

System Quality and Performance Report

For the period: September 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.
- Impact on quality due to operational pressures on performance
- SWASFT call stacking
- Ambulance handover delays
- Quality Scorecards are included for information at appendix 2.



Emergency Departments/ Urgent Care / SWAST

Ambulance handover times remain challenged at PHFT, DCH and RBCH. This is being monitored through the Contract review meetings and remedial action being led by the UEC Board.

A final single item QSG led by NHSE/I took place this month regarding the call stack risk. Mitigating actions to reduce ambulance demand will be progressed through the new regional ambulance delegated committee. Performance of the Out of Hours service is being monitored through the contract meetings.

Mortality

There is a continued improved of SHMI value of 1.16 (previously 1.20 then 1.18) reported for DCH for the latest available period June 2018 – May 2019. Progress on action is being monitored at the Pan Dorset Mortality Group. A further update will be reported in March 2020.

Surgical checklist

QA visits to theatres at each acute Trust over the summer gave good assurance regarding the compliance with WHO surgical safety requirements. At each site there is a qualitative audit of the process that underpins the assessment and addresses poor performance of individuals.

VTE

A task and finish group has been instated in DCH to look at areas of poor performance in quality indicators including VTE assessment and prescribing of prophylaxis. The Trust position is below the national average in England and when compared with peers in Dorset. At the time of writing this report the actions are not fully defined but will be provided in a future quality report.

Nutrition

Lower performance has been recognised by DCH in relation to MUST risk assessments. Further analysis of data has been requested. Poole Hospital also continue to focus on improvements to the screening and referrals process.

Staffing, mandatory training including safeguarding

Trust reporting of appraisal rates varies as some reset at the beginning of each year to zero and do not use rolling month averages. All Trusts are amber for compliance with staff mandatory training and this is consistent across safeguarding training. Operational pressures are cited as the main reason for this. More detail regarding safeguarding and PREVENT training is provided in the 6 monthly update report to Governing Body.

Early Warning scores

Compliance with this area has not been reported by DCH in the year to date. The parameter has changed following the introduction of NEWS 2 nationally. All trusts electronic patient observation systems are now compliant with the Patient Safety Alert requirements.

Mixed Sex Accommodation breaches

The reporting requirements have recently been refreshed with new criteria for justification of breaches, which will provide great clarity on reporting breaches in Critical care areas where the most significant changes will be made.

Complaints

RBCH are reviewing their policy and aligning investigation and response times standards with other Trusts in Dorset. The number of complaints meeting the revised timescales will be monitored over the next quarter.

Infection control

We have had notification of a case of MRSA bacteraemia in September for Dorset CCG, current investigation underway. To date we have had 5 cases this year in Dorset, with one case attributed to a trust outside of the county, one to an acute Trust within Dorset and three community onset cases.

Looked After Children update

Pan Dorset IHA performance remains variable due to challenges in Children's health and social care due to factors related to workforce capacity and system wide reorganisation. Since May 26 IHA appointments have not been available due to workforce capacity. Current completion of IHAs within 20 working days is 39.2 % for Q1. An additional 35.5 % were completed between 20 and 30 days. Data also shows that we have 3 LAC in Dorset who have waited greater than 31 days due to multifaceted reasons. Assurance can be given that for all LAC in Dorset entering care who have not had their IHA within the statutory 20 days health oversight is maintained and actioned by the nursing team as a priority.

Primary Care

CQC ratings ; Currently there are 5 practices rated as Outstanding in Dorset, and 3 as Requires Improvement. The remainder are rated as Good.



Dorset Quality Surveillance Group Items for note - September Meeting

- Single item QSG call stack for SWASFT
- Ambulance Handover delays
- The Never Events at Dorset Healthcare and RBCH
- The impact of pension tax on workforce
- Dental health in children and links to possible neglect -safeguarding
- Monitoring the changes to safeguarding at Dorset Council.
- Improvement notice on IRMER and links to Medical Physics
- Workforce as single biggest risk
- Sustained demand on urgent care services
- Deep dives at today's meetings were:
 - Maternity Services
 - Mental Health (Adult)
 - Klebsiella outbreak summary report and learning
 - Specialist Commissioning – Dental, Pharmacy and Optometry



Urgent and Emergency Care

Emergency Department Performance - ED attendances exceed the contract plan by 5.6% with the greatest variances being at DCH (9%) & RBH (7.6%). System ED performance is at 86% against the 95% target. NEL admissions are down across the system by 3% with the main decrease being seen at PHFT due to the new ED standards pilot. The new ED Delivery Group has met and is finalising its action plan for the November meeting. Donna Parker is chair. A further CEO meeting has been held to progress actions to reduce UEC demand, interfacing with the system winter plan (to be submitted to NHSE/I by 8 November).

