

Annual Quality Accounts 2019-2020



Dorset HealthCare  
University  
NHS Foundation Trust

# Annual Quality Accounts 2019-20



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## PART ONE

### STATEMENT ON QUALITY OF THE HEALTHCARE SERVICES PROVIDED FROM THE CHIEF EXECUTIVE OF THE TRUST



This year we reviewed our Trust strategy and reconfirmed our number one priority is to provide outstanding quality services. Achieving an overall rating of 'outstanding' from the Care Quality Commission in summer 2019 was just the beginning – we are determined to continue our relentless focus on providing the best quality services for the people we serve. This includes reducing harm and variation and transforming our services, making best use of new technologies. Our Quality Improvement ethos and drive is already having an

impact, encouraging creativity, innovation and learning.

Our second strategic ambition is to support people in living healthy lives. We are taking a population-based approach to planning our services, working in partnership with others in the health and care system. Local people will be much more involved in identifying their priorities and co-producing the services they need with us. As people are empowered to be in control of their health and wellbeing, we will work with them to prevent ill health and make the most of everyone's strengths.

Along with all NHS organisations and the public sector as a whole, we face significant challenges in funding and demand. This makes it all the more important that we make considered and prudent decisions about the use of our limited resources, without compromising quality. Our third priority aims to maximise value and sustainability, making best use of our finances and our buildings and reducing environmental impact.

Our staff are our greatest asset so our fourth priority is to make Dorset HealthCare the best place to work. We're building on our compassionate, inclusive and open culture to empower staff to do their best work. We're working to retain and develop our workforce and to attract the right people into our Trust, as well as improving the diversity of our workforce. I am extremely proud of all our staff, who show dedication, flexibility and commitment whatever challenges we face.

We have a great deal to be proud of and this year's successes include:

- Launching our Access Mental Health Service which provides rapid response for people in a mental health crisis, including a 24/7 telephone helpline, two drop-in retreats in Bournemouth and Dorchester and three drop-in community front rooms
- The Willows at the Yeatman Hospital, Sherborne becoming the first ever 'Hospital Ward of the Year' for end-of-life care
- Accreditation from the Quality Standard for Imaging for the radiology departments at Victoria Hospital Wimborne and Swanage Hospital
- Developing a brand new website, working with young people and their families, to offer advice and information for young people with mental health issues
- Opening the brand new 24-bed Colmers ward at Bridport Hospital

We will continue to improve and develop to build on our 'outstanding' rating and ensure we provide excellent quality services to everyone who need them. All our work brings us closer to our vision to be better every day through excellence, compassion and expertise.

Eugene Yafele, Chief Executive, 30 April 2020

## DECLARATION OF ACCURACY

Dorset HealthCare University NHS Foundation Trust (DHC) remains committed to continuous quality improvement in all the services we provide. The Board has strengthened over the past year and continues to improve the way it obtains assurance:

This report is an open and honest assessment of what we have achieved and how we have improved the quality of our services through our quality priorities and other quality indicators. It details the progress made against our quality targets and the priorities we have set for ourselves over the past year. The report is consistent with internal and external information presented to and agreed by our Quality Governance Committee (QGC) and the Trust Board. Each meeting receives monthly updates or quarterly quality reports against our agreed targets.

The Board receives an integrated performance report including a quality dashboard covering all three domains of quality:

- patient experience
- patient safety
- clinical effectiveness.

The Quality Governance Committee provides further scrutiny of the quality of services. This committee is supported by the Executive Quality and Clinical Risk Group which meets monthly to examine the internal quality and clinical processes. It provides an in-depth review of the data to assure the QGC that adequate systems are operated by the organisation.

Non-Executive and Executive Directors have visited wards and teams to hear and observe first-hand the quality of care being delivered, enhancing the line of sight from 'Board to Ward'. The Board is committed to being visible and accessible to front-line staff and patients.

The Trust is committed to raising standards of care and will respond promptly and positively to criticism and suggestions for improving care. We value the feedback of patients, carers, family and friends alongside all our staff to guide how we improve the quality of services.

The Council of Governors, Board of Directors and clinical leaders are committed to delivering a programme of continuous quality improvement during 2019/20.

In preparing our Quality Account and Report, we have worked hard to ensure that the information presented is accurate and provides a fair reflection of our performance during the year. I hope you find this report an interesting and informative document. I think it presents a fair and balanced view of what we have achieved and what we hope to achieve this coming year. To the best of my knowledge the information in the document is accurate.

Eugine Yafele, Chief Executive, 30 April 2020

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## **PART TWO**

### **PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD**

#### **PRIORITIES FOR IMPROVEMENT 2019/20**

The Trust is committed to providing high quality care - first time; every time. To determine our priorities for 2019/20 we continued to work with those service directors and leads who attended our previous workshop to review all the improvement programmes underway in the Trust. We have a wealth of improvement plans to address various work streams and are in the early stages of developing and embedding the Quality Improvement team and Quality Improvement approach across the Trust. The Quality Improvement programme is being designed to shift the balance to our staff and people who experience our services, to identify areas for improvement that matter most and are locally owned.

We also considered themes from complaints, incident feedback from patients and staff and performance against key quality indicators. We reviewed recommendations from external reviews such as those published by the Care Quality Commission, NHS Improvement, Her Majesties Coroner for Dorset and other national bodies.

As part of our consultation on the priority indicators we held a focus group with the Trust's Leadership Forum to comment and feedback on the proposed priorities. An online survey was launched on 24 January 2019 to gather feedback from staff and stakeholders. We also made the consultation available on our website to enable members of the public and other stakeholders to express their views.

Attendees at the Quality Matters Conference on 31 January 2019 were asked to complete the online survey and were canvassed for their feedback to refine our selection of Quality Improvement Priorities for 2019/20.



## QUALITY IMPROVEMENT PRIORITIES 2019/20

We start this section by reporting on our achievements against the Trust's quality priorities we set ourselves for 2019/20. The following tables outline the priorities and progress over the past year.

<b>Priority 1 Patient Experience:</b>			<b>Outcome:</b>
<b>To be an organisation that involves the patient, their families and carers and hear the voices of those that are harder to hear</b>			<b>Progress made</b>
<b>Rationale:</b>			
<p>In 2018/19 we wanted to build on the success of introducing the Triangle of Care (ToC) into our mental health inpatient and community teams as well as the crisis services to further enhance the experience of people who use our services and their carers. We will continue to embed the ToC into our mental health and crisis teams whilst rolling out across all our adult services.</p> <p>At the Trust, we have captured patient satisfaction for several years. Although this data has been valuable in tracking trends, there has been a shift in focus to capturing patient experience rather than patient satisfaction. Taking this positive shift further we will endeavour to learn from those experiences so we can improve our services. We will also focus on gaining the experiences of those patients who do not readily give or feel able to provide feedback.</p>			
<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
Baseline data for use of Bereavement survey completed.	Qualitative feedback from staff identifying issues received. Improvement plan in place.	Engagement with local group, other Trusts and organisations to gain more feedback and to support final development of questionnaire and support tools.	Collaboration with stakeholders delivered on a development of a New Bereavement booklet that gives opportunities for families to give feedback and supporting literature for families who's loved one died at home or at a hospital.
Task and Finish group to improve joint working between Steps to Wellbeing Service and Community Mental Health teams established, initial review took place.	Baseline exercise reviewing transition planning conducted with an agreed action to identify gaps or deficits in practice through Clinical Audit.	Audit results shared and improvement plan in place.	Improvement plan has been put into action: team leaders meeting regularly. There is shared access to IT systems, link workers (individual cases and attendance at MDTs) and attendance at quarterly team leader/service managers meeting.
Baseline audit determining use of feedback tools and systems in place to capture information from looked after children and service users of the paediatric speech and language therapy	Bespoke improvement plan with agreed actions and timescales developed and shared with Clinical Leads.	Feedback received from services: Actions being progressed in Looked After Children and Speech and Language Therapy (SALT) services. Sexual Health Services improvement	Sexual Health service was going through a competitive tender process. All services have implemented a number of tools including: social media, digital and telephone contact. The service

service and sexual health services.		plan was put on hold as service was going through a tender.	has linked in with local Dorset Clinical Commissioning Group to continue capturing feedback through Pan Dorset pathway projects and focus groups. Additional digital resources have been provided to more gather feedback. Websites are being designed in collaboration with service users.
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**Going forward:**

- Continue to regularly revisit our survey and support materials for families and carers of end of life carw
- We have joined 3 year project with Care Opinion for patients and families to share their stories.
- We will continue to review our robust mechanism between Steps to Wellbeing Service and Community Mental Health Teams to ensure regular communications between the services is taking place to work in collaboration on transition between the services.
- We will keep on revisiting feedback mechanisms, working with local organisations, with our patients, their carers and families to ensure their voices is heard and acted upon.

**Priority 2 Patient Safety:**

**Enable staff to proactively identify and mitigate where patients or service users are at risk of avoidable harm**

**Outcome:**

**Progress made**

**Rationale:**

Our patient safety priority in 2018/19 was to be an organisation that creates a positive and strong safety culture. We wanted to support our staff in the early detection and management of deterioration in adult inpatients.

As a Trust we have learnt through our understanding and appreciation of national reports and learning from our own internal investigations that good channels of communication, both internally and externally with other organisations is a key requirement of patient centred care.

Continuing with our understanding of the need and benefits of joint working we want, through additional information and education, to increase our staff's awareness of domestic abuse. We want our staff to feel supported and enabled to act effectively and promptly in response to suspected domestic abuse.

In line with national guidance we will broaden our Suicide Prevention Strategy, for the benefit of all people accessing our services.

Quarter 1	Quarter 2	Quarter 3	Quarter 4
E-learning package for domestic abuse (DA) training developed, to be signed off at a joint safeguarding meeting. 2 specialist DA staff to be employed by independent provider to provide support.	E-learning package reviewed in light of Equality and Diversity. Training action plan in development. 2 specialist DA staff commenced working.	eLearning completion rate at 68%. Training action plan in progress.	Staff continue to complete the eLearning package and the completion rate has increased to 86.4%.
Suicide Prevention (SP) Group established and	SP Group agreed to undertake QI approach,	QI work commences with different directorates to	During Covid 19 the prevention strategy was

in progress of reviewing current SP plans.	identified next steps and a resource to support initiative going forward.	widen the scope of SP agenda.	<p>progressed virtually. Zero Suicide Alliance Training video was created to upskill all staff to support people with suicidal thoughts. 425 staff completed training by end of March 2020.</p> <p>A mental health Support worker works with schools to raise awareness.</p>
Task and Finish (T&F) Group established to robust system is in place to enable appropriate handover for any expected or unexpected patient discharge.	A robust system for sharing information with acute hospitals during unexpected transfers via A&E or outpatients agreed.	Hospital Matrons are reviewing all patients who are unexpectedly transferred during quarter 2 identifying learning.	<p>103 incidents were reported. The identified Learning is shared within the Team and acute hospitals.</p> <p>Agreed Process of Transfer from Community Hospital to Acute care flow chart.</p>

**Going forward:**

- We will continue to promote and provide training for Domestic Abuse in other services across our Trust (Community Adult Mental Health and Learning Disabilities services have had over 50% completion rates in 2020/21 Q1) and we will improve compliance rate in Public Health Nursing service.
- Suicide prevention - we will continue to promote the training video to staff in all services and monitor the data on a quarterly basis. The Suicide Prevention Group will support further promotion.
- We will monitor and review the agreed process of transfer from community hospital to acute care process and collaboration with stakeholders to ensure a person centred approach to admission.

**Priority 3 Clinical Effectiveness:**

**Enable clinical staff to use their professional judgement when assessing patients and users of services when developing personalised care plans**

**Outcome:**

**Progress made**

**Rationale:**

In 2018/19 we focussed on the prevention of ill health and support people who used our services needed to adopt healthier lifestyles. We continued supporting staff who worked in the mental health setting to prevent and manage potential blood clots, known as venous thromboembolisms.

This year we are going to concentrate further on valuing people as active participants and experts in the planning and management of their own health and well-being. Enabling staff to ensure that their patients and service user's outcomes are developed to have meaning to the person in the context of their whole life. This process recognises the person's skills and strengths, as well as their experiences and the things that matter the most to them.

We have developed an ambitious Quality Improvement (QI) programme and QI approach across the Trust. The Trusts QI programme is being designed to enable our staff and people who experience our services to identify areas for improvement that matter most and are locally owned. It is already starting to support them to work together to identify and address a range of quality issues, enabling creativity, innovation and learning.

Quarter 1	Quarter 2	Quarter 3	Quarter 4
A review of therapeutic interventions in inpatient services in progress.	Task and Finish Group established to review outcome of scoping exercise. A draft Action plan produced.	Business Cases for therapeutic provision for Acute and Adult inpatient Mental Health (MH) developed. A pilot in Older People MH inpatient progressing.	Goals are being set with teams to enhance therapeutic interventions and put these into practice and embed in teams. This will be reflected in patient care plans.
What Matters Most (WMM) evaluation report demonstrating presented at the Clinical Governance Group together with recommendations on how to improve and build patient centred documentation care planning within physical health District Nursing (DN), Community Matrons, Rehabilitation teams and inpatient services.	A plan for mobilisation and implementation developed and further learning from teams piloting plans in collaboration with patients gathered.	WMM Oversight Group established. Lessons learnt reviewed.  Approaches going forward agreed and training package development commenced.	District nursing and inpatient services have agreed personalised care plans and training for staff to enable them have personalised conversations with patients. Integrated Community Rehabilitation Teams and Community Matrons are agreeing a standardised approach for recording What Matters Most to our patients.
A further proposal included in WMM report to enable clinical staff to use their professional judgement and to use SOAP notes methodology to document a patient during treatment progress.	Mandatory risk assessments identified for services and guides for staff in development.	Task and Finish groups established to focus on finalising training material. Cooperation with SystmOne team to enable professionals to evidence that all risk assessments have been considered as appropriate. DN guide for junior staff in development.	An approach for district nurses has been developed and training resources are ready to roll out. Inpatient services work with second early implementers to finalise training. Community Matrons and Integrated Community Rehabilitation Team representatives continue engagement to agree use of professional judgement.
<p><b>Going forward:</b></p> <ul style="list-style-type: none"> <li>We will continue to improve and sustain the therapeutic offer from inpatient mental health services by increasing investment in interventions and activities, resulting in better patient outcomes and experience in hospital.</li> <li>We will train staff, provide tools and resources and empower them to have personalised conversations and to record What Matters Most to our patients.</li> <li>We will deliver training and empower staff to use their professional judgement; we will provide resources to support staff. Staff will use SOAP notes methodology to document patient care.</li> </ul>			

## QUALITY IMPROVEMENT PRIORITIES 2020/21

This year we have been reviewing our strategies and direction of travel to make sure they are fit for the future health care needs of the people of Dorset. Working in partnership with health and social care colleagues we are developing services across Dorset in line with the clinical services review led by Dorset Clinical Commissioning Group.

