

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

Date of the meeting	20/7/2016
Author	M Wood – Director Service Delivery
Sponsoring Clinician	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	<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 on the work of the System Resilience Group (SRG), which meets on a monthly basis.

2. Report

Performance

- 2.1 Since the end April 2016 the system as a whole has been on Amber with individual Trusts being on Green for considerable periods of time. The Dorset system has continued to undertake intensive work on reducing Delayed Transfers of Care and performance in this area is showing improvements.
- 2.2 The key issues that have resulted in the continued pressure on the system include:
- Delayed Transfers of Care;
 - High acuity patients;
 - Staffing levels.
- 2.3 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 and Delayed Transfers of Care;
 - 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.
- 2.4 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 from high risk briefing reporting requirements. In addition appropriate contract mechanisms are used as required.
- 2.5 Current performance levels of the NHS 111 service in Dorset have deteriorated over the last two months. This has been due to the Dorset 111 service being used to support the Devon 111 service. Devon CCG have been undertaking a re-procurement process that has resulted in staffing shortages, performance is monitored through weekly calls between all parties involved.

Junior Doctor Strike

- 2.6 On Wednesday 6 July the results of the recent BMA ballot were revealed with the junior doctors voting 58% to 42% against accepting the deal agreed by the government and union negotiators in May.
- 2.7 There has been no announcement of when any action may take place. Given that the current thinking is to impose the new contract it is anticipated that further industrial action may occur.

Delayed Transfers of Care

- 2.8 Delayed Transfers of Care continue to be a cause for concern; the Dorset Delayed Transfers of Care Action Plan was agreed at the April SRG. Progress against this plan is monitored monthly by the SRG. A weekly snapshot of the numbers of Delayed Transfers of Care are collected and show over the June period a decrease from 107 to 84 a reduction of 21%.
- 2.9 Dorset CCG held a 'Discharge to Assess Learning Event' on Friday 27 May facilitated by Charlie MacNally from Emergency Care Improvement Programme and brought partners together to discuss the lessons learnt from the different versions of Discharge to Assess pathways that have been trialed in Dorset.
- 2.10 Dorset CCG is working closely with Salisbury District Hospital and Yeovil District Hospital to improve communication and processes to reduce Dorset delays.

Winter Planning 2016/17

- 2.11 The SRG winter planning assurance template for 2016/17 has already been received and will need to be submitted to NHSE by 27 July.

Wessex Urgent and Emergency Care Network

- 2.12 Dorset CCG was successful in its bid to host the Wessex Urgent and Emergency Care Network.
- 2.13 Recruitment is underway for the Programme Lead role, with a view to this post being in place on a seconded period for 18 months in the first instance. The wider PMO supporting roles (2 further posts) will be recruited to once funding is agreed and by March 2017 at the latest. During the interim period, support to the Programme Lead will be gained through existing Dorset CCG Urgent and Emergency Care Team members to ensure that a network plan is developed and submitted in line with national requirements.

3. Conclusion

- 3.1 The whole System Resilience planning and assurance requirements continue to be expanded and it is anticipated that additional planning will be required to meet any anticipated or actual further industrial action.

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