

Item Number: 9

**NHS VALE OF YORK CLINICAL  
COMMISSIONING GROUP**

**GOVERNING BODY MEETING**



**Vale of York**

**Clinical Commissioning Group**

**Meeting Date: 4 July 2013**

**Report Sponsor:**

Rachel Potts, Chief Operating Officer  
on behalf of Dr Andrew Phillips

**Report Author:**

Gill Brickwood  
Urgent Care Programme Lead

**1. Title of Paper: Recovery and Improvement Plan - NHS England Gateway Ref: 00062**

**2. Strategic Objectives supported by this paper**

- Improve healthcare outcomes
- Improve the quality and safety of commissioned services
- Improve efficiency
- Achieve financial balance

**3. Executive Summary**

- The report provides assurance to the Governing Board on the progress towards delivering the recovery and improvement plan required by NHS England (Gateway ref: 00062)
- NHS England issued direction and guidance to improve the system management of patients with urgent care needs on 9 May 2013 as a result of concerns over A&E performance.
- The guidance suggested 3 phases: production of an urgent care recovery plan, development of a winter plan and the implementation of the urgent care strategy.
- In response to the immediate priority the CCG delivered the plan to NHS England, Area Team, on the 29 May, meeting the required deadline and established a joint Urgent Care Board.
- The Urgent Care Board had its first teleconference on the 23 May. The first formal meeting was held on 20 June.



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wellbeing for everyone.

**4. Evidence Base**

The development of the recovery and improvement plan was informed by the Emergency Care Checklist – Urgent and Emergency Care: a review for NHS England (Kings Fund, March 2013)

**5. Risks relating to proposals in this paper**

The risks are delivery on the key actions within agreed timescales resulting in A&E performance improvement objectives not being met:

To mitigate against this risk weekly monitoring is taking place and remedial actions will be taken.

**6. Summary of any finance / resource implications**

None

**7. Any statutory / regulatory / legal / NHS Constitution implications**

None

**8. Equality Impact Assessment**

The design and delivery of the recovery and improvement plan will not discriminate against any disadvantaged or vulnerable people.

**9. Any related work with stakeholders or communications plan**

The Urgent Care Board membership has whole system stakeholder involvement.

**10. Recommendations / Action Required**

The Governing Body is asked to note the recovery and improvement plan submitted to NHS England and support its delivery.

**11. Assurance**

Assurance of delivery will be through the Urgent Care Board, reporting to the Collaborative Improvement Board.



# NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

## Governing Body Meeting: 4 July 2013

### Recovery and Improvement Plan - NHS England Gateway Ref: 00062

#### 1. Introduction

The purpose of this report is to provide assurance to the Governing Board on the progress towards delivering the recovery and improvement plan required by NHS England (Gateway ref: 00062)

#### 2. Background

- 2.1 Nationally and locally there are pressures on the urgent and emergency care system. At the moment this is affecting the delivery of the operational standard for A&E (95% of patients admitted transferred or discharged within 4 hours). This operational standard is designed to deliver patients' rights under the NHS Constitution.
- 2.2 Research has shown that long waiting times in A&E department, often experienced by those awaiting admission and hence ill patients, not only deliver poor quality in terms of patient experience, they also compromise patient safety and reduce clinical effectiveness.
- 2.3 NHS England have issued direction and guidance to improve the system management of patients with urgent care needs, "Improving A&E Performance"<sup>1</sup>
- 2.4 The work needs to be considered in 3 phases:
  1. An urgent recovery programme with significant attention given by local and national commissioners and providers to all factors which can help recover the standards
  2. A medium term approach to ensure delivery over the next winter period. This will include care system planning as well as a review of the levers and incentives in the system
  3. In the longer term, the implementation of the urgent care strategy in order to deliver safe and sustainable services.

#### 3. Current Position

- 3.1 In response to the immediate priority the CCG has developed recovery and improvement plans and established a joint Urgent Care Board.

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<sup>1</sup> Dame Barbara Hakin Chief Operating Officer/Deputy Chief Executive NHS England: Improving A&E Performance Gateway ref: 00062, 9 May 2013.

### 3.2 Development of recovery and improvement plans

3.2.1 A recovery and improvement plan has been developed in collaboration with key stakeholders. These plans were submitted to NHS England, 31 May 2013. The plans are currently being reviewed by NHS England. Response to the plans will be received in the near future. In the interim and to maintain the momentum, NHS England Area Teams are available to support the delivery of current plans.

3.2.2 Recovery and improvement plans needed to look at each step of the patient's journey through the emergency system in three phases:

- Prior to arrival at A&E
- The patients journey through the hospital system
- The discharge and out of hospital care.

3.2.3 Appendix 1 provides an overview of the key areas that have been reviewed. These areas are based on guidance from NHS England. Appendix 2 details the recovery and improvement plan. The recovery and improvement plan is on target to deliver on the actions

3.2.4 The review of the key areas helped to identify work that had already commenced or been completed but more importantly the need to focus on key work areas, such as the preparation of the winter plan.

### 3.3 Urgent Care Board

3.3.1 The Urgent Care Board had its first teleconference on the 23 May. Discussions at the Board informed membership and agreement to the draft plan. It was recognised at that meeting that the plan was work in progress.

3.3.2 East Riding and Scarborough and Ryedale CCGs have established Urgent Care/Emergency Boards and Networks in place. Vale of York CCG have urgent care/emergency meetings and programme groups, but needed to bring these groups together under a more formal structure. All three CCGs agreed to come together to collectively manage the urgent care agenda and share development ideas, whilst maintaining a local focus on their own CCG footprint.

3.3.3 The first formal meeting of the Urgent Care Board with all key stakeholders took place on 20 June 2013.

## 4. **Action Required**

The Governing Body is asked to note the recovery and improvement plan submitted to NHS England and support its delivery.

### **Key Driver 1: Establishing a whole system approach to Urgent Care**

- Objectives
  - Establish a joint Urgent Care Board with Vale of York and Scarborough and Ryedale CCG and key stakeholders
  - Develop a whole system urgent care recovery and improvement plan
  - Produce Winter Plan 2013/14
  - Create a robust performance management system

### **Key Driver 2. Managing the patient prior to A&E**

- Objectives
  - Strengthening primary and community care for frail and elderly patients.
  - Use of community diversion schemes.
  - Strengthening GP out-of-hours services
  - Use of virtual wards in the community
  - Support to care homes to avoid emergency referrals
  - Peer review of GP emergency referrals
  - Reducing ambulance conveyance rates
  - Patient education on appropriate use of emergency services

### **Key Driver 3. Creating a responsive and timely flow within the hospital**

- Objectives
  - Prompt booking of patients to reduce ambulance turnaround delays
  - Full see-and-treat in place for minors
  - Prompt initial senior clinical assessment within A&E and rapid referral if admission is needed
  - Prompt initiation of blood and radiological tests with rapid delivery of test result
  - Prompt access to specialist medical opinion
  - Full use of computer-aided patient tracking and system for progress-chasing
  - Regular seven-day analysis should be in place for rapid identification and release of bottlenecks
  - Bed base management
  - Daily consultant ward rounds
  - Provision of specific services for patients groups such as those with mental health problems

### **Key Driver 4: Maximising discharge and out of hospital care**

- Objectives
  - Designation of expected date of discharge (EDD) on admission
  - Maximisation of morning and weekend discharges
  - Full use of discharge lounge
  - Minimisation of outliers
  - Delayed transfers of care reduced
  - Maximising community service capacity to accept discharges