

System Performance and Quality Report

August 2019

Section A: Quality

Section B: Performance





This report provides an overall exception report of the quality of health and some care services across Dorset.

Areas requiring improvement are:

- Completion of Initial Health Assessments (IHA) within statutory timeframes.
- the impact on quality of operational pressures on overall performance in the providers
- SWASFT call stacking
- Ambulance handover delays
- Quality Scorecards are included for information at appendix 2.
- Dorset County Hospital Mortality action plan is included at appendix 3.



Emergency Department

Following a deep dive into ambulance handover times by NHSE/I, DCH and RBCH have been identified to participate in focussed improvement work by ECIST on handover processes, ambulance conveyances and Emergency Department flow.

Mortality

DCH remains an outlier with a SHMI value of 1.20. The actions in response to the recent mortality review have been agreed with NHSI and CCG and the action plan is being monitored by the Trust Board. The agreed action plan is provided in the report as a Appendix 2 for information.

Nutrition

DCH and PHT improvement activity includes training and awareness raising with staff regarding the new digital versions of the risk assessment.

Mixed Sex Accommodation breaches

Both DCH and RBCH are reporting breaches in relation to critical care areas. The method of reporting will be explored with the Trusts to determine patient experience and safety considerations.

VTE

DCH divisional strategy will include actions to address the quality of recording of assessments. RBCH have identified an area for further work in relation to anti-coagulant medicine. A CCG pharmacist is involved in the working group to look at prescribing and monitoring of these drugs.

Never Events

A Never Event was reported at RBCH in July relating to a retained diathermy loop.

Looked After Children update

Pan Dorset Q1 performance for IHA completion was 39.2% which is a significant drop since Q4 2018/ 19 which was 56.5%. Whilst action being taken by Dorset Council is showing no further deterioration in IHA performance, there is a continuing trend in delays by BCP in providing notifications and consent to proceed top an IHA. Concerns have been escalated to each Director of Children's services. The deteriorating performance by BCP will be added to the existing risk related to Dorset Council on the ICS system risk register.

Primary Care

CQC ratings ; Five Outstanding practices in Dorset, Three Requires Improvement. The remainder rated as Good.

The 2019 GP Survey report was published in late July and currently is being analysed for comparisons to the previous year.

SWAST

Call stack risk remains at 20. A further single QSG is planned by NHSE/I. A revised co-ordinating commission model has now been agreed and the associated governance being finalised to support this model.



Dorset Quality Surveillance Group Items for note -July Meeting

- Performance standards – two week wait and RTT. Observed increasing pressure across a number of areas; ED, Ambulance and increase acuity.
- Ambulance Handover delays
- Workforce concerns in general and particular in relation to development of Primary Care Networks
- Freedom to speak up guardian at RBCH – Highest score for acute trust
- SWASFT
 - Response to Health Professional Calls changing
 - Commissioner Model
 - Call stacking (Enhanced surveillance)
- Deep dive presentations on:
 - CAMHs Tier 4 and self harm (Social worker vacancies in Dorset)
 - Patient safety, mortality and suicide
 - Primary Care Transformation
 - Infection Prevention and Control



Urgent and Emergency Care

Emergency Department Performance

Attendances increased by between 4 & 7% between March – June 18 and March – June 19); There have been increases in activity in majors across RBCH and DCH. Poole have seen a reduction in majors but an increase in Paediatrics; 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%); Fridays (6.2%) and Sundays (8.2%) have seen the biggest increases in attendances this year.

Pressures in trauma and orthopaedic activity are being reported across the system along with increased acuity.

Long Length of Stay (LLOS)

All providers continue to hold weekly MDT LLOS meetings Current performance against the 40% reduction target is as follows: National reduction – 20%, Dorset ICS – 15%, RBCH – 19%, DCH - 36%, PGH – 5% (increase). A single integrated discharge steering group has been created by Bournemouth and Poole. DTOCs are 3.3% against the target of 3.5%. ECIST/ NHSE&I have offered to support DCH and PGH in the delivery of the stranded patient target, using the McKinsey Rand evidence base work.

