

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY
QUALITY REPORT

Date of the meeting	18/03/2015
Author	S Shead - Director of Quality V Read - Deputy Director of Quality
Sponsoring Clinician	Dr P French – Locality Chair for East Bournemouth
Purpose of Report	The report gives an overview of the current issues within the Quality Directorate including: <ul style="list-style-type: none"> • Quality Monitoring of Providers of NHS-funded Services • Safeguarding Adults • Safeguarding Children • Information Governance
Recommendation	The Governing Body is asked to Note the report.
Stakeholder Engagement	Stakeholder involvement undertaken by the Trust is included in this report. Lay members are members of the Quality Group to represent the CCG 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 <input type="checkbox"/>	✓		✓

Initials : SSh

1. Introduction

- 1.1 The Quality report is provided in three parts.
- 1.2 Part A outlines the quality performance of the commissioned provider organisations based on the five Care Quality Commission (CQC) inspection domains:- Are services safe, effective, caring, responsive and well-led? The scorecards for the four main providers are included as Appendix One.
- 1.3 Part B 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.
- 1.4 Part C of the report outlines performance of the CCG in relation to Quality.

PART A – MAIN PROVIDERS

2. Safe

Never Events

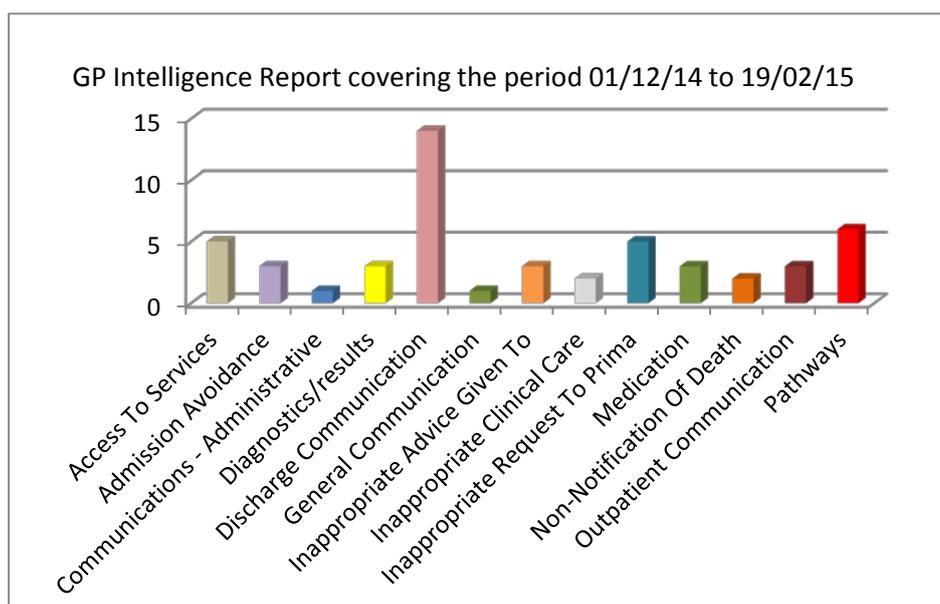
- 2.1 There have been zero Never Events reported since September 2014. The previously reported events have all been investigated and appropriate action taken to prevent similar occurrences.

Number of Serious incidents reported by Trust

	Q1	Q2	Q3
Dorset County Hospital NHS Foundation Trust	5	6	9
Dorset Healthcare University NHS Foundation Trust	21	31	22
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	7	6	13
Poole Hospital NHS Foundation Trust	20	14	15

- 2.2 Reporting rates are regularly reviewed by the CCG to make sure there is consistent application of the national guidance. The variance seen month on month is not indicating any particular patterns at present. The majority of serious incidents remain in relation to pressure ulcers, falls resulting in fracture and unexpected death (suicide).

GP Intelligence Monitoring



- 2.3 The key issues being reported relate to access to services, pathways, and discharge issues. These issues are being addressed with providers through various routes. The Patient Safety Team has changed the methodology for addressing issues with providers which will speed up receipt of outcomes. There have also been some changes to simplify the web reporting function.

Mortality Rates

Summary Hospital Mortality Indicator (SHMI)	Q1
Dorset County Hospital NHS Foundation Trust	1.096
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	1.035
Poole Hospital NHS Foundation Trust	1.013

- 2.4 SHMI is reported up to seven months in arrears. The latest published data relates to the June 2014 position. All providers are within expected ranges in hospital and in 30 days post discharge and remain in band 2.

