To:
- ICS chief executives
- Trust chief executives:
  - acute trusts
  - community trusts
  - ambulance trusts
  - mental health trusts
- CCG accountable officers
- Directors of adult social services
- Regional directors
- ICS/STP chairs
- Regional directors

NHS England and NHS Improvement
Skipton House
80 London Road
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25 October 2021

Dear colleagues

Winter preparedness in the NHS

The NHS continues to experience significant levels of pressure. The continued impact of managing COVID-19, plus the recovery of services and relative return to usual activity levels has led to a challenging summer; especially in the context of constrained capacity due to COVID-19 related infection prevention and control (IPC) and workforce issues. Thank you for your ongoing hard work and dedication through this very busy time.

While we move into the winter months with more unknowns than usual, we need to plan to manage capacity to respond to demand that may be fuelled by further waves of COVID-19 and/or severe outbreaks of respiratory and other illness.

Resilience over this difficult winter can only be achieved through taking a system led approach and I would ask that plans are created and delivered in a collaborative manner, leveraging the strengths of each individual Integrated Care System as well as our partners across the health and social care system.

The H2 planning guidance, published on 30 September 2021, draws particular attention to three areas of focus within urgent and emergency care (UEC) services:

- Reducing the number and duration of ambulance to hospital handover delays within the system – keeping ambulances on the road is key to ensuring that patients needing an urgent 999 response are seen within the national ambulance response standards.

- Eliminating 12-hour waits in emergency departments (EDs) – flow out of EDs ensures that expert clinical resource can be directed to those most in need.

- Ensuring safe and timely discharge of those patients without clinical criteria to reside in an acute hospital, especially individuals on Pathway 0. This should be done in partnership with system colleagues, including community and social care, to ensure a focus on Pathway 1-3 discharges.

Maintaining flow through systems remains imperative to manage demand across winter and system level plans should be fully informed by the UEC Recovery 10 Point Action Plan.

In acknowledgement of the current position we will enact our Winter Operating Model from 1 November 2021 – it is expected that as in previous years it will remain active until 29 April 2022. In practice this will mean that from 1 November:

- Robust operational escalation routes must be in place at all levels 24 hours a day. At a national level we will provide an executive level on-call rota out-of-hours between 6pm and 8am every day, including weekends. The rota will be supported by the National Ambulance Co-ordination Centre. Local systems and regions should ensure similar arrangements are in place.

- UEC and ambulance SitReps need to be submitted by all acute trusts seven days a week including bank holidays, except for 25 and 26 December. Trusts taking part in the clinical review of standards (CRS) field test should submit UEC SitRep data daily, but will not be expected to submit their CRS SitRep at weekends or on bank holidays in line with current arrangements. Please note that this refers only to the UEC and ambulance daily SitReps and does not apply to other SitReps that may be submitted as part of the wider COVID-19 response.

- Changes will be made to the UEC SitRep to enable more accurate reporting of capacity impacted by IPC. We have previously collected data on the total number of beds closed due to D&V/norovirus-like symptoms. This year we are extending this request to include beds unavailable due to COVID-19, respiratory syncytial virus (RSV) and other infections as well as the number of patients with laboratory-confirmed influenza. Full details of new metrics and counting guidance is available here.

As demand increases over winter so too will risk. Systems will need to be agile in assessing risk and taking appropriate action, minimising pressure where possible and spreading workload across and between systems where appropriate.

Finally, I would like to thank you all again for your continued commitment to lead services to deliver for patients through this challenging time.

Yours sincerely

Pauline Philip
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NHS England and NHS Improvement