

**NHS DORSET SYSTEM CONTRACT REVIEW MEETING
GOVERNING BODY MEETING
QUALITY REPORT**

Date of the meeting	20/09/2017
Authors	S Shead, 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 Quality 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 This report highlights key areas of good quality performance, areas for development and improvement and key areas of concern in relation to the main health providers within Dorset.
- 1.2 It excludes information on the quality of services provided by independent contractors and provider trusts outside of the County as separate contractual review processes are in place for these services.

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 FT (RBCHFT) have reported three Never Events since April 2017. Two were as a result of wrong site surgery and the third was a misplaced nasogastric tube. The investigations have been completed and are to be reviewed by the CCG Never Events Panels in September and October.

Maternity

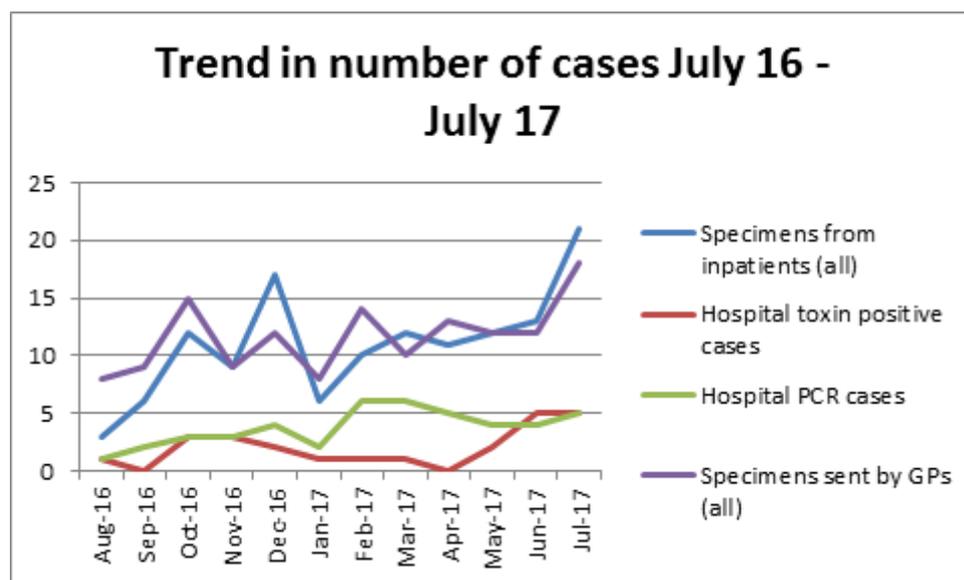
- 2.2 Following concerns regarding high numbers of induced labours with a corresponding high number of unplanned C Sections being reported at Dorset County Hospital Foundation Trust (DCHFT), a further review was undertaken which confirmed that this is not isolated to DCHFT and Poole Hospital Foundation Trust (PHFT), Yeovil District Hospital and Salisbury Hospital are also reporting similar numbers. The Trusts have confirmed that they are seeing an increase in acuity with women over the age of 40, high Body Mass Index and associated diabetes. This has had a resultant impact on the numbers of women being induced. This will be further reviewed at the Pan Dorset Maternity Forum.
- 2.3 A positive CCG visit took place in August to DCHFT Maternity Service which provided assurance regarding governance processes.

Mortality

- 2.4 A comprehensive mortality report was presented at the recent DCHFT Contract Review Meeting (CRM). In summary, there is limited assurance. With regard to the Summary Hospital level Morality Indicator (SHiMi). Mortality rates at the Trust are tracking consistently higher than expected, particularly at weekends. A number of specialties and conditions are also triggering a higher mortality rate than expected and these will require more detailed investigation. A Clinical Coding Action Plan is progressing. Both the Chief Executive and Director of Nursing are now leading on this area and an update on progress will be presented at the next CRM.

C Diff

- 2.5 PHFT is now significantly off trajectory for C Diff. The cause of this increase may be multifactorial with one case of cross transmission however the remainder of the cases are unrelated by Ribotyping. The Trust is continuing to provide regular updates, PHE have been informed and all cases are also being reviewed at the monthly Pan Dorset Post Infection Review (PIR) meeting.



MRSA Bacteraemia

- 2.6 PHFT has reported a hospital acquired MRSA bacteraemia which is currently being investigated. This event follows almost two years without a Provider acquired bacteraemia being reported.

Fractured NOF

- 2.7 In previous years, PHFT has performed well against national quality indicators. More recently a higher level of frailty appears to be bringing a correspondingly higher level of complexity which means that patients are often not deemed fit for surgery. This is now reflected in the Trust's higher than average 'time to theatre' (24% vs National expected average of 10-15%). The Trust are currently reviewing and redesigning the patient pathway to ensure the optimal outcome for these patients.

