REPORT FROM NORTH & WEST READING CLINICAL COMMISSIONING GROUP (NWRCCG) & SOUTH READING CLINICAL COMMISSIONING GROUP (SRCCG)

TO:	**READING HEALTH AND WELLBEING BOARD**		
DATE:	**27 JANUARY 2017**	**AGENDA ITEM:**	**12**
TITLE:	**A&E Delivery Board & Improvement Plan**		
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PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The purpose of this paper is to brief the HWBB on:

- The role of the system wide Berkshire West A&E Delivery Board in ensuring delivery of the NHS constitutional standard that no patient should spend more than 4 hours in an A&E department from arrival to admission, transfer or discharge
- Progress on delivery of the local A&E Improvement Plan which is designed to support recovery of the standard at the Royal Berkshire Hospital

Performance against the 4 hour constitutional standard is a barometer of flow across the health and social care system and requires each part of the system to work in partnership to deliver their respective contributions to recovery of the target.

A copy of the latest version of the Improvement plan is attached at Appendix 1 and a copy of the Terms of Reference of the A&E Delivery Board is attached at Appendix 2.

The paper also provides an update on actions agreed in response to the Healthwatch report "A week IN A&E" which was considered by the HWBB in Oct 16.

RECOMMENDED ACTION

The HWBB is asked to note:

1. The rationale for the establishment of the A&E Delivery Board in September 2016, its core purpose and membership
2. The requirement to have an A&E Improvement Plan, its content, progress to date against the 5 key interventions recognised nationally to be best practice, and a number of additional actions agreed at 2 system wide "Round Table" events held in July and September 2016, which were chaired by the Chief Executive of the Royal Berkshire Hospital.
3. The close link between the Better Care Fund Requirements in relation to action required to reduce Delayed Transfers of Care and the A&E Improvement Plan
4. Progress on actions agreed in response to the HealthWatch Report " A Week in A&E"

POLICY CONTEXT

Local Health and Social Care Systems are together responsible for ensuring delivery of the NHS constitutional standard that no patient should spend more than 4 hours in an A&E department from arrival to admission, transfer or discharge.

Prior to September 2016 the Berkshire West Urgent Care Programme Board comprising partners from health and social care across Reading, West Berkshire and Wokingham had oversight of delivery of this standard. Performance against the standard over the last three years is shown in the next section. Performance during 2016-17 has been very challenged and the target has not been consistently achieved in Berkshire West since quarter 3 2015-16

National concern about the drop in performance against the standard led to a tri-partite letter dated 28th July 2016 from NHS Improvement, NHS England and ADASS (Association of Directors of Adult Social Care) to CCG Accountable Officers, Provider Chief Executive Officers and Local Authority Chief Executive Officers outlining plans for the recovery of performance against the constitutional standard.

The letter highlighted the disappointing performance against the standard over the previous six months in the south region and how too many patients were waiting too long for the treatment they need.

The letter called for a much greater focus on improvement and refreshed local leadership arrangements to encourage whole system focus and accountability as well as new regional oversight arrangements. It asked that all Urgent Care Programme Boards/System Resilience Groups be transformed into Local A&E Delivery Boards who would focus solely on Urgent & Emergency Care and be attended at Executive level by member organisations.

The Berkshire West A&E Delivery Board had its inaugural meeting on 22 September 2016. Its membership comprises senior clinical and managerial decision-makers from across the Berkshire West system (including mental health representation) with the authority to commit to decisions on behalf of their organisation. The new Board took immediate responsibility for;

- Recovery of the NHS Constitutional standard that 95% of patients should be admitted, transferred or discharged within 4 hours of their arrival at A&E
- Delivery of the 5 National Mandated Improvement Actions to restore A&E performance
- Delivery of the local A&E Improvement Plan.

The Board also took responsibility for delivery of other key actions agreed at 2 "*Round Table"* events held in July and September 2016 which were organised by the Chief Executive of the Royal Berkshire Hospital in response to the pressures within the Trust at that time which required a whole system focus and urgent action.

The Board reports to the Berkshire West CCGs QIPP and Finance Committee each month in order to provide assurance that it is effectively discharging its delegated responsibilities. Partner Organisations are required to have their own reporting arrangements.

PERFORMANCE AGAINST THE NHS CONSTITUTIONAL STANDARD

A&E 4 Hour Standard

Performance against the A&E 4 hour standard over the last three years is shown in the table below. This shows that performance in 2016-17 has been very challenged and the target has not been consistently achieved since quarter 3 2015-16. Performance over Christmas, New Year and into mid Jan has been particularly challenging with the Trust delivering the target on 7 days during the period 20th Dec to 16th Jan and falling below 90% on 12 days.

	Q1 Performance	Q2 Performance	Q3 Performance	Q4 Performance	Yearly Performance
2014/15	95.8	94.9	94.5	92.4	94.4
2015/16	95.9	95.9	95.0	90.2	94.2
2016/17	93.2	91.9	92.4	85.4% (QTD)	92.1 (YTD)

The A&E Delivery Board has recently agreed a proposed trajectory for performance in 2017-18 and this has been submitted to NHS England as part of the CCGs Operating Plan submission. The trajectory, shown below, is felt to be challenging yet realistic and will rely on system partners fully delivering on all elements of the agreed improvement plan.

Apr17	May17	Jun17	Jul17	Aug17	Sep17	Oct17	Nov17	Dec17	Jan18	Feb18	Mar18
93.1	94.3	94.3	93.8	95.0	93.2	94.2	94.3	93.1	93.8	93.8	93.8
Q1 - 93.93			Q2 - 94.00			Q3 - 93.89			Q4 - 93.8		

THE 5 NATIONAL MANDATED IMPROVEMENT ACTIONS TO RESTORE A&E PERFORMANCE AND THE LOCAL A&E IMPROVEMENT PLAN.

