

## NHS England and NHS Improvement Board meetings held in common

**Paper Title:** Winter Operations and ongoing Covid-19 Response

**Agenda item:** 3.1 (Public session)

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**Paper type:** For discussion

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### Organisation Objective:

NHS Mandate from Government	<input type="checkbox"/>	Statutory item	<input type="checkbox"/>
NHS Long Term Plan	<input checked="" type="checkbox"/>	Governance	<input type="checkbox"/>
NHS People Plan	<input type="checkbox"/>		

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### Action required:

Board members are asked to note the content of this report.

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### Executive summary:

This paper provides a summary of the work underway to support the system during winter 2020/21 and in response to the continued Covid-19 pressures.

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### Covid-19 Latest Response Actions

1. In a [joint statement on Monday 4 January](#) the four UK chief medical officers recommended that the UK alert level should move from level 4 to level 5 saying that “without further action there is a material risk of the NHS in several areas being overwhelmed over the next 21 days.” The Government has introduced measures to further limit the spread of the virus, but these will take time to have an impact. At the time of writing (14/01/21), inpatient numbers in England’s hospitals continue to rise and are well above the wave 1 peak. Critical care also remains under significant and sustained pressure with all regions now using surge capacity.
2. Under the NHS Level 4 Major Incident status, we have moved to national oversight and direction for critical care bed allocations, oxygen provision and ambulance services, All regions have optimised their estates and workforce surge capability to ensure patients who require urgent or critical care can access it.
3. Each NHS England and Improvement Region has worked with the ICS/STPs within its footprint to develop these escalation and surge plans This includes support for mutual aid across systems and regions where required. Alongside responding to COVID-19, vaccination delivery continues to increase at pace (update provided to the Board in a separate paper).



4. NHS Nightingale Hospitals have reopened and are receiving patients in London, Manchester and Exeter. The London Excel facility is now also in use as a vaccination centre.
5. The focus is currently on supporting necessary additional capacity for every system and the full use of the £588 million discharge funding to support discharge to assess. In addition to implementation of [COVID oximetry@home](#) patient self-monitoring, a [new national model](#) is available to clinicians for COVID step-down virtual wards for the safe and supported discharge. Systems are being encouraged to make full use of hospice capacity care at home independent sector support, and where appropriate for a local system discharge via a hotel for those awaiting a social care package of support.
6. Workforce capacity remains challenging, exacerbated by staff absences due to COVID-19 infection or self-isolation. Further action is underway to maximise workforce supply and support for staff, including temporary registration of overseas nurses, recruiting to all Healthcare Support Worker vacancies (maximising use of the [£45 million in funding](#) that has been allocated to trusts) and fully utilising the Bring Back Staff scheme and volunteers.

## UEC Transformation

7. Building on rapid service changes introduced in response to previous Covid-19 waves, a considerable amount of work has been delivered with regional teams and local systems to introduce service transformations across the UEC pathway in order to ensure system resilience.
8. NHS 111 First went live from 1<sup>st</sup> of December. NHSE/I continues to work with providers on service design and operations. Across the 12 providers that have submitted data to the new NHS 111 First sitrep, a total of 53,151 bookings were made to Emergency Departments (ED) by 111 in week ending 3rd of Jan 2021. Overall, this re-represents 27.7% of referrals.
9. The COVID19 Response Service was initially established at the end of February 2020 and rapidly increased capacity through March. We re-established the service in October, however it has received fewer calls than in the Spring. It is staffed by GPs and all suspected COVID19 patients requiring direct clinical input who dial 111 are routed to the service.
10. 25 major capital works are well underway (totalling £150m across all sites, with an average of £6m per Trust) and expected to complete for December 2021. The projects are increasing ED, Urgent Treatment Centre (UTC) and Same Day Emergency Care (SDEC) capacity and improving non-elective flow (e.g. through a Priority Admissions Unit).
11. In addition £300m worth of smaller (typically £1-2m) ED capital projects were agreed in 158 sites focused on increasing patient flow growing SDEC spaces, adding in screens/pods, increasing majors cubicles, and external modules builds while managing Infection Protection and Control (IPC).