VTE

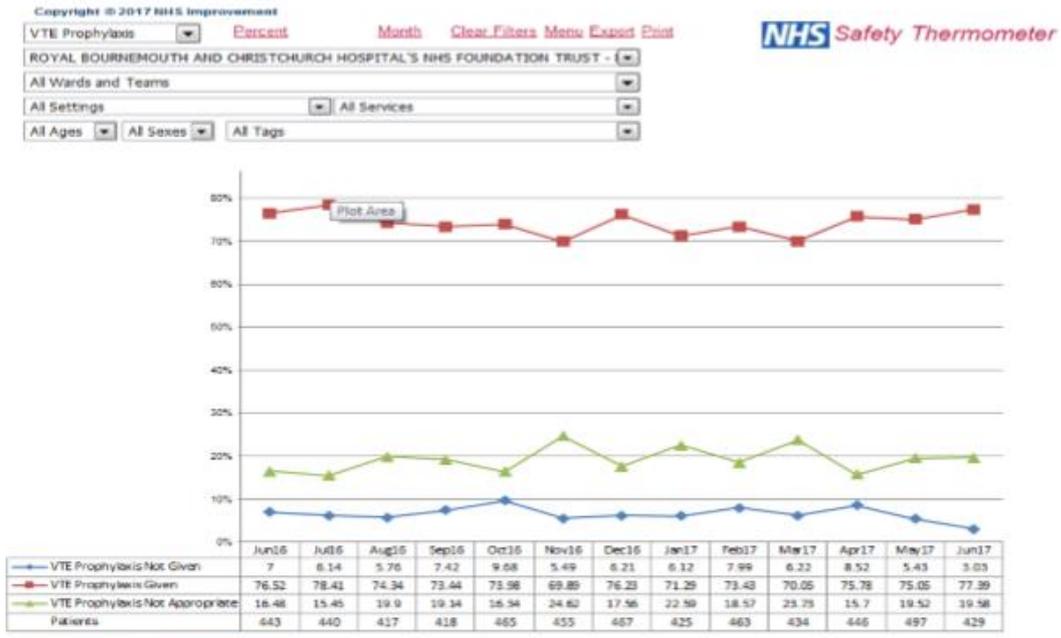
- 2.8 Whilst both DCHFT and RBHFT are now showing increased compliance with percentage of eligible patients who have a VTE risk assessment completed upon admission, compliance with percentage of eligible patients who receive appropriate VTE prophylaxis continues to be reported as low. The data which is populated in the scorecard is being drawn from the Trust's Vital Pac. The system is set up in such a way that although the information identifies the percentage

compliance for completing risk assessments (Denominator), this has not been adjusted to differentiate between patients for whom:

- VTE prophylaxis has not been given;
- VTE prophylaxis has been given;
- VTE prophylaxis is not appropriate.

This is evidenced by the most recent VTE Safety Thermometer from RBH below. It should be noted that in reviewing outcomes, the trusts report low numbers of patients acquiring VTE.

VTE



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3. Effective

Pain service

- 3.1 The Royal College invited review recommendations are incorporated within the actions highlighted in the bullet points below.
- 3.2 Achieving significant reductions in the Consultant waiting list continues to be a challenge, and the overall position has slightly increased. Patients who have been waiting for the longest time will be reviewed for repeat triage to see if there is an alternative service offer whilst patients wait to see the Pain Consultant. Other waiting lists have all shown a small rise this month. There has been staff turnover in Occupational Therapy and Psychology which are having an impact on these lists.
- 3.3 The service continues to have cover from a Pain Locum Consultant who has agreed to remain until negotiations with acute trusts regarding job plans can be concluded. Discussions with Poole Hospital are underway to consider how shared consultant roles might be developed but this is at an early stage at present.
- 3.4 The service has been able to extend the range of provision of intervention type through purchase of equipment including an ultrasound, equipment for radiofrequency denervation and a new protocol for lidocaine infusion. The Pain service remains committed to reduction in reliance on interventional approaches to pain treatment and is using the new approaches to ensure that the correct procedure is used to seek longer term interventions which are in line with the National Back and Radicular Pain pathway and Dorset CCG proposed changes to intervention policy.
- 3.5 The service is currently working with Dorset CCG medicines management team on developing an action plan for the management of patients on opiates.
- 3.6 As requested at the last Governing Body meeting a deep dive report on the pain service is being prepared for submission to the Audit and Quality Committee in October 2017.