We have developed the trust strategy which is supported by the clinical strategy and our quality strategy is one of the enabling strategies. The quality strategy will support the development and sustainability of our culture for continuous quality improvement so the Dorset HealthCare can be better every day.



Changes to the way that services are designed and commissioned are central to the Integrated Care System within Dorset. When any change takes place it is essential that quality objectives are at the forefront. We need to ensure that new services and care delivery models provide high quality care within the available resources; which are based on evidence, need and outcomes.

The Long Term Plan for the NHS brings together providers of care in local communities. Our strategy recognises the interdependence of local government, providers, commissioners and the third sector to deliver quality services for the population we serve.

We have identified key quality priorities by listening to the views of patients, service users, staff, commissioners and other stakeholders to ensure we continue to deliver improvements. Internally, we triangulate information from many sources including patient and service users, staff feedback, incidents, compliments, complaints, and performance against our key quality indicators. We also look at recommendations from external inspections including the Care Quality Commission, NHS England, NHS Improvement and national reports and recommendations.

The quality priorities support the Trusts' vision to be better every day through excellence, compassion and expertise in all we do, as well as the strategic goal to provide high quality care; first time, every time.

## **PATIENT EXPERIENCE**

**Improve the experience of people accessing services by reducing variation in clinical practice and working efficiently to maximise clinical hours.**

We will use patient experience to inform service development, and ensure the voice of the patient, families and carers is sought, heard and acted on to improve quality. We will learn from the experienced of patients, their families and carers, seeking their feedback across all areas of our business. To support service improvements we will develop an outstanding research culture and standard pathways of care.

## **PATIENT SAFETY**

**We will promote an outstanding patient safety culture: supported by continuous improvement, quality assurance, governance and oversight.**

We will ensure there are robust and effective quality governance and assurance arrangements in place so we can identify, manage and learn from potential risks to quality. We want to achieve the highest patient safety standards and equip patients, staff and partners with skills and opportunities to improve patient safety. We will identify and share best practice and learning when things go well in addition to learning from when things go wrong and continue to embed continuous quality improvement using the Institute for Healthcare Improvement (IHI) triple aim methodology.

## **CLINICAL EFFECTIVENESS**

**We will provide timely access to services through effectiveness and efficiency.**

We will target growth in our specialist mental health services and in integrated community and primary care services by integrating service planning and delivery with Primary Care Networks and other community providers, delivering services as close to home as possible and supporting the sustainability of primary care services. We will lead and contribute to improvements in the effectiveness and efficiency of pan-Dorset elective and non-elective services and ensure rapid admission and discharge to and from our inpatient services and reduce reliance on bed-based care. We will end the use of inappropriate out of area beds by 2024 for people accessing inpatient mental health services.



## QUALITY IMPROVEMENT - SIGN UP TO SAFETY CAMPAIGN

The Trust committed to the NHS England 'Sign Up to Safety' campaign in November 2014 having made the following five pledges.

<b>Put safety first</b>	A commitment to reduce avoidable harm.
<b>Continually learn</b>	Acting on the feedback from patients and constantly measuring and monitoring how safe services are.
<b>Honest</b>	Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.
<b>Collaborative</b>	Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use.
<b>Supportive</b>	Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the progress.

The 'Sign Up to Safety' campaign vision brought all of the national safety work streams together under one campaign. We developed a plan which incorporated nine 'Sign up to Safety' work streams to reduce avoidable harm and save lives. Each work stream had a nominated lead, supported by staff from a wide variety of services throughout the organisation. Progress against the campaign action plan is monitored with a quarterly report sent to the Executive Quality and Clinical Risk Group.

The National 'Sign Up to Safety' campaign disbanded at the end of March 2019. Dorset HealthCare made the decision to continue with the current work streams, as described below, under the title of 'Patient Safety Work streams'.

The number of work streams has reduced from nine to six. Sepsis has combined with the Deteriorating Patient work stream to align with the Wessex Patient Safety Collaborative Network. Safe Transfer of Care and Care Planning are continuing having been incorporated into core business.

The following pages detail progress against the six work streams:

- Pressure ulcers
- Mental Health Units, Use of Force Act
- Deteriorating patient and sepsis
- Suicide prevention
- Falls prevention
- Safe medication.

## PRESSURE ULCERS

**Aim:** For STEIS reportable inpatient pressure ulcers in 2019/20 remained the same as the previous year, to be reduced by 50%. The aim for community-acquired STEIS reportable pressure ulcers in 2019/20 also remained the same as the previous year: to be reduced by 20%. However at the end of Q1 new Pressure Ulcer (PU) reporting was adopted, the PU: Revised Definition and Measurement recommendations from NHS Improvement, was adopted. This replaced the old Department of Health criteria for reporting to the Strategic Executive Information System (StEIS) of all PU's deemed avoidable where lapses in care had occurred. This has resulted in fewer incidents to be reported onto StEIS; therefore data from Q2 onwards is different and not comparable to previous reports. The terms avoidable and unavoidable are no longer considered. These changes were adopted to support the focus of the level of harm sustained and significant organisational wide learning being identified after reviewing incidents. The StEIS reportable PU's in this report reflects these changes.

### Outcome 2019/20

Pressure Ulcer	Q1	Q2	Q3	Q4	Total YTD	% Reduction Year to date
Hospital-acquired avoidable, now termed StEIS reportable PU	1	0	0	0	1	Not comparable with previous years data
Community-acquired avoidable, now termed StEIS reportable PU	3	3	0	1	7	Not comparable with previous years data

NB: There have been changes in the STEIS reporting criteria since April 2019

### Key success:

- **PURPOSE T and Documentation** - Tissue Viability involved with the implementation of "What Matters Most". A PURPOSE T guide has been developed explaining the risk tool, how and when it should be used to encourage a standardised approach. The tool has been updated on SystemOne to reflect the changes in the pressure ulcer categorisation. PURPOSE T education is incorporated in the monthly Pressure Ulcer training.
- **Training** - Merged training for Health Care Assistants / Support workers and Registered staff, this will result in the course content being standardised across the trust for all staff. Restructuring the course now offers an increased availability for Health Care Assistant / Support workers. The course is now structured with pre eHub module, face to face training and competencies to help meet different learning styles.
- **Equipment** - Tissue Viability have raised awareness and shared the MHRA information poster (Don't Judge A Mattress By Its Cover). The audit results have been shared with matrons and team leads via Medical Device Safety officer.
- **Reporting and reviewing of Deep Tissue Injuries (DTI's)** - NHS England category poster has been shared to teams and uploaded on to Tissue Viability page on Doris. Pressure Ulcer eHub module and training has been updated. Tissue Viability team carry out an audit on reported DTI's every 6 weeks to check accuracy of reporting.
- **Shared learning from RCA themes** - A spread sheet has been developed to capture recurring themes identified at panel. This is shared at the steering group and will be cascaded to Band 7 meetings. Tissue Viability includes RCA themes on the Tissue Viability and Leg Ulcer newsletter.
- **Tissue Viability Team capacity** - Recruited Band 6, 0.8 WTE in January 2020, but due to pressures and risks within the Leg Ulcer service the nurse is only working for Tissue Viability 0.4 WTE due to

supporting the Leg Ulcer service and orientation programme.

- **Complex patients with multiple co-morbidities developing pressure ulcers** - Tissue Viability, Leg Ulcer Service and Diabetic Foot Clinic are developing a lower limb referral pathway to ensure the patient is referred to the correct specialist service at the right time to ensure the care is not delayed.
- **Delayed wound care products getting to patients in the community in a timely manner** - Staff questionnaire was developed. Working group established to look at new initiatives and different ways of working.

#### Going Forward:

- **PURPOSE T and documentation** - Launch the PURPOSE T guide with the 'what matters most' project. Tissue Viability team lead to meet with clinical lead for mental health to complete this action.
- **Equipment** - Tissue Viability team lead is working with Procurement and Medical Device Safety Officer to organise a Mattress replacement programme. This will include looking at replacing some of the static foam mattresses with hybrid mattresses to help reduce the expenditure on rentals of full air replacement systems. Tissue Viability Team is working with the Medical Device Safety Officer to look at alternative low profile cushions.
- **Reporting and reviewing of Deep Tissue Injuries (DTI's)** - Tissue Viability and Patient Safety Advisor are working with Ulysses to develop an incident form specifically for pressure ulcers.
- **Tissue Viability team capacity** - Leg Ulcer service recruited Band 6 who commenced in March 2020. Due to the COVID-19 pandemic the Tissue Viability Service has been working in collaboration with the Leg Ulcer Service as one united team since March 2020. Supporting the leg ulcer service at such a challenging time has resulted in establishing a cohesive team, which share the same goals for patients, maintaining high quality patient care. The team support each other daily and network weekly via Microsoft teams and as required. During this period the Tissue Viability Service were only able to assess complex urgent patients, which is impacting on Tissue Viability Service waiting times
- **Complex patients with multiple comorbidities developing PUs** - To develop a care plan for the ischaemic limb to support staff. Tissue Viability team lead having "Deal with Heels" article published.
- **Delayed wound care products getting to patients in the community in a timely manner** - Audit team to compile a report, this will be shared with Dorset CCG, Director of Nursing, Therapies and Quality, Clinical Service Improvement Lead for District Nursing, Integrated Community Services, Joint Wound Formulary Group (JWFG), Link Advisors, Tissue Viability Steering Group, Procurement and Medicines Management.

#### PROMOTING POSITIVE AND PROACTIVE PRACTICE TO REDUCE RESTRICTIVE INTERVENTION - Mental Health Units, Use of Force Act

**Aim:** DHC aspire to the principle that all staff embrace the Mental Health Units (Use of Force) Act 2018 and focuses on least restrictive practice and ensuring therapeutic care is provided in safe conditions that promote recovery. **Aims:** To improve and share best practice in relation to managing planned care.

## Restrictive Interventions 2019/20

Intervention	Q1	Q2	Q3	Q4	Total
Rapid tranquilisation	32	48	54	33	167
Prone restraint	37	60	53	42	192
Seclusion	19	20	15	14	68

### Key successes:

- Matrons attended Restraint Reduction Network in December. This has helped informed the way in which we will review our service.
- Matron (East) nominated as clinical lead for PMVA.
- A review of PMVA and induction is planned for 2020/2021. The admission pack for patients is under review which will include information regarding use of force.
- PMVA team now based at St Ann's to enable closer working with ward teams.
- All acute in-patient adult mental health wards are taking part in the Promoting Positive Practice Quality Improvement collaborative & attend bi-monthly learning sets. These events are an opportunity for wards to share their learning and build relationships across the Trust, as well as improve safety, patient and staff experience.
- There have been a number of changes being tested across the wards ranging from patient welcome packs, increased patient activities, staff wellbeing and discharge planning. Teams will be using this approach to support a significant change in how restraint training is undertaken to enable wider impact.

### Going Forward:

- Matron (East) to meet with QI team lead to commence project for review of PMVA and induction for MH staff. Plans include:
- Review of staff feedback forms following PMVA
- Staff survey on PMVA
- Standards Audit – for PMVA team (Self-assessment), Clinical Lead staff who have received training
- Survey to reach staff who failed PMVA
- Review of exit interviews
- Next QI collaborative will have a focus on Safe wards and PMVA. Matron (West) is leading on the rollout of Safe wards across inpatient areas.
- Wellbeing plan – a workshop is planned for end of January to review the wellbeing plan. This was to include the enhanced inpatient plan with reference to use of restraint. This was postponed due to the covid-19 pandemic.
- Guidance documentation has not been released nationally for the MH Units Use of Force Act (2018). Once the guidance is published, it will then inform local guidance work.
- A pilot project for body worn cameras is in the planning stage. Matron (East) is meeting with representatives in next few weeks to pull together project plan. IT & IG supportive and SOPs drafted. New survey to be circulated to gain views from stakeholders (patients, careers and staff).
- Staff have been encouraged to report all episodes of abuse. The security manager has been very supportive and is working closely with ward teams to tackle anti-social behaviour and encourage the police to pursue prosecution where appropriate. Lack of capacity has historically been seen as a barrier to reporting. This however, stops a forensic picture being built and risks are potentially deemed lower as a result.

## DETERIORATING PATIENT AND SEPSIS

**Aim:** By May 2020, all patients under the care of the Trust who deteriorate are identified and have a timely

response.

The focus for 2017/18 was to determine the criteria for raising an incident report when a patient's physical health deteriorates. An incident report would be completed when a patient's condition unexpectedly deteriorated resulting in a transfer and admission to an acute hospital. Throughout 2018/19 this process has been embedded in practice.

There has been an overall increase in the number of Deteriorating patient incidents reported, this is to be celebrated as staff are recognising and responding to signs of deterioration. Staff also report a variety of other reasons for this which include some Community Hospitals admit an increasing number of step-up patients being admitted who have a higher acuity on admission. There have been concerns raised about the quality of discharges from a particular acute hospital which has resulted in a number of patients being transferred back, these have been referred to the appropriate Trust for investigation and feedback.

**Key successes:**

- Teams are encouraged to photocopy charts prior to transfer however this can be difficult in urgent situations.
- The Deteriorating Patients Group Terms of Reference has been reviewed and updated including the group membership.
- The DPQ has been reviewed and updated, any outstanding DPQs have been chased.
- A Venous Thromboembolism (VTE) Prophylaxis Task and Finish group has formed and has been developing a tool to promote improved risk assessment and promote appropriate prophylaxis to reduce the risk of VTE.
- A NEWS2 audit has been completed in physical health wards in Q3, the results are expected imminently.
- Roll out of NEWS2 within community services is progressing.
- Acute Kidney Injury (AKI) Guideline undergoing final review.
- Agreed a time frame of 5 working days with the deteriorating patient group for DPQs to be returned to the patient safety team.

**Going Forward:**

- Review physical health NEWS2 audit results when available and support to achieve any improvement plans.
- Support the rollout of the updated VTE risk assessment tool once finalised and approved.
- Pilot an adapted NEWS2 audit in mental health wards.
- The Physical Health in Mental health strategy to be launched.
- Develop a Mental Health in Physical Health strategy.

## SUICIDE PREVENTION

**Aim:** To reduce the number of suicides by 10% by the end of 2020 in line with the National Suicide Prevention Strategy.

The Trust's Suicide Prevention Action Plan, which forms the overarching direction for this work stream, is built around the ten ways to improve patient safety identified by the National Confidential Enquiry into Suicide and Homicide Review of 20 years of data (published in October 2016).

