NHS
Lancashire and South Cumbria
Integrated Care Board

Integrated Care Board

Date of meeting	27 November 2025
Title of paper	Urgent and Emergency Care Delivery and Winter Planning 2025/26
Presented by	Professor Craig Harris, Chief Operating Officer and Chief Commissioner
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Agenda item	14
Confidential	No

Executive summary

This report provides an overview and update on the various programmes of work to support urgent and emergency care (UEC) delivery and winter planning 2025/2026, including:

- Winter planning 2025/26
- Quality of care and patient experience in emergency departments
- Key UEC performance metrics
- UEC Tiering 2025/26
- System Coordination Centre update
- Local UEC improvement plans
- UEC capacity investment funding 2025/26
- Regional Transformation Fund 2025/26
- Key risks for UEC

Public and Stakeholder Engagement

Engagement is undertaken on various elements included within this report:

- Winter planning process and assurance presented at Lancashire County Council's Health Scrutiny Steering Committee on 14 October 2025
- Winter planning assurance discussion at the Lancashire Better Care Fund Board on 5 November 2025
- Routine updates are presented and discussed at UEC Delivery Boards e.g. UEC capacity investment funding, winter plans
- Shared learning discussions are held via the Strategic System Improvement Group for UEC and Flow
- Collaborative stress-testing of winter plans through Exercise Aegis and subsequent local workshops

Recommendations

The Integrated Care Board is requested to note the content of the report.

Which Strategic Objective/s does the report relate to:		Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓
SO2	To equalise opportunities and clinical outcomes across the area	✓

SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	✓
SO4	Meet financial targets and deliver improved productivity	✓
SO5	Meet national and locally determined performance standards and targets	✓
SO6	To develop and implement ambitious, deliverable strategies	✓

Implications				
	Yes	**No**	**N/A**	**Comments**
Associated risks	✓			Outlined in section 11
Are associated risks detailed on the ICB Risk Register?		✓		
Financial Implications	✓			Outlined in sections 8 and 9

Where paper has been discussed (list other committees/forums that have discussed this paper)		
Meeting	**Date**	**Outcomes**
ICB Finance and Contracting Committee	21/11/2025	Update on UEC capacity investment funding and Regional Transformation Fund (sections 8 and 9 of this report)

Conflicts of interest associated with this report
Not applicable

Impact assessments				
	Yes	**No**	**N/A**	**Comments**
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	

Report authorised by:	Professor Craig Harris, Chief Operating Officer and Commissioner

Integrated Care Board – 27 November 2025

Urgent and Emergency Care Delivery and Winter Planning 2025/26

1. Introduction

1.1 The purpose of this report is to provide an update to the Board on the status and/or progress of:

- Winter planning 2025/26
- Quality of care and patient experience in emergency departments
- Key UEC performance metrics
- UEC Tiering 2025/26
- System Coordination Centre update
- Local UEC improvement plans
- UEC capacity investment funding 2025/26
- Regional Transformation Fund 2025/26
- Key risks for UEC

2. Winter update for 2025/26

2.1 The national UEC 2025/26 published on 6 June 2025 outlines seven priority actions that will have the biggest impact on UEC improvement this winter:

1. Reduce ambulance wait times for Category 2 patients – such as those with a stroke, heart attack, sepsis or major trauma – by over 14% (from 35 to 30 minutes)
2. Eradicate last winter's lengthy ambulance handover delays by meeting the maximum 45-minute ambulance handover standard
3. Ensure a minimum of 78% of patients who attend an A&E are admitted, transferred or discharged within 4 hours
4. Reduce the number of patients waiting over 12 hours for admission or discharge from an emergency department compared to 2024/25, so that this occurs less than 10% of the time
5. Reduce the number of patients who remain in an emergency department for longer than 24 hours while awaiting a mental health admission
6. Tackle the delays in patients waiting to be discharged – starting with reducing patients staying 21 days over their discharge-ready-date
7. Increase the number of children within 4 hours, resulting in thousands of children receiving more timely care than in 2024/25

