10.1

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

SYSTEM RESILIENCE GROUP UPDATE

Date of the meeting	18/05/2016
Author	M Wood – Director of Service Delivery
Sponsoring GB member	S Watkins – Clinical Chair, System Resilience Group, 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	• 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 on the work of the System Resilience Group (SRG), which meets on a monthly basis.

1.2 Managing the whole System Resilience over the recent period has included:

- planning for and managing the Easter period;
- managing the Junior Doctor Strikes;
- working with two external reviewers to understand and develop plans to address the continuing issue of Delayed Transfers of Care.

1.3 Delayed transfers of care and Junior Doctors strikes has continued to receive considerable additional focus, these areas will continue to be priority areas for the foreseeable future.

2. Report

2.1 Since March the additional requirements for monitoring information have largely focused on :

- Daily Sitrep reporting on the Dorset position in terms of resilience alert level and issues (Black/Red/Amber /Green);

- Monthly high risk briefings on Cancer, Diagnostics, A&E and Delayed Transfers of Care for providers not achieving the standards in these areas;

- Preparation for and the actual impact of the Easter period;

- Preparations for and actual impacts of the recent Junior Doctor Strikes.

Performance

2.2 Since 3 January 2016 the system has been on Red except for short periods when the Dorset system has, through intensive work on reducing Delayed Transfers of Care and preparing for Junior Doctor Strikes, returned to Amber. This picture is not unique to Dorset with surrounding systems being continually on Red and on occasions Black.

2.3 The key issues that have resulted in the continued pressure on the system include:

- Delayed Transfers of Care;
- Pre and post Junior Doctor strike peaks of activity;
- High acuity patients;
- Noro virus and Flu impacting on bed and staff availability.

2.4 It is important to note that attendances in A&E and conveyances to A&E have not seen a significant increase.

2.5 Monthly high risk briefings to Wessex NHSE are required by the following providers for areas that do not meet the targets set for two months in a row:

- Dorset County Hospital NHS Foundation Trust for Cancer ;

- Poole Hospital NHS Foundation Trust for Cancer, A&E and Delayed Transfers of Care;

- Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust for A&E, Diagnostics and Cancer.

2.6 Each high risk briefing area requires the individual Trust and the Clinical Commissioning Group, to set out and agree all actions being undertaken to recover performance. A Trust has to achieve a target for 3 months in a row to be removed the from high risk briefing reporting requirements. In addition appropriate contract mechanisms are used as required.

Seasonal Planning

2.7 Due to the continued pressure on the system into the Easter period, winter escalation schemes were extended to cover this period. This included extending weekend opening for some GP practices and MIU's as well as provider based initiatives.

2.8 Lessons learnt from Easter will be fed into the winter planning processes for 2016/17.

Junior Doctor Strike

2.9 The preparation for the Junior Doctor strikes was largely conducted through the Emergency Planning processes. However, in April at short notice the System Resilience Group was asked to undertake an assurance process; it is anticipated that this will be a continuing feature of future industrial action periods.

2.10 The fifth round of strike action took place between 08.00-17.00 on 26th and 27th April 2016. This included withdrawal of emergency care during this period for the first time in the history of the NHS. As with previous strike periods, all system partners planned well for this period. In addition, planning was also undertaken for the preceding period and post period, based on previous experiences, as these tend to be much busier than usual compared to over the actual strike period. As a consequence the system went into the May bank holiday on Green status.

2.11 Providers and SRGs have responded to a number of additional assurance requests from NHS England and NHS Improvement to ensure trusts are able to continue to deliver high quality patient care throughout the strike period.

2.12 The assurance requests included:

- SRG Junior Doctor Strike assurance;
- NHS Choices Strike Data Requests;
- NHS Improvement Bed Occupancy Data Requests;
- UNIFY Data requests in the lead up to and during the strikes;
- Series of assurance calls with NHSE before, during and after the strike periods.

