

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

<b>Date of the meeting</b>	20/01/2016
<b>Author</b>	M Wood – Director of Service Delivery
<b>Sponsoring Clinician</b>	S Watkins – Clinical Chair, System Resilience Group, Urgent and Emergency Care Clinical Development Group
<b>Purpose of Report</b>	To update the Governing Body on progress with system resilience across Dorset.
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	System Resilience Group membership includes local acute providers, local authorities, ambulance service, GPs and locality chairs.

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
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	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

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 Winter preparedness has been the recent focus of the System Resilience Group across the whole Health and Social Care system.

## 2. Report

- 2.1 The additional requirements and monitoring information requests for System Resilience groups have been continued to be issued by the national tripartite and NHSE Wessex. Summaries of guidance received until October has provided in previous reports to the Governing Board.
- 2.2 Since November the additional requirements for monitoring information, received on at least a weekly that covered on both preparing for the Junior Doctor Strike, as well as Christmas and New Year capacity.
- 2.3 Preparation for the Junior Doctor strikes was largely conducted through the Emergency Planning processes. This clearly demonstrated that the recent decision in Dorset to include the responsibility for Emergency Preparedness within the wider System Resilience framework allowed effective management of this potential 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.
- 2.4 Although the Junior Doctor strike was called off at short notice it did impact on the acute trusts. In order to prepare some elective work was cancelled including both inpatient and outpatient activity which then has had to be recovered whilst preparing for Christmas and New Year.
- 2.5 It should be noted that a further strike is planned for the second week of January 2016. Based on 2014/15 experience this was the most difficult week to manage in terms of capacity and demand across the whole health and social care system.
- 2.6 The decision to strike will depend on the outcome of a discussion on the 4 January 2016, as to whether sufficient progress towards an agreement over the Junior Doctors pay has been achieved.
- 2.7 As part of it assessment of Dorset System Resilience plans for winter in October 2015, Wessex NHSE recommended that the Dorset System Resilience Group focused on four areas:
  - Further developing the SRG work programme so priorities are as clear as possible and that accountable leads are in place. Work has commenced on agreeing a SRG work plan for 2016/17 and beyond. It was considered at its January meeting and will be made more widely available once fully agreed.
  - Ensuring that effective governance arrangements are in place to support

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challenge at meetings and drive delivery of plans. The SRG and its associated sub-groups Terms of Reference are being updated to strengthen this area. Consideration is also being given to the SRG links with the Joint Commissioning Group, Better Care Fund programme and in light of the National Planning Guidance its relationship to the corporate planning processes.

- Ensuring a consistent approach is in place for working with local authorities to reduce delayed transfers of care across Dorset. The Transfer of Care Group continues to work on this area, and the SRG recognises that this area remains one of the highest risks to winter resilience. Funding (£615,000) was released from the Better Care contingency funds to reduce Delayed Transfers of Care over the Christmas period. In addition a Discharge to Assess pilot for the West of the County was also funded (£268,000).
- Continuing to work with South Western Ambulance Service NHS Foundation Trust to ensure that resilient arrangements are in place for NHS 111 throughout the winter, especially over the Christmas and New Year period. Work on delivering the integrated hub in Dorset is progressing well and has been demonstrating a significant improvement in performance. It should be noted that SWAST assisted other 111 services in line with new national contingency requirements for two days over the holiday period including Yorkshire, this resulted in a dip in our performance levels. This is in complete contrast to Christmas 2013/14 when Dorset was seeking assistance in managing 111 calls.

## **Winter Planning and Performance**

- 2.8 Considerable work has been undertaken this year on preparing for the Christmas and New Year period. This process has been significantly more comprehensive and completed earlier than 2014/15.
- 2.9 Actions taken were based on the lessons learnt in 2014/15 during the winter and Easter periods. These actions included:
- Releasing the Organisational and Capacity Plan funding through the contracting process and agreeing schemes in June. This has meant all schemes were in place at the beginning of December;
  - 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;
  - All health and social care providers submitted individual winter plans, in October which were reviewed and shared on the 12 November. This was a new local requirement;
  - Establishing a Dorset only Integrated Urgent care hub in July that covers 111/ Single Point of Access and Out of Hours Services, this included investing in additional staffing both clinical and non-clinical;
  - 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;
  - Developing, agreeing and putting in place a local Ambulance 'pre-divert policy' to prevent escalation;
  - Supporting the National Media Campaign for Winter period.

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- 2.10 It was anticipated that the challenges for 2015/16 Winter would be similar to those experienced in 2014/15. However, based on the information currently available:
- NHS 111 and 999 performances, were significantly better than 2014/15;
  - Ambulance handover delays, were an issue prior to Christmas but were well managed during the holiday period itself;
  - Delayed Transfers of Care were an issue but proactively managed.
- 2.11 A fuller report on winter performance will be included in the next report to the Governing Board, once data is available. It is noteworthy that on Christmas Eve that Dorset was reporting a green RAG rating with in the region of 200 beds available for the Christmas period. The RAG rating going into the New Year period was amber. This is a very different picture to 2014/15.
- 2.12 A winter planning de-briefing session is currently being planned, and lessons learnt from 2015/16 will inform Easter planning processes and Winter 2016/17.
- 2.13 NHS England has confirmed that the Dorset System Resilience Group will be part of the Wessex Urgent and Emergency Care Network. The first meeting of the Wessex Urgent Care Network was held in November 2015. 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.

## 3. Conclusion

- 3.1 Whole System Resilience winter 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 and Easter periods 2014/15 have been used effectively to inform the preparedness for 2015/16, as a result the System Resilience Group has been able to respond in a timely and largely positive manner to winter preparedness requirements.

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**Date : 31 December 2015**

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