

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
QUALITY REPORT

Date of the meeting	17/01/2018
Authors	S Shead, Director of Nursing and Quality V Read, Deputy Director of Nursing and Quality
Sponsoring Board Member	Dr S Yule, Locality Lead for North Dorset
Purpose of Report	The report gives an overview of the current issues relating to quality for the Dorset system.
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	Stakeholder involvement is undertaken by the Trusts and the CCG in order to measure and monitor the quality of services.
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	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 SSh

1. Introduction

- 1.1 The Quality Report is provided in four sections:
- Part A provides an overall summary of quality performance;
 - Part B outlines the quality performance exceptions of the commissioned provider organisations;
 - Part C of the report outlines a summary of key issues in relation to the smaller providers and contracts for which the Clinical Commissioning Group (CCG) is an associate commissioner;
 - Part D of the report outlines performance of the CCG in relation to quality.
- 1.2 The report highlights key areas of good quality performance, areas for development and improvement and key areas of concern.
- 1.3 The intention is to produce an integrated report for quality, finance and performance in future.

SECTION A – OVERALL QUALITY PERFORMANCE

- 1.4 The quality of services across Dorset has improved in some areas. However, there a number of areas which are of concern. In particular, Never Events which have occurred, Ophthalmology services, Fractured Neck of Femur surgery, ambulance handover delays and health assessments for Looked After Children.
- 1.5 The introduction of the new General Data Protection Regulations poses a challenge to the CCG to implement within the required timescale.
- 1.6 The performance of the CCG in relation to Continuing Healthcare Assessments being undertaken within required timescales is under achieving and requires increased focus for improvement.
- 1.7 These areas are being actively addressed to ensure that improvements are made.

SECTION B – MAIN PROVIDERS

The performance of the four main providers is outlined in the aggregated scorecard (Appendix 1). The report below outlines exceptions only.

2. Safe

Serious Incidents/Never Events

- 2.1 Royal Bournemouth & Christchurch Hospital NHS Foundation Trust (RBCHFT) has reported three further Never Events in Quarter 3 of 2017/18; a further wrong site dermatology biopsy, an anaesthetic block to the wrong eye and a retained guidewire during urological surgery. Two never Events declared in quarter 2 were closed by the CCG whilst the misplaced nasogastric tube incident remains

open following an agreed extension for the report. A total of six Never Events have been reported by the Trust since April 2017. This is indicative of heightened awareness within clinical teams and an open reporting culture, and the Trust is placing urgent focus on learning from these events.

- 2.2 There have been two further Never Events reported in October 2017. One by Poole Hospital NHS Foundation Trust (PHFT) where the incorrect scar was excised on a patient's back and a full investigation is underway. A further wrong site surgery has been reported at Ramsay New Hall Hospital where the wrong vertebral level was operated on during spinal surgery. The learning from these investigations will be shared, once reports are finalised.

Safeguarding Training

- 2.3 Dorset HealthCare Trust is reporting under compliance with Level 3 Child Safeguarding Training. This training is delivered face to face and the Trust has ensured that training sessions are available over the next few months for all eligible staff.
- 2.4 Compliance with safeguarding training at Dorset County Hospital NHS Foundation Trust (DCHFT) has been variable in recent months. The Trust has been reviewing the levels of training required by staff groups and a new rolling annual training programme has been introduced. Compliance in training is being monitored monthly by the Trust and Named Leads for Safeguarding.

VTE

- 2.5 Whilst both DCHFT and RBCHFT are now showing increased compliance with *percentage of eligible patients who have a VTE risk assessment completed upon admission*, compliance with *percentage of eligible patients who receive appropriate VTE prophylaxis* continues to be reported as low. This is a data Quality issue which both Trusts are addressing. Both Trusts report low numbers of patients developing VTEs, providing assurance that patients are being screening and treated as per protocols.

