

# Governing Body Quality Report



April 2018

# Overall Quality Performance

The Quality Report provides an overall summary of quality performance; outlines the quality performance exceptions of the commissioned provider organisations; 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 and outlines the performance of the CCG in relation to quality.

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, serious incidents in the 999 service, CHC assessment timescales and the impact of operational pressures on overall performance.

These areas are being actively addressed to ensure that improvements are made.

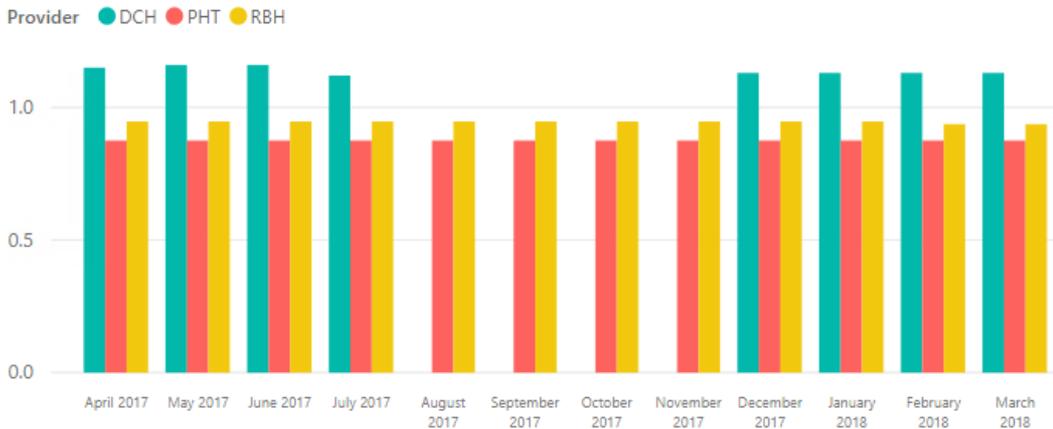


# Main Providers

## Mortality

NHS Improvement are now working with Dorset County Hospital to review mortality. All Trusts continue to embed the new National Framework for Learning from Deaths.

Mortality 2017/18: Summary hospital level mortality indicator (score) (most recent published)

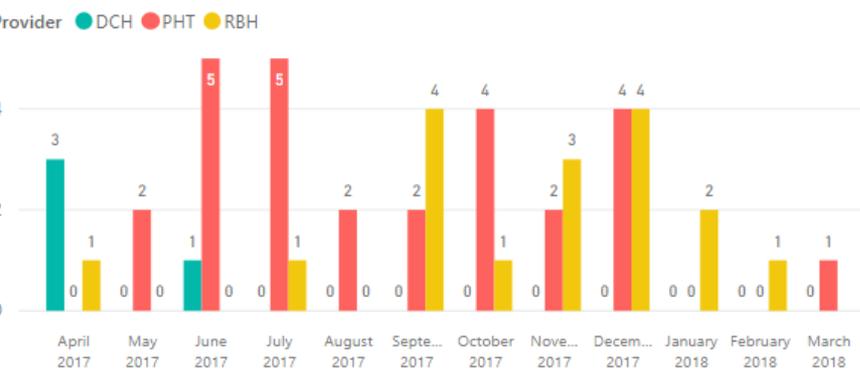


\*no data available for DCH from August – November 2017

## C DIFF

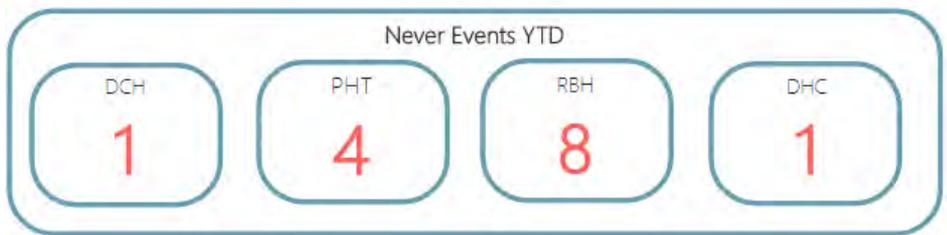
Both PHFT and RBH exceeded the 2017/18 trajectory for C Diff. The Trusts are continuing to provide regular updates, PHE have been informed and all cases are being reviewed at the Pan Dorset Post Infection Review (PIR) meetings.

C.Diff Cases



## Never Events

The figures below relate to incidents reports in the contract year 2017/18. Since 1 April 2018 Royal Bournemouth & Christchurch Hospital FT (RBCHFT) have reported one further Never Event involving the unintentional connection of a patient requiring oxygen to an air flowmeter. The CCG has sought assurance from all providers regarding the actions taken in response to the related Patient Safety Alert issued in July 2016 – Reducing the risk of oxygen tubing being connected to air flowmeters.