The five mandated improvement initiatives which have been developed by experts in the field of emergency care cover the following areas:

1. Streaming at the front door to ambulatory and primary care
2. Improved Flow
3. Improved discharge process
4. NHS 111 calls transferred to clinicians
5. Ambulance Service

One of the first actions taken by the new Board was a baseline assessment of its position relative to the these actions and this was then used as the basis for development of the Berkshire West A&E Delivery Board Improvement Plan which contains both the five mandated actions and the local priorities emerging from the 'Round Table' events.

The attached plan which is "rag rated" and updated at each Board meeting confirms the latest position and shows the following:

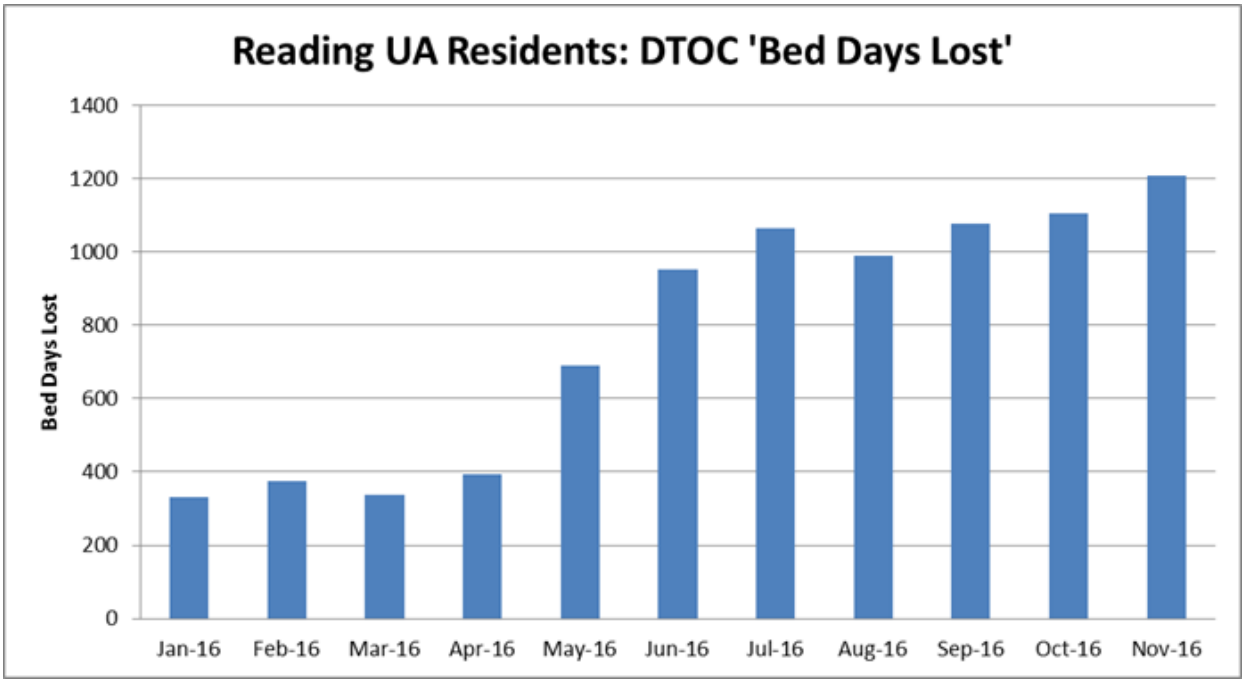
- Areas where good progress is being made: NEL Action Plan (based on year to date performance NEA activity for the year Reading is the only LA to be forecasting performance ahead of target) Ambulatory Care, STATing, Next Steps programme, Frequent A&E Attenders and CAMHs
- Areas requiring improvement: Action to improve Delayed Transfers of Care (DTOC) particularly from RBH and Prospect Park Hospital and the " Getting Home" programme.

DToC Performance: Action to improve DToC performance is a key priority for the Reading Health and Social Care system which has failed to meet its BCF target for 16/17 by some margin. The BCF metric is

the total number of delayed transfers of care per 100,000 population attributable to either health, social care or both. It covers delays at all Trusts including the Royal Berkshire Hospital, Oakwood community beds and mental health beds at Prospect Park hospital. The latest data shows that at the end of Q2, the 3 most prevalent reasons for people waiting for onward health or social care were as follows:

- Care package in own home (This includes self-funders and social services packages of care) – 22.72%
- Further non acute NHS care (e.g. Intermediate care or a community hospital placement) – 21.85%
- Nursing home placement – 15.55%

The graph below shows DTOC performance for Reading Local Authority residents during 2016-17 year to date. All partners accept that the figures are too high and are prioritising actions to support a reduction in the numbers. This also includes a review of operational processes between Reading LA and RBH staff to ensure both parties are confident that coding is accurate.



In November 2016 the A&E Delivery Board was asked by NHSE and NHSI to deliver an improvement in the DToC position at RBFT. The letter requested a concerted system wide effort to deliver a 1.1% improvement on the performance reported at that time to achieve a target of no more than 4.69% of total bed days lost due to DToC by the end of March 2017. Performance against this metric has deteriorated since November and current performance is 7.89%. To help put this into context there are normally 638 beds at RBH and over the period 9th to 15th Jan 33 of these beds were occupied each day by a patient whose transfer to another health or care setting, had been delayed. (An average ward has 25 beds).

An improvement in DTOC performance is a key element of the A&E Delivery Board Improvement Plan and in addition to the actions agreed via the board, to improve performance Reading established a weekly multi-disciplinary forum in November to address all delayed patients / service users individually and to assign clear leads and actions to promote a timely move on. This is already having a positive impact on weekly delayed discharge list / fit to go lists and is expected to have a significant impact on the local DTOC figures. However, this will not 'feed through' to official DTOC performance data until late January 17.

