



Meeting name:	West Yorkshire ICB Board
Agenda item no.	17
Meeting date:	19 March 2024
Report title:	Update - Winter planning 2023/24
Report presented by:	Lou Auger, Deputy Director of Planning and Performance
Report approved by:	Anthony Kealy, Director of Planning and Performance
Report prepared by:	Debra Taylor-Tate, Winter Planning Lead

Purpose and Action			
Assurance <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>	Action <input type="checkbox"/>	Information <input checked="" type="checkbox"/>
Previous considerations:			
<p>Winter Planning updates have been considered by:</p> <ul style="list-style-type: none"> • West Yorkshire ICB Board on 19 September and 21 November 2023 and 16 January 2024; • Finance, Investment and Performance Committee on 31 October, 19 December 2023 and 27 February 2024. 			
Executive summary and points for discussion:			
<p>This paper builds on the previous winter planning and subsequent updates at both the West Yorkshire Integrated Care Board (ICB) and the Finance Investment and Performance Committee (FIPC). It provides an update for the Board on the progress and continued activities building our resilience to manage the seasonal operational pressures.</p> <p>The paper provides updates on the four areas of focus highlighted in national guidance in preparing for winter 2023/24:</p> <ul style="list-style-type: none"> • To continue to deliver on the UEC Recovery Plan by ensuring high-impact interventions are in place. • To complete operational and surge planning to prepare for different winter scenarios. • To ensure effective system working across all parts of the system including the implementation of system co-ordination centre policy and the new Operational Pressures Escalation Level framework; and • To support our workforce to deliver over winter. 			
Which purpose(s) of an Integrated Care System does this report align with?			
<input checked="" type="checkbox"/> Improve healthcare outcomes for residents in their system <input type="checkbox"/> Tackle inequalities in access, experience, and outcomes <input type="checkbox"/> Enhance productivity and value for money <input type="checkbox"/> Support broader social and economic development			

Recommendation(s)
The Board is requested to: <ul style="list-style-type: none"> receive assurance on the progress against the winter plans building our capacity and resilience for winter and to meet the national NHS England winter policies and requirements.
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
The paper does not relate to any specific risks in the corporate risk register.
Appendices
1. West Yorkshire Acute Trusts High Level Baselines Assessment – ED initiatives
Acronyms and Abbreviations explained
All acronyms and abbreviations are explained in full in the paper.

What are the implications for?

Residents and Communities	The winter plan will support health and care services to build capacity and operational resilience for winter for the benefit of patients and service users.
Quality and Safety	The winter plan will include several initiatives and interventions that which support on the quality and safety of patient services including vaccinations programmes, increasing capacity and managing system risk and drive performance.
Equality, Diversity and Inclusion	No direct implications
Finances and Use of Resources	Additional funding for winter has been built into the systems overall operational plan to enhance resources and provide extra resilience during the historic challenges of the winter months
Regulation and Legal Requirements	No direct implications
Conflicts of Interest	No direct implications
Data Protection	No direct implications
Transformation and Innovation	No direct implications
Environmental and Climate Change	No direct implications
Future Decisions and Policy Making	No direct implications
Citizen and Stakeholder Engagement	No direct implications

1. Introduction

- 1.1 This paper builds on previous updates on planning and preparation for winter presented at the West Yorkshire Integrated Care Board's (ICB) meetings on 19 September, 21 November and 16 January 2024. It provides a further update on the progress and continued activities to build our resilience to manage the seasonal operational pressures this winter and drive performance and clinical safety.

2. National focus areas

- 2.1 In July NHS England (NHSE) published guidance on the national approach to 2023/24 winter planning, setting out four areas of focus for systems to help prepare for winter:
- To continue to deliver on the Urgent and Emergency Care (UEC) Recovery Plan by ensuring high-impact interventions are in place;
 - To complete operational and surge planning to prepare for different winter scenarios;
 - To ensure effective system working across all parts of the system including the implementation of System Co-ordination Centre (SCC) policy and the new Operational Pressures Escalation Level (OPEL) framework; and
 - To support our workforce to deliver over winter.

3. UEC Recovery Plan – High Impact Interventions

- 3.1 The **UEC Recovery Plan** establishes a programme of transformative improvement across the entire urgent and emergency care pathway and continues to be a national priority and key focus within the 2024/25 National Operational Planning process.
- 3.2 Partners across the ICS continue to focus on their priorities aligned to the 10 evidence-based high-impact interventions self-assessment, working toward their self-set ambitions for March 2024. The ICB winter review; March 2024 will focus on these priorities to understand areas of good practice, challenges to progress, risks and where further support is required.
- 3.3 A further NHSE communication on 25 January 2024 emphasised that the focus for the remainder of 2023/24 would need to ensure that we deliver the key public commitments within the November reset of our operational plan by March 2024. The letter focused on the achievement of 76% A&E performance. It asked acute trusts to review their internal systems and

processes to support their Emergency Department (ED) teams, and to complete a baseline assessment of the following initiatives:

