

**NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
SYSTEM RESILIENCE GROUP UPDATE**

Date of the meeting	16/09/2015
Author	M Wood – Deputy Director Review, Design and Delivery
Sponsoring Clinician	S Watkins – Clinical Chair, Urgent and Emergency Care Clinical Development Group
Purpose of Report	To update the Governing Body on progress with system resilience across Dorset.
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	System Resilience Group membership includes local acute providers, local authorities, ambulance service, GPs and locality chairs.

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials : MW

1. Introduction

- 1.1 The purpose of this report is to provide a brief update of the work on the System Resilience Group (SRG). The SRG meets on a monthly basis.
- 1.2 There are three Health and Social Care Cluster groups that support the work of the SRG and which meet on a monthly basis to address the sustained pressure in the system and to manage the flow effectively. Action plans have been developed by each group and progress is being reported to the SRG.

2. Report

- 2.1 In addition to the requirements issued in May 2015 on the 8 High Impact Interventions for urgent and emergency care, the national tripartite published on :
 - 14 July; 8 High Impact Interventions for improving and sustaining cancer performance. These are expected to be in place by October 2015 and are subject to monthly updates;
 - 11 August; expectations for winter preparedness 2015/16 which includes several new areas such as mental health, cancer and 9 High Impact Interventions for Ambulance services;
 - 14 August; winter readiness templates that are more detailed and extensive than in previous years. Initial baseline assessment was due on 4 September and it is anticipated that further assurance reports will be required.
- 2.2 Dorset CCG submitted detailed information on the 8 High Impact Interventions for urgent and emergency care in May and a further progress report on 7 August, addressing the feedback received from Wessex NHSE (appendix 1).
- 2.3 NHSE have hosted two 8 High Impact Intervention teleconference to share best practice and set out winter assurance processes. Dorset CCG and SRG members participated in these calls.
- 2.4 Three of the 8 High Impact Interventions, based on self-assessment, have been identified as met. The remaining five are assessed as partially met, these three interventions require effective joint working across the health and social care system.
- 2.5 The Better Together Sponsor Board in August received a paper specifically highlighting the issue on the three High Impact Interventions that require joint working.
- 2.6 The SRG and Better Together Board recognise that the delivery of the Delayed Transfer of Care target of 2.5% is the most challenging of the 8 High Impact Interventions despite all the work currently being undertaken on this agenda.
- 2.7 In 2014/15 £1.2 million was released from central government to Local Authorities to reduce Delayed Transfers of Care, this is unlikely to be repeated in 2015/16. The SRG has asked all partner organisations to explore slippage and contingencies to support discharge to assess or related schemes that can reduce delays.

10.1

- 2.8 In addition Dorset CCG asked the Directors of Adult Social Care, Chief Operating Officers proposals that would help to deliver the DTOC target looking at the out of hospital components of care. These proposals were submitted by the 25 August and are currently being considered.
- 2.9 The winter preparedness and winter readiness guidance issued in August sets out a significantly more extensive set of requirements of SRGs and their partner organisations for 2015/16 and an associated assurance process. The first self-assessment of winter readiness submission to NHSE Wessex is due to be made on 4 September 2015.
- 2.10 During 2015/16 winter readiness includes:
- Progress on implementation of 8 High Impact Interventions;
 - Baseline assessment against 9 new High Impact Actions to improve ambulance performance acute and out of hospital capacity and demand projection ahead of winter;
 - Baseline assessment of plans to implement 24/7 liaison mental health services in A&E departments;
 - Key actions undertaken to improve upon last year's resilience plan;
 - Communication and marketing campaign;
 - Declaring critical Incident or emergency;
 - National Flu programme.
- 2.11 In addition to the mandated templates, the SRG is required to set out its approach to winter 2015/16 ensuring whole system resilience including:
- Elective care management;
 - High risks issues and key actions to address;
 - Any 8 High Impact Interventions that are unlikely to be in place by October 2015 and remedial actions in place;
 - Accountability framework;
 - Winter (ORCP) Schemes funded from CCG baselines;
 - System Dashboard.
- 2.12 Based on the 2014/15 experiences the Urgent and Emergency Care/ System Resilience Team had commenced had commenced work on winter planning in advance of receiving this winter preparedness guidance. As a result the SRG was able to provide:
- A revised governance and accountability framework;
 - Organisational and Resilience Capacity Plan 2015/16;
 - Details of Winter schemes funded 2015/16;
 - Details of, and timescales set for all health and social care providers to submit their winter and escalation plans;
 - Summary of lessons learnt from Winter 2014/15 and Easter 2015/16;
 - Risk register;
 - System Dashboard.