"Getting Home" Project: This project is focused on local delivery of three of the eight national high impact changes for DToCs – hospital based multi-disciplinary discharge team, discharge to assess and trusted assessment. A Steering Group has been established with a supporting Operational Group and work streams include 'Front Door Discharge Planning', 'Take Home and Settle in' and 'Flow through Community Hospitals and beyond'. It is anticipated that by April 2017 a multi-agency discharge team supporting people to "Go Home" will be in place with clear roles and responsibilities and direct links into other support services as required. Clear Discharge to Assess pathways will also be in place in each locality and a Trusted Assessor form designed and starting to be utilised.

ROLE OF ADULT SOCIAL CARE IN SUPPORTING DELIVERY OF THE A&E IMPROVEMENT PLAN

The 3 Berkshire West LAs are key partners on the Board and critical to delivery of the A&E Improvement Plan. This was emphasised once again in a letter dated 11 November 2016 from the Department of Health and Department for Communities and Local Government to Chief Executives and Directors of Adult Social Services regarding winter planning in adult social care and their role in supporting delivery into 2017.

The letter emphasised the importance of ensuring that social services are fully embedded in discussions and implementation of the five improvement initiatives, particularly in relation to reducing delayed transfers of care. The letter also:

- Signposted Local Authorities to practical support and best practice in the following areas;
  - Lessons from 2015-16
  - Market shaping (Commissioning for Better Outcomes)
  - Sector-led improvement-
- Requested that they make all attempts to ensure front line staff, including those in the independent care sector, were vaccinated against seasonal flu.
- Ensure that their emergency planning advice for local businesses and residents referenced the annual Met Office "Get Ready for winter" campaign which launched on the 7th November.

Reading LA have considered all of the above areas and implementation activities are underway.

PROGRESS REPORT ON ACTIONS AGREED IN RESPONSE TO HEATHWATCH REPORT "A WEEK IN A&E"

CCG/ GP Practices Actions

ISSUE	ACTION	UPDATE

High number of ED attenders who report contacting GP previously about their condition	Work with Practices to understand patients' ED utilisation patterns and identify opportunities to reduce inappropriate attendances	The review outlined below will consider this issue for patients who are high users of ED services. Further work is required to consider the information that GP practices receive following an attendance and how they identify whether the patient had previously been in contact with the practice – this will be considered as part of the review and potential further development of the workstream below.
Frequent attenders at ED	Reviewing patients who have attended ED more than 5 times in the previous 6 months and consider how care for these patients might be managed better	48/51 practices in Berkshire West CCGs are undertaking this work. This work will include the review of at least 775 patients across the area who have attended ED or other urgent care settings five or more times in a six month period. A second tranche of patients meeting the same criteria will be issued to practices in January to identify any further patients requiring follow-up. A full review including discussion in GP Councils will be conducted at the end of the year with hope that interventions and discussions with patients and carers and liaison with other services will have reduced attendance and that there are learning points going forward on how best to manage patients who may otherwise frequently attend ED.
Patients not registered with a Practice	Reviewing information on attendances by patient who are not registered with a GP Practice with a view to simplifying the registration process and improving access to Primary Care	The Primary Care Team is exploring how this issue is approached elsewhere, including whether there are any national examples of patients being able to register with a GP practice remotely from ED. Further

		analysis of the data will also be undertaken to confirm that these patients do not have a GP rather than that this information is not being captured – similar work with the Walk-in Centre previously identified that a significant proportion of the cohort did have a GP but were not providing this information.
Walk In Centre at Broad Street Mall	Lease has been extended for 12 months to allow a system wide discussion on how the walk in element of this service should be provided in the future	No further action at this stage.
Complexity of services	TV 111 to be promoted as the gateway to urgent care providing access to integrated urgent care	The Thames Valley CCG are currently in a co-production period for the new TV 111 Integrated Urgent Care service which will mobilise in October 2017. A key objective of the new service is to deliver the vision outlined in the Keogh review that "If I have an urgent need, I can phone a single number (111) and they will, if necessary, arrange for me to see or speak to a GP or other appropriate health professional – any hour of the day and any day of the week".

Royal Berkshire Hospital Actions

ISSUE	ACTION	UPDATE
The system to call patients into the ED clinical areas is inadequate as patients cannot always hear their name being called.	RBFT have decided to look into the feasibility of purchasing a microphone system.	Options reviewed with University of Reading, this depends on future site developments. Action open.
Function of red line and booking not clear (confidentiality compromised)	Review red line and booking in process. Provider clearer instructions at the entrance on how to book in	Clinical team have reviewed the relevant research, which leans towards open plan book in and removal of screening. Action closed.
Customer services for reception staff – lack of eye contact, welcome greeting	Training for staff on customer service. Staff not to be visible if not booking in	100% customer care training completed. In house refresher training/role play sessions. Monitoring of complaints through clinical and board governance. Action closed.
Tepid water in dispenser	Investigate why and resolve if possible	Looking at feasibility of re-location. Action open.
Patients arriving with police that are distressed going through the main waiting area	Work with TVP to bring distressed patients directly into STAT bay	Communications with TVP to use resus entrance and present at nurses' station. Action closed.
General signage and directions	Review signage in and immediately outside of unit	Incorporated into the Part of Quality time project. Action open.
Lack of toys for older children in the paediatric ED.	Design posters showing what is available and investigate putting a starlight box in the waiting room	Starlight box is not feasible due to limited space. Posters being designed. Action open.
Lack of teenage magazines in the paediatric ED.	Request/arrange donations	Free magazines sourced and in place. Action closed.
Posters informing patients how to request an interpreter in the paediatric ED.	Source posters	Poster sourced. Action closed.
Ensure waiting times are accurately displayed electronically in paediatric ED.	Source board and arrange updating procedure	Electronic board sourced and ordered. Awaiting delivery. Action closed.
Arrange information screen in the paediatric ED.	Develop appropriate slides	Slides being developed. Action open.
Seating inadequate in the adult ED.	Review space to consider whether additional seating can be provided	Sourcing additional seating from potential sponsor. Design and layout, working in collaboration with Reading

