

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY
QUALITY REPORT

Date of the meeting	19/07/2017
Authors	S Shead, Director of Nursing and Quality
Sponsoring Clinician	Dr Simone Yule, Locality Chair for North Dorset
Purpose of Report	The report gives an overview of the current issues relating to quality for the CCG: <ul style="list-style-type: none"> • Quality Monitoring of Providers of NHS-funded Services • Safeguarding Adults • Safeguarding Children • Medicines Management • Continuing Healthcare
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	Stakeholder involvement undertaken by the Trusts is included in this report. Lay patient representatives are members of the Quality Group to represent the Dorset population.
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.

SECTION A – OVERALL QUALITY PERFORMANCE

- 1.3 The quality of services across Dorset has improved in some areas. In particular, improvements have been seen in health assessments for Looked After Children and CQC ratings for GP Practices.
- 1.4 There have been two Never Events reported in relation to removal of incorrect moles. There are concerns regarding Ophthalmology performance at DCHFT and a system wide approach is required to address service issues for Paediatric TB Services and non- clinically indicated Caesarian Sections.
- 1.5 All of these areas are being actively addressed to ensure that patients receive high quality, safe care.

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 Following the issuing of a Contract Performance Notice re Never Events at Poole Hospital FT (PHFT), a CCG visit to Theatres took place in early May. The 'Pause for Gauze' process has been implemented and whilst further work is required to embed the process, overall this was a positive visit and the Performance Notice has since been closed.
- 2.2 Royal Bournemouth & Christchurch Hospital FT (RBCHFT) reported a Never Event in the past month following the removal of an incorrect mole. The patient did not suffer harm and the correct mole has now been removed. DHUFT also

reported a Never Event related to the removal of an incorrect mole, again the patient did not suffer harm.

Pressure Ulcers

- 2.3 The prevention of acquired pressure ulcers continues to be an area of priority for PHFT. A comprehensive action plan is in place focusing on leadership, equipment, development of the Tissue Viability Service and staff education. Whilst improvements are being made, it is recognised that elements of the action plan will take time to embed.

Maternity

- 2.4 DCHFT has been reporting high numbers of induced labours (31%) with a corresponding high number of unplanned C Sections (18%). Further information has been requested from the Trust. The Trust has confirmed that they are seeing an increase in acuity with women over the age of 40, high BMIs and diabetic. This has had a resultant impact on the numbers of women being induced.
- 2.5 The CCG are aware of two cases (one is a complaint) related to NICE Clinical Guidance (CG132) and the Maternity Unit's position in relation to non clinically indicated request for C. Section. The CCG has previously written to providers in April setting out support for increasing normal birth and reducing C Section rates across Dorset. However, acknowledging NICE Guidance, the CCG has also requested the maternity services to agree a Dorset solution to support women who still wish to proceed to C section, to stay in Dorset or as close to home as possible to birth.
- 2.6 The third MBRRACE-UK (Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries) Perinatal Mortality Surveillance Report was published in June 2017. The report provides information on extended perinatal deaths in the UK arising from births during 2015. MBRRACE-UK are commissioned by the Healthcare Quality Improvement Partnership (HQIP) to undertake the Maternal, Newborn and Infant Clinical Outcome Review Programme (MNI-CORP) on behalf of NHS England. The report identified Dorset County Hospital to have a higher mortality rate than average. The Trust has acknowledged this report and is looking at each case in detail. The Neonatal pathway has changed since the data collection for this report.

Mortality

- 2.7 Reported mortality rates for DCHFT remain unchanged at present. A number of internal and external reviews have suggested that mortality coding is an issue. An action plan has been developed and several recommendations have been implemented by the Trust; a detailed action plan continues to develop on a regular basis, and is routinely reviewed by the clinical coding task and finish group and informed by the Trust's Mortality Surveillance Group. A summary of the action plan and progress to date is to be presented at the next Contract Review Meeting.

