

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
QUALITY REPORT

Date of the meeting	16/03/2016
Authors	S Shead - Director of Nursing and Quality V Read - Deputy Director of Nursing and Quality
Sponsoring Clinician	Dr P French - Locality Chair for East Dorset and Clinical Chair for Mental Health Clinical Delivery Group
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 		
I confirm that I have considered the implications of this report on each of the matters below, as indicated:	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.
- Section A provides an overall summary of quality performance;
 - Section B outlines the quality performance of the commissioned provider organisations;
 - Section C of the report outlines a summary of key issues in relation to the smaller providers and contracts for which the CCG is an associate commissioner;
 - Section 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 latest mortality data shows that DCHFT are now above the upper control limit and have a mortality rate that is 'higher than expected'. The Trust has received a final draft of their external review which will be reviewed by their Quality Committee and Board in March. The information will then be shared with the CCG. Assurance has been provided that actions are being taken in response to the draft report.
- 1.4 The CQC visited RBCHFT during October and the report was published on 25 February. The overall rating is 'Requires Improvement'. Further information is included in Section 4 of the report.
- 1.5 The CQC report in relation to Dorset HealthCare was published on 16 October. The overall rating for the Trust was "requires improvement". The CQC will return to the Trust to check that improvements are being made approximately six months after the publication of the report.
- 1.6 Children and Adolescent Mental Health Services (CAMHS) are provided by Dorset HealthCare NHS Foundation Trust. During 2015 there were concerns regarding the performance of the service in three main areas:
- Waiting times were too long, particularly following initial assessment;
 - Did Not Attend (DNA) rates for appointments was unacceptably high and impacting upon the capacity of the service;
 - The complexity levels of referrals are increasing".

1.7 The Trust are addressing these areas in the following ways:

- Pathway changes made to address waiting times, including triage and assessment directly into individual support pathways;
- Self-help digital apps and websites are offered and text service to be broadened to include CAMHS;
- Audit and review of all cases waiting and risk log developed;
- Additional temporary capacity introduced including offer of evening appointment times;
- Improved staff support and supervision to improve management of long-term cases;
- Team level performance dashboard developed by the service supported by weekly reporting of waiting lists to managers;
- Project team developed to look at new uses of technology and social media such as website, e-clinics and online self-referral;
- Pilot of a CAMHS worker located in Bournemouth Borough Council Early Help Team from January 2016 for a 12 month period.

1.8 Performance in relation to waiting times showed some improvements during November 2015, with a slight dip in December 2015. DNA rates have fluctuated from month to month and are therefore yet to show a sustained improvement. January performance has not yet been received but will be presented to the contract meeting in early March, at which point there will be agreement reached on how to progress improvement work in this service. A Strategy for Children and Young Peoples Emotional Wellbeing and Mental Health is being developed, with the consultation now in the planning stages. The development of an Implementation Plan will follow.

1.9 There has been good performance at DCHFT, PHFT and DHUFT in relation to C-diff rates, with all three providers remaining below trajectory, when adjusted for 'no lapse' cases. RBCHFT have exceeded their trajectory and have currently reported 15 cases by the end of January against an annual trajectory of 14. No Dorset provider has reported an MRSA blood-stream infection to date and all of the cases provisionally assigned to Dorset CCG have been finally assigned as third party cases.