**Key Success:**

- The planned change from a routine seven day follow up standard to a 72 hour follow up standard for patients discharged from mental health units was implemented during Q3. This change was brought about in direct response to published evidence from the National Confidential Enquiry into Suicide and Homicide (November 2018) which highlighted the time period of greatest risk. Since the introduction of the new standard, the early indications are that this is being met most of the time.
- There was a plan that all staff working in mental health should be trained in dual diagnosis work at

least to a basic level. In 2018/2019 staff within the CMHTs attended a one day skills based training package which was produced by the Specialist Nurse Practitioner for the Early Intervention Service together with the Addictions Service Manager. This is now being rolled out to all inpatient staff who work with working age adults in the Trust. The aim is to improve staff knowledge, recognition and confidence when working with patients who have co-existing severe mental illness and substance use problems.

- Training in managing mental health crises and practical advice on how to access services in an emergency was provided for staff of the Coastguard Service and the RNLI in October 2019. This was jointly delivered by the lead for suicide prevention and staff from the Retreat. This was well received.
- Since attending the South West Suicide and Self Harm Conference on 3 June 2019 we have been keen to develop a service to help address the needs of family members and others who have been bereaved by suicide (Postvention). Meetings have taken place and there is work ongoing to examine what is provided in other areas where this service is better developed than is the case in Dorset. Consideration is being given to providing Postvention through Steps2wellbeing. There have been meetings involving staff and carers who have been affected by suicide in order to plan what we do. This is an ongoing piece of work that will continue.
- In December 2019, the Head of Nursing and Therapies and Quality – Mental Health and Learning Disabilities services (MH&LD) started an engagement process with the School Nursing team to explore ways of supporting their suicide prevention work in schools. At the meeting, it was identified that further support is needed to help develop a booklet for staff on how to respond to frequently presenting scenarios through their Chathealth texting service. School nurses identified the need for guidance on how best to respond to children presenting with very challenging scenarios. The plan was to work with Children Adult Mental Health services (CAMHS) to develop this further. The team also identified the need for extra training and this will be explored further in the next quarter in collaboration with CAMHS, this has been delayed due to the Covid 19 pandemic. Podcasting as a resource has reportedly been well received by children in the last year. It was felt this was an area to look at developing further. The Head of Nursing and Therapies and Quality for MH&LD plans to discuss this with the Communications team to see how best we can progress this.
- As described in previous quarterly reports, we have been seeking to adapt the distrACT app in order that this can contain links to local sources of support available in Dorset. Currently it is tailored to the support needs of patients in Bristol and in Exeter but not in Dorset. A meeting took place with the senior community mental health service manager and representatives of Dorset Mental Health Forum in November 2019. Both agreed that they would consult widely to ensure that we do not have any “blind spots” when including appropriate links and sources of support available in Dorset. Funding has already been agreed to set this up. The DistrACT app is planned to be implemented in Q1 2020.
- Through the Medicines Management committee for Mental Health and in combination with the Suicide Prevention Group, there has been quest to understand issues around opioid prescribing and safety. Upon analysing available data and meetings between the Lead for Suicide Prevention, primary care pharmacists and CCG representatives, an introduction of standards for prescribing opioid analgesia in primary care has been implemented. The aim is to limit both the dosages prescribed (above which there is no additional benefit) and the total quantities issued in any one prescription. This is a strategy aimed at reducing access to means.

**Going Forward:**

- Seek to progress revision of the RiO risk assessment tool when IT service is adequately provisioned to complete this work.
- Full roll out of dual diagnosis training for all staff working within mental health who are involved with adults of working age.

- Aim to finalise work to adapt the DistrACT app to the needs of patients in Dorset.
- Steps2Wellbeing exercise aimed at establishing best practice in Postvention and seeking options for provision of a service locally.
- Further work to assist and support school nursing services (as above).
- Advance the inpatient aspects of our Trust Suicide prevention plan in line with the national ambition for Zero Suicides on inpatient units.
- Further work to be undertaken with Service Directors for Community Services and for Integrated Services for Children, Young People and Families, to ensure all services are included within the DHC action plan and activities of this work stream.
- Continue to contribute to the Pan-Dorset Suicide Prevention Group by representing DHC at forthcoming meetings and workshops set to take place in February.
- The Lead for suicide prevention attended the latest launch of the National Confidential Inquiry into Suicide and Homicide in January 2020 in order to incorporate national findings into the work we are planning locally.

## FALLS

**Aim:** To reduce the number of falls resulting in moderate or minor injury by 10% annually.

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Falls resulting in fracture NOF		33	27	15	15	14
Falls resulting in Fracture (not NOF)						5
Falls resulting in head injury				2	0	0
Inpatient falls: minor injury	491	439	392	361	368	363
Inpatient falls: without injury	987	876	712	734	599	483
<b>Total falls</b>	<b>1478</b>	<b>1348</b>	<b>1135</b>	<b>1112</b>	<b>978</b>	<b>865</b>
<b>3 year trajectory</b>		<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>
<b>10% reduction in injury-only trajectory</b>		<b>466</b>	<b>452</b>	<b>438</b>	<b>394</b>	<b>*N/A</b>
<b>Actual Total</b>		<b>472</b>	<b>419</b>	<b>370</b>	<b>383</b>	<b>382</b>

*\*Indicator removed by Dorset CCG*

### Key success:

#### Falls dashboard

- Developed with the Quality Improvement Analyst available on our intranet (Doris).

#### Education and learning

- E-Learning package in place from October 2018.

#### National Falls Audit

- DHC is registered on the National Audit of Inpatient Falls as part of the Falls and Fragility Fracture Audit Program.

#### Going Forward:

- CQUIN – completion of Q3 audit and report on findings
- As of 1 January 2020, the National Audit of Inpatient Falls (NAIF) will extend its dataset to comprise a

full audit of both falls prevention activity prior to the hip/femoral fracture and post-falls care. This audit will extend in April 2020 to include femoral fractures. Re-registration for the audit program will take place during March 2020. NAIF 2019 Annual report was published in March 2020 and a review for the trust has been delayed due to the covid-19 pandemic.

- Launch the multi factorial falls assessment (MFFA) on SystmOne and RIO for community and mental health hospitals.
- Falls prevention policy update to include bed usage and height with use of crashmats with the aim of reducing level of harm and reduction in hospital transfers, moving patient from the floor where harm is suspected
- Balance strength and exercise service – workshop booked to agree patient’s pathway through the service, associated documents and audit program.

## SAFE MEDICATION

**Aim:** Reduce Medication Errors by 25% by January 2019

Average number of monthly incidents			
2016/17	2017/18	2018/19	2019/20 to date
85	49	46	51
	Represents a 41% decrease, largely attributed to termination of the Prisons service	Represents a 6% decrease compared with 2017/18	Represents a 11% increase

### Key success:

- **Safe Prescribing of Sodium Valproate Medicines** - In order to improve some of the areas of concern highlighted by the Sodium Valproate Audit (see above), the following actions have been completed:
  - Presentation of the results of the audit at the Medicines Management Mental Health Group to raise awareness of the risks highlighted (completed October 2019)
  - Develop and deliver teaching sessions / education for prescribers of valproate (completed Oct 2019 by Dr Rosie Allen)
  - In January 2020 attendance at a POMH workshop on Topic 20a Prescribing valproate before planning and delivering POMH audit. This will relooked at the risks highlighted by this audit and show if improvements have been made.
- **Localised safety concerns** - Nightingale Court, the issue with drug preparation space has been highlighted by the Medicines Safety Group to Health and Safety who are now investigating and are looking at possible solutions. Stanley Purser, the safety concerns have been reviewed by the Medicines Safety Group and plans are being discussed to support prescribing on the ward.
- **Developing and delivering training relating to Medicines Safety** - Over the last quarter, the following training relating to medicines safety has been delivered:
  - Insulin Safety (at a Diabetes Study day)
  - Medicines Management training for newly qualified nurses

- Medicines Administration Record (MAR) chart training
- Valproate prescribing (NMP conference)
- Suicide prevention / reducing access to means (NMP conference)
- Falls and medicines (NMP CPD event)
- **Falls prevention and improving medication reviews** - In the last Quarter, the pharmacy team has been involved in a falls awareness week, highlighting issues relating to medications and falls. The number of falls occurring across the organisation has fallen over the last 6 months and this has been partly attributed to pharmacist's regularly attending consultant ward rounds and carrying out in depth medication reviews.

#### Going Forward:

- **Safe Prescribing of Sodium Valproate Medicines** - In order to improve some of the areas of concern highlighted by the Sodium Valproate Audit (see above), the following actions are being planned:
  - Creation of a pharmacy owned database listing all patients prescribed valproate by specialists working for Dorset HealthCare. Use this database to create a robust means of identifying patients of child bearing potential who are prescribed valproate and to provide specialists with a reminder when the annual risk acknowledgement form is due to be completed This was due to be completed March 2020 but was delayed due to the covid-19 pandemic.
  - Presentation of the results of the audit at the Medicines Advisory Committee to raise awareness of the risks highlighted was completed in February 2020.
- **FP10 security** - In order to improve security around FP10 prescription pads, a FP10 security audit is currently being designed to review adherence to the FP10 prescription policy trust wide. This was delayed due to the covid-19 pandemic, once finalized, a trust-wide audit will be carried out to highlight areas for improvement.
- **Quality Improvement Project** – ePACT data and the medicines safety prescribing metrics embedded within have been used to identify an area of prescribing that needs improvement across Dorset. The MSO plans to carry out an audit of prescribing the 'triple whammy' combination of diuretics, ACE inhibitors / ARBs and NSAIDs locally and the Dorset MSO group have agreed to take on this as a Pan-Dorset QI project.
 

**Insulin safety** – Following a review of issues relating to insulin safety involving 5 trusts nationwide, insulin administration in care homes (including training needs) is being reviewed. The community drug chart is to be redesigned to include a checklist for discharge, insulin prescribing advice and space to record blood glucose and ketone levels on the chart. The chart will be shared with the local acute trusts and community hospitals so that the drug chart will be available for district nurses to record administration on at the point of patient discharge. A pilot for this chart was being planned for April 2020 but has been delayed due to the Covid-19 pandemic.

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## Learning from deaths

In March 2017 the National Quality Board (NQB) issued a framework for Trusts to learn from patient deaths. Learning from a review of the care provided to patients who die should be integral to clinical governance and quality improvement work. The Trust's Mortality Governance Group, chaired by the Medical Director, has oversight of the programme.

<b>MORTALITY</b>			
<p>During 2019/20 437 of Dorset HealthCare University NHS Foundation Trust's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:</p>			
101 in the first quarter	116 in the second quarter	101 in the third quarter	119 in the fourth quarter
<p>By 31<sup>st</sup> March 2020, 266 case record reviews and 30 investigations have been carried out in relation to the deaths included above. In 0 cases a death was subjected to both a case record review and an investigation The number of deaths in each quarter for which a case record review or an investigation was carried out was:</p>			
67 in the first quarter	79 in the second quarter	71 in the third quarter	79 in the fourth quarter
<p>0 representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:</p>			
0 representing 0% for the first quarter	0 representing 0% for the second quarter	0 representing 0% for the third quarter	0 representing 0% for the fourth quarter
<p>These numbers have been estimated following after death analysis.</p>			

<p>8 case record reviews and 4 investigations completed after 31/03/2019 which related to deaths which took place before the start of the reporting period.</p>
<p>0% representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the After Death Analysis.</p>
<p>0 representing 0% of the patient deaths during 2019/2020 are judged to be more likely than not to have been due to problems in the care provided to the patient.</p>

## CELEBRATING SUCCESS

### Dorset HealthCare the first “outstanding” trust of its kind in the South

“Dedicated, compassionate and caring” staff have helped turn Dorset HealthCare into one of the top NHS trusts in the country. Following a recent inspection of its services, the Care Quality Commission (CQC) upgraded the Trust’s rating from “Good” to “Outstanding”.

Dorset HealthCare is the first mental health trust providing community services in the South to be given this rating – and one of only a small handful nationally. Inspectors found that not only were a number of individual services outstanding – including, for the first time, community health services for adults – but also that the Trust was, overall, outstanding for being caring and well-led. As recently as 2014, Dorset HealthCare was in breach of its licence, and criticised for significant failings in governance and the quality of its patient care.



Chief Executive Eugene Yafele said: “This is a fantastic achievement, and a testament to our staff’s hard work, dedication and relentless focus on quality improvement over the past few years. Organisations do not provide outstanding care – people do. Therefore, this rating reflects our collective effort and determination to deliver the very best outcomes and experiences for our patients, their families and friends. Most importantly, this is great news for our patients and service users. It will help increase public confidence in what we do across all our services and sites.

“However, we are not complacent; nor do I believe that we are at the limits of the improvements that need to be made across our trust. We know we can always improve what we do and, ultimately, would want to see all our services rated as outstanding. That is our next challenge, and we are fully committed to meeting it.”

CQC Deputy Chief Inspector of Hospitals (and lead for mental health) Dr Paul Lelliott said: “In June 2015, when we first inspected Dorset Healthcare using our new approach, we rated the Trust as ‘Requires Improvement’. Since then, it has worked steadily to improve the quality of its services.

“Staff’s determination to develop a culture of continuous improvement has significantly improved the care they provide for their patients. I am delighted at this achievement, which is a credit to all of the Trust’s staff. Their hard work is making a real difference to the lives of people using the services.”

## Online mental health support for children and young people

A brand new website is now up and running offering advice and information for young people with mental health issues in Dorset, as well as their relatives or carers. The Child and Adolescent Mental Health Service (CAMHS) site has been produced by Dorset HealthCare and designed in partnership with young service users and their families,

Replacing the old 'Where's Your Head At?' site, it provides a one-stop-shop for anyone needing help and advice with stress, anxiety, eating disorders and other mental health issues. It is much easier to use and navigate, is mobile-friendly, and features a lot more content – including videos developed by people with lived experience of these problems.

As well as signposting young people to the support they might need, there are also sections aimed at parents and carers, as well as health/social care professionals (including how to make a referral to CAMHS), plus details of what the service can provide. There is also a feedback form where people can give views on the site and how it could be improved. Local GPs, schools, charities and support groups have been helping to spread the word about the site, which had more than 7,000 visits in its first few weeks.

Stuart Lynch, CAMHS manager at Dorset HealthCare, said: "We would like to thank all the young people who contributed their time and experience to the development of this project. Their guidance and feedback made all the difference. Hopefully we will see the website develop and grow as we receive further feedback from the children, young people, parents and carers who use it." The website is available at <https://camhsdorset.org/>

**NHS**  
Dorset HealthCare University  
NHS Foundation Trust

**C-CAMHS**  
Core Child and Adolescent Mental Health Service

Home I'm a young person I'm a parent or carer I'm a professional About CAMHS Contact us

**I need help now**

If you've injured yourself or taken an overdose, please dial 999. To speak to someone urgently, please call Childline free on 0800 11 11.

