

**Sheffield Systems Resilience**

Governing Body meeting

**H**

3 December 2015

<b>Author(s)</b>	Nicki Doherty, Deputy Director of Delivery - Strategy
<b>Sponsor</b>	Tim Furness, Director of Delivery
<b>Is your report for Approval / Consideration / Noting</b>	
Noting	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
There are no identified additional resource implications	
<b>Audit Requirement</b>	
<b><u>CCG Objectives</u></b>	
<ul style="list-style-type: none"> <li>To improve patient experience and access to care</li> <li>Principal Objective: Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements.</li> </ul>	
<b><u>Equality impact assessment</u></b>	
<p><b><i>Have you carried out an Equality Impact Assessment and is it attached?</i></b>  EIA not required in relation to winter planning and systems resilience as relates to maintaining and sustaining existing service</p>	
<b><u>PPE Activity</u></b>	
<p><b><i>How does your paper support involving patients, carers and the public?</i></b>  Engagement with patients, carers and the public to understand winter behaviours and to further develop the communications plan for winter</p>	
<b>Recommendations</b>	
<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> <li>Note and support the Sheffield Winter Resilience Plan</li> <li>Note and support the revised Systems Resilience Group Terms of Reference</li> </ul>	

## Sheffield Systems Resilience

### Governing Body meeting

3 December 2015

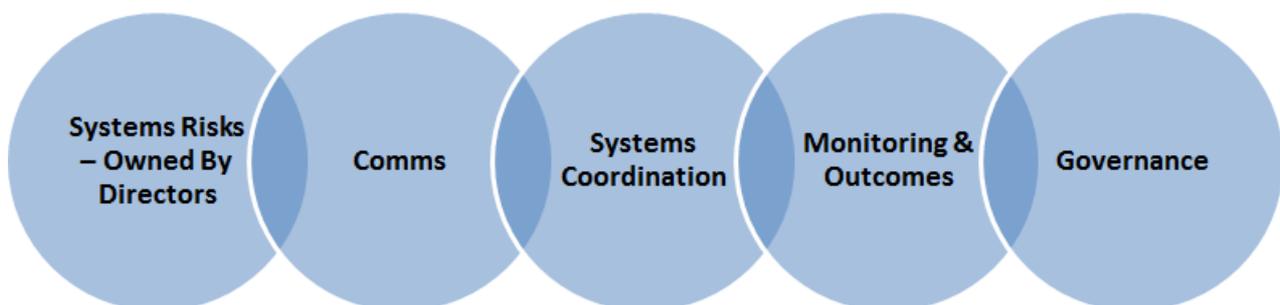
#### 1. Introduction / Background

- 1.1. The Sheffield Systems Resilience Group is a meeting of senior leaders from across the Sheffield health and care economy with a mandate for bringing together elective and urgent care system wide resilience, planning and oversight for the health and care services serving the Sheffield population. Part of this includes providing assurance that the system is sufficiently resilient to maintain or improve compliance with national standards.
- 1.2. Objectives of the group are defined via the NHS Operational Resilience and Capacity Guidance 2014/15 as well as the Urgent and Emergency Care Network guidance as part of delivering the recommendations of the Keogh Review.
- 1.3. In order to meet its objectives the Sheffield Systems Resilience Group needs to be strongly linked to system wide programmes of work including the Better Care Fund, Prime Minister's Challenge Fund, Working Together and Right First Time Partnership. Relationships with commissioning portfolios, finance and contracting and with performance are also critical.
- 1.4. Most recently the Sheffield Systems Resilience Group has:
  - 1.4.1. Commissioned a Task and Finish Group to develop a systems wide approach to winter resilience (enforced by each organisation's Chief Executive).
  - 1.4.2. Revised its Terms of Reference to strengthen membership and reflect objectives in line with national expectations and local need
- 1.5. This paper provides for Governing Body a summary of actions in relation to the winter resilience approach and the revised Terms of Reference

#### 2. Winter Resilience

##### 2.1. Approach

- 2.1.1. Directors from across the health and care economy (Primary Care Sheffield, Sheffield Teaching Hospitals, Sheffield Children's Hospital, Sheffield Health and Social Care Trust, Sheffield City Council and Yorkshire Ambulance Service) have formed a Winter Task and Finish Group. Essential components to systems resilience have been identified; these are represented below and described in Section 2.2.



