

Derby and Derbyshire A&E Waiting times & Winter plan

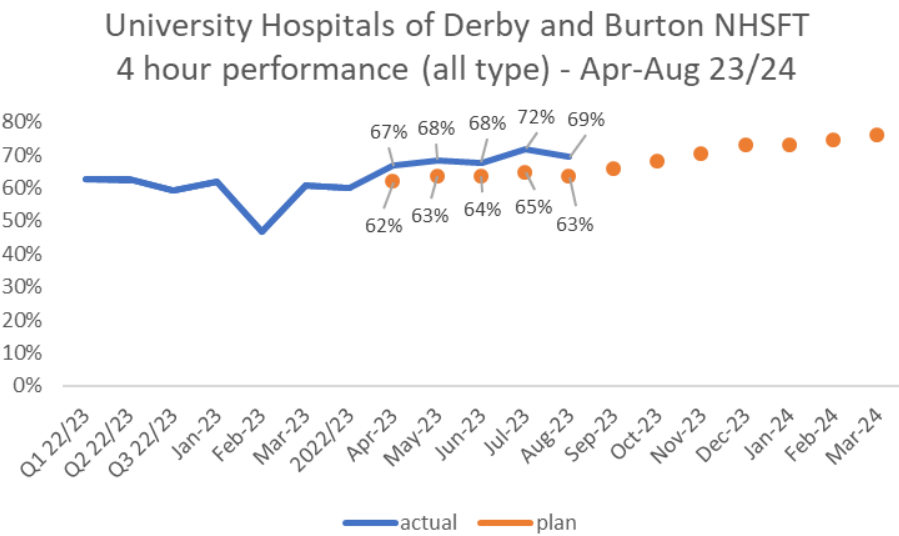


HOSC Scrutiny Board
October 2023



A&E Performance

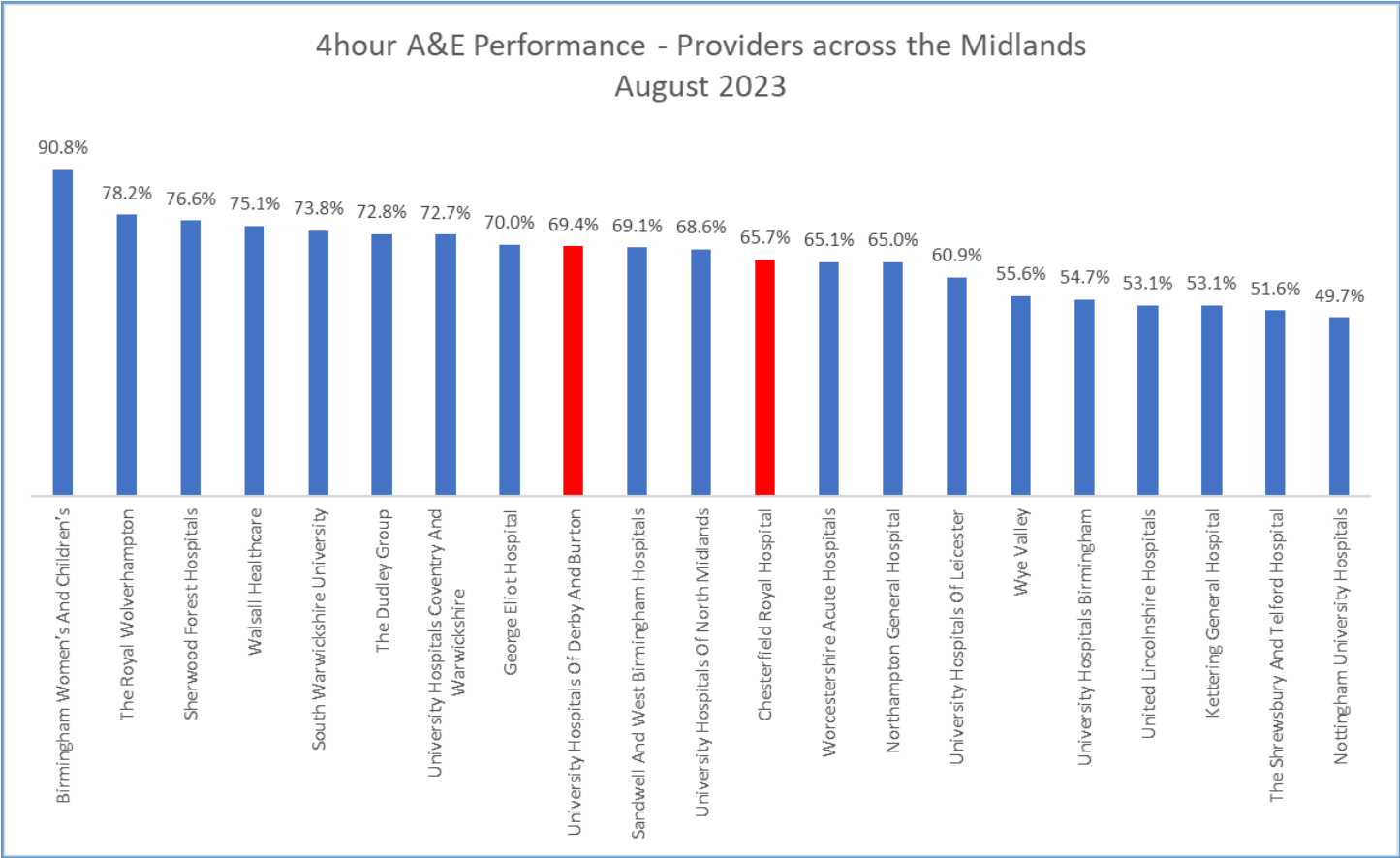
The system continues to see overall improvement in performance within our acute trust settings. Our Urgent and Emergency care recovery programme led by our UEC board continues to monitor performance and ensure our transformation programmes continue to support improvement for our patients



