

**Health, Housing and Adult Social Care Policy
and Scrutiny Committee**

15 November 2017

Report of the Assistant Director – Legal & Governance

Urgent Care Resilience Plans 2017-18 Cover Report

Summary

1. This cover report introduces a presentation by York Teaching Hospital NHS Foundation Trust on the current and ongoing schemes which support the Urgent Care and Whole System Resilience (winter pressures monies), along with the key drivers and key risks associated with its Winter Plan 2017-18.

Background

2. The A&E Steering Group meets monthly to review ongoing schemes, discuss current issues, describe progress against ongoing action plans and agree what needs to be escalated to the A&E Delivery Board
3. This Committee received an update in May 2017 on how the Trust handled pressures on the service during the winter months 2016-17 which included initiatives expected to lead to further improvements over coming winters.
4. The Trust has been working closely with colleagues in primary care, Yorkshire Ambulance Service and local authorities to ensure patients are prioritised according to need.
5. In July 2017 the National Urgent and Emergency Care Director, NHS England and NHS Improvements wrote to all A&E Delivery Boards setting out guidelines for winter planning for 2017/18.
6. It stated that in developing overarching winter plans, Local A&E Delivery Boards should prioritise:
 - Demand and capacity plans;
 - Front door processes and primary care streaming

- Flow through the UEC pathway
 - Effective discharge processes
 - Planning for peaks in demand over weekends and bank holidays
 - Ensuring the adoption of best practice as set out in the NHS Improvement guide: *Focus on Improving Patient Flow*.
7. The key drivers behind the Trust winter plan 2017/18 are emergency department performance linked to financial income; national standards set for all partners; national standards and good practice for hospital flow; some, but limited, additional winter monies; enhanced role of A&E Delivery Board to drive local system plans and additional scrutiny and overview from NHS Improvement.
 8. Key risks include workforce availability; commitment and financial support from partners; the ability of partners to mobilise system plans 'in time' and the ability to create the capacity required.
 9. The Trust's key standards in its system response risk assessment update are strong front door streaming; patient flow; delayed transfer of care; mental health support for the emergency department; enhances NHS 111 provision; extended capacity and access to primary care; care home support; urgent treatment centres and ambulance response times.

Options

10. This report is for information only.

Implications

11. **Financial** – financial responsibility lies with the Vale of York Clinical Commissioning Group
 - **Human Resources (HR)** – HR implications are the responsibility of the providing organisation or team
 - **Equalities** – the winter plan is designed to ensure patients are prioritised according to need and everyone gets the best possible health outcome.
 - **Legal** – Contracts for different schemes are drawn up and reviewed by the various providers
 - **Crime and Disorder** – there are no crime and disorder implications

- **Information Technology (IT)** – there are no IT implications
- **Property** – there are no property implications
- **Other** – there are no other implications

Risk Management

12. Key risks in the winter plan are identified in this cover report.

Recommendations

13. Members are asked to note the content of this report and the Trust's presentation and question the Trust representative should they have any concerns around the winter plan 2017/18

Reason: So Members are aware of Urgent Care and Whole System Resilience Plans 2017/18

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Annexes

Annex A – Winter Plan Briefing Presentation

Abbreviations

All abbreviations used throughout the report should be listed here in full e.g. CSMC = Corporate & Scrutiny Management Committee.