- 2.1.2. Primary Care is represented via Primary Care Sheffield (PCS). It is recognised that PCS cannot fully represent practices and therefore will liaise

with Locality Managers and Councils as required to secure engagement. This arrangement is still developing as part of implementation.

## 2.2. Components

### 2.2.1. Systems Risks

Each of the identified risks has agreed actions to mitigate it and an identified Director to own it. The risks identified are set out below. It should be noted that the plan is a living plan and can be added to at any point throughout the winter period.

<b>Demand for Acute Beds Exceeds Available Capacity</b>	<b>Increased Demand from Urgent Care Admissions Reduces Capacity to Treat Elective Admitted Patients</b>
<b>Operational Impact of Lorenzo Continues into Winter Pressures</b>	<b>High Levels of Flu Resulting in Increased Acute Care Need</b>
<b>Delays in Resolution of Out-of-Hospital Assessments</b>	<b>Delays in Pick-Up From STIT and Independent Sector Providers</b>
<b>Capacity to Respond to Simultaneous Increase in Demand for Mental Health Input Across the System</b>	<b>Demand for Urgent Same Day Primary Care Exceeds Capacity</b>
<b>Ambulance Service Resilience</b> <ul style="list-style-type: none"> <li>- Response time</li> <li>- Handover</li> <li>- 111</li> </ul>	<b>SCH Internal Resource Unable to Respond to Increased Paediatric Demand Across the Region</b>

### 2.2.2. Communications

The winter communications plan is a system wide plan supported by communication teams from all partner organisations. It is based on the national NHS communications plan but adapted to support local messages and strengthened to reflect the level of priority we have given to planning for winter this year. For example:

- The social media campaign includes personal messages from our Accountable Officer and Chairman
- We have particularly focused the campaign on increased flu vaccination uptake
- We have used as many of the city's media as possible to spread the winter preparation and choosing well messages including GP practice screens
- A city-wide distribution list has been developed to include all health and social care venues, community centres, libraries, schools, hairdressers, and cafes and materials have been distributed with request to display
- As part of our cold weather preparations we are developing a coordinated communication to all staff about how to prepare for cold weather travel, keeping them safe and as far as possible supporting continued provision of services to the Sheffield population
- Additionally a patient, carer and public forum was brought together to better understand health behaviours over winter and how to influence them

### 2.2.3. Systems Coordination

#### 2.2.3.1. Escalation

An agreed escalation process has been established at Director Level across the system. This can be triggered by any of the partner organisations and invokes an immediate Director level response from the

relevant organisations to consider the situation and agree actions in order to de-escalate. Where actions are not successful and the level of escalation increases Chief Executives and NHS England will be required to respond. This went live on 9<sup>th</sup> November and to date there has been one escalation, which has implemented its immediate actions and is actively managing additional actions to assure future resilience. Escalation relating to the Junior Doctor Strike has been managed in a planned way.

#### **2.2.3.2. Cold Weather**

Each organisation has its own business continuity plans in place. Systems wide coordination of cold weather business continuity has agreed the following steps:

- City Council coordination of Amey gritting; intention to include ensuring access to the satellite GP hubs as well as hospitals to support life or limb services
- Staffing coordination to optimise staffing across the system based on where staff can get to
- Winter preparedness communications to staff
- Confirmation of business continuity plans from other transport providers
- Coordination of primary care influenced via localities and NHSE
- Highways and Weather Alerts circulated via Systems Resilience Leads
- Daily situation communications from YAS
- Utilisation of the winter resilience escalation process to support system wide planning and response

#### **2.2.3.3. Staffing and Identified Pressure Days**

Each organisation has identified key pressure days over the Christmas and New Year Period as well as known days where services will stop or be reduced. Work is now underway to cross reference these across providers to ensure that any unintended consequences for other services are identified and mitigated.

