

Attachment

**North East Lincolnshire CCG**

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| **Report to:** | NEL CCG Partnership Board |
| **Presented by:** | Helen Kenyon |
| **Date of Meeting:** | 12th November 2015 |
| **Subject:** | Resilience Plan Update |
| **Status:** | OPEN  CLOSED |

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| **OBJECT OF REPORT:** |
| To update the Partnership Board with a summary of the NEL CCG Resilience Planning activities in relation to winter planning and national resilience planning arrangements. |

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| **STRATEGY:** |
| This paper relates to operational arrangements in place or being established for the period November 2015 to end March 2016 through the consideration of the NEL System Resilience Group (SRG) |

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| **IMPLICATIONS:** |
| The CCG requires an effective approach to resilience planning, particularly with a focus on supporting A&E performance and to ensure effective measures are in place locally across the wider health and care system to responds to winter pressures. |

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| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT:** | |
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|  | The Board is asked to note this update for information |
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|  |  | **Yes/**  **No** | **Comments** |
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|  | Does the document take account of and meet the requirements of the following: | Y |  |
| i) | Mental Capacity Act | Y |  |
| ii) | CCG Equality Impact Assessment | Y |  |
| iii) | Human Rights Act 1998 | Y |  |
| iv) | Health and Safety at Work Act 1974 | Y |  |
| v) | Freedom of Information Act 2000 / Data Protection Act 1998 | Y |  |
| iv) | Does the report have regard of the principles and values of the NHS Constitution?  [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_113613](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613) | Y |  |

**Resilience Plan Update**

**National Context**

Prior to last winter 2013/14, the revised NHS England approach to resilience planning, support and assurance had been signalled. These revisions are now embedded with the key elements being:

* The now well established CCG System Resilience Groups (SRGs)

The remit and expectation of SRGs is evolving rapidly with a key principle being consideration of all year round resilience (though winter pressures remain a risk with high impact and high likelihood). The group is expected to ensure that all provider and other relevant organisations coordinate the local response to resilience in terms of capacity and demand and risks to service disruption, performance and patient experience.

* An alternative approach to resilience funding

This year is the first year that the CCGs have not received non-recurrent funding to support short term initiatives to support winter pressures., instead a recurrent allocation was received as part of baseline funding at the beginning of the year in order that initiatives and developments could be balanced between winter only mechanisms and those that are recurrent in support of overall system resilience.

* The whole system approach to resilience and assurance

Whilst there continues to be a level of external scrutiny on winter plans there has been a clear shift in the approach by NHS England who now base their assurance process in part on how well we are progressing against what are regarded as essential best practice and high impact initiatives. These are not winter initiatives but systematic approaches to our overall system design and these range from specific numeric targets e.g. on levels of Delayed Transfers of Care to more generic directives e.g. we should ensure that our population do not attend A&E due to their inability to obtain an urgent GP appointment. All of these initiatives are in the scope of the planned strategic developments of the NEL Urgent & Emergency Care Commissioning Intentions.

* Establishment of Urgent and Emergency Care Networks (U&ECNs)

It has been acknowledged that in order to undertake some of the whole system transformation required CCGs do not cover a significant enough footprint to be able to shape and influence service redesign at scale. In order to support this NHS England has encouraged the establishment of urgent and emergency care networks where CCG / SRGs and providers will come together to plan on a larger footprint for those services that require larger population coverage to be efficient and effective.

NEL is part of an emerging network covering North Yorkshire and the Humber area, with the Lincolnshire SRG also playing in to ensure cross boundary patient flows are being adopted.

The U&ECN will not replace the SRGs who will still be responsible for operational delivery on the ground at a local level, but will provide a mechanism through which those decisions that require a bigger footprint can be discussed and progressed.

**The NEL SRG Surge & Escalation Plan**

A draft plan has been produced which will be ratified at the next SRG meetingand will act as the agreed collaborative approach to responding to surge and escalation. The elements of this plan are summarised as followed:-

* Relationship between local and national planning
  + National Cold Weather and Flu plans have been published as with previous years. These have a clear relationship in part with local resilience plans in that some of the issues covered related to potential surges in activity for urgent and emergency services. The SRG requires members to take due account of these plans, in particular where the plans include specific actions and responses .e.g. sign-up to the Met Office cold weather alert scheme and an organisation cascade scheme to ensure these alerts are seen, interpreted and responded to.
* A requirement that local provider organisations participate in the regional NHS England Emergency Preparedness, Resilience and Response (EPRR) Group. It is a contract requirement of Business Continuity Planning that organisations are prepared for large scale incidents such as flood, industrial accident and pandemics.
* The Yorkshire & Humber region has this year adopted a consistent approach to reporting the overall system status/alert level. SRGs have adopted this scheme and work continues to ensure individual organisations plans dovetail with this methodology
* Assessment and monitoring of risks

The SRG has considered the potential risks to service disruption including activity surges, capacity and other service disruption events impacting on resilience and performance.

These risks are monitored in terms of occurrence, how sustained and what impact they have, the latter being a focus on overall patient flows and the impact on A&E performance, ambulance handover performance and the levels of delayed discharges.

There is a clear recognition that the overall level of impact is about multiple instances combining to impact on overall performance.

The NEL SRG approach to monitoring through the winter period adds to the regular information flows from providers to commissioners by adding a Monday morning CCG led meeting at the hospital Ops Centre, where providers attend and both contribute to an assessment of the current system status and agree mitigating responses.

* To define the communications and management escalation in the event of a surge and escalation triggers being reached

The NEL Surge & Escalation Plan defies the inter-organisational escalation of communications to named individuals in the event of triggers for the higher levels of alert status being reached.

It determines when named individuals will make contact to escalate responses and includes communication with NHS England Area teams

* To define surge & escalation service procedures and protocols

In line with the direction of resilience being an all year round issue and with mitigation being as much about long term system design and best practice as well as specific funded resilience initiatives, The Surge & Escalation Plan considers;

* + - Systematic Resilience from SRG 8 High Impact Initiatives
    - Initiatives funded from baseline resilience allocation
    - Specific Escalation Protocols & Procedures agreed through the SRG

**Initiatives funded from the recurrent baseline allocation**

Through discussions and decisions of the NEL SRG, funds were allocated in a manner very similar to last year. In line with the year round recurrent baseline funding approach a number of these initiatives were planned to and have been extended to year round activities. One exception is the patient transport initiative which will add additional transport resources between December and March.

* Extended hours of GP in A&E operation
* Support for GP in A&E majors coverage
* Part year support of existing Intermediate Care Step-up bed facility
* Additional patient discharge transport
* Additional ward based discharge planning assessment capacity
* 7 day medicines reconciliation at DPoW
* Web V developments for enhanced information sharing
* Frequent Service User assessment and planning group

**Specific Escalation Protocols & Procedures agreed through the SRG**

The SRG continues to develop a range of specific protocols as agreed responses to specific risk events occurring as a means to reduce the particular pressures. This is a process of continuous refinement and an example is when activity surge means that a specific facility becomes full and provides a block for patient movement out of the hospital. We need to agree short term emergency protocols that are potentially different from normal practice to ensure that pressures can be reduced.

**Recommendation**

The Partnership Board is asked to note the work being undertaken for Resilience planning and the assurance process via NHS England co-ordinated and overseen by the NEL SRG.