

To: NHS Trust Chief Executives  
NHS Foundation Trust Chief Executives  
CCG Clinical Leads  
Local Authority Chief Executives  
NHS England Area Directors

cc: NHS Trust Development Authority Delivery and Development Directors  
Monitor Regional Directors  
CCG Accountable Officers  
NHS England Regional Directors  
NHS England Regional Directors of Operations and Delivery  
Directors of Social Services  
Association of Directors of Adult Social Services

Gateway Ref: 00428  
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Dear Colleague

### **Preparations for winter 2013/14**

We are writing to set out the next steps around preparation for winter, including this year's process for winter reporting. It is extremely important that the NHS works together effectively in winter to ensure the continued delivery of high quality healthcare services for patients.

This year the winter planning process has been guided by the letter to the service in May this year<sup>1</sup> regarding the delivery of the 4 hour A&E operational standard. The accompanying A&E Improvement Plan<sup>2</sup> asked that as part of this process, local systems establish Urgent Care Boards (UCBs) to oversee and guide emergency care services and begin early preparations for this winter period.

As a result, through your work as part of UCBs, and across organisations on A&E system recovery and improvement plans, you have already been developing your local plans for winter. Thank you for the work that you and colleagues have done on this so far.

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<sup>1</sup> <http://www.england.nhs.uk/wp-content/uploads/2013/05/ae-letter.pdf>

<sup>2</sup> <http://www.england.nhs.uk/wp-content/uploads/2013/05/ae-imp-plan.pdf>

## **Leadership on delivery of quality services during the winter period**

Strong and effective leadership of organisations during the winter period will be crucial to the delivery of safe and high quality services during the challenging winter period. The planning, reporting and escalation infrastructures being put in place this winter will only be successful if guided by excellent leadership at all levels in the system.

This leadership will include you assuring yourself as local leaders throughout the winter that your organisation is delivering in line with your plans and is working well in partnership with other providers and commissioners.

This leadership will be centred on the delivery of the highest possible quality of healthcare services during the winter period, and where this is not the driving principle, then there should be expectation of challenge and escalation.

## **Winter information reporting arrangements**

These are set out in the annex of this letter. This sets out the arrangements for the reporting of local winter-focussed delivery information and reflects the changes to the system this year. It is important to reinforce the message that the timely and accurate reporting of this delivery intelligence is a key element of effective winter management and crucial to providing early indications of any emerging problems which can then be responded to.

## **Seasonal flu immunisation programme 2013/14**

Flu Immunisation is one of the key government commitments, and follows advice and recommendations from the Joint Committee on Vaccinations and Immunisations (JCVI). NHS England has developed robust plans for the delivery of the routine flu programme for people at risk, (and the new extended programme for children 2 to 3 years) as part of the overall winter plan for health and social care organisations for 2013/14. Letters and guidance that were published in June and July 2013 are available via the links below:

<https://www.gov.uk/government/publications/childrens-flu-immunisation-programme-2013-to-2014>

<https://www.gov.uk/government/publications/flu-immunisation-programme-2013-to-2014>

All NHS England Area Teams have reported on their state of readiness for implementation of the flu programme in August 2013, outlining the preparedness of providers, vaccine supply and data flows. There are 7 pilot sites which have begun for the future roll-out of the programme to older primary aged children.

## **Flu vaccination of healthcare workers**

The Secretary of State for Health has asked for an improvement on the seasonal influenza vaccination rates for healthcare workers involved with direct patient care.

This is because the flu vaccine not only protects staff, their families and their patients, but it also reduces the risks associated with absenteeism during a busy period of the year.

NHS Trusts and NHS Foundation Trusts have been asked to vaccinate 75% of their staff this year. Trusts will not be eligible for a potential allocation from winter monies in 2014/15 if 75% is not met, except in exceptional circumstances where they can prove to the NHS Trust Development Authority (TDA), Monitor and NHS England that they have robust plans in place to ensure they will do so next year.

## **Communications**

NHS England will support the NHS locally to communicate with patients and the public this winter, focussing on messages to increase understanding of which NHS service is most appropriate for a healthcare need. NHS England will support this local activity through its own communications channels including working with national media.

## **Oversight/regulation of NHS providers and local systems**

Separate communications from the TDA and Monitor will follow this letter and provide specific details around the reporting and escalation processes in place (as per statutory accountability requirements) during the winter period, for NHS Trusts and NHS Foundation Trusts respectively.

