

From the office of David Flory, CBE
Deputy NHS Chief Executive



To: Strategic Health Authority Cluster Chief Executive Designates

cc: Strategic Health Authority Directors of Performance
Directors of Social Services
Monitor
Chief Medical Officer
Lyn Simpson, Director of NHS Operations
Alan Hall, Director of Performance

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Dear Colleague

Preparations for winter planning and reporting 2011/12

I am writing to emphasise the importance of robust, effective and timely preparation for winter and to outline this year's process for winter reporting.

Due to the efforts of all NHS organisations in recent years and more recently with our work on pandemic flu, we are collectively well prepared to deal with the additional pressures winter can bring. In order that we continue to provide high quality, timely care throughout this period, I would ask you to ensure that this is the case across your local health economy.

Our joint expectation is of a whole system approach to managing winter, seasonal flu and other pressures across each SHA cluster as well as the NHS and social care system more generally, not least in the continuing context of QIPP, which still presents us with some real challenges.

During this important time of transition, the key task for us all is to continue to deliver high quality care within the resources available. These will also be challenging times for the whole system as we seek unprecedented quality and productivity improvements, and as such, it is vital we continue to focus on delivery, particularly as this winter approaches.

Winter planning

Essentially, the same eight areas as previous years need to be addressed and preparation assured as part of your winter planning arrangements.

Effectively managed, this should once again help ensure that all services across local health and social care systems are well coordinated and well placed to respond appropriately to the demands of winter:

1. Handover of patient care from ambulance to acute trust
2. Operational readiness (bed management, capacity, staffing and New Year, elective 're-start' etc)
3. Out of hours arrangements
4. NHS/Social Care joint arrangements including work with local authorities

5. Ambulance Service/Primary Care/A&E links
6. Critical care services
7. Preventative measures, including flu campaigns and pneumococcal immunisation programmes for patients and staff
8. Communications

Patient handovers between ambulance services and acute trusts

Patient handover has been a significant issue in recent years and it would be our expectation that SHA clusters will take a lead role again this year in ensuring that continued improvements happen and do not compromise patient quality, safety and experience.

Seasonal flu immunisation programme 2011/12

Flu was a major and familiar theme dominating last year's winter reporting cycle. There has been excellent progress over recent years towards the World Health Organisation target of 75% uptake in those aged 65 years and over and we would encourage continuation of this.

Additionally, it is important for us to work towards improving the uptake in the under 65 clinical "at risk" groups to the same levels seen in older people (full details can be found in this year's CMO letter below which was issued on 25 May 2011).

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefmedicalofficerletters/DH_127048

As there is no national advertising campaign this year, SHAs may wish to support NHS organisations in finding opportunities to promote the immunisation programme to increase uptake in their areas.

In considering operational readiness, NHS organisations will want to ensure adequate occupational health immunisation campaigns are in place to offer staff the seasonal influenza immunisation. Last season, 34.7% of all frontline healthcare workers (from all trusts), with direct patient care, were reported to have received the seasonal influenza vaccine in England. 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.

Public Health Cold Weather Plan

As part of the wider suite of measures, which the DH and NHS are taking to protect individuals and communities from the effects of severe winter weather, we are planning to publish the first national Cold Weather Plan later this autumn. The Cold Weather Plan is designed to help reduce the significant increase in winter deaths and morbidity that is observed each year due to cold weather. The Plan provides advice for individuals, communities and agencies on how to prepare for and respond to extreme cold weather as part of wider winter planning.

Winter reporting arrangements

We will continue to use UNIFY2 for reporting local winter pressures, using the daily SITREP.

Daily SITREP reporting will commence from **Tuesday 1 November 2011** and reporting requirements will be reviewed at the end of **February 2012**. This means that the first collection will be Wednesday 2 November 2011 in respect of the previous 24 hours.

For the Christmas period, it is intended that information covering 8am 23 December 2011 until 8am 29 December 2011 will be submitted in a SITREP on 29 December 2011. There will be no SITREP on 2 January 2012. The SITREP on 3 January 2012 will cover the period from 8am 30 December 2011 to 8am on 3 January 2012.

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 to their relevant SHA contact by 11am the following day in order for information to be fed into daily reporting arrangements.

SITREP reporting

With the support of Directors of Performance and colleagues, we have redesigned the daily SITREP and supporting guidance to complete it (copies of both documents are available via UNIFY2).

As you will appreciate, the quality and timing of daily SITREPs is very important.

Each SHA is required to sign off a daily (Monday to Friday) SITREP, which is compiled from submission by individual trusts.

Monday's SITREP covers a period from 8am Friday morning to 8am Monday morning. Trusts are required to submit their return by 11am daily with SHAs signing off these returns no later than 12 noon.

We would encourage you and your respective organisations to ensure reports are submitted on time to allow the production of a daily Departmental operational report, which is used to gauge both the national and individual regional health economy position for operational problems, including actions at local level to mitigate any risks as a result of those pressures.

Following discussions with Monitor, it has been agreed that for NHS Foundation Trusts (NHS FTs), last year's arrangements for completing daily SITREPs will continue again this year.

If problems are reported to the commissioning PCT, the PCT will pick up any issues of concern with the FT directly and provide comments in the free text box on the daily SITREP regarding the FT as necessary.

Please could you confirm the main A&E commissioning PCTs for FTs to the dedicated mailbox for winter 2011/12 winter@dh.gsi.gov.uk as soon as possible and no later than **Friday 14 October 2011**.

If you have any technical queries specifically about the return please contact the DH Knowledge and Intelligence team at unify2@dh.gsi.gov.uk

DH's NHS Operations Unit will again lead with the NHS on winter.

From Tuesday 1 November 2011, early notification of problems can be given during office hours to the SHA's normal contact in the Department's NHS Business Unit or via the winter mailbox winter@dh.gsi.gov.uk

As with last year, DH will be making individual phone calls to those SHAs that have flagged significant problems in their daily SITREP return to understand what actions are in place to resolve any operational problems.

This approach means each SHA will be asked to provide a daily contact (with a secondary back-up number), which can be used should we need to contact them after the 12 noon submission of SITREPs.

Please arrange for this information to be forwarded to winter@dh.gsi.gov.uk by **14 October 2011** along with the name and contact details of the Director within the SHA who will act as your winter lead.

Escalation

There maybe a need to instigate weekly telephone conferences with SHAs where there is a requirement to understand more regarding operational problems.

These discussions will not substitute for direct conversations with the Department and those individual SHAs where incidents or issues reported in daily SITREPs require attention.

As you will appreciate, it may be necessary for the frequency of these telephone conferences, on occasion, to move to a daily basis and this will be dependent on the scale of pressure across the system.

This letter provides the necessary advice on any issues you may have regarding preparations in managing your winter arrangements but if you require any further information or support then please contact Lyn Simpson (lyn.simpson@dh.gsi.gov.uk) or James Skelly (james.skelly@dh.gsi.gov.uk).

Yours sincerely



David Flory, CBE
Deputy NHS Chief Executive



David Behan, CBE
**Director General, Social Care, Local
Government and Care Partnerships**