To: The Board

For meeting on: 28 September 2017

Agenda item: 14

Report by: Pauline Philip, National Urgent and Emergency Care Director
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Report on: Update on winter resilience preparation 2017/18

Purpose

1. This paper sets out the joint NHS England and NHS Improvement plan for winter. It covers:
    - Our objectives for winter;
    - The current context for delivery; and
    - Our approach to deliver these objectives.

Our objectives for winter

2. The Next Steps on the Five Year Forward View[1] sets out that:

    "Trusts and CCGs will be required to meet the Government's 2017/18 mandate to the NHS that: 1) in or before September 2017 over 90% of emergency patients are treated, admitted or transferred within 4 hours – up from 85% currently [in March]; 2) the majority of trusts meet the 95% standard in March 2018; and 3) the NHS overall returns to the 95% standard within the course of 2018."

3. [redacted]

4. Beyond the pure performance measure there further 'informal' objectives particularly around patient safety. These include that we:
    - ensure that we proactively identify and put in place support for our most pressurised systems to reduce patient safety risk; and,
    - manage the escalation process more appropriately than in previous years.

Background

5. The Next Steps on the Five Year Forward View set out the ambitions for delivery for the Urgent and Emergency Care System for the coming two years. For Trusts this included a

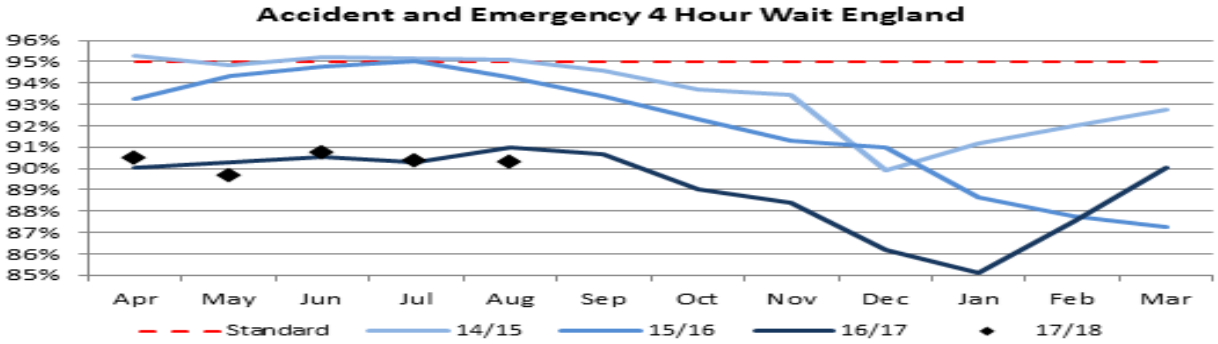
[1] https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf

significant focus on improving patient flow and reducing discharge delays (acute, community and mental health) and redesigning the clinical standards for the service (ambulance). Much of this will support delivery this winter but is also focused on ensuring that we move to a more sustainable future model of delivery for Urgent and Emergency Care. A priority over winter is to ensure that this medium-term transformation work continues to be delivered, which has not been the case in previous years, with dedicated, ring-fenced resource in place to ensure this is the case.

6. In July 2017 NHS England and NHS Improvement sent a letter to the system (CCGs and Trusts) setting out expectations and priorities to build resilience across the system ahead of winter (more detail later in the paper) alongside the joint review of winter 2016/17. The review emphasised the need for:
    - earlier planning for winter than in previous years;
    - a more joined-up approach from NHSE and NHSI; and,
    - the need for sufficient, seven-day a week capacity (including through a significant reduction in delayed transfers of care) to maintain bed occupancy below 92% throughout winter.

Current context for delivery

7. A&E performance is currently averaging just over 90%, slightly lower than at this point last year.



8. Whilst performance is currently meeting the ambition of achieving 90% in or before September 2017 the key operational indicators point to a very challenging winter.
    - **Demand** – emergency admissions are 2.4% higher over the past year than at the same period the year before. This is largely in line with long-term trend;
    - **Supply** – bed occupancy has averaged 92.3% over the past six weeks. The winter review clearly set an objective for bed occupancy to be no more than 92%[2] at any point in winter. Winter bed occupancy has averaged around 2% higher than that seen in summer.
    - **Flow** – delayed transfers of care (DTOCs) are slightly down in July with 5,861 DTOC beds compared to 5,954 beds per day compared to July 2016. The number of patients waiting 4-12 hours from decision to admit to admission is 9% higher than last year.

[2] Recent work by the Economics Team in NHSI analysing daily data from last winter estimates that, after controlling for other operational and capacity factors, an occupancy rise from below 88% to the 88%-92% range is accompanied by a one-off drop in performance of 3% for the average trust. When occupancy moves above 92% there are increasingly large reductions in performance reaching 8% when occupancy is at 100%.

9. Therefore with supply more constrained than last year and flow not improving, coupled with reductions in funding growth in 2017/18 and the risk of flu and/or a prolonged cold snap (which were not observed last year) there are significant concerns ahead of winter.

Our approach to winter

10. Planning for this winter has started earlier and is being taken forward in more granular detail than in previous years. Importantly the joint nature of the programme across NHS England and NHS Improvement enables a single message from the top down through to local system leaders and the sharing of resource to support delivery.

11. Whilst the context running into winter is challenging the planning detailed below will ensure that the highest risk systems are identified at an early stage and difficult decisions taken early to mitigate patient safety risks.

Local planning

12. The preparations for winter are being led by the joint National Director for Urgent and Emergency Care, Pauline Philip, who leads the Urgent and Emergency Care Programme across NHS England and NHS Improvement.

