

## National Emergency Pressures Panel

26 January 2018, 9:00 – 10:00

### Note of the meeting

Attendees: Derek Alderson (President, Royal College of Surgeons), Jane Cummings (NHS England), Helen Duncan (Cambridgeshire County Council), Jane Dacre (Royal College of Physicians), Janet Davies (Royal College of Nursing), Sir Bruce Keogh (Chair) (NHS England), Ruth May (NHS Improvement), Clifford Mann (NHS England), Kathy McLean (Deputy Chair) (NHS Improvement), Pauline Philip (NHS Improvement and NHS England), Stephen Powis (NHS England), Prem Premachandran (Care Quality Commission), Keith Willett (NHS England)

Apologies: Paul Cosford (Public Health England), Helen Stokes-Lampard (Royal College of GPs)

1. The National UEC Director opened with an operational update. Flu seems to be stabilising, and although norovirus has spiked again, performance is improving and is tracking slightly above the same time last year.
2. The National UEC Director outlined that while we will not have full activity data until the beginning of March, intelligence from the regions suggests trusts have been postponing elective work in a planned way, in line with the NEPP recommendations made on the 21 December and 2 January. The National Director made the following proposal for the panel to consider:
  - a. That the NEPP recommendations in place are not extended beyond the 31 January. Instead, all systems will be expected to work with their Regional Directors, towards an appropriate return to their elective programmes.
  - b. Regional Directors will focus their support on those systems with the most challenged non elective flow.
  - c. It will be up to the discretion of the Regional Directors to work with trusts on an individual basis, to agree how trusts will return safely to a full elective programme and approach to mixed sex accommodation, based on local operational and clinical circumstances.
3. The National Director added the following with regards to operational performance:
  - a. Overall demand has reduced in the first weeks of January.
  - b. We have seen some capacity from the budget monies starting to take effect.
  - c. Flow has slowed down due to ongoing increased acuity from flu.

4. In discussion the following points were made:
  - a. We are yet to get back to where we need to be with regards to performance; non-elective flow is still challenged and a managed return to full elective programmes will be extremely important. It is sensible to allow Regional Directors the flexibility to review and work with trusts, from 1 February.
  - b. Some systems have already instigated full elective programmes, whereas others may not be able to do this until mid or end of February.
  - c. Local organisations have done an excellent job in delivering stabilisation.
  - d. It should be reemphasised that NEPP make national recommendations, and ultimately it is a local decision based on this national guidance.
  - e. Half term will be a time of particular additional pressure.
5. The panel were extremely grateful to the service for their efforts. As a result of discussion, the panel agreed that the National Director will now support the Regional Directors to work closely with the trusts, taking forwards a measured reintroduction of their elective programme, based on local clinical and operational pressures.
6. The panel agreed to issue a communication to the system to that effect today.