a result, it has not always been possible to provide timely access for our patients in the way we would have wanted to and has meant that some patients have experienced long waits and a poor experience.

## 2. National Recovery Plan and Local Response

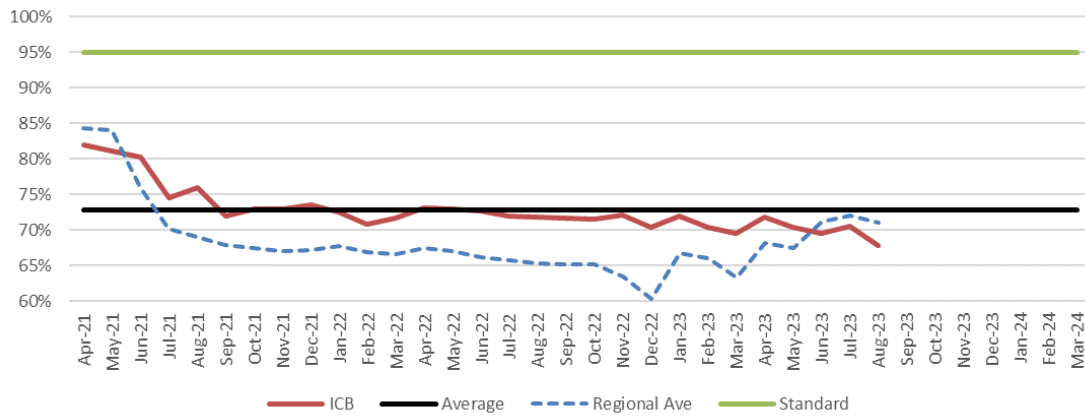
On 30 January 2023 the NHS published its *Delivery Plan for Recovering Urgent and Emergency Care Services* over the next two years that will improve both patients waiting times and patient experience. The document (Appendix A) describes how it will address key areas that will contribute to the required improvements:

- **Increasing Capacity** to help deal with pressures on hospitals where 19 out of 20 beds are occupied, investing in more beds and ambulances but also maximising the use of existing capacity.
- **Growing Workforce** to support the increase capacity and supporting staff to work flexibly.
- **Improving Discharge** working jointly with all partners to speed up discharge from hospitals to help reduce the numbers of beds occupied but patients that are ready to be discharged, backed by investment and a new metric.
- **Expanding and better joining up health and care outside hospital** new services or stepping up existing in the community including virtual wards so that people can be better supported at home for their physical and mental needs avoiding the need to attend Emergency Departments or be admitted.
- **Making it easier to access the right care** ensuring healthcare works more effectively for the public so people can more easily access the care they need, when they need it.

The recovery plan clearly articulates two main ambitions as follows:

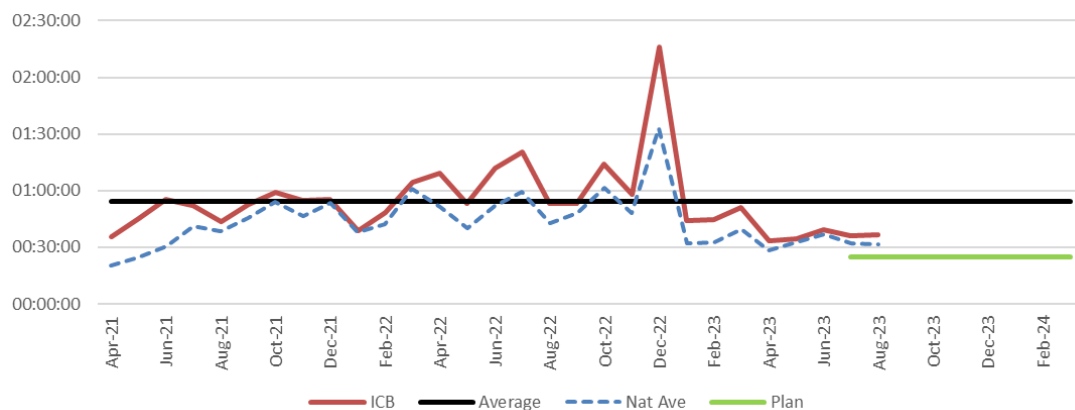
- I. **Patients being seen more quickly in emergency departments:** with the ambition to improve to 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.

The ambition to treat and discharge or admit 76% of patients was a new target from 1 April 2023, recognising the recovery required on the current 95% target in place. The Lincolnshire plan to achieve 76% by March 2024 is based on all A&E and urgent treatment centre activity within the system. Currently all types of activity performance for August were 67.2% against the progressive target of 67.8%, the England performance in August was 73%.



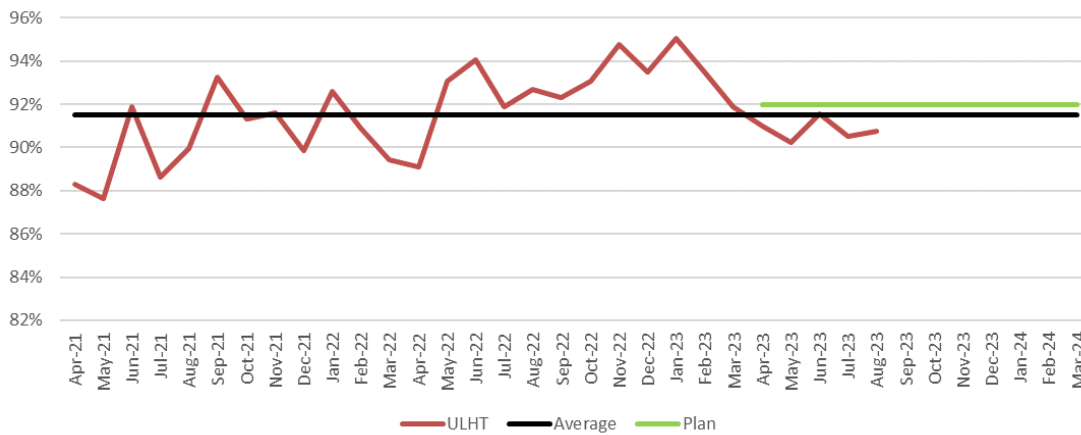
**II. Ambulances getting to patients quicker:** with improved ambulance response times for category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25 towards pre-pandemic levels.

The 30-minute mean response time performance target has not been achieved in Lincolnshire since June 2021. There was a significant spike in delays in December 2022, but the overall response times are reducing but Lincolnshire remain just above the national average.