		University. Action open.
Monitors are not visible to all in the adult ED.	Review location of monitors and explore whether additional monitors can be provided	Design and layout, working in collaboration with Reading University and IT services. Action open.
Free phone taxi access in the adult ED.	Review whether dedicated line can be re-installed	Free taxi telephone in place. Reviewing possibility of relocation to improve visibility. Action open.
Toilet signage and cleaning in the adult ED.	Review internal signage and cleaning roster	Additional signage being sourced. Cleaning schedules have been reviewed. Action open.

Improving information given to the public about using the right service at the right time

The Berkshire West CCGs have a Winter Communications plan for 2016-17 as part of their ongoing commitment to providing the public with information about using the right service at the right time.

ISSUE	ACTION
Promoting the Flu Jab	All available routes of communication targeting vulnerable groups and staff working across the health and social care system have been used.
Consistent messaging	Press releases to launch the flu campaign, to encourage pregnant women to have their jab, in support of Self Care Week and to launch the Childhood Illnesses App YouTube videos encouraging people to have their flu jab and of a pharmacist about Self Care on were promoted on social media In December produced a GP screen promoting NHS111 and the Out of Hours Service 100 people spoken to at Broadstreet Mall event – parents happy to engage and most hadn't had their child vaccinated. Only one of those aged 65 or above hadn't had theirs.
Addressing avoidable A&E attendances	Currently developing a targeted approach which involves educating people about the most appropriate place to go for advice and treatment using demographic data which shows where avoidable attendances are coming from and the best way to communicate with these groups.
Support for parents of children aged 0-4	CCGs and local authorities have recently updated the "A Parent's Guide to common childhood illnesses and wellbeing" and have developed an app (Berkshire Child Health) via a QR code allowing greater access to advice on children illnesses. This has been distributed via partner agencies and local community groups.

Berkshire West A&E Delivery Board Improvement Plan

As at 17th January 2017 (To Be Presented to Reading Health and Wellbeing Board)

KEY:
Blue = Scheme already in place/alternative in place.
Green = actions in place and on track for delivery.
Amber = actions agreed, but risks associated with delivery.
Red = actions either not being delivered or having anticipated impact.
Actions Highlighted Yellow = Priority actions

