



Programme Mandate

Programme Nameⁱ	Urgent & Emergency Care	Fit to overall STP visionⁱⁱ	In response to key areas of focus within the Five Year Forward View, the U&EC Programme of the STP will deliver A&E and ambulance standards, and simplify the U&EC system – making it more accessible and equitable across the STP footprint.
Executive Leadⁱⁱⁱ	Glen Burley	Senior Responsible Owner^{iv}	Steve Jarman-Davies
Transformation Programme Lead	Dave Hobday	Clinical Lead	Mathew Cooke
Finance Lead	Ravi Basi	Overall Financial Target	

Programme Vision	<p>The purpose of this workstream is to deliver enhanced patient care through improved services and more appropriate access to urgent and emergency care. This will complement other workstreams which aim to reduce unscheduled care in our local systems. We will monitor and deliver safe, effective urgent care and over the next year we will carry out focused reviews of the following:</p> <ul style="list-style-type: none"> • Outpatient Parenteral Antimicrobial Therapy (OPAT) • Discharge to Assess • Frailty • Ambulance Arrivals • Arden Mental Health Acute Team (AMHAT) review • Children’s Access to Tier 4 Bed Capacity
-------------------------	--

TOR Mandate / Commitment^v	Timeline for delivery
Enhanced Ambulatory Care & Frailty Service developed, and mobilisation commenced, including new workforce model. Service options, defined pathways, IT strategy and workforce plan for U&EC. Develop approach and plan for public education around U&EC.	TBA
Start mobilisation of U&EC plans and standardise approach to referrals/bookings. Shared digital Emergency Care Record. Implement plan for public education around U&EC. Implement new stroke pathway.	TBA



Better Health, Better Care, Better Value.
COVENTRY AND WARWICKSHIRE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP

Public education and communications campaign around U&EC.	TBA

Objectives ^{vi}	Impact/ KPIs			
	Quality Impact	Reduction on demand	Reduction in cost per capita	Financial Savings
To sustain the current level of urgent and emergency care within the existing financial envelope	Reduction in patient waiting times and adherence to the 95% performance target	TBA	TBA	TBA
To ensure that patients are discharged from hospital as soon as they are medically fit where possible	To improve the patient flow through the hospital	TBA	TBA	TBA

Key Outcomes ^{vii}
<ul style="list-style-type: none"> Standardised single point of access with timely redirection to most appropriate care All stroke patients receive high initial care in specialist hyper-acute/acute stroke unit Reduced length of hospital stays and more rehabilitation, after-care at or closer to home Improved urgent care closer to people's homes Better patient experience

Critical Path Milestones ^{viii}	Delivery		
TBA	Year 1	Year 2	Year 3
TBA	TBA	TBA	TBA

Programme Risks ^{ix}	Mitigations



There is a risk that there will be inadequate staffing to deliver change due to difficulties in recruiting appropriate medical workforce, without such, the proposed service changes cannot be implemented and therefore result in failure to deliver	Innovative solutions being identified to address medical workforce gaps, likely increased locum and agency requirement in the short term
There is a risk that A&E performance could fail to improve which could lead to financial implications, CQC action and failure to deliver against plan	Focus medical engagement at UHCW. Review ambulatory emergency care models. Agree investment plans with social care and national winter funding. Deliver effective winter planning with all partner organisations
There is a risk that demand management will not be effective in isolation because the success of delivery against this workstream requires a whole-system approach and a reliance on acute sector demand management alone will not result in delivery	Identify impact of Primary Care 7-day plan, Out of Hospital and preventative workstreams

Financial savings: Contribution to the overall STP financial challenge^x			
Period	Savings Target	Forecast	Actual
Year 1	TBA	TBA	TBA
Year 2			
Year 3			

Links to the Enabling Programmes^{xi}			
Workforce	IM & T	Communication & Engagement	Estates
Development of workforce strategy.	TBA	Development of a full year Communications and engagement strategy and programme to consider tailoring of national messages	TBA

Managing Interdependencies^{xii}
<ul style="list-style-type: none"> • Workforce workstream • Mental Health & Emotional Wellbeing workstream for AMHAT service improvement work • Liaise with Communications and Engagement team in STP

Governance and Assurance^{xiii}
The programme will be managed and overseen by the Coventry & Warwickshire A&E Delivery Board. Delivery will be through its workstreams.



The U&EC Programme Steering Group (which is formed from the members of the Coventry & Warwickshire A&E Delivery Board) will report to the Coventry and Warwickshire Better Health, Better Care, Better Value Programme Board via the STP Programme Delivery Group and STP Clinical Design Authority for approval/endorsement of clinical proposals.

Signed off by (Senior Responsible Officer)

Date

- ⁱ Self-explanatory
- ⁱⁱ Why this programme - How/why does it link to the overall STP Vision?
- ⁱⁱⁱ Overall accountability of the programme at STP Board Level
- ^{iv} Senior Responsible Owner – Responsible for delivery of the programme
- ^v What is the commitment from the programme?
- ^{vi} What are the key objectives of the programme and in terms of KPI what impact will those objectives achieve?
- ^{vii} Key outcomes expected
- ^{viii} High level deliverables year on year – e.g. specification sign off, pilot of new service
- ^{ix} What are those things which could prevent the programme achieve its objectives and outcomes?
- ^x What part will this programme play year on year – the savings targets have been outlined by Paul, but what is your forecast based on delivery of your objectives across yr.1,2,3 etc.
- ^{xi} The relationship between the enablers and your programme
- ^{xii} How will this be managed for your programme – what are those key interdependencies
- ^{xiii} How will all of the above be managed – what is your governance framework?