

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

Date of the meeting	21/9/2016
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 System Resilience Groups will be transformed into Local A&E Delivery Boards from 1 September 2016, in line with new national guidance issued from NHS Improvement, NHS England and ADASS.

2. Report

Guidance

- 2.1 On 28 July 2016 the 2016/17 A&E Improvement Plan was issued, it requires System Resilience Groups to be transformed into Local A&E Delivery Boards by the 1 September 2016. These will focus solely on Urgent & Emergency Care and should be attended at the executive level by member organisations.
- 2.2 The A& E Delivery Board is required to focus on the recovery of the 95% four hour target, through five nationally mandated interventions:
 - Streaming at the front door: to ambulatory and primary care;
 - NHS 111: increasing the number of calls transferred for clinical advice;
 - Ambulances: Dispatch on Disposition and code review pilots;
 - Improved flow: 'must dos' that each Trust should implement to enhance patient flow, including the 'SAFER' bundle;
 - Discharge: mandating 'Discharge to Assess' and 'trusted assessor' type models.
- 2.3 In Dorset work had already been undertaken against all of these five intervention areas.
- 2.4 A revised Terms of Reference and specific action plan will be developed and agreed at the inaugural meeting of the A&E Board in September.

Performance

- 2.5 Since the end April 2016 the system as a whole has been on either Amber or Green for considerable periods of time. The Dorset system has continued to undertake intensive work on reducing Delayed Transfers of Care.
- 2.6 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.

- 2.7 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.
- 2.8 Performance levels of the NHS 111 service in Dorset have remained challenging over the past four 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

- 2.9 On Wednesday 6 July the results of the recent BMA ballot were revealed, with the junior doctors voting against accepting the deal agreed by the government and union negotiators in May.
- 2.10 On Wednesday 31 August confirmation was received that a series of 5 day strikes by the junior doctors will take place over the next few months.
- 2.11 The first strike action has been confirmed as taking place from Monday 12 – Friday 16 September (inclusive) with the strike running daily from 08:00 - 17:00.
- 2.12 On Thursday 1 September further dates were released: 5,6,7,10 and 11 October, 14-18 November and 5-9 December.
- 2.13 NHS England will require assurance from the CCG regarding the strikes and the Urgent and Emergency/System Resilience team will be working closely with partners to provide any information necessary.

Delayed Transfers of Care

- 2.14 Delayed Transfers of Care continue to be a cause for concern. A weekly snapshot of the numbers of delays is collected and show that delayed transfers of care have increased in recent weeks which may be explained by reduced staffing levels in the summer holidays.
- 2.15 There is a Pan Dorset Health and Social Care Delayed Transfers of Care Action Plan which has been agreed and is monitored through the SRG. NHS England continues to monitor DTOC performance where the level has remained in excess of 5% for two or more consecutive months. This requirement now applies for all three acute trusts in Dorset.
- 2.16 Local health and social care partners met with NHSE Wessex in early August to review ongoing progress against the Bournemouth and Christchurch DTOC Improvement plan. Based on progress achieved to date the responsibility of monitoring performance has reverted back to the SRG.

- 2.17 Dorset CCG are continuing to support Dorset HealthCare with facilitating meetings at community hospitals to review complex cases and long stay patients to aid prompt discharges. Reductions in the numbers of delays and the successful discharge of some long stay complex patients has been achieved through this approach to discharge planning.
- 2.18 Plans are progressing at all three acute hospitals in relation to Integrated Health and Social Care Discharge Teams .
- 2.19 Information is now being received from Somerset and Wiltshire acute sites so that the CCG can support the repatriation of patients into Dorset.

Winter Planning 2016/17

- 2.20 The SRG winter planning assurance template for 2016/17 was submitted to NHSE on 27 July. Each Health and Social care partner will now develop action plans to deliver any areas assessed as not or partially assured.
- 2.21 Building on the success of last year, the annual Major Incident Assurance process for all health and social care partners will be used to discuss and seek assurance on all stakeholders' winter plans. A specific Winter planning workshop in October will also be held to consider, identify and address any gaps in and across stakeholder plans.

Wessex Urgent and Emergency Care Network

- 2.22 The recent recruitment process for the Programme Lead role has been successful for an 18 month secondment period, commencing on 1 October 2016. The wider PMO supporting roles (2 further posts) will be recruited in once funding is agreed and by March 2017 at the latest.
- 2.23 2016/17 A&E Improvement Plan guidance requires Urgent and Emergency Care Networks to specifically focus on three areas:
- Expanded access to primary care;
 - Creating an out of hospital hub combining NHS 111 and Out of Hours services;
 - Delivering on the four key Urgent and Emergency Care Standards.

3. Conclusion

- 3.1 The Local A&E Delivery Board will be established by 1 September 2016. This Board will build on the work of the System Resilience Group especially in the five nationally mandated interventions

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