

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
QUALITY REPORT

Date of the meeting	17/05/2017
Authors	S Shead, Director of Nursing and Quality
Sponsoring Board member	Dr S Yule, Locality Chair for North Dorset
Purpose of Report	The report gives an overview of the current issues relating to quality for the CCG: <ul style="list-style-type: none"> • Quality Monitoring of Providers of NHS-funded Services • Safeguarding Adults • Safeguarding Children • Information Governance • Medicines Management
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	Stakeholder involvement undertaken by the Trusts is included in this report. Lay patient representatives are members of the Quality Group to represent the Dorset population.
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.

SECTION A – OVERALL QUALITY PERFORMANCE

1.3 The quality of services across Dorset has improved in some areas. In particular, improvements have been seen in stroke services, care homes and health assessments for Looked After Children.

1.4 However, there a number of areas which are of concern. In particular, serious incidents reported historically by DCHFT, serious incidents reported by SWASFT, the Pain Service, some GP Practices and services for children with Special Educational Needs and Disabilities.

1.5 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 DCH has been reporting high numbers of historic serious incidents which have come to light following changes in personnel. It is likely that further incidents will continue to come to light for the foreseeable future and the Trust is working closely with the CCG Patient Safety Team. Following a review and re-organisation of the Trust's internal governance structures, assurance has been given that this has been resolved. A CCG deep dive review of the Trust's governance in relation to incident reporting is planned in Qtr 2.

2.2 Following the issuing of a Contract Performance Notice re Never Events at PHFT, the Remedial Action Plan (RAP) has been received and a CCG visit to

Theatres is taking place in early May to seek assurance on progress against the RAP.

Pressure Ulcers

- 2.3 PHFT has reported a backlog in investigating reported pressure ulcer Serious Incidents. This is due to a number of reasons including a general lack of resource. A dedicated CCG SI Panel is being arranged with Provider attendance to review the incidents and discuss the quality improvement projects in place to address this aspect of care.

Safeguarding Training

- 2.4 Compliance with safeguarding training is variable across the Trusts. Both PHFT and DCHFT are completing an internal review of Level 3 training requirements.

Maternity

- 2.5 DCHFT is reporting high numbers of induced labours (31%) with a corresponding high number of unplanned C Sections (18%). Further information has been requested from the Trust.

3. Effective

Stroke

- 3.1 A positive CCG visit to Stroke services took place last month. Whilst acknowledging that there still remains much work to be done, there was evidence of a clear and effective improvement trajectory plan in place.
- 3.2 Overall improvement continues in stroke services as evidenced below.

	No. patients from your CCG admitted to this team:	Latest result for this team (all patients from all CCGs) (Aug-Nov 2016)	Previous result for this team (all patients from all CCGs) (Apr-Jul 2016)	Previous result for this team (all patients from all CCGs) (Jan-Mar 2016)
565 patients were submitted to SSNAP (Aug-Nov 2016):				
Royal Bournemouth General Hospital	207 patients	SSNAP level A	SSNAP level A	SSNAP level A
Poole Hospital	184 patients	SSNAP level B	SSNAP level C	SSNAP level D
Dorset County Hospital	118 patients	SSNAP level C	SSNAP level D	SSNAP level E
Yeovil District Hospital	25 patients	SSNAP level B	SSNAP level C	SSNAP level B
Salisbury District Hospital	20 patients	SSNAP level B	SSNAP level B	SSNAP level C
Average SSNAP level for providers within your CCG for each reporting period:		B	C	C

Pain service

3.3 A summary of the current pain service waiting list is outlined in the table below:

New appointments waiting list by pathway/clinician type	Number of patients (20/11/16)	Number of patients (30/12/16)	Number of patients (23/01/17)	Number of patients (15/02/17)	Number of patients (28/03/17)	Number of patients (27/04/17)
Referrals received waiting for patient to opt in	-	195	155	156	186	201
Medical pathway by date of referral						
• Aug-15 to Mar-16	453	277	115	21	0	0
• Apr-16 to Dec-16	341	403	387	329	379	398
Physiotherapy pathway	76	17	9	15	29	24
OT Pathway	52	18	14	7	30	26
Pain nurse	69	33	29	23	28	44
Psychology	63	57	45	24	27	30
Pain Management pathway	93	122	53	80	22	63

