

BaNES Health & Wellbeing Board (19th November 2014)

Briefing Paper - Operational Resilience & Capacity Plan (ORCP) 2014/15

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1.0 ORCP – The New National Approach for 2104/15

Newly created Operational Resilience and Capacity Planning (ORCP) national guidance was issued to all CCGs on 13th June 2014 by NHS England, the NHS Trust Development Agency, Monitor and Association of Directors of Adult Social Services.

It requires all local systems to build on the previous work in 2013/14 of the Urgent Care Working Groups (UCWG) and to extend their remit to now include both urgent and elective care.

2.0 System Resilience Group (SRG)

Change in name of UCWGs to System Resilience Groups (SRGs) and empowered to co-develop strategies and collaboratively plan safe, efficient services for patients across local health and social care systems. In addition to oversee the coordination and integration of services to support the delivery of effective, high quality accessible services which are good value for taxpayers.

The SRGs are seen as crucial to delivering an integrated approach across health providers and commissioners, as well as local authorities and social care partners. The SRG are also held accountable for the delivery of financial sustainability of all providers.

3.0 ORCP Planning Requirements and Best Practice

ORCP planning requires the principles of good practice to be included within each SRG ORCP. The core aspects of good practice that local systems must include in their planning for 2014/15 include:-

- Best practice in planned care (set out within the ORCP guidance).
- Best practice in non-elective care (set out within the ORCP guidance).
- Wider considerations, plans need to comprehensively cover all wider planning elements (set out within the ORCP guidance).
- Governance, whilst SRGs are not statutory bodies and hence have no formal binding decision making role, governance is especially important.
- Building on existing work, operational resilience and capacity plans must align with and build upon capacity planning already being done throughout the system.
- Mechanisms for monitoring delivery and allocating non-recurrent funding (BaNES £1.135M) and any additional local funding allocated to ORCP for 2014/15.
- Setting the ground work for the longer term changes to strategic and operational delivery to deliver the Urgent and Emergency Care Review (UECR) and now the newly issued NHS Five Year Forward View (5YFV).

4.0 BaNES ORCP

The ORCP for BaNES is in response to this new national guidance and is designed to ensure that all providers within the health and social care system across Bath and North East Somerset and other CCG areas that directly relate to the Royal United Hospital Bath NHS Foundation Trust are prepared and able to respond to the increased needs and/or service demands throughout the year.

It is crucial that SRGs develop operational resilience and capacity plans by involving all key local organisations, in order to fulfil both planning requirements and ensure good system working in the future. These plans collaboratively developed and signed-off by all SRG member organisations have a number of mandatory elements that need to be included.

The System Resilience Group (formerly Urgent Care Working Group) is made up of Executive level provider and commissioning representatives from within B&NES and from neighbouring areas that refer into the RUH. This group and the System Resilience Provider Forum have contributed to the production and oversight of the ORCP.

BaNES ORCP sets out how the whole care community will:

- Plan for periods of high demand caused by seasonal pressures, infection control, flu or major incident, by ensuring that there is a coordinated and planned response in order to meet additional need
- Ensure the high quality planned and unplanned services are maintained and that financial and performance pressures are managed
- Use escalation triggers to ensure an integrated and shared process between primary, community and secondary care providers and with local authorities
- Accurately monitor the Demand, Capacity, Flow and Performance within the Urgent Care System (UCS)
- Accurately monitor the daily individual and UCS Escalation status to ensure appropriate action is taken in a coordinated manner to support the UCS

All local provider organisations have been requested to share the ORCP with their respective Boards.

5.0 SRG & Earned Autonomy

There are three cohorts of systems with differing levels of scrutiny which have resulted in different levels of earned autonomy for each SRG.

1. **High:** The systems most at risk of delivery of A&E and/or RTT will be subject to a diagnostic from a specialist support team.
2. **Low:** In very high-performing areas (defined as systems where RTT and A&E standards have been met consistently) there will be a policy of 'earned autonomy'.
3. **All other systems:** not defined as 'high' or 'low' as described above, will be expected to produce plans that contain all actions from the best practice guidance, which will then be assured.

BaNES is classed as Medium – with assurance

6.0 BaNES Approach

The ORCP links to the following CCG strategic objectives:-

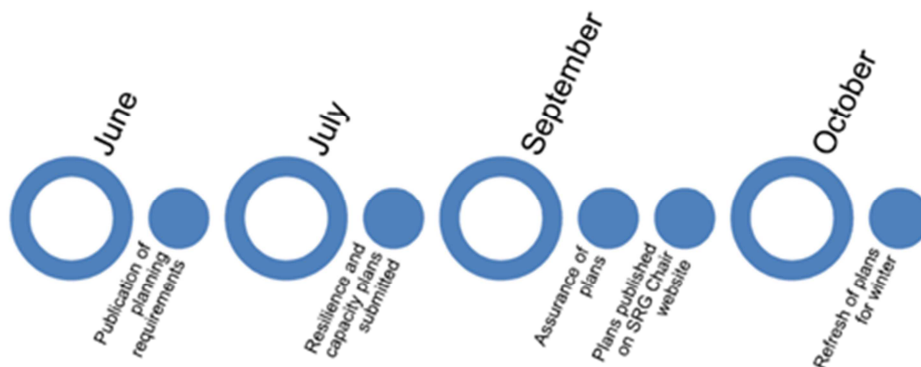
- Improving quality, safety and individuals experience of care
- Improving consistency of care and reducing variation of outcomes
- Creating a sustainable health system within a wider health and social care partnership
- Empowering and encouraging people to take personal responsibility for their health and wellbeing

