

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

URGENT AND EMERGENCY CARE DELIVERY BOARD UPDATE

Date of the meeting	21/03/2018
Author	S Sutton - Deputy Director Urgent & Emergency Care
Sponsoring Board member	S Watkins - UEC Clinical Lead and Chair of Urgent and Emergency Care Delivery Board
Purpose of Report	To update the Governing Body on the work of the Urgent and Emergency Care Delivery Board, including System Resilience.
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	Urgent and Emergency Care Delivery Board membership includes local acute and community providers, ambulance service, local authorities, primary care and NHS England.
Previous GB / Committee/s, Dates	Regular Governing Body updates.

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials: SSU

1. Introduction

- 1.1 The purpose of this report is to provide an update on the work of the Urgent and Emergency Care (UEC) Delivery Board which meets on a monthly basis.
- 1.2 The UEC Delivery Board continues to oversee all of the UEC Delivery Plan which includes both the NHS England mandates and the Dorset Sustainability and Transformation Plan strategic intentions.
- 1.3 Local UEC system stakeholders are currently in the process of refreshing Dorset's Urgent and Emergency Care Delivery Plan in anticipation of a NHS England request.

2. Performance and System Resilience

- 2.1 Performance data for the Urgent and Emergency Care System continues to be reviewed at each Urgent & Emergency Care Delivery Board.
- 2.2 Current progress is included within the integrated finance, performance and quality report which is reported under a separate agenda item.

Winter 2017/18

- 2.3 A winter debrief has been scheduled for Tuesday 13th March where system partners will consider lessons for future planning.

Easter Planning

- 2.4 Planning for the Easter period is progressing with discussions ongoing with NHS England in the context of obtaining assurance for local plans.
- 2.5 The process will be managed through the established winter operations route.

3. Emergency Preparedness, Resilience and Response (EPRR)

- 3.1 The CCG remains on target to achieve full compliance with the core standards for EPRR by April 2018. An internal CCG exercise is planned for 25th April 2018 to validate the CCG's incident response plan.
- 3.2 All major local commissioned providers are progressing well with their respective improvement plans. South Western Ambulance Service NHS Foundation Trust (SWASFT) have already reached full compliance with the EPRR core standards, with Poole Hospital and Dorset County Hospital one standard short of full EPRR Assurance Compliance.
- 3.3 In the last month, emergency planning has focused on responses to several incidents affecting Dorset:
 - Storm Emma – Severe Winter Weather (including ongoing acute and community system pressure, transport provision failures & multiple utilities outages)

- Seasonal influenza outbreaks in care & nursing homes
- Large scale fire in Blandford Forum
- An outbreak of Avian influenza at Abbotsbury Swannery

3.4 Feedback from staff and system partners on the above events is currently being consolidated by the Emergency Planning Lead. Several system-wide debrief forums have been convened over the coming weeks to explore any learning to aid future planning.

4. UEC Delivery Plan – UEC Pillars

4.1 111 / 111 Online / GP Access

4.1.1 The programme to procure the Integrated Urgent Care Service (IUC) continues to progress in accordance with the agreed plan.

4.1.2 A formal offer to the market to tender for the service was issued on the 31st January 2018. A provider briefing is scheduled to be held on Thursday 8th March.

4.1.3 Implementation of the accelerated phase for Improving Access to GP Services (IAGPS) continue at pace. The CCG remains on track to achieve the milestone of 50% population coverage by end of March 18.

4.1.4 The CCG also remains on track to deliver a 'Consult and Complete' model whereby a minimum of 50% of calls to NHS111 lead to a patient speaking to a clinician within a Clinical Assessment Service (CAS) by March 2018.

4.2 Urgent Treatment Centres

4.2.1 Work continues to locally implement nationally mandated Urgent Treatment Centres (UTCs) via a dedicated project that reports into the Urgent and Emergency Care Delivery Board.

4.2.2 Both Weymouth UTC and Royal Bournemouth Hospital UTC are confirmed sites. A NHS England standards assessment tool is being used to assure compliance with the new standards.

4.2.3 Modelling work has been completed to inform potential scenarios for the future configuration of UTC sites pan Dorset.

4.2.4 A workshop has been convened for the 15th March to define the clinical cohort of patients for UTCs.

4.2.5 Engagement is being planned with GP localities to ensure any future configuration of UTCs is aligned with locality transformation initiatives.

4.2.6 This engagement will support and inform wider engagement and communication with the public to ensure messages are consistent and coherent

4.2.7 There is a risk that the local system will not be able to meet NHS England milestones to define implementation plans for the future configuration of UTCs in Dorset. This is due to the complex interdependencies with other work programmes including primary care transformation and ongoing work in the context of implementing the decisions from the Clinical Services Review.

