

## **Note of the National Emergency Pressures Panel meeting**

**Wednesday 14<sup>th</sup> February, 10:00 – 11:30**

### **Skipton House**

Panel attendees: Derek Alderson (President, Royal College of Surgeons), Paul Cosford (Public Health England), Jane Cummings (NHS England), Jane Dacre (Royal College of Physicians), Sir Bruce Keogh (Chair) (NHS England), Clifford Mann (NHS England), Kathy McLean (Deputy Chair) (NHS Improvement), Pauline Philip (NHS Improvement and NHS England), Prem Premachandran (Care Quality Commission), Mary Smith (Manchester City Council), Helen Stokes-Lampard (Royal College of GPs), Ian Sturgess (NHS Improvement), Jonathan Van Tam (Department of Health), Keith Willett (NHS England)

Apologies: Janet Davies (Royal College of Nursing), Ruth May (NHS Improvement)

1. The Chair welcomed members to the meeting and noted performance in the early days of February has not seen the recovery experienced the same time last year.

#### Performance

2. The panel considered the drivers of performance over winter so far. The interplay of demand, supply and flow formed two distinct periods over December and January: the first leading up to Christmas where demand outstripped supply and escalation beds had not fully opened; and the second starting in the New Year where additional escalation beds opened, staff returned to work, and demand subsided slightly. This led to a performance improvement despite flow becoming increasingly challenged over the period, with sustained high levels of seven day and 21 day patients.
3. Since early February, performance is increasingly challenged, with the recovery not on a par with that achieved the same time last year. Winter rooms are receiving reports that trusts are struggling to staff beds over the half term period. It was noted a similar staffing issue is being observed in social care and the ambulance service.
4. Flu remains high; with around four times the number of beds occupied by flu patients than the same time last year, since the second week of January. This is absorbing some of the increase in capacity that has been released to the system through the postponement of elective work and capacity funded through the budget monies.
5. In summary, performance remains challenged, with reports of particular issues with staffing.

## Flu vaccinations for health care workers

6. The group discussed significantly raising flu vaccination rates for health care workers. The National Director made the following points:
  - a. Staff flu vaccination rates have been rising slowly since 2009/10 but have plateaued in the last year.
  - b. As of 31 December, over a third of NHS staff remained unvaccinated.
  - c. Flu-related staff sickness absence significantly affects an organisation's ability to deliver services safely.
  - d. A large proportion of people with flu display no symptoms and so risk passing it on patients.
  - e. The draft NICE guidance included studies indicating a direct link between staff vaccination rates and patient mortality rates.
7. The DCMO said there was compelling evidence that HCW were implicated in transmission of flu to patients.
8. During discussion the following points were made:
  - a. We don't yet have a clear evidence base on why the vaccination rate is as low as it is in some Trusts.
  - b. An important part of increasing vaccination rates would be to ask organisations to demonstrate they had offered the vaccine to staff and making it easier for people to get vaccinated.
9. The panel asked Jonathan Van Tam to summarising the evidence / benefits for staff having the flu jab and felt it would help to analyse declarations of non-compliance where these have been collected.
10. The panel awaited final NICE guidance. In the meantime, given the emerging debate around mandation of flu vaccination, work would be undertaken to understand any related precedent or legal issues.

## Length of stay

11. The National UEC Director outlined that a priority for the UEC programme in 2018/19 is to build in a renewed focus on length of stay. Ian Sturgess was invited to share his experiences with the panel. He talked about:
  - a. Length of stay as a measure of unnecessary waiting.
  - b. The need to look at a basket of indicators not just the number of stranded patients, including readmission, community and social care resource utilisation.
  - c. The importance to understand and measure is short-stay and ambulatory provision in an organisation.
  - d. We broadly understand the set of operational issues we should be seeking to embed/operationalise in all trusts. But there is still more to

be worked through to change local behaviour through empowering local leadership.

12. The panel agreed this should be an area of focus for the UEC programme next year and offered for the work programme to be brought back at a future date for discussion. Action: The National UEC Director will continue to work up length of stay as a priority for the programme next year.