

System Resilience update

**Report of Stewart Findlay, Chief Clinical Officer, Durham Dales
Easington and Sedgfield Clinical Commissioning Group**

Purpose of the Report

- 1 The purpose of the report is to provide an overview of the 2015/16 funded resilience schemes undertaken by County Durham and Darlington NHS Foundation Trust (CDDFT) and other providers, and the outcomes of these schemes following evaluation. The document sets out the process for system resilience planning in 2016/17 and summarises the County Durham and Darlington System Resilience Group's (SRG) financial position in terms of resilience funding at the end of 2015/16 and going into 2016/17.
- 2 The report also refers to the plan for improving A&E waiting time performance and plans for the recovery of both national and local performance to 95% by the end of 2016/17.

Background

- 3 The SRG has overall responsibility for the capacity planning and operational delivery of urgent and emergency care across the health and social care system.
- 4 Clinical Commissioning Groups (CCGs) will receive resilience monies from within their baseline funding allocation to facilitate 2016/17 funding being in place to manage year round surges in activity. This happened for the first time in 2015/16 which was a move away from previous years when resilience funding had been identified by NHS England later in the year.
- 5 In 2015/16 the available resilience funding, totalling £4,681,000, was split on a fair shares basis. CDDFT received the highest amount of SRG monies totalling £1,714,000. The Trust proposed six winter schemes they would use this additional funding for. CDDFT also received £96,800 from SRG contingency monies for two additional initiatives (Brokerage Scheme and A&E Ambulance Handover Nurse Scheme) at a later stage in the year.
- 6 In April 2016 providers were requested to evaluate their resilience schemes. They were asked to complete a standardised document which would provide specific detail to enable to SRG to determine the effectiveness of individual schemes and the impact they had on achieving the eight high impact interventions (see Appendix 2).

- 7 The SRG agreed that schemes considered not having had a positive impact and not contributing to the delivery of the eight high impact interventions would be stopped and not re-funded in 2016/17. The schemes that demonstrated a positive impact following evaluation will be rolled over in 2016/17. A summary of all provider schemes and the outcomes post-evaluation are listed in Appendix 3.

2016/17 Resilience Funding

- 8 The SRG allocation for winter resilience in 2016/17 will be £4,708,000. Detail of how this will be split by CCG is as follows:

CCG	Resilience monies (£,000s)	Mental Health resilience monies (£,000s)	Total resilience funding (£000's)
DDES	1,994	242	2,236
North Durham	1,531	197	1,728
Darlington	663	81	744
TOTAL	4,188	520	4,708

- 9 The SRG continues to support CDDFT and other providers with the following priorities in 2016/17:
- A&E 4 hour standard
 - Ambulance handover delays
 - Delayed Transfers of Care (DTCO)
 - Discharge to Assess model
 - Delivery of the eight High Impact Interventions
- 10 As noted in paragraph 7, current schemes that have demonstrated a positive impact following evaluation will continue to be funded in 2016/17. A summary of these schemes are included in Appendix 3 and the SRG has asked providers to submit revised templates for these schemes.
- 11 The SRG has also asked providers to submit proposals for new resilience schemes that are expected to achieve the SRG priorities.

A&E Performance – 4-hour standard

- 12 CDDFT has now agreed its target trajectories with Monitor in relation to the 4-hour A&E wait standard. CDDFT reported their performance against the 4-hour standard to the July SRG. In Q1 they matched the trajectory submitted to Monitor (STP) but at 93.43% they fell short of the national 95% standard. In June, the Trust achieved 95.45% (STP - 95.81%).
- 13 The SRG and CDDFT are currently developing a joined up plan and shared responsibility for delivering the A&E constitutional standard. CDDFT will present the plan to the August SRG.