As described above, the junior doctor strike systems coordination is being managed via the established escalation process.

#### **2.2.4. Monitoring and Outcomes**

Daily, Weekly and Monthly dashboard are being developed as well as a forward view to predict pressures that are about to arise. Immediate issues will be managed via escalation and anticipated pressures will be proactively managed via both Flow and Systems Resilience Group.

Work is being done to agree an outcomes framework that enables us to assess how successful the winter resilience approach was. This has not been undertaken elsewhere so as well as a local approach to development we are working with the NHSE Yorkshire and Humber Winter Group to consider a wider system approach to an outcomes framework.

#### **2.2.5. Governance**

The Sheffield Systems Resilience Group is the ultimate owner of winter resilience and in acknowledgement of this as well as other systems resilience responsibilities the group's Terms of Reference has been revised as described

in Section 3 of this paper. The revised Terms of Reference has the established Flow group reporting directly to SRG, additionally it stands down the Systems Intelligence Group (SIG) as the functions of SIG will now be covered by SRG.

### **3. Systems Resilience Group (SRG) Terms of Reference**

#### **3.1. Objectives and Structure**

The NHS Operational Resilience and Capacity Guidance 2013/14 and the recommendations for Urgent and Emergency Care Network in implementing the Keogh Review are very specific in relation to the expected objectives for Systems Resilience Groups. The remit is significant and broad and therefore a robust and clear organisation of the group is required. The draft revised Terms of Reference (Appendix I) set out the objectives, a standing agenda and a sub-group structure that commissions Task and Finish Groups as information and discussion identifies the need for.

#### **3.2. Chair**

To reflect the importance of the SRG functionality we have strengthened the chairmanship to include the CCG Accountable Officer as Chair and its Medical Director as Deputy Chair

#### **3.3. Membership**

Each constituent organisation's Chief Executive and Medical Director has been personally written to by the CCG Accountable Officer and Medical Director to share the draft Terms of Reference and to request Chief Executive Officer or Executive Director representation as most appropriate to their organisation. Responses to date are supportive of this approach.

### **4. Recommendations**

The Governing Body is asked to:

- Note and support the Sheffield Winter Resilience Plan
- Note and support the revised Systems Resilience Group Terms of Reference

Paper prepared by Nicki Doherty, Deputy Director of Delivery - Strategy

On behalf of Tim Furness, Director of Delivery

23 November 2015

Appendix I – Sheffield Systems Resilience Group DRAFT Terms of Reference

**TERMS OF REFERENCE  
DRAFT V0.2**

<b>NAME OF GROUP</b>	<b>Systems Resilience Group (SRG)</b>
<b>TYPE OF GROUP</b>	<b>Management Group</b>

