Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Meeting of BNSSG ICB Board

Date: Thursday 7th December 2023
Time: 12:15 – 15:00
Location: Virtual, via Microsoft Teams

Agenda Number:	6.2	
Title:	Care Traffic Co-ordination Centre (CTCC)	
Confidential Papers	**Commercially Sensitive**	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	

Purpose: Discussion and endorsement of next steps

Key Points for Discussion:

All systems are now mandated by NHSE to have a system flow dashboard as an element of the System Control Centre in line with NHS England directions.

Our ambition is that we are able to use our data better to support system flow. To understand, predict and take action in collaboration, to avoid extreme pressure that leads to poor performance, poor experiences for our staff and risk for our population.

A previously directed by the ICB Board we have continued to add key system data to our Care Traffic Co-ordination Centre (Frontier). For the first time we are now presenting the data from the following areas Primary Care General Practice, AWP, Secondary Care, Community, Local Authorities, Severnside and SWASFT. This has been achieved through key partners giving dedicated focus and attention to this work. In addition to presenting flow data, the project has been developing the risk of harm component of the platform and starting to explore how we look at patient level data that will further support more detailed work supporting our D2A priorities. Overall we have been making good progress, but there remains further development and maintaining the engagement and partnership working is critical.

This paper is presented to ICB board to highlight progress and ensure that this continues to be seen as an important development across partners. To ensure that the next steps are clear, supported and agreed by the Board.

Please see dashboard prod-uec-dashboard-bnssg - Frontier (faculty.ai), contact bnssg.ctcc@nhs.net if required.

Recommendations:	We are seeking continued endorsement of CTCC project, as a system priority supporting winter and smarter and more efficient system decision making.

	We are seeking approval for development of our smart system control centre. We are sharing our progress on updated OPEL frameworks and our approach to risk of harm.
Previously Considered By and feedback:	A presentation was brought to the ICB Board in September 2022, in January 2023, and April 2023. We received endorsement in the direction of travel and timeline for development and confirming leadership in each organisation. The £400,000 spending plan for SCC has been shared with NHSE. The ICB provides fortnight highlight reports. This has been presented to ICB executives, and will be shared at DDB and PEM.
Management of Declared Interest:	Conflict of interest process managed via agreed project governance.
Risk and Assurance:	None for Board consideration at this time. Please see section 6.
Financial / Resource Implications:	None for Board consideration at this time.
Legal, Policy and Regulatory Requirements:	Data sharing &/ processing agreements between providers and Faculty Ai to be established as required to initiate data flows and analysis. Learning from this process will be taken forward into IG discussions to support ongoing development activities.
How does this reduce Health Inequalities:	Poor patient flow is a healthcare inequalities issue. BNSSG populations within deprived communities disproportionately rely on urgent and emergency care services to meet their healthcare needs. As such, transformation to provide enhanced visualisations of patient flow & risk of harm through our system will support the reduction in healthcare inequalities. Opportunities to reduce health inequality within BNSSG via CTCC tool functionality will be worked through with Faculty Ai and system engagement on an ongoing basis.
How does this impact on Equality & diversity	Screening for EQIA has been completed.
Patient and Public Involvement:	CTCC tool does not have a patient facing function, therefore explicit PPI activities are not within our roadmap. Extensive user engagement activities have been completed through CSU and sub projects, we will continue this throughout CTCC development and have allocated spend to ensure engagement continues.
Communications and Engagement:	We continue to engage with media requests to see our control centre in action.
Author(s):	Keith Robertson
Sponsoring Director / Clinical Lead / Lay Member:	Deborah El-Sayed

Please Keep these front pages to a maximum of two

Agenda item:

1. CTCC Progress and Plans

Since our last update to ICS Board in April 2023, BNSSG CTCC project team has successfully:

