

**NHS DORSET CLINICAL COMMISSIONING GROUP  
GOVERNING BODY MEETING  
QUALITY REPORT**

<b>Date of the meeting</b>	21/05/2014
<b>Authors</b>	S Shead, Deputy Director of Nursing V Read, Head of Quality Improvement M Wain, Head of Patient Safety and Risk J Green, Head of Corporate Governance K Gough, Head of Medicines Management
<b>Sponsoring Board Member</b>	T Goodson, Chief Officer
<b>Purpose of Report</b>	The report gives an overview of the current issues within the quality directorate including: <ul style="list-style-type: none"> <li>• Quality Monitoring of Providers of NHS-funded Services</li> <li>• Safeguarding Adults</li> <li>• Safeguarding Children</li> <li>• Care Home Monitoring</li> <li>• Information Governance</li> </ul>
<b>Recommendation</b>	The Governing Body is asked to <b>Note</b> the report.
<b>Stakeholder Engagement</b>	Stakeholder involvement undertaken by the Trust is included in this report. Lay members sit on the Quality Group to represent the CCG population.
<b>Previous GB / Committee/s, Dates</b>	N/A

**Monitoring and Assurance Summary**

<b>This report links to the following Assurance Domains</b>	<ul style="list-style-type: none"> <li>• Quality</li> <li>• Engagement</li> <li>• Outcomes</li> <li>• Governance</li> <li>• Partnership-Working</li> <li>• Leadership</li> </ul>		
<b>I confirm that I have considered the implications of this report on each of the matters below, as indicated:</b>	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
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	✓		✓

Initials : SS

## 1. Introduction

- 1.1 This report provides information and assurance on the quality of services provided within Acute, Community, Mental Health Services and Care Homes that are commissioned by NHS Dorset Clinical Commissioning Group.
- 1.2 Specific quality matters relating to detail arising from, or comprised in this report, are considered in more detail at the Quality Group which reports to the CCG's Audit and Quality Committee.
- 1.3 Each provider submits a scorecard which includes their performance against the main indicators for quality, which have been included within the main provider contracts, and are based on National Guidance and Best Practice.
- 1.4 In addition to analysis of the scorecard quality indicators, a range of activities are undertaken on a day to day basis to gain intelligence on the quality of service provision, to identify any 'early warning' signs of service failures and to work with partner agencies towards quality improvements.
- 1.5 As part of this process, unannounced visits are undertaken to provider organisations on a planned programme basis throughout the year, as well as in response to any alert of a concern in a specific area. In addition, regular one to one meetings are held between the Director of Quality and the provider Directors of Nursing. Medical Directors are now also invited to these meetings.
- 1.6 All information relating to quality concerns, which is received through the Customer Care, Safeguarding Adults and Children, Risk Management, Medicines Management or Care Home Teams is collated and stored in the Ulysses Safeguard system. This allows for triangulation of the information, which the Quality Sharing Information Group (QSIG) examines regularly.
- 1.7 An important part of the team's function is to ensure that lessons are learnt and that professional practise and processes are improved after identifying concerns or that the care provided falls below the high standard expected.
- 1.8 Medicines Management has not been included within this report as a separate, more detailed report has been submitted to the Governing Body for this meeting.

## 2. Provider Contractual Performance

### **Dorset County Hospital NHS Foundation Trust (DCHFT)**

- 2.1 A CQC report was published in October 2013. The Trust has continued to deliver on their action plan and there has been a significant increase in the child protection training figures with 100% of staff trained to level one. There continues to be progress in the level two and three training as well.
- 2.2 The number of missed doses of medication increased in February to 22, although none of these led to serious harm. A missed medication root cause

# 9.1

analysis tool has been developed and is being linked to the incident reporting system to simplify the process, improve timeliness of response, reduce duplication and improve the sharing of learning. The work is being led jointly by the patient safety pharmacist and risk team.

