Paper: PB.28.11.2018/11

NHS ENGLAND – BOARD PAPER

Title: Winter preparations 2018-19
Lead Director: Pauline Philip, National Urgent and Emergency Care Director Matthew Swindells, Deputy Chief Executive
Purpose of Paper: To provide the Board with an update on the NHS-wide preparations being undertaken for winter 2018/19.
The Board invited to: Note the contents of this report and receive assurance on NHS England's preparations for winter.

Winter preparations 2018-19

Purpose

1. This paper updates the board on the NHS-wide preparations being undertaken for winter 2018/19.

Background

2. The Board has already discussed the challenges we faced last winter, with the most severe flu season in seven years combined with extended periods of cold weather which exacerbated emergency admission spikes. The winter review published in September acknowledged that careful preparation and the dedication of hard working frontline staff meant that *more* people were successfully seen in A&E and admitted or discharged *within* four hours than in previous years.

3. We are continuing to drive the transformation of emergency and elective care this will support delivery throughout the winter period. For winter 2018/19 we expect to see important progress delivered, including:

    - more effective flu vaccines this winter both for older people and children and at-risk working age adults
    - new £145 million capital upgrade of A&Es and bed capacity
    - new £240 million spending for social care to support winter pressures
    - expansion in same day emergency care
    - freeing up more hospital beds by reduced long stays in hospital
    - primary care extended access will be in place across the country, with an additional nine million appointments per year
    - NHS111 online will be rolled out nationwide
    - all ambulance trusts will have made much further progress in implementing ‘hear & treat’ and ‘see & treat’ to reduce inappropriate conveyance to hospital
    - progress in reducing the number of elective patients waiting more than 52 weeks

Flu vaccination

4. **Our flu programme** – this year’s seasonal flu vaccination programmes, aimed at increasing protection to patients, staff, their families, and the overall safety of services, are now delivering flu vaccine to millions of people across England. A flu coordination group has been recently established to oversee the supply, delivery and uptake of the flu vaccination and to monitor the prevalence of flu bringing together the different roles of partner organisations.

5. **Current programme update** – The planned phased deliveries of vaccine for over 65s (40% in September, 20% in October and 40% in November) has been completed and 8.5 million doses of the vaccine have been delivered. GPs were informed of the phased delivery in March and we continue to work with them to ensure that the phased distribution does not impact on vaccination uptake. At the moment, uptake is lower than last year for the 65s and over, but is increasing, and by the week ending 18 November had reached 57.7% compared to 51.7% the previous week. No

significant issues with supply or availability of vaccine to patients in other cohorts have been reported; however, we continue to monitor these as the season progresses.

6. The first flu uptake data for the programme delivered in schools and for healthcare workers in hospitals was published by Public Health England (PHE) on 22 November 2018.

7. Whilst the data is provisional to the end of October, it shows the proportion of children that have received a vaccination as:

    - 20.5% of children in school year reception (age 4-5 years);
    - 20.7% of children in school year one (age 5-6 years);
    - 19.9% of children in school year two (age 6-7 years);
    - 19.7% of children in school year three (age 7-8 years);
    - 18.9% of children in school year four (age 8-9 years);
    - 18.2% of children in school year five (age 9-10 years).

8. It should be noted that the school based vaccination programme does not usually begin until the second or third week of October.

9. By 31 October, 46.3% of healthcare workers in hospitals had received a vaccination. This compares to 46% at the same point in 2017/18.

System capacity

10. **Increasing available hospital capacity by reducing delayed discharges and long stays in hospital** – The annual planning process for trusts this year has been strengthened to ensure each organisation has a more robust assessment of demand, capacity and the resulting projected performance. Overall, non-elective bed days are down -1.0% year to date. The concerted focus on Delayed Transfer of Care (DToCs) has yielded positive results. Beds have reduced from around 6700 in February 2017 to around 4,809 in September 2018. Compared with September 2017 this is a decrease of 14.1%. This has freed up nearly 2000 beds, creating additional bed capacity in the system.

11. We have a national ambition to release a further 4,886 beds from length of stay reductions of long stay patients in hospital over 21 days to help with capacity and performance. A national programme team is now in place to drive this work and is being supported by the emergency care intensive support team (ECIST) who provide hands on improvement support to local organisations. The rolling three-month position at September 2018, shows we have achieved 13% of the 25% required, representing 2,470 beds.

12. **Same Day Emergency Care (SDEC)** – we have seen a rapid development of SDEC, building on considerable innovation and development within ambulatory care. Admissions for less than one day have grown at 10.5% year to date showing these improved care models are being adopted. Up to 50% of acute medical referrals can be cared for via non-admitted care pathways, including SDEC, providing more rapid and effective care, whilst freeing up significant capacity in hospital wards. This will ensure that there are fewer unnecessary overnight stays, which can otherwise lead to longer stays in hospital, and worse overall outcomes for patients. In order to support

increasing our understanding and support of SDEC pathways, we are introducing new ways to improve consistency and transparency of data, looking at new financial models, and developing commissioner capability.

13. **Capital investment** – £145m of provider capital investment is now being invested in capacity for acute services ahead of this winter. 81 schemes have received funding, and schemes are delivering over the coming weeks, with some additional beds already opening. Trusts have given assurances that all schemes will be completed before the 24th December. These will provide much needed capacity, and support A&E performance this winter by allowing a reduced occupancy.