- Streaming and redirection in Emergency Departments (ED)
- Rapid Assessment and Treatment (RAT)
- Maximising the use of Urgent Treatment Centres (UTC)
- Improving ambulance handovers
- Reducing time in department

3.5 The high-level response to the ED initiatives baseline assessment (Appendix 1) for WY acute trusts shows that:

- All trusts have streaming and redirection in place and have adopted the Patient First framework;
- Three trusts have RAT process embedded. Airedale NHS Foundation Trust (ANHSFT) and Bradford Teaching Hospitals NHS Foundation Trust (BHFT) have work ongoing to develop models for implementation in Q1 2024/25;
- Leeds Teaching Hospitals NHS Trust (LTHT) and Mid Yorkshire Teaching NHS Trust (MYTT) both have UTC provision associated with their trust. ANHST and BHFT have plans in place for designated UTCs in Q1/2 in 2024/25. CHFT has urgent care centres within its ED footprints;
- All trusts have executive oversight of ambulance handovers to ensure timely escalation and associated actions are in place to resolve delays are in place;
- All trusts, as part of the operational planning process, will be reviewing their target ambulance handover times. Currently the trusts aim for a 15-minute handover time. there is a level of variance in the reported average times due to the revised reporting regime introduced in November 2023;
- All EDs have processes in place for lead clinicians to understand and manage the length of time people are waiting in the department for both admitted and non-admitted flow.

3.6 The ICB is currently supporting the trusts and the West Yorkshire Association of Acute Trusts (WYAAT) with the development of 'six-week plans' to support delivery of planned levels of performance for the year-end. The plans will need to highlight what work trusts are doing aligned to their self-assessment, along with the risks and what support they might need to ensure they achieve delivery of 76% performance against the four-hour waiting time target by the end of March 2024.

- 3.7 To support trusts in the 76% ambition a robust breach monitoring system has been introduced by NHSE and will be co-ordinated by the WY System Co-ordination Centre (SCC). The aim of the process is to ensure that all breaches of the four-hour A&E standard are validated, and the breach reason identified to inform proactive in-day actions to improve flow through the ED, improve patient outcomes and experience, and drive performance.
- 3.8 A daily rhythm of meetings and reporting has been introduced, with Director-level oversight in each acute trust and at system level. This is supported by a rapid improvement approach from WYAAT, which is focusing on both the short and longer improvements led by the WYAAT Urgent and Emergency Care (UEC) recovery group.

4. Operational and surge planning for different winter scenarios

- 4.1 In March 2023 the ICB completed a detailed operational planning process for 2023/24 which included plans for additional capacity to support winter challenges. Winter funding was also built into the plans supporting both UEC services and discharge to improve flow across systems.
- 4.2 There have been two reviews of these plans, in September and November 2023. The September review was focused on General and Acute (G&A) bed capacity. The November review was a wider rapid review of financial and operational plans in response to national funding to support the impact of industrial action.
- 4.3 Through this rapid review process there were some minor amendments to our plans including the four-hour A&E Performance, average Category 2 response and time and reducing long waits for elective care.
- 4.4 We are now within the 2024/25 planning process which includes the continued monitoring of 2023/24 performance to ensure our plans are realistic and reflect seasonal pressures and the impact of the industrial action.
- 4.5 The annual review of winter will be overseen by the planning steering group and co-produced with our place UEC leads. Our approach this year will include deep dive sessions on each of the NHSE four areas of focus for systems to help prepare for winter, detailed in section 2.1 of this paper.
- 4.6 This approach will ensure that our winter review is aligned to the current national priorities, reflects our performance against our ambitions and considers the various scenarios and experiences of 2023/24. The outcomes will inform the ICB's transformational initiatives to support the

resilience of services and the development of the 2024/25 approach to winter.

- 4.7 All of places continue to learn and build into future planning scenarios the impacts of previous industrial action. Detailed work across the ICB continues to prepare for and mitigate the effects of any future strikes as well as managing any concurrent operational pressures caused by seasonal demand.