- 2.3 In relation to Friends and Family test, the Trusts response rate has continued to increase during Quarter 4 and they achieved a 26.9% response rate in February 2014. The Net Promoter score remains good at 77 which is above the national average of 64.
- 2.4 In February 2014, 98.8% of patients experienced Harm Free Care; 1.2% (4) of patients suffered a new harm in care; three patients developed a pressure ulcer and one a new VTE. Whilst the aim is to minimise new harms whilst in hospital, the Trust, when compared nationally, is performing well.
- 2.5 The Trust's end of year position for C-Difficile infections was 27 cases against a target of 18 (although three of these were agreed as non-preventable/non-trajectory cases). The Trust is continuing the delivery of the C-Difficile action plan and recent unannounced visits have highlighted good compliance with infection control procedures.

## **Dorset HealthCare University NHS Foundation Trust (DHUFT)**

- 2.6 The Trust continues to meet regularly with Monitor to provide assurance that they are completing Monitor's required actions. They also recently met informally with the Care Quality Commission who stated that they have not scheduled any planned visits to the Trust in the next few months.
- 2.7 A wrong site surgery Never Event has been reported from the Intermediate Minor Oral Surgery Service, which is a specialist service commissioned by NHS England. The tooth adjacent to the one planned for extraction was removed. The tooth removed was the one named in the referral letter to the service, however after a clinical examination it was agreed to extract the tooth next to this one as this was the one causing the problem. The patient has a further appointment booked for a clinical discussion about future dental treatment options with a Consultant in Restorative Dentistry employed by the Trust. Learning from this event will be provided once the investigation is complete.
- 2.8 The Trust has received positive feedback from the Friends and Family Test and response rates are improving.
- 2.9 The results of the 2013 national staff survey have been published. The Trust's score for the question "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation" was 58. This is a one point drop on the Trust's 2012 score of 59. It is noted that the average (median) score for mental health trusts also dropped by one point from 60 in 2012 to 59 in 2013. The Trust's sample size was greater in 2013 with 2356 staff responding.

- 2.10 The Service Delivery Improvement Plan for District Nursing has been completed and the CCG is due to receive DHUFT's final workforce mobilisation plan which shows a vacancy filling plan and new staff recruitment plan, which follow the vacancies being filled, by grade and GP locality.
- 2.11 The Trust continues to be monitored closely on its actions required as a result of the recent Homicide review. All patients on a Community Treatment Order have been reviewed and have risk assessments and care plans in place, which are currently being audited monthly. DHUFT recently held a workshop where all staff members involved in the case received feedback from the investigators and received training. A special Audit and Quality Committee meeting is being convened when the Chief Executive will be asked to attend to provide an update on the progress of the action plan.

### **Poole Hospital NHS Foundation Trust (PHFT)**

- 2.12 The Safeguarding Children training compliance figures have now improved significantly and now stand at 85% for Level 1.
- 2.13 A total of three Never Events have been reported this financial year. The fourth incident previously regarded as a Never Event is being discussed with the Trust and NHS England Area Team to determine if it meets the Never Event criteria. All the never events have been appropriately investigated and necessary actions have been taken to prevent further occurrence. There were no themes identified in any of the events.
- 2.14 The Trust were issued with an outlier report in relation to a higher than expected rate of caesarean sections. The Trust has now responded to the CQC alert. In summary Poole responded that women booked for a caesarean section from the Royal Bournemouth Hospital are included in the total number of elective caesarean sections. For the purpose of Trust HES data, Poole only deliveries are included in the denominator figure. This means that Poole data will be skewed towards a higher percentage. There is also a discrepancy between the maternity information system and the CaMIS (software system) which has caused confusion to staff responsible for coding and presenting the data. Policies with regard to the process for coding of data will be updated to incorporate the implementation of the maternity information system. The majority of women, who are suitable for a vaginal birth after caesarean section, are receiving consistent written information with which to make an informed decision. The Trust is establishing a structured pathway incorporating early referral to counselling services, to meet the needs of women who have no obstetric reason for a caesarean section. Current NICE guideline evidence supports such requests. Incorporating early referral to counselling services in a structured pathway may reduce subsequent elective caesarean section numbers
- 2.15 The Trust response rate to Friends and Family test has been below the expected level during 2013/14. The most recent report for February 2014 is showing an improved response rate which is above the expected levels.