3. Effective

Ophthalmology

- 3.1 Ophthalmology services at DCHFT continue to be an area of high focus. A detailed Remedial Action Plan is in place and, whilst challenges remain, there has been some improvement seen with the number of long waiters reduced by 50% since September. The Trust is also taking action to ensure that patients are being risk stratified to ensure that they are being seen in order of clinical priority.

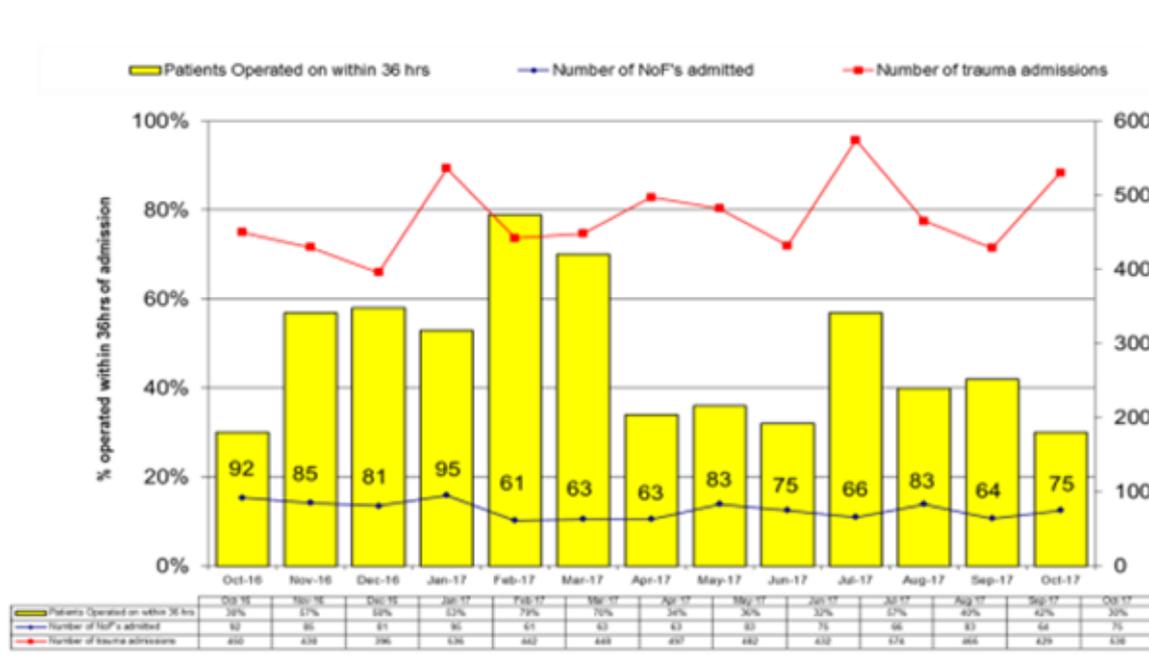
Fractured NOF+

- 3.2 In previous years, PHFT has performed well against national quality indicators whereby 90% of fractured neck of femur (NOF) patients should be operated on within 36 hours of admission or being clinically appropriate for surgery. More

9.1

recently meeting this requirement has been challenging. Causes are multi-factorial and the Trust are reviewing and redesigning the patient pathway to ensure the optimal outcome for these patients. One key objective from the action plan has been to introduce a designated NOF theatre. Whilst this is having some impact it is recognised that this area of care requires a continued focus over the next few months to improve performance.

Trauma Activity versus Performance October 2017



4. Caring

Complaints

- 4.1 Within both DCHFT and RBCHFT, timely response to complaints remains variable and below expected standard. Although improvement plans are in place, improvements are not being sustained. RBCHFT has now reviewed its complaint procedures and progress will require close monitoring.

Mixed Sex Accommodation Breach

- 4.2 DCH reported one breach in October related to Critical Care.