Pressure Ulcers

Pressure Ulcers (New)	Q1	Q2	Q3
Dorset County Hospital NHS Foundation Trust	1.84	2.28	1.15
Dorset Healthcare University NHS Foundation Trust	2.04	1.95	1.85
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	1.59	1.69	2.43
Poole Hospital NHS Foundation Trust	0.46	1.1	1.10

Pressure Ulcers (Old)	Q1	Q2	Q3
Dorset County Hospital NHS Foundation Trust	3.75	4.07	2.46
Dorset Healthcare University NHS Foundation Trust	5.43	3.96	3.18
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	6.83	6.53	8.19
Poole Hospital NHS Foundation Trust	2.98	3.89	3.15

- 2.5 Providers report pressure ulcer prevalence data monthly via the Safety Thermometer tool. The majority of pressure ulcers picked up by the audit continue to be present on admission. Bournemouth Hospital have reported a slight decrease in serious (Grade 3 or 4) hospital acquired pressure ulcers. An external review of the pressure ulcer strategy and implementation took place in December 2014 within RBCHFT, which has supported the improvement programme in place and made other suggestions for improvement. Performance against these indicators at Bournemouth Hospital is being closely monitored.

Safeguarding Adults

Safeguarding Adults training compliance	Q1	Q2	Q3
Dorset County Hospital NHS Foundation Trust	68%	68%	68%
Dorset Healthcare University NHS Foundation Trust	92%	92%	92%
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	86.1%	86.8 %	86.3%
Poole Hospital NHS Foundation Trust	69%	72%	76%

- 2.6 Poole Hospital and Dorset County Hospital's compliance with Adult Safeguarding and Mental Capacity Act training remains below threshold. Further information has been requested to gain assurance of how they intend to increase training levels and is being escalated through the contractual processes.

Safeguarding Children

Safeguarding Children training – Level 2	Q1	Q2	Q3
Dorset County Hospital NHS Foundation Trust	47%	49%	54%
Dorset Healthcare University NHS Foundation Trust	90%	90%	89%
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	84.6%	83.7%	81.1%
Poole Hospital NHS Foundation Trust	88%	89%	90%

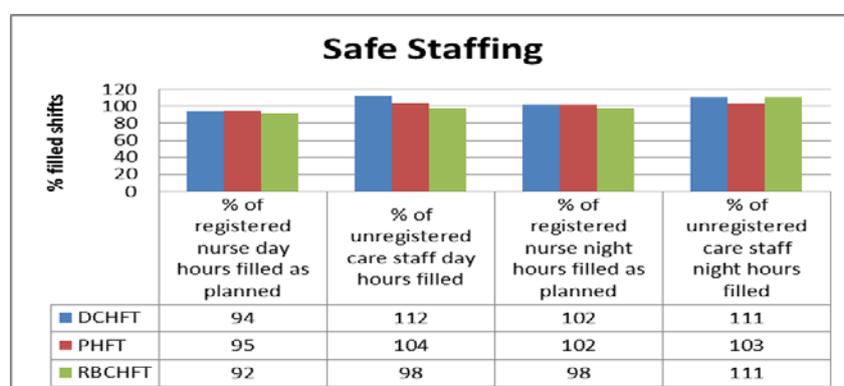
Safeguarding Children Training – Level 3	Q1	Q2	Q3
Dorset County Hospital NHS Foundation Trust	66%	66%	64%
Dorset Healthcare University NHS Foundation Trust	95%	95%	97%
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	81.7%	57.6%	43.2%
Poole Hospital NHS Foundation Trust	85%	84.3%	85%

- 2.7 Dorset County Hospital compliance with Safeguarding children’s training was raised as an issue in quarter two. Quarter Three training figures showed an increase in level two training, however level three training remains static. This is being raised contractually.
- 2.8 Bournemouth Hospital adjusted the cohort of staff requiring Level 3 training which resulted in a drop in compliance; this is being addressed as additional training sessions are being sought although is somewhat reliant on sessions being made available by the Local Authority.

