

# **SWINDON STRATEGIC SYSTEM RESILIENCE GROUP**

## **(SSRG)**

### **TERMS OF REFERENCE**

#### **1 CONTEXT**

- 1.1 The Swindon Strategic System Resilience Group (SSRG) brings together partner organisations with a common aim: to improve the health and health care experience of the people of Swindon and Shrivenham within the resources made available.
- 1.2 These Terms of Reference set out the purpose, membership and authority of the SSRG, together with its supporting committee structure.
- 1.3 They reflect the strategic role that this Group will have in influencing and shaping joint strategies and in applying a cohesive approach to ensure the use of resources and performance of the SSRG contributes towards putting national policy into practice and delivering the NHS England's 'Operational Resilience and Capacity Planning for 2014/15'.

#### **2 PURPOSE**

The purpose of the SSRG is to:

- 2.1 To provide a strategic, delivery and monitoring forum to ensure operational resilience and referral to treatment requirements are achieved throughout 2014/15 for the local health and social care systems for the people of Swindon and Shrivenham.
- 2.2 To co-develop strategies and collaboratively plan safe, efficient services for patients for elective and non-elective care.
- 2.3 To review, analyse and challenge drivers of system pressures in order to support the development of solutions through a collaborative approach.
- 2.4 To maintain an overview of the performance of the system and sign off any mitigating plans required to improve performance during the year.

- 2.5 To build consensus across members and stakeholders, agreeing on the use of non-recurrent funds and marginal tariff.
- 2.6 To develop, sign off and publish operational and resilience capacity plans, ensuring compliance with all mandatory elements and involvement with all key local organisations.
- 2.7 To ensure the reporting requirements and deadlines set out by NHSE within 'Operational Resilience and Capacity Planning for 2014/15', published 13<sup>th</sup> June 2014 are met.
- 2.8 Support, as required, appropriate resources to the Swindon CCG urgent care intervention programme and the planned care intervention programme structures / project teams to deliver the outputs contained within the CCG Five Year Plan.
- 2.9 Collaborate, share and learn from other SSRGs.

### **3 MEMBERSHIP**

#### **3.1 Core Membership**

The core membership will comprise of the following individuals (or of a recognised deputy in their absence):

##### **3.1.1 NHS Swindon CCG**

- Accountable Officer;
- Clinical Chair;
- Chief Operating Officer;
- Executive Nurse;( Clinical member)
- Executive Director of Commissioning;
- Locality Clinical Chairs.

##### **3.1.2 CEO or delegate of the following organisations:**

- Great Western Hospitals NHS Foundation Trust (acute and community services);
- SEQOL Community Services;
- South Western Ambulance Service NHS Foundation Trust;
- Avon and Wiltshire Mental Health Partnership Trust;
- Swindon Borough Council;
- Carfax Health Enterprise;
- Care UK Limited;
- Arriva Transport Solutions;
- NHS England Commissioning representative

### **3.2 Additional membership**

Additional Membership (or delegate) will include as required:

- Chief Finance Officer (Swindon CCG);
- Urgent Care GP lead;
- Associate Director of Quality and Patient Safety (Swindon CCG);
- Associate Director for Out of Hospital Care (Swindon CCG);
- Head of Information (Swindon CCG);
- Director of Public Health (Emergency Planning);
- CEO of Swindon Healthwatch;
- LMC Representative;
- Chair of Wiltshire SSRG.

### **3.3 Chair of the SSRG**

The SSRG will be chaired by the NHS Swindon CCG's Accountable Officer.

### **3.4 SSRG Secretariat**

The Executive Nurse for NHS Swindon CCG will ensure the provision of the secretariat to the group in respect to:

- Agenda setting;
- Circulation of papers;
- Support and develop the delivery of the work plan.

## **4 AUTHORITY**

- 4.1 The SSRG is authorised by NHS Swindon CCG's Governing Body to review any activity within its terms of reference.
- 4.2 It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Group.
- 4.3 The SSRG is authorised by the CCG's Governing Body to obtain outside legal or other independent professional advice in accordance with existing policy and to invest in securing or invite the attendance of outsiders with relevant experience and expertise if it considers this necessary.

## **5 ACCOUNTABILITY**

- 5.1 The SSRG will report formally through to NHS Swindon CCG's Governing Body and will operate in accordance with the CCG's Key Financial Policies.
- 5.2 The Chair of the Group will be directly accountable to the CCG's Governing Body.
- 5.3 The Urgent Care and Planned Care Working Groups will be operational delivery groups for this agenda and will report directly and formally into the SSRG.

## **6 REPORTING AND RESPONSIBILITIES**

- 6.1 The SSRG will monitor and evaluate its performance against appropriate thresholds and locally agreed performance metrics.
- 6.2 To ensure that the decision making of the SSRG is in line with the Better Care Fund and Health & Wellbeing Board.
- 6.3 There will be a clear set of Key Performance Indicators (KPIs) reported through a dashboard.
- 6.4 These KPIs may include but not be limited to:
  - Where applied the use of the 70% marginal tariff;
  - Use of non-recurrent national resilience funds – reporting implementation of schemes, performance against pre-agreed KPIs and use of monies where slip-page occurs;
  - Accurate capacity modelling in non-elective demand;
  - Disposition data from NHS 111;
  - Effectiveness of seven day working within primary and social care;
  - Linkages to Better Care Fund (BCF);
  - Review and monitoring of established pathways for high intensity users;
  - Review and monitoring of processes to minimise delayed discharge;
  - Reduction in permanent admissions of older people from care facilities;
  - Monitoring the use and outcomes of risk stratification tools;
  - The development and benefit of real time data capture to inform system wide intelligence, including ED capacity management tools;
  - Analysis of capacity and demand for elective services;
  - Delivery of an agreed RTT timeline for common pathways including a review of local rules against national guidance;
  - Review and monitoring of 'right care, right time, right place' principles.

## **7 FREQUENCY OF MEETINGS**

- 7.1 Meetings will be held monthly or as agreed by the Group and will be arranged 12 months in advance.
- 7.2 All communications relating to meetings will be disseminated and papers/reports circulated a week before the meeting date.
- 7.3 Agenda items should be forwarded to the Accountable Officer's Personal Assistant at Swindon CCG secretariat at least 10 days prior to the meeting date.

## **8 QUORUM**

- 8.1 A quorum of 6 members (or their deputies) must be present to constitute a valid meeting with a minimum representation of 4 core member organisations.
- 8.2 There must be 2 Clinical Members present.
- 8.3 The Chair will determine the appropriateness of the represented organisations to make decisions.

**Date:** 29<sup>th</sup> July 2014

**Date Approved:** 7<sup>th</sup> August 2014

**Date of Next Review:** 31<sup>st</sup> July 2015