

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
QUALITY REPORT

Date of the meeting	15/11/2017
Authors	S Shead - Director of Nursing and Quality V Read - Deputy Director of Nursing and Quality
Sponsoring Board Member	Dr S Yule - North Dorset Locality Chair
Purpose of Report	The report gives an overview of the current issues relating to quality for the Dorset system.
Recommendation	The Governing Body is asked to consider how to address the areas for quality improvement and to note the report.
Stakeholder Engagement	Stakeholder involvement is undertaken by the Trusts and the CCG in order to measure and monitor the quality of services.
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓	✓	
Board Assurance Framework / Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal / Regulatory	✓		✓
People / Staff	✓		✓
Financial / Value for Money / Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials : SSh

1. Introduction

1.1 The Quality Report is provided in four sections:

- Part A provides an overall summary of quality performance;
- Part B outlines the quality performance exceptions of the commissioned provider organisations;
- Part C of the report outlines a summary of key issues in relation to the smaller providers and contracts for which the Clinical Commissioning Group (CCG) is an associate commissioner;
- Part D of the report outlines performance of the CCG in relation to quality.

1.2 The report highlights key areas of good quality performance, areas for development and improvement and key areas of concern.

1.3 The intention is to produce an integrated report for quality, finance and performance in future.

SECTION A – OVERALL QUALITY PERFORMANCE

1.4 The quality of services across Dorset has improved in some areas. In particular, improvements have been seen in mortality rates at Dorset County Hospital and in stroke services at Poole Hospital.

1.5 However, there are a number of areas which are of concern. In particular, Never Events which have occurred, Ophthalmology services, the Pain Service, ambulance handover delays and health assessments for Looked After Children.

1.6 The introduction of the new General Data Protection Regulations poses a challenge to the CCG to implement within the required timescale.

1.7 The performance of the CCG in relation to Continuing Healthcare Assessments being undertaken within required timescales is under achieving and requires increased focus for improvement.

1.8 All of these areas are being actively addressed to ensure that improvements are made.

SECTION B – MAIN PROVIDERS

The performance of the four main providers is outlined in the aggregated scorecard (Appendix 1). The report below outlines exceptions only.

2. Safe

Serious Incidents/Never Events

2.1 Royal Bournemouth & Christchurch Hospital FT (RBCHFT) have reported three Never Events since April 2017. Two were as a result of wrong site surgery and

the third was a misplaced nasogastric tube. The investigations have been completed and will be ready for review by a CCG Never Events Panel in November.

- 2.2 There have been two further Never Events reported in October 2017. One by Poole Hospital Foundation Trust (PHFT) where the incorrect scar was excised on a patient's back and a full investigation is underway. A further wrong site surgery has been reported at Ramsay New Hall Hospital where the wrong vertebral level was operated on during spinal surgery.

Pressure Ulcers

- 2.3 Although numbers are small, RBCHFT have reported Grade 4 hospital acquired pressure ulcers.

Mortality

- 2.4 A further mortality update report was presented at the recent DCHFT Contract Review Meeting (CRM). In summary, following significant work by the Trust, reviews undertaken during the last twelve months appear not to have identified any significant failings in care. In addition, the Trust has seen a consistent improvement in weekend Standardised Hospital Mortality Indicator (SHMI) and its overall SHMI has now fallen to within the expected range. However, further work is being undertaken to address any existing gaps in assurance and to embed the new National Framework for Learning from Deaths.
- 2.5 Overall SHMI is 'as expected' in RBH and is 'lower than expected' at PHFT.

3. Effective

Ophthalmology

- 3.1 Although there has been some improvement in access to ophthalmology services at DCH, concerns remain high regarding this service and the impact on patient's outcomes. This will be discussed in more depth at the next CRM and an update will be provided in the next GB paper.