- 14 On 26 July 2016 a letter from NHS England, NHS Improvement and ADASS (Directors of Adult Social Services) was received by CCG Accountable Officers and CEOs from Foundation Trusts, Ambulance Services and Local Authorities to outline plans for improving A&E waiting time performance for the recovery of England's performance to 95% by the end of 2016/17.
- 15 The letter sets out performance against the 95% standard in the Northern Region over six months to May 2016:

	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16
North Region	90.7%	88.2%	88.0%	87.5%	91.3%	91.0%

- 16 A review of current arrangements for System Resilience Groups (SRGs) has identified the need for local leadership structures to focus specifically on Urgent and Emergency Care and to be attended at the Executive level by member organisations. Therefore SRGs should be transformed to Local A&E Delivery Boards by 1 September 2016.
- 17 A number of actions require a response to NHS England by 26 August 2016:
- The agreed local leader who will chair the Local A&E Delivery Board
 - Confirmation that the footprint of the Delivery Board has been reviewed and any appropriate mergers have been made as felt necessary
 - Confirmation of the individual member organisations within the Local A&E Delivery Board and their named Executive lead and title
 - Alignment of the Terms of Reference within the context of the North East Urgent and Emergency Care Network given the governance structure that has been established
- 18 There are five mandated improvement initiatives which have been developed by experts in the field of emergency care. The initiatives that relate to streaming, flow and discharge represent actions that have already been adopted by the most successful systems. Local A&E Delivery Boards will coordinate and oversee these five actions:
- i. Streaming at the front door – to ambulatory and primary care;
 - ii. NHS 111 – Increasing the number of calls transferred for clinical advice;
 - iii. Ambulances – Dispatch on Disposition and code review pilots; Health Education England increasing workforce;
 - iv. Improved flow – ‘must do’s’ that each Trust should implement to enhance patient flow;
 - v. Discharge – mandating ‘Discharge to Assess’ and ‘trusted assessor’ type models.

Emergency Care Improvement Programme (ECIP) Facilitated Workshop

- 19 An ECIP Facilitated Workshop with a focus on ambulance handovers and Delayed Transfers of Care (DTC) was held on the 4 August 2016. The workshop comprised representation from CCGs and Foundation Trusts from each North East region and the North of England Commissioning Support Unit (NECS).

Regional Concordat for Ambulance Handovers

- 20 Following the event a regional concordat for A&E ambulance handovers has been agreed, with specific actions for each Local A&E Delivery Board across the North East. Representatives from CDDFT, CCGs and NECS agreed three priority actions for County Durham and Darlington to be implemented within 120 days. These are summarised in the table below:

Priority actions for County Durham and Darlington					
	Objective	Action	CCG Area	Led by	Timescale
1	Directory of services (DoS)	<ul style="list-style-type: none"> A review of end dispositions to include Social Care 	DDES, Darlington and North Durham	Helen Stoker (NECS)	<60 days
2	Activity review	<ul style="list-style-type: none"> Develop a wider system involvement in the evaluation of unnecessary ambulance usage in particular GP's (perfect week in primary care) 	DDES, Darlington and North Durham	Helen Stoker (NECS) on behalf of Local A&E Delivery Board	<60 days
3	Improve flow	<ul style="list-style-type: none"> Develop further the SAFER bundle improving flow 	DDES, Darlington and North Durham	Paul Peter (CDDFT)	< 60 days

Delayed Transfers of Care

- 21 In addition, an action plan on Delayed Transfers of Care for each Local A&E Delivery Board has also been drafted as a result of the workshop:

Regional action plan to reduce number of patients experiencing delayed transfer of care					
	Objective	Action	CCG Area	Timescale	
1	Reduce number of patients experiencing delayed transfer of care	<ul style="list-style-type: none"> Progress Discharge to Assess - 2 or 3 patients per day by 1 October 2016 	DDES, Darlington and North Durham	<60 days	
2	Reduce number of patients experiencing delayed transfer of care	<ul style="list-style-type: none"> Implement Home First for 1 patient from next week 	Sunderland	<60 days	
3	Reduce number of patients experiencing delayed transfer of care	<ul style="list-style-type: none"> Implement Home First for 1 patient within 2 weeks 	South Tyneside	<60 days	
4	Reduce number of patients experiencing delayed transfer of care	<ul style="list-style-type: none"> Programme Model Ward – SAFER+ Implemented in 3 streams from 1st August 2016. Consider the requirements needed to undertake this fully and include external agencies 	South Tees	<60 days	

