

**BOARD PAPER - NHS ENGLAND**

**Title:** Review of winter performance and delivery in 2013/2014

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

**Purpose of paper:**

- To provide the Board with a review of overall performance during the winter reporting period.

**Key issues and recommendations:**

NHS England is working with colleagues across the NHS and the Department of Health to review delivery of services for winter 2013/2014 and to develop planning for 2014/2015.

**Actions required by Board Members:**

- To receive assurance on the delivery of services during this winter period and that processes are in place for the review of winter planning and implementation 2013/2014, ahead of the design for winter planning and delivery in 2014/2015.

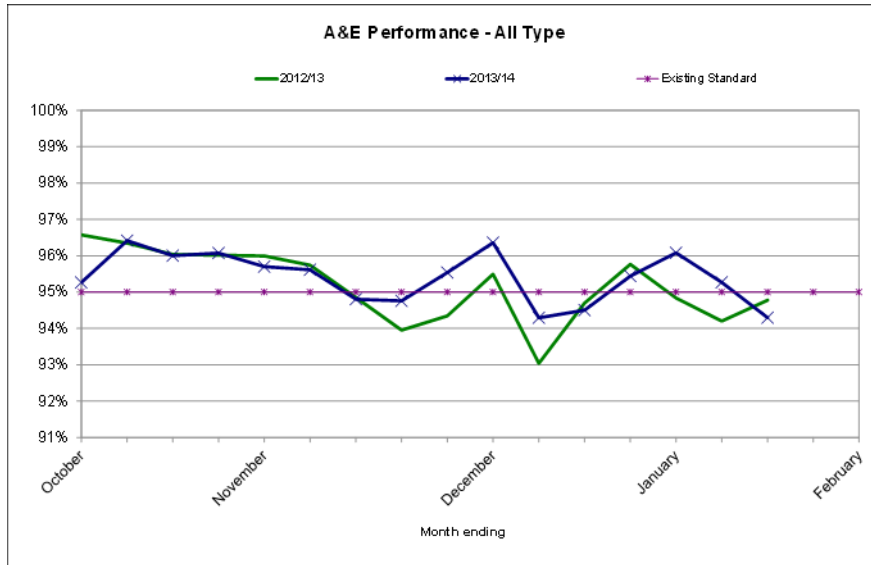
## **Update on winter 2014/2015**

### **Introduction**

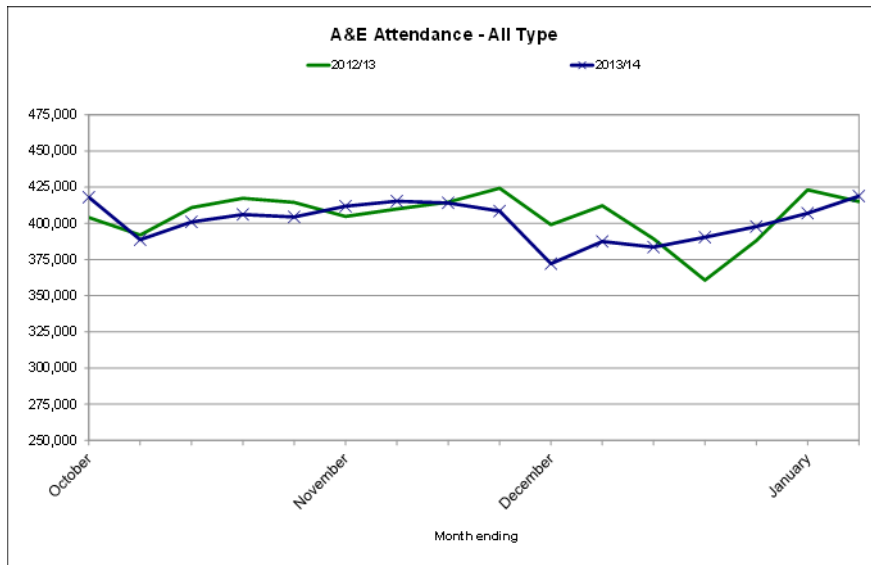
1. NHS England has maintained a good performance over the winter reporting period.
2. Maintaining the service to patients over this traditionally difficult time of year is a credit to NHS staff who, by remaining focused on the top priority of providing high quality services for patients, have ensured successful delivery. The challenge now is to maintain performance moving out of the winter reporting period for 2013/14 and into the delivery of services in 2014/2015.
3. There is no room for complacency. Focus needs to be maintained through March and April, looking at what has gone well in 2013/2014 and understanding where things can be done differently. During 2014/2015, NHS England will be seeking to embed robust planning for urgent and emergency care services beyond the remit of winter.
4. This paper presents an update on system performance over the current winter reporting period, including the use of winter pressures funding, and NHS England's outline approach to planning for winter 2014/15.

