



Leicestershire Partnership
NHS Trust

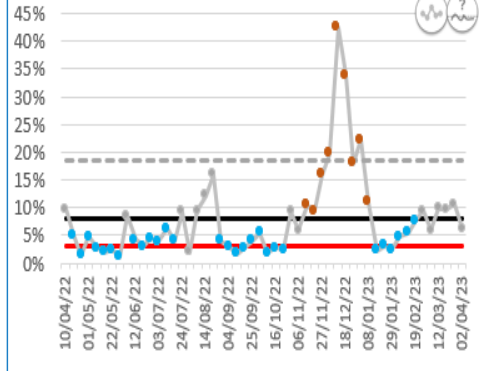
CHS Contribution to Winter Delivery



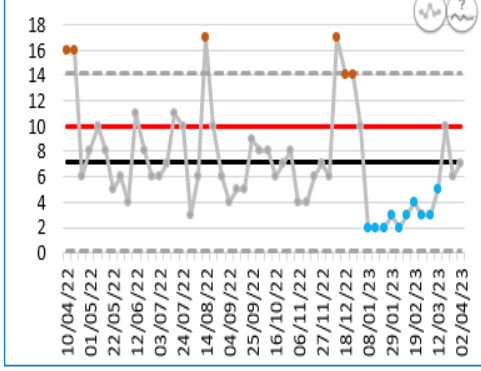
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LLR System - 6 Winter Plan Urgent Care Metrics

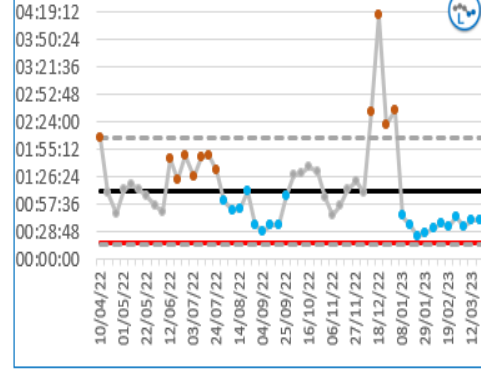
W1 - 111 call abandonment less than 60s



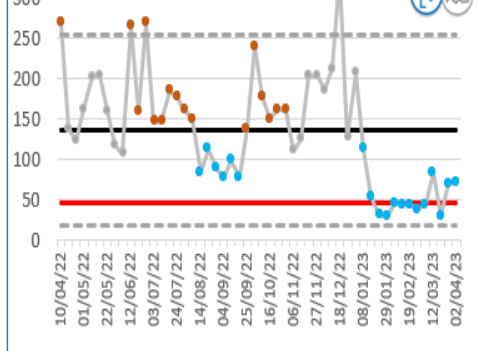
W2 - EMAS mean 999 call answering time



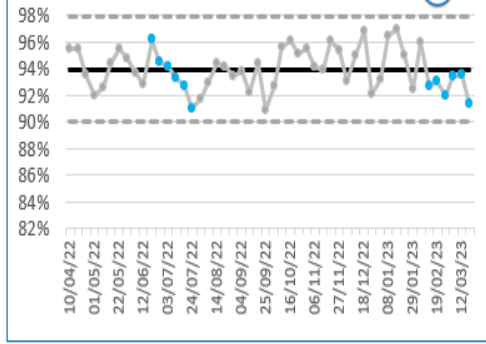
W3 - Cat2 mean ambulance wait times



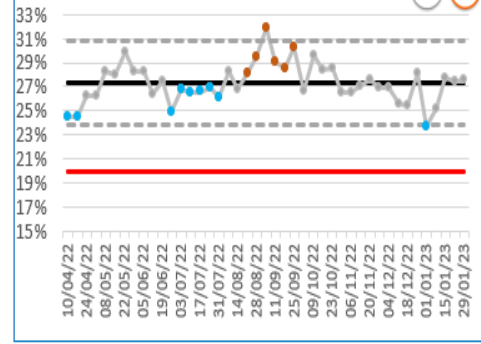
W4 - Ambulance handovers - average lost hours pre handover >15mins per day



W5 - Adult general and acute type 1 bed occupancy (adjusted for void beds)