3. Effective

Ophthalmology

- 3.1 DCH Ophthalmology service is now in special measures. A Recovery Plan is in place and a number of actions are being taken. Weekly meetings are taking place between the Service Leads and the Executive Management Team.

Pain service

- 3.2 The Consultant waiting list continues to be a challenge to reduce significantly with the overall position remaining static. Other waiting lists show small reductions month on month.
- 3.3 The service continues to have cover from a Pain Locum Consultant who is contracted to remain with the service until July 2017 and is prepared to stay longer. Meetings with secondary care anaesthetic services took place in June and there is a willingness to collaborate and find longer term solutions to assist pain consultant recruitment.
- 3.4 The Royal College of Anaesthetists Faculty of Pain Inherited Review report has been received. Actions from this are yet to be agreed.
- 3.5 The spinal intervention policy was discussed at a meeting hosted by Dorset CCG in May 2017. The CCG are currently working on further revisions that will reflect the updated National Back Pain pathway which in turn will assist the pain service to provide a consistency of offer in relation to addressing patient expectations and outcomes regarding injections.
- 3.6 The new data collection methodology and reporting system which commenced in April 2017 is working well for the clinical teams and assisting a better understanding of effectiveness and productivity by different clinicians.

Steps to Wellbeing

- 3.7 The Steps to Wellbeing Service is a high volume service with challenging access time frames. Since 2015/16 the service has received significantly more referrals than commissioned access rates. The upward trend continues, with March 2017 having the second most referrals the service has ever received. The pan-Dorset overall position shows that the services are still within the NHS-I Access Targets for 75% of patients to be seen within six weeks (78.1% achieved in March) and 95% seen within the 18-week target (99.9% in March). However, the percentage of patients seen within six weeks is on a downward trajectory and is in danger of breaching in Quarter 1 2017/18.
- 3.8 The Trust identified non-recurrent funds to support a waiting list initiative in-year from December 2016 to March 2017. To date, this additional resource has taken 297 patients off the treatment waiting list. Further non-recurrent resources have been identified in 2017/18 to continue to address the waiting list pressure and

the service is using fixed term, bank and agency staff. At present the Trust has been able to recruit to these posts.

- 3.9 At the end of March it was announced that the Trust had been successful in becoming a Wave II National IAPT Long-Term Health Conditions (LTHC) Expansion site. This will see additional national monies in 2017/18 to focus on patients with LTHC and will help to address the on-going high referral rate.
- 3.10 In anticipation of the upcoming IAPT expansion, the Trust recruited three WTE High Intensity Therapists over establishment. These posts are due to commence in April.
- 3.11 Whilst both of these sources should address the current waiting list pressure and the referral rate in year, there will be a lag until the improvement is expected to be seen in the service performance reports. It is important to recognise that this lag occurs because the performance metric is taken at point of discharge from the service rather than at point of entering treatment.

Paediatric TB Services

- 3.12 Following the retirement of a Paediatrician at DCHFT, a gap in service has been identified in relation to services for West and North Dorset children. An immediate need has been identified to screen seven Unaccompanied Asylum Seeker Children (UASC) who are currently resident within the DCC area. RBCHFT has agreed to TB screen these children at this time however further discussion will take place regarding Pan Dorset paediatric TB services in general (not limited to UASC).

Electronic Discharge Summaries (EDS)

- 3.13 Compliance with standards for EDS remains below the standards expected at DCHFT. Despite changes within the I.T. system, no improvement has been demonstrated. This is a longstanding issue for the Trust and there is limited assurance around the actions being taken to address this problem and will be followed up through the Contract Review Meetings.

Appraisal and mandatory training

- 3.14 There has been no significant improvement in compliance for either area at DCHFT in consecutive months. There is limited assurance that the action plans developed will improve these levels. The Trust is addressing this through the Divisional Performance meetings and is being monitored through the monthly scorecard and contract review meetings.

4. Caring

Complaints

- 4.1 Within DCHFT, timely response to complaints remains below standard although a significant increase has been achieved. An improvement plan is in place and the Trust is confident that improvement will be achieved and sustained.

