

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
QUALITY REPORT

Date of the meeting	18/11/2015
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 Bournemouth
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 [delete as necessary]	<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	✓		
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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 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 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 There have been two Never Events reported – one at The Royal Bournemouth and Christchurch Hospitals Foundation Trust (RBCHFT) and one at Salisbury Hospital Foundation Trust. The first related to the insertion of a PICC rather than a Hickman line, the second related to a misplaced NG tube. Both incidents are under investigation and the root cause analysis will be shared with the CCG on completion.
- 1.4 The current reported Summary Hospital-level Mortality Indicator remains higher than expected for Dorset County Hospital Foundation Trust (DCHFT) and RBCHFT. They do however remain within national expected range. DCHFT has commissioned an independent review of their mortality rates.
- 1.5 As previously reported, safeguarding training at Dorset County Hospital has fallen below expected levels and the Trust was issued with a Contract Query which requires them to take remedial action to improve. There have been some noted improvements with a verbal assurance provided at the contract meeting that the set trajectory had been reached.
- 1.6 There have been four reported radiotherapy incidents reported at Poole Hospital Foundation Trust (PHFT) within a one month period. No patients have been harmed and further information is included in section B of this report.
- 1.7 The CQC have visited RBCHFT during October and the outcome of this visit is awaited.
- 1.8 The CQC report in relation to Dorset HealthCare was published on 16 October. The overall rating for the Trust was “requires improvement”. A breakdown of the rating by service is included within section B4 of this report.

SECTION B – MAIN PROVIDERS

1.9 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

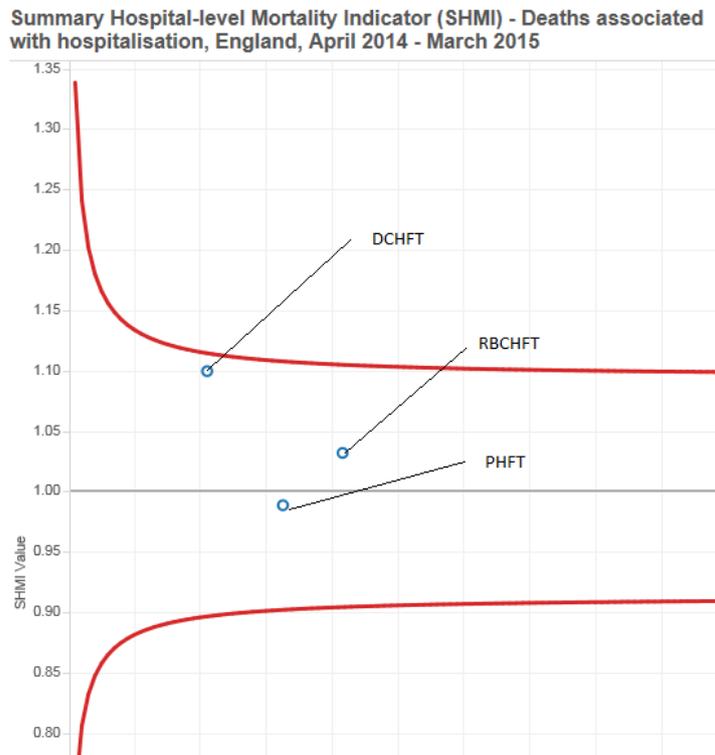
2.1 There have been two new never events since the last report, as detailed in Section A of this report.

Stroke Services

2.2 The published stroke performance data remains as reported at the last Governing Body Meeting. A deep-dive on stroke data was presented to the Quality Group in September. The deep dive summarised that there are improvements to be made across all three acute Trusts and the group received assurance of the actions that the providers had put in place in relation to stroke.

Mortality Rates

2.3 The latest available data is up to March 2015 and is shown below. All providers are within the expected range (Band 2). PHFT's performance remains good and further improvements are required at DCHFT and RBCHFT. DCHFT have sought external support from East Kent Hospitals NHS Foundation Trust to review their mortality processes.



- 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 As recent Never Events have demonstrated there are still areas where the WHO surgical checklist is not being fully implemented. There is particular focus on this area in RBCHFT where procedural checklists are being created for interventions conducted outside of main operating theatre environments. The National Patient Safety Agency have issued an alert in September focusing on invasive procedures, as there has been a national pattern in Never Events relating to surgical procedures carried out outside of main theatre environments.
- 2.6 Current performance suggests that PHFT is currently reporting compliance of 90%, RBCHFT is report 93.8% and DCHFT is reporting 99.8%. The target for surgical checklist completion is 100%. This is a priority area for all providers following the recent Never Events.