In addition to these two ambitions, the National Recovery Plan highlights that there is a well-established link between high acute bed occupancy rates and poor Emergency Department performance. Where hospitals are busy it becomes more difficult to ensure that patients get the care they need and can lead to longer time spent in Emergency Departments which impacts the ability for timely ambulance handovers. Nationally bed occupancy has routinely been above 95% and there is a national ambition to reduce this to the 92% level which is safer and more efficient.

The United Lincolnshire Hospitals NHS Trust occupancy rates have been at or below 92% since March 2023, although it is important to acknowledge that there have been escalation beds open for this period, increasing the overall number of beds available.



The Lincolnshire system is currently working with the NHS England national recovery programme to access improvement support for several locally identified champions across system partners and to focus on our priority high impact intervention – Acute Respiratory Infection Hub development. This national programme of work supports system to deliver on and further expand ambitions around their chosen priority area. In addition, we are working with NHS England regionally on the development and implementation of three regional priority areas as follows:

- High Intensity Users
- A System Single Point of Access
- Inpatient flow

These national and regional areas of focus will allow us to test quality improvements in these four areas to maximise the opportunities and impact ahead of winter.

The system has refreshed governance in place that oversees the delivery of the Urgent and Emergency Care system programme which includes several priority projects to deliver the following initiatives which are due come online ahead of or throughout the winter period. This governance structure ensures that our neighbouring systems are part of our strategic and operational discussions and includes the Northern Lincolnshire and Goole and North West Anglia NHS Foundation Trusts. The priority areas include:

- additional bedded discharge capacity;
- additional home care capacity;
- the implementation of a frailty assessment centre and expansion of frailty same-day emergency care services;
- expansion of services including transfer of care hubs, same-day emergency care services and the clinical assessment service;
- implementation of front door initiatives; and
- expansion of children’s services.

The Urgent and Emergency Care System programme manages risks, issues and provides assurance on delivery to the Urgent and Emergency Care Partnership Board, which reports into the Integrated Care Board (ICB) System Delivery and Performance Committee as a sub-committee of the board. The Urgent and Emergency Care strategic Leaders Group and Clinical Reference group provide strategic and clinical leadership to the programme and oversee the clinical risk associated with the programme of work.

### **3. Lincolnshire Winter Plan 2023/24 Development**

The Lincolnshire Integrated Care System Winter Plan is currently being developed collaboratively incorporating national best practice, guidance issued by NHS England and learning from previous winter periods. The development of the plan has been supported through system clinical summits and winter planning sessions and has built on the winter submissions to NHS England and includes re-based capacity and demand plans. Initial feedback has been received and is being used to further develop the Lincolnshire Winter Plan in the context of a system experiencing and assuming continued increased demand with ongoing workforce constraints.

It was recognised last year that winter 2022/23 would not be without significant risk and for 2023/24 this risk continues after a difficult summer of increased demand and the impact of industrial action which is expected to continue. Our ambition is again therefore to create a 'safer' winter that has robust oversight of clinical risk and how that is balanced across the entire health and care system.

Detail of the specific projects undertaken to address our key winter ambitions can be found within the 2023/24 winter plan, many of which are part of the 2023/24 urgent and emergency care recovery plan. There are some additional winter specific actions and initiatives including delivery of the High Impact Interventions and local escalation actions that are currently being finalised. Specific plans for the Christmas and New Year period will be finalised throughout October and November, further building on wider escalation plans.

At a national, regional, and local level it is impossible to predict how typical winter infectious diseases would profile making planning a challenge. Early work by the Lincolnshire health protection team suggests that we should plan for similar levels of Covid-19 related hospital admissions as seen last year. Based on learning from the southern hemisphere we will also plan for a normal level of hospitalisations due to flu. Last year we experienced the unexpected impact of scarlet fever, and while we will not know what might impact this winter, we are planning for the impact of something unexpected and similar.

### **4. System Coordination**

Since the NHS Lincolnshire ICB system co-ordination centre was established on 1 December 2022, the NHS England national team have captured learning from the first six months, with a revised system co-ordination centre specification released in August 2023. Lincolnshire is on track to achieve 100% implementation of this new specification by December 2023.

The system co-ordination centre is supported by the ongoing development of a Resilience data platform which aims to support the safest highest quality of care possible for the entire population, by balancing clinical risk and decision making through review of whole system real-time data.

As part of the national directive the system co-ordination centre will lead the implementation of the updated national Operational Pressures Escalation Levels (OPEL) framework within Lincolnshire. This will support the following:

- improved visibility of operational pressures;
- senior operational and clinical leaders having an aligned view of the operational pressures and risks across system providers, which should support collective action to improve patient safety;
- real-time co-ordination of capacity and associated actions;
- a system view of capacity across all providers and the wider health care system which should lead to a collaborative effort to improve patient experience and outcomes;
- in line with local policies and the OPEL Framework 2023/24, data sharing will help identify predictable and emergent activity to support forward planning and data will be visible to all key decision-making and co-ordinating personnel; and
- improved clinical outcomes.

The system co-ordination centre will continue to operate from 8am – 8pm, seven days per week, and has oversight of performance and delivery in real time using the data resilience system as the monitoring mechanism. This data includes:

- acute hospital OPEL scores;
- ambulance provider resource escalation action plan and clinical safety plan level;
- category 1, 2 and 3 ambulance response times;
- NHS 111 performance and compliance with standards;
- ambulance-to-provider handover volume and handover intervals/mean;
- the number of patients in the emergency departments;
- the number and percentage of patients spending more than four and more than twelve hours in emergency departments from arrival;
- the current, prospective and potential acute hospital general and acute capacity;
- critical care capacity, to measure CRITCON status; and
- virtual ward capacity and occupancy.

## **5. Pre - Hospital Care**

There remains a system focus on reducing unnecessary hospital attendances and admissions and managing people closer to home is a key ambition for the Lincolnshire. This ensures that our population can access our services best suited to meet their needs and protects emergency care capacity for those with emergency needs. Our key out of hospital services includes virtual wards, urgent community response and urgent treatment centres.

## 5.1 Virtual Wards and Urgent Care Response

In 2022/23, all systems submitted plans to create virtual wards to provide support to patients in their own home who would otherwise have required acute hospital care. Patients are cared for at homes with enhanced clinical support and remote monitoring, to avoid a hospital admission and the associated impact of an admission. The remote monitoring with clinical support allows for both earlier supported discharge and admission avoidance. Currently the Lincolnshire system virtual ward provision covers six specialty areas as follows:

- cardiology
- frailty
- respiratory
- complex neurology
- acute medicine
- hospital at home

Across these specialties the system currently has 127 virtual wards 'beds' available to manage appropriate patients at home. Occupancy levels in these virtual wards varies by specialty but on average over recent months has been around 70%. The increased utilisation of virtual wards remains a key focus to support achievement of 80% occupancy by September 2023.