	**Increased users** accessing the Frontier solution.	*100 new users across 16 organisations.*
	**Demonstrated system efficiency** through dashboard driven mid-week on-call flow calls.	*11am call length time reduced, assurance and pressure data provided digitally.*
	**Deployed nowcasting / forecasting** to live A&E measures in system tool.	*Allows for wider discussion on required actions and immediacy.*
	**Deployed GP telephony** data and scoped further GP measures pending data maturity.	*BNSSG is able to represent primary care alongside system UEC partners.*
	**Deployed initial risk of harm** measures amongst partners with defined risks.	*Demonstrating functionality and added value for clinical on-call colleagues.*
	**Deployed mental health measures**: live section 136 place of safety capacity deployed through API.	*Reducing reporting burdens and demonstrating utility of automation, further work is planned.*

Arriving soon in the dashboard and to BNSSG system:

1	**Acute NCtR**,	*Specification deployed, data flow established, visualisations scoped and awaiting sign off. Includes harm, beddays and breakdown*	Dec-23
2	**Community Sirona representation**	*Including: 1) -Place based urgent care 2) -Community nursing visits, 3) -Single Point of Access activity, 4) -Discharge to assess pathways (caseload, referrals, waiting list, nCTR)*	Dec-23
3	**ADASS supported Local Authority and system data maturity matrix & action plan**	*Our agreed system approach is to complete a data maturity matrix for BNSSG. Our partners agreed to use CTCC for deploying our BNSSG data We Continue to liaise with ADASS and use the whole pathway approach and data specifications.*	Ongoing–due Mar-24
4	**Risk of Harm Updates**	*By completion of risk development cycle, risks will be expanded across BNSSG partners, using HCPE and SQG*	Ongoing
5	**NHSE acute OPEL visuals**	*As detailed in section 2*	Dec-23

2. BNSSG OPEL Approach

NHS England (NHSE) introduced the national Operational Pressures Escalation Levels (OPEL) Framework in 2016 to bring consistency to local and system escalation. It provided guidance to encourage wider cooperation and make regional, and national, oversight more effective. The framework was last reviewed in 2018, and since the revised framework was released in 2019, considerable variation in its application and utilisation has been seen. In addition, the introduction of the new NHSE Operating Framework alongside the response to the COVID-19 pandemic has changed clinical pathways.

The OPEL Framework 2023/24 replaces all previous versions of the NHS OPEL Framework. The current framework aims to:

- Provide a unified, systematic and structured approach to detection and assessment of acute hospital Urgent and Emergency care (UEC) operating pressures – achieved through standardisation of parameters and assessment within acute NHS trusts. These parameters have been identified through consultation and collaboration with operational and clinical leaders from across the country. The parameters are designed to reflect the key drivers of operational pressures.
- Provide a consistent framework for the proportional representation of each acute trust hospital's OPEL score toward the corresponding Integrated Care System (ICS), NHSE Regions, and NHSE Nationally.
- Provide guidance to acute hospital trusts, ICS and NHSE regions that that supports an effective, integrated and coordinated response to acute trust operational pressures.
- Provide guidance on the alignment of, and interaction between, the OPEL Framework 2023/24 and the national Emergency Preparedness, Resilience and Response (EPRR) framework.

Table 1: OPEL parameters and scoring range

OPEL parameter	Score						
	0	1	2	3	4	5	6
Mean ambulance handover time previous 180 minutes.	<15 min		15–30 min		>30–60 min		>60 min
ED all-type 4-hour performance	>95%	>76–95%	>60–76%		≤60%		
ED all-type attendances	≤2%	>2–10%	>10–20%		>20%		
Majors and resuscitation occupancy (adult)	≤80%		>80-100%		>100–120%		>120%
Median time to treatment since midnight.	≤60 min	>60–90 min	>90–120 min		>120 min		
% of patients spending >12 hours in ED	≤2%	>2–5%	>5-10%		>10%		
% G&A bed occupancy	≤92%		>92–95%		>95–98%		>98%
% of open beds that are escalation beds	<2%	2–4%	>4–6%		>6%		
% of beds occupied by patients no longer meeting criteria to reside	≤10%		>10–13%		>13–15%		>15%

Table 2: OPEL score and corresponding level

Aggregated OPEL Score	OPEL	Clinical Risk	Response
0–11	OPEL 1	Low	**See OPEL action card** (and local policy/ protocols)
12–22	OPEL 2	Medium	
23–33	OPEL 3	High	
34–44	OPEL 4	Very High	

BNSSG has operated a more granular OPEL framework since 2018, with precise measures standardised across our acute adult sites at BRI, Southmead and Weston General. This ensured system consistency and our collaborative work to define and standardise these measures has progressed each year ahead of winter. Our OPEL statuses confirm our approach to escalation and have detailed action cards amongst all providers. NHSE OPEL actions have been adopted into or local response.

