

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

URGENT AND EMERGENCY CARE DELIVERY BOARD UPDATE

Date of the meeting	16/05/2018
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"> • Prevention at Scale • Integrated Community and Primary Care Services • One Acute Network • Digitally Enabled Dorset • Leading and Working Differently 		
	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 continuing to work the refresh of the Dorset Urgent and Emergency Care Delivery Plan in order to take account of emerging priorities.

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.

3. Emergency Preparedness, Resilience and Response (EPRR)

- 3.1 The system level post incident debrief for Storm Emma took place on 4th April. A report outlining the key points from the debrief is currently being compiled and will be shared at the Local Health Resilience Partnership meeting on 4th June.
- 3.2 The CCG hosted its annual Table Top Exercise on the 24th April. The scenario focused on the threat to security at both the national level and in local NHS premises. The exercise was jointly facilitated by the Emergency Planning Lead and Dorset Police Counter Terrorism Unit.
- 3.3 As of 30 March the CCG's Senior Manager on call 24/7 pager number changed to 07623514733. The new service provider is Page One Communications. The service offers an enhanced SMS notification tool, which the Emergency Planning Lead is aiming to use to improve the activation of CCG Incident Coordination Centres and alert primary care settings of potential threats and ongoing incidents.
- 3.4 The production of an internal training needs analysis incorporating a professional development training record for on call staff is progressing.
- 3.5 The CCG's Incident Response Plan is currently being consulted on and will be presented to the May Directors Performance meeting for sign off.

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 Tenders are due to be received by 10th May 2018.
- 4.1.3 Implementation of the accelerated phase for Improving Access to GP Services (IAGPS) continue at pace. The CCG achieved the milestone for 50% population coverage by end of March 18.
- 4.1.4 The CCG also achieved the aim of delivering 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 operational and working towards full compliance with national standards. Direct booking from NHS111 into Weymouth UTC is envisaged to go live imminently.
- 4.2.3 Engagement with primary care has commenced with a view to exploring opportunities associated with combining same day urgent primary care with UTC services.
- 4.2.4 Dialogue has commenced with NHS England with regard to meeting the necessary assurance requirements. A milestone date of July 2018 has been set to define the future configuration of Urgent Treatment Centres in Dorset.
- 4.2.5 A clinical workshop was facilitated on the 15th March to start defining the clinical cohort for Urgent Treatment Centres. Further task and finish work is planned to complete this work which will also support interdependent UEC transformation workstreams – ambulance transformation.

4.3 Ambulance Pillar

- 4.3.1 Mobilisation plans for the implementation of the mobile Urgent Treatment Response (MUTR – please note this was formerly referred to as Mobile Urgent Treatment Centre) are progressing with the pilot scheduled to be operational from 11th May 2018.
- 4.3.2 A business case agreed with South Western Ambulance Service NHS Foundation Trust (SWASFT) to begin a clinical review and gap analysis with a view to realising the full opportunity and potential of the Right Care model (now referred to as See and Treat). An initial draft report is expected to be ready by 18th May 2018.

- 4.3.3 As outlined under urgent treatment centres work is also progressing to define the clinical cohort of patients that may be conveyed safely to alternative settings other than ED.

4.4 Hospital Pillar and Hospital to Home Pillar

- 4.4.1 Local acute trusts continue to implement initiatives aimed at improving system performance and patient experience.
- 4.4.2 A proto-type 'Daily Flow' dashboard has been developed with the aim of supporting improved oversight of system pressures and potential escalation scenarios. This also supports work on 'stranded patients' and 'super stranded patients' as per national guidance.
- 4.4.3 The local UEC system did not achieve the ED 4-hour standard in March. It is important to note that this reflected the national picture. Dorset County Hospital were one of only three acute trusts nationally to achieve the standard. Feedback is being sought from NHS England regarding access to Sustainability Transformation Funds associated with delivery of the 4-hour standard.
- 4.4.4 In lieu of the interdependencies between the two pillars, work has commenced on refreshing the governance that sits below the UEC Delivery Board for each of the pillar activities to ensure the UEC system is well sighted on progress and any emerging challenges/issues.

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

- 5.1 A draft plan and financial options for 2018/19 was discussed at the Integrated Quality Performance Management Group (SWASFT 999 contract meeting) on 29th March 2018. The plan incorporates SWASFT actions, commissioner actions, and joint system actions. Additional work on hand over delays is also outlined within the draft plan.
- 5.2 The Ambulance Strategic Partnership Board met on the 25th April 2018 with senior representation from all CCGs/STPs and additional support from Mark Cooke (NHS E). SWASFT presented their Performance Improvement Plan (PIP) which will enable the organisation to achieve the performance level to that modelled by ORH. As indicated above, other components of the plan include commissioner owned actions and joint actions. The commissioner element will be completed as part of a short task and finish group, led by Gloucester CCG. The Task and Finish Group will be responsible for completing the final transition plan by the end of May 2018.

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 – as outlined above a daily flow dashboard has been developed to aid this aspect.
- System demand and capacity modelling – A demonstration of a nationally accredited system was provided to the UEC Delivery Board in April. The system automates the process for escalation and resilience alerts. A number of queries were raised and feedback is being sought from the system suppliers.
- Evaluation of UEC programme – NHS Arden&GEM have been commissioned by NHS England to conduct a feasibility study for an evaluation of the UEC programme. A portion of the UEC Delivery Board in May will be used to hold a workshop to explore key questions, challenges, and consider the potential methodology.

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.

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