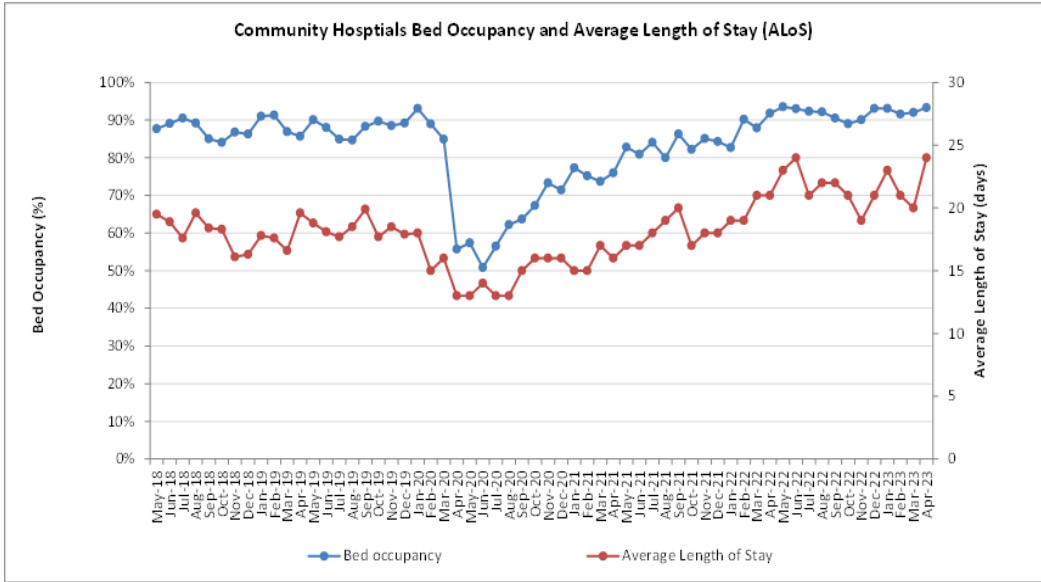


W6 - Percentage of beds occupied by patients who no longer meet the criteria to reside



- = special cause variation of particular concern and needing action
- = special cause variation indicating improvement
- = no significant change (common cause variation)
- = target
- = mean
- = upper and lower control limits

CHS Occupancy & additional beds



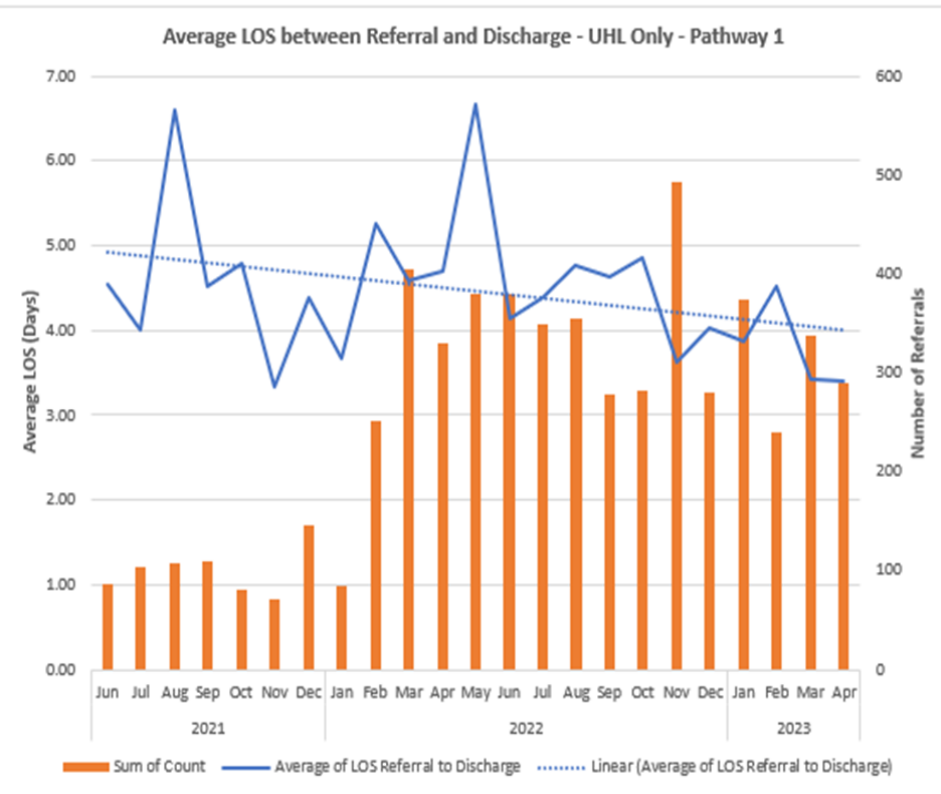
Additional Bed Capacity

- 15 additional beds at Coalville Community Hospital
- Across a variety of wards 7 beds added
- 5 additional beds at Hinckley and Bosworth Community Hospital
- 7 escalation beds available in response to critical incident or emerging incident
- All wards have undergone full clinical risk assessment for additional bed capacity