- 3.4 A higher number than average of new referrals were received in March adding to the numbers of people waiting to opt in for initial triage. The service has vacancies in Pain Nurse and Psychology posts which are being recruited to.
- 3.5 The service continues to have cover from a Pain Locum Consultant who is contracted to remain with the service until June 2017.
- 3.6 Royal College of Anaesthetists Faculty of Pain Invited Review took place on 10 and 11 April 2017; report is to follow. Reviewers provided useful insight into the national position relating to recruitment to consultant posts and how best to attract the right type of clinician to the service. Exploration of a suitable job plan with links to acute anaesthetics/rheumatology to avoid isolation within this Consultant role is being explored.
- 3.7 The review noted that the volume of spinal patients being referred to the Pain service is notably large and impacting on the pain service to address the needs of non-spinal pain patients. It is apparent that further work to address the spinal intervention policy is required which is due for further discussion at a CCG hosted meeting on 9 May 2017.
- 3.8 New data collection methodology and reporting system commenced in April 2017.

Electronic Discharge Summaries (EDS)

- 3.9 Compliance with standards for EDS remains below the standards expected at DCHFT. Despite changes within the I.T. system, no improvement has been demonstrated. This is a longstanding issue for the Trust and there is limited assurance around the actions being taken to address this problem and will be followed up through the Contract Review Meetings.

Appraisal and mandatory training

- 3.10 There has been no significant improvement in compliance for either area at DCHFT in consecutive months. There is limited assurance that the action plans developed will improve these levels. The Trust is addressing this through the Divisional Performance meetings and is being monitored through the monthly scorecard.

4. Caring

Complaints

- 4.1 Within DCHFT, timely response to complaints remains below standard although a significant increase has been achieved. An improvement plan is in place.

5. Well-led

External reviews

- 5.1 The Acute Trusts are anticipating CQC follow up inspections in the next quarter.

6. Responsive

- 6.1 . Work continues to improve ambulance handover delays across the three Trusts, which is being co-ordinated through the A&E Delivery Board.

PART C – ASSOCIATE AND SMALLER PROVIDERS

The report below outlines exceptions only.

7. Yeovil District Hospital NHS Foundation Trust

Stroke

- 7.1 The Trust has previously approached RBCHFT for support in improving its stroke services. The latest SSNAP Data for the period August – November 2016 has risen from an overall Level C to a Level B.

8. South Western Ambulance Service NHS Foundation Trust

111 Service

- 8.1. Most recent performance data for April 2017 indicates an improvement in the percentage of calls answered within 60 seconds which has been reported as 95%. A higher than expected number of 999 dispositions, 16.9% against a below 15% target has been identified and will be monitored over the next few months. The Trust has taken a number of actions to address this including a workshop for 999 dispositions and probing which is delivered when new starters complete their module 2 training, therefore the outcome will need to be continuously evaluated.
- 8.2. The CQC follow up inspection visit took place in December 2016 and the draft report was published on Thursday 27 April. The report identifies improvements that have been made. Overall rating is Requires Improvement with Good rating in domains of Safe, Caring and Effective. On this inspection the CQC saw; “some excellent examples of good practice and improvements; but would now like to be confident that these measures are fully embedded. The Trust themselves have recognised that their performance needs to improve further to achieve the expected standards for the NHS 111 service. We found that there were still some calls which were not dealt with promptly or effectively. The trust must continue to work on this – and monitor the performance of its call handlers to help them get this right.”

999 Service

- 8.3. The Ambulance Response Pilot (ARP) formally ended in January. Evaluation is not yet available and has been delayed until the end of July, due to the General Election.
- 8.4. A number of serious incidents associated with ambulance delays is with the Trust for their responses. The CCG has had a call with the national clinical director for ARP, Professor Bengler, the CCG has shared a list of 6 incidents with SWASFT, including questions regarding the accuracy of the original categorisation. These are currently being investigated by SWASFT; the CCG will review and decide whether these should be escalated to Professor Bengler as agreed, once the reviews have taken place. A full progress update on rota review is expected at next contract meeting on 24 May. CCG Senior Managers are to visit the trust to gain a better understanding of their processes relating to the management of adverse/serious incidents.
- 8.5. The Public Accounts Committee has published a report on ambulance commissioning. The full report is available at: <https://www.publications.parliament.uk/pa/cm201617/cmselect/cmpublic/1035/1035.pdf> The CCG is reviewing the report and its recommendations, and these will inform our future commissioning of the service.