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

Never Events

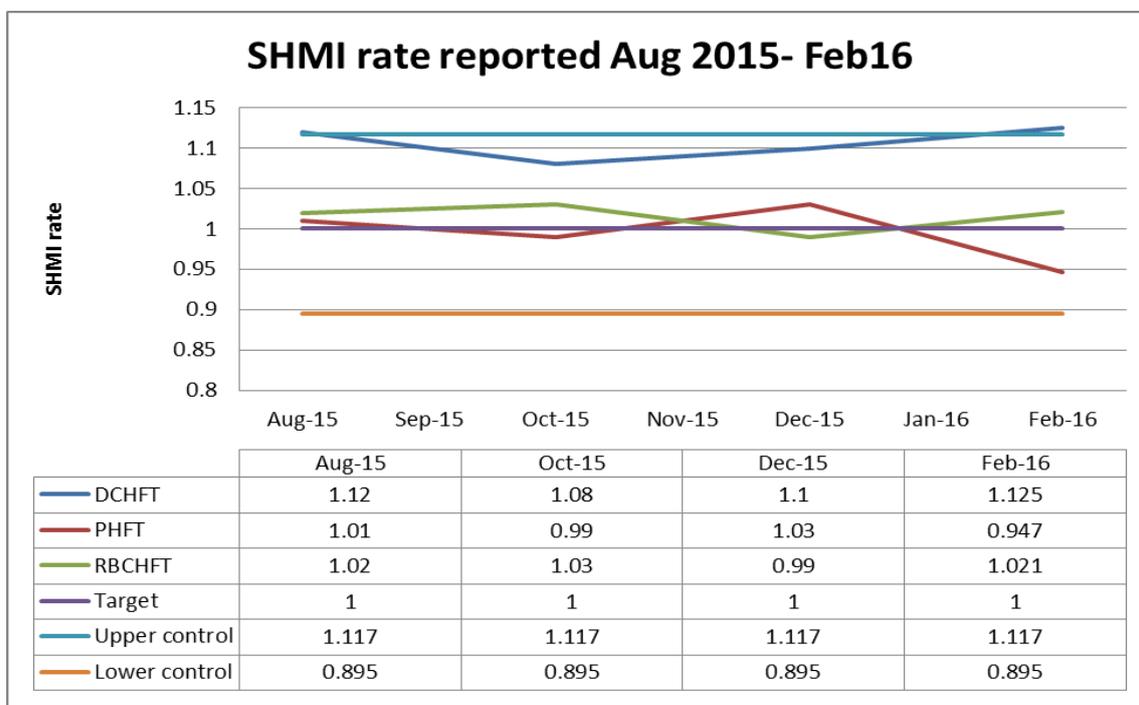
- 2.1 There have been no Never Events since the last report. The investigation reports from the two Never Events which were reported in the previous report are still under investigation. Reports are due imminently.

Stroke Services

- 2.2 There has been an improvement in the percentage of patients spending 90% of their stay on a stroke unit at DCHFT following the dip reported in the last report. Poole Hospital remains at an overall SSNAP score of D for 15/16. Whilst improvements are continuing, direct admission to the Stroke Unit has remained a challenge due to hospital wide capacity issues.

Mortality Rates

- 2.3 The latest available data is up to July 2015 (reported in February 2016) and is shown below. DCHFT are now above the upper control limit and have a mortality rate that is 'higher than expected'. The Trust has received a final draft of their external review which will be reviewed by their Quality Committee and Board in March. The information will then be shared with the CCG. PHFT have seen a significant improvement in their mortality rates and are below expected. RBCHFT remain above expected but are still in SHMI band 2 (expected).



- 2.4 The CCG will continue to receive updates and assurance from the Trust at each Quality Review Meeting and contract meetings.

WHO Checklist

- 2.5 Compliance with the WHO checklist remains variable across providers. PHFT is currently reporting compliance of 90.3% and has an improvement trajectory plan to achieve 95% compliance by the end of Q4. RBCHFT is reporting 92.54% compliance with a comprehensive action plan in place being led by the Medical Director and DCHFT is reporting 99.6%. All Trusts have been informed at CRM of the expectation to achieve at least 95% compliance.

Nutrition Assessments

- 2.6 Apart from RBCHFT, all providers remain lower than expected in relation to nutritional assessment compliance. Current performance at DCHFT has improved slightly to 83.1%, whilst PHFT reported a dip in January to 79%. This standard will be closely monitored for improvement.

Pressure Ulcers

- 2.7 The CCG has carried out a piece of work across all the providers to standardise the recording of pressure ulcers via the Safety Thermometer. Guidance on reporting has been shared with all providers and this will be discussed at the pressure ulcer working group and patient safety events.
- 2.8 Further work has identified that RBCHFT are internally identifying and reporting pressure ulcers differently hence the significantly higher numbers of both acquired and inherited pressure ulcers compared with the other providers. The Trust is achieving its objective for 2015/16 to reduce the number of avoidable Cat 3 and 4 avoidable ulcers by 25%. In real terms this translates to no more than 14 incidents during this financial year. To date the Trust is reporting 8 incidents.