BNSSG is ready for the new national framework, we will continue to provide feedback to NHSE on how this works over the winter period. We have committed to review our system approach in March 2024, assessing whether BNSSG needs to keep our local OPEL parameters in addition to the national framework. Currently BNSSG has more frequent, more sensitive and a greater range of measures which contribute to our overall status. We continue to be ambitious in this space.

3. Risk of Harm

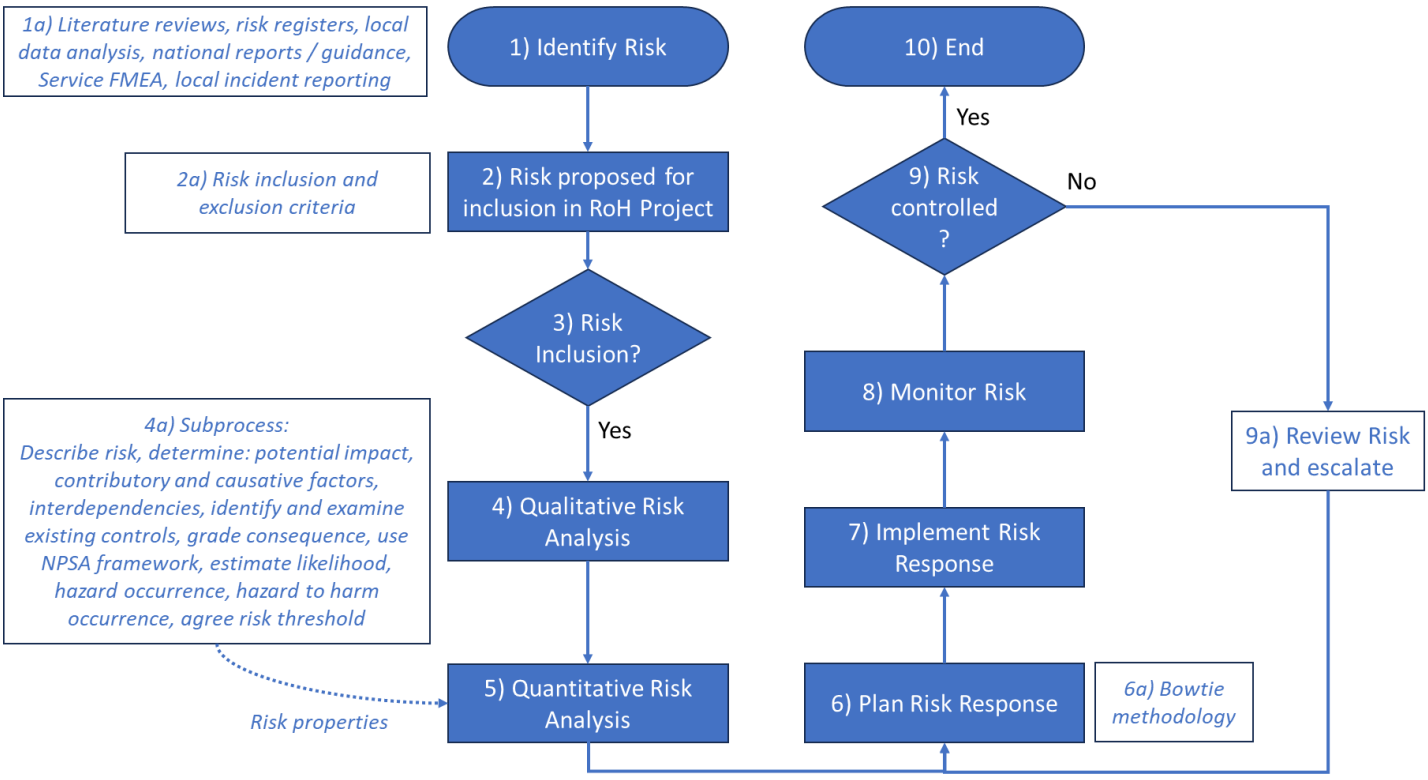
A core requirement of the CTCC system has been to consider the implications of harm across our system. Our shared goal is for safe care across all services. This connects our stakeholder organisations with shared understanding, purpose, and intent. Dr Kiaran Flanagan has led this workstream and CTCC Risk of Harm has formed a system task and finish group with clinical representation reporting to the System Quality Group.