5. Well-led

External reviews

- 5.1 All providers are awaiting their follow up CQC inspections. PHFT have received their information request from CQC.

Mental Health Homicide Review

- 5.2 The Trust updated position in relation to mental health homicide action plan was reviewed by the Audit and Quality Committee in July.

6. Responsive

- 6.1 The performance in relation to ambulance handover delays is outlined in the table below.

Information for the Period	Apr-17					
	Time Lost to Delays Over 15 Minutes	Rank in Terms of Total Time Lost to Delays	Total Number of Handovers	Total Number of Delays Over 15 Minutes	Total Number of Delays Over 30 Minutes	% of Handovers Over 15 Minutes
BRISTOL ROYAL INFIRMARY	174:57	4	2,337	959	240	41.0%
CHELTENHAM GENERAL HOSPITAL	37:29	16	927	281	38	30.3%
DERRIFORD HOSPITAL	263:41	1	3,066	1,705	250	55.6%
DORSET COUNTY HOSPITAL	65:08	13	1,288	475	71	36.9%
GLOUCESTER ROYAL HOSPITAL	71:01	12	2,621	587	70	22.4%
GREAT WESTERN HOSPITAL	140:30	6	2,002	783	167	39.1%
MUSGROVE PARK HOSPITAL	115:28	9	2,186	825	125	37.7%
NORTH DEVON DISTRICT HOSPITAL	89:07	11	1,252	600	82	47.9%
POOLE HOSPITAL	128:34	8	2,007	993	105	49.5%
R D & E WONFORD	180:15	3	2,555	1,451	144	56.8%
ROYAL BOURNEMOUTH HOSPITAL	134:50	7	1,782	899	127	50.4%
ROYAL UNITED HOSPITAL - BATH	51:05	14	2,561	660	17	25.8%
SALISBURY DISTRICT HOSPITAL	35:02	17	1,056	256	33	24.2%
SOUTHMEAD & FRENCHAY HOSPITALS	111:16	10	2,805	765	101	27.3%
TORBAY HOSPITAL	162:33	5	2,312	1,093	114	47.3%
TRELISKE HOSPITAL - TRURO	198:49	2	3,055	1,624	120	53.2%
WESTON GENERAL HOSPITAL	48:40	15	1,279	332	56	26.0%
YEOVIL DISTRICT HOSPITAL	31:48	18	1,264	295	27	23.3%
All Hospitals	2040:18		36,355	14,583	1,887	40.1%

- 6.2 The Ambulance Trust is working to establish clear methods for data capture as verification of delays between the Ambulance and acute trusts remains contentious.

The Trust is also looking to increase efficiency by reviewing *wrap up time. (Wrap up time is the time taken between and handover and being available for next call.)

- 6.3 The recently published Urgent Care Delivery Plan and letter from NHS Improvement also require implementing the required escalation process for any handover delays over one hour.

PART C – ASSOCIATE AND SMALLER PROVIDERS

The report below outlines exceptions only.

7. Yeovil District Hospital NHS Foundation Trust

- 7.1 The review by the Royal College of Paediatrics of its paediatric and young person ward has now been shared with Commissioners. This follows concerns raised about the age profile of patients placed there. Whilst generally supportive of the current arrangements, the review raised concerns about the risks posed to other children by adolescent inpatients presenting with mental health needs. The Trust has developed an action plan to address immediate operational issues whilst in the longer term strategic recommendations will need to be considered in the context of the CSR and joint working between Yeovil and DCH.

8. South Western Ambulance Service NHS Foundation Trust

111 Service

- 8.1. The CCG requested a deep dive into the cases where the missed target time for urgent consultations (within two hours) for people presenting at base or requesting home visits were missed. The emerging themes from the reports are that times are more likely to be missed at weekends and that this is related to shortfall in resourcing from vacant shifts and increased demand on the service. Overall GP shift cover for Urgent Care Services in Dorset was above 90%; triage, treatment centre and mobile shifts. However, one area during April 2017 percentage of shifts covered fell to 80 – 87%. There is generally good compliance with the national quality requirements. The deep dive into urgent consultation target times missed for April indicated that the majority were in the Bournemouth, Poole and St. Leonard's locations. Required actions for improvement are now being progressed.

