

1.8 Winter resilience preparations 2017/18 *Improvement*

Overview

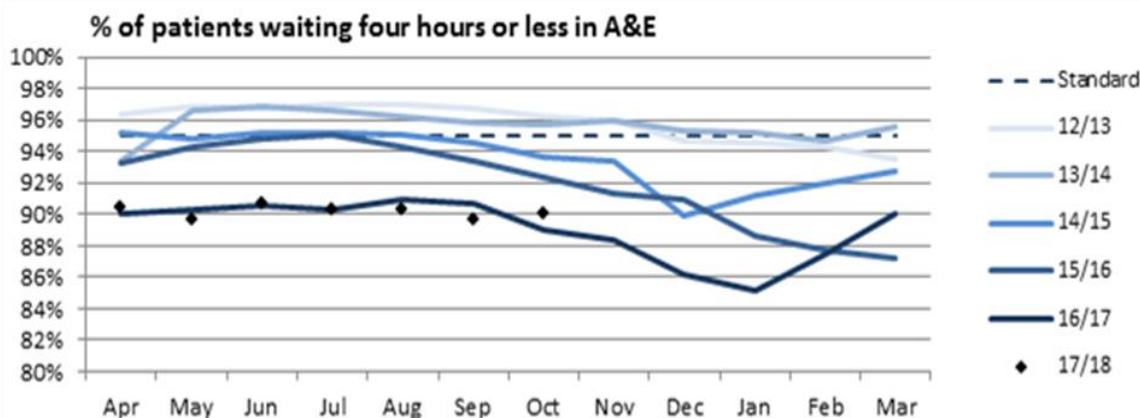
Our planning for winter, which is more detailed and intensive than in previous years, is built around three key pillars, each of which has a local, regional and national element. These are:

- **Targeted support** to our most pressurised systems through bespoke management plans and focused improvement support
- **Operational management** through structures of continuous monitoring and supporting intervention drawing on a range of live data sources
- **Contingency planning** to manage expected peaks in demand

Whilst plans are well-developed, there are two risks to delivery which need to be mitigated:

- Capacity to manage pressures and maintain patient flow;
- The risk of flu and/ or extreme cold weather

Year-to-date performance on A&E waiting times within 4 hours is 90.2%. This is on a par with year-to-date performance last year (90.3%).



Performance

In summary, performance is relatively stable, however the system remains fragile, with particular concerns given occupancy levels and delayed transfers of care

Key actions undertaken in Q2:

- Formal winter planning began in July with first submission of local winter plans in September;
- National Events with Chairs, Chief Executives of Trusts and Chairs and Accountable Officers of CCGs to discuss winter preparations and A&E Delivery;
- Winter Operations Function with dedicated resource agreed with implementation to take place in Quarter 3.

Winter resilience preparations

Transformation

Working with NHS England we are transforming Urgent and Emergency Care in the long term. We are going into winter in a better position than in previous years:

- More than more than a third (37%) of NHS 111 calls are now dealt with by nurses, paramedics and doctors, compared with 22% last winter.
- The Ambulance Response Programme has been implemented in all trusts (except the Isle of Wight), freeing up an estimated 750,000 ambulance response.
- Over 85% of type 1 A&E Departments now have a primary care streaming service in place, supported by £100 million of capital upgrades for A&Es across England.
- Access to 'Urgent Treatment Centres' is being standardised and made available through booked appointments via NHS 111.
- For the first time we are starting to see a reduction in delayed transfers of care, reflecting progress to speed up the assessment process and ensuring patients are transferred promptly to the most appropriate care setting for their needs.

Management plan

Building on learning from last year, we have strengthened our model of operational oversight. It is based on continuous monitoring and supportive early intervention.

(1) Targeted support

We are targeting support to trusts based on performance and capability to deliver performance improvement. This support could include: bespoke management plans; ECIP or other dedicated improvement support; Improvement Directors; and clinical support and clinical leadership capability.

(2) Operational management

Our winter operating model this year is focused on continuous monitoring and supporting improvement, with a national, regional and local presence. This model is based on several principles, including:

- Ensuring patient flow in the UEC pathway is maintained 7 days a week
- Proactively managing risks through making use of forecast measures and looking ahead to deploy 'levers' to prevent deterioration in performance or risks to safety
- A step change in the levels of cover and period of response that matches local expectations and adds value to local systems
- A dedicated team and supporting infrastructure, that are separate from Emergency Preparedness, will be in place to operate this model, working jointly across NHSE/I with representatives from key partner agencies and functions: ADASS, LGA, PHE, primary care.

(3) Contingency planning

All systems have been asked to develop local escalation plans that detail the actions local system will take in anticipation and response to times of pressure. The delivery of these plans will be supported through the winter operating infrastructure.

A new National Emergency Pressures Panel chaired by Sir Bruce Keogh and comprised of senior medical, nursing and other clinicians from the NHS, Public Health England, CQC and royal colleges, will identify levels of system risk and recommended contingency responses, graded to reflect levels of pressure regionally and/or nationally.