<b>1</b>	<p><b>Purpose of the Group</b></p> <p>To bring together elective and urgent care system wide resilience planning and oversight for health and social care services serving the Sheffield population. The group is formed in response to the NHS England expectation defined in the Operational Resilience and Capacity Planning Guidance 2014/15 which states “it is imperative that resilience is delivered while maintaining financial balance. There can be no trade-off between finance and performance”. The SRG is also expected to form a key part of the mechanism for implementing the recommendations of the Keogh Review, with strong links to the Urgent and Emergency Care Network, which has clearly specified expectations of the associated SRGs..</p> <p>The SRG links closely with the work of the <b>Better Care Fund</b> and the <b>Right First Time Partnership</b> which are responsible for developing the principles and direction of travel in their respective areas of responsibility.</p>
<b>2</b>	<p><b>Objectives of the Group</b></p> <p>To bring together all the partners across the health and social care system to:</p> <ul style="list-style-type: none"> <li>• plan for the capacity required to ensure delivery</li> <li>• oversee the coordination and integration of services to support the delivery of effective, high quality accessible services that are good value for taxpayers.</li> </ul> <p>To build consensus across members and stakeholders and advising especially on the use of non-recurrent funds and marginal tariff.</p> <p>Members of SRGs should seek to hold each other to account for actions resulting from internal review, with member organisations sharing intelligence and pooling resources where possible, to improve system delivery against agreed key performance indicators. These arrangements do not supersede accountabilities between organisations and their respective regulators. The use of funds to strengthen resilience and transform urgent and elective care should be transparent.</p> <p>In addition to this SRGs have a clear role in supporting the operational delivery of the recommendations set out in the Keogh Review. The operational objectives for SRGs in relation to this are set out in the document “Role and Establishment of Urgent and Emergency Care Networks”.</p>

*From the above members of the group will be responsible for:*

- *Development and sign-off of the Sheffield Systems Resilience Plan;*
- *Analytical review of the drivers of system pressure;*
- *Agree operational changes across health and care services to meet system pressures by determining local service needs, initiating local changes needed, and addressing issues that have previously hindered whole system improvements;*
- *Advice on the use of central non-recurrent funds for systems resilience;*
- *System accountability through key performance indicators;*
- *Build sustainability and early warning systems to identify system constraints;*
- *Develop an agreed communications plan.*

In addition the specified operational objectives for SRGs to support the Urgent and Emergency Care Networks are:

- a)** To develop a plan to deliver against the 'high impact interventions' as agreed by the national tripartite;
- b)** To translate and deliver network service designations and standards to match the local provision of services. This will usually be achieved through the development of written plans and protocols for patient care, agreed with all 3 stakeholders, and adapted from national templates. High priority plans will relate to high-volume and undifferentiated conditions, where there are strong precedents for ambulatory and community-based patient management;
- c)** To ensure a high level of clinical assessment for the patient, in or close to their home, and ready access to diagnostics where required. This will be particularly important in more remote and rural communities, in which the role of smaller hospitals will be developed and strengthened;
- d)** To develop and utilise “clinical decision-support hubs” to support the timely and effective delivery of community-based care;
- e)** To establish effective communication, information technology and data sharing systems, including real-time access to an electronic patient record containing information relevant to the patient’s urgent care needs;
- f)** To deliver local mental health crisis care action plans to ensure early and effective intervention to prevent crisis and support people who experience mental health crisis;
- g)** To ensure the effective development and configuration of primary and community care to underpin the provision of urgent care outside hospital settings 24/7; and
- h)** To achieve accurate data capture and performance monitoring.

### 3 Membership

**SRG Chair:** Maddy Ruff (Accountable Officer, SCCG)

**Deputy Chair:** Zak McMurray (Medical Director, SCCG)

#### Sheffield CCG

Deputy Director of Operations - Strategy

GP Lead for Urgent Care and Primary Care

Head of Contracts

LMC Representative

Head of Commissioning Urgent Care

#### Sheffield City Council

Director of Adult Services

Director of Public Health

#### NHS England (Specialised Commissioning)

NHS England (Operations)

NHS England (Primary Care)

#### Yorkshire Ambulance Service

Medical Director

Operations Director

#### Sheffield Health and Social Care NHS Foundation Trust

Medical Director

Operations Director

#### Sheffield Teaching Hospitals NHS Foundation Trust

Medical Director

Operations Director

#### Sheffield Children's Hospital NHS Foundation Trust

Medical Director

Operations Director

#### Primary Care Sheffield

Managing Director

CEO/Medical Director

#### Sheffield GP Collaborative and Care UK

Manager

#### Walk In Centre

Manager

#### Local Pharmaceutical Committee representative

Chief Officer Community Pharmacy

#### Healthwatch

Chair

Co-opted Members:

Co-opted attendees for specific agenda items as appropriate, for example St Luke's Hospice, Dental, Independent and Voluntary sectors.