Staffing

- 2.9 The performance on appraisal rates at RBCHFT continues to improve with compliance in January at 80.2% and an expectation to achieve above 90% by end of March. Compliance with mandatory training is at 83.3% with lowest uptake amongst medical staff. The Medical Director has informed staff that study leave will not be given unless an individual is up to date with mandatory training.
- 2.10 There have been improvements in appraisal rates at PHFT with performance improving again to 86%. The Trust has also slightly improved compliance with mandatory training with 86%% compliance reported in January.
- 2.11 The staff appraisal rate at DCHFT is currently at 87% and their mandatory training rate is 88%.
- 2.12 All providers continue to publish their staffing levels on a monthly basis via NHS Choices. The Trusts also display data on each ward demonstrating planned versus actual cover. The latest data can be found: www.nhs.uk

Mixed Sex Accommodation

- 2.13 Since the last report RBCHFT have made significant improvements in the number of breaches and are currently reporting 1-2 per month. These are occurring in the ITU/HDU area as a result of capacity issues with available ward beds.

Safeguarding

- 2.14 DCHFTs compliance with Children's Safeguarding, Adult Safeguarding and Mental Capacity Act training has been maintained for all areas with the exception of level 2 children's training which had dipped slightly to 87%. This is being closely monitored by the CCG.
- 2.15 The compliance with Adult Safeguarding training and MCA/DOLs has improved to 80%. In relation to Children's safeguarding the Trust is achieving an average of 92% across the three levels of training.
- 2.16 Overall compliance with Level three children's safeguarding training remains unchanged at 68% for RBCHFT. This is due to all Band 5 nurses in ED having recently been identified to require Level 3 training which is currently being arranged.

Infection Prevention and Control

- 2.17 There has been good performance at DCHFT, PHFT and DHUFT in relation to C-diff rates, with all three providers remaining below trajectory, when adjusted for 'no lapse' cases. RBCHFT have exceeded their trajectory and have currently reported 15 cases by the end of January against an annual trajectory of 14. No Dorset provider has reported an MRSA blood-stream infection to date and all of the cases provisionally assigned to Dorset CCG have been finally assigned as third party cases.
- 2.18 The Infection Control Network met in January 2016 which was attended by Directors of Infection Prevention and Control and micro-biologists. RBCHFT carried out a review of all of the cases including lapses of care to identify any trends and lessons learnt to be implemented across the Trust. From the review, it has been identified that there have been delays in sampling and isolation. Subsequently the stool chart is being changed and incorporated back into the care plan.

3. Caring

Complaints

- 3.1 All providers are making improvements to their complaints process to enable a more personal approach, including the CCG, although compliance with investigation and response timescales continues to be challenging.

4. Well-led

External reviews

- 4.1 The final CQC inspection report for RBCHFT was published on 25 February 2016. The overall rating for the Trust was “requires improvement” with Christchurch Hospital rated as ‘Good’.

In total across the domains and services there was one outstanding (Children’s services), 51 good ratings and 13 requires improvement. The Quality Summit will take place on 4th March and progress against the Action Plan will be monitored through the Contract Review Meetings.

- 4.2 Initial actions have been taken to resolve immediate concerns, and the Trust is finalising the action plan to address the identified areas for improvement; progress against the areas for action will be monitored through the contract review meetings.

- 4.3 The current position in relation to CQC inspections is as follows:

- SFT – Inspection took place in December, the report is awaited;
- PHFT – Inspection took place over January and February 2016 and draft report is awaited;
- DCH – Inspection to start on 8 March 2016;
- YDH- Inspection to start in March 2016.

5. Responsive

Twelve hour trolley breaches

- 5.1 There were three twelve hour breaches at PHFT in January due to lack of bed capacity. RCAs were completed and both the CEO and COO met with and apologised to each patient.

Ambulance Handover Delays

- 5.2 The table below demonstrates SWASFT information regarding handover delays in the main acute providers in Dorset. This includes all completed handovers at the identified hospital (includes non-chargeable handover incidents) and these figures are subject to on-going review and validation with the hospitals.

	Time Lost to Delays Over 15 Minutes	Rank in Terms of Total Time Lost to Delays	Total Number of Handovers	Total Number of Delays Over 15 Minutes	Total Number of Delays Over 30 Minutes
DORSET COUNTY HOSPITAL	113:36	9	1,368	542	117
POOLE HOSPITAL	266:38	1	2,143	1,439	292
ROYAL BOURNEMOUTH HOSPITAL	204:42	4	1,893	1,168	209
SALISBURY DISTRICT HOSPITAL	19:22	18	972	128	19
YEOVIL DISTRICT HOSPITAL	52:34	15	1,356	454	32
All Hospitals	2316:24		35,588	14,000	2,347

- 5.3 There has been poor performance at Poole Hospital, but some improvement at RBCHFT. PHFT remain the worst Trust for handover delays across the SWASFT region. There is ongoing work to try and improve handover delays which is being coordinated through the Systems Resilience Group and a number of events are being planned regionally and locally to support system-wide review of the issues.