Mandate		Statement of Good Practice	Actions Required	Action Owner	KPI	RAG Rating	Latest Position
0. Pre-Hospital	Local Priority	Reduce Frequent Attenders at ED	Identify the patients who are frequent attenders at ED and their registered Practice and work with them to minimise inappropriate reliance on ED.	H Clark, BWCCGs M McCartney, BWCCG	Reduction in the number of A&E attendances made by the cohort of patients who have attended A&E greater than five times (between Jan and July 2016)	Amber	NHS numbers of all patients who have been identified as having attended A&E greater than five times (between Jan and July 2016) have been shared with GP Practices. Practices are now reviewing with partners how these patients can be better managed to ensure their needs are being met in the most appropriate way to minimise inappropriate reliance on A&E. This will include discussions with BHFT and Acute Consultants as appropriate. The four CCG Councils will discuss this in January and the four GP UC leads will drive this forward. GP by pass numbers to be promoted again.
			Identify the level of attenders who are not registered with a GP practice. Consider how to educate/signpost them to the right service and whether GP registration can be made easier.	H Clark, BWCCGs	Reduction in the number of A&E attendances made by the patients who are not registered with a GP.	Amber	Postcode data for unregistered A&E attenders shared with Primary Care Team 16th September. The team is exploring how this issue is approached elsewhere, including whether there are any national examples of patients being able to register with a GP practice remotely from ED. Further analysis of the data will also be undertaken to confirm that these patients do not have a GP rather than that this information is not being captured – similar work with the Walk-in Centre previously identified that a significant proportion of the cohort did have a GP but were not providing this information.
		Patient Education	Agree and launch winter communications plan.	N Mallin, SCWCSU	n/a	n/a	Winter comms plan agreed. Events have taken place. Plans ongoing including promoting self care and use of pharmacies aligned to national messaging. Proposal for further comms work will be considered by A&E Delivery Board in January. Action being driven at Thames Valley level (TVECN)
		CCG NEL Action Plan	Delivery of NEL Action Plan, following deep dive into NEL admission, to support CCG/BCF target for there to be no more than 2.2% increase in NEL admissions in 16/17. Plan includes projects to: • Support whole system management and care planning for patients admitted 5+ times • Increase use of IV therapy in the community • Address higher admissions rates seen in some of the most deprived Local Authority Wards • Increase vaccination rates for influenza and pneumococcal • Increase use of GP bypass numbers to divert care of patients back to GPs • Issue prescribing advice on 2nd & 3rd line response for patients with recurrent chest infections	M McCartney, NWR CCG T Forster, WBBC S Rowbotham, WBC, G Wilkin, RBC L Llewellyn, PH Berkshire	No more than 2.2% increase in NEL admissions in 16-17	Amber	2016/17 Q3 non elective data shows that across Berkshire West the target is 1.8% above plan, reduction of 521 NEL admissions is required to achieve plan. Reduction in NEL will continue to be a priority for BCF in 2017-18 and local integration boards are currently formulating plans for further action required. Updates on 2016/17 projects included in the NEL action plan are: • **Whole system management and care planning for patients admitted 5+ times:** Project Group to be established to support delivery/reduction in admissions in 2017/18. • **Community IV therapy:** Task and Finish Group established. Discussions currently taking place with microbiologist and pathway being reviewed at ACS Pharmacy Group. • **Higher admissions rates in deprived Local Authority Wards:** Public Health analysis showing relative likelihood of admissions by ward available. Meeting being scheduled with Lise Llewellyn, Director of Public Health, to discuss actions required by Public Health/Local Authorities to support reduction in NELs. • **Increase vaccination rates for influenza and pneumococcal:** Uptake of the 2016/17 flu campaign is being monitored fortnightly, data is being analysed as to where efforts should be focused to better meet national targets. Higher proportion of pharmacies are offering the flu jab. Levels of provision from maternity services are low, with a high proportion of patients stating they have had their immunisation with their GP. • **Increase use of GP bypass numbers to divert care of patients back to GPs:** Promotion of bypass numbers with key stakeholders completed. SCAS confirmed that crews, including private crews, have direct phone nos. via booklet/PDF on phones.
		Urgent Care in Primary Care 1	To pilot a collaborative approach to home visiting in South Reading with a focus on seeing patients early in the day and to share learning from this. To consider further action to be taken to encourage early home visits. Further update required.	H Clark, BW CCGs E Mitchell, SR CCG	n/a	n/a	Collaborative approach to home visiting is not being progressed at this time. Opportunities to stream urgent and non urgent activity are being explored although the Alliance have not yet agreed the approach at this stage.
		Urgent Care in Primary Care 2	To work with GP Councils to consider approaches to streaming patients for urgent and non-urgent primary care needs. South Reading and Wokingham practices in particular are currently considering pilots.	H Clark, BW CCGs E Mitchell, SR CCG K Summers, Wok. CCG	n/a	n/a	
1. Streaming at the Front Door – to Ambulatory and Primary Care.	National Mandate	Mental Health Attenders at ED	Patients presenting with mental health illness are assessed, managed, discharged or admitted within the ED standard	G Alford - BW CCG G Crawford - BHFT M Claridge - RBH	Reduction in MH activity in A&E, PMS pathways. RBH/BHFT joint management action plan for winter. Plans for assessment in non-acute setting.	Amber	96% of patients presenting with MH illness at ED are assessed within 1 hour of arrival. 24/7 mental health liaison in place however some patients are admitted to the Observation Ward for clinical reasons. A subset of these patients may be delayed in the observation bay and this can impact on flow. Actions to resolve include weekly system calls aimed at reducing DToCs in MH beds to create capacity at Prospect Park and improve flow and establishment of a BW multi-agency Mental Health Activity Steering Group which is developing an improvement plan to ensure an effective crisis response to mental health presentations. A bid has been submitted for national transformation monies to ensure the existing A&E liaison psychiatry service fully meets mental health liason criteria for Core 24 (24/7 compliance).
		Ambulatory Emergency Care / Specialist Opinion	Increased telephone access to specialist opinion and ambulatory care pathways	W Orr - RBFT M Sherry - RBFT	Increase in the number of patients seen on ambulatory care pathways to 30% Number of specialities offering 'hot line' telephone access to a consultant	Amber	• Review underway of ambulatory pathways (incl potential move of location) • Increased 'offer' at the front door e.g. hot clinic appointments, immediate consultant review, direct to specialty for some patients • ECIP recommend 7 days – we could provide this but requires provision of onward services for transport, IV services, GP cover • RBFT aiming to promote direct access to ambulatory care for GPs
		Acute Frailty Service	There is an acute frailty service available 12 hours per day, 7 days per week which treats all eligible patients	M Claridge, RBFT W Orr, RBFT	Service available	Green	Elderly Care Physician of the Day available 8am - 8pm Mon-Fri and 8am - 7pm weekends. Weekend occupational therapy well established.
		Intermediate Care Rapid Response Services	Community and intermediate care services respond to requests for patient support within 2 hours	D Cahill - BHFT	Achievement of the 2 hour contractual response time for rapids	Amber	Evidence that some rapid response referrals cannot be met within 2 hours linked to lack of care capacity was discussed at January Urgent Care Operational Group. Data was shared with localaty partners and is being investigated with outcomes to be shared at the February Urgent Care Operational Group.
	Local Priority	Senior Decision Making	Ensure senior and timely clinical review in ED to ensure most effective treatment pathway can commence without delay.	W Orr, RBFT M Sherry, RBFT	Reduction in the number of breaches due to wait for a specialist review.	Green	• Improved STAT process designed • Temporary STAT in 'pod' in place • Service available till 10pm 7 days a week
		Improved interface between ED and WIC (at times of peak demand)	Management and clinical leads to discuss and agree a process to provide mutual support at times of peak pressure.	M Claridge, RBFT D Mossop, RBFT B Thava, SRCCG	n/a	Amber	Meeting has taken place. RBH actioned to investigate having a rolling screen in the wiaitng area showing live waiting times at Walk in Centre.
4. Improved flow	National Mandate	SAFER	SAFER patient flow bundle implemented on assessment and medical wards as a bare minimum , to improve patient flow	M Robson, RBH	n/a	Blue	Next Steps programme in place and supported by CQUIN.
		Red and Green Day Approach	The use of the red and green day approach has been considered	UCOG	n/a	Green	As part of the next steps approach the Trust review all delays in the patients pathway. Red and green day approach has been used by UCOG to track two individual patient journeys. The A&E Delivery Board at the December OD session agreed to use red/green days and patient stories to support and frame discussions about issues going forward.
		ADDs and Clinical Criteria for Discharge	A baseline assessment of the effective use of ADDs and Clinical Criteria for Discharge has been carried out	M Robson, RBH	n/a	Green	ADDs are being monitored on a weekly basis. All wards now have a weekend ward round and new ward level processes delivering at weekends.
		Ward Round Checklists	Ward round checklists are in use in all wards in the acute hospital/s			Blue	
	Local Priority	CAMHs	CAMHs children on the acute paediatric ward requiring high levels of support before they are transferred.	S Murray, BW CCGs T Pease, RBFT L Noble, BHFT	Reduction in the number of days waiting for a CAMHs placement.	Green	Board noted significant improvement.
		Robust Management Information to Support A&E Delivery Plan	Ensure that the recommissioned Alamac service is fit for purpose and delivering as required.	J Gillespie-Shahabi, RBFT M McCartney, BW CCGs	n/a	Amber	Milestone Plan for launch of the new look service received.
5. Improved discharge processes	National Mandate	Inpatient Stays Over Seven Days	Systems are in place to review the reasons for any inpatient stay that exceeds seven days	M Robson, RBH	Reduction in number of patients in hospital over 7 days	Green	Number of patients with length of stay over 7 days are included on Sitrep. RBFT monitor daily And also quarterly by the CQUIN
		Discharge to Assess	A 'home first: discharge to assess' pathway is in operation across all appropriate hospital wards	T Forster, WBBC L McFetridge, WBC W Fabbro, RBC	n/a	Amber	Part of the 'Getting Home' project. WB D2A - Pilot agreed to provide 3 extra beds for the winter and an additional 10 next year. Steering Group Meeting taking place on 18th January.
		Trusted Assessment	Trusted assessor arrangements are in place with social care and independent care sector providers	T Forster, WBBC L McFetridge, WBC W Fabbro, RBC	n/a	Red	Getting Home' will build on the existing Trusted Assessor arrangements and seek to embed them in the Integrated Mulit-Agency 'Getting Home' Team. Aim to have a Tusted Assessor Form colmpleted by March. Getting Home Steering Group Meeting taking place on 18th January.
		CHC	At least 90% of continuing healthcare screenings and assessments are conducted outside of acute settings	G Alford - BW CCG		Amber	Linked to implementation of recommendations from the independent review. Board to agree response to mandated action at January meeting.
		Choice Policy	A standard operating procedure for supporting patients' choice at discharge is in use, which reflects the new national guidance	Delivery Board		Amber	Choice policy adopted. Staff training and awareness programme in place. CHS in post as of 9th January to assist self funders.
	Local Priority	7 Day Discharges	Increase week-end discharge rates.	M Sherry, RBFT M Robson, RBFT SCAS, BHFT & LA leads	Increase week-end discharge rates to 80% of week day rates.	Amber	• 7 Day Working T&F Group being arranged • RBH to nominate lead • Good progress on next steps • Pre determined weekend discharge list on Fridays being implemented as part of weekend plan • Weekend wards being increased through changes to POD rota (Acute Pathway work) • Requires action for LAs on start of care packages including those planned during previous week and currently nominated for commenced after weekend • Requires SS presence from all LAs to cover for each other PLUS authority to makes decisions • Requires increased availability of community beds by ? increased cover from GPs/ward rounds to free up more beds (flow to those currently made available is good, we just need more) Requires confirmation of weekend discharge cover following consultation process.
		Fit to Go List & DTOC	Increased and sustained focus on reducing numbers of patients on the fit to go list and the number of bed days lost. Implementation and delivery of the DTOC BCF action plan.	Partner Organisations Lead Directors C Lawson, BW CCGs	Reduction in number of DTOC bed days lost.	Red	Three system resilience calls each week (One MH, one Community and one RBH) to review current status and action required to reduce numbers of patients on 'fit to go' lists. Key focus areas for all three integration Boards as part of BCF. Reading and West Berkshire have exceeded the annual DTOC target. Reading to implement the learning taken following the visit to Wokingham and their processes. Partner organisations to have oversight of DTOC figures at senior level. Key focus for BCF is 2017-18 - planning to start in January/February.
		PTS Supporting Timely Discharge	Ensure the service is supporting timely discharge.	Oxfordshire CCG A Ciecierski, BW CCGs	KPIs as per contract	Amber	1 dedicated discharge crews in place at RBFT from 31st October. Plus 2 additional for renal. New KPIs in place as at 1st December. RBH will increase number of booking made the previous day. In November 97.7% of calls to Contact Centre being answered in 60 seconds. 37 vacancies across operations in Thames Valley. Recruitment campaign will reduce this to 16 by February Bank staff recruitment continues to support the unpredicted peaks in demand.