12. The “Transformation of urgent and emergency care: models of care and measurement” was published on the 15<sup>th</sup> December. This report sets out a number of priority service transformations for urgent and emergency care systems, and recommendations of the UEC Clinically-led Review of Standards. The recommendations propose that we should move from the current A&E Clinical Quality Indicators – including the 4-hour standard – to a wider bundle of measures that reflect system wide performance. A public consultation seeking views on the recommendations has been launched and will conclude on the 12<sup>th</sup> February 2021. Once responses have been analysed we will set out in more detail the next steps for the future measurement of urgent and emergency care performance.
13. To assist in managing demand on the acute sector and to support ambulance services in delivering response time standards, Hear & Treat and See & Treat clinical validation pilots are continuing in Yorkshire Ambulance Service, East Midlands Ambulance Service, and South Central Ambulance Service. We have continued to see a sustained reduction in the percentage of ambulance incidents that result in conveyance to emergency departments year on year.

### Elective Care Transformation

14. Systems continue to implement ‘Adopt and Adapt’ blueprints for endoscopy and CT/MRI, a regionally led and nationally supported programme established to accelerate recovery following the first wave of COVID which is supported with £150m capital funding. An increase in alternative clinically appropriate tests are being utilised to reduce the demand for traditional endoscopy.
15. As previously reported, the response to COVID-19, NHS England and NHS Improvement has supported local health systems to deliver a step change in access to telephone and video outpatient consultations.

### UEC and Elective Operational Delivery

16. Winter operating structures are in place to enable the management of pressure in the acute care system - the focus of this structure is to minimise ED crowding and ambulance handover delays. Current interventions and processes include:
  - Operational escalation routes are available 24 hours a day seven days a week at both a regional and national level to identify and mitigate areas of pressure in urgent care
  - Real time management tools are in place to monitor NHS111 and ambulance pressures at all times and facilitate managed interventions where necessary
  - Daily escalation of urgent care pressures is managed via Incident Management Team and in-day Urgent Emergency Care pressure reviews take place with each region to identify emerging issues  
The National Ambulance Coordination Centre (NACC), led by the National Strategic Ambulance Advisor, continues to assess, determine and communicate the national ambulance escalation in response to Covid-19.

In common with services around the world, ambulance services in England are implementing a clinically-verified pandemic protocol to ensure we save as many lives as possible during the coronavirus pandemic. Simple filter questions by BT 999 call handlers, mean patients who require Coronavirus advice are referred to NHS 111 Online.

17. The national clinical validation programme continues, with Trust level reviews ongoing. The overall programme aims are to: establish the patient's wishes regarding treatment; support good communication with the patient, carer and GP; produce a clinically validated waiting list that supports effective use of NHS capacity. This data quality validation programme is to support acute providers at pace to make sure that the waiting list is reflective of the waiting time of each patient.

## Testing

18. Lateral flow tests have been provided by Test & Trace to the NHS to test all patient facing asymptomatic staff twice a week for three months. This programme commenced in Trusts in November; deliveries to primary care started in earnest on 5 January 2021 and have continued this week. DHSC's Prioritisation Board on 15 January 2021 recommended that replenishment of the 3 month supply commence in the last week of January, and approved further NHS use cases of this test to find asymptomatic positive cases in Emergency Department admissions, for maternity visitors, and for End of Life care visitors.
19. Over 13.2M PCR tests have been completed to date across NHS and PHE laboratories. Pillar 1 laboratory turnaround times have been maintained at ~13 hours from sample receipt within the laboratories to result.
20. We continue to support the access to rapid testing across NHS Trusts.
21. We are prioritising the introduction and implementation of LAMP saliva testing. A list of 14 NHS sites with a high confidence to deliver LAMP testing has been agreed.