

## BOARD PAPER - NHS ENGLAND

**Title:** Update on winter 2013/14

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

**Purpose of paper:**

- To update the Board on winter pressures and current delivery.

**Key issues and recommendations:**

- NHS England is working with colleagues across the NHS and the Department of Health to ensure that the system continues to deliver over the winter period.

**Actions required by Board Members:**

- To receive assurance that appropriate processes are in place for the continued delivery of high quality services for patients throughout the winter.

## **Update on winter 2013/2014**

### **Introduction**

1. At the last meeting, the Board received a report on winter planning and progress to date as we moved from the planning phase into the delivery of services over winter, including national arrangements and the allocation of non-current funding.
2. At the time of writing, we are moving into the most potentially challenging period, where it is likely that cold weather could have an adverse impact on delivery of services. We continue to be impressed by the efforts and dedication offered by staff across the system who work hard to ensure patients continue to receive the high quality services that they expect and deserve. Our daily winter pressures situation reports (sit reps) show that pressures continue to be comparable with the same period last year. Sit reps will run until the end of February or later if necessary. We continue to monitor key indicators closely and report on this to the public weekly through the Winter Health Check. This pulls together information on waiting times in A&E, ambulance response times, daily situation reports from the NHS, and information on flu rates.
3. We continue to work with our 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).

### **Winter plans and implementation**

4. Area teams have continued to work with UCWGs and their members to improve any plans which were not fully assured on first assessment by the regional tripartite panels.
5. The regional groups provide weekly updates on the assurance of plans and delivery, and continue to work with UCWGs to monitor the actions and ensure appropriate progress.
6. A roundtable meeting was held in early December, involving the national tripartite members and representatives from the independent and voluntary sectors, to discuss how we could facilitate more use of these sectors to support the delivery of urgent and emergency services.
7. From this meeting, a number of workstreams have been identified for further development, including the development of: 'capacity maps', robust contractual frameworks for elective and step up/step-down care, and a framework for systematic engagement with both sectors, including a library of case studies and guidance/checklists for local commissioners to use to ensure all local opportunities are identified.
8. A steering group will meet this month to discuss taking this work forward, and will include representatives of the 'elective care' independent sector, the step-up/step down sector, the voluntary sector, commissioners, acute providers,

NHS Partners and the English Community Care Association (ECCA).

9. The tripartite members have also been working with Emergency Care Intensive Support Team (ECIST) to discuss current provision of support for trusts and how ECIST currently operates, its capacity etc. and the potential for the extension of the work that it undertakes.
10. A workshop took place in early January to review planning for the delivery of services over winter 2013/14, and to identify potential workstreams to further improve delivery for 2014/15. The workshop included representatives of the tripartite panel members at both national and regional level, ECIST and the Association of Directors of Adult Social Services.
11. Building on this, and as per the planning guidance *Everyone Counts 2014/15 to 2018/19*, we would now expect local resilience planning, led through UCWGs, to be a continuous process, with preparations continuing on from this winter to lead us into next winter.

### **Winter funding**

12. We have now confirmed the use of the remaining monies from the £400million available for use in 2013/14 to support provision over winter.
13. £14million will be provided to the ambulance services via lead clinical commissioning groups, allocated on a fair shares basis, using the volume of emergency calls to each ambulance trust. This is in addition to any funding some ambulance trusts may have already received from local allocations in previous rounds of funding.
14. Another £7m has been allocated to provide additional capacity for specialist beds, staffing and support, across adult, paediatric, neonatal intensive care, neurorehabilitation and cardiac care. Money has been allocated proportionately and broadly reflects the total spend on specialised services in each area. Funding has been distributed via NHS England area teams.
15. We will continue to monitor the use of this funding for all winter monies allocations.

### **NHS 111**

16. NHS 111 is now a vital access point for patients' access to urgent care services. Around 800,000 people contact the number every month for health advice and help to find the right treatment. This is the first winter where the NHS111 service has been operating with close to full national coverage (approximately 97% of the population) and it is essential that the service continues to perform well so that patients receive the best support and care possible.
17. NHS111 has generally performed very well – particularly over the very busy period of Christmas and New Year 2013/2014.

18. The national average performance was above the standard of 95% of calls to be answered in 60 seconds for Christmas week (97.9% up to 1 January 2014), but had dipped slightly in the weeks before Christmas. The call abandonment standard was achieved for December as a whole in all regions and by all providers.

### Performance

19. A&E services have performed well over the last two weeks of Q3 and we have achieved the standard overall for this quarter with performance at 95.6% of patients seen within four hours.
20. Summarised below is data covering some of the most relevant performance measures for winter, including waiting times in A&E, admissions, bed availability and NHS 111.

<b>Performance Summary of w/e 29 December (unless stated otherwise) 2013 and for the same week in 2012</b>			
	Standard	w/e 29 December 2013	Same week in previous year
A&E Performance (All types)	95% seen in 4 hours	96.4%	95.5%
A&E Performance (Type 1)	95% seen in 4 hours	94.6%	93.3%
Total A&E Attendance	-	372,139	399,014
Emergency admissions	-	100,639	99,093
Total number of elective operations cancelled (w/e 9th Jan)	-	1,267	1,329
Total General and Acute Bed Occupancy (w/e 9th Jan)	-	94.2%	95.3%
Adult Critical Care Bed Occupancy (w/e 9th Jan)	-	86.8%	86.5%
NHS 111 (up to 1st Jan)	95% of calls picked up within 60 seconds	97.90%	N/A

### Recommendation

21. The Board is asked to receive assurance that winter plans and processes are continuing to deliver a high quality service over winter.

**Dame Barbara Hakin**  
**Deputy Chief Executive and Chief Operating Officer**  
**January 2014**