

**NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
SYSTEMS RESILIENCE GROUP UPDATE**

Date of the meeting	18/03/2015
Author	M Wood – Deputy Director Review, Design and Delivery
Sponsoring Clinician	S Watkins - Chair Co-ordinating Care Clinical Commissioning Programme
Purpose of Report	To update the Governing Body on progress with system resilience across Dorset.
Recommendation	The Governing Body is asked to Note the report.
Stakeholder Engagement	System Resilience Group membership includes local acute providers, local authorities, ambulance service, GPs and locality chairs.

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials : MW

1. Introduction

- 1.1 The purpose of this report is to provide a brief update of the work on the Urgent Care agenda within Dorset and the ongoing areas of work which are being taken forward.

2. Report

- 2.1 The Systems Resilience Group (SRG) made a decision not to take forward the West Midlands Escalation Management System but to develop the existing pan Dorset Capacity Management System (CMS) which includes the Directory of Services (DOS). The SRG has agreed that to implement the West Midlands escalation triggers as part of the CMS development. This will standardise the levels at which alerts are issued across the health and social care system in Dorset.
- 2.2 There are continued pressures in the system and this is reflected in the Performance Dashboard presented at the SRG. Emergency admissions remain significantly higher than 2013/14 levels and delivery of the 4 hour standard in the Emergency Department is challenging local acute providers. Delayed transfers of care remain high across all acute and community providers. NHS 111 performance has been low and targets are being missed.
- 2.3 With the focus locally and nationally on delayed transfers of care, the SRG has supported the formation of a Pan Dorset Transfer of Care Forum. This group will have representatives from all health and social care organisations in Dorset and also from Hampshire and Somerset. The group will meet monthly and have agreed an action plan that will focus on improving discharge planning and processes with a strong focus on joint working. This will improve the patient pathway and communication between organisations and primary care.
- 2.4 Additional ring fenced funding has been made available by the Government to all three local authorities. This reflects the additional pressures resulting from the increase in demand over the winter period and were areas having high levels of delayed transfers of care. The focus of this money is to provide additional support which both helps people move out of hospital and support them in regaining their independence.
- 2.5 The local authorities were asked to share detailed plans with the CCG for the expenditure of this funding and these have been agreed at cluster meetings. Local performance measures are being agreed to monitor the effectiveness of any schemes funded. The local authorities are submitting monthly finance tracker returns via the UNIFY mechanism.
- 2.6 Monthly reports continue to be submitted via UNIFY to NHS England to document the progress of all ORCP schemes. Schemes utilising ORCP funding will be evaluated and resilience funding investment 2015/16 will be based upon outcomes of these evaluations

- 2.7 The SRG has been ratified the Ambulatory Care Strategy and work is underway to vary this into existing acute and community contracts with discussions taking place on the service specification for Ambulatory Care and associated payment tariffs.
- 2.8 The Health and Social Care Cluster groups continue to meet on a monthly basis to address the sustained pressure in the system and to manage the flow effectively. Action plans have been developed by each group and progress is being reported to the SRG.

3. Conclusion

- 3.1 There is continued pressure in the system and work is taking place to address the issues. It is anticipated that the ORCP schemes and DTOC schemes will start to have an impact and this will be evidenced in the Performance Dashboard.

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Date : 25 February 2015

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APPENDICES	
Appendix 1	System Resilience Dashboard