Infection, Prevention and Control (IPC)

- 2.9 There has been one case of MRSA reported by provider year to date; this was in relation to Bournemouth Hospital. This case was investigated and reviewed by the Post Infection Review Group which determined that this was caused by a contaminated sample; this has been confirmed by NHS England regional panel arbitration process.
- 2.10 Year to date there have been seven cases of MRSA reported in total relating to Dorset Patients, one was at Salisbury Hospital and the remaining five assigned to Dorset CCG. Post infection reviews of these are undertaken. No themes or trends have been identified.
- 2.11 All providers remain below trajectory for Clostridium Difficile when taking into account the removal of non-trajectory cases agreed at the post infection review meeting.
- 2.12 The CCG remains above trajectory for Clostridium Difficile because of the number of community acquired cases. The Infection control team continue to out reviews of community cases to identify prescribing or other issues. There have been no significant findings from these reviews although a number of positive samples were repeat tests.

3. Effective



- 3.1 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 vs actual cover. All providers are demonstrating good coverage at night although daytime cover is not as good for registered nurses. Each provider has plans in place to address the issues.

NICE

- 3.2 Each provider submits a quarterly report to the CCG in relation to NICE publications. There are no current issues or concerns in relation to the implementation of any of these improvement standards.

4. Responsive

Emergency Department and Ambulance Handover

- 4.1 Ambulance handovers remain a concern at both Bournemouth and Poole Hospitals, with the performance being amongst the worst in the South West. CCG Commissioning leads are currently making contact with other Trusts in the region who have made significant improvements in short timeframes. Dorset County Hospital performance remains good.

5. Caring

- 5.1 The table below represents the number of complaints reported to the CCG via the quality scorecard by the four main Dorset providers for quarter 3, October to December 2014.

Provider	Total number of complaints reported Q3 (Oct Dec 2014)	% meeting 3 day acknowledgement times (NHS constitution right)
Poole Hospital, PHT	121	96%
Royal Bournemouth, RBH	90	100%
Dorset Healthcare DHC	115	96%
Dorset County Hospital, DCH	90	Not reported

- 5.2 The trend is down in all providers compared to quarter 2; in Dorset Healthcare and DCH there were fewer complaints than reported in the same quarter last year whilst at both RBH and PHT the number increased.

Themes and trend by specialty

- 5.3 In the acute providers the specialties receiving the most complaints varies, for example at PHFT it is the Emergency Department and Obstetric services whilst at RBCHFT it is the acute medical admissions unit and medicine for the elderly. DCH do not report the themes and trends by specialty but highlighted the ophthalmology service in their narrative report of overall trends and insights. Within Dorset Healthcare their complaints are analysed by Directorate indicating prisons health reporting far more complaints by patient contacts than any other service.

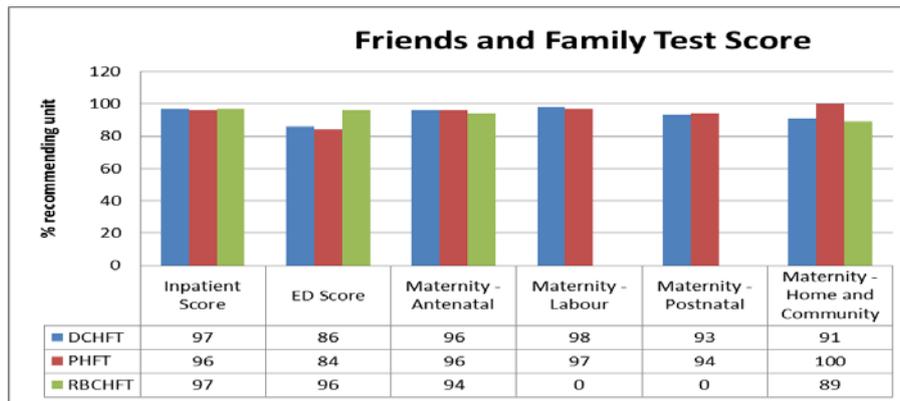
Themes and trends by cause

- 5.4 Each organisation categorises and records the cause for complaint slightly differently; however it is possible to make comparisons using broad themes. Whilst not the top cause for complaint, there is a particular current focus at both PHFT and Dorset Healthcare on staff attitude and how staff handle verbal complaints and concerns. In both trusts this is seen as part of the aim to improve patient experience and reduce the number of formal complaints received. Overall the key reason for complaint in all providers is all aspects of clinical care and access to treatment. This broad theme encompasses dissatisfaction with both medical and nursing care, delays in appointments, delays in assessment and subsequent treatment and poor discharge planning.

