

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



To: Strategic Health Authority Cluster Chief Executives
Local Authority Chief Executives

cc: Strategic Health Authority Cluster Directors of Performance
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Monitor
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Dear Colleague

Preparations for winter planning and reporting 2012/13

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 and Local Authorities in recent years, we believe 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 transition, which presents us with some real challenges.

During this time of transition, the key task for us all is to continue to deliver high quality care within the resources available.

Sir David Nicholson wrote to NHS leaders on 13 August 2012 setting out the next stage in transition to the new health and care system. These two letters set down arrangements to ensure stability and resilience for the current system through transition to the new health and care system from April 2013.

<http://www.dh.gov.uk/health/2012/08/transition-health-system/>

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 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 to prevent admissions and speed discharge
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

DH Deputy Directors with regional responsibility for social care, local government and care partnerships will continue to work with the local NHS and Local Authorities to support good communication, together with the identification of best practice to help reduce the risk of gaps in the system.

Patient handovers between ambulance services and acute trusts

Patient handover has been a significant issue in more recent years, and it would be our expectation that SHA clusters will take a lead role this year in ensuring that continued improvements between the handover of patients to hospital happen and, as a result, do not compromise the quality of patient care, safety and experience.

Seasonal flu immunisation programme 2012/13

Flu activity was low last winter. However, we should in no way look upon this as a reason to be complacent. While there has been excellent progress over recent years towards the World Health Organisation target of 75% uptake in those aged 65 years and over, 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 3 May 2012 together with the Seasonal Flu Plan).

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/DH_133888

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. There is a raft of useful material to promote uptake in the following links:

National NHS staff seasonal flu vaccination campaign website www.nhsemployers.org/flu
NHS Flu Safe campaign (public health) www.midlandsandeast.nhs.uk/DoOnceCampaigns/Flu.aspx
DH Flu leaflet <http://immunisation.dh.gov.uk/category/publications/>

In considering operational readiness, NHS and social care organisations will want to ensure adequate occupational health immunisation campaigns are in place to offer staff the seasonal

influenza immunisation. Last season, 45% of all frontline healthcare workers, (from all trusts) involved 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. This year, we expect much higher uptake of flu vaccine amongst front line staff and a reduction of the variation (10-90%) seen last year. Further work is required to ensure that social care staff in residential and care home settings and supporting vulnerable people in the community are offered flu vaccine.

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 second 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. To support the aims of the Cold Weather Plan, DH has confirmed the "Warm Homes Healthy People fund" will be made available again for winter 2012/2013. The aim of the fund is to support Local Authorities and their partners in reducing death and morbidity in England due to cold housing in the coming winter.

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 6 November 2012** and reporting requirements will be reviewed at the end of **February 2013**. This means that the first collection will be Wednesday 7 November 2012 in respect of the previous 24 hours and up to 8am on that Wednesday.

For the Christmas period, it is intended that information covering 8am 21 December 2012 until 8am 27 December 2012 will be submitted in a single SITREP on 27 December 2012. There will be no SITREP on 1 January 2013. The SITREP on 2 January 2013 will cover the period from 8am 31 December 2012 to 8am on 2 January 2013.

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 SHA cluster regional directors, we have maintained the daily SITREP and supporting guidance to complete it we used last year, (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 submissions by individual trusts.

Monday's SITREP covers the 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.

At a local level, SITREP reports allow for discussions between the NHS and Local Authorities that concentrate on potential hotspots, thus avoiding unnecessary escalation.

Following discussions with Monitor, it has been agreed that NHS Foundation Trusts (NHS FTs) will again be asked to complete daily SITREPs for winter 2012/13.

Please could you confirm the main A&E commissioning PCTs for FTs to the dedicated mailbox for winter 2012/13 winter@dh.gsi.gov.uk as soon as possible and no later than **Friday 19 October 2012**.

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

The Department's NHS Operations Unit will again lead with the NHS on winter this year. From Tuesday 6 November 2012, 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, the Department 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 **19 October 2012** long with the name and contact details of the Director within the SHA who will act as your winter lead.

Escalation

There may be 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 SHA clusters, 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 James Skelly james.skelly@dh.gsi.gov.uk or Andrew Morris andrew.morris@dh.gsi.gov.uk

Yours sincerely



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Shaun Gallagher
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