### **Comparative performance of winter 2012/2013 and 2013/2014**

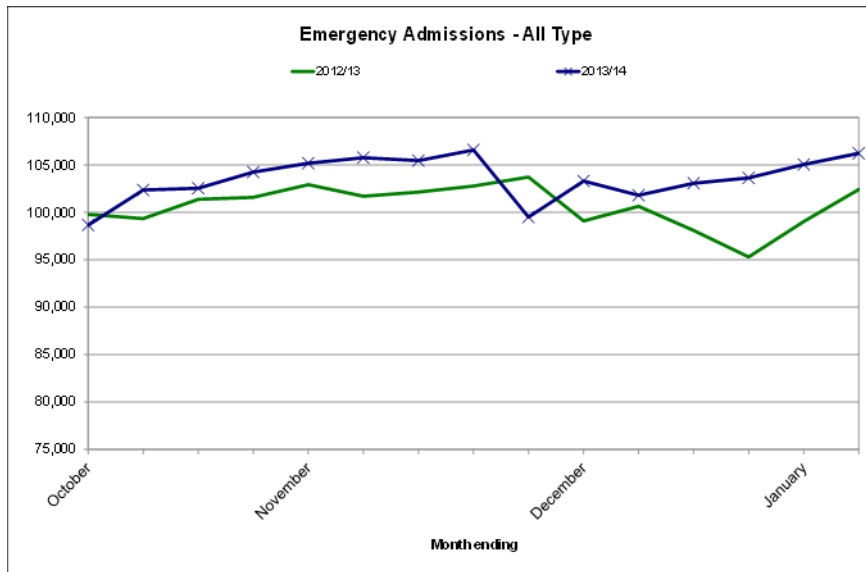
5. Monitoring of key indicators and reporting performance through daily and weekly sit reps (starting 4 November) has been successful, and will now run to the end of March.
6. This information, together with A&E and NHS 111 data, has formed the basis of the publication of the weekly Winter Health Check, which has proved to be a successful way of keeping the public informed on how its NHS has been performing during this period.
7. To avoid inappropriate attendances, and to encourage people to seek timely help, support and advice, this year NHS England is running the 'Under the Weather' campaign, encouraging people to seek health advice early when they or a loved one feels unwell. It also supported the 'Winter Friends' campaign, which sought to get 100,000 people to sign a pledge to look in on their elderly neighbours over winter.
8. While performance on the national A&E standard has dipped below 95% on a few occasions in the winter of 2013/2014, performance has never been below 94% and has shown a stronger performance in the post-Christmas period than in 2012/2013.