2.2 Following the submission of the Board Assurance Statement, feedback was received on 10 October 2025 from NHS England with a request for systems to provide further detail on plans for primary care and social care over the winter period, including:

- Understanding demand, activity and capacity in general practice and community pharmacy, including expanding access to same day urgent care

and surge hubs in general practice, with out of hours provision, particularly over bank holidays and the Christmas period

- Paediatric plan for when respiratory viruses cause a surge in demand in general practice
- 111 DOS updated to match demand and capacity in primary care
- Preventative measures with a focus on vaccination strategies, proactive identification and support for vulnerable patient groups.
- Maximising Pharmacy First referrals and urgent dental appointments.
- How systems are working in partnership with local authorities and what steps are being taken to meet the locally agreed targets to strengthen discharge performance.

2.3 Following a regional review of submitted Trust Board Assurance Statements for this winter, NHS England North West remained insufficiently assured regarding the robustness of winter plans, based on the responses submitted by several North West acute trusts.

2.4 Therefore, NHS England North West requested bespoke assurance meetings with Lancashire Teaching Hospitals NHS Foundation Trust, University Hospitals of Morecambe Bay NHS Foundation Trust, and Blackpool Teaching Hospitals NHS Foundation Trust. The meetings included the trust's senior responsible officer for winter, Integrated Care Board (ICB) place lead, and representation from the ICB's UEC team. The purpose was to explore the actions being taken to strengthen winter preparedness and to seek further assurance on delivery.

2.5 University Hospitals of Morecambe Bay NHS Foundation Trust and Lancashire Teaching Hospitals NHS Foundation Trust meetings took place on 31 October 2025 and 4 November 2025 respectively. Blackpool Teaching Hospitals NHS Foundation Trust meeting is due to be held on 11 November 2025.

2.6 Following all the meetings having taken place, a summary of the agreed actions will be shared in a future report.

3. Quality of care and patient experience in emergency departments

3.1 In response to concerns raised above urgent and emergency care services in Lancashire and South Cumbria, quality visits were carried out during the latter half of 2024/25.

3.2 Key recommendations from the visits include:

- improving communication with patients about waiting times
- enhancing privacy and dignity in waiting areas,
- and addressing staffing levels to support quality care

3.3 Patient feedback about A&E departments highlights the professionalism and compassion of staff, which contributed positively to overall satisfaction. However, long waiting times, overcrowding, inadequate updates, and uncomfortable

environments were persistent concerns. Additional issues included cleanliness, communication around discharge, and, at times, staff attitude.

3.4 To address these challenges, Trusts have integrated several improvements into their winter plans, including:

- Real-time queue updates via screens or apps
- Expanded urgent care capacity and fast-track triage for vulnerable groups
- Compassionate communication training for staff
- Dedicated patient liaison roles
- Enhanced cleaning and basic amenities
- Improved security and separate waiting areas for vulnerable patients
- Accessible information in multiple languages

3.5 Patients with mental health needs who attend A&E frequently face challenges such as inconsistent risk assessments, overcrowding, and limited access to liaison services. Staff often report uncertainty around the correct application of the Mental Capacity Act and Mental Health Act, which can affect patient care and safety.

Recommendations include:

- strengthening risk protocols
- enhancing staff training
- improving documentation and digital flagging
- developing person-centred care plans for neurodivergent and learning-disabled patients and fostering closer collaboration between emergency and mental health services.

3.6 These steps aim to ensure vulnerable patients receive the care and support they need, with robust follow-up and continuity of care.

3.7 Further quality visits are planned for late 2025 to assess progress on previous recommendations, with a continued focus on patient experience.

3.8 To note that a team from national NHS England UEC team are working directly with East Lancashire Hospitals NHS Trust to understand the volume and impact of patients receiving corridor care.

4. Key UEC Performance Metrics

4.1 Monthly UEC performance and delivery review meetings have commenced with the NHS England North West and the ICB, which focus on acute trusts' performance in key areas, including four-hour A&E targets, over twelve-hour waits in emergency departments, ambulance handover delays, corridor care, and the actions required to return performance to planned levels.