Stroke Services

3.2 The most recent published overall SSNAP level is as follows:

	No. patients from your CCG admitted to this team:	Latest result for this team (all patients from all CCGs)	Previous result for this team (all patients from all CCGs)	Previous result for this team (all patients from all CCGs)
532 patients were submitted to SSNAP (Apr-Jul 2017):		Apr-Jul 2017	Dec 2016-Mar 2017	Aug-Nov 2016
Royal Bournemouth General Hospital	186 patients	SSNAP level A	SSNAP level A	SSNAP level A
Poole Hospital	155 patients	SSNAP level B	SSNAP level D	SSNAP level B
Dorset County Hospital	134 patients	SSNAP level A	SSNAP level C	SSNAP level C
Yeovil District Hospital	30 patients	SSNAP level C	SSNAP level C	SSNAP level B
Salisbury District Hospital	8 patients	SSNAP level C	SSNAP level D	SSNAP level B
Southampton General Hospital	5 patients	SSNAP level B	SSNAP level B	SSNAP level B
Average SSNAP level for providers within your CCG for each reporting period:		A	B	B

4. Caring

Complaints

4.1 Within both DCHFT and RBH, timely response to complaints remains variable and below expected standard. Although improvement plans are in place, improvements are not being sustained and will require close monitoring over the next quarter.

5. Well-led

External reviews

British Orthopaedic Trauma Review

5.1 DCH recently had a review by the British Orthopaedic Society. The final report is still awaited.

CQC

5.2 PHFT have had a CQC inspection in September/October using the new methodology which includes greater focus on the 'Well led' domain. No immediate concerns were raised and the final report is awaited.

5.3 DHUFT is currently being inspected by the CQC.

5.4 As part of a national thematic review, CAMHS services were reviewed in October. General feedback was reasonably positive with a number of areas for improvement identified. An individual report will not be issued.

6. Responsive

- 6.1 Performance in relation to ambulance handover delays, particularly over 60 minutes, remains challenging due to volume of attendance at Emergency Departments.

PART C – ASSOCIATE AND SMALLER PROVIDERS

The report below outlines exceptions only.

7. Salisbury District Hospital NHS Foundation Trust

- 7.1 There has been one Never Event reported where a Dorset patient had the wrong type of lens implanted during cataract surgery. The CCG will receive the final report from Wiltshire CCG who will be managing the investigation and closure process.

Yeovil District Hospital NHS Foundation Trust

- 7.2 There are no exceptions to report.

8. South Western Ambulance Service NHS Foundation Trust

111 Service

- 8.1 The Trust provided a correction statement to the September CRM regarding GP out of hours (OOH) activity. Previously Single Point of Access (SPOA) activity that transferred to OOH was excluded from reporting. This discrepancy was identified during extraction of data for the re-procurement process and was immediately reported to the CCG. The impact on overall activity levels was reviewed back to April 2016 and an increase of activity by 17–20 % was identified. The impact on the performance against the National Quality Requirements was a slight improvement in all indicators.

999 Service

- 8.2 In July 2017 NHS England announced new ambulance service standards. The new response times are based upon the principles of the Ambulance Response Programme (ARP) pilot and will focus on ensuring most seriously ill patients are reached in an average time of seven minutes. The changes also introduce mandatory response time targets for all patients who dial 999. The changes will be introduced in Autumn 2017. SWASFT are currently reviewing the new standards and will be re-modelling performance expectations against these standards.

PART D – CCG

9. Information Governance

General Data Protection Regulations

- 9.1 The General Data Protection Regulations (GDPR) will replace the current Directive (from which the Data Protection Act 1998 is derived) and will be directly applicable in all Member States of the European Union (EU). It applies from **25 May 2018**.
- 9.2 Whilst the UK has voted to leave the EU, the regulation will be implemented and this has been confirmed by central government.
- 9.3 The following overview highlights the parts of the GDPR that will apply to how we (in the CCG) deal with personal and sensitive data.

Personal data

- 9.4 Like the Data Protection Act (DPA), the GDPR applies to ‘personal data’. However, the GDPR’s definition is more detailed and makes it clear that information such as an online identifier – e.g. an IP address – can be personal data.
- 9.5 The GDPR applies to both automated personal data and to manual filing systems where personal data is involved.

Sensitive personal data

- 9.6 The GDPR refers to sensitive personal data as “special categories of personal data”. These categories are broadly the same as those in the DPA, but there are some minor changes. For example, the special categories specifically include genetic data, and biometric data where processed to uniquely identify an individual.

