

# READY AND RESILIENT?

## How NHS trusts have prepared for winter

As the NHS frontline braces itself for the winter months, this briefing outlines how prepared the NHS is for winter, and what trusts are doing to ensure they provide the best possible care to patients at a time of year when the NHS is usually under its greatest pressure.

### Key points

- 1 NHS trusts plan to maintain operational resilience all year round, but put a particular focus on winter given the higher incidence of flu, norovirus, and respiratory conditions which all put services under significant extra pressure.
- 2 Throughout the year, trusts do all they can to provide the right care at the right time in the right place. This is particularly important in winter when the pressures are greatest and capacity to manage additional numbers of patients is more constrained.
- 3 National planning for winter started earlier than ever before this year and significantly more resource has been devoted to it. Trusts tell us that this planning has been more extensive and more effective than ever before.
- 4 Trusts have done remarkably well to stabilise performance, given the demand, workforce and financial pressures they face. But, as we move towards the end of the year, bed occupancy is still above recommended levels and other substantial risks remain. Trusts are working hard to mitigate these risks.
- 5 This year's flu strain could be the worst we have seen in two decades. The NHS has a long history of advance planning to deal with flu and has increased its focus on this year's risk.
- 6 The government announced in the 2017 budget on 22 November that the NHS would receive an additional £335m this year to help it through the winter. This extra money is welcome but has come very late to be used to maximum effect.
- 7 Each system has a local escalation plan in place to ensure that patients can continue to be cared for in a safe and timely way in times of high demand. Where these are not sufficient regional and national support can be requested. Trusts also have internal indicators which are closely monitored. If things escalate, they have a number of different options available to them.

As NHS England publishes its weekly sitrep data over winter, NHS Providers will be capturing some of the key figures each week alongside views from NHS trusts on how winter feels 'on the ground' in our weekly **winter watch** on our website.

## How do NHS trusts prepare for winter?

**NHS trusts plan to maintain operational resilience all year round, but put a particular focus on winter given the higher incidence of flu, norovirus, and respiratory conditions which all put services under significant extra pressure.**

Preparing for winter is about ensuring there is enough capacity, including beds and staff, to meet patients' needs. NHS trusts will plan specific activities and contingencies to protect patient safety over the winter period. However, resilience in one organisation very much depends on resilience in the rest of the system.

This system resilience is organised through A&E delivery boards made up of representatives from all types of trust (acute hospital, ambulance, community and mental health), clinical commissioning groups, representatives of local primary care and local government (social care). Each A&E delivery board is required to produce a plan ahead of winter.

To strengthen resilience in the run up to winter, trusts will be:

- recruiting more staff
- undertaking contingency and resilience planning
- planning for bad weather
- working with partners, e.g. primary care, to reduce admissions
- increasing capacity and reducing bed occupancy
- reducing elective activity
- improving patient flow and tackling delayed transfers of care (DTOCs)
- putting in place appropriate care for patients who do not need to stay overnight
- ensuring social care and community services are able to support prompt discharge
- communicating effectively with local communities.



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## What are trusts and local systems doing?

**Throughout the year, trusts do all they can to provide the right care at the right time in the right place. This is particularly important in winter when the pressures are greatest and capacity to manage additional numbers of patients is more constrained.**

There are a number of key challenges that trusts will face over the winter period. These are set out below, along with examples of how they are being addressed in different parts of the country.

- **Good patient flow** supports clinical safety, improves patient experience and reduces pressure on staff. Trusts will be doing all they can to manage patient flow during the winter period. For example, Worcestershire Care and Community NHS Trust has used the Red2Green approach to improve patient flow within the community. This approach identifies whether each patient's bed day is red (not adding value) or green (adding value). The approach is designed to minimise red days and ensure as many bed days as possible are green.
- Trusts will agree **local resilience plans with local partners** to ensure a joint approach is taken to addressing challenges over winter. For example, Leicestershire Partnership NHS Trust plans to implement a multi-agency discharge event (MADE) in preparation for Christmas to create improved patient discharge in December and again in January.
- Ensuring **adequate mental health provision is in place** will help ensure patients with mental health needs are treated in the right place, rather than in A&E. East London NHS Foundation Trust has expanded provision of mental health care liaison, which will see a specific team supporting GP practices across the region. Dudley and Walsall Mental Health NHS Trust operates an adult on-call system for all crisis mental health provision 24 hours a day, 365 days a year. Its adult psychiatric liaison service operating within A&E is available seven days a week, 6am to 11pm, and a crisis treatment at home service provides out of hours support for children and adolescents, and assists with discharge from the acute hospital.
- Taking a '**human factors**' approach makes it easier for staff to do the right thing, which is particularly helpful when they are working under pressure. For example, University Hospitals Bristol NHS Foundation Trust is using an emergency department safety checklist to standardise and improve delivery of basic care. All trusts have now been asked to ensure they have this checklist or an equivalent in place.
- Trusts will be leading local **communications campaigns** to complement the *Stay well this winter* national campaign. They will engage with local populations through social media, Facebook advertising, weather alerts, and video case studies.