## **Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust (RBCH)**

- 2.16 Following the CQC inspection visit in 2013 the Trust has submitted their action plan to CQC. The CQC asked the Trust for additional actions to be considered for inclusion in the plan in relation to the recommendations of the inspection report. These actions have been included in additional correspondence from the Trust to CQC. The CQC will conduct a follow up inspection although timescales for this are unclear. There have been changes to the CQC personnel, the Trust are meeting with the new leads at the beginning of May 2014. The Director of Quality and Head of Quality Improvement will meet with the Director of Nursing during May to discuss in more details the CQC actions that have been taken and the plans for sustainability of the changes that have been made.
- 2.17 The Trust has reported two never events during the year. Both events related to checking procedures not being followed. In recent correspondence from the Trust to CQC it was evident that they had recorded only one never event. This issue has now been rectified within the Trust and it is agreed there were two never events during 2013/14.
- 2.18 The Trust had been non-compliant with the VTE risk assessment target for the period April 2013 to January 2014. The February 2014 data indicates that the Trust has now met the risk assessment target at 95.32% just above the expected target of 95%.
- 2.19 The number of pressure ulcers reported via the safety thermometer is showing a month on month increase, with the January data indicating that the Trust is a significant outlier within Wessex. As a result of this the CCG asked the Trust to provide a written response to this concern. The Trust have supplied a summary of the actions that are being taken to reduce pressure ulcers, however the number reported using the Safety thermometer has shown a further increase in February 2014. This matter is being followed up by the CCG Director of Quality with the Trust Director of Nursing along with other concerns in relation to workforce, nursing assessment and nursing leadership. Improvement in these key areas will be crucial to the Trust meeting the CQC regulation standards.

## **Salisbury Hospital NHS Foundation Trust (SFT)**

- 2.20 The Trust achieved the C-Difficile trajectory (21 against target of 21) at year end despite having six cases during January. The Trust has carried out a review of these cases and has found no link between them. MRSA screening remains consistently above 90%.
- 2.21 During Quarter four the Trust reported no grade three or four pressure ulcer which represents improved performance on the previous quarter. There has also been a decreasing trend in the number of grade two pressure ulcers reported during the quarter. The Trust is a consistently good performer in relation to pressure ulcers.

- 2.22 In February the crude mortality rate has continued to decrease. The latest available HSMR demonstrates a reduction in standardised mortality to 109 but still remains above expected. The Trust is continuing their work to review all deaths on a weekly basis.
- 2.23 During February there has been a slight dip in the number of patients spending 90% of their time on the stroke unit to just below the target of 80%. When reviewing the last 18 months data, the Trust has consistently performed well on this indicator remaining above 80%. This indicator will continue to be scrutinised at the Quality Monitoring Meetings to ascertain whether this continues to be an issue or whether February's figure was a one-off dip in performance.

### **Yeovil District Hospital NHS Foundation Trust (YDH)**

- 2.24 During Quarter three, no MRSA bacteraemia were declared by the Trust by the end of month 11. The Trust has reported two cases of C-Difficile taking the year to date position to seven cases against an annual target of nine. NHS Somerset CCG has reviewed all the cases this year and have agreed that five out of seven cases were unavoidable and therefore do not count against their annual trajectory.
- 2.25 The current Hospital Standardised Mortality Ratio (HSMR) data is showing that the Trust remains below the threshold at a relative risk score of 89.2 year to date. The HSMR has reduced dramatically over the last three years and is amongst the lowest in the region. The Trusts SHMI has reduced to 94.98.
- 2.26 During Quarter three there were 227 reported falls within the Trust. This figure represents a rate of 16.25 falls per 1,000 occupied bed days. During the quarter only one fall met the criteria for reporting as a significant incident (fall resulting in fracture or significant harm).
- 2.27 The Trust had a fair overall response rate to the Friends and Family Test, compared with other local acute trusts in the latest published data. When compared with the national average the scores for ED are above the national average, however the score from inpatient areas is below the national average

