

## NHS DORSET CLINICAL COMMISSIONING GROUP

### GOVERNING BODY MEETING

#### URGENT AND EMERGENCY CARE DELIVERY BOARD UPDATE

<b>Date of the meeting</b>	17/01/2018
<b>Author</b>	M Wood - Director of Service Delivery
<b>Sponsoring Board member</b>	S Watkins - UEC Clinical Lead and Chair of Urgent and Emergency Care Delivery Board
<b>Purpose of Report</b>	To update the Governing Body on the work of the Urgent and Emergency Care Delivery Board, including System Resilience.
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	Urgent and Emergency Care Delivery Board membership includes local acute and community providers, ambulance service, local authorities, primary care and NHS England.
<b>Previous GB/Committee Dates</b>	Regular Governing Body updates.

#### 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> [e.g. ✓]	<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 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 met on the 17 November to review work programmes supporting the delivery of the UEC plan and agreed on the principle of developing a system wide team approach to delivery.

## 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 Each of the NHS provider organisations in Dorset produced respective winter plans that have been complimented by the production of an overarching winter plan for the Dorset Urgent & Emergency Care System.
- 2.4 These plans were submitted to NHS England and subsequently assured.
- 2.5 Additional winter funding announced by the chancellor in November was confirmed by NHS England. Funding has been allocated in two tranches – tranche one based upon a ‘fair share’ basis aligned to emergency services activity in Type 1 A&E’s. All three local acute providers received an allocation of tranche one money to reflect the cost of emergency and urgent elective activity across winter that is already in operational plans and is being incurred by providers.
- 2.6 The Dorset system also received tranche two funding as a result of discussions with the National Director of Urgent and Emergency Care, Pauline Philip. These funds have been allocated for use on new initiatives to improve A&E performance over the winter period.
- 2.7 The system also received confirmation of additional winter funding to support initiatives to reduce pressures associated with mental health presentations.
- 2.8 As lead commissioner the CCG also received additional winter funding for the SWASFT 999 contract to support provision of additional paramedic support vehicles to manage low acuity calls across the south west region.
- 2.9 The local UEC system experienced significant pressures over the Christmas period. Pressures were attributed to factors including the management of

infection control issues (e.g. cohorting of flu cases). This had adverse impact upon acute and community providers as well as care homes.

- 2.10 Staff sickness was also a contributing factor across all providers.
- 2.11 Initiatives outlined within the winter plans were implemented and enabled the system to manage the pressures accordingly.
- 2.12 Daily reports of the Operational Pressures Escalation Levels status continue to be submitted daily to NHS England Wessex. Providers also continue to report key performance and quality indicators directly to NHS Improvement on a daily basis. Weekly resilience calls continue to be held, which have been increased to daily from January, given system pressure.
- 2.13 Following a NHS National Emergency Pressure Panel, NHS England circulated a letter dated 2<sup>nd</sup> January recommending further actions including deferral of all non-urgent in-patient elective care to free up capacity for the sickness patients.

### **3. EPRR Assurance**

- 3.1 NHS England wrote to the CCG on December 15<sup>th</sup> 2017 to confirm the agreed position of EPRR Assurance for the providers in Dorset.
- 3.2 There were no significant changes to that presented to the Local Health Resilience Partnership on November 15<sup>th</sup> 2017.
- 3.3 The CCG is currently confirming each respective provider's compliance level with their Accountable Emergency Officer.
- 3.4 The EPRR assurance process for 2018/19 will commence in April 2018.

### **4. UEC Transformation Fund**

- 4.1 Work has commenced on the development of 'Mobile Urgent Treatment Centres' which are expected to offer benefits associated with relieving pressure on local Emergency Departments. A key priority of the work is to develop direct access protocols that allow ambulances to convey directly to urgent treatment centres.
- 4.2 The initial focus is on developing Weymouth Urgent Treatment Centre (UTC), Royal Bournemouth Hospital UTC and Poole Hospital's Primary Care Hub to accept ambulances, for lower acuity patients.

### **5. UEC Delivery Plan – UEC Pillars**

#### **5.1 111 / 111 Online / GP Access**

- 5.1.1 The programme to procure the Integrated Urgent Care Access, Advice, Assessment and Treatment Service (IUCATS) and Improving Access to GP Services (IAGPS) from 1 April 2019, continues to progress in accordance with the agreed plan.