## Preventing Healthcare Associated Gram-Negative Bloodstream Infections

The Dorset Local Action Plan has been developed taking a system wide approach in identifying and addressing trends for improvement. The Plan has been commended by NHSE and shared with other CCGs as an example of best practice. RBH has received a letter from Ruth May NHSI congratulating them on achieving a 10% reduction to date.



# Main Providers

## Complaints

Complaint response times remain variable at DCH and RBH. A recent visit to the RBH service provided assurance that the Trust have a robust plan in place to improve performance. A further significant deterioration has been observed at DCH. Whilst operational challenges resulted in resources pulled from investigating complaints, into supporting other duties, the Trust also saw a significant increase in the number of complaints received in February.

## Mixed Sex Accommodation Breaches

DCH has reported a higher than average number of breaches in Quarter 4 (20). The High Dependency and Intensive Care areas are mainly affected due to delays in transferring patients out as a result of limited available bed capacity on the wards.

## VTE

Compliance with the *percentage of eligible patients who receive appropriate VTE prophylaxis* continues to be reported as low by both RBH and DCH. This is a data Quality issue which both Trusts are continuing to address. Both Trusts report low numbers of patients developing VTEs, providing assurance that patients are being screening and treated as per protocols.

## Current Overall CQC Ratings

The CQC report for Dorset HealthCare was published on 13 April 2018 with a good rating overall. There was improvement since the last inspection in several specialist areas including community end of life care, child and adolescent mental health in patient units and the forensic psychiatry wards which were rated outstanding. The safety domain however remained as requires improvement overall with MUST do actions identified for compliance with WHO 5 steps to safer surgery in theatres, environmental checks in mental health in patient units and places of safety and to address staffing levels. The CCG will review the action plan to address these areas. RBH has been inspected and they await the draft report. The SWASFT Urgent Care Service in Dorset will be inspected on 2 May and DCH has received the pre inspection information request and expect CQC to visit in June.



# Associate and Smaller Providers

## South Western Ambulance Service NHS Foundation Trust (SWASFT)

### 111 and Urgent Care Service

There were no serious incidents reported in quarter 4.

Performance quality in meeting the two-hour targets for assessment at treatment centres and home visits continues to improve. The Trust is working with the CCG and Poole Hospital to look at improving the delivery of the OOH service at this location as is the most difficult location to cover shifts.

The CCG and SWASFT are considering an alternative model to deliver SPOA service to increase efficiency and improve call answering. There have been no significant concerns or incidents raised since the combining of the clinical call queues in the urgent care hub.

### 999 Service

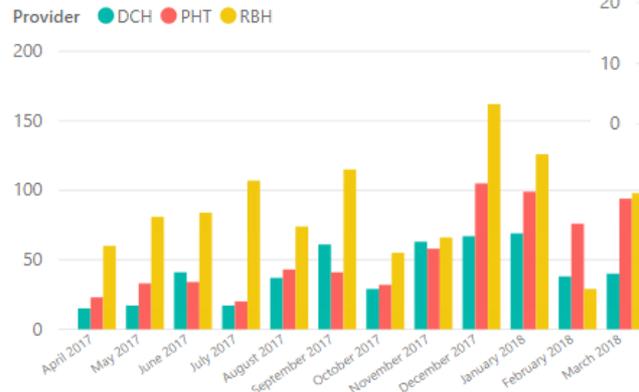
The Trust performance against the ARP standards remains below expected levels. The Trust is continuing quality improvement programme of work. There were 11 serious incidents reported across the whole south west region in the last reported quarter with no hot spots in terms of CCG area. There is a slight trend in delay in treatment and allocation of resource.

The Trust declared the nerve agent attack in Salisbury as a serious incident and will therefore be subject to full investigation.

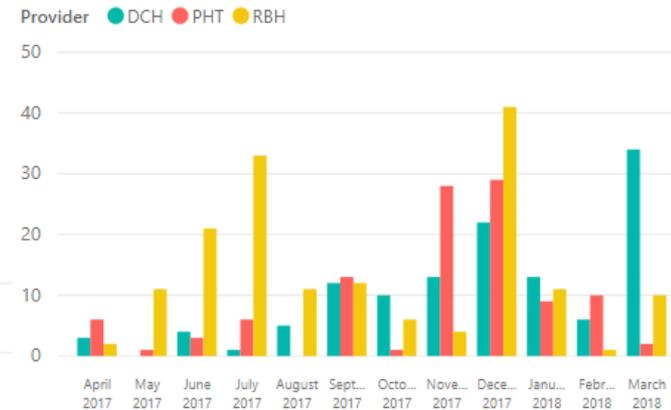
A&E Ambulance Handovers 15-30mins



A&E Ambulance Handovers 30-60mins



A&E Ambulance Handovers >60mins



## Customer care

Dorset CCG received 11 complaints during Q4 relating to the CCG.