Sharing lessons learned

- 5.5 Through the contract each trust is required to publish information regarding the lessons learned from complaints via the public facing website. PHFT and Dorset Healthcare have a dedicated page framed around 'you said – we did' to anonymously share lessons learned and the quarterly complaints reports presented at the board meetings are also available. There is also good evidence in these organisations that the information is also shared between directorates and with staff at all levels. DCHFT complaints trends and oversights are available in the published board papers as part of the quarterly Risk and Quality report but there is no further information available to the public regarding lessons learned. The complaints process is devolved to the divisions and there is less evidence available that learning is shared organisation wide. The complaints reports at RBH are not available to the public, only being reported in the closed session of the board. This concern has been raised via the contract monitoring process. There is evidence, however, that lessons learned from complaints are shared within the organisation as part of service improvement and clinical leadership development.

Friends and Family Test



- 5.6 All providers continue to perform well with the Friends and Family Test score. Where the number of returns are low they will appear as a zero in the above chart as the results are not statistically significant.

6. Well-led

External reviews

- 6.1 Dorset Healthcare University Foundation Trust submitted an action plan to the CQC in response to the report on Waterston Unit; this is being monitored through the contractual route. The CQC conducted a return inspection visit to Waterston on 27 January, the initial verbal feedback was positive although the final report is awaited. A full inspection of the Trust is planned for 22 June 2015. The Trust is currently submitting evidence for this inspection. The departments to be visited are not yet known.
- 6.2 The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust is making progress against the key areas identified for improvement following the return CQC inspection. Areas requiring improvement include the pathway for 16 to 18 year olds, stroke services and access to psychiatric liaison.
- 6.3 Dorset County Hospital have received an elevated risk rating from the CQC; 5 to 4. The elevated risk relates to concerns in four areas:
- **Potential under- reporting of patient safety incidents between June 2013 and May 2014 and specifically linked to serious incidents -** Changes in the method of uploading data to the National Reporting and Learning System (NRLS) and problems with the incident system (Datix) resulted in not all patient safety incidents being uploaded. The discrepancy in the numbers uploaded had not been previously flagged and action has been taken to rectify the shortfall in uploaded data. This was completed by August 2014.
 - **Stroke data-** The second risk relates to the overall team centred care rating from the SSNAP stroke audit and in particular relates to the length of stay on the stroke unit. The Trust was expected to score a C rating and achieved a D rating; below expected.

However, the position from the latest SSNAP report (Jul-Sept 14) showed that the Trust had achieved a 'B' in this Domain – achieving much higher performance than the national scores.

- **Diagnostic waiting times**-the number of patients waiting over six weeks for a diagnostic test is higher than expected (0.069 against an expected 0.017). This is predominantly about access to Dexa scans; a plan has been actioned to address this and to clear the backlog.
- **Registration of staff**-The fourth risk relates to the registration status on the electronic staff record (ESR) of medical staff. CQC believe that 30 medical or dental staff did not have valid registration records on ESR. The Human Resources and Workforce department undertook a review of the information held on ESR and this showed that the discrepancy relates to the intake of Foundation Year 1 (FY1) junior doctors. On the date the extract was taken (31 July 2014) 30 FY1 doctors joined the Trust. They undertook induction for the first week and began clinical duties on 8 August 2014.

At the start of the induction period the basic details of the FY1s are transferred from Intrepid (the Deanery system) into ESR and they are recorded as provisionally registered with a licence to practice. Following this, their full GMC registration details (including expiry date and registration number) are entered into ESR.

- 6.4 Dorset County Hospital and Poole Hospital received a peer review visit in relation to Trauma which identified one area for improvement in relation to access to rehabilitation and therapy services at Dorset County and in relation to Image transfer from Poole Hospital to the rest of the network. The Trust are conducting an internal review to update this pathway. Overall the peer review concluded that Dorset County Hospital and Poole Hospital were performing well
- 6.5 Poole Hospital received a Thyroid MDT peer review. The area of improvement identified during the reviews was that all aspects of thyroid cancer are managed locally, without reference to additional specific expertise. The Trust is responding to the findings.

Workforce issues

- 6.6 Appraisal rates

	Q1	Q2	Q3
Dorset County Hospital NHS Foundation Trust	85%	88%	88%
Dorset Healthcare University NHS Foundation Trust	80%	73%	75%
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	75.4%	73.4%	72.4%
Poole Hospital NHS Foundation Trust	75.3%	74.3%	76%

6.7 Mandatory Training

	Q1	Q2	Q3
Dorset County Hospital NHS Foundation Trust	79%	79%	78%
Dorset Healthcare University NHS Foundation Trust	89%	90%	88%
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	78.6%	79.4%	78.8%
Poole Hospital NHS Foundation Trust	76%	79%	82.5%

- 6.8 All providers continue to focus improvement on workforce measures, with the challenges being turnover of staff, recruitment, long term sickness and maternity leave. During busy periods it is more difficult to release staff to attend training.
- 6.9 In the absence of any national benchmarking, the national survey results 2013/14 report an England average of 84% appraisal rate.

