

Governing Body Quality Report



March 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, an increase in C Diff, serious incidents in the 999 service, CHC assessment timescales and health assessments for Looked After Children.

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



Main Providers

Mortality

Limited assurance remains regarding DCH's mortality rates. The Trust is again in the 'higher than expected range'. HSMR has also shown a slight increase. Work continues to be undertaken to address any existing gaps in assurance. Overall SHMI is 'as expected' in RBH and is 'lower than expected' at PHFT. The Trusts continue to embed the new National Framework for Learning from Deaths.

C DIFF

Both PHFT and RBH are off trajectory for C Diff. The cause of this increase may be multifactorial with cases unrelated by Ribotyping. The Trusts are continuing to provide regular updates, PHE have been informed and all cases are also being reviewed at the Pan Dorset Post Infection Review (PIR) meetings.

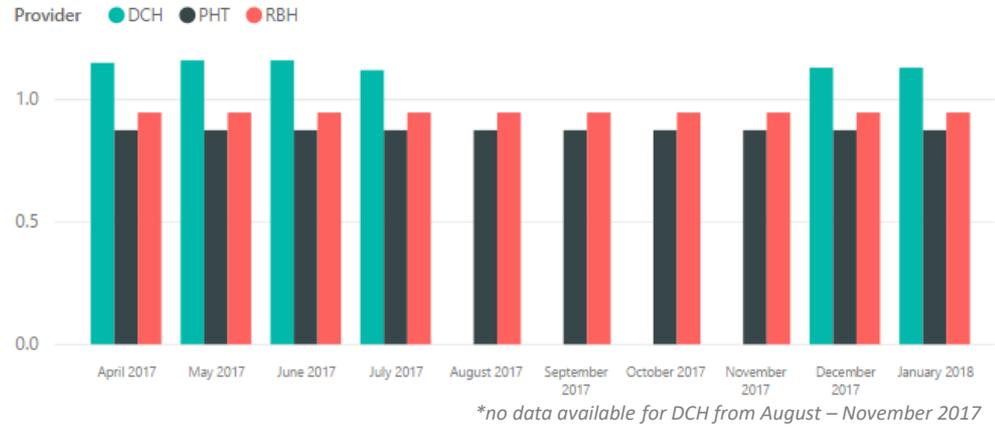
C.Diff Cases



Preventing Healthcare Associated Gram-Negative Bloodstream Infections

The Dorset Local Action Plan has now been agreed by Dorset Clinical Reference Group. The Action Plan has been developed taking a system wide approach in identifying and addressing trends for improvement. This year, the 10% reduction ambition will not be achieved nationally as the majority of the improvement initiatives will not deliver a full year effect. In 2018/19 NSHI will work with PHE to determine which improvement interventions have the greatest impact.

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



Never Events

Royal Bournemouth & Christchurch Hospital FT (RBCHFT) have reported eight Never Events since April 2017. Investigations are continuing and will be reviewed by the CCG Never Events Panel. The Trust have escalated this area of significant risk and will be reporting against compliance with previous Never Event action plans. Poole Hospital has recently reported two further Never Events in relation to a retained product. The Maternity Service at DCHFT has also reported a Never Event in relation to a retained product. The CCG is writing separately to each Trust in response to their Never Events.



Main Providers

Maternity

Dorset's Induction of labour rate

The current induction of labour rate in Dorset is approximately 30%. Nationally there has been an increase in the induction of labour rates and Poole hospital have completed a recent audit which shows that their rates are in line with other maternity units nationally. The main impact has been from maternity units implementing the Saving Babies Lives – A Care Bundle for Reducing Stillbirths that has caused an increase in identifying reduced fetal movements and suspected low birth rate. There may also be a correlation with increased induction of labour rates and increased number of women with diabetes. This year the National Institute of Excellence (NIVCCE) will commence a review of Induction of Labour guidelines.