Ambulance

New targets and guidance have been released from NHS E regarding handover lost hours. Deloitte have commenced the evaluation of South West Pilots. Report due end of October 2019 and will be used as evidence base to inform South West Transformation Plan. Model of Commissioning Support is being developed (e.g. Delegated Committee Scheme of Delegation; Collaborative Commissioning Agreement and Governance Framework) and agreed with SW CCGs. The first delegated committee is planned for the end of October 2019. Deep Dives – Roll out plan developed, and an agreed set of core principles shared with SW CCGs. Deep Dives will start from September 2019.

Elective

Referrals & Waiting Lists (June activity): Across the ICS, **all** specialties have seen a -3.2% decrease in **GP** referrals compared to June last year. **All** referrals have reduced by 3.9%. On a rolling 12 months, GP fast track referrals remain high at 11.4% growth. Among non-ICS providers, GP referral growth is 11.4% compared to June 2018. Over a rolling 12 months, growth is 0.7% with 4/6 providers seeing reductions in referrals. Largest growth at Salisbury Hospital Foundation Trust (36.3% growth) and BMI.

Activity, Inpatient and Outpatients: ICS 18 week RTT performance for non-admitted activity in June 2019 is 83.4%. There were 136 patients waiting for more than 40 weeks with two 52 week breaches. On an admitted pathway ICS RTT performance is 68.6% with 260 patients waiting over 40 weeks and five 52 week breaches. Trusts reporting significant increases in potential 52 week breaches before year end.

Diagnostics: Static overall performance across the system with 95.3% of patients receiving diagnostics within 6 weeks (target 99%), compared to 95.1% in May and 95% in April 2019. In June there were a total of 14,878 patients on the waiting list, compared to 14,453 in the previous month. There were 39 more patients waiting over 13 weeks in June 2019 than in May 2019. DHC cystoscopy service expecting to report 100% performance end of July following recent dip.

Cancer: *Dorset delivered 62 days in May. 2ww was not achieved (DCH 61.8% against 93% target) due to the breast 2ww demand at DCH and the lack of capacity available. Key breast clinicians have urgently reviewed the situation. RBCH and Poole are at capacity for breast services. Two DCP work programme may alleviate pressure; new breast 2ww referral forms being introduced (may reduce referrals by 10%). Implementation of patient risk stratified follow ups will release clinician time to focus on new referrals. In September a clinical working session will deep dive into the issues and develop new thinking and solutions for the breast pathway across Dorset.*



Dermatology:

Sub groups of the Dorset Dermatology Steering Group (DDSG) have formed and activity is underway. The first updates on work plans are due at the September DDSG. First quarterly dermatology newsletter for primary care was distributed to GP practices. Funding was secured to continue dermatology pilots in Poole and Bournemouth. Due to the formation of Primary care networks, the geographical area covered by the pilots has widened. The British Association of Dermatologist (BAD) has published a report on the dermatology services provided at Christchurch Hospital. Recommendations to be reviewed as part of wider work to identify where they could be implemented across the system. Fast track referrals particular issue for RBH where demand significantly outstrips capacity.

Ophthalmology:

DCH is working with Salisbury Hospital consultant ophthalmologist to deliver two corneal outpatient clinics and two corneal surgical list per month from October. DCH setting up contract with Evolutio to move ocular hypertension and glaucoma FUPs to the community. Long waiting patients, potential 52 week breaches and lack of follow-up capacity in hospital eye services is a significant clinical risk for the system. There are significant consultant workforce issues, specifically sick leave in RBH which is seriously impacting some services i.e. ocular plastics. There has been a recent resignation of paediatric consultant at DCH. Ocular plastic consultant due to start at DCH in Sept is now not starting. Agreement between RBH and PHT DoFs to transfer resource between Trusts is unresolved. The transfer will create efficiencies and free up some capacity in the system.

Outpatient Transformation:

Bids are being developed for transformation funding for the following priority areas:

- Using remote consultations more widely
- Supporting Self Care and Long Term Condition Management
- Intelligent Automation
- Virtual Clinics – DCH

Maternity:

Following implementation of the new postnatal care pathway in Poole, the proportion of women breastfeeding at the time of discharge from midwifery to health visiting increased from an average rate of 40.3% to 51.0%. Dorset LMS is focusing resources this year to improving continuity of carer rates from current baseline of 10.6% to achieve the NHS E guidance and target of by March 2020 35% of women should be booked onto a continuity of carer pathway.

