

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

Date of the meeting	16/03/2016
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.
- 1.2 Managing the whole System Resilience over the winter period has included:
 - understanding the lessons learnt from the winter period;
 - planning for the Easter period;
 - managing the Junior Doctor Strikes;
- 1.3 Delayed transfers of care continue to receive considerable additional focused work as a result of ongoing poor performance, especially against the Better Care Fund Targets and the impact on patient flow affecting A&E performance targets.

2. Report

- 2.1 Since December 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 risks briefing on Cancer, Diagnostics, A&E and Delayed Transfers of Care for providers not achieving the standards in these areas;
 - Preparation for and actual impact of the recent Junior Doctor Strike.

Performance

- 2.2 Although the Dorset Health and Social Care system went into Christmas on a 'Green' status the position deteriorated between Christmas and New Year and on the 3 January 2016 the system became Red. Since then there have been short periods when the Dorset system has through intensive work on reducing Delayed Transfers of Care to return to Amber. This picture is not unique to Dorset with surrounding systems being 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;
 - Increase in number of emergency admissions;
 - Increase in orthopedic trauma cases especially to the east, fracture neck of femur, particularly in the over 90 years age group;
 - High acuity patients.
- 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 briefing to Wessex NHSE are required by the following providers for areas that do not meet the targets set:
 - Dorset County Hospital NHS Foundation Trust for Cancer ;

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- 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.

Seasonal Planning

2.7 A winter planning de-briefing session was held on 12 February 2016, this session included not only the lessons learnt from 2015/16 but also covered Easter plans.

2.8 Considerable work was undertaken this year on preparing for the Christmas and New Year period. This process was significantly more comprehensive and was completed earlier than in 2014/15.

2.9 Actions taken were based on the lessons learnt in 2014/15 during the winter and Easter periods. At the Winter de-briefing event, the following points were made :

- Releasing the Organisational and Capacity Plan funding through the contracting process and agreeing schemes in June, resulted in all schemes being in place at the beginning of December 2015. These schemes will now be evaluated over the next quarter so that the System Resilience Group will be able to approve 2016/17 schemes in a timely manner;
- As part of the annual Emergency Planning requirements each Trust and Local Authority discussed Winter Plans on an individual basis with the Director of Service Delivery. This process was found to be useful and will be repeated in 2016/17;
- All health and social care providers submitted individual winter plans in October, which were reviewed and shared in November. This was a new Dorset System Resilience Group requirement that was well received by all partners. This process has been repeated for Easter and is planned for Winter 2016/17
- Establishing a Dorset Integrated Urgent care hub from July 2015 that incorporates NHS111/ Single Point of Access and Out of Hours Services, has delivered a significant improvement in not only these services performance, but a reduction in the number of minor ailment patients presenting in A&E; (comments by providers to the east in particular)
- Putting in place daily Resilience calls ahead of and over the Christmas and New Year period to proactively manage the system before and during this period meant all partners were able to staff the calls. This process will be used in 2016/17.
- Developing, agreeing and putting in place a local Ambulance 'pre-divert policy' to prevent escalation. This did reduce some of the ambulance handover issues but it is recognised that this is an area requiring further work during 2016/17;

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- Supporting the National Media Campaign for the Winter period was useful as it provided consistent local messages that were backed up by a national publicity programme.
- Commissioning additional weekend GP cover from local practices to the east of the county provided some additional capacity over a three month period. The practices offered a range of clinical cover between GPs, nurses and nurse practitioners. These practices saw over 700 patients¹² December 2015 and the 31 January 2016. Of the age ranges, the practices saw more under 5's than any other age range, this was closely followed by those aged between 41-65 years. The common conditions seen were appropriate for GP appointments. The most common ailments were UTI, ENT, Viral URTI/LRTI and cough/colds.

Junior Doctor Strike

2.10 As previously, the preparation for the Junior Doctor strikes was largely conducted through the Emergency Planning processes. This continues to demonstrate that the recent decision in Dorset to include the responsibility for Emergency Preparedness within the wider System Resilience framework allows effective management of this issue for example:

- Ability to use already established System Resilience daily call mechanisms to monitor provider positions for both current work and strike implications;
- Understanding of current capacity issues from System Resilience helped inform junior doctor strike plans in terms of pressure areas.

2.11 The Junior Doctors strike was held on second week of January 2016, and as anticipated based on previous experience was that :

- there was minimal impact on emergency work;
- there was some impact on elective and outpatient capacity on the day that will need to be recovered;
- the week following the strike week was where there was more pressure on the capacity and demand across the whole health and social care system.

2.12 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.

Delayed Transfers of Care

2.13 Delayed Transfers of Care continue to be the greatest cause of concern, this is reflected in the fact that Dorset has had recently two offers of National support.

2.14 It is recognised that despite all the efforts taken over the last twelve months, that as a whole Health and Social Care system we need to make significant improvements. 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.

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- 2.15 Firstly, the Local Government Association has provided expertise through Alan Rosenbach to Dorset County Council to support them in producing an action plan to reduce delayed transfers of care. All partners have agreed that a system wide plan would be beneficial, so the brief has been extended accordingly. The System Resilience Group will discuss and agree the project plan at its March meeting.
- 2.16 Secondly, NHS England have provided for independent Consultant, Ian Wilson, to conduct a review of Delayed Transfers of Care in respect of the Bournemouth system. This will use a methodology which worked well for Hampshire and although it is focused on Bournemouth, many of the messages will be transferable. The two day review is planned for 25-26 February 2016.
- 2.17 It has been agreed that as there are both new national conditions for the Better Care Fund and System Resilience targets for Delayed Transfers of Care, that a single plan that meets both sets of requirements is essential, with one clear Senior Responsible Officer for its delivery. The Dorset Clinical Commissioning Group Director of Service Delivery will undertake the role of Senior Responsible Officer
- 2.18 The action plan is under development as a matter of priority it will bring together all of the various pan Dorset actions currently and build on the findings of our national colleagues.
- 2.19 The system wide action plan will outline individual accountabilities so that they are clearly articulated and owned by the component parts. The aim is to have a first working draft action plan by the end of February 2016.

Wessex Urgent and Emergency Care Network

- 2.20 NHS England has confirmed that the Dorset System Resilience Group will be part of the Wessex Urgent and Emergency Care Network. The second meeting of the Wessex Urgent Care Network was held in January 2016. Dr Forbes Watson has been appointed as Chair. Urgent Care Networks` remit is nationally mandated and these Networks are responsible for the development of the wider strategic direction. These Networks will not replace the remit of the System Resilience Groups.
- 2.21 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 will be held on 9 March 2016 between the Director of Service Delivery and the person 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.

3. Conclusion

- 3.1 Whole System Resilience seasonal planning and assurance requirements for 2015/16 has been extensively expanded and remains a challenging and changing 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 continue to be the greatest cause of concern.
- 3.3 Lessons learnt from the winter period 2015/16 will be used effectively to inform the preparedness for Easter 2015/16. Similarly, lessons learnt from the Junior Doctors strikes to date will be used to inform planning for any further industrial action.

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