NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

SYSTEMS RESILIENCE GROUP UPDATE

Date of the meeting	15/07/2015
Author	M Wood – Deputy Director Review, Design and Delivery
Sponsoring Clinician	S Watkins - Chair Co-ordinating Care Clinical Commissioning Programme
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 of the work on the Urgent Care agenda within Dorset and the ongoing areas of work which are being taken forward.

2. Report

2.1 The Systems Resilience Group (SRG) meet on a monthly basis and continue to review performance in urgent and emergency care across Dorset.

2.2 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.

2.3 The SRG has approved the 2015/16 Operational resilience and capacity planning (ORCP) funding for each acute hospital and cluster.

2.4 Cluster Groups continue evaluating all schemes funded by the 2014/15 ORCP funding and the SRG have agreed that the ORCP funding investment in 2015/16 can be flexibly used if the appropriate cluster has oversight and agreement as this will be based upon the final evaluations.

2.5 NHS England have stressed the importance that organisations continue the progress made in 2014/15 on system-wide operational resilience and incorporate this into the current planning process and now start to accelerate implementation of the recommendations from the Urgent and Emergency Care Review.

2.6 NHSE have provided information and detail on the 8 high impact action requirements that they expect to be included within the operational resilience element of plans, specifically those pertaining to urgent and emergency care. The national tripartite has identified eight 'high impact interventions' that they expect every SRG to address.

2.7 NHSE expect all organisations to be clear, through the SRG arrangements, about their responsibility for delivering all or any part of any of these services, and will have taken these into account in their planning. Dorset CCG has submitted detailed information to NHSE on the eight high impact action requirements in May 2015.

2.8 These eight high impact interventions have been identified as the short term priorities to ensure that early and effective resilience planning is underway for the coming year. CCGs and SRGs will be expected to use 2015/16 to focus on implementing transformational changes to their local urgent and emergency care services as outlined by the review.

Eight High Impact Actions

- No patient should have to attend A&E as a walk in because they have been unable to secure an urgent appointment with a GP. This means having robust services from GP surgeries in hours, in conjunction with comprehensive out of hours services.

- Calls categorised as Green calls to the ambulance 999 service and NHS 111 should have the opportunity to undergo clinical triage before an ambulance or A&E disposition is made. A common clinical advice hub between NHS 111, ambulance services and out-of-hours GPs should be considered.

- The local Directory of Services supporting NHS 111 and ambulance services should be complete, accurate and continuously updated so that a wider range of agreed dispositions can be made.

- SRGs should ensure the use of See and Treat in local ambulance services is maximised. This will require better access to clinical decision support and responsive community services.

- Around 20-30% of ambulance calls are due to falls in the elderly, many of which occur in care homes. Each care home should have arrangements with primary care, pharmacy and falls services for prevention and response training, to support management falls without conveyance to hospital where appropriate

- Rapid Assessment and Treatment should be in place, to support patients in A&E and Acute Medical Units to receive safer and more appropriate care as they are reviewed by senior doctors early on.

- Daily review of in-patients through morning ward or board rounds, led by a consultant/senior doctor, should take place seven days a week so that hospital discharges at the weekend are at least 80% of the weekday rate and at least 35% of discharges are achieved by midday throughout the week. This will support patient flow throughout the week and prevent A&E performance deteriorating on Monday as a result of insufficient discharges over the weekend.

- Many hospital beds are occupied by patients who could be safely cared for in other settings or could be discharged. SRGs will need to ensure that sufficient discharge management and alternative capacity such as discharge-to-assess models are in place to reduce the DTOC rate to 2.5%. This will form a stretch target beyond the 3.5% standard set in the planning guidance

2.9 Delayed transfers of care continue to remain high with an average of 6% across acute trusts in Dorset but have decreased in numbers in the last month. Delayed transfers of care continue to cause concern to all health and social care organisations across Dorset and work continues on further reducing delayed transfers of care and improve the quality of discharges.

2.10 Pressures continue across the system and this is reflected in the Performance Dashboard presented each month at the SRG and enclosed as an appendix to this report. Emergency admissions for 2014/15 remain significantly higher than 2013/14 levels and the delivery of the 4 hour standard in the Emergency Department continues to be challenging for local providers.

2.11 In 2014/15 £1.2m was released from central government to Local Authorities to reduce Delayed Transfers of Care. This is unlikely to be repeated in 2015/16.

2.12 The SRG has asked all partner organisations to explore slippage and contingencies to support discharge to assess or related schemes that can reduce delays. It is better if these schemes can be commenced well in advance of the Christmas seasonal period if funding is at all possible.

2.13 NHS 111 performance continues to be challenging locally and commissioners continue to work closely all providers.

3. Conclusion

3.1 There is continued pressure in the system but capacity continues to improve across all health and social care sectors. Delayed transfers of care continue to be the greatest cause of concern and the CCG

3.2 Work is underway to ensure robust plans and communication is ready to manage pressures later in Winter 2015/16.

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APPENDICES	
Appendix 1	**Systems Resilience Dashboard 2015**