

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

<b>Date of the meeting</b>	21/01/2015
<b>Author</b>	M Wood – Deputy Director Review, Design and Delivery
<b>Sponsoring Clinician</b>	Dr S Watkins - Chair Co-ordinating Care Clinical Commissioning Programme
<b>Purpose of Report</b>	To update the Governing Body on progress with system resilience across Dorset.
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	System Resilience Group membership includes local acute providers, local authorities, ambulance service, GPs and locality chairs.

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
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	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

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 Work has been undertaken to evaluate the West Midlands Escalation Management System to see if it would be beneficial to Dorset. The web-based system is more sophisticated than the current Dorset Capacity Management System and is capable of predictive modelling and identifying public health issues. The system also has the potential for generating automatic resilience alerts across the health and social care system; standardising the levels at which alerts are issued. Additional evaluation of the system is underway and contact is being made with other NHS users of the system to understand benefits.
- 2.2 The A&E audit conducted by the Quality Directorate in the summer was shared with the System Resilience Group (SRG) for information.
- 2.3 There continues to be unprecedented pressures across the health and social system with a 10% increase in emergency admissions this year from the same time last year. This is reflected in the Performance Dashboard presented at the SRG. NHS 111 performance has been poor and targets have not been achieved. Commissioners are working with the provider of this service to improve performance.
- 2.4 Monthly reports are being submitted to NHS England to document the progress of all Operational Resilience Capacity Plan (ORCP) funded schemes.
- 2.5 Resilience Alerts have been increasing in number. A thematic review shows that the number of alerts sent from Poole Hospital is higher than it has previously been. It is apparent that there are varying principles and benchmarks that exist and the introduction of the Escalation Management System should rectify these problems.
- 2.6 A draft Ambulatory Care Strategy has been written and was shared with the SRG for comment. Any necessary amendments will be made and it will be taken to the January SRG for ratification.
- 2.7 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 are being developed by each group and progress is being reported to the SRG.
- 2.8 There has been a re-alignment in CCG staff to support the urgent care/system resilience and Clinical Services Review (CSR). The team will ensure there is a coordinated approach to the work and be able to support through a Project Management Office approach.

- 2.9 The Project Management team are taking a proactive approach to supporting providers with resilience. These approaches include CHC having block booked care home beds, additional community rehabilitation beds opened at St Leonards for a three month period, assurance of appropriate staffing levels across all providers during the Christmas/New Year period and a daily resilience call with all providers between 22 December and the 2 January 2015.

### **3. Conclusion**

- 3.1 There is continued emergency pressure within the system. The Project Management team are responding to the daily pressures whilst also planning for innovative transformational change to address the issues. It is anticipated that the ORCP funded schemes will start to identify some of the solutions. The SRG will continue to have oversight of these.

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**Date : 19 December 2014**

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<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>Systems Resilience dashboard</b>