CHS Inpatient improved patient flow and occupancy

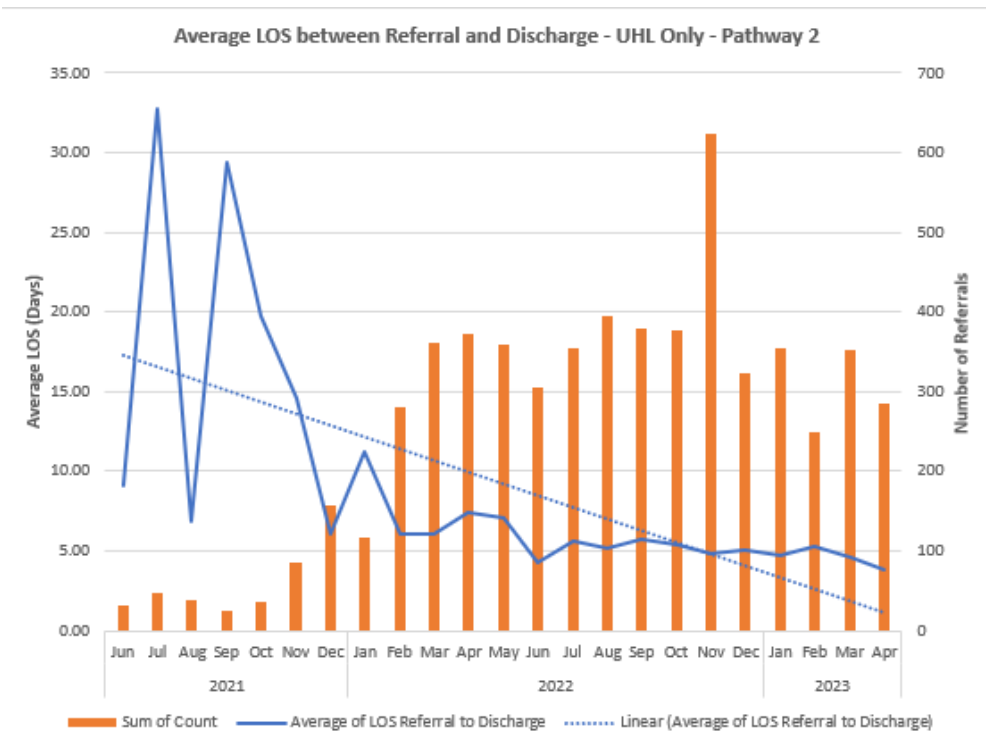
- Pre allocation to all expected discharges
- Trusted Assessor Referral Forms
- Concurrent Flow

Charnwood pilot & City (Neville Centre)



- Competency training provided to reablement colleagues
- Trusted assessments improving patient handover and equipment provision
- Co-location of Home First Services
- Daily Multidisciplinary team meetings
- Reablement team lead on the wards allowing rapid assessment
- Model supporting earlier hospital discharge and reduction in Packages of care

Residential reablement (Sov unit) & Therapy Led Discharge to assess



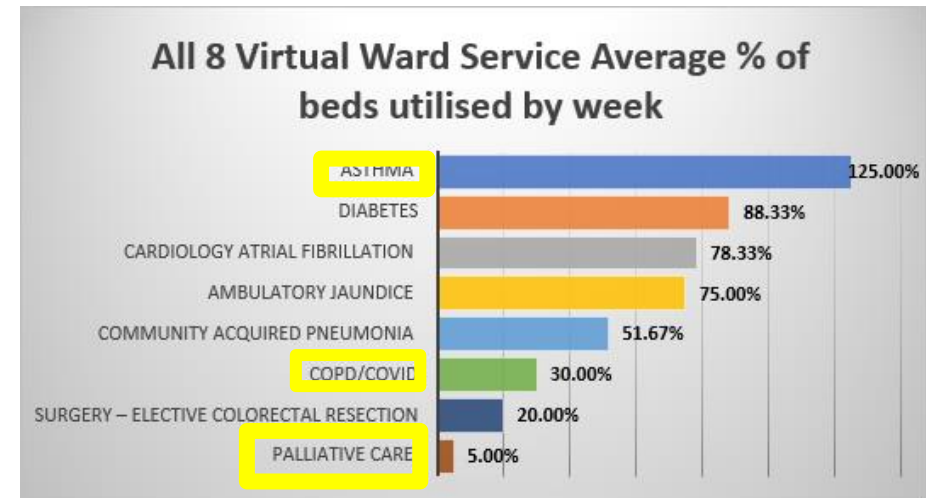
- 25 beds across City and County
- Average bed days saved 3.4 days per patient
- 90% of patients on pathway returning to their usual place of residence
- Functional outcome improvements (Barthel)
 - 57% significant improvement, 28% Slight improvement
- 63% exit the pathway with a reduction in Package of care compared to the start of the pathway