### **South Western Ambulance Services NHS Foundation Trust (SWASFT)**

- 2.28 In relation to the Dorset Out of Hours service, Dorset had 8,150 cases in March. GP shift cover improved to 93% - year to date is 92%. Clinical assessment (triage/telephone) for urgent calls in 20 minutes was partially compliant at 92.10% for March and is now 91.97% for the year to date. Urgent Clinical assessment (triage/telephone) for calls in 60 minutes was compliant at 94.87% for the month and 95.85% for the year to date. Urgent consultations started within 2 hours (home visits) was partially compliant at 92.09% for March and has improved to 92.12% for the year to date.

- 2.29 In relation to the Dorset 111 service the percentage of calls answered in 60 seconds in March was partially compliant at 91.55%. Year to date is currently partially compliant at 91.55%. The service received 20,120 calls in March and the percentage of calls abandoned was compliant at 1.05%. Year to date is compliant at 2.09% (target of no more than 5%). The percentage of emergency calls passed to 999 ambulance control in 3 minutes 91.74% which is partially compliant and the year to date to is 86.61%. The service concentrates on providing clinician input when a 999 disposition is reached by a call advisor, which is why some calls extend beyond the 3 minute time frame. However, this results in reduced unnecessary 999 callouts. For the month the per cent of patient call backs within 10 minutes was 28.85% bringing the year to date to 44.86%. This is non-compliant and SWASFT are working on plans to address this through service modelling.
- 2.30 At the beginning of April there were serious performance issues in relation to the Dorset 111 Service. SWASFT have now assigned a senior manager from Exeter to work on the recovery plan and have a range of actions to progress including:
- a revised NHS 111 improvement trajectory is currently being worked on and will forecast a more realistic position week by week – focussing on weekends and the spring/summer bank holidays coming up;
  - profiling call handlers and clinical advisers rotas is a key priority within the action plan and is something which is being addressed with an immediate effect;
  - identifying staff shortfalls and introducing increased staffing levels at peak times are being implemented with immediate effect;
  - there will be senior managers present in both hubs over the forthcoming weekends – this will ensure performance is managed in real time.

### **3. Care Homes**

- 3.1 A Provider who has homes in both West Dorset and Bournemouth has now gone into financial administration. There were known concerns about the quality of care being provided and so this development was not unexpected. The appointed Administrators are considering options with respect to these homes. Patient safety is being maintained through joint working with the Local Authorities.
- 3.2 The Care Quality Commission (CQC) has begun to take action against Providers who do not have a registered manager and a number of care homes within the CCG area have paid the £4,000 fine.
- 3.3 Quality assurance visits to Learning Disability homes have identified some concerns in relation to meeting the health needs of individuals with a learning disability. Discussions are taking place between the CCG and the Community

# 9.1

Learning Disability Teams to confirm the responsibilities of the nurses within those teams.

- 3.4 NICE have now published guidance on 'Managing Medicines in Care Homes' and the CCG have organised an event on 28th April for both Local Authority and CCG Commissioners to understand the implications of the guidance.
- 3.5 Following a recent ruling (P v Cheshire West & Chester Council and P and Q v Surrey County Council), the Supreme Court has clarified that there is a Deprivation of Liberty Safeguarding (DoLS) for the purposes of Article 5 of the European Convention on Human Rights in the following circumstances:  
The person is under continuous supervision and control and is not free to leave and the person lacks capacity to consent to these arrangements.  
If a person in a care home meets both parts of this test, they are deprived of their liberty and so this must be lawfully authorised.
- 3.6 As care homes have staff on duty 24-hours a day who are supervising residents and where necessary intervening to provide care, prevent harm and make decisions for those who lack capacity, it is likely that most care home residents will meet the requirements for a lawful authorisation.
- 3.7 Although Local Authorities are the supervisory body for DoLS for both care home and hospital settings, the NHS (Commissioners and Providers) have a vital role to play in correctly implementing DoLS (and the wider Mental Capacity Act). Early indications are that significant numbers of residents within Dorset care homes are affected and it is expected that the NHS and Local Authorities will continue to work closely together on this.