The A&E 4 hour performance metric details the proportion of patients who were admitted, transferred or discharged within 4 hours.

UHDB continue to meet their A&E 4hr target this financial year:

UHDB delivering **69%** vs. a target of 63% for August



JUCD Winter Plan 23/24

NHS England and the Department for Health and Social Care (DHSC) have recently issued correspondence about to the national approach to 2023/24 Winter Planning, to the NHS and Local Authorities respectively.

NHS Mandate from Government:

The 2023/24 winter plan is comprised of the following core elements:

- High-impact priority interventions drawn from the UEC recovery plan that all systems will be asked to deliver and provide assurance against.
- Clear roles and responsibilities for each part of the system so that both shared and individual organisational accountability is clear.
- Returns from systems on system-level resilience and surge planning, to avoid systems becoming overwhelmed at times of peak demand.

The winter plan builds on the extensive engagement and co-development undertaken as part of the NHS's UEC Recovery Plan, including with the NHSE Board, but also with clinical and operational experts, and partners in government, social care, and the public.

The high-priority interventions for this winter will be aligned to the UEC recovery plan. These are the evidence-based and clinically supported actions that have already been highlighted as part of the universal improvement offer for systems.

JUCD Winter plan co-ordination:

The NHS Executive Team for Derby and Derbyshire agreed that a time-limited '*Winter Planning Co-ordination Group*' be stood up, to structure the works and hold the ring on key planning activities that are necessary to produce the Winter Plan – with the ICS Delivery Board structures responsible for developing their aspects of the plan.

All Systems have been set a deadline by NHSE to submit an initial draft winter plan by the 11/9/23, this is earlier in the year than previous years to ensure that operational resilience continues to be monitored and balanced against our operational plan.

Through the '*Winter Planning Co-ordination Group*' the system will continue to meet weekly to monitor our position against plan along with planning for reasonable worst case scenarios based on intelligence.

Potential impacts:

- Seasonal flu
- Winter related illness – eg Norovirus
- COVID
- Industrial Action
- Cost of Living

[How to stay well in winter - NHS \(www.nhs.uk\)](https://www.nhs.uk)

Action	High-Priority Interventions for Winter
1.	Same Day Emergency Care: reducing variation in SDEC provision by operating a variety of SDEC services for at least 12 hours per day, 7 days per week.
2.	Frailty: reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.
3.	Inpatient flow and length of stay (acute): reducing variation in inpatient care and length of stay for key pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.
4.	Community bed productivity and flow: reducing variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes.
5.	Care Transfer Hubs: implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.
6.	Intermediate care demand and capacity: supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab.
7.	Virtual wards: standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital, and improve discharge.
8.	Urgent Community Response: increasing volume and consistency of referrals to improve patient care, ease pressure on ambulance services, and avoid admission.
9.	Single point of access: driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time.
10.	Acute Respiratory Infection Hubs: support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.