Dorset's caesarean section (CS) rate

The 2015/16 caesarean section (CS) rate in Dorset's was 27.4% which is slightly above the national rate 26.3%. Nationally the CS rate has increased. The monthly CS rate for Dorset is approximately 12% for elective CS and 16-18% for emergency CS. The CS rate is mainly due to the acuity of pregnant women however there is still an opportunity to reduce the local rate slightly which will take time. The Dorset Maternity Transformation Plan has a specific action related to increasing access to midwifery led care settings (including homebirths) and reducing the over medicalised model of maternity care in Dorset. Key areas that could positively impact on reducing the CS rate are increased birth choice options and supporting women to consider a vaginal birth after CS.

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. Recent feedback from Healthwatch was positive in relation to RBH's engagement to improve the process for complainants.

Current Overall CQC Ratings



Poole Hospital NHS Foundation Trust (PHFT) had a Care Quality Commission (CQC) inspection in September/October using the new methodology which includes greater focus on the 'Well led' domain. The report has just been published with an overall rating of 'Good'. Four out of the five overarching domains were 'Good' with the Safe domain identified as 'Requires improvement'. The Trust is reviewing the implications of the outcomes for other areas which were not inspected at this time. An action plan is being developed and will be shared with the CCG.

DHUFT final report is awaited and RBH are awaiting an imminent inspection.



Associate and Smaller Providers

The report below outlines exceptions only.

Salisbury District Hospital NHS Foundation Trust

The Trust reported a Never Event in quarter 3 related to insertion of an incorrect ocular lens.

Yeovil District Hospital NHS Foundation Trust

An external review of maternity services by the Royal College of Obstetricians and Gynaecologists took place in quarter 3. The report has been shared with the CCG. Somerset CCG conducted a further review of care and the report is awaited.

South Western Ambulance Service NHS Foundation Trust (SWASFT)

111 and Urgent Care Service

There were no serious incidents reported in quarter 3.

Since December SWASFT weekly performance in call answering has exceeded National Performance levels. National Performance for week ending 14 January 2018 was 76.0%, Dorset performance was 95.0%. The service is seeing the benefits of increased clinical input in the hub to enable holding the low acuity 999 calls and ensure appropriate review prior to referral to the 999 service if required.

There are some improvements in meeting the two-hour targets for home visits by OOH GPS since the reintroduction of the St Leonards car which has improved patient experience of the service.

999 Service

The Trust has implemented the Ambulance Response Programme and are working with the CCG on the Ambulance Pillars Project to look at the sustainability of new models of working in emergency services. Daily and weekly reports on handover delays are now received indicating that the Dorset providers are not outliers within the South West region.

There were 3 serious incidents reported in quarter 3 by the trust affecting Dorset patients. Serious incidents which have occurred as a result of delays in ambulances responding are being investigated and reviewed jointly with the Trust

Information Governance

General Data Protection Regulations (GDPR)

The Information Governance Team continues to work towards the CCG meeting the requirements of the GDPR by the required date of 25 May.

IG Toolkit

- confident that all areas will be green by required completion date;

Customer care

Dorset CCG received 11 complaints during Q3 relating to the CCG.

MP Letters

In Q3 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.

Care Homes

Joint visits with the LAs continue. A large home in the east of the county is of concern and likely to become a Whole Home Safeguarding Enquiry.

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



Looked After Children

Initial Health Assessment (IHA) performance within the DCC area remains challenging and is being reported to each Corporate Parenting Board meeting. Further discussion has also taken place with the Director of Children’s services. Review Health Assessment (RHA) performance is currently above 90%.

A multi-agency Pan Dorset Emotional Health & Well Being 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.

