

Paper NHSE131103

BOARD PAPER - NHS ENGLAND

Title: Update on preparation for winter 2013/2014

Clearance:

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Purpose of paper:

- To assure the Board that preparations and plans are in hand to meet winter pressures.

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 continues to lead on this work.

Actions required by Board Members:

- To accept assurance that the planning process for winter is robust.

Update on preparation for winter 2013/2014

Introduction

1. Ensuring that patients are seen swiftly and promptly when they need urgent care is essential. The delivery of the A&E standard across England throughout winter remains a key priority for NHS England and our partners. We know that more patients in winter means there will be more pressure on services. A&E is a standard we should expect for patients, but should also be monitored as a barometer of pressures in the system.
2. The national tripartite group on A&E (membership drawn from NHS England, Monitor, NHS Trust Development Authority (TDA) and working with the Association of Directors of Adult Social Services (ADASS)) continues to lead on this on behalf of respective organisations.
3. Plans are in place to support NHS resilience over the winter. Expectations of the service are set out in the winter letter issued on 4 October 2013¹. In this letter, NHS England, the NHS Trust Development Authority, and Monitor emphasised the crucial importance of strong leadership to the delivery of safe and high quality services during the challenging winter period.
4. The four hour A&E standard is designed to deliver patients' rights under the NHS Constitution. As has been reflected in previous performance reports, performance against this standard appears to have stabilised and shows small improvements. However, performance against the standard remains a cause for concern as we approach winter. Although the standard was achieved in quarter 2, performance has generally been weaker than in similar weeks in previous years.
5. Although there has been continued growth in some types of activity, non-elective activity has grown by only 0.2% in the first five months of the year, compared to 1.8% last year. A&E attendances have remained stable compared to the same period as last year with a small rise of 0.1%.
6. Although focus remains on the A&E standard as the key measure of success, intelligence on other pressure indicators such as beds, ambulances, NHS 111 etc will support effective management responses to any emerging local issues. We will be working to ensure all these indicators and other data are used to actively track and manage urgent care systems.
7. Significant efforts have been made by NHS and social care staff across the service to continue improvement and prepare for winter which I would like to acknowledge here.

¹ <http://www.england.nhs.uk/wp-content/uploads/2013/10/wint-plan-lett.pdf>

Urgent Care Plans

8. NHS England wrote to the service on 9 May regarding the delivery of the 4 hour A&E operational standard. The accompanying A&E Improvement Plan asked that as part of this process, local systems establish Urgent Care Working Groups (UCWGs), previously Urgent Care Boards, to oversee and guide emergency care services and begin early preparations for this winter period.
9. The role of UCWGs is to bring partners together. These groups provide an important forum of mutual accountability of all partners in the local urgent care system in the implementation of plans.
10. UCWGs ideally placed to review and respond to the full range of appropriate data concerning the local urgent care system through winter and ensure that locally, processes are put in place to monitor and react to any potential hotspots, thus avoiding unnecessary escalation.
11. UCWGs do not replace the formal mechanisms of accountability within and between organisations towards improving the delivery of the A&E standard. It is important to note that there is a clear distinction between local arrangements and escalation processes, and individual accountability to regulators with constituent bodies.
12. Working as part of the tripartite, we will continue to work through Area Teams (ATs) with UCWGs to keep their plans under review, particularly those considered most challenged, including those who were allocated winter monies.
13. A&E improvement plans put forward by UCWGs were required to include preliminary preparation for the winter period to support systems in the sustained delivery of A&E performance. Winter management arrangements were to be fully developed by the end of September, with agreement and ownership from UCWGs and are subject to assurance by regional tripartite panels.
14. We expect these plans to be kept under review throughout the winter period. Through the assurance process, regional panels have identified some aspects requiring further work in a small number of plans, and ATs are supporting UCWGs in addressing these to ensure that fully assured plans are in place across the country.

Additional funding for winter

15. The Government has agreed £250 million of non-recurrent funding for 2013/2014 to be targeted at local systems which will benefit the most from the extra funding.
16. NHS England, Monitor and the NHS Trust Development Authority have worked together to identify 53 systems who will share £221 million.

17. Each of these systems has agreed how they will use their share. Examples include: additional experienced senior clinical staff in A&E over the weekends; an integrated urgent care centre in A&E; pathway improvements for long term conditions requiring urgent care; providing support in A&E for mental health and substance misuse patients; additional primary care capacity; integration of health and social care teams to facilitate discharge and prevent readmission; and an intensive support programme for high referring care homes.
18. £15m of this money will be spent on improving the capacity of NHS 111 to enable it to deal with the pressures winter brings.
19. £14 million is being held as a contingency and the national tripartite group is considering how this might best be used.