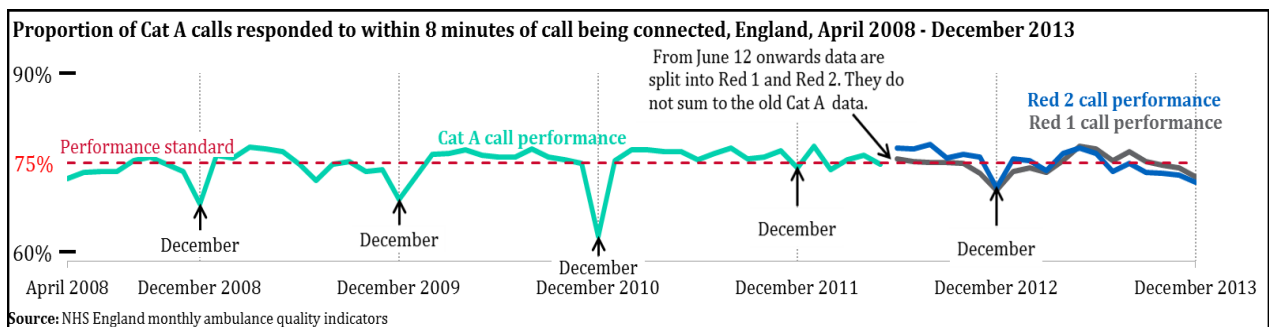
9. Levels of attendance at A&E departments across winter 2013/2014 have been subject to fluctuations but have remained broadly similar to the same period in 2012/2013. For the winter period to date (from the start of the sit rep reporting period) the average weekly attendance has been lower than it was in the same period the previous year.



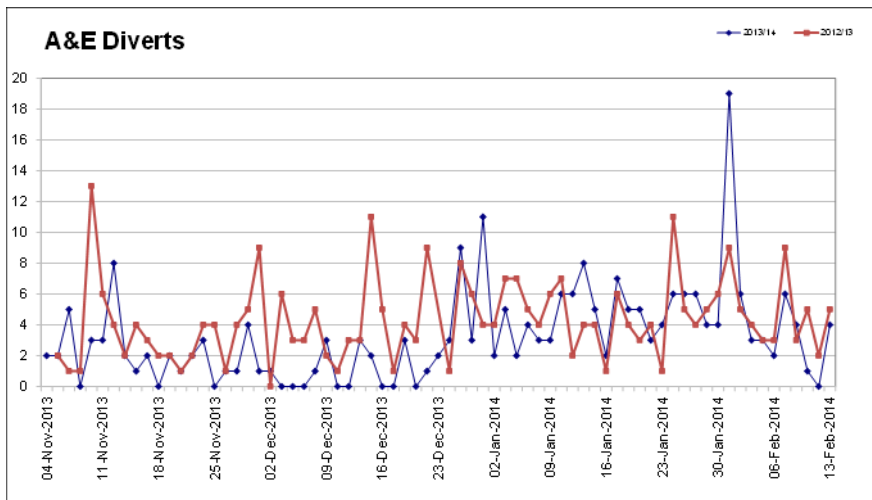
10. Whilst following similar trends to the previous year, emergency admissions throughout winter 2013/2014 have been higher than levels seen in 2012/2013. This should be seen against a back drop of a year on year increase in emergency admissions, although at a slower rate than has been seen previously.