## 4. Safeguarding Adults

- 4.1 Across Dorset, Bournemouth and Poole since January there has been one 'Pathway Four' large scale investigation in the Borough of Bournemouth, which has resulted in de-registration of the provider to provide nursing care beds, a further review of the residential beds will be undertaken by CQC. The home has subsequently gone into administration and a new agency have been engaged to manage the business.
- 4.2 There have been three providers involved in Pathway Four (professional concerns meetings) across Borough of Poole since January 2014, these have resulted in service improvement plans which continue to be monitored.
- 4.3 The general themes in the majority of the Pathway Fours remain around poor clinical leadership, staffing, management of pressure area care, nutrition, documentation/record keeping, medicines management, best interest decision making and Mental Capacity Act. Intelligence in relation to these homes is shared with the quality assurance care home monitoring team.
- 4.4 A multi-agency review meeting held regarding an older person's mental health ward, has agreed that, in view of the progress made, the frequency of

meetings will reduce and take place every two months and a further overview meeting was not indicated at this stage.

- 4.5 A meeting has been arranged to agree a pan Dorset approach to managing alerts that do not meet the threshold for a safeguarding investigation in older people's mental health services. It has been acknowledged that the pan Dorset Policy has to be applied equally across the County and current variations in each local authority need to be addressed. This has been raised with the Quality Assurance Sub Group of the Bournemouth, Poole and Dorset Safeguarding Adults Boards.
- 4.6 There has been one serious case audit undertaken since January, which identified areas of good practice and areas where lessons could be learnt. The initial report has been presented to the Serious Case review Subgroup, and an action plan will be produced for each agency.
- 4.7 Interagency work continues to be strengthened across all local authorities and the links with safeguarding leads in the main providers is undertaken on a monthly basis, both on a group and individual basis.
- 4.8 The process of reporting avoidable pressure ulcers within acute trusts is being reviewed to ensure that the duplication of Strategic Executive Information System and safeguarding is streamlined.

## **5. Safeguarding Children**

- 5.1 The merger of some of the Board sub-groups is still in progress. The main delay is with the Serious Case Review group. The aim now is to hold a Pan-Dorset meeting and split the meeting so each Local Authority (LA) will present their own cases. This will ensure accountability will remain with each LA. All sub-groups of the Local Safeguarding Children's Board (LSCB) have health representation ensuring fulfilment of the Clinical Commissioning Group (CCG) and provider statutory roles.
- 5.2 The Serious Case Review relating to the death of a young person from an overdose on un-prescribed medication was signed off by the LSCB and published in March 2014. The action plan for health is completed and training surrounding this case is in progress to all General Practices in the form of "lunch and learn sessions". There has been good attendance and evaluation of the session provided to date, with three more sessions to take place.
- 5.3 A case considered for serious case review which related to a baby who died in a Dorset hospital but was a resident of Somerset, will not proceed to a serious case review. The pathways have been clarified on cross-border cases and reflective learning events have been held with designated and named staff.
- 5.4 Work continues to determine training needs for GPs and CCG staff. This is nearing completion and will be supported by the publication of the inter-collegiate document which details levels of training required for different staff group.