PART D – CCG

9. Information Governance (IG)

IG Toolkit Assessment 2016/17

- 9.1 Every year the CCG must demonstrate compliance with IG requirements by completing the IG Toolkit (IGT).
- 9.2 Year on year, the CCG should seek to improve the IGT score and show that the IG work programme is embedded within the organisation and continually reviewed to ensure IG requirements meet the needs of the organisation.
- 9.3 The IGT performance results provide assurance and are monitored by NHS Digital (formerly known as the HSCIC) and used by the Care Quality Commission, the Audit Commission and shared with the Information Commissioner's Office (ICO). The results are also freely available to the public and are required to be published in the CCG's Annual Report.
- 9.4 Organisations are required to achieve a final overall score of "Satisfactory" which means that all requirements must be assessed at level 2 or above. This is regardless of the amount of progress made against each of the individual requirements.
- 9.5 The submission of version 14 of the 2016/17 IGT for NHS Dorset CCG took place on 23 March and achieved the score of 72%, satisfactory.

Audit Findings

- 9.6 Prior to submitting the final IGT assessment, the CCG's internal auditors, TIAA audited a sample of requirements and attended an IG Training session. A substantial assurance opinion was issued as follows:
- the CCG has provided sufficient evidence to support its self-assessed scores and no recommendations are required;
 - The CCG's in-house IG training materials were reviewed and found to be fully comprehensive;
 - A deep dive into the CCG's monitoring and auditing of staff access to confidential information provided satisfactory assurance with respect to this process.

IG Training

- 9.7 Directorate specific mandatory IG Training for 2016/17 achieved 100% compliance.

Review of Confidentiality and Data Protection Responsibilities

9.8 The IGT requires that the people assigned responsibilities for Confidentiality and Data Protection remain updated and that the arrangements to access expertise are regularly reviewed. Within IG, training is regularly reviewed by the team to ensure that skills and expertise are up to date. Training received this year:

- the Caldicott Guardian received annual training specifically aimed at Caldicott Guardians;
- two members of the IG team attended training on the Freedom of Information Act 2000;
- the Information Governance Manager attended training that provided an overview of the EU General Data Protection Regulation, the National Data Guardian developments and Information Sharing;
- the Information Security Manager received specialist training on Information Security Management.

9.9 Further in depth training on the new General Data Protection Regulations has been booked for the Head of Information Governance and the Information Governance Manager in July 2017. The knowledge gained from this will support the work required to ensure the CCG is compliant when the Regulation when it comes into force in May 2018.

10. Customer Care

10.1 During Quarter 4 the Customer Care Team has received 43 complaints, of which 22 complaints relate to Dorset CCG.

Complaints Relating To	2016/17 Q2	2016/17 Q3	2016/17 Q4
Current CHC application	11	6	8
Retrospective CHC	8	12	10
Other commissioning issues	8	1	2
Individual patient Treatment	5	1	2
Providers	26	16	21

Parliamentary and Health Service Ombudsman (PHSO)

10.2 The PHSO has not requested any information during Quarter 4; however, they have issued the final report for a case previously under investigation. The outcome is that it is partially upheld.

MP Letters and Feedback queries

Number of	2016/17 Q2	2016/17 Q3	2016/17 Q4
MP enquiries	11	12	21
Feedback and Involve enquiries	243 + 33 misc	252+ 9 misc	503 + 22 misc

11. Care Homes

- 11.1 The CCG and Local Authorities are currently supporting a project in a Learning Disability and Mental Health provider, to deregister as a residential service to focus on supported living models which will require renovation of existing properties. The benefits will be more choice and control for service users in line with the Care Act 2014. The aim is to create more personalised care for individuals and a potential cost saving to the commissioners.
- 11.2 The Care Homes Quality team continue to support providers in the county and specific attention has been made to areas of concern such as the risk to Registered Nurse staffing levels in some areas. The Care Home Managers Leadership programme supported by both the CCG and the Thames Valley and Wessex leadership Academy now has two active cohorts who are working on a number of quality improvement initiatives as part of their personal development as well as supporting development in the care home staff.

