

# Herts Valleys Clinical Commissioning Group System Resilience

Agenda Item: 10

REPORT TO:	Herts Valleys CCG Board	
DATE of MEETING:	4 September 2014	
SUBJECT:	System Resilience Group and Plan	
PRESENTED BY:	Dr Keith Hodge, GP Board Member	
AUTHOR:	Natasha Kerrigan, Programme Lead for Urgent Care	
STATUS of REPORT:	To approve <input checked="" type="checkbox"/>	To discuss <input type="checkbox"/>
	To ratify <input type="checkbox"/>	To note <input type="checkbox"/>
	To consider <input type="checkbox"/>	For information <input type="checkbox"/>
PURPOSE of the REPORT:	The attached documents are for review by the Board for recommendation and delegation, and approval by the System Resilience Group.	
RECOMMENDATIONS:	<p>That the Board:</p> <ol style="list-style-type: none"> <li>1. review and approve the System Resilience governance arrangements for submission to the System Resilience Group for final approval;</li> <li>2. delegate its authority to assign accountability for the System Resilience Group to approve and monitor the final plan.</li> </ol>	
Is this report exempt from public disclosure? <i>If yes, grounds for exemption (FOIA or DPA section reference)</i>	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

# System Resilience

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Which ASSURANCE FRAMEWORK objectives are supported by this paper? AND Please state how it relates to the framework	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/>
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Does this paper support the CCG CLINICAL STRATEGY?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
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ENGAGEMENT: <i>Has appropriate engagement and consultation taken place?</i>	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
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HAS AN EQUALITY ANALYSIS BEEN COMPLETED:	No <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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LEGAL/REGULATORY IMPLICATIONS:	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
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THE NHS CONSTITUTION: <i>Does this paper support the NHS Constitution Principles and Values?</i>	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
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## Definitions

- To approve An item of business that requires the Board to take a formal decision
- To ratify An item of business where the Board is required to ratify the action(s) taken on behalf of The Board, for example, by a formal committee established by the Board
- To discuss An item of business that requires discussion by the Board prior to agreement of a formal resolution or a general policy steer to the executive officers.
- To consider A report containing a positional statement relating to the delivery of the CCG's functions for which the Board has a corporate responsibility but is not explicitly required to make a decision.
- To note An item of business for which the Board is required to give due regard to but for which there is not expected to be discussion.
- For information An item of information that is of general interest but is not of significance to the Board's corporate or operational activities.

## 1 Executive Summary and Purpose of the Report

The purpose of the report is to inform Herts Valleys Clinical Commissioning Group (HVCCG) Board of changes being made to the Urgent Care Working Group and to outline the implementation of the new system resilience governance structure for approval by the board.

This report also seeks approval to delegate authority for the System Resilience Group to approve the Whole System Resilience Plan and associated funding.

## 2. System Resilience Group

This report outlines the changes made to system resilience following guidelines released by NHS England in June 2013. The recommendations outline that following on from the success of Urgent Care Working Groups in the past year, it is important these groups now build upon existing roles and expand their remit to cover both elective and non-elective care.

The new forums will focus on capacity planning and operational delivery across the health and social care system.

The new governance will ensure that the following take place:

- Whole-system year round resilience – elective and non-elective care
- Sustainable year-round delivery
- A proactive system across both health and social care - with Better Care Fund arrangements and requirements for the coming year
- Allocation of non-recurrent funding and monitoring delivery of winter schemes
- Set the ground work for the longer term changes to strategic and operational delivery

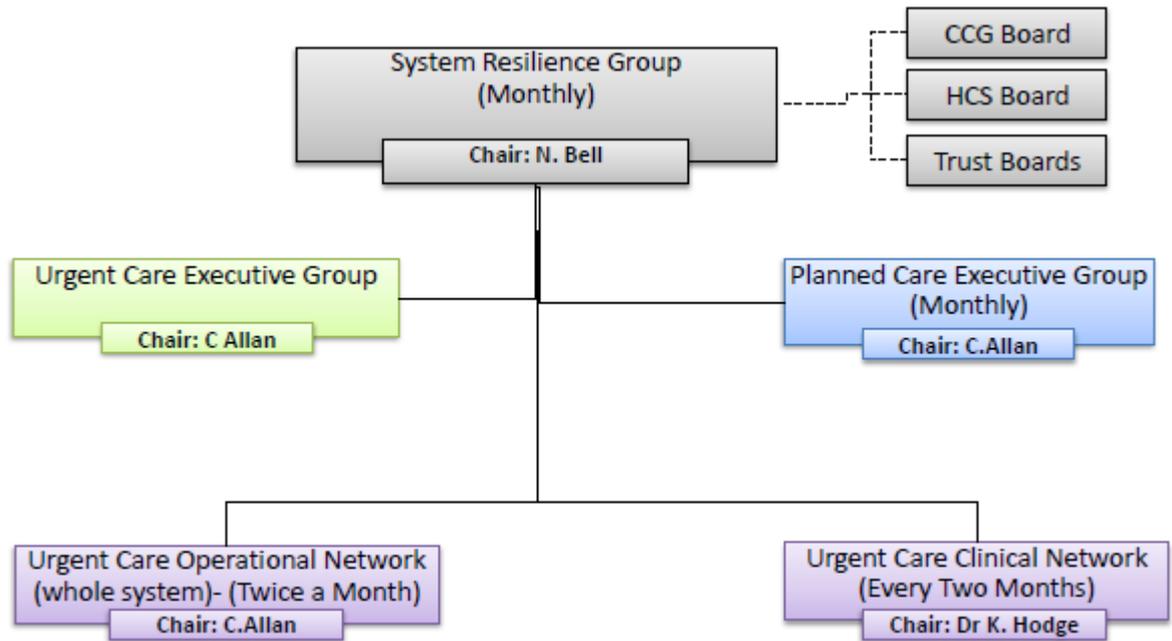
The System Resilience Group will be chaired by the Chief Accountable Officer for HVCCG (Nicola Bell) and have membership from all local providers and commissioners, including ambulance services, acute, mental health, primary and community care providers and also social care commissioners.

