



Council of Governors

2 September 2019

Chief Executive's Report

Introduction

The hospital has continued to be very busy during the last quarter. Further detail is provided in the main body of the report. This has once again led to challenges in achieving the constitutional standards. But on a more positive note length of stay has started to improve and the majority of quality standards have achieved or exceeded the national standard. Escalation beds have remained open for the most part since January, leading to high use of agency and increasing pay costs, which in turn is contributing to continued challenges in delivering on the Trust's savings plan. Although nursing vacancies remain a challenge, the imminent arrival of our newly qualified nurses and continued arrival of our overseas nurses is starting to ease some of the pressure.

My biggest concern leading into winter is that as there has been no lull in emergency activity as expected in late spring staff will be heading into a very busy winter without having had any break from the emergency demand. We will of course do everything we can to support them. The Trust and the Dorset system partners are currently compiling their winter plans to ensure that winter is managed as safely as possible.

Operational Performance

The first quarter of 2019/20 continued to see the trend of increased Emergency Department (ED) attendances and ambulance conveyances resulting in an increased number of ambulance handover delays and a decrease in ED performance. July performance against the 4 hour standard was 92.8% and whilst this is below the 95% standard, the Trust's performance against this standard continues to be well above the national performance (86.5% for July 2019).

The Referral to Treatment (RTT) constitutional standard has not been achieved in the first quarter of 2019/20 and 2 patients have waited more than 52 weeks for treatment. Waiting lists across all providers in Dorset have grown this year and there are ongoing discussions with the commissioners about how we address this collectively. The most challenged specialties remain Ophthalmology, Trauma and Orthopaedics, Oral Surgery and Dermatology.

Performance against 6 week wait diagnostic standard has maintained the improvements seen at the end of 2018/19, with performance remaining above 88% and exceeding 90% in June, the highest since July 2018. Insourcing work continues in Endoscopy whilst substantive recruitment to increase the services capacity is underway. Audiology has significantly improved from 60% in June 2018 to 80% in July 2019.



The deterioration in performance against 2 week wait (all cancers) and 2 week wait breast symptomatic has stabilised but not improved in quarter 1. Demand for 2 week wait referrals in 2018/19 was 16.56% up; year to date demand is a further 15.92% up. Additional ad-hoc capacity (including high cost agency, insourcing and outsourcing) is being provided to deal with the increased demand, however, is insufficient to maintain the standard. 62 day performance for quarter 1 was 82.55% against the target of 85%; this is an improvement of 6.99% compared to quarter 1 2018/19. Performance in July has dropped to 72% as a result of delays in the start of patient's pathways due to the capacity shortfall impacting the 2 week wait standard. More patients on a cancer 62 day pathway were treated in July than any other month year to date.

Metric	Threshold/Standard	Apr-19	May-19	Jun-19	Jul-19	Q1	YTD	Movement on Previous month
RTT *	92%	75.1%	76.6%	76.0%	76.3%	76.0%	76.3%	↑
Waiting List Size *	14,499	15,179	15,189	15,135	15,797	15,135	15,797	↓
52 week waits	0	0	0	0	2	0	2	↓
Diagnostics	99%	88.2%	89.0%	90.3%	89.2%	89.2%	89.2%	↓
Cancer - 62 day	85%	84.0%	81.6%	81.7%	72.7%	82.4%	82.4%	↓
Cancer (ALL) - 14 day from urgent GP referral to first seen	93%	68.8%	61.8%	75.5%	65.2%	68.2%	67.4%	↓
Cancer (Breast Symptoms) - 14 day from GP referral to first seen	93%	3.6%	4.5%	37.5%	0.0%	8.6%	8.5%	↓
ED (DCH Only)	95%	78.3%	90.4%	85.9%	82.1%	84.8%	84.1%	↓
ED (Including MIU)	95%	89.5%	95.5%	93.3%	91.6%	92.8%	92.5%	↓

Quality

Since the last CoG the following has taken place:

- As part of the quality improvement work the Trust undertook a developmental 'Mock' CQC Inspection with the Ward leaders, Matrons and Divisional Head of Nursing/Quality. This was supported by a Non-executive and Executive Director.
- Inpatient Survey results have been received and reviewed with actions (item on CoG)

Overall quality is being sustained, despite the increased demand impacting on clinicians. Highlights from the performance dashboard and divisional quality reports are below:

There has been sustained or improvement in key quality performance in the following areas:

- SAFE: ZERO Never Events year to date; No falls resulting in severe harm for 2 consecutive months; Falls and Pressure Ulcer risk assessments have been above the standard required; Infection prevention and control is meeting and sustained standards required; Positive reporting of incidents continue (with low numbers of serious incidents)



- **EFFECTIVE:** Sepsis screening has improved in both the ED and inpatient areas; Bereavement Volunteers for End of Life care support have been successfully recruited to;
- **RESPONSIVE:** Timeliness of complaint responses has been sustained above the standard required; Transient Ischaemic Attack (TIA) standard of 60% has been met; Stroke SSAPP level B indicated as achieved (Sentinel Stroke National Audit Programme), an improvement on last month
- **CARING:** home births remained consistently higher than the standard required and the national average as part of the choice and listening to mothers; Positive learning from complaints; Positive patient survey results overall from Children and Young People, ED and Inpatient surveys; Positive mouth care quality improvement project recognised nationally by Health Education England (HEE)

Key challenges remain in the following areas:

- **SAFE:**; numbers of Ventouse deliveries and C-sections has been above the level expected; Administration of antibiotics within 1 hour in both the ED and the inpatients areas remains below the standard required (although showed improvement); Human Tissue Authority (HTA) Mortuary inspection identified gaps (with an improvement plan and monitoring against this now in place)
- **EFFECTIVE:** Nutritional risk assessments remain consistently below the standard required (further action required on the spread of the NHS Improvement Collaborative Quality improvement work to improve this is required) ; Completion of Electronic Discharge Summaries within 24 hours and 7 days has not achieved the standard required; Clinic typing letter timeliness has extended beyond two weeks in some specialities (Respiratory/ Elderly care/ ENT/ Ophthalmology/ Orthopaedics/ Rheumatology/ Urology); Mortality high level indicator remains as expected SHMI (Summary Hospital-level Mortality Indicator) above national level (ongoing coding improvement plan and monitoring of other indicators as part of mortality action plan)
- **RESPONSIVE:** Radiology reporting times are not at the required standard; Fractured neck of femur standard has not been achieved for the third consecutive month (78.9%)
- **WELL-LED** Key areas for increased scrutiny and action are being led by the Medical Director, with support from the Divisional Directors, relating to medical assessments (VTE and Dementia) and Electronic Discharge Summaries. In relation to VTE a technical supportive solution has been development using electronic prescribing, which will pilot with an aim to implement across the Trust. Further action on engagement medical leaders in the other solutions is being developed with support of Quality Committee Chair.
- Dorset Quality Surveillance Group (QSG): DCH quality performance has been reviewed by system partners (CCG/ NHS England & Improvement/ HEE/ Care Quality Commission (CQC)/ Other providers) and kept DCHFT on 'routine surveillance' (the lowest level of surveillance).

**Workforce**

Interim Workforce Report – NHSE/I have now published the Interim People Plan for the NHS, in support of the delivery of the NHS Long Term Plan. The Interim People Plan is structured into a number of themes, each with a number of immediate actions:

- Make the NHS the best place to work
- Improve our leadership culture
- Prioritise urgent action on nursing shortages
- Develop a workforce to deliver 21st century care
- Develop a new operating model for workforce

The plan also includes specific commitments to increasing the number of nursing placements and nursing associates; increasing the number of doctors and nurses recruited internationally; work with Mumsnet on a return to the NHS campaign and better coordinate overseas recruitment. Further consultation and project work will continue, with the full plan expected by the end of 2019.

Learning lessons to improve our people practices – following the tragic incident in 2016 where an NHS employee took his own life following summary dismissal on grounds of gross misconduct, an independent inquiry was undertaken which concluded that there were a serious procedural errors and the treatment of the individual during the investigation and disciplinary process impacted on his physical and mental health. Subsequently, NHSI established a ‘task and finish’ Advisory Group to consider lessons learnt, and has resulted in a series of recommendations in relation to the procedures to be followed and support given to individuals involved in disciplinary processes and incidents. The Trust is undertaking a review of these recommendations and will report on compliance and any necessary action.

Raising Matters of Concern – Following revised guidance released in July 2019 from NHSE and NHSi and the National Guardian office in relation to Freedom to Speak up Guardians, a full review of the Trust’s approach, policy and strategy is being undertaken.

Nursing Recruitment - 21 international nurses have arrived to date from India, Dubai and the Philippines and commenced work within the Trust. A further 2 are currently at visa stage and should be with the Trust by the end of Month 5. From our new supplier Medacs; the first set of Skype interviews have taken place with 10 offers made to start in November/December. Further interviews are set to take place in September for the February/March intake. The number of student nurses applying to join our Preceptorship programme has been positive. We have recruited 29 for September with a further recruitment process underway for the February intake. The long term plan for recruiting Preceptees is to aim for 40 as a minimum per year.

Junior Doctor Contract - Following a period of negotiation between NHS Employers, the British Medical Association (BMA) and Department of Health and Social Care (DHSC) there was a subsequent consultation undertaken by the BMA JDC in June. 80 per cent of the relevant British Medical Association (BMA) members voted in favour of the deal proposed. There are multiple changes which will be implemented from as early as August in a staged approach. A full implementation plan has now been released by NHS Employers.



Finance

Details on the financial performance can be found in the finance report.

Strategy and Transformation

The development of the Dorset Long Term Plan is continuing for a submission date of October. The Dorset LTP will need to set out how Dorset will deliver the requirements of the NHS Long Term Plan, detailing activity, workforce and financial forecasts for the next 5 years. The aspiration is for the Dorset LTP to focus on developing a place-based approach to improving people's health and wellbeing through improving health care and focussing on the wider social determinants of health, such as housing and employment.

We have begun developing our Social Value approach at DCH which looks at how we can ensure that all we do impacts as positively as possible on the local communities we serve and the health and wellbeing of the catchment population. The key areas where NHS organisations can have real impact are; employment, procurement and supply-chains, estates and facilities, sustainability, volunteering, and charitable engagement.

A public engagement day was held in July outlining DCH's site development plans which aim to facilitate the development of the Integrated Care Hub – an extended ED, ICU and Community Hub – and deliver other strategic and commercial projects which will ensure that DCH is able to deliver the Clinical Services Review Recommendations and is able to meet future need. A planning application for an MSCP is due to be submitted in September.

Other News...

Staff Awards

In June the Trust held its staff awards evening. This was coupled with the long service awards ceremony. It was lovely to be able to recognise colleagues who had made huge contributions to our patients and communities either by delivering excellence or committing many years of service to the Trust

Patricia Miller
Chief Executive
2 September 2019