CHS Contribution to Virtual Wards

CHS virtual wards helped contribute to winter delivery by:

- Deploying staff into ED to directly onboard COPD patients from ED to the virtual ward which avoided a number of admissions and/or transfers to Glenfield
- Launching an asthma virtual ward for patients from Glenfield Hospital to support early discharge
- Focussing on proactive care of high risk COPD patients to spot early deterioration and prevent admission

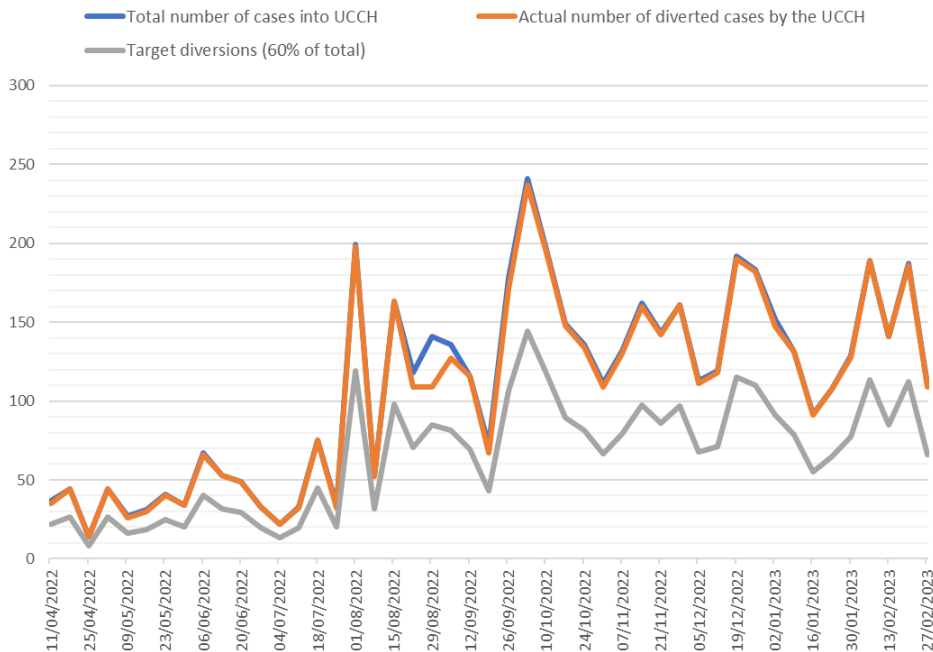
Current weekly performance (week commencing 08.05.2023)



 = CHS virtual ward

Unscheduled Care Co-ordination Hub Activity

Unscheduled Care Coordination Hub Total Activity
11 April 2022 - 03 March 2023 (w/c 27 February 2023)



- Managing the needs of sub acute patients.
- Multidisciplinary team providing viable alternatives to EMAS call out/ hospital admission
- April 2022- March 2023 – 5580 patients managed by the hub
- Almost 100% of cases referred in are diverted from away from EMAS and potential acute admission
- 40 people have worked in the hub from 8 different organisations
- Biggest take - 89 cases in 1 extended day (supporting Industrial action response)
- National profile

Preparing for this winter – Estate

- Rutland ward has received a full refurbishment
- Roof repair work at Coalville Community Hospital commences June 2023
- St Luke's roofing repair
- Rediar ventilation units purchased to support management of infection control outbreaks

Preparing for this winter staffing

Our focus is to ensure we have the right staff in place to provide the right care for our patients

- A full skill mix and establishment review has taken place
- On boarding recruitment officer appointed
- Phased plans to increase Nursing Associate posts
- Successful cohort of International Nurse Recruits
- Additional recruitment roles Nurse Practitioner, Technical Instructor and Meaningful Activity Coordinators

Preparing for this winter – capacity

- All available capacity has been reviewed for clinical and operational safety
- Review of community hospital inpatient model to support improved patient experience and outcomes
- Increased partnership working with Adult Social Care to support community and support discharge from community wards
- Working with system partners including ongoing reviews of Community Hospital Ward processes to support allocation from our acute partners and patient flow within wards

Thank you

Questions

