

**BOARD PAPER - NHS ENGLAND**

**Title:**

Update on NHS preparedness for winter 2014/15

**From:**

Dame Barbara Hakin, National Director: Commissioning Operations

**Purpose of paper:**

This report outlines NHS England's approach to operational resilience planning and use of the additional monies. The NHS Performance Report identifies the escalation process through which we will ensure the resilience process delivers the relevant standards of care.

**Actions required by the Board:**

- To note this update on NHS preparedness for winter 2014/15

## **Update on winter NHS preparedness 2014/15**

### **Introduction**

1. Maintaining services for patients over this traditionally challenging time of year is a top priority for the NHS. The immediate challenge facing the NHS as we move into winter is improving current performance on urgent and emergency care at a national level, to ensure patients continue to be able to access the high-quality services they should expect from the NHS.
2. This paper outlines NHS England's approach to operational resilience planning and use of the additional monies released to support this.
3. Following the pressure experienced during the winter of 2012/13, national and regional 'A&E tripartite' panels were put in place, comprising representatives from NHS England, the NHS Trust Development Authority (TDA), Monitor, and the Association of Directors of Adult Social Services (ADASS). These arrangements worked well to support good performance through 2013/14.
4. We have expanded the focus from 'winter' to 'operational resilience' in 2014/15, the aim is to establish sustainable, year-round delivery with capacity planning which is ongoing, robust and works in line with planning processes already undertaken by local systems. The NHS, working with various partners including local authorities and the independent and voluntary sectors, is moving away from a reactive approach to managing operational problems, towards a proactive system of year round system-wide resilience.
5. More broadly, NHS England has taken similar preparatory measures for this winter period as in previous years. The annual flu plan for 2014/15 was published on 28 April by NHS England in conjunction with Public Health England and the Department of Health. Communications programmes have begun, and winter sitrep data is being collected and monitored, to ensure operational issues are escalated and resolved.

### **Operational Resilience and Capacity Planning**

6. Winter planning for 2013/14 saw the formation of Urgent Care Working Groups, comprising commissioner and provider organisations involved in urgent care in local health economies, and charged with co-producing winter plans. This year, the remit of these groups was expanded to cover elective care, reflected in a change of name to System Resilience Groups (SRGs).
7. Planning for winter 2014/15 started much earlier and has been considerably more complex and wider ranging than in previous years. Workshops were held in January and March this year involving NHS England national, regional and area team colleagues, as well as those from Monitor, NHS TDA and ADASS. These sessions provided a forum to share lessons learned from previous winter planning, established improved ways of collaborative working

and were the catalyst for making the planning process more robust and reflective of a whole-system approach.

8. '*Operational resilience and capacity planning*' was published on 13 June 2014 setting out planning requirements for 2014/15, including key elements that every SRG plan had to cover to be eligible to receive non-recurrent funding, and the differential assurance approach taken to the various levels of risk posed by systems. At this time, the Government announced £400m to support operational resilience during 2014/15.
9. SRG plans had to demonstrate comprehensive planning incorporating both elective and non-elective care 'best practice' developed in conjunction with the intensive support teams (ISTs) from NHS IMAS, as well as with the College of Emergency Medicine.
10. SRGs were split into three risk categories based on historic performance against the A&E and RTT performance standards. High risk systems were subject to a diagnostic review from the relevant IST and were only eligible to receive resilience funding with plans that demonstrated clear actions to address the issues identified by the IST.
11. Out of the £400m, £350m was allocated to SRGs through CCGs, on a 'fair shares' basis (based on the population within the CCGs geographical footprint), with £50m held in total in a central reserve to be targeted towards national initiatives. Nationally driven initiatives included £18m specifically directed to support ambulance trusts, £6m for NHS 111 services and £11.2m for specialised commissioning (including PICU, adult critical care and neuro-rehab beds and staffing).
12. In October, the Government announced an additional £300m. Many schemes funded by these additional monies are aimed at increasing staffing and bed capacity through the system, both specialist and general acute beds, as well as community and care home beds. As with the first tranche, a central reserve of £10m was held for other national initiatives.
13. Funds have also been allocated against:
  - increasing the presence of GPs within emergency departments;
  - reducing ambulance handover times and improving ambulatory care;
  - increasing availability of senior staff within emergency departments to improve decision making capability and support admissions avoidance;
  - 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; and,
  - increasing the hours and capacity of dementia and mental health crisis teams within A&E and the community to reduce attendances and admissions.

14. Annex A gives a breakdown of the £700m.
15. There is a specific focus on ambulance services which are so key to the whole of the urgent care service. Additional funding has been directed towards a variety of initiatives, including additional staffing cover and availability of vehicles. NHS England, working with tripartite colleagues, will continue to support CCGs in their role as commissioners of ambulance services, to ensure all steps are taken to improve services for the public.
16. Another key aspect is ensuring that patients can be discharged from hospital when they are medically fit as the release of these beds for new patients is critical. This can be as a result of delays with social care services or NHS community services.
17. There has been an increase of the number of beds unavailable due to delayed transfers of care (DToC) compared to last year. Alongside tripartite colleagues, NHS England is working with DH and with ADASS to focus on those health economies with the largest number of delays over the last six months to determine key issues and how these can be rapidly addressed.
18. More widely, SRG plans included key elements of best practice designed to minimise delayed discharges, including seven day working arrangements. We would expect to see schemes targeted at reducing DToC beginning to make an impact now that operational resilience monies have been released into the system.
19. Monthly funding submissions through winter will measure the impact of these initiatives, so we can monitor progress and performance.
20. In a change to previous years, a detailed assurance process was developed with input from regional and area team colleagues, with set criteria in place to ensure a nationally consistent approach. Assurance was undertaken by area teams, with oversight by the regional and national tripartite panels. Following the conclusion of the assurance process, the release of monies to all SRGs was recommended by the four regional tripartite panels, and transferred in the month seven CCG allocations.

## **Conclusion**

21. The NHS is working hard to ensure that standards are achieved in both Q3 and Q4, and the year as a whole. Close monitoring will be required throughout winter to ensure SRG plans deliver the required impact on performance. At all times patient safety and quality are paramount and we will carefully monitor key metrics to ensure this remains a focus.
22. The Board is asked to receive assurance of the NHS's preparedness over the winter period and of the processes for the tracking of operational resilience funding allocations.

23. The NHS Performance Report identifies the escalation process through which we will ensure the resilience process delivers the relevant standards of care.

**Dame Barbara Hakin**

**National Director: Commissioning Operations**

### Breakdown of planned spend of £700m by area of improvement