ICPCS:

Current data continues to show progress against trajectories. However, stranded patients are still a significant challenge for the system. Recruiting is continuing with 92 of the 143 WTE posts filled (64%).

Primary Care:

Wave One of the Population Health Management programme is now completed and plans for Wave Two are underway for commencement in September. Two key area of focus are currently PCN Development investment and Clinical Leadership (CCG, ICS, PCNs)

“Improving Access to General Practice” Appointments within IUCS has been identified as an issue and raised with DHC. Overall utilisation remains around 75%.

Mental Health:

SMI health check: Recruitment to health advisors working across primary / secondary care ongoing. Phased roll out with focus on three localities initially – Nth Dorset, Bournemouth East and Weymouth & Portland. Forum developed to facilitate agreement on clinical shared care pathway

CYP: NHSE application for Mental Health Support Teams in Schools was successful for 3 areas – North Dorset, Weymouth and Bournemouth. Implementation now commencing.

MH ACP: Retreat in Dorchester and Community Front Rooms now operational (Wareham, Bridport, Shaftsbury). Full public launch of ACP planned for World Mental Health Day



Performance Metrics

For RAG rating explanation see back page

● National Targets
■ Local Targets

Responsible To	ToR	Area of Concern	BiD Link	NHSEI Threshold	System Threshold	Provider Date as at	System		PHT	DCH	RBH	SWAST
							Value		Value	Value	Value	Value
Quality		Infection Control: Clostridium Difficile				Jun19	4	●	3	1	0	
		Mortality: SHMI				Jun19		●			0.949	
		Never Events				Jun19	0	●	0	0	0	
		Safeguarding: Staff trained in Level 3 children				Jun19	%	●	71.0%	80.0%	83.0%	
		Safeguarding: Staff trained in MCA and DoLs				Jun19	%	●	80.0%	88.0%	88.7%	
		Safeguarding: Staff trained in PREVENT				Jun19	%	●	90.0%	81.7%	97.3%	
		Safeguarding: Staff trained level; 2 – Adults				Jun19	%	●	80.0%	85.0%	95.9%	
		Serious Incidents: Falls				Jun19	0	●	0	0	0	
		VTE				Jun19	%	●	95.8%	92.1%	96.7%	
Urgent & Emergency Care Board		Category 1 Ambulance Response Times (mins)	🔗		7 mins	Jul19	6.5	●				6.5
		Category 2 Ambulance Response Times (mins)	🔗		18 mins	Jul19	30.7	●				30.7
		Category 3 Ambulance Response Times (mins)	🔗			Jul19	108.8	■				108.8
		Category 4 Ambulance Response Times (mins)	🔗			Jul19	124.5	■				124.5
	🔗	4 hour A&E Wait	🔗		95%	Jul19	87.8%	●		91.6%	83.8%	
		Ambulance Conveyances vs previous financial year (YTD)	🔗			Jul19	2.6%	■	0.9%	3.0%	4.2%	
		ED Demand vs Contract Plans (YTD)	🔗			Jul19	6.8%	■	2.6%	9.3%	9.0%	
		NHS111 vs previous financial year (YTD)	🔗			Jul19	3.5%	■				3.5%
		Non-Elective Admissions** vs Contract Plans (YTD)	🔗			Jul19	0.3%	■	-4.8%		7.0%	
	🔗	Stranded Patients - those waiting over 21 days	🔗			19/08/19	207	■	84	38	85	