2.13 In addition the CCG Communications team has had to link regularly with provider Communications Leads and NHS England – South (Wessex) Communications Leads to ensure messaging to the public remains consistent.

2.14 A review will take place following the latest strike action to understand the impact on the local health system and an update will be provided at the next SRG meeting to be held on the 11 May 2016.

2.15 The CCG has commenced working with providers to understand the implications of not only the cancellations on the day of Junior Doctor Strikes but also the slots that were proactively not booked in advance of the strikes.

2.16 The BMA have indicated that there will be further periods of industrial action, details of which have yet to be announced. It appears that it is possible, that a full and indefinite withdrawal of junior doctor labour may be the next step in strike action. If drawn out for an extended period, there would likely be major implications for elective care and urgent care and the ability of hospitals to keep certain departments and services running.

2.17 In a letter from Simon Stevens on 28 April 2016 (appendix 1) the following additional actions are required:

- In accordance with the Civil Contingencies Act and related statutory provisions, NHS England, provider trusts and the wider NHS must assess and prepare for the possibility of indefinite withdrawal of junior doctor labour and other operational scenarios;

- to refresh local contingency plans in the next fortnight (14 May);

- to consider what action would be needed should intensified and extended industrial action occur. Specifically, in the event of an indefinite withdrawal of junior doctor labour for 24-hour emergency and elective care, for 24-hour elective care only and for 12-hour emergency care.

2.18 It is anticipated that as no agreement on the new Junior Doctors contract has been reached, that there will be further and potentially more extensive strike action. This will continue to place additional planning and management requirements on the SRG partners.

Delayed Transfers of Care

2.19 Delayed Transfers of Care continue to be the greatest cause of concern reflected in the fact that Dorset has recently received National support to try to identify any areas that could be improved and form an action plan.

2.20 It is recognised that despite all the efforts taken over the last twelve months that as a whole Health and Social Care system Dorset needs to make significant improvements to achieve nationally mandated performance targets. These improvements will need to be delivered despite the reductions in local authority funding, in order to maintain patient flow throughout the health and social care system.

2.21 The Local Government Association (LGA) continues to provide expertise through Alan Rosenbach to Dorset County Council and has supported them in producing an action plan to reduce delayed transfers of care. These actions have fed into the overarching Dorset Delayed Transfer of Care Action Plan.

2.22 On 5 May Dorset County Council are running an 'Admission Avoidance and Timely Hospital Discharge' workshop facilitated by Alan Rosenbach in collaboration with Dorset County Hospital and Dorset HealthCare with the aim of identifying key delivery actions by the end of the session.

2.23 NHS England provided an independent Consultant, Ian Wilson, to conduct a review of Delayed Transfers of Care in respect of the Bournemouth system. The report that followed identified 42 key recommendations which have fed into the Dorset Delayed Transfer of Care Action Plan.

2.24 Royal Bournemouth and Christchurch Hospital Foundation Hospital Trust are holding weekly meetings to ensure the Ian Wilson report recommendations are implemented.

2.25 The Dorset Delayed Transfers of Care Action Plan is an overarching plan which supports the recommendations of the two recent external reviews, references best practice as set out in the Eight High Impact Changes and describes a clear Governance structure including monitoring of the plan. The Dorset Delayed Transfers of Care Action Plan was presented at the SRG in April and has been signed-off for implementation.

2.26 Dorset CCG are holding a 'Discharge to Assess Learning Event' on Friday 27 May bringing partners together to discuss the lessons learnt from the different versions of Discharge to Assess pathways that have been trialed in Dorset.

Wessex Urgent and Emergency Care Network

2.27 The Wessex Urgent and Emergency Care Network are currently developing its work plan which must be complete by June 2016. As part of this process a meeting was held on 9 March 2016 between the Director of Service Delivery and the Wessex Urgent and Emergency Care Network representative charged with pulling this plan together to discuss:

- current urgent care system configuration and performance;
- the standards and aspirations of national policy in Urgent Care;
- our views on the appropriate model for the network;
- our views on the key drivers for performance;
- Local areas of innovation and best practice.