5	Reduce number of patients experiencing delayed transfer of care	<ul style="list-style-type: none"> Decision To Admit (DTA) pathway to be reviewed on 5th August 2016 across 10 patients. Aiming for implementation by September / October 2016 	Hartlepool and Stockton	<60 days
6	Reduce number of patients experiencing delayed transfer of care	<ul style="list-style-type: none"> DTA and Trusted Assessor – implementing over next couple of weeks Implementing Estimated Discharge Dates (EDD) / Red and Green days by September 2016. Need support for implementing Trusted Assessor across the region 	Gateshead Newcastle	< 60days

Recommendations

22 The Health and Wellbeing Board is recommended to:

- Note the developments and achievements which have taken place
- Note the targets set in relation to ambulance handovers and delayed transfers of care (paragraphs 20-21)
- Note the schemes which will be funded in 2016/17 (Appendix 3)

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Appendix 1: Implications

Finance – Clinical Commissioning Groups will receive resilience monies from within their baseline funding allocation to facilitate 2016/17 funding being in place to manage year round surges in activity. This happened for the first time in 2015/16 which was a move away from previous years when resilience funding had been identified by NHS England later in the year.

Staffing – Providers in receipt of SRG funding to support resilience schemes in 2016/17 will be expected to ensure appropriate safe staffing arrangements are in place to support each of their projects.

Risk – Contract variations will be put in place to ensure contractual accountability for appropriate use of the allocated SRG funding.

Equality and Diversity / Public Sector Equality Duty

No implications

Accommodation

No implications

Crime and Disorder

No implications

Human Rights

No implications

Consultation

No implications

Procurement

No implications

Disability Issues

No implications

Legal Implications

No implications

APPENDIX 2 – Eight High Impact Interventions for Urgent and Emergency Care

No.	High Impact Interventions
1	No patient should have to attend A&E as a walk in because they have been unable to secure an urgent appointment with a GP. This means having robust services from GP surgeries in hours, in conjunction with comprehensive out of hours services.
2	Calls to the ambulance 999 service and NHS 111 should undergo clinical triage before an ambulance or A&E disposition is made. A common clinical advice hub between NHS111, ambulance services and out-of-hours GPs should be considered.
3	The local Directory of Services supporting NHS 111 and ambulance services should be complete, accurate and continuously updated so that a wider range of agreed dispositions can be made.
4	System Resilience Groups (SRGs) should ensure that the use of See and Treat in local ambulance services is maximised. This will require better access to clinical decision support and responsive community services.
5	Around 20-30% of ambulance calls are due to falls in the elderly, many of which occur in care homes. Each care home should have arrangements with primary care, pharmacy and falls services for prevention and response training, to support management falls without conveyance to hospital where appropriate.
6	Rapid Assessment and Treat should be in place, to support patients in A&E and Assessment Units to receive safer and more appropriate care as they are reviewed by senior doctors early on.
7	Consultant led morning ward rounds should take place 7 days a week so that discharges at the weekend are at least 80% of the weekday rate and at least 35% of discharges are achieved by midday throughout the week. This will support patient flow throughout the week and prevent A&E performance deteriorating on Monday as a result of insufficient discharges over the weekend.
8	Many hospital beds are occupied by patients who could be safely cared for in other settings or could be discharged. SRGs will need to ensure that sufficient discharge management and alternative capacity such as discharge-to-assess models are in place to reduce the Delayed Transfer Of Care (DTC) rate to 2.5%. This will form a stretch target beyond the 3.5% standard set in the planning guidance.