SECTION C – ASSOCIATE AND SMALLER PROVIDERS

The following quality indicators are currently below expected levels in the following organisations:

1. Salisbury Hospital NHS Foundation Trust

- 1.1 Continued issues relating to Mixed Sex Accommodation breaches, although significant improvements have been seen. In December there were two mixed sex accommodation breaches affecting two patients waiting to be transferred from ITU to a ward. In Q3 there were 10 breaches affecting 46 patients, a significant decrease from Q2. In Q3, a policy, patient information and quick screens were all introduced along with RCAs of each breach. The RCAs indicate the causes are bed capacity, volume and acuity of patients.
- 1.2 Mortality rates are higher than expected, but remain within control limits.
- 1.3 The Trusts C-diff rate remains good at 10 cases YTD against a target of no more than 19.
- 1.4 A CQC visit was conducted in December 2015, the report is awaited.

2. Yeovil Hospital NHS Foundation Trust

- 2.1 Staff turnover remains high at 14.5%; this figure does not include Junior Doctors.
- 2.2 At the end of Dec 2015, 95% of staff who require Level 1 child safeguarding training were up to date with training, 78.6% for Level 2 and 62.4% for Level 3. The Trust has struggled to make significant improvement in the level 2 and

3 training figures, but have been carrying out work to improve the capture and reporting of training through their electronic staff record system.

- 2.3 The Trust has had difficulty obtaining response rates to the Friends and Family Test. During Quarter Two the Trust procured 'I want Great Care' to run their friends and family test information, which allows for real time collection of patient feedback via the web, iPads and other methods. There has already been some improvement with the response rate. The Trust carries out a wide range of internal, real-time patient experience surveys and reported experience is consistently good.

3. South Western Ambulance Service NHS Foundation Trust

Urgent Care Service

- 3.1 Overall GP shift cover for Urgent Care Services in Dorset was good for January at 98%. There is generally good compliance with the national quality requirements with one area of non-compliance noted, this related to Urgent consultations commenced within two hours at treatment centres. The Trust produces a detailed exception report against this indicator and further work is being carried out to improve compliance with this indicator.

111 Service

- 3.2 The Daily Mail newspaper published, on Monday 15 and Tuesday 16 February 2016, a series of photographs and allegations following the release of information by Sarah Hayes, a former employee of the SWASFT 111 call-handling centre in Dorset. This led to wider media coverage.
- 3.3 As a result of the allegations, NHS England South (South West and Wessex local offices) has been working with other local commissioners and the regulators to ensure a prompt response, working with the trust accordingly, to ensure that services provided to patients are safe and of high quality.
- 3.4 SWASFT has indicated that it will now commission an external review of their 111 service and is working with Monitor and local commissioners to identify an accepted scope, Terms of Reference and which organisation to undertake and produce the review. Monitor will also consider whether any further regulatory action is required.

999 Service Line

- 3.5 Performance across Dorset remains better in the East and West Division than in the North Division. At the end of Q3 the Trust narrowly achieved the Red 1 performance, but failed to achieve the revised red 2 trajectory.
- 3.6 The latest available Ambulance Clinical Quality Indicator data is taken from Oct 2015.

- The Trust has seen continued improvement in the outcome from cardiac arrest, return of spontaneous circulation to be above the threshold of 24% at 25.49%;
- Outcome from cardiac arrest in the utstein comparator group also improved rising above target of 45% to 46.55%;
- Outcome from STEMI, patients receiving primary angioplasty within 150 minutes continues to show a downward trend remaining below threshold of 84% at 76.04%;
- Outcome from stroke, patients arriving at hyper acute stroke centre remains below threshold of 57% at 53.14%;
- Cardiac arrest patients surviving to discharge remains above the threshold of 9% at 9.71%;
- Cardiac arrest patients surviving to discharge in the utstein comparator group also remains above the threshold of 27% at 27.87%.

4. E-zec

- 4.1 Work continues to improve performance in relation to abortions, eligibility and CCU and ITU transfers.

SECTION D – CCG

1. Information Governance

IG Toolkit

- 1.1 An audit of the evidence to be submitted under the CCG Information Governance Toolkit (IGT) for 2015/16 was carried out in January 2016 by TIAA as part of the planned internal audit work.
- 1.2 The audit identified that the CCG had provided sufficient evidence to support its self-assessed scores and no recommendations were required.

