NHS England and NHS Improvement Board meetings held in common

Paper Title: Winter operations and ongoing Covid-19 response

Agenda item: 5 (Public session)

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Paper type: For discussion

Organisation Objective:

NHS Mandate from Government	☐	Statutory item	☐
NHS Long Term Plan	☒	Governance	☐
NHS People Plan	☐		

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

Executive summary:
This paper provides a summary of the progress made in supporting the system during winter 2020/21 and in response to the continued Covid-19 pressures, as well as progress on recovery

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Covid-19 Latest Response Actions

1. Following the peak of the latest surge in Covid-19 demand in January, the number of patients in hospital with Covid-19 has fallen steadily and continues to decline. The critical care position is also improving.

2. We have been continuing to operate under NHS Level 4 Major Incident status and maintain national oversight of the response. The use of mutual aid across systems and regions has been key in responding to the recent surge, although the need for this support has gradually subsided in line with Covid demand. We continue to monitor the situation closely as lockdown restrictions are gradually eased.

3. Learning from our response to the recent surge will be reviewed to inform both NHS recovery from the impact of the pandemic and preparations for any future wave of Covid-19. The recovery of NHS staff will be critical to wider NHS recovery and we continue to focus on supporting staff health and wellbeing – through both organisational interventions and support at an individual level – as well as increasing workforce supply in key staff groups.

UEC Transformation

4. Significant work has been done by regional and national teams to ensure local systems have had the necessary support through a period of significant winter and Covid pressure – both in terms of transformation, day to day operational support, and in recovery planning.

5. In the past year (to end January 2021) NHS 111 has handled almost a fifth more calls (3.2million extra calls) than in the same period the year before. To help manage this additional demand, NHS England established a dedicated Covid Response Service and Covid Clinical Assessment Service accessed through NHS 111. Between April 2020 and February 2021 these two services have handled over 1.5m million calls and made half a million clinical assessments respectively.

6. Latest NHS111 First data shows that almost a third of calls referred to an Emergency Department (ED)are now given a time slot for attendance and every ED referral from NHS 111 “is heralded” to the relevant department.

7. 25 major UEC capital schemes have begun to realise benefits and outputs from the initial phases of their ED works, with overall funding agreed to progress the schemes to completion for FY21/22. The projects are delivering more substantial refurbishments to increase ED, Urgent Treatment Centre (UTC) and Same Day Emergency Care (SDEC) capacity and improve non-elective flow (e.g. through a Priority Admissions Unit). In addition, £300m worth of smaller ED capital projects are completed or approaching their final stages, increasing SDEC spaces, majors cubicles and adding external modules to improve patient flow and manage Infection Protection and Control (IPC).

8. To assist in managing demand in 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 Recovery and Transformation

9. £1bn of additional funding has been made available to the NHS in 2021-22 to support elective services to recover from the impact of the Covid-19 pandemic.

10. Payment will be made to Systems for activity delivered above nationally set baselines, which will be an aggregate of inpatient and outpatient activity delivered by both NHS and IS providers and will include both CCG and specialised commissioned activity.

11. Baselines will be set nationally, measured against the value of total activity delivered in 19/20. Drawdown from the £1bn budget will be conditional upon exceeding baseline elective activity (on a value basis), funded at two different

rates – marginal cost below a set threshold, and tariff+ for activity above the threshold. Further conditions or 'gateways' for approval of drawdown have been developed.

12. In order to get access to the additional funding in the ERF, Systems will need to demonstrate that their elective recovery plan as a whole is consistent with a number of wider objectives, including:
    - tracking long waits
    - transformation of services
    - System by default
    - health inequalities

13. The Emergency and Elective Care Directorate has also led on the Adopt & Adapt programme, including the delivery of a £150m capital programme. In Q3 £106m was allocated to support endoscopy recovery with £44m allocated to CT/MRI.

14. This has supported 381 projects including (but not limited to) the mobilisation of 21 CT and 4 MRI scanners. Significant economies of scale have been generated through the bulk purchase of equipment and capital items.

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.

16. 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.

UEC and Elective Operational Delivery

17. Winter operating structures continue to be 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. For wave 2, the national Critical Care Capacity Panel reviewed capacity and coordinated mutual aid. Current interventions and processes, which will run until Easter, 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 as needed 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 use a clinically-verified protocol and patients who require Coronavirus advice are referred to NHS 111 Online.