- 5.5 Additional dates for Governing Body members training at Level 2 needs to be set; this remains an outstanding action and a CQC/Section 11 requirement. This is being followed up by the Designated Nurse.
- 5.6 Interviews for the Designated Nurse for Looked After Children will take place in May.
- 5.7 Dorset County Council agreed for the BBC to film a four-part documentary in relation to fostering. Filming is underway and all key health professionals are being informed which families will be involved.
- 5.8 Children on short-term placements in Language Schools are potentially at risk as host families have not had medical assessments. A flagging system has been introduced to Emergency Departments and Minor Injury Units to identify children on short-term placements in Language Schools who attend these departments to monitor the levels of activity. This system has already identified some cases.
- 5.9 The development of MASH (Multi-Agency Safeguarding Hub) continues. Bournemouth Borough Council intend to start without health input at this point, health will support virtually initially. Further discussion is planned with Dorset HealthCare University NHS Foundation Trust to progress the development of the hub.
- 5.10 A peer review took place in South Western Ambulance NHS Foundation Trust on 11 February, which has highlighted some good areas of development and supports a view to develop the safeguarding team. Coaching and development of the Designated Lead continues to be offered.

## **6. Information Governance**

### **Risk stratification**

- 6.1 For risk stratification tools using health data NHS England have proposed that a new regulation under the Section 251 of NHS Act 2006 be created to permit the transfer of Patient Confidential Data (PCD) to the tools that meet the ASH standards or operate as an effective closed system. It is proposed that for risk stratification tools using both health and social care data that primary legislation be developed to permit the disclosure and use of personal confidential health and social care data for risk stratification.
- 6.2 The CCG is currently investigating other means to enable use of risk stratification, including the use of a commissioning support unit.

### **Invoice Validation**

- 6.3 A report was received by the February Information Governance Group on invoice validation. This included a plan on how the CCG intends to meet the requirements. The timescale to put the plan into place was designated to be by the end of March 2014 but is dependent on the CCG achieving full ASH status. At present the CCG is not technically a full ASH. Dorset CCG will

attain full ASH status when it has a formal data sharing contract in place with a Data Service Centre for Regional Offices (DSCRO). It was hoped that the CSU contract would be signed shortly.

6.4 Dorset CCG will work with providers to (a) explain the requirements for invoicing and backing data; and (b) to implement the changes to ensure that:

- Person Confidential Data (PCD) are not included on the invoice facing page;
- the invoice is submitted to NHS SBS;
- the approved PCD data sets are included on the backing data;
- the invoice number is included on the backing data to provide a link between the two sections.

6.5 The use of PCD to validate invoices in the following situations is not covered by the section 251 approvals and is not included in the project scope:

- any specialist service commissioned by NHS England;
- payment for healthcare services provided to private patients;
- determining which is the responsible commissioner where care is provided over the border with a devolved administration;
- where one provider commissions the services of another provider (i.e. sub-contract arrangements);
- any invoice validation by local authorities (including public health) or for services jointly commissioned by the NHS and a local authority.

### **Data Sharing for Commissioners**

6.6 NHS England has released a statement on data sharing for commissioners which is as follows:

“The Department of Health recognises that commissioners of health and care services need information for their work to improve the quality of care provided, to ensure value for money and to plan new and revised services.

While anonymous data is often sufficient, sometimes information is required which could identify individuals – for example when they are working on the best method of supporting patients with very rare diseases. Likewise, when they are commissioning and managing care for an individual, commissioners need information about that individual.

The Department of Health recognises that since 1 April 2013 a lot of information has stopped flowing to commissioners, and commissioners have been unable to undertake some of their most important functions.

NHS England has worked with local commissioning organisations to understand these problems and find solutions. Some solutions are temporary and others are about changing practice. Where the solutions are only temporary, NHS England is working with the DH and the Health & Social Care Information Centre (HSCIC) to find permanent solutions and to test them with those who are most affected by the changes. As the solutions are identified and agreed, more information will be made available.

While understanding the urgency of the need of commissioners for information, it is vitally important to protect patient data and adhere to the principles set out in the IG Review (Caldicott 2).

A centre of expertise on data sharing and information governance for the health and care system, embedded in the HSCIC, will be created by summer 2014. It will provide a single central source of validated guidance to the system and support the development and implementation of solutions. For case management data sharing issues, we would like to enable those managing cases to be able to access patient information for specified categories of patients and we are confirming how this will be achieved”.

