

NHS Herts Valleys Clinical Commissioning Group
Board Meeting
November 5th 2015

Title	System Resilience Plan Winter Planning 2015/16	Agenda Item: 11
Purpose (tick one only)	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Consideration <input type="checkbox"/> Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
Responsible Director(s) and Job Title	Charles Allan- Director of Commissioning and Resilience	
Author and Job Title	Komal Odedra- System Resilience Escalation Manager	
Recommendations/ Action Required by the Board	The Board are asked to note this report	
Classification <i>Is this report exempt from public disclosure? (ie. FOIA or DPA)</i>	No	
Impact on Patients/Carers/Public	For public awareness of winter preparedness put into place by the CCG and partner organisations	
Engagement with Stakeholders/Patient/Public	Patient representatives are present at System Resilience Clinical Network, system wide engagement at Operational, Director and Executive levels.	
Links to Strategic Objectives	Yes, objectives 2 & 4	
Board Assurance Framework <i>Does this report provide evidence of assurance for the Board Assurance Framework?</i>	Yes for BAF 2.2 <i>Risk that we are unable to ensure high quality, safe and sustainable services for the population and patients of West Herts</i>	
Does this report mitigate risk that is included in the Corporate Risk Register?	Yes- Risk SO4/22 <i>Higher levels of hospital activity than planned/anticipated, resulting in increased expenditure over budget and a threat to the CCG of not achieving financial year end balance</i>	
Resource Implications	This report outlines the spending plans for the £3.4 million system resilience allocation	
Equality and Diversity (Has an Equality Analysis been completed?)	Yes	
Legal/Regulatory Implications	None	
Sustainability Implications	None	
NHS Constitution		
Report History		
Appendices	None	



1. Introduction

System resilience planning for winter 15/16 took place earlier in the year to previous years as the allocation from NHS England of £3.48million resilience money was included in the CCG baseline allocation in April 2015. This gave greater opportunity to review and improve planning for winter, and in May 2015 the System Resilience Group agreed the system needed to focus on 3 key areas (see below) which formed the basis of proposals for resilience schemes:

- Demand Management
- Hospital flow
- Discharge

The following factors were also highly considered as part of the streamlining process:

- The 8 high impact interventions from NHS England
- ECIST recommendations from September 2014
- Recommendations from the tripartite feedback in December 2014

2. Background

The HVCCG System Resilience Team requested for all bids to be drafted and submitted in July. In total 37 schemes totaling £9,423,518 were submitted.

The total value from all bids received exceeded the funding available; therefore a shortlisting process took place. Each bid was matched against the areas such as the 3 System Resilience Group priorities and 8 High Impact Interventions, with a scoring against this criterion, with additional points for transformational bids.

The below questions were asked as part of the scoring process, each question had a possible scoring of 0-3.

- 1) Does the bid replicate a success from last winter or fill an identified gap?
- 2) Does this bid reflect one or more of the High Impact Interventions?
- 3) Does the bid involve more than 1 organisation and have interdependencies with other organisations?
- 4) Does the bid support admission avoidance and/or early discharge?
- 5) Does the bid support A&E departments to maintain the 4 hour target?
- 6) Does the bid support patient flow and avoid delayed transfers of care (DToCs)?
- 7) Does the bid clearly demonstrate how it will be successfully mobilised with key milestones?
- 8) Does the bid contain a detailed breakdown of how the additional funding would be invested?
- 9) Does the bid set out key performance measures to be reported monthly during the scheme & outcomes to be reported at the end?
- 10) Is the bid take reliant on the likelihood of recruiting to key posts required to deliver schemes?
- 11) Is this bid transformational for the system?

Where necessary, partners were asked to review and revise bids they have submitted taking into consideration:

- Costs for individual posts
- A detailed breakdown of all other costs



- Costing to be based only over the winter period
- Close attention to be paid to KPI's
- Detailed milestones to be included

Some organisations were asked to work together to resubmit bids which were similar in the original submission. Upon receiving revised bids, a reflection of the amendments to the monies was created.

Below is a list of the successful schemes.

Bid	Organisation	Key Outcomes	Funding Amount Offered
Acute Coronary Syndrome Nurse	WHHT	Reduction in total number of admissions for patients with Chest Pain Reduction in patients with Chest Pain LOS Reduction in patients in Cardiac beds without Cardiac intervention on discharge	£114,457
PAS Discharge Ambulance	WHHT	Increase in number of discharges before midday Decrease in delayed discharges due to transportation issues	£101,920
Winter Surge Therapy Team	WHHT	Reduction in delays resulting from need for/access to therapy Participation in daily review of inpatients on ward/board rounds to support discharge planning and therapy intervention to reduce LOS Each therapy clinician employed would be expected to see 6 – 10 patients per day (37.5 hour week)	£96,756
Weekend Discharge Team	WHHT	Maintained weekend discharge rates at average 70 per day Maintained weekend discharge rates at average 70% weekday discharge rates	£207,879
Discharge Planning Nurse	WHHT/HCT	Screen and asses referrals from wards to the IDT for patients requiring IMC beds Provide a 7 day service with increase in discharge planning for all patients	£38,555