Long Length of Stay (LLOS) - Current performance, as at 14 October against the 40% reduction target is as follows: National reduction – 20%, Dorset ICS – 16%, RBCH – 33%, DCH - 22%, PGH – 12% (above the baseline). The LLOS Delivery Group have met and a planning workshop has been arranged for the 7th November when the group will be focussing on system level actions to support sustainable change.

Ambulance - Dorset ICS is the highest contributing area in the SW to 60-minute handover delays. Year to date Dorset had 282 patients waiting > 60 minutes. Poole is the highest contributing trust in the SW with Bournemouth being 3rd highest. In same period Dorset has had 8714 patients waiting > 15 minutes for ambulance handover. Cat. 1 target continues to be met and there are trajectories for improvement on Cat 2, 3 & 4. Dorset is 3.82% above plan for the year till end of September which has resulted in two “break glass payments. New Delivery Group has met with SWASFT County Commander as chair. Demand management plan in line with contract SDIP being developed for November meeting.

IUCS Failing KPIs for : Call handling ;clinical assessment; & face to face. CCG assurance letter week commencing 28/10th to DHC re assurance process for their intention to in-house 111 and CAS requires significant improvement in current performance as part of this process. Also required is resilience partner for winter.

Elective

Referrals & Waiting Lists: All referrals (from all referrer types to all ICS providers) are 0.2% less over the last 12 months, than the previous 12 months. However within this- GP referrals have increased by 1%. Referrals for gynaecology, and trauma have seen significant referral increases. Waiting List growth is still significant with the number of patients waiting longer than 40 weeks for first definitive treatment remaining a concern. Trusts continue to report their potential 52 week breaches during 19/20 with daily internal monitoring at patient level. Actual against predicted breaches are shown below. CEO concern on the progress of elective care raised in call with COOs. Agreed to look at what feasible action could be taken to address all waiting > 40 weeks- and to calculate cost- ahead of discussions with CCG.

52 Week Breaches September Endoscopy Actions

	Predicted	Actual
PGH	3	1
DCH	14	4
RBH	16	7
	33	12

- Joint letter to GPs explaining pressure
- Slow invitation to be screened for Dorset Bowel Cancer Scope
- Work with PCNs to review CCLIPs where these plan increases
- Shared room booking
- Passporting
- Support PHT business case
- Formalise Endoscopy network
- Continue insourcing

Diagnostics: Overall there has been a reduction in diagnostic (6 week) performance across the ICS; 90.4% in August compared to 93.8% in July 2019. When comparing August 2019 with July 2019 performance, there is an additional 426 patients waiting over 6 weeks and an additional 135 patients waiting over 13 weeks. Endoscopy position fragile even despite outsourcing. Workshop identified 20 options to consider-with 8 above being actively pursued.



Cancer:

Dorset remains under significant pressure in terms of increasing demand in fast track referrals and delivery of 62 days and 2ww. At DCH, head and neck (H&N) has reduced capacity due to lack of consultant availability for breaking bad news clinics. All H&N patients breaching as they transfer to PHT due to patient choice/patient initiated delays. At RBH the colorectal 2ww pathway has staffing issues - also down by one breast consultant due to sickness. H&N patients go to PHT for diagnostics which creates a delay in their pathway. Brachytherapy waiting times at PHT have improved significantly following increased clinic lists which has subsequently alleviated the system pressure in this pathway. Clinical working session on breast made recommendations for new ways of system working to improve 2ww breast performance.

Dermatology:

Dermatology workstream being brought under the Dorset Clinical Networks Programme – part of Dorset STP’s One Acute Network Portfolio). Work will continue to be delivered via the Dermatology Steering Group and working groups. Away day planned for December to develop system model. Currently identifying a clinical lead to support leadership of the new model development. 2WW pressures reduced slightly at RBH but demand still outstripping current clinic capacity. Only one consultant in post with 1.6 vacancy.