IG Training

- 1.3 The Directorate specific IG Training for 2015/16 is now completed.
- 1.4 All staff will have attended a session (with the exception of those on long term sickness leave and/or maternity leave) apart from two members of staff. They have been referred to their Director.

Data Breaches

- 1.5 In line with the recommendations of Dame Fiona Caldicott's Information Governance Review, 2013, all activities that involve the use, or sharing, of confidential personal information that do not have a lawful basis must be reported as an IG Serious Incident Requiring Investigation (SIRI). This is also a requirement of the IGT and has to be evidenced.

- 1.6 The IG Team have completed a Data Mapping exercise, identifying confidential personal data used/held/shared by the CCG.
- 1.7 The legal basis for all flows of personal information as in 1.6 have been identified and documented.
- 1.8 There are none that require reporting as an IG SIRI.
- 1.9 During the exercise it was identified that a number of IG procedures were not being implemented correctly, especially in the area of manual encryption of emails. This is being addressed via IG Training sessions and monitoring.

Contracting with Providers

- 1.10 The Information Commissioner has taken action against the Alzheimer's Society for a serious, consistent failure to look after personal information. The full article is available from the following link
<https://ico.org.uk/about-the-ico/news-and-events/news-and-blogs/2016/01/ico-criticises-disappointing-attitude-of-dementia-charity/>
- 1.11 As the CCG contracts with the Alzheimer's Society the incident has been passed to the relevant Contract Manager and also the Quality Team for action.
- 1.12 What this does raise is the requirement for the CCG, as Commissioners, to ensure that all providers:
 - complete the IG Toolkit to level 2 and are able to supply supporting evidence;
 - adhere to the requirements of the principles of the Data Protection Act.
- 1.13 The IG Team will work with the Procurement Team and Contract Managers.

Annual Review of Personal Data Processed Outside of the UK

- 1.14 Principle 8 of the Data Protection Act 1998 governs transfers of personal information and requires that information is not transferred to countries outside of the European Economic Area (EEA) unless that country has an adequate level of protection for the information and for the rights of individuals.
- 1.15 In order to comply with the requirements of the Data Protection Act 1998 and the Department of Health Guidelines on Overseas Transfers, NHS Dorset Clinical Commissioning Group (CCG) carries out regular reviews of information flows to identify any changes or new flows of information, including overseas information flows.
- 1.16 The review of transfers of personal data to countries outside of the UK has confirmed that the NHS Dorset CCG continues to use NHS SBS for the provision of purchasing and invoicing services which involves overseas transfers of data to Steria India.

- 1.17 These transfers have been reviewed to ensure continuing compliance with the Data Protection Act 1998 and Department of Health guidelines.
- 1.18 Following a risk assessment of these transfers, NHS SBS have provided assurance and evidence to the CCG to confirm compliance of these transfers. This is through the use of model contract clauses and secure, encrypted data transfer methods.

Freedom of Information Requests received by NHS Dorset CCG in November & December 2015

1.19

	Nov 15	Dec 15
Total numbers of FOI requests received during the month	31	22
Total numbers of FOI requests that were closed within the statutory timescale in the month	30	22
Total numbers of FOI requests that exceeded the statutory 20 working day timescale	1 x 2days over due to complexity of response	0
Requests from the media	8	6
Consideration of the Public Interest Test	0	0

Please Note:

Some requests have been recorded more than once as they are multi-department requests.

2. Customer Care

- 2.1 During Quarter 4 to date (29 February), the Customer Care Team has received 49 complaints, of which 23 complaints relate to Dorset CCG. In comparison to the last quarter, this is a decrease in the number received.

Complaints Relating To	Quarter 4
Current CHC application	14
Retrospective CHC	7
Other commissioning issues	1
Individual patient Treatment	1

Parliamentary and Health Service Ombudsman (PHSO)

- 2.2 The PHSO has requested information relating to one case received during Quarter 4. Of three cases previously referred to the PHSO two have been partially upheld, one was not upheld, and further information has been requested relating to a case from 2013.