5. Well-led

External reviews

CQC

- 5.1 Poole Hospital NHS Foundation Trust (PHFT) have had a Care Quality Commission (CQC) inspection in September/October using the new methodology which includes greater focus on the 'Well led' domain. No immediate concerns were raised and the final report is awaited.
- 5.2 Dorset HealthCare University NHS Foundation Trust's (DHUFT) CQC inspection was completed in December, the final report is awaited.
- 5.3 Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust (RBCHFT) has received a Provider Information Return (PIR) request from the CQC and anticipate an inspection early in the new year.
- 5.4 As part of a national thematic review, Child and Adolescent Mental Health Services (CAMHS) were reviewed in October.
- 5.5 The CCG received correspondence from the CQC which highlighted areas that were good including Pebble Lodge, and positive feedback from parents. There were also areas that required improvement and these are either already underway or will form part of the CAMHS improvement programme. The CQC are now working on analysis of the information that was gathered during the visit to the Dorset area and to the other nine sites across the country. The final report is due to be published in March 2018. As this was a thematic review an individual report will not be issued.

6. Responsive

- 6.1 Performance in relation to ambulance handover delays, particularly over 60 minutes, remains challenging due to the volume of attendance at Emergency Departments. The Acute Trusts are now required to report each 60-minute handover delay both through the resilience alerts and as a Serious Incident to record any lessons learned through a concise Root Cause Analysis (RCA) investigation.

PART C – ASSOCIATE AND SMALLER PROVIDERS

The report below outlines exceptions only.

7. Salisbury District Hospital NHS Foundation Trust

- 7.1 A report regarding the previously reported Never Event has been reviewed prior to submission to the Wiltshire CCG panel in early January 2018.

Yeovil District Hospital NHS Foundation Trust

- 7.2 Following an external review of maternity services by the Royal College of Obstetricians and Gynaecologists, Somerset CCG is conducting a further review of care in early January 2018.

8. South Western Ambulance Service NHS Foundation Trust (SWASFT)

- 8.1 On 3 December 2017 the Trust experienced a significant business continuity incident, when the Exeter Clinical Hub lost power to the building, computer aided dispatch system (CAD), telephony and airwave radio. Bristol Clinical Hub also lost the CAD, telephony and airwave followed by access to the electronic patient care record, the hospital arrivals screen and email systems. A significant/critical incident was declared and a full command structure established. Full fallback procedures were implemented, this included national contingency for Dorset NHS 111 and national mutual aid for 999 call taking. Escalation to Resource Escalation Action Plan (BLACK level 4) until resolution of this incident due to the scale of the impact was required. With regards to patient safety a review of incidents is in progress, with no significant patient safety incidents yet identified.
- 8.2 The Trust is working with electrical and telephony providers for a long term solution to the issue that created the initial failure, with failsafes in place until a solution is reached.

111 and Urgent Care Service

- 8.3 A pilot has been agreed as part of the Trust Quality Performance Improvement Plan (QPIP) to implement a dedicated CAT 3 and 4 Ambulance disposition clinical queue to be managed within the 111 Hub. Since 1 December 2017 SWASFT only provide an NHS111 Service for Dorset, having demobilised the Cornwall contract. This additional staffing capacity is supporting different ways of working to support both the 111 quality indicators and the management of the low acuity ambulance calls.
- 8.4 The new Emergency Department (ED) streaming process has been implemented at each of the acute hospitals which has contributed to operational staffing requirements and has impacted on performance in areas such as treatment centre urgent based appointments.

999 Service

- 8.5 In July 2017 NHS England announced new ambulance service standards. The new response times are based upon the principles of the Ambulance Response Programme (ARP) pilot and will focus on ensuring most seriously ill patients are reached in an average time of seven minutes. The changes also introduce mandatory response time targets for all patients who dial 999. The changes were introduced in November 2017 and in time it will be possible to benchmark performance between ambulance Trusts as they all move to the new system.