BaNES ORCP approach is designed to:

- Respond to the NHS England ORCP guidance and evidence that the ORCP is robust through a changed focus towards strong Demand, Capacity & Escalation (DC&E) planning.
- Demonstrate a high level of system oversight, assurance and continuous performance with a complete a whole system independent analytical review (IAR).
- Re-instate the Urgent Care Dashboard (UCD) (introduced in 2013/14) and develop monthly monitoring across both urgent and planned care.
- Show clear leadership and accountability through the continued use of the BaNES Operational Performance Management Framework (OPMF).
- Demonstrate the preventative measures and planned flexibility and summarise the contributions from all provider organisations.
- Evidence the ORCP is delivering best practice and is being continually reviewed, developed and tested.
- Demonstrate the effective use of non-recurring ORCP funding and how the SRG will intervene where ORCP is ineffective.

7.0 ORCP – Key Dates

All SRGs have been working to the national timeline and have been required to meet key dates as part of the ORCP assurance process.



ORCP planned projects to provide overall system resilience have been set to start on November the 1st 2014 and therefore many have or are being mobilised at this time.

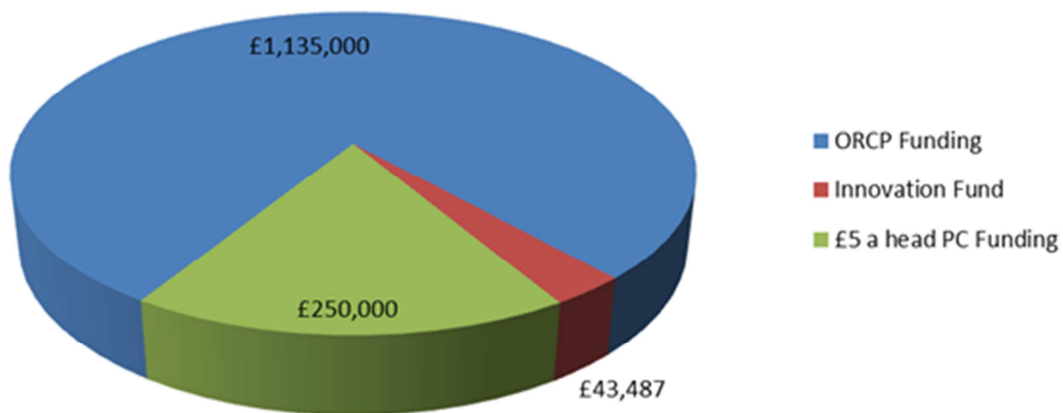
New Requirement – all SRGs were required to confirm by the 17th September their level of confidence in delivery of the 4 hour target at their acute Trust for the remainder of this year.

BaNES gave a 75% level of assurance.

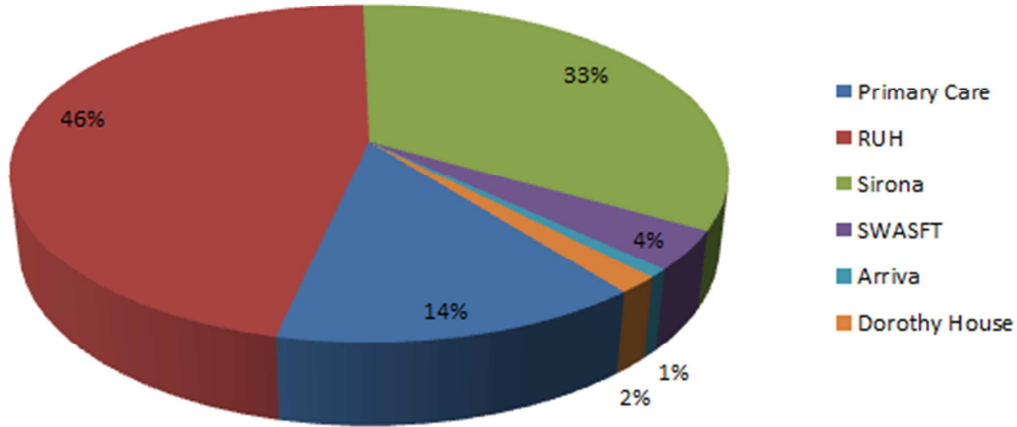
8.0 BaNES SRG Breakdown of Funding

The CCG has received non-recurrent national resilience monies of £1.3m for 2014/15 The SRG has agreed a further range of others sources of funding that have also been targeted at system resilience for 2014/15.