MP Letters and Feedback queries

Number of	Quarter 4
MP enquiries	18
Feedback and Involve enquiries	195

3. Care Homes

	Nursing Homes	Residential
Number of nursing homes in Dorset closed and beds lost since 1 April 2015	6/150	1/36
Number of nursing homes opened in Dorset and new beds available since 1 April 2015	1/37	0
Number of nursing homes on contractual block as at 26 February 2016	5	6
Number of Nursing beds due to open in 2016	181	

- 3.1 The overall number of available beds fluctuates constantly. However, the homes that have closed were as a result of provider decision in the light of significant financial pressures. It is usual for new homes have an accreditation visit to assess safety and quality prior to contract agreement and placement of service users.
- 3.2 The CCG team continue to support the homes under contractual block with quality improvement plans.
- 3.3 The joint service specification for care homes with and without nursing has now been agreed by all three Local Authorities and will be circulated with the new contracts in April 2016. It includes updates according to the Care Act and the CQC Fundamental Standards.
- 3.4 Following a review of pressure ulcer prevention training and the requirement for care homes to comply with the Information Governance Toolkit, the team are planning to facilitate updates for providers on IG and clinical issues. The intention is for the providers to self- fund and the CCG to work in partnership with Local Authority training providers.

- 3.5 The CCG continues to support care homes with nursing to ensure readiness for Nursing and Midwifery Council (NMC) revalidation. 42 out of 74 Care homes with nursing have so far responded to the information request indicating there are systems in place to support their staff in maintaining their nursing registration. Letters to the care home owners have been sent to follow up on the homes that have not yet provided assurance. The risk is that numbers of registered nurses in the workforce will decrease if employers do not support the requirements for revalidation which could potentially impact on safety and care quality.

4. Medicines Management

Prescribing Budget Forecast and medicines optimisation

- 4.1 The forecast outturn for the CCG prescribing budget has moved further into an overspend position. Despite expecting there to be Category M (generic) price savings of up to £600k during the last quarter, in December there was an increase in branded medicines prices of £100k nationally. This has meant that the Dorset impact was an increase of £1.4m for Dorset. As a result the forecast outturn at December is £119,407,682 which represents an overspend of £3.524m (£1,394k increase from Nov). GP only prescribing is showing a forecast spend of £114,711,872 which is an overspend of £3.247k (£1,380k increase from Nov).
- 4.2 It is thought that this is connected to the Pharmaceutical Price Regulation Scheme (PPRS) that has seen pharma pay back over £1 billion to the government since 2014.
- It has been announced that there is a new financial agreement with the UK government that will see pharmaceutical companies bring forward payments of around £200 million to help pay for NHS patients' medicines in 2016;
 - This means that £200million of the estimated payments for 2017 and 2018 is being brought forward to 2016;
 - The details of the agreement can be found at:
<https://www.gov.uk/government/publications/pprs-payment-percentage-2016>
 - Our local forecasts for growth and spend on primary care prescribing for 2015/16 have been checked, and found to be correct. Category M generic costs have been reasonably consistent. However the costs of Category A and C (branded) medicines have risen considerably, and this could not have been predicted locally. This branded medicines increase is contributing to the December price increases;
 - The Medicines Optimisation Dashboard was updated in February. This allows benchmarking against other CCGs and health communities and allows us to identify areas of variation;

9.1

- There are some improvements in our performance in NSAID measures and of note is that Dorset is one of the CCGs that has best adopted the use of Biosimilar medicines in replace of high cost branded medicines such as Infliximab. This has been an initiative in collaboration with the acute trust chief pharmacists and results in a significant savings for the CCG on the high cost excluded drugs with NICE TAs. There are further biosimilars due out and these will be adopted in a similar manner;
- There is concern nationally that some hospitals have failed to change to these new products at all and this is leading to unnecessary costs to the NHS;
- Repeat Dispensing. The concerns about some community pharmacies struggling to manage repeat dispensing electronically, has been raised with both the Local Pharmaceutical Committee (LPC) and NHS England who commission community pharmacies. The LPC has raised this with area managers of multiples to get them to address, and they are keen to ensure that these are successfully managed. Nationally the health and social care information centre (HSCIC) are organising training for pharmacies in April in Dorset;
- Experience from practices and pharmacies where they have successfully been able to make repeat dispensing work have reported that communication and talking to each other was the key to success;
- The medicines team have identified a series of medicines optimisation quality and financial priorities for 2016/17 and these are being worked into full resource packs to enable practices to deliver the changes;
- Polypharmacy will be a focus for the health community in the long term but will require cultural change;
- A polypharmacy working group locally has mapped out the various polypharmacy projects which are in development or established across the county. This will be updated on an ongoing basis. This work will be undertaken in collaboration with the Wessex AHSN;
- One aspect currently being explored and promoted is training related to the concept and tools of polypharmacy. This is involving the Local Pharmaceutical Committee, the Centre for Pharmacy Postgraduate Education and being discussed within the CCG. Links to the work of the Long Term Conditions clinical delivery group and their work on frailty are also being established;

- The March medicines optimisation group will be considering a tool drafted to help identify prescribing quality and financial issues and scoring Red Amber Green. A flow chart escalation tool to manage performance in prescribing has been agreed with the Local Medical Committee and is being taken to the Primary Care Commissioning Committee for approval at the next meeting. It is hoped that the combination of these tools will be useful in managing local variation in prescribing.