The two-hour urgent community response service is an established service that provides assessment, treatment, and support to patients in their own home or usual place of residence who are experiencing a health or social care crisis and who might otherwise be admitted to hospital. Care is provided by a multi-skilled team including nurses, occupational therapists, physiotherapists, and therapy assistants who will undertake a holistic assessment of the patient's needs.

The Lincolnshire urgent community response service is aimed at patients known, or suspected to be suffering, from a range of issues including:

- fall or collapse, where there is no apparent acute injury;
- a patient found on the floor, where the individual has been assisted off the floor and requires crisis response;
- a sudden loss of mobility;
- sudden loss of function;
- sudden new acute confusion (post-medical review);
- requirement for equipment needs (to prevent harm/avoid hospital admission); or
- end of life care (in collaboration with existing palliative pathways)

The urgent community response service capacity is planned to increase throughout the financial year with a Quarter 4 plan for 1,092 patient contacts over the quarter. This builds on the 386 patient contacts in Quarter 1.

## 5.2 Frailty

The 2023/24 Urgent and Emergency Care Programme includes the implementation of a frailty assessment unit and an expansion of frailty same-day emergency care at Lincoln and Boston hospitals delivered as part of the frailty integrated pathway of care. The frailty assessment unit will be established at Grantham and District Hospital, providing an alternative to hospital admission, and delivering holistic frailty assessments and interventions to continue to support patients in their own homes. The expansion of frailty same-day emergency care will move those services to seven-day provision. The frailty initiatives planned for this year will support the delivery of the Lincolnshire frailty strategy and the transition towards a more enhanced model of care that will link in with the wider community frailty pathways. This will enhance our patients experience, reduce acute patient's length of stay, reduce admission conversion rates and avoid unnecessary admissions to acute care pathways.

## 5.3 Urgent Treatment Centres

In Lincolnshire there are six urgent treatment centres provided by Lincolnshire Community Health Services NHS Trust at the following locations Lincoln, Boston, Louth, Gainsborough, Skegness, Spalding. In addition, there is a GP-led minor injury and urgent care service in Sleaford provided by Sleaford Medical Group, and a minor injury unit operated by North West Anglia Foundation Trust at Stamford and Rutland Hospital, as well as a county wide out of hours GP service which is available by appointment only and bookable via NHS 111. These appointments are at several bases across the county.

Very occasionally, it has been necessary to temporarily divert appointments or restrict opening hours from one of the out of hours locations or urgent treatment centres to alternative nearby services for operational reasons such as if staff numbers are not sufficient, this is to ensure patients receive the appropriate care and that staff resources are utilised effectively.

A full review of the commissioned urgent treatment centre and out-of-hours provision will take place to support operational planning. The scope of this review is currently being finalised, but will include volume of activity, time profiles of attendances, clinical presentation, interdependent pathways of care and workforce. This review will make recommendations to the System Urgent and Emergency Care Partnership Board.

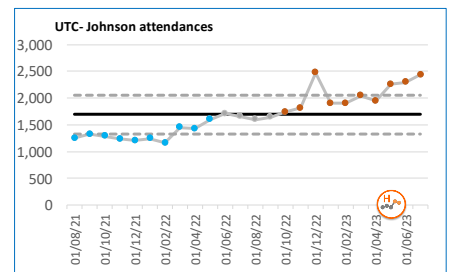
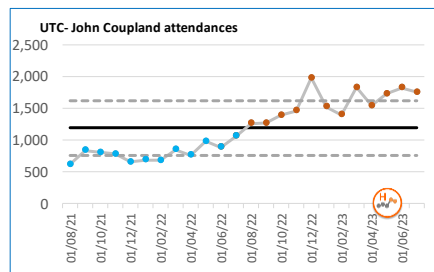
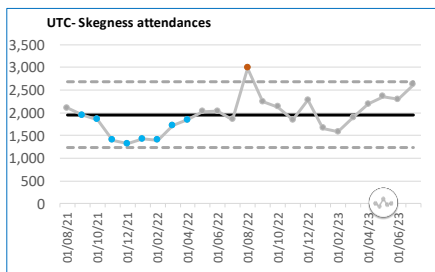
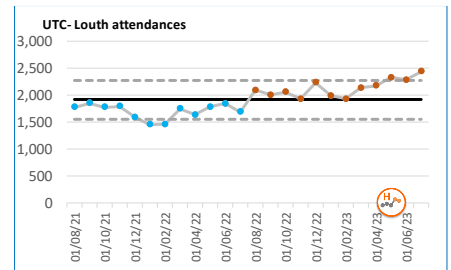
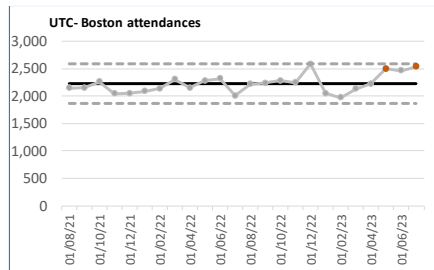
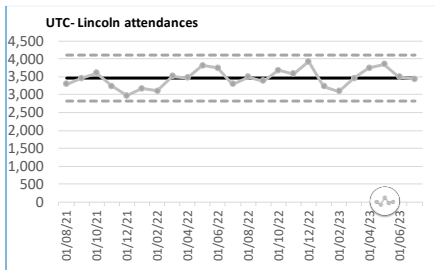
The standards for urgent treatment centres to be designated as such are set nationally and include the requirements to:

- open seven days per week, twelve hours a day as a minimum;
- see both booked and walk-in patients;
- see both minor injuries and minor ailments;
- see patients of all ages;
- have a named senior clinical leader supported by an appropriate workforce;
- have a basic and consistent investigative and diagnostic offering on-site or with clear protocols, if not on-site;
- accept appropriate ambulance conveyances;



- have access to patient records and ability to send discharge information to partners; and
- report Type 3 daily activity nationally.

Urgent treatment centres are an essential component of urgent and emergency care provision nationally and within Lincolnshire and activity on all sites has been increasing.



The Lincolnshire system demand and capacity plan have been re-based to assume that the current levels of demand will continue for the remainder of the financial year and a full review of the commissioned urgent treatment centre provision will take place to support operational planning. The scope of this review is currently being finalised, but will include volume of activity, time profiles of attendances, clinical presentation, interdependent pathways of care and workforce. This review will make recommendations to the System Urgent and Emergency Care Partnership Board.

