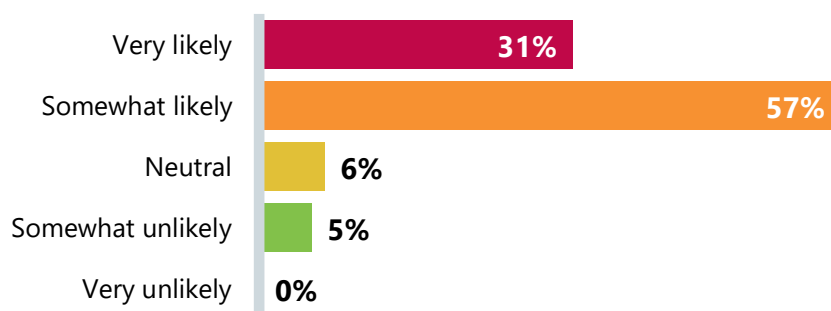


NHS Providers survey on operational pressures: COVID-19, winter and recovery plans

Findings

Based on the evidence you have seen, how likely do you think it is that there will be another surge in COVID-19 cases this financial year that will result in additional pressure across your services?

- 88% said it was likely that another surge in COVID-19 cases in this financial year will result in additional pressures across their service (31% "very likely", 57% "somewhat likely").



Comments:

- Of the 61 responses, just over half mentioned the impact of vaccines. Several respondents highlighted that the additional pressures will likely reduce due to the vaccination programme. However, other respondents highlighted the risk of younger groups being unvaccinated.
- Several respondents highlighted that this will be dependent on "new variants" or the "easing of restrictions".

"Our current activity forecasting suggests we may see an up-tick in case towards the summer months although this is based upon an assumption that the release of the current restrictions will go ahead on the 21st June."

Assistant Director of Operations, ambulance trust, South West

"I think the vaccination of the majority of the population over 50 years age will attenuate the number of hospital admissions." Medical Director, acute trust, South West

Have you seen evidence of staff already leaving your organisation due to early retirement, COVID-19 burnout, or other effects from working in the pandemic?

- Almost half (48%) of respondents said they have seen evidence of staff leaving their organisation due to early retirement, COVID-19 burnout, or other effects from working in the pandemic. A further 42% responded "no" and the remaining 10% said they "don't know".
- By trust type, those from mental health trusts (57%) and combined acute and community trusts (52%) were more likely to see evidence of staff leaving their organisation. Those from ambulance trusts were less likely with 67% saying they had seen no evidence.



Other comments:

- Most respondents said that they have seen a "limited number" of staff leaving their organisation due to early retirement, COVID-19 burnout, or other effects.
- A few respondents mentioned that a few staff are moving to be closer to family.

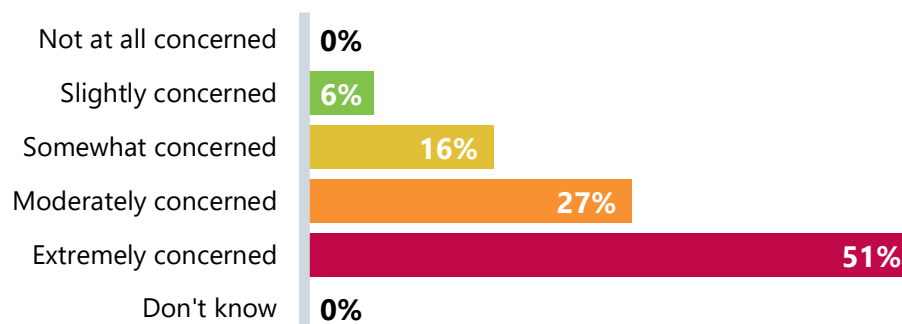
"Not enormous numbers but happening. Trying to offer changes of departments/services to give people break and recharge batteries" Nursing director, Mental health/learning disability trust, London

"Yes, as above we have some staff leaving to retire. I would add however that I am aware of staff who postponed retirement due to Covid." Deputy Chief Nursing officer, acute trust, South West

"Nothing out of the ordinary and sickness rates are lower than those of previous years." Executive Business Manager, Combined Mental Health / Learning Disability and Community trust, North East and Yorkshire

How concerned are you about operational pressures your trust will face this winter?

- Four in five trust leaders (78%) said that they were “extremely” (51%) or “moderately” (27%) concerned about the operational pressures their trust will face this winter.



Other comments:

- Several respondents mentioned that the operational pressures their trust will face depends on flu/respiratory syncytial viruses (RSV).
- A few respondents mentioned that they are already seeing an increase in demand for urgent and emergency care.
- The majority of respondents from a mental health trusts highlighted the increase demand for mental health services.