PART B – ASSOCIATE AND SMALLER PROVIDERS

1. Salisbury Hospital NHS Foundation Trust

- 1.1 During Quarter Three the Trust has performed well for infection control, with only one reported case of C-Diff. The Trust is now on target to (narrowly) achieve their year-end trajectory.
- 1.2 The Trust is struggling to meet the requirements of the mixed sex accommodation guidance on patients who are deemed well enough to move out of ITU. Once these patients become 'wardable' the Trust has 12 hours to find a suitable bed on a ward. This is proving a challenge as this group of patients often still require higher dependency care (ITU step down beds) on an appropriate ward. The Director of Nursing is currently leading a piece of work using root cause analysis to see how this can be addressed.
- 1.3 In Quarter Three 2014, there was a significant improvement with the percentage of patients with a fractured neck of femur who were operated on within 36 hours of admission. In November the Trust achieved 100% against the 90% target but narrowly missed the 90% target for the quarter.

2. Yeovil Hospital NHS Foundation Trust

- 2.1 The number of inpatient falls was high in December 2014 at 107, against a monthly threshold of 65. It is likely that the Quality Account target of a 10% reduction will not be achieved, although numbers are lower than compared to the same period in the previous year.
- 2.2 There was an increase in pressure ulcers reported in October and November, but a subsequent decrease in December. The Trust remains on target against trajectory although the position is subject to change dependent on the validation of those deemed unavoidable. An audit is to be undertaken during Q4.

3. South Western Ambulance Service NHS Foundation Trust

Urgent Care Service

- 3.1 Overall GP shift cover for Urgent Care Services in Dorset is good with year to date cover of 93%. The Trust is generally performing well against the national quality requirements with only two areas of partial achievement. The first relates to urgent consultations at centres started within two hours (93.95% against a 95% target) and both urgent and less urgent home visits (91.85% and 94.22% against a target of 95%). During December 2014 the service experienced a significant increase in the number of calls received, with 9209 contacts.

111 Service

- 3.2 Concerns have been raised regarding weekend performance for call handling in December 2014.

Reasons for the underperformance were due to staff sickness and lack of availability of bank staff to fill the required gaps. A number of actions are being taken by SWASFT including recruitment of clinical floorwalkers to support the 111 service using winter pressures funding from the CCG. During December the service received 27,007 calls (an increase of nearly 8,000 over the previous month). Key areas of concern were the percentage of calls answered within 60 seconds (68.3% for the month), the percentage of life threatening calls passed to 999 service within three minutes (93.33%) and the percentage of patients called back within ten minutes that fell to 21.39%. The CCG is involved in weekly performance monitoring calls with the Trust.

999 Service

- 3.3 The Trust has reported that both Bournemouth and Poole Hospitals are presenting a concern in relation to ambulance handovers with performance being the worst in the SWASFT region. In December 2014 379:57 hours were lost at Poole and 264:11 hours were lost at RBCHFT. This is being raised with the Trusts contractually.

4. Smaller Providers – themes

- 4.1 From reviewing the complaints which have been sent to the CCG regarding services there is a cluster of complaints regarding the chronic pain service and the interface with the spinal service at Ramsay New Hall. There appears to be a difference of clinical interpretation and presentation of information to patients which has raised patient expectation in respect of the levels of diagnosis and treatment provided in the various stages of the pathway. This is being followed up through the clinical programme work.
- 4.2 Non-emergency patient transport continues to be reported, however this is not always due to issues with E-zec medical services. The root cause of some complaints has been identified as being within the hospital service booking the transport incorrectly or not applying the policy appropriately. These issues are being addressed.

PART C – CCG

1. Information Governance

Information Governance (IG) Training

- 1.1 To comply with the training requirement within the IG Toolkit a clear plan for IG training has to be established which is tailored to specific staff groups or job roles. This plan has to address how and when each work area and/or staff group will be trained.
- 1.2 To date, 16 IG training sessions have been held and the majority of CCG staff have attended. These sessions have been Directorate specific and have received positive feedback.
- 1.3 There are still a number of staff who have not attended. The Workforce Department is currently in the process of contacting those staff to ensure they are aware that they must attend a session before the end of February 2015. Failure to do so will result in the CCG not achieving the requirement of the IG Toolkit.
- 1.4 It is expected that this requirement will be achieved.