## What's the national action?

**National planning for winter started earlier than ever before this year and significantly more resource has been devoted to it. Trusts tell us that this planning has been more extensive and more effective than ever before. The national bodies have been more joined up with the appointment of Pauline Philip as national director with responsibility for winter planning.**

Other significant steps include:

- announcing an additional £335m in the 2017 budget to help the NHS to cope with winter this year
- setting up a new national panel, the National Emergency Pressures Panel, chaired by Professor Sir Bruce Keogh (former NHSE medical director), to provide independent clinical advice on system risk and an appropriate regional and national response
- identifying which areas face the biggest risks this winter and supporting trusts and the wider system to respond promptly and safely
- extension of primary care streaming: £100m was made available<sup>1</sup> to help trusts redevelop emergency departments to incorporate primary care streaming so patients are treated in the appropriate setting
- social care investment through the Improved Better Care Fund to reduce DTOCs: intended to free up 2,000-3000 beds<sup>2</sup>
- a joint emergency medicine workforce plan to increase the numbers in training and improve recruitment and retention.

Local systems have also been asked to develop escalation plans to ensure that safety is maintained during times of significant pressure.<sup>3</sup> These include:

- all patients who are to be admitted have a timely decision to admit to ensure they do not remain in the emergency department for any longer than is clinically necessary
- patients are not cared for on hospital corridors
- 12-hour trolley waits in the emergency department never happen
- patients do not wait more than 15 minutes in ambulances before being handed over to the hospital
- escalations beds have the necessary staffing and equipment to ensure safe care.

1 <https://www.gov.uk/government/news/ae-departments-to-get-more-funding>

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

3 <https://www.theguardian.com/society/2017/nov/18/hospitals-attack-mad-nhs-winter-orders>

## So, how prepared is the sector, heading into winter?

**Trusts have done remarkably well to stabilise performance, given the demand, workforce and financial pressures they face. But, as we move towards the end of the year, bed occupancy is still above recommended levels and other substantial risks remain. Trusts are working hard to mitigate these risks.**

<b>A&amp;E performance</b>	Between April and October 2017, almost 14 million patients attended A&E. Compared to the same period last year this is around 600 more patients attending A&E every day in England. In October 2017, there were more than 500,000 emergency admissions, equating to over 16,500 patients per day. When compared to October 2016, this is a 4% increase. However, in October 2017 performance against the four-hour target was 90.1%, better than the 89.1% achieved in October 2016.
<b>DTOCs</b>	In September 2017 there were over 168,000 delayed days, 14% less than September 2016. However, in Q2 2017/18, the DTOC rate was 5.2%, well above the government target of 3.5%.
<b>Bed availability</b>	In Q2, the NHS had 127,614 beds open, 2% less than the same quarter last year. At the same time as reducing open beds they have reduced overall overnight bed occupancy to 87.1% in Q2 2017/18, compared with 87.6% in the same quarter last year.
<b>Referral to treatment</b>	In September 2017, 89.1% of patients had been waiting less than 18 weeks for treatment, compared to 90.4% in September 2016. There are currently 3.83 million patients on the waiting list. In October 2017, 287 urgent operations were cancelled, compared to 363 in October 2016.
<b>Mixed-sex accommodation breaches</b>	Mixed-sex accommodation (MSA) breaches reached a six-year high in October 2017 with 1,140 breaches (equating to a 0.7 breach rate). The last time both the number of MSA breaches and the MSA breach rate exceeded this level was in October 2011.
<b>Workforce</b>	As at August, the NHS employed 1.2 million staff. Overall, there has been a 2% growth in the total number of full-time equivalent staff since August 2016. However, there are now fewer nurses than at the same point last year (-1%).
<b>Mental health</b>	In August 2017, there were over 113,000 new referrals to psychological therapies, 7% up on the same month last year. However, in August 2017 88.5% of those who finished treatment had waited less than 6 weeks, an improvement on the 87% achieved in August 2016.
<b>Ambulance</b>	To ensure they use their resources most effectively and patients receive the most appropriate response to their call the ambulance sector is currently implementing a set of new protocols and standards. In September 2017, the four trusts who have implemented the new system achieved an average response time for the most urgent calls of 8 minutes and 7 seconds.

Despite the sector's performance improvements, risk still remains in the system:

- **Lack of capacity** – The NHS is already running at 87.1% bed occupancy, which means there is very little give in the system. This is above recommended levels.
- **Workforce constraints and morale** – Including shortages in key staff groups such as paramedics, emergency medicine and general practice.
- **Pressurised finances** – Securing funding for admission avoidance and support schemes.
- **New heightened public health risks this year** – Including a more virulent flu strain.
- **Pressurised ambulance sector** due to the new ambulance response programme which has required implementing a new dispatch model.