IHAs				
Quarter Three 2017/18	Bournemouth	Poole	Dorset	Pan Dorset
Children new into care	25	23	45	93
Number who require an IHA (Excluding those who left before 20 working days)	20	23	45	88
Initial Health Assessment Completed in 20 working days	16 (80%)	18 (78.3%)	15 (33.3%)	49 (55.7%)

Safeguarding (Adults & Children)

Safeguarding Training

The NHS England and Health Education England Generic Level 3 PREVENT e-learning will be shared across all NHS providers, GPs and Practise Nurses. At DCH Compliance with safeguarding training 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 TrustS and Named Leads for Safeguarding.

% of eligible staff trained in Level 3 Safeguarding Children



Safeguarding Adults reviews

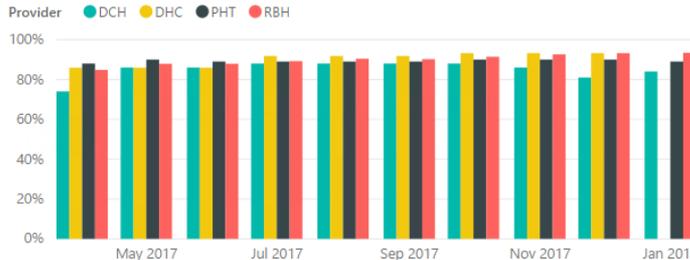
1 Current ongoing, 2 case audits, 0 due to be published



Domestic homicide reviews

4 current ongoing, 1 due for publication (case audits not applicable)

% staff trained in Mental Capacity Act and DOLs



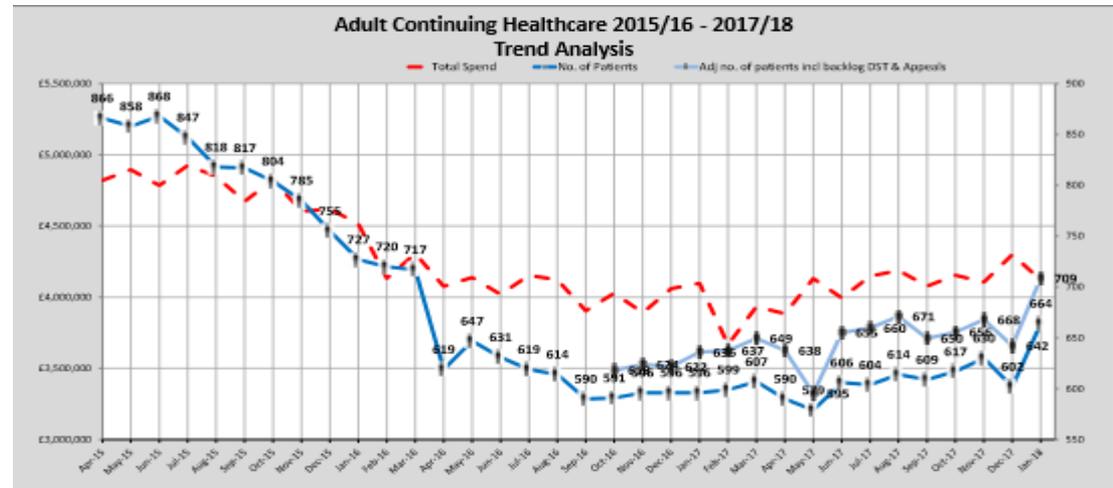
Primary Care

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. Quality Assurance and Improvement visits to General Practice continue and many Practices are introducing the AHSN Safer Practice Framework supported by the CCG and LMC. Each year a number of CCG led quality improvement areas will be discussed within the visits. This year the areas that will be discussed are: Sepsis; Learning Disability Health Checks and Learning from incidents.



Continuing Health Care (CHC)

Table 1 below shows the trend analysis of patients supported by CHC and associated costs over the last 3 financial years. This indicates a slight upward trend in overall numbers of patients, however the main driver for this rise is the number of patients who remain receiving CHC once it has been agreed. The position at quarter 3 related to the Quality Premium is shown below. The backlog of assessments 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%			
% of DST completed in acute hospital setting	< 15%			9%			4%			1%			