Organisational Resilience Capacity Planning (ORCP)

- 2.13 Considerable work has been undertaken on agreeing through the Health and Social Care Emergency Cluster Groups and the SRG the ORCP schemes for 2015/16. This process has been completed significantly earlier than 2014/15 which will enable the 2015/16 schemes to be put in place in a more timely manner for the winter period. Already schemes are in place and are being used flexibly to support other peaks in activity such as bank holidays.
- 2.14 All health and social care providers will be asked to supply their detailed Christmas plans to the CCG by mid –September. A workshop is being planned to allow all Health and Social Care partners to discuss proposed plans in October. This workshop will allow the SRG members to hold their partners to account for their plans.
- 2.15 It is anticipated that the issues for 2015/16 Winter will be similar to those experienced in 2014/15:
- Delivery of the 4 hour A&E waits;
 - DTOC;
 - NHS 111 and 999 performances;
 - Reducing ambulance handover delays;
 - Managing RTT including cancer 62 day target.
- 2.16 Work already being undertaken to address these issues which can be seen in the 8 High Impact Interventions report.
- 2.17 It should be noted that one of the concerns about the System Resilience Alert processes raised during 2014/15 has been addressed through the implementation of a new local Capacity Management System. This system is now based on an agreed set of triggers that determines in a consistent manner the alert level of an organisation (Black/Red/Amber/Green). This system went live in August ahead of target so it can be tested before the winter period.
- 2.18 The responsibility for Emergency Planning has recently been transferred the CCG Urgent and Emergency Care team.
- 2.19 As part of the Emergency Planning requirements each Trust and Local Authorities is meeting with the Director of Delivery to provide assurance on Emergency preparedness during October. These meetings have already been organised, it is proposed that Winter Plans will now also be discussed at these meetings.
- 2.20 NHS England has confirmed that the Dorset System Resilience Group will be part of the Wessex Urgent and Emergency Care Network. It is anticipated that the first meeting of the Wessex Urgent Care Network will take place in September. Urgent Care Networks remits are nationally mandated and are responsible for the development of the wider strategic direction and will not replace the remit of the System Resilience Groups.

Improving and Sustaining Cancer Performance

- 2.21 A report is being presented to the September SRG regarding the new requirements for cancer services and the role of the SRG. The remit of Systems Resilience Group has been expanded to include Cancer performance and in particular the 62 day standard performance. This is in view of the need to improve and sustain cancer performance.
- 2.22 The report at Appendix 2 sets out the Quarter 1 performance of the three Acute Hospitals in Dorset regarding Cancer waiting times targets and progress against the new 8 High Impact Cancer Interventions. Actions to address the challenges are also set out in the report.

3. Conclusion

- 3.1 Whole System Resilience winter planning and assurance requirements for 2015/16 has been extensively expanded and is a challenging and changing agenda that will require support and commitment from all health and social care partners. Internally, System Resilience can only be delivered with input from the whole of the CCG.
- 3.2 On-going work is being undertaken to deliver the 8 High Impact Interventions and the winter preparedness requirements. Delayed transfers of care continue to be the greatest cause of concern.
- 3.3 Lessons learnt from the winter and Easter periods 2014/15 are being used to inform the planning processes for 2015/16, as a result the SRG has been able to respond in a timely and largely positive manner to winter preparedness requirements.
- 3.4 It should be noted that there is an unusual level of pressure in the system for this time of year that has resulted in resilience alerts being issued. Ambulance handover delays and delayed discharges remain challenging despite all the work being undertaken to improve performance.

Author's name and Title : M Wood, Deputy Director of Review, Design and Delivery

Date : 02 September 2015

Telephone Number : 01305 368921

APPENDICES	
Appendix 1	Systems Resilience Dashboard 2015
Appendix 2	Improving and Sustaining Cancer Performance