999 Service

- 8.2 The Ambulance Response Pilot (ARP) formally ended in January. Formal evaluation of the pilot is delayed until later this year. In the meantime, pilot sites are encouraged to continue using ARP categorisations.
- 8.3 A number of serious incidents associated with ambulance delays have been investigated by the Trust for their responses. The Trust has concluded that all calls were correctly triaged but delays occurred due to unprecedented peaks in demand. The national clinical director for ARP, Professor Bengner, has also reviewed these incidents and has concurred with the Trust view.
- 8.4 A Deep Dive into delayed response times and the impact on patient safety and patient experience has been completed by the Trust. The report has also reviewed all existing actions in place to improve the timeliness of responses and

made recommendations for further action to mitigate risk. The report concludes that the prioritisation of critically ill patients should remain the primary aim of the triage process. This inevitably means that some non - critically ill patients may wait longer. The Trust invited the CCG and Commissioning Support Unit to the Trust in May 2017 to provide an overview of the actions that are being taken to address delays. The actions the Trust intends to take will be followed up at the recently established Quality Surveillance Group meeting.

PART D – CCG

9. Care Homes

- 9.1 Preparation for the annual care home conference (Nov 2017) is underway. The proposed theme is “Managing Great Expectations” following on from last year’s “Living Well in Older Age”; linking with the work related to the Enhanced Healthcare in Care Homes Primary Care resilience projects and anticipatory care and escalation planning.
- 9.2 Quality monitoring continues using ABACUSS (Adult Baseline Assessment Tool for Care Underpinning the (Nursing) Service Specification). In 2016/17 the team completed 230 visits to independent care providers. All care homes with nursing have now received full monitoring visits and the data, although a snapshot of the visit, has allowed for general comparison of themes and trends.
- 9.3 The key areas identified as requiring improvement are: Mental Capacity, Deprivation of Liberty; Nutrition & Hydration; Safeguarding; Staffing & Staff Competency; Governance and leadership. These will be areas of focus for the Quality Improvement team over the next year with specific projects and learning events linked to them.

10. Medicines Management

- 10.1 Practice visit schedule: the medicines team are currently undertaking Practice visits to advise on cost effective and evidence based prescribing, savings plans and quality improvement opportunities. Prioritisation on visits is being implemented and in future, in order to focus on Practices with greatest variation/outlying measures, all Practices may not get a visit every year.
- 10.2 Budgetary Impact: the final outturn for 2016/17 was over £1.5million underspent. A significant proportion of this was from national generic savings. The antibiotic Quality Premium measure for CCGs was achieved by the CCG as a whole, although there is some variation between Practices.
- 10.3 It is anticipated that these generic savings will be carried forward into the new financial year, when there are also some significant patent expiries due which should add to the potential for generic savings. There is still a degree of variation in Practices uptake of generic prescribing and this is addressed at Practice visits.
- 10.4 A savings plan for each Practice has been issued and they are being supported with formulary updates and resources, including patient letters where a change to a lower cost product is required.

- 10.5 Practices have been invited to take part in audits on dual antiplatelet therapy and reducing quinine prescribing, both of which can add to unnecessary polypharmacy. Reductions will improve medicines safety.
- 10.6 The national medicines optimisation dashboard has been updated. Dorset CCG benchmarks well on most measures, at worst being mid table, though in most performing well. The main outlier area is electronic repeat dispensing where the CCG falls way behind most CCGs. The medicines team continues to promote this facility and it is hoped that a pilot in Portland will produce learning that can be shared CCG-wide.
- 10.7 Initially Dorset had a low uptake of newer anticoagulants, (DOAC/NOAC) but now is mid-table when compared to CCGs nationally as prescribing has caught up. The CCG is now over 30% usage as a percentage of all anticoagulants.
- 10.8 Analysis of the results of the 2016/17 medicines audits undertaken by Practices is underway. 84 out of 93 practices completed both audits and received the payment. Part of this was the acute cough audit which, whilst underway, demonstrated a significant drop in the antibiotics prescribed for acute cough. Overall this antibiotic activity contributed to delivery of the antibiotic premium.
- 10.9 The PINCER audit was intended to identify patients at risk from particular medicines that either needed monitoring or were dangerous in combination. The initial results of the audit shows a reduction of 58% of patients at risk from cycle 1 to cycle 2 of the audit..