"The combination of urgent care demand plus COVID-19 (+/- flu and RSV) will be a significant challenge, but trying to continue any level of recovery in the middle of winter will be extremely difficult " Chief Operating Officer, acute trust, Midlands

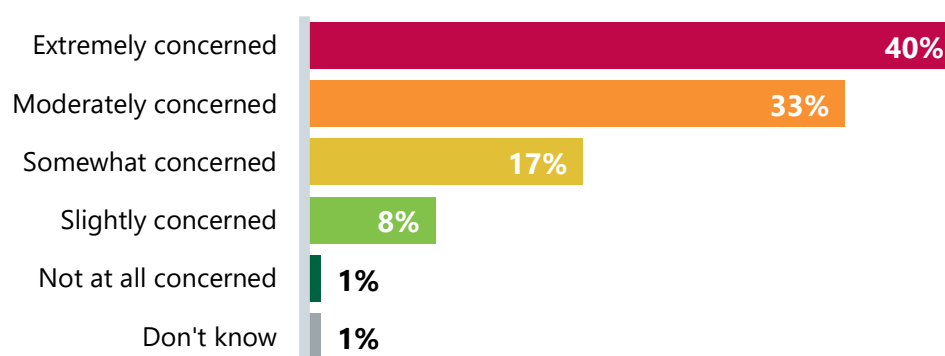
"I am worried that we will have a difficult flu season and we will have a run on the beds. This will destabilise the elective recovery which will be very concerning given the length of time patients have already waited." Chief Operating Officer, community trust, South East

"Emergency departments locally already at 140% of levels seen this time last year. If this continues, and is also linked to a relative rise in admissions, we could have some serious safety concerns in UEC this winter" Chief Executive, combined Acute and Community trust, Midlands

"Demand on mental health urgent care, CAMHS and eating disorder services has increased significantly throughout the Pandemic. Winter pressures will exacerbate these pressures further. Winter pressures in the acute trusts will impact on community services, particularly demand for district nursing." Chief Executive, Combined mental health/learning disability and community trust, North West

How concerned are you that the backlog of care recovery plans (for both physical and mental health demand) will be disrupted over winter with your trust and/or system partners needing to prioritise urgent and emergency care demand (including treating COVID-19 patients)?

- Almost three quarters (73%) of respondents said that they were “extremely” (40%) or “moderately” (33%) concerned about the backlog of care recovery plans (for both physical and mental health demand) will be disrupted over winter with their trust and/or system partners needing to prioritise urgent and emergency care demand.



Other comments:

- Several respondents said that elective care and diagnostic demand have both grown already, and they are concerned that this could intensify further during winter.
- Mental health and acute trusts agree that demand for mental health services exceeds capacity, and that they are concerned a backlog of care may further exacerbate the problem.
- Positively, some respondents said that collaboration and strong relationships between trusts acts as a small buffer.

“The element of the unknown plays a key role in the progress of our recovery planning. If the pressures on the system continue to be COVID-19 related this could result in a delay of a return to any business-as-usual functions. We continue to take a joint approach of having services engage in recovery planning whilst ensuring timely reaction and vigilance to any COVID-19 related challenges. This approach remains a fine balance and we believe it will continue to be a balance for months to come.” Combined mental health and learning disability and community trust, North West

“We are concerned but have strong relationships with partners in the acute sector.” Finance Director, mental health/learning disability trust, Midlands

What support, if any, do you need from national bodies such as NHS England and NHS Improvement, the National Institute of Health Protection or the Department of Health and Social Care over the next six to nine months to help you better prepare for winter 2021/22?

- Respondents called for discharge to assess funding to remain in place after it has successfully helped trusts create more capacity and is in the best interest of patients to be treated closer to home. Trusts say this will help create much needed capacity in hospitals by improving patient flow and freeing up beds.
- Other responses included calls for adequate financial support, with the immediate and urgent need for additional capital funding identified by many trust leaders.

Sample

- We received 155 responses to the survey. The responses were from 113 unique trusts, accounting for 53% of all trusts.
- 33% of responses were from chief executives, 18% were from chief operating officers and 16% were from medical directors.
- All trust types were covered in the survey.

| Trust type | Count | % |
|--|-------|------|
| Acute specialist trust | 7 | 6% |
| Acute trust | 14 | 40% |
| Ambulance trust | 6 | 5% |
| Combined acute and community trust | 27 | 24% |
| Combined mental health/learning disability and community trust | 17 | 15% |
| Community trust | 6 | 5% |
| Mental health/learning disability trust | 12 | 11% |
| Grand Total | 113 | 100% |

| Role | Count | % |
|-------------------------|-------|-----|
| Chief executive | 51 | 33% |
| Chief operating officer | 27 | 18% |
| Finance director | 13 | 8% |

| | | |
|-------------------|-----|------|
| HR director | 19 | 12% |
| Medical director | 24 | 16% |
| Nursing director | 12 | 8% |
| Strategy director | 2 | 1% |
| Other | 5 | 3% |
| Grand Total | 153 | 100% |