Data Protection Principles

- 9.7 Under the GDPR, the data protection principles set out the main responsibilities for organisations.
- 9.8 The principles are similar to those in the DPA, with added detail at certain points and a new **accountability** requirement. The GDPR does not have principles relating to individuals’ rights or overseas transfers of personal data - these are specifically addressed in separate articles.
- 9.9 The most significant addition is the accountability principle. The GDPR requires the CCG to show **how** we comply with the principles – for example by documenting the decisions we take about a processing activity.

“The controller shall be responsible for, and be able to demonstrate compliance with accountability”.

Lawful processing

- 9.10 For processing to be lawful under the GDPR, there needs to be identified a lawful basis before personal data can be processed. It is important that the lawful basis is determined before processing personal data and that it is documented.

Consent

- 9.11 Consent, under the GDPR, must be a freely given, specific, informed and an unambiguous indication of the individual’s wishes. There must be some form of clear affirmative action – or in other words, a positive opt-in – consent cannot be inferred from silence, pre-ticked boxes or inactivity. Consent must also be separate from other terms and conditions, and we will need to provide simple ways for people to withdraw consent.

Privacy Notices

- 9.12 Being transparent and providing accessible information to individuals about how we will use their personal data is a key element of the GDPR. The most common way to provide this information is in a privacy notice.
- 9.13 The GDPR includes rules on giving privacy information to data subjects. These are more detailed and specific than in the DPA and place an emphasis on making privacy notices understandable and accessible.
- 9.14 The CCG will need to include more information in our privacy notices, but this can be displayed in different layers.

Privacy Notices for children

- 9.15 Where services are offered directly to a child, it must be ensured that the privacy notice is written in a clear, plain way that a child will understand.

New Data Protection Bill

- 9.16 The Data Protection Bill was announced in the Queen’s Speech on 21 June 2017. It will implement the government’s manifesto commitments to update data protection laws.
- 9.17 The Bill is intended to modernise the data protection laws in the UK to make them fit for purpose for an increasingly digital economy and society and as part of this Bill the EU’s GDPR standards will be applied.
- 9.18 Although the GDPR will apply from 25 May 2018 our own laws will need to apply data protections to other areas, hence the Data Protection Bill.

National Data Guardian

- 9.19 The role and responsibilities of the National Data Guardian (NDG) have been introduced into the Health and Social Care Act by an enactment within Parliament. At present this is Dame Fiona Caldicott.
- 9.20 Therefore, from September 2017, the NDG can advise, instruct and provide guidance to Health and Social Care organisations. The Data Security Standards produced by the office of the NDG will now become part of the IG Toolkit and requirements.

10. Customer Care

- 10.1 During Quarter 1 the Customer Care Team received 39 complaints, of which 23 complaints relate to Dorset CCG.

During Quarter 2 the Customer Care Team received 40 complaints, of which 19 complaints relate to Dorset CCG.

Complaints Relating to CHC	2017/18 Q1	2017/18 Q2
Current CHC application	10	6
Retrospective CHC	8	6
Other Complaints	2017/18 Q1	2017/18 Q2
Other commissioning issues	3	6
Individual patient Treatment	2	1
Providers	16	21

Parliamentary and Health Service Ombudsman (PHSO)

- 10.2 The PHSO has not requested any information during Quarter 1.

During Quarter 2 the PHSO has requested information relation to two complaints and confirmed that they will be investigating one of the cases.

MP Letters and Feedback queries

- 10.3

Number of	2017/18 Q1	2017/18 Q2
MP enquiries	5	19
Feedback and Involve enquiries	290	181

11. Care Homes

- 11.1 The Care Home Conference takes place in November. The key note speaker is William Roberts, who is the national lead for enhanced health in care homes. Two care home managers who attended the recent leadership course are presenting their improvement projects in order to share best practice with their colleagues.
- 11.2 The 'Dorset Red Bag Scheme' is being rolled out across care homes in the county, this is a multi-agency initiative that is designed to improve the transition between inpatient hospital settings and residential homes. Care Homes will be provided with wipe clean A4 nylon 'red bags' which will contain a residents' essential information, medication and personal belongings, such as teeth, glasses, hearing aids etc. It will aid communication with hospitals and ensure information is returned with the resident on discharge.
- 11.3 Following a recent CQC inspection of a nursing home which was already under enhanced surveillance, the 23 residents who resided in the home were successfully relocated over a 48-hour period. This required a multi-agency response. A debrief meeting of the events leading up to and during the relocation is planned.