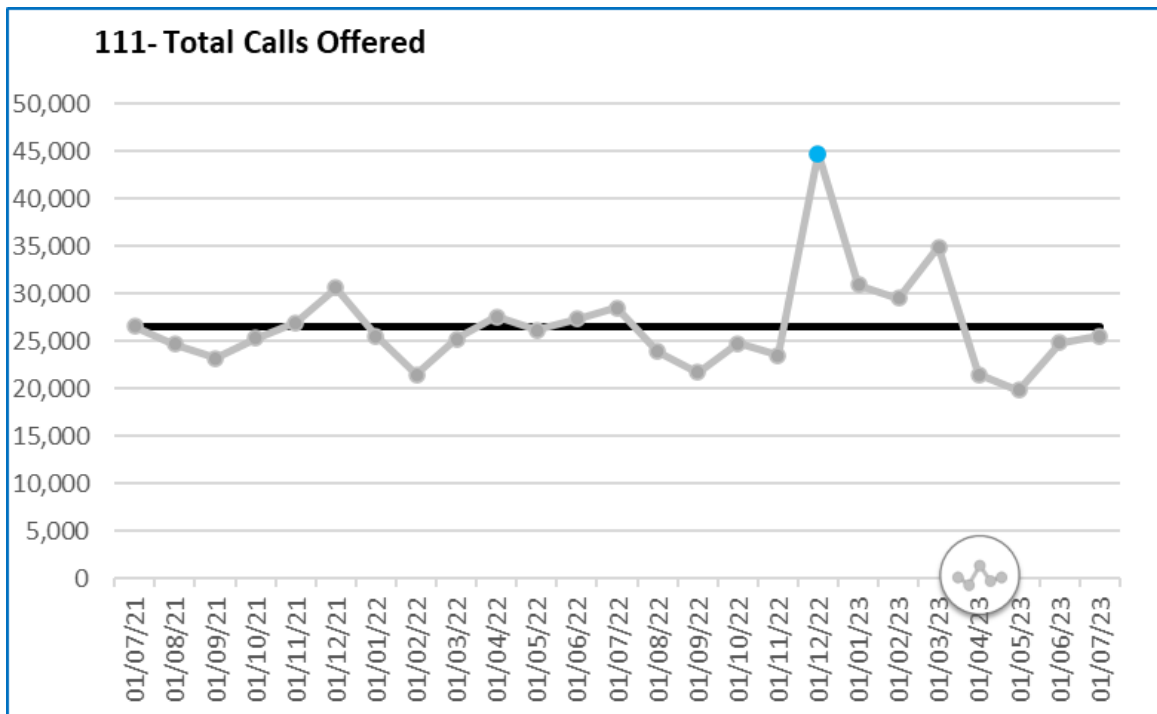
The Lincolnshire system has introduced a public facing app that helps patients choose which urgent treatment centre to access, providing them with details of current wait times and travel time from their location. The impact of the WaitLess app will be factored into the urgent treatment centre review.

As part of the Acute Services Review implementation, the current A&E at Grantham will transition to an urgent treatment centre before the end of Quarter 3 and will deliver the national urgent treatment centre standards as a minimum. The site will become a formally designated urgent treatment centre before the end of March 2024, following a review and designation process with NHS England. This will move provision to 24 hours a day as per the outcome of the public consultation.

#### **5.4 NHS 111 and Lincolnshire Clinical Assessment Service (CAS)**

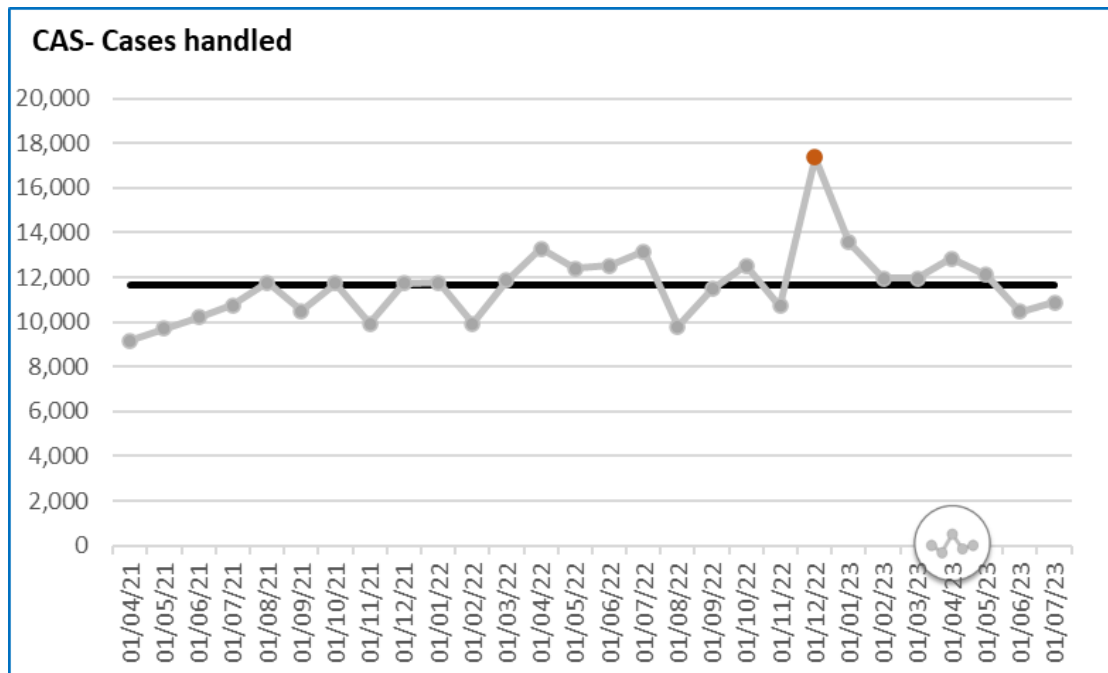
The Lincolnshire NHS 111 service is currently provided by Derbyshire Health United Healthcare, who provide care to all patients calling NHS 111 in the Midlands. The NHS 111 service has recently been re-procured across the region and Lincolnshire supported the procurement evaluation process. We are currently in the standstill period, but a contract award has been made.

The NHS 111-service model includes non-clinical call handlers who, using an algorithm software, determine whether the caller needs to access a service and if so, which type of service within what timeframe. The number of Lincolnshire calls to the NHS 111 service has remained relatively stable with a spike in December 2022, which related to pressures at that time and the respiratory syncytial virus.



The NHS 111 service can access the Lincolnshire services through use of a national Directory of Services which we use locally to profile our service provision. This means that patients can be signposted to or directly booked into a range of our local services. Direct booking is available to 111 for primary care and urgent treatment centres. Where a patient calling NHS 111 needs an urgent or emergency ambulance, the service can automatically place the patient in the East Midlands Ambulance Service (EMAS) 999 dispatch queue. The 111 service can also pass Lincolnshire patients through to the local Clinical Assessment Service (CAS) for further clinical triage to support the patient into a local service and avoid an ambulance dispatch, and A&E attendance and possibly an admission.