Find out more

**What is CAMHS?**

CAMHS provides support to children and young people who are coping with significant mental health difficulties. Find out what we help with – and how

Find out more

## Harry Redknapp unveils Swanage Hospital's new radiology department

'King of the jungle' and former premier league manager Harry Redknapp was the guest of honour at the grand opening of the refurbished radiology department at Swanage Hospital. The 'I'm a Celebrity' winner officially opened the £500,000 unit before chatting with staff and patients, and enjoying a tour of the Dorset HealthCare-run hospital.

The new-look department boasts a state-of-the-art digital x-ray room, providing high resolution images more quickly, reduced waiting times and increasing patient turnover. There is also an improved patient waiting area with a dedicated reception, an integrated changing cubicle with direct access from the waiting area into the x-ray room, and a refurbished ultrasound suite with an en-suite and changing facility.



Harry said: "It's been a great pleasure to open the new department. This community hospital is vital for local people that live around the Purbeck area and it's fantastic they now have this cutting-edge equipment."

Staff past and present also attended the event and enjoyed tea and cake after they were taken on a tour of the new unit. Hospital Matron Donna Kiss said: "This is fantastic news for those that rely on our services in the Purbeck area. Our radiology department has a long history of providing high quality care to the local community, seeing around 50-60 patients a week.

"For staff these improvements will improve both efficiency and the working environment, enabling us to provide an improved experience and surroundings for patients, alongside meeting future demands and developments."

The radiology unit has also joined the one at our Victoria Hospital in Wimborne in becoming the first in Dorset to receive national accreditation from the Quality Standard for Imaging (QSI).

The QSI assessment and accreditation programme is designed to ensure diagnostic imaging services, including x-ray and ultrasound, provide patients with consistently high quality services. It also guarantees the services are delivered by competent staff working in a safe environment.

## Access Mental Health provides 24/7 help for people struggling to cope

A new range of services is now available across Dorset to provide a rapid response to people in a mental health crisis. Dorset HealthCare is leading a fresh approach to support people who are struggling to cope, heading towards a breakdown or even feeling suicidal.

Based on feedback from local people, Access Mental Health allows people to define their own crisis and seek help without waiting for a referral from their GP. Dorset is now one of the few areas in the country where you can access round-the-clock help and advice over the phone and face-to-face support in the evenings. Services include:

- Connection – a 24/7 telephone helpline (0300 1235440), which can provide direct help or signpost you to a range of other services
- The Retreat – a drop-in support service in Bournemouth and Dorchester, open 4.30pm-midnight every day. Run in partnership with the Dorset Mental Health Forum, it provides a safe space where you can talk through your problems with mental health workers or peer specialists
- Community Front Rooms – drop-in support services in Bridport and Shaftesbury (with a further one in Wareham coming soon), open 3.15-10.45pm, Thursday-Sunday. They are run by local charities The Burrough Harmony Centre (Bridport) and Hope (Shaftesbury), contracted by Bournemouth Churches Housing Association, and are also staffed by mental health professionals and peer support workers.

Access Mental Health was developed following a consultation led by NHS Dorset Clinical Commissioning Group with services users, staff and the wider public, and is based on that feedback. The demand for this approach has been proven by the Bournemouth Retreat, in Hahnemann Road, the first part of Access Mental Health which opened in April 2019. In the 18 months which followed, it had almost 16,000 visits – around 30 people every day.

Steve Jones, Dorset HealthCare's Mental Health Community Services Manager, said: "This is a really innovative approach, which has been co-designed with local people. You can still access our regular mental health services, but this provides more flexibility if you need help urgently – face-to-face support in the evenings, and someone at the end of a phone 24 hours a day.



## Sherborne's community hospital wins national award

A ward at Sherborne's Yeatman Hospital has impressed judges to become the first-ever 'Hospital Ward of the Year' for end-of-life care. Staff at The Willows were presented with the award by the Gold Standards Framework (GSF), a national programme to help improve care for people in their final days.

It acknowledged the team's dedication to give patients and their families the best possible experience, supported by sympathetic, state-of-the-art facilities – which were recently enhanced by an additional garden area.

The hospital, run by Dorset HealthCare, has long had one end-of-life care suite with its own bedroom, en-suite bathroom, kitchen, living area and designated garden. And last year a donation from the hospital's Friends group funded a second. Named after former hospital matron Ada Kearvell, this suite also features sensory lighting and a music system.



Julie Armstrong-Wilson, GSF Chief Nurse, said: "What marks out The Willows is the extraordinary lengths staff have gone to in creating the very best possible environment, which really is above and beyond what is to be expected in a community hospital. Not only have they really grasped the ethos of GSF, but they have also dedicated significant resources, time and consideration to supporting families as well as their patients. Their holistic approach really is an example to all."

The Ada Kearvell suite was recently expanded to include its own garden area, largely funded by patients who left money in their will for the project. A total of £7,500 brought the project to fruition, and patients are now able to enjoy feeling the sunshine and breeze on their faces when the weather allows.

Hospital Matron Anne Hiscock said: "The garden is a beautiful space where patients can be wheeled into the garden on their bed or sit outside on the chairs. They can take in all the different smells from the lavender, honeysuckle and roses that have been planted while enjoying the fresh air. We would like to give our sincere thanks to the patients and families that have helped us to create this garden, as well as the Friends of the Yeatman."

## A decade of 'Steps' towards better mental health

Steps to Wellbeing, which has helped thousands of people in the Southampton area has celebrated its 10th birthday. Commissioned by Southampton City Clinical Commissioning Group (CCG) and run by Dorset HealthCare, it was launched in 2009.

A free, confidential NHS service for people aged 18 and over, it provides a range of talking therapies for people with mild to moderate depression and anxiety disorders such as Obsessive Compulsive Disorder, Post-Traumatic Stress Disorder and phobias. Over the past decade, it has received more than 53,000 referrals and offered almost 290,000 appointments.

From a start-up group of six staff, it now has 67 therapists, practitioners and counsellors based at Grenville House near Southampton Central and also at more than 40 community venues and GP surgeries across the city. A user-friendly website supports people to self-refer, with more than 90% of referrals now completed online. And Steps has also become one of the first services to offer therapy via a Skype-like system, as well as running webinar groups which have enabled more than 100 people to access useful information at home.

More than 120 members of staff, former patients and representatives from partner organisations packed the Hampshire Suite at the Holiday Inn in Herbert Walker Ave to mark the service's 10th anniversary.

Service Director for Mental Health and Learning Disabilities Colin Hicks added: "Steps has to be one of the biggest success stories that I've seen in mental health in the last 30 years, in terms of enabling people to receive such a variety of support and better understand their conditions. It's been a meteoric rise.

"Steps' unrivalled achievements are testimony to all the staff that have worked, and are still working, across all disciplines. There are lots of plans in the pipeline to enhance the service further, including closer working with charities and other public services. The future is looking bright."



## New van offers refuge and support to people on the streets

Vulnerable young people, sex workers and others at risk of harm and exploitation on the streets of Bournemouth can now seek help and advice from a new outreach van service. Dorset Working Women's Project (DWWP), part of NHS Sexual Health Dorset, hits the road in the van three nights a week to provide physical, emotional and sexual health support to those in need.

Offering a warm and comfortable environment, including seats and blankets, the van offers a place of safety and refuge where visitors can discuss their problems and be signposted to a range of local services which can help. And they can also access items such as toiletries, clothing, food and drink, as well as condoms and safe sex information.



The service was made possible by Dorset HealthCare – lead provider in Sexual Health Dorset – and its annual Dragons' Den staff innovation competition. Staff successfully bid for more than £5,300 to get the idea off the ground and Pauline Smyth, DWWP Co-ordinator at Dorset HealthCare, said it's already making a big difference.

"The van has been a fantastic addition to our service. It provides a much needed support to a vulnerable and marginalised group, in a safer and more comfortable environment," she explained. "It has improved the relationship and communication we have with our service users, giving them a safe place to access the services we offer, as well as providing a confidential and non-judgemental service."

One woman supported by the DWWP said: "The team means so much to me – they make my life on the streets more bearable. I appreciate their advice and having a shoulder to cry on. The new van is amazing, it is a safe place. It also gives more privacy and a chance to jump in, keep warm and enjoy something to eat or drink."

## **Bridport Hospital opens new-look inpatient ward**

Bridport Hospital's new Colmer's Ward was officially opened by the Lord-Lieutenant of Dorset, Angus Campbell. The ward will provide high quality care for the local community, with improved facilities for patients – especially for those with dementia or disabilities, and people requiring end-of-life care.

Bridport has already received national Gold Standard Framework accreditation for its end-of-life care, and this will now be enhanced with ensuite facilities and somewhere where relatives/carers can stay to support loved ones in their final days. The 24-bed ward – named after the nearby landmark Colmer's Hill – replaces the Langdon and Ryeberry wards.

The Dorset HealthCare-run hospital also hosts a local multi-disciplinary team of doctors, nurses, therapists and social workers who proactively support older and frailer people to remain in their own home for as long as possible. If a hospital stay is required, the team will work hard to ensure this can be as brief as possible, as people will be more mobile and active in their own environment.

Matron Ellen Holmes said: "The refurbishment is a major commitment to providing high quality care for local people at Bridport Hospital for many years to come. We are very proud of the range of services we provide at Bridport Hospital for local people and the dedicated work of our teams to support them at home wherever possible. However, there are times when a hospital stay is necessary.

"With our patients having an average age of 86, we want to ensure we can provide the highest quality care in an environment that supports their recovery and rehabilitation. The new ward will offer an improved experience to our patients, their carers and for our staff.

Town Mayor Councillor Barry Irvine, League of Friends members, volunteers and local residents joined the Lord-Lieutenant for the ward opening.



## Dorset radiology departments celebrate national recognition

Radiology departments at Victoria Hospital (Wimborne) and Swanage Hospital deliver top quality services for patients – and that's official. The hospitals, run by Dorset HealthCare, are the first in the county to receive national accreditation from the Quality Standard for Imaging (QSI).

The QSI assessment and accreditation programme is designed to ensure diagnostic imaging services, including x-ray and ultrasound, provide patients with consistently high quality services. It also guarantees the services are delivered by competent staff working in a safe environment.

Both departments voluntarily applied for the assessment and worked for two-and-a-half years to meet the standards required to achieve the award.



Suzanne Holloway, the Trust's Radiology Services Manager, said: "I am incredibly proud of the teams in Wimborne and Swanage. Both worked tirelessly to achieve this and I would like to thank them all for their hard work and support during this journey.

"As we strive to provide high quality care to our patients each and every day, our QSI award provides additional assurance to everyone that visits the hospital that they are receiving high quality, safe and effective services."



## DUTY OF CANDOUR

Candour was defined in Robert Francis' report as: "The volunteering of all relevant information to persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made."

The Duty of Candour is a legal duty on all NHS providers of care to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Health professionals must be open and honest with patients when things go wrong.

As a Trust we are committed to being open with patients and carers when events such as these occur so that we gain a shared understanding of what happened, and what we can do to prevent it from happening again. 'Being Open' involves acknowledging that something has gone wrong and conducting a thorough investigation into the patient safety event. We always work to assure patients, their families and carers that lessons learned will help prevent the patient safety event recurring.

Duty of Candour has been integrated into the Root Cause Analysis and pressure ulcer training packages. An animated video explaining the importance of saying sorry and outlining the steps required to fulfil the requirements under Duty of Candour has been produced and is available on the intranet to support staff. The Patient Safety Team and Serious Incident Team support clinical staff by providing support, advice and guidance. The Trust's behaviours and values are those that promote a culture of openness and transparency. These values are reflected throughout training provided.

All patient safety incidents reported that result in moderate harm or above are investigated and the investigation process includes involvement of the patient and carers where possible. Overall responsibility for Duty of Candour rests with the Director of Nursing, Therapies and Quality.

For incidents that do not meet the threshold for a Serious Incident (NHS E Serious Incident Framework, 2015) and where Duty of Candour has been identified, the locality managers are responsible for managing the process in line with the prescribed steps. This includes the responsibility for liaising with patients / service users and their family and confirming what action is being taken.

Where incidents are declared as a serious incident then Duty of Candour is applied and this process is overseen by the Trust Serious Incident Manager.

The Trust encourages the involvement of patients and carers in reviewing incidents in line with 'Being Open'. The Medical Director and Director of Nursing, Therapies and Quality offer additional contact for families and other healthcare professionals when the incident is significant, as for inpatient unexpected deaths.

The table below shows the number of times and types of incidents where the Trust has applied the Duty of Candour.

Type of incident	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Total
Breach of policy/procedure	-	-	-	-	-	-	-	-	-	-	-	-	0
Consent, confidentiality or patient records	1	-	-	-	-	-	-	-	-	-	-	-	1
Death of a patient	-	1	-	-	1	2	1	-	-	2	-	-	7
Deterioration of a community patient	-	-	1	-	-	-	-	-	-	-	-	-	1
Deterioration of an inpatient	-	-	-	-	1	-	-	-	-	-	-	-	1
Missing person	-	1	-	-	-	-	-	-	-	-	-	-	1
Pressure ulcer	4	2	1	4	2	2	1	-	-	3	-	3	22
Total	5	4	2	4	4	4	2	-	-	5	-	3	33

## **FREEDOM TO SPEAK UP/WHISTLEBLOWING**

In April 2017 Cara Southgate, Deputy Director of Nursing, Therapies and Quality was appointed as the Freedom to Speak Up (FTSU) Guardian. Six associate guardians have been subsequently been appointed to support this role. The Associate Guardians are from a variety of services and backgrounds and have all had training through the National Guardians Office. The Guardian reports to the Chief Executive and there is a dedicated Non-Executive Director and Executive Director to support 'Speaking Up'.

In addition to the FTSU guardian all staff are encouraged to contact, in the first instance, their line manager or human resources advisor or a union representative depending on the type of concern. Concerns relating to patient safety and bullying and harassment have all been raised to the FTSU guardian in 2019/20. A total of 93 contacts have been made in 2019/20.

Dorset Healthcare completes returns quarterly to the National Guardians office.

Most contacts to the FTSU guardian are by email or phone as these are shared widely across the organisation in posters, leaflets, on the intranet and through contact during raising awareness sessions or attending team meetings. Once a contact is made this is logged and agreed with the individual the next steps. A letter confirming this is sent to the individual. The freedom to speak up: raising concerns (whistleblowing) policy outlines how staff raising concern will be protected against detriment and support and advice is given to any individual who says they consider they have suffered detriment.

The FTSU guardian attends both regional meetings and national conferences. Attendances enable the FTSU guardian to network and share and learn from best practice.