APPENDIX 3 - SRG winter monies 2015/16, evaluation outcomes at a glance

Scheme	Provider	High Impact Areas delivered Y/N/P	KPIs Y/N/P	Comments	Recommendations Roll Forward New Proposal	R/A/G
Additional A&E staff to support rapid assessment and see and treat	County Durham & Darlington FT	N	N	Didn't achieve the desired expected outcomes feedback given	New proposal To do something different to address the gaps identified in the evaluation	R
Additional A & E staff to support majors practitioners care stream	County Durham & Darlington FT	P	P	Didn't achieve the desired expected outcomes feedback given	New proposal To do something different to address the gaps identified in the evaluation	R
Additional Medical staff in Estimated Discharge	County Durham & Darlington FT	P	P	Didn't achieve the desired expected outcomes feedback given	New proposal To do something different to address the gaps identified in the evaluation	R
Additional Physician of the Day capacity	County Durham & Darlington FT	P	N	Didn't achieve the desired expected outcomes feedback given	New proposal To do something different to address the gaps identified in the evaluation	R
Discharge Management & Facilities	County Durham & Darlington FT	N	N	Didn't achieve the desired expected outcomes feedback given	New proposal To do something different to address the gaps identified in the evaluation	R
Extended Access to Diagnostics	County Durham & Darlington FT	N	N	Didn't achieve the desired expected outcomes feedback given	New proposal To do something different to address the gaps identified in the evaluation	R
						£1,714,000
Front of House staffing	City Hospitals Sunderland FT	Y	Y	Achieved scheme objectives. Good case studies. Good evaluation	Roll Forward 16/17	G
7 day therapies and diagnostics	City Hospitals Sunderland FT	Y	Y	Achieved scheme objectives. Good case studies. Some text was repeated. Could therapists be based in A&E next time (would this improve the impact)?	Roll Forward 16/17	G

Scheme	Provider	High Impact Areas delivered Y/N/P	KPIs Y/N/P	Comments	Recommendations Roll Forward New Proposal	R/A/G	
7 day pharmacy	City Hospitals Sunderland FT	Y	Y	Achieved scheme objectives. Good case studies. Good evaluation	Roll Forward 16/17	G	
7 day discharge nursing team including specific front of house discharge team	City Hospitals Sunderland FT	Y	Y	Achieved scheme objectives however data limited	Roll Forward 16/17	G	
Speciality Ambulatory care	City Hospitals Sunderland FT	P	Y	Achieved scheme objectives Good evaluation	Roll Forward 16/17	G	
						£185,000	
Resilience Beds including estates	North Tees & Hartlepool FT	<p>NO EVALUATIONS RECEIVED BY EXTENDED DEADLINE Feedback through contract lead that funding for NTHFT will not be an SRG priority in 2016/17.</p>					
Front Loading elective activity	North Tees & Hartlepool FT						
Therapy led discharge team	North Tees & Hartlepool FT						
Expansion of Community Integrated Assessment Team (CIAT)	North Tees & Hartlepool FT						
Pharmacy Support	North Tees & Hartlepool FT						
Ambulatory Overnight	North Tees & Hartlepool FT						
Day Case Unit Overnight	North Tees & Hartlepool FT						
Manager On-call payments	North Tees & Hartlepool FT						
GPs in A&E (full year)	North Tees & Hartlepool FT						
						£165,000	
Funding for additional Mental Health nurses	Tees, Esk & Wear Valley FT	Y	Y	Achieved scheme objectives Good evaluation - feedback through contract lead	Roll Forward 16/17 with tweaked/revised elements	G	
						£503,000	
Saturday Clinics	Darlington CCG	Y	Y	Achieved scheme objectives. Good evaluation	Roll Forward 16/17	G	

Scheme	Provider	High Impact Areas delivered Y/N/P	KPIs Y/N/P	Comments	Recommendations Roll Forward New Proposal	R/A/G
Evening Telephone Advice Service	Darlington CCG	Y	Y	Achieved scheme objectives; expensive service for the low activity; potentially this duplicates current urgent care service, so recommend this is further discussed before rolling forward as other options may be available	To discuss further for confirmed outcome	A
Sunday Multi-Disciplinary Team	Darlington CCG	Y	Y	Achieved scheme objectives. Good evaluation	Roll Forward 16/17	G
Flu Vacs	Darlington CCG		Y		Roll Forward 16/17	G
						£172,514
Vulnerable Adults Weekend Scheme	North Durham CCG	Y	Y	Achieved scheme objectives. Good evaluation, scheme does not seem to be value for money	Potentially roll forward 16/17 but requires follow up discussion	G
GP Practice Weekend Opening	North Durham CCG			Achieved scheme objectives. Good evaluation	Roll Forward 16/17	G
						£497,000
South Durham Health Community Interest Company (SDHCIC) Advanced Nurse Practitioners (ANP) Team Sunday Morning	DDES CCG	Y	Y	Achieved scheme objectives. Needs increased evidence	Roll Forward 16/17	G
SDHCIC ANP team Weekdays 6pm - 8pm	DDES CCG	Y	Y	Achieved scheme objectives. Needs increased evidence	Roll Forward 16/17	G
SDHCIC Tackling Social Isolation chronic obstructive pulmonary disease (COPD) continuation	DDES CCG	Y	Y	Achieved scheme objectives.	Roll Forward 16/17	G

