

HSJ QUALITY AND PERFORMANCE

NHS England reveals six targets for ICSs this winter

By [James Illman](#) 12 August 2022

- **Winter letter focuses on bed occupancy, ambulance delays and 111 capacity**
- **The NHSE letter sets out six key metrics and eight focal areas**
- **Powis warns of first winter with combined pressures from covid and flu**
- **Increase acute and community 'beds' by equivalent of 7,000**

NHS England today identified six key metrics it will use to monitor the performance of every integrated care system this winter.

The 2022-23 winter letter includes a broad range of measures to boost capacity across the system through a mix of new hospital beds, increased non-acute capacity and virtual wards and a boost in urgent and emergency call handlers.

NHSE medical director Sir Stephen Powis warned that this year would be especially challenging for the service because it would be “the first winter where we are likely to see combined pressures from covid and flu”.

The six main new key targets for integrated care systems are:

- 111 call abandonment;
- Mean 999 call answering times;
- Category 2 ambulance response times;
- Average hours lost to ambulance handover delays per day;
- Adult general and acute type 1 bed occupancy (adjusted for void beds); and
- Percentage of beds occupied by patients who no longer meet the criteria to reside

The document, [*Next Steps in Increasing Capacity and Operational Resilience in Urgent and Emergency Care Ahead of Winter*](#), says: “Working with integrated care boards, we have identified the following six specific metrics... that NHSE and ICBs will use to monitor performance in each system through the [board assurance framework](#).”

However, the letter from NHSE leadership warns: “Clearly, expanding capacity is dependent on both sufficient workforce and workforce wellbeing.”

Eight core objectives

It sets out eight core pillars, which include an integrated covid-19 and flu vaccination programme and boosting hospital capacity by the equivalent of “at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway”.

It also sets a target to increase the number of call handlers to 4,800 in 111 and 2,500 in 999 and “target category 2 response times (the 18-minute target) and ambulance handover delays, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts”.

The other “core objectives” of the letter are:

- Increase capacity outside acute trusts, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter.
- Reduce crowding in A&E departments and targeting the longest waits in ED through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services.
- Ensure timely discharge, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the ‘100 day challenge’.
- Provide better support for people at home, including the scaling up of virtual wards and additional support for high intensity users with complex needs.

Health and social care secretary Steve Barclay also said he had “launched a taskforce to drive up the recruitment of international staff into critical roles across the system, while we recruit and retain more doctors and nurses, so we can continue our work of busting the covid backlogs”. However, it remains to be seen how many staff this could add this winter given the lengthy timescale required by the international recruitment process.

Sir Stephen said in a statement: “This is the first winter where we are likely to see combined pressures from covid and flu, so it is right that we prepare as early as we can for the additional demand that we know we will face. “Ahead of the winter, we want to make sure we are doing everything we possibly can to free up capacity so that staff can ensure patients get the care they need – this includes timely discharge, working with social care, and better support in the community with the expansion of virtual wards.”