

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
QUALITY AND PERFORMANCE REPORT

Date of the meeting	18/03/2020
Author	S Banister, Deputy Director: Integrated Care Development P O'Shea, Deputy Director: Nursing and Quality
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 this group to consider.
Recommendation	The Governing Body is asked to note the content of the appended report including the items highlighted and the work underway.
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 Financial Reference Group (07/11/2019).

Monitoring and Assurance Summary

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

Initials: SB/POS

1. Introduction

- 1.1 The System Performance Report is produced once per month and provided to a variety of groups and boards beginning with the Operations and Financial Reference Group and culminating with System Leadership Team (and the CCG's Governing Body every other month).
- 1.2 The System Leadership Team (SLT) requested that the system agree a set of escalation thresholds and actions to be taken in the event of these thresholds being breached.

2. Thresholds

- 2.1 Thresholds have been drafted for escalation to a) the relevant board (such as the Urgent and Emergency Care Board) b) System Leadership Team.
- 2.2 These have been developed such that only a small number of items would be escalated to SLT and that a wider group would be escalated to the relevant board (such as UEC).
- 2.3 The SLT has asked that each board approve the draft escalation thresholds relevant to their board. The draft thresholds are shown at the end of the performance report- Appendix 1).
- 2.4 This iteration of the System Performance Report has been "RAG" rated against those thresholds. Where the "actual" breached the "Board Threshold" this is shown as Amber. Where the actual breached the SLT Threshold this is shown as Red.
- 2.5 Where the planned performance varies from month to month and from provider to provider (such as for RTT), the current iteration of the report RAG rates both the system and provider based on the aggregate system plan.
- 2.6 Once the thresholds have been agreed by the different boards RAG rating will be set against each provider in all cases.
- 2.7 South West averages (where known) have been added to the metrics tables for comparison purposes.

3. Escalation Protocol

- 3.1 An escalation protocol is being drafted which will detail the circumstances in which escalation is required (to both boards and to the SLT). As well as breaches of the thresholds described above (by the system or by individual providers), escalation may be appropriate for example if a deterioration in performance is noted for more than two or three months or in multiple areas by one provider.
- 3.2 The escalation protocol will detail the actions that will flow from escalation - such as requiring remedial action plans, recognising risk in organisation risk registers and considering investment priorities.

4. Escalation in March

- 4.1 Pending the agreement of the thresholds and the development of the protocol, for this month's report, the authors of each section have been asked to focus their commentary on areas breaching the SLT thresholds.
- 4.2 As such increasing difficulties with long lengths of stay have been highlighted for Urgent and Emergency Care.
- 4.3 For Elective Care the increasing risk of a large number of year end breaches of 52 week wait is noted despite the local and regional additional investment in outsourced activity. Further clarity from NHS E is being sought on how the breach fines will be applied and the fine pool be used.

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APPENDICES	
Appendix 1	Integrated System Quality and Performance Report
Appendix 2	Quality Scorecards
Appendix 3	CQC Experience Survey Children and Young People
Appendix 4	CQC Experience Survey Maternity Services