

BOARD PAPER - NHS ENGLAND

Title: Planning and reporting on health and social care system resilience ahead of winter 2013/2014

Clearance: Dame Barbara Hakin, Deputy Chief Executive and Chief Operating Officer

Purpose of paper:

- To assure the Board of progress in preparation for winter and seek approval of the overall approach.

Key issues and recommendations:

NHS England is working with colleagues across the NHS and the Department of Health (DH) to ensure that the system is prepared ahead of the winter period. The national group on A&E is leading this work.

Actions required by Board Members:

- to approve the overall approach and note the risks and mitigations
- to receive assurance that plans are in place to support NHS resilience over the winter so that patients get swift access to safe services in line with the NHS Constitution
- to note updates will be regularly included in performance report.
- to agree that NHS England clarifies the role, nature and broad constitution of Urgent Care Boards, including a change of name to Urgent Care Working Groups.

Planning and reporting on health and social care system resilience ahead of winter 2013/2014

Introduction

1. NHS England is working with colleagues across the NHS and the Department of Health (DH) to ensure that the system is prepared ahead of the winter period. This work has begun earlier than in previous years.
2. The national group on A&E (NHS England, Monitor, NHS Trust Development Authority (TDA) and Association of Directors of Adult Social Services (ADASS)) is well placed now, working with DH, to review the form and content of any further planning, oversight and reporting requirements of the health and social care system needed over the winter period in addition to the on-going work to deliver sustainable A&E standard performance.
3. Plans are in place to support NHS resilience over the winter so that patients can get swift access to safe services in line with the NHS Constitution.
4. Three strands of work are being taken forward by the group. These are:
 - System planning ahead of winter (A&E plans evolving to winter plans)
 - Winter reporting/letter
 - Allocation of non-recurrent funds
5. In progressing this work, the group is taking into account the parallel work on the Urgent and Emergency Care Review and Vulnerable Older People's Plan.
6. A process is now underway to identify those trusts/systems who will receive a share of the £250m non-recurrent funds with a view to distribution by the end of September 2013.

Urgent Care Boards

7. Across NHS England 143 Urgent Care Boards (UCBs) have been convened. UCBs are intended as a local mechanism for bringing together each of those organisations with individual accountability and resource for elements of local services, and who, working together, can ensure delivery of good quality services for patients.
8. They have an important role in promoting collaborative working and consensus building, but have no statutory decision making powers. There has been concern that their role is not fully understood and the use of the term 'board' has led to misunderstanding of their status. As such it is proposed that NHS England in collaboration and consensus with national partner agencies write to all local health and social care economies clarifying the role and proposing the name is changed to Urgent Care Working Group. This communication should also reinforce the broad constitution of the Groups but should not be overly prescriptive in order to allow for local flexibility and tailoring to local needs.

System planning ahead of winter

9. The management of winter pressures is an integral part of the current system recovery planning and assurance process that is now underway for achieving sustainable delivery of the A&E standard.
10. The A&E Improvement Plan¹ issued on 9 May 2013 articulates the expectation that local approaches to the management of winter will be in place earlier this year, building on the system plans being established in relation to A&E delivery.
11. Winter management plans will be fully developed and assured by the end of September, with agreement and ownership from all members of local Urgent Care Working Groups (formerly UCBs).
12. Preparation and assurance processes are in place with the aim that all services across local health and social care systems are well coordinated and well placed to respond appropriately to the demands of winter:
 - Handover of patient care from ambulance to acute trust
 - Operational readiness (bed management, capacity, staffing and New Year elective 're-start')
 - Primary care, especially out of hours arrangements
 - NHS/Social Care joint arrangements, including work with local authorities to prevent admissions and speed discharge
 - Ambulance service/primary care/A&E links
 - Critical care services
 - Preventative measures, including flu campaigns and pneumococcal immunisation programmes for patients and staff.
13. It has been the practice for a number of years for NHS and social care leaders at DH to write in September to NHS and local authority chief executives, and to follow up through regional and local discussions, to emphasise the importance of local health and social care bodies assuring robust, effective and timely preparation for winter, and to outline the requirements and process for winter reporting.
14. The joint expectation set out in the winter letters has been of a whole system approach to preparing for and managing winter, seasonal flu and other pressures across each local hospital system, as well as the NHS and social care system more generally, assured by the system managers at local and regional authorities. There was no specific requirement as to the form of joint working.
15. We propose that we continue with a similar approach this year working with our partners in DH, Monitor, TDA, and ADASS, and Public Health England in relation to seasonal flu.