The Lincolnshire CAS supports patients who come through the 111 service to access a range of local community services including virtual wards, two-hour urgent community response, home visiting and some more specialist services. There has been additional investment into CAS in 2023/24 to increase the capacity to support our patients and colleagues, and improve patient outcomes. There is ongoing development work to look at further integration between CAS and EMAS to allow CAS to support the ambulance service with some of the lower-level ambulance requests which is linked to the early implementation of NHS Pathways. The Lincolnshire CAS takes in excess of 10,000 calls per month to support patients to remain in their own homes. The December spike in calls experienced by NHS 111 is also evident in the CAS demand for the same month.



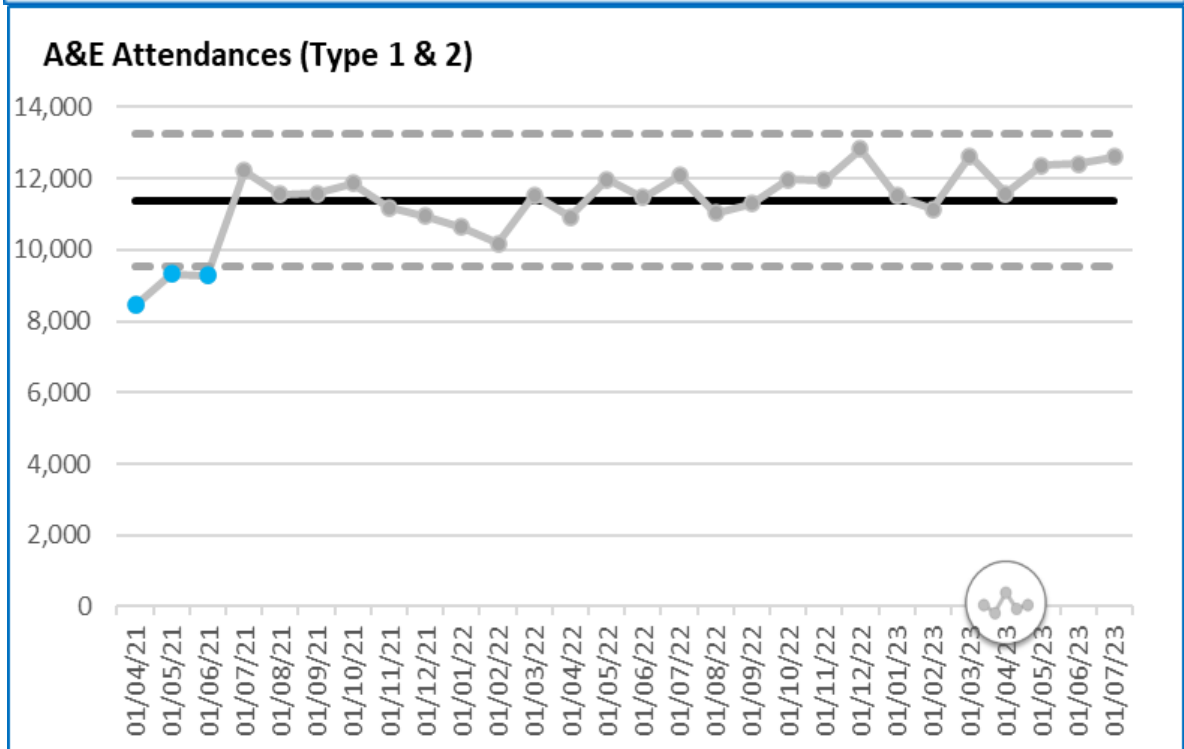
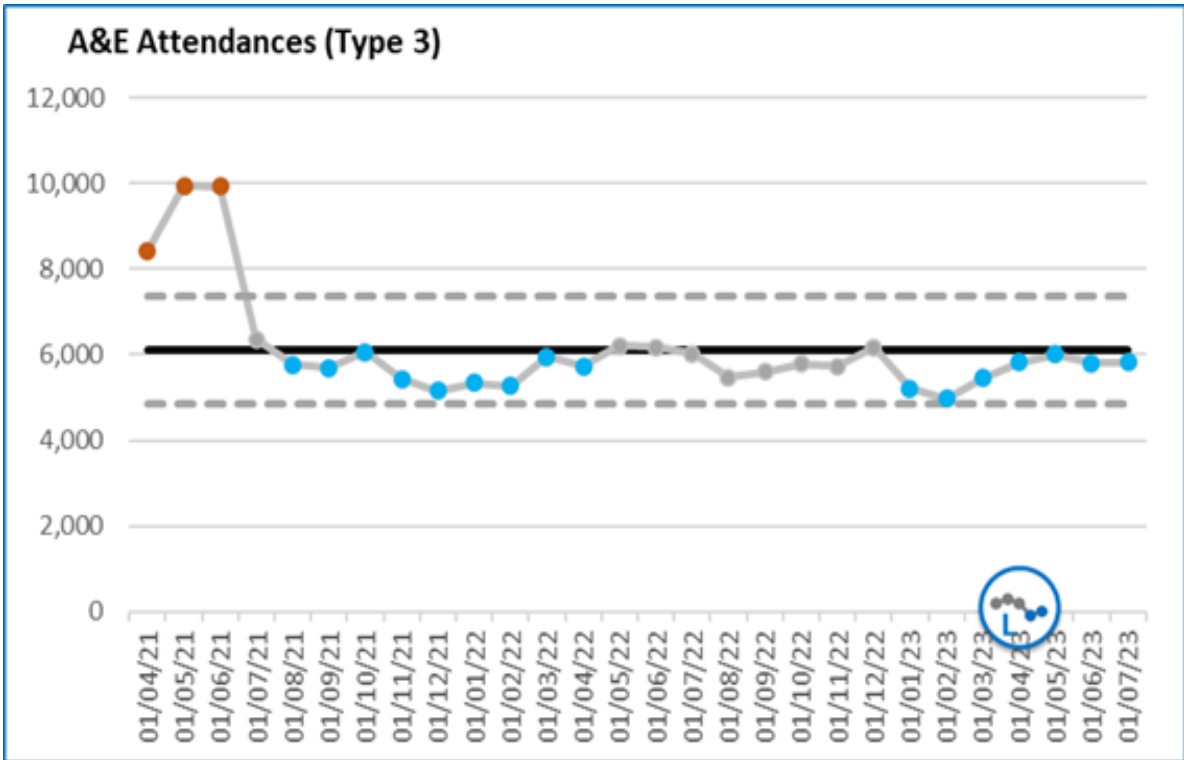
The calls into CAS are a combination of patient, and health and care professional calls, as CAS provides the CAS crew on-scene service and the CAS for care homes service. These two services support our ambulance crews and our care home staff to access alternative services to avoid ambulance conveyance, accident and emergency attendance and potential hospital admission where other more suitable services are available. The system works just starting, to look at the implementation of a single point of access will further invest in CAS to enhance the function to support a wider range of health and care professionals to keep people at home wherever possible and safe to do so. This will in turn help primary care colleagues who will be able to more quickly determine, which alternative service could support their patient's need and access it in a timelier manner.