2.28 The Wessex Urgent Care Baseline March 2016, notes that the:

- Dorset System Resilience Group has strong network functionality with well-established data sets;
- Relationships across the health and social care system are co-operative and the Clinical Service Review and Better Together Programmes have fostered collaboration and mutual intent.

2.29 In April expressions of interest to host the Wessex Urgent and Emergency Care Network were requested by Wessex NHSE, the Dorset SRG agreed to and have made an initial expression of interest and are awaiting further information on whether a formal process will be required.

3. Conclusion

3.1 Whole System Resilience planning and assurance requirements for 2016/17 continues to be expanded, it remains a challenging agenda that requires support and commitment from all health and social care partners. Internally, System Resilience can only be delivered with input from all of the Health and Social Care partners.

3.2 Delayed Transfers of Care and Junior Doctor Strike periods continue to be the greatest areas of cause for concern.

3.3 Lessons learnt from the Easter period 2016 will be used effectively to inform the preparedness for Winter 2016/17. Similarly, lessons learnt from the Junior Doctors strikes to date will be used to inform planning for any further industrial action.

Author's name and Title : M Wood, Director of Service Delivery

Date : 3 May 2016
Telephone Number : 01305 368921

10.1

APPENDICES	
Appendix 1	**Wessex NHSE letter on Junior Doctors Industrial Action 28 April 2016**

Appendix 1

To:
NHS Provider Trust Chief Executives
CCG Accountable Officers
CCG Clinical Leads

NHS England Publications Gateway Reference 05218

28 April 2016

Dear colleague,

JUNIOR DOCTORS INDUSTRIAL ACTION

We are writing personally to thank you and your staff for the exceptional way the NHS pulled together over the last several days to ensure safe urgent and emergency care during this week's strike action.

Hospital consultants, nurses, GPs, paramedics, pharmacists, therapists, social services, and many other staff, all went the extra mile to safeguard patients at a time of unprecedented withdrawal of junior doctor emergency cover. NHS managers alongside medical, clinical and nursing directors ensured effective operational plans were in place throughout the country.

There are important good practice lessons to be drawn from this week's events, so NHS England's Emergency Preparedness Resilience and Response (EPRR) team, working with colleagues from NHS Improvement, will now be contacting you to gather and share these insights.

There will also be spillover consequences, with over 125,000 patients having had their needed care deferred from this week into the days and weeks ahead.

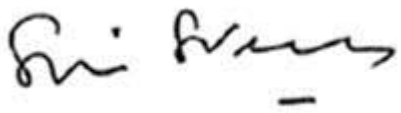
Unfortunately it also appears that further industrial action is possible, including the possibility floated by the BMA of a full and indefinite withdrawal of junior doctor labour. This would clearly have wide ranging impacts on patients. If drawn out for an extended period, there would likely be major implications for elective care and urgent care and the ability of hospitals to keep certain departments and services running.

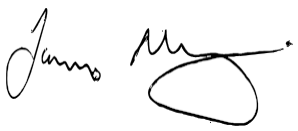
In accordance with the Civil Contingencies Act and related statutory provisions, NHS England, provider trusts and the wider NHS therefore now need to assess and prepare for this possibility and other operational scenarios.

To this end, we are writing to ask you to refresh your local contingency plans in the next fortnight to consider the action you would need to take should intensified and extended industrial action occur. Specifically we would like you to consider how you would respond in the event of an indefinite withdrawal of junior doctor labour for 24-hour emergency and elective care, for 24-hour elective care only and for 12-hour emergency care. NHS England's EPRR team in conjunction with NHS Improvement will be in touch with you to support this work.

In the meantime, once again, we thank you and your teams for your continuing leadership at this challenging time.

Yours sincerely





Simon Stevens
Chief Executive
NHS England

Jim Mackey
Chief Executive
NHS Improvement