Customer Care	Denominator	Number	%
% of complaints acknowledged within three working days of receipt by customer care	55	55	100%
Number of complaints closed within 25 working day period	55	51	92.73%
% of 'feedback' queries responded to within 20 working day period	150	150	100%
% of MP letters closed within a 25 working day period	13	13	100%

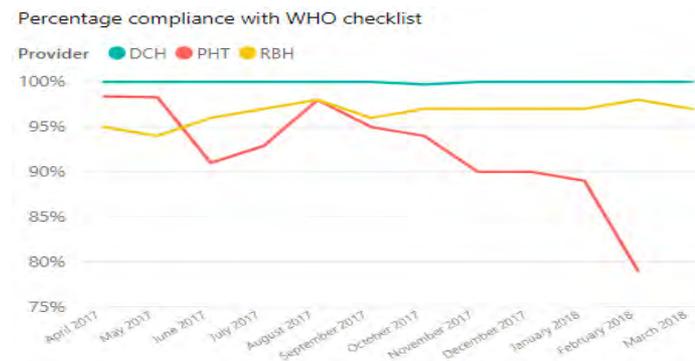
## MP Letters

In Q4 NHS Dorset CCG received 22 letters from MPs. Topics have included prescribing of flash glucose monitors, delays in blood testing, delays in orthopaedic surgery, CHC funding, IPT funding requests for IVF treatment and CSR related concerns.

A comprehensive Customer Care Report has recently been presented to the Audit & Quality Committee.

## Surgical Checklist

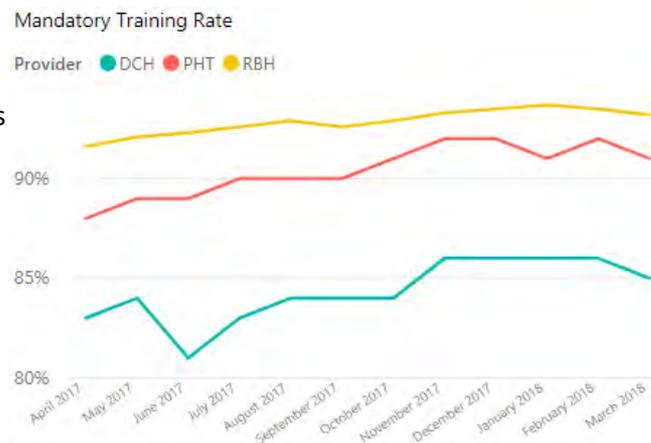
This remains an area of focus for PHFT. A number of actions are being taken which have been shared with the CCG.



## Mandatory Training

Operational pressures in the last quarter has had a negative impact on both mandatory training and appraisal rates particularly at DCH.

This has been identified by the providers as an area of focus going forward.



## Care Homes

Joint visits with the LAs continue. Bournemouth Borough Council have relocated 35 residents following the proprietor serving notice of immediate closure.

CQC RATINGS	OUTSTANDING	GOOD	REQUIRES IMPROVEMENT	INADEQUATE	NOT INSPECTED YET
County Wide	5	242	32	7	9



## Looked After Children

Quarter four performance has yet to be validated however IHA performance within the DCC area remains challenging and is being reported to each Corporate Parenting Board who are now monitoring progress. Regular updates continue to take place with the DCC Director of Children’s services who is committed to ensuring that improvements are made. RHA performance is currently above 90%.

A multi-agency Pan Dorset EH&WB and mental health pathway for children in care is progressing well and interim plans are in place to support children until arrangements have been finalised.

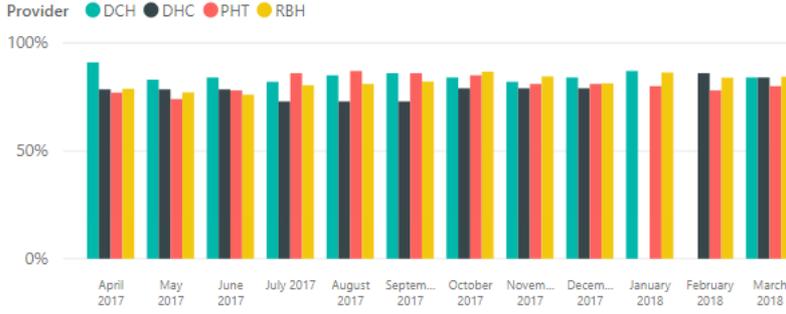
Following a recent consultation, DCC have decided to close their Children’s Homes. There is a risk that more children with complex care needs will be placed out of county.