## 6. Accident and Emergency

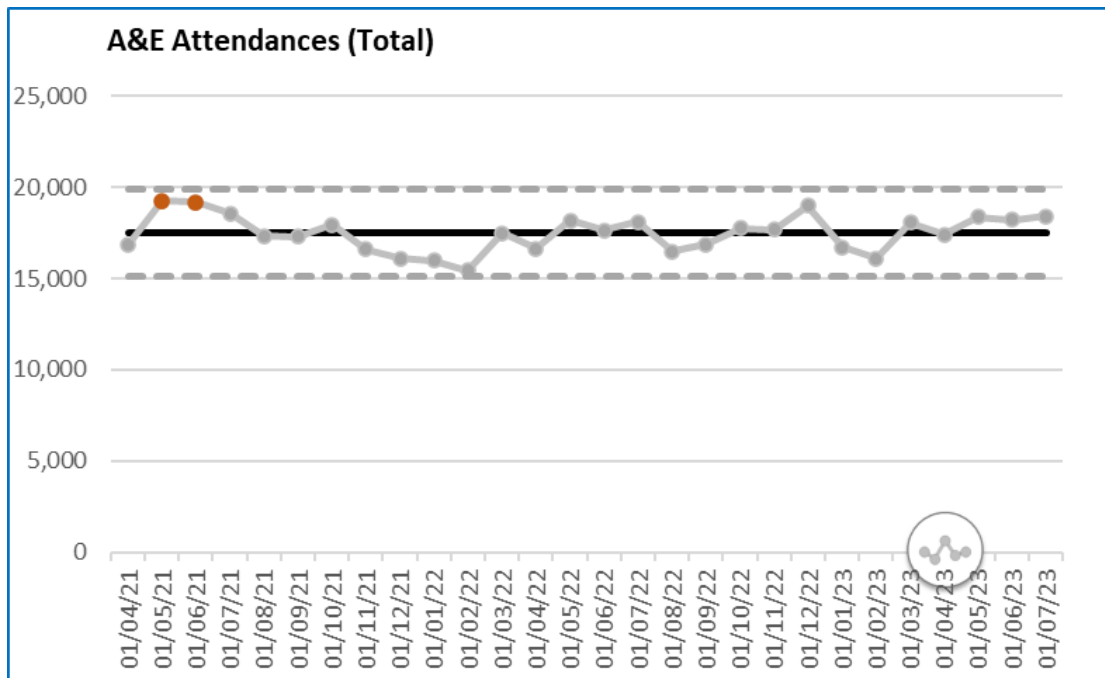
There are currently three accident and emergency departments in Lincolnshire as follows:

- Lincoln County Hospital
- Pilgrim Hospital Boston
- Grantham and District Hospital

At both the Lincoln and Boston sites there are also co-located urgent treatment centres. The activity information in the tables below sets out the accident and emergency activity (Type 1 and 2) and the co-located urgent treatment centre activity (Type 3).



The level of activity overall for these three sites is below and demonstrates that while activity numbers remain high, they are now relatively stable. The overall demand and capacity assumptions for the winter period have been re-based in line with this level of activity.



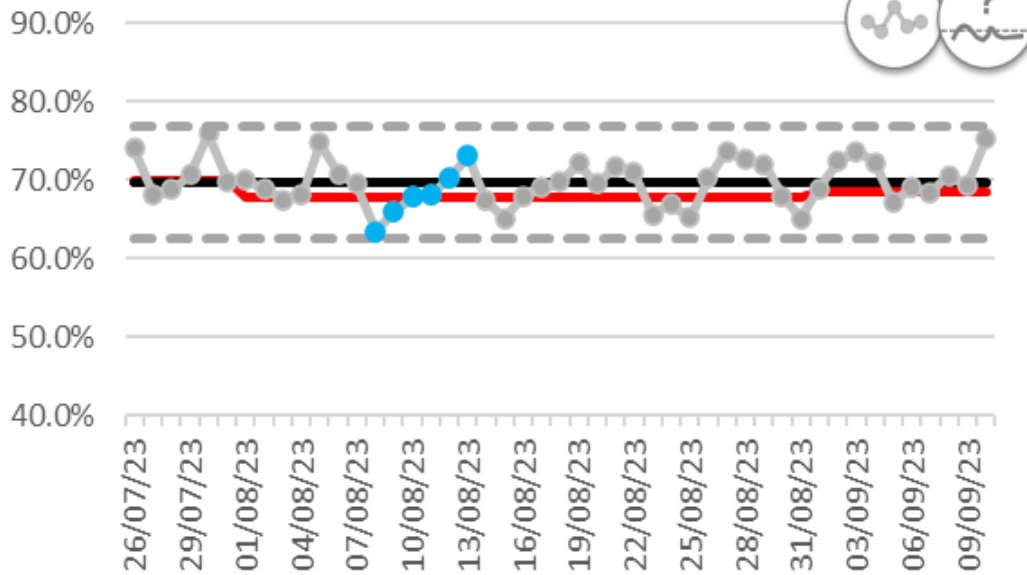
Performance against the four-hour standard and the number of patients spending more than twelve hours in our department is a priority for the system and is currently reviewed on a daily basis.