11. Looked After Children (LAC)

Initial Health Assessments (IHAs)

- 11.1 Performance of DCC in relation to IHAs saw a decrease to 36% for the month of April which increased to 65% in May (this is still to be verified). Monthly meetings between commissioned health providers and DCC continue monthly with quarterly strategic meetings between the CCG and DCC to monitor performance sustainability.

Review Health Assessments (RHAs)

- 11.2 DHUFT performance has reported 71.6% compliance for RHAs completed within time scale for Quarter 4, with an overall annual compliance of 95% for RHAs in 2016/17.

Special Educational Needs and Disabilities (SEND)

- 11.3 Progress is continuing with the CCG improvement action plan. The Written Statement of Action (WSOA), led by DCC, has been finalised and governance and reporting arrangements across Local Authority, Education and Health have been agreed.

12. Safeguarding (Adults & Children)

- 12.1 A number of Multi Agency Risk Management (MARM) training sessions in collaboration with Dorset County Council have commenced.
- 12.2 A review of the Domestic Abuse (DA) strategic action plan has been completed. Consideration will need to be given to how providers are meeting their statutory responsibilities for DA particularly within the Emergency Department and Minor Injury Units.
- 12.3 The CP-IS (Child protection information system) project has highlighted a risk around the financial resource from the Local Authorities to implement. DCHFT is live with the system and DCC are hoping to be live by October 2017. RBCHFT are able to proceed but need to review financial impact, PHFT is working in close collaboration with RBCHFT. A lack of implementation would be reflected as an area of concern in future Ofsted and CQC inspections.

13. Primary Care

- 13.1 To date, all but one Dorset Practices have been rated by the CQC. Four are currently rated as outstanding, 83 were rated as good, four were rated as requiring improvement and four rated as inadequate. The one Practice which has not yet been inspected is due for a visit by September 2017, due to the later date of their registration with CQC.
- 13.2 Two Practices rated as 'inadequate' have now been re-inspected and had their ratings increased; one to 'requires improvement' and one to 'good'. A further two practices previously rated as 'inadequate' have been re-inspected. One Practice has had their draft report and this is due to be published imminently. The other Practice is in receipt of their draft report which will be published in a number of weeks.
- 13.3 The formal monthly improvement monitoring process led by the CCG with support from NHS England and the Local Medical Committee is continuing for all Practices that have been identified as 'Inadequate'.
- 13.4 One Practice previously rated as 'requires improvement' has been rated as 'inadequate' following no evidence of improvement and deterioration in safety and quality of services by CQC. A significant number of formal improvement notices and enforcement actions have been issued to this Practice. A recent review of progress against their warning notices by CQC found out of the three warning notices one had been met and two had been partially met. The partially met warning notices have now converted to requirement notices.
- 13.5 Six practices rated as 'requires improvement' have now been re-inspected and subsequently rated as good.

14. Continuing Healthcare

- 14.1 Table 1 shows the total spend and number of eligible patients for continuing healthcare in 2016/2017. There are currently 607 eligible patients and this has

stabilised this year. These latest figures continue in line with NHS England benchmarking figures that show approximately 1% of the population are in receipt of NHS funded Continuing Healthcare at any one time.