4.3 Ambulance Pillar

4.3.1 An Ambulance Pillar Project Group has been established. Associated documentation including Project Initiation Document (PID) and project plan produced and agreed. The project is being delivered in a phased approach.

4.3.2 Phase 1 is focused on development and implementation of a 'Mobile Urgent Treatment Centre' for which a draft pathway has been produced that provides potential alternatives to conveyance to Emergency Departments. Funds obtained via UEC transformation monies are being used to support this work.

4.3.3 As referenced under Section 4.2, a clinical workshop is scheduled for 15th March 2018 with the aim of establishing and agreeing the cohort of patients who can access the UTCs (both static and mobile).

4.3.4 Of critical importance to the success of the Ambulance Response Programme, is support for the lower acuity calls – the Cat 3 and 4 activity. The 'Mobile Urgent Treatment Centre' referenced above is directly targeted at these calls with the aim of bringing a GP to the patient, or the patient to a UTC / primary care hub and improving the patient experience.

4.4 Hospital Pillar

4.4.1 Local acute trusts continue to implement initiatives aimed at improving system performance and patient experience.

4.4.2 The Urgent and Emergency Care Delivery Board have agreed to dedicate resources towards a focus upon stranded patients who are medically ready for discharge during March to support the flow of patients and subsequently ED performance.

4.4.3 Achievement of the ED target across the Dorset system during March is worth circa £1.5m to the system. Recent adverse weather conditions have compounded current pressures within the system and its ability to achieve the ED 4-hour standard.

4.5 Hospital to Home Pillar

4.5.1 Nationally mandated initiatives such as Discharge to Assess, Integrated Discharge Hubs and Trusted Assessor continue to be progressed at all sites and is demonstrating good joint work between all health and social care providers.

4.5.2 Complex CHC and fast track funded pathway delays still appear challenging but work continues to progress in this area and initiatives are being developed and mobilised across Dorset.

- 4.5.3 The CHS commissioned service to support self-funders in Dorset has been extended again pending a full evaluation being undertaken.
- 4.5.4 The consistency of the counting and reasons for delays has been discussed and Dorset CCG are awaiting further feedback from NHSE.
- 4.5.5 Recent clarification guidance from NHSE has resulted in a review of Court of Protection delays – these only now become formal when a decision is made on the discharge destination. Clarification is now being sought on the following:
- Housing delays
 - Self-funders waiting reablement services provided by the local authorities
 - Services within the Better Care Fund (BCF) being classed as joint delays
- 4.5.6 Work now needs to progress on ‘stranded’ and ‘super stranded’ patients with the aim of preventing these cases from becoming formal delays and subsequently reducing formal Delayed Transfers of Care (DTOC) rates.

5. Lead / Co-coordinating Ambulance Commissioner for the South West

- 5.1 As lead commissioner for the south west, a joint meeting involving NHS Dorset CCG, NHS England, NHS Improvement and South Western Ambulance Services NHS Foundation Trust was convened on the 21st February to consider concerns around current performance in the context of the new Ambulance Response Programme (ARP).
- 5.2 Agreement to develop a clear plan for achievement of the standards has been agreed with a key component being consideration of an identified resource gap as well as strengthening the focus on the Ambulance Strategic Partnership Board for the south west.
- 5.3 Dorset continues to be connected to the NACN (National Ambulance Commissioners Network) and Commissioning Development work stream within the national Ambulance Improvement Programme.

6. ACS UEC Workstream

- 6.1 Representatives from the Dorset UEC system continue to attend the national ACS UEC leads forum.
- 6.2 The Dorset UEC system has agreed to participate in three national work streams –
- DTOC guidance and weekly data monitoring - local partners are keen to consider the wider cohort of patients who are ‘medically ready for discharge’ as an expansion of the current DTOC measurement.

- System demand and capacity modelling - Two calls have been convened with the national ACS team regarding work on system demand and capacity modelling – continuing to refine and agree scope and approach. The intention is to have automated system for demand and capacity management
- Evaluation of UEC programme – The national team is in the process of tendering with Commissioning Support Unit's to undertake activities to define scope of evaluation and specification. The final specification is anticipated April/May 2018. Milestones for the completion of the full evaluation are yet to be agreed.

7. Conclusion

- 7.1 The UEC Delivery Board continues to operate and function with good levels of engagement from all partners.
- 7.2 Transformation projects are progressing alongside the management of daily business.
- 7.3 In lieu of recent adverse weather coupled with continued cases of flu and norovirus, the system has been under significant strain and is at risk of not achieving the ED 4-hour standard in March. As a result, the Dorset system may miss out on funding associated with this.
- 7.4 Local system resilience arrangements continue to be followed as a means of managing the current challenges.
- 7.5 Planning for the Easter period is in progress and the system is in dialogue with NHS England regarding assurance of these plans.
- 7.6 The Governing Body is asked to **note** the report.

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