The four-hour standard performance is measured in two ways as follows:

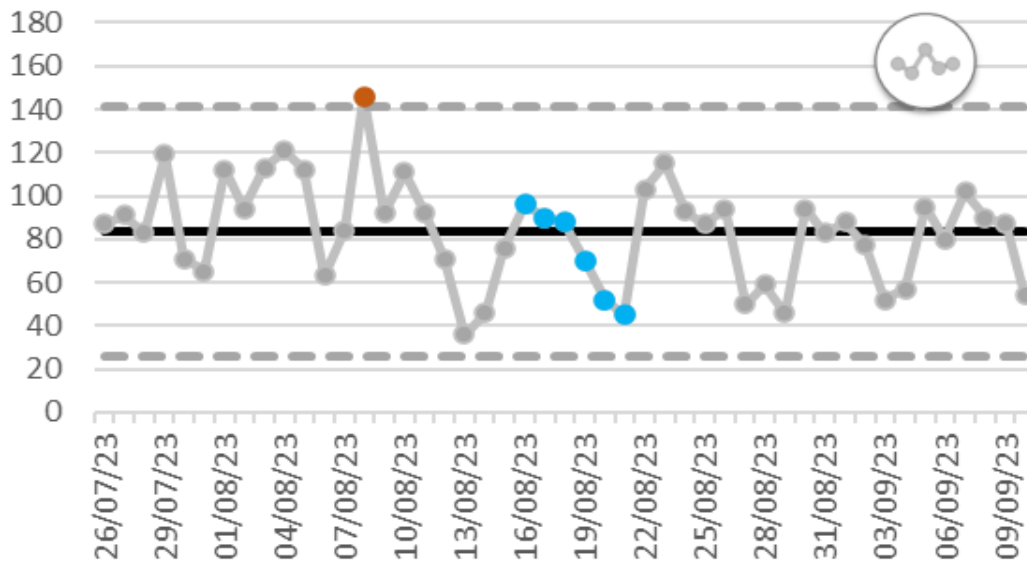
1. All activity in all Lincolnshire accident and emergency departments and urgent treatment centres (all types)
2. Activity in the three accident and emergency departments only (type 1)

The local plan for achievement of the 76% target by March 2024 is based on all types of activity. Current performance against both metrics is seen below and demonstrates that while lower than the target, performance is currently stable. The number of patients spending more than twelve hours in our departments remain high each day and varies across each site. The time that patients spend in our A&E departments is a quality metric that is a priority area of focus to support improved patient outcomes and experience.

### A&E 4 hour performance - All Types



### 12+ hour waits in A&E department



The demand and capacity plans have been re-based recently to include the impact of the changes at Grantham this year.

While there are several system actions in place and initiatives coming online ahead of winter, United Lincolnshire Hospitals NHS Trust has developed a recovery plan including supporting improvements at the front doors.

There is a specific ED recovery plan which includes 5 key priorities for A&E recovery as follows:

1. Improve front door triage and streaming.
2. Additional Matrons for Medicine

3. Expansion of operational hours of same-day emergency care s and review of access pathways
4. ED flow improvement
5. Organisational Development support package for staff

The above priorities will ensure that patients are seen by the right professionals across the urgent treatment centres and A&Es at the co-located sites by strengthening the pathways in place. More patients will be seen and cared for through same day services meaning that they can have the tests and care required without an admission to an inpatient area and overall will spend less time in our A&E departments. It is important that our staff and wider workforce are supported to care for our patients, and this is a key priority within the local recovery plans.

There are several system programme initiatives which will further support A&E performance including the implementation of the rapid assessment and treatment service and the paediatric emergency department hub, meaning that patients of all ages are supported at the earliest opportunity in A&E.

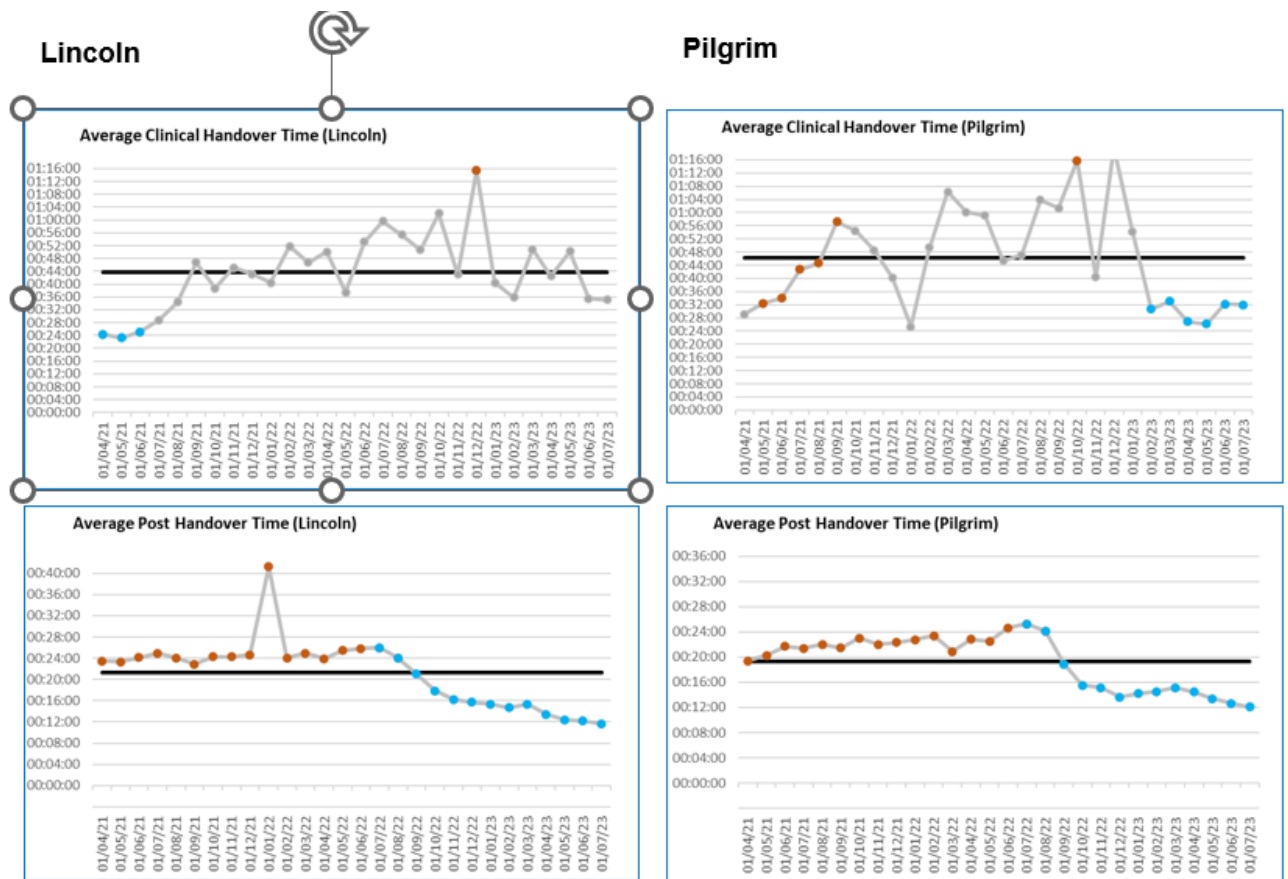
## **7. Ambulance Handovers**

Achievement of the national ambulance handover targets has been a challenge both nationally and locally throughout 2022/23 and into 2023/24. The national requirement is for:

- pre-handover to be completed within 15 minutes; and
- post-handover to be completed within a further 15 minutes.