PART D – CCG

9. Information Governance

General Data Protection Regulations (GDPR)

- 9.1 The Information Governance Team (IG) continue to work towards ensuring that the CCG meets the requirements of the GDPR by the required date of 25 May 2018.
- 9.2 Attached is an action plan (appendix 2) which demonstrates:
- The requirements identified to date;
 - Timescales;
 - Responsible Person;
 - Current status in RAG rating format.
- 9.3 The action plan is being overseen by the Information Governance Group and will also be reported at the Director's Performance meetings.
- 9.4 It has to be noted that not all requirements of compliance with the GDPR have been released as yet. There is still a lot of confusion and uncertainty. Requirements within the action plan are those that have been identified as definite requirements.

Information Governance Toolkit

- 9.5 Whilst the work for the GDPR is being undertaken, the IG Team are also updating the evidence required for the CCG to be compliant with the IG Toolkit. This has to be submitted prior to 31 March 2018.

10. Customer Care

- 10.1 During Quarter 3 (to date, 27/12/17) the Customer Care Team received 27 complaints, of which 11 complaints relate to Dorset CCG.

Complaints Relating to CHC	2017/18 Q3
Current CHC application	4
Retrospective CHC	3
Other Complaints	2017/18 Q3
Other commissioning issues	3
Individual patient Treatment	1
Providers	16

Parliamentary and Health Service Ombudsman (PHSO)

- 10.2 During Quarter 3 (to date, 27/12/17) the PHSO has requested information in relation to one complaint but has not confirmed whether they will be investigating.

MP Letters and Feedback queries

10.3

Number of	2017/18 Q1
MP enquiries	22
Feedback and Involve enquiries	153

11. Care Homes

- 11.1 A 'Lessons Learned' meeting took place following the relocation of 23 residents from a home over a 48-hour period. Some actions were taken from this meeting, which included developing an escalation policy to help support and inform similar situations in the future.
- 11.2 The residents who were moved from the home have all received regular follow up and are reported to be doing well.
- 11.3 There are a couple of care homes that are currently being supported via improvement forums, these have been initiated following some concerns relating to the home and are a means by which multi-agency teams can meet to offer support to the home management and clinical leads.

12. Medicines Management

- 12.1 **Budgetary Impact:** The cost of stock shortages of medicines in primary care has been reported previously and has now also been picked up by the national press. The Department of Health are working on solutions to the problem and advice has been released to pharmacy contractors. Despite these uncontrollable costs, the medicines team continue to promote savings plans to Practices, and each Practice has an action plan for where savings can be gained.
- 12.2 **Consultations:** the low value medicines consultation resulted in advice that a range of medicines should no longer be prescribed routinely in primary care. Most of these were already non-formulary within Dorset and the medicines team are progressing with a piece of work to ensure that these medicines are prescribed in the appropriate place, if at all. There may be some resource implications to reviewing medicines if additional clinics need to be run and this is subject to a workplan. There are potential savings to the primary care budget if this is implemented.
- 12.3 **Antibiotics:** work continues to ensure that the antimicrobial best practice is implemented across all providers. Progress to national targets remains good and will continue to be monitored as the cold and flu season progresses.

- 12.4 **Biosimilars:** NHS England, NHS Improvement and NHS Clinical Commissioners have published a commissioning framework for biological medicines (including biosimilar medicines). The CCG medicines team has submitted a plan for potential savings for when new biosimilars come on stream in 2018.
- 12.5 Work is underway to develop a Pan-Dorset Medicines Optimisation Transformation group and terms of reference are drafted with the plan for a first meeting before April 2018.
- 12.6 Pharmacy Integration plans have been shared by NHS England. These include building on the pharmacists in GP Practices pilots with pharmacists working in urgent care settings and care homes.
- 12.7 A bid for funding for urgent care in September was successful and details are yet to be released for bidding for Care Home pharmacy professionals.

