To: Board

For meeting on: 22 March 2018

Agenda item: **6**

Report by: Pauline Philip, National Urgent and Emergency Care Director

Report on: Winter 2017/18

Summary

1. This paper provides an update to the Board on the joint NHS England and NHS improvement plan for winter and covers:
    - Performance over winter months so far
    - Early reflections on interventions
    - Risks and mitigations
    - Priorities and planning for 18/19

2. A&E performance for February was 85.0%.This has been driven by significant sustained demand pressures from flu and norovirus, as we continue to be in the midst of the worst flu season since 2010. During February, the NHS also experienced the impact of cold weather in particular the rise in patient acuity (heart attacks, stroke, respiratory) caused by the sustained temperature drop.

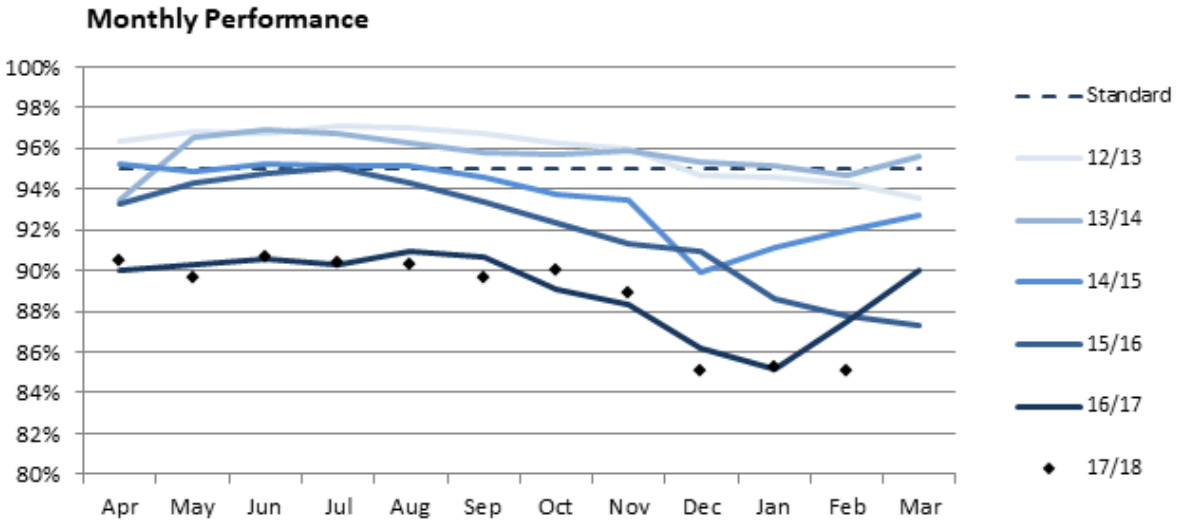
3. Whilst continuing to support the system through the current pressures we are also turning our focus to priorities for next year, including how we support our very poorest performers, operational priorities for the system around length of stay and minors breaches and improved demand and capacity planning.

Performance over winter

4. A&E performance is a result of a complex interplay between demand, supply and flow related factors. After a challenging period in December performance had improved, in relative terms, in January. However, February and March has seen decline.

5. In February, A&E performance was 85.0%. This is 2.5 ppt lower than the same month last year (87.5%). Year to date performance is 88.7%, which is below year to date performance at the same point last year (89.0%). The system continues however to see more patients within 4 hours compared to last year (+1.8% more in February compared to February last year). This is despite emergency

admissions up 2.0% for 1+ day admissions and 7.8% for 0 day emergency admissions.



- In terms of demand, attendances and emergency admissions to A&E have remained flat through February. However February monthly data reflect that throughout winter we have seen higher demand than for the same period the year before.
- The supply of beds has risen slightly through this period but this has been offset by the large increase in the number of beds closed due to norovirus.
- Cases of confirmed flu in hospitals have been coming down but slowly; the flu season has a very long shoulder. As of week 10, we still have a hospitalisation rate of 5.06 per 100,000 patients which is estimated to equate to over 2,500 cases in G&A beds.
- Flow continues to be compromised, in particular with the number of patients in hospital for more than 21 days high as a proportion of the bed base.
- Providers struggled with staffing capacity over February.
- We have faced significant challenges as a consequence of the cold weather, as we know admissions from heart attacks, stroke and respiratory illness increase with temperature decreases.