Therefore, ambulances should not be delayed at acute hospitals for longer than 30 minutes. The charts below show the recent pre- and post-handover performance at the two main A&E sites. These demonstrate a sustained improvement in post-handover delays which are now achieving the national target. The pre-handover delays have been more challenged with average times each month sometimes above one hour.





There has been an improvement in the number of over 60-minute delays since the winter period which supports ambulance crews to be released to respond to other patients in need, supporting management of the risk in community. This improvement has been delivered by the whole system, because of several initiatives including but not limited to:

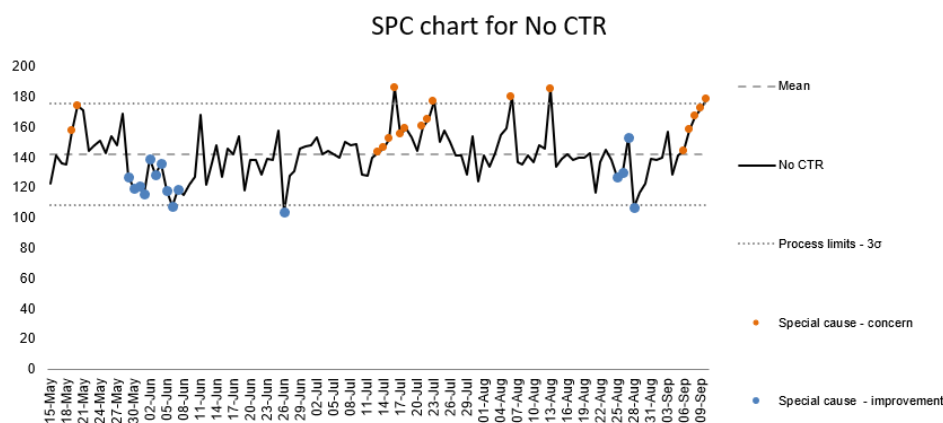
- Continued delivery of 'Breaking the Cycle' in acute hospitals (where patients are regularly moved from the Emergency Department to wards) and includes early medical review and treatment of patients by senior clinicians' ambulance pre-handover;
- Improvements within the discharge and flow pathways and further integration of EMAS and CAS;
- Availability of admission avoidance services for ambulance crews whilst in patient homes, for example urgent two hour community response and direct admission to active recovery beds; and
- real time confirm and challenge of all category 4 ambulance conveyances by the system co-ordination centre.

## 8. Discharge and Flow

The Discharge processes for patients admitted into hospital can be complicated and can involve several different system partners to facilitate a safe and timely discharge. In Lincolnshire discharge and flow forms a significant part of the Urgent and Emergency Care system programme and delivered through the Urgent and Emergency Care governance, led by the System Flow Director working with health and care colleagues in partnership.

Those patients that are declared as fit to be discharged but where they remain in a hospital bed awaiting discharge are referred to as having 'no criteria to reside'. Lincolnshire are currently showing a weekly average of 15% of the adult acute beds being occupied by those who do not meet the criteria to reside and have not been discharged compared to the regional average of 13.2%.

### Total numbers of patients in ULHT with no criteria to reside (all pathways)



The total number of patients who no longer meet the criteria to reside at seven days and have not been discharged has been reducing, the Lincolnshire patient flow group have been monitoring this information and ensuring improvement actions against the three highest reasons for delay for the previous two months which were as follows:

1. Awaiting a medical decision/intervention including the completion of discharge letters. This is a priority area of focus for United Lincolnshire Hospitals NHS Trust's improvement programme and the project group which is clinically led are reviewing the emergency department compliance and improvements and Implementation of the discharge medicines service.
2. Patient transport delays which temporarily increased during the transfer of the patient transfer contract. These have now reduced with increased engagement and system working.

3. Pathway 1 patients awaiting care at home to enable them to be discharged with support. The number of patients requiring Pathway 1 support has increased by 14% since October 2022 and over the summer period there have been some workforce issues impacting capacity. Additional Pathway 1 capacity is coming online ahead of winter and there is a system focus on workforce.

It is a system priority to reduce the period that patients are waiting to be discharged once they have been declared to have no criteria to reside. Initiatives within the Lincolnshire recovery plan include increases to the number of active recovery beds, the capacity to care for people at home, and ward processes to improve the number of patients discharged quickly.

One of the ten high impact interventions within the national Urgent and Emergency Care recovery plan is the implementation of transfer of care hubs, and Lincolnshire now has two hubs in place. They are located on the Lincoln and Boston acute sites and have recently celebrated their one-year anniversary. Plans are in place for further expansion of these hubs to support improvements in discharge processes ahead of winter.

There has been investment in discharge capacity throughout 2023/24 both through the Urgent and Emergency Care allocation and the Better Care Fund (BCF) budget. Plans are in place to increase both bedded and domiciliary care capacity to support those patients that require support to be discharged. Lincolnshire has shown significant improvement in reducing pathway 2 and pathway 3 waits for supported discharge.

We have an ambitious system wide intermediate care plan to transform and increase our intermediate care capacity and address the capacity gaps linked to our increasing demand profile from our ageing population, therefore supporting patients to discharge from hospital with support in a timely manner. We have a long-term transformational programme encompassing all supported pathways and have an agreed priority 'quick win' list for implementation prior to winter to ensure we have surge and super-surge capacity and maximise the use of all available capacity. All plans to increase both bedded and home care are all developed jointly with the local authority, and we have fortnightly BCF discharge meetings with relevant operational, commissioning and finance leads to ensure we are delivering what we agreed within the agreed financial envelope of BCF discharge fund between the ICB and the local authority.

## **9. Conclusion**

Considerable work and progress have been achieved so far in 2023/24 despite a challenging summer period, and plans are in development to support the system during the winter period. We recognise that there is still more work to do on finalising a winter escalation plan and associated risk framework, and in delivery of the recovery plans within Lincolnshire. However, the system working and oversight in place for urgent and emergency care has supported the collaborative delivery of plans to date. The urgent and emergency care system programme delivery will ensure that the Lincolnshire ambitions are realised to transform and improve safety and experience across urgent and emergency care services for our population within Lincolnshire.

**10. Appendices** – These are listed below and attached to the report.

Appendix A	Delivery Plan for Recovering Urgent and Emergency Care Services <i>(Department of Health and Social Care and NHS England - January 2023)</i>
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**11. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Clair Raybould, Director for System Delivery, NHS Lincolnshire Integrated Care Board.