With more data flows, this unlocks the opportunity for:

- Further system interconnectedness
- Viewing risk interdependency
- Assessing risk causality - underpinning our development of effective solutions

This is prioritised, colleagues are engaged, and we have shared with ICB board to ensure continued engagement and commitment. The task and finish group is currently looking for all system partners to provide risks into our developing risk framework.

Risk Development Cycle Version 2



4. CCTC as part of our Smart System Control Centre

NHSE have identified that SCCs are to be a central co-ordination service to providers of care across the integrated care board (ICB) footprint; with the aim to support patient access to the safest and best quality of care possible for the entire population across every area, by balancing the clinical risk within and across all acute, community, mental health, primary care, and social care services.

Our Care Traffic Co-ordination Centre (CTCC) programme predates the NHSE requirement and provides the core foundation for the SCC. As result of we are now fully compliant with the NHSE SCC specification. NHSE have allocated additional funding of £400k to SCC development. This will enable a greater focus on resourcing the implementation and delivery of benefits from the CCTC programme. The core areas of focus for this funding are as follows:

1) Further development of the risk of harm metrics linked into the HCPE
2) Enabling a patient level element of flow as has been implemented in a number of other ICBs such as Gloucester and Leeds and Humber linked to the D2A programme requirements. This also has the potential to gather ethnicity data that is key to addressing the health inequalities challenges linked to use of urgent care.
3) Development of further insights and triggers that will help us to understand critical early signals that gives us time to mitigate and minimise pending pressures.
4) Implementation and embedding new ways of working and decision making.
5) Understanding the benefits and impacts of SCC and CCTC.

5. Next Steps and connection with Shared Data and Planning Platform

The CCTC is a foundation to help teams think differently, work differently and ultimately make better decisions by considering the whole system picture. It is not a final product and needs to be further shaped and developed through the implementation and running of the system control centre. Further requirements are being gathered as an ongoing process so that we highlight the next stages of development that will be delivered through the Shared data and planning platform programme. The CTCC project team will ensure system requirements and ambitions are embedded into this emerging program.

6. Financial resource implications

There are no further financial or resource implications to raise at this point. The detailed funding as identified in section 4 will support the next steps until SDPP programme transition.

7. Legal implications

There are no legal implications to raise at this point.

8. Risk implications

Phase 2: Dev Functionality Pre-phase & Initial Priorities			
Risk	**Impact**	**Likelihood**	**Mitigation**
There is a risk that maximal operational utility and system impact will not be realised if clinical risk and financial implications on providers limits engagement and buy in to embedding new ways of working enabled via the tool.	Medium	Medium	➔ User engagement activities throughout the CTCC tool development period ➔ Learning from the complex discharge build, testing and key user insights

9. How does this reduce health inequalities?

Poor patient flow is a healthcare inequalities issue.

BNSSG populations within deprived communities disproportionately rely on urgent and emergency care services to meet their healthcare needs. As such, transformation to provide enhanced visualisations of patient flow & risk of harm through our system will support the reduction in healthcare inequalities.

Opportunities to reduce health inequality within BNSSG via CTCC tool functionality will be worked through with Faculty Ai and system engagement on an ongoing basis.

10. How does this impact on Equality and Diversity?

Screening and completion of a full EqIA has been completed through ICS gateway panel process. No adverse impacts have been noted.

11. Consultation and Communication including Public Involvement

There has been no patient or public involvement throughout the procurement for the provision of an Urgent and Emergency Care (UEC) Intelligence System for BNSSG ICB as the live dashboard does not have a patient facing function.