CBAP audits reveal significant level of benign skin lesion procedures at RBCH and PHT. For example at RBH 75 were carried out during the audit period (June) with only 14 within criteria. Trust help being sought in identifying rationale for this activity. Poole audit data has not been received.

Ophthalmology:

External system-wide review of ophthalmology underway (Moorfields Hospital supported by PA Consulting). 6-week review to be completed by end of Nov/early December. Meeting being arranged with lead COO to discuss structure and governance of ophthalmology working groups post review. Particular pressures at DCH for both corneal and oculoplastic services with longstanding consultant vacancies and long waits/potential 52 week breaches. System-wide support is sought to identify solutions.

Outpatient Transformation:

Confirmation received from NHS E that Dorset ICS is able to progress as part of the national pilot of Attend Anywhere – 20 waiting rooms allocated. Expressions of interest received from specialties as below.

RBCH	Poole	DCH	DCNs
Diabetes	Diabetes	Diabetes & Endocrinology	Urology
Gastroenterology	Gastroenterology	Renal	Rheumatology
Cardiology	Cardiology	Paediatrics	Haematology
Dermatology	Respiratory		
	Gynaecology		

Planning to “go live” with Rheumatology MDT meeting 13th November to test technology with clinicians. I.G. issues being resolved to enable patient correspondence via e-mail. Targeting first patient contacts early December. Comms plan being developed. NHS England funding supporting webcams and microphones where not already in place. Transformation bids submitted for: (a) tool to deliver online groups sessions/webinars and (b) Developing and implementing Robotic Process Automation/intelligent automations

Maternity:

LMS continues to focus on smoking cessation currently 10.9% smoke at time of delivery compared to 6% target. Poole maternity unit is the first in the country to pilot taking a ‘whole family approach’ towards smoking cessation targeting the partner and family who are smokers. LMS has identified 2 midwives to lead across East and West Dorset on improving continuity of carer to increase rates from current baseline of 10%. Dorset LMS reduced stillbirth rates by half in 2018 compared to 2016. However work continues to implement saving babies live care bundle version 2 to reduce stillbirths and neonatal deaths to meet the national ambition.

Criteria Based Access Protocols:

NHS England Evidence Based Interventions policy recommended maximum levels of 17 procedures which should not be routinely commissioned. For Dorset a reduction to the recommended levels from 17/18 levels would release cost/ or capacity of around £4m. Changed criteria where relevant were formalised in a number of CBAPS and an audit process established.



A review of activity April- August shows a reduction of >27% in the volume of relevant procedures. If sustained for a full year it equates to £2.8m less cost/proxy cost than in 17/18. However there is further scope to improve with activity currently still at 157% of recommended levels). Current reporting year to August shows activity as below.

EBI	April- August 19/20 Activity				
	RBH	PHT	DCH	DHFT	All Other
	Spells	Spells	Spells	Spells	
A Intervention for snoring (not OSA)	-	2	1	-	-
B D&C for heavy menstrual bleeding	-	-	-	-	-
C Knee arthroscopy with osteoarthritis	2	-	2	-	3
D Inj for low back pain w/o sciatica	-	-	-	-	3
E Breast reduction	1	1	2	-	5
F Removal of benign skin lesions	324	393	72	42	133
G Grommets	-	16	4	-	5
H Tonsillectomy	-	55	23	-	16
I Haemorrhoid surgery	11	5	11	1	4
J Hysterectomy for heavy bleeding	30	64	34	-	17
K Chalazia removal	34	-	4	-	1
L Shoulder decompression	15	-	25	-	21
M Carpal tunnel syndrome release	166	2	67	39	124
N Dupuytren's contracture release	53	-	10	12	15
O Ganglion excision	17	3	3	2	3
P Trigger finger release	33	-	9	4	10
Q Varicose vein surgery	70	-	22	-	17
Grand Total	756	541	289	100	377

Areas with a high remaining opportunity are: benign skin lesions, shoulder decompressions, hysterectomy for heavy bleeding, carpal tunnel and Dupuytren's.

A more detailed mid year report will go to CRG in November with a further report recommended in January using December data. Trust support in reinforcing agreed CBAPs and providing audit data is sought.