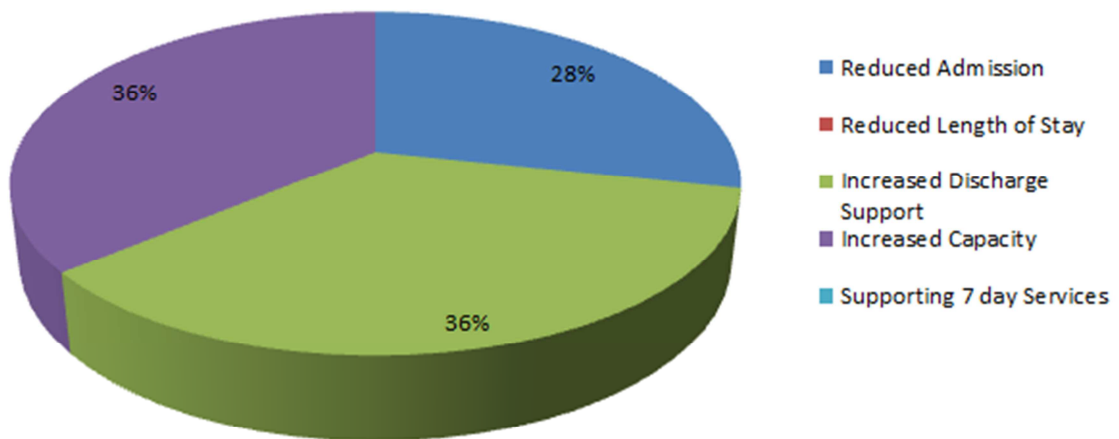
BaNES SRG ORCP funding sources



BaNES SRG ORCP funding allocations by providers



BaNES SRG ORCP targeted project areas



- Reduced LOS is being achieved within Increased Discharge Support projects
- Increased 7 day services are being achieved within Increased Capacity projects

9.0 Examples of BaNES ORCP Funded Schemes for 2014/15

9.1 BaNES Primary Care

Extra GP and Nurse sessions in primary care.

9.2 Royal United Hospital Bath NHS Foundation Trust (RUH)

Increase in flexible non-elective medical bed capacity. 12 beds have been identified to be used during periods of escalation and 10 beds overnight.

Increased radiology capacity CT/MRI/US to support ED, MAU, SAU, ESAC and Medical Ambulatory Care.

9.3 Sirona Care and Health

In reach therapy to reablement beds. The provision of 20 step down beds within the Community Resource Centres (6) Residential care (10) and Nursing Home (4).

9.4 South West Ambulance Service Foundation Trust (SWASFT)

Mobile Rapid Support Vehicle (MRSV) for fallers.

Mental health nurse in Clinical hubs.

9.5 Arriva (ATSL)

Integrated Community Discharge model.

9.6 Dorothy House

Additional potential capacity of 2,500 Hospice at Home hours, providing 24/7 care in people's homes, to prevent admission and facilitate discharge, and provide a rapid response/supported discharge service for RUH patients in the last year of life.

10 ORCP Reporting Arrangements

The use of funds to strengthen resilience and transform urgent and elective care should be transparent within each system and to support this National Health Service England (NHSE) has created a national reporting system through the UNFIY reporting arrangements.

NHSE and BaNES SRG are required to review the whole care system's ongoing performance and on a monthly basis an update on the use and impact of non-recurrent resilience funding. This would include a discussion involving the full group on the use of any other non-recurrent funds to support system resilience.

The System Resilience Group will monitor the delivery and impact of the ORCP through its monthly meetings. The CCG will be advised of progress through the monthly performance reports.

The System Resilience Group operates a risk register in relation to the delivery of the ORCP and a summary of the identified risks and agreed actions are set out in the register.

11 Next Steps

Published plans will be used to hold SRGs to account for delivering safe, sustainable, high quality services for patients and to assess the impact that non-recurrent monies are having on local health systems. In line with the principles of transparency and openness, published plans will also allow patients to see how organisations in their local health system are preparing for episodes of increased pressure. BaNES ORCP will be available via the CCG's website.

The national vision is that SRGs offer a powerful opportunity to improve care for patients by, for example, fully integrating emergency healthcare development with primary care (where most unscheduled care takes place). In some areas SRGs have already helped to establish more patient-centred care and are encouraging shared learning across health and social care communities by working in partnership.

Successful SRGs should work across boundaries to improve patient experience and clinical outcomes, by establishing partnerships and better working relationships between all health and social care organisations in a geographical area and health community. SRGs can work towards these goals by agreeing and developing local standards and protocols to underpin audit and training; developing and sharing infrastructure, for example data metrics and policy documentation; and by developing a mechanism in order to improve and spread knowledge and skills throughout the whole system.