13. Looked After Children (LAC)

Individual Health Assessments (IHAs) completed within Quarter Two 2017/18

Quarter Two 2017/18	Bournemouth	Poole	Dorset	Pan Dorset
Children new into care	24	17	43	84
Number who require an IHA (Excluding those who left before 20 working days)	16	16	41	73
Initial Health Assessment Completed in 20 working days	14 (87.5%)	11 (68.8%)	30 (73.2%)	55 (75.3%)

- 13.1 The reasons for delays in completing timely IHAs was variable including; a young person refusing to engage in services and within the Poole area, the number of Unaccompanied Asylum Seeker Children (UASC) who go missing from placement. Although overall Quarter 2 performance by Dorset County Council (DCC) was below standard, for the month of September the compliance rate was 100%.

Review Health Assessments (RHAs)

- 13.2 Performance in relation to RHAs, Immunisation and dental uptake remains above standard. Placement of LAC outside the county continues to present challenges with regard to travelling time for the specialist nurses, however the specialist nurses liaise closely with other health providers to ensure that children's health needs are identified and met.

14. Safeguarding (Adults & Children)

- 14.1 Three facilitated Domestic Abuse training sessions have been delivered to GP Domestic Abuse (DA) leads with average attendance. These have been well evaluated and plans will be considered to deliver this on an annual basis.
- 14.2 Plans are in place for DA training for GP receptionists across Dorset in Quarter 4, it is hoped to extend this to Bournemouth and Poole via the independent providers.
- 14.3 There are a number of Domestic Homicide Reviews (DHRs) continuing and are at various stages of the process.
- 14.4 The NHSE PREVENT training and competency framework has been released, which implies all staff with patient facing contact should undertake the full WRAP (Workshop to Raise Awareness) training. We are still waiting the e-learning version of this, so in the interim have worked with the Workforce Team to offer a number of additional training sessions.
- 14.5 The Adult Safeguarding Board (ASB) held its support and challenge day, and the outcomes from this will influence the business plan for 2018/ 19.
- 14.6 NHSE, supported by the CCG safeguarding team, will be delivering an education session around the themes arising from Safeguarding Adults Referrals (SARs), Serious Case Reviews (SCRs) and Domestic Homicide Reviews (DHRs) in March 2018.

15. Primary Care

- 15.1 All Dorset Practices have been rated by the CQC. Four are rated as outstanding, 81 are rated as good and one rated as inadequate.
- 15.2 The Practice rated as inadequate is being supported to improve through Quality Oversight meetings. These are held with the Practice, CCG, NHS England and the Local Medical Committee (LMC). Significant progress appears to have been made already. A recent re-visit by the CQC lifted the warning notices that were in place. In January 2018 the CCG quality team will be visiting the Practice to review improvements and obtain further assurance on the progress made. A full re-inspection of the practice by CQC will happen within six months (May 2018).
- 15.3 A programme of Quality Assurance and Improvement visits to General Practice have commenced. The focus of the quality improvement work currently is on Learning Disability Health checks, sepsis, significant events and complaints.
- 15.4 The roll out of ISPACE, a project to make GP surgeries dementia friendly, is continuing. Dorset CCG is on track to become the first CCG within Wessex to have all surgeries accredited as completing the actions required. The ISPACE project was initially run by Wessex Academic Health Science Network (AHSN) but this was handed over to the CCG in June 2017. Wessex AHSN was the first to run this project in the country.

15.5 The Quality Improvement team are working closely with the Patient Safety and Risk team to improve incident reporting, risk management and significant event analysis processes in primary care to ensure lessons learned and best practice is shared across the system.