Bid	Organisation	Key Outcomes	Funding Amount Offered
Enhanced Step Up Beds	HCT	To prevent hospital admission and offer an alternative to Secondary Care where aspects of sub -acute care can be provided Increase of prevention of admissions Increase in number of discharges Reduction in LOS for step up	£435,090
Interim Head of IDT	HCT	Reduction of inappropriate referrals	£46,470.24
Therapy 7 day working	HCT	Approximately 100+ additional therapy contacts (dependent on complexity / dependency) over each weekend period 25% of contacts dedicated to new patient assessment and the remaining 75% available for physiotherapy or occupational therapy intervention , review, reassessment, treatment progression and discharge planning Reduction in length of stay by 2 days on average	£174,647
Non Weight Bearing Beds	HVCCG	Support flow and discharge through WHHT and HCT to meet specific NWB demand To help reduce ALOS in an acute bed Improve quality through appropriate placement for recovery	£495,000
Extension of GP Extended Hours	HVCCG	Increase patient access to care in General Practice outside of core GMS hours Reduce unnecessary A&E attendances and emergency admissions	£203,929
Discharge to Assess	HCC	Increase in earlier patient discharge Increase in patient referrals into the appropriate community resources (e.g 24 hour live in care, residential/ nursing home placements)	£560,000
Watford Town Centre Ambulance Over Festive Period	Bid submitted by EEAST Implementation by British Red Cross & St Johns Ambulance	To reduce the impact of the night time economy on EEAST To provide local care and support to attending patients To maintain good interagency relations Reduce conveyances to A&E	£2,000



Bid	Organisation	Key Outcomes	Funding Amount Offered
Psych Liaison	HPFT	<p>Reduced readmissions to General Hospital of Intermediate bed group</p> <p>Reduced DTOC days due to mental health</p> <p>Reduced Length of stay for those with a Psychiatric diagnosis</p> <p>Positive patient /Carer experience</p>	£217,950
Emergency Care Practitioner	EEAST	<p>Number of patients seen and number admissions prevented</p> <p>Number, types of interventions and care home visited</p> <p>Number of re-attendance requests with reasons and outcomes</p> <p>Education sessions to be provided to Nursing and Residential Homes</p> <p>Reduction in emergency hospital admissions for patients referred to the service</p>	£192,000
A&E Redirection (Children)	<p>Bid submitted & Monitored by HVCCG (Children, Maternity & Young People's Team)</p> <p>Implementation by WHHT & HUC</p>	<p>Reduction of primary care cases seen in A&E</p> <p>QIPP delivery: Reduction in cost for HVCCG in A&E tariff based activity</p> <p>Improved education of patients on appropriate access to medical assistance and promote redirection away from A&E</p> <p>Reduction in requests for secondary care tests and investigations</p>	£367,000
Winter Comms Campaign	HVCCG	<p>Increase in public awareness around flu, keeping well and the NHS 111 service</p> <p>Reduction in pressures on A&E and hospitals admissions</p>	£48,945
Queue Nurse	WHHT	Decrease in in 30 and 60 minute handovers	£51,892
Early Discharge Co-Ordinator & Contract Manager (joint submission)	HCC & HVCCG	Decrease in LOS for patients in intermediate beds	£67,348



Bid	Organisation	Key Outcomes	Funding Amount Offered
HCA Home Capacity	HCT	<p>Improved social care to support timely discharge from acute settings</p> <p>Reduction in DTOCs attributable to care packages by ensuring packages of care are available quickly and are responsive to a range of patient needs</p> <p>Increase of appropriate patient care in the most appropriate care setting</p> <p>Reduction in the number of people admitted to hospital and residential care and provide a cost effective alternative to bed based care</p>	£578,717
Simply Together	HCC	<p>To support approx. 150 hours of care per week (average care package being 10.5 hours) – supporting packages with at least 3/4 x double up calls per day, with focus on WGH and HCT beds</p> <p>To support approx. 10 new care packages per week</p>	£99,000

3. Monitoring and Governance Process

The above schemes were presented to Urgent Care Executive Group on Tuesday 5th August, and to the System Resilience Group for agreement and approval on Thursday 7th August. Following on from this each owner of the shortlisted schemes was contacted to confirm the funding offer and monitoring process.

A robust monitoring arrangement has been applied against all approved bids for 15/16 based on the following principles:

- Monthly reporting against plan and finance will be provided scheme for the scheme by every organisation
- The governance mechanism for this will be via a monthly System Resilience Implementation Group (SRIG- director level), with items for escalation at System Resilience Group (System Resilience Group- chief executive level)
- Funding will not be paid to providers unless there is clear expenditure against plan including dates for staff recruitment
- Funding will not be given to providers who materially change the agreed scheme unless there is explicit prior approval from either System Resilience Implantation Group or System Resilience Group to do so

The System Resilience Implantation Group will ensure accountability is taken by the owner organisation for projects to be implanted within the given financing and time frame, and ensure escalation to System Resilience Group when any of the above schemes are showing high risk to the timescales, implementation or misuse of funding allocated. System Resilience Group will discuss and come to an agreement for any slippage allocation from schemes which did not launch in the timeframe intended.



4. Recommendations

The Board is asked to note the following:

- The schemes implemented for resilience in the Herts Valleys urgent care healthcare system in winter 2015/16
- The rigor with which bids were scored against the 3 whole system priorities, NHS England's 8 High Impact Interventions, outcomes from ECIST (2014) and Tripartite feedback (December 2014)
- The level of rigor being applied to monitoring successful schemes and reporting and assurance to System Resilience Implementation Group and System Resilience Group