## And what about flu?

**This year's flu strain is potentially the worst we have seen in two decades. The NHS has a long history of advance planning to deal with flu and has significantly increased its focus on this year's risk.**

Flu occurs every winter in the UK and is a key factor in NHS winter pressures. It impacts on patients, particularly at-risk groups, including people with asthma or chronic obstructive pulmonary disease, leading to unplanned hospital admissions.

- Australia experienced the largest flu outbreak in around 20 years and it also started earlier than usual. The strain which was circulating in Australia (H3N2), particularly affects older people over 80 and to a lesser extent young children aged five to nine years.
- In anticipation of a similar flu outbreak, staff vaccinations have been encouraged through incentive payments. Last year, just under two thirds (63%) of frontline healthcare workers were vaccinated – an increase of 30% on the previous year, equivalent to an additional 120,000 staff.<sup>4</sup> The target this year is 75%.
- Trusts have been developing their own approaches to plan for flu. For example, in Luton and Bedfordshire a community nursing caseload flu vaccination service is being introduced, which will ensure they vaccinate all patients on their caseload and will encourage carers to have their jab at the GP practice.
- Doncaster and Bassetlaw Teaching Hospital NHS Foundation Trust was the first trust in the country to have vaccinated 75% of their frontline staff for the second year running.



***The NHS has significantly increased its focus on the risk from flu this year.***

<sup>4</sup> <https://www.england.nhs.uk/wp-content/uploads/2017/07/17-18-winter-planning-letter.pdf>

## How will more funding help this winter?

**The government announced in the 2017 budget on 22 November that the NHS would receive an additional £335m this year to help it through the winter. This extra money is welcome but has come very late to be used to maximum effect.**

We highlighted at the beginning of summer<sup>5</sup> that there were significant risks facing the NHS this winter, and that unless additional funding was put in, the health service would struggle to cope. We warned again in September<sup>6</sup> that the window for investment in the NHS to ensure patient safety this winter was closing. Although we welcome the additional funding in the budget, its impact will be limited because it has come so late.

Trusts tell us that the funding could be used in a number of ways, but this will need to be followed closely over winter:

- purchasing care home places/social care, in order to get patients out of hospital in to more appropriate settings more quickly
- getting the community provision in place to help prevent admissions and to ensure that patients can be discharged safely
- some is likely to be spent on agency staff for escalation wards/community provision.



***The additional funding in the 2017 Budget for winter planning is welcome but its impact will be limited because it has come so late.***

5 <https://nhsproviders.org/nhs-winter-warning>

6 <https://nhsproviders.org/media/3382/winter-warning-update-briefing.pdf>

## What happens if trusts can no longer cope?

**When demand reaches the point that trusts are unable to care for patients in a safe and timely way, they will trigger an escalation plan to manage the enhanced risk.**

The local system escalations plan should enable each area to take pre-determined actions to ensure that safety is maintained. Where the plan is not sufficient, e.g. the local system cannot manage the pressures internally, then escalation will take place to the regional tiers of NHS England and NHS Improvement where further support can be provided. These regional tiers will be able to draw down support nationally should that be needed. The approach this year is focused on continuous monitoring and supporting improvement with local teams linked to regional teams and the national infrastructure.

Trusts will also have a series of internal indicators which are closely monitored. Should the situation escalate, trusts have a number of different options available to them, for example:

- **Acute trusts use the operation pressures escalation levels (OPEL) alert system.** As a trust escalates through the levels, it might need to initiate a 'full capacity protocol' which could include diverting ambulances, mixed sex accommodation breaches, opening escalation areas and outliers.
- **Ambulance trusts use a resource escalation action plan (REAP).** There are four levels of escalation within the REAP which determine a trust's response. It could include deploying ambulance staff to emergency departments to manage turnaround, providing alternative transport for less urgent patients or requesting support from another ambulance provider.
- **Community trusts also use the operation pressures escalation (OPEL) alert system.** They will be maximising the use of re-ablement and intermediate care beds and expanding capacity wherever possible through additional staffing and services, including primary care.
- **Mental health trusts often use their own version of the OPEL system and participate in all system calls with acute, CCG, social care and community providers.** Their focus is on patient flow, maintaining capacity in designated places of safety and reducing length of stay and delayed transfers of care, which will create additional capacity and contribute to resilience.

As NHS England publishes its weekly sitrep data over winter NHS Providers will be capturing some of the key figures each week alongside views from NHS trusts on how winter feels 'on the ground'

For more information:

[www.nhsproviders.org/nhs-winter-watch](http://www.nhsproviders.org/nhs-winter-watch)

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