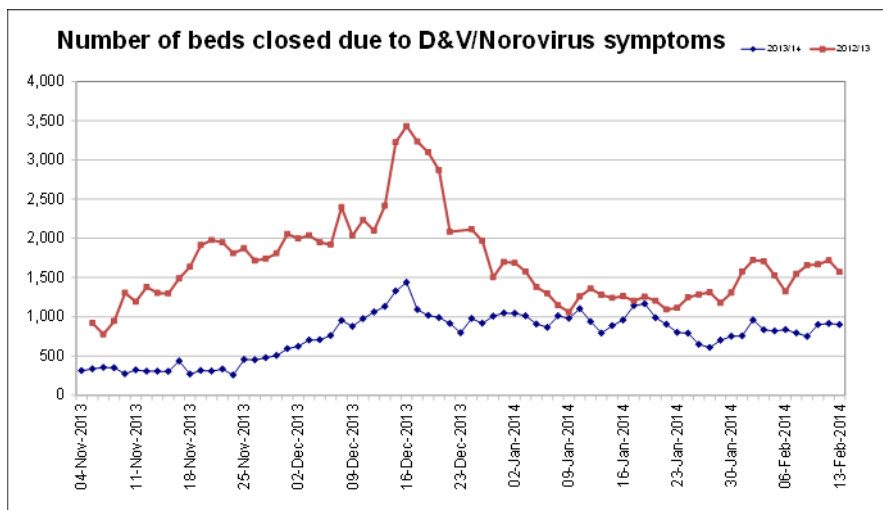
11. Ambulance performance has suffered during this winter period, with a number of trusts consistently missing all three response time standards. However, there is a seasonal trend for performance to dip during the winter months, and the dip experienced in December 2013 was not as pronounced as it was in December 2012, despite the system experiencing the highest number of Red 2 calls and the second highest number of Red 1 calls since the standards were split in May 2012.
12. December was the third consecutive month that the Cat A Red 1 standard was missed at a national level, with 8 out of 11 trusts not achieving 75% or above.
13. Additional winter funding to support the delivery of ambulance services was announced to the system at the end of December 2013, and has been directed towards a variety of initiatives, including additional staffing cover and availability of vehicles.
14. NHS England will continue to support clinical commissioning groups in the commissioning of ambulance services to ensure all steps are taken to improve services for the public.



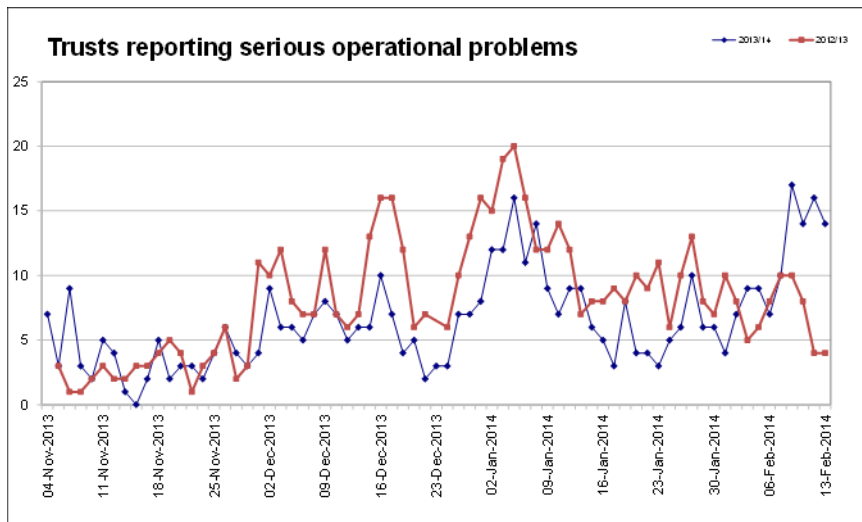
15. The number of A&E diverts reported this winter has been consistently lower than in the previous year and, excluding some isolated spikes, has remained in single digits.



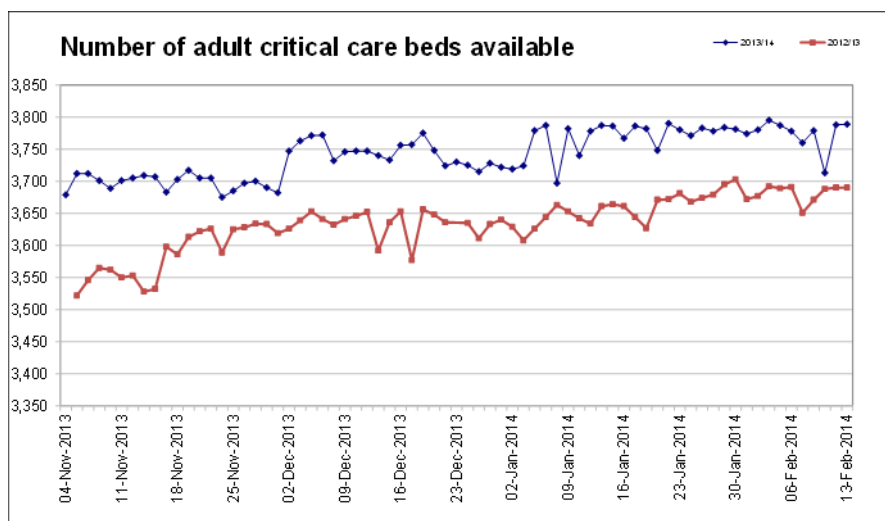
16. Winter 2013/2014 has seen a considerable and sustained fall in the numbers of beds being closed to due to D&V/norovirus symptoms when compared to the previous winter.