Feedback is given to individuals and, if a formal investigation commissioned and a report has been drafted, where possible this is shared with the individuals. Feedback is also asked of those who raise concerns and about their experience.



## **STATEMENT OF ASSURANCE FROM THE BOARD**

### **MANDATORY STATEMENT ONE:**

**During 2019/20 the Dorset HealthCare University NHS Foundation Trust provided and/or sub-contracted 107 relevant health services.**

**The Dorset HealthCare University NHS Foundation Trust has reviewed all the data available to them on the quality of care in 107 of these relevant health services.**

**The income generated by the relevant health services reviewed in 2019/20 represents xx percent of the total income generated from the provision of relevant health services by the Dorset HealthCare University NHS Foundation Trust for 2019/20.**

### **Review of Services**

Dorset HealthCare University NHS Foundation Trust is responsible for community and mental health services across Bournemouth, Poole and Dorset. The Trust also provides Steps to Wellbeing services in Southampton. The Trust serves a population in excess of 787,000 people, employing some 6,011 substantive staff with an income of £291million. Dorset HealthCare University NHS Foundation Trust provides 107 services which are listed on our website and has reviewed them in the following ways:

#### **The Board**

The Board receives a monthly integrated corporate dashboard which sets out performance across a range of quality metrics under the domains of safe, effective, caring, well-led and responsive. The dashboard includes exception reports where further information is provided to explain performance and actions being taken to improve the position.

The Board also receives annual reports in respect of patient experience, complaints, safeguarding and infection prevention and control.

The Board receives a patient story at each meeting.

#### **The Quality Governance Committee**

The Quality Governance Committee, which meets every other month, receives reports on:

- Serious incidents requiring investigation
- Progress with recommendations following review of serious incidents requiring investigation
- Inpatient staffing level assurance.

#### **The Audit Committee**

The purpose of the Committee is to acquire and scrutinise assurances during the year as to the integrity of the Trust's principal disclosure statements, including financial statements. This is carried out by scrutinising assurances on the design and operation of controls. The Committee will acquire and scrutinise assurances relating to the following:

- Annual Governance Statement relating to the system of internal control, which may include letters of representation
- Annual Report and Accounts, with accounting policies, and Notes to the Accounts
- Compliance with the Trust Licence and, in particular, the Corporate Governance Statement
- Annual disclosures in relation to the Code of Governance for NHS Foundation Trusts
- To set and agree the internal audit plan and review the findings and recommendations of the reports received.

#### **Mental Health Legislation Assurance Committee**

The Committee, which meets quarterly, is the specialist arm of the Quality Governance Committee. The Committee receives a quarterly dashboard on Mental Health Act compliance metrics.

## **Clinical Governance Group**

The monthly meeting of the Group receives reports on:

- Moderate, major and catastrophic incidents
- A summary of reviewed serious incidents, falls and pressure ulcers
- A staffing level assurance report
- Clinical risks
- Mortality governance
- Clinical audit plan progress.

This meeting reports into the executive Quality Governance Committee.

## **Director Visits**

Underpinning the formal reporting to groups is a system of director visits to Trust services and sites.

## **Information relating to patient experience**

Regular performance reports to the Trust Board incorporating measures on patient experience including: percentage of patients that felt safe, Friends and Family Test (FFT) scores, compliments and complaints.

Reports to the Board, Quality Governance Committee and Clinical Governance Group:

- National and local service user survey results
- Real time feedback
- Quarterly Patient Experience report
- Quarterly Complaints Board report (available on the Trust website)
- Annual compliments and complaints reporting including lessons learnt (available on the Trust website).

In addition the Trust Non-Executive Directors have undertaken visits to the wards and units.

The Trust continues to use Quality of Interaction Schedule (QUIS) (Dean, Proudfoot & Lindesay 1993), a well-regarded observational technique to capture patient experience. QUIS pioneered by the Patient Association is a systematic way of observing the quality of interactions of care between staff and patients. It is an additional way of capturing patient experience, pioneered to understand the care experiences of people who are unable to tell us themselves. Observations are recorded if the interaction was positive, basic care / neutral care or negative care. Feedback is given directly to the manager at the time of observation. The observations are carried out for a 40 minute period. Feedback overall is collated and a written account is produced to share with staff and wider to see if there is any further learning.

## **Information relating to patient safety**

A range of reports are sent to the Board, Quality Governance Committee and Clinical Governance Group, including;

- Incident report included within the monthly directorate reports
- Moderate Harm and Above Incidents monthly report
- Early Warning Trigger Tool (EWTT) and Quality, Effectiveness and Safety Trigger Tool (QuEST) reports
- Central Alerting System compliance reports
- Safety Thermometer reports
- Quarterly report of serious incident recommendations and progress
- Quarterly safeguarding children and vulnerable adult report
- National Reporting and Learning Service six-monthly incident report
- Quarterly and Annual Sign Up To Safety reports
- Clinical Risks.

## Information relating to clinical effectiveness

Regular performance reports to the Board incorporating measures on clinical effectiveness include:

- The number of inpatients having an annual physical health check
- The percentage of patients screened for malnutrition
- The percentage of patients screened for Venous Thromboembolism (within 24 hours of admission)
- The number of falls that have resulted in harm to a patient.

Reports to the Board, Quality Governance Committee and/or Clinical Governance Group, including;

Monthly reporting on compliance with NICE Technology Appraisals and Guidelines

- Report on the annual clinical audit programme
- Quarterly Mortality Report
- Monthly report on Care Quality Commission action plans.



## PARTICIPATION IN CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES

### Mandatory Statement Two:

During 2019/2020, 13 national clinical audits and 2 national confidential enquiries covered relevant health services that Dorset HealthCare University NHS Foundation Trust provides.

During that period Dorset HealthCare University NHS Foundation Trust participated in 100 % national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Dorset HealthCare University NHS Foundation Trust was eligible to participate in during 2019/2020 are as follows:

<b>National Clinical Audits</b>
Inpatient Falls Audit (Falls and Fragility Fractures Audit programme)
Learning Disabilities Mortality Review Programme (LeDeR)
Mandatory Surveillance of bloodstream infections and clostridium difficile infection
National Asthma and COPD Audit Programme - Pulmonary Rehabilitation
National Audit of Care at the End of Life
National Clinical Audit of Psychosis
POMH: Topic 17b Use of depot/LA antipsychotics for relapse prevention
POMH: Topic 19a Prescribing antidepressants for depression in adults
POMH: Topic 9d Antipsychotic prescribing in people with a Learning Disability
Reducing the impact of serious infections – Antibiotic consumption
Sentinel Stroke National Audit programme
UK Parkinson's Audit
National Audit of Diabetes (Core Audit work stream)
<b>National Confidential Enquiries / Inquiries</b>
National Confidential Inquiry into Suicide and Homicide (NCISH)
National Confidential Enquiry into Physical Healthcare in Mental Health Inpatients

### Mandatory Statement Two continued:

The national clinical audits and national confidential enquiries that Dorset HealthCare University NHS Foundation Trust participated in during 2019/20 are as follows.

<b>National Clinical Audits</b>
Inpatient Falls Audit (Falls and Fragility Fractures Audit programme)
Learning Disabilities Mortality Review Programme (LeDeR)
Mandatory Surveillance of bloodstream infections and clostridium difficile infection
National Asthma and COPD Audit Programme - Pulmonary Rehabilitation
National Audit of Care at the End of Life
National Clinical Audit of Psychosis

POMH: Topic 17b Use of depot/LA antipsychotics for relapse prevention
POMH: Topic 19a Prescribing antidepressants for depression in adults
POMH: Topic 9d Antipsychotic prescribing in people with a Learning Disability
Reducing the impact of serious infections – Antibiotic consumption
Sentinel Stroke National Audit programme
UK Parkinson's Audit
National Audit of Diabetes (Core Audit work stream)
<b>National Confidential Enquiries</b>
National Confidential Inquiry into Suicide and Homicide (NCISH)
National Confidential Enquiry into Physical Healthcare in Mental Health Inpatients

**Mandatory Statement Two continued:**

The national clinical audits and national confidential enquiries that Dorset HealthCare University NHS Foundation Trust participated in, and for which data collection was completed during 2019/20, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audit	Participated	Number of cases submitted	% cases submitted
Inpatient Falls Audit (Falls and Fragility Fractures Audit programme)	Yes	865	n/a
Learning Disabilities Mortality Review Programme (LeDeR)	Yes	27	100%
Mandatory Surveillance of bloodstream infections and clostridium difficile infection	Yes	7	100%
National Asthma and COPD Audit Programme Pulmonary Rehabilitation	Yes	63	n/a
National Audit of Care at the End of Life	Yes	31	100%
National Clinical Audit of Psychosis	Yes	63	100%
POMH: Topic 17b Use of depot/LA antipsychotics for relapse prevention	Yes	47	n/a
POMH: Topic 19a Prescribing antidepressants for depression in adults	Yes	2	n/a
POMH: Topic 9d Antipsychotic prescribing in people with a Learning Disability	Yes	43	n/a
Reducing the impact of serious infections – Antibiotic consumption	Yes	53	100%
Sentinel Stroke National Audit programme – Early Supported audit	Yes	132	n/a
Sentinel Stroke National Audit programme – 6 month follow up assessment work stream	Yes	604	n/a
UK Parkinson's Audit	Yes	40	100%
National Audit of Diabetes (Core Audit work stream)	Yes	1308	100%

National Confidential Enquiries / Inquiries	Participated	Number of cases submitted	% cases submitted
National Confidential Inquiry into Suicide and Homicide (NCISH)	Yes	17 (Data collection suspended March 2019)	74%

**Mandatory Statement Two continued:**

**The reports of 15 national clinical audits were reviewed by the provider in 2019/20 and Dorset HealthCare University NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:**

Following completion of a national audit an initial action plan will be proposed by the nominated Audit Lead. The action plan will then be reviewed and agreed by Clinical Effectiveness Group.

Trust-wide audit action plans will then be monitored by the Clinical Effectiveness Group. Exception reporting on a quarterly basis will occur at this group.

Audits reports and action plans will also be shared with other appropriate groups as appropriate to maximise shared learning opportunities.

**Mandatory Statement Two continued:**

**The reports of 43 local clinical audits were reviewed by the provider in 2018/19 and Dorset HealthCare University NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:**

Following completion of a local audit, an initial action plan will be proposed by the Audit Lead. The action plan will then be reviewed and agreed by the relevant Locality meeting.

Local audit action plans will be monitored by the nominated Audit Lead and will be reported on to the Locality quarterly or as necessary.

Results will be discussed at Locality Management Group meetings and will then be cascaded to staff via the relevant manager.

Audits reports and action plans will also be shared with other appropriate groups as appropriate to maximise shared learning opportunities.

## **PARTICIPATION IN CLINICAL RESEARCH**

### **Mandatory Statement Three:**

**The number of patients receiving relevant health services provided or sub-contracted by Dorset HealthCare University NHS Foundation Trust in 2019/20 that were recruited during that period to participate in research approved by a Research Ethics Committee was 768.**

Our research and development function has continued to promote participation in clinical research during 2019/20, greatly expanding the complexity of the research undertaken and increasing the areas of the Trust engaging in research activity. Research helps the NHS to improve the quality of care and the future health of the population. The continued participation and expansion in clinical research and in the research & development team demonstrates the Trust's commitment to improve the quality of care offered to patients, carers and staff in the services we provide.

This year we have developed the complexity of our research activity taking on more complex interventional studies and expanding into a number of new clinical areas. These include genetics in Lewy Body Dementia, genetic links to anxiety and depression, emotional processing in eating disorders and the prevalence of pathogenic antibodies in psychosis. The Trust has participated in research in diabetes, exploring the attitudes of professionals to those who suffer with Type 1 diabetes and eating disorders and submitting an application to look at a quality of life measure for those with Type 2 diabetes. Another area for development has been collaborating with partner organisations on studies using large data sets to identify aspects of healthcare which are in need of transformation. Examples of these are *Neighbourhood Poverty and Psychological Therapy Outcome* and *Personalised Psychological Care for Depression and Anxiety; an exploratory analyses of secondary data from Improving Access to Psychological Therapy Services*.

Our first commercial research study started in 2017 and closed to recruitment in December 2018, with all randomised participants having completed all follow-ups. This study is now closed. The Trust has been successful in being selected to participate in another commercial trial in the area of Alzheimer's Disease and work is underway to finalise the governance, contracting and logistics for this study with the aim of starting in autumn 2020.

The Trust has continued to support non-portfolio research led by its own staff and those on placement with us, in addition to the studies adopted on to the National Institute for Health Research (NIHR) portfolio. This investment and support has enabled staff to develop both their interest and skills in the development and delivery of research. It has also created a greater number of opportunities for patients, carers and staff to join in research. Examples of the types of studies are: *Evaluation of Impact of Brief Compassionate MIND Training on Burnout in MH Professionals* and *Predicting Patient Engagement in IAPT Services*.

### **Collaborative working in clinical research**

The Trust views collaboration with other organisations in the research field as essential to increasing the opportunities for patients and carers to participate in research and for staff to gain experience of research. In light of this we work in collaboration with other NHS Trusts, Dorset CCG, Primary Care, Bournemouth University and the NIHR in Wessex to develop Dorset as an attractive area to carry out research and to promote opportunities for research across the patient pathway and between organisations. In our diabetes research we have collaborated with colleagues in primary care and Dorset County Hospital to submit a successful contingency bid for a Principal Investigator post to work across our organisations which has led to participation in studies, such as; *ComPASSION (Combined pathway for assessment and support for the syndrome of insulin omission - Type 1 Diabetes: a survey assessing healthcare professionals' awareness of eating disorders in Type 1 Diabetes)* which has recruited over 100 participants.

Within Wessex we have worked closely with other Mental Health / Community providers, such as Southern Health NHS Foundation Trust and Solent NHS Trust, on research studies, such as one

looking at self-help Apps, developed and led by Investigators within Wessex, and which have recruited over 600 people.

We have expanded the number of Universities we collaborate with in research projects, adding the Universities of Reading, St George's London, Cardiff and Birmingham to already established links with the Universities of Manchester, Oxford, Sussex, Newcastle, Nottingham and University College London. Allied to this we have maintained our close links with NHS organisations in Dorset to explore opportunities to conduct research through the Research Active Dorset initiative. We have also expanded our area of activity to join studies being led by other NHS Trusts, examples being Leeds & York Partnership NHS Trust, Bradford Teaching Hospital NHS Trust and University Hospital Southampton.