Primary Care:

We continue to assess local progress against National Service Specifications to be implemented as part of the PCN DES and future Community Services contractual requirements. Enhanced health in care homes DSP toolkit roll-out progressing well to support integrated care delivery. A new toolkit has been developed to support Electronic repeat dispensing and improve our current performance of 4.58% against a national average of 14.43%. System expectations on PCNs remain high and some 'breathing space' and targeted support is required, if we are to enable Networks to provide a strong platform within their local communities.

Mental Health:

SMI health check: Robust plan in place to improve current position. Dedicated posts working across primary/secondary care commencing Oct /Nov. Draft share care protocol developed. IT challenges being resolved. Anticipating improvement through Q3 and Q4. Eating Disorders: Intensive assessment week has enabled service to improve waiting times. Over 18 aspect now seeing referrals within 4 weeks. CYP: Clarification re potential reporting inaccuracies being sought. CYP steering group governance and membership refreshed. Business case to support assessment and brief intervention approach being finalised – anticipated this will reduce waiting times and increase accessibility. Mental Health support teams in schools implementation progressing. Dementia Diagnosis: Continuing challenge from national team regarding compliance. Review of diagnosis rates in care homes nearing completion – will offer improved insight into potential gap in diagnosis rates.

Workforce:

Data now provided monthly directly by trusts. Dorset Workforce Intelligence Group (DWIG) have set the following thresholds:

Mandatory Training	90%
Sickness Absence Rate	5%
Staff Appraisal Rate	85%
Turnover	5%

Vacancy Rate Up to 5% Green; 5-10% Amber; 10%+ Red

Investigation underway with RBH re anomalous return.



Performance Metrics

For RAG rating explanation see back page

● National Targets
■ Local Targets

Responsible To	ToR	Area of Concern	BiD Link	NHSE Threshold	System Threshold	Provider	System	PHT	DCH	RBH	SWAST	
						Date as at	Value	Value	Value	Value	Value	
Quality		Infection Control: Clostridium Difficile				Sep19	5	●	1	2	2	
		Mortality: SHMI				Sep19		●			0.949	
		Never Events				Sep19	0	●	0	0	0	
		Safeguarding: Staff trained in Level 3 children				Sep19	%	●	73.0%	81.0%	85.3%	
		Safeguarding: Staff trained in MCA and DoLs				Sep19	%	●	78.0%	89.0%	95.4%	
		Safeguarding: Staff trained in PREVENT				Sep19	%	●	89.0%	81.3%	97.7%	
		Safeguarding: Staff trained level; 2 – Adults				Sep19	%	●	78.0%	86.0%	94.6%	
		Serious Incidents: Falls				Sep19	2	●	0	0	2	
		VTE				Sep19	%	●	97.5%	%	96.1%	
Urgent & Emergency Care Board		Category 1 Ambulance Response Times (mins)	🔗		7 mins	Sep19	6.4	●				6.4
		Category 2 Ambulance Response Times (mins)	🔗		18 mins	Sep19	29.1	●				29.1
		Category 3 Ambulance Response Times (mins)	🔗			Sep19	94.8	■				94.8
		Category 4 Ambulance Response Times (mins)	🔗			Sep19	114.1	■				114.1
	🔗	4 hour A&E Wait	🔗		95%	Sep19	86.0%	●		90.4%	81.6%	
		Ambulance Conveyances vs previous financial year (YTD)	🔗			Sep19	3.8%	■	2.6%	3.3%	5.6%	
		ED Demand vs Contract Plans (YTD)	🔗			Sep19	5.6%	■	1.1%	9.0%	7.6%	
		NHS111 vs previous financial year (YTD)	🔗			Sep19	3.7%	■				3.7%
		Non-Elective Admissions** vs Contract Plans (YTD)	🔗			Sep19	-3.0%	■	-11.4%	-2.1%	6.4%	
	🔗	Delayed Transfers of Care	🔗		3.5%	Aug19	3.9%	●	3.6%	5.5%	3.5%	
	Stranded Patients - those waiting over 21 days	🔗			22/10/19	182	■	73	44	65		