NHS 111

20. An efficient and effective NHS 111 service will play a very large part in helping to manage winter pressures.
21. Compared to the situation last winter, the NHS 111 service is now available to 93% of England's population, with 100% coverage to be achieved by the end of February 2014. NHS 111 is currently performing well across the country and providing safe services. It is meeting key performance indicators throughout the week and at peak times.
22. To underpin this performance, NHS England has allocated an additional £15m funds to support NHS 111 through the forthcoming winter period. NHS England has also been working with commissioners, and the South Central Ambulance Service NHS Trust (SCAS), to plan for additional capacity to handle the significant additional demand on NHS 111 services which is anticipated over the winter and Christmas periods. SCAS will provide additional contingency support for over an additional 9,000 calls per week from 27 November 2013.
23. This additional money will also be used to provide a suite of other NHS 111 contingency measures such as the extension of the 0845 4647 NHS Direct service in some areas, and funding for commissioners to improve the quality of their local Directories of Service. NHS England and SCAS agree that these measures represent the best option to balance risk and available capacity in the system to ensure the service remains a robust access point to urgent care throughout winter.
24. We have been working with local CCGs and providers to secure the safe transfer of services from NHS Direct and are confident the new providers of NHS 111 will be able to deliver a smooth transfer and a high quality, reliable service.
25. The details of these transfers and lead providers in each of the affected areas are as follows:

Area	Interim NHS 111 Provider
North West	North West Ambulance Service NHS Trust
West Midlands	West Midlands Ambulance Service NHS Foundation Trust, with Harmoni providing the service for the Worcester area, and Staffordshire Doctors Urgent Care Ltd for Staffordshire
East London and City	Partnerships of East London Care (PELC)
Sutton and Merton	Harmoni/Care UK
South East London	London Ambulance Service NHS Trust
Somerset	South West Ambulance Service NHS Trust
Buckinghamshire	South Central Ambulance Service NHS Trust

26. Four service areas do not currently have a NHS 111 service. These are Cambridge and Peterborough, North Essex, Bedfordshire and Luton, and Cornwall. Providers have been identified for all of these areas and services will start in the next few months. In the meantime NHS Direct will continue to provide the 0845 4647 to the areas that do not have NHS 111 until the end of February 2014, by which time NHS 111 will be available throughout England.
27. In the light of these transfers, the Board of NHS Direct has reviewed its future as a viable independent organisation and, in agreement with the NHS Trust Development Authority and NHS England, has arrived at a decision to cease operations at the end of this financial year.
28. In addition to NHS 111, there are further call handling and information services provided by NHS Direct.
29. Of these, we have made alternative hosting arrangements for the following services: call handling capability for Care Connect, Digital Health and Symptom checker services and the Repeat Caller Database for NHS 111. It is proposed that we continue these for a further year as planned. These services will still be subject to an evaluation in October 2014.
30. Two services, the Complex Health Information and Medicines Enquiries Service (CHIMES) and the Dental Nurse Assessment Service (DNAS) have had low usage from NHS 111 sites. Given the focus on local services being commissioned by CCGs, and the low call volumes, it is recommended that there is no need to continue to deliver these services nationally.

Whole System Leadership

31. We cannot underestimate the importance of coordinated whole system leadership and so the national and regional groups are continuing to meet throughout the winter to maintain oversight.
32. Daily SITREP reporting of local winter pressures by all acute trusts started on Monday 4 November. This data will be published weekly on our website, and includes information about temporary A&E closures; A&E diverts; ambulance handover delays over 30 minutes; trolley-waits of over 12 hours; cancelled elective operations; urgent operations cancelled in the previous 24 hours; and those cancelled for the second or subsequent time in the previous 24 hours; availability of critical care, paediatric intensive care and neonatal intensive care beds; non clinical critical care transfers out of an approved group and within approved critical care transfer group (including paediatric and neonatal); bed stock numbers (including escalation, numbers closed, those unavailable due to delayed transfers of care); and details of actions being taken if a trust considers that it has experienced serious operational problems.
33. Assurance has taken place on processes and standard operating procedures across the country on adult intensive care, paediatric intensive care (including neonatal), extra corporeal membrane oxygenation (ECMO) and burns, to ensure that escalation plans are appropriate for the winter period.
34. Existing arrangements remain in place. The continuing key roles of NHS England working through tripartite arrangements across this work are:
 - as assurers of Clinical Commissioning Groups including their use of standard contract and related escalation processes;
 - at AT level, to consider the appropriateness of plans, and to facilitate discussions between all parties involved in an UCWG;
 - through the regional tripartite arrangements to take action where there is general system failure; and
 - as a commissioner, the day to day operational responsibility around managing specialist bed capacity, such as paediatric intensive care units.

Next steps

35. A communications plan is being prepared in discussion with partner organisations addressing information for the public and stakeholder management. I will update the Board on this at the meeting.
36. Further work will continue as part of our oversight of the system with tripartite colleagues where indicated to review locally agreed winter plans.

Recommendations

37. The Board is asked to accept assurance that the planning process for winter is robust.

Dame Barbara Hakin

Deputy Chief Executive and Chief Operating Officer

November 2013