5. Looked After Children (LAC)

- 5.1 The number of Looked After Children in Dorset has continued to rise in line with the national trend and currently stands at **938**. This figure does not include **242** Looked After Children placed in Dorset by other Local Authorities, **397** Care leavers up to the age of 21 years and **49** Young Adults with a Special Educational and Disability Need (SEND) status who are considered to be looked after until their 25th birthday. The overall number of children Pan Dorset requiring Specialist LAC Health Services currently stands at **1,626**.
- 5.2 Joint working with DCC and Poole Hospital, as the commissioned provider for Initial Health Assessments (IHAs), has seen a significant performance increase in January to 70% of IHA's completed within the statutory times frame. It is anticipated that the backlog of IHAs will be completed by March. Progress has been further supported by IHAs now being available in the West of the County as well as Poole.
- 5.3 DHUFT performance in meeting the requirements of Review Health Assessments (RHAs) is improving. Recent performance figures demonstrate an increase in completion of RHAs from 50% in Dec to 77.8% for January. A Business Plan has been submitted to the CCG for an increase in resources to ensure statutory responsibility is being met to meet the growing demand of the service.

6. Safeguarding Adults .

- 6.1 The second safeguarding forum for local GP safeguarding leads has been organised to offer both peer support and supervision with an emphasis on the Mental Capacity Act. The emphasis is on anonymised complex safeguarding concerns. The cases discussed continue to include elements of complex Self-Neglect and Domestic Abuse issues.
- 6.2 Four half day sessions for health providers to focus on self-neglect and the use of the Multi Agency Risk Management Protocol are planned for March /April 2016.
- 6.3 Further work has commenced in collaboration with the LA and environmental health to look at the impact of hoarding in adult safeguarding.

- 6.4 A two day SCIE (Social Care in Excellence) training in MCA for all the providers provided by NHS England was very successful, and additional facilitated training sessions are being organised in collaboration with the Local Authorities for staff working with the 16 + age group including those who are entering the transition phase.
- 6.5 Further work is continuing in collaboration with the Police, and Children's safeguarding team around the issue of Domestic Abuse and its impact on the health economy in Dorset. This includes information sharing and reporting. There is evidence of a growing challenge in the older person with domestic abuse, particularly with dementia and disease progression. Initial conversations have been undertaken with the dementia team and public health, to understand this in greater detail and its impact on the wider health community.
- 6.6 A Domestic Homicide Review/Safeguarding Adult Review (SAR) Panel for an individual with learning disabilities has met to share the independent management report as has the one SAR for a care home in East Dorset.
- 6.7 A successful provider stakeholder and service user event was run in early February with very positive feedback and engagement to support the development of the Adult Safeguarding Board business plan.

7. Safeguarding Children

- 7.1 The Final Report and Action Plan from the CQC Review of health services for Children Looked After and Safeguarding in Dorset was published on 8 February. An action plan is in place and progress being monitored monthly.
- 7.2 The three Dorset and one Bournemouth and Poole Serious Case Reviews have now been completed and signed off by the respective LSCBs. A summary of the issues identified and learning required is being prepared and will be shared across all agencies.
- 7.3 Progression of the Multi Agency Safeguarding Hub (MASH) continues. A Project Manager has been assigned by the Police to oversee the development of the service for the next 6 months. As part of the MASH function, work is being undertaken with DHUFT to produce information sharing templates to ensure information from all health providers is collected and shared at strategy meetings to enhance the assessment of risk.
- 7.4 In January the Designated Team supported by NHS England (Wessex) issued the first Section 11 audit for Primary Care. The audit which is a requirement of the Children Act 2004, gives Practices an opportunity to evidence the processes and practices they have in place to safeguard and promote the welfare of children and young people. The audit will allow the CCG to benchmark Primary Care safeguarding arrangements and assist with identifying the support needs of Practices. Audits are due to be completed by March.

