

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

Date of the meeting	15/03/2017
Author	M Wood – Director of Service Delivery
Sponsoring Board member	S Watkins – Clinical Chair, A&E Delivery and Urgent Care Board
Purpose of Report	To update the Governing Body on progress with Systems 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 Chairs
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	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 The recent focus of the A&E Delivery Board has been:
 - reinstating normal patient flow;
 - understanding the lessons learnt from the Winter period and
 - Resilience planning for Easter.

2. Report

Guidance

- 2.1 National guidance is still awaited on a new A&E scorecard for 2017/18 that includes outcome KPI's as well as the 4 hour target.

Performance

- 2.2 Throughout November/December/January the system as a whole has been on amber (Opel level 2) or red (Opel Level 3) for considerable periods of time. This has improved significantly in February with two trusts consistently at green (Opel level 1) and one trust at amber (Opel level 2).
- 2.3 The whole system has performed significantly better over the same period against 15/16 reported position, which is noteworthy against the wider Regional and National positions.
- 2.4 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 2nd Thursday of each month. It is expected that NHS Dorset Clinical Commissioning Group (CCG) will add to the exception reports by Provider in detailing the actions undertaken internally.
- 2.5 Each high risk briefing area requires the individual Trust and the CCG, 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.
- 2.6 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.

- 2.7 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.
- 2.8 SPOA are taking over 2000 more calls than originally commissioned to do so, this will be followed up with them in the Contract Review Meetings accordingly.

Winter 2016/17

- 2.9 Work has continued with all key stakeholders to put in place the care home schemes from January until the end of March 2017 with agreed KPI's in line with the requirements for accessing this national funding.
- 2.10 A reflection on Winter performance and the system escalation process has been submitted by the CCG by 10 February 2017 deadline, to NHSE as requested.
- 2.11 NHSE are planning to facilitate an event to share good practice from the reflections gathered from this Winter performance feedback.

A specific Winter debrief and Easter planning workshop has been arranged for 7 March 2017 by Dorset CCG. This event will identify the lessons learnt over the winter period, and how they can be applied to the Easter period. This information can be fed into the NHSE event once date confirmed.

- 2.12 Handover delays were a particular issue affecting the 12 hour breach performances in ED, this has been proactively managed this year by introducing SWASFT Hospital Ambulance Liaison Officers (HALO's) in ED which worked well with keeping the system flowing.
- 2.13 Additional Mental Health Psychiatric Intensive Care Unit (PICU) beds have been opened which have also assisted with recent A&E pressures, appropriate beds more readily available to patients.

Delayed Transfers of Care

- 2.14 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 performance continues to be at high levels across all providers.
- 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 Community In-reach teams have helped with system pressures over the Winter months, although re-ablement cover in some areas of the community has been a problem, particularly in the North and West of County.

- 2.17 The repatriation of Hampshire patients from RBCHFT has been a particular issue on occasions. Resilience calls which now include Hampshire colleagues, has significantly helped by improving communication and patient flow and in turn improving Hampshire DTOC numbers within Dorset.

Wessex Urgent and Emergency Care Network

- 2.18 The Wessex Urgent and Emergency Care Network has been developing and agreeing its work plan for the next 18 months in line with National requirements.
- 2.19 The Network lead post will become vacant from 3 March 2017. There have been discussions with Wessex NHSE around this role and full agreement has yet to be reached. It is anticipated that the management of the UEC Network will partially transfer back to STP footprint areas with a “light touch” to Regional requirements.

3. Conclusion

- 3.1 Whole System Winter planning for 2016/17 has delivered a level of performance that exceeded 15/16 despite an extensively challenging and changing agenda. It reflects well against Regional and National levels of performance. This has only been delivered through support and commitment from all health and social care partners.

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