- 14.2 Table 2 shows the total spend and number of Funded Nursing Care (FNC) patients in 2016/2017.
- 14.3 There are currently a number of patients awaiting initial assessment and 12-month review for FNC. This is as a result of the increase in FNC applications.
- 14.4 Currently there are 76 children in receipt of continuing healthcare funding, hospice care or funded through the aligned budget mechanism. This does not include children who receive hospice care who are not CHC eligible
- 14.5 Currently there are 131 patients who receive their continuing healthcare funding through a personal health budget (PHB), 34 are children.
- 14.6 Table 3 relates to the average weekly cost per patient. The table illustrates the point that those patients who continue to be funded by continuing healthcare are those with more complex clinical needs, and who require higher levels of input to meet those needs. The average weekly cost of a care package is £1,512 per week.

TABLE 1

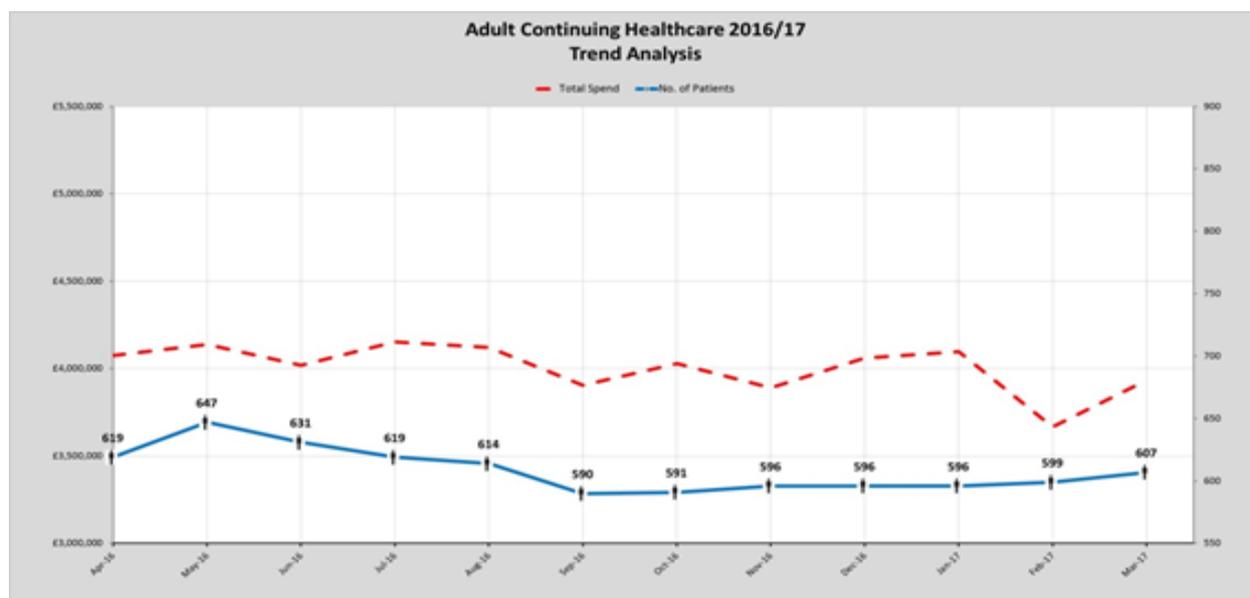


TABLE 2

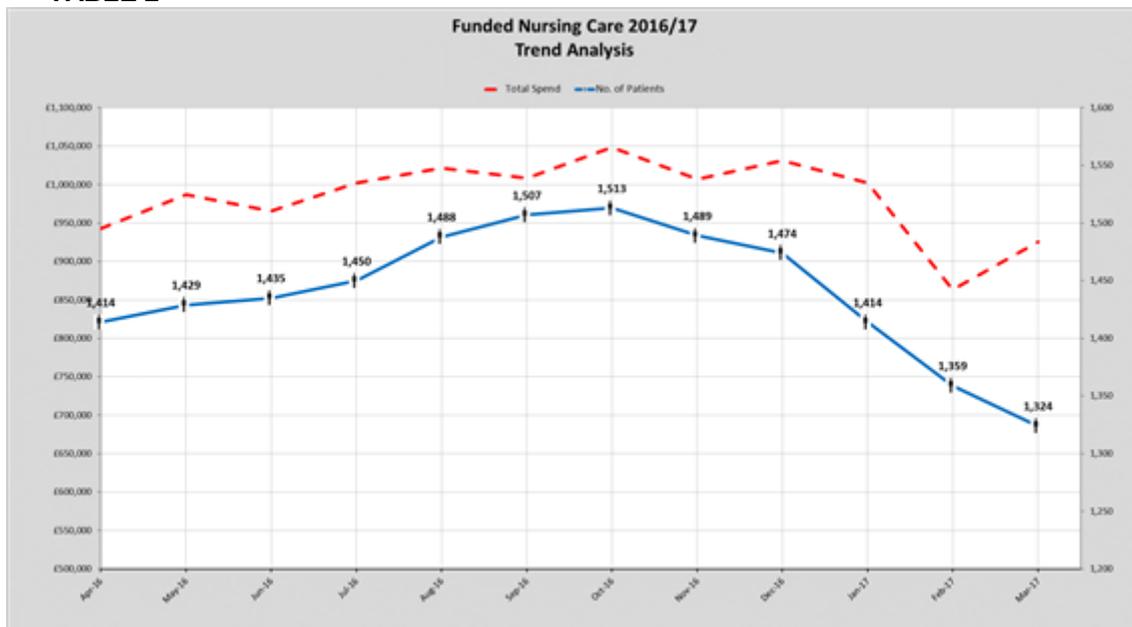