12. Medicines Management

- 12.1 **Practice visit schedule:** the medicines team completed a total of 124 practice visits in 2016/17 to advise on cost effective and evidence based prescribing, savings and quality improvement opportunities.
- 12.2 The plans are underway to undertake the 2017/18 visits with a focus on the savings required to deliver the flat funding budget. Generic savings are going to be critical and a number of Practices are falling short of national and CCG averages in generic prescribing. Practices with significant improvements and savings to be made will be given clear measures to improve.
- 12.3 **Budgetary Impact:** the final outturn and quality measures for prescribing will be known late May. At present the indications are that there will be a small underspend and the antibiotic quality premium measures will be delivered. There remains significant variation and a report on antimicrobial prescribing will be presented to the next PCCC. A number of GPs and Practices in Dorset have received letters from the Department of Health Chief Medical Officer as they are found to be in the top 20% of practices or prescribers in some of the antibiotic prescribing measures. This list has been shared with the PCCC and a plan is being developed to address this outlying performance.
- 12.4 **Delegated Commissioning and Dispensing Services Quality Scheme (DSQS):** details for enrolment in the 2017/18 scheme have been drafted and are awaiting the go ahead from NHS England. Formal checks on declarations are

beginning and then a rolling process of checks will follow. Good progress was made by dispensing Practices during 2016/17 to meet the required standards.

- 12.5 Prescribing audit details and savings plans are being sent out to Practices in early May. The AHSN has also confirmed that they will fund the PINCER facility to audit patients at risk from adverse medicines events and this will be promoted for Practices to re-audit and follow up on activity undertaken in 2016/17.
- 12.6 Advice is being given to localities planning to apply for NHS funding for pharmacist appointments in general practice. It is hoped at least two very good applications, at scale will be submitted in the next few months. The medicines team are due to start a networking meeting with the existing pharmacists in practice in early May with an aim to develop this into a useful resource and network for the future.
- 12.7 Regional Medicines Optimisation Committees will be developed from May 2017 and will be advising CCGs on medicines optimisation initiatives for implementation as well as formulary advice to the DMAG. The intent is to standardise and reduce variation. Dorset benchmarks well on most measures, but there are areas for improvement, including generic prescribing that will be highlighted across the region.
- 12.8 It is too soon to forecast whether a regional approach to formularies will create a cost pressure on the CCG. Dorset has historically been cautious in the uptake of new drugs, seeking safety and assurance before widespread use, and it is yet to be seen if the approach from the RMOC will change this. At present the DMAG and working groups will continue to develop and maintain formulary sections, but the medicines team will ensure that the RMOC determinations are fed in as well as aligning programmes to existing work streams such as Right Care where possible.

13. Looked After Children (LAC)

Initial Health Assessments (IHAs)

- 13.1 Following escalation at the Corporate Parenting Board, performance of DCC IHA's has seen an increase to 50% for the month of February and a reported increase to 92% for March (this is still to be verified). Monthly meetings between commissioned health providers and DCC are in place with quarterly strategic meetings between the CCG and DCC to monitor performance sustainability.

Review Health Assessments (RHAs)

- 13.2 DHUFT performance is reported as increasing to 76% for March.

Special Educational Needs and Disabilities (SEND)

- 13.3 In January, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Dorset County Council (DCC) to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

- 13.4 The performance and quality for LAC with SEND status was reviewed as part of the inspection. The Inspectors acknowledged the strong leadership and vision for the LAC Service both by the CCG and providers since the last CQC Inspection (November 2015). However, Ofsted and the CQC have issued the final report and require a written Statement of Action to be provided.
- 13.5 Senior Officers have joined a newly set up SEND Improvement Board to oversee the actions required for improvement. This is chaired by the Director of Children's Services at Dorset County Council. There is improvement required in fully incorporating health plans within the Education Health Care Plan and the performance and quality of Initial Health Assessments.
- 13.6 Officers were asked to attend a meeting with the Department for Education to discuss the required Statement of Action. However, this has now been postponed until after the General Election.