6. It is important to note that during the winter period: record call volumes have been managed through NHS 111 (173,879 more calls offered in February 2018 compared to January 2017, which is 15.0% more calls per day); we are seeing the highest ever proportion of NHS 111 calls with clinical input (46.4% in February 2018 compared to 29.3% February 2017); new ambulance response standards have been implemented across all ambulance trusts in mainland England, freeing up clinical time to prioritise patients with the most emergent needs; and since February 2016 we have released over 1,900 beds through a reduction in delayed transfers of care.

Winter plan and key interventions

7. Our plan for winter is built around three key pillars, each with a local, regional and national element. This paper provides a reflection on implementation against each of those pillars.
    a) Targeted support to our most pressurised systems
    b) Operational grip through structures of continuous monitoring
    c) Contingency planning to manage pressures

Targeted support

8. There is ongoing focused improvement work taking place in the highest risk systems. ECIP continue to work with a number of systems, delivering agreed management plans and providing clinical and leadership support on specific challenges.

9. We have identified a number of the poorest performing systems where we need to consider our current approach to improvement. These systems have seen sustained low performance despite the enormous efforts of frontline staff, regional and national support and winter funding for additional capacity through the Budget monies. Many of these systems were in a similar position last year. We are starting a dialogue with these systems to agree next steps.

Operational grip

10. The winter operating model continues until April when it will transition to a UEC operating function. This function will oversee the operational management of UEC through continuous monitoring and supporting improvement with a national, regional and local presence.

11. The National Winter Operations Room is working in partnership with regions to design a future model for the function and how this can continue to add the greatest value as a year-round operation.

Contingency planning

12. The Autumn Budget announced £337m for the NHS over winter. £150m has been allocated to support costs of winter already incurred by providers, and £137m was available for additional winter schemes, with £50m held by the DH for further discussion.

13. As previously reported, we established a National Emergency Pressures Panel, Chaired by Bruce Keogh, to advise the National Director if required on clinical risk and potential national actions. The National Emergency Pressures Panel has met several times over the winter period.

    a) The panel met on the 26th February and decided not to extend the recommendations from earlier meetings in relation to elective. Instead, systems were asked to work with their Regional Directors to plan a timely and appropriate return to a full elective care programme, based on local clinical and operational pressures.

b) The panel met on 8 March and following this, the National Director and two Medical Directors wrote to all trusts with advice on enhancing medical capacity over the coming weeks. At the same time, the Secretary of State also wrote to all Local Authorities requesting further focus on delivering weekday levels of discharge at weekends and ensuring sufficient level of staffing to support this level of discharge.

Risks

14. Performance remains challenged, and an improvement will depend on: providers being able to release enough system capacity to manage the pressures that the cold spell will continue to bring, the ongoing severity of the flu season and hospitals ability to staff beds over the Easter holiday period.

Priorities

15. The UEC programme has a clear set of transformation priorities (see 18/19 milestones paper) and a clear operational ambition for 4-hour A&E performance which will be set out in the forthcoming Mandate. As part of this, the National Director is in the process of agreeing a set of cross cutting priorities that will receive particular focus. These are likely to include:
    a) *Reviewing our approach to system performance,* for all trusts.
    b) *Eliminating minors breaches*, building on the successful work this year to ensure a primary care streaming services was available in every type 1 A&E Department in the country.
    c) *Renewed focus on length of stay*, considering how we achieve a better outcome on 7+ day patients, 21+ day patients by further increasing volume of discharges.
    d) *Demand and capacity planning*, supporting systems to produce a demand and capacity plan that profiles elective and non-elective work over the year, triangulating the finance and activity implications and for this to be underpinned with a bed and staffing plan.

16. In summary, performance is below last year, but the year on year decline does seem to have halted, suggesting the programme having impact. Compared to last year, ambulance handover delays and demand has been higher throughout winter. Flow metrics show that bed occupancy and the proportion of stranded patients were higher this winter, despite a large improvement in delayed transfers. Daily data shows we are not out of the pressured period yet. The next few weeks will be key to reverse the challenged performance seen since the end of February. To do so will require continued management of system capacity and the impact of flu; continuing to work with poor performance trusts to assure their risk management and an appropriate return to elective work; and a focus on enhancing medical and nurse staffing capacity where possible.