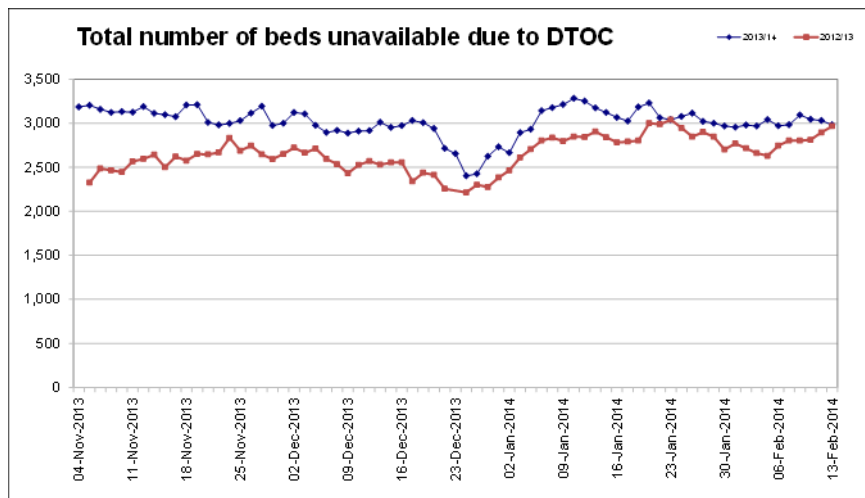
17. Whilst following similar trends in terms of frequency, peaks and troughs, there have been fewer reports from trusts of serious operational issues than there were during the winter of 2012/2013.



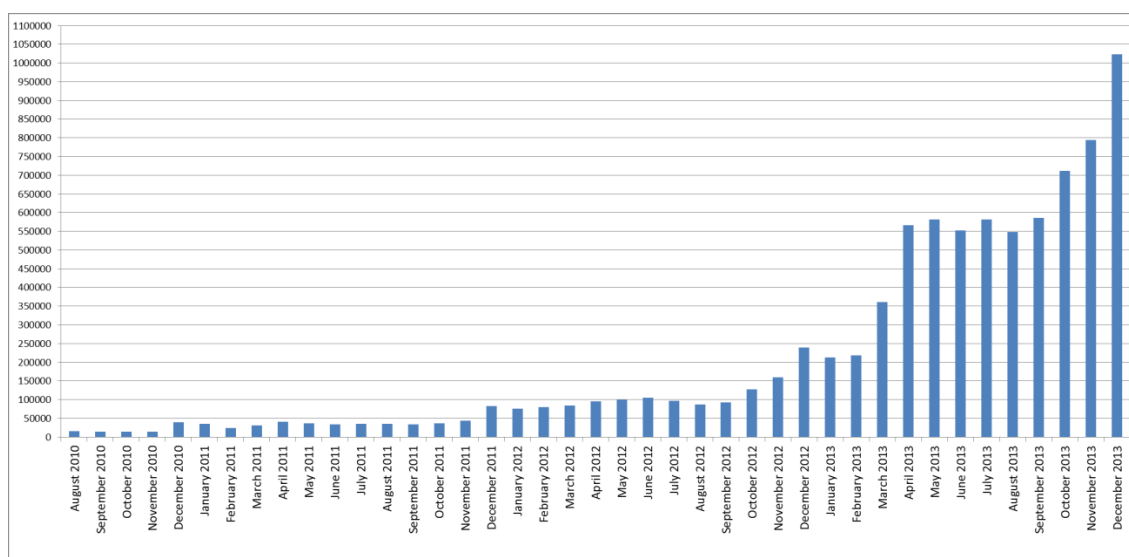
18. The number of critical care beds available across the system has been considerably higher than the same period in the previous year.