Where there is concern about the performance and response of an urgent care system as opposed to an individual provider, the regional tripartite panel will expect to meet with UCB members. This allows the 3 arms length bodies to work collectively to seek improvement, agree a single set of actions from the local system, whilst maintaining the individual accountability relationships with providers and commissioners.

## **Role of Urgent Care Boards**

Finally, there has been some reported potential confusion about the role of UCBs (to be known now as Urgent Care Working Groups to better reflect their constitution). In establishing UCBs we wanted to get the right people locally round the table to ensure that robust and effective improvement plans for urgent care could be developed and supported. They are not meant to be prescriptive, and are non-statutory operational groups that look at optimising the delivery of urgent care services in local systems, identifying local solutions to urgent care issues. Their membership includes all key stakeholders from health and social care including the appropriate clinical expertise.

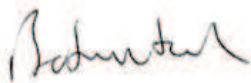
While they provide an important forum of mutual accountability of all partners in the local urgent care system in the implementation of SRIPs, they do not replace the formal mechanisms of accountability within and between organisations towards

improving the delivery of the A&E standard. In the management of winter pressures, they are ideally placed to review and respond to the full range of appropriate data concerning the local urgent care system and ensure that locally, processes are put in place to monitor and react to any potential hotspots, thus avoiding unnecessary escalation.

They have an important role to play in supporting Health and Well-being Boards as they determine the overarching health and healthcare strategy and monitor progress against delivery.

This letter provides the necessary advice on any issues you may have regarding preparations in managing your winter arrangements.

Yours sincerely,



Barbara Hakin  
Deputy Chief Executive  
NHS England



David Flory  
Chief Executive  
NHS Trust Development Authority



David Bennett  
Chief Executive  
Monitor

## Annex

### Winter Reporting Arrangements

To reflect the changes in the system we have updated the daily SITREP and supporting guidance used last year. Copies of both documents are available via UNIFY2. We will continue to use UNIFY2 for reporting local winter pressures.

This means that SITREPs will again record: temporary A&E closures; A&E diverts; ambulance handover delays over 30 minutes; trolley-waits of over 12 hours; cancelled elective operations; urgent operations cancelled in the previous 24 hours; and those cancelled for the second or subsequent time in the previous 24 hours; availability of critical care, paediatric intensive care and neonatal intensive care beds; non clinical critical care transfers out of an approved group and within approved critical care transfer group (including paediatric and neonatal); bed stock numbers (including escalation, numbers closed, those unavailable due to delayed transfers of care etc.); and details of actions being taken if trust has considers that it has experienced serious operational problems.

Following discussions with Monitor, it has been agreed that NHS Foundation Trusts (NHS FTs) will again be asked to complete daily SITREPs for winter 2013/14.

The quality of daily SITREPs remains extremely important, as does completing them on time on each reporting day. Daily reports are required from acute hospitals only. It is the responsibility of each trust to ensure their return is accurate, complete, and fit for purpose.

In order to ensure that the NHS England Operations team can complete collation of daily figures and publish the data on the UNIFY2 system, returns must be provided by reporting acute trusts no later than 11am. This will allow for publication on UNIFY2 where it can be accessed by local and regional stakeholders to monitor and address any operation problems resulting from these pressures.

Urgent Care Working Groups are ideally placed to ensure that locally processes are put in place to monitor and react to any potential hotspots, thus avoiding unnecessary escalation. Access to UNIFY2 reports, SITREP data, on a daily basis will be granted to all local NHS organisations (e.g. CCGs and Trusts).

Local systems will also need to take account of all locally available data including whatever relevant information is available for other settings such as in community, mental health and primary care. We will be looking to the potential for developing SITREP indicators for these parts of the healthcare systems for use next winter.

#### Reporting period

Daily SITREP reporting will commence from Monday 4 November and reporting requirements will be reviewed at the end of February 2014. This means that the first collection will be on Tuesday 5 November in respect of the previous 24 hours up to 8am on that day.

Monday's SITREP covers the period from 8am Friday morning to 8am Monday morning. As above, Trusts are required to submit their return by 11am daily.

For the Christmas period, it is intended that information covering 8am 24 December 2013 until 8am 27 December 2013 will be submitted in a single SITREP on 27 December 2013. There will be no SITREP on 1 January 2014. The SITREP on 2 January 2014 will cover the period from 8am 31 December 2013 to 8am on 2 January 2014.

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Please note that although daily SITREPs via UNIFY2 are only required on working days, serious operational problems, which occur on non-working days, should be reported by Trusts by 11am the following day in order for information to be fed into daily reporting arrangements.