4.2 Performance across LSC for the four key UEC metrics from April 2025 is outlined in the table below:

4-hour performance (78% target)							
	Apr-25	**May-25**	**Jun-25**	**Jul-25**	**Aug-25**	**Sept-25**	**Oct-25**
LSC	77.39%	77.52%	77.23%	77.35%	76.8%	76.2%	76.1%
Over 12-hour waits in ED* (<10% target)							
LSC	15.4%	14.0%	13.8%	13.4%	14.4%	15.5%	16.7%
Category 2 response (30 minutes target)							
LSC	23:07	23:12	24:10	23:34	21:37	24:53	25:30
Within 45-minute ambulance handover							
LSC	86.6%	86.3%	90.4%	88.0%	95.3%	92.1%	91.5%

** Note: the performance data on 12-hour waits in ED is based on type 1 ED attends, not all-type A&E attends, as this metric is one of the priority actions of the national UEC plan 2025/26 (as referred to in Section 2), NHS England is closely monitoring this metric, and it has been used by NHS England to determine UEC tiering (Section 5 below).*

5. UEC Tiering 2025/26

5.1 Tiering meetings have commenced with Blackpool Teaching Hospitals NHS Foundation Trust (Tier 1 for UEC) and Lancashire Teaching Hospitals NHS Foundation Trust (Tier 2 for UEC). University Hospitals of Morecambe Bay NHS Foundation Trust and East Lancashire Hospitals NHS Trust will receive ad hoc support as required from NHS England North West.

5.2 The ICB continues to receive support from the National Recovery Support Programme (RSP) as a result of being in NHS Oversight Framework (NOF) Segment 4. The provides mandated, focused, and integrated assistance for organisations and systems in NOF Segment 4, collaborating with system partners, as well as regional and national NHS England teams.

6. System Coordination Centre (SCC) Update

6.1 The Lancashire and South Cumbria system has already seen an increase in pressures, peaking in October in weeks commencing 20 October and 27 October. OPEL 4 was declared by University Hospitals of Morecambe Bay for the Royal Lancaster Infirmary site on 27 October, with other providers operating internal OPEL 4 actions during this period. The SCC convened and facilitated Local Escalation Response Calls for the Fylde Coast and Morecambe Bay systems during week commencing 27 October, and the Fylde Coast system week commencing 3 November.

6.2 Infection prevention and control issues are also increasing, with acutes affected by outbreaks of norovirus during October and increases in flu reported week commencing 7 November. Primary Care and Paediatrics are reporting wider prevalence of flu and covid in the community which is expected to translate into increased hospital activity over the coming weeks.

6.3 Utilising the OPEL framework, and working with NHS England North West, the SCC will provide the point of communication for the system and support the ICB with coordination of escalation responses.

6.4 The SCC has confirmed plans to extend opening hours from 6pm to 8pm for key weeks in December, January and into February to support oversight during the most pressured part of the winter period and align to NHS England's escalated timetable for this period.

6.5 This includes monitoring delivery of the 45-minute handover standard in real-time, with interventions at agreed trigger points to liaise with sites where delays arise to ensure all necessary actions are being taken and provide updates and assurance to NWAS and NHS England.

6.6 The SCC has been leading the implementation of the SHREWD system which provides real-time visibility of pressures across the whole health and care system. The main implementation period was completed in October with key NHS metrics flowing and we have now moved into a phase for development of reporting and forecasting models.

6.7 The SCC is currently reviewing its operating model to ensure maximum support and impact for system coordination and escalation that includes changes to daily schedules and optimises the utilisation of SHREWD to reduce demands for provider data manual submissions.

7. Local UEC improvement plans to support system de-escalation, recovery, and transformation in 2025/26

7.1 The local UEC improvement plans have been updated for 2025/26 to ensure alignment with both the overarching UEC Plan and the 10-year plan, and these have been shared with NHS England North West. Importantly, the local UEC improvement plans are integral to and complement the winter plans.

7.2 The key themes running through local UEC improvement plans are prevention, admission avoidance, reducing length of stay in hospital, keeping safe and well at home, navigating patients to the most appropriate care and support, and maximising the use of community services.

