

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

Date of the meeting	18/01/2017
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	<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: 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 Winter preparedness has been the recent focus of the A&E Delivery Board.

2. Report

Guidance

- 2.1 Since July 2016 there have been numerous additional requirements and monitoring information requests from the former System Resilience Group (SRG) and the newly formed A&E Delivery Board.
- 2.2 Information requests have been issued on an almost weekly basis since mid-November. In addition to the A&E Delivery Board returns NHSI have made separate information requests to individual providers.
- 2.3 Providers are to be commended for the amount of information they have supplied at short notice in a positive and collaborative manner.
- 2.4 New national definitions of system resilience levels has been issued moving from the system of Green/Amber/Red/Black to OPEL (Operational Pressure Escalation Level) levels 1 to 4. OPEL level 1 is the equivalent to Green.
- 2.5 The Healthcare systems throughout the winter period to notify NHSE if they are on OPEL level 3 and when they return to level 2.
- 2.6 National guidance is expected shortly on a new A&E scorecard for 2017/18 that includes outcome KPI's (Key Performance Indicators) as well as the 4 hour target.

Performance

- 2.7 Since the end September 2016 the system as a whole has been on amber (OPEL level 2) or red (OPEL Level 3) for considerable periods of time. The system achieved OPEL level 1 (green) in the week before Christmas.
- 2.8 The system emerged from the Christmas period and entered New Year period on (amber) OPEL level 2. The system emerged from the New Year period on red (OPEL Level 3) the main issues were norovirus, staffing shortages and increased activity at the front door. However, it appears that the position in Dorset compared well to the regional and national picture.
- 2.9 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 Cancer and Delayed Transfers of Care;

- Poole Hospital NHS Foundation Trust for Cancer, A&E and Delayed Transfers of Care;
 - Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust for Diagnostics and Cancer.
- 2.10 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.
- 2.11 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. During October and November during peak times at weekends South Western Ambulances Service NHS Foundation Trust (SWASFT) operated a blended call model approach. To maintain a safe and high level of service for all patients.
- 2.12 The 111 service performance for October for calls answered within 60 seconds was 78.5% against a National average performance of 89.92%. By mid-December performance has improved by 7.53% to 86.03% performance average National performance for the same time period was 87.47%. SWASFT are currently performing above the agreed recovery trajectory for 111 performance by 7.3%.

Winter 2016/17

- 2.13 The SRG winter planning assurance template for 2016/17 was submitted to NHSE on 27 July. Each Health and Social care partner developed and implemented action plans to deliver any areas assessed as not or partially assured. This process was superseded by the reporting requirements on the A&E Improvement Plan and additional returns on capacity and service availability over the Christmas and New Year period.
- 2.14 NHSE requested on 2 December bids against an unanticipated Primary Care Resilience Fund by 7 December. In line with the A&E Delivery Board discussions a bid was submitted to provide additional OOH (Out of Hours) cover weekdays. Three additional bids to supplement primary care input into care homes to prevent admission were also submitted. The three care home bids were successful but only received 50 % of requested funding.
- 2.15 Work is being undertaken with all key stakeholders to put in place the care home schemes from early January until the end of March 2017 with agreed KPI's in line with the requirements for accessing this national funding.
- 2.16 A specific winter debrief and Easter planning workshop has been arranged for 7 March 2017. This event will identify the lessons learnt over the winter period, and how they can be applied to the Easter period.

Delayed Transfers of Care

- 2.17 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 be at high levels across all providers.
- 2.18 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 currently applies to Poole Hospital NHSFT and Dorset County Hospital NHSFT.

Wessex Urgent and Emergency Care Network

- 2.19 The Wessex Urgent and Emergency Care Network has been developing and agreeing it work plan for the next 18 months in line with National requirements.
- 2.20 Securing the funding to fully support the Project Management Office (PMO) for the Network hosted by Dorset is on-going and consequently the PMO supporting roles (2 posts) have not been recruited.

3. Conclusion

- 3.1 Whole System winter planning and assurance requirements for 2016/17 has been extensively expanded and remains a challenging and changing agenda that requires support and commitment from all health and social care partners. Internally, System Resilience can only be delivered with input from all of the Health and Social Care partners.
- 3.2 Delayed Transfers of Care, increased levels of A&E attendances and Non- Elective admission continue to be the greatest causes of concern.

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