12. Medicines Management

- 12.1 Budgetary Impact: The prescribing budget position is currently challenging due to the impact of stock shortages creating alarming price rises in routine medicines and drops in category M prices not being passed onto CCGs. GP locality leads are forecasting good uptake of the savings plan and a very significant patent expiry and subsequent price drop is delivering significant savings.
- 12.2 Consultations: A CCG response to the low value medicines consultation has been submitted and the outcome is due in late November for decisions to be made locally by the end of the year. Most of the items are already non formulary and additional information resources are being developed to support changes to medication that may be necessary.
- 12.3 Antibiotics: work continues to ensure that the antimicrobial best practice is implemented across all providers. For the primary care quality premium, the CCG is meeting the target, though there is some variation at practice level. In addition to the quality premium, there is also an improvement assessment framework for CCGs and this includes the Cephalosporin, Quinalone and Co-Amoxiclav antibiotics which are also incentivised in Dorset and are currently met as a CCG but with similar levels of variation. This is raised and actions are set at practice visits.
- 12.4 Medicines Safety Officer (MSO) – the Dorset MSOs are looking at the routes through which medicines alerts are issued and ensuring that all are picked up and actioned in a timely manner. At present there are a number of routes, MHRA alerts, CAS alerts and letters to prescribers. These are not always aligned and

can be confusing for practices and prescribers. The MSOs in the system also link to the south west and Wessex networks.

- 12.5 Medicines Optimisation Dashboard: The CCG continues to have a poor uptake of electronic repeat dispensing (eRD). The medicines team are attempting to improve uptake, though it is very resource intensive and, though small gains are made with individual practices, it is difficult to generate enthusiasm in practices and Pharmacies. National reports have been published that suggest that electronic prescribing and eRD can deliver significant efficiency savings in general practice and community pharmacy. Work is underway with the IT team, and support being sought from Local pharmaceutical and medical committee representatives to champion this initiative.
- 12.6 Biosimilars: NHS England, NHS Improvement and NHS Clinical Commissioners have published a commissioning framework for biological medicines (including biosimilar medicines).
- 12.7 The aim will be that at least 90% of new patients will be prescribed the best value biological medicine within three months of launch of a biosimilar medicine, and at least 80% of existing patients within 12 months, or sooner if possible. The intention is to set the same aims for CCGs, with delivery against this ambition to be monitored, and where the 80% figure is not achievable within a CCG geography, CCGs will need to provide a written explanation to NHS England explaining the reasons why.
- 12.8 In the future, CCGs will be supported in driving uptake of best value biological medicines by the four new Regional Medicines Optimisation Committees (RMOCs), chaired by regional medical directors. The first RMOC South took place in September and there are representatives from Dorset on the group.

13. Looked After Children (LAC)

Initial Health Assessments (IHAs)

- 13.1 IHAs completed within Quarter 1 2017/18 are outlined below. Quarter 2 information is still being validated though a review of the available data and suggests the performance of Dorset County Council (DCC) has improved but remains variable. This has again been escalated to the Corporate Parenting Board, the CEO of DCC and at the quarterly CCG/DCC IHA performance meeting. Whilst the CCG and the commissioned providers continue to support DCC, all stakeholders are in agreement that both the issues and the solutions remain within the domain and responsibility of DCC.

Quarter One 2017/18	Bournemouth	Poole	Dorset
Children new into care	19	24	43
Number who require an IHA (Excluding those who left before 20 working days)	15	13	34
IHA completed in 20 working days (%)	15 (100%)	13 (100%)	26 (76.5%)

Review Health Assessments (RHAs)

- 13.2 Number of RHAs due and completion rate Pan Dorset for Quarter 2 2017/18. Overall there has been an increase of 11.8% in completion of RHAs from Quarter 1 to Quarter 2.

	Q1 2017/2018	Q2 2017/2018	Q3 2017/2018	Q4 2017/2018	Total 2017/2018
No RHAs Due	174	206			
No RHA's Completed	123	170			
Percentage completion in month due	70.69%	82.52%			

14. Safeguarding (Adults & Children)

- 14.1 Please see separate Annual Report.