14. **Elective care** – GP referral growth has continued its steady decline since April 2016 with -0.1% growth in the 3-month rolling period between July 2018 - September 2018. Total elective growth has increased by 0.6% in the same period. We have put in place greater scrutiny of performance against plans through the enhanced governance and oversight. This includes a specific focus to identify and utilise all available elective capacity across the country (in the NHS as well as the Independent Sector), to help ensure activity is delivered in line with planned levels in the second half of 18/19.

15. **Social care** - A series of health and social care integration reviews undertaken by the Care Quality Commission has enabled learning to be shared across systems. There is still much more we can do to improve seven-day patient flow as we know that on average, across England, 1.8 more hospital discharges occur per day on weekdays compared to the weekend for all length of stays of one day or longer. We continue to work closely with ADASS, LGA and DHSC to develop and implement monitoring metrics for those sectoral contributions related to out of hospital care which are key to delivering some elements of the ambition.

16. The recent announcement of £240 million for Adult Social Care will be crucial to easing winter pressures on the NHS, increasing capacity through improved patient flow into social care, and reducing unnecessary admissions. NHS chief executives are working closely with local authority chief executives to ensure that maximum benefit is realised from this investment.

Transformation

17. **Workforce** – Building on the increase of ED consultants by more than 30% over the past five years, the physician associate (PA) programme (660 PAs now work across the NHS) and the addition this year of a further 100 trainee doctor places in emergency care, we are now focusing on supporting hospitals in parts of the country where fewer ED consultants are willing to work. Overall, the ability to further expand hospital bed capacity and community intermediate care capacity is constrained by nurse and social care staff availability. Workforce availability represents the NHS's principal *internal* operational risk this winter.

18. NHS Improvement launched a new programme in July 2017 to improve staff retention in trusts to stabilise and then bring down leaver rates by 2020. NHS trusts have access to a programme of support to increase focus on retention and to facilitate and share learning. Early indication shows that, for the 12-month period up to 31st March 2018, nursing turnover rates have improved from 12.4% to 12% (excluding mental health trusts). Mental Health clinical turnover rates have improved from 14.2% to 13.5%. This represents 8 months post-commencement for trusts within cohort 1 of the retention programme.

19. Registered nurse supply constraints and market factors have compounded to create circa 42,000 vacancies in provider organisations in 2018/19. Some of this demand gap is mitigated through use of bank and agency staff. NHS Improvement has launched a support programme partnering with NHS providers to minimise healthcare support worker vacancy rates and support operational performance. This programme will focus on the reducing the substantive vacancy position nationally for support to nursing roles in NHS provider organisations.

20. **Ambulances** – Since the introduction of the Ambulance Response Programme standards we have seen improvements in performance for the most seriously ill patients and most trusts are close to achieving standards on Category 1 calls. Category 2 remains a challenge for some organisations but is the priority for all trusts to improve on as we go into winter. To better support ambulance services in achieving the new performance standards and in preparation for winter, funding was made available earlier this year for 256 vehicles and vehicle preparation facilities at a total cost of £36.3m. A long-term plan to reduce avoidable conveyance is in development, identifying interventions already in use, and to evaluate new opportunities for reducing conveyance. We continue to work with ambulance and acute trusts to tackle hospital handover delays and this is monitored daily.

21. **Elective care transformation programme** – We continue our work to reduce avoidable demand for elective care. This includes continued rollout of MSK triage services (As at September 2018, 178 out of 185 CCGs (96%) had established compliant MSK Triage services), the generation of 12 specialty level transformation handbooks, roll out of capacity alerts functionality across all regions, and delivery of high impact interventions focussing on first contact practitioners in MSK services and ophthalmology.

Management approach

22. **National escalation pressures panel (NEPP)** – We are engaging with the national clinical panel when required on emerging issues within emergency and elective care. In the first instance, panel members have been involved in discussions in relation to the seasonal flu programme. We held the first of this winter's NEPP calls on 2 November in order to inform the panel on current performance and preparations for winter. NEPP will be convened again before Christmas to keep members up to date, and then when necessary in the new year.

23. **Local, regional and national coordination** – Following the winter communication sent out in early September to local system leaders with responsibility for maintaining delivery and escalating - preparations are now almost complete. These teams have responsibility for ensuring that all partners within the system work together and 'own' the delivery of urgent and emergency care over winter. Having introduced a single joint regional delivery structure across NHS England and NHS Improvement for emergency care ahead of last winter, we are further strengthening these arrangements for this year with the appointment of a senior operational lead in each of the new seven regions during the summer. We have also appointed permanent staff to the national operations centre which will ensure operational grip, work with system partners including social care, and escalate from local and regional operations centres to the National Director and the DHSC.

24. **Tailored performance management** – In conjunction with regional directors we are no longer segmenting trusts as we did last year but focusing attention on the most challenged organisations. Regional directors have supported the development of recovery plans which recognise the complexity of the issues in systems.

25. **Reducing the data burden and improving information flow** – We are taking a number of digitally enabled actions to reduce the reporting burden on trusts and to provide helpful information and tools to support local systems.

26. **Public Information and Communications** –These launched on 1 October and are phased throughout the next few months. They will cover:

    - vaccination for the under-fives and pregnant women (Public Health England);
    - use of NHS 111 and NHS 111 Online;
    - Stay Well This Winter, for the most vulnerable patients;
    - GP extended access; and
    - encouraging use of pharmacy services.

Recommendation

27. The Board is asked to note the preparations for winter set out in this paper.