We maintain our close links with Bournemouth University and staff collaborate in research with academic staff at Bournemouth, new examples being Emotional Processing in Bulimia Nervosa. This year also saw the first match-funded PHD studentship established between the Trust and the University in the area of identifying contractures. The Trust and Bournemouth University have collaborated on a successful grant application to the Research for Patient Benefit fund investigating *The effect of vegetable oil on cognitive functions in Mild Cognitive Impairment patients* and the study opened to recruitment at the end of May 2019. We have also set up a Dementia Research Group allowing Bournemouth University Ageing and Dementia Research Centre (ADRC) and Dorset HealthCare's Consultants and Nurses to discuss future research.

### **National Institute for Health Research (NIHR)**

We also ensure regular participation in and support of the National Institute for Health Research (NIHR) Wessex team and its functions supporting research across the Wessex region. We submitted a successful contingency bid to the NIHR to support 2 days a week of a Research Practitioner to focus on research within our CAMHs services. So far, this post-holder has been instrumental in adapting the self-help apps study, initially for adults only, to be appropriate for under 18 and an amendment has been submitted to now include this age group in the study, thus improving the range and quality of the data to be collected. Work is also underway to expand the; *Prevalence of Pathogenic Antibodies in Psychosis*, study to those aged 16-18 with the support of this dedicated Research Practitioner time.

### **Research studies**

During 2019/20, the Trust participated in 32 research studies, both portfolio and non-portfolio studies, and a total of 779 participants across both types of studies. We publish our performance in research on our website quarterly in line with Government guidance. We have successfully exceeded the NIHR recruitment target for the Trust recruiting 768 participants into NIHR portfolio research studies. Again, we achieved the threshold to receive Research Capability Funding (RCF), which reflects successful recruitment above 500 participants to NIHR portfolio studies within the specified window. The Trust has successfully increased performance in R&D year-on-year and this has led to increased resources being invested from the NIHR, commercial research sponsors and through the RCF, which enables us to build capacity to deliver research.

### **Develop the Trust's Research Governance and Administration Processes**

The Trust has continued to build capacity in-house to provide governance and assurance over research activity taking place in the Trust, something previously contracted out to another NHS Trust. Trust staff attended training provided by the national body in research and its delivery within the NHS from the administration and governance point of view. A full range of SOPs have been written to support the delivery of research within the Trust and, over the last twelve months, specific SOPs associated with commercial trials research have been added to ensure clear processes and procedures are in place. All of this work was recognised when internal audit carried out an audit of the R&D team's processes and concluded that the Board could take substantial assurance in this

area.

## Going forward

We have maintained momentum and enthusiasm for clinical research and the plan is to continue to develop our clinical research activity and capacity. Our ambitions for the next three years as outlined in the Research Plan 2019-2022 will see the Trust make a step change in its approach to research with the aim of making research everybody's business in recognition of the huge benefits research brings. This plan will see growth in research activity, both commercial and non-commercial, which will provide greater opportunities to patients and staff to benefit from research. It will see investment in our staff to enable them not only to participate in others research but to develop and lead our own research into those areas we identify as priorities. This will be enhanced by the development of close relations with colleagues in partner organisations. Further research staff capacity will enable us to increase the number of studies we become involved with and create a research governance structure to assure patients, staff and the public of the quality of our research. Clinical academic roles will be attractive to professionals and will help make Dorset HealthCare an employer of choice when staff are looking for new roles. The creation of estate infrastructure to support state of the art research activity in the shape of a clinical research facility will enable us to increase the numbers of commercial studies we carry and increase income which, in turn, will feedback to the clinical areas involved in research to help them innovate and improve the quality of care they provide.



## COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN) FRAMEWORK

### Mandatory Statement Four:

A proportion of Dorset HealthCare University NHS Foundation Trust income in 2019/20 was conditional upon achieving quality improvement and innovation goals agreed between Dorset HealthCare University NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2019/20 and for the following 12 month period are available electronically at: <https://www.england.nhs.uk/publication/commissioning-for-quality-and-innovation-cquin-guidance-for-2019-2020/>

In 2019/20 NHS England took a radically different approach to CQUIN in 2019/20. Instead of setting new goals CQUIN highlighted evidence based good practice that was already being rolled out across the country, drawing attention through the scheme to the benefits for patients and providers, and in doing so allowing those benefits to be spread more rapidly.

As in previous years, a proportion of the Trust's income in the 12 months ending 31 March 2020 was conditional on achieving quality improvement and innovation goals agreed with Dorset CCG through the CQUIN framework.

The total value of schemes reported during 2018/19 was £4.9 million. The monetary total income conditional upon achieving CQUIN goals for 2019/20 is £2.8 million. This is due to CQUIN percentage being reduced in 2019 from 2.5% to 1.25%. The CQUIN were contracted with the following organisations:

- Dorset Clinical Commissioning Group (CCG)
- NHS England Specialised Commissioning
- NHS England Dental
- NHS England Public Health.

In 2019 / 2020 the trust agreed a total of 5 CQUINs with the CCG. There were also 2 Prescribed Specialist Services (PSS) CQUINs relevant to our services.

The table below lists the applicable CQUINs:

CQUIN Indicator number	CQUIN Indicator
CCG2	Staff Flu Vaccinations
CCG3	Alcohol and Tobacco screening and brief advice
CCG4	72 hr follow up post discharge
CCG7	Three high impact actions to prevent Hospital Falls
CCG9	Stroke 6 Month Reviews for Stroke Survivors
PSS4	Achieving a healthy weight in Adult Secure mental Health Services
PSS5	Addressing CAMHS Tier 4 Staff Training Needs

Dorset CCG agreed that 3 of the CQUINs would be approached as a system wide quality improvement initiative. This was a deviation from the methodology set by NHS England for:

- Alcohol and Tobacco Screening - Trusts required to attend, and engage with the Public Health Dorset Prevention at Scale Group
- Three High Impact Actions to Prevent Hospital Falls - Report only quarter 1 and quarter 4 audit results to NHS England and focus on implementing quality improvement in quarters 2 and 3.

## Mandatory Statement Five: Meeting Care Quality Commission (CQC) Standards

Dorset HealthCare University NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'without restrictive conditions'.

Dorset HealthCare University NHS Foundation Trust has the following conditions on registration 'licensed to provide the following regulated activities':

- Personal care
- Termination of pregnancies
- Family planning
- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Surgical procedures
- Diagnostic and screening procedures

The Care Quality Commission has not taken enforcement action against Dorset HealthCare University NHS Foundation Trust during 2019/20.

The Trust's overall rating by the CQC is 'outstanding'. The CQC award ratings based on a combination of what they find at inspection, what people tell them, data they collect and local information provided by the Trust. The ratings are awarded on a four point scale:

### CQC RATINGS

	<b>Outstanding</b>	The service is performing exceptionally well.
	<b>Good</b>	The service is performing well and meeting expectations.
	<b>Requires improvement</b>	The service is not performing as well as it should and the CQC have told the service how it must improve.
	<b>Inadequate</b>	The service is performing badly and action is taken against the person or organisation that runs it.

CQC use five key questions in their assessment of quality each one having equal weight. A rating is awarded for each question and our overall rating for each one is shown below.

Domain	Overall Rating	RAG
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Outstanding	
Are services responsive	Good	
Are services well-led?	Outstanding	

During April, May and June 2019, the CQC carried out planned inspections of seven core service areas and a well-led inspection, which improved the Trust's overall rating from 'good' to 'outstanding'.

- Acute wards for adults of working age and Psychiatric Intensive Care Unit (PICU)

- Crisis and health based place of safety (HBPoS)
- Long stay mental health rehabilitation wards
- Older peoples mental health wards
- Child and adolescent mental health wards
- Community health adult services
- Urgent care services

The final report was published on 31 July 2019 which confirmed the Trust's overall rating had improved from 'good' to 'outstanding'.

The table on the next page shows the ratings by domain for each core service as well as their overall rating.

DRAFT



## **Good practice**

We were rated outstanding overall because over the past four inspections the inspectors have seen a consistent pattern of progressive improvement in the quality of core services and the well led key question was rated outstanding due to the inspirational leadership provided by the senior team.

The inspectors were particularly impressed by the strength, knowledge and integrity of the leadership at the trust. They had a comprehensive knowledge of current priorities and challenges and took prompt action to address them. The board was visible and supportive to the wider health and social care system. Reports from external sources including NHS England/Improvement and commissioners were consistently positive.

The inspectors were also impressed with our attitude towards and application of innovation and service improvement. The delivery of high-quality care was central to the trust values and all aspects of running the core services. The inspectors felt they got a true sense that our main focus was on providing care that truly benefited patients and carers and supported the wider system. There was a dedicated quality improvement (QI) team which engaged frontline staff and empowered and inspired them to use innovative means of improving services.

The report stated that staff, patients and carers were actively involved in the development of the services, and the trust were creative in engaging all the relevant people. Senior leadership in the trust had good relationships with partner organisations and were engaging positively in the wider health systems. The trust had a mixture of highly experienced and new senior leaders with the skills, abilities, and a commitment to provide high-quality services. The executives and nonexecutives presented as a strong unified board.

Two of the wards for older people with mental health problems (Herm and St Brelades) had been awarded the Gold Standard Framework (GSF). These were the first older adult's mental health unit in the country to receive this award.

Excellent governance arrangements were in place in relation to Mental Health Act (MHA) administration and compliance. One of the non-executive directors had a legal background and was highly experienced and chaired the MHA monitoring group. Minutes demonstrated that it covered an appropriate range of subjects including monitoring of MHA review report findings. The trust ensured they were responsive in their approach to issues raised within these reports. There was clear, robust and effective multi-agency working arrangements around the MHA. A regular programme of MHA audits took place. Where MHA audits had identified gaps in knowledge the MHA lead provided targeted training and support.

Staff at all levels worked well with each other and external organisations to provide care and treatment to patients based on national guidance. Staff generally kept clear records of patients' care and treatment and confidentiality was maintained. Patients had access to psychological support and occupational therapy. The physical healthcare needs of patients within mental health services were excellent. Patients in community health services benefitted from outstanding care and support from staff.

## **Areas to improve**

The inspectors noted that recruitment in some areas (e.g. community CAMHS) remained a struggle. The trust was working creatively with commissioners to resolve this and the implementation of a new care model in CAMHS services should ease some staffing pressures.

A bed was not always available when needed on return to the acute mental health wards. There had been some inappropriate placements on the wards, due to the wards not having control over bed management. There remained shared accommodation on one acute mental health ward and some of the older people's mental health inpatient wards. Bedrooms and shared accommodation did have lockable storage facilities for clothing and possessions and the provider had taken action to mitigate the adverse effects of privacy or safety. Capital funding had been secured with a plan in place to remove all shared accommodation.

There were no breaches in regulations identified within the report.

### **Actions in response to Care Quality Commission findings**

The core service areas with identified 'should do' actions have implemented action plans to address the recommendations made by the CQC. These action plans are monitored both internally and at the quarterly engagement meetings with the CQC.



## **Mandatory Statement Seven: Registration with the Care Quality Commission**

### **Dorset HealthCare University NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2018/19**

In April 2019, Dorset HealthCare took part in the thematic review of the use of restraint, prolonged seclusion and segregation in settings for people who may have mental health problems, a learning disability and/or autism. This was focused on rehabilitation services. Our return showed that we had no episodes of segregation or seclusion in our long stay rehabilitation wards.

In January 2019 the Secretary of State asked the Care Quality Commission to review and make recommendations about the use of force and restrictive interventions in settings that provide inpatient and residential care for people with mental health problems, a learning disability and / or autism.

Pebble Lodge, the child and adolescent mental health ward, was asked to release information to help the CQC with the first phase of its review which focuses on settings for children and young people and people of all ages with a learning disability. The information will play a key role in helping the review team understand the current use of restraint, seclusion and segregation and will inform site activity. The information request will also be shared with the analytical team and will be used to inform the national report of our key findings and recommendations, which will be published after the reviews are completed.

### **Elimination of Dormitories / shared bedrooms within mental health services**

In January 2019 the CQC undertook a piece of work to scope the number of mental health services across the country that had dormitories / shared bedrooms in use within inpatient services. The Trust was asked to check the data held by the CQC. Our response confirmed we had three wards with double rooms, totalling 26 beds and one ward with three dormitories totalling 12 beds.

We continue to identify options that support the mental health inpatient service in its priority to move to single accommodation. Working is ongoing to:

- explore options to increase overall capacity to reduce dormitories which have included extending two wards
- review our estate county-wide, refreshing on an assessment carried out in 2016
- enter into conversations with acute hospital colleagues with regards to alternative sites
- undertake a review and consultation of mental health rehabilitation provision to explore a variety of different options. The outcome of this review will resolve the sharing of rooms.

## STAFF SURVEY

Each year NHS staff are offered the opportunity to give their views on the range of their experience at work by completing a staff survey questionnaire. In 2019 the questions were grouped around 11 themes summarised from 98 questions. The team work theme is a new addition for the 2019 survey.

The 11 themes are:

- Equality, diversity, and inclusion
- Health & wellbeing
- Immediate managers
- Morale
- Quality of appraisals
- Quality of care
- Safe environment – bullying and harassment
- Safe environment - violence
- Safety culture
- Staff engagement
- Team work

In the 2019 staff survey, all 11 themes had scores which were above average compared to similar NHS organisations. There is an improvement in seven themes: health and wellbeing, immediate managers, morale, quality of appraisals, safety culture, and staff engagement. All seven have improvements which are statistically significant. Four themes - equality, diversity and inclusion, health and wellbeing, immediate managers, and morale - are scoring at the highest level within the benchmark group. The results are static for equality, diversity, and inclusion, safe environment – bullying and harassment, safe environment – violence, and team working. Results have not declined in any area. Our response rate in 2019 also improved to 54.6% from 51.6% in 2018.

Improvements of 3% or more for specific questions, compared to 2018 scores, are:

- The opportunities for flexible working patterns
- Immediate manager taking a positive interest in health and wellbeing
- Immediate manager value work
- Staff knowing what their work responsibilities are
- Knowing who the senior managers are
- Involvement in deciding changes that affect local work
- Choice in decide how work is done
- Satisfaction with opportunities to use skills
- Satisfaction with the amount the organisation values (my) work
- Communications between staff and senior managers
- Senior managers involving staff in important decisions
- Senior managers acting on staff feedback
- (my) appraisals helped improve how job is done
- (my) appraisal left me feeling that my work is valued by my organisation
- Feeling that role makes a difference to patients/service users
- Ability to deliver aspirational care
- Ability to meet all the conflicting time demands at work
- There are enough staff at this organisation to do my job properly
- Treating staff fairly when involved in an error, near miss or incident.
- Organisation taking action to ensure errors, near misses or incidents that are reported, do not happen again
- Confident that organisation would address concerns raised about unsafe clinical practice
- Agreement that organisation acts on concerns raised by patients/service users
- Care of patients/service users is organisations' top priority
- Staff recommending organisation as a place to work
- Happiness with the standard of care provided by this organisation.