15. Primary Care

- 15.1 Analysis of the GP patient survey demonstrates that nine out of the top 10 Wessex practices with the best experience ratings were in Dorset.
- 15.2 All Dorset practices have now been rated by the CQC. Four were rated as outstanding, 82 were rated as good. No practices are currently rated as requires improvement or inadequate.
- 15.3 Twelve practices have now been archived following mergers with other practices.

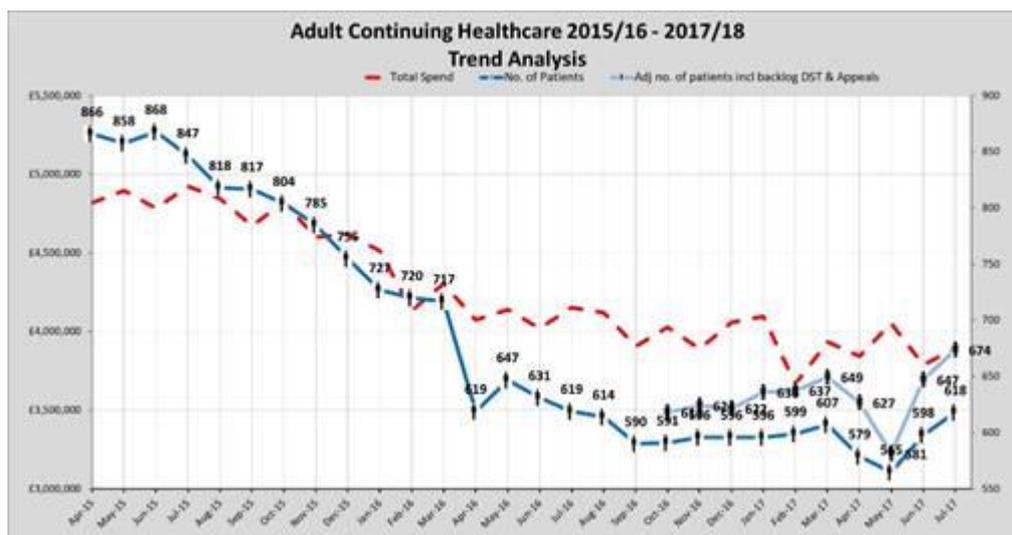
- 15.4 A recently published report by the CQC following the completion of the first round of inspections of General Practice showed Dorset practices were performing above national averages; both for rating at first inspection but also at the date of publication in September 2017 (see tables below).

Rating at first inspection	Nationally	Dorset CCG
Outstanding	4%	4.1%
Good	79%	82.5%
Requires Improvement	13%	10.3%
Inadequate	4%	3.1%

Current Rating	National performance	Dorset CCG performance	Dorset CCG performance
	September 2017	September 2017	October 2017
Outstanding	4.00%	4.44%	4.65%
Good	86.00%	94.44%	95.35%
Requires Improvement	8.00%	0.00%	0.00%
Inadequate	2.00%	1.11%	0.00%

16. Continuing Healthcare

- 16.1 The CCG CHC Team is achieving the target for less than 15% of Decision Support Tools (DST) completed in an acute hospital setting. Achievement for Quarter 1 was 9%. However, CHC is not meeting the Quality Premium target of 80% of DSTs completed within 28 days. Achievement for Quarter 1 was 40% against the target of 80%.
- 16.2 These Quality Premium targets are each worth up to £330k for the CCG. The work of the teams is being focused on improving the timeliness of DSTs.
- 16.3 The table below shows the number of patients eligible for Continuing Healthcare at 618, an increase from 598 in June 2017.



17. Conclusion

- 17.1 Dorset CCG continues to have a focus on improving the quality of services being delivered across Dorset.
- 17.2 The majority of quality indicators show that quality of care is generally good.
- 17.3 However, some areas of concern have been identified which are being addressed appropriately, and the need to continually improve is a constant challenge, which needs to be addressed as a system.

Author's name and Title: Sally Shead, Director of Nursing and Quality
Vanessa Read, Deputy Director of Nursing and Quality

Date: 31/10/2017

Telephone Number: 01305 368070

APPENDICES	
Appendix 1	Quality Scorecard