- 5.1.2 A market engagement event was held on Wednesday 29 November 2017. The intention remains to formally offer the service to the market in January 2018.
- 5.1.2 Contract variations for the accelerated phase of improving access to GP services are being finalised. The CCG remains on track to achieve the milestone of 50% population coverage by end of March 18.
- 5.1.3 Work is continuing with South Western Ambulance Services NHS Foundation Trust as the incumbent provider to ensure delivery of a 'Consult and Complete' model by increasing the offer of clinical consultation to NHS 111 calls. Target states more than 50% of calls to NHS 111 will lead to a patient speaking to a clinician with the Clinical Assessment Service (CAS). This is currently on track to be achieved within the required timeframe of March 2018.

## **5.2 Urgent Treatment Centres**

- 5.2.1 NHS England have confirmed that both Weymouth Urgent Treatment Centre and Royal Bournemouth Hospital Urgent Treatment Centre have been accepted as Wave 1 sites within the national roll out.
- 5.2.2 Work is continuing on wider work to model the future configuration of Urgent Treatment Centres in Dorset in line with the national mandate and timeframes.

## **5.3 Ambulance Pillar**

- 5.3.1 The Ambulance Project Group met in November 2017 and agreed the work plan.
- 5.3.2 The UEC transformation funds referred to section 4 are being used to support priority work streams, namely the development of a mobile urgent treatment centres and direct access ambulance protocols to convey patients to alternative settings other than the Emergency Department. Priority settings are linked to the Urgent Treatment Centres specifically the wave 1 sites – Weymouth UTC and Royal Bournemouth Hospital UTC.
- 5.3.3 South Western Ambulance Services NHS Foundation Trust is continuing to roll out the Ambulance Response Programme standards, with the SW 999 governance meetings focussing on this at their upcoming meetings. Handover remains an area of focus within the SW work plan.
- 5.3.4 A Dorset Ambulance Event was planned for December but clashed with the Perfect Week so has been postponed until 2018.

## 5.4 Hospital Pillar

- 5.4.1 Front Door Streaming – work has continued at pace to implement front door streaming at local Emergency Departments in both Royal Bournemouth Hospital and Poole Hospital.
- 5.4.2 Operational models have now been defined and contract variations enacted with the service operationally live from the 31<sup>st</sup> October.
- 5.4.3 Dorset County Hospital continue to implement a local streaming solution to meet the needs of its patient population.

## 5.5 Hospital to Home Pillar

- 5.5.1 Delayed Transfers of Care (DToC) continue to be closely monitored with a dedicated Transfer of Care Steering Group meeting on a monthly basis.
- 5.5.2 The Pan Dorset Health and Social Care Delayed Transfers of Care Action Plan continues to be monitored through the Urgent and Emergency Care Delivery Board.
- 5.5.3 The average days lost per occupied bed (Delayed Transfers of Care rate) across acute providers in the system is currently running at 3.7% (as of week ending 17<sup>th</sup> December 2017). This is slightly above the 3.5% trajectory.

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

- 6.1 An Ambulance Pillar Launch Event was held on 21<sup>st</sup> September for the South West (SW), which was well attendance by commissioners and providers across the 12 CCGs and 7 STPs. Speakers included the National Improvement Director responsible for the Ambulance Improvement Programme; Dorset CCG UEC Clinical Lead; Dorset CCG Deputy Director UEC; SWASFT, and other commissioners and providers.
- 6.2 The Ambulance Strategic Partnership Board met again on 18<sup>th</sup> October and have set a work plan for the SW working group to deliver, which focuses on the New Model / Mobile UTC; Ambulance Handovers; and Workforce.

The SW governance arrangements link to the new Dorset Ambulance Commissioning Group. Dorset continues to be connected to the NACN (National Ambulance Commissioners Network) and Commissioning Development work stream within the national Ambulance Improvement Programme.

## 7. ACS UEC Workstream

- 7.1 Representatives from the Dorset UEC system continue to attend the national ACS UEC leads forum.

7.2 At the last meeting expressions of interest were requested from systems to support national UEC PMO work by participating in working groups for the following areas:

- DTOC guidance and weekly data monitoring
- System demand and capacity modelling
- Evaluation of UEC programme

Dorset UEC system partners have submitted an application for the ACS UEC evaluation. There is also an interest in the other streams of work, in particular the wider cohort of patients who are 'medically ready for discharge' as an expansion of the current DTOC measurement.

## 8. Conclusion

8.1 The UEC Delivery Board continues to operate and function with good levels of engagement for all partners.

8.2 Transformation projects are progressing, while continuing to manage daily business.

8.3 Robust winter planning preparations enabled the system to limit the impact of and manage significant pressures during the Christmas and New Year holiday period. System pressures in Dorset, as they are regionally and nationally, have increased moving into 2018 which is being robustly managed via the usual resilience process.

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