5. Effective System Working

- 5.1 Taking a continuous improvement approach in developing the SCC, we continue to review our processes and reporting regime across the ICB. Our aim is to ensure that we consistently have oversight of our systems operational pressures and performance daily where possible without placing additional burden on our already busy providers.
- 5.2 The Operational Pressures Escalation Level ([OPEL Framework](#) 2023/24) introduced nine parameters ensuring consistent measures across acute hospitals nationally. Working closely with our providers the ICB continues to expand the range of measures providing a more detailed overview of pressures and supporting decisions of mutual aid and support across WY acute trusts.
- 5.3 NHSE has requested the introduction of an automated flow of data on the nine OPEL parameters through to regional and national teams. WY acute trusts have signed a data sharing agreement and we can now confirm that this data is flowing.
- 5.4 The implementation of the NHSE breach monitoring will be co-ordinated and managed by the SCC. The development of the WY approach has been co-produced with our acute trusts to ensure we are compliant with NHSE requirements whilst managing the additional burden this may put on our already very busy teams.
- 5.5 For the third year the Partnership has been running the area wide 'Together We Can' public campaign. This is West Yorkshire's long-term education and awareness campaign to support the public to minimise pressures on urgent emergency care services (unless needed).
- 5.6 This year, the campaign has been scaled back in comparison to previous years and was designed to maximise the funds to deliver the biggest impact. Activity included two three-week bursts of regional radio advertising (Heart FM), digital radio advertising and online advertising via the best performing channels (Facebook/YouTube/Google).

- 5.7 A suite of new campaign graphics was created, and existing materials continue to be utilised as well as amplifying national messages which are shared on our own/partners social media channels. A West Yorkshire 'Together We Can' communications toolkit of resources was shared, and all resources are available online.
- 5.8 A portion of the ICB winter communications budget was set aside to support WYAAT during times of extreme operational pressures this winter. This included social media posts to alert the public around extreme pressures, for example only attending A&E in life or limb-threatening emergencies and reinforcing NHS 111 messaging, so helping to relieve pressure on services. Boosting of posts during December – January reached 876,234 people across the region.
- 5.9 A suite of new campaign graphics was created, and existing materials continue to be utilised as well as amplifying national messages which are shared on our own/partners social media channels. A West Yorkshire 'Together We Can' communications toolkit of resources was shared, and all resources are available online.
- 5.10 Post campaign surveys will be produced to gain feedback from partners and a 'Together We Can' evaluation report will be available at the end of April 2024 (as usual).

6. Supporting our workforce

- 6.1 At a time of continued pressure across the NHS the ICB continues to focus on supporting our workforce and ensuring that steps are taken to protect and improve the wellbeing of their workforce across the partnership.
- 6.2 As referred to in the previous papers the ICB has well-established and effective mechanisms and practices to always support staff well-being.

7. Prevention – vaccination programmes

- 7.1 The NHS winter flu and Covid-19 vaccination programme continues to provide vital protection to those eligible and their families over winter, keeping people from developing serious illnesses, and helping to minimise hospitalisations during busy winter months.
- 7.2 Both the flu and Covid-19 campaigns end dates are shown below
- Flu vaccines will be available until 31 March 2024 through GP surgeries and at a pharmacy that offers NHS flu vaccination (for 18 years+)

- COVID-10 offer closed 31 January 2024 until the next seasonal campaign, which we predict is likely to be April 2024.

7.3 Once both campaigns have closed a full evaluation will be carried out to understand the uptake rates across our population and inform our future strategy for the round of vaccination campaigns which will be expanded to include Respiratory Syncytial Virus (RSV).

8. Recommendation

8.1 Members of the Board are requested to receive assurance on the progress against the winter plans building our capacity and resilience for winter and meet the national NHS England winter policies and requirements.

Appendix 1

West Yorkshire Acute Trusts High Level Baselines Assessment – ED initiatives

13 February 2024

ED Initiative	Question -	ANHSFT	BHFT	CHFT	LTHT	MHT
Streaming and redirection in Emergency Departments (ED) A competently trained member of clinical staff should perform an initial assessment within 15 minutes of a patients arrival and be able to stream and redirect appropriate patients to an alternative service in line with the CQC Patient First framework	Do you have systems in place to undertake initial assessment within 15mins?	Yes	Yes	Yes	Yes	Yes
	Do you use the Patient First Framework?	Yes	Yes	Yes	Yes	Yes
Rapid assessment and treatment: rapid assessment and treatment (RAT): RAT is the most intensive form of initial assessment and incorporates both streaming and triage	Do you have a Rapid assessment and treatment process in place?	No – March 24 implementing	No- Trials are currently underway to develop the best model for BTHFT	Yes	Yes	Yes
Maximising the use of Urgent Treatment Centres (UTC)	Is there UTC provision associated with the trust in place?	UTC to be opened from end of June 2024	In the process of applying for UTC status by April 2024	No	Yes	Yes
Improving ambulance handovers EDs should ensure prompt assessment by a trained clinician as part of the ambulance handover process and perform regular care rounds which include fit to sit assessments	Is there Executive oversight of Ambulance handovers?	Yes	Yes	Yes	Yes	Yes
	What is your target handover time?	15 Minutes	90% under 30 minutes	A mean of 23.5 Mins	15 minutes	15 Minutes
Reducing time in department regular executive and senior clinical lead oversight is imperative so that all patients approaching the maximum waiting times are highlighted for escalation	Do you have process in place for lead clinicians to understand and manage how long patients have waited in department, in admitted and non-admitted flow?	Yes	Yes	Yes	Yes	Yes