Scheme	Provider	High Impact Areas delivered Y/N/P	KPIs Y/N/P	Comments	Recommendations Roll Forward New Proposal	R/A/G
SDHCIC Suicide Prevention expansion - Spennymoor	DDES CCG	P	Y	Further evidence to demonstrate success of scheme was received post evaluation	*Evidence demonstrated that the scheme was successful and has informed a plan for a new link service which is now rolling out (CPN will be aligned to practices to carry out this work). For this reason the scheme will not be rolled forward in 2016/17. Invitation for new proposal.	R* (see comments in previous column)
SDHCIC Christmas 2015/New year 2016 additional capacity weekend opening	DDES CCG	Y	P	Achieved scheme objectives. Needs increased evidence	Roll Forward 16/17	G
SDHCIC Admissions reduction with additional locum cover / practice pharmacists to Frail Elderly	DDES CCG	P	P	Unsure whether this scheme has been successful or not based on evaluation	Potentially roll forward 16/17 but requires follow up discussion	A
SDHCIC Screening >5yrs non-attenders >50 yrs	DDES CCG	<p>SCHEME DID NOT START AS PLANNED – Will commence in July 2016</p> <p>SDHCIC planned to commence the scheme in Spring 2016 but it was delayed. Expressions of interest have been sought from practices and the scheme is ready to go. Agreed that scheme will commence in July 2016 with last years funding. The scheme will be evaluated in October 2016 to inform the decision as to whether the scheme will run again in 2016/17. SRG will protect the 2016/17 funding (£61,833) until then.</p>				A
						£378,497
Intrahealth Federation - Frail Elderly Additional Support	DDES CCG	Y	Y	Achieved scheme objectives. Good Evaluation	Roll Forward 16/17	G
						61,000

Scheme	Provider	High Impact Areas delivered Y/N/P	KPIs Y/N/P	Comments	Recommendations Roll Forward New Proposal	R/A/G
Durham Dales Health Federation (DHF) Severe Respiratory Failure (SRF)	DDES CCG	P	P	Achieved scheme objectives.	Roll Forward 16/17	G
						£203,735
Social worker to support the DTOC pilot	Durham County Council	Y	Y	Achieved scheme objectives. Qualitative evidence is good, there are some conflictions with CDDFT evaluation conclusions, could explore further.	Roll Forward 16/17	G
						£158,000
Additional Assessment staff	Darlington Borough Council	Y	Y	Achieved scheme objectives.	Roll Forward 16/17	G
Rapid response Domiciliary and Overnight Support Service	Darlington Borough Council	Y	Y	Achieved scheme objectives.	Roll Forward 16/17	G
Occupational Therapy Equipment / Adaptations	Darlington Borough Council	Y	Y	Achieved scheme objectives.	Roll Forward 16/17	G
Additional Re-ablement	Darlington Borough Council	Y	Y	Achieved scheme objectives.	Roll Forward 16/17	G
						£57,000
Paramedic Rapid response	Police Authority	Y	Y	Achieved scheme objectives, small nos. However scheme was for 1 month	Roll Forward 16/17	G
Paramedic Support	Police Authority	Y	Y	Achieved scheme objectives, small nos. However scheme was for 1 month	Roll Forward 16/17	G
Dedicated Police Support in A&E	Police Authority	Y	Y	Achieved scheme objectives, small nos. However scheme was for 1 month	Roll Forward 16/17	G
						£20,716

Scheme	Provider	High Impact Areas delivered Y/N/P	KPIs Y/N/P	Comments	Recommendations Roll Forward New Proposal	R/A/G
Y = Yes N = No P = Partial						

R	Scheme will not roll forward in 2016/17. New schemes to be proposed
A	More information required. Scheme will roll forward in 2016/17 on receipt of additional information
G	Scheme will roll forward in 2016/17