Steps to Wellbeing

- 3.7 The pan-Dorset overall position shows that the wait to assessment has a red rating at 72.2%. This is an improvement from last month (69.2%) and the third consecutive increase. Alongside this improvement, all five Poole, Purbeck and East Dorset localities achieved a green rating; which marks the first time the service has achieved a green in this field for eight months. However, the services breached the NHS-I Access Targets for 75% of patients to be seen within six weeks (72.8% in June) for the second time this month. The other Access Target of 95% seen within the 18-week target was still comfortably achieved (99.7% in June).

- 3.8 Additional staff continued to be employed to address the backlog of patients waiting for treatment. Non-recurrent funding from Dorset HealthCare was secured to facilitate this. The service is also rolling out the Long Term Condition expansion which will also help address the ongoing high referral rates.

Stroke Services

- 3.9 Stroke performance at PHFT has deteriorated with the latest audit (SSNAP) rating being reported as D (previously B). Particular issues related to timely access to hyper-acute stroke bed, therapy services and radiology services. A CCG visit to the hyper-acute stroke service also identified challenges particularly in workforce and the acute patient pathway. An action plan has been shared and whilst improvements are being made, the Trust recognises that closer integration with the RBH service is required. To that end it is anticipated that this integration will be completed by April 2018.
- 3.10 Challenges are also being faced at DCHFT. Whilst there has been slight improvement in the % of stroke patients receiving a CT scan within 24 hours there has been a consistent decrease in those admitted to the Stroke Unit within four hours over the last quarter.

4. Caring

Complaints

- 4.1 Within both DCHFT and RBH, timely response to complaints remains variable and below expected standard. The CCG recently completed planned complaints 'deep dives'. Improvement plan are in place and whilst challenging, the Trusts are confident that improvement will be achieved and sustained.

5. Well-led

External reviews

British Orthopaedic Trauma Review

- 5.1 DCH recently had a review by the British Orthopaedic Society. The final report and action plan will be shared with Commissioners.

Mental Health Homicide Review

- 5.2 DHUFT's updated position in relation to the mental health homicide action plan was reviewed by the Audit and Quality Committee in July.
- 5.3 A new mental health homicide review has been commissioned by NHS England, progress on this review will be provided as it becomes available.

CQC

- 5.4 Following a Provider Information Return (PIR) request at PHFT, it is anticipated that the Trust will have a CQC inspection in September. This inspection will be

using the new methodology which includes greater focus on the 'Well led' domain.

6. Responsive

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

Information for the Period	Jun-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	148:52	7	2,544	880	168	34.6%
CHELTENHAM GENERAL HOSPITAL	41:03	15	942	316	39	33.5%
DERRIFORD HOSPITAL	246:35	1	3,122	1,716	228	55.0%
DORSET COUNTY HOSPITAL	62:04	13	1,347	451	59	33.5%
GLOUCESTER ROYAL HOSPITAL	85:18	11	2,807	734	93	26.1%
GREAT WESTERN HOSPITAL	127:56	8	2,068	771	143	37.3%
MUSGROVE PARK HOSPITAL	123:44	9	2,227	789	147	35.4%
NORTH DEVON DISTRICT HOSPITAL	75:57	12	1,205	552	71	45.8%
POOLE HOSPITAL	154:40	6	1,976	1,071	146	54.2%
R D & E WONFORD	178:42	5	2,698	1,493	99	55.3%
ROYAL BOURNEMOUTH HOSPITAL	192:27	4	1,777	942	216	53.0%
ROYAL UNITED HOSPITAL - BATH	55:02	14	2,485	602	32	24.2%
SALISBURY DISTRICT HOSPITAL	36:08	16	1,087	254	34	23.4%
SOUTHMEAD & FRENCHAY HOSPITALS	109:32	10	2,775	750	117	27.0%
TORBAY HOSPITAL	198:30	3	2,418	1,195	232	49.4%
TRELISKE HOSPITAL - TRURO	233:05	2	3,085	1,634	157	53.0%
WESTON GENERAL HOSPITAL	28:09	18	1,290	261	25	20.2%
YEOVIL DISTRICT HOSPITAL	35:50	17	1,392	363	14	26.1%
All Hospitals	2133:40		37,245	14,774	2,020	39.7%

6.2 The Ambulance Trust has now agreed clear methods for data capture as historically verification of delays between the Ambulance and acute trusts has been contentious.

PART C – ASSOCIATE AND SMALLER PROVIDERS

The report below outlines exceptions only.