The System Resilience Group will oversee a number of smaller groups (outlined in the diagram below). The full terms of reference for this group are available in appendix 1.

### 2.1 System Resilience Plan 2014/15

The system resilience plan (previously the winter plan) details the approach from HVCCG for 2014/15, linked to the system resilience allocation of £3.4 million for non-elective care and £4.8 million for elective care.

# System Resilience



The final submission to NHS England will be reviewed and agreed by the System Resilience Group (subject to HVCCG delegating authority). The final plan will be available on the HVCCG website in October.

### 3. Recommendations

It is recommended that the HVCCG Board approve the system resilience governance

It is also recommended that the board delegate its authority to assign accountability for the System Resilience Group to approve and monitor the final plan.

### 4. Appendices

Appendices	Document
Appendix 1	Overview Terms of Reference – System Resilience Group

# Herts Valleys Clinical Commissioning Group

## System Resilience

### Appendix 1- Overview Terms of Reference

### System Resilience Terms of Reference

Group	Purpose	Scope & Responsibilities	Membership	Reporting & Frequency
<b>System Resilience Group</b>	<p>Decision making forum where all partners across the health and social care system come together to undertake regular planning of service delivery; this includes capacity to deliver national performance expectations.</p> <ul style="list-style-type: none"> <li>95% of patients seen in A&amp;E within 4 hours</li> <li>Ensuring 90% of patients referred for care are treated within 18 weeks.</li> </ul>	<ul style="list-style-type: none"> <li>Overarching goal- to bring urgent care and planned and primary care together to determine appropriate arrangements for delivery of quality services.</li> <li>Address issues across the whole system.</li> <li>To recommend and authorise financial plans linked to achieve system resilience.</li> <li>To review reports on system performance and progress in respect of Urgent Care and RTT.</li> </ul>	<p><b>Chair:</b> Nicola Bell, Accountable Officer HVCCG</p> <p><b>Membership</b>  <u>Herts Valleys Clinical Commissioning Group</u>            Charles Allan, Director of Contracting and Resilience            Dr Keith Hodge, Urgent Care Clinical Lead HVCCG  <u>West Herts Hospital Trust</u>            Samantha Jones, Chief Executive            Mike Van Der Watt, Medical Director  <u>Hertfordshire Community Trust</u>            David Law, Chief Executive            Caroline Allum, Medical Director  <u>East of England Ambulance Service Trust</u>            Dave Fountain, Locality Director</p>	<p>Monthly.</p> <p>Updates to members of executive committees/ boards as appropriate.</p>

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			<p><u>Herts Urgent Care</u> David Archer, Chief Executive</p> <p><u>Hertfordshire Partnership University NHS Foundation Trust</u> Tom Cahill, Chief Executive</p> <p><u>Herts County Council</u> Iain Macbeath, Chief Executive</p>	
<p><b>Planned Care Executive Group</b></p>	<p>To oversee a programme to return to compliance at Trust level with the national 18 week referral to treatment targets whilst monitoring patient safety.</p> <p>Ensure programme considers improvements required to sustain performance over time.</p>	<ul style="list-style-type: none"> <li>To review reports on the progress of the RTT work streams to gain assurance milestones will be met.</li> <li>Ensure appropriate mitigating actions are in place to address vacancies against plan.</li> <li>To escalate issues and risks to the SRG or relevant executives (as appropriate).</li> <li>To produce quality assured data on progress at least monthly for external stakeholders.</li> </ul>	<p><b>Chair:</b> Charles Allan, Director of Contracting and Resilience HVCCG</p> <p><b>Membership</b> <u>HVCCG</u> Jim Arnold, Acute Contract Lead <u>WHHT</u> Ed Donald, Chief Operating Officer Planned Care and Cancer Services Mark Currie, Assistant Director - Performance, Information &amp; Contracting</p>	<p>Monthly meeting.</p> <p>Reports to System Resilience Group.</p>
<p><b>Urgent Care Executive Group</b></p>	<p>To ensure effective performance delivery and capacity planning to achieve quality unscheduled care.</p>	<ul style="list-style-type: none"> <li>Review performance against national standards, for example: <ul style="list-style-type: none"> <li>- 95% of patients in A&amp;E treated and discharged within 4 hours</li> <li>- DTOC's</li> <li>- NHS 111/OOH metrics</li> <li>- Ambulance handover and turnaround</li> </ul> </li> </ul>	<p><b>Chair:</b> Charles Allan, Director of Contracting and Resilience HVCCG</p>	<p>Twice a month September- March.</p> <p>Reports to System Resilience Group.</p>

