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NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

A&E DELIVERY AND URGENT CARE BOARD UPDATE

Date of the meeting	16/11/2016
Author	M Wood, Director of Service Delivery
Sponsoring Board member	Dr S Watkins, Clinical Lead, A&E Delivery and Urgent Care Board
Purpose of Report	To update the Governing Body on progress with system resilience across Dorset.
Recommendation	The Governing Body is asked to **note** the report.
Stakeholder Engagement	A&E Delivery and Urgent Care Board membership includes local acute providers, local authorities, ambulance service, GPs and Locality Leads.
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	• 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: 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 A&E Delivery and Urgent Care Boards replaced System Resilience Groups from 1 September 2016, in line with new national guidance issued from NHS Improvement, NHS England and ADASS.

2. Report

Guidance

2.1 The newly formed A&E Delivery Board will focus solely on Urgent & Emergency Care and should be attended at the executive level by member organisations.

2.2 The A& E Delivery Board is required to focus on the recovery of the 95% four hour target, through five nationally mandated interventions:

- Streaming at the front door: to ambulatory and primary care;
- NHS 111: increasing the number of calls transferred for clinical advice;
- Ambulances: Dispatch on Disposition and code review pilots;
- Improved flow: 'must dos' that each Trust should implement to enhance patient flow, including the 'SAFER' bundle;
- Discharge: mandating 'Discharge to Assess' and 'trusted assessor' type models.

2.3 In Dorset work had already been undertaken against all of these five intervention areas.

2.4 A revised Terms of Reference and specific action plan was developed and agreed at the inaugural meeting of the A&E Delivery Board on 12 October 2016.

Performance

2.5 Since the end of April 2016 the system, as a whole, has been on either Amber or Red for considerable periods of time. The Dorset system has continued to undertake intensive work on reducing Delayed Transfers of Care.

2.6 Monthly high risk briefings to Wessex NHSE are required by the following providers for areas that do not meet the targets set for two months in a row:

- Dorset County Hospital NHS Foundation Trust for A&E 4 hour performance and Delayed Transfers of Care;
- Poole Hospital NHS Foundation Trust for A&E 4 hour performance and Delayed Transfers of Care.

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 From 1 October 2016 all NHS 111 calls for Dorset and Cornwall are being provided by SWASFT through the clinical hub at St Leonards, Ringwood. Recruitment for call advisors for both contracts remains ongoing in order to achieve full establishment. This is likely to be achieved by mid-November, until then during peak times at weekends SWASFT will operate a blended call model approach. This will maintain a safe and high level of service for all patients.

Junior Doctor Strike

2.9 An announcement was made on the 5 September that the proposed strike on 16 September had been cancelled.

2.10 On 28 September the results of the Judicial Review, the legal bid made by Justice for Health, were announced with Mr. Justice Green ruling the health secretary had acted "squarely" within his powers in what he did.

2.11 In light of this result the BMA announced that the proposed strike action in October, November and December would be suspended.

2.12 The new junior doctor contracts have begun to be rolled out nationally.

Delayed Transfers of Care

2.13 Delayed Transfers of Care continue to be a cause for concern. A weekly snapshot of the numbers of delays is collected and show that delayed transfers of care have slightly improved across all acute and community providers.

2.14 There is a Pan Dorset Health and Social Care Delayed Transfers of Care Action Plan which has been agreed and is 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. This requirement now applies to Dorset County Hospital NHS Foundation Trust and Poole Hospital NHS Foundation Trust in Dorset.

2.15 The Discharge to Assess Vision for Dorset has been developed with health and social care partner in Dorset. This document is being shared with the three Health and Social Care Accountable Care Partnerships (ACPs) and will be signed off by the A&E Delivery Board in November.

Winter Planning 2016/17

2.16 The SRG winter planning assurance template for 2016/17 has been submitted to NHSE and assurance and updates will be monitored by the A&E Delivery Board on a monthly basis. Each Health and Social care partner will now develop action plans to deliver any areas assessed as not or partially assured.

2.17 Building on the success of last year, the annual Major Incident Assurance process for all health and social care partners will be used to discuss and seek assurance on all stakeholders' winter plans. A specific winter planning workshop was held in October which considered, identified and addressed any gaps in and across stakeholder plans.

Wessex Urgent and Emergency Care Network

2.18 The recent recruitment process for the Programme Lead role has been successful for an 18 month secondment period, commencing on 1 October 2016.The wider PMO supporting roles (2 further posts) will be recruited in once funding is agreed and by March 2017 at the latest.

2.19 2016/17 A&E Improvement Plan guidance requires Urgent and Emergency Care Networks to specifically focus on three areas:

- Expanded access to primary care;
- Creating an out of hospital hub combining NHS 111 and Out of Hours services;
- Delivering on the four key Urgent and Emergency Care Standards.

3. Conclusion

3.1 The A&E Delivery and Urgent Care Board has now been established and will build on the work of the System Resilience Group especially in the five nationally mandated interventions

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