13. She wrote out to the system (A&E Delivery Boards (AEDBs)) on 14 July setting out expectations and priorities for winter. Local systems were asked to submit their plans by 19 September. The specific areas of focus for local systems set out in the letter were:
    - Demand and capacity planning;
    - Front door processes and primary care streaming;
    - Flow through the UEC pathway;
    - Effective discharge processes;
    - Planning for peaks in demand over weekends and bank holidays; and,
    - Ensuring the adoption of best practice as set out in the NHS Improvement guide: *Focus on Improving Patient Flow.*[3]

14. [redacted].

15. [redacted]:

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[3] https://improvement.nhs.uk/resources/good-practice-guide-focus-on-improving-patient-flow/

16. [redacted]

17. All Trusts will also have to have in place signed-off plans (by the Medical Director, Nursing Director and local AEDB Chair) setting out how they will manage clinical prioritisation at peak times. This may involve potentially difficult measures, such as 'boarding' patients on wards once their A&E treatment is completed to manage patient safety risks, which are being discussed with the CQC and the Royal Colleges.

National actions

18. The letter of 14 July also highlighted the importance of **reducing Delayed Transfers of Care** to free up much needed beds ahead of winter. Local Authorities and CCGs each have individual trajectories that add up to a national reduction of 2,400 beds by November 2017, split equally across the NHS and Social Care. Initial signs are despite the additional investment in social care that this is unlikely to be delivered.

19. A **National Operations Function** is being developed under a National Operations lead reporting into Pauline Philip. This will go live in October. This national function will be linked into dedicated regional operational functions and then to local systems. The national function will be focused on ensuring patient flow is maintained 7-days a week and during periods of stress during winter. It will:
    - co-ordinate, monitor and report performance and pressures;
    - provide predictive analysis to allow early intervention;
    - act as an escalation; and
    - provide direct management/oversight of particularly challenged systems in agreement with with regional teams.

20. A number of actions have been taken to increase the normalisation of poor performance amongst many systems focused on **leadership and behaviours**. These are:
    - A national A&E Event on 18 September for the Trust CEs and Chairs, and CCG AOs and [redacted]. At the event Secretary of State, Jim Mackey and Simon Stevens emphasised the priority given to A&E delivery and set the expectations of Executive Teams and Boards over winter; David Behan set out the CQC views on the importance of reducing congestion in Emergency Departments for patient safety; and, regional directors worked through winter plans in detail with attendees;
    - An event for Category 2 Trust CEOs and CCG AOs on 2 October with Secretary of State, Jim Mackey and Simon Stevens;
    - [redacted]
    - [redacted]
    - CQC will be conducting a series of unannounced inspections and winter specific Emergency Department visits over the coming months;
    - [redacted]

21. A national **patient safety** campaign will be launched in October focused on safety through the winter. It will be based around the rollout of an Emergency Department Patient Safety checklist developed in University Hospital Bristol and now used by seven Trusts in the area with evidence showing a resulting reduction in Serious Incidents.
22. £100m of funding for **primary care streaming** has been disbursed to over 100 Trusts to support the nationwide implementation of streaming by the end of October. This will ensure patients see the most appropriate clinician when attending A&E and reduce the pressure on Emergency Departments.

23. A **single daily sitrep** is being put in place (from October) across NHSE and NHSI. This will be accompanied by a new daily sitrep for Community Providers showing for the first time regular data on capacity and occupancy in the community sector. In primary care a new workload tool will enable a better understanding of primary care capacity system by system. Further work is underway on what specific primary care data collections will be needed over winter.

24. Ambulance Providers are implementing the **Ambulance Response Programme** so that by the end of October all Ambulance Trusts (with the exception of the Isle of Wight) will be working to a new set of clinically based standards that will free up resource to focus on the most urgent patients whilst ensuring that the 'tail' of patients are covered by some standards of service. The new standards will be fully implemented by April and until then contractual sanctions are being suspended.

Governance

25. As described Pauline Philip has been appointed as the single national leader accountable to both NHS England and NHS Improvement. In addition, a nominated Regional Director, accountable to Pauline Philip, from either NHS Improvement or NHS England holds both CCGs and trusts in each STP area to account for the delivery of the local urgent care plan. Each Regional Director therefore acts with the delegated authority of both NHS Improvement and NHS England in respect of urgent and emergency care.

26. The National Director is supported by a joint programme team and works with and through the regions with local A&E Delivery Boards to prepare for and manage winter. An Urgent and Emergency Care Programme Board sets the strategic framework for delivery and its membership includes representatives from NHS England, NHS Improvement, Department of Health, Care Quality Commission, Local Government Authority, Association of Directors of Adult Social Services, and Health Education England.

Funding

27. Learning from the experience of last winter and Board discussions at the time we are focused on the **additional capacity** that will be needed through winter, and the associated costs, particularly given the number of escalation beds opened last year, the very ambitious DTOC reductions we are relying on this year and the high rate of occupancy we are currently seeing.

28. Information on the bed capacity planned [redacted] has been collected and an assessment is being made with Financial Directors on how much of that capacity is in current financial plans. This assessment will also seek to understand the potential additional costs of winter (e.g. from cancelling elective work) faced by Trusts and how much of these are factored into plans. This work will then support discussions

about how these additional costs may be covered and the impact on the provider deficit position.

Conclusion

29. [redacted] Wide-ranging action is and will be taken over the coming weeks to mitigate these risks including a renewed focus on ensuring there is sufficient capacity in the system, board leadership and accountability and escalation arrangements to manage patient safety risks. The Board is asked to comment on and note this update.