# System Resilience

		<ul style="list-style-type: none"> <li>Identify, implement and oversee progress linked to system capacity and patient flow.</li> </ul>	<p><b>Membership</b></p> <p><u>WHHT</u> Caroline Landon, Director of Patient Access</p> <p><u>HCT</u> Julie Hoare, Director of Operations/Les Sutton, General Manager</p> <p><u>HPFT</u> Karen Taylor, Chief Operating Officer</p> <p><u>EEAST</u> Steve Davey, Senior Locality Manager WHHT/Dave Fountain, Locality Director Bedfordshire &amp; Hertfordshire</p> <p><u>Integration</u> Ian Armitage, Joint Programme Director – Health &amp; Social Care</p> <p><u>HCC</u> Adrian Smith, Head of Service/Fiona Davis, Team Leader</p> <p><u>CCG</u> Jan Norman, Director of Nursing/Natasha Kerrigan, Assistant Director – Urgent Care</p>	
<b>Urgent Care Operational Network</b>	To oversee and co-ordinate the operational delivery of Urgent Care work streams.	<ul style="list-style-type: none"> <li>Use real time system wide data to guide actions; starting point is Urgent Care dashboard.</li> </ul>	<b>Chair:</b> Charles Allan, Director of Contracting and Resilience HVCCG	Twice a month.  Reporting to Urgent Care Executive Group.



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		<ul style="list-style-type: none"> <li>• Ensure effective use of local escalation framework.</li> <li>• Improve services to provide a consistent, more responsive and patient centered delivery seven days a week.</li> <li>• Oversee process to minimise system delays and DTOCs and implement good practice discharge.</li> <li>• Other key areas for consideration:             <ul style="list-style-type: none"> <li>• ECIST recommendations</li> <li>• Achievement of CQUINs</li> <li>• Local development of integration between health and social care</li> <li>• Development of NHS 111/OOH and primary Care capacity.</li> </ul> </li> </ul>	<p><b>(Chair:)</b> Natasha Kerrigan, Assistant Director - Urgent Care</p> <p><b>Membership</b>  <u>WHHT:</u>            Caroline Landon, Director of Patient Access            Karen Bailey, Head of Operational Services  <u>HCT</u>            Les Sutton, General Manager/Renchu Hesketh, Rapid Discharge Team Manager  <u>EEAST</u>            Steve Davey, Senior Locality Manager WHHT  <u>HUC</u>            David Archer, Chief Executive or nominee  <u>HPFT</u>            Karen Taylor, Chief Operating Officer or nominee  <u>HCC</u>            Fiona Davis, Team Leader</p>	
<p><b>Urgent Care Clinical Network</b></p>	<p>To establish a network of providers who will agree an overarching strategy to ensure there is a robust, safe and responsive whole system approach to urgent care. The network will hold members to account for their contribution to</p>	<p>To engage and consult patients and carers on methods to delivering Urgent Care.</p> <p>To identify local priorities for programme developments across the CCG ensuring alignment with the wider regional networks/clinical senates as they develop.</p> <p>To support dissemination of good practice across</p>	<p><b>Chair:</b> Dr Keith Hodge, Urgent Care Clinical Lead HVCCG</p> <p><b>Membership</b>  <u>WHHT</u>            Mike Van Der Watt, Chief Medical Officer or nominee</p>	<p>One every two months.</p>



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	<p>the delivery of the agreed programme. The Network will develop the system around patients and will focus on pathways and flow rather than traditional services.</p>	<p>the local health system through engagement with stakeholders and partners</p> <p>To adopt a partnership approach to developing the programme strategy aligned to the Clinical Vision of the CCG.</p> <p>To ensure that areas of best practice in the system are identified and shared across the network</p>	<p><u>HUC</u> Vipul Parbat, GP 111 Lead</p> <p><u>HPFT</u> Marc Mandell, Consultant in Old Age Psychiatry</p> <p><u>HCT</u> Caroline Allum, Medical Director</p> <p><u>EEAST</u> Steve Davey, Senior Locality Manager WHHT</p> <p>Locality Lead GP's Clinical leads as appropriate Patient representatives</p>	
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