BNSSG ICB Board Meeting

Date: 1st September 2022

Time: 11.00am

Location: University of the West of England, Enterprise Park 1, Lecture Theatre, Long Down Avenue, Stoke Gifford, BS34 8QZ

Agenda Number:	6.1
Title:	Care Traffic Control Centre
Purpose: Discussion	
Key Points for Discussion:	

Summary of Case for Change

Our current dashboards present available data, however, this only shows part of the system and therefore there is an urgent need to be able to understand and visualise the whole of our health and care system. This will enable evidence-based decisions to address the level of pressure in the system for a greater impact.

There are a series of key developments in progress that support the requirement for a command centre, including;
- As part of the emergent BNSSG system wide digital strategy a system command centre is a core objective that has been formally approved by system CEOs as a critical system priority.
- The shared data and planning platform (SDPP) is currently in the business case development phase

Aims

To develop a platform that provides real-time visualisations of activity, patient flow, harm and the impact of initiatives within BNSSG to facilitate evidence- based decision making. This will optimise resource, remove barriers, reduce system risk and improve patient outcomes.

Objectives

- To visualise patient flow and harm across the whole system, with a focus on interdependence between our services
- For each organisation to have greater insight into each other's capacity & demand
- To develop the ability to forecast patterns of flow and impact, so we can act in time to make an impact
- To be able to accurately see the impact of decisions & initiatives

Benefits realisation

Ref	Benefit Title	Description
1	**Improved performance against national metrics**	Positive impact on six specific metrics identified by NHSE which ICBs are required to use to monitor performance 111 call abandonment. - Mean 999 call answering times. - Category 2 ambulance response times. - Average hours lost to ambulance handover delays per day.

		• Adult general and acute type 1 bed occupancy (adjusted for void beds). • Percentage of beds occupied by patients who no longer meet the criteria to reside.
2	**Improved system patient flow**	Resulting in an improved elective waiting list and better patient outcomes, based on summer 2022 BNSSG performance with ambulance response and handover times making us a national outlier.
3	**Reduced service inefficiencies**	Identifying service inefficiencies, these can be evident and shared and can be as a result of prolonged escalation and escalation actions instigated.
4	**Improved system and organisational level co-ordination and harm monitoring**	When managing activity surges, seasonal trends, bank holidays, and balancing harm in totality across the system's elective and non-elective activity
5	**Reduced silo working**	Improving system understanding of workloads, pressures, risks across health and social care
6	**Improved use of modelling and analytics for interventions**	System engagement with modelling team, and use of hypothesis log to assess and prioritise flows.
7	**Improved system management call efficiency**	Reduce time spent on low value activity providing verbal updates to escalation calls, whilst increasing our efficiency in managing whole system patient flow.

Timeline

The timeline for development of the Care Traffic Control Centre is as follows:
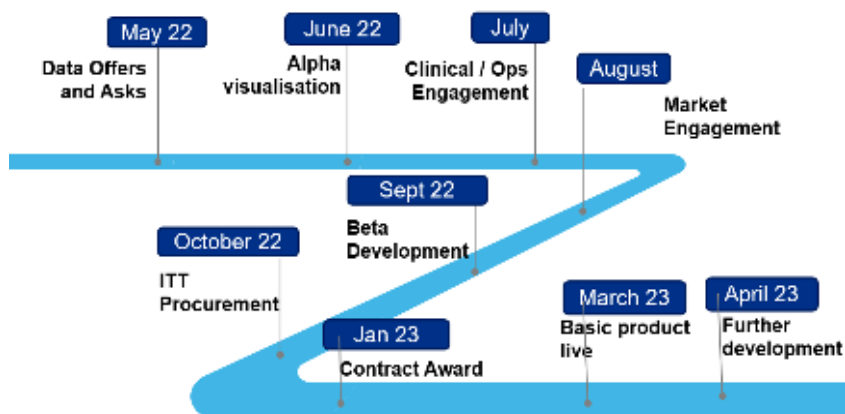
We have completed a proof of concept and a prototype data visualisation, screenshots of which are embedded within the attached presentation. This has received support from clinical and operational colleagues including system COOs. Additionally, this has been presented to the Chief Executive, other executives of NHSE and regional colleagues who were enthusiastic about the potential of CTCC.

Recommendations:	• Endorse direction of travel and timeline for development • Confirm leadership in each organisation
Previously Considered By and feedback:	Clinical and operational show and tell sessions have been held with programme stakeholders, Digital Delivery Board, COOs, CMOs, and CEs.

Management of Declared Interest:	Conflict of interest process managed via the live dashboard and CTCC strategic partner procurement workstream.								

Risk and Assurance:	Name	Risk/Description If (cause) then (risk event) resulting in (effect/impact)	Entered on register	Risk lead	Risk owner(s)	Management actions already in place to mitigate risk (current controls)	Current likelihood	Current Impact	Current Risk Score
	Budget	The budget is currently undefined as we have not yet completed market engagement, **therefore there is a risk that** Beta development will require funding over and above the procurement budget **resulting in** unviability/additional cost to the system	Aug-22	Deborah El-Sayed	Kate Lavington	Market testing and engagement to understand and ensure best value	4	2	8
	Beta development	**Due to** Beta development being dependant on all ICS partners providing feeds, and the nowcasting currently being untested, **there is a risk of** slippage to the development timeline **resulting in** delays to mobilisation	Aug-22	Deborah El-Sayed	Kate Lavington	Beta development is an iterative process and decision points are to be built into critical path, with opportunity to build in additional requirements as they emerge.	3	4	12
	Operational utility and system impact	System impact is at the hypothesis stage and is contingent upon operational and clinical colleagues finding the information easy to use and be the right information to support different decision making. **There is a risk that** maximal operational utility and system impact will not be realised if the specification and Beta is not developed with input from system experts to enable this.	Aug-22	Deborah El-Sayed	Kate Lavington	Beta testing with operational colleagues. Operational lead Jude French confirmed	3	3	9

| Financial / Resource Implications: | The market engagement exercise has not provided any additional intelligence about the likely cost of this development.

The current budget for the live dashboard procurement is approximately £80k per year excluding VAT. Considering the likely development and infrastructure costs the budget may be short in the order of 20%- 90%. However, in the context of the overall UEC spend this additional cost would be marginal in the context of the potential benefits for the system. |
|---|---|
| Legal, Policy and Regulatory Requirements: | Ensuring that the live dashboard and CTCC strategic partner procurement process is correctly followed according to all requirements. |
| How does this reduce Health Inequalities: | Poor patient flow is a healthcare inequalities issue. People from more deprived communities rely disproportionately on urgent and emergency care services, therefore transformation in this area will reduce healthcare inequalities.
In the future, the CTCC may provide an opportunity to target support on these cohorts, therefore providing ongoing contribution to reducing healthcare inequalities. |
| How does this impact on Equality & diversity | There are no negative impacts that have been identified at this stage. A full EqIA will be completed as part of the project plan. |

Shaping better health

Patient and Public Involvement:	Patient and public involvement is not a part of phase 1 and 2 delivery as this is not a patient facing function. Key engagement and involvement is ongoing with clinicians and operational teams across the system.
Communications and Engagement:	The project is seeking a communications representative to join the team and lead future communication and engagement exercises.
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