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To

- Trust Chairs and Chief Executives
- CCG Chairs and Accountable Officers
- STP/ICS chairs and STP/ICS leads

Dear Colleague,

On behalf of the NHS, thank you for your leadership and the extraordinary dedication of your staff as the NHS looks after record numbers of patients.

During recent weeks, we have worked with you to complete a national stocktake of winter readiness and talked to many of you directly about how we can deliver for patients for the rest of this year.

It is clear from your feedback that local partnership working has further developed over the past year, providing the opportunity to jointly tackle challenges more effectively, with mutual assistance and accountability. It has been suggested that individual organisations would find it helpful if these arrangements were now confirmed locally in a 'Winter Delivery Agreement'. To support your work we have set out in Appendix 1 an approach you may find useful.

We have, as part of the stocktake discussions, been asked to set out what the expected national "defaults" now are on several important elements. They are:

1. This winter the goal should, wherever possible locally, be more General and Acute (G&A) hospital beds open, to reflect increased levels of patient need and admissions.
2. Work with Local Authorities to ensure the same or more care packages and nursing/residential home beds are available over the winter period than last year, with the same level of visibility and dual sign-off on these plans.
3. GP Out of Hours services should be expected to deliver services from 8pm to 8am 7 days per week and, critically, over bank holidays.
4. Ensure mental health services can respond quickly and comprehensively, particularly in relation to ED presentations.
5. Community health services able to operate to the same 'clock speed' of responsiveness as acute emergency services, e.g. 2 hour home response where that would avoid hospital admissions or speed discharges.
6. Improving uptake of the flu vaccine:
    - A further increase in staff vaccinated to 80% or above, including through the 'buddy' arrangements in place to support trusts that struggled with this last year;
    - Achieving maximum levels of vaccination for eligible patients in community, general practice and pharmacy settings.

We also heard clearly from the stocktake process that our most significant shared challenge relates to workforce availability – particularly nursing – and also the continuing impact of pensions taxes on doctors.

The Government's second consultation on reform of the NHS Pension Scheme closed on 1 November and they have agreed to review the tapered allowance.

In the meantime, NHS Employers have published guidance on the options available to trusts to support staff and service delivery in dealing with the pension tax. Many trusts have already put in place schemes with a positive impact on clinical workforce supply, but a

number of provider board members have requested clarification on what the national 'default' should now be. We can confirm that of the options set out by NHS Employers, among the most effective have been local policies on the payment of employer contributions foregone as additional salary where scheme members have elected to opt out of the scheme due to tax arrangements (see in particular section 3b of the September 2019 guidance from NHS Employers). We are now signalling our expectation that trusts that have not done so already should make immediate use of the flexibilities available (unless they are demonstrably not experiencing any issues with medical staff availability). We can provide examples of guidance and Board papers used by trusts that have already implemented schemes if that would be helpful.

We would find it very helpful if chairs or chief executives confirm in the next fortnight the arrangements they have in place or intend to put in place, through Regional Directors. Given the urgency, where Remuneration Committee approval is considered necessary we would ask that these meetings are arranged on an extraordinary basis.

In the coming weeks Regional Directors will work with you to support the development of Winter Delivery Agreements and implementation of pension flexibilities. Please let them know if there is any further information or practical support we can provide, to understand the progress you are able to make and how we can best support you.

Yours Sincerely

Pauline Philip DBE

National Director of Emergency and Elective Care
NHS England and NHS Improvement

Richard Barker

Regional Director (North East and Yorkshire)
NHS England and NHS Improvement

Appendix 1: Developing a delivery agreement

From the feedback we have received we suggest that it would be helpful for each system to develop a 'Winter Delivery Agreement'. The agreement would build on the work that has taken place on winter planning at STP/ICS level. The focus of the Agreement would be to set out how organisations in the STP/ICS will work together to maximise capacity, both in hospitals and in the community during winter.

Systems are likely to want to:

- Discuss the progress of current winter planning and the extent to which it delivers additional capacity across key service components
- Discuss the outcomes of the stocktake exercise for all organisations in the system and the expectations for mutual support and support from programmes and corporate teams
- Agree what further can be done to increase capacity this winter to deliver the six priority expectations set out in this letter

You may also find it helpful to use the following list to help explore opportunities:

- GP Streaming – Increasing the proportion of patients who are streamed to primary care if they don't require A&E

- Same Day Emergency Care (SDEC) – Increasing the proportion of patients who can be treated without requiring an overnight hospital admission, and establishing an acute frailty team for 70 hours per week by the end of December 2019

- Increasing the proportion of patients discharged over weekends to reduce pressures on inpatient beds and patient flow at the start of the week

- Reducing the number of patients with a long length of stay to ensure inpatient spells are no longer than is clinically appropriate, in order to improve patient experience and to increase the available bed stock

- Continuing the increase of the number of people accessing support and bookable services through NHS 111

- Continuing to expand the availability of Urgent Treatment Centres to ensure that type 1 Emergency Departments are not the default for patients with minor injury and minor illness

- Escalation – Hospital supported by systems put measures in place including the use of full capacity protocols to minimise ambulance queues and improve patient flow out of EDs.

- Primary Care – ensuring GP OOHs provision have planned for activity peaks and that extended access hubs are well sign-posted

- Intermediate care – local community services should be assured that step-up/step-down beds and workforce capacity are sufficiently resourced for increased winter demand

- Elective care – capacity for elective treatment should be delivered so that elective treatment volumes agreed at the start of the year between commissioners and providers are delivered

- Cancer care – ensuring capacity for delivering and managing cancer diagnosis and treatment achieves improvements in the number of patients whose treatment starts in less than 62 days from urgent referral

- Diagnostic services – increasing capacity for diagnostic services to significantly reduce waits of over six weeks and in targeted service areas to reduce the lengths of wait for elective and cancer care

- Directory of Services and MiDOs – local partners should be assured that all information with the local DoS is up to date and well connected to the relevant ambulance service(s)

- Bank holiday capacity planning – as in previous years, a more detailed exercise will be run on planned bank holiday capacity to ensure gaps are avoided and sufficient capacity is planned for ahead of potential activity surge. This exercise will be run closer to the Christmas/NYE period once local demand and capacity planning has advanced and rostering is underway.

Our intention is that a Winter Delivery Agreement belongs to the system locally and we are not suggesting that it needs to be shared nationally. However, we are asking that you share with your Regional Director what additional capacity in terms of beds, out of hospital care, etc that you have been able to identify.