7.3 The plans are designed to prioritise prevention, reduce unnecessary admissions, and enhance both in-hospital and out-of-hospital services and pathways to facilitate system recovery and transformation.

7.4 Members of the Strategic System Oversight Board for UEC and Flow are working together to redesign the Board, with plans to shift its future focus towards collaboration and improvement under the new name, Strategic System Improvement Group for UEC and Flow.

7.5 The group's focus will encompass the following areas:

- Evaluating current positions in relation to performance trajectories and identifying opportunities for further system enhancements.
- Establishing priority areas of transformation in consideration of the scope and complexity of existing demands.
- Promoting consistency across UEC Delivery Boards.

8. UEC capacity investment funding 2025/26

8.1 The ICB approved the UEC capacity investment schemes for continuation in 2025/26. The Board agreed that allocations should not exceed 2024/25 expenditure of £16,528,213, and that providers are reimbursed on actual expenditure up to the maximum allocation for each scheme.

8.2 The schemes include virtual wards/hospital at home, respiratory provision, intermediate care, palliative and end of life service, and support from the voluntary, community, faith and social enterprise sector. Key performance indicators, outcome and actual spend continues to be monitored monthly and expenditure forecasts are updated quarterly, which is and will continue to be reported to the Finance and Contracting Committee.

9. Regional Transformation Fund (RTF) 2025/26

9.1 As part of planning for 2025/26, NHS England North West set aside circa £26m as a Regional Transformation Fund.

9.2 Following initial submission of five bids by the ICB, in addition to bids submitted by trusts across our system, NHS England North West requested that bids were strengthened and resubmitted. The ICB resubmitted four bids which were revised specifically to address Referral to Treatment (RTT) and/or UEC and meet the submission criteria. The resubmitted bids by the ICB are as follows:

- Bid 1 - Neighbourhood Pathfinders, Morecambe Bay and Blackburn with Darwen at £1.89m
- Bid 2 - Gynaecology RTT at £1.31m
- Bid 3 – Non-Emergency Patient Transport Services at £1.44m
- Bid 4 – Neuro-developmental pathway at £2.99m

9.3 The total value of the ICB's submitted bids equates to £7.62m.

9.4 The outcome of the submissions is awaited from NHS England North West.

10. Impact and outcomes

10.1 The ICB continues to work with NHS England North West to determine the most effective strategies for the winter period. This will leverage SCC's intelligence and its relationships with providers to coordinate system responses and accountability to NHS England North West. The daily contact point managed by the SCC will provide real-time visibility of operations, as well as the identification of any risks and mitigations.

10.2 The culmination of the range of improvement and transformation activities is leading to positive changes across the UEC pathway. While this work is ongoing and many initiatives still need to be embedded and sustained, there are promising signs.

11. Key risks for UEC

11.1 Given the sustained operational and financial pressures across our system, there remains a risk that intended delivery of local UEC improvement plans and associated de-escalation plans may not be achieved.

11.2 As winter approaches, the level of risk continues to be significant, regarding the local delivery of key UEC performance indicators supporting patient safety and quality of care. This may result in acute trusts being moved to higher intervention levels within the national UEC tiering system.

11.3 There is an immediate risk due to the planned strike by resident doctors from 14 to 19 November. This action is expected to further complicate the management of winter viruses and increase challenges in addressing waiting lists. It is not yet known when any further periods of industrial action will occur during the winter period.

11.4 The UK Health Security Agency's *national flu and COVID-19 surveillance report: 30 October 2024 (week 44)* confirmed that influenza activity had increased, particularly among young children, is now above baseline, and it is an unusually early start of the influenza season. NHS England has indicated that this early increase has prompted concerns of flu spreading into the wider population in the coming weeks and triggering a "long and drawn-out flu season". The trend raises significant operational risks for urgent and emergency care, and it is important our system is prepared and continues to promote and enable vaccination uptake.

12. Recommendations

The Integrated Care Board is requested to:

- Note the content of the report

Wendy Lewis, Director of System Coordination and Flow
Craig Frost, Associate Director Urgent and Emergency Care

13 November 2025