

BOARD PAPER - NHS ENGLAND

Title: Update on winter 2013/2014

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

Purpose of paper:

- To update the Board on plans in place to meet winter pressures and progress to date.

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 receive assurance that appropriate plans and processes are in place to deliver services for patients throughout the winter

Update on winter 2013/2014

Introduction

1. At the last meeting NHS England received a report on our winter planning processes. We want to ensure that patients continue to receive accessible, high quality services in times of greater demand.
2. Since our last meeting we have continued to work with our tripartite partners at Monitor, NHS Trust Development Authority (TDA) and the Association of Directors of Adult Social Services (ADASS), to support the implementation and delivery of the winter plans developed locally by Urgent Care Working Groups (UCWGs).
3. At the time of writing, our daily winter pressures situation reports (Sit Reps) have shown that pressures are comparable with the same period last year. We are monitoring these key indicators extremely closely and will continue to do so. The Performance Report describes how the NHS is delivering the agreed standards for patient care.
4. We recognise that we are in the early stages and that we have yet to see the effects of the cold weather that we can expect between now and February. However, the purpose of winter planning is to ensure that services can cope when these challenges arise. Staff across the service have worked extremely hard to prepare this year and are committed to making sure that their plans are robust and patients will receive the services they should expect and deserve.

Winter Plans and assurance

5. Local winter plans are designed to address local requirements and priorities in order to provide resilience over winter. The plans describe management and escalation processes, the protocols in place between local partners and what additional arrangements and resources will be put in place over the winter period to ensure that patients have timely access to the quality services that they need.
6. Plans also include how the Urgent Care Working Group will monitor performance and pressures through winter.
7. Each winter plan has been assessed by the regional tripartite groups. Where these plans were not fully assured, area teams have continued to work with UCWGs and their members to improve these plans. We are seeing the number of fully assured plans grow every week. We have placed particular emphasis on close working with social care and local authorities and independent and voluntary sectors.

8. Our Area Teams are working with Urgent Care Groups to monitor the actions identified within their plans and ensure appropriate progress. We are now moving into full implementation phase and each health community has submitted a clear implementation plan detailing specific interventions or additional services, the timescales for delivery and which stakeholder within the system is responsible.
9. The Implementation Unit (IU) in the Cabinet Office is undertaking a 'deep dive' exercise to look at six local case studies and the effectiveness of national and local winter plans in supporting A&E departments to meet the A&E 4 hour waiting standard over the 2013/14 winter period.

National Arrangements

10. Since 15 November we have been publishing a weekly summary called Winter Health Check which offers an overview of the system and pulls together information on waiting times in A&E, ambulance response times, daily situation reports from the NHS, and information on flu rates.
11. This is an important way of communicating with patients and the public about the reality of how the NHS is coping with winter. Alongside this we will be publishing a number of blogs and articles which will give helpful advice and insight from clinical leaders, and other guest bloggers able to provide a helpful perspective to patients. These will be themed around self-care and prevention.
12. NHS England leaders will be on hand to support the media in passing on the best advice to patients about accessing services and treatment and looking after themselves, for example if there is a significant weather event or outbreak of norovirus. Similarly, clinical leads will be available to respond to local media requests and provide more localised advice.
13. We are now moving from planning to delivery. Daily Sit Rep reporting began on 4 November and will run until the end of February or later if necessary. The data collected will cover a range of indicators, including A&E closures, diverts, ambulance handovers, bed occupancy levels and a range of others, which is available online to local organisations to support their management and coordination. NHS England also publishes this data weekly as part of the Winter Health Check package.
14. It is also essential that we have in place regional and national plans to ensure the appropriate response where a surge in activity needs to be dealt with across a wider geography (for example if one or more hospitals have particular

pressures) and to ensure we are able to coordinate nationally high dependency beds.

15. We do, of course, need to be fully ready should circumstances change beyond routine winter pressures, for example in the case of a flu pandemic. Our national emergency planning team coordinate all planning and the proposed response. NHS organisations' emergency response arrangements and plans are in place year round and are routinely subject to exercises to ensure they are fit for purpose. Recent Regional exercises have tested the response of the NHS to a major event occurring during winter against a background of increased activity.

Winter funding

16. The £221 million shared amongst the 53 health systems already identified for targeted winter funding has been allocated to CCGs. As this money has been passed to the system earlier than in previous years, local partners are able to take a more sophisticated approach to the use of these winter monies by investing significant sums of money on integrating and improving patient pathways across the primary-acute-community care interfaces.
17. In summary, approximately 28% of this money (£62m) will be used towards expanding acute capacity, 26% for community care (£57m), 23% to acute pathway redesign (£51m), 11% for primary care (£25m), 7% for social care (£16m) and the rest on other initiatives. The impacts of each individual scheme will be closely monitored and evaluated. The amounts in brackets are indicative based on a general aggregation across planned spend. We are also able to give indicative figures for the increase in capacity this funding will deliver. Indications are that there will be an additional 1400 nurses, 320 doctors and 1200 other staff (e.g. occupational therapists, physiotherapists, social workers), alongside an additional 140 specialist acute beds, 980 general acute beds and 1200 other beds (e.g. community, care homes, step down, step up).
18. In addition to that funding announced in September, we also announced in November that an additional £150 million of non-recurrent funding has now been identified to support effective delivery of winter plans. We are distributing the additional funding on a fair shares basis to the health economies around acute trusts who did not receive funding from the £250m, and to those who would receive less than an appropriate share from the £250m allocation. This additional resource will be invested in preparations for the winter period and to support their continued delivery of high quality healthcare services for their patients.