IG Toolkit

- 1.5 Work is progressing to ensure that Dorset CCG meets level 2 for the submission of the IG Toolkit in March 2015. From the 28 requirements:
 - 23 are green and completed;
 - 4 are amber. Evidence required to complete relates to approval of policies, approval of minutes, completion of training and minor evidence;
 - 1 is red. The IT Department are aware and this is work in progress.

Contracts with Community Providers

- 1.6 The Information Commissioners Office has released a report on data handling by Community Providers. The CCG needs to be mindful of this report and the recommendations particularly in the areas of:
 - contracting with community providers. The CCG is responsible for ensuring that the correct IG requirements are in place with the provider and for including IG in the contract monitoring process. This is particularly important with providers that are non NHS;
 - supporting GP Practices with the implementation of IG. The NHS England Local Area Team has commissioned Dorset CCG to deliver and support GP Practices in the area of IG.

Full report available at

<https://ico.org.uk/about-the-ico/news-and-events/news-and-blogs/2015/01/ico-reports-on-community-healthcare-providers-data-handling/>

Revisions to EU Data Protection Laws

- 1.7 The European Union has been working on a new package of data protection legislation to ensure that EU citizens' personal data is protected equally across all EU countries. If the changes are agreed, and become law, this will impact on the NHS. One of the changes being seriously considered is that implied consent will not be allowed and consent will only be valid when it's "specific" and "informed" by telling individuals how their data will be used in an easily understood way.
- 1.8 NHS England, along with the IG Alliance, has been following the negotiations and speaking to leading EU officials and politicians to ensure that the NHS influences the revision of the new legislation.
- 1.9 The critical concern for the NHS will be to maintain the flexibility to process personal data without the need to obtain explicit consent for every processing activity. This includes ensuring that those NHS organisations that de-identify data for use in secondary purposes (Health & Social Care Information Centre and accredited safe havens) will be able to maintain this function.

Freedom of Information Publication Scheme

- 1.10 The Freedom of Information Act requires every public authority to have a publication scheme, approved by the Information Commissioners Office (ICO), and to publish information covered by the scheme.
- 1.11 The scheme must set out the CCG's commitment to make certain classes of information routinely available, such as policies and procedures, minutes of meetings, annual reports and financial information. The ICO has now updated all publication scheme documentation to reflect developments in the law and new initiatives.
- 1.12 The publication schemes must be current and maintained as necessary to ensure that relevant information is routinely made available to the public. The ICO has also stated that the publication schemes will be monitored in 2015/16 to see if they are being kept up to date.
- 1.13 The CCG IG Team is working with Communications to ensure that the Dorset CCG Publication Scheme meets the requirements. This work is being overseen by the IG Group.

2. Customer Care

2.1 During Quarter Three, the Customer Care Team received 32 complaints, of which 21 relate to Dorset CCG. In comparison to the last quarter, this is a reduction in the number received.

Current Continuing Health Care (CHC) applications

2.2 Eight complaints were received regarding current applications for CHC. These included complaints relating to:

- delays in processing;
- staff attitude to families and relatives;
- decision making and failing to disclose information;
- poor communication;
- resident of a care home that closed not being found suitable alternative accommodation;
- problems with fast track referrals not being put in place.

Retrospective CHC applications

2.3 Two complaints were received relating to Retrospective Claims:

- length of time taken to process application;
- closure of an application due to non-receipt of documents within timescale.

Personal Health Budgets (PHB)

2.4 Six complaints were received as a result of a letter that was sent to recipients of PHBs informing them of the closure of the pilot scheme which had been in place.

Individual Patient Treatment (IPT) Funding

2.5 Three complaints were received relating to unsuccessful IPT applications:

Information Governance

2.6 Two complaints were received relating to Information Governance Breaches:

Outcomes and learning from complaints

2.7 All complaints are fully investigated and responded to and lessons learned are shared across the organisation. Details of these are reviewed by the Audit and Quality Committee quarterly.

Parliamentary and Health Service Ombudsman (PHSO)

2.8 All complainants are made aware that they have the right to contact the PHSO if they remain unhappy with the response to their complaint.

The CCG has been informed of three referrals to the Ombudsman during Quarter Three. One has been upheld, and two were not investigated.