¹ <http://www.england.nhs.uk/2013/05/09/sup-plan/>

Additional reporting during winter

16. The web based UNIFY2 system has been used for daily reporting of a list of indicators from early November to the beginning of March. This information was submitted daily by each acute trust in England, shared and assured through SHAs, and was published by trust on the DH website as part of the Winterwatch weekly publication. The infrastructure to collect this information via UNIFY 2 remains in place for the coming winter.
17. The indicators used are listed below. We propose to use the same set for 2013/2014:
 - A&E closures
 - A&E diverts
 - Trolley-waits of over 12 hours
 - Urgent operations cancelled for the second or subsequent time in the previous 24 hours
 - Urgent operations cancelled in the previous 24 hours
 - Number of cancelled operations in the previous 24 hours
 - Non clinical critical care transfers out of an approved group
 - Number of non-clinical critical care transfers within approved critical care transfer group
 - Ambulance handover delays of over 30 minutes
 - Numbers of available and occupied general and acute beds – number closed due to diarrhoea and vomiting or norovirus like symptoms – number of escalation beds open - number of beds unavailable due to delayed transfers of care
 - Numbers of available and occupied adult, paediatric and neonatal critical care beds

Next steps

18. The approach to winter planning described above is an integral part of the work on A&E system plans for achieving sustainable delivery of A&E standard. There is further work to do to set out reporting system and accountabilities which is being taken forward by the national group on A&E.
19. Also on- going is the work to identify local health systems that are most at risk in delivering and sustaining A&E performance and the actions required to address underlying issues. £250million of non-recurrent funding will be used to provide targeted support.
20. The joint action currently in hand to secure and sustain recovery of the A&E standard was not undertaken last year or in earlier years.

21. The national A&E group, in preparing for a winter planning letter, will set out responsibility and accountability for monitoring and acting on this information. Each part of the system takes responsibility for delivering its own targets/standards. UCBs, with their memberships of CCGs, acute trusts, ambulance trusts, community service providers, mental health trusts, social care, primary care and out of hours providers, are ideally placed to promote collaborative working, and can be urgently convened as needed to address issues as they arise.
22. The national tripartite group, working with key partners, DH and Public Health England, will:
 - through a winter planning letter as described above, set out expectations, likely to be in September.
 - consider how to implement a daily monitoring process, continuing the well-established process of winter sit-rep reporting, but ensuring that the data captured through sitreps reflects performance through the urgent care system and not solely acute trusts.
 - continue to meet through the winter period on a weekly basis

Communications

23. NHS England's communications team is engaged with this work and is considering a strategy to take account of winter messages (locally focussed), how this ties in with future marketing activity around NHS 111, and more generally around the on-going A&E work and allocation of monies.

Recommendations

24. The board is asked to:
 - approve the overall approach and note the risks and mitigations;
 - receive assurance that plans are in place to support NHS resilience over the winter so that patients get swift access to safe services in line with the NHS Constitution;
 - note updates will be regularly included in performance report; and
 - agree that NHS England clarifies the role, nature and broad constitution of Urgent Care Boards, including a change of name to Urgent Care Working Groups.

Dame Barbara Hakin
Deputy Chief Executive and Chief Operating Officer
September 2013