19. There has been an increase of the number of beds unavailable due to delayed transfers of care (DToC) compared to last year.



20. However, the number of DToCs has increased slightly year on year (not just between 2012/2013 and 2013/2014), and these figures remain within what would be expected at this time of year.
21. It is important that these delays are kept to a minimum and that there is a focus on medically fit patients who are ready for discharge to services other than social care. NHS England continue, through the tripartite group, to seek to address this issue between NHS and social care partners.
22. During 2013/2014, NHS 111 coverage in England has grown from 40% to 100%, with call volume increasing significantly following rollout (1 million people called the service in December). The table below shows the growth in call volumes.



23. Nationally, NHS111 has continued to meet both the standard for calls answered within 60 seconds and for the call abandonment standard.
24. The winter contingency service continues to be accessed and has been used proactively on several occasions, predominantly over the Christmas and New Year period. It has been used to date by nine of the eighteen NHS111 providers. Although it is difficult to ascertain the degree of impact on provider performance, it is clear that it did support the performance of several providers who would have had significantly worse performance otherwise.
25. The NHS111 Programme Oversight Group has now commissioned work on the system impact of the service. We will actively use this analysis to support winter planning for 2014/2015

### Winter funding

26. The Board has already received information on the distribution of the £400 million of winter pressures funding.
27. Many schemes funded by winter monies have been aimed at increasing recruitment and the redeployment of staff, as well as increasing bed capacity through the system, specialist and general acute beds, as well as community and care home beds. The table below summarises how funding has been directed towards these schemes, using beds and whole time equivalent staffing numbers as key indicators. (Please note that these figures are estimated based on information gathered from local health systems).

	Doctors	Nurses	Other Staff	Acute Beds		Other e.g. Community Care/Care Home Beds
				Specialist	General	
Tranche 1 (£250m)	320	1400	1200	140	980	1200
Tranche 2 (£150m)	164	643	478	41	1043	552
<b>Total</b>	<b>484</b>	<b>2043</b>	<b>1678</b>	<b>181</b>	<b>2023</b>	<b>1752</b>

28. More widely, funds have also been allocated against:
  - increasing the presence of GPs within emergency departments
  - reducing ambulance handover times and improving ambulatory care more generally
  - increasing availability of senior staff within emergency departments to improve decision making capability and support admissions avoidance



- schemes around weekend discharges such as the ‘perfect weekend’ approach undertaken University Hospitals Coventry and Warwickshire NHS Trust. Within this Trust, additional radiology capacity has been delivered at weekends, with weekend discharge support via a dedicated team and supported by targeted additional consultant support in key medical wards
  - communication strategies (including social media) aimed at encouraging the public to make appropriate choices on the use of pharmacies, walk-in centres and GPs, to reduce inappropriate attendance at A&E
  - increasing the hours and capacity of dementia and mental health crisis teams within A&E and the community to reduce attendances and admissions, and to improve response times, particularly out of hours and at weekends
29. For example, the Rapid Assessment Interface Discharge (RAID) model, the exemplar model for treatment of mental health patients in A&E, has been implemented at some sites with positive results. Monies have also been used towards additional training, increased capacity for dementia and crisis beds, and supplementary transport services for mental health patients.
30. Packages to improve the timeliness and appropriateness of discharge have also been implemented across the country, as DToCs (as previously indicated by performance data) are acknowledged as a concern in many local health system pathways. By working with partners across the local community, for example in local authorities and the independent sector, a variety of schemes have been put in place to ease this congestion, such as:
- co-working with partner sites in the same community to create dedicated wards to take medically fit/stable patients who require ongoing support and care to ensure a well-planned discharge process, with teams of nurses and therapists to progress rehabilitation
  - increasing the number of social workers available, including at weekends and over the Christmas and New Year periods
  - availability of weekend services so that patients can be treated and/or discharged more rapidly, for example therapy services, emergency theatre sessions, opening of surgical assessment units, and additional senior medical presence
  - liaison with community and social care partners to identify the need for and setup of community packages of care that offer medically stable hospital patients the opportunity to be cared for either at home, or in a community bed, closer to home. This includes collaborative, proactive work with social service colleagues to meet any identified social needs,