MP Letters

- 2.9 14 MP letters have been received during Quarter 3. The topics covered include template biopsies for prostate cancer, cancellation of Personal Health Budgets, Individual Patient Treatment funding, Phlebotomy Service review, a new treatment for Hepatitis A and the poor availability of student work experience in the NHS in Dorset.

Feedback Queries

- 2.10 The Customer Care Team dealt with 64 emails containing queries or requesting information that have been received in the CCG Feedback Inbox. Topics include the Clinical Services Review, the new Dorset Formulary and availability of pulmonary rehabilitation groups in Dorset,

3. Care Homes

- 3.1 The effect of financial pressures and increasing action taken by the CQC continues to create a challenging situation for the independent care sector.
- 3.2 The care home team have started work in quality assuring domiciliary and supported living care providers, including those out of county. A risk based approach is ensuring priority is given to visiting the areas of highest risk for poor quality care.
- 3.3 Following clarification from NHS England, the patient safety and risk team are declaring Serious Incidents Requiring Investigation (SIRI) and supporting care homes in completing root cause analysis documentation when there has been an adverse event affecting a person in receipt of NHS funded care.
- 3.4 These cases are attributed to the CCG as with other independent providers of NHS care.
- 3.5 The pilot of the home quality assurance tool (ABACUSS) is in progress and due to complete this month. The evaluation will be written up and presented in March with a view to going live in April 2015. The team will be also leading on three further quality projects in pressure ulcer prevention, continence and a communication tool (SBAR) for care providers to use when calling GP and Out of Hours services.

4. Medicines Management

Prescribing Budget Forecast and Budget setting

- 4.1 After a 'blip' in the national forecasts in October, the prescribing budget forecasts at practice level is returning to the predictions from our local forecast, and we are still predicting an overspend of £800k for 2014/15 due to the cost pressures incurred in year through increases in Category M drug prices.

- 4.2 Budget setting at practice level is being considered by a short time working group of GP prescribing leads. As requested by the governing body, it is planned to use the same mechanism for three years. At present the working group is looking at the impact of the budget setting mechanism on practice outturns against budget, to ensure that no unforeseen negative impacts have occurred. Assuming this is not the case, the proposal and model will be issued to the Medicines Optimisation Group for approval on 10 March, and the Joint Primary Care Committee on the 1 April 2015.

Medicines Optimisation Group (MOG)

- 4.3 The next Medicines Optimisation Group is due to be held on the 10 of March. As well as looking at prescribing practice, medicines safety and quality issues, the group will be presented with the Medicines policies that have been reviewed and updated.

Medicines safety and Quality

- 4.4 The pan Dorset Medicines Interface Group (MIG) is close to agreeing a compliance aid assessment tool. This should ensure that patients are only recommended to use compliance aids (often known as monitored dosage systems” or by brand names such as Nomad or Dosette), when assessed by appropriate health professionals. The use of compliance aids can lead to excessive wastage and they are very time consuming to pack, but there is little evidence to show that they improve patient care.
- 4.5 The group is also looking at standards for information on medication discharge from hospital, focussing on high risk medicines.

Antibiotic Usage

- 4.6 The medicines team have been undertaking monitoring of antibiotic prescribing for many years and promote good practice as part of the annual audits. NICE has now issued draft medicines guidance on antibiotic stewardship. On initial assessment the CCG is already adherent to many of the recommendations though when the final version is published, this will be thoroughly checked. In some areas of the county it has in the past been custom and practice to issue private prescriptions for antibiotics where they are cheaper than the NHS prescription charge. This practice is not in line with NHS contracts and may be skewing prescribing data, and may be out of line with NICE. A statement will be taken to MOG in 10 March to recommend that prescribers should not undertake this practice.
- 4.7 The medicines team are assessing the proposed national quality premium on antibiotic use in general practice, and the impact of this on local prescribing audits and monitoring. The medicines team are looking at how this links with work already underway and planned audits of safe antibiotic prescribing.

Formulary

- 4.8 The medicines team is on target to launch a mobile application to support the pan Dorset formulary for 1 April 2015 and this is expected to be available to android and IOS users, and should support prescribers when they are in domiciliary settings.

Allergy week

- 4.9 The pan Dorset interface group is planning to raise the profile of medication allergies with the launch of an allergy card during national allergy week, this follows learning from incidents in local trusts, and considerable work on the development of the card.