Nutrition Assessments

- 2.7 All providers are reporting lower than expected compliance in relation to nutritional assessments. Further work is planned during quarter three with providers to make improvements across all risk assessments. RBCHFT have now introduced a new eNurse assessment (eNA) I.T. system to record risk assessments. At the end of September eNA had recorded over 79,000 risk assessments as completed on the new system – an average of 1021 assessments a day.

Pressure Ulcers

- 2.8 The CCG has identified a reporting discrepancy in the way that RBCHFT are collecting and reporting on pressure ulcers in comparison with the other two acute Trusts. The CCG has no concerns that PHFT, DHUFT and DCHFT are under reporting. The CCG is addressing this with the providers at the Patient Safety Provider Event planned for December.

Staffing

- 2.9 The performance on mandatory training and appraisals at RBCHFT remains low. The CCG is monitoring this closely. Performance has improved at DCHFT in relation to both appraisal and mandatory training. PHFT have deteriorated slightly in relation to appraisal rate from 85% to 78%.
- 2.10 In relation to staff turnover there was a discrepancy in how PHFT were reporting their turnover. They have since confirmed that staff turnover at the end of September was 14.37%. The turnover rates at all our local providers were noted to be high at the September quality group and this will be an area of further review. It should be noted that a high turnover has a direct impact on mandatory training and appraisal.

- 2.11 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

- 2.12 In August 2015 RBCHFT report 29 MSA breaches and four in September. A full root cause analysis was undertaken by the Trust and was shared with NHS England. The Trust has reviewed its MSA matrix and the number of breaches reported in September had significantly reduced. DCHFT reported one mixed sex accommodation breach within the period. The Trust have reviewed their matrix and the CCG has carried out an unannounced visit focussed on MSA including staff training and knowledge and a review of all ward areas.

Safeguarding

- 2.13 DCHFTs compliance with Children's Safeguarding, Adult Safeguarding and Mental Capacity Act training is now above the agreed trajectory (verbal update for October). The CCG intends to close the performance notice at the end of November 2015.
- 2.14 In relation to Adult Safeguarding, PHFTs training compliance remains low. The Trust has been undertaking targeting training with staff over the last two months, however this is not reflected in the reported rates. The Trust believes that there is an issue in the way that their Electronic Staff Record is producing data and the Director of Nursing is currently looking into this.
- 2.15 There has been a further drop in compliance with level 3 Safeguarding Children's training at RBCHFT. The Trust attributes this to recent turnover of staff in ED and is working to address it.

3. Caring

Complaints

- 3.1 All providers have issues with their handling of complaints. In relation to responding to complaints within agreed timeframes all providers are significantly below target. RBCHFT and PHFT have had recent changes of staff within their complaints teams and reviews of process are currently underway across all three acute Trusts and DHUFT.
- 3.2 RBCHFT has now started to report complaints information to part one of their Board meetings.

4. Well-led

External reviews

- 4.1 The final CQC inspection report for DHUFT was published on 16 October 2015. The overall rating for the Trust was "requires improvement".

9.1

There are 16 published reports covering all services each with a corresponding rating as follows:

Service	Safe	Effective	Caring	Responsi	Well Led	Overall
Community Health service for adults	●	●	●	●	●	●
Community Inpatient Services	●	●	●	●	●	●
Community Health for children, young people and families	●	●	●	●	●	●
Community based mental health services for older people	●	●	●	●	●	●
End of Life Care	●	●	●	●	●	●
Forensic Inpatient/ secure wards	●	●	●	●	●	●
Community based Mental Health services for people with Learning Disability or Autism	●	●	●	●	●	●
Community Mental Health for adults of working age	●	●	●	●	●	●
Long stay rehabilitation mental health wards for adults of working age	●	●	●	●	●	●
Mental Health Crisis services and health based	tbc	●	●	●	●	●
Urgent care services	●	●	●	●	●	●
Wards for older people with mental health problems	●	●	●	●	●	●
Specialist community mental health services for children and young people	●	●	●	●	●	●
Child and Adolescent Mental Health ward	●	●	●	●	●	●
Acute wards for adults of working age and psychiatric intensive care units/	●	●	☆	☆	●	☆
Community forensic mental health services	●	☆	☆	●	●	☆