- 7.5 There has been a slow take up for the Barnardos service for CSE and Missing Children which commenced in October 2015. Barnardos will be holding a launch for the service on 18th March to coincide with national CSE awareness day.
- 7.6 A national review of Local Safeguarding Childrens Boards is being undertaken. The lead reviewer, Alan Wood, visited Dorset in February to hear local views and to receive information on how the Dorset Child Death Overview Panel functions. The review will be completed in March and may have implications for LSCBs locally.

8. Primary Care

- 8.1 Regular meetings between the quality team and the principle locality leads have been taking place to discuss areas of concern such as communication with care homes, support for vulnerable practices, quality scorecards, workforce and training issues.
- 8.2 The Quality Team continue with support visits to practices who are preparing for CQC visits and to follow up with support with action plans. To date, the visits have covered a range of issues and are flexible to provide a range of options for support.
- These include meetings with Practice Managers, mock CQC inspections and staff training sessions that can be delivered as part of protected learning time. To date, 25 CQC reports have been published of which 19 have received a 'good' rating and six 'require improvement'
- 8.3 The Quality Team have been working with Primary Care team to produce the first iteration of practice profiling for Dorset practices. This was sent to the PCCC in February. A paper on the quality of General Practice has also been submitted to the Dorset Health Overview and Scrutiny Committee.
- 8.4 The team are also supporting the CCG in promoting and developing a positive patient safety culture in primary care. The Patient Safety Team is currently working with Practices to roll out web incident reporting and one practice has volunteered to be part of the Academic Health Science network safer practices pilot.
- 8.5 The Queens Nursing Institute report 'General Practice Nursing in the 21st Century: A Time of Opportunity' has been published highlighting the national pressures on the nursing workforce which reflect our local knowledge. This includes the high numbers of nurses approaching retirement, variation in access to education, career development, pay and terms and conditions of employment.
- 8.6 Very few practices nationally (27%) and locally offer pre-registration nursing student placements and the quality team continue to work with Bournemouth University to promote this valuable opportunity to attract a future workforce. We will be promoting Practice Nursing at the Nursing Careers Fair at the university on 7 April 2016.

GP Intelligence Monitoring

- 8.7 The key issues identified by the GP 'niggles' system continue to be medication and discharge issues. All acute providers have agreed to a CQUIN scheme in relation to improving the timeliness and quality of discharge summaries.
- 8.8 The main issues reported continue to be in relation to the quantity of discharge medication provided to patients on discharge which is being followed up contractually with providers.

9. Infection Prevention and Control

- 9.1 There have been eight cases of MRSA reported this year. All of these have been sent for arbitration and seven have been assigned to 'third party'. The outcome of the eighth case is awaited.
- 9.2 There is mixed performance in relation to C-diff with RBCHFT exceeding their trajectory by one case. A summary of performance can be found below:

Treat	Cases/Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Target	HCAI performance (trajectory cases)	Total cases including non-trajectory
DCH	Number of cases reported	2	2	2	5	0	0	2	6	3	0			
	Agreed Non Trajectory Cases:	2	2	1	3	0	0	1	2	0	0	11	14	
	Total cases for Trajectory	0	0	1	2	0	0	1	4	3	0			22
PGH	Number of cases reported	1	1	2	0	2	1	2	2	4	0			
	Agreed Non Trajectory Cases:	0	1	1	0	0	0	0	0	0	0	13	15	
	Total cases for Trajectory	1	0	1	0	2	1	2	2	4	0			15
RBH	Number of cases reported	2	1	1	1	7	3	3	4	1	0			
	Agreed Non Trajectory Cases:	2	1	0	0	3	0	1	1	0	0	15	14	
	Total cases for Trajectory	0	0	1	1	4	3	2	3	1	0			23
DHC	Number of cases reported	1	1	3	3	1	2	1	0	0	0			
	Agreed Non Trajectory Cases:	1	1	0	0	0	0	0	0	0	0	10	12	
	Total cases for Trajectory	0	0	3	3	1	2	1	0	0	0			12

10. Nursing and Midwifery Council (NMC) Revalidation

- 10.1 The NMC Board approved the proposed process for revalidation for Nurses and Midwives at their October Board meeting. The CCG continues its work to ensure that CCG employed nurses, nurses in primary care and in care homes are suitably prepared to revalidate from April 2016.

11. Conclusion

- 11.1 Dorset CCG continues to have a focus on high quality services being delivered and continually improved within Dorset.
- 11.2 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. The main areas of concern are mortality rates and the outcome of current and planned CQC visits.

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APPENDICES	
Appendix 1	Quality Scorecard