6.7 Updates will be provided to the committee.

### **Confidentiality Audits**

6.8 There have been two confidentiality audits conducted within the CCG with reports provided to the relevant Directors. Whilst many areas of good practice were evident the following issues were noted:

- PC screens not locked;
- items of equipment such as laptops unattended and not secured away;
- desk drawers unlocked when unattended;
- sensitive information left under a desk;
- file servers accessible and unlocked.

6.9 Members of the Information Governance Group agreed that all files and documents containing confidential information must be locked away overnight.

6.10 This message to be included in the staff bulletin.

6.11 There is a planned programme of confidentiality audits in place for all directorates.

## Information Governance Training

6.12 In order to comply with requirement 11-134 of the IG Toolkit it is mandatory that all staff attend IG training annually. To allow for long term sickness, maternity leave etc., 95% of staff attending is acceptable. In 2013/14 Dorset CCG achieved the following:

- 20 face to face training sessions were taken by the Corporate Governance Team;
- 338 staff attended the sessions;
- 21 staff did not attend with 7 having a valid reason for non-attendance.

The above figures equate to 96% of staff attending. Although this complies with the requirement it must be noted that it is only by 1%. The relevant Directors have been notified of staff non-attendance.

## 7. Customer Care

7.1 The Customer Care Team are continuing the review of the complaints handling process. As part of the review, bespoke in-house training will take place for the Customer Care Team and managers who will be involved in providing a response to complainants on 22 July 2014. The training will include, amongst other topics, the NHS Constitution, lessons from the Francis Report and offering local resolution.

7.2 During Quarter 4 to date, the Customer Care Team received 69 complaints, of which 15 relate to Continuing Health Care claims. The majority of these consist of complaints about the:

1. Length of time being taken to process the retrospective claims.
2. The application has been incorrectly refused.

7.3 During Quarter 4, 14 complaints were received relating to the new patient transport service provided by E-zec Medical Services. Following an uplift in the funding by Dorset CCG, E-zec have been able to increase the number of vehicles and crew members available and this has resulted in a sharp decrease in complaints. From 1 April, the Customer Care Team has received two complaints.

7.4 Other complaints received relate to services commissioned by Dorset CCG and have been passed to the provider organisations to provide a response; a copy of which has been requested in each case.

### Deep Dive by the Professional Practice Lead

7.5 Quarter 3 deep dive complaints reviews are in progress. The review at Poole Hospital included a planned ward visit to assess learning from complaints.

# 9.1

The overall response from a range of staff was positive. The review at Royal Bournemouth Hospital demonstrated improvements in the acknowledgement letters, response times and investigation process since the initial visit. The review planned at Dorset HealthCare will include attendance at the internal complaints review panel where the handling, response and sharing of learning is discussed.

- 7.6 The complaints deep dive at Dorset County Hospital has not yet taken place due to the Trust's concerns regarding the terms of the scope of the review and confidentiality.
- 7.7 Dorset County Hospital is the only provider not to share copies of responses to complaints, forwarded to them by Dorset CCG, in quarter 1 and 2. This is being dealt with at Director level. A progress update was requested which indicated 4 of the 7 complaints had been reopened and a second response sent.

## 8. Conclusion

- 8.1 Key areas of concern remain around Dorset HealthCare's compliance with Monitor's requirements, District Nursing, Royal Bournemouth's CQC report and pressure ulcers, Dorset County Hospital's rates of C-Difficile and quality of care in some care homes.
- 8.2 The CCG quality team continues to work towards providing assurance to the Governing Body around the quality of care provided within Dorset and to improve quality in the future.

**Authors' Names and Titles: Sally Shead, Deputy Director of Quality  
Vanessa Read, Head of Quality Improvement  
Matt Wain, Head of Patient Safety & Risk  
Joyce Green, Head of Corporate Governance**

**Telephone Number: 01305 368071**

<b>APPENDICES</b>		
<b>Appendix 1</b>	<b>Quality and Performance Integrated Scorecard</b>	