Key to Symbols	
☆	Outstanding
●	Good
●	Requires Improvement
●	Inadequate

- 4.2 As there are a number of reports it is challenging to provide an overview of areas for improvement as these are not consistent for all areas. However the areas that do appear in several reports relate to:
- staffing levels;
 - staff training; basic life support, Mental Capacity Act, Mental Health Act and Safeguarding;
 - record keeping; care planning, risk assessments and discharge planning;
 - Medicines Management.
- 4.3 The areas which were identified as Inadequate were addressed immediately by the Trust, and the CQC acknowledged this at the Quality Summit, which was held in October.
- 4.4 There were specific areas for action in relation to a requirement for strategic leadership regarding End of Life Care and development of operational policies and leadership in the Minor injuries units.
- 4.5 The full reports can be accessed through the following link:
<http://www.cqc.org.uk/provider/RDY/inspection-summary%20-%20mhworkingage>
- 4.6 The Trust is currently developing the action plan to address the identified areas for improvement; progress against the areas for action will be monitored through the contract meetings.
- 4.7 The CQC have announced inspections will take place as follows over the coming months:
- RBCHFT – Inspection took place in October 2015, the report will be published in due course;
 - SFT – Inspection to start on 3 November 2015;
 - PHFT – Inspection to start on 26 January 2016;
 - DCH – Inspection to start on 8 March 2015.

Adverse Incidents

- 4.8 Four serious incidents were reported within Poole Radiotherapy Department within a four-week period. Patients were not harmed as a result of the incidents and duty of candour was observed. No obvious link has been identified, RCAs are currently ongoing and the Trust also informed the Care Quality Commission (CQC) IRMER Inspector. The CQC confirmed that the Trust remain just below mid table on the National League Table of IRMER incidents and remain a service of low concern. The Trust has also arranged an external review of the incidents with two Wessex Radiotherapy Professionals on the 6 November.

PART C – ASSOCIATE AND SMALLER PROVIDERS

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

1. Salisbury Hospital NHS Foundation Trust

- One Never Event currently under investigation;
- Mortality slightly higher than expected but within control limits;
- Continued issues relating to Mixed Sex Accommodation breaches.

2. Yeovil Hospital NHS Foundation Trust

- staff turnover remains high at 14.5%;
- the PLACE survey results have been published and the Trust received negative press coverage in relation to environment for patients with dementia. The Trust has developed an action plan to address the issues identified.

3. South Western Ambulance Service NHS Foundation Trust**Urgent Care Service**

- There was one area of non-compliance this quarter relating to the volume of call audits undertaken. Additional staff are being trained to complete the quality assurance role and the Trust have provided assurance that this will improve during quarters three and four.

111 Service

- There continues to be performance issues with call handling indicators although, since the ring-fencing of the Dorset service from 1 July 2015, there has been improvement in performance. Further investment has been made and the work to fully integrate the hub is progressing.

Ambulance Service

- Performance across Dorset remains better than in the North of the SWASFT region. Additional paramedics will be qualifying in the autumn to work in the Dorset Service. Ambulance handover delays remain a significant concern, particularly at RBCHFT and PHFT and a meeting is being held with the Chief Operating Officers and SWASFT to progress.

E-zec

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

PART D – CCG

1. Information Governance

Health and Social Care (Safety and Quality) Act 2015

- 1.1 Two new duties come in to force from 1 October 2015 as part of the Health and Social Care (Safety and Quality) Act. These are:
- a requirement for health and adult social care organisations to use a consistent identifier (the NHS Number) for sharing data for direct care of a patient;
 - a legal duty requiring health and adult social care bodies to share information with each other for the direct care of a patient.
- 1.2 This has been introduced to ensure that the principles of the Caldicott2 Review are adhered to.

The Importance of Sharing Data

- 1.3 Since the Caldicott2 report there has been increased emphasis on the need to share information to provide better care. The report introduced a new Caldicott principle that states: "*The duty to share information can be as important as the duty to protect patient confidentiality*".
- 1.4 Although the Caldicott 2 report refers to a "duty" to share, there was no legislation that explicitly set this out. This is what the 2015 Act does by inserting a new section 251B into the Health and Social Care Act 2012.

What Does this Mean?

- 1.5 Health and adult social care commissioners and providers, including those contracted to provide services, need to consider the circumstances where information can be lawfully shared.
- 1.6 Effectively anonymised information can be shared lawfully and so where this might facilitate care it must be shared.
- 1.7 Sharing information between commissioners and providers to facilitate the provision of care extends beyond direct care. However, where the information is confidential and personal then the requirements to inform and to have consent or some other legal basis must be met.
- 1.8 For purposes other than direct care consent should be explicit not implied. This is a legal duty.