16. Continuing Healthcare (CHC)

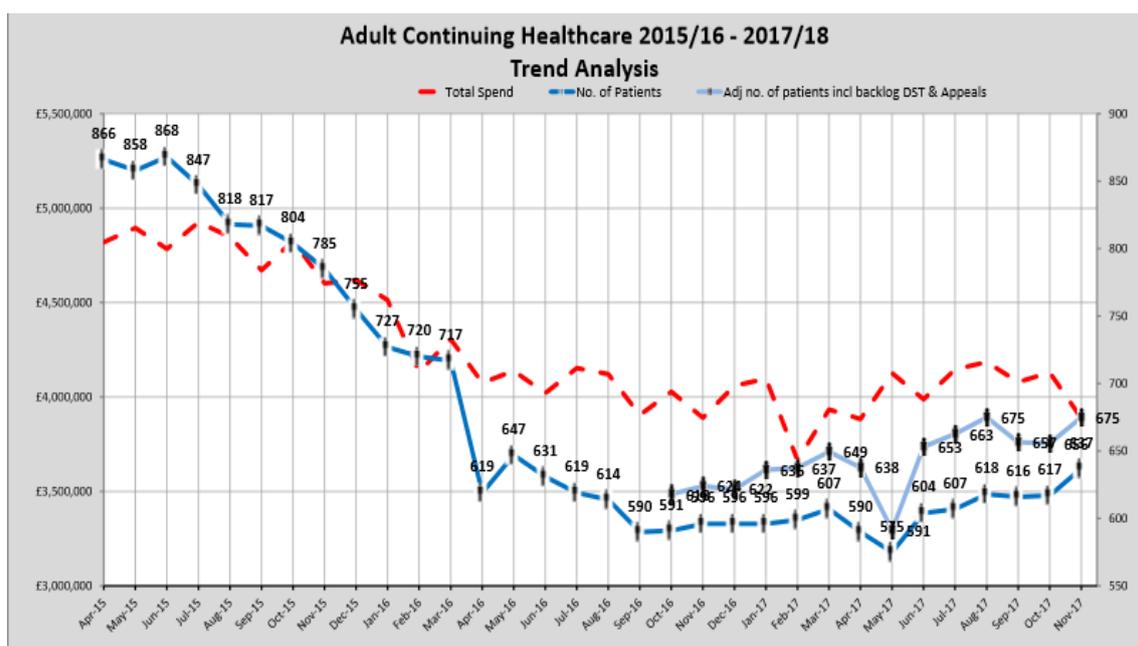
16.1 The table below shows the financial position for continuing healthcare at month 8. The overspend position is mainly attributable to the position within children's continuing healthcare. However, a savings plan to achieve £1.7m is in place.

	YTD Budget		YTD Variance Over / (Under) spend		Full Year Budget		Full Year Variance Over / (Under) spend	
		YTD				Full Year FOT		
Adult CHC	34,687,845	34,989,402	301,557		52,031,768	52,483,528	451,760	
FNC	8,225,953	8,231,053	5,100		12,338,930	12,344,430	5,500	
Children's	1,870,811	2,469,176	598,365		2,806,216	3,630,508	824,292	
Total	44,784,609	45,689,631	905,022		67,176,914	68,458,466	1,281,552	

16.2 The CCG CHC Team is achieving the target for less than 15% of Decision Support Tools (DST) completed in an acute hospital setting. Achievement for Quarter 2 was 4%, an improvement on the previous position of 9%. However, CHC is not meeting the Quality Premium target of 80% of DSTs completed within 28 days. Achievement for Quarter 2 was 35%, a deterioration on the previous quarter's position of 40% against the target.

16.3 These Quality Premium targets are each worth up to £330k for the CCG. The work of the teams is being focused on improving the timeliness of DSTs, with approval recently granted to recruit to additional temporary posts to address the backlog.

16.4 The table below shows the number of patients eligible for Continuing Healthcare at 675 at the end of November, a marginal increase from 674 in July 2017.



16.5 The majority of quality indicators as measured within the Comprehensive Health Assessment Tool (CHAT) show that quality of practices and performance within continuing healthcare is generally good.

17. Conclusion

17.1 There are a number of areas relating to the quality of services which are commissioned by the CCG which require improvement.

17.2 Work continues within the CCG and across the ACS to address the issues raised with regards to meeting quality targets and to achieve excellence.

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APPENDICES	
Appendix 1	Quality Scorecard
Appendix 2	NHS Dorset CCG Action Plan (GDPR)