NHS DORSET CLINICAL COMMISSIONING GROUP GOVERNING BODY MEETING

SYSTEM PERFORMANCE AND QUALITY REPORT

Date of the meeting	17/07/2019	
Author	S Banister, Deputy Director Integrated Care Development	
Sponsoring Board member	T Goodson – Chief Officer	
Purpose of Report	This paper summarises the current system performance and quality issues, and highlights areas for noting and actions for the Governing Body to consider.	
Recommendation	The Governing Body is asked to:-	
	 note the content of the report including the items highlighted and the work underway note that agreement will be required regarding the approach to long waiters and a proposal will be developed and agreed through the Operational and Finance Reference Group (OFRG). 	
Stakeholder Engagement	The paper is based on intelligence from collaborative working arrangements across STP partners including managers and clinicians in primary, community and secondary care.	
Previous GB / Committee/s, Dates	Operational and Finance Reference Group (04/07/2019) Clinical Reference Group (11/07/2019)	

Monitoring and Assurance Summary

This report links to the following Strategic Principles	 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		✓		✓

9.1

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	e ·		

Initials : SAB

9.1

1. Introduction

- 1.1 This paper summarises the current system performance and quality issues, and highlights areas for noting and actions for the Governing Body to consider.
- 1.2 Accountability for delivery of the performance of the system lies with
 - a. Urgent and Emergency Care Board
 - b. Elective Care Board
 - c. Dorset Cancer Partnership
 - d. Mental Health Board
 - e. Integrated Community and Primary Care Services Board
- 1.3 Unless specifically noted, each area highlighted, has been the subject of review at the relevant board/group above and that board/group is assured that the mitigating actions agreed are appropriate to resolve the matter.
- 1.4 Members are able to find further supporting information through the links on the "Performance Metrics" page. Currently the links take the reader to customisable visualisations of activity and waiting time data. Over time further narrative content will be available via this same route.

2. Performance Key Points

- 2.1 The system has identified the following performance areas as those of most concern and which require improvement.
- 2.2 Poole commenced national ED pilot in May 2019; performance against these new measures will be reported internally (only) when available.
- 2.3 Category 1 ambulance target now being met due to the new investment and a performance improvement trajectory is now available for Categories 2, 3 & 4.
- 2.4 Despite the reduction in GP referrals for elective care when compared to last year (and a greater reduction when compared to 17/18), capacity deployed to cover non-elective care and workforce pressures have resulted in growing elective waiting times.
- 2.5 Dorset has experienced several further waits in excess of 52 weeks since the April data period covered in the Performance Metrics page. Moreover, providers are reporting significant growth in the numbers waiting over 40 weeks when compared to last year with limited confidence that these can be resolved internally. The Elective Care Board identified this as the most significant risk faced by the elective system currently.
- 2.6 NHS England has confirmed their intention to levy fines on the Dorset system for each breach of 52 week wait (at £2500 per breach to both the provider and commissioner). An agreed approach to managing this risk to provide

maximum patient benefit and financially efficient outcomes needs to be developed and system-wide views are being sought via the Operational and Financial Reference Group (OFRG).

- 2.7 Endoscopy capacity cannot sustainably meet demand. There has been a small reduction in performance from last month (after improvement as a result of non-recurrent resources provided at the end of 18/19). Southampton University have been commissioned to refresh a 2016 data collection and analysis exercise supplemented by qualitative discussion and focus groups with services to determine what changes can be made to increase this capacity. This will report to the Clinical Reference Group (CRG) in November and OFRG thereafter.
- 2.8 First quarter growth of around 8% in 2ww referrals has led to significant pressure on 2ww particularly at DCH for the breast tumour site. System-wide workforce and demand pressures have meant that other providers in the Dorset Cancer Partnership have not been able to support DCH. The current access time for Breast patients at DCH is over 3 weeks and a plan to recover this will be worked up. This will be placed on the risk register and GP practices notified.

3. Quality Key Points

- 3.1 Areas requiring improvement are:
 - (a) the impact on quality of operational pressures on overall performance in the providers
 - (b) SWASFT call stacking
 - (c) Ambulance handover delays
 - (d) Initial Health Assessments compliance rates.
- 3.2 Pending the inclusion of data relating the Quality in the Performance metrics section of this report, the Quality Scorecards are included as Appendix 2.

4. Conclusion

- 4.1 The Governing Body is asked to:-
 - note the content of the appended report including the items highlighted and the work underway
 - note that agreement will be required around the approach to long waiters and a proposal will be developed and agreed through OFRG.

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Date: 03/07/2019

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APPENDICES		
Appendix 1	Integrated Performance and Quality Report	
Appendix 2	Quality Scorecards	