Areas which demonstrate further action to be taken are:

- Quality of appraisals, while improving, remains relatively low at 5.8, slightly above the benchmark average of 5.7, with particular emphasis on not contributing to agreeing clear work objectives and whether it helped me do my job. A lower percentage of staff indicate that they had an appraisal in the previous 12 months.
- Immediate managers' scores have improved in five of the six of the questions, however, although managers giving clear feedback on work, and manager's support in receiving training, learning and development remain areas where further focus could be applied.
- Reporting incidents at work have declined, for staff experiencing violence, staff witnessing errors, near miss or incident that could have hurt patients or staff,

Overall, the survey shows strong improvements. It highlights important areas where staff want the Trust to be much better. Individual staff and teams are at their best when they feel valued and supported, and it is clear that we still have much more to do before all staff feel so positive.

Our Organisational Development Team is providing specific local reports for every Directorate and locality/service area as well as support in developing local actions to improve staff experience. These will be discussed with each of the teams and local action plans developed.

Staff views are important and the 2019 Staff Survey reports have been published on our intranet and publicised in the Weekly Round-up email bulletin. Throughout 2020 communications will periodically publish "You said - we did" bulletins to share with staff the trust-wide actions we are taking on the survey findings.

The survey results have been sent to directors to enable them to deliver staff briefings and to consider actions for specific groups and directorates.

The Equality and Diversity Group will be considering equality areas. A particular area of concern and for attention is how staff with a disability have a less favourable experience of work compared with staff without a disability.

In addition, the survey results will be considered at the Trade Union Partnership Forum, the Health and Safety Committee, the Security Advisory Group and the Trust Board.

The staff survey review group (whose membership is staff governors and our trade union partnership forum joint chairs) has identified three areas for specific work:

1. Immediate Managers:

The scores for immediate managers have improved for all eight of the questions but staff experience is that we need to continue improving the skills of line managers. The enabling and empowering managers programme is being developed to the skills, experience and support available for new and existing managers. The programme will include:

- Expectations of managers
- Managers induction
- Online guidance and support tools
- Peer support
- Essential managers programme
- LinkedIn learning

2. Quality of appraisals

A working group has been established to propose, agree and implement improvements with regard to appraisal content and training.

### 3. Safety culture

A plan will be developed to address the following:

- Sharing information about changes made in relation to errors and incidents and actions taken to ensure they don't happen again
- How to discuss learnings within teams
- Making sure feedback in on the team meeting agenda
- Making the reporting systems easier to use



## **Mandatory Statement Eight: Quality of data**

**Dorset HealthCare University NHS Foundation Trust submitted records during 2019/20 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:**

Which included the patient's valid NHS Number was:

- 99.70% for admitted patient care;
- 99.97% for outpatient care; and
- N/A for accident and emergency care.

Which included the patient's valid General Medical Practice Code was:

- 100% for admitted patient care;
- 100% for outpatient care; and
- N/A for accident and emergency care.

*(data up to December 2019)*

## **Mandatory Statement Nine: Information Governance (IG)**

**Dorset HealthCare University NHS Foundation Trust Information Governance Assessment Report overall score for 2017/18 was 66% and was graded 'Green' from the Information Governance Toolkit Grading Scheme.**

Dorset HealthCare University NHS Foundation Trust submitted its 2018/19 Data Protection and security Toolkit submission on March 2019 and was rated Standards Not Met a work Plan in Place. The Trust will be submitting its 2019/20 submission by the 31<sup>st</sup> March 2020 and will be demonstrating improvement to its 18/19 position.

## **Mandatory Statement Ten: Payment by results**

**Dorset HealthCare University NHS Foundation Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.**

The Trust's Clinical Coding Department was audited by the external auditors D&A Clinical Coding Consultancy Limited on 25th – 27th of February 2020. According to the Data Security Standard 1 Data Quality, the Trust attained the Advisory level.

Fifty episodes of care were audited for mental health and one hundred episodes of care for community health. The 100 episodes for community health included patients admitted for rehabilitation as well as the specialities General Surgery, Oral Surgery, Trauma and Orthopaedics, Gynaecology, Urology, General Medicine and Gastroenterology.

Within both mental and community health services there is a high standard of coding demonstrated.

A more detailed breakdown of the audit is shown in the table.

	<b>Mental Health</b>	<b>Community Health</b>
Primary Diagnosis	100%	99%
Secondary Diagnosis	93.3%	96.84%
Primary Procedure	N/A	100%
Secondary Procedure	N/A	96%

It should be noted that the results of the external audit should not be extrapolated further than the actual sample audited.

### **Mandatory Statement Eleven: Payment by results**

**Dorset HealthCare University NHS Foundation Trust will be taking the following actions to improve data quality:**

- Care is to be taken by the Clinical Coders that when viewing coding undertaken by another trust, we only use those codes as a point of reference and do not copy them as we may not have access to the same information.
- Clinical Coders are reminded that they are not allowed to interpret blood or radiology results/reports because then it appears as if the Clinical Coders are making a diagnosis.
- Care to be taken when assigning codes for comorbidities, ensuring that they are applicable within the current episode of care and ensuring that they are still an ongoing problem. For example, the patient's medical notes state that they have a Deep Vein Thrombosis (DVT) diagnosed in 2016. This will not be an ongoing condition but rather a history of the disorder when the notes were coded in 2019.
- There is a lack of full discharge summaries for the patients in RiO. Clinical Coders are not to code from un-validated notes within the progress notes within the patients' medical records in RiO.



## PERFORMANCE AGAINST THE KEY NATIONAL PRIORITIES - QUALITY INDICATORS 2019/20

The following table provides an overview of the Trust performance against a core set of indicators set by the Department of Health and Monitor. Data relates to the end of 2018/19 and the end of 2019/20 as published on the Health and Social Care Information Centre website.

<i>Prescribed Indicator</i>	<i>National average 2018/19 (England)</i>	<i>DHC 2018/19 Position</i>	<i>Comparison with other Trusts</i>	<i>National average 2019/20 (England)</i>	<i>DHC 2019/20 Position</i>	<i>Comparison with other Trusts</i>
<b>The data made available to the NHS Foundation Trust by NHS Digital with regard to the percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period.</b>	Q1: 95.8% Q2: 95.7% Q3: 95.5% Q4: 95.8%	Q1: 97.51% Q2: 97.60% Q3: 96.77% Q4: 96.86% Year-end 2019: 97.43%	High trust: Q1 - Q4: 100%  Low Trust: Q1: 73.4% Q2: 83.0% Q3: 81.6% Q4: 83.5%	Q1: 95.1% Q2: 94.5% Q3: 95.5% Q4: not yet available	Q1: 96.6% Q2: 97.48% Q3: 96.86% Q4: 97.46%	High trust: Q1 - Q4: 100%  Low Trust: Q1: 86.1% Q2: 77.9% Q3: 86.3%  Q4: data collection suspended due to Covid 19
<p><b>The Dorset HealthCare University NHS Foundation Trust considers that this data is as described for the following reasons:</b> This data is taken directly from the RIO (electronic patient records) and is audited daily to check accuracy.</p>						
<p><b>The Dorset Healthcare University NHS Foundation Trust has taken the following action to improve this percentage, and so the quality of its services, by</b> continuing to follow up patients within seven days of discharge. The Indicator remains above required thresholds and is actively monitored. Dorset Healthcare continues to maintain this position and report any variances via the Directorate Management Groups.</p>						

<p>The data made available to the NHS Foundation Trust by NHS Digital with regard to the percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.</p>	<p>Q1: 98.1% Q2: 98.4% Q3: 97.8% Q4: 98.1%</p>	<p>Q1: 99.5% Q2: 97.0% Q3: 98.2% Q4: 93.8%</p>	<p>High trust: Q1 - Q4:100%</p> <p>Low Trust: Q1: 85.1% Q2: 81.4% Q3: 78.8% Q4: 88.2%</p>	<p>Q1: 98.2% Q2: 98.2% Q3: 97.1% Q4: not yet available</p>	<p>Q1: 98.1% Q2: 100% Q3: 100% Q4: 100%</p>	<p>High trust: Q1 - Q3:100%</p> <p>Q4: data collection suspended due to Covid 19</p> <p>Low Trust: Q1:84.0% Q2: 91.2% Q3: 80.0%</p> <p>Q4: data collection suspended due to Covid 19</p>
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**The Dorset HealthCare University NHS Foundation Trust considers that this data is as described for the following reasons:**  
This is being regularly monitored and staff have been reminded of the requirements to involve the Crisis Service in assessments prior to a person being offered a hospital bed to help decide if an admission may be avoided through additional support at home. Since the review of this indicator in 2013/14, clinical staff are continuously reminded of how to record in a consistent manner.

**The Dorset Healthcare University NHS Foundation has taken the following action to improve this percentage, and so the quality of its services, by:** The Indicator remains above required threshold of 95% and has now been retired. Local monitoring continues.

<i>Prescribed Indicators</i>	<i>National average 2018/19</i>	<i>DHC 2018/19 Position</i>	<i>Comparison with other Trusts</i>	<i>National average 2019/20</i>	<i>DHC 2019/20 Position</i>	<i>Comparison with other Trusts</i>
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<p>The data made available to the NHS Foundation Trust by the NHS Digital with regard to the percentage of patients aged – 0 to 14; and 15 or over, readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.</p>	<p>The national rate during 18/19 was 14.4%, with Dorset CCG reporting 14.5%.</p>	<p>MH 0-15 – 0 readmissions 16 or over: Q1: 13.5% Q2: 11.1% Q3: 7.6% Q4: 9.3% Year end 9.85%</p>	<p>The best (lowest) rate was 10.1% and the highest rate was 17.8%.</p>	<p>Data has not yet been published for 19/20</p>	<p>MH:0-14 - 0 only emergency admissions data: Q1: 1.21% Q2: 1.55% Q3: 1.73% Q4: 1.23%</p>	<p>Data has not yet been published for 19/20</p>
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**The Dorset HealthCare University NHS Foundation Trust considers that this data is as described for the following reasons:**  
Data extracted directly from SystemOne™ (Patient Clinical System) with rules applied following discussions with the responsible teams.  
\* This is based on the criteria of a patient returning for the same treatment function and isn't a planned readmission.

**The Dorset HealthCare University NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:** Continuing to ensure effective discharge planning to minimise the risk of re-admission. Information is available at ward level to inform decision makers connected with service improvement.

<p>The data made available to the NHS Foundation Trust by NHS Digital with regard to The Trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.</p>	<p>Not available</p>	<p>7.5</p>	<p>About the same</p>	<p>Not available</p>	<p>7.3</p>	<p>About the same</p>
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**The Dorset HealthCare University NHS Foundation Trust considers that this data is as described for the following reasons:**  
Data provided by the CQC.

**The Dorset HealthCare University NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by:**  
A remodelling of the adult mental health crisis services has taken place over the last 2-years which has resulted in a range of new open access services available for people who are in self-defined crisis. Branded 'Access Mental Health', services include:

- the Connection 24/7 crisis telephone line which has been adapted to offer advice and support via 111;
- two Retreats in Bournemouth and Dorchester to offer people a safe space supported by peers, clinicians and other visitors (akin to crisis cafes);
- three Community Rooms run in partnership by Bournemouth Churches Housing Association operate in Wareham, Bridport and Shaftesbury and are similar to the

Retreats but without clinical staff;

These services are open access and do not require a referral from a GP or healthcare professional. The opening times of each service was modelled to ensure availability at the time of highest need.

<i>Prescribed Indicators</i>	<i>National average 2018/19</i>	<i>DHC 2018/19 Position</i>	<i>Comparison with other Trusts</i>	<i>National average 2019/20</i>	<i>DHC 2019/20 Position</i>	<i>Comparison with other Trusts</i>
The data made available to the NHS Foundation Trust by NHS Digital with regard to the number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	1.1% from latest NRLS cluster data (October 2018 to March 2019) compared to 1.1% (DHC position).	6,952 patient safety incidents reported (61.5% of all incidents).  74 patient safety incidents (1.1%) resulted in severe harm (7) or death (67)  From internal incident reporting data April 1 <sup>st</sup> 2018 to 31 <sup>st</sup> March 2019	DHC position matches NRLS cluster data position for rate of patient safety incidents that resulted in severe harm or death.	0.9% from latest NRLS cluster data (April 1 <sup>st</sup> 2019– September 30 <sup>th</sup> 2019) compared to 1.1% for DHC	7,950 patient safety incidents reported (60.4% of all incidents).  117 patient safety incidents (1.5%) resulted (23) in severe harm (17) or death (94).  From internal incident reporting data April 1 <sup>st</sup> 2019 to 31 <sup>st</sup> March 2020	Above average for the rate of patient safety incidents that resulted in severe harm or death (currently – to be confirmed with end of year data)

**The Dorset HealthCare University NHS Foundation Trust considers that this data is as described for the following reasons:**

The Trust's reporting rate (per 1,000 bed days) was the fourth highest (out of 53 trusts) at 111 with the median reporting rate being 56.3 within the mental health reporting organisations reporting to the National Reporting and Learning System (NRLS). The levels of severe harm or death are above the latest comparison data provided by the NRLS report (April 2019 to September 2019). There has been a 0.4% increase (based on current data) in the percentage of incidents reporting severe harm or death on the previous year (2018/19) within the Trust's internal incident reporting data.

**The Dorset HealthCare University NHS Foundation Trust has taken / intends to take the following actions to improve this percentage, and so the quality of its services.** Whilst the Trust has a high reporting rate amongst national peer Trust's, it has continued to work to further improve upon this including the simplifying of initial reporting mechanisms for staff.

The rate of reported incidents with an impact of harm reported as severe is under constant focus to reduce this including timely quality reviews of incidents for appropriate grading; specific incident reviews and theme analysis to address learning and implement this in local services and more broadly across the Trust.

<b>Prescribed Indicators</b>	<b>National average 2018/19</b>	<b>DHC 2018/19 Position</b>	<b>Comparison with other Trusts</b>	<b>National average 2019/20</b>	<b>DHC 2019/20 Position</b>	<b>Comparison with other Trusts</b>
<p>The data made available to the NHS Foundation Trust by NHS Digital with regard to the Trust's patient reported outcome measures scores for</p> <ul style="list-style-type: none"> <li>(i) Groin hernia</li> <li>(ii) Varicose vein surgery</li> <li>(iii) Hip replacement surgery, and</li> <li>(iv) Knee replacement surgery,</li> </ul> <p>During the reporting period.</p>	<p><i>PROMS discontinued in October 2017</i></p>					
<p><i>EQ Visual Analogue Scale (EQ VAS) is a thermometer style scale. Patients are asked to indicate their general health on the scale with 0 being the worst and 100 being the best.</i></p> <p><i>The average adjusted health gain is the difference between the patients' pre and post-operative scores, a negative score would denote that an individual's health has deteriorated.</i></p> <p><i>The EQ-5D health questionnaire asks patients to classify their health based on self-assessed levels of problems ("no", "some", "extreme" in the following five areas: mobility, self-care, usual activities, pain/discomfort and anxiety/depression).</i></p>						

## PART THREE: REVIEW OF QUALITY PERFORMANCE

### QUALITY INDICATORS 2019/20

Indicators are refreshed each year by the Trust Board, our indicators have changed from those used in 2018/19; the following table provides an overview of the reasons for these changes.

