

Trust CEOs, CCG Accountable Officers, LAEDB Chairs

cc. Regional ADASS Chairs, LGA CHIA, PHE regional lead

Winter briefing 1

Operational management of winter – expectations and communication

I am aware that in recent weeks you have received a number of communications with regards to the management of winter. Over the next few months clarity of communication will be vital, so I have agreed with NHS England, NHS Improvement and other key stakeholders that working with your Regional Director (for Urgent and Emergency Care), I will provide you with regular winter briefings. If you would like to raise any questions related to these briefings, or make any comments and suggestions, then I ask that you email your Regional Director and me directly at nhsi.uecdirector@nhs.net.

This briefing sets out further detail of the implementation of this year's winter operating model, as well as expectations of local clinical escalation planning and local winter teams.

1. Winter operating model

As we have talked about previously, we are developing a new winter operating model this year, focused on continuous monitoring and supporting improvement with a national, regional and local presence. The winter operations infrastructure is being built on a series of principles, based on learning from previous winters both through experience and formal reviews. These are:

- We need to ensure that patient flow in the UEC pathway is maintained 7 days per week.
- We will be more proactive in managing the risks to A&E performance, delivery and patient safety through support, collaboration and transparency.
- There will be a greater emphasis on continuous monitoring and support using information shared at all levels and an emphasis on forecast measures, looking ahead to deploy 'levers' to prevent deterioration in performance or risks to safety.
- There will be a step change in the levels of cover and period of response that matches local expectations and adds value in terms of support to local systems, maintaining safety and improving performance.
- A dedicated team and supporting infrastructure, that are separate from Emergency Preparedness, will be in place to operate this model.
- These teams will be jointly led across NHSE/I with representatives from key partner agencies and functions: ADASS, LGA, PHE, primary care.

The national and regional infrastructure to deliver this operating model is currently being put in place and should be in contact with you in the coming weeks, if not already. In our next briefing we will provide more details on how we see the model working at a local, regional and national level.

2. Local winter teams

We believe that at the heart of the winter operating model should be a supportive interaction with local teams, for this reason we are asking you to establish under the auspices of the Local Delivery Board, if not in place already, a local operational model with the following features:

- A hospital doctor, nurse & operating manager who are accountable for the management of urgent and emergency care and who have a direct relationship with the CEO of the Trust.
- A local cross-system winter operations team, consisting of the following roles, with sufficient capacity released to operate the joint local arrangements and at a level of seniority sufficient to commit organisational resources:
 - A senior manager responsible for UEC in the CCG.
 - Local Authority Social Care Director – nominated by the Local Authorities.
 - Community Provider Senior Operational Lead.

This team will need to be supported to ensure that rapid decisions can be made to meet operational pressures based on a shared set of data and agreed triggers for escalation.

Your Regional Directors and/or Winter Operations Directors will ask you to give assurance that these arrangements are place as we enter the winter period.

3. Local escalation plans

We recognise that local system planning is already well underway to manage the pressures of winter. Further, we have in recent letters, set out the need to develop clinical escalation plans that detail the actions your local system will take in anticipation and response to times of pressure.

Our expectation is that this clinical component is a core part of your local winter escalation plan and that they set out the actions that will need to be taken to consistently ensure that safety is maintained during times of significant pressure. Clinical escalation will need to ensure that:

- All patients who are to be admitted have a timely 'Decision to Admit' to ensure they do not need to remain in the ED for any longer than is clinically necessary.
- Patients are not cared for on hospital corridors.
- Escalations beds have the necessary staffing and equipment to ensure safe care.
- 12 hour trolley waits in the ED never happen.
- Patients do not wait more than 15 minutes in ambulances before being handed over to the hospital.
- The hospital can manage increasing demand because of flu, norovirus, etc.

We are asking that every acute trust with a Type 1 A&E department have a real dialogue with all of their clinical staff in order to develop this element of the plan and that they are signed off by your Boards. This should also be shared across your system given that managing escalation is a system-wide responsibility.

We would like you to share your plans with your Regional Director by the 20th November.

Finally, as in previous years, we will be collecting additional information about the availability of services (particularly out of hospital) during the holiday period. This collection will be launched next week.

Across the South East, we know that all local systems have recently completed or are planning local table top exercises to test their winter plans and specifically the inter-play between local organisations' plans at times of escalation. These sorts of exercises and wider contingency planning are good practice and an important part of winter planning for the NHS and we expect you to take forward all of the recommendations from them in your system to ensure possible action is being taken to ensure safe, timely and dignified care for our patients.

We hope that this briefing is helpful and please do provide feedback. Once again thanks for all of the efforts underway to prepare for and manage the pressures of winter.



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