7. Yeovil District Hospital NHS Foundation Trust

7.1 The CCG has been advised by Somerset CCG as Lead Commissioner that the Trust has commissioned a review by the Royal College of Paediatrics of its maternity and neonatal services which is planned for early September. Somerset CCG has also confirmed that an urgent review of maternity services across Somerset is also planned.

8. South Western Ambulance Service NHS Foundation Trust

111 Service

- 8.1 The SWASFT response to NHS England request for assurance regarding improvement in percentage of calls answered within 60 seconds was supported by the CCG. Performance remains below 95% however is in line with the national average of 87% in June following a dip in May 2017. The Cornwall 111 contract will end on 30 November 2017 and SWASFT anticipate further improvement in Dorset 111 performance following this. A change to process for call handling has been agreed by NHS Pathways for 'warm transfers' in August 2017 for the Dorset service. The aim is to reduce time spent overall on reaching the most appropriate outcome for the patient.

999 Service

- 8.2 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 will be introduced in Autumn 2017. SWASFT are currently reviewing the new standards and will be re-modelling performance expectations against these standards.
- 8.3 The Deep Dive report into Delays was presented and discussed at the Quality Sub Group on 7 June 2017. An action plan reflecting the learning will be produced by SWASFT and monitored through the Quality Sub-group.
- 8.4 NHS England South West Quality Assurance group recently acknowledged the progress the Trust are making and therefore moved from enhanced to routine surveillance.

PART D – CCG

9. Care Homes

- 9.1 A short project has commenced with the support of the team looking at assurance options of quality of care for funded clients that are cared for in their own homes. Weymouth Elderly Care (WEC), which is a collaborative working partnership between a member of the care home team, a GP and locality manager held their first forum for nursing and residential home managers within the locality which was well attended and received.
- 9.2 The second cohort of the Care Homes Managers Leadership Development programme has now been completed, facilitated by the Thames Valley and Wessex leadership academy and CCG. The home managers presented their projects at the end of the course demonstrating the change management initiatives each delegate had been working on. Delegates have been invited to share their projects and learning at the care home conference. The aim is to

evaluate the impact of the training in three and six months' time to see if the learning has benefited both the delegate and the organisation.

- 9.3 Preparation continues for the annual care home conference in November titled "Managing Great Expectations".

10. Medicines Management

- 10.1 Budgetary Impact: Patent expiry, followed by generic price drops in pregabalin from August should be of great benefit to the CCG financial positions. However, there is at the same time cost pressures in some areas of generic medicines caused by national stock shortages. The NHS England has also announced very large drops in generic prices across the board as part of the changes to community pharmacy funding. However, CCGs have been informed that these windfall changes will not be passed on to CCGs. At present it is not clear how this will be calculated. It is assumed that the patent expiry savings will still be accessed by CCGs.
- 10.2 Consultations: After submitting responses to the consultation on Gluten free Prescribing, the outcome from the Department of Health is not yet published. However, in combination with NHS Clinical Commissioners, NHS England has launched a consultation on the prescribing of "low value drugs" which is open until 21 October 2017. CCGs are required to undertake some local engagement and consultation whilst the national consultation is underway in order to inform any local decision making required on the outcome. The medicines team is working with the CCG communications and engagement team to co-ordinate local information.
- 10.3 Most of the items on the consultation have been restricted for use in Dorset for some time, but there is potential for a change if there is a national commissioning statement issued. The full details of the consultation can be found here:
- <https://www.england.nhs.uk/2017/07/medicine-consultation/>
- 10.4 The outcome of the consultation and potential further restrictions may realise some savings, through there are costs for alternative drugs. In addition, prescribing may continue in other parts of the system so may not necessarily be a system saving.
- 10.5 Controlled drugs: The medicines team are working on a new profiling tool to capture outlying areas of controlled drug prescribing and to trace actions and improvement. The profiling tool will contribute to overall profiling of all prescribing activity.
- 10.6 Antibiotics: In order to develop a more accurate, longer-term picture of antibiotic prescribing at all practices the medicines optimisation team is compiling more detailed profiling around antibiotic prescribing using the following criteria: receipt of Chief Medical Officer letter in 2016 and 2017, performance against Quality Premium targets in the past two financial years, performance against the 2017/18 antibiotic Quality Premium targets to date.