## Safeguarding (Adults & Children)

### Safeguarding Training

In general an improved position in relation to training levels has been maintained. Compliance with PREVENT training has improved although some providers; PHT, DHC and DCH are not compliant with levels of training in WRAP (Workshops to raise awareness of prevent).

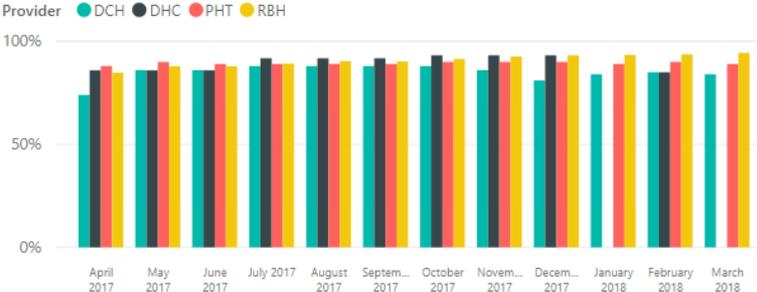
% staff trained in Level 3 Safeguarding Children



### Serious Case reviews, Safeguarding Adults reviews and Domestic homicide reviews

The Joint Adult and Child Safeguarding Annual Report is included on the agenda for this meeting. A serious case review (SCR) training package focusing on the last 3 SCRs has been produced for all frontline practitioners, this will be delivered across the whole of Dorset via the LSCB.

% staff trained in Mental Capacity Act and DOLs



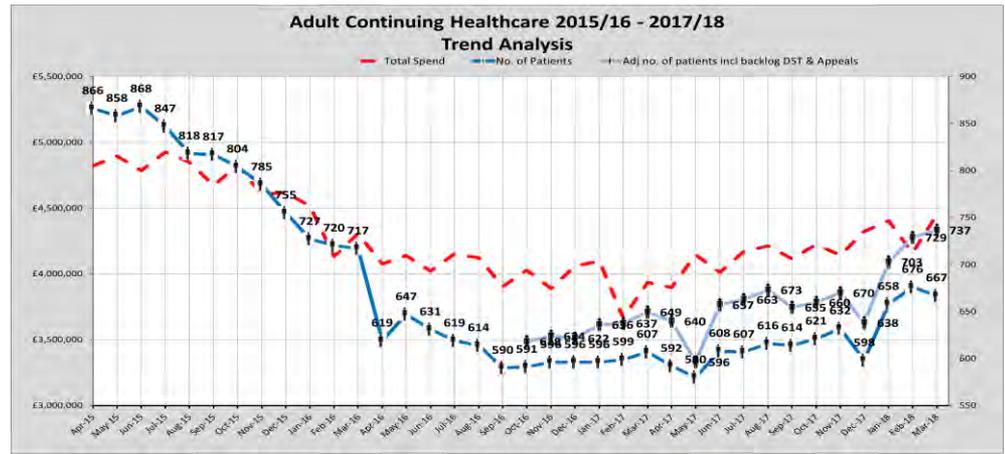
# Primary Care

CQC ratings for Dorset Practices are as follows: Four are currently rated as outstanding, 81 rated as good and one rated as inadequate. Oversight and support meetings are being held to support the Practice rated as inadequate to improve. A number of inspections have taken place and the reports are yet to be published. Following positive evaluation the Academic Health Science Network Safer Practice Framework supported by the LMC will be launched across Dorset. A project to improve Significant Event Analysis and sharing of learning across primary care has also commenced supported by the patient safety and risk team. Sepsis leads have been identified in 80% of practices to work on improvement in response to deteriorating patients in the community.



# Continuing Health Care (CHC)

The trend analysis of patients supported by CHC and associated costs indicates the number of patients who are receiving CHC currently remains stable. The position at quarter 4 related to the Quality Premium is shown below, the slight rise in hospital based assessments is attributed to the complexity of patients during this period that were in hospital. There is an improvement in the 28 day target as a direct result of new working practices, however this area remains challenging.



Quality Premium	Target - cumulative	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
% of DST's completed within 28 days	> 80%			40%			35%			33%			39%
% of DST completed in acute hospital setting	< 15%			9%			4%			1%			5%

