

**NHS DORSET CLINICAL COMMISSIONING GROUP  
GOVERNING BODY  
SYSTEM QUALITY AND PERFORMANCE REPORT**

<b>Date of the meeting</b>	18/09/2019
<b>Author</b>	S Banister, Deputy Director Integrated Care Development
<b>Sponsoring Board member</b>	T Goodson – Chief Officer
<b>Purpose of Report</b>	This paper summarises the current system performance and quality issues, and highlights areas for noting and actions for this group to consider.
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the content of the appended report including the items highlighted and the work underway.
<b>Stakeholder Engagement</b>	The paper is based on intelligence from collaborative working arrangements across STP partners including managers and clinicians in primary, community and secondary care.
<b>Previous GB / Committee/s, Dates</b>	N/A

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Objectives</b>	<ul style="list-style-type: none"> <li>• Prevention at Scale</li> <li>• Integrated Community and Primary Care Services</li> <li>• One Acute Network</li> <li>• Digitally Enabled Dorset</li> <li>• Leading and Working Differently</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	✓		✓

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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 : SAB

## SYSTEM QUALITY AND PERFORMANCE REPORT

### Introduction

1. This paper summarises the current system performance and quality issues, and highlights areas for noting and actions for this group to consider.
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
3. Unless specifically noted, each area highlighted in Appendix 1, 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 matter.
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.

### Quality Key Points

5. Areas requiring improvement are:
  - a. completion of Initial Health Assessments (IHA) within statutory timeframes.
  - b. the impact on quality of operational pressures on overall performance in the providers
  - c. SWASFT call stacking
  - d. Ambulance handover delays
6. Pending the inclusion of data relating the Quality in the Performance metrics section of this report, the Quality Scorecards are included as Appendix 2.
7. Dorset County Hospital Mortality action plan is included at appendix 3.

### Performance Key Points

8. Within Urgent and Emergency Care performance at Emergency departments is considered the area of most pressure.
  - a. Overall attendances increased by between 4% and 7% between March – June 18 and March – June 19). There have been

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increases in activity in majors across RBCH and DCH. Poole have seen a reduction in majors but an increase in Paediatrics.

- b. There is variation in level of increase across localities Poole North (1.9%) Weymouth & Portland (23.7%), Dorset West (24.2%) and East Dorset (16.3%).
  - c. Fridays (6.2%) and Sundays (8.2%) have seen the biggest increases in attendances this year.
  - d. Pressures in trauma and orthopaedic activity are being reported across the system along with increased acuity.
9. Within Elective Care the growth in the numbers of patients on the waiting list and the growing risk around 52 week breaches is the most pressing concern. Increased monitoring by NHS England is now in place (including weekly reports where a Trust has breached in 2 consecutive months) is being established, as is a local process through the Elective Care Board.
  10. The analysis of the aggregated risk across the system due for consideration at Operational and Financial Reference Group was referred to Heads of Finance group for further review before final consideration.
  11. Growth in waiting lists and waiting times is predominantly driven by reduced capacity and “carve out” for 2 week waits rather than by increased routine referrals- which are relatively flat.
  12. A number of digital solutions supporting outpatient transformation will be the subject of bids for transformation funds. These tools would support reduced outpatient appointments, or more efficient or convenient ways of delivering outpatients.

## Conclusion

13. The Governing Body is asked to **note** the content of the appended report including the items highlighted and the work underway.

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**Date : 03/09/2019**

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<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>Integrated Performance and Quality Report</b>
<b>Appendix 2</b>	<b>Quality Scorecards</b>
<b>Appendix 3</b>	<b>Dorset County Hospital Mortality Review Action Plan</b>