

**NHS DORSET CLINICAL COMMISSIONING GROUP  
GOVERNING BODY MEETING  
A&E DELIVERY AND URGENT CARE BOARD UPDATE**

<b>Date of the meeting</b>	17/05/2017
<b>Author</b>	M Wood – Director Service Delivery
<b>Sponsoring GB member</b>	S Watkins – Clinical Chair, A&E Delivery and Urgent Care Board
<b>Purpose of Report</b>	To update the Governing Body on progress with system resilience across Dorset.
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	A&E Delivery and Urgent Care Board membership includes local acute providers, local authorities, ambulance service, GPs and locality chairs.
<b>Previous GB / Committee Dates</b>	N/A

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<b>Yes</b>	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
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	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

Initials: MW

## 1. Introduction

- 1.1 The purpose of this report is to provide a brief update on the work of the A&E Delivery and Urgent Care Board (A&E Delivery Board) which meets on a monthly basis.
- 1.2 The recent focus of the A&E Delivery Board has been:
- Maintaining patient flow and performance against key targets through the Easter period;
  - Submitting bids for capital funding to deliver GP streaming at the front door;
  - Understanding the potential schemes against the additional Better Care Fund budget allocations.

## 2. Report

### Guidance

- 2.1 The National Urgent and Emergency Care Delivery Plan was issued 19 April 2017. The plan contains seven pillars to get Urgent and Emergency Care back on track (Appendix 1):
- NHS 111 online;
  - NHS 111;
  - GP Access;
  - Urgent Care Centres;
  - Ambulances;
  - Hospitals;
  - Hospitals to Home.
- 2.2 The Urgent and Emergency Care Delivery Plan 2017, sets out a wide range of targets and deadlines for each STP to deliver over the next five years. Each STP must develop and agree its own plan with NHSE by the end of June 2017. This piece of work will be led by Susan Sutton, Deputy Director for Urgent and Emergency Care.
- 2.3 It should be noted that it is anticipated that the local plan will include as a minimum for each of the seven pillars:
- Narrative of local future vision for delivery of each pillar;
  - Outline of activities for delivery against timeframes;
  - Local trajectories for delivery including performance targets;
  - A financial appraisal of local plans including any QIPP or investment plans and channel shift projections.

### Performance

- 2.4 Throughout February/March/April the system as a whole has been on green (Opel Level 1) or amber (Opel Level 2) for considerable periods of time.

# 10.1

- 2.5 The whole system has continued to perform significantly better over the same period against 15/16 reported position, this is noteworthy against the wider Regional and National positions.
- 2.6 High risk briefings are submitted to NHS England each month. All providers across Dorset are required to submit the high risk briefings/exception reports for areas that do not meet the targets set for two months in a row. This will include areas such as RTT/Diagnostics/Cancer/DTOC/999 & 111/ Mental Health and Learning Disabilities. A monthly assessment is conducted using NHS England provider level data which is released nationally on the 2<sup>nd</sup> Thursday of each month. It is expected that the CCG will add to the exception reports by Provider in detailing the actions undertaken internally.
- 2.7 Each high risk briefing area requires the individual Trust and the Clinical Commissioning Group, to set out and agree all actions being undertaken to recover performance. A Trust has to achieve a target for 3 months in a row to be removed from the high risk briefing reporting requirements. In addition, appropriate contract mechanisms are used as required.
- 2.8 SWASFT were performing above the agreed recovery trajectory for 111 performances until January, where call answering performance was down, recruitment is ongoing to try to improve this performance. This is now showing an improvement during February week on week.
- 2.9 The Ambulance Response Programme (ARP) pilot has been completed and feedback is due in the Spring from Sheffield University. Initial thoughts are that SWASFT is under resourced and therefore a rota review is being undertaken with recommended changes to commence in June 2017.

## **Winter 2016/17**

- 2.10 A specific Winter debrief and Easter planning workshop was held on 7 March 2017 by Dorset CCG. This event helped to identify the lessons learnt over the Winter period, and were applied to the Easter period.
- 2.11 Due to the National interest into the performance achieved by Dorset this Winter, with all three acute Trusts routinely being in the top 10 for the four hour A&E target a summary of 'good practice' is being compiled.
- 2.12 Handover delays has been proactively managed this year by introducing SWASFT Hospital Ambulance Liaison Officers (HALO's) in ED which has worked well with keeping the system flowing and considerably improved performance in this area.
- 2.13 The Urgent and Emergency Care Plan 2017 sets out Winter planning timelines for 2017/18, with initial planning to be completed by June 2017.

## **Delayed Transfers of Care**

- 2.14 Delayed Transfers of Care(DTOC) continue to be a cause for concern. A weekly snapshot of the numbers of delays is collected and show that delayed transfers of care performance continues to exceed the levels set by mandated targets, in particular Dorset HealthCare. Delays in Community Hospitals continue to rise, work is taking place to investigate the cause of this issue.

- 2.15 The Pan Dorset Health and Social Care Delayed Transfers of Care Action Plan continues to be monitored through the A&E Delivery Board. NHS England continues to monitor DTOC performance where the level has remained in excess of 5% for two or more consecutive months.
- 2.16 Work continues with providers on the borders to improve communication and flow with Dorset partners to enable discharge pathways to be improved for stranded patients.

### **Streaming at A& E Front Door**

- 2.17 National capital funding became available at short notice to enable primary care streaming at the front door of A&E to be established by September 2017.
- 2.18 Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Poole Hospital NHS Foundation Trust submitted successful bids and are establishing project teams to deliver both the capital and staffing elements of streaming at the front door.

### **3. Conclusion**

- 3.1 Whole System Winter and Easter planning for 2016/17 has delivered a level of performance that exceeded 15/16 despite an extensively challenging and changing agenda. This has only been delivered through support and commitment from all health and social care partners.
- 3.2 The priority for the first quarter of 2017/18 will be the development of the Urgent and Emergency Care Plan for Dorset in line with National guidance.

**Author's name and Title: M Wood, Director of Service Delivery**

**Date: 1 May 2017**

**Telephone Number: 01305 368921**

<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>Urgent and Emergency Care Seven Pillars</b>