- 10.7 There are three antibiotic indicators that are part of the Quality Premium for the next two years:
- a sustained reduction in the number of antibiotics prescribed in primary care;
 - a 10% reduction (or greater) in the trimethoprim: nitrofurantoin prescribing ratio based on CCG baseline data (June 2015-May 2016);
 - a 10% reduction (or greater) in the number of trimethoprim items prescribed to patients aged 70 years or greater on baseline data (Jan 16-Dec 16).
- 10.8 The 2017-18 Quality Premium targets contribute to the NHS Improvement initiative to reduce *E. Coli* infections by 10% or more in 2017-18, as resistance to trimethoprim is believed to contribute to *E. Coli* infections.
- 10.9 **Medicines Safety Officer (MSO)** – The MSO for Dorset CCG has set up a new Pan-Dorset MSO group including MSOs from the four trusts, SWASFT and invited community pharmacy representation via the Local Pharmaceutical Committee. The group will also report to DMAG and has objectives that include, shared learning, standardised approach across the health community.
- 10.10 Medicines Optimisation Dashboard: At the end of 2016/17 the main areas outlying for Dorset CCG are on the uptake of electronic repeat dispensing and NSAID (Non-Steroidal Anti Inflammatory Drugs) first choices (which is improving).
- 10.11 The medicines team have been attempting to increase the uptake of repeat dispensing, working closely with pharmacies and practices to get more patients nominated and increase rates. Small improvements have been demonstrated but the process is very resource intensive and not without challenges. It is essential that community pharmacies and practices work together on this, and assistance can be provided by the medicines team, but ultimately it is dependent on practices and pharmacies.

11. Looked After Children (LAC)

Initial Health Assessments (IHAs)

- 11.1 Performance of DCC in relation to IHAs saw an increase to 66.7% for the month of June. 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 70.7% compliance for RHAs completed within time scale for Quarter 1. Overall there has been an increase of 2.3% in completion of RHAs from Q4 2016/2017 to Q1 2017/18.

Residential Children's Homes

- 11.3 Dorset County Council has three residential children's homes:
- the Cherries – a placement for six young people with learning & physical disabilities;
 - West End House (WEH) – a placement for four young people with challenging behaviours; and
 - Maumbury House (MH) – a placement for five young people also with challenging behaviours.
- 11.4 Previously both The Cherries and WEH were assessed as outstanding by OFSTED. MH were assessed as in Need of Improvement. In recent weeks WEH and MH have both had full inspections by Ofsted and both have been identified as Inadequate.
- 11.5 DCC has established a Dorset residential Placements Performance Group and the Named Nurse for LAC is attending on behalf of health services.

12. Safeguarding (Adults & Children)

- 12.1 81% of all GP surgeries now have a named lead for Domestic Abuse and dedicated training sessions have been arranged in collaboration with the Community Safety Partnership in the next quarter.
- 12.2 The Designated Adults Safeguarding Manager is supporting training in October for local dentists and pharmacists which will include children and adult safeguarding, human trafficking and mental capacity.
- 12.3 A number of complex cases and Serious Case Reviews (SCRs) are progressing. Work to address the challenges Providers are facing in relation to safeguarding training is being addressed Pan-Dorset through the Safeguarding Children and Young People in Health (SCYPiH) Group.
- 12.4 The Director of Children's Services at Dorset County Council (DCC) will be leaving in the next few months. Details regarding cover arrangements have yet to be confirmed by the LA.

13. Special Educational Needs and Disabilities (SEND)

- 13.1 Following feedback from OFSTED to the initial Written Statement of Action (WSOA), led by DCC, further work was required and following resubmission OFSTED has approved the WSOA. Progress is continuing with the CCG improvement action plan.

14. Primary Care

- 14.1 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 remaining practice has now been inspected and is in receipt of their draft report.
- 14.2 Four Practices rated as 'inadequate' have now been re-inspected and had their ratings increased; two to 'requires improvement' and two to 'good'.
- 14.3 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'.
- 14.4 One Practice remains rated as 'inadequate'. The day to day running of this Practice has been taken over by a neighbouring practice. Since this began significant improvement has been made. Quality oversight meetings are continuing on a monthly basis. The practice is due to be re-inspected by the end of October 2017 and is anticipated to have an improvement in rating following the changes implemented by the caretaker provider.
- 14.5 Six practices rated as 'requires improvement' have now been re-inspected and subsequently rated as good.
- 14.6 The latest patient survey has recently been published. Dorset Practices as a whole are performing well and as a CCG averages are above the national average. Only 16 Dorset practices fell below the national average for overall experience.
- 14.7 It is important to note that although some indicators have declined slightly, there are many areas where performance has been maintained despite the challenges currently faced in Primary Care. On all indicators the Dorset average is above the national average and only small numbers of Dorset Practices are falling below the national average within individual indicators.

15. Continuing Healthcare

- 15.1 Please see separate reports – Finance Report and Annual Report.

16. Conclusion

- 16.1 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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Date: 5 September 2017

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APPENDICES	
Appendix 1	Quality Scorecard