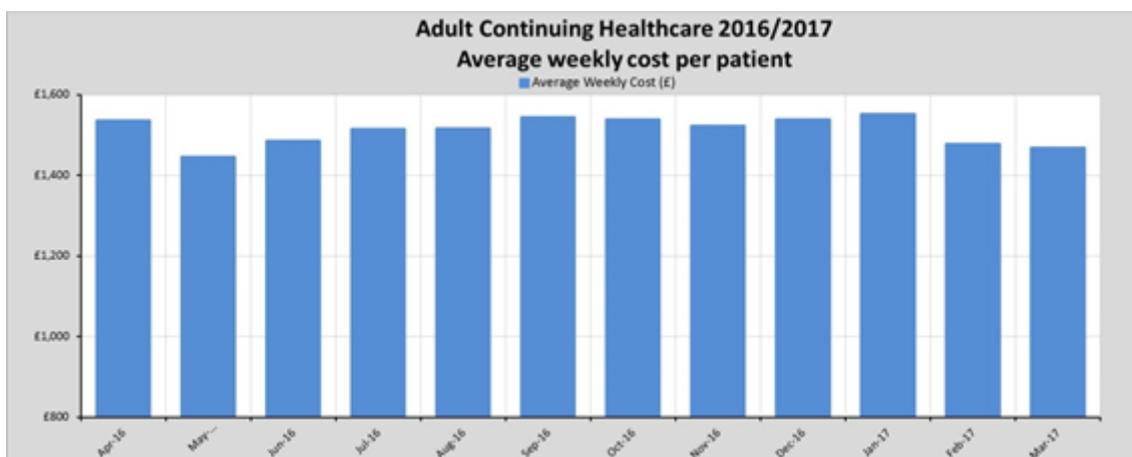


TABLE 3



14.7 Following the completion of the Previously Unassessed Periods of Care (PUPOC) project the team are now focusing on post-April 2012 retrospective cases. In summary there are 93 outstanding retrospective cases with 20 cases that are currently having their review undertaken; 44 cases that are ready for their review to commence; and a further 29 cases which we are in the process of requesting records. The emphasis for completing these retrospective reviews is to reduce applications for another potential closedown period meaning a second PUPOC project, which could be announced in the Autumn.

15. Conclusion

- 15.1 Dorset CCG continues to have a focus on improving the quality of services being delivered across Dorset. There is evidence of quality improvement in some areas. However, some areas of concern have been identified across the system which are being prioritised for improvement.

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APPENDICES	
Appendix 1	Quality Scorecard