therefore decreasing the length of patient stay and increase capacity within the hospital.

31. Through further submissions of tracking data the impact of these initiatives will be monitored through February and March, evaluating the data and using the analysis to drive planning for 2014/2015.

### **Winter planning 2014/2015**

32. The Board has already been made aware of tripartite working being undertaken between NHS England, Monitor, the NHS Trust Development Authority and the Association of Directors of Adult Social Service, as well as the role of Urgent Care Working Groups as a forum of mutual accountability for all partners in the local urgent care system, in the implementation and delivery of winter plans.
33. As part of the tripartite approach to reviewing winter 2013/2014 and planning ahead for 2014/2015, two stakeholder workshops have been held to date.
34. Emerging workstreams for development of the winter 2014/2015 plan with partners include:
  - **Assessment of the impact of delivery in 2013/2014**, including what service models were most effective, what enables effective change to happen, and how can the tripartite panels better support delivery.
  - **Implementing new models of care**, covering the proposals in the Keogh review, links to the Better Care Fund, seven day working in health and social care, enabling effective patient flow (particularly discharge and admission avoidance) workforce implications, primary care, ambulance and PTS services, mental health and dementia services, and use of the independent and voluntary sectors.
  - **Winter monies**, including how these can best be allocated across local health systems and potential use of incentives and rewards
  - **Governance of national and regional groups**, reviewing how national, regional and local working can be made most effective, organisation of UCWGs, planning, assurance and reporting processes, and the approach taken to communicating with staff and public
  - **Access to specialist improvement support**, for example ECIST, building action learning sets and the use of peer support, identification of other available specialist support and how to possibly empower UCWGs to take ownership of recommendations from improvement analysis.
  - **Identifying key sectors where further engagement is needed**, such as mental health, ambulance services and the independent and voluntary sectors.

35. Work developed through planning for 2014/2015 will be aligned with, and complementary to, the longer-term vision of the UEC review and our wider programme of work around parity of esteem.
36. Planning for services for 2014/2015, will also take into account the introduction of the £3.8 billion Better Care Fund that comes into operation in 2015/2016, aimed at supporting the integration of health and social care, ensuring this is considered within winter plans.
37. During planning consideration will be given to how health and social care services work together to provide better support at home and earlier treatment in the community to prevent people needing emergency care in hospital or care homes, and how use of the fund by commissioners is considered within their winter plans.

### **Conclusion**

38. The impact of the initiatives put in place to support the delivery and implementation of winter plans for 2013/2014 is encouraging. However, there is further work to do to ensure that performance is improved and maintained moving forward into 2014/2015.
39. There are now great opportunities available through the UEC Review and the Better Care Fund to do more to improve services for patients, and these must be fully exploited, not only in delivery over the winter period but on an ongoing basis throughout this year and beyond.

### **Actions required by Board Members:**

40. The Board is asked to receive assurance on the delivery of services during this winter period and that processes are in place for the review of winter planning and implementation 2013/2014, ahead of the design of winter planning and delivery in 2014/2015.

**Dame Barbara Hakin**

**Interim Chief Operating Officer/ Deputy Chief Executive**

**March 2014**