5. Looked After Children

- 5.1 Action continues in response to the completed gap analysis of the Looked after Children (LAC) Service. Monthly meetings are in place with Dorset HealthCare and the three Local Authorities through their Corporate Parenting and LAC/Care leavers Strategy Boards to inform and progress services.
- 5.2 Both Safeguarding Children's Boards are meeting with the Designated Nurse to agree reporting arrangement to inform that LAC Pan Dorset are being Safeguarded.
- 5.3 DHC continue to perform above their KPI targets and remain in the top 5% of their Statistical Neighbours.
- 5.4 PHFT are underperforming due to delays by Dorset County Council regarding notification and obtaining consent to proceed, impacting on PHT meeting the Initial Health assessment (IHA) requirements. A multi –agency action plan has now been agreed and in place to resolve these issue. This is being reviewed monthly by the Designated Nurse.
- 5.5 The implementation of the recent Special Educational Needs/Disability Bill (September 2014) will have an impact on current nursing and doctor capacity in meeting statutory health assessments requirements, as there will now be an increased cohort of young people up to the age of 25years. Work is under way to scope what this increase cohort will be to support evidence to inform future commissioning/budget arrangements. Time line for completed scoping exercise is 31 March 2015.
- 5.6 Work continues through the LAC/Care Leavers Strategy Board to inform the commissioning cycle to ensure equity for all care leavers across Dorset and possible impact on resource/capacity on the specialist nursing teams.
- 5.7 Mapping and analysis continues to meet identified areas of improvement and to inform future commissioning, to ensure new statutory regulation in meeting the health needs of Looked After Children are being met.

6. Safeguarding Adults

- 6.1 A number of large scale safeguarding investigations into residential care homes and care homes with nursing across the three Local Authorities are continuing. with consideration for this progressing to CPS. The lead safeguarding GP
- 6.2 A six month secondment post for a Quality Assurance Mental Capacity Act and DoLS Facilitator has been recruited to, with the post starting in February 2015.
- 6.3 The Safeguarding Adults Boards have held two provider stakeholder days to support the aims and objectives of the board in line with the Care Act (2014).
- 6.4 The CCG Adult Safeguarding lead has commenced a scoping exercise of the requirements of the CCG in reference to the PREVENT agenda. The Counter Terrorism and Security Bill received Royal Assent on Thursday 12 February, placing Channel on a legislative footing as part of this Act which comes into force on 12 April.
- 6.5 The Adult Safeguarding Lead in collaboration with the Deputy Designated Children's Lead for safeguarding, has undertaken an initial scoping meeting with providers to understand the requirements to meet the domestic violence agenda, which will come under the safeguarding adults framework in the Care Act. The consultation for the statutory footing for coercion and duress around domestic abuse is being presented back to the House of Lords.

7. Safeguarding Children

- 7.1 The development of an Integrated Multiagency Safeguarding Hub (MASH) continues via the contractual route. The service will commence from 1 April 2015. The health component of the service will include two senior nurses with administrative support and will be based at Poole Police Head Quarters. Currently DHFT's Safeguarding Team are fulfilling the statutory role of information sharing.
- 7.2 A CCG internal audit for safeguarding children has been completed and has evidenced a reasonable level of assurance. Improvement areas included attending and recording enhanced training, which has now been addressed and updating the Terms of Reference of the Safeguarding Children and Young People in Health Group which will be agreed at the next meeting in February.
- 7.3 The national work stream to develop the sharing of information between social care and acute healthcare providers (CH-IS) will be led by the Local Safeguarding Children's Board. Progress with this work stream has been challenging both locally and nationally. This is due to start nationally on April 1st, but due to difficulties within the Local Authorities, Dorset will not meet this deadline.

- 7.4 A recent Serious Case Review (SCR) has identified the need for GPs to be fully aware and compliant with the Sexual Offences Act when prescribing contraception to children under 16 years old. This action will be led by Public Health supported by the Designated Nurse consultant with work streams including Sexually Harmful Behaviour and interfamilial sexual abuse. Training for GPs will be delivered via lunchtime sessions supported by the LMC.
- 7.5 An LSCB Case Audit will be requested into the care of a Looked After Child. The adolescent presented with mental health, drug and alcohol problems and remained within an acute care setting for a prolonged period due to the difficulty in providing an appropriate placement to support his needs.
- 7.6 The Dorset SCR Group have agreed to recommend a new case for review. The case involved the suicide of a 14 year old girl.

S Shead, Director of Quality

Author's name and Title : V Read, Deputy Director of Quality

Date : February 2015

Telephone Number : 01305 368070

APPENDICES	
Appendix 1	Quality Scorecards