Mandate		Statement of Good Practice	Actions Required	Action Owner	KPI	RAG Rating	Latest Position
2. NHS 111 calls transferred to clinicians	National Mandate	Given there is a requirement to increase from 22% to an national interim threshold of 30% (or higher) of calls transferred to a clinical advisor by 31st March 2017, the A&E Delivery Board has plans in place to meet this requirement	Given there is a requirement to increase from 22% to an national interim threshold of 30% (or higher) of calls transferred to a clinical advisor by 31st March 2017, the A&E Delivery Board has plans in place to meet this requirement	SCAS/Commissioners	n/a	Green	SCAS working with Commissioners to identify other clinicians to directly refer e.g. dental, pharmacy, GP and develop pathways for enhanced clinical review for vulnerable patient groups.
		Clinical expertise availability is planned according to demand	Clinical expertise available to match demand.	SCAS/Commissioners	n/a	Green	SCAS have undertaken modelling which highlights additional clinical resource which would be required to review all calls.
		The A&E Delivery Board has a lead starting to integrate the NHS 111 service and local Out of Hospital Provision, particularly OOH	Integration between NHS 111 and out of hospital services (especially OOH)	SCAS/Commissioners	n/a	Green	Workshops held with the Preferred Provider during Part 3 of the procurement process to discuss issues and opportunities in relation to integration with out of hospital services.
		The A&E DoS service type is ranked as low as possible, apart from other A&E-type services and services not commissioned within the CCG	Review A&E profiling on the DoS	Commissioners	n/a	Blue	Emergency Departments on DoS are always prioritised lowest when other services are available to treat the same condition – i.e. promoting use of WIC, MIU, UCC for minor injuries / EDs only being profiled against appropriate outcomes – a caller will never be signposted to attend an ED when a GP/Pharmacy (or other community service) is available / Checks confirm ED is very rarely defaulted to as a 'catch all' service due to lack of other provision / Mental Health services widely profiled on DoS – where direct referral into MH hub is not available, DoS includes broad details for dozens of MH services in the region. This ensures that even in cases where direct 111 referral is impossible, information remains available for any clinical user with DoS access who then can use the held information for referrals.
		There are alternative services which can accept NHS Pathways outcomes for conditions that can be managed oustide A&E E.g. limb injuries, bites, stings, plaster cast problems, suspected DVT, falls		SCAS/Commissioners	n/a	Green	There are a number of community and ambulatory care pathways accessible to NHS 111 as profiled by the DoS leads and other Providers.
		The A&E Delivery Board knows demographics of the area, including if there is a greater demand for OOH services are generated from the elderly		BHFT		Green	Westcall have sophisticated information available on their demand profile.
3. Ambulances - DoD and coding pilots	National Mandate	There is an ambulance trust executive lead on the A&E Delivery Board able to deliver the required service changes				Amber	Head of Operations will represent SCAS at the Board and will be supported by the COO (Exec Lead) or director. CEO has written to all AEDB Chairs.
		There are working definitions of 'Hear and Treat' and 'See and Treat' agreed across the local health economy and a baseline workforce profile to deliver an increase in these dispositions				Blue	The SCAS A&E contract covers the definition for H&T and S&T and the clinical workforce is profiled ot manage this workstream both in CCC and U&E Operations.
		There are alternative services which can accept ambulance dispositions or referrals and these mapped across localities				Green	Review of pathways in DoS to ensure all local pathways are correct (part of ongoing arrangements with local CCGs for 24/7 access).
		The A&E Delivery Board has established local mechanisms for increasing clinical input into green ambulance dispositions particularly at times of peak demand				Amber	SCAS will work with AEDB on actions to increase clinical interventions on green calls.
		The A&E Delivery Board has agreed workforce and service plans in place to deliver an increase in 'Hear and Treat' and 'See and Treat'				Blue	See and treat Ops Hubs to be established to increase see and treat support through Specialist Pramedics. 5 sites have been identified across SCAS and a pilot is running in Reading covering Berkshire.
	Local Priority	SCAS Response to HCP Calls	Monitor the desired impact of the changes to the HCP transport arrangements (i.e. auto despatch of red for those indicated or 1,2 or 4 hour response for conveyance) to ensure timely arrival at the hospital.	A Ciecierski, BW CCGs & K Havisham, CSU	n/a	n/a	New HCP process has been launched by SCAS with publicity sent to all GP practices. Awaiting feedback from GPs and monitoring of activity and effect on 999 performance at the SCAS 999 CRM.

