

Operational Resilience & Capacity Plan (ORCP) 2014/15

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Author: Dominic Morgan, BaNES CCG Urgent Care Programme Lead (UCPL)

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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.

System Resilience Group (SRG)

- Change in name of UCWGs to System Resilience Groups (SRGs)
- Empowered to co-develop strategies and collaboratively plan safe, efficient services for patients across local health and social care systems
- Delivery of effective, high quality accessible services which are good value for taxpayers
- Seen as crucial to delivering an integrated approach across health providers and commissioners, as well as local authorities and social care partners
- Accountable for the delivery of financial sustainability of all providers.

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
- Best practice in non-elective care
- Wider considerations, plans need to comprehensively cover all wider planning elements
- Governance, whilst SRGs are not statutory bodies
- Building on existing work,
- Mechanisms for monitoring delivery and allocating non-recurrent funding (BaNES £1.135M)
- 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)

BaNES ORCP

- Plan for periods of high demand caused by seasonal pressures, infection control, flu or major incident
- Ensure the high quality planned and unplanned services are maintained
- Use escalation triggers to ensure an integrated and shared process between all partners
- Accurately monitor the Demand, Capacity, Flow and Performance within the Urgent Care System (UCS)
- Accurately monitor the daily individual and UCS escalation status

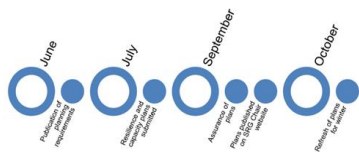
SRG & Earned Autonomy

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

ORCP – Key Dates



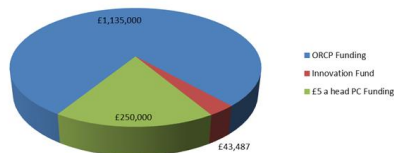
ORCP planned projects to provide overall system resilience have been set to start on November the 1st 2014 and therefore many have or are being mobilised at this time

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

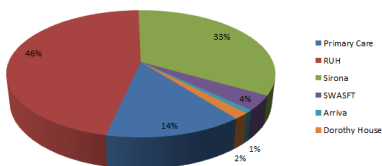
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BaNES SRG ORCP funding sources



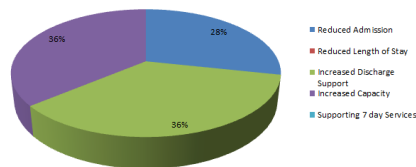
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BaNES SRG ORCP funding allocations by providers



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BaNES SRG ORCP targeted project areas



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Examples of BaNES ORCP Funded Schemes for 2014/15

- **BaNES Primary Care** -Extra GP and Nurse sessions in primary care
- **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 and increased radiology capacity CT/MRI/US to support ED, MAU, SAU, ESAC and Medical Ambulatory Care
- **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)
- **South West Ambulance Service Foundation Trust (SWASFT)** - Mobile Rapid Support Vehicle (MRSV) for fallers and mental health nurse in Clinical hubs
- **Arriva (ATSL)** - Integrated Community Discharge model
- **Dorothy House** - Additional potential capacity of 2,500 Hospice at Home hours, providing 24/7 care in people's homes

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ORCP Reporting Arrangements

- 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
- The System Resilience Group will monitor the delivery and impact of the ORCP through its monthly meetings, reporting to the CCG
- The System Resilience Group operates a risk register in relation to the delivery of the ORCP

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Next Steps

Published plans - BaNES ORCP will be available via the CCG's website

The national vision is that 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.


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Thank you!
Any questions?

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