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Responsible To	ToR	Area of Concern	BiD Link	NHSEI Threshold	System Threshold	Provider Date as at:	System		PHT	DCH	RBH	DHC
							Value		Value	Value	Value	Value
Elective Care Board	🔗	Consultant-Led RTT Performance: 18 week wait	🔗		83.5%	Jul19	81.4%	●	81.9%	76.2%	83.4%	98.8%
		Consultant-Led RTT Performance: Numbers waiting >26 weeks	🔗			Jul19	4940	■	1398	1723	1819	0
		Consultant-Led RTT Performance: Numbers waiting >52 weeks	🔗		0	Jul19	4	■	0	2	1	1
		Consultant-Led RTT Performance: Waiting List Growth-compared to March 19	🔗			Jun19	4.0%	●	0.1%	4.2%	5.9%	8.9%
		Consultant-Led RTT Performance: Waiting List Total (current)	🔗		57460	Jul19	59925	■	15014	15797	28248	866
		Criteria Based Access activity vs previous financial year (YTD)	🔗			Jun19	6.3%	■	-21.3%	7.0%	11.4%	
		Diagnostics: 6 week wait	🔗		>92.8%	Jul19	93.6%	●	97.9%	89.2%	92.8%	100.0%
		Diagnostics: Total List	🔗		13388	Jul19	13765	■	3595	4012	5135	1023
		Elective Admissions** vs Contract Plans (YTD)	🔗			Jul19	-1.5%	■	2.4%	-6.0%	-1.0%	
		GP Referrals (all specialties) vs previous financial year (YTD)	🔗			Jul19	-1.1%	■	-6.9%	1.3%	1.4%	
		OP 1st Attendances vs Contract Plans (YTD)	🔗			Jul19	-3.9%	■	-9.6%	-2.0%	-0.2%	
OP FUj Attendances vs Contract Plans (YTD)	🔗			Jul19	-3.1%	■	4.6%	-4.0%	-8.5%			
Dorset Cancer Partnership	🔗	Cancer: 2 week wait - GP Urgent Referral to First Consultant Appointment	🔗		93%	Jun19	86.6%	●	90.4%	75.5%	90.7%	
		Cancer: 31 day wait for First Treatment	🔗		96%	Jun19	97.1%	●	96.8%	95.9%	98.0%	
		Cancer: 62 day GP Urgent Referral to First Treatment	🔗		85%	Jun19	81.9%	●	76.5%	81.1%	85.8%	



Performance Metrics

Responsible To	ToR	Area of Concern	BiD Link	NHSEI Threshold	System Threshold	Provider Date	System Value	DHC Value
Primary & Community Care		Community Health Contacts vs previous financial year (YTD)	🔗			Jul19	-0.4%	-0.4%
		Electronic Repeat Dispensing	🔗			May19	5.0%	
		GP online consultation (% practices)	🔗			May19	54.0%	
		ICPCS recruitment against target	🔗			May19	66.9%	
		Improving Access to GP Services: utilisation	🔗			Jun19	75.0%	
		Occupied Beds	🔗			Jun19	91.6%	91.6%
		Over 65s Admissions (Elective, Emergency and Non-Elective Non Emergency) Rolling 12 months	🔗			Jun19	47028	
		Re-Admissions within 30 days (all Emergency Admissions)	🔗			Jun19	14.8%	
		Workforce GP numbers against target	🔗		512	Apr19	512	
Mental Health Board		CYP - Access Rate	🔗	34%		Jun19	34.0%	34.5%
		CYP Eating Disorder Waiting time - Routine 4 weeks	🔗	74.3%		Jun19	89.0%	89.0%
		CYP Eating Disorder Waiting Time - Urgent 1 week	🔗	100%		Jun19	100.0%	100.0%
		Dementia Diagnosis Rate	🔗	61.1%		Jul19	61.7%	61.7%
		EIP standard and services - NICE concordance	🔗	60%		Jun19	60.0%	60.0%
		IAPT - Access Rate	🔗	4.8%		Jun19	4.9%	4.9%
		IAPT - Moving to Recovery	🔗	50%		Jun19	50.4%	50.4%
		IAPT - Treated within 18 weeks	🔗	95%		Jun19	100.0%	100.0%
		IAPT - Treated within 6 weeks	🔗	75%		Jun19	94.5%	94.5%
		Out of Area Placement bed days	🔗			Q1	280	280
	SMI Physical health checks in the preceding 12 months	🔗		20%	Jun19	18.4%	18.4%	