19. As with the earlier investment of £250m, the additional resources should be used to secure resilient delivery of the services through the winter, and will involve:
 - schemes to minimise A&E attendance and hospital admissions;
 - improvements to system flow through 7 day working across hospital, community, primary and social care with innovative solutions to tackle delayed discharges; and
 - specific plans to support high risk groups.
20. As with the previous funding, we expect that the use of this money will be fully agreed through UCWGs, with particular attention given to addressing those issues which the chief executives of the relevant acute providers see as key to reducing pressures on A & E departments. It will also be important that all the vital stakeholders are consulted, especially leaders of ambulance and mental health services, Local Authority chief executives and representatives of the independent and voluntary sector.
21. £14m of the original £250m was held as a contingency, but specifically to ensure resilience of high dependency services such as Paediatric and Neonatal intensive care services or extracorporeal membrane oxygen (ECMO) services. NHS England commissioners are working with providers of these services to determine the best use of this resource. We also propose to ensure that ambulance trusts are supported to play their part.

NHS 111

22. NHS 111 is now an important access point for patients into NHS services, providing health advice and helping to determine where patients receive treatment.
23. During November 2013 the transfer of NHS 111 services provided by NHS Direct to 'step-in' providers took place, in addition to two service areas rolling out 111 for the first time.
24. This is the first winter where the NHS111 service will be operating with close to full national coverage and it is essential that the service performs well so that patients receive the best support possible.
25. The transfer period for NHS 111 service areas to 'step-in' providers began on 29 October 2013 with the transfer of the North West NHS 111 service. All transfers were complete by 20 November 2013, at which point NHS Direct stopped providing NHS 111 services.

26. NHS Direct continues to provide the 0845 4647 service for the remaining service areas still to go live with NHS 111. These are Cornwall, Bedfordshire and Luton, which go live in February 2014.
27. In line with winter pressures Daily SITREP reporting, full NHS 111 Daily SITREP reporting began on Monday 4 November 2013. NHS 111 has delivered swift response services throughout the transfer period. Detail is available in the performance report.
28. In order to support the NHS 111 system during the busiest winter periods, a NHS 111 Winter Contingency Service (WCS) has been secured from South Central Ambulance Service (SCAS).
29. The contingency capacity will be funded from the £15m winter monies. The breakdown for use of this funding (estimated as contractual discussions still underway) will be:
 - £6m – South Central Ambulance Service for 111 contingency
 - £2m – NHS Direct for 0845 contingency
 - £5m – to support step in providers during transfer period
 - £1m – to support improved DOS for all 111 providers
 - £1m – contingency
30. Once the costs of the WCS and NHS Direct contingency have been finalised, the dispersal of funds to support transfer will be confirmed.
31. We wrote to all commissioners regarding NHS 111 winter preparedness providing winter pressures guidance, an NHS 111 Service Failure Escalation and Contingency Deployment Process and guidance for systems outage resolution.
32. The NHS 111 Service Failure Escalation and Contingency Deployment Process is based on current on-call and escalation processes already in place across the NHS and details the action providers and commissioners should take at every level when NHS 111 providers experience service failure. It also details the decision making processes for accessing the WCS contingency capacity, with NHS Direct 0845 contingency capacity only being used in the event of catastrophic failure.
33. Cascade training for the escalation and deployment process has now begun across Regional, Area and Lead CCGs and assurance that all relevant on call managers have been trained will be provided by the end of November 2013.

34. The NHS 111 Central Support Team has drafted a NHS 111 National Business Continuity Escalation Policy for use throughout the year. Following review and sign-off this will be published across the NHS 111 system. In the interim the cascade training and NHS 111 Service Failure Escalation and Contingency Deployment Process will be followed over the winter period.

Urgent and emergency care review

35. Whilst there has been a significant focus on immediate A&E improvement and winter preparation since the Improvement Plan was introduced in May, it is also important to recognise the longer term changes that will lead to improved services and quality for patients in the future.
36. The 'Urgent and Emergency Care Review End of Phase 1 Report' is a major development. The next steps are to turn the ideas developed through this Review into reality. To do this we have established a Delivery Group of experts from across the urgent and emergency care system. This group will engage services, organisations, professionals and patient representatives in the practical design of a new system of urgent and emergency care.
37. NHS England will release an update on progress in Spring 2014.

Recommendations

38. The Board is asked to receive assurance that appropriate plans and processes are in place to deliver services for patients throughout the winter.

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