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	DHC
							Value		Value	Value	Value	Value
Elective Care Board	CB	Consultant-Led RTT Performance: 18 week wait	CB		83.5%	Sep19	78.9%	●	82.0%	71.5%	61.0%	93.5%
		Consultant-Led RTT Performance: Numbers waiting >26 weeks	CB			Sep19	6114	■	1514	2247	2344	9
		Consultant-Led RTT Performance: Numbers waiting >52 weeks	CB		0	Sep19	12	■	3	2	7	0
		Consultant-Led RTT Performance: Waiting List Growth-compared to March 19	CB			Aug19	9.0%	●	4.5%	12.1%	9.7%	11.9%
		Consultant-Led RTT Performance: Waiting List Total (current)	CB		57460	Sep19	61213	■	15103	16248	28876	986
		Criteria Based Access activity vs previous financial year (YTD)	CB			Aug19	7.0%	■	-14.7%	6.0%	11.4%	
		Diagnostics: 6 week wait	CB		>92.8%	Sep19	91.5%	●	95.6%	90.7%	88.9%	inf%
		Diagnostics: Total List	CB		13388	Sep19	12656	■	3835	4009	4812	
		Elective Admissions** vs Contract Plans (YTD)	CB			Sep19	-3.9%	●	1.2%	-9.0%	-3.7%	
		GP Referrals (all specialties) vs previous financial year (YTD)	CB			Sep19	0.1%	●	-4.7%	1.5%	2.6%	
		OP 1st Attendances vs Contract Plans (YTD)	CB			Sep19	-7.0%	■	-14.7%	-4.4%	-1.9%	
		OP FUp Attendances vs Contract Plans (YTD)	CB			Sep19	-4.2%	■	3.4%	-4.7%	-9.8%	
Dorset Cancer Partnership	CB	Cancer: 2 week wait - GP Urgent Referral to First Consultant Appointment	CB		93%	Aug19	82.4%	●	97.9%	58.8%	66.7%	
		Cancer: 31 day wait for First Treatment	CB		96%	Aug19	98.3%	■	97.9%	97.7%	98.9%	
		Cancer: 62 day GP Urgent Referral to First Treatment	CB		85%	Aug19	83.1%	●	85.2%	74.8%	86.1%	



Performance Metrics

Responsible To	ToR	Area of Concern	BiD Link	NHSEI Threshold	System Threshold	Provider	System		DHC
						Date	Value		Value
Primary & Community Care		Community Health Contacts vs previous financial year (YTD)				Sep19	0.7%		0.7%
		Electronic Repeat Dispensing				May19	5.0%		
		GP online consultation (% practices)				May19	54.0%		
		ICPCS recruitment against target				Aug19	100%		
		Improving Access to GP Services: utilisation				Jun19	75.0%		
		Occupied Beds				Aug19	90.0%		90.0%
		Over 65s Admissions (Elective, Emergency and Non-Elective Non Emergency) Rolling 12 months				Aug19	47357		
		Re-Admissions within 30 days (all Emergency Admissions)				Aug19	15.7%		
		Workforce GP numbers against target			512	Apr19	521		
Mental Health Board		CYP - Access Rate			34%	Q1	32.0%		32.0%
		CYP Eating Disorder Waiting time - Routine 4 weeks			74.3%	Aug19	100.0%		100.0%
		CYP Eating Disorder Waiting Time - Urgent 1 week			100%	Aug19	100.0%		%
		Dementia Diagnosis Rate			61.1%	Sep19	61.9%		61.9%
		EIP standard and services - NICE concordance			60%	Aug19	100.0%		100.0%
		IAPT - Access Rate			4.8%	Aug19	4.8%		4.8%
		IAPT - Moving to Recovery			50%	Aug19	51.6%		51.6%
		IAPT - Treated within 18 weeks			95%	Aug19	100.0%		100.0%
		IAPT - Treated within 6 weeks			75%	Aug19	92.0%		92.0%
		Out of Area Placement bed days				Q1	280		280
	SMI Physical health checks in the preceding 12 months			20%	Jun19	18.4%		18.4%	



Performance Metrics

Responsible To	ToR	Area of Concern	BID Link	NHSE Threshold	System Threshold	Provider Date	PHT Value	DCH Value	RBH Value	DHC Value
Workforce		Mandatory Training	6			Aug19	86.0%	87.0%	94.8%	96.7%
		Sickness Absence Rate	6			Aug19	3.6%	3.6%	4.1%	4.7%
		Staff Appraisal Rate	6			Aug19	86.0%	87.0%	55.9%	91.7%
		Turnover	6			Aug19	1.4%	2.2%	7.7%	0.9%
		Vacancy Rate	6			Aug19	4.0%	7.9%	5.6%	6.6%