Holding Personal Information without a Legal Basis

- 1.9 In line with the recommendations of Dame Fiona Caldicott's Information Governance review 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 SIRI.
- 1.10 The new duty does not allow organisations to share data in a way that would breach the Data Protection Act 1998 or the common law duty of confidentiality.

Consistent Identifier

- 1.11 The Act also introduces a new duty to use standard codes – "consistent identifiers" – linked to patients when using/sharing their information. The NHS number has been specified as a consistent identifier. The duty to use the NHS number came into force on 1 October 2015.
- 1.12 The Act introduces new rules that require organisations to use a person's NHS number when handling information about them unless the person raises objections.

Freedom of Information Requests received/responded to in Q2 by NHS Dorset CCG

1.13

	Q2
Total numbers of FOI requests received during Q2	84
Total numbers of FOI requests that exceeded the statutory 20 working day timescale	6
Requests from the media	20
Consideration of the Public Interest Test	0
Trends Identified:	
<ul style="list-style-type: none"> • Commissioning policies • Home Oxygen • CHC • IT Contracts 	

2. Customer Care

- 2.1 During Quarter 2, the Customer Care Team received 53 complaints, and two compliments, of which 29 complaints relate to Dorset CCG. In comparison to the last quarter, this is an increase in the number received.

Complaints Relating To	Quarter 2
Current CHC application	13
Retrospective CHC	14

Complaints Relating To	Quarter 2
Compliments relating to CHC	1
Other commissioning issues	1
Compliments relating to other commissioning issues	1
Individual patient Treatment	1
IG breaches (included in current CHC figures)	2

Parliamentary and Health Service Ombudsman (PHSO)

- 2.2 The PHSO has requested information relating to two cases received during Quarter two. One case previously referred to the PHSO has been upheld.

MP Letters and Feedback queries

Number of	Quarter 2
MP enquiries	16
Feedback and Involve enquiries	190

3. Care Homes

Totals	Q1 15/16	Q2 15/16	Q3 15/16
Beds in Care homes with nursing		2882	
Number of Nursing beds closed	38	37	
Number of Nursing beds due to close	38	0	56
Number of Nursing beds opened	67	37	0
Number of Nursing beds due to open	0	0	129

- 3.1 The team have been supporting a number of providers who took the decision to close their service during quarter 2 and 3 this year. In two cases this was as a result of significant safeguarding and quality concerns with a poor CQC report. There is a further planned closure in December where the provider has cited financial reasons.

- 3.2 Support visits continue to a number of care homes and domiciliary care providers to improve the quality of care delivered. The action plans are closely monitored with formal follow up and spot visits to gain assurance regarding progress.
- 3.3 The quality team are aiming to use reporting on incidents and low level concerns in independent care providers to further contribute to the risk based approach to monitoring. This includes promoting adverse incident reporting in providers and creating a module in the Ulysses risk management system to collect reported concerns received via professionals feedback (similar to GP niggles). Progress on this will be reported in subsequent reports.
- 3.4 Training was provided during October to enable Registered Nurses in care homes to deliver the flu vaccination to residents as delegated by the GP practice. A total of 30 staff from 20 care homes attended mainly from the Poole and Bournemouth area. The training included local information regarding the required Patient Specific Direction and the importance of maintaining the cold chain.

4. Medicines Management

Prescribing Budget Forecast and Budget setting

- 4.1 The forecast outturn for the five months to end August 2015 for all primary care spend is £116,554,50 against the budget of £115,883,808, which is a forecast overspend of £670k. The GP Practice only position is showing an overspend of £537k or 0.48%. Earlier forecasts had been for a higher overspend, so this is encouraging.
- 4.2 There are a number of price increases on drugs across the board, and although there has not been an announcement for major planned price changes to generics, the impact of the price increases in the last quarter of 2014/15 are still being felt.