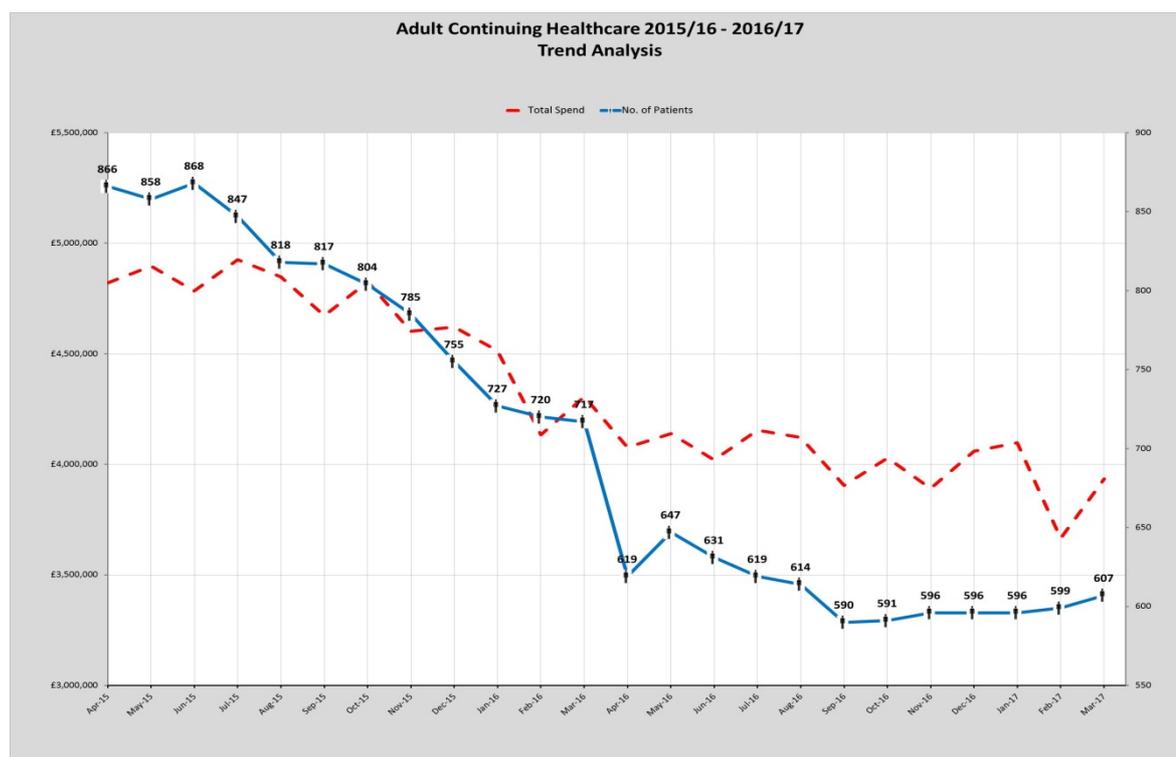
14. Primary Care

- 14.1 To date the CCG has been notified that there have been 92 CQC reports published relating to Dorset Practices, of which four were rated as 'outstanding', 82 were rated as 'good', three were rated as 'requiring improvement' and three rated as 'inadequate'.
- 14.2 A further three Practices have been visited and reports published. These Practices have subsequently merged and therefore the reports archived as the location no longer exists in the entity in which it was inspected. One Practice remains to be inspected. This Practice was not registered in time for the first round of inspections and will be inspected at some point later this year.
- 14.3 The Barn Surgery was placed in special measures in August 2016. They have been re-inspected and the report published in April 2017 now rates the Practice as good.
- 14.4 Herbert Avenue Surgery and Lanehouse Surgery have been identified as 'inadequate' and are both now part of a formal monthly quality oversight meeting led by the CCG in order to monitor progress. Both Practices have recently been re-inspected. The formal outcome of these will follow in due course but are both expected to have an improvement in rating.
- 14.5 Durdells Avenue surgery was placed in special measures in April 2017. Quality Oversight meetings have commenced. The Practice is being re-inspected in May 2017 to review progress against their warning notice prior to full re-inspection which will be due by October 2017.
- 14.6 The CCG continues to support Practices rated as requires improvement in order to address the identified issues.