**4 Meeting arrangements**

The SRG will meet monthly unless escalation requires increased frequency  
SCCG will service the meeting

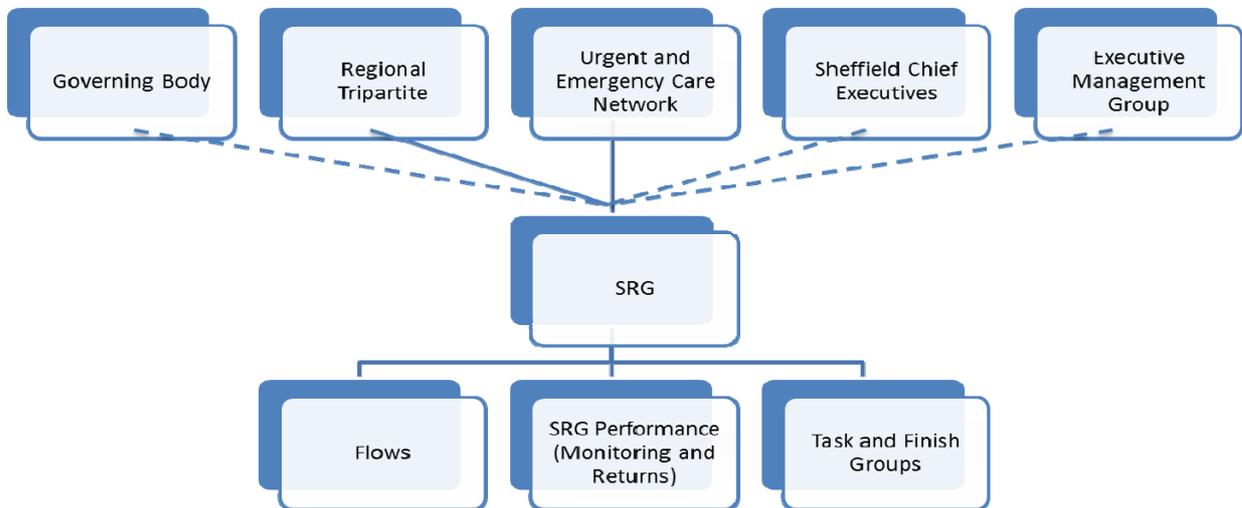
**5 Quorum**

One member from each SCCG, SCC, SHSC, STHFT, SCH, NHSE and YAS

Deputies will attend as appropriate

**6 Accountability**

The Chair of the SRG has responsibility for smooth running, and including and supporting all members to hold each other to account for improving system delivery using a clear set of agreed KPIs and a dashboard. In holding a system to account the regional tri-partite group will do this through the Chair of the SRG, as well as through the provider CEOs.



7	<p><b>Standing Agenda</b></p> <ol style="list-style-type: none"> <li>1. Apologies</li> <li>2. Declarations of Interest</li> <li>3. Minutes of Previous Meeting</li> <li>4. Matters Arising</li> <li>5. Review of Delivery Plan</li> <li>6. Performance Dashboard <ol style="list-style-type: none"> <li>a. Task and Finish Group Updates</li> <li>b. Identify Any New Actions</li> </ol> </li> <li>7. Urgent and Emergency Care Network Update</li> <li>8. Communications Update</li> <li>9. Commissioned Programmes of Work (Quarterly) <ol style="list-style-type: none"> <li>a. Integrated Commissioning</li> <li>b. Working Together</li> <li>c. Specialised Commissioning</li> </ol> </li> <li>10. Finance <ol style="list-style-type: none"> <li>a. Monitoring of Non-recurrent Funding</li> </ol> </li> <li>11. Risk Register</li> </ol>
8	<p><b>Review</b></p> <p><b>Date of Group inception</b></p> <p><b>Date of next review of membership</b> November 2016</p>