QUALITY DOMAIN	INDICATOR	REASON FOR CHANGE
<b>Patient Experience</b>	To continue to roll out and embed the Triangle of Care (ToC) across all Mental Health Services	Dorset HealthCare achieved these indicators in 2018/19 and will continue expanding of Triangle of Care programme across the Trusts in physical health inpatients areas.
	Develop patient experience feedback mechanisms in Child and Adolescent Mental Health Services (CAMHS) to understand and improve their experience of our services	
	To commit to sign up to the Dementia Friendly Hospital Charter	
<b>Patient Safety</b>	To support our staff in the early detection and management of deterioration in adult inpatients	Dorset HealthCare will continue this work as part of the Trust's Sign Up to Safety work streams.
	To support our staff in the prevention, early detection and management of emergency situations affecting adult inpatients	
	To work towards ensuring that all relevant patients are enabled and encouraged to self-administer insulin during their inpatient stay	
<b>Clinical Effectiveness</b>	To support people who use our services to prevent ill health caused by smoking	Dorset HealthCare achieved VTE indicator in 2018/19 and will continue to support staff with training to support prevention of ill health caused by smoking and reduction risk of alcohol related illness
	To support people who use our services to reduce the risk of alcohol related illness	
	To support staff on the older peoples' mental health wards to be effective in the prevention and management of Venous Thrombo Embolism (VTE)	

## PROGRESS WITH OUR QUALITY INDICATORS 2019/20

This section of the Quality Report highlights the Trust performance against a core set of national quality indicators and indicators of quality agreed by the Trust Board for each of the Quality Domains during 2019/20.

<b>PATIENT EXPERIENCE</b>
<b>Indicator:</b> To be an organisation that has a process to capture the experience of families and carers of end of life care
<ul style="list-style-type: none"> <li>• Current bereavement questionnaire continues to be sent out by community nursing teams, the Task and Finish group is awaiting quantifiable feedback from teams.</li> <li>• Implementation of the service improvement plan was due to increase engagement in community nursing teams by 25% this will be reviewed during the next quarter.</li> </ul>
<b>Indicator:</b> To improve patient experience of transition and joint working between Steps to Wellbeing Service and Community Mental Health Teams
<ul style="list-style-type: none"> <li>• Audit results shared with all Steps to Wellbeing service and Community Mental Health Teams.</li> <li>• IAPT representatives agreed to review local delivery of joined up working.</li> <li>• The Project Manager is liaising with the RiO Lead to support cross checking by both services at referral. In-patient services will also be included.</li> <li>• Joint screening process to be explored pan Dorset.</li> <li>• Robust mechanism in place to ensure regular communication across teams. The transition guidance between STWB and CMHT's has been updated to reflect this</li> </ul>
<b>Indicator:</b> To ensure the child/young person's voice and lived experience is understood, recorded and acted upon to improve their health outcomes
<ul style="list-style-type: none"> <li>• After a successful tender process, the Sexual Health services have re-started project. Team have used a number of digital and social media platform and gathered service user feedback and implemented improvements.</li> <li>• Two services Looked After Children and SALT remain to progress roll out of improvement activities for each service.</li> </ul>
<b>PATIENT SAFETY</b>
<b>Indicator:</b> To increase awareness of domestic abuse and staff are supported and enabled to act effectively and promptly in response to domestic abuse
<ul style="list-style-type: none"> <li>• eLearning Domestic Abuse (DA) training compliance rate is exceeding the 60% target (at 68%)</li> <li>• Bespoke training have been delivered in November and more are planned for February 2020</li> <li>• A number of initiatives are in progress including: two Bournemouth, Christchurch and Poole advocates work closely with the Trust, discussions with HR about provision of DA support , bespoke training sessions, a Practitioner learning event, Learning Disabilities service undertaking Quality Improvement, support for medics.</li> </ul>
<b>Indicator:</b> To broaden the suicide prevention strategy for all people accessing our services
<ul style="list-style-type: none"> <li>• Public Registrar has joined the group to explore how to move forward effectively</li> <li>• Work is being progressed with the School nursing teams and CAMHS</li> <li>• Tools and resources for supporting teams are being discussed and developed: activities, training, booklets, podcasts etc.</li> </ul>
<b>Indicator:</b> To be an organisation that works closely with other health and social care organisations to provide a person centred approach to their admission
<ul style="list-style-type: none"> <li>• The Deteriorating Patient (DP) questionnaire has been updated to include a check that a Discharge Summary has been shared with an admitting Acute Hospital.</li> <li>• Learning around feedback is being shared</li> <li>• Issues around completion of DP questionnaires and 999 ambulance delays have been identified and recommendations put forward.</li> </ul>
<b>CLINICAL EFFECTIVENESS</b>
<b>Indicator:</b> To ensure all our Adult Mental Health wards are providing clear therapeutic interventions to patients
<ul style="list-style-type: none"> <li>• From January 2020, two Older People Mental Health wards are progressing a pilot for a provision of purchasing therapy from Poole Intermediate Care service.</li> <li>• Adult Inpatient Mental Health Services have submitted Business cases for increased Clinical Psychology and Allied Health Professionals input. Provision of Occupational Therapies has increased.</li> </ul>

**Indicator:** We will develop care plans in conjunction with patients

- Oversight Group has been established to provide direction, guidance and leadership in ensuring the effective implementation of the project.
- Training on use of SOAP notes had to be revisited.
- All personalised care plans would be finalised and based on these training would be developed.

**Indicator:** We will increase the use of personalised care plans and professional judgment based assessments in all services to include the voice of the patient or service users

- All mandatory assessments have been agreed.
- Professional judgement training is being developed with services, a draft training plan is in development.
- All staff will be able to evidence that all risk assessments have been considered on SystemOne. It was agreed that personalised care plans would record that a patient is in agreement with the plan by including the patient's, their families and carers signature.

DRAFT

Performance against key national quality indicators 2019/20

Monitor Mandatory Service Targets – Compliance framework	Target threshold values	March 17 Position	March 18 position	Q4 March 19 Position	Q1 June 19 Position	Q2 Sept 19 Position	Q3 Dec 19 Position	Q4 March 20 Position	Year End Position
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway (The year end position for this indicator has been reviewed by KPMG (A))	SOF performance Indicator: 92% < 18 weeks	98.04%	96.99%	95.8%	95.8%	93.6%	92.4%	88%	88%
Maximum 6-week wait for diagnostic procedures	SOF performance indicator 99%	99.8%	Q4:99.18%	100%	99.7%	100%	100%	100%	100%
Early Intervention in Psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	SOF performance indicator 50%	96.88%	Q4:74%	Q4: 90%	64%	92%	87%	87.5%	80%
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following		Indicator introduced 2017/18	Indicator removed from SOP						
a) inpatient wards									
b) early intervention in psychosis services									

Monitor Mandatory Service Targets – Compliance framework	Target threshold values	March 17 Position	March 18 position	Q4 March 19 Position	Q1 June 19 Position	Q2 Sept 19 Position	Q3 Dec 19 Position	Q4 March 20 Position	Year End Position
c) community mental health services (people on care programme approach)									
Improving access to psychological therapies (IAPT): a) proportion of people completing treatment who move to recovers (from IAPT dataset) b) waiting time to begin treatment (from IAPT minimum dataset): i. within 6 weeks of referral ii. within 18 weeks of referral	SOF Performance Indicator: 50%	Indicator introduced 2017/18	Q4: 53.80%	Q4: 53.43%	52.3%	52.2%	50.3%	50.9%	51.5%
	SOF performance indicator: 75%	Q4:84.42%	Q4: 91.70%	Q4: 97.57%	96.18%	92.1%	92.5%	93.33%	93.56%
	SOF performance indicator: 95%	Q4:99.97%	Q4: 98.80%	Q4: 99.97%	99.8%	99.9%	99.9%	99.97%	99.93%
Care programme approach (CPA) follow-up: proportion of discharges from hospital followed up within 7 days		Q4:97.9%	Q4:96.48%	96.86%	96.96%	97.48%	96.86%	97.46%	96.48%
MH Admissions to adult facilities of patients under 16 years old		Indicator introduced 2017/18	0%	0%	0%	0%	0%	0%	0%

Monitor Mandatory Service Targets – Compliance framework	Target threshold values	March 17 Position	March 18 position	Q4 March 19 Position	Q1 June 19 Position	Q2 Sept 19 Position	Q3 Dec 19 Position	Q4 March 20 Position	Year End Position
Inappropriate out-of-area placements for adult mental health services (year-end position for this indicator has been reviewed by KPMG (A))	Zero OBD's by June 2021 19/20 target less than 1200 occupied bed days (OBD's)	<b>Indicator introduced Q4 2017/18</b>			282 OBD's	128 OBD's	248 OBD's	109 OBD's	767 OBD's against target of 1200

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## HOW TO CONTACT US

### LET US KNOW WHAT YOU THINK

We hope that our Quality Report has been informative and interesting to you. We welcome feedback, along with any suggestions you may have for next year's publication. Please get in touch with:

The Director of Nursing, Therapies and Quality  
Dorset HealthCare University NHS Foundation Trust  
Trust Headquarters  
Sentinel House  
4-6 Nuffield Industrial Estate Nuffield Road  
Poole Dorset  
BH17 0RB  
Email: [Dawn.dawson4@nhs.net](mailto:Dawn.dawson4@nhs.net)

### JOIN US AS A MEMBER AND HAVE YOUR SAY IN OUR FUTURE PLANS

A representative and meaningful membership is important to the success of the Trust and gives members of our local communities the opportunity to be involved in how the Trust and its services are developed and improved. Membership is free and the extent to which our members are involved is entirely up to them. Some are simply happy to receive a newsletter four times a year, while others are keen to be involved in consultations and come along to meetings. Some have even become members of our Council of Governors.

For further information please contact our Membership Office on:

**0808 100 3318** or email: [dhc.membership@nhs.net](mailto:dhc.membership@nhs.net)

### CHECK OUT OUR WEBSITE

Our website provides comprehensive details of the Trust's services and where they are provided, including information about mental health, learning disabilities and community health services, what to do in a crisis, updates on Trust initiatives and links to other useful websites.

There is also a section about Foundation Trust membership under the 'About the Trust/Membership' heading, where there is an opportunity to sign up online. One of the benefits of becoming a member is that you have a vote when elections for public governors are held and thereby a say in who represents you.

Visit: <http://www.dorsethealthcare.nhs.uk/>

This Quality Report can be found on the NHS Choices website at [www.nhs.uk](http://www.nhs.uk). This report can be made available in a variety of formats, available on request.

**ANNEX 1**

**FEEDBACK FROM OUR STAKEHOLDERS**

**Comments by the Council of Governors**

**Borough of Poole**

**Bournemouth Borough Council**

**Dorset County Council**

**Dorset Clinical Commissioning Group**

**Healthwatch Dorset**

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## ANNEX 2

### STATEMENT OF DIRECTORS' RESPONSIBILITIES

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 and supporting guidance;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2018 to April 2019;
  - papers relating to Quality reported to the Board over the period April 2018 to April 2019;
  - feedback from commissioners; NHS Dorset Clinical Commissioning Group dated DD/Month/YYYY
  - feedback from governors dated DD/Month/YYYY;
  - feedback from Healthwatch Dorset dated DD/Month/YYYY;
  - feedback from Dorset Health Scrutiny Committee dated DD/Month/YYYY.
  - feedback from the Borough of Poole Health and Social Care Overview and Scrutiny Committee dated DD/Month/YYYY;
  - feedback from Bournemouth Borough Council Overview and Scrutiny Committee dated DD/Month/YYYY
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, Annual Compliments, Complaints and PALS Report, dated DD/Month/YYYY;
  - the national patient survey dated 22 October 2018
  - the national staff survey dated February 2019;
  - the Head of Internal Audit's annual opinion over the Trust's control environment dated Month/YYYY;
  - Care Quality Commission inspection reports dated 7 September 2016 and February 2017
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with NHS Improvement annual reporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

Date: DD/MM/2019

Andy Willis,  
Chair

Date: DD/MM/2019

Eugine Yafele,  
Chief Executive

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## ANNEX 3

### DEFINITION OF INDICATORS

These are the detailed definitions for the indicators tested by external audit and are the subject of their Limited Assurance report on page XX of this quality report.

INDICATOR	DEFINITION
<b>Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period (relates to consultant led)</b>	<p><b>Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways</b></p> <p><i>Source of indicator definition and detailed guidance</i></p> <p>The indicator is defined within the technical definitions that accompany <i>Everyone counts: planning for patients 2014/15 - 2018/19</i> and can be found at <a href="http://www.england.nhs.uk/wp-content/uploads/2014/01/ec-tech-def-1415-1819.pdf">www.england.nhs.uk/wp-content/uploads/2014/01/ec-tech-def-1415-1819.pdf</a></p> <p>Detailed rules and guidance for measuring referral to treatment (RTT) standards can be found at <a href="http://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/">http://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/</a></p> <p><i>Detailed descriptor</i></p> <p>E.B.3: The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period</p> <p><i>Numerator</i></p> <p>The number of patients on an incomplete pathway at the end of the reporting period who have been waiting no more than 18 weeks</p> <p><i>Denominator</i></p> <p>The total number of patients on an incomplete pathway at the end of the reporting period</p> <p><i>Accountability</i></p> <p>Performance is to be sustained at or above the published operational standard. Details of current operational standards are available at: <a href="http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf">www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf</a> (see Annex B: NHS Constitution Measures).</p> <p><i>Indicator format</i></p> <p>Reported as a percentage</p>

INDICATOR	DEFINITION
Inappropriate out-of-area placements for adult mental health services	<p><i>Detailed descriptor</i> <b>Need to update this section to reflect the new indicator being tested.</b></p> <p><i>Numerator</i></p> <p><i>Denominator</i></p> <p><i>Detailed guidance</i> More guidance is available at <a href="http://www.england.nhs.uk/statistics/statistical-work-areas/eip-waiting-times/">www.england.nhs.uk/statistics/statistical-work-areas/eip-waiting-times/</a> and <a href="https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/02/tech-cyped-eip.pdf">https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/02/tech-cyped-eip.pdf</a></p>

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