15. Continuing Healthcare

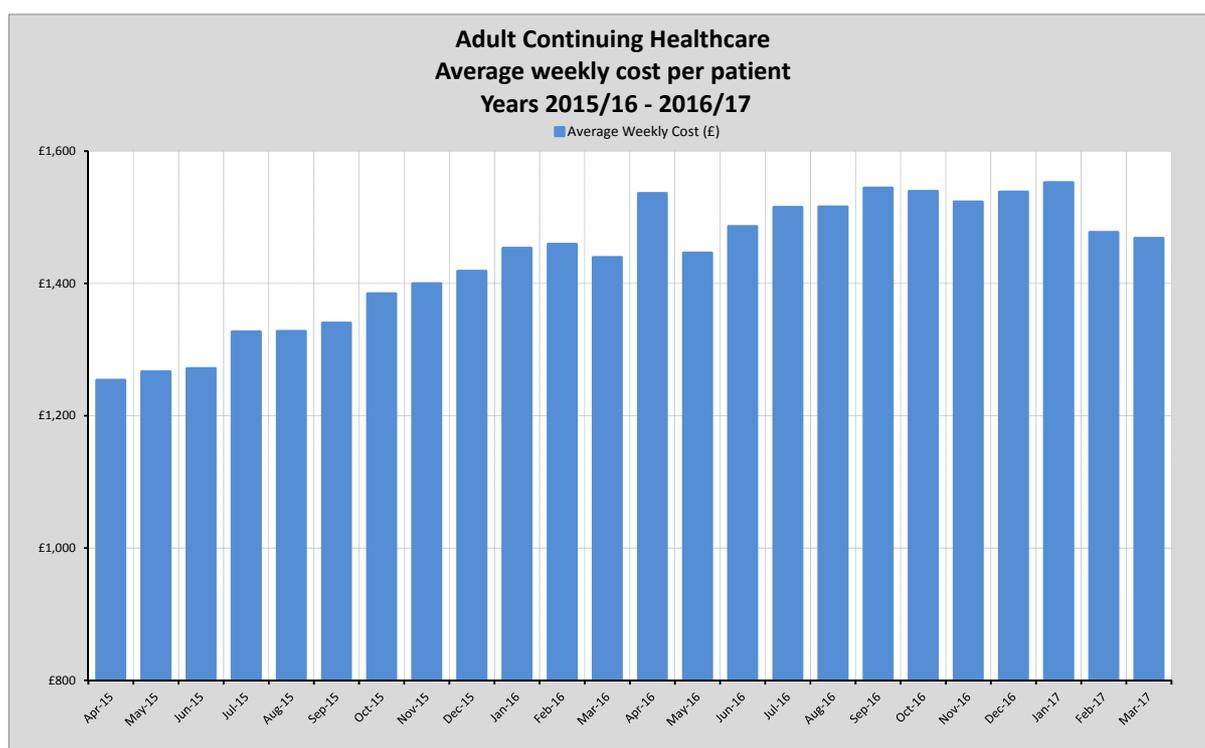
- 15.1 Table 1 below shows the activity data and trend analysis for the previous two years. This table has been included to illustrate the work that has been undertaken by the continuing healthcare teams around decision making and reviews. The number of eligible patients has been consistent this financial year and is currently at 607.
- 15.2 Currently there are 76 children in receipt of continuing healthcare funding, hospice care or funded through the aligned budget mechanism. 34 children are in receipt of a personal health budget. This does not include children who receive hospice care who are not CHC eligible.
- 15.3 These latest figures remain in line with NHS England benchmarking figures that show approximately 1% of the population are in receipt of NHS funded Continuing Healthcare at any one time.
- 15.4 Quarter 3 benchmarking data has been released and the Fast Track conversion rate for eligible patients is 87% and all other CHC is 9%. There are currently 60 referrals exceeding 28 days.

TABLE 1



- 15.5 Table 2 below relates to the average weekly cost per patient. The table illustrates that our patients who continue to be funded by continuing healthcare are those with more complex clinical needs, and who require higher levels of input to meet those needs.

TABLE 2



15.6 Following the completion of the Previously Unassessed Periods of Care (PUPOC) project the team are now focusing on post-April 2012 retrospective cases.

15.7 The emphasis for completing these retrospective reviews is to reduce applications for the next closedown period meaning a further PUPOC project, which is expected to now be announced in late summer.

15.8 With effect from 4 April 2017 the majority of CHC activity (excludes LD, Complex care and the Marie Curie component of Fast Track) within the DCC geographic area is the subject of an aligned budget. Covering a projected spend of £18.9million, the scope of this activity is covered by the proposed framework to come into effect from December 1st 2017, reflecting the first substantial tangible result of greater BCF driven integration between Health and Social Care. The Dorset Care Project, co-produced with DCC, is the key transformational work stream within CHC.

16. Conclusion

16.1 Dorset CCG continues to have a focus on improving the quality of services being delivered across Dorset.

16.2 The majority of quality indicators show that quality of care is generally good.

However, some areas of concern have been identified which are being addressed appropriately, and the need to continually improve is a constant challenge.

Author's name and Title: Sally Shead, Director of Nursing and Quality
Date : 3rd May 2017
Telephone Number : 01305 368070

APPENDICES	
Appendix 1	Quality Scorecard