Antibiotic prescribing and Quality Premium

- 4.3 Progress towards meeting the reductions in antibiotic prescribing necessary to meet the antibiotic premium is good. There is a new dashboard published nationally to monitor CCGs against the targeted decreases, and Dorset is currently on track with the data up to August 2015. The full dashboard can be found: <https://www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/ccg-ois/anti-dash/>

Pan Dorset Medicines Working Groups

- 4.4 The senior pharmacist in the medicines team continues to bring together GPs and consultants into clinical working groups that look at specific prescribing areas. In the last two months there have been meetings on Dermatology, Gastroenterology and Cardiology. The outputs of these groups result in recommendations for formulary updates and prescribing guidelines. There is an

anticoagulation group due to meet in November and the senior pharmacists have supported a primary care education programme on acute kidney injury.

- 4.5 Maintaining the electronic formulary website which is now a year old continues and other IT solutions to medicines optimisation and advice are being researched. The team are awaiting some developments that may make it possible to link the formulary to SystmOne.

Internal Audit

- 4.6 Following the internal audit, the Job Description for the GP locality prescribing lead has been circulated for comments, and these are being compiled for consideration at the next Joint Primary Care Commissioning Committee. The remaining actions are being completed.

Clinical Pharmacists in General Practice

- 4.7 There are now around 5 models where clinical pharmacists are working in practices or localities across the county, and at least 4 applications were made for the funding from the national pilot. The medicines team are compiling a list of the current models for practices to consider.

5. Looked After Children (LAC)

- 5.1 The Designated Nurse continues to review and act on the priorities identified within the Looked After Children (LAC) CCG Action Plan. Strategic meetings are in place with our health providers and the three Local Authorities through their Corporate Parenting and LAC/Care leavers Strategy Boards in order to inform and progress areas identified within the action plan.
- 5.2 Despite assurances, there continues to be underperformance in meeting the Initial Health Assessment (IHA) Statutory requirements within one Local Authority area due to a delay in notification and consent being received. This issue is being closely monitored and concerns have been escalated to the relevant Director. Performance within the other two Local Authority areas continues to improve and is now nearing expected targets.
- 5.3 There is also concern that Review Health Assessments (RHA) are not being achieved at expected performance levels with a further decline in both immunisation and dental needs being met for LAC. This underperformance was also identified during the Provider's recent CQC inspection. Again this will be closely monitored and contractual action will be considered if improvement does not occur.
- 5.4 Statutory guidance published in March 2015 included the recommendation of 1.0 WTE Specialist Nurse per 100 Looked after Children. Since the service was originally commissioned there has been a **202%** increase in the number of children being accommodated and a report has been completed by the Designated Nurse to advise commissioners of the increase in resources required to deliver a safe and effective service in line with statutory guidance.

- 5.5 Work with CAMHS to scope current specialist provision for Looked After Children to ensure the revised Statutory Guidance is met has identified that there is a gap in meeting the emotional health needs for LAC.
- 5.6 A business case including a new model of delivery for the Specialist Nurse Service has been completed and has been included within the CCG's Transformational CAMHS bid to NHS England.

6. Safeguarding Adults

- 6.1 The Six monthly Report for Safeguarding Adults is presented to the Governing Body in November and therefore this section is not completed on this occasion.

7. Safeguarding Children

- 7.1 The Six monthly Report for Safeguarding Children is presented to the Governing Body in November and therefore this section is not completed on this occasion.

8. Primary Care

- 8.1 To date members of the Quality Directorate have visited a number of GP Practices with further visits planned. These have covered a range of issues and will be further developed to give a range of options for support.
- 8.2 These include meetings with the Practice Manager, mock CQC inspections and staff training sessions that can be delivered as part of protected learning time.
- 8.3 All practices have responded to the initial scoping work to identify the numbers of nurses in practices in Dorset and their contact details to ensure key messages can be communicated directly to the nursing teams.
- 8.4 The Practice Nurse forums in October were well attended and the evaluation forms and a follow up survey to those nurses unable to attend will inform future development of this network. The first practice nursing quarterly newsletter was circulated at the end of September and was well received.

GP Intelligence Monitoring

- 8.5 The key issues continue to be medication and discharge issues. All acute providers have agreed a CQUIN scheme in relation to improving the timeliness and quality of discharge summaries.
- 8.6 The main issues reported continue to be in relation to medication relate 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 three MRSA bacteraemia (blood infections) reported so far this quarter. These have been sent for arbitration and the outcome of this is awaited.

9.2 The scorecard demonstrates that most providers performed well against C-diff targets during Q2. DHUFT and RBCHFT are over trajectory, but a number of these cases were deemed to be unavoidable.

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 the Never Events, mortality rates and the outcome of current and planned CQC visits.

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APPENDICES	
Appendix 1	Quality Scorecard