Berkshire West A&E Delivery Board Terms of Reference

Purpose:
The A&E Delivery Board brings together system leaders at Executive level from partner organisations in the Berkshire West health and social care system and has an immediate responsibility for:

- Recovery of the NHS Constitutional standard that 95% of patients should be admitted transferred or discharged within 4 hours of their arrival at A&E
- Delivery of the 5 National Mandated Actions to restore A&E performance
- Delivery of the local A&E Improvement Plan

The Board also has a responsibility to work with Sustainability and Transformation Plan (STP) Groupings on the longer term delivery of the Urgent and Emergency Care Review across Berkshire West.

Leadership of the BCF will continue to be at local CCG/LA level but the ED Delivery Board will have a key role in assisting the implementation of action plans, particularly those which aim to reduce Delayed Transfers of Care and Non Elective Admissions.

The provision of high quality patient care will be at the heart of all Board activities.

Behaviours:
The Board is responsible for ensuring that the system works in an inclusive and collaborative way. It will promote and increase collective responsibility amongst partners in the urgent and emergency care system, maximising the potential of partnership working, challenging each part of the system and ultimately holding individual organisations to account for delivery. Members will hold each other to account for the delivery of agreed actions to improve the resilience across local systems. Through this approach, the challenges impeding A&E delivery will be identified, unblocked and the pace of change improved.

The Board will use data and business intelligence to inform its work and will seek to embrace new innovative ideas and ensure that best practice is shared and adopted.

Geography:
The Berkshire West A&E Delivery Board will cover the registered population of Newbury and District, Wokingham, North and West Reading and South Reading CCGs. The Board will ensure links to the Local A&E Delivery Boards in neighbouring systems in East Berkshire, Hampshire and Oxfordshire.

It will also interface with the Thames Valley Urgent and Emergency Care Network (UECN) and transformation programmes of the Buckinghamshire, Oxfordshire, Berkshire (BOB) STP footprint.

Key Responsibilities:

- Lead the recovery of the A&E performance to meet the 95% A&E constitutional standards and ensure this is sustained going forward
- Lead the development and implementation of the Berks West A&E Improvement Plan with an initial focus on the " must do" for each of the 5 mandated actions
- Lead the planning, commissioning and delivery of urgent and emergency care services in Berkshire West
- Ensure that patients have access to appropriate high quality urgent and emergency care services and are signposted to the most appropriate service for their needs with all system partners giving and promoting the same messages
- Lead the effective planning and operation of local care ambulatory services
- Ensure year round resilience of the local urgent and emergency care system and that effective system wide surge and escalation processes exist
- Provide ownership of the discharge process
- Ensure that local plans are in in place to support the care of key categories of patient who frequently attend ED or are admitted frequently, e.g. frail elderly, children and high dependency patients, especially vulnerable adults (homeless, drug and alcohol related problems, mental health problems)
- Ensure that patients presenting with mental illness are assessed, managed, discharged or admitted within the ED standard, that they are being appropriately transported to ED by SCAS and that mental health DTOC are addressed as part of the wider DTOC
- Ensure a cross system approach to prepare for the forthcoming waiting time standard for urgent care for those in a mental health crisis
- Ensure availability and ease of referral to a wide range of admission avoidance services and other out of hospital services as an alternative to ED and NEL admission
- Contribute to the work of the Thames Valley Urgent and Emergency Care Network and ensure delivery of the " Urgent and Emergency Care Review" at a Berkshire West wide level
- Have an oversight role in relation to the mandated actions for NHS 111 and Ambulance Services
- Oversee the effectiveness of projects put in place at CCG and BCF level to reduce Non Elective Admissions
- Provide oversight of relevant Urgent and Emergency Care QIPP programmes/projects
- Responsible for programme direction and approval of projects, budgets and plans within the overall Urgent Care Programme
- Utilising the Alamac "kitbag" and dashboard to best effect to support its work and predict and manage demand and support a shared understanding of pressures within the urgent and emergency care system
- Ensure that any investment to support urgent and emergency care and operational resilience is linked to objective data analysis and that critical success factors in relation to the investment are monitored on a regular basis
- Provide assurance to NHSE as required
- Agree the investment of the Monies Retained from the Emergency Tariff (MRET) monies on an annual basis
- Receive formal " Serious Incident " reports prepared by RBH and BHFT
- Ensure the effective participation of Health watch, patients and the public in the commissioning and management of urgent care services

- Oversee the work of the Urgent Care Operational Group giving it direction and providing a point of escalation and accountability
- Ensure that partner representatives have a process in place to feedback the work of the Board to their respective Organisations

Accountability:
The Board reports to the Berkshire West CCGs QIPP and Finance Committee by means of a Chair's Report each month in order to provide assurance that the Board is effectively discharging its delegated responsibilities.

Partner organisations have the following accountability arrangements in relation to the work of the Board and its impact on the system:

- RBFT: Trust Executive and Senior Management Team
- BHFT: Trust Executive
- SCAS: Trust Board
- Reading LA: tbc
- Wokingham LA: Executive and HWBB
- West Berks LA: tbc

Board performance will be measured by delivery of the A&E Recovery Plan and other agreed key performance indicators contained within the Urgent and Emergency Care dashboard.

Membership:
Membership will consist of senior clinical and executive decision-makers from across the Berkshire West system including mental health representation with the authority to commit to decisions on behalf of their organisation.

Nominated members are expected to be in attendance. If member cannot attend a nominated senior alternative who has the designated authority to make decisions on behalf of his/her organisation should attend in their place.

Additional representatives can be co-opted or invited to meetings on an ad hoc basis when their expertise is required

Organisation	Named Individual	Designation
RBFT	Mary Sherry	Chair of A&E Delivery Board & RBH Chief Operating Officer
NWR CCG	Dr Andy Ciecerski	GP, NWR CCG Chair & Berkshire West Urgent Care Clinical Lead
SR CCG	Dr Aparna Balaji	GP, CCG Board member and urgent care lead
Newbury and District CCG	Dr Heike Veldtman	GP, CCG Board member and urgent care lead

Wokingham CCG	Dr Debbie Milligan	GP, CCG Board member and urgent care lead
Berkshire West CCGs	Cathy Winfield	Chief Officer
Berkshire West CCGs	Carolyn Lawson	Urgent Care Programme Lead
Berkshire West CCGs	Maureen McCartney	Director of Operation N&WR CCG
Oxfordshire CCG	Shereen Bayat	Commissioning Manager – Urgent Care
Royal Berkshire NHS Foundation Trust	Dr Will Orr	Consultant Cardiologist and Urgent Care Clinical Lead
RBFT	Mandy Claridge	Director of Operation Urgent Care
BHFT	David Cahill	Director Wokingham Locality
BHFT	Gerry Crawford	Regional Director West
SCAS	Kirsten Willis	Head of Operations, BW
Reading LA	Graham Wilkins	Acting Director of Adult Social Care
Wokingham LA	Mimi Konigsberg	Head of Adult Social Care and Safeguarding
West Berks LA	Tandra Forster	Head of Adult Social Care
Bracknell Forest LA	Melanie O'Rourke	Head of Adult Community Team for Older People and People with a Long Term Condition
NHS England	Sue Drabble	Mental Health Planning and Assurance Manager
Healthwatch	Rebecca Norris	Manager
Patient Rep	Rosemary Balsdon	Patient rep.

Chair & Vice Chair:
The GP Urgent Care Clinical Lead for the Berkshire West CCG Federation will Chair meetings. If he is unavailable one of the other GP Leads for Urgent Care will deputise.

Quoracy:
The A&E Delivery Board will aim to reach agreement by consensus including those situations where a key partner organisation is not represented but if required the Chair will have the right to make a final decision. There will be formal notifications of any decisions made to absent Board members.

Agenda:
The agenda will be focused, allowing maximum time for Programme updates and discussion on progress of delivery of the A&E improvement plan.

An action log will be circulated within 5 working days of the meeting. Each member of the Board is expected to have completed their actions, including the submission of a highlight report, where requested, one week in advance of the next meeting.

If slippage against trajectory is expected this must be discussed to understand the impact and the plan including timescales to get back on track.

Additional representatives will be invited to attend as and when a need is identified.

Meeting Frequency:
Meetings are scheduled to take place monthly.

Administration Support:
The Board will be supported by the BW CCGs' Administration Team.

Review:
The membership and terms of reference will be reviewed annually. Any changes to the terms of reference or membership must be approved by the Berkshire West CCGs' QIPP & Finance Committee.

October 2016