

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY
OPERATIONAL RESILIENCE AND CAPACITY PLANS (NHS ENGLAND – WESSEX)

Date of the meeting	17/09/2014
Author	J Pike, Director of Service Delivery
Sponsoring Board Member	T Goodson, Chief Officer
Purpose of Report	To provide an update on the development of the Dorset Operational Resilience and Capacity Plan.
Recommendation	The Governing Body is asked to Note the report.
Stakeholder Engagement	Engagement with Governing Body and CCP clinicians and senior officers and clinicians of all partners through System Resilience Group (previously the Urgent Care Board)
Previous GB / Committee/s, Dates	None

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 JP:

1. Introduction

- 1.1 In June 2014 NHS England, with Monitor, Association of Directors of Social Services and the Trust Development Agency issued the requirements for the 2014/15 Operational Resilience and Capacity Plan (ORCP). An indicative completion timetable was included in the guidance.
- 1.2 The ORCP was to build on the 2013/14 seasonal plan, but to also include elective care planning.
- 1.3 The ORCP was to be developed by a local System Resilience Group (SRG) to be formed from established Urgent Care Working Groups, and will bring together all partners from health and social care.
- 1.4 The ORCP must give equal importance to quality, access and financial balance.
- 1.5 National monies were identified to support urgent care and delivery of referral to treatment times.

2. Report

- 2.1 The Commissioning Support teams with responsibility for Urgent Care and Referral to Treatment performance have led the development of the Dorset ORCP from June 2014, working with all health and social care partners.
- 2.2 The Dorset resource allocation for urgent care, from national monies, was confirmed in July as approximately £5 million. It should be noted that NHS Dorset CCG had already committed £4 million at risk so that schemes that had proved effective from 2013/14 could be continued and 'scaled up' as appropriate; leaving £1 million as additional resource.
- 2.3 The draft Dorset ORCP was submitted on the 31 July as per required timetable, unfortunately there had been no confirmation of RTT allocation at this time.
- 2.4 The Dorset Urgent Care Board was re-established as the Dorset System Resilience Group in August 2014 and approved the draft ORCP.
- 2.5 Broadly supportive feedback was received from NHS England with a requirement to submit an updated plan on 15th September.
- 2.6 The Dorset resource allocation for RTT was confirmed on the 26th August as £2,007,290, with Dorset County Hospital receiving £701,781; Poole Hospital £300,628; and Royal Bournemouth and Christchurch Hospitals £1,004,881.
- 2.7 Further work is underway to finalise the ORCP for submission.
- 2.8 It should be noted that NHS Dorset CCG has also committed the following resource to support resilience - £3.88 million for the over 75s plans.

Board Assurance Framework / Risk Register

2.9 Urgent care remains a high risk on the corporate risk register.

Budgetary Impact

2.10 Additional resources from national allocation equates to approximately £3 million for